

Plan for your best health

Aetna Funding Advantage Small Group Plan:
Innovation Health

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company and its affiliates (Aetna). Aetna Pharmacy Management refers to an internal business unit of Aetna Health Management, LLC. Aetna Pharmacy Management administers, but does not offer, insure or otherwise underwrite the prescription drug benefits portion of your health plan and has no financial responsibility therefor.

Table of Contents

INFORMATIONAL SECTION.....5

ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - DRUGS FOR THE NERVOUS SYSTEM.....16

ALLERGENIC EXTRACTS/BIOLOGICALS MISC - BIOLOGICAL AGENTS.....20

AMEBICIDES - DRUGS FOR INFECTIONS.....21

AMINOGLYCOSIDES - DRUGS FOR INFECTIONS.....21

ANALGESICS - ANTI-INFLAMMATORY - DRUGS FOR PAIN AND FEVER.....22

ANALGESICS - NONNARCOTIC - DRUGS FOR PAIN AND FEVER.....27

ANALGESICS - OPIOID - DRUGS FOR PAIN AND FEVER.....29

ANDROGENS-ANABOLIC - HORMONES.....37

ANORECTAL AND RELATED PRODUCTS - RECTAL PREPARATIONS.....39

ANTHELMINTICS - DRUGS FOR INFECTIONS.....39

ANTIANGINAL AGENTS - DRUGS FOR THE HEART.....39

ANTIANKXIETY AGENTS - DRUGS FOR THE NERVOUS SYSTEM.....40

ANTIARRHYTHMICS - DRUGS FOR THE HEART.....41

ANTIASTHMATIC AND BRONCHODILATOR AGENTS - DRUGS FOR THE LUNGS.....42

ANTICOAGULANTS - DRUGS FOR THE BLOOD.....47

ANTICONVULSANTS - DRUGS FOR THE NERVOUS SYSTEM.....48

ANTIDEPRESSANTS - DRUGS FOR THE NERVOUS SYSTEM.....54

ANTIDIABETICS - HORMONES.....58

ANTIDIARRHEAL/PROBIOTIC AGENTS - DRUGS FOR THE STOMACH.....65

ANTIDOTES AND SPECIFIC ANTAGONISTS - DRUGS FOR OVERDOSE OR POISONING...66

ANTIEMETICS - DRUGS FOR THE STOMACH.....67

ANTIFUNGALS - DRUGS FOR INFECTIONS.....68

ANTI HISTAMINES - DRUGS FOR THE LUNGS.....69

ANTIHYPERLIPIDEMICS - DRUGS FOR THE HEART.....71

ANTI HYPERTENSIVES - DRUGS FOR THE HEART.....73

ANTI-INFECTIVE AGENTS - MISC. - DRUGS FOR INFECTIONS.....78

ANTIMALARIALS - DRUGS FOR INFECTIONS.....80

ANTIMYASTHENIC/CHOLINERGIC AGENTS - DRUGS FOR NERVES AND MUSCLES.....81

ANTIMYCOBACTERIAL AGENTS - DRUGS FOR INFECTIONS.....81

ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - DRUGS FOR CANCER.....82

ANTIPARKINSON AND RELATED THERAPY AGENTS - DRUGS FOR THE NERVOUS SYSTEM.....93

ANTIPSYCHOTICS/ANTIMANIC AGENTS - DRUGS FOR THE NERVOUS SYSTEM.....95

ANTISEPTICS & DISINFECTANTS - ANTISEPTICS AND DISINFECTANTS.....99

ANTIVIRALS - DRUGS FOR INFECTIONS.....99

BETA BLOCKERS - DRUGS FOR THE HEART.....105

CALCIUM CHANNEL BLOCKERS - DRUGS FOR THE HEART.....107

CARDIOTONICS - DRUGS FOR THE HEART.....110

CARDIOVASCULAR AGENTS - MISC. - DRUGS FOR THE HEART.....110

CEPHALOSPORINS - DRUGS FOR INFECTIONS.....112

CHEMICALS.....113

CONTRACEPTIVES - DRUGS FOR WOMEN.....114

CORTICOSTEROIDS - HORMONES.....124

COUGH/COLD/ALLERGY - DRUGS FOR THE LUNGS.....126

DERMATOLOGICALS - DRUGS FOR THE SKIN.....127

DIAGNOSTIC PRODUCTS	142
DIGESTIVE AIDS - DRUGS FOR THE STOMACH	148
DIURETICS - DRUGS FOR THE HEART	148
ENDOCRINE AND METABOLIC AGENTS - MISC. - HORMONES	150
ESTROGENS - HORMONES	155
FLUOROQUINOLONES - DRUGS FOR INFECTIONS	157
GASTROINTESTINAL AGENTS - MISC. - DRUGS FOR THE STOMACH	158
GENITOURINARY AGENTS - MISCELLANEOUS - DRUGS FOR THE URINARY SYSTEM	161
GOUT AGENTS - DRUGS FOR PAIN AND FEVER	162
HEMATOLOGICAL AGENTS - MISC. - DRUGS FOR THE BLOOD	162
HEMATOPOIETIC AGENTS - DRUGS FOR NUTRITION	166
HEMOSTATICS - DRUGS FOR THE BLOOD	169
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS - DRUGS FOR THE NERVOUS SYSTEM	169
LAXATIVES - DRUGS FOR THE STOMACH	170
LOCAL ANESTHETICS-PARENTERAL - DRUGS FOR PAIN AND FEVER	171
MACROLIDES - DRUGS FOR INFECTIONS	171
MEDICAL DEVICES AND SUPPLIES - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT	172
MIGRAINE PRODUCTS - DRUGS FOR THE NERVOUS SYSTEM	178
MINERALS & ELECTROLYTES - DRUGS FOR NUTRITION	180
MISCELLANEOUS THERAPEUTIC CLASSES - VITAMINS AND MINERALS	182
MOUTH/THROAT/DENTAL AGENTS - DRUGS FOR THE MOUTH AND THROAT	185
MULTIVITAMINS - DRUGS FOR NUTRITION	185
MUSCULOSKELETAL THERAPY AGENTS - DRUGS FOR MUSCLES, LIGAMENTS, TENDONS, AND BONES	190
NASAL AGENTS - SYSTEMIC AND TOPICAL - DRUGS FOR THE NOSE	192
NEUROMUSCULAR AGENTS - DRUGS FOR NERVES AND MUSCLES	193
NUTRIENTS - DRUGS FOR NUTRITION	193
OPHTHALMIC AGENTS - DRUGS FOR THE EYE	193
OTIC AGENTS - DRUGS FOR THE EAR	199
OXYTOCICS - HORMONES	199
PASSIVE IMMUNIZING AND TREATMENT AGENTS - BIOLOGICAL AGENTS	199
PENICILLINS - DRUGS FOR INFECTIONS	202
PHARMACEUTICAL ADJUVANTS	203
PROGESTINS - HORMONES	203
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - DRUGS FOR THE NERVOUS SYSTEM	203
RESPIRATORY AGENTS - MISC. - DRUGS FOR THE LUNGS	209
SULFONAMIDES - DRUGS FOR INFECTIONS	210
TETRACYCLINES - DRUGS FOR INFECTIONS	210
THYROID AGENTS - HORMONES	212
TOXOIDS - BIOLOGICAL AGENTS	213
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS - DRUGS FOR THE STOMACH	213
URINARY ANTISPASMODICS - DRUGS FOR THE URINARY SYSTEM	217
VAGINAL AND RELATED PRODUCTS - DRUGS FOR WOMEN	218
VASOPRESSORS - DRUGS FOR THE HEART	219
VITAMINS - DRUGS FOR NUTRITION	219

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.

- **Preferred generic:** the lowest cost
- **Preferred brand:** a slightly higher cost
- **Non-preferred brand and generic:** 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: 1-866-329-2779**
 - 3. Phone: 1-866-782-2779**, option 2

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 NaviNet*.
- 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:
Aetna Pharmacy Management
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.

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'dólzínígíí 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 լեզվական ծառայություններից 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)

M dyi wuɖu-dù kà kò dò bě dyi móuń 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 cɔl kɔc ye kɔc kuɔny në nɔmba de abac tɔ
në ID kard du kɔu. (Nilotic-Dinka)

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

Um Schprooch Services zu griegie 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)

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.

A copayment is a flat fee. Coinsurance is a percentage of the rate that Aetna negotiates with the plan sponsor for covered prescriptions except as required by law to be otherwise. Some drugs on the Pharmacy Drug Guide (formulary) may be subject to manufacturer rebates. Coinsurance is calculated before any rebates are subtracted. That means it may be possible for your cost of a preferred drug to be higher than your cost of a non-preferred drug. Louisiana members: depending on your specific plan and the prescription medication in question, you may in some instances be subject to an excess consumer cost burden for prescription drugs as defined by your state.

Not all health services are covered. Your plan may not cover certain drugs such as infertility, erectile dysfunction, weight loss and smoking cessation. 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.

Aetna or its affiliate(s) may receive rebates from drug manufacturers. Rebates may reduce the amount a member pays the pharmacy for covered prescriptions. Information is subject to change. 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.

In accordance with state law, commercial fully insured members in Louisiana and Texas (except Federal Employee Health Benefit Plan members) who are receiving coverage for medications that are added or removed from the Pharmacy Drug Guide (formulary), Precertification, Quantity Limits or Step-Therapy Lists during the plan year will continue to have those medications covered at the same benefit level until their plan's renewal date. In Texas, precertification approval is known as "pre-service utilization review." It is not "verification" as defined by Texas law.

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 medications that are added to the Precertification or Step-Therapy Lists will continue to have those medications 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.

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

= Brand-name drug expected to become available generically in the near future. After the generic drug becomes available, the brand-name drug may be covered at a higher non-preferred copay and/or added to the Formulary Exclusion List. The brand-name drug may also be subject to precertification and/or step-therapy.

AL = Age Limit

ARC = Age Restricted Coverage

IBC = Indication Based Coverage

LGC = Lowest Generic Copay

Applies

MPG = PG tier applies to members residing in Massachusetts.

MST = Step Therapy does not apply to members residing in Massachusetts.

N1 = Refer to member plan documents for Erectile

Dysfunction use/coverage

N2 = Drug tier when CE does not apply

NPL = (National Precertification List) – Prior authorization, also called preauthorization or precertification, is required for all plans. Your doctor must contact us to request approval for coverage.

PA = Prior Authorization

PPA = Prior Authorization does not apply to members residing in Pennsylvania and Washington.

QL = Quantity Limit

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.

NF = Non Formulary, not covered unless exception request granted

NP = Non-Preferred Brand and Generic

NPSP = Non-Preferred Specialty

PB = Preferred Brand

PG = Preferred Generic

PG = Preferred Generic

PSP = Preferred Specialty

lowercase = Brand name drugs

lowercase italics = Generic drugs

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.

SP = You may pay higher out of pocket costs and may be required to get these products at an Aetna Specialty Pharmacy network provider, such as Aetna Specialty Pharmacy. Specialty products are limited to a 30 day supply.

ST = Step Therapy

UF11 = Covered at preferred tier with no PA, no ST for members residing in Illinois.

UF13 = Drug Restricted Coverage

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - DRUGS FOR THE NERVOUS SYSTEM		
adderall oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg (<i>amphetamine-dextroamphetamine</i>)	NP	ST; QL (4 tablets per 1 day)
adderall xr oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg (<i>amphetamine-dextroamphetamine</i>)	NF	
adhansia xr oral capsule extended release 24 hour 25 mg, 35 mg, 45 mg, 55 mg, 70 mg, 85 mg (<i>methylphenidate hcl</i>)	NF	
adzenys er oral suspension extended release 1.25 mg/ml (<i>amphetamine</i>)	NP	ST; QL (15 ml per 1 day)
adzenys xr-odt oral tablet extended release dispersible 12.5 mg, 15.7 mg, 18.8 mg, 3.1 mg, 6.3 mg, 9.4 mg (<i>amphetamine</i>)	NF	
<i>amphetamine er oral suspension extended release 1.25 mg/ml</i>	PG	QL (15 ML per 1 day)
<i>amphetamine sulfate oral tablet 10 mg, 5 mg</i>	NP	PA; QL (4 tablets per 1 day)
<i>amphetamine-dextroamphet er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>	PG	QL (2 capsules per 1 day)
<i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	PG	QL (4 tablets per 1 day)

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

16

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
aptensio xr oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg (<i>methylphenidate hcl</i>)	NP	PA; ST; QL (1 capsule per 1 day)
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>	PG	PA; QL (1 tablet per 1 day)
<i>armodafinil oral tablet 50 mg</i>	PG	PA; QL (2 tablets per 1 day)
<i>atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg, 40 mg, 60 mg</i>	PG	QL (2 capsules per 1 day)
<i>atomoxetine hcl oral capsule 100 mg, 80 mg</i>	PG	QL (1 capsule per 1 day)
<i>caffeine citrate oral solution 20 mg/ml</i>	PG	
<i>clonidine hcl er oral tablet extended release 12 hour 0.1 mg</i>	PG	PA; QL (4 tablets per 1 day)
concerta oral tablet extended release 18 mg, 27 mg, 54 mg (<i>methylphenidate hcl</i>)	NP	ST; QL (2 tablets per 1 day)
concerta oral tablet extended release 36 mg (<i>methylphenidate hcl</i>)	NP	ST; QL (4 tablets per 1 day)
cotempla xr-odt oral tablet extended release dispersible 17.3 mg, 25.9 mg, 8.6 mg (<i>methylphenidate</i>)	NF	
daytrana transdermal patch 10 mg/9hr, 15 mg/9hr, 20 mg/9hr, 30 mg/9hr (<i>methylphenidate</i>)	NP	PA; ST; #; QL (1 patch per 1 day)
desoxyn oral tablet 5 mg (<i>methamphetamine hcl</i>)	NP	PA; ST; QL (4 tablets per 1 DAYS)
dexedrine oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg (<i>dextroamphetamine sulfate</i>)	NP	ST; QL (3 capsules per 1 day)
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i>	PG	QL (2 capsules per 1 day)
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 20 mg</i>	PG	QL (2 capsules per 1 Day)
<i>dexmethylphenidate hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	PG	QL (4 tablets per 1 day)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg</i>	PG	QL (4 capsules per 1 day)
<i>dextroamphetamine sulfate oral solution 5 mg/5ml</i>	PG	PA; QL (40 milliliters per 1 day)
<i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i>	PG	QL (4 tablets per 1 day)
dyanavel xr oral suspension extended release 2.5 mg/ml (<i>amphetamine</i>)	NP	PA; ST; QL (240 ML per 30 days)
evekeo odt oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg (<i>amphetamine sulfate</i>)	NF	
evekeo oral tablet 10 mg, 5 mg (<i>amphetamine sulfate</i>)	NF	

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
focalin oral tablet 10 mg, 2.5 mg, 5 mg (<i>dexmethylphenidate hcl</i>)	NP	ST; QL (4 tablets per 1 day)
focalin xr oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg (<i>dexmethylphenidate hcl</i>)	NP	ST; QL (2 capsules per 1 day)
<i>guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg</i>	NP	PA; QL (1 tablet per 1 day)
intuniv oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg (<i>guanfacine hcl</i>)	NF	
jornay pm oral capsule extended release 24 hour 100 mg, 20 mg, 40 mg, 60 mg, 80 mg (<i>methylphenidate hcl</i>)	NF	
kapvay oral tablet extended release 12 hour 0.1 mg (<i>clonidine hcl</i>)	NF	
<i>methylphenidate hcl</i> (Metadate Er Oral Tablet Extended Release 20 Mg)	PG	QL (3 tablets per 1 day)
<i>methamphetamine hcl oral tablet 5 mg</i>	PG	PA; QL (4 tablets per 1 day)
methylin oral solution 10 mg/5ml (<i>methylphenidate hcl</i>)	NP	ST; QL (30 soln per 1 DAYS)
methylin oral solution 5 mg/5ml (<i>methylphenidate hcl</i>)	NP	ST; QL (60 ML per 1 day)
<i>methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	PG	QL (1 capsule per 1 day)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg</i>	PG	QL (1 capsule per 1 day)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 30 mg</i>	PG	QL (2 capsules per 1 day)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg</i>	PG	QL (1 tablet per 1 day)
<i>methylphenidate hcl er (xr) oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	PG	PA; QL (1 capsule per 1 day)
<i>methylphenidate hcl er oral tablet extended release 10 mg, 20 mg</i>	PG	QL (3 tablets per 1 day)
<i>methylphenidate hcl er oral tablet extended release 18 mg, 27 mg, 54 mg</i>	PG	QL (2 tablets per 1 day)
<i>methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 54 mg</i>	PG	QL (2 tablets per 1 Day)
<i>methylphenidate hcl er oral tablet extended release 24 hour 36 mg</i>	PG	QL (4 tablets per 1 day)

