

# Self-insured

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## **Summary of change lists**

2021 Advanced Control Formulary

# Advanced Control – January 1, 2021 updates

There will be changes to the Advanced Control drug list that applies to your plan starting January 1, 2021. It's important that you review and understand the changes in the chart below. Talk to your health care provider about how these changes might impact you.

## What if I need a prescription drug that requires a medical exception?

You or your prescriber can request a medical exception to the changes in this letter. If you would like to ask for a medical exception, speak directly with your prescriber or you can call us at the toll-free number on your member ID card.

We'll contact you and your prescriber with our decision. If your exception is approved, you only need to pay your plan copay or cost-share. This amount is based on your pharmacy plan design.

## How to find a preferred medicine that's right for you

You can visit the website that's on your member ID card and sign into your account.

Key	
UPPERCASE	Brand-name medicine
<i>lowercase italics</i>	Generic medicine

### Drugs moving from not covered to covered status

Disease state	Drug name
Antipsychotic	LATUDA, PERSERIS
Cancer	PHESGO, XOSPATA
Diabetes	TOUJEO
Diabetic Supplies	OMNIPOD INSULIN PUMP, ONETOUCH ULTRA STRIPS AND KITS, ONETOUCH VERIO STRIPS AND KITS
GI	CLENPIQ
Growth Hormone	NORDITROPIN
Hematologic	DOPTELET, ZIEXTENZO
Nausea & Vomiting	SANCUSO
Ophthalmic	FLAREX
Pain	DUROLANE, EUFLEXXA
Seizure	LAMICTAL, LAMICTAL ODT, LAMICTAL XR

### Drugs moving from non-preferred to preferred (Tier 3 to Tier 2) status

Disease state	Drug name
Antipsychotic	ABILIFY MAINTENA, SAPHRIS
Cancer	ALECENSA, ALUNBRIG, ERIVEDGE, NINLARO, PERJETA, VELCADE
Cardiovascular (High Cholesterol)	NEXLETOL, NEXLIZET
Contraceptive	ANNOVERA
COPD	BREZTRI
Dermatology – Topical	DUOBRII, ENSTILAR, TACLONEX
Diabetic Supplies	ONE TOUCH BRAND LANCETS
Menopause	BIJUVA, IMVEXXY
Multiple Sclerosis	OCREVUS
Ophthalmic	SIMBRINZA
Parkinson's Disease	INBRIJA
Seizure	NAYZILAM, VALTOCO, XCOPRI

### Drugs moving from preferred to non-preferred (Tier 2 to Tier 3) status

Disease state	Drug name	Alternative(s)
Antipsychotic	ARISTADA	ABILIFY MAINTENA, PERSERIS
Diabetic Supplies	ACCU-CHECK LANCETS	ONETOUCH LANCETS

