January 1, 2026

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: West Virginia** 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, Minnesota, Louisiana, New York, North Dakota, 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.

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
abiraterone acetate	Moving to preferred generic tier
abirtega	Moving to preferred generic tier
ADBRY	Moving to non-preferred specialty tier
ALPROLIX	Non-formulary; not covered. Covered options include: BENEFIX, REBINYN
alyq	Moving to preferred generic tier
AMPYRA	Moving to non-preferred brand tier
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
bexarotene	Moving to preferred generic tier
CIBINQO	Moving to preferred brand tier
CIMERLI	Moving to non-preferred specialty tier
cinacalcet hydrochloride	Moving to preferred generic tier
COPIKTRA	Non-formulary; not covered. Covered options include: BRUKINSA, CALQUENCE
dalfampridine er	Moving to preferred generic tier
dichlorphenamide	Moving to preferred generic tier
dimethyl fumarate	Moving to preferred generic tier
dimethyl fumarate starterpack	Moving to preferred generic tier
dofetilide	Moving to preferred generic tier
droxidopa	Moving to preferred generic tier
DUOBRII	Moving to non-preferred brand tier
DYSPORT	Drug list addition (preferred specialty); Preauthorization required

DRUG_NAME	CHANGES
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
HETLIOZ	Moving to non-preferred brand tier
HETLIOZ LQ	Moving to non-preferred brand tier
HYCAMTIN	Moving to non-preferred brand tier
IBTROZI	Moving to preferred specialty tier
INBRIJA	Moving to preferred brand tier
INGREZZA	Moving to preferred brand tier
JAKAFI	Moving to preferred specialty tier
KEVEYIS	Moving to non-preferred brand tier
LIVTENCITY	Moving to non-preferred brand tier
MENOPUR	Moving to non-preferred specialty tier
MITIGARE	Moving to non-preferred brand tier
NEORAL	Moving to non-preferred brand tier
NUPLAZID	Moving to non-preferred brand tier
NUZYRA	Moving to non-preferred brand tier
ODACTRA	Moving to preferred brand tier
OFEV	Moving to preferred brand tier
OLUMIANT	Drug list addition (preferred specialty); Preauthorization required; Quantity limits apply. Covered up to 30 tabs every 30 days
ormalvi	Moving to preferred generic tier
ORTHOVISC	Drug list addition (preferred specialty); Preauthorization required
OSENVELT	Drug list addition (preferred specialty); Preauthorization required; Quantity limits apply. Covered up to 1 vial every 28 days
OTEZLA	Moving to preferred brand tier
OTEZLA XR	Moving to preferred brand tier
OTEZLA/OTEZLA XR 28 DAY TREATMENT INITIATION PACK	Moving to preferred brand tier

DRUG_NAME	CHANGES
OTREXUP	Moving to non-preferred specialty tier
penicillamine	Moving to preferred generic tier
REVLIMID	Non-formulary; not covered. Covered options include: lenalidomide
RINVOQ	Moving to preferred brand tier
RINVOQ LQ	Moving to preferred brand tier
SANDIMMUNE	Moving to non-preferred brand tier
SENSIPAR	Moving to non-preferred brand tier
SUPARTZ FX	Non-formulary; not covered. Covered options include: DUROLANE, EUFLEXXA, GELSYN-3, ORTHOVISC
tadalafil	Moving to preferred generic tier
TADLIQ	Moving to preferred brand tier
tasimelteon	Moving to preferred generic tier
TAVNEOS	Moving to non-preferred brand tier
TEGSEDI	Moving to non-preferred specialty tier
teriflunomide	Moving to preferred generic tier
tetrabenazine	Moving to preferred generic tier
TIKOSYN	Moving to non-preferred brand 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
VUMERITY	Moving to preferred brand tier
VYNDAMAX	Moving to preferred brand tier
WAKIX	Moving to preferred brand tier
XELJANZ	Moving to preferred brand tier
XELJANZ XR	Moving to preferred brand tier
XELODA	Moving to non-preferred brand tier
XEMBIFY	Moving to preferred specialty tier
XERMELO	Moving to non-preferred brand tier

DRUG_NAME	CHANGES
XGEVA	Non-formulary; not covered. Covered options include: pamidronate 30 mg/10 mL and 90 mg/10 mL, zoledronic acid 4mg/5mL, OSENVELT
XTANDI	Moving to preferred brand tier
YONSA	Moving to preferred brand tier
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

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. Each insurer has sole financial responsibility for its own products. 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.

