



October 1, 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 **Aetna Standard Plan** formulary 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.

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.

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 the charts below are based on your plan information as of the date of this letter.

UPPER CASE = brand-name medication

*Class has existing formulary exclusions

^Previously New to Market block

lower case = generic medication

**Multi-source Brand Product

†Product to be added to formulary effective November 1, 2025.

Formulary additions

Drug Class	Products added
Analgesics, Gout	colchicine capsules 0.6mg
Analgesics, Viscosupplements	ORTHOVISC
Antineoplastic Agents, Kinase Inhibitors	JAKAFI [†]
Autoimmune Agents, Physician-Administered	ENTYVIO IV (Non-Preferred for Crohn's Disease)
Autoimmune Agents, Self-Administered	ENTYVIO PEN
Cardiovascular, Pulmonary Arterial Hypertension	YUTREPIA ^{^†}
Central Nervous System, Botulinum Toxins	DYSPORT [†]
Central Nervous System, Migraine	TOSYMRA [^]
Endocrine and Metabolic, Calcium Regulators	OSENVELT [^]
Genitourinary, Miscellaneous	FILSPARI ^{^†} , VANRAFIA ^{^†}
Hematologic, Hematopoietic Growth Factors	FULPHILA
Immunologic Agents, Alopecia Areata	OLUMIANT ^{^†}
Ophthalmic, Dry Eye Disease	VEVYE [^]

Non-preferred to preferred tier

Drug Class	Product names
Antineoplastic Agents, Kinase Inhibitors	IBTROZI
Cardiovascular, Miscellaneous	VYNDAMAX
Central Nervous System, Antidepressants	AUVELITY
Immunologic Agents, Allergenic Extracts	ODACTRA
Immunologic Agents, Immunoglobulin	XEMBIFY

Formulary removals

Drug Class	Removed Products	Formulary Options
Analgesics, Gout*	MITIGARE**	colchicine 0.6 mg
Analgesics, Viscosupplements*	SUPARTZ FX	DUROLANE, EUFLEXXA, GELSYN-3, ORTHOVISC
Anti-Infectives, Hepatitis B*	VEMLIDY	entecavir, lamivudine, tenofovir disoproxil fumarate
Antineoplastic Agents, Biologic Response Modifiers*	REVLIMID	lenalidomide
Antineoplastic Agents, Kinase Inhibitors*	COPIKTRA, ZYDELIG	BRUKINSA, CALQUENCE
Central Nervous System, Migraine*	ONZETRA XSAIL	eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, NURTEC ODT, TOSYMRA, UBRELVY, ZEMBRACE SYMTOUCH
Central Nervous System, Movement Disorders*	AUSTEDO XR	tetrabenazine, AUSTEDO, INGREZZA
Endocrine and Metabolic, Calcium Regulators*	XGEVA	OSENVELT
Hematologic, Hematopoietic Growth Factors*	FYLNETRA	FULPHILA, NYVEPRIA
Hematologic, Hemophilia B Agents*	ALPROLIX	BENEFIX, REBINYN
Ophthalmic, Dry Eye Disease*	XIIDRA	RESTASIS, VEVYE

Preferred to non-preferred tier

Drug Class	Product names	Preferred alternatives
Cardiovascular/ Heart Failure	ENTRESTO**	sacubitril-valsartan
Central Nervous System, Antiseizure Agents	APTOM** ¹ , FYCOMPA	carbamazepine, carbamazepine ext-rel, divalproex sodium, divalproex sodium ext-rel, eslicarbazepine, gabapentin, lacosamide, lamotrigine, lamotrigine ext-rel, levetiracetam, levetiracetam ext-rel, oxcarbazepine, phenobarbital, phenytoin, phenytoin sodium extended, pregabalin, primidone, tiagabine, topiramate, topiramate ext-rel, valproic acid, zonisamide, BRIVIACT, OXTELLAR XR, XCOPRI
Dermatology, Atopic Dermatitis	ADBRY	CIBINQO, DUPIXENT, EBGLYSS, NEMLUVIO, RINVOQ
Endocrine and Metabolic, Fertility Regulators	MENOPUR	Talk to your doctor
Endocrine and Metabolic, Polyneuropathy	TEGSEDI	Talk to your doctor
Immunologic Agents, Disease-Modifying Anti-Rheumatic Drugs (DMARDs)	OTREXUP**	methotrexate, RASUVO
Ophthalmic, Retinal Disorders	CIMERLI	BYOOVIZ

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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. Plan features and availability may vary by location and are subject to change. The drugs on the Pharmacy Drug Guide (formulary), Formulary Exclusions, Precertification, Quantity Limit and Step Therapy Lists are subject to change.

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Updates as of Sept 30, 2025. Information subject to change.

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