

## Upcoming Formulary Changes

Effective January 1, 2024, the Aetna Better Health Premier Plan 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/michigan/formulary](http://www.aetnabetterhealth.com/michigan/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	<b>DAYVIGO TAB</b>	DOXEPIN TAB 3MG, 6MG	ZOLPIDEM TAB 5MG, 10MG		
FESOTERODINE TAB ER	OXYBUTYNIN TAB ER	TOLTERODINE TAB	SOLIFENACIN TAB	<b>MYRBETRIQ TAB</b>	<b>GEMTESA TAB</b>
FLOVENT HFA INHALER	<b>ARNUIITY ELLIPTA INH</b>				
INGREZZA CAP	<b>AUSTEDO TAB</b>	<b>AUSTEDO XR TAB</b>			
LATUDA TAB	LURASIDONE TAB 20MG (GENERIC OF LATUDA TAB 20MG)				
LEVEMIR INSULIN	<b>BASAGLAR</b>	<b>LANTUS</b>	<b>TRESIBA</b>	<b>TOUJEO</b>	
LOKELMA PAK	<b>VELTASSA POW</b>	SODIUM POLYSTYRENE SULFONATE POWDER	SPS SUS 15GM/60ML		
NOVOLOG INSULIN	<b>ADMELOG</b>	<b>FIASP</b>			
PRALUENT INJ	<b>REPATHA INJ</b>				
PREZISTA TAB	DARUNAVIR TAB 800MG (GENERIC OF PREZISTA TAB 800MG)				
PULMICORT INHALER	<b>ARNUIITY ELLIPTA INH</b>				
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	<b>TRULICITY INJ</b>	<b>BYETTA INJ</b>	<b>OZEMPIC INJ</b>	<b>BYDUREON BCISE INJ</b>	<b>RYBELSUS TAB</b>
VIMPAT SOL 10MG/ML	LACOSAMIDE SOL 10MG/ML (GENERIC OF VIMPAT SOL 10MG/ML)				
XYREM SOL 500MG/ML	<b>SOD OXYBATE SOL 500MG/ML</b>				
ZOLMITRIPTAN TAB	SUMATRIPTAN TAB	NARATRIPTAN TAB	RIZATRIPTAN TAB	RIZATRIPTAN TAB ODT	
ZOLMITRIPTAN TAB ODT	RIZATRIPTAN TAB ODT	SUMATRIPTAN TAB	NARATRIPTAN TAB	RIZATRIPTAN TAB	