## Changes to Comprehensive Plus 5 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	This medication is no longer Medicare Part D eligible.	CALCIPOTRIENE BETAMETHASONE OINTMENT
CLENPIQ SOLUTION 10 MG-3.5 GM-12 GM/160ML	with your physician. 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

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	are beginning therapy		
	(new starts only) with		
	Santyl Ointment 250		
	units/gram.		
VIBRAMYCIN	VIBRAMYCIN	This medication is	DOXYCYCLINE
SUSPENSION	SUSPENSION	no longer Medicare	SUSPENSION
25MG/5ML	25MG/5ML was	Part D eligible.	25MG/5ML
	removed from formulary		
	coverage as of $9/1/2024$ .		
	Please discuss next steps		
	with your physician.		
ZEJULA CAPSULE	ZEJULA CAPSULE	This medication is	ZEJULA TABLET
100MG	100MG was removed	no longer Medicare	100MG
	from formulary coverage	Part D eligible.	
	as of 9/1/2024. Please		
	discuss next steps with		
	your physician.		
AYGESTIN TABLET	AYGESTIN TABLET	This medication is	NORETHINDRONE
5MG	5MG was removed from	no longer Medicare	ACETATE TABLET
	formulary coverage as of	Part D eligible.	5MG
	9/1/2024. Please discuss		
	next steps with your		
	physician.		
SANCUSO PATCH	SANCUSO PATCH	This medication is	SUSTOL
3.1MG	3.1MG was removed	no longer Medicare	INJECTION
	from formulary coverage	Part D eligible.	10MG/0.4ML
	as of 9/1/2024. Please		
	discuss next steps with		
	your physician.		
DIASTAT ACUDIAL	DIASTAT ACUDIAL	This medication is	DIAZEPAM GEL
GEL 5MG-10MG	GEL 5MG-10MG	no longer Medicare	10MG
	was removed from	Part D eligible	
	formulary coverage as of		
	9/1/2024. Please discuss		
	next steps with your		
	physician.		
MIRAPEX ER	MIRAPEX ER TAB	This medication is	PRAMIPEXOLE ER
TABLET 3MG	3MG was removed from	no longer Medicare	TABLET 3MG
	formulary coverage as of	Part D eligible	
	9/1/2024. Please discuss		
	next steps with your		
	physician.		
RHOFADE CREAM	RHOFADE CREAM 1%	This medication is	AZELAIC ACID
1%	was removed from	no longer Medicare	GEL 15%
	formulary coverage as of	Part D eligible	
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	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	This medication is	GLYBURIDE
	was removed from	no longer Medicare	MICRONIZED TAB
	formulary coverage as of	Part D eligible.	3MG
	7/1/2024. Please discuss	r urt D englote.	51110
	next steps with your		
	physician.		
MINIPRESS CAP 1MG	MINIPRESS CAP 1MG	This medication is	PRAZOSIN HCL
	was removed from	no longer Medicare	CAP 1MG
	formulary coverage as of	Part D eligible.	
	7/1/2024. Please discuss	r urt D'engloie.	
	next steps with your		
	physician.		
MINIPRESS CAP 2MG	MINIPRESS CAP 2MG	This medication is	PRAZOSIN HCL
	was removed from	no longer Medicare	CAP 2MG
	formulary coverage as of	Part D eligible.	
	7/1/2024. Please discuss	Ture D'engloie.	
	next steps with your		
	physician.		
MINIPRESS CAP 5MG	MINIPRESS CAP 5MG	This medication is	PRAZOSIN HCL
	was removed from	no longer Medicare	CAP 5MG
	formulary coverage as of	Part D eligible.	
	7/1/2024. Please discuss	I with D might first	
	next steps with your		
	physician.		
EXTAVIA INJ 0.3MG	EXTAVIA INJ 0.3MG	This medication is	BETASERON INJ
	was removed from	no longer Medicare	0.3MG
	formulary coverage as of	Part D eligible.	
	7/1/2024. Please discuss		
	next steps with your		
	physician.		
SEASONIQUE TAB	SEASONIQUE TAB was	This medication is	LEVONORGESTRE
-	removed from formulary	no longer Medicare	L/ETHINYL
	coverage as of $7/1/2024$ .	Part D eligible.	ESTRADIOL TAB
	Please discuss next steps	-	
	with your physician.		
