There are upcoming changes to your plan's drug coverage – and we want to be sure you're ready

Starting 09/01/26, you'll see changes to the drugs Aetna Medicare HIDE (HMO D-SNP) plan covers. It's important to review the changes in the chart below and talk with your doctor about how these may impact you.

Drug name	Description of change	Reason for change	Alternative drug(s)	Alternative drug cost-sharing Tier
IMPAVIDO CAPSULE 50MG	IMPAVIDO CAPSULE 50MG was removed from formulary coverage as of 9/1/2026. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	Please consult with your doctor.	
OPSUMIT TABLET 10MG	OPSUMIT TABLET 10MG was removed from formulary coverage as of 9/1/2026. Please discuss next steps with your physician.	This drug was removed and replaced with the new generic version.	MACITENTAN	4
KISQALI 400 PAK FEMARA	KISQALI 400 PAK FEMARA was removed from formulary coverage as of 8/1/2026. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	KISQALI	
KISQALI 600 PAK FEMARA	KISQALI 600 PAK FEMARA was removed from formulary coverage as of 8/1/2026. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	KISQALI	
METOCLOPRAMIDE ODT TABLET 5MG	METOCLOPRAMIDE ODT TABLET 5MG was removed from formulary coverage as of 8/1/2026. Please	This medication is no longer Medicare Part D eligible.	METOCLOPRAMIDE	

	discuss next steps with your physician.			
TRIDACAINE DIS PATCH 5%	TRIDACAINE DIS PATCH 5% was removed from formulary coverage as of 8/1/2026. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	LIDOCAINE PATCH	
LEVONORGESTREL/ ETHEINYL ESTRADIOL (28) TABLET 0.15MG/30MCG	LEVONORGESTREL /ETHEINYL ESTRADIOL (28) TABLET 0.15MG/30MCG was removed from formulary coverage as of 6/1/2026. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	ESTRADIOL-LEVONORGESTREL	
TAZVERIK TABLET 200MG	TAZVERIK TABLET 200MG was removed from formulary coverage as of 6/1/2026. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	Please consult with your doctor.	
ERYTHROMYCIN ETHYLSUCCINATE TABLET 400MG	ERYTHROMYCIN ETHYLSUCCINATE TABLET 400MG was removed from formulary coverage as of 5/1/2026. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	E.E.S. 400MG	
NISOLDIPINE TABLET 20MG ER	NISOLDIPINE TABLET 20MG ER was removed from formulary coverage as of 4/1/2026. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	AMLODIPINE	
NISOLDIPINE ER TABLET 25.5MG	NISOLDIPINE ER TABLET 25.5MG was removed from formulary coverage as	This medication is no longer Medicare Part D eligible.	AMLODIPINE	

	of 4/1/2026. Please discuss next steps with your physician.			
NISOLDIPINE ER TABLET 30MG	NISOLDIPINE ER TABLET 30MG was removed from formulary coverage as of 4/1/2026. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	AMLODIPINE	
NISOLDIPINE ER TABLET 40MG	NISOLDIPINE ER TABLET 40MG was removed from formulary coverage as of 4/1/2026. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	AMLODIPINE	
ZYCLARA PUMP CREAM 2.5%	ZYCLARA PUMP CREAM 2.5% was removed from formulary coverage as of 4/1/2026. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	IMIQUIMOD CREAM	
ENDOCET TABLET 5MG-325MG	ENDOCET TABLET 5MG-325MG was removed from formulary coverage as of 2/1/2026. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	OXYCODONE/ ACETAMINOPHEN TABLET 5MG-325MG	
SUMATRIPTAN INJECTION 4MG/0.5ML	SUMATRIPTAN INJECTION 4MG/0.5ML was removed from formulary coverage as of 2/1/2026. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	Please consult with your doctor.	
SUMATRIPTAN INJECTION 6MG/0.5ML	SUMATRIPTAN INJECTION 6MG/0.5ML was removed from formulary coverage as of 2/1/2026. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	Please consult with your doctor.	

TESTOSTERONE GEL 10MG/ACTUATION	TESTOSTERONE GEL 10MG/ ACTUATION was removed from formulary coverage as of 2/1/2026. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	Please consult with your doctor.	
BILDYOS INJECTION 60MG/ML	BILDYOS INJECTION 60MG/ML has been **ADDED** to formulary.	Positive Change to Members: Formulary Addition. Effective 1/1/2026. This is a biosimilar to Prolia.		
ADALIMUMAB - ADBM KIT 40MG/0.8ML	ADALIMUMAB - ADBM KIT 40MG/0.8ML was removed from formulary coverage as of 1/1/2026. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	HADLIMA INJECTION 40MG/0.8ML	
ADALIMUMAB- ADBM KIT 40MG/0.4ML	ADALIMUMAB - ADBM KIT 40MG/0.4ML was removed from formulary coverage as of 1/1/2026. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	HADLIMA INJECTION 40MG/0.4ML	
CYLTEZO PSORIASIS/UVEITIS KIT 40MG/0.4ML	CYLTEZO PSORIASIS/UVEITIS KIT 40MG/0.4ML was removed from formulary coverage as of 1/1/2026. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	HADLIMA INJECTION 40MG/0.4ML	
CYLTEZO KIT CROHNS	CYLTEZO KIT CROHNS was removed from formulary coverage as of 1/1/2026. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	HADLIMA INJECTION 40MG/0.4ML	

