

# Plan for your best health

---

## **2023 Aetna Pharmacy Drug Guide**

Standard Opt Out Plan - Aetna

**Health benefits and health insurance plans are offered, administered and/or underwritten by Aetna Health Inc., Aetna Health Insurance Company of New York, Aetna Health Assurance Pennsylvania Inc., Aetna Health Insurance company and/or Aetna Life Insurance Company (Aetna). In Florida, by Aetna Health Inc. and/or Aetna Life Insurance Company. In Utah and Wyoming by Aetna Health of Utah Inc. and Aetna Life Insurance Company. In Maryland, by Aetna Health Inc., 151 Farmington Avenue, Hartford, CT 06156. Each insurer has sole financial responsibility for its own products. Pharmacy benefits are administered by an affiliated pharmacy benefit manager, CVS Caremark. Aetna is part of the CVS Health family of companies.**

Table of Contents

INFORMATIONAL SECTION.....4  
ANALGESICS - DRUGS TO TREAT PAIN AND INFLAMMATION.....14  
ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS.....26  
ANTINEOPLASTIC AGENTS - DRUGS TO TREAT CANCER.....40  
CARDIOVASCULAR - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS.....51  
CENTRAL NERVOUS SYSTEM - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS.....62  
ENDOCRINE AND METABOLIC - DRUGS TO TREAT DIABETES AND REGULATE  
HORMONES.....88  
GASTROINTESTINAL - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS.....117  
GENITOURINARY - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS...124  
HEMATOLOGIC - DRUGS TO TREAT BLOOD DISORDERS.....127  
IMMUNOLOGIC AGENTS - DRUGS TO TREAT DISORDERS OF THE IMMUNE SYSTEM....134  
NUTRITIONAL/SUPPLEMENTS - VITAMINS AND SUPPLEMENTS.....146  
OPHTHALMIC - DRUGS TO TREAT EYE CONDITIONS.....147  
RESPIRATORY - DRUGS TO TREAT BREATHING DISORDERS.....151  
TOPICAL - DRUGS TO TREAT EAR AND SKIN CONDITIONS.....160

# How to use this guide

Your guide includes a list of commonly used drugs covered on your pharmacy plan. The amount you pay depends on the drug your doctor prescribes. It's either a flat fee or a percentage of the prescription's price after you meet your deductible, if applicable. Preferred generic drugs cost less. Preferred brand drugs will have a higher cost.

## Your plan includes

- Brand and generic drugs that are hand-picked for their quality and effectiveness
- A specialty pharmacy that fills specialty prescriptions (ones that are injected, infused or taken by mouth) — and provides services that include personal support, helpful resources and training, and free secure home delivery
- A home delivery pharmacy that delivers maintenance drugs to your home or wherever you choose (for drugs that are taken regularly to treat conditions like diabetes or asthma)

## What you can expect to pay

With your pharmacy plan, the amount you pay depends on the drug your doctor prescribes. It's either a flat fee or a percentage of the drug's/medicine's price.

Each drug is grouped as a generic, a brand or a specialty drug. The preferred drugs within these groups will generally save you money compared to a non-preferred drug. Typically, generic drugs are less expensive than brands.

Specialty prescription drugs typically include higher-cost drugs that require special handling, special storage or monitoring. These types of drugs may include, but are not limited to, drugs that are injected, infused, inhaled or taken by mouth.

You're covered for all types of medicine — some more expensive, and some less.

- **Generic:** the lowest cost
- **Preferred brand:** a slightly higher cost
- **Non-preferred brand:** a higher cost
- **Preferred Specialty:** lower cost for specialty drugs
- **Non-preferred Specialty:** higher cost for non-preferred specialty drugs

Your pharmacy plan may not have all the coverage levels listed above so check your plan documents to see how much you will pay.

## For your exact coverage and cost, and to learn more about your plan

Visit the website that's on your member ID card. Then log in to your account, where you can:

- Find out the coverage\* and estimate of cost for specific drugs
- View your deductibles and plan limits
- Order medications
- Check your pharmacy order status
- Get a member ID card
- View your claims, Explanation of Benefits and more.

\* Check your plan documents for coverage information. Your plan may not cover certain drugs such as infertility, erectile dysfunction, weight loss and smoking cessation.

## Have more questions about your pharmacy benefits?

We're here to help. There are several ways you can learn more about your benefits:

- Check your Plan Design and Benefits Summary in your enrollment kit.
- Call the toll-free number on your member ID card.
- Review our pharmacy frequently asked questions (FAQs) and answers. Just visit the website that's on your member ID card to search for the "Pharmacy FAQ."

## Specialty Pharmacy Network

An in-network specialty pharmacy can fill your prescriptions for specialty drugs. These are the types of drugs that may be injected, infused or taken by mouth. They often need special storage and handling. And they need to be delivered quickly. A nurse or pharmacist may monitor you during your treatment, if needed. With this type of pharmacy, you can get this medicine sent right to your home.

## How to get started with a specialty pharmacy

Ordering your prescriptions through our specialty pharmacy is easy. And we typically offer a 30-day medicine supply.

- **To transfer your prescription**, just call us toll-free at **1-866-353-1892**.
- **For a new prescription**, your doctor can send it to us in one of four ways:
  - 1. Electronically:** Through e-prescribe
  - 2. Fax: 1-800-323-2445**
  - 3. Phone: 1-800-237-2767**

If you mail in your own prescription, please send it with a completed Patient Profile Form. To find this form, just visit the website that's on your member ID card, to search for the "Patient Profile Form."

## CVS Caremark Mail Service Pharmacy™

You can have maintenance drugs sent right to your home or anywhere else you choose by CVS Caremark Mail Service Pharmacy. These are drugs that are taken regularly for chronic conditions like diabetes or asthma. Depending on your plan, you can get up to a 90-day supply of medicine for less cost. It's fast and convenient, and standard shipping is always free.

## Get started right away

You can submit your order using one of these options:

- 1. Online** — Visit your secure member website and sign in to your account. There you can add or remove your prescriptions.
- 2. Phone** — Call us toll-free, 24/7 at **1-888-792-3862**. If you need the help of a telephone device for the hard of hearing, call **1-877-833-2779**.
- 3. Mail** — Get a new prescription from your doctor. Then mail it to us with a completed order form. You can find the form on your secure member website. The mailing address is on the form.

## Your doctor can submit your order using one of these options:

- 1. Online** — They can submit your prescriptions using the e-prescribe services on our provider website.
- 2. Fax** — They can fax your prescription to **1-877-270-3317**. Make sure they include your member ID number, date of birth and mailing address on the fax cover sheet. Only a doctor may fax a prescription.

# Frequently asked questions

## How can I save on prescriptions?

Here are some tips to pay less out of pocket for your prescription drugs:

- Ask your doctor to consider prescribing drugs that are on the Pharmacy Drug Guide (formulary).
- Ask your doctor to consider prescribing generic drugs instead of brand-name drugs.
- Our home delivery pharmacy may save you money. For more information, visit the website on your member ID card and log in to your account.

## What are generic drugs?

Generic drugs are proven to be just as safe and effective as brand-name drugs. They contain the same active ingredients in the same amounts as the brand-name drugs and work the same way. So they have the same risks and benefits as brand-name drugs. However, they typically cost less.

When appropriate, your doctor may decide to prescribe a generic drug or allow the pharmacist to substitute a generic drug.

## What is precertification?

Precertification is one way that we can help you and your doctor find safe, appropriate drugs and keep costs down. Precertification means that you or your doctor need to get approval from the plan before certain drugs will be covered. Generally, precertification applies to drugs that:

- Are often taken in the wrong way
- Should only be used for certain conditions
- Often cost more than other drugs that are proven to be just as effective

Keep in mind that your doctor must contact us to request approval of coverage for these drugs.

## What is step therapy?

Some drugs require step therapy. This means that you must try one or more prerequisite drug(s) before a step therapy drug is covered.

The prerequisite drugs have U.S. Food and Drug Administration (FDA) approval and may cost less. They treat the same condition as the step therapy drug.

If you don't try the appropriate prerequisite drug first, you may need to pay full cost for the step-therapy drug.

## What are quantity limits?

Quantity limits help your doctor and pharmacist make sure that you use your drug correctly and safely. We use medical guidelines and FDA-approved recommendations from drug makers to set these coverage limits. The quantity limit program includes:

- **Dose efficiency edits** — Limits prescription coverage to one dose per day for drugs that have approval for once-daily dosing
- **Maximum daily dose** — If a prescription is lower than the minimum or higher than the maximum allowed dose, a message is sent to the pharmacy
- **Quantity limits over time** — Limits prescription coverage to a specific number of units over a specific amount of time

## What if I need a drug that requires an exception to the precertification, step therapy or quantity limits requirements? Or what if I need a drug that's not covered under my plan?

In certain cases, you or your prescriber can request a medical exception to the precertification, step therapy or quantity limits requirements or for a drug that's not covered on your plan. You can ask for your request to be expedited. Expedited coverage decisions are made within 24 hours.

We'll then contact you or your prescriber with our decision. All medically necessary outpatient prescription drugs will be covered. If a medical exception is approved, you only need to pay the copay after the deductible. This amount is based on your pharmacy plan design.

## How can your provider request a medical exception?

- Submit their request through our secure provider website on [www.availity.com](http://www.availity.com).
- Call the Aetna Pharmacy Precertification Unit: Non-Specialty **1-800-294-5979** or Specialty **1-866-814-5506**.
- Fax the completed request form to: Non-Specialty **1-888-836-0730** or Specialty **1-866-249-6155**.
- Mail the completed request form to: Medical Exception to Pharmacy Prior Authorization Unit  
1300 East Campbell Road  
Richardson, TX 75081

## Pharmacy and Therapeutics (P&T) committee

The services of an independent National Pharmacy and Therapeutics Committee (“P&T Committee”) are utilized to approve safe and clinically effective drug therapies.

The P&T Committee is an external advisory body of clinical professionals from across the United States. The P&T Committee’s voting members include physicians, pharmacists, a pharmacoeconomist and a medical ethicist, all of whom have a broad background of clinical and academic expertise regarding prescription drugs.

Voting members of the P&T Committee are not employees of CVS Caremark and must disclose any financial relationship or conflicts of interest with any pharmaceutical manufacturers.

## Can the formulary change during the year?

The formulary can change throughout the year. Some reasons why it can change include:

- New drugs are approved.
- Existing drugs are removed from the market.
- Prescription drugs may become available over the counter (without a prescription). Over-the-counter drugs are not generally covered in a formulary.
- Brand-name drugs lose patent protection and generic versions become available. When this happens, the generic drug will be covered in place of the brand-name drug. The brand-name drug is likely to become non-formulary or covered at a higher cost. See the “What are generic drugs?” section above for more information.

## **Commercial 1557 Nondiscrimination Notice**

Aetna complies with applicable Federal civil rights laws and does not discriminate, exclude or treat people differently based on their race, color, national origin, sex, age, or disability.

Aetna provides free aids/services to people with disabilities and to people who need language assistance.

If you need a qualified interpreter, written information in other formats, translation or other services, call the number on your ID card.

If you believe we have failed to provide these services or otherwise discriminated based on a protected class noted above, you can also file a grievance with the Civil Rights Coordinator by contacting:

Civil Rights Coordinator,  
P.O. Box 14462, Lexington, KY 40512 (CA HMO customers: PO Box 24030 Fresno, CA 93779),  
1-800-648-7817, TTY: 711,  
Fax: 859-425-3379 (CA HMO customers: 860-262-7705),  
[CRCoordinator@aetna.com](mailto:CRCoordinator@aetna.com).

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at:

U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, or at 1-800-368-1019, 800-537-7697 (TDD).



TTY: 711

To access language services at no cost to you, call the number on your ID card.

Para acceder a los servicios de idiomas sin costo, llame al número que figura en su tarjeta de identificación. (Spanish)

如欲使用免費語言服務，請致電您 ID 卡上的電話號碼 (Chinese)

Afin d'accéder aux services langagiers sans frais, veuillez composer le numéro inscrit sur votre carte d'identité. (French)

Para ma-access ang mga serbisyo sa wika nang wala kayong babayaran, tawagan ang numero sa inyong ID card. (Tagalog)

T'áá ni nizaad k'ehjí bee níká a' doowól doo bááh ílínígóó naaltsos bee atah nííígo nanitinígíí bee néého' dólzinígíí béésh bee hane'í bikáá' áají' hólne'. (Navajo)

Um auf für Sie kostenlose Sprachdienstleistungen zuzugreifen, rufen Sie die Nummer auf Ihrer ID-Karte an. (German)

Për shërbime përkthimi falas për ju, telefononi në numrin që gjendet në kartën tuaj të identitetit. (Albanian)

የቋንቋ አገልግሎቶችን ያለክፍያ ለማግኘት፣ በመታወቂያዎች ላይ ያለውን ቁጥር ይደውሉ። (Amharic)

(Arabic) للحصول على الخدمات اللغوية دون أي تكلفة، الرجاء الاتصال على الرقم الموجود على بطاقتك الشخصية.

Անվճար լեզվախոս ծառայություններին օգտվելու համար զանգահարեք ձեր ինքնուրույն (ID) քարտի վրա նշված հեռախոսահամարով: (Armenian)

Kugira uronke serivisi z'indimi atakiguzi, Hamagara inumero iri kuri karangamuntu kawe. (Bantu)

আপনাকে বিনামূল্যে ভাষা পরিষেবা পেতে হলে আপনার পরিচয়পত্রে দেওয়া নম্বরে টেলিফোন করুন। (Bengali)

Ngadto maakses ang mga serbisyo sa pinulongan alang libre, tawagan sa numero sa nimong ID card. (Bisayan-Visayan)

သင့်အနေဖြင့် အခကြေးငွေ မပေးရပဲ ဘာသာစကားဝန်ဆောင်မှုများ ရရှိနိုင်ရန်၊ သင့် ID ကတ်ပေါ်တွင်ရှိသော ဖုန်းနံပါတ်အား ခေါ်ဆိုပါ။ (Burmese)

Per accedir a serveis lingüístics sense cap cost per vostè, telefoni al número indicat a la seva targeta d'identificació. (Catalan)

Para un hago' i setbision lengguâhi ni dibâtde para hâgu, âgang i numiru gi iyo-mu kard aidentifikasion. (Chamorro)



M̄ dyi wuḍu-dù kà kò dò bě dyi móuñ nì pídyi ní, nìí, dǎ nòbà nìà nì ID káàò kǝ. (Kru-Bassa)

یۆ دەسپێز اگەشتن بە خزمەتگوزاری زمان بەی تێچوون یۆ تو، پەییوەندی بکە بە ژمارە ی سەر ئای دی (ID) کارتی خۆت.  
(Kurdish)

ເພື່ອຂໍໃຊ້ການບໍລິການພາສາໂດຍບໍ່ເສຍຄ່າຕໍ່ກັບທ່ານ,  
ໃຫ້ໂທຫາເບີໂທທີ່ບອກໄວ້ໃນບັດປະຈຳຕົວຂອງທ່ານ. (Laotian)

कोणत्याही शुल्काशिवाय भाषा सेवा प्राप्त करण्यासाठी, तुमच्या ID कार्डावरील क्रमांकावर फोन करा. (Marathi)

Nan etal nan jikin jiban ko ikijen kajin ilo an ejelok onen nan kwe, kirlok nomba eo ilo ID kaat eo am.  
(Marshallese)

Pwehn alehdi sawas en lokaia kan ni sohte pweipwei, koahlih nempe nan amhw doaropwe en ID.  
(Micronesian-Pohnpeian)

ដើម្បីទទួលបានសេវាកម្មភាសាដែលឥតគិតថ្លៃសម្រាប់លោកអ្នក សូមហៅទូរស័ព្ទទៅកាន់  
លេខដែលមាននៅលើប័ណ្ណសម្គាល់ខ្លួនរបស់លោកអ្នក។ (Mon-Khmer, Cambodian)

निःशुल्क भाषा सेवा प्राप्त गर्न आफ्नो परिचयपत्रमा भएको नम्बरमा टेलिफोन गर्नुहोस् । (Nepali)

Të kɔɔr yin wëër de thokic ke cïn wëu kɔr keek tənɔŋ yin. Ke ɔl kɔc ye kɔc kuɔny nē nɔmba de abac tō  
nē ID kard du kōu. (Nilotic-Dinka)

For tilgang til kostnadsfri språktjenester, ring nummeret på ID-kortet ditt. (Norwegian)

Um Schprooch Services zu griege mitaus Koscht, ruff die Nummer uff dei ID Kaart. (Pennsylvania Dutch)

برای دسترسی به خدمات زبان به طور رایگان، با شماره قید شده روی کارت شناسایی خود تماس بگیرید. (Persian-Farsi)

Aby uzyskać dostęp do bezpłatnych usług językowych proszę zadzwonić numer telefonu na Twojej  
Karcie Identykującej (Polish)

Para acessar os serviços de idiomas sem custo para você, ligue para o número que consta na sua  
identidade. (Portuguese)

ਤੁਹਾਡੇ ਲਈ ਬਿਨਾਂ ਕਿਸੇ ਕੀਮਤ ਵਾਲੀਆਂ ਭਾਸ਼ਾ ਸੇਵਾਵਾਂ ਦੀ ਵਰਤੋਂ ਕਰਨ ਲਈ, ਆਪਣੇ ਆਈਡੀ ਕਾਰਡ 'ਤੇ ਦਿੱਤੇ ਨੰਬਰ ਤੇ ਫ਼ੋਨ  
ਕਰੋ। (Punjabi)

Pentru a accesa gratuit serviciile de limbă, apelați numărul de pe cardul dvs. de identificare.  
(Romanian)

Для того чтобы бесплатно получить помощь переводчика, позвоните по телефону, приведенному  
на вашей карточке участника плана. (Russian)

Mo le mauaina o auaunaga tau gagana e aunoa ma se todogi, vala’au le numera l luga o lau pepa ID. (Samoan)

Za besplatne prevodilačke usluge pozovite broj naveden na Vašoj identifikacionoj kartici. (Serbo-Croatian)

Heeba a nasta jangirde djeý wolde, apelou lamba djeý do windi ha dereji Maada. (Sudanic-Fulfulde)

Kupata huduma za lugha bila malipo kwako, piga nambari iliyo kwenye kadi yako ya kitambulisho. (Swahili)

Syriac-) ܟܘܢܝܬܝܢ ܟܘܢܝܬܝܢ ܟܘܢܝܬܝܢ ܟܘܢܝܬܝܢ ܟܘܢܝܬܝܢ ܟܘܢܝܬܝܢ ܟܘܢܝܬܝܢ ܟܘܢܝܬܝܢ ܟܘܢܝܬܝܢ ܟܘܢܝܬܝܢ ܟܘܢܝܬܝܢ (Assyrian)

మీరు భాష సేవలను ఉచితంగా అందుకునేందుకు, మీ ID కార్డుపై ఉన్న సంఖ్యకు కాల్ చేయండి. (Telugu)

หากท่านต้องการเข้าถึงบริการทางด้านภาษาโดยไม่มีค่าใช้จ่าย โปรดโทรหมายเลขที่แสดงอยู่บนบัตรประจำตัวของท่าน (Thai)

Kapau ‘oku ke fiema’u ta’etötōngi ‘a e ngaahi sēvesi kotoa pē he ngaahi lea kotoa, telefoni ki he fika ‘oku hā atu ‘i ho’o ID kaati. (Tongan)

Ren omw kopwe angei anininis eman chon awewei (ese kamo), kopwe kori ewe nampa mei mak won noum ena katen ID (Trukese)

Sizin için ücretsiz dil hizmetlerine erişebilmek için, kartınızdaki numarayı arayın. (Turkish)

Щоб отримати безкоштовний доступ до мовних послуг, задзвоніть за номером, вказаним на Вашій ідентифікаційній картці. (Ukrainian)

بلا قیمت زبان سے متعلقہ خدمات حاصل کرنے کے لیے ، اپنے شناختی کارڈ پر درج نمبر پر بات کریں۔ (Urdu)

Nếu quý vị muốn sử dụng miễn phí các dịch vụ ngôn ngữ, hãy gọi tới số điện thoại ghi trên thẻ ID (Nhận dạng) của quý vị. (Vietnamese)

צוטריט שפראך באַדינונגען אין קיין פּאַרײַז צו איר, רופן די נומער אויף דיין שײַן קאַרט. (Yiddish)

Lati wonú awon isẹ èdè l’ọfẹ fun ọ, pe nomba ori káádi idánimọ rẹ. (Yoruba)

## Remember to visit the website on your member ID card. Then sign in to your account for the most up-to-date information.

Please note that if your prescription drug benefits plan changes, the information here may no longer apply.

Medications on the Aetna Drug Guide, precertification, step-therapy and quantity limits lists are subject to change.

Health benefits and health insurance plans are offered, administered and/or underwritten by Aetna Health Inc., Aetna Health Insurance Company of New York, Aetna Health Assurance Pennsylvania Inc., Aetna Health Insurance company and/or Aetna Life Insurance Company (Aetna). In Florida, by Aetna Health Inc. and/or Aetna Life Insurance Company. In Utah and Wyoming by Aetna Health of Utah Inc. and Aetna Life Insurance Company. In Maryland, by Aetna Health Inc., 151 Farmington Avenue, Hartford, CT 06156. Each insurer has sole financial responsibility for its own products. Pharmacy benefits are administered through an affiliated pharmacy benefit manager, CVS Caremark. Aetna is part of the CVS Health family of companies.

Not all health services are covered. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. To check coverage and copay information for a specific medicine, log into your member website. For questions, please call the toll-free number on the back of your member ID card.

The drugs on the Pharmacy Drug Guide (formulary), Formulary Exclusions, Precertification, and Quantity Limit Lists are subject to change. The quantity limits and step therapy drug coverage review programs are not available in all service areas. However, these programs are available to self-funded plans.

Information is subject to change. In accordance with state law, changes to drug coverage are not effective for commercial fully insured plans (including HMOs) in Louisiana, Texas, and in most circumstances Connecticut and New York, until the plans' renewal date.

In accordance with state law, certain fully insured commercial California members (except Federal Employee Health Benefit Plan members) who obtained approval from an Aetna plan for coverage of drugs that are later added to the Preauthorization or Step Therapy Lists or removed from the Pharmacy Drug Guide will continue to have those drugs covered, for as long as the treating in-network provider continues prescribing them, provided that the drug is appropriately prescribed and is considered safe and effective for treating the enrollee's medical condition. Aetna reserves the right to periodically request clinical information from your provider to assess your medical condition and the appropriateness of your ongoing treatment. Failure to provide clinical information could result in subsequent denial of coverage for this medication.

In accordance with state law, fully insured Commercial Connecticut preferred provider organization (PPO) members (except Federal Employee Health Benefit Plan members) who are receiving coverage for drugs that are added to the Precertification or Step-Therapy Lists will continue to have those drugs covered for as long as the prescriber prescribes them, provided the drug is medically necessary and more medically beneficial than other covered drugs. Nothing in this section shall preclude the prescribing provider from prescribing another drug covered by the plan that is medically appropriate for the enrollee, nor shall anything in this section be construed to prohibit generic drug substitutions.

In accordance with state law, commercial fully insured (including HMO) members in Connecticut, Louisiana, New Mexico and Texas (except Federal Employee Health Benefit Plan members) who are receiving coverage for drugs that are added or removed from the Pharmacy Drug Guide and Specialty Drug List will continue to have those drugs covered at the same benefit level until their plan's renewal date. In Texas, preauthorization approval is known as "preservice utilization review." It is not "verification" as defined by Texas law. Preauthorization means a determination that healthcare services proposed to be provided to a patient are medically necessary and appropriate.

In certain states, including Arkansas, Colorado, Connecticut, Delaware, Georgia, Illinois, Louisiana, Maryland, Minnesota, North Dakota, Pennsylvania and Texas, step therapy programs do not apply to fully insured members utilizing prescription drugs for the treatment of stage-four advanced, metastatic cancer.

This document contains trademarks or registered trademarks of CVS Pharmacy, Inc. or one of its affiliates; it may also contain references to products that are trademarks or registered trademarks of entities not affiliated with CVS Health.

This material is for information only. It contains only a partial, general description of plan benefits or programs and does not constitute a contract. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by location and are subject to change. Providers are independent contractors and are not agents of Aetna. Provider participation may change without notice. Aetna does not provide care or guarantee access to health services. Information is subject to change. CVS Caremark Mail Service Pharmacy is part of the CVS Health family of companies.

**Coverage Requirements and Limits**

AL = Age Limit

IBC = Indication Based Coverage

LGC = Lowest Generic Copay

N10 = Drug Coverage for Student Health members.

N7 = Drug tier when CE does not apply

N8 = Drug Specific Coverage

PA = Prior Authorization

QL = Quantity Limit

Select OTC = Select OTC

Program if your pharmacy plan

includes this program you may

have coverage for products noted

with a doctors prescription.

Please see your plan benefit

information for specific coverage

details.

SPC = Select Plan Coverage: Only

available for select plans. Refer

to member plan documents for

coverage.

ST = Step Therapy

STX = Safer and/or more effective

treatments are available

**Drug Tier**

CE = Copay Exception: Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy. Certain limitations may apply.

G = Generic

NF = Non-formulary, not covered unless exception request granted

NPB = Non-Preferred Brands

NPSP = Non-Preferred Specialty

PB = Preferred Brand

PSP = Preferred Specialty

lowercase **italics** = Generic drugs

UPPERCASE = Brand name drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>ANALGESICS - DRUGS TO TREAT PAIN AND INFLAMMATION</b>		
<b>COX-2 INHIBITORS</b>		
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	G	
<b>GOUT</b>		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	G	
<i>colchicine oral capsule 0.6 mg</i>	G	
<i>colchicine oral tablet 0.6 mg</i>	G	
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>	G	
<i>febuxostat oral tablet 40 mg, 80 mg</i>	G	
<b>KRYSTEXXA INTRAVENOUS SOLUTION 8 MG/ML (pegloticase)</b>	NPSP	PA
<i>probenecid oral tablet 500 mg</i>	G	

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

05/01/2023

14

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>MISCELLANEOUS</b>		
PRIALT INTRATHECAL SOLUTION 100 MCG/ML, 500 MCG/20ML, 500 MCG/5ML ( <i>ziconotide acetate</i> )	NPSP	
<b>NON-OPIOID ANALGESICS</b>		
ALLZITAL ORAL TABLET 25-325 MG ( <i>butalbital-acetaminophen</i> )	NPB	STX; QL (96 TABLETS per 25 days)
<i>butalbital-apap-caffeine</i> (Bac Oral Tablet 50-325-40 Mg)	G	STX; QL (48 tablets per 25 days)
<i>butalbital-acetaminophen</i> (Bupap Oral Tablet 50-300 Mg)	NF	
<i>butalbital-acetaminophen oral capsule 50-300 mg</i>	NF	
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	G	STX; QL (48 TABLETS per 25 DAYS)
<i>butalbital-apap-caffeine oral capsule 50-300-40 mg, 50-325-40 mg</i>	G	STX; QL (48 CAPSULES per 25 DAYS)
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	G	STX; QL (48 TABLETS per 25 days)
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	G	STX; QL (48 CAPSULES per 25 DAYS)
ESGIC ORAL TABLET 50-325-40 MG ( <i>butalbital-apap-caffeine</i> )	NPB	STX; QL (48 TABLETS per 25 days)
FIORICET ORAL CAPSULE 50-300-40 MG ( <i>butalbital-apap-caffeine</i> )	NPB	STX; QL (48 CAPSULES per 25 DAYS)
<b>NSAIDS</b>		
ANAPROX DS ORAL TABLET 550 MG ( <i>naproxen sodium</i> )	PB	
<i>diclofenac potassium oral capsule 25 mg</i>	NF	
<i>diclofenac potassium oral tablet 25 mg</i>	NF	
<i>diclofenac potassium oral tablet 50 mg</i>	G	
<i>diclofenac sodium er oral tablet extended release 24 hour 100 mg</i>	G	
<i>diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg</i>	G	
<i>etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg</i>	G	
<i>etodolac oral capsule 200 mg, 300 mg</i>	G	
<i>etodolac oral tablet 400 mg, 500 mg</i>	G	
<i>fenoprofen calcium oral capsule 200 mg</i>	NF	

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna  
The formulary is updated the first week of each month.  
05/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>fenoprofen calcium oral capsule 400 mg</i>	G	N8 (Listing does not include certain NDCs)
<i>fenoprofen calcium oral tablet 600 mg</i>	NF	N10 (Generic tier applies to members residing in Connecticut.)
<i>flurbiprofen oral tablet 100 mg, 50 mg</i>	G	
<i>ibuprofen (Ibu Oral Tablet 600 Mg)</i>	G	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	G	
INDOCIN ORAL SUSPENSION 25 MG/5ML ( <i>indomethacin</i> )	NF	
INDOCIN RECTAL SUPPOSITORY 50 MG ( <i>indomethacin</i> )	NF	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	G	STX
<i>ketoprofen er oral capsule extended release 24 hour 200 mg</i>	NF	
<i>ketoprofen oral capsule 25 mg</i>	NF	
<i>ketoprofen oral capsule 50 mg</i>	G	
<i>ketorolac tromethamine nasal solution 15.75 mg/spray</i>	NF	
<i>ketorolac tromethamine oral tablet 10 mg</i>	G	QL (20 TABLETS per 25 DAYS)
<i>diclofenac potassium (Lofena Oral Tablet 25 Mg)</i>	NF	
<i>meclofenamate sodium oral capsule 100 mg, 50 mg</i>	G	
<i>mefenamic acid oral capsule 250 mg</i>	G	N8 (Listing does not include certain NDCs)
<i>meloxicam oral capsule 10 mg, 5 mg</i>	NF	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	G	
<i>nabumetone oral tablet 500 mg, 750 mg</i>	G	
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG ( <i>naproxen sodium</i> )	NF	
NAPROSYN ORAL TABLET 500 MG ( <i>naproxen</i> )	NPB	
<i>naproxen oral suspension 125 mg/5ml</i>	NF	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	G	
<i>naproxen oral tablet delayed release 375 mg, 500 mg</i>	G	
<i>naproxen sodium er oral tablet extended release 24 hour 375 mg, 500 mg</i>	NF	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	G	
<i>oxaprozin oral tablet 600 mg</i>	G	
<i>piroxicam oral capsule 10 mg, 20 mg</i>	G	

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

05/01/2023



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SPRIX NASAL SOLUTION 15.75 MG/SPRAY ( <i>ketorolac tromethamine</i> )	NF	
<i>sulindac oral tablet 150 mg, 200 mg</i>	G	
ZORVOLEX ORAL CAPSULE 18 MG, 35 MG ( <i>diclofenac</i> )	NF	
<b>NSAIDS, COMBINATIONS</b>		
<i>diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg</i>	G	
<i>ibuprofen-famotidine oral tablet 800-26.6 mg</i>	G	N10 (Generic tier applies to members residing in Connecticut.)
<i>naproxen-esomeprazole mg oral tablet delayed release 375-20 mg, 500-20 mg</i>	NF	
<b>OPIOID ANALGESICS</b>		
<i>acetaminophen-codeine #3 oral tablet 300-30 mg</i>	G	N8 (Subject to initial limit); QL (360 TABLETS per 25 days)
<i>acetaminophen-codeine #4 oral tablet 300-60 mg</i>	G	N8 (Subject to initial limit); QL (180 TABLETS per 25 days)
<i>acetaminophen-codeine oral solution 120-12 mg/5ml</i>	G	N8 (Subject to initial limit); QL (2700 ML per 25 days)
<i>acetaminophen-codeine oral tablet 300-15 mg</i>	G	N8 (Subject to initial limit); QL (400 TABLETS per 25 DAYS)
ACTIQ BUCCAL LOZENGE ON A HANDLE 1200 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG ( <i>fentanyl citrate</i> )	NPB	PA; QL (120 LOZENGE ON A HANDLE per 25 days)
APADAZ ORAL TABLET 4.08-325 MG, 6.12-325 MG, 8.16-325 MG ( <i>benzhydrocodone-acetaminophen</i> )	NPB	STX; N8 (Subject to initial limit.); QL (168 TABLETS per 25 days)
<i>apap-caff-dihydrocodeine oral capsule 320.5-30-16 mg</i>	G	N8 (Subject to initial limit); QL (300 CAPSULES per 25 days)
<i>benzhydrocodone-acetaminophen oral tablet 4.08-325 mg, 6.12-325 mg, 8.16-325 mg</i>	NPB	STX; N8 (Subject to initial limit.); QL (168 TABLETS per 25 days)
<i>butalbital-apap-caff-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg</i>	G	STX; QL (48 CAPSULES per 25 DAYS)

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna  
The formulary is updated the first week of each month.  
05/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg</i>	G	STX; QL (48 CAPSULES per 25 DAYS)
<i>butorphanol tartrate nasal solution 10 mg/ml</i>	G	QL (2 BOTTLES per 25 DAYS)
<i>codeine sulfate oral tablet 30 mg</i>	G	N8 (Subject to initial limit); QL (42 TABLETS per 25 days)
<i>codeine sulfate oral tablet 60 mg</i>	NPB	N8 (Subject to initial limit); QL (42 TABLETS per 25 days)
CONZIP ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG ( <i>tramadol hcl</i> )	NPB	ST; QL (30 CAPSULES per 25 DAYS)
CONZIP ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG, 300 MG ( <i>tramadol hcl</i> )	NPB	ST
DILAUDID ORAL LIQUID 1 MG/ML ( <i>hydromorphone hcl</i> )	NPB	N8 (Subject to initial limit); QL (600 ML per 25 days)
DILAUDID ORAL TABLET 2 MG ( <i>hydromorphone hcl</i> )	NPB	N8 (Subject to initial limit); QL (180 TABLETS per 25 days)
DILAUDID ORAL TABLET 4 MG ( <i>hydromorphone hcl</i> )	NPB	N8 (Subject to initial limit); QL (150 TABLETS per 25 days)
DILAUDID ORAL TABLET 8 MG ( <i>hydromorphone hcl</i> )	NPB	N8 (Subject to initial limit); QL (60 TABLETS per 25 days)
<i>fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	G	PA; QL (120 LOZENGE ON A HANDLE per 25 days)
<i>fentanyl citrate buccal tablet 100 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	G	PA; QL (120 TABLETS per 25 DAYS)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 50 mcg/hr, 62.5 mcg/hr, 75 mcg/hr, 87.5 mcg/hr</i>	G	ST
<i>fentanyl transdermal patch 72 hour 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hr</i>	G	ST; QL (10 PATCHES per 25 DAYS)
FENTORA BUCCAL TABLET 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG ( <i>fentanyl citrate</i> )	NPB	PA; QL (120 TABLETS per 25 days)
FIORICET/CODEINE ORAL CAPSULE 50-300-40-30 MG ( <i>butalbital-apap-caff-cod</i> )	NPB	STX; QL (48 CAPSULES per 25 DAYS)

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

05/01/2023

<b>Prescription Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Requirements and Limits</b>
<i>hydrocodone bitartrate er oral capsule extended release 12 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg</i>	G	ST; QL (60 CAPSULES per 25 days)
<i>hydrocodone bitartrate er oral capsule extended release 12 hour 50 mg</i>	G	ST
<i>hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent 100 mg, 120 mg</i>	G	ST
<i>hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i>	G	ST; QL (30 TABLETS per 25 DAYS)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml</i>	G	N8 (Subject to initial limit); QL (2700 ML per 25 days)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 7.5-300 mg</i>	G	N8 (Subject to initial limit); QL (180 TABLETS per 25 DAYS)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg</i>	G	N8 (Subject to initial limit); QL (180 TABLETS per 25 days)
<i>hydrocodone-acetaminophen oral tablet 5-300 mg</i>	G	N8 (Subject to initial limit); QL (240 TABLETS per 25 DAYS)
<i>hydrocodone-acetaminophen oral tablet 5-325 mg</i>	G	N8 (Subject to initial limit); QL (240 TABLETS per 25 days)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	G	N8 (Subject to initial limit); QL (50 TABLETS per 25 days)
<i>hydromorphone hcl er oral tablet extended release 24 hour 12 mg, 16 mg, 8 mg</i>	G	ST; QL (30 TABLETS per 25 DAYS)
<i>hydromorphone hcl er oral tablet extended release 24 hour 32 mg</i>	G	ST
<i>hydromorphone hcl oral liquid 1 mg/ml</i>	G	N8 (Subject to initial limit); QL (600 ML per 25 days)
<i>hydromorphone hcl oral tablet 2 mg</i>	G	N8 (Subject to initial limit); QL (180 TABLETS per 25 days)
<i>hydromorphone hcl oral tablet 4 mg</i>	G	N8 (Subject to initial limit); QL (150 TABLETS per 25 days)
<i>hydromorphone hcl oral tablet 8 mg</i>	G	N8 (Subject to initial limit); QL (60 TABLETS per 25 days)

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

05/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HYSINGLA ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT 100 MG, 120 MG ( <i>hydrocodone bitartrate</i> )	NPB	ST
HYSINGLA ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT 20 MG, 30 MG, 40 MG, 60 MG, 80 MG ( <i>hydrocodone bitartrate</i> )	NPB	ST; QL (30 TABLETS per 25 days)
<i>levorphanol tartrate oral tablet 2 mg, 3 mg</i>	NF	
<i>meperidine hcl oral solution 50 mg/5ml</i>	G	N8 (Subject to initial limit); QL (90 ML per 25 days)
<i>meperidine hcl oral tablet 50 mg</i>	G	N8 (Subject to initial limit); QL (18 TABLETS per 25 days)
<i>methadone hcl</i> (Methadone Hcl Intensol Oral Concentrate 10 Mg/ML)	G	ST; QL (60 ML per 25 DAYs)
<i>methadone hcl oral concentrate 10 mg/ml</i>	G	QL (30 ML per 25 DAYs)
<i>methadone hcl oral solution 10 mg/5ml</i>	G	ST; QL (300 ML per 25 DAYs)
<i>methadone hcl oral solution 5 mg/5ml</i>	G	ST; QL (450 ML per 25 DAYs)
<i>methadone hcl oral tablet 10 mg</i>	G	ST; QL (60 TABLETS per 25 DAYs)
<i>methadone hcl oral tablet 5 mg</i>	G	ST; QL (90 TABLETS per 25 DAYs)
<i>methadone hcl oral tablet soluble 40 mg</i>	G	QL (9 TABLETS per 25 DAYs)
METHADOSE ORAL CONCENTRATE 10 MG/ML ( <i>methadone hcl</i> )	NPB	QL (30 ML per 25 DAYs)
METHADOSE SUGAR-FREE ORAL CONCENTRATE 10 MG/ML ( <i>methadone hcl</i> )	NPB	QL (30 ML per 25 DAYs)
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>	G	N8 (Subject to initial limit); QL (135 ML per 25 days)
<i>morphine sulfate er beads oral capsule extended release 24 hour 120 mg</i>	G	ST
<i>morphine sulfate er beads oral capsule extended release 24 hour 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i>	G	ST; QL (30 CAPSULES per 25 DAYs)
<i>morphine sulfate er oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg</i>	G	ST; QL (60 CAPSULES per 25 days)
<i>morphine sulfate er oral capsule extended release 24 hour 100 mg</i>	G	ST

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

05/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>morphine sulfate er oral capsule extended release 24 hour 50 mg, 60 mg, 80 mg</i>	G	ST; QL (30 CAPSULES per 25 days)
<i>morphine sulfate er oral tablet extended release 100 mg, 200 mg, 60 mg</i>	G	ST
<i>morphine sulfate er oral tablet extended release 15 mg, 30 mg</i>	G	ST; QL (90 TABLETS per 25 DAYS)
<i>morphine sulfate oral solution 10 mg/5ml</i>	G	N8 (Subject to initial limit); QL (900 ML per 25 days)
<i>morphine sulfate oral solution 20 mg/5ml</i>	G	N8 (Subject to initial limit); QL (675 ML per 25 days)
<i>morphine sulfate oral tablet 15 mg</i>	G	N8 (Subject to initial limit); QL (180 TABLETS per 25 days)
<i>morphine sulfate oral tablet 30 mg</i>	G	N8 (Subject to initial limit); QL (90 TABLETS per 25 days)
MS CONTIN ORAL TABLET EXTENDED RELEASE 100 MG, 200 MG, 60 MG ( <i>morphine sulfate</i> )	NPB	ST
MS CONTIN ORAL TABLET EXTENDED RELEASE 15 MG, 30 MG ( <i>morphine sulfate</i> )	NPB	ST; QL (90 TABLETS per 25 DAYS)
<i>nalocet oral tablet 2.5-300 mg</i>	NPB	N8 (Subject to initial limit); QL (360 TABLETS per 25 days)
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 50 MG ( <i>tapentadol hcl</i> )	PB	ST; QL (60 TABLETS per 25 days)
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR 150 MG, 200 MG, 250 MG ( <i>tapentadol hcl</i> )	PB	ST
NUCYNTA ORAL TABLET 100 MG ( <i>tapentadol hcl</i> )	PB	N8 (Subject to initial limit); QL (60 TABLETS per 25 days)
NUCYNTA ORAL TABLET 50 MG ( <i>tapentadol hcl</i> )	PB	N8 (Subject to initial limit); QL (120 TABLETS per 25 days)
NUCYNTA ORAL TABLET 75 MG ( <i>tapentadol hcl</i> )	PB	N8 (Subject to initial limit); QL (90 TABLETS per 25 days)
OXAYDO ORAL TABLET 5 MG, 7.5 MG ( <i>oxycodone hcl</i> )	NPB	N8 (Subject to initial limit); QL (180 TABLETS per 25 Days)

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna  
The formulary is updated the first week of each month.  
05/01/2023

<b>Prescription Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Requirements and Limits</b>
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent 10 mg, 20 mg</i>	G	ST; QL (60 TABLETS per 25 days)
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent 40 mg, 80 mg</i>	G	ST
<i>oxycodone hcl oral capsule 5 mg</i>	G	N8 (Subject to initial limit); QL (180 CAPSULES per 25 days)
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>	G	N8 (Subject to initial limit); QL (90 ML per 25 days)
<i>oxycodone hcl oral solution 5 mg/5ml</i>	G	N8 (Subject to initial limit); QL (900 ML per 25 days)
<i>oxycodone hcl oral tablet 10 mg, 5 mg</i>	G	N8 (Subject to initial limit); QL (180 TABLETS per 25 days)
<i>oxycodone hcl oral tablet 15 mg</i>	G	N8 (Subject to initial limit); QL (120 TABLETS per 25 days)
<i>oxycodone hcl oral tablet 20 mg</i>	G	N8 (Subject to initial limit); QL (90 TABLETS per 25 days)
<i>oxycodone hcl oral tablet 30 mg</i>	G	N8 (Subject to initial limit); QL (60 TABLETS per 25 days)
<i>oxycodone-acetaminophen oral solution 10-300 mg/5ml</i>	NPB	N8 (Subject to initial limit); QL (900 ML per 25 days)
<i>oxycodone-acetaminophen oral solution 5-325 mg/5ml</i>	G	N8 (Subject to initial limit); QL (1800 ML per 25 days)
<i>oxycodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg</i>	NF	
<i>oxycodone-acetaminophen oral tablet 10-325 mg</i>	G	N8 (Subject to initial limit); QL (180 TABLETS per 25 days)
<i>oxycodone-acetaminophen oral tablet 2.5-300 mg</i>	NPB	N8 (Subject to initial limit); QL (360 TABLETS per 25 days)
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</i>	G	N8 (Subject to initial limit); QL (360 TABLETS per 25 days)

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

05/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i>	G	N8 (Subject to initial limit); QL (240 TABLETS per 25 days)
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 15 MG, 20 MG, 30 MG ( <i>oxycodone hcl</i> )	PB	ST; QL (60 TABLETS per 25 DAYS)
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 40 MG, 60 MG, 80 MG ( <i>oxycodone hcl</i> )	PB	ST
<i>oxymorphone hcl er oral tablet extended release 12 hour 10 mg, 15 mg, 5 mg, 7.5 mg</i>	G	ST; QL (60 TABLETS per 25 days)
<i>oxymorphone hcl er oral tablet extended release 12 hour 20 mg, 30 mg, 40 mg</i>	G	ST
<i>oxymorphone hcl oral tablet 10 mg</i>	G	N8 (Subject to initial limit); QL (90 TABLETS per 25 days)
<i>oxymorphone hcl oral tablet 5 mg</i>	G	N8 (Subject to initial limit); QL (180 TABLETS per 25 days)
PERCOCET ORAL TABLET 10-325 MG ( <i>oxycodone-acetaminophen</i> )	NPB	N8 (Subject to initial limit); QL (180 TABLETS per 25 days)
PERCOCET ORAL TABLET 2.5-325 MG, 5-325 MG ( <i>oxycodone-acetaminophen</i> )	NPB	N8 (Subject to initial limit); QL (360 TABLETS per 25 days)
PERCOCET ORAL TABLET 7.5-325 MG ( <i>oxycodone-acetaminophen</i> )	NPB	N8 (Subject to initial limit); QL (240 TABLETS per 25 days)
PROLATE ORAL SOLUTION 10-300 MG/5ML ( <i>oxycodone-acetaminophen</i> )	NPB	N8 (Subject to initial limit); QL (900 ML per 25 DAYS)
PROLATE ORAL TABLET 10-300 MG, 5-300 MG, 7.5-300 MG ( <i>oxycodone-acetaminophen</i> )	NF	
QDOLO ORAL SOLUTION 5 MG/ML ( <i>tramadol hcl</i> )	NPB	N8 (Subject to initial limit); QL (1800 ML per 25 DAYS)
ROXICODONE ORAL TABLET 15 MG ( <i>oxycodone hcl</i> )	NPB	N8 (Subject to initial limit); QL (120 TABLETS per 25 days)
ROXICODONE ORAL TABLET 30 MG ( <i>oxycodone hcl</i> )	NPB	N8 (Subject to initial limit); QL (60 TABLETS per 25 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ROXYBOND ORAL TABLET ABUSE-DETERRENT 15 MG ( <i>oxycodone hcl</i> )	NPB	N8 (Subject to initial limit); QL (120 TABLETS per 25 DAYs)
ROXYBOND ORAL TABLET ABUSE-DETERRENT 30 MG ( <i>oxycodone hcl</i> )	NPB	N8 (Subject to initial limit); QL (60 TABLETS per 25 DAYs)
ROXYBOND ORAL TABLET ABUSE-DETERRENT 5 MG ( <i>oxycodone hcl</i> )	NPB	N8 (Subject to initial limit); QL (180 TABLETS per 25 DAYs)
SEGLENTIS ORAL TABLET 56-44 MG ( <i>celecoxib-tramadol hcl</i> )	NPB	N8 (Subject to initial limit); QL (120 TABLETS per 25 DAYs)
SUBSYS SUBLINGUAL LIQUID 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG ( <i>fentanyl</i> )	NPB	PA; QL (120 LIQUID per 25 days)
SUBSYS SUBLINGUAL LIQUID 1200 (600 X 2) MCG, 1600 (800 X 2) MCG ( <i>fentanyl</i> )	NPB	PA; QL (240 SPRAYS per 25 days)
<i>tramadol hcl (er biphasic) oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg</i>	NF	
<i>tramadol hcl (er biphasic) oral tablet extended release 24 hour 100 mg</i>	G	ST; QL (30 TABLETS per 25 days)
<i>tramadol hcl (er biphasic) oral tablet extended release 24 hour 200 mg, 300 mg</i>	G	ST
<i>tramadol hcl er oral tablet extended release 24 hour 100 mg</i>	G	ST; QL (30 TABLETS per 25 days)
<i>tramadol hcl er oral tablet extended release 24 hour 200 mg, 300 mg</i>	G	ST
<i>tramadol hcl oral tablet 100 mg</i>	NF	
<i>tramadol hcl oral tablet 50 mg</i>	G	N8 (Subject to initial limit); QL (180 TABLETS per 25 days)
<i>tramadol hcl solution 5 mg/ml oral</i>	G	N8 (Subject to initial limit); QL (1800 ML per 25 Days)
<i>tramadol hcl solution 5 mg/ml oral</i>	NPB	N8 (Subject to initial limit); QL (1800 ML per 25 Days)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	G	N8 (Subject to initial limit); QL (40 TABLETS per 25 days)
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 13.5 MG, 18 MG, 27 MG, 9 MG ( <i>oxycodone</i> )	PB	ST; QL (60 CAPSULES per 25 days)

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

05/01/2023



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 36 MG ( <i>oxycodone</i> )	PB	ST
<b>OPIOID PARTIAL AGONISTS</b>		
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 75 MCG ( <i>buprenorphine hcl</i> )	PB	ST; QL (60 FILMS per 25 DAYs)
BELBUCA BUCCAL FILM 600 MCG, 750 MCG, 900 MCG ( <i>buprenorphine hcl</i> )	PB	ST
<i>buprenorphine transdermal patch weekly 10 mcg/hr, 5 mcg/hr, 7.5 mcg/hr</i>	G	ST; QL (4 PATCHES per 25 DAYs)
<i>buprenorphine transdermal patch weekly 15 mcg/hr, 20 mcg/hr</i>	G	ST
BUTRANS TRANSDERMAL PATCH WEEKLY 10 MCG/HR, 5 MCG/HR, 7.5 MCG/HR ( <i>buprenorphine</i> )	NPB	ST; QL (4 PATCH WEEKLY per 25 days)
BUTRANS TRANSDERMAL PATCH WEEKLY 15 MCG/HR, 20 MCG/HR ( <i>buprenorphine</i> )	NPB	ST
<i>pentazocine-naloxone hcl oral tablet 50-0.5 mg</i>	G	STX; N8 (Subject to initial limit.); QL (120 TABLETS per 25 days)
SUBLOCADE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.5ML, 300 MG/1.5ML ( <i>buprenorphine</i> )	PSP	
<b>SALICYLATES</b>		
<i>aspirin childrens oral tablet chewable 81 mg</i>	CE	N7 (Not Covered); QL (100 TABLETS per 30 DAYs); AL (Min 12 Years and Max 59 Years)
<i>aspirin ec oral tablet delayed release 81 mg</i>	CE	N7 (Not Covered); QL (100 TABLETS per 30 DAYs); AL (Min 12 Years and Max 59 Years)
<i>diflunisal oral tablet 500 mg</i>	G	
<b>VISCOSUPPLEMENTS</b>		
DUROLANE INTRA-ARTICULAR PREFILLED SYRINGE 60 MG/3ML ( <i>sodium hyaluronate (viscosup)</i> )	PSP	PA
EUFLEXXA INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML ( <i>sodium hyaluronate (viscosup)</i> )	PSP	PA
GEL-ONE INTRA-ARTICULAR PREFILLED SYRINGE 30 MG/3ML ( <i>cross-linked hyaluronate</i> )	NF	

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna  
The formulary is updated the first week of each month.  
05/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GELSYN-3 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 16.8 MG/2ML ( <i>sodium hyaluronate (viscosup)</i> )	PSP	PA
GENVISC 850 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML ( <i>sodium hyaluronate (viscosup)</i> )	NF	
HYALGAN INTRA-ARTICULAR SOLUTION 20 MG/2ML ( <i>sodium hyaluronate (viscosup)</i> )	NF	
HYALGAN INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML ( <i>sodium hyaluronate (viscosup)</i> )	NF	
HYMOVIS INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 24 MG/3ML ( <i>hyaluronan</i> )	NF	
MONOVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 88 MG/4ML ( <i>hyaluronan</i> )	NF	
ORTHOVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 30 MG/2ML ( <i>hyaluronan</i> )	NF	
SUPARTZ FX INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML ( <i>sodium hyaluronate (viscosup)</i> )	PSP	PA
SYNOJOYNT INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML ( <i>sodium hyaluronate (viscosup)</i> )	NF	
SYNVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 16 MG/2ML ( <i>hylan</i> )	NF	
SYNVISC ONE INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 48 MG/6ML ( <i>hylan</i> )	NF	
TRILURON INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML ( <i>sodium hyaluronate (viscosup)</i> )	NF	
TRIVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML ( <i>sodium hyaluronate (viscosup)</i> )	NF	
VISCO-3 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML ( <i>sodium hyaluronate (viscosup)</i> )	NF	
<b>ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS</b>		
<b>ANTHELMINTICS - DRUGS FOR WORM INFECTION</b>		
<i>albendazole oral tablet 200 mg</i>	G	QL (336 TABLETS per 365 DAYS)

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

05/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BILTRICIDE ORAL TABLET 600 MG ( <i>praziquantel</i> )	NPB	QL (24 TABLETS per 365 DAYS)
EMVERM ORAL TABLET CHEWABLE 100 MG ( <i>mebendazole</i> )	PB	QL (12 TABLETS per 365 DAYS)
<i>ivermectin oral tablet 3 mg</i>	G	
<i>praziquantel oral tablet 600 mg</i>	G	QL (24 TABLETS per 365 DAYS)
<b>ANTI-BACTERIALS - MISCELLANEOUS</b>		
ARIKAYCE INHALATION SUSPENSION 590 MG/8.4ML ( <i>amikacin sulfate liposome</i> )	NPSP	PA
<i>neomycin sulfate oral tablet 500 mg</i>	G	
<i>paromomycin sulfate oral capsule 250 mg</i>	G	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	G	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	G	
<i>tinidazole oral tablet 250 mg, 500 mg</i>	G	
<b>ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS</b>		
<i>fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml</i>	G	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	G	
<i>flucytosine oral capsule 500 mg</i>	NF	
<i>griseofulvin microsize oral suspension 125 mg/5ml</i>	G	
<i>griseofulvin microsize oral tablet 500 mg</i>	G	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	G	
<i>itraconazole oral capsule 100 mg</i>	G	
<i>itraconazole oral solution 10 mg/ml</i>	G	
<i>ketoconazole oral tablet 200 mg</i>	G	STX
<i>nystatin oral tablet 500000 unit</i>	G	
<i>posaconazole oral tablet delayed release 100 mg</i>	NF	
<i>terbinafine hcl oral tablet 250 mg</i>	G	
VFEND ORAL SUSPENSION RECONSTITUTED 40 MG/ML ( <i>voriconazole</i> )	PB	
VFEND ORAL TABLET 200 MG, 50 MG ( <i>voriconazole</i> )	PB	
<i>voriconazole oral suspension reconstituted 40 mg/ml</i>	G	
<i>voriconazole oral tablet 200 mg, 50 mg</i>	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>ANTIMALARIALS - DRUGS TO TREAT MALARIA</b>		
<i>atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg</i>	G	
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	G	
MALARONE ORAL TABLET 250-100 MG, 62.5-25 MG ( <i>atovaquone-proguanil hcl</i> )	PB	
<i>mefloquine hcl oral tablet 250 mg</i>	G	
<i>primaquine phosphate oral tablet 26.3 (15 base) mg</i>	G	
<i>quinine sulfate oral capsule 324 mg</i>	G	
<b>ANTIRETROVIRAL AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION</b>		
<i>abacavir sulfate oral solution 20 mg/ml</i>	G	QL (900 ML per 30 DAYs)
<i>abacavir sulfate oral tablet 300 mg</i>	G	QL (60 TABLETS per 30 DAYs)
APTIVUS ORAL CAPSULE 250 MG ( <i>tipranavir</i> )	NF	
<i>atazanavir sulfate oral capsule 150 mg, 300 mg</i>	G	QL (30 CAPSULES per 30 DAYs)
<i>atazanavir sulfate oral capsule 200 mg</i>	G	QL (60 CAPSULES per 30 DAYs)
EDURANT ORAL TABLET 25 MG ( <i>rilpivirine hcl</i> )	PB	QL (60 TABLETS per 30 DAYs)
<i>efavirenz oral capsule 200 mg, 50 mg</i>	G	QL (90 CAPSULES per 30 DAYs)
<i>efavirenz oral tablet 600 mg</i>	G	QL (30 TABLETS per 30 days)
<i>emtricitabine oral capsule 200 mg</i>	G	QL (30 TABLETS per 30 DAYs)
EMTRIVA ORAL CAPSULE 200 MG ( <i>emtricitabine</i> )	PB	QL (30 CAPSULES per 30 DAYs)
EMTRIVA ORAL SOLUTION 10 MG/ML ( <i>emtricitabine</i> )	PB	QL (680 ML per 28 DAYs)
EPIVIR ORAL SOLUTION 10 MG/ML ( <i>lamivudine</i> )	NPB	QL (900 mls per 30 days)
EPIVIR ORAL TABLET 150 MG ( <i>lamivudine</i> )	NPB	QL (60 tablets per 30 days)
EPIVIR ORAL TABLET 300 MG ( <i>lamivudine</i> )	NPB	QL (30 tablets per 30 days)
<i>etravirine oral tablet 100 mg</i>	G	QL (120 TABLETS per 30 DAYs)
<i>etravirine oral tablet 200 mg</i>	G	QL (60 TABLETS per 30 DAYs)

