

Aetna Better Health Illinois Premier Plan

October 2015 Formulary Updates

Generics Added

DACARBAZINE INJ 100MG (PA required)
DOCETAXEL INJ 20MG/2ML (PA required)
ESOMEPRAZOLE CAP 20 MG
ESOMEPRAZOLE CAP 40 MG

Brands Added

BEXAROTENE CAP 75MG (PA required)
DOCETAXEL INJ 160/16ML (PA required)
FARXIGA TAB 10MG (QL 30 tabs/30 days)
FARXIGA TAB 5MG (QL 60 tabs/30 days)
GLEOSTINE CAP 100MG
GLEOSTINE CAP 10MG
GLEOSTINE CAP 40MG
KINRIX INJ
MEGESTROL SUS 625MG/5M (PA required)
NAMZARIC CAP 14-10MG
NAMZARIC CAP 28-10MG
ORKAMBI TAB 200-125 (PA required)
QUADRACEL INJ
XIGDUO XR TAB 10-1000 (QL 30 tabs/30 days)
XIGDUO XR TAB 10-500MG (QL 30 tabs/30 days)
XIGDUO XR TAB 5-1000MG (QL 60 tabs/30 days)
XIGDUO XR TAB 5-500MG (QL 60 tabs/30 days)

Medications Removed from Formulary

APEXICON OIN 0.05%
FOSCARNET INJ 24MG/ML
TEKAMLO TAB 300-5MG

Changed Medications

(none)

Prior Authorizations Removed

(none)

September 2015 Formulary Updates

Generics Added

ASPIRIN/DIPYRIDAMOLE CAP 25-200MG
MEMANTINE TAB HCL 5MG; PA
MEMANTINE HC TAB 10MG; PA

Brands Added

TRULICITY INJ 0.75/0.5; QL
TRULICITY INJ 1.5/0.5; QL
GLATOPA (glatiramer acetate) INJ 20MG/ML; PA, QL
LINEZOLID TAB 600MG
ABILIFY SOL 1MG/ML

Medications Removed from Formulary
(none)

Changed Medications
(none)

Prior Authorizations Removed
(none)

August 2015 Formulary Updates

Generics Added

ALOSETRON TAB 0.5MG; PA
ALOSETRON TAB 1MG; PA
CLINDAMAX GEL 1%
GAVILYTE-H KIT
KIMIDESS TAB

Brands Added

BEXSERO INJ
BREO ELLIPTA INH 200-25; QL
CLOZAPINE TAB 150MG/ODT; PA; QL
CLOZAPINE TAB 200MG/ODT; PA; QL
KUVAN POW 500MG; PA

Medications Removed from Formulary
(none)

Changed Medications
(none)

Prior Authorizations Removed

(none)

July 2015 Formulary Updates

Generics Added

ARIPIPRAZOLE TAB 10MG; QL
ARIPIPRAZOLE TAB 15MG; QL
ARIPIPRAZOLE TAB 20MG; QL
ARIPIPRAZOLE TAB 2MG; QL
ARIPIPRAZOLE TAB 30MG; QL
ARIPIPRAZOLE TAB 5MG; QL
LEVONOR/ETHI TAB 0.1-0.02

Brands Added

FARYDAK CAP 10MG; PA
FARYDAK CAP 15MG; PA
FARYDAK CAP 20MG; PA
FENTORA TAB 100MCG; PA; QL
FENTORA TAB 200MCG; PA; QL
FENTORA TAB 400MCG; PA; QL
FENTORA TAB 600MCG; PA; QL
FENTORA TAB 800MCG; PA; QL
SAPHRIS SUBLINGUAL 2.5MG; QL
TOUJEO SOLO INJ 300IU/ML
TUDORZA PRES AER 30 doses; QL

Medications Removed from Formulary

ABILIFY SOL 1MG/ML
AMTURNIDE TAB 150-5-12.5
AMTURNIDE TAB 300-10-12.5
AMTURNIDE TAB 300-10-25MG
AMTURNIDE TAB 300-5-12.5
AMTURNIDE TAB 300-5-25MG
ANDROXY TAB 10MG
PEDI-DRI POW 100000

Changed Medications

(none)

Prior Authorizations Removed

CUBICIN SOL 500MG
VANCOMYCIN INJ 1000MG
VANCOMYCIN INJ 10GM

June 2015 Formulary Updates**Generics Added**

CEFIXIME SUS 100/5ML
CEFIXIME SUS 200/5ML
CORMAX SCALP SOL 0.05%
FLUOCIN ACET OIL SCALP
TAZICEF INJ 2GM
ZENATANE CAP 30MG

Brands Added

CHANTIX PAK 1MG; PA
GARDASIL 9 INJ
LENVIMA CAP 10MG; PA
LENVIMA CAP 14MG; PA
LENVIMA CAP 20MG; PA
LENVIMA CAP 24MG; PA
LEVETIRACETAM INJ 10MG/ML
LEVETIRACETAM INJ 15MG/ML
LEVETIRACETAM INJ 5MG/ML
MOVANTIK TAB 12.5MG; QL
MOVANTIK TAB 25MG; QL
PAZEO DROPS 0.7%
PRIFTIN TAB 150MG
PRISTIQ TAB 25MG; QL
ZYPREXA RELP INJ 210MG; B/D
ZYPREXA RELP INJ 300MG; B/D
ZYPREXA RELP INJ 405MG; B/D