DORYX MPC TAB	DORYX MPC TAB	This medication is	DOXYCYCLINE
120MG	120MG was removed	no longer Medicare	HYCLATE TAB
	from formulary coverage	Part D eligible.	
	as of 7/1/2024. Please		
	discuss next steps with		
	your physician.		
AIRDUO DIGIHALER	AIRDUO DIGIHALER	This medication is	ADVAIR HFA
INHALER	INHALER	no longer Medicare	AER
55MCG/ACT-	55MCG/ACT-	Part D eligible.	
14MCG/ACT	14MCG/ACT was		
1	removed from formulary	1	

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	coverage as of $7/1/2024$ .		
	Please discuss next steps		
	with your physician.		
ARMONAIR	ARMONAIR	This medication is	ARNUITY ELLIPTA
DIGIHALER AER	DIGIHALER AER	no longer Medicare	INHALER
55MCG	55MCG was removed	Part D eligible.	
	from formulary coverage	r une D'engletet	
	as of $7/1/2024$ . Please		
	discuss next steps with		
	your physician.		
AMABELZ TAB	AMABELZ TAB	This medication is	ESTRADIOL/NORE
0.5MG-0.1MG	0.5MG-0.1MG was	no longer Medicare	THINDRONE
0.51010-0.11010	removed from formulary	Part D eligible.	ACETATE TAB
	coverage as of $7/1/2024$ .	Tart D'engiore.	0.5MG-0.1MG
	-		0.51010-0.11010
	Please discuss next steps		
RILUTEK TAB 50MG	with your physician. RILUTEK TAB 50MG	This medication is	RILUZOLE TAB
RILUTEK TAB SUMG			
	was removed from	no longer Medicare	50MG
	formulary coverage as of $7/1/2024$ . Please discuss	Part D eligible.	
	next steps with your		
	physician.	<b>T</b> 1 1 1	
CAPEX SHAMPOO	CAPEX SHAMPOO	This medication is	DERMA-SMOOTH
0.01%	0.01% was removed from	no longer Medicare	OIL /FS SCALP
	formulary coverage as of	Part D eligible.	
	6/1/2024. Please discuss		
	next steps with your		
	physician.		
CLINDAMYCIN INJ	CLINDAMYCIN INJ	This medication is	CLINDAMYCIN INJ
600/4ML	600/4ML was removed	no longer Medicare	300MG/2ML
	from formulary coverage	Part D eligible.	
	as of 6/1/2024. Please		
	discuss next steps with		
	your physician.		
FELDENE CAP 10MG	FELDENE CAP 10MG	This medication is	PIROXICAM CAP
	was removed from	no longer Medicare	10MG
	formulary coverage as of	Part D eligible.	
	6/1/2024. Please discuss		
	next steps with your		
	physician.		
SORINE TAB 80MG	SORINE TAB 80MG	This medication is	SOTALOL HCL
	was removed from	no longer Medicare	TAB 80MG
	formulary coverage as of	Part D eligible.	
	6/1/2024. Please discuss		
	next steps with your		
	physician.		

SUMATRIPTAN INJ	SUMATRIPTAN INJ	This medication is	SUMATRIPTAN INJ
4MG/0.5ML	4MG/0.5ML was	no longer Medicare	6MG/0.5ML
	removed from formulary	Part D eligible.	
	coverage as of $6/1/2024$ .		
	Please discuss next steps with your physician.		
VRAYLAR CAP	VRAYLAR CAP	This medication is	VRAYLAR CAP
1.5MG-3MG	1.5MG-3MG was	no longer Medicare	1.5MG & 3MG
	removed from formulary	Part D eligible.	
	coverage as of $6/1/2024$ .		
	Please discuss next steps		
	with your physician.		
EMCYT CAP 140MG	EMCYT CAP 140MG was removed from	This medication is	BICALUTAMIDE TAB 50MG
	formulary coverage as of	no longer Medicare Part D eligible.	TAB 50MG
	5/1/2024. Please discuss	T art D englote.	
	next steps with your		
	physician.		
