



July 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 **Aetna Health Exchange Plan-California-OA Managed Choice, PPO** 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 **July 1, 2023**.

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 this chart are based on your plan information as of the date of this letter.

UPPER CASE = brand-name drug

lower case = generic drug

Drug name	Change(s)
ACCU-CHEK COMPACT PLUS (NDC* 50924088401 and 50924098850 only)	Non-formulary drug (Other NDCs covered)
ACTEMRA	Drug list addition (preferred)
benzphetamine hcl	Drug list addition (preferred); Preauthorization required
COMPLERA	Drug list addition (non-preferred); Quantity limits apply. Covered up to 30 tabs every 30 days
CONTRACE	Drug list addition (non-preferred); Preauthorization required
COSENTYX	Moving to preferred brand tier
COSENTYX SENSOREADY PEN	Moving to preferred brand tier
DENAVIR	Non-formulary; not covered
diethylpropion hydrochloride	Drug list addition (preferred); Preauthorization required
ENBREL	Moving to preferred brand tier
ENBREL MINI	Moving to preferred brand tier
ENBREL SURECLICK	Moving to preferred brand tier
ESBRIET	Non-formulary; not covered
HETLIOZ	Non-formulary; not covered
HUMIRA	Moving to preferred brand tier
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK	Moving to preferred brand tier
HUMIRA PEN	Moving to preferred brand tier
HUMIRA PEN-CD / UC / HS STARTER	Moving to preferred brand tier
HUMIRA PEN-PEDIATRIC UC STARTER PACK	Moving to preferred brand tier
HUMIRA PEN-PS / UV STARTER	Moving to preferred brand tier
hydromorphon tab 4mg	Quantity limits apply. Covered up to 120 tabs every 30 days
JULUCA	Drug list addition (non-preferred); Quantity limits apply. Covered up to 30 tabs every 30 days
KALYDECO PAK	Drug list addition (non-preferred specialty); Preauthorization required; Quantity limits apply. Covered up to 56 packets every 28 days
KALYDECO TAB	Drug list addition (non-preferred specialty); Preauthorization required; Quantity limits apply. Covered up to 56 tabs every 28 days
KLOXXADO	Drug list addition (non-preferred); Quantity limits apply. Covered up to 4 sprays every 25 days

Drug name	Change(s)
MAVENCLAD	Drug list addition (non-preferred specialty); Preauthorization required; Quantity limits apply. Covered up to 20 tabs every 9 months
methadone hydrochloride intensol	Quantity limits apply. Covered up to 45ml every 30 days
methadone sol 10mg / 5ml	Quantity limits apply. Covered up to 225ml every 30 days
methadone tab 10mg	Quantity limits apply. Covered up to 30 tabs every 30 days
MIRVASO	Non-formulary; not covered
ODEFSEY	Drug list addition (non-preferred); Quantity limits apply. Covered up to 30 tabs every 30 days
OLUMIANT	Drug list addition (non-preferred specialty); Preauthorization required; Quantity limits apply. Covered up to 30 tabs every 30 days
ORENCIA	Drug list addition (non-preferred specialty); Preauthorization required; Step therapy required; Quantity limits apply. Covered up to 4 syringes every 28 days
ORENCIA CLICKJECT	Drug list addition (non-preferred specialty); Preauthorization required; Step therapy required; Quantity limits apply. Covered up to 4 pens every 28 days
ORKAMBI GRA 100-126	Drug list addition (non-preferred specialty); Preauthorization required; Quantity limits apply. Covered up to 56 packets every 28 days
ORKAMBI GRA 150-189	Drug list addition (non-preferred specialty); Preauthorization required; Quantity limits apply. Covered up to 56 packets every 28 days
ORKAMBI GRA 75-94MG	Drug list addition (non-preferred specialty); Preauthorization required; Quantity limits apply. Covered up to 56 packets every 28 days
ORKAMBI TAB 100-126	Drug list addition (non-preferred specialty); Preauthorization required; Quantity limits apply. Covered up to 112 tablets every 28 days
ORKAMBI TAB 200-126	Drug list addition (non-preferred specialty); Preauthorization required; Quantity limits apply. Covered up to 112 tablets every 28 days
OTEZLA	Moving to preferred brand tier
phendimetrazine tartrate	Drug list addition (preferred); Preauthorization required
phentermine hcl	Drug list addition (preferred); Preauthorization required
phentermine hydrochloride	Drug list addition (preferred); Preauthorization required
PLEGRIDY INJ	Drug list addition (non-preferred specialty); Preauthorization required; Quantity limits apply. Covered up to 2 syringes every 28 days
PLEGRIDY INJ PEN	Drug list addition (non-preferred specialty); Preauthorization required; Quantity limits apply. Covered up to 2 pens every 28 days
PLEGRIDY INJ STARTER	Drug list addition (non-preferred specialty); Preauthorization required; Quantity limits apply. Covered up to 2 syringes every 28 days
PLEGRIDY PEN INJ STARTER	Drug list addition (non-preferred specialty); Preauthorization required; Quantity limits apply. Covered up to 2 pens every 28 days
PULMOZYME	Drug list addition (non-preferred specialty); Preauthorization required; Quantity limits apply. Covered up to 60 ampules every 30 days
QSYMIA	Drug list addition (preferred); Preauthorization required
RINVOQ	Moving to preferred brand tier
RUKOBIA	Drug list addition (non-preferred); Quantity limits apply. Covered up to 60 tabs every 30 days
SAXENDA	Drug list addition (preferred); Preauthorization required

Drug name	Change(s)
SKYRIZI	Moving to preferred brand tier
SKYRIZI PEN	Moving to preferred brand tier
STELARA	Moving to preferred brand tier
STRIBILD	Drug list addition (non-preferred); Quantity limits apply. Covered up to 30 tabs every 30 days
SYMTUZA	Drug list addition (non-preferred); Quantity limits apply. Covered up to 30 tabs every 30 days
teriflunomide	Drug list addition (non-preferred specialty); Preauthorization required; Quantity limits apply. Covered up to 30 tabs every 30 days
TRELEGY ELLIPTA	Drug list addition (non-preferred); Quantity limits apply. Covered up to 1 package every 30 days
WEGOVY	Drug list addition (preferred); Preauthorization required
XOLAIR INJ 150MG / ML	Drug list addition (non-preferred specialty); Preauthorization required; Quantity limits apply. Covered up to 8 syringes every 28 days
XOLAIR INJ 75 / 0.6	Drug list addition (non-preferred specialty); Preauthorization required; Quantity limits apply. Covered up to 2 syringes every 28 days
XOLAIR SOL 150MG	Drug list addition (non-preferred specialty); Preauthorization required; Quantity limits apply. Covered up to 8 vials every 28 days
ZIOPTAN	Non-formulary; not covered

* Drug products are identified by unique numerical product identifiers, called National Drug Codes (NDC), which identify the manufacturer, strength, dosage form, formulation and package size.

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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 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	လၢတၢ်ကမၤန့ၢ်ကိၣ်တၢ်မၤစၢၤအတၢ်ဖံးတၢ်မၤတဖၣ် လၢတၢ်အိၣ်ဒီးအပူၤလၢနကတၢ်ဟ့ၣ်အိၣ်အဂီၢ်,ကိးဘၣ်လီၤတၢ်စိနီၣ်ဂံၢ်လၢအအိၣ်လၢနခိၣ်ဂီၢ် (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 بە 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 wōṇean ṇan 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	ដើម្បីទទួលបានសេវាកម្មភាសាដែលឥតគិតថ្លៃសម្រាប់លោកអ្នក 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.

