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 06/01/2025.

Name of Drug Affected	Description of Change	Reason for Change	Alternative Drug	Alternative Drug Cost- Sharing Tier
AUSTEDO XR PATIENT TITRATION KIT 6MG; 12MG; 24MG	AUSTEDO XR PATIENT TITRATION KIT 6MG; 12MG; 24MG was removed from formulary coverage as of 7/1/2025. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	AUSTEDO XR PATIENT TITRATION KIT 12MG; 18MG; 24MG; 30MG	
PREHEVBRIO SUSPENSION 10MCG/ML	PREHEVBRIO SUSPENSION 10MCG/ML was removed from formulary coverage as of 5/1/2025. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	ENGERIX-B INJECTION	
AVAPRO TABLET 75MG	AVAPRO TABLET 75MG was removed from formulary coverage as of 6/1/2025. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	IRBESARTAN TABLET 75MG	
FERRIPROX TABLET 500MG	FERRIPROX TABLET 500MG was removed from formulary coverage as of 6/1/2025. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	DEFERIPRONE TABLET 500MG	
FLOMAX CAPSULE 0.4MG	FLOMAX CAPSULE 0.4MG was removed from formulary coverage as of 6/1/2025. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	TAMSULOSIN CAPSULE 0.4MG	
AMOXICILLIN/POTA SSIUM CLAVULANATE	AMOXICILLIN/POTAS SIUM CLAVULANATE CHEWABLE TABLET 400MG was removed	This medication is no longer Medicare Part D eligible.	AMOXICILLIN/PO TASSIUM CLAVULANATE	

CHEWABLE TABLET	from formulary coverage		CHEWABLE
	as of 5/1/2025. Please		TABLET 200MG
			TABLET 200MG
	discuss next steps with		
	your physician.		THE COLUMN COLUM
	ANDROGEL GEL	This medication is	TESTOSTERONE
	1.62% was removed from	no longer Medicare	GEL 1.62%
	formulary coverage as of	Part D eligible.	
	5/1/2025. Please discuss		
	next steps with your		
	physician.		
DETROL LA	DETROL LA CAPSULE	This medication is	TOLTERODINE
CAPSULE 4MG	4MG was removed from	no longer Medicare	CAPSULE 4MG ER
	formulary coverage as of	Part D eligible.	
	5/1/2025. Please discuss	1 0110 2 011810101	
	next steps with your		
	physician.		
	ERYGEL GEL 2% was	This medication is	ERYTHROMYCIN
	removed from formulary	no longer Medicare	GEL 2%
	coverage as of 5/1/2025.	Part D eligible.	GLE 270
		rant D'engible.	
	Please discuss next steps		
	with your physician.	This medication is	ADANELLE
	LEENA TABLET was		ARANELLE
	removed from formulary	no longer Medicare	TABLET
	coverage as of 5/1/2025.	Part D eligible.	
	Please discuss next steps		
	with your physician.		
	NORETHINDRONE/ET	This medication is	KAITLIB FE
	HINYL	no longer Medicare	CHEWABLE
ESTRADIOL/FERROU	ESTRADIOL/FERROUS	Part D eligible.	TABLET
S FUMARATE	FUMARATE		
CHEWABLE TABLET	CHEWABLE TABLET		
	was removed from		
	formulary coverage as of		
	5/1/2025. Please discuss		
	next steps with your		
	physician.		
	SPORANOX	This medication is	ITRACONAZOLE
	SOLUTION 10MG/ML	no longer Medicare	SOLUTION
	was removed from	Part D eligible.	10MG/ML
	formulary coverage as of	Tart Deligione.	101410/1411
	5/1/2025. Please discuss		
			1
1 1	next steps with your		
	next steps with your physician.	This words of	EENGEIDDIG
TRILIPIX CAPSULE	next steps with your physician. TRILIPIX CAP 45MG	This medication is	FENOFIBRIC
TRILIPIX CAPSULE 45MG	next steps with your physician.	This medication is no longer Medicare Part D eligible.	FENOFIBRIC CAPSULE 45MG DR

