



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 **Advanced Control Plan-Aetna: Federal Employees** 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.

{Enclosure}

## 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

<b>Drug name</b>	<b>Change(s)</b>
DILAUDID LIQ 1MG / ML	Quantity limits apply. Covered up to 480 mL every 25 days
DILAUDID TAB 4MG	Quantity limits apply. Covered up to 120 tabs every 25 days
hydromorphon liq 1mg / ml	Quantity limits apply. Covered up to 480 mL every 25 days
hydromorphon tab 4mg	Quantity limits apply. Covered up to 120 tabs every 25 days
methadone con 10mg / ml (NDC* 00054355344 only)	Quantity limits apply. Covered up to 45 mL every 25 days
methadone sol 10mg / 5ml	Quantity limits apply. Covered up to 225 mL every 25 days
methadone tab 10mg	Quantity limits apply. Covered up to 30 tabs every 25 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.

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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.