## 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

EDVENDOCDI	EDITETID O CD I	Tent to the contract of	EDVENDO DICO
ERYTHROCIN	ERYTHROCIN	This medication is	ERYTHROMYCIN
TABLET 250MG	TABLET 250MG was	no longer Medicare	TABLET 250MG EC
	removed from formulary	Part D eligible.	
	coverage as of 10/1/2024.		
	Please discuss next steps		
	with your physician.		
LEXIVA	LEXIVA SUSPENSION	This medication is	FOSAMPRENAVIR
SUSPENSION	50MG/ML was removed	no longer Medicare	CALCIUM TABLET
50MG/ML	from formulary coverage	Part D eligible.	700MG
	as of 10/1/2024. Please		
	discuss next steps with		
	your physician.		
MYAMBUTOL	MYAMBUTOL	This medication is	ETHAMBUTOL
TABLET 400MG	TABLET 400MG was	no longer Medicare	TABLET 400MG
	removed from formulary	Part D eligible.	
	coverage as of 10/1/2024.	T wit is singleton	
	Please discuss next steps		
	with your physician.		
VIBRAMYCIN	VIBRAMYCIN	This medication is	DOXYCYCLINE
CAPSULE 100MG	CAPSULE 100MG was	no longer Medicare	HYCLATE CAPSULE
CHI SCLE TOOMG	removed from formulary	Part D eligible.	100MG
	coverage as of 10/1/2024.	Tart D'engioie.	TOOMG
	Please discuss next steps		
	_		
ZETONNA AEROSOL	with your physician. ZETONNA AEROSOL	This medication is	OMNARIS SPRAY
			OMINARIS SPRAY
37MCG	37MCG was removed	no longer Medicare	
	from formulary coverage	Part D eligible.	
	as of 10/1/2024. Please		
	discuss next steps with		
	your physician.		27 1 11 11
SANTYL OINTMENT	Effective 9/1/2024,	A quantity limit is	Not Applicable
250UNITS/GRAM	Santyl Ointment 250	being added based	
	units/gram will have a	on the FDA	
	quantity limit of 180	approved	
	grams per 30 days. The	indications, dosage	
	quantity limit will only	and administration.	
	apply to members who		
	are beginning therapy		
	(new starts only) with		
	Santyl Ointment 250		
	units/gram.		
SANCUSO PATCH	SANCUSO PATCH	This medication is	SUSTOL INJECTION
3.1MG	3.1MG was removed	no longer Medicare	10MG/0.4ML
	from formulary coverage	Part D eligible.	
	as of 9/1/2024. Please		
	discuss next steps with		
	your physician.		

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ZEJULA CAPSULE	ZEJULA CAPSULE	This medication is	ZEJULA TABLET
100MG	100MG was removed	no longer Medicare	100MG
	from formulary coverage	Part D eligible.	
	as of 9/1/2024. Please		
	discuss next steps with		
	your physician.		
HUMIRA PEDIATRIC	HUMIRA PEDIATRIC	This medication is	HUMIRA INJ
INJ CROHNS	INJ CROHNS was	no longer Medicare	40MG/0.4ML
	removed from formulary	Part D eligible.	
	coverage as of 8/1/2024.		
	Please discuss next steps		
	with your physician.		
AMABELZ TAB	AMABELZ TAB	This medication is	ESTRADIOL/NORET
0.5MG-0.1MG	0.5MG-0.1MG was	no longer Medicare	HINDRONE
	removed from formulary	Part D eligible.	ACETATE TAB
	coverage as of 7/1/2024.		0.5MG-0.1MG
	Please discuss next steps		
	with your physician.		
CLINDAMYCIN INJ	CLINDAMYCIN INJ	This medication is	CLINDAMYCIN INJ
600/4ML	600/4ML was removed	no longer Medicare	300MG/2ML
OUG/ TIVIL	from formulary coverage	Part D eligible.	3001013/21012
	as of 6/1/2024. Please	Tart D'engiore.	
	discuss next steps with		
	your physician.		
SORINE TAB 80MG	SORINE TAB 80MG	This medication is	SOTALOL HCL TAB
SORINE TAB SOME	was removed from	no longer Medicare	80MG
	formulary coverage as of	Part D eligible.	OWIG
	6/1/2024. Please discuss	Tart D'engioie.	
	next steps with your		
CLIMAATDIDTANINI	physician.	This medication is	SUMATRIPTAN INJ
SUMATRIPTAN INJ	SUMATRIPTAN INJ		
4MG/0.5ML	4MG/0.5ML was	no longer Medicare	6MG/0.5ML
	removed from formulary	Part D eligible.	
	coverage as of $6/1/2024$ .		
	Please discuss next steps		
VDAVI AD CAD	with your physician.	TP1 : 1: .: :	VD AVI AD CAD
VRAYLAR CAP	VRAYLAR CAP	This medication is	VRAYLAR CAP
1.5MG-3MG	1.5MG-3MG was	no longer Medicare	1.5MG & 3MG
	removed from formulary	Part D eligible.	
	coverage as of $6/1/2024$ .		
	Please discuss next steps		
TO COLUMN	with your physician.		DIGHT I THE COLUMN
EMCYT CAP 140MG	EMCYT CAP 140MG	This medication is	BICALUTAMIDE
	was removed from	no longer Medicare	TAB 50MG
	formulary coverage as of	Part D eligible.	
	5/1/2024. Please discuss		

	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	This medication is no longer Medicare Part D eligible.	PARICALCITOL CAP
NIATRARA INILEONICO	physician.	This medienties is	DADICAL CITOL CAD
NATPARA INJ 50MCG	NATPARA INJ 50MCG	This medication is	PARICALCITOL CAP
	was removed from	no longer Medicare	
	formulary coverage as of 5/1/2024. Please discuss	Part D eligible.	
	next steps with your		
NATRARA DA DIL 75MCC	physician.	T1: 1: 4: :	DADICAL CITOL CAD
NATPARA INJ 75MCG	NATPARA INJ 75MCG	This medication is	PARICALCITOL CAP
	was removed from	no longer Medicare	
	formulary coverage as of	Part D eligible.	
	5/1/2024. Please discuss		
	next steps with your		
NIATED A D.A. DAIL	physician.	771 · 1 · · ·	DADIGAL CITOL GAD
NATPARA INJ 100MCG	NATPARA INJ	This medication is	PARICALCITOL CAP
TOOMICG	100MCG was removed	no longer Medicare	
	from formulary coverage	Part D eligible.	
	as of 5/1/2024. Please		
	discuss next steps with		
	your physician.		
HUMIRA PEN INJ	HUMIRA PEN INJ	This version of	HUMIRA PEN INJ
CROHN'S DISEASE/ULERATIV	CROHN'S	Humira is no longer	40MG/0.8ML
E	DISEASE/ULERATIVE	Medicare Part D	
COLITIS/HIDRADENI	COLITIS/HIDRADENIT	eligible. Other	
TIS SUPPURATIVA	IS SUPPURATIVA	versions are.	
STARTER PACK	STARTER PACK was		
	removed from formulary		
	coverage as of 4/1/2024.		
	Please discuss next steps		
	with your physician.		
FLOVENT DISK AER	There is limited supply at	The manufacturer	ARNUITY ELLPTA
100MCG	pharmacies. If available,	has discontinued	INHALER 100MCG
	members can still obtain	production of	
	Flovent at the cost-share	Flovent. Pharmacies	
	listed on their member	may still have	

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

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	Flovent at the cost-share	Flovent. Pharmacies	
	listed on their member	may still have	
	formulary guides.	residual supply left	
	However, a change to a	but will not be able	
	new product may be	to obtain new	
	required to prevent	supply.	
	disruption of ongoing		
	therapy.		
FLOVENT HFA AER	There is limited supply at	The manufacturer	ARNUITY ELLPTA
44MCG	pharmacies. If available,	has discontinued	INHALER 50MCG
	members can still obtain	production of	
	Flovent at the cost-share	Flovent. Pharmacies	
	listed on their member	may still have	
	formulary guides.	residual supply left	
	However, a change to a	but will not be able	
	new product may be	to obtain new	
	required to prevent	supply.	
	disruption of ongoing	зирріў.	
	therapy.		
CIPROFLOXACIN	CIPROFLOXACIN TAB	This medication is	CIPROFLOXACIN
TAB 100MG	100MG was removed	no longer Medicare	TAB 250MG, 500 MG,
1715 1001/15	from formulary coverage	Part D eligible.	750MG
	as of 3/1/2024. Please		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	discuss next steps with		
	your physician.		
SUPRAX SUS	SUPRAX SUS	This medication is	CEFIXIME SUS
500MG/5ML	500MG/5ML was	no longer Medicare	200/5ML
	removed from formulary	Part D eligible.	
	coverage as of $3/1/2024$ .		
	Please discuss next steps		
	with your physician.		
SYNRIBO INJ 3.5MG	SYNRIBO INJ 3.5MG	This medication is	IMATINIB
	was removed from	no longer Medicare	MESYLATE TAB
	formulary coverage as of	Part D eligible.	100MG, 400MG
	3/1/2024. Please discuss		
	next steps with your		
	physician.		
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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 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 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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