

Aetna Medicare HIDE (HMO D-SNP)

2026 List of Covered Drugs (*Drug List* or Formulary)

PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN

Formulary ID Number: 26010 Version 17

This *Drug List* was updated on 09/01/2026. For more recent information or other questions, contact us at **1-855-676-5772** and TTY users: **711**, 8 a.m. to 8 p.m., E.T., 7 days a week or visit **[AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)**

Introduction

This document is called the *List of Covered Drugs* (also known as the *Drug List*). It tells you which drugs and over-the-counter (OTC) drugs and non-drug products and items are covered by Aetna Medicare HIDE (HMO D-SNP). The *Drug List* also tells you if there are any special rules or restrictions on any drugs covered by our plan. Key terms and their definitions appear in the last chapter of the *Member Handbook*.

Table of Contents

A. Disclaimers..... 3

B. Frequently Asked Questions (FAQ)..... 6

 B1. What drugs are on the *List of Covered Drugs*? (We call the *List of Covered Drugs* the *Drug List* for short.) 6

 B2. Does the *Drug List* ever change?..... 6

 B3. What happens when there’s a change to the *Drug List*? 7

 B4. Are there any restrictions or limits on drug coverage or any required actions to take to get certain drugs? 8

 B5. How will I know if the drug I want has limits or if there are required actions to take to get the drug? 9

 B6. What happens if Aetna Medicare HIDE (HMO D-SNP) changes their rules about how they cover some drugs (for example, prior authorization, quantity limits, and/or step therapy restrictions)?..... 9

 B7. How can I find a drug on the *Drug List*? 9

 B8. What if the drug I want to take isn’t on the *Drug List*?..... 9

 B9. What if I’m a new Aetna Medicare HIDE (HMO D-SNP) member and can’t find my drug on the *Drug List* or have a problem getting my drug? 10

 B10. Can I ask for an exception to cover my drug?..... 10

 B11. How can I ask for an exception? 11

 B12. How long does it take to get an exception? 11

 B13. What are generic drugs? 11

 B14. What are original biological products and how are they related to biosimilars?..... 11

 B15. What are OTC drugs 11

 B16. Does Aetna Medicare HIDE (HMO D-SNP) cover non-drug OTC products? 12



B17. Does Aetna Medicare HIDE (HMO D-SNP) cover long-term supplies of prescriptions?	12
B18. Can I get prescriptions delivered to my home from my local pharmacy?.....	12
B19. What is my copay?	12
C. Overview of the <i>List of Covered Drugs</i>	13
C1. List of Drugs by Medical Condition.....	15
D. Index of Covered Drugs	230



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: **711**), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. **For more information**, visit **[AetnaMedicare.com/MIDSNP](https://www.aetna.com/MIDSNP)**

A. Disclaimers

This is a list of drugs that members can get in Aetna Medicare HIDE (HMO D-SNP).

- ❖ You can always check Aetna Medicare HIDE (HMO D-SNP)'s up-to-date *List of Covered Drugs* online at [AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP) or by calling Member Services at **1-855-676-5772** (TTY: **711**). This call is free.
- ❖ You can get this document for free in other formats, such as large print, braille, or audio. Call Member Services at **1-855-676-5772** (TTY: **711**). This call is free.
- ❖ To make or change a standing request to get this document, now and in the future, in a language other than English or in an alternate format, contact Member Services.
- ❖ Aetna Medicare HIDE (HMO D-SNP) is a health plan that contracts with both Medicare and Michigan Medicaid to provide benefits of both programs to enrollees.
- ❖ We have free interpreter services to answer any questions that you may have about our health or drug plan. To get an interpreter just call us at **1-855-676-5772**. This is a free service.
- ❖ This document is available for free in Spanish and Arabic.
- ❖ See *Evidence of Coverage* for a complete description of plan benefits, exclusions, limitations, and conditions of coverage. Plan features and availability may vary by service area. Other Pharmacies are available in our network. The formulary and/or pharmacy network may change at any time. You will receive notice when necessary. Participating health care providers are independent contractors and are neither agents nor employees of Aetna. The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change.
- ❖ Due to legislation in Arkansas, effective January 1, 2026, you may not be able to utilize the following services within the state of Arkansas: CVS Retail, CVS Caremark Mail Service, CVS Specialty, and OMNI Care long term pharmacies.
- ❖ Si habla un idioma que no sea inglés, se encuentran disponibles servicios gratuitos de asistencia de idiomas. Visite nuestro sitio web o llame al número de teléfono que figura en este documento. (Spanish)
- ❖ 如果您使用英文以外的語言，我們將提供免費的語言協助服務。請瀏覽我們的網站或撥打本文件中所列的電話號碼。(Traditional Chinese)
- ❖ Kung hindi Ingles ang wikang inyong sinasalita, may maaari kayong kuning mga libreng serbisyo ng tulong sa wika. Bisitahin ang aming website o tawagan ang numero ng telepono na nakalista sa dokumentong ito. (Tagalog)
- ❖ Si vous parlez une autre langue que l'anglais, des services d'assistance linguistique gratuits vous sont proposés. Visitez notre site Internet ou appelez le numéro indiqué dans ce document. (French)
- ❖ Nếu quý vị nói một ngôn ngữ khác với Tiếng Anh, chúng tôi có dịch vụ hỗ trợ ngôn ngữ miễn phí. Xin vào trang mạng của chúng tôi hoặc gọi số điện thoại ghi trong tài liệu này. (Vietnamese)

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: **711**), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. **For more information**, visit [AetnaMedicare.com/MIDSNP](https://www.aetna.com/MIDSNP)



- ❖ Wenn Sie eine andere Sprache als Englisch sprechen, stehen Ihnen kostenlose Sprachdienste zur Verfügung. Besuchen Sie unsere Website oder rufen Sie die Telefonnummer in diesem Dokument an. (German)
- ❖ 영어가 아닌 언어를 쓰시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 저희 웹사이트를 방문하시거나 본 문서에 기재된 전화번호로 연락해 주십시오. (Korean)
- ❖ Если вы не владеете английским и говорите на другом языке, вам могут предоставить бесплатную языковую помощь. Посетите наш веб-сайт или позвоните по номеру, указанному в данном документе. (Russian)
- ❖ إذا كنت تتحدث لغة غير الإنجليزية، فإن خدمات المساعدة اللغوية المجانية متاحة. تفضل بزيارة موقعنا على الويب أو اتصل برقم الهاتف المدرج في هذا المستند. (Arabic)
- ❖ अगर आप अंग्रेजी के अलावा कोई अन्य भाषा बोलते हैं, तो मुफ्त भाषा सहायता सेवाएं उपलब्ध हैं। हमारी वेबसाइट पर जाएं या इस दस्तावेज़ में दिए गए फोन नंबर पर कॉल करें। (Hindi)
- ❖ Nel caso Lei parlasse una lingua diversa dall'inglese, sono disponibili servizi di assistenza linguistica gratuiti. Visiti il nostro sito web oppure chiami il numero di telefono elencato in questo documento. (Italian)
- ❖ Caso você seja falante de um idioma diferente do inglês, serviços gratuitos de assistência a idiomas estão disponíveis. Acesse nosso site ou ligue para o número de telefone presente neste documento. (Portuguese)
- ❖ Si ou pale yon lòt lang ki pa Anglè, wap jwenn sèvis asistans pou lang gratis ki disponib. Vizite sitwèb nou an oswa rele nan nimewo telefòn ki make nan dokiman sa a. (Haitian Creole)
- ❖ Jeżeli nie posługują się Państwo językiem angielskim, dostępne są bezpłatne usługi wsparcia językowego. Proszę odwiedzić naszą witrynę lub zadzwonić pod numer podany w niniejszym dokumencie. (Polish)
- ❖ 英語をお話しにならない方は、無料の言語支援サービスを受けることができます。弊社のウェブサイトアクセスするか、または本書に記載の電話番号にお問い合わせください。 (Japanese)
- ❖ Nëse nuk flisni gjuhën angleze, shërbime ndihmëse gjuhësore pa pagesë janë në dispozicionin tuaj. Vizitoni faqen tonë në internet ose merrni në telefon numrin e telefonit në këtë dokument. (Albanian)
- ❖ ከእንግሊዝኛ ሌላ ቋንቋ የሚናገሩ ከሆነ ነጻ የቋንቋ ድጋፍ እገልግሎቶችን ማግኘት ይቻላል። የእኛን ድረ-ገጽ ይጎብኙ ወይም በዚህ ስነድ ላይ የተዘረዘረውን ስልክ ቁጥር በመጠቀም ይደውሉ። (Amharic)
- ❖ Եթե խոսում եք անգլերենից բացի մեկ այլ լեզվով, ապա Զեզ համար հասանելի են լեզվական աջակցման անվճար ծառայություններ: Այցելեք մեր վեբ կայքը կամ զանգահարեք այս փաստաթղթում նշված հեռախոսահամարով: (Armenian)
- ❖ যদি আপনি ইংরেজী ব্যতীত অন্য কোনো ভাষায় কথা বলেন তাহলে বিনামূল্যের দোভাষীর পরিষেবা উপলব্ধ আছে। আমাদের ওয়েবসাইট দেখুন এবং এই নথিতে তালিকাভুক্ত ফোন নম্বরে ফোন করুন। (Bengali)
- ❖ បើលោកអ្នកនិយាយភាសាផ្សេងក្រៅពីភាសាអង់គ្លេស សេវាកម្មជំនួយផ្នែកភាសាមានផ្តល់ជូនដោយឥតគិតថ្លៃ ។ សូមចូលមើលគេហទំព័ររបស់យើងខ្ញុំ ឬហៅទៅកាន់លេខទូរស័ព្ទដែលមានរាយនៅក្នុងឯកសារនេះ ។ (Khmer)
- ❖ Ako govorite neki jezik koji nije engleski, dostupne su besplatne jezičke usluge. Posetite našu internet stranicu ili nazovite broj telefona navedenog u ovom dokumentu. (Serbo-Croatian)



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: **711**), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. **For more information**, visit **[AetnaMedicare.com/MIDSNP](https://www.aetna.com/MIDSNP)**



B. Frequently Asked Questions (FAQ)

Find answers here to questions you have about this *List of Covered Drugs (Drug List)*. You can read all of the FAQ to learn more, or look for a question and answer.

B1. What drugs are on the *List of Covered Drugs*? (We call the *List of Covered Drugs* the *Drug List* for short.)

The drugs on the *Drug List* that starts in **Section C1** are the drugs covered by Aetna Medicare HIDE (HMO D-SNP). The drugs are available at pharmacies within our network. A pharmacy is in our network if we have an agreement with them to work with us and provide you services. We refer to these pharmacies as “network pharmacies.”

Other drugs, such as some over-the-counter (OTC) medications and certain vitamins, may be covered by Michigan Medicaid. Please visit the Michigan Medicaid website www.michigan.gov/mdhhs/assistance-programs/medicaid for more information. You can also call the Michigan Medicaid Beneficiary Help Line at **1-800-642-3195** 8:00 AM – 7:00 PM Monday through Friday (except holidays) or email beneficiarysupport@michigan.gov. Please bring your Member ID Card when getting prescriptions through Michigan Medicaid.

- Aetna Medicare HIDE (HMO D-SNP) will cover all medically necessary drugs on the *Drug List* if:
 - your doctor or other prescriber says you need them to get better or stay healthy,
 - Aetna Medicare HIDE (HMO D-SNP) agrees that the drug is medically necessary for you, **and**
 - you fill the prescription at a Aetna Medicare HIDE (HMO D-SNP) network pharmacy.
- In some cases, you have to do something before you can get a drug. Refer to question B4 for more information.

You can also find an up-to-date list of drugs that we cover on our website at AetnaMedicare.com/MICHDSNP or call Member Services at **1-855-676-5772** (TTY: **711**).

B2. Does the *Drug List* ever change?

Yes, and Aetna Medicare HIDE (HMO D-SNP) must follow Medicare and Michigan Medicaid rules when making changes. We may add or remove drugs on the *Drug List* during the year.

We may also change our rules about drugs. For example, we could:

- Decide to require or not require prior authorization for a drug. (Prior authorization is permission from Aetna Medicare HIDE (HMO D-SNP) before you can get a drug.)
- Add or change the amount of a drug you can get (called quantity limits).
- Add or change step therapy restrictions on a drug. (Step therapy means you must try one drug before we'll cover another drug.)

For more information on these drug rules, refer to question B4.



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: **711**), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. **For more information**, visit AetnaMedicare.com/MIDSNP

If you're taking a drug that was covered at the **beginning** of the year, we'll generally not remove or change coverage of that drug **during the rest of the year** unless:

- a new, cheaper drug comes on the market that works as well as a drug on the *Drug List* now, **or**
- we learn that a drug is not safe, **or**
- a drug is removed from the market.

Questions B3 and B6 below have more information on what happens when the *Drug List* changes.

- You can always check our plan's up-to-date *Drug List* online at [AetnaMedicare.com/MICHDSNP](https://www.aetna.com/michdsnp). Updates to the *Drug List* are posted on the website monthly.
- You can also call Member Services **1-855-676-5772** (TTY: **711**) to check the current *Drug List*.

B3. What happens when there's a change to the *Drug List*?

Some changes to the *Drug List* will happen **immediately**. For example:

- **Substitutions of certain new versions of drugs.** We may immediately remove the drugs from the *Drug List* if we replace them with certain new versions of that drug, but your cost for the new drug will appear on the same or lower cost-sharing tier with the same or fewer restrictions. When we add a new version of a drug, we may also decide to keep the brand name drug or original biological product on the list but change its coverage rules or limits.
 - We may not tell you before we make this change, but we'll send you information about the specific change we made once it happens.
 - We can make these changes only if the drug we're adding:
 - is a new generic version of a brand name drug, or
 - is a certain new biosimilar version of original biological products on the *Drug List* (for example, adding an interchangeable biosimilar that can be substituted for an original biological product without a new prescription).
 - Some of these drug types may be new to you. For more information, refer to **Section B14**.
 - You or your provider can ask for an exception from these changes. We'll send you a notice with the steps you can take to ask for an exception. Please refer to questions B10-B12 for more information on exceptions.
- **Remove unsafe drugs and other drugs that are taken off the market.** Sometimes a drug may be found unsafe or taken off the market for another reason. If this happens, we may immediately take it off the *Drug List*. If you're taking the drug, we'll send you a notice after we make the change.
- Please contact your prescriber if a drug you are taking is removed from the *Drug List*.



We may make other changes that affect the drugs you take. We'll tell you in advance about these other changes to the *Drug List*. These changes might happen if:

- The FDA provides new guidance or there are new clinical guidelines about a drug.
- We remove a brand name drug from the *Drug List* when adding a generic drug that is not new to the market, or
- we remove an original biological product when adding a biosimilar, or
- we change the coverage rules or limits for the brand name drug.

When these changes happen, we'll:

- tell you at least 30 days before we make the change to the *Drug List* **or**
- let you know and give you a 30-day supply of the drug after you ask for a refill.

This will give you time to talk to your doctor or other prescriber. They can help you decide:

- if there's a similar drug on the *Drug List* you can take instead **or**
- whether to ask for an exception from these changes. To learn more about exceptions, refer to questions B10-B12.

B4. Are there any restrictions or limits on drug coverage or any required actions to take to get certain drugs?

Yes, some drugs have coverage rules or have limits on the amount you can get. In some cases you or your doctor or other prescriber must do something before you can get the drug. For example:

- **Prior authorization:** For some drugs, you or your doctor or other prescriber must get authorization from Aetna Medicare HIDE (HMO D-SNP) before you fill your prescription. Prior authorization is different from a referral. Aetna Medicare HIDE (HMO D-SNP) may not cover the drug if you don't get prior authorization.
- **Quantity limits:** Sometimes Aetna Medicare HIDE (HMO D-SNP) limits the amount of a drug you can get.
- **Step therapy:** Sometimes Aetna Medicare HIDE (HMO D-SNP) requires you to do step therapy. This means you'll have to try drugs in a certain order for your medical condition. You might have to try one drug before we'll cover another drug. If your prescriber thinks the first drug doesn't work for you, then we'll cover the second.

You can find out if your drug has any additional requirements or limits by looking in the tables in **Section C1**. You can also get more information by visiting our website at [AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP). We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy.

You can ask for an exception from these limits. This will give you time to talk to your doctor or other prescriber. They can help you decide if there's a similar drug on the *Drug List* you can take instead or whether to ask for an exception. Refer to questions B10-B12 for more information about exceptions.



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: **711**), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. **For more information**, visit [AetnaMedicare.com/MIDSNP](https://www.aetna.com/MIDSNP)

B5. How will I know if the drug I want has limits or if there are required actions to take to get the drug?

The table in the section titled List of Drugs by Medical Condition has a column labeled “Necessary actions, restrictions, or limits on use.”

B6. What happens if Aetna Medicare HIDE (HMO D-SNP) changes their rules about how they cover some drugs (for example, prior authorization, quantity limits, and/or step therapy restrictions)?

In some cases, we'll tell you in advance if we add or change prior authorization, quantity limits, and/or step therapy restrictions on a drug. Refer to question B3 for more information about this advance notice and situations where we may not be able to tell you in advance when our rules about drugs on the *Drug List* change.

B7. How can I find a drug on the *Drug List*?

There are two ways to find a drug:

- you can search alphabetically, **or**
- you can search by medical condition.

To search **alphabetically**, look for your drug in the Index of Covered Drugs section. You can find it Section D. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list. The Index of Covered Drugs is an alphabetical list of all of the drugs included in the *Drug List*. Brand name drugs and generic drugs as well as over-the-counter (OTC) drugs are listed in the index.

To search by medical condition, find **Section C1** labeled “List of Drugs by Medical Condition”. The drugs in this section are grouped into categories depending on the type of medical conditions they are used to treat. For example, if you have a heart condition, you should look in cardiovascular category. That's where you'll find drugs that treat heart conditions.

B8. What if the drug I want to take isn't on the *Drug List*?

If you don't find your drug on the *Drug List*, call Member Services at **1-855-676-5772** (TTY: **711**) and ask about it. If you learn that our plan will not cover the drug, you can do one of these things:

- Ask Member Services for a list of drugs like the one you want to take. Then show the list to your doctor or other prescriber. They can prescribe a drug on the *Drug List* that is like the one you want to take. **Or**
- Ask Aetna Medicare HIDE (HMO D-SNP) to make an exception to cover your drug. Refer to questions B10-B12 for more information about exceptions.



B9. What if I'm a new Aetna Medicare HIDE (HMO D-SNP) member and can't find my drug on the *Drug List* or have a problem getting my drug?

We can help. We may cover a temporary 30-day supply of your drug during the first 90 days you're a member of Aetna Medicare HIDE (HMO D-SNP). This will give you time to talk to your doctor or other prescriber. They can help you decide if there's a similar drug on the *Drug List* you can take instead or whether to ask for an exception.

If your prescription is written for fewer days, we'll allow multiple refills to provide up to a maximum of 30 days of medication.

We will cover a 30-day supply of your drug if:

- you're taking a drug that is not on our *Drug List*, **or**
- our plan rules don't let you get the amount ordered by your prescriber, **or**
- the drug requires prior authorization by Aetna Medicare HIDE (HMO D-SNP), **or**
- you're taking a drug that's part of a step therapy restriction.

If you're in a nursing home or other long-term care facility and need a drug that isn't on the *Drug List* or if you can't easily get the drug you need, we can help. If you've been in the plan for more than 90 days, live in a long-term care facility, and need a supply right away:

- We'll cover one 31-day supply of the drug you need (unless you have a prescription for fewer days), whether or not you're a new plan member.
- This is in addition to the temporary supply during the first 90 days you're a member of Aetna Medicare HIDE (HMO D-SNP).

Current members with a change in level of care

If you experience a change in your setting of care (such as being discharged or admitted to a nursing home or other long-term care facility), your provider or pharmacy can request a one-time prescription override. This one-time override will provide you with temporary coverage (up to a 30-day supply) for the applicable drug(s).

B10. Can I ask for an exception to cover my drug?

Yes. You can ask Aetna Medicare HIDE (HMO D-SNP) to make an exception to cover a drug that isn't on the *Drug List*.

You can also ask us to change the rules on your drug.

- For example, Aetna Medicare HIDE (HMO D-SNP) may limit the amount of a drug we'll cover. If your drug has a limit, you can ask us to change the limit and cover more.
- Other examples: You can ask us to drop step therapy restrictions or prior authorization requirements.



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: **711**), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. **For more information**, visit **[AetnaMedicare.com/MIDSNP](https://www.AetnaMedicare.com/MIDSNP)**

B11.How can I ask for an exception?

To ask for an exception, call Member Services. A Member Services representative will work with you and your provider to help you ask for an exception. You can also read **Chapter 9 Section F** of the *Member Handbook* to learn more about exceptions.

B12.How long does it take to get an exception?

After we get a statement from your prescriber supporting your request for an exception, we'll give you a decision within 72 hours. To send your statement, you or your prescriber may call Member Services at **1-855-676-5772** (TTY: **711**), 8 a.m. to 8 p.m., E.T., 7 days a week or visit **[AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)**.

If you or your prescriber think your health may be harmed if you have to wait 72 hours for a decision, you can ask for an expedited exception. This is a faster decision. If your prescriber supports your request, we'll give you a decision within 24 hours of getting your prescriber's supporting statement.

B13.What are generic drugs?

Generic drugs are made up of the same active ingredients as brand name drugs. They usually cost less than the brand name drug and generally work just as well. They usually don't have well-known names. Generic drugs are approved by the Food and Drug Administration (FDA). There are generic drugs available for many brand name drugs. Generic drugs usually can be substituted for brand name drugs at the pharmacy without a new prescription—depending on state laws.

Aetna Medicare HIDE (HMO D-SNP) covers both brand name drugs and generic drugs.

B14.What are original biological products and how are they related to biosimilars?

When we refer to drugs, this could mean a drug or a biological product. Biological products are drugs that are more complex than typical drugs. Since biological products are more complex than typical drugs, instead of having a generic form, they have forms that are called biosimilars. Generally, biosimilars work just as well as the original biological product and may cost less. There are biosimilar alternatives for some original biological products. Some biosimilars are interchangeable biosimilars and, depending on state laws, may be substituted for the original biological product at the pharmacy without needing a new prescription, just like generic drugs can be substituted for brand name drugs.

For more information on drug types, refer to **Chapter 5** of the *Member Handbook*.

B15.What are OTC drugs

OTC stands for “over-the-counter”. Aetna Medicare HIDE (HMO D-SNP) covers some OTC drugs when they're written as prescriptions by your provider.

You can read the Aetna Medicare HIDE (HMO D-SNP) *Drug List* to find out what OTC drugs are covered.



B16.Does Aetna Medicare HIDE (HMO D-SNP) cover non-drug OTC products?

Aetna Medicare HIDE (HMO D-SNP) covers some non-drug OTC products when they're written as prescriptions by your provider.

Examples of non-drug OTC products include alcohol swabs. You can read the Aetna Medicare HIDE (HMO D-SNP) *Drug List* to find out what non-drug OTC products are covered.

B17.Does Aetna Medicare HIDE (HMO D-SNP) cover long-term supplies of prescriptions?

- **Mail-Order Program.** We offer a mail-order program that allows you to get up to a 100-day supply of your drugs sent directly to your home. A 100-day supply has the same copay as a one-month supply.
- **100-Day Retail Pharmacy Programs** Some retail pharmacies may also offer up to a 100-day supply of covered drugs. A 100-day supply has the same copay as a one-month supply.

B18.Can I get prescriptions delivered to my home from my local pharmacy?

Your local pharmacy may be able to deliver your prescription to your home. You can call your pharmacy to find out if they offer home delivery.

B19.What is my copay?

Aetna Medicare HIDE (HMO D-SNP) members have copays for prescription as long as the member follows the plan's rules. Refer to questions B14 and B15 for more information about OTC drugs and non-drug products.

Tiers are groups of drugs on our *Drug List*.

- Tier 1 - Preferred Generic - \$0.
- Tier 2 - Generic - \$0.
- Tier 3 - Preferred Brand - 22% OR For generic or brand drugs treated like generics: \$0, \$1.60, or \$5.10. For brand drugs: \$0, \$4.90, or \$12.65.
- Tier 4 - Non-Preferred Drug - 25% OR For generic or brand drugs treated like generics: \$0, \$1.60, or \$5.10. For brand drugs: \$0, \$4.90, or \$12.65.
- Tier 5 - Specialty - 25% OR For generic or brand drugs treated like generics: \$0, \$1.60, or \$5.10. For brand drugs: \$0, \$4.90, or \$12.65.

OTCs have a \$0 copay.

If you have questions, call Member Services at **1-855-676-5772** (TTY: **711**).



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: **711**), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. **For more information**, visit **AetnaMedicare.com/MIDSNP**

C. Overview of the *List of Covered Drugs*

The *List of Covered Drugs* gives you information about the drugs covered by Aetna Medicare HIDE (HMO D-SNP). If you have trouble finding your drug in the list, turn to the Index of Covered Drugs that begins in **Section D**. The Index alphabetically lists all drugs covered by our plan.

The information in the Requirements/Limits column tells you if our plan has any special requirements for coverage of your drug. The following abbreviations are used:

QL: Quantity Limits: For certain drugs, our plan limits the amount of the drug that we will cover.
PA: Prior Authorization: Our plan requires you or your provider to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescriptions. If you don't get approval, we may not cover the drug.
ST: Step Therapy: In some cases, our plan requires you to first try certain drugs to treat your medical condition, before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.
LD: Limited Distribution: The drug manufacturer may limit the number of pharmacies that can stock and dispense this medication.
MO: Mail-Order Delivery: Generally, the drugs available through mail order are drugs that you take on a regular basis, for a chronic or long-term medical condition.§
B/D: Drugs that may be covered under Medicare Part B or Part D depending on the circumstance. These drugs require prior authorization to determine coverage under Part B or Part D. Information may need to be provided that describes the use or the place where the drug is received to determine coverage.
EA: Each
ML: Milliliter
ACS: Available at CVS Specialty Pharmacy. These drugs are for complex medical conditions and may require special handling and/or close monitoring. They are available through CVS Specialty Pharmacy Services or other specialty pharmacies in the network. You may not be able to get them at your local pharmacy.§
HRM: High Risk Medication. According to medical experts, these drugs may cause adverse side effects if you are 65 years of age or older. If you are taking one of these drugs, ask your doctor if there are safer options available.
*: Non-Part D drugs or Over-the-Counter (OTC) drugs or non-drug products. Aetna Medicare HIDE (HMO D-SNP) covers some non-Part D drugs, OTC drugs, and non-drug products when they are written as prescriptions by your provider.

§Due to legislation in Arkansas, effective January 1, 2026, you may not be able to utilize the following services within the state of Arkansas: CVS Retail, CVS Caremark Mail Service, CVS Specialty, and OMNI Care long term pharmacies.

Note: The * next to a drug means the drug isn't a "Part D drug." These drugs have different rules for appeals.

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: **711**), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. **For more information**, visit **AetnaMedicare.com/MIDSNP**



- An appeal is a formal way of asking us to review a decision we made about your coverage and to change it if you think we made a mistake.
- For example, we might decide that a drug that you want isn't covered or is no longer covered by Medicare or Michigan Medicaid.
- If you or your prescriber disagrees with our decision, you can appeal. If you ever have a question, call Member Services **1-855-676-5772** (TTY: **711**), 8 a.m. to 8 p.m., E.T., 7 days a week.
- You can also read **Chapter 9** of the *Member Handbook* to learn how to appeal a decision.



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: **711**), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. **For more information**, visit **[AetnaMedicare.com/MIDSNP](https://www.aetna.com/MIDSNP)**

C1. List of Drugs by Medical Condition

The drugs in this section are grouped into categories depending on the type of medical conditions they're used to treat. For example, if you have a heart condition, you should look in the category, cardiovascular. That's where you'll find drugs that treat heart conditions.

The first column of the table lists the name of the drug. Generic drugs are listed in lower-case italics (for example, *levothyroxine*), brand name drugs are capitalized (for example, SYNTHROID), and OTC drugs and non-drug products are listed in lower-case italics with an asterisk in the far-right column (for example, *aspirin*). The information in the "Necessary actions, restrictions, or limits on use" column tells you if by Aetna Medicare HIDE (HMO D-SNP) has any rules for covering your drug.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
--------------	--	---

ANALGESICS

GOUT

<i>allopurinol tablet 100mg, 300mg</i>	\$0 (Tier 1)	MO
<i>colchicine tablet 0.6mg</i>	\$0 - \$12.65 (Tier 4)	QL (120 EA per 30 days) MO
<i>febuxostat tablet 40mg, 80mg</i>	\$0 - \$12.65 (Tier 4)	ST MO
<i>probenecid/colchicine tablet 0.5mg; 500mg</i>	\$0 (Tier 2)	MO
<i>probenecid tablet 500mg</i>	\$0 - \$12.65 (Tier 4)	MO

MISCELLANEOUS

JOURNAVX TABLET 50MG	\$0 - \$12.65 (Tier 3)	QL (29 EA per 14 days) PA MO
<i>lidocaine hcl injection 0.5%, 1.5%, 4%</i>	\$0 - \$12.65 (Tier 4)	
<i>lidocaine hydrochloride injection 1% pf, 100mg/5ml, 2%</i>	\$0 - \$12.65 (Tier 4)	
<i>lidocaine hydrochloride injection 1%</i>	\$0 - \$12.65 (Tier 4)	MO

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: **711**), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
NSAIDS		
<i>celecoxib capsule 400mg</i>	\$0 (Tier 2)	QL (30 EA per 30 days) MO
<i>celecoxib capsule 100mg, 200mg, 50mg</i>	\$0 (Tier 2)	QL (60 EA per 30 days) MO
<i>diclofenac potassium tablet 50mg</i>	\$0 (Tier 2)	QL (120 EA per 30 days) MO
<i>diclofenac sodium dr tablet delayed release 25mg, 50mg, 75mg</i>	\$0 (Tier 2)	MO
<i>diclofenac sodium er tablet extended release 24 hour 100mg</i>	\$0 (Tier 2)	QL (60 EA per 30 days) MO
<i>diclofenac sodium/misoprostol tablet delayed release 50mg; 200mcg</i>	\$0 - \$12.65 (Tier 4)	QL (120 EA per 30 days) MO
<i>diclofenac sodium/misoprostol tablet delayed release 75mg; 200mcg</i>	\$0 - \$12.65 (Tier 4)	QL (90 EA per 30 days) MO
<i>diflunisal tablet 500mg</i>	\$0 (Tier 2)	QL (90 EA per 30 days) MO
<i>etodolac er tablet extended release 24 hour 600mg</i>	\$0 - \$12.65 (Tier 4)	QL (30 EA per 30 days) MO
<i>etodolac er tablet extended release 24 hour 400mg, 500mg</i>	\$0 - \$12.65 (Tier 4)	QL (60 EA per 30 days) MO
<i>etodolac capsule 300mg</i>	\$0 (Tier 2)	QL (120 EA per 30 days) MO
<i>etodolac capsule 200mg</i>	\$0 (Tier 2)	QL (90 EA per 30 days) MO
<i>etodolac tablet 500mg</i>	\$0 (Tier 2)	QL (60 EA per 30 days) MO
<i>etodolac tablet 400mg</i>	\$0 (Tier 2)	QL (90 EA per 30 days) MO
<i>fenoprofen calcium capsule 400mg</i>	\$0 - \$12.65 (Tier 4)	QL (240 EA per 30 days) MO
<i>fenoprofen calcium tablet 600mg</i>	\$0 - \$12.65 (Tier 4)	QL (150 EA per 30 days) MO
<i>flurbiprofen tablet 100mg</i>	\$0 (Tier 2)	QL (90 EA per 30 days) MO
<i>ibuprofen suspension 100mg/5ml</i>	\$0 (Tier 2)	MO
<i>ibuprofen tablet 400mg, 600mg, 800mg</i>	\$0 (Tier 1)	MO
<i>ibu tablet 400mg, 600mg, 800mg</i>	\$0 (Tier 1)	MO



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: 711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>ketorolac tromethamine tablet 10mg</i>	\$0 (Tier 2)	QL (20 EA per 30 days) PA MO
<i>meloxicam tablet 15mg, 7.5mg</i>	\$0 (Tier 1)	MO
<i>nabumetone tablet 500mg, 750mg</i>	\$0 (Tier 2)	MO
<i>naproxen dr tablet delayed release 375mg</i>	\$0 (Tier 2)	QL (120 EA per 30 days) MO
<i>naproxen dr tablet delayed release 500mg</i>	\$0 (Tier 2)	QL (90 EA per 30 days) MO
<i>naproxen sodium tablet 275mg, 550mg</i>	\$0 (Tier 2)	MO
<i>naproxen suspension 125mg/5ml</i>	\$0 - \$12.65 (Tier 4)	QL (1800 ML per 30 days) PA MO
<i>naproxen tablet 250mg, 375mg, 500mg</i>	\$0 (Tier 1)	MO
<i>oxaprozin tablet 600mg</i>	\$0 (Tier 2)	QL (90 EA per 30 days) MO
<i>piroxicam capsule 20mg</i>	\$0 (Tier 2)	QL (30 EA per 30 days) MO
<i>piroxicam capsule 10mg</i>	\$0 (Tier 2)	QL (60 EA per 30 days) MO
<i>sulindac tablet 150mg, 200mg</i>	\$0 (Tier 2)	QL (60 EA per 30 days) MO
OPIOID ANALGESICS, LONG-ACTING		
<i>buprenorphine patch weekly 10mcg/hr, 15mcg/hr, 20mcg/hr, 5mcg/hr, 7.5mcg/hr</i>	\$0 - \$12.65 (Tier 4)	QL (4 EA per 28 days) PA MO
<i>fentanyl patch 72 hour 100mcg/hr, 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr</i>	\$0 - \$12.65 (Tier 4)	QL (10 EA per 30 days) PA MO
<i>hydrocodone bitartrate er (generic Hysingla ER) tablet er 24 hour abuse-deterrent 100mg, 120mg, 20mg, 30mg, 40mg, 60mg, 80mg</i>	\$0 - \$12.65 (Tier 4)	QL (30 EA per 30 days) PA MO
<i>methadone hcl solution 5mg/5ml</i>	\$0 - \$12.65 (Tier 3)	QL (450 ML per 30 days) PA MO
<i>methadone hcl tablet 10mg, 5mg</i>	\$0 - \$12.65 (Tier 3)	QL (90 EA per 30 days) PA MO
<i>methadone hydrochloride concentrate 10mg/ml</i>	\$0 - \$12.65 (Tier 3)	QL (90 ML per 30 days) PA MO
<i>methadone hydrochloride solution 10mg/5ml</i>	\$0 - \$12.65 (Tier 3)	QL (450 ML per 30 days) PA MO

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: **711**), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>morphine sulfate er tablet extended release (generic MS Contin) 30mg, 60mg</i>	\$0 - \$12.65 (Tier 3)	QL (60 EA per 30 days) MO
<i>morphine sulfate er tablet extended release (generic MS Contin) 100mg</i>	\$0 - \$12.65 (Tier 3)	QL (60 EA per 30 days) PA MO
<i>morphine sulfate er tablet extended (generic MS Contin) release 15mg</i>	\$0 - \$12.65 (Tier 3)	QL (90 EA per 30 days) MO
MORPHINE SULFATE/SODIUM CHLORIDE INJECTION 1MG/ML	\$0 - \$12.65 (Tier 4)	B/D
<i>tramadol hcl er tablet extended release 24 hour 100mg, 300mg</i>	\$0 - \$12.65 (Tier 4)	QL (30 EA per 30 days) MO; HRM
<i>tramadol hcl er tablet extended release 24 hour 200mg</i>	\$0 - \$12.65 (Tier 4)	QL (30 EA per 30 days); HRM
<i>tramadol hydrochloride er tablet extended release 24 hour 100mg, 200mg, 300mg</i>	\$0 - \$12.65 (Tier 4)	QL (30 EA per 30 days) MO; HRM
OPIOID ANALGESICS, SHORT-ACTING		
<i>acetaminophen/codeine phosphate tablet 300mg; 60mg</i>	\$0 (Tier 2)	QL (180 EA per 30 days) MO
<i>acetaminophen/codeine solution 120mg/5ml; 12mg/5ml</i>	\$0 (Tier 2)	QL (2700 ML per 30 days) MO
<i>acetaminophen/codeine tablet 300mg; 15mg, 300mg; 30mg, 300mg; 60mg</i>	\$0 (Tier 2)	QL (180 EA per 30 days) MO
<i>butorphanol tartrate injection 1mg/ml, 2mg/ml</i>	\$0 - \$12.65 (Tier 4)	MO
<i>butorphanol tartrate nasal solution 10mg/ml</i>	\$0 - \$12.65 (Tier 4)	QL (5 ML per 30 days) MO
CODEINE SULFATE TABLET 15MG, 30MG, 60MG	\$0 - \$12.65 (Tier 4)	QL (180 EA per 30 days) MO



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: 711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>endocet tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 7.5mg</i>	\$0 - \$12.65 (Tier 4)	QL (180 EA per 30 days)
<i>hydrocodone bitartrate/acetaminophen solution 300mg/15ml; 10mg/15ml, 325mg/15ml; 10mg/15ml, 325mg/15ml; 7.5mg/15ml</i>	\$0 - \$12.65 (Tier 4)	QL (2700 ML per 30 days) MO
<i>hydrocodone bitartrate/acetaminophen tablet 300mg; 10mg, 300mg; 5mg, 300mg; 7.5mg, 325mg; 10mg, 325mg; 5mg</i>	\$0 - \$12.65 (Tier 3)	QL (180 EA per 30 days) MO
<i>hydrocodone bitartrate/acetaminophen tablet 325mg; 2.5mg</i>	\$0 - \$12.65 (Tier 3)	QL (240 EA per 30 days) MO
<i>hydrocodone/acetaminophen tablet 325mg; 7.5mg</i>	\$0 - \$12.65 (Tier 3)	QL (180 EA per 30 days) MO
<i>hydrocodone/ibuprofen tablet 10mg; 200mg, 5mg; 200mg, 7.5mg; 200mg</i>	\$0 - \$12.65 (Tier 3)	QL (150 EA per 30 days) MO
<i>hydromorphone hcl liquid 1mg/ml</i>	\$0 - \$12.65 (Tier 4)	QL (600 ML per 30 days) MO
<i>hydromorphone hcl tablet 2mg, 4mg, 8mg</i>	\$0 - \$12.65 (Tier 3)	QL (180 EA per 30 days) MO
HYDROMORPHONE HYDROCHLORIDE INJECTION 0.25MG/0.5ML	\$0 - \$12.65 (Tier 4)	B/D
MORPHINE SULFATE INJECTION 10MG/ML, 2MG/ML, 4MG/ML, 50MG/ML, 5MG/ML, 8MG/ML	\$0 - \$12.65 (Tier 4)	B/D
<i>morphine sulfate injection 0.5mg/ml, 2mg/ml iv prefilled syringe, 10mg/ml iv vial, 4mg/ml iv vial, 8mg/ml iv vial</i>	\$0 - \$12.65 (Tier 4)	B/D
<i>morphine sulfate injection 1mg/ml</i>	\$0 - \$12.65 (Tier 4)	B/D MO

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: **711**), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaMedicare.com/MICHDSNP](https://www.AetnaMedicare.com/MICHDSNP)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>morphine sulfate oral solution 10mg/5ml, 20mg/5ml</i>	\$0 - \$12.65 (Tier 3)	QL (900 ML per 30 days) MO
<i>morphine sulfate oral solution 100mg/5ml</i>	\$0 - \$12.65 (Tier 4)	QL (180 ML per 30 days) MO
<i>morphine sulfate tablet 15mg, 30mg</i>	\$0 - \$12.65 (Tier 3)	QL (180 EA per 30 days) MO
<i>oxycodone hcl capsule 5mg</i>	\$0 - \$12.65 (Tier 3)	QL (180 EA per 30 days) MO
<i>oxycodone hydrochloride capsule 5mg</i>	\$0 - \$12.65 (Tier 3)	QL (180 EA per 30 days) MO
<i>oxycodone hydrochloride concentrate 100mg/5ml</i>	\$0 - \$12.65 (Tier 4)	QL (180 ML per 30 days) MO
<i>oxycodone hydrochloride solution 5mg/5ml</i>	\$0 - \$12.65 (Tier 3)	QL (900 ML per 30 days) MO
<i>oxycodone hydrochloride tablet 30mg</i>	\$0 - \$12.65 (Tier 3)	QL (120 EA per 30 days) MO
<i>oxycodone hydrochloride tablet 10mg, 15mg, 20mg, 5mg</i>	\$0 - \$12.65 (Tier 3)	QL (180 EA per 30 days) MO
<i>oxycodone/acetaminophen tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	\$0 - \$12.65 (Tier 3)	QL (180 EA per 30 days) MO
<i>tramadol hydrochloride/acetaminophen tablet 325mg; 37.5mg</i>	\$0 (Tier 2)	QL (240 EA per 30 days) MO; HRM
<i>tramadol hydrochloride tablet 50mg</i>	\$0 (Tier 2)	QL (240 EA per 30 days) MO; HRM



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: 711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. **For more information**, visit **[AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)**

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
--------------	--	---

ANTI-INFECTIVES**ANTI-INFECTIVES - MISCELLANEOUS**

<i>albendazole tablet 200mg</i>	\$0 - \$12.65 (Tier 4)	MO
<i>amikacin sulfate injection 1gm/4ml, 500mg/2ml</i>	\$0 - \$12.65 (Tier 4)	MO
ARIKAYCE SUSPENSION 590MG/8.4ML	\$0 - \$12.65 (Tier 5)	PA; LD
<i>atovaquone suspension 750mg/5ml</i>	\$0 - \$12.65 (Tier 4)	MO
<i>aztreonam injection 1gm, 2gm</i>	\$0 - \$12.65 (Tier 4)	MO
BLUJEPA TABLET 750MG	\$0 - \$12.65 (Tier 3)	QL (20 EA per 5 days)
CAYSTON SOLUTION RECONSTITUTED 75MG	\$0 - \$12.65 (Tier 5)	PA; ACS LD
<i>chloramphenicol sodium succinate injection 1gm</i>	\$0 - \$12.65 (Tier 4)	
<i>clindamycin hcl capsule 300mg</i>	\$0 (Tier 2)	MO
<i>clindamycin hydrochloride capsule 150mg, 75mg</i>	\$0 (Tier 2)	MO
<i>clindamycin palmitate hydrochloride solution reconstituted 75mg/5ml</i>	\$0 - \$12.65 (Tier 4)	MO
<i>clindamycin phosphate/dextrose injection 300mg/50ml; 5%, 600mg/50ml; 5%, 900mg/50ml; 5%</i>	\$0 - \$12.65 (Tier 4)	

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: **711**), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>clindamycin phosphate injection 300mg/2ml, 900mg/6ml</i>	\$0 - \$12.65 (Tier 4)	
<i>clindamycin phosphate injection 600mg/4ml</i>	\$0 - \$12.65 (Tier 4)	MO
CLINDAMYCIN/SODIUM CHLORIDE INJECTION 300MG/50ML; 0.9%, 600MG/50ML; 0.9%, 900MG/50ML; 0.9%	\$0 - \$12.65 (Tier 4)	
<i>colistimethate sodium injection 150mg</i>	\$0 - \$12.65 (Tier 4)	PA MO
<i>dapsone tablet 100mg, 25mg</i>	\$0 - \$12.65 (Tier 3)	MO
DAPTOMYCIN/SODIUM CHLORIDE INJECTION 1000MG/100ML; 0.9%, 350MG/50ML; 0.9%, 500MG/50ML; 0.9%, 700MG/100ML; 0.9%	\$0 - \$12.65 (Tier 4)	
<i>daptomycin injection 350mg, 500mg</i>	\$0 - \$12.65 (Tier 5)	
EMVERM TABLET CHEWABLE 100MG	\$0 - \$12.65 (Tier 5)	QL (24 EA per 365 days) MO
<i>ertapenem sodium injection 1gm</i>	\$0 - \$12.65 (Tier 3)	MO
<i>fosfomycin tromethamine packet 3gm</i>	\$0 - \$12.65 (Tier 4)	MO
<i>gentamicin sulfate pediatric injection 10mg/ml</i>	\$0 - \$12.65 (Tier 4)	MO
<i>gentamicin sulfate/0.9% sodium chloride injection 1.2mg/ml; 0.9%, 1mg/ml; 0.9%, 2mg/ml; 0.9%</i>	\$0 - \$12.65 (Tier 4)	



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: **711**), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>gentamicin sulfate/0.9% sodium chloride injection 1.6mg/ml; 0.9%</i>	\$0 - \$12.65 (Tier 4)	MO
<i>gentamicin sulfate injection 40mg/ml</i>	\$0 - \$12.65 (Tier 4)	MO
<i>imipenem/cilastatin injection 250mg; 250mg, 500mg; 500mg</i>	\$0 - \$12.65 (Tier 3)	MO
<i>isotonic gentamicin injection 0.8mg/ml; 0.9%</i>	\$0 - \$12.65 (Tier 4)	
<i>ivermectin tablet 6mg</i>	\$0 (Tier 2)	QL (10 EA per 90 days) PA MO
<i>ivermectin tablet 3mg</i>	\$0 (Tier 2)	QL (12 EA per 90 days) PA MO
LINEZOLID INJECTION 600MG/300ML; 0.9%	\$0 - \$12.65 (Tier 4)	PA
<i>linezolid injection 600mg/300ml</i>	\$0 - \$12.65 (Tier 4)	PA
<i>linezolid suspension reconstituted 100mg/5ml</i>	\$0 - \$12.65 (Tier 5)	QL (1800 ML per 30 days) MO
<i>linezolid tablet 600mg</i>	\$0 - \$12.65 (Tier 4)	QL (56 EA per 28 days) MO
<i>meropenem injection 2gm</i>	\$0 - \$12.65 (Tier 4)	
<i>meropenem injection 1gm, 500mg</i>	\$0 - \$12.65 (Tier 4)	MO
<i>methenamine hippurate tablet 1gm</i>	\$0 - \$12.65 (Tier 4)	MO

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: **711**), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>methenamine mandelate tablet 0.5gm, 1gm</i>	\$0 - \$12.65 (Tier 4)	MO
<i>metronidazole capsule 375mg</i>	\$0 (Tier 2)	MO
<i>metronidazole injection 500mg/100ml</i>	\$0 - \$12.65 (Tier 4)	
<i>metronidazole tablet 250mg, 500mg</i>	\$0 (Tier 2)	MO
<i>neomycin sulfate tablet 500mg</i>	\$0 (Tier 2)	MO
<i>nitazoxanide tablet 500mg</i>	\$0 - \$12.65 (Tier 5)	QL (6 EA per 30 days) MO
<i>nitrofurantoin macrocrystals capsule 100mg, 50mg</i>	\$0 (Tier 2)	MO
<i>nitrofurantoin macrocrystals capsule 25mg</i>	\$0 - \$12.65 (Tier 4)	MO
<i>nitrofurantoin monohydrate/macrocrystals capsule 100mg</i>	\$0 (Tier 2)	MO
<i>pentamidine isethionate injection 300mg</i>	\$0 - \$12.65 (Tier 4)	MO
<i>pentamidine isethionate inhalation solution reconstituted 300mg</i>	\$0 - \$12.65 (Tier 4)	B/D MO
<i>praziquantel tablet 600mg</i>	\$0 - \$12.65 (Tier 4)	MO
<i>pyrimethamine tablet 25mg</i>	\$0 - \$12.65 (Tier 5)	QL (90 EA per 30 days) PA MO
SIVEXTRO INJECTION 200MG	\$0 - \$12.65 (Tier 5)	
SIVEXTRO TABLET 200MG	\$0 - \$12.65 (Tier 5)	MO



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: 711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>streptomycin sulfate injection 1gm</i>	\$0 - \$12.65 (Tier 5)	MO
<i>sulfadiazine tablet 500mg</i>	\$0 - \$12.65 (Tier 4)	MO
<i>sulfamethoxazole/trimethoprim ds tablet 800mg; 160mg</i>	\$0 (Tier 2)	MO
<i>sulfamethoxazole/trimethoprim injection 400mg/5ml; 80mg/5ml</i>	\$0 - \$12.65 (Tier 4)	MO
<i>sulfamethoxazole/trimethoprim suspension 200mg/5ml; 40mg/5ml</i>	\$0 (Tier 2)	MO
<i>sulfamethoxazole/trimethoprim tablet 400mg; 80mg</i>	\$0 (Tier 2)	MO
<i>tinidazole tablet 250mg, 500mg</i>	\$0 - \$12.65 (Tier 3)	MO
TOBI PODHALER CAPSULE 28MG	\$0 - \$12.65 (Tier 5)	QL (224 EA per 56 days) PA; ACS LD
<i>tobramycin sulfate injection 10mg/ml, 40mg/ml</i>	\$0 - \$12.65 (Tier 4)	
<i>tobramycin sulfate injection 1.2gm/30ml, 80mg/2ml</i>	\$0 - \$12.65 (Tier 4)	MO
<i>tobramycin sulfate injection 1.2gm</i>	\$0 - \$12.65 (Tier 5)	
<i>tobramycin nebulization solution 300mg/5ml</i>	\$0 - \$12.65 (Tier 5)	QL (280 ML per 56 days) PA; ACS
<i>trimethoprim tablet 100mg</i>	\$0 (Tier 2)	MO

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: 711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
TYZAVAN INJECTION 1000MG/200ML, 1250MG/250ML, 1500MG/300ML, 1750MG/350ML, 2000MG/400ML, 500MG/100ML, 750MG/150ML	\$0 - \$12.65 (Tier 4)	
VANCOMYCIN HCL INJECTION 0.9%; 1GM/200ML	\$0 - \$12.65 (Tier 4)	
<i>vancomycin hcl injection 100gm, 10gm</i>	\$0 - \$12.65 (Tier 4)	
<i>vancomycin hydrochloride capsule 125mg</i>	\$0 - \$12.65 (Tier 4)	QL (120 EA per 30 days) MO
<i>vancomycin hydrochloride capsule 250mg</i>	\$0 - \$12.65 (Tier 4)	QL (240 EA per 30 days) MO
VANCOMYCIN HYDROCHLORIDE INJECTION 1000MG/200ML, 1250MG/250ML, 1500MG/300ML, 1750MG/350ML, 2000MG/400ML, 500MG/100ML, 750MG/150ML	\$0 - \$12.65 (Tier 4)	
<i>vancomycin hydrochloride injection 1.25gm, 1.5gm, 1.75gm, 1gm, 2gm, 500mg, 5gm, 750mg</i>	\$0 - \$12.65 (Tier 4)	
VANCOMYCIN INJECTION 0.9%; 500MG/100ML, 0.9%; 750MG/150ML	\$0 - \$12.65 (Tier 4)	
ANTIFUNGALS		
ABELCET INJECTION 5MG/ML	\$0 - \$12.65 (Tier 4)	B/D
<i>amphotericin b liposome injection 50mg</i>	\$0 - \$12.65 (Tier 5)	B/D MO
<i>amphotericin b injection 50mg</i>	\$0 - \$12.65 (Tier 4)	B/D MO



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: 711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>caspofungin acetate injection 50mg, 70mg</i>	\$0 - \$12.65 (Tier 4)	
CRESEMBA CAPSULE 74.5MG	\$0 - \$12.65 (Tier 5)	QL (175 EA per 30 days) MO
CRESEMBA CAPSULE 186MG	\$0 - \$12.65 (Tier 5)	QL (70 EA per 30 days) MO
<i>fluconazole in sodium chloride injection 200mg/100ml; 0.9%, 400mg/200ml; 0.9%</i>	\$0 - \$12.65 (Tier 4)	
<i>fluconazole/sodium chloride injection 100mg/50ml; 0.9%</i>	\$0 - \$12.65 (Tier 4)	
<i>fluconazole suspension reconstituted 10mg/ml, 40mg/ml</i>	\$0 (Tier 2)	MO
<i>fluconazole tablet 100mg, 150mg, 200mg, 50mg</i>	\$0 (Tier 2)	MO
<i>flucytosine capsule 250mg, 500mg</i>	\$0 - \$12.65 (Tier 5)	PA MO
<i>griseofulvin microsize suspension 125mg/5ml</i>	\$0 - \$12.65 (Tier 4)	MO
<i>griseofulvin microsize tablet 500mg</i>	\$0 - \$12.65 (Tier 4)	MO
<i>griseofulvin ultramicrosize tablet 125mg, 250mg</i>	\$0 - \$12.65 (Tier 4)	MO
<i>itraconazole capsule 100mg</i>	\$0 - \$12.65 (Tier 4)	PA MO
<i>ketoconazole tablet 200mg</i>	\$0 (Tier 2)	PA MO

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: **711**), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>micafungin injection 100mg, 50mg</i>	\$0 - \$12.65 (Tier 4)	
MYCAMINE INJECTION 50MG	\$0 - \$12.65 (Tier 4)	MO
<i>nystatin tablet 500000unit</i>	\$0 (Tier 2)	MO
<i>posaconazole dr tablet delayed release 100mg</i>	\$0 - \$12.65 (Tier 5)	QL (93 EA per 30 days) PA MO
<i>posaconazole suspension 40mg/ml</i>	\$0 - \$12.65 (Tier 5)	QL (630 ML per 30 days) PA MO
<i>terbinafine hcl tablet 250mg</i>	\$0 (Tier 2)	QL (90 EA per 365 days) MO
VORICONAZOLE INJECTION 200MG/20ML	\$0 - \$12.65 (Tier 4)	PA
<i>voriconazole injection 200mg</i>	\$0 - \$12.65 (Tier 4)	PA
<i>voriconazole suspension reconstituted 40mg/ml</i>	\$0 - \$12.65 (Tier 5)	PA MO
<i>voriconazole tablet 200mg</i>	\$0 - \$12.65 (Tier 4)	QL (120 EA per 30 days) MO
<i>voriconazole tablet 50mg</i>	\$0 - \$12.65 (Tier 4)	QL (480 EA per 30 days) MO
ANTIMALARIALS		
<i>atovaquone/proguanil hcl tablet 62.5mg; 25mg</i>	\$0 - \$12.65 (Tier 4)	MO
<i>atovaquone/proguanil hydrochloride tablet 250mg; 100mg</i>	\$0 - \$12.65 (Tier 4)	MO
<i>chloroquine phosphate tablet 250mg, 500mg</i>	\$0 (Tier 2)	MO



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: 711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
COARTEM TABLET 20MG; 120MG	\$0 - \$12.65 (Tier 4)	MO
<i>mefloquine hydrochloride tablet 250mg</i> <i>primaquine phosphate tablet 26.3mg</i>	\$0 (Tier 2)	MO
<i>quinine sulfate capsule 324mg</i>	\$0 - \$12.65 (Tier 3) \$0 - \$12.65 (Tier 4)	PA MO
ANTIRETROVIRAL AGENTS		
<i>abacavir solution 20mg/ml</i>	\$0 - \$12.65 (Tier 4)	MO
<i>abacavir tablet 300mg</i>	\$0 - \$12.65 (Tier 4)	MO
APTIVUS CAPSULE 250MG	\$0 - \$12.65 (Tier 5)	MO
<i>atazanavir sulfate capsule 300mg</i>	\$0 - \$12.65 (Tier 4)	MO
<i>atazanavir capsule 150mg, 200mg</i>	\$0 - \$12.65 (Tier 4)	MO
<i>darunavir tablet 600mg</i>	\$0 - \$12.65 (Tier 4)	QL (60 EA per 30 days) MO
<i>darunavir tablet 800mg</i>	\$0 - \$12.65 (Tier 5)	QL (30 EA per 30 days) MO
EDURANT PED TABLET SOLUBLE 2.5MG	\$0 - \$12.65 (Tier 5)	MO

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: **711**), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
EDURANT TABLET 25MG	\$0 - \$12.65 (Tier 5)	MO
<i>efavirenz tablet 600mg</i>	\$0 - \$12.65 (Tier 4)	MO
<i>emtricitabine capsule 200mg</i>	\$0 - \$12.65 (Tier 4)	MO
EMTRIVA SOLUTION 10MG/ML	\$0 - \$12.65 (Tier 4)	MO
<i>etravirine tablet 100mg, 200mg</i>	\$0 - \$12.65 (Tier 5)	MO
<i>fosamprenavir calcium tablet 700mg</i>	\$0 - \$12.65 (Tier 5)	MO
FUZEON INJECTION 90MG	\$0 - \$12.65 (Tier 5)	MO; LD
INTELENCE TABLET 25MG	\$0 - \$12.65 (Tier 4)	
ISENTRESS HD TABLET 600MG	\$0 - \$12.65 (Tier 5)	MO
ISENTRESS PACKET 100MG	\$0 - \$12.65 (Tier 5)	MO
ISENTRESS TABLET CHEWABLE 25MG	\$0 - \$12.65 (Tier 4)	MO
ISENTRESS TABLET CHEWABLE 100MG	\$0 - \$12.65 (Tier 5)	MO



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: **711**), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ISENTRESS TABLET 400MG	\$0 - \$12.65 (Tier 5)	MO
<i>lamivudine solution 10mg/ml</i>	\$0 - \$12.65 (Tier 3)	MO
<i>lamivudine tablet 150mg, 300mg</i>	\$0 - \$12.65 (Tier 3)	MO
<i>maraviroc tablet 150mg, 300mg</i>	\$0 - \$12.65 (Tier 5)	MO
<i>nevirapine er tablet extended release 24 hour 400mg</i>	\$0 - \$12.65 (Tier 4)	MO
<i>nevirapine suspension 50mg/5ml</i>	\$0 - \$12.65 (Tier 4)	MO
<i>nevirapine tablet 200mg</i>	\$0 (Tier 2)	MO
NORVIR PACKET 100MG	\$0 - \$12.65 (Tier 4)	MO
PIFELTRO TABLET 100MG	\$0 - \$12.65 (Tier 5)	MO
PREZISTA SUSPENSION 100MG/ML	\$0 - \$12.65 (Tier 5)	QL (400 ML per 30 days) MO
PREZISTA TABLET 150MG	\$0 - \$12.65 (Tier 4)	QL (240 EA per 30 days) MO
PREZISTA TABLET 75MG	\$0 - \$12.65 (Tier 4)	QL (480 EA per 30 days) MO
REYATAZ PACKET 50MG	\$0 - \$12.65 (Tier 4)	MO

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: **711**), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>rilpivirine hydrochloride tablet 25mg</i>	\$0 - \$12.65 (Tier 5)	MO
<i>ritonavir tablet 100mg</i>	\$0 - \$12.65 (Tier 3)	MO
RUKOBIA TABLET EXTENDED RELEASE 12 HOUR 600MG	\$0 - \$12.65 (Tier 5)	MO
SELZENTRY SOLUTION 20MG/ML	\$0 - \$12.65 (Tier 5)	MO
SUNLENCA INJECTION 463.5MG/1.5ML	\$0 - \$12.65 (Tier 5)	QL (3 ML per 180 days) MO; LD
SUNLENCA TABLET THERAPY PACK 300MG	\$0 - \$12.65 (Tier 5)	MO; LD
SUNLENCA TABLET 300MG	\$0 - \$12.65 (Tier 5)	MO; LD
<i>tenofovir disoproxil fumarate tablet 300mg</i>	\$0 - \$12.65 (Tier 4)	MO
TIVICAY PD TABLET SOLUBLE 5MG	\$0 - \$12.65 (Tier 5)	MO
TIVICAY TABLET 50MG	\$0 - \$12.65 (Tier 5)	MO
TROGARZO INJECTION 200MG/1.33ML	\$0 - \$12.65 (Tier 5)	MO; LD
TYBOST TABLET 150MG	\$0 - \$12.65 (Tier 3)	MO



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: 711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
VIRACEPT TABLET 250MG, 625MG	\$0 - \$12.65 (Tier 5)	MO
VIREAD POWDER 40MG/GM	\$0 - \$12.65 (Tier 5)	MO
VIREAD TABLET 150MG, 200MG, 250MG	\$0 - \$12.65 (Tier 5)	MO
<i>zidovudine capsule 100mg</i>	\$0 (Tier 2)	MO
<i>zidovudine syrup 50mg/5ml</i>	\$0 (Tier 2)	MO
<i>zidovudine tablet 300mg</i>	\$0 - \$12.65 (Tier 3)	MO
ANTIRETROVIRAL COMBINATION AGENTS		
<i>abacavir sulfate/lamivudine tablet 600mg; 300mg</i>	\$0 - \$12.65 (Tier 4)	MO
BIKTARVY TABLET 30MG; 120MG; 15MG, 50MG; 200MG; 25MG	\$0 - \$12.65 (Tier 5)	MO
CIMDUO TABLET 300MG; 300MG	\$0 - \$12.65 (Tier 5)	MO
DELSTRIGO TABLET 100MG; 300MG; 300MG	\$0 - \$12.65 (Tier 5)	MO
DESCOVY TABLET 120MG; 15MG, 200MG; 25MG	\$0 - \$12.65 (Tier 5)	MO
DOVATO TABLET 50MG; 300MG	\$0 - \$12.65 (Tier 5)	MO
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate tablet 600mg; 200mg; 300mg</i>	\$0 - \$12.65 (Tier 5)	MO

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: **711**), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate tablet 400mg; 300mg; 300mg, 600mg; 300mg; 300mg</i>	\$0 - \$12.65 (Tier 5)	MO
<i>emtricitabine/rilpivirine/tenofovir disoproxil fumarate tablet 200mg; 25mg; 300mg</i>	\$0 - \$12.65 (Tier 5)	MO
<i>emtricitabine/tenofovir disoproxil fumarate tablet 200mg; 300mg</i>	\$0 - \$12.65 (Tier 4)	QL (30 EA per 30 days) MO
<i>emtricitabine/tenofovir disoproxil fumarate tablet 100mg; 150mg, 133mg; 200mg</i>	\$0 - \$12.65 (Tier 5)	QL (30 EA per 30 days) MO
<i>emtricitabine/tenofovir disoproxil tablet 167mg; 250mg</i>	\$0 - \$12.65 (Tier 4)	QL (30 EA per 30 days) MO
EVOTAZ TABLET 300MG; 150MG	\$0 - \$12.65 (Tier 5)	MO
GENVOYA TABLET 150MG; 150MG; 200MG; 10MG	\$0 - \$12.65 (Tier 5)	MO
IDVYNZO TABLET 100MG; 0.25MG	\$0 - \$12.65 (Tier 5)	MO
JULUCA TABLET 50MG; 25MG	\$0 - \$12.65 (Tier 5)	MO
KALETRA SOLUTION 400MG/5ML; 100MG/5ML	\$0 - \$12.65 (Tier 4)	MO
<i>lamivudine/zidovudine tablet 150mg; 300mg</i>	\$0 - \$12.65 (Tier 4)	MO
<i>lopinavir/ritonavir tablet 100mg; 25mg, 200mg; 50mg</i>	\$0 - \$12.65 (Tier 4)	MO



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: 711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ODEFSEY TABLET 200MG; 25MG; 25MG	\$0 - \$12.65 (Tier 5)	MO
PREZCOBIX TABLET 150MG; 675MG, 150MG; 800MG	\$0 - \$12.65 (Tier 5)	MO
STRIBILD TABLET 150MG; 150MG; 200MG; 300MG	\$0 - \$12.65 (Tier 5)	MO
SYMITUZA TABLET 150MG; 800MG; 200MG; 10MG	\$0 - \$12.65 (Tier 5)	MO
TRIUMEQ PD TABLET SOLUBLE 60MG; 5MG; 30MG	\$0 - \$12.65 (Tier 4)	MO
TRIUMEQ TABLET 600MG; 50MG; 300MG	\$0 - \$12.65 (Tier 5)	MO
ANTITUBERCULAR AGENTS		
<i>cycloserine capsule 250mg</i>	\$0 - \$12.65 (Tier 5)	MO
<i>ethambutol hydrochloride tablet 100mg, 400mg</i>	\$0 - \$12.65 (Tier 4)	MO
<i>isoniazid injection 100mg/ml</i>	\$0 - \$12.65 (Tier 4)	
<i>isoniazid syrup 50mg/5ml</i>	\$0 - \$12.65 (Tier 4)	MO
<i>isoniazid tablet 100mg, 300mg</i>	\$0 (Tier 1)	MO
PRETOMANID TABLET 200MG	\$0 - \$12.65 (Tier 4)	QL (30 EA per 30 days) PA MO

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: **711**), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
PRIFTIN TABLET 150MG	\$0 - \$12.65 (Tier 4)	MO
<i>pyrazinamide tablet 500mg</i>	\$0 - \$12.65 (Tier 4)	MO
<i>rifabutin capsule 150mg</i>	\$0 - \$12.65 (Tier 4)	MO
<i>rifampin capsule 150mg, 300mg</i>	\$0 - \$12.65 (Tier 3)	MO
<i>rifampin injection 600mg</i>	\$0 - \$12.65 (Tier 4)	
SIRTURO TABLET 100MG, 20MG	\$0 - \$12.65 (Tier 5)	PA; ACS LD
TRECTOR TABLET 250MG	\$0 - \$12.65 (Tier 4)	MO
ANTIVIRALS		
<i>acyclovir sodium injection 50mg/ml</i>	\$0 - \$12.65 (Tier 4)	B/D
<i>acyclovir capsule 200mg</i>	\$0 (Tier 2)	MO
<i>acyclovir suspension 200mg/5ml</i>	\$0 (Tier 2)	MO
<i>acyclovir tablet 400mg, 800mg</i>	\$0 (Tier 2)	MO
<i>adefovir dipivoxil tablet 10mg</i>	\$0 - \$12.65 (Tier 4)	QL (30 EA per 30 days) MO
BARACLUDE SOLUTION 0.05MG/ML	\$0 - \$12.65 (Tier 5)	QL (630 ML per 30 days) MO
<i>entecavir tablet 0.5mg, 1mg</i>	\$0 - \$12.65 (Tier 4)	QL (30 EA per 30 days) MO



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: **711**), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
EPCLUSA PACKET 150MG; 37.5MG, 200MG; 50MG	\$0 - \$12.65 (Tier 5)	PA; ACS
EPCLUSA TABLET 200MG; 50MG, 400MG; 100MG	\$0 - \$12.65 (Tier 5)	PA; ACS
<i>famciclovir tablet 500mg</i>	\$0 (Tier 2)	QL (21 EA per 30 days) MO
<i>famciclovir tablet 125mg, 250mg</i>	\$0 (Tier 2)	QL (60 EA per 30 days) MO
<i>ganciclovir injection 500mg/10ml, 500mg</i>	\$0 - \$12.65 (Tier 4)	B/D
<i>lamivudine tablet 100mg</i>	\$0 - \$12.65 (Tier 3)	MO
LIVTENCITY TABLET 200MG	\$0 - \$12.65 (Tier 5)	QL (336 EA per 28 days) PA; LD
MAVYRET PACKET 50MG; 20MG	\$0 - \$12.65 (Tier 5)	PA; ACS
MAVYRET TABLET 100MG; 40MG	\$0 - \$12.65 (Tier 5)	PA; ACS
<i>oseltamivir phosphate capsule 30mg</i>	\$0 (Tier 2)	QL (168 EA per 365 days) MO
<i>oseltamivir phosphate capsule 45mg, 75mg</i>	\$0 (Tier 2)	QL (84 EA per 365 days) MO
<i>oseltamivir phosphate suspension reconstituted 6mg/ml</i>	\$0 (Tier 2)	QL (1080 ML per 365 days) MO
PAXLOVID TABLET 5 DAY THERAPY PACK 150MG; 100MG AND 300MG; 100MG	\$0 (Tier 2)	QL (22 EA per 180 days) MO
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	\$0 (Tier 2)	QL (40 EA per 180 days) MO
PAXLOVID TABLET THERAPY PACK 300MG; 100MG	\$0 (Tier 2)	QL (60 EA per 180 days) MO
PEGASYS INJECTION 180MCG/0.5ML, 180MCG/ML	\$0 - \$12.65 (Tier 5)	PA; ACS LD

