



September 29, 2023

There are upcoming changes to your plan's drug coverage — and we want to be sure you're ready

Starting **January 1, 2024**, you'll see changes to the drugs your **Aetna Standard Plan** covers. It's important that you review the changes in the chart enclosed. Talk to your doctor about how these changes might impact you.

Find out how to keep your costs low

If the status of your current drug is changing, you may pay more for refilling them on or after January 1, 2024. So, we want to make sure you understand your options and what to do next.

What to do if your drugs are changing

Talk to your doctor to find out if changing to a preferred drug is right for you. If they agree, have them send a new prescription to your pharmacy so it's ready for you to fill.

Your doctor may decide it's best for you to stay on your current drug. If so, they can ask for medical exception. Or you can call us at the number on your member ID card to request one. If approved, you'll still pay your plan copay or cost-share, after you meet your plan's deductible or out-of-pocket requirements.

Need more support? We're here to help.

- Visit the website listed on your member ID card to view your current plan details.
- Call us at the number on your member ID card.

Changes beginning January 1, 2024

On or after this date, log in to your member website. Here, you can search for and estimate the cost of your drug(s). You can also find options that may cost you less. Keep in mind, these costs will depend on several things, like where you are with your deductible.

The changes listed in the charts below are based on your plan information 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

Formulary additions

| Drug Class | Drug name(s) |
|--|--|
| Antiarrhythmics* | MULTAQ |
| Autoimmune Agents* | AVSOLA |
| Diabetes, Insulin, Long-Acting* | LANTUS |
| Fertility Regulators, Follicle Stimulating Hormones* | FOLLISTIM AQ |
| Human Growth Hormone* | HUMATROPE |
| Immune Globulins | XEMBIFY^ (Non-Preferred) |
| Respiratory, Steroid/Beta-Agonist Combinations* | fluticasone-salmeterol (except certain NDCs), Wixela Inhub, DULERA (Non-preferred) |
| Retinal Disorders | BYOOVIZ^, CIMERLI^ |

Non-preferred to preferred tier

| Drug Class | Drug name(s) |
|----------------------------------|---|
| Antineoplastic Agents | KRAZATI, LUMAKRAS |
| Botulinum Toxins* | DYSPORE, XEOMIN |
| Dermatology, Eczema Agents | OPZELURA |
| Diabetic Supplies | LANCET/LANCET DEVICES FOR ACCU-CHEK, ONETOUGH |
| Narcolepsy Agents | LUMRYZ |
| Polycythemia Vera Agents | BESREMI |
| Pulmonary Arterial Hypertension* | TADLIQ |
| Urea Cycle Disorders | PHEBURANE |

