



Changes coming to our medical plan drug lists

Starting **January 1, 2026**, we're making changes to our medical plan drug lists. These changes support our commitment to high quality, cost-effective health care.

It's likely some of your patients are taking these drugs. Patients with current prior authorizations (PA) will not be impacted until their existing PA expires. We will also notify your impacted patients of these changes and suggested they talk to you about changing to a preferred alternative drug, if appropriate, as their PAs expire.

UPPER CASE = brand-name

drug lower case = generic drug

Drug Name	Class	Change(s)
COSENTYX	Autoimmune-Infused Other	Adding to non-preferred
IMULDOSA	Autoimmune-Infused Other	Adding to non-preferred
OTULFI	Autoimmune-Infused Other	Adding to non-preferred
PYZCHIVA	Autoimmune-Infused Other	Adding to non-preferred
SELSARDI	Autoimmune-Infused Other	Adding to non-preferred
STEQEYMA	Autoimmune-Infused Other	Adding to non-preferred
USTEKINUMAB	Autoimmune-Infused Other	Adding to non-preferred
USTEKINUMAB-TTWE	Autoimmune-Infused Other	Adding to non-preferred
WEZLANA	Autoimmune-Infused Other	Adding to non-preferred
YESINTEK	Autoimmune-Infused Other	Adding to non-preferred
JOBEVNE	Avastin/Biosimilars (Oncology)	Adding to non-preferred
OSENVELT	Bone Density Regulators-Oncology	Adding to preferred
WYOST	Bone Density Regulators-Oncology	Adding to non-preferred
XGEVA	Bone Density Regulators-Oncology	Adding to non-preferred
DYSPORT	Botulinum Toxins	Moving from non-preferred to preferred
PERJETA	Breast Cancer Mab	Moving from preferred to non-preferred
BAVENCIO	Checkpoint Inhibitor- Advanced or Metastatic Merkel Cell Carcinoma	Adding to non-preferred
KEYTRUDA	Checkpoint Inhibitor- Advanced or Metastatic Merkel Cell Carcinoma	Adding to preferred
ZYNYZ	Checkpoint Inhibitor- Advanced or Metastatic Merkel Cell Carcinoma	Adding to preferred
IMFINZI	Checkpoint Inhibitor- Biliary Tract Cancer	Adding to preferred
KEYTRUDA	Checkpoint Inhibitor- Biliary Tract Cancer	Adding to non-preferred
IMFINZI	Checkpoint Inhibitor- Endometrial Carcinoma	Adding to preferred
JEMPERLI	Checkpoint Inhibitor- Endometrial Carcinoma	Adding to non-preferred



KEYTRUDA	Checkpoint Inhibitor- Endometrial Carcinoma	Adding to preferred
KEYTRUDA	Checkpoint Inhibitor- Hepatocellular Carcinoma Subsequent Therapy	Adding to preferred
OPDIVO	Checkpoint Inhibitor- Hepatocellular Carcinoma Subsequent Therapy	Adding to non-preferred
OPDIVO QVANTIG	Checkpoint Inhibitor- Hepatocellular Carcinoma Subsequent Therapy	Adding to non-preferred
KEYTRUDA	Checkpoint Inhibitor- Melanoma	Adding to preferred
OPDIVO	Checkpoint Inhibitor- Melanoma	Adding to preferred
OPDIVO QVANTIG	Checkpoint Inhibitor- Melanoma	Adding to non-preferred
OPDUALAG	Checkpoint Inhibitor- Melanoma	Adding to non-preferred
TECENTRIQ	Checkpoint Inhibitor- Melanoma	Adding to preferred
TECENTRIQ HYBREZA	Checkpoint Inhibitor- Melanoma	Adding to preferred
LOQTORZI	Checkpoint Inhibitor- Nasopharyngeal Carcinoma	Adding to preferred
IMFINZI	Checkpoint Inhibitor- Non-Small Cell Lung Cancer- Adjuvant	Adding to preferred
KEYTRUDA	Checkpoint Inhibitor- Non-Small Cell Lung Cancer- Adjuvant	Adding to preferred
OPDIVO	Checkpoint Inhibitor- Non-Small Cell Lung Cancer- Adjuvant	Adding to non-preferred
OPDIVO QVANTIG	Checkpoint Inhibitor- Non-Small Cell Lung Cancer- Adjuvant	Adding to non-preferred
TECENTRIQ	Checkpoint Inhibitor- Non-Small Cell Lung Cancer- Adjuvant	Adding to preferred
TECENTRIQ HYBREZA	Checkpoint Inhibitor- Non-Small Cell Lung Cancer- Adjuvant	Adding to preferred
IMFINZI	Checkpoint Inhibitor- Non-Small Cell Lung Cancer- Metastatic	Adding to non-preferred
IMJUDO	Checkpoint Inhibitor- Non-Small Cell Lung Cancer- Metastatic	Adding to non-preferred
KEYTRUDA	Checkpoint Inhibitor- Non-Small Cell Lung Cancer- Metastatic	Adding to preferred
LIBTAYO	Checkpoint Inhibitor- Non-Small Cell Lung Cancer- Metastatic	Adding to preferred
OPDIVO	Checkpoint Inhibitor- Non-Small Cell Lung Cancer- Metastatic	Adding to non-preferred
OPDIVO QVANTIG	Checkpoint Inhibitor- Non-Small Cell Lung Cancer- Metastatic	Adding to non-preferred
TECENTRIQ	Checkpoint Inhibitor- Non-Small Cell Lung Cancer- Metastatic	Adding to preferred
TECENTRIQ HYBREZA	Checkpoint Inhibitor- Non-Small Cell Lung Cancer- Metastatic	Adding to preferred
YERVOY	Checkpoint Inhibitor- Non-Small Cell Lung Cancer- Metastatic	Adding to non-preferred
BAVENCIO	Checkpoint Inhibitor- Renal Cell Carcinoma	Adding to non-preferred



