



July 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 **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?

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)
AFINITOR DISPERZ	Non-formulary drug
APTIOM	Preferred brand drug
AURYXIA	Preferred brand drug
AZSTARYS	Preferred brand drug; Quantity limits apply. You can fill up to 30 caps every 25 days
BRAFTOVI	Preferred specialty drug
CAYSTON	Non-formulary drug
CITRANATAL	Non-formulary drug
COTELLIC	Preferred specialty drug
DEXILANT	Non-formulary drug
dexlansoprazole	Non-formulary drug
diclofenac potassium	Non-formulary drug
DUOBRII	Non-formulary drug
Eluryng	Non-formulary drug **

Prescription Drug	Change(s)
etonogestrel / ethinyl estradiol	Non-formulary drug **
GLUCAGEN HYPOKIT	Non-formulary drug
GLUCAGON EMERGENCY KIT	Non-formulary drug
HYDROMORPHONE HCL SUPPOSITORIES	Not covered under pharmacy benefit
INSULIN LISPRO KWIKPEN	Non-formulary drug
JORNAY PM CAP 100MG ER	Preferred brand drug; Quantity limits apply. You can fill up to 30 caps every 25 days
JORNAY PM CAP 20MG ER	Preferred brand drug; Quantity limits apply. You can fill up to 60 caps every 25 days
JORNAY PM CAP 40MG ER	Preferred brand drug; Quantity limits apply. You can fill up to 60 caps every 25 days
JORNAY PM CAP 60MG ER	Preferred brand drug; Quantity limits apply. You can fill up to 30 caps every 25 days
JORNAY PM CAP 80MG ER	Preferred brand drug; Quantity limits apply. You can fill up to 30 caps every 25 days
JUXTAPID	Non-formulary drug
KORLYM	Non-formulary drug
LAMICTAL	Non-formulary drug
LAMICTAL ODT	Non-formulary drug
LAMICTAL XR	Non-formulary drug
lofena	Non-formulary drug
LUPRON DEPOT (1-MONTH)	Non-preferred specialty drug; Preauthorization required
LUPRON DEPOT (3-MONTH)	Non-preferred specialty drug; Preauthorization required
MEKINIST	Non-formulary drug
MEKTOVI	Preferred specialty drug
morphine sulfate suppositories	Not covered under pharmacy benefit
MOVANTIK	Non-formulary drug
NUVARING	Preferred brand drug; Quantity limits apply. You can fill up to 13 units every 300 days
PENTASA	Non-formulary drug
PNV OB+DHA	Non-formulary drug
QUILLICHEW ER	Non-formulary drug
QUILLIVANT XR	Non-formulary drug
TAFINLAR	Non-formulary drug
TALICIA	Preferred brand drug
VANDAZOLE (NDC* 00245086070 only)	Non-formulary drug (Other NDCs covered)
ZEGALOGUE	Preferred brand drug
ZELBORAF	Preferred specialty drug

* Drug products are identified by unique numerical product identifiers, called National Drug Codes (NDC), which identify the manufacturer, strength, dosage form, formulation and package size.

** For clients that have adopted the Affordable Care Act (ACA) Women's Preventative Services benefit, the generics EluRyng and etonogestrel/ethinyl estradiol will be covered without cost sharing.

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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. To check coverage and copay information for a specific medicine, log into your member website. For questions, please call the toll-free number on the back of your member ID card.

Information is 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.

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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.