

### Changes to Comprehensive Plus 4 Tier 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
RAPAMUNE TABLET 0.5MG	RAPAMUNE TABLET 0.5MG 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.	SIROLIMUS TABLET 0.5MG	
LOCOID LIPO CREAM 0.1%	LOCOID LIPO CREAM 0.1% 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.	HC BUTYRATE CREAM 0.1%	
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.	
FENTANYL CITRATE TABLET 100MCG	FENTANYL CIT TAB 100MCG 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.	FENTANYL CITRATE TABLET 800MCG	
APRETUDE SUSPENSION 600MG ER	APRETUDE SUSPENSION 600MG ER 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. Pre-exposure prophylaxis (PrEP) is no longer part D eligible and may be obtained under part B.	N/A	
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	

TACLONEX OINTMENT	TACLONEX OINTMENT 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.	CALCIPOTRIENE BETAMETHASONE OINTMENT	
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	
EXSERVAN MIS 50MG	EXSERVAN MIS 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.	RILUZOLE TABLET 50MG	
CORGARD TABLET 40MG	CORGARD TABLET 40MG 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.	NADOLOL TABLET 40MG	
SOLODYN TABLET 80MG	SOLODYN TABLET 80MG 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.	MINOCYCLINE TABLET 80MG ER	
AREXVY INJECTION 120MCG	A quantity limit of 1 per 999 days was added to	To ensure appropriate dosing	N/A	

	AREXVY INJECTION 120MCG.	for clinical and safety concerns.		
CORGARD TABLET 20MG	CORGARD TABLET 20MG 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.	NADOLOL TABLET 20MG	
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	A quantity limit is being added based on the FDA approved indications, dosage and administration.	Not Applicable	

	are beginning therapy (new starts only) with Santyl Ointment 250 units/gram.			
VIBRAMYCIN SUSPENSION 25MG/5ML	VIBRAMYCIN SUSPENSION 25MG/5ML 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.	DOXYCYCLINE SUSPENSION 25MG/5ML	
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	
AYGESTIN TABLET 5MG	AYGESTIN TABLET 5MG 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.	NORETHINDRONE ACETATE TABLET 5MG	
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	
DIASTAT ACUDIAL GEL 5MG-10MG	DIASTAT ACUDIAL GEL 5MG-10MG 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	DIAZEPAM GEL 10MG	
MIRAPEX ER TABLET 3MG	MIRAPEX ER TAB 3MG 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	PRAMIPEXOLE ER TABLET 3MG	
RHOFADE CREAM 1%	RHOFADE CREAM 1% was removed from formulary coverage as of	This medication is no longer Medicare Part D eligible	AZELAIC ACID GEL 15%	

	9/1/2024. Please discuss next steps with your physician.			
DIFLUCAN SUS 10MG/ML	DIFLUCAN SUS 10MG/ML 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.	FLUCONAZOLE SUS 10MG/ML	
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	
DELESTROGEN INJ 40MG/ML	DELESTROGEN INJ 40MG/ML 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.	ESTRAD VAL INJ 40MG/ML	
PREFEST TAB	PREFEST TAB 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.	NORETH/ETHIN TAB 1MG-5MCG	
SOLODYN TAB 65MG	SOLODYN TAB 65MG 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.	MINOCYCLINE TAB 65MG ER	
SOLODYN TAB 55MG	SOLODYN TAB 55MG 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.	MINOCYCLINE TAB 55MG ER	
SOLODYN TAB 105MG	SOLODYN TAB 105MG 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.	MINOCYCLINE TAB 105MG ER	

