



January 1, 2021

Changes coming to your plan's pharmacy drug lists

There will be changes to the **Advanced Control Plan-Aetna** drug list that applies to your plan starting on **January 1, 2021**. It's important that you review 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 an exception, talk 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 we approve your exception, you will pay your plan copay or cost-share. But first you must meet any deductible or out-of-pocket requirements of your pharmacy plan.

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

You can visit the website that's shown on your member ID card. Then log in to your account. To better understand how your plan's pharmacy benefits work, call us at the number on your member ID card.

UPPER CASE = brand-name medication

lower case = generic medication

If your plan doesn't have formulary exclusions, you will pay the non-preferred copay.

* Changes apply if your plan includes this program. Refer to your plan documents.

Prescription Drug	Change(s)
ABILIFY MAINTENA	Preferred brand drug; Preauthorization removed
ACCU-CHEK AVIVA PLUS	Not covered for plans with Formulary Exclusions
ACCU-CHEK COMPACT PLUS	Not covered for plans with Formulary Exclusions
ACCU-CHEK GUIDE	Not covered for plans with Formulary Exclusions
ACCU-CHEK MULTICLIX LANCETS	Non-preferred brand drug
ACCU-CHEK SMARTVIEW STRIPS	Not covered for plans with Formulary Exclusions
ADZENYS ER	Not covered for plans with Formulary Exclusions
AKYNZEO	Not covered for plans with Formulary Exclusions
ALECENSA	Preferred specialty drug
ALUNBRIG	Preferred specialty drug
AMITIZA	Not covered for plans with Formulary Exclusions
ANNOVERA	Preferred brand drug; You can fill up to 1 unit every 300 days*

Prescription Drug	Change(s)
ANZEMET	Not covered for plans with Formulary Exclusions
APOKYN	Not covered for plans with Formulary Exclusions
ARALAST NP	Not covered for plans with Formulary Exclusions
ARISTADA	Non-preferred brand drug; Preauthorization removed
ARISTADA INITIO	Non-preferred brand drug; Preauthorization removed
AZOPT	Not covered for plans with Formulary Exclusions
BESIVANCE	Not covered for plans with Formulary Exclusions
BETOPTIC-S	Not covered for plans with Formulary Exclusions
BEVESPI AEROSPHERE	Not covered for plans with Formulary Exclusions
BIJUVA	Preferred brand drug
BREZTRI AEROSPHERE	Preferred brand drug; You can fill up to 1 package every 25 days*
calcipotriene / betamethasone dipropionate	Not covered for plans with Formulary Exclusions
CILOXAN	Not covered for plans with Formulary Exclusions
CIPRO HC	Not covered for plans with Formulary Exclusions
CIPRODEX	Not covered for plans with Formulary Exclusions
CLENPIQ	Preferred brand drug
DARAPRIM	Not covered for plans with Formulary Exclusions
DAYTRANA	Not covered for plans with Formulary Exclusions
DEPO-SUBQ PROVERA 104	Not covered for plans with Formulary Exclusions
DIFFERIN	Not covered for plans with Formulary Exclusions
DOPTELET	Preferred specialty drug; Preauthorization required*; You can fill up to 60 tabs every 30 days*
doxycycline	Not covered for plans with Formulary Exclusions
DUAVEE	Not covered for plans with Formulary Exclusions
DUOBRII	Preferred brand drug; Preauthorization removed
DUROLANE	Preferred specialty drug; Preauthorization required*
EMEND	Not covered for plans with Formulary Exclusions
EMEND TRIPACK	Not covered for plans with Formulary Exclusions
ENSTILAR	Preferred brand drug; Step therapy removed
ERIVEDGE	Preferred specialty drug
EUFLEXXA	Preferred specialty drug; Preauthorization required*
FLAREX	Preferred brand drug
GEL-ONE	Not covered for plans with Formulary Exclusions
GLASSIA	Not covered for plans with Formulary Exclusions
GOLYTELY	Not covered for plans with Formulary Exclusions
HUMATROPE	Not covered for plans with Formulary Exclusions
IMVEXXY MAINTENANCE PACK	Preferred brand drug; Preauthorization removed
IMVEXXY STARTER PACK	Preferred brand drug; Preauthorization removed
INBRIJA	Preferred specialty drug

