

Changes to Aetna Better Health of Virginia (HMO D-SNP), Aetna Medicare Assure Premier (HMO D-SNP), and Aetna Medicare Assure Value (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	Alternative Drug Cost-Sharing Tier
CEFACLOR SUS 125MG/5ML	CEFACLOR 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.	CEFACLOR SUS 250MG/5ML	
CEFACLOR SUS 375MG/5ML	CEFACLOR 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.	CEFACLOR 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	New vaccine that is included in the IRA list of Part D		

	Tier with zero cost share for members 60yo and older.	vaccines eligible for zero cost share.		
BYDUREON BC INJ 2/0.85ML	A prior authorization for new starts is being applied to BYDUREON BC INJ 2/0.85ML. 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 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 applied to RYBELSUS TAB 14MG. 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 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	A prior authorization is being added for new starts only to ensure appropriate		

		next steps with your physician.	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.		
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. 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.	BACIT/POLYMYC IN OINTMENT OPHTHALMIC	
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	This change is to comply with guidance from CMS	ISOTRETINOIN CAP 20MG	

	1/1/2023. Please discuss next steps with your physician.	regarding the manufacturer of this drug is no longer participating in the Medicare Program as of May 1, 2023.		
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	
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/ SOLTRIMETHPRIM	
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	This change is to comply with guidance from CMS	VARENICLINE TAB 1MG	

	as of 1/1/2023. Please discuss next steps with your physician.	regarding the manufacturer of this drug is no longer participating in the Medicare Program as of January 1, 2023.		
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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 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.