



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 **High Value** 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

**Multi-source Brand Product

Formulary additions

| Drug Class | Drug name(s) |
|---|---------------------------------------|
| Antiretrovirals Agents | SUNLENCA |
| Asthma, Steroid Inhalants | PULMICORT FLEXHALER |
| Cancer, Kinase Inhibitors | VERZENIO |
| Cardiovascular, Antilipemics, PCSK9 Inhibitors | REPATHA |
| Contraceptives | PHEXXI |
| Hematologic, Erythropoiesis-Stimulating Agents* | ARANESP, PROCIT |
| Ophthalmic, Glaucoma | bimatoprost ophthalmic solution 0.03% |

Formulary exclusions

| Drug Class | Drug name(s) | Alternative(s) |
|--|---|--|
| Anti-Infectives, Antivirals, Hepatitis B | BARACLUDE SOLUTION, VEMLIDY | entecavir tablets, lamivudine, tenofovir disoproxil fumarate, VIREAD |
| Asthma, Steroid Inhalants | FLOVENT HFA | PULMICORT FLEXHALER (For all members); QVAR INHALER (For members 5 years of age and under ONLY) |
| 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 |
| Nutritional/ Supplements, Vitamins and Minerals | All Brand Pediatric Multivitamins, FLORIVA, FLORIVA PLUS, POLY-VI-FLOR, POLY-VI-FLOR WITH IRON, TRI-VI-FLOR | generic pediatric multivitamins |

Utilization Management changes

| Disease state | Drug name(s) | Utilization Management |
|------------------------|--------------|------------------------|
| Antiretrovirals Agents | SUNLENCA | Quantity Limit added |

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.

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High Value – 1202700-03-04

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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| 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 | လၢတၢ်ကမၤန့ၢ်ကိၣ်တၢ်မၤစၢအတၢ်ဖံးတၢ်မၤတဖၣ် 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 دەسپێرێت ئاگەشتن بە خزمەتگوزاری زمان بەبێ تێچوون بو تو، پەیوەندی بکە بە ژمارەی سەر ئای دی (ID) کارتێ خۆت. |
| Lao | ເພື່ອເຂົ້າເຖິງບໍລິການພາສາທີ່ບໍ່ເສຍຄ່າ, ໃຫ້ໂທຫາເບີໂທຢູ່ໃນບັດປະຈຳຕົວຂອງທ່ານ. |
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