Prescription Drug	Change(s)
INCRUSE ELLIPTA	Not covered for plans with Formulary Exclusions
INTRAROSA	Not covered for plans with Formulary Exclusions
isosorbide dinitrate	Not covered for plans with Formulary Exclusions
LACRISERT	Not covered for plans with Formulary Exclusions
LAMICTAL	Non-preferred brand drug
LAMICTAL CHEWABLE DISPERSIBLE	Non-preferred brand drug
LAMICTAL ODT	Non-preferred brand drug
LAMICTAL STARTER / NOT TAKING CARBAMAZEPINE	Non-preferred brand drug
LAMICTAL STARTER / TAKING CARBAMAZEPINE / NOT TAKING VALPROATE	Non-preferred brand drug
LAMICTAL STARTER / TAKING VALPROATE	Non-preferred brand drug
LAMICTAL XR	Non-preferred brand drug
LATUDA	Preferred brand drug
MAXIDEX	Not covered for plans with Formulary Exclusions
metaxalone	Not covered for plans with Formulary Exclusions
methocarbamol	Not covered for plans with Formulary Exclusions
MIRVASO	Not covered for plans with Formulary Exclusions
NAYZILAM	Preferred brand drug
NEULASTA	Not covered for plans with Formulary Exclusions
NEULASTA ONPRO KIT	Not covered for plans with Formulary Exclusions
NEXLETOL	Preferred brand drug
NEXLIZET	Preferred brand drug
NINLARO	Preferred specialty drug
NORDITROPIN FLEXPPO	Preferred specialty drug; Preauthorization required*
NUVARING	Not covered for plans with Formulary Exclusions
OMNIPOD	Preferred brand drug
ONETOUCH CLUB LANCETS FINE POINT	Preferred brand drug
ONETOUCH DELICA LANCETS EXTRA FINE 33G	Preferred brand drug
ONETOUCH DELICA LANCETS FINE 30G	Preferred brand drug
ONETOUCH DELICA PLUS LANCETS EXTRA FINE 33G	Preferred brand drug
ONETOUCH DELICA PLUS LANCETS FINE 30G	Preferred brand drug
ONETOUCH FINEPOINT LANCETS	Preferred brand drug

Prescription Drug	Change(s)
ONETOUCH ULTRA	Preferred brand drug; You can fill up to 204 test strips every 25 days*
ONETOUCH ULTRASOFT LANCETS	Preferred brand drug
ONETOUCH VERIO TEST STRIPS	Preferred brand drug; You can fill up to 204 test strips every 25 days*
ORACEA	Preferred brand drug
OSPHENA	Not covered for plans with Formulary Exclusions
oxymorphone hydrochloride er	Not covered for plans with Formulary Exclusions
oxymorphone hydrochloride er	Not covered for plans with Formulary Exclusions
PERSERIS	Preferred brand drug
PREMARIN	Not covered for plans with Formulary Exclusions
PREMPHASE	Not covered for plans with Formulary Exclusions
PREMPRO	Not covered for plans with Formulary Exclusions
PROLENSA	Not covered for plans with Formulary Exclusions
RELISTOR	Not covered for plans with Formulary Exclusions
RHOFADE	Not covered for plans with Formulary Exclusions
SANCUSO	Preferred brand drug; You can fill up to 2 patches every 21 days*
SAPHRIS	Preferred brand drug; Preauthorization removed
SIGNIFOR LAR	Not covered for plans with Formulary Exclusions
SIMBRINZA	Preferred brand drug
SOMAVERT	Not covered for plans with Formulary Exclusions
SOOLANTRA	Not covered for plans with Formulary Exclusions
SUPREP BOWEL PREP KIT	Not covered for plans with Formulary Exclusions
TACLONEX	Preferred brand drug; Step therapy removed
TAZORAC	Not covered for plans with Formulary Exclusions
TECFIDERA	Not covered for plans with Formulary Exclusions
TECFIDERA STARTER PACK	Not covered for plans with Formulary Exclusions
TOBRADEX	Not covered for plans with Formulary Exclusions
TOBRADEX ST	Not covered for plans with Formulary Exclusions
TOUJEO MAX SOLOSTAR	Preferred brand drug
TOUJEO SOLOSTAR	Preferred brand drug
TRACLEER	Not covered for plans with Formulary Exclusions
TRULANCE	Not covered for plans with Formulary Exclusions
UDENYCA	Not covered for plans with Formulary Exclusions
V-GO KIT	Preferred brand drug
VALTOCO	Preferred brand drug
VARUBI	Not covered for plans with Formulary Exclusions
VIIBRYD	Not covered for plans with Formulary Exclusions
VIIBRYD STARTER PACK	Not covered for plans with Formulary Exclusions
VISCO-3	Not covered for plans with Formulary Exclusions

Prescription Drug	Change(s)
XCOPRI	Preferred brand drug; Preauthorization removed
XOSPATA	Preferred specialty drug; Preauthorization required*; You can fill up to 90 tabs every 30 days*
ZIEXTENZO	Preferred specialty drug; Preauthorization required*; You can fill up to 2 injections every 28 days*
ZIRGAN	Not covered for plans with Formulary Exclusions

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company, and their affiliates (Aetna).

