aetna®

April 1, 2025

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

Starting **April 1, 2025** you'll see changes to the drugs your **Advanced Control Plan-Aetna: California** 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 **April 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 **April 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 **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.



©2025 Aetna Inc.

## Changes beginning April 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. 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 | Change(s) |
|---|---|
| ADALIMUMAB-FKJP AUTO-INJECTOR KIT 40 MG / 0.8ML | Drug list addition (preferred specialty); Preauthorization required; Step therapy required; Quantity limits apply. Covered up to 4 pens every 28 days |
| ADALIMUMAB-FKJP PREFILLED SYRINGE KIT 20 MG / 0.4ML | Drug list addition (preferred specialty); Preauthorization required; Step therapy required; Quantity limits apply. Covered up to 4 syringes every 28 days |
| ADALIMUMAB-FKJP PREFILLED SYRINGE KIT 40 MG / 0.8ML | Drug list addition (preferred specialty); Preauthorization required; Step therapy required; Quantity limits apply. Covered up to 4 syringes every 28 days |
| budesonide | Drug list addition (preferred) |
| CORLANOR | Moving to non-preferred brand tier |
| COTELLIC | Non-formulary; not covered. Covered options include: MEKINIST, MEKTOVI |
| dabigatran cap 110mg (except NDC 72205020360) | Drug list addition (preferred) |
| dabigatran cap 110mg (NDC 72205020360 only) | Non-formulary; not covered. Covered options include: other generic dabigatran NDCs, warfarin, ELIQUIS, XARELTO |
| dabigatran cap 150mg (except NDC 7220502046, 42291003460) | Drug list addition (preferred) |
| dabigatran cap 150mg (NDC 42291003460 only) | Non-formulary; not covered. Covered options include: other generic dabigatran NDCs, warfarin, ELIQUIS, XARELTO |


©2025 Aetna Inc.
110_AdvancedCtrl_CA

| Drug Name | Change(s) |
|---|---|
| dabigatran cap 150mg (NDC 72205020460 only) | Non-formulary; not covered. Covered options include: other generic dabigatran NDCs, warfarin, ELIQUIS, XARELTO |
| dabigatran cap 75mg (except NDC 72205020260, 42291003360) | Drug list addition (preferred) |
| dabigatran cap 75mg (NDC 42291003360 only) | Non-formulary; not covered. Covered options include: other generic dabigatran NDCs, warfarin, ELIQUIS, XARELTO |
| dabigatran cap 75mg (NDC 72205020260 only) | Non-formulary; not covered. Covered options include: other generic dabigatran NDCs, warfarin, ELIQUIS, XARELTO |
| doxepin hydrochloride (NDC 69238173306 only) | Non-formulary; not covered. Covered options include: desonide (except desonide gel) hydrocortisone,pimecrolimus,tacrolimus,EUCRISA,OPZELURA |
| HULIO | Non-formulary; not covered. Covered options include: ADALIMUMAB-ADAZ, ADALIMUMAB-FKJP, HYRIMOZ |
| MEKINIST SOL 0.05 / ML | Moving to preferred specialty tier |
| MEKINIST TAB 0.5MG | Drug list addition (preferred specialty); Preauthorization required; Quantity limits apply. Covered up to 90 tabs every 30 days |
| MEKINIST TAB 2MG | Drug list addition (preferred specialty); Preauthorization required; Quantity limits apply. Covered up to 30 tabs every 30 days |
| PIQRAY 200MG DAILY DOSE | Moving to preferred specialty tier |
| PIQRAY 250MG DAILY DOSE | Moving to preferred specialty tier |
| PIQRAY 300MG DAILY DOSE | Moving to preferred specialty tier |
| SPRYCEL | Non-formulary; not covered. Covered options include: dasatanib, imatinib mesylate, BOSULIF, SCEMBLIX |
| TAFINLAR CAP | Drug list addition (preferred specialty); Preauthorization required; Quantity limits apply. Covered up to 120 caps every 30 days |
| TAFINLAR TAB 10MG | Moving to preferred specialty tier; Preauthorization required |
| TRUQAP | Moving to preferred specialty tier |
| XDEMVY | Moving to preferred brand tier |


©2025 Aetna Inc.

| Drug Name | Change(s) |
| --- | --- |
| ZELBORAF | Non-formulary; not covered. Covered options include: BRAFTOVI, TAFINLAR |


©2025 Aetna Inc.

