

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 11/01/2023.

| Name of Drug Affected | Description of Change | Reason for Change | Alternative Drug |
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| CEFACLOX SUS 125MG/5ML | CEFACLOX SUS 125MG/5ML was removed from formulary coverage as of 10/26/2023. Please discuss next steps with your physician. | This medication is no longer Medicare Part D eligible. | CEFACLOX SUS 250MG/5ML |
| CEFACLOX SUS 375MG/5ML | CEFACLOX SUS 375MG/5ML was removed from formulary coverage as of 10/26/2023. Please discuss next steps with your physician. | This medication is no longer Medicare Part D eligible. | CEFACLOX SUS 250MG/5ML |
| NEVIRAPINE TAB ER 100MG | NEVIRAPINE TAB ER 100MG was removed from formulary coverage as of 9/27/2023. Please discuss next steps with your physician. | This medication is no longer Medicare Part D eligible. | NEVIRAPINE SUSPENSION 50MG/5ML |
| AREXVY INJ 120MCG | AREXVY INJ 120MCG (RSV Vaccine) has been added to the formulary 8/16/23 at the Preferred Brand Tier with zero cost share for members 60yo and older. | New vaccine that is included in the IRA list of Part D vaccines eligible for zero cost share. | |
| ABRYSVO INJ | ABRYSVO INJ (RSV Vaccine) has been added to the formulary 8/16/23 at the Preferred Brand Tier with zero cost share for members 60yo and older. | New vaccine that is included in the IRA list of Part D vaccines eligible for zero cost share. | |
| BYDUREON BC INJ 2/0.85ML | A prior authorization for new starts is being applied to BYDUREON | A prior authorization is being added for new starts only to | |

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| | BC INJ 2/0.85ML. Please discuss next steps with your physician. | ensure appropriate Part D eligible utilization. | |
| BYETTA INJ 10MCG | A prior authorization for new starts is being applied to BYETTA INJ 10MCG. Please discuss next steps with your physician. | A prior authorization is being added for new starts only to ensure appropriate Part D eligible utilization. | |
| BYETTA INJ 5MCG | A prior authorization for new starts is being applied to BYETTA INJ 5MCG. Please discuss next steps with your physician. | A prior authorization is being added for new starts only to ensure appropriate Part D eligible utilization. | |
| OZEMPIC INJ 2/1.5ML | A prior authorization for new starts is being applied to OZEMPIC INJ 2/1.5ML. Please discuss next steps with your physician. | A prior authorization is being added for new starts only to ensure appropriate Part D eligible utilization. | |
| OZEMPIC INJ 2MG/3ML | A prior authorization for new starts is being applied to OZEMPIC INJ 2MG/3ML. Please discuss next steps with your physician. | A prior authorization is being added for new starts only to ensure appropriate Part D eligible utilization. | |
| OZEMPIC INJ 4MG/3ML | A prior authorization for new starts is being applied to OZEMPIC INJ 4MG/3ML. Please discuss next steps with your physician. | A prior authorization is being added for new starts only to ensure appropriate Part D eligible utilization. | |
| OZEMPIC INJ 8MG/3ML | A prior authorization for new starts is being applied to OZEMPIC INJ 8MG/3ML. Please discuss next steps with your physician. | A prior authorization is being added for new starts only to ensure appropriate Part D eligible utilization. | |
| RYBELSUS TAB 14MG | A prior authorization for new starts is being | A prior authorization is being added for | |

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| | applied to RYBELSUS TAB 14MG. Please discuss next steps with your physician. | new starts only to ensure appropriate Part D eligible utilization. | |
| RYBELSUS TAB 3MG | A prior authorization for new starts is being applied to RYBELSUS TAB 3MG. Please discuss next steps with your physician. | A prior authorization is being added for new starts only to ensure appropriate Part D eligible utilization. | |
| RYBELSUS TAB 7MG | A prior authorization for new starts is being applied to RYBELSUS TAB 7MG. Please discuss next steps with your physician. | A prior authorization is being added for new starts only to ensure appropriate Part D eligible utilization. | |
| TRULICITY INJ 0.75/0.5 | A prior authorization for new starts is being applied to TRULICITY INJ 0.75/0.5. Please discuss next steps with your physician. | A prior authorization is being added for new starts only to ensure appropriate Part D eligible utilization. | |
| TRULICITY INJ 1.5/0.5 | A prior authorization for new starts is being applied to TRULICITY INJ 1.5/0.5. Please discuss next steps with your physician. | A prior authorization is being added for new starts only to ensure appropriate Part D eligible utilization. | |
| TRULICITY INJ 3/0.5 | A prior authorization for new starts is being applied to TRULICITY INJ 3/0.5. Please discuss next steps with your physician. | A prior authorization is being added for new starts only to ensure appropriate Part D eligible utilization. | |
| TRULICITY INJ 4.5/0.5 | A prior authorization for new starts is being applied to TRULICITY INJ 4.5/0.5. Please discuss next steps with your physician. | A prior authorization is being added for new starts only to ensure appropriate Part D eligible utilization. | |