Some health benefits and health insurance plans are offered, administered and/or underwritten by Aetna Health Inc., 151 Farmington Avenue, Hartford, CT 06156. Each insurer has sole financial responsibility for its own products.

Not all health services are covered. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by location and are subject to change.

Aetna receives rebates from drug manufacturers that may be taken into account in determining drug lists. Information is subject to change. The drugs on the Pharmacy Drug Guide (formulary), Formulary Exclusions, Precertification, Quantity Limit and Step Therapy Lists are subject to change. In certain states, including Arkansas, Colorado, Connecticut, Delaware, Georgia, Illinois, Louisiana, Maryland, Minnesota, North Dakota, Pennsylvania and Texas, step therapy programs do not apply to fully insured members utilizing prescription drugs for the treatment of stage-four advanced, metastatic cancer.

In accordance with state law, commercial fully insured (including HMO) members in Louisiana and Texas (except Federal Employee Health Benefit Plan members) who are receiving coverage for drugs that are added or removed from the Pharmacy Drug Guide and Specialty Drug List will continue to have those drugs covered at the same benefit level until their plan's renewal date. In Texas, preauthorization approval is known as "preservice utilization review." It is not "verification" as defined by Texas law. Preauthorization means a determination that healthcare services proposed to be provided to a patient are medically necessary and appropriate.

In accordance with state law, certain fully insured commercial California members (except Federal Employee Health Benefit Plan members) who obtained approval from an Aetna plan for coverage of drugs that are later added to the Preauthorization or Step Therapy Lists or removed from the Pharmacy Drug Guide will continue to have those drugs covered, for as long as the treating in-network provider continues prescribing them, provided that the drug is appropriately prescribed and is considered safe and effective for treating the enrollee's medical condition. Aetna reserves the right to periodically request clinical information from your provider to assess your medical condition and the appropriateness of your ongoing treatment. Failure to provide clinical information could result in subsequent denial of coverage for this medication.

In accordance with state law, fully insured commercial Connecticut preferred provider organization (PPO) members (except Federal Employee Health Benefit Plan members) covered under a policy and using a drug for treatment of a chronic illness prior to the drug's removal from the Pharmacy Drug Guide will continue to have the medication covered, provided the prescriber states in writing that the drug is medically necessary and more medically beneficial than other covered drugs. Nothing in this section shall preclude the prescribing provider from prescribing another drug covered by the plan that is medically appropriate for the enrollee, nor shall anything in this section be construed to prohibit generic drug substitutions.

This material is for information only. It contains only a partial, general description of plan benefits or programs and does not constitute a contract. Aetna is part of the CVS Health family of companies.

Policy forms issued in Oklahoma include: AL COC00010, HC COC00010.

Policy forms issued in Missouri include: AL HGrpPol 01R5, HI HGrpAg 05, HO HGrpPol 04, AL SG GrpPOLAmend 2020 01, HI SG GrpAgAmend 2020 01.

Aetna complies with applicable Federal civil rights laws and does not discriminate, exclude or treat people differently based on their race, color, national origin, sex, age, or disability.

Aetna provides free aids/services to people with disabilities and to people who need language assistance.

If you need a qualified interpreter, written information in other formats, translation or other services, call the number on your ID card.

If you believe we have failed to provide these services or otherwise discriminated based on a protected class noted above, you can also file a grievance with the Civil Rights Coordinator by contacting:

Civil Rights Coordinator,
P.O. Box 14462, Lexington, KY 40512 (CA HMO customers: PO Box 24030 Fresno, CA 93779),
1-800-648-7817, TTY: 711,
Fax: 859-425-3379 (CA HMO customers: 860-262-7705), CRCoordinator@aetna.com.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, or at 1-800-368-1019, 800-537-7697 (TDD).

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TTY: 711

To access language services at no cost to you, call the number on your ID card.