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

18

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>methylphenidate hcl er oral tablet extended release 36 mg</i>	PG	QL (4 tablets per 1 day)
<i>methylphenidate hcl er oral tablet extended release 72 mg</i>	PG	QL (1 tablet per 1 day)
<i>methylphenidate hcl oral solution 10 mg/5ml</i>	PG	QL (30 milliliters per 1 day)
<i>methylphenidate hcl oral solution 5 mg/5ml</i>	PG	QL (60 milliliters per 1 day)
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	PG	QL (6 tablet per 1 day)
<i>methylphenidate hcl oral tablet chewable 10 mg, 2.5 mg, 5 mg</i>	NP	QL (6 tablets per 1 day)
<i>modafinil oral tablet 100 mg</i>	PG	PA; QL (1 tablet per 1 day)
<i>modafinil oral tablet 200 mg</i>	PG	PA; QL (2 tablets per 1 day)
mydayis oral capsule extended release 24 hour 12.5 mg, 25 mg, 37.5 mg, 50 mg (<i>amphetamine-dextroamphetamine</i>)	PB	#; QL (1 capsule per 1 day)
nuvigil oral tablet 150 mg, 200 mg, 250 mg, 50 mg (<i>armodafinil</i>)	NP	PA; QL (1 tablet per 1 day)
<i>dextroamphetamine sulfate</i> (Procentra Oral Solution 5 Mg/5MI)	NP	PA; ST; QL (40 ML per 1 day)
provigil oral tablet 100 mg (<i>modafinil</i>)	NP	PA; QL (2 tabs per 1 DAYS)
provigil oral tablet 200 mg (<i>modafinil</i>)	NP	PA; QL (2 tablets per 1 day)
quillichew er oral tablet chewable extended release 20 mg, 40 mg (<i>methylphenidate hcl</i>)	NP	PA; ST; QL (1 tablet per 1 day)
quillichew er oral tablet chewable extended release 30 mg (<i>methylphenidate hcl</i>)	NP	PA; ST; QL (2 tablets per 1 day)
quillivant xr oral suspension reconstituted er 25 mg/5ml (<i>methylphenidate hcl</i>)	NP	PA; ST; QL (12 ML per 1 day)
relexxii oral tablet extended release 72 mg (<i>methylphenidate hcl</i>)	NF	
ritalin la oral capsule extended release 24 hour 10 mg (<i>methylphenidate hcl</i>)	NP	ST; QL (2 CAPS per 1 DAYS)
ritalin la oral capsule extended release 24 hour 20 mg, 40 mg (<i>methylphenidate hcl</i>)	NP	ST; QL (1 CAPS per 1 DAYS)
ritalin la oral capsule extended release 24 hour 30 mg (<i>methylphenidate hcl</i>)	NP	ST; QL (2 capsules per 1 day)
ritalin oral tablet 10 mg, 20 mg, 5 mg (<i>methylphenidate hcl</i>)	NP	ST; QL (6 tablet per 1 day)
strattera oral capsule 10 mg, 18 mg, 25 mg, 40 mg, 60 mg (<i>atomoxetine hcl</i>)	NP	QL (2 capsules per 1 day)
strattera oral capsule 100 mg, 80 mg (<i>atomoxetine hcl</i>)	NP	QL (1 capsule per 1 day)

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
sunosi oral tablet 150 mg, 75 mg (<i>solriamfetol hcl</i>)	NP	PA; ST; QL (1 tablet per 1 day)
vyvanse oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg (<i>lisdexamfetamine dimesylate</i>)	PB	QL (2 capsules per 1 day)
vyvanse oral tablet chewable 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg (<i>lisdexamfetamine dimesylate</i>)	PB	QL (2 tablets per 1 day)
wakix oral tablet 17.8 mg, 4.45 mg (<i>pitolisant hcl</i>)	NF	
<i>dextroamphetamine sulfate</i> (Zenzedi Oral Tablet 10 Mg, 5 Mg)	PG	QL (4 tablets per 1 day)
zenzedi oral tablet 15 mg, 2.5 mg, 20 mg, 30 mg, 7.5 mg (<i>dextroamphetamine sulfate</i>)	NF	
ALLERGENIC EXTRACTS/BIOLOGICALS MISC - BIOLOGICAL AGENTS		
grastek sublingual tablet sublingual 2800 bau (<i>timothy grass pollen allergen</i>)	PB	PA
<i>mixed vespid venom protein injection solution reconstituted 1300-1300-1300 mcg, 550-550-550 mcg</i>	NPSP	
odactra sublingual tablet sublingual 12 sq-hdm (<i>dust mite mixed allergen ext</i>)	NP	PA
oralair adult sample kit sublingual tablet sublingual 300 ir (<i>grass mix pollens allergen ext</i>)	NP	PA; ST
oralair adult starter pack sublingual tablet sublingual 300 ir (<i>grass mix pollens allergen ext</i>)	NP	PA; ST
oralair childrens sample kit sublingual therapy pack 3 x 100 ir & 6 x 300 ir (<i>grass mix pollens allergen ext</i>)	NP	PA
oralair childrens starter pack sublingual tablet sublingual 100 ir (<i>grass mix pollens allergen ext</i>)	NP	PA
oralair sublingual tablet sublingual 300 ir (<i>grass mix pollens allergen ext</i>)	NP	PA
palforzia (12 mg daily dose) oral 2 x 1 mg & 10 mg (<i>peanut powder-dnfp</i>)	NF	
palforzia (120 mg daily dose) oral 20 mg & 100 mg (<i>peanut powder-dnfp</i>)	NF	
palforzia (160 mg daily dose) oral 3 x 20 mg & 100 mg (<i>peanut powder-dnfp</i>)	NF	
palforzia (20 mg daily dose) oral 20 mg (<i>peanut powder-dnfp</i>)	NF	
palforzia (200 mg daily dose) oral 2 x 100 mg (<i>peanut powder-dnfp</i>)	NF	

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

20

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
palforzia (240 mg daily dose) oral 2 x 20 mg & 2 x 100 mg (<i>peanut powder-dnfp</i>)	NF	
palforzia (3 mg daily dose) oral 3 x 1 mg (<i>peanut powder-dnfp</i>)	NF	
palforzia (300 mg maintenance) oral packet 300 mg (<i>peanut powder-dnfp</i>)	NF	
palforzia (300 mg titration) oral packet 300 mg (<i>peanut powder-dnfp</i>)	NF	
palforzia (40 mg daily dose) oral 2 x 20 mg (<i>peanut powder-dnfp</i>)	NF	
palforzia (6 mg daily dose) oral 6 x 1 mg (<i>peanut powder-dnfp</i>)	NF	
palforzia (80 mg daily dose) oral 4 x 20 mg (<i>peanut powder-dnfp</i>)	NF	
palforzia initial escalation oral 0.5 & 1 & 1.5 & 3 & 6 mg (<i>peanut powder-dnfp</i>)	NF	
ragwitek sublingual tablet sublingual 12 amb a 1-u (<i>short ragweed pollen ext</i>)	NP	PA
venomil mixed vespid venom injection solution reconstituted 550-550-550 mcg (<i>mixed vespid venom</i>)	NPSP	
AMEBICIDES - DRUGS FOR INFECTIONS		
solosec oral packet 2 gm (<i>secnidazole</i>)	NF	
AMINOGLYCOSIDES - DRUGS FOR INFECTIONS		
<i>amikacin sulfate injection solution 1 gm/4ml, 500 mg/2ml</i>	NP	
arikayce inhalation suspension 590 mg/8.4ml (<i>amikacin sulfate liposome</i>)	NPSP	PA; SP
bethkis inhalation nebulization solution 300 mg/4ml (<i>tobramycin</i>)	NPSP	#: SP; QL (56 ampules per 30 DAYSs)
<i>gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6-0.9 mg/ml-%, 2-0.9 mg/ml-%</i>	NP	
<i>gentamicin sulfate injection solution 10 mg/ml, 40 mg/ml</i>	NPSP	
kitabisk inhalation nebulization solution 300 mg/5ml (<i>tobramycin</i>)	PSP	SP; QL (10 ml per 1 day)
<i>neomycin sulfate oral tablet 500 mg</i>	PG	
<i>paromomycin sulfate oral capsule 250 mg</i>	PG	
<i>streptomycin sulfate intramuscular solution reconstituted 1 gm</i>	NPSP	
tobi inhalation nebulization solution 300 mg/5ml (<i>tobramycin</i>)	NPSP	SP; QL (10 ml per 1 day)

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
tobi podhaler inhalation capsule 28 mg (<i>tobramycin</i>)	PSP	SP; QL (1 CAPS per 28 DAYSs)
<i>tobramycin inhalation nebulization solution 300 mg/4ml</i>	PSP	SP; QL (224 ML per 1 month)
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	PSP	SP; QL (10 ml per 1 day)
<i>tobramycin sulfate injection solution 1.2 gm/30ml, 10 mg/ml, 2 gm/50ml, 80 mg/2ml</i>	NPSP	
<i>tobramycin sulfate injection solution reconstituted 1.2 gm</i>	NPSP	
ANALGESICS - ANTI-INFLAMMATORY - DRUGS FOR PAIN AND FEVER		
actemra actpen subcutaneous solution auto-injector 162 mg/0.9ml (<i>tocilizumab</i>)	NF	
actemra intravenous solution 200 mg/10ml, 400 mg/20ml, 80 mg/4ml (<i>tocilizumab</i>)	NF	
actemra subcutaneous solution prefilled syringe 162 mg/0.9ml (<i>tocilizumab</i>)	NF	
anaprox ds oral tablet 550 mg (<i>naproxen sodium</i>)	NF	
arava oral tablet 10 mg, 20 mg (<i>leflunomide</i>)	NP	QL (1 TABS per 1 DAYS)
arcalyst subcutaneous solution reconstituted 220 mg (<i>rilonacept</i>)	NPSP	PA; SP
arthrotec oral tablet delayed release 50-0.2 mg, 75-0.2 mg (<i>diclofenac-misoprostol</i>)	NP	
celebrex oral capsule 100 mg, 200 mg, 400 mg, 50 mg (<i>celecoxib</i>)	NP	QL (2 CAPS per 1 DAY)
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	NP	QL (2 capsules per 1 day)
daypro oral tablet 600 mg (<i>oxaprozin</i>)	NP	
<i>diclofenac oral capsule 35 mg</i>	NF	
<i>diclofenac potassium oral tablet 50 mg</i>	PG	
<i>diclofenac sodium er oral tablet extended release 24 hour 100 mg</i>	PG	
<i>diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg</i>	PG	
<i>diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg</i>	PG	
duexis oral tablet 800-26.6 mg (<i>ibuprofen-famotidine</i>)	NF	

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

22

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
enbrel mini subcutaneous solution cartridge 50 mg/ml (<i>etanercept</i>)	PSP	PA; IBC (Preferred agent for all conditions except Psoriasis); NPL; SP; QL (8 injections per 1 month)
enbrel subcutaneous solution 25 mg/0.5ml (<i>etanercept</i>)	PSP	PA; NPL; SP; QL (8 syringes per 28 days)
enbrel subcutaneous solution prefilled syringe 25 mg/0.5ml (<i>etanercept</i>)	PSP	PA; IBC (Preferred agent for all conditions except Psoriasis); NPL; SP; QL (4 syringes per 1 month)
enbrel subcutaneous solution prefilled syringe 50 mg/ml (<i>etanercept</i>)	PSP	PA; IBC (Preferred agent for all conditions except Psoriasis); NPL; SP; QL (8 injections per 1 month)
enbrel subcutaneous solution reconstituted 25 mg (<i>etanercept</i>)	PSP	PA; IBC (Preferred agent for all conditions except Psoriasis); NPL; SP; QL (8 Injections per 28 days)
enbrel sureclick subcutaneous solution auto-injector 50 mg/ml (<i>etanercept</i>)	PSP	PA; IBC (Preferred agent for all conditions except Psoriasis); NPL; SP; QL (8 injections per 1 month)
<i>etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg</i>	PG	
<i>etodolac oral capsule 200 mg, 300 mg</i>	PG	
<i>etodolac oral tablet 400 mg, 500 mg</i>	PG	
<i>feldene oral capsule 10 mg, 20 mg (piroxicam)</i>	NP	
<i>fenoprofen calcium oral capsule 200 mg</i>	NF	
<i>fenoprofen calcium oral capsule 400 mg</i>	PG	
<i>fenoprofen calcium oral tablet 600 mg</i>	NF	
<i>fenortho oral capsule 200 mg (fenoprofen calcium)</i>	NF	
<i>flurbiprofen oral tablet 100 mg, 50 mg</i>	PG	
humira pediatric crohns start subcutaneous prefilled syringe kit 80 mg/0.8ml (<i>adalimumab</i>)	PSP	PA; NPL; SP; QL (3 syringes per 1 month)
humira pediatric crohns start subcutaneous prefilled syringe kit 80 mg/0.8ml & 40mg/0.4ml (<i>adalimumab</i>)	PSP	PA; NPL; SP; QL (2 syringes per 1 month)

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
humira pen subcutaneous pen-injector kit 40 mg/0.4ml (<i>adalimumab</i>)	PSP	PA; NPL; SP; QL (6 syringes per 1 month)
humira pen subcutaneous pen-injector kit 40 mg/0.8ml (<i>adalimumab</i>)	PSP	PA; NPL; SP; QL (6 injections per 28 days)
humira pen-cd/uc/hs starter subcutaneous pen-injector kit 40 mg/0.8ml (<i>adalimumab</i>)	PSP	PA; NPL; SP; QL (6 injections per 28 days)
humira pen-cd/uc/hs starter subcutaneous pen-injector kit 80 mg/0.8ml (<i>adalimumab</i>)	PSP	PA; NPL; SP; QL (1 kit per 1 month)
humira pen-ps/uv/adol hs start subcutaneous pen-injector kit 40 mg/0.8ml (<i>adalimumab</i>)	PSP	PA; NPL; SP; QL (6 injections per 28 days)
humira subcutaneous prefilled syringe kit 10 mg/0.1ml, 20 mg/0.2ml (<i>adalimumab</i>)	PSP	PA; NPL; SP; QL (2 syringes per 1 month)
humira subcutaneous prefilled syringe kit 10 mg/0.2ml, 20 mg/0.4ml (<i>adalimumab</i>)	PSP	PA; NPL; SP; QL (2 injections per 28 days)
humira subcutaneous prefilled syringe kit 40 mg/0.4ml (<i>adalimumab</i>)	PSP	PA; NPL; SP; QL (6 syringes per 1 month)
humira subcutaneous prefilled syringe kit 40 mg/0.8ml (<i>adalimumab</i>)	PSP	PA; NPL; SP; QL (6 injections per 28 days)
<i>ibuprofen</i> (Ibu Oral Tablet 400 Mg, 600 Mg, 800 Mg)	PG	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	PG	
ilaris subcutaneous solution 150 mg/ml (<i>canakinumab</i>)	NPSP	PA; NPL; SP
indocin oral suspension 25 mg/5ml (<i>indomethacin</i>)	NF	
indocin rectal suppository 50 mg (<i>indomethacin</i>)	NF	
<i>indomethacin er oral capsule extended release 75 mg</i>	PG	
<i>indomethacin oral capsule 20 mg</i>	NF	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	PG	QL (3 capsule per 1 day)
<i>ketoprofen er oral capsule extended release 24 hour 200 mg</i>	NF	
<i>ketoprofen oral capsule 25 mg</i>	NF	
<i>ketorolac tromethamine injection solution 15 mg/ml</i>	NP	
<i>ketorolac tromethamine intramuscular solution 60 mg/2ml</i>	NP	
<i>ketorolac tromethamine oral tablet 10 mg</i>	PG	QL (20 tablets per 5 days)
kevozara subcutaneous solution auto-injector 150 mg/1.14ml, 200 mg/1.14ml (<i>sarilumab</i>)	PSP	PA; ST; NPL; SP; QL (2 injections per 1 month)
kevozara subcutaneous solution prefilled syringe 150 mg/1.14ml, 200 mg/1.14ml (<i>sarilumab</i>)	PSP	PA; ST; NPL; SP; QL (2 injections per 1 month)