KEYTRUDA	Checkpoint Inhibitor- Renal Cell Carcinoma	Adding to preferred
OPDIVO	Checkpoint Inhibitor- Renal Cell Carcinoma	Adding to preferred
OPDIVO QVANTIG	Checkpoint Inhibitor- Renal Cell Carcinoma	Adding to preferred
IMFINZI	Checkpoint Inhibitor- Small-Cell Lung Cancer-Extensive Stage	Adding to preferred
TECENTRIQ	Checkpoint Inhibitor- Small-Cell Lung Cancer-Extensive Stage	Adding to non-preferred
TECENTRIQ HYBREZA	Checkpoint Inhibitor- Small-Cell Lung Cancer-Extensive Stage	Adding to non-preferred
FOLLISTIM AQ	Fertility Regulators-FSH	Moving from non-preferred to preferred
GONAL-F	Fertility Regulators-FSH	Moving from preferred to non-preferred
UDENYCA	Hematologic, Neutropenia Colony Stimulating Factors-Long Acting	Moving from non-preferred to preferred
PANZYGA	Immune Globulin-IV	Moving from non-preferred to preferred
XEMBIFY	Immune Globulin-SC	Moving from non-preferred to preferred
BRIUMVI	Multiple Sclerosis (Infused)	Moving from non-preferred to preferred
BKEMV	Myasthenia Gravis	Adding to non-preferred
EPYSQI	Myasthenia Gravis	Adding to preferred
IMAAVY	Myasthenia Gravis	Adding to non-preferred
SOLIRIS	Myasthenia Gravis	Moving from preferred to non-preferred
ULTOMIRIS	Myasthenia Gravis	Moving from preferred to non-preferred
BKEMV	Paroxysmal Nocturnal Hemoglobinuria (PNH)	Adding to non-preferred
EPYSQI	Paroxysmal Nocturnal Hemoglobinuria (PNH)	Adding to preferred
PIASKY	Paroxysmal Nocturnal Hemoglobinuria (PNH)	Adding to non-preferred
SOLIRIS	Paroxysmal Nocturnal Hemoglobinuria (PNH)	Moving from preferred to non-preferred
ULTOMIRIS	Paroxysmal Nocturnal Hemoglobinuria (PNH)	Moving from preferred to non-preferred
CIMERLI	Retinal Disorders Agents (ARMD) Age-Related Macular Degeneration	Moving from preferred to non-preferred
EYLEA HD	Retinal Disorders Agents (ARMD) Age-Related Macular Degeneration	Adding to non-preferred
SUSVIMO	Retinal Disorders Agents (ARMD) Age-Related Macular Degeneration	Adding to non-preferred

Medical exceptions

You can request a medical exception for drugs that need precertification.

If we approve the exception, your patient will pay their plan copay or cost share after they meet their deductible or out-of-pocket requirements.



For specialty drugs covered under the medical benefit that are on the Aetna National Precert List you can:

- Call [1-866-752-7021](tel:1-866-752-7021)
- Go to [Aetna.com](https://www.aetna.com) and access the forms library to complete the specific medication Specialty Pharmacy Precertification Prior Authorization Request Form. Then fax your completed form to **the number listed on the form.**

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

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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. 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.

Information is subject to change. In accordance with state law or insurer policies, changes to drug coverage are not effective for commercial fully insured plans (including HMOs) in Louisiana, New York, Texas, and in most circumstances Connecticut and Vermont, until the plans' renewal date.

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AL SG HGrpPol-1A 01, AL SG HCOC-2024-PPO 08, AL SG SOB PPO 14052798 08,
HI SG HGrpAg-1A 01, HI SG HCOC-2024 08, HI SG SOB HMO 14052797 08,
AL HGrpPol 07 AL HCOC 11, AL HSOB 09, AL HSOBNM 09, HI HGrpAg 06, HC HCOC 10, HC HSOB 09

Policy forms issued in Missouri include:

AL HGrpPol 07, AL SG HGrpPol-1A 01, HI HGrpAg 05, HI GrpAgAmend-2022 01, HO HGrpPol 04, HO GrpPolAmend-2022 01, HI SG HGrpAg-1A 01. 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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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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