



October 1, 2021

# Changes coming to your plan’s pharmacy drug lists

There will be changes to the **Aetna Premier Plan** drug list that applies to your plan starting on **October 1, 2021**. 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?

You or your prescriber can request a medical exception to the changes in this letter. If you would like to ask for an exception, talk with your prescriber. Or, you can call us at the toll-free number on your Member ID card.

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

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

You can visit the website that’s shown on your member ID card. Then log in to your account. To better understand how your plan’s pharmacy benefits work, call us at the number on your member ID card.

## Key for table below

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

If your plan doesn’t have formulary exclusions, you will pay the non-preferred copay.

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

Prescription Drug	Change(s)
AMITIZA	Non-preferred brand drug
AZOPT	Non-preferred brand drug
BARACLUDE	Preferred specialty drug; Preauthorization required*; Quantity limits apply. You can fill up to 21ml/ day*
BUNAVAIL MIS 2.1-0.3	Quantity limits apply. You can fill up to 3/ day
BUNAVAIL MIS 4.2-0.7	Quantity limits apply. You can fill up to 3/ day
BUNAVAIL MIS 6.3-1MG	Quantity limits apply. You can fill up to 2/ day
bupren / nalox mis 12-3mg	Quantity limits apply. You can fill up to 2/ day
bupren / nalox mis 2-0.5mg	Quantity limits apply. You can fill up to 3/ day
bupren / nalox mis 4-1mg	Quantity limits apply. You can fill up to 3/ day

<b>Prescription Drug</b>	<b>Change(s)</b>
bupren / nalox mis 8-2mg	Quantity limits apply. You can fill up to 3/ day
buprenorphine hcl / naloxone hcl	Quantity limits apply. You can fill up to 3/ day
CABLIVI	Not covered for plans with Formulary Exclusions*
CALQUENCE	Preferred specialty drug; Preauthorization required*; Quantity limits apply. You can fill up to 2/ day*
ciclodan	Quantity limits apply. You can fill up to 6.6 ml/ month*
ciclopirox nail lacquer	Quantity limits apply. You can fill up to 6.6 ml/ month*
COMETRIQ KIT 100MG	Quantity limits apply. You can fill up to 2/ day*
COMETRIQ KIT 140MG	Quantity limits apply. You can fill up to 4/ day*
CORDRAN CREAM	Quantity limits apply. You can fill up to 6gm/ day*
CORDRAN LOTION	Quantity limits apply. You can fill up to 6ml/ day*
CYSTADANE	Non-preferred specialty drug
DYMISTA	Non-preferred brand drug
ENDARI	Non-preferred specialty drug; Step therapy removed
HUMIRA PEN	Quantity limits apply. You can fill up to 2 pens/ 28 days*
HYDROMORPHONE HCL	Not covered under pharmacy benefit
HYSINGLA ER	Non-preferred brand drug
ICLUSIG	Quantity limits apply. You can fill up to 1/ day*
JYNARQUE	Non-preferred specialty drug
JYNARQUE TAB 15MG	Non-preferred specialty drug; Quantity limits apply. You can fill up to 2/ day*
JYNARQUE TAB 30MG	Non-preferred specialty drug
KOSELUGO	Preferred specialty drug
meloxicam	Not covered for plans with Formulary Exclusions*
MYALEPT	Non-preferred specialty drug; Quantity limits apply. You can fill up to 1 vial/ day*
PALYNZIQ INJ 10 / 0.5ML	Not covered for plans with Formulary Exclusions*; Step therapy removed
PALYNZIQ INJ 2.5 / 0.5	Not covered for plans with Formulary Exclusions*; Step therapy removed; Quantity limits apply. You can fill up to 8 prefilled syringes / month*
PALYNZIQ INJ 20MG / ML	Not covered for plans with Formulary Exclusions*; Step therapy removed
paroxetine hcl er	Not covered for plans with Formulary Exclusions*
PENLAC NAIL LACQUER	Quantity limits apply. You can fill up to 6.6 ml/ month*
SAMSCA	Non-preferred specialty drug
SUBOXONE MIS 12-3MG	Quantity limits apply. You can fill up to 2/ day
SUBOXONE MIS 2-0.5MG	Quantity limits apply. You can fill up to 3/ day
SUBOXONE MIS 4-1MG	Quantity limits apply. You can fill up to 3/ day
SUBOXONE MIS 8-2MG	Quantity limits apply. You can fill up to 3/ day
SUCRAID	Non-preferred specialty drug; Not covered at mail-order pharmacy
SYPRINE	Not covered for plans with Formulary Exclusions*
TAGRISSO	Preferred specialty drug
TAVALISSE	Not covered for plans with Formulary Exclusions*
THIOLA	Not covered for plans with Formulary Exclusions*
THIOLA EC	Not covered for plans with Formulary Exclusions*
TRUVADA	Non-preferred brand drug