Information is subject to change.

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

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.

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.


©2025 Aetna Inc.

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).

*Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company, Coventry Health Care plans and their affiliates (Aetna).*

TTY:711

| English | To access language services at no cost to you, call the number on your ID card. |
|---|---|
| Albanian | Për shërbime përkthimi falas për ju, telefononi në numrin që gjendet në kartën tuaj të identitetit. |
| Amharic | የቋንቋ አገልግሎቶችን ያለክፍያ ለማገኘት፣ በመታወቂያዎት ላይ ያለወን ቁጥር ይደወሉ፡ ፡ |
| Arabic | للحصول على الخدمات اللغوية دون أي تكلفة، الرجاء الاتصال على الرقم الموجود على بطاقة اشتراكك. |
| Armenian | Ձեր նախընտրած լեզվով ավվճար խորհրդատվություն ստանալու համար զանգահարեք ձեր բժշկական ապահովագրության քարտի վրա նշված հէրախոսահամարով |
| Bantu-Kirundi | Kugira uronke serivisi z'indimi ata kiguzi, hamagara inomero iri ku karangamuntu kawe |
| Bengali | আপনাকে বিনামূল্যে ভাষা পরিষেবা পেতে হলে আপনার পরিচয়পত্রে দেওয়া নম্বরে টেলিফোন করুন। |
| Burmese | သင့်အနေဖြင့် အခကြေးငွေ မပေးရပဲ ဘာသာစကားဝန်ဆောင်မှုများ ရရှိနိုင်ရန်၊ သင့် ID ကတ်ပေါ်တွင်ရှိသော ဖုန်းနံပတ်အား ခေါ်ဆိုပါ။ |
| Catalan | Per accedir a serveis lingüístics sense cap cost per a vostè, telefoni al número indicat a la seva targeta d'identificació. |
| Cebuano | Aron maakses ang mga serbisyo sa lengguwahe nga wala kay bayran, tawagi ang numero nga anaa sa imong kard sa ID. |
| Chamorro | Para un hago' i setbision lengguåhi ni dibåtde para hågu, ågang i numiru gi iyo-mu kard aidentifikasion. |
| Cherokee | ᏩᎩᏍᎩ ᏕᏝᏂᏥᏍᎩ ᏔᏅᏪᏕᏁᏩ Ꮥ ᏁᏕᏍᎩ ᎩᏕᏋᏩᏔᏩ ᏥᎩ, ᏕᏂᏥᏂᏓᏕᏂ ᏪᏍᎩ ᎩᏋᏍᎩ ᏂᏕᏁᏯᏁ ᏅᏪᏔ ID ᏓᏂᏥᏍᎩ ᏕᏁᏁᏔ. |
| Chinese Traditional | 如欲使用免費語言服務，請撥打您健康保險卡上所列的電話號碼 |
| Choctaw | Anumpa tosholi i toksvli ya peh pilla ho ish i payahinla kvt chi holisso kallo iskitini holhtena takanli ma i payah |
| Chuukese | Ren omw kopwe angei aninisin eman chon awewei (ese kamé), kopwe kééri ewe nampa mei mak won noum ena katen ID |
| Cushitic-Oromo | Tajaajiiloota afaanii gatii bilisaa ati argaachuuf,lakkoofsa fuula waraaqaa eenyummaa (ID) kee irraa jiruun bilbili. |
| Dutch | Voor gratis taaldiensten, bel het nummer op uw ziekteverzekeringskaart. |
| French | Pour accéder gratuitement aux services linguistiques, veuillez composer le numéro indiqué sur votre carte d'assurance santé. |
| French Creole (Haitian) | Pou ou jwenn sèvis gratis nan lang ou, rele nimewo telefòn ki sou kat idantifikasyon asirans sante ou. |
| German | Um auf den für Sie kostenlosen Sprachservice auf Deutsch zuzugreifen, rufen Sie die Nummer auf Ihrer ID-Karte an. |
| Greek | Για πρόσβαση στις υπηρεσίες γλώσσας χωρίς χρέωση, καλέστε τον αριθμό στην κάρτα ασφάλισής σας. |
| Gujarati | તમારે કોઇ પણ જાતના ખર્ચ વિના ભાષા સેવાઓ મેળવવા માટે, તમારા આઇડી કાર્ડ પર રહેલ નંબર પર કૉલ કરવો. |