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

05/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>fosamprenavir calcium oral tablet 700 mg</i>	G	QL (120 TABLETS per 30 DAYs)
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG ( <i>enfuvirtide</i> )	PSP	PA; QL (60 SOLUTION RECONSTITUTED per 30 days)
INTELENCE ORAL TABLET 100 MG, 25 MG ( <i>etravirine</i> )	PB	QL (120 TABLETS per 30 DAYs)
INTELENCE ORAL TABLET 200 MG ( <i>etravirine</i> )	PB	QL (60 TABLETS per 30 DAYs)
ISENTRESS HD ORAL TABLET 600 MG ( <i>raltegravir potassium</i> )	PB	QL (60 TABLETS per 30 DAYs)
ISENTRESS ORAL PACKET 100 MG ( <i>raltegravir potassium</i> )	PB	QL (60 PACKETS per 30 days)
ISENTRESS ORAL TABLET 400 MG ( <i>raltegravir potassium</i> )	PB	QL (120 TABLETS per 30 DAYs)
ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG ( <i>raltegravir potassium</i> )	PB	QL (180 TABLETS per 30 DAYs)
<i>lamivudine oral solution 10 mg/ml</i>	G	QL (900 ML per 30 DAYs)
<i>lamivudine oral tablet 150 mg</i>	G	QL (60 TABLETS per 30 DAYs)
<i>lamivudine oral tablet 300 mg</i>	G	QL (30 TABLETS per 30 DAYs)
LEXIVA ORAL SUSPENSION 50 MG/ML ( <i>fosamprenavir calcium</i> )	NF	
LEXIVA ORAL TABLET 700 MG ( <i>fosamprenavir calcium</i> )	NF	
<i>maraviroc oral tablet 150 mg</i>	G	QL (60 TABLETS per 30 DAYs)
<i>maraviroc oral tablet 300 mg</i>	G	QL (120 TABLETS per 30 DAYs)
<i>nevirapine er oral tablet extended release 24 hour 100 mg</i>	G	QL (90 TABLETS per 30 days)
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	G	QL (30 TABLETS per 30 DAYs)
<i>nevirapine oral suspension 50 mg/5ml</i>	G	QL (1200 ML per 30 days)
<i>nevirapine oral tablet 200 mg</i>	G	QL (60 TABLETS per 30 DAYs)
NORVIR ORAL PACKET 100 MG ( <i>ritonavir</i> )	PB	QL (360 PACKETS per 30 DAYs)

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna  
The formulary is updated the first week of each month.  
05/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NORVIR ORAL TABLET 100 MG ( <i>ritonavir</i> )	PB	QL (360 TABLETS per 30 DAYS)
PIFELTRO ORAL TABLET 100 MG ( <i>doravirine</i> )	NF	
PREZISTA ORAL SUSPENSION 100 MG/ML ( <i>darunavir</i> )	PB	QL (400 ML per 30 DAYS)
PREZISTA ORAL TABLET 150 MG ( <i>darunavir</i> )	PB	QL (180 TABLETS per 30 DAYS)
PREZISTA ORAL TABLET 600 MG ( <i>darunavir</i> )	PB	QL (60 TABLETS per 30 DAYS)
PREZISTA ORAL TABLET 75 MG ( <i>darunavir</i> )	PB	QL (300 TABLETS per 30 DAYS)
PREZISTA ORAL TABLET 800 MG ( <i>darunavir</i> )	PB	QL (30 TABLETS per 30 DAYS)
RETROVIR ORAL CAPSULE 100 MG ( <i>zidovudine</i> )	NPB	QL (180 CAPSULES per 30 DAYS)
RETROVIR ORAL SYRUP 50 MG/5ML ( <i>zidovudine</i> )	NPB	QL (1800 ML per 30 DAYS)
REYATAZ ORAL CAPSULE 200 MG ( <i>atazanavir sulfate</i> )	NPB	QL (60 CAPSULES per 30 days)
REYATAZ ORAL CAPSULE 300 MG ( <i>atazanavir sulfate</i> )	NPB	QL (30 CAPSULES per 30 days)
REYATAZ ORAL PACKET 50 MG ( <i>atazanavir sulfate</i> )	NPB	QL (180 PACKET per 30 days)
<i>ritonavir oral tablet 100 mg</i>	G	QL (360 TABLETS per 30 DAYS)
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG ( <i>fostemsavir tromethamine</i> )	NPB	QL (60 TABLETS per 30 days)
SELZENTRY ORAL SOLUTION 20 MG/ML ( <i>maraviroc</i> )	NF	
SELZENTRY ORAL TABLET 150 MG, 25 MG, 300 MG, 75 MG ( <i>maraviroc</i> )	NF	
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>	G	QL (60 CAPSULES per 30 DAYS)
SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG, 5 X 300 MG ( <i>lenacapavir sodium</i> )	NF	
SUNLENCA SUBCUTANEOUS SOLUTION 463.5 MG/1.5ML ( <i>lenacapavir sodium</i> )	NF	
SUSTIVA ORAL CAPSULE 200 MG, 50 MG ( <i>efavirenz</i> )	NPB	QL (90 CAPSULES per 30 DAYS)
SUSTIVA ORAL TABLET 600 MG ( <i>efavirenz</i> )	NPB	QL (30 TABLETS per 30 DAYS)

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

05/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	G	QL (30 TABLETS per 30 DAYS)
TIVICAY ORAL TABLET 10 MG ( <i>dolutegravir sodium</i> )	PB	QL (240 TABLETS per 30 days)
TIVICAY ORAL TABLET 25 MG, 50 MG ( <i>dolutegravir sodium</i> )	PB	QL (60 TABLETS per 30 DAYS)
TIVICAY PD ORAL TABLET SOLUBLE 5 MG ( <i>dolutegravir sodium</i> )	PB	QL (360 TABLETS per 30 days)
TYBOST ORAL TABLET 150 MG ( <i>cobicistat</i> )	NPB	QL (30 TABLETS per 30 DAYS)
VIRACEPT ORAL TABLET 250 MG, 625 MG ( <i>nelfinavir mesylate</i> )	NF	
VIREAD ORAL POWDER 40 MG/GM ( <i>tenofovir disoproxil fumarate</i> )	NPB	QL (240 GM per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG, 300 MG ( <i>tenofovir disoproxil fumarate</i> )	NPB	QL (30 TABLETS per 30 days)
ZIAGEN ORAL SOLUTION 20 MG/ML ( <i>abacavir sulfate</i> )	NPB	QL (900 mls per 30 days)
ZIAGEN ORAL TABLET 300 MG ( <i>abacavir sulfate</i> )	NPB	QL (60 tablets per 30 days)
<i>zidovudine oral capsule 100 mg</i>	G	QL (180 CAPSULES per 30 days)
<i>zidovudine oral syrup 50 mg/5ml</i>	G	QL (1800 ML per 30 DAYS)
<i>zidovudine oral tablet 300 mg</i>	G	QL (60 TABLETS per 30 days)
<b>ANTIRETROVIRAL COMBINATION AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION</b>		
<i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i>	G	QL (30 TABLETS per 30 days)
BIKTARVY ORAL TABLET 30-120-15 MG ( <i>bictegravir-emtricitab-tenofov</i> )	PB	QL (30 TABLETS per 30 days)
BIKTARVY ORAL TABLET 50-200-25 MG ( <i>bictegravir-emtricitab-tenofov</i> )	PB	QL (30 TABLETS per 30 DAYS)
CIMDUO ORAL TABLET 300-300 MG ( <i>lamivudine-tenofovir</i> )	PB	QL (30 TABLETS per 30 DAYS)
COMBIVIR ORAL TABLET 150-300 MG ( <i>lamivudine-zidovudine</i> )	NPB	QL (60 tablets per 30 days)
COMPLERA ORAL TABLET 200-25-300 MG ( <i>emtricitab-rilpivir-tenofovir</i> )	NF	

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna  
The formulary is updated the first week of each month.  
05/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DELSTRIGO ORAL TABLET 100-300-300 MG ( <i>doravirin-lamivudin-tenofov df</i> )	NF	
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG ( <i>emtricitabine-tenofov af</i> )	PB	QL (30 TABLETS per 30 DAYs)
DOVATO ORAL TABLET 50-300 MG ( <i>dolutegravir-lamivudine</i> )	PB	QL (30 TABLETS per 30 days)
<i>efavirenz-emtricitab-tenofo df oral tablet 600-200-300 mg</i>	G	QL (30 TABLETS per 30 Days)
<i>efavirenz-lamivudine-tenofov oral tablet 400-300-300 mg, 600-300-300 mg</i>	G	QL (30 TABLETS per 30 DAYs)
<i>emtricitabine-tenofov df oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	G	QL (30 TABLETS per 30 DAYs)
<i>emtricitabine-tenofov df oral tablet 200-300 mg</i>	CE	N7 (G); N8 (\$0 copay applies for pre-exposure prophylaxis only); QL (30 TABLETS per 30 days)
EPZICOM ORAL TABLET 600-300 MG ( <i>abacavir sulfate-lamivudine</i> )	NPB	QL (30 TABLETS per 30 DAYs)
EVOTAZ ORAL TABLET 300-150 MG ( <i>atazanavir-cobicistat</i> )	PB	QL (30 TABLETS per 30 DAYs)
GENVOYA ORAL TABLET 150-150-200-10 MG ( <i>elviteg-cobic-emtricit-tenofaf</i> )	PB	QL (30 TABLETS per 30 DAYs)
JULUCA ORAL TABLET 50-25 MG ( <i>dolutegravir-rilpivirine</i> )	NPB	QL (30 TABLETS per 30 DAYs)
KALETRA ORAL SOLUTION 400-100 MG/5ML ( <i>lopinavir-ritonavir</i> )	NPB	QL (480 ML per 30 days)
KALETRA ORAL TABLET 100-25 MG ( <i>lopinavir-ritonavir</i> )	NPB	QL (240 TABLETS per 30 days)
KALETRA ORAL TABLET 200-50 MG ( <i>lopinavir-ritonavir</i> )	NPB	QL (120 TABLETS per 30 days)
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	G	QL (60 TABLETS per 30 DAYs)
<i>lopinavir-ritonavir oral solution 400-100 mg/5ml</i>	G	QL (480 ML per 30 days)
<i>lopinavir-ritonavir oral tablet 100-25 mg</i>	G	QL (240 TABLETS per 30 DAYs)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i>	G	QL (120 TABLETS per 30 DAYs)
ODEFSEY ORAL TABLET 200-25-25 MG ( <i>emtricitab-rilpivir-tenofov af</i> )	PB	QL (30 TABLETS per 30 DAYs)

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

05/01/2023



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PREZCOBIX ORAL TABLET 800-150 MG ( <i>darunavir-cobicistat</i> )	PB	QL (30 TABLETS per 30 DAYS)
STRIBILD ORAL TABLET 150-150-200-300 MG ( <i>elvitegravir-cobicistat-tenofovir</i> )	NF	
SYMFI LO ORAL TABLET 400-300-300 MG ( <i>efavirenz-lamivudine-tenofovir</i> )	NPB	QL (30 TABLETS per 30 days)
SYMFI ORAL TABLET 600-300-300 MG ( <i>efavirenz-lamivudine-tenofovir</i> )	NPB	QL (30 TABLETS per 30 days)
SYMTUZA ORAL TABLET 800-150-200-10 MG ( <i>darunavir-cobicistat-tenofovir</i> )	PB	QL (30 TABLETS per 30 days)
TRIUMEQ ORAL TABLET 600-50-300 MG ( <i>abacavir-dolutegravir-lamivudine</i> )	PB	QL (30 TABLETS per 30 DAYS)
TRIUMEQ PD ORAL TABLET SOLUBLE 60-5-30 MG ( <i>abacavir-dolutegravir-lamivudine</i> )	PB	QL (180 TABLETS per 30 days)
TRIZIVIR ORAL TABLET 300-150-300 MG ( <i>abacavir-lamivudine-zidovudine</i> )	NPB	QL (60 TABLETS per 30 DAYS)
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG ( <i>emtricitabine-tenofovir df</i> )	NF	
<b>ANTITUBERCULAR AGENTS - DRUGS TO TREAT TUBERCULOSIS</b>		
<i>cycloserine oral capsule 250 mg</i>	G	
<i>ethambutol hcl oral tablet 100 mg, 400 mg</i>	G	
<i>isoniazid oral syrup 50 mg/5ml</i>	G	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	G	
MYAMBUTOL ORAL TABLET 400 MG ( <i>ethambutol hcl</i> )	PB	
<i>pyrazinamide oral tablet 500 mg</i>	G	
<i>rifabutin oral capsule 150 mg</i>	G	
<i>rifampin oral capsule 150 mg, 300 mg</i>	G	
SIRTURO ORAL TABLET 100 MG, 20 MG ( <i>bedaquiline fumarate</i> )	NPSP	PA
<b>ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS</b>		
<i>acyclovir oral capsule 200 mg</i>	G	
<i>acyclovir oral suspension 200 mg/5ml</i>	G	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	G	
<i>adefovir dipivoxil oral tablet 10 mg</i>	G	
BARACLUDE ORAL SOLUTION 0.05 MG/ML ( <i>entecavir</i> )	PSP	PA; QL (630 ML per 30 days)

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

05/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BARACLUDE ORAL TABLET 0.5 MG, 1 MG ( <i>entecavir</i> )	NF	
<i>cidofovir intravenous solution 75 mg/ml</i>	G	
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	G	QL (30 TABLETS per 30 days)
EPIVIR HBV ORAL SOLUTION 5 MG/ML ( <i>lamivudine</i> )	NF	
EPIVIR HBV ORAL TABLET 100 MG ( <i>lamivudine</i> )	NF	
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	G	
<i>ganciclovir sodium intravenous solution reconstituted 500 mg</i>	G	
<i>lamivudine oral tablet 100 mg</i>	G	
LIVTENCITY ORAL TABLET 200 MG ( <i>maribavir</i> )	NPSP	PA; QL (120 TABLETS per 30 days)
<i>oseltamivir phosphate oral capsule 30 mg, 45 mg, 75 mg</i>	G	
<i>oseltamivir phosphate oral suspension reconstituted 6 mg/ml</i>	G	
PREVYMIS ORAL TABLET 240 MG, 480 MG ( <i>letermovir</i> )	NPB	QL (1 TABLET per 1 DAY)
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT ( <i>zanamivir</i> )	PB	
<i>rimantadine hcl oral tablet 100 mg</i>	G	
<i>valacyclovir hcl oral tablet 1 gm, 500 mg</i>	G	
VALCYTE ORAL SOLUTION RECONSTITUTED 50 MG/ML ( <i>valganciclovir hcl</i> )	NPB	PA; QL (1000 ML per 30 days)
VALCYTE ORAL TABLET 450 MG ( <i>valganciclovir hcl</i> )	NPB	PA; QL (120 TABLETS per 30 days)
<i>valganciclovir hcl oral solution reconstituted 50 mg/ml</i>	G	PA; QL (1000 ML per 30 days)
<i>valganciclovir hcl oral tablet 450 mg</i>	G	PA; QL (120 TABLETS per 30 days)
VEMLIDY ORAL TABLET 25 MG ( <i>tenofovir alafenamide fumarate</i> )	PSP	PA; QL (30 TABLETS per 30 days)
<b>CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS</b>		
<i>cefaclor oral capsule 250 mg, 500 mg</i>	G	
<i>cefaclor oral suspension reconstituted 125 mg/5ml, 250 mg/5ml, 375 mg/5ml</i>	G	
<i>cefadroxil oral capsule 500 mg</i>	G	
<i>cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml</i>	G	
<i>cefadroxil oral tablet 1 gm</i>	G	

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

05/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>cefdinir oral capsule 300 mg</i>	G	
<i>cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	G	
<i>cefixime oral capsule 400 mg</i>	G	
<i>cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	G	
<i>cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml</i>	G	
<i>cefpodoxime proxetil oral tablet 100 mg, 200 mg</i>	G	
<i>cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	G	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	G	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	G	
<i>cephalexin oral capsule 250 mg, 500 mg, 750 mg</i>	G	
<i>cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	G	
<i>cephalexin oral tablet 250 mg, 500 mg</i>	G	
SUPRAX ORAL CAPSULE 400 MG ( <i>cefixime</i> )	PB	
SUPRAX ORAL SUSPENSION RECONSTITUTED 200 MG/5ML, 500 MG/5ML ( <i>cefixime</i> )	PB	
SUPRAX ORAL TABLET CHEWABLE 100 MG, 200 MG ( <i>cefixime</i> )	PB	
<b>ERYTHROMYCINS/MACROLIDES - DRUGS TO TREAT INFECTIONS</b>		
<i>azithromycin oral packet 1 gm</i>	G	
<i>azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	G	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	G	
<i>clarithromycin er oral tablet extended release 24 hour 500 mg</i>	G	
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	G	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	G	
DIFICID ORAL SUSPENSION RECONSTITUTED 40 MG/ML ( <i>fidaxomicin</i> )	PB	
DIFICID ORAL TABLET 200 MG ( <i>fidaxomicin</i> )	PB	
E.E.S. GRANULES ORAL SUSPENSION RECONSTITUTED 200 MG/5ML ( <i>erythromycin ethylsuccinate</i> )	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ERYPED 200 ORAL SUSPENSION RECONSTITUTED 200 MG/5ML ( <i>erythromycin ethylsuccinate</i> )	NF	
ERYPED 400 ORAL SUSPENSION RECONSTITUTED 400 MG/5ML ( <i>erythromycin ethylsuccinate</i> )	NF	
<i>erythromycin base</i> (Ery-Tab Oral Tablet Delayed Release 250 Mg, 333 Mg, 500 Mg)	G	
ERYTHROCIN STEARATE ORAL TABLET 250 MG ( <i>erythromycin stearate</i> )	G	
<i>erythromycin base oral capsule delayed release particles 250 mg</i>	G	
<i>erythromycin base oral tablet 250 mg, 500 mg</i>	G	
<i>erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml, 400 mg/5ml</i>	G	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	G	
<b>FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS</b>		
<i>ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg</i>	G	
<i>levofloxacin oral solution 25 mg/ml</i>	G	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	G	
<i>moxifloxacin hcl oral tablet 400 mg</i>	G	
<b>HEPATITIS C</b>		
EPCLUSA ORAL PACKET 150-37.5 MG, 200-50 MG ( <i>sofosbuvir-velpatasvir</i> )	PSP	PA; IBC (Preferred for all genotypes); QL (28 PELLETS per 28 DAYs)
EPCLUSA ORAL TABLET 200-50 MG ( <i>sofosbuvir-velpatasvir</i> )	PSP	PA; IBC (Preferred for all genotypes); QL (28 TABLETS per 28 DAYs)
EPCLUSA ORAL TABLET 400-100 MG ( <i>sofosbuvir-velpatasvir</i> )	PSP	PA; IBC (Preferred for all genotypes); QL (28 TABLETS per 28 days)
HARVONI ORAL PACKET 33.75-150 MG, 45-200 MG ( <i>ledipasvir-sofosbuvir</i> )	PSP	PA; QL (28 PACKET per 28 DAYs)
HARVONI ORAL TABLET 45-200 MG, 90-400 MG ( <i>ledipasvir-sofosbuvir</i> )	PSP	PA; IBC (Preferred for genotypes 1,4,5,6); QL (28 TABLETS per 28 days)
<i>ledipasvir-sofosbuvir oral tablet 90-400 mg</i>	NF	
MAVYRET ORAL PACKET 50-20 MG ( <i>glecaprevir-pibrentasvir</i> )	NF	

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

05/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MAVYRET ORAL TABLET 100-40 MG ( <i>glecaprevir-pibrentasvir</i> )	NF	
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML ( <i>peginterferon alfa-2a</i> )	NF	
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML ( <i>peginterferon alfa-2a</i> )	NF	
<i>ribavirin oral capsule 200 mg</i>	G	PA
<i>ribavirin oral tablet 200 mg</i>	G	PA
<i>sofosbuvir-velpatasvir oral tablet 400-100 mg</i>	NF	
SOVALDI ORAL PACKET 150 MG, 200 MG ( <i>sofosbuvir</i> )	NPSP	PA; ST; QL (28 PELLETS per 28 days)
SOVALDI ORAL TABLET 200 MG, 400 MG ( <i>sofosbuvir</i> )	NPSP	PA; ST; QL (28 TABLETS per 28 days)
VIEKIRA PAK ORAL TABLET THERAPY PACK 12.5-75-50 & 250 MG ( <i>ombitas-paritapre-ritona-dasab</i> )	NF	
VOSEVI ORAL TABLET 400-100-100 MG ( <i>sofosbuvir-velpatasvir-voxilaprevir</i> )	PSP	PA; IBC (Preferred for all genotypes); QL (28 TABLETS per 28 days)
ZEPATIER ORAL TABLET 50-100 MG ( <i>elbasvir-grazoprevir</i> )	NF	
<b>MISCELLANEOUS</b>		
ALINIA ORAL SUSPENSION RECONSTITUTED 100 MG/5ML ( <i>nitazoxanide</i> )	NPB	QL (540 ML per 25 DAYS); AL (Min 1 Years)
ALINIA ORAL TABLET 500 MG ( <i>nitazoxanide</i> )	NPB	QL (20 TABLETS per 25 DAYS); AL (Min 12 Years)
<i>atovaquone oral suspension 750 mg/5ml</i>	G	
CLEOCIN ORAL CAPSULE 150 MG, 300 MG, 75 MG ( <i>clindamycin hcl</i> )	PB	
CLEOCIN ORAL SOLUTION RECONSTITUTED 75 MG/5ML ( <i>clindamycin palmitate hcl</i> )	PB	
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	G	
<i>clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml</i>	G	
<i>colistimethate sodium (cba) injection solution reconstituted 150 mg</i>	G	
<i>dapsone oral tablet 100 mg, 25 mg</i>	G	
FIRVANQ ORAL SOLUTION RECONSTITUTED 25 MG/ML, 50 MG/ML ( <i>vancomycin hcl</i> )	NPB	QL (450 ML per 10 DAYS)

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna  
The formulary is updated the first week of each month.  
05/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>linezolid oral suspension reconstituted 100 mg/5ml</i>	G	
<i>linezolid oral tablet 600 mg</i>	G	
MACROBID ORAL CAPSULE 100 MG ( <i>nitrofurantoin monohyd macro</i> )	PB	
MACRODANTIN ORAL CAPSULE 100 MG, 25 MG, 50 MG ( <i>nitrofurantoin macrocrystal</i> )	NF	
<i>methenamine hippurate oral tablet 1 gm</i>	G	
<i>methenamine mandelate oral tablet 0.5 gm, 1 gm</i>	G	
<i>metronidazole oral capsule 375 mg</i>	G	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	G	
<i>nitazoxanide oral tablet 500 mg</i>	G	QL (20 TABLETS per 25 DAYs); AL (Min 12 Years)
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>	G	
<i>nitrofurantoin monohyd macro oral capsule 100 mg</i>	G	
<i>nitrofurantoin oral suspension 25 mg/5ml</i>	G	N8 (Listing does not include certain NDCs)
<i>pentamidine isethionate inhalation solution reconstituted 300 mg</i>	G	
<i>pyrimethamine oral tablet 25 mg</i>	G	
VANCOCIN ORAL CAPSULE 125 MG ( <i>vancomycin hcl</i> )	PB	QL (80 CAPSULES per 10 Days)
VANCOCIN ORAL CAPSULE 250 MG ( <i>vancomycin hcl</i> )	PB	QL (80 capsules per 10 days)
<i>vancomycin hcl oral capsule 125 mg, 250 mg</i>	G	QL (80 CAPSULES per 10 DAYs)
<i>vancomycin hcl oral solution reconstituted 250 mg/5ml</i>	NPB	QL (450 ML per 10 DAYs)
XIFAXAN ORAL TABLET 550 MG ( <i>rifaximin</i> )	PB	
<b>PENICILLINS - DRUGS TO TREAT INFECTIONS</b>		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	G	
<i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>	G	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	G	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	G	
<i>amoxicillin-pot clavulanate er oral tablet extended release 12 hour 1000-62.5 mg</i>	G	
<i>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml</i>	G	

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

05/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	G	
<i>amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg</i>	G	
<i>ampicillin oral capsule 500 mg</i>	G	
<i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i>	G	
<i>penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml</i>	G	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	G	
<b>TETRACYCLINES - DRUGS TO TREAT INFECTIONS</b>		
<i>demeclocycline hcl oral tablet 150 mg, 300 mg</i>	G	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	G	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	G	
<i>doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg</i>	NF	
<i>doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg, 80 mg</i>	NF	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	G	
<i>doxycycline monohydrate oral capsule 150 mg, 75 mg</i>	NF	
<i>doxycycline monohydrate oral suspension reconstituted 25 mg/5ml</i>	G	
<i>doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	G	
<i>minocycline hcl er oral capsule extended release 24 hour 135 mg, 45 mg, 90 mg</i>	NF	
<i>minocycline hcl er oral tablet extended release 24 hour 105 mg, 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg</i>	NF	
<i>minocycline hcl oral capsule 100 mg, 50 mg, 75 mg</i>	G	
<i>minocycline hcl oral tablet 100 mg, 50 mg, 75 mg</i>	G	
<b>NUZYRA ORAL TABLET 150 MG (omadacycline tosylate)</b>	<b>NPSP</b>	
<i>doxycycline hyclate (Targadox Oral Tablet 50 Mg)</i>	NF	
<i>tetracycline hcl oral capsule 250 mg, 500 mg</i>	G	
<b>VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED 25 MG/5ML (doxycycline monohydrate)</b>	<b>PB</b>	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>ANTINEOPLASTIC AGENTS - DRUGS TO TREAT CANCER</b>		
<b>ALKYLATING AGENTS</b>		
ALKERAN ORAL TABLET 2 MG ( <i>melphalan</i> )	CE	N7 (PB)
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	CE	N7 (G)
EMCYT ORAL CAPSULE 140 MG ( <i>estramustine phosphate sodium</i> )	CE	N7 (PB)
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG ( <i>lomustine</i> )	CE	N7 (NPSP)
LEUKERAN ORAL TABLET 2 MG ( <i>chlorambucil</i> )	CE	N7 (PB)
MATULANE ORAL CAPSULE 50 MG ( <i>procarbazine hcl</i> )	CE	N7 (PSP)
<i>melphalan oral tablet 2 mg</i>	CE	N7 (G)
MYLERAN ORAL TABLET 2 MG ( <i>busulfan</i> )	CE	N7 (PB)
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>	CE	PA; N7 (G)
<b>ANTIMETABOLITES</b>		
<i>capecitabine oral tablet 150 mg, 500 mg</i>	CE	PA; N7 (G)
INQOVI ORAL TABLET 35-100 MG ( <i>decitabine-cedazuridine</i> )	CE	PA; N7 (NPSP); QL (5 TABLETS per 28 days)
LONSURF ORAL TABLET 15-6.14 MG ( <i>trifluridine-tipiracil</i> )	CE	PA; N7 (PSP); QL (100 TABLETS per 30 days)
LONSURF ORAL TABLET 20-8.19 MG ( <i>trifluridine-tipiracil</i> )	CE	PA; N7 (PSP); QL (80 TABLETS per 30 days)
<i>mercaptopurine oral tablet 50 mg</i>	CE	N7 (G)
<i>methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml</i>	G	
<i>methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml</i>	G	
<i>methotrexate sodium injection solution reconstituted 1 gm</i>	G	
ONUREG ORAL TABLET 200 MG, 300 MG ( <i>azacitidine</i> )	CE	PA; N7 (NPSP); QL (14 TABLETS per 28 days)
PURIXAN ORAL SUSPENSION 2000 MG/100ML ( <i>mercaptopurine</i> )	CE	PA; N7 (NPSP)
TABLOID ORAL TABLET 40 MG ( <i>thioguanine</i> )	CE	N7 (PB)
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG ( <i>methotrexate sodium</i> )	CE	N7 (PB)
XATMEP ORAL SOLUTION 2.5 MG/ML ( <i>methotrexate</i> )	CE	N7 (NPSP)

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

05/01/2023



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XELODA ORAL TABLET 150 MG, 500 MG ( <i>capecitabine</i> )	CE	PA; ST; N7 (NPSP)
<b>ANTINEOPLASTIC, BCL-2 INHIBITORS</b>		
VENCLEXTA ORAL TABLET 10 MG, 50 MG ( <i>venetoclax</i> )	CE	PA; N7 (NPSP); QL (120 TABLETS per 30 days)
VENCLEXTA ORAL TABLET 100 MG ( <i>venetoclax</i> )	CE	PA; N7 (NPSP); QL (180 TABLETS per 30 days)
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG ( <i>venetoclax</i> )	CE	PA; N7 (NPSP); QL (1 TABLET THERAPY PACK per 28 days)
<b>BIOLOGIC RESPONSE MODIFIERS</b>		
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML ( <i>ropeginterferon alfa-2b-njft</i> )	NPSP	PA; QL (2 SYRINGES per 28 days)
DAURISMO ORAL TABLET 100 MG, 25 MG ( <i>glasdegib maleate</i> )	CE	N7 (NF)
ERIVEDGE ORAL CAPSULE 150 MG ( <i>vismodegib</i> )	CE	PA; N7 (PSP); QL (30 CAPSULES per 30 days)
<i>lenalidomide oral capsule 10 mg, 15 mg, 5 mg</i>	CE	PA; N7 (PSP); QL (28 CAPSULES per 28 DAYs)
<i>lenalidomide oral capsule 25 mg</i>	CE	PA; N7 (PSP); QL (21 CAPSULES per 28 DAYs)
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG ( <i>pomalidomide</i> )	CE	PA; N7 (NPSP); QL (21 CAPSULES per 28 days)
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG ( <i>lenalidomide</i> )	CE	PA; N7 (PSP); QL (28 CAPSULES per 28 days)
REVLIMID ORAL CAPSULE 20 MG, 25 MG ( <i>lenalidomide</i> )	CE	PA; N7 (PSP); QL (21 CAPSULES per 28 days)
THALOMID ORAL CAPSULE 100 MG, 50 MG ( <i>thalidomide</i> )	PSP	PA; QL (28 CAPSULES per 28 days)
THALOMID ORAL CAPSULE 150 MG, 200 MG ( <i>thalidomide</i> )	PSP	PA; QL (56 CAPSULES per 28 days)
<b>HORMONAL ANTINEOPLASTIC AGENTS</b>		
<i>abiraterone acetate oral tablet 250 mg</i>	CE	PA; N7 (PSP); QL (120 TABLETS per 30 days)
<i>abiraterone acetate oral tablet 500 mg</i>	CE	PA; N7 (PSP); QL (60 TABLETS per 30 DAYs)
<i>anastrozole oral tablet 1 mg</i>	CE	N7 (G); AL (Min 35 Years)
ARIMIDEX ORAL TABLET 1 MG ( <i>anastrozole</i> )	CE	N7 (PB)
AROMASIN ORAL TABLET 25 MG ( <i>exemestane</i> )	CE	N7 (PB)

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

05/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>bicalutamide oral tablet 50 mg</i>	CE	N7 (G)
ELIGARD SUBCUTANEOUS KIT 22.5 MG ( <i>leuprolide acetate (3 month)</i> )	PSP	PA
ELIGARD SUBCUTANEOUS KIT 30 MG ( <i>leuprolide acetate (4 month)</i> )	PSP	PA
ELIGARD SUBCUTANEOUS KIT 45 MG ( <i>leuprolide acetate (6 month)</i> )	PSP	PA
ELIGARD SUBCUTANEOUS KIT 7.5 MG ( <i>leuprolide acetate</i> )	PSP	PA
ERLEADA ORAL TABLET 240 MG ( <i>apalutamide</i> )	CE	PA; N7 (PSP); QL (30 TABLETS per 30 DAYs)
ERLEADA ORAL TABLET 60 MG ( <i>apalutamide</i> )	CE	PA; N7 (PSP); QL (120 TABLETS per 30 days)
<i>exemestane oral tablet 25 mg</i>	CE	N7 (G); AL (Min 35 Years)
FASLODEX INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 250 MG/5ML ( <i>fulvestrant</i> )	NPSP	PA
FEMARA ORAL TABLET 2.5 MG ( <i>letrozole</i> )	CE	N7 (PB)
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG/VIAL ( <i>degarelix acetate</i> )	PSP	PA
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG ( <i>degarelix acetate</i> )	PSP	PA
<i>fulvestrant intramuscular solution prefilled syringe 250 mg/5ml</i>	PSP	PA
<i>letrozole oral tablet 2.5 mg</i>	CE	N7 (G)
<i>leuprolide acetate injection kit 1 mg/0.2ml</i>	PSP	PA
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG ( <i>leuprolide acetate</i> )	NPSP	PA
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 7.5 MG ( <i>leuprolide acetate</i> )	NF	
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG ( <i>leuprolide acetate (3 month)</i> )	NPSP	PA
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 22.5 MG ( <i>leuprolide acetate (3 month)</i> )	NF	
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30 MG ( <i>leuprolide acetate (4 month)</i> )	NF	
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45 MG ( <i>leuprolide acetate (6 month)</i> )	NF	
LYSODREN ORAL TABLET 500 MG ( <i>mitotane</i> )	CE	N7 (PSP)

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

05/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>megestrol acetate oral suspension 40 mg/ml</i>	CE	N7 (G)
<i>megestrol acetate oral tablet 20 mg, 40 mg</i>	CE	N7 (G)
NILANDRON ORAL TABLET 150 MG ( <i>nilutamide</i> )	CE	N7 (NF)
<i>nilutamide oral tablet 150 mg</i>	CE	N7 (G)
NUBEQA ORAL TABLET 300 MG ( <i>darolutamide</i> )	CE	PA; N7 (PSP); QL (120 TABLETS per 30 days)
ORGOVYX ORAL TABLET 120 MG ( <i>relugolix</i> )	CE	N7 (NF)
ORSERDU ORAL TABLET 345 MG, 86 MG ( <i>elacestrant hydrochloride</i> )	CE	N7 (NF)
<i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>	CE	N7 (G); AL (Min 35 Years)
<i>toremifene citrate oral tablet 60 mg</i>	CE	N7 (G)
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 22.5 MG, 3.75 MG ( <i>triptorelin pamoate</i> )	NF	
XTANDI ORAL CAPSULE 40 MG ( <i>enzalutamide</i> )	CE	PA; N7 (PSP); QL (120 CAPSULES per 30 days)
XTANDI ORAL TABLET 40 MG ( <i>enzalutamide</i> )	CE	PA; N7 (PSP); QL (120 TABLETS per 30 DAYs)
XTANDI ORAL TABLET 80 MG ( <i>enzalutamide</i> )	CE	PA; N7 (PSP); QL (60 TABLETS per 30 DAYs)
YONSA ORAL TABLET 125 MG ( <i>abiraterone acetate micronized</i> )	CE	PA; N7 (PSP); QL (120 TABLETS per 30 days)
ZYTIGA ORAL TABLET 250 MG, 500 MG ( <i>abiraterone acetate</i> )	CE	N7 (NF)
<b>KINASE INHIBITORS</b>		
AFINITOR DISPERZ ORAL TABLET SOLUBLE 2 MG, 3 MG, 5 MG ( <i>everolimus</i> )	CE	N7 (Not Covered)
AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG ( <i>everolimus</i> )	CE	N7 (NF)
ALECENSA ORAL CAPSULE 150 MG ( <i>alectinib hcl</i> )	CE	PA; N7 (PSP); QL (240 CAPSULES per 30 days)
ALUNBRIG ORAL TABLET 180 MG, 90 MG ( <i>brigatinib</i> )	CE	PA; N7 (PSP); QL (30 TABLETS per 30 days)
ALUNBRIG ORAL TABLET 30 MG ( <i>brigatinib</i> )	CE	PA; N7 (PSP); QL (120 TABLETS per 30 days)
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG ( <i>brigatinib</i> )	CE	PA; N7 (PSP); QL (30 TABLETS per 30 days)

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna  
The formulary is updated the first week of each month.  
05/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG ( <i>avapritinib</i> )	CE	N7 (NF)
BALVERSA ORAL TABLET 3 MG ( <i>erdafitinib</i> )	CE	PA; N7 (NPSP); QL (84 TABLETS per 28 DAYs)
BALVERSA ORAL TABLET 4 MG ( <i>erdafitinib</i> )	CE	PA; N7 (NPSP); QL (56 TABLETS per 28 DAYs)
BALVERSA ORAL TABLET 5 MG ( <i>erdafitinib</i> )	CE	PA; N7 (NPSP); QL (28 TABLETS per 28 DAYs)
BOSULIF ORAL TABLET 100 MG ( <i>bosutinib</i> )	CE	PA; N7 (PSP); QL (90 TABLETS per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG ( <i>bosutinib</i> )	CE	PA; N7 (PSP); QL (30 TABLETS per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG ( <i>encorafenib</i> )	CE	PA; N7 (PSP); QL (180 CAPSULES per 30 days)
BRUKINSA ORAL CAPSULE 80 MG ( <i>zanubrutinib</i> )	CE	PA; N7 (PSP); QL (120 CAPSULES per 30 days)
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG ( <i>cabozantinib s-malate</i> )	CE	PA; N7 (PSP); QL (30 TABLETS per 30 days)
CALQUENCE ORAL TABLET 100 MG ( <i>acalabrutinib maleate</i> )	CE	PA; N7 (PSP); QL (60 TABLETS per 30 days)
CAPRELSA ORAL TABLET 100 MG ( <i>vandetanib</i> )	CE	PA; N7 (NPSP); QL (60 TABLETS per 30 days)
CAPRELSA ORAL TABLET 300 MG ( <i>vandetanib</i> )	CE	PA; N7 (NPSP); QL (30 TABLETS per 30 days)
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG ( <i>cabozantinib s-malate</i> )	CE	PA; N7 (NPSP); QL (56 CAPSULES per 28 days)
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG ( <i>cabozantinib s-malate</i> )	CE	PA; N7 (NPSP); QL (112 CAPSULES per 28 days)
COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG ( <i>cabozantinib s-malate</i> )	CE	PA; N7 (NPSP); QL (1 KIT per 28 days)
COPIKTRA ORAL CAPSULE 15 MG, 25 MG ( <i>duvelisib</i> )	CE	PA; N7 (PSP); QL (56 CAPSULES per 28 days)
COTELLIC ORAL TABLET 20 MG ( <i>cobimetinib fumarate</i> )	CE	PA; N7 (PSP); QL (63 TABLETS per 21 days)
<i>erlotinib hcl oral tablet 100 mg, 150 mg</i>	CE	PA; N7 (PSP); QL (30 TABLETS per 30 DAYs)
<i>erlotinib hcl oral tablet 25 mg</i>	CE	PA; N7 (PSP); QL (60 TABLETS per 30 days)

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

05/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	CE	PA; N7 (PSP); QL (30 TABLETS per 30 DAYs)
<i>everolimus oral tablet soluble 2 mg, 5 mg</i>	CE	PA; N7 (PSP); QL (60 TABLETS per 30 DAYs)
<i>everolimus oral tablet soluble 3 mg</i>	CE	PA; N7 (PSP); QL (90 TABLETS per 30 DAYs)
EXKIVITY ORAL CAPSULE 40 MG ( <i>mobocertinib succinate</i> )	CE	N7 (NF)
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG ( <i>tivozanib hcl</i> )	CE	N7 (NF)
GAVRETO ORAL CAPSULE 100 MG ( <i>pralsetinib</i> )	CE	PA; N7 (PSP); QL (120 CAPSULES per 30 days)
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG ( <i>afatinib dimaleate</i> )	CE	PA; N7 (NPSP); QL (30 TABLETS per 30 days)
GLEEVEC ORAL TABLET 100 MG, 400 MG ( <i>imatinib mesylate</i> )	CE	N7 (NF)
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG ( <i>palbociclib</i> )	CE	PA; N7 (PSP); QL (21 CAPSULES per 28 days)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG ( <i>palbociclib</i> )	CE	PA; N7 (PSP); QL (21 TABLETS per 28 days)
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG ( <i>ponatinib hcl</i> )	CE	N7 (NF)
<i>imatinib mesylate oral tablet 100 mg</i>	CE	PA; N7 (G); QL (120 TABLETS per 30 days)
<i>imatinib mesylate oral tablet 400 mg</i>	CE	PA; N7 (G); QL (60 TABLETS per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG ( <i>ibrutinib</i> )	CE	PA; N7 (PSP); QL (90 CAPSULES per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG ( <i>ibrutinib</i> )	CE	PA; N7 (PSP); QL (30 CAPSULES per 30 days)
IMBRUVICA ORAL SUSPENSION 70 MG/ML ( <i>ibrutinib</i> )	CE	PA; N7 (PSP); QL (216 ML per 36 DAYs)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG ( <i>ibrutinib</i> )	CE	PA; N7 (PSP); QL (30 TABLETS per 30 days)
INLYTA ORAL TABLET 1 MG ( <i>axitinib</i> )	CE	PA; N7 (PSP); QL (240 TABLETS per 30 days)
INLYTA ORAL TABLET 5 MG ( <i>axitinib</i> )	CE	PA; N7 (PSP); QL (120 TABLETS per 30 days)

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna  
The formulary is updated the first week of each month.  
05/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INREBIC ORAL CAPSULE 100 MG ( <i>fedratinib hcl</i> )	CE	N7 (NF)
IRESSA ORAL TABLET 250 MG ( <i>gefitinib</i> )	CE	PA; N7 (PSP); QL (30 TABLETS per 30 days)
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG ( <i>ruxolitinib phosphate</i> )	CE	PA; N7 (NPSP); QL (60 TABLETS per 30 days)
JAYPIRCA ORAL TABLET 100 MG, 50 MG ( <i>pirtobrutinib</i> )	CE	N7 (NF)
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK 200 MG ( <i>ribociclib succinate</i> )	CE	PA; N7 (PSP); QL (63 TABLETS per 28 days)
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG ( <i>ribociclib succinate</i> )	CE	PA; N7 (PSP); QL (63 TABLETS per 28 days)
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG ( <i>ribociclib succinate</i> )	CE	PA; N7 (PSP); QL (63 TABLETS per 28 days)
KISQALI FEMARA (200 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG ( <i>ribociclib-letrozole</i> )	CE	PA; N7 (PSP); QL (49 TABLETS per 28 days)
KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG ( <i>ribociclib-letrozole</i> )	CE	PA; N7 (PSP); QL (70 TABLETS per 28 days)
KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG ( <i>ribociclib-letrozole</i> )	CE	PA; N7 (PSP); QL (91 TABLETS per 28 days)
KOSELUGO ORAL CAPSULE 10 MG ( <i>selumetinib sulfate</i> )	CE	PA; N7 (PSP); QL (240 CAPSULES per 30 days)
KOSELUGO ORAL CAPSULE 25 MG ( <i>selumetinib sulfate</i> )	CE	PA; N7 (PSP); QL (120 CAPSULES per 30 days)
<i>lapatinib ditosylate oral tablet 250 mg</i>	CE	PA; N7 (PSP); QL (180 TABLETS per 30 DAYS)
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG ( <i>lenvatinib mesylate</i> )	CE	PA; N7 (PSP); QL (30 CAPSULES per 30 days)
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG ( <i>lenvatinib mesylate</i> )	CE	PA; N7 (PSP); QL (90 CAPSULES per 30 days)
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG ( <i>lenvatinib mesylate</i> )	CE	PA; N7 (PSP); QL (60 CAPSULES per 30 days)
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG ( <i>lenvatinib mesylate</i> )	CE	PA; N7 (PSP); QL (90 CAPSULES per 30 days)
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG ( <i>lenvatinib mesylate</i> )	CE	PA; N7 (PSP); QL (60 CAPSULES per 30 days)
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG ( <i>lenvatinib mesylate</i> )	CE	PA; N7 (PSP); QL (90 CAPSULES per 30 days)
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG ( <i>lenvatinib mesylate</i> )	CE	PA; N7 (PSP); QL (30 CAPSULES per 30 days)

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

05/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG ( <i>lenvatinib mesylate</i> )	CE	PA; N7 (PSP); QL (60 CAPSULES per 30 days)
LORBRENA ORAL TABLET 100 MG ( <i>lorlatinib</i> )	CE	PA; N7 (NPSP); QL (30 TABLETS per 30 days)
LORBRENA ORAL TABLET 25 MG ( <i>lorlatinib</i> )	CE	PA; N7 (NPSP); QL (90 TABLETS per 30 days)
<i>lytgobi (12 mg daily dose) oral tablet therapy pack 4 mg</i>	CE	N7 (NF)
<i>lytgobi (16 mg daily dose) oral tablet therapy pack 4 mg</i>	CE	N7 (NF)
<i>lytgobi (20 mg daily dose) oral tablet therapy pack 4 mg</i>	CE	N7 (NF)
MEKINIST ORAL TABLET 0.5 MG ( <i>trametinib dimethyl sulfoxide</i> )	CE	N7 (NF)
MEKINIST ORAL TABLET 2 MG ( <i>trametinib dimethyl sulfoxide</i> )	CE	N7 (Not Covered)
MEKTOVI ORAL TABLET 15 MG ( <i>binimetinib</i> )	CE	PA; N7 (PSP); QL (180 TABLETS per 30 days)
NERLYNX ORAL TABLET 40 MG ( <i>neratinib maleate</i> )	CE	PA; N7 (NPSP); QL (180 TABLETS per 30 days)
NEXAVAR ORAL TABLET 200 MG ( <i>sorafenib tosylate</i> )	CE	PA; N7 (PSP); QL (120 TABLETS per 30 days)
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG ( <i>pemigatinib</i> )	CE	N7 (NF)
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 MG ( <i>alpelisib</i> )	CE	PA; N7 (NPSP); QL (28 TABLETS per 28 days)
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50 MG ( <i>alpelisib</i> )	CE	PA; N7 (NPSP); QL (56 TABLETS per 28 days)
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150 MG ( <i>alpelisib</i> )	CE	PA; N7 (NPSP); QL (56 TABLETS per 28 days)
QINLOCK ORAL TABLET 50 MG ( <i>ripretinib</i> )	CE	N7 (NF)
RETEVMO ORAL CAPSULE 40 MG ( <i>selpercatinib</i> )	CE	PA; N7 (PSP); QL (60 TABLETS per 30 days)
RETEVMO ORAL CAPSULE 80 MG ( <i>selpercatinib</i> )	CE	PA; N7 (PSP); QL (120 TABLETS per 30 days)
ROZLYTREK ORAL CAPSULE 100 MG ( <i>entrectinib</i> )	CE	PA; N7 (PSP); QL (30 CAPSULES per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG ( <i>entrectinib</i> )	CE	PA; N7 (PSP); QL (90 CAPSULES per 30 days)
RYDAPT ORAL CAPSULE 25 MG ( <i>midostaurin</i> )	CE	PA; N7 (PSP); QL (224 CAPSULES per 28 days)

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

05/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SCEMBLIX ORAL TABLET 20 MG, 40 MG ( <i>asciminib hcl</i> )	CE	N7 (NF)
<i>sorafenib tosylate oral tablet 200 mg</i>	CE	PA; N7 (PSP); QL (120 TABLETS per 30 DAYs)
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 70 MG, 80 MG ( <i>dasatinib</i> )	CE	PA; N7 (PSP); QL (30 TABLETS per 30 days)
SPRYCEL ORAL TABLET 20 MG ( <i>dasatinib</i> )	CE	PA; N7 (PSP); QL (90 TABLETS per 30 days)
STIVARGA ORAL TABLET 40 MG ( <i>regorafenib</i> )	CE	PA; N7 (PSP); QL (84 TABLETS per 28 days)
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	CE	PA; N7 (PSP); QL (30 CAPSULES per 30 DAYs)
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG ( <i>sunitinib malate</i> )	CE	N7 (NF)
TABRECTA ORAL TABLET 150 MG, 200 MG ( <i>capmatinib hcl</i> )	CE	N7 (NF)
TAFINLAR ORAL CAPSULE 50 MG, 75 MG ( <i>dabrafenib mesylate</i> )	CE	N7 (Not Covered)
TAGRISSE ORAL TABLET 40 MG, 80 MG ( <i>osimertinib mesylate</i> )	CE	PA; N7 (PSP); QL (30 TABLETS per 30 days)
TARCEVA ORAL TABLET 100 MG, 150 MG ( <i>erlotinib hcl</i> )	CE	PA; N7 (NPSP); QL (30 TABLETS per 30 days)
TARCEVA ORAL TABLET 25 MG ( <i>erlotinib hcl</i> )	CE	PA; N7 (NPSP); QL (60 TABLETS per 30 days)
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG ( <i>nilotinib hcl</i> )	CE	N7 (NF)
TEPMETKO ORAL TABLET 225 MG ( <i>tepotinib hcl</i> )	CE	N7 (NF)
TRUSELTIQ (100MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 100 MG ( <i>infigratinib phosphate</i> )	CE	N7 (NF)
TRUSELTIQ (125MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 100 & 25 MG ( <i>infigratinib phosphate</i> )	CE	N7 (NF)
TRUSELTIQ (50MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 25 MG ( <i>infigratinib phosphate</i> )	CE	N7 (NF)
TRUSELTIQ (75MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 25 MG ( <i>infigratinib phosphate</i> )	CE	N7 (NF)
TUKYSA ORAL TABLET 150 MG, 50 MG ( <i>tucatinib</i> )	CE	PA; N7 (NPSP); QL (120 TABLETS per 30 days)
TURALIO ORAL CAPSULE 125 MG ( <i>pexidartinib hcl</i> )	CE	N7 (NF)

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

05/01/2023



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TYKERB ORAL TABLET 250 MG ( <i>lapatinib ditosylate</i> )	CE	PA; N7 (NPSP); QL (180 TABLETS per 30 days)
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG ( <i>abemaciclib</i> )	CE	PA; N7 (NPSP); QL (56 TABLETS per 28 days)
VITRAKVI ORAL CAPSULE 100 MG ( <i>larotrectinib sulfate</i> )	CE	PA; N7 (PSP); QL (60 CAPSULES per 30 days)
VITRAKVI ORAL CAPSULE 25 MG ( <i>larotrectinib sulfate</i> )	CE	PA; N7 (PSP); QL (180 CAPSULES per 30 days)
VITRAKVI ORAL SOLUTION 20 MG/ML ( <i>larotrectinib sulfate</i> )	CE	PA; N7 (PSP); QL (300 ML per 30 days)
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG ( <i>dacomitinib</i> )	CE	N7 (NF)
VONJO ORAL CAPSULE 100 MG ( <i>pacritinib citrate</i> )	CE	N7 (NF)
VOTRIENT ORAL TABLET 200 MG ( <i>pazopanib hcl</i> )	CE	N7 (NF)
XALKORI ORAL CAPSULE 200 MG, 250 MG ( <i>crizotinib</i> )	CE	N7 (NF)
XOSPATA ORAL TABLET 40 MG ( <i>gilteritinib fumarate</i> )	CE	PA; N7 (PSP); QL (90 TABLETS per 30 days)
ZELBORAF ORAL TABLET 240 MG ( <i>vemurafenib</i> )	CE	PA; N7 (PSP); QL (240 TABLETS per 30 days)
ZYDELIG ORAL TABLET 100 MG, 150 MG ( <i>idelalisib</i> )	CE	PA; N7 (PSP); QL (60 TABLETS per 30 days)
ZYKADIA ORAL TABLET 150 MG ( <i>ceritinib</i> )	CE	PA; N7 (PSP); QL (90 TABLETS per 30 days)
<b>MISCELLANEOUS</b>		
<i>bexarotene oral capsule 75 mg</i>	CE	PA; N7 (PSP)
HYDREA ORAL CAPSULE 500 MG ( <i>hydroxyurea</i> )	CE	N7 (PB)
<i>hydroxyurea oral capsule 500 mg</i>	CE	N7 (G)
IDHIFA ORAL TABLET 100 MG, 50 MG ( <i>enasidenib mesylate</i> )	CE	PA; N7 (NPSP); QL (30 TABLETS per 30 days)
KRAZATI ORAL TABLET 200 MG ( <i>adagrasib</i> )	CE	N7 (NF)
LUMAKRAS ORAL TABLET 120 MG ( <i>sotorasib</i> )	CE	PA; N7 (NPSP); QL (240 TABLETS per 30 days)
LYNPARZA ORAL TABLET 100 MG, 150 MG ( <i>olaparib</i> )	CE	PA; N7 (PSP); QL (120 TABLETS per 30 days)
ODOMZO ORAL CAPSULE 200 MG ( <i>sonidegib phosphate</i> )	CE	PA; N7 (PSP); QL (30 CAPSULES per 30 days)
REZLIDHIA ORAL CAPSULE 150 MG ( <i>olutasidenib</i> )	CE	N7 (NF)

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

05/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG ( <i>rucaparib camsylate</i> )	CE	N7 (NF)
SYNRIBO SUBCUTANEOUS SOLUTION RECONSTITUTED 3.5 MG ( <i>omacetaxine mepesuccinate</i> )	NPSP	PA
TALZENNA ORAL CAPSULE 0.25 MG, 0.5 MG, 0.75 MG, 1 MG ( <i>talazoparib tosylate</i> )	CE	N7 (NF)
TARGRETIN ORAL CAPSULE 75 MG ( <i>bexarotene</i> )	CE	N7 (NF)
TAZVERIK ORAL TABLET 200 MG ( <i>tazemetostat hbr</i> )	CE	N7 (NF)
TIBSOVO ORAL TABLET 250 MG ( <i>ivosidenib</i> )	CE	PA; N7 (NPSP); QL (60 TABLETS per 30 days)
<i>tretinoin oral capsule 10 mg</i>	CE	N7 (G)
VISTOGARD ORAL PACKET 10 GM ( <i>uridine triacetate</i> )	PSP	QL (20 PACKETS per 5 DAYs)
WELIREG ORAL TABLET 40 MG ( <i>belzutifan</i> )	CE	N7 (NF)
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG ( <i>selinexor</i> )	CE	PA; N7 (NPSP); QL (8 TABLETS per 28 days)
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG ( <i>selinexor</i> )	CE	PA; N7 (NPSP); QL (4 TABLETS per 28 days)
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG ( <i>selinexor</i> )	CE	PA; N7 (NPSP); QL (8 TABLETS per 28 days)
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG ( <i>selinexor</i> )	CE	PA; N7 (NPSP); QL (4 TABLETS per 28 days)
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG ( <i>selinexor</i> )	CE	PA; N7 (NPSP); QL (24 TABLETS per 28 days)
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG ( <i>selinexor</i> )	CE	PA; N7 (NPSP); QL (8 TABLETS per 28 days)
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG ( <i>selinexor</i> )	CE	PA; N7 (NPSP); QL (32 TABLETS per 28 days)
ZEJULA ORAL CAPSULE 100 MG ( <i>niraparib tosylate</i> )	CE	PA; N7 (PSP); QL (90 CAPSULES per 30 days)
ZOLINZA ORAL CAPSULE 100 MG ( <i>vorinostat</i> )	CE	PA; N7 (PSP); QL (120 CAPSULES per 30 days)
<b>PROTEASOME INHIBITORS</b>		
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG ( <i>ixazomib citrate</i> )	CE	PA; N7 (PSP); QL (3 CAPSULES per 28 days)
<b>PROTECTIVE AGENTS</b>		
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	CE	N7 (G)

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

05/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>TOPOISOMERASE INHIBITORS</b>		
<i>etoposide oral capsule 50 mg</i>	CE	N7 (G)
<i>HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG (topotecan hcl)</i>	CE	PA; N7 (NPSP)
<b>CARDIOVASCULAR - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS</b>		
<b>ACE INHIBITOR COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE</b>		
<i>amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	G	LGC
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	G	LGC
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	G	LGC
<i>fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg</i>	G	LGC
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	G	LGC
<b>LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG (amlodipine besy-benazepril hcl)</b>	PB	
<i>quinapril-hydrochlorothiazide oral tablet 20-12.5 mg, 20-25 mg</i>	G	LGC
<i>trandolapril-verapamil hcl er oral tablet extended release 1-240 mg</i>	G	
<b>ACE INHIBITORS - DRUGS TO TREAT HIGH BLOOD PRESSURE</b>		
<i>benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	G	LGC
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	G	LGC
<i>enalapril maleate oral solution 1 mg/ml</i>	G	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	G	LGC
<i>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i>	G	LGC
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	G	LGC
<i>moexipril hcl oral tablet 15 mg, 7.5 mg</i>	G	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	G	
<i>quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	G	LGC
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	G	LGC
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	G	LGC

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>ALDOSTERONE RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE</b>		
<i>eplerenone oral tablet 25 mg, 50 mg</i>	G	
INSPIRA ORAL TABLET 25 MG, 50 MG ( <i>eplerenone</i> )	PB	
<b>ALPHA BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE</b>		
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	G	
<i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>	G	
<i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	G	LGC
<b>ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE</b>		
<i>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	G	LGC
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	G	
<i>amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>	G	
<i>candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	G	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	G	LGC
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	G	LGC
<i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	G	
<i>olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	G	
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	G	
<i>telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	G	
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	G	LGC
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE</b>		
<i>candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	G	LGC
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	G	LGC