KERYDIN SOL 5%	KERYDIN SOL 5% was	This medication is	TAVABOROLE
	removed from formulary	no longer Medicare	SOL 5%
	coverage as of $5/1/2024$ .	Part D eligible.	
	Please discuss next steps with your physician.		
LOSEASONIQUE TAB	LOSEASONIQUE TAB	This medication is	LEVONORGESTRE
	was removed from	no longer Medicare	L/ETHINYL
	formulary coverage as of	Part D eligible.	ESTRADIOL TAB
	5/1/2024. Please discuss		
	next steps with your		
	physician.	TT1 ' 1' (' '	
NATPARA INJ 25MCG	NATPARA INJ 25MCG was removed from	This medication is no longer Medicare	PARICALCITOL CAP
	formulary coverage as of	Part D eligible.	CAI
	5/1/2024. Please discuss	D engloie.	
	next steps with your		
	physician.		
NATPARA INJ 50MCG	NATPARA INJ 50MCG	This medication is	PARICALCITOL
	was removed from	no longer Medicare	CAP
	formulary coverage as of $5/1/2024$ . Please discuss	Part D eligible.	
	next steps with your		
	physician.		
NATPARA INJ 75MCG	NATPARA INJ 75MCG	This medication is	PARICALCITOL
	was removed from	no longer Medicare	CAP
	formulary coverage as of	Part D eligible.	
	5/1/2024. Please discuss		

	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/ULERATIV E COLITIS/HIDRADENI TIS SUPPURATIVA STARTER PACK	HUMIRA PEN INJ CROHN'S DISEASE/ULERATIVE COLITIS/HIDRADENIT IS 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.	DIHYDROERGOTA MINE 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	XIMINO CAP 135MG	This brand	MINOCYCLINE
ER	ER was removed from	medication is no	TAB 135MG ER
	formulary coverage as of	longer Medicare Part	
	4/1/2024. Please discuss	D eligible. Generic	
	next steps with your	equivalent is.	
	physician.		
XIMINO CAP 90MG	XIMINO CAP 90MG ER	This brand	MINOCYCLINE
ER	was removed from	medication is no	TAB 90MG ER
	formulary coverage as of $4/1/2024$ . Please discuss	longer Medicare Part D eligible. Generic	
	next steps with your	equivalent is.	
	physician.	equivalent is.	
ZOMIG TAB 2.5MG	ZOMIG TAB 2.5MG	This brand	ZOLMITRIPTAN
	was removed from	medication is no	TAB 2.5MG
	formulary coverage as of	longer Medicare Part	
	4/1/2024. Please discuss	D eligible. Generic	
	next steps with your	equivalent is.	
ZOMIG TAB 5MG	physician. ZOMIG TAB 5MG was	This brand	ZOLMITRIPTAN
	removed from formulary	medication is no	TAB 5MG
	coverage as of $4/1/2024$ .	longer Medicare Part	
	Please discuss next steps	D eligible. Generic	
	with your physician.	equivalent is.	
DORYX TAB 50MG	DORYX TAB 50MG	This medication is	DOXYCYCLINE
	was removed from	no longer Medicare	HYCLATE TAB
	formulary coverage as of	Part D eligible.	50MG DR
	3/1/2024. Please discuss		
	next steps with your		
	physician.		
FORTESTA GEL	FORTESTA GEL	This medication is	TESTOSTERONE
10MG/ACT	10MG/ACT was	no longer Medicare	GEL 10MG/ACT
	removed from formulary	Part D eligible.	
	coverage as of $3/1/2024$ .		
	Please discuss next steps		
	with your physician.		
AMABELZ TAB 1MG-	AMABELZ TAB 1MG-	This medication is	ESTRADIOL/NORE
0.5MG	0.5MG was removed	no longer Medicare	THINDRONE TAB
	from formulary coverage	Part D eligible.	1MG-0.5MG
	as of 3/1/2024. Please		
	discuss next steps with		
	your physician.		
