

Changes to Comprehensive Plus 3 Tier Formulary

The table below outlines all the changes to our formulary since the formulary list was last printed on 10/01/2024.

Name of Drug Affected	Description of Change	Reason for Change	Alternative Drug	Alternative Drug Cost-Sharing Tier
APEXICON E CREAM 0.05%	APEXICON E CREAM 0.05% was removed from formulary coverage as of 2/1/2025. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	DIFLORASONE CREAM 0.05%	
CLENPIQ SOLUTION 10MG-3.5GM/160ML	CLENPIQ SOLUTION 10MG-3.5GM/160ML was removed from formulary coverage as of 2/1/2025. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	CLENPIQ SOLUTION 10MG-3.5GM/175ML	
COLCRYS TABLET 0.6MG	COLCRYS TABLET 0.6MG was removed from formulary coverage as of 2/1/2025. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	COLCHICINE TABLET 0.6MG	
DESOGESTREL/ETHINYL/ESTRADIOL TABLET	DESOGESTREL/ETHINYL/ESTRADIOL TABLET was removed from formulary coverage as of 2/1/2025. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	APRI TABLET	
DIFFERIN LOTION 0.1%	DIFFERIN LOTION 0.1% was removed from formulary coverage as of 2/1/2025. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	ADAPALENE CREAM 0.1%	
DIPHThERIA/TETANUS PEDIATRIC INJECTION 25LFU-5LFU	DIPHThERIA/TETANUS PEDIATRIC INJECTION 25LFU-5LFU was removed from formulary coverage as of	This medication is no longer Medicare Part D eligible.	TDVAX INJECTION 2-2 LF	

	2/1/2025. Please discuss next steps with your physician.			
DUPIXENT INJECTION 100MG/0.67ML	DUPIXENT INJECTION 100MG/0.67ML was removed from formulary coverage as of 2/1/2025. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	DUPIXENT INJECTION 200MG/1.14ML	
ENTADFI CAPSULE 5MG-5MG	ENTADFI CAPSULE 5MG-5MG was removed from formulary coverage as of 2/1/2025. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	DUTASTERIDE/TAMSULOSIN CAPSULE 0.5MG-0.4MG	
EPZICOM TABLET 600MG-300MG	EPZICOM TABLET 600MG-300MG was removed from formulary coverage as of 2/1/2025. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	ABACAVIR/LAMIVUDINE TABLET 600MG-300MG	
FENTANYL CITRATE TABLET 200MCG	FENTANYL CITRATE TABLET 200MCG was removed from formulary coverage as of 2/1/2025. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	FENTANYL CITRATE TABLET 400MCG	
FENTANYL OT LOZENGE 1200MCG	FENTANYL OT LOZENGE 1200MCG was removed from formulary coverage as of 2/1/2025. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	FENTANYL OT LOZENGE 800MCG	
FENTANYL OT LOZENGE 600MCG	FENTANYL OT LOZENGE 600MCG was removed from formulary coverage as of 2/1/2025. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	FENTANYL OT LOZENGE 800MCG	
FENTORA TABLET 100MCG	FENTORA TABLET 100MCG was removed from formulary coverage as of 2/1/2025. Please	This medication is no longer Medicare Part D eligible.	FENTANYL CITRATE TABLET 100MCG	

	discuss next steps with your physician.			
FENTORA TABLET 200MCG	FENTORA TABLET 200MCG was removed from formulary coverage as of 2/1/2025. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	FENTANYL CITRATE TABLET 400MCG	
FENTORA TABLET 400MCG	FENTORA TABLET 400MCG was removed from formulary coverage as of 2/1/2025. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	FENTANYL CITRATE TABLET 400MCG	
FENTORA TABLET 600MCG	FENTORA TABLET 600MCG was removed from formulary coverage as of 2/1/2025. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	FENTANYL CITRATE TABLET 600MCG	
FENTORA TABLET 800MCG	FENTORA TABLET 800MCG was removed from formulary coverage as of 2/1/2025. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	FENTANYL CITRATE TABLET 800MCG	
FINACEA GEL 15%	FINACEA GEL 15% was removed from formulary coverage as of 2/1/2025. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	AZELAIC ACID GEL 15%	
KAZANO TABLET 12.5MG-1000MG	KAZANO TABLET 12.5MG-1000MG was removed from formulary coverage as of 2/1/2025. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	ALOGLIPTIN/METFORMIN TABLET	
KAZANO TABLET 12.5MG-500MG	KAZANO TABLET 12.5MG-500MG was removed from formulary coverage as of 2/1/2025. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	ALOGLIPTIN/METFORMIN TABLET	