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

24

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
kineret subcutaneous solution prefilled syringe 100 mg/0.67ml (<i>anakinra</i>)	NF	
<i>leflunomide oral tablet 10 mg, 20 mg</i>	PG	QL (1 tablet per 1 day)
<i>meclofenamate sodium oral capsule 100 mg, 50 mg</i>	PG	
<i>mefenamic acid oral capsule 250 mg</i>	NF	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	PG	
mobic oral tablet 15 mg, 7.5 mg (<i>meloxicam</i>)	NF	
<i>nabumetone oral tablet 500 mg, 750 mg</i>	PG	
nalfon oral capsule 400 mg (<i>fenoprofen calcium</i>)	NP	
naprelan oral tablet extended release 24 hour 375 mg, 500 mg, 750 mg (<i>naproxen sodium</i>)	NF	
<i>naproxen dr oral tablet delayed release 375 mg, 500 mg</i>	PG	
<i>naproxen oral suspension 125 mg/5ml</i>	PG	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	PG	
<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>	PG	
<i>naproxen-esomeprazole oral tablet delayed release 375-20 mg, 500-20 mg</i>	NF	
olumiant oral tablet 1 mg, 2 mg (<i>baricitinib</i>)	NF	
orencia clickject subcutaneous solution auto-injector 125 mg/ml (<i>abatacept</i>)	PSP	PA; IBC (Preferred agent for Rheumatoid Arthritis. Not covered for other conditions); NPL; SP; QL (4 syringes per 1 month)
orencia intravenous solution reconstituted 250 mg (<i>abatacept</i>)	NF	
orencia subcutaneous solution prefilled syringe 125 mg/ml (<i>abatacept</i>)	PSP	PA; IBC (Preferred agent for Rheumatoid Arthritis. Not covered for other conditions); NPL; SP; QL (4 syringes per 28 days)
orencia subcutaneous solution prefilled syringe 50 mg/0.4ml, 87.5 mg/0.7ml (<i>abatacept</i>)	PSP	PA; IBC (Preferred agent for Rheumatoid Arthritis. Not covered for other conditions); NPL; SP; QL (4 syringes per 1 month)

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
otezla oral tablet 30 mg (<i>apremilast</i>)	PSP	PA; IBC (Preferred agent for Psoriasis and Psoriatic Arthritis); NPL; SP; QL (2 TABS per 1 DAYS)
otezla oral tablet therapy pack 10 & 20 & 30 mg (<i>apremilast</i>)	PSP	PA; IBC (Preferred agent for Psoriasis and Psoriatic Arthritis); NPL; SP; QL (1 pack per 28 days 1 max starter pack per 1 year)
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>)	NPSP	ST; SP; QL (4 injections per 1 month)
<i>oxaprozin oral tablet 600 mg</i>	PG	
<i>piroxicam oral capsule 10 mg, 20 mg</i>	PG	
qmiiz odt oral tablet dispersible 15 mg, 7.5 mg (<i>meloxicam</i>)	NF	
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>)	NPSP	ST; SP; QL (4 injections per 1 month)
relafen ds oral tablet 1000 mg (<i>nabumetone</i>)	NF	
ridaura oral capsule 3 mg (<i>auranofin</i>)	NP	
rinvoq oral tablet extended release 24 hour 15 mg (<i>upadacitinib</i>)	PSP	PA; IBC (Preferred agent for Rheumatoid Arthritis); NPL; SP; QL (1 tablet per 1 day)
simponi aria intravenous solution 50 mg/4ml (<i>golimumab</i>)	PSP	PA; NPL; SP; QL (200 MG per 8 weeks)
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	
sprix nasal solution 15.75 mg/spray (<i>ketorolac tromethamine</i>)	NF	
<i>sulindac oral tablet 150 mg, 200 mg</i>	PG	
<i>tolmetin sodium oral capsule 400 mg</i>	PG	
<i>tolmetin sodium oral tablet 600 mg</i>	PG	
vimovo oral tablet delayed release 375-20 mg, 500-20 mg (<i>naproxen-esomeprazole</i>)	NF	

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
vivlodex oral capsule 10 mg, 5 mg (<i>meloxicam</i>)	NF	#
xeljanz oral tablet 10 mg (<i>tofacitinib citrate</i>)	PSP	PA; IBC (Preferred agent for Ulcerative Colitis (after failure of Humira)); NPL; SP; QL (2 tablets per 1 day)
xeljanz oral tablet 5 mg (<i>tofacitinib citrate</i>)	PSP	PA; IBC (Preferred agent for Rheumatoid Arthritis and Ulcerative Colitis (after failure of Humira). Not covered for Psoriatic Arthritis.); NPL; SP; QL (2 tablets per 1 day)
xeljanz xr oral tablet extended release 24 hour 11 mg (<i>tofacitinib citrate</i>)	PSP	PA; IBC (Preferred agent for Rheumatoid Arthritis. Not covered for Psoriatic Arthritis.); NPL; SP; QL (1 tablet per 1 day)
xeljanz xr oral tablet extended release 24 hour 22 mg (<i>tofacitinib citrate</i>)	PSP	PA; IBC (Preferred agent for Ulcerative Colitis (after failure of Humira)); NPL; SP; QL (1 tablet per 1 day)
zipsor oral capsule 25 mg (<i>diclofenac potassium</i>)	NF	
zorvolex oral capsule 18 mg, 35 mg (<i>diclofenac</i>)	NF	
ANALGESICS - NONNARCOTIC - DRUGS FOR PAIN AND FEVER		
allzital oral tablet 25-325 mg (<i>butalbital-acetaminophen</i>)	NF	
<i>aspirin 81 oral tablet delayed release 81 mg</i>	CE	N2 (Not Covered); ARC (Females start age 12, males start age 50); AL
<i>aspirin adult low dose oral tablet delayed release 81 mg</i>	CE	N2 (Not Covered); ARC (Females start age 12, males start age 50); AL
<i>aspirin childrens oral tablet chewable 81 mg</i>	CE	N2 (Not Covered); ARC (Females start age 12, males start age 50); AL
<i>aspirin low dose oral tablet chewable 81 mg</i>	CE	N2 (Not Covered); ARC (Females start age 12, males start age 50); AL

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>aspirin low dose oral tablet delayed release 81 mg</i>	CE	N2 (Not Covered); ARC (Females start age 12, males start age 50); AL
<i>aspirin oral tablet chewable 81 mg</i>	CE	N2 (Not Covered); ARC (Females start age 12, males start age 50); AL
<i>aspir-low oral tablet delayed release 81 mg</i>	CE	N2 (Not Covered); ARC (Females start age 12, males start age 50); AL
<i>bayer low dose oral tablet chewable 81 mg</i>	CE	N2 (Not Covered); ARC (Females start age 12, males start age 50); AL
bayer low dose oral tablet delayed release 81 mg (<i>aspirin</i>)	CE	N2 (Not Covered); ARC (Females start age 12, males start age 50); AL
<i>butalbital-acetaminophen (Bupap Oral Tablet 50-300 Mg)</i>	NF	
<i>butalbital-acetaminophen oral capsule 50-300 mg</i>	NF	
<i>butalbital-acetaminophen oral tablet 25-325 mg, 50-300 mg</i>	NF	
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	PG	
<i>butalbital-apap-caffeine oral capsule 50-325-40 mg</i>	PG	
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	PG	
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	PG	
<i>childrens aspirin low strength oral tablet chewable 81 mg</i>	CE	N2 (Not Covered); ARC (Females start age 12, males start age 50); AL
<i>childrens aspirin oral tablet chewable 81 mg</i>	CE	N2 (Not Covered); ARC (Females start age 12, males start age 50); AL
<i>diflunisal oral tablet 500 mg</i>	PG	
<i>ecotrin low strength oral tablet delayed release 81 mg</i>	CE	N2 (Not Covered); ARC (Females start age 12, males start age 50); AL
<i>butalbital-apap-caffeine (Esgic Oral Capsule 50-325-40 Mg)</i>	PG	
<i>esgic oral tablet 50-325-40 mg (butalbital-apap-caffeine)</i>	NP	
<i>fiorinal oral capsule 50-325-40 mg (butalbital-aspirin-caffeine)</i>	NP	

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

28

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>miniprin low dose oral tablet delayed release 81 mg</i>	CE	N2 (Not Covered); ARC (Females start age 12, males start age 50); AL
prialt intrathecal solution 100 mcg/ml, 500 mcg/20ml, 500 mcg/5ml (<i>ziconotide acetate</i>)	NPSP	SP
st joseph low dose oral tablet chewable 81 mg (<i>aspirin</i>)	CE	N2 (Not Covered); ARC (Females start age 12, males start age 50); AL
<i>butalbital-apap-caffeine</i> (Vanatol Lq Oral Solution 50-325-40 Mg/15Ml)	NF	
<i>butalbital-apap-caffeine</i> (Vtol Lq Oral Solution 50-325-40 Mg/15Ml)	NF	
ANALGESICS - OPIOID - DRUGS FOR PAIN AND FEVER		
<i>acetaminophen-codeine #2 oral tablet 300-15 mg</i>	PG	PA; QL (13 tablets per 1 day)
<i>acetaminophen-codeine #3 oral tablet 300-30 mg</i>	PG	PA; QL (12 tablets per 1 day)
<i>acetaminophen-codeine #4 oral tablet 300-60 mg</i>	PG	PA; QL (10 tablets per 1 day)
<i>acetaminophen-codeine oral solution 120-12 mg/5ml</i>	PG	PA; QL (150 MLS per 1 day)
<i>acetaminophen-codeine oral tablet 300-15 mg</i>	PG	PA; QL (13 tablets per 1 day)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	PG	PA; QL (10 tablets per 1 day)
actiq buccal lozenge on a handle 1200 mcg, 1600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg (<i>fentanyl citrate</i>)	NP	PA; QL (120 lozenges per 30 days)
apadaz oral tablet 4.08-325 mg, 6.12-325 mg, 8.16-325 mg (<i>benzhydrocodone-acetaminophen</i>)	NF	
<i>apap-caff-dihydrocodeine oral capsule 320.5-30-16 mg</i>	NP	PA; QL (10 capsules per 1 day)
arymo er oral tablet extended release abuse-deterrent 15 mg, 30 mg (<i>morphine sulfate</i>)	NP	PA; MPG; QL (3 tablets per 1 day)
arymo er oral tablet extended release abuse-deterrent 60 mg (<i>morphine sulfate</i>)	NP	PA; MPG; QL (2 tablets per 1 day)

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>butalbital-asa-caff-codeine</i> (Ascomp-Codeine Oral Capsule 50-325-40-30 Mg)	PG	PA; QL (6 capsules per 1 day)
belbuca buccal film 150 mcg, 300 mcg, 450 mcg, 600 mcg, 75 mcg, 750 mcg, 900 mcg (<i>buprenorphine hcl</i>)	NP	PA; QL (2 films per 1 day)
<i>benzhydrocodone-acetaminophen oral tablet 4.08-325 mg, 6.12-325 mg, 8.16-325 mg</i>	PG	PA; QL (12 tablets daily per 7 days)
bunavail buccal film 2.1-0.3 mg (<i>buprenorphine hcl-naloxone hcl</i>)	NP	MST; UF11 (Covered at preferred tier with no PA, no ST for members residing in Illinois.); QL (6 films per 1 day)
bunavail buccal film 4.2-0.7 mg, 6.3-1 mg (<i>buprenorphine hcl-naloxone hcl</i>)	NP	MST; UF11 (Covered at preferred tier with no PA, no ST for members residing in Illinois.); QL (3 films per 1 day)
<i>buprenorphine hcl injection solution 0.3 mg/ml</i>	NP	
<i>buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg</i>	CE	N2 (PG); UF11 (Covered at preferred tier with no PA, no ST for members residing in Illinois.); QL (3 tablets per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg</i>	PG	QL (3 films per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual film 8-2 mg</i>	PG	UF11 (Covered at preferred tier with no PA, no ST for members residing in Illinois.); QL (3 films per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg</i>	CE	N2 (PG); UF11 (Covered at preferred tier with no PA, no ST for members residing in Illinois.); QL (3 tablets per 1 day)
<i>buprenorphine transdermal patch weekly 10 mcg/1hr, 15 mcg/1hr, 20 mcg/1hr, 5 mcg/1hr, 7.5 mcg/1hr</i>	PG	PA; QL (4 patches per 28 days)
<i>butalbital-apap-caff-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg</i>	PG	PA; QL (6 capsules per 1 day)

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

30

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg</i>	PG	PA; QL (6 capsules per 1 day)
<i>butorphanol tartrate injection solution 1 mg/ml</i>	NP	
<i>butorphanol tartrate nasal solution 10 mg/ml</i>	NP	PA; QL (2 bottles per 30 days)
butrans transdermal patch weekly 10 mcg/hr, 15 mcg/hr, 20 mcg/hr, 5 mcg/hr, 7.5 mcg/hr (<i>buprenorphine</i>)	NP	PA; QL (4 patches per 28 days)
<i>codeine sulfate oral tablet 15 mg, 30 mg, 60 mg</i>	PG	PA; QL (6 tablets per day for 7 days only per 90 days)
conzip oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg (<i>tramadol hcl</i>)	NF	
demerol injection solution 75 mg/ml (<i>meperidine hcl</i>)	NF	
dilaudid injection solution 2 mg/ml (<i>hydromorphone hcl</i>)	NP	
dilaudid oral liquid 1 mg/ml (<i>hydromorphone hcl</i>)	NP	PA; QL (20 ml per 1 day)
dilaudid oral tablet 2 mg (<i>hydromorphone hcl</i>)	NP	PA; QL (6 tablets per 7 days)
dilaudid oral tablet 4 mg (<i>hydromorphone hcl</i>)	NP	PA; QL (5 tablets per 1 day)
dilaudid oral tablet 8 mg (<i>hydromorphone hcl</i>)	NP	PA; QL (2 tablets per 1 day)
dolophine oral tablet 10 mg (<i>methadone hcl</i>)	NP	PA; PPA; QL (2 tablets per 1 day)
dolophine oral tablet 5 mg (<i>methadone hcl</i>)	NP	PA; PPA; QL (3 tablets per 1 day)
duragesic-100 transdermal patch 72 hour 100 mcg/hr (<i>fentanyl</i>)	NP	PA; QL (10 patches per 30 days)
duragesic-12 transdermal patch 72 hour 12 mcg/hr (<i>fentanyl</i>)	NP	PA; QL (10 patches per 30 days)
duragesic-25 transdermal patch 72 hour 25 mcg/hr (<i>fentanyl</i>)	NP	PA; QL (10 patches per 30 days)
duragesic-50 transdermal patch 72 hour 50 mcg/hr (<i>fentanyl</i>)	NP	PA; QL (10 patches per 30 days)
duragesic-75 transdermal patch 72 hour 75 mcg/hr (<i>fentanyl</i>)	NP	PA; QL (10 patches per 30 days)
<i>duramorph injection solution 0.5 mg/ml, 1 mg/ml</i>	NP	
<i>oxycodone-acetaminophen</i> (Endocet Oral Tablet 10-325 Mg)	PG	PA; QL (6 tablets per 1 day)
<i>oxycodone-acetaminophen</i> (Endocet Oral Tablet 2.5-325 Mg)	PG	PA; QL (12 tablets per 1 day)

