



May 1, 2023

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

Starting **July 1, 2023**, you'll see changes to the drugs your **Standard Control** 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 July 1, 2023. 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 July 1, 2023

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

Formulary additions

Drug Class	Drug name(s)
Cardiovascular, Antilipemics, PCSK9 Inhibitors*	REPATHA
Hematologic, Erythropoiesis-Stimulating Agents*	ARANESP, PROCRIT
Ophthalmic, Glaucoma*	bimatoprost ophthalmic solution 0.03%
Respiratory, Alpha-1 Antitrypsin Deficiency*	ZEMAIRA

Formulary exclusions

Drug Class	Drug name(s)	Alternative(s)
Anti-Infectives, Antivirals, Hepatitis B*	VEMLIDY	entecavir, lamivudine, tenofovir disoproxil fumarate
Antipsychotics, Atypical*	LATUDA**	aripiprazole, clozapine, lurasidone, olanzapine, quetiapine, quetiapine ext-rel, risperidone, ziprasidone, VRAYLAR
Antiseizure Agents*	BANZEL**, FINTEPLA	clobazam, clonazepam, lamotrigine, rufinamide, topiramate, TROKENDI XR
	DIACOMIT	Talk to your doctor
	VIMPAT**	carbamazepine, carbamazepine ext-rel, divalproex sodium, divalproex sodium ext-rel, gabapentin, lacosamide, lamotrigine, lamotrigine ext-rel, levetiracetam, levetiracetam ext-rel, oxcarbazepine, phenobarbital, phenytoin, phenytoin sodium extended, primidone, tiagabine, topiramate, valproic acid, zonisamide, APTIOM, FYCOMPA, OXTELLAR XR, TROKENDI XR, XCOPRI
Asthma, Steroid Inhalants*	FLOVENT HFA	PULMICORT FLEXHALER (For all members); QVAR INHALER (For members 5 years of age and under ONLY)
Attention Deficit Hyperactivity Disorder*	DYANAVEL XR, JORNAY PM, MYDAYIS	amphetamine-dextroamphetamine mixed salts ext-rel, dexmethylphenidate ext-rel, methylphenidate ext-rel, AZSTARYS, VYVANSE
Cancer, Prostate*	FIRMAGON	ELIGARD
Cardiovascular, Antilipemics*	LOVAZA**	omega-3 acid ethyl esters, VASCEPA
Cardiovascular, Antilipemics, PCSK9 Inhibitors*	PRALUENT	REPATHA

Formulary exclusions (continued)

Drug Class	Drug name(s)	Alternative(s)
Cystic Fibrosis*	BETHKIS**, KITABIS**	tobramycin inhalation solution
Hyperkalemia	LOKELMA	VELTASSA
Kidney Disease, Phosphate Binders*	RENVELA**	calcium acetate, sevelamer carbonate, AURYXIA, VELPHORO
Kidney Disease, Vasopressin Receptor Antagonists	JYNARQUE	Talk to your doctor
Multiple Sclerosis*	AUBAGIO**, LEMTRADA	dimethyl fumarate delayed-rel, fingolimod, glatiramer, teriflunomide, AVONEX, BETASERON, COPAXONE, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA
Nutritional/ Supplements, Vitamins and Minerals*	All Brand Multivitamins, FLORIVA, FLORIVA PLUS, POLY-VI-FLOR, POLY-VI-FLOR WITH IRON, TRI-VI-FLOR	generic multivitamins
Ophthalmic, Glaucoma*	LUMIGAN, RHOPRESSA, ROCKLATAN, VYZULTA	bimatoprost, latanoprost, travoprost, ZIOPTAN

Preferred to non-preferred

Drug Class	Drug name(s)	Alternative(s)
Anti-Infectives, Antivirals, Hepatitis B*	BARACLUDÉ	entecavir, lamivudine, tenofovir disoproxil fumarate
Antipsychotics, Atypical*	CAPLYTA	aripiprazole, clozapine, lurasidone, olanzapine, quetiapine, quetiapine ext-rel, risperidone, ziprasidone, VRAYLAR
Endocrine and Metabolic, Androgens*	ANDRODERM	testosterone gel (except authorized generics for TESTIM and VOGELXO), testosterone solution, NATESTO
Kidney Disease, Phosphate Binders*	PHOSLYRA SOL	calcium acetate, sevelamer carbonate, AURYXIA, VELPHORO

Global Safety Edits list updates

Drug name	Prior initial quantity limit	Updated initial quantity limit as of 7/1/2023	Prior Post Limit	Updated Post Limit as of 7/1/2023
hydromorphone 4 mg tablet	5 tabs/day	4 tabs/day	7.5 tabs/day	6 tabs/day
hydromorphone 1 mg/mL solution	20 mL/day	16 mL/day	50 mL/day	40 mL/day
methadone 10 mg tablet	2 tabs/day	1 tab/day	3 tabs/day	No change
methadone 10mg/5mL solution	10 mL/day	7.5 mL/day	15 mL/day	No change
methadone 10mg/mL conc sol	2 mL/day	1.5 mL/day	3 mL/day	No change

Aetna is the brand name used for products and services provided by one or more of the Aetna group of companies, including Aetna Life Insurance Company, and its affiliates (Aetna). Pharmacy benefits are administered by an affiliated pharmacy benefit manager, CVS Caremark. Aetna® is part of the CVS Health® family of companies.

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 April 20, 2023. Information subject to change.

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Aetna Standard Control

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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).

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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 obula, 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	လၢတၢ်ကမၤန့ၢ်ကိၣ်တၢ်မၤစၢၤအတၢ်ဖံးတၢ်မၤတဖၣ် လၢတၢ်အိၣ်ဒီးအပူၤလၢနကတၢ်ဟ့ၣ်အိၣ်အဂီၢ်,ကိးဘၣ်လီၤတဲၣ်နီၣ်ဂံၢ်လၢအိၣ်လၢနနီၣ်ဂီၢ် (ID) အလီၤန့ၣ်တက့ၢ်.
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Kurdish	بو دەسپێرێ ئاگهیشتن بە خزمەتگوزاری زمان بەبێ تێچوون بو تو، پەیوەندی بکە بە ژمارەی سەر ئای دی (ID) کارتێ خۆت.
Lao	ເພື່ອເຂົ້າເຖິງບໍລິການພາສາທີ່ບໍ່ເສຍຄ່າ, 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។
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Norwegian	For tilgang til kostnadsfri språktjenester, ring nummeret på ID-kortet ditt.
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