



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 **Advanced 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 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, DPP-4 Inhibitors*	JANUMET, JANUMET XR, JANUVIA
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, Miscellaneous	KRAZATI, LUMAKRAS
Botulinum Toxins	DYSPORE, XEOMIN
Dermatology, Eczema Agents	OPZELURA
Narcolepsy Agents	LUMRYZ
Polycythemia Vera Agents	BESREMI
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), EIPEN**, EIPEN 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	DYSPORT, XEOMIN
Central Precocious Puberty	TRIPTODUR	FENSOLVI, LUPRON DEPOT-PED, SUPPRELIN LA
Dermatology, Acne*	isotretinoin capsules 25mg & 35mg	isotretinoin capsule 20 mg, 30 mg, 40 mg

## Formulary exclusions (continued)

<b>Drug Class</b>	<b>Drug name(s)</b>	<b>Alternative(s)</b>
Dermatology, Acne*	ARAZLO, RETIN-A MICRO	adapalene (except adapalene pad), benzoyl peroxide, clindamycin gel (except NDC* 68682046275), clindamycin solution, clindamycin-benzoyl peroxide, dapson, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, AKLIEF, EPIDUO, ONEXTON, TWYNEO, WINLEVI
Diabetes, DPP-4 Inhibitors*	JENTADUETO, JENTADUETO XR	JANUMET, JANUMET XR
	TRADJENTA	JANUVIA
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
Pain, Opioid Analgesics*	XTAMPZA ER	fentanyl transdermal, hydrocodone ext-rel, methadone, morphine ext-rel
Respiratory, Steroid/Beta-Agonist Combinations*	ADVAIR DISKUS**, SYMBICORT**	fluticasone-salmeterol (except certain NDCs), Wixela Inhub, BREO ELLIPTA (except certain NDCs)
Retinal Disorders	EYLEA, LUCENTIS	BYOOVIZ, CIMERLI

### Preferred to non-preferred

<b>Drug Class</b>	<b>Drug name(s)</b>	<b>Alternative(s)</b>
Antiretroviral Agents, Antiretroviral Combinations	EVOTAZ, PREZCOBIX	atazanavir or darunavir plus ritonavir; SYMTUZA
Immunomodulators, Miscellaneous	ILARIS	Talk to your doctor
Ophthalmic, Glaucoma Agents	ZIOPTAN**	bimatoprost, latanoprost, travoprost

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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 October 2, 2023. Information subject to change.

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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](mailto: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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TTY:711

English	<b>To access language services at no cost to you, call the number on your ID card.</b>
Albanian	Për shërbime përkthimi falas për ju, telefononi në numrin që gjendet në kartën tuaj të identitetit.
Amharic	የቋንቋ አገልግሎቶችን ያለክፍያ ለማግኘት፣ በሙታወቂያዎች ላይ ያለውን ቁጥር ይደውሉ፡፡
Arabic	للحصول على الخدمات اللغوية دون أي تكلفة، الرجاء الاتصال على الرقم الموجود على بطاقة اشتراكك.
Armenian	Ձեր նախընտրած լեզվով ավվճար խորհրդատվություն ստանալու համար զանգահարեք ձեր բժշկական ապահովագրության քարտի վրա նշված հեռախոսահամարով
Bantu-Kirundi	Kugira uronke serivisi z'indimi ata kiguzi, hamagara inomero iri ku Karangamuntu kawe
Bengali	আপনাকে বিনামূল্যে ভাষা পরিষেবা পেতে হলে আপনার পরিচয়পত্রে দেওয়া নম্বরে টেলিফোন করুন।
Burmese	သင့်အနေဖြင့် အခကြေးငွေ မပေးရပဲ ဘာသာစကားဝန်ဆောင်မှုများ ရရှိနိုင်ရန်၊ သင့် ID ကတ်ပေါ်တွင်ရှိသော ဖုန်းနံပါတ်အား ခေါ်ဆိုပါ။
Catalan	Per accedir a serveis lingüístics sense cap cost per a vostè, telefoni al número indicat a la seva targeta d'identificació.
Cebuano	Aron maakses ang mga serbisyo sa lengguwahe nga wala kay bayran, tawagi ang numero nga anaa sa imong kard sa ID.
Chamorro	Para un hago' i setbision lengguahi ni dibåtde para hågu, ågang i numiru gi iyo-mu kard aidentifikasion.
Cherokee	ႺႮႵႰ ႺႮႰႰႰ ႰႰႰႰႰ Ⴐ ႰႰႰႰ ႰႰႰႰႰ ႰႰ, ႰႰႰႰႰႰ ႰႰႰ ႰႰႰႰ ႰႰႰႰႰ ႰႰႰႰႰ ႰႰႰ ႰႰႰႰႰ ႰႰႰႰႰ ႰႰႰႰႰ.
Chinese Traditional	如欲使用免費語言服務，請撥打您健康保險卡上所列的電話號碼
Choctaw	Anumpa tosholi i toksvli ya peh pilla ho ish i payahinla kv t chi holisso kallo iskitini holhtena takanli ma i payah
Chuukese	Ren omw kopwe angei aninisin eman chon awewei (ese kamé), kopwe kééri ewe nampa mei mak won noum ena katen ID
Cushitic-Oromo	Tajaajiloota afaanii gatii bilisaa ati argaachuuf, lakkoofsa fuula waraaqaa eenyummaa (ID) kee irraa jiruun bilibili.
Dutch	Voor gratis taaldiensten, bel het nummer op uw ziekteverzekeringskaart.
French	Pour accéder gratuitement aux services linguistiques, veuillez composer le numéro indiqué sur votre carte d'assurance santé.
French Creole (Haitian)	Pou ou jwenn sèvis gratis nan lang ou, rele nimewo telefòn ki sou kat idantifikasyon asirans sante ou.
German	Um auf den für Sie kostenlosen Sprachservice auf Deutsch zuzugreifen, rufen Sie die Nummer auf Ihrer ID-Karte an.
Greek	Για πρόσβαση στις υπηρεσίες γλώσσας χωρίς χρέωση, καλέστε τον αριθμό στην κάρτα ασφάλισής σας.
Gujarati	તમારે કોઇ પણ જાતના ખર્ચ વિના ભાષા સેવાઓ મેળવવા માટે, તમારા આઇડી કાર્ડ પર રહેલ નંબર પર કોલ કરવો.

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	လၢတၢ်ကၢၤန့ၢ်ဂၢ်တၢ်မၤစၢၤအတၢ်ဖဲးတၢ်မၤတဖၣ် လၢတၢ်အိၣ်ဒီးအပူၤလၢနကတၢ်ဟ့ၣ်အီၤအဂီၢ်,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.
Micronesian-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.



