



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 **Standard Opt Out 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, PROCIT
Respiratory, Alpha-1 Antitrypsin Deficiency*	ZEMAIRA

## Non-preferred to preferred tier

Drug Class	Drug name(s)
Attention Deficit Hyperactivity Disorder	AZSTARIS

## Formulary exclusions

Drug Class	Drug name(s)	Alternative(s)
Anti-Infectives, Antivirals, Hepatitis B*	VEMLIDY	entecavir, lamivudine, tenofovir disoproxil fumarate
Antiseizure Agents	DIACOMIT FINTEPLA	Talk to your doctor 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.

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Standard Opt Out with ACSF

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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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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	လၢတၢ်ကမၤန့ၢ်ဂၢ်တၢ်မၤစၢၤအတၢ်ဖံးတၢ်မၤတဖၣ် 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.
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Mon-Khmer, Cambodian	ដើម្បីទទួលបានសេវាកម្មភាសាដែលឥតគិតថ្លៃសម្រាប់លោកអ្នក សូមហៅទូរសព្ទទៅកាន់លេខដែលមាននៅលើប័ណ្ណសម្គាល់ខ្លួនរបស់លោកអ្នក។
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Norwegian	For tilgang til kostnadsfri språktjenester, ring nummeret på ID-kortet ditt.
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