

### 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 04/01/2024.

| Name of Drug Affected                                      | Description of Change   | Reason for Change                                      | Alternative Drug          |
|--|---|--|---------------------------|
| 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/HIDRADENI | HUMIRA PEN INJ CROHN'S DISEASE/ULERATIVE COLITIS/HIDRADENIT   | This version of Humira is no longer Medicare Part D    | HUMIRA PEN INJ 40MG/0.8ML |

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|------------------------------|---|--|-------------------------------|
| TIS SUPPURATIVA STARTER PACK | IS SUPPURATIVA STARTER PACK was removed from formulary coverage as of 4/1/2024. Please discuss next steps with your physician.  | eligible. Other versions are.  |                               |
| 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   | The manufacturer has discontinued production of  | ARNUITY ELLPTA INHALER 100MCG |

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|-------------------------|---|--|--|
|                         | 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.   | Flovent. Pharmacies may still have residual supply left but will not be able to obtain new supply.   |  |
| 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 |
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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 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.aetna.com/betterhealth/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.aetna.com/betterhealth/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.aetna.com/betterhealth/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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