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>losartan potassium oral tablet 100 mg, 25 mg, 50 mg</i>	G	LGC
<i>olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg</i>	G	
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	G	LGC
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	G	LGC
<b>ANTIARRHYTHMICS - DRUGS TO CONTROL HEART RHYTHM</b>		
<i>amiodarone hcl oral tablet 100 mg, 200 mg, 400 mg</i>	G	
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG ( <i>sotalol hcl af</i> )	NF	
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG ( <i>sotalol hcl</i> )	NF	
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	G	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	PSP	PA
<i>flecainide acetate oral tablet 100 mg, 150 mg, 50 mg</i>	G	
MULTAQ ORAL TABLET 400 MG ( <i>dronedarone hcl</i> )	PB	
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 150 MG ( <i>disopyramide phosphate</i> )	PB	
<i>propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg</i>	G	
<i>propafenone hcl oral tablet 150 mg, 225 mg, 300 mg</i>	G	
RYTHMOL SR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 225 MG, 325 MG, 425 MG ( <i>propafenone hcl</i> )	PB	
<i>sotalol hcl (af) oral tablet 120 mg</i>	G	LGC
<i>sotalol hcl (af) oral tablet 160 mg, 80 mg</i>	G	
<i>sotalol hcl oral tablet 120 mg, 80 mg</i>	G	LGC
<i>sotalol hcl oral tablet 160 mg, 240 mg</i>	G	
TIKOSYN ORAL CAPSULE 125 MCG, 250 MCG, 500 MCG ( <i>dofetilide</i> )	NPSP	PA; ST
<b>ANTILIPEMICS, ACL INHIBITORS/COMBINATIONS - DRUGS TO TREAT HIGH CHOLESTEROL</b>		
NEXLETOL ORAL TABLET 180 MG ( <i>bempedoic acid</i> )	PB	
NEXLIZET ORAL TABLET 180-10 MG ( <i>bempedoic acid-ezetimibe</i> )	PB	
<b>ANTILIPEMICS, BILE ACID RESINS - DRUGS TO TREAT HIGH CHOLESTEROL</b>		
<i>cholestyramine light oral packet 4 gm</i>	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>cholestyramine light oral powder 4 gml/dose</i>	G	
<i>cholestyramine oral packet 4 gm</i>	G	
<i>cholestyramine oral powder 4 gml/dose</i>	G	
<i>colesevelam hcl oral packet 3.75 gm</i>	G	
<i>colesevelam hcl oral tablet 625 mg</i>	G	
<i>colestipol hcl oral granules 5 gm</i>	G	
<i>colestipol hcl oral packet 5 gm</i>	G	
<i>colestipol hcl oral tablet 1 gm</i>	G	
<b>ANTILIPEMICS, CHOLESTEROL ABSORPTION INHIBITOR - DRUGS TO TREAT HIGH CHOLESTEROL</b>		
<i>ezetimibe oral tablet 10 mg</i>	G	
<b>ANTILIPEMICS, FIBRATES - DRUGS TO TREAT HIGH CHOLESTEROL</b>		
<i>fenofibrate micronized oral capsule 130 mg, 90 mg</i>	NF	
<i>fenofibrate micronized oral capsule 134 mg, 43 mg, 67 mg</i>	G	
<i>fenofibrate oral capsule 150 mg, 200 mg</i>	G	
<i>fenofibrate oral capsule 50 mg</i>	NF	
<i>fenofibrate oral tablet 120 mg, 40 mg</i>	NF	
<i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>	G	
<i>fenofibric acid oral capsule delayed release 135 mg, 45 mg</i>	G	
<i>fenofibric acid oral tablet 105 mg, 35 mg</i>	G	
FENOGLIDE ORAL TABLET 120 MG ( <i>fenofibrate</i> )	NF	
<i>gemfibrozil oral tablet 600 mg</i>	G	LGC
<b>ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS - DRUGS TO TREAT HIGH CHOLESTEROL</b>		
<i>atorvastatin calcium oral tablet 10 mg, 20 mg</i>	CE	LGC; N7 (G); AL (Min 40 Years and Max 75 Years)
<i>atorvastatin calcium oral tablet 40 mg, 80 mg</i>	G	LGC
<i>fluvastatin sodium er oral tablet extended release 24 hour 80 mg</i>	G	
<i>fluvastatin sodium oral capsule 20 mg, 40 mg</i>	G	
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	G	LGC
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	G	LGC
<i>rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	G	LGC

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	CE	LGC; N7 (G); AL (Min 40 Years and Max 75 Years)
<i>simvastatin oral tablet 80 mg</i>	G	LGC
<b>ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS/COMBINATIONS - DRUGS TO TREAT HIGH CHOLESTEROL</b>		
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	G	
<b>ANTILIPEMICS, MISCELLANEOUS - DRUGS TO TREAT HIGH CHOLESTEROL</b>		
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG ( <i>lomitapide mesylate</i> )	NF	
<i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg</i>	G	
NIACOR ORAL TABLET 500 MG ( <i>niacin (antihyperlipidemic)</i> )	NF	
<b>ANTILIPEMICS, OMEGA-3 FATTY ACIDS - DRUGS TO TREAT HIGH CHOLESTEROL</b>		
<i>icosapent ethyl oral capsule 0.5 gm, 1 gm</i>	G	
<i>omega-3-acid ethyl esters oral capsule 1 gm</i>	G	
VASCEPA ORAL CAPSULE 0.5 GM, 1 GM ( <i>icosapent ethyl</i> )	PB	
<b>ANTILIPEMICS, PCSK9 INHIBITORS - DRUGS TO TREAT HIGH CHOLESTEROL</b>		
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 75 MG/ML ( <i>alirocumab</i> )	PSP	PA; QL (2 PENS per 28 days)
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML ( <i>evolocumab</i> )	NF	
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML ( <i>evolocumab</i> )	NF	
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML ( <i>evolocumab</i> )	NF	
<b>BETA-BLOCKER/DIURETIC COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS</b>		
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	G	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	G	LGC

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna  
The formulary is updated the first week of each month.  
05/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	G	
ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG, 5-6.25 MG ( <i>bisoprolol-hydrochlorothiazide</i> )	PB	
<b>BETA-BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS</b>		
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>	G	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	G	LGC
<i>betaxolol hcl oral tablet 10 mg, 20 mg</i>	G	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	G	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	G	LGC
<i>carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg</i>	G	
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	G	
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i>	G	LGC
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	G	LGC
<i>metoprolol tartrate oral tablet 37.5 mg, 75 mg</i>	G	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	G	
<i>nebivolol hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	G	
<i>pindolol oral tablet 10 mg, 5 mg</i>	G	
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg</i>	G	
<i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>	G	
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	G	LGC
<i>propranolol hcl oral tablet 60 mg</i>	G	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	G	
<b>CALCIUM CHANNEL BLOCKER/ANTILIPEMIC COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS</b>		
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	G	
<b>CALCIUM CHANNEL BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS</b>		
<i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>	G	LGC

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

05/01/2023



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	G	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	G	
<i>diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i>	G	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	G	LGC
<i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	G	
<i>felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	G	
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	G	
<i>diltiazem hcl (Matzim La Oral Tablet Extended Release 24 Hour 180 Mg, 240 Mg, 300 Mg, 360 Mg, 420 Mg)</i>	G	
<i>nicardipine hcl oral capsule 20 mg, 30 mg</i>	G	
<i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	G	
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	G	
<i>nimodipine oral capsule 30 mg</i>	G	
<i>nisoldipine er oral tablet extended release 24 hour 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg</i>	G	
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg</i>	G	
<i>verapamil hcl er oral tablet extended release 120 mg</i>	G	LGC
<i>verapamil hcl er oral tablet extended release 180 mg, 240 mg</i>	G	
<i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>	G	LGC
<b>DIGITALIS GLYCOSIDES - DRUGS TO TREAT HEART CONDITIONS</b>		
<i>digoxin oral solution 0.05 mg/ml</i>	G	
<i>digoxin oral tablet 125 mcg, 250 mcg, 62.5 mcg</i>	G	
LANOXIN ORAL TABLET 125 MCG, 250 MCG ( <i>digoxin</i> )	NF	
<b>DIRECT RENIN INHIBITORS/COMBINATIONS - DRUGS TO TREAT HEART CONDITIONS</b>		
<i>aliskiren fumarate oral tablet 150 mg, 300 mg</i>	G	
TEKTURNA HCT ORAL TABLET 300-12.5 MG, 300-25 MG ( <i>aliskiren-hydrochlorothiazide</i> )	PB	

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna  
The formulary is updated the first week of each month.  
05/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>DIURETICS - DRUGS TO TREAT HEART CONDITIONS</b>		
<i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>	G	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	G	
ALDACTONE ORAL TABLET 100 MG, 25 MG, 50 MG ( <i>spironolactone</i> )	PB	
<i>amiloride hcl oral tablet 5 mg</i>	G	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	G	LGC
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	G	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	G	
<i>dichlorphenamide oral tablet 50 mg</i>	PSP	PA; QL (120 TABLETS per 30 DAYS)
DYRENIUM ORAL CAPSULE 100 MG, 50 MG ( <i>triamterene</i> )	NF	
<i>ethacrynic acid oral tablet 25 mg</i>	G	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	G	LGC
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	G	LGC
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	G	LGC
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	G	
KEVEYIS ORAL TABLET 50 MG ( <i>dichlorphenamide</i> )	NPSP	PA; QL (120 TABLETS per 30 days)
<i>methazolamide oral tablet 25 mg, 50 mg</i>	G	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	G	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	G	LGC
<i>spironolactone-hctz oral tablet 25-25 mg</i>	G	
<i>torseamide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	G	
<i>triamterene oral capsule 100 mg, 50 mg</i>	G	
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	G	LGC
<i>triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg</i>	G	LGC
<b>HEART FAILURE</b>		
BIDIL ORAL TABLET 20-37.5 MG ( <i>isosorb dinitrate-hydralazine</i> )	PB	
CORLANOR ORAL TABLET 5 MG, 7.5 MG ( <i>ivabradine hcl</i> )	PB	
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG ( <i>sacubitril-valsartan</i> )	PB	

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

05/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>isosorb dinitrate-hydralazine oral tablet 20-37.5 mg</i>	G	
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG ( <i>vericiguat</i> )	PB	
VYNDAMAX ORAL CAPSULE 61 MG ( <i>tafamidis</i> )	NPSP	PA; QL (30 CAPSULES per 30 days)
VYNDAQEL ORAL CAPSULE 20 MG ( <i>tafamidis meglumine (cardiac)</i> )	NF	
<b>MISCELLANEOUS</b>		
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG ( <i>mavacamten</i> )	NPSP	PA; QL (30 CAPSULES per 30 days)
CATAPRES-TTS-1 TRANSDERMAL PATCH WEEKLY 0.1 MG/24HR ( <i>clonidine</i> )	PB	
CATAPRES-TTS-2 TRANSDERMAL PATCH WEEKLY 0.2 MG/24HR ( <i>clonidine</i> )	PB	
CATAPRES-TTS-3 TRANSDERMAL PATCH WEEKLY 0.3 MG/24HR ( <i>clonidine</i> )	PB	
<i>clonidine hcl er oral tablet extended release 24 hour 0.17 mg</i>	G	
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	G	LGC
<i>clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr</i>	G	
DIBENZYLINE ORAL CAPSULE 10 MG ( <i>phenoxybenzamine hcl</i> )	NPB	
<i>droxidopa oral capsule 100 mg</i>	PSP	PA; QL (90 CAPSULES per 30 DAYS)
<i>droxidopa oral capsule 200 mg, 300 mg</i>	PSP	PA; QL (180 CAPSULES per 30 DAYS)
<i>guanfacine hcl oral tablet 1 mg, 2 mg</i>	G	
<i>hydralazine hcl oral tablet 10 mg, 100 mg, 50 mg</i>	G	
<i>hydralazine hcl oral tablet 25 mg</i>	G	LGC
<i>metirosine oral capsule 250 mg</i>	G	
<i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	G	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	G	
NORTHERA ORAL CAPSULE 100 MG, 200 MG, 300 MG ( <i>droxidopa</i> )	NF	
<i>phenoxybenzamine hcl oral capsule 10 mg</i>	G	
<i>ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg</i>	G	

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

05/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VECAMYL ORAL TABLET 2.5 MG ( <i>mecamylamine hcl</i> )	NPB	PA
<b>NITRATES - DRUGS TO TREAT HEART CONDITIONS</b>		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	G	
<i>isosorbide dinitrate oral tablet 40 mg</i>	NF	
<i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg</i>	G	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	G	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.3 MG/HR, 0.4 MG/HR, 0.6 MG/HR, 0.8 MG/HR ( <i>nitroglycerin</i> )	PB	
<i>nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg</i>	G	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/1hr, 0.2 mg/1hr, 0.4 mg/1hr, 0.6 mg/1hr</i>	G	
<i>nitroglycerin translingual solution 0.4 mg/spray</i>	G	
<b>PULMONARY ARTERIAL HYPERTENSION - DRUGS TO TREAT PULMONARY HYPERTENSION</b>		
ADCIRCA ORAL TABLET 20 MG ( <i>tadalafil (pah)</i> )	NF	
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG ( <i>riociguat</i> )	PSP	PA; QL (90 TABLETS per 30 days)
<i>tadalafil (pah)</i> (Alyq Oral Tablet 20 Mg)	PSP	PA; QL (60 TABLETS per 30 DAYS)
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	PSP	PA; QL (30 TABLETS per 30 DAYS)
<i>bosentan oral tablet 125 mg</i>	PSP	PA; QL (60 TABLETS per 30 days)
<i>bosentan oral tablet 62.5 mg</i>	PSP	PA; QL (60 TABLETS per 30 DAYS)
<i>epoprostenol sodium intravenous solution reconstituted 0.5 mg, 1.5 mg</i>	PSP	PA
FLOLAN INTRAVENOUS SOLUTION RECONSTITUTED 0.5 MG, 1.5 MG ( <i>epoprostenol sodium</i> )	NPSP	PA
LETAIRIS ORAL TABLET 10 MG, 5 MG ( <i>ambrisentan</i> )	NF	
OPSUMIT ORAL TABLET 10 MG ( <i>macitentan</i> )	PSP	PA; QL (30 TABLETS per 30 days)
ORENITRAM MONTH 1 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG ( <i>treprostinil diolamine</i> )	PSP	PA

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

05/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ORENITRAM MONTH 2 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG ( <i>treprostinil diolamine</i> )	PSP	PA
ORENITRAM MONTH 3 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 & 1 MG ( <i>treprostinil diolamine</i> )	PSP	PA
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG ( <i>treprostinil diolamine</i> )	PSP	PA
REMODULIN INJECTION SOLUTION 100 MG/20ML, 20 MG/20ML, 200 MG/20ML, 50 MG/20ML ( <i>treprostinil</i> )	NF	
REVATIO INTRAVENOUS SOLUTION 10 MG/12.5ML ( <i>sildenafil citrate</i> )	NF	
REVATIO ORAL SUSPENSION RECONSTITUTED 10 MG/ML ( <i>sildenafil citrate</i> )	NF	
REVATIO ORAL TABLET 20 MG ( <i>sildenafil citrate</i> )	NF	
<i>sildenafil citrate intravenous solution 10 mg/12.5ml</i>	PSP	PA
<i>sildenafil citrate oral suspension reconstituted 10 mg/ml</i>	PSP	PA; QL (784 ML per 30 days)
<i>sildenafil citrate oral tablet 20 mg</i>	G	PA; QL (360 TABLETS per 30 days)
<i>tadalafil (pah) oral tablet 20 mg</i>	PSP	PA; QL (60 TABLETS per 30 days)
TADLIQ ORAL SUSPENSION 20 MG/5ML ( <i>tadalafil (pah)</i> )	NF	
TRACLEER ORAL TABLET 125 MG, 62.5 MG ( <i>bosentan</i> )	NF	
TRACLEER ORAL TABLET SOLUBLE 32 MG ( <i>bosentan</i> )	NF	
<i>treprostinil injection solution 100 mg/20ml, 20 mg/20ml, 200 mg/20ml, 50 mg/20ml</i>	PSP	PA
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 112 X 32MCG & 112 X 48MCG, 16 MCG, 32 MCG, 48 MCG, 64 MCG ( <i>treprostinil</i> )	NF	
TYVASO DPI TITRATION KIT INHALATION POWDER 112 X 16MCG & 84 X 32MCG, 16 & 32 & 48 MCG ( <i>treprostinil</i> )	NF	
TYVASO INHALATION SOLUTION 0.6 MG/ML ( <i>treprostinil</i> )	NPSP	PA; QL (28 ML per 28 days)
TYVASO REFILL INHALATION SOLUTION 0.6 MG/ML ( <i>treprostinil</i> )	NPSP	PA; QL (28 ML per 28 days)

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

05/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TYVASO STARTER INHALATION SOLUTION 0.6 MG/ML ( <i>treprostinil</i> )	NPSP	PA; QL (28 ML per 28 days)
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 400 MCG, 600 MCG, 800 MCG ( <i>selexipag</i> )	PSP	PA; QL (60 TABLETS per 30 days)
UPTRAVI ORAL TABLET 200 MCG ( <i>selexipag</i> )	PSP	PA; QL (140 TABLETS per 28 days)
UPTRAVI ORAL TABLET THERAPY PACK 200 & 800 MCG ( <i>selexipag</i> )	PSP	PA; QL (1 TABLET THERAPY PACK per 28 days)
VELETRI INTRAVENOUS SOLUTION RECONSTITUTED 0.5 MG, 1.5 MG ( <i>epoprostenol sodium</i> )	NPSP	PA
VENTAVIS INHALATION SOLUTION 10 MCG/ML, 20 MCG/ML ( <i>iloprost</i> )	NPSP	PA; QL (270 ML per 30 days)
<b>CENTRAL NERVOUS SYSTEM - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS</b>		
<b>ALCOHOL DETERRENTS</b>		
<i>acamprosate calcium oral tablet delayed release 333 mg</i>	G	
<i>disulfiram oral tablet 250 mg, 500 mg</i>	G	
<b>ANTI-ANXIETY - DRUGS TO TREAT ANXIETY</b>		
<i>alprazolam er oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg</i>	G	QL (150 TABLETS per 25 DAYS)
<i>alprazolam er oral tablet extended release 24 hour 3 mg</i>	G	QL (90 TABLETS per 25 DAYS)
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML ( <i>alprazolam</i> )	NPB	QL (300 ML per 25 days)
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	G	QL (150 TABLETS per 25 days)
<i>alprazolam oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	G	QL (150 TABLETS per 25 days)
ANAFRANIL ORAL CAPSULE 25 MG, 50 MG, 75 MG ( <i>clomipramine hcl</i> )	PB	
ATIVAN ORAL TABLET 0.5 MG, 1 MG, 2 MG ( <i>lorazepam</i> )	NPB	QL (150 TABLETS per 25 days)
<i>buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	G	
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	G	QL (360 CAPSULES per 25 DAYS)
<i>clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg</i>	G	

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

05/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>fluvoxamine maleate er oral capsule extended release 24 hour 100 mg, 150 mg</i>	G	
<i>fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg</i>	G	
<i>lorazepam (Lorazepam Intensol Oral Concentrate 2 Mg/ML)</i>	G	QL (150 ML per 25 DAYs)
<i>lorazepam oral tablet 0.5 mg</i>	G	QL (150 TABLETS per 25 days)
<i>lorazepam oral tablet 1 mg, 2 mg</i>	G	QL (150 TABLETS per 25 DAYs)
LOREEV XR ORAL CAPSULE ER 24 HOUR SPRINKLE 1 MG, 1.5 MG, 2 MG ( <i>lorazepam</i> )	NPB	QL (150 CAPSULES per 25 DAYs)
LOREEV XR ORAL CAPSULE ER 24 HOUR SPRINKLE 3 MG ( <i>lorazepam</i> )	NPB	QL (90 CAPSULES per 25 DAYs)
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	G	QL (120 CAPSULES per 25 DAYs)
XANAX ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG ( <i>alprazolam</i> )	NPB	QL (150 TABLETS per 25 days)
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 2 MG ( <i>alprazolam</i> )	NPB	QL (150 TABLETS per 25 DAYs)
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HOUR 3 MG ( <i>alprazolam</i> )	NPB	QL (90 TABLETS per 25 DAYs)
<b>ANTIDEMENTIA - DRUGS TO TREAT DEMENTIA AND MEMORY LOSS</b>		
<i>donepezil hcl oral tablet 10 mg, 23 mg, 5 mg</i>	G	
<i>donepezil hcl oral tablet dispersible 10 mg, 5 mg</i>	G	
<i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg</i>	G	
<i>galantamine hydrobromide oral solution 4 mg/ml</i>	G	
<i>galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg</i>	G	
<i>memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg</i>	G	
<i>memantine hcl oral solution 2 mg/ml</i>	G	
<i>memantine hcl oral tablet 10 mg, 28 x 5 mg &amp; 21 x 10 mg, 5 mg</i>	G	
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK 7 & 14 & 21 & 28 -10 MG ( <i>memantine hcl-donepezil hcl</i> )	PB	
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG ( <i>memantine hcl-donepezil hcl</i> )	PB	

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna  
The formulary is updated the first week of each month.  
05/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	G	
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr</i>	G	
<b>ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION</b>		
<i>amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	G	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	G	
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg</i>	G	
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg</i>	G	
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 450 mg</i>	NF	
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	G	
<i>citalopram hydrobromide oral solution 10 mg/5ml</i>	G	
<i>citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg</i>	G	LGC
<i>desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	G	
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i>	G	
<i>doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	G	
<i>doxepin hcl oral concentrate 10 mg/ml</i>	G	
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 40 mg, 60 mg</i>	G	
<i>escitalopram oxalate oral solution 5 mg/5ml</i>	G	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	G	
<b>FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG (levomilnacipran hcl)</b>	PB	
<b>FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 &amp; 40 MG (levomilnacipran hcl)</b>	PB	
<i>fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg</i>	G	LGC
<i>fluoxetine hcl oral capsule delayed release 90 mg</i>	G	
<i>fluoxetine hcl oral solution 20 mg/5ml</i>	G	
<i>fluoxetine hcl oral tablet 10 mg, 20 mg</i>	G	

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

05/01/2023



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>fluoxetine hcl oral tablet 60 mg</i>	NF	
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	G	
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	G	
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	G	
<i>mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg</i>	G	
NARDIL ORAL TABLET 15 MG ( <i>phenelzine sulfate</i> )	PB	
NORPRAMIN ORAL TABLET 10 MG, 25 MG ( <i>desipramine hcl</i> )	PB	
<i>nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	G	
<i>nortriptyline hcl oral solution 10 mg/5ml</i>	G	
PAMELOR ORAL CAPSULE 10 MG, 25 MG, 50 MG, 75 MG ( <i>nortriptyline hcl</i> )	PB	
PARNATE ORAL TABLET 10 MG ( <i>tranylecypromine sulfate</i> )	PB	
<i>paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg, 37.5 mg</i>	G	
<i>paroxetine hcl oral suspension 10 mg/5ml</i>	G	
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	G	LGC
<i>phenelzine sulfate oral tablet 15 mg</i>	G	
<i>protriptyline hcl oral tablet 10 mg, 5 mg</i>	G	
<i>sertraline hcl oral concentrate 20 mg/ml</i>	G	
<i>sertraline hcl oral tablet 100 mg, 25 mg, 50 mg</i>	G	LGC
SPRAVATO (56 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE ( <i>esketamine hcl</i> )	NPSP	PA
SPRAVATO (84 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE ( <i>esketamine hcl</i> )	NPSP	PA
<i>tranylecypromine sulfate oral tablet 10 mg</i>	G	
<i>trazodone hcl oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	G	
<i>trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg</i>	G	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG ( <i>vortioxetine hbr</i> )	PB	
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg</i>	G	
<i>venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 225 mg, 37.5 mg, 75 mg</i>	G	

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

05/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	G	
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG ( <i>vilazodone hcl</i> )	PB	
VIIBRYD STARTER PACK ORAL KIT 10 & 20 MG ( <i>vilazodone hcl</i> )	PB	
<i>vilazodone hcl oral tablet 10 mg, 20 mg, 40 mg</i>	G	
<b>ANTIPARKINSONIAN AGENTS - DRUGS TO TREAT PARKINSONS DISEASE</b>		
<i>amantadine hcl oral capsule 100 mg</i>	G	
<i>amantadine hcl oral solution 50 mg/5ml</i>	G	
<i>amantadine hcl oral tablet 100 mg</i>	G	
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE 30 MG/3ML ( <i>apomorphine hcl</i> )	NF	
<i>apomorphine hcl subcutaneous solution cartridge 30 mg/3ml</i>	NF	
<i>benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg</i>	G	
<i>bromocriptine mesylate oral capsule 5 mg</i>	G	
<i>bromocriptine mesylate oral tablet 2.5 mg</i>	G	
<i>carbidopa oral tablet 25 mg</i>	G	
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	G	
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	G	
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	G	
DUOPA ENTERAL SUSPENSION 4.63-20 MG/ML ( <i>carbidopa-levodopa</i> )	NPSP	PA
<i>entacapone oral tablet 200 mg</i>	G	
INBRIJA INHALATION CAPSULE 42 MG ( <i>levodopa</i> )	PSP	PA; QL (300 CAPSULES per 30 days)
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG ( <i>apomorphine hcl</i> )	PSP	PA; QL (150 FILMS per 30 days)
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR ( <i>rotigotine</i> )	PB	
NOURIANZ ORAL TABLET 20 MG, 40 MG ( <i>istradefylline</i> )	NPSP	

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

05/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>pramipexole dihydrochloride er oral tablet extended release 24 hour 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg</i>	G	
<i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	G	
<i>rasagiline mesylate oral tablet 0.5 mg, 1 mg</i>	G	
<i>ropinirole hcl er oral tablet extended release 24 hour 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	G	
<i>ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	G	
<b>RYTARY ORAL CAPSULE EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG (carbidopa-levodopa)</b>	PB	
<i>selegiline hcl oral capsule 5 mg</i>	G	
<i>selegiline hcl oral tablet 5 mg</i>	G	
<i>trihexyphenidyl hcl oral solution 0.4 mg/ml</i>	G	
<i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i>	G	
<b>ANTIPSYCHOTICS - DRUGS TO TREAT PSYCHOSES</b>		
<b>ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG (aripiprazole)</b>	PB	
<b>ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG (aripiprazole)</b>	PB	
<i>aripiprazole oral solution 1 mg/ml</i>	G	
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	G	
<i>aripiprazole oral tablet dispersible 10 mg, 15 mg</i>	G	
<b>ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE 675 MG/2.4ML (aripiprazole lauroxil)</b>	PB	
<b>ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML, 441 MG/1.6ML, 662 MG/2.4ML, 882 MG/3.2ML (aripiprazole lauroxil)</b>	PB	
<i>asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg</i>	G	
<i>chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	G	
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	G	
<i>clozapine oral tablet dispersible 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i>	G	

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna  
The formulary is updated the first week of each month.  
05/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG ( <i>iloperidone</i> )	NF	
FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6 MG ( <i>iloperidone</i> )	NF	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	G	
<i>fluphenazine hcl oral elixir 2.5 mg/5ml</i>	G	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	G	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	G	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	G	
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG ( <i>lurasidone hcl</i> )	PB	
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	G	
<i>lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	G	
NUPLAZID ORAL CAPSULE 34 MG ( <i>pimavanserin tartrate</i> )	NPSP	PA; QL (30 CAPSULES per 30 days)
NUPLAZID ORAL TABLET 10 MG ( <i>pimavanserin tartrate</i> )	NPSP	PA; QL (30 TABLETS per 30 days)
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	G	
<i>olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg</i>	G	
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 6 mg, 9 mg</i>	G	
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	G	
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	G	
<i>quetiapine fumarate oral tablet 100 mg, 150 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	G	
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG, 25 MG, 37.5 MG, 50 MG ( <i>risperidone microspheres</i> )	PB	
<i>risperidone oral solution 1 mg/ml</i>	G	
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	G	
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	G	
<i>thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	G	
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	G	
<i>trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	G	

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

05/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG ( <i>cariprazine hcl</i> )	PB	
VRAYLAR ORAL CAPSULE THERAPY PACK 1.5 & 3 MG ( <i>cariprazine hcl</i> )	PB	
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	G	
<i>ziprasidone mesylate intramuscular solution reconstituted 20 mg</i>	G	
<b>ANTISEIZURE AGENTS - DRUGS TO TREAT SEIZURES</b>		
<i>carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg</i>	G	
<i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg</i>	G	
<i>carbamazepine oral suspension 100 mg/5ml</i>	G	
<i>carbamazepine oral tablet 200 mg</i>	G	
<i>carbamazepine oral tablet chewable 100 mg</i>	G	
<i>clobazam oral suspension 2.5 mg/ml</i>	G	
<i>clobazam oral tablet 10 mg, 20 mg</i>	G	
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	G	QL (300 TABLETS per 25 days)
<i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	G	QL (300 TABLETS per 25 days)
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	G	QL (180 TABLETS per 25 days)
DIACOMIT ORAL CAPSULE 250 MG ( <i>stiripentol</i> )	NPSP	QL (360 CAPSULES per 30 days)
DIACOMIT ORAL CAPSULE 500 MG ( <i>stiripentol</i> )	NPSP	QL (180 CAPSULES per 30 days)
DIACOMIT ORAL PACKET 250 MG ( <i>stiripentol</i> )	NPSP	QL (360 PACKETS per 30 days)
DIACOMIT ORAL PACKET 500 MG ( <i>stiripentol</i> )	NPSP	QL (180 PACKETS per 30 days)
<i>diazepam (Diazepam Intensol Oral Concentrate 5 Mg/ML)</i>	G	QL (240 ML per 25 days)
<i>diazepam oral solution 5 mg/5ml</i>	G	QL (1200 ML per 25 days)
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	G	QL (120 TABLETS per 25 days)
<i>diazepam rectal gel 10 mg, 2.5 mg, 20 mg</i>	G	

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna  
The formulary is updated the first week of each month.  
05/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>	G	
<i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>	G	
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>	G	
EPIDIOLEX ORAL SOLUTION 100 MG/ML ( <i>cannabidiol</i> )	NPSP	PA; QL (800 ML per 30 days)
<i>ethosuximide oral capsule 250 mg</i>	G	
<i>ethosuximide oral solution 250 mg/5ml</i>	G	
<i>felbamate oral suspension 600 mg/5ml</i>	G	
<i>felbamate oral tablet 400 mg, 600 mg</i>	G	
FINTEPLA ORAL SOLUTION 2.2 MG/ML ( <i>fenfluramine hcl</i> )	NPSP	PA; QL (360 ML per 30 days)
FYCOMPA ORAL SUSPENSION 0.5 MG/ML ( <i>perampanel</i> )	PB	
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG ( <i>perampanel</i> )	PB	
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	G	
<i>gabapentin oral solution 250 mg/5ml, 300 mg/6ml</i>	G	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	G	
KLONOPIN ORAL TABLET 0.5 MG, 1 MG, 2 MG ( <i>clonazepam</i> )	NPB	QL (300 TABLETS per 25 days)
<i>lacosamide oral solution 10 mg/ml</i>	G	
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	G	
<i>lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	G	
<i>lamotrigine oral kit 25 &amp; 50 &amp; 100 mg</i>	G	
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	G	
<i>lamotrigine oral tablet chewable 25 mg, 5 mg</i>	G	
<i>lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg</i>	G	
<i>lamotrigine starter kit-blue oral kit 35 x 25 mg</i>	G	
<i>lamotrigine starter kit-green oral kit 84 x 25 mg &amp; 14x100 mg</i>	G	
<i>lamotrigine starter kit-orange oral kit 42 x 25 mg &amp; 7 x 100 mg</i>	G	
<i>levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg</i>	G	
<i>levetiracetam oral solution 100 mg/ml</i>	G	

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

05/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg</i>	G	
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG ( <i>pregabalin</i> )	NPB	
LYRICA ORAL SOLUTION 20 MG/ML ( <i>pregabalin</i> )	NPB	
NAYZILAM NASAL SOLUTION 5 MG/0.1ML ( <i>midazolam (anticonvulsant)</i> )	NPB	QL (10 SOLUTION per 25 days)
NEURONTIN ORAL CAPSULE 100 MG, 300 MG, 400 MG ( <i>gabapentin</i> )	NPB	
NEURONTIN ORAL SOLUTION 250 MG/5ML ( <i>gabapentin</i> )	NPB	
NEURONTIN ORAL TABLET 600 MG, 800 MG ( <i>gabapentin</i> )	NPB	
<i>oxcarbazepine oral suspension 300 mg/5ml</i>	G	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	G	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 300 MG, 600 MG ( <i>oxcarbazepine</i> )	PB	
<i>phenobarbital oral elixir 20 mg/5ml</i>	G	
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	G	
<i>phenytoin oral suspension 125 mg/5ml</i>	G	
<i>phenytoin oral tablet chewable 50 mg</i>	G	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	G	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i>	G	
<i>pregabalin oral solution 20 mg/ml</i>	G	
<i>primidone oral tablet 250 mg, 50 mg</i>	G	
<i>rufinamide oral suspension 40 mg/ml</i>	G	
SABRIL ORAL PACKET 500 MG ( <i>vigabatrin</i> )	NF	
SABRIL ORAL TABLET 500 MG ( <i>vigabatrin</i> )	NF	
<i>tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	G	
<i>topiramate er oral capsule er 24 hour sprinkle 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i>	NF	
<i>topiramate er oral capsule extended release 24 hour 100 mg, 25 mg, 50 mg</i>	G	
<i>topiramate oral capsule sprinkle 15 mg, 25 mg</i>	G	

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna  
The formulary is updated the first week of each month.  
05/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	G	
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 50 MG ( <i>topiramate</i> )	PB	
VALIUM ORAL TABLET 10 MG, 2 MG, 5 MG ( <i>diazepam</i> )	NPB	QL (120 TABLETS per 25 days)
<i>valproic acid oral capsule 250 mg</i>	G	
<i>valproic acid oral solution 250 mg/5ml</i>	G	
VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML ( <i>diazepam</i> )	NPB	QL (10 BLISTER per 25 days)
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 7.5 MG/0.1ML ( <i>diazepam</i> )	NPB	QL (10 BLISTER per 25 days)
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 10 MG/0.1ML ( <i>diazepam</i> )	NPB	QL (10 BLISTER per 25 days)
VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML ( <i>diazepam</i> )	NPB	QL (10 BLISTER per 25 days)
<i>vigabatrin oral packet 500 mg</i>	PSP	PA; QL (180 PACKETS per 30 days)
<i>vigabatrin oral tablet 500 mg</i>	PSP	PA; QL (180 TABLETS per 30 days)
<i>vigabatrin (Vigadrone Oral Packet 500 Mg)</i>	PSP	PA; QL (180 PACKETS per 30 days)
VIMPAT ORAL SOLUTION 10 MG/ML ( <i>lacosamide</i> )	PB	
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG ( <i>lacosamide</i> )	PB	
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG ( <i>zonisamide</i> )	NF	
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	G	
ZTALMY ORAL SUSPENSION 50 MG/ML ( <i>ganaxolone</i> )	NF	
<b>ATTENTION DEFICIT HYPERACTIVITY DISORDER - DRUGS TO TREAT ADHD</b>		
ADDERALL ORAL TABLET 10 MG, 12.5 MG, 5 MG, 7.5 MG ( <i>amphetamine-dextroamphetamine</i> )	NPB	QL (90 TABLETS per 25 DAYS)
ADDERALL ORAL TABLET 15 MG, 20 MG ( <i>amphetamine-dextroamphetamine</i> )	NPB	QL (60 TABLETS per 25 DAYS)
ADDERALL ORAL TABLET 30 MG ( <i>amphetamine-dextroamphetamine</i> )	NPB	QL (30 TABLETS per 25 DAYS)

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

05/01/2023



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 5 MG ( <i>amphetamine-dextroamphetamine</i> )	NPB	QL (90 CAPSULES per 25 DAYs)
ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 15 MG, 20 MG, 25 MG, 30 MG ( <i>amphetamine-dextroamphetamine</i> )	NPB	QL (30 CAPSULES per 25 DAYs)
ADZENYS XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE 12.5 MG, 15.7 MG, 18.8 MG ( <i>amphetamine</i> )	NPB	QL (30 TABLETS per 25 DAYs)
ADZENYS XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE 3.1 MG, 6.3 MG, 9.4 MG ( <i>amphetamine</i> )	NPB	QL (60 TABLETS per 25 DAYs)
<i>amphetamine sulfate oral tablet 10 mg, 5 mg</i>	G	STX; QL (120 TABLETS per 25 days)
<i>amphetamine-dextroamphetamine oral capsule extended release 24 hour 10 mg, 5 mg</i>	G	QL (90 CAPSULES per 25 days)
<i>amphetamine-dextroamphetamine oral capsule extended release 24 hour 15 mg, 20 mg, 25 mg, 30 mg</i>	G	QL (30 CAPSULES per 25 days)
<i>amphetamine-dextroamphetamine oral tablet 10 mg</i>	G	QL (90 TABLETS per 25 DAYs)
<i>amphetamine-dextroamphetamine oral tablet 12.5 mg, 5 mg, 7.5 mg</i>	G	QL (90 TABLETS per 25 days)
<i>amphetamine-dextroamphetamine oral tablet 15 mg</i>	G	QL (60 TABLETS per 25 days)
<i>amphetamine-dextroamphetamine oral tablet 20 mg</i>	G	QL (60 TABLETS per 25 DAYs)
<i>amphetamine-dextroamphetamine oral tablet 30 mg</i>	G	QL (30 TABLETS per 25 DAYs)
APTENSIO XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 30 MG ( <i>methylphenidate hcl</i> )	NPB	QL (60 CAPSULES per 25 DAYs)
APTENSIO XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 40 MG, 50 MG, 60 MG ( <i>methylphenidate hcl</i> )	NPB	QL (30 CAPSULES per 25 DAYs)
<i>atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg</i>	G	QL (120 CAPSULES per 25 DAYs)
<i>atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg</i>	G	QL (30 CAPSULES per 25 DAYs)
<i>atomoxetine hcl oral capsule 40 mg</i>	G	QL (60 CAPSULES per 25 DAYs)

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna  
The formulary is updated the first week of each month.  
05/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AZSTARYS ORAL CAPSULE 26.1-5.2 MG, 39.2-7.8 MG, 52.3-10.4 MG ( <i>serdexmethylphen-dexmethylphen</i> )	NPB	QL (30 CAPSULES per 25 DAYS)
CONCERTA ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG, 36 MG ( <i>methylphenidate hcl</i> )	NPB	QL (60 TABLETS per 25 DAYS)
CONCERTA ORAL TABLET EXTENDED RELEASE 54 MG ( <i>methylphenidate hcl</i> )	NPB	QL (30 TABLETS per 25 DAYS)
COTEMPLA XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE 17.3 MG, 25.9 MG, 8.6 MG ( <i>methylphenidate</i> )	NPB	QL (60 TABLETS per 25 DAYS)
DAYTRANA TRANSDERMAL PATCH 10 MG/9HR, 15 MG/9HR, 20 MG/9HR, 30 MG/9HR ( <i>methylphenidate</i> )	NPB	QL (30 PATCHES per 25 DAYS)
DESOXYN ORAL TABLET 5 MG ( <i>methamphetamine hcl</i> )	NPB	QL (150 TABLETS per 25 days)
DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG ( <i>dextroamphetamine sulfate</i> )	NPB	QL (120 CAPSULES per 25 DAYS)
DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 15 MG ( <i>dextroamphetamine sulfate</i> )	NPB	QL (60 CAPSULES per 25 DAYS)
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 5 mg</i>	G	QL (60 CAPSULES per 25 DAYS)
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 25 mg, 30 mg, 35 mg, 40 mg</i>	G	QL (30 CAPSULES per 25 DAYS)
<i>dexmethylphenidate hcl oral tablet 10 mg</i>	G	QL (60 TABLETS per 25 days)
<i>dexmethylphenidate hcl oral tablet 2.5 mg, 5 mg</i>	G	QL (120 TABLETS per 25 days)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 5 mg</i>	G	QL (120 CAPSULES per 25 days)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg</i>	G	QL (60 CAPSULES per 25 days)
<i>dextroamphetamine sulfate oral solution 5 mg/5ml</i>	G	QL (1200 ML per 25 DAYS)
<i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i>	G	QL (120 TABLETS per 25 DAYS)
DYANAVEL XR ORAL SUSPENSION EXTENDED RELEASE 2.5 MG/ML ( <i>amphetamine</i> )	NPB	QL (240 ML per 25 days)
DYANAVEL XR ORAL TABLET CHEWABLE EXTENDED RELEASE 10 MG, 5 MG ( <i>amphetamine</i> )	NPB	QL (60 TABLETS per 25 DAYS)
DYANAVEL XR ORAL TABLET CHEWABLE EXTENDED RELEASE 15 MG, 20 MG ( <i>amphetamine</i> )	NPB	QL (30 TABLETS per 25 DAYS)

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

05/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EVEKEO ODT ORAL TABLET DISPERSIBLE 10 MG, 5 MG ( <i>amphetamine sulfate</i> )	NPB	QL (120 TABLETS per 25 days)
EVEKEO ODT ORAL TABLET DISPERSIBLE 15 MG, 20 MG ( <i>amphetamine sulfate</i> )	NPB	QL (60 TABLETS per 25 days)
EVEKEO ORAL TABLET 10 MG, 5 MG ( <i>amphetamine sulfate</i> )	NPB	STX; QL (120 TABLETS per 25 days)
FOCALIN ORAL TABLET 10 MG ( <i>dexmethylphenidate hcl</i> )	NPB	QL (60 TABLETS per 25 DAYS)
FOCALIN ORAL TABLET 2.5 MG, 5 MG ( <i>dexmethylphenidate hcl</i> )	NPB	QL (120 TABLETS per 25 DAYS)
FOCALIN XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 5 MG ( <i>dexmethylphenidate hcl</i> )	NPB	QL (60 CAPSULES per 25 DAYS)
FOCALIN XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 25 MG, 30 MG, 35 MG, 40 MG ( <i>dexmethylphenidate hcl</i> )	NPB	QL (30 CAPSULES per 25 DAYS)
<i>guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg</i>	G	
JORNAY PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 60 MG, 80 MG ( <i>methylphenidate hcl</i> )	NPB	QL (30 CAPSULES per 25 DAYS)
JORNAY PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 20 MG, 40 MG ( <i>methylphenidate hcl</i> )	NPB	QL (60 CAPSULES per 25 DAYS)
<i>methamphetamine hcl oral tablet 5 mg</i>	G	STX; QL (150 TABLETS per 25 DAYS)
METHYLIN ORAL SOLUTION 10 MG/5ML ( <i>methylphenidate hcl</i> )	NPB	QL (900 ML per 25 DAYS)
METHYLIN ORAL SOLUTION 5 MG/5ML ( <i>methylphenidate hcl</i> )	NPB	QL (1800 ML per 25 DAYS)
<i>methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg</i>	G	QL (60 CAPSULES per 25 DAYS)
<i>methylphenidate hcl er (cd) oral capsule extended release 40 mg, 50 mg, 60 mg</i>	G	QL (30 CAPSULES per 25 DAYS)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg</i>	G	QL (60 CAPSULES per 25 DAYS)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 20 mg, 30 mg</i>	G	QL (60 CAPSULES per 25 days)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 40 mg, 60 mg</i>	G	QL (30 CAPSULES per 25 days)

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

05/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg</i>	G	QL (60 TABLETS per 25 days)
<i>methylphenidate hcl er (osm) oral tablet extended release 45 mg, 63 mg, 72 mg</i>	NPB	QL (30 TABLETS per 25 days)
<i>methylphenidate hcl er (osm) oral tablet extended release 54 mg</i>	G	QL (30 TABLETS per 25 days)
<i>methylphenidate hcl er (xr) oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 30 mg</i>	G	QL (60 CAPSULES per 25 DAYS)
<i>methylphenidate hcl er (xr) oral capsule extended release 24 hour 40 mg, 50 mg, 60 mg</i>	G	QL (30 CAPSULES per 25 DAYS)
<i>methylphenidate hcl er oral tablet extended release 10 mg, 20 mg</i>	G	QL (90 TABLETS per 25 DAYS)
<i>methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 36 mg</i>	G	QL (60 TABLETS per 25 DAYS)
<i>methylphenidate hcl er oral tablet extended release 24 hour 54 mg</i>	G	QL (30 TABLETS per 25 DAYS)
<i>methylphenidate hcl oral solution 10 mg/5ml</i>	G	QL (900 ML per 25 DAYS)
<i>methylphenidate hcl oral solution 5 mg/5ml</i>	G	QL (1800 ML per 25 DAYS)
<i>methylphenidate hcl oral tablet 10 mg, 5 mg</i>	G	QL (180 TABLETS per 25 DAYS)
<i>methylphenidate hcl oral tablet 20 mg</i>	G	QL (90 TABLETS per 25 DAYS)
<i>methylphenidate hcl oral tablet chewable 10 mg, 2.5 mg, 5 mg</i>	G	QL (180 TABLETS per 25 DAYS)
<i>methylphenidate transdermal patch 10 mg/9hr, 15 mg/9hr, 20 mg/9hr, 30 mg/9hr</i>	G	QL (30 PATCHES per 25 DAYS)
MYDAYIS ORAL CAPSULE EXTENDED RELEASE 24 HOUR 12.5 MG, 25 MG ( <i>amphetamine-dextroamphetamine</i> )	PB	QL (60 CAPSULES per 25 DAYS)
MYDAYIS ORAL CAPSULE EXTENDED RELEASE 24 HOUR 37.5 MG, 50 MG ( <i>amphetamine-dextroamphetamine</i> )	PB	QL (30 CAPSULES per 25 DAYS)
<i>dextroamphetamine sulfate</i> (Procentra Oral Solution 5 Mg/5ML)	G	QL (1200 ML per 25 days)
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 150 MG, 200 MG ( <i>viloxazine hcl</i> )	PB	QL (90 CAPSULES per 25 days)
QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 20 MG, 30 MG ( <i>methylphenidate hcl</i> )	NPB	QL (60 TABLETS per 25 DAYS)

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

05/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 40 MG ( <i>methylphenidate hcl</i> )	NPB	QL (30 TABLETS per 25 DAYS)
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER 25 MG/5ML ( <i>methylphenidate hcl</i> )	NPB	QL (360 ML per 25 days)
RELEXXII ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG ( <i>methylphenidate hcl</i> )	NPB	QL (30 TABLETS per 25 days)
RELEXXII ORAL TABLET EXTENDED RELEASE 72 MG ( <i>methylphenidate hcl</i> )	NPB	QL (30 TABLETS per 25 DAYS)
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 30 MG ( <i>methylphenidate hcl</i> )	NPB	QL (60 CAPSULES per 25 DAYS)
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 40 MG ( <i>methylphenidate hcl</i> )	NPB	QL (30 CAPSULES per 25 DAYS)
RITALIN ORAL TABLET 10 MG, 5 MG ( <i>methylphenidate hcl</i> )	NPB	QL (180 TABLETS per 25 DAYS)
RITALIN ORAL TABLET 20 MG ( <i>methylphenidate hcl</i> )	NPB	QL (90 TABLETS per 25 DAYS)
STRATTERA ORAL CAPSULE 10 MG, 18 MG, 25 MG ( <i>atomoxetine hcl</i> )	NPB	QL (120 CAPSULES per 25 DAYS)
STRATTERA ORAL CAPSULE 100 MG, 60 MG, 80 MG ( <i>atomoxetine hcl</i> )	NPB	QL (30 CAPSULES per 25 DAYS)
STRATTERA ORAL CAPSULE 40 MG ( <i>atomoxetine hcl</i> )	NPB	QL (60 CAPSULES per 25 DAYS)
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG ( <i>lisdexamfetamine dimesylate</i> )	PB	QL (60 CAPSULES per 25 DAYS)
VYVANSE ORAL CAPSULE 40 MG, 50 MG, 60 MG, 70 MG ( <i>lisdexamfetamine dimesylate</i> )	PB	QL (30 CAPSULES per 25 DAYS)
VYVANSE ORAL TABLET CHEWABLE 10 MG, 20 MG, 30 MG ( <i>lisdexamfetamine dimesylate</i> )	PB	QL (60 TABLETS per 25 DAYS)
VYVANSE ORAL TABLET CHEWABLE 40 MG, 50 MG, 60 MG ( <i>lisdexamfetamine dimesylate</i> )	PB	QL (30 TABLETS per 25 DAYS)
XELSTRYM TRANSDERMAL PATCH 13.5 MG/9HR, 18 MG/9HR, 4.5 MG/9HR, 9 MG/9HR ( <i>dextroamphetamine</i> )	NPB	QL (30 PATCHES per 25 DAYS)
<i>dextroamphetamine sulfate</i> (Zenedi Oral Tablet 15 Mg, 20 Mg)	G	QL (60 TABLETS per 25 days)
ZENZEDI ORAL TABLET 2.5 MG, 7.5 MG ( <i>dextroamphetamine sulfate</i> )	G	QL (120 TABLETS per 25 days)
<i>dextroamphetamine sulfate</i> (Zenedi Oral Tablet 30 Mg)	G	QL (30 TABLETS per 25 days)

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna  
The formulary is updated the first week of each month.  
05/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>FIBROMYALGIA</b>		
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG ( <i>milnacipran hcl</i> )	PB	
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG ( <i>milnacipran hcl</i> )	PB	
<b>HYPNOTICS - DRUGS TO TREAT INSOMNIA</b>		
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG ( <i>suvorexant</i> )	PB	
DAYVIGO ORAL TABLET 10 MG, 5 MG ( <i>lemborexant</i> )	PB	
<i>doxepin hcl oral tablet 3 mg, 6 mg</i>	G	
<i>estazolam oral tablet 1 mg, 2 mg</i>	G	
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	G	
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML ( <i>tasimelteon</i> )	NPSP	PA; QL (5 ML per 1 day)
HETLIOZ ORAL CAPSULE 20 MG ( <i>tasimelteon</i> )	NPSP	PA; QL (30 CAPSULES per 30 days)
<i>midazolam hcl oral syrup 2 mg/ml</i>	G	
<i>quazepam oral tablet 15 mg</i>	NF	
<i>ramelteon oral tablet 8 mg</i>	G	
<i>tasimelteon oral capsule 20 mg</i>	PSP	PA; QL (30 CAPSULES per 30 DAYS)
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg</i>	G	
<i>triazolam oral tablet 0.125 mg, 0.25 mg</i>	G	
<i>zaleplon oral capsule 10 mg, 5 mg</i>	G	
<i>zolpidem tartrate er oral tablet extended release 12.5 mg, 6.25 mg</i>	G	
<i>zolpidem tartrate oral tablet 10 mg, 5 mg</i>	G	
<i>zolpidem tartrate sublingual tablet sublingual 1.75 mg, 3.5 mg</i>	NF	
ZOLPIMIST ORAL SOLUTION 5 MG/ACT ( <i>zolpidem tartrate</i> )	NF	
<b>MIGRAINE - DRUGS TO TREAT SEVERE HEADACHES</b>		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML ( <i>erenumab-aooe</i> )	PB	
AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 225 MG/1.5ML ( <i>fremanezumab-vfrm</i> )	PB	

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

05/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 225 MG/1.5ML ( <i>fremanezumab-vfrm</i> )	PB	
<i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i>	G	
CAFERGOT ORAL TABLET 1-100 MG ( <i>ergotamine-caffeine</i> )	NF	
<i>dihydroergotamine mesylate injection solution 1 mg/ml</i>	G	
<i>dihydroergotamine mesylate nasal solution 4 mg/ml</i>	NF	
<i>eletriptan hydrobromide oral tablet 20 mg, 40 mg</i>	G	
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML ( <i>galcanezumab-gnlm</i> )	PB	
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML ( <i>galcanezumab-gnlm</i> )	PB	
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML ( <i>galcanezumab-gnlm</i> )	PB	
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	NF	
<i>frovatriptan succinate oral tablet 2.5 mg</i>	G	
MIGERGOT RECTAL SUPPOSITORY 2-100 MG ( <i>ergotamine-caffeine</i> )	NF	
MIGRANAL NASAL SOLUTION 4 MG/ML ( <i>dihydroergotamine mesylate</i> )	NPB	QL (8 ML per 25 days)
<i>naratriptan hcl oral tablet 1 mg, 2.5 mg</i>	G	
NURTEC ORAL TABLET DISPERSIBLE 75 MG ( <i>rimegepant sulfate</i> )	PB	
ONZETRA XSAIL NASAL EXHALER POWDER 11 MG/NOSEPC ( <i>sumatriptan succinate</i> )	PB	
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG ( <i>atogepant</i> )	PB	
<i>rizatriptan benzoate oral tablet 10 mg, 5 mg</i>	G	
<i>rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg</i>	G	
<i>sumatriptan nasal solution 20 mg/lact, 5 mg/lact</i>	G	
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	G	
<i>sumatriptan succinate refill subcutaneous solution cartridge 4 mg/0.5ml, 6 mg/0.5ml</i>	G	
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	G	
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml</i>	G	

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna  
The formulary is updated the first week of each month.  
05/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>sumatriptan-naproxen sodium oral tablet 85-500 mg</i>	NF	
TREXIMET ORAL TABLET 85-500 MG ( <i>sumatriptan-naproxen sodium</i> )	NF	
TRUDHESA NASAL AEROSOL SOLUTION 0.725 MG/ACT ( <i>dihydroergotamine mesylate hfa</i> )	NPB	QL (3 PACKAGES per 25 DAYs)
UBRELVY ORAL TABLET 100 MG, 50 MG ( <i>ubrogepant</i> )	PB	
ZEMBRACE SYMTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 3 MG/0.5ML ( <i>sumatriptan succinate</i> )	PB	
<i>zolmitriptan nasal solution 5 mg</i>	G	
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	G	
<i>zolmitriptan oral tablet dispersible 2.5 mg, 5 mg</i>	G	
<b>MISCELLANEOUS</b>		
EVRYSDI ORAL SOLUTION RECONSTITUTED 0.75 MG/ML ( <i>risdiplam</i> )	NPSP	PA; QL (2 BOTTLES per 24 days)
FIRDAPSE ORAL TABLET 10 MG ( <i>amifampridine phosphate</i> )	NPSP	PA; QL (240 TABLETS per 30 DAYs)
<i>lithium carbonate er oral tablet extended release 300 mg, 450 mg</i>	G	
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	G	
<i>lithium carbonate oral tablet 300 mg</i>	G	
LITHOBID ORAL TABLET EXTENDED RELEASE 300 MG ( <i>lithium carbonate</i> )	PB	
<i>pyridostigmine bromide er oral tablet extended release 180 mg</i>	G	
<i>pyridostigmine bromide oral solution 60 mg/5ml</i>	G	
<i>pyridostigmine bromide oral tablet 30 mg, 60 mg</i>	G	
RADICAVA ORS ORAL SUSPENSION 105 MG/5ML ( <i>edaravone</i> )	NPSP	PA; QL (50 ML per 28 DAYs)
RADICAVA ORS STARTER KIT ORAL SUSPENSION 105 MG/5ML ( <i>edaravone</i> )	NPSP	PA; QL (70 ML per 28 DAYs)
RELYVRIO ORAL PACKET 3-1 GM ( <i>phenylbutyrate-aurursodiol</i> )	NF	
<i>riluzole oral tablet 50 mg</i>	G	
<b>MOVEMENT DISORDERS</b>		
AUSTEDO ORAL TABLET 12 MG, 9 MG ( <i>deutetrabenazine</i> )	PSP	PA; QL (120 TABLETS per 30 days)

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

05/01/2023



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AUSTEDO ORAL TABLET 6 MG ( <i>deutetrabenazine</i> )	PSP	PA; QL (60 TABLETS per 30 days)
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG ( <i>valbenazine tosylate</i> )	PSP	PA; QL (30 CAPSULES per 30 days)
INGREZZA ORAL CAPSULE THERAPY PACK 40 & 80 MG ( <i>valbenazine tosylate</i> )	PSP	PA; QL (1 CAPSULE THERAPY PACK per 28 days)
<i>tetrabenazine oral tablet 12.5 mg</i>	PSP	PA; QL (240 TABLETS per 30 days)
<i>tetrabenazine oral tablet 25 mg</i>	PSP	PA; QL (120 TABLETS per 30 days)
XENAZINE ORAL TABLET 12.5 MG, 25 MG ( <i>tetrabenazine</i> )	NF	
<b>MULTIPLE SCLEROSIS AGENTS - DRUGS TO TREAT MULTIPLE SCLEROSIS</b>		
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HOUR 10 MG ( <i>dalfampridine</i> )	NPSP	PA; ST; QL (60 TABLETS per 30 days)
AUBAGIO ORAL TABLET 14 MG, 7 MG ( <i>teriflunomide</i> )	PSP	PA; QL (30 TABLETS per 30 days)
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML ( <i>interferon beta-1a</i> )	PSP	PA; QL (4 SYRINGES per 28 days)
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML ( <i>interferon beta-1a</i> )	PSP	PA; QL (4 SYRINGES per 28 days)
BAFIERTAM ORAL CAPSULE DELAYED RELEASE 95 MG ( <i>monomethyl fumarate</i> )	NF	
BETASERON SUBCUTANEOUS KIT 0.3 MG ( <i>interferon beta-1b</i> )	PSP	PA; QL (14 INJECTIONS per 28 days)
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML ( <i>glatiramer acetate</i> )	PSP	PA; QL (30 ML per 30 days)
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML ( <i>glatiramer acetate</i> )	PSP	PA; QL (12 ML per 28 days)
<i>dalfampridine er oral tablet extended release 12 hour 10 mg</i>	PSP	PA; QL (60 TABLETS per 30 days)
<i>dimethyl fumarate oral capsule delayed release 120 mg</i>	PSP	PA; QL (14 CAPSULES per 28 DAYS)
<i>dimethyl fumarate oral capsule delayed release 240 mg</i>	PSP	PA; QL (60 CAPSULES per 30 DAYS)
<i>dimethyl fumarate starter pack oral 120 &amp; 240 mg</i>	PSP	PA; QL (1 KIT per 30 DAYS)