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>oxycodone-acetaminophen</i> (Endocet Oral Tablet 5-325 Mg)	PG	PA; QL (12 tablets per 1 day)
<i>oxycodone-acetaminophen</i> (Endocet Oral Tablet 7.5-325 Mg)	PG	PA; QL (8 tablets per 1 day)
<i>fentanyl citrate buccal lozenge on a handle</i> 1200 mcg, 1600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg	NP	PA; QL (120 Lozenges per 30 days)
<i>fentanyl citrate buccal tablet</i> 200 mcg, 400 mcg, 600 mcg, 800 mcg	NP	PA; QL (120 tablets per 30 days)
<i>fentanyl transdermal patch 72 hour</i> 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hr, 50 mcg/hr, 62.5 mcg/hr, 75 mcg/hr, 87.5 mcg/hr	PG	PA; QL (10 patches per 30 days)
<i>fentora buccal tablet</i> 100 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg (<i>fentanyl citrate</i>)	NP	PA; QL (120 tablets per 30 days)
<i>fioricet/codeine oral capsule</i> 50-300-40-30 mg (<i>butalbital-apap-caff-cod</i>)	NP	PA; QL (6 capsules per 1 day)
<i>fiorinal/codeine #3 oral capsule</i> 50-325-40-30 mg (<i>butalbital-asa-caff-codeine</i>)	NP	PA; QL (6 capsules per 1 day)
<i>hydrocodone bitartrate er oral capsule extended release 12 hour</i> 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg	PG	PA; QL (2 capsules per 1 day)
<i>hydrocodone-acetaminophen oral solution</i> 10-325 mg/15ml	NP	QL (90 ml per 1 day)
<i>hydrocodone-acetaminophen oral solution</i> 2.5-108 mg/5ml, 5-217 mg/10ml	NP	PA; QL (180 MLS per 1 day)
<i>hydrocodone-acetaminophen oral solution</i> 7.5-325 mg/15ml	NP	PA; QL (90 ml per 1 day)
<i>hydrocodone-acetaminophen oral tablet</i> 10-300 mg, 10-325 mg, 7.5-300 mg, 7.5-325 mg	PG	PA; QL (6 tablets per 1 day)
<i>hydrocodone-acetaminophen oral tablet</i> 5-300 mg, 5-325 mg	PG	PA; QL (8 tablets per 1 day)
<i>hydrocodone-ibuprofen oral tablet</i> 10-200 mg, 5-200 mg, 7.5-200 mg	PG	PA; QL (5 tablets per 1 day)
<i>hydromorphone hcl er oral tablet extended release 24 hour</i> 12 mg, 16 mg, 32 mg, 8 mg	NP	PA; QL (1 tablet per 1 day)
<i>hydromorphone hcl injection solution</i> 1 mg/ml, 2 mg/ml, 4 mg/ml	NP	
<i>hydromorphone hcl oral liquid</i> 1 mg/ml	PG	PA; QL (20 ml per 1 day)
<i>hydromorphone hcl oral tablet</i> 2 mg	PG	PA; QL (6 tablets per 7 days)
<i>hydromorphone hcl oral tablet</i> 4 mg	PG	PA; QL (5 tablets per 1 day)
<i>hydromorphone hcl oral tablet</i> 8 mg	PG	PA; QL (2 tablets per 1 day)
<i>hydromorphone hcl pf injection solution</i> 50 mg/5ml	NP	

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>hydromorphone hcl rectal suppository 3 mg</i>	PG	PA; QL (4 suppositories per 1 day)
<i>hysingla er oral tablet er 24 hour abuse-deterrent 100 mg, 120 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg (hydrocodone bitartrate)</i>	PB	PA; #; QL (1 tablet per 1 day)
<i>infumorph 200 injection solution 200 mg/20ml (10 mg/ml) (morphine sulfate microinfusion)</i>	NP	
<i>infumorph 500 injection solution 500 mg/20ml (25 mg/ml) (morphine sulfate microinfusion)</i>	NP	
<i>kadian oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg (morphine sulfate)</i>	NP	PA; QL (2 capsules per 1 day)
<i>kadian oral capsule extended release 24 hour 100 mg, 200 mg, 50 mg, 60 mg, 80 mg (morphine sulfate)</i>	NP	PA; QL (1 capsule per 1 day)
<i>lazanda nasal solution 100 mcg/act, 300 mcg/act, 400 mcg/act (fentanyl citrate)</i>	NF	
<i>levorphanol tartrate oral tablet 2 mg</i>	NF	
<i>levorphanol tartrate oral tablet 3 mg</i>	NP	PA; QL (2 tablets per 1 day)
<i>lortab oral elixir 10-300 mg/15ml (hydrocodone-acetaminophen)</i>	NP	QL (67.5 ml per 1 day)
<i>meperidine hcl injection solution 100 mg/ml, 25 mg/ml, 50 mg/ml</i>	NP	
<i>meperidine hcl oral solution 50 mg/5ml</i>	PG	PA; QL (30 mls per 3 days only per 30 days)
<i>meperidine hcl oral tablet 50 mg</i>	PG	PA; QL (6 tablets per day for 3 days only per 30 days)
<i>methadone hcl (Methadone Hcl Intensol Oral Concentrate 10 Mg/MI)</i>	NP	PA; PPA; UF11 (Covered at preferred tier with no PA, no ST for members residing in Illinois.); QL (3 MLS per 1 day)
<i>methadone hcl oral concentrate 10 mg/ml</i>	NP	PA; PPA; UF11 (Covered at preferred tier with no PA, no ST for members residing in Illinois.); QL (2 mls per 1 day)

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>methadone hcl oral solution 10 mg/5ml</i>	PG	PA; PPA; UF11 (Covered at preferred tier with no PA, no ST for members residing in Illinois.); QL (10 ml per 1 day)
<i>methadone hcl oral solution 5 mg/5ml</i>	PG	PA; PPA; UF11 (Covered at preferred tier with no PA, no ST for members residing in Illinois.); QL (15 ml per 1 day)
<i>methadone hcl oral tablet 10 mg</i>	PG	PA; PPA; UF11 (Covered at preferred tier with no PA, no ST for members residing in Illinois.); QL (2 tablets per 1 day)
<i>methadone hcl oral tablet 5 mg</i>	PG	PA; PPA; UF11 (Covered at preferred tier with no PA, no ST for members residing in Illinois.); QL (3 tablets per 1 day)
methadose oral concentrate 10 mg/ml (<i>methadone hcl</i>)	NP	PA; PPA; UF11 (Covered at preferred tier with no PA, no ST for members residing in Illinois.); QL (2 mls per 1 day)
methadose sugar-free oral concentrate 10 mg/ml (<i>methadone hcl</i>)	NP	PA; PPA; UF11 (Covered at preferred tier with no PA, no ST for members residing in Illinois.); QL (2 mls per 1 day)
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>	PG	PA; QL (4.5 MLS per 1 day)
<i>morphine sulfate (concentrate) oral solution 20 mg/ml</i>	PG	QL (4.5 mls per 1 day)
<i>morphine sulfate (concentrate) oral solution 5 mg/0.25ml</i>	PG	QL (4.5 ML per 1 day)
<i>morphine sulfate (pf) injection solution 0.5 mg/ml</i>	PG	
<i>morphine sulfate (pf) intravenous solution 10 mg/ml</i>	PG	
<i>morphine sulfate er beads oral capsule extended release 24 hour 120 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i>	PG	PA; QL (1 capsule per 1 day)
<i>morphine sulfate er oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg</i>	PG	PA; QL (2 capsules per 1 day)

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>morphine sulfate er oral capsule extended release 24 hour 100 mg, 50 mg, 60 mg, 80 mg</i>	PG	PA; QL (1 capsule per 1 day)
<i>morphine sulfate er oral tablet extended release 100 mg, 200 mg, 60 mg</i>	PG	PA; QL (2 tablets per 1 day)
<i>morphine sulfate er oral tablet extended release 15 mg, 30 mg</i>	PG	PA; QL (3 tablets per 1 day)
<i>morphine sulfate oral solution 10 mg/5ml</i>	PG	PA; QL (30 mls per 1 day)
<i>morphine sulfate oral solution 20 mg/5ml</i>	PG	PA; QL (22.5 MLS per 1 day)
<i>morphine sulfate oral tablet 15 mg</i>	PG	PA; QL (6 tablets per 1 day)
<i>morphine sulfate oral tablet 30 mg</i>	PG	PA; QL (3 tablets per 1 day)
<i>morphine sulfate rectal suppository 10 mg, 5 mg</i>	PG	PA; QL (6 suppositories per 1 day)
<i>morphine sulfate rectal suppository 20 mg</i>	PG	PA; QL (4 suppositories per 1 day)
<i>morphine sulfate rectal suppository 30 mg</i>	PG	PA; QL (3 suppositories per 1 day)
<i>ms contin oral tablet extended release 100 mg, 200 mg, 60 mg (morphine sulfate)</i>	NP	PA; QL (2 tablets per 1 day)
<i>ms contin oral tablet extended release 15 mg, 30 mg (morphine sulfate)</i>	NP	PA; QL (3 tablets per 1 day)
<i>nalbuphine hcl injection solution 10 mg/ml, 20 mg/ml</i>	NPSP	
<i>nalocet oral tablet 2.5-300 mg</i>	NF	
<i>norco oral tablet 10-325 mg, 7.5-325 mg (hydrocodone-acetaminophen)</i>	NP	PA; QL (6 tablets per 1 day)
<i>norco oral tablet 5-325 mg (hydrocodone-acetaminophen)</i>	NP	PA; QL (8 tablets per 1 day)
<i>nucynta er oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg, 250 mg, 50 mg (tapentadol hcl)</i>	NP	PA; QL (2 tablets per 1 day)
<i>nucynta oral tablet 100 mg (tapentadol hcl)</i>	NP	PA; QL (2 tablets per 1 day)
<i>nucynta oral tablet 50 mg (tapentadol hcl)</i>	NP	PA; QL (4 tablets per 1 day)
<i>nucynta oral tablet 75 mg (tapentadol hcl)</i>	NP	PA; QL (3 tablets per 1 day)
<i>opana oral tablet 10 mg (oxymorphone hcl)</i>	NP	PA; QL (3 tablets per 1 day)
<i>oxaydo oral tablet 5 mg, 7.5 mg (oxycodone hcl)</i>	PB	PA; QL (6 tablets per 1 day)
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i>	PG	PA; QL (2 tablets per 1 day)

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>oxycodone hcl oral capsule 5 mg</i>	PG	PA; QL (6 capsules per 1 day)
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>	PG	PA; QL (3 MLS per 1 day)
<i>oxycodone hcl oral solution 5 mg/5ml</i>	PG	PA; QL (30 mls per 1 day)
<i>oxycodone hcl oral tablet 10 mg, 5 mg</i>	PG	PA; QL (6 tablets per 1 day)
<i>oxycodone hcl oral tablet 15 mg</i>	PG	PA; QL (4 tablets per 1 day)
<i>oxycodone hcl oral tablet 20 mg</i>	PG	PA; QL (3 tablets per 1 day)
<i>oxycodone hcl oral tablet 30 mg</i>	PG	PA; QL (2 tablets per 1 day)
<i>oxycodone-acetaminophen oral tablet 10-300 mg, 2.5-300 mg, 5-300 mg</i>	NF	
<i>oxycodone-acetaminophen oral tablet 10-325 mg</i>	PG	PA; QL (6 tablets per 1 day)
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</i>	PG	PA; QL (12 tablets per 1 day)
<i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i>	PG	PA; QL (8 tablets per 1 day)
<i>oxycodone-aspirin oral tablet 4.8355-325 mg</i>	PG	PA; QL (12 tablets per 1 day)
<i>oxycontin oral tablet er 12 hour abuse-deterrent 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg (oxycodone hcl)</i>	PB	PA; QL (2 tablets per 1 day)
<i>oxymorphone hcl er oral tablet extended release 12 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg</i>	PG	PA; QL (2 tablets per 1 day)
<i>oxymorphone hcl oral tablet 10 mg</i>	PG	PA; QL (3 tablets per 1 day)
<i>oxymorphone hcl oral tablet 5 mg</i>	PG	PA; QL (6 tablets per 1 day)
<i>pentazocine-naloxone hcl oral tablet 50-0.5 mg</i>	NP	PA; QL (4 tablets per 1 day)
<i>percocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg (oxycodone-acetaminophen)</i>	NF	
<i>primlev oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg (oxycodone-acetaminophen)</i>	NF	
<i>prolate oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg (oxycodone-acetaminophen)</i>	NF	
<i>roxicodone oral tablet 15 mg (oxycodone hcl)</i>	NP	PA; QL (4 tablets per 1 day)
<i>roxicodone oral tablet 30 mg (oxycodone hcl)</i>	NP	PA; QL (2 tablets per 1 day)
<i>roxicodone oral tablet 5 mg (oxycodone hcl)</i>	NP	PA; QL (6 tablets per 1 day)
<i>sublocade subcutaneous solution prefilled syringe 100 mg/0.5ml, 300 mg/1.5ml (buprenorphine)</i>	PSP	SP

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
suboxone sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg (<i>buprenorphine hcl-naloxone hcl</i>)	NF	UF11 (Covered at preferred tier with no PA, no ST for members residing in Illinois.)
subsys sublingual liquid 100 mcg, 1200 (600 x 2) mcg, 1600 (800 x 2) mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg (<i>fentanyl</i>)	NF	
<i>tramadol hcl er (biphasic) oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg</i>	PG	PA; QL (1 tablet per 1 day)
<i>tramadol hcl er oral capsule extended release 24 hour 100 mg, 150 mg, 200 mg, 300 mg</i>	NF	
<i>tramadol hcl er oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg</i>	PG	PA; QL (1 tablet per 1 day)
<i>tramadol hcl oral tablet 100 mg</i>	NF	
<i>tramadol hcl oral tablet 50 mg</i>	PG	PA; QL (6 tablets per 1 day)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	PG	PA; QL (8 tablets per 1 day)
trezix oral capsule 320.5-30-16 mg (<i>apap-caff-dihydrocodeine</i>)	NP	PA; QL (10 capsules per 1 day)
ultracet oral tablet 37.5-325 mg (<i>tramadol-acetaminophen</i>)	NP	PA; QL (8 tablets per 1 day)
ultram oral tablet 50 mg (<i>tramadol hcl</i>)	NP	PA; QL (6 tablets per 1 day)
xodol oral tablet 5-300 mg (<i>hydrocodone-acetaminophen</i>)	NP	PA; QL (8 tablets per 1 day)
xtampza er oral capsule er 12 hour abuse-deterrent 13.5 mg, 18 mg, 27 mg, 36 mg, 9 mg (<i>oxycodone</i>)	NP	PA; QL (2 tablets per 1 day)
zohydro er oral capsule extended release 12 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg (<i>hydrocodone bitartrate</i>)	NF	
zubsolv sublingual tablet sublingual 0.7-0.18 mg (<i>buprenorphine hcl-naloxone hcl</i>)	PB	MST; #; UF11 (Covered at preferred tier with no PA, no ST for members residing in Illinois.); QL (3 tablets per 1 day)
zubsolv sublingual tablet sublingual 1.4-0.36 mg, 11.4-2.9 mg, 2.9-0.71 mg, 5.7-1.4 mg, 8.6-2.1 mg (<i>buprenorphine hcl-naloxone hcl</i>)	PB	MST; #; UF11 (Covered at preferred tier with no PA, no ST for members residing in Illinois.); QL (2 tablets per 1 day)
ANDROGENS-ANABOLIC - HORMONES		
anadrol-50 oral tablet 50 mg (<i>oxymetholone</i>)	NP	

