



April 2024

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

Starting **April 1, 2024** you'll see changes to the drugs your **Advanced Control Plan-Aetna** 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 **April 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 **April 1, 2024**.

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 April 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 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)
ADIPEX-P	Quantity limits apply. Covered up to 30 units every 25 days
albuterol sulfate hfa (NDC* 00093317431 only)	Non-formulary drug (Other NDCs covered)
benzphetamine hcl	Quantity limits apply. Covered up to 90 tabs every 25 days
BIDIL	Moving to non-preferred brand tier
diethylprop tab 25mg	Quantity limits apply. Covered up to 90 tabs every 25 days
diethylprop tab 75mg er	Quantity limits apply. Covered up to 30 tabs every 25 days
EVAMIST	Moving to non-preferred brand tier
FENSOLVI	Not covered under pharmacy benefit. May be covered under the medical benefit
HUMIRA HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK HUMIRA PEN HUMIRA PEN-CD / UC / HS STARTER HUMIRA PEN-PEDIATRIC UC STARTER PAC HUMIRA PEN PS / UV STARTER	<p>Non-formulary; not covered. Covered options include: <b>For Ankylosing Spondylitis:</b> Adalimumab-ADAZ, Cosentyx, Enbrel, Hyrimoz, Rinvoq</p> <p><b>For Crohn's Disease:</b> Adalimumab-ADAZ, Hyrimoz, Skyrizi subcutaneous, Stelara subcutaneous, Rinvoq</p> <p><b>For Psoriasis:</b> Adalimumab-ADAZ, Hyrimoz, Otezla, Skyrizi subcutaneous, Sotyktu, Stelara subcutaneous, Taltz, Tremfya</p> <p><b>For Psoriatic Arthritis:</b> Adalimumab-ADAZ, Cosentyx, Enbrel, Hyrimoz, Otezla, Rinvoq, Skyrizi subcutaneous, Stelara subcutaneous, Tremfya</p> <p><b>For Rheumatoid Arthritis:</b> Adalimumab-ADAZ, Enbrel, Hyrimoz, Kevzara, Orencia Clickject, Orencia subcutaneous, Rinvoq, Xeljanz, Xeljanz XR</p> <p><b>For Ulcerative Colitis:</b> Adalimumab-ADAZ, Hyrimoz, Rinvoq, Stelara subcutaneous, Xeljanz, Xeljanz XR, Zeposia</p> <p><b>For All Other Conditions:</b> Adalimumab-ADAZ, Enbrel, Hyrimoz</p>
IMBRUVICA	Non-formulary; not covered. Covered options include: Brukinsa, Calquence

<b>Drug Name</b>	<b>Change(s)</b>
orlistat	Quantity limits apply. Covered up to 90 caps every 25 days
phendimetrazine tartrate	Quantity limits apply. Covered up to 180 tabs every 25 days
phentermine cap 15mg	Quantity limits apply. Covered up to 60 caps every 25 days
phentermine cap 30mg	Quantity limits apply. Covered up to 30 caps every 25 days
phentermine cap 37.5mg	Quantity limits apply. Covered up to 30 units every 25 days
phentermine tab 37.5mg	Quantity limits apply. Covered up to 30 units every 25 days
PYLERA	Moving to non-preferred brand tier
QSYMIA	Preauthorization required; Quantity limits apply. Covered up to 30 caps every 25 days
SAXENDA	Quantity limits apply. Covered up to 5 pens every 25 days
SUNLENCA	Not covered under pharmacy benefit. May be covered under the medical benefit
VELPHORO	Non-formulary; not covered. Covered options include: calcium acetate, sevelamer carbonate, sevelamer hydrochloride, Auryxia
WEGOVY	Quantity limits apply. Covered up to 4 pens every 21 days

\* 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.

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

Health benefits and health insurance plans are offered, administered and/or underwritten by Aetna Health Inc., Aetna Health Insurance Company of New York, Aetna Health Assurance Pennsylvania Inc., Aetna Health Insurance company and/or Aetna Life Insurance Company (Aetna). In Florida, by Aetna Health Inc. and/or Aetna Life Insurance Company. In Utah and Wyoming by Aetna Health of Utah Inc. and Aetna Life Insurance Company. In Maryland, by Aetna Health Inc., 151 Farmington Avenue, Hartford, CT 06156. 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. 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.

This document contains trademarks or registered trademarks of CVS Pharmacy, Inc. or one of its affiliates; it may also contain references to products that are trademarks or registered trademarks of entities not affiliated with CVS Health.

**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.