Formulary exclusions

| Drug Class | Drug name(s) | Alternative(s) |
|--|--|--|
| Anaphylaxis Agents* | epinephrine auto-injector (NDCs 00093-XXXX-XX and 49502-XXXX-XX only), EPIPEN**, EPIPEN JR** | epinephrine (except NDCs 00093-XXXX-XX and 49502-XXXX-XX), AUVI-Q |
| Antidepressants* | APLENZIN, WELLBUTRN XL** | bupropion, bupropion ext-rel (except bupropion ext-rel tablet 450 mg) |
| Antineoplastic Agents, Kinase Inhibitors* | IRESSA** | erlotinib, gefitinib |
| | JAKAFI (For Polycythemia Vera only) | BESREMI |
| | LORBRENA | ALECENSA, ALUNBRIG |
| | NEXAVAR** | sorafenib, sunitinib, CABOMETYX, INLYTA, LENVIMA |
| Antiretroviral Agents, Non-nucleoside Reverse Transcriptase Inhibitors | EDURANT | efavirenz |
| | INTELENCE | etravirine |
| Antiretroviral Agents/ Protease Inhibitors* | KALETRA** | atazanavir, darunavir, lopinavir-ritonavir |
| | NORVIR | ritonavir |
| | PREZISTA, REYATAZ | atazanavir, darunavir |
| Autoimmune Agents* | AMJEVITA | <u>Ankylosing Spondylitis</u> – ADALIMUMAB-ADAZ, COSENTYX, ENBREL, HUMIRA, HYRIMOZ, RINVOQ <u>Crohn's Disease</u> – ADALIMUMAB-ADAZ, HUMIRA, HYRIMOZ, RINVOQ, SKYRIZI SUBCUTANEOUS, STELARA SUBCUTANEOUS <u>Psoriasis</u> – ADALIMUMAB-ADAZ, HUMIRA, HYRIMOZ, OTEZLA, SKYRIZI SUBCUTANEOUS, SOTYKTU, STELARA SUBCUTANEOUS, TALTZ, TREMFYA <u>Psoriatic Arthritis</u> – ADALIMUMAB-ADAZ, COSENTYX, ENBREL, HUMIRA, HYRIMOZ, OTEZLA, RINVOQ, SKYRIZI SUBCUTANEOUS, STELARA SUBCUTANEOUS, TREMFYA <u>Rheumatoid Arthritis</u> – ADALIMUMAB-ADAZ, ENBREL, HUMIRA, HYRIMOZ, KEVZARA, ORENCIA CLICKJECT & SUBCUTANEOUS, RINVOQ, XELJANZ, XELJANZ XR <u>Ulcerative Colitis</u> – ADALIMUMAB-ADAZ, HUMIRA, HYRIMOZ, RINVOQ, STELARA, XELJANZ, XELJANZ XR, ZEPOSIA <u>All Other Conditions</u> – ADALIMUMAB-ADAZ, ENBREL, HUMIRA, HYRIMOZ |
| Botulinum Toxin* | MYOBLOC | DYSPOUR, XEOMIN |
| Central Precocious Puberty | TRIPTODUR | FENSOLVI, LUPRON DEPOT-PED, SUPPRELIN LA |

Formulary exclusions (continued)

| Drug Class | Drug name(s) | Alternative(s) |
|--|--|---|
| Dermatology, Acne* | ARAZLO, RETIN-A MICRO | adapalene (except adapalene pad), benzoyl peroxide, clindamycin gel (except NDC* 68682046275), clindamycin solution, clindamycin-benzoyl peroxide, dapsone, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, AKLIEF, EPIDUO, ONEXTON, TWYNEO, WINLEVI |
| Dermatology, Acne* | isotretinoin capsules 25mg & 35mg | isotretinoin capsule 20 mg, 30 mg, 40 mg |
| Diabetes, Insulin, Long-Acting* | BASAGLAR, LEVEMIR | LANTUS |
| Fertility Regulators, Follicle Stimulating Hormones* | GONAL-F | FOLLISTIM AQ |
| Fertility Regulators, Gonadotropin-Releasing Hormone Antagonists | Fyremadel, ganirelix acetate, CETROTIDE | GANIRELIX ACETATE** |
| Human Growth Hormones* | GENOTROPIN | HUMATROPE, NORDITROPIN |
| Immune Globulins | OCTAGAM | Talk to your doctor |
| Migraine, Calcitonin Gene-Related Peptide (CGRP) Inhibitors | AIMOVIG | AJOVY, EMGALITY, QULIPTA |
| Multiple Sclerosis Agents* | COPAXONE 20MG/ML** | dimethyl fumarate delayed-rel, fingolimod, glatiramer, teriflunomide, AVONEX, BETASERON, COPAXONE 40 MG/ML, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA |
| Narcolepsy* | XYREM | LUMRYZ, WAKIX, XYWAV |
| Opioid-induced Constipation* | RELISTOR | lubiprostone, SYMPROIC |
| Pain, Opioid Analgesics* | XTAMPZA ER | fentanyl transdermal, hydrocodone ext-rel, hydromorphone ext-rel, methadone, morphine ext-rel |
| Respiratory, Steroid/Beta-Agonist Combinations* | ADVAIR DISKUS**, ADVAIR HFA, SYMBICORT** | fluticasone-salmeterol (except certain NDCs), Wixela Inhub, BREO ELLIPTA (except certain NDCs) |
| Retinal Disorders | EYLEA, LUCENTIS | BYOOVIZ, CIMERLI |