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
androderm transdermal patch 24 hour 2 mg/24hr, 4 mg/24hr (<i>testosterone</i>)	NF	
androgel pump transdermal gel 20.25 mg/act (1.62%) (<i>testosterone</i>)	NF	
androgel transdermal gel 20.25 mg/1.25gm (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%) (<i>testosterone</i>)	NF	
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	PG	
depo-testosterone intramuscular solution 100 mg/ml, 200 mg/ml (<i>testosterone cypionate</i>)	NP	
fortesta transdermal gel 10 mg/act (2%) (<i>testosterone</i>)	NF	
jatenzo oral capsule 158 mg, 198 mg, 237 mg (<i>testosterone undecanoate</i>)	NF	
methitest oral tablet 10 mg	NP	
<i>methyltestosterone oral capsule 10 mg</i>	PG	
natesto nasal gel 5.5 mg/act (<i>testosterone</i>)	NF	
<i>oxandrolone oral tablet 10 mg, 2.5 mg</i>	NP	
testim transdermal gel 50 mg/5gm (1%) (<i>testosterone</i>)	NF	
<i>testosterone cypionate injection solution 200 mg/ml</i>	PG	
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i>	PG	
<i>testosterone enanthate intramuscular solution 200 mg/ml</i>	PG	
<i>testosterone transdermal gel 10 mg/act (2%)</i>	PG	PA; QL (4 grams per 1 day)
<i>testosterone transdermal gel 12.5 mg/act (1%), 50 mg/5gm (1%)</i>	PG	PA; QL (10 grams per 1 day)
<i>testosterone transdermal gel 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 40.5 mg/2.5gm (1.62%)</i>	PG	PA; QL (5 grams per 1 day)
<i>testosterone transdermal gel 25 mg/2.5gm (1%)</i>	PG	PA; QL (2.5 grams per 1 day)
<i>testosterone transdermal solution 30 mg/act</i>	NP	PA; QL (6 ml per 1 day)
vogelxo pump transdermal gel 12.5 mg/act (1%) (<i>testosterone</i>)	NF	
vogelxo transdermal gel 50 mg/5gm (1%) (<i>testosterone</i>)	NF	
xyosted subcutaneous solution auto-injector 100 mg/0.5ml, 50 mg/0.5ml, 75 mg/0.5ml (<i>testosterone enanthate</i>)	NP	PA; ST; QL (4 injections per 1 month)

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANORECTAL AND RELATED PRODUCTS - RECTAL PREPARATIONS		
analpram-hc external cream 1-1 % (<i>hydrocortisone ace-pramoxine</i>)	NF	
anusol-hc external cream 2.5 % (<i>hydrocortisone</i>)	NP	
cortenema rectal enema 100 mg/60ml (<i>hydrocortisone</i>)	NP	
cortifoam external foam 10 % (<i>hydrocortisone acetate</i>)	NF	
<i>hydrocortisone ace-pramoxine external cream 1-1 %</i>	PG	
<i>hydrocortisone rectal enema 100 mg/60ml</i>	PG	
proctocort external cream 1 % (<i>hydrocortisone</i>)	NF	
proctofoam hc external foam 1-1 % (<i>hydrocortisone ace-pramoxine</i>)	NF	
<i>hydrocortisone</i> (Procto-Pak External Cream 1 %)	PG	
<i>hydrocortisone</i> (Proctozone-Hc External Cream 2.5 %)	PG	
rectiv rectal ointment 0.4 % (<i>nitroglycerin</i>)	NP	QL (1 tube per 1 fill)
uceris rectal foam 2 mg/act (<i>budesonide</i>)	NP	PA; #; QL (2 canisters per 1 month)
ANTHELMINTICS - DRUGS FOR INFECTIONS		
<i>albendazole oral tablet 200 mg</i>	NP	QL (4 tablets per 1 day)
albenza oral tablet 200 mg (<i>albendazole</i>)	NP	QL (120 tablets per 30 days)
<i>benznidazole oral tablet 100 mg</i>	NP	PA; QL (2 tablets per 1 day)
<i>benznidazole oral tablet 12.5 mg</i>	NP	PA; QL (6 tablets per 1 day)
biltricide oral tablet 600 mg (<i>praziquantel</i>)	NP	
emverm oral tablet chewable 100 mg (<i>mebendazole</i>)	NP	QL (2 tablets per 1 day)
<i>ivermectin oral tablet 3 mg</i>	PG	
<i>praziquantel oral tablet 600 mg</i>	PG	
stromectol oral tablet 3 mg (<i>ivermectin</i>)	NP	
ANTIANGINAL AGENTS - DRUGS FOR THE HEART		
dilatrate-sr oral capsule extended release 40 mg (<i>isosorbide dinitrate</i>)	NP	
gonitro sublingual packet 400 mcg (<i>nitroglycerin</i>)	NP	
isordil titradose oral tablet 40 mg, 5 mg (<i>isosorbide dinitrate</i>)	NP	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	PG	

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg</i>	PG	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	PG	
<i>nitroglycerin (Minitran Transdermal Patch 24 Hour 0.1 Mg/Hr, 0.2 Mg/Hr, 0.4 Mg/Hr, 0.6 Mg/Hr)</i>	PG	
<i>nitro-bid transdermal ointment 2 % (nitroglycerin)</i>	NP	
<i>nitro-dur transdermal patch 24 hour 0.3 mg/hr, 0.8 mg/hr (nitroglycerin)</i>	NP	
<i>nitroglycerin in d5w intravenous solution 100-5 mcg/ml-%, 200-5 mcg/ml-%, 400-5 mcg/ml-%</i>	NP	
<i>nitroglycerin intravenous solution 5 mg/ml</i>	NP	
<i>nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg</i>	PG	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	PG	
<i>nitroglycerin translingual solution 0.4 mg/spray</i>	PG	
<i>nitrolingual translingual solution 0.4 mg/spray (nitroglycerin)</i>	NP	
<i>nitromist translingual aerosol solution 400 mcg/spray (nitroglycerin)</i>	NP	
<i>nitrostat sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg (nitroglycerin)</i>	NP	ST
<i>ranexa oral tablet extended release 12 hour 1000 mg, 500 mg (ranolazine)</i>	NF	
<i>ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg</i>	PG	QL (2 tablets per 1 day)
ANTI-ANXIETY AGENTS - DRUGS FOR THE NERVOUS SYSTEM		
<i>alprazolam er oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg</i>	PG	QL (2 tablets per 1 day)
<i>alprazolam intensol oral concentrate 1 mg/ml (alprazolam)</i>	NP	
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	PG	
<i>alprazolam oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	PG	
<i>alprazolam xr oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg</i>	PG	QL (2 tablets per 1 day)
<i>ativan oral tablet 0.5 mg, 1 mg, 2 mg (lorazepam)</i>	NF	
<i>bupirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	PG	

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

40

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	PG	
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	PG	
<i>diazepam (Diazepam Intensol Oral Concentrate 5 Mg/ML)</i>	PG	
<i>diazepam oral concentrate 5 mg/ml</i>	PG	
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	PG	
<i>hydroxyzine hcl intramuscular solution 25 mg/ml, 50 mg/ml</i>	NP	
<i>hydroxyzine hcl oral syrup 10 mg/5ml</i>	PG	
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	PG	
<i>lorazepam oral concentrate 2 mg/ml</i>	PG	
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	PG	
<i>meprobamate oral tablet 200 mg, 400 mg</i>	PG	
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	PG	
<i>tranxene-t oral tablet 7.5 mg (clorazepate dipotassium)</i>	NP	
<i>valium oral tablet 10 mg, 2 mg, 5 mg (diazepam)</i>	NP	
<i>vistaril oral capsule 25 mg, 50 mg (hydroxyzine pamoate)</i>	NP	
<i>xanax oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg (alprazolam)</i>	NF	
<i>xanax xr oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg (alprazolam)</i>	NF	
ANTIARRHYTHMICS - DRUGS FOR THE HEART		
<i>amiodarone hcl oral tablet 200 mg, 400 mg</i>	PG	
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	PG	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	PG	
<i>flecainide acetate oral tablet 100 mg, 150 mg, 50 mg</i>	PG	
<i>lidocaine in d5w intravenous solution 4-5 mg/ml-%, 8-5 mg/ml-%</i>	NP	
<i>mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg</i>	PG	
<i>multaq oral tablet 400 mg (dronedarone hcl)</i>	NP	QL (2 tablets per 1 day)
<i>nexterone intravenous solution 150-4.21 mg/100ml-%, 360-4.14 mg/200ml-% (amiodarone hcl in dextrose)</i>	NP	
<i>norpace cr oral capsule extended release 12 hour 100 mg, 150 mg (disopyramide phosphate)</i>	NP	
<i>amiodarone hcl (Pacerone Oral Tablet 100 Mg, 200 Mg, 400 Mg)</i>	PG	
<i>procainamide hcl injection solution 100 mg/ml, 500 mg/ml</i>	NP	

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg</i>	PG	SP; QL (2 capsules per 1 day)
<i>propafenone hcl oral tablet 150 mg, 225 mg, 300 mg</i>	PG	
<i>quinidine gluconate er oral tablet extended release 324 mg</i>	PG	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	PG	
<i>rythmol sr oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg (propafenone hcl)</i>	NP	QL (2 CP12 per 1 DAYS)
<i>tikosyn oral capsule 125 mcg, 250 mcg, 500 mcg (dofetilide)</i>	NP	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - DRUGS FOR THE LUNGS		
<i>accolate oral tablet 10 mg, 20 mg (zafirlukast)</i>	NP	QL (2 tablets per 1 day)
<i>advair diskus inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose (fluticasone-salmeterol)</i>	PB	QL (2 inhalations per 1 day)
<i>advair hfa inhalation aerosol 115-21 mcg/act, 230-21 mcg/act, 45-21 mcg/act (fluticasone-salmeterol)</i>	PB	QL (1 inhaler per 1 month)
<i>airduo digihaler inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act (fluticasone-salmeterol)</i>	NF	
<i>airduo respiclick 113/14 inhalation aerosol powder breath activated 113-14 mcg/act (fluticasone-salmeterol)</i>	NP	PA; ST; QL (1 inhaler per 1 month)
<i>airduo respiclick 232/14 inhalation aerosol powder breath activated 232-14 mcg/act (fluticasone-salmeterol)</i>	NP	PA; ST; QL (1 inhaler per 1 month)
<i>airduo respiclick 55/14 inhalation aerosol powder breath activated 55-14 mcg/act (fluticasone-salmeterol)</i>	NP	PA; ST; QL (1 inhaler per 1 month)
<i>albuterol sulfate er oral tablet extended release 12 hour 4 mg, 8 mg</i>	PG	
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</i>	PG	
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, (5 mg/ml) 0.5%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml</i>	PG	
<i>albuterol sulfate oral syrup 2 mg/5ml</i>	PG	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	PG	
<i>alvesco inhalation aerosol solution 160 mcg/act, 80 mcg/act (ciclesonide)</i>	NF	

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>aminophylline intravenous solution 25 mg/ml</i>	NP	
anoro ellipta inhalation aerosol powder breath activated 62.5-25 mcg/inh (<i>umeclidinium-vilanterol</i>)	PB	QL (60 BLISTERS per 30 DAYSs)
arcapta neohaler inhalation capsule 75 mcg (<i>indacaterol maleate</i>)	NF	
armonair digihaler inhalation aerosol powder breath activated 113 mcg/act, 232 mcg/act, 55 mcg/act (<i>fluticasone propionate (inhal)</i>)	NF	
arnuity ellipta inhalation aerosol powder breath activated 100 mcg/act, 200 mcg/act, 50 mcg/act (<i>fluticasone furoate</i>)	PB	QL (1 blister per 1 day)
asmanex (120 metered doses) inhalation aerosol powder breath activated 220 mcg/inh (<i>mometasone furoate</i>)	NF	
asmanex (14 metered doses) inhalation aerosol powder breath activated 220 mcg/inh (<i>mometasone furoate</i>)	NF	
asmanex (30 metered doses) inhalation aerosol powder breath activated 110 mcg/inh, 220 mcg/inh (<i>mometasone furoate</i>)	NF	
asmanex (60 metered doses) inhalation aerosol powder breath activated 220 mcg/inh (<i>mometasone furoate</i>)	NF	
asmanex (7 metered doses) inhalation aerosol powder breath activated 110 mcg/inh (<i>mometasone furoate</i>)	NF	
asmanex hfa inhalation aerosol 100 mcg/act, 200 mcg/act, 50 mcg/act (<i>mometasone furoate</i>)	NF	
atrovent hfa inhalation aerosol solution 17 mcg/act (<i>ipratropium bromide hfa</i>)	NP	QL (2 inhalers per 1 month)
bevespi aerosphere inhalation aerosol 9-4.8 mcg/act (<i>glycopyrrolate-formoterol</i>)	PB	QL (1 inhaler per 30 days)
breo ellipta inhalation aerosol powder breath activated 100-25 mcg/inh (<i>fluticasone furoate-vilanterol</i>)	PB	QL (2 blister per 1 DAYS)
breo ellipta inhalation aerosol powder breath activated 200-25 mcg/inh (<i>fluticasone furoate-vilanterol</i>)	PB	QL (2 inhalation per 1 day)
breztri aerosphere inhalation aerosol 160-9-4.8 mcg/act (<i>budeson-glycopyrrol-formoterol</i>)	PB	QL (1 inhaler per 1 month)
brovana inhalation nebulization solution 15 mcg/2ml (<i>arformoterol tartrate</i>)	NP	PA; ST; QL (4 ml per 1 day)
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml</i>	PG	PA; QL (4 ML per 1 day)
<i>budesonide inhalation suspension 1 mg/2ml</i>	PG	PA; QL (4 ML per 1 day); AL

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>budesonide-formoterol fumarate inhalation aerosol 160-4.5 mcg/lact, 80-4.5 mcg/lact</i>	NF	
<i>cinqair intravenous solution 100 mg/10ml (reslizumab)</i>	NPSP	PA; NPL; SP
<i>combivent respimat inhalation aerosol solution 20-100 mcg/act (ipratropium-albuterol)</i>	PB	QL (2 inhalers per 1 month)
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>	PG	
<i>daliresp oral tablet 250 mcg, 500 mcg (roflumilast)</i>	NP	PA; ST; #; QL (1 tablet per 1 day)
<i>duaklir pressair inhalation aerosol powder breath activated 400-12 mcg/act (aclidinium br-formoterol fum)</i>	NF	
<i>dulera inhalation aerosol 100-5 mcg/act, 200-5 mcg/act (mometasone furo-formoterol fum)</i>	NF	
<i>dulera inhalation aerosol 50-5 mcg/act (mometasone furo-formoterol fum)</i>	NF	#
<i>elixophyllin oral elixir 80 mg/15ml (theophylline)</i>	NP	
<i>fasenra pen subcutaneous solution auto-injector 30 mg/ml (benralizumab)</i>	PSP	PA; NPL; SP; QL (1 pen per 56 days)
<i>flovent diskus inhalation aerosol powder breath activated 100 mcg/blist, 250 mcg/blist, 50 mcg/blist (fluticasone propionate (inhal))</i>	PB	#; QL (2 blisters per 1 day)
<i>flovent hfa inhalation aerosol 110 mcg/act (fluticasone propionate hfa)</i>	PB	#; QL (1 inhaler per 1 month)
<i>flovent hfa inhalation aerosol 220 mcg/act (fluticasone propionate hfa)</i>	PB	#; QL (2 inhalers per 1 month)
<i>flovent hfa inhalation aerosol 44 mcg/act (fluticasone propionate hfa)</i>	NP	#; QL (1 inhaler per 1 month)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	NF	
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/lact, 232-14 mcg/lact, 55-14 mcg/lact</i>	PG	QL (1 inhaler per 1 month)
<i>ipratropium bromide inhalation solution 0.02 %</i>	PG	
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	PG	
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/3ml</i>	PG	
<i>lonhala magnair refill kit inhalation solution 25 mcg/ml (glycopyrrolate)</i>	NP	PA; ST; QL (1 kit per 1 month)