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

05/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EXTAVIA SUBCUTANEOUS KIT 0.3 MG ( <i>interferon beta-1b</i> )	NF	
<i> fingolimod hcl oral capsule 0.5 mg</i>	PSP	PA; QL (30 CAPSULES per 30 DAYS)
GILENYA ORAL CAPSULE 0.25 MG, 0.5 MG ( <i>fingolimod hcl</i> )	NF	
<i> glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml</i>	PSP	PA; QL (30 ML per 30 days)
<i> glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml</i>	PSP	PA; QL (12 ML per 28 days)
<i> glatiramer acetate (Glatopa Subcutaneous Solution Prefilled Syringe 20 Mg/ML)</i>	PSP	PA; QL (30 ML per 30 days)
<i> glatiramer acetate (Glatopa Subcutaneous Solution Prefilled Syringe 40 Mg/ML)</i>	PSP	PA; QL (12 ML per 28 days)
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML ( <i>ofatumumab</i> )	PSP	PA; QL (1 PEN per 28 days)
MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK 10 MG ( <i>cladribine</i> )	NPSP	PA; QL (20 TABLETS per 270 days)
MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK 10 MG ( <i>cladribine</i> )	NPSP	PA; QL (20 TABLETS per 270 days)
MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK 10 MG ( <i>cladribine</i> )	NPSP	PA; QL (20 TABLETS per 270 days)
MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK 10 MG ( <i>cladribine</i> )	NPSP	PA; QL (20 TABLETS per 270 days)
MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK 10 MG ( <i>cladribine</i> )	NPSP	PA; QL (20 TABLETS per 270 days)
MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK 10 MG ( <i>cladribine</i> )	NPSP	PA; QL (20 TABLETS per 270 days)
MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK 10 MG ( <i>cladribine</i> )	NPSP	PA; QL (20 TABLETS per 270 days)
MAYZENT ORAL TABLET 0.25 MG ( <i>siponimod fumarate</i> )	PSP	PA; QL (12 TABLETS per 5 days)
MAYZENT ORAL TABLET 1 MG ( <i>siponimod fumarate</i> )	PSP	PA; QL (30 TABLETS per 30 days)
MAYZENT ORAL TABLET 2 MG ( <i>siponimod fumarate</i> )	PSP	PA; QL (30 TABLETS per 30 DAYS)
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 0.25 MG ( <i>siponimod fumarate</i> )	PSP	PA; QL (7 TABLETS per 4 days)

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

05/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG ( <i>siponimod fumarate</i> )	PSP	PA; QL (12 TABLETS per 5 Days)
PLEGRIDY INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML ( <i>peginterferon beta-1a</i> )	NPSP	PA; QL (2 INJECTIONS per 28 days)
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PEN-INJECTOR 63 & 94 MCG/0.5ML ( <i>peginterferon beta-1a</i> )	NPSP	PA; QL (2 INJECTIONS per 28 days)
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 63 & 94 MCG/0.5ML ( <i>peginterferon beta-1a</i> )	NPSP	PA; QL (2 INJECTIONS per 28 days)
PLEGRIDY SUBCUTANEOUS SOLUTION PEN-INJECTOR 125 MCG/0.5ML ( <i>peginterferon beta-1a</i> )	NPSP	PA; QL (2 INJECTIONS per 28 days)
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML ( <i>peginterferon beta-1a</i> )	NPSP	PA; QL (2 INJECTIONS per 28 days)
PONVORY ORAL TABLET 20 MG ( <i>ponesimod</i> )	NPSP	PA; QL (30 TABLETS per 30 days)
PONVORY STARTER PACK ORAL TABLET THERAPY PACK 2-3-4-5-6-7-8-9 & 10 MG ( <i>ponesimod</i> )	NPSP	PA; QL (14 TABLETS per 14 days)
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML, 44 MCG/0.5ML ( <i>interferon beta-1a</i> )	PSP	PA; QL (12 PENS per 28 days)
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG ( <i>interferon beta-1a</i> )	PSP	PA; QL (1 ML per 28 days)
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML, 44 MCG/0.5ML ( <i>interferon beta-1a</i> )	PSP	PA; QL (12 SYRINGES per 28 DAYS)
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG ( <i>interferon beta-1a</i> )	PSP	PA; QL (1 ML per 28 days)
TASCENSO ODT ORAL TABLET DISPERSIBLE 0.25 MG, 0.5 MG ( <i> fingolimod lauryl sulfate</i> )	NF	
TECFIDERA ORAL 120 & 240 MG ( <i>dimethyl fumarate</i> )	NF	
TECFIDERA ORAL CAPSULE DELAYED RELEASE 120 MG, 240 MG ( <i>dimethyl fumarate</i> )	NF	
TYSABRI INTRAVENOUS CONCENTRATE 300 MG/15ML ( <i>natalizumab</i> )	PSP	PA; QL (1 ML per 28 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VUMERITY ORAL CAPSULE DELAYED RELEASE 231 MG ( <i>diroximel fumarate</i> )	PSP	PA; QL (120 CAPSULES per 30 days)
ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK 4 X 0.23MG & 3 X 0.46MG ( <i>ozanimod hcl</i> )	PSP	PA; ST; IBC (Preferred agent for Ulcerative Colitis); QL (1 PACK per 7 days)
ZEPOSIA ORAL CAPSULE 0.92 MG ( <i>ozanimod hcl</i> )	PSP	PA; ST; IBC (Preferred agent for Ulcerative Colitis); QL (30 CAPSULES per 30 days)
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG & 0.92MG ( <i>ozanimod hcl</i> )	PSP	PA; ST; IBC (Preferred agent for Ulcerative Colitis); QL (1 KIT per 30 days)
<b>MUSCULOSKELETAL THERAPY AGENTS</b>		
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	G	
BOTOX INJECTION SOLUTION RECONSTITUTED 100 UNIT, 200 UNIT ( <i>onabotulinumtoxinA</i> )	NF	
<i>carisoprodol oral tablet 250 mg</i>	NF	
<i>carisoprodol oral tablet 350 mg</i>	G	QL (84 TABLETS per 28 DAYs)
<i>chlorzoxazone oral tablet 250 mg, 375 mg, 750 mg</i>	NF	
<i>chlorzoxazone oral tablet 500 mg</i>	G	N8 (Listing does not include certain NDCs)
<i>cyclobenzaprine hcl er oral capsule extended release 24 hour 15 mg, 30 mg</i>	NF	
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	G	
<i>cyclobenzaprine hcl oral tablet 7.5 mg</i>	NF	
DANTRIUM ORAL CAPSULE 25 MG ( <i>dantrolene sodium</i> )	PB	
<i>dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg</i>	G	
DYSPORT INTRAMUSCULAR SOLUTION RECONSTITUTED 300 UNIT, 500 UNIT ( <i>abobotulinumtoxinA</i> )	NPSP	PA
<i>metaxalone oral tablet 400 mg</i>	NF	
<i>metaxalone oral tablet 800 mg</i>	G	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	G	N8 (Listing does not include certain NDCs)
<i>norgesic forte oral tablet 50-770-60 mg</i>	NF	
<i>orphenadrine-aspirin-caffeine</i> (Norgesic Oral Tablet 25-385-30 Mg)	NF	

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

05/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg</i>	NF	
<i>orphenadrine-aspirin-caffeine (Orphengesic Forte Oral Tablet 50-770-60 Mg)</i>	NF	
SOMA ORAL TABLET 250 MG, 350 MG ( <i>carisoprodol</i> )	NPB	QL (84 TABLETS per 28 DAYS)
<i>tizanidine hcl oral capsule 2 mg, 4 mg, 6 mg</i>	G	
<i>tizanidine hcl oral tablet 2 mg, 4 mg</i>	G	
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT, 200 UNIT, 50 UNIT ( <i>incobotulinumtoxinA</i> )	NPSP	PA
<b>NARCOLEPSY/CATAPLEXY - DRUGS FOR SLEEP DISORDERS</b>		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>	G	
<i>modafinil oral tablet 100 mg, 200 mg</i>	G	
<i>sodium oxybate oral solution 500 mg/ml</i>	NF	
SUNOSI ORAL TABLET 150 MG, 75 MG ( <i>solriamfetol hcl</i> )	PB	
WAKIX ORAL TABLET 17.8 MG, 4.45 MG ( <i>pitolisant hcl</i> )	PSP	PA; QL (60 TABLETS per 30 days)
XYREM ORAL SOLUTION 500 MG/ML ( <i>sodium oxybate</i> )	NPSP	PA; QL (540 ML per 30 days)
XYWAV ORAL SOLUTION 500 MG/ML ( <i>ca, mg, k, and na oxybates</i> )	PSP	PA; QL (540 ML per 30 days)
<b>OPIOID AGONIST/ANTAGONIST</b>		
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg</i>	G	QL (60 FILM per 25 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg</i>	G	QL (90 FILM per 25 days)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg</i>	CE	N7 (G); QL (90 TABLETS per 25 DAYS)
SUBOXONE SUBLINGUAL FILM 12-3 MG ( <i>buprenorphine hcl-naloxone hcl</i> )	NPB	QL (60 FILMS per 25 DAYS)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG, 4-1 MG, 8-2 MG ( <i>buprenorphine hcl-naloxone hcl</i> )	NPB	QL (90 FILM per 25 days)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG, 1.4-0.36 MG, 2.9-0.71 MG, 5.7-1.4 MG ( <i>buprenorphine hcl-naloxone hcl</i> )	PB	QL (90 TABLETS per 25 DAYS)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 11.4-2.9 MG ( <i>buprenorphine hcl-naloxone hcl</i> )	PB	QL (30 TABLETS per 25 DAYS)

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna  
The formulary is updated the first week of each month.  
05/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 8.6-2.1 MG ( <i>buprenorphine hcl-naloxone hcl</i> )	PB	QL (60 TABLETS per 25 DAYS)
<b>OPIOID ANTAGONIST</b>		
KLOXXADO NASAL LIQUID 8 MG/0.1ML ( <i>naloxone hcl</i> )	PB	QL (4 SPRAYS per 25 days)
<i>naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml</i>	G	
<i>naloxone hcl injection solution cartridge 0.4 mg/ml</i>	G	
<i>naloxone hcl injection solution prefilled syringe 2 mg/2ml</i>	G	
<i>naloxone hcl nasal liquid 4 mg/0.1ml</i>	G	QL (4 SPRAYS per 25 days)
<i>naltrexone hcl oral tablet 50 mg</i>	CE	N7 (G)
NARCAN NASAL LIQUID 4 MG/0.1ML ( <i>naloxone hcl</i> )	NPB	QL (4 SPRAYS per 25 days)
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG ( <i>naltrexone</i> )	NPSP	QL (380 MG per 28 days)
ZIMHI INJECTION SOLUTION PREFILLED SYRINGE 5 MG/0.5ML ( <i>naloxone hcl</i> )	NPB	QL (4 SYRINGES per 25 days)
<b>OPIOID PARTIAL AGONISTS</b>		
<i>buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg</i>	CE	N7 (G); QL (90 TABLETS per 25 DAYS)
<b>POSTHERPETIC NEURALGIA (PHN)</b>		
GRALISE ORAL TABLET 300 MG, 600 MG ( <i>gabapentin (once-daily)</i> )	PB	
<i>pregabalin er oral tablet extended release 24 hour 165 mg, 330 mg, 82.5 mg</i>	G	
<b>PSYCHOTHERAPEUTIC-MISC</b>		
ADDYI ORAL TABLET 100 MG ( <i>flibanserin</i> )	NPB	SPC
<i>chlordiazepoxide-amitriptyline oral tablet 10-25 mg, 5-12.5 mg</i>	G	
<i>fluoxetine hcl (pmd) oral tablet 10 mg, 20 mg</i>	NF	
NUEDEXTA ORAL CAPSULE 20-10 MG ( <i>dextromethorphan-quinidine</i> )	PB	
<i>paroxetine mesylate oral capsule 7.5 mg</i>	NF	
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	G	
<i>pimozide oral tablet 1 mg, 2 mg</i>	G	
VYLEESI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1.75 MG/0.3ML ( <i>bremelanotide acetate</i> )	NPB	SPC

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>SMOKING DETERRENTS</b>		
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i>	CE	N7 (G); N8 (\$0 copay limited to 2 treatment cycles/year); QL (2 TREATMENT CYCLES per 365 days)
<i>cvs nicotine mouth/throat gum 4 mg</i>	CE	N7 (Not Covered); QL (2 TREATMENT CYCLES per 365 DAYS)
<i>cvs nicotine polacrilex mouth/throat gum 2 mg</i>	CE	N7 (Not Covered); N8 (\$0 copay limited to 2 treatment cycles/year); QL (2 TREATMENT per 365 DAYS)
<i>cvs nicotine polacrilex mouth/throat gum 4 mg</i>	CE	N7 (Not Covered); N8 (\$0 copay limited to 2 treatment cycles/year)
<i>cvs nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>	CE	N7 (Not Covered); N8 (\$0 copay limited to 2 treatment cycles/year); QL (2 TREATMENT CYCLES per 365 DAYS)
<i>cvs nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr</i>	CE	N7 (Not Covered); N8 (\$0 copay limited to 2 treatment cycles/year); QL (2 TREATMENT CYCLES per 365 DAYS)
NICOTROL INHALATION INHALER 10 MG ( <i>nicotine</i> )	CE	N7 (NPB); N8 (\$0 copay limited to 2 treatment cycles/year); QL (168 DAYS OF TREATMENT per 365 days)
NICOTROL NS NASAL SOLUTION 10 MG/ML ( <i>nicotine</i> )	CE	N7 (NPB); N8 (\$0 copay limited to 2 treatment cycles/year); QL (168 DAYS OF TREATMENT per 365 days)
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i>	CE	N7 (G); N8 (\$0 limited to 2 treatment cycles/year); QL (2 TREATMENT CYCLES per 365 days)

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna  
The formulary is updated the first week of each month.  
05/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>varenicline tartrate oral tablet therapy pack 0.5 mg x 11 &amp; 1 mg x 42</i>	CE	N7 (G); N8 (\$0 copay limited to 2 treatment cycles/year); QL (2 TREATMENT CYCLES per 365 days)
<b>ENDOCRINE AND METABOLIC - DRUGS TO TREAT DIABETES AND REGULATE HORMONES</b>		
<b>ACROMEGALY - DRUGS TO TREAT CONDITIONS THAT CAUSE EXCESSIVE GROWTH</b>		
<i>lanreotide acetate subcutaneous solution 120 mg/0.5ml</i>	NF	
MYCAPSSA ORAL CAPSULE DELAYED RELEASE 20 MG ( <i>octreotide acetate</i> )	NF	
<i>octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	G	PA; QL (90 ML per 30 days)
<i>octreotide acetate injection solution 1000 mcg/ml</i>	G	PA; QL (45 ML per 30 days)
<i>octreotide acetate injection solution 200 mcg/ml</i>	G	PA; QL (225 ML per 30 days)
<i>octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	G	PA; QL (90 ML per 30 days)
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML ( <i>octreotide acetate</i> )	NPSP	PA; QL (90 ML per 30 DAYS)
SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT 10 MG, 20 MG, 30 MG ( <i>octreotide acetate</i> )	NF	
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 120 MG/0.5ML, 60 MG/0.2ML, 90 MG/0.3ML ( <i>lanreotide acetate</i> )	PSP	PA; QL (1 INJECTION per 28 days)
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG ( <i>pegvisomant</i> )	NF	
<b>ANDROGENS - DRUGS TO REGULATE MALE HORMONES</b>		
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24HR, 4 MG/24HR ( <i>testosterone</i> )	PB	
AVEED INTRAMUSCULAR SOLUTION 750 MG/3ML ( <i>testosterone undecanoate</i> )	NPSP	PA
<i>methyltestosterone oral capsule 10 mg</i>	G	STX
NATESTO NASAL GEL 5.5 MG/ACT ( <i>testosterone</i> )	PB	
<i>oxandrolone oral tablet 10 mg, 2.5 mg</i>	G	

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

05/01/2023



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i>	G	
<i>testosterone enanthate intramuscular solution 200 mg/ml</i>	G	
<i>testosterone transdermal gel 10 mg/lact (2%), 12.5 mg/lact (1%), 20.25 mg/1.25gm (1.62%), 20.25 mg/lact (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)</i>	G	
<i>testosterone transdermal solution 30 mg/lact</i>	G	
<b>ANTIDIABETICS, ALPHA-GLUCOSIDASE INHIBITORS</b>		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	G	
<i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>	G	
<b>ANTIDIABETICS, AMYLIN ANALOGS</b>		
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML ( <i>pramlintide acetate</i> )	PB	
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML ( <i>pramlintide acetate</i> )	PB	
<b>ANTIDIABETICS, BIGUANIDE</b>		
GLUMETZA ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG, 500 MG ( <i>metformin hcl</i> )	NF	
<i>metformin hcl er (mod) oral tablet extended release 24 hour 1000 mg, 500 mg</i>	NF	
<i>metformin hcl er (osm) oral tablet extended release 24 hour 1000 mg, 500 mg</i>	NF	
<i>metformin hcl er oral tablet extended release 24 hour 500 mg</i>	G	LGC
<i>metformin hcl er oral tablet extended release 24 hour 750 mg</i>	G	
<i>metformin hcl oral tablet 1000 mg, 500 mg</i>	G	LGC
<i>metformin hcl oral tablet 850 mg</i>	CE	LGC; N7 (G); AL (Min 35 Years and Max 70 Years)
<b>ANTIDIABETICS, BIGUANIDE/ SULFONYLUREA COMBINATIONS</b>		
<i>glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	G	LGC
<b>ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 INHIBITORS</b>		
<i>alogliptin benzoate oral tablet 12.5 mg, 25 mg, 6.25 mg</i>	G	
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG ( <i>sitagliptin phosphate</i> )	PB	

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna  
The formulary is updated the first week of each month.  
05/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRADJENTA ORAL TABLET 5 MG ( <i>linagliptin</i> )	PB	
<b>ANTIDIABETICS, DPP-4 INHIBITOR COMBINATIONS</b>		
<i>alogliptin-metformin hcl oral tablet 12.5-1000 mg, 12.5-500 mg</i>	G	
<i>alogliptin-pioglitazone oral tablet 12.5-30 mg, 12.5-45 mg, 25-15 mg, 25-30 mg, 25-45 mg</i>	G	
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG ( <i>sitagliptin-metformin hcl</i> )	PB	
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-1000 MG, 50-500 MG ( <i>sitagliptin-metformin hcl</i> )	PB	
JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG ( <i>linagliptin-metformin hcl</i> )	PB	
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG ( <i>linagliptin-metformin hcl</i> )	PB	
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 12.5-2.5-1000 MG, 25-5-1000 MG, 5-2.5-1000 MG ( <i>empagliflozin-linagliptin-metformin</i> )	PB	
<b>ANTIDIABETICS, INCRETIN MIMETIC AGENTS</b>		
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML, 2 MG/3ML ( <i>semaglutide</i> )	PB	
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML ( <i>semaglutide</i> )	PB	
OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 8 MG/3ML ( <i>semaglutide</i> )	PB	
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG ( <i>semaglutide</i> )	PB	
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML ( <i>dulaglutide</i> )	PB	
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML ( <i>liraglutide</i> )	PB	
<b>ANTIDIABETICS, INCRETIN MIMETIC COMBINATION AGENTS</b>		
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML ( <i>insulin glargine-lixisenatide</i> )	PB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML ( <i>insulin degludec-liraglutide</i> )	PB	
<b>ANTIDIABETICS, INSULIN</b>		
BASAGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML ( <i>insulin glargine</i> )	PB	
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML ( <i>insulin aspart (w/niacinamide)</i> )	PB	
FIASP INJECTION SOLUTION 100 UNIT/ML ( <i>insulin aspart (w/niacinamide)</i> )	PB	
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML ( <i>insulin aspart (w/niacinamide)</i> )	PB	
HUMALOG INJECTION SOLUTION 100 UNIT/ML ( <i>insulin lispro</i> )	PB	
HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML ( <i>insulin lispro</i> )	NPB	
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML ( <i>insulin lispro</i> )	PB	
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (50-50) 100 UNIT/ML ( <i>insulin lispro prot &amp; lispro</i> )	PB	
HUMALOG MIX 50/50 SUBCUTANEOUS SUSPENSION (50-50) 100 UNIT/ML ( <i>insulin lispro prot &amp; lispro</i> )	PB	
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML ( <i>insulin lispro prot &amp; lispro</i> )	PB	
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION (75-25) 100 UNIT/ML ( <i>insulin lispro prot &amp; lispro</i> )	PB	
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML ( <i>insulin lispro</i> )	PB	
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML ( <i>insulin nph isophane &amp; regular</i> )	PB	
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML ( <i>insulin nph isophane &amp; regular</i> )	PB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML ( <i>insulin nph human (isophane)</i> )	PB	
HUMULIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML ( <i>insulin nph human (isophane)</i> )	PB	
HUMULIN R INJECTION SOLUTION 100 UNIT/ML ( <i>insulin regular human</i> )	PB	
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML ( <i>insulin regular human</i> )	PB	
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML ( <i>insulin regular human</i> )	PB	
<i>insulin asp prot &amp; asp flexpen subcutaneous suspension pen-injector (70-30) 100 unit/ml</i>	PB	
<i>insulin aspart flexpen subcutaneous solution pen-injector 100 unit/ml</i>	PB	
<i>insulin aspart injection solution 100 unit/ml</i>	PB	
<i>insulin aspart penfill subcutaneous solution cartridge 100 unit/ml</i>	PB	
<i>insulin aspart prot &amp; aspart subcutaneous suspension (70-30) 100 unit/ml</i>	PB	
<i>insulin lispro (1 unit dial) subcutaneous solution pen-injector 100 unit/ml</i>	PB	
<i>insulin lispro injection solution 100 unit/ml</i>	PB	
<i>insulin lispro junior kwikpen subcutaneous solution pen-injector 100 unit/ml</i>	PB	
<i>insulin lispro prot &amp; lispro subcutaneous suspension pen-injector (75-25) 100 unit/ml</i>	PB	
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML ( <i>insulin glargine</i> )	PB	
LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML ( <i>insulin glargine</i> )	PB	
LEVEMIR FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML ( <i>insulin detemir</i> )	PB	
LEVEMIR SUBCUTANEOUS SOLUTION 100 UNIT/ML ( <i>insulin detemir</i> )	PB	
LYUMJEV INJECTION SOLUTION 100 UNIT/ML ( <i>insulin lispro-aabc</i> )	PB	

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

05/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LYUMJEV KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML ( <i>insulin lispro-aabc</i> )	PB	
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML ( <i>insulin nph isophane &amp; regular</i> )	PB	
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML ( <i>insulin nph isophane &amp; regular</i> )	PB	
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML ( <i>insulin nph human (isophane)</i> )	PB	
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML ( <i>insulin nph human (isophane)</i> )	PB	
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML ( <i>insulin regular human</i> )	PB	
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML ( <i>insulin regular human</i> )	PB	
NOVOLOG 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML ( <i>insulin aspart prot &amp; aspart</i> )	NPB	
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML ( <i>insulin aspart</i> )	PB	
NOVOLOG INJECTION SOLUTION 100 UNIT/ML ( <i>insulin aspart</i> )	PB	
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML ( <i>insulin aspart prot &amp; aspart</i> )	PB	
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML ( <i>insulin aspart prot &amp; aspart</i> )	PB	
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML ( <i>insulin aspart</i> )	PB	
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML ( <i>insulin glargine</i> )	PB	
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML ( <i>insulin glargine</i> )	PB	
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML ( <i>insulin degludec</i> )	PB	

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna  
The formulary is updated the first week of each month.  
05/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRESIBA SUBCUTANEOUS SOLUTION 100 UNIT/ML ( <i>insulin degludec</i> )	PB	
<b>ANTIDIABETICS, INSULIN SENSITIZER</b>		
<i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i>	G	LGC
<b>ANTIDIABETICS, INSULIN SENSITIZER/BIGUANIDE COMBINATION</b>		
<i>pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg</i>	G	
<b>ANTIDIABETICS, INSULIN SENSITIZER/SULFONYLUREA COMBINATION</b>		
<i>pioglitazone hcl-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	G	
<b>ANTIDIABETICS, MEGLITINIDE</b>		
<i>nateglinide oral tablet 120 mg, 60 mg</i>	G	LGC
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	G	
<b>ANTIDIABETICS, MISCELLANEOUS</b>		
KORLYM ORAL TABLET 300 MG ( <i>mifepristone</i> )	NF	
<b>ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITOR COMBINATIONS</b>		
INVOKAMET ORAL TABLET 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG ( <i>canagliflozin-metformin hcl</i> )	PB	
INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG ( <i>canagliflozin-metformin hcl</i> )	PB	
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG ( <i>empagliflozin-metformin hcl</i> )	PB	
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 25-1000 MG, 5-1000 MG ( <i>empagliflozin-metformin hcl</i> )	PB	
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 2.5-1000 MG, 5-1000 MG, 5-500 MG ( <i>dapagliflozin-metformin hcl</i> )	PB	
<b>ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITOR/DPP-4 INHIBITOR COMBINATIONS</b>		
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG ( <i>empagliflozin-linagliptin</i> )	PB	
QTERN ORAL TABLET 10-5 MG, 5-5 MG ( <i>dapagliflozin-saxagliptin</i> )	PB	

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

05/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITORS</b>		
FARXIGA ORAL TABLET 10 MG, 5 MG ( <i>dapagliflozin propanediol</i> )	PB	
INVOKANA ORAL TABLET 100 MG, 300 MG ( <i>canagliflozin</i> )	PB	
JARDIANCE ORAL TABLET 10 MG, 25 MG ( <i>empagliflozin</i> )	PB	
<b>ANTIDIABETICS, SULFONYLUREA</b>		
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	G	LGC
<i>glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	G	LGC
<i>glipizide oral tablet 10 mg, 5 mg</i>	G	LGC
<i>glipizide xl oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	G	LGC
<b>ANTI OBESITY</b>		
<i>benzphetamine hcl oral tablet 25 mg, 50 mg</i>	G	SPC
CONTRAVE ORAL TABLET EXTENDED RELEASE 12 HOUR 8-90 MG ( <i>naltrexone-bupropion hcl</i> )	NPB	SPC
<i>diethylpropion hcl er oral tablet extended release 24 hour 75 mg</i>	G	SPC
<i>diethylpropion hcl oral tablet 25 mg</i>	G	SPC
<i>orlistat oral capsule 120 mg</i>	G	SPC
<i>phendimetrazine tartrate oral tablet 35 mg</i>	G	SPC
<i>phentermine hcl oral capsule 15 mg, 30 mg, 37.5 mg</i>	G	SPC
<i>phentermine hcl oral tablet 37.5 mg</i>	G	SPC
QSYMIA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 11.25-69 MG, 15-92 MG, 3.75-23 MG, 7.5-46 MG ( <i>phentermine-topiramate</i> )	PB	SPC
SAXENDA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML ( <i>liraglutide -weight management</i> )	PB	SPC
WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.25 MG/0.5ML, 0.5 MG/0.5ML, 1 MG/0.5ML, 1.7 MG/0.75ML, 2.4 MG/0.75ML ( <i>semaglutide-weight management</i> )	PB	SPC
<b>BISPHOSPHONATES - DRUGS TO TREAT BONE LOSS</b>		
<i>alendronate sodium oral solution 70 mg/75ml</i>	G	
<i>alendronate sodium oral tablet 10 mg, 35 mg, 5 mg, 70 mg</i>	G	

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna  
The formulary is updated the first week of each month.  
05/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>ibandronate sodium intravenous solution 3 mg/3ml</i>	G	
<i>ibandronate sodium oral tablet 150 mg</i>	G	
<i>pamidronate disodium intravenous solution 30 mg/10ml, 90 mg/10ml</i>	G	
<i>pamidronate disodium intravenous solution 6 mg/ml</i>	NPSP	
RECLAST INTRAVENOUS SOLUTION 5 MG/100ML (zoledronic acid)	NPSP	PA
<i>risedronate sodium oral tablet 150 mg, 30 mg, 35 mg, 5 mg</i>	G	
<i>risedronate sodium oral tablet delayed release 35 mg</i>	G	
<i>zoledronic acid intravenous concentrate 4 mg/5ml</i>	G	PA
<i>zoledronic acid intravenous solution 4 mg/100ml</i>	NPSP	PA
<i>zoledronic acid intravenous solution 5 mg/100ml</i>	G	PA
<i>zoledronic acid solution 4 mg/100ml intravenous</i>	PSP	PA
<i>zoledronic acid solution 4 mg/100ml intravenous</i>	NPSP	PA
<b>CALCIUM RECEPTOR AGONISTS</b>		
<i>cinacalcet hcl oral tablet 30 mg, 60 mg</i>	PSP	PA; QL (60 TABLETS per 30 days)
<i>cinacalcet hcl oral tablet 90 mg</i>	PSP	PA; QL (120 TABLETS per 30 days)
PARSABIV INTRAVENOUS SOLUTION 10 MG/2ML, 2.5 MG/0.5ML, 5 MG/ML ( <i>etelcalcetide hcl</i> )	NF	
SENSIPAR ORAL TABLET 30 MG, 60 MG ( <i>cinacalcet hcl</i> )	NPSP	PA; QL (60 TABLETS per 30 days)
SENSIPAR ORAL TABLET 90 MG ( <i>cinacalcet hcl</i> )	NPSP	PA; QL (120 TABLETS per 30 days)
<b>CARNITINE DEFICIENCY AGENTS</b>		
CARNITOR ORAL SOLUTION 1 GM/10ML ( <i>levocarnitine</i> )	NF	
CARNITOR ORAL TABLET 330 MG ( <i>levocarnitine</i> )	NF	
CARNITOR SF ORAL SOLUTION 1 GM/10ML ( <i>levocarnitine</i> )	NF	
<i>levocarnitine oral solution 1 gml/10ml</i>	G	
<i>levocarnitine oral tablet 330 mg</i>	G	
<b>CHELATING AGENTS</b>		
CUPRIMINE ORAL CAPSULE 250 MG ( <i>penicillamine</i> )	NF	
<i>deferasirox granules oral packet 180 mg, 360 mg, 90 mg</i>	PSP	PA
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i>	PSP	PA

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

05/01/2023



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>deferasirox oral tablet soluble 125 mg, 250 mg, 500 mg</i>	PSP	PA
<i>deferiprone oral tablet 1000 mg, 500 mg</i>	PSP	PA
<i>deferoxamine mesylate injection solution reconstituted 2 gm, 500 mg</i>	NPSP	PA
DESFERAL INJECTION SOLUTION RECONSTITUTED 500 MG ( <i>deferoxamine mesylate</i> )	NF	
EXJADE ORAL TABLET SOLUBLE 125 MG, 250 MG, 500 MG ( <i>deferasirox</i> )	NF	
FERRIPROX ORAL SOLUTION 100 MG/ML ( <i>deferiprone</i> )	NF	
FERRIPROX ORAL TABLET 1000 MG, 500 MG ( <i>deferiprone</i> )	NF	
FERRIPROX TWICE-A-DAY ORAL TABLET 1000 MG ( <i>deferiprone</i> )	NF	
JADENU ORAL TABLET 180 MG, 360 MG, 90 MG ( <i>deferasirox</i> )	NF	
JADENU SPRINKLE ORAL PACKET 180 MG, 360 MG, 90 MG ( <i>deferasirox</i> )	NF	
LOKELMA ORAL PACKET 10 GM, 5 GM ( <i>sodium zirconium cyclosilicate</i> )	PB	
<i>penicillamine oral capsule 250 mg</i>	PSP	
<i>penicillamine oral tablet 250 mg</i>	G	
<i>sodium polystyrene sulfonate oral powder</i>	G	
SPS ORAL SUSPENSION 15 GM/60ML ( <i>sodium polystyrene sulfonate</i> )	G	
SYPRINE ORAL CAPSULE 250 MG ( <i>trientine hcl</i> )	NF	
<i>trientine hcl oral capsule 250 mg</i>	PSP	
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM ( <i>patiomer sorbitex calcium</i> )	PB	
<b>CONTRACEPTIVES - PRODUCTS FOR BIRTH CONTROL</b>		
AFTERA ORAL TABLET 1.5 MG ( <i>levonorgestrel</i> )	CE	N7 (Not Covered)
<i>levonorgestrel-ethinyl estrad</i> (Altavera Oral Tablet 0.15-30 Mg-Mcg)	CE	N7 (G)
<i>alyacen 1/35 oral tablet 1-35 mg-mcg</i>	CE	N7 (G)
<i>alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	CE	N7 (G)
<i>levonorgest-eth estrad 91-day</i> (Amethia Oral Tablet 0.15-0.03 & 0.01 Mg)	CE	N7 (G)

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna  
The formulary is updated the first week of each month.  
05/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>levonorgestrel-ethinyl estrad</i> (Amethyst Oral Tablet 90-20 Mcg)	CE	N7 (G)
ANNOVERA VAGINAL RING 0.013-0.15 MG/24HR ( <i>segesterone-ethinyl estradiol</i> )	CE	N7 (PB); QL (1 RING per 300 days)
<i>desogestrel-ethinyl estradiol</i> (Apri Oral Tablet 0.15-30 Mg-Mcg)	CE	N7 (G)
<i>norethin-eth estrad triphasic</i> (Aranelle Oral Tablet 0.5/1/0.5-35 Mg-Mcg)	CE	N7 (G)
<i>levonorgestrel-ethinyl estrad</i> (Aubra Eq Oral Tablet 0.1-20 Mg-Mcg)	CE	N7 (G)
<i>desogestrel-ethinyl estradiol</i> (Azurette Oral Tablet 0.15-0.02/0.01 Mg (21/5))	CE	N7 (G)
BALCOLTRA ORAL TABLET 0.1-20 MG-MCG(21) ( <i>levonorgest-eth estrad-fe bisg</i> )	CE	N7 (NPB)
<i>norethindrone-eth estradiol</i> (Balziva Oral Tablet 0.4-35 Mg-Mcg)	CE	N7 (G)
<i>norethin ace-eth estrad-fe</i> (Blisovi 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	CE	N7 (G)
<i>norethin ace-eth estrad-fe</i> (Blisovi Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N7 (G)
<i>norethin ace-eth estrad-fe</i> (Blisovi Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N7 (G)
<i>norethindrone</i> (Camila Oral Tablet 0.35 Mg)	CE	N7 (G)
<i>levonorgest-eth estrad 91-day</i> (Camrese Lo Oral Tablet 0.1-0.02 & 0.01 Mg)	CE	N7 (G)
<i>levonorgest-eth estrad 91-day</i> (Camrese Oral Tablet 0.15-0.03 & 0.01 Mg)	CE	N7 (G)
CAYA VAGINAL DIAPHRAGM ( <i>diaphragm arc-spring</i> )	CE	N7 (NPB); QL (1 DIAPHRAGM per 300 days)
<i>condoms</i>	CE	N7 (Not Covered); QL (12 CONDOMS per 25 DAYs)
<i>norgestrel-ethinyl estradiol</i> (Cryselle-28 Oral Tablet 0.3-30 Mg-Mcg)	CE	N7 (G)
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML ( <i>medroxyprogesterone acetate</i> )	PB	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 150 MG/ML ( <i>medroxyprogesterone acetate</i> )	PB	

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

05/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML ( <i>medroxyprogesterone acetate</i> )	CE	N7 (PB); QL (4 ML per 300 days)
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)</i>	CE	N7 (G)
<i>drosipren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg, 3-0.03-0.451 mg</i>	CE	N7 (G)
<i>drosiprenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	CE	N7 (G)
ELLA ORAL TABLET 30 MG ( <i>ulipristal acetate</i> )	CE	N7 (NPB)
<i>etonogestrel-ethinyl estradiol (Eluryng Vaginal Ring 0.12-0.015 Mg/24Hr)</i>	CE	N7 (G); QL (13 RING per 300 days)
<i>levonorg-eth estrad triphasic (Enpresse-28 Oral Tablet 50-30/75-40/ 125-30 Mcg)</i>	CE	N7 (G)
<i>norgestimate-eth estradiol (Estarylla Oral Tablet 0.25-35 Mg-Mcg)</i>	CE	N7 (G)
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	CE	N7 (G)
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr</i>	CE	N7 (G); QL (13 RING per 300 days)
<i>levonorgest-eth estrad 91-day (Fayosim Oral Tablet 42-21-21-7 Days)</i>	CE	N7 (G)
FC2 FEMALE CONDOM ( <i>condoms - female</i> )	CE	N7 (NPB)
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM ( <i>cervical caps</i> )	CE	N7 (NPB); QL (1 DEVICE per 300 days)
<i>levonorgest-eth estrad 91-day (Introvale Oral Tablet 0.15-0.03 Mg)</i>	CE	N7 (G)
<i>norethindrone acet-ethinyl est (Junel 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)</i>	CE	N7 (G)
<i>norethindrone acet-ethinyl est (Junel 1/20 Oral Tablet 1-20 Mg-Mcg)</i>	CE	N7 (G)
<i>norethin ace-eth estrad-fe (Junel Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)</i>	CE	N7 (G)
<i>norethin ace-eth estrad-fe (Junel Fe 24 Oral Tablet 1-20 Mg-Mcg(24))</i>	CE	N7 (G)
<i>norethin-eth estradiol-fe (Kaitlib Fe Oral Tablet Chewable 0.8-25 Mg-Mcg)</i>	CE	N7 (G)
<i>ethynodiol diac-eth estradiol (Kelnor 1/50 Oral Tablet 1-50 Mg-Mcg)</i>	CE	N7 (G)

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

05/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 19.5 MG ( <i>levonorgestrel</i> )	CE	N7 (PB); QL (1 INTRAUTERINE DEVICE per 300 days)
<i>levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg</i>	CE	N7 (G)
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg</i>	CE	N7 (G)
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY ( <i>levonorgestrel</i> )	CE	N7 (NF)
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG / 10 MCG ( <i>norethin-eth estrad-fe biphas</i> )	CE	N7 (PB)
<i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>	CE	N7 (G); QL (4 ML per 300 days)
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml</i>	CE	N7 (G); QL (4 ML per 300 days)
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/DAY ( <i>levonorgestrel</i> )	CE	N7 (PB); QL (1 INTRAUTERINE DEVICE per 300 Days)
NATAZIA ORAL TABLET 3/2-2/2-3/1 MG ( <i>estradiol valerate-dienogest</i> )	CE	N7 (PB)
<i>norethindrone-eth estradiol (Necon 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg)</i>	CE	N7 (G)
NEXPLANON SUBCUTANEOUS IMPLANT 68 MG ( <i>etonogestrel</i> )	CE	N7 (NPB); QL (1 IMPLANT per 300 days)
NEXTSTELLIS ORAL TABLET 3-14.2 MG ( <i>drospirenone-estetrol</i> )	CE	N7 (NPB)
<i>norethin ace-eth estrad-fe oral capsule 1-20 mg-mcg (24)</i>	CE	N7 (G)
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg</i>	CE	N7 (G)
<i>norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg (24)</i>	CE	N7 (G)
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg</i>	CE	N7 (G)
<i>norethindrone oral tablet 0.35 mg</i>	CE	N7 (G)
<i>norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg, 0.8-25 mg-mcg</i>	CE	N7 (G)
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	CE	N7 (G)
<i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg</i>	CE	N7 (G)
<i>norethindrone-eth estradiol (Nortrel 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg)</i>	CE	N7 (G)

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

05/01/2023

100

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>norethindrone-eth estradiol</i> (Nortrel 1/35 (21) Oral Tablet 1-35 Mg-Mcg)	CE	N7 (G)
<i>norethin-eth estrad triphasic</i> (Nortrel 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	CE	N7 (G)
NUVARING VAGINAL RING 0.12-0.015 MG/24HR ( <i>etonogestrel-ethinyl estradiol</i> )	NPB	QL (13 RING per 300 days)
OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM ( <i>diaphragms</i> )	CE	N7 (NPB); QL (1 DIAPHRAGM per 300 days)
PARAGARD INTRAUTERINE COPPER INTRAUTERINE INTRAUTERINE DEVICE ( <i>copper</i> )	CE	N7 (NPB); QL (1 INTRAUTERINE DEVICE per 300 days)
<i>desogestrel-ethinyl estradiol</i> (Reclipsen Oral Tablet 0.15-30 Mg-Mcg)	CE	N7 (G)
<i>levonorgest-eth estrad 91-day</i> (Rivelsa Oral Tablet 42-21-21-7 Days)	CE	N7 (G)
SEASONIQUE ORAL TABLET 0.15-0.03 & 0.01 MG ( <i>levonorgest-eth estrad 91-day</i> )	NF	
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 13.5 MG ( <i>levonorgestrel</i> )	CE	N7 (PB); QL (1 INTRAUTERINE DEVICE per 300 days)
SLYND ORAL TABLET 4 MG ( <i>drospirenone</i> )	CE	N7 (NPB)
<i>norethindron-ethinyl estrad-fe</i> (Tilia Fe Oral Tablet 1-20/1-30/1-35 Mg-Mcg)	CE	N7 (G)
<i>norethindron-ethinyl estrad-fe</i> (Tri-Legest Fe Oral Tablet 1-20/1-30/1-35 Mg-Mcg)	CE	N7 (G)
<i>norgestim-eth estrad triphasic</i> (Tri-Lo-Sprintec Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	CE	N7 (G)
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24HR ( <i>levonorgestrel-eth estradiol</i> )	CE	N7 (NPB)
TYBLUME ORAL TABLET CHEWABLE 0.1-20 MG-MCG ( <i>levonorgestrel-ethinyl estrad</i> )	CE	N7 (NPB)
VELIVET ORAL TABLET 0.1/0.125/0.15 -0.025 MG ( <i>desogestrel-ethinyl estradiol</i> )	CE	N7 (G)
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 2 % ( <i>diaphragm wide seal</i> )	CE	N7 (NPB); QL (1 DIAPHRAGM per 300 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 2 % ( <i>diaphragm wide seal</i> )	CE	N7 (NPB); QL (1 DIAPHRAGM per 300 days)
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 2 % ( <i>diaphragm wide seal</i> )	CE	N7 (NPB); QL (1 DIAPHRAGM per 300 days)
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 2 % ( <i>diaphragm wide seal</i> )	CE	N7 (NPB); QL (1 DIAPHRAGM per 300 days)
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 2 % ( <i>diaphragm wide seal</i> )	CE	N7 (NPB); QL (1 DIAPHRAGM per 300 days)
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 2 % ( <i>diaphragm wide seal</i> )	CE	N7 (NPB); QL (1 DIAPHRAGM per 300 days)
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 2 % ( <i>diaphragm wide seal</i> )	CE	N7 (NPB); QL (1 DIAPHRAGM per 300 days)
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 2 % ( <i>diaphragm wide seal</i> )	CE	N7 (NPB); QL (1 DIAPHRAGM per 300 days)
<i>norelgestromin-eth estradiol</i> (Xulane Transdermal Patch Weekly 150-35 Mcg/24Hr)	CE	N7 (G)
<b>CORTISOL SYNTHESIS INHIBITORS</b>		
ISTURISA ORAL TABLET 1 MG, 10 MG, 5 MG ( <i>osilodrostat phosphate</i> )	NF	
RECORLEV ORAL TABLET 150 MG ( <i>levoketoconazole</i> )	NF	
<b>DIABETIC SUPPLIES</b>		
ACCU-CHEK AVIVA PLUS IN VITRO STRIP ( <i>glucose blood</i> )	PB	QL (150 TEST STRIPS per 25 days)
ACCU-CHEK FASTCLIX LANCETS ( <i>lancets</i> )	PB	
ACCU-CHEK GUIDE IN VITRO STRIP ( <i>glucose blood</i> )	PB	QL (150 TEST STRIPS per 25 days)
ACCU-CHEK SMARTVIEW IN VITRO STRIP ( <i>glucose blood</i> )	PB	QL (150 TEST STRIPS per 25 days)
ACCU-CHEK SOFTCLIX LANCETS ( <i>lancets</i> )	PB	
ACCUTREND GLUCOSE IN VITRO STRIP ( <i>glucose blood</i> )	NPB	QL (150 TEST STRIPS per 25 days)

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

05/01/2023

102

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ADVANCE MICRO-DRAW TEST IN VITRO STRIP ( <i>glucose blood</i> )	NPB	QL (150 TEST STRIPS per 25 days)
<i>alcohol swabs pad</i>	NPB	
ASSURE LANCE LANCETS ( <i>lancets</i> )	PB	
BD INSULIN SYRINGE U-500 31G X 6MM 0.5 ML ( <i>insulin syringe/needle u-500</i> )	PB	N8 (BD syringes and needles are the only preferred options)
BD LANCET ULTRAFINE 30G ( <i>lancets</i> )	PB	
BD LANCET ULTRAFINE 33G ( <i>lancets</i> )	PB	
BD MICROTAINER LANCETS ( <i>lancets</i> )	PB	
BD PEN NEEDLE MICRO U/F 32G X 6 MM ( <i>insulin pen needle</i> )	PB	N8 (BD syringes and needles are the only preferred options)
BD PEN NEEDLE MINI U/F 31G X 5 MM ( <i>insulin pen needle</i> )	PB	N8 (BD syringes and needles are the only preferred options)
BD PEN NEEDLE NANO 2ND GEN 32G X 4 MM ( <i>insulin pen needle</i> )	PB	N8 (BD syringes and needles are the only preferred options)
BD PEN NEEDLE NANO U/F 32G X 4 MM ( <i>insulin pen needle</i> )	PB	N8 (BD syringes and needles are the only preferred options)
BD PEN NEEDLE ORIGINAL U/F 29G X 12.7MM ( <i>insulin pen needle</i> )	PB	N8 (BD syringes and needles are the only preferred options)
BD PEN NEEDLE SHORT U/F 31G X 8 MM ( <i>insulin pen needle</i> )	PB	N8 (BD syringes and needles are the only preferred options)
CAREONE LANCET SUPER THIN 30G ( <i>lancets</i> )	PB	
CARESENS LANCETS ( <i>lancets</i> )	PB	
CARETOUCH TEST IN VITRO STRIP ( <i>glucose blood</i> )	NPB	QL (150 TEST STRIPS per 25 days)
COAGUCHEK LANCETS ( <i>lancets</i> )	PB	
<i>comfort assured lancets 28g</i>	PB	
<i>comfort assured lancets 33g</i>	PB	
COMFORT TOUCH LANCETS 31G ( <i>lancets</i> )	PB	
COMFORT TOUCH PLUS LANCETS 30G ( <i>lancets</i> )	PB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CONTOUR NEXT TEST IN VITRO STRIP ( <i>glucose blood</i> )	NPB	QL (150 TEST STRIPS per 25 days)
CONTOUR TEST IN VITRO STRIP ( <i>glucose blood</i> )	NPB	QL (150 TEST STRIPS per 25 days)
CVS ADVANCED GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )	NPB	QL (150 TEST STRIPS per 25 days)
D-CARE BLOOD GLUCOSE IN VITRO STRIP ( <i>glucose blood</i> )	NPB	QL (150 TEST STRIPS per 25 days)
DEXCOM G6 RECEIVER DEVICE ( <i>continuous blood gluc receiver</i> )	PB	
DEXCOM G6 SENSOR ( <i>continuous blood gluc sensor</i> )	PB	QL (3 SENSORS per 25 days)
DEXCOM G6 TRANSMITTER ( <i>continuous blood gluc transmit</i> )	PB	
DEXCOM G7 RECEIVER DEVICE ( <i>continuous blood gluc receiver</i> )	NPB	
DEXCOM G7 SENSOR ( <i>continuous blood gluc sensor</i> )	NPB	QL (3 SENSORS per 25 days)
DROPLET PERSONAL LANCETS 30G ( <i>lancets</i> )	PB	
EASY TOUCH LANCETS 21G ( <i>lancets</i> )	PB	
EASY TOUCH LANCETS 23G ( <i>lancets</i> )	PB	
EASY TOUCH LANCETS 26G ( <i>lancets</i> )	PB	
EASY TOUCH LANCETS 28G ( <i>lancets</i> )	PB	
EASY TOUCH LANCETS 28G/TWIST ( <i>lancets</i> )	PB	
EASY TOUCH LANCETS 30G ( <i>lancets</i> )	PB	
EASY TOUCH LANCETS 32G ( <i>lancets</i> )	PB	
EASY TOUCH LANCETS 32G/TWIST ( <i>lancets</i> )	PB	
EASY TOUCH LANCING DEVICE ( <i>lancet devices</i> )	NPB	
EASY TOUCH SAFETY LANCETS 21G ( <i>lancets</i> )	PB	
EASY TOUCH SAFETY LANCETS 23G ( <i>lancets</i> )	PB	
EASY TOUCH SAFETY LANCETS 26G ( <i>lancets</i> )	PB	
EASY TOUCH SAFETY LANCETS 28G ( <i>lancets</i> )	PB	
EASY TOUCH TEST IN VITRO STRIP ( <i>glucose blood</i> )	NPB	QL (150 TEST STRIPS per 25 days)
EASYMAX 15 TEST IN VITRO STRIP ( <i>glucose blood</i> )	NPB	QL (150 TEST STRIPS per 25 days)

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

05/01/2023



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EASYMAX TEST IN VITRO STRIP ( <i>glucose blood</i> )	NPB	QL (150 TEST STRIPS per 25 days)
EMBRACE BLOOD GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )	NPB	QL (150 TEST STRIPS per 25 days)
ENLITE GLUCOSE SENSOR ( <i>continuous blood gluc sensor</i> )	NPB	QL (5 SENSORS per 25 DAYs)
<i>eq blood glucose test in vitro strip</i>	NPB	QL (150 TEST STRIPS per 25 days)
EVERSENSE SENSOR/HOLDER ( <i>continuous blood gluc sensor</i> )	NPB	QL (1 SENSOR per 75 DAYs)
FINGERSTIX LANCETS ( <i>lancets</i> )	PB	
FORTISCARE TEST IN VITRO STRIP ( <i>glucose blood</i> )	NPB	QL (150 TEST STRIPS per 25 days)
FREESTYLE LANCETS ( <i>lancets</i> )	PB	
FREESTYLE LIBRE 14 DAY SENSOR ( <i>continuous blood gluc sensor</i> )	PB	QL (2 SENSORS per 21 days)
FREESTYLE LIBRE 2 SENSOR ( <i>continuous blood gluc sensor</i> )	PB	QL (2 SENSORS per 21 DAYs)
<i>freestyle libre 3 sensor</i>	PB	QL (2 SENSORS per 21 days)
FREESTYLE LIBRE READER DEVICE ( <i>continuous blood gluc receiver</i> )	PB	
FREESTYLE PRECISION NEO TEST IN VITRO STRIP ( <i>glucose blood</i> )	NPB	QL (150 TEST STRIPS per 25 days)
<i>glucose control in vitro solution</i>	NPB	
GOJJI BLOOD TEST STRIP/LANCETS IN VITRO STRIP ( <i>glucose blood</i> )	NPB	QL (150 TEST STRIPS per 25 days)
GUARDIAN SENSOR (3) ( <i>continuous blood gluc sensor</i> )	NPB	QL (5 SENSORS per 21 DAYs)
<i>guardian sensor 3</i>	NPB	QL (5 SENSORS per 21 DAYs)
<i>lancets super thin 28g</i>	PB	
LANCETS ULTRA THIN ( <i>lancets</i> )	PB	
<i>lancets ultra thin 30g</i>	PB	
<i>liberty test in vitro strip</i>	NPB	QL (150 TEST STRIPS per 25 days)
LIFESCAN UNISTIK 2 ( <i>lancets</i> )	PB	

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna  
The formulary is updated the first week of each month.  
05/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LIFESCAN UNISTIK II LANCETS ( <i>lancets</i> )	PB	
<i>lite touch lancets</i>	PB	
LITETOUCH LANCETS ( <i>lancets</i> )	PB	
MICRODOT TEST IN VITRO STRIP ( <i>glucose blood</i> )	NPB	QL (150 TEST STRIPS per 25 days)
MICROLET LANCETS ( <i>lancets</i> )	PB	
NEUTEK 2TEK TEST IN VITRO STRIP ( <i>glucose blood</i> )	NPB	QL (150 TEST STRIPS per 25 days)
OMNIPOD 5 G6 INTRO (GEN 5) KIT ( <i>insulin disposable pump</i> )	PB	
OMNIPOD 5 G6 POD (GEN 5) ( <i>insulin disposable pump</i> )	PB	
OMNIPOD CLASSIC PODS (GEN 3) ( <i>insulin disposable pump</i> )	PB	
OMNIPOD DASH INTRO (GEN 4) KIT ( <i>insulin disposable pump</i> )	PB	
OMNIPOD DASH PDM (GEN 4) KIT ( <i>insulin disposable pump</i> )	PB	
OMNIPOD DASH PODS (GEN 4) ( <i>insulin disposable pump</i> )	PB	
ONETOUCH CLUB LANCETS FINE PT ( <i>lancets</i> )	PB	
ONETOUCH DELICA LANCETS 33G ( <i>lancets</i> )	PB	
ONETOUCH DELICA PLUS LANCET30G ( <i>lancets</i> )	PB	
ONETOUCH FINEPOINT LANCETS ( <i>lancets</i> )	PB	
ONETOUCH ULTRA IN VITRO STRIP ( <i>glucose blood</i> )	PB	QL (150 TEST STRIPS per 25 days)
ONETOUCH ULTRASOFT LANCETS ( <i>lancets</i> )	PB	
ONETOUCH VERIO IN VITRO STRIP ( <i>glucose blood</i> )	PB	QL (150 TEST STRIPS per 25 days)
OPTIUMEZ TEST IN VITRO STRIP ( <i>glucose blood</i> )	NPB	QL (150 TEST STRIPS per 25 days)
PRECISION THINS GP LANCETS ( <i>lancets</i> )	PB	
PRECISION XTRA BLOOD GLUCOSE IN VITRO STRIP ( <i>glucose blood</i> )	NPB	QL (150 TEST STRIPS per 25 days)
<i>premium blood glucose test in vitro strip</i>	NPB	QL (150 TEST STRIPS per 25 days)
QUINTET AC BLOOD GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )	NPB	QL (150 TEST STRIPS per 25 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
QUINTET BLOOD GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )	NPB	QL (150 TEST STRIPS per 25 days)
RELION ULTIMA TEST IN VITRO STRIP ( <i>glucose blood</i> )	NPB	QL (150 TEST STRIPS per 25 days)
<i>sapscare twist top lancets</i>	PB	
SIMPLE DIAGNOSTICS LANCING DEV ( <i>lancet devices</i> )	NPB	
<i>super thin lancets</i>	PB	
SUPREME TEST IN VITRO STRIP ( <i>glucose blood</i> )	NPB	QL (150 TEST STRIPS per 25 days)
<i>true focus blood glucose strip in vitro strip</i>	NPB	QL (150 TEST STRIPS per 25 days)
TRUE METRIX BLOOD GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )	NPB	QL (150 TEST STRIPS per 25 days)
TRUEPLUS LANCETS 26G ( <i>lancets</i> )	PB	
TRUEPLUS LANCETS 30G ( <i>lancets</i> )	PB	
TRUEPLUS SAFETY LANCETS 28G ( <i>lancets</i> )	PB	
TRUETEST TEST IN VITRO STRIP ( <i>glucose blood</i> )	NPB	QL (150 TEST STRIPS per 25 days)
TRUETRACK TEST IN VITRO STRIP ( <i>glucose blood</i> )	NPB	QL (150 TEST STRIPS per 25 days)
UNISTRIP1 GENERIC IN VITRO STRIP ( <i>glucose blood</i> )	NPB	QL (150 TEST STRIPS per 25 days)
V-GO 20 KIT 20 UNIT/24HR ( <i>insulin disposable pump</i> )	PB	
V-GO 30 KIT 30 UNIT/24HR ( <i>insulin disposable pump</i> )	PB	
V-GO 40 KIT 40 UNIT/24HR ( <i>insulin disposable pump</i> )	PB	
<b>ENDOMETRIOSIS</b>		
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	G	
ORILISSA ORAL TABLET 150 MG, 200 MG ( <i>elagolix sodium</i> )	PB	
<b>ENZYME REPLACEMENTS - DRUGS FOR REPLACEMENT, MODIFICATION, TREATMENT</b>		
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5ML ( <i>laronidase</i> )	NPSP	PA
<i>betaine oral powder</i>	PSP	PA
BUPHENYL ORAL POWDER 3 GM/TSP ( <i>sodium phenylbutyrate</i> )	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BUPHENYL ORAL TABLET 500 MG ( <i>sodium phenylbutyrate</i> )	NF	
CARBAGLU ORAL TABLET SOLUBLE 200 MG ( <i>carglumic acid</i> )	NF	
<i>carglumic acid oral tablet soluble 200 mg</i>	PSP	PA
CERDELGA ORAL CAPSULE 84 MG ( <i>eliglustat tartrate</i> )	PSP	PA; QL (56 CAPSULES per 28 days)
CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT ( <i>imiglucerase</i> )	PSP	PA; QL (15 VIALS per 14 days)
CYSTADANE ORAL POWDER ( <i>betaine</i> )	NF	
CYSTAGON ORAL CAPSULE 150 MG, 50 MG ( <i>cysteamine bitartrate</i> )	PSP	PA
ELAPRASE INTRAVENOUS SOLUTION 6 MG/3ML ( <i>idursulfase</i> )	NPSP	PA
ELELYSO INTRAVENOUS SOLUTION RECONSTITUTED 200 UNIT ( <i>taliglucerase alfa</i> )	NF	
FABRAZYME INTRAVENOUS SOLUTION RECONSTITUTED 35 MG, 5 MG ( <i>agalsidase beta</i> )	NPSP	PA
KANUMA INTRAVENOUS SOLUTION 20 MG/10ML ( <i>sebelipase alfa</i> )	NPSP	PA
KUVAN ORAL PACKET 100 MG, 500 MG ( <i>sapropterin dihydrochloride</i> )	NF	
KUVAN ORAL TABLET 100 MG ( <i>sapropterin dihydrochloride</i> )	NF	
LUMIZYME INTRAVENOUS SOLUTION RECONSTITUTED 50 MG ( <i>alglucosidase alfa</i> )	NPSP	PA
<i>miglustat oral capsule 100 mg</i>	PSP	PA; QL (90 CAPSULES per 30 days)
MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED 11.3 MG ( <i>metreleptin</i> )	NPSP	PA; QL (30 SOLUTION RECONSTITUTED per 30 days)
NAGLAZYME INTRAVENOUS SOLUTION 1 MG/ML ( <i>galsulfase</i> )	NPSP	PA
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML, 2.5 MG/0.5ML, 20 MG/ML ( <i>pegvaliase-pqpz</i> )	NF	
PHEBURANE ORAL PELLETT 483 MG/GM ( <i>sodium phenylbutyrate</i> )	NPSP	PA; QL (672 G per 30 DAYs)

