



## Formulary Updates for Basic Control Formulary™ effective October 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.

These products will move **from non-preferred to preferred:**

### **Tier Changes: Non-Preferred to Preferred**

| Drug Class                               | Product Name(s)        |
|------------------------------------------|------------------------|
| Antineoplastic Agents, Kinase Inhibitors | KOSELGUO ORAL GRANULES |
| Endocrine and Metabolic, Antiobesity     | FOUNDAYO               |

Products that will be added to **Specialty Preferred Drug Step Therapy (PDPD):**

### **Specialty Preferred Drug Step Therapy (PDPD) Additions**

| Drug Class                           | Targeted Product(s)   | Formulary Options                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|--------------------------------------|-----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Autoimmune Agents, Self-Administered | SOTYKTU               | <u>Psoriatic Arthritis</u> : tofacitinib, tofacitinib ext-rel, ADALIMUMAB-ADAZ, ADALIMUMAB-FKJP, COSENTYX SC, ENBREL, HYRIMOZ (by Cordavis), OTEZLA, OTEZLA XR, PYZCHIVA SC (by Cordavis), RINVOQ, SKYRIZI SC, TREMFYA SC, YESINTEK SC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Autoimmune Agents, Self-Administered | XELJANZ*, XELJANZ XR* | <u>Ankylosing Spondylitis**</u> : tofacitinib, tofacitinib ext-rel, ADALIMUMAB-ADAZ, ADALIMUMAB-FKJP, COSENTYX SC, ENBREL, HYRIMOZ (by Cordavis), RINVOQ<br><u>Psoriatic Arthritis**</u> : tofacitinib, tofacitinib ext-rel, ADALIMUMAB-ADAZ, ADALIMUMAB-FKJP, COSENTYX SC, ENBREL, HYRIMOZ (by Cordavis), OTEZLA, OTEZLA XR, PYZCHIVA SC (by Cordavis), RINVOQ, SKYRIZI SC, TREMFYA SC, YESINTEK SC<br><u>Rheumatoid Arthritis</u> : tofacitinib, tofacitinib ext-rel, ADALIMUMAB-ADAZ, ADALIMUMAB-FKJP, ENBREL, HYRIMOZ (by Cordavis), KEVZARA, ORENCIA CLICKJECT, ORENCIA SC, RINVOQ<br><u>Ulcerative Colitis</u> : tofacitinib, tofacitinib ext-rel, ADALIMUMAB-ADAZ, ADALIMUMAB-FKJP, ENTYVIO SC, HYRIMOZ (by Cordavis), PYZCHIVA SC (by Cordavis), RINVOQ, SKYRIZI SC, TREMFYA SC, VELSIPITY, YESINTEK SC, ZEPOSIA |

These products will move **from preferred to non-preferred:**  
**Tier Changes: Preferred to Non-Preferred**

| Drug Class                                                                   | Product Name(s)                         | Formulary Options                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Antidiabetics, Sodium-Glucose Cotransporter-2 (SGLT2) Inhibitors             | FARXIGA*                                | <i>dapagliflozin</i> , JARDIANCE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Antidiabetics, Sodium-Glucose Cotransporter-2 (SGLT2) Inhibitor Combinations | XIGDUO XR* (except 2.5-1000mg)          | <i>dapagliflozin-metformin ext-rel</i> , SYNJARD SYNJARDY XR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Central Nervous System, Antiseizure Agents                                   | BRIVIACT* (oral tablets, oral solution) | <i>brivaracetam</i> , <i>carbamazepine</i> , <i>carbamazepine ext-rel</i> , <i>divalproex sodium</i> , <i>divalproex sodium ext-rel</i> , <i>eslicarbazepine</i> , <i>gabapentin</i> , <i>lacosamide</i> , <i>lamotrigine</i> , <i>lamotrigine ext-rel</i> , <i>levetiracetam</i> , <i>levetiracetam ext-rel</i> , <i>oxcarbazepine</i> , <i>oxcarbazepine ext-rel</i> , <i>phenobarbital</i> , <i>phenytoin</i> , <i>phenytoin sodium extended</i> , <i>pregabalin</i> , <i>primidone</i> , <i>tiagabine</i> , <i>topiramate</i> , <i>topiramate ext-rel</i> , <i>valproic acid</i> , <i>zonisamide</i> , OXTELLAR XR, XCOPRI |
| Ophthalmic, Antiglaucoma Beta-blockers                                       | BETIMOL*                                | <i>timolol hemihydrate</i> , <i>timolol maleate solution</i> , BETOPTIC S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |

**UPPERCASE** represents brand products

\*Multi-source Brand Product

**lowercase** represents generic products

\*\*XELJANZ, XELJANZ XR currently excluded for Ankylosing Spondylitis and Psoriatic Arthritis

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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 July 1, 2026. Information subject to change.

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Basic Control – 1202700-06-20

## **Discrimination is Against the Law**

Aetna complies with applicable California and Federal civil rights laws and does not discriminate on the basis of race, color, national origin, ethnic group, ancestry, religion, marital status, gender, gender identity, sexual orientation, age, disability, medical condition, genetic information, or sex (consistent with 45 CFR § 92.101(a)(2) and California 2 CCR § 14025). Aetna does not exclude people or treat them less favorably because of race, color, national origin, ethnic group, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, medical condition, genetic information, or disability.

Aetna:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free language assistance services to people whose primary language is not English, which may include:
  - Qualified interpreters
  - Information written in other languages.

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, call [1-800-872-3862](tel:1-800-872-3862) (TTY: [711](tel:711)) or the number on the back of your ID card.

If you believe that Aetna has failed to provide these services or discriminated in another way on the basis of race, color, national origin, ethnic group, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, medical condition, genetic information, or disability, by action or inaction, you can file a grievance with:

### **Civil Rights Coordinator**

Attn: 1557 Coordinator CVS Pharmacy, Inc.

1 CVS Drive, MC 2332, (HMO customers: P.O. Box 14032 Lexington, KY 40512-4032)  
Woonsocket, RI 02895

Phone: [1-800-648-7817](tel:1-800-648-7817), TTY: [711](tel:711)

Email: [CRCoordinator@aetna.com](mailto:CRCoordinator@aetna.com)

You can file a grievance in person, by mail, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

Please visit <https://www.aetna.com/individuals-families/member-rights-resources/complaints-grievances-appeals.html> for information about how to file a complaint or grievance with the California Department of Insurance or California Department of Managed Health Care (for HMO enrollees).

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at

<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201

[1-800-368-1019](tel:18003681019), [800-537-7697](tel:8005377697) (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

This notice is available at Aetna's website: <https://www.aetna.com/>

*“Aetna” is the brand name used for products and services provided by one or more of the Aetna group of companies offering and administering health and dental plans and other products such as life, disability, and long-term care insurance. In California, this includes Aetna’s wholly-owned subsidiaries Aetna Life Insurance Company, Aetna Health of California Inc., Aetna Better Health of California Inc., Aetna Dental of California Inc., and Health and Human Resource Center Inc., and its other affiliates licensed in California. Aetna’s ultimate parent is CVS Health Corporation (“CVS Health”).*

# Language accessibility statement

Interpreter services are available for free.

TTY: [711](tel:711)

To access language services at no cost to you, call **1-800-385-4104**.

Para acceder a los servicios de idiomas sin costo, llame al **1-800-385-4104**. (Spanish)

如欲使用免費語言服務，請致電 **1-800-385-4104**. (Chinese)

Nếu quý vị muốn sử dụng miễn phí các dịch vụ ngôn ngữ, hãy gọi tới số **1-800-385-4104**. (Vietnamese)

Para ma-access ang mga serbisyo sa wika nang wala kayong babayaran, tumawag sa **1-800-385-4104**. (Tagalog)

무료 언어 서비스를 이용하려면 1-800-385-4104 번으로 전화해 주십시오. (Korean)

Անվճար լեզվական ծառայություններից օգտվելու համար զանգահարեք **1-800-385-4104** հեռախոսահամարով: (Armenian)

(Persian-Farsi) برای دسترسی به خدمات زبان به طور رایگان، با شماره **1-800-385-4104** تماس بگیرید.

