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Description automatically generated with low confidence

P.O. Box 30017, Pittsburgh, PA 15222-0330

**Important Plan Information**

<Member First Name> <Member Last Name>

<Mailing Address 1>

<Mailing Address 2>

<City>, <State> <ZIP>

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**Important Plan Information**

<Member First Name> <Member Last Name>

<Mailing Address 1>

<Mailing Address 2>

<City>, <State> <ZIP>

<Date>

**NOTICE OF PRESCRIPTION DRUG COST SHARE CHANGE**

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

Our records indicate that you previously received a tiering exception for <Prescription Drug Name> by our plan. This has allowed you to receive a similar drug, <Prescription Drug Name #2> at a lower cost share (the amount you pay) than you would have otherwise paid. If you are no longer taking this prescription drug, please disregard this letter. If you are currently taking this prescription drug, please continue to review this letter for important information that you should know.

The tiering exception for <Prescription Drug Name> was approved through <Existing PA Term Date>.

We are writing to inform you that the tiering exception for <Prescription Drug Name #2> will no longer apply beginning on <Mail Date + 60 Days>.

The reason for this change is because the drug is not covered on the formulary (your plan’s covered drug list). Medicare rules prohibit approval of a tiering exception on a non-formulary drug (a drug that is not on your plan’s covered drug list).

Although the tiering exception (i.e., lower cost share) will no longer apply to <Prescription Drug Name #2>, the formulary exception will remain in effect and allow for continued coverage of this drug through the original approval date. However, the amount you will pay is based upon your benefit’s non-formulary exception cost share as detailed in your Evidence of Coverage (EOC) documents and the coverage phase you are in when you fill the prescription. To find out how much you will pay for <Prescription Drug Name #2>, please call the number listed below.

Depending on how much your cost share is for <Prescription Drug Name #2>, there may be different options to consider. You may be able to use another drug on our Drug List to treat your medical condition.

* You and your prescriber can view the list of formulary drugs at <Website Address>.
* Please call us at <Customer Care Phone Number>,<Customer Care Hours of Operation>, (TTY/TDD users should call <Customer Care TTY Number>) for help in asking about other formulary drugs available with your plan.

Thank you.

The formulary may change at any time. You will receive notice when necessary.

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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