

2021 Aetna Standard Plan formulary removals and updates

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Aetna Standard Plan Formulary Removals

Drug Class	Removed Product(s)	Formulary Options
Acromegaly	SANDOSTATIN LAR DEPOT, SIGNIFOR LAR, SOMAVERT	SOMATULINE DEPOT
Anticonvulsants*	APTIOM, BRIVIACT, FYCOMPA	carbamazepine, carbamazepine ext-rel, divalproex sodium, divalproex sodium ext-rel, gabapentin, lamotrigine, lamotrigine ext-rel, levetiracetam, levetiracetam ext-rel, oxcarbazepine, phenobarbital, phenytoin, phenytoin sodium extended, primidone, tiagabine, topiramate, valproic acid, zonisamide, OXTELLAR XR, TROKENDI XR, VIMPAT, XCOPRI
Antidepressants, Selective Serotonin Reuptake Inhibitors (SSRI)*	PAXIL/ PAXIL CR, PEXEVA, VIIBRYD	citalopram, escitalopram, fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM]), paroxetine HCl, paroxetine HCl ext-rel, sertraline, TRINTELLIX
Anti-infectives, Antimalarial	DARAPRIM†	pyrimethamine
Attention Deficit Hyperactivity Disorder*	ADZENYS ER/ XR-ODT, APTENSIO XR, DAYTRANA	amphetamine-dextroamphetamine mixed salts ext-rel, methylphenidate ext-rel, MYDAYIS, VYVANSE
Cancer, Multiple Myeloma Proteasome Inhibitors	BORTEZOMIB, KYPROLIS	NINLARO, VELCADE
Cardiovascular, Nitrates	isosorbide dinitrate 40MG	isosorbide dinitrate (except isosorbide dinitrate 40mg), isosorbide mononitrate
Cardiovascular, Pulmonary Arterial Hypertension Endothelin Receptor Antagonists*	TRACLEER†	ambrisentan, bosentan, OPSUMIT
Chronic Obstructive Pulmonary Disease (COPD), Anticholinergics*	INCRUSE ELLIPTA	SPIRIVA, YUPELRI
Chronic Obstructive Pulmonary Disease (COPD), Anticholinergic/Beta Agonist Combinations, Long Acting	BEVESPI AEROSPHERE	ANORO ELLIPTA, STIOLTO RESPIMAT
Contraceptives, Vaginal	NUVARING†	ethinyl estradiol- etonogestrel, ANNOVERA
Depression and/or Schizophrenia, Antipsychotics, Atypicals*	INVEGA SUSTENNA	ABILIFY MAINTENA, PERSERIS
Dermatology, Acne*	AZELEX, DIFFERIN LOTION, FABIOR, TAZORAC	adapalene, benzoyl peroxide, clindamycin gel (except NDC^ 68682046275), clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, EPIDUO, ONEXTON
Dermatology, Antipsoriatics*	calcipotriene/betamethasone	calcipotriene ointment, calcipotriene solution WITH desoximetasone, fluocinonide (except fluocinonide cream 0.1%), BRYHALI
Dermatology, Rosacea*	doxycycline monohydrate delayed-rel capsule MIRVASO	ORACEA azelaic acid gel, metronidazole, FINACEA FOAM, SOOLANTRA

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Aetna Standard Plan Formulary Removals (cont.)

Drug Class	Removed Product(s)	Formulary Options
Diabetes Test Strips and Kits*	ACCU-CHEK AVIVA PLUS, ACCU-CHEK COMPACT PLUS, ACCU-CHEK GUIDE, ACCU-CHEK SMARTVIEW	ONETOUCH ULTRA, ONETOUCH VERIO
Gastrointestinal, Irritable Bowel Syndrome	AMITIZA TRULANCE	LINZESS, MOVANTIK, SYMPROIC LINZESS
Gastrointestinal, Laxatives*	GOLYTELY, SUPREP	peg 3350-electrolytes, CLENPIQ
Growth Hormones*	HUMATROPE	GENOTROPIN, NORDITROPIN
Hematologic, Neutropenia Colony Stimulating Factors*	NEULASTA/NEULASTA ONPRO, UDENYCA	ZIEXTENZO
Menopausal Symptom Agents	ESTRING, FEMRING, INTRAROSA, PREMARIN CREAM MENEST, OSPHENA, PREMARIN	estradiol, IMVEXXY estradiol
Multiple Sclerosis*	TECFIDERA†	dimethyl fumarate delayed-rel, glatiramer, AUBAGIO, BETASERON, COPAXONE, GILENYA, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA
Musculoskeletal*	metaxalone 400mg	cyclobenzaprine (except cyclobenzaprine 7.5mg)
Ophthalmic, Allergies*	BEPREVE	azelastine, cromolyn sodium, olopatadine, LASTACAFT, PAZEO
Ophthalmic, Anti-inflammatories, Nonsteroidal	PROLENSA	bromfenac, diclofenac, ketorolac, ACUVAIL, ILEVRO, NEVANAC
Ophthalmic, Antivirals	ZIRGAN	trifluridine
Ophthalmic, Dry Eye Disease	LACRISERT	RESTASIS, XIIDRA
Osteoarthritis, Viscosupplements*	GEL-ONE, VISCO-3	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
Otic, Anti-infective/Anti-inflammatory Combinations	CIPRO HC, CIPRODEX	ciprofloxacin- dexamethasone, ofloxacin otic
Pain, Opioid Analgesics*	oxymorphone ext-rel	fentanyl transdermal, hydrocodone ext-rel, hydromorphone ext-rel, methadone, morphine ext-rel, NUCYNTA ER, XTAMPZA ER
Parkinson's Disease	APOKYN	INBRIJA
Respiratory, Alpha-1 Antitrypsin Deficiency Agents*	ARALAST NP, GLASSIA	PROLASTIN-C

Aetna Standard Plan Formulary Updates

Drug Class	Product(s) Added Back
Anticonvulsants	LAMICTAL (non-preferred)
Diabetes Long Acting Insulins	TOUJEO (preferred)
Diabetes Test Strips and Kits	ONETOUCH ULTRA, ONETOUCH VERIO (preferred)
Growth Hormones	NORDITROPIN (preferred)
Ophthalmic, Anti-inflammatory, Steroidal	FLAREX (non-preferred)
Osteoarthritis, Viscosupplements	EUFLEXXA (preferred)

*Class has existing formulary exclusions

†Multi-source Brand Product

This chart contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers not affiliated with Aetna. Aetna® is part of the CVS Health® family of companies.

Please remember that this is not a complete list of drugs covered under your plan. Products may be subject to plan-specific copayment or coinsurance, additional charges or other restrictions. Certain drugs, such as those for infertility, erectile dysfunction, weight loss, smoking cessation or vitamins, may not be covered by your particular pharmacy plan. Diabetic supplies may be covered under your medical plan.

To check coverage and copay information for a specific drug, please visit the website on your member ID card and log in to your member website. If you don't have access to our website, call the toll-free number on your member ID card.

Removals and add backs as of January 1, 2021. Information is believed to be accurate as of the production date; however, it is subject to change.