



May 1, 2023

There are upcoming changes to your plan's drug coverage — and we want to be sure you're ready

Starting **July 1, 2023**, you'll see changes to the drugs your **Basic Control with ACSF** 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 July 1, 2023. 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 July 1, 2023

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

Formulary additions

| Drug Class | Drug name(s) |
|---|------------------|
| Cardiovascular, Antilipemics, PCSK9 Inhibitors* | REPATHA |
| Hematologic, Erythropoiesis-Stimulating Agents* | ARANESP, PROCRIT |
| Respiratory, Alpha-1 Antitrypsin Deficiency* | ZEMAIRA |

Non-preferred to preferred tier

| Drug Class | Drug name(s) |
|--|--------------|
| Attention Deficit Hyperactivity Disorder | AZSTARYS |

Formulary exclusions

| Drug Class | Drug name(s) | Alternative(s) |
|--|----------------------|--|
| Anti-Infectives, Antivirals, Hepatitis B* | VELLIDY | entecavir, lamivudine, tenofovir disoproxil fumarate |
| Antiseizure Agents | DIACOMIT | Talk to your doctor |
| | FINTEPLA | clobazam, clonazepam, lamotrigine, rufinamide, topiramate, TROKENDI XR |
| Cancer, Prostate* | FIRMAGON | ELIGARD |
| Cardiovascular, Antilipemics, PCSK9 Inhibitors* | PRALUENT | REPATHA |
| Cystic Fibrosis* | BETHKIS**, KITABIS** | tobramycin inhalation solution |
| Kidney Disease, Vasopressin Receptor Antagonists | JYNARQUE | Talk to your doctor |
| Multiple Sclerosis* | AUBAGIO** | dimethyl fumarate delayed-rel, fingolimod, glatiramer, teriflunomide, AVONEX, BETASERON, COPAXONE, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA |

Preferred to non-preferred

| Drug Class | Drug name(s) | Alternative(s) |
|---|--------------------|--|
| Anti-Infectives, Antivirals, Hepatitis B* | BARACLUDE SOLUTION | entecavir tablets, lamivudine, tenofovir disoproxil fumarate |
| Antipsychotics, Atypical | LATUDA** | aripiprazole, clozapine, lurasidone, olanzapine, quetiapine, quetiapine ext-rel, risperidone, ziprasidone, VRAYLAR |
| Antiseizure Agents | VIMPAT** | carbamazepine, carbamazepine ext-rel, divalproex sodium, divalproex sodium ext-rel, gabapentin, lacosamide, lamotrigine, lamotrigine ext-rel, levetiracetam, levetiracetam ext-rel, oxcarbazepine, phenobarbital, phenytoin, phenytoin sodium extended, primidone, tiagabine, topiramate, valproic acid, zonisamide, FYCOMPA, OXTELLAR XR, TROKENDI XR |
| Endocrine and Metabolic, Androgens | ANDRODERM | testosterone gel, testosterone solution, NATESTO |
| Kidney Disease, Phosphate Binders | PHOSLYRA SOLUTION | calcium acetate, lanthanum carbonate, sevelamer carbonate, AURYXIA, VELPHORO |

Global Safety Edits list updates

| Drug name | Prior initial quantity limit | Updated initial quantity limit as of 7/1/2023 | Prior Post Limit | Updated Post Limit as of 7/1/2023 |
|--------------------------------|------------------------------|---|------------------|-----------------------------------|
| hydromorphone 4 mg tablet | 5 tabs/day | 4 tabs/day | 7.5 tabs/day | 6 tabs/day |
| hydromorphone 1 mg/mL solution | 20 mL/day | 16 mL/day | 50 mL/day | 40 mL/day |
| methadone 10 mg tablet | 2 tabs/day | 1 tab/day | 3 tabs/day | No change |
| methadone 10mg/5mL solution | 10 mL/day | 7.5 mL/day | 15 mL/day | No change |
| methadone 10mg/mL conc sol | 2 mL/day | 1.5 mL/day | 3 mL/day | No change |

Aetna is the brand name used for products and services provided by one or more of the Aetna group of companies, including Aetna Life Insurance Company, and its affiliates (Aetna). Pharmacy benefits are administered by an affiliated pharmacy benefit manager, CVS Caremark. Aetna® is part of the CVS Health® family of companies.

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 April 20, 2023. Information subject to change.

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).

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company, Coventry Health Care plans and their affiliates (Aetna).

| | |
|----------------------|---|
| 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 ugwo obula, kpoo nomba no 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 | လၢတၢ်ကမၤန့ၢ်ကိၣ်တၢ်မၤစၢၤအတၢ်ဖံးတၢ်မၤတဖၣ် လၢတၢ်အိၣ်ဒီးအပူၤလၢနကတၢ်ဟ့ၣ်အိၣ်အဂီၢ်,ကိးဘၣ်လီၤတဖၣ်နီၣ်ဂံၢ်လၢအိၣ်လၢနနီၣ်ဂီၢ် (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 به 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 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 | ដើម្បីទទួលបានសេវាកម្មភាសាដែលគិតថ្លៃសម្រាប់លោកអ្នក 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 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. |

| | |
|----------------------|---|
| 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 | လၢတၢ်ကမၤန့ၢ်ကိၣ်တၢ်မၤစၢအတၢ်ဖဲးတၢ်မၤတဖၣ် လၢတၢ်အိၣ်ဒီးအပူၤလၢနကတၢ်ဟ့ၣ်အိၣ်အဂီၢ်,ကိးဘၣ်လီၤတဲၣ်နီၣ်ဂံၢ်လၢအအိၣ်လၢနခိၣ်ဂီၢ် (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 به 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 | Ñan bōk jipañ kōn kajin ilo an ejjeļok wōņean ñan kwe, kwōn kallok nōm̄ba eo ilo kaat in ID eo am̄. |
| Micronesia-Ponapean | Pwehn alehdi sawas en lokaia kan ni sohte pweipwei, koahlih nempe nan amhw doaropwe en ID. |
| Mon-Khmer, Cambodian | ដើម្បីទទួលបានសេវាកម្មភាសាដែលឥតគិតថ្លៃសម្រាប់លោកអ្នក សូមហៅទូរសព្ទទៅកាន់លេខដែលមាននៅលើបណ្ណសម្គាល់ខ្លួនរបស់លោកអ្នក។ |
| Navajo | T'áá ni nizaad k'ehjí bee níká a'doowol doo búáh ílínígóó naaltsoos bee atah níłjigo nanitinígíí bee néého'dółzinígíí 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. |