	5/1/2025. Please discuss next steps with your physician.		
ALTACE CAPSULE 2.5MG	ALTACE CAPSULE 2.5MG was removed from formulary coverage as of 4/1/2025. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	RAMIPRIL CAPSULE 2.5MG
DELZICOL CAPSULE 400MG	DELZICOL CAPSULE 400MG was removed from formulary coverage as of 4/1/2025. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	MESALAMINE CAPSULE 400MG DR
ESGIC TABLET	ESGIC TABLET was removed from formulary coverage as of 4/1/2025. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	BUTALBITAL/AC ETAMINOPHEN/C AFFEINE TABLET
LIDODERM DIS 5%	LIDODERM DIS 5% was removed from formulary coverage as of 4/1/2025. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	LIDOCAINE PAD 5%
ZANAFLEX CAPSULE 6MG	ZANAFLEX CAPSULE 6MG was removed from formulary coverage as of 4/1/2025. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	TIZANIDINE CAPSULE 6MG
ZANAFLEX CAPSULE 2MG	ZANAFLEX CAPSULE 2MG was removed from formulary coverage as of 4/1/2025. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	TIZANIDINE CAPSULE 2MG
ZANAFLEX CAPSULE 4MG	ZANAFLEX CAPSULE 4MG was removed from formulary coverage as of 4/1/2025. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	TIZANIDINE CAPSULE 4MG

FENOGLIDE TABLET	FENOGLIDE TABLET	This medication is	FENOFIBRATE
120MG	120MG was removed	no longer Medicare	TABLET 120MG
	from formulary coverage as of 3/1/2025. Please	Part D eligible.	
	discuss next steps with		
	your physician.		
FENOGLIDE TABLET	FENOGLIDE TABLET	This medication is	FENOFIBRATE
40MG	40MG was removed from	no longer Medicare	TABLET 40MG
	formulary coverage as of	Part D eligible.	
	3/1/2025. Please discuss		
	next steps with your physician.		
ALOMIDE SOLUTION	ALOMIDE SOLUTION	This medication is	Please consult with
0.1% OP	0.1% OP was removed	no longer Medicare	your doctor.
	from formulary coverage	Part D eligible.	
	as of 3/1/2025. Please		
	discuss next steps with your physician.		
ALTACE CAPSULE	ALTACE CAPSULE	This medication is	RAMIPRIL
1.25MG	1.25MG was removed	no longer Medicare	CAPSULE 1.25MG
	from formulary coverage	Part D eligible.	
	as of 3/1/2025. Please		
	discuss next steps with your physician.		
ALTACE CAPSULE	ALTACE CAPSULE	This medication is	RAMIPRIL
5MG	5MG was removed from	no longer Medicare	CAPSULE 5MG
	formulary coverage as of	Part D eligible.	
	3/1/2025. Please discuss		
	next steps with your		
BYDUREON BCISE	physician. BYDUREON BCISE	This medication is	OZEMPIC
INJECTION 2/0.85ML	INJECTION 2/0.85ML	no longer Medicare	INJECTION
11 (0201101 (2) 0.001112	was removed from	Part D eligible.	
	formulary coverage as of		
	3/1/2025. Please discuss		
	next steps with your		
DIELLICANTADIET	physician.	This modisation is	ELLICONA ZOLE
DIFLUCAN TABLET 200MG	DIFLUCAN TABLET 200MG was removed	This medication is no longer Medicare	FLUCONAZOLE TABLET 200MG
ZUUMU	from formulary coverage	Part D eligible.	TABLET 200MO
	as of 3/1/2025. Please	1 2 01151010.	
	discuss next steps with		
	your physician.		
DROXIA CAPSULE	DROXIA CAPSULE	This medication is	HYDROXYUREA
200MG	200MG was removed	no longer Medicare	CAPSULE 500MG
	from formulary coverage	Part D eligible.	

