



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 **Standard Opt Out with ACSF** 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

*Class has existing formulary exclusions

^Previously New to Market block

lower case = generic medication

**Multi-source Brand Product

Formulary additions

Drug Class	Products added
Antineoplastic Agents, Kinase Inhibitors*	LORBRENA (non-preferred)
Central Nervous System, Botulinum Toxins*	DAXXIFY^
Central Nervous System, Multiple Sclerosis Agents*	BAFIERTAM^
Endocrine and Metabolic, Central Precocious Puberty	TRIPTODUR
Endocrine and Metabolic, Fertility Regulators*	PREGNYL
Hematologic, Hemophilia Agents*	ALTUVIIIIO^, BENEFIX

Non-preferred to preferred tier

Drug Class	Product names
Analgesics, Gout	MITIGARE
Antidiabetics, Dipeptidyl Peptidase-4 (DPP-4) Inhibitors	ZITUVIMET, ZITUVIMET XR, ZITUVIO
Autoimmune Agents, Self-Administered	LITFULO
Cardiovascular, Heart Failure	INPEFA
Central Nervous System, Antipsychotics	ABILIFY ASIMTUFII
Central Nervous System, Antiseizure Agents	BRIVIACT
Endocrine and Metabolic, Diabetic Supplies	TWIIST INSULIN PUMP AND SUPPLIES

Formulary removals

Drug Class	Removed Products	Formulary Options
Central Nervous System, Botulinum Toxins*	DYSPORE	DAXXIFY, XEOMIN
Endocrine and Metabolic, Fertility Regulators*	OVIDREL	PREGNYL
Hematologic, Thrombocytopenia Agents*	MULPLETA	DOPTELET
	PROMACTA, TAVALISSE	ALVAIZ, DOPTELET

Preferred to non-preferred

Drug Class	Product names	Preferred alternatives
Antidiabetics, Incretin Mimetic Agents	VICTOZA**	liraglutide, MOUNJARO, OZEMPIC, RYBELSUS, TRULICITY
Antidiabetics, Sodium-Glucose Cotransporter-2 (SGLT2) Inhibitors	INVOKAMET, INVOKAMET XR	SYNJARDY, SYNJARDY XR, XIGDUO XR
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 AND SUPPLIES

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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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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