Preferred to non-preferred

| Drug Class | Drug name(s) | Alternative(s) |
|--|-------------------|--|
| Antiarrhythmic Agents | NORPACE CR** | disopyramide |
| Antineoplastic Agents, Alkylating Agents | EMCYT | abiraterone, bicalutamide, flutamide, ERLEADA, NUBEQA, XTANDI, YONSA |
| Antiretroviral Agents, Antiretroviral Combinations | EVOTAZ, PREZCOBIX | atazanavir or darunavir plus ritonavir; SYMTUZA |
| Dermatology, Corticosteroids | CAPEX SHAMPOO | ketoconazole shampoo 2%, selenium sulfide lotion 2.5% |
| | DERMA-SMOOTH OIL | calcipotriene ointment 0.005%, calcipotriene solution 0.005%, ENSTILAR |

Preferred to non-preferred (continued)

| Drug Class | Drug name(s) | Alternative(s) |
|--|--|---|
| Dermatology, Corticosteroids | TEXACORT | alclometasone cream and ointment 0.05%, desonide cream, lotion, and ointment 0.05%, fluocinolone acetonide solution 0.01%, hydrocortisone cream 2.5%, hydrocortisone cream and ointment 0.5% and 1%, hydrocortisone lotion 1% |
| Dermatology, Rosacea | RHOFADE | azelaic acid gel, brimonidine gel, metronidazole, FINACEA FOAM, SOOLANTRA |
| Diabetic Supplies | BD PrecisionGlide™ syringe | BD ULTRAFINE INSULIN SYRINGES, BD ULTRAFINE NEEDLES |
| | All lancets/lancing devices not OneTouch | ONETOUCH LANCETS/LANCING DEVICES |
| Gastrointestinal, Antispasmodic Agents | ANASPAZ** | dicyclomine, hyoscyamine sulfate, hyoscyamine sulfate orally disintegrating tabs |
| Immunomodulators, Miscellaneous | ILARIS | Talk to your doctor |
| Ophthalmic, Glaucoma Agents | ZIOPTAN** | bimatoprost, latanoprost, travoprost |
| Pain, NSAIDs | ANAPROX DS** | diclofenac sodium delayed-rel, ibuprofen, naproxen, diflunisal, etodolac, meloxicam, nabumetone, oxaprozin, sulindac |
| Supplements, Electrolytes | K-TAB** | potassium chloride ext-rel, potassium chloride liquid |

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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 October 2, 2023. Information subject to change.

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Aetna Standard Plan – 1202700-02-07

Aetna complies with applicable Federal civil rights laws and does not discriminate, exclude or treat people differently based on their race, color, national origin, sex, age, or disability.

Aetna provides free aids/services to people with disabilities and to people who need language assistance.

If you need a qualified interpreter, written information in other formats, translation or other services, call the number on your ID card.

If you believe we have failed to provide these services or otherwise discriminated based on a protected class noted above, you can also file a grievance with the Civil Rights Coordinator by contacting:

Civil Rights Coordinator,
P.O. Box 14462, Lexington, KY 40512 (CA HMO customers: PO Box 24030 Fresno, CA 93779),
1-800-648-7817, TTY: 711,
Fax: 859-425-3379 (CA HMO customers: 860-262-7705), CRCoordinator@aetna.com.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, or at 1-800-368-1019, 800-537-7697 (TDD).

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, Coventry Health Care plans and their affiliates (Aetna).