GLYNASE TAB 3MG	GLYNASE TAB 3MG 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.	GLYBURIDE MICRONIZED TAB 3MG	
MINIPRESS CAP 1MG	MINIPRESS CAP 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.	PRAZOSIN HCL CAP 1MG	
MINIPRESS CAP 2MG	MINIPRESS CAP 2MG 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.	PRAZOSIN HCL CAP 2MG	
MINIPRESS CAP 5MG	MINIPRESS CAP 5MG 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.	PRAZOSIN HCL CAP 5MG	
EXTAVIA INJ 0.3MG	EXTAVIA INJ 0.3MG 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.	BETASERON INJ 0.3MG	
SEASONIQUE TAB	SEASONIQUE TAB 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.	LEVONORGESTRE L/ETHINYL ESTRADIOL TAB	
DORYX MPC TAB 120MG	DORYX MPC TAB 120MG 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.	DOXYCYCLINE HYCLATE TAB	
AIRDUO DIGIHALER INHALER 55MCG/ACT-14MCG/ACT	AIRDUO DIGIHALER INHALER 55MCG/ACT-14MCG/ACT was removed from formulary	This medication is no longer Medicare Part D eligible.	ADVAIR HFA AER	

	coverage as of 7/1/2024. Please discuss next steps with your physician.			
ARMONAIR DIGIHALER AER 55MCG	ARMONAIR DIGIHALER AER 55MCG 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.	ARNUITY ELLIPTA INHALER	
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	
RILUTEK TAB 50MG	RILUTEK TAB 50MG 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.	RILUZOLE TAB 50MG	
CAPEX SHAMPOO 0.01%	CAPEX SHAMPOO 0.01% 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.	DERMA-SMOOTH OIL /FS SCALP	
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	
FELDENE CAP 10MG	FELDENE CAP 10MG 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.	PIROXICAM CAP 10MG	
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. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	VRAYLAR CAP 1.5MG & 3MG	
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	
KERYDIN SOL 5%	KERYDIN SOL 5% 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.	TAVABOROLE SOL 5%	
LOSEASONIQUE TAB	LOSEASONIQUE TAB 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.	LEVONORGESTRE L/ETHINYL ESTRADIOL TAB	
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	This medication is no longer Medicare Part D eligible.	PARICALCITOL CAP	



	next steps with your physician.			
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	
ACCOLATE TAB 10MG	ACCOLATE TAB 10MG was removed from formulary coverage as of 4/1/2024. Please discuss next steps with your physician.	This brand medication is no longer Medicare Part D eligible. Generic equivalent is.	ZAFIRLUKAST TAB 10MG	
HUMALOG MIX INJ 50/50	HUMALOG MIX INJ 50/50 was removed from formulary coverage as of 4/1/2024. Please discuss next steps with your physician.	This version of Humalog is no longer Medicare Part D eligible. Other versions are.	HUMALOG MIX INJ 50/50 KWIKPEN	
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	
TRUDHESA AER 0.725MG	TRUDHESA AER 0.725MG 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.	DIHYDROERGOTAMINE SPRAY 4MG/ML	
TYVASO DPI POWDER 16-32MCG	TYVASO DPI POWDER 16-32MCG was removed from formulary coverage as of 4/1/2024. Please discuss next steps with your physician.	This version of Tyvaso is no longer Medicare Part D eligible. Other versions are.	TYVASO DPI POWDER 16MCG	

XIMINO CAP 135MG ER	XIMINO CAP 135MG ER was removed from formulary coverage as of 4/1/2024. Please discuss next steps with your physician.	This brand medication is no longer Medicare Part D eligible. Generic equivalent is.	MINOCYCLINE TAB 135MG ER	
XIMINO CAP 90MG ER	XIMINO CAP 90MG ER was removed from formulary coverage as of 4/1/2024. Please discuss next steps with your physician.	This brand medication is no longer Medicare Part D eligible. Generic equivalent is.	MINOCYCLINE TAB 90MG ER	
ZOMIG TAB 2.5MG	ZOMIG TAB 2.5MG was removed from formulary coverage as of 4/1/2024. Please discuss next steps with your physician.	This brand medication is no longer Medicare Part D eligible. Generic equivalent is.	ZOLMITRIPTAN TAB 2.5MG	
ZOMIG TAB 5MG	ZOMIG TAB 5MG was removed from formulary coverage as of 4/1/2024. Please discuss next steps with your physician.	This brand medication is no longer Medicare Part D eligible. Generic equivalent is.	ZOLMITRIPTAN TAB 5MG	
DORYX TAB 50MG	DORYX TAB 50MG 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.	DOXYCYCLINE HYCLATE TAB 50MG DR	
FORTESTA GEL 10MG/ACT	FORTESTA GEL 10MG/ACT 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.	TESTOSTERONE GEL 10MG/ACT	
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	