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: **711**), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. **For more information**, visit **[AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)**



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
PREVYMIS PACKET 120MG, 20MG	\$0 - \$12.65 (Tier 5)	QL (120 EA per 30 days) PA MO
PREVYMIS TABLET 240MG, 480MG	\$0 - \$12.65 (Tier 5)	QL (28 EA per 28 days) PA MO
RELENZA DISKHALER AEROSOL POWDER BREATH ACTIVATED 5MG/BLISTER	\$0 - \$12.65 (Tier 3)	QL (120 EA per 365 days) MO
<i>ribavirin capsule 200mg</i>	\$0 - \$12.65 (Tier 3)	ACS
<i>ribavirin tablet 200mg</i>	\$0 - \$12.65 (Tier 4)	ACS
<i>rimantadine hydrochloride tablet 100mg</i>	\$0 - \$12.65 (Tier 4)	MO
<i>valacyclovir hydrochloride tablet 1gm, 500mg</i>	\$0 (Tier 2)	MO
<i>valganciclovir hydrochloride solution reconstituted 50mg/ml</i>	\$0 - \$12.65 (Tier 5)	MO
<i>valganciclovir tablet 450mg</i>	\$0 - \$12.65 (Tier 3)	MO
VOSEVI TABLET 400MG; 100MG; 100MG	\$0 - \$12.65 (Tier 5)	QL (28 EA per 28 days) PA; ACS
CEPHALOSPORINS		
CEFACLOR ER TABLET EXTENDED RELEASE 12 HOUR 500MG	\$0 - \$12.65 (Tier 4)	MO
<i>cefaclor capsule 250mg, 500mg</i>	\$0 (Tier 2)	MO
<i>cefaclor suspension reconstituted 250mg/5ml</i>	\$0 (Tier 2)	
<i>cefadroxil capsule 500mg</i>	\$0 (Tier 2)	MO



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: 711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>cefadroxil suspension reconstituted 250mg/5ml, 500mg/5ml</i>	\$0 (Tier 2)	MO
<i>cefadroxil tablet 1gm</i>	\$0 (Tier 2)	MO
CEFAZOLIN SODIUM INJECTION 1GM/50ML; 4%	\$0 - \$12.65 (Tier 3)	
CEFAZOLIN SODIUM INJECTION 100GM, 300GM	\$0 - \$12.65 (Tier 4)	
<i>cefazolin sodium iv injection 1gm</i>	\$0 - \$12.65 (Tier 4)	
<i>cefazolin sodium injection 10gm, 1gm, 500mg</i>	\$0 - \$12.65 (Tier 4)	MO
CEFAZOLIN/DEXTROSE INJECTION 3GM/150ML; 4%	\$0 - \$12.65 (Tier 3)	
CEFAZOLIN INJECTION 2GM/100ML; 4%	\$0 - \$12.65 (Tier 3)	
CEFAZOLIN IV INJECTION 2GM, 3GM	\$0 - \$12.65 (Tier 4)	
<i>cefazolin injection 3gm</i>	\$0 - \$12.65 (Tier 4)	
<i>cefazolin injection 2gm</i>	\$0 - \$12.65 (Tier 4)	MO
<i>cefdinir capsule 300mg</i>	\$0 (Tier 2)	MO
<i>cefdinir suspension reconstituted 125mg/5ml, 250mg/5ml</i>	\$0 (Tier 2)	MO
<i>cefepime injection 1gm, 2gm</i>	\$0 - \$12.65 (Tier 4)	MO

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: **711**), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>cefixime capsule 400mg</i>	\$0 - \$12.65 (Tier 3)	MO
<i>cefixime suspension reconstituted 100mg/5ml, 200mg/5ml</i>	\$0 - \$12.65 (Tier 4)	MO
<i>cefotetan injection 1gm, 2gm</i>	\$0 - \$12.65 (Tier 4)	
<i>cefoxitin sodium injection 10gm, 1gm, 2gm</i>	\$0 - \$12.65 (Tier 4)	
<i>cefpodoxime proxetil suspension reconstituted 100mg/5ml, 50mg/5ml</i>	\$0 - \$12.65 (Tier 4)	MO
<i>cefpodoxime proxetil tablet 100mg, 200mg</i>	\$0 - \$12.65 (Tier 4)	MO
<i>cefprozil suspension reconstituted 125mg/5ml, 250mg/5ml</i>	\$0 (Tier 2)	MO
<i>cefprozil tablet 250mg, 500mg</i>	\$0 (Tier 2)	MO
<i>ceftaroline fosamil injection 400mg, 600mg</i>	\$0 - \$12.65 (Tier 5)	
<i>ceftazidime injection 2gm, 6gm</i>	\$0 - \$12.65 (Tier 4)	
<i>ceftazidime injection 1gm</i>	\$0 - \$12.65 (Tier 4)	MO
<i>ceftriaxone in iso-osmotic dextrose injection 1gm/50ml, 2gm/50ml</i>	\$0 - \$12.65 (Tier 4)	
CEFTRIAXONE SODIUM INJECTION 100GM	\$0 - \$12.65 (Tier 4)	



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: 711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>ceftriaxone sodium injection 1gm</i>	\$0 - \$12.65 (Tier 4)	
<i>ceftriaxone sodium injection 10gm, 1gm im or iv, 250mg, 2gm, 500mg</i>	\$0 - \$12.65 (Tier 4)	MO
<i>cefuroxime axetil tablet 250mg, 500mg</i>	\$0 (Tier 2)	MO
<i>cefuroxime sodium injection 1.5gm</i>	\$0 - \$12.65 (Tier 4)	
<i>cefuroxime sodium injection 750mg</i>	\$0 - \$12.65 (Tier 4)	MO
<i>cephalexin capsule 250mg, 500mg</i>	\$0 (Tier 2)	MO
<i>cephalexin capsule 750mg</i>	\$0 - \$12.65 (Tier 4)	MO
<i>cephalexin suspension reconstituted 125mg/5ml, 250mg/5ml</i>	\$0 (Tier 2)	MO
<i>cephalexin tablet 250mg, 500mg</i>	\$0 (Tier 2)	MO
<i>tazicef injection 1gm, 2gm, 6gm</i>	\$0 - \$12.65 (Tier 4)	
TEFLARO INJECTION 400MG, 600MG	\$0 - \$12.65 (Tier 5)	
ERYTHROMYCINS/MACROLIDES		
<i>azithromycin injection 500mg</i>	\$0 - \$12.65 (Tier 4)	MO
<i>azithromycin suspension reconstituted 100mg/5ml, 200mg/5ml</i>	\$0 (Tier 2)	MO
<i>azithromycin tablet 250mg, 500mg, 600mg</i>	\$0 (Tier 1)	MO
<i>clarithromycin er tablet extended release 24 hour 500mg</i>	\$0 - \$12.65 (Tier 4)	MO

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: 711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>clarithromycin suspension reconstituted 125mg/5ml, 250mg/5ml</i>	\$0 - \$12.65 (Tier 4)	MO
<i>clarithromycin tablet 250mg, 500mg</i>	\$0 (Tier 2)	MO
DIFICID SUSPENSION RECONSTITUTED 40MG/ML	\$0 - \$12.65 (Tier 5)	MO
DIFICID TABLET 200MG	\$0 - \$12.65 (Tier 5)	MO
<i>erythromycin base tablet 250mg, 500mg</i>	\$0 - \$12.65 (Tier 4)	MO
<i>erythromycin dr capsule delayed release particles 250mg</i>	\$0 - \$12.65 (Tier 4)	MO
<i>erythromycin dr tablet delayed release 250mg, 333mg, 500mg</i>	\$0 - \$12.65 (Tier 4)	MO
<i>erythromycin lactobionate injection 500mg</i>	\$0 - \$12.65 (Tier 5)	
<i>fidaxomicin tablet 200mg</i>	\$0 - \$12.65 (Tier 5)	MO
FLUOROQUINOLONES		
<i>ciprofloxacin hcl tablet 750mg</i>	\$0 (Tier 2)	MO
<i>ciprofloxacin hydrochloride tablet 250mg, 500mg</i>	\$0 (Tier 2)	MO
<i>ciprofloxacin i.v.-in d5w injection 200mg/100ml; 5%</i>	\$0 - \$12.65 (Tier 4)	
<i>ciprofloxacin i.v.-in d5w injection 400mg/200ml; 5%</i>	\$0 - \$12.65 (Tier 4)	MO



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: 711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>levofloxacin in d5w injection 5%; 250mg/50ml, 5%; 500mg/100ml, 5%; 750mg/150ml</i>	\$0 - \$12.65 (Tier 4)	
<i>levofloxacin injection 25mg/ml</i>	\$0 - \$12.65 (Tier 4)	
<i>levofloxacin oral solution 25mg/ml</i>	\$0 - \$12.65 (Tier 4)	MO
<i>levofloxacin tablet 250mg, 500mg, 750mg</i>	\$0 (Tier 2)	MO
<i>moxifloxacin hydrochloride/sodium hydrochloride injection 400mg/250ml; 0.8%</i>	\$0 - \$12.65 (Tier 4)	
MOXIFLOXACIN HYDROCHLORIDE INJECTION 400MG/250ML	\$0 - \$12.65 (Tier 4)	
<i>moxifloxacin hydrochloride tablet 400mg</i>	\$0 (Tier 2)	MO
PENICILLINS		
<i>amoxicillin/clavulanate potassium er tablet extended release 12 hour 1000mg; 62.5mg</i>	\$0 - \$12.65 (Tier 4)	MO
<i>amoxicillin/clavulanate potassium suspension reconstituted 200mg/5ml; 28.5mg/5ml, 400mg/5ml; 57mg/5ml, 600mg/5ml; 42.9mg/5ml</i>	\$0 (Tier 2)	MO
<i>amoxicillin/clavulanate potassium suspension reconstituted 250mg/5ml; 62.5mg/5ml</i>	\$0 - \$12.65 (Tier 4)	MO
<i>amoxicillin/clavulanate potassium tablet 500mg; 125mg, 875mg; 125mg</i>	\$0 (Tier 2)	MO
<i>amoxicillin/clavulanate potassium tablet 250mg; 125mg</i>	\$0 - \$12.65 (Tier 4)	MO
<i>amoxicillin capsule 250mg, 500mg</i>	\$0 (Tier 1)	MO
<i>amoxicillin suspension reconstituted 125mg/5ml, 200mg/5ml, 250mg/5ml</i>	\$0 (Tier 1)	MO

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: **711**), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit **[AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)**



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>amoxicillin suspension reconstituted 400mg/5ml</i>	\$0 (Tier 2)	MO
<i>amoxicillin tablet chewable 125mg, 250mg</i>	\$0 (Tier 1)	MO
<i>amoxicillin tablet 500mg, 875mg</i>	\$0 (Tier 1)	MO
<i>ampicillin sodium injection 10gm, 125mg, 1gm i.v., 250mg, 2gm i.v.</i>	\$0 - \$12.65 (Tier 4)	
<i>ampicillin sodium injection 1gm, 2gm, 500mg</i>	\$0 - \$12.65 (Tier 4)	MO
<i>ampicillin-sulbactam injection 10gm; 5gm, 1gm; 0.5gm, 2gm; 1gm</i>	\$0 - \$12.65 (Tier 4)	
<i>ampicillin/sulbactam injection 1gm; 0.5gm, 2gm; 1gm</i>	\$0 - \$12.65 (Tier 4)	
<i>ampicillin capsule 500mg</i>	\$0 (Tier 2)	MO
BICILLIN L-A INJECTION 1200000UNIT/2ML, 2400000UNIT/4ML, 600000UNIT/ML	\$0 - \$12.65 (Tier 4)	MO
<i>dicloxacillin sodium capsule 250mg, 500mg</i>	\$0 (Tier 2)	MO
EXTENCILLINE INJECTION 1200000UNIT, 2400000UNIT	\$0 - \$12.65 (Tier 4)	
LENTOCILIN INJECTION 1200000UNIT	\$0 - \$12.65 (Tier 4)	
<i>nafcillin sodium injection 1gm</i>	\$0 - \$12.65 (Tier 4)	
<i>nafcillin sodium injection 2gm</i>	\$0 - \$12.65 (Tier 4)	MO
<i>nafcillin sodium injection 10gm</i>	\$0 - \$12.65 (Tier 5)	



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: 711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>oxacillin sodium injection 10gm, 1gm, 2gm</i>	\$0 - \$12.65 (Tier 4)	
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE INJECTION 40000UNIT/ML, 60000UNIT/ML	\$0 - \$12.65 (Tier 4)	
<i>penicillin g potassium injection 20000000unit, 5000000unit</i>	\$0 - \$12.65 (Tier 4)	MO
<i>penicillin g sodium injection 5000000unit</i>	\$0 - \$12.65 (Tier 4)	
<i>penicillin v potassium solution reconstituted 125mg/5ml, 250mg/5ml</i>	\$0 (Tier 2)	MO
<i>penicillin v potassium tablet 250mg, 500mg</i>	\$0 (Tier 1)	MO
<i>piperacillin sodium/tazobactam sodium injection 12gm; 1.5gm, 2gm; 0.25gm, 36gm; 4.5gm, 3gm; 0.375gm, 4gm; 0.5gm</i>	\$0 - \$12.65 (Tier 4)	
TETRACYCLINES		
<i>doxy 100 injection 100mg</i>	\$0 - \$12.65 (Tier 4)	MO
<i>doxycycline hyclate capsule 100mg, 50mg</i>	\$0 (Tier 2)	MO
<i>doxycycline hyclate injection 100mg</i>	\$0 - \$12.65 (Tier 4)	MO
<i>doxycycline hyclate tablet 100mg, 20mg</i>	\$0 (Tier 2)	MO
<i>doxycycline monohydrate capsule 50mg</i>	\$0 (Tier 2)	MO
<i>doxycycline monohydrate capsule 100mg, 150mg, 75mg</i>	\$0 - \$12.65 (Tier 4)	MO
<i>doxycycline monohydrate tablet 100mg, 50mg, 75mg</i>	\$0 (Tier 2)	MO
<i>doxycycline monohydrate tablet 150mg</i>	\$0 - \$12.65 (Tier 4)	MO

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at 1-855-676-5772 (TTY: 711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>doxycycline suspension reconstituted 25mg/5ml</i>	\$0 - \$12.65 (Tier 4)	MO
<i>minocycline hcl capsule 75mg</i>	\$0 (Tier 2)	MO
<i>minocycline hcl tablet 75mg</i>	\$0 - \$12.65 (Tier 4)	ST MO
<i>minocycline hydrochloride capsule 100mg, 50mg</i>	\$0 (Tier 2)	MO
<i>minocycline hydrochloride tablet 50mg</i>	\$0 - \$12.65 (Tier 4)	ST MO
<i>monodoxine nl capsule 100mg</i>	\$0 - \$12.65 (Tier 4)	
NUZYRA INJECTION 100MG	\$0 - \$12.65 (Tier 5)	ACS LD
NUZYRA TABLET 150MG	\$0 - \$12.65 (Tier 5)	ACS LD
<i>tetracycline hydrochloride capsule 250mg, 500mg</i>	\$0 - \$12.65 (Tier 4)	MO
<i>tigecycline injection 50mg</i>	\$0 - \$12.65 (Tier 5)	
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
<i>cyclophosphamide capsule 25mg, 50mg</i>	\$0 - \$12.65 (Tier 3)	PA MO
CYCLOPHOSPHAMIDE TABLET 25MG, 50MG	\$0 - \$12.65 (Tier 3)	PA



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: 711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
GLEOSTINE CAPSULE 10MG, 40MG	\$0 - \$12.65 (Tier 4)	ACS
GLEOSTINE CAPSULE 100MG	\$0 - \$12.65 (Tier 5)	ACS
LEUKERAN TABLET 2MG	\$0 - \$12.65 (Tier 5)	MO
<i>lomustine capsule 10mg, 40mg</i>	\$0 - \$12.65 (Tier 4)	ACS
<i>lomustine capsule 100mg</i>	\$0 - \$12.65 (Tier 5)	ACS
ANTIMETABOLITES		
INQOVI TABLET 100MG; 35MG	\$0 - \$12.65 (Tier 5)	QL (5 EA per 28 days) PA; ACS LD
LONSURF TABLET 6.14MG; 15MG, 8.19MG; 20MG	\$0 - \$12.65 (Tier 5)	PA; ACS LD
<i>mercaptopurine suspension 2000mg/100ml</i>	\$0 - \$12.65 (Tier 5)	ACS
<i>mercaptopurine tablet 50mg</i>	\$0 - \$12.65 (Tier 3)	MO
<i>methotrexate sodium injection 1gm/40ml</i>	\$0 (Tier 2)	
<i>methotrexate sodium injection 250mg/10ml, 50mg/2ml</i>	\$0 (Tier 2)	MO
<i>methotrexate sodium injection 1gm</i>	\$0 - \$12.65 (Tier 4)	
<i>methotrexate injection 50mg/2ml</i>	\$0 (Tier 2)	MO

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: 711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ONUREG TABLET 200MG, 300MG	\$0 - \$12.65 (Tier 5)	QL (14 EA per 28 days) PA; ACS LD
PURIXAN SUSPENSION 2000MG/100ML	\$0 - \$12.65 (Tier 5)	ACS LD
TABLOID TABLET 40MG	\$0 - \$12.65 (Tier 5)	MO
HORMONAL ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate tablet 250mg, 500mg</i>	\$0 - \$12.65 (Tier 5)	PA; ACS
<i>abirtega tablet 250mg</i>	\$0 - \$12.65 (Tier 4)	PA; ACS
AKEEGA TABLET 500MG; 100MG, 500MG; 50MG	\$0 - \$12.65 (Tier 5)	QL (60 EA per 30 days) PA; LD
<i>anastrozole tablet 1mg</i>	\$0 (Tier 2)	MO
<i>bicalutamide tablet 50mg</i>	\$0 - \$12.65 (Tier 3)	MO
ELIGARD INJECTION 22.5MG, 30MG, 45MG, 7.5MG	\$0 - \$12.65 (Tier 4)	PA; ACS
ERLEADA TABLET 240MG, 60MG	\$0 - \$12.65 (Tier 5)	PA; ACS LD
EULEXIN CAPSULE 125MG	\$0 - \$12.65 (Tier 5)	
<i>exemestane tablet 25mg</i>	\$0 - \$12.65 (Tier 4)	MO



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: 711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
FIRMAGON INJECTION 80MG	\$0 - \$12.65 (Tier 4)	PA; ACS
FIRMAGON INJECTION 120MG/VIAL	\$0 - \$12.65 (Tier 5)	PA; ACS
INLURIYO TABLET 200MG	\$0 - \$12.65 (Tier 5)	QL (56 EA per 28 days) PA; LD
<i>letrozole tablet 2.5mg</i>	\$0 (Tier 2)	MO
<i>leuprolide acetate injection 1mg/0.2ml</i>	\$0 - \$12.65 (Tier 4)	PA; ACS
LIFYORLI CAPSULE THERAPY SUPPLY 125MG 1 DOSE SUPPLY AND 3 DOSE SUPPLY	\$0 - \$12.65 (Tier 5)	QL (18 EA per 28 days) PA
LIFYORLI CAPSULE THERAPY SUPPLY 15MG 9 DOSE SUPPLY	\$0 - \$12.65 (Tier 5)	QL (18 EA per 28 days) PA MO; LD
LIFYORLI CAPSULE THERAPY SUPPLY 150MG 1 DOSE SUPPLY AND 3 DOSE SUPPLY	\$0 - \$12.65 (Tier 5)	QL (27 EA per 28 days) PA
LIFYORLI CAPSULE THERAPY SUPPLY 150MG 9 DOSE SUPPLY	\$0 - \$12.65 (Tier 5)	QL (27 EA per 28 days) PA MO; LD
LUPRON DEPOT (1-MONTH) INJECTION 3.75MG	\$0 - \$12.65 (Tier 5)	PA; ACS
LUPRON DEPOT (3-MONTH) INJECTION 11.25MG	\$0 - \$12.65 (Tier 5)	PA; ACS
LYSODREN TABLET 500MG	\$0 - \$12.65 (Tier 5)	LD
<i>megestrol acetate tablet 20mg, 40mg</i>	\$0 - \$12.65 (Tier 3)	MO

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: **711**), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. **For more information**, visit **[AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)**



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>nilutamide tablet 150mg</i>	\$0 - \$12.65 (Tier 5)	MO
NUBEQA TABLET 300MG	\$0 - \$12.65 (Tier 5)	PA; ACS LD
ORGOVYX TABLET 120MG	\$0 - \$12.65 (Tier 5)	PA; LD
ORSERDU TABLET 345MG	\$0 - \$12.65 (Tier 5)	QL (30 EA per 30 days) PA; LD
ORSERDU TABLET 86MG	\$0 - \$12.65 (Tier 5)	QL (90 EA per 30 days) PA; LD
SOLTAMOX SOLUTION 10MG/5ML	\$0 - \$12.65 (Tier 5)	MO
<i>tamoxifen citrate tablet 10mg, 20mg</i>	\$0 (Tier 2)	MO
<i>toremifene citrate tablet 60mg</i>	\$0 - \$12.65 (Tier 4)	PA MO
VEPPANU TABLET 200MG	\$0 - \$12.65 (Tier 5)	QL (30 EA per 30 days) PA; LD
VEPPANU TABLET 100MG	\$0 - \$12.65 (Tier 5)	QL (90 EA per 30 days) PA; LD
XTANDI CAPSULE 40MG	\$0 - \$12.65 (Tier 5)	PA; ACS LD
XTANDI TABLET 40MG, 80MG	\$0 - \$12.65 (Tier 5)	PA; ACS LD
YONSA TABLET 125MG	\$0 - \$12.65 (Tier 5)	QL (120 EA per 30 days) PA; ACS LD



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: 711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. **For more information**, visit **[AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)**

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
IMMUNOMODULATORS		
<i>lenalidomide capsule 20mg, 25mg</i>	\$0 - \$12.65 (Tier 5)	QL (21 EA per 28 days) PA; ACS LD
<i>lenalidomide capsule 10mg, 15mg, 2.5mg, 5mg</i>	\$0 - \$12.65 (Tier 5)	QL (28 EA per 28 days) PA; ACS LD
<i>pomalidomide capsule 1mg, 2mg, 3mg, 4mg</i>	\$0 - \$12.65 (Tier 5)	QL (21 EA per 28 days) PA; ACS LD
POMALYST CAPSULE 1MG, 2MG, 3MG, 4MG	\$0 - \$12.65 (Tier 5)	QL (21 EA per 28 days) PA; ACS LD
THALOMID CAPSULE 100MG	\$0 - \$12.65 (Tier 5)	QL (112 EA per 28 days) PA; ACS LD
THALOMID CAPSULE 50MG	\$0 - \$12.65 (Tier 5)	QL (224 EA per 28 days) PA; ACS LD
MISCELLANEOUS		
ASPARLAS INJECTION 3750UNIT/5ML	\$0 - \$12.65 (Tier 5)	PA; LD
BESREMI INJECTION 500MCG/ML	\$0 - \$12.65 (Tier 5)	QL (2 ML per 28 days) PA; LD
<i>bexarotene capsule 75mg</i>	\$0 - \$12.65 (Tier 5)	PA; ACS
<i>hydroxyurea capsule 500mg</i>	\$0 (Tier 2)	MO
IWILFIN TABLET 192MG	\$0 - \$12.65 (Tier 5)	QL (240 EA per 30 days) PA; LD
<i>leucovorin calcium tablet 10mg, 15mg, 25mg, 5mg</i>	\$0 - \$12.65 (Tier 3)	MO

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: **711**), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
MATULANE CAPSULE 50MG	\$0 - \$12.65 (Tier 5)	LD
<i>mesna tablet 400mg</i>	\$0 - \$12.65 (Tier 5)	MO
MODEYSO CAPSULE 125MG	\$0 - \$12.65 (Tier 5)	QL (20 EA per 28 days) PA; LD
ONCASPAR INJECTION 750UNIT/ML	\$0 - \$12.65 (Tier 5)	PA; LD
<i>tretinoin capsule 10mg</i>	\$0 - \$12.65 (Tier 5)	MO
WELIREG TABLET 40MG	\$0 - \$12.65 (Tier 5)	QL (90 EA per 30 days) PA; LD
MOLECULAR TARGET AGENTS		
ALECENSA CAPSULE 150MG	\$0 - \$12.65 (Tier 5)	QL (240 EA per 30 days) PA; ACS LD
ALUNBRIG TABLET THERAPY PACK 90MG; 180MG	\$0 - \$12.65 (Tier 5)	PA; LD
ALUNBRIG TABLET 30MG	\$0 - \$12.65 (Tier 5)	QL (120 EA per 30 days) PA; LD
ALUNBRIG TABLET 180MG, 90MG	\$0 - \$12.65 (Tier 5)	QL (30 EA per 30 days) PA; LD
AUGTYRO CAPSULE 40MG	\$0 - \$12.65 (Tier 5)	QL (240 EA per 30 days) PA; LD
AUGTYRO CAPSULE 160MG	\$0 - \$12.65 (Tier 5)	QL (60 EA per 30 days) PA; LD



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: 711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
AVMAPKI FAKZYNJA CO-PACK THERAPY PACK 0.8MG; 200MG	\$0 - \$12.65 (Tier 5)	QL (66 EA per 28 days) PA; LD
AYVAKIT TABLET 100MG, 200MG, 25MG, 300MG, 50MG	\$0 - \$12.65 (Tier 5)	QL (30 EA per 30 days) PA; LD
BALVERSA TABLET 5MG	\$0 - \$12.65 (Tier 5)	QL (28 EA per 28 days) PA; ACS LD
BALVERSA TABLET 4MG	\$0 - \$12.65 (Tier 5)	QL (56 EA per 28 days) PA; ACS LD
BALVERSA TABLET 3MG	\$0 - \$12.65 (Tier 5)	QL (84 EA per 28 days) PA; ACS LD
BOSULIF CAPSULE 100MG	\$0 - \$12.65 (Tier 5)	QL (150 EA per 25 days) PA; ACS LD
BOSULIF CAPSULE 50MG	\$0 - \$12.65 (Tier 5)	QL (360 EA per 30 days) PA; ACS LD
BOSULIF TABLET 100MG	\$0 - \$12.65 (Tier 5)	QL (180 EA per 30 days) PA; ACS LD
BOSULIF TABLET 400MG, 500MG	\$0 - \$12.65 (Tier 5)	QL (30 EA per 30 days) PA; ACS LD
<i>bosutinib tablet 100mg</i>	\$0 - \$12.65 (Tier 5)	QL (180 EA per 30 days) PA
<i>bosutinib tablet 400mg, 500mg</i>	\$0 - \$12.65 (Tier 5)	QL (30 EA per 30 days) PA
BRAFTOVI CAPSULE 75MG	\$0 - \$12.65 (Tier 5)	QL (180 EA per 30 days) PA; ACS LD

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: **711**), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. **For more information**, visit **[AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)**



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
BRUKINSA CAPSULE 80MG	\$0 - \$12.65 (Tier 5)	QL (120 EA per 30 days) PA; LD
BRUKINSA TABLET 160MG	\$0 - \$12.65 (Tier 5)	QL (60 EA per 30 days) PA; LD
CABOMETYX TABLET 20MG, 40MG, 60MG	\$0 - \$12.65 (Tier 5)	QL (30 EA per 30 days) PA; ACS LD
CALQUENCE TABLET 100MG	\$0 - \$12.65 (Tier 5)	QL (60 EA per 30 days) PA; LD
CAPRELSA TABLET 300MG	\$0 - \$12.65 (Tier 5)	QL (30 EA per 30 days) PA; LD
CAPRELSA TABLET 100MG	\$0 - \$12.65 (Tier 5)	QL (60 EA per 30 days) PA; LD
COMETRIQ KIT 140MG DAILY	\$0 - \$12.65 (Tier 5)	QL (112 EA per 28 days) PA; ACS LD
COMETRIQ KIT 100MG DAILY	\$0 - \$12.65 (Tier 5)	QL (56 EA per 28 days) PA; ACS LD
COMETRIQ KIT 60MG DAILY	\$0 - \$12.65 (Tier 5)	QL (84 EA per 28 days) PA; ACS LD
COPIKTRA CAPSULE 15MG, 25MG	\$0 - \$12.65 (Tier 5)	QL (56 EA per 28 days) PA; ACS LD
COTELLIC TABLET 20MG	\$0 - \$12.65 (Tier 5)	QL (63 EA per 28 days) PA; ACS LD
DANZITEN TABLET 71MG, 95MG	\$0 - \$12.65 (Tier 5)	QL (112 EA per 28 days) PA; LD



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: **711**), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. **For more information**, visit **[AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)**

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>dasatinib tablet 100mg, 140mg, 50mg, 70mg, 80mg</i>	\$0 - \$12.65 (Tier 5)	QL (30 EA per 30 days) PA; ACS
<i>dasatinib tablet 20mg</i>	\$0 - \$12.65 (Tier 5)	QL (90 EA per 30 days) PA; ACS
DAURISMO TABLET 100MG	\$0 - \$12.65 (Tier 5)	QL (30 EA per 30 days) PA; ACS LD
DAURISMO TABLET 25MG	\$0 - \$12.65 (Tier 5)	QL (60 EA per 30 days) PA; ACS LD
ENSACOVE CAPSULE 25MG	\$0 - \$12.65 (Tier 5)	QL (270 EA per 30 days) PA; LD
ENSACOVE CAPSULE 100MG	\$0 - \$12.65 (Tier 5)	QL (60 EA per 30 days) PA; LD
ERIVEDGE CAPSULE 150MG	\$0 - \$12.65 (Tier 5)	PA; ACS LD
<i>erlotinib hydrochloride tablet 100mg</i>	\$0 - \$12.65 (Tier 3)	QL (30 EA per 30 days) PA; ACS
<i>erlotinib hydrochloride tablet 150mg</i>	\$0 - \$12.65 (Tier 5)	QL (30 EA per 30 days) PA; ACS
<i>erlotinib hydrochloride tablet 25mg</i>	\$0 - \$12.65 (Tier 5)	QL (90 EA per 30 days) PA; ACS
<i>everolimus tablet soluble 2mg</i>	\$0 - \$12.65 (Tier 5)	QL (150 EA per 30 days) PA; ACS
<i>everolimus tablet soluble 5mg</i>	\$0 - \$12.65 (Tier 5)	QL (60 EA per 30 days) PA; ACS

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: **711**), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>everolimus tablet soluble 3mg</i>	\$0 - \$12.65 (Tier 5)	QL (90 EA per 30 days) PA; ACS
<i>everolimus tablet 10mg, 2.5mg, 5mg, 7.5mg</i>	\$0 - \$12.65 (Tier 5)	QL (30 EA per 30 days) PA; ACS
FOTIVDA CAPSULE 0.89MG, 1.34MG	\$0 - \$12.65 (Tier 5)	QL (21 EA per 28 days) PA; LD
FRUZAQLA CAPSULE 5MG	\$0 - \$12.65 (Tier 5)	QL (21 EA per 28 days) PA; LD
FRUZAQLA CAPSULE 1MG	\$0 - \$12.65 (Tier 5)	QL (84 EA per 28 days) PA; LD
GAVRETO CAPSULE 100MG	\$0 - \$12.65 (Tier 5)	QL (120 EA per 30 days) PA; LD
<i>gefitinib tablet 250mg</i>	\$0 - \$12.65 (Tier 5)	QL (60 EA per 30 days) PA; ACS
GILOTRIF TABLET 20MG, 30MG, 40MG	\$0 - \$12.65 (Tier 5)	QL (30 EA per 30 days) PA; LD
GOMEKLI CAPSULE 1MG	\$0 - \$12.65 (Tier 5)	QL (126 EA per 28 days) PA; LD
GOMEKLI CAPSULE 2MG	\$0 - \$12.65 (Tier 5)	QL (84 EA per 28 days) PA; LD
GOMEKLI TABLET SOLUBLE 1MG	\$0 - \$12.65 (Tier 5)	QL (168 EA per 28 days) PA; LD
HERNEXEOS TABLET 60MG	\$0 - \$12.65 (Tier 5)	QL (120 EA per 30 days) PA; LD



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: **711**), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. **For more information**, visit **[AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)**

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
HYRNUO TABLET 10MG	\$0 - \$12.65 (Tier 5)	QL (120 EA per 30 days) PA; LD
IBRANCE CAPSULE 100MG, 125MG, 75MG	\$0 - \$12.65 (Tier 5)	QL (21 EA per 28 days) PA; ACS LD
IBRANCE TABLET 100MG, 125MG, 75MG	\$0 - \$12.65 (Tier 5)	QL (21 EA per 28 days) PA; ACS LD
IBTROZI CAPSULE 200MG	\$0 - \$12.65 (Tier 5)	QL (90 EA per 30 days) PA; LD
ICLUSIG TABLET 10MG, 30MG	\$0 - \$12.65 (Tier 5)	PA; LD
ICLUSIG TABLET 15MG, 45MG	\$0 - \$12.65 (Tier 5)	QL (30 EA per 30 days) PA; LD
IDHIFA TABLET 100MG, 50MG	\$0 - \$12.65 (Tier 5)	QL (30 EA per 30 days) PA; ACS LD
<i>imatinib mesylate tablet 400mg</i>	\$0 - \$12.65 (Tier 5)	QL (60 EA per 30 days) PA; ACS
<i>imatinib mesylate tablet 100mg</i>	\$0 - \$12.65 (Tier 5)	QL (90 EA per 30 days) PA; ACS
IMBRUVICA CAPSULE 70MG	\$0 - \$12.65 (Tier 5)	QL (30 EA per 30 days) PA; LD
IMBRUVICA CAPSULE 140MG	\$0 - \$12.65 (Tier 5)	QL (90 EA per 30 days) PA; LD
IMBRUVICA SUSPENSION 70MG/ML	\$0 - \$12.65 (Tier 5)	QL (216 ML per 27 days) PA; LD

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: **711**), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. **For more information**, visit **[AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)**



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
IMBRUVICA TABLET 140MG, 280MG, 420MG	\$0 - \$12.65 (Tier 5)	QL (30 EA per 30 days) PA; LD
IMKELDI SOLUTION 80MG/ML	\$0 - \$12.65 (Tier 5)	QL (280 ML per 28 days) PA; LD
INLYTA TABLET 5MG	\$0 - \$12.65 (Tier 5)	QL (120 EA per 30 days) PA; ACS LD
INLYTA TABLET 1MG	\$0 - \$12.65 (Tier 5)	QL (180 EA per 30 days) PA; ACS LD
INREBIC CAPSULE 100MG	\$0 - \$12.65 (Tier 5)	QL (120 EA per 30 days) PA; ACS LD
ITOVEBI TABLET 9MG	\$0 - \$12.65 (Tier 5)	QL (28 EA per 28 days) PA; ACS LD
ITOVEBI TABLET 3MG	\$0 - \$12.65 (Tier 5)	QL (56 EA per 28 days) PA; ACS LD
JAKAFI XR TABLET EXTENDED RELEASE 24 HOUR 11MG, 22MG, 33MG, 44MG, 55MG	\$0 - \$12.65 (Tier 5)	QL (30 EA per 30 days) PA; ACS LD
JAKAFI TABLET 10MG, 15MG, 20MG, 25MG, 5MG	\$0 - \$12.65 (Tier 5)	QL (60 EA per 30 days) PA; ACS LD
JAYPIRCA TABLET 50MG	\$0 - \$12.65 (Tier 5)	QL (30 EA per 30 days) PA; LD
JAYPIRCA TABLET 100MG	\$0 - \$12.65 (Tier 5)	QL (60 EA per 30 days) PA; LD
KISQALI TABLET THERAPY PACK 200MG	\$0 - \$12.65 (Tier 5)	PA; ACS LD



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: **711**), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. **For more information**, visit **[AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)**

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
KOMZIFTI CAPSULE 200MG	\$0 - \$12.65 (Tier 5)	QL (90 EA per 30 days) PA; LD
KOSELUGO CAPSULE SPRINKLE 5MG, 7.5MG	\$0 - \$12.65 (Tier 5)	PA; LD
KOSELUGO CAPSULE 10MG, 25MG	\$0 - \$12.65 (Tier 5)	PA; LD
KRAZATI TABLET 200MG	\$0 - \$12.65 (Tier 5)	QL (180 EA per 30 days) PA; LD
<i>lapatinib ditosylate tablet 250mg</i>	\$0 - \$12.65 (Tier 5)	QL (180 EA per 30 days) PA; ACS
LAZCLUZE TABLET 240MG	\$0 - \$12.65 (Tier 5)	QL (30 EA per 30 days) PA; LD
LAZCLUZE TABLET 80MG	\$0 - \$12.65 (Tier 5)	QL (60 EA per 30 days) PA; LD
LENVIMA 10 MG DAILY DOSE CAPSULE THERAPY PACK 10MG	\$0 - \$12.65 (Tier 5)	PA; ACS LD
LENVIMA 12MG DAILY DOSE CAPSULE THERAPY PACK 4MG	\$0 - \$12.65 (Tier 5)	PA; ACS LD
LENVIMA 14 MG DAILY DOSE CAPSULE THERAPY PACK	\$0 - \$12.65 (Tier 5)	PA; ACS LD
LENVIMA 18 MG DAILY DOSE CAPSULE THERAPY PACK	\$0 - \$12.65 (Tier 5)	PA; ACS LD
LENVIMA 20 MG DAILY DOSE CAPSULE THERAPY PACK 10MG	\$0 - \$12.65 (Tier 5)	PA; ACS LD

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: **711**), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. **For more information**, visit **[AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)**



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
LENVIMA 24 MG DAILY DOSE CAPSULE THERAPY PACK	\$0 - \$12.65 (Tier 5)	PA; ACS LD
LENVIMA 4 MG DAILY DOSE CAPSULE THERAPY PACK 4MG	\$0 - \$12.65 (Tier 5)	PA; ACS LD
LENVIMA 8 MG DAILY DOSE CAPSULE THERAPY PACK 4MG	\$0 - \$12.65 (Tier 5)	PA; ACS LD
LORBRENA TABLET 100MG	\$0 - \$12.65 (Tier 5)	QL (30 EA per 30 days) PA; ACS LD
LORBRENA TABLET 25MG	\$0 - \$12.65 (Tier 5)	QL (90 EA per 30 days) PA; ACS LD
LUMAKRAS TABLET 240MG	\$0 - \$12.65 (Tier 5)	QL (120 EA per 30 days) PA; ACS LD
LUMAKRAS TABLET 120MG	\$0 - \$12.65 (Tier 5)	QL (240 EA per 30 days) PA; ACS LD
LUMAKRAS TABLET 320MG	\$0 - \$12.65 (Tier 5)	QL (90 EA per 30 days) PA; ACS LD
LYNPARZA TABLET 100MG, 150MG	\$0 - \$12.65 (Tier 5)	QL (120 EA per 30 days) PA; ACS LD
LYTGOBI TABLET THERAPY PACK 16MG	\$0 - \$12.65 (Tier 5)	QL (112 EA per 28 days) PA; LD
LYTGOBI TABLET THERAPY PACK 20MG	\$0 - \$12.65 (Tier 5)	QL (140 EA per 28 days) PA; LD
LYTGOBI TABLET THERAPY PACK 12MG	\$0 - \$12.65 (Tier 5)	QL (84 EA per 28 days) PA; LD



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: **711**), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. **For more information**, visit **[AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)**

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
MEKINIST SOLUTION RECONSTITUTED 0.05MG/ML	\$0 - \$12.65 (Tier 5)	QL (1260 ML per 30 days) PA; ACS LD
MEKINIST TABLET 2MG	\$0 - \$12.65 (Tier 5)	QL (30 EA per 30 days) PA; ACS LD
MEKINIST TABLET 0.5MG	\$0 - \$12.65 (Tier 5)	QL (90 EA per 30 days) PA; ACS LD
MEKTOVI TABLET 15MG	\$0 - \$12.65 (Tier 5)	QL (180 EA per 30 days) PA; ACS LD
NERLYNX TABLET 40MG	\$0 - \$12.65 (Tier 5)	QL (180 EA per 30 days) PA; ACS LD
NILETINIB D-TARTRATE CAPSULE 150MG, 200MG	\$0 - \$12.65 (Tier 5)	QL (112 EA per 28 days) PA; LD
NILETINIB D-TARTRATE CAPSULE 50MG	\$0 - \$12.65 (Tier 5)	QL (120 EA per 30 days) PA; LD
<i>nilotinib hydrochloride capsule 150mg, 200mg</i>	\$0 - \$12.65 (Tier 5)	QL (112 EA per 28 days) PA; ACS
<i>nilotinib hydrochloride capsule 50mg</i>	\$0 - \$12.65 (Tier 5)	QL (120 EA per 30 days) PA; ACS
NINLARO CAPSULE 2.3MG, 3MG, 4MG	\$0 - \$12.65 (Tier 5)	PA; ACS LD
ODOMZO CAPSULE 200MG	\$0 - \$12.65 (Tier 5)	PA; ACS LD
OGSIVEO TABLET 50MG	\$0 - \$12.65 (Tier 5)	QL (180 EA per 30 days) PA; LD

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: **711**), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit **[AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)**



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
OGSIVEO TABLET 100MG, 150MG	\$0 - \$12.65 (Tier 5)	QL (56 EA per 28 days) PA; LD
OJEMDA SUSPENSION RECONSTITUTED 25MG/ML	\$0 - \$12.65 (Tier 5)	QL (96 ML per 28 days) PA; LD
OJEMDA TABLET 100MG	\$0 - \$12.65 (Tier 5)	QL (24 EA per 28 days) PA; LD
OJJAARA TABLET 100MG, 150MG, 200MG	\$0 - \$12.65 (Tier 5)	QL (30 EA per 30 days) PA; LD
<i>pazopanib hydrochloride tablet 200mg</i>	\$0 - \$12.65 (Tier 5)	QL (120 EA per 30 days) PA; ACS
<i>pazopanib hydrochloride tablet 400mg</i>	\$0 - \$12.65 (Tier 5)	QL (60 EA per 30 days) PA; ACS
PEMAZYRE TABLET 13.5MG, 4.5MG, 9MG	\$0 - \$12.65 (Tier 5)	QL (28 EA per 28 days) PA; LD
PIQRAY 200MG DAILY DOSE TABLET THERAPY PACK 200MG	\$0 - \$12.65 (Tier 5)	QL (28 EA per 28 days) PA; LD
PIQRAY 250MG DAILY DOSE TABLET THERAPY PACK	\$0 - \$12.65 (Tier 5)	QL (56 EA per 28 days) PA; LD
PIQRAY 300MG DAILY DOSE TABLET THERAPY PACK 150MG	\$0 - \$12.65 (Tier 5)	QL (56 EA per 28 days) PA; LD
QINLOCK TABLET 50MG	\$0 - \$12.65 (Tier 5)	QL (90 EA per 30 days) PA; LD
RETEVMO CAPSULE 40MG	\$0 - \$12.65 (Tier 5)	QL (240 EA per 30 days) PA; ACS LD



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: **711**), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. **For more information**, visit **[AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)**

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
RETEVMO TABLET 120MG, 160MG, 80MG	\$0 - \$12.65 (Tier 5)	QL (60 EA per 30 days) PA; ACS LD
RETEVMO TABLET 40MG	\$0 - \$12.65 (Tier 5)	QL (90 EA per 30 days) PA; ACS LD
REVUFORJ TABLET 110MG	\$0 - \$12.65 (Tier 5)	QL (120 EA per 30 days) PA; LD
REVUFORJ TABLET 25MG	\$0 - \$12.65 (Tier 5)	QL (240 EA per 30 days) PA; LD
REVUFORJ TABLET 160MG	\$0 - \$12.65 (Tier 5)	QL (60 EA per 30 days) PA; LD
REZLIDHIA CAPSULE 150MG	\$0 - \$12.65 (Tier 5)	QL (60 EA per 30 days) PA; LD
ROMIDEPSIN INJECTION 27.5MG/5.5ML	\$0 - \$12.65 (Tier 5)	
<i>romidepsin injection 10mg</i>	\$0 - \$12.65 (Tier 5)	ACS
ROMVIMZA CAPSULE 14MG, 20MG, 30MG	\$0 - \$12.65 (Tier 5)	QL (8 EA per 28 days) PA; LD
ROZLYTREK CAPSULE 100MG	\$0 - \$12.65 (Tier 5)	QL (180 EA per 30 days) PA; ACS LD
ROZLYTREK CAPSULE 200MG	\$0 - \$12.65 (Tier 5)	QL (90 EA per 30 days) PA; ACS LD
ROZLYTREK PACKET 50MG	\$0 - \$12.65 (Tier 5)	QL (336 EA per 28 days) PA; ACS LD

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: **711**), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
RUBRACA TABLET 200MG, 250MG, 300MG	\$0 - \$12.65 (Tier 5)	PA; ACS LD
RYDAPT CAPSULE 25MG	\$0 - \$12.65 (Tier 5)	QL (224 EA per 28 days) PA; ACS
SCEMBLIX TABLET 100MG	\$0 - \$12.65 (Tier 5)	QL (120 EA per 30 days) PA; LD
SCEMBLIX TABLET 40MG	\$0 - \$12.65 (Tier 5)	QL (300 EA per 30 days) PA; LD
SCEMBLIX TABLET 20MG	\$0 - \$12.65 (Tier 5)	QL (60 EA per 30 days) PA; LD
<i>sorafenib tosylate tablet 200mg</i>	\$0 - \$12.65 (Tier 5)	QL (120 EA per 30 days) PA; ACS
STIVARGA TABLET 40MG	\$0 - \$12.65 (Tier 5)	QL (84 EA per 28 days) PA; ACS LD
<i>sunitinib malate capsule 12.5mg, 25mg, 37.5mg, 50mg</i>	\$0 - \$12.65 (Tier 5)	QL (30 EA per 30 days) PA; ACS
TABRECTA TABLET 150MG, 200MG	\$0 - \$12.65 (Tier 5)	QL (112 EA per 28 days) PA; ACS
TAFINLAR CAPSULE 50MG, 75MG	\$0 - \$12.65 (Tier 5)	QL (120 EA per 30 days) PA; ACS LD
TAFINLAR TABLET SOLUBLE 10MG	\$0 - \$12.65 (Tier 5)	QL (840 EA per 28 days) PA; ACS LD
TAGRISSO TABLET 40MG, 80MG	\$0 - \$12.65 (Tier 5)	QL (30 EA per 30 days) PA; ACS LD



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: **711**), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. **For more information**, visit **[AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)**

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
TALZENNA CAPSULE 0.1MG, 0.35MG, 0.5MG, 0.75MG, 1MG	\$0 - \$12.65 (Tier 5)	QL (30 EA per 30 days) PA; ACS LD
TALZENNA CAPSULE 0.25MG	\$0 - \$12.65 (Tier 5)	QL (90 EA per 30 days) PA; ACS LD
TECVAYLI INJECTION 153MG/1.7ML, 30MG/3ML	\$0 - \$12.65 (Tier 5)	PA; LD
TEPMETKO TABLET 225MG	\$0 - \$12.65 (Tier 5)	QL (60 EA per 30 days) PA; LD
TIBSOVO TABLET 250MG	\$0 - \$12.65 (Tier 5)	PA; LD
<i>torpenz tablet 10mg, 2.5mg, 5mg, 7.5mg</i>	\$0 - \$12.65 (Tier 5)	QL (30 EA per 30 days) PA; LD
TRUQAP TABLET THERAPY PACK 160MG, 200MG	\$0 - \$12.65 (Tier 5)	QL (64 EA per 28 days) PA; LD
TRUQAP TABLET 160MG, 200MG	\$0 - \$12.65 (Tier 5)	QL (64 EA per 28 days) PA; LD
TRUXIMA INJECTION 100MG/10ML, 500MG/50ML	\$0 - \$12.65 (Tier 5)	PA; ACS
TUKYSA TABLET 150MG	\$0 - \$12.65 (Tier 5)	QL (120 EA per 30 days) PA; LD
TUKYSA TABLET 50MG	\$0 - \$12.65 (Tier 5)	QL (240 EA per 30 days) PA; LD
TURALIO CAPSULE 125MG	\$0 - \$12.65 (Tier 5)	QL (120 EA per 30 days) PA; LD

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: **711**), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
VANFLYTA TABLET 17.7MG, 26.5MG	\$0 - \$12.65 (Tier 5)	QL (56 EA per 28 days) PA; LD
VENCLEXTA STARTING PACK TABLET THERAPY PACK 10MG; 100MG; 50MG	\$0 - \$12.65 (Tier 5)	QL (42 EA per 28 days) PA; LD
VENCLEXTA TABLET 10MG	\$0 - \$12.65 (Tier 3)	QL (120 EA per 30 days) PA; LD
VENCLEXTA TABLET 50MG	\$0 - \$12.65 (Tier 5)	QL (120 EA per 30 days) PA; LD
VENCLEXTA TABLET 100MG	\$0 - \$12.65 (Tier 5)	QL (180 EA per 30 days) PA; LD
VERZENIO TABLET 100MG, 150MG, 200MG, 50MG	\$0 - \$12.65 (Tier 5)	PA; ACS LD
VITRAKVI CAPSULE 25MG	\$0 - \$12.65 (Tier 5)	QL (180 EA per 30 days) PA; ACS LD
VITRAKVI CAPSULE 100MG	\$0 - \$12.65 (Tier 5)	QL (60 EA per 30 days) PA; ACS LD
VITRAKVI SOLUTION 20MG/ML	\$0 - \$12.65 (Tier 5)	QL (300 ML per 30 days) PA; ACS LD
VIZIMPRO TABLET 15MG, 30MG, 45MG	\$0 - \$12.65 (Tier 5)	QL (30 EA per 30 days) PA; ACS LD
VONJO CAPSULE 100MG	\$0 - \$12.65 (Tier 5)	QL (120 EA per 30 days) PA; LD
VORANIGO TABLET 40MG	\$0 - \$12.65 (Tier 5)	QL (30 EA per 30 days) PA; LD



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: **711**), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. **For more information**, visit **[AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)**

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
VORANIGO TABLET 10MG	\$0 - \$12.65 (Tier 5)	QL (60 EA per 30 days) PA; LD
XALKORI CAPSULE SPRINKLE 50MG	\$0 - \$12.65 (Tier 5)	QL (120 EA per 30 days) PA; ACS LD
XALKORI CAPSULE SPRINKLE 150MG	\$0 - \$12.65 (Tier 5)	QL (180 EA per 30 days) PA; ACS LD
XALKORI CAPSULE SPRINKLE 20MG	\$0 - \$12.65 (Tier 5)	QL (240 EA per 30 days) PA; ACS LD
XALKORI CAPSULE 200MG, 250MG	\$0 - \$12.65 (Tier 5)	QL (120 EA per 30 days) PA; ACS LD
XOSPATA TABLET 40MG	\$0 - \$12.65 (Tier 5)	PA; ACS LD
XPOVIO 60 MG TWICE WEEKLY TABLET THERAPY PACK 20MG	\$0 - \$12.65 (Tier 5)	QL (24 EA per 28 days) PA; LD
XPOVIO 80 MG TWICE WEEKLY TABLET THERAPY PACK 20MG	\$0 - \$12.65 (Tier 5)	QL (32 EA per 28 days) PA; LD
XPOVIO TABLET THERAPY PACK 40MG ONCE WEEKLY (16 TABLET PACK)	\$0 - \$12.65 (Tier 5)	QL (16 EA per 28 days) PA; LD
XPOVIO TABLET THERAPY PACK 40MG ONCE WEEKLY (4 TABLET PACK), 60MG ONCE WEEKLY, 80MG ONCE WEEKLY	\$0 - \$12.65 (Tier 5)	QL (4 EA per 28 days) PA; LD
XPOVIO TABLET THERAPY PACK 100MG ONCE WEEKLY, 80MG ONCE WEEKLY, 40MG TWICE WEEKLY	\$0 - \$12.65 (Tier 5)	QL (8 EA per 28 days) PA; LD
<i>yulithira tablet 10mg, 2.5mg, 5mg, 7.5mg</i>	\$0 - \$12.65 (Tier 4)	QL (30 EA per 30 days) PA; ACS

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: **711**), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. **For more information**, visit **[AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)**



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ZEJULA TABLET 100MG, 200MG, 300MG	\$0 - \$12.65 (Tier 5)	QL (30 EA per 30 days) PA; ACS LD
ZELBORAF TABLET 240MG	\$0 - \$12.65 (Tier 5)	QL (240 EA per 30 days) PA; ACS LD
ZIRABEV INJECTION 100MG/4ML, 400MG/16ML	\$0 - \$12.65 (Tier 5)	PA; ACS LD
ZOLINZA CAPSULE 100MG	\$0 - \$12.65 (Tier 5)	PA; ACS
ZYDELIG TABLET 100MG, 150MG	\$0 - \$12.65 (Tier 5)	QL (60 EA per 30 days) PA; ACS LD
ZYKADIA TABLET 150MG	\$0 - \$12.65 (Tier 5)	QL (84 EA per 28 days) PA; ACS

CARDIOVASCULAR**ACE INHIBITOR COMBINATIONS**

<i>amlodipine besylate/benazepril hydrochloride capsule 10mg; 20mg, 10mg; 40mg, 2.5mg; 10mg, 5mg; 10mg, 5mg; 20mg, 5mg; 40mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>benazepril hydrochloride/hydrochlorothiazide tablet 10mg; 12.5mg, 20mg; 12.5mg, 20mg; 25mg, 5mg; 6.25mg</i>	\$0 (Tier 1)	MO
<i>captopril/hydrochlorothiazide tablet 25mg; 15mg, 25mg; 25mg, 50mg; 15mg, 50mg; 25mg</i>	\$0 (Tier 1)	MO
<i>enalapril maleate/hydrochlorothiazide tablet 10mg; 25mg, 5mg; 12.5mg</i>	\$0 (Tier 1)	MO
<i>fosinopril sodium/hydrochlorothiazide tablet 10mg; 12.5mg, 20mg; 12.5mg</i>	\$0 (Tier 1)	MO
<i>lisinopril/hydrochlorothiazide tablet 12.5mg; 10mg, 12.5mg; 20mg, 25mg; 20mg</i>	\$0 (Tier 1)	MO
<i>quinapril/hydrochlorothiazide tablet 12.5mg; 10mg</i>	\$0 (Tier 1)	



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: 711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>quinapril/hydrochlorothiazide tablet 12.5mg; 20mg, 25mg; 20mg</i>	\$0 (Tier 1)	MO
<i>trandolapril/verapamil hcl er tablet extended release 1mg; 240mg, 2mg; 180mg, 2mg; 240mg, 4mg; 240mg</i>	\$0 (Tier 1)	MO
ACE INHIBITORS		
<i>benazepril hydrochloride tablet 10mg, 20mg, 40mg, 5mg</i>	\$0 (Tier 1)	MO
<i>captopril tablet 100mg, 12.5mg, 25mg, 50mg</i>	\$0 (Tier 1)	MO
<i>enalapril maleate tablet 10mg, 2.5mg, 20mg, 5mg</i>	\$0 (Tier 1)	MO
<i>fosinopril sodium tablet 10mg, 20mg, 40mg</i>	\$0 (Tier 1)	MO
<i>lisinopril tablet 10mg, 2.5mg, 20mg, 30mg, 40mg, 5mg</i>	\$0 (Tier 1)	MO
<i>moexipril hydrochloride tablet 15mg, 7.5mg</i>	\$0 (Tier 1)	MO
<i>perindopril erbumine tablet 2mg, 4mg, 8mg</i>	\$0 (Tier 1)	MO
<i>quinapril hydrochloride tablet 10mg, 20mg, 40mg, 5mg</i>	\$0 (Tier 1)	MO
<i>ramipril capsule 1.25mg, 10mg, 2.5mg, 5mg</i>	\$0 (Tier 1)	MO
<i>trandolapril tablet 1mg, 2mg, 4mg</i>	\$0 (Tier 1)	MO
ALDOSTERONE RECEPTOR ANTAGONISTS		
<i>eplerenone tablet 25mg, 50mg</i>	\$0 - \$12.65 (Tier 4)	MO
KERENDIA TABLET 10MG, 20MG, 40MG	\$0 - \$12.65 (Tier 3)	QL (30 EA per 30 days) MO
<i>spironolactone tablet 100mg, 25mg, 50mg</i>	\$0 (Tier 1)	MO
ALPHA BLOCKERS		
<i>doxazosin mesylate tablet 1mg, 2mg, 4mg, 8mg</i>	\$0 (Tier 2)	MO
<i>prazosin hydrochloride capsule 1mg, 2mg, 5mg</i>	\$0 (Tier 2)	MO
<i>terazosin hcl capsule 10mg, 1mg, 5mg</i>	\$0 (Tier 1)	MO
<i>terazosin hydrochloride capsule 2mg</i>	\$0 (Tier 1)	MO

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at 1-855-676-5772 (TTY: 711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
--------------	--	---

ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS

<i>amlodipine besylate/valsartan tablet 10mg; 160mg, 10mg; 320mg, 5mg; 160mg, 5mg; 320mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>amlodipine/olmesartan medoxomil tablet 10mg; 20mg, 10mg; 40mg, 5mg; 20mg, 5mg; 40mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>amlodipine/valsartan/hydrochlorothiazide tablet 10mg; 12.5mg; 160mg, 10mg; 25mg; 160mg, 10mg; 25mg; 320mg, 5mg; 12.5mg; 160mg, 5mg; 25mg; 160mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>candesartan cilexetil/hydrochlorothiazide tablet 32mg; 12.5mg, 32mg; 25mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>candesartan cilexetil/hydrochlorothiazide tablet 16mg; 12.5mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
EDARBYCLOR TABLET 40MG; 12.5MG, 40MG; 25MG	\$0 - \$12.65 (Tier 4)	QL (30 EA per 30 days) MO
ENTRESTO CAPSULE SPRINKLE 15MG; 16MG, 6MG; 6MG	\$0 - \$12.65 (Tier 3)	MO
<i>irbesartan/hydrochlorothiazide tablet 12.5mg; 300mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>irbesartan/hydrochlorothiazide tablet 12.5mg; 150mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>losartan potassium/hydrochlorothiazide tablet 12.5mg; 100mg, 12.5mg; 50mg, 25mg; 100mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>olmesartan medoxomil/amlodipine/hydrochlorothiazide tablet 10mg; 12.5mg; 40mg, 10mg; 25mg; 40mg, 5mg; 12.5mg; 20mg, 5mg; 12.5mg; 40mg, 5mg; 25mg; 40mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>olmesartan medoxomil/hydrochlorothiazide tablet 12.5mg; 20mg, 12.5mg; 40mg, 25mg; 40mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>sacubitril/valsartan tablet 24mg; 26mg, 49mg; 51mg, 97mg; 103mg</i>	\$0 - \$12.65 (Tier 3)	MO



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: 711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. **For more information**, visit **[AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)**

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>telmisartan/amlodipine tablet 10mg; 40mg, 10mg; 80mg, 5mg; 40mg, 5mg; 80mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>telmisartan/hydrochlorothiazide tablet 12.5mg; 40mg, 25mg; 80mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>telmisartan/hydrochlorothiazide tablet 12.5mg; 80mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>valsartan/hydrochlorothiazide tablet 12.5mg; 160mg, 12.5mg; 320mg, 12.5mg; 80mg, 25mg; 160mg, 25mg; 320mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
AZILSARTAN MEDOXOMIL TABLET 40MG, 80MG	\$0 - \$12.65 (Tier 4)	QL (30 EA per 30 days) MO
<i>candesartan cilexetil tablet 32mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>candesartan cilexetil tablet 16mg, 4mg, 8mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
EDARBI TABLET 40MG, 80MG	\$0 - \$12.65 (Tier 4)	QL (30 EA per 30 days) MO
<i>irbesartan tablet 150mg, 300mg, 75mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>losartan potassium tablet 100mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>losartan potassium tablet 25mg, 50mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>olmesartan medoxomil tablet 20mg, 40mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>olmesartan medoxomil tablet 5mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>telmisartan tablet 20mg, 40mg, 80mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>valsartan tablet 320mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>valsartan tablet 160mg, 40mg, 80mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
ANTIARRHYTHMICS		
<i>amiodarone hydrochloride injection 150mg/3ml, 50mg/ml, 900mg/18ml</i>	\$0 - \$12.65 (Tier 4)	
<i>amiodarone hydrochloride tablet 100mg, 200mg, 400mg</i>	\$0 (Tier 2)	MO
<i>disopyramide phosphate capsule 100mg, 150mg</i>	\$0 - \$12.65 (Tier 4)	PA MO

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: **711**), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>dofetilide capsule 125mcg, 250mcg, 500mcg</i>	\$0 - \$12.65 (Tier 4)	ACS
<i>flecainide acetate tablet 100mg, 150mg, 50mg</i>	\$0 (Tier 2)	MO
LIDOCAINE HCL IN D5W INJECTION 5%; 4MG/ML	\$0 - \$12.65 (Tier 4)	
LIDOCAINE HCL INJECTION 100MG/5ML	\$0 - \$12.65 (Tier 4)	
<i>lidocaine hcl injection prefilled syringe 100mg/5ml, 50mg/5ml</i>	\$0 - \$12.65 (Tier 4)	
MULTAQ TABLET 400MG	\$0 - \$12.65 (Tier 4)	MO
NORPACE CR CAPSULE EXTENDED RELEASE 12 HOUR 100MG, 150MG	\$0 - \$12.65 (Tier 4)	MO
<i>pacerone tablet 100mg, 200mg, 400mg</i>	\$0 (Tier 2)	
<i>propafenone hcl tablet 150mg, 225mg, 300mg</i>	\$0 (Tier 2)	MO
<i>propafenone hydrochloride er capsule extended release 12 hour 225mg, 325mg, 425mg</i>	\$0 - \$12.65 (Tier 4)	MO
<i>propafenone hydrochloride tablet 150mg, 225mg, 300mg</i>	\$0 (Tier 2)	MO
<i>quinidine sulfate tablet 200mg, 300mg</i>	\$0 (Tier 2)	MO
<i>sotalol hcl tablet 120mg, 160mg, 240mg</i>	\$0 (Tier 2)	MO
<i>sotalol hydrochloride (af) tablet 120mg, 160mg, 80mg</i>	\$0 (Tier 2)	MO
<i>sotalol hydrochloride tablet 80mg</i>	\$0 (Tier 2)	MO
ANTIPIPEMICS, FIBRATES		
<i>fenofibrate micronized capsule 134mg, 200mg, 67mg</i>	\$0 (Tier 2)	MO
<i>fenofibrate capsule 130mg, 150mg, 43mg, 50mg</i>	\$0 (Tier 2)	MO



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: 711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>fenofibrate tablet 145mg, 160mg, 40mg, 48mg, 54mg</i>	\$0 (Tier 2)	MO
<i>fenofibric acid dr capsule delayed release 135mg, 45mg</i>	\$0 (Tier 2)	MO
<i>gemfibrozil tablet 600mg</i>	\$0 (Tier 2)	MO
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
<i>atorvastatin calcium tablet 10mg, 20mg, 40mg, 80mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>fluvastatin sodium er tablet extended release 24 hour 80mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>fluvastatin capsule 20mg, 40mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>lovastatin tablet 10mg, 20mg, 40mg</i>	\$0 (Tier 1)	MO
<i>pravastatin sodium tablet 10mg, 20mg, 40mg, 80mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>rosuvastatin calcium tablet 10mg, 20mg, 40mg, 5mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>simvastatin tablet 10mg, 20mg, 40mg, 5mg, 80mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
ANTILIPEMICS, MISCELLANEOUS		
<i>cholestyramine light packet 4gm</i>	\$0 - \$12.65 (Tier 4)	MO
<i>cholestyramine light powder 4gm/dose</i>	\$0 - \$12.65 (Tier 4)	MO
<i>cholestyramine packet 4gm</i>	\$0 - \$12.65 (Tier 4)	MO
<i>cholestyramine powder 4gm/dose</i>	\$0 - \$12.65 (Tier 4)	MO
<i>colesevelam hydrochloride packet 3.75gm</i>	\$0 - \$12.65 (Tier 3)	MO

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: **711**), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>colesevelam hydrochloride tablet 625mg</i>	\$0 - \$12.65 (Tier 3)	MO
<i>colestipol hydrochloride granules 5gm</i>	\$0 - \$12.65 (Tier 4)	MO
<i>colestipol hydrochloride packet 5gm</i>	\$0 - \$12.65 (Tier 4)	MO
<i>colestipol hydrochloride tablet 1gm</i>	\$0 - \$12.65 (Tier 4)	MO
<i>ezetimibe/simvastatin tablet 10mg; 10mg, 10mg; 20mg, 10mg; 40mg, 10mg; 80mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>ezetimibe tablet 10mg</i>	\$0 (Tier 2)	MO
NEXLETOL TABLET 180MG	\$0 - \$12.65 (Tier 3)	QL (30 EA per 30 days) MO
NEXLIZET TABLET 180MG; 10MG	\$0 - \$12.65 (Tier 3)	QL (30 EA per 30 days) MO
<i>niacin er tablet extended release 1000mg, 750mg</i>	\$0 (Tier 2)	MO
<i>niacin er tablet extended release 500mg</i>	\$0 (Tier 2)	QL (60 EA per 30 days) MO
<i>niacin tablet 500mg</i>	\$0 - \$12.65 (Tier 4)	MO
<i>niacor tablet 500mg</i>	\$0 - \$12.65 (Tier 4)	MO
<i>omega-3-acid ethyl esters capsule 375mg; 465mg; 1gm</i>	\$0 - \$12.65 (Tier 4)	QL (120 EA per 30 days) MO
<i>prevalite packet 4gm</i>	\$0 - \$12.65 (Tier 4)	



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: 711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>prevalite powder 4gm/dose</i>	\$0 - \$12.65 (Tier 4)	
REPATHA PUSHTRONEX SYSTEM INJECTION 420MG/3.5ML	\$0 - \$12.65 (Tier 3)	PA
REPATHA SURECLICK INJECTION 140MG/ML	\$0 - \$12.65 (Tier 3)	PA
REPATHA INJECTION 140MG/ML	\$0 - \$12.65 (Tier 3)	PA
VASCEPA CAPSULE 0.5GM, 1GM	\$0 - \$12.65 (Tier 4)	MO
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol/chlorthalidone tablet 100mg; 25mg, 50mg; 25mg</i>	\$0 (Tier 1)	MO
<i>bisoprolol fumarate/hydrochlorothiazide tablet 10mg; 6.25mg, 2.5mg; 6.25mg, 5mg; 6.25mg</i>	\$0 (Tier 2)	MO
<i>metoprolol/hydrochlorothiazide tablet 25mg; 100mg, 25mg; 50mg, 50mg; 100mg</i>	\$0 (Tier 2)	MO
BETA-BLOCKERS		
<i>acebutolol hydrochloride capsule 200mg, 400mg</i>	\$0 (Tier 2)	MO
<i>atenolol tablet 100mg, 25mg, 50mg</i>	\$0 (Tier 1)	MO
<i>betaxolol hcl tablet 10mg, 20mg</i>	\$0 - \$12.65 (Tier 3)	MO
<i>bisoprolol fumarate tablet 10mg, 5mg</i>	\$0 (Tier 2)	MO
<i>bisoprolol fumarate tablet 2.5mg</i>	\$0 - \$12.65 (Tier 4)	MO
<i>carvedilol phosphate er capsule extended release 24 hour 10mg, 20mg, 40mg, 80mg</i>	\$0 - \$12.65 (Tier 4)	QL (30 EA per 30 days) MO

