



May 2, 2022

Changes to your plan’s pharmacy drug list

Your plan’s **Aetna Standard Plan** drug list is changing on **July 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.

Tier 1 additions

Drug Class	Excluded generic(s)	Tier 1 Brand
Contraceptives, Vaginal	EluRyng, etonogestrel/ethinyl estradiol	NUVARING**

For clients that have adopted the Affordable Care Act (ACA) Women’s Preventative Services benefit, the generics EluRyng and etonogestrel/ethinyl estradiol and the brand NuvaRing will be covered without cost sharing.

Formulary additions

Drug Class	Drug name(s)
Antipsychotics/ Atypicals	CAPLYTA^ (preferred)
Attention Deficit Hyperactivity Disorder	AZSTARYS^ (preferred), JORNAY PM^ (preferred)
Endometriosis, Uterine Fibroids	LUPRON DEPOT 3.75 mg and 11.25 mg (non-preferred)
Glucose Elevating Agents	ZEGALOGUE^ (preferred)

Non-preferred to preferred tier

Drug Class	Drug name(s)
Anticonvulsants	APTIOM
Cancer/ BRAF Kinase Inhibitors*	BRAFTOVI, ZELBORAF
Cancer/ MEK Kinase Inhibitors*	COTELLIC, MEKTOVI
Dermatology/ Antipsoriatics	ENSTILAR AER
Phosphate Binder Agents	AURYXIA
Ulcer Therapy Combinations	TALICIA

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)
Anticonvulsants	LAMICTAL**	carbamazepine, carbamazepine ext-rel, clobazam, divalproex sodium, divalproex sodium ext-rel, gabapentin, lamotrigine, lamotrigine ext-rel, levetiracetam, levetiracetam ext-rel, oxcarbazepine, phenobarbital, phenytoin, phenytoin sodium extended, primidone, rufinamide, tiagabine, topiramate, valproic acid, zonisamide, APTIOM, FYCOMPA, OXTELLAR XR, TROKENDI XR, VIMPAT, XCOPRI
	KEPPRA**, KEPPRA XR**, LAMICTAL XR**	carbamazepine, carbamazepine ext-rel, divalproex sodium, divalproex sodium ext-rel, gabapentin, lamotrigine, lamotrigine ext-rel, levetiracetam, levetiracetam ext-rel, oxcarbazepine, phenobarbital, phenytoin, phenytoin sodium extended, primidone, tiagabine, topiramate, valproic acid, zonisamide, APTIOM, FYCOMPA, OXTELLAR XR, TROKENDI XR, VIMPAT, XCOPRI
Attention Deficit Hyperactivity Disorder	QUILLICHEW ER, QUILLIVANT XR	amphetamine-dextroamphetamine mixed salts ext-rel (excluding certain NDCs), dexamethylphenidate ext-rel, methylphenidate ext-rel (excluding certain NDCs), AZSTARYS, JORNAY PM, MYDAYIS, VYVANSE
Cancer/ BRAF Kinase Inhibitors*	TAFINLAR	BRAFTOVI, ZELBORAF
Cancer/ MEK Kinase Inhibitors*	MEKINIST	COTELLIC, MEKTOVI

Formulary exclusions (continued)

Drug Class	Drug name(s)	Alternative(s)
Cancer/ mTOR Inhibitors	AFINITOR DISPERZ**	everolimus
Cardiovascular/Antilipemics/Microsomal Triglyceride Transfer Protein Inhibitors*	JUXTAPID	PRALUENT
Cushing Syndrome	KORLYM	Consult doctor
Cystic Fibrosis	CAYSTON	tobramycin inhalation solution, BETHKIS
Dermatology/ Antipsoriatics	DUOBRII	calcipotriene ointment or calcipotriene solution WITH desoximetasone (except desoximetasone ointment 0.05%), fluocinonide (except fluocinonide cream 0.1%), or BRYHALI; ENSTILAR
Gastrointestinal/ Opioid-Induced Constipation	MOVANTIK	lubiprostone, SYMPROIC
Gastrointestinal/ Proton Pump Inhibitors	DEXILANT**, dexlansoprazole delayed-rel	esomeprazole delayed-rel, lansoprazole delayed-rel, omeprazole delayed-rel, pantoprazole delayed-rel tablet
Gastrointestinal/ Ulcerative Colitis	PENTASA	balsalazide, mesalamine delayed-rel (except mesalamine delayed-rel tablet 800 mg), mesalamine ext-rel, sulfasalazine, sulfasalazine delayed-rel, ASACOL HD
Glucose Elevating Agents*	GLUCAGEN HYPOKIT, GLUCAGON EMERGENCY KIT	BAQSIMI, GVOKE, ZEGALOGUE
Prenatal Vitamins	CITRANATAL	generic prenatal vitamins

Preferred to non-preferred

Drug Class	Drug name(s)	Alternative(s)
Dermatology/ Corticosteroids	DESOWEN CREAM**	alclometasone cream 0.05%, alclometasone ointment 0.05%, desonide cream 0.05%, desonide lotion 0.05%, desonide ointment 0.05%, fluocinolone acetonide solution 0.01%, hydrocortisone cream 0.5%, hydrocortisone cream 1%, hydrocortisone cream 2.5%, hydrocortisone lotion 1%, hydrocortisone ointment 0.5%, hydrocortisone ointment 1%, CORTIZONE
Antianxiety/ Benzodiazepines	VALIUM TAB**	alprazolam, clonazepam, diazepam, lorazepam, oxazepam

Indication based strategy updates

Indication	Drug(s) added
Ulcerative Colitis	RINVOQ (preferred)

Indication	Drug(s) removed
Ankylosing Spondylitis	XELJANX, XELJANZ XR (excluded)

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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