



May 2, 2022

Changes to your plan’s pharmacy drug list

Your plan’s **High Value Formulary** 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

^Previously New to Market block

**Multi-source Brand Product

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, ethinyl estradiol-etonogestrel | 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) |
|-----------------------|--------------|
| Antidiabetic Supplies | OMNIPOD DASH |
| Antiobesity | QSYMIA |

Formulary additions (continued)

| Drug Class | Drug name(s) |
|---------------------------------|-------------------------------------|
| Cancer/ BRAF Kinase Inhibitors* | BRAFTOVI, ZELBORAF |
| Cancer/ MEK Kinase Inhibitors* | COTELLIC, MEKTOVI |
| Endometriosis, Uterine Fibroids | LUPRON DEPOT INJ 3.75 mg & 11.25 mg |
| Opioid-Induced Constipation | SYMPROIC |

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) |
|--------------------------------|--------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Actinic Keratosis | fluorouracil cream 0.5% | fluorouracil 5%, fluorouracil soln (2%, 5%), imiquimod cream |
| Antianxiety | hydroxyzine cap 100 mg | hydroxyzine HCl, cyproheptadine |
| Antidepressants | amoxapine 25 mg, 50 mg, 100 mg | amitriptyline, desipramine, doxepin, imipramine, nortriptyline |
| | fluoxetine cap 90 mg | citalopram, escitalopram, fluoxetine, paroxetine ext-rel, paroxetine HCl tabs, sertraline |
| | nefazodone | citalopram, desvenlafaxine succinate ext-rel, duloxetine delayed-rel, escitalopram, fluoxetine, paroxetine HCl ext-rel, paroxetine HCl tabs, sertraline, trazodone, venlafaxine, venlafaxine ext-rel |
| Antiemetics | metoclopramide ODT 5 mg | metoclopramide (except 5 mg ODT) |
| | promethegan suppository 50 mg | promethazine suppository, prochlorperazine suppository |
| Anti-infectives | cefaclor cap | cefprozil, cefuroxime axetil |
| | ciprofloxacin otic solution | ciprofloxacin/dexamethasone, ofloxacin otic |
| | mefloquine | hydroxychloroquine |
| | miconazole 3 supp 200 mg | terconazole |
| | paromomycin cap 250 mg | metronidazole, minocycline, tetracycline, tinidazole |
| | rimantadine | oseltamivir |
| Antilipemics | fenofibrate cap 150 mg, fenofibric acid tab | fenofibrate (except 150 mg capsules), fenofibrate caps 67 mg, 134 mg, 200 mg, gemfibrozil |
| Antiobesity | diethylpropion ext-rel tab | QSYMIA, SAXENDA, WEGOVY |
| Antipsychotics | chlordiazepoxide-amitriptyline | amitriptyline, desipramine, doxepin, imipramine, nortriptyline |
| | perphenazine-amitriptyline | amitriptyline, aripiprazole, desipramine, doxepin, imipramine, nortriptyline |
| | pimozide | aripiprazole, haloperidol |
| Cancer, BTAF Kinase Inhibitors | TAFINLAR | BRAFTOVI, ZELBORAF |
| Cancer, MEK Inhibitors | MEKINIST | COTELLIC, MEKTOVI |
| Cancer, mTOR Inhibitors | AFINITOR DISPERZ** | everolimus soluble tablets |
| Cardiovascular | nisoldipine ext-rel 20 mg, 25.5 mg, 30 mg, 40 mg | amlodipine, felodipine ext-rel, isradipine, nicardipine, nifedipine ext-rel |

Formulary exclusions (continued)

