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September 30, 2025

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

Starting **January 1, 2026** you'll see changes to the drugs your **Aetna Health Exchange Plan-California-OA Managed Choice, PPO** 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, 2026**. 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, 2026**.

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 **Arizona, Iowa, Louisiana, New York, Texas**, and in most circumstances **Connecticut and Vermont**, until the plans' renewal date. Additional state specific disclaimers for **Maryland, Tennessee and Washington** are listed later within this document.

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Changes beginning January 1, 2026

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. Some drugs listed may require prior authorization. For more drug coverage information, view your formulary plan on the website listed on your member ID card.

UPPER CASE = brand-name drug **lower case** = generic drug

DRUG_NAME	CHANGES
AJOVY	Non-formulary; not covered. Covered options include: AIMOVIG inj, QULIPTA tab, or talk to your Doctor
ala-cort	Non-formulary; not covered
ALVESCO AER 160MCG	Drug list addition (non-preferred); Quantity limits apply. Covered up to 2 packages every 30 days
ALVESCO AER 80MCG	Drug list addition (non-preferred); Quantity limits apply. Covered up to 3 packages every 30 days
ammonium lactate	Non-formulary; not covered
ARNUITY ELLIPTA	Non-formulary; not covered. Covered options include: ASMANEX DPI or HFA, fluticasone furoate inhaler
ASMANEX 120 AER 220MCG	Moving to preferred brand tier; Quantity limits apply. Covered up to 1 package every 30 days
ASMANEX 14 AER 220MCG	Moving to preferred brand tier; Quantity limits apply
ASMANEX 30 AER 110MCG	Moving to preferred brand tier; Quantity limits apply. Covered up to 2 packages every 30 days
ASMANEX 30 AER 220MCG	Moving to preferred brand tier; Quantity limits apply. Covered up to 4 packages every 30 days
ASMANEX 60 AER 220MCG	Moving to preferred brand tier; Quantity limits apply. Covered up to 2 packages every 30 days
ASMANEX 7 AER 110MCG	Moving to preferred brand tier; Quantity limits apply
ASMANEX HFA	Moving to preferred brand tier; Quantity limits apply. Covered up to 1 package every 30 days
azelastine hcl	Non-formulary; not covered
BEVESPI AEROSPHERE	Non-formulary; not covered. Covered options include: umeclidinium-vilanterol aero powder inhaler or talk to your Doctor
BRUKINSA	Drug list addition (non-preferred specialty); Preauthorization required; Quantity limits apply. Covered up to 120 caps every 30 days

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DRUG_NAME	CHANGES
calcium acetate	Non-formulary; not covered
cimetidine	Non-formulary; not covered
clotrimazole	Non-formulary; not covered
diphenhydramine hcl elixer	Non-formulary; not covered
EMGALITY	Non-formulary; not covered. Covered options include: AIMOVIG inj, QULIPTA tab, or talk to your Doctor
esomeprazole magnesium	Non-formulary; not covered
famotidine	Non-formulary; not covered
fluticasone furoate ellipta	Drug list addition (preferred); Quantity limits apply. Covered up to 1 package every 30 days
hydrocortisone	Non-formulary; not covered
ibuprofen suspension	Non-formulary; not covered
IMBRUVICA	Non-formulary; not covered. Covered options include: BRUKINSA cap, CALQUENCE tab, or talk to your Doctor
LEVEMIR	Non-formulary; not covered. Covered options include: BASAGLAR 100 UNIT inj, BASAGLAR TEMPO PN inj, TRESIBA 100 UNIT inj, TRESIBA 100 UNIT and 200 UNIT FLEX inj, or talk to your Doctor
LEVEMIR FLEXPEN	Non-formulary; not covered. Covered options include: BASAGLAR 100 UNIT inj, BASAGLAR TEMPO PN inj, TRESIBA 100 UNIT inj, TRESIBA 100 UNIT and 200 UNIT FLEX inj, or talk to your Doctor
LEVEMIR FLEXTOUCH	Non-formulary; not covered. Covered options include: BASAGLAR 100 UNIT inj, BASAGLAR TEMPO PN inj, TRESIBA 100 UNIT inj, TRESIBA 100 UNIT and 200 UNIT FLEX inj, or talk to your Doctor
levocetirizine solution	Non-formulary; not covered
loperamide hydrochloride	Non-formulary; not covered
meclizine hydrochloride	Non-formulary; not covered
mometasone furoate	Non-formulary; not covered
olopatadine hydrochloride	Non-formulary; not covered
proctocort	Non-formulary; not covered
QVAR REDIHALER	Non-formulary; not covered. Covered options include: ASMANEX DPI or HFA, fluticasone furoate inhaler
STELARA	Non-formulary; not covered. Covered options include: ADALIMU-ADAZ , COSENTYX , ENBREL , HYRIMOZ , OTEZLA, PYZCHIVA, RINVOQ , SKYRIZI, YESINTEK, or talk to your Doctor

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DRUG_NAME	CHANGES
timolol hemihydrate	Non-formulary; not covered. Covered options include: betaxolol 0.5% ophthalmic solution, BETOPTIC-S ophthalmic suspension, carteolol 1% ophthalmic solution, levobunolol 0.5% ophthalmic solution, timolol maleate 0.25% and 0.5% ophthalmic solution
USTEKINUMAB	Non-formulary; not covered. Covered options include: ADALIMU-ADAZ , COSENTYX , ENBREL , HYRIMOZ , OTEZLA, PYZCHIVA, RINVOQ , SKYRIZI, YESINTEK, or talk to your Doctor

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Information is subject to change.

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

For fully insured plans (including HMOs) in **Maryland,** changes in prior authorization requirements for previously authorized **immune globulin (human) and drugs used in the treatment of a mental disorder** may not apply on reauthorization under certain conditions.

For fully insured plans in **Washington,** certain changes to **drugs prescribed for the treatment of a serious mental illness** may not apply until the plans' renewal date under certain conditions.

For fully insured plans in **Tennessee,** certain changes to **drugs previously authorized** may not apply until the plans' renewal date under certain conditions.

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.

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.

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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.

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