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
lonhala magnair starter kit inhalation solution 25 mcg/ml (glycopyrrolate)	NP	PA; ST; QL (1 kit per 1 year)
montelukast sodium oral packet 4 mg	PG	QL (1 pack per 1 day)
montelukast sodium oral tablet 10 mg	PG	QL (1 tablet per 1 day)
montelukast sodium oral tablet chewable 4 mg, 5 mg	PG	QL (1 tablet per 1 day)
nucala subcutaneous solution auto-injector 100 mg/ml (mepolizumab)	NF	
nucala subcutaneous solution prefilled syringe 100 mg/ml (mepolizumab)	NF	
nucala subcutaneous solution reconstituted 100 mg (mepolizumab)	NPSP	PA; NPL; SP; QL (1 injection per 28 days)
perforomist inhalation nebulization solution 20 mcg/2ml (formoterol fumarate)	NP	PA; ST; #; QL (4 milliliters per 1 day)
proair digihaler inhalation aerosol powder breath activated 108 mcg/act (albuterol sulfate)	NF	
proair hfa inhalation aerosol solution 108 (90 base) mcg/act (albuterol sulfate)	NF	
proair respiclick inhalation aerosol powder breath activated 108 (90 base) mcg/act (albuterol sulfate)	NF	
proventil hfa inhalation aerosol solution 108 (90 base) mcg/act (albuterol sulfate)	NF	
pulmicort flexhaler inhalation aerosol powder breath activated 180 mcg/act, 90 mcg/act (budesonide)	PB	#; QL (1 inhaler per 1 month)
pulmicort inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml (budesonide)	NF	
qvar redihaler inhalation aerosol breath activated 40 mcg/act, 80 mcg/act (beclomethasone diprop hfa)	PB	QL (1 inhaler per 1 month)
seebri neohaler inhalation capsule 15.6 mcg (glycopyrrolate)	NF	
serevent diskus inhalation aerosol powder breath activated 50 mcg/dose (salmeterol xinafoate)	NF	
singulair oral packet 4 mg (montelukast sodium)	NF	
singulair oral tablet 10 mg (montelukast sodium)	NF	
singulair oral tablet chewable 4 mg, 5 mg (montelukast sodium)	NF	
spiriva handihaler inhalation capsule 18 mcg (tiotropium bromide monohydrate)	PB	QL (1 capsule per 1 day)

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
spiriva respimat inhalation aerosol solution 1.25 mcg/act, 2.5 mcg/act (<i>tiotropium bromide monohydrate</i>)	PB	QL (1 inhaler per 30 days)
stiolto respimat inhalation aerosol solution 2.5-2.5 mcg/act (<i>tiotropium bromide-olodaterol</i>)	PB	QL (1 inhaler per 1 month)
striverdi respimat inhalation aerosol solution 2.5 mcg/act (<i>olodaterol hcl</i>)	PB	QL (1 inhaler per 30 days)
ymbicort inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act (<i>budesonide-formoterol fumarate</i>)	PB	QL (1 inhaler per 1 month)
<i>terbutaline sulfate injection solution 1 mg/ml</i>	NP	
<i>terbutaline sulfate oral tablet 2.5 mg, 5 mg</i>	PG	
theo-24 oral capsule extended release 24 hour 100 mg, 200 mg, 400 mg (<i>theophylline</i>)	PB	
<i>theophylline er oral tablet extended release 12 hour 300 mg, 450 mg</i>	PG	
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>	PG	
<i>theophylline oral solution 80 mg/15ml</i>	PG	
trelegy ellipta inhalation aerosol powder breath activated 100-62.5-25 mcg/inh, 200-62.5-25 mcg/inh (<i>fluticasone-umeclidin-vilant</i>)	PB	QL (2 blisters per 1 day)
tudorza pressair inhalation aerosol powder breath activated 400 mcg/act (<i>aclidinium bromide</i>)	NF	
utibron neohaler inhalation capsule 27.5-15.6 mcg (<i>indacaterol-glycopyrrolate</i>)	NF	
ventolin hfa inhalation aerosol solution 108 (90 base) mcg/act (<i>albuterol sulfate</i>)	PB	
<i>fluticasone-salmeterol</i> (Wixela Inhub Inhalation Aerosol Powder Breath Activated 100-50 Mcg/Dose, 250-50 Mcg/Dose, 500-50 Mcg/Dose)	NF	
xolair subcutaneous solution prefilled syringe 150 mg/ml, 75 mg/0.5ml (<i>omalizumab</i>)	PSP	PA; ST; NPL; SP
xolair subcutaneous solution reconstituted 150 mg (<i>omalizumab</i>)	PSP	PA; ST; NPL; SP
xopenex concentrate inhalation nebulization solution 1.25 mg/0.5ml (<i>levalbuterol hcl</i>)	NP	
xopenex hfa inhalation aerosol 45 mcg/act (<i>levalbuterol tartrate</i>)	NP	ST; QL (2 inhalers per 1 fill)

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
xopenex inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/3ml (<i>levalbuterol hcl</i>)	NP	
yupelri inhalation solution 175 mcg/3ml (<i>revefenacin</i>)	PB	QL (1 vial per 1 day)
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	PG	QL (2 tablets per 1 day)
<i>zileuton er oral tablet extended release 12 hour 600 mg</i>	NP	QL (4 tablets per 1 day)
zyflo oral tablet 600 mg (<i>zileuton</i>)	NP	QL (4 tablets per 1 day)
ANTICOAGULANTS - DRUGS FOR THE BLOOD		
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>)	NP	QL (30 injections per 30 days)
eliquis dvt/pe starter pack oral tablet therapy pack 5 mg (<i>apixaban</i>)	PB	QL (1 starter pack per 365 days)
eliquis oral tablet 2.5 mg (<i>apixaban</i>)	PB	QL (60 tablets per 30 days)
eliquis oral tablet 5 mg (<i>apixaban</i>)	PB	QL (75 tablets per 30 days)
<i>enoxaparin sodium injection solution 300 mg/3ml</i>	PG	QL (2 syringes per 1 day)
<i>enoxaparin sodium subcutaneous solution 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>	PG	QL (2 syringes per 1 day)
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml</i>	NP	QL (2 syringes per 1 day)
fragmin subcutaneous solution 10000 unit/ml, 12500 unit/0.5ml, 15000 unit/0.6ml, 18000 unit/0.72ml, 2500 unit/0.2ml, 5000 unit/0.2ml, 7500 unit/0.3ml, 95000 unit/3.8ml (<i>dalteparin sodium</i>)	NP	QL (2 syringes per 1 day)
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	PG	
<i>heparin sodium (porcine) pf injection solution 5000 unit/0.5ml</i>	PG	
<i>heparin sodium (porcine) pf injection solution 5000 unit/ml</i>	NF	
<i>warfarin sodium</i> (Jantoven Oral Tablet 1 Mg, 10 Mg, 2 Mg, 2.5 Mg, 3 Mg, 4 Mg, 5 Mg, 6 Mg, 7.5 Mg)	PG	LGC
lovenox injection solution 300 mg/3ml (<i>enoxaparin sodium</i>)	NP	QL (2 syringes per 1 day)
lovenox subcutaneous solution 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>enoxaparin sodium</i>)	NP	QL (2 syringes per 1 day)
pradaxa oral capsule 110 mg, 150 mg, 75 mg (<i>dabigatran etexilate mesylate</i>)	NF	#
savaysa oral tablet 15 mg, 30 mg, 60 mg (<i>edoxaban tosylate</i>)	NF	

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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>	PG	LGC
<i>xarelto oral tablet 10 mg, 20 mg (rivaroxaban)</i>	PB	QL (1 tablet per 1 day)
<i>xarelto oral tablet 15 mg, 2.5 mg (rivaroxaban)</i>	PB	QL (2 tablets per 1 day)
<i>xarelto starter pack oral tablet therapy pack 15 & 20 mg (rivaroxaban)</i>	PB	QL (1 pack per 365 days)
ANTICONVULSANTS - DRUGS FOR THE NERVOUS SYSTEM		
<i>aptiom oral tablet 200 mg, 400 mg, 600 mg, 800 mg (eslicarbazepine acetate)</i>	NF	#
<i>banzel oral suspension 40 mg/ml (rufinamide)</i>	NP	
<i>banzel oral tablet 200 mg, 400 mg (rufinamide)</i>	NP	QL (8 tablets per 1 day)
<i>briviact oral solution 10 mg/ml (brivaracetam)</i>	NP	PA; QL (20 ML per 1 day)
<i>briviact oral tablet 10 mg, 100 mg, 25 mg, 50 mg, 75 mg (brivaracetam)</i>	NP	PA; QL (2 tablets per 1 day)
<i>carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg</i>	PG	
<i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg</i>	PG	
<i>carbamazepine oral suspension 100 mg/5ml</i>	PG	
<i>carbamazepine oral tablet 200 mg</i>	PG	
<i>carbamazepine oral tablet chewable 100 mg</i>	PG	
<i>carbatrol oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg (carbamazepine)</i>	PB	
<i>celontin oral capsule 300 mg (methsuximide)</i>	PB	
<i>cerebyx injection solution 100 mg pe/2ml, 500 mg pe/10ml (fosphenytoin sodium)</i>	NPSP	
<i>clobazam oral suspension 2.5 mg/ml</i>	PG	
<i>clobazam oral tablet 10 mg, 20 mg</i>	PG	QL (2 tablets per 1 day)
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	PG	
<i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	PG	
<i>depakote er oral tablet extended release 24 hour 250 mg, 500 mg (divalproex sodium)</i>	NP	

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
depakote oral tablet delayed release 125 mg, 250 mg, 500 mg (<i>divalproex sodium</i>)	NP	
depakote sprinkles oral capsule delayed release sprinkle 125 mg (<i>divalproex sodium</i>)	NP	
diacomit oral capsule 250 mg (<i>stiripentol</i>)	NPSP	SP; QL (12 capsules per 1 day)
diacomit oral capsule 500 mg (<i>stiripentol</i>)	NPSP	SP; QL (6 capsules per 1 day)
diacomit oral packet 250 mg (<i>stiripentol</i>)	NPSP	SP; QL (12 packets per 1 day)
diacomit oral packet 500 mg (<i>stiripentol</i>)	NPSP	SP; QL (6 packets per 1 day)
diastat acudial rectal gel 10 mg, 20 mg (<i>diazepam</i>)	PB	QL (1 pack per 1 fill)
diastat pediatric rectal gel 2.5 mg (<i>diazepam</i>)	PB	QL (1 pack per 1 fill)
<i>diazepam rectal gel 10 mg, 2.5 mg, 20 mg</i>	PG	QL (1 box per 1 fill)
dilantin infatabs oral tablet chewable 50 mg (<i>phenytoin</i>)	NF	
dilantin oral capsule 100 mg, 30 mg (<i>phenytoin sodium extended</i>)	NF	
dilantin oral suspension 125 mg/5ml (<i>phenytoin</i>)	NF	
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>	PG	
<i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>	PG	
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>	PG	
epidiolex oral solution 100 mg/ml (<i>cannabidiol</i>)	NPSP	PA; ST; SP; QL (800 ML per 1 month)
<i>carbamazepine (Eptol Oral Tablet 200 Mg)</i>	PG	
<i>ethosuximide oral capsule 250 mg</i>	PG	
<i>ethosuximide oral solution 250 mg/5ml</i>	PG	
<i>felbamate oral suspension 600 mg/5ml</i>	PG	
<i>felbamate oral tablet 400 mg, 600 mg</i>	PG	
felbatol oral suspension 600 mg/5ml (<i>felbamate</i>)	NP	
felbatol oral tablet 400 mg, 600 mg (<i>felbamate</i>)	NP	
fintepla oral solution 2.2 mg/ml (<i>fenfluramine hcl</i>)	NPSP	PA; SP; QL (12 ML per 1 day)

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>fosphenytoin sodium injection solution 100 mg per 2ml, 500 mg per 10ml</i>	NPSP	
<i>fycompa oral suspension 0.5 mg/ml (perampanel)</i>	PB	
<i>fycompa oral tablet 10 mg, 12 mg, 2 mg, 4 mg, 6 mg, 8 mg (perampanel)</i>	PB	QL (1 TABS per 1 DAYS)
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	PG	QL (6 capsules per 1 day)
<i>gabapentin oral solution 250 mg/5ml, 300 mg/6ml</i>	PG	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	PG	QL (6 tablets per 1 day)
<i>gabitril oral tablet 12 mg, 4 mg (tiagabine hcl)</i>	NP	QL (4 TABS per 1 DAYS)
<i>gabitril oral tablet 16 mg (tiagabine hcl)</i>	NP	QL (3 TABS per 1 DAYS)
<i>gabitril oral tablet 2 mg (tiagabine hcl)</i>	NP	QL (1 TABS per 1 DAYS)
<i>keppra oral solution 100 mg/ml (levetiracetam)</i>	NF	
<i>keppra oral tablet 1000 mg, 250 mg, 500 mg, 750 mg (levetiracetam)</i>	NF	
<i>keppra xr oral tablet extended release 24 hour 500 mg, 750 mg (levetiracetam)</i>	NF	
<i>klonopin oral tablet 0.5 mg, 1 mg, 2 mg (clonazepam)</i>	NP	
<i>lamictal odt oral kit 21 x 25 mg & 7 x 50 mg, 25 & 50 & 100 mg, 42 x 50 mg & 14x100 mg (lamotrigine)</i>	NF	
<i>lamictal odt oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg (lamotrigine)</i>	NF	
<i>lamictal oral tablet 100 mg, 150 mg, 200 mg, 25 mg (lamotrigine)</i>	NF	
<i>lamictal oral tablet chewable 25 mg, 5 mg (lamotrigine)</i>	NF	
<i>lamictal starter oral kit 35 x 25 mg, 42 x 25 mg & 7 x 100 mg, 84 x 25 mg & 14x100 mg (lamotrigine)</i>	NF	
<i>lamictal xr oral kit 21 x 25 mg & 7 x 50 mg, 25 & 50 & 100 mg, 50 & 100 & 200 mg (lamotrigine)</i>	NF	
<i>lamictal xr oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg (lamotrigine)</i>	NF	
<i>lamotrigine er oral tablet extended release 24 hour 100 mg, 25 mg</i>	PG	QL (1 tablet per 1 day)
<i>lamotrigine er oral tablet extended release 24 hour 200 mg</i>	PG	QL (3 tablets per 1 day)
<i>lamotrigine er oral tablet extended release 24 hour 250 mg, 300 mg</i>	PG	QL (2 tablets per 1 day)

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>lamotrigine er oral tablet extended release 24 hour 50 mg</i>	PG	QL (1 TB24 per 1 DAYS)
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	PG	
<i>lamotrigine oral tablet chewable 25 mg, 5 mg</i>	PG	
<i>lamotrigine oral tablet dispersible 100 mg, 200 mg</i>	NP	QL (2 TAB per 1 DAILY)
<i>lamotrigine oral tablet dispersible 25 mg</i>	NP	QL (6 TAB per 1 DAILY)
<i>lamotrigine oral tablet dispersible 50 mg</i>	NP	QL (3 TAB per 1 DAILY)
<i>lamotrigine starter kit-blue oral kit 35 x 25 mg</i>	PG	
<i>lamotrigine starter kit-green oral kit 84 x 25 mg & 14x100 mg</i>	PG	
<i>lamotrigine starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg</i>	PG	
<i>levetiracetam er oral tablet extended release 24 hour 500 mg</i>	PG	QL (6 tablets per 1 day)
<i>levetiracetam er oral tablet extended release 24 hour 750 mg</i>	PG	QL (4 tablets per 1 day)
<i>levetiracetam in nacl intravenous solution 1000 mg/100ml, 1500 mg/100ml, 500 mg/100ml</i>	NP	
<i>levetiracetam oral solution 100 mg/ml</i>	PG	QL (960 ML per 1 month)
<i>levetiracetam oral tablet 1000 mg</i>	PG	QL (90 tablets per 1 month)
<i>levetiracetam oral tablet 250 mg</i>	PG	QL (360 tablets per 1 month)
<i>levetiracetam oral tablet 500 mg</i>	PG	QL (180 tablets per 1 month)
<i>levetiracetam oral tablet 750 mg</i>	PG	QL (120 tablets per 1 month)
<i>lyrica oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg (pregabalin)</i>	NF	
<i>lyrica oral solution 20 mg/ml (pregabalin)</i>	NF	
<i>mysoline oral tablet 250 mg, 50 mg (primidone)</i>	NP	
<i>nayzilam nasal solution 5 mg/0.1ml (midazolam (anticonvulsant))</i>	NP	QL (5 spray bottles per 30 days)
<i>neurontin oral capsule 100 mg, 300 mg, 400 mg (gabapentin)</i>	NP	QL (6 cap per 1 DAYS)
<i>neurontin oral solution 250 mg/5ml (gabapentin)</i>	NP	
<i>neurontin oral tablet 600 mg, 800 mg (gabapentin)</i>	NP	QL (6 tabs per 1 DAYS)
<i>onfi oral suspension 2.5 mg/ml (clobazam)</i>	NF	
<i>onfi oral tablet 10 mg, 20 mg (clobazam)</i>	NF	
<i>oxcarbazepine oral suspension 300 mg/5ml</i>	PG	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	PG	