	as of 3/1/2025. Please discuss next steps with your physician.		
DROXIA CAPSULE 300MG	DROXIA CAPSULE 300MG was removed from formulary coverage as of 3/1/2025. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	HYDROXYUREA CAPSULE 500MG
DROXIA CAPSULE 400MG	DROXIA CAPSULE 400MG was removed from formulary coverage as of 3/1/2025. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	HYDROXYUREA CAPSULE 500MG
FLAGYL CAPSULE 375MG	FLAGYL CAPSULE 375MG was removed from formulary coverage as of 3/1/2025. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	METRONIDAZOL CAPSULE 375MG
MICARDIS TABLET 20MG	MICARDIS TABLET 20MG was removed from formulary coverage as of 3/1/2025. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	TELMISARTAN TABLET 20MG
MICARDIS TABLET 40MG	MICARDIS TABLET 40MG was removed from formulary coverage as of 3/1/2025. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	TELMISARTAN TABLET 40MG
MICARDIS TABLET 80MG	MICARDIS TABLET 80MG was removed from formulary coverage as of 3/1/2025. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	TELMISARTAN TABLET 80MG
PAXIL SUSPENSION 10MG/5ML	PAXIL SUSPENSION 10MG/5ML was removed from formulary coverage as of 3/1/2025. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	PAROXETINE SUS 10MG/5ML

TDVAX INJECTION 2-	TDVAX INJECTION 2-	This medication is	TENIVAC
2 LF	2 LF was removed from	no longer Medicare	INJECTION 5-2LF
	formulary coverage as of	Part D eligible.	
	3/1/2025. Please discuss		
	next steps with your		
	physician.		
TRANSDERM-SC DIS	TRANSDERM-SC DIS	This medication is	SCOPOLAMINE
1MG/3DAY	1MG/3DAY was	no longer Medicare	DIS 1MG/3DAY
	removed from formulary	Part D eligible.	
	coverage as of 3/1/2025.		
	Please discuss next steps		
	with your physician.		
TRILIPIX CAPSULE	TRILIPIX CAPSULE	This medication is	FENOFIBRIC
135MG	135MG was removed	no longer Medicare	CAPSULE 135MG
	from formulary coverage	Part D eligible.	DR
	as of 3/1/2025. Please		
	discuss next steps with		
	your physician.		
ACIPHEX TABLET	ACIPHEX TABLET	This medication is	RABEPRAZOLE
20MG	20MG was removed from	no longer Medicare	TABLET 20MG
	formulary coverage as of	Part D eligible.	
	1/1/2025. Please discuss		
	next steps with your		
	physician.		
AMZEEQ AEROSOL	AMZEEQ AEROSOL	This medication is	CLINDAMYCIN
4%	4% was removed from	no longer Medicare	AEROSOL 1%
	formulary coverage as of	Part D eligible.	
	1/1/2025. Please discuss		
	next steps with your		
	physician.		
AVODART CAPSULE	AVODART CAPSULE	This medication is	DUTASTERIDE
0.5MG	0.5MG was removed	no longer Medicare	CAPSULE 0.5MG
	from formulary coverage	Part D eligible.	
	as of 1/1/2025. Please		
	discuss next steps with		
	your physician.		
BENZNIDAZOLE	BENZNIDAZOLE	This medication is	ALBENDAZOLE
TABLET 100MG	TABLET 100MG was	no longer Medicare	TABLET 200MG
	removed from formulary	Part D eligible.	
	coverage as of 1/1/2025.		
	Please discuss next steps		
DENGME / SOLE	with your physician.	771	ALDEND AGOLE
BENZNIDAZOLE	BENZNIDAZOLE	This medication is	ALBENDAZOLE
TABLET 12.5MG	TABLET 12.5MG was	no longer Medicare	TABLET 200MG
	removed from formulary	Part D eligible.	
	coverage as of $1/1/2025$.		

