aetna®

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 **Standard Opt Out 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 **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**
ADBRY	Moving to non-preferred specialty tier
ALPROLIX	Non-formulary; not covered. Covered options include: BENEFIX, REBINYN
AUSTEDO XR	Non-formulary; not covered. Covered options include: tetrabenazine, AUSTEDO, INGREZZA
AUSTEDO XR PATIENT TITRATION KIT	Non-formulary; not covered. Covered options include: tetrabenazine, AUSTEDO, INGREZZA
AUVELITY	Moving to preferred brand tier
CIMERLI	Moving to non-preferred specialty tier
COPIKTRA	Non-formulary; not covered. Covered options include: BRUKINSA, CALQUENCE
DUOBRII	Moving to non-preferred brand tier
DYSPORT	Drug list addition (preferred specialty); Preauthorization required
ENTRESTO	Moving to non-preferred brand tier
ENTYVIO	Drug list addition (non-preferred specialty); Preauthorization required; Quantity limits apply. Covered up to 1 vial every 56 days
ENTYVIO PEN	Drug list addition (preferred specialty); Preauthorization required; Quantity limits apply. Covered up to 2 pens every 28 days
FILSPARI TAB 200MG	Drug list addition (preferred specialty); Preauthorization required; Quantity limits apply. Covered up to 60 tabs every 30 days
FILSPARI TAB 400MG	Drug list addition (preferred specialty); Preauthorization required; Quantity limits apply. Covered up to 30 tabs every 30 days
FYCOMPA	Moving to non-preferred brand tier
IBTROZI	Moving to preferred specialty tier

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DRUG_NAME	CHANGES
JAKAFI	Moving to preferred specialty tier
MENOPUR	Moving to non-preferred specialty tier
MITIGARE	Moving to non-preferred brand tier
ODACTRA	Moving to preferred brand tier
OLUMIANT	Drug list addition (preferred specialty); Preauthorization required; Quantity limits apply. Covered up to 30 tabs every 30 days
ORTHOVISC	Drug list addition (preferred specialty); Preauthorization required
OSENVELT	Drug list addition: Moving to preferred specialty tier; Preauthorization required; Quantity limits apply. Covered up to 1 vial every 28 days
OTREXUP	Moving to non-preferred specialty tier
REVLIMID	Non-formulary; not covered. Covered options include: lenalidomide
SUPARTZ FX	Non-formulary; not covered. Covered options include: DUROLANE, EUFLEXXA, GELSYN-3, ORTHOVISC
TEGSEDI	Moving to non-preferred specialty tier
TOSYMRA	Moving to preferred brand tier
TURALIO	Drug list addition (non-preferred specialty); Preauthorization required; Quantity limits apply. Covered up to 120 caps every 30 days
VANRAFIA	Drug list addition (preferred specialty); Preauthorization required; Quantity limits apply. Covered up to 30 tabs every 30 days
VEMLIDY	Non-formulary; not covered. Covered options include: entecavir, lamivudine, tenofovir disoproxil fumarate
VEVYE	Moving to preferred brand tier
VYNDAMAX	Moving to preferred specialty tier
XEMBIFY	Moving to preferred specialty tier
XGEVA	Non-formulary; not covered. Covered options include: pamidronate 30 mg/10 mL and 90 mg/10 mL, zoledronic acid 4mg/5mL, OSENVELT
YUTREPIA	Drug list addition (preferred specialty); Preauthorization required; Quantity limits apply. Covered up to 140 capsules every 28 days
ZYDELIG	Non-formulary; not covered. Covered options include: BRUKINSA, CALQUENCE

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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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