



Changes to your plan’s pharmacy drug list

Your plan’s **Aetna Standard Plan** drug list is changing on **April 1, 2023**. 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

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)	Formulary option(s)
Anticonvulsants*	DEPAKOTE**, DEPAKOTE ER**	carbamazepine, carbamazepine ext-rel, clonazepam, divalproex sodium, divalproex sodium ext-rel, ethosuximide, gabapentin, 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, VIMPAT, XCOPRI

Formulary exclusions (continued)

Drug Class	Drug name(s)	Formulary option(s)
Anticonvulsants*	DILANTIN**, TEGRETOL**, TEGRETOL XR**, TRILEPTAL**	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, APTIOM, FYCOMPA, OXTELLAR XR, TROKENDI XR, VIMPAT, XCOPRI
Antiretroviral Agents, Fusion Inhibitors	SELZENTRY**	maraviroc
Cancer, Miscellaneous*	TARGRETIN**	bexarotene
Cardiovascular, Antilipemics*	fenofibrate micronized 30mg, 90mg	fenofibrate (except fenofibrate capsule 30 mg, 50 mg, 90 mg, 130 mg; fenofibrate tablet 40 mg, 120 mg), fenofibric acid delayed-rel
Cardiovascular, Pulmonary Arterial Hypertension*	TYVASO DPI	Talk to your doctor
Chronic Obstructive Pulmonary Disease (COPD)	DALIRESP**	roflumilast
Dermatology, Acne*	ACZONE**	adapalene (except adapalene pad), benzoyl peroxide, clindamycin gel (except NDC 68682046275), clindamycin solution, clindamycin-benzoyl peroxide, dapsone, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, AKLIEF, ARAZLO, EPIDUO, ONEXTON, TWYNEO, WINLEVI
Endocrine and Metabolic, Miscellaneous*	CARBAGLU**	carglumic acid
Endocrine and Metabolic, Miscellaneous*	CYSTADANE**	betaine
High Blood Pressure, Beta-Blockers*	BYSTOLIC**	atenolol, carvedilol, carvedilol phosphate ext-rel, metoprolol succinate ext-rel, metoprolol tartrate, nadolol, nebivolol, pindolol, propranolol, propranolol ext-rel
Menopausal Symptom Agents, Transdermal*	CLIMARA** (except CLIMARA PRO)	estradiol, DIVIGEL, EVAMIST
Ophthalmic, Glaucoma*	COMBIGAN**	brimonidine-timolol

Preferred to non-preferred

Drug Class	Drug name(s)	Formulary option(s)
Chronic Obstructive Pulmonary Disease (COPD)	PERFOROMIST**	formoterol inhalation solution
Migraine, Triptans	ZOMIG NASAL SPRAY**	eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, NURTEC ODT, ONZETRA XSAIL, UBRELVY, ZEMBRACE SYMTOUCH

Indication based strategy updates

Indication	Drug(s) added
Non-Radiographic Axial Spondyloarthritis	RINVOQ (preferred)

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.

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 January 31, 2023. Information subject to change.

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