| | |
|---|---|
| Hawaiian | No ka wala‘au ‘ana me ka lawelawe ‘ōlelo 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 gị |
| 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 | လၢတၢ်ကမၤန့ၢ်ကျိာ်တၢ်မၤစၢၤအတၢ်ဖံးတၢ်မၤတဖဉ်<br>လၢတအိဉ်ဒီးအပှၤလၢနကဘဉ်ဟ့ဉ်အီၤအဂီၢ်,ကိးဘဉ်လိတဲစိနိဉ်ဂံၢ်လၢအအိဉ်လၢနခိဉ်ဂီၤ (ID) အလိၤန့ဉ်တက့ၢ်. |
| 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 | بۆ دەستپێڕاگەیشتن بە خزمەتگوزاری زمان بەبێ تێچوون بۆ تۆ، پەیوەندی بکە بە ژمارەی سەر ئای دی(ID) کارتی خۆت. |
| Lao | ເພື່ອເຂົ້າເຖິງບໍລິການພາສາທີ່ບໍ່ເສຍຄ່າ, ໃຫ້ໂທຫາເບີໂທຢູ່ໃນບັດປະຈຳຕົວຂອງທ່ານ. |
| Marathi | आपल्याला कोणत्याही शुल्काशिवाय भाषा सेवांपर्यंत पोहोचण्यासाठी, आपल्या ID कार्डावरील क्रमांकावर फोन करा. |
| Marshallese | Ṇan bōk jipañ kōn kajin ilo an ejjeḷọk wōṇean ñan kwe, kwōn kallok nōṃba eo ilo kaat in ID eo aṃ. |
| Micronesian-Ponapean | Pwehn alehdi sawas en lokaia kan ni sohte pweipwei, koahlih nempe nan amhw doaropwe en ID. |
| Mon-Khmer, Cambodian | ដើម្បីទទួលបានសេវាកម្មភាសាដែលឥតគិតថ្លៃសម្រាប់លោកអ្នក សូមហៅទូរសព្ទទៅកាន់លេខដែលមាននៅលើបណ្ណសម្គាល់ខ្លួនរបស់លោកអ្នក។ |
| Navajo | T’áá ni nizaad k’ehjí bee níká a’doowoł doo bą́ą́h ílínígóó naaltsoos bee atah nílı̨́go nanitinígíí bee néého’dólzinígíí béésh bee hane’í biká’ígíí áajį’ hólne’. |
| Nepali | भाषासम्बन्धी सेवाहरूमाथि निःशुल्क पहुँच राख्न आफ्नो कार्डमा रहेको नम्बरमा कल गर्नुहोस्। |
| Nilotic-Dinka | Të kɔɔr yïn ran de wëër de thokic ke cïn wëu kɔr keek tënɔŋ yïn. Ke yïn cɔl ran ye kɔc kuɔny në namba de abac tɔ në ID kard duɔ̈n de tïït de nyin de panakim kɔ̈u. |
| 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. |