Medications Removed from Formulary

BARACLUDE TAB 0.5MG
BARACLUDE TAB 1MG
CELEBREX CAP 100MG
CELEBREX CAP 200MG
CELEBREX CAP 400MG
CELEBREX CAP 50MG

CELLCEPT SUS 200MG/ML
DIOVAN TAB 160MG
DIOVAN TAB 320MG
DIOVAN TAB 40MG
DIOVAN TAB 80MG
EXFORGE TAB 10-160MG
EXFORGE TAB 10-320MG
EXFORGE TAB 5-160MG
EXFORGE TAB 5-320MG
EXFORGE HCT/10- TAB 160-12.5
EXFORGE HCT/10- TAB 160-25
EXFORGE HCT/10- TAB 320-25
EXFORGE HCT/5- TAB 160-12.5
EXFORGE HCT/5- TAB 160-25
INTUNIV TAB 1MG
INTUNIV TAB 2MG
INTUNIV TAB 3MG
INTUNIV TAB 4MG
MAFENIDE ACE PAK 5%
PATANASE SPR 0.6%
RAPAMUNE TAB 1MG
RAPAMUNE TAB 2MG
SUPRAX TAB 400MG
VALCYTE TAB 450MG
ZYVOX SOL 2MG/ML

Changed Medications

(none)

Prior Authorizations Removed

(none)

May 2015 Formulary Updates

Brands Added

TRUMENBA INJ
PREZCOBIX TAB 800-150
EVOTAZ TAB 300-150
NUTRILIPID EMU 20%
IBRANCE CAP 100MG, 125MG, 75MG

Generics Added

ILOTYCIN OIN OP
DOXY 100 INJ 100MG
APEXICON OIN 0.05%

April 2015 Formulary Updates**Brands Added**

LYNPARZA CAP 50MG
REYATAZ POW 50MG
VITEKTA TAB 150MG
RELISTOR KIT 12/0.6ML
VITEKTA TAB 85MG

Generics Added

deblitane tab 0.35MG
tarina fe tab 1/20
digitek tab 0.125MG
digitek tab 0.25MG
ivermectin tab 3MG
deso/ethinyl estradiol tab

Generics Removed

RELISTOR INJ 12/0.6ML

March 2015 Formulary Updates**Brands Added**

CERDELGA capsule 84 mg, PA
HARVONI tablet 90-400 mg, PA
HUMIRA injection 10 mg/0.2, PA
OCTAGAM injection 2gm/20ml, PA
PURIXAN suspension 20mg/ml
SPIRIVA RESPIMAT, QL
TREANDA injection 180/2 ml, B vs D
TREANDA injection 45/0.5 ml, B vs D
ZENPEP capsule 40000 unit
GAMUNEX-C INJ 40/400ML, PA

Generics Added

amlodipine/valsartan/hctz tablet 5-160-12.5 mg, 5-160-25 mg, 10-160-12.5, 10-160-25 mg; QL

amlodipine/valsartan/hctz tablet 10-320-25 mg
celecoxib capsule 50 mg, 100 mg, 200 mg, 400 mg; QL
guanfacine tablet er, 1 mg, 2 mg, 3 mg, 4 mg
lamivudine oral solution 10mg/ml
linezolid injection 2mg/ml
mycophenolate suspension 200mg/ml; B vs. D
olopatadine spray 0.6%
potassium chloride tablet 8meq er
sirolimus tablet 1mg, 2 mg; B vs. D
valganciclovir tablet 450 mg
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg

Brands Removed

HEPARIN SODIUM/NACL injection 1000 unit
PRIFTIN tablet 150 mg
TIMENTIN injection 3.1 g, 31g

Generics Removed

e.s.p. suspension 200-600 mg
ees/sulfisoxazole suspenson 200-600 mg
e.s.p. suspension 200-600 mg

Changed Medications

PROMACTA TAB 12.5MG-QL from 240 amount, 30 days increased to 360 amount, 30 days
PROMACTA TAB 25MG-QL from 120 amount, 30 days increased to 180 amount, 30 days
PROMACTA TAB 50MG-QL from 60 amount, 30 days increased to 90 amount, 30 days
PROMACTA TAB 75MG-QL from 60 amount, 30 days increased to 30 amount, 30 days

Prior Authorizations Removed

(none)

January 2015 Formulary Updates

Brands Added

CYCLOPHOSPHAMIDE Capsule 25 mg, 50mg, PA, B vs D
REVATIO Suspension 10 mg/ml, QL, PA
SOMAVERT Injection 25mg, 30mg, PA
TRIUMEQ Tablet
TYBOST Tablet 150mg
XARELTO STARTER PACK Tablet 15/20 mg

Generics Added

Amlodipine/valsartan Tablet 5-160 mg, 5-320 mg, 10-160 mg, QL

Amlodipine/valsartan Tablet 10-320 mg
SHAROBEL Tablet 0.0.35 mg

Amlodipine/valsartan Tablet 5-160 mg, 5-320 mg, 10-160 mg, QL
Amlodipine/valsartan Tablet 10-320 mg
SHAROBEL Tablet 0.0.35 mg

Amlodipine/valsartan Tablet 5-160 mg, 5-320 mg, 10-160 mg, QL
Amlodipine/valsartan Tablet 10-320 mg
SHAROBEL Tablet 0.0.35 mg

Changes

NAMENDA XR Capsules 7 mg, 14 mg, removed QL

NAMENDA Tablet 5 mg, 10 mg, PA added

NAMENDA XR Capsules 7 mg, 14 mg, removed QL