



Changes coming to our medical plan drug lists

Starting **January 1, 2025**, we're making changes to our medical plan drug lists. These changes support our commitment to high quality, cost-effective health care.

It's likely some of your patients are taking these drugs. We've notified your impacted patients of these changes and suggested they talk to you about changing to a preferred alternative drug if appropriate.

UPPER CASE = brand-name		drug lower case = generic drug
Prescription drug name		Change
ZEMAIRA	J0256	Moving to Preferred
ELFABRIO	J2508	Moving to Preferred
FABRAZYME	J0180	Moving to Non-preferred
bortezomib	J9041	Moving to Preferred
VELCADE	J9041	Moving to Non-preferred
IZERVAY	J2782	Moving to Non-preferred
SYFOVRE	J2781	Moving to Preferred
EVENITY	J3111	Moving to Non-preferred
PROLIA	J0897	Moving to Preferred
BENLYSTA	J0490	Moving to Preferred
SAPHNELO	J0491	Moving to Non-preferred

Medical exceptions

You can request a medical exception for drugs that need precertification.

If we approve the exception, your patient will pay their plan copay or cost share after they meet their deductible or out-of-pocket requirements.

For specialty drugs covered under the medical benefit that are on the Aetna National Precert List you can:

- Call **1-866-752-7021**
- Go to **Aetna.com** and access the forms library to complete the specific medication Specialty Pharmacy Precertification Prior Authorization Request Form. Then fax your completed form to **the number listed on the form.**

Your plan may not cover certain drugs to treat conditions such as infertility, erectile dysfunction and weight loss.

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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 or insurer policies, changes to drug coverage are not effective for commercial fully insured plans (including HMOs) in Louisiana, New York, Texas, and in most circumstances Connecticut and Vermont, until the plans' renewal date.

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Policy forms issued in Oklahoma include:

AL SG HGrpPol-1A 01, AL SG HCOC-2024-PPO 08, AL SG SOB PPO 14052798 08,
HI SG HGrpAg-1A 01, HI SG HCOC-2024 08, HI SG SOB HMO 14052797 08,
AL HGrpPol 07 AL HCOC 11, AL HSOB 09, AL HSOBNM 09, HI HGrpAg 06, HC HCOC 10, HC HSOB 09

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-2024-EPO-HIX 03, AL IVL SOB 1A EPO HIX 03, AL IVL HPOL-1A-2024-EPO 03, AL IVL SOB 1A EPO 03.

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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), CRCordinator@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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