Для того чтобы бесплатно получить помощь переводчика, позвоните по телефону **1-800-385-4104**. (Russian)

言語サービスを無料でご利用いただくには、**1-800-385-4104** までお電話ください。 (Japanese)

للحصول على الخدمات اللغوية دون أي تكلفة، الرجاء الاتصال على الرقم **1-800-385-4104**. (Arabic)

ਤੁਹਾਡੇ ਲਈ ਬਿਨਾਂ ਕਿਸੇ ਕੀਮਤ ਵਾਲੀਆਂ ਭਾਸ਼ਾ ਸੇਵਾਵਾਂ ਦੀ ਵਰਤੋਂ ਕਰਨ ਲਈ, **1-800-385-4104** 'ਤੇ ਫ਼ੋਨ ਕਰੋ। (Punjabi)

ដើម្បីទទួលបានសេវាផ្នែកភាសាដោយមិនគិតថ្លៃពីអ្នកសូមទូរសព្ទលេខ **1-800-385-4104** ។ (Mon-Khmer, Cambodian)

Xav tau kev pab txhais lus tsis muaj nqi them rau koj, hu **1-800-385-4104**. (Hmong)

आपके लिए बिना किसी कीमत के भाषा सेवाओं का उपयोग करने के लिए, **1-800-385-4104** पर कॉल करें। (Hindi)

หากท่านต้องการเข้าถึงการบริการทางด้านภาษาโดยไม่มีค่าใช้จ่าย โปรดโทร **1-800-385-4104**. (Thai)

# Notice of Language Assistance

## HMO and DMO-based plans:

IMPORTANT: Can you read this letter? If not, we can have somebody help you read it. You may also be able to get this letter written in your language. For free help, please call right away at [1-877-287-0117](tel:1-877-287-0117). Planes basados en DMO y HMO –

IMPORTANTE: ¿Puede leer esta carta? En caso de no poder leerla, le brindamos nuestra ayuda. También puede obtener esta carta escrita en su idioma. Para obtener ayuda gratuita, por favor llame de inmediato al [1-877-287-0117](tel:1-877-287-0117).

## Traditional Plans:

No Cost Language Services. You can get an interpreter. You can get documents read to you and some sent to you in your language. For help, call us at the number listed on your ID card or [1-877-287-0117](tel:1-877-287-0117). For more help call the CA Dept. of Insurance at [1-800-927-4357](tel:1-800-927-4357)  
English

Servicios de idiomas sin costo. Puede obtener un intérprete. Le pueden leer documentos y que le envíen algunos en español. Para obtener ayuda, llámenos al número que figura en su tarjeta de identificación o al [1-877-287-0117](tel:1-877-287-0117). Para obtener más ayuda, llame al Departamento de Seguros de CA al [1-800-927-4357](tel:1-800-927-4357). Spanish

## Non-discrimination notice

Aetna® complies with applicable Federal and Washington state civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation or gender identity. We do not exclude people or treat them less favorably because of race, color, national origin, age, disability, sex, sexual orientation or gender identity. We:

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- Provide free language assistance services to people whose primary language is not English, which may include:
  - Qualified interpreters
  - Information written in other languages

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, call us at [1-888-982-3862](tel:1-888-982-3862) (TTY: [711](tel:711)).