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PROVENTIL AER HFA RENAGEL TAB 800MG	PROVENTIL AER HFA was removed from formulary coverage as of 3/1/2024. Please discuss next steps with your physician. 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. This medication is no longer Medicare Part D eligible.	VENTOLIN HFA AER SEVELAMER TAB 800MG
HALDOL DECANOATE INJ	HALDOL DECANOATE INJ	This medication is no longer Medicare	HALOPER DECANOATE INJ
50MG/ML	50MG/ML was removed from formulary coverage as of 3/1/2024. Please discuss next steps with your physician.	Part D eligible.	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

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	disruption of ongoing		
	therapy.		
FLOVENT DISK AER	There is limited supply at	The manufacturer	ARNUITY ELLPTA
50MCG	pharmacies. If available,	has discontinued	INHALER 50MCG
	members can still obtain	production of	
	Flovent at the cost-share	Flovent. Pharmacies	
	listed on their member	may still have	
	formulary guides.	residual supply left	
	However, a change to a	but will not be able	
	new product may be	to obtain new	
	required to prevent	supply.	
	disruption of ongoing		
	therapy.		
FLOVENT HFA AER	There is limited supply at	The manufacturer	ARNUITY ELLPTA
110MCG	pharmacies. If available,	has discontinued	INHALER 100MCG
	members can still obtain	production of	
	Flovent at the cost-share	Flovent. Pharmacies	
	listed on their member	may still have	
	formulary guides.	residual supply left	
	However, a change to a	but will not be able	
	new product may be	to obtain new	
	required to prevent	supply.	
	disruption of ongoing		
	therapy.		
FLOVENT HFA AER	There is limited supply at	The manufacturer	ARNUITY ELLPTA
220MCG	pharmacies. If available,	has discontinued	INHALER 200MCG
	members can still obtain	production of	
	Flovent at the cost-share	Flovent. Pharmacies	
	listed on their member	may still have	
	formulary guides.	residual supply left	
	However, a change to a	but will not be able	
	new product may be	to obtain new	
	required to prevent	supply.	
	disruption of ongoing	11.7	
	therapy.		
FLOVENT HFA AER	There is limited supply at	The manufacturer	ARNUITY ELLPTA
44MCG	pharmacies. If available,	has discontinued	INHALER 50MCG
	members can still obtain	production of	
	Flovent at the cost-share	Flovent. Pharmacies	
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	listed on their member	may still have	
	formulary guides.	residual supply left	
	However, a change to a	but will not be able	
	new product may be	to obtain new	
	required to prevent	supply.	
	disruption of ongoing		
	therapy.		
ACCOLATE TAB	ACCOLATE TAB	This medication is	ZAFIRLUKAST
20MG	20MG was removed from	no longer Medicare	TAB 20MG
	formulary coverage as of	Part D eligible.	
	3/1/2024. Please discuss		
	next steps with your		
	physician.		
ANTARA CAP 90MG	ANTARA CAP 90MG	This medication is	FENOFIBRATE
	was removed from	no longer Medicare	MICRO CAP 90MG
	formulary coverage as of	Part D eligible.	
	3/1/2024. Please discuss		
	next steps with your		
	physician.		
CIPROFLOXACIN	CIPROFLOXACIN TAB	This medication is	CIPROFLOXACIN
TAB 100MG	100MG was removed	no longer Medicare	TAB 250MG, 500
	from formulary coverage	-	MG, 750MG
	as of $3/1/2024$ . Please	Part D eligible.	
	discuss next steps with		
	your physician.		
DARAPRIM TAB 25MG	DARAPRIM TAB	This medication is	PYRIMETHAMINE
25MG	25MG was removed from	no longer Medicare	TAB 25MG
	formulary coverage as of	Part D eligible.	
	3/1/2024. Please discuss		
	next steps with your		
	physician.		
MIRAPEX ER TAB	MIRAPEX ER TAB	This medication is	PRAMIPEXOLE
0.375MG	0.375MG was removed	no longer Medicare	TABMG 0.375 ER
	from formulary coverage	Part D eligible.	
	as of 3/1/2024. Please		
	discuss next steps with		
	your physician.		
MIRAPEX ER TAB	MIRAPEX ER TAB	This medication is	PRAMIPEXOLE
0.75MG	0.75MG was removed	no longer Medicare	TAB 0.75MG ER
	from formulary coverage	Part D eligible.	