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: **711**), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>carvedilol tablet 12.5mg, 25mg, 3.125mg, 6.25mg</i>	\$0 (Tier 1)	MO
<i>labetalol hydrochloride injection 5mg/ml</i>	\$0 - \$12.65 (Tier 4)	
<i>labetalol hydrochloride tablet 100mg, 200mg, 300mg, 400mg</i>	\$0 (Tier 2)	MO
<i>metoprolol succinate er tablet extended release 24 hour 100mg, 200mg, 25mg, 50mg</i>	\$0 (Tier 1)	MO
<i>metoprolol tartrate injection 5mg/5ml</i>	\$0 - \$12.65 (Tier 4)	
<i>metoprolol tartrate tablet 100mg, 25mg, 37.5mg, 50mg, 75mg</i>	\$0 (Tier 1)	MO
<i>nadolol tablet 20mg, 40mg, 80mg</i>	\$0 - \$12.65 (Tier 4)	MO
<i>nebivolol hydrochloride tablet 10mg, 2.5mg, 5mg</i>	\$0 - \$12.65 (Tier 3)	QL (30 EA per 30 days) MO
<i>nebivolol hydrochloride tablet 20mg</i>	\$0 - \$12.65 (Tier 3)	QL (60 EA per 30 days) MO
<i>pindolol tablet 10mg, 5mg</i>	\$0 (Tier 2)	MO
<i>propranolol hcl injection 1mg/ml</i>	\$0 - \$12.65 (Tier 4)	
<i>propranolol hcl oral solution 40mg/5ml</i>	\$0 (Tier 2)	MO
<i>propranolol hcl tablet 40mg</i>	\$0 (Tier 2)	MO
<i>propranolol hydrochloride er capsule extended release 24 hour 120mg, 160mg, 60mg, 80mg</i>	\$0 (Tier 2)	MO
<i>propranolol hydrochloride solution 20mg/5ml</i>	\$0 (Tier 2)	MO
<i>propranolol hydrochloride tablet 10mg, 20mg, 60mg, 80mg</i>	\$0 (Tier 2)	MO
<i>timolol maleate tablet 10mg, 20mg, 5mg</i>	\$0 (Tier 1)	MO



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: 711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. **For more information**, visit **[AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)**

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine besylate tablet 10mg, 2.5mg, 5mg</i>	\$0 (Tier 1)	MO
<i>cartia xt capsule extended release 24 hour 120mg, 180mg, 240mg, 300mg</i>	\$0 (Tier 2)	
<i>dilt-xr capsule extended release 24 hour 120mg, 180mg, 240mg</i>	\$0 (Tier 2)	MO
<i>diltiazem hcl er capsule extended release 12 hour (generic Cardizem SR) 120mg, 60mg, 90mg</i>	\$0 (Tier 2)	MO
<i>diltiazem hcl er capsule extended release 24 hour (generic Tiazac) 120mg, 180mg, 240mg, 420mg</i>	\$0 (Tier 2)	MO
<i>diltiazem hcl er tablet extended release 24 hour (generic Cardizem LA) 240mg, 300mg, 360mg, 420mg</i>	\$0 (Tier 2)	MO
DILTIAZEM HCL INJECTION 100MG	\$0 - \$12.65 (Tier 4)	
<i>diltiazem hcl injection 50mg/10ml</i>	\$0 - \$12.65 (Tier 4)	
<i>diltiazem hcl tablet 30mg, 60mg</i>	\$0 (Tier 2)	MO
<i>diltiazem hydrochloride er capsule extended release 24 hour (generic Cardizem CD, Dilacor XR, and Tiazac) 120mg, 180mg, 240mg, 300mg, 360mg</i>	\$0 (Tier 2)	MO
<i>diltiazem hydrochloride er tablet extended release 24 hour (generic Cardizem LA) 120mg, 180mg, 240mg, 300mg, 360mg</i>	\$0 (Tier 2)	MO
<i>diltiazem hydrochloride injection 125mg/25ml, 25mg/5ml</i>	\$0 - \$12.65 (Tier 4)	
<i>diltiazem hydrochloride tablet 120mg, 90mg</i>	\$0 (Tier 2)	MO
<i>felodipine er tablet extended release 24 hour 10mg, 2.5mg, 5mg</i>	\$0 (Tier 2)	MO
<i>isradipine capsule 2.5mg, 5mg</i>	\$0 (Tier 2)	MO

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: **711**), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaMedicare.com/MICHDSNP](https://www.AetnaMedicare.com/MICHDSNP)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>matzim la tablet extended release 24 hour 420mg</i>	\$0 (Tier 2)	
<i>matzim la tablet extended release 24 hour 180mg, 240mg, 300mg, 360mg</i>	\$0 (Tier 2)	MO
<i>nicardipine hcl capsule 20mg, 30mg</i>	\$0 - \$12.65 (Tier 4)	MO
<i>nifedipine er tablet extended release 24 hour 30mg (generic Procardia XL), 60mg (generic Procardia XL), 90mg (generic Adalat CC and Procardia XL)</i>	\$0 (Tier 2)	MO
<i>nifedipine er tablet extended release 24 hour (generic Adalat CC) 30mg, 60mg</i>	\$0 - \$12.65 (Tier 3)	MO
<i>nisoldipine er tablet extended release 24 hour 17mg</i>	\$0 - \$12.65 (Tier 4)	
<i>nisoldipine er tablet extended release 24 hour 34mg, 8.5mg</i>	\$0 - \$12.65 (Tier 4)	MO
<i>tiadylt er capsule extended release 24 hour 120mg, 180mg, 240mg, 300mg, 360mg</i>	\$0 (Tier 2)	
<i>tiadylt er capsule extended release 24 hour 420mg</i>	\$0 (Tier 2)	MO
<i>verapamil hcl er capsule extended release 24 hour (generic Verelan PM and Verelan SR) 100mg, 120mg, 180mg, 240mg, 300mg</i>	\$0 (Tier 2)	MO
<i>verapamil hcl er tablet extended release (generic Calan SR) 120mg</i>	\$0 (Tier 1)	MO
<i>VERAPAMIL HCL SR CAPSULE EXTENDED RELEASE 24 HOUR (GENERIC VERELAN SR) 360MG</i>	\$0 - \$12.65 (Tier 3)	MO
<i>verapamil hcl sr capsule extended release 24 hour (generic Verelan SR) 120mg, 180mg, 240mg</i>	\$0 (Tier 2)	MO



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: **711**), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. **For more information**, visit **[AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)**

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>verapamil hydrochloride er capsule extended release 24 hour (generic Verelan PM) 100mg, 200mg, 300mg</i>	\$0 (Tier 2)	MO
<i>verapamil hydrochloride er tablet extended release (generic Calan SR) 180mg, 240mg</i>	\$0 (Tier 1)	MO
VERAPAMIL HYDROCHLORIDE SR CAPSULE EXTENDED RELEASE 24 HOUR 360MG	\$0 - \$12.65 (Tier 3)	MO
<i>verapamil hydrochloride sr capsule extended release 24 hour 240mg</i>	\$0 (Tier 2)	MO
<i>verapamil hydrochloride injection 2.5mg/ml</i>	\$0 - \$12.65 (Tier 4)	MO
<i>verapamil hydrochloride tablet 120mg, 40mg, 80mg</i>	\$0 (Tier 1)	MO
DIURETICS		
<i>acetazolamide er capsule extended release 12 hour 500mg</i>	\$0 - \$12.65 (Tier 4)	MO
<i>acetazolamide tablet 125mg, 250mg</i>	\$0 - \$12.65 (Tier 4)	MO
<i>amiloride hcl tablet 5mg</i>	\$0 (Tier 2)	MO
<i>amiloride/hydrochlorothiazide tablet 5mg; 50mg</i>	\$0 (Tier 2)	MO
<i>bumetanide injection 0.25mg/ml</i>	\$0 - \$12.65 (Tier 4)	MO
<i>bumetanide tablet 0.5mg, 1mg, 2mg</i>	\$0 (Tier 2)	MO
<i>chlorthalidone tablet 25mg, 50mg</i>	\$0 (Tier 2)	MO
<i>furosemide injection 10mg/ml</i>	\$0 - \$12.65 (Tier 4)	MO
<i>furosemide oral solution 10mg/ml, 40mg/5ml</i>	\$0 (Tier 1)	MO
<i>furosemide tablet 20mg, 40mg, 80mg</i>	\$0 (Tier 1)	MO
<i>hydrochlorothiazide capsule 12.5mg</i>	\$0 (Tier 1)	MO

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at 1-855-676-5772 (TTY: 711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>hydrochlorothiazide tablet 12.5mg, 25mg, 50mg</i>	\$0 (Tier 1)	MO
<i>indapamide tablet 1.25mg, 2.5mg</i>	\$0 (Tier 1)	MO
<i>methazolamide tablet 25mg, 50mg</i>	\$0 - \$12.65 (Tier 4)	MO
<i>metolazone tablet 10mg, 2.5mg, 5mg</i>	\$0 (Tier 2)	MO
<i>spironolactone/hydrochlorothiazide tablet 25mg; 25mg</i>	\$0 (Tier 2)	MO
<i>torsemide tablet 100mg, 10mg, 20mg, 5mg</i>	\$0 (Tier 2)	MO
<i>triamterene/hydrochlorothiazide capsule 25mg; 37.5mg</i>	\$0 (Tier 1)	MO
<i>triamterene/hydrochlorothiazide tablet 25mg; 37.5mg, 50mg; 75mg</i>	\$0 (Tier 1)	MO
MISCELLANEOUS		
<i>aliskiren tablet 150mg, 300mg</i>	\$0 (Tier 1)	MO
<i>amlodipine besylate/atorvastatin calcium tablet 10mg; 10mg, 10mg; 20mg, 10mg; 40mg, 10mg; 80mg, 2.5mg; 10mg, 2.5mg; 20mg, 2.5mg; 40mg, 5mg; 10mg, 5mg; 20mg, 5mg; 40mg, 5mg; 80mg</i>	\$0 (Tier 1)	MO
<i>clonidine hydrochloride tablet 0.1mg, 0.2mg, 0.3mg</i>	\$0 (Tier 1)	MO
<i>clonidine patch weekly 0.1mg/24hr</i>	\$0 (Tier 2)	QL (8 EA per 28 days) MO
<i>clonidine patch weekly 0.2mg/24hr, 0.3mg/24hr</i>	\$0 - \$12.65 (Tier 4)	QL (8 EA per 28 days) MO
CORLANOR SOLUTION 5MG/5ML	\$0 - \$12.65 (Tier 4)	
<i>digoxin injection 0.25mg/ml</i>	\$0 - \$12.65 (Tier 4)	MO
<i>digoxin oral solution 0.05mg/ml</i>	\$0 - \$12.65 (Tier 3)	MO



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: 711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>digoxin tablet 125mcg, 250mcg</i>	\$0 (Tier 2)	QL (30 EA per 30 days) MO
<i>digoxin tablet 62.5mcg</i>	\$0 (Tier 2)	QL (90 EA per 30 days) MO
<i>digox tablet 125mcg, 250mcg</i>	\$0 (Tier 2)	QL (30 EA per 30 days)
<i>droxidopa capsule 200mg</i>	\$0 - \$12.65 (Tier 4)	QL (180 EA per 30 days) PA; ACS
<i>droxidopa capsule 100mg</i>	\$0 - \$12.65 (Tier 4)	QL (90 EA per 30 days) PA; ACS
<i>droxidopa capsule 300mg</i>	\$0 - \$12.65 (Tier 5)	QL (180 EA per 30 days) PA; ACS
<i>guanfacine hydrochloride tablet 1mg, 2mg</i>	\$0 - \$12.65 (Tier 4)	PA MO
<i>hydralazine hydrochloride injection 20mg/ml</i>	\$0 - \$12.65 (Tier 4)	MO
<i>hydralazine hydrochloride tablet 100mg, 10mg, 25mg, 50mg</i>	\$0 (Tier 1)	MO
<i>isosorbide dinitrate/hydralazine hydrochloride tablet 37.5mg; 20mg</i>	\$0 - \$12.65 (Tier 4)	MO
<i>ivabradine hydrochloride tablet 5mg, 7.5mg</i>	\$0 - \$12.65 (Tier 4)	MO
<i>metirosine capsule 250mg</i>	\$0 - \$12.65 (Tier 5)	PA; ACS
<i>midodrine hydrochloride tablet 10mg, 2.5mg, 5mg</i>	\$0 - \$12.65 (Tier 4)	MO
<i>minoxidil tablet 10mg, 2.5mg</i>	\$0 (Tier 2)	MO
<i>ranolazine er tablet extended release 12 hour 1000mg, 500mg</i>	\$0 - \$12.65 (Tier 4)	MO

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: **711**), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. **For more information**, visit **[AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)**



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
VERQUVO TABLET 10MG, 2.5MG, 5MG	\$0 - \$12.65 (Tier 3)	MO
VYNDAMAX CAPSULE 61MG	\$0 - \$12.65 (Tier 5)	QL (30 EA per 30 days) PA; ACS LD
NITRATES		
<i>isosorbide dinitrate tablet 10mg, 20mg, 30mg, 5mg</i>	\$0 (Tier 2)	MO
<i>isosorbide dinitrate tablet 40mg</i>	\$0 - \$12.65 (Tier 4)	MO
<i>isosorbide mononitrate er tablet extended release 24 hour 120mg, 30mg, 60mg</i>	\$0 (Tier 2)	MO
<i>nitro-bid ointment 2%</i>	\$0 - \$12.65 (Tier 3)	MO
<i>nitroglycerin transdermal patch 24 hour 0.1mg/hr, 0.2mg/hr, 0.4mg/hr, 0.6mg/hr</i>	\$0 (Tier 2)	MO
NITROGLYCERIN INJECTION 5MG/ML	\$0 - \$12.65 (Tier 4)	
<i>nitroglycerin transdermal ointment 2%</i>	\$0 - \$12.65 (Tier 3)	MO
<i>nitroglycerin translingual solution 0.4mg/spray</i>	\$0 - \$12.65 (Tier 4)	MO
<i>nitroglycerin tablet sublingual 0.3mg, 0.4mg, 0.6mg</i>	\$0 (Tier 2)	MO
PULMONARY ARTERIAL HYPERTENSION		
ADEMPAS TABLET 0.5MG, 1.5MG, 1MG, 2.5MG, 2MG	\$0 - \$12.65 (Tier 5)	QL (90 EA per 30 days) PA; ACS LD
<i>ambrisentan tablet 10mg, 5mg</i>	\$0 - \$12.65 (Tier 5)	QL (30 EA per 30 days) PA; ACS



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: 711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>bosentan tablet soluble 32mg</i>	\$0 - \$12.65 (Tier 5)	QL (120 EA per 30 days) PA; ACS LD
<i>bosentan tablet 62.5mg</i>	\$0 - \$12.65 (Tier 5)	QL (120 EA per 30 days) PA; ACS LD
<i>bosentan tablet 125mg</i>	\$0 - \$12.65 (Tier 5)	QL (60 EA per 30 days) PA; ACS LD
<i>epoprostenol sodium injection 0.5mg</i>	\$0 - \$12.65 (Tier 4)	B/D; ACS
<i>epoprostenol sodium injection 1.5mg</i>	\$0 - \$12.65 (Tier 5)	B/D; ACS
<i>macitentan tablet 10mg</i>	\$0 - \$12.65 (Tier 4)	QL (30 EA per 30 days) PA
<i>sildenafil citrate (generic Revatio) tablet 20mg</i>	\$0 - \$12.65 (Tier 3)	QL (360 EA per 30 days) PA; ACS
<i>sildenafil injection 10mg/12.5ml</i>	\$0 - \$12.65 (Tier 5)	QL (1125 ML per 30 days) PA; ACS
<i>tadalafil (generic Adcirca) tablet 20mg</i>	\$0 - \$12.65 (Tier 5)	PA; ACS
TYVASO REFILL KIT SOLUTION 0.6MG/ML	\$0 - \$12.65 (Tier 5)	PA; ACS LD
TYVASO STARTER KIT SOLUTION 0.6MG/ML	\$0 - \$12.65 (Tier 5)	PA; ACS LD
TYVASO SOLUTION 0.6MG/ML	\$0 - \$12.65 (Tier 5)	PA; ACS LD

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: **711**), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. **For more information**, visit **[AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)**



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
UPTRAVI TITRATION PACK TABLET THERAPY PACK 200MCG; 800MCG	\$0 - \$12.65 (Tier 5)	QL (200 EA per 28 days) PA; ACS LD
UPTRAVI INJECTION 1800MCG	\$0 - \$12.65 (Tier 5)	QL (60 EA per 30 days) PA; LD
UPTRAVI TABLET 200MCG	\$0 - \$12.65 (Tier 5)	QL (140 EA per 28 days) PA; ACS LD
UPTRAVI TABLET 1000MCG, 1200MCG, 1400MCG, 1600MCG, 400MCG, 600MCG, 800MCG	\$0 - \$12.65 (Tier 5)	QL (60 EA per 30 days) PA; ACS LD
WINREVAIR INJECTION (1 VIAL KIT) 45MG, 60MG	\$0 - \$12.65 (Tier 5)	QL (1 EA per 21 days) PA; ACS LD
WINREVAIR INJECTION (2 VIAL KIT) 45MG, 60MG	\$0 - \$12.65 (Tier 5)	QL (2 EA per 21 days) PA; ACS LD

CENTRAL NERVOUS SYSTEM**ANTIANXIETY**

ALPRAZOLAM INTENSOL CONCENTRATE 1MG/ML	\$0 - \$12.65 (Tier 4)	QL (300 ML per 30 days) PA MO; HRM
<i>alprazolam tablet 0.25mg, 0.5mg</i>	\$0 (Tier 2)	QL (120 EA per 30 days) PA MO; HRM
<i>alprazolam tablet 1mg, 2mg</i>	\$0 (Tier 2)	QL (150 EA per 30 days) PA MO; HRM
<i>buspirone hcl tablet 15mg</i>	\$0 (Tier 1)	MO
<i>buspirone hydrochloride tablet 10mg, 30mg, 5mg, 7.5mg</i>	\$0 (Tier 1)	MO
<i>chlordiazepoxide hcl capsule 10mg, 5mg</i>	\$0 - \$12.65 (Tier 4)	QL (120 EA per 30 days) PA MO; HRM
<i>chlordiazepoxide hydrochloride capsule 25mg</i>	\$0 - \$12.65 (Tier 4)	QL (120 EA per 30 days) PA MO; HRM



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: 711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>fluvoxamine maleate er capsule extended release 24 hour 100mg, 150mg</i>	\$0 - \$12.65 (Tier 4)	QL (60 EA per 30 days) MO; HRM
<i>fluvoxamine maleate tablet 100mg, 25mg, 50mg</i>	\$0 (Tier 2)	MO; HRM
<i>lorazepam intensol concentrate 2mg/ml</i>	\$0 (Tier 2)	QL (150 ML per 30 days) PA; HRM
<i>lorazepam injection 2mg/ml, 4mg/ml</i>	\$0 - \$12.65 (Tier 4)	QL (150 ML per 30 days) PA MO; HRM
<i>lorazepam tablet 0.5mg</i>	\$0 (Tier 2)	QL (120 EA per 30 days) PA MO; HRM
<i>lorazepam tablet 1mg, 2mg</i>	\$0 (Tier 2)	QL (150 EA per 30 days) PA MO; HRM
<i>oxazepam capsule 10mg, 15mg, 30mg</i>	\$0 - \$12.65 (Tier 4)	QL (120 EA per 30 days) PA MO; HRM
ANTIDEMENTIA		
<i>donepezil hcl tablet disintegrating 10mg, 5mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>donepezil hcl tablet 10mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>donepezil hcl tablet 23mg</i>	\$0 (Tier 2)	QL (30 EA per 30 days) MO
<i>donepezil hydrochloride tablet 5mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>galantamine hydrobromide er capsule extended release 24 hour 16mg, 24mg, 8mg</i>	\$0 - \$12.65 (Tier 4)	QL (30 EA per 30 days) MO
<i>galantamine hydrobromide solution 4mg/ml</i>	\$0 - \$12.65 (Tier 4)	QL (200 ML per 30 days) MO
<i>galantamine hydrobromide tablet 12mg, 4mg, 8mg</i>	\$0 - \$12.65 (Tier 4)	QL (60 EA per 30 days) MO
<i>memantine hcl titration pak tablet 10mg; 5mg</i>	\$0 (Tier 2)	QL (98 EA per 365 days) PA
<i>memantine hydrochloride er capsule extended release 24 hour 14mg, 21mg, 28mg, 7mg</i>	\$0 - \$12.65 (Tier 4)	PA MO
<i>memantine hydrochloride solution 2mg/ml</i>	\$0 (Tier 2)	QL (360 ML per 30 days) PA MO

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: **711**), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>memantine hydrochloride tablet 10mg, 5mg</i>	\$0 (Tier 2)	QL (60 EA per 30 days) PA MO
NAMZARIC CAPSULE EXTENDED RELEASE	\$0 -	MO
24 HOUR 10MG; 14MG, 10MG; 21MG, 10MG; 28MG, 10MG; 7MG	\$12.65 (Tier 4)	
<i>rivastigmine tartrate capsule 1.5mg, 3mg, 4.5mg, 6mg</i>	\$0 -	QL (60 EA per 30 days) MO
	\$12.65 (Tier 4)	
<i>rivastigmine transdermal system patch 24 hour 13.3mg/24hr, 4.6mg/24hr, 9.5mg/24hr</i>	\$0 -	QL (30 EA per 30 days) MO
	\$12.65 (Tier 4)	
ANTIDEPRESSANTS		
<i>amitriptyline hcl tablet 100mg, 150mg, 25mg, 75mg</i>	\$0 -	PA MO; HRM
	\$12.65 (Tier 3)	
<i>amitriptyline hydrochloride tablet 100mg, 10mg, 150mg, 25mg, 50mg, 75mg</i>	\$0 -	PA MO; HRM
	\$12.65 (Tier 3)	
<i>amoxapine tablet 100mg, 150mg, 25mg, 50mg</i>	\$0 -	MO; HRM
	\$12.65 (Tier 3)	
AUVELITY TITRATION PACK TABLET	\$0 -	QL (102 EA per 365 days) MO
EXTENDED RELEASE THERAPY PACK	\$12.65	
30MG/105MG; 45MG; 105MG	(Tier 5)	
AUVELITY TABLET EXTENDED RELEASE	\$0 -	QL (60 EA per 30 days) MO
105MG; 45MG	\$12.65 (Tier 5)	
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 100mg, 150mg, 200mg</i>	\$0 (Tier 2)	QL (60 EA per 30 days) MO
BUPROPION HYDROCHLORIDE ER (XL)	\$0 -	QL (30 EA per 30 days) MO
TABLET EXTENDED RELEASE 24 HOUR	\$12.65	
450MG	(Tier 4)	
<i>bupropion hydrochloride er (xl) tablet extended release 24 hour 150mg, 300mg</i>	\$0 (Tier 2)	QL (30 EA per 30 days) MO
<i>bupropion hydrochloride tablet 100mg</i>	\$0 (Tier 2)	QL (120 EA per 30 days) MO
<i>bupropion hydrochloride tablet 75mg</i>	\$0 (Tier 2)	QL (180 EA per 30 days) MO



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: 711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>citalopram hydrobromide solution 10mg/5ml</i>	\$0 (Tier 2)	QL (600 ML per 30 days) MO; HRM
<i>citalopram hydrobromide tablet 10mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO; HRM
<i>citalopram hydrobromide tablet 40mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO; HRM
<i>citalopram hydrobromide tablet 20mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO; HRM
<i>clomipramine hydrochloride capsule 25mg, 50mg, 75mg</i>	\$0 - \$12.65 (Tier 4)	PA MO; HRM
<i>desipramine hydrochloride tablet 100mg, 10mg, 150mg, 25mg, 50mg, 75mg</i>	\$0 - \$12.65 (Tier 3)	PA MO; HRM
<i>desvenlafaxine er tablet (generic Pristiq) extended release 24 hour 100mg, 25mg, 50mg</i>	\$0 (Tier 2)	QL (30 EA per 30 days) MO; HRM
<i>doxepin hcl capsule 75mg</i>	\$0 - \$12.65 (Tier 4)	PA MO; HRM
<i>doxepin hcl concentrate 10mg/ml</i>	\$0 - \$12.65 (Tier 4)	PA MO; HRM
<i>doxepin hydrochloride capsule 100mg, 10mg, 150mg, 25mg, 50mg</i>	\$0 - \$12.65 (Tier 4)	PA MO; HRM
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 20MG, 30MG, 60MG	\$0 - \$12.65 (Tier 4)	QL (60 EA per 30 days) PA MO
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 40MG	\$0 - \$12.65 (Tier 4)	QL (90 EA per 30 days) PA MO
<i>duloxetine hydrochloride dr (generic Cymbalta) capsule delayed release particles 20mg, 30mg, 60mg</i>	\$0 (Tier 2)	QL (60 EA per 30 days) MO; HRM
<i>duloxetine hydrochloride dr (generic Irenka) capsule delayed release particles 40mg</i>	\$0 - \$12.65 (Tier 4)	QL (60 EA per 30 days) MO; HRM

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: **711**), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. **For more information**, visit **[AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)**



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
EMSAM PATCH 24 HOUR 12MG/24HR, 6MG/24HR, 9MG/24HR	\$0 - \$12.65 (Tier 5)	QL (30 EA per 30 days) PA MO
ESCITALOPRAM OXALATE CAPSULE 15MG	\$0 - \$12.65 (Tier 4)	QL (30 EA per 30 days) PA MO
<i>escitalopram oxalate solution 5mg/5ml</i>	\$0 - \$12.65 (Tier 4)	QL (600 ML per 30 days) MO; HRM
<i>escitalopram oxalate tablet 20mg</i>	\$0 (Tier 2)	QL (30 EA per 30 days) MO; HRM
<i>escitalopram oxalate tablet 10mg, 5mg</i>	\$0 (Tier 2)	QL (45 EA per 30 days) MO; HRM
EXXUA TITRATION PACK TABLET EXTENDED RELEASE 24 HOUR 18.2MG	\$0 - \$12.65 (Tier 5)	QL (64 EA per 365 days) PA MO
EXXUA TABLET EXTENDED RELEASE 24 HOUR 18.2MG	\$0 - \$12.65 (Tier 5)	QL (30 EA per 30 days) PA
EXXUA TABLET EXTENDED RELEASE 24 HOUR 36.3MG, 54.5MG, 72.6MG	\$0 - \$12.65 (Tier 5)	QL (30 EA per 30 days) PA MO
FETZIMA TITRATION PACK CAPSULE ER 24 HOUR THERAPY PACK 20MG; 40MG	\$0 - \$12.65 (Tier 4)	PA; HRM
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 120MG, 80MG	\$0 - \$12.65 (Tier 4)	QL (30 EA per 30 days) PA MO; HRM
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 20MG, 40MG	\$0 - \$12.65 (Tier 4)	QL (60 EA per 30 days) PA MO; HRM
<i>fluoxetine dr capsule delayed release 90mg</i>	\$0 - \$12.65 (Tier 4)	QL (4 EA per 28 days) MO; HRM
<i>fluoxetine hydrochloride capsule 20mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO; HRM



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: 711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. **For more information**, visit **[AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)**

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>fluoxetine hydrochloride capsule 10mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO; HRM
<i>fluoxetine hydrochloride capsule 40mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO; HRM
<i>fluoxetine hydrochloride solution 20mg/5ml</i>	\$0 (Tier 2)	MO; HRM
<i>fluoxetine hydrochloride (generic Prozac) tablet 10mg, 20mg, 60mg</i>	\$0 (Tier 2)	MO; HRM
<i>imipramine hcl tablet 25mg, 50mg</i>	\$0 (Tier 2)	PA MO; HRM
<i>imipramine hydrochloride tablet 10mg</i>	\$0 (Tier 2)	PA MO; HRM
MARPLAN TABLET 10MG	\$0 - \$12.65 (Tier 4)	QL (180 EA per 30 days) MO
<i>mirtazapine odt tablet disintegrating 15mg, 30mg, 45mg</i>	\$0 (Tier 2)	QL (30 EA per 30 days) MO
<i>mirtazapine tablet 15mg, 30mg, 45mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>mirtazapine tablet 7.5mg</i>	\$0 (Tier 2)	QL (30 EA per 30 days) MO
<i>nefazodone hydrochloride tablet 100mg, 150mg, 200mg, 250mg, 50mg</i>	\$0 - \$12.65 (Tier 4)	MO
<i>nortriptyline hcl capsule 25mg, 75mg</i>	\$0 - \$12.65 (Tier 3)	MO; HRM
<i>nortriptyline hcl solution 10mg/5ml</i>	\$0 - \$12.65 (Tier 3)	MO; HRM
<i>nortriptyline hydrochloride capsule 10mg, 50mg</i>	\$0 - \$12.65 (Tier 3)	MO; HRM
<i>paroxetine hcl er tablet extended release 24 hour 37.5mg</i>	\$0 - \$12.65 (Tier 4)	QL (60 EA per 30 days) PA MO; HRM
<i>paroxetine hcl er tablet extended release 24 hour 12.5mg, 25mg</i>	\$0 - \$12.65 (Tier 4)	QL (90 EA per 30 days) PA MO; HRM
<i>paroxetine hcl tablet 40mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) PA MO; HRM

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: **711**), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. **For more information**, visit **[AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)**



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>paroxetine hcl tablet 30mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO; HRM
<i>paroxetine hydrochloride suspension 10mg/5ml</i>	\$0 - \$12.65 (Tier 4)	QL (900 ML per 30 days) PA MO; HRM
<i>paroxetine hydrochloride tablet 10mg, 20mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) PA MO; HRM
<i>perphenazine/amitriptyline tablet 10mg; 2mg, 10mg; 4mg, 25mg; 2mg, 25mg; 4mg, 50mg; 4mg</i>	\$0 - \$12.65 (Tier 4)	PA MO; HRM
<i>phenelzine sulfate tablet 15mg</i>	\$0 - \$12.65 (Tier 3)	MO
<i>protriptyline hcl tablet 10mg, 5mg</i>	\$0 - \$12.65 (Tier 4)	PA MO; HRM
RALDESY SOLUTION 10MG/ML	\$0 - \$12.65 (Tier 5)	QL (1800 ML per 30 days) PA MO
<i>sertraline hcl concentrate 20mg/ml</i>	\$0 - \$12.65 (Tier 4)	QL (300 ML per 30 days) MO; HRM
<i>sertraline hcl tablet 50mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO; HRM
<i>sertraline hydrochloride tablet 25mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO; HRM
<i>sertraline hydrochloride tablet 100mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO; HRM
<i>tranlycypromine sulfate tablet 10mg</i>	\$0 - \$12.65 (Tier 4)	MO
<i>trazodone hydrochloride tablet 100mg, 150mg, 50mg</i>	\$0 (Tier 1)	MO
<i>trazodone hydrochloride tablet 300mg</i>	\$0 - \$12.65 (Tier 4)	MO



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: **711**), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. **For more information**, visit **[AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)**

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>trimipramine maleate capsule 50mg</i>	\$0 - \$12.65 (Tier 4)	QL (120 EA per 30 days) PA MO; HRM
<i>trimipramine maleate capsule 25mg</i>	\$0 - \$12.65 (Tier 4)	QL (240 EA per 30 days) PA MO; HRM
<i>trimipramine maleate capsule 100mg</i>	\$0 - \$12.65 (Tier 4)	QL (60 EA per 30 days) PA MO; HRM
TRINTELLIX TABLET 10MG, 20MG, 5MG	\$0 - \$12.65 (Tier 4)	QL (30 EA per 30 days) PA MO
VENLAFAXINE BESYLATE ER TABLET EXTENDED RELEASE 24 HOUR 112.5MG	\$0 - \$12.65 (Tier 4)	QL (60 EA per 30 days) MO; HRM
<i>venlafaxine hydrochloride er capsule extended release 24 hour 37.5mg, 75mg</i>	\$0 (Tier 2)	QL (30 EA per 30 days) MO; HRM
<i>venlafaxine hydrochloride er capsule extended release 24 hour 150mg</i>	\$0 (Tier 2)	QL (60 EA per 30 days) MO; HRM
<i>venlafaxine hydrochloride tablet 100mg, 25mg, 37.5mg, 50mg, 75mg</i>	\$0 (Tier 2)	MO; HRM
<i>vilazodone hydrochloride tablet 10mg, 20mg, 40mg</i>	\$0 - \$12.65 (Tier 4)	QL (30 EA per 30 days) MO
ZURZUVAE CAPSULE 30MG	\$0 - \$12.65 (Tier 5)	QL (14 EA per 14 days) PA; ACS LD
ZURZUVAE CAPSULE 20MG, 25MG	\$0 - \$12.65 (Tier 5)	QL (28 EA per 14 days) PA; ACS LD
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl capsule 100mg</i>	\$0 (Tier 2)	QL (120 EA per 30 days) MO
<i>amantadine hcl solution 50mg/5ml</i>	\$0 (Tier 2)	MO
<i>amantadine hcl tablet 100mg</i>	\$0 (Tier 2)	MO
<i>amantadine hydrochloride tablet 100mg</i>	\$0 (Tier 2)	MO
<i>benztropine mesylate injection 1mg/ml</i>	\$0 (Tier 2)	MO

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: **711**), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>benztropine mesylate tablet 0.5mg, 1mg, 2mg</i>	\$0 (Tier 2)	PA MO; HRM
<i>bromocriptine mesylate capsule 5mg</i>	\$0 - \$12.65 (Tier 4)	MO
<i>bromocriptine mesylate tablet 2.5mg</i>	\$0 - \$12.65 (Tier 4)	MO
<i>carbidopa/levodopa er tablet extended release 25mg; 100mg, 50mg; 200mg</i>	\$0 (Tier 2)	MO
<i>carbidopa/levodopa odt tablet disintegrating 10mg; 100mg, 25mg; 100mg, 25mg; 250mg</i>	\$0 (Tier 2)	MO
CARBIDOPA/LEVODOPA/ENTACAPONE TABLET 12.5MG; 200MG; 50MG, 18.75MG; 200MG; 75MG, 25MG; 200MG; 100MG, 31.25MG; 200MG; 125MG, 37.5MG; 200MG; 150MG, 50MG; 200MG; 200MG	\$0 - \$12.65 (Tier 4)	MO
<i>carbidopa/levodopa tablet 10mg; 100mg, 25mg; 100mg, 25mg; 250mg</i>	\$0 (Tier 1)	MO
<i>carbidopa tablet 25mg</i>	\$0 - \$12.65 (Tier 4)	MO
<i>entacapone tablet 200mg</i>	\$0 - \$12.65 (Tier 4)	MO
INBRIJA CAPSULE 42MG	\$0 - \$12.65 (Tier 5)	QL (300 EA per 30 days) PA; LD
<i>pramipexole dihydrochloride tablet 0.125mg, 0.25mg, 0.5mg, 0.75mg, 1.5mg, 1mg</i>	\$0 (Tier 2)	MO
<i>rasagiline mesylate tablet 0.5mg, 1mg</i>	\$0 - \$12.65 (Tier 3)	MO
<i>ropinirole er tablet extended release 24 hour 6mg</i>	\$0 - \$12.65 (Tier 4)	QL (120 EA per 30 days) MO



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: **711**), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>ropinirole er tablet extended release 24 hour 4mg</i>	\$0 - \$12.65 (Tier 4)	QL (150 EA per 30 days) MO
<i>ropinirole er tablet extended release 24 hour 2mg</i>	\$0 - \$12.65 (Tier 4)	QL (30 EA per 30 days) MO
<i>ropinirole er tablet extended release 24 hour 12mg</i>	\$0 - \$12.65 (Tier 4)	QL (60 EA per 30 days) MO
<i>ropinirole er tablet extended release 24 hour 8mg</i>	\$0 - \$12.65 (Tier 4)	QL (90 EA per 30 days) MO
<i>ropinirole hcl tablet 0.5mg, 1mg, 2mg, 4mg, 5mg</i>	\$0 (Tier 2)	MO
<i>ropinirole hydrochloride tablet 0.25mg, 3mg</i>	\$0 (Tier 2)	MO
<i>selegiline hcl capsule 5mg</i>	\$0 - \$12.65 (Tier 4)	MO
<i>selegiline hcl tablet 5mg</i>	\$0 - \$12.65 (Tier 4)	MO
<i>trihexyphenidyl hydrochloride solution 0.4mg/ml</i>	\$0 - \$12.65 (Tier 4)	MO; HRM
<i>trihexyphenidyl hydrochloride tablet 2mg, 5mg</i>	\$0 (Tier 2)	MO; HRM
ANTIPSYCHOTICS		
ABILIFY ASIMTUFII INJECTION 720MG/2.4ML	\$0 - \$12.65 (Tier 5)	QL (2.4 ML per 56 days) MO
ABILIFY ASIMTUFII INJECTION 960MG/3.2ML	\$0 - \$12.65 (Tier 5)	QL (3.2 ML per 56 days) MO
ABILIFY MAINTENA INJECTION 300MG, 400MG	\$0 - \$12.65 (Tier 5)	QL (1 EA per 28 days) MO; HRM

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: **711**), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>aripiprazole odt tablet disintegrating 10mg, 15mg</i>	\$0 - \$12.65 (Tier 4)	QL (60 EA per 30 days) MO; HRM
<i>aripiprazole solution 1mg/ml</i>	\$0 - \$12.65 (Tier 4)	QL (900 ML per 30 days) MO; HRM
<i>aripiprazole tablet 10mg, 15mg, 20mg, 2mg, 30mg, 5mg</i>	\$0 - \$12.65 (Tier 4)	QL (30 EA per 30 days) MO; HRM
ARISTADA INITIO INJECTION 675MG/2.4ML	\$0 - \$12.65 (Tier 5)	HRM
ARISTADA INJECTION 441MG/1.6ML	\$0 - \$12.65 (Tier 5)	QL (1.6 ML per 28 days); HRM
ARISTADA INJECTION 662MG/2.4ML	\$0 - \$12.65 (Tier 5)	QL (2.4 ML per 28 days); HRM
ARISTADA INJECTION 882MG/3.2ML	\$0 - \$12.65 (Tier 5)	QL (3.2 ML per 28 days); HRM
ARISTADA INJECTION 1064MG/3.9ML	\$0 - \$12.65 (Tier 5)	QL (3.9 ML per 56 days); HRM
<i>asenapine maleate sl tablet sublingual 10mg, 2.5mg, 5mg</i>	\$0 - \$12.65 (Tier 4)	QL (60 EA per 30 days) MO; HRM
BYSANTI TITRATION PACK A TABLET THERAPY PACK 1MG; 2MG; 4MG; 6MG	\$0 - \$12.65 (Tier 4)	QL (16 EA per 365 days) PA
BYSANTI TITRATION PACK B TABLET THERAPY PACK 1MG; 2MG; 6MG; 8MG	\$0 - \$12.65 (Tier 4)	QL (24 EA per 365 days) PA
BYSANTI TITRATION PACK C TABLET THERAPY PACK 1MG; 2MG; 6MG	\$0 - \$12.65 (Tier 4)	QL (16 EA per 365 days) PA



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: 711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. **For more information**, visit **[AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)**

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
BYSANTI TABLET 10MG, 12MG, 1MG, 2MG, 4MG, 6MG, 8MG	\$0 - \$12.65 (Tier 5)	QL (60 EA per 30 days) PA
CAPLYTA CAPSULE 10.5MG, 21MG, 42MG	\$0 - \$12.65 (Tier 5)	QL (30 EA per 30 days) MO; HRM
<i>chlorpromazine hcl injection 50mg/2ml</i>	\$0 - \$12.65 (Tier 4)	HRM
<i>chlorpromazine hcl injection 25mg/ml</i>	\$0 - \$12.65 (Tier 4)	MO; HRM
<i>chlorpromazine hcl tablet 100mg, 10mg, 200mg, 25mg, 50mg</i>	\$0 - \$12.65 (Tier 4)	MO; HRM
<i>chlorpromazine hydrochloride concentrate 100mg/ml, 30mg/ml</i>	\$0 - \$12.65 (Tier 4)	MO; HRM
<i>chlorpromazine hydrochloride tablet 100mg, 10mg, 200mg, 25mg, 50mg</i>	\$0 - \$12.65 (Tier 4)	MO; HRM
<i>clozapine odt tablet disintegrating 12.5mg, 25mg</i>	\$0 - \$12.65 (Tier 4)	PA; HRM
<i>clozapine odt tablet disintegrating 200mg</i>	\$0 - \$12.65 (Tier 4)	QL (120 EA per 30 days) PA; HRM
<i>clozapine odt tablet disintegrating 150mg</i>	\$0 - \$12.65 (Tier 4)	QL (180 EA per 30 days) PA; HRM
<i>clozapine odt tablet disintegrating 100mg</i>	\$0 - \$12.65 (Tier 4)	QL (270 EA per 30 days) PA; HRM
<i>clozapine tablet 25mg, 50mg</i>	\$0 - \$12.65 (Tier 3)	HRM

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: **711**), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>clozapine tablet 200mg</i>	\$0 - \$12.65 (Tier 3)	QL (120 EA per 30 days); HRM
<i>clozapine tablet 100mg</i>	\$0 - \$12.65 (Tier 3)	QL (270 EA per 30 days); HRM
COBENFY STARTER PACK CAPSULE THERAPY PACK 50MG; 20MG & 100MG; 20MG	\$0 - \$12.65 (Tier 5)	QL (112 EA per 365 days) MO
COBENFY CAPSULE 20MG; 100MG, 20MG; 50MG, 30MG; 125MG	\$0 - \$12.65 (Tier 5)	QL (60 EA per 30 days) MO
ERZOFRI INJECTION 39MG/0.25ML	\$0 - \$12.65 (Tier 4)	QL (0.25 ML per 28 days) MO
ERZOFRI INJECTION 78MG/0.5ML	\$0 - \$12.65 (Tier 5)	QL (0.5 ML per 28 days) MO
ERZOFRI INJECTION 117MG/0.75ML	\$0 - \$12.65 (Tier 5)	QL (0.75 ML per 28 days) MO
ERZOFRI INJECTION 156MG/ML	\$0 - \$12.65 (Tier 5)	QL (1 ML per 28 days) MO
ERZOFRI INJECTION 234MG/1.5ML	\$0 - \$12.65 (Tier 5)	QL (1.5 ML per 28 days) MO
ERZOFRI INJECTION 351MG/2.25ML	\$0 - \$12.65 (Tier 5)	QL (4.5 ML per 365 days)
FANAPT TITRATION PACK A TABLET 1MG; 2MG; 4MG; 6MG	\$0 - \$12.65 (Tier 4)	PA; HRM
FANAPT TITRATION PACK B TABLET 1MG; 2MG; 6MG; 8MG	\$0 - \$12.65 (Tier 4)	PA



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: **711**), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. **For more information**, visit **[AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)**

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
FANAPT TITRATION PACK C TABLET 1MG; 3MG; 6MG	\$0 - \$12.65 (Tier 4)	PA
FANAPT TABLET 10MG, 12MG, 1MG, 2MG, 4MG, 6MG, 8MG	\$0 - \$12.65 (Tier 5)	QL (60 EA per 30 days) PA MO; HRM
<i>fluphenazine decanoate injection 25mg/ml</i>	\$0 - \$12.65 (Tier 4)	MO; HRM
<i>fluphenazine hcl concentrate 5mg/ml</i>	\$0 (Tier 2)	MO; HRM
<i>fluphenazine hydrochloride elixir 2.5mg/5ml</i>	\$0 (Tier 2)	MO; HRM
<i>fluphenazine hydrochloride injection 2.5mg/ml</i>	\$0 - \$12.65 (Tier 4)	MO; HRM
<i>fluphenazine hydrochloride tablet 10mg, 1mg, 2.5mg, 5mg</i>	\$0 (Tier 2)	MO; HRM
<i>haloperidol decanoate injection 100mg/ml, 50mg/ml</i>	\$0 - \$12.65 (Tier 4)	MO; HRM
<i>haloperidol lactate injection 5mg/ml</i>	\$0 - \$12.65 (Tier 4)	MO; HRM
<i>haloperidol concentrate 2mg/ml</i>	\$0 - \$12.65 (Tier 3)	MO; HRM
<i>haloperidol tablet 0.5mg, 10mg, 1mg, 20mg, 2mg, 5mg</i>	\$0 (Tier 2)	MO; HRM
INVEGA HAFYERA INJECTION 1092MG/3.5ML	\$0 - \$12.65 (Tier 5)	QL (3.5 ML per 180 days); HRM
INVEGA HAFYERA INJECTION 1560MG/5ML	\$0 - \$12.65 (Tier 5)	QL (5 ML per 180 days); HRM
INVEGA SUSTENNA INJECTION 39MG/0.25ML	\$0 - \$12.65 (Tier 4)	QL (0.25 ML per 28 days) MO; HRM

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: **711**), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
INVEGA SUSTENNA INJECTION 78MG/0.5ML	\$0 - \$12.65 (Tier 5)	QL (0.5 ML per 28 days) MO; HRM
INVEGA SUSTENNA INJECTION 117MG/0.75ML	\$0 - \$12.65 (Tier 5)	QL (0.75 ML per 28 days) MO; HRM
INVEGA SUSTENNA INJECTION 156MG/ML	\$0 - \$12.65 (Tier 5)	QL (1 ML per 28 days) MO; HRM
INVEGA SUSTENNA INJECTION 234MG/1.5ML	\$0 - \$12.65 (Tier 5)	QL (1.5 ML per 28 days) MO; HRM
INVEGA TRINZA INJECTION 273MG/0.88ML	\$0 - \$12.65 (Tier 5)	QL (0.88 ML per 90 days); HRM
INVEGA TRINZA INJECTION 410MG/1.32ML	\$0 - \$12.65 (Tier 5)	QL (1.32 ML per 90 days); HRM
INVEGA TRINZA INJECTION 546MG/1.75ML	\$0 - \$12.65 (Tier 5)	QL (1.75 ML per 90 days); HRM
INVEGA TRINZA INJECTION 819MG/2.63ML	\$0 - \$12.65 (Tier 5)	QL (2.63 ML per 90 days); HRM
<i>loxapine capsule 10mg, 25mg, 50mg, 5mg</i>	\$0 (Tier 2)	MO; HRM
<i>lurasidone hydrochloride tablet 120mg, 20mg, 40mg, 60mg</i>	\$0 - \$12.65 (Tier 4)	QL (30 EA per 30 days) MO; HRM
<i>lurasidone hydrochloride tablet 80mg</i>	\$0 - \$12.65 (Tier 4)	QL (60 EA per 30 days) MO; HRM
LYBALVI TABLET 10MG; 10MG, 5MG; 10MG	\$0 - \$12.65 (Tier 5)	QL (30 EA per 30 days) MO
LYBALVI TABLET 15MG; 10MG, 20MG; 10MG	\$0 - \$12.65 (Tier 5)	QL (30 EA per 30 days) MO; HRM



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: 711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. **For more information**, visit **[AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)**

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>molindone hydrochloride tablet 10mg, 5mg</i>	\$0 - \$12.65 (Tier 3)	HRM
<i>molindone hydrochloride tablet 25mg</i>	\$0 - \$12.65 (Tier 4)	HRM
NUPLAZID CAPSULE 34MG	\$0 - \$12.65 (Tier 5)	QL (30 EA per 30 days) PA; ACS HRM LD
NUPLAZID TABLET 10MG	\$0 - \$12.65 (Tier 5)	QL (30 EA per 30 days) PA; ACS HRM LD
<i>olanzapine odt tablet disintegrating 10mg, 15mg, 20mg, 5mg</i>	\$0 - \$12.65 (Tier 4)	QL (30 EA per 30 days) MO; HRM
<i>olanzapine injection 10mg</i>	\$0 - \$12.65 (Tier 4)	QL (3 EA per 1 days) MO; HRM
<i>olanzapine tablet 10mg, 15mg, 20mg, 7.5mg</i>	\$0 - \$12.65 (Tier 3)	QL (30 EA per 30 days) MO; HRM
<i>olanzapine tablet 2.5mg, 5mg</i>	\$0 - \$12.65 (Tier 3)	QL (60 EA per 30 days) MO; HRM
OPIPZA FILM 2MG, 5MG	\$0 - \$12.65 (Tier 5)	QL (30 EA per 30 days) PA MO
OPIPZA FILM 10MG	\$0 - \$12.65 (Tier 5)	QL (90 EA per 30 days) PA MO
<i>paliperidone er tablet extended release 24 hour 1.5mg, 3mg, 9mg</i>	\$0 - \$12.65 (Tier 4)	QL (30 EA per 30 days) MO; HRM
<i>paliperidone er tablet extended release 24 hour 6mg</i>	\$0 - \$12.65 (Tier 4)	QL (60 EA per 30 days) MO; HRM

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: **711**), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. **For more information**, visit **[AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)**



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>perphenazine tablet 16mg, 2mg, 4mg, 8mg</i>	\$0 - \$12.65 (Tier 4)	MO; HRM
<i>pimozide tablet 1mg, 2mg</i>	\$0 - \$12.65 (Tier 4)	MO
<i>quetiapine fumarate er tablet extended release 24 hour 150mg, 200mg</i>	\$0 - \$12.65 (Tier 3)	QL (30 EA per 30 days) PA MO; HRM
<i>quetiapine fumarate er tablet extended release 24 hour 300mg, 400mg, 50mg</i>	\$0 - \$12.65 (Tier 3)	QL (60 EA per 30 days) PA MO; HRM
<i>quetiapine fumarate tablet 200mg</i>	\$0 (Tier 2)	QL (120 EA per 30 days) MO; HRM
<i>quetiapine fumarate tablet 25mg</i>	\$0 (Tier 2)	QL (180 EA per 30 days) MO; HRM
<i>quetiapine fumarate tablet 300mg, 400mg</i>	\$0 (Tier 2)	QL (60 EA per 30 days) MO; HRM
<i>quetiapine fumarate tablet 100mg, 150mg, 50mg</i>	\$0 (Tier 2)	QL (90 EA per 30 days) MO; HRM
REXULTI TABLET 3MG, 4MG	\$0 - \$12.65 (Tier 5)	QL (30 EA per 30 days) MO; HRM
REXULTI TABLET 0.25MG, 0.5MG, 1MG, 2MG	\$0 - \$12.65 (Tier 5)	QL (60 EA per 30 days) MO; HRM
<i>risperidone er injection 25mg</i>	\$0 - \$12.65 (Tier 4)	QL (2 EA per 28 days) MO
<i>risperidone er injection 12.5mg</i>	\$0 - \$12.65 (Tier 4)	QL (2 EA per 28 days) MO; HRM
<i>risperidone er injection 37.5mg, 50mg</i>	\$0 - \$12.65 (Tier 5)	QL (2 EA per 28 days) MO
<i>risperidone odt tablet disintegrating 0.5mg</i>	\$0 (Tier 2)	QL (90 EA per 30 days) MO; HRM



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: **711**), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. **For more information**, visit **[AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)**

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>risperidone odt tablet disintegrating 4mg</i>	\$0 - \$12.65 (Tier 4)	QL (120 EA per 30 days) MO; HRM
<i>risperidone odt tablet disintegrating 1mg, 2mg, 3mg</i>	\$0 - \$12.65 (Tier 4)	QL (60 EA per 30 days) MO; HRM
<i>risperidone odt tablet disintegrating 0.25mg</i>	\$0 - \$12.65 (Tier 4)	QL (90 EA per 30 days) MO; HRM
<i>risperidone solution 1mg/ml</i>	\$0 (Tier 2)	QL (480 ML per 30 days) MO; HRM
<i>risperidone tablet 4mg</i>	\$0 (Tier 2)	QL (120 EA per 30 days) MO; HRM
<i>risperidone tablet 1mg, 2mg</i>	\$0 (Tier 2)	QL (60 EA per 30 days) MO; HRM
<i>risperidone tablet 0.25mg, 0.5mg, 3mg</i>	\$0 (Tier 2)	QL (90 EA per 30 days) MO; HRM
SECUADO PATCH 24 HOUR 3.8MG/24HR, 5.7MG/24HR, 7.6MG/24HR	\$0 - \$12.65 (Tier 5)	QL (30 EA per 30 days) MO; HRM
<i>thioridazine hydrochloride tablet 100mg, 10mg, 25mg, 50mg</i>	\$0 - \$12.65 (Tier 3)	PA MO; HRM
<i>thiothixene capsule 10mg, 1mg, 2mg, 5mg</i>	\$0 - \$12.65 (Tier 4)	MO; HRM
<i>trifluoperazine hcl tablet 2mg, 5mg</i>	\$0 - \$12.65 (Tier 3)	MO; HRM
<i>trifluoperazine hcl tablet 10mg</i>	\$0 - \$12.65 (Tier 4)	MO; HRM
<i>trifluoperazine hydrochloride tablet 1mg</i>	\$0 - \$12.65 (Tier 3)	MO; HRM

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: **711**), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. **For more information**, visit **[AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)**



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
VERSACLOZ SUSPENSION 50MG/ML	\$0 - \$12.65 (Tier 5)	QL (600 ML per 30 days) PA; HRM
VRAYLAR CAPSULE 0.5MG, 0.75MG	\$0 - \$12.65 (Tier 5)	QL (30 EA per 30 days) MO
VRAYLAR CAPSULE 3MG, 4.5MG, 6MG	\$0 - \$12.65 (Tier 5)	QL (30 EA per 30 days) MO; HRM
VRAYLAR CAPSULE 1.5MG	\$0 - \$12.65 (Tier 5)	QL (60 EA per 30 days) MO; HRM
<i>ziprasidone hcl capsule 20mg, 40mg, 60mg, 80mg</i>	\$0 - \$12.65 (Tier 3)	QL (60 EA per 30 days) MO; HRM
<i>ziprasidone mesylate injection 20mg</i>	\$0 - \$12.65 (Tier 4)	QL (6 EA per 3 days) MO; HRM
ZYPREXA RELPREVV INJECTION 210MG	\$0 - \$12.65 (Tier 4)	QL (2 EA per 28 days) PA; ACS
ZYPREXA RELPREVV INJECTION 405MG	\$0 - \$12.65 (Tier 5)	QL (1 EA per 28 days) PA; ACS
ZYPREXA RELPREVV INJECTION 300MG	\$0 - \$12.65 (Tier 5)	QL (2 EA per 28 days) PA; ACS
ANTISEIZURE AGENTS		
APTOM TABLET 200MG, 400MG	\$0 - \$12.65 (Tier 5)	QL (30 EA per 30 days) MO
APTOM TABLET 600MG, 800MG	\$0 - \$12.65 (Tier 5)	QL (60 EA per 30 days) MO
<i>brivaracetam injection 50mg/5ml</i>	\$0 - \$12.65 (Tier 4)	QL (600 ML per 30 days)



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: 711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>brivaracetam oral solution 10mg/ml</i>	\$0 - \$12.65 (Tier 4)	QL (600 ML per 30 days) MO
<i>brivaracetam tablet 100mg, 10mg, 25mg, 50mg, 75mg</i>	\$0 - \$12.65 (Tier 4)	QL (60 EA per 30 days) MO
BRIVIACT INJECTION 50MG/5ML	\$0 - \$12.65 (Tier 5)	QL (600 ML per 30 days) PA
BRIVIACT ORAL SOLUTION 10MG/ML	\$0 - \$12.65 (Tier 5)	QL (600 ML per 30 days) PA MO
BRIVIACT TABLET 100MG, 10MG, 25MG, 50MG, 75MG	\$0 - \$12.65 (Tier 5)	QL (60 EA per 30 days) PA MO
<i>carbamazepine er capsule extended release 12 hour 100mg, 200mg, 300mg</i>	\$0 - \$12.65 (Tier 4)	MO; HRM
<i>carbamazepine er tablet extended release 12 hour 100mg</i>	\$0 (Tier 2)	MO; HRM
<i>carbamazepine er tablet extended release 12 hour 200mg, 400mg</i>	\$0 - \$12.65 (Tier 4)	MO; HRM
<i>carbamazepine suspension 100mg/5ml</i>	\$0 - \$12.65 (Tier 4)	MO; HRM
<i>carbamazepine tablet chewable 200mg</i>	\$0 (Tier 2)	MO
<i>carbamazepine tablet chewable 100mg</i>	\$0 (Tier 2)	MO; HRM
<i>carbamazepine tablet 200mg</i>	\$0 (Tier 2)	MO; HRM
<i>clobazam suspension 2.5mg/ml</i>	\$0 - \$12.65 (Tier 4)	QL (480 ML per 30 days) PA MO; HRM
<i>clobazam tablet 10mg, 20mg</i>	\$0 - \$12.65 (Tier 4)	QL (60 EA per 30 days) PA MO; HRM

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: **711**), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>clonazepam odt tablet disintegrating 2mg</i>	\$0 - \$12.65 (Tier 4)	QL (300 EA per 30 days) MO
<i>clonazepam odt tablet disintegrating 0.125mg, 0.25mg, 0.5mg, 1mg</i>	\$0 - \$12.65 (Tier 4)	QL (90 EA per 30 days) MO
<i>clonazepam tablet 2mg</i>	\$0 (Tier 2)	QL (300 EA per 30 days) MO
<i>clonazepam tablet 0.5mg, 1mg</i>	\$0 (Tier 2)	QL (90 EA per 30 days) MO
<i>clorazepate dipotassium tablet 15mg</i>	\$0 - \$12.65 (Tier 4)	QL (180 EA per 30 days) PA MO; HRM
<i>clorazepate dipotassium tablet 3.75mg, 7.5mg</i>	\$0 - \$12.65 (Tier 4)	QL (90 EA per 30 days) PA MO; HRM
DIACOMIT CAPSULE 500MG	\$0 - \$12.65 (Tier 5)	QL (180 EA per 30 days) PA; LD
DIACOMIT CAPSULE 250MG	\$0 - \$12.65 (Tier 5)	QL (360 EA per 30 days) PA; LD
DIACOMIT PACKET 500MG	\$0 - \$12.65 (Tier 5)	QL (180 EA per 30 days) PA; LD
DIACOMIT PACKET 250MG	\$0 - \$12.65 (Tier 5)	QL (360 EA per 30 days) PA; LD
<i>diazepam intensol concentrate 5mg/ml</i>	\$0 (Tier 2)	QL (240 ML per 30 days) PA MO; HRM
<i>diazepam concentrate 5mg/ml</i>	\$0 (Tier 2)	QL (240 ML per 30 days) PA MO; HRM
DIAZEPAM GEL 10MG, 2.5MG, 20MG	\$0 - \$12.65 (Tier 4)	QL (5 EA per 30 days) MO; HRM
<i>diazepam injection 5mg/ml</i>	\$0 - \$12.65 (Tier 4)	QL (240 ML per 30 days) PA MO; HRM



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: 711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>diazepam oral solution 5mg/5ml</i>	\$0 - \$12.65 (Tier 4)	QL (1200 ML per 30 days) PA MO; HRM
<i>diazepam tablet 10mg, 2mg, 5mg</i>	\$0 - \$12.65 (Tier 3)	QL (120 EA per 30 days) PA MO; HRM
DILANTIN INFATABS TABLET CHEWABLE 50MG	\$0 - \$12.65 (Tier 4)	MO
DILANTIN-125 SUSPENSION 125MG/5ML	\$0 - \$12.65 (Tier 4)	MO
DILANTIN CAPSULE 100MG, 30MG	\$0 - \$12.65 (Tier 4)	MO
<i>divalproex sodium dr capsule delayed release sprinkle 125mg</i>	\$0 (Tier 2)	MO
<i>divalproex sodium dr tablet delayed release 125mg, 250mg, 500mg</i>	\$0 (Tier 2)	MO
<i>divalproex sodium er tablet extended release 24 hour 250mg, 500mg</i>	\$0 (Tier 2)	MO
EPIDIOLEX SOLUTION 100MG/ML	\$0 - \$12.65 (Tier 5)	QL (600 ML per 30 days) PA; ACS LD
EPRONTIA SOLUTION 25MG/ML	\$0 - \$12.65 (Tier 4)	QL (480 ML per 30 days) PA MO
<i>eslicarbazepine acetate tablet 200mg, 400mg</i>	\$0 - \$12.65 (Tier 4)	QL (30 EA per 30 days) MO
<i>eslicarbazepine acetate tablet 600mg, 800mg</i>	\$0 - \$12.65 (Tier 4)	QL (60 EA per 30 days) MO
<i>ethosuximide capsule 250mg</i>	\$0 (Tier 2)	MO
<i>ethosuximide solution 250mg/5ml</i>	\$0 - \$12.65 (Tier 4)	MO

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: **711**), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>felbamate suspension 600mg/5ml</i>	\$0 - \$12.65 (Tier 4)	MO
<i>felbamate tablet 400mg, 600mg</i>	\$0 - \$12.65 (Tier 4)	MO
FINTEPLA SOLUTION 2.2MG/ML	\$0 - \$12.65 (Tier 5)	QL (360 ML per 30 days) PA; LD
<i>fosphenytoin sodium injection 100mg pe/2ml</i>	\$0 - \$12.65 (Tier 4)	
<i>fosphenytoin sodium injection 500mg pe/10ml</i>	\$0 - \$12.65 (Tier 4)	MO
FYCOMPA SUSPENSION 0.5MG/ML	\$0 - \$12.65 (Tier 5)	QL (680 ML per 28 days) PA MO
<i>gabapentin (generic Neurontin) capsule 100mg</i>	\$0 - \$12.65 (Tier 3)	QL (180 EA per 30 days) MO
<i>gabapentin (generic Neurontin) capsule 400mg</i>	\$0 - \$12.65 (Tier 3)	QL (270 EA per 30 days) MO
<i>gabapentin (generic Neurontin) capsule 300mg</i>	\$0 - \$12.65 (Tier 3)	QL (360 EA per 30 days) MO
<i>gabapentin (generic Neurontin) solution 250mg/5ml</i>	\$0 - \$12.65 (Tier 3)	QL (2160 ML per 30 days) MO
<i>gabapentin (generic Neurontin) tablet 600mg</i>	\$0 - \$12.65 (Tier 3)	QL (180 EA per 30 days) MO
<i>gabapentin (generic Neurontin) tablet 800mg</i>	\$0 - \$12.65 (Tier 3)	QL (90 EA per 30 days) MO



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: **711**), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>lacosamide injection 200mg/20ml</i>	\$0 - \$12.65 (Tier 5)	
<i>lacosamide oral solution 10mg/ml</i>	\$0 - \$12.65 (Tier 4)	QL (1200 ML per 30 days) MO
<i>lacosamide tablet 50mg</i>	\$0 - \$12.65 (Tier 4)	QL (120 EA per 30 days) MO
<i>lacosamide tablet 100mg, 150mg, 200mg</i>	\$0 - \$12.65 (Tier 4)	QL (60 EA per 30 days) MO
<i>lamotrigine er tablet extended release 24 hour 100mg, 200mg, 250mg, 25mg, 300mg, 50mg</i>	\$0 - \$12.65 (Tier 4)	MO
<i>lamotrigine odt tablet disintegrating 100mg, 200mg, 25mg, 50mg</i>	\$0 - \$12.65 (Tier 4)	MO
<i>lamotrigine starter kit/blue kit 25mg</i>	\$0 (Tier 2)	
<i>lamotrigine starter kit/green kit 100mg; 25mg</i>	\$0 - \$12.65 (Tier 5)	
<i>lamotrigine starter kit/orange kit 100mg; 25mg</i>	\$0 (Tier 2)	
<i>lamotrigine tablet chewable 25mg, 5mg</i>	\$0 (Tier 2)	MO
<i>lamotrigine tablet 100mg, 150mg, 200mg, 25mg</i>	\$0 (Tier 2)	MO
<i>levetiracetam er tablet extended release 24 hour 500mg, 750mg</i>	\$0 (Tier 2)	MO
LEVETIRACETAM/SODIUM CHLORIDE INJECTION 500MG/100ML; 820MG/100ML	\$0 - \$12.65 (Tier 4)	
<i>levetiracetam/sodium chloride injection 1000mg/100ml; 750mg/100ml, 1500mg/100ml; 540mg/100ml, 500mg/100ml; 820mg/100ml</i>	\$0 - \$12.65 (Tier 4)	
<i>levetiracetam injection 500mg/5ml</i>	\$0 - \$12.65 (Tier 4)	

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: **711**), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaMedicare.com/MICHDSNP](https://www.AetnaMedicare.com/MICHDSNP)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>levetiracetam oral solution 100mg/ml</i>	\$0 (Tier 2)	MO
LEVETIRACETAM TABLET DISINTEGRATING SOLUBLE 500MG	\$0 - \$12.65 (Tier 4)	QL (180 EA per 30 days) MO
LEVETIRACETAM TABLET DISINTEGRATING SOLUBLE 250MG	\$0 - \$12.65 (Tier 4)	QL (360 EA per 30 days) MO
<i>levetiracetam tablet 1000mg, 250mg, 500mg, 750mg</i>	\$0 (Tier 2)	MO
LIBERVANT FILM 10MG, 12.5MG, 15MG, 5MG, 7.5MG	\$0 - \$12.65 (Tier 5)	QL (10 EA per 30 days) PA MO
<i>methsuximide capsule 300mg</i>	\$0 - \$12.65 (Tier 4)	MO
NAYZILAM SOLUTION 5MG/0.1ML	\$0 - \$12.65 (Tier 4)	QL (10 EA per 30 days) PA MO
<i>oxcarbazepine suspension 300mg/5ml</i>	\$0 - \$12.65 (Tier 4)	MO; HRM
<i>oxcarbazepine tablet 150mg, 300mg, 600mg</i>	\$0 (Tier 2)	MO; HRM
<i>perampanel suspension 0.5mg/ml</i>	\$0 - \$12.65 (Tier 5)	QL (680 ML per 28 days) PA MO
<i>perampanel tablet 2mg</i>	\$0 - \$12.65 (Tier 4)	QL (60 EA per 30 days) PA MO
<i>perampanel tablet 10mg, 12mg, 4mg, 6mg, 8mg</i>	\$0 - \$12.65 (Tier 5)	QL (30 EA per 30 days) PA MO
<i>phenobarbital sodium injection 130mg/ml, 65mg/ml</i>	\$0 - \$12.65 (Tier 4)	PA; HRM
<i>phenobarbital elixir 20mg/5ml</i>	\$0 - \$12.65 (Tier 4)	QL (1500 ML per 30 days) PA MO; HRM



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: 711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. **For more information**, visit **[AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)**

