



## Changes to your plan's pharmacy drug list

Your plan's **Standard Opt Out with ACSF** drug list is changing on **January 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

\*Class has existing formulary exclusions

\*\*Multi-source Brand Product

^Previously New to Market Block

**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)             |
|---|--------------------------|
| Autoimmune Agents*                          | ILUMYA                   |
| Cancer, Follicular Lymphoma PI3K Inhibitors | ZYDELIG                  |
| Cancer, RET Inhibitors                      | GAVRETO^, RETEVMO        |
| Dermatology, Atopic Dermatitis*             | ADBRY^, CIBINQO^         |
| Hematologic, Hemophilia B*                  | ALPROLIX                 |
| Hematologic, Thrombocytopenia Agents*       | MULPLETA (non-preferred) |

## Non-preferred to preferred tier

| Drug Class  | Drug name(s)                    |
|---|---------------------------------|
| Cancer, Renal Cell Carcinoma                        | INLYTA, LENVIMA, NEXAVAR        |
| Dermatology, Acne                                   | AKLIEF, ARAZLO, TWYNEO, WINLEVI |
| Dermatology, Rosacea                                | RHOFADE                         |
| Endocrine and metabolic, Central Precocious Puberty | FENSOLVI                        |
| Endocrine and metabolic, Fertility                  | MENOPUR                         |
| Hematologic, Hemophilia Agents                      | XYNTHA                          |
| Hematologic, Miscellaneous                          | ENDARI                          |
| Immunologic Agents, Miscellaneous                   | ILARIS                          |
| Migraine, CGRP Inhibitors                           | QULIPTA                         |
| Parkinson's Disease                                 | RYTARY                          |
| Sickle Cell Anemia Agents                           | SIKLOS                          |
| Sleep Disorders, Hypnotics                          | DAYVIGO^                        |
| Thrombocytopenia Agents*                            | DOPTELET                        |

**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

| Drug Class                        | Drug name(s)              | Alternative(s)  |
|-----------------------------------|---------------------------|---|
| Asthma, Severe                    | NUCALA LYOPHILIZED        | DUPIXENT, FASENRA, NUCALA (except lyophilized powder), XOLAIR |
| Cancer, PARP Inhibitors           | RUBRACA                   | LYNPARZA, ZEJULA  |
| Cancer, Renal Cell Carcinoma      | SUTENT**, VOTRIENT        | sunitinib, CABOMETYX, INLYTA, LENVIMA, NEXAVAR                |
| Endocrine, Metabolic Modifiers    | NITYR                     | ORFADIN   |
| Hematologic, Hemophilia B*        | BENEFIX, IXINITY, RIXUBIS | ALPROLIX, REBINYN   |
| Hereditary Angioedema*            | FIRAZYR**                 | icatibant, RUCONEST   |
| Immunologic Agents, Miscellaneous | ARCALYST                  | ILARIS  |
| Pulmonary Fibrosis Agents         | ESBRIET                   | pirfenidone, OFEV   |

## Preferred to non-preferred

| Drug Class                  | Drug name(s)               | Alternative(s)  |
|-----------------------------|----------------------------|---|
| Asthma, Steroid Inhalants   | ASMANEX, ASMANEX HFA       | ARNUITY ELLIPTA, FLOVENT DISKUS, FLOVENT HFA, PULMICORT FLEXHALER, QVAR REDHALER  |
| Cancer, Protease Inhibitors | VELCADE**                  | bortezomib, NINLARO   |
| Dermatology, Acne           | TAZORAC CREAM, TAZORAC GEL | adapalene, benzoyl peroxide, clindamycin gel, clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, AKLIEF, ARAZLO, EPIDUO, ONEXTON, TWYNEO, WINLEVI |

## Preferred to non-preferred (continued)

| Drug Class  | Drug name(s) | Alternative(s)   |
|---|--------------|--|
| Opioid Antagonist   | NARCAN**     | naloxone, KLOXXADO   |
| Overactive Bladder,<br>Incontinence Urinary<br>Antispasmodics | TOVIAZ**     | darifenacin ext-rel, oxybutynin ext-rel, solifenacin,<br>tolterodine, tolterodine ext-rel, trospium, trospium ext-<br>rel, MYRBETRIQ |
| Pain, Opioid Analgesics                                       | SUBSYS       | fentanyl transmucosal lozenge  |

## Indication based strategy updates

| Indication         | Drug(s) added   |
|--------------------|---|
| Ulcerative Colitis | RINVOQ, XELJANZ, XELJANZ XR – Removal of step edit through HUMIRA |

## 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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Updates as of September 29, 2022. Information subject to change.

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