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
oxtellar xr oral tablet extended release 24 hour 150 mg, 300 mg (<i>oxcarbazepine</i>)	PB	QL (2 tablets per 1 day)
oxtellar xr oral tablet extended release 24 hour 600 mg (<i>oxcarbazepine</i>)	PB	QL (4 tablets per 1 day)
phenytek oral capsule 200 mg, 300 mg (<i>phenytoin sodium extended</i>)	PB	
<i>phenytoin</i> (Phenytoin Infatabs Oral Tablet Chewable 50 Mg)	PG	QL (12 tablets per 1 day)
<i>phenytoin oral suspension 125 mg/5ml</i>	PG	QL (720 ML per 1 month)
<i>phenytoin oral tablet chewable 50 mg</i>	PG	QL (360 tablets per 1 month)
<i>phenytoin sodium extended oral capsule 100 mg</i>	PG	QL (6 capsules per 1 day)
<i>phenytoin sodium injection solution 50 mg/ml</i>	NP	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i>	PG	
<i>pregabalin oral solution 20 mg/ml</i>	PG	
<i>primidone oral tablet 250 mg, 50 mg</i>	PG	
qudexy xr oral capsule er 24 hour sprinkle 100 mg, 25 mg, 50 mg (<i>topiramate</i>)	NP	ST; QL (1 CAPS per 1 DAYS)
qudexy xr oral capsule er 24 hour sprinkle 150 mg, 200 mg (<i>topiramate</i>)	NP	QL (2 capsules per 1 day)
sabril oral packet 500 mg (<i>vigabatrin</i>)	NF	
sabril oral tablet 500 mg (<i>vigabatrin</i>)	NF	
sympazan oral film 10 mg, 20 mg, 5 mg (<i>clobazam</i>)	NF	
tegretol oral suspension 100 mg/5ml (<i>carbamazepine</i>)	PB	
tegretol oral tablet 200 mg (<i>carbamazepine</i>)	PB	
tegretol-xr oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg (<i>carbamazepine</i>)	PB	
<i>tiagabine hcl oral tablet 12 mg, 4 mg</i>	PG	QL (4 tablets per 1 day)
<i>tiagabine hcl oral tablet 16 mg</i>	PG	QL (3 tablets per 1 day)
<i>tiagabine hcl oral tablet 2 mg</i>	PG	QL (1 tablet per 1 day)
topamax oral tablet 100 mg, 200 mg, 25 mg, 50 mg (<i>topiramate</i>)	NP	
topamax sprinkle oral capsule sprinkle 15 mg, 25 mg (<i>topiramate</i>)	NP	QL (4 CPSP per 1 DAYS)
<i>topiramate oral capsule sprinkle 15 mg, 25 mg</i>	NF	

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	PG	
<i>trileptal oral suspension 300 mg/5ml (oxcarbazepine)</i>	NP	
<i>trileptal oral tablet 150 mg, 300 mg, 600 mg (oxcarbazepine)</i>	NP	
<i>trokendi xr oral capsule extended release 24 hour 100 mg, 25 mg, 50 mg (topiramate)</i>	PB	#; QL (1 CP24 per 1 DAYS)
<i>trokendi xr oral capsule extended release 24 hour 200 mg (topiramate)</i>	PB	#; QL (2 capsules per 1 day)
<i>valproate sodium intravenous solution 100 mg/ml</i>	NP	
<i>valproic acid oral capsule 250 mg</i>	PG	
<i>valtoco 10 mg dose nasal liquid 10 mg/0.1ml (diazepam)</i>	NP	QL (10 blister packs (5 cartons) per 25 days)
<i>valtoco 15 mg dose nasal liquid therapy pack 7.5 mg/0.1ml (diazepam)</i>	NP	QL (10 blister packs (5 cartons) per 25 days)
<i>valtoco 20 mg dose nasal liquid therapy pack 10 mg/0.1ml (diazepam)</i>	NP	QL (10 blister packs (5 cartons) per 25 days)
<i>valtoco 5 mg dose nasal liquid 5 mg/0.1ml (diazepam)</i>	NP	QL (10 blister packs (5 cartons) per 25 days)
<i>vigabatrin oral packet 500 mg</i>	PSP	PA; SP; QL (6 packets per 1 day)
<i>vigabatrin oral tablet 500 mg</i>	PSP	PA; SP; QL (6 tablets per 1 day)
<i>vigabatrin (Vigadrone Oral Packet 500 Mg)</i>	PSP	PA; SP; QL (6 packets per 1 day)
<i>vimpat intravenous solution 200 mg/20ml (lacosamide)</i>	NP	
<i>vimpat oral solution 10 mg/ml (lacosamide)</i>	PB	#; QL (40 ML per 1 DAYS)
<i>vimpat oral tablet 100 mg, 150 mg, 200 mg, 50 mg (lacosamide)</i>	PB	#; QL (2 tablets per 1 day)
<i>xcopri (250 mg daily dose) oral tablet therapy pack 50 & 200 mg (cenobamate)</i>	NP	PA
<i>xcopri (350 mg daily dose) oral tablet therapy pack 150 & 200 mg (cenobamate)</i>	NP	PA
<i>xcopri oral tablet 100 mg, 150 mg, 200 mg, 50 mg (cenobamate)</i>	NP	PA
<i>xcopri oral tablet therapy pack 14 x 12.5 mg & 14 x 25 mg, 14 x 150 mg & 14 x 200 mg, 14 x 50 mg & 14 x 100 mg (cenobamate)</i>	NP	PA

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
zaronitin oral capsule 250 mg (<i>ethosuximide</i>)	NP	
zaronitin oral solution 250 mg/5ml (<i>ethosuximide</i>)	NP	
zonegran oral capsule 100 mg, 25 mg (<i>zonisamide</i>)	NF	
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	PG	
ANTIDEPRESSANTS - DRUGS FOR THE NERVOUS SYSTEM		
<i>amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	PG	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	PG	
<i>anafranil oral capsule 25 mg, 50 mg, 75 mg (clomipramine hcl)</i>	NP	
<i>aplenzin oral tablet extended release 24 hour 174 mg, 348 mg, 522 mg (bupropion hbr)</i>	NF	
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg</i>	PG	QL (2 tablets per 1 day)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg</i>	PG	QL (1 tablet per 1 day)
<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>	PG	QL (6 tablets per 1 day)
<i>celexa oral tablet 10 mg, 20 mg, 40 mg (citalopram hydrobromide)</i>	NP	QL (1 tabs per 1 DAYS)
<i>citalopram hydrobromide oral solution 10 mg/5ml</i>	PG	
<i>citalopram hydrobromide oral tablet 10 mg, 20 mg</i>	PG	LGC; QL (1.5 tablets per 1 day)
<i>citalopram hydrobromide oral tablet 40 mg</i>	PG	LGC; QL (1 tablet per 1 day)
<i>clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg</i>	PG	
<i>cymbalta oral capsule delayed release particles 20 mg, 30 mg, 60 mg (duloxetine hcl)</i>	NP	
<i>desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	PG	
<i>desvenlafaxine er oral tablet extended release 24 hour 100 mg, 50 mg</i>	NP	PA; ST; QL (1 tablet per 1 day)
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i>	NP	PA; ST; QL (1 tablet per 1 day)

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

54

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	PG	
<i>doxepin hcl oral concentrate 10 mg/ml</i>	PG	
<i>drizalma sprinkle oral capsule delayed release sprinkle 20 mg, 30 mg, 40 mg, 60 mg (duloxetine hcl)</i>	NF	
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 40 mg, 60 mg</i>	PG	
<i>effexor xr oral capsule extended release 24 hour 150 mg (venlafaxine hcl)</i>	NP	QL (2 capsules per 1 day)
<i>effexor xr oral capsule extended release 24 hour 37.5 mg, 75 mg (venlafaxine hcl)</i>	NP	QL (1 caps per 1 DAYS)
<i>emsam transdermal patch 24 hour 12 mg/24hr, 6 mg/24hr, 9 mg/24hr (selegiline)</i>	NP	#; QL (1 patch per 1 day)
<i>escitalopram oxalate oral solution 5 mg/5ml</i>	PG	
<i>escitalopram oxalate oral tablet 10 mg</i>	PG	QL (1.5 tablets per 1 day)
<i>escitalopram oxalate oral tablet 20 mg, 5 mg</i>	PG	QL (1 tablet per 1 day)
<i>fetzima oral capsule extended release 24 hour 120 mg, 20 mg, 40 mg, 80 mg (levomilnacipran hcl)</i>	NP	PA; ST; QL (1 capsule per 1 day)
<i>fetzima titration oral capsule er 24 hour therapy pack 20 & 40 mg (levomilnacipran hcl)</i>	NP	PA; ST; QL (1 CP24 per 1 DAYS)
<i>fluoxetine hcl oral capsule 10 mg</i>	PG	LGC; QL (1 capsule per 1 day)
<i>fluoxetine hcl oral capsule 20 mg</i>	PG	LGC; QL (4 capsules per 1 day)
<i>fluoxetine hcl oral capsule 40 mg</i>	PG	LGC; QL (2 capsules per 1 day)
<i>fluoxetine hcl oral capsule delayed release 90 mg</i>	PG	QL (4 capsules per 1 month)
<i>fluoxetine hcl oral solution 20 mg/5ml</i>	PG	
<i>fluoxetine hcl oral tablet 10 mg, 20 mg</i>	PG	QL (1 tablet per 1 day)
<i>fluoxetine hcl oral tablet 60 mg</i>	NF	
<i>fluvoxamine maleate er oral capsule extended release 24 hour 100 mg, 150 mg</i>	PG	QL (2 cap per 1 DAYS)
<i>fluvoxamine maleate oral tablet 100 mg</i>	PG	QL (3 tablets per 1 day)
<i>fluvoxamine maleate oral tablet 25 mg, 50 mg</i>	PG	QL (1 tablet per 1 day)
<i>forfivo xl oral tablet extended release 24 hour 450 mg (bupropion hcl)</i>	NF	

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	PG	
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	NP	
<i>lexapro oral tablet 10 mg, 20 mg, 5 mg (escitalopram oxalate)</i>	NF	
<i>maprotiline hcl oral tablet 25 mg, 50 mg, 75 mg</i>	PG	QL (2 tablets per 1 day)
<i>marplan oral tablet 10 mg (isocarboxazid)</i>	NP	
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	PG	QL (1 tablet per 1 day)
<i>mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg</i>	PG	QL (1 tablet per 1 day)
<i>nardil oral tablet 15 mg (phenelzine sulfate)</i>	NP	
<i>nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	NP	
<i>norpramin oral tablet 10 mg, 25 mg (desipramine hcl)</i>	NP	
<i>nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	PG	
<i>nortriptyline hcl oral solution 10 mg/5ml</i>	PG	
<i>pamelor oral capsule 10 mg, 25 mg, 50 mg, 75 mg (nortriptyline hcl)</i>	NP	
<i>parnate oral tablet 10 mg (tranylcypromine sulfate)</i>	NP	
<i>paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 37.5 mg</i>	PG	QL (1 tablet per 1 day)
<i>paroxetine hcl er oral tablet extended release 24 hour 25 mg</i>	PG	QL (2 tablets per 1 day)
<i>paroxetine hcl oral tablet 10 mg, 20 mg</i>	PG	LGC; QL (1 tablet per 1 day)
<i>paroxetine hcl oral tablet 30 mg, 40 mg</i>	PG	LGC; QL (2 tablets per 1 day)
<i>paxil cr oral tablet extended release 24 hour 12.5 mg (paroxetine hcl)</i>	NP	QL (6 tabs per 1 DAYS)
<i>paxil cr oral tablet extended release 24 hour 25 mg (paroxetine hcl)</i>	NP	QL (3 tabs per 1 DAYS)
<i>paxil cr oral tablet extended release 24 hour 37.5 mg (paroxetine hcl)</i>	NP	QL (2 tabs per 1 DAYS)
<i>paxil oral suspension 10 mg/5ml (paroxetine hcl)</i>	NP	QL (30 ml per 1 DAYS)
<i>paxil oral tablet 10 mg, 20 mg (paroxetine hcl)</i>	NP	QL (1 tabs per 1 DAYS)
<i>paxil oral tablet 30 mg, 40 mg (paroxetine hcl)</i>	NP	QL (2 tabs per 1 DAYS)
<i>pexeva oral tablet 10 mg, 20 mg, 30 mg, 40 mg (paroxetine mesylate)</i>	NF	

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>phenelzine sulfate oral tablet 15 mg</i>	PG	
<i>pristiq oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg (desvenlafaxine succinate)</i>	NF	
<i>protriptyline hcl oral tablet 10 mg, 5 mg</i>	PG	
<i>prozac oral capsule 10 mg, 20 mg, 40 mg (fluoxetine hcl)</i>	NF	
<i>remeron oral tablet 15 mg, 30 mg (mirtazapine)</i>	NP	QL (1 tablet per 1 day)
<i>remeron soltab oral tablet dispersible 15 mg, 30 mg, 45 mg (mirtazapine)</i>	NP	QL (1 tablet per 1 day)
<i>sertraline hcl oral concentrate 20 mg/ml</i>	PG	
<i>sertraline hcl oral tablet 100 mg</i>	PG	LGC; QL (2 tablets per 1 day)
<i>sertraline hcl oral tablet 25 mg</i>	PG	LGC; QL (1 tablet per 1 day)
<i>sertraline hcl oral tablet 50 mg</i>	PG	LGC; QL (1.5 tablets per 1 day)
<i>tranylcypromine sulfate oral tablet 10 mg</i>	PG	
<i>trazodone hcl oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	PG	
<i>trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg</i>	NP	
<i>trintellix oral tablet 10 mg, 20 mg, 5 mg (vortioxetine hbr)</i>	PB	QL (1 tablet per 1 day)
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg</i>	PG	QL (2 capsules per 1 day)
<i>venlafaxine hcl er oral capsule extended release 24 hour 37.5 mg, 75 mg</i>	PG	QL (1 capsule per 1 day)
<i>venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 37.5 mg, 75 mg</i>	NF	
<i>venlafaxine hcl er oral tablet extended release 24 hour 225 mg</i>	NP	QL (1 tabs per 1 DAYS)
<i>venlafaxine hcl oral tablet 100 mg, 25 mg</i>	PG	QL (3 tablets per 1 day)
<i>venlafaxine hcl oral tablet 37.5 mg</i>	PG	QL (4 tablets per 1 day)
<i>venlafaxine hcl oral tablet 50 mg</i>	PG	QL (6 tablets per 1 day)
<i>venlafaxine hcl oral tablet 75 mg</i>	PG	QL (5 tablets per 1 day)
<i>viibryd oral tablet 10 mg, 20 mg, 40 mg (vilazodone hcl)</i>	PB	#; QL (1 tablet per 1 day)
<i>viibryd starter pack oral kit 10 & 20 mg (vilazodone hcl)</i>	PB	#
<i>wellbutrin sr oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg (bupropion hcl)</i>	NP	QL (2 tabs per 1 DAYS)
<i>wellbutrin xl oral tablet extended release 24 hour 150 mg, 300 mg (bupropion hcl)</i>	NF	