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| Hawaiian | No ka wala'au 'ana me ka lawelawe 'olelo e kahea aku i ka helu kelepona ma kāu kāleka ID. Kāki 'ole 'ia kēia kōkua nei. |
| Hindi | बिना किसी कीमत के भाषा सेवाओं का उपयोग करने के लिए, अपने आईडी कार्ड पर दिए नंबर पर कॉल करें। |
| Hmong | Yuav kom tau kev pab txhais lus tsis muaj nqi them rau koj, hu tus naj npawb ntawm koj daim npav ID. |
| Igbo | Inweta enyemaka asụsụ na akwughi ụgwọ obụla, kpọọ nọmba nọ na kaadi njirimara gi |
| Ilocano | Tapno maakses dagiti serbisio ti pagsasao nga awanan ti bayadna, awagan ti numero nga adda ayan ti ID kardmo. |
| Indonesian | Untuk mengakses layanan bahasa tanpa dikenakan biaya, silakan hubungi nomor telepon di kartu asuransi Anda. |
| Italian | Per accedere ai servizi linguistici senza alcun costo per lei, chiami il numero sulla tessera identificativa. |
| Japanese | 無料の言語サービスは、IDカードにある番号にお電話ください。 |
| Karen | လၢတၢ်ကၢၤန့ၢ်ဂၢ်တၢ်မၤစၢၤအတၢ်ဖဲးတၢ်မၤတဖၣ် လၢတၢ်အိၣ်ဒီးအပူၤလၢနကတၢ်ဟ့ၣ်အိၣ်အဂီၢ်,ကိးဘၣ်လီၤတဖၣ်နီၣ်ဂီၢ်လၢအအိၣ်လၢနခိၣ်ဂီၢ် (ID) အလီၤန့ၣ်တက့ၢ်. |
| Korean | 무료 다국어 서비스를 이용하려면 보험 ID 카드에 수록된 번호로 전화해 주십시오. |
| Kru-Bassa | I nyuu kosna mahola ni language services ngui nsaa wogui wo, sebel i nsinga i ye ntilga i kat yong matibla |
| Kurdish | بو دەسپێرێ ئاگەشتن بە خزمەتگوزاری زمان بەبێ تیچوون بو تو، پەیمەندی بکە بە ژمارەی سەر ئای دی (ID) کارتێ خۆت. |
| Lao | ເພື່ອເຂົ້າເຖິງບໍລິການພາສາທີ່ບໍ່ສະຄວ່າ, ໃຫ້ໂທຫາເບີໂທຢູ່ໃນບັດປະຈຳຕົວຂອງທ່ານ. |
| Marathi | आपल्याला कोणत्याही शुल्काशिवाय भाषा सेवांपर्यंत पोहोचण्यासाठी, आपल्या ID कार्डावरील क्रमांकावर फोन करा. |
| Marshallese | Nan bōk jipañ kōn kajin ilo an ejjelōk wōñean ñan kwe, kwōn kallok nōmba eo ilo kaat in ID eo am. |
| Micronesia-Ponapean | Pwehn alehdi sawas en lokaia kan ni sohte pweipwei, koahlih nempe nan amhw doaropwe en ID. |
| Mon-Khmer, Cambodian | ដើម្បីទទួលបានសេវាកម្មភាសាដែលឥតគិតថ្លៃសម្រាប់លោកអ្នក សូមហៅទូរសព្ទទៅកាន់លេខដែលមាននៅលើប័ណ្ណសម្គាល់ខ្លួនរបស់លោកអ្នក។ |
| Navajo | T'áá ni nizaad k'ehjí bee níká a'doowol doo búáh ílínígóó naaltsoos bee atah níłjigo nanitinígíí bee néého'dólzínígíí béésh bee hane'í biká'ígíí áají' hólne'. |
| Nepali | भाषासम्बन्धी सेवाहरूमाथि निःशुल्क पहुँच राख्न आफ्नो कार्डमा रहेको नम्बरमा कल गर्नुहोस्। |
| Nilotic-Dinka | Të koor yin ran de wëër de thokic ke cin wëu kor keek tënɔŋ yin. Ke yin col ran ye koc kuony në namba de abac tō në ID kard duɔn de tīt de nyin de panakim köu. |
| Norwegian | For tilgang til kostnadsfri språktjenester, ring nummeret på ID-kortet ditt. |
| Pennsylvanian-Dutch | Um Schprooch Services zu griege mitaus Koscht, ruff die Nummer uff dei ID Kaart. |