Para acceder a los servicios de idiomas sin costo, llame al número que figura en su tarjeta de identificación. (Spanish)

如欲使用免費語言服務，請致電您 ID 卡上的電話號碼 (Chinese)

Afin d'accéder aux services langagiers sans frais, veuillez composer le numéro inscrit sur votre carte d'identité. (French)

Para ma-access ang mga serbisyo sa wika nang wala kayong babayaran, tawagan ang numero sa inyong ID card. (Tagalog)

T'áá ni nizaad k'ehjí bee níká a'doowoł doo bááh ílínígóó naaltsoos bee atah níłjigo nanitinígíí bee néého'dółzinígíí béésh bee hane'í bikáá' áají' hólne'. (Navajo)

Um auf für Sie kostenlose Sprachdienstleistungen zuzugreifen, rufen Sie die Nummer auf Ihrer ID-Karte an. (German)

Për shërbime përkthimi falas për ju, telefononi në numrin që gjendet në kartën tuaj të identitetit. (Albanian)

የቋንቋ አገልግሎቶችን ያለክፍያ ለማግኘት፣ በመታወቂያዎች ላይ ያለውን ቁጥር ይደውሉ። (Amharic)

للحصول على الخدمات اللغوية دون أي تكلفة، الرجاء الاتصال على الرقم الموجود على بطاقتك الشخصية. (Arabic)

Անվճար լեզվական ծառայություններին օգտվելու համար զանգահարեք ձեր ինքնության (ID) քարտի վրա նշված հեռախոսահամարով: (Armenian)

Kugira uronke serivisi z'indimi atakiguzi, Hamagara inumero iri kuri karangamuntu kawe. (Bantu)

আপনাকে বিনামূল্যে ভাষা পরিষেবা পেতে হলে আপনার পরিচয়পত্রে দেওয়া নম্বরে টেলিফোন করুন। (Bengali)

Ngadto maakses ang mga serbisyo sa pinulongan alang libre, tawagan sa numero sa nimong ID card. (Bisayan-Visayan)

သင့်အနေဖြင့် အခကြေးငွေ မပေးရဲဘဲ ဘာသာစကားဝန်ဆောင်မှုများ ရရှိနိုင်ရန်၊ သင့် ID ကတ်ပေါ်တွင်ရှိသော ဖုန်းနံပါတ်အား ခေါ်ဆိုပါ။ (Burmese)

Per accedir a serveis lingüístics sense cap cost per vostè, telefoni al número indicat a la seva targeta d'identificació. (Catalan)

Para un hago' i setbision lengguãhi ni dibåtde para hãgu, ågang i numiru gi iyo-mu kard aidentifikasion. (Chamorro)

[illegible]

Anumpa tohsholi I toksvli ya peh pilla ho ish I paya hinla kv t chi holisso iskitini holhtena takanli ma I paya. (Choctaw)

Tajaajjiiloota afaanii gatii bilisaa ati argaachuuf, lakkoofsa duugda waraaqaa eenyummaa (ID) kee irraa jiruun bilbili. (Cushite-Oromo)

Voor gratis toegang tot taaldiensten, bel het nummer op uw ID-kaart. (Dutch)

Pou jwenn sèvis lang gratis, rele nimewo telefòn ki sou kat idantite ou a. (French Creole-Haitian)

Για να επικοινωνήσετε χωρίς χρέωση με το κέντρο υποστήριξης πελατών στη γλώσσα σας, τηλεφωνήστε στον αριθμό που αναγράφεται στην κάρτα σας προνομίων μέλους. (Greek)

તમારે કોઈ જાતના ખર્ચ વિના ભાષાની સેવાઓની પહોંચ માટે, તમારા આઇડી કાર્ડ ઉપરના નંબરને કોલ કરો. (Gujarati)

No ka wala'au 'ana me ka lawelawe 'ōlelo e kahea aku i ka helu kelepona ma kāu kāleka ID. Kāki 'ole 'ia kēia kōkua nei. (Hawaiian)

आपके लिए बिना किसी कीमत के भाषा सेवाओं का उपयोग करने के लिए, अपने आईडी कार्ड पर दिये नम्बर पर कॉल करें। (Hindi)

Xav tau kev pab txhais lus tsis muaj nqi them rau koj, hu tus naj npawb ntawm koj daim npav ID.
(Hmong)

Iji nwetaòhèrè na ọrụ gasị asụsụ n'efu, kpọọ nọmba no na kaadị ID gị. (Ibo)

Tapno maaksesyo dagiti serbisio maipapan iti pagsasao nga awan ti bayadanyo, tawagan ti numero idiay ID cardyo. (Ilocano)

