

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 11/01/2024.

Name of Drug Affected	Description of Change	Reason for Change	Alternative Drug	Alternative Drug Cost-Sharing Tier
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	This medication is no longer Medicare Part D eligible.	NADOLOL TABLET 20MG	

	10/1/2024. Please discuss next steps with your physician.			
ERYTHROCIN TABLET 250MG	ERYTHROCIN TABLET 250MG 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.	ERYTHROMYCIN TABLET 250MG EC	
LEXIVA SUSPENSION 50MG/ML	LEXIVA SUSPENSION 50MG/ML 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.	FOSAMPRENAVIR CALCIUM TABLET 700MG	
MYAMBUTOL TABLET 400MG	MYAMBUTOL TABLET 400MG 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.	ETHAMBUTOL TABLET 400MG	
VIBRAMYCIN CAPSULE 100MG	VIBRAMYCIN CAPSULE 100MG 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.	DOXYCYCLINE HYCLATE CAPSULE 100MG	
ZETONNA AEROSOL 37MCG	ZETONNA AEROSOL 37MCG 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.	OMNARIS SPRAY	
SANTYL OINTMENT 250UNITS/GRAM	Effective 9/1/2024, Santyl Ointment 250 units/gram will have a quantity limit of 180 grams per 30 days. The quantity limit will only apply to members who are beginning therapy (new starts only) with Santyl Ointment 250 units/gram.	A quantity limit is being added based on the FDA approved indications, dosage and administration.	Not Applicable	

SANCUSO PATCH 3.1MG	SANCUSO PATCH 3.1MG was removed from formulary coverage as of 9/1/2024. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	SUSTOL INJECTION 10MG/0.4ML	
ZEJULA CAPSULE 100MG	ZEJULA CAPSULE 100MG was removed from formulary coverage as of 9/1/2024. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	ZEJULA TABLET 100MG	
HUMIRA PEDIATRIC INJ CROHNS	HUMIRA PEDIATRIC INJ CROHNS was removed from formulary coverage as of 8/1/2024. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	HUMIRA INJ 40MG/0.4ML	
AMABELZ TAB 0.5MG-0.1MG	AMABELZ TAB 0.5MG-0.1MG was removed from formulary coverage as of 7/1/2024. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	ESTRADIOL/NORE THINDRONE ACETATE TAB 0.5MG-0.1MG	
CLINDAMYCIN INJ 600/4ML	CLINDAMYCIN INJ 600/4ML was removed from formulary coverage as of 6/1/2024. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	CLINDAMYCIN INJ 300MG/2ML	
SORINE TAB 80MG	SORINE TAB 80MG was removed from formulary coverage as of 6/1/2024. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	SOTALOL HCL TAB 80MG	
SUMATRIPTAN INJ 4MG/0.5ML	SUMATRIPTAN INJ 4MG/0.5ML was removed from formulary coverage as of 6/1/2024. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	SUMATRIPTAN INJ 6MG/0.5ML	
VRAYLAR CAP 1.5MG-3MG	VRAYLAR CAP 1.5MG-3MG was removed from formulary coverage as of 6/1/2024.	This medication is no longer Medicare Part D eligible.	VRAYLAR CAP 1.5MG & 3MG	

	Please discuss next steps with your physician.			
EMCYT CAP 140MG	EMCYT CAP 140MG was removed from formulary coverage as of 5/1/2024. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	BICALUTAMIDE TAB 50MG	
NATPARA INJ 25MCG	NATPARA INJ 25MCG was removed from formulary coverage as of 5/1/2024. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	PARICALCITOL CAP	
NATPARA INJ 50MCG	NATPARA INJ 50MCG was removed from formulary coverage as of 5/1/2024. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	PARICALCITOL CAP	
NATPARA INJ 75MCG	NATPARA INJ 75MCG was removed from formulary coverage as of 5/1/2024. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	PARICALCITOL CAP	
NATPARA INJ 100MCG	NATPARA INJ 100MCG was removed from formulary coverage as of 5/1/2024. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	PARICALCITOL CAP	
HUMIRA PEN INJ CROHN'S DISEASE/ULERATIVE COLITIS/HIDRADENITIS SUPPURATIVA STARTER PACK	HUMIRA PEN INJ CROHN'S DISEASE/ULERATIVE COLITIS/HIDRADENITIS SUPPURATIVA STARTER PACK was removed from formulary coverage as of 4/1/2024. Please discuss next steps with your physician.	This version of Humira is no longer Medicare Part D eligible. Other versions are.	HUMIRA PEN INJ 40MG/0.8ML	