<b>Prescription Drug</b>	<b>Change(s)</b>
XHANCE	Quantity limits apply. You can fill up to 2 packages/ month*
XIAFLEX	Non-preferred specialty drug; Preauthorization required*
XURIDEN	Non-preferred specialty drug; Preauthorization removed
ZUBSOLV SUB 0.7-0.18	Quantity limits apply. You can fill up to 3/ day
ZUBSOLV SUB 1.4-0.36	Quantity limits apply. You can fill up to 3/ day
ZUBSOLV SUB 11.4-2.9	Quantity limits apply. You can fill up to 1/ day
ZUBSOLV SUB 2.9-0.71	Quantity limits apply. You can fill up to 3/ day
ZUBSOLV SUB 5.7-1.4	Quantity limits apply. You can fill up to 3/ day
ZUBSOLV SUB 8.6-2.1	Quantity limits apply. You can fill up to 2/ day

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Some health benefits and health insurance plans are offered, administered and/or underwritten by Aetna Health Inc., 151 Farmington Avenue, Hartford, CT 06156. Each insurer has sole financial responsibility for its own products.

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.

Information is subject to change. The drugs on the Pharmacy Drug Guide (formulary), Formulary Exclusions, Precertification, Quantity Limit and Step Therapy Lists are subject to change. In certain states, including Arkansas, Colorado, Connecticut, Delaware, Georgia, Illinois, Louisiana, Maryland, Minnesota, North Dakota, Pennsylvania and Texas, step therapy programs do not apply to fully insured members utilizing prescription drugs for the treatment of stage-four advanced, metastatic cancer.

In accordance with state law, commercial fully insured (including HMO) members in Louisiana and Texas (except Federal Employee Health Benefit Plan members) who are receiving coverage for drugs that are added or removed from the Pharmacy Drug Guide and Specialty Drug List will continue to have those drugs covered at the same benefit level until their plan's renewal date. In Texas, preauthorization approval is known as "preservice utilization review." It is not "verification" as defined by Texas law. Preauthorization means a determination that healthcare services proposed to be provided to a patient are medically necessary and appropriate.

In accordance with state law, certain fully insured commercial California members (except Federal Employee Health Benefit Plan members) who obtained approval from an Aetna plan for coverage of drugs that are later added to the Preauthorization or Step Therapy Lists or removed from the Pharmacy Drug Guide will continue to have those drugs covered, for as long as the treating in-network provider continues prescribing them, provided that the drug is appropriately prescribed and is considered safe and effective for treating the enrollee's medical condition. Aetna reserves the right to periodically request clinical information from your provider to assess your medical condition and the appropriateness of your ongoing treatment. Failure to provide clinical information could result in subsequent denial of coverage for this medication.

In accordance with state law, fully insured commercial Connecticut preferred provider organization (PPO) members (except Federal Employee Health Benefit Plan members) covered under a policy and using a drug for treatment of a chronic illness prior to the drug's removal from the Pharmacy Drug Guide will continue to have the medication covered, provided the prescriber states in writing that the drug is medically necessary and more medically beneficial than other covered drugs. Nothing in this section shall preclude the prescribing provider from prescribing another drug covered by the plan that is medically appropriate for the enrollee, nor shall anything in this section be construed to prohibit generic drug substitutions.

This material is for information only. It contains only a partial, general description of plan benefits or programs and does not constitute a contract. Aetna is part of the CVS Health family of companies.

