



February 1, 2022

## Changes to your plan’s pharmacy drug list

Your plan’s **High Value Formulary** 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

†Previously New to Market block

\*\*Multi-source Brand Product

^Coding changed from generic to brand

**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)
Endocrine/Metabolic	KERENDIA
Uterine Fibroids	MYFEMBREE

**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

Disease state	Drug name(s)	Alternative(s)
Antihypertensives, Anti-Adrenergics	METHYLDOPA TAB <sup>^</sup>	labetalol
Anti-infectives, Antibacterials, Tetracyclines*	doxycycline hyclate delayed-release tab (75mg, 80mg <sup>†</sup> , 150mg)	doxycycline hyclate (generic Vibramycin); doxycycline hyclate tabs 20 mg, 100 mg; doxycycline monohydrate suspension; minocycline; tetracycline
Anti-infectives, Miscellaneous	TRIMETHOPRIM TAB <sup>^</sup>	sulfamethoxazole/trimethoprim
Antiparkinsonian Agents	CARBIDOPA/LEVODOPA ODT <sup>^</sup>	carbidopa/levodopa, carbidopa/levodopa ER
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
Asthma, Beta Agonists, Short-Acting*	albuterol sulfate inhaler (NDC 66993001968)	albuterol sulfate CFC-free aerosol (except NDC 66993001968), levalbuterol tartrate CFC-free aerosol
Dermatology, Acne*	adapalene pad <sup>†</sup>	benzoyl peroxide crm, lotion; clindamycin gel, lotion, soln; erythromycin gel 2%; erythromycin soln; erythromycin/benzoyl peroxide; sulfacetamide lotion 10%; tretinoin
Dermatology, Skin Inflammation and Hives, Low Potency Corticosteroids*	desonide gel <sup>†</sup> , DesRx <sup>†</sup>	alclometasone crm, oint 0.05%; desonide crm, lotion, oint 0.05% (generic Desowen); fluocinolone acetonide soln 0.01%; hydrocortisone crm 2.5%
Endocrine and Metabolic, Corticosteroids*	prednisone solution (10mg/5mL, 20mg/5mL)	dexamethasone, hydrocortisone (generic Cortef), methylprednisolone (generic Medrol), prednisolone sodium phosphate, prednisolone sodium phosphate orally disintegrating tabs, prednisolone syrup, prednisone
Gastrointestinal, Laxatives*	peg 3350-electrolytes <sup>†</sup> (generic for MOVIPREP)	Use peg 3350-electrolytes (except generics for MOVIPREP), CLENPIQ
Pain and Inflammation, Nonsteroidal Anti-inflammatory Drugs (NSAIDs)/Combinations*	CapsFenac Pak, Capsinac <sup>†</sup> , Diclofex DC, DicloHeal-60 <sup>†</sup> , Iclofenac CP <sup>†</sup> , Kapzin DC <sup>†</sup> , Pennsaicin, Sure Result DSS Premium Pack, Ziclopro	diclofenac potassium; diclofenac sodium delayed-rel; diclofenac sodium ext-rel; diflunisal, flurbiprofen; ibuprofen; ketoprofen 50 mg, 75 mg; meloxicam tabs; nabumetone; naproxen delayed-rel; naproxen sodium tabs; naproxen tabs; oxaprozin; piroxicam; sulindac
Pain, Headache*	butalbital/acetaminophen capsule, butalbital/acetaminophen tablet 25mg-325mg, Vanatol S <sup>†</sup> , Vanatol LQ <sup>†</sup> , Vtol LQ	diclofenac potassium; diclofenac sodium delayed-rel; diclofenac sodium ext-rel; diflunisal; etodolac; ibuprofen; ketoprofen 50 mg, 75 mg; naproxen delayed-rel; naproxen sodium tabs; naproxen tabs

## Utilization Management Program Changes

Drug Class	Drug name(s)	Utilization Management
Antibacterials	tetracycline caps	Add QL
Antifungals	clotrimazole troche	Add QL
Anti-Infectives	EMVERM, praziquantel	Add QL
Antimigraine	Dihydroergotamine nasal spray	Add QL
Antimicrobials	Injectable, IV	Add QL
Topical/Dermatology	benzoyl peroxide-erythromycin gel 5-3%	Add QL
Topical/Dermatology	gentamicin sulfate topical	Add QL
Topical/Ophthalmic	gentamicin sulfate ophth solution	Add QL
Endocrine/Metabolic	KERENDIA	Add PA
Topical/Dermatology	metronidazole 0.75% topical	Add QL
Topical/Dermatology	mupirocin	Add QL

## **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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