



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 **Aetna High Value Plan: Federal Employees** 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

**Multi-source Brand Product

Formulary additions

Drug Class	Drug name(s)
Antiretrovirals Agents	SUNLENCA
Cancer, Kinase Inhibitors	VERZENIO
Cardiovascular, Antilipemics, PCSK9 Inhibitors	REPATHA
Contraceptives	PHEXXI
Hereditary Angioedema	HAEGARDA
Immune Globulins	GAMUNEX-C
Migraine Agents	QULIPTA
Narcolepsy Agents	SODIUM OXYBATE SOLUTION
Ophthalmic, Glaucoma	bimatoprost ophthalmic solution 0.03%

Formulary exclusions

Drug Class	Drug name(s)	Alternative(s)
Cardiovascular, Antilipemics, PCSK9 Inhibitors	PRALUENT	REPATHA
Cystic Fibrosis	BETHKIS**, KITABIS**	tobramycin inhalation solution, PULMOZYME
Hereditary Angioedema	TAKHZYRO	Talk to your doctor
Immune Globulins	GAMMAGARD	CUTAQUIG, GAMUNEX-C, OCTAGAM, PRIVIGEN
Immunologic Agents, Disease-Modifying Antirheumatic Drugs (DMARDs)	RASUVO	methotrexate
Multiple Sclerosis Agents	AUBAGIO**	dimethyl fumarate delayed-rel, fingolimod, glatiramer, teriflunomide, AVONEX, BETASERON, COPAXONE, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERTY, ZEPOSIA
Narcolepsy/Cataplexy Agents	XYREM	SODIUM OXYBATE

Utilization Management changes

Disease state	Drug name(s)	Utilization Management
Antiretrovirals Agents	SUNLENCA	Quantity Limit added
Migraine Agents	QULIPTA	Step Therapy with Quantity Limit

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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High Value Plan: Federal Employees

1296000-02-03 (7/23)

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Albanian	Për shërbime përkthimi falas për ju, telefononi në numrin që gjendet në kartën tuaj të identitetit.
Amharic	የቃንቃ እና ልማልምና የለከፍያ ለማግኘት፡ በመተወቃያ የቃንቃ ለመስጠት ቁጥር ፭፻፭፻፡፡
Arabic	للحصول على الخدمات اللغوية دون أي تكلفة، الرجاء الاتصال على الرقم الموجود على بطاقة اشتراكك.
Armenian	Զեր նախընտրած լեզվով ավագար խորհրդատվություն ստանալու համար զանգահարեք ձեր բժշկական ապահովության քարտի վրա նշված հերախոսահամարով
Bantu-Kirundi	Kugira uronke serivisi z'indimi ata kiguzi, hamagara inomero iri ku karangamuntu kawe
Bengali	আপনাকে বিনামূল্যে ভাষা পরিষেবা পেতে হলে আপনার পরিচয়পত্রে দেওয়া নম্বরে টেলিফোন করুন।
Burmese	သင့်အနေဖြင့် အခကြွေးငွေ မပေးရပဲ ဘာသာစကားဝန်ဆောင်မှုများ ရရှိနိုင်ရန်၊ သင့် ID ကတ်ပေါ်တွင်ရှိသော ဖုန်းနံပါတ်အား ခေါ်ဆိုပါ။
Catalan	Per accedir a serveis lingüístics sense cap cost per a vostè, telefoni al número indicat a la seva targeta d'identificació.
Cebuano	Aron maakses ang mga serbisyo sa lengguwahe nga wala kay bayran, tawagi ang numero nga anaa sa imong kard sa ID.
Chamorro	Para un hago' i setbision lengguâhi ni dibâtde para hågu, ågang i numiru gi iyo-mu kard aidentifikasiōn.
Cherokee	QEYELJ KELIHELEJ T0aTHL0LJ L AGELJ JCEGW0LJ ñY, OIABW0LJ ÑL0LJ J4ELJ hSA.ØYR O^T ID IHñELEJ C10T.
Chinese Traditional	如欲使用免費語言服務，請撥打您健康保險卡上所列的電話號碼
Choctaw	Anumpa tosholi i toksvli ya peh pilla ho ish i payahinla kvt chi holocco kallo iskitini holhtena takanli ma i payah
Chuukese	Ren omw kopwe angei aninisin eman chon awewei (ese kamé), kopwe kééri ewe nampa mei mak won noum ena katen ID
Cushitic-Oromo	Tajaajiiloota afaanii gatii bilisaa ati argaachuuf,lakkoofsa fuula waraaqaa eenyummaa (ID) kee irraa jiruun bilbili.
Dutch	Voor gratis taaldiensten, bel het nummer op uw ziekteverzekeringskaart.
French	Pour accéder gratuitement aux services linguistiques, veuillez composer le numéro indiqué sur votre carte d'assurance santé.
French Creole (Haitian)	Pou ou jwenn sèvis gratis nan lang ou, rele nimewo telefòn ki sou kat idantifikasyon asirans sante ou.
German	Um auf den für Sie kostenlosen Sprachservice auf Deutsch zuzugreifen, rufen Sie die Nummer auf Ihrer ID-Karte an.
Greek	Για πρόσβαση στις υπηρεσίες γλώσσας χωρίς χρέωση, καλέστε τον αριθμό στην κάρτα ασφάλισής σας.
Gujarati	તમારે કોઈ પણ જાતના ખર્ચ વિના ભાષા સેવાઓ મેળવવા માટે, તમારા આઇડી કાર્ડ પર રહેલ નંબર પર કોલ કરવો.