LEXIVA TABLET 700MG	LEXIVA TABLET 700MG was removed from formulary coverage as of 2/1/2025. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	FOSAMPRENAVIR TABLET 700MG	
LIQREV SUSPENSION 10MG/ML	LIQREV SUSENSION 10MG/ML was removed from formulary coverage as of 2/1/2025. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	SILDENAFIL SUSPENSION 10MG/ML	
LOPROX SHAMPOO 1%	LOPROX SHAMPOO 1% was removed from formulary coverage as of 2/1/2025. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	CICLOPIROX SHAMPOO 1%	
MAFENIDE ACETATE PAK 5%	MAFENIDE ACETATE PAK 5% was removed from formulary coverage as of 2/1/2025. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	SULFAMYLLON CREAM 85MG/GM	
MICROGESTIN FE 24 TABLET 1MG/20MCG	MICROGESTIN FE 24 TABLET 1MG/20MCG was removed from formulary coverage as of 2/1/2025. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	TARINA 24 FE TABLET	
NAFTIN GEL 1%	NAFTIN GEL 1% was removed from formulary coverage as of 2/1/2025. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	NAFTIFINE GEL 2%	
NESINA TABLET 12.5MG	NESINA TABLET 12.5MG was removed from formulary coverage as of 2/1/2025. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	ALOGLIPTIN TABLET 12.5MG	
NESINA TABLET 25MG	NESINA TABLET 25MG was removed from formulary coverage as of 2/1/2025. Please discuss	This medication is no longer Medicare Part D eligible.	ALOGLIPTIN TABLET 25MG	

	next steps with your physician.			
NESINA TABLET 6.25MG	NESINA TABLET 6.25MG was removed from formulary coverage as of 2/1/2025. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	ALOGLIPTIN TABLET 6.25MG	
NYMYO TABLET 0.25MG-35MCG	NYMYO TABLET 0.25MG-35MCG was removed from formulary coverage as of 2/1/2025. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	NORGESTIMATE/ETHINYL ESTRADIOL TABLET 0.25MG/35MCG	
OSENI TABLET 12.5MG-30MG	OSENI TABLET 12.5MG-30MG was removed from formulary coverage as of 2/1/2025. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	ALOGLIPTAN/PIOGLITAZONE TABLET 12.5MG-30MG	
OSENI TABLET 25MG-15MG	OSENI TABLET 25MG-15MG was removed from formulary coverage as of 2/1/2025. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	ALOGLIPTAN/PIOGLITAZONE TABLET 25MG-15MG	
OSENI TAB 25-30MG	OSENI TAB 25-30MG was removed from formulary coverage as of 2/1/2025. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	ALOG/PIOGLITAB 25-30MG	
OSENI TAB 25-45MG	OSENI TAB 25-45MG was removed from formulary coverage as of 2/1/2025. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	ALOG/PIOGLITAB 25-45MG	
OSMOLEX ER TABLET 129MG	OSMOLEX ER TABLET 129MG was removed from formulary coverage as of 2/1/2025. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	AMANTADINE TABLET 100MG	

