



Aetna Better Health<sup>®</sup>  
Premier Plan MMAI

## Upcoming Formulary Changes

Effective January 1, 2024, the Aetna Better Health Premier Plan MMAI formulary is changing. Here is a URL to access the 2024 Formulary which is posted to the member and provider website, along with the 2024 Part D utilization management criteria.

[www.aetnabetterhealth.com/illinois/formulary](http://www.aetnabetterhealth.com/illinois/formulary)

Top drugs removed from the formulary effective 1/1/2024 with the listed covered formulary alternative:

DRUG REMOVED FROM THE FORMULARY IN 2024	OPTION 1	OPTION 2	OPTION 3	OPTION 4	OPTION 5
ADVAIR DISKUS INHALER	FLUTICASONE-SALMETEROL AER 500/50 (GENERIC OF ADVAIR DISKUS AER 500/50)	WIXELA INHUB AER 500/50 (GENERIC OF ADVAIR DISKUS AER 500/50)	BREO ELLIPTA AER	ADVAIR HFA AER	DULERA AER
ALPHAGAN P SOL 0.1%	BRIMONIDINE SOL 0.15%, 0.2% OP	LATANOPROST SOL 0.005%	BRINZOLAMIDE SUS 1% OP	DORZOLAMIDE SOL 2% OP	TIMOLOL MALEATE SOL OP
AUVELITY TAB	BUPROPION TAB, TAB SR	BUPROPION HCL TAB XL			
BELSOMRA TAB	DAYVIGO TAB	DOXEPIN TAB 3MG, 6MG	ZOLPIDEM TAB 5MG, 10MG		
FESOTERODINE TAB ER	OXYBUTYNIN TAB ER	TOLTERODINE TAB	SOLIFENACIN TAB	MYRBETRIQ TAB	GEMTESA TAB
FLOVENT HFA INHALER	ARNUITY ELLIPTA INH				
INGREZZA CAP	AUSTEDO TAB	AUSTEDO XR TAB			
LATUDA TAB	LURASIDONE TAB 20MG (GENERIC OF LATUDA TAB 20MG)				
LEVEMIR INSULIN	BASAGLAR	LANTUS	TRESIBA	TOUJEO	
LOKELMA PAK	VELTASSA POW	SODIUM POLYSTYRENE SULFONATE POWDER	SPS SUS 15GM/60ML		
NOVOLOG INSULIN	ADMELOG	FIASP			
PRALUENT INJ	REPATHA INJ				
PREZISTA TAB	DARUNAVIR TAB 800MG (GENERIC OF PREZISTA TAB 800MG)				
PULMICORT INHALER	ARNUITY ELLIPTA INH				
SYMBICORT INHALER	FLUTICASONE-SALMETEROL AER (GENERIC OF ADVAIR DISKUS)	WIXELA INHUB AER (GENERIC OF ADVAIR DISKUS)	BREO ELLIPTA AER	ADVAIR HFA AER	DULERA AER
VICTOZA INJ 18MG/3ML	TRULICITY INJ	BYETTA INJ	OZEMPIC INJ	BYDUREON BCISE INJ	RYBELSUS TAB
VIMPAT SOL 10MG/ML	LACOSAMIDE SOL 10MG/ML (GENERIC OF VIMPAT SOL 10MG/ML)				
XYREM SOL 500MG/ML	SOD OXYBATE SOL 500MG/ML				
ZOLMITRIPTAN TAB	SUMATRIPTAN TAB	NARATRIPTAN TAB	RIZATRIPTAN TAB	RIZATRIPTAN TAB ODT	
ZOLMITRIPTAN TAB ODT	RIZATRIPTAN TAB ODT	SUMATRIPTAN TAB	NARATRIPTAN TAB	RIZATRIPTAN TAB	