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
zoloft oral tablet 100 mg (<i>sertraline hcl</i>)	NP	QL (2 tabs per 1 DAYS)
zoloft oral tablet 25 mg (<i>sertraline hcl</i>)	NP	QL (1 tabs per 1 DAYS)
zoloft oral tablet 50 mg (<i>sertraline hcl</i>)	NP	QL (1.5 tabs per 1 DAYS)
ANTIDIABETICS - HORMONES		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	PG	
<i>actoplus met oral tablet 15-500 mg, 15-850 mg (pioglitazone hcl-metformin hcl)</i>	NP	QL (2 TABS per 1 DAYS)
<i>actos oral tablet 15 mg, 30 mg, 45 mg (pioglitazone hcl)</i>	NP	QL (1 TABS per 1 DAYS)
<i>adlyxin starter pack subcutaneous pen-injector kit 10 & 20 mcg/0.2ml (lixisenatide)</i>	NF	
<i>adlyxin subcutaneous solution pen-injector 20 mcg/0.2ml (lixisenatide)</i>	NF	
<i>admelog solostar subcutaneous solution pen-injector 100 unit/ml (insulin lispro)</i>	NF	
<i>admelog subcutaneous solution 100 unit/ml (insulin lispro)</i>	NF	
<i>afrezza inhalation powder 12 unit, 4 & 8 & 12 unit, 4 unit, 8 unit, 90 x 4 unit & 90x8 unit, 90 x 8 unit & 90x12 unit (insulin regular human)</i>	NF	
<i>alogliptin benzoate oral tablet 12.5 mg, 25 mg, 6.25 mg</i>	PG	QL (1 tablets per 1 day)
<i>alogliptin-metformin hcl oral tablet 12.5-1000 mg, 12.5-500 mg</i>	PG	QL (2 tablets per 1 day)
<i>alogliptin-pioglitazone oral tablet 12.5-15 mg, 12.5-30 mg, 12.5-45 mg, 25-15 mg, 25-30 mg, 25-45 mg</i>	PG	QL (1 tablets per 1 day)
<i>amaryl oral tablet 1 mg, 2 mg, 4 mg (glimepiride)</i>	NP	
<i>apidra injection solution 100 unit/ml (insulin glulisine)</i>	NF	
<i>apidra solostar subcutaneous solution pen-injector 100 unit/ml (insulin glulisine)</i>	NF	
<i>avandia oral tablet 2 mg, 4 mg (rosiglitazone maleate)</i>	NP	QL (1 tablet per 1 day)
<i>baqsimi one pack nasal powder 3 mg/dose (glucagon)</i>	PB	QL (2 inhalers per 30 days)
<i>baqsimi two pack nasal powder 3 mg/dose (glucagon)</i>	PB	QL (2 inhalers per 30 days)
<i>basaglar kwikpen subcutaneous solution pen-injector 100 unit/ml (insulin glargine)</i>	PB	
<i>bydureon bcise subcutaneous auto-injector 2 mg/0.85ml (exenatide)</i>	NF	
<i>bydureon subcutaneous pen-injector 2 mg (exenatide)</i>	NF	

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
byetta 10 mcg pen subcutaneous solution pen-injector 10 mcg/0.04ml (<i>exenatide</i>)	NF	#
byetta 5 mcg pen subcutaneous solution pen-injector 5 mcg/0.02ml (<i>exenatide</i>)	NF	#
cycloset oral tablet 0.8 mg (<i>bromocriptine mesylate</i>)	NP	QL (6 tablets per 1 day)
<i>diazoxide oral suspension 50 mg/ml</i>	PG	
duetact oral tablet 30-2 mg, 30-4 mg (<i>pioglitazone hcl-glimepiride</i>)	NP	QL (1 TABS per 1 DAYS)
farxiga oral tablet 10 mg, 5 mg (<i>dapagliflozin propanediol</i>)	PB	QL (1 tablet per 1 day)
fiasp flextouch subcutaneous solution pen-injector 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	
fiasp subcutaneous solution 100 unit/ml (<i>insulin aspart (w/niacinamide)</i>)	PB	
fortamet oral tablet extended release 24 hour 1000 mg, 500 mg (<i>metformin hcl</i>)	NF	
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	PG	LGC
<i>glipizide er oral tablet extended release 24 hour 10 mg, 5 mg</i>	PG	LGC
<i>glipizide er oral tablet extended release 24 hour 2.5 mg</i>	PG	LGC
<i>glipizide oral tablet 10 mg, 5 mg</i>	PG	LGC
<i>glipizide xl oral tablet extended release 24 hour 2.5 mg</i>	PG	LGC
<i>glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	PG	LGC
glucagen hypokit injection solution reconstituted 1 mg (<i>glucagon hcl (rdna)</i>)	PB	QL (1 box per 1 fill)
glucagon emergency injection kit 1 mg	PB	QL (2 kits per 1 month)
<i>glucagon emergency injection solution reconstituted 1 mg/ml</i>	NF	
<i>glucose oral tablet chewable 4 gm, 4-6 gm-mg</i>	PG	
glucotrol oral tablet 10 mg, 5 mg (<i>glipizide</i>)	NP	
glucotrol xl oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg (<i>glipizide</i>)	NP	
glumetza oral tablet extended release 24 hour 1000 mg, 500 mg (<i>metformin hcl</i>)	NF	
<i>glyburide micronized oral tablet 1.5 mg</i>	PG	

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>glyburide micronized oral tablet 3 mg, 6 mg</i>	PG	LGC
<i>glyburide oral tablet 1.25 mg</i>	PG	LGC
<i>glyburide oral tablet 2.5 mg, 5 mg</i>	PG	LGC
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	PG	LGC
<i>glynase oral tablet 1.5 mg, 3 mg, 6 mg (glyburide micronized)</i>	NP	
<i>glyset oral tablet 100 mg, 25 mg, 50 mg (miglitol)</i>	NP	
<i>glyxambi oral tablet 10-5 mg, 25-5 mg (empagliflozin-linagliptin)</i>	PB	QL (1 tablet per 1 day)
<i>gvoke hypopen 1-pack subcutaneous solution auto-injector 0.5 mg/0.1ml, 1 mg/0.2ml (glucagon)</i>	NP	QL (2 injections per 30 days)
<i>gvoke hypopen 2-pack subcutaneous solution auto-injector 0.5 mg/0.1ml, 1 mg/0.2ml (glucagon)</i>	NP	QL (2 injections per 30 days)
<i>gvoke pfs subcutaneous solution prefilled syringe 0.5 mg/0.1ml, 1 mg/0.2ml (glucagon)</i>	NP	QL (2 injections per 30 days)
<i>humalog junior kwikpen subcutaneous solution pen-injector 100 unit/ml (insulin lispro)</i>	NF	
<i>humalog kwikpen subcutaneous solution pen-injector 100 unit/ml, 200 unit/ml (insulin lispro)</i>	NF	
<i>humalog mix 50/50 kwikpen subcutaneous suspension pen-injector (50-50) 100 unit/ml (insulin lispro prot & lispro)</i>	NF	
<i>humalog mix 50/50 subcutaneous suspension (50-50) 100 unit/ml (insulin lispro prot & lispro)</i>	NF	
<i>humalog mix 75/25 kwikpen subcutaneous suspension pen-injector (75-25) 100 unit/ml (insulin lispro prot & lispro)</i>	NF	
<i>humalog mix 75/25 subcutaneous suspension (75-25) 100 unit/ml (insulin lispro prot & lispro)</i>	NF	
<i>humalog subcutaneous solution 100 unit/ml (insulin lispro)</i>	NF	
<i>humalog subcutaneous solution cartridge 100 unit/ml (insulin lispro)</i>	NF	
<i>humulin 70/30 kwikpen subcutaneous suspension pen-injector (70-30) 100 unit/ml (insulin nph isophane & regular)</i>	NF	
<i>humulin 70/30 subcutaneous suspension (70-30) 100 unit/ml (insulin nph isophane & regular)</i>	NF	
<i>humulin n kwikpen subcutaneous suspension pen-injector 100 unit/ml (insulin nph human (isophane))</i>	NF	

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
humulin n subcutaneous suspension 100 unit/ml (<i>insulin nph human (isophane)</i>)	NF	
humulin r injection solution 100 unit/ml (<i>insulin regular human</i>)	NF	
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 & asp flexpen subcutaneous suspension pen-injector (70-30) 100 unit/ml</i>	NF	
<i>insulin aspart flexpen subcutaneous solution pen-injector 100 unit/ml</i>	NF	
<i>insulin aspart penfill subcutaneous solution cartridge 100 unit/ml</i>	NF	
<i>insulin aspart prot & aspart subcutaneous suspension (70-30) 100 unit/ml</i>	NF	
<i>insulin aspart subcutaneous solution 100 unit/ml</i>	NF	
<i>insulin lispro (1 unit dial) subcutaneous solution pen-injector 100 unit/ml</i>	NF	
<i>insulin lispro junior kwikpen subcutaneous solution pen-injector 100 unit/ml</i>	NF	
<i>insulin lispro prot & lispro subcutaneous suspension pen-injector (75-25) 100 unit/ml</i>	NF	
<i>insulin lispro subcutaneous solution 100 unit/ml</i>	NF	
invokamet oral tablet 150-1000 mg, 150-500 mg, 50-1000 mg, 50-500 mg (<i>canagliflozin-metformin hcl</i>)	NF	
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>)	NF	
invokana oral tablet 100 mg, 300 mg (<i>canagliflozin</i>)	NF	
janumet oral tablet 50-1000 mg, 50-500 mg (<i>sitagliptin-metformin hcl</i>)	PB	QL (2 tablets per 1 day)
janumet xr oral tablet extended release 24 hour 100-1000 mg, 50-500 mg (<i>sitagliptin-metformin hcl</i>)	PB	QL (1 tablet per 1 day)
janumet xr oral tablet extended release 24 hour 50-1000 mg (<i>sitagliptin-metformin hcl</i>)	PB	QL (2 tablets per 1 day)
januvia oral tablet 100 mg, 25 mg, 50 mg (<i>sitagliptin phosphate</i>)	PB	QL (1 tablet per 1 day)

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
jardiance oral tablet 10 mg, 25 mg (<i>empagliflozin</i>)	PB	QL (1 tablet per 1 day)
jentadueto oral tablet 2.5-1000 mg, 2.5-500 mg, 2.5-850 mg (<i>linagliptin-metformin hcl</i>)	NF	
jentadueto xr oral tablet extended release 24 hour 2.5-1000 mg, 5-1000 mg (<i>linagliptin-metformin hcl</i>)	NF	
kazano oral tablet 12.5-1000 mg, 12.5-500 mg (<i>alogliptin-metformin hcl</i>)	NF	
kombiglyze xr oral tablet extended release 24 hour 2.5-1000 mg, 5-1000 mg, 5-500 mg (<i>saxagliptin-metformin</i>)	NF	
korlym oral tablet 300 mg (<i>mifepristone</i>)	NPSP	PA; #; SP; QL (4 tablets per 1 day)
lantus solostar subcutaneous solution pen-injector 100 unit/ml (<i>insulin glargine</i>)	NF	
lantus subcutaneous solution 100 unit/ml (<i>insulin glargine</i>)	NF	
levemir flextouch 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>)	NF	
lyumjev kwikpen subcutaneous solution pen-injector 100 unit/ml, 200 unit/ml (<i>insulin lispro-aabc</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>	PG	LGC
<i>metformin hcl er oral tablet extended release 24 hour 750 mg</i>	PG	
<i>metformin hcl oral solution 500 mg/5ml</i>	NP	
<i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg</i>	PG	LGC
<i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>	PG	
<i>nateglinide oral tablet 120 mg, 60 mg</i>	NP	LGC
nesina oral tablet 12.5 mg, 25 mg, 6.25 mg (<i>alogliptin benzoate</i>)	NF	
novolin 70/30 flexpen relion subcutaneous suspension pen-injector (70-30) 100 unit/ml (<i>insulin nph isophane & regular</i>)	NF	
novolin 70/30 flexpen subcutaneous suspension pen-injector (70-30) 100 unit/ml (<i>insulin nph isophane & regular</i>)	PB	

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
novolin 70/30 relion subcutaneous suspension (70-30) 100 unit/ml (<i>insulin nph isophane & regular</i>)	NF	
novolin 70/30 subcutaneous suspension (70-30) 100 unit/ml (<i>insulin nph isophane & regular</i>)	PB	
novolin n flexpen relion subcutaneous suspension pen-injector 100 unit/ml (<i>insulin nph human (isophane)</i>)	NF	
novolin n flexpen subcutaneous suspension pen-injector 100 unit/ml (<i>insulin nph human (isophane)</i>)	PB	
novolin n relion subcutaneous suspension 100 unit/ml (<i>insulin nph human (isophane)</i>)	NF	
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 flexpen relion injection solution pen-injector 100 unit/ml (<i>insulin regular human</i>)	NF	
novolin r injection solution 100 unit/ml (<i>insulin regular human</i>)	PB	
novolin r relion injection solution 100 unit/ml (<i>insulin regular human</i>)	NF	
novolog flexpen subcutaneous solution pen-injector 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 & aspart</i>)	PB	
novolog mix 70/30 subcutaneous suspension (70-30) 100 unit/ml (<i>insulin aspart prot & aspart</i>)	PB	
novolog penfill subcutaneous solution cartridge 100 unit/ml (<i>insulin aspart</i>)	PB	
novolog subcutaneous solution 100 unit/ml (<i>insulin aspart</i>)	PB	
onglyza oral tablet 2.5 mg, 5 mg (<i>saxagliptin hcl</i>)	NF	
oseni oral tablet 12.5-15 mg, 12.5-30 mg, 12.5-45 mg, 25-15 mg, 25-30 mg, 25-45 mg (<i>alogliptin-pioglitazone</i>)	NF	
ozempic (0.25 or 0.5 mg/dose) subcutaneous solution pen-injector 2 mg/1.5ml (<i>semaglutide</i>)	PB	PA; ST; QL (1 pen per 28 days)
ozempic (1 mg/dose) subcutaneous solution pen-injector 2 mg/1.5ml (<i>semaglutide</i>)	PB	PA; ST; QL (2 pens per 28 days)
<i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i>	PG	LGC; QL (1 tablet per 1 day)

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>pioglitazone hcl-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	PG	QL (1 tablet per 1 day)
<i>pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg</i>	PG	LGC; QL (2 tablets per 1 day)
precose oral tablet 100 mg, 25 mg, 50 mg (<i>acarbose</i>)	NP	
proglycem oral suspension 50 mg/ml (<i>diazoxide</i>)	NP	
qtern oral tablet 10-5 mg (<i>dapagliflozin-saxagliptin</i>)	PB	ST; QL (1 tablet per 1 day)
qtern oral tablet 5-5 mg (<i>dapagliflozin-saxagliptin</i>)	PB	ST; #; QL (1 tablet per 1 day)
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	NP	LGC
riomet er oral suspension reconstituted er 500 mg/5ml (<i>metformin hcl</i>)	NF	
riomet oral solution 500 mg/5ml (<i>metformin hcl</i>)	NF	
rybelsus oral tablet 14 mg, 3 mg, 7 mg (<i>semaglutide</i>)	PB	PA; ST; QL (1 tablet per 1 day)
segluromet oral tablet 2.5-1000 mg, 2.5-500 mg, 7.5-1000 mg, 7.5-500 mg (<i>ertugliflozin-metformin hcl</i>)	NF	
semglee subcutaneous solution 100 unit/ml (<i>insulin glargine</i>)	NF	
semglee subcutaneous solution pen-injector 100 unit/ml (<i>insulin glargine</i>)	NF	
soliqua subcutaneous solution pen-injector 100-33 unt-mcg/ml (<i>insulin glargine-lixisenatide</i>)	PB	ST; QL (5 pens per 1 month)
starlix oral tablet 120 mg, 60 mg (<i>nateglinide</i>)	NP	
steglatro oral tablet 15 mg, 5 mg (<i>ertugliflozin l-pyroglytamias</i>)	NF	
steglujan oral tablet 15-100 mg, 5-100 mg (<i>ertugliflozin-sitagliptin</i>)	NF	
symlinpen 120 subcutaneous solution pen-injector 2700 mcg/2.7ml (<i>pramlintide acetate</i>)	NP	PA; #; QL (4 pens per 1 month)
symlinpen 60 subcutaneous solution pen-injector 1500 mcg/1.5ml (<i>pramlintide acetate</i>)	NP	PA; #
synjardy oral tablet 12.5-1000 mg, 12.5-500 mg, 5-1000 mg, 5-500 mg (<i>empagliflozin-metformin hcl</i>)	PB	QL (2 tablets per 1 day)
synjardy xr oral tablet extended release 24 hour 10-1000 mg, 12.5-1000 mg, