



Aetna Better Health® of Virginia

2017 FORMULARY UPDATES

JANUARY 2017

Added Olopatadine ophthalmic (step therapy added) to formulary

FEBRUARY 2017

Removed Procrit from formulary

Removed Aranesp from formulary

Removed Lidocaine 3% lotion from formulary

Removed nystatin/triamcinolone cream/ointment from formulary

Removed mupirocin cream from formulary

Removed Buspirone 30 mg from formulary

Removed fluoxetine 20 mg tablets from formulary

Removed fluoxetine 60 mg tablets from formulary

Removed Ciprodex from formulary

Removed Cipro HC from formulary

Removed doxycycline hyclate immediate release from formulary

Removed naproxen 550 mg from formulary

Montelukast granules (added prior authorization for members 2 years and older)

Zafirlukast (added step therapy)

Removed diltiazem ER/LA tablets from formulary

Removed clomipramine from formulary

Removed imipramine capsules from formulary

Removed trazodone 300 mg from formulary



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Removed carisoprodol 250 mg from formulary

Removed clindamycin aerosol from formulary

Removed clindamycin/benzoyl peroxide combo from formulary

Removed erythromycin/benzoyl peroxide combo from formulary

Removed sulfacetamide/sulfur from formulary

Removed salicylic acid gel 6% from formulary

Removed benzoyl peroxide 7 % liquid from formulary

Removed benzoyl peroxide 4 % kit from formulary

Removed Claravis from formulary

Removed Amitiza from formulary

Removed Copaxone 20 mg from formulary

Removed Farxiga from formulary

Removed Renvela from formulary

Removed Renagel from formulary

Removed Delzicol from formulary

Removed Dipentum from formulary

Removed Pentasa from formulary

Removed Pancreaze from formulary

Removed Advair from formulary

Removed Symbicort from formulary



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Removed Spiriva from formulary

Removed Tudorza from formulary

Removed Neupogen from formulary

Removed step therapy from Linzess

Added Apriso to formulary

Added Viokace to formulary

Added Breo Ellipta to formulary

Added Myorisan (step therapy required) to formulary

Added Zenatane (step therapy required) to formulary

Added Auryxia (step therapy required) to formulary

Added Xarelto (prior authorization required) to formulary

Added Zepatier (prior authorization required) to formulary

Added Gilenya (prior authorization required) to formulary

Added Tecfidera (prior authorization required) to formulary

Added Imbruvica (prior authorization required) to formulary

Added Epogen (prior authorization required) to formulary

Added Kyleena to formulary

Added orphenadrine to formulary

Added orlistat OTC (prior authorization required) to formulary

Added benzphetamine (prior authorization required) to formulary



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Added phentermine (prior authorization required) to formulary

Added phendimetrazine (prior authorization required) to formulary

Added diethylpropion (prior authorization required) to formulary

Added Belviq (prior authorization required) to formulary

Added Qsymia (prior authorization required) to formulary

Added Contrave (prior authorization required) to formulary

Albuterol 0.021% (added step therapy for members 18 years and older)

Albuterol 0.042% (added step therapy for members 18 years and older)

MARCH 2017

Added dexamethylphenidate 25 mg SR and 35 mg SR (prior authorization required) to formulary

APRIL 2017

Added Selzentry 25 mg and 75 mg to formulary

Added levetiracetam solution 100 mg/mL to formulary

Added Linzess 72 mg to formulary

Added pyrantel pamoate tablets to formulary

Added Jentadueto XR (step therapy required) to formulary

Added Vitamin D3 Chew 5000 units to formulary

MAY 2017

Added levalbuterol HFA (step therapy required) to formulary

Added methylphenidate SR 60 mg (prior authorization required) to formulary



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MAY 2017

Added calcium acetate tablets 667 mg to formulary

Added Differin OTC to formulary

JUNE 2017

Adapalene cream (added step therapy, prior authorization for over 35 years of age)

Adapalene gel 0.01% (added step therapy, prior authorization for over 35 years of age)

Tretinoin cream 0.1%, 0.05%, 0.025% (added step therapy, prior authorization for over 35 years of age)

Tretinoin gel 0.01%, 0.025% (added step therapy, prior authorization for over 35 years of age)