



April 24, 2020



RELIANT MISSION, INC.
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ORLANDO FL 32832

Changes to our pharmacy drug lists

On **July 1, 2020** we're making changes to our pharmacy and specialty drug lists. Also, prescription drug coverage reviews like prior authorization, quantity limits and step therapy will start to apply to some medicines and may no longer apply to others.

We're letting members know

We don't want there to be any surprises for your members. Starting in late April 2020, we'll send impacted members an email or letter about the upcoming changes.

If you have a fully-insured contract in Louisiana or Texas, or you have an employee who resides in Louisiana or Texas, these changes will begin on your plan's renewal date, on or after July 1, 2020.

A list of changes is enclosed. To learn more about our Aetna Pharmacy drug lists, visit [aetna.com/formulary](https://www.aetna.com/formulary).

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company and its affiliates (Aetna).



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If you have questions about these upcoming changes, please contact your Aetna Pharmacy Management Account Manager.

Sincerely,

Aetna Pharmacy Management

Enclosure

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July 1, 2020

Changes to your prescription drug coverage

There will be changes to the **Advanced Control Plan-Aetna** drug list that applies to your plan starting on **July 1, 2020**. It's important that you review and understand 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 a medical exception, speak directly 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 your exception is approved, you only need to pay your plan copay or cost-share. This amount is based on your pharmacy plan design.

How to find a preferred medicine that's right for you

You can visit the website that's on your member ID card and sign in to your account.

If your plan doesn't have formulary exclusions, you will pay the non-preferred copay. To better understand how your pharmacy benefits work under your plan, please call us at the toll-free number on your member ID card.

The changes made to the prescription drugs in this chart are based on the plan information we have at the time this letter was sent.

UPPER CASE = brand-name medication

lower case = generic medication

* Changes apply if your plan includes this feature.

Prescription Drug	Change(s)
APRISO	Non-preferred brand drug
BAQSIMI	Preferred brand drug
bimatoprost	Not covered for plans with Formulary Exclusions
BRYHALI	Preferred brand drug
bupropion hydrochloride er (xl)	Not covered for plans with Formulary Exclusions
chlorzoxazone	Not covered for plans with Formulary Exclusions
clindamycin phosphate	Not covered for plans with Formulary Exclusions
CONSENSI	Not covered for plans with Formulary Exclusions
coremino	Not covered for plans with Formulary Exclusions
cyclobenzaprine hydrochloride er	Not covered for plans with Formulary Exclusions



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Prescription Drug	Change(s)
doxycycline hyclate	Not covered for plans with Formulary Exclusions
doxycycline monohydrate	Not covered for plans with Formulary Exclusions
EMGALITY	Preferred brand drug; You can fill up to 3 syringes every 25 days*
ergotamine tartrate / caffeine	Not covered for plans with Formulary Exclusions
flucytosine	Not covered for plans with Formulary Exclusions
fluoxetine hydrochloride	Not covered for plans with Formulary Exclusions
flurandrenolide	Not covered for plans with Formulary Exclusions; Quantity limits have been removed
hydrocortisone butyrate (lipid)	Not covered for plans with Formulary Exclusions; Quantity limits have been removed
ketoprofen	Not covered for plans with Formulary Exclusions
lorzone	Not covered for plans with Formulary Exclusions
minocycline hydrochloride er	Not covered for plans with Formulary Exclusions
mondoxylene nl	Not covered for plans with Formulary Exclusions
NORGESIC FORTE	Not covered for plans with Formulary Exclusions
NUVARING	Non-preferred brand drug
okebo	Not covered for plans with Formulary Exclusions
ONEXTON	Preferred brand drug
orphenadrine citrate / aspirin / caffeine	Not covered for plans with Formulary Exclusions
ORPHENGESIC FORTE	Not covered for plans with Formulary Exclusions
pimecrolimus	Non-preferred generic drug
PRALUENT	Preferred specialty drug; Preauthorization required*; You can fill up to 2 pens every 28 days*
REPATHA	Not covered for plans with Formulary Exclusions
REYVOW 100MG	Preferred brand drug; You can fill up to 8 tabs every 25 days*
REYVOW 50MG	Preferred brand drug; You can fill up to 4 tabs every 25 days*
RYBELSUS	Preferred brand drug
SAVELLA	You must first try Pregabalin and duloxetine*
STIOLTO RESPIMAT	Preferred brand drug; You can fill up to 1 package every 25 days*
sumatriptan / naproxen sodium	Not covered for plans with Formulary Exclusions; Quantity limits have been removed
SYMJEPI	Preferred brand drug
SYMTUZA	Preferred brand drug; You can fill up to 30 tabs every 30 days*
TAKHZYRO	Preferred specialty drug; Preauthorization required*; You can fill up to 2 vials every 28 days*
tramadol hydrochloride	Not covered for plans with Formulary Exclusions

Prescription Drug	Change(s)
triamcinolone acetonide	Not covered for plans with Formulary Exclusions; Quantity limits have been removed
TRUVADA	No copay required
UBRELVY	Preferred brand drug; You can fill up to 16 tabs every 25 days*
VERZENIO	Non-preferred specialty drug; Preauthorization required*; You can fill up to 56 tabs every 28 days*
VUMERITY	Preferred specialty drug
YUPELRI	Preferred brand drug



Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company, and their affiliates (Aetna).

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.

Aetna or its affiliate(s) may receive rebates from drug manufacturers. Rebates may reduce the amount a member pays the pharmacy for covered prescriptions. 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 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 medications that are removed from the Pharmacy Drug Guide (formulary) or added to the Precertification, Quantity Limits or Step-Therapy Lists during the plan year will continue to have those medications covered at the same benefit level until their plan's renewal date. Due to system constraints, drugs that are added to the Pharmacy Drug Guide (formulary) or moved to a lower tier during the plan year will also continue to be covered at the same benefit level until the 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, fully insured commercial California members (except Federal Employee Health Benefit Plan members) who obtained approval from an Aetna plan for coverage of medications that are later added to the Precertification or Step Therapy Lists or removed from the Pharmacy Drug Guide will continue to have those medications covered, for as long as the plan's prescriber 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) who are receiving coverage under the current policy for medications that are later added to the Precertification or Step Therapy Lists will continue to have those medications covered for as long as the plan's prescriber continues prescribing them, 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. 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. Providers are independent contractors and are not agents of Aetna. Provider participation may change without notice. Aetna does not provide care or guarantee access to health services. Aetna is part of the CVS Health family of companies.

Policy forms issued in Oklahoma include: AL COC00010, HC COC00010.

Policy forms issued in Missouri include: AL HGrpPol 01R5, HI HGrpAg 05, HO HGrpPol 04, AL SG GrpPOLAmend 2020 01, HI SG GrpAgAmend 2020 01.