PROVENTIL AER HFA	PROVENTIL AER HFA 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.	VENTOLIN HFA AER	
RENAGEL TAB 800MG	RENAGEL TAB 800MG 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.	SEVELAMER TAB 800MG	
HALDOL DECANOATE INJ 50MG/ML	HALDOL DECANOATE INJ 50MG/ML 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.	HALOPER DECANOATE INJ 50MG/ML	
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	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	

	disruption of ongoing therapy.			
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	The manufacturer has discontinued production of Flovent. Pharmacies	ARNUITY ELLPTA INHALER 50MCG	

	listed on their member formulary guides. However, a change to a new product may be required to prevent disruption of ongoing therapy.	may still have residual supply left but will not be able to obtain new supply.		
ACCOLATE TAB 20MG	ACCOLATE TAB 20MG 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.	ZAFIRLUKAST TAB 20MG	
ANTARA CAP 90MG	ANTARA CAP 90MG 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.	FENOFIBRATE MICRO CAP 90MG	
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	
DARAPRIM TAB 25MG	DARAPRIM TAB 25MG 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.	PYRIMETHAMINE TAB 25MG	
MIRAPEX ER TAB 0.375MG	MIRAPEX ER TAB 0.375MG 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.	PRAMIPEXOLE TABMG 0.375 ER	
MIRAPEX ER TAB 0.75MG	MIRAPEX ER TAB 0.75MG 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.	PRAMIPEXOLE TAB 0.75MG ER	

MIRAPEX ER TAB 2.25MG	MIRAPEX ER TAB 2.25MG 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.	PRAMIPEXOLE TAB 2.25MG ER	
MIRAPEX ER TAB 3.75MG	MIRAPEX ER TAB 3.75MG 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.	PRAMIPEXOLE TAB 3.75MG ER	
MIRAPEX ER TAB 4.5MG	MIRAPEX ER TAB 4.5MG 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.	PRAMIPEXOLE TAB 4.5MG ER	
NAMENDA TAB 10MG	NAMENDA TAB 10MG 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.	MEMANTINE TAB HCL 10MG	
SAIZEN INJ 5MG	SAIZEN INJ 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.	SEROSTIM INJ 5MG	
SAIZEN INJ 8.8MG	SAIZEN INJ 8.8MG 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.	ZORBTIVE INJ 8.8MG	
SUPRAX CAP 400MG	SUPRAX CAP 400MG 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 CAP 400MG	
SUPRAX CHEW 100MG	SUPRAX CHEW 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.	CEFIXIME CAP 400MG	

SUPRAX CHEW 200MG	SUPRAX CHEW 200MG 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 CAP 400MG	
SUPRAX SUS 200/5ML	SUPRAX SUS 200/5ML 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 200MG/5ML	
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 200MG/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	
XIMINO CAP 45MG ER	XIMINO CAP 45MG ER 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.	MINOCYCLINE TAB 45MG ER	

- 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 **1-866-241-0357 (TTY: 711)**, from October 1 - February 14; 8 a.m. to 8 p.m. Monday - Friday, from February 15 - September 30. You may also send coverage decision, grievance, and appeal requests to PO Box 7773 London, Kentucky, 40742.

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 PDP, 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.