AMABELZ TAB 1MG-0.5MG	AMABELZ TAB 1MG-0.5MG was removed from formulary coverage as of 3/1/2024. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	ESTRADIOL/NORETHINDRONE TAB 1MG-0.5MG	
FLOVENT DISK AER 100MCG	There is limited supply at pharmacies. If available, members can still obtain Flovent at the cost-share listed on their member formulary guides. However, a change to a new product may be required to prevent disruption of ongoing therapy.	The manufacturer has discontinued production of Flovent. Pharmacies may still have residual supply left but will not be able to obtain new supply.	ARNUITY ELLPTA INHALER 100MCG	
FLOVENT DISK AER 250MCG	There is limited supply at pharmacies. If available, members can still obtain Flovent at the cost-share listed on their member formulary guides. However, a change to a new product may be required to prevent disruption of ongoing therapy.	The manufacturer has discontinued production of Flovent. Pharmacies may still have residual supply left but will not be able to obtain new supply.	ARNUITY ELLPTA INHALER 200MCG	
FLOVENT DISK AER 50MCG	There is limited supply at pharmacies. If available, members can still obtain Flovent at the cost-share listed on their member formulary guides. However, a change to a new product may be required to prevent disruption of ongoing therapy.	The manufacturer has discontinued production of Flovent. Pharmacies may still have residual supply left but will not be able to obtain new supply.	ARNUITY ELLPTA INHALER 50MCG	

FLOVENT HFA AER 110MCG	There is limited supply at pharmacies. If available, members can still obtain Flovent at the cost-share listed on their member formulary guides. However, a change to a new product may be required to prevent disruption of ongoing therapy.	The manufacturer has discontinued production of Flovent. Pharmacies may still have residual supply left but will not be able to obtain new supply.	ARNUITY ELLPTA INHALER 100MCG	
FLOVENT HFA AER 220MCG	There is limited supply at pharmacies. If available, members can still obtain Flovent at the cost-share listed on their member formulary guides. However, a change to a new product may be required to prevent disruption of ongoing therapy.	The manufacturer has discontinued production of Flovent. Pharmacies may still have residual supply left but will not be able to obtain new supply.	ARNUITY ELLPTA INHALER 200MCG	
FLOVENT HFA AER 44MCG	There is limited supply at pharmacies. If available, members can still obtain Flovent at the cost-share listed on their member formulary guides. However, a change to a new product may be required to prevent disruption of ongoing therapy.	The manufacturer has discontinued production of Flovent. Pharmacies may still have residual supply left but will not be able to obtain new supply.	ARNUITY ELLPTA INHALER 50MCG	
CIPROFLOXACIN TAB 100MG	CIPROFLOXACIN TAB 100MG was removed from formulary coverage as of 3/1/2024. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	CIPROFLOXACIN TAB 250MG, 500 MG, 750MG	

SUPRAX SUS 500MG/5ML	SUPRAX SUS 500MG/5ML was removed from formulary coverage as of 3/1/2024. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	CEFIXIME SUS 200/5ML	
SYNRIBO INJ 3.5MG	SYNRIBO INJ 3.5MG was removed from formulary coverage as of 3/1/2024. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	IMATINIB MESYLATE TAB 100MG, 400MG	

- 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.