| | |
|---|---|
| Persian Farsi | برای دسترسی به خدمات زبان به طور رایگان، با شماره قید شده روی کارت شناسایی خود تماس بگیرید. |
| Polish | Aby uzyskać dostęp do bezpłatnych usług językowych, należy zadzwonić pod numer podany na karcie identyfikacyjnej. |
| Portuguese | Para aceder aos serviços linguísticos gratuitamente, ligue para o número indicado no seu cartão de identificação. |
| Punjabi | ਤੁਹਾਡੇ ਲਈ ਬਿਨਾਂ ਕਿਸੇ ਕੀਮਤ ਵਾਲੀਆਂ ਪੰਜਾਬੀ ਸੇਵਾਵਾਂ ਦੀ ਵਰਤੋਂ ਕਰਨ ਲਈ, ਆਪਣੇ ਆਈਡੀ ਕਾਰਡ 'ਤੇ ਦਿੱਤੇ ਨੰਬਰ 'ਤੇ ਫ਼ੋਨ ਕਰੋ। |
| Romanian | Pentru a accesa gratuit serviciile de limbă, apelați numărul de pe cardul de membru. |
| Russian | Для того чтобы бесплатно получить помощь переводчика, позвоните по телефону, приведенному на вашей идентификационной карте. |
| Samoan | Mō le mauaina o 'au'aunaga tau gagana e aunoa ma se totogi, vala'au le numera i luga o lau pepa ID. |
| Serbo-Croatian | Za besplatne prevodilačke usluge pozovite broj naveden na Vašoj identifikacionoj kartici. |
| Spanish | Para acceder a los servicios lingüísticos sin costo alguno, llame al número que figura en su tarjeta de identificación. |
| Sudanic Fulfulde | Heeɓa a naasta nder ekkitol jaangirde woldeji walla yoɓugo, ewnu lamba je ɗon windi ha do ɗerowol maaɗa. |
| Swahili | Kupata huduma za lugha bila malipo kwako, piga nambari iliyo kwenye kadi yako ya kitambulisho. |
| Syriac-Assyrian | ܟܕ ܡܣܩܐ ܬܠܘܢ ܥܠ ܝܠܦܢܘܬܐ ܕܡܬܪܓܡܢܘܬܐ ܒܠܫܢܐ ܡܓܢܐܝܬ، ܩܪܘܢ ܡܢܝܢܐ ܥܠ ܦܬܩܐ ܡܙܕܗܝܢܘܬܐ ܕܝܘܟܘܢ. |
| Tagalog | Upang ma-access ang mga serbisyo sa wika nang walang bayad, tawagan ang numero sa iyong ID card. |
| Telugu | భాష సేవలను మీకు ఖర్చు లేకుండా అందుకునేందుకు, మీ ఐడి కార్డుపై ఉన్న నంబరుకు కాల్ చేయండి. |
| Thai | หากท่านต้องการเข้าถึงการบริการทางด้านภาษาโดยไม่มีค่าใช้จ่าย โปรดโทรหมายเลขที่แสดงอยู่บนบัตรประจำตัวของท่าน |
| Tongan | Kapau ʻoku ke fiemaʻu taʻetōtōngi ʻa e ngaahi sēvesi kotoa pē he ngaahi lea kotoa, telefoni ki he fika ʻoku hā atu ʻi hoʻo ID kaati. |
| Turkish | Dil hizmetlerine ücretsiz olarak erişmek için kimlik kartınızdaki numarayı arayın. |
| Ukrainian | Щоб безкоштовнj отримати мовні послуги, задзвоніть за номером, вказаним на вашій ідентифікайній картці. |
| Urdu | لسانی خدمات تک مُفت رسائی کے لیے، اپنے بیمہ کے ID کارڈ پر درج نمبر پر کال کریں۔ |
| Vietnamese | Để sử dụng các dịch vụ ngôn ngữ miễn phí, vui lòng gọi số điện thoại ghi trên thẻ ID của quý vị. |
| Yiddish | צו באקומען שפראך סערוויסעס פריי פון אפצאל, רופט דעם נומער אויף אייער ID קארטל. |
| Yoruba | Láti ráyèsí àwọn iṣẹ́ èdè fún ọ lọ́fẹ̀ẹ́, pe nọ́mbà tó wà lórí káàdì ìdánimọ̀ rẹ. |