**Policy forms issued in Oklahoma include:** AL OK HCOC, HC COC00010

**Policy forms issued in Missouri include:** AL HGrpPol 01R5, HI HGrpAg 05, HO HGrpPol 04, HO GrpPolAmend-ThirdPartyPay 01, AL SG GrpPolAmend 2019 01, HI HGrpAg SG 01R, HI SG GrpAgAmend 2019 01

TTY:711

<b>English</b>	<b>To access language services at no cost to you, call the number on your ID card.</b>
Albanian	Për shërbime përkthimi falas për ju, telefononi në numrin që gjendet në kartën tuaj të identitetit.
Amharic	የቋንቋ አገልግሎቶችን ያለክፍያ ለማግኘት፣ በሙያዊ ቁጥር ላይ ያለውን ቁጥር ይደውሉ። :
Arabic	للحصول على الخدمات اللغوية دون أي تكلفة، الرجاء الاتصال على الرقم الموجود على بطاقة اشتراكك.
Armenian	Ձեր նախընտրած լեզվով ավվճար խորհրդատվություն ստանալու համար զանգահարեք ձեր բժշկական ապահովագրության քարտի վրա նշված հեռախոսահամարով
Bantu-Kirundi	Kugira uronke serivisi z'indimi ata kiguzi, hamagara inomero iri ku karangamuntu kawe
Bengali	আপনাকে বিনামূল্যে ভাষা পরিষেবা পেতে হলে আপনার পরিচয়পত্রে দেওয়া নম্বরে টেলিফোন করুন।
Burmese	သင့်အနေဖြင့် အခကြေးငွေ မပေးရပဲ ဘာသာစကားဝန်ဆောင်မှုများ ရရှိနိုင်ရန်၊ သင့် ID ကတ်ပေါ်တွင်ရှိသော ဖုန်းနံပါတ်အား ခေါ်ဆိုပါ။
Catalan	Per accedir a serveis lingüístics sense cap cost per a vostè, telefoni al número indicat a la seva targeta d'identificació.
Cebuano	Aron maakses ang mga serbisyo sa lengguwahe nga wala kay bayran, tawagi ang numero nga anaa sa imong kard sa ID.
Chamorro	Para un hago' i setbision lengguâhi ni dibåtde para hâgu, âgang i numiru gi iyo-mu kard aidentifikasion.
Cherokee	ႤႠႠႠ ႱႠႠႠ ႠႠႠႠႠႠ Ⴀ ႠႠႠႠ ႠႠႠႠႠႠ ႠႠ, ႠႠႠႠႠႠ ႠႠႠ ႠႠႠႠ ႠႠႠႠႠႠ ႠႠႠႠႠႠ ႠႠႠႠႠႠ ႠႠႠႠႠႠ ႠႠႠႠႠႠ.
Chinese Traditional	如欲使用免費語言服務，請撥打您健康保險卡上所列的電話號碼
Choctaw	Anumpa tosholi i toksvli ya peh pilla ho ish i payahinla kvt chi holisso kallo iskitini holhtena takanli ma i payah
Chuukese	Ren omw kopwe angei aninisin eman chon awewei (ese kamé), kopwe kééri ewe nampa mei mak won noum ena katen ID
Cushitic-Oromo	Tajaajiloota afaanii gatii bilisaa ati argaachuuf,lakkoofsa fuula waraaqaa eenyummaa (ID) kee irraa jiruun bilbili.
Dutch	Voor gratis taaldiensten, bel het nummer op uw ziekteverzekeringskaart.
French	Pour accéder gratuitement aux services linguistiques, veuillez composer le numéro indiqué sur votre carte d'assurance santé.
French Creole (Haitian)	Pou ou jwenn sèvis gratis nan lang ou, rele nimewo telefòn ki sou kat idantifikasyon asirans sante ou.
German	Um auf den für Sie kostenlosen Sprachservice auf Deutsch zuzugreifen, rufen Sie die Nummer auf Ihrer ID-Karte an.
Greek	Για πρόσβαση στις υπηρεσίες γλώσσας χωρίς χρέωση, καλέστε τον αριθμό στην κάρτα ασφάλισής σας.
Gujarati	તમારે કોઈ પણ જાતના ખર્ચ વિના ભાષા સેવાઓ મેળવવા માટે, તમારા આઈડી કાર્ડ પર રહેલ નંબર પર કોલ કરવો.