## Drugs moving from covered to not covered status

Disease state	Drug name	Alternative(s)
ADHD	ADZENYS SUSPENSION ER, DAYTRANA	<i>amphetamine-dextroamphetamine mixed salts ext-rel (excluding certain NDCs), dexamethylphenidate ext-rel, dextroamphetamine ext-rel, methylphenidate ext-rel (excluding certain NDCs), MYDAYIS, VYVANSE</i>
Antidepressants	VIIBRYD	<i>citalopram, escitalopram, fluoxetine (except fluoxetine tablet 60 mg and generics for SARAFEM), paroxetine HCl, paroxetine HCl ext-rel, sertraline, TRINTELLIX</i>
Cancer	<i>bortezomib</i> , KYPROLIS	NINLARO, VELCADE
Cardiovascular (Heart Failure)	<i>isosorbide dinitrate tab 40mg</i>	<i>isosorbide dinitrate (except isosorbide dinitrate tablet 40 mg), isosorbide mononitrate</i>
Contraceptive	NUVARING	<i>ethinyl estradiol-etonogestrel</i> , ANNOVERA
	DEPO PROVERA SUBCUTANEOUS	<i>medroxyprogesterone acetate 150 mg/mL</i>
Dermatology – Topical	DIFFERIN	<i>adapalene, benzoyl peroxide, clindamycin gel (except NDC 68682046275), clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin</i> , EPIDUO, ONEXTON
	TAZORAC	<i>adapalene, benzoyl peroxide, clindamycin gel (except NDC 68682046275), clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin</i> , EPIDUO, ONEXTON; <i>calcipotriene ointment, calcipotriene solution</i>
	MIRVASO, RHOFADÉ, SOOLANTRA	<i>azelaic acid gel, metronidazole</i> , FINACEA FOAM
	<i>calcipotriene 0.005%/betamethasone 0.06% ointment and suspension</i>	<i>calcipotriene ointment or calcipotriene solution WITH desoximetasone, fluocinonide (except fluocinonide cream 0.1%) or BRYHALI; DUOBRII, ENSTILAR, TACLONEX</i>
Diabetic Supplies	ACCU-CHEK TEST STRIPS AND KITS	ONETOUCH ULTRA TEST STRIPS AND KITS, NETOUCH VERIO TEST STRIPS AND KITS
Endocrine	SIGNIFOR, SOMAVERT	SOMATULINE DEPOT
Gastrointestinal	RELISTOR	MOVANTIK, SYMPROIC
	GOLYTELY, SUPREP	<i>peg 3350-electrolytes</i> , CLENPIQ
Growth Hormone	HUMATROPE	NORDITROPIN
Hematologic	NEULASTA, UDENYCA	ZIEXTENZO
IBS	TRULANCE	LINZESS
	AMITIZA	LINZESS, MOVANTIK, SYMPROIC
Infection	DARAPRIM	<i>pyrimethamine</i>
Menopause	OSPHENA, PREMARIN TAB	<i>estradiol</i>
	PREMPHASE, PREMPRO	<i>estradiol-norethindrone</i> , BIJUVA
	DUAVEE	<i>estradiol-norethindrone, raloxifene</i> , BIJUVA
	INTRAROSA, PREMARIN CREAM	<i>estradiol</i> , IMVEXXY
Multiple Sclerosis	TECFIDERA	<i>dimethyl fumarate delayed-rel, glatiramer</i> , AUBAGIO, BETASERON, COPAXONE, GILENYA, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA
Muscle Relaxant	<i>metaxalone tab 400mg</i>	<i>carisoprodol, chlorzoxazone 500 mg (except NDC^ 73007001303), cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg), metaxalone 800 mg, methocarbamol (except NDCs 69036091010, 69036093090, 70868090190)</i>

## Drugs moving from covered to not covered status

Disease state	Drug name	Alternative(s)
Nausea & Vomiting	EMEND, VARUBI	aprepitant
	AKYNZEO	aprepitant <b>WITH</b> granisetron, ondansetron or SANCUSO
	ANZEMET	granisetron, ondansetron, SANCUSO
Ophthalmic	PROLENSA	bromfenac, diclofenac, ketorolac
	BESIVANCE, CILOXAN	ciprofloxacin, erythromycin, gentamicin, levofloxacin, moxifloxacin, ofloxacin, sulfacetamide, tobramycin
	MAXIDEX	dexamethasone, loteprednol, prednisolone acetate 1%, FLAREX, FML S.O.P.
	AZOPT	dorzolamide
	BETOPTIC-S	timolol maleate solution, BETIMOL
	TOBRADEX	tobramycin-dexamethasone
	ZIRGAN	trifluridine
	LACRISERT	XIIDRA
Otic	CIPRO HC, CIPRODEX	ciprofloxacin-dexamethasone, ofloxacin otic
PAH	TRACLEER	ambrisentan, bosentan, OPSUMIT
Pain	GEL-ONE, VISCO-3	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
	oxymorphone tab er	fentanyl transdermal, hydrocodone ext-rel, methadone, morphine ext-rel, NUCYNTA ER, XTAMPZA ER
Parkinson's Disease	APOKYN	INBRIJA
Respiratory	BEVESPI	ANORO ELLIPTA, STIOLTO RESPIMAT
	ARALAST, GLASSIA	PROLASTIN-C
	INCRUSE	SPIRIVA, YUPELRI

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