



April 1, 2023

Changes coming to your plan’s pharmacy drug lists

There will be changes to the **Advanced Control Plan-Aetna** drug list that applies to your plan starting 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?

You or your prescriber can request a medical exception to the changes in this letter. If you would like to ask for an exception, talk with your prescriber. Or, you can call us at the toll-free number on your Member ID card.

We’ll contact you and your prescriber with our decision. If we approve your exception, you will pay your plan copay or cost-share. But first you must meet any deductible or out-of-pocket requirements of your pharmacy plan.

How to find a preferred medicine that’s right for you

You can visit the website that’s shown on your member ID card. Then log in to your account. To better understand how your plan’s pharmacy benefits work, call us at the number on your member ID card.

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

Prescription Drug	Change(s)
ACZONE	Non-formulary drug. You must use generics, Akliel, Arazlo, Epiduo, Onexton, Twynéo, Winlevi
AIMOVIG	Quantity limits apply. You can fill up to 1 syringe every 25 days
amlodipine / olmesartan medoxomil	Non-preferred generic drug
amlodipine / valsartan / hydrochlorothiazide	Preferred generic drug
amlodipine besylate / atorv	Non-preferred generic drug
BLOOD GLUCOSE TEST STRIPS	Quantity limits apply. You can fill up to 150 test strips every 25 days
candesartan cilexetil / hydrochlorothiazide	Preferred generic drug
CARBAGLU	Non-formulary drug. You must use carglumic acid
CLIMARA	Non-formulary drug. You must use estradiol, Divigel, Evamist
COMBIGAN	Non-formulary drug. You must use brimonidine-timolol

Prescription Drug	Change(s)
CYSTADANE	Non-formulary drug. You must use betaine
DALIRESP	Non-formulary drug. You must use roflumilast
DEPAKOTE	Non-formulary drug. You must use generics, Aptiom, Fycompa, Oxtellar XR, Trokendi XR, Vimpat, Xcopri
DEPAKOTE ER	Non-formulary drug. You must use generics, Aptiom, Fycompa, Oxtellar XR, Trokendi XR, Vimpat, Xcopri
DEPAKOTE SPRINKLES	Non-formulary drug. You must use generics, Aptiom, Fycompa, Oxtellar XR, Trokendi XR, Vimpat, Xcopri
DEXCOM G6 SENSOR	Quantity limits apply. You can fill up to 3 sensors every 25 days
fenofib micr cap 30mg	Non-formulary drug. You must use fenofibrate (except fenofibrate 50mg cap, fenofibrate 130mg cap, fenofibrate 40mg tab, fenofibrate 120mg tab), fenofibric acid delayed release
fenofib micr cap 90mg	Non-formulary drug. You must use fenofibrate (except fenofibrate 50mg cap, fenofibrate 130mg cap, fenofibrate 40mg tab, fenofibrate 120mg tab), fenofibric acid delayed release
GILENYA	Non-formulary drug. You must use dimethyl fumarate, glatiramer, Aubagio, Avonex, Betaseron, Copaxone, fingolimod, Kesimpta, Mayzent, Rebif, Tysabri, Vumerity, Zeposia
hydrochlorothiazide	If your plan has the Value Drug Program, you will pay the lowest generic copay
lisinopril	If your plan has the Value Drug Program, you will pay the lowest generic copay
metoprolol succinate er	If your plan has the Value Drug Program, you will pay the lowest generic copay
olmesartan medoxomil	Preferred generic drug
olmesartan medoxomil / amlodipine / hydrochlorothiazide	Non-preferred generic drug
olmesartan medoxomil / hydrochlorothiazide	Preferred generic drug
PERFOROMIST	Non-preferred brand drug
perindopril erbumine	Non-preferred generic drug
pioglitazone hcl / metformin hcl	Preferred generic drug
repaglinide	Non-preferred generic drug
RYBELSUS	Quantity limits apply. You can fill up to 30 tabs every 25 days
SELZENTRY	Non-formulary drug. You must use maraviroc
spironolactone	If your plan has the Value Drug Program, you will pay the lowest generic copay
STELARA INJ 5MG/ML	Not covered under pharmacy benefit
TARGRETIN	Non-formulary drug. You must use bexarotene
TEGRETOL	Non-formulary drug. You must use generics, Aptiom, Fycompa, Oxtellar XR, Trokendi XR, Vimpat, Xcopri

Prescription Drug	Change(s)
TEGRETOL-XR	Non-formulary drug. You must use generics, Aptiom, Fycompa, Oxtellar XR, Trokendi XR, Vimpat, Xcopri
telmisartan / amlodipine	Non-preferred generic drug
telmisartan / hydrochlorothiazide	Preferred generic drug
TRILEPTAL	Non-formulary drug. You must use generics, Aptiom, Fycompa, Oxtellar XR, Trokendi XR, Vimpat, Xcopri
TYVASO DPI MAINTENANCE KI	Non-formulary drug
TYVASO DPI TITRATION KIT	Non-formulary drug
XEPI	Preauthorization required; Quantity limits apply. You can fill up to 30g every 25 days
ZOMIG	Non-preferred brand drug

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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. To check coverage and copay information for a specific medicine, log into your member website. For questions, please call the toll-free number on the back of your member ID card.

Information is subject to change. In accordance with state law, changes to drug coverage are not effective for commercial fully insured plans (including HMOs) in Louisiana, New York, Texas, and in most circumstances Connecticut, until the plans' renewal date.

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Policy forms issued in Oklahoma include: AL OK HCOC, HC OK HCOC.

Policy forms issued in Missouri include: AL HGrpPol 07, AL SG HGrpPol-1A 01, HI HGrpAg 05, HI GrpAgAmend-2022 01, HO HGrpPol 04, HO GrpPolAmend-2022 01, HI SG HGrpAg-1A 01.

AL IVL HPOL-1A-2023-EPO-HIX 02, AL IVL SOB 1A EPO HIX 02R2, AL IVL HPOL-1A-2023-EPO 02, AL IVL SOB 1A EPO 02R1.

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 obụla, 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,ကိးဘၣ်လီၤတဖၣ်နီၣ်ဂံၢ်လၢအအိၣ်လၢနခိၣ်ဂီၤ (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 کە ئێستێن بە خزمەتگوزاری زمان بەبێ تیچوون بو تو، پەیوەندی 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	Ñan 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.

