



January 1, 2025

## 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-Aetna** 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 **January 1, 2025**.

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.

\* In accordance with state law or insurer policies, changes to drug coverage are not effective for commercial fully insured plans (including HMOs) in **Louisiana, New York, Texas**, and in most circumstances **Connecticut and Vermont**, until the plans' renewal date.

## 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 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>
ABILIFY ASIMTUFII	Moving to preferred brand tier
ACTEMRA	Not covered under pharmacy benefit. May be covered under the medical benefit
ALTUVIIIO	Drug list addition (preferred specialty); Preauthorization required
ASMANEX HFA	Drug list addition (preferred); Quantity limits apply. Covered up to 1 package every 25 days
BAFIERTAM	Drug list addition (preferred specialty); Preauthorization required; Quantity limits apply. Covered up to 120 caps every 30 days
BENEFIX	Drug list addition (preferred specialty); Preauthorization required
breyna	Drug list addition (preferred); Quantity limits apply. Covered up to 3 packages every 25 days
BRIVIACT	Moving to preferred brand tier; Preauthorization removed
budesonide / formoterol fumarate dihydrate	Drug list addition (preferred); Quantity limits apply. Covered up to 3 packages every 25 days
CHORIONIC GONADOTROPIN (NDC 63323003011 only)	Non-formulary; not covered. Covered options include: PREGNYL
DAXXIFY	Drug list addition (preferred specialty); Preauthorization required
DULERA	Non-formulary; not covered. Covered options include: budesonide-formoterol, fluticasone-salmeterol (except certain NDCs), Breyna, Wixela Inhub, BREO ELLIPTA (except certain NDCs)
DYSPORT	Non-formulary; not covered. Covered options include: DAXXIFY, XEOMIN
ELFABRIO	Drug list addition (preferred specialty); Preauthorization required
EMTRIVA	Moving to non-preferred brand tier
FLOVENT HFA	Non-formulary; not covered. Covered options include: ASMANEX HFA, PULMICORT FLEXHALER
fluticasone propionate hf	Non-formulary; not covered. Covered options include: ASMANEX HFA, PULMICORT FLEXHALER
FUZEON	Moving to non-preferred specialty tier
INSULIN GLARGINE-YFGN	Drug list addition (preferred)
JANUMET	Non-formulary; not covered. Covered options include: ZITUVIMET, ZITUVIMET XR
JANUMET XR	Non-formulary; not covered. Covered options include: ZITUVIMET, ZITUVIMET XR

<b>Drug Name</b>	<b>Change(s)</b>
JANUVIA	Non-formulary; not covered. Covered options include: ZITUVIO
LEUKERAN	Moving to non-preferred brand tier
LITFULO	Moving to preferred specialty tier
LORBRENA TAB 100MG	Drug list addition (non-preferred specialty); Preauthorization required; Quantity limits apply. Covered up to 30 tabs every 30 days
LORBRENA TAB 25MG	Drug list addition (non-preferred specialty); Preauthorization required; Quantity limits apply. Covered up to 90 tabs every 30 days
LUMIZYME	Not covered under pharmacy benefit. May be covered under the medical benefit
LUPRON DEPOT-PED (6-MONTH)	Drug list addition (preferred specialty); Preauthorization required
LYSODREN	Moving to non-preferred specialty tier
MATULANE	Moving to non-preferred specialty tier
MULPLETA	Non-formulary; not covered. Covered options include: DOPTELET
MYLERAN	Moving to non-preferred brand tier
NOVAREL	Drug list addition (non-preferred)
OMNIPOD GO 20 UNITS / DAY	Non-formulary; not covered. Covered options include: OMNIPOD 5 INSULIN INFUSION PUMP, OMNIPOD DASH INSULIN INFUSION PUMP, OMNIPOD INSULIN INFUSION PUMP
OMNIPOD GO 30 UNITS / DAY	Non-formulary; not covered. Covered options include: OMNIPOD 5 INSULIN INFUSION PUMP, OMNIPOD DASH INSULIN INFUSION PUMP, OMNIPOD INSULIN INFUSION PUMP
OMNIPOD GO 40 UNITS / DAY	Non-formulary; not covered. Covered options include: OMNIPOD 5 INSULIN INFUSION PUMP, OMNIPOD DASH INSULIN INFUSION PUMP, OMNIPOD INSULIN INFUSION PUMP
OVIDREL	Non-formulary; not covered. Covered options include: PREGNYL
PREGNYL	Drug list addition (preferred specialty); Preauthorization required
PROMACTA	Non-formulary; not covered. Covered options include: ALVAIZ, DOPTELET
QVAR REDIHALER	Non-formulary; not covered. Covered options include: ASMANEX HFA, PULMICORT FLEXHALER
SEMGLEE	Non-formulary; not covered. Covered options include: INSULIN GLARGINE-YFGN
SITAGLIPTIN	Non-formulary; not covered
SOLIRIS	Not covered under pharmacy benefit. May be covered under the medical benefit
SPIRIVA HANDIHALER	Covered at preferred generic cost share
TABLOID	Moving to non-preferred brand tier
TALTZ	Non-formulary; not covered. Covered options include: For Psoriasis: ADALIMUMAB-ADAZ, BIMZELX, HYRIMOZ, OTEZLA, SKYRIZI SUBCUTANEOUS, SOTYKTU, STELARA SUBCUTANEOUS, TREMFYA
TAVALISSE	Non-formulary; not covered. Covered options include: ALVAIZ, DOPTELET
tiotropium bromide	Non-formulary; not covered. Brand name version of drug covered at preferred generic cost share