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>phenobarbital tablet 100mg, 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg</i>	\$0 - \$12.65 (Tier 4)	QL (120 EA per 30 days) PA MO; HRM
<i>phenytek capsule 200mg, 300mg</i>	\$0 (Tier 2)	MO
<i>phenytoin sodium extended capsule 100mg, 200mg, 300mg</i>	\$0 (Tier 2)	MO
<i>phenytoin sodium injection 50mg/ml</i>	\$0 - \$12.65 (Tier 4)	
<i>phenytoin suspension 125mg/5ml</i>	\$0 (Tier 2)	MO
<i>phenytoin tablet chewable 50mg</i>	\$0 (Tier 2)	MO
PREGABALIN CAPSULE 150MG, 25MG, 50MG, 75MG	\$0 - \$12.65 (Tier 3)	QL (120 EA per 30 days) PA MO
<i>pregabalin capsule 100mg</i>	\$0 - \$12.65 (Tier 3)	QL (120 EA per 30 days) PA MO
<i>pregabalin capsule 225mg, 300mg</i>	\$0 - \$12.65 (Tier 3)	QL (60 EA per 30 days) PA MO
<i>pregabalin capsule 200mg</i>	\$0 - \$12.65 (Tier 3)	QL (90 EA per 30 days) PA MO
PREGABALIN SOLUTION 20MG/ML	\$0 - \$12.65 (Tier 3)	QL (900 ML per 30 days) PA MO
<i>primidone tablet 125mg, 250mg, 50mg</i>	\$0 (Tier 2)	MO
<i>roweepra tablet 500mg</i>	\$0 (Tier 2)	
<i>rufinamide suspension 40mg/ml</i>	\$0 - \$12.65 (Tier 5)	QL (2760 ML per 30 days) PA MO
<i>rufinamide tablet 200mg</i>	\$0 - \$12.65 (Tier 4)	QL (480 EA per 30 days) PA MO

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: **711**), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit AetnaMedicare.com/MICHDSNP



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>rufinamide tablet 400mg</i>	\$0 - \$12.65 (Tier 5)	QL (240 EA per 30 days) PA MO
SPRITAM TABLET DISINTEGRATING SOLUBLE 750MG	\$0 - \$12.65 (Tier 4)	QL (120 EA per 30 days) MO
SPRITAM TABLET DISINTEGRATING SOLUBLE 500MG	\$0 - \$12.65 (Tier 4)	QL (180 EA per 30 days) MO
SPRITAM TABLET DISINTEGRATING SOLUBLE 250MG	\$0 - \$12.65 (Tier 4)	QL (360 EA per 30 days) MO
SPRITAM TABLET DISINTEGRATING SOLUBLE 1000MG	\$0 - \$12.65 (Tier 4)	QL (90 EA per 30 days) MO
<i>subvenite starter kit/blue kit 25mg</i>	\$0 (Tier 2)	
<i>subvenite starter kit/green kit 100mg; 25mg</i>	\$0 - \$12.65 (Tier 5)	
<i>subvenite starter kit/orange kit 100mg; 25mg</i>	\$0 (Tier 2)	
SUBVENITE SUSPENSION 10MG/ML	\$0 - \$12.65 (Tier 4)	PA MO
<i>subvenite tablet 100mg, 150mg, 200mg, 25mg</i>	\$0 (Tier 2)	
SYMPAZAN FILM 5MG	\$0 - \$12.65 (Tier 4)	QL (60 EA per 30 days) PA MO; HRM
SYMPAZAN FILM 10MG, 20MG	\$0 - \$12.65 (Tier 5)	QL (60 EA per 30 days) PA MO; HRM
<i>tiagabine hydrochloride tablet 12mg, 16mg, 2mg, 4mg</i>	\$0 - \$12.65 (Tier 4)	MO
<i>topiramate er capsule er 24 hour sprinkle 100mg, 150mg, 200mg, 25mg, 50mg</i>	\$0 - \$12.65 (Tier 4)	MO



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: 711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. **For more information**, visit **[AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)**

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>topiramate er capsule extended release 24 hour 100mg, 200mg, 25mg, 50mg</i>	\$0 - \$12.65 (Tier 4)	MO
<i>topiramate capsule sprinkle 15mg, 25mg, 50mg</i>	\$0 (Tier 2)	MO
<i>topiramate solution 25mg/ml</i>	\$0 - \$12.65 (Tier 4)	QL (480 ML per 30 days) PA MO
<i>topiramate tablet 100mg</i>	\$0 (Tier 2)	QL (120 EA per 30 days) MO
<i>topiramate tablet 200mg</i>	\$0 (Tier 2)	QL (60 EA per 30 days) MO
<i>topiramate tablet 25mg, 50mg</i>	\$0 (Tier 2)	QL (90 EA per 30 days) MO
<i>valproate sodium injection 100mg/ml</i>	\$0 - \$12.65 (Tier 4)	
<i>valproic acid capsule 250mg</i>	\$0 (Tier 2)	MO
<i>valproic acid solution 250mg/5ml</i>	\$0 (Tier 2)	MO
VALTOCO 10 MG DOSE LIQUID 10MG/0.1ML	\$0 - \$12.65 (Tier 4)	QL (10 EA per 30 days) PA MO
VALTOCO 15 MG DOSE LIQUID THERAPY PACK 7.5MG/0.1ML	\$0 - \$12.65 (Tier 4)	QL (10 EA per 30 days) PA MO
VALTOCO 20 MG DOSE LIQUID THERAPY PACK 10MG/0.1ML	\$0 - \$12.65 (Tier 4)	QL (10 EA per 30 days) PA MO
VALTOCO 5 MG DOSE LIQUID 5MG/0.1ML	\$0 - \$12.65 (Tier 4)	QL (10 EA per 30 days) PA MO
<i>vigabatrin packet 500mg</i>	\$0 - \$12.65 (Tier 5)	QL (180 EA per 30 days) PA; ACS
<i>vigabatrin tablet 500mg</i>	\$0 - \$12.65 (Tier 5)	QL (180 EA per 30 days) PA; ACS

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: **711**), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. **For more information**, visit **[AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)**



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>vigadrone packet 500mg</i>	\$0 - \$12.65 (Tier 5)	QL (180 EA per 30 days) PA; LD
<i>vigadrone tablet 500mg</i>	\$0 - \$12.65 (Tier 5)	QL (180 EA per 30 days) PA; LD
VIGAFYDE SOLUTION 100MG/ML	\$0 - \$12.65 (Tier 5)	QL (750 ML per 30 days) PA; LD
XCOPRI TABLET TITRATION THERAPY PACK 12.5MG; 25MG	\$0 - \$12.65 (Tier 4)	QL (28 EA per 28 days)
XCOPRI TABLET TITRATION THERAPY PACK 150MG; 200MG, 50MG; 100MG	\$0 - \$12.65 (Tier 5)	QL (28 EA per 28 days)
XCOPRI TABLET MAINTENANCE THERAPY PACK 150MG; 100MG, 200MG; 150MG	\$0 - \$12.65 (Tier 5)	QL (56 EA per 28 days) MO
XCOPRI TABLET 100MG, 25MG, 50MG	\$0 - \$12.65 (Tier 5)	QL (30 EA per 30 days) MO
XCOPRI TABLET 150MG, 200MG	\$0 - \$12.65 (Tier 5)	QL (60 EA per 30 days) MO
ZONISADE SUSPENSION 100MG/5ML	\$0 - \$12.65 (Tier 5)	QL (900 ML per 30 days) PA MO
<i>zonisamide capsule 100mg, 25mg</i>	\$0 (Tier 2)	MO
<i>zonisamide capsule 50mg</i>	\$0 (Tier 2)	MO; HRM
ZTALMY SUSPENSION 50MG/ML	\$0 - \$12.65 (Tier 5)	QL (1100 ML per 30 days) PA; LD



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: 711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 1.25mg; 1.25mg; 1.25mg; 1.25mg, 2.5mg; 2.5mg; 2.5mg; 2.5mg, 3.75mg; 3.75mg; 3.75mg; 3.75mg, 5mg; 5mg; 5mg; 5mg, 6.25mg; 6.25mg; 6.25mg; 6.25mg, 7.5mg; 7.5mg; 7.5mg; 7.5mg</i>	\$0 - \$12.65 (Tier 4)	QL (30 EA per 30 days) MO
<i>amphetamine/dextroamphetamine tablet 5mg, 7.5mg, 10mg, 12.5mg, 15mg, 30mg</i>	\$0 - \$12.65 (Tier 3)	QL (60 EA per 30 days) MO
<i>amphetamine/dextroamphetamine tablet 20mg</i>	\$0 - \$12.65 (Tier 3)	QL (90 EA per 30 days) MO
<i>atomoxetine hydrochloride capsule 10mg, 25mg</i>	\$0 - \$12.65 (Tier 4)	QL (120 EA per 30 days) MO
<i>atomoxetine capsule 10mg, 18mg, 25mg</i>	\$0 - \$12.65 (Tier 4)	QL (120 EA per 30 days) MO
<i>atomoxetine capsule 100mg, 60mg, 80mg</i>	\$0 - \$12.65 (Tier 4)	QL (30 EA per 30 days) MO
<i>atomoxetine capsule 40mg</i>	\$0 - \$12.65 (Tier 4)	QL (60 EA per 30 days) MO
<i>dexmethylphenidate hcl tablet 10mg, 5mg</i>	\$0 - \$12.65 (Tier 4)	QL (60 EA per 30 days) MO
<i>dexmethylphenidate hydrochloride er capsule extended release 24 hour 10mg, 15mg, 20mg, 25mg, 30mg, 35mg, 40mg, 5mg</i>	\$0 - \$12.65 (Tier 4)	QL (30 EA per 30 days) MO
<i>dexmethylphenidate hydrochloride tablet 2.5mg</i>	\$0 - \$12.65 (Tier 4)	QL (60 EA per 30 days) MO
<i>dextroamphetamine sulfate er capsule extended release 24 hour 10mg, 15mg, 5mg</i>	\$0 - \$12.65 (Tier 4)	QL (120 EA per 30 days) MO

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: 711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>dextroamphetamine sulfate solution 5mg/5ml</i>	\$0 - \$12.65 (Tier 4)	QL (1800 ML per 30 days) MO
<i>dextroamphetamine sulfate tablet 10mg, 5mg</i>	\$0 - \$12.65 (Tier 4)	QL (180 EA per 30 days) MO
<i>guanfacine hydrochloride er tablet extended release 24 hour 1mg, 2mg, 4mg</i>	\$0 (Tier 2)	QL (30 EA per 30 days) PA MO
<i>guanfacine hydrochloride er tablet extended release 24 hour 3mg</i>	\$0 (Tier 2)	QL (60 EA per 30 days) PA MO
<i>lisdexamfetamine dimesylate capsule 10mg, 20mg, 30mg, 40mg, 50mg, 60mg, 70mg</i>	\$0 - \$12.65 (Tier 4)	QL (30 EA per 30 days) MO
<i>lisdexamfetamine dimesylate tablet chewable 10mg, 20mg, 30mg, 40mg, 50mg, 60mg</i>	\$0 - \$12.65 (Tier 4)	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er (cd) capsule extended release (generic Metadate CD) 10mg, 20mg, 30mg, 40mg, 50mg, 60mg</i>	\$0 - \$12.65 (Tier 4)	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er (dif) tablet extended release 27mg, 36mg, 54mg</i>	\$0 - \$12.65 (Tier 4)	QL (30 EA per 30 days)
<i>methylphenidate hydrochloride er (la) capsule extended release 24 hour (generic Ritalin LA) 10mg, 20mg, 40mg, 60mg</i>	\$0 - \$12.65 (Tier 4)	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er (la) capsule extended release 24 hour (generic Ritalin LA) 30mg</i>	\$0 - \$12.65 (Tier 4)	QL (60 EA per 30 days) MO
METHYLPHENIDATE HYDROCHLORIDE ER (OSM) TABLET EXTENDED RELEASE (GENERIC RELEXXI) 45MG, 63MG	\$0 - \$12.65 (Tier 4)	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er (osm) tablet extended release (generic Concerta) 18mg, 27mg, 36mg, 54mg, (generic Relexxi) 72mg</i>	\$0 - \$12.65 (Tier 4)	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er tablet extended release 24 hour 18mg, 27mg, 36mg, 54mg</i>	\$0 - \$12.65 (Tier 4)	QL (30 EA per 30 days)



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: 711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. **For more information**, visit **[AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)**

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>methylphenidate hydrochloride er tablet extended release (generic Metadate ER and Ritalin SR) 10mg, 20mg</i>	\$0 - \$12.65 (Tier 4)	QL (90 EA per 30 days) MO
<i>methylphenidate hydrochloride solution 5mg/5ml</i>	\$0 - \$12.65 (Tier 4)	QL (1800 ML per 30 days) MO
<i>methylphenidate hydrochloride solution 10mg/5ml</i>	\$0 - \$12.65 (Tier 4)	QL (900 ML per 30 days) MO
<i>methylphenidate hydrochloride tablet chewable 10mg, 2.5mg, 5mg</i>	\$0 - \$12.65 (Tier 4)	QL (180 EA per 30 days) MO
<i>methylphenidate hydrochloride tablet 10mg, 20mg, 5mg</i>	\$0 (Tier 2)	QL (90 EA per 30 days) MO
<i>zenzedi tablet 10mg, 5mg</i>	\$0 - \$12.65 (Tier 4)	QL (180 EA per 30 days)
HYPNOTICS		
DAYVIGO TABLET 10MG, 5MG	\$0 - \$12.65 (Tier 3)	QL (30 EA per 30 days) MO
<i>doxepin hydrochloride tablet 3mg, 6mg</i>	\$0 (Tier 2)	QL (30 EA per 30 days) MO; HRM
<i>tasimelteon capsule 20mg</i>	\$0 - \$12.65 (Tier 5)	QL (30 EA per 30 days) PA; ACS
<i>temazepam capsule 15mg, 22.5mg, 30mg, 7.5mg</i>	\$0 - \$12.65 (Tier 4)	QL (30 EA per 30 days) PA MO; HRM
<i>triazolam tablet 0.125mg, 0.25mg</i>	\$0 - \$12.65 (Tier 4)	QL (60 EA per 30 days) PA MO; HRM
<i>zaleplon capsule 5mg</i>	\$0 - \$12.65 (Tier 3)	QL (30 EA per 30 days) PA MO; HRM

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: 711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>zaleplon capsule 10mg</i>	\$0 - \$12.65 (Tier 3)	QL (60 EA per 30 days) PA MO; HRM
<i>zolpidem tartrate tablet 10mg, 5mg</i>	\$0 (Tier 2)	QL (30 EA per 30 days) PA MO; HRM
MIGRAINE		
AIMOVIG INJECTION 140MG/ML, 70MG/ML	\$0 - \$12.65 (Tier 3)	QL (1 ML per 30 days) PA; ACS
<i>dihydroergotamine mesylate injection 1mg/ml</i>	\$0 - \$12.65 (Tier 5)	PA MO
<i>dihydroergotamine mesylate nasal solution 4mg/ml</i>	\$0 - \$12.65 (Tier 5)	QL (8 ML per 30 days) PA MO
<i>eletriptan hydrobromide tablet 20mg, 40mg</i>	\$0 (Tier 2)	QL (12 EA per 30 days) MO
<i>ergotamine tartrate/cafeine tablet 100mg; 1mg</i>	\$0 - \$12.65 (Tier 3)	QL (40 EA per 28 days) PA MO
<i>naratriptan hcl tablet 1mg, 2.5mg</i>	\$0 (Tier 2)	QL (9 EA per 30 days) MO
NURTEC TABLET DISINTEGRATING 75MG	\$0 - \$12.65 (Tier 3)	QL (16 EA per 30 days) PA MO
QULIPTA TABLET 10MG, 30MG, 60MG	\$0 - \$12.65 (Tier 3)	QL (30 EA per 30 days) PA MO
<i>rizatriptan benzoate odt tablet disintegrating 10mg, 5mg</i>	\$0 (Tier 2)	QL (12 EA per 30 days) MO
<i>rizatriptan benzoate tablet 10mg, 5mg</i>	\$0 (Tier 2)	QL (12 EA per 30 days) MO
<i>sumatriptan succinate refill injection 4mg/0.5ml, 6mg/0.5ml</i>	\$0 - \$12.65 (Tier 4)	QL (4 ML per 30 days) MO
<i>sumatriptan succinate injection 6mg/0.5ml</i>	\$0 - \$12.65 (Tier 4)	QL (4 ML per 30 days) MO
<i>sumatriptan succinate tablet 100mg</i>	\$0 (Tier 2)	QL (12 EA per 30 days) MO



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: 711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>sumatriptan succinate tablet 25mg, 50mg</i>	\$0 (Tier 2)	QL (9 EA per 30 days) MO
<i>sumatriptan solution 20mg/act, 5mg/act</i>	\$0 (Tier 2)	QL (12 EA per 30 days) MO
UBRELVY TABLET 100MG, 50MG	\$0 - \$12.65 (Tier 3)	QL (16 EA per 30 days) PA MO
MISCELLANEOUS		
AUSTEDO XR PATIENT TITRATION KIT TABLET EXTENDED RELEASE THERAPY PACK 12MG; 18MG; 24MG; 30MG	\$0 - \$12.65 (Tier 5)	QL (56 EA per 365 days) PA; ACS
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 12MG	\$0 - \$12.65 (Tier 5)	QL (120 EA per 30 days) PA; ACS
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 18MG, 30MG, 36MG, 42MG, 48MG	\$0 - \$12.65 (Tier 5)	QL (30 EA per 30 days) PA; ACS
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 24MG	\$0 - \$12.65 (Tier 5)	QL (60 EA per 30 days) PA; ACS
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 6MG	\$0 - \$12.65 (Tier 5)	QL (90 EA per 30 days) PA; ACS
AUSTEDO TABLET 12MG, 9MG	\$0 - \$12.65 (Tier 5)	QL (120 EA per 30 days) PA; ACS
AUSTEDO TABLET 6MG	\$0 - \$12.65 (Tier 5)	QL (60 EA per 30 days) PA; ACS
<i>lithium carbonate er tablet extended release 300mg, 450mg</i>	\$0 (Tier 2)	MO
<i>lithium carbonate capsule 150mg, 300mg, 600mg</i>	\$0 (Tier 1)	MO
<i>lithium carbonate tablet 300mg</i>	\$0 (Tier 1)	MO
<i>lithium solution 8meq/5ml</i>	\$0 - \$12.65 (Tier 4)	MO

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: **711**), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
NUEDEXTA CAPSULE 20MG; 10MG	\$0 - \$12.65 (Tier 5)	QL (60 EA per 30 days) PA MO
<i>pregabalin er tablet extended release 24 hour 330mg</i>	\$0 - \$12.65 (Tier 3)	QL (60 EA per 30 days) PA MO
<i>pregabalin er tablet extended release 24 hour 165mg, 82.5mg</i>	\$0 - \$12.65 (Tier 3)	QL (90 EA per 30 days) PA MO
<i>pyridostigmine bromide er tablet extended release 180mg</i>	\$0 - \$12.65 (Tier 4)	MO
<i>pyridostigmine bromide tablet 60mg</i>	\$0 - \$12.65 (Tier 3)	MO
<i>riluzole tablet 50mg</i>	\$0 - \$12.65 (Tier 4)	MO
<i>tetrabenazine tablet 25mg</i>	\$0 - \$12.65 (Tier 5)	QL (120 EA per 30 days) PA; ACS
<i>tetrabenazine tablet 12.5mg</i>	\$0 - \$12.65 (Tier 5)	QL (90 EA per 30 days) PA; ACS
MULTIPLE SCLEROSIS AGENTS		
BAFIERTAM CAPSULE DELAYED RELEASE 95MG	\$0 - \$12.65 (Tier 5)	QL (120 EA per 30 days) PA; ACS LD
BETASERON INJECTION 0.3MG	\$0 - \$12.65 (Tier 5)	QL (14 EA per 28 days) PA; ACS
<i>dalfampridine er tablet extended release 12 hour 10mg</i>	\$0 - \$12.65 (Tier 3)	PA; ACS
<i>fingolimod hydrochloride capsule 0.5mg</i>	\$0 - \$12.65 (Tier 5)	QL (30 EA per 30 days) PA; ACS



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: 711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>glatiramer acetate injection 40mg/ml</i>	\$0 - \$12.65 (Tier 5)	QL (12 ML per 28 days) PA; ACS
<i>glatiramer acetate injection 20mg/ml</i>	\$0 - \$12.65 (Tier 5)	QL (30 ML per 30 days) PA; ACS
<i>glatopa injection 40mg/ml</i>	\$0 - \$12.65 (Tier 5)	QL (12 ML per 28 days) PA; ACS
<i>glatopa injection 20mg/ml</i>	\$0 - \$12.65 (Tier 5)	QL (30 ML per 30 days) PA; ACS
KESIMPTA INJECTION 20MG/0.4ML	\$0 - \$12.65 (Tier 5)	QL (6.4 ML per 365 days) PA; ACS LD
<i>teriflunomide tablet 14mg, 7mg</i>	\$0 - \$12.65 (Tier 5)	QL (30 EA per 30 days) PA; ACS
MUSCULOSKELETAL THERAPY AGENTS		
<i>baclofen tablet 10mg, 20mg, 5mg</i>	\$0 (Tier 2)	MO
<i>baclofen tablet 15mg</i>	\$0 - \$12.65 (Tier 4)	MO
<i>chlorzoxazone tablet 500mg</i>	\$0 (Tier 2)	QL (180 EA per 30 days) PA MO; HRM
<i>cyclobenzaprine hydrochloride tablet 10mg, 5mg</i>	\$0 (Tier 2)	QL (90 EA per 30 days) PA MO; HRM
<i>dantrolene sodium capsule 100mg, 25mg, 50mg</i>	\$0 - \$12.65 (Tier 4)	MO
<i>tizanidine hcl tablet 2mg</i>	\$0 (Tier 2)	MO
<i>tizanidine hydrochloride capsule 2mg, 4mg, 6mg</i>	\$0 (Tier 2)	MO
<i>tizanidine hydrochloride tablet 4mg</i>	\$0 (Tier 2)	MO

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: **711**), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit **[AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)**



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
NARCOLEPSY/CATAPLEXY		
<i>armodafinil tablet 150mg, 200mg, 250mg</i>	\$0 - \$12.65 (Tier 4)	QL (30 EA per 30 days) PA MO
<i>armodafinil tablet 50mg</i>	\$0 - \$12.65 (Tier 4)	QL (60 EA per 30 days) PA MO
<i>modafinil tablet 100mg</i>	\$0 - \$12.65 (Tier 3)	QL (30 EA per 30 days) PA MO
<i>modafinil tablet 200mg</i>	\$0 - \$12.65 (Tier 3)	QL (60 EA per 30 days) PA MO
<i>sodium oxybate solution 500mg/ml</i>	\$0 - \$12.65 (Tier 5)	QL (540 ML per 30 days) PA; LD
PSYCHOTHERAPEUTIC-MISC		
<i>acamprosate calcium dr tablet delayed release 333mg</i>	\$0 - \$12.65 (Tier 4)	MO
<i>buprenorphine hcl/naloxone hcl tablet sublingual 8mg; 2mg</i>	\$0 (Tier 2)	QL (120 EA per 30 days) MO
<i>buprenorphine hcl/naloxone hcl tablet sublingual 2mg; 0.5mg</i>	\$0 (Tier 2)	QL (180 EA per 30 days) MO
<i>buprenorphine hcl tablet sublingual 8mg</i>	\$0 (Tier 2)	QL (120 EA per 30 days) MO
<i>buprenorphine hcl tablet sublingual 2mg</i>	\$0 (Tier 2)	QL (180 EA per 30 days) MO
<i>buprenorphine hydrochloride/naloxone hydrochloride film 8mg; 2mg</i>	\$0 (Tier 2)	QL (120 EA per 30 days) MO
<i>buprenorphine hydrochloride/naloxone hydrochloride film 2mg; 0.5mg</i>	\$0 (Tier 2)	QL (180 EA per 30 days) MO
<i>buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg, 4mg; 1mg</i>	\$0 (Tier 2)	QL (90 EA per 30 days) MO
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 150mg</i>	\$0 (Tier 2)	QL (60 EA per 30 days) MO



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: 711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. **For more information**, visit **[AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)**

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>disulfiram tablet 250mg, 500mg</i>	\$0 - \$12.65 (Tier 4)	MO
KLOXXADO LIQUID 8MG/0.1ML	\$0 - \$12.65 (Tier 4)	MO
<i>naloxone hcl injection 4mg/10ml</i>	\$0 (Tier 2)	MO
<i>naloxone hydrochloride injection 0.4mg/ml cartridge and prefilled syringe, 2mg/2ml prefilled syringe</i>	\$0 (Tier 2)	
<i>naloxone hydrochloride injection 0.4mg/ml vial</i>	\$0 (Tier 2)	MO
<i>naltrexone hydrochloride tablet 50mg</i>	\$0 (Tier 2)	MO
NICOTROL NS SOLUTION 10MG/ML	\$0 - \$12.65 (Tier 4)	QL (360 ML per 365 days) MO
REXTOVY LIQUID 4MG/0.25ML	\$0 - \$12.65 (Tier 4)	MO
<i>varenicline starting month tablet therapy pack 0.5mg; 1mg</i>	\$0 - \$12.65 (Tier 4)	
<i>varenicline tartrate continuing month tablet 1mg</i>	\$0 - \$12.65 (Tier 4)	MO
<i>varenicline tartrate tablet 0.5mg, 1mg</i>	\$0 - \$12.65 (Tier 4)	MO
VIVITROL INJECTION 380MG	\$0 - \$12.65 (Tier 5)	ACS
ENDOCRINE AND METABOLIC		
ANDROGENS		
<i>danazol capsule 100mg, 200mg, 50mg</i>	\$0 - \$12.65 (Tier 4)	MO

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: 711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>methylestosterone capsule 10mg</i>	\$0 - \$12.65 (Tier 5)	PA MO
<i>testosterone cypionate injection 100mg/ml, 200mg/ml</i>	\$0 (Tier 2)	MO
<i>testosterone enanthate injection 200mg/ml</i>	\$0 (Tier 2)	PA MO
<i>testosterone pump gel 1%</i>	\$0 - \$12.65 (Tier 3)	QL (300 GM per 30 days) MO
<i>testosterone gel 25mg/2.5gm, 50mg/5gm</i>	\$0 - \$12.65 (Tier 3)	QL (300 GM per 30 days) MO
<i>testosterone solution 30mg/act</i>	\$0 - \$12.65 (Tier 3)	QL (180 ML per 30 days) MO
ANTIDIABETICS, INSULINS		
BD ALCOHOL SWABS	\$0 (Tier 1)	PA MO
BD INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"	\$0 (Tier 1)	PA MO
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	\$0 (Tier 1)	PA MO
BD INSULIN SYRINGE ULTRA- FINE/0.5ML/30G X 1/2"	\$0 (Tier 1)	PA MO
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 5/16"	\$0 (Tier 1)	PA MO
BD PEN NEEDLE/ORIGINAL/ULTRA- FINE/29G X 1/2"	\$0 (Tier 1)	PA MO
BD PEN MISCELLANEOUS	\$0 (Tier 1)	MO
BD VEO INSULIN SYRINGE ULTRA- FINE/0.3ML/31G X 15/64"	\$0 (Tier 1)	PA MO
CURITY GAUZE PADS 2"X2" 12 PLY PAD	\$0 (Tier 1)	PA MO
FIASP FLEXTOUCH INJECTION 100UNIT/ML	\$0 - \$12.65 (Tier 3)	MO



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: 711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
FIASP PENFILL INJECTION 100UNIT/ML	\$0 - \$12.65 (Tier 3)	MO
FIASP PUMPCART INJECTION 100UNIT/ML	\$0 - \$12.65 (Tier 3)	B/D MO
FIASP INJECTION 100UNIT/ML	\$0 - \$12.65 (Tier 3)	B/D MO
HUMULIN R U-500 (CONCENTRATED) INJECTION 500UNIT/ML	\$0 - \$12.65 (Tier 5)	B/D MO
HUMULIN R U-500 KWIKPEN INJECTION 500UNIT/ML	\$0 - \$12.65 (Tier 5)	MO
INSULIN ASPART FLEXPEN INJECTION 100UNIT/ML	\$0 - \$12.65 (Tier 3)	MO
INSULIN ASPART PENFILL INJECTION 100UNIT/ML	\$0 - \$12.65 (Tier 3)	MO
INSULIN ASPART INJECTION 100UNIT/ML	\$0 - \$12.65 (Tier 3)	B/D MO
LANTUS SOLOSTAR INJECTION 100UNIT/ML	\$0 - \$12.65 (Tier 3)	MO
LANTUS INJECTION 100UNIT/ML	\$0 - \$12.65 (Tier 3)	MO
NOVOLIN 70/30 FLEXPEN INJECTION 30UNIT/ML; 70UNIT/ML (BRAND RELION NOT COVERED)	\$0 - \$12.65 (Tier 3)	MO
NOVOLIN 70/30 INJECTION 30UNIT/ML; 70UNIT/ML (BRAND RELION NOT COVERED)	\$0 - \$12.65 (Tier 3)	MO

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: **711**), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. **For more information**, visit **[AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)**



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
NOVOLIN N FLEXPEN INJECTION 100UNIT/ML (BRAND RELION NOT COVERED)	\$0 - \$12.65 (Tier 3)	MO
NOVOLIN N INJECTION 100UNIT/ML (BRAND RELION NOT COVERED)	\$0 - \$12.65 (Tier 3)	MO
NOVOLIN R FLEXPEN INJECTION 100UNIT/ML (BRAND RELION NOT COVERED)	\$0 - \$12.65 (Tier 3)	MO
NOVOLIN R INJECTION 100UNIT/ML (BRAND RELION NOT COVERED)	\$0 - \$12.65 (Tier 3)	B/D MO
NOVOLOG FLEXPEN RELION INJECTION 100UNIT/ML	\$0 - \$12.65 (Tier 3)	MO
NOVOLOG FLEXPEN INJECTION 100UNIT/ML	\$0 - \$12.65 (Tier 3)	MO
NOVOLOG MIX 70/30 PREFILLED FLEXPEN INJECTION 30UNIT/ML; 70UNIT/ML (BRAND RELION NOT COVERED)	\$0 - \$12.65 (Tier 3)	MO
NOVOLOG MIX 70/30 INJECTION 30UNIT/ML; 70UNIT/ML (BRAND RELION NOT COVERED)	\$0 - \$12.65 (Tier 3)	MO
NOVOLOG PENFILL INJECTION 100UNIT/ML	\$0 - \$12.65 (Tier 3)	MO
NOVOLOG RELION INJECTION 100UNIT/ML	\$0 - \$12.65 (Tier 3)	B/D MO
NOVOLOG INJECTION 100UNIT/ML	\$0 - \$12.65 (Tier 3)	B/D MO
SOLIQUA 100/33 INJECTION 100UNIT/ML; 33MCG/ML	\$0 - \$12.65 (Tier 3)	QL (15 ML per 25 days) MO



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: **711**), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. **For more information**, visit **[AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)**

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
TOUJEO MAX SOLOSTAR INJECTION 300UNIT/ML	\$0 - \$12.65 (Tier 3)	MO
TOUJEO SOLOSTAR INJECTION 300UNIT/ML	\$0 - \$12.65 (Tier 3)	MO
XULTOPHY 100/3.6 INJECTION 100UNIT/ML; 3.6MG/ML	\$0 - \$12.65 (Tier 3)	QL (15 ML per 30 days) MO
ANTIDIABETICS		
<i>acarbose tablet 100mg, 25mg, 50mg</i>	\$0 (Tier 2)	QL (90 EA per 30 days) MO
<i>dapagliflozin/metformin hydrochloride er tablet extended release 24 hour 10mg; 1000mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>dapagliflozin/metformin hydrochloride er tablet extended release 24 hour 10mg; 500mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO; HRM
<i>dapagliflozin/metformin hydrochloride er tablet extended release 24 hour 5mg; 1000mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>dapagliflozin/metformin hydrochloride er tablet extended release 24 hour 5mg; 500mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO; HRM
<i>dapagliflozin tablet 10mg, 5mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
FARXIGA TABLET 10MG, 5MG	\$0 - \$12.65 (Tier 3)	QL (30 EA per 30 days) MO
<i>glimepiride tablet 4mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>glimepiride tablet 1mg, 2mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>glipizide er tablet extended release 24 hour 10mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>glipizide er tablet extended release 24 hour 2.5mg, 5mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>glipizide/metformin hydrochloride tablet 2.5mg; 500mg, 5mg; 500mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i>glipizide/metformin hydrochloride tablet 2.5mg; 250mg</i>	\$0 (Tier 1)	QL (240 EA per 30 days) MO
<i>glipizide tablet 10mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i>glipizide tablet 2.5mg, 5mg</i>	\$0 (Tier 1)	QL (240 EA per 30 days) MO

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: **711**), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
GLYXAMBI TABLET 10MG; 5MG, 25MG; 5MG	\$0 - \$12.65 (Tier 3)	QL (30 EA per 30 days) MO
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 100MG	\$0 - \$12.65 (Tier 3)	QL (30 EA per 30 days) MO
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 50MG, 500MG; 50MG	\$0 - \$12.65 (Tier 3)	QL (60 EA per 30 days) MO
JANUMET TABLET 1000MG; 50MG, 500MG; 50MG	\$0 - \$12.65 (Tier 3)	QL (60 EA per 30 days) MO
JANUVIA TABLET 100MG, 25MG, 50MG	\$0 - \$12.65 (Tier 3)	QL (30 EA per 30 days) MO
JARDIANCE TABLET 10MG, 25MG	\$0 - \$12.65 (Tier 3)	QL (30 EA per 30 days) MO
JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 5MG; 1000MG	\$0 - \$12.65 (Tier 3)	QL (30 EA per 30 days) MO
JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 2.5MG; 1000MG	\$0 - \$12.65 (Tier 3)	QL (60 EA per 30 days) MO
JENTADUETO TABLET 2.5MG; 1000MG, 2.5MG; 500MG, 2.5MG; 850MG	\$0 - \$12.65 (Tier 3)	QL (60 EA per 30 days) MO
<i>metformin hydrochloride er (generic Glucophage XR)</i> tablet extended release 24 hour 500mg	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i>metformin hydrochloride er (generic Glucophage XR)</i> tablet extended release 24 hour 750mg	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>metformin hydrochloride er (generic Fortamet and Glumetza)</i> tablet extended release 24 hour 500mg	\$0 - \$12.65 (Tier 4)	QL (120 EA per 30 days) PA MO
<i>metformin hydrochloride tablet 500mg</i>	\$0 (Tier 1)	QL (150 EA per 30 days) MO



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: **711**), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. **For more information**, visit **[AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)**

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>metformin hydrochloride tablet 1000mg</i>	\$0 (Tier 1)	QL (75 EA per 30 days) MO
<i>metformin hydrochloride tablet 850mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>miglitol tablet 100mg, 25mg, 50mg</i>	\$0 - \$12.65 (Tier 4)	QL (90 EA per 30 days) MO
MOUNJARO INJECTION 10MG/0.5ML, 12.5MG/0.5ML, 15MG/0.5ML, 5MG/0.5ML, 7.5MG/0.5ML	\$0 - \$12.65 (Tier 3)	QL (2 ML per 28 days) PA MO
MOUNJARO INJECTION 2.5MG/0.5ML	\$0 - \$12.65 (Tier 3)	QL (4 ML per 365 days) PA
<i>nateglinide tablet 120mg, 60mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
OZEMPIC INJECTION 2MG/3ML, 4MG/3ML, 8MG/3ML	\$0 - \$12.65 (Tier 3)	QL (3 ML per 28 days) PA MO
OZEMPIC TABLET 1.5MG	\$0 - \$12.65 (Tier 3)	QL (30 EA per 30 days) PA
OZEMPIC TABLET 4MG, 9MG	\$0 - \$12.65 (Tier 3)	QL (30 EA per 30 days) PA MO
<i>pioglitazone hcl-glimepiride tablet 2mg; 30mg, 4mg; 30mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>pioglitazone hcl/metformin hcl tablet 500mg; 15mg, 850mg; 15mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>pioglitazone hcl tablet 45mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>pioglitazone hydrochloride tablet 15mg, 30mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>repaglinide tablet 0.5mg, 1mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i>repaglinide tablet 2mg</i>	\$0 (Tier 1)	QL (240 EA per 30 days) MO
RYBELSUS TABLET 3MG	\$0 - \$12.65 (Tier 3)	QL (30 EA per 30 days) PA
RYBELSUS TABLET 14MG, 7MG	\$0 - \$12.65 (Tier 3)	QL (30 EA per 30 days) PA MO
<i>sitagliptin phosphate tablet 100mg, 25mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: **711**), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. **For more information**, visit **[AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)**



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>sitagliptin phosphate tablet 50mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
SYMLINPEN 120 INJECTION 2700MCG/2.7ML	\$0 - \$12.65 (Tier 5)	QL (10.8 ML per 30 days) PA MO
SYMLINPEN 60 INJECTION 1500MCG/1.5ML	\$0 - \$12.65 (Tier 5)	QL (6 ML per 30 days) PA MO
TRADJENTA TABLET 5MG	\$0 - \$12.65 (Tier 3)	QL (30 EA per 30 days) MO
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 5MG; 1000MG, 25MG; 5MG; 1000MG	\$0 - \$12.65 (Tier 3)	QL (30 EA per 30 days) MO
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 12.5MG; 2.5MG; 1000MG, 5MG; 2.5MG; 1000MG	\$0 - \$12.65 (Tier 3)	QL (60 EA per 30 days) MO
TRULICITY INJECTION 0.75MG/0.5ML, 1.5MG/0.5ML, 3MG/0.5ML, 4.5MG/0.5ML	\$0 - \$12.65 (Tier 3)	QL (2 ML per 28 days) PA MO
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 1000MG, 10MG; 500MG	\$0 - \$12.65 (Tier 3)	QL (30 EA per 30 days) MO
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 2.5MG; 1000MG, 5MG; 1000MG, 5MG; 500MG	\$0 - \$12.65 (Tier 3)	QL (60 EA per 30 days) MO
CALCIUM REGULATORS		
<i>alendronate sodium solution 70mg/75ml</i>	\$0 (Tier 1)	MO
<i>alendronate sodium tablet 10mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i>alendronate sodium tablet 35mg, 70mg</i>	\$0 (Tier 1)	QL (4 EA per 28 days) MO
BILDYOS INJECTION 60MG/ML	\$0 - \$12.65 (Tier 4)	QL (1 ML per 180 days); ACS
BILPREVDA INJECTION 120MG/1.7ML	\$0 - \$12.65 (Tier 5)	PA; ACS



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: **711**), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaMedicare.com/MICHDSNP](https://www.AetnaMedicare.com/MICHDSNP)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
BONSITY INJECTION 560MCG/2.24ML	\$0 - \$12.65 (Tier 5)	PA; ACS
<i>calcitonin-salmon solution 200unit/act</i>	\$0 - \$12.65 (Tier 3)	MO
<i>ibandronate sodium injection 3mg/3ml</i>	\$0 - \$12.65 (Tier 4)	QL (3 ML per 90 days) MO
<i>ibandronate sodium tablet 150mg</i>	\$0 (Tier 1)	QL (1 EA per 30 days) MO
OSPOMYV INJECTION 60MG/ML	\$0 - \$12.65 (Tier 4)	QL (1 ML per 180 days); ACS
PAMIDRONATE DISODIUM INJECTION 6MG/ML	\$0 - \$12.65 (Tier 4)	
<i>pamidronate disodium injection 30mg/10ml, 90mg/10ml</i>	\$0 - \$12.65 (Tier 4)	
<i>risedronate sodium dr tablet delayed release 35mg</i>	\$0 - \$12.65 (Tier 4)	QL (4 EA per 28 days) MO
<i>risedronate sodium tablet 150mg</i>	\$0 (Tier 1)	QL (1 EA per 28 days) MO
<i>risedronate sodium tablet 30mg, 5mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>risedronate sodium tablet 35mg</i>	\$0 (Tier 1)	QL (4 EA per 28 days) MO
<i>teriparatide injection (brand by Alvogen) 560mcg/2.24ml</i>	\$0 - \$12.65 (Tier 5)	PA; ACS
TYMLOS INJECTION 3120MCG/1.56ML	\$0 - \$12.65 (Tier 5)	PA; ACS LD
WYOST INJECTION 120MG/1.7ML	\$0 - \$12.65 (Tier 5)	PA; ACS LD
ZOLEDRONIC ACID INJECTION 4MG/100ML	\$0 - \$12.65 (Tier 4)	ACS

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: **711**), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>zoledronic acid injection 4mg/5ml, 5mg/100ml</i>	\$0 - \$12.65 (Tier 4)	ACS
CHELATING AGENTS		
CHEMET CAPSULE 100MG	\$0 - \$12.65 (Tier 5)	MO
<i>deferasirox packet 180mg, 360mg, 90mg</i>	\$0 - \$12.65 (Tier 5)	PA; ACS
<i>deferasirox tablet soluble 125mg</i>	\$0 - \$12.65 (Tier 4)	PA; ACS
<i>deferasirox tablet soluble 250mg, 500mg</i>	\$0 - \$12.65 (Tier 5)	PA; ACS
<i>deferasirox tablet 90mg</i>	\$0 - \$12.65 (Tier 3)	PA; ACS
<i>deferasirox tablet 180mg, 360mg</i>	\$0 - \$12.65 (Tier 4)	PA; ACS
<i>kionex suspension 15gm/60ml</i>	\$0 - \$12.65 (Tier 3)	
LOKELMA PACKET 10GM	\$0 - \$12.65 (Tier 3)	QL (34 EA per 30 days) MO
LOKELMA PACKET 5GM	\$0 - \$12.65 (Tier 3)	QL (96 EA per 30 days) MO
<i>penicillamine tablet 250mg</i>	\$0 - \$12.65 (Tier 5)	ACS
<i>sodium polystyrene sulfonate powder</i>	\$0 - \$12.65 (Tier 3)	MO



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: 711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>sodium polystyrene sulfonate suspension 15gm/60ml</i>	\$0 - \$12.65 (Tier 3)	MO
<i>sps multiple routes suspension 15gm/60ml, 15gm/60ml</i>	\$0 - \$12.65 (Tier 3)	MO
<i>trientine hydrochloride capsule 250mg, 500mg</i>	\$0 - \$12.65 (Tier 5)	PA; ACS
CONTRACEPTIVES		
<i>afirmelle tablet 20mcg; 0.1mg</i>	\$0 (Tier 2)	
<i>altavera tablet 30mcg; 0.15mg</i>	\$0 (Tier 2)	
<i>alyacen 1/35 tablet 35mcg; 1mg</i>	\$0 (Tier 2)	MO
<i>alyacen 7/7/7 tablet 0.5mg; 0.75mg; 1mg; 0.035mg</i>	\$0 (Tier 2)	
<i>amethyst tablet 20mcg; 90mcg</i>	\$0 (Tier 2)	
<i>apri tablet 0.15mg; 30mcg</i>	\$0 (Tier 2)	
<i>aranelle tablet 0.5mg; 1mg; 0.035mg</i>	\$0 (Tier 2)	MO
<i>ashlyna tablet 0.15mg; 0.01mg; 0.03mg</i>	\$0 (Tier 2)	
<i>aubra eq tablet 20mcg; 0.1mg</i>	\$0 (Tier 2)	
<i>aurovela 1.5/30 tablet 30mcg; 1.5mg</i>	\$0 (Tier 2)	
<i>aurovela 1/20 tablet 20mcg; 1mg</i>	\$0 (Tier 2)	
<i>aurovela 24 fe tablet 20mcg; 75mg; 1mg</i>	\$0 (Tier 2)	
<i>aurovela fe 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	\$0 (Tier 2)	
<i>aurovela fe 1/20 tablet 20mcg; 75mg; 1mg</i>	\$0 (Tier 2)	MO
<i>aviane tablet 20mcg; 0.1mg</i>	\$0 (Tier 2)	MO
<i>ayuna tablet 0.03mg; 0.15mg</i>	\$0 (Tier 2)	
<i>azurette tablet 0.15mg; 0.02mg; 0.01mg</i>	\$0 (Tier 2)	MO
<i>balziva tablet 35mcg; 0.4mg</i>	\$0 (Tier 2)	
<i>blisovi 24 fe tablet 20mcg; 75mg; 1mg</i>	\$0 (Tier 2)	MO
<i>blisovi fe 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	\$0 (Tier 2)	
<i>blisovi fe 1/20 tablet 20mcg; 75mg; 1mg</i>	\$0 (Tier 2)	
<i>briellyn tablet 35mcg; 0.4mg</i>	\$0 (Tier 2)	
<i>camila tablet 0.35mg</i>	\$0 (Tier 2)	

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: **711**), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
CAMRESE LO TABLET 0.1MG; 0.02MG; 0.01MG	\$0 - \$12.65 (Tier 3)	
CAMRESE TABLET 0.15MG; 0.03MG; 0.01MG	\$0 - \$12.65 (Tier 3)	
<i>charlotte 24 fe tablet chewable 20mcg; 75mg; 1mg</i>	\$0 (Tier 2)	
<i>chateal eq tablet 30mcg; 0.15mg</i>	\$0 (Tier 2)	
<i>cryselle-28 tablet 30mcg; 0.3mg</i>	\$0 (Tier 2)	
<i>cryselle tablet 30mcg; 0.3mg</i>	\$0 (Tier 2)	MO
<i>cyred eq tablet 0.15mg; 30mcg</i>	\$0 (Tier 2)	
<i>dasetta 1/35 tablet 35mcg; 1mg</i>	\$0 (Tier 2)	
<i>dasetta 7/7/7 tablet 0.5mg; 0.75mg; 1mg; 0.035mg</i>	\$0 (Tier 2)	
<i>daysee tablet 0.15mg; 0.03mg; 0.01mg</i>	\$0 (Tier 2)	
<i>deblitane tablet 0.35mg</i>	\$0 (Tier 2)	
<i>delyla tablet 20mcg; 0.1mg</i>	\$0 (Tier 2)	
DEPO-SUBQ PROVERA 104 INJECTION 104MG/0.65ML	\$0 - \$12.65 (Tier 3)	MO
<i>dolishale tablet 20mcg; 90mcg</i>	\$0 (Tier 2)	MO
<i>drospirenone/ethinyl estradiol/levomefolate calcium tablet 3mg; 0.02mg; 0.451mg, 3mg; 0.03mg; 0.451mg</i>	\$0 (Tier 2)	MO
<i>drospirenone/ethinyl estradiol tablet 3mg; 0.02mg, 3mg; 0.03mg</i>	\$0 (Tier 2)	MO
<i>elimest tablet 30mcg; 0.3mg</i>	\$0 (Tier 2)	
<i>eluryng ring 0.015mg/24hr; 0.12mg/24hr</i>	\$0 - \$12.65 (Tier 3)	
<i>emzabh tablet 0.35mg</i>	\$0 (Tier 2)	MO
<i>enilloring ring 0.015mg/24hr; 0.12mg/24hr</i>	\$0 - \$12.65 (Tier 3)	MO



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: 711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>enskyce tablet 0.15mg; 0.03mg</i>	\$0 (Tier 2)	MO
<i>errin tablet 0.35mg</i>	\$0 (Tier 2)	
<i>estarylla tablet 35mcg; 0.25mg</i>	\$0 (Tier 2)	
<i>ethynodiol diacetate/ethinyl estradiol tablet 35mcg; 1mg, 50mcg; 1mg</i>	\$0 (Tier 2)	MO
<i>etonogestrel/ethinyl estradiol ring 0.015mg/24hr; 0.12mg/24hr</i>	\$0 - \$12.65 (Tier 3)	MO
<i>falmina tablet 20mcg; 0.1mg</i>	\$0 (Tier 2)	
<i>feirza 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	\$0 (Tier 2)	
<i>feirza 1/20 tablet 20mcg; 75mg; 1mg</i>	\$0 (Tier 2)	
<i>finzala tablet chewable 20mcg; 75mg; 1mg</i>	\$0 (Tier 2)	
<i>galbriela tablet chewable 25mcg; 75mg; 0.8mg</i>	\$0 (Tier 2)	
<i>hailey 1.5/30 tablet 30mcg; 1.5mg</i>	\$0 (Tier 2)	MO
<i>hailey 24 fe tablet 20mcg; 75mg; 1mg</i>	\$0 (Tier 2)	
<i>hailey fe 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	\$0 (Tier 2)	
<i>hailey fe 1/20 tablet 20mcg; 75mg; 1mg</i>	\$0 (Tier 2)	
<i>haloette ring 0.015mg/24hr; 0.12mg/24hr</i>	\$0 - \$12.65 (Tier 3)	
<i>heather tablet 0.35mg</i>	\$0 (Tier 2)	
<i>iclevia tablet 0.03mg; 0.15mg</i>	\$0 (Tier 2)	
<i>incassia tablet 0.35mg</i>	\$0 (Tier 2)	
<i>introvale tablet 0.03mg; 0.15mg</i>	\$0 (Tier 2)	
<i>isibloom tablet 0.15mg; 30mcg</i>	\$0 (Tier 2)	
<i>jaimiess tablet 0.15mg; 0.03mg; 0.01mg</i>	\$0 (Tier 2)	
<i>jasmiel tablet 3mg; 0.02mg</i>	\$0 (Tier 2)	
<i>jencycla tablet 0.35mg</i>	\$0 (Tier 2)	
<i>JOLESSA TABLET 0.03MG; 0.15MG</i>	\$0 - \$12.65 (Tier 3)	
<i>juleber tablet 0.15mg; 30mcg</i>	\$0 (Tier 2)	
<i>junel 1.5/30 tablet 30mcg; 1.5mg</i>	\$0 (Tier 2)	
<i>junel 1/20 tablet 20mcg; 1mg</i>	\$0 (Tier 2)	

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: **711**), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>junel fe 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	\$0 (Tier 2)	MO
<i>junel fe 1/20 tablet 20mcg; 75mg; 1mg</i>	\$0 (Tier 2)	
<i>junel fe 24 tablet 20mcg; 75mg; 1mg</i>	\$0 (Tier 2)	
<i>kaitlib fe tablet chewable 25mcg; 75mg; 0.8mg</i>	\$0 (Tier 2)	MO
<i>kalliga tablet 0.15mg; 30mcg</i>	\$0 (Tier 2)	
<i>kariva tablet 0.15mg; 0.02mg; 0.01mg</i>	\$0 (Tier 2)	
<i>kelnor 1/35 tablet 35mcg; 1mg</i>	\$0 (Tier 2)	MO
<i>kurvelo tablet 0.03mg; 0.15mg</i>	\$0 (Tier 2)	
<i>larin 1.5/30 tablet 30mcg; 1.5mg</i>	\$0 (Tier 2)	
<i>larin 1/20 tablet 20mcg; 1mg</i>	\$0 (Tier 2)	
<i>larin 24 fe tablet 20mcg; 75mg; 1mg</i>	\$0 (Tier 2)	
<i>larin fe 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	\$0 (Tier 2)	
<i>larin fe 1/20 tablet 20mcg; 75mg; 1mg</i>	\$0 (Tier 2)	
<i>lessina tablet 20mcg; 0.1mg</i>	\$0 (Tier 2)	MO
<i>levonest tablet 0.05mg; 0.075mg; 0.125mg; 0.03mg; 0.04mg</i>	\$0 (Tier 2)	
<i>levonorgestrel and ethinyl estradiol tablet 0.1mg; 0.02mg; 0.01mg; 20mcg; 90mcg</i>	\$0 (Tier 2)	MO
<i>levonorgestrel/ethinyl estradiol tablet 0.03mg; 0.15mg, 0.15mg; 0.03mg; 0.01mg, 0.15mg; 0.02mg; 0.15mg; 0.02mg, 0.15mg; 0.03mg; 0.01mg, 0.05mg; 0.03mg; 0.075mg; 0.04mg, 0.125mg; 0.03mg, 20mcg; 0.1mg</i>	\$0 (Tier 2)	MO
<i>levora 0.15/30-28 tablet 0.03mg; 0.15mg</i>	\$0 (Tier 2)	
LILETTA INTRAUTERINE DEVICE 20.1MCG/DAY	\$0 - \$12.65 (Tier 3)	ACS LD
<i>lo-zumandimine tablet 3mg; 0.02mg</i>	\$0 (Tier 2)	MO
<i>loestrin 1.5/30-21 tablet 30mcg; 1.5mg</i>	\$0 (Tier 2)	
<i>loestrin 1/20-21 tablet 20mcg; 1mg</i>	\$0 (Tier 2)	
<i>loestrin fe 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	\$0 (Tier 2)	
<i>loestrin fe 1/20 tablet 20mcg; 75mg; 1mg</i>	\$0 (Tier 2)	
<i>lojaimiess tablet 0.1mg; 0.02mg; 0.01mg</i>	\$0 (Tier 2)	MO
<i>loryna tablet 3mg; 0.02mg</i>	\$0 (Tier 2)	



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: 711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>low-ogestrel tablet 30mcg; 0.3mg</i>	\$0 (Tier 2)	
<i>luizza 1.5/30 tablet 30mcg; 1.5mg</i>	\$0 (Tier 2)	
<i>luizza 1/20 tablet 20mcg; 1mg</i>	\$0 (Tier 2)	
<i>luteru tablet 20mcg; 0.1mg</i>	\$0 (Tier 2)	
<i>lyleq tablet 0.35mg</i>	\$0 (Tier 2)	
<i>lyza tablet 0.35mg</i>	\$0 (Tier 2)	
<i>marlissa tablet 0.03mg; 0.15mg</i>	\$0 (Tier 2)	MO
<i>medroxyprogesterone acetate injection 150mg/ml</i>	\$0 - \$12.65 (Tier 3)	MO
<i>meleya tablet 0.35mg</i>	\$0 (Tier 2)	
<i>mibelas 24 fe tablet chewable 20mcg; 75mg; 1mg</i>	\$0 (Tier 2)	MO
<i>microgestin 1.5/30 tablet 30mcg; 1.5mg</i>	\$0 - \$12.65 (Tier 3)	
<i>microgestin 1/20 tablet 20mcg; 1mg</i>	\$0 - \$12.65 (Tier 3)	
<i>microgestin fe 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	\$0 - \$12.65 (Tier 3)	
<i>microgestin fe 1/20 tablet 20mcg; 75mg; 1mg</i>	\$0 - \$12.65 (Tier 3)	
<i>mili tablet 35mcg; 0.25mg</i>	\$0 (Tier 2)	
<i>mono-lynyah tablet 35mcg; 0.25mg</i>	\$0 (Tier 2)	
<i>necon 0.5/35-28 tablet 35mcg; 0.5mg</i>	\$0 (Tier 2)	
NEXPLANON INJECTION 68MG	\$0 - \$12.65 (Tier 3)	ACS LD
<i>nikki tablet 3mg; 0.02mg</i>	\$0 (Tier 2)	
NORA-BE TABLET 0.35MG	\$0 - \$12.65 (Tier 3)	

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: **711**), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>norelgestromin/ethinyl estradiol patch weekly 35mcg/24hr; 150mcg/24hr</i>	\$0 - \$12.65 (Tier 3)	MO
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tablet chewable 20mcg; 75mg; 1mg</i>	\$0 (Tier 2)	MO
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tablet 1mg; 20mcg; 75mg, 1mg, 20mcg; 30mcg; 35mcg; 75mg</i>	\$0 (Tier 2)	MO
<i>norethindrone acetate/ethinyl estradiol tablet 20mcg; 1mg, 30mcg; 1.5mg</i>	\$0 (Tier 2)	MO
<i>norethindrone/ethinyl estradiol/ferrous fumarate tablet chewable 35mcg; 0.4mg</i>	\$0 (Tier 2)	MO
<i>norethindrone tablet 0.35mg</i>	\$0 (Tier 2)	MO
<i>norgestimate/ethinyl estradiol tablet 0.18mg; 0.215mg; ; 0.25mg; 0.025mg, 0.25mg; 0.035mg</i>	\$0 (Tier 2)	MO
<i>norlyroc tablet 0.35mg</i>	\$0 (Tier 2)	
<i>nortrel 0.5/35 (28) tablet 35mcg; 0.5mg</i>	\$0 (Tier 2)	MO
<i>nortrel 1/35 28-day regimen</i>	\$0 (Tier 2)	
<i>nortrel 1/35 21-day regimen</i>	\$0 (Tier 2)	MO
<i>nortrel 7/7/7 tablet 35mcg; 0.5mg; 0.75mg; 1mg</i>	\$0 (Tier 2)	
<i>nylia 1/35 tablet 35mcg; 1mg</i>	\$0 (Tier 2)	
<i>nylia 7/7/7 tablet 35mcg; 0.5mg; 0.75mg; 1mg</i>	\$0 (Tier 2)	MO
<i>orquidea tablet 0.35mg</i>	\$0 (Tier 2)	MO
<i>orsythia tablet 20mcg; 0.1mg</i>	\$0 (Tier 2)	
<i>philith tablet 35mcg; 0.4mg</i>	\$0 (Tier 2)	
<i>pimtrea tablet 0.15mg; 0.02mg; 0.01mg</i>	\$0 (Tier 2)	
<i>portia-28 tablet 0.03mg; 0.15mg</i>	\$0 (Tier 2)	
<i>reclipsen tablet 0.15mg; 0.03mg</i>	\$0 (Tier 2)	
<i>rosyrah tablet 0.15mg; 0.02mg; 0.025mg; 0.03mg; 0.01mg</i>	\$0 (Tier 2)	MO
<i>setlakin tablet 0.03mg; 0.15mg</i>	\$0 (Tier 2)	
<i>sharobel tablet 0.35mg</i>	\$0 (Tier 2)	
<i>simliya tablet 0.15mg; 0.02mg; 0.01mg</i>	\$0 (Tier 2)	



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: **711**), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. **For more information**, visit **[AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)**

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>simpesse tablet 0.1mg; 0.03mg; 0.01mg</i>	\$0 (Tier 2)	MO
<i>sprintec 28 tablet 35mcg; 0.25mg</i>	\$0 (Tier 2)	MO
<i>sronyx tablet 20mcg; 0.1mg</i>	\$0 (Tier 2)	
<i>syeda tablet 3mg; 0.03mg</i>	\$0 (Tier 2)	
<i>tarina 24 fe tablet 20mcg; 75mg; 1mg</i>	\$0 (Tier 2)	
<i>tarina fe 1/20 eq tablet 20mcg; 75mg; 1mg</i>	\$0 (Tier 2)	
<i>tilia fe tablet 0.02mg; 0.03mg; 0.35mg; 75mg; 1mg</i>	\$0 - \$12.65 (Tier 3)	
<i>tri-estarylla tablet 0.18mg; 0.215mg; 0.25mg; 0.035mg</i>	\$0 (Tier 2)	MO
<i>tri-legest fe tablet 20mcg; 30mcg; 35mcg; 75mg; 1mg</i>	\$0 (Tier 2)	MO
<i>tri-linyah tablet 0.18mg; 0.215mg; 0.25mg; 0.035mg</i>	\$0 (Tier 2)	
<i>tri-lo-estarylla tablet 0.18mg; 0.215mg; 0.25mg; 0.025mg</i>	\$0 (Tier 2)	
<i>tri-lo-marzia tablet 0.18mg; 0.215mg; 0.25mg; 0.025mg</i>	\$0 (Tier 2)	
<i>tri-lo-mili tablet 0.180mg; 0.215mg; 0.250mg; 0.025mg</i>	\$0 (Tier 2)	MO
<i>tri-lo-sprintec tablet 0.18mg; 0.215mg; 0.25mg; 0.25mg</i>	\$0 (Tier 2)	
<i>tri-mili tablet 0.180mg; 0.215mg; 0.250mg; 0.035mg</i>	\$0 (Tier 2)	
<i>tri-sprintec tablet 0.18mg; 0.215mg; 0.25mg; 0.035mg</i>	\$0 (Tier 2)	
<i>tri-vylibra lo tablet 0.18mg; 0.215mg; 0.25mg; 0.025mg</i>	\$0 (Tier 2)	
<i>tri-vylibra tablet 0.18mg; 0.215mg; 0.25mg; 0.035mg</i>	\$0 (Tier 2)	
<i>turqoz tablet 30mcg; 0.3mg</i>	\$0 (Tier 2)	
TYBLUME TABLET CHEWABLE 20MCG; 0.1MG	\$0 - \$12.65 (Tier 3)	MO

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: **711**), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>tydemy tablet 3mg; 0.03mg; 0.451mg</i>	\$0 (Tier 2)	
<i>valtya 1/35 tablet 35mcg; 1mg</i>	\$0 (Tier 2)	
<i>valtya 1/50 tablet 50mcg; 1mg</i>	\$0 (Tier 2)	MO
<i>velivet tablet 0.1mg; 0.125mg; 0.15mg; 0.025mg</i>	\$0 (Tier 2)	MO
<i>vestura tablet 3mg; 0.02mg</i>	\$0 (Tier 2)	
<i>vienva tablet 20mcg; 0.1mg</i>	\$0 (Tier 2)	
<i>vioarele tablet 0.15mg; 0.02mg; 0.01mg</i>	\$0 (Tier 2)	
<i>volnea tablet 0.15mg; 0.02mg; 0.01mg</i>	\$0 (Tier 2)	
<i>vyfemla tablet 35mcg; 0.4mg</i>	\$0 (Tier 2)	MO
<i>vylibra tablet 35mcg; 0.25mg</i>	\$0 (Tier 2)	
<i>wera tablet 35mcg; 0.5mg</i>	\$0 (Tier 2)	
<i>wymzya fe tablet chewable 35mcg; 0.4mg; 75mg</i>	\$0 (Tier 2)	
<i>xarah fe tablet 20mcg; 30mcg; 35mcg; 75mg; 1mg</i>	\$0 (Tier 2)	
<i>xelria fe tablet chewable 35mcg; 75mg; 0.4mg</i>	\$0 (Tier 2)	MO
<i>xulane patch weekly 35mcg/24hr; 150mcg/24hr</i>	\$0 - \$12.65 (Tier 3)	
<i>zafemy patch weekly 35mcg/24hr; 150mcg/24hr</i>	\$0 - \$12.65 (Tier 3)	
<i>zovia 1/35 tablet 35mcg; 1mg</i>	\$0 (Tier 2)	
<i>zumandimine tablet 3mg; 0.03mg</i>	\$0 (Tier 2)	
ESTROGENS		
<i>abigale lo tablet 0.5mg; 0.1mg</i>	\$0 - \$12.65 (Tier 4)	
<i>abigale tablet 1mg; 0.5mg</i>	\$0 - \$12.65 (Tier 4)	
<i>conjugated estrogens tablet 0.3mg, 0.45mg, 0.625mg, 0.9mg, 1.25mg</i>	\$0 - \$12.65 (Tier 4)	MO



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: 711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>dotti patch twice weekly 0.025mg/24hr, 0.0375mg/24hr, 0.05mg/24hr, 0.075mg/24hr, 0.1mg/24hr</i>	\$0 - \$12.65 (Tier 4)	QL (8 EA per 28 days)
DUAVEE TABLET 20MG; 0.45MG	\$0 - \$12.65 (Tier 4)	MO
<i>estradiol valerate injection 10mg/ml, 20mg/ml, 40mg/ml</i>	\$0 - \$12.65 (Tier 4)	MO
<i>estradiol/norethindrone acetate tablet 0.5mg; 0.1mg, 1mg; 0.5mg</i>	\$0 - \$12.65 (Tier 4)	MO
<i>estradiol cream 0.1mg/gm</i>	\$0 - \$12.65 (Tier 3)	MO
<i>estradiol patch twice weekly 0.025mg/24hr, 0.0375mg/24hr, 0.05mg/24hr, 0.075mg/24hr, 0.1mg/24hr</i>	\$0 (Tier 2)	QL (8 EA per 28 days) MO
<i>estradiol patch weekly 0.025mg/24hr, 0.05mg/24hr, 0.06mg/24hr, 0.075mg/24hr, 0.1mg/24hr, 37.5mcg/24hr</i>	\$0 (Tier 2)	QL (4 EA per 28 days) MO
<i>estradiol oral tablet 0.5mg, 1mg, 2mg</i>	\$0 (Tier 1)	MO
<i>estradiol vaginal tablet 10mcg</i>	\$0 (Tier 2)	MO
ESTRING RING 7.5MCG/24HR	\$0 - \$12.65 (Tier 4)	QL (1 EA per 90 days) MO
<i>fyavolv tablet 2.5mcg; 0.5mg, 5mcg; 1mg</i>	\$0 (Tier 2)	MO
<i>jinteli tablet 5mcg; 1mg</i>	\$0 (Tier 2)	
<i>lyllana patch twice weekly 0.025mg/24hr, 0.0375mg/24hr, 0.05mg/24hr, 0.075mg/24hr, 0.1mg/24hr</i>	\$0 - \$12.65 (Tier 4)	QL (8 EA per 28 days)
<i>mimvey tablet 1mg; 0.5mg</i>	\$0 - \$12.65 (Tier 4)	
<i>norethindrone acetate/ethinyl estradiol tablet 2.5mcg; 0.5mg, 5mcg; 1mg</i>	\$0 (Tier 2)	MO

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: **711**), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
PREMARIN CREAM 0.625MG/GM	\$0 - \$12.65 (Tier 4)	MO
PREMARIN INJECTION 25MG	\$0 - \$12.65 (Tier 4)	MO
PREMARIN TABLET 0.3MG, 0.45MG, 0.625MG, 0.9MG, 1.25MG	\$0 - \$12.65 (Tier 4)	MO
PREMPRO TABLET 0.3MG; 1.5MG, 0.45MG; 1.5MG, 0.625MG; 2.5MG, 0.625MG; 5MG	\$0 - \$12.65 (Tier 4)	MO
<i>yuvafem tablet 10mcg</i>	\$0 - \$12.65 (Tier 4)	
GLUCOCORTICOIDS		
DEXAMETHASONE INTENSOL CONCENTRATE 1MG/ML	\$0 - \$12.65 (Tier 4)	MO
<i>dexamethasone sodium phosphate injection 100mg/10ml, 10mg/ml, 120mg/30ml, 20mg/5ml, 4mg/ml</i>	\$0 - \$12.65 (Tier 4)	MO
<i>dexamethasone elixir 0.5mg/5ml</i>	\$0 - \$12.65 (Tier 4)	MO
<i>dexamethasone solution 0.5mg/5ml</i>	\$0 - \$12.65 (Tier 4)	MO
<i>dexamethasone tablet 0.5mg, 0.75mg, 1.5mg, 1mg, 2mg, 4mg, 6mg</i>	\$0 - \$12.65 (Tier 4)	MO
<i>fludrocortisone acetate tablet 0.1mg</i>	\$0 (Tier 2)	MO
<i>hydrocortisone sodium succinate injection 100mg</i>	\$0 - \$12.65 (Tier 4)	MO
<i>hydrocortisone tablet 10mg, 20mg, 5mg</i>	\$0 (Tier 2)	MO



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: 711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>methylprednisolone acetate injection 40mg/ml, 80mg/ml</i>	\$0 - \$12.65 (Tier 4)	B/D MO
<i>methylprednisolone dose pack tablet therapy pack 4mg</i>	\$0 (Tier 2)	MO
<i>methylprednisolone sodium succinate injection 1000mg, 125mg</i>	\$0 - \$12.65 (Tier 4)	B/D MO
<i>methylprednisolone sodiumsuccinate injection 40mg</i>	\$0 - \$12.65 (Tier 4)	B/D MO
<i>methylprednisolone tablet 16mg, 32mg, 4mg, 8mg</i>	\$0 (Tier 2)	B/D MO
<i>prednisolone sodium phosphate oral solution 10mg/5ml, 15mg/5ml, 20mg/5ml</i>	\$0 (Tier 2)	B/D MO
<i>prednisolone sodium phosphate oral solution 25mg/5ml, 5mg/5ml</i>	\$0 - \$12.65 (Tier 4)	B/D MO
<i>prednisolone solution 15mg/5ml</i>	\$0 (Tier 2)	B/D MO
PREDNISONE INTENSOL CONCENTRATE 5MG/ML	\$0 - \$12.65 (Tier 4)	B/D MO
<i>prednisone solution 5mg/5ml</i>	\$0 - \$12.65 (Tier 4)	B/D MO
<i>prednisone tablet therapy pack 10mg, 5mg</i>	\$0 (Tier 2)	MO
<i>prednisone tablet 10mg, 1mg, 2.5mg, 20mg, 50mg, 5mg</i>	\$0 (Tier 1)	B/D MO
SOLU-CORTEF INJECTION 1000MG, 100MG, 250MG, 500MG	\$0 - \$12.65 (Tier 4)	MO
<i>triamcinolone acetonide injection 10mg/ml, 40mg/ml</i>	\$0 - \$12.65 (Tier 4)	MO

