



April 1, 2022

## Changes coming to your plan’s pharmacy drug lists

There will be changes to the **Advanced Control Plan-Aetna** drug list that applies to your plan starting 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?

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.

**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)
albuterol sulfate hfa (Prasco Laboratories, NDC 66993001967)	Non-formulary drug
AMPHETAMINE ER	Non-preferred brand drug
BENAZEPRIL HCL / HYDROCHLOROTHIAZIDE	Non-preferred brand drug
butalbital / acetaminophen	Non-formulary drug
CARBIDOPA / LEVODOPA ODT	Non-preferred brand drug
desonide	Non-formulary drug
desrx	Non-formulary drug
doxycycline hyclate dr	Non-formulary drug
DUREZOL	Non-preferred brand drug
DYMISTA	Non-formulary drug
EPANED	Non-formulary drug
GEMTESA	Preferred brand drug; Step therapy applies
HAEGARDA	Non-preferred specialty drug; Preauthorization required; Quantity limits apply. You can fill up to 20 vials every 30 days

<b>Prescription Drug</b>	<b>Change(s)</b>
LYSODREN	Preferred specialty drug
METHYLDOPA	Non-preferred brand drug
MYRBETRIQ	Non-formulary drug
NEVIRAPINE	Non-preferred brand drug
NUEDEXTA	Non-formulary drug
OCTREOTIDE ACETATE	Not covered under pharmacy benefit
prednisolone sodium phosphate	Non-formulary drug
soloxide	Non-formulary drug
SUTENT	Non-preferred specialty drug
TRANDOLAPRIL / VERAPAMIL HCL ER	Non-preferred brand drug
TRIMETHOPRIM	Non-preferred brand drug
vanatol lq	Non-formulary drug
vanatol s	Non-formulary drug
vtol lq	Non-formulary drug

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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

Drugs on the Pharmacy Drug Guide (formulary), Specialty Drug List, Formulary Exclusions, Precertification, Quantity Limit and Step Therapy Lists are subject to change. In accordance with state law, changes to drug coverage are not effective for commercial fully insured plans (including HMOs) in Louisiana, Texas, and in most circumstances Connecticut, until the plans' renewal date.

**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.

AL IVL HPOL-1A-2022-EPO-HIX 01, AL IVL-SOB-1A-EPO-HIX 01, AL IVL-SOB-1A-EPO-NA \$0-HIX 01, AL IVL HPOL-1A-2022-EPO 01, AL IVL-SOB-1A-EPO 01.