Policy forms issued in Oklahoma include:
Medical Multiple: AL HGrpPol 09, AL HCOC 14, AL HSOB 12, AL HSOBNM 12.
HMO-POS Combo: HI HGrpAg 07, HI GrpAgAmend-2025 01, HC HCOC 13, HC HSOB 12.
Policy forms issued in Missouri include:
HMO: HI HGrpAg 07, HI GrpAgAmend-2025 01, HI HCOC 13, HI HSOB 12
POS: HO HGrpPol 05, HO POSRider 11
PPO: AL HGrpPol 07, AL GrpPolAmend-2024 01, AL GrpPolAmend-2025 01, AL HCOC-PPO 14, AL HSOB-PPO 12
EPO: AL HGrpPol 07, AL GrpPolAmend-2024 01, AL GrpPolAmend-2025 01, AL HCOC-EPO 14, AL HSOB-EPO 12
TC: AL HGrpPol 07, AL GrpPolAmend-2024 01, AL GrpPolAmend-2025 01, AL HCOC-TC 14, AL HSOB-TC 12

TTY: **711**

English	**To access language services at no cost to you, call the number on your ID card.**
Amharic	የቋንቋ አገልግሎቶችን ያለክፍያ ለማግኘት፣ በመታወቂያዎት ላይ ያለውን ቁጥር ይደውሉ፡፡
Arabic	للحصول على الخدمات اللغوية دون أي تكلفة، الرجاء الصال على الرقم الموجود على بطاقة اشتراكك.
Armenian	Ձեր նախընտրած լեզվով ավվճար խորհրդատվություն ստանալու համար զանգահարեք ձեր բժշկական ապահովագրության քարտի վրա նշված հէրախոսահամարով հէրախոսահամարով
Carolinian (Kapasal Falawasch)	Ngir mëna am sarwis lakk yi te doo fay, woo nimero bi am ci sa kàrt.
Chamorro	Para un hago' i setbision lengguåhi ni dibåtde para hågu, ågang i numiru gi iyo-mu kard aidentifikasion.
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
Cushitic-Oromo	Tajaajiiloota afaanii gatii bilisaa ati argaachuuf, lakkoofsa fuula waraaqaa eenyummaa (ID) kee irraa jiruun bilbili.
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 તના ખર્ચ ના ભાષા સેવાઓ મેળવવા માટે, તમારા આઇ કાડપર રહેલ નંબર પર કૉલ કરવો.
Hindi	बना कसी कमत के भाषा सेवाआ का उपयोग करने के लए, अपने आइड काडर् पर दए नंबर पर कॉल कर।
Hmong	Yuav kom tau kev pab txhais lus tsis muaj nqi them rau koj, hu tus naj npawb ntawm koj daim npav ID.
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	လၢကမၤန့ၢ် ကျိာ်တၢ်မၤစၢၤတၢ်မၤ လၢတလိၣ်လၢာ်ဘူၣ်လၢာ်စ့ၢ လၢနဂီၢ်အဂီၢ်, ကိးနီၣ်ဂံၢ် လၢအအိၣ် ဖဲန ID အဖိခိၣ်နူၣ်တက့ၢ်.
Korean	무료 다국어 서비스를 이용하려면 보험 ID 카드에 수록된 번호로 전화해 주십시오.
Laotian	ເພື່ອເຂົ້າເຖິງບໍລິການພາສາທີ່ບເສຍຄ່າ, ໃຫ້ໂທຫາເບີໂທຢູ່ໃນບັດປະຈໍາຕົວຂອງທ່ານ.
Mon-Khmer, Cambodian	ដើម្បីទទួលបានសេវាកម្មភាសាដែលឥតគិតថ្លៃសម្រាប់លោកអ្នក សូមទូរសព្ទកាន់លេខដែលមាននៅលើបណ្ណសម្គាល់ខ្លួនរបស់លោកអ្នក។
Navajo	T'áá ni nizaad k'ehjí bee níká a'doowoł doo bą́ąh ílínígóó naaltsoos bee atah nílį́igo nanitinígíí bee néého'dólzinígíí béésh bee hane'í biká'ígíí áajj' hólne'.
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 ਬਿਨਾ ਕਿਸੇ ਕੀਮਤ ਵਾਲੀਆ ਪੰਜਾਬੀ ਸੇਵਾਵਾ ਦੀ ਵਰਤੋ ਕਰਨ ਲਈ, ਆਪਣੇ ਆਈਡੀ ਕਾਰਡ 'ਤੇ ਦਿੱਤੇ ਨੰਬਰ 'ਤੇ ਫ਼ੋਨ ਕਰੋ।
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.
Syriac-Assyrian	ܟܕ ܡܫܬܥܐ ܬܘܟ ܥܠ ܝܠܦܢܘܬܐ ܕܠܫܢܐ ܕܠܐ ܕܡܝܐ ܕܦܘܪܥܢܐ، ܡܨܝܬ ܩܪܝ ܥܠ ܡܢܝܢܐ ܥܠ ܟܪܛܝܣܐ ܕܐܝܕܝܘܬܐ.
Tagalog	Upang ma-access ang mga serbisyo sa wika nang walang bayad, tawagan ang numero sa iyong ID card.
Thai	หากท่านต้องการเข้าถึงการบริการทางด้านภาษาโดยไม่มีค่าใช้จ่าย โปรดโทรหมายเลขที่แสดงอยู่บนบัตรประจำตัวของท่าน
Ukrainian	Щоб безкоштовнj отримати мовні послуги, задзвоніть за номером, вказаним на вашій ідентифікайній картці.
Vietnamese	Để sử dụng các dịch vụ ngôn ngữ miễn phí, vui lòng gọi số điện thoại ghi trên thẻ ID của quý vị.