



October 1, 2021

Changes to your plan’s pharmacy drug list

Your plan’s **Aetna Standard Plan** drug list is changing on **January 1, 2022**. 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

**Multi-source Brand Product

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.

Tier 1 additions

Drug Class	Excluded generic	Tier 1 Brand [†]
Dermatology, Rosacea	ivermectin cream 1%	SOOLANTRA CREAM
Irritable Bowel Syndrome	budesonide ER tablets 9mg	UCERIS TABLET

[†]Additional formulary options are available for the excluded generic

Formulary additions

Drug Class	Drug name(s)
Anaphylaxis Treatment Agents	AUVI-Q (preferred)
Central Precocious Puberty	LUPRON DEPOT-PED (1MONTH, 3 MONTH) (preferred)
Contraceptives	NATAZIA (preferred)
Hereditary Angioedema	ORLADEYO (preferred)
Immunosuppressants	ENSPRYNG (preferred)
Miscellaneous Bleeding Disorders	SEVENFACT (preferred)
Multiple Sclerosis Agents	AVONEX (preferred), PLEGRIDY (non-preferred)
Narcolepsy	WAKIX, XYWAV (preferred)
Thrombocytopenia Agents	TAVALISSE (preferred)

Non-preferred to preferred tier

Drug Class	Drug name(s)
Antineoplastic Agents/Kinase Inhibitors	BRUKINSA, IMBRUVICA, ROZLYTREK, VITRAKVI, ZYKADIA
Antiobesity	WEGOVY
Attention Deficit Hyperactivity Disorder	QELBREE
Diabetic Kidney Disease	KERENDIA
Heart Failure	VERQUVO
Miscellaneous Bleeding Disorders	NOVOSEVEN RT
Thrombocytopenia Agents	PROMACTA
Uterine Fibroids	MYFEMBREE

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)
Anaphylaxis Agents	ADRENALIN, SYMJEPI	epinephrine auto-injector, AUVI-Q, EPIPEN, EPIPEN JR
Anticoagulants, Oral*	ELIQUIS	warfarin, XARELTO
Antineoplastic Agents/ Kinase Inhibitors*	AFINITOR**	everolimus, AFINITOR DISPERZ
	ICLUSIG	imatinib mesylate, BOSULIF, SPRYCEL
	XALKORI	ALECENSA, ALUNBRIG, ZYKADIA
Antiretrovirals Combinations*	ATRIPLA**	efavirenz-emtricitabine-tenofovir disoproxil fumarate, efavirenz-lamivudine-tenofovir disoproxil fumarate, BIKTARVY, DOVATO, GENVOYA, ODEFSEY, SYMTUZA, TRIUMEQ
	TRUVADA**	abacavir-lamivudine, emtricitabine-tenofovir disoproxil fumarate, lamivudine-zidovudine, CIMDUO, DESCOVY, TEMIXYS

Formulary exclusions (continued)

Drug Class	Drug name(s)	Alternative(s)
Botulinum Toxin	BOTOX (MEDICAL)	Consult doctor
Contraceptives*	BALCOLTRA	ethinyl estradiol-drospirenone, ethinyl estradiol-drospirenone-levomefolate, ethinyl estradiol-levonorgestrel, ethinyl estradiol-norethindrone acetate, ethinyl estradiol-norethindrone acetate-iron, ethinyl estradiol-norgestimate, LO LOESTRIN FE, NATAZIA
Dermatology, Antifungals*	tavaborole solution 5%	terbinafine tablet
Hematopoietic Growth Factors*	ARANESP	RETACRIT
	LEUKINE	NIVESTYM
Hereditary Angioedema*	CINRYZE, HAEGARDA	ORLADEYO, TAKHZYRO
Migraine Agents	AIMOVIG	AJOVY, EMGALITY
Miscellaneous Bleeding Disorders	FEIBA	NOVOSEVEN RT, SEVENFACT
Thrombocytopenia Agents	MULPLETA	Consult doctor
	NPLATE	PROMACTA, TAVALISSE

Preferred to non-preferred

Drug Class	Drug name(s)	Alternative(s)
Thrombocytopenia Agents	DOPTELET	PROMACTA, TAVALISSE
Migraine Agents	REYVOW	eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, NURTEC ODT, ONZETRA XSAIL, UBRELVY, ZEMBRACE SYMTOUCH, ZOMIG NASAL SPRAY
Vasopressin Agents	DDAVP**	desmopressin spray, desmopressin tablet
Topical Corticosteroid	DIPROLENE OINTMENT**	betamethasone dipropionate augmented gel 0.05%, betamethasone dipropionate augmented ointment 0.05%, clobetasol propionate cream 0.05%, clobetasol propionate foam 0.05%, clobetasol propionate gel 0.05%, clobetasol propionate lotion 0.05%, clobetasol propionate ointment 0.05%, clobetasol propionate solution 0.05%, halobetasol propionate cream 0.05%, halobetasol propionate ointment 0.05%, CLOBEX, TEMOVATE

Indication based strategy updates

Indication	Drug(s) added
Ankylosing Spondylitis	CIMZIA requires double step edit after failure of any two preferred agents
Crohn's Disease	CIMZIA requires double step edit after failure of any two preferred agents
Non-Radiographic Axial Spondyloarthritis	CIMZIA, COSENTYX added to preferred products, no other conditions apply
Psoriasis	CIMZIA requires double step edit after failure of any two preferred agents
Psoriatic Arthritis	TREMFYA, STELARA SUBCUTANEOUS added to preferred products, no conditions apply; CIMZIA requires double step edit after failure of any two preferred agents
Rheumatoid Arthritis	CIMZIA requires double step edit after failure of any two preferred agents
Ulcerative Colitis	ZEPOSIA requires single step edit after failure of Humira

Indication	Drug(s) removed
Non-Radiographic Axial Spondyloarthritis	TALTZ

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.

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Aetna Standard Plan – 05.32.951.1H (9/21)

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	လၢတၢ်ကမၤန့ၢ်ကၢ်တၢ်မၤစၢၤအတၢ်ဖဲတၢ်မၤတဖၣ် လၢတၢ်အိၣ်ဒီးအပူၤလၢနကတၢ်ဟ့ၣ်အိၣ်အဂီၢ်,ကိးဘၣ်လီၤတဲၣ်နီၣ်ဂံၢ်လၢအိၣ်လၢနနီၣ်ဂံၢ် (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 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 wōṇean ṇan 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	ដើម្បីទទួលបានសេវាកម្មភាសាដែលគិតថ្លៃសម្រាប់លោកអ្នក 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 cìn 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 kōu.
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.

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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