Logo

Description automatically generated

P.O. Box 30006, Pittsburgh, PA 15222-0330

<DATE>

<Member First Name> <Member Last Name>

<Mailing Address Line 1>

<Mailing Address Line 2>

<Mailing City>, <Mailing State> <Mailing ZIP>

Dear <Member First Name> <Member Last Name>:

Beginning <Effective Date of DEA Certificate Change> we can no longer cover controlled substances prescribed by <NAME OF PROVIDER>. Controlled substances are any drug or chemical whose possession and use are regulated under the Controlled Substance Act. Depending on your state laws, this may include new prescriptions, as well as any refills left on prescriptions you are currently taking.

**What you need to know**

The ability to prescribe controlled substances for <NAME OF PROVIDER> has been voluntarily surrendered, suspended, or terminated. Because of this, we can’t make payments for controlled substances they prescribe.

<NAME OF PROVIDER> may still be able to write prescriptions for non-controlled substances. In that case, we will continue to pay for thesewhen appropriate.

**We’re here to help**

If you have questions or need help finding another prescriber, call the number on your member ID card.

See Evidence of Coverage for a complete description of plan benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by service area.

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