If you believe that we have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, sexual orientation or gender identity you can file a grievance with:

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You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, our Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with:

- The U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:  
U.S. Department of Health and Human Services  
200 Independence Avenue, SW Room 509F, HHH Building  
Washington, D.C. 20201  
[1-800-368-1019](tel:18003681019), [800-537-7697](tel:8005377697) (TDD)  
Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>
- The Washington State Office of the Insurance Commissioner, electronically through the Office of the Insurance Commissioner Complaint portal available at <https://www.insurance.wa.gov/file-complaint-or-check-your-complaint-status>, or by phone at [800-562-6900](tel:8005626900), [360-586-0241](tel:3605860241) (TDD). Complaint forms are available at <https://fortress.wa.gov/oic/online services/cc/pub/complaintinformation.aspx>

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

TTY:711

|                                                                                |                 |
|--------------------------------------------------------------------------------|-----------------|
| To access language services at no cost to you, call                            | .               |
| Para acceder a los servicios de idiomas sin costo, llame al                    | . (Spanish)     |
| 如欲使用免費語言服務，請致電                                                                 | . (Chinese)     |
| Afin d'accéder aux services langagiers sans frais, composez le                 | . (French)      |
| Para ma-access ang mga serbisyo sa wika nang wala kayong babayaran, tumawag sa | . (Tagalog)     |
| T'áá ni nizaad k'ehjí bee níká a'doowoł doo bááh ílínígóó koji' hólne'         | . (Navajo)      |
| Um auf für Sie kostenlose Sprachdienstleistungen zuzugreifen, rufen Sie an.    | (German)        |
| Për shërbime përkthimi falas për ju, telefononi                                | . (Albanian)    |
| የቋንቋ አገልግሎቶችን ያለክፍያ ለማግኘት፡ በ                                                   | ደደውሉ። (Amharic) |

|                                                                                                                |                                            |
|----------------------------------------------------------------------------------------------------------------|--------------------------------------------|
| للحصول على الخدمات اللغوية دون أي تكلفة، الرجاء الاتصال على الرقم                                              | (Arabic).                                  |
| Անվճար լեզվական ծառայություններից օգտվելու համար զանգահարեք<br>հեռախոսահամարով: (Armenian)                     |                                            |
| Kugira uronke serivisi z'indimi atakiguzi, hamagara                                                            | . (Bantu)                                  |
| আপনাকে বিনামূল্যে ভাষা পরিষেবা পেতে হলে এই নম্বরে টেলিফোন করুন:                                                | I (Bengali)                                |
| Ngadto maakes ang mga serbisyo sa pinulongan alang libre, tawagan sa                                           | . (Bisayan-Visayan)                        |
| သင့်အတွက် အခကြေးငွေ မရှိဘဲ ဘာသာစကားဝန်ဆောင်မှုများကို ဝင်ရောက်အသုံးပြုရန်<br>ကိုခေါ်ဆိုပါ။ (Burmese)           |                                            |
| ngere aukke ghut alillis reel kapasal Falawasch au fafaingi tilifon ye                                         | (Carolinian (Kapasal Falawasch))           |
| Per accedir a serveis lingüístics sense cap cost per vostè, telefoni al                                        | . (Catalan)                                |
| Para un hago' i setbision lengguahi ni dibatde para hagu, agang                                                | . (Chamorro)                               |
| ᏍᏉᏃᏉ ᏍᏈᏃᏉ ᏍᏉᏃᏉ ᏍᏉᏃᏉ ᏍᏉᏃᏉ ᏍᏉᏃᏉ ᏍᏉᏃᏉ ᏍᏉᏃᏉ ᏍᏉᏃᏉ ᏍᏉᏃᏉ                                                              | . (Cherokee)                               |
| Anumpa tohsholi I toksvli ya peh pilla ho ish I paya hinla, I paya                                             | . (Choctaw)                                |
| Tajaajiiloota afaanii garuu bilisaa ati argaachuuf,bilbili                                                     | . (Cushite-Oromo)                          |
| Voor gratis toegang tot taaldiensten, bell                                                                     | . (Dutch)                                  |
| Pou jwenn sèvis lang gratis, rele                                                                              | . (French Creole-Haitian)                  |
| Για να επικοινωνήσετε χωρίς χρέωση με το κέντρο υποστήριξης πελατών στη γλώσσα<br>σας, τηλεφωνήστε στον αριθμό | . (Greek)                                  |
| તમારે કોઇ જાતના ખર્ચ વિના ભાષાની સેવાઓની પહોંચ માટે, કોલ કરો                                                   | . (Gujarati)                               |
| No ka wala'au 'ana me ka lawelawe 'olelo e kahea aku i kēia helu kelepona                                      | . Kāki 'ole 'ia kēia kōkua nei. (Hawaiian) |
| आपके लिए बिना किसी कीमत के भाषा सेवाओं का उपयोग करने के लिए,                                                   | पर कॉल करें। (Hindi)                       |
| Xav tau kev pab txhais lus tsis muaj nqi them rau koj, hu                                                      | . (Hmong)                                  |
| Iji nwetaòhèrè na rụ gasị asụsụ n'efu, kpọọ                                                                    | . (Ibo)                                    |
| Tapno maakesyo dagiti serbisio maipapan iti pagsasao nga awan ti bayadanyo,<br>tawagan ti                      | . (Ilocano)                                |