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| Persian Farsi | برای دسترسی به خدمات زبان به طور رایگان، با شماره قید شده روی کارت شناسایی خود تماس بگیرید. |
| Polish | Aby uzyskać dostęp do bezpłatnych usług językowych, należy zadzwonić pod numer podany na karcie identyfikacyjnej. |
| Portuguese | Para aceder aos serviços linguísticos gratuitamente, ligue para o número indicado no seu cartão de identificação. |
| Punjabi | ਤੁਹਾਡੇ ਲਈ ਬਿਨਾਂ ਕਿਸੇ ਕੀਮਤ ਵਾਲੀਆਂ ਪੰਜਾਬੀ ਸੇਵਾਵਾਂ ਦੀ ਵਰਤੋਂ ਕਰਨ ਲਈ, ਆਪਣੇ ਆਈਡੀ ਕਾਰਡ 'ਤੇ ਦਿੱਤੇ ਨੰਬਰ 'ਤੇ ਫ਼ੋਨ ਕਰੋ। |
| Romanian | Pentru a accesa gratuit serviciile de limbă, apălați numărul de pe cardul de membru. |
| Russian | Для того чтобы бесплатно получить помощь переводчика, позвоните по телефону, приведенному на вашей идентификационной карте. |
| Samoan | Mō le mauaina o 'au'aunaga tau gagana e aunoa ma se totogi, vala'au le numera i luga o lau pepa ID. |
| Serbo-Croatian | Za besplatne prevodilačke usluge pozovite broj naveden na Vašoj identifikacionoj kartici. |
| Spanish | Para acceder a los servicios lingüísticos sin costo alguno, llame al número que figura en su tarjeta de identificación. |
| Sudanic Fulfulde | Heeba a naasta nder ekkitol jaangirde woldeji walla yobugo, ewnu lamba je don windi ha do derowol maada. |
| Swahili | Kupata huduma za lugha bila malipo kwako, piga nambari iliyo kwenye kadi yako ya kitambulisho. |
| Syriac-Assyrian | ﻟﻴﺴﺎﻧﻲ ﺧﺪﻣﺎﺕ ﺗﻜﺴﻤﻔﺖ ﺭﺳﺎﺋﻲ ﻛﻪ ﻟﻴﻪ، ﺍﭘﻨﻲ ﺑﻴﻤﻪ ﻛﻪ ID ﻛﺎﺭﺩ ﭘﺮ ﺩﺭﺝ ﻧﻤﺒﺮ ﭘﺮ ﻛﺎﻝ ﻛﺮﻳﻦ۔ |
| Tagalog | Upang ma-access ang mga serbisyo sa wika nang walang bayad, tawagan ang numero sa iyong ID card. |
| Telugu | భూష సేవలను మీకు ఖర్చు లేకుండా అందుకునేందుకు, మీ ఐడి కార్డుపై ఉన్న సంఖ్యకు కాల్ చేయండి. |
| Thai | หากท่านต้องการเข้าถึงบริการทางด้านภาษาโดยไม่มีค่าใช้จ่าย โปรดโทรหมายเลขที่แสดงอยู่บนบัตรประจำตัวของท่าน |
| Tongan | Kapau 'oku ke fiema'u ta'etōtōngi 'a e ngaahi sēvesi kotoa pē he ngaahi lea kotoa, telefoni ki he fika 'oku hā atu 'i ho'o ID kaati. |
| Turkish | Dil hizmetlerine ücretsiz olarak erişmek için kimlik kartınızdaki numarayı arayın. |
| Ukrainian | Щоб безкоштовні отримати мовні послуги, задзвоніть за номером, вказаним на вашій ідентифікаційній картці. |
| Urdu | لسانی خدمات تک مُفت رسائی کے لیے، اپنے بیمہ کے ID کارڈ پر درج نمبر پر کال کریں۔ |
| Vietnamese | Để sử dụng các dịch vụ ngôn ngữ miễn phí, vui lòng gọi số điện thoại ghi trên thẻ ID của quý vị. |
| Yiddish | צו באקומען שפראך סערוויסעס פריי פון אפצאל, רופט דעם נומער אויף איינער ID קארטל. |
| Yoruba | Láti ráyèsí àwọn isẹ̀ èdè fún ọ̀ lófẹ́ẹ̀, pe nọmbà tó wà lóri káàdì idánimọ̀ rẹ. |