	Please discuss next steps with your physician.		
CETRAXAL SOLUTION 0.2%	CETRAXAL SOLUTION 0.2% was removed from formulary coverage as of 1/1/2025. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	CIPROFLOXACIN SOLUTION 0.2%
CIPROFLOXACIN/FL UOCINOLONE DROP PF	CIPROFLOXACIN/FLU OCINOLONE DROP PF was removed from formulary coverage as of 1/1/2025. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	CIPROFLOXACIN/ DEXAMETHASON E SUSPENSION 0.3-0.1%
CONJUPRI TABLET 2.5MG	CONJUPRI TABLET 2.5MG was removed from formulary coverage as of 1/1/2025. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	AMLODIPINE TABLET 2.5MG
CONJUPRI TABLET 5MG	CONJUPRI TABLET 5MG was removed from formulary coverage as of 1/1/2025. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	AMLODIPINE TABLET 5MG
COREG TABLET 12.5MG	COREG TABLET 12.5MG was removed from formulary coverage as of 1/1/2025. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	CARVEDILOL TABLET 12.5MG
COREG TABLET 25MG	COREG TABLET 25MG was removed from formulary coverage as of 1/1/2025. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	CARVEDILOL TABLET 25MG
COREG TABLET 3.125MG	COREG TABLET 3.125MG was removed from formulary coverage as of 1/1/2025. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	CARVEDILOL TABLET 3.125MG

COREG TABLET	COREG TABLET	This medication is	CARVEDILOL
6.25MG	6.25MG was removed	no longer Medicare	TABLET 6.25MG
	from formulary coverage	Part D eligible.	
	as of 1/1/2025. Please		
	discuss next steps with		
	your physician.		
COREG CR CAPSULE	COREG CR CAPSULE	This medication is	CARVEDILOL
10MG	10MG was removed from	no longer Medicare	CAPSULE 10MG
	formulary coverage as of	Part D eligible.	ER
	1/1/2025. Please discuss		
	next steps with your		
	physician.		
COREG CR CAPSULE	COREG CR CAPSULE	This medication is	CARVEDILOL
20MG	20MG was removed from	no longer Medicare	CAPSULE 20MG
	formulary coverage as of	Part D eligible.	ER
	1/1/2025. Please discuss		
	next steps with your		
COREC CR CARGINE	physician.	771	GARAMEN OF
COREG CR CAPSULE	COREG CR CAPSULE	This medication is	CARVEDILOL
40MG	40MG was removed from	no longer Medicare	CAPSULE 40MG
	formulary coverage as of 1/1/2025. Please discuss	Part D eligible.	ER
	next steps with your physician.		
COREG CR CAPSULE	COREG CR CAPSULE	This medication is	CARVEDILOL
80MG	80MG was removed from	no longer Medicare	CARVEDIEGE CAPSULE 80MG
OUNG	formulary coverage as of	Part D eligible.	ER
	1/1/2025. Please discuss	Turt B eligible.	
	next steps with your		
	physician.		
EC-NAPROXEN	EC-NAPROXEN	This medication is	NAPROXEN DR
TABLET 375MG	TABLET 375MG was	no longer Medicare	TABLET 375MG
	removed from formulary	Part D eligible.	
	coverage as of 1/1/2025.	_	
	Please discuss next steps		
	with your physician.		
EC-NAPROXEN	EC-NAPROXEN	This medication is	NAPROXEN DR
TABLET 500MG	TABLET 500MG was	no longer Medicare	TABLET 500MG
	removed from formulary	Part D eligible.	
	coverage as of 1/1/2025.		
	Please discuss next steps		
Tomp of the second	with your physician.	m1	DOED ADVOX
ESTROGEL GEL	ESTROGEL GEL 0.06%	This medication is	ESTRADIOL GEL
0.06%	was removed from	no longer Medicare	0.06%
	formulary coverage as of	Part D eligible.	
	1/1/2025. Please discuss		

