



April 30, 2025

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

Starting **July 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 July 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 July 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
Autoimmune Agents, Self-Administered*	PYZCHIVA^, YESINTEK^
Gastrointestinal, Miscellaneous	IQIRVO
Immunologic Agents, Disease-Modifying Anti-Rheumatic Drugs (DMARDS)	OTREXUP
Respiratory, Alpha-1 Antitrypsin Deficiency Agents	ARALAST NP, GLASSIA

Non-preferred to preferred tier

Drug Class	Product names
Cardiovascular, Antilipemics, Omega-3 Fatty Acids	VASCEPA**
Central Nervous System, Antiparkinsonian Agents	CREXONT
Endocrine and Metabolic, Diabetic Supplies	ACCU-CHEK SAFE-T-PRO LANCETS, ACCU-CHEK SAFE-T-PRO PLUS LANCETS, TRUE METRIX KIT AND TEST STRIPS
Hematologic, Bleeding Disorders Agents*	WILATE
Respiratory, Nasal Steroids	XHANCE

Formulary removals

Drug Class	Removed Products	Formulary Options
Autoimmune Agents (Self-Administered)*	HYRIMOZ (by Sandoz)	<u>Ankylosing Spondylitis</u> : ADALIMUMAB-ADAZ, ADALIMUMAB-FKJP, COSENTYX SC, ENBREL, HYRIMOZ (by Cordavis), RINVOQ <u>Crohn's Disease</u> : ADALIMUMAB-ADAZ, ADALIMUMAB-FKJP, HYRIMOZ (by Cordavis), PYZCHIVA SC, RINVOQ, SKYRIZI SC, STELARA SC, TREMFYA SC, YESINTEK SC

Formulary removals (continued)

Drug Class	Removed Products	Formulary Options
Autoimmune Agents (Self-Administered)* (continued)	HYRIMOZ (by Sandoz)	<u>Hidradenitis Suppurativa</u> : ADALIMUMAB-ADAZ, ADALIMUAMB-FKJP, COSENTYX SC, HYRIMOZ (by Cordavis) <u>Psoriasis</u> : ADALIMUMAB-ADAZ, ADALIMUMAB-FKJP, BIMZELX, HYRIMOZ (by Cordavis), OTEZLA, PYZCHIVA SC, SKYRIZI SC, SOTYKTU, STELARA SC, TREMFYA SC, YESINTEK SC <u>Psoriatic Arthritis</u> : ADALIMUMAB-ADAZ, ADALIMUMAB-FKJP, COSENTYX SC, ENBREL, HYRIMOZ (by Cordavis), OTEZLA, PYZCHIVA SC, RINVOQ, SKYRIZI SC, STELARA SC, TREMFYA SC, YESINTEK SC <u>Rheumatoid Arthritis</u> : ADALIMUMUMAB-ADAZ, ADALIMUMAB-FKJP, ENBREL, HYRIMOZ (by Cordavis), KEVZARA, ORENCIA CLICKJECT, ORENCIA SC, RINVOQ, XELJANZ, XELJANZ XR <u>Ulcerative Colitis</u> : ADALIMUMAB-ADAZ, ADALIMUMAB-FKJP, HYRIMOZ (by Cordavis), PYZCHIVA SC, RINVOQ, SKYRIZI SC, STELARA SC, TREMFYA SC, VELSIPITY, YESINTEK SC, ZEPOSIA <u>All other conditions</u> : ADALIMUMAB-ADAZ, ADALIMUMAB-FKJP, ENBREL, HYRIMOZ (by Cordavis)
Gastrointestinal, Miscellaneous*	OCALIVA	IQIRVO
Immunologic Agents, Disease-Modifying Anti-Rheumatic Drugs (DMARDS)*	RASUVO	OTREXUP
Immunologic Agents, Miscellaneous	SYNAGIS	Talk to your doctor
Respiratory, Alpha-1 Antitrypsin Deficiency Agents*	PROLASTIN-C	ARALAST NP, GLASSIA, ZEMAIRA

Preferred to non-preferred

Drug Class	Product name	Alternative
Endocrine and Metabolic, Androgens	XYOSTED	testosterone gel (except authorized generics for TESTIM and VOGELXO), testosterone solution, NATESTO
Endocrine and Metabolic, Diabetic Supplies	ONETOUCH ULTRA STRIPS & KITS, ONETOUCH VERIO STRIPS & KITS, ONETOUCH LANCETS & LANCING DEVICES	ACCU-CHEK AVIVA PLUS STRIPS AND KITS, ACCU-CHEK GUIDE STRIPS AND KITS, ACCU-CHEK SMARTVIEW STRIPS AND KITS, ACCU-CHEK LANCETS & LANCING DEVICES, TRUE METRIX KIT AND TEST STRIPS
Topical, Dermatology, Rosacea	SOOLANTRA	azelaic acid gel, brimonidine gel, ivermectin cream, metronidazole, FINACEA FOAM

Indication-Based Strategy Updates

Drug Class	Target Product(s)	Formulary Options
Hidradenitis Suppurativa	BIMZELX	ADALIMUMAB-ADAZ, ADALIMUAMB-FKJP, COSENTYX SQ, HYRIMOZ (by Cordavis)
Non-Radiographic Axial Spondyloarthritis	BIMZELX	CIMZIA PREFILLED SYRINGE, COSENTYX SQ, RINVOQ

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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 April 22, 2025. Information subject to change.

