



February 1, 2022

Changes to your plan’s pharmacy drug list

Your plan’s **Aetna Standard Plan** drug list is changing on **April 1, 2022**. 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?

If you’d like to ask for an exception, talk with your prescriber first. You or your prescriber can request a medical exception to the changes in this letter. To do so, just call us at the number on your member ID card.

We’ll contact you and your prescriber with our decision. If we approve your exception, you will pay a plan copay or cost-share. But first you must meet any deductible requirements of your pharmacy plan.

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

You can visit the website listed on your member ID card. Then log in to your account.

Key for table below

Check your plan documents to find out if your plan has formulary exclusions, prior authorization, quantity limits or if you must first try certain drug(s) before another drug will be covered.

The changes made to the prescription drugs in this chart are from the plan information we have for you. It is current as of the date of this letter.

UPPER CASE = brand-name medication

lower case = generic medication

*Class has existing formulary exclusions

**Multi-source Brand Product

†Previously New to Market block

Adding products that demonstrate enhanced clinical efficacy, provide more convenient dosage forms or may cost less than other available options or moving those products to a lower tier.

Formulary additions

Drug Class	Drug name(s)
Genitourinary	GEMTESA (preferred)
Immunologic Agents	HAEGARDA (non-preferred)

Removing products that may have less convenient dosage forms, more side effects or cost more than other available options or moving those products to a higher tier.

Formulary exclusions

Drug Class	Drug name(s)	Alternative(s)
Allergies, Nasal Steroids/Combinations*	DYMISTA**	azelastine/fluticasone, flunisolide, fluticasone, mometasone
Anti-infectives, Antibacterials, Tetracyclines*	doxycycline hyclate delayed-release tab (75mg, 80mg [†] , 150mg)	doxycycline hyclate 20 mg, doxycycline hyclate capsule, minocycline, tetracycline
Asthma, Beta Agonists, Short-Acting*	albuterol sulfate CFC-free aerosol (NDC 66993001968)	albuterol sulfate CFC-free aerosol (except NDC 66993001968), levalbuterol tartrate CFC-free aerosol
Dermatology, Acne*	adapalene pad [†]	adapalene (except adapalene pad 0.1%), benzoyl peroxide, clindamycin gel (except NDC [^] 68682046275), clindamycin solution, clindamycin- benzoyl peroxide, erythromycin solution, erythromycin- benzoyl peroxide, tretinoin, EPIDUO, ONEXTON
Dermatology, Skin Inflammation and Hives, Low Potency Corticosteroids*	desonide gel [†] , DesRx [†]	desonide cream, desonide lotion, desonide ointment, hydrocortisone
Endocrine and Metabolic, Corticosteroids*	prednisolone solution (10mg/5mL, 20mg/5mL)	dexamethasone, hydrocortisone, methylprednisolone, prednisolone solution (except prednisolone solution 10 mg/5 mL, 20 mg/5 mL), prednisone
Gastrointestinal, Laxatives*	peg 3350-electrolytes [†] (generic for MOVIPREP)	Use peg 3350-electrolytes (except generics for MOVIPREP), CLENPIQ
High Blood Pressure, ACE Inhibitors	EPANED**	enalapril, fosinopril, lisinopril, quinapril, ramipril
Otic, Anti-infective/Anti-inflammatory*	ciprofloxacin-fluocinolone [†] (otic)	ciprofloxacin-dexamethasone, ofloxacin otic
Overactive Bladder/Incontinence, Urinary Antispasmodics*	MYRBETRIQ	darifenacin ext-rel, oxybutynin ext-rel, solifenacin, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, GEMTESA, TOVIAZ
Pain and Inflammation, Nonsteroidal Anti-inflammatory Drugs (NSAIDs) / Combinations*	CapsFenac Pak, Capsinac [†] , Diclofex DC, DicloHeal-60 [†] , Iclofenac CP [†] , Kapzin DC [†] , Pennsaicin, Sure Result DSS Premium Pack, Ziclopro	diclofenac sodium, diclofenac sodium gel 1%, diclofenac sodium solution, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)
Pain, Headache*	butalbital/acetaminophen capsule, butalbital/acetaminophen tablet 25mg-325mg, Vtol LQ	diclofenac sodium, ibuprofen, naproxen (except naproxen CR or naproxen suspension)
Pseudobulbar Affect	NUEDEXTA	Consult doctor

Preferred to non-preferred

Drug Class	Drug name(s)	Alternative(s)
Antineoplastic Agents/ Kinase Inhibitors	SUTENT**	everolimus, sunitinib, CABOMETYX, VOTRIENT
Cardiovascular	BYSTOLIC**	atenolol, carvedilol, carvedilol phosphate ext-rel, metoprolol succinate ext-rel, metoprolol tartrate, nadolol, nebivolol, pindolol, propranolol, propranolol ext-rel
Ophthalmic	DUREZOL**	dexamethasone, difluprednate, loteprednol, prednisolone acetate 1%

We're here to help

If you have questions, or if you'd like to better understand how your plan's pharmacy benefits work, call us at the number on your member ID card.

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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. The drugs on the Pharmacy Drug Guide (formulary), Formulary Exclusions, Precertification, Quantity Limit and Step Therapy Lists are subject to change.

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