



Changes coming to our commercial medical plan drug lists

Starting **January 1, 2027**, we're making changes to our commercial medical plan drug lists. These changes support our commitment to high quality, cost-effective health care. **Please note these changes do not apply to our Medicare and Medicaid plans.**

It's likely some of your patients are taking these drugs. We've notified your impacted patients of these changes and suggested they talk to you about changing to a preferred alternative drug if appropriate.

**Indicates drugs in the Combined Benefit Management Drug List

UPPER CASE = brand-name drug

lower case = generic drug

Drug name	Code	Class	Change(s)
bendamustine hydrochloride (Non-Meitheal Pharmaceutical Generics)	J9033	Alkylating Agents – bendamustine products	Moving from Preferred to Non-Preferred for NDCs: 68001057241, 55150039101, 55150039201
ALYMSYS	Q5126	Avastin/Biosimilars (Oncology)	Moving from Preferred to Non-Preferred
MVASI	Q5107	Avastin/Biosimilars (Oncology)	Moving from Preferred to Non-Preferred for Outpatient Hospital only
VEGZELMA	Q5129	Avastin/Biosimilars (Oncology)	Moving from Non-Preferred to Preferred for Home or Office only
ZIRABEV	Q5118	Avastin/Biosimilars (Oncology)	Moving from Non-Preferred to Preferred
PERJETA	J9306	Breast Cancer Mab	Moving from Non-Preferred to Preferred
BAVENCIO	J9023	Checkpoint Inhibitors	Moving to Non-Preferred for Urothelial Cancer indication
IMFINZI	J9173	Checkpoint Inhibitors	Moving to Preferred for Non-Small Cell Lung Cancer-Neoadjuvant indication
KEYTRUDA	J9271	Checkpoint Inhibitors	Moving to Preferred for Esophageal Cancer indication
KEYTRUDA	J9271	Checkpoint Inhibitors	Moving to Preferred for Gastric Cancer indication
KEYTRUDA	J9271	Checkpoint Inhibitors	Moving to Preferred for Non-Small Cell Lung Cancer-Neoadjuvant indication
KEYTRUDA	J9271	Checkpoint Inhibitors	Moving to Preferred for Urothelial Cancer indication
KEYTRUDA QLEX	J9277	Checkpoint Inhibitors	Moving to Non-Preferred for Advanced or Metastatic Merkel Cell Carcinoma indication
KEYTRUDA QLEX	J9277	Checkpoint Inhibitors	Moving to Non-Preferred for Biliary

