



Changes coming to our commercial medical plan drug lists

Starting **July 1, 2025**, 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	Change(s)
SKYRIZI	Moving to Preferred
TREMFYA	Moving to Preferred
OMVOH	Moving to Non-Preferred
TOFIDENCE	Moving to Non-Preferred
TYENNE	Moving to Non-Preferred
CUTAQUIG	Moving to Preferred
HIZENTRA	Moving to Preferred
CUVITRU	Moving to Non-Preferred
HYQVIA	Moving to Non-Preferred
XEMBIFY	Moving to Non-Preferred
GAMMAGARD sc	Moving to Non-Preferred
GAMUNEX sc	Moving to Non-Preferred
RYSTIGGO	Adding to Preferred
VYVGART/VYGART HYTRULO	Adding to Preferred
DAXXIFY	Moving to Preferred
DYSPORT	Moving to Non-Preferred
ALYMSYS	Moving to Preferred
AVZIVI	Moving to Non-Preferred
HERZUMA	Moving to Non-Preferred
OGIVRI	Moving to Non-Preferred
TRAZIMERA	Moving to Preferred
KANJINTI	Moving to Preferred
HERCESSI	Moving to Non-Preferred
TYRUKO	Moving to Non-Preferred
OCREVUS ZUNOVO	Moving to Non-Preferred
Octreotide acetate	Moving to Preferred
SOMAVERT	Moving to Non-Preferred

SANDOSTATIN LAR	Moving to Non-Preferred
BEYFORTUS	Moving to Preferred
SYNAGIS	Moving to Non-Preferred
FABRAZYME	Moving to Preferred
CEREZYME	Moving to Preferred
PAVBLU	Moving to Non-Preferred
RENFLEXIS	Moving to Preferred
LUMIZYME	Moving to Non-Preferred
POMBILITI	Moving to Non-Preferred
NEXVIAZYME	Moving to Preferred
REMICADE**	Moving to pharmacy-only coverage
TEZSPIRE**	Moving to pharmacy-only coverage
XOLAIR**	Moving to pharmacy-only coverage
OCREVUS/OCREVUS ZUNOVO**	Moving to pharmacy-only coverage
EVENITY**	Moving to pharmacy-only coverage
FULPHILA**	Moving to Non-Preferred
Neulasta injection**	Moving to Non-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 new 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 doctors. If you have a prior authorization (PA) in place for one of these drugs through your medical benefit, we’re proactively transitioning the prior authorization to the pharmacy benefit and vice versa.

- If your doctor is currently billing a drug to the medical benefit that is now moving to the pharmacy benefit, they may need to issue a prescription to an in-network specialty pharmacy.
- If your doctor decides it’s clinically appropriate and chooses to change you to a preferred alternative drug option under the medical benefit, they will need to submit a new PA.
- If your doctor is currently accessing a drug through your pharmacy benefit that is now moving to the medical benefit, your doctor may continue to receive the drug from the in-network specialty pharmacy. The pharmacy will change their billing from pharmacy to medical coverage.

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.

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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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