<b>Drug Name</b>	<b>Change(s)</b>
TOFIDENCE	Not covered under pharmacy benefit. May be covered under the medical benefit
TREXALL	Moving to non-preferred brand tier
TRIPTODUR	Drug list addition (preferred specialty); Preauthorization required
true folic acid (ndc 83035182401 only)	Non-formulary; not covered. Covered options include: folic acid 400 mcg (except certain NDCs)
TRUXIMA	Not covered under pharmacy benefit. May be covered under the medical benefit
TWIIST REFILL KIT / INFUSION (NDC 98617090100 only)	Drug list addition (preferred)
TWIIST REFILL KIT (NDC 98617090400 only)	Drug list addition (preferred)
TYENNE	Not covered under pharmacy benefit. May be covered under the medical benefit
V-GO 20	Non-formulary; not covered. Covered options include: OMNIPOD 5 INSULIN INFUSION PUMP, OMNIPOD DASH INSULIN INFUSION PUMP, OMNIPOD INSULIN INFUSION PUMP
V-GO 30	Non-formulary; not covered. Covered options include: OMNIPOD 5 INSULIN INFUSION PUMP, OMNIPOD DASH INSULIN INFUSION PUMP, OMNIPOD INSULIN INFUSION PUMP
V-GO 40	Non-formulary; not covered. Covered options include: OMNIPOD 5 INSULIN INFUSION PUMP, OMNIPOD DASH INSULIN INFUSION PUMP, OMNIPOD INSULIN INFUSION PUMP
VICTOZA	Non-formulary; not covered. Covered options include: liraglutide, MOUNJARO, OZEMPIC, RYBELSUS, TRULICITY
ZITUVIMET	Drug list addition (preferred); Step therapy required
ZITUVIMET XR	Drug list addition (preferred); Step therapy required
ZITUVIO	Drug list addition (preferred); Step therapy required
ZOLINZA	Moving to non-preferred specialty tier
zomig (ndc 60846238303, 60846238404 only)	Non-formulary; not covered

Information is subject to change.

Your plan may not cover certain drugs to treat conditions such as infertility, erectile dysfunction and weight loss.

Health benefits and health insurance plans are offered, administered and/or underwritten by Aetna Health Inc., Aetna Health Insurance Company of New York, Aetna Health Assurance Pennsylvania Inc., Aetna Health Insurance company and/or Aetna Life Insurance Company (Aetna). In Florida, by Aetna Health Inc. and/or Aetna Life Insurance Company. In Utah and Wyoming by Aetna Health of Utah Inc. and Aetna Life Insurance Company. In Maryland, by Aetna Health Inc., 151 Farmington Avenue, Hartford, CT 06156. 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. 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.

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.

This document contains trademarks or registered trademarks of CVS Pharmacy, Inc. or one of its affiliates; it may also contain references to products that are trademarks or registered trademarks of entities not affiliated with CVS Health.

**Policy forms issued in Oklahoma include:**

AL HGrpPol 07 AL HCOC 12, AL HSOB 10, AL HSOBNM 10,  
HI HGrpAg 07, HC HCOC 11, HC HSOB 10.

**Policy forms issued in Missouri include:**

AL HGrpPol 07, AL GrpPolAmend-2024 01, HI HGrpAg 07, HO HGrpPol 05. AL IVL HPOL-1A-2024-EPO-HIX 03, AL IVL SOB 1A EPO HIX 03, AL IVL HPOL-1A-2024-EPO 03, AL IVL SOB 1A EPO 03.