Changes to GRP A1 Formulary

The table below outlines all the changes to our formulary since the formulary list was last printed on 8/1/2019.

Name of Drug Affected	Description of Change	Reason for Change	Alternative Drug	Alternative Drug Cost-Sharing Tier
Ciclopirox Suspension 0.77%	Effective 9/1/2019, Ciclopirox Suspension 0.77% will have a quantity limit of 60 grams per 30 days. The quantity limit will only apply to members who are beginning therapy (new starts only) with Ciclopirox Suspension 0.77%.	A quantity limit is being added based on the FDA approved indications, dosage and administration.	Not Applicable	Not Applicable
Clindamycin Gel 1%	Effective 9/1/2019, Clindamycin Gel 1% will have a quantity limit of 75 grams per 30 days. The quantity limit will only apply to members who are beginning therapy (new starts only) with Clindamycin Gel 1%.	A quantity limit is being added based on the FDA approved indications, dosage and administration.	Not Applicable	Not Applicable
Clindamycin Solution 1%	Effective 9/1/2019, Clindamycin Solution 1% will have a quantity limit of 60 grams per 30 days. The quantity limit will only apply to members who are beginning therapy (new starts only) with Clindamycin Solution 1%.	A quantity limit is being added based on the FDA approved indications, dosage and administration.	Not Applicable	Not Applicable
Nyamyc Powder 100000	Effective 9/1/2019, Cleocin-T Gel 1% will have a quantity limit of 60 grams per 30 days. The quantity limit will	A quantity limit is being added based on the FDA approved indications, dosage	Not Applicable	Not Applicable

	only apply to members who are beginning therapy (new starts only) with Cleocin-T Gel 1%.	and administration.		
Nystatin Powder 100000	Effective 9/1/2019, Nystatin Powder 100000 will have a quantity limit of 60 grams per 30 days. The quantity limit will only apply to members who are beginning therapy (new starts only) with Nystatin Powder 100000.	A quantity limit is being added based on the FDA approved indications, dosage and administration.	Not Applicable	Not Applicable
Nystop Powder 100000	Effective 9/1/2019, Nystop Powder 100000 will have a quantity limit of 60 grams per 30 days. The quantity limit will only apply to members who are beginning therapy (new starts only) with Nystop Powder 100000.	A quantity limit is being added based on the FDA approved indications, dosage and administration.	Not Applicable	Not Applicable
Vancomycin Capsules 250MG	Effective 9/1/2019, Vancomycin Capsules 250MG will have a quantity limit of 240 capsules per 30 days. The quantity limit will only apply to members who are beginning therapy (new starts only) with Vancomycin Capsules 250MG.	A quantity limit is being added based on the FDA approved indications, dosage and administration.	Not Applicable	Not Applicable

- 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 **1-844-233-1938 (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.