



October 1, 2024

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

Starting **January 1, 2025**, you'll see changes to the drugs your **Advanced Control 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 January 1, 2025. 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 January 1, 2025

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

*Class has existing formulary exclusions

** Multi-source Brand Product

^Previously New to Market block

Formulary additions

Drug Class	Products added
Antidiabetics, Dipeptidyl Peptidase-4 (DPP-4) Inhibitors*	ZITUVIMET [^] , ZITUVIMET XR [^] , ZITUVIO [^]
Antineoplastic Agents, Kinase Inhibitors*	LORBRENA (non-preferred)
Central Nervous System, Antipsychotics*	ABILIFY ASIMTUFII [^]
Central Nervous System, Botulinum Toxins*	DAXXIFY [^]
Central Nervous System, Multiple Sclerosis Agents*	BAFIERTAM [^]
Endocrine and Metabolic, Central Precocious Puberty	TRIPTODUR
Endocrine and Metabolic, Diabetic Supplies*	TWIIST INSULIN PUMP AND SUPPLIES [^]
Endocrine and Metabolic, Fertility Regulators*	PREGNYL
Endocrine and Metabolic, Insulin, Long-Acting*	INSULIN GLARGINE-YFGN [^]
Hematologic, Hemophilia Agents*	ALTUVIIIIO [^] , BENEFIX
Respiratory, Steroid Inhalants*	ASMANEX HFA
Respiratory, Steroid/Beta-Agonist Combinations*	Breyna [^] , budesonide-formoterol [^]

Non-preferred to preferred tier

Drug Class	Product names
Autoimmune Agents, Self-Administered*	LITFULO
Central Nervous System, Antiseizure Agents*	BRIVIACT

Formulary removals

Drug Class	Removed Products	Formulary options
Antidiabetics, Dipeptidyl Peptidase-4 (DPP-4) Inhibitors*	JANUMET, JANUMET XR	saxagliptin-metformin ext-rel, ZITUVIMET, ZITUVIMET XR
	JANUVIA	saxagliptin, ZITUVIO
Antidiabetics, Incretin Mimetic Agents*	VICTOZA**	liraglutide, MOUNJARO, OZEMPIC, RYBELSUS, TRULICITY

Formulary removals (continued)

Drug Class	Removed Products	Formulary options
Central Nervous System, Botulinum Toxins*	DYSPORT	DAXXIFY, XEOMIN
Endocrine and Metabolic, Diabetic Supplies*	V-GO INSULIN INFUSION PUMP	OMNIPOD 5 INSULIN INFUSION PUMP, OMNIPOD DASH INSULIN INFUSION PUMP, OMNIPOD INSULIN INFUSION PUMP, TWIIST INSULIN INFUSION PUMP
Endocrine and Metabolic, Fertility Regulators*	OVIDREL	PREGNYL
Hematologic, Thrombocytopenia Agents*	MULPLETA	DOPTELET
	PROMACTA, TAVALISSE	ALVAIZ, DOPTELET
Respiratory, Anticholinergics*	tiotropium bromide	SPIRIVA HANDIHALER
Respiratory, Steroid/Beta-Agonist Combinations*	DULERA	budesonide-formoterol, fluticasone-salmeterol (generics for Advair Diskus by Hikma and Teva), Breyna, Wixela Inhub, BREO ELLIPTA (except the 14-inhalation pack)

Indication Based Formulary Updates

Condition	Updates
Psoriasis	<ul style="list-style-type: none">• BIMZELX add as a preferred product for Psoriasis• TALTZ change from preferred to excluded product for Psoriasis
Ulcerative Colitis	<ul style="list-style-type: none">• TREMFYA add as a preferred for Ulcerative Colitis

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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. 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 September 20, 2024. Information subject to change.

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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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Hawaiian	No ka wala'au 'ana me ka lawelawe 'olelo 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 asụsụ 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	လၢတၢ်ကၢၤန့ၢ်ဂၢ်တၢ်မၤစၢၤအတၢ်ဖဲးတၢ်မၤတဖၣ် လၢတၢ်အိၣ်ဒီးအပူၤလၢနကတၢ်ဟ့ၣ်အိၣ်အဂီၢ်,ကိးဘၣ်လီၤတဖၣ်နီၣ်ဂီၢ်လၢအအိၣ်လၢနခိၣ်ဂီၢ် (ID) အလီၤန့ၣ်တက့ၢ်.
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	بو دەسپێرێ کە ئێستێن بە خزمەتگوزاری زمان بەبێ تیچوون بو تو، پەیوەندی بکە بە ژمارەی سەر ئای دی (ID) کارتێ خۆت.
Lao	ເພື່ອເຂົ້າເຖິງບໍລິການພາສາທີ່ບໍ່ສະຄວ່າ, ໃຫ້ໂທຫາເບີໂທຢູ່ໃນບັດປະຈຳຕົວຂອງທ່ານ.
Marathi	आपल्याला कोणत्याही शुल्काशिवाय भाषा सेवांपर्यंत पोहोचण्यासाठी, आपल्या ID कार्डावरील क्रमांकावर फोन करा.
Marshallese	Ñan bōk jipañ kōn kajin ilo an ejjelōk wōñean ñan kwe, kwōn kallok nōmba eo ilo kaat in ID eo am.
Micronesia-Ponapean	Pwehn alehdi sawas en lokaia kan ni sohte pweipwei, koahlih nempe nan amhw doaropwe en ID.
Mon-Khmer, Cambodian	ដើម្បីទទួលបានសេវាកម្មភាសាដែលឥតគិតថ្លៃសម្រាប់លោកអ្នក សូមហៅទូរសព្ទទៅកាន់លេខដែលមាននៅលើប័ណ្ណសម្គាល់ខ្លួនរបស់លោកអ្នក។
Navajo	T'áá ni nizaad k'ehjí bee níká a'doowol doo búáh ílínígóó naaltsoos bee atah níłjigo nanitinígíí bee néého'dólzínígíí béésh bee hane'í biká'ígíí áají' hólne'.
Nepali	भाषासम्बन्धी सेवाहरूमाथि निःशुल्क पहुँच राख्न आफ्नो कार्डमा रहेको नम्बरमा कल गर्नुहोस्।
Nilotic-Dinka	Të koor yin ran de wëër de thokic ke cin wëu kor keek tënɔŋ yin. Ke yin col ran ye koc kuony në namba de abac tō në ID kard duɔn de tīt de nyin de panakim köu.
Norwegian	For tilgang til kostnadsfri språktjenester, ring nummeret på ID-kortet ditt.
Pennsylvanian-Dutch	Um Schprooch Services zu griege mitaus Koscht, ruff die Nummer uff dei ID Kaart.