Hawaiian	No ka wala'au 'ana me ka lawelawe 'ölelo 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 asusụ na akwughi ụgwọ obụla, 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	လာတ်ကမ္န်ကျိုတ်မာစာအောင်းတ်မာတဖုံး လာတ်အိုင်းအပူလာနကဘ်ဟုံးဒီအောင်း၊ ဂီးဘာ်လိုပါနိုင်းလာအိုင်းလာနိုင်းရိုး (ID) အလိုနှင့်တကူး။
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	بۇ دەپپەر اگيىشتن بە خزمەتگوزارى زمان بەپىز تىچوون بۇ تو، پەپىومندى بىكە بە ژمارەسى سەر ئاي دى (ID) كارتى خوت.
Lao	ຕັ້ງອັນເຈົ້າຕົ້ງບໍລິການພາຫຼືບໍລະລົດທຳ, ໃຫ້ໃຫຍ່ເປັນໄທ້ໃນບັດປະຈຳຕົວຂອງທ່ານ.
Marathi	आपल्याला कोणत्याही शुल्काशिवाय भाषा सेवांपर्यंत पोहोचण्यासाठी, आपल्या ID कार्डावरील क्रमांकावर फोन करा.
Marshallese	Nan bōk jipañ kōn kajin ilo an ejjejök wōñean ñan kwe, kwōn kallok nōmba eo ilo kaat in ID eo am.
Micronesian-Ponapean	Pwehn alehdi sawas en lokaia kan ni sohte pweipwei, koahlih nempe nan amhw doaropwe en ID.
Mon-Khmer, Cambodian	ជំពើទីកន្លែងសាស្ត្រភាសាជំលក់តិចដែលបាប់លាក់អ្នក ស្ថិកបាប់លាក់អ្នក ស្ថិកបាប់លាក់អ្នក ស្ថិកបាប់លាក់អ្នក
Navajo	T'áá ni nizaad k'eħjí beeníká a'doowoł doo bágh ílínígóó naaltsoos bee atah nílį́go nanitinígíí bee néého'dólzinígíí béésh bee hane'í biká'ígií áají' hólne'.
Nepali	भाषासम्बन्धी सेवाहरूमाथि नि:शुल्क पहुँच राख्न आफ्नो कार्डमा रहेको नम्बरमा कल गर्नुहोस्।
Nilotic-Dinka	Tē koc̄ yin ran de wēer de thokic ke cīn wēu koc̄ keek tēnōj yin. Ke yin col ran ye koc̄ kuɔny nē namba de abac tö nē ID kard duɔn de tiit de nyin de panakim kōu.
Norwegian	For tilgang til kostnadsfri språktjenester, ring nummeret på ID-kortet ditt.
Pennsylvanian-Dutch	Um Schprooch Services zu griegen mitaus Koscht, ruff die Nummer uff dei ID Kaart.

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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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	လာတ်ကမန္ဒေကျိုံတ်တေသာအတ်ပံ့တ်မတဖုန့် လာတိုင်းထွေလာနကဘုံဟုပုံစံအောင်၊ ဂါးဘုံလိုလိမိနိုင်းလာအိုင်လနိုင်ရှိရှိ (ID) အလိုန္နာတကုဌ်။
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Lao	ເມື່ອຂໍ້ຕົງບໍ່ວິການພາທີບ່ແນລຄ່າ, ໃຫ້ໃຫຍ່ເປີໄທຫຼຸດໃນບັດປະລຳຕົວຂອງທ່ານ.
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Micronesian-Ponapean	Pwehn alehdi sawas en lokaia kan ni sohte pweipwei, koahliih nempe nan amhw doaropwe en ID.
Mon-Khmer, Cambodian	ជ័យមីនីកបានសរាកម្មភាសាដែលតារាងថ្មីសម្រាប់បានអ្នកស្តីពីរបាល់ខ្លួនរបស់បានអ្នក។
Navajo	T'áá ni nizaad k'ehjí bee níká a'doowoł doo bájh ílinígóo naaltsoos bee atah nílújgo nanitinígíí bee néého'dólzinígíí béesh bee hane'i biká'igíí áaji' hólne'.
Nepali	भाषासम्बन्धी सेवाहरूमाथि नि:शुल्क पहुँच राख्न आफ्नो कार्डमा रहेको नम्बरमा कल गर्नुहोस्।
Nilotic-Dinka	Të kœr yin ran de wëer de thokic ke cïn wëu kœr keek tënöy yin. Ke yin col ran ye kœkuñy nœ namba de abac tö nœ ID kard duön de tiit de nyin de panakim kœu.
Norwegian	For tilgang til kostnadsfri språktjenester, ring nummeret på ID-kortet ditt.
Pennsylvanian-Dutch	Um Schprooch Services zu grieye mitaus Koscht, ruff die Nummer uff dei ID Kaart.