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: **711**), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. **For more information**, visit **[AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)**



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
GLUCOSE ELEVATING AGENTS		
<i>diazoxide suspension 50mg/ml</i>	\$0 - \$12.65 (Tier 5)	MO
GVOKE HYPOPEN 1-PACK INJECTION 0.5MG/0.1ML, 1MG/0.2ML	\$0 - \$12.65 (Tier 3)	MO
GVOKE HYPOPEN 2-PACK INJECTION 0.5MG/0.1ML, 1MG/0.2ML	\$0 - \$12.65 (Tier 3)	MO
GVOKE KIT INJECTION 1MG/0.2ML	\$0 - \$12.65 (Tier 3)	MO
GVOKE PFS INJECTION 1MG/0.2ML	\$0 - \$12.65 (Tier 3)	MO
ZEGALOGUE INJECTION 0.6MG/0.6ML	\$0 - \$12.65 (Tier 3)	MO
MISCELLANEOUS		
<i>acetylcysteine injection 200mg/ml</i>	\$0 - \$12.65 (Tier 4)	
<i>betaine anhydrous powder 1gm</i>	\$0 - \$12.65 (Tier 5)	ACS
<i>cabergoline tablet 0.5mg</i>	\$0 - \$12.65 (Tier 3)	MO
<i>carglumic acid tablet soluble 200mg</i>	\$0 - \$12.65 (Tier 5)	PA; LD
CERDELGA CAPSULE 84MG	\$0 - \$12.65 (Tier 5)	PA; ACS LD



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: 711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>cinacalcet hydrochloride tablet 30mg</i>	\$0 - \$12.65 (Tier 4)	QL (60 EA per 30 days); ACS
<i>cinacalcet hydrochloride tablet 90mg</i>	\$0 - \$12.65 (Tier 5)	QL (120 EA per 30 days); ACS
<i>cinacalcet hydrochloride tablet 60mg</i>	\$0 - \$12.65 (Tier 5)	QL (60 EA per 30 days); ACS
CYSTAGON CAPSULE 150MG, 50MG	\$0 - \$12.65 (Tier 4)	PA; ACS LD
<i>desmopressin acetate injection 4mcg/ml</i>	\$0 - \$12.65 (Tier 4)	MO
<i>desmopressin acetate nasal solution 0.01%</i>	\$0 - \$12.65 (Tier 4)	MO
<i>desmopressin acetate tablet 0.1mg, 0.2mg</i>	\$0 - \$12.65 (Tier 3)	MO
<i>fomepizole injection 1.5gm/1.5ml</i>	\$0 - \$12.65 (Tier 5)	
GENOTROPIN MINIQUICK INJECTION 0.2MG	\$0 - \$12.65 (Tier 3)	PA; ACS
GENOTROPIN MINIQUICK INJECTION 0.4MG, 0.6MG, 0.8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 1MG, 2MG	\$0 - \$12.65 (Tier 5)	PA; ACS
GENOTROPIN INJECTION 12MG, 5MG	\$0 - \$12.65 (Tier 5)	PA; ACS
INCRELEX INJECTION 40MG/4ML	\$0 - \$12.65 (Tier 5)	PA; LD

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: **711**), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>javygtor packet 100mg, 500mg</i>	\$0 - \$12.65 (Tier 5)	PA; LD
<i>javygtor tablet 100mg</i>	\$0 - \$12.65 (Tier 5)	PA; LD
<i>levocarnitine injection 200mg/ml</i>	\$0 - \$12.65 (Tier 4)	
<i>levocarnitine oral solution 1gm/10ml</i>	\$0 - \$12.65 (Tier 4)	MO
<i>levocarnitine tablet 330mg</i>	\$0 - \$12.65 (Tier 4)	MO
LUPRON DEPOT-PED (1-MONTH) INJECTION 11.25MG, 15MG, 7.5MG	\$0 - \$12.65 (Tier 5)	PA; ACS
LUPRON DEPOT-PED (3-MONTH) INJECTION 11.25MG, 30MG	\$0 - \$12.65 (Tier 5)	PA; ACS
LUPRON DEPOT-PED (6-MONTH) INJECTION 45MG	\$0 - \$12.65 (Tier 5)	PA; ACS
<i>methergine tablet 0.2mg</i>	\$0 - \$12.65 (Tier 4)	
<i>methylergonovine maleate tablet 0.2mg</i>	\$0 - \$12.65 (Tier 5)	MO
<i>mifepristone tablet 300mg</i>	\$0 - \$12.65 (Tier 5)	PA; ACS
<i>nitisinone capsule 10mg, 20mg, 2mg, 5mg</i>	\$0 - \$12.65 (Tier 5)	PA; ACS



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: 711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>octreotide acetate injection 100mcg/ml, 200mcg/ml, 50mcg/ml</i>	\$0 - \$12.65 (Tier 4)	PA; ACS
<i>octreotide acetate injection 1000mcg/ml, 500mcg/ml</i>	\$0 - \$12.65 (Tier 5)	PA; ACS
<i>raloxifene hydrochloride tablet 60mg</i>	\$0 (Tier 2)	MO
REVCovi INJECTION 2.4MG/1.5ML	\$0 - \$12.65 (Tier 5)	PA; LD
REZDIFFRA TABLET 100MG, 60MG, 80MG	\$0 - \$12.65 (Tier 5)	QL (30 EA per 30 days) PA; ACS LD
<i>sapropterin dihydrochloride packet 100mg, 500mg</i>	\$0 - \$12.65 (Tier 5)	PA; ACS
<i>sapropterin dihydrochloride tablet 100mg</i>	\$0 - \$12.65 (Tier 5)	PA; ACS
SIGNIFOR INJECTION 0.3MG/ML, 0.6MG/ML, 0.9MG/ML	\$0 - \$12.65 (Tier 5)	PA; LD
<i>sodium phenylbutyrate powder 3gm/tsp</i>	\$0 - \$12.65 (Tier 5)	PA; ACS
<i>sodium phenylbutyrate tablet 500mg</i>	\$0 - \$12.65 (Tier 5)	PA; ACS
SOMATULINE DEPOT INJECTION 120MG/0.5ML, 60MG/0.2ML, 90MG/0.3ML	\$0 - \$12.65 (Tier 5)	PA; ACS LD
SOMAVERT INJECTION 10MG, 15MG, 20MG, 25MG, 30MG	\$0 - \$12.65 (Tier 5)	PA; ACS LD
SYNAREL SOLUTION 2MG/ML	\$0 - \$12.65 (Tier 5)	MO

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: 711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>tolvaptan tablet therapy pack 15mg; 15mg, 30mg; 15mg, 45mg; 15mg, 60mg; 30mg, 90mg; 30mg</i>	\$0 - \$12.65 (Tier 5)	QL (56 EA per 28 days) PA; ACS LD
<i>tolvaptan (generic Jynarque) tablet 15mg, 30mg</i>	\$0 - \$12.65 (Tier 5)	QL (120 EA per 30 days) PA; ACS LD
VEOZAH TABLET 45MG	\$0 - \$12.65 (Tier 4)	QL (30 EA per 30 days) PA MO
<i>zelvysia packet 100mg, 500mg</i>	\$0 - \$12.65 (Tier 5)	PA; LD
PROGESTINS		
<i>gallifrey tablet 5mg</i>	\$0 (Tier 2)	
<i>medroxyprogesterone acetate tablet 10mg, 2.5mg, 5mg</i>	\$0 (Tier 1)	MO
<i>megestrol acetate suspension 40mg/ml</i>	\$0 - \$12.65 (Tier 3)	MO
<i>megestrol acetate suspension 625mg/5ml</i>	\$0 - \$12.65 (Tier 4)	MO
<i>norethindrone acetate tablet 5mg</i>	\$0 (Tier 2)	MO
<i>progesterone capsule 100mg, 200mg</i>	\$0 (Tier 2)	MO
<i>progesterone injection 50mg/ml</i>	\$0 - \$12.65 (Tier 4)	MO
THYROID AGENTS		
<i>levo-t tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 300mcg, 50mcg, 75mcg, 88mcg</i>	\$0 (Tier 1)	
LEVOTHYROXINE SODIUM INJECTION 100MCG/ML, 500MCG/5ML	\$0 - \$12.65 (Tier 4)	



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: 711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaMedicare.com/MICHDSNP](https://www.AetnaMedicare.com/MICHDSNP)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
LEVOTHYROXINE SODIUM INJECTION 200MCG/5ML	\$0 - \$12.65 (Tier 5)	
LEVOTHYROXINE SODIUM INJECTION 100MCG/5ML	\$0 - \$12.65 (Tier 5)	MO
<i>levothyroxine sodium tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 300mcg, 50mcg, 75mcg, 88mcg</i>	\$0 (Tier 1)	MO
<i>levoxyl tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg</i>	\$0 (Tier 1)	MO
<i>liomny tablet 25mcg, 50mcg, 5mcg</i>	\$0 (Tier 2)	
<i>liothyronine sodium injection 10mcg/ml</i>	\$0 - \$12.65 (Tier 5)	
<i>liothyronine sodium tablet 25mcg, 50mcg, 5mcg</i>	\$0 (Tier 2)	MO
<i>methimazole tablet 10mg, 5mg</i>	\$0 (Tier 1)	MO
<i>propylthiouracil tablet 50mg</i>	\$0 (Tier 2)	MO
SYNTHROID TABLET 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 300MCG, 50MCG, 75MCG, 88MCG	\$0 - \$12.65 (Tier 3)	MO
<i>unithroid tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 300mcg, 50mcg, 75mcg, 88mcg</i>	\$0 (Tier 1)	
VITAMIN D ANALOGS		
<i>calcitriol capsule 0.25mcg, 0.5mcg</i>	\$0 (Tier 2)	MO
<i>calcitriol injection 1mcg/ml</i>	\$0 - \$12.65 (Tier 4)	
<i>calcitriol oral solution 1mcg/ml</i>	\$0 - \$12.65 (Tier 4)	MO

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: **711**), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>doxercalciferol injection 4mcg/2ml</i>	\$0 - \$12.65 (Tier 4)	
<i>paricalcitol capsule 1mcg, 2mcg, 4mcg</i>	\$0 - \$12.65 (Tier 4)	MO
<i>paricalcitol injection 2mcg/ml, 5mcg/ml</i>	\$0 - \$12.65 (Tier 4)	MO
GASTROINTESTINAL		
ANTIEMETICS		
<i>aprepitant capsule therapy pack</i>	\$0 - \$12.65 (Tier 4)	B/D MO
<i>aprepitant capsule 40mg, 80mg</i>	\$0 - \$12.65 (Tier 4)	B/D MO
<i>aprepitant capsule 125mg</i>	\$0 - \$12.65 (Tier 5)	B/D MO
<i>compro suppository 25mg</i>	\$0 - \$12.65 (Tier 4)	MO; HRM
DIMENHYDRINATE INJECTION 50MG/ML	\$0 - \$12.65 (Tier 4)	
<i>dronabinol capsule 10mg, 2.5mg, 5mg</i>	\$0 - \$12.65 (Tier 4)	QL (60 EA per 30 days) PA MO
EMEND SUSPENSION RECONSTITUTED 125MG/5ML	\$0 - \$12.65 (Tier 4)	B/D MO
<i>granisetron hydrochloride tablet 1mg</i>	\$0 - \$12.65 (Tier 3)	QL (60 EA per 30 days) B/D MO
<i>meclizine hcl tablet 12.5mg, 25mg</i>	\$0 (Tier 2)	MO; HRM
<i>meclizine hydrochloride tablet 50mg</i>	\$0 (Tier 2)	MO



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: **711**), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. **For more information**, visit **[AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)**

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>meclizine hydrochloride tablet 25mg</i>	\$0 (Tier 2)	MO; HRM
<i>metoclopramide hcl solution 5mg/5ml</i>	\$0 - \$12.65 (Tier 4)	MO
<i>metoclopramide hydrochloride injection 5mg/ml</i>	\$0 - \$12.65 (Tier 4)	MO
<i>metoclopramide hydrochloride tablet 10mg, 5mg</i>	\$0 (Tier 2)	MO
<i>ondansetron hcl solution 4mg/5ml</i>	\$0 (Tier 2)	QL (900 ML per 30 days) B/D MO
<i>ondansetron hcl tablet 24mg</i>	\$0 (Tier 2)	B/D
<i>ondansetron hydrochloride injection 40mg/20ml, 4mg/2ml</i>	\$0 - \$12.65 (Tier 4)	MO
<i>ondansetron hydrochloride tablet 4mg, 8mg</i>	\$0 (Tier 2)	B/D MO
<i>ondansetron odt tablet disintegrating 4mg, 8mg</i>	\$0 (Tier 2)	B/D MO
<i>prochlorperazine edisylate injection 10mg/2ml</i>	\$0 - \$12.65 (Tier 4)	MO; HRM
<i>prochlorperazine maleate tablet 10mg, 5mg</i>	\$0 (Tier 2)	MO; HRM
<i>prochlorperazine suppository 25mg</i>	\$0 - \$12.65 (Tier 4)	MO; HRM
<i>promethazine hcl injection 25mg/ml, 50mg/ml</i>	\$0 - \$12.65 (Tier 4)	PA MO; HRM
<i>promethazine hcl suppository 12.5mg</i>	\$0 - \$12.65 (Tier 4)	PA MO; HRM
<i>promethazine hydrochloride plain solution 6.25mg/5ml</i>	\$0 - \$12.65 (Tier 4)	PA MO; HRM
<i>promethazine hydrochloride solution 6.25mg/5ml</i>	\$0 - \$12.65 (Tier 4)	PA MO

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: **711**), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. **For more information**, visit **[AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)**



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>promethazine hydrochloride suppository 25mg</i>	\$0 - \$12.65 (Tier 4)	PA MO; HRM
<i>promethazine hydrochloride tablet 12.5mg, 25mg, 50mg</i>	\$0 - \$12.65 (Tier 4)	PA MO; HRM
<i>promethegan suppository 50mg</i>	\$0 - \$12.65 (Tier 4)	PA MO; HRM
<i>promethegan suppository 12.5mg, 25mg</i>	\$0 - \$12.65 (Tier 4)	PA; HRM
<i>scopolamine patch 72 hour 1mg/3days</i>	\$0 - \$12.65 (Tier 4)	QL (10 EA per 30 days) PA MO; HRM
<i>trimethobenzamide hydrochloride capsule 300mg</i>	\$0 - \$12.65 (Tier 4)	PA MO
ANTISPASMODICS		
<i>dicyclomine hcl solution 10mg/5ml</i>	\$0 - \$12.65 (Tier 4)	PA MO; HRM
<i>dicyclomine hydrochloride capsule 10mg</i>	\$0 (Tier 2)	PA MO; HRM
<i>dicyclomine hydrochloride injection 10mg/ml</i>	\$0 - \$12.65 (Tier 4)	PA MO; HRM
<i>dicyclomine hydrochloride tablet 20mg</i>	\$0 (Tier 2)	PA MO; HRM
<i>glycopyrrolate injection 0.2mg/ml, 0.4mg/2ml</i>	\$0 - \$12.65 (Tier 4)	
<i>glycopyrrolate injection 0.2mg/ml, 1mg/5ml, 4mg/20ml</i>	\$0 - \$12.65 (Tier 4)	MO
<i>glycopyrrolate oral solution 1mg/5ml</i>	\$0 - \$12.65 (Tier 4)	MO
<i>glycopyrrolate tablet 1mg, 2mg</i>	\$0 (Tier 2)	MO



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: 711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>methscopolamine bromide tablet 2.5mg, 5mg</i>	\$0 - \$12.65 (Tier 4)	PA MO
H2-RECEPTOR ANTAGONISTS		
<i>cimetidine tablet 200mg, 300mg, 400mg, 800mg</i>	\$0 - \$12.65 (Tier 4)	MO
<i>famotidine premixed injection 0.4mg/ml; 0.9%</i>	\$0 - \$12.65 (Tier 4)	
<i>famotidine injection 200mg/20ml, 20mg/2ml, 40mg/4ml</i>	\$0 - \$12.65 (Tier 4)	
<i>famotidine suspension reconstituted 40mg/5ml</i>	\$0 - \$12.65 (Tier 4)	MO
<i>famotidine tablet 20mg, 40mg</i>	\$0 (Tier 1)	MO
<i>nizatidine capsule 150mg, 300mg</i>	\$0 (Tier 2)	MO
INFLAMMATORY BOWEL DISEASE		
<i>balsalazide disodium capsule 750mg</i>	\$0 - \$12.65 (Tier 4)	MO
<i>budesonide er tablet extended release 24 hour 9mg</i>	\$0 - \$12.65 (Tier 5)	MO
<i>budesonide capsule delayed release particles 3mg</i>	\$0 - \$12.65 (Tier 4)	MO
<i>hydrocortisone enema 100mg/60ml</i>	\$0 (Tier 2)	MO
<i>mesalamine dr capsule delayed release 400mg</i>	\$0 - \$12.65 (Tier 4)	MO
<i>mesalamine dr tablet delayed release 1.2gm, 800mg</i>	\$0 - \$12.65 (Tier 4)	MO

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: 711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>mesalamine enema 4gm</i>	\$0 - \$12.65 (Tier 4)	MO
<i>mesalamine kit 4gm</i>	\$0 - \$12.65 (Tier 4)	MO
<i>mesalamine suppository 1000mg</i>	\$0 (Tier 2)	MO
<i>sulfasalazine tablet delayed release 500mg</i>	\$0 (Tier 2)	MO
<i>sulfasalazine tablet 500mg</i>	\$0 (Tier 2)	MO
LAXATIVES		
CLENPIQ SOLUTION 12GM/175ML; 3.5GM/175ML; 10MG/175ML	\$0 - \$12.65 (Tier 4)	MO
<i>constulose solution 10gm/15ml</i>	\$0 (Tier 2)	
<i>enulose solution 10gm/15ml</i>	\$0 (Tier 2)	
<i>gavilyte-c solution reconstituted 240gm; 2.98gm; 6.72gm; 5.84gm; 22.72gm</i>	\$0 (Tier 2)	MO
<i>gavilyte-g solution reconstituted 236gm; 2.97gm; 6.74gm; 5.86gm; 22.74gm</i>	\$0 (Tier 2)	MO
<i>gavilyte-n/flavor pack solution reconstituted 420gm; 1.48gm; 5.72gm; 11.2gm</i>	\$0 (Tier 2)	
<i>generlac solution 10gm/15ml</i>	\$0 (Tier 2)	
<i>kristalose packet 10gm, 20gm</i>	\$0 - \$12.65 (Tier 4)	PA
<i>lactulose packet 10gm, 20gm</i>	\$0 - \$12.65 (Tier 4)	PA MO
<i>lactulose solution 10gm/15ml</i>	\$0 (Tier 2)	MO
<i>peg-3350/electrolytes solution reconstituted 236gm; 2.97gm; 6.74gm; 5.86gm; 22.74gm</i>	\$0 (Tier 2)	MO
<i>peg-3350/nacl/na bicarbonate/kcl solution reconstituted 420gm; 1.48gm; 5.72gm; 11.2gm</i>	\$0 (Tier 2)	MO
PLENVU SOLUTION RECONSTITUTED 7.54GM; 140GM; 2.2GM; 48.11GM; 5.2GM; 9GM	\$0 - \$12.65 (Tier 4)	MO



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: 711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
SODIUM SULFATE/POTASSIUM SULFATE/MAGNESIUM SULFATE SOLUTION 1.6GM/177ML; 3.13GM/177ML; 17.5GM/177ML	\$0 - \$12.65 (Tier 4)	MO
SUPREP BOWEL PREP KIT SOLUTION 1.6GM/177ML; 3.13GM/177ML; 17.5GM/177ML	\$0 - \$12.65 (Tier 4)	MO
SUTAB TABLET 225MG; 188MG; 1479MG	\$0 - \$12.65 (Tier 4)	MO
MISCELLANEOUS		
<i>alosetron hydrochloride tablet 0.5mg</i>	\$0 - \$12.65 (Tier 4)	QL (60 EA per 30 days) PA MO
<i>alosetron hydrochloride tablet 1mg</i>	\$0 - \$12.65 (Tier 5)	QL (60 EA per 30 days) PA MO
CREON CAPSULE DELAYED RELEASE PARTICLES 120000UNIT; 24000UNIT; 76000UNIT, 15000UNIT; 3000UNIT; 9500UNIT, 180000UNIT; 36000UNIT; 114000UNIT, 30000UNIT; 6000UNIT; 19000UNIT, 60000UNIT; 12000UNIT; 38000UNIT	\$0 - \$12.65 (Tier 3)	MO
<i>cromolyn sodium concentrate 100mg/5ml</i>	\$0 - \$12.65 (Tier 4)	MO
<i>diphenoxylate hydrochloride/atropine sulfate tablet 0.025mg; 2.5mg</i>	\$0 - \$12.65 (Tier 3)	MO; HRM
<i>diphenoxylate/atropine liquid 0.025mg/5ml; 2.5mg/5ml</i>	\$0 - \$12.65 (Tier 4)	MO; HRM
GATTEX INJECTION 5MG	\$0 - \$12.65 (Tier 5)	PA; ACS LD

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: **711**), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
LINZESS CAPSULE 145MCG, 290MCG, 72MCG	\$0 - \$12.65 (Tier 3)	QL (30 EA per 30 days) MO
<i>loperamide hydrochloride capsule 2mg</i>	\$0 (Tier 2)	MO
<i>lubiprostone capsule 24mcg, 8mcg</i>	\$0 - \$12.65 (Tier 3)	QL (60 EA per 30 days) MO
<i>misoprostol tablet 100mcg, 200mcg</i>	\$0 - \$12.65 (Tier 3)	MO
MOVANTIK TABLET 25MG	\$0 - \$12.65 (Tier 3)	QL (30 EA per 30 days) MO
MOVANTIK TABLET 12.5MG	\$0 - \$12.65 (Tier 3)	QL (60 EA per 30 days) MO
<i>sucalfate suspension 1gm/10ml</i>	\$0 - \$12.65 (Tier 4)	MO
<i>sucalfate tablet 1gm</i>	\$0 (Tier 2)	MO
<i>ursodiol capsule 300mg</i>	\$0 - \$12.65 (Tier 3)	MO
<i>ursodiol tablet 250mg, 500mg</i>	\$0 - \$12.65 (Tier 4)	MO
VOQUEZNA DUAL PAK THERAPY PACK 500MG; 20MG	\$0 - \$12.65 (Tier 4)	QL (224 EA per 365 days) PA MO
VOQUEZNA TRIPLE PAK THERAPY PACK 500MG; 500MG; 20MG	\$0 - \$12.65 (Tier 4)	QL (224 EA per 365 days) PA MO
VOWST CAPSULE	\$0 - \$12.65 (Tier 5)	PA; LD



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: 711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. **For more information**, visit **[AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)**

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
XERMELO TABLET 250MG	\$0 - \$12.65 (Tier 5)	QL (84 EA per 28 days) PA; LD
XIFAXAN TABLET 550MG	\$0 - \$12.65 (Tier 5)	PA MO
ZENPEP CAPSULE DELAYED RELEASE PARTICLES	\$0 - \$12.65 (Tier 4)	MO
PROTON PUMP INHIBITORS		
<i>dexlansoprazole capsule delayed release 30mg, 60mg</i>	\$0 - \$12.65 (Tier 4)	QL (30 EA per 30 days) MO
<i>esomeprazole magnesium capsule delayed release 20mg, 40mg</i>	\$0 (Tier 2)	QL (30 EA per 30 days) MO
<i>esomeprazole sodium injection 40mg</i>	\$0 (Tier 2)	
<i>lansoprazole capsule delayed release 15mg</i>	\$0 (Tier 2)	QL (30 EA per 30 days) MO
<i>lansoprazole capsule delayed release 30mg</i>	\$0 (Tier 2)	QL (42 EA per 30 days) MO
<i>omeprazole dr capsule delayed release 10mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>omeprazole capsule delayed release 20mg, 40mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>pantoprazole sodium injection 40mg</i>	\$0 - \$12.65 (Tier 4)	
<i>pantoprazole sodium tablet delayed release 20mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>pantoprazole sodium tablet delayed release 40mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>rabeprazole sodium tablet delayed release 20mg</i>	\$0 - \$12.65 (Tier 4)	QL (30 EA per 30 days) MO
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
<i>alfuzosin hcl er tablet extended release 24 hour 10mg</i>	\$0 (Tier 2)	QL (30 EA per 30 days) MO

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: **711**), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>dutasteride/tamsulosin hydrochloride capsule 0.5mg; 0.4mg</i>	\$0 - \$12.65 (Tier 4)	QL (30 EA per 30 days) MO
<i>dutasteride capsule 0.5mg</i>	\$0 (Tier 2)	QL (30 EA per 30 days) MO
<i>finasteride tablet 5mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>silodosin capsule 4mg, 8mg</i>	\$0 - \$12.65 (Tier 4)	QL (30 EA per 30 days) MO
<i>tadalafil (generic Cialis) tablet 5mg</i>	\$0 - \$12.65 (Tier 4)	QL (30 EA per 30 days) PA MO
<i>tamsulosin hydrochloride capsule 0.4mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
MISCELLANEOUS		
<i>acetic acid 0.25% solution 0.25%</i>	\$0 (Tier 2)	MO
<i>bethanechol chloride tablet 10mg, 25mg, 50mg, 5mg</i>	\$0 (Tier 2)	MO
<i>potassium citrate er tablet extended release 540mg</i>	\$0 (Tier 2)	MO
<i>potassium citrate er tablet extended release 1080mg, 15meq</i>	\$0 - \$12.65 (Tier 3)	MO
URINARY ANTISPASMODICS		
<i>fesoterodine fumarate er tablet extended release 24 hour 4mg, 8mg</i>	\$0 - \$12.65 (Tier 4)	QL (30 EA per 30 days) MO; HRM
GEMTESA TABLET 75MG	\$0 - \$12.65 (Tier 3)	QL (30 EA per 30 days) MO
MYRBETRIQ SUSPENSION RECONSTITUTED ER 8MG/ML	\$0 - \$12.65 (Tier 3)	QL (300 ML per 28 days) MO
MYRBETRIQ TABLET EXTENDED RELEASE 24 HOUR 25MG, 50MG	\$0 - \$12.65 (Tier 3)	QL (30 EA per 30 days) MO
<i>oxybutynin chloride er tablet extended release 24 hour 5mg</i>	\$0 (Tier 2)	QL (30 EA per 30 days) MO; HRM



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: 711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>oxybutynin chloride er tablet extended release 24 hour 10mg, 15mg</i>	\$0 (Tier 2)	QL (60 EA per 30 days) MO; HRM
<i>oxybutynin chloride solution 5mg/5ml</i>	\$0 (Tier 2)	QL (600 ML per 30 days) MO; HRM
<i>oxybutynin chloride tablet 5mg</i>	\$0 (Tier 2)	QL (120 EA per 30 days) MO; HRM
<i>solifenacin succinate tablet 10mg, 5mg</i>	\$0 (Tier 2)	QL (30 EA per 30 days) MO; HRM
<i>tolterodine tartrate er capsule extended release 24 hour 2mg, 4mg</i>	\$0 - \$12.65 (Tier 4)	QL (30 EA per 30 days) MO; HRM
<i>tolterodine tartrate tablet 1mg, 2mg</i>	\$0 - \$12.65 (Tier 3)	QL (60 EA per 30 days) MO; HRM
<i>trospium chloride er capsule extended release 24 hour 60mg</i>	\$0 - \$12.65 (Tier 4)	QL (30 EA per 30 days) MO; HRM
<i>trospium chloride tablet 20mg</i>	\$0 (Tier 2)	QL (60 EA per 30 days) MO; HRM
VAGINAL ANTI-INFECTIVES		
<i>clindamycin phosphate cream 2%</i>	\$0 - \$12.65 (Tier 4)	MO
<i>metronidazole vaginal gel 0.75%</i>	\$0 - \$12.65 (Tier 4)	MO
<i>miconazole 3 suppository 200mg</i>	\$0 - \$12.65 (Tier 3)	MO
<i>terconazole cream 0.4%, 0.8%</i>	\$0 (Tier 2)	MO
<i>terconazole suppository 80mg</i>	\$0 - \$12.65 (Tier 4)	MO

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: **711**), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
--------------	--	---

HEMATOLOGIC**ANTICOAGULANTS**

<i>dabigatran etexilate capsule 110mg</i>	\$0 - \$12.65 (Tier 4)	QL (120 EA per 30 days) MO
<i>dabigatran etexilate capsule 150mg, 75mg</i>	\$0 - \$12.65 (Tier 4)	QL (60 EA per 30 days) MO
ELIQUIS STARTER PACK TABLET THERAPY PACK 5MG	\$0 - \$12.65 (Tier 3)	QL (74 EA per 30 days) MO
ELIQUIS CAPSULE SPRINKLE 0.15MG	\$0 - \$12.65 (Tier 3)	QL (56 EA per 21 days)
ELIQUIS TABLET SOLUBLE 0.5MG	\$0 - \$12.65 (Tier 3)	QL (588 EA per 29 days)
ELIQUIS TABLET SOLUBLE 1.5MG	\$0 - \$12.65 (Tier 3)	QL (591 EA per 29 days)
ELIQUIS TABLET SOLUBLE 2MG	\$0 - \$12.65 (Tier 3)	QL (592 EA per 30 days)
ELIQUIS TABLET 2.5MG	\$0 - \$12.65 (Tier 3)	QL (60 EA per 30 days) MO
ELIQUIS TABLET 5MG	\$0 - \$12.65 (Tier 3)	QL (74 EA per 30 days) MO
<i>enoxaparin sodium injection 100mg/ml, 120mg/0.8ml, 150mg/ml, 300mg/3ml, 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml</i>	\$0 - \$12.65 (Tier 4)	MO
<i>fondaparinux sodium injection 2.5mg/0.5ml</i>	\$0 - \$12.65 (Tier 4)	MO



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: 711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>fondaparinux sodium injection 10mg/0.8ml, 5mg/0.4ml, 7.5mg/0.6ml</i>	\$0 - \$12.65 (Tier 5)	MO
FRAGMIN INJECTION 10000UNIT/4ML	\$0 - \$12.65 (Tier 4)	
FRAGMIN INJECTION 2500UNIT/0.2ML, 95000UNIT/3.8ML	\$0 - \$12.65 (Tier 4)	MO
FRAGMIN INJECTION 10000UNIT/ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNIT/0.72ML, 5000UNIT/0.2ML, 7500UNIT/0.3ML	\$0 - \$12.65 (Tier 5)	MO
HEPARIN SODIUM/D5W INJECTION 5%; 100UNIT/ML, 5%; 25000UNIT/500ML, 5%; 40UNIT/ML	\$0 - \$12.65 (Tier 4)	
HEPARIN SODIUM/DEXTROSE INJECTION 5%; 25000UNIT/250ML	\$0 - \$12.65 (Tier 4)	
HEPARIN SODIUM/NACL 0.45% INJECTION 12500UNIT/250ML; 0.45%, 25000UNIT/250ML; 0.45%	\$0 - \$12.65 (Tier 3)	
HEPARIN SODIUM/SODIUM CHLORIDE INJECTION 25000UNIT/250ML; 0.45%, 25000UNIT/500ML; 0.45%	\$0 - \$12.65 (Tier 3)	
HEPARIN SODIUM INJECTION 5000UNIT/0.5ML, 5000UNIT/ML PF	\$0 - \$12.65 (Tier 3)	
<i>heparin sodium injection 10000unit/ml, 1000unit/ml, 20000unit/ml, 5000unit/0.5ml pf, 5000unit/ml</i>	\$0 - \$12.65 (Tier 3)	MO
<i>jantoven tablet 10mg, 1mg, 2.5mg, 2mg, 3mg, 4mg, 5mg, 6mg, 7.5mg</i>	\$0 (Tier 1)	
<i>rivaroxaban suspension reconstituted 1mg/ml</i>	\$0 - \$12.65 (Tier 3)	QL (620 ML per 30 days) MO

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: **711**), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>rivaroxaban tablet 2.5mg</i>	\$0 - \$12.65 (Tier 3)	QL (60 EA per 30 days) MO
<i>warfarin sodium tablet 10mg, 1mg, 2.5mg, 2mg, 3mg, 4mg, 5mg, 6mg, 7.5mg</i>	\$0 (Tier 1)	MO
XARELTO STARTER PACK TABLET THERAPY PACK 15MG; 20MG	\$0 - \$12.65 (Tier 3)	QL (51 EA per 30 days) MO
XARELTO SUSPENSION RECONSTITUTED 1MG/ML	\$0 - \$12.65 (Tier 3)	QL (620 ML per 30 days) MO
XARELTO TABLET 10MG, 15MG, 20MG	\$0 - \$12.65 (Tier 3)	QL (30 EA per 30 days) MO
XARELTO TABLET 2.5MG	\$0 - \$12.65 (Tier 3)	QL (60 EA per 30 days) MO
HEMATOPOIETIC GROWTH FACTORS		
PROCRIT INJECTION 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	\$0 - \$12.65 (Tier 3)	PA; ACS
PROCRIT INJECTION 20000UNIT/ML, 40000UNIT/ML	\$0 - \$12.65 (Tier 5)	PA; ACS
ZARXIO INJECTION 300MCG/0.5ML, 480MCG/0.8ML	\$0 - \$12.65 (Tier 5)	PA; ACS
MISCELLANEOUS		
ALVAIZ TABLET 54MG, 9MG	\$0 - \$12.65 (Tier 5)	QL (60 EA per 30 days) PA; ACS
ALVAIZ TABLET 18MG, 36MG	\$0 - \$12.65 (Tier 5)	QL (90 EA per 30 days) PA; ACS
<i>anagrelide hydrochloride capsule 0.5mg, 1mg</i>	\$0 - \$12.65 (Tier 4)	MO



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: 711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
BERINERT INJECTION 500UNIT	\$0 - \$12.65 (Tier 5)	QL (24 EA per 30 days) PA; ACS LD
<i>cilostazol tablet 100mg, 50mg</i>	\$0 (Tier 2)	MO
DOPTelet SPRINKLE CAPSULE SPRINKLE 10MG	\$0 - \$12.65 (Tier 5)	QL (60 EA per 30 days) PA; ACS LD
DOPTelet TABLET 20MG	\$0 - \$12.65 (Tier 5)	QL (60 EA per 30 days) PA; ACS LD
DROXIA CAPSULE 200MG, 300MG, 400MG	\$0 - \$12.65 (Tier 4)	PA MO
HAEGARDA INJECTION 3000UNIT	\$0 - \$12.65 (Tier 5)	QL (20 EA per 30 days) PA; ACS LD
HAEGARDA INJECTION 2000UNIT	\$0 - \$12.65 (Tier 5)	QL (30 EA per 30 days) PA; ACS LD
<i>icatibant acetate injection 30mg/3ml</i>	\$0 - \$12.65 (Tier 5)	QL (27 ML per 30 days) PA; ACS
<i>l-glutamine packet 5gm</i>	\$0 - \$12.65 (Tier 5)	PA; ACS
<i>pentoxifylline er tablet extended release 400mg</i>	\$0 (Tier 2)	MO
<i>sajazir injection 30mg/3ml</i>	\$0 - \$12.65 (Tier 5)	QL (27 ML per 30 days) PA; LD
SIKLOS TABLET 100MG	\$0 - \$12.65 (Tier 4)	PA MO
SIKLOS TABLET 1000MG	\$0 - \$12.65 (Tier 5)	PA MO

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: **711**), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. **For more information**, visit **[AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)**



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
TAVNEOS CAPSULE 10MG	\$0 - \$12.65 (Tier 5)	QL (180 EA per 30 days) PA; LD
<i>tranexamic acid/sodium chloride injection 0.7%; 1000mg/100ml</i>	\$0 - \$12.65 (Tier 4)	
<i>tranexamic acid injection 1000mg/10ml</i>	\$0 - \$12.65 (Tier 4)	
<i>tranexamic acid tablet 650mg</i>	\$0 - \$12.65 (Tier 3)	MO
PLATELET AGGREGATION INHIBITORS		
<i>aspirin/dipyridamole er capsule extended release 12 hour 25mg; 200mg</i>	\$0 - \$12.65 (Tier 4)	QL (60 EA per 30 days) MO
<i>clopidogrel tablet 75mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>clopidogrel tablet 300mg</i>	\$0 (Tier 2)	QL (2 EA per 365 days) MO
<i>dipyridamole tablet 25mg, 50mg, 75mg</i>	\$0 - \$12.65 (Tier 4)	PA MO
<i>prasugrel hydrochloride tablet 10mg, 5mg</i>	\$0 - \$12.65 (Tier 4)	MO
<i>ticagrelor tablet 60mg, 90mg</i>	\$0 - \$12.65 (Tier 4)	MO
IMMUNOLOGIC AGENTS		
AUTOIMMUNE AGENTS		
ADALIMUMAB-BWWD INJECTION 40MG/0.4ML	\$0 - \$12.65 (Tier 5)	QL (22.4 ML per 365 days) PA; ACS
BIMZELX INJECTION 160MG/ML, 320MG/2ML	\$0 - \$12.65 (Tier 5)	QL (4 ML per 28 days) PA; ACS



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: 711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
DUPIXENT INJECTION 200MG/1.14ML	\$0 - \$12.65 (Tier 5)	QL (4.56 ML per 28 days) PA; ACS
DUPIXENT INJECTION 300MG/2ML	\$0 - \$12.65 (Tier 5)	QL (8 ML per 28 days) PA; ACS
EBGLYSS INJECTION 250MG/2ML	\$0 - \$12.65 (Tier 5)	QL (40 ML per 365 days) PA; ACS LD
ENBREL MINI INJECTION 50MG/ML	\$0 - \$12.65 (Tier 5)	QL (8 ML per 28 days) PA; ACS
ENBREL SURECLICK INJECTION 50MG/ML	\$0 - \$12.65 (Tier 5)	QL (8 ML per 28 days) PA; ACS
ENBREL INJECTION 25MG/0.5ML, 50MG/ML	\$0 - \$12.65 (Tier 5)	QL (8 ML per 28 days) PA; ACS
HADLIMA PUSHTOUCH INJECTION 40MG/0.4ML	\$0 - \$12.65 (Tier 5)	QL (22.4 ML per 365 days) PA; ACS
HADLIMA PUSHTOUCH INJECTION 40MG/0.8ML	\$0 - \$12.65 (Tier 5)	QL (44.8 ML per 365 days) PA; ACS
HADLIMA INJECTION 40MG/0.4ML	\$0 - \$12.65 (Tier 5)	QL (22.4 ML per 365 days) PA; ACS
HADLIMA INJECTION 40MG/0.8ML	\$0 - \$12.65 (Tier 5)	QL (44.8 ML per 365 days) PA; ACS
HUMIRA INJECTION 10MG/0.1ML	\$0 - \$12.65 (Tier 5)	QL (26 EA per 365 days) PA; ACS
HUMIRA INJECTION 20MG/0.2ML	\$0 - \$12.65 (Tier 5)	QL (52 EA per 365 days) PA; ACS

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: **711**), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. **For more information**, visit **[AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)**



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
KINERET INJECTION 100MG/0.67ML	\$0 - \$12.65 (Tier 5)	QL (18.76 ML per 28 days) PA; LD
PYZCHIVA INJECTION 45MG/0.5ML	\$0 - \$12.65 (Tier 3)	QL (0.5 ML per 28 days) PA; ACS
PYZCHIVA INJECTION 90MG/ML	\$0 - \$12.65 (Tier 5)	QL (1 ML per 28 days) PA; ACS
PYZCHIVA INJECTION 130MG/26ML	\$0 - \$12.65 (Tier 5)	QL (208 ML per 365 days) PA; ACS
RINVOQ LQ SOLUTION 1MG/ML	\$0 - \$12.65 (Tier 5)	QL (360 ML per 30 days) PA; ACS
RINVOQ TABLET EXTENDED RELEASE 24 HOUR 45MG	\$0 - \$12.65 (Tier 5)	QL (168 EA per 365 days) PA; ACS
RINVOQ TABLET EXTENDED RELEASE 24 HOUR 15MG, 30MG	\$0 - \$12.65 (Tier 5)	QL (30 EA per 30 days) PA; ACS
SKYRIZI PEN INJECTION 150MG/ML	\$0 - \$12.65 (Tier 5)	QL (6 ML per 365 days) PA; ACS
SKYRIZI INJECTION 180MG/1.2ML	\$0 - \$12.65 (Tier 5)	QL (1.2 ML per 56 days) PA; ACS
SKYRIZI INJECTION 600MG/10ML	\$0 - \$12.65 (Tier 5)	QL (120 ML per 365 days) PA; ACS
SKYRIZI INJECTION 55MG/0.37ML	\$0 - \$12.65 (Tier 5)	QL (2.22 ML per 365 days) PA
SKYRIZI INJECTION 360MG/2.4ML	\$0 - \$12.65 (Tier 5)	QL (2.4 ML per 56 days) PA; ACS



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: 711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. **For more information**, visit **[AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)**

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
SKYRIZI INJECTION 150MG/ML	\$0 - \$12.65 (Tier 5)	QL (6 ML per 365 days) PA; ACS
SOTYKTU TABLET 6MG	\$0 - \$12.65 (Tier 5)	QL (30 EA per 30 days) PA; ACS LD
STELARA INJECTION 45MG/0.5ML	\$0 - \$12.65 (Tier 5)	QL (0.5 ML per 28 days) PA; ACS
STELARA INJECTION 90MG/ML	\$0 - \$12.65 (Tier 5)	QL (1 ML per 28 days) PA; ACS
STELARA INJECTION 130MG/26ML	\$0 - \$12.65 (Tier 5)	QL (208 ML per 365 days) PA; ACS
<i>tofacitinib citrate er tablet extended release 24 hour 11mg, 22mg</i>	\$0 - \$12.65 (Tier 4)	QL (30 EA per 30 days) PA
<i>tofacitinib citrate solution 1mg/ml</i>	\$0 - \$12.65 (Tier 4)	QL (480 ML per 24 days) PA
<i>tofacitinib citrate tablet 10mg, 5mg</i>	\$0 - \$12.65 (Tier 4)	QL (60 EA per 30 days) PA
TREMIFYA INDUCTION PACK FOR CROHNS DISEASE/ULCERATIVE COLITIS INJECTION 200MG/2ML	\$0 - \$12.65 (Tier 5)	QL (4 ML per 28 days) PA; ACS
TREMIFYA PEN INJECTION 100MG/ML	\$0 - \$12.65 (Tier 5)	QL (1 ML per 28 days) PA; ACS
TREMIFYA INJECTION 100MG/ML	\$0 - \$12.65 (Tier 5)	QL (1 ML per 28 days) PA; ACS
TREMIFYA INJECTION 200MG/20ML	\$0 - \$12.65 (Tier 5)	QL (20 ML per 28 days) PA; ACS

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: **711**), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. **For more information**, visit **[AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)**



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
TREMIFYA INJECTION 200MG/2ML	\$0 - \$12.65 (Tier 5)	QL (4 ML per 28 days) PA; ACS
TYENNE INJECTION 162MG/0.9ML	\$0 - \$12.65 (Tier 5)	QL (3.6 ML per 28 days) PA; ACS
TYENNE INJECTION 200MG/10ML, 400MG/20ML, 80MG/4ML	\$0 - \$12.65 (Tier 5)	QL (40 ML per 28 days) PA; ACS
USTEKINUMAB INJECTION 45MG/0.5ML	\$0 - \$12.65 (Tier 5)	QL (0.5 ML per 28 days) PA; ACS
USTEKINUMAB INJECTION 90MG/ML	\$0 - \$12.65 (Tier 5)	QL (1 ML per 28 days) PA; ACS
USTEKINUMAB INJECTION 130MG/26ML	\$0 - \$12.65 (Tier 5)	QL (208 ML per 365 days) PA; ACS
VELSIPITY TABLET 2MG	\$0 - \$12.65 (Tier 5)	QL (30 EA per 30 days) PA; ACS LD
XELJANZ XR TABLET EXTENDED RELEASE 24 HOUR 11MG, 22MG	\$0 - \$12.65 (Tier 5)	QL (30 EA per 30 days) PA; ACS
XELJANZ SOLUTION 1MG/ML	\$0 - \$12.65 (Tier 5)	QL (480 ML per 24 days) PA; ACS
XELJANZ TABLET 10MG, 5MG	\$0 - \$12.65 (Tier 5)	QL (60 EA per 30 days) PA; ACS
YESINTEK INJECTION 45MG/0.5ML	\$0 - \$12.65 (Tier 3)	QL (0.5 ML per 28 days) PA; ACS
YESINTEK INJECTION 130MG/26ML	\$0 - \$12.65 (Tier 3)	QL (208 ML per 365 days) PA; ACS



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: **711**), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. **For more information**, visit **[AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)**

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
YESINTEK INJECTION 90MG/ML	\$0 - \$12.65 (Tier 5)	QL (1 ML per 28 days) PA; ACS
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)		
<i>hydroxychloroquine sulfate tablet 200mg</i>	\$0 (Tier 2)	MO
JYLAMVO SOLUTION 2MG/ML	\$0 - \$12.65 (Tier 4)	
<i>leflunomide tablet 10mg, 20mg</i>	\$0 (Tier 2)	QL (30 EA per 30 days) MO
<i>methotrexate sodium tablet 2.5mg</i>	\$0 (Tier 2)	MO
XATMEP SOLUTION 2.5MG/ML	\$0 - \$12.65 (Tier 4)	MO
IMMUNOGLOBULINS		
GAMASTAN INJECTION	\$0 - \$12.65 (Tier 3)	B/D; ACS LD
GAMMAKED INJECTION 10GM/100ML, 1GM/10ML, 20GM/200ML, 5GM/50ML	\$0 - \$12.65 (Tier 5)	PA; ACS LD
GAMUNEX-C INJECTION 10GM/100ML, 1GM/10ML, 2.5GM/25ML, 20GM/200ML, 40GM/400ML, 5GM/50ML	\$0 - \$12.65 (Tier 5)	PA; ACS LD
OCTAGAM INJECTION 10GM/100ML, 10GM/200ML, 2.5GM/50ML, 20GM/200ML, 2GM/20ML, 30GM/300ML, 5GM/100ML, 5GM/50ML	\$0 - \$12.65 (Tier 5)	PA; ACS LD
PRIVIGEN INJECTION 10GM/100ML, 20GM/200ML, 40GM/400ML, 5GM/50ML	\$0 - \$12.65 (Tier 5)	PA; ACS LD
IMMUNOMODULATORS		
ACTIMMUNE INJECTION 100MCG/0.5ML	\$0 - \$12.65 (Tier 5)	PA; ACS LD

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: **711**), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ARCALYST INJECTION 220MG	\$0 - \$12.65 (Tier 5)	PA; ACS LD
IMMUNOSUPPRESSANTS		
ASTAGRAF XL CAPSULE EXTENDED RELEASE 24 HOUR 0.5MG, 1MG	\$0 - \$12.65 (Tier 4)	B/D MO
ASTAGRAF XL CAPSULE EXTENDED RELEASE 24 HOUR 5MG	\$0 - \$12.65 (Tier 5)	B/D MO
AZATHIOPRINE INJECTION 100MG	\$0 - \$12.65 (Tier 4)	B/D
<i>azathioprine tablet 50mg</i>	\$0 (Tier 2)	B/D MO
BENLYSTA INJECTION 200MG/ML	\$0 - \$12.65 (Tier 5)	PA; ACS LD
<i>cyclosporine modified capsule 100mg, 25mg, 50mg</i>	\$0 - \$12.65 (Tier 4)	B/D MO
<i>cyclosporine modified solution 100mg/ml</i>	\$0 - \$12.65 (Tier 4)	B/D MO
<i>cyclosporine capsule 100mg, 25mg</i>	\$0 - \$12.65 (Tier 4)	B/D MO
<i>everolimus tablet 0.25mg</i>	\$0 - \$12.65 (Tier 4)	B/D MO
<i>everolimus tablet 0.5mg, 0.75mg, 1mg</i>	\$0 - \$12.65 (Tier 5)	B/D MO
<i>gengraf capsule 100mg, 25mg</i>	\$0 - \$12.65 (Tier 4)	B/D



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: 711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>mycophenolate mofetil capsule 250mg</i>	\$0 - \$12.65 (Tier 3)	B/D MO
<i>mycophenolate mofetil injection 500mg</i>	\$0 - \$12.65 (Tier 4)	B/D MO
<i>mycophenolate mofetil suspension reconstituted 200mg/ml</i>	\$0 - \$12.65 (Tier 5)	B/D MO
<i>mycophenolate mofetil tablet 500mg</i>	\$0 - \$12.65 (Tier 3)	B/D MO
<i>mycophenolic acid dr tablet delayed release 180mg, 360mg</i>	\$0 - \$12.65 (Tier 4)	B/D MO
NULOJIX INJECTION 250MG	\$0 - \$12.65 (Tier 5)	B/D
PROGRAF PACKET 0.2MG, 1MG	\$0 - \$12.65 (Tier 4)	B/D MO
REZUROCK TABLET 200MG	\$0 - \$12.65 (Tier 5)	QL (30 EA per 30 days) PA; LD
<i>sirolimus solution 1mg/ml</i>	\$0 - \$12.65 (Tier 5)	B/D MO
<i>sirolimus tablet 0.5mg, 1mg, 2mg</i>	\$0 - \$12.65 (Tier 4)	B/D MO
<i>tacrolimus er capsule extended release 24 hour 0.5mg, 1mg, 5mg</i>	\$0 - \$12.65 (Tier 4)	B/D MO
<i>tacrolimus capsule 0.5mg, 1mg, 5mg</i>	\$0 - \$12.65 (Tier 4)	B/D MO

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: **711**), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
VACCINES		
ABRYSVO INJECTION 120MCG/0.5ML	\$0 - \$12.65 (Tier 3)	QL (1 EA per 999 days) PA
ACTHIB INJECTION 10MCG/0.5ML	\$0 (Tier 1)	
ADACEL INJECTION 2LF/0.5ML; 15.5MCG/0.5ML; 5LF/0.5ML	\$0 (Tier 1)	
AREXVY INJECTION 120MCG/0.5ML	\$0 - \$12.65 (Tier 3)	QL (1 EA per 999 days) PA
BCG VACCINE INJECTION 50MG	\$0 (Tier 1)	
BEXSERO INJECTION 0.5ML	\$0 (Tier 1)	
BOOSTRIX INJECTION 2.5LF/0.5ML; 18.5MCG/0.5ML; 5LF/0.5ML	\$0 (Tier 1)	
DAPTACEL INJECTION 15LF/0.5ML; 23MCG/0.5ML; 5LF/0.5ML	\$0 (Tier 1)	
DENG VAXIA INJECTION	\$0 (Tier 1)	
ENGERIX-B INJECTION 10MCG/0.5ML, 20MCG/ML	\$0 (Tier 1)	B/D
GARDASIL 9 INJECTION 0.5ML	\$0 (Tier 1)	
HAVRIX INJECTION 1440UNIT/ML, 720ELU/0.5ML	\$0 (Tier 1)	
HEPLISAV-B INJECTION 20MCG/0.5ML	\$0 (Tier 1)	B/D
HIBERIX INJECTION 10MCG	\$0 (Tier 1)	
IMOVAX RABIES (H.D.C.V.) INJECTION 2.5UNIT/ML	\$0 (Tier 1)	B/D
INFANRIX INJECTION 25LFU/0.5ML; 58MCG/0.5ML; 10LFU/0.5ML	\$0 (Tier 1)	
IPOV INACTIVATED IPV INJECTION	\$0 (Tier 1)	
IXIARO INJECTION	\$0 (Tier 1)	
JYNNEOS INJECTION 0.5ML	\$0 (Tier 1)	B/D
KINRIX INJECTION 25LFU/0.5ML; 58MCG/0.5ML; 10LFU/0.5ML	\$0 (Tier 1)	
M-M-R II INJECTION	\$0 (Tier 1)	
MENQUADFI INJECTION 0.5ML	\$0 (Tier 1)	



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: 711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
MENVEO INJECTION	\$0 (Tier 1)	
MRESVIA INJECTION 50MCG/0.5ML	\$0 - \$12.65 (Tier 3)	QL (0.5 ML per 999 days) PA
PEDIARIX INJECTION 25LFU/0.5ML; 10MCG/0.5ML; 58MCG/0.5ML; 10LFU/0.5ML	\$0 (Tier 1)	
PEDVAXHIB INJECTION 7.5MCG/0.5ML	\$0 (Tier 1)	
PENBRAYA INJECTION	\$0 (Tier 1)	
PENMENVY INJECTION	\$0 (Tier 1)	
PENTACEL INJECTION 15LFU/0.5ML; 48MCG/0.5ML; 5LFU/0.5ML	\$0 (Tier 1)	
PRIORIX INJECTION	\$0 (Tier 1)	
PROQUAD INJECTION	\$0 (Tier 1)	
QUADRACEL INJECTION 15LFU/0.5ML; 48MCG/0.5ML; 5LFU/0.5ML	\$0 (Tier 1)	
RABAVERT INJECTION	\$0 (Tier 1)	B/D
RECOMBIVAX HB INJECTION 10MCG/ML, 40MCG/ML, 5MCG/0.5ML	\$0 (Tier 1)	B/D
ROTARIX SUSPENSION	\$0 (Tier 1)	
ROTATEQ SOLUTION	\$0 (Tier 1)	
SHINGRIX PREFILLED SYRINGE INJECTION 50MCG/0.5ML	\$0 (Tier 1)	QL (1 ML per 999 days)
SHINGRIX VIAL INJECTION 50MCG/0.5ML	\$0 (Tier 1)	QL (2 EA per 999 days)
TENIVAC INJECTION 2LFU; 5LFU	\$0 (Tier 1)	
TICOVAC INJECTION 1.2MCG/0.25ML, 2.4MCG/0.5ML	\$0 (Tier 1)	
TRUMENBA INJECTION 0.5ML	\$0 (Tier 1)	
TWINRIX INJECTION 720ELU/ML; 20MCG/ML	\$0 (Tier 1)	
TYPHIM VI INJECTION 25MCG/0.5ML	\$0 (Tier 1)	
VAQTA INJECTION 25UNIT/0.5ML, 50UNIT/ML	\$0 (Tier 1)	
VARIVAX INJECTION 1350PFU/0.5ML	\$0 (Tier 1)	
VAXCHORA SUSPENSION RECONSTITUTED	\$0 (Tier 1)	

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: **711**), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. **For more information**, visit **AetnaMedicare.com/MICHDSNP**



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
VIMKUNYA INJECTION 40MCG/0.8ML	\$0 - \$12.65 (Tier 3)	
VIVOTIF CAPSULE DELAYED RELEASE	\$0 (Tier 1)	MO
YF-VAX INJECTION	\$0 (Tier 1)	
NUTRITIONAL/SUPPLEMENTS		
<i>ELECTROLYTES/MINERALS, INJECTABLE</i>		
DEXTROSE 5% /ELECTROLYTE #48	\$0 -	
VIAFLEX INJECTION 24MEQ/L; 5%; 23MEQ/L; 3MEQ/L; 3MEQ/L; 20MEQ/L; 25MEQ/L	\$12.65 (Tier 3)	
DEXTROSE 10%/SODIUM CHLORIDE 0.2% INJECTION 10%; 0.2%	\$0 - \$12.65 (Tier 4)	
DEXTROSE 10%/SODIUM CHLORIDE 0.45% INJECTION 10%; 0.45%	\$0 - \$12.65 (Tier 4)	
DEXTROSE 2.5%/SODIUM CHLORIDE 0.45% INJECTION 2.5%; 0.45%	\$0 - \$12.65 (Tier 4)	
DEXTROSE 5%/LACTATED RINGERS INJECTION 2.7MEQ/L; 109MEQ/L; 5%; 28MEQ/L; 4MEQ/L; 130MEQ/L	\$0 - \$12.65 (Tier 4)	
DEXTROSE 5%/SODIUM CHLORIDE 0.2% INJECTION 5%; 0.2%	\$0 - \$12.65 (Tier 4)	
<i>dextrose 5%/sodium chloride 0.3% injection</i> <i>5%; 0.3%</i>	\$0 - \$12.65 (Tier 4)	
DEXTROSE 5%/SODIUM CHLORIDE 0.33% INJECTION 5%; 0.33%	\$0 - \$12.65 (Tier 4)	
DEXTROSE 5%/SODIUM CHLORIDE 0.45% INJECTION 5%; 0.45%	\$0 - \$12.65 (Tier 4)	



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: 711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
DEXTROSE 5%/SODIUM CHLORIDE 0.9% INJECTION 5%; 0.9%	\$0 - \$12.65 (Tier 4)	
<i>dextrose/sodium chloride injection 5%; 0.225%</i>	\$0 - \$12.65 (Tier 4)	
ISOLYTE-P/DEXTROSE 5% INJECTION 23MEQ/L; 23MEQ/L; 5%; 3MEQ/L; 3MEQ/L; 20MEQ/L; 25MEQ/L	\$0 - \$12.65 (Tier 4)	
ISOLYTE-S PH 7.4 INJECTION 27MEQ/1000ML; 98MEQ/1000ML; 23MEQ/1000ML; 3MEQ/1000ML; 1MEQ/1000ML; 5MEQ/1000ML; 141MEQ/1000ML	\$0 - \$12.65 (Tier 4)	B/D
ISOLYTE-S INJECTION 27MEQ/L; 98MEQ/L; 23MEQ/L; 3MEQ/L; 5MEQ/L; 140MEQ/L	\$0 - \$12.65 (Tier 4)	B/D
KCL 0.075%/D5W/NACL 0.45% INJECTION 5%; 10MEQ/L; 0.45%	\$0 - \$12.65 (Tier 4)	
KCL 0.15%/D5W/NACL 0.2% INJECTION 5%; 20MEQ/L; 0.2%	\$0 - \$12.65 (Tier 4)	
KCL 0.15%/D5W/NACL 0.45% INJECTION 5%; 20MEQ/L; 0.45%	\$0 - \$12.65 (Tier 4)	
KCL 0.15%/D5W/NACL 0.9% INJECTION 5%; 20MEQ/L; 0.9%	\$0 - \$12.65 (Tier 4)	
KCL 0.3%/D5W/NACL 0.45% INJECTION 5%; 40MEQ/L; 0.45%	\$0 - \$12.65 (Tier 4)	
KCL 0.3%/D5W/NACL 0.9% INJECTION 5%; 40MEQ/L; 0.9%	\$0 - \$12.65 (Tier 4)	

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: **711**), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>lactated ringers injection 3meq/l; 109meq/l; 28meq/l; 4meq/l; 130meq/l</i>	\$0 - \$12.65 (Tier 4)	
MAGNESIUM SULFATE INJECTION 20GM/500ML, 40GM/1000ML	\$0 - \$12.65 (Tier 4)	
<i>magnesium sulfate injection 2gm/50ml, 3gm/100ml, 4gm/100ml, 4gm/50ml, 50%</i>	\$0 - \$12.65 (Tier 4)	
<i>multiple electrolytes injection type 1 injection 27meq/l; 98meq/l; 23meq/l; 3meq/l; 5meq/l; 140meq/l</i>	\$0 - \$12.65 (Tier 4)	
POTASSIUM CHLORIDE/DEXTROSE/ SODIUM CHLORIDE INJECTION 5%; 0.15%; 0.225%, 5%; 10MEQ/L; 0.45%, 5%; 20MEQ/L; 0.45%, 5%; 20MEQ/L; 0.9%, 5%; 30MEQ/L; 0.45%, 5%; 40MEQ/L; 0.45%, 5%; 40MEQ/L; 0.9%	\$0 - \$12.65 (Tier 4)	
POTASSIUM CHLORIDE/DEXTROSE INJECTION 5%; 10MEQ/L, 5%; 20MEQ/L	\$0 - \$12.65 (Tier 4)	
<i>potassium chloride/sodium chloride injection 20meq/l; 0.45%, 20meq/l; 0.9%, 40meq/l; 0.9%</i>	\$0 - \$12.65 (Tier 4)	
POTASSIUM CHLORIDE INJECTION 0.4MEQ/ML, 10MEQ/100ML, 10MEQ/50ML, 20MEQ/100ML, 40MEQ/100ML	\$0 - \$12.65 (Tier 4)	
<i>potassium chloride injection 2meq/ml</i>	\$0 - \$12.65 (Tier 4)	MO
RINGERS INJECTION INJECTION 4.5MEQ/L; 156MEQ/L; 4MEQ/L; 147MEQ/L	\$0 - \$12.65 (Tier 3)	
SODIUM BICARBONATE INJECTION 7.5%	\$0 - \$12.65 (Tier 4)	



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: 711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaMedicare.com/MICHDSNP](https://www.AetnaMedicare.com/MICHDSNP)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>sodium bicarbonate injection 4.2%</i>	\$0 - \$12.65 (Tier 4)	
<i>sodium bicarbonate injection 8.4%</i>	\$0 - \$12.65 (Tier 4)	MO
<i>sodium chloride 0.45% injection 0.45%</i>	\$0 - \$12.65 (Tier 4)	
SODIUM CHLORIDE INJECTION 2.5MEQ/ML, 5%	\$0 - \$12.65 (Tier 4)	MO
<i>sodium chloride injection 4meq/ml</i>	\$0 - \$12.65 (Tier 4)	
<i>sodium chloride injection 0.9%, 3%</i>	\$0 - \$12.65 (Tier 4)	MO
TPN ELECTROLYTES INJECTION 29.5MEQ/20ML; 4.5MEQ/20ML; 35MEQ/20ML; 5MEQ/20ML; 20MEQ/20ML; 35MEQ/20ML	\$0 - \$12.65 (Tier 4)	B/D
ELECTROLYTES/MINERALS/VITAMINS, ORAL		
<i>effer-k tablet effervescent 25meq</i>	\$0 (Tier 2)	MO
<i>fluoride tablet chewable 0.25mg, 0.5mg, 1mg</i>	\$0 - \$12.65 (Tier 4)	MO
<i>klor-con 10 tablet extended release 10meq</i>	\$0 (Tier 2)	
<i>klor-con 8 tablet extended release 8meq</i>	\$0 (Tier 2)	
<i>klor-con m10 tablet extended release 10meq</i>	\$0 (Tier 2)	MO
<i>klor-con m15 tablet extended release 15meq</i>	\$0 (Tier 2)	MO
<i>klor-con m20 tablet extended release 20meq</i>	\$0 (Tier 2)	MO
<i>klor-con/ef tablet effervescent 25meq</i>	\$0 (Tier 2)	MO
<i>klor-con packet 20meq</i>	\$0 - \$12.65 (Tier 4)	

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at 1-855-676-5772 (TTY: 711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
M-NATAL PLUS TABLET 120MG; 200MG; 400UNIT; 2MG; 12MCG; 27MG; 1MG; 20MG; 10MG; 4000UNIT; 3MG; 1.84MG; 22UNIT; 25MG	\$0 - \$12.65 (Tier 3)	MO
<i>multi vitamin/fluoride tablet chewable 60mg; 400unit; 4.5mcg; 0.3mg; 13.5mg; 1.05mg; 1.2mg; 1mg; 1.05mg; 15unit; 2500unit</i>	\$0 - \$12.65 (Tier 4)	
<i>multi-vitamin/fluoride drops suspension 35mg/ml; 400unit/ml; 2mcg/ml; 0.25mg/ml; 8mg/ml; 0.4mg/ml; 1500unit/ml; 0.6mg/ml; 0.5mg/ml; 5unit/ml, 35mg/ml; 400unit/ml; 2mcg/ml; 8mg/ml; 0.4mg/ml; 1500unit/ml; 0.6mg/ml; 0.5mg/ml; 0.5mg/ml; 5unit/ml</i>	\$0 - \$12.65 (Tier 4)	MO
<i>multi-vitamin/fluoride/iron solution 35mg/ml; 400unit/ml; 10mg/ml; 8mg/ml; 0.4mg/ml; 1500unit/ml; 0.6mg/ml; 0.25mg/ml; 0.5mg/ml; 5unit/ml</i>	\$0 - \$12.65 (Tier 4)	MO
<i>multivitamin/fluoride tablet chewable 60mg; 4.5mcg; 300mcg; 13.5mg; 1.05mg; 1.2mg; 0.25mg; 1.05mg; 2500unit; 400unit; 15unit, 60mg; 4.5mcg; 300mcg; 13.5mg; 1.05mg; 1.2mg; 0.5mg; 1.05mg; 2500unit; 400unit; 15unit</i>	\$0 - \$12.65 (Tier 4)	MO
NEONATAL PLUS TABLET 20MG; 0.2MG; 200MG; 10MCG; 2MG; 2MG; 12MCG; 27MG; 1000MCG; 5MG; 20MG; 10MG; 1200MCG; 3MG; 1.84MG; 9.2MG; 25MG	\$0 - \$12.65 (Tier 3)	MO
NIVA-PLUS TABLET 120MG; 200MG; 400UNIT; 2MG; 12MCG; 27MG; 1MG; 20MG; 10MG; 4000UNIT; 3MG; 1.84MG; 22UNIT; 25MG	\$0 - \$12.65 (Tier 3)	MO
PNV PRENATAL PLUS MULTIVITAMIN TABLET 120MG; 200MG; 400UNIT; 2MG; 12MCG; 27MG; 1MG; 20MG; 10MG; 4000UNIT; 3MG; 1.84MG; 22MG; 25MG	\$0 - \$12.65 (Tier 3)	MO
<i>potassium chloride er capsule extended release 10meq, 8meq</i>	\$0 (Tier 2)	MO



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: 711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. **For more information**, visit **[AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)**

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>potassium chloride er tablet extended release 10meq, 15meq, 20meq, 8meq</i>	\$0 (Tier 2)	MO
<i>potassium chloride packet 20meq</i>	\$0 - \$12.65 (Tier 4)	MO
<i>potassium chloride oral solution 10%, 20%</i>	\$0 - \$12.65 (Tier 4)	MO
PRENATAL PLUS VITAMIN AND MINERAL TABLET 120MG; 200MG; 12MCG; 2MG; 27MG; 1MG; 20MG; 10MG; 3MG; 1.84MG; 1200MCG; 10MCG; 9.9MG; 25MG	\$0 - \$12.65 (Tier 3)	MO
PRENATAL TABLET 120MG; 200MG; 10MCG; 2MG; 12MCG; 27MG; 1MG; 20MG; 10MG; 1200MCG; 3MG; 1.84MG; 10MG; 25MG	\$0 - \$12.65 (Tier 3)	MO
<i>sodium fluoride solution 0.5mg/ml</i>	\$0 - \$12.65 (Tier 4)	MO
<i>sodium fluoride tablet chewable 0.25mg, 0.5mg, 1mg</i>	\$0 - \$12.65 (Tier 4)	MO
<i>tri-vite/fluoride solution 35mg/ml; 0.25mg/ml; 1500unit/ml; 400unit/ml, 35mg/ml; 0.5mg/ml; 1500unit/ml; 400unit/ml</i>	\$0 - \$12.65 (Tier 4)	MO
WESTAB PLUS TABLET 120MG; 200MG; 10MCG; 2MG; 12MCG; 27MG; 1MG; 20MG; 10MG; 3MG; 1.84MG; 9.9MG; 1200MCG; 25MG	\$0 - \$12.65 (Tier 3)	MO
IV NUTRITION		
AMINOSYN II INJECTION	\$0 - \$12.65 (Tier 4)	B/D
AMINOSYN-PF 7% INJECTION	\$0 - \$12.65 (Tier 4)	B/D