DESOWEN CREAM 0.05%	DESOWEN CREAM 0.05% was removed from formulary coverage as of 1/1/2026. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	DESONIDE CREAM 0.05%	
DIFLUCAN TABLET 100MG	DIFLUCAN TABLET 100MG was removed from formulary coverage as of 1/1/2026. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	FLUCONAZOLE TABLET 100MG	
ENTRESTO TABLET 49MG-51MG	ENTRESTO TABLET 49MG-51MG was removed from formulary coverage as of 1/1/2026. Please discuss next steps with your physician.	Generic is now available.	SACUBITRIL/VALSARTAN TABLET 49MG-51MG	
ENTRESTO TABLET 97MG-103MG	ENTRESTO TABLET 97MG-103MG was removed from formulary coverage as of 1/1/2026. Please discuss next steps with your physician.	Generic is now available.	SACUBITRIL/VALSARTAN TABLET 97MG-103MG	
ENTRESTO TABLET 24MG-26MG	ENTRESTO TABLET 24MG-26MG was removed from formulary coverage as of 1/1/2026. Please discuss next steps with your physician.	Generic is now available.	SACUBITRIL/VALSARTAN TABLET 24MG-26MG	
EPITOL TABLET 200MG	EPITOL TABLET 200MG was removed from formulary coverage as of 1/1/2026. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	CARBAMAZEPIN TABLET 200MG	
FYCOMPA TABLET 6MG	FYCOMPA TABLET 6MG was removed from formulary coverage as of	Generic is now available.	PERAMPANEL TABLET 6MG	

	1/1/2026. Please discuss next steps with your physician.			
FYCOMPA TABLET 10MG	FYCOMPA TABLET 10MG was removed from formulary coverage as of 1/1/2026. Please discuss next steps with your physician.	Generic is now available.	PERAMPANEL TABLET 10MG	
FYCOMPA TABLET 12MG	FYCOMPA TABLET 12MG was removed from formulary coverage as of 1/1/2026. Please discuss next steps with your physician.	Generic is now available.	PERAMPANEL TABLET 12MG	
FYCOMPA TABLET 2MG	FYCOMPA TABLET 2MG was removed from formulary coverage as of 1/1/2026. Please discuss next steps with your physician.	Generic is now available.	PERAMPANEL TABLET 2MG	
FYCOMPA TABLET 4MG	FYCOMPA TABLET 4MG was removed from formulary coverage as of 1/1/2026. Please discuss next steps with your physician.	Generic is now available.	PERAMPANEL TABLET 4MG	
FYCOMPA TABLET 8MG	FYCOMPA TABLET 8MG was removed from formulary coverage as of 1/1/2026. Please discuss next steps with your physician.	Generic is now available.	PERAMPANEL TABLET 8MG	
GRANIX INJECTION 480MCG/1.6ML	GRANIX INJECTIO N 480MCG/1.6ML was removed from formulary coverage as of 1/1/2026. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	GRANIX INJECTION 480MCG/0.8ML	

IXCHIQ INJECTION	IXCHIQ INJECTION was removed from formulary coverage as of 1/1/2026. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	VIMKUNYA INJECTION 40/0.8ML	
JYNARQUE TABLET 15MG	JYNARQUE TABLET 15MG was removed from formulary coverage as of 1/1/2026. Please discuss next steps with your physician.	Generic is now available.	TOLVAPTAN TABLET 15MG	
JYNARQUE TABLET 30MG	JYNARQUE TABLET 30MG was removed from formulary coverage as of 1/1/2026. Please discuss next steps with your physician.	Generic is now available.	TOLVAPTAN TABLET 30MG	
KELNOR 1/50 TABLET	KELNOR 1/50 TABLET was removed from formulary coverage as of 1/1/2026. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	ETHYNODIOL DIACETATE/ETHINYL ESTRADIOL TABLET 1MG-50MCG	
KIPROFEN CAPSULE 25MG	KIPROFEN CAPSULE 25MG was removed from formulary coverage as of 1/1/2026. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	KETOPROFEN CAPSULE 25MG	
METROLOTION LOTION 0.75%	METROLOTION LOTION 0.75% was removed from formulary coverage as of 1/1/2026. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	METRONIDAZOLE LOTION 0.75%	
RAPAFLO CAPSULE 4MG	RAPAFLO CAPSULE 4MG was removed from formulary coverage as of 1/1/2026. Please	This medication is no longer Medicare Part D eligible.	SILODOSIN CAPSULE 4MG	

	discuss next steps with your physician.			
RAPAFLO CAPSULE 8MG	RAPAFLO CAPSULE 8MG was removed from formulary coverage as of 1/1/2026. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	SILODOSIN CAPSULE 8MG	
REGRANEX GEL 0.01%	REGRANEX GEL 0.01%was removed from formulary coverage as of 1/1/2026. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	Please consult with your doctor.	

- **What to do if your drugs are changing**

If the status of a current drug you take is changing, you may pay more for refilling them on or after the effective date. So, we want to make sure you understand your options and what to do next.

Talk to your provider to find out if changing to an alternative drug is right for you. If they agree, they can send a new prescription to your pharmacy. Your provider may decide it's best for you to stay on your current drug. If so, they can ask for a medical exception. Or you can call us at the number on your member ID card to request one.

Need more support? We're here to help

Visit your secure member website to view your plan details. You can also find information on how to request a coverage decision, grievance or to appeal any of the changes made to the formulary. Or, you can call Member Services at **1-855-676-5772** for help. We're available from 8 a.m. to 8 p.m., E.T., 7 days a week.

This is not a complete list of drugs covered by our plan. See your plan's Formulary (drug list) for a complete listing.

The benefit information provided is a brief summary, not a complete description of benefits. For more information contact the plan. Limitations, copayments, and restrictions may apply. Benefits, formulary, pharmacy network, premium and/or co-payments/co-insurance may change on January 1 of each year.

. The formulary and/or pharmacy network may change at any time. You will receive notice when necessary. See Evidence of Coverage for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by location.

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