



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 **Basic 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

\*\*Multi-source Brand Product

## Non-preferred to preferred tier

<b>Drug Class</b>	<b>Drug name(s)</b>
Antineoplastic Agents	KRAZATI, LUMAKRAS
Autoimmune Agents	AVSOLA
Botulinum Toxins	DYSPOORT, XEOMIN
Dermatology, Eczema Agents	OPZELURA
Diabetes Supplies	LANCET NEEDLES/DEVICES FOR ACCU-CHEK, ONE TOUCH
Fertility Regulators, Follicle Stimulating Hormones	FOLLISTIM AQ
Menopausal Symptom Agents	IMVEXXY
Narcolepsy Agents	LUMRYZ
Osteoarthritis, Viscosupplements	SYNVISC ONE
Polycythemia Vera Agents	BESREMI
Pulmonary Hypertension Agents	TADLIQ
Retinal Disorders	BYOOVIZ, CIMERLI
Urea Cycle Disorders	PHEBURANE

## Preferred to non-preferred

<b>Drug Class</b>	<b>Drug name(s)</b>	<b>Alternative(s)</b>
Anaphylaxis Agents	EPIPEN**, EPIPEN JR**	epinephrine, AUVI-Q
Antiarrhythmic Agents	NORPACE CR	disopyramide
Antineoplastic Agents, Alkylating Agents	EMCYT	abiraterone, bicalutamide, flutamide, ERLEADA, NUBEQA, XTANDI, YONSA
Antineoplastic Agents, Kinase Inhibitors	IRESSA**	erlotinib, gefitinib
	NEXAVAR**	sorafenib, sunitinib, CABOMETYX, INLYTA, LENVIMA
Antineoplastic Agents, Multiple Myeloma	POMALYST	REVLIMID

## Preferred to non-preferred (continued)

<b>Drug Class</b>	<b>Drug name(s)</b>	<b>Alternative(s)</b>
Antiretroviral Agents, Non-nucleoside Reverse Transcriptase Inhibitors	EDURANT	efavirenz
	INTELENCE	etravirine
Antiretroviral Agents/Protease Inhibitors	NORVIR	ritonavir
	PREZISTA	atazanavir, darunavir
Central Precocious Puberty	TRIPTODUR	FENSOLVI, LUPRON DEPOT-PED, SUPPRELIN LA
Dermatology, Corticosteroids	CAPEX SHAMPOO	ketoconazole shampoo 2%, selenium sulfide lotion 2.5%
	DERMA-SMOOTH OIL	calcipotriene, calcipotriene/betamethasone, ENSTILAR, DUOBRII
	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 SYRINGE, BD ULTRAFINE NEEDLES
	All lancets/lancing devices not OneTouch	ONETOUCH LANCETS/LANCING DEVICES
Fertility Regulators, Follicle Stimulating Hormones	GONAL-F	FOLLISTIM AQ
Gastrointestinal, Antispasmodic Agents	ANASPAZ**	dicyclomine, hyoscyamine sulfate, hyoscyamine sulfate ext-rel, hyoscyamine sulfate orally disintegrating tabs
Hematologic, Hematopoietic Growth Factors	UDENYCA, ZIEXTENZO	FYLNETRA, NEULASTA, NEULASTA ONPRO, NYVEPRIA
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
Ophthalmic, Glaucoma Agents	ZIOPTAN	latanoprost, travoprost, LUMIGAN
Pain, NSAIDs	ANAPROX DS**	diclofenac sodium delayed-rel, ibuprofen, naproxen, diflunisal, etodolac, meloxicam, nabumetone, oxaprozin, sulindac
Pain, Opioids	NUCYNTA	hydromorphone, morphine, oxycodone
	NUCYNTA ER	fentanyl transdermal, hydrocodone ext-rel, hydromorphone ext-rel, methadone, morphine ext-rel, XTAMPZA ER

## Preferred to non-preferred (continued)

Drug Class	Drug name(s)	Alternative(s)
Respiratory, Steroid-Beta Agonist Combinations	ADVAIR DISKUS**, ADVAIR HFA	BREO ELLIPTA, SYMBICORT
Retinal Disorders	EYLEA, LUCENTIS	BYOOVIZ, CIMERLI
Supplements, Electrolytes	K-TAB**	potassium chloride ext-rel, potassium chloride liquid

## Other updates

Drug Class	Update
Respiratory, Steroid/Beta-Agonist Combinations	<ul style="list-style-type: none"><li>ADVAIR DISKUS** changed status to Tier 3/ non-preferred</li><li>fluticasone-salmeterol &amp; Wixela Inhub added as covered generics</li></ul>

## Prior authorization removals

Drug Class	Drug removed
Osteoarthritis, Viscosupplements	SYNVISC ONE

## Specialty Preferred Drug Step Therapy (PDPD) updates

Drug Class	Update
Autoimmune	<ul style="list-style-type: none"><li>AMJEVITA is a new target product</li><li>AVSOLA changed status from target to preferred product</li></ul>
Fertility	<ul style="list-style-type: none"><li>Fyremadel and ganirelix acetate are new target products</li><li>CETROTIDE changed status from preferred to target product</li><li>FOLLISTIM AQ changed status from target to preferred product</li><li>GONAL-F changed status from preferred to target product</li></ul>
Growth Hormone	<ul style="list-style-type: none"><li>GENOTROPIN changed status from preferred to target product</li><li>HUMATROPE changed status from target to preferred product</li></ul>
Multiple Sclerosis	<ul style="list-style-type: none"><li>COPAXONE 20MG/ML** changed status from preferred to target product</li></ul>

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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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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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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.
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 nílíggo 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.

