



## Changes to your plan's pharmacy drug list

Your plan's **Aetna High Value Plan: Federal Employees** 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

### Tier 1 Strategy updates

<b>Tier 1 Brand formulary removals</b>	<b>Generic products added back</b>
ADDERALL XR	amphetamine-dextroamphetamine ext-rel
ASACOL HD	mesalamine delayed-rel tablet 800mg
CONCERTA	methylphenidate ext-rel

**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

<b>Drug Class</b>	<b>Drug name(s)</b>
Asthma/ COPD	TRELEGY ELLIPTA

## Formulary additions (continued)

Drug Class	Drug name(s)
COPD*	BREZTRI AEROSPHERE
Diabetes, Disposable Insulin Pumps*	OMNIPOD, OMNIPOD DASH, OMNIPOD 5

**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)
Pain & Inflammation, Non-steroidal Anti-Inflammatory Drugs (NSAIDs)*	diclofenac capsule 25mg diclofenac solution 2%	diclofenac potassium (except 25 mg); diclofenac sodium delayed-rel; diclofenac sodium ext-rel; diflunisal; etodolac; flurbiprofen; ibuprofen; ketoprofen 50 mg, 75 mg; meloxicam tabs; nabumetone; naproxen delayed-rel; naproxen sodium tabs; naproxen tabs; oxaprozin; piroxicam; sulindac
Rosacea, Topical	EPSOLAY	clindamycin gel, lotion, solution; erythromycin 2% gel, solution; erythromycin/benzoyl peroxide; sulfacetamide 10% lotion, tretinoin

## 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.

This material is for information only. It contains only a partial, general description of plan benefits or programs and does not constitute a contract.

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

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