|                                                                                                                 |  |
|-----------------------------------------------------------------------------------------------------------------|--|
| Untuk mengakses layanan bahasa tanpa dikenakan biaya, hubungi .<br>(Indonesian)                                 |  |
| Per accedere ai servizi linguistici, senza alcun costo per lei, chiami il numero .<br>(Italian)                 |  |
| 言語サービスを無料でご利用いただくには、 までお電話ください。<br>(Japanese)                                                                   |  |
| လၢကမၤန့ၣ် ကျိၣ်တၢ်မၤစၢၤတၢ်မၤ လၢတလိၣ်လၢၣ်ဘျၣ်လၢၣ်စ့ၤ လၢန့ၣ်အဂီၢ်, ကိး .<br>(Karen)                               |  |
| 무료 언어 서비스를 이용하려면 번으로 전화해 주십시오. (Korean)                                                                         |  |
| M̈ dyi wuḍu-dù kà kò dḥò bḥ dyi m̈uḥ nì Pídyi ní, n̈í, ḍá nḥbà n̈à kɛ: .<br>(Kru-Bassa)                         |  |
| بۆ دەسپێراگە یشتن بە خزمەتگوزاری زمان بەبێ تێچوون بۆ تۆ، پەيوەندی بکە بە ژمارەى<br>(Kurdish)                    |  |
| ເພື່ອເຂົ້າໃຊ້ການບໍລິການພາສາໂດຍບໍ່ເສຍຄ່າຕໍ່ກັບທ່ານ, ໃຫ້ໂທຫາເບີ . (Laotian)                                       |  |
| कोणत्याही शुल्काशिवाय भाषा सेवा प्राप्त करण्यासाठी, वर फोन करा. (Marathi)                                       |  |
| Nan etal nan jikin jiban ikijen Kajin ilo an ejelok onen nan kwe, kirlök .<br>(Marshallese)                     |  |
| Pwehn alehdi sawas en lokaia kan ni sohte pweipwei, koahlih .<br>(Micronesia-Pohnpeian)                         |  |
| ដើម្បីទទួលបានសេវាផ្នែកភាសាដោយមិនគិតថ្លៃពីអ្នកសូមទូរសព្ទលេខ ១<br>(Mon-Khmer, Cambodian)                          |  |
| निःशुल्क भाषा सेवा प्राप्त गर्न मा टेलिफोन गर्नुहोस् । (Nepali)                                                 |  |
| Të kɔɔr yin wëër de thokic ke cîn wëu kɔr keek tënɔŋ yin. Ke cɔl kɔc ye kɔc kuɔny ne nɔmba .<br>(Nilotic-Dinka) |  |
| For tilgang til kostnadsfri språktjenester, ring . (Norwegian)                                                  |  |
| Um Schprooch Services zu griege mitaus Koscht, ruff .<br>(Pennsylvania Dutch)                                   |  |
| برای دسترسی به خدمات زبان به طور رایگان، با شماره تماس بگیرید.<br>(Persian-Farsi)                               |  |
| Aby uzyskać dostęp do bezpłatnych usług językowych proszę zadzwonoć .<br>(Polish)                               |  |

