

**Changes to Aetna Assure Premier Plus (HMO D-SNP) Formulary**

The table below outlines all the changes to our formulary since the formulary list was last printed on 11/01/2024.

Name of Drug Affected	Description of Change	Reason for Change	Alternative Drug
TRIZIVIR TABLET	TRIZIVIR TAB was removed from formulary coverage as of 12/1/2024. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	Please consult with your doctor.
ABRYSVO INJECTION	A quantity limit of 1 per 999 days was added to ABRYSVO INJECTION effective 11/1/24.	To ensure appropriate dosing for clinical and safety concerns.	N/A
CLENPIQ SOLUTION 10 MG-3.5 GM-12 GM/160ML	CLENPIQ SOLUTION 10 MG-3.5 GM-12 GM/160ML was removed from formulary coverage as of 11/1/2024. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	CLENPIQ SOLUTION 10 MG-3.5 GM-12 GM/175ML
EFAVIRENZ CAPSULE 50MG	EFAVIRENZ CAPSULE 50MG was removed from formulary coverage as of 11/1/2024. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	EFAVIRENZ TABLET 600MG
EFAVIRENZ CAPSULE 200MG	EFAVIRENZ CAPSULE 200MG was removed from formulary coverage as of 11/1/2024. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	EFAVIRENZ TABLET 600MG
AREXVY INJECTION 120MCG	A quantity limit of 1 per 999 days was added to AREXVY INJECTION 120MCG.	To ensure appropriate dosing for clinical and safety concerns.	N/A
CORGARD TABLET 20MG	CORGARD TABLET 20MG was removed from formulary coverage as of 10/1/2024. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	NADOLOL TABLET 20MG

ERYTHROCIN TABLET 250MG	ERYTHROCIN TABLET 250MG was removed from formulary coverage as of 10/1/2024. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	ERYTHROMYCIN TABLET 250MG EC
LEXIVA SUSPENSION 50MG/ML	LEXIVA SUSPENSION 50MG/ML was removed from formulary coverage as of 10/1/2024. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	FOSAMPRENAVIR CALCIUM TABLET 700MG
MYAMBUTOL TABLET 400MG	MYAMBUTOL TABLET 400MG was removed from formulary coverage as of 10/1/2024. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	ETHAMBUTOL TABLET 400MG
VIBRAMYCIN CAPSULE 100MG	VIBRAMYCIN CAPSULE 100MG was removed from formulary coverage as of 10/1/2024. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	DOXYCYCLINE HYCLATE CAPSULE 100MG
ZETONNA AEROSOL 37MCG	ZETONNA AEROSOL 37MCG was removed from formulary coverage as of 10/1/2024. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	OMNARIS SPRAY
SANTYL OINTMENT 250UNITS/GRAM	Effective 9/1/2024, Santyl Ointment 250 units/gram will have a quantity limit of 180 grams per 30 days. The quantity limit will only apply to members who are beginning therapy (new starts only) with Santyl Ointment 250 units/gram.	A quantity limit is being added based on the FDA approved indications, dosage and administration.	Not Applicable
SANCUSO PATCH 3.1MG	SANCUSO PATCH 3.1MG was removed from formulary coverage as of 9/1/2024. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	SUSTOL INJECTION 10MG/0.4ML

ZEJULA CAPSULE 100MG	ZEJULA CAPSULE 100MG was removed from formulary coverage as of 9/1/2024. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	ZEJULA TABLET 100MG
HUMIRA PEDIATRIC INJ CROHNS	HUMIRA PEDIATRIC INJ CROHNS was removed from formulary coverage as of 8/1/2024. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	HUMIRA INJ 40MG/0.4ML
AMABELZ TAB 0.5MG-0.1MG	AMABELZ TAB 0.5MG-0.1MG was removed from formulary coverage as of 7/1/2024. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	ESTRADIOL/NORET HINDRONE ACETATE TAB 0.5MG-0.1MG
CLINDAMYCIN INJ 600/4ML	CLINDAMYCIN INJ 600/4ML was removed from formulary coverage as of 6/1/2024. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	CLINDAMYCIN INJ 300MG/2ML
SORINE TAB 80MG	SORINE TAB 80MG was removed from formulary coverage as of 6/1/2024. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	SOTALOL HCL TAB 80MG
SUMATRIPTAN INJ 4MG/0.5ML	SUMATRIPTAN INJ 4MG/0.5ML was removed from formulary coverage as of 6/1/2024. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	SUMATRIPTAN INJ 6MG/0.5ML
VRAYLAR CAP 1.5MG-3MG	VRAYLAR CAP 1.5MG-3MG was removed from formulary coverage as of 6/1/2024. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	VRAYLAR CAP 1.5MG & 3MG
EMCYT CAP 140MG	EMCYT CAP 140MG was removed from formulary coverage as of 5/1/2024. Please discuss	This medication is no longer Medicare Part D eligible.	BICALUTAMIDE TAB 50MG

	next steps with your physician.		
NATPARA INJ 25MCG	NATPARA INJ 25MCG was removed from formulary coverage as of 5/1/2024. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	PARICALCITOL CAP
NATPARA INJ 50MCG	NATPARA INJ 50MCG was removed from formulary coverage as of 5/1/2024. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	PARICALCITOL CAP
NATPARA INJ 75MCG	NATPARA INJ 75MCG was removed from formulary coverage as of 5/1/2024. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	PARICALCITOL CAP
NATPARA INJ 100MCG	NATPARA INJ 100MCG was removed from formulary coverage as of 5/1/2024. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	PARICALCITOL CAP
HUMIRA PEN INJ CROHN'S DISEASE/ULCERATIVE COLITIS/HIDRADENITIS SUPPURATIVA STARTER PACK	HUMIRA PEN INJ CROHN'S DISEASE/ULCERATIVE COLITIS/HIDRADENITIS SUPPURATIVA STARTER PACK was removed from formulary coverage as of 4/1/2024. Please discuss next steps with your physician.	This version of Humira is no longer Medicare Part D eligible. Other versions are.	HUMIRA PEN INJ 40MG/0.8ML
FLOVENT DISK AER 100MCG	There is limited supply at pharmacies. If available, members can still obtain Flovent at the cost-share listed on their member	The manufacturer has discontinued production of Flovent. Pharmacies may still have	ARNUITY ELLPTA INHALER 100MCG

	<p>formulary guides.</p> <p>However, a change to a new product may be required to prevent disruption of ongoing therapy.</p>	<p>residual supply left but will not be able to obtain new supply.</p>	
FLOVENT DISK AER 250MCG	<p>There is limited supply at pharmacies. If available, members can still obtain Flovent at the cost-share listed on their member formulary guides.</p> <p>However, a change to a new product may be required to prevent disruption of ongoing therapy.</p>	<p>The manufacturer has discontinued production of Flovent. Pharmacies may still have residual supply left but will not be able to obtain new supply.</p>	ARNUITY ELLPTA INHALER 200MCG
FLOVENT DISK AER 50MCG	<p>There is limited supply at pharmacies. If available, members can still obtain Flovent at the cost-share listed on their member formulary guides.</p> <p>However, a change to a new product may be required to prevent disruption of ongoing therapy.</p>	<p>The manufacturer has discontinued production of Flovent. Pharmacies may still have residual supply left but will not be able to obtain new supply.</p>	ARNUITY ELLPTA INHALER 50MCG
FLOVENT HFA AER 110MCG	<p>There is limited supply at pharmacies. If available, members can still obtain Flovent at the cost-share listed on their member formulary guides.</p> <p>However, a change to a new product may be required to prevent disruption of ongoing therapy.</p>	<p>The manufacturer has discontinued production of Flovent. Pharmacies may still have residual supply left but will not be able to obtain new supply.</p>	ARNUITY ELLPTA INHALER 100MCG
FLOVENT HFA AER 220MCG	<p>There is limited supply at pharmacies. If available, members can still obtain</p>	<p>The manufacturer has discontinued production of</p>	ARNUITY ELLPTA INHALER 200MCG

