



May 1, 2024

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

Starting **July 1, 2024**, you'll see changes to the drugs your **Standard Control Choice with ACSF** 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, 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 July 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

\*Class has existing formulary exclusions

\*\*Multi-source Brand Product

## Formulary additions

Drug Class	Drug name(s)
Antineoplastic Agents, Kinase Inhibitors*	XALKORI ORAL PELLETS (non-preferred)
Cardiovascular, Antilipemics, Omega-3 Fatty Acids*	icosapent ethyl
Endocrine and Metabolic, Contraceptives*	EluRyng, EnilloRing, ethinyl estradiol-etonogestrel, Haloette
Gastrointestinal, Miscellaneous*	MOVANTIK

## Non-preferred to preferred tier

Drug Class	Drug name(s)
Central Nervous System, Miscellaneous*	RADICAVA
Dermatology, Antiseborrheics*	ZORYVE
Endocrine and Metabolic, Androgens*	XYOSTED
Endocrine and Metabolic, Enzyme Replacements*	GALAFOLD, FABRAZYME

## Formulary exclusions

Drug Class	Drug name(s)	Alternative(s)
Anti-Infectives, Antivirals*	XERESE	acyclovir capsule, acyclovir tablet, valacyclovir
Cardiovascular, Antilipemics, Omega-3 Fatty Acids*	VASCEPA**	icosapent ethyl, omega-3 acid ethyl esters
Endocrine and Metabolic, Contraceptives*	NUVARING**	ethinyl estradiol-etonogestrel, ANNOVERA
Endocrine and Metabolic, Gaucher Disease*	VPRIV	CERDELGA, CEREZYME

## Preferred to non-preferred

Drug Class	Drug name(s)	Alternative(s)
Anti-infectives, Antimalarials*	MALARONE**	atovaquone-proguanil

## Preferred to non-preferred (continued)

<b>Drug Class</b>	<b>Drug name(s)</b>	<b>Alternative(s)</b>
Anti-Infectives, Antitubercular Agents*	MYAMBUTOL**	ethambutol
Anti-Infectives, Miscellaneous*	CLEOCIN**	clindamycin
	CLEOCIN PEDIATRIC SOLUTION**	clindamycin oral solution
	MACROBID**	nitrofurantoin (except NDC 16571074024)
	VANCOGIN**	vancomycin capsules
Antineoplastic Agents, Hormonal Antineoplastic Agents*	ARIMIDEX**, AROMASIN**, FEMARA**	anastrozole, exemestane, letrozole
Antineoplastic Agents, Alkylating Agents*	ALKERAN**	melphalan
Antineoplastic Agents, Miscellaneous*	HYDREA**	hydroxyurea
Cardiovascular, ACE Inhibitor Combinations*	LOTREL**	amlodipine-benazepril
Cardiovascular, Aldosterone Receptor Antagonists*	INSPRA**	eplerenone, spironolactone
Cardiovascular, Diuretics*	ALDACTONE**	eplerenone, spironolactone
Cardiovascular, Miscellaneous*	CATAPRES-TTS**	clonidine patch
Cardiovascular, Nitrates*	NITRO-DUR**	isosorbide dinitrate (except isosorbide dinitrate 40 mg), isosorbide mononitrate, isosorbide mononitrate ext-rel, nitroglycerin patch
Central Nervous System, Antianxiety*	ANAFRANIL**	clomipramine, fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM]), fluoxetine delayed-rel, fluvoxamine, fluvoxamine ext-rel, paroxetine, sertraline
Central Nervous System, Antidepressants*	NARDIL**, PARNATE**	phenelzine, tranylcypromine
	NORPRAMIN**, PAMELOR**	amitriptyline, desipramine, doxepin, imipramine hydrochloride, imipramine pamoate, nortriptyline
Central Nervous System, Antiseizure Agents*	TROKENDI XR**	generics, APTIOM, FYCOMPA, OXTELLAR XR, XCOPRI
Central Nervous System, Miscellaneous*	LITHOBID**	lithium carbonate, lithium carbonate ext-rel
Central Nervous System, Musculoskeletal Therapy Agents*	DANTRIUM**	baclofen, dantrolene, tizanidine, ZANAFLEX
Dermatology, Antibiotics*	SILVADENE**	silver sulfadiazine
Dermatology, Corticosteroids*	CLOBEX**	betamethasone dipropionate augmented gel and ointment, clobetasol cream, foam (except clobetasol emollient foam), gel, lotion, ointment, and shampoo, clobetasol propionate solution, halobetasol cream and ointment
Dermatology, Local Anesthetics*	LIDODERM PATCH**	lidocaine patch
Dermatology, Miscellaneous Skin and Mucous Membrane*	CONDYLOX**	podofilox solution, imiquimod cream 3.75%, 5%, ZYCLARA
Dermatology, Scabicides and Pediculicides*	OVIDE LOTION**	ivermectin, malathion

## Preferred to non-preferred (continued)

Drug Class	Drug name(s)	Alternative(s)
Endocrine and Metabolic, Antidiabetics, Alpha-Glucosidase Inhibitors*	PRECOSE**	acarbose
Endocrine and Metabolic, Contraceptives*	DEPO-PROVERA**, DEPO-SUBQ	medroxyprogesterone injection
Endocrine and Metabolic, Estrogens*	DIVIGEL**	estradiol
Endocrine and Metabolic, Miscellaneous*	FORTEO**	teriparatide, PROLIA, TYMLOS
Gastrointestinal, Anticholinergics*	LEVSIN**, LEVSIN SL**	dicyclomine
Gastrointestinal, Antidiarrheals*	LOMOTIL**	diphenoxylate-atropine, loperamide
Gastrointestinal, Miscellaneous*	CYTOTEC**	misoprostol
Gastrointestinal, Rectal, Corticosteroids*	ANUSOL-HC**	hydrocortisone cream, PROCTOFOAM-HC
Genitourinary, Vaginal Anti-Infectives*	CLEOCIN CREAM 2%**	clindamycin vaginal cream
Hematologic, Anticoagulants*	ARIXTRA**	enoxaparin, fondaparinux
Hematologic, Miscellaneous*	AGRYLIN**	anagrelide
Immunologic Agents, Disease-Modifying Anti-Rheumatic Drugs (DMARDs)*	ARAVA**, PLAQUENIL**	hydroxychloroquine, leflunomide, methotrexate, sulfasalazine delayed-rel, RASUVO
Immunologic Agents, Immunosuppressants*	IMURAN**	azathioprine
Mouth, Throat, Dental Agents*	EVOXAC**	cevimeline, pilocarpine

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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.

This material is for information only. It contains only a partial, general description of plan benefits or programs and does not constitute a contract.

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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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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 လၢတၢ်အိၣ်ဒီးအပူၤလၢနကတၢ်ဟ့ၣ်အိၣ်အဂီၢ်,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، پەیوەندی بکە بە ژمارەی سەر ئای دی (ID) کارتێ خۆت.
Lao	ເພື່ອເຂົ້າເຖິງບໍລິການພາສາທີ່ບໍ່ສອບຄ່າ, 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.
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 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.