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at 1-855-676-5772 (TTY: 711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
AMINOSYN-PF INJECTION	\$0 - \$12.65 (Tier 4)	B/D
CLINIMIX 4.25%/DEXTROSE 10% INJECTION	\$0 - \$12.65 (Tier 4)	B/D
CLINIMIX 4.25%/DEXTROSE 5% INJECTION	\$0 - \$12.65 (Tier 4)	B/D
CLINIMIX 5%/DEXTROSE 15% INJECTION	\$0 - \$12.65 (Tier 4)	B/D
CLINIMIX 5%/DEXTROSE 20% INJECTION	\$0 - \$12.65 (Tier 4)	B/D
CLINIMIX 6/5 INJECTION 1242MG/100ML; 690MG/100ML; 5GM/100ML; 618MG/100ML; 288MG/100ML; 360MG/100ML; 438MG/100ML; 348MG/100ML; 240MG/100ML; 336MG/100ML; 408MG/100ML; 300MG/100ML; 252MG/100ML; 108MG/100ML; 24MG/100ML; 348MG/100ML	\$0 - \$12.65 (Tier 4)	B/D
CLINIMIX 8/10 INJECTION 1656MG/100ML; 920MG/100ML; 10GM/100ML; 824MG/100ML; 384MG/100ML; 480MG/100ML; 584MG/100ML; 464MG/100ML; 320MG/100ML; 448MG/100ML; 544MG/100ML; 400MG/100ML; 336MG/100ML; 144MG/100ML; 32MG/100ML; 464MG/100ML	\$0 - \$12.65 (Tier 4)	B/D



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: **711**), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
CLINIMIX 8/14 INJECTION 1656MG/100ML; 920MG/100ML; 14GM/100ML; 824MG/100ML; 384MG/100ML; 480MG/100ML; 584MG/100ML; 464MG/100ML; 320MG/100ML; 448MG/100ML; 544MG/100ML; 400MG/100ML; 336MG/100ML; 144MG/100ML; 32MG/100ML; 464MG/100ML	\$0 - \$12.65 (Tier 4)	B/D
<i>clinisol sf 15% injection</i>	\$0 - \$12.65 (Tier 4)	B/D MO
CLINOLIPID INJECTION 1.2GM/100ML; 2.25GM/100ML; 16GM/100ML; 4GM/100ML	\$0 - \$12.65 (Tier 3)	B/D
<i>dextrose 10% injection 10%</i>	\$0 (Tier 2)	
DEXTROSE 30% INJECTION 30%	\$0 - \$12.65 (Tier 3)	B/D
<i>dextrose 5% injection 5%</i>	\$0 (Tier 2)	MO
DEXTROSE 50% INJECTION 50%	\$0 - \$12.65 (Tier 3)	B/D
DEXTROSE 70% INJECTION 70%	\$0 - \$12.65 (Tier 3)	B/D
DEXTROSE INJECTION 20%, 40%	\$0 - \$12.65 (Tier 3)	B/D
GLUCOSE (DEXTROSE) 50% INJECTION 50%	\$0 - \$12.65 (Tier 3)	B/D
GLUCOSE (DEXTROSE) 70% INJECTION 70%	\$0 - \$12.65 (Tier 3)	B/D
NUTRILIPID INJECTION 20GM/100ML	\$0 - \$12.65 (Tier 3)	B/D

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: 711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>plenamine injection</i>	\$0 - \$12.65 (Tier 4)	B/D
PREMASOL INJECTION 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	\$0 - \$12.65 (Tier 5)	B/D
PROSOL INJECTION	\$0 - \$12.65 (Tier 4)	B/D
TRAVASOL INJECTION 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 500MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	\$0 - \$12.65 (Tier 4)	B/D
TROPHAMINE INJECTION	\$0 - \$12.65 (Tier 4)	B/D
OPHTHALMIC		
ANTI-INFECTIVE/ANTI-INFLAMMATORY		
<i>loteprednol etabonate/tobramycin suspension</i> 0.5%; 0.3%	\$0 - \$12.65 (Tier 3)	MO
<i>neo-polycin hc ointment</i> 400unit/gm; 1%; 3.5mg/gm; 10000unit/gm	\$0 (Tier 2)	
<i>neomycin/polymyxin/bacitracin/hydrocortisone</i> <i>ointment</i> 400unit/gm; 1%; 0.5%; 10000unit/gm	\$0 (Tier 2)	MO
<i>neomycin/polymyxin/dexamethasone ointment</i> 0.1%; 3.5mg/gm; 10000unit/gm	\$0 (Tier 2)	MO



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: 711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>neomycin/polymyxin/dexamethasone suspension 0.1%; 3.5mg/ml; 10000unit/ml</i>	\$0 (Tier 2)	MO
<i>neomycin/polymyxin/hydrocortisone ophthalmic suspension 1%; 3.5mg/ml; 10000unit/ml</i>	\$0 - \$12.65 (Tier 4)	MO
<i>sulfacetamide sodium/prednisolone sodium phosphate solution 0.23%; 10%</i>	\$0 (Tier 2)	MO
TOBRADEX ST SUSPENSION 0.05%; 0.3%	\$0 - \$12.65 (Tier 3)	MO
TOBRADEX OINTMENT 0.1%; 0.3%	\$0 - \$12.65 (Tier 3)	MO
<i>tobramycin/dexamethasone suspension 0.1%; 0.3%</i>	\$0 - \$12.65 (Tier 3)	MO
ZYLET SUSPENSION 0.5%; 0.3%	\$0 - \$12.65 (Tier 3)	MO
ANTI-INFECTIVES		
<i>bacitracin/polymyxin b ointment 500unit/gm; 10000unit/gm</i>	\$0 (Tier 2)	MO
<i>bacitracin ointment 500unit/gm</i>	\$0 - \$12.65 (Tier 4)	MO
BESIFLOXACIN HYDROCHLORIDE SUSPENSION 0.6%	\$0 - \$12.65 (Tier 3)	MO
BESIVANCE SUSPENSION 0.6%	\$0 - \$12.65 (Tier 3)	MO
CILOXAN OINTMENT 0.3%	\$0 - \$12.65 (Tier 3)	QL (42 GM per 30 days) MO
<i>ciprofloxacin hydrochloride solution 0.3%</i>	\$0 (Tier 2)	QL (30 ML per 30 days) MO
<i>erythromycin ointment 5mg/gm</i>	\$0 (Tier 2)	QL (42 GM per 30 days) MO

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: **711**), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit **[AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)**



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>gatifloxacin solution 0.5%</i>	\$0 (Tier 2)	QL (20 ML per 30 days) MO
<i>gentamicin sulfate ophthalmic solution 0.3%</i>	\$0 (Tier 2)	QL (30 ML per 30 days) MO
<i>levofloxacin ophthalmic solution 1.5%</i>	\$0 (Tier 2)	QL (20 ML per 30 days) MO
<i>levofloxacin ophthalmic solution 0.5%</i>	\$0 (Tier 2)	QL (30 ML per 30 days)
<i>moxifloxacin hydrochloride (generic Vigamox) ophthalmic solution 0.5%</i>	\$0 (Tier 2)	QL (12 ML per 30 days) MO
<i>moxifloxacin hydrochloride (generic Moxeza) ophthalmic solution 0.5%</i>	\$0 - \$12.65 (Tier 4)	QL (12 ML per 30 days) MO
NATACYN SUSPENSION 5%	\$0 - \$12.65 (Tier 4)	MO
<i>neo-polycin ointment 400unit/gm; 3.5mg/gm; 10000unit/gm</i>	\$0 (Tier 2)	
<i>neomycin/polymyxin/bacitracin ointment 400unit/gm; 5mg/gm; 10000unit/gm</i>	\$0 (Tier 2)	MO
<i>neomycin/polymyxin/gramicidin solution 0.025mg/ml; 1.75mg/ml; 10000unit/ml</i>	\$0 (Tier 2)	MO
<i>ofloxacin ophthalmic solution 0.3%</i>	\$0 (Tier 2)	QL (60 ML per 30 days) MO
<i>polycin ointment 500unit/gm; 10000unit/gm</i>	\$0 (Tier 2)	
<i>polymyxin b sulfate/trimethoprim sulfate solution 10000unit/ml; 0.1%</i>	\$0 (Tier 2)	MO
<i>sulfacetamide sodium ointment 10%</i>	\$0 (Tier 2)	MO
<i>sulfacetamide sodium solution 10%</i>	\$0 (Tier 2)	QL (90 ML per 30 days) MO
<i>tobramycin solution 0.3%</i>	\$0 (Tier 2)	QL (30 ML per 30 days) MO
<i>trifluridine solution 1%</i>	\$0 (Tier 2)	MO
XDEMVY SOLUTION 0.25%	\$0 - \$12.65 (Tier 5)	QL (10 ML per 42 days) PA; ACS LD
ZIRGAN GEL 0.15%	\$0 - \$12.65 (Tier 4)	MO



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: 711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTI-INFLAMMATORIES		
<i>bromfenac sodium solution 0.07%</i>	\$0 - \$12.65 (Tier 3)	MO
<i>bromfenac sodium solution 0.075%</i>	\$0 - \$12.65 (Tier 4)	MO
<i>bromfenac solution 0.09%</i>	\$0 - \$12.65 (Tier 4)	MO
<i>dexamethasone sodium phosphate ophthalmic solution 0.1%</i>	\$0 (Tier 2)	MO
<i>diclofenac sodium ophthalmic solution 0.1%</i>	\$0 (Tier 2)	QL (10 ML per 30 days) MO
<i>difluprednate emulsion 0.05%</i>	\$0 - \$12.65 (Tier 4)	
FLAREX SUSPENSION 0.1%	\$0 - \$12.65 (Tier 4)	MO
<i>fluorometholone suspension 0.1%</i>	\$0 - \$12.65 (Tier 3)	MO
<i>flurbiprofen sodium solution 0.03%</i>	\$0 (Tier 2)	MO
<i>ketorolac tromethamine solution 0.4%, 0.5%</i>	\$0 (Tier 2)	MO
LOTEMAX SM GEL 0.38%	\$0 - \$12.65 (Tier 3)	MO
LOTEMAX OINTMENT 0.5%	\$0 - \$12.65 (Tier 3)	MO
<i>loteprednol etabonate gel 0.5%</i>	\$0 (Tier 2)	MO
<i>loteprednol etabonate suspension 0.5%</i>	\$0 (Tier 2)	MO
<i>loteprednol etabonate suspension 0.2%</i>	\$0 - \$12.65 (Tier 3)	MO
<i>prednisolone acetate suspension 1%</i>	\$0 (Tier 2)	MO

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: **711**), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
PREDNISOLONE SODIUM PHOSPHATE OPTHALMIC SOLUTION 1%	\$0 - \$12.65 (Tier 3)	MO
ANTIALLERGICS		
<i>azelastine hcl solution 0.05%</i>	\$0 (Tier 2)	MO
<i>cromolyn sodium solution 4%</i>	\$0 (Tier 2)	MO
<i>epinastine hcl solution 0.05%</i>	\$0 (Tier 2)	MO
ZERVIAE SOLUTION 0.24%	\$0 - \$12.65 (Tier 4)	
ANTIGLAUCOMA		
<i>betaxolol hcl solution 0.5%</i>	\$0 (Tier 2)	MO
<i>brimonidine tartrate/timolol maleate solution 0.2%; 0.5%</i>	\$0 - \$12.65 (Tier 3)	MO
<i>brimonidine tartrate solution 0.2%</i>	\$0 (Tier 1)	MO
<i>brimonidine tartrate solution 0.15%</i>	\$0 - \$12.65 (Tier 3)	MO
<i>brinzolamide suspension 1%</i>	\$0 - \$12.65 (Tier 4)	MO
<i>carteolol hcl solution 1%</i>	\$0 (Tier 2)	MO
COMBIGAN SOLUTION 0.2%; 0.5%	\$0 - \$12.65 (Tier 3)	MO
<i>dorzolamide hcl/timolol maleate solution 22.3mg/ml; 6.8mg/ml</i>	\$0 (Tier 1)	MO
<i>dorzolamide hydrochloride/timolol maleate pf solution 2%; 0.5%</i>	\$0 - \$12.65 (Tier 4)	MO
<i>dorzolamide hydrochloride solution 2%</i>	\$0 (Tier 2)	MO
<i>latanoprost solution 0.005%</i>	\$0 (Tier 1)	MO
<i>levobunolol hcl solution 0.5%</i>	\$0 (Tier 1)	MO



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: 711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
LUMIGAN SOLUTION 0.01%	\$0 - \$12.65 (Tier 3)	MO
PHOSPHOLINE IODIDE SOLUTION RECONSTITUTED 0.125%	\$0 - \$12.65 (Tier 5)	ACS LD
<i>pilocarpine hcl solution 1%, 2%, 4%</i>	\$0 - \$12.65 (Tier 4)	MO
<i>pilocarpine hydrochloride solution 1%, 2%, 4%</i>	\$0 - \$12.65 (Tier 4)	MO
RHOPRESSA SOLUTION 0.02%	\$0 - \$12.65 (Tier 4)	MO
ROCKLATAN SOLUTION 0.005%; 0.02%	\$0 - \$12.65 (Tier 4)	MO
SIMBRINZA SUSPENSION 0.2%; 1%	\$0 - \$12.65 (Tier 4)	MO
<i>timolol maleate ophthalmic gel forming gel forming solution 0.25%, 0.5%</i>	\$0 - \$12.65 (Tier 4)	MO
<i>timolol maleate (generic Timoptic) soln 0.25%, 0.5%</i>	\$0 (Tier 1)	MO
<i>timolol maleate once-daily ophthalmic (generic Istalol) soln 0.5%</i>	\$0 - \$12.65 (Tier 4)	MO
<i>travoprost solution 0.004%</i>	\$0 (Tier 2)	MO
VYZULTA SOLUTION 0.024%	\$0 - \$12.65 (Tier 4)	MO
MISCELLANEOUS		
<i>atropine sulfate solution 1%</i>	\$0 - \$12.65 (Tier 3)	MO

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: **711**), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
CYSTARAN SOLUTION 0.44%	\$0 - \$12.65 (Tier 5)	PA; LD
EYSUVIS SUSPENSION 0.25%	\$0 - \$12.65 (Tier 4)	MO
MIEBO SOLUTION 1.338GM/ML	\$0 - \$12.65 (Tier 3)	QL (12 ML per 30 days) MO
<i>proparacaine hcl solution 0.5%</i>	\$0 (Tier 2)	MO
RESTASIS MULTIDOSE EMULSION 0.05%	\$0 - \$12.65 (Tier 3)	QL (5.5 ML per 30 days) MO
RESTASIS EMULSION 0.05%	\$0 - \$12.65 (Tier 3)	QL (60 EA per 30 days) MO
XIIDRA SOLUTION 5%	\$0 - \$12.65 (Tier 3)	QL (60 EA per 30 days) MO

OTIC**OTIC AGENTS**

<i>acetic acid solution 2%</i>	\$0 (Tier 2)	MO
CIPRO HC SUSPENSION 0.2%; 1%	\$0 - \$12.65 (Tier 4)	MO
<i>ciprofloxacin hydrochloride/hydrocortisone suspension 0.2%; 1%</i>	\$0 - \$12.65 (Tier 4)	MO
<i>ciprofloxacin/dexamethasone suspension 0.3%; 0.1%</i>	\$0 - \$12.65 (Tier 4)	MO
<i>ciprofloxacin solution 0.2%</i>	\$0 - \$12.65 (Tier 3)	MO
<i>flac oil 0.01%</i>	\$0 - \$12.65 (Tier 4)	



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: 711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>fluocinolone acetonide oil 0.01%</i>	\$0 - \$12.65 (Tier 4)	MO
<i>hydrocortisone/acetic acid solution 2%; 1%</i>	\$0 - \$12.65 (Tier 4)	MO
<i>neomycin/polymyxin/hc solution 1%; 3.5mg/ml; 10000unit/ml</i>	\$0 - \$12.65 (Tier 4)	MO
<i>neomycin/polymyxin/hydrocortisone otic suspension 1%; 3.5mg/ml; 10000unit/ml</i>	\$0 - \$12.65 (Tier 4)	MO
<i>ofloxacin otic solution 0.3%</i>	\$0 (Tier 2)	MO

RESPIRATORY**ANTICHOLINERGIC/BETA AGONIST COMBINATIONS**

ANORO ELLIPTA AEROSOL POWDER	\$0 -	QL (60 EA per 30 days) MO
BREATH ACTIVATED 62.5MCG/ACT; 25MCG/ACT	\$12.65 (Tier 3)	
BEVESPI AEROSPHERE AEROSOL 4.8MCG/ACT; 9MCG/ACT	\$0 - \$12.65 (Tier 3)	QL (10.7 GM per 30 days) MO
BREZTRI AEROSPHERE AEROSOL 160MCG/ACT; 4.8MCG/ACT; 18MCG/ACT	\$0 - \$12.65 (Tier 3)	QL (10.7 GM per 30 days)
BREZTRI AEROSPHERE AEROSOL 160MCG/ACT; 4.8MCG/ACT; 9MCG/ACT	\$0 - \$12.65 (Tier 3)	QL (10.7 GM per 30 days) MO
COMBIVENT RESPIMAT AEROSOL SOLUTION 100MCG/ACT; 20MCG/ACT	\$0 - \$12.65 (Tier 4)	QL (8 GM per 30 days) MO
<i>ipratropium bromide/albuterol sulfate solution 2.5mg/3ml; 0.5mg/3ml</i>	\$0 (Tier 2)	B/D MO
TRELEGY ELLIPTA AEROSOL POWDER	\$0 -	QL (60 EA per 30 days) MO
BREATH ACTIVATED 100MCG/ACT; 62.5MCG/ACT; 25MCG/ACT, 200MCG/INH; 62.5MCG/INH; 25MCG/INH	\$12.65 (Tier 3)	

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: **711**), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTICHOLINERGICS		
ATROVENT HFA AEROSOL SOLUTION 17MCG/ACT	\$0 - \$12.65 (Tier 4)	QL (25.8 GM per 30 days) MO
INCRUSE ELLIPTA AEROSOL POWDER BREATH ACTIVATED 62.5MCG/INH	\$0 - \$12.65 (Tier 3)	QL (30 EA per 30 days) MO
<i>ipratropium bromide inhalation solution 0.02%</i>	\$0 (Tier 2)	B/D MO
<i>ipratropium bromide nasal solution 0.03%</i>	\$0 (Tier 2)	QL (30 ML per 28 days) MO
<i>ipratropium bromide nasal solution 0.06%</i>	\$0 (Tier 2)	QL (45 ML per 30 days) MO
SPIRIVA RESPIMAT AEROSOL SOLUTION 1.25MCG/ACT	\$0 - \$12.65 (Tier 4)	QL (4 GM per 30 days) MO
ANTI-HISTAMINES		
<i>azelastine hydrochloride solution 0.1%</i>	\$0 (Tier 2)	QL (30 ML per 25 days) MO
CARBINOXAMINE MALEATE ER SUSPENSION EXTENDED RELEASE 4MG/5ML	\$0 - \$12.65 (Tier 4)	PA MO
<i>carbinoxamine maleate solution 4mg/5ml</i>	\$0 - \$12.65 (Tier 4)	PA MO
<i>carbinoxamine maleate tablet 4mg</i>	\$0 - \$12.65 (Tier 4)	PA MO
<i>cetirizine hydrochloride solution 5mg/5ml</i>	\$0 (Tier 2)	QL (300 ML per 30 days) MO
<i>clemastine fumarate tablet 2.68mg</i>	\$0 (Tier 2)	PA MO
<i>cycloheptadine hcl syrup 2mg/5ml</i>	\$0 - \$12.65 (Tier 4)	PA MO; HRM
<i>cycloheptadine hydrochloride tablet 4mg</i>	\$0 - \$12.65 (Tier 4)	PA MO; HRM
<i>desloratadine odt tablet disintegrating 2.5mg, 5mg</i>	\$0 - \$12.65 (Tier 4)	QL (30 EA per 30 days) MO
<i>desloratadine tablet 5mg</i>	\$0 (Tier 2)	QL (30 EA per 30 days) MO



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: 711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>diphenhydramine hydrochloride injection 50mg/ml</i>	\$0 - \$12.65 (Tier 4)	MO; HRM
<i>hydroxyzine hcl tablet 50mg</i>	\$0 - \$12.65 (Tier 4)	PA MO; HRM
<i>hydroxyzine hydrochloride injection 25mg/ml, 50mg/ml</i>	\$0 - \$12.65 (Tier 4)	PA MO; HRM
<i>hydroxyzine hydrochloride syrup 10mg/5ml</i>	\$0 - \$12.65 (Tier 4)	PA MO; HRM
<i>hydroxyzine hydrochloride tablet 10mg, 25mg</i>	\$0 - \$12.65 (Tier 4)	PA MO; HRM
<i>hydroxyzine pamoate capsule 100mg, 25mg, 50mg</i>	\$0 - \$12.65 (Tier 4)	PA MO; HRM
<i>levocetirizine dihydrochloride solution 2.5mg/5ml</i>	\$0 - \$12.65 (Tier 4)	MO
<i>levocetirizine dihydrochloride tablet 5mg</i>	\$0 (Tier 2)	QL (30 EA per 30 days) MO
<i>olopatadine hcl solution 0.6%</i>	\$0 - \$12.65 (Tier 4)	QL (30.5 GM per 30 days) MO
BETA AGONISTS		
<i>albuterol sulfate hfa (generic Proventil HFA) aerosol solution 108mcg/act</i>	\$0 (Tier 2)	QL (13.4 GM per 30 days) MO
<i>albuterol sulfate hfa (generic ProAir HFA) aerosol solution 108mcg/act</i>	\$0 (Tier 2)	QL (17 GM per 30 days) MO
<i>albuterol sulfate hfa (generic Ventolin HFA) aerosol solution 108mcg/act</i>	\$0 (Tier 2)	QL (36 GM per 30 days) MO
<i>albuterol sulfate nebulization solution 0.083%, 0.63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml</i>	\$0 (Tier 2)	B/D MO
<i>albuterol sulfate syrup 2mg/5ml</i>	\$0 - \$12.65 (Tier 4)	MO

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: **711**), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaMedicare.com/MICHDSNP](https://www.AetnaMedicare.com/MICHDSNP)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>albuterol sulfate tablet 2mg, 4mg</i>	\$0 - \$12.65 (Tier 4)	MO
<i>levalbuterol hcl nebulization solution 0.63mg/3ml, 1.25mg/3ml</i>	\$0 (Tier 2)	B/D MO
<i>levalbuterol hcl nebulization solution 0.31mg/3ml</i>	\$0 - \$12.65 (Tier 4)	B/D MO
<i>levalbuterol hydrochloride nebulization solution 0.63mg/3ml</i>	\$0 (Tier 2)	B/D MO
LEVALBUTEROL TARTRATE HFA AEROSOL 45MCG/ACT	\$0 - \$12.65 (Tier 3)	QL (30 GM per 30 days) MO
<i>levalbuterol nebulization solution 1.25mg/0.5ml</i>	\$0 - \$12.65 (Tier 4)	B/D MO
SEREVENT DISKUS AEROSOL POWDER BREATH ACTIVATED 50MCG/DOSE	\$0 - \$12.65 (Tier 3)	QL (60 EA per 30 days) MO
<i>terbutaline sulfate injection 1mg/ml</i>	\$0 - \$12.65 (Tier 4)	MO
<i>terbutaline sulfate tablet 2.5mg, 5mg</i>	\$0 - \$12.65 (Tier 4)	MO
LEUKOTRIENE MODULATORS		
<i>montelukast sodium packet 4mg</i>	\$0 (Tier 2)	QL (30 EA per 30 days) MO
<i>montelukast sodium tablet chewable 4mg, 5mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>montelukast sodium tablet 10mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>zafirlukast tablet 10mg, 20mg</i>	\$0 - \$12.65 (Tier 4)	QL (60 EA per 30 days) MO
MISCELLANEOUS		
<i>acetylcysteine inhalation solution 10%, 20%</i>	\$0 (Tier 2)	B/D MO



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: 711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaMedicare.com/MICHDSNP](https://www.AetnaMedicare.com/MICHDSNP)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>aminophylline injection 25mg/ml</i>	\$0 - \$12.65 (Tier 4)	
<i>cromolyn sodium nebulization solution 20mg/2ml</i>	\$0 (Tier 2)	B/D MO
<i>epinephrine injection 0.15mg/0.15ml, 0.15mg/0.3ml, 0.3mg/0.3ml</i>	\$0 - \$12.65 (Tier 3)	QL (2 EA per 30 days) MO
FASENRA PEN INJECTION 30MG/ML	\$0 - \$12.65 (Tier 5)	QL (1 ML per 28 days) PA; ACS LD
FASENRA INJECTION 10MG/0.5ML	\$0 - \$12.65 (Tier 5)	QL (0.5 ML per 28 days) PA; ACS LD
FASENRA INJECTION 30MG/ML	\$0 - \$12.65 (Tier 5)	QL (1 ML per 28 days) PA; ACS LD
KALYDECO PACKET 13.4MG, 25MG, 5.8MG, 50MG, 75MG	\$0 - \$12.65 (Tier 5)	QL (56 EA per 28 days) PA; ACS LD
KALYDECO TABLET 150MG	\$0 - \$12.65 (Tier 5)	QL (60 EA per 30 days) PA; ACS LD
<i>nintedanib esylate capsule 100mg, 150mg</i>	\$0 - \$12.65 (Tier 5)	QL (60 EA per 30 days) PA; ACS
OFEV CAPSULE 100MG, 150MG	\$0 - \$12.65 (Tier 5)	QL (60 EA per 30 days) PA; ACS LD
ORKAMBI PACKET 125MG; 100MG, 188MG; 150MG, 94MG; 75MG	\$0 - \$12.65 (Tier 5)	QL (56 EA per 28 days) PA; ACS LD
ORKAMBI TABLET 125MG; 100MG, 125MG; 200MG	\$0 - \$12.65 (Tier 5)	QL (112 EA per 28 days) PA; ACS LD

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: **711**), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. **For more information**, visit **[AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)**



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>pirfenidone capsule 267mg</i>	\$0 - \$12.65 (Tier 5)	QL (270 EA per 30 days) PA; ACS
<i>pirfenidone tablet 267mg</i>	\$0 - \$12.65 (Tier 5)	QL (270 EA per 30 days) PA; ACS
<i>pirfenidone tablet 534mg, 801mg</i>	\$0 - \$12.65 (Tier 5)	QL (90 EA per 30 days) PA; ACS
PROLASTIN-C INJECTION 1000MG/20ML	\$0 - \$12.65 (Tier 5)	PA; LD
PULMOZYME SOLUTION 2.5MG/2.5ML	\$0 - \$12.65 (Tier 5)	PA; ACS LD
<i>roflumilast tablet 250mcg, 500mcg</i>	\$0 - \$12.65 (Tier 4)	MO
<i>theophylline er tablet extended release 12 hour 100mg, 200mg</i>	\$0 - \$12.65 (Tier 4)	
<i>theophylline er tablet extended release 12 hour 300mg, 450mg</i>	\$0 - \$12.65 (Tier 4)	MO
<i>theophylline er tablet extended release 24 hour 400mg, 600mg</i>	\$0 (Tier 2)	MO
<i>theophylline solution 80mg/15ml</i>	\$0 (Tier 2)	MO
TRIKAFTA TABLET THERAPY PACK 100MG; 75MG; 50MG, 50MG; 37.5MG; 25MG	\$0 - \$12.65 (Tier 5)	QL (84 EA per 28 days) PA; ACS LD
TRIKAFTA THERAPY PACK 100MG; 75MG; 50MG, 80MG; 60MG; 40MG	\$0 - \$12.65 (Tier 5)	QL (56 EA per 28 days) PA; ACS LD
XOLAIR INJECTION 150MG/ML, 150MG, 300MG/2ML, 75MG/0.5ML	\$0 - \$12.65 (Tier 5)	PA; ACS LD



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: **711**), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. **For more information**, visit **[AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)**

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
NASAL STEROIDS		
<i>flunisolide solution 0.025%</i>	\$0 (Tier 2)	QL (75 ML per 30 days) MO
<i>fluticasone propionate suspension 50mcg/act</i>	\$0 (Tier 2)	QL (16 GM per 30 days) MO
<i>mometasone furoate suspension 50mcg/act</i>	\$0 (Tier 2)	QL (34 GM per 30 days) MO
XHANCE EXHALER SUSPENSION 93MCG/ACT	\$0 - \$12.65 (Tier 4)	QL (32 ML per 30 days) PA MO
STEROID INHALANTS		
ALVESCO AEROSOL SOLUTION 160MCG/ACT, 80MCG/ACT	\$0 - \$12.65 (Tier 4)	QL (12.2 GM per 30 days) MO
ARNUITY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100MCG/ACT, 200MCG/ACT, 50MCG/ACT	\$0 - \$12.65 (Tier 3)	QL (30 EA per 30 days) MO
<i>budesonide suspension 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml</i>	\$0 - \$12.65 (Tier 4)	B/D MO
STEROID/BETA-AGONIST COMBINATIONS		
AIRSUPRA AEROSOL 90MCG/ACT; 80MCG/ACT	\$0 - \$12.65 (Tier 3)	QL (32.1 GM per 30 days) MO
BREO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100MCG/ACT; 25MCG/ACT, 200MCG/INH; 25MCG/INH, 50MCG/INH; 25MCG/INH	\$0 - \$12.65 (Tier 3)	QL (60 EA per 30 days) MO
<i>budesonide/formoterol fumarate dihydrate aerosol 160mcg/act; 4.5mcg/act, 80mcg/act; 4.5mcg/act</i>	\$0 - \$12.65 (Tier 3)	QL (10.2 GM per 30 days) MO
DULERA AEROSOL 5MCG/ACT; 100MCG/ACT, 5MCG/ACT; 200MCG/ACT, 5MCG/ACT; 50MCG/ACT	\$0 - \$12.65 (Tier 4)	QL (13 GM per 30 days) MO
<i>fluticasone propionate/salmeterol diskus (generic Advair Diskus) aerosol powder breath activated 100mcg/act; 50mcg/act, 250mcg/act; 50mcg/act, 500mcg/act; 50mcg/act</i>	\$0 (Tier 2)	QL (60 EA per 30 days) MO

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: **711**), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
FLUTICASONE PROPIONATE/SALMETEROL HFA (GENERIC ADVAIR HFA) AEROSOL 115MCG/ACT; 21MCG/ACT, 230MCG/ACT; 21MCG/ACT, 45MCG/ACT; 21MCG/ACT	\$0 - \$12.65 (Tier 4)	QL (12 GM per 30 days) MO
<i>fluticasone propionate/salmeterol aerosol powder breath activated 500mcg/act; 50mcg/act</i>	\$0 (Tier 2)	QL (60 EA per 30 days) MO
<i>wixela inhub aerosol powder breath activated 100mcg/act; 50mcg/act, 250mcg/act; 50mcg/act, 500mcg/act; 50mcg/act</i>	\$0 (Tier 2)	QL (60 EA per 30 days) MO

TOPICAL**DERMATOLOGY, ACNE**

<i>accutane capsule 10mg, 20mg, 30mg, 40mg</i>	\$0 - \$12.65 (Tier 4)	PA
<i>amnestem capsule 10mg, 20mg, 30mg, 40mg</i>	\$0 - \$12.65 (Tier 4)	PA
<i>claravis capsule 10mg, 20mg, 30mg, 40mg</i>	\$0 - \$12.65 (Tier 4)	PA
<i>clindacin foam 1%</i>	\$0 - \$12.65 (Tier 4)	QL (100 GM per 30 days)
<i>clindamycin phosphate (once-daily) gel bottle 1%</i>	\$0 (Tier 2)	QL (75 ML per 30 days) MO
<i>clindamycin phosphate (twice-daily) gel tube 1%</i>	\$0 (Tier 2)	QL (75 GM per 30 days) MO
<i>clindamycin phosphate foam 1%</i>	\$0 - \$12.65 (Tier 4)	QL (100 GM per 30 days) MO
<i>clindamycin phosphate lotion 1%</i>	\$0 - \$12.65 (Tier 4)	QL (60 ML per 30 days) MO
<i>clindamycin phosphate topical solution 1%</i>	\$0 (Tier 2)	QL (60 ML per 30 days) MO



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: 711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>dapsone gel 5%</i>	\$0 - \$12.65 (Tier 4)	QL (90 GM per 30 days) MO
<i>ery pad 2%</i>	\$0 (Tier 2)	MO
<i>erythromycin/benzoyl peroxide gel 5%; 3%</i>	\$0 - \$12.65 (Tier 4)	MO
<i>erythromycin gel 2%</i>	\$0 - \$12.65 (Tier 4)	QL (60 GM per 30 days) MO
<i>erythromycin solution 2%</i>	\$0 - \$12.65 (Tier 4)	QL (60 ML per 30 days) MO
<i>isotretinoin capsule 10mg, 20mg, 25mg, 30mg, 35mg, 40mg</i>	\$0 - \$12.65 (Tier 4)	PA
<i>sulfacetamide sodium lotion 10%</i>	\$0 - \$12.65 (Tier 4)	MO
<i>tretinoin cream 0.025%, 0.05%, 0.1%</i>	\$0 - \$12.65 (Tier 4)	QL (45 GM per 30 days) PA MO
<i>tretinoin gel 0.01%, 0.025%, 0.05%</i>	\$0 - \$12.65 (Tier 4)	QL (45 GM per 30 days) PA MO
<i>zenatane capsule 10mg, 20mg, 30mg, 40mg</i>	\$0 - \$12.65 (Tier 4)	PA
DERMATOLOGY, ANTIBIOTICS		
<i>gentamicin sulfate cream 0.1%</i>	\$0 (Tier 2)	QL (30 GM per 30 days) MO
<i>gentamicin sulfate ointment 0.1%</i>	\$0 (Tier 2)	QL (30 GM per 30 days) MO
<i>mupirocin cream 2%</i>	\$0 - \$12.65 (Tier 4)	QL (30 GM per 30 days) MO
<i>mupirocin ointment 2%</i>	\$0 (Tier 2)	QL (30 GM per 30 days) MO
<i>silver sulfadiazine cream 1%</i>	\$0 (Tier 2)	MO

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: 711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
SSD CREAM 1%	\$0 - \$12.65 (Tier 3)	
SULFAMYLON CREAM 85MG/GM	\$0 - \$12.65 (Tier 4)	MO
DERMATOLOGY, ANTIFUNGALS		
<i>ciclopirox nail lacquer solution 8%</i>	\$0 - \$12.65 (Tier 3)	QL (6.6 ML per 30 days) MO
<i>ciclopirox olamine cream 0.77%</i>	\$0 (Tier 2)	QL (90 GM per 30 days) MO
<i>ciclopirox gel 0.77%</i>	\$0 (Tier 2)	QL (100 GM per 30 days) MO
<i>ciclopirox shampoo 1%</i>	\$0 (Tier 2)	QL (120 ML per 30 days) MO
<i>ciclopirox suspension 0.77%</i>	\$0 (Tier 2)	QL (60 ML per 30 days) MO
<i>clotrimazole/betamethasone dipropionate cream 0.05%; 1%</i>	\$0 - \$12.65 (Tier 3)	QL (45 GM per 30 days) MO
<i>clotrimazole cream 1%</i>	\$0 (Tier 2)	QL (45 GM per 30 days) MO
<i>clotrimazole solution 1%</i>	\$0 (Tier 2)	QL (30 ML per 30 days) MO
<i>econazole nitrate cream 1%</i>	\$0 - \$12.65 (Tier 3)	QL (85 GM per 30 days) MO
ERTACZO CREAM 2%	\$0 - \$12.65 (Tier 4)	QL (60 GM per 30 days) MO
<i>ketoconazole cream 2%</i>	\$0 (Tier 2)	QL (60 GM per 30 days) MO
<i>ketoconazole foam 2%</i>	\$0 - \$12.65 (Tier 4)	QL (100 GM per 30 days) MO
<i>ketoconazole shampoo 2%</i>	\$0 (Tier 2)	QL (120 ML per 30 days) MO
<i>ketodan foam 2%</i>	\$0 - \$12.65 (Tier 4)	QL (100 GM per 30 days)
<i>klayesta powder 100000unit/gm</i>	\$0 - \$12.65 (Tier 3)	QL (60 GM per 30 days)



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: 711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>nyamyc powder 100000unit/gm</i>	\$0 - \$12.65 (Tier 3)	QL (60 GM per 30 days)
<i>nystatin cream 100000unit/gm</i>	\$0 (Tier 2)	QL (30 GM per 30 days) MO
<i>nystatin ointment 100000unit/gm</i>	\$0 (Tier 2)	QL (30 GM per 30 days) MO
<i>nystatin powder 100000unit/gm</i>	\$0 (Tier 2)	QL (60 GM per 30 days) MO
<i>nystop powder 100000unit/gm</i>	\$0 (Tier 2)	QL (60 GM per 30 days)
<i>selenium sulfide lotion 2.5%</i>	\$0 (Tier 2)	MO
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin capsule 10mg, 17.5mg, 25mg</i>	\$0 - \$12.65 (Tier 4)	PA MO
<i>calcipotriene cream 0.005%</i>	\$0 - \$12.65 (Tier 4)	QL (120 GM per 30 days) PA MO
<i>calcipotriene ointment 0.005%</i>	\$0 - \$12.65 (Tier 4)	QL (120 GM per 30 days) PA MO
<i>calcipotriene solution 0.005%</i>	\$0 - \$12.65 (Tier 3)	QL (60 ML per 30 days) PA MO
<i>calcitrene ointment 0.005%</i>	\$0 - \$12.65 (Tier 4)	QL (120 GM per 30 days) PA MO
CALCITRIOL OINTMENT 3MCG/GM	\$0 - \$12.65 (Tier 4)	QL (800 GM per 28 days) PA MO
<i>methoxsalen capsule 10mg</i>	\$0 - \$12.65 (Tier 5)	MO
<i>tazarotene cream 0.1%</i>	\$0 - \$12.65 (Tier 3)	QL (60 GM per 30 days) PA MO
<i>tazarotene cream 0.05%</i>	\$0 - \$12.65 (Tier 4)	QL (60 GM per 30 days) PA MO

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: 711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>tazarotene gel 0.05%, 0.1%</i>	\$0 - \$12.65 (Tier 3)	QL (100 GM per 30 days) PA MO
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort cream 1%</i>	\$0 (Tier 2)	
<i>alclometasone dipropionate cream 0.05%</i>	\$0 - \$12.65 (Tier 4)	QL (60 GM per 30 days) MO
<i>alclometasone dipropionate ointment 0.05%</i>	\$0 - \$12.65 (Tier 4)	QL (60 GM per 30 days) MO
<i>betamethasone dipropionate augmented cream 0.05%</i>	\$0 (Tier 2)	QL (120 GM per 30 days) MO
<i>betamethasone dipropionate augmented gel 0.05%</i>	\$0 - \$12.65 (Tier 4)	QL (120 GM per 30 days) MO
<i>betamethasone dipropionate augmented lotion 0.05%</i>	\$0 - \$12.65 (Tier 4)	QL (120 ML per 30 days) MO
<i>betamethasone dipropionate augmented ointment 0.05%</i>	\$0 - \$12.65 (Tier 4)	QL (120 GM per 30 days) MO
<i>betamethasone dipropionate cream 0.05%</i>	\$0 - \$12.65 (Tier 4)	QL (120 GM per 30 days) MO
<i>betamethasone dipropionate lotion 0.05%</i>	\$0 (Tier 2)	QL (120 ML per 30 days) MO
<i>betamethasone dipropionate ointment 0.05%</i>	\$0 - \$12.65 (Tier 4)	QL (120 GM per 30 days) MO
<i>betamethasone valerate cream 0.1%</i>	\$0 (Tier 2)	QL (120 GM per 30 days) MO
<i>betamethasone valerate lotion 0.1%</i>	\$0 (Tier 2)	QL (120 ML per 30 days) MO
<i>betamethasone valerate ointment 0.1%</i>	\$0 (Tier 2)	QL (120 GM per 30 days) MO
<i>clobetasol propionate e cream 0.05%</i>	\$0 - \$12.65 (Tier 4)	QL (60 GM per 30 days) MO



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: 711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>clobetasol propionate cream 0.05%</i>	\$0 - \$12.65 (Tier 4)	QL (60 GM per 30 days) MO
<i>clobetasol propionate gel 0.05%</i>	\$0 - \$12.65 (Tier 4)	QL (60 GM per 30 days) MO
<i>clobetasol propionate ointment 0.05%</i>	\$0 - \$12.65 (Tier 4)	QL (60 GM per 30 days) MO
<i>clobetasol propionate shampoo 0.05%</i>	\$0 - \$12.65 (Tier 4)	QL (118 ML per 30 days) MO
<i>clobetasol propionate solution 0.05%</i>	\$0 - \$12.65 (Tier 4)	QL (50 ML per 30 days) MO
<i>clodan shampoo 0.05%</i>	\$0 - \$12.65 (Tier 4)	QL (118 ML per 30 days)
<i>desonide cream 0.05%</i>	\$0 - \$12.65 (Tier 4)	QL (60 GM per 30 days) MO
<i>desonide ointment 0.05%</i>	\$0 - \$12.65 (Tier 4)	QL (60 GM per 30 days) MO
<i>desoximetasone cream 0.25%</i>	\$0 - \$12.65 (Tier 4)	QL (100 GM per 30 days) MO
<i>desoximetasone ointment 0.25%</i>	\$0 - \$12.65 (Tier 4)	QL (100 GM per 30 days) MO
<i>fluocinolone acetonide body oil 0.01%</i>	\$0 - \$12.65 (Tier 4)	QL (118.28 ML per 30 days) MO
<i>fluocinolone acetonide scalp oil 0.01%</i>	\$0 - \$12.65 (Tier 4)	QL (118.28 ML per 30 days) MO

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: **711**), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>fluocinolone acetonide cream 0.025%</i>	\$0 - \$12.65 (Tier 4)	QL (120 GM per 30 days) MO
<i>fluocinolone acetonide cream 0.01%</i>	\$0 - \$12.65 (Tier 4)	QL (60 GM per 30 days) MO
<i>fluocinolone acetonide ointment 0.025%</i>	\$0 - \$12.65 (Tier 4)	QL (120 GM per 30 days) MO
<i>fluocinolone acetonide solution 0.01%</i>	\$0 - \$12.65 (Tier 4)	QL (60 ML per 30 days) MO
<i>fluocinonide emulsified base cream 0.05%</i>	\$0 - \$12.65 (Tier 4)	QL (120 GM per 30 days) MO
<i>fluocinonide cream 0.05%</i>	\$0 - \$12.65 (Tier 4)	QL (120 GM per 30 days) MO
<i>fluocinonide gel 0.05%</i>	\$0 - \$12.65 (Tier 4)	QL (60 GM per 30 days) MO
<i>fluocinonide ointment 0.05%</i>	\$0 - \$12.65 (Tier 4)	QL (60 GM per 30 days) MO
<i>fluocinonide solution 0.05%</i>	\$0 - \$12.65 (Tier 4)	QL (60 ML per 30 days) MO
<i>fluticasone propionate cream 0.05%</i>	\$0 (Tier 2)	QL (60 GM per 30 days) MO
<i>fluticasone propionate ointment 0.005%</i>	\$0 (Tier 2)	QL (60 GM per 30 days) MO
<i>halobetasol propionate cream 0.05%</i>	\$0 (Tier 2)	QL (50 GM per 30 days) MO
<i>halobetasol propionate ointment 0.05%</i>	\$0 - \$12.65 (Tier 4)	QL (50 GM per 30 days) MO
<i>hydrocortisone valerate ointment 0.2%</i>	\$0 - \$12.65 (Tier 4)	QL (60 GM per 30 days) MO
<i>hydrocortisone cream 1%</i>	\$0 (Tier 2)	MO



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: 711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. **For more information**, visit **[AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)**

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>hydrocortisone cream 2.5%</i>	\$0 (Tier 2)	QL (30 GM per 30 days) MO
<i>hydrocortisone lotion 2.5%</i>	\$0 (Tier 2)	QL (118 ML per 30 days) MO
<i>hydrocortisone ointment 2.5%</i>	\$0 (Tier 2)	MO
<i>hydrocortisone ointment 1%</i>	\$0 (Tier 2)	QL (30 GM per 30 days) MO
<i>mometasone furoate cream 0.1%</i>	\$0 (Tier 2)	QL (45 GM per 30 days) MO
<i>mometasone furoate ointment 0.1%</i>	\$0 (Tier 2)	QL (45 GM per 30 days) MO
<i>mometasone furoate solution 0.1%</i>	\$0 (Tier 2)	QL (60 ML per 30 days) MO
<i>triamcinolone acetonide cream 0.025%, 0.5%</i>	\$0 (Tier 2)	MO
<i>triamcinolone acetonide cream 0.1%</i>	\$0 (Tier 2)	QL (454 GM per 30 days) MO
<i>triamcinolone acetonide lotion 0.025%, 0.1%</i>	\$0 (Tier 2)	QL (60 ML per 30 days) MO
<i>triamcinolone acetonide ointment 0.025%, 0.1%</i>	\$0 (Tier 2)	MO
<i>triamcinolone acetonide ointment 0.5%</i>	\$0 (Tier 2)	QL (15 GM per 30 days) MO
DERMATOLOGY, LOCAL ANESTHETICS		
<i>lidocaine/prilocaine cream 2.5%; 2.5%</i>	\$0 - \$12.65 (Tier 3)	QL (30 GM per 30 days) MO
<i>lidocaine ointment 5%</i>	\$0 - \$12.65 (Tier 4)	QL (35.44 GM per 30 days) PA MO
<i>lidocaine patch 5%</i>	\$0 - \$12.65 (Tier 4)	QL (90 EA per 30 days) PA MO
<i>lidocan patch 5%</i>	\$0 - \$12.65 (Tier 4)	QL (90 EA per 30 days) PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>ammonium lactate cream 12%</i>	\$0 (Tier 2)	MO
<i>ammonium lactate lotion 12%</i>	\$0 (Tier 2)	MO
<i>azelaic acid gel 15%</i>	\$0 - \$12.65 (Tier 4)	QL (50 GM per 30 days) MO

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: **711**), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>bexarotene gel 1%</i>	\$0 - \$12.65 (Tier 5)	QL (60 GM per 30 days) PA; ACS
<i>diclofenac sodium topical solution 1.5%</i>	\$0 - \$12.65 (Tier 3)	QL (300 ML per 28 days) MO
<i>doxepin hydrochloride cream 5%</i>	\$0 - \$12.65 (Tier 4)	QL (45 GM per 30 days) PA MO
<i>doxycycline capsule delayed release 40mg</i>	\$0 - \$12.65 (Tier 4)	QL (30 EA per 30 days) PA MO
EUCRISA OINTMENT 2%	\$0 - \$12.65 (Tier 4)	QL (120 GM per 30 days) PA MO
FLUOROURACIL CREAM 0.5%	\$0 - \$12.65 (Tier 5)	QL (30 GM per 30 days) PA MO
<i>fluorouracil cream 5%</i>	\$0 - \$12.65 (Tier 4)	QL (40 GM per 30 days) MO
<i>fluorouracil solution 2%, 5%</i>	\$0 - \$12.65 (Tier 3)	QL (10 ML per 30 days) MO
<i>hydrocortisone perianal cream 1%</i>	\$0 (Tier 2)	MO
<i>hydrocortisone perianal cream 2.5%</i>	\$0 (Tier 2)	QL (30 GM per 30 days) MO
IMIQUIMOD PUMP CREAM 3.75%	\$0 - \$12.65 (Tier 4)	QL (15 GM per 28 days) MO
<i>imiquimod cream 5%</i>	\$0 (Tier 2)	QL (24 EA per 30 days) MO
<i>imiquimod cream 3.75%</i>	\$0 - \$12.65 (Tier 4)	QL (28 EA per 28 days) MO
<i>metronidazole cream 0.75%</i>	\$0 - \$12.65 (Tier 4)	MO
<i>metronidazole gel 0.75%</i>	\$0 (Tier 2)	MO



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: **711**), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. **For more information**, visit **[AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)**

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>metronidazole gel 1%</i>	\$0 - \$12.65 (Tier 4)	MO
<i>metronidazole lotion 0.75%</i>	\$0 - \$12.65 (Tier 4)	MO
<i>nitroglycerin rectal ointment 0.4%</i>	\$0 - \$12.65 (Tier 4)	QL (30 GM per 30 days) MO
NORITATE CREAM 1%	\$0 - \$12.65 (Tier 5)	QL (60 GM per 30 days) MO
PANRETIN GEL 0.1%	\$0 - \$12.65 (Tier 5)	QL (60 GM per 30 days) PA
<i>pimecrolimus cream 1%</i>	\$0 - \$12.65 (Tier 4)	QL (100 GM per 30 days) MO
<i>podofilox solution 0.5%</i>	\$0 - \$12.65 (Tier 4)	MO
<i>procto-med hc cream 2.5%</i>	\$0 (Tier 2)	QL (30 GM per 30 days)
<i>proctocort cream 1%</i>	\$0 (Tier 2)	
<i>proctosol hc cream 2.5%</i>	\$0 - \$12.65 (Tier 4)	QL (30 GM per 30 days)
<i>proctozone-hc cream 2.5%</i>	\$0 - \$12.65 (Tier 4)	QL (30 GM per 30 days)
<i>tacrolimus ointment 0.03%, 0.1%</i>	\$0 - \$12.65 (Tier 4)	QL (60 GM per 30 days) MO
VALCHLOR GEL 0.016%	\$0 - \$12.65 (Tier 5)	QL (60 GM per 30 days) PA; LD

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: **711**), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>malathion lotion 0.5%</i>	\$0 - \$12.65 (Tier 4)	MO
<i>permethrin cream 5%</i>	\$0 (Tier 2)	MO
DERMATOLOGY, WOUND CARE AGENTS		
SANTYL OINTMENT 250UNIT/GM	\$0 - \$12.65 (Tier 4)	QL (180 GM per 30 days) MO
<i>sodium chloride 0.9% solution 0.9%</i>	\$0 (Tier 2)	MO
<i>sterile water for irrigation solution</i>	\$0 (Tier 2)	MO
MOUTH/THROAT/DENTAL AGENTS		
<i>cevimeline hydrochloride capsule 30mg</i>	\$0 - \$12.65 (Tier 4)	MO
<i>chlorhexidine gluconate solution 0.12%</i>	\$0 (Tier 1)	MO
<i>clinpro 5000 paste 1.1%</i>	\$0 - \$12.65 (Tier 4)	MO
<i>clotrimazole troche 10mg</i>	\$0 (Tier 2)	MO
DENTA 5000 PLUS SENSITIVE GEL 5%; 1.1%	\$0 - \$12.65 (Tier 4)	MO
<i>dentagel gel 1.1%</i>	\$0 - \$12.65 (Tier 4)	MO
<i>fluoridex daily defense paste 1.1%</i>	\$0 - \$12.65 (Tier 4)	
FLUORIDEX SENSITIVITY RELIEF/SLS FREE GEL 5%; 1.1%	\$0 - \$12.65 (Tier 4)	
FLUORIMAX 5000 SENSITIVE GEL 5%; 1.1%	\$0 - \$12.65 (Tier 4)	



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: 711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>fluorimax 5000 paste 1.1%</i>	\$0 - \$12.65 (Tier 4)	
<i>fraiche 5000 dental gel 1.1%</i>	\$0 - \$12.65 (Tier 4)	
<i>just right 5000 paste 1.1%</i>	\$0 - \$12.65 (Tier 4)	
<i>kourzeq paste 0.1%</i>	\$0 (Tier 2)	
<i>lidocaine hydrochloride viscous solution 2%</i>	\$0 - \$12.65 (Tier 4)	MO
<i>lidocaine viscous solution 2%</i>	\$0 - \$12.65 (Tier 4)	MO
<i>nystatin suspension 100000unit/ml</i>	\$0 - \$12.65 (Tier 4)	MO
<i>oralone dental paste paste 0.1%</i>	\$0 (Tier 2)	
<i>periogard solution 0.12%</i>	\$0 (Tier 1)	
<i>pilocarpine hydrochloride tablet 5mg, 7.5mg</i>	\$0 - \$12.65 (Tier 4)	MO
PREVIDENT 5000 ENAMEL PROTECT GEL 5%; 1.1%	\$0 - \$12.65 (Tier 4)	MO
<i>sf gel 1.1%</i>	\$0 - \$12.65 (Tier 4)	MO
<i>sodium fluoride 5000 ppm dry mouth gel 1.1%</i>	\$0 - \$12.65 (Tier 4)	MO
SODIUM FLUORIDE 5000 PPM SENSITIVE GEL 5%; 1.1%	\$0 - \$12.65 (Tier 4)	MO

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: 711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>sodium fluoride 5000 ppm paste 1.1%</i>	\$0 - \$12.65 (Tier 4)	MO
SODIUM FLUORIDE/POTASSIUM NITRATE/ SENSITIVE GEL 5%; 1.1%	\$0 - \$12.65 (Tier 4)	
<i>triamcinolone acetonide dental paste paste 0.1%</i>	\$0 (Tier 2)	MO

NON-MEDICARE PART D**Non-Medicare Part D**

<i>12hr allergy relief tablet 60mg</i>	\$0	*
<i>24hr allergy relief tablet 180mg</i>	\$0	*
<i>3 day vaginal cream 2%</i>	\$0	*
<i>7 day vaginal cream 2%</i>	\$0	*
<i>8 hr arthritis pain relief tablet extended release 650mg</i>	\$0	*
<i>8hr muscle aches & pain relief tablet extended release 650mg</i>	\$0	*
<i>acetaminophen childrens liquid 160mg/5ml</i>	\$0	*
<i>acetaminophen childrens solution 160mg/5ml</i>	\$0	*
<i>acetaminophen childrens suspension 160mg/5ml, 650mg/20.3ml</i>	\$0	*
<i>acetaminophen er 8 hour arthritis pain relief tablet extended release 650mg</i>	\$0	*
<i>acetaminophen er 8 hour arthritis pain tablet extended release 650mg</i>	\$0	*
<i>acetaminophen er tablet extended release 650mg</i>	\$0	*
<i>acetaminophen extra strength liquid 1000mg/30ml, 500mg/15ml</i>	\$0	*
<i>acetaminophen extra strength tablet 500mg</i>	\$0	*
<i>acetaminophen infants suspension 160mg/5ml</i>	\$0	*
<i>acetaminophen solution 160mg/5ml, 325mg/10.15ml, 650mg/20.3ml</i>	\$0	*
<i>acetaminophen suppository 120mg, 650mg</i>	\$0	*



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: 711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaMedicare.com/MICHDSNP](https://www.AetnaMedicare.com/MICHDSNP)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>acetaminophen suspension 160mg/5ml, 325mg/10.15ml, 80mg/2.5ml</i>	\$0	*
<i>acetaminophen tablet 325mg, 500mg</i>	\$0	*
<i>acid gone suspension 95mg/15ml; 358mg/15ml</i>	\$0	*
<i>acid reducer complete tablet chewable 800mg; 10mg; 165mg</i>	\$0	*
<i>acid reducer maximum strength tablet 20mg</i>	\$0	*
<i>acid reducer tablet 10mg</i>	\$0	*
<i>acne medication 10 gel 10%</i>	\$0	*
<i>acne medication 10 lotion 10%</i>	\$0	*
<i>acne medication 5 gel 5%</i>	\$0	*
<i>acne medication gel 10%, 2.5%, 5%</i>	\$0	*
<i>adapalene gel 0.1%</i>	\$0	*
<i>adapalene pump gel 0.3%</i>	\$0	*
<i>aftera tablet 1.5mg</i>	\$0	*
<i>ala-hist ir tablet 2mg</i>	\$0	*
<i>alaway childrens allergy eye itch relief solution 0.035%</i>	\$0	*
<i>alaway solution 0.035%</i>	\$0	*
<i>all day allergy childrens solution 5mg/5ml</i>	\$0	*
<i>all day allergy tablet 10mg</i>	\$0	*
<i>all day pain relief tablet 220mg</i>	\$0	*
<i>all day relief tablet 220mg</i>	\$0	*
<i>aller-chlor tablet 4mg</i>	\$0	*
<i>allergy capsule 25mg</i>	\$0	*
<i>allergy childrens solution 5mg/5ml</i>	\$0	*
<i>allergy childrens suspension 30mg/5ml</i>	\$0	*
<i>allergy relief 24hr tablet 180mg</i>	\$0	*
<i>allergy relief capsule 25mg</i>	\$0	*
<i>allergy relief childrens liquid 12.5mg/5ml</i>	\$0	*
<i>allergy relief childrens solution 1mg/ml, 5mg/5ml</i>	\$0	*
<i>allergy relief suspension 50mcg/act</i>	\$0	*

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: **711**), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. **For more information**, visit **[AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)**



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>allergy relief tablet 10mg, 180mg, 25mg, 4mg, 5mg</i>	\$0	*
<i>allergy tablet 4mg</i>	\$0	*
<i>allergy-time tablet 4mg</i>	\$0	*
<i>almacone double strength suspension 400mg/5ml; 400mg/5ml; 40mg/5ml</i>	\$0	*
<i>aluminum hydroxide suspension 320mg/5ml</i>	\$0	*
<i>aluminum/magnesium/simethicone suspension 1200mg/30ml; 1200mg/30ml; 120mg/30ml</i>	\$0	*
<i>ammonium lactate cream 12%</i>	\$0	*
<i>antacid & antigas suspension 2400mg/30ml; 2400mg/30ml; 240mg/30ml</i>	\$0	*
<i>antacid calcium regular strength tablet chewable 500mg</i>	\$0	*
<i>antacid extra strength tablet chewable 750mg</i>	\$0	*
<i>antacid maximum strength suspension 400mg/5ml; 400mg/5ml; 40mg/5ml, 800mg/10ml; 800mg/10ml; 80mg/10ml</i>	\$0	*
<i>antacid regular strength suspension 200mg/5ml; 200mg/5ml; 20mg/5ml</i>	\$0	*
<i>antacid suspension 400mg/10ml; 400mg/10ml; 40mg/10ml</i>	\$0	*
<i>antacid tablet chewable 750mg</i>	\$0	*
<i>antacid ultra strength tablet chewable 1000mg</i>	\$0	*
<i>antacid/antigas liquid suspension 400mg/10ml; 400mg/10ml; 40mg/10ml</i>	\$0	*
<i>anti-diarrheal solution 1mg/7.5ml</i>	\$0	*
<i>anti-diarrheal tablet 2mg</i>	\$0	*
<i>antifungal cream 1%, 2%</i>	\$0	*
<i>anti-itch maximum strength cream 1%</i>	\$0	*
<i>arthritis pain relief tablet extended release 650mg</i>	\$0	*
<i>artificial tears solution 0.5%; 0.6%</i>	\$0	*
<i>aspirin adult low dose tablet delayed release 81mg</i>	\$0	*



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: 711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>aspirin clear tablet 325mg</i>	\$0	*
<i>aspirin ec tablet delayed release 325mg</i>	\$0	*
<i>aspirin low dose tablet chewable 81mg</i>	\$0	*
<i>aspirin low dose tablet delayed release 81mg</i>	\$0	*
<i>aspirin regimen tablet delayed release 81mg</i>	\$0	*
<i>aspirin regular strength tablet delayed release 325mg</i>	\$0	*
<i>aspirin suppository 300mg</i>	\$0	*
<i>aspirin tablet 325mg</i>	\$0	*
<i>aspirin tablet chewable 81mg</i>	\$0	*
<i>aspirin tablet delayed release 325mg</i>	\$0	*
<i>athletes foot cream 1%</i>	\$0	*
<i>bacmin tablet 500mg; 150mcg; 25mg; 0.1mg; 3mg; 50mcg; 27mg; 1mg; 50mg; 50mg; 5mg; 100mg; 25mg; 5000unit; 20mg; 50mcg; 20mg; 30unit; 22.5mg</i>	\$0	*
<i>banophen capsule 25mg, 50mg</i>	\$0	*
<i>banophen tablet 25mg</i>	\$0	*
<i>benzoyl peroxide gel 10%, 2.5%, 5%</i>	\$0	*
<i>benzoyl peroxide wash liquid 5%</i>	\$0	*
<i>benzphetamine hcl tablet 50mg</i>	\$0	PA; *
<i>betadine solution 10%</i>	\$0	*
<i>bisacodyl ec tablet delayed release 5mg</i>	\$0	*
<i>bisacodyl suppository 10mg</i>	\$0	*
<i>bismuth subsalicylate tablet chewable 262mg</i>	\$0	*
<i>bp vit 3 capsule 500mcg; 350mg; 35mg; 1mg; 500mg; 200mg; 12.5mg</i>	\$0	*
<i>bprotected pedia iron solution 15mg/ml</i>	\$0	*
<i>budesonide nasal spray suspension 32mcg/act</i>	\$0	*
<i>calcium + vitamin d3 tablet 500mg; 5mcg</i>	\$0	*
<i>calcium antacid extra strength tablet chewable 750mg</i>	\$0	*
<i>calcium antacid tablet chewable 500mg</i>	\$0	*
<i>calcium carbonate suspension 1250mg/5ml</i>	\$0	*

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: **711**), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. **For more information**, visit **[AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)**



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>cal-gest antacid tablet chewable 500mg</i>	\$0	*
<i>carboxymethylcellulose sodium solution 0.5%</i>	\$0	*
<i>carboxymethylcellulose sodium ophthalmic solution eye drops solution 0.5%</i>	\$0	*
<i>cetirizine hcl allergy childrens solution 5mg/5ml</i>	\$0	*
<i>cetirizine hcl childrens allergy solution 1mg/ml</i>	\$0	*
<i>cetirizine hcl childrens solution 5mg/5ml</i>	\$0	*
<i>cetirizine hcl tablet 5mg</i>	\$0	*
<i>cetirizine hcl tablet chewable 5mg</i>	\$0	*
<i>cetirizine hydrochloride childrens allergy solution 1mg/ml, 5mg/5ml</i>	\$0	*
<i>cetirizine hydrochloride childrens hives relief solution 1mg/ml</i>	\$0	*
<i>cetirizine hydrochloride solution 1mg/ml</i>	\$0	*
<i>cetirizine hydrochloride solution 5mg/5ml</i>	\$0	*
<i>cetirizine hydrochloride tablet 10mg</i>	\$0	*
<i>cetirizine hydrochloride tablet chewable 10mg</i>	\$0	*
<i>childrens acetaminophen suspension 160mg/5ml</i>	\$0	*
<i>childrens ibuprofen suspension 100mg/5ml, 200mg/10ml</i>	\$0	*
<i>childrens loratadine solution 5mg/5ml</i>	\$0	*
<i>chromic chloride injection 40mcg/10ml</i>	\$0	*
<i>chromium chloride injection 40mcg/10ml</i>	\$0	*
<i>clotrimazole antifungal cream 1%</i>	\$0	*
<i>clotrimazole topical cream 1%, 1%</i>	\$0	*
<i>colace capsule 100mg</i>	\$0	*
<i>copper injection 0.4mg/ml</i>	\$0	*
<i>corvita tablet 375mg; 750unit; 75mcg; 315unit; 150mcg; 1mg; 70mcg; 125mcg; 1.25mg; 13mg; 10mg; 7mg; 2.5mg; 35mg; 5mg; 35mg; 3.4mg; 25mg; 125unit; 35mg</i>	\$0	*



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: 711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
corvite tablet 375mg; 750unit; 75mcg; 315unit; 150mcg; 1mg; 70mcg; 125mcg; 1.25mg; 13mg; 10mg; 7mg; 2.5mg; 35mg; 35mg; 5mg; 35mg; 3.4mg; 25mg; 125unit; 35mg	\$0	*
cupric chloride injection 0.4mg/ml	\$0	*
cyanocobalamin injection 1000mcg/ml	\$0	*
cyanocobalamin nasal solution 500mcg/0.1ml	\$0	*
dialyvite 3000 tablet 100mg; 300mcg; 10mg; 3mg; 1mg; 20mg; 25mg; 1.7mg; 70mcg; 1.5mg; 30unit; 15mg	\$0	*
dialyvite 5000 tablet 100mg; 300mcg; 10mg; 5mg; 2mg; 20mg; 50mg; 1.7mg; 70mcg; 1.5mg; 30unit; 25mg	\$0	*
dialyvite supreme d tablet 100mg; 300mcg; 10mg; 2000unit; 3mg; 1mg; 20mg; 25mg; 1.7mg; 70mcg; 1.5mg; 30unit; 15mg	\$0	*
dialyvite tablet 100mg; 0.3mg; 0.006mg; 1mg; 20mg; 10mg; 10mg; 1.7mg; 1.5mg	\$0	*
dialyvite/zinc tablet 100mg; 300mcg; 10mg; 6mcg; 1mg; 20mg; 10mg; 1.7mg; 1.5mg; 50mg	\$0	*
diethylpropion hcl er tablet extended release 24 hour 75mg	\$0	PA; *
diethylpropion hcl tablet 25mg	\$0	PA; *
diethylpropion hydrochloride er tablet extended release 24 hour 75mg	\$0	PA; *
diethylpropion hydrochloride tablet 25mg	\$0	PA; *
differin lotion 0.1%	\$0	*
dimetane allergy relief capsule 25mg	\$0	*
dimetane allergy relief extra strength capsule 50mg	\$0	*
diphenhydramine hcl capsule 50mg	\$0	*
diphenhydramine hydrochloride capsule 25mg, 50mg	\$0	*
diphenhydramine hydrochloride childrens allergy relief liquid 12.5mg/5ml	\$0	*

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: **711**), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit **[AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)**



