

**Changes to Aetna Medicare Better Health (HMO D-SNP)
Formulary**

The table below outlines all the changes to our formulary since the formulary list was last printed on 03/01/2025.

Name of Drug Affected	Description of Change	Reason for Change	Alternative Drug	Alternative Drug Cost-Sharing Tier
DROXIA CAPSULE 200MG	DROXIA CAPSULE 200MG was removed from formulary coverage as of 3/1/2025. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	HYDROXYUREA CAPSULE 500MG	
DROXIA CAPSULE 300MG	DROXIA CAPSULE 300MG was removed from formulary coverage as of 3/1/2025. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	HYDROXYUREA CAPSULE 500MG	
DROXIA CAPSULE 400MG	DROXIA CAPSULE 400MG was removed from formulary coverage as of 3/1/2025. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	HYDROXYUREA CAPSULE 500MG	
TDVAX INJECTION 2-2 LF	TDVAX INJECTION 2-2 LF was removed from formulary coverage as of 3/1/2025. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	TENIVAC INJECTION 5-2LF	
EC-NAPROXEN TABLET 375MG	EC-NAPROXEN TABLET 375MG was removed from formulary coverage as of 1/1/2025. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	NAPROXEN DR TABLET 375MG	
EC-NAPROXEN TABLET 500MG	EC-NAPROXEN TABLET 500MG was removed from formulary coverage as of 1/1/2025. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	NAPROXEN DR TABLET 500MG	

LEUKERAN TABLET 2MG	LEUKERAN TABLET 2MG was removed from formulary coverage as of 1/1/2025. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	CYCLOPHOSPHA MIDE TABLET 25MG	
NATACYN SUSPENSION 5% OP	NATACYN SUSPENSION 5% OP was removed from formulary coverage as of 1/1/2025. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	CIPROFLOXACIN SOLUTION 0.3% OP	
TABLOID TABLET 40MG	TABLOID TABLET 40MG was removed from formulary coverage as of 1/1/2025. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	Please consult with your doctor.	
TOBRADEX ST SUSPENSION 0.3-0.05	TOBRADEX ST SUSPENSION 0.3-0.05 was removed from formulary coverage as of 1/1/2025. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	TOBRAMYCIN/DE XAMETHASONE SUSPENSION 0.3- 0.1%	
ZERVIAE DROP 0.24%	ZERVIAE DROP 0.24% was removed from formulary coverage as of 1/1/2025. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	AZELASTINE DROP 0.05%	
CLENPIQ SOLUTION 10MG-3.5GM/160ML	CLENPIQ SOLUTION 10MG-3.5GM/160ML was removed from formulary coverage as of 2/1/2025. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	CLENPIQ SOLUTION 10MG- 3.5GM/175ML	
DESOGESTREL/ETHI NYL/ESTRADIOL TABLET	DESOGESTREL/ETHIN YL/ESTRADIOL TABLET was removed from formulary coverage as of 2/1/2025. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	APRI TABLET	

DUPIXENT INJECTION 100MG/0.67ML	DUPIXENT INJECTION 100MG/0.67ML was removed from formulary coverage as of 2/1/2025. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	DUPIXENT INJECTION 200MG/1.14ML	
FENTANYL OT LOZENGE 1200MCG	FENTANYL OT LOZENGE 1200MCG was removed from formulary coverage as of 2/1/2025. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	FENTANYL OT LOZENGE 800MCG	
FENTANYL OT LOZENGE 600MCG	FENTANYL OT LOZENGE 600MCG was removed from formulary coverage as of 2/1/2025. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	FENTANYL OT LOZENGE 800MCG	
MAFENIDE ACETATE PAK 5%	MAFENIDE ACETATE PAK 5% was removed from formulary coverage as of 2/1/2025. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	SULFAMYLON CREAM 85MG/GM	
MICROGESTIN FE 24 TABLET 1MG/20MCG	MICROGESTIN FE 24 TABLET 1MG/20MCG was removed from formulary coverage as of 2/1/2025. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	TARINA 24 FE TABLET	
NYMYO TABLET 0.25MG-35MCG	NYMYO TABLET 0.25MG-35MCG was removed from formulary coverage as of 2/1/2025. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	NORGESTIMATE/E THINYL ESTRADIOL TABLET 0.25MG/35MCG	
ROTARIX SUSPENSION (RECONSTITUTED)	ROTARIX SUSPENSION (RECONSTITUTED) was removed from formulary coverage as of 2/1/2025. Please discuss	This medication is no longer Medicare Part D eligible.	ROTARIX SUSPENSION (NON-RECONSTITUTED)	

	next steps with your physician.			
SELZENTRY TABLET 25MG	SELZENTRY TABLET 25MG was removed from formulary coverage as of 2/1/2025. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	MARAVIROC TABLET 150MG	
SELZENTRY TABLET 75MG	SELZENTRY TABLET 75MG was removed from formulary coverage as of 2/1/2025. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	MARAVIROC TABLET 150MG	
SORINE TABLET 120MG	SORINE TABLET 120MG was removed from formulary coverage as of 2/1/2025. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	SOTALOL HCL TABLET 120MG	
SORINE TABLET 160MG	SORINE TABLET 160MG was removed from formulary coverage as of 2/1/2025. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	SOTALOL HCL TABLET 160MG	

- 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 the tier of the drug and 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 and cost share of the alternative drug covered on the formulary (see the fourth and fifth columns).
- The fourth and fifth columns include 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 or about the amount we will pay for your prescription drugs. We are making a coverage decision for you whenever we decide what is covered for you and how much we pay. If you disagree with our decision to

remove or change the tiering structure of 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 titled *What to do if you have a problem or complaint (coverage decisions, appeals, complaints)*, in your Evidence of Coverage for more information on how to request a coverage decision, 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, grievance, or appeal, please call Member Services at **1-855-463-0933 (TTY: 711)**, from 8 a.m. to 8 p.m., 7 days a week. You may also send coverage decision, grievance, and appeal requests to 4500 E. Cotton Center Blvd., Phoenix, AZ 85040.

For more information about how these changes may impact your cost-sharing, please see the plan’s Evidence of Coverage.

Note: This is not a complete list of drugs covered by our plan. See the rest of the Formulary document 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.

Aetna Medicare is a HMO, PPO plan with a Medicare contract. Our SNPs also have contracts with State Medicaid programs. Enrollment in our plans depends on contract renewal. This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, formulary, pharmacy network, 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.