			Tract Cancer indication
KEYTRUDA QLEX	J9277	Checkpoint Inhibitors	Moving to Non-Preferred for Endometrial Cancer indication
KEYTRUDA QLEX	J9277	Checkpoint Inhibitors	Moving to Non-Preferred for Esophageal Cancer indication
KEYTRUDA QLEX	J9277	Checkpoint Inhibitors	Moving to Non-Preferred for Gastric Cancer indication
KEYTRUDA QLEX	J9277	Checkpoint Inhibitors	Moving to Non-Preferred for Hepatocellular Carcinoma (HCC) indication
KEYTRUDA QLEX	J9277	Checkpoint Inhibitors	Moving to Non-Preferred for Melanoma indication
KEYTRUDA QLEX	J9277	Checkpoint Inhibitors	Moving to Non-Preferred for Non-Small Cell Lung Cancer-Adjuvant indication
KEYTRUDA QLEX	J9277	Checkpoint Inhibitors	Moving to Non-Preferred for Non-Small Cell Lung Cancer-Metastatic indication
KEYTRUDA QLEX	J9277	Checkpoint Inhibitors	Moving to Non-Preferred for Non-Small Cell Lung Cancer-Neoadjuvant indication
KEYTRUDA QLEX	J9277	Checkpoint Inhibitors	Moving to Non-Preferred for Renal Cancer indication
KEYTRUDA QLEX	J9277	Checkpoint Inhibitors	Moving to Non-Preferred for Urothelial Cancer indication
OPDIVO	J9299	Checkpoint Inhibitors	Moving to Preferred for Esophageal Cancer indication
OPDIVO	J9299	Checkpoint Inhibitors	Moving to Preferred for Gastric Cancer indication
OPDIVO	J9299	Checkpoint Inhibitors	Moving to Non-Preferred for Non-Small Cell Lung Cancer-Neoadjuvant indication
OPDIVO	J9299	Checkpoint Inhibitors	Moving from Preferred to Non-Preferred for Renal Cancer indication
OPDIVO	J9299	Checkpoint Inhibitors	Moving to Preferred for Urothelial Cancer indication
OPDIVO QVANTIG	J9289	Checkpoint Inhibitors	Moving to Non-Preferred for Esophageal Cancer indication
OPDIVO QVANTIG	J9289	Checkpoint Inhibitors	Moving to Non-Preferred for Gastric Cancer indication
OPDIVO QVANTIG	J9289	Checkpoint Inhibitors	Moving to Non-Preferred for Non-Small Cell Lung Cancer-Neoadjuvant indication
OPDIVO QVANTIG	J9289	Checkpoint Inhibitors	Moving from Preferred to Non-Preferred for Renal Cancer indication
OPDIVO QVANTIG	J9289	Checkpoint Inhibitors	Moving to Non-Preferred for Urothelial Cancer indication
TECENTRIQ	J9022	Checkpoint Inhibitors	Moving from Non-Preferred to Preferred for Small Cell Lung Cancer – Extensive Stage
TEVIMBRA	J9329	Checkpoint Inhibitors	Moving to Non-Preferred for Esophageal Cancer indication
TEVIMBRA	J9329	Checkpoint Inhibitors	Moving to Non-Preferred for Gastric Cancer indication
NEULASTA	J2506	Hematologic,	Moving from Preferred to Non-

		Neutropenia Colony Stimulating Factors Long-Acting	Preferred
KANJINTI	Q5117	Herceptin/Biosimilars (Oncology)	Moving from Preferred to Non-Preferred
OGIVRI	Q5114	Herceptin/Biosimilars (Oncology)	Moving from Non-Preferred to Preferred for Home or Office only
ONTRUZANT	Q5112	Herceptin/Biosimilars (Oncology)	Moving from Non-Preferred to Preferred
TRAZIMERA	Q5116	Herceptin/Biosimilars (Oncology)	Moving from Preferred to Non-Preferred for Outpatient Hospital only
GAMUNEX-C (IV)	J1561	Immune Globulin IV	Moving from Non-Preferred to Preferred
PANZYGA	J1576	Immune Globulin IV	Moving from Preferred to Non-Preferred
TYRUKO **	Q5134	Multiple Sclerosis (Infused)	Adding to Preferred
LYTENAVA	J3590	Retinal Disorders	Moving to Non-Preferred
OMLYCLO **	Q5154	Severe Asthma	Moving from New to Market to Preferred

Combined Benefit Management Drug List medications

If your medication has an “**” indicator, it’s part of our Combined Benefit Management Drug List, under this program, some drugs may only be available on the member’s prescription or medical benefit. This drug list only applies to members enrolled in Aetna fully insured medical and pharmacy benefit plans.

We’re here to support you

We’re committed to smooth transitions for you and your patients. If your patients currently have a prior authorization (PA) in place for one of these impacted drugs, it will remain in place until the current expiration.

Need more support?

You can call us at the number on the back of your patient’s member ID card.

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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, changes to drug coverage are not effective for commercial fully insured plans (including HMOs) in Louisiana, New York, Texas, and in most circumstances Connecticut, until the plans' renewal date.

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Policy forms issued in Oklahoma include: AL OK HCOC, HC OK HCOC.

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-2023-EPO-HIX 02, AL IVL SOB 1A EPO HIX 02R2, AL IVL HPOL-1A-2023-EPO 02, AL IVL SOB 1A EPO 02R1.

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