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>diphenhydramine hydrochloride liquid 12.5mg/5ml, 25mg/10ml</i>	\$0	*
<i>diphenhydramine hydrochloride tablet 25mg</i>	\$0	*
<i>docusate sodium capsule 100mg, 250mg</i>	\$0	*
<i>docusate sodium liquid 100mg/10ml, 50mg/5ml</i>	\$0	*
<i>dual action pain relief tablet 250mg; 125mg</i>	\$0	*
<i>econtra ez tablet 1.5mg</i>	\$0	*
<i>econtra one-step tablet 1.5mg</i>	\$0	*
<i>ed chlorped jr syrup 2mg/5ml</i>	\$0	*
<i>ed-apap liquid 160mg/5ml</i>	\$0	*
<i>enlyte capsule 21mg; 5mg; 25mcg; 1.5mg; 40mg; 25mcg; 2.5mg; 2.4mg; 3.83mg; 25mcg; 25mcg; 25mcg</i>	\$0	*
<i>ergocalciferol capsule 50000unit</i>	\$0	*
<i>eye itch relief solution 0.035%</i>	\$0	*
<i>famotidine maximum strength tablet 20mg</i>	\$0	*
<i>famotidine original strength tablet 10mg</i>	\$0	*
<i>famotidine tablet 10mg, 20mg</i>	\$0	*
<i>famotidine tablet 20mg</i>	\$0	*
<i>ferosul tablet 325mg</i>	\$0	*
<i>ferrous sulfate solution 15mg/ml, 220mg/5ml, 300mg/5ml</i>	\$0	*
<i>ferrous sulfate tablet 325mg</i>	\$0	*
<i>ferrous sulfate tablet delayed release 324mg, 325mg</i>	\$0	*
<i>feverall adults suppository 650mg</i>	\$0	*
<i>feverall childrens suppository 120mg</i>	\$0	*
<i>feverall infants suppository 80mg</i>	\$0	*
<i>feverall junior strength suppository 325mg</i>	\$0	*
<i>fe-vite iron solution 15mg/ml</i>	\$0	*
<i>fexofenadine hydrochloride tablet 180mg, 60mg</i>	\$0	*
<i>first aid antiseptic ointment ointment 10%</i>	\$0	*
<i>fleet enema enema 7gm/197ml; 19gm/197ml</i>	\$0	*



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: 711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>fleet pediatric enema 3.5gm/59ml; 9.5gm/59ml</i>	\$0	*
<i>fleet stimulant tablet delayed release 5mg</i>	\$0	*
<i>fleet stool softener capsule 100mg</i>	\$0	*
<i>flotrex tablet chewable</i>	\$0	*
<i>fluticasone propionate nasal spray allergy relief 24- hour suspension 50mcg/act</i>	\$0	*
<i>fluticasone propionate suspension 50mcg/act</i>	\$0	*
<i>folic acid injection 5mg/ml</i>	\$0	*
<i>folic acid tablet 1mg</i>	\$0	*
<i>folic acid tablet 1mg</i>	\$0	*
<i>foltrate tablet 500mcg; 1mg</i>	\$0	*
<i>ft 7 day vaginal cream 1%</i>	\$0	*
<i>ft 8 hour pain relief tablet extended release 650mg</i>	\$0	*
<i>ft acid reducer + antacid dual action tablet chewable 800mg; 10mg; 165mg</i>	\$0	*
<i>ft acid reducer maximum strength tablet 20mg</i>	\$0	*
<i>ft acid reducer tablet 10mg</i>	\$0	*
<i>ft all day allergy 24 hour tablet 10mg</i>	\$0	*
<i>ft all day allergy childrens solution 5mg/5ml</i>	\$0	*
<i>ft all day allergy tablet 10mg</i>	\$0	*
<i>ft all day pain relief tablet 220mg</i>	\$0	*
<i>ft allergy childrens solution 5mg/5ml</i>	\$0	*
<i>ft allergy relief 12 hour tablet 60mg</i>	\$0	*
<i>ft allergy relief 24 hour tablet 180mg</i>	\$0	*
<i>ft allergy relief 24 hr suspension 50mcg/act</i>	\$0	*
<i>ft allergy relief capsule 25mg</i>	\$0	*
<i>ft allergy relief childrens liquid 12.5mg/5ml</i>	\$0	*
<i>ft allergy relief childrens solution 5mg/5ml</i>	\$0	*
<i>ft allergy relief tablet 10mg, 180mg, 25mg, 4mg</i>	\$0	*
<i>ft antacid & antigas suspension 200mg/5ml; 200mg/5ml; 20mg/5ml, 400mg/5ml; 400mg/5ml; 40mg/5ml</i>	\$0	*
<i>ft antacid extra strength tablet chewable 750mg</i>	\$0	*

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: **711**), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. **For more information**, visit **[AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)**



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>ft antacid regular strength tablet chewable 500mg</i>	\$0	*
<i>ft anti-diarrheal capsule 2mg</i>	\$0	*
<i>ft anti-diarrheal solution 1mg/7.5ml</i>	\$0	*
<i>ft anti-diarrheal tablet 2mg</i>	\$0	*
<i>ft antifungal cream cream 1%</i>	\$0	*
<i>ft arthritis pain reliever tablet extended release 650mg</i>	\$0	*
<i>ft aspirin adult low dose tablet delayed release 81mg</i>	\$0	*
<i>ft aspirin low dose tablet delayed release 81mg</i>	\$0	*
<i>ft aspirin tablet 325mg</i>	\$0	*
<i>ft aspirin tablet chewable 81mg</i>	\$0	*
<i>ft athletes foot cream cream 1%</i>	\$0	*
<i>ft clotrimazole 3 cream 2%</i>	\$0	*
<i>ft dual action tablet 250mg; 125mg</i>	\$0	*
<i>ft enema ready-to-use enema 7gm/118ml; 19gm/118ml</i>	\$0	*
<i>ft enteric coated aspirin tablet delayed release 325mg</i>	\$0	*
<i>ft gentle laxative suppository 10mg</i>	\$0	*
<i>ft ibuprofen capsule 200mg</i>	\$0	*
<i>ft ibuprofen childrens suspension 100mg/5ml</i>	\$0	*
<i>ft ibuprofen ib childrens tablet chewable 100mg</i>	\$0	*
<i>ft ibuprofen infants suspension 50mg/1.25ml</i>	\$0	*
<i>ft ibuprofen minis capsule 200mg</i>	\$0	*
<i>ft ibuprofen tablet 200mg</i>	\$0	*
<i>ft itch relief maximum strength cream 1%</i>	\$0	*
<i>ft itch relief/aloe maximum strength cream 1%</i>	\$0	*
<i>ft laxative tablet delayed release 5mg</i>	\$0	*
<i>ft lice killing maximum strength shampoo 4%; 0.33%</i>	\$0	*
<i>ft lubricant eye drops solution 0.5%</i>	\$0	*
<i>ft miconazole 1 kit</i>	\$0	*



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: **711**), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. **For more information**, visit **[AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)**

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>ft miconazole 3 combination pack kit</i>	\$0	*
<i>ft miconazole 7 cream 2%</i>	\$0	*
<i>ft naloxone hydrochloride liquid 4mg/0.1ml</i>	\$0	*
<i>ft naproxen sodium capsule 220mg</i>	\$0	*
<i>ft nicotine gum 2mg, 4mg</i>	\$0	*
<i>ft nicotine lozenge 2mg, 4mg</i>	\$0	*
<i>ft nicotine mini lozenge 2mg, 4mg</i>	\$0	*
<i>ft nicotine transdermal system/step 1 patch 24 hour 21mg/24hr</i>	\$0	*
<i>ft nicotine transdermal system/step 1/clear patch 24 hour 21mg/24hr</i>	\$0	*
<i>ft nicotine transdermal system/step 2 patch 24 hour 14mg/24hr</i>	\$0	*
<i>ft nicotine transdermal system/step 2/clear patch 24 hour 14mg/24hr</i>	\$0	*
<i>ft nicotine transdermal system/step 3 patch 24 hour 7mg/24hr</i>	\$0	*
<i>ft nicotine transdermal system/step 3/clear patch 24 hour 7mg/24hr</i>	\$0	*
<i>ft omeprazole tablet delayed release 20mg</i>	\$0	*
<i>ft pain & fever childrens suspension 160mg/5ml</i>	\$0	*
<i>ft pain & fever infants suspension 160mg/5ml</i>	\$0	*
<i>ft pain relief adult extra strength tablet 500mg</i>	\$0	*
<i>ft pain relief extra strength tablet 500mg</i>	\$0	*
<i>ft pain relief tablet 200mg, 325mg</i>	\$0	*
<i>ft pain reliever adults suppository 650mg</i>	\$0	*
<i>ft pain reliever children suppository 120mg</i>	\$0	*
<i>ft pain reliever extra strength adult tablet 500mg</i>	\$0	*
<i>ft povidone-iodine solution 10%</i>	\$0	*
<i>ft rapid release pain relief tablet 500mg</i>	\$0	*
<i>ft stomach relief suspension 525mg/30ml</i>	\$0	*
<i>ft stomach relief tablet 262mg</i>	\$0	*
<i>ft stomach relief tablet chewable 262mg</i>	\$0	*

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: **711**), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. **For more information**, visit **[AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)**



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>ft stool softener capsule 100mg, 250mg</i>	\$0	*
<i>ft tioconazole-1 ointment 6.5%</i>	\$0	*
<i>ft triple antibiotic ointment 400unit/gm; 3.5mg/gm; 5000unit/gm</i>	\$0	*
<i>genteal severe tears gel 0.3%</i>	\$0	*
<i>genteal tears night-time ointment 3%; 94%</i>	\$0	*
<i>gentle laxative suppository 10mg</i>	\$0	*
<i>gentle laxative tablet delayed release 5mg</i>	\$0	*
<i>gnp 8 hour arthritis relief tablet extended release 650mg</i>	\$0	*
<i>gnp 8 hour pain relief tablet extended release 650mg</i>	\$0	*
<i>gnp 8 hour pain reliever tablet extended release 650mg</i>	\$0	*
<i>gnp acetaminophen tablet 325mg</i>	\$0	*
<i>gnp acetaminophen/ibuprofen dual action tablet 250mg; 125mg</i>	\$0	*
<i>gnp acid reducer maximum strength tablet 20mg</i>	\$0	*
<i>gnp acid reducer tablet 10mg</i>	\$0	*
<i>gnp adapalene gel 0.1%</i>	\$0	*
<i>gnp adult aspirin low strength tablet chewable 81mg</i>	\$0	*
<i>gnp all day allergy childrens solution 1mg/ml, 5mg/5ml</i>	\$0	*
<i>gnp all day allergy tablet 10mg</i>	\$0	*
<i>gnp allergy antihistamine liquid 50mg/20ml</i>	\$0	*
<i>gnp allergy relief capsule 25mg</i>	\$0	*
<i>gnp allergy relief childrens liquid 12.5mg/5ml</i>	\$0	*
<i>gnp allergy relief maximum strength liquid 12.5mg/5ml</i>	\$0	*
<i>gnp allergy relief tablet 180mg, 25mg, 4mg</i>	\$0	*
<i>gnp allergy tablet 25mg</i>	\$0	*
<i>gnp antacid & anti-gas/regular strength suspension 200mg/5ml; 200mg/5ml; 20mg/5ml</i>	\$0	*



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: **711**), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. **For more information**, visit **[AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)**

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>gnp antacid and anti-gas/maximum strength suspension 400mg/5ml; 400mg/5ml; 40mg/5ml</i>	\$0	*
<i>gnp antacid anti-gas/maximum strength suspension 400mg/5ml; 400mg/5ml; 40mg/5ml</i>	\$0	*
<i>gnp antacid extra strength tablet chewable 750mg</i>	\$0	*
<i>gnp antacid/regular strength suspension 200mg/5ml; 200mg/5ml; 20mg/5ml</i>	\$0	*
<i>gnp anti-diarrheal capsule 2mg</i>	\$0	*
<i>gnp anti-diarrheal tablet 2mg</i>	\$0	*
<i>gnp arthritis pain relief tablet extended release 650mg</i>	\$0	*
<i>gnp artificial tears solution 0.5%; 0.6%</i>	\$0	*
<i>gnp aspirin low dose tablet delayed release 81mg</i>	\$0	*
<i>gnp aspirin tablet 325mg</i>	\$0	*
<i>gnp aspirin tablet delayed release 325mg, 81mg</i>	\$0	*
<i>gnp athletes foot cream 1%</i>	\$0	*
<i>gnp budesonide nasal spray suspension 32mcg/act</i>	\$0	*
<i>gnp childrens allergy liquid 12.5mg/5ml</i>	\$0	*
<i>gnp childrens ibuprofen suspension 100mg/5ml</i>	\$0	*
<i>gnp childrens pain relief suspension 160mg/5ml</i>	\$0	*
<i>gnp clearlax packet 17gm</i>	\$0	*
<i>gnp clotrimazole 3 cream 2%</i>	\$0	*
<i>gnp dual action pain reliever tablet 250mg; 125mg</i>	\$0	*
<i>gnp fexofenadine hydrochloride tablet 180mg</i>	\$0	*
<i>gnp fluticasone propionate suspension 50mcg/act</i>	\$0	*
<i>gnp gentle laxative suppository 10mg</i>	\$0	*
<i>gnp gentle laxative tablet delayed release 5mg</i>	\$0	*
<i>gnp hydrocortisone cream 0.5%</i>	\$0	*

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: **711**), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. **For more information**, visit **[AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)**



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>gnp hydrocortisone maximum strength ointment 1%</i>	\$0	*
<i>gnp hydrocortisone plus cream 1%</i>	\$0	*
<i>gnp hydrocortisone/aloe cream 1%</i>	\$0	*
<i>gnp ibuprofen capsule 200mg</i>	\$0	*
<i>gnp ibuprofen childrens tablet chewable 100mg</i>	\$0	*
<i>gnp ibuprofen infants suspension 50mg/1.25ml</i>	\$0	*
<i>gnp ibuprofen tablet 200mg</i>	\$0	*
<i>gnp iron tablet 200mg</i>	\$0	*
<i>gnp lansoprazole capsule delayed release 15mg</i>	\$0	*
<i>gnp lice killing shampoo shampoo 4%; 0.33%</i>	\$0	*
<i>gnp lice treatment liquid 1%</i>	\$0	*
<i>gnp loperamide hydrochloride solution 1mg/7.5ml</i>	\$0	*
<i>gnp loratadine childrens solution 5mg/5ml</i>	\$0	*
<i>gnp loratadine solution 5mg/5ml</i>	\$0	*
<i>gnp loratadine tablet 10mg</i>	\$0	*
<i>gnp loratadine tablet disintegrating 10mg</i>	\$0	*
<i>gnp lubricant eye drops solution 0.5%</i>	\$0	*
<i>gnp miconazole 1 combination pack kit</i>	\$0	*
<i>gnp miconazole 3 kit</i>	\$0	*
<i>gnp miconazole 7 cream 2%</i>	\$0	*
<i>gnp naloxone hydrochloride liquid 4mg/0.1ml</i>	\$0	*
<i>gnp naproxen sodium capsule 220mg</i>	\$0	*
<i>gnp naproxen tablet 220mg</i>	\$0	*
<i>gnp nicotine gum gum 2mg, 4mg</i>	\$0	*
<i>gnp nicotine mini lozenge lozenge 2mg, 4mg</i>	\$0	*
<i>gnp nicotine polacrilex gum 2mg, 4mg</i>	\$0	*
<i>gnp nicotine polacrilex lozenge 2mg, 4mg</i>	\$0	*
<i>gnp nicotine transdermal system patch 24 hour 21mg/24hr, 7mg/24hr</i>	\$0	*
<i>gnp nicotine transdermal system step 2 patch 24 hour 14mg/24hr</i>	\$0	*



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: 711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. **For more information**, visit **[AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)**

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>gnp nighttime relief lubricant eye ointment 42.5%; 57.3%</i>	\$0	*
<i>gnp omeprazole tablet delayed release 20mg</i>	\$0	*
<i>gnp pain & fever childrens suspension 160mg/5ml</i>	\$0	*
<i>gnp pain & fever infants suspension 160mg/5ml</i>	\$0	*
<i>gnp pain relief extra strength tablet 500mg</i>	\$0	*
<i>gnp pain relief tablet 325mg</i>	\$0	*
<i>gnp pink bismuth tablet 262mg</i>	\$0	*
<i>gnp pink bismuth ultra strength suspension 525mg/15ml</i>	\$0	*
<i>gnp stomach relief suspension 525mg/30ml</i>	\$0	*
<i>gnp stool softener capsule 100mg, 240mg, 250mg</i>	\$0	*
<i>gnp tolinaftate cream 1%</i>	\$0	*
<i>gnp triple antibiotic ointment 400unit/gm; 3.5mg/gm; 5000unit/gm</i>	\$0	*
<i>gnp womens gentle laxative tablet delayed release 5mg</i>	\$0	*
<i>goodsense 24-hour allergy nasal spray suspension 50mcg/act</i>	\$0	*
<i>goodsense all day allergy childrens solution 5mg/5ml</i>	\$0	*
<i>goodsense all day allergy tablet 10mg</i>	\$0	*
<i>goodsense aller-ease tablet 180mg</i>	\$0	*
<i>goodsense allergy relief childrens solution 5mg/5ml</i>	\$0	*
<i>goodsense allergy relief tablet 10mg</i>	\$0	*
<i>goodsense anti-diarrheal solution 1mg/7.5ml</i>	\$0	*
<i>goodsense arthritis pain tablet extended release 650mg</i>	\$0	*
<i>goodsense aspirin tablet chewable 81mg</i>	\$0	*
<i>goodsense dual action complete tablet chewable 800mg; 10mg; 165mg</i>	\$0	*

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: **711**), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. **For more information**, visit **[AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)**



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>goodsense dual action tablet 250mg; 125mg</i>	\$0	*
<i>goodsense first aid antibiotic ointment 400unit; 3.5mg; 5000unit</i>	\$0	*
<i>goodsense ibuprofen capsule 200mg</i>	\$0	*
<i>goodsense ibuprofen childrens suspension 100mg/5ml</i>	\$0	*
<i>goodsense ibuprofen childrens tablet chewable 100mg</i>	\$0	*
<i>goodsense ibuprofen infants suspension 50mg/1.25ml</i>	\$0	*
<i>goodsense ibuprofen tablet 200mg</i>	\$0	*
<i>goodsense lansoprazole capsule delayed release 15mg</i>	\$0	*
<i>goodsense lice killing creme rinse liquid 1%</i>	\$0	*
<i>goodsense naproxen sodium tablet 220mg</i>	\$0	*
<i>goodsense nicotine lozenge 2mg, 4mg</i>	\$0	*
<i>goodsense nicotine polacrilex gum gum 2mg, 4mg</i>	\$0	*
<i>goodsense nicotine polacrilex lozenge 4mg</i>	\$0	*
<i>goodsense pain & fever childrens suspension 160mg/5ml</i>	\$0	*
<i>goodsense pain & fever infants suspension 160mg/5ml</i>	\$0	*
<i>goodsense pain relief extra strength tablet 500mg</i>	\$0	*
<i>goodsense pain relief tablet 325mg</i>	\$0	*
<i>healthylax packet 17gm</i>	\$0	*
<i>heartburn relief extra strength suspension 254mg/5ml; 237.5mg/5ml</i>	\$0	*
<i>heartburn relief maximum strength tablet 20mg</i>	\$0	*
<i>heartburn relief tablet 10mg</i>	\$0	*
<i>histaflex tablet 325mg; 25mg</i>	\$0	*
<i>histex pd liquid 0.938mg/ml</i>	\$0	*
<i>histex syrup 2.5mg/5ml</i>	\$0	*
<i>hydrocortisone cream 0.5%, 1%</i>	\$0	*



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: 711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. **For more information**, visit **[AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)**

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>hydrocortisone maximum strength cream 1%</i>	\$0	*
<i>hydrocortisone maximum strength plus 12 moisturizers cream 1%</i>	\$0	*
<i>hydrocortisone ointment 1%</i>	\$0	*
<i>hydrocortisone/aloe maximum strength cream 1%</i>	\$0	*
<i>hydroxocobalamin injection 1000mcg/ml</i>	\$0	*
<i>ibuprofen capsule 200mg</i>	\$0	*
<i>ibuprofen childrens suspension 100mg/5ml, 200mg/10ml</i>	\$0	*
<i>ibuprofen infants suspension 50mg/1.25ml</i>	\$0	*
<i>ibuprofen junior strength tablet chewable 100mg</i>	\$0	*
<i>ibuprofen tablet 200mg</i>	\$0	*
<i>imcivree injection 10mg/ml</i>	\$0	PA; *
<i>iron drops solution 15mg/ml</i>	\$0	*
<i>iron infant & toddler solution 15mg/ml</i>	\$0	*
<i>iron infant/toddler solution 15mg/ml</i>	\$0	*
<i>ketotifen fumarate solution 0.035%</i>	\$0	*
<i>k-phos neutral tablet 155mg; 852mg; 130mg</i>	\$0	*
<i>k-phos tablet 500mg</i>	\$0	*
<i>lansoprazole capsule delayed release 15mg</i>	\$0	*
<i>levonorgestrel tablet 1.5mg</i>	\$0	*
<i>lice killing shampoo maximum strength shampoo 4%; 0.33%</i>	\$0	*
<i>lidocaine cream 4%</i>	\$0	*
<i>liquid allergy relief liquid 12.5mg/5ml</i>	\$0	*
<i>liraglutide injection 18mg/3ml</i>	\$0	*
<i>liraglutide injection 18mg/3ml</i>	\$0	QL (15 ML per 30 days) PA; *
<i>lomaira tablet 8mg</i>	\$0	PA; *
<i>loperamide hydrochloride solution 1mg/7.5ml, 2mg/15ml</i>	\$0	*
<i>loratadine childrens solution 5mg/5ml</i>	\$0	*
<i>loratadine odt tablet disintegrating 10mg</i>	\$0	*

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: **711**), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. **For more information**, visit **[AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)**



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>loratadine tablet 10mg</i>	\$0	*
<i>loratadine tablet disintegrating 10mg</i>	\$0	*
<i>lotrimin af cream 1%</i>	\$0	*
<i>lubricant eye drops solution 0.5%</i>	\$0	*
<i>lubrifresh p.m. ointment 15%; 83%</i>	\$0	*
<i>lubrifresh pm ointment 15%; 83%</i>	\$0	*
<i>mag-al liquid 200mg/5ml; 200mg/5ml</i>	\$0	*
<i>mag-al plus liquid 200mg/5ml; 200mg/5ml; 20mg/5ml</i>	\$0	*
<i>mag-al plus suspension 1200mg/30ml; 1200mg/30ml; 120mg/30ml</i>	\$0	*
<i>mag-al plus xs liquid 400mg/5ml; 400mg/5ml; 40mg/5ml</i>	\$0	*
<i>mag-al plus xs suspension 2400mg/30ml; 2400mg/30ml; 240mg/30ml</i>	\$0	*
<i>mag-al suspension 1200mg/30ml; 1200mg/30ml</i>	\$0	*
<i>magnesium hydroxide/aluminum hydroxide/simethicone suspension 1200mg/30ml; 1200mg/30ml; 120mg/30ml, 200mg/5ml; 200mg/5ml; 20mg/5ml, 2400mg/30ml; 2400mg/30ml; 240mg/30ml</i>	\$0	*
<i>magnesium oxide tablet 400mg, 420mg</i>	\$0	*
<i>manganese chloride injection 0.1mg/ml</i>	\$0	*
<i>manganese trace metal injection 0.1mg/ml</i>	\$0	*
<i>mapap capsule 500mg</i>	\$0	*
<i>mapap childrens tablet chewable 80mg</i>	\$0	*
<i>m-dryl liquid 12.5mg/5ml</i>	\$0	*
<i>miconazole 3 combo pack kit</i>	\$0	*
<i>miconazole 7 cream 2%</i>	\$0	*
<i>miconazole nitrate combination pack kit</i>	\$0	*
<i>miconazole nitrate cream 2%</i>	\$0	*
<i>miconazole nitrate solution 2%</i>	\$0	*
<i>micotrin ac cream 1%</i>	\$0	*



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: **711**), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit **[AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)**

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>mintox maximum strength suspension 400mg/5ml; 400mg/5ml; 40mg/5ml</i>	\$0	*
<i>m-pap liquid 160mg/5ml</i>	\$0	*
<i>my choice tablet 1.5mg</i>	\$0	*
<i>my way tablet 1.5mg</i>	\$0	*
<i>mycozyl ac cream 1%</i>	\$0	*
<i>naloxone hydrochloride liquid 4mg/0.1ml</i>	\$0	*
<i>naproxen sodium capsule 220mg</i>	\$0	*
<i>naproxen sodium tablet 220mg</i>	\$0	*
<i>nascobal solution 500mcg/0.1ml</i>	\$0	*
<i>nephplex rx tablet 60mg; 300mcg; 6mg; 1mg; 20mg; 10mg; 10mg; 1.7mg; 1.5mg; 12.5mg</i>	\$0	*
<i>new day tablet 1.5mg</i>	\$0	*
<i>niacin sr capsule extended release 500mg</i>	\$0	*
<i>nicotine lozenge 4mg</i>	\$0	*
<i>nicotine mini lozenge lozenge 2mg, 4mg</i>	\$0	*
<i>nicotine polacrilex gum 2mg, 4mg</i>	\$0	*
<i>nicotine polacrilex lozenge 2mg, 4mg</i>	\$0	*
<i>nicotine polacrilex mini lozenge 2mg</i>	\$0	*
<i>nicotine transdermal system kit</i>	\$0	*
<i>nicotine transdermal system patch 24 hour 14mg/24hr, 21mg/24hr, 7mg/24hr</i>	\$0	*
<i>nicotine transdermal system step 1 patch 24 hour 21mg/24hr</i>	\$0	*
<i>nicotine transdermal system step 1/clear patch 24 hour 21mg/24hr</i>	\$0	*
<i>nicotine transdermal system step 2 patch 24 hour 14mg/24hr</i>	\$0	*
<i>nicotine transdermal system step 2/clear patch 24 hour 14mg/24hr</i>	\$0	*
<i>nicotine transdermal system step 3 patch 24 hour 7mg/24hr</i>	\$0	*
<i>nicotine transdermal system step 3/clear patch 24 hour 7mg/24hr</i>	\$0	*

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: **711**), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. **For more information**, visit **[AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)**



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>nighttime relief lubricant eye ointment 42.5%; 57.3%</i>	\$0	*
<i>niva-fol tablet 2mg; 2.5mg; 25mg</i>	\$0	*
<i>omeprazole magnesium capsule delayed release 20.6mg</i>	\$0	*
<i>omeprazole tablet delayed release 20mg</i>	\$0	*
<i>opcicon one-step tablet 1.5mg</i>	\$0	*
<i>option 2 tablet 1.5mg</i>	\$0	*
<i>orlistat capsule 120mg</i>	\$0	QL (90 EA per 30 days) PA; *
<i>oyster shell calcium tablet 1250mg</i>	\$0	*
<i>oyster shell calcium/vitamin d tablet 200unit; 500mg</i>	\$0	*
<i>pain & fever childrens suspension 160mg/5ml</i>	\$0	*
<i>pain & fever infants suspension 160mg/5ml</i>	\$0	*
<i>pain and fever relief kids liquid 160mg/5ml</i>	\$0	*
<i>pc pediatric iron drops solution 15mg/ml</i>	\$0	*
<i>pediaclear pd childrens liquid 0.625mg/ml</i>	\$0	*
<i>pediavent syrup 2mg/5ml</i>	\$0	*
<i>peg 3350 packet 17gm</i>	\$0	*
<i>phendimetrazine tartrate er capsule extended release 24 hour 105mg</i>	\$0	PA; *
<i>phendimetrazine tartrate tablet 35mg</i>	\$0	PA; *
<i>phentermine hcl tablet 37.5mg</i>	\$0	PA; *
<i>phentermine hydrochloride capsule 15mg, 30mg, 37.5mg</i>	\$0	PA; *
<i>phentermine hydrochloride tablet 37.5mg, 8mg</i>	\$0	PA; *
<i>phentermine/topiramate er capsule extended release 24 hour 11.25mg; 69mg, 15mg; 92mg, 3.75mg; 23mg, 7.5mg; 46mg</i>	\$0	PA; *
<i>phospha 250 neutral tablet 155mg; 852mg; 130mg</i>	\$0	*
<i>phospho-trin 250 neutral tablet 155mg; 852mg; 130mg</i>	\$0	*
<i>phospho-trin k500 tablet 500mg</i>	\$0	*
<i>phytonadione injection 10mg/ml, 1mg/0.5ml</i>	\$0	*



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: **711**), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. **For more information**, visit **[AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)**

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>phytonadione tablet 5mg</i>	\$0	*
<i>plan b one-step tablet 1.5mg</i>	\$0	*
<i>polyethylene glycol 3350 packet 17gm</i>	\$0	*
<i>polyvinyl alcohol solution 1.4%</i>	\$0	*
<i>povidone-iodine solution 10%</i>	\$0	*
<i>prevacid 24hr capsule delayed release 15mg</i>	\$0	*
<i>proctozone-b suppository 10mg</i>	\$0	*
<i>pyridoxine hcl injection 100mg/ml</i>	\$0	*
<i>qc 8 hour arthritis pain tablet extended release 650mg</i>	\$0	*
<i>qc 8 hour pain relief tablet extended release 650mg</i>	\$0	*
<i>qc allergy relief capsule 25mg</i>	\$0	*
<i>qc allergy relief childrens liquid 12.5mg/5ml</i>	\$0	*
<i>qc allergy relief suspension 50mcg/act</i>	\$0	*
<i>qc allergy relief tablet 10mg, 180mg, 25mg, 4mg, 60mg</i>	\$0	*
<i>qc antacid extra strength tablet chewable 750mg</i>	\$0	*
<i>qc antacid maximum strength suspension 800mg/10ml; 800mg/10ml; 80mg/10ml</i>	\$0	*
<i>qc antacid tablet chewable 500mg</i>	\$0	*
<i>qc antacid ultra strength tablet chewable 1000mg</i>	\$0	*
<i>qc antacid/anti-gas suspension 200mg/5ml; 200mg/5ml; 20mg/5ml</i>	\$0	*
<i>qc anti-diarrheal capsule 2mg</i>	\$0	*
<i>qc anti-diarrheal tablet 2mg</i>	\$0	*
<i>qc antifungal cream cream 1%</i>	\$0	*
<i>qc artificial tears solution 0.5%; 0.6%</i>	\$0	*
<i>qc aspirin low dose tablet chewable 81mg</i>	\$0	*
<i>qc aspirin low dose tablet delayed release 81mg</i>	\$0	*
<i>qc aspirin tablet 325mg</i>	\$0	*

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: **711**), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. **For more information**, visit **[AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)**



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>qc clotrimazole cream 1%</i>	\$0	*
<i>qc dual action pain reliver tablet 250mg; 125mg</i>	\$0	*
<i>qc enema enema 7gm/118ml; 19gm/118ml</i>	\$0	*
<i>qc enteric aspirin tablet delayed release 325mg</i>	\$0	*
<i>qc famotidine acid reducer maximum strength tablet 20mg</i>	\$0	*
<i>qc famotidine acid reducer tablet 10mg</i>	\$0	*
<i>qc gentle laxative tablet delayed release 5mg</i>	\$0	*
<i>qc hydrocortisone maximum strength cream 1%</i>	\$0	*
<i>qc ibuprofen capsule 200mg</i>	\$0	*
<i>qc ibuprofen childrens suspension 100mg/5ml</i>	\$0	*
<i>qc ibuprofen tablet 200mg</i>	\$0	*
<i>qc lansoprazole capsule delayed release 15mg</i>	\$0	*
<i>qc laxative tablet delayed release 5mg</i>	\$0	*
<i>qc miconazole 7 cream 2%</i>	\$0	*
<i>qc naproxen sodium tablet 220mg</i>	\$0	*
<i>qc omeprazole magnesium capsule delayed release 20.6mg</i>	\$0	*
<i>qc pain relief childrens suspension 160mg/5ml</i>	\$0	*
<i>qc pain relief extra strength tablet 500mg</i>	\$0	*
<i>qc pain relief tablet 325mg</i>	\$0	*
<i>qc stomach relief suspension 525mg/30ml</i>	\$0	*
<i>qc stomach relief tablet 262mg</i>	\$0	*
<i>qc stomach relief tablet chewable 262mg</i>	\$0	*
<i>qc stomach relief ultra suspension 525mg/15ml</i>	\$0	*
<i>qc triple antibiotic ointment 400unit/gm; 3.5mg/gm; 5000unit/gm</i>	\$0	*
<i>refresh celluvisc gel 1%</i>	\$0	*
<i>refresh lacri-lube ointment 42.5%; 56.8%</i>	\$0	*
<i>refresh liquigel gel 1%</i>	\$0	*
<i>refresh optive mega-3 pf solution 0.5%; 1%; 0.5%</i>	\$0	*
<i>refresh plus solution 0.5%</i>	\$0	*



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: 711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>refresh tears solution 0.5%</i>	\$0	*
<i>renal caps capsule 100mg; 150mcg; 5mg; 6mcg; 1mg; 20mg; 10mg; 1.7mg; 1.5mg</i>	\$0	*
<i>reno caps capsule 100mg; 150mcg; 5mg; 6mcg; 1mg; 20mg; 10mg; 1.7mg; 1.5mg</i>	\$0	*
<i>saxenda injection 18mg/3ml</i>	\$0	QL (15 ML per 30 days) PA; *
<i>slowmag mg muscle/heart tablet delayed release 119mg; 71.5mg</i>	\$0	*
<i>slow-mag tablet delayed release 119mg; 71.5mg</i>	\$0	*
<i>sm 3-day vaginal cream 2%</i>	\$0	*
<i>sm anti-diarrheal tablet 2mg</i>	\$0	*
<i>sm antifungal tolinaftate cream 1%</i>	\$0	*
<i>sm aspirin low dose tablet chewable 81mg</i>	\$0	*
<i>sm childrens ibuprofen suspension 100mg/5ml</i>	\$0	*
<i>sm enema enema 7gm/118ml; 19gm/118ml</i>	\$0	*
<i>sm hydrocortisone maximum strength ointment 1%</i>	\$0	*
<i>sm ibuprofen tablet 200mg</i>	\$0	*
<i>sm miconazole 7 cream 2%</i>	\$0	*
<i>sm nicotine polacrilex gum 4mg</i>	\$0	*
<i>sm nicotine polacrilex lozenge 4mg</i>	\$0	*
<i>sm nicotine transdermal system/step 2/clear patch 24 hour 14mg/24hr</i>	\$0	*
<i>smooth antacid extra strength tablet chewable 750mg</i>	\$0	*
<i>sodium bicarbonate tablet 325mg, 650mg</i>	\$0	*
<i>soluvita suspension</i>	\$0	*
<i>stomach relief extra strength suspension 525mg/15ml</i>	\$0	*
<i>stomach relief suspension 525mg/30ml</i>	\$0	*
<i>stomach relief tablet chewable 262mg</i>	\$0	*
<i>stomach relief ultra suspension 525mg/15ml</i>	\$0	*
<i>stool softener capsule 100mg</i>	\$0	*

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: **711**), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. **For more information**, visit **[AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)**



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>strovite forte tablet 500mg; 1000unit; 0.15mg; 25mg; 0.1mg; 3mg; 50mcg; 10mg; 0.8mg; 50mg; 25mcg; 100mg; 25mg; 3000unit; 20mg; 50mcg; 20mg; 60unit; 15mg</i>	\$0	*
<i>strovite one tablet 15mg; 300mg; 100mcg; 15mg; 3000unit; 1000unit; 50mcg; 1.5mg; 50mcg; 1mg; 5mg; 50mg; 1.5mg; 25mg; 25mg; 5mg; 100mcg; 20mg; 100unit; 25mg</i>	\$0	*
<i>systane night gel gel 0.3%</i>	\$0	*
<i>systane nighttime ointment 3%; 94%</i>	\$0	*
<i>take action tablet 1.5mg</i>	\$0	*
<i>tension headache tablet 500mg; 65mg</i>	\$0	*
<i>thiamine hcl injection 100mg/ml</i>	\$0	*
<i>thiamine hydrochloride injection 100mg/ml, 200mg/2ml</i>	\$0	*
<i>tioconazole 1 ointment 6.5%</i>	\$0	*
<i>tm-clotrimazole cream 1%</i>	\$0	*
<i>tolnaftate cream 1%</i>	\$0	*
<i>tolnaftate powder 1%</i>	\$0	*
<i>tri-buffered aspirin tablet</i>	\$0	*
<i>triphrocaps capsule 100mg; 150mcg; 5mg; 6mcg; 1mg; 20mg; 10mg; 1.7mg; 1.5mg</i>	\$0	*
<i>triple antibiotic ointment 400unit/gm; 3.5mg/gm; 5000unit/gm, 400unit/gm; 5mg/gm; 5000unit/gm, 400unit; 3.5mg; 5000unit</i>	\$0	*
<i>triprolidine hci liquid 0.625mg/ml</i>	\$0	*
<i>triprolidine hydrochloride liquid 0.938mg/ml</i>	\$0	*
<i>true ferrous sulfate tablet delayed release 324mg</i>	\$0	*
<i>true folic acid tablet 1mg</i>	\$0	*
<i>true magnesium oxide tablet 400mg</i>	\$0	*
<i>true oyster shell calcium tablet 1250mg</i>	\$0	*
<i>true vitamin d3 capsule 250mcg</i>	\$0	*



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: **711**), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>vital-d rx tablet 60mg; 300mcg; 1750unit; 6mg; 1mg; 20mg; 10mg; 10mg; 1.7mg; 1.5mg; 12.5mg</i>	\$0	*
<i>vitamin d capsule 1.25mg, 50000unit</i>	\$0	*
<i>vitamin k1 injection 10mg/ml, 1mg/0.5ml</i>	\$0	*
<i>wegovy hd injection 7.2mg/0.75ml</i>	\$0	*
<i>wegovy injection 0.25mg/0.5ml, 0.5mg/0.5ml, 1mg/0.5ml</i>	\$0	QL (2 ML per 28 days) PA; *
<i>wegovy injection 1.7mg/0.75ml, 2.4mg/0.75ml</i>	\$0	QL (3 ML per 28 days) PA; *
<i>wescaps capsule</i>	\$0	*
<i>wes-phos 250 neutral tablet 155mg; 852mg; 130mg</i>	\$0	*
<i>westab max tablet 2mg; 2.5mg; 25mg</i>	\$0	*
<i>xenical capsule 120mg</i>	\$0	QL (90 EA per 30 days) PA; *
<i>zaditor solution 0.035%</i>	\$0	*
<i>zepbound injection 10mg/0.5ml, 12.5mg/0.5ml, 15mg/0.5ml, 2.5mg/0.5ml, 5mg/0.5ml, 7.5mg/0.5ml</i>	\$0	QL (2 ML per 28 days) PA; *
<i>zepbound kwikpen injection 10mg/0.6ml, 12.5mg/0.6ml, 15mg/0.6ml, 2.5mg/0.6ml, 5mg/0.6ml, 7.5mg/0.6ml</i>	\$0	QL (2.4 ML per 28 days) PA; *

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (TTY: **711**), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. **For more information**, visit **[AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)**



D. Index of Covered Drugs

In this section, you can find a drug by searching for its name alphabetically. This will tell you the page number where you can find additional coverage information for your drug.

Drug Name	Page #	Drug Name	Page #
Symbols			
3 day vaginal cream	206	acne medication 10 gel 10%	207
7 day vaginal cream	206	acne medication 10 lotion 10%.....	207
8 hr arthritis pain relief	206	acne medication ge	207
8hr muscle aches & pain relief	206	ACTHIB	170
12hr allergy relief	206	ACTIMMUNE.....	167
24hr allergy relief	206	acyclovir.....	36
		acyclovir sodium	36
A		ADACEL	170
abacavir	29	ADALIMUMAB.....	162
abacavir sulfate/lamivudine	33	adapalene.....	207
ABELCET	26	adapalene pump.....	207
abigale	138	adefovir dipivoxil	36
abigale lo	138	ADEMPAS	82
ABILIFY	93	aenapine.....	94
ABILIFY MAINTENA.....	93	afirmelle	131
abiraterone acetate.....	48	aftera	207
abirtega.....	48	AIMOVIG	116
ABRYSVO	170	AIRSUPRA	193
acamprosate calcium dr	120	AKEEGA.....	48
acarbose.....	125	ala-cort.....	198
accutane	194	ala-hist ir	207
acebutolol hydrochloride.....	75	alaway	207
acetaminophen	206, 207	alaway childrens allergy eye itch relief	207
acetaminophen childrens.....	206	albendazole	21
acetaminophen/codeine	18	albuterol sulfate	189, 190
acetaminophen/codeine phosphate	18	albuterol sulfate hfa	189
acetaminophen er.....	206	alclometasone dipropionate.....	198
acetaminophen er 8 hour arthritis pain relief	206	ALECENSA.....	52
acetaminophen extra strength	206	alendronate sodium	128
acetaminophen infants	206	alfuzosin hcl er.....	155
acetazolamide	79	aliskiren	80
acetazolamide er	79	all day allergy.....	207
acetic acid.....	186	all day allergy childrens	207
acetic acid 0.25%	156	all day pain relief.....	207
acetylcysteine	142, 190	all day relief	207
acid gone.....	207	aller-chlor.....	207
acid reducer.....	207	allergy.....	208
acid reducer complete	207	allergy capsule.....	207
acid reducer maximum strength	207	allergy childrens.....	207
acitretin.....	197	allergy relief	207, 208
acne medication 5 gel 5%	207	allergy relief 24hr	207
		allergy relief childrens.....	207

Drug Name	Page #	Drug Name	Page #
<i>allergy-time</i>	208	ANORO ELLIPTA	187
<i>allopurinol</i>	15	<i>antacid/antigas liquid</i>	208
<i>almacone double strength</i>	208	<i>antacid & antigas suspension</i>	208
<i>alosetron hydrochloride</i>	153	<i>antacid calcium regular strength</i>	208
<i>alprazolam</i>	84	<i>antacid extra strength</i>	208
ALPRAZOLAM INTENSOL	84	<i>antacid maximum strength</i>	208
<i>altavera</i>	131	<i>antacid regular strength</i>	208
<i>aluminum hydroxide</i>	208	<i>antacid suspension</i>	208
<i>aluminum/magnesium/simethicone</i>	208	<i>antacid tablet chewable</i>	208
ALUNBRIG	52	<i>antacid ultra strength</i>	208
ALVAIZ	160	<i>anti-diarrheal</i>	208
ALVESCO	193	<i>antifungal cream</i>	208
<i>alyacen 1/35</i>	131	<i>anti-itch maximum strength</i>	208
<i>alyacen 7/7/7</i>	131	<i>aprepitant</i>	148
<i>amantadine</i>	91	<i>apri</i>	131
<i>amantadine hcl</i>	91	APTIOM	102
<i>ambrisentan</i>	82	APTIVUS	29
<i>amethyst</i>	131	<i>aranelle</i>	131
<i>amikacin sulfate</i>	21	ARCALYST	168
<i>amiloride hcl</i>	79	AREXVY	170
<i>amiloride/hydrochlorothiazide</i>	79	ARIKAYCE	21
<i>aminophylline</i>	191	<i>aripiprazole</i>	94
AMINOSYN	177, 178	ARISTADA	94
<i>amiodarone hydrochloride</i>	71	<i>armodafinil</i>	120
<i>amitriptyline</i>	86	ARNUITY ELLIPTA	193
<i>amitriptyline hcl</i>	86	<i>arthritis pain relief</i>	208
<i>amlodipine besylate</i>	77	<i>artificial tears</i>	208
<i>amlodipine besylate/atorvastatin calcium</i>	80	<i>ashlyna</i>	131
<i>amlodipine besylate/benazepril hydrochloride</i>	68	ASPARLAS	51
<i>amlodipine besylate/valsartan</i>	70	<i>aspirin</i>	209
<i>amlodipine/olmesartan medoxomil</i>	70	<i>aspirin adult low dose</i>	208
<i>amlodipine/valsartan/hydrochlorothiazide</i>	70	<i>aspirin clear</i>	209
<i>ammonium lactate</i>	201, 208	<i>aspirin/dipyridamole er</i>	162
<i>amnestem</i>	194	<i>aspirin ec</i>	209
<i>amoxapine</i>	86	<i>aspirin low dose</i>	209
<i>amoxicillin</i>	43, 44	<i>aspirin regimen</i>	209
<i>amoxicillin/clavulanate potassium</i>	43	<i>aspirin regular strength</i>	209
<i>amoxicillin/clavulanate potassium er</i>	43	ASTAGRAF XL	168
<i>amphetamine/dextroamphetamine</i>	113	<i>atazanavir</i>	29
<i>amphotericin b</i>	26	<i>atazanavir sulfate</i>	29
<i>amphotericin b liposome</i>	26	<i>atenolol</i>	75
<i>ampicillin</i>	44	<i>atenolol/chlorthalidone</i>	75
<i>ampicillin sodium</i>	44	<i>athletes foot</i>	209
<i>ampicillin-sulbactam</i>	44	<i>atomoxetine</i>	113
<i>ampicillin/sulbactam</i>	44	<i>atorvastatin calcium</i>	73
<i>anagrelide hydrochloride</i>	160	<i>atovaquone</i>	21
<i>anastrozole</i>	48	<i>atovaquone/proguanil hcl</i>	28

Drug Name	Page #	Drug Name	Page #
<i>atovaquone/proguanil hydrochloride</i>	28	<i>benazepril hydrochloride/hydrochlorothiazide</i>	68
<i>atropine sulfate</i>	185	BENLYSTA	168
ATROVENT HFA	188	<i>benzoyl peroxide</i>	209
<i>aubra eq</i>	131	<i>benzoyl peroxide wash</i>	209
AUGTYRO	52	<i>benzphetamine hcl</i>	209
<i>aurovela 1.5/30</i>	131	<i>benztropine mesylate</i>	91, 92
<i>aurovela 1/20</i>	131	BERINERT	161
<i>aurovela 24 fe</i>	131	BESIFLOXACIN HYDROCHLORIDE	181
<i>aurovela fe 1.5/30</i>	131	BESIVANCE	181
<i>aurovela fe 1/20</i>	131	BESREMI	51
AUSTEDO	117	<i>betadine</i>	209
AUSTEDO XR	117	<i>betaine anhydrous powder</i>	142
AUVELITY	86	<i>betamethasone dipropionate</i>	198
AUVELITY TITRATION	86	<i>betamethasone dipropionate augmented</i>	198
<i>aviane</i>	131	<i>betamethasone valerate</i>	198
AVMAPKI FAKZYNJA	53	BETASERON	118
<i>ayuna</i>	131	<i>betaxolol hcl</i>	75, 184
AYVAKIT	53	<i>bethanechol chloride</i>	156
<i>azathioprine</i>	168	BEVESPI	187
AZATHIOPRINE	168	<i>bexarotene</i>	51, 202
<i>azelaic acid</i>	201	BEXSERO	170
<i>azelastine hcl</i>	184	<i>bicalutamide</i>	48
<i>azelastine hydrochloride</i>	188	BICILLIN L-A	44
AZILSARTAN	71	BIKTARVY	33
<i>azithromycin</i>	41	BILDYOS	128
<i>aztreonam</i>	21	BILPREVDA	128
<i>azurette</i>	131	BIMZELX	162
B		<i>bisacodyl ec</i>	209
<i>bacitracin</i>	181	<i>bisacodyl suppository</i>	209
<i>bacitracin/polymyxin b</i>	181	<i>bismuth subsalicylate</i>	209
<i>baclofen</i>	119	<i>bisoprolol</i>	75
<i>bacmin 25mg; 5000unit; 20mg; 50mcg; 20mg;</i> <i>30unit; 22.5mg</i>	209	<i>bisoprolol fumarate/hydrochlorothiazide</i>	75
BAFIERTAM	118	<i>blisovi 24 fe</i>	131
<i>balsalazide disodium</i>	151	<i>blisovi fe 1.5/30</i>	131
BALVERSA	53	<i>blisovi fe 1/20</i>	131
<i>balziva</i>	131	BLUJEPa	21
<i>banophen</i>	209	BONSITY	129
BARACLUDE	36	BOOSTRIX	170
BCG	170	<i>bosentan</i>	83
BD ALCOHOL SWABS	122	BOSULIF	53
BD INSULIN SYRINGE	122	<i>bosutinib</i>	53
BD PEN	122	<i>bprotected pedia iron</i>	209
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 1/2	122	<i>bp vit 3</i>	209
<i>benazepril hydrochloride</i>	69	BRAFTOVI	53
		BREO ELLIPTA	193
		BREZTRI	187
		<i>brillyn</i>	131

Drug Name	Page #	Drug Name	Page #
<i>brimonidine tartrate</i>	184	CAPLYTA.....	95
<i>brimonidine tartrate/timolol maleate</i>	184	CAPRELSA.....	54
<i>brinzolamide</i>	184	<i>captopril</i>	69
<i>brivaracetam</i>	102, 103	<i>captopril/hydrochlorothiazide</i>	68
BRIVIACT	103	<i>carbamazepine</i>	103
<i>bromfenac</i>	183	<i>carbamazepine er</i>	103
<i>bromfenac sodium</i>	183	<i>carbidopa</i>	92
<i>bromocriptine mesylate</i>	92	<i>carbidopa/levodopa</i>	92
BRUKINSA	54	CARBIDOPA/LEVODOPA/ENTACAPONE.....	92
<i>budesonide</i>	193	<i>carbidopa/levodopa er</i>	92
<i>budesonide dr</i>	151	<i>carbidopa/levodopa odt</i>	92
<i>budesonide er</i>	151	CARBINOXAMINE	188
<i>budesonide/formoterol fumarate dihydrate</i>	193	<i>carbinoxamine maleate</i>	188
<i>budesonide nasal spray</i>	209	<i>carboxymethylcellulose sodium</i>	210
<i>bumetanide</i>	79	<i>carboxymethylcellulose sodium ophthalmic</i>	210
<i>buprenorphine</i>	17	<i>carglumic acid</i>	142
<i>buprenorphine hcl</i>	120	<i>carteolol hcl</i>	184
<i>buprenorphine hcl/naloxone hcl</i>	120	<i>cartia xt</i>	77
<i>buprenorphine hydrochloride/naloxone hydrochloride</i>	120	<i>carvedilol</i>	76
<i>bupropion</i>	86	<i>carvedilol phosphate er</i>	75
BUPROPION	86	<i>caspofungin acetate</i>	27
<i>bupropion hydrochloride er</i>	86, 120	CAYSTON	21
<i>buspirone hcl</i>	84	<i>cefaclor</i>	38
<i>buspirone hydrochloride</i>	84	CEFACLO ER	38
<i>butorphanol tartrate</i>	18	<i>cefadroxil</i>	38, 39
BYSANTI	94, 95	<i>cefazolin</i>	39
C		CEFAZOLIN.....	39
<i>cabergoline</i>	142	CEFAZOLIN/DEXTROSE.....	39
CABOMETYX.....	54	<i>cefazolin sodium</i>	39
<i>calcipotriene</i>	197	CEFAZOLIN SODIUM	39
<i>calcitonin-salmon</i>	129	<i>cefdinir</i>	39
<i>calcitrene</i>	197	<i>cefepime</i>	39
<i>calcitriol</i>	147	<i>cefixime</i>	40
CALCITRIOL	197	<i>cefotetan</i>	40
<i>calcium + vitamin d3</i>	209	<i>cefoxitin</i>	40
<i>calcium antacid</i>	209	<i>cefpodoxime proxetil</i>	40
<i>calcium antacid extra strength</i>	209	<i>cefprozil</i>	40
<i>calcium carbonate</i>	209	<i>ceftaroline</i>	40
<i>cal-gest antacid</i>	210	<i>ceftazidime</i>	40
CALQUENCE	54	<i>ceftriaxone in iso-osmotic dextrose</i>	40
<i>camila</i>	131	<i>ceftriaxone sodium</i>	41
CAMRESE.....	132	CEFTRIAZONE SODIUM.....	40
CAMRESE LO.....	132	<i>cefuroxime axetil</i>	41
<i>candesartan cilexetil</i>	71	<i>cefuroxime sodium</i>	41
<i>candesartan cilexetil/hydrochlorothiazide</i>	70	<i>celecoxib</i>	16
		<i>cephalexin</i>	41
		CERDELGA.....	142

Drug Name	Page #	Drug Name	Page #
<i>cetirizine hcl</i>	210	<i>clindamycin</i>	194
<i>cetirizine hcl allergy childrens</i>	210	<i>clindamycin hcl</i>	21
<i>cetirizine hcl childrens</i>	210	<i>clindamycin hydrochloride</i>	21
<i>cetirizine hcl childrens allergy</i>	210	<i>clindamycin palmitate hydrochloride</i>	21
<i>cetirizine hydrochloride</i>	188, 210	<i>clindamycin phosphate</i>	22, 157, 194
<i>cetirizine hydrochloride childrens hives relief</i>	210	<i>clindamycin phosphate/dextrose</i>	21
<i>cevimeline hydrochloride</i>	204	<i>clindamycin phosphate (once-daily)</i>	194
<i>charlotte 24 fe</i>	132	<i>clindamycin phosphate (twice-daily)</i>	194
<i>chateal eq</i>	132	CLINDAMYCIN/SODIUM CHLORIDE.....	22
CHEMET.....	130	CLINIMIX.....	178
<i>childrens acetaminophen</i>	210	CLINIMIX 6/5.....	178
<i>childrens ibuprofen</i>	210	CLINIMIX 8/10.....	178
<i>childrens loratadine</i>	210	CLINIMIX 8/14.....	179
<i>chloramphenicol sodium succinate</i>	21	<i>clinisol</i>	179
<i>chlordiazepoxide hcl</i>	84	CLINOLIPID.....	179
<i>chlordiazepoxide hydrochloride</i>	84	<i>clinpro 5000 paste</i>	204
<i>chlorhexidine gluconate</i>	204	<i>clobazam</i>	103
<i>chloroquine phosphate</i>	28	<i>clobetasol propionate</i>	199
<i>chlorpromazine hcl</i>	95	<i>clobetasol propionate e</i>	198
<i>chlorpromazine hydrochloride</i>	95	<i>clodan</i>	199
<i>chlorthalidone</i>	79	<i>clomipramine hydrochloride</i>	87
<i>chlorzoxazone</i>	119	<i>clonazepam</i>	104
<i>cholestyramine</i>	73	<i>clonazepam odt</i>	104
<i>cholestyramine light</i>	73	<i>clonidine</i>	80
<i>chromic chloride</i>	210	<i>clonidine hydrochloride</i>	80
<i>chromium chloride</i>	210	<i>clopidogrel</i>	162
<i>ciclopirox</i>	196	<i>clorazepate dipotassium</i>	104
<i>ciclopirox nail lacquer</i>	196	<i>clotrimazole</i>	196, 210
<i>ciclopirox olamine</i>	196	<i>clotrimazole antifungal</i>	210
<i>cilostazol</i>	161	<i>clotrimazole/betamethasone dipropionate</i>	196
CILOXAN.....	181	<i>clotrimazole troche</i>	204
CIMDUO.....	33	<i>clozapine</i>	95, 96
<i>cimetidine</i>	151	<i>clozapine odt</i>	95
<i>cinacalcet hydrochloride</i>	87, 143	COARTEM.....	29
<i>ciprofloxacin</i>	186	COBENFY.....	96
<i>ciprofloxacin/dexamethasone</i>	186	COBENFY STARTER PACK.....	96
<i>ciprofloxacin hcl</i>	42	CODEINE SULFATE.....	18
<i>ciprofloxacin hydrochloride</i>	42, 181	<i>colace</i>	210
<i>ciprofloxacin i.v.-in d5w</i>	42	<i>colchicine</i>	15
CIPRO HC.....	186	<i>colesevelam hydrochloride</i>	73, 74
<i>citalopram hydrobromide</i>	87	<i>colestipol hydrochloride</i>	74
<i>claravis</i>	194	<i>colistimethate sodium</i>	22
<i>clarithromycin</i>	42	COMBIGAN.....	184
<i>clarithromycin er</i>	41	COMBIVENT RESPIMAT.....	187
<i>clemastine fumarate</i>	188	COMETRIQ KIT.....	54
CLENPIQ.....	152	<i>compro</i>	148
<i>clindacin</i>	194	<i>conjugated estrogens</i>	138

Drug Name	Page #	Drug Name	Page #
<i>consulose</i>	152	<i>deblitane</i>	132
COPIKTRA	54	<i>deferasirox</i>	130
<i>copper injection</i>	210	DELSTRIGO	33
CORLANOR	80	<i>delyla</i>	132
<i>corvita</i>	210	DENG VAXIA	170
<i>corvite</i>	211	DENTA 5000 PLUS SENSITIVE	204
COTELLIC	54	<i>dentagel</i>	204
CREON	153	DEPO-SUBQ PROVERA	132
CRESEMBA	27	DESCOVY	33
<i>cromolyn sodium</i>	153, 184, 191	<i>desipramine hydrochloride</i>	87
<i>cryselle</i>	132	<i>desloratadine</i>	188
<i>cryselle-28</i>	132	<i>desloratadine odt</i>	188
<i>cupric chloride</i>	211	<i>desmopressin acetate</i>	143
CURITY GAUZE PADS	122	<i>desonide</i>	199
<i>cyanocobalamin</i>	211	<i>desoximetasone</i>	199
<i>cyanocobalamin nasal</i>	211	<i>dessmopressin acetate</i>	143
<i>cyclobenzaprine hydrochloride</i>	119	<i>desvenlafaxine er</i>	87
<i>cyclophosphamide capsule</i>	46	<i>dexamethasone</i>	140
CYCLOPHOSPHAMIDE TABLET	46	<i>dexamethasone intensol</i>	140
<i>cycloserine</i>	35	<i>dexamethasone sodium phosphate</i>	183
<i>cyclosporine</i>	168	<i>dexlansoprazole</i>	155
<i>cyclosporine modified</i>	168	<i>dexmethylphenidate hcl</i>	113
<i>cyproheptadine hcl</i>	188	<i>dexmethylphenidate hydrochloride</i>	113
<i>cyproheptadine hydrochloride</i>	188	<i>dexmethylphenidate hydrochloride er</i>	113
<i>cyred eq</i>	132	<i>dextroamphetamine sulfate</i>	114
CYSTAGON	143	<i>dextroamphetamine sulfate er</i>	113
CYSTARAN	186	<i>dextroamphetamine sulfateg</i>	114
D		DEXTROSE	179
<i>dabigatran</i>	158	DEXTROSE 2.5%/SODIUM CHLORIDE 0.45%	172
<i>dalfampridine er</i>	118	<i>dextrose 5%</i>	179
<i>danazol</i>	121	DEXTROSE 5% /ELECTROLYTE #48	172
<i>dantrolene sodium</i>	119	DEXTROSE 5%/LACTATED RINGERS	172
DANZITEN	54	DEXTROSE 5%/SODIUM CHLORIDE 0.2%	172
<i>dapagliflozin</i>	125	<i>dextrose 5%/sodium chloride 0.3%</i>	172
<i>dapagliflozin/metformin</i>	125	DEXTROSE 5%/SODIUM CHLORIDE 0.9%	173
<i>dapsone</i>	22, 195	DEXTROSE 5%/SODIUM CHLORIDE 0.33%	172
DAPTACEL	170	DEXTROSE 5%/SODIUM CHLORIDE 0.45%	172
<i>daptomycin</i>	22	<i>dextrose 10%</i>	179
DAPTOMYCIN/SODIUM CHLORIDE	22	DEXTROSE 10%/SODIUM CHLORIDE 0.2%	172
<i>darunavir</i>	29	DEXTROSE 10%/SODIUM CHLORIDE 0.45%	172
<i>dasatinib</i>	55	DEXTROSE 50%	179
<i>dasetta 1/35</i>	132	DEXTROSE 70%	179
<i>dasetta 7/7/7</i>	132	<i>dextrose/sodium chloride</i>	173
DAURISMO	55	DIACOMIT	104
<i>daysee</i>	132	<i>dialyvite</i>	211
DAYVIGO	115	<i>dialyvite 3000</i>	211
		<i>dialyvite 5000</i>	211

Drug Name	Page #	Drug Name	Page #
<i>dialyvite supreme d</i>	211	<i>divalproex sodium dr</i>	105
<i>dialyvite/zinc</i>	211	<i>divalproex sodium er</i>	105
<i>diazepam</i>	104, 105	<i>docusate sodium</i>	212
DIAZEPAM	104	<i>dofetilide</i>	72
<i>diazepam intensol</i>	104	<i>dolishale</i>	132
<i>diazoxide</i>	142	<i>donepezil hcl</i>	85
<i>diclofenac</i>	202	<i>donepezil hydrochloride</i>	85
<i>diclofenac potassium</i>	16	DOPTelet.....	161
<i>diclofenac sodium</i>	183	<i>dorzolamide hcl/timolol maleate</i>	184
<i>diclofenac sodium dr</i>	16	<i>dorzolamide hydrochloride</i>	184
<i>diclofenac sodium er</i>	16	<i>dorzolamide hydrochloride/timolol maleate pf</i>	184
<i>diclofenac sodium/misoprostol</i>	16	<i>dotti patch twice weekly 0.025mg/24hr,</i> <i>0.0375mg/24hr, 0.05mg/24hr, 0.075mg/24hr,</i> <i>0.1mg/24hr</i>	139
<i>dicloxacillin sodium</i>	44	DOVATO	33
<i>dicyclomine hcl</i>	150	<i>doxazosin mesylate</i>	69
<i>dicyclomine hydrochloride</i>	150	<i>doxepin hcl</i>	87
<i>diethylpropion hcl</i>	211	<i>doxepin hydrochloride</i>	87, 115, 202
<i>diethylpropion hcl er</i>	211	<i>doxercalciferol</i>	148
<i>diethylpropion hydrochloride</i>	211	<i>doxy 100</i>	45
<i>diethylpropion hydrochloride er</i>	211	<i>doxycycline</i>	46, 202
<i>differin</i>	211	<i>doxycycline hyclate</i>	45
DIFICID.....	42	<i>doxycycline monohydrate</i>	45
<i>diflunisal</i>	16	DRIZALMA.....	87
<i>difluprednate</i>	183	<i>dronabinol</i>	148
<i>digox</i>	81	<i>drospirenone</i>	132
<i>digoxin</i>	80, 81	<i>drospirenone/ethinyl estradiol/levomefolate</i> <i>calcium</i>	132
<i>dihydroergotamine mesylate</i>	116	DROXIA.....	161
DILANTIN	105	<i>droxidopa</i>	81
DILANTIN-125	105	<i>dual action pain relief</i>	212
DILANTIN INFATABS	105	DUAVEE	139
<i>diltiazem</i>	77	DULERA.....	193
<i>diltiazem hcl</i>	77	<i>duloxetine hydrochloride dr</i>	87
DILTIAZEM HCL.....	77	DUPIXENT	163
<i>diltiazem hcl er</i>	77	<i>dutasteride</i>	156
<i>diltiazem hydrochloride</i>	77	<i>dutasteride/tamsulosin hydrochloride</i>	156
<i>diltiazem hydrochloride er</i>	77		
<i>dilt-xr</i>	77	E	
DIMENHYDRINATE	148	EBGLYSS	163
<i>dimetane allergy relief</i>	211	<i>econazole nitrate</i>	196
<i>diphenhydramine hcl</i>	211	<i>econtra ez</i>	212
<i>diphenhydramine hydrochloride</i>	189, 211, 212	<i>econtra one-step</i>	212
<i>diphenhydramine hydrochloride childrens allergy</i> <i>relief</i>	211	<i>ed-apap</i>	212
<i>diphenoxylate/atropine</i>	153	EDARBI	71
<i>diphenoxylate hydrochloride/atropine sulfate</i>	153	EDARBYCLOR.....	70
<i>dipyridamole</i>	162	<i>ed chlorped jr</i>	212
<i>disopyramide phosphate</i>	71		
<i>disulfiram</i>	121		

Drug Name	Page #	Drug Name	Page #
EDURANT	30	<i>ergocalciferol</i>	212
EDURANT PED	29	<i>ergotamine tartrate/caffeine</i>	116
<i>efavirenz</i>	30	ERIVEDGE	55
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	33	ERLEADA	48
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	34	<i>erlotinib hydrochloride</i>	55
<i>effer-k</i>	175	<i>errin</i>	133
<i>eletriptan hydrobromide</i>	116	ERTACZO	196
ELIGARD	48	<i>ertapenem sodium</i>	22
<i>elinest</i>	132	<i>ery</i>	195
ELIQUIS	158	<i>erythromycin dr</i>	42
ELIQUIS STARTER PACK	158	<i>erythromycin</i>	181, 195
<i>eluyring</i>	132	<i>erythromycin base</i>	42
EMEND	148	<i>erythromycin/benzoyl peroxide</i>	195
EMSAM	88	<i>erythromycin lactobionate</i>	42
<i>emtricitabine</i>	30	ERZOFRI	96
<i>emtricitabine/rilpivirine/tenofovir disoproxil fumarate</i>	34	<i>escitalopram oxalate</i>	88
<i>emtricitabine/tenofovir disoproxil</i>	34	ESCITALOPRAM OXALATE	88
<i>emtricitabine/tenofovir disoproxil fumarate</i>	34	<i>eslicarbazepine acetate</i>	105
EMTRIVA	30	<i>esomeprazole magnesium</i>	155
EMVERM	22	<i>esomeprazole sodium</i>	155
<i>emzahh</i>	132	<i>estarylla</i>	133
<i>enalapril maleate</i>	69	<i>estradiol</i>	139
<i>enalapril maleate/hydrochlorothiazide</i>	68	<i>estradiol/norethindrone acetate</i>	139
ENBREL	163	<i>estradiol valerate</i>	139
ENBREL MINI	163	ESTRING	139
ENBREL SURECLICK	163	<i>ethambutol hydrochloride</i>	35
<i>endocet</i>	19	<i>ethosuximide</i>	105
ENERGIX-B	170	<i>ethynodiol</i>	133
<i>enilloring</i>	132	<i>etodolac</i>	16
<i>enlyte</i>	212	<i>etodolac er</i>	16
<i>enoxaparin sodium</i>	158	<i>etonogestrel/ethinyl estradiol</i>	133
ENSACOVE	55	<i>etravirine</i>	30
<i>enskyce</i>	133	EUCRISA	202
<i>entacapone</i>	92	EULEXIN	48
<i>entecavir</i>	36	<i>everolimus</i>	55, 56, 168
ENTRESTO	70	EVOTAZ	34
<i>enulose</i>	152	<i>exemestane</i>	48
EPCLUSA	37	EXTENCILLINE	44
EPIDIOLEX	105	EXXUA	88
<i>epinastine hcl</i>	184	EXXUA TITRATION PACK	88
<i>epinephrine</i>	191	<i>eye itch relief</i>	212
<i>eplerenone</i>	69	EYSUVIS	186
<i>epoprostenol sodium</i>	83	<i>ezetimibe</i>	74
EPRONTIA	105	<i>ezetimibe/simvastatin</i>	74
		F	
		<i>falmina</i>	133

Drug Name	Page #	Drug Name	Page #
<i>famciclovir</i>	37	<i>fleet enema</i>	212
<i>famotidine</i>	151, 212	<i>fleet pediatric enema</i>	213
<i>famotidine maximum strength</i>	212	<i>fleet stimulant</i>	213
<i>famotidine original strength</i>	212	<i>fleet stool softener</i>	213
<i>famotidine premixed</i>	151	<i>flotrex</i>	213
FANAPT.....	97	<i>fluconazole</i>	27
FANAPT TITRATION PACK A.....	96	<i>fluconazole in sodium chloride</i>	27
FANAPT TITRATION PACK B.....	96	<i>fluconazole/sodium chloride</i>	27
FANAPT TITRATION PACK C.....	97	<i>flucytosine</i>	27
FARXIGA.....	125	<i>fludrocortisone acetate</i>	140
FASENRA.....	191	<i>flunisolide</i>	193
<i>febuxostat</i>	15	<i>fluocinolone acetonide</i>	187, 200
<i>feirza 1.5/30</i>	133	<i>fluocinolone acetonide body</i>	199
<i>feirza 1/20</i>	133	<i>fluocinolone acetonide scalp</i>	199
<i>felbamate</i>	106	<i>fluocinonide</i>	200
<i>felodipine er</i>	77	<i>fluocinonide emulsified base</i>	200
<i>fenofibrate</i>	72, 73	<i>fluoride</i>	175
<i>fenofibrate micronized</i>	72	<i>fluoridex daily defense</i>	204
<i>fenofibric acid dr</i>	73	FLUORIDEX SENSITIVITY RELIEF/SLS FREE.....	204
<i>fenopropfen calcium</i>	16	<i>fluorimax 5000</i>	205
FENOPROFEN CALCIUM.....	16	FLUORIMAX 5000 SENSITIVE.....	204
<i>fentanyl</i>	17	<i>fluorometholone</i>	183
<i>ferosul</i>	212	<i>fluorouracil</i>	202
<i>ferrous sulfate</i>	212	FLUOROURACIL.....	202
<i>fesoterodine fumarate er</i>	156	<i>fluoxetine dr</i>	88
FETZIMA.....	88	<i>fluoxetine hydrochloride</i>	88, 89
FETZIMA TITRATION PACK.....	88	<i>fluphenazine decanoate</i>	97
<i>feverall adults</i>	212	<i>fluphenazine hcl</i>	97
<i>feverall childrens suppository</i>	212	<i>fluphenazine hydrochloride</i>	97
<i>feverall infants suppository</i>	212	<i>flurbiprofen</i>	16
<i>feverall junior strength suppository</i>	212	<i>flurbiprofen sodium</i>	183
<i>fe-vite iron</i>	212	<i>fluticasone propionate</i>	193, 200, 213
<i>fexofenadine hydrochloride</i>	212	<i>fluticasone propionate nasal spray allergy relief</i> 24- hour.....	213
FIASP.....	123	<i>fluticasone propionate/salmeterol</i>	194
FIASP FLEXTOUCH.....	122	<i>fluticasone propionate/salmeterol diskus</i>	193
FIASP PENFILL.....	123	FLUTICASONE PROPIONATE/SALMETEROL HFA.....	194
FIASP PUMPCART.....	123	<i>fluvastatin</i>	73
<i>fidaxomicin</i>	42	<i>fluvastatin sodium er</i>	73
<i>finasteride</i>	156	<i>fluvoxamine maleate</i>	85
<i>ingolimid hydrochloride</i>	118	<i>fluvoxamine maleate er</i>	85
FINTEPLA.....	106	<i>folic acid</i>	213
<i>finzala</i>	133	<i>foltrate</i>	213
FIRMAGON.....	49	<i>fomepizole</i>	143
<i>first aid antiseptic ointment</i>	212	<i>fondaparinux sodium</i>	158, 159
<i>flac</i>	186	<i>fosamprenavir calcium</i>	30
FLAREX.....	183		
<i>flecainide acetate</i>	72		

Drug Name	Page #	Drug Name	Page #
<i>fosfomycin tromethamine</i>	22	<i>ft lubricant eye drops</i>	214
<i>fosinopril sodium</i>	69	<i>ft miconazole 1 kit</i>	214
<i>fosinopril sodium/hydrochlorothiazide</i>	68	<i>ft miconazole 3 combination pack kit</i>	215
<i>fosphenytoin sodium</i>	106	<i>ft miconazole 7</i>	215
FOTIVDA.....	56	<i>ft naloxone hydrochloride</i>	215
FRAGMIN	159	<i>ft naproxen sodium</i>	215
<i>fraiche 5000 dental</i>	205	<i>ft nicotine gum</i>	215
FRUZAQLA.....	56	<i>ft nicotine lozenge</i>	215
<i>ft 7 day vaginal</i>	213	<i>ft nicotine mini lozenge</i>	215
<i>ft 8 hour pain relief</i>	213	<i>ft nicotine transdermal system/step 1/clear patch</i>	
<i>ft acid reducer</i>	213	24 hour	215
<i>ft acid reducer + antacid dual action</i>	213	<i>ft nicotine transdermal system/step 1 patch 24</i>	
<i>ft acid reducer maximum strength</i>	213	hour	215
<i>ft all day allergy</i>	213	<i>ft nicotine transdermal system/step 2/clear patch</i>	
<i>ft all day allergy 24 hour</i>	213	24 hour	215
<i>ft all day allergy childrens</i>	213	<i>ft nicotine transdermal system/step 2 patch 24</i>	
<i>ft all day pain relief</i>	213	hour	215
<i>ft allergy childrens</i>	213	<i>ft nicotine transdermal system/step 3/clear patch</i>	
<i>ft allergy relief</i>	213	24 hour	215
<i>ft allergy relief 12 hour</i>	213	<i>ft nicotine transdermal system/step 3 patch 24</i>	
<i>ft allergy relief 24 hour</i>	213	hour	215
<i>ft allergy relief 24 hr</i>	213	<i>ft omeprazole</i>	215
<i>ft allergy relief childrens</i>	213	<i>ft pain & fever childrens</i>	215
<i>ft antacid & antigas</i>	213	<i>ft pain & fever infants</i>	215
<i>ft antacid extra strength</i>	213	<i>ft pain relief</i>	215
<i>ft antacid regular strength</i>	214	<i>ft pain relief adult extra strength</i>	215
<i>ft anti-diarrheal</i>	214	<i>ft pain relief extra strength</i>	215
<i>ft antifungal cream</i>	214	<i>ft pain reliever adults</i>	215
<i>ft arthritis pain reliever</i>	214	<i>ft pain reliever children</i>	215
<i>ft aspirin</i>	214	<i>ft pain reliever extra strength adult</i>	215
<i>ft aspirin adult low dose</i>	214	<i>ft povidone-iodine</i>	215
<i>ft aspirin low dose</i>	214	<i>ft rapid release pain relief</i>	215
<i>ft athletes foot cream</i>	214	<i>ft stomach relief</i>	215
<i>ft clotrimazole 3</i>	214	<i>ft stool softener</i>	216
<i>ft dual action</i>	214	<i>ft tioconazole-1</i>	216
<i>ft enema ready-to-use enema</i>	214	<i>ft triple antibiotic ointment</i>	216
<i>ft enteric coated aspirin</i>	214	<i>furosemide</i>	79
<i>ft gentle laxative</i>	214	FUZEON.....	30
<i>ft ibuprofen</i>	214	<i>fyavolv</i>	139
<i>ft ibuprofen childrens</i>	214	FYCOMPA	106
<i>ft ibuprofen ib childrens</i>	214		
<i>ft ibuprofen infants</i>	214	G	
<i>ft ibuprofen minis</i>	214	<i>gabapentin</i>	106
<i>ft itch relief/aloe maximum strength</i>	214	<i>galantamine hydrobromide</i>	85
<i>ft itch relief maximum strength</i>	214	<i>galantamine hydrobromide er</i>	85
<i>ft laxative</i>	214	<i>galbriela</i>	133
<i>ft lice killing maximum strength</i>	214	<i>gallifrey</i>	146

Drug Name	Page #	Drug Name	Page #
GAMASTAN.....	167	<i>gnp all day allergy childrens</i>	216
GAMMAKED.....	167	<i>gnp allergy</i>	216
GAMUNEX-C.....	167	<i>gnp allergy antihistamine</i>	216
<i>ganciclovir</i>	37	<i>gnp allergy relief</i>	216
GARDASIL 9	170	<i>gnp allergy relief childrens</i>	216
<i>gatifloxacin</i>	182	<i>gnp allergy relief maximum strength</i>	216
GATTEX	153	<i>gnp antacid and anti-gas/maximum strength</i>	217
<i>gavilyte-c</i>	152	<i>gnp antacid anti-gas/maximum strength</i>	217
<i>gavilyte-g</i>	152	<i>gnp antacid & anti-gas/regular strength</i>	216
<i>gavilyte-n/flavor pack</i>	152	<i>gnp antacid extra strength</i>	217
GAVRETO	56	<i>gnp antacid/regular strength</i>	217
<i>gefitinib</i>	56	<i>gnp anti-diarrheal</i>	217
<i>gemfibrozil</i>	73	<i>gnp arthritis pain relief</i>	217
GEMTESA	156	<i>gnp artificial tears</i>	217
<i>generlac</i>	152	<i>gnp aspirin</i>	217
<i>gengraf</i>	168	<i>gnp aspirin low dose</i>	217
GENOTROPIN	143	<i>gnp athletes foot</i>	217
GENOTROPIN MINIQUEL	143	<i>gnp budesonide nasal spray</i>	217
<i>gentamicin sulfate</i>	23, 182, 195	<i>gnp childrens allergy</i>	217
<i>gentamicin sulfate pediatric</i>	22	<i>gnp childrens ibuprofen</i>	217
<i>gentamicin sulfate/sodium chloride</i>	22, 23	<i>gnp childrens pain relief</i>	217
<i>genteal severe tears</i>	216	<i>gnp clearlax</i>	217
<i>genteal tears night-time</i>	216	<i>gnp clotrimazole 3 cream</i>	217
<i>gentle laxative</i>	216	<i>gnp dual action pain reliever</i>	217
GENVOYA	34	<i>gnp fexofenadine hydrochloride</i>	217
GILOTRIF	56	<i>gnp fluticasone propionate</i>	217
<i>glatiramer acetate</i>	119	<i>gnp gentle laxative</i>	217
<i>glatopa</i>	119	<i>gnp gentle laxative suppository</i>	217
GLEOSTINE	47	<i>gnp hydrocortisone</i>	217
<i>glimepiride</i>	125	<i>gnp hydrocortisone/aloe</i>	218
<i>glipizide</i>	125	<i>gnp hydrocortisone maximum strength</i>	218
<i>glipizide er</i>	125	<i>gnp hydrocortisone plus</i>	218
<i>glipizide/metformin hydrochloride</i>	125	<i>gnp ibuprofen</i>	218
GLUCOSE (DEXTROSE) 50%.....	179	<i>gnp ibuprofen childrens</i>	218
GLUCOSE (DEXTROSE) 70%.....	179	<i>gnp ibuprofen infants</i>	218
<i>glycopyrrolate</i>	150	<i>gnp iron</i>	218
GLYXAMBI	126	<i>gnp lansoprazole</i>	218
<i>gnp 8 hour arthritis relief</i>	216	<i>gnp lice killing shampoo</i>	218
<i>gnp 8 hour pain relief</i>	216	<i>gnp lice treatment</i>	218
<i>gnp 8 hour pain reliever</i>	216	<i>gnp loperamide hydrochloride</i>	218
<i>gnp acetaminophen</i>	216	<i>gnp loratadine</i>	218
<i>gnp acetaminophen/ibuprofen dual action</i>	216	<i>gnp loratadine childrens</i>	218
<i>gnp acid reducer</i>	216	<i>gnp lubricant eye drops</i>	218
<i>gnp acid reducer maximum strength</i>	216	<i>gnp miconazole 1 combination pack</i>	218
<i>gnp adapalene</i>	216	<i>gnp miconazole 3</i>	218
<i>gnp adult aspirin low strength</i>	216	<i>gnp miconazole 7</i>	218
<i>gnp all day allergy</i>	216	<i>gnp naloxone hydrochloride</i>	218

Drug Name	Page #	Drug Name	Page #
<i>gnp naproxen</i>	218	<i>granisetron hydrochloride</i>	148
<i>gnp naproxen sodium</i>	218	<i>griseofulvin microsize</i>	27
<i>gnp nicotine gum</i>	218	<i>griseofulvin ultramicrosize</i>	27
<i>gnp nicotine mini lozenge</i>	218	<i>guanfacine</i>	114
<i>gnp nicotine polacrilex gum</i>	218	<i>guanfacine hydrochloride</i>	81
<i>gnp nicotine polacrilex lozenge</i>	218	<i>gvoke</i>	142
<i>gnp nicotine transdermal system patch</i>	218	<i>gvoke hypopen</i>	142
<i>gnp nicotine transdermal system step 2 patch</i> ...	218	H	
<i>gnp nighttime relief lubricant eye ointment</i>	219	HADLIMA.....	163
<i>gnp omeprazole</i>	219	HADLIMA PUSH TOUCH	163
<i>gnp pain & fever childrens</i>	219	HAEGARDA.....	161
<i>gnp pain & fever infants</i>	219	<i>hailey 1.5/30</i>	133
<i>gnp pain relief</i>	219	<i>hailey 24 fe</i>	133
<i>gnp pain relief extra strength</i>	219	<i>hailey fe 1.5/30</i>	133
<i>gnp pink bismuth</i>	219	<i>hailey fe 1/20</i>	133
<i>gnp pink bismuth ultra strength</i>	219	<i>halobetasol propionate</i>	200
<i>gnp stomach relief</i>	219	<i>haloette</i>	133
<i>gnp stool softener</i>	219	<i>haloperidol</i>	97
<i>gnp tolinaftate</i>	219	<i>haloperidol decanoate</i>	97
<i>gnp triple antibiotic ointment</i>	219	<i>haloperidol lactate</i>	97
<i>gnp womens gentle laxative</i>	219	HAVRIX	170
GOMEKLI	56	<i>healthylax</i>	220
<i>goodsense 24-hour allergy nasal spray</i>	219	<i>heartburn relief</i>	220
<i>goodsense all day allergy</i>	219	<i>heartburn relief extra strength</i>	220
<i>goodsense all day allergy childrens</i>	219	<i>heartburn relief maximum strength</i>	220
<i>goodsense aller-ease</i>	219	<i>heather</i>	133
<i>goodsense allergy relief</i>	219	<i>heparin sodium</i>	159
<i>goodsense allergy relief childrens</i>	219	HEPARIN SODIUM	159
<i>goodsense anti-diarrheal</i>	219	HEPARIN SODIUM/D5W	159
<i>goodsense arthritis pain</i>	219	HEPARIN SODIUM/DEXTROSE.....	159
<i>goodsense aspirin</i>	219	HEPARIN SODIUM/NACL 0.45%.....	159
<i>goodsense dual action</i>	220	HEPARIN SODIUM/SODIUM CHLORIDE	159
<i>goodsense dual action complete</i>	219	HEPLISAV-B.....	170
<i>goodsense first aid antibiotic ointment</i>	220	HERNEXEOS	56
<i>goodsense ibuprofen</i>	220	HIBERIX	170
<i>goodsense ibuprofen childrens</i>	220	<i>histaflex</i>	220
<i>goodsense ibuprofen infants</i>	220	<i>histex</i>	220
<i>goodsense lansoprazole</i>	220	<i>histex pd</i>	220
<i>goodsense lice killing creme rinse</i>	220	HUMIRA.....	163
<i>goodsense naproxen sodium</i>	220	HUMULIN R U-500 (CONCENTRATED).....	123
<i>goodsense nicotine</i>	220	HUMULIN R U-500 KWIKPEN	123
<i>goodsense nicotine polacrilex</i>	220	<i>hydralazine hydrochloride</i>	81
<i>goodsense nicotine polacrilex gum</i>	220	<i>hydrochlorothiazide</i>	79, 80
<i>goodsense pain & fever childrens</i>	220	<i>hydrocodone</i>	19
<i>goodsense pain & fever infants</i>	220	<i>hydrocodone/acetaminophen</i>	19
<i>goodsense pain relief</i>	220	<i>hydrocodone bitartrate/acetaminophen</i>	19
<i>goodsense pain relief extra strength</i>	220		

Drug Name	Page #	Drug Name	Page #
<i>hydrocodone bitartrate er</i>	17	<i>incassia</i>	133
<i>hydrocodone/ibuprofen</i>	19	INCRELEX.....	143
<i>hydrocortisone</i> 140, 151, 200, 201, 220, 221		INCRUSE ELLIPTA	188
<i>hydrocortisone/acetic acid</i>	187	<i>indapamide</i>	80
<i>hydrocortisone/aloe maximum strength</i>	221	INFANRIX.....	170
<i>hydrocortisone maximum strength</i>	221	INLURIYO.....	49
<i>hydrocortisone maximum strength plus 12</i>		INLYTA.....	58
<i>moisturizers</i>	221	INQOVI	47
<i>hydrocortisone perianal</i>	202	INREBIC	58
<i>hydrocortisone sodium succinate</i>	140	INSULIN ASPART	123
<i>hydrocortisone valerate</i>	200	INSULIN ASPART FLEXPEN	123
<i>hydromorphone hcl</i>	19	INSULIN ASPART PENFILL	123
HYDROMORPHONE HYDROCHLORIDE.....	19	INTELENCE	30
<i>hydroxocobalamin</i>	221	<i>introvale</i>	133
<i>hydroxychloroquine sulfate</i>	167	INVEGA HAFYERA	97
<i>hydroxyurea</i>	51	INVEGA SUSTENNA.....	97, 98
<i>hydroxyzine</i>	189	INVEGA TRINZA	98
<i>hydroxyzine hcl</i>	189	IPOL INACTIVATED IPV	170
<i>hydroxyzine hydrochloride</i>	189	<i>ipratropium bromide</i>	188
<i>hydroxyzine pamoate</i>	189	<i>ipratropium bromide/albuterol sulfate</i>	187
HYRNUO	57	<i>irbesartan</i>	71
I		<i>irbesartan/hydrochlorothiazide</i>	70
<i>ibandronate sodium</i>	129	<i>iron drops</i>	221
IBRANCE.....	57	<i>iron infant & toddler</i>	221
IBTROZI	57	<i>iron infant/toddler</i>	221
<i>ibu</i>	16	ISENTRESS	30, 31
<i>ibuprofen</i>	16, 221	ISENTRESS HD	30
<i>ibuprofen childrens</i>	221	<i>isibloom</i>	133
<i>ibuprofen infants</i>	221	ISOLYTE-P/DEXTROSE 5%	173
<i>ibuprofen junior strength</i>	221	ISOLYTE-S	173
<i>icatibant acetate</i>	161	ISOLYTE-S PH 7.4	173
<i>iclevia</i>	133	<i>isoniazid</i>	35
ICLUSIG	57	<i>isosorbide dinitrate</i>	82
IDHIFA	57	<i>isosorbide dinitrate/hydralazine hydrochloride</i>	81
IDVYNSO	34	<i>isosorbide mononitrate er</i>	82
<i>imatinib mesylate</i>	57	<i>isotonic gentamicin</i>	23
IMBRUVICA.....	57, 58	<i>isotretinoin</i>	195
<i>imcivree</i>	221	<i>isradipine</i>	77
<i>imipenem/cilastatin</i>	23	ITOVEBI	58
<i>imipramine hcl</i>	89	<i>itraconazole</i>	27
<i>imipramine hydrochloride</i>	89	<i>ivabradine hydrochloride</i>	81
<i>imiquimod</i>	202	<i>ivermectin</i>	23
IMIQUIMOD PUMP	202	IWILFIN	51
IMKELDI	58	IXIARO	170
IMOVAX RABIES (H.D.C.V.)	170	J	
INBRIJA.....	92	<i>jaimiess</i>	133

Drug Name	Page #	Drug Name	Page #
JAKAFI	58	<i>kionex</i>	130
<i>jantoven</i>	159	KISQALI	58
JANUMET	126	<i>klayesta</i>	196
JANUMET XR	126	<i>klor-con</i>	175
JANUVIA	126	<i>klor-con 8</i>	175
JARDIANCE	126	<i>klor-con 10</i>	175
<i>jasmiel</i>	133	<i>klor-con/ef</i>	175
<i>javygtor</i>	144	<i>klor-con m10</i>	175
JAYPIRCA	58	<i>klor-con m15</i>	175
<i>jencycla</i>	133	<i>klor-con m20</i>	175
JENTADUETO	126	KLOXXADO	121
JENTADUETO XR	126	KOMZIFTI	59
<i>jinteli</i>	139	KOSELUGO	59
JOLESSA	133	<i>kourzeq</i>	205
JOURNAVX	15	<i>k-phos</i>	221
<i>juleber</i>	133	<i>k-phos neutral</i>	221
JULUCA	34	KRAZATI	59
<i>junel 1.5/30</i>	133	<i>kristalose</i>	152
<i>junel 1/20</i>	133	<i>kurvelo</i>	134
<i>junel fe 1.5/30</i>	134		
<i>junel fe 1/20</i>	134	L	
<i>junel fe 24</i>	134	<i>labetalol hydrochloride</i>	76
<i>just right 5000</i>	205	<i>lacosamide</i>	107
JYLAMVO	167	<i>lactated ringers</i>	174
JYNNEOS	170	<i>lactulose</i>	152
K		<i>lamivudine</i>	31, 37
<i>kaitlib fe</i>	134	<i>lamivudine/zidovudine</i>	34
KALETRA	34	<i>lamotrigine</i>	107
<i>kalliga</i>	134	<i>lamotrigine er</i>	107
KALYDECO	191	<i>lamotrigine odt</i>	107
<i>kariva</i>	134	<i>lamotrigine starter kit/blue</i>	107
KCL 0.3%/D5W/NACL 0.9%	173	<i>lamotrigine starter kit/green</i>	107
KCL 0.3%/D5W/NACL 0.45%	173	<i>lamotrigine starter kit/orange</i>	107
KCL 0.15%/D5W/NACL 0.2%	173	<i>lansoprazole</i>	155, 221
KCL 0.15%/D5W/NACL 0.9%	173	LANTUS	123
KCL 0.15%/D5W/NACL 0.45%	173	LANTUS SOLOSTAR	123
KCL 0.075%/D5W/NACL 0.45%	173	<i>lapatinib ditosylate</i>	59
KEIMPTA	119	<i>larin 1.5/30</i>	134
<i>kelnor 1/35</i>	134	<i>larin 1/20</i>	134
KERENDIA	69	<i>larin 24 fe</i>	134
<i>ketoconazole</i>	27, 196	<i>larin fe 1.5/30</i>	134
<i>ketodan</i>	196	<i>larin fe 1/20</i>	134
<i>ketorolac tromethamine</i>	17, 183	<i>latanoprost</i>	184
<i>ketotifen fumarate</i>	221	LAZCLUZE	59
KINERET	164	<i>leflunomide</i>	167
KINRIX	170	<i>lenalidomide</i>	51
		LENTOCILIN	44

Drug Name	Page #	Drug Name	Page #
LENVIMA 4 MG DAILY DOSE	60	<i>lidocaine viscous</i>	205
LENVIMA 8 MG DAILY DOSE	60	<i>lidocan</i>	201
LENVIMA 10 MG DAILY DOSE	59	LIFYORLI.....	49
LENVIMA 12MG DAILY DOSE	59	LILETTA INTRAUTERINE DEVICE	134
LENVIMA 14 MG DAILY DOSE	59	<i>linezolid</i>	23
LENVIMA 18 MG DAILY DOSE	59	LINEZOLID	23
LENVIMA 20 MG DAILY DOSE	59	LINZESS.....	154
LENVIMA 24 MG DAILY DOSE	60	<i>liomny</i>	147
<i>lessina</i>	134	<i>liothyronine sodium</i>	147
<i>letrozole</i>	49	<i>liquid allergy relief</i>	221
<i>leucovorin calcium</i>	51	<i>liraglutide</i>	221
LEUKERAN	47	<i>lisdexamphetamine dimesylate</i>	114
<i>leuprolide acetate</i>	49	<i>lisinopril</i>	69
<i>levalbuterol</i>	190	<i>lisinopril/hydrochlorothiazide</i>	68
<i>levalbuterol hcl</i>	190	<i>lithium</i>	117
<i>levalbuterol hydrochloride</i>	190	<i>lithium carbonate</i>	117
LEVALBUTEROL TARTRATE HFA.....	190	<i>lithium carbonate er</i>	117
<i>levetiracetam</i>	107, 108	LIVTENCITY	37
LEVETIRACETAM.....	108	<i>loestrin 1.5/30-21</i>	134
<i>levetiracetam er</i>	107	<i>loestrin 1/20-21</i>	134
<i>levetiracetam/sodium chloride</i>	107	<i>loestrin fe 1.5/30</i>	134
LEVETIRACETAM/SODIUM CHLORIDE.....	107	<i>loestrin fe 1/20</i>	134
<i>levobunolol hcl</i>	184	<i>lojaimiess</i>	134
<i>levocarnitine</i>	144	LOKELMA.....	130
<i>levocetirizine dihydrochloride</i>	189	<i>lomaira</i>	221
<i>levofloxacin</i>	43, 182	<i>lomustine</i>	47
<i>levofloxacin in d5w</i>	43	LONSURF	47
<i>levonest</i>	134	<i>loperamide hydrochloride</i>	154, 221
<i>levonorgestrel</i>	221	<i>lopinavir/ritonavir</i>	34
<i>levonorgestrel and ethinyl estradiol</i>	134	<i>loratadine</i>	222
<i>levonorgestrel/ethinyl estradiol</i>	134	<i>loratadine childrens</i>	221
<i>levora 0.15/30-28</i>	134	<i>loratadine odt</i>	221
<i>levo-t</i>	146	<i>lorazepam</i>	85
LEVOTHYROCINE.....	147	<i>lorazepam intensol</i>	85
<i>levothyroxine sodium</i>	147	LORBRENA.....	60
LEVOTHYROXINE SODIUM.....	146	<i>loryna</i>	134
<i>levoxyl</i>	147	<i>losartan potassium</i>	71
<i>l-glutamine</i>	161	<i>losartan potassium/hydrochlorothiazide</i>	70
LIBERVANT.....	108	LOTEMAX	183
<i>lice killing shampoo maximum strength</i>	221	LOTEMAX SM.....	183
<i>lidocaine</i>	15, 201, 221	<i>loteprednol</i>	180
<i>lidocaine hcl</i>	72	<i>loteprednol etabonate</i>	183
LIDOCAINE HCL	72	<i>lotrimin af</i>	222
LIDOCAINE HCL IN D5W	72	<i>lovastatin</i>	73
<i>lidocaine hydrochloride</i>	15	<i>low-ogestrel</i>	135
<i>lidocaine hydrochloride viscous</i>	205	<i>loxapine</i>	98
<i>lidocaine/prilocaine</i>	201	<i>lo-zumandimine</i>	134

Drug Name	Page #	Drug Name	Page #
<i>lubiprostone</i>	154	<i>medroxyprogesterone acetate</i>	135, 146
<i>lubricant eye drops</i>	222	<i>mefloquine hydrochloride</i>	29
<i>lubrifresh pm</i>	222	<i>megestrol acetate</i>	49, 146
<i>lubrifresh p.m. ointment</i>	222	MEKINIST.....	61
<i>luizza 1.5/30</i>	135	MEKTOVI.....	61
<i>luizza 1/20</i>	135	<i>meleya</i>	135
LUMAKRAS.....	60	<i>meloxicam</i>	17
LUMIGAN.....	185	<i>memantine hcl titration pak</i>	85
LUPRON DEPOT.....	49	<i>memantine hydrochloride</i>	85, 86
LUPRON DEPOT-PED.....	144	<i>memantine hydrochloride er</i>	85
<i>lurasidone hydrochloride</i>	98	MENQUADFI.....	170
<i>lutra</i>	135	MENVEO.....	171
LYBALVI.....	98	<i>mercaptopurine</i>	47
<i>lyleq</i>	135	<i>meropenem</i>	23
<i>lyllana</i>	139	<i>mesalamine</i>	152
LYNPARZA.....	60	<i>mesalamine dr</i>	151
LYSODREN.....	49	<i>mesna</i>	52
LYTGOBI.....	60	<i>metformin hydrochloride</i>	126, 127
<i>lyza</i>	135	<i>metformin hydrochloride er</i>	126
M		<i>methadone hcl</i>	17
<i>macitentan</i>	83	<i>methadone hydrochloride</i>	17
<i>mag-al</i>	222	<i>methazolamide</i>	80
<i>mag-al liquid</i>	222	<i>methenamine hippurate</i>	23
<i>mag-al plus</i>	222	<i>methenamine mandelate</i>	24
<i>mag-al plus liquid</i>	222	<i>methergine</i>	144
<i>mag-al plus xs</i>	222	<i>methimazole</i>	147
<i>magnesium</i>	174	<i>methotrexate</i>	47
<i>magnesium hydroxide/aluminum hydroxide/</i> <i>simethicone</i>	222	<i>methotrexate sodium</i>	47, 167
<i>magnesium oxide</i>	222	<i>methoxsalen</i>	197
MAGNESIUM SULFATE.....	174	<i>methscopolamine bromide</i>	151
<i>malathion</i>	204	<i>methsuximide</i>	108
<i>manganese chloride</i>	222	<i>methylergonovine maleate</i>	144
<i>manganese trace metal</i>	222	<i>methylphenidate</i>	114
<i>mapap</i>	222	<i>methylphenidate hydrochloride</i>	115
<i>mapap childrens</i>	222	<i>methylphenidate hydrochloride er</i>	114, 115
<i>maraviroc</i>	31	METHYLPHENIDATE HYDROCHLORIDE ER..	114
<i>marlissa</i>	135	<i>methylprednisolone</i>	141
MARPLAN.....	89	<i>methylprednisolone acetate</i>	141
MATULANE.....	52	<i>methylprednisolone dose pack</i>	141
<i>matzim</i>	78	<i>methylprednisolone sodium succinate</i>	141
MAVYRET.....	37	<i>methytestosterone</i>	122
<i>m-dryl</i>	222	<i>metoclopramide hcl</i>	149
<i>meclizine</i>	149	<i>metoclopramide hydrochloride</i>	149
<i>meclizine hcl</i>	148	<i>metolazone</i>	80
<i>meclizine hydrochloride</i>	148	<i>metoprolol/hydrochlorothiazide</i>	75
		<i>metoprolol succinate er</i>	76
		<i>metoprolol tartrate</i>	76

Drug Name	Page #	Drug Name	Page #
<i>metronidazole</i>	24, 202, 203	<i>m-pap</i>	223
<i>metronidazole vaginal</i>	157	MRESVIA	171
<i>metyrosine</i>	81	MULTAQ	72
<i>mibelas 24 fe</i>	135	<i>multiple electrolytes injection type 1</i>	174
<i>micafungin</i>	28	<i>multi vitamin/fluoride</i>	176
<i>miconazole 3</i>	157	<i>multivitamin/fluoride</i>	176
<i>miconazole 3 combo pack</i>	222	<i>multi-vitamin/fluoride/iron</i>	176
<i>miconazole 7</i>	222	<i>mupirocin</i>	195
<i>miconazole nitrate</i>	222	<i>mycamine</i>	28
<i>miconazole nitrate combination pack kit</i>	222	<i>my choice</i>	223
<i>micotrin ac</i>	222	<i>mycophenolate mofetil</i>	169
<i>microgestin 1.5/30</i>	135	<i>mycophenolic acid dr</i>	169
<i>microgestin 1/20</i>	135	<i>mycozyl ac</i>	223
<i>microgestin fe 1.5/30</i>	135	MYRBETRIQ	156
<i>microgestin fe 1/20</i>	135	<i>my way</i>	223
<i>midodrine hydrochloride</i>	81	N	
MIEBO	186	<i>nabumetone</i>	17
<i>mifepristone</i>	144	<i>nadolol</i>	76
<i>miglitol</i>	127	<i>nafcillin sodium</i>	44
<i>mili</i>	135	<i>naloxone hcl</i>	121
<i>mimvey</i>	139	<i>naloxone hydrochloride</i>	121, 223
<i>minocycline hcl</i>	46	NAMZARIC	86
<i>minocycline hydrochloride</i>	46	<i>naproxen</i>	17
<i>minoxidil</i>	81	<i>naproxen dr</i>	17
<i>mintox maximum strength</i>	223	<i>naproxen sodium</i>	17, 223
<i>mirtazapine</i>	89	<i>naratriptan</i>	116
<i>mirtazapine odt</i>	89	<i>nascobal</i>	223
<i>misoprostol</i>	154	NATACYN	182
M-M-R II	170	<i>nateglinide</i>	127
M-NATAL PLUS	176	NAYZILAM	108
<i>modafinil</i>	120	<i>nebivolol hydrochloride</i>	76
MODEYSO	52	<i>necon 0.5/35-28</i>	135
<i>moexipril hydrochloride</i>	69	<i>nefazodone hydrochloride</i>	89
<i>molindone hydrochloride</i>	99	<i>neomycin/polymyxin/bacitracin</i>	182
<i>mometasone furoate</i>	193, 201	<i>neomycin/polymyxin/bacitracin/hydrocortisone</i> ..	180
<i>mondoxylene nl</i>	46	<i>neomycin/polymyxin/dexamethasone</i>	180, 181
<i>mono-linyah</i>	135	<i>neomycin/polymyxin/gramicidin</i>	182
<i>montelukast sodium</i>	190	<i>neomycin/polymyxin/hc</i>	187
<i>morphine</i>	20	<i>neomycin/polymyxin/hydrocortisone</i>	181, 187
<i>morphine sulfate</i>	19, 20	<i>neomycin sulfate</i>	24
MORPHINE SULFATE	19	NEONATAL PLUS	176
<i>morphine sulfate er</i>	18	<i>neo-polycin</i>	182
MORPHINE SULFATE/SODIUM CHLORIDE	18	<i>neo-polycin hc</i>	180
MOUNJARO	127	<i>nephplex rx</i>	223
MOVANTIK	154	NERLYNX	61
<i>moxifloxacin hydrochloride</i>	43, 182	NEUDEXTA	118
<i>moxifloxacin hydrochloride/sodium hydrochloride</i> ..	43		

Drug Name	Page #	Drug Name	Page #
<i>nevirapine</i>	31	<i>norelgestromin/ethinyl estradiol</i>	136
<i>nevirapine er</i>	31	<i>norethindrone</i>	136
<i>new day</i>	223	<i>norethindrone acetate</i>	146
NEXLETOL	74	<i>norethindrone acetate/ethinyl estradiol</i>	136, 139
NEXLIZET	74	<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate</i>	136
NEXPLANON	135	<i>norethindrone/ethinyl estradiol/ferrous fumarate</i>	136
<i>niacin</i>	74	<i>norgestimate/ethinyl estradiol</i>	136
<i>niacin er</i>	74	NORITATE	203
<i>niacin sr</i>	223	<i>norlyroc</i>	136
<i>niacro</i>	74	NORPACE CR	72
<i>nicardipine hcl</i>	78	<i>nortrel 0.5/35 (28)</i>	136
<i>nicotine</i>	223	<i>nortrel 1/35</i>	136
<i>nicotine mini lozenge</i>	223	<i>nortrel 7/7/7</i>	136
<i>nicotine polacrilex</i>	223	<i>nortriptyline hcl</i>	89
<i>nicotine polacrilex mini</i>	223	<i>nortriptyline hydrochloride</i>	89
<i>nicotine transdermal system kit</i>	223	NORVIR	31
<i>nicotine transdermal system patch</i>	223	NOVOLIN 70/30	123
<i>nicotine transdermal system step 1/clear patch</i>	223	NOVOLIN 70/30 FLEXPEN	123
<i>nicotine transdermal system step 1 patch</i>	223	NOVOLIN N	124
<i>nicotine transdermal system step 2/clear patch</i>	223	NOVOLIN N FLEXPEN	124
<i>nicotine transdermal system step 2 patch</i>	223	NOVOLIN R	124
<i>nicotine transdermal system step 3/clear patch</i>	223	NOVOLIN R FLEXPEN	124
<i>hour</i>	223	NOVOLOG	124
<i>nicotine transdermal system step 3 patch</i>	223	NOVOLOG FLEXPEN	124
NICOTROL NS	121	NOVOLOG FLEXPEN RELION	124
<i>nifedipine er</i>	78	NOVOLOG MIX 70/30	124
<i>nighttime relief lubricant eye ointment</i>	224	NOVOLOG MIX 70/30 FLEXPEN	124
<i>nikki</i>	135	NOVOLOG PENFILL	124
<i>nilotinib</i>	61	NOVOLOG RELION	124
NILOTINIB	61	NUBEQA	50
<i>nilutamide</i>	50	NULOJIX	169
NINLARO	61	NUPLAZID	99
<i>nintedanib</i>	191	NURTEC	116
<i>nisoldipine</i>	78	NUTRILIPID	179
<i>nitazoxanide</i>	24	NUZYRA	46
<i>nitisinone</i>	144	<i>nyamyc</i>	197
NITRO-BID	82	<i>nylia 1/35</i>	136
<i>nitrofurantoin macrocrystals</i>	24	<i>nylia 7/7/7</i>	136
<i>nitrofurantoin monohydrate/macrocrystals</i>	24	<i>nystatin</i>	28, 197, 205
<i>nitroglycerin</i>	82, 203	<i>nystop</i>	197
NITROGLYCERIN	82	O	
<i>nitroglycerin transdermal patch</i>	82	OCTAGAM	167
<i>nitroglycerin translingual</i>	82	<i>octreotide acetate</i>	145
<i>niva-fol</i>	224	ODEFSEY	35
NIVA-PLUS	176	ODMZO	61
<i>nizatidine</i>	151		
NORA-BE	135		

Drug Name	Page #	Drug Name	Page #
OFEV.....	191	P	
ofloxacin.....	182, 187	<i>pacerone</i>	72
OGSIVEO.....	61, 62	<i>pain and fever relief kids</i>	224
OJEMDA.....	62	<i>pain & fever childrens</i>	224
OJJAARA.....	62	<i>pain & fever infants</i>	224
olanzapine.....	99	<i>paliperidone er</i>	99
olanzapine odt.....	99	<i>pamidronate disodium</i>	129
olmesartan medoxomil.....	71	PAMIDRONATE DISODIUM.....	129
olmesartan medoxomil/amlodipine/ hydrochlorothiazide.....	70	PANRETIN.....	203
olmesartan medoxomil/hydrochlorothiazide.....	70	<i>pantoprazole sodium</i>	155
olopatadine hcl.....	189	<i>paricalcitol</i>	148
omega-3-acid ethyl esters.....	74	<i>paroxetine hcl</i>	89, 90
omeprazole.....	155, 224	<i>paroxetine hcl er</i>	89
omeprazole dr.....	155	<i>paroxetine hydrochloride</i>	90
omeprazole magnesium.....	224	PAXLOVID.....	37
ONCASPAR.....	52	<i>pazopanib</i>	62
ondansetron hcl.....	149	<i>pazopanib hydrochloride</i>	62
ondansetron hydrochloride.....	149	<i>pc pediatric iron drops</i>	224
ondansetron odt.....	149	<i>pediaclear pd childrens</i>	224
ONUREG.....	48	PEDIARIX.....	171
opcicon one-step.....	224	<i>pediavent</i>	224
OPIPZA.....	99	PEDVAXHIB.....	171
option 2.....	224	<i>peg 3350</i>	224
oralone dental paste.....	205	<i>peg-3350/electrolytes</i>	152
ORGOVYX.....	50	<i>peg-3350/nacl/na bicarbonate/kcl</i>	152
ORKAMBI.....	191	PEGASYS.....	37
orlistat.....	224	PEMAZYRE.....	62
orquidea.....	136	PENBRAYA.....	171
ORSERDU.....	50	<i>penicillamine</i>	130
orsythia.....	136	<i>penicillin g potassium</i>	45
oseltamivir phosphate.....	37	PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE.....	45
OSPOMYV.....	129	<i>penicillin g sodium</i>	45
oxacillin sodium.....	45	<i>penicillin v potassium</i>	45
oxaprozin.....	17	PENMENVY.....	171
oxazepam.....	85	PENTACEL.....	171
oxcarbazepine.....	108	<i>pentamidine isethionate</i>	24
oxybutynin chloride.....	157	<i>pentoxifylline er</i>	161
oxybutynin chloride er.....	156, 157	<i>perampanel</i>	108
oxycodone/acetaminophen.....	20	<i>perindopril erbumine</i>	69
oxycodone hcl.....	20	<i>periogard</i>	205
oxycodone hydrochloride.....	20	<i>permethrin</i>	204
oyster shell calcium.....	224	<i>perphenazine</i>	100
oyster shell calcium/vitamin d.....	224	<i>perphenazine/amitriptyline</i>	90
OZEMPIC.....	127	<i>phendimetrazine tartrate</i>	224
		<i>phendimetrazine tartrate er</i>	224
		<i>phenelzine sulfate</i>	90

Drug Name	Page #	Drug Name	Page #
<i>phenobarbital</i>	108, 109	<i>potassium chloride</i>	174, 177
<i>phenobarbital sodium</i>	108	POTASSIUM CHLORIDE	174
<i>phentermine hcl</i>	224	POTASSIUM CHLORIDE/DEXTROSE	174
<i>phentermine hydrochloride</i>	224	POTASSIUM CHLORIDE/DEXTROSE/SODIUM	
<i>phentermine/topiramate er</i>	224	CHLORIDE	174
<i>phenytek</i>	109	<i>potassium chloride er</i>	176, 177
<i>phenytoin</i>	109	<i>potassium citrate er</i>	156
<i>phenytoin sodium</i>	109	<i>povidone-iodine</i>	225
<i>phenytoin sodium extended</i>	109	<i>pramipexole dihydrochloride</i>	92
<i>philith</i>	136	<i>prasugrel hydrochloride</i>	162
<i>phospha 250 neutral</i>	224	<i>pravastatin sodium</i>	73
PHOSPHOLINE IODIDE	185	<i>praziquantel</i>	24
<i>phospho-trin 250 neutral</i>	224	<i>prazosin hydrochloride</i>	69
<i>phospho-trin k500</i>	224	<i>prednisolone</i>	141
<i>phytonadione</i>	224, 225	<i>prednisolone acetate</i>	183
PIFELTRO	31	<i>prednisolone sodium phosphate</i>	141
<i>pilocarpine hcl</i>	185	PREDNISOLONE SODIUM PHOSPHATE.....	184
<i>pilocarpine hydrochloride</i>	185, 205	<i>prednisone</i>	141
<i>pimecrolimus</i>	203	PREDNISONE INTENSOL.....	141
<i>pimozide</i>	100	<i>prednisone tablet therapy pack</i>	141
<i>pimtrea</i>	136	<i>pregabalin</i>	109
<i>pindolol</i>	76	<i>pregabalin er</i>	118
<i>pioglitazone hcl</i>	127	PREGABLIN	109
<i>pioglitazone hcl-glimepiride</i>	127	PREMARIN.....	140
<i>pioglitazone hcl/metformin hcl</i>	127	PREMASOL.....	180
<i>pioglitazone hydrochloride</i>	127	PREMPRO	140
<i>piperacillin sodium/tazobactam sodium</i>	45	PRENATAL	177
PIQRAY 200MG DAILY DOSE	62	PRENATAL PLUS VITAMIN AND MINERAL	177
PIQRAY 250MG DAILY DOSE	62	PRETOMANID.....	35
PIQRAY 300MG	62	<i>prevacid 24hr</i>	225
<i>pirfenidone</i>	192	<i>prevalite</i>	74, 75
<i>piroxicam</i>	17	PREVIDENT 5000 ENAMEL PROTECT	205
<i>plan b one-step</i>	225	PREVYMIS	38
<i>plenamine</i>	180	PREZCOBIX.....	35
PLENVU	152	PREZISTA	31
PNV PRENATAL PLUS MULTIVITAMIN.....	176	PRIFTIN.....	36
<i>podofilox</i>	203	<i>primaquine phosphate</i>	29
<i>polycin ointment</i>	182	<i>primidone</i>	109
<i>polyethylene glycol 3350</i>	225	PRIORIX.....	171
<i>polymyxin b sulfate/trimethoprim sulfate</i>	182	PRIVIGEN	167
<i>polyvinyl alcohol</i>	225	<i>probenecid</i>	15
<i>pomalidomide</i>	51	<i>probenecid/colchicine</i>	15
POMALYST	51	<i>prochlorperazine</i>	149
<i>portia-28</i>	136	<i>prochlorperazine edisylate</i>	149
<i>posaconazole</i>	28	<i>prochlorperazine maleate</i>	149
<i>posaconazole dr</i>	28	PROCRIT	160
<i>potassium</i>	174	<i>proctocort</i>	203

Drug Name	Page #	Drug Name	Page #
<i>procto-med hc</i>	203	<i>qc dual action pain reliver</i>	226
<i>proctosol hc</i>	203	<i>qc enema</i>	226
<i>proctozone-b</i>	225	<i>qc enteric aspirin</i>	226
<i>proctozone-hc</i>	203	<i>qc famotidine acid reducer</i>	226
<i>progesterone</i>	146	<i>qc famotidine acid reducer maximum strength</i> ...	226
PROGRAF.....	169	<i>qc gentle laxative</i>	226
PROLASTIN-C.....	192	<i>qc hydrocortisone maximum strength</i>	226
<i>promethazine hcl</i>	149	<i>qc ibuprofen</i>	226
<i>promethazine hydrochloride</i>	149, 150	<i>qc ibuprofen childrens</i>	226
<i>promethegan</i>	150	<i>qc lansoprazole</i>	226
<i>propafenone hcl</i>	72	<i>qc laxative</i>	226
<i>propafenone hydrochloride</i>	72	<i>qc miconazole 7</i>	226
<i>propafenone hydrochloride er</i>	72	<i>qc naproxen sodium</i>	226
<i>proparacaine hcl</i>	186	<i>qc omeprazole magnesium</i>	226
<i>propranolol hcl</i>	76	<i>qc pain relief</i>	226
<i>propranolol hydrochloride</i>	76	<i>qc pain relief childrens</i>	226
<i>propranolol hydrochloride er</i>	76	<i>qc pain relief extra strength</i>	226
<i>propylthiouracil</i>	147	<i>qc stomach relief</i>	226
PROQUAD.....	171	<i>qc stomach relief ultra</i>	226
PROSOL.....	180	<i>qc triple antibiotic</i>	226
<i>protriptyline hcl</i>	90	QINLOCK.....	62
PULMOZYME.....	192	QUADRACEL.....	171
PURIXAN.....	48	<i>quetiapine fumarate</i>	100
PYCHIVA.....	164	<i>quetiapine fumarate er</i>	100
<i>pyrazinamide</i>	36	<i>quinapril hydrochloride</i>	69
<i>pyridostigmine bromide</i>	118	<i>quinapril/hydrochlorothiazide</i>	68, 69
<i>pyridostigmine bromide er</i>	118	<i>quinidine sulfate</i>	72
<i>pyridoxine hcl</i>	225	<i>quinine sulfate</i>	29
<i>pyrimethamine</i>	24	QULIPTA.....	116
PYZCHIVA.....	164		
Q		R	
<i>qc 8 hour arthritis pain</i>	225	RABAVERT.....	171
<i>qc 8 hour pain relief</i>	225	<i>rabeprazole sodium</i>	155
<i>qc allergy relief</i>	225	RALDESY.....	90
<i>qc allergy relief childrens</i>	225	<i>raloxifene hydrochloride</i>	145
<i>qc antacid</i>	225	<i>ramipril</i>	69
<i>qc antacid/anti-gas</i>	225	<i>ranolazine er</i>	81
<i>qc antacid extra strength</i>	225	<i>rasagiline mesylate</i>	92
<i>qc antacid maximum strength</i>	225	<i>reclipsen</i>	136
<i>qc antacid ultra strength</i>	225	RECOMBIVAX HB.....	171
<i>qc anti-diarrheal</i>	225	<i>refresh celluvisc</i>	226
<i>qc antifungal cream</i>	225	<i>refresh lacri-lube</i>	226
<i>qc artificial tears</i>	225	<i>refresh liquigel</i>	226
<i>qc aspirin</i>	225	<i>refresh optive mega-3 pf</i>	226
<i>qc aspirin low dose</i>	225	<i>refresh plus</i>	226
<i>qc clotrimazole</i>	226	<i>refresh tears</i>	227
		RELENZA DISKHALER.....	38

Drug Name	Page #	Drug Name	Page #
<i>renal caps</i>	227	<i>rosyrah</i>	136
<i>reno caps</i>	227	ROTARIX.....	171
<i>repaglinide</i>	127	ROTATEQ.....	171
REPATHA PUSHTRONEX	75	<i>roweepra</i>	109
REPATHA SURECLICK.....	75	ROZLYTREK	63
REPATHAT	75	ROZLYTREK	63
RESTASIS	186	RUBRACA.....	64
RESTASIS MULTIDOSE	186	<i>rufinamide</i>	109, 110
RETEVMO.....	62, 63	RUKOBIA.....	32
REVCIVI	145	RYBELSUS	127
REVUFORJ.....	63	RYDAPT	64
REXTOVY	121	S	
REXULTI.....	100	<i>sacubitril/valsartan</i>	70
REYATAZ.....	31	<i>sajazir</i>	161
REZDIFFRA.....	145	SANTYL.....	204
REZLIDHIA.....	63	<i>sapropterin dihydrochloride</i>	145
REZUROCK	169	<i>saxenda</i>	227
RHOPRESSA.....	185	SCEMBLIX	64
<i>ribavirin</i>	38	<i>scopolamine patch</i>	150
<i>rifabutin</i>	36	SECUADO.....	101
<i>rifampin</i>	36	<i>selegiline hcl</i>	93
<i>rilpivirine</i>	32	<i>selenium sulfide</i>	197
<i>riluzole</i>	118	SELZENTRY	32
<i>rimantadine</i>	38	SEREVENT DISKUS.....	190
RINGERS INJECTION	174	<i>sertraline hcl</i>	90
RINVOQ	164	<i>sertraline hydrochloride</i>	90
RINVOQ LQ.....	164	<i>setlakin</i>	136
<i>risedronate sodium</i>	129	<i>sf 205</i>	
<i>risedronate sodium dr</i>	129	<i>sharobel</i>	136
<i>risperidone</i>	101	SHINGRIX.....	171
<i>risperidone er</i>	100	SIGNIFOR	145
<i>risperidone odt</i>	100, 101	SIKLOS.....	161
<i>ritonavir</i>	32	<i>sildenafil</i>	83
<i>rivaroxaban</i>	159, 160	<i>sildenafil citrate</i>	83
<i>rivastigmine tartrate</i>	86	<i>silodosin</i>	156
<i>rivastigmine transdermal</i>	86	<i>silver sulfadiazine</i>	195
<i>rizatriptan benzoate</i>	116	SIMBRINZA.....	185
<i>rizatriptan benzoate odt</i>	116	<i>simliya</i>	136
ROCKLATAN	185	<i>simpanse</i>	137
<i>roflumilast</i>	192	<i>simvastatin</i>	73
<i>romidepsin</i>	63	<i>sirolimus</i>	169
ROMIDEPSIN.....	63	SIRTURO	36
ROMVIMZA	63	<i>sitagliptin</i>	127, 128
<i>ropinirole er</i>	92, 93	SIVEXTRO	24
<i>ropinirole hcl</i>	93	SKYRIZI.....	164, 165
<i>ropinirole hydrochloride</i>	93	SKYRIZI PEN	164
<i>rosuvastatin calcium</i>	73		

Drug Name	Page #	Drug Name	Page #
<i>slow-mag</i>	227	<i>spironolactone/hydrochlorothiazide</i>	80
<i>slowmag mg muscle/heart</i>	227	<i>sprintec 28</i>	137
<i>sm 3-day vaginal</i>	227	SPRITAM	110
<i>sm anti-diarrheal</i>	227	<i>sps</i>	131
<i>sm antifungal tolinaftate</i>	227	<i>sronyx</i>	137
<i>sm aspirin low dose</i>	227	SSD	196
<i>sm childrens ibuprofen</i>	227	STELARA	165
<i>sm enema</i>	227	<i>sterile water for irrigation solution</i>	204
<i>sm hydrocortisone maximum strength</i>	227	STIVARGA	64
<i>sm ibuprofen</i>	227	<i>stomach relief</i>	227
<i>sm miconazole 7</i>	227	<i>stomach relief extra strength</i>	227
<i>sm nicotine polacrilex</i>	227	<i>stomach relief ultra</i>	227
<i>sm nicotine polacrilex gum</i>	227	<i>stool softener</i>	227
<i>sm nicotine transdermal system/step 2/clear patch</i>	227	<i>streptomycin sulfate</i>	25
<i>smooth antacid extra strength</i>	227	STRIBILD	35
<i>sodium bicarbonate</i>	175, 227	<i>strovite forte</i>	228
SODIUM BICARBONATE	174	<i>strovite one</i>	228
<i>sodium chloride</i>	175	<i>subvenite</i>	110
SODIUM CHLORIDE	175	SUBVENITE	110
<i>sodium chloride 0.9%</i>	204	<i>subvenite starter kit/blue</i>	110
<i>sodium chloride 0.45%</i>	175	<i>subvenite starter kit/green</i>	110
<i>sodium fluoride</i>	177	<i>subvenite starter kit/orange</i>	110
<i>sodium fluoride 5000 ppm</i>	206	<i>sucrafate</i>	154
<i>sodium fluoride 5000 ppm dry mouth</i>	205	<i>sulfacetamide sodium</i>	182, 195
SODIUM FLUORIDE 5000 PPM SENSITIVE	205	<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	181
SODIUM FLUORIDE/POTASSIUM NITRATE/ SENSITIVE	206	<i>sulfadiazine</i>	25
<i>sodium oxybate</i>	120	<i>sulfamethoxazole/trimethoprim</i>	25
<i>sodium phenylbutyrate</i>	145	<i>sulfamethoxazole/trimethoprim ds</i>	25
<i>sodium polystyrene sulfonate</i>	130, 131	SULFAMYLON	196
SODIUM SULFATE/POTASSIUM SULFATE/ MAGNESIUM SULFATE	153	<i>sulfasalazine</i>	152
<i>solifenacin succinate</i>	157	<i>sulindac</i>	17
SOLQUA 100/33	124	<i>sumatriptan</i>	116, 117
SOLTAMOX	50	<i>sumatriptan succinate</i>	116, 117
SOLU-CORTEF	141	<i>sumatriptan succinate refill</i>	116
<i>soluvita</i>	227	<i>sunitinib</i>	64
SOMATULINE DEPOT	145	SUNLENCA	32
SOMAVERT	145	SUNLENCA TABLET THERAPY PACK	32
<i>sorafenib tosylate</i>	64	SUPREP BOWEL PREP	153
<i>sotalol hcl</i>	72	SUTAB	153
<i>sotalol hydrochloride</i>	72	<i>syeda</i>	137
<i>sotalol hydrochloride (af)</i>	72	SYMLINPEN 60	128
SOTYKTU	165	SYMLINPEN 120	128
SPIRIVA RESPIMAT	188	SYMPAZAN	110
<i>spironolactone</i>	69	SYMTUZA	35
		SYNAREL	145
		SYNTHROID	147

Drug Name	Page #	Drug Name	Page #
<i>systane night gel</i>	228	<i>thiamine hydrochloride</i>	228
<i>systane nighttime</i>	228	<i>thioridazine hydrochloride</i>	101
T		<i>thiothixene</i>	101
TABLOID	48	<i>tiadylt er</i>	78
TABRECTA.....	64	<i>tiagabine hydrochloride</i>	110
<i>tacrolimus</i>	169, 203	TIBSOSVO	65
<i>tadalafil</i>	83, 156	<i>ticagrelor</i>	162
TAFINLAR	64	TICOVAC.....	171
TAGRISSO	64	<i>tigecycline</i>	46
<i>take action</i>	228	<i>tilia fe</i>	137
TALZENNA	65	<i>timolol maleate</i>	76, 185
<i>tamoxifen citrate</i>	50	<i>tinidazole</i>	25
<i>tamsulosin hydrochloride</i>	156	<i>tioconazole 1</i>	228
<i>tarina 24 fe</i>	137	TIVICAY	32
<i>tarina fe 1/20 eq</i>	137	TIVICAY PD.....	32
<i>tasimelteon</i>	115	<i>tizanidine hcl</i>	119
TAVNEOS	162	<i>tizanidine hydrochloride</i>	119
<i>tazarotene</i>	197, 198	<i>tm-clotrimazole</i>	228
<i>tazicef</i>	41	TOBI PODHALER	25
TECVAYLI.....	65	TOBRADEX.....	181
TEFLARO	41	TOBRADEX ST	181
<i>telmisartan</i>	71	<i>tobramycin</i>	25, 182
<i>telmisartan/amlodipine</i>	71	<i>tobramycin/dexamethasone</i>	181
<i>telmisartan/hydrochlorothiazide</i>	71	<i>tobramycin sulfate</i>	25
<i>temazepam</i>	115	<i>tofacitinib</i>	165
TENIVAC	171	<i>tolnaftate</i>	228
<i>tenofir disoprixil fumarate</i>	32	<i>tolnaftate powder</i>	228
<i>tension headache</i>	228	<i>tolterodine tartrate</i>	157
TEPMETKO.....	65	<i>tolterodine tartrate er</i>	157
<i>terazosin</i>	69	<i>tolvaptan</i>	146
<i>terazosin hydrochloride</i>	69	<i>topiramate</i>	111
<i>terbinafine hcl</i>	28	<i>topiramate er</i>	110, 111
<i>terbutaline sulfate</i>	190	<i>toremifene citrate</i>	50
<i>terconazole</i>	157	<i>torpenz</i>	65
<i>teriflunomide</i>	119	<i>torseamide</i>	80
<i>teriparatide</i>	129	TOUJEO MAX SOLOSTAR.....	125
<i>testosterone</i>	122	TOUJEO SOLOSTART.....	125
<i>testosterone cypionate</i>	122	TPN ELECTROLYTES	175
<i>testosterone enanthate</i>	122	TRADJENTA.....	128
<i>testosterone pump</i>	122	<i>tramadol</i>	18
<i>tetrabenazine</i>	118	<i>tramadol hydrochloride</i>	20
<i>tetracycline hydrochloride</i>	46	<i>tramadol hydrochloride/acetaminophen</i>	20
THALOMID	51	<i>tramadol hydrochloride er</i>	18
<i>theophylline</i>	192	<i>trandolapril</i>	69
<i>theophylline er</i>	192	<i>trandolapril/verapamil hcl er</i>	69
<i>thiamine hcl</i>	228	<i>tranexamic acid</i>	162
		<i>tranexamic acid/sodium chloride</i>	162

Drug Name	Page #	Drug Name	Page #
<i>tranylcypromine sulfate</i>	90	TROPHAMINE.....	180
TRAVASOL.....	180	<i>trospium chloride</i>	157
<i>travoprost</i>	185	<i>trospium chloride er</i>	157
<i>trazodone hydrochloride</i>	90	<i>true ferrous sulfate</i>	228
TRECATOR.....	36	<i>true folic acid</i>	228
TRELEGY ELLIPTA.....	187	<i>true magnesium oxide</i>	228
TREMFYA.....	165, 166	<i>true oyster shell calcium</i>	228
TREMFYA INDUCTION PACK FOR CROHNS DISEASE/ULCERATIVE COLITIS.....	165	<i>true vitamin d3</i>	228
<i>tretinoin</i>	52, 195	TRULICITY.....	128
<i>triamcinolone acetonide</i>	141, 201	TRUMENBA.....	171
<i>triamcinolone acetonide dental paste</i>	206	TRUQAP.....	65
<i>triamterene/hydrochlorothiazide</i>	80	TRUQAP TABLET THERAPY PACK.....	65
<i>triazolam</i>	115	TRUXIMA.....	65
<i>tri-buffered aspirin</i>	228	TUKYSA.....	65
<i>trientine hydrochloride</i>	131	TURALIO.....	65
<i>tri-estarylla</i>	137	<i>turqoz</i>	137
<i>trifluoperazine hcl</i>	101	TWINRIX.....	171
<i>trifluoperazine hydrochloride</i>	101	TYBLUME.....	137
<i>trifluridine</i>	182	TYBOST.....	32
<i>trihexyphenidyl</i>	93	<i>tydemy</i>	138
<i>trihexyphenidyl hydrochloride</i>	93	TYENNE.....	166
TRIJARDY XR.....	128	TYMLOS.....	129
TRIKAFTA TABLET THERAPY PACK.....	192	TYPHIM VI.....	171
TRIKAFTA THERAPY PACK.....	192	TYVASO.....	83
<i>tri-legest fe</i>	137	TYZAVAN.....	26
<i>tri-linyah</i>	137	U	
<i>tri-lo-estarylla</i>	137	UBRELVY.....	117
<i>tri-lo-marzia</i>	137	<i>unithroid</i>	147
<i>tri-lo-mili</i>	137	UPTRAVI.....	84
<i>tri-lo-sprintec</i>	137	UPTRAVI TITRATION PACK.....	84
<i>trimethobenzamide hydrochloride</i>	150	<i>ursodiol</i>	154
<i>trimethoprim</i>	25	USTEKINUMAB.....	166
<i>tri-mili</i>	137	V	
<i>trimipramine maleate</i>	91	<i>valacyclovir hydrochloride</i>	38
TRINTELLIX.....	91	VALCHLOR.....	203
<i>triphrocaps</i>	228	<i>valganciclovir</i>	38
<i>triple antibiotic ointment</i>	228	<i>valganciclovir hydrochloride</i>	38
<i>triprolidine hci</i>	228	<i>valproate sodium</i>	111
<i>triprolidine hydrochloride</i>	228	<i>valproic acid</i>	111
<i>tri-sprintec</i>	137	<i>valsartan</i>	71
TRIUMEQ.....	35	<i>valsartan/hydrochlorothiazide</i>	71
TRIUMEQ PD.....	35	VALTOCO 5 MG DOSE.....	111
<i>tri-vite/fluoride</i>	177	VALTOCO 10 MG DOSE.....	111
<i>tri-vylibra</i>	137	VALTOCO 15 MG DOSE.....	111
<i>tri-vylibra lo</i>	137	VALTOCO 20 MG DOSE.....	111
TROGARZO.....	32		

Drug Name	Page #	Drug Name	Page #
<i>valtya 1/35</i>	138	<i>vitamin k1</i>	229
<i>valtya 1/50</i>	138	VITRAKVI	66
<i>vancomycin</i>	26	VIVITROL	121
VANCOMYCIN	26	VIVOTIF.....	172
<i>vancomycin hcl</i>	26	VIZIMPRO	66
VANCOMYCIN HCL	26	<i>volnea</i>	138
<i>vancomycin hydrochloride</i>	26	VONJO	66
VANFLYTA.....	66	VOQUEZNA DUAL PAK	154
VAQTA.....	171	VOQUEZNA TRIPLE PAK	154
<i>varenicline</i>	121	VORANIGO	66, 67
<i>varenicline starting month</i>	121	<i>voriconazole</i>	28
<i>varenicline tartrate</i>	121	VORICONAZOLE	28
VARIVAX	171	VOSEVI	38
VASCEPA.....	75	VOWST	154
VAXCHORA.....	171	VRAYLAR.....	102
<i>velivet</i>	138	<i>vyfemla</i>	138
VELSIPITY	166	<i>vylibra</i>	138
VENCLEXTA.....	66	VYNDAMAX	82
VENCLEXTA STARTING PACK	66	VYZULTA.....	185
VENLAFAXINE BESYLATE ER.....	91		
<i>venlafaxine hydrochloride</i>	91	W	
<i>venlafaxine hydrochloride er</i>	91	<i>warfarin</i>	160
VEOZAH.....	146	<i>wegovy</i>	229
VEPPANU.....	50	<i>wegovy hd</i>	229
<i>verapamil</i>	79	WELIREG	52
<i>verapamil hcl er</i>	78	<i>wera</i>	138
<i>verapamil hcl sr</i>	78	<i>wescaps</i>	229
VERAPAMIL HCL SR	78	<i>wes-phos 250 neutral</i>	229
<i>verapamil hydrochloride</i>	79	<i>westab max</i>	229
<i>verapamil hydrochloride er</i>	79	WESTAB PLUS	177
VERAPAMIL HYDROCHLORIDE SR.....	79	WINREVAIR	84
VERQUVO.....	82	<i>wixela inhub</i>	194
VERSACLOZ.....	102	<i>wymzya fe</i>	138
VERZENIO	66	WYOST	129
<i>vestura</i>	138		
<i>vienva</i>	138	X	
<i>vigabatrin</i>	111	XALKORI.....	67
<i>vigadrone</i>	112	<i>xarah fe</i>	138
VIGAFYDE	112	XARELTO	160
VIKTRAVI	66	XARELTO STARTER PACK	160
<i>vilazodone hydrochloride</i>	91	XATMEP	167
VIMKUNYA	172	XCOPRI.....	112
<i>viorele</i>	138	XCOPRI MAINTENANCE THERAPY PACK	112
VIRACEPT.....	33	XCOPRI TABLET TITRATION THERAPY PACK	112
VIREAD	33	XCOPRI TITRATION THERAPY PACK.....	112
<i>vital-d rx</i>	229	XDEMVY	182
<i>vitamin d</i>	229	XELJANZ.....	166

Drug Name	Page #	Drug Name	Page #
XELJANZ XR.....	166	ZOLEDRONIC ACID.....	129
<i>xelria fe</i>	138	ZOLINZA.....	68
<i>xenical</i>	229	<i>zolpidem tartrate</i>	116
XERMELO.....	155	ZONISADE.....	112
XHANCE EXHALER.....	193	<i>zonisamide</i>	112
XIFAXAN.....	155	<i>zovia 1/35</i>	138
XIGDUO XR.....	128	ZTALMY.....	112
XIIDRA.....	186	<i>zumandimine</i>	138
XOLAIR.....	192	ZURZUVAE.....	91
XOSPATA.....	67	ZYDELIG.....	68
XPOVIO.....	67	ZYKADIA.....	68
XPOVIO 60 MG TWICE WEEKLY.....	67	ZYLET.....	181
XPOVIO 80 MG TWICE WEEKLY.....	67	ZYPREXA RELPREVV.....	102
XPOVIO TABLET THERAPY PACK.....	67		
XTANDI.....	50		
<i>xulane</i>	138		
XULTOPHY.....	125		

Y

YESINTEK.....	166, 167
YF-VAX.....	172
YONSA.....	50
<i>yulithira</i>	67
<i>yuvaferm</i>	140

Z

<i>zaditor</i>	229
<i>zafemy</i>	138
<i>zafirlukast</i>	190
<i>zaleplon</i>	115, 116
ZARXIO.....	160
ZEGALOGUE.....	142
ZEJULA.....	68
ZELBORAF.....	68
<i>zelvysia</i>	146
<i>zenatane</i>	195
ZENPEP.....	155
<i>zenzedi</i>	115
<i>zepbound</i>	229
<i>zepbound kwikpen</i>	229
ZERVIAE.....	184
<i>zidovudine</i>	33
<i>ziprasidone hcl</i>	102
<i>ziprasidone mesylate</i>	102
ZIRABEV.....	68
ZIRGAN.....	182
<i>zoledronic acid</i>	130

English

ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call **1-855-676-5772** (TTY: **711**) or speak to your provider.

Español

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al **1-855-676-5772** (TTY: **711**) o hable con su proveedor.

Deutsch

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzen zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie **1-855-676-5772** (TTY: **711**) an oder sprechen Sie mit Ihrem Provider.

Français

ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le **1-855-676-5772** (TTY: **711**) ou parlez à votre fournisseur.

Italiano

ATTENZIONE: se parli Italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi ausiliari adeguati per fornire informazioni in formati accessibili. Chiama l'**1-855-676-5772** (TTY: **711**) o parla con il tuo fornitore.

Kreyòl Ayisyen

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd aladispozisyon w gratis pou lang ou pale a. Èd ak sèvis siplemantè apwopriye pou bay enfòmasyon nan fòm aksesib yo disponib gratis tou. Rele nan **1-855-676-5772** (TTY: **711**) oswa pale avèk founisè w la.

Português do Brasil

ATENÇÃO: Se você fala Português, serviços gratuitos de assistência linguística estão disponíveis para você. Auxílios e serviços auxiliares apropriados para fornecer informações em formatos acessíveis também estão disponíveis gratuitamente. Ligue para **1-855-676-5772** (TTY: **711**) ou fale com seu provedor.

This *Drug List* was updated on 09/01/2026. For more recent information or other questions, contact us at **1-855-676-5772** and TTY users: **711**, 8 a.m. to 8 p.m., E.T., 7 days a week or visit

[AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)

Contract/PBP: H9314-001