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).

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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	የ ቋንቋ አገልግሎቶችን ያለክፍያ ለማግኘት፣ በመታወቂያዎች ላይ ያለውን ቁጥር ይደውሉ፡ ፡
Arabic	للحصول على الخدمات اللغوية دون أي تكلفة، الرجاء الاتصال على الرقم الموجود على بطاقة اشتراكك.
Armenian	Ձեր նախընտրած լեզվով ավելճար խորհրդատվություն ստանալու համար զանգահարեք ձեր բժշկական ապահովագրության քարտի վրա նշված հեռախոսահամարով
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 ဖုန်းနံပါတ်အား 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 lengguahi ni dibåtde para hãgu, ågang i numiru gi iyo-mu kard aidentifikasion.
Cherokee	ᄆᄃᄆᄃ ᄆᄃᄆᄃᄆᄃ ᄆᄃᄆᄃᄆᄃ ᄆᄃᄆᄃ ᄆᄃᄆᄃᄆᄃ ᄆᄃ, ᄆᄃᄆᄃᄆᄃ ᄆᄃᄆ ᄆᄃᄆᄃ ᄆᄃᄆᄃᄆᄃ ᄆᄃᄆᄃ ᄆᄃᄆᄃᄆᄃ.
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	Tajaajiloota 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 કોલ 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 obula, kpọọ nọmba nọ na kaadi njirimara gi
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	လၢတၢ်ကမၤန့ၣ်တၢ်မၤစၢအတၢ်ဖဲတၢ်မၤတဖၣ် လၢတအိၣ်ဒီးအပူၤလၢနကတၢ်ဟ့ၣ်အီၤအဂီၢ်,ကိးဘၣ်လိတဝ်နီၣ်ဂံၢ်လၢအအိၣ်လၢနခိၣ်ဂီၢ် (ID) အလိၤန့ၣ်တက့ၢ်.
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 دەستگیر ئەگەریتن بە خزمەتگوزاری زمان بەبێ تێچوون بۆ تۆ، پەیوەندی بکە بە ژمارەی سەر ئای دی (ID) کارتێ خۆت.
Lao	ເພື່ອເຂົ້າເຖິງບໍລິການພາສາທີ່ບໍ່ເສຍຄ່າ, ໃຫ້ໃບຫາເປີໂທຢູ່ໃນບັດປະຈຳຕົວຂອງທ່ານ.
Marathi	आपल्याला कोणत्याही शुल्काशिवाय भाषा सेवांपर्यंत पोहोचण्यासाठी, आपल्या ID कार्डवरील क्रमांकावर फोन करा.
Marshallese	Ṅan bōk jipaṇ kōn kajin ilo an ejjelōk wōṇean ṇan kwe, kwōn kallok nōṃba eo ilo kaat in ID eo am.
Micronesia-Ponapean	Pwehn alehdi sawas en lokaia kan ni sohte pweipwei, koahlih nempe nan amhw doaropwe en ID.
Mon-Khmer, Cambodian	ដើម្បីទទួលបានសេវាកម្មភាសាដែលឥតគិតថ្លៃសម្រាប់លោកអ្នក សូមហៅទូរសព្ទទៅកាន់លេខដែលមាននៅលើប័ណ្ណសម្គាល់ខ្លួនរបស់លោកអ្នក។
Navajo	T'áá ni nizaad k'ehjí bee níká a'doowoł doo bááh ílínígóó naaltsoos bee atah nílíggo nanitinígíí bee néého'dółzinígíí béesh bee hane'í biká'ígíí áaji' hólne'.
Nepali	भाषासम्बन्धी सेवाहरूमाथि निःशुल्क पहुँच राख्न आफ्नो कार्डमा रहेको नम्बरमा कल गर्नुहोस्।
Nilotic-Dinka	Të koor yin ran de wëër de thokic ke cîn wëu kor keek tënɔŋ yin. Ke yin col ran ye koc kuony në namba de abac tɔ në ID kard duɔn de tīt de nyin de panakim kōu.
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.

[illegible]