	next steps with your physician.		
EXELDERM CREAM 1%	EXELDERM CREAM 1% was removed from formulary coverage as of 1/1/2025. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	CLOTRIMAZOLE CREAM 1%
EXELDERM SOLUTION 1%	EXELDERM SOLUTION 1% was removed from formulary coverage as of 1/1/2025. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	CLOTRIMAZOLE SOLUTION 1%
LEUKERAN TABLET 2MG	LEUKERAN TABLET 2MG was removed from formulary coverage as of 1/1/2025. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	CYCLOPHOSPHA MIDE TABLET 25MG
LEVAMLODIPIN TABLET 2.5MG	LEVAMLODIPIN TABLET 2.5MG was removed from formulary coverage as of 1/1/2025. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	AMLODIPINE TABLET 2.5MG
LEVAMLODIPIN TABLET 5MG	LEVAMLODIPIN TABLET 5MG was removed from formulary coverage as of 1/1/2025. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	AMLODIPINE TABLET 5MG
LUNESTA TABLET 1MG	LUNESTA TABLET 1MG was removed from formulary coverage as of 1/1/2025. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	ESZOPICLONE TABLET 1MG
LUNESTA TABLET 2MG	LUNESTA TABLET 2MG was removed from formulary coverage as of 1/1/2025. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	ESZOPICLONE TABLET 2MG

LUNESTA TABLET	LUNESTA TABLET	This medication is	ESZOPICLONE
3MG	3MG was removed from	no longer Medicare	TABLET 3MG
	formulary coverage as of 1/1/2025. Please discuss	Part D eligible.	
	next steps with your		
	physician.		
NALFON CAPSULE	NALFON CAPSULE	This medication is	FENOPROFEN
400MG	400MG was removed	no longer Medicare	CAPSULE 400MG
	from formulary coverage	Part D eligible.	
	as of 1/1/2025. Please	_	
	discuss next steps with		
	your physician.		
NATACYN	NATACYN	This medication is	CIPROFLOXACIN
SUSPENSION 5% OP	SUSPENSION 5% OP was removed from	no longer Medicare	SOLUTION 0.3% OP
	formulary coverage as of	Part D eligible.	OP
	1/1/2025. Please discuss		
	next steps with your		
	physician.		
NUVESSA GEL 1.3%	NUVESSA GEL 1.3%	This medication is	METRONIDAZOL
	was removed from	no longer Medicare	E GEL 0.75%VAG
	formulary coverage as of	Part D eligible.	
	1/1/2025. Please discuss		
	next steps with your physician.		
ORALAIR	ORALAIR	This medication is	ODACTRA
SUBLINGUAL 300 IR	SUBLINGUAL 300 IR	no longer Medicare	SUBLINGUAL
	was removed from	Part D eligible.	
	formulary coverage as of		
	1/1/2025. Please discuss		
	next steps with your		
OTOVEL DROP	physician. OTOVEL DROP was	This medication is	CIPROFLOXACIN/
OTOVEL DRUP	removed from formulary	no longer Medicare	DEXAMETHASON
	coverage as of 1/1/2025.	Part D eligible.	E SUSPENSION
	Please discuss next steps		0.3-0.1%
	with your physician.		
QBREXZA PAD 2.4%	QBREXZA PAD 2.4%	This medication is	Please consult with
	was removed from	no longer Medicare	your doctor.
	formulary coverage as of	Part D eligible.	
	1/1/2025. Please discuss		
	next steps with your physician.		
SLYND TABLET 4MG	SLYND TABLET 4MG	This medication is	NORETHINDRON
	was removed from	no longer Medicare	E TABLET 0.35MG
	formulary coverage as of	Part D eligible.	
<u> </u>	<u>. </u>	_ =	1