Hawaiian	No ka wala'au 'ana me ka lawelawe 'olelo e kahea aku i ka helu kelepona ma kāu kāleka ID. Kāki 'ole 'ia kēia kōkua nei.
Hindi	बिना किसी कीमत के भाषा सेवाओं का उपयोग करने के लिए, अपने आईडी कार्ड पर दिए नंबर पर कॉल करें।
Hmong	Yuav kom tau kev pab txhais lus tsis muaj nqi them rau koj, hu tus naj npawb ntawm koj daim npav ID.
Igbo	Inweta enyemaka asụsụ na akwughi ụgwọ obula, kpọọ nọmba nọ na kaadi njirimara gi
Ilocano	Tapno maakses dagiti serbisio ti pagsasao nga awanan ti bayadna, awagan ti numero nga adda ayan ti ID kardmo.
Indonesian	Untuk mengakses layanan bahasa tanpa dikenakan biaya, silakan hubungi nomor telepon di kartu asuransi Anda.
Italian	Per accedere ai servizi linguistici senza alcun costo per lei, chiami il numero sulla tessera identificativa.
Japanese	無料の言語サービスは、IDカードにある番号にお電話ください。
Karen	လၢတၢ်ကမၤန့ၢ်ကိၣ်တၢ်မၤစၢအတၢ်ဖဲးတၢ်မၤတဖၣ် လၢတၢ်အိၣ်ဒီးအပူၤလၢနကတၢ်ဟ့ၣ်အိၣ်အဂီၢ်,ကိးဘၣ်လီၤတဲၣ်နီၣ်ဂံၢ်လၢအအိၣ်လၢနခိၣ်ဂီၢ် (ID) အလီၤန့ၣ်တက့ၢ်.
Korean	무료 다국어 서비스를 이용하려면 보험 ID 카드에 수록된 번호로 전화해 주십시오.
Kru-Bassa	I nyuu kosna mahola ni language services ngui nsaa wogui wo, sebel i nsinga i ye ntilga i kat yong matibla
Kurdish	بو دەسپێر اگهیشتن به خزمەتگوزاری زمان بەبێ تێچوون بو تو، پەیوەندی بکە بە ژمارەی سەر ئای دی (ID) کارتێ خۆت.
Lao	ເພື່ອເຂົ້າເຖິງບໍລິການພາສາທີ່ບໍ່ເສຍຄ່າ, ໃຫ້ໂທຫາເບີໂທຢູ່ໃນບັດປະຈຳຕົວຂອງທ່ານ.
Marathi	आपल्याला कोणत्याही शुल्काशिवाय भाषा सेवांपर्यंत पोहोचण्यासाठी, आपल्या ID कार्डावरील क्रमांकावर फोन करा.
Marshallese	Ñan bōk jipañ kōn kajin ilo an ejjeļok wōñean ñan kwe, kwōn kallok nōmba eo ilo kaat in ID eo am.
Micronesia-Ponapean	Pwehn alehdi sawas en lokaia kan ni sohte pweipwei, koahlih nempe nan amhw doaropwe en ID.
Mon-Khmer, Cambodian	ដើម្បីទទួលបានសេវាកម្មភាសាដែលគិតថ្លៃសម្រាប់លោកអ្នក សូមហៅទូរសព្ទទៅកាន់លេខដែលមាននៅលើបណ្ណសម្គាល់ខ្លួនរបស់លោកអ្នក។
Navajo	T'áá ni nizaad k'ehjí bee níká a'doowol doo búáh ílínígóó naaltsoos bee atah níłjigo nanitinígíí bee néého'dólzínígíí béésh bee hane'í biká'ígíí áají' hólne'.
Nepali	भाषासम्बन्धी सेवाहरूमाथि निःशुल्क पहुँच राख्न आफ्नो कार्डमा रहेको नम्बरमा कल गर्नुहोस्।
Nilotic-Dinka	Të koor yin ran de wëër de thokic ke cìn wëu kor keek tënɔŋ yin. Ke yin col ran ye koc kuony në namba de abac tō në ID kard duɔn de tīt de nyin de panakim kōu.
Norwegian	For tilgang til kostnadsfri språktjenester, ring nummeret på ID-kortet ditt.
Pennsylvanian-Dutch	Um Schprooch Services zu griege mitaus Koscht, ruff die Nummer uff dei ID Kaart.



Aetna complies with applicable Federal civil rights laws and does not discriminate, exclude or treat people differently based on their race, color, national origin, sex, age, or disability.

Aetna provides free aids/services to people with disabilities and to people who need language assistance.

If you need a qualified interpreter, written information in other formats, translation or other services, call the number on your ID card.

If you believe we have failed to provide these services or otherwise discriminated based on a protected class noted above, you can also file a grievance with the Civil Rights Coordinator by contacting:

Civil Rights Coordinator,  
P.O. Box 14462, Lexington, KY 40512 (CA HMO customers: PO Box 24030 Fresno, CA 93779),  
1-800-648-7817, TTY: 711,  
Fax: 859-425-3379 (CA HMO customers: 860-262-7705), [CRCoordinator@aetna.com](mailto:CRCoordinator@aetna.com).

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, or at 1-800-368-1019, 800-537-7697 (TDD).

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