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

The table below outlines all the changes to our formulary since the formulary list was last printed on 10/01/2020.

Name of Drug Affected	Description of Change	Reason for Change	Alternative Drug	Alternative Drug Cost-Sharing Tier
RYBELSUS 3MG	RYBELSUS 3MG ADDED to formulary at Tier 3 (Preferred Brand) with a Quantity Limit (30 tabs per 30 days)	Positive Change to Members: Formulary Addition. Effective 1/1/2021.		
RYBELSUS 7MG	RYBELSUS 7MG ADDED to formulary at Tier 3 (Preferred Brand) with a Quantity Limit (30 tabs per 30 days)	Positive Change to Members: Formulary Addition. Effective 1/1/2021.		
RYBELSUS 14MG	RYBELSUS 14 MG ADDED to formulary at Tier 3 (Preferred Brand) with a Quantity Limit (30 tabs per 30 days)	Positive Change to Members: Formulary Addition. Effective 1/1/2021.		
ZERVIATE DROPS 0.24%	ZERVIATE DROPS 0.24% ADDED to formulary at Tier 4 (Non-Preferred Drug)	Positive Change to Members: Formulary Addition. Effective 1/1/2021.		
FLAREX SUS 0.1% OP	FLAREX SUS 0.1% OP ADDED to formulary at Tier 4 (Non-Preferred Drug)	Positive Change to Members: Formulary Addition. Effective 1/1/2021.		
TRIJARDY XR 10-5-1000 MG	TRIJARDY XR 10-5-1000 MG ADDED to formulary at Tier 3 (Preferred Brand) with a Quantity Limit (30 tabs per 30 days)	Positive Change to Members: Formulary Addition. Effective 1/1/2021.		
TRIJARDY XR 12.5-2.5-1000MG	TRIJARDY XR 12.5-2.5-1000MG ADDED to formulary at Tier 3 (Preferred Brand) with a	Positive Change to Members: Formulary Addition. Effective 1/1/2021.		

	Quantity Limit (60 tabs per 30 days)			
TRIJARDY XR 25-5-1000 MG	TRIJARDY XR 25-5-1000 MG ADDED to Tier 3 (Preferred Brand) with a Quantity Limit (30 tabs per 30 days)	Positive Change to Members: Formulary Addition. Effective 1/1/2021.		
TRIJARDY XR 5-2.5-1000MG	TRIJARDY XR 5-2.5-1000MG ADDED to formulary at Tier 3 (Preferred Brand) with a Quantity Limit (60 tabs per 30 days)	Positive Change to Members: Formulary Addition. Effective 1/1/2021.		

- 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 **1-844-362-0934 (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 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.

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