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

05/01/2023

108

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RAVICTI ORAL LIQUID 1.1 GM/ML ( <i>glycerol phenylbutyrate</i> )	NF	
<i>sapropterin dihydrochloride oral packet 100 mg, 500 mg</i>	PSP	PA
<i>sapropterin dihydrochloride oral tablet 100 mg</i>	PSP	PA
<i>sodium phenylbutyrate oral powder 3 gmltsp</i>	PSP	PA; QL (600 GRAMS per 30 days)
<i>sodium phenylbutyrate oral tablet 500 mg</i>	PSP	PA; QL (1200 TABLETS per 30 days)
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45ML, 28 MG/0.7ML, 40 MG/ML, 80 MG/0.8ML ( <i>asfotase alfa</i> )	NPSP	PA
VIMIZIM INTRAVENOUS SOLUTION 5 MG/5ML ( <i>elosulfase alfa</i> )	NPSP	PA
VPRIV INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT ( <i>velaglucerase alfa</i> )	NPSP	PA; QL (15 SOLUTION RECONSTITUTED per 14 days)
ZAVESCA ORAL CAPSULE 100 MG ( <i>miglustat</i> )	NPSP	PA; QL (90 CAPSULES per 30 days)
<b>ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES</b>		
<i>estradiol-norethindrone acet (Amabelz Oral Tablet 0.5-0.1 Mg, 1-0.5 Mg)</i>	G	
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/DAY ( <i>estradiol-levonorgestrel</i> )	PB	
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY 0.05-0.14 MG/DAY, 0.05-0.25 MG/DAY ( <i>estradiol-norethindrone acet</i> )	PB	
DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM, 1 MG/GM, 1.25 MG/1.25GM ( <i>estradiol</i> )	PB	
DUAVEE ORAL TABLET 0.45-20 MG ( <i>conj estrogens-bazedoxifene</i> )	PB	N10 (PA applies)
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	G	
<i>estradiol transdermal gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/0.75gm, 1 mg/gm, 1.25 mg/1.25gm</i>	G	
<i>estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	G	
<i>estradiol vaginal cream 0.1 mg/gm</i>	G	
<i>estradiol vaginal tablet 10 mcg</i>	G	
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	G	
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg</i>	G	
ESTRING VAGINAL RING 2 MG ( <i>estradiol</i> )	PB	
EVAMIST TRANSDERMAL SOLUTION 1.53 MG/SPRAY ( <i>estradiol</i> )	PB	
<i>norethindrone-eth estradiol (Fyavolv Oral Tablet 0.5-2.5 Mg-Mcg, 1-5 Mg-Mcg)</i>	G	
<i>norethindrone-eth estradiol (Jinteli Oral Tablet 1-5 Mg-Mcg)</i>	G	
<i>estradiol-norethindrone acet (Mimvey Oral Tablet 1-0.5 Mg)</i>	G	
MYFEMBREE ORAL TABLET 40-1-0.5 MG ( <i>relugolix-estradiol-norethind</i> )	PB	
ORIAHNN ORAL CAPSULE THERAPY PACK 300-1-0.5 & 300 MG ( <i>elagolix-estradiol-norethind</i> )	PB	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG ( <i>estrogens conjugated</i> )	PB	
PREMARIN VAGINAL CREAM 0.625 MG/GM ( <i>estrogens, conjugated</i> )	PB	
PREMPHASE ORAL TABLET 0.625-5 MG ( <i>conj estrog-medroxyprogest ace</i> )	PB	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG ( <i>conj estrog-medroxyprogest ace</i> )	PB	
<b>FERTILITY REGULATORS</b>		
CETROTIDE SUBCUTANEOUS KIT 0.25 MG ( <i>cetorelix acetate</i> )	PSP	PA; SPC
<i>chorionic gonadotropin intramuscular solution reconstituted 10000 unit</i>	NF	
CLOMID ORAL TABLET 50 MG ( <i>clomiphene citrate</i> )	G	SPC
FOLLISTIM AQ SUBCUTANEOUS SOLUTION 300 UNT/0.36ML, 600 UNT/0.72ML, 900 UNT/1.08ML ( <i>follitropin beta</i> )	NF	
<i>ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous</i>	NPSP	PA; SPC

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous</i>	PSP	PA; SPC
GONAL-F INJECTION SOLUTION RECONSTITUTED 1050 UNIT, 450 UNIT ( <i>follitropin alfa</i> )	PSP	PA; SPC
GONAL-F RFF REDIJECT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/0.5ML, 450 UNT/0.75ML, 900 UNIT/1.5ML ( <i>follitropin alfa</i> )	PSP	PA; SPC
GONAL-F RFF SUBCUTANEOUS SOLUTION RECONSTITUTED 75 UNIT ( <i>follitropin alfa</i> )	PSP	PA; SPC
MENOPUR SUBCUTANEOUS SOLUTION RECONSTITUTED 75 UNIT ( <i>menotropins</i> )	PSP	PA; SPC
NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED 10000 UNIT, 5000 UNIT ( <i>chorionic gonadotropin</i> )	NF	
OVIDREL SUBCUTANEOUS INJECTABLE 250 MCG/0.5ML ( <i>choriogonadotropin alfa</i> )	PSP	PA; SPC
PREGNYL INTRAMUSCULAR SOLUTION RECONSTITUTED 10000 UNIT ( <i>chorionic gonadotropin</i> )	NF	
<b>GLUCOCORTICOIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE</b>		
ALKINDI SPRINKLE ORAL CAPSULE SPRINKLE 0.5 MG, 1 MG, 2 MG, 5 MG ( <i>hydrocortisone</i> )	NPB	
<i>dexamethasone oral elixir 0.5 mg/5ml</i>	G	
<i>dexamethasone oral solution 0.5 mg/5ml</i>	G	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	G	
<i>dexamethasone oral tablet therapy pack 1.5 mg (21), 1.5 mg (35), 1.5 mg (51)</i>	G	
EMFLAZA ORAL SUSPENSION 22.75 MG/ML ( <i>deflazacort</i> )	NF	
EMFLAZA ORAL TABLET 18 MG, 30 MG, 36 MG, 6 MG ( <i>deflazacort</i> )	NF	
<i>fludrocortisone acetate oral tablet 0.1 mg</i>	G	
<i>dexamethasone (Hidex 6-Day Oral Tablet Therapy Pack 1.5 Mg (21))</i>	G	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	G	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	G	
<i>methylprednisolone oral tablet therapy pack 4 mg</i>	G	

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

05/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>prednisolone</i> (Millipred Oral Tablet 5 Mg)	NF	
<i>prednisolone oral solution 15 mg/5ml</i>	G	
<i>prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml</i>	NF	
<i>prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml</i>	G	
<i>prednisolone sodium phosphate oral tablet dispersible 10 mg, 15 mg, 30 mg</i>	G	
<i>prednisone oral solution 5 mg/5ml</i>	G	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	G	
<i>prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)</i>	G	
TAPERDEX 12-DAY ORAL TABLET THERAPY PACK 1.5 MG (49) ( <i>dexamethasone</i> )	G	
<i>dexamethasone</i> (Taperdex 6-Day Oral Tablet Therapy Pack 1.5 Mg, 1.5 Mg (21))	NF	
TAPERDEX 7-DAY ORAL TABLET THERAPY PACK 1.5 MG (27) ( <i>dexamethasone</i> )	G	
<b>GLUCOSE ELEVATING AGENTS - DRUGS TO TREAT LOW BLOOD SUGAR</b>		
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE ( <i>glucagon</i> )	PB	
BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE ( <i>glucagon</i> )	PB	
BD GLUCOSE ORAL TABLET CHEWABLE 5 GM ( <i>dextrose (diabetic use)</i> )	NPB	
<i>diazoxide oral suspension 50 mg/ml</i>	G	
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED 1 MG ( <i>glucagon hcl (rdna)</i> )	PB	
<i>glucagon emergency injection kit 1 mg</i>	G	
<i>glucose oral tablet chewable 4 gm</i>	NPB	
<i>gnp glucose gummies oral tablet chewable 2 gm</i>	NPB	
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML ( <i>glucagon</i> )	PB	
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML ( <i>glucagon</i> )	PB	

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

05/01/2023



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GVOKE KIT SUBCUTANEOUS SOLUTION 1 MG/0.2ML ( <i>glucagon</i> )	PB	
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.5 MG/0.1ML, 1 MG/0.2ML ( <i>glucagon</i> )	PB	
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.6 MG/0.6ML ( <i>dasiglucagon hcl</i> )	PB	
ZEGALOGUE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.6 MG/0.6ML ( <i>dasiglucagon hcl</i> )	PB	
<b>GROWTH IMPROVEMENT AGENTS - DRUGS TO PROMOTE GROWTH</b>		
VOXZOGO SUBCUTANEOUS SOLUTION RECONSTITUTED 0.4 MG, 0.56 MG, 1.2 MG ( <i>vosoritide</i> )	NPSP	PA; QL (30 VIALS per 30 days)
<b>HEREDITARY TYROSINEMIA TYPE 1 AGENTS - DRUGS FOR REPLACEMENT, MODIFICATION, TREATMENT</b>		
<i>nitisinone oral capsule 10 mg, 2 mg, 5 mg</i>	PSP	PA
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG ( <i>nitisinone</i> )	NF	
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG ( <i>nitisinone</i> )	PSP	PA
ORFADIN ORAL SUSPENSION 4 MG/ML ( <i>nitisinone</i> )	PSP	PA
<b>HUMAN GROWTH HORMONES - DRUGS TO REGULATE PITUITARY HORMONES</b>		
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE 0.2 MG, 0.4 MG, 0.6 MG, 0.8 MG, 1 MG, 1.2 MG, 1.4 MG, 1.6 MG, 1.8 MG, 2 MG ( <i>somatropin</i> )	PSP	PA
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG, 5 MG ( <i>somatropin</i> )	PSP	PA
HUMATROPE INJECTION CARTRIDGE 12 MG, 24 MG, 6 MG ( <i>somatropin</i> )	NF	
NORDITROPIN FLEXPPO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 30 MG/3ML, 5 MG/1.5ML ( <i>somatropin</i> )	PSP	PA
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/2ML ( <i>somatropin</i> )	NF	
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR 20 MG/2ML ( <i>somatropin</i> )	NF	
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MG/2ML ( <i>somatropin</i> )	NF	

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

05/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 10 MG/1.5ML, 5 MG/1.5ML ( <i>somatropin</i> )	NF	
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG ( <i>somatropin</i> )	NF	
SAIZEN INJECTION SOLUTION RECONSTITUTED 5 MG, 8.8 MG ( <i>somatropin (non-refrigerated)</i> )	NF	
SAIZENPREP INJECTION SOLUTION RECONSTITUTED 8.8 MG ( <i>somatropin (non-refrigerated)</i> )	NF	
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG ( <i>somatropin (non-refrigerated)</i> )	NPSP	PA
SKYTROFA SUBCUTANEOUS CARTRIDGE 11 MG, 13.3 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG, 7.6 MG, 9.1 MG ( <i>lonapegsomatropin-tcgd</i> )	NF	
ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 5 MG ( <i>somatropin</i> )	NF	
ZORBTIVE SUBCUTANEOUS SOLUTION RECONSTITUTED 8.8 MG ( <i>somatropin (non-refrigerated)</i> )	NPSP	PA
<b>LUTEINIZING HORMONE-RELEASING HORMONE (LHRH) AGONISTS</b>		
FENSOLVI (6 MONTH) SUBCUTANEOUS KIT 45 MG ( <i>leuprolide acetate (6 month)</i> )	PSP	PA
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG ( <i>leuprolide acetate</i> )	PSP	PA
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG (PED), 30 MG ( <i>leuprolide acetate (3 month)</i> )	PSP	PA
SYNAREL NASAL SOLUTION 2 MG/ML ( <i>nafarelin acetate</i> )	NPB	PA
TRIPTODUR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 22.5 MG ( <i>triptorelin pamoate</i> )	PSP	PA
<b>MINERALOCORTICOID RECEPTOR ANTAGONISTS - DRUGS TO TREAT CHRONIC KIDNEY DISEASE ASSOCIATED WITH TYPE 2 DIABETES</b>		
KERENDIA ORAL TABLET 10 MG, 20 MG ( <i>finerenone</i> )	PB	
<b>MISCELLANEOUS</b>		
ACTHAR INJECTION GEL 80 UNIT/ML ( <i>corticotropin</i> )	NPSP	PA; QL (35 ML per 21 days)
<i>cabergoline oral tablet 0.5 mg</i>	G	
<i>calcitonin (salmon) nasal solution 200 unit/lact</i>	G	

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

05/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CORTROPHIN INJECTION GEL 80 UNIT/ML ( <i>corticotropin</i> )	NPSP	PA; QL (35 ML per 21 days)
EVENITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 105 MG/1.17ML ( <i>romosozumab-aqqg</i> )	NF	
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 600 MCG/2.4ML ( <i>teriparatide (recombinant)</i> )	PSP	PA; QL (1 PEN per 28 Days)
GALAFOLD ORAL CAPSULE 123 MG ( <i>migalastat hcl</i> )	NPSP	PA; QL (14 CAPSULES per 28 days)
IMCIVREE SUBCUTANEOUS SOLUTION 10 MG/ML ( <i>setmelanotide acetate</i> )	NF	
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML ( <i>mecasermin</i> )	NPSP	PA
JYNARQUE ORAL TABLET 15 MG ( <i>tolvaptan</i> )	NPSP	PA; QL (60 TABLETS per 30 days)
JYNARQUE ORAL TABLET 30 MG ( <i>tolvaptan</i> )	NPSP	PA; QL (30 TABLETS per 30 days)
JYNARQUE ORAL TABLET THERAPY PACK 15 MG, 30 & 15 MG ( <i>tolvaptan</i> )	NPSP	PA; QL (56 TABLETS per 28 DAYS)
JYNARQUE ORAL TABLET THERAPY PACK 45 & 15 MG, 60 & 30 MG, 90 & 30 MG ( <i>tolvaptan</i> )	NPSP	PA; QL (56 TABLETS per 28 days)
<i>methylergonovine maleate</i> (Methergine Oral Tablet 0.2 Mg)	G	QL (4 TABLETS per 1 day)
<i>methylergonovine maleate oral tablet 0.2 mg</i>	G	QL (4 TABLETS per 1 day)
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG, 25 MCG, 50 MCG, 75 MCG ( <i>parathyroid hormone (recomb)</i> )	NPSP	PA; QL (2 CARTRIDGE per 28 days)
OSPHENA ORAL TABLET 60 MG ( <i>ospemifene</i> )	PB	N10 (PA applies)
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML ( <i>denosumab</i> )	PSP	PA; QL (60 ML per 168 days)
<i>raloxifene hcl oral tablet 60 mg</i>	CE	N7 (G); AL (Min 35 Years)
SAMSCA ORAL TABLET 15 MG, 30 MG ( <i>tolvaptan</i> )	NPSP	PA
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 10 MG, 20 MG, 30 MG, 40 MG, 60 MG ( <i>pasireotide pamoate</i> )	NF	
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML ( <i>pasireotide diaspartate</i> )	NPSP	PA; QL (60 ML per 30 days)
<i>teriparatide (recombinant) subcutaneous solution pen-injector 620 mcg/2.48ml</i>	NF	
<i>tolvaptan oral tablet 15 mg, 30 mg</i>	PSP	PA

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna  
The formulary is updated the first week of each month.  
05/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML ( <i>abaloparatide</i> )	PSP	PA; QL (1 PEN per 30 DAYS)
VIJOICE ORAL TABLET THERAPY PACK 125 MG, 200 & 50 MG, 50 MG ( <i>alpelisib</i> )	NF	
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7ML ( <i>denosumab</i> )	NPSP	PA
XURIDEN ORAL PACKET 2 GM ( <i>uridine triacetate</i> )	NPSP	QL (4 PACKETS per 1 DAY)
ZOKINVY ORAL CAPSULE 50 MG, 75 MG ( <i>lonafarnib</i> )	NPSP	PA; QL (120 CAPSULES per 30 days)
<b>PHOSPHATE BINDER AGENTS - DRUGS TO REGULATE CALCIUM AND PHOSPHORUS LEVELS</b>		
AURYXIA ORAL TABLET 1 GM 210 MG(Fe) ( <i>ferric citrate</i> )	PB	
<i>calcium acetate (phos binder) oral capsule 667 mg</i>	G	
<i>lanthanum carbonate oral tablet chewable 1000 mg, 500 mg, 750 mg</i>	NF	
PHOSLYRA ORAL SOLUTION 667 MG/5ML ( <i>calcium acetate (phos binder)</i> )	PB	
<i>sevelamer carbonate oral packet 0.8 gm, 2.4 gm</i>	G	
<i>sevelamer carbonate oral tablet 800 mg</i>	G	
<i>sevelamer hcl oral tablet 400 mg, 800 mg</i>	G	
VELPHORO ORAL TABLET CHEWABLE 500 MG ( <i>sucroferric oxyhydroxide</i> )	PB	
<b>POLYNEUROPATHY</b>		
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML ( <i>inotersen sodium</i> )	PSP	PA; QL (4 syringes per 28 days)
<b>PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES</b>		
CRINONE VAGINAL GEL 4 %, 8 % ( <i>progesterone</i> )	PB	
<i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i>	G	
<i>megestrol acetate oral suspension 625 mg/5ml</i>	CE	N7 (G)
<i>norethindrone acetate oral tablet 5 mg</i>	G	
<i>progesterone oral capsule 100 mg, 200 mg</i>	G	
PROMETRIUM ORAL CAPSULE 100 MG, 200 MG ( <i>progesterone</i> )	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS</b>		
<i>levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	G	
<i>liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg</i>	G	
<i>methimazole oral tablet 10 mg, 5 mg</i>	G	
NP THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG ( <i>thyroid</i> )	G	STX
<i>propylthiouracil oral tablet 50 mg</i>	G	
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG ( <i>levothyroxine sodium</i> )	PB	
<b>VASOPRESSINS - DRUGS TO REGULATE PITUITARY HORMONES</b>		
<i>desmopressin ace spray refrig nasal solution 0.01 %</i>	G	
<i>desmopressin acetate nasal solution 1.5 mg/ml</i>	NPSP	PA
<i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i>	G	
<i>desmopressin acetate spray nasal solution 0.01 %</i>	G	
<b>GASTROINTESTINAL - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS</b>		
<b>ANTICHOLINERGICS</b>		
<i>dicyclomine hcl oral capsule 10 mg</i>	G	
<i>dicyclomine hcl oral tablet 20 mg</i>	G	
GLYCATE ORAL TABLET 1.5 MG ( <i>glycopyrrolate</i> )	NF	
<i>glycopyrrolate oral solution 1 mg/5ml</i>	G	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	G	
<i>glycopyrrolate oral tablet 1.5 mg</i>	NF	
<i>methscopolamine bromide oral tablet 2.5 mg, 5 mg</i>	G	
<b>ANTIDIARRHEALS</b>		
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml</i>	G	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	G	
LOMOTIL ORAL TABLET 2.5-0.025 MG ( <i>diphenoxylate-atropine</i> )	PB	

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna  
The formulary is updated the first week of each month.  
05/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MYTESI ORAL TABLET DELAYED RELEASE 125 MG (crofelemer)	NF	
<b>ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING</b>		
<i>aprepitant oral capsule 125 mg, 40 mg, 80 &amp; 125 mg, 80 mg</i>	G	
<i>prochlorperazine (Compro Rectal Suppository 25 Mg)</i>	G	
<i>doxylamine-pyridoxine oral tablet delayed release 10-10 mg</i>	G	
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	G	
<i>granisetron hcl oral tablet 1 mg</i>	G	
<i>metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml</i>	G	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	G	
<i>metoclopramide hcl oral tablet dispersible 5 mg</i>	G	
<i>ondansetron hcl oral solution 4 mg/5ml</i>	G	
<i>ondansetron hcl oral tablet 24 mg, 4 mg, 8 mg</i>	G	
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>	G	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	G	
<i>promethazine hcl oral syrup 6.25 mg/5ml</i>	G	
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>	G	
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	G	
PROMETHEGAN RECTAL SUPPOSITORY 50 MG (promethazine hcl)	G	
SANCUSO TRANSDERMAL PATCH 3.1 MG/24HR (granisetron)	PB	
<i>scopolamine transdermal patch 72 hour 1 mg/3days</i>	G	
<i>trimethobenzamide hcl oral capsule 300 mg</i>	G	
VARUBI (180 MG DOSE) ORAL TABLET THERAPY PACK 2 X 90 MG (rolapitant hcl)	PB	
<b>ANTISPASMODICS - DRUGS FOR MUSCLE SPASM</b>		
<i>chlordiazepoxide-clidinium oral capsule 5-2.5 mg</i>	G	N8 (Listing does not include certain NDCs)
<b>H2-RECEPTOR ANTAGONISTS - DRUGS FOR ULCERS AND STOMACH ACID</b>		
<i>cimetidine hcl oral solution 300 mg/5ml</i>	G	
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	G	
<i>famotidine oral tablet 40 mg</i>	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>nizatidine oral capsule 150 mg, 300 mg</i>	G	
<b>INFLAMMATORY BOWEL DISEASE - BOWEL, INTESTINE, AND STOMACH CONDITION DRUGS</b>		
APRISO ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.375 GM ( <i>mesalamine</i> )	NPB	
<i>balsalazide disodium oral capsule 750 mg</i>	G	
<i>budesonide er oral tablet extended release 24 hour 9 mg</i>	G	
<i>budesonide oral capsule delayed release particles 3 mg</i>	G	
COLAZAL ORAL CAPSULE 750 MG ( <i>balsalazide disodium</i> )	NF	
CORTIFOAM EXTERNAL FOAM 10 % ( <i>hydrocortisone acetate</i> )	PB	
<i>mesalamine er oral capsule extended release 24 hour 0.375 gm</i>	G	
<i>mesalamine er oral capsule extended release 500 mg</i>	G	
<i>mesalamine oral capsule delayed release 400 mg</i>	G	
<i>mesalamine oral tablet delayed release 1.2 gm, 800 mg</i>	G	
<i>mesalamine rectal enema 4 gm</i>	G	
<i>mesalamine rectal suppository 1000 mg</i>	G	
PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG, 500 MG ( <i>mesalamine</i> )	PB	
<i>sulfasalazine oral tablet 500 mg</i>	G	
<i>sulfasalazine oral tablet delayed release 500 mg</i>	G	
<b>IRRITABLE BOWEL SYNDROME</b>		
VIBERZI ORAL TABLET 100 MG, 75 MG ( <i>eluxadoline</i> )	PB	
<b>IRRITABLE BOWEL SYNDROME WITH CONSTIPATION</b>		
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG ( <i>linaclotide</i> )	PB	
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	G	
<b>IRRITABLE BOWEL SYNDROME WITH DIARRHEA</b>		
<i>alosetron hcl oral tablet 0.5 mg, 1 mg</i>	G	
<b>LAXATIVES - DRUGS FOR CONSTIPATION</b>		
CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM - GM/160ML, 10-3.5-12 MG-GM -GM/175ML ( <i>sod picosulfate-mag ox-cit acd</i> )	CE	N7 (NPB); N8 (\$0 copay for members age 45 through 75); AL (Min 45 Years and Max 75 Years)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GAVILYTE-C ORAL SOLUTION RECONSTITUTED 240 GM ( <i>peg 3350-kcl-nabcb-nacl-nasulf</i> )	G	
<i>peg 3350-kcl-nabcb-nacl-nasulf</i> (Gavilyte-G Oral Solution Reconstituted 236 Gm)	G	
KRISTALOSE ORAL PACKET 10 GM ( <i>lactulose</i> )	NPB	
<i>lactulose oral packet 10 gm</i>	NF	
<i>lactulose oral solution 10 gm/15ml</i>	G	
MOVIPREP ORAL SOLUTION RECONSTITUTED 100 GM ( <i>peg-kcl-nacl-nasulf-na asc-c</i> )	NPB	
<i>na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml</i>	CE	N7 (G); N8 (\$0 copay for members age 45 through 75); AL (Min 45 Years and Max 75 Years)
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm</i>	G	
<i>peg-3350/electrolytes oral solution reconstituted 236 gm</i>	G	
<i>peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted 100 gm</i>	CE	N7 (NF)
PEG-PREP ORAL KIT 5-210 MG-GM ( <i>bisacodyl-peg-kcl-nabicar-nacl</i> )	CE	N7 (NPB); N8 (\$0 copay for members age 45 through 75); AL (Min 45 Years and Max 75 Years)
PLENVU ORAL SOLUTION RECONSTITUTED 140 GM ( <i>peg-kcl-nacl-nasulf-na asc-c</i> )	CE	N7 (NPB); N8 (\$0 copay for members age 45 through 75); AL (Min 45 Years and Max 75 Years)
SUPREP BOWEL PREP KIT ORAL SOLUTION 17.5-3.13-1.6 GM/177ML ( <i>na sulfate-k sulfate-mg sulf</i> )	PB	
SUTAB ORAL TABLET 1479-225-188 MG ( <i>sodium sulfate-mag sulfate-kcl</i> )	CE	N7 (NPB); N8 (\$0 copay for members age 45 through 75); AL (Min 45 Years and Max 75 Years)
<b>MISCELLANEOUS</b>		
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE 200 MCG, 600 MCG ( <i>odevixibat</i> )	NF	
BYLVAY ORAL CAPSULE 1200 MCG, 400 MCG ( <i>odevixibat</i> )	NF	
CHENODAL ORAL TABLET 250 MG ( <i>chenodiol</i> )	NPSP	PA
CHOLBAM ORAL CAPSULE 250 MG, 50 MG ( <i>cholic acid</i> )	NPSP	PA



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CYTOTEC ORAL TABLET 100 MCG, 200 MCG ( <i>misoprostol</i> )	PB	
GATTEX SUBCUTANEOUS KIT 5 MG ( <i>teduglutide</i> ( <i>rdna</i> ))	NPSP	PA; QL (1 KIT per 30 days)
LIVMARLI ORAL SOLUTION 9.5 MG/ML ( <i>maralixibat</i> <i>chloride</i> )	NPSP	PA; QL (90 ML per 30 days)
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	G	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG ( <i>naloxegol</i> <i>oxalate</i> )	PB	
OICALIVA ORAL TABLET 10 MG, 5 MG ( <i>obeticholic acid</i> )	NPSP	PA; QL (30 TABLETS per 30 days)
SUCRAID ORAL SOLUTION 8500 UNIT/ML ( <i>sacrosidase</i> )	NPSP	
<i>sucrafate oral suspension 1 gm/10ml</i>	NF	
<i>sucrafate oral tablet 1 gm</i>	G	
SYMPROIC ORAL TABLET 0.2 MG ( <i>naldemedine tosylate</i> )	PB	
URSO 250 ORAL TABLET 250 MG ( <i>ursodiol</i> )	PB	
URSO FORTE ORAL TABLET 500 MG ( <i>ursodiol</i> )	PB	
<i>ursodiol oral capsule 300 mg</i>	G	
<i>ursodiol oral tablet 250 mg, 500 mg</i>	G	
XERMELO ORAL TABLET 250 MG ( <i>telotristat etiprate</i> )	NPSP	PA; QL (90 TABLETS per 30 days)
<b>PANCREATIC ENZYMES</b>		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000- 9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT ( <i>pancrelipase (lip-prot-amyl)</i> )	PB	
VIOKACE ORAL TABLET 10440-39150 UNIT, 20880- 78300 UNIT ( <i>pancrelipase (lip-prot-amyl)</i> )	PB	
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000- 63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000- 126000 UNIT, 5000-24000 UNIT ( <i>pancrelipase (lip-prot- amyl)</i> )	PB	
<b>PROTON PUMP INHIBITORS - DRUGS FOR ULCERS AND STOMACH ACID</b>		
ACIPHEX ORAL TABLET DELAYED RELEASE 20 MG ( <i>rabeprazole sodium</i> )	NPB	QL (90 TABLETS per 365 days)

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna  
The formulary is updated the first week of each month.  
05/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DEXILANT ORAL CAPSULE DELAYED RELEASE 30 MG, 60 MG ( <i>dexlansoprazole</i> )	NPB	QL (90 CAPSULES per 365 days)
<i>dexlansoprazole oral capsule delayed release 30 mg, 60 mg</i>	G	QL (90 CAPSULES per 365 DAYs)
<i>esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg</i>	G	QL (90 CAPSULES per 365 DAYs)
<i>esomeprazole magnesium oral packet 10 mg, 20 mg, 40 mg</i>	G	QL (90 PACKET per 365 days)
<i>esomeprazole magnesium oral tablet delayed release 20 mg</i>	G	Select OTC; QL (90 TABLETS per 365 DAYs)
KONVOMEF ORAL SUSPENSION RECONSTITUTED 2-84 MG/ML ( <i>omeprazole-sodium bicarbonate</i> )	NPB	QL (1800 ML per 365 DAYs)
<i>lansoprazole oral capsule delayed release 30 mg</i>	G	QL (90 CAPSULES per 365 DAYs)
<i>lansoprazole oral tablet delayed release dispersible 30 mg</i>	NF	
NEXIUM 24HR ORAL TABLET DELAYED RELEASE 20 MG ( <i>esomeprazole magnesium</i> )	G	Select OTC; QL (90 tablets per 365 days)
NEXIUM ORAL CAPSULE DELAYED RELEASE 40 MG ( <i>esomeprazole magnesium</i> )	NPB	QL (90 CAPSULES per 365 DAYs)
NEXIUM ORAL PACKET 10 MG, 2.5 MG, 20 MG, 40 MG, 5 MG ( <i>esomeprazole magnesium</i> )	NPB	QL (90 PACKETS per 365 DAYs)
<i>omeprazole magnesium oral capsule delayed release 20.6 (20 base) mg</i>	G	Select OTC; QL (90 CAPSULES per 365 DAYs)
<i>omeprazole magnesium oral tablet delayed release 20 mg</i>	G	Select OTC; QL (90 TABLETS per 365 DAYs)
<i>omeprazole oral capsule delayed release 10 mg, 40 mg</i>	G	QL (90 CAPSULES per 365 days)
<i>omeprazole oral capsule delayed release 20 mg</i>	G	Select OTC; QL (90 CAPSULES per 365 DAYs)
<i>omeprazole-sodium bicarbonate oral capsule 20-1100 mg</i>	G	QL (90 CAPSULES per 365 DAYs)
<i>omeprazole-sodium bicarbonate oral capsule 40-1100 mg</i>	NF	
<i>omeprazole-sodium bicarbonate oral packet 20-1680 mg, 40-1680 mg</i>	NF	
<i>pantoprazole sodium oral packet 40 mg</i>	NF	
<i>pantoprazole sodium oral tablet delayed release 20 mg, 40 mg</i>	G	QL (90 TABLETS per 365 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PREVACID ORAL CAPSULE DELAYED RELEASE 30 MG ( <i>lansoprazole</i> )	NPB	QL (90 CAPSULES per 365 DAYS)
PREVACID SOLUTAB ORAL TABLET DELAYED RELEASE DISPERSIBLE 30 MG ( <i>lansoprazole</i> )	NPB	QL (90 TABLETS per 365 DAYS)
PRILOSEC ORAL PACKET 10 MG, 2.5 MG ( <i>omeprazole magnesium</i> )	NF	
PRILOSEC OTC ORAL TABLET DELAYED RELEASE 20 MG ( <i>omeprazole magnesium</i> )	G	Select OTC; QL (90 TABLETS per 365 DAYS)
PROTONIX ORAL PACKET 40 MG ( <i>pantoprazole sodium</i> )	NPB	QL (90 PACKETS per 365 DAYS)
PROTONIX ORAL TABLET DELAYED RELEASE 20 MG, 40 MG ( <i>pantoprazole sodium</i> )	NPB	QL (90 TABLETS per 365 DAYS)
<i>qc lansoprazole oral capsule delayed release 15 mg</i>	G	Select OTC; QL (90 CAPSULES per 365 DAYS)
<i>ra omeprazole oral tablet delayed release 20 mg</i>	G	Select OTC; QL (90 TABLETS per 365 days)
<i>rabeprazole sodium oral capsule sprinkle 10 mg</i>	NPB	QL (90 CAPSULES per 365 DAYS)
<i>rabeprazole sodium oral tablet delayed release 20 mg</i>	G	QL (90 TABLETS per 365 days)
ZEGERID ORAL CAPSULE 40-1100 MG ( <i>omeprazole-sodium bicarbonate</i> )	NF	
ZEGERID ORAL PACKET 20-1680 MG, 40-1680 MG ( <i>omeprazole-sodium bicarbonate</i> )	NF	
<b>RECTAL, CORTICOSTEROIDS</b>		
ANUSOL-HC EXTERNAL CREAM 2.5 % ( <i>hydrocortisone</i> )	PB	
<i>hydrocortisone (perianal) external cream 2.5 %</i>	G	
PROCTOFOAM HC EXTERNAL FOAM 1-1 % ( <i>hydrocortisone ace-pramoxine</i> )	PB	
<i>hydrocortisone (Proctozone-Hc External Cream 2.5 %)</i>	G	
<b>ULCER THERAPY COMBINATIONS</b>		
<i>amoxicill-clarithro-lansopraz oral therapy pack 500 &amp; 500 &amp; 30 mg</i>	G	
PYLERA ORAL CAPSULE 140-125-125 MG ( <i>bis subcit-metronid-tetracyc</i> )	PB	
TALICIA ORAL CAPSULE DELAYED RELEASE 250-12.5-10 MG ( <i>amoxicill-rifabutin-omeprazole</i> )	PB	

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna  
The formulary is updated the first week of each month.  
05/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>GENITOURINARY - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS</b>		
<b>BENIGN PROSTATIC HYPERPLASIA - DRUGS TO TREAT ENLARGED PROSTATE</b>		
<i>alfuzosin hcl er oral tablet extended release 24 hour 10 mg</i>	G	
<i>dutasteride oral capsule 0.5 mg</i>	G	
<i>dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg</i>	G	
<i>finasteride oral tablet 5 mg</i>	G	
<i>silodosin oral capsule 4 mg, 8 mg</i>	G	
<i>tamsulosin hcl oral capsule 0.4 mg</i>	G	
UROXATRAL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG ( <i>alfuzosin hcl</i> )	NF	
<b>CONTRACEPTIVES - PRODUCTS FOR BIRTH CONTROL</b>		
ENCARE VAGINAL SUPPOSITORY 100 MG ( <i>nonoxynol-9</i> )	CE	N7 (Not Covered)
OPTIONS GYNOL II CONTRACEPTIVE VAGINAL GEL 3 % ( <i>nonoxynol-9</i> )	CE	N7 (Not Covered)
PHEXXI VAGINAL GEL 1.8-1-0.4 % ( <i>lactic ac-citric ac-pot bitart</i> )	CE	N7 (NPB)
SHUR-SEAL CONTRACEPTIVE VAGINAL GEL 2 % ( <i>nonoxynol-9</i> )	CE	N7 (Not Covered)
TODAY SPONGE VAGINAL 1000 MG ( <i>nonoxynol-9</i> )	CE	N7 (Not Covered)
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM 28 % ( <i>nonoxynol-9</i> )	CE	N7 (Not Covered)
VCF VAGINAL CONTRACEPTIVE VAGINAL FOAM 12.5 % ( <i>nonoxynol-9</i> )	CE	N7 (Not Covered)
VCF VAGINAL CONTRACEPTIVE VAGINAL GEL 4 % ( <i>nonoxynol-9</i> )	CE	N7 (Not Covered)
<b>ERECTILE DYSFUNCTION</b>		
<i>bi-mix intracavernosal solution reconstituted 150-5 mg</i>	NPB	SPC
CAVERJECT IMPULSE INTRACAVERNOSAL KIT 10 MCG, 20 MCG ( <i>alprostadil ( vasodilator)</i> )	NPB	SPC
CAVERJECT INTRACAVERNOSAL SOLUTION RECONSTITUTED 40 MCG ( <i>alprostadil ( vasodilator)</i> )	NPB	SPC
CIALIS ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG ( <i>tadalafil</i> )	NPB	SPC

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

05/01/2023

124

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EDEX INTRACAVERNOSAL KIT 10 MCG, 20 MCG, 40 MCG ( <i>alprostadil (vasodilator)</i> )	NPB	SPC
MUSE URETHRAL PELLETT 1000 MCG, 250 MCG, 500 MCG ( <i>alprostadil (vasodilator)</i> )	PB	SPC
<i>quad-mix intracavernosal solution reconstituted 150-10-0.1-1 mg</i>	NPB	SPC
<i>sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg</i>	G	SPC
STENDRA ORAL TABLET 100 MG, 200 MG, 50 MG ( <i>avanafil</i> )	NF	
<i>super bi-mix intracavernosal solution reconstituted 150-10 mg</i>	NPB	SPC
<i>super quad-mix intracavernosal solution reconstituted 150-20-0.2-2 mg</i>	NPB	SPC
<i>super tri-mix intracavernosal solution reconstituted 150-10-100 mg-mg-mcg</i>	NPB	SPC
<i>tadalafil oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	G	SPC
<i>varденаfil hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	G	SPC
<i>varденаfil hcl oral tablet dispersible 10 mg</i>	G	SPC
VIAGRA ORAL TABLET 100 MG, 25 MG, 50 MG ( <i>sildenafil citrate</i> )	NPB	SPC
<b>MISCELLANEOUS</b>		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	G	
ELMIRON ORAL CAPSULE 100 MG ( <i>pentosan polysulfate sodium</i> )	NPB	QL (90 CAPSULES per 25 days)
FILSPARI ORAL TABLET 200 MG, 400 MG ( <i>sparsentan</i> )	NF	
<i>pot &amp; sod cit-cit ac oral solution 550-500-334 mg/5ml</i>	G	
<i>potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)</i>	G	
PROCYSBI ORAL CAPSULE DELAYED RELEASE 25 MG, 75 MG ( <i>cysteamine bitartrate</i> )	NF	
PROCYSBI ORAL PACKET 300 MG, 75 MG ( <i>cysteamine bitartrate</i> )	NF	
TARPEYO ORAL CAPSULE DELAYED RELEASE 4 MG ( <i>budesonide</i> )	NF	
THIOLA EC ORAL TABLET DELAYED RELEASE 100 MG, 300 MG ( <i>tiopronin</i> )	NF	
THIOLA ORAL TABLET 100 MG ( <i>tiopronin</i> )	NF	
<i>tiopronin oral tablet 100 mg</i>	PSP	PA

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

05/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
UROCIT-K 10 ORAL TABLET EXTENDED RELEASE 10 MEQ (1080 MG) ( <i>potassium citrate</i> )	PB	
UROCIT-K 15 ORAL TABLET EXTENDED RELEASE 15 MEQ (1620 MG) ( <i>potassium citrate</i> )	PB	
UROCIT-K 5 ORAL TABLET EXTENDED RELEASE 5 MEQ (540 MG) ( <i>potassium citrate</i> )	PB	
<b>PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES</b>		
ENDOMETRIN VAGINAL INSERT 100 MG ( <i>progesterone</i> )	PB	
<b>URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE</b>		
<i>darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg, 7.5 mg</i>	G	
<i>fesoterodine fumarate er oral tablet extended release 24 hour 4 mg, 8 mg</i>	G	
<i>flavoxate hcl oral tablet 100 mg</i>	G	
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER 8 MG/ML ( <i>mirabegron</i> )	PB	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG ( <i>mirabegron</i> )	PB	
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg</i>	G	
<i>oxybutynin chloride oral syrup 5 mg/5ml</i>	G	
<i>oxybutynin chloride oral tablet 5 mg</i>	G	
<i>solifenacin succinate oral tablet 10 mg, 5 mg</i>	G	
<i>tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg</i>	G	
<i>tolterodine tartrate oral tablet 1 mg, 2 mg</i>	G	
<i>tropium chloride er oral capsule extended release 24 hour 60 mg</i>	G	
<i>tropium chloride oral tablet 20 mg</i>	G	
<b>VAGINAL ANTI-INFECTIVES - DRUGS TO TREAT VAGINAL INFECTIONS</b>		
CLEOCIN VAGINAL CREAM 2 % ( <i>clindamycin phosphate</i> )	PB	
<i>clindamycin phosphate vaginal cream 2 %</i>	G	
<i>metronidazole vaginal gel 0.75 %</i>	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>miconazole 3 vaginal suppository 200 mg</i>	G	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	G	
<i>terconazole vaginal suppository 80 mg</i>	G	
<b>HEMATOLOGIC - DRUGS TO TREAT BLOOD DISORDERS</b>		
<b>ANTICOAGULANTS - BLOOD THINNERS</b>		
ARIXTRA SUBCUTANEOUS SOLUTION 10 MG/0.8ML, 2.5 MG/0.5ML, 5 MG/0.4ML, 7.5 MG/0.6ML ( <i>fondaparinux sodium</i> )	PB	
<i>dabigatran etexilate mesylate oral capsule 150 mg, 75 mg</i>	G	
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG ( <i>apixaban</i> )	PB	
ELIQUIS ORAL TABLET 2.5 MG, 5 MG ( <i>apixaban</i> )	PB	
<i>enoxaparin sodium injection solution 300 mg/3ml</i>	G	
<i>enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 120 mg/0.8ml, 150 mg/ml, 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml</i>	G	
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml</i>	G	
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/4ML, 95000 UNIT/3.8ML ( <i>dalteparin sodium</i> )	PB	
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML ( <i>dalteparin sodium</i> )	PB	
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	G	
<i>heparin sodium (porcine) pf injection solution 5000 unit/0.5ml</i>	G	
<i>warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	G	LGC
XARELTO ORAL SUSPENSION RECONSTITUTED 1 MG/ML ( <i>rivaroxaban</i> )	PB	
XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG ( <i>rivaroxaban</i> )	PB	
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG ( <i>rivaroxaban</i> )	PB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>BLEEDING DISORDERS AGENTS</b>		
ALPHANATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT ( <i>antihemophilic factor-vwf</i> )	NPSP	PA
CABLIVI INJECTION KIT 11 MG ( <i>caplacizumab-yhdp</i> )	NF	
COAGADEX INTRAVENOUS SOLUTION RECONSTITUTED 250 UNIT, 500 UNIT ( <i>coagulation factor x (human)</i> )	NPSP	PA
CORIFACT INTRAVENOUS KIT 1000-1600 UNIT ( <i>factor xiii concentrate human</i> )	NPSP	PA
FEIBA INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2500 UNIT, 500 UNIT ( <i>antiinhibitor coagulant cmplx</i> )	NF	
FIBRYGA INTRAVENOUS SOLUTION RECONSTITUTED ( <i>fibrinogen concentrate (human)</i> )	NPSP	PA
HUMATE-P INTRAVENOUS SOLUTION RECONSTITUTED 1000-2400 UNIT, 250-600 UNIT, 500-1200 UNIT ( <i>antihemophilic factor-vwf</i> )	NPSP	PA
KCENTRA INTRAVENOUS KIT 1000 UNIT, 500 UNIT ( <i>prothrombin complex conc human</i> )	NPSP	PA
NOVOSEVEN RT INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 2 MG, 5 MG, 8 MG ( <i>coagulation factor viia recomb</i> )	PSP	PA
RIASTAP INTRAVENOUS SOLUTION RECONSTITUTED ( <i>fibrinogen concentrate (human)</i> )	NPSP	PA
SEVENFACT INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 5 MG ( <i>coagulation factor viia-jncw</i> )	PSP	PA
TRETEN INTRAVENOUS SOLUTION RECONSTITUTED 2000-3125 UNIT ( <i>coagulation factor xiii a-sub</i> )	NPSP	PA
VONVENDI INTRAVENOUS SOLUTION RECONSTITUTED 1300 UNIT, 650 UNIT ( <i>von willebrand factor (recomb)</i> )	NF	
WILATE INTRAVENOUS KIT 1000-1000 UNIT, 500-500 UNIT ( <i>antihemophilic factor-vwf</i> )	NPSP	PA



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>HEMATOPOIETIC GROWTH FACTORS</b>		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML ( <i>darbepoetin alfa</i> )	NF	
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 25 MCG/0.42ML, 300 MCG/0.6ML, 40 MCG/0.4ML, 500 MCG/ML, 60 MCG/0.3ML ( <i>darbepoetin alfa</i> )	NF	
DOPTELET ORAL TABLET 20 MG ( <i>avatrombopag maleate</i> )	PSP	PA; QL (60 TABLETS per 30 days)
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML ( <i>epoetin alfa</i> )	NF	
FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML ( <i>pegfilgrastim-jmdb</i> )	NF	
FYLNETRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML ( <i>pegfilgrastim-pbbk</i> )	NF	
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML, 480 MCG/1.6ML ( <i>tbo-filgrastim</i> )	NF	
GRANIX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML ( <i>tbo-filgrastim</i> )	NF	
LEUKINE INJECTION SOLUTION RECONSTITUTED 250 MCG ( <i>sargramostim</i> )	NF	
MIRCERA INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.3ML, 150 MCG/0.3ML, 200 MCG/0.3ML, 30 MCG/0.3ML, 50 MCG/0.3ML, 75 MCG/0.3ML ( <i>methoxy peg-epoetin beta</i> )	NF	
MULPLETA ORAL TABLET 3 MG ( <i>lusutrombopag</i> )	NPSP	PA; QL (7 TABLETS per 14 days)
NEULASTA ONPRO SUBCUTANEOUS PREFILLED SYRINGE KIT 6 MG/0.6ML ( <i>pegfilgrastim</i> )	NF	
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML ( <i>pegfilgrastim</i> )	NF	
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML ( <i>filgrastim</i> )	NF	
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML ( <i>filgrastim</i> )	NF	

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna  
The formulary is updated the first week of each month.  
05/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML ( <i>filgrastim-aafi</i> )	PSP	PA
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML ( <i>filgrastim-aafi</i> )	PSP	PA
NPLATE SUBCUTANEOUS SOLUTION RECONSTITUTED 125 MCG, 250 MCG, 500 MCG ( <i>romiplostim</i> )	NF	
NYVEPRIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML ( <i>pegfilgrastim-apgf</i> )	NF	
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML ( <i>epoetin alfa</i> )	NF	
PROMACTA ORAL PACKET 12.5 MG ( <i>eltrombopag olamine</i> )	PSP	PA; QL (120 PACKETS per 30 days)
PROMACTA ORAL PACKET 25 MG ( <i>eltrombopag olamine</i> )	PSP	PA; QL (180 PACKETS per 30 days)
PROMACTA ORAL TABLET 12.5 MG, 25 MG ( <i>eltrombopag olamine</i> )	PSP	PA; QL (30 TABLETS per 30 days)
PROMACTA ORAL TABLET 50 MG, 75 MG ( <i>eltrombopag olamine</i> )	PSP	PA; QL (60 TABLETS per 30 days)
RELEUKO INJECTION SOLUTION 300 MCG/ML ( <i>filgrastim-ayow</i> )	NF	
<i>releuko injection solution 480 mcg/1.6ml</i>	NF	
<i>releuko subcutaneous solution prefilled syringe 300 mcg/0.5ml, 480 mcg/0.8ml</i>	NF	
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML ( <i>epoetin alfa-epbx</i> )	PSP	PA
ROLVEDON SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 13.2 MG/0.6ML ( <i>eflapegrastim-xnst</i> )	NF	
STIMUFEND SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML ( <i>pegfilgrastim-fpgk</i> )	NF	
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML ( <i>pegfilgrastim-cbqv</i> )	NF	
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML ( <i>filgrastim-sndz</i> )	NF	

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

05/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML ( <i>pegfilgrastim-bmez</i> )	PSP	PA; QL (2 INJECTIONS per 28 days)
<b>HEMOPHILIA A AGENTS</b>		
ADVATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT ( <i>antihemophil factor (rahf-pfm)</i> )	PSP	PA
<i>adynovate intravenous solution reconstituted 1000 unit, 1500 unit, 2000 unit, 250 unit, 3000 unit, 500 unit, 750 unit</i>	PSP	PA
AFSTYLA INTRAVENOUS KIT 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 500 UNIT ( <i>antihemophil fact single chain</i> )	PSP	PA
ELOCTATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT, 5000 UNIT, 6000 UNIT, 750 UNIT ( <i>antihem fact (bdd-rfviiiifc)</i> )	PSP	PA
ESPEROCT INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT ( <i>antihemoph fact rcmb gpeg-exei</i> )	PSP	PA
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 150 MG/ML, 30 MG/ML, 60 MG/0.4ML ( <i>emicizumab-kxwh</i> )	NPSP	PA
HEMOFIL M INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1700 UNIT, 250 UNIT, 500 UNIT ( <i>antihemophilic factor</i> )	NPSP	PA
JIVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT ( <i>ahf (bdd- rfviii peg-aucl)</i> )	PSP	PA
KOATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 250 UNIT, 500 UNIT ( <i>antihemophilic factor</i> )	NPSP	PA
KOATE-DVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 500 UNIT ( <i>antihemophilic factor</i> )	NPSP	PA
KOGENATE FS INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT ( <i>antihem factor recomb (rfviii)</i> )	PSP	PA
KOVALTRY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT ( <i>antihemophil factor (rahf-pfm)</i> )	PSP	PA

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

05/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NOVOEIGHT INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT ( <i>antihemophilic factor bd truncated</i> )	PSP	PA
NUWIQ INTRAVENOUS KIT 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT ( <i>antihemophilic factor (bdd-rfviii,sim)</i> )	PSP	PA
NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT ( <i>antihemophilic factor (bdd-rfviii,sim)</i> )	PSP	PA
RECOMBINATE INTRAVENOUS SOLUTION RECONSTITUTED 1241-1800 UNIT, 1801-2400 UNIT, 220-400 UNIT, 401-800 UNIT, 801-1240 UNIT ( <i>antihemophilic factor recomb (rfviii)</i> )	NPSP	PA
XYNTHA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT ( <i>antihemophilic factor (bdd-rfviii,mor)</i> )	PSP	PA
XYNTHA SOLOFUSE INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT ( <i>antihemophilic factor (bdd-rfviii,mor)</i> )	PSP	PA
<b>HEMOPHILIA B AGENTS</b>		
ALPHANINE SD INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT ( <i>coagulation factor ix</i> )	NPSP	PA
ALPROLIX INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT ( <i>coagulation factor ix (rfixfc)</i> )	PSP	PA
BENEFIX INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT ( <i>coagulation factor ix (recomb)</i> )	NF	
IDELVION INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3500 UNIT, 500 UNIT ( <i>coagulation factor ix (rix-fp)</i> )	NPSP	PA
IXINITY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT ( <i>coagulation factor ix (recomb)</i> )	NF	

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

05/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PROFILNINE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT ( <i>factor ix complex</i> )	NPSP	PA
REBINYN INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT ( <i>coagulation factor ix glycopeg</i> )	PSP	PA
<i>rixubis intravenous solution reconstituted 1000 unit, 2000 unit, 250 unit, 3000 unit, 500 unit</i>	NF	
<b>MISCELLANEOUS</b>		
AGRYLIN ORAL CAPSULE 0.5 MG ( <i>anagrelide hcl</i> )	PB	
<i>aminocaproic acid oral solution 0.25 g/ml</i>	G	
<i>aminocaproic acid oral tablet 1000 mg, 500 mg</i>	G	
<i>anagrelide hcl oral capsule 0.5 mg, 1 mg</i>	G	
<i>cilostazol oral tablet 100 mg, 50 mg</i>	G	
<i>pentoxifylline er oral tablet extended release 400 mg</i>	G	
PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG ( <i>mitapivat sulfate</i> )	NF	
PYRUKYND TAPER PACK ORAL TABLET THERAPY PACK 5 MG, 7 X 20 MG & 7 X 5 MG, 7 X 50 MG & 7 X 20 MG ( <i>mitapivat sulfate</i> )	NF	
TAVALISSE ORAL TABLET 100 MG, 150 MG ( <i>fostamatinib disodium</i> )	PSP	PA; QL (60 TABLETS per 30 days)
TAVNEOS ORAL CAPSULE 10 MG ( <i>avacopan</i> )	NPSP	PA; QL (180 CAPSULES per 30 days)
<i>tranexamic acid oral tablet 650 mg</i>	G	
<b>PAROXYSMAL NOCTURNAL HEMOGLOBINURIA (PNH) AGENTS</b>		
EMPAVELI SUBCUTANEOUS SOLUTION 1080 MG/20ML ( <i>pegcetacoplan</i> )	PSP	PA; QL (10 VIALS per 30 days)
<b>PLATELET AGGREGATION INHIBITORS - BLOOD THINNERS</b>		
<i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i>	G	
BRILINTA ORAL TABLET 60 MG, 90 MG ( <i>ticagrelor</i> )	PB	
<i>clopidogrel bisulfate oral tablet 300 mg, 75 mg</i>	G	
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	G	
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i>	G	

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

05/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>SICKLE CELL DISEASE</b>		
ENDARI ORAL PACKET 5 GM ( <i>glutamine (sickle cell)</i> )	PSP	PA; QL (180 PACKETS per 30 days)
OXBRYTA ORAL TABLET 300 MG, 500 MG ( <i>voxelotor</i> )	NF	
OXBRYTA ORAL TABLET SOLUBLE 300 MG ( <i>voxelotor</i> )	NF	
SIKLOS ORAL TABLET 100 MG, 1000 MG ( <i>hydroxyurea</i> )	PB	
<b>IMMUNOLOGIC AGENTS - DRUGS TO TREAT DISORDERS OF THE IMMUNE SYSTEM</b>		
<b>ALLERGENIC EXTRACTS</b>		
GRASTEK SUBLINGUAL TABLET SUBLINGUAL 2800 BAU ( <i>timothy grass pollen allergen</i> )	PB	
ORALAIR SUBLINGUAL TABLET SUBLINGUAL 300 IR ( <i>grass mix pollens allergen ext</i> )	PSP	PA
RAGWITEK SUBLINGUAL TABLET SUBLINGUAL 12 AMB A 1-U ( <i>short ragweed pollen ext</i> )	PB	
<b>AUTOIMMUNE AGENTS (PHYSICIAN-ADMINISTERED)</b>		
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML ( <i>tocilizumab</i> )	NF	
AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG ( <i>infliximab-axxq</i> )	NF	
ENTYVIO INTRAVENOUS SOLUTION RECONSTITUTED 300 MG ( <i>vedolizumab</i> )	NF	IBC (Available as NPSP with PA for Ulcerative Colitis)
ILUMYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML ( <i>tildrakizumab-asmn</i> )	PSP	PA; QL (1 SYRINGE per 90 days)
INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG ( <i>infliximab-dyyb</i> )	NF	
<i>infliximab intravenous solution reconstituted 100 mg</i>	NF	
ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED 250 MG ( <i>abatacept</i> )	NF	
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG ( <i>infliximab</i> )	PSP	PA; QL (5 VIALS per 42 days)
RENFLIXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG ( <i>infliximab-abda</i> )	NF	
SIMPONI ARIA INTRAVENOUS SOLUTION 50 MG/4ML ( <i>golimumab</i> )	PSP	PA; QL (200 MG per 56 days)

