



## Changes to your plan's pharmacy drug list

Your plan's **Standard Opt Out** drug list is changing on **April 1, 2023**. 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

\*\*Multi-source Brand Product

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

### Preferred to non-preferred

Drug Class	Drug name	Formulary option(s)
Chronic Obstructive Pulmonary Disease (COPD)	DALIRESP**	roflumilast
	PERFOROMIST**	formoterol inhalation solution
Endocrine and Metabolic, Glucose Elevating Agents	GLUCAGON EMERGENCY INJECTION**	glucagon, human recombinant, BAQSIMI, GLUCAGEN HYPOKIT, GVOKE, ZEGALOGUE
Migraine, Triptans	ZOMIG NASAL SPRAY**	eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, NURTEC ODT, ONZETRA XSAIL, UBRELVY, ZEMBRACE SYMTOUCH
Ophthalmic, Glaucoma	COMBIGAN**	brimonidine-timolol

## **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.

This material is for information only. It contains only a partial, general description of plan benefits or programs and does not constitute a contract.

Updates as of January 31, 2023. Information subject to change.

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