	1/1/2025. Please discuss next steps with your physician.		
SYNDROS SOLUTION 5MG/ML	SYNDROS SOLUTION 5MG/ML was removed from formulary coverage as of 1/1/2025. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	DRONABINOL CAPSULE 5MG
TABLOID TABLET 40MG	TABLOID TABLET 40MG was removed from formulary coverage as of 1/1/2025. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	Please consult with your doctor.
TOBRADEX ST SUSPENSION 0.3-0.05	TOBRADEX ST SUSPENSION 0.3-0.05 was removed from formulary coverage as of 1/1/2025. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	TOBRAMYCIN/DE XAMETHASONE SUSPENSION 0.3- 0.1%
TOLAK CREAM 4%	TOLAK CREAM 4% was removed from formulary coverage as of 1/1/2025. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	FLUOROURACIL CREAM 5%
TYBLUME CHEW 0.1- 0.02	TYBLUME CHEW 0.1-0.02 was removed from formulary coverage as of 1/1/2025. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	LEVONORGESTR EL/ETHINYL ESTRADIOL TABLET 0.1-0.02
VALIUM TABLET 10MG	VALIUM TABLET 10MG was removed from formulary coverage as of 1/1/2025. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	DIAZEPAM TABLET 10MG
VALIUM TABLET 2MG	VALIUM TABLET 2MG was removed from formulary coverage as of 1/1/2025. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	DIAZEPAM TABLET 2MG

VALIUM TABLET 5MG VERKAZIA EMULSION 0.1% OP	VALIUM TABLET 5MG was removed from formulary coverage as of 1/1/2025. Please discuss next steps with your physician. VERKAZIA EMULSION 0.1% OP was removed from formulary coverage as of 1/1/2025. Please discuss next steps with your physician. VISTOGARD PAK	This medication is no longer Medicare Part D eligible. This medication is no longer Medicare Part D eligible. This medication is no longer Medicare Part D eligible.	DIAZEPAM TABLET 5MG RESTASIS EMULSION 0.05% OP
10GM	10GM was removed from formulary coverage as of 1/1/2025. Please discuss next steps with your physician.	no longer Medicare Part D eligible.	your doctor.
XURIDEN POWDER 2GM	XURIDEN POWDER 2GM was removed from formulary coverage as of 1/1/2025. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	Please consult with your doctor.
ZERVIATE DROP 0.24%	ZERVIATE DROP 0.24% was removed from formulary coverage as of 1/1/2025. Please discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	AZELASTINE DROP 0.05%
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	COLCRYS TABLET	This medication is	COLCHICINE
0.6MG	0.6MG was removed	no longer Medicare	TABLET 0.6MG
	from formulary coverage	Part D eligible.	
	as of 2/1/2025. Please		
	discuss next steps with		
	your physician.		
DESOGESTREL/ETHI	DESOGESTREL/ETHIN	This medication is	APRI TABLET
NYL/ESTRADIOL	YL/ESTRADIOL	no longer Medicare	
TABLET	TABLET was removed	Part D eligible.	
	from formulary coverage	_	
	as of 2/1/2025. Please		
	discuss next steps with		
	your physician.		
DIFFERIN LOTION	DIFFERIN LOTION	This medication is	ADAPALENE
0.1%	0.1% was removed from	no longer Medicare	CREAM 0.1%
	formulary coverage as of	Part D eligible.	
	2/1/2025. Please discuss		
	next steps with your		
	physician.		
DIPHTHERIA/TETAN	DIPHTHERIA/TETANU	This medication is	TDVAX
US PEDIATRIC	S PEDIATRIC	no longer Medicare	INJECTION 2-2 LF
INJECTION 25LFU-	INJECTION 25LFU-	Part D eligible.	
5LFU	5LFU was removed from		
	formulary coverage as of		
	2/1/2025. Please discuss		
	next steps with your		
	physician.		
DUPIXENT	DUPIXENT INJECTION	This medication is	DUPIXENT
INJECTION	100MG/0.67ML was	no longer Medicare	INJECTION
100MG/0.67ML	removed from formulary	Part D eligible.	200MG/1.14ML
	coverage as of $2/1/2025$.		
	Please discuss next steps		
DIE DE CARACTE	with your physician.	TT1 : 1: : :	DAME A CEED AND IN
ENTADFI CAPSULE	ENTADFI CAPSULE	This medication is	DUTASTERIDE/T
5MG-5MG	5MG-5MG was removed	no longer Medicare	AMSULOSIN
	from formulary coverage	Part D eligible.	CAPSULE 0.5MG-
	as of 2/1/2025. Please		0.4MG
	discuss next steps with		
EDGICON E A DI EE	your physician.	TT1 : 1: .: :	A D A C A M D /I A D G
EPZICOM TABLET	EPZICOM TABLET	This medication is	ABACAVIR/LAMI
600MG-300MG	600MG-300MG was	no longer Medicare	VUDINE TABLET
	removed from formulary	Part D eligible.	600MG-300MG
	coverage as of 2/1/2025.		
	Please discuss next steps		
	with your physician.		