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

05/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>AUTOIMMUNE AGENTS (SELF-ADMINISTERED)</b>		
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML ( <i>tocilizumab</i> )	NF	
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML ( <i>tocilizumab</i> )	NF	
AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML ( <i>adalimumab-atto</i> )	NPSP	PA; N8 (Listing does not include certain NDCs); QL (4 PENS per 28 DAYS)
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.4ML, 40 MG/0.8ML ( <i>adalimumab-atto</i> )	NPSP	PA; QL (4 INJECTIONS per 28 DAYS)
CIMZIA STARTER KIT SUBCUTANEOUS PREFILLED SYRINGE KIT 6 X 200 MG/ML ( <i>certolizumab pegol</i> )	PSP	PA; ST; IBC (Preferred agent for Non-radiographical Axial Spondyloarthritis and preferred agent for Ankylosing Spondylitis, Crohn's, Psoriasis, Psoriatic Arthritis, and Rheumatoid Arthritis after the failure of two preferred agents.); QL (1 KIT per 28 days)
CIMZIA SUBCUTANEOUS PREFILLED SYRINGE KIT 2 X 200 MG/ML ( <i>certolizumab pegol</i> )	PSP	PA; ST; IBC (Preferred agent for Non-radiographical Axial Spondyloarthritis and preferred agent for Ankylosing Spondylitis, Crohn's, Psoriasis, Psoriatic Arthritis, and Rheumatoid Arthritis after the failure of two preferred agents.); QL (2 KITS per 28 Days)
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML ( <i>secukinumab</i> )	PSP	PA; ST; IBC (Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis and Non-radiographical Axial Spondyloarthritis. Not covered for Psoriasis); QL (1 BOX per 28 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML ( <i>secukinumab</i> )	PSP	PA; ST; IBC (Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis and Non-radiographical Axial Spondyloarthritis. Not covered for Psoriasis); QL (1 BOX per 28 days)
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML ( <i>secukinumab</i> )	PSP	PA; ST; IBC (Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis and Non-radiographical Axial Spondyloarthritis. Not covered for Psoriasis); QL (1 BOX per 28 days)
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML ( <i>secukinumab</i> )	PSP	PA; ST; IBC (Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis and Non-radiographical Axial Spondyloarthritis. Not covered for Psoriasis); QL (1 BOX per 28 days)
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML ( <i>secukinumab</i> )	PSP	PA; ST; IBC (Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis and Non-radiographical Axial Spondyloarthritis. Not covered for Psoriasis); QL (1 SYRINGE per 28 days)
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML ( <i>etanercept</i> )	PSP	PA; ST; IBC (Preferred agent for all conditions except Psoriasis); QL (4 CARTRIDGES per 28 days)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML ( <i>etanercept</i> )	PSP	PA; ST; IBC (Preferred agent for all conditions except Psoriasis); QL (8 VIALS per 28 days)



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML ( <i>etanercept</i> )	PSP	PA; ST; IBC (Preferred agent for all conditions except Psoriasis); QL (8 SYRINGES per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML ( <i>etanercept</i> )	PSP	PA; ST; IBC (Preferred agent for all conditions except Psoriasis); QL (4 SYRINGES per 28 days)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML ( <i>etanercept</i> )	PSP	PA; ST; IBC (Preferred agent for all conditions except Psoriasis); QL (4 SYRINGES per 28 days)
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML ( <i>adalimumab</i> )	PSP	PA; ST; QL (3 INJECTIONS per 28 days)
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML ( <i>adalimumab</i> )	PSP	PA; ST; QL (2 INJECTIONS per 28 days)
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML ( <i>adalimumab</i> )	PSP	PA; ST; QL (4 INJECTIONS per 28 days)
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML ( <i>adalimumab</i> )	PSP	PA; ST; QL (1 kit per 28 days)
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML ( <i>adalimumab</i> )	PSP	PA; ST; QL (6 PENS per 28 days)
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML ( <i>adalimumab</i> )	PSP	PA; ST; QL (1 KIT per 28 days)
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML ( <i>adalimumab</i> )	PSP	PA; ST; QL (4 PENS per 28 days)
HUMIRA PEN-PSOR/UEVIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML ( <i>adalimumab</i> )	PSP	PA; ST; QL (1 KIT per 28 days)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML ( <i>adalimumab</i> )	PSP	PA; ST; QL (2 INJECTIONS per 28 days)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML ( <i>adalimumab</i> )	PSP	PA; ST; QL (4 INJECTIONS per 28 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/1.14ML, 200 MG/1.14ML ( <i>sarilumab</i> )	PSP	PA; ST; IBC (Preferred agent for Rheumatoid Arthritis); QL (2 PENS per 28 days)
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/1.14ML, 200 MG/1.14ML ( <i>sarilumab</i> )	PSP	PA; ST; IBC (Preferred agent for Rheumatoid Arthritis); QL (2 SYRINGES per 28 days)
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML ( <i>anakinra</i> )	NF	
OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG ( <i>baricitinib</i> )	NF	
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML ( <i>abatacept</i> )	PSP	PA; ST; IBC (Preferred agent for Rheumatoid Arthritis. Not covered for other conditions); QL (4 SYRINGES per 28 days)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML, 50 MG/0.4ML, 87.5 MG/0.7ML ( <i>abatacept</i> )	PSP	PA; ST; IBC (Preferred agent for Rheumatoid Arthritis. Not covered for other conditions); QL (4 SYRINGES per 28 days)
OTEZLA ORAL TABLET 30 MG ( <i>apremilast</i> )	PSP	PA; IBC (Preferred agent for Psoriasis and Psoriatic Arthritis); QL (60 TABLETS per 30 days)
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG ( <i>apremilast</i> )	PSP	PA; IBC (Preferred agent for Psoriasis and Psoriatic Arthritis); QL (55 TABLETS per 28 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG ( <i>upadacitinib</i> )	PSP	PA; IBC (Preferred agent for Rheumatoid Arthritis, Psoriatic Arthritis, Atopic Dermatitis, Ankylosing Spondylitis, Ulcerative Colitis and Non-radiographical Axial Spondyloarthritis); QL (30 TABLETS per 30 days)

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

05/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG ( <i>upadacitinib</i> )	PSP	PA; IBC (Preferred agent for Atopic Dermatitis, Ulcerative Colitis); QL (30 TABLETS per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 45 MG ( <i>upadacitinib</i> )	PSP	PA; IBC (Preferred agent for Ulcerative Colitis); QL (56 TABLETS per 56 DAYS)
SILIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 210 MG/1.5ML ( <i>brodalumab</i> )	NF	
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 50 MG/0.5ML ( <i>golimumab</i> )	NF	
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML ( <i>golimumab</i> )	NF	
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML ( <i>risankizumab-rzaa</i> )	PSP	PA; IBC (Preferred agent for Psoriasis and Psoriatic Arthritis); QL (1 SYRINGE per 84 days)
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML ( <i>risankizumab-rzaa</i> )	PSP	PA; IBC (Preferred agent for Crohn's Disease); QL (1 CARTRIDGE per 56 DAYS)
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360 MG/2.4ML ( <i>risankizumab-rzaa</i> )	PSP	PA; IBC (Preferred agent for Crohn's Disease); QL (1 CARTRIDGE per 56 days)
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML ( <i>risankizumab-rzaa</i> )	PSP	PA; IBC (Preferred agent for Psoriasis and Psoriatic Arthritis); QL (1 SYRINGE per 84 days)
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML ( <i>ustekinumab</i> )	PSP	PA; IBC (Preferred agent for Crohn's Disease, Psoriasis, Psoriatic Arthritis, Ulcerative Colitis); QL (1 SYRINGE per 84 days)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML ( <i>ustekinumab</i> )	PSP	PA; IBC (Preferred agent for Crohn's Disease, Psoriasis, Psoriatic Arthritis, Ulcerative Colitis); QL (1 SYRINGE per 84 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML ( <i>ustekinumab</i> )	PSP	PA; IBC (Preferred agent for Crohn's Disease, Psoriasis, Psoriatic Arthritis, Ulcerative Colitis); QL (1 SYRINGE per 56 days)
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/ML ( <i>ixekizumab</i> )	PSP	PA; ST; IBC (Preferred agent for Psoriasis. Not covered for Psoriatic Arthritis, Non-Radiographic Axial Spondyloarthritis or Ankylosing Spondylitis); QL (1 INJECTION per 28 days)
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/ML ( <i>ixekizumab</i> )	PSP	PA; ST; IBC (Preferred agent for Psoriasis. Not covered for Psoriatic Arthritis, Non-Radiographic Axial Spondyloarthritis or Ankylosing Spondylitis); QL (1 INJECTION per 28 days)
TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 MG/ML ( <i>guselkumab</i> )	PSP	PA; IBC (Preferred agent for Psoriasis and Psoriatic Arthritis); QL (1 ML per 56 days)
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML ( <i>guselkumab</i> )	PSP	PA; IBC (Preferred agent for Psoriasis and Psoriatic Arthritis); QL (1 ML per 56 days)
XELJANZ ORAL SOLUTION 1 MG/ML ( <i>tofacitinib citrate</i> )	PSP	PA; ST; IBC (Preferred agent for Rheumatoid Arthritis, Ulcerative Colitis. Not covered for Psoriatic Arthritis, Ankylosing Spondylitis); QL (240 ML per 24 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XELJANZ ORAL TABLET 10 MG, 5 MG ( <i>tofacitinib citrate</i> )	PSP	PA; ST; IBC (Preferred agent for Rheumatoid Arthritis, Ulcerative Colitis. Not covered for Psoriatic Arthritis, Ankylosing Spondylitis); QL (60 TABLETS per 30 days)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG ( <i>tofacitinib citrate</i> )	PSP	PA; ST; IBC (Preferred agent for Rheumatoid Arthritis, Ulcerative Colitis. Not covered for Psoriatic Arthritis, Ankylosing Spondylitis); QL (30 TABLETS per 30 days)
<b>DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS) - DRUGS TO TREAT RHEUMATOID ARTHRITIS</b>		
ARAVA ORAL TABLET 10 MG, 20 MG ( <i>leflunomide</i> )	PB	
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	G	
<i>leflunomide oral tablet 10 mg, 20 mg</i>	G	
<i>methotrexate oral tablet 2.5 mg</i>	CE	N7 (G)
OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML ( <i>methotrexate (anti-rheumatic)</i> )	NF	
PLAQUENIL ORAL TABLET 200 MG ( <i>hydroxychloroquine sulfate</i> )	PB	
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML ( <i>methotrexate (anti-rheumatic)</i> )	PSP	PA; QL (4 ML per 28 days)
REDITREX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.4ML, 12.5 MG/0.5ML, 15 MG/0.6ML, 17.5 MG/0.7ML, 20 MG/0.8ML, 22.5 MG/0.9ML, 25 MG/ML, 7.5 MG/0.3ML ( <i>methotrexate (anti-rheumatic)</i> )	NF	
<b>HEREDITARY ANGIOEDEMA</b>		
BERINERT INTRAVENOUS KIT 500 UNIT ( <i>c1 esterase inhibitor (human)</i> )	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT ( <i>c1 esterase inhibitor (human)</i> )	NF	
FIRAZYR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/3ML ( <i>icatibant acetate</i> )	NF	
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT, 3000 UNIT ( <i>c1 esterase inhibitor (human)</i> )	NPSP	PA; QL (20 VIALS per 30 days)
<i>icatibant acetate subcutaneous solution prefilled syringe 30 mg/3ml</i>	PSP	PA; QL (45 ML per 90 Days)
KALBITOR SUBCUTANEOUS SOLUTION 10 MG/ML ( <i>ecallantide</i> )	NPSP	PA; QL (30 ML per 90 days)
ORLADEYO ORAL CAPSULE 110 MG, 150 MG ( <i>berotralstat hcl</i> )	PSP	PA; QL (28 CAPSULES per 28 days)
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED 2100 UNIT ( <i>c1 esterase inhibitor (recomb)</i> )	PSP	PA; QL (60 VIALS per 90 days)
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML ( <i>lanadelumab-flyo</i> )	PSP	PA; QL (2 ML per 28 days)
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML ( <i>lanadelumab-flyo</i> )	PSP	PA; QL (2 SYRINGES per 28 DAYS)
<b>IMMUNOGLOBULIN</b>		
ASCENIV INTRAVENOUS SOLUTION 5 GM/50ML ( <i>immune globulin (human)-sira</i> )	NF	
BIVIGAM INTRAVENOUS SOLUTION 10 GM/100ML, 5 GM/50ML ( <i>immune globulin (human)</i> )	NPSP	PA
CUTAQUIG SUBCUTANEOUS SOLUTION 1 GM/6ML, 1.65 GM/10ML, 2 GM/12ML, 3.3 GM/20ML, 4 GM/24ML, 8 GM/48ML ( <i>immune globulin (human)-hipp</i> )	PSP	PA
CUVITRU SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML, 8 GM/40ML ( <i>immune globulin (human)</i> )	NF	
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 0.5 GM/10ML, 10 GM/100ML, 10 GM/200ML, 2.5 GM/50ML, 20 GM/200ML, 20 GM/400ML, 5 GM/100ML, 5 GM/50ML ( <i>immune globulin (human)</i> )	NPSP	PA
GAMMAGARD INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML ( <i>immune globulin (human)</i> )	NPSP	PA

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

05/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED 10 GM, 5 GM ( <i>immune globulin (human)</i> )	NPSP	PA
GAMMAKED INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 20 GM/200ML, 5 GM/50ML ( <i>immune globulin (human)</i> )	NPSP	PA
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 20 GM/400ML, 5 GM/100ML, 5 GM/50ML ( <i>immune globulin (human)</i> )	NPSP	PA
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML ( <i>immune globulin (human)</i> )	NPSP	PA
HIZENTRA SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML ( <i>immune globulin (human)</i> )	NPSP	PA
HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 GM/5ML, 2 GM/10ML, 4 GM/20ML ( <i>immune globulin (human)</i> )	NPSP	PA
HYPERRHO S/D INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 1500 UNIT, 250 UNIT ( <i>rho d immune globulin</i> )	NPSP	
HYPERTET INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 250 UNIT/ML ( <i>tetanus immune globulin</i> )	NPSP	
HYQVIA SUBCUTANEOUS KIT 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML ( <i>immune globulin-hyaluronidase</i> )	NF	
IMOGAM RABIES-HT INJECTION SOLUTION 300 UNIT/2ML ( <i>rabies immune globulin</i> )	NPSP	
<i>kedrab injection solution 1500 unit/10ml, 300 unit/2ml</i>	NPSP	
MICRHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 250 UNIT ( <i>rho d immune globulin</i> )	NPSP	
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 10 GM/100ML, 10 GM/200ML, 2 GM/20ML, 2.5 GM/50ML, 20 GM/200ML, 30 GM/300ML, 5 GM/100ML, 5 GM/50ML ( <i>immune globulin (human)</i> )	NPSP	PA
PANZYGA INTRAVENOUS SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML ( <i>immune globulin (human)-ifas</i> )	NF	

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

05/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRIVIGEN INTRAVENOUS SOLUTION 10 GM/100ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML ( <i>immune globulin (human)</i> )	NPSP	PA
RHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 1500 UNIT ( <i>rho d immune globulin</i> )	NPSP	
RHOPHYLAC INJECTION SOLUTION PREFILLED SYRINGE 1500 UNIT/2ML ( <i>rho d immune globulin</i> )	NPSP	
VARIZIG INTRAMUSCULAR SOLUTION 125 UNIT/1.2ML ( <i>varicella-zoster immune glob</i> )	NPSP	
WINRHO SDF INJECTION SOLUTION 1500 UNIT/1.3ML, 15000 UNIT/13ML, 2500 UNIT/2.2ML, 5000 UNIT/4.4ML ( <i>rho d immune globulin</i> )	NPSP	
XEMBIFY SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML ( <i>immune globulin (human)-klhw</i> )	NF	
<b>IMMUNOMODULATORS</b>		
ACTIMMUNE SUBCUTANEOUS SOLUTION 2000000 UNIT/0.5ML ( <i>interferon gamma-1b</i> )	NPSP	PA
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG ( <i>rilonacept</i> )	NF	
<b>IMMUNOSUPPRESSANTS</b>		
<i>azathioprine oral tablet 100 mg, 50 mg, 75 mg</i>	G	
BENLYSTA INTRAVENOUS SOLUTION RECONSTITUTED 120 MG, 400 MG ( <i>belimumab</i> )	NPSP	PA; QL (4 SOLUTION RECONSTITUTED per 28 days)
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML ( <i>belimumab</i> )	NPSP	PA; QL (4 INJECTIONS per 28 days)
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML ( <i>belimumab</i> )	NPSP	PA; QL (4 INJECTIONS per 28 days)
CELLCEPT INTRAVENOUS INTRAVENOUS SOLUTION RECONSTITUTED 500 MG ( <i>mycophenolate mofetil hcl</i> )	NF	
<i>cyclosporine intravenous solution 50 mg/ml</i>	G	
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	G	
<i>cyclosporine modified oral solution 100 mg/ml</i>	G	
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	G	

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

05/01/2023



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML ( <i>satralizumab-mwge</i> )	PSP	PA; QL (1 SYRINGE per 28 days)
<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	G	
<i>cyclosporine modified</i> (Gengraf Oral Capsule 100 Mg, 25 Mg)	G	
<i>cyclosporine modified</i> (Gengraf Oral Solution 100 Mg/ML)	G	
IMURAN ORAL TABLET 50 MG ( <i>azathioprine</i> )	PB	
LUPKYNIS ORAL CAPSULE 7.9 MG ( <i>voclosporin</i> )	NF	
<i>mycophenolate mofetil oral capsule 250 mg</i>	G	
<i>mycophenolate mofetil oral suspension reconstituted 200 mg/ml</i>	G	
<i>mycophenolate mofetil oral tablet 500 mg</i>	G	
<i>mycophenolate sodium oral tablet delayed release 180 mg, 360 mg</i>	G	
NEORAL ORAL CAPSULE 100 MG, 25 MG ( <i>cyclosporine modified</i> )	NPSP	
NEORAL ORAL SOLUTION 100 MG/ML ( <i>cyclosporine modified</i> )	NPSP	
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML ( <i>tacrolimus</i> )	NPSP	
REZUROCK ORAL TABLET 200 MG ( <i>belumosudil mesylate</i> )	NF	
SANDIMMUNE INTRAVENOUS SOLUTION 50 MG/ML ( <i>cyclosporine</i> )	NPSP	
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG ( <i>cyclosporine</i> )	NPSP	
SANDIMMUNE ORAL SOLUTION 100 MG/ML ( <i>cyclosporine</i> )	NPSP	
<i>sirolimus oral solution 1 mg/ml</i>	G	
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	G	
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	G	
<b>MISCELLANEOUS</b>		
ILARIS SUBCUTANEOUS SOLUTION 150 MG/ML ( <i>canakinumab</i> )	PSP	PA
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5ML ( <i>palivizumab</i> )	NPSP	PA

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna  
The formulary is updated the first week of each month.  
05/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>NUTRITIONAL/SUPPLEMENTS - VITAMINS AND SUPPLEMENTS</b>		
<b>ELECTROLYTES</b>		
<i>fluoritab oral solution 0.275 (0.125 f) mg/drop</i>	CE	N7 (Not Covered); AL (Max 5 Years)
<i>potassium chloride (Klor-Con 10 Oral Tablet Extended Release 10 Meq)</i>	G	
<i>potassium chloride crys er (Klor-Con M10 Oral Tablet Extended Release 10 Meq)</i>	G	
<i>potassium chloride crys er (Klor-Con M15 Oral Tablet Extended Release 15 Meq)</i>	G	
<i>potassium chloride crys er (Klor-Con M20 Oral Tablet Extended Release 20 Meq)</i>	G	
<i>potassium chloride (Klor-Con Oral Packet 20 Meq)</i>	G	
<i>potassium chloride (Klor-Con Oral Tablet Extended Release 8 Meq)</i>	G	
<b>K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ (potassium chloride)</b>	PB	
<i>potassium chloride crys er oral tablet extended release 10 meq, 20 meq</i>	G	
<i>potassium chloride er oral capsule extended release 10 meq, 8 meq</i>	G	
<i>potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq</i>	G	
<i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	G	
<i>sodium fluoride oral solution 1.1 (0.5 f) mg/ml</i>	CE	N7 (Not Covered); AL (Max 5 Years)
<i>sodium fluoride oral tablet 1.1 (0.5 f) mg</i>	CE	N7 (Not Covered); AL (Max 5 Years)
<i>sodium fluoride oral tablet 2.2 (1 f) mg</i>	G	
<i>sodium fluoride oral tablet chewable 0.55 (0.25 f) mg, 1.1 (0.5 f) mg</i>	CE	N7 (Not Covered); AL (Max 5 Years)
<i>sodium fluoride oral tablet chewable 2.2 (1 f) mg</i>	G	
<b>PRENATAL VITAMINS</b>		
<i>azesco oral tablet 13-1 mg</i>	NF	
<b>INATAL GT ORAL TABLET (prenatal vit-dss-fe cbn-fa)</b>	G	

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

05/01/2023

146

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>pnv-dha oral capsule 27-0.6-0.4-300 mg</i>	G	
TRINATE ORAL TABLET ( <i>prenatal vit-fe fumarate-fa</i> )	G	
<i>zalvit oral tablet 13-1 mg</i>	NF	
<b>VITAMINS - VITAMINS AND SUPPLEMENTS</b>		
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	G	
<i>calcitriol oral solution 1 mcg/ml</i>	G	
<i>cyanocobalamin injection solution 1000 mcg/ml</i>	G	
<i>b complex-c-folic acid</i> (Dexifol Oral Tablet 5 Mg)	NF	
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	G	
FA-8 ORAL CAPSULE 0.8 MG ( <i>folic acid</i> )	CE	N7 (Not Covered); QL (100 CAPSULES per 30 DAYs); AL (Max 55 Years)
<i>folbee plus oral tablet</i>	G	
<i>folic acid oral tablet 400 mcg</i>	CE	N7 (Not Covered); QL (100 tablets per 30 days); AL (Max 55 Years)
<i>folic acid oral tablet 800 mcg</i>	CE	N7 (Not Covered); QL (100 TABLETS per 30 DAYs); AL (Max 55 Years)
<i>na ferric gluc cplx in sucrose intravenous solution 12.5 mg/ml</i>	G	
NICOMIDE ORAL TABLET 750-27-2-0.5 MG ( <i>niacinamide-zn-cu-methfo-se-cr</i> )	NF	
<i>nicotinamide oral tablet 750-27-2-0.5 mg</i>	G	
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	G	
<i>phytonadione oral tablet 5 mg</i>	G	
<i>reno caps oral capsule 1 mg</i>	G	Select OTC
ROCALTROL ORAL CAPSULE 0.25 MCG, 0.5 MCG ( <i>calcitriol</i> )	PB	
ROCALTROL ORAL SOLUTION 1 MCG/ML ( <i>calcitriol</i> )	PB	
VENOFER INTRAVENOUS SOLUTION 20 MG/ML ( <i>iron sucrose</i> )	NPSP	
<i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)</i>	G	
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG ( <i>paricalcitol</i> )	PB	
<b>OPHTHALMIC - DRUGS TO TREAT EYE CONDITIONS</b>		
<b>ANTIALLERGICS - DRUGS TO TREAT ALLERGIES</b>		
<i>azelastine hcl ophthalmic solution 0.05 %</i>	G	

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

05/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>bepotastine besilate ophthalmic solution 1.5 %</i>	G	
<i>cromolyn sodium ophthalmic solution 4 %</i>	G	
<i>epinastine hcl ophthalmic solution 0.05 %</i>	G	
<i>ketotifen fumarate ophthalmic solution 0.025 %</i>	G	Select OTC
ZADITOR OPHTHALMIC SOLUTION 0.025 % ( <i>ketotifen fumarate</i> )	G	Select OTC
ZERVIAE OPHTHALMIC SOLUTION 0.24 % ( <i>cetirizine hcl</i> )	PB	
<b>ANTIGLAUCOMA - DRUGS TO TREAT GLAUCOMA</b>		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %, 0.15 % ( <i>brimonidine tartrate</i> )	PB	
<i>betaxolol hcl ophthalmic solution 0.5 %</i>	G	
BETIMOL OPHTHALMIC SOLUTION 0.25 %, 0.5 % ( <i>timolol hemihydrate</i> )	PB	
BETOPTIC-S OPHTHALMIC SUSPENSION 0.25 % ( <i>betaxolol hcl</i> )	PB	
<i>bimatoprost ophthalmic solution 0.03 %</i>	NF	
<i>brimonidine tartrate ophthalmic solution 0.15 %, 0.2 %</i>	G	
<i>brimonidine tartrate-timolol ophthalmic solution 0.2-0.5 %</i>	G	
<i>brinzolamide ophthalmic suspension 1 %</i>	G	
<i>carteolol hcl ophthalmic solution 1 %</i>	G	
<i>dorzolamide hcl-timolol mal ophthalmic solution 22.3-6.8 mg/ml</i>	G	
<i>dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %</i>	G	
<i>latanoprost ophthalmic solution 0.005 %</i>	G	
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	G	
LUMIGAN OPHTHALMIC SOLUTION 0.01 % ( <i>bimatoprost</i> )	PB	
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	G	
RHOPRESSA OPHTHALMIC SOLUTION 0.02 % ( <i>netarsudil dimesylate</i> )	PB	
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 % ( <i>netarsudil-latanoprost</i> )	PB	
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 % ( <i>brinzolamide-brimonidine</i> )	PB	
<i>tafluprost (pf) ophthalmic solution 0.0015 %</i>	G	
<i>timolol maleate (once-daily) ophthalmic solution 0.5 %</i>	G	

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

05/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %</i>	G	
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i>	G	
<i>timolol maleate pf ophthalmic solution 0.25 %, 0.5 %</i>	G	
<i>travoprost (bak free) ophthalmic solution 0.004 %</i>	G	
ZIOPTAN OPHTHALMIC SOLUTION 0.0015 % (tafluprost)	PB	
<b>ANTI-INFECTIVE/ANTI-INFLAMMATORY - DRUGS TO TREAT INFECTIONS AND INFLAMMATION</b>		
<i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i>	G	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	G	
<i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>	G	
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 % (tobramycin-dexamethasone)	PB	
TOBRADEX ST OPHTHALMIC SUSPENSION 0.3-0.05 % (tobramycin-dexamethasone)	PB	
<i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %</i>	G	
ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 % (loteprednol-tobramycin)	NPB	
<b>ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS</b>		
<i>bacitracin ophthalmic ointment 500 unit/gm</i>	G	
BESIVANCE OPHTHALMIC SUSPENSION 0.6 % (besifloxacin hcl)	PB	
CILOXAN OPHTHALMIC OINTMENT 0.3 % (ciprofloxacin hcl)	PB	
<i>ciprofloxacin hcl ophthalmic solution 0.3 %</i>	G	
<i>erythromycin ophthalmic ointment 5 mg/gm</i>	G	
<i>gatifloxacin ophthalmic solution 0.5 %</i>	G	
<i>gentamicin sulfate ophthalmic solution 0.3 %</i>	G	
<i>levofloxacin ophthalmic solution 0.5 %</i>	G	
<i>moxifloxacin hcl (2x day) ophthalmic solution 0.5 %</i>	G	
<i>moxifloxacin hcl ophthalmic solution 0.5 %</i>	G	
<i>ofloxacin ophthalmic solution 0.3 %</i>	G	
<i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>	G	

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna  
The formulary is updated the first week of each month.  
05/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>sulfacetamide sodium ophthalmic ointment 10 %</i>	G	
<i>sulfacetamide sodium ophthalmic solution 10 %</i>	G	
<i>tobramycin ophthalmic solution 0.3 %</i>	G	
<i>trifluridine ophthalmic solution 1 %</i>	G	
<b>ANTI-INFLAMMATORIES - DRUGS TO TREAT INFLAMMATION</b>		
ACUVAIL OPHTHALMIC SOLUTION 0.45 % ( <i>ketorolac tromethamine</i> )	PB	
<i>bromfenac sodium (once-daily) ophthalmic solution 0.09 %</i>	G	
<i>dexamethasone sodium phosphate ophthalmic solution 0.1 %</i>	G	
<i>diclofenac sodium ophthalmic solution 0.1 %</i>	G	
<i>difluprednate ophthalmic emulsion 0.05 %</i>	G	
FLAREX OPHTHALMIC SUSPENSION 0.1 % ( <i>fluorometholone acetate</i> )	NPB	
<i>fluorometholone ophthalmic suspension 0.1 %</i>	G	
<i>flurbiprofen sodium ophthalmic solution 0.03 %</i>	G	
FML FORTE OPHTHALMIC SUSPENSION 0.25 % ( <i>fluorometholone</i> )	PB	
FML LIQUIFILM OPHTHALMIC SUSPENSION 0.1 % ( <i>fluorometholone</i> )	NF	
ILEVRO OPHTHALMIC SUSPENSION 0.3 % ( <i>nepafenac</i> )	PB	
<i>ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %</i>	G	
<i>loteprednol etabonate ophthalmic gel 0.5 %</i>	G	
<i>loteprednol etabonate ophthalmic suspension 0.5 %</i>	G	
MAXIDEX OPHTHALMIC SUSPENSION 0.1 % ( <i>dexamethasone</i> )	PB	
NEVANAC OPHTHALMIC SUSPENSION 0.1 % ( <i>nepafenac</i> )	PB	
PRED FORTE OPHTHALMIC SUSPENSION 1 % ( <i>prednisolone acetate</i> )	NF	
PRED MILD OPHTHALMIC SUSPENSION 0.12 % ( <i>prednisolone acetate</i> )	PB	
<i>prednisolone acetate ophthalmic suspension 1 %</i>	G	
<b>DRY EYE DISEASE</b>		
<i>cyclosporine ophthalmic emulsion 0.05 %</i>	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 % ( <i>cyclosporine</i> )	PB	
RESTASIS OPHTHALMIC EMULSION 0.05 % ( <i>cyclosporine</i> )	PB	
XIIDRA OPHTHALMIC SOLUTION 5 % ( <i>lifitegrast</i> )	PB	
<b>MISCELLANEOUS</b>		
<i>atropine sulfate ophthalmic solution 1 %</i>	G	
CYSTADROPS OPHTHALMIC SOLUTION 0.37 % ( <i>cysteamine hcl</i> )	NF	
CYSTARAN OPHTHALMIC SOLUTION 0.44 % ( <i>cysteamine hcl</i> )	NPSP	PA; QL (4 BOTTLES per 28 days)
OXERVATE OPHTHALMIC SOLUTION 0.002 % ( <i>cenegermin-bkbj</i> )	NPSP	PA; QL (2 ML per 7 DAYs)
<i>tropicamide ophthalmic solution 0.5 %, 1 %</i>	G	
VISUDYNE INTRAVENOUS SOLUTION RECONSTITUTED 15 MG ( <i>verteporfin</i> )	NPSP	PA
<b>RETINAL DISORDERS</b>		
BYOOVIZ INTRAVITREAL SOLUTION 0.5 MG/0.05ML ( <i>ranibizumab-nuna</i> )	NF	
CIMERLI INTRAVITREAL SOLUTION 0.3 MG/0.05ML, 0.5 MG/0.05ML ( <i>ranibizumab-eqrn</i> )	NF	
EYLEA INTRAVITREAL SOLUTION 2 MG/0.05ML ( <i>aflibercept</i> )	PSP	PA
EYLEA INTRAVITREAL SOLUTION PREFILLED SYRINGE 2 MG/0.05ML ( <i>aflibercept</i> )	PSP	PA
LUCENTIS INTRAVITREAL SOLUTION 0.3 MG/0.05ML ( <i>ranibizumab</i> )	PSP	PA
LUCENTIS INTRAVITREAL SOLUTION PREFILLED SYRINGE 0.3 MG/0.05ML, 0.5 MG/0.05ML ( <i>ranibizumab</i> )	PSP	PA
<b>RESPIRATORY - DRUGS TO TREAT BREATHING DISORDERS</b>		
<b>ALPHA-1 ANTITRYPSIN DEFICIENCY AGENTS - DRUGS FOR REPLACEMENT, MODIFICATION, TREATMENT</b>		
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 500 MG ( <i>alpha1-proteinase inhibitor</i> )	NF	

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna  
The formulary is updated the first week of each month.  
05/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GLASSIA INTRAVENOUS SOLUTION 1000 MG/50ML ( <i>alpha1-proteinase inhibitor</i> )	NF	
PROLASTIN-C INTRAVENOUS SOLUTION 1000 MG/20ML ( <i>alpha1-proteinase inhibitor</i> )	PSP	PA
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG ( <i>alpha1-proteinase inhibitor</i> )	PSP	PA
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG ( <i>alpha1-proteinase inhibitor</i> )	NF	
<b>ANAPHYLAXIS TREATMENT AGENTS</b>		
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.1 MG/0.1ML, 0.15 MG/0.15ML, 0.3 MG/0.3ML ( <i>epinephrine</i> )	PB	QL (4 INJECTIONS per 25 days)
<i>epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	G	QL (4 INJECTIONS per 25 DAYs)
EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML ( <i>epinephrine</i> )	PB	QL (4 INJECTIONS per 25 DAYs)
EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.3ML ( <i>epinephrine</i> )	PB	QL (4 INJECTIONS per 25 DAYs)
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.15 MG/0.3ML, 0.3 MG/0.3ML ( <i>epinephrine</i> )	NPB	QL (4 SYRINGES per 25 days)
<b>ANTICHOLINERGIC/BETA AGONIST COMBINATIONS - DRUGS TO TREAT COPD</b>		
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT ( <i>umeclidinium-vilanterol</i> )	PB	
BEVESPI AEROSPHERE INHALATION AEROSOL 9-4.8 MCG/ACT ( <i>glycopyrrolate-formoterol</i> )	PB	
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT ( <i>budeson-glycopyrrol-formoterol</i> )	PB	
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT ( <i>ipratropium-albuterol</i> )	NPB	
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcglact, 232-14 mcglact, 55-14 mcglact</i>	G	
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	G	
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT ( <i>tiotropium bromide-olodaterol</i> )	PB	



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>ANTICHOLINERGIC/BETA AGONIST/STEROID COMBINATIONS - DRUGS TO TREAT ASTHMA AND COPD</b>		
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT ( <i>fluticasone-umeclidin-vilant</i> )	PB	
<b>ANTICHOLINERGICS</b>		
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT ( <i>ipratropium bromide hfa</i> )	PB	
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT ( <i>umeclidinium bromide</i> )	PB	
<i>ipratropium bromide inhalation solution 0.02 %</i>	G	
<i>ipratropium bromide nasal solution 0.03 %, 0.06 %</i>	G	
SPIRIVA HANDIHALER INHALATION CAPSULE 18 MCG ( <i>tiotropium bromide monohydrate</i> )	PB	
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT ( <i>tiotropium bromide monohydrate</i> )	PB	
YUPELRI INHALATION SOLUTION 175 MCG/3ML ( <i>revefenacin</i> )	PB	
<b>ANTI-HISTAMINE COMBINATIONS</b>		
<i>azelastine-fluticasone nasal suspension 137-50 mcg/lact</i>	G	
<b>ANTI-HISTAMINES - DRUGS TO TREAT ALLERGIES</b>		
ALLEGRA ALLERGY CHILDRENS ORAL SUSPENSION 30 MG/5ML ( <i>fexofenadine hcl</i> )	G	Select OTC
ALLEGRA ALLERGY CHILDRENS ORAL TABLET DISPERSIBLE 30 MG ( <i>fexofenadine hcl</i> )	G	Select OTC
ALLEGRA ALLERGY ORAL TABLET 180 MG, 60 MG ( <i>fexofenadine hcl</i> )	G	Select OTC
<i>allergy relief oral capsule 10 mg</i>	G	Select OTC
<i>azelastine hcl nasal solution 0.1 %</i>	G	
<i>carbinoxamine maleate oral tablet 4 mg</i>	G	
<i>carbinoxamine maleate oral tablet 6 mg</i>	NF	
<i>cetirizine hcl allergy child oral solution 5 mg/5ml</i>	G	Select OTC
<i>cetirizine hcl oral tablet 10 mg, 5 mg</i>	G	Select OTC
<i>cetirizine hcl oral tablet chewable 10 mg, 5 mg</i>	G	Select OTC

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna  
The formulary is updated the first week of each month.  
05/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CLARITIN ORAL CAPSULE 10 MG ( <i>loratadine</i> )	G	Select OTC
CLARITIN ORAL TABLET 10 MG ( <i>loratadine</i> )	G	Select OTC
CLARITIN ORAL TABLET CHEWABLE 10 MG ( <i>loratadine</i> )	G	LGC; Select OTC
CLARITIN ORAL TABLET CHEWABLE 5 MG ( <i>loratadine</i> )	G	Select OTC
CLARITIN REDITABS ORAL TABLET DISPERSIBLE 10 MG, 5 MG ( <i>loratadine</i> )	G	Select OTC
<i>cvs allergy relief childrens oral suspension 30 mg/5ml</i>	G	Select OTC
<i>cyproheptadine hcl oral syrup 2 mg/5ml</i>	G	
<i>cyproheptadine hcl oral tablet 4 mg</i>	G	
<i>desloratadine oral tablet 5 mg</i>	G	
<i>desloratadine oral tablet dispersible 2.5 mg, 5 mg</i>	G	
<i>eq loratadine childrens oral tablet chewable 5 mg</i>	G	Select OTC
<i>fexofenadine hcl oral tablet 180 mg</i>	G	Select OTC
<i>hydroxyzine hcl oral syrup 10 mg/5ml</i>	G	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	G	
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	G	
<i>kp fexofenadine hcl oral tablet 60 mg</i>	G	Select OTC
<i>levocetirizine dihydrochloride oral tablet 5 mg</i>	G	Select OTC
<i>loratadine oral capsule 10 mg</i>	G	Select OTC
<i>loratadine oral tablet 10 mg</i>	G	Select OTC
<i>olopatadine hcl nasal solution 0.6 %</i>	G	
RYCLORA ORAL SOLUTION 2 MG/5ML ( <i>dexchlorpheniramine maleate</i> )	NF	
<i>sm loratadine allergy relief oral tablet dispersible 10 mg</i>	G	Select OTC
<i>sm loratadine oral solution 5 mg/5ml</i>	G	Select OTC
XYZAL ALLERGY 24HR ORAL TABLET 5 MG ( <i>levocetirizine dihydrochloride</i> )	G	Select OTC
ZYRTEC ALLERGY ORAL CAPSULE 10 MG ( <i>cetirizine hcl</i> )	G	Select OTC
ZYRTEC ALLERGY ORAL TABLET 10 MG ( <i>cetirizine hcl</i> )	G	Select OTC
ZYRTEC CHILDRENS ALLERGY ORAL SOLUTION 1 MG/ML ( <i>cetirizine hcl</i> )	G	Select OTC

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

05/01/2023

154

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZYRTEC CHILDRENS ALLERGY ORAL TABLET CHEWABLE 2.5 MG ( <i>cetirizine hcl</i> )	G	LGC; Select OTC
<b>BETA AGONISTS - DRUGS TO TREAT ASTHMA AND COPD</b>		
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/lact</i>	G	
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml</i>	G	
<i>albuterol sulfate oral syrup 2 mg/5ml</i>	G	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	G	
<i>formoterol fumarate inhalation nebulization solution 20 mcg/2ml</i>	G	
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml</i>	G	
<i>levalbuterol tartrate inhalation aerosol 45 mcg/lact</i>	G	
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT ( <i>albuterol sulfate</i> )	NPB	
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT ( <i>salmeterol xinafoate</i> )	PB	
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT ( <i>olodaterol hcl</i> )	PB	
<i>terbutaline sulfate oral tablet 2.5 mg, 5 mg</i>	G	
<b>COLD/COUGH</b>		
ALLEGRA-D ALLERGY & CONGESTION ORAL TABLET EXTENDED RELEASE 12 HOUR 60-120 MG ( <i>fexofenadine-pseudoephedrine</i> )	G	Select OTC
ALLEGRA-D ALLERGY & CONGESTION ORAL TABLET EXTENDED RELEASE 24 HOUR 180-240 MG ( <i>fexofenadine-pseudoephedrine</i> )	G	Select OTC
<i>benzonatate oral capsule 100 mg, 150 mg, 200 mg</i>	G	
<i>cetirizine-pseudoephedrine er oral tablet extended release 12 hour 5-120 mg</i>	G	Select OTC
CLARITIN-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG ( <i>loratadine-pseudoephedrine</i> )	G	Select OTC
CLARITIN-D 24 HOUR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-240 MG ( <i>loratadine-pseudoephedrine</i> )	G	Select OTC

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna  
The formulary is updated the first week of each month.  
05/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>coditussin ac oral liquid 200-10 mg/5ml</i>	G	Select OTC; QL (60 ML per 1 day)
<i>fexofenadine-pseudoephed er oral tablet extended release 12 hour 60-120 mg</i>	G	Select OTC
<i>fexofenadine-pseudoephed er oral tablet extended release 24 hour 180-240 mg</i>	G	Select OTC
HYCODAN ORAL SOLUTION 5-1.5 MG/5ML ( <i>hydrocodone bit-homatrop mbr</i> )	NPB	QL (30 ML per 1 day)
HYCODAN ORAL TABLET 5-1.5 MG ( <i>hydrocodone bit-homatrop mbr</i> )	NPB	QL (6 TABLETS per 1 DAY)
<i>hydrocod poli-chlorphe poli er oral suspension extended release 10-8 mg/5ml</i>	G	
<i>hydrocodone bit-homatrop mbr oral solution 5-1.5 mg/5ml</i>	G	QL (30 ML per 1 day)
<i>hydrocodone bit-homatrop mbr oral tablet 5-1.5 mg</i>	G	QL (6 TABLETS per 1 day)
<i>loratadine-d 24hr oral tablet extended release 24 hour 10-240 mg</i>	G	Select OTC
<i>m-clear wc oral solution 100-6.33 mg/5ml</i>	G	Select OTC
<i>promethazine-codeine oral solution 6.25-10 mg/5ml</i>	G	QL (30 ML per 1 DAY)
<i>promethazine-dm oral syrup 6.25-15 mg/5ml</i>	G	
<i>sm loratadine d 12hr oral tablet extended release 12 hour 5-120 mg</i>	G	Select OTC
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HOUR 54.3-8 MG ( <i>chlorpheniramine-codeine</i> )	NPB	QL (2 TABLETS per 1 DAY)
TUZISTRA XR ORAL SUSPENSION EXTENDED RELEASE 14.7-2.8 MG/5ML ( <i>codeine polst-chlorphen polst</i> )	NPB	QL (20 ML per 1 DAY)
ZYRTEC-D ALLERGY & CONGESTION ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG ( <i>cetirizine-pseudoephedrine</i> )	G	Select OTC
<b>CYSTIC FIBROSIS</b>		
BETHKIS INHALATION NEBULIZATION SOLUTION 300 MG/4ML ( <i>tobramycin</i> )	PSP	PA; QL (224 ML per 28 days)
BRONCHITOL INHALATION CAPSULE 40 MG ( <i>mannitol (cystic fibrosis)</i> )	NF	
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG ( <i>aztreonam lysine</i> )	NF	
KALYDECO ORAL PACKET 25 MG, 50 MG, 75 MG ( <i>ivacaftor</i> )	NPSP	PA; QL (56 PACKET per 28 days)

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

05/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KALYDECO ORAL TABLET 150 MG ( <i>ivacaftor</i> )	NPSP	PA; QL (1 carton per 28 days)
KITABIS PAK INHALATION NEBULIZATION SOLUTION 300 MG/5ML ( <i>tobramycin</i> )	NPSP	PA; QL (280 ML per 28 days)
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG ( <i>lumacaftor-ivacaftor</i> )	NPSP	PA; QL (56 PACKET per 28 days)
ORKAMBI ORAL PACKET 75-94 MG ( <i>lumacaftor-ivacaftor</i> )	NPSP	PA; QL (56 PACKETS per 28 DAYS)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG ( <i>lumacaftor-ivacaftor</i> )	NPSP	PA; QL (112 TABLETS per 28 days)
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML ( <i>dornase alfa</i> )	NPSP	PA; QL (150 ML per 30 Days)
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG, 50-75 & 75 MG ( <i>tezacaftor-ivacaftor</i> )	NPSP	PA; QL (56 TABLETS per 28 days)
TOBI INHALATION NEBULIZATION SOLUTION 300 MG/5ML ( <i>tobramycin</i> )	NF	
TOBI PODHALER INHALATION CAPSULE 28 MG ( <i>tobramycin</i> )	NF	
<i>tobramycin inhalation nebulization solution 300 mg/4ml</i>	PSP	PA; QL (224 ML per 28 DAYS)
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	PSP	PA; QL (280 ML per 28 days)
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG, 50-25-37.5 & 75 MG ( <i>elexacaftor-tezacaftor-ivacaft</i> )	NPSP	PA; QL (84 TABLETS per 28 days)
<b>LEUKOTRIENE MODIFIERS</b>		
<i>zileuton er oral tablet extended release 12 hour 600 mg</i>	NF	
<b>LEUKOTRIENE RECEPTOR ANTAGONISTS - DRUGS TO TREAT ASTHMA AND ALLERGIES</b>		
<i>montelukast sodium oral packet 4 mg</i>	G	
<i>montelukast sodium oral tablet 10 mg</i>	G	
<i>montelukast sodium oral tablet chewable 4 mg, 5 mg</i>	G	
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	G	
<b>MAST CELL STABILIZERS - DRUGS TO TREAT ALLERGIES</b>		
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>MISCELLANEOUS</b>		
<i>acetylcysteine inhalation solution 10 %, 20 %</i>	G	
<i>roflumilast oral tablet 250 mcg, 500 mcg</i>	G	
<i>sodium chloride inhalation nebulization solution 10 %, 3 %</i>	G	
<b>NASAL STEROIDS - DRUGS TO TREAT ALLERGIES</b>		
<i>budesonide nasal suspension 32 mcg/lact</i>	G	Select OTC
FLONASE ALLERGY RELIEF NASAL SUSPENSION 50 MCG/ACT ( <i>fluticasone propionate</i> )	G	Select OTC
<i>flunisolide nasal solution 25 mcg/lact (0.025%)</i>	G	
<i>fluticasone propionate nasal suspension 50 mcg/lact</i>	G	Select OTC
<i>mometasone furoate nasal suspension 50 mcg/lact</i>	G	
NASACORT ALLERGY 24HR NASAL AEROSOL 55 MCG/ACT ( <i>triamcinolone acetonide</i> )	G	Select OTC
<i>triamcinolone acetonide nasal aerosol 55 mcg/lact</i>	G	Select OTC
<b>PULMONARY FIBROSIS AGENTS</b>		
ESBRIET ORAL CAPSULE 267 MG ( <i>pirfenidone</i> )	NF	
ESBRIET ORAL TABLET 267 MG, 801 MG ( <i>pirfenidone</i> )	NF	
OFEV ORAL CAPSULE 100 MG, 150 MG ( <i>nintedanib esylate</i> )	PSP	PA; QL (60 CAPSULES per 30 days)
<i>pirfenidone oral capsule 267 mg</i>	PSP	PA; QL (270 CAPSULES per 30 DAYs)
<i>pirfenidone oral tablet 267 mg</i>	PSP	PA; QL (270 TABLETS per 30 Days)
<i>pirfenidone oral tablet 534 mg</i>	NF	
<i>pirfenidone oral tablet 801 mg</i>	PSP	PA; QL (90 TABLETS per 30 Days)
<b>SEVERE ASTHMA AGENTS</b>		
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML ( <i>dupilumab</i> )	PSP	PA; QL (2 SYRINGES per 28 Days)
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/ML ( <i>benralizumab</i> )	PSP	PA; QL (1 ML per 56 DAYs)
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/ML ( <i>benralizumab</i> )	PSP	PA; QL (1 ML per 56 days)
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML ( <i>mepolizumab</i> )	PSP	PA; QL (3 ML per 28 days)

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

05/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML ( <i>mepolizumab</i> )	PSP	PA; QL (3 ML per 28 days)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML ( <i>mepolizumab</i> )	PSP	PA; QL (1 SYRINGE per 28 DAYS)
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG ( <i>mepolizumab</i> )	NF	
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 210 MG/1.91ML ( <i>tezepelumab-ekko</i> )	NF	
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML ( <i>omalizumab</i> )	PSP	PA; QL (8 SYRINGES per 28 days)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML ( <i>omalizumab</i> )	PSP	PA; QL (2 ML per 28 days)
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG ( <i>omalizumab</i> )	PSP	PA; QL (8 VIALS per 28 days)
<b>STERIOD INHALANTS - DRUGS TO TREAT ASTHMA</b>		
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT ( <i>fluticasone furoate</i> )	PB	
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT ( <i>mometasone furoate</i> )	PB	
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 220 MCG/ACT ( <i>mometasone furoate</i> )	PB	
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT ( <i>mometasone furoate</i> )	PB	
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml</i>	G	
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 250 MCG/ACT, 50 MCG/ACT ( <i>fluticasone propionate (inhal)</i> )	PB	
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT, 44 MCG/ACT ( <i>fluticasone propionate hfa</i> )	PB	
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT, 90 MCG/ACT ( <i>budesonide</i> )	PB	

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna  
The formulary is updated the first week of each month.  
05/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT ( <i>beclomethasone diprop hfa</i> )	PB	
<b>STEROID/BETA-AGONIST COMBINATIONS - DRUGS TO TREAT ASTHMA AND COPD</b>		
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT ( <i>fluticasone-salmeterol</i> )	PB	
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT ( <i>fluticasone-salmeterol</i> )	PB	
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT ( <i>fluticasone furoate-vilanterol</i> )	PB	N8 (Listing does not include certain NDCs)
<i>budesonide-formoterol fumarate inhalation aerosol 160-4.5 mcglact, 80-4.5 mcglact</i>	G	
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcglact, 250-50 mcglact, 500-50 mcglact</i>	G	
SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT ( <i>budesonide-formoterol fumarate</i> )	PB	
<i>fluticasone-salmeterol</i> (Wixela Inhub Inhalation Aerosol Powder Breath Activated 100-50 Mcg/Act, 250-50 Mcg/Act, 500-50 Mcg/Act)	G	
<b>XANTHINES - DRUGS TO TREAT COPD</b>		
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG ( <i>theophylline</i> )	NF	
<i>theophylline er oral tablet extended release 12 hour 300 mg, 450 mg</i>	G	
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>	G	
<i>theophylline oral elixir 80 mg/15ml</i>	G	
<b>TOPICAL - DRUGS TO TREAT EAR AND SKIN CONDITIONS</b>		
<b>DERMATOLOGY, ACNE</b>		
ABSORICA LD ORAL CAPSULE 16 MG, 24 MG, 32 MG, 8 MG ( <i>isotretinoin micronized</i> )	NPB	PA
ABSORICA ORAL CAPSULE 10 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG ( <i>isotretinoin</i> )	PB	PA

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

05/01/2023



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ACANYA EXTERNAL GEL 1.2-2.5 % ( <i>clindamycin phos-benzoyl perox</i> )	NPB	
<i>isotretinoin</i> (Accutane Oral Capsule 20 Mg, 30 Mg, 40 Mg)	G	PA
<i>adapalene external cream 0.1 %</i>	G	PA; AL (Max 35 Years)
<i>adapalene external gel 0.1 %</i>	G	PA; Select OTC; AL (Max 35 Years)
<i>adapalene external gel 0.3 %</i>	G	PA; AL (Max 35 Years)
<i>adapalene external pad 0.1 %</i>	NF	
<i>adapalene-benzoyl peroxide external gel 0.1-2.5 %, 0.3-2.5 %</i>	G	PA; AL (Max 35 Years)
AKLIEF EXTERNAL CREAM 0.005 % ( <i>trifarotene</i> )	PB	
<i>isotretinoin</i> (Amnesteem Oral Capsule 10 Mg, 20 Mg, 40 Mg)	G	PA
ARAZLO EXTERNAL LOTION 0.045 % ( <i>tazarotene</i> )	PB	PA; AL (Max 35 Years)
<i>tretinoin</i> (Avita External Gel 0.025 %)	G	PA; AL (Max 35 Years)
<i>benzoyl peroxide-erythromycin external gel 5-3 %</i>	G	
<i>isotretinoin</i> (Claravis Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	G	PA
<i>clindamycin phosphate</i> (Clindacin-P External Swab 1 %)	G	
<i>clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-5 %</i>	G	
<i>clindamycin phosphate external foam 1 %</i>	G	
<i>clindamycin phosphate external gel 1 %</i>	G	N8 (Listing does not include certain NDCs)
<i>clindamycin phosphate external lotion 1 %</i>	G	
<i>clindamycin phosphate external solution 1 %</i>	G	
<i>clindamycin-tretinoin external gel 1.2-0.025 %</i>	G	PA; AL (Max 35 Years)
<i>dapsone external gel 5 %, 7.5 %</i>	G	
DIFFERIN EXTERNAL GEL 0.1 % ( <i>adapalene</i> )	G	PA; Select OTC; AL (Max 35 Years)
EPIDUO EXTERNAL GEL 0.1-2.5 % ( <i>adapalene-benzoyl peroxide</i> )	PB	PA; AL (Max 35 Years)
EPIDUO FORTE EXTERNAL GEL 0.3-2.5 % ( <i>adapalene-benzoyl peroxide</i> )	PB	PA; AL (Max 35 Years)
<i>ery external pad 2 %</i>	G	
<i>erythromycin external solution 2 %</i>	G	
<i>isotretinoin oral capsule 10 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg</i>	G	PA

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

05/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ONEXTON EXTERNAL GEL 1.2-3.75 % ( <i>clindamycin phosphobenzoyl perox</i> )	PB	
RETIN-A MICRO EXTERNAL GEL 0.04 %, 0.1 % ( <i>tretinoin microsphere</i> )	NPB	PA; AL (Max 35 Years)
RETIN-A MICRO PUMP EXTERNAL GEL 0.04 %, 0.06 %, 0.08 %, 0.1 % ( <i>tretinoin microsphere</i> )	NPB	PA; AL (Max 35 Years)
<i>sulfacetamide sodium (acne) external lotion 10 %</i>	G	
<i>tretinoin external cream 0.025 %, 0.05 %, 0.1 %</i>	G	PA; AL (Max 35 Years)
<i>tretinoin external gel 0.01 %, 0.05 %</i>	G	PA; AL (Max 35 Years)
<i>tretinoin microsphere external gel 0.04 %, 0.1 %</i>	G	PA; AL (Max 35 Years)
TWYNEO EXTERNAL CREAM 0.1-3 % ( <i>tretinoin-benzoyl peroxide</i> )	PB	
WINLEVI EXTERNAL CREAM 1 % ( <i>clascoterone</i> )	PB	
<i>isotretinoin (Zenatane Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)</i>	G	PA
ZIANA EXTERNAL GEL 1.2-0.025 % ( <i>clindamycin-tretinoin</i> )	NPB	PA; AL (Max 35 Years)
<b>DERMATOLOGY, ACTINIC KERATOSIS</b>		
<i>fluorouracil external cream 0.5 %, 5 %</i>	G	
<i>fluorouracil external solution 2 %, 5 %</i>	G	
<i>imiquimod external cream 5 %</i>	G	
<i>imiquimod pump external cream 3.75 %</i>	G	
ZYCLARA EXTERNAL CREAM 3.75 % ( <i>imiquimod</i> )	PB	
ZYCLARA PUMP EXTERNAL CREAM 2.5 %, 3.75 % ( <i>imiquimod</i> )	PB	
<b>DERMATOLOGY, ANTIBIOTICS</b>		
<i>gentamicin sulfate external cream 0.1 %</i>	G	
<i>gentamicin sulfate external ointment 0.1 %</i>	G	
<i>mafenide acetate external packet 5 %</i>	G	
<i>mupirocin calcium external cream 2 %</i>	NF	
<i>mupirocin external ointment 2 %</i>	G	
NEO-SYNALAR EXTERNAL CREAM 0.5-0.025 % ( <i>neomycin-fluocinolone</i> )	NF	
SILVADENE EXTERNAL CREAM 1 % ( <i>silver sulfadiazine</i> )	PB	
<i>silver sulfadiazine external cream 1 %</i>	G	
<i>silver sulfadiazine (Ssd External Cream 1 %)</i>	G	

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

05/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>DERMATOLOGY, ANTIFUNGALS</b>		
<i>ciclopirox external gel 0.77 %</i>	G	
<i>ciclopirox external shampoo 1 %</i>	G	
<i>ciclopirox external solution 8 %</i>	G	STX
<i>ciclopirox olamine external cream 0.77 %</i>	G	
<i>ciclopirox olamine external suspension 0.77 %</i>	G	
<i>clotrimazole-betamethasone external cream 1-0.05 %</i>	G	STX; QL (60 GM per 25 days)
<i>clotrimazole-betamethasone external lotion 1-0.05 %</i>	G	STX; QL (60 ML per 25 days)
<i>econazole nitrate external cream 1 %</i>	G	
EXELDERM EXTERNAL CREAM 1 % ( <i>sulconazole nitrate</i> )	NPB	QL (60 GRAMS per 25 days)
EXELDERM EXTERNAL SOLUTION 1 % ( <i>sulconazole nitrate</i> )	NPB	QL (60 ML per 25 days)
JUBLIA EXTERNAL SOLUTION 10 % ( <i>efinaconazole</i> )	NPB	QL (4 ML per 21 days)
<i>ketconazole external cream 2 %</i>	G	
<i>ketconazole external foam 2 %</i>	NF	
<i>luliconazole external cream 1 %</i>	NF	
<i>miconazole-zinc oxide-petrolat external ointment 0.25-15-81.35 %</i>	G	
<i>naftifine hcl external cream 1 %, 2 %</i>	G	
NAFTIN EXTERNAL GEL 1 %, 2 % ( <i>naftifine hcl</i> )	PB	
<i>nystatin external cream 100000 unit/gm</i>	G	
<i>nystatin external ointment 100000 unit/gm</i>	G	
<i>nystatin-triamcinolone external cream 100000-0.1 unit/gm-%</i>	G	STX; QL (60 GM per 25 days)
<i>nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%</i>	G	STX; QL (60 GM per 25 DAYS)
<i>oxiconazole nitrate external cream 1 %</i>	G	N8 (Listing does not include certain NDCs); QL (60 G per 25 days)
OXISTAT EXTERNAL CREAM 1 % ( <i>oxiconazole nitrate</i> )	NPB	QL (60 G per 25 days)
OXISTAT EXTERNAL LOTION 1 % ( <i>oxiconazole nitrate</i> )	NPB	QL (60 ML per 25 days)
<i>sulconazole nitrate external cream 1 %</i>	G	QL (60 GRAMS per 25 days)