Untuk mengakses layanan bahasa tanpa dikenakan biaya, hubungi nomor telepon di kartu identitas Anda. (Indonesian)

Per accedere ai servizi linguistici, senza alcun costo per lei, chiami il numero sulla tessera identificativa.
(Italian)

言語サービスを無料でご利用いただくには、IDカードに記載の番号にお電話ください。
(Japanese)

လတ်ကမ္ဘာ့အတိမ်အနက်အောက်ဖုံးတစ်ခုမှာနေထိုင်သူများ၏အသံကိုရရှိရန်၊ ကိုးကားလေ့ရှိသော အချက်အလက်များ (ID) အခွင့်အရေး (Karen)

무료 언어 서비스를 이용하려면 보험 ID 카드에 수록된 번호로 전화해 주십시오. (Korean)

M̈ dyi wuḍu-dù kà kò dò bě dyi m̈óuñ nì píd̈yi ní, n̈íí, ḍá n̈òbà n̈à n̈i ID káàò k̈õε. (Kru-Bassa)

بۆ دەسپێرێت ئاگەشتن بە خزمەتگوزاری زمان بەی ئیچوون بۆ تۆ، پێوەندی بکە بە ژمارەی سەر ئای دی (ID) کارتێ خۆت.
(Kurdish)

ເພື່ອຂໍ້ໃຊ້ການບໍລິການພາສາໂດຍບໍ່ເສຍຄ່າຕໍ່ກັບທ່ານ,
ໃຫ້ໂທຫາເບີໂທທິບອກໄວ້ໃນບັດປະຈຳຕົວຂອງທ່ານ. (Laotian)

कोणत्याही शुल्काशिवाय भाषा सेवा प्राप्त करण्यासाठी, तुमच्या ID कार्डवरील क्रमांकावर फोन करा. (Marathi)

Nan etal nan jikin jiban ko ikijen kajin ilo an ejelok onen nan kwe, kirlok nomba eo ilo ID kaat eo am.
(Marshallese)

Pwehn alehdi sawas en lokaia kan ni sohte pweipwei, koahlih nempe nan amhw doaropwe en ID.
(Micronesian-Pohnpeian)

ដើម្បីទទួលបានសេវាកម្មភាសាដែលឥតគិតថ្លៃសម្រាប់លោកអ្នក សូមហៅទូរស័ព្ទទៅកាន់
លេខដែលមាននៅលើប័ណ្ណសម្គាល់ខ្លួនរបស់លោកអ្នក។ (Mon-Khmer, Cambodian)

निःशुल्क भाषा सेवा प्राप्त गर्न आफ्नो परिचयपत्रमा भएको नम्बरमा टेलिफोन गर्नुहोस् । (Nepali)

Të kɔɔr yīn wěēr de thokic ke cīn wēu kɔr keek tēnɔŋ yīn. Ke cɔl kɔc ye kɔc kuɔny nē nɔmba de abac tō
nē ID kard du kōu. (Nilotic-Dinka)

For tilgang til kostnadsfri språktjenester, ring nummeret på ID-kortet ditt. (Norwegian)

Um Schprooch Services zu griegie mitaus Koscht, ruff die Nummer uff dei ID Kaart. (Pennsylvania Dutch)

برای دسترسی به خدمات زبان به طور رایگان، با شماره قید شده روی کارت شناسایی خود تماس بگیرید. (Persian-Farsi)

Aby uzyskać dostęp do bezpłatnych usług językowych proszę zadzwonić numer telefonu na Twojej
Karcie Identykującej (Polish)

Para acessar os serviços de idiomas sem custo para você, ligue para o número que consta na sua
identidade. (Portuguese)

ਤੁਹਾਡੇ ਲਈ ਬਿਨਾਂ ਕਿਸੇ ਕੀਮਤ ਵਾਲੀਆਂ ਭਾਸ਼ਾ ਸੇਵਾਵਾਂ ਦੀ ਵਰਤੋਂ ਕਰਨ ਲਈ, ਆਪਣੇ ਆਈਡੀ ਕਾਰਡ 'ਤੇ ਦਿੱਤੇ ਨੰਬਰ ਤੇ ਫ਼ੋਨ
ਕਰੋ। (Punjabi)

Pentru a accesa gratuit serviciile de limbă, apelați numărul de pe cardul dvs. de identificare.
(Romanian)

Для того чтобы бесплатно получить помощь переводчика, позвоните по телефону, приведенному
на вашей карточке участника плана. (Russian)