FENTANYL CITRATE TABLET 200MCG FENTANYL OT LOZENGE 1200MCG	FENTANYL CITRATE TABLET 200MCG was removed from formulary coverage as of 2/1/2025. Please discuss next steps with your physician. FENTANYL OT LOZENGE 1200MCG was removed from formulary coverage as of 2/1/2025. Please discuss next steps with your	This medication is no longer Medicare Part D eligible. This medication is no longer Medicare Part D eligible.	FENTANYL CITRATE TABLET 400MCG FENTANYL OT LOZENGE 800MCG	
FENTANYL OT LOZENGE 600MCG	physician. 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 discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	FENTANYL CITRATE TABLET 100MCG	
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	FENTORA TABLET	This medication is	FENTANYL
800MCG	800MCG was removed	no longer Medicare	CITRATE TABLET
	from formulary coverage	Part D eligible.	800MCG
	as of 2/1/2025. Please		
	discuss next steps with		
	your physician.		
FINACEA GEL 15%	FINACEA GEL 15%	This medication is	AZELAIC ACID
	was removed from	no longer Medicare	GEL 15%
	formulary coverage as of	Part D eligible.	
	2/1/2025. Please discuss		
	next steps with your		
	physician.		
KAZANO TABLET	KAZANO TABLET	This medication is	ALOGLIPTIN/MET
12.5MG-1000MG	12.5MG-1000MG was	no longer Medicare	FORMIN TABLET
	removed from formulary	Part D eligible.	
	coverage as of $2/1/2025$.		
	Please discuss next steps		
	with your physician.		
KAZANO TABLET	KAZANO TABLET	This medication is	ALOGLIPTIN/MET
12.5MG-500MG	12.5MG-500MG was	no longer Medicare	FORMIN TABLET
	removed from formulary	Part D eligible.	
	coverage as of $2/1/2025$.		
	Please discuss next steps		
	with your physician.		
LEXIVA TABLET	LEXIVA TABLET	This medication is	FOSAMPRENAVIR
700MG	700MG was removed	no longer Medicare	TABLET 700MG
	from formulary coverage	Part D eligible.	
	as of 2/1/2025. Please		
	discuss next steps with		
	your physician.		
LIQREV	LIQREV SUSENSION	This medication is	SILDENAFIL
SUSPENSION	10MG/ML was removed	no longer Medicare	SUSPENSION
10MG/ML	from formulary coverage	Part D eligible.	10MG/ML
	as of 2/1/2025. Please		
	discuss next steps with		
	your physician.		
LOPROX SHAMPOO	LOPROX SHAMPOO	This medication is	CICLOPIROX
1%	1% was removed from	no longer Medicare	SHAMPOO 1%
	formulary coverage as of	Part D eligible.	
	2/1/2025. Please discuss		
	next steps with your		
	physician.		
MAFENIDE	MAFENIDE ACETATE	This medication is	SULFAMYLON
ACETATE PAK 5%	PAK 5% was removed	no longer Medicare	CREAM 85MG/GM
	from formulary coverage	Part D eligible.	
	as of 2/1/2025. Please		

	discuss next steps with your physician.		
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 next steps with your physician.	This medication is no longer Medicare Part D eligible.	ALOGLIPTIN TABLET 25MG
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/PIO GLITAZONE TABLET 12.5MG- 30MG