	Flovent at the cost-share listed on their member formulary guides. However, a change to a new product may be required to prevent disruption of ongoing therapy.	Flovent. Pharmacies may still have residual supply left but will not be able to obtain new supply.	
FLOVENT HFA AER 44MCG	There is limited supply at pharmacies. If available, members can still obtain Flovent at the cost-share listed on their member formulary guides. However, a change to a new product may be required to prevent disruption of ongoing therapy.	The manufacturer has discontinued production of Flovent. Pharmacies may still have residual supply left but will not be able to obtain new supply.	ARNUITY ELLPTA INHALER 50MCG
CIPROFLOXACIN TAB 100MG	CIPROFLOXACIN TAB 100MG was removed from formulary coverage as of 3/1/2024. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	CIPROFLOXACIN TAB 250MG, 500 MG, 750MG
SUPRAX SUS 500MG/5ML	SUPRAX SUS 500MG/5ML was removed from formulary coverage as of 3/1/2024. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	CEFIXIME SUS 200/5ML
SYNRIBO INJ 3.5MG	SYNRIBO INJ 3.5MG was removed from formulary coverage as of 3/1/2024. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	IMATINIB MESYLATE TAB 100MG, 400MG

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- The first column lists the drug name.
- The second column describes what change occurred to the coverage of the drug in the first column and includes any special requirements.
- The third column explains why we made the change. If we remove a drug from the formulary then we will provide you information on the name of the alternative drug covered on the formulary (see the fourth column).
- The fourth column includes possible formulary alternatives that you could consider with your doctor. Alternative drugs are drugs in the same therapeutic category/class as the affected drug. Only your doctor can determine alternative drugs that are appropriate for you given the individualized nature of the drug therapy. Please talk to your doctor about any changes or recommendations to your medical care and prescription drug therapy. Alternative drugs and additional information about formulary changes can be found on the plan formulary.

#### What if you disagree with these changes?

A coverage decision is a decision we make about your benefits and coverage. We are making a coverage decision for you whenever we decide what is covered for you. If you disagree with our decision to remove a drug, you may file a grievance with us. If you disagree with any of the coverage decisions we have made, you can make an appeal. If a drug is not covered in the way you would like it to be covered, you can ask us to make an “exception.”

An exception is a type of coverage decision. Similar to other types of coverage decisions, if we turn down your request for an exception, you can appeal our decision. To make an exception, your doctor or other prescriber must give us a statement that explains the medical reasons for requesting an exception.

Please refer to the Chapter 8 of your Evidence of Coverage, titled *What to do if you have a problem or complaint (coverage decisions, appeals, complaints)* for more information on how to request a coverage decision, exception, grievance, or to appeal any of the changes we have made to the formulary.

If you have any questions or would like assistance in requesting a coverage decision, exception, grievance, or appeal, please call Member Services at **1-844-362-0934 (TTY: 711)**, from October 1 – March 31; 8 AM to 8 PM, seven days a week, Monday - Friday, from April 1 - September 30. You may also send coverage decision, grievance, and appeal requests to 4500 E. Cotton Center Blvd., Phoenix, AZ, 85040.

Note: This is not a complete list of drugs covered by our plan. See the List of Coverage Drugs (Formulary).

The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

Aetna Assure Premier Plus (HMO D-SNP) is a Fully Integrated Dual Eligible Special Needs Plan with a Medicare contract and a contract with the New Jersey Medicaid program. Enrollment in Aetna Assure Premier Plus depends on contract renewal. See Evidence of Coverage for a complete description of plan benefits, exclusions, limitations, and conditions of coverage.

If you speak a language other than English, free language assistance services are available. Visit our website at [AetnaBetterHealth.com/New-Jersey-hmosnp](https://www.AetnaBetterHealth.com/New-Jersey-hmosnp) or call 1-844-362-0934 (TTY: 711), 8 a.m. to 8 p.m., 7 days a week.

**ESPAÑOL (SPANISH):** Si habla un idioma que no sea el inglés, los servicios gratuitos de asistencia en idiomas están disponibles. Visite nuestro sitio web en [AetnaBetterHealth.com/New-Jersey-hmosnp](https://www.AetnaBetterHealth.com/New-Jersey-hmosnp) o llame al 1-844-362-0934 (TTY: 711), de 8 a.m. a 8 p.m., los 7 días de la semana.

**(CHINESE)** 傳統漢語(中文)如果您講英語以外的語言,則提供免費語言援助服務。請造訪我們的網站[AetnaBetterHealth.com/New-Jersey-hmosnp](https://www.AetnaBetterHealth.com/New-Jersey-hmosnp)或致電, 1-844-362-0934(TTY:711),上午8時至下午8時,每週7天

You can get this document for free in other formats, such as large print, braille, or audio. Call Member Services at 1-844-362-0934 (TTY: 711), 8 AM to 8 PM, 7 days a week. The call is free.

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