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	as of 3/1/2024. Please		
	discuss next steps with		
	your physician.	T1 · 1 · · ·	
MIRAPEX ER TAB 2.25MG	MIRAPEX ER TAB	This medication is	PRAMIPEXOLE
2.251010	2.25MG was removed	no longer Medicare	TAB 2.25MG ER
	from formulary coverage	Part D eligible.	
	as of 3/1/2024. Please		
	discuss next steps with		
	your physician.		
MIRAPEX ER TAB	MIRAPEX ER TAB	This medication is	PRAMIPEXOLE
3.75MG	3.75MG was removed	no longer Medicare	TAB 3.75MG ER
	from formulary coverage	Part D eligible.	
	as of 3/1/2024. Please		
	discuss next steps with		
	your physician.		
MIRAPEX ER TAB	MIRAPEX ER TAB	This medication is	PRAMIPEXOLE
4.5MG	4.5MG was removed	no longer Medicare	TAB 4.5MG ER
	from formulary coverage	Part D eligible.	
	as of 3/1/2024. Please		
	discuss next steps with		
	your physician.		
NAMENDA TAB	NAMENDA TAB 10MG	This medication is	MEMANTINE
10MG	was removed from	no longer Medicare	TAB HCL 10MG
	formulary coverage as of	Part D eligible.	
	3/1/2024. Please discuss		
	next steps with your		
	physician.		
SAIZEN INJ 5MG	SAIZEN INJ 5MG was	This medication is	SEROSTIM INJ
	removed from formulary	no longer Medicare	5MG
	coverage as of $3/1/2024$ .	Part D eligible.	
	Please discuss next steps	C	
	with your physician.		
SAIZEN INJ 8.8MG	SAIZEN INJ 8.8MG was	This medication is	ZORBTIVE INJ
_	removed from formulary	no longer Medicare	8.8MG
	coverage as of $3/1/2024$ .	Part D eligible.	
	Please discuss next steps		
	with your physician.		
SUPRAX CAP 400MG	SUPRAX CAP 400MG	This medication is	CEFIXIME CAP
	was removed from	no longer Medicare	400MG
	formulary coverage as of	Part D eligible.	
	Tormulary coverage as of		

	3/1/2024. Please discuss		1 1
	next steps with your		
	physician.	This	
SUPRAX CHEW 100MG	SUPRAX CHEW	This medication is	CEFIXIME CAP
1001010	100MG was removed	no longer Medicare	400MG
	from formulary coverage $f_{2/1/2024}$ Places	Part D eligible.	
	as of 3/1/2024. Please		
	discuss next steps with		
	your physician. SUPRAX CHEW	This medication is	
SUPRAX CHEW 200MG			CEFIXIME CAP
2001010	200MG was removed	no longer Medicare	400MG
	from formulary coverage $f_{2/1/2024}$ Places	Part D eligible.	
	as of 3/1/2024. Please		
	discuss next steps with		
SUPRAX SUS	your physician. SUPRAX SUS 200/5ML	This medication is	CEFIXIME SUS
200/5ML	was removed from	no longer Medicare	200MG/5ML
200/01/12			2001/10/31/11
	formulary coverage as of $3/1/2024$ . Please discuss	Part D eligible.	
	next steps with your		
SUPRAX SUS	physician. SUPRAX SUS	This medication is	CEFIXIME SUS
500MG/5ML	500MG/5ML was		200MG/5ML
500MG/5ML	removed from formulary	no longer Medicare Part D eligible.	2001/10/31/11
	•	Part D'engloie.	
	coverage as of 3/1/2024. Please discuss next steps		
	1		
SYNRIBO INJ 3.5MG	with your physician. SYNRIBO INJ 3.5MG	This medication is	IMATINIB
STINTIDU IINJ S.SIVIU	was removed from		MESYLATE TAB
	formulary coverage as of	no longer Medicare Part D eligible.	100MG, 400MG
	3/1/2024. Please discuss		
	next steps with your		
	physician.		
XIMINO CAP 45MG	XIMINO CAP 45MG ER	This medication is	MINOCYCLINE
ER	was removed from	no longer Medicare	TAB 45MG ER
	formulary coverage as of	Part D eligible.	
	3/1/2024. Please discuss		
	next steps with your		
	physician.		

- 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.