OSENI TABLET	OSENI TABLET 25MG-	This medication is	ALOGLIPTAN/PIO
25MG-15MG	15MG was removed from	no longer Medicare	GLITAZONE
	formulary coverage as of	Part D eligible.	TABLET 25MG-
	2/1/2025. Please discuss		15MG
	next steps with your		
	physician.		
OSENI TAB 25-30MG	OSENI TAB 25-30MG	This medication is	ALOG/PIOGLIT
	was removed from	no longer Medicare	TAB 25-30MG
	formulary coverage as of	Part D eligible.	
	2/1/2025. Please discuss		
	next steps with your		
	physician.		
OSENI TAB 25-45MG	OSENI TAB 25-45MG	This medication is	ALOG/PIOGLIT
	was removed from	no longer Medicare	TAB 25-45MG
	formulary coverage as of	Part D eligible.	
	2/1/2025. Please discuss		
	next steps with your		
OCMOLEV ED	physician. OSMOLEX ER	This medication is	AMANTADINE
OSMOLEX ER TABLET 129MG	TABLET 129MG was		AMANTADINE TABLET 100MG
TABLET 129WIG		no longer Medicare Part D eligible.	TABLET TOUNG
	removed from formulary coverage as of 2/1/2025.	rait D'eligible.	
	Please discuss next steps		
	with your physician.		
OXACILLIN	OXACILLIN	This medication is	OXACILLIN
INJECTION 1GM	INJECTION 1GM was	no longer Medicare	INJECTION 2GM
	removed from formulary	Part D eligible.	I we strait zaw
	coverage as of 2/1/2025.	8	
	Please discuss next steps		
	with your physician.		
OXYCODONE ER	OXYCODONE ER	This medication is	OXYCODONE
TABLET 10MG	TABLET 10MG was	no longer Medicare	TABLET 10MG
	removed from formulary	Part D eligible.	
	coverage as of $2/1/2025$.		
	Please discuss next steps		
	with your physician.		
OXYCODONE ER	OXYCODONE ER	This medication is	OXYCODONE
TABLET 20MG	TABLET 20MG was	no longer Medicare	TABLET 20MG
	removed from formulary	Part D eligible.	
	coverage as of 2/1/2025.		
	Please discuss next steps		
PANDEL CREAM	with your physician. PANDEL CREAM 0.1%	This medication is	HYDROCORTISO
0.1%	was removed from		NE CREAM 1%
U.170		no longer Medicare	NE CREAM 170
	formulary coverage as of 2/1/2025. Please discuss	Part D eligible.	
	2/1/2023. Please discuss		

	next steps with your physician.		
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.	LEVONORGESTR EL/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) 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.	ROTARIX SUSPENSION (NON- 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	This medication is no longer Medicare Part D eligible.	MARAVIROC TABLET 150MG

	next steps with your physician.		
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 discuss next steps with your physician.	This medication is no longer Medicare Part D eligible.	TYVASO DPI POWER 32MCG
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/T RETINOIN 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	VISTARIL CAPSULE	This medication is	HYDROXYZINE
25MG	25MG was removed from	no longer Medicare	PAMOATE
	formulary coverage as of	Part D eligible.	CAPSULE 25MG
	2/1/2025. Please discuss		
	next steps with your		
	physician.		
XPHOZAH TABLET	XPHOZAH TABLET	Starting January 1,	N/A
20MG	20MG was removed from	2025, The Centers	
	formulary coverage as of	for Medicare &	
	1/1/2025. Please discuss	Medicaid Services	
	next steps with your	(CMS) has updated	
	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	
XPHOZAH TABLET	XPHOZAH TABLET	bundle payment. Starting January 1,	N/A
30MG	30MG was removed from	2025, The Centers	IV/A
JOME	formulary coverage as of	for Medicare &	
	1/1/2025. Please discuss	Medicaid Services	
	next steps with your	(CMS) has updated	
	physician.	regulations related to	
	F5	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	APRETUDE	This medication is	N/A
SUSPENSION 600MG	SUSPENSION 600MG	no longer Medicare	
ER	ER was removed from	Part D eligible. Pre-	
	formulary coverage as of	exposure	
	10/1/2024. Please discuss	prophylaxis (PrEP)	
	next steps with your	is no longer part D	
	physician.	eligible and may be	
		obtained under part	
		В.	

- 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.