OXACILLIN INJECTION 1GM	OXACILLIN INJECTION 1GM was removed from formulary coverage as of 2/1/2025. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	OXACILLIN INJECTION 2GM	
OXYCODONE ER TABLET 10MG	OXYCODONE ER TABLET 10MG was removed from formulary coverage as of 2/1/2025. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	OXYCODONE TABLET 10MG	
OXYCODONE ER TABLET 20MG	OXYCODONE ER TABLET 20MG was removed from formulary coverage as of 2/1/2025. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	OXYCODONE TABLET 20MG	
PANDEL CREAM 0.1%	PANDEL CREAM 0.1% was removed from formulary coverage as of 2/1/2025. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	HYDROCORTISONE CREAM 1%	
PLASMA-LYTE INJECTION -148	PLASMA-LYTE INJECTION -148 was removed from formulary coverage as of 2/1/2025. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	MULT ELECTROLYTES INJECTION PH 5.5	
QUARTETTE TABLET	QUARTETTE TABLET was removed from formulary coverage as of 2/1/2025. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	LEVONORGESTREL/ETHINYL ESTRADIOL TABLET	
RAPAMUNE SOLUTION 1MG/ML	RAPAMUNE SOLUTION 1MG/ML was removed from formulary coverage as of 2/1/2025. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	SIROLIMUS SOLUTION 1MG/ML	
ROTARIX SUSPENSION (RECONSTITUTED)	ROTARIX SUSPENSION (RECONSTITUTED)	This medication is no longer Medicare Part D eligible.	ROTARIX SUSPENSION (NON-	

	was removed from formulary coverage as of 2/1/2025. Please discuss next steps with your physician.		RECONSTITUTED)	
SEGLENTIS TABLET 56MG-44MG	SEGLENTIS TABLET 56MG-44MG was removed from formulary coverage as of 2/1/2025. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	TRAMADOL/ACE TAMINOPHEN TABLET 37.5MG-325MG	
SELZENTRY TABLET 25MG	SELZENTRY TABLET 25MG was removed from formulary coverage as of 2/1/2025. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	MARAVIROC TABLET 150MG	
SELZENTRY TABLET 75MG	SELZENTRY TABLET 75MG was removed from formulary coverage as of 2/1/2025. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	MARAVIROC TABLET 150MG	
SORINE TABLET 120MG	SORINE TABLET 120MG was removed from formulary coverage as of 2/1/2025. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	SOTALOL HCL TABLET 120MG	
SORINE TABLET 160MG	SORINE TABLET 160MG was removed from formulary coverage as of 2/1/2025. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	SOTALOL HCL TABLET 160MG	
TRICOR TABLET 48MG	TRICOR TABLET 48MG was removed from formulary coverage as of 2/1/2025. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	FENOFIBRATE TABLET 48MG	
TYVASO DPI POWDER 32MCG-48MCG	TYVASO DPI POWDER 32MCG-48MCG was removed from formulary coverage as of 2/1/2025. Please	This medication is no longer Medicare Part D eligible.	TYVASO DPI POWER 32MCG	

	discuss next steps with your physician.			
VELTIN GEL	VELTIN GEL was removed from formulary coverage as of 2/1/2025. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	CLINDAMYCIN/TRETINOIN GEL	
VERDESO AEROSOL 0.05%	VERDESO AEROSOL 0.05% was removed from formulary coverage as of 2/1/2025. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	DESONIDE CREAM 0.05%	
VFEND TABLET 200MG	VFEND TABLET 200MG was removed from formulary coverage as of 2/1/2025. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	VORICONAZOLE TABLET 200MG	
VISTARIL CAPSULE 25MG	VISTARIL CAPSULE 25MG was removed from formulary coverage as of 2/1/2025. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	HYDROXYZINE PAMOATE CAPSULE 25MG	
XPHOZAH TABLET 20MG	XPHOZAH TABLET 20MG was removed from formulary coverage as of 1/1/2025. Please discuss next steps with your physician.	Starting January 1, 2025, The Centers for Medicare & Medicaid Services (CMS) has updated regulations related to End Stage renal Disease (ESRD) bundle payments As a result, Xphozah will no longer be a Part D covered drug and must be billed as part of the ESRD bundle payment.	N/A	
XPHOZAH TABLET 30MG	XPHOZAH TABLET 30MG was removed from formulary coverage as of 1/1/2025. Please discuss	Starting January 1, 2025, The Centers for Medicare & Medicaid Services (CMS) has updated	N/A	

	next steps with your physician.	regulations related to End Stage renal Disease (ESRD) bundle payments As a result, Xphozah will no longer be a Part D covered drug and must be billed as part of the ESRD bundle payment.		
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	

- 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 **1-833-570-6670 (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.