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| VICTOZA INJ 18MG/3ML | A prior authorization for new starts is being applied to VICTOZA INJ 18MG/3ML. Please discuss next steps with your physician. | A prior authorization is being added for new starts only to ensure appropriate Part D eligible utilization. | |
| KYNMOBI MIS 10MG | KYNMOBI MIS 10MG was removed from formulary coverage as of 8/1/2023. Please discuss next steps with your physician. | This medication is being recalled by the manufacturer. | ROPINIROLE TAB |
| KYNMOBI MIS 15MG | KYNMOBI MIS 15MG was removed from formulary coverage as of 8/1/2023. Please discuss next steps with your physician. | This medication is being recalled by the manufacturer. | ROPINIROLE TAB |
| KYNMOBI MIS 20MG | KYNMOBI MIS 20MG was removed from formulary coverage as of 8/1/2023. Please discuss next steps with your physician. | This medication is being recalled by the manufacturer. | ROPINIROLE TAB |
| KYNMOBI MIS 25MG | KYNMOBI MIS 25MG was removed from formulary coverage as of 8/1/2023. Please discuss next steps with your physician. | This medication is being recalled by the manufacturer. | ROPINIROLE TAB |
| KYNMOBI MIS 30MG | KYNMOBI MIS 30MG was removed from formulary coverage as of 8/1/2023. Please discuss next steps with your physician. | This medication is being recalled by the manufacturer. | ROPINIROLE TAB |
| AK-POLY-BAC OINTMENT OPHTHALMIC | AK-POLY-BAC OINTMENT OPHTHALMIC was removed from formulary coverage as of 1/1/2023. | This change is to comply with guidance from CMS regarding the manufacturer of this drug is no longer | BACIT/POLMYC IN OINTMENT OPHTHALMIC |

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| | Please discuss next steps with your physician. | participating in the Medicare Program as of May 1, 2023. | |
| CALCITRIOL INJ 1MCG/ML | CALCITRIOL INJ 1MCG/ML was removed from formulary coverage as of 1/1/2023. Please discuss next steps with your physician. | This change is to comply with guidance from CMS regarding the manufacturer of this drug is no longer participating in the Medicare Program as of May 1, 2023. | CALCITRIOL SOL 1MCG/ML |
| GENTAK OIN 0.3% OPHTHALMIC | GENTAK OIN 0.3% OPHTHALMIC was removed from formulary coverage as of 1/1/2023. Please discuss next steps with your physician. | This change is to comply with guidance from CMS regarding the manufacturer of this drug is no longer participating in the Medicare Program as of May 1, 2023. | GENTAMICIN SOL 0.3% OPHTHALMIC |
| MYORISAN CAP 10MG | MYORISAN CAP 10MG was removed from formulary coverage as of 1/1/2023. Please discuss next steps with your physician. | This change is to comply with guidance from CMS regarding the manufacturer of this drug is no longer participating in the Medicare Program as of May 1, 2023. | ISOTRETINOIN CAP 10MG |
| MYORISAN CAP 20MG | MYORISAN CAP 20MG was removed from formulary coverage as of 1/1/2023. Please discuss next steps with your physician. | This change is to comply with guidance from CMS regarding the manufacturer of this drug is no longer participating in the Medicare Program as of May 1, 2023. | ISOTRETINOIN CAP 20MG |
| MYORISAN CAP 30MG | MYORISAN CAP 30MG was removed from formulary coverage as of 1/1/2023. Please discuss next steps with your physician. | This change is to comply with guidance from CMS regarding the manufacturer of this drug is no longer participating in the Medicare Program as of May 1, 2023. | ISOTRETINOIN CAP 30MG |

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| MYORISAN CAP 40MG | MYORISAN CAP 40MG was removed from formulary coverage as of 1/1/2023. Please discuss next steps with your physician. | This change is to comply with guidance from CMS regarding the manufacturer of this drug is no longer participating in the Medicare Program as of May 1, 2023. | ISOTRETINOIN CAP 40MG |
| TRIMETHOPRIM SOL POLYMYXIN | TRIMETHOPRIM SOL POLYMYXIN was removed from formulary coverage as of 1/1/2023. Please discuss next steps with your physician. | This change is to comply with guidance from CMS regarding the manufacturer of this drug is no longer participating in the Medicare Program as of May 1, 2023. | POLYMYXIN B/ SOLTRIMETHPRI M |
| APO-VARENICLINE TAB 0.5MG | APO-VARENICLINE TAB 0.5MG was removed from formulary coverage as of 1/1/2023. Please discuss next steps with your physician. | This change is to comply with guidance from CMS regarding the manufacturer of this drug is no longer participating in the Medicare Program as of January 1, 2023. | VARENICLINE TAB 0.5MG |
| APO-VARENICLINE TAB 1MG | APO-VARENICLINE TAB 1MG was removed from formulary coverage as of 1/1/2023. Please discuss next steps with your physician. | This change is to comply with guidance from CMS regarding the manufacturer of this drug is no longer participating in the Medicare Program as of January 1, 2023. | VARENICLINE TAB 1MG |

- 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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