| Disease state | Drug name(s) | Alternative(s) |
|------------------------------------|----------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Cardiovascular | timolol tab 10 mg | atenolol, bisoprolol, carvedilol, labetalol, metoprolol 25 mg, 50 mg, 100 mg, metoprolol ext-rel, nadolol, pindolol, propranolol, propranolol ext-rel |
| Central Nervous System | pyridostigmine bromide 30 mg | pyridostigmine bromide (except 30 mg tablets) |
| Dermatology, Acne | Ery pad 2% | benzoyl peroxide (crm, lotion) clindamycin gel (except NDC [^] 68682046275)/lotion/soln, erythromycin gel 2%, erythromycin soln, erythromycin/benzoyl peroxide, sulfacetamide lotion 10%, tretinoin |
| Dermatology, Antifungals | miconazole-zinc oxide-white petrolatum ointment | nystatin cream |
| | naftifine cream 1%, sulconazole | ciclopirox (cream, gel, and suspension), clotrimazole, econazole, ketoconazole cream 2% |
| Dermatology, Antipsoriatics | calcipotriene aerosol foam | calcipotriene oint, soln 0.005% |
| | DUOBRII | calcipotriene oint/sol 0.005% WITH amcinonide crm, lot, oint 0.1%; betamethasone dipropionate augmented crm, lot 0.05%; betamethasone dipropionate 0.05%; desoximetasone crm, oint 0.25%, gel 0.05%; fluocinonide crm, gel, oint, soln 0.05%; or triamcinolone acetonide crm 0.5%; ENSTILAR, TACLONEX |
| Diabetes | alogliptin | JANUVIA |
| | alogliptin-metformin | JANUVIA, JANUMET XR |
| | alogliptin-pioglitazone | JANUVIAWITH pioglitazone |
| Endometriosis | SYNAREL | danazol, LUPRON DEPOT, LUPRON DEPOT-PED, SUPPRELIN LA, TRIPTODUR |
| Gastrointestinal | dexlansoprazole delayed-rel | lansoprazole delayed-rel, lansoprazole delayed-rel orally disintegrating tabs, omeprazole delayed-rel, pantoprazole delayed-rel tabs |
| | nizatidine solution 15 mg/mL | cimetidine, famotidine |
| Genitourinary | Hyophen, Ustell | Consult doctor |
| Glucocorticoids | dexamethasone phosphate inj 10 mg/mL | dexamethasone, hydrocortisone, methylprednisolone, prednisolone sodium phosphate, prednisolone sodium phosphate orally disintegrating tabs, prednisolone syrup, prednisone |
| Hematologic | hydroxocobalamin vial 1000 mcg/mL | cyanocobalamin inj |
| Irritable Bowel Syndrome | lubiprostone | LINZESS, SYMPROIC |
| Migraine | zolmitriptan nasal spray | naratriptan, rizatriptan, rizatriptan orally disintegrating tabs, sumatriptan, sumatriptan inj, sumatriptan nasal spray, zolmitriptan orally disintegrating tabs, zolmitriptan tabs |
| Musculoskeletal | carisoprodol-aspirin-codeine tab | cyclobenzaprine (5 mg, 10 mg), methocarbamol |
| Nutritional, Supplements | l-methylfolate | folic acid |
| | WesTab Max | folic acid WITH cyanocobalamin inj |
| Ophthalmic | carteolol ophthalmic solution, levobunolol ophthalmic solution | betaxolol solution, timolol maleate, timolol maleate gel |
| | flurbiprofen ophthalmic solution | diclofenac sodium, ketorolac 0.5% |

Formulary exclusions (continued)

| Disease state | Drug name(s) | Alternative(s) |
|------------------------------|-------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Opioid-induced Constipation | MOVANTIK | SYMPROIC |
| Pain | acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg, hydrocodone/ibuprofen 5-200mg, Trezix | codeine sulfate; codeine/acetaminophen; hydrocodone/acetaminophen; oxycodone; oxycodone/acetaminophen |
| | meperidine 50mg/5mL | hydrocodone/acetaminophen, hydromorphone, morphine, oxycodone/acetaminophen |
| | morphine sulfate ext-rel, oxycodone ext-rel | morphine ext-rel (except generics for AVINZA), XTAMPZA ER |
| Pain & Inflammation | Lofena, meclufenamate | diclofenac potassium (except 25mg), diclofenac sodium delayed-rel diclofenac sodium ext-rel, diflunisal, etodolac, flurbiprofen, ibuprofen, ketoprofen 50 mg and 75 mg, meloxicam tabs, nabumetone, naproxen delayed-rel, naproxen sodium tabs, naproxen tabs, oxaprozin, piroxicam, sulindac |
| | diclofenac epolamine patch 1.3% | diclofenac potassium (except 25mg), diclofenac sodium delayed-rel, diclofenac sodium ext-rel, diflunisal, etodolac, ibuprofen, ketoprofen 50 mg and 75 mg, naproxen delayed-rel, naproxen sodium tabs, naproxen tabs |
| Respiratory | carbinoxamine sol 4mg/ 5mL, clemastine tab, desloratadine ODT | cyproheptadine, hydroxyzine HCl |
| | COMBIVENT RESPIMAT | ipratropium/albuterol inhalation solution, ANORO ELLIPTA, BEVESPI AEROSPHERE |
| | fluticasone propionate/salmeterol inhaler | ADVAIR, ADVAIR HFA, BREO ELLIPTA, SYMBICORT |
| | PROAIR HFA**, PROAIR RESPICLICK | albuterol sulfate CFC-free aerosol (except NDC 66993001968), levalbuterol tartrate CFC-free aerosol |
| Scabicides and Pediculicides | ivermectin lotion, lindane shampoo, spinosad suspension | malathion |
| Sleep Disorder, Hypnotics | flurzaepam | doxepin, ramelteon, temazepam, zaleplon, zolpidem, zolpidem ext-rel |
| Topical Anesthetics | lidocaine gel 2% | lidocaine/prilocaine cream |
| | lidocaine solution 4% | lidocaine viscous |

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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