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna  
The formulary is updated the first week of each month.  
05/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>sulconazole nitrate external solution 1 %</i>	G	QL (60 ML per 25 days)
<i>tavaborole external solution 5 %</i>	NF	
<b>DERMATOLOGY, ANTIPRURITIC</b>		
<i>doxepin hcl external cream 5 %</i>	NF	
PRUDOXIN EXTERNAL CREAM 5 % ( <i>doxepin hcl (antipruritic)</i> )	NPB	QL (45 G per 25 days)
ZONALON EXTERNAL CREAM 5 % ( <i>doxepin hcl (antipruritic)</i> )	NPB	QL (45 G per 25 days)
<b>DERMATOLOGY, ANTIPSORIATICS</b>		
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	G	
<i>calcipotriene external cream 0.005 %</i>	NF	
<i>calcipotriene external foam 0.005 %</i>	G	QL (60 grams per 25 days)
<i>calcipotriene external ointment 0.005 %</i>	G	
<i>calcipotriene external solution 0.005 %</i>	G	
<i>calcitriol external ointment 3 mcg/gm</i>	NF	
<i>methoxsalen rapid oral capsule 10 mg</i>	G	
SORILUX EXTERNAL FOAM 0.005 % ( <i>calcipotriene</i> )	NPB	QL (60 GM per 25 days)
SOTYKTU ORAL TABLET 6 MG ( <i>deucravacitinib</i> )	NF	
<i>tazarotene external cream 0.1 %</i>	G	PA; AL (Max 35 Years)
<i>tazarotene external gel 0.05 %, 0.1 %</i>	G	
VECTICAL EXTERNAL OINTMENT 3 MCG/GM ( <i>calcitriol</i> )	NF	
<b>DERMATOLOGY, ANTISEBORRHEICS</b>		
<i>ketoconazole external shampoo 2 %</i>	G	
<b>DERMATOLOGY, ATOPIC DERMATITIS</b>		
ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML ( <i>tralokinumab-ldrm</i> )	PSP	PA; QL (4 SYRINGES per 28 days)
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG ( <i>abrocitinib</i> )	PSP	PA; QL (30 TABLETS per 30 days)
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 MG/1.14ML ( <i>dupilumab</i> )	PSP	PA; QL (2 PENS per 28 Days)
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 MG/2ML ( <i>dupilumab</i> )	PSP	PA; QL (4 PENS per 28 Days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML ( <i>dupilumab</i> )	PSP	PA; QL (2 SYRINGES per 28 Days)

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

05/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML ( <i>dupilumab</i> )	PSP	PA; QL (4 SYRINGES per 28 Days)
<b>DERMATOLOGY, CORTICOSTEROIDS</b>		
<i>alclometasone dipropionate external cream 0.05 %</i>	G	QL (120 GM per 25 DAYs)
<i>alclometasone dipropionate external ointment 0.05 %</i>	G	QL (120 GM per 25 DAYs)
<i>amcinonide external lotion 0.1 %</i>	G	QL (120 ML per 25 DAYs)
<i>amcinonide external ointment 0.1 %</i>	NPB	QL (120 GM per 25 DAYs)
APEXICON E EXTERNAL CREAM 0.05 % ( <i>diflorasone diacet emoll base</i> )	NPB	QL (120 GM per 25 DAYs)
<i>betamethasone dipropionate aug external cream 0.05 %</i>	G	QL (120 GM per 25 DAYs)
<i>betamethasone dipropionate aug external gel 0.05 %</i>	G	QL (120 GM per 25 DAYs)
<i>betamethasone dipropionate aug external lotion 0.05 %</i>	G	QL (120 ML per 25 DAYs)
<i>betamethasone dipropionate aug external ointment 0.05 %</i>	G	QL (120 GM per 25 DAYs)
<i>betamethasone dipropionate external cream 0.05 %</i>	G	QL (120 GM per 25 DAYs)
<i>betamethasone dipropionate external lotion 0.05 %</i>	G	QL (120 ML per 25 DAYs)
<i>betamethasone dipropionate external ointment 0.05 %</i>	NF	
<i>betamethasone valerate external cream 0.1 %</i>	G	QL (120 GM per 25 DAYs)
<i>betamethasone valerate external foam 0.12 %</i>	G	QL (120 GM per 25 days)
<i>betamethasone valerate external lotion 0.1 %</i>	G	QL (120 ML per 25 DAYs)
<i>betamethasone valerate external ointment 0.1 %</i>	G	QL (120 GM per 25 DAYs)
BRYHALI EXTERNAL LOTION 0.01 % ( <i>halobetasol propionate</i> )	PB	QL (120 GM per 25 days)
<i>calcipotriene-betameth diprop external ointment 0.005-0.064 %</i>	NF	
<i>calcipotriene-betameth diprop external suspension 0.005-0.064 %</i>	NF	
CAPEX EXTERNAL SHAMPOO 0.01 % ( <i>fluocinolone acetonide</i> )	PB	QL (120 ML per 25 days)
<i>clobetasol propionate e external cream 0.05 %</i>	G	QL (120 GM per 25 DAYs)
<i>clobetasol propionate emulsion external foam 0.05 %</i>	NF	
<i>clobetasol propionate external cream 0.05 %</i>	G	QL (120 GM per 25 DAYs)
<i>clobetasol propionate external foam 0.05 %</i>	G	QL (120 GM per 25 days)
<i>clobetasol propionate external gel 0.05 %</i>	G	QL (120 GM per 25 DAYs)
<i>clobetasol propionate external liquid 0.05 %</i>	G	QL (120 ML per 25 days)
<i>clobetasol propionate external lotion 0.05 %</i>	G	QL (120 ML per 25 DAYs)
<i>clobetasol propionate external ointment 0.05 %</i>	G	QL (120 GM per 25 DAYs)

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna  
The formulary is updated the first week of each month.  
05/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>clobetasol propionate external shampoo 0.05 %</i>	G	QL (120 ML per 25 days)
<i>clobetasol propionate external solution 0.05 %</i>	G	QL (120 ML per 25 days)
CLOBEX EXTERNAL LOTION 0.05 % ( <i>clobetasol propionate</i> )	PB	QL (120 ML per 25 DAYs)
CLOBEX EXTERNAL SHAMPOO 0.05 % ( <i>clobetasol propionate</i> )	PB	QL (120 ML per 25 days)
CLOBEX SPRAY EXTERNAL LIQUID 0.05 % ( <i>clobetasol propionate</i> )	NPB	QL (120 ML per 25 DAYs)
<i>clocortolone pivalate external cream 0.1 %</i>	NF	
CLODERM EXTERNAL CREAM 0.1 % ( <i>clocortolone pivalate</i> )	NPB	QL (120 GRAMS per 25 days)
CORDRAN EXTERNAL CREAM 0.05 % ( <i>flurandrenolide</i> )	NPB	QL (120 GM per 25 DAYs)
CORDRAN EXTERNAL LOTION 0.05 % ( <i>flurandrenolide</i> )	NPB	QL (120 ML per 25 DAYs)
CORDRAN EXTERNAL TAPE 4 MCG/SQCM ( <i>flurandrenolide</i> )	NPB	QL (1 TAPE per 25 DAYs)
DERMA-SMOOTH/FS BODY EXTERNAL OIL 0.01 % ( <i>fluocinolone acetamide</i> )	PB	QL (120 ML per 25 days)
DERMA-SMOOTH/FS SCALP EXTERNAL OIL 0.01 % ( <i>fluocinolone acetamide</i> )	PB	QL (120 ML per 25 days)
<i>desonide external cream 0.05 %</i>	G	QL (120 GM per 25 DAYs)
<i>desonide external gel 0.05 %</i>	NF	
<i>desonide external lotion 0.05 %</i>	G	QL (120 ML per 25 days)
<i>desonide external ointment 0.05 %</i>	G	QL (120 GM per 25 DAYs)
DESOWEN EXTERNAL CREAM 0.05 % ( <i>desonide</i> )	NPB	QL (120 G per 25 days)
<i>desoximetasone external cream 0.05 %, 0.25 %</i>	G	QL (120 GM per 25 DAYs)
<i>desoximetasone external gel 0.05 %</i>	G	QL (120 GM per 25 DAYs)
<i>desoximetasone external liquid 0.25 %</i>	G	QL (120 ML per 25 days)
<i>desoximetasone external ointment 0.05 %</i>	NF	
<i>desoximetasone external ointment 0.25 %</i>	G	QL (120 GM per 25 DAYs)
<i>desonide (Desrx External Gel 0.05 %)</i>	NF	
<i>diflorasone diacetate external cream 0.05 %</i>	NF	
<i>diflorasone diacetate external ointment 0.05 %</i>	NF	
DIPROLENE EXTERNAL OINTMENT 0.05 % ( <i>betamethasone dipropionate aug</i> )	NPB	QL (120 G per 25 days)
DUOBRII EXTERNAL LOTION 0.01-0.045 % ( <i>halobetasol prop-tazarotene</i> )	PB	

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

05/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ENSTILAR EXTERNAL FOAM 0.005-0.064 % ( <i>calcipotriene-betameth diprop</i> )	PB	
<i>fluocinolone acetonide body external oil 0.01 %</i>	G	QL (120 ML per 25 days)
<i>fluocinolone acetonide external cream 0.01 %, 0.025 %</i>	G	QL (120 GM per 25 DAYs)
<i>fluocinolone acetonide external ointment 0.025 %</i>	G	QL (120 GM per 25 DAYs)
<i>fluocinolone acetonide external solution 0.01 %</i>	G	QL (120 ML per 25 days)
<i>fluocinolone acetonide scalp external oil 0.01 %</i>	G	QL (120 ML per 25 days)
<i>fluocinonide emulsified base external cream 0.05 %</i>	G	QL (120 GM per 25 DAYs)
<i>fluocinonide external cream 0.05 %</i>	G	QL (120 GM per 25 DAYs)
<i>fluocinonide external cream 0.1 %</i>	NF	
<i>fluocinonide external gel 0.05 %</i>	G	QL (120 GM per 25 DAYs)
<i>fluocinonide external ointment 0.05 %</i>	G	QL (120 GM per 25 DAYs)
<i>fluocinonide external solution 0.05 %</i>	G	QL (120 ML per 25 days)
<i>flurandrenolide external cream 0.05 %</i>	NF	
<i>flurandrenolide external lotion 0.05 %</i>	NF	
<i>fluticasone propionate external cream 0.05 %</i>	G	QL (120 GM per 25 DAYs)
<i>fluticasone propionate external lotion 0.05 %</i>	G	QL (120 ML per 25 days)
<i>fluticasone propionate external ointment 0.005 %</i>	G	QL (120 GM per 25 DAYs)
<i>halcinonide external cream 0.1 %</i>	NF	
<i>halobetasol propionate external cream 0.05 %</i>	G	QL (120 GM per 25 DAYs)
<i>halobetasol propionate external foam 0.05 %</i>	NPB	QL (120 G per 25 days)
<i>halobetasol propionate external ointment 0.05 %</i>	G	QL (120 GM per 25 DAYs)
HALOG EXTERNAL CREAM 0.1 % ( <i>halcinonide</i> )	NPB	QL (120 GRAMS per 25 days)
HALOG EXTERNAL OINTMENT 0.1 % ( <i>halcinonide</i> )	NPB	QL (120 GRAMS per 25 days)
HALOG EXTERNAL SOLUTION 0.1 % ( <i>halcinonide</i> )	NPB	QL (120 ML per 25 days)
<i>hydrocortisone butyr lipo base external cream 0.1 %</i>	NF	
<i>hydrocortisone butyrate external cream 0.1 %</i>	G	QL (120 GM per 25 DAYs)
<i>hydrocortisone butyrate external lotion 0.1 %</i>	NF	
<i>hydrocortisone butyrate external ointment 0.1 %</i>	G	QL (120 GM per 25 DAYs)
<i>hydrocortisone butyrate external solution 0.1 %</i>	G	QL (120 ML per 25 days)
<i>hydrocortisone external cream 2.5 %</i>	G	QL (120 GM per 25 days)
<i>hydrocortisone external lotion 2.5 %</i>	G	QL (120 ML per 25 days)
<i>hydrocortisone external ointment 2.5 %</i>	G	QL (120 GM per 25 days)

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

05/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>hydrocortisone valerate external cream 0.2 %</i>	G	QL (120 G per 25 days)
<i>hydrocortisone valerate external ointment 0.2 %</i>	G	QL (120 G per 25 days)
IMPEKLO EXTERNAL LOTION 0.15 MG/ACT (0.05%) ( <i>clobetasol propionate</i> )	NPB	QL (120 GM per 25 DAYs)
IMPOYZ EXTERNAL CREAM 0.025 % ( <i>clobetasol propionate</i> )	NPB	QL (120 GRAMS per 25 days)
KENALOG EXTERNAL AEROSOL SOLUTION 0.147 MG/GM ( <i>triamcinolone acetonide</i> )	NPB	QL (120 GM per 25 DAYs)
LEXETTE EXTERNAL FOAM 0.05 % ( <i>halobetasol propionate</i> )	NPB	QL (120 G per 25 days)
LOCOID EXTERNAL LOTION 0.1 % ( <i>hydrocortisone butyrate</i> )	NPB	QL (120 ML per 25 DAYs)
LOCOID LIPOCREAM EXTERNAL CREAM 0.1 % ( <i>hydrocortisone butyr lipo base</i> )	NPB	QL (120 GM per 25 DAYs)
LUXIQ EXTERNAL FOAM 0.12 % ( <i>betamethasone valerate</i> )	NPB	QL (120 GRAMS per 25 days)
<i>mometasone furoate external cream 0.1 %</i>	G	QL (120 GM per 25 DAYs)
<i>mometasone furoate external ointment 0.1 %</i>	G	QL (120 GM per 25 DAYs)
<i>mometasone furoate external solution 0.1 %</i>	G	QL (120 ML per 25 DAYs)
OLUX-E EXTERNAL FOAM 0.05 % ( <i>clobetasol propionate emulsion</i> )	NPB	QL (120 GRAMS per 25 days)
PANDEL EXTERNAL CREAM 0.1 % ( <i>hydrocortisone probutate</i> )	NPB	QL (120 GM per 25 DAYs)
SERNIVO EXTERNAL EMULSION 0.05 % ( <i>betamethasone dipropionate</i> )	NPB	STX; QL (120 ML per 25 DAYs)
SYNALAR EXTERNAL CREAM 0.025 % ( <i>fluocinolone acetonide</i> )	NPB	QL (120 GM per 25 DAYs)
SYNALAR EXTERNAL OINTMENT 0.025 % ( <i>fluocinolone acetonide</i> )	NPB	QL (120 GM per 25 DAYs)
SYNALAR EXTERNAL SOLUTION 0.01 % ( <i>fluocinolone acetonide</i> )	NPB	QL (120 ML per 25 days)
TEXACORT EXTERNAL SOLUTION 2.5 % ( <i>hydrocortisone</i> )	PB	QL (120 ML per 25 days)
TOPICORT EXTERNAL CREAM 0.05 %, 0.25 % ( <i>desoximetasone</i> )	NPB	QL (120 GM per 25 DAYs)
TOPICORT EXTERNAL GEL 0.05 % ( <i>desoximetasone</i> )	NPB	QL (120 GM per 25 DAYs)
TOPICORT EXTERNAL OINTMENT 0.05 %, 0.25 % ( <i>desoximetasone</i> )	NPB	QL (120 GM per 25 DAYs)

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

05/01/2023



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TOPICORT SPRAY EXTERNAL LIQUID 0.25 % ( <i>desoximetasone</i> )	NPB	QL (120 ML per 25 DAYs)
<i>clobetasol propionate emulsion</i> (Tovet External Foam 0.05 %)	NF	
<i>triamcinolone acetonide external aerosol solution 0.147 mg/gm</i>	NF	
<i>triamcinolone acetonide external cream 0.025 %, 0.1 %, 0.5 %</i>	G	QL (120 GM per 25 DAYs)
<i>triamcinolone acetonide external lotion 0.025 %, 0.1 %</i>	G	QL (120 ML per 25 DAYs)
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %</i>	G	QL (120 GM per 25 DAYs)
<i>triamcinolone acetonide external ointment 0.5 %</i>	G	QL (120 G per 25 days)
TRIDESILON EXTERNAL CREAM 0.05 % ( <i>desonide</i> )	NPB	QL (120 G per 25 days)
ULTRAVATE EXTERNAL LOTION 0.05 % ( <i>halobetasol propionate</i> )	NPB	QL (120 ML per 25 DAYs)
VANOS EXTERNAL CREAM 0.1 % ( <i>fluocinonide</i> )	NPB	QL (120 GM per 25 DAYs)
VERDESO EXTERNAL FOAM 0.05 % ( <i>desonide</i> )	NPB	QL (120 GM per 25 DAYs)
<b>DERMATOLOGY, LOCAL ANESTHETICS</b>		
<i>lidocaine external ointment 5 %</i>	G	QL (50 GM per 25 DAYs)
<i>lidocaine external patch 5 %</i>	G	QL (90 PATCH per 25 days)
<i>lidocaine hcl external solution 4 %</i>	G	QL (50 ML per 25 DAYs)
<i>lidocaine hcl urethral/mucosal external gel 2 %</i>	G	QL (60 ML per 25 days)
<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>	G	QL (30 G per 25 days)
LIDODERM EXTERNAL PATCH 5 % ( <i>lidocaine</i> )	PB	QL (90 PATCH per 25 days)
PLIAGLIS EXTERNAL CREAM 7-7 % ( <i>lidocaine-tetracaine</i> )	NF	
SYNERA EXTERNAL PATCH 70-70 MG ( <i>lidocaine-tetracaine</i> )	NPB	QL (2 PATCHES per 25 DAYs)
ZTLIDO EXTERNAL PATCH 1.8 % ( <i>lidocaine</i> )	NPB	QL (90 PATCH per 25 DAYs)
<b>DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE</b>		
ABREVA EXTERNAL CREAM 10 % ( <i>docosanol</i> )	G	Select OTC
<i>acyclovir external cream 5 %</i>	NF	
<i>acyclovir external ointment 5 %</i>	G	
ALFERON N INJECTION SOLUTION 5000000 UNIT/ML ( <i>interferon alfa-n3</i> )	NPSP	
<i>bexarotene external gel 1 %</i>	PSP	PA
CONDYLOX EXTERNAL GEL 0.5 % ( <i>podofilox</i> )	PB	

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna  
The formulary is updated the first week of each month.  
05/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>diclofenac epolamine external patch 1.3 %</i>	G	STX; QL (30 PATCHES per 25 Days)
<i>diclofenac sodium external gel 3 %</i>	G	PA; QL (100 G per 25 days)
<i>diclofenac sodium external solution 1.5 %</i>	G	
<i>diclofenac sodium external solution 2 %</i>	NF	
<i>docosanol external cream 10 %</i>	G	Select OTC
EUCRISA EXTERNAL OINTMENT 2 % ( <i>crisaborole</i> )	PB	
FLECTOR EXTERNAL PATCH 1.3 % ( <i>diclofenac epolamine</i> )	NPB	STX; QL (30 PATCHES per 25 days)
LEVULAN KERASTICK EXTERNAL SOLUTION RECONSTITUTED 20 % ( <i>aminolevulinic acid hcl</i> )	NPSP	QL (1 STICK per 25 DAYs)
LICART EXTERNAL PATCH 24 HOUR 1.3 % ( <i>diclofenac epolamine</i> )	NPB	STX; QL (15 PATCHES per 25 Days)
<i>pimecrolimus external cream 1 %</i>	G	
<i>podofilox external solution 0.5 %</i>	G	
<i>tacrolimus external ointment 0.03 %, 0.1 %</i>	G	
TARGRETIN EXTERNAL GEL 1 % ( <i>bexarotene</i> )	NF	
VALCHLOR EXTERNAL GEL 0.016 % ( <i>mechlorethamine hcl (topical)</i> )	NPSP	PA; QL (2 GM per 30 days)
<b>DERMATOLOGY, ROSACEA</b>		
<i>azelaic acid external gel 15 %</i>	G	
<i>doxycycline oral capsule delayed release 40 mg</i>	G	
FINACEA EXTERNAL FOAM 15 % ( <i>azelaic acid</i> )	PB	
<i>ivermectin external cream 1 %</i>	G	
<i>metronidazole external cream 0.75 %</i>	G	
<i>metronidazole external gel 0.75 %, 1 %</i>	G	
<i>metronidazole external lotion 0.75 %</i>	G	
RHOFADE EXTERNAL CREAM 1 % ( <i>oxymetazoline hcl</i> )	PB	
SOOLANTRA EXTERNAL CREAM 1 % ( <i>ivermectin</i> )	PB	
<b>DERMATOLOGY, SCABICIDES AND PEDICULICIDES</b>		
CROTAN EXTERNAL LOTION 10 % ( <i>crotamiton</i> )	G	
<i>malathion external lotion 0.5 %</i>	G	
OVIDE EXTERNAL LOTION 0.5 % ( <i>malathion</i> )	PB	
<i>permethrin external cream 5 %</i>	G	
<i>spinosad external suspension 0.9 %</i>	G	

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

05/01/2023

170

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>DERMATOLOGY, WOUND CARE AGENTS</b>		
<i>acetic acid irrigation solution 0.25 %</i>	G	
<b>MOUTH/THROAT/DENTAL AGENTS</b>		
<i>cevimeline hcl oral capsule 30 mg</i>	G	
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	G	
<i>clotrimazole mouth/throat troche 10 mg</i>	G	
<b>EVOXAC ORAL CAPSULE 30 MG (<i>cevimeline hcl</i>)</b>	PB	
<i>lidocaine viscous hcl mouth/throat solution 2 %</i>	G	
<i>nystatin mouth/throat suspension 100000 unit/ml</i>	G	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	G	
<b>SALAGEN ORAL TABLET 5 MG, 7.5 MG (<i>pilocarpine hcl</i>)</b>	PB	
<i>triamcinolone acetonide mouth/throat paste 0.1 %</i>	G	
<b>OTIC - DRUGS TO TREAT CONDITIONS OF THE EAR</b>		
<i>acetic acid otic solution 2 %</i>	G	
<i>ciprofloxacin hcl otic solution 0.2 %</i>	G	
<i>ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %</i>	G	
<i>ciprofloxacin-fluocinolone pf otic solution 0.3-0.025 %</i>	NF	
<i>fluocinolone acetonide otic oil 0.01 %</i>	G	
<i>hydrocortisone-acetic acid otic solution 1-2 %</i>	G	
<i>neomycin-polymyxin-hc otic solution 1 %</i>	G	
<i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i>	G	
<i>ofloxacin otic solution 0.3 %</i>	G	

## Index

<i>abacavir sulfate</i> .....	28	ADVANCE MICRO-DRAW	ALUNBRIG.....	43
<i>abacavir sulfate-lamivudine</i> .....	31	TEST.....	<i>alyacen 1/35</i> .....	97
ABILIFY MAINTENA.....	67	ADVATE.....	<i>alyacen 7/7/7</i> .....	97
<i>abiraterone acetate</i> .....	41	<i>adynovate</i> .....	Alyq.....	60
ABREVA.....	169	ADZENYS XR-ODT.....	Amabelz.....	109
ABSORICA.....	160	AFINITOR.....	<i>amantadine hcl</i> .....	66
ABSORICA LD.....	160	AFINITOR DISPERZ.....	<i>ambrisentan</i> .....	60
<i>acamprosate calcium</i> .....	62	AFSTYLA.....	<i>amcinonide</i> .....	165
ACANYA.....	161	AFTERA.....	Amethia.....	97
<i>acarbose</i> .....	89	AGRYLIN.....	Amethyst.....	98
ACCU-CHEK AVIVA PLUS		AIMOVIG.....	<i>amiloride hcl</i> .....	58
.....	102	AJOVY.....	<i>amiloride-hydrochlorothiazide</i> ..	58
ACCU-CHEK FASTCLIX		AKLIEF.....	<i>aminocaproic acid</i> .....	133
LANCETS.....	102	<i>albendazole</i> .....	<i>amiodarone hcl</i> .....	53
ACCU-CHEK GUIDE.....	102	<i>albuterol sulfate</i> .....	<i>amitriptyline hcl</i> .....	64
ACCU-CHEK		<i>albuterol sulfate hfa</i> .....	AMJEVITA.....	135
SMARTVIEW.....	102	<i>alclometasone dipropionate</i> ....	<i>amlodipine besy-benazepril hcl</i> ..	51
ACCU-CHEK SOFTCLIX		<i>alcohol swabs</i> .....	<i>amlodipine besylate</i> .....	56
LANCETS.....	102	ALDACTONE.....	<i>amlodipine besylate-valsartan</i> ...	52
Accutane.....	161	ALDURAZYME.....	<i>amlodipine-atorvastatin</i> .....	56
ACCUTREND GLUCOSE..	102	ALECENSA.....	<i>amlodipine-olmesartan</i> .....	52
<i>acebutolol hcl</i> .....	56	<i>alendronate sodium</i> .....	<i>amlodipine-valsartan-hctz</i> .....	52
<i>acetaminophen-codeine</i> .....	17	ALFERON N.....	Amnesteem.....	161
<i>acetaminophen-codeine #3</i> .....	17	<i>alfuzosin hcl er</i> .....	<i>amoxapine</i> .....	64
<i>acetaminophen-codeine #4</i> .....	17	ALINIA.....	<i>amoxicill-clarithro-lansopraz</i> ..	123
<i>acetazolamide</i> .....	58	<i>aliskiren fumarate</i> .....	<i>amoxicillin</i> .....	38
<i>acetazolamide er</i> .....	58	ALKERAN.....	<i>amoxicillin-pot clavulanate</i> ..	38, 39
<i>acetic acid</i> .....	171	ALKINDI SPRINKLE.....	<i>amoxicillin-pot clavulanate er</i> ...	38
<i>acetylcysteine</i> .....	158	ALLEGRA ALLERGY.....	<i>amphetamine sulfate</i> .....	73
ACIPHEX.....	121	ALLEGRA ALLERGY	<i>amphetamine-dextroamphet er</i> ..	73
<i>acitretin</i> .....	164	CHILDRENS.....	<i>amphetamine-</i>	
ACTEMRA.....	134, 135	ALLEGRA-D ALLERGY &	<i>dextroamphetamine</i> .....	73
ACTEMRA ACTPEN.....	135	CONGESTION.....	<i>ampicillin</i> .....	39
ACTHAR.....	114	<i>allergy relief</i> .....	AMPYRA.....	81
ACTIMMUNE.....	144	<i>allopurinol</i> .....	ANAFRANIL.....	62
ACTIQ.....	17	ALLZITAL.....	<i>anagrelide hcl</i> .....	133
ACUVAIL.....	150	<i>almotriptan malate</i> .....	ANAPROX DS.....	15
<i>acyclovir</i> .....	33, 169	<i>alogliptin benzoate</i> .....	<i>anastrozole</i> .....	41
<i>adapalene</i> .....	161	<i>alogliptin-metformin hcl</i> .....	ANDRODERM.....	88
<i>adapalene-benzoyl peroxide</i> ....	161	<i>alogliptin-pioglitazone</i> .....	ANNOVERA.....	98
ADBRY.....	164	<i>alose tron hcl</i> .....	ANORO ELLIPTA.....	152
ADCIRCA.....	60	ALPHAGAN P.....	ANUSOL-HC.....	123
ADDERALL.....	72	ALPHANATE.....	APADAZ.....	17
ADDERALL XR.....	73	ALPHANINE SD.....	<i>apap-caff-dihydrocodeine</i> .....	17
ADDYI.....	86	<i>alprazolam</i> .....	APEXICON E.....	165
<i>adefovir dipivoxil</i> .....	33	<i>alprazolam er</i> .....	APOKYN.....	66
ADEMPAS.....	60	ALPRAZOLAM INTENSOL	<i>apomorphine hcl</i> .....	66
ADVAIR DISKUS.....	160	ALPROLIX.....	<i>aprepitant</i> .....	118
ADVAIR HFA.....	160	Altavera.....	Apri.....	98

APRISO.....	119	AVONEX PREFILLED.....	81	<i>benzhydrocodone-</i>	
APTENSIO XR.....	73	AVSOLA.....	134	<i>acetaminophen.....</i>	17
APTIVUS.....	28	AYVAKIT.....	44	<i>benzonatate.....</i>	155
ARALAST NP.....	151	<i>azathioprine.....</i>	144	<i>benzoyl peroxide-erythromycin</i>	
Aranelle.....	98	<i>azelaic acid.....</i>	170	.....	161
ARANESP (ALBUMIN		<i>azelastine hcl.....</i>	147, 153	<i>benzphetamine hcl.....</i>	95
FREE).....	129	<i>azelastine-fluticasone.....</i>	153	<i>benztropine mesylate.....</i>	66
ARAVA.....	141	<i>azesco.....</i>	146	<i>bepotastine besilate.....</i>	148
ARAZLO.....	161	<i>azithromycin.....</i>	35	BERINERT.....	141
ARCALYST.....	144	AZSTARYS.....	74	BESIVANCE.....	149
ARIKAYCE.....	27	Azurette.....	98	BESREMI.....	41
ARIMIDEX.....	41	Bac.....	15	<i>betaine.....</i>	107
<i>aripiprazole.....</i>	67	<i>bacitracin.....</i>	149	<i>betamethasone dipropionate....</i>	165
ARISTADA.....	67	<i>baclofen.....</i>	84	<i>betamethasone dipropionate</i>	
ARISTADA INITIO.....	67	BAFIERTAM.....	81	<i>aug.....</i>	165
ARIXTRA.....	127	BALCOLTRA.....	98	<i>betamethasone valerate.....</i>	165
<i>armodafinil.....</i>	85	<i>balsalazide disodium.....</i>	119	BETAPACE.....	53
ARNUITY ELLIPTA.....	159	BALVERSA.....	44	BETAPACE AF.....	53
AROMASIN.....	41	Balziva.....	98	BETASERON.....	81
ASCENIV.....	142	BAQSIMI ONE PACK.....	112	<i>betaxolol hcl.....</i>	56, 148
<i>asenapine maleate.....</i>	67	BAQSIMI TWO PACK.....	112	<i>bethanechol chloride.....</i>	125
ASMANEX (120 METERED		BARACLUDE.....	33, 34	BETHKIS.....	156
DOSES).....	159	BASAGLAR KWIKPEN.....	91	BETIMOL.....	148
ASMANEX (30 METERED		BD GLUCOSE.....	112	BETOPTIC-S.....	148
DOSES).....	159	BD INSULIN SYRINGE U-		BEVESPI AEROSPHERE....	152
ASMANEX (60 METERED		500.....	103	<i>bexarotene.....</i>	49, 169
DOSES).....	159	BD LANCET ULTRAFINE		<i>bicalutamide.....</i>	42
<i>aspirin childrens.....</i>	25	30G.....	103	BIDIL.....	58
<i>aspirin ec.....</i>	25	BD LANCET ULTRAFINE		BIKTARVY.....	31
<i>aspirin-dipyridamole er.....</i>	133	33G.....	103	BILTRICIDE.....	27
ASSURE LANCE		BD MICROTAINER		<i>bimatoprost.....</i>	148
LANCETS.....	103	LANCETS.....	103	<i>bi-mix.....</i>	124
<i>atazanavir sulfate.....</i>	28	BD PEN NEEDLE MICRO		<i>bisoprolol fumarate.....</i>	56
<i>atenolol.....</i>	56	U/F.....	103	<i>bisoprolol-hydrochlorothiazide..</i>	55
<i>atenolol-chlorthalidone.....</i>	55	BD PEN NEEDLE MINI		BIVIGAM.....	142
ATIVAN.....	62	U/F.....	103	Blisovi 24 Fe.....	98
<i>atomoxetine hcl.....</i>	73	BD PEN NEEDLE NANO		Blisovi Fe 1.5/30.....	98
<i>atorvastatin calcium.....</i>	54	2ND GEN.....	103	Blisovi Fe 1/20.....	98
<i>atovaquone.....</i>	37	BD PEN NEEDLE NANO		<i>bosentan.....</i>	60
<i>atovaquone-proguanil hcl.....</i>	28	U/F.....	103	BOSULIF.....	44
<i>atropine sulfate.....</i>	151	BD PEN NEEDLE		BOTOX.....	84
ATROVENT HFA.....	153	ORIGINAL U/F.....	103	BRAFTOVI.....	44
AUBAGIO.....	81	BD PEN NEEDLE SHORT		BREO ELLIPTA.....	160
Aubra Eq.....	98	U/F.....	103	BREZTRI AEROSPHERE..	152
AURYXIA.....	116	BELBUCA.....	25	BRILINTA.....	133
AUSTEDO.....	80, 81	BELSOMRA.....	78	<i>brimonidine tartrate.....</i>	148
AUVI-Q.....	152	<i>benazepril hcl.....</i>	51	<i>brimonidine tartrate-timolol....</i>	148
AVEED.....	88	<i>benazepril-hydrochlorothiazide..</i>	51	<i>brinzolamide.....</i>	148
Avita.....	161	BENEFIX.....	132		
AVONEX PEN.....	81	BENLYSTA.....	144		

<i>bromfenac sodium (once-daily)</i>	<i>captopril</i> .....	51	<i>chloroquine phosphate</i> .....	28
.....	CARBAGLU.....	108	<i>chlorpromazine hcl</i> .....	67
<i>bromocriptine mesylate</i> .....	<i>carbamazepine</i> .....	69	<i>chlorthalidone</i> .....	58
BRONCHITOL.....	<i>carbamazepine er</i> .....	69	<i>chlorzoxazone</i> .....	84
BRUKINSA.....	<i>carbidopa</i> .....	66	CHOLBAM.....	120
BRYHALI.....	<i>carbidopa-levodopa</i> .....	66	<i>cholestyramine</i> .....	54
<i>budesonide</i> .....	<i>carbidopa-levodopa er</i> .....	66	<i>cholestyramine light</i> .....	53, 54
.....	<i>carbidopa-levodopa-entacapone</i>	66	<i>chorionic gonadotropin</i> .....	110
<i>budesonide er</i> .....	<i>carbinoxamine maleate</i> .....	153	CIALIS.....	124
<i>budesonide-formoterol</i>	CAREONE LANCET		CIBINQO.....	164
<i>fumarate</i> .....	SUPER THIN 30G.....	103	<i>ciclopirox</i> .....	163
<i>bumetanide</i> .....	CARESENS LANCETS.....	103	<i>ciclopirox olamine</i> .....	163
Bupap.....	CARETOUCH TEST.....	103	<i>cidofovir</i> .....	34
BUPHENYL.....	<i>carglumic acid</i> .....	108	<i>cilostazol</i> .....	133
<i>buprenorphine</i> .....	<i>carisoprodol</i> .....	84	CILOXAN.....	149
<i>buprenorphine hcl</i> .....	CARNITOR.....	96	CIMDUO.....	31
<i>buprenorphine hcl-naloxone hcl</i>	CARNITOR SF.....	96	CIMERLI.....	151
.....	<i>carteolol hcl</i> .....	148	<i>cimetidine</i> .....	118
<i>bupropion hcl</i> .....	<i>carvedilol</i> .....	56	<i>cimetidine hcl</i> .....	118
<i>bupropion hcl er (smoking det)</i>	<i>carvedilol phosphate er</i> .....	56	CIMZIA.....	135
.....	CATAPRES-TTS-1.....	59	CIMZIA STARTER KIT.....	135
<i>bupropion hcl er (sr)</i> .....	CATAPRES-TTS-2.....	59	<i>cinacalcet hcl</i> .....	96
<i>bupropion hcl er (xl)</i> .....	CATAPRES-TTS-3.....	59	CINRYZE.....	142
<i>buspironone hcl</i> .....	CAVERJECT.....	124	<i>ciprofloxacin hcl</i> .....	36, 149, 171
<i>butalbital-acetaminophen</i> .....	CAVERJECT IMPULSE.....	124	<i>ciprofloxacin-dexamethasone</i>	171
.....	CAYA.....	98	<i>ciprofloxacin-fluocinolone pf.</i>	171
<i>butalbital-apap-caff-cod</i> .....	CAYSTON.....	156	<i>citalopram hydrobromide</i> .....	64
.....	<i>cefaclor</i> .....	34	Claravis.....	161
<i>butalbital-apap-caffeine</i> .....	<i>cefadroxil</i> .....	34	<i>clarithromycin</i> .....	35
.....	<i>cefdinir</i> .....	35	<i>clarithromycin er</i> .....	35
<i>butalbital-asa-caff-codeine</i> .....	<i>cefixime</i> .....	35	CLARITIN.....	154
.....	<i>cefpodoxime proxetil</i> .....	35	CLARITIN REDITABS.....	154
<i>butalbital-aspirin-caffeine</i> .....	<i>cefprozil</i> .....	35	CLARITIN-D 12 HOUR.....	155
.....	<i>cefuroxime axetil</i> .....	35	CLARITIN-D 24 HOUR.....	155
<i>butorphanol tartrate</i> .....	<i>celecoxib</i> .....	14	CLENPIQ.....	119
BUTRANS.....	CELLCEPT		CLEOCIN.....	37, 126
BYLVAY.....	INTRAVENOUS.....	144	CLIMARA PRO.....	109
BYLVAY (PELLETS).....	<i>cephalexin</i> .....	35	Clindacin-P.....	161
BYOOVIZ.....	CERDELGA.....	108	<i>clindamycin hcl</i> .....	37
<i>cabergoline</i> .....	CEREZYME.....	108	<i>clindamycin palmitate hcl</i> .....	37
CABLIVI.....	<i>cetirizine hcl</i> .....	153	<i>clindamycin phos-benzoyl</i>	
CABOMETYX.....	<i>cetirizine hcl allergy child</i> .....	153	<i>perox</i> .....	161
CAFERGOT.....	<i>cetirizine-pseudoephedrine er.</i>	155	<i>clindamycin phosphate</i> ....	126, 161
<i>calcipotriene</i> .....	CETROTIDE.....	110	<i>clindamycin-tretinoin</i> .....	161
.....	<i>cevimeline hcl</i> .....	171	<i>clobazam</i> .....	69
<i>calcipotriene-betameth diprop.</i>	CHENODAL.....	120	<i>clobetasol propionate</i> .....	165, 166
.....	<i>chlordiazepoxide hcl</i> .....	62	<i>clobetasol propionate e</i> .....	165
<i>calcitonin (salmon)</i> .....	<i>chlordiazepoxide-amitriptyline.</i>	86	<i>clobetasol propionate emulsion</i>	165
.....	<i>chlordiazepoxide-clidinium</i> .....	118	CLOBEX.....	166
<i>calcitriol</i> .....	<i>chlorhexidine gluconate</i> .....	171	CLOBEX SPRAY.....	166
<i>calcium acetate (phos binder)</i>				
.....				
CALQUENCE.....				
Camila.....				
Camrese.....				
Camrese Lo.....				
CAMZYOS.....				
<i>candesartan cilexetil</i> .....				
<i>candesartan cilexetil-hctz</i> .....				
<i>capecitabine</i> .....				
CAPEX.....				
CAPRELSA.....				

<i>clocortolone pivalate</i> .....	166	CORIFACT.....	128	D-CARE BLOOD
CLODERM.....	166	CORLANOR.....	58	GLUCOSE.....
CLOMID.....	110	CORTIFOAM.....	119	<i>deferasirox</i> .....
<i>clomipramine hcl</i> .....	62	CORTROPHIN.....	115	96, 97
<i>clonazepam</i> .....	69	COSENTYX.....	136	<i>deferasirox granules</i> .....
<i>clonidine</i> .....	59	COSENTYX (300 MG		96
<i>clonidine hcl</i> .....	59	DOSE).....	135	<i>deferiprone</i> .....
<i>clonidine hcl er</i> .....	59	COSENTYX		97
<i>clopidogrel bisulfate</i> .....	133	SENSOREADY (300 MG)...	136	<i>deferoxamine mesylate</i> .....
<i>clorazepate dipotassium</i> .....	69	COSENTYX		97
<i>clotrimazole</i> .....	171	SENSOREADY PEN.....	136	DELSTRIGO.....
<i>clotrimazole-betamethasone</i> ....	163	COTELLIC.....	44	<i>demeclocycline hcl</i> .....
<i>clozapine</i> .....	67	COTEMPLA XR-ODT.....	74	39
COAGADEX.....	128	CREON.....	121	DEPO-PROVERA.....
COAGUCHEK LANCETS..	103	CRINONE.....	116	DEPO-SUBQ PROVERA
<i>codeine sulfate</i> .....	18	<i>cromolyn sodium</i> .....	148, 157	104.....
<i>coditussin ac</i> .....	156	CROTAN.....	170	99
COLAZAL.....	119	Cryselle-28.....	98	DERMA-SMOOTH/FS
<i>colchicine</i> .....	14	CUPRIMINE.....	96	BODY.....
<i>colchicine-probenecid</i> .....	14	CUTAQUIG.....	142	166
<i>colesevelam hcl</i> .....	54	CUVITRU.....	142	DERMA-SMOOTH/FS
<i>colestipol hcl</i> .....	54	CVS ADVANCED		SCALP.....
<i>colistimethate sodium (cba)</i> ....	37	GLUCOSE TEST.....	104	166
COMBIPATCH.....	109	<i>cvs allergy relief childrens</i> .....	154	DESCOVY.....
COMBIVENT RESPIMAT..	152	<i>cvs nicotine</i> .....	87	32
COMBIVIR.....	31	<i>cvs nicotine polacrilex</i> .....	87	DESCFERAL.....
COMETRIQ (100 MG		<i>cyanocobalamin</i> .....	147	97
DAILY DOSE).....	44	<i>cyclobenzaprine hcl</i> .....	84	<i>desipramine hcl</i> .....
COMETRIQ (140 MG		<i>cyclobenzaprine hcl er</i> .....	84	64
DAILY DOSE).....	44	<i>cyclophosphamide</i> .....	40	<i>desloratadine</i> .....
COMETRIQ (60 MG DAILY		<i>cycloserine</i> .....	33	154
DOSE).....	44	<i>cyclosporine</i> .....	144, 150	<i>desmopressin ace spray refrig.</i>
<i>comfort assured lancets 28g</i> ....	103	<i>cyclosporine modified</i> .....	144	117
<i>comfort assured lancets 33g</i> ....	103	<i>cyproheptadine hcl</i> .....	154	<i>desmopressin acetate</i> .....
COMFORT TOUCH		CYSTADANE.....	108	117
LANCETS 31G.....	103	CYSTADROPS.....	151	<i>desmopressin acetate spray</i> ....
COMFORT TOUCH PLUS		CYSTAGON.....	108	117
LANCETS 30G.....	103	CYSTARAN.....	151	<i>desogestrel-ethinyl estradiol</i> ....
COMPLERA.....	31	CYTOTEC.....	121	99
Compro.....	118	<i>dabigatran etexilate mesylate</i> .	127	<i>desonide</i> .....
CONCERTA.....	74	<i>dalfampridine er</i> .....	81	166
<i>condoms</i> .....	98	<i>danazol</i> .....	107	166
CONDYLOX.....	169	DANTRIUM.....	84	DESOWEN.....
CONTOUR NEXT TEST....	104	<i>dantrolene sodium</i> .....	84	<i>desoximetasone</i> .....
CONTOUR TEST.....	104	<i>dapsone</i> .....	37, 161	74
CONTRAVE.....	95	<i>darifenacin hydrobromide er</i> ...	126	DESXYN.....
CONZIP.....	18	DAURISMO.....	41	74
COPAXONE.....	81	DAYTRANA.....	74	Desrx.....
COPIKTRA.....	44	DAYVIGO.....	78	<i>desvenlafaxine succinate er</i> .....
CORDRAN.....	166			64
				<i>dexamethasone</i> .....
				111
				<i>dexamethasone sodium</i>
				<i>phosphate</i> .....
				150
				DEXCOM G6 RECEIVER..
				104
				DEXCOM G6 SENSOR.....
				104
				DEXCOM G6
				TRANSMITTER.....
				104
				DEXCOM G7 RECEIVER..
				104
				DEXCOM G7 SENSOR.....
				104
				DEXEDRINE.....
				74
				Dexifol.....
				147
				DEXILANT.....
				122
				<i>dexlansoprazole</i> .....
				122
				<i>dexmethylphenidate hcl</i> .....
				74
				<i>dexmethylphenidate hcl er</i> .....
				74
				<i>dextroamphetamine sulfate</i> .....
				74
				<i>dextroamphetamine sulfate er</i> ...
				74
				DIACOMIT.....
				69
				<i>diazepam</i> .....
				69
				Diazepam Intensol.....
				69
				<i>diazoxide</i> .....
				112

DIBENZYLINE.....	59	DROPLET PERSONAL		<i>efavirenz-emtricitab-tenofo df</i> ...	32
<i>dichlorphenamide</i> .....	58	LANCETS 30G.....	104	<i>efavirenz-lamivudine-tenofovir</i> ..	32
<i>diclofenac epolamine</i> .....	170	<i>drospiren-eth estrad-levomefol</i> ..	99	ELAPRASE.....	108
<i>diclofenac potassium</i> .....	15	<i>drospirenone-ethinyl estradiol</i> ...	99	ELELYSO.....	108
<i>diclofenac sodium</i> .....	15, 150, 170	<i>droxidopa</i> .....	59	<i>eletriptan hydrobromide</i> .....	79
<i>diclofenac sodium er</i> .....	15	DUAVEE.....	109	ELIGARD.....	42
<i>diclofenac-misoprostol</i> .....	17	<i>duloxetine hcl</i> .....	64	ELIQUIS.....	127
<i>dicloxacillin sodium</i> .....	39	DUOBRII.....	166	ELIQUIS DVT/PE	
<i>dicyclomine hcl</i> .....	117	DUOPA.....	66	STARTER PACK.....	127
<i>diethylpropion hcl</i> .....	95	DUPIXENT.....	158, 164, 165	ELLA.....	99
<i>diethylpropion hcl er</i> .....	95	DUROLANE.....	25	ELMIRON.....	125
DIFFERIN.....	161	<i>dutasteride</i> .....	124	ELOCTATE.....	131
DIFICID.....	35	<i>dutasteride-tamsulosin hcl</i> .....	124	Eluryng.....	99
<i>diflorasone diacetate</i> .....	166	DYANAVEL XR.....	74	EMBRACE BLOOD	
<i>diflunisal</i> .....	25	DYRENIUM.....	58	GLUCOSE TEST.....	105
<i>difluprednate</i> .....	150	DYSPORT.....	84	EMCYT.....	40
<i>digoxin</i> .....	57	E.E.S. GRANULES.....	35	EMFLAZA.....	111
<i>dihydroergotamine mesylate</i> .....	79	EASY TOUCH LANCETS		EMGALITY.....	79
DILAUDID.....	18	21G.....	104	EMGALITY (300 MG	
<i>diltiazem hcl</i> .....	57	EASY TOUCH LANCETS		DOSE).....	79
<i>diltiazem hcl er</i> .....	57	23G.....	104	EMPAVELI.....	133
<i>diltiazem hcl er beads</i> .....	57	EASY TOUCH LANCETS		<i>emtricitabine</i> .....	28
<i>diltiazem hcl er coated beads</i> ....	57	26G.....	104	<i>emtricitabine-tenofovir df</i> .....	32
<i>dilt-xr</i> .....	57	EASY TOUCH LANCETS		EMTRIVA.....	28
<i>dimethyl fumarate</i> .....	81	28G.....	104	EMVERM.....	27
<i>dimethyl fumarate starter pack</i> .....	81	EASY TOUCH LANCETS		<i>enalapril maleate</i> .....	51
<i>diphenoxylate-atropine</i> .....	117	28G/TWIST.....	104	<i>enalapril-hydrochlorothiazide</i> ...	51
DIPROLENE.....	166	EASY TOUCH LANCETS		ENBREL.....	136, 137
<i>dipyridamole</i> .....	133	30G.....	104	ENBREL MINI.....	136
<i>disopyramide phosphate</i> .....	53	EASY TOUCH LANCETS		ENBREL SURECLICK.....	137
<i>disulfiram</i> .....	62	32G.....	104	ENCARE.....	124
<i>divalproex sodium</i> .....	70	EASY TOUCH LANCETS		ENDARI.....	134
<i>divalproex sodium er</i> .....	70	32G/TWIST.....	104	ENDOMETRIN.....	126
DIVIGEL.....	109	EASY TOUCH LANCING		ENLITE GLUCOSE	
<i>docosanol</i> .....	170	DEVICE.....	104	SENSOR.....	105
<i>dofetilide</i> .....	53	EASY TOUCH SAFETY		<i>enoxaparin sodium</i> .....	127
<i>donepezil hcl</i> .....	63	LANCETS 21G.....	104	Enpresse-28.....	99
DOPTELET.....	129	EASY TOUCH SAFETY		ENSPRYNG.....	145
<i>dorzolamide hcl-timolol mal</i> ....	148	LANCETS 23G.....	104	ENSTILAR.....	167
<i>dorzolamide hcl-timolol mal pf</i>	148	EASY TOUCH SAFETY		<i>entacapone</i> .....	66
DOVATO.....	32	LANCETS 26G.....	104	<i>entecavir</i> .....	34
<i>doxazosin mesylate</i> .....	52	EASY TOUCH SAFETY		ENTRESTO.....	58
<i>doxepin hcl</i> .....	64, 78, 164	LANCETS 28G.....	104	ENTYVIO.....	134
<i>doxercalciferol</i> .....	147	EASY TOUCH TEST.....	104	EPCLUSA.....	36
<i>doxycycline</i> .....	170	EASYMAX 15 TEST.....	104	EPIDIOLEX.....	70
<i>doxycycline hyclate</i> .....	39	EASYMAX TEST.....	105	EPIDUO.....	161
<i>doxycycline monohydrate</i> .....	39	<i>econazole nitrate</i> .....	163	EPIDUO FORTE.....	161
<i>doxylamine-pyridoxine</i> .....	118	EDEX.....	125	<i>epinastine hcl</i> .....	148
<i>dronabinol</i> .....	118	EDURANT.....	28	<i>epinephrine</i> .....	152
		<i>efavirenz</i> .....	28	EPIPEN 2-PAK.....	152



EPIPEN JR 2-PAK.....	152	EVERSENSE		FIASP FLEXTOUCH.....	91
EPIVIR.....	28	SENSOR/HOLDER.....	105	FIASP PENFILL.....	91
EPIVIR HBV.....	34	EVOTAZ.....	32	FIBRYGA.....	128
<i>eplerenone</i> .....	52	EVOXAC.....	171	FILSPARI.....	125
EPOGEN.....	129	EVRYSDI.....	80	FINACEA.....	170
<i>epoprostenol sodium</i> .....	60	EXELDERM.....	163	<i>finasteride</i> .....	124
EPZICOM.....	32	<i>exemestane</i> .....	42	FINGERSTIX LANCETS...	105
<i>eq blood glucose test</i> .....	105	EXJADE.....	97	<i> fingolimod hcl</i> .....	82
<i>eq loratadine childrens</i> .....	154	EXKIVITY.....	45	FINTEPLA.....	70
<i>ergotamine-caffeine</i> .....	79	EXTAVIA.....	82	FIORICET.....	15
ERIVEDGE.....	41	EYLEA.....	151	FIORICET/CODEINE.....	18
ERLEADA.....	42	<i>ezetimibe</i> .....	54	FIRAZYR.....	142
<i>erlotinib hcl</i> .....	44	<i>ezetimibe-simvastatin</i> .....	55	FIRDAPSE.....	80
<i>ery</i> .....	161	FA-8.....	147	FIRMAGON.....	42
ERYPED 200.....	36	FABRAZYME.....	108	FIRMAGON (240 MG	
ERYPED 400.....	36	<i>famciclovir</i> .....	34	DOSE).....	42
Ery-Tab.....	36	<i>famotidine</i> .....	118	FIRVANQ.....	37
ERYTHROCIN STEARATE	36	FANAPT.....	68	FLAREX.....	150
<i>erythromycin</i> .....	149, 161	FANAPT TITRATION		<i>flavoxate hcl</i> .....	126
<i>erythromycin base</i> .....	36	PACK.....	68	FLEBOGAMMA DIF.....	142
<i>erythromycin ethylsuccinate</i> ....	36	FARXIGA.....	95	<i>flecainide acetate</i> .....	53
ESBRIET.....	158	FASENRA.....	158	FLECTOR.....	170
<i>escitalopram oxalate</i> .....	64	FASENRA PEN.....	158	FLOLAN.....	60
ESGIC.....	15	FASLODEX.....	42	FLONASE ALLERGY	
<i>esomeprazole magnesium</i> .....	122	Fayosim.....	99	RELIEF.....	158
ESPEROCT.....	131	FC2 FEMALE CONDOM....	99	FLOVENT DISKUS.....	159
Estarylla.....	99	<i>febuxostat</i> .....	14	FLOVENT HFA.....	159
<i>estazolam</i> .....	78	FEIBA.....	128	<i>fluconazole</i> .....	27
<i>estradiol</i> .....	109, 110	<i>felbamate</i> .....	70	<i>flucytosine</i> .....	27
<i>estradiol valerate</i> .....	110	<i>felodipine er</i> .....	57	<i>fludrocortisone acetate</i> .....	111
<i>estradiol-norethindrone acet</i> ...	110	FEMARA.....	42	<i>flunisolide</i> .....	158
ESTRING.....	110	FEMCAP.....	99	<i>fluocinolone acetonide</i> ....	167, 171
<i>eszopiclone</i> .....	78	<i>fenofibrate</i> .....	54	<i>fluocinolone acetonide body</i> ....	167
<i>ethacrynic acid</i> .....	58	<i>fenofibrate micronized</i> .....	54	<i>fluocinolone acetonide scalp</i> ....	167
<i>ethambutol hcl</i> .....	33	<i>fenofibric acid</i> .....	54	<i>fluocinonide</i> .....	167
<i>ethosuximide</i> .....	70	FENOGLIDE.....	54	<i>fluocinonide emulsified base</i> ....	167
<i>ethynodiol diac-eth estradiol</i> ....	99	<i>fenopropfen calcium</i> .....	15, 16	<i>fluoritab</i> .....	146
<i>etodolac</i> .....	15	FENSOLVI (6 MONTH)....	114	<i>fluorometholone</i> .....	150
<i>etodolac er</i> .....	15	<i>fentanyl</i> .....	18	<i>fluorouracil</i> .....	162
<i>etonogestrel-ethinyl estradiol</i> ....	99	<i>fentanyl citrate</i> .....	18	<i>fluoxetine hcl</i> .....	64, 65
<i>etoposide</i> .....	51	FENTORA.....	18	<i>fluoxetine hcl (pmdd)</i> .....	86
<i>etravirine</i> .....	28	FERRIPROX.....	97	<i>fluphenazine hcl</i> .....	68
EUCRISA.....	170	FERRIPROX TWICE-A-		<i>flurandrenolide</i> .....	167
EUFLEXXA.....	25	DAY.....	97	<i>flurbiprofen</i> .....	16
EVAMIST.....	110	<i>fesoterodine fumarate er</i> .....	126	<i>flurbiprofen sodium</i> .....	150
EVEKEO.....	75	FETZIMA.....	64	<i>fluticasone propionate</i> ....	158, 167
EVEKEO ODT.....	75	FETZIMA TITRATION.....	64	<i>fluticasone-salmeterol</i> ....	152, 160
EVENITY.....	115	<i>fexofenadine hcl</i> .....	154	<i>fluvastatin sodium</i> .....	54
<i>everolimus</i> .....	45, 145	<i>fexofenadine-pseudoephed er</i> ..	156	<i>fluvastatin sodium er</i> .....	54
		FIASP.....	91	<i>fluvoxamine maleate</i> .....	63

<i>fluvoxamine maleate er</i> .....	63	Gavilyte-G.....	120	GVOKE HYPOPEN 2-	
FML FORTE.....	150	GAVRETO.....	45	PACK.....	112
FML LIQUIFILM.....	150	GEL-ONE.....	25	GVOKE KIT.....	113
FOCALIN.....	75	GELSYN-3.....	26	GVOKE PFS.....	113
FOCALIN XR.....	75	<i>gemfibrozil</i> .....	54	HAEGARDA.....	142
<i>folbee plus</i> .....	147	Gengraf.....	145	<i>halcinonide</i> .....	167
<i>folic acid</i> .....	147	GENOTROPIN.....	113	<i>halobetasol propionate</i> .....	167
FOLLISTIM AQ.....	110	GENOTROPIN		HALOG.....	167
<i>fondaparinux sodium</i> .....	127	MINIQUICK.....	113	<i>haloperidol</i> .....	68
<i>formoterol fumarate</i> .....	155	<i>gentamicin sulfate</i> .....	149, 162	<i>haloperidol lactate</i> .....	68
FORTEO.....	115	GENVISC 850.....	26	HARVONI.....	36
FORTISCARE TEST.....	105	GENVOYA.....	32	HEMLIBRA.....	131
<i>fosamprenavir calcium</i> .....	29	GILENYA.....	82	HEMOFIL M.....	131
<i>fosinopril sodium</i> .....	51	GILOTRIF.....	45	<i>heparin sodium (porcine)</i> .....	127
<i>fosinopril sodium-hctz</i> .....	51	GLASSIA.....	152	<i>heparin sodium (porcine) pf...</i>	127
FOTIVDA.....	45	<i>glatiramer acetate</i> .....	82	HETLIOZ.....	78
FRAGMIN.....	127	Glatopa.....	82	HETLIOZ LQ.....	78
FREESTYLE LANCETS.....	105	GLEEEVEC.....	45	Hidex 6-Day.....	111
FREESTYLE LIBRE 14		GLEOSTINE.....	40	HIZENTRA.....	143
DAY SENSOR.....	105	<i>glimepiride</i> .....	95	HUMALOG.....	91
FREESTYLE LIBRE 2		<i>glipizide</i> .....	95	HUMALOG JUNIOR	
SENSOR.....	105	<i>glipizide er</i> .....	95	KWIKPEN.....	91
<i>freestyle libre 3 sensor</i> .....	105	<i>glipizide xl</i> .....	95	HUMALOG KWIKPEN.....	91
FREESTYLE LIBRE		<i>glipizide-metformin hcl</i> .....	89	HUMALOG MIX 50/50.....	91
READER.....	105	GLUCAGEN HYPOKIT.....	112	HUMALOG MIX 50/50	
FREESTYLE PRECISION		<i>glucagon emergency</i> .....	112	KWIKPEN.....	91
NEO TEST.....	105	<i>glucose</i> .....	112	HUMALOG MIX 75/25.....	91
<i>frovatriptan succinate</i> .....	79	<i>glucose control</i> .....	105	HUMALOG MIX 75/25	
FULPHILA.....	129	GLUMETZA.....	89	KWIKPEN.....	91
<i>fulvestrant</i> .....	42	GLYCATE.....	117	HUMATE-P.....	128
<i>furosemide</i> .....	58	<i>glycopyrrolate</i> .....	117	HUMATROPE.....	113
FUZEON.....	29	GLYXAMBI.....	94	HUMIRA.....	137
Fyavolv.....	110	<i>gnp glucose gummies</i> .....	112	HUMIRA PEDIATRIC	
FYCOMPA.....	70	GOJJI BLOOD TEST		CROHNS START.....	137
FYLNETRA.....	129	STRIP/LANCETS.....	105	HUMIRA PEN.....	137
<i>gabapentin</i> .....	70	GONAL-F.....	111	HUMIRA PEN-CD/UC/HS	
GALAFOLD.....	115	GONAL-F RFF.....	111	STARTER.....	137
<i>galantamine hydrobromide</i> .....	63	GONAL-F RFF REDIJECT	111	HUMIRA PEN-	
<i>galantamine hydrobromide er</i> ...	63	GRALISE.....	86	PS/UV/ADOL HS START....	137
GAMMAGARD.....	142	<i>granisetron hcl</i> .....	118	HUMIRA PEN-	
GAMMAGARD S/D LESS		GRANIX.....	129	PSOR/UEVIT STARTER....	137
IGA.....	143	GRASTEK.....	134	HUMULIN 70/30.....	91
GAMMAKED.....	143	<i>griseofulvin microsize</i> .....	27	HUMULIN 70/30	
GAMMAPLEX.....	143	<i>griseofulvin ultramicrosize</i> .....	27	KWIKPEN.....	91
GAMUNEX-C.....	143	<i>guanfacine hcl</i> .....	59	HUMULIN N.....	92
<i>ganciclovir sodium</i> .....	34	<i>guanfacine hcl er</i> .....	75	HUMULIN N KWIKPEN.....	92
<i>ganirelix acetate</i> .....	110, 111	GUARDIAN SENSOR (3)...	105	HUMULIN R.....	92
<i>gatifloxacin</i> .....	149	<i>guardian sensor 3</i> .....	105	HUMULIN R U-500	
GATTEX.....	121	GVOKE HYPOPEN 1-		(CONCENTRATED).....	92
GAVILYTE-C.....	120	PACK.....	112		

HUMULIN R U-500	<i>imiquimod pump</i> .....	162	IXINITY.....	132	
KWIKPEN.....	92	IMOGAM RABIES-HT.....	143	JADENU.....	97
HYALGAN.....	26	IMPEKLO.....	168	JADENU SPRINKLE.....	97
HYCAMTIN.....	51	IMPOYZ.....	168	JAKAFI.....	46
HYCODAN.....	156	IMURAN.....	145	JANUMET.....	90
<i>hydralazine hcl</i> .....	59	INATAL GT.....	146	JANUMET XR.....	90
HYDREA.....	49	INBRIJA.....	66	JANUVIA.....	89
<i>hydrochlorothiazide</i> .....	58	INCRELEX.....	115	JARDIANCE.....	95
<i>hydrocod poli-chlorphe poli er</i> .....	156	INCRUSE ELLIPTA.....	153	JAYPIRCA.....	46
<i>hydrocodone bitartrate er</i> .....	19	<i>indapamide</i> .....	58	JENTADUETO.....	90
<i>hydrocodone bit-homatrop mbr</i> .....	156	INDOCIN.....	16	JENTADUETO XR.....	90
<i>hydrocodone-acetaminophen</i> .....	19	<i>indomethacin</i> .....	16	Jinteli.....	110
<i>hydrocodone-ibuprofen</i> .....	19	INFLECTRA.....	134	JIVI.....	131
<i>hydrocortisone</i> .....	111, 167	<i>infliximab</i> .....	134	JORNAY PM.....	75
<i>hydrocortisone (perianal)</i> .....	123	INGREZZA.....	81	JUBLIA.....	163
<i>hydrocortisone butyr lipo base</i> .....	167	INLYTA.....	45	JULUCA.....	32
<i>hydrocortisone butyrate</i> .....	167	INQOVI.....	40	Junel 1.5/30.....	99
<i>hydrocortisone valerate</i> .....	168	INREBIC.....	46	Junel 1/20.....	99
<i>hydrocortisone-acetic acid</i> .....	171	INSPIRA.....	52	Junel Fe 1.5/30.....	99
<i>hydromorphone hcl</i> .....	19	<i>insulin asp prot &amp; asp flexpen</i> ... ..	92	Junel Fe 24.....	99
<i>hydromorphone hcl er</i> .....	19	<i>insulin aspart</i> .....	92	JUXTAPID.....	55
<i>hydroxychloroquine sulfate</i> .....	141	<i>insulin aspart flexpen</i> .....	92	JYNARQUE.....	115
<i>hydroxyurea</i> .....	49	<i>insulin aspart penfill</i> .....	92	Kaitlib Fe.....	99
<i>hydroxyzine hcl</i> .....	154	<i>insulin aspart prot &amp; aspart</i> .....	92	KALBITOR.....	142
<i>hydroxyzine pamoate</i> .....	154	<i>insulin lispro</i> .....	92	KALETRA.....	32
HYMOVIS.....	26	<i>insulin lispro (1 unit dial)</i> .....	92	KALYDECO.....	156, 157
HYPERRHO S/D.....	143	<i>insulin lispro junior kwikpen</i> .....	92	KANUMA.....	108
HYPERTET.....	143	<i>insulin lispro prot &amp; lispro</i> .....	92	KCENTRA.....	128
HYQVIA.....	143	INTELENCE.....	29	<i>kedrab</i> .....	143
HYSINGLA ER.....	20	Introvale.....	99	Kelnor 1/50.....	99
<i>ibandronate sodium</i> .....	96	INVOKAMET.....	94	KENALOG.....	168
IBRANCE.....	45	INVOKAMET XR.....	94	KERENDIA.....	114
Ibu.....	16	INVOKANA.....	95	KESIMPTA.....	82
<i>ibuprofen</i> .....	16	<i>ipratropium bromide</i> .....	153	<i>ketoconazole</i> .....	27, 163, 164
<i>ibuprofen-famotidine</i> .....	17	<i>ipratropium-albuterol</i> .....	152	<i>ketoprofen</i> .....	16
<i>icatibant acetate</i> .....	142	<i>irbesartan</i> .....	52	<i>ketoprofen er</i> .....	16
ICLUSIG.....	45	<i>irbesartan-hydrochlorothiazide</i> .....	52	<i>ketorolac tromethamine</i> ....	16, 150
<i>icosapent ethyl</i> .....	55	IRESSA.....	46	<i>ketotifen fumarate</i> .....	148
IDELVION.....	132	ISENTRESS.....	29	KEVEYIS.....	58
IDHIFA.....	49	ISENTRESS HD.....	29	KEVZARA.....	138
ILARIS.....	145	<i>isoniazid</i> .....	33	KINERET.....	138
ILEVRO.....	150	<i>isosorb dinitrate-hydralazine</i> .....	59	KISQALI (200 MG DOSE)....	46
ILUMYA.....	134	<i>isosorbide dinitrate</i> .....	60	KISQALI (400 MG DOSE)....	46
<i>imatinib mesylate</i> .....	45	<i>isosorbide mononitrate</i> .....	60	KISQALI (600 MG DOSE)....	46
IMBRUVICA.....	45	<i>isosorbide mononitrate er</i> .....	60	KISQALI FEMARA (200 MG DOSE).....	46
IMCIVREE.....	115	<i>isotretinoin</i> .....	161	KISQALI FEMARA (400 MG DOSE).....	46
<i>imipramine hcl</i> .....	65	<i>isradipine</i> .....	57	KISQALI FEMARA (600 MG DOSE).....	46
<i>imipramine pamoate</i> .....	65	ISTURISA.....	102	KISQALI FEMARA (600 MG DOSE).....	46
<i>imiquimod</i> .....	162	<i>itraconazole</i> .....	27		
		<i>ivermectin</i> .....	27, 170		

KITABIS PAK.....	157	LENVIMA (12 MG DAILY DOSE).....	46	LINZESS.....	119
KLONOPIN.....	70	LENVIMA (14 MG DAILY DOSE).....	46	<i>lithyronine sodium</i> .....	117
Klor-Con.....	146	LENVIMA (18 MG DAILY DOSE).....	46	<i>lisinopril</i> .....	51
Klor-Con 10.....	146	LENVIMA (20 MG DAILY DOSE).....	46	<i>lisinopril-hydrochlorothiazide</i> ...	51
Klor-Con M10.....	146	LENVIMA (24 MG DAILY DOSE).....	46	<i>lite touch lancets</i> .....	106
Klor-Con M15.....	146	LENVIMA (4 MG DAILY DOSE).....	46	LITETOUCH LANCETS.....	106
Klor-Con M20.....	146	LETAIRIS.....	60	<i>lithium carbonate</i> .....	80
KLOXXADO.....	86	<i>letrozole</i> .....	42	<i>lithium carbonate er</i> .....	80
KOATE.....	131	<i>leucovorin calcium</i> .....	50	LITHOBID.....	80
KOATE-DVI.....	131	LEUKERAN.....	40	LIVMARLI.....	121
KOGENATE FS.....	131	LEUKINE.....	129	LIVTENCITY.....	34
KONVOMEF.....	122	<i>leuprolide acetate</i> .....	42	LO LOESTRIN FE.....	100
KORLYM.....	94	<i>levabuterol hcl</i> .....	155	LOCOID.....	168
KOSELUGO.....	46	<i>levabuterol tartrate</i> .....	155	LOCOID LIPOCREAM.....	168
KOVALTRY.....	131	LEVEMIR.....	92	Lofena.....	16
<i>kp fexofenadine hcl</i> .....	154	LEVEMIR FLEXPEN.....	92	LOKELMA.....	97
KRAZATI.....	49	<i>levetiracetam</i> .....	70, 71	LOMOTIL.....	117
KRISTALOSE.....	120	<i>levetiracetam er</i> .....	70	LONSURF.....	40
KRYSTEXXA.....	14	<i>levobunolol hcl</i> .....	148	<i>lopinavir-ritonavir</i> .....	32
K-TAB.....	146	<i>levocarnitine</i> .....	96	<i>loratadine</i> .....	154
KUVAN.....	108	<i>levocetirizine dihydrochloride</i> ..	154	<i>loratadine-d 24hr</i> .....	156
KYLEENA.....	100	<i>levofloxacin</i> .....	36, 149	<i>lorazepam</i> .....	63
KYNMOBI.....	66	<i>levonorgest-eth estrad 91-day</i> ..	100	Lorazepam Intensol.....	63
<i>labetalol hcl</i> .....	56	<i>levonorgestrel-ethinyl estrad</i> ...	100	LORBRENA.....	47
<i>lacosamide</i> .....	70	<i>levorphanol tartrate</i> .....	20	LOREEV XR.....	63
<i>lactulose</i> .....	120	<i>levothyroxine sodium</i> .....	117	<i>losartan potassium</i> .....	53
<i>lamivudine</i> .....	29, 34	LEVULAN KERASTICK...	170	<i>losartan potassium-hctz</i> .....	52
<i>lamivudine-zidovudine</i> .....	32	LEXETTE.....	168	<i>loteprednol etabonate</i> .....	150
<i>lamotrigine</i> .....	70	LEXIVA.....	29	LOTREL.....	51
<i>lamotrigine er</i> .....	70	<i>liberty test</i> .....	105	<i>lovastatin</i> .....	54
<i>lamotrigine starter kit-blue</i> .....	70	LICART.....	170	<i>loxapine succinate</i> .....	68
<i>lamotrigine starter kit-green</i> .....	70	<i>lidocaine</i> .....	169	<i>lubiprostone</i> .....	119
<i>lamotrigine starter kit-orange</i> ...	70	<i>lidocaine hcl</i> .....	169	LUCENTIS.....	151
<i>lancets super thin 28g</i> .....	105	<i>lidocaine hcl urethral/mucosal</i> ..	169	<i>luliconazole</i> .....	163
LANCETS ULTRA THIN...	105	<i>lidocaine viscous hcl</i> .....	171	LUMAKRAS.....	49
<i>lancets ultra thin 30g</i> .....	105	<i>lidocaine-prilocaine</i> .....	169	LUMIGAN.....	148
LANOXIN.....	57	LIDODERM.....	169	LUMIZYME.....	108
<i>lanreotide acetate</i> .....	88	LIFESCAN UNISTIK 2.....	105	LUPKYNIS.....	145
<i>lansoprazole</i> .....	122	LIFESCAN UNISTIK II.....		LUPRON DEPOT (1-MONTH).....	42
<i>lanthanum carbonate</i> .....	116	LANCETS.....	106	LUPRON DEPOT (3-MONTH).....	42
LANTUS.....	92	LILETTA (52 MG).....	100	LUPRON DEPOT (4-MONTH).....	42
LANTUS SOLOSTAR.....	92	<i>linezolid</i> .....	38	LUPRON DEPOT (6-MONTH).....	42
<i>lapatinib ditosylate</i> .....	46			LUPRON DEPOT (6-MONTH).....	42
<i>latanoprost</i> .....	148			LUPRON DEPOT-PED (1-MONTH).....	114
LATUDA.....	68			LUPRON DEPOT-PED (3-MONTH).....	114
<i>ledipasvir-sofosbuvir</i> .....	36				
<i>leflunomide</i> .....	141				
<i>lenalidomide</i> .....	41				
LENVIMA (10 MG DAILY DOSE).....	46				

<i>lurasidone hcl</i> .....	68	<i>metformin hcl er</i> .....	89	Millipred.....	112
LUXIQ.....	168	<i>metformin hcl er (mod)</i> .....	89	Mimvey.....	110
LYNPARZA.....	49	<i>metformin hcl er (osm)</i> .....	89	<i>minocycline hcl</i> .....	39
LYRICA.....	71	<i>methadone hcl</i> .....	20	<i>minocycline hcl er</i> .....	39
LYSODREN.....	42	Methadone Hcl Intensol.....	20	<i>minoxidil</i> .....	59
<i>lytgobi (12 mg daily dose)</i> .....	47	METHADOSE.....	20	MIRCERA.....	129
<i>lytgobi (16 mg daily dose)</i> .....	47	METHADOSE SUGAR-		MIRENA (52 MG).....	100
<i>lytgobi (20 mg daily dose)</i> .....	47	FREE.....	20	<i>mirtazapine</i> .....	65
LYUMJEV.....	92	<i>methamphetamine hcl</i> .....	75	<i>misoprostol</i> .....	121
LYUMJEV KWIKPEN.....	93	<i>methazolamide</i> .....	58	<i>modafinil</i> .....	85
MACROBID.....	38	<i>methenamine hippurate</i> .....	38	<i>moexipril hcl</i> .....	51
MACRODANTIN.....	38	<i>methenamine mandelate</i> .....	38	<i>mometasone furoate</i> .....	158, 168
<i>mafenide acetate</i> .....	162	Methergine.....	115	MONOVISC.....	26
MALARONE.....	28	<i>methimazole</i> .....	117	<i>montelukast sodium</i> .....	157
<i>malathion</i> .....	170	<i>methocarbamol</i> .....	84	<i>morphine sulfate</i> .....	21
<i>maraviroc</i> .....	29	<i>methotrexate</i> .....	141	<i>morphine sulfate (concentrate)</i> .....	20
MATULANE.....	40	<i>methotrexate sodium</i> .....	40	<i>morphine sulfate er</i> .....	20, 21
Matzim La.....	57	<i>methotrexate sodium (pf)</i> .....	40	<i>morphine sulfate er beads</i> .....	20
MAVENCLAD (10 TABS).....	82	<i>methoxsalen rapid</i> .....	164	MOVANTIK.....	121
MAVENCLAD (4 TABS).....	82	<i>methscopolamine bromide</i> .....	117	MOVIPREP.....	120
MAVENCLAD (5 TABS).....	82	<i>methylergonovine maleate</i> .....	115	<i>moxifloxacin hcl</i> .....	36, 149
MAVENCLAD (6 TABS).....	82	METHYLIN.....	75	<i>moxifloxacin hcl (2x day)</i> .....	149
MAVENCLAD (7 TABS).....	82	<i>methylphenidate</i> .....	76	MS CONTIN.....	21
MAVENCLAD (8 TABS).....	82	<i>methylphenidate hcl</i> .....	76	MULPLETA.....	129
MAVENCLAD (9 TABS).....	82	<i>methylphenidate hcl er</i> .....	76	MULTAQ.....	53
MAVYRET.....	36, 37	<i>methylphenidate hcl er (cd)</i> .....	75	<i>mupirocin</i> .....	162
MAXIDEX.....	150	<i>methylphenidate hcl er (la)</i> .....	75	<i>mupirocin calcium</i> .....	162
MAYZENT.....	82	<i>methylphenidate hcl er (osm)</i> .....	76	MUSE.....	125
MAYZENT STARTER		<i>methylphenidate hcl er (xr)</i> .....	76	MYALEPT.....	108
PACK.....	82, 83	<i>methylprednisolone</i> .....	111	MYAMBUTOL.....	33
<i>m-clear wc</i> .....	156	<i>methyltestosterone</i> .....	88	MYCAPSSA.....	88
<i>meclofenamate sodium</i> .....	16	<i>metoclopramide hcl</i> .....	118	<i>mycophenolate mofetil</i> .....	145
<i>medroxyprogesterone acetate</i>		<i>metolazone</i> .....	58	<i>mycophenolate sodium</i> .....	145
.....	100, 116	<i>metoprolol succinate er</i> .....	56	MYDAYIS.....	76
<i>mefenamic acid</i> .....	16	<i>metoprolol tartrate</i> .....	56	MYFEMBREE.....	110
<i>mefloquine hcl</i> .....	28	<i>metoprolol-hydrochlorothiazide</i> .....	56	MYLERAN.....	40
<i>megestrol acetate</i> .....	43, 116	<i>metronidazole</i> .....	38, 126, 170	MYRBETRIQ.....	126
MEKINIST.....	47	<i>metyrosine</i> .....	59	MYTESI.....	118
MEKTOVI.....	47	<i>miconazole 3</i> .....	127	<i>na ferric gluc cplx in sucrose</i> .....	147
<i>meloxicam</i> .....	16	<i>miconazole-zinc oxide-petrolat</i> .....	163	<i>na sulfate-k sulfate-mg sulf</i> .....	120
<i>melphalan</i> .....	40	MICRHOGAM ULTRA-		<i>nabumetone</i> .....	16
<i>memantine hcl</i> .....	63	FILTERED PLUS.....	143	<i>nadolol</i> .....	56
<i>memantine hcl er</i> .....	63	MICRODOT TEST.....	106	<i>naftifine hcl</i> .....	163
MENOPUR.....	111	MICROLET LANCETS.....	106	NAFTIN.....	163
<i>meperidine hcl</i> .....	20	<i>midazolam hcl</i> .....	78	NAGLAZYME.....	108
<i>mercaptapurine</i> .....	40	<i>midodrine hcl</i> .....	59	<i>nalocet</i> .....	21
<i>mesalamine</i> .....	119	MIGERGOT.....	79	<i>naloxone hcl</i> .....	86
<i>mesalamine er</i> .....	119	<i>miglitol</i> .....	89	<i>naltrexone hcl</i> .....	86
<i>metaxalone</i> .....	84	<i>miglustat</i> .....	108	NAMZARIC.....	63
<i>metformin hcl</i> .....	89	MIGRANAL.....	79	NAPRELAN.....	16

NAPROSYN.....	16	<i>nilutamide</i> .....	43	NP THYROID.....	117
<i>naproxen</i> .....	16	<i>nimodipine</i> .....	57	NPLATE.....	130
<i>naproxen sodium</i> .....	16	NINLARO.....	50	NUBEQA.....	43
<i>naproxen sodium er</i> .....	16	<i>nisoldipine er</i> .....	57	NUCALA.....	158, 159
<i>naproxen-esomeprazole mg</i> .....	17	<i>nitazoxanide</i> .....	38	NUCYNTA.....	21
<i>naratriptan hcl</i> .....	79	<i>nitisinone</i> .....	113	NUCYNTA ER.....	21
NARCAN.....	86	NITRO-DUR.....	60	NUEDEXTA.....	86
NARDIL.....	65	<i>nitrofurantoin</i> .....	38	NUPLAZID.....	68
NASACORT ALLERGY		<i>nitrofurantoin macrocrystal</i> .....	38	NURTEC.....	79
24HR.....	158	<i>nitrofurantoin monohyd macro</i> .....	38	NUTROPIN AQ NUSPIN 10	
NATAZIA.....	100	<i>nitroglycerin</i> .....	60	.....	113
<i>nateglinide</i> .....	94	NITYR.....	113	NUTROPIN AQ NUSPIN 20	
NATESTO.....	88	NIVESTYM.....	130	.....	113
NATPARA.....	115	<i>nizatidine</i> .....	119	NUTROPIN AQ NUSPIN 5	113
NAYZILAM.....	71	NORDITROPIN FLEXPRO	113	NUVARING.....	101
<i>nebivolol hcl</i> .....	56	<i>norethin ace-eth estrad-fe</i> .....	100	NUWIQ.....	132
Necon 0.5/35 (28).....	100	<i>norethindrone</i> .....	100	NUZYRA.....	39
<i>neomycin sulfate</i> .....	27	<i>norethindrone acetate</i> .....	116	<i>nystatin</i> .....	27, 163, 171
<i>neomycin-polymyxin-dexameth</i>		<i>norethindrone acet-ethinyl est</i> .....	100	<i>nystatin-triamcinolone</i> .....	163
.....	149	<i>norethin-eth estradiol-fe</i> .....	100	NYVEPRIA.....	130
<i>neomycin-polymyxin-hc</i> .....	171	Norgesic.....	84	OICALIVA.....	121
NEORAL.....	145	<i>norgesic forte</i> .....	84	OCTAGAM.....	143
NEO-SYNALAR.....	162	<i>norgestimate-eth estradiol</i> .....	100	<i>octreotide acetate</i> .....	88
NERLYNX.....	47	<i>norgestim-eth estrad triphasic</i> .....	100	ODEFSEY.....	32
NEULASTA.....	129	NORPACE CR.....	53	ODOMZO.....	49
NEULASTA ONPRO.....	129	NORPRAMIN.....	65	OFEV.....	158
NEUPOGEN.....	129	NORTHERA.....	59	<i>ofloxacin</i> .....	149, 171
NEUPRO.....	66	Nortrel 0.5/35 (28).....	100	<i>olanzapine</i> .....	68
NEURONTIN.....	71	Nortrel 1/35 (21).....	101	<i>olmesartan medoxomil</i> .....	53
NEUTEK 2TEK TEST.....	106	Nortrel 7/7/7.....	101	<i>olmesartan medoxomil-hctz</i> .....	52
NEVANAC.....	150	<i>nortriptyline hcl</i> .....	65	<i>olmesartan-amlodipine-hctz</i> .....	52
<i>nevirapine</i> .....	29	NORVIR.....	29, 30	<i>olopatadine hcl</i> .....	154
<i>nevirapine er</i> .....	29	NOURIANZ.....	66	OLUMIANT.....	138
NEXAVAR.....	47	NOVAREL.....	111	OLUX-E.....	168
NEXIUM.....	122	NOVOEIGHT.....	132	<i>omega-3-acid ethyl esters</i> .....	55
NEXIUM 24HR.....	122	NOVOLIN 70/30.....	93	<i>omeprazole</i> .....	122
NEXLETOL.....	53	NOVOLIN 70/30 FLEXPEN.....	93	<i>omeprazole magnesium</i> .....	122
NEXLIZET.....	53	NOVOLIN N.....	93	<i>omeprazole-sodium</i>	
NEXPLANON.....	100	NOVOLIN N FLEXPEN.....	93	<i>bicarbonate</i> .....	122
NEXTSTELLIS.....	100	NOVOLIN R.....	93	OMNIFLEX DIAPHRAGM	101
<i>niacin er (antihyperlipidemic)</i> .....	55	NOVOLIN R FLEXPEN.....	93	OMNIPOD 5 G6 INTRO	
NIACOR.....	55	NOVOLOG.....	93	(GEN 5).....	106
<i>nicardipine hcl</i> .....	57	NOVOLOG 70/30 FLEXPEN		OMNIPOD 5 G6 POD (GEN	
NICOMIDE.....	147	RELION.....	93	5).....	106
<i>nicotinamide</i> .....	147	NOVOLOG FLEXPEN.....	93	OMNIPOD CLASSIC PODS	
NICOTROL.....	87	NOVOLOG MIX 70/30.....	93	(GEN 3).....	106
NICOTROL NS.....	87	NOVOLOG MIX 70/30		OMNIPOD DASH INTRO	
<i>nifedipine er</i> .....	57	FLEXPEN.....	93	(GEN 4).....	106
<i>nifedipine er osmotic release</i> .....	57	NOVOLOG PENFILL.....	93	OMNIPOD DASH PDM	
NILANDRON.....	43	NOVOSEVEN RT.....	128	(GEN 4).....	106

OMNIPOD DASH PODS (GEN 4).....	106	OXAYDO .....	21	<i>permethrin</i> .....	170
OMNITROPE.....	114	<i>oxazepam</i> .....	63	<i>perphenazine</i> .....	68
<i>ondansetron</i> .....	118	OXBRYTA.....	134	<i>perphenazine-amitriptyline</i> .....	86
<i>ondansetron hcl</i> .....	118	<i>oxcarbazepine</i> .....	71	PHEBURANE.....	108
ONETOUCH CLUB LANCETS FINE PT .....	106	OXERVATE.....	151	<i>phendimetrazine tartrate</i> .....	95
ONETOUCH DELICA LANCETS 33G.....	106	<i>oxiconazole nitrate</i> .....	163	<i>phenelzine sulfate</i> .....	65
ONETOUCH DELICA PLUS LANCET30G.....	106	OXISTAT .....	163	<i>phenobarbital</i> .....	71
ONETOUCH FINEPOINT LANCETS.....	106	OXTELLAR XR.....	71	<i>phenoxybenzamine hcl</i> .....	59
ONETOUCH ULTRA.....	106	<i>oxybutynin chloride</i> .....	126	<i>phentermine hcl</i> .....	95
ONETOUCH ULTRASOFT LANCETS.....	106	<i>oxybutynin chloride er</i> .....	126	<i>phenytoin</i> .....	71
ONETOUCH VERIO .....	106	<i>oxycodone hcl</i> .....	22	<i>phenytoin sodium extended</i> .....	71
ONEXTON.....	162	<i>oxycodone hcl er</i> .....	22	PHEXXI.....	124
ONUREG.....	40	<i>oxycodone-acetaminophen</i> ..	22, 23	PHOSLYRA.....	116
ONZETRA XSAIL.....	79	OXYCONTIN.....	23	<i>phytonadione</i> .....	147
OPSUMIT.....	60	<i>oxymorphone hcl</i> .....	23	PIFELTRO.....	30
OPTIONS GYNOL II CONTRACEPTIVE.....	124	<i>oxymorphone hcl er</i> .....	23	<i>pilocarpine hcl</i> .....	148, 171
OPTIUMEZ TEST .....	106	OZEMPIC (0.25 OR 0.5 MG/DOSE).....	90	<i>pimecrolimus</i> .....	170
ORALAIR.....	134	OZEMPIC (1 MG/DOSE).....	90	<i>pimozide</i> .....	86
ORENCIA.....	134, 138	OZEMPIC (2 MG/DOSE).....	90	<i>pindolol</i> .....	56
ORENCIA CLICKJECT .....	138	<i>paliperidone er</i> .....	68	<i>pioglitazone hcl</i> .....	94
ORENITRAM.....	61	PALYNZIQ.....	108	<i>pioglitazone hcl-glimepiride</i> .....	94
ORENITRAM MONTH 1 .....	60	PAMELOR.....	65	<i>pioglitazone hcl-metformin hcl</i> ..	94
ORENITRAM MONTH 2 .....	61	<i>pamidronate disodium</i> .....	96	PIQRAY (200 MG DAILY DOSE).....	47
ORENITRAM MONTH 3.....	61	PANDEL.....	168	PIQRAY (250 MG DAILY DOSE).....	47
ORFADIN.....	113	<i>pantoprazole sodium</i> .....	122	PIQRAY (300 MG DAILY DOSE).....	47
ORGOVYX.....	43	PANZYGA.....	143	<i>pirfenidone</i> .....	158
ORIAHNN.....	110	PARAGARD INTRAUTERINE COPPER	101	<i>piroxicam</i> .....	16
ORILISSA.....	107	<i>paricalcitol</i> .....	147	PLAQUENIL.....	141
ORKAMBI.....	157	PARNATE.....	65	PLEGRIDY .....	83
ORLADEYO.....	142	<i>paromomycin sulfate</i> .....	27	PLEGRIDY STARTER PACK.....	83
<i>orlistat</i> .....	95	<i>paroxetine hcl</i> .....	65	PLENVU .....	120
<i>orphenadrine-aspirin-caffeine</i> ...	85	<i>paroxetine hcl er</i> .....	65	PLIAGLIS.....	169
Orphengesic Forte.....	85	<i>paroxetine mesylate</i> .....	86	<i>pnv-dha</i> .....	147
ORSERDU .....	43	PARSABIV .....	96	<i>podofilox</i> .....	170
ORTHOVISC.....	26	<i>peg 3350-kcl-na bicarb-nacl</i> ....	120	<i>polymyxin b-trimethoprim</i> .....	149
<i>oseltamivir phosphate</i> .....	34	<i>peg-3350/electrolytes</i> .....	120	POMALYST.....	41
OSPHENA.....	115	PEGASYS.....	37	PONVORY .....	83
OTEZLA.....	138	<i>peg-kcl-nacl-nasulf-na asc-c</i> ....	120	PONVORY STARTER PACK.....	83
OTREXUP.....	141	PEG-PREP .....	120	<i>posaconazole</i> .....	27
OVIDE.....	170	PEMAZYRE.....	47	<i>pot &amp; sod cit-cit ac</i> .....	125
OVIDREL.....	111	<i>penicillamine</i> .....	97	<i>potassium chloride</i> .....	146
<i>oxandrolone</i> .....	88	<i>penicillin v potassium</i> .....	39	<i>potassium chloride crys er</i> .....	146
<i>oxaprozin</i> .....	16	<i>pentamidine isethionate</i> .....	38	<i>potassium chloride er</i> .....	146
		PENTASA.....	119	<i>potassium citrate er</i> .....	125
		<i>pentazocine-naloxone hcl</i> .....	25	PRALUENT.....	55
		<i>pentoxifylline er</i> .....	133		
		PERCOCET.....	23		
		<i>perindopril erbumine</i> .....	51		

<i>pramipexole dihydrochloride</i> .....67	<i>promethazine-codeine</i> ..... 156	RAGWITEK.....134
<i>pramipexole dihydrochloride er</i> .67	<i>promethazine-dm</i> ..... 156	<i>raloxifene hcl</i> .....115
<i>prasugrel hcl</i> ..... 133	PROMETHEGAN..... 118	<i>ramelteon</i> ..... 78
<i>pravastatin sodium</i> ..... 54	PROMETRIUM..... 116	<i>ramipril</i> .....51
<i>praziquantel</i> ..... 27	<i>propafenone hcl</i> ..... 53	<i>ranolazine er</i> ..... 59
<i>prazosin hcl</i> ..... 52	<i>propafenone hcl er</i> ..... 53	<i>rasagiline mesylate</i> ..... 67
PRECISION THINS GP	<i>propranolol hcl</i> ..... 56	RASUVO..... 141
LANCETS..... 106	<i>propranolol hcl er</i> ..... 56	RAVICTI..... 109
PRECISION XTRA BLOOD	<i>propylthiouracil</i> ..... 117	REBIF.....83
GLUCOSE..... 106	PROTONIX..... 123	REBIF REBIDOSE..... 83
PRED FORTE..... 150	<i>protriptyline hcl</i> .....65	REBIF REBIDOSE
PRED MILD..... 150	PRUDOXIN..... 164	TITRATION PACK.....83
<i>prednisolone</i> ..... 112	PULMICORT	REBIF TITRATION PACK.. 83
<i>prednisolone acetate</i> ..... 150	FLEXHALER..... 159	REBINYN..... 133
<i>prednisolone sodium phosphate</i> 112	PULMOZYME..... 157	RECLAST..... 96
<i>prednisone</i> ..... 112	PURIXAN..... 40	Reclipsen..... 101
<i>pregabalin</i> ..... 71	PYLERA..... 123	RECOMBINATE..... 132
<i>pregabalin er</i> ..... 86	<i>pyrazinamide</i> ..... 33	RECORLEV..... 102
PREGNYL..... 111	<i>pyridostigmine bromide</i> ..... 80	REDITREX..... 141
PREMARIN..... 110	<i>pyridostigmine bromide er</i> ..... 80	RELENZA DISKHALER.....34
<i>premium blood glucose test</i> ..... 106	<i>pyrimethamine</i> ..... 38	RELEUKO..... 130
PREMPHASE..... 110	PYRUKYND..... 133	<i>releuko</i> ..... 130
PREMPRO..... 110	PYRUKYND TAPER	RELEXXII..... 77
PREVACID..... 123	PACK..... 133	RELION ULTIMA TEST... 107
PREVACID SOLUTAB..... 123	<i>qc lansoprazole</i> ..... 123	RELYVRIO..... 80
PREVYMIS..... 34	QDOLO..... 23	REMICADE..... 134
PREZCOBIX..... 33	QELBREE..... 76	REMODULIN..... 61
PREZISTA..... 30	QINLOCK..... 47	RENFLEXIS..... 134
PRIALT..... 15	QSYMIA..... 95	<i>reno caps</i> ..... 147
PRILOSEC..... 123	QTERN..... 94	<i>repaglinide</i> ..... 94
PRILOSEC OTC..... 123	<i>quad-mix</i> ..... 125	REPATHA..... 55
<i>primaquine phosphate</i> ..... 28	<i>quazepam</i> ..... 78	REPATHA PUSHTRONEX
<i>primidone</i> ..... 71	<i>quetiapine fumarate</i> ..... 68	SYSTEM..... 55
PRIVIGEN..... 144	<i>quetiapine fumarate er</i> ..... 68	REPATHA SURECLICK..... 55
PROAIR RESPICLICK..... 155	QUILLICHEW ER..... 76, 77	RESTASIS..... 151
<i>probenecid</i> ..... 14	QUILLIVANT XR..... 77	RESTASIS MULTIDOSE... 151
Procentra..... 76	<i>quinapril hcl</i> ..... 51	RETACRIT..... 130
<i>prochlorperazine maleate</i> ..... 118	<i>quinapril-hydrochlorothiazide</i> ... 51	RETEVMO..... 47
PROCRIT..... 130	<i>quinine sulfate</i> ..... 28	RETIN-A MICRO..... 162
PROCTOFOAM HC..... 123	QUINTET AC BLOOD	RETIN-A MICRO PUMP... 162
Proctozone-Hc..... 123	GLUCOSE TEST..... 106	RETROVIR..... 30
PROCYSBI..... 125	QUINTET BLOOD	REVATIO..... 61
PROFILNINE..... 133	GLUCOSE TEST..... 107	REVLIMID..... 41
<i>progesterone</i> ..... 116	QULIPTA..... 79	REYATAZ..... 30
PROGRAF..... 145	QVAR REDHALER..... 160	REZLIDHIA..... 49
PROLASTIN-C..... 152	<i>ra omeprazole</i> ..... 123	REZUROCK..... 145
PROLATE..... 23	<i>rabeprazole sodium</i> ..... 123	RHOFADE..... 170
PROLIA..... 115	RADICAVA ORS..... 80	RHOGAM ULTRA-
PROMACTA..... 130	RADICAVA ORS	FILTERED PLUS..... 144
<i>promethazine hcl</i> ..... 118	STARTER KIT..... 80	RHOPHYLAC..... 144



RHOPRESSA.....	148	SAVELLA.....	78	<i>solifenacin succinate</i> .....	126
RIASTAP.....	128	SAVELLA TITRATION		SOLIQUA.....	90
<i>ribavirin</i> .....	37	PACK.....	78	SOMA.....	85
<i>rifabutin</i> .....	33	SAXENDA.....	95	SOMATULINE DEPOT.....	88
<i>rifampin</i> .....	33	SCSEMBLIX.....	48	SOMAVERT.....	88
<i>riluzole</i> .....	80	<i>scopolamine</i> .....	118	SOOLANTRA.....	170
<i>rimantadine hcl</i> .....	34	SEASONIQUE.....	101	<i>sorafenib tosylate</i> .....	48
RINVOQ.....	138, 139	SEGLENTIS.....	24	SORILUX.....	164
<i>risedronate sodium</i> .....	96	<i>selegiline hcl</i> .....	67	<i>sotalol hcl</i> .....	53
RISPERDAL CONSTA.....	68	SELZENTRY.....	30	<i>sotalol hcl (af)</i> .....	53
<i>risperidone</i> .....	68	SENSIPAR.....	96	SOTYKTU.....	164
RITALIN.....	77	SEREVENT DISKUS.....	155	SOVALDI.....	37
RITALIN LA.....	77	SERNIVO.....	168	<i>spinosad</i> .....	170
<i>ritonavir</i> .....	30	SEROSTIM.....	114	SPIRIVA HANDIHALER... 153	
<i>rivastigmine</i> .....	64	<i>sertraline hcl</i> .....	65	SPIRIVA RESPIMAT.....	153
<i>rivastigmine tartrate</i> .....	64	<i>sevelamer carbonate</i> .....	116	<i>spironolactone</i> .....	58
Rivelsa.....	101	<i>sevelamer hcl</i> .....	116	<i>spironolactone-hctz</i> .....	58
<i>rixubis</i> .....	133	SEVENFACT.....	128	SPRAVATO (56 MG DOSE). 65	
<i>rizatriptan benzoate</i> .....	79	SHUR-SEAL		SPRAVATO (84 MG DOSE). 65	
ROCALTROL.....	147	CONTRACEPTIVE.....	124	SPRIX.....	17
ROCKLATAN.....	148	SIGNIFOR.....	115	SPRYCEL.....	48
<i>roflumilast</i> .....	158	SIGNIFOR LAR.....	115	SPS.....	97
ROLVEDON.....	130	SIKLOS.....	134	Ssd.....	162
<i>ropinirole hcl</i> .....	67	<i>sildenafil citrate</i> .....	61, 125	<i>stavudine</i> .....	30
<i>ropinirole hcl er</i> .....	67	SILIQ.....	139	STELARA.....	139, 140
<i>rosuvastatin calcium</i> .....	54	<i>silodosin</i> .....	124	STENDRA.....	125
ROXICODONE.....	23	SILVADENE.....	162	STIMUFEND.....	130
ROXYBOND.....	24	<i>silver sulfadiazine</i> .....	162	STIOLTO RESPIMAT.....	152
ROZLYTREK.....	47	SIMBRINZA.....	148	STIVARGA.....	48
RUBRACA.....	50	SIMPLE DIAGNOSTICS		STRATTERA.....	77
RUCONEST.....	142	LANCING DEV.....	107	STRENSIQ.....	109
<i>rufinamide</i> .....	71	SIMPONI.....	139	STRIBILD.....	33
RUKOBIA.....	30	SIMPONI ARIA.....	134	STRIVERDI RESPIMAT... 155	
RYBELSUS.....	90	<i>simvastatin</i> .....	55	SUBLOCADE.....	25
RYCLORA.....	154	<i>sirolimus</i> .....	145	SUBOXONE.....	85
RYDAPT.....	47	SIRTURO.....	33	SUBSYS.....	24
RYTARY.....	67	SKYLA.....	101	SUCRAID.....	121
RYTHMOL SR.....	53	SKYRIZI.....	139	<i>sucralfate</i> .....	121
SABRIL.....	71	SKYRIZI PEN.....	139	<i>sulconazole nitrate</i> .....	163, 164
SAIZEN.....	114	SKYTROFA.....	114	<i>sulfacetamide sodium</i> .....	150
SAIZENPREP.....	114	SLYND.....	101	<i>sulfacetamide sodium (acne)</i> .. 162	
SALAGEN.....	171	<i>sm loratadine</i> .....	154	<i>sulfacetamide-prednisolone</i> .... 149	
SAMSCA.....	115	<i>sm loratadine allergy relief</i> .... 154		<i>sulfamethoxazole-trimethoprim</i> 27	
SANCUSO.....	118	<i>sm loratadine d 12hr</i> .....	156	<i>sulfasalazine</i> .....	119
SANDIMMUNE.....	145	<i>sodium chloride</i> .....	158	<i>sulindac</i> .....	17
SANDOSTATIN.....	88	<i>sodium fluoride</i> .....	146	<i>sumatriptan</i> .....	79
SANDOSTATIN LAR		<i>sodium oxybate</i> .....	85	<i>sumatriptan succinate</i> .....	79
DEPOT.....	88	<i>sodium phenylbutyrate</i> .....	109	<i>sumatriptan succinate refill</i> ..... 79	
<i>sapropterin dihydrochloride</i> .... 109		<i>sodium polystyrene sulfonate</i> .... 97		<i>sumatriptan-naproxen sodium</i> ... 80	
<i>sapscare twist top lancets</i> ..... 107		<i>sofosbuvir-velpatasvir</i> .....	37	<i>sunitinib malate</i> .....	48

SUNLENCA.....	30	TAPERDEX 12-DAY.....	112	<i>timolol maleate (once-daily)</i> ..	148
SUNOSI.....	85	Taperdex 6-Day.....	112	<i>timolol maleate pf</i> .....	149
SUPARTZ FX.....	26	TAPERDEX 7-DAY.....	112	<i>tinidazole</i> .....	27
<i>super bi-mix</i> .....	125	TARCEVA.....	48	<i>tiopronin</i> .....	125
<i>super quad-mix</i> .....	125	Targadox.....	39	TIVICAY.....	31
<i>super thin lancets</i> .....	107	TARGRETIN.....	50, 170	TIVICAY PD.....	31
<i>super tri-mix</i> .....	125	TARPEYO.....	125	<i>tizanidine hcl</i> .....	85
SUPRAX.....	35	TASCENSO ODT.....	83	TOBI.....	157
SUPREME TEST.....	107	TASIGNA.....	48	TOBI PODHALER.....	157
SUPREP BOWEL PREP KIT		<i>tasimelteon</i> .....	78	TOBRADEX.....	149
.....	120	<i>tavaborole</i> .....	164	TOBRADEX ST.....	149
SUSTIVA.....	30	TAVALISSE.....	133	<i>tobramycin</i> .....	150, 157
SUTAB.....	120	TAVNEOS.....	133	<i>tobramycin-dexamethasone</i> ....	149
SUTENT.....	48	<i>tazarotene</i> .....	164	TODAY SPONGE.....	124
SYMBICORT.....	160	TAZVERIK.....	50	<i>tolterodine tartrate</i> .....	126
SYMDEKO.....	157	TECFIDERA.....	83	<i>tolterodine tartrate er</i> .....	126
SYMFI.....	33	TEGSEDI.....	116	<i>tolvaptan</i> .....	115
SYMFI LO.....	33	TEKTURNA HCT.....	57	TOPICORT.....	168
SYMJEPI.....	152	<i>telmisartan</i> .....	53	TOPICORT SPRAY.....	169
SYMLINPEN 120.....	89	<i>telmisartan-amlodipine</i> .....	52	<i>topiramate</i> .....	71, 72
SYMLINPEN 60.....	89	<i>telmisartan-hctz</i> .....	52	<i>topiramate er</i> .....	71
SYMPROIC.....	121	<i>temazepam</i> .....	78	<i>toremifene citrate</i> .....	43
SYMTUZA.....	33	<i>temozolomide</i> .....	40	<i>torseמידe</i> .....	58
SYNAGIS.....	145	<i>tenofovir disoproxil fumarate</i> ...31		TOUJEO MAX SOLOSTAR.....	93
SYNALAR.....	168	TEPMETKO.....	48	TOUJEO SOLOSTAR.....	93
SYNAREL.....	114	<i>terazosin hcl</i> .....	52	Tovet.....	169
SYNERA.....	169	<i>terbinafine hcl</i> .....	27	TRACLEER.....	61
SYNJARDY.....	94	<i>terbutaline sulfate</i> .....	155	TRADJENTA.....	90
SYNJARDY XR.....	94	<i>terconazole</i> .....	127	<i>tramadol hcl</i> .....	24
SYNOJOYNT.....	26	<i>teriparatide (recombinant)</i> .....	115	<i>tramadol hcl (er biphasic)</i> .....	24
SYNRIBO.....	50	<i>testosterone</i> .....	89	<i>tramadol hcl er</i> .....	24
SYNTHROID.....	117	<i>testosterone cypionate</i> .....	89	<i>tramadol-acetaminophen</i> .....	24
SYNVISC.....	26	<i>testosterone enanthate</i> .....	89	<i>trandolapril</i> .....	51
SYNVISC ONE.....	26	<i>tetrabenazine</i> .....	81	<i>trandolapril-verapamil hcl er</i> ....	51
SYPRINE.....	97	<i>tetracycline hcl</i> .....	39	<i>tranexamic acid</i> .....	133
TABLOID.....	40	TEXACORT.....	168	<i>tranylcypromine sulfate</i> .....	65
TABRECTA.....	48	TEZSPIRE.....	159	<i>travoprost (bak free)</i> .....	149
<i>tacrolimus</i> .....	145, 170	THALOMID.....	41	<i>trazodone hcl</i> .....	65
<i>tadalafil</i> .....	125	THEO-24.....	160	TRELEGY ELLIPTA.....	153
<i>tadalafil (pah)</i> .....	61	<i>theophylline</i> .....	160	TRELSTAR MIXJECT.....	43
TADLIQ.....	61	<i>theophylline er</i> .....	160	TREMFYA.....	140
TAFINLAR.....	48	THIOLA.....	125	<i>treprostinil</i> .....	61
<i>tafluprost (pf)</i> .....	148	THIOLA EC.....	125	TRESIBA.....	94
TAGRISSO.....	48	<i>thioridazine hcl</i> .....	68	TRESIBA FLEXTOUCH.....	93
TAKHZYRO.....	142	<i>thiothixene</i> .....	68	<i>tretinoin</i> .....	50, 162
TALICIA.....	123	<i>tiagabine hcl</i> .....	71	<i>tretinoin microsphere</i> .....	162
TALTZ.....	140	TIBSOVO.....	50	TRETTEN.....	128
TALZENNA.....	50	TIKOSYN.....	53	TREXALL.....	40
<i>tamoxifen citrate</i> .....	43	Tilia Fe.....	101	TREXIMET.....	80
<i>tamsulosin hcl</i> .....	124	<i>timolol maleate</i> .....	56, 149		

<i>triamcinolone acetonide</i>	TUXARIN ER.....	156	VECAMYL.....	60
..... 158, 169, 171	TUZISTRA XR.....	156	VECTICAL.....	164
<i>triamterene</i> .....	TWIRLA.....	101	VELETRI.....	62
..... 58	TWYNEO.....	162	VELIVET.....	101
<i>triamterene-hctz</i> .....	TYBLUME.....	101	VELPHORO.....	116
..... 58	TYBOST.....	31	VELTASSA.....	97
<i>triazolam</i> .....	TYKERB.....	49	VEMLIDY.....	34
..... 78	TYMLOS.....	116	VENCLEXTA.....	41
TRIDESILON.....	TYSABRI.....	83	VENCLEXTA STARTING	
<i>trientine hcl</i> .....	TYVASO.....	61	PACK.....	41
..... 97	TYVASO DPI		<i>venlafaxine hcl</i> .....	66
<i>trifluoperazine hcl</i> .....	MAINTENANCE KIT.....	61	<i>venlafaxine hcl er</i> .....	65
..... 68	TYVASO DPI TITRATION		VENOFER.....	147
<i>trifluridine</i> .....	KIT.....	61	VENTAVIS.....	62
..... 150	TYVASO REFILL.....	61	<i>verapamil hcl</i> .....	57
<i>trihexyphenidyl hcl</i> .....	TYVASO STARTER.....	62	<i>verapamil hcl er</i> .....	57
..... 67	UBRELVY.....	80	VERDESO.....	169
TRIJARDY XR.....	UDENYCA.....	130	VERQUOVO.....	59
..... 90	ULTRAVATE.....	169	VERZENIO.....	49
TRIKAFTA.....	UNISTRIP1 GENERIC.....	107	VFEND.....	27
..... 157	UPTRAVI.....	62	V-GO 20.....	107
Tri-Legest Fe.....	UROCIT-K 10.....	126	V-GO 30.....	107
..... 101	UROCIT-K 15.....	126	V-GO 40.....	107
Tri-Lo-Sprintec.....	UROCIT-K 5.....	126	VIAGRA.....	125
..... 101	UROXATRAL.....	124	VIBERZI.....	119
TRILURON.....	URSO 250.....	121	VIBRAMYCIN.....	39
..... 26	URSO FORTE.....	121	VICTOZA.....	90
<i>trimethobenzamide hcl</i> .....	<i>ursodiol</i> .....	121	VIEKIRA PAK.....	37
..... 118	<i>valacyclovir hcl</i> .....	34	<i>vigabatrin</i> .....	72
<i>trimipramine maleate</i> .....	VALCHLOR.....	170	Vigadrone.....	72
..... 65	VALCYTE.....	34	VIIBRYD.....	66
TRINATE.....	<i>valganciclovir hcl</i> .....	34	VIIBRYD STARTER PACK.....	66
..... 147	VALIUM.....	72	VIJOICE.....	116
TRINTELLIX.....	<i>valproic acid</i> .....	72	<i>vilazodone hcl</i> .....	66
..... 65	<i>valsartan</i> .....	53	VIMIZIM.....	109
TRIPTODUR.....	<i>valsartan-hydrochlorothiazide</i> .....	52	VIMPAT.....	72
..... 114	VALTOCO 10 MG DOSE.....	72	VIOKACE.....	121
TRIUMEQ.....	VALTOCO 15 MG DOSE.....	72	VIRACEPT.....	31
..... 33	VALTOCO 20 MG DOSE.....	72	VIREAD.....	31
TRIUMEQ PD.....	VALTOCO 5 MG DOSE.....	72	VISCO-3.....	26
..... 33	VANCOCIN.....	38	VISTOGARD.....	50
TRIVISC.....	<i>vancomycin hcl</i> .....	38	VISUDYNE.....	151
..... 26	VANOS.....	169	<i>vitamin d (ergocalciferol)</i> .....	147
TRIZIVIR.....	<i>vardenafil hcl</i> .....	125	VITRAKVI.....	49
..... 33	<i>varenicline tartrate</i> .....	87, 88	VIVITROL.....	86
TROKENDI XR.....	VARIZIG.....	144	VIZIMPRO.....	49
..... 72	VARUBI (180 MG DOSE).....	118	VONJO.....	49
<i>tropicamide</i> .....	VASCEPA.....	55	VONVENDI.....	128
..... 151	VCF VAGINAL		<i>voriconazole</i> .....	27
<i>tropium chloride</i> .....	CONTRACEPTIVE.....	124	VOSEVI.....	37
..... 126				
<i>tropium chloride er</i> .....				
..... 126				
TRUDHESA.....				
..... 80				
<i>true focus blood glucose strip</i> ..				
..... 107				
TRUE METRIX BLOOD				
GLUCOSE TEST.....				
..... 107				
TRUEPLUS LANCETS 26G107				
..... 107				
TRUEPLUS LANCETS 30G107				
..... 107				
TRUEPLUS SAFETY				
LANCETS 28G.....				
..... 107				
TRUETEST TEST.....				
..... 107				
TRUETRACK TEST.....				
..... 107				
TRULICITY.....				
..... 90				
TRUSELTIQ (100MG				
DAILY DOSE).....				
..... 48				
TRUSELTIQ (125MG				
DAILY DOSE).....				
..... 48				
TRUSELTIQ (50MG DAILY				
DOSE).....				
..... 48				
TRUSELTIQ (75MG DAILY				
DOSE).....				
..... 48				
TRUVADA.....				
..... 33				
TUKYSA.....				
..... 48				
TURALIO.....				
..... 48				

VOTRIENT.....	49	XIGDUO XR.....	94	ZEPOSIA 7-DAY STARTER	
VOXZOGO.....	113	XIIDRA.....	151	PACK.....	84
VPRIV.....	109	XOLAIR.....	159	ZEPOSIA STARTER KIT....	84
VRAYLAR.....	69	XOSPATA.....	49	ZERVIAE.....	148
VUMERITY.....	84	XPOVIO (100 MG ONCE		ZIAC.....	56
VYLEESI.....	86	WEEKLY).....	50	ZIAGEN.....	31
VYNDAMAX.....	59	XPOVIO (40 MG ONCE		ZIANA.....	162
VYNDAQEL.....	59	WEEKLY).....	50	<i>zidovudine</i> .....	31
VYVANSE.....	77	XPOVIO (40 MG TWICE		ZIEXTENZO.....	131
WAKIX.....	85	WEEKLY).....	50	<i>zileuton er</i> .....	157
<i>warfarin sodium</i> .....	127	XPOVIO (60 MG ONCE		ZIMHI.....	86
WEGOVY.....	95	WEEKLY).....	50	ZIOPTAN.....	149
WELIREG.....	50	XPOVIO (60 MG TWICE		<i>ziprasidone hcl</i> .....	69
WIDE-SEAL DIAPHRAGM		WEEKLY).....	50	<i>ziprasidone mesylate</i> .....	69
60.....	101	XPOVIO (80 MG ONCE		ZOKINVY.....	116
WIDE-SEAL DIAPHRAGM		WEEKLY).....	50	<i>zoledronic acid</i> .....	96
65.....	102	XPOVIO (80 MG TWICE		ZOLINZA.....	50
WIDE-SEAL DIAPHRAGM		WEEKLY).....	50	<i>zolmitriptan</i> .....	80
70.....	102	XTAMPZA ER.....	24, 25	<i>zolpidem tartrate</i> .....	78
WIDE-SEAL DIAPHRAGM		XTANDI.....	43	<i>zolpidem tartrate er</i> .....	78
75.....	102	Xulane.....	102	ZOLPIMIST.....	78
WIDE-SEAL DIAPHRAGM		XULTOPHY.....	91	ZOMACTON.....	114
80.....	102	XURIDEN.....	116	ZONALON.....	164
WIDE-SEAL DIAPHRAGM		XYNTHA.....	132	ZONEGRAN.....	72
85.....	102	XYNTHA SOLOFUSE.....	132	<i>zonisamide</i> .....	72
WIDE-SEAL DIAPHRAGM		XYREM.....	85	ZORBTIVE.....	114
90.....	102	XYWAV.....	85	ZORVOLEX.....	17
WIDE-SEAL DIAPHRAGM		XYZAL ALLERGY 24HR...	154	ZTALMY.....	72
95.....	102	YONSA.....	43	ZTLIDO.....	169
WILATE.....	128	YUPELRI.....	153	ZUBSOLV.....	85, 86
WINLEVI.....	162	ZADITOR.....	148	ZYCLARA.....	162
WINRHOF SDF.....	144	<i>zafirlukast</i> .....	157	ZYCLARA PUMP.....	162
Wixela Inhub.....	160	<i>zaleplon</i> .....	78	ZYDELIG.....	49
XALKORI.....	49	<i>zalvit</i> .....	147	ZYKADIA.....	49
XANAX.....	63	ZARXIO.....	130	ZYLET.....	149
XANAX XR.....	63	ZAVESCA.....	109	ZYRTEC ALLERGY.....	154
XARELTO.....	127	ZEGALOGUE.....	113	ZYRTEC CHILDRENS	
XARELTO STARTER		ZEGERID.....	123	ALLERGY.....	154, 155
PACK.....	127	ZEJULA.....	50	ZYRTEC-D ALLERGY &	
XATMEP.....	40	ZELBORAF.....	49	CONGESTION.....	156
XELJANZ.....	140, 141	ZEMAIRA.....	152	ZYTIGA.....	43
XELJANZ XR.....	141	ZEMBRACE SYMTOUCH...	80		
XELODA.....	41	ZEMPLAR.....	147		
XELSTRYM.....	77	Zenatane.....	162		
XEMBIFY.....	144	ZENPEP.....	121		
XENAZINE.....	81	Zenzedi.....	77		
XEOMIN.....	85	ZENZEDI.....	77		
XERMELO.....	121	ZEPATIER.....	37		
XGEVA.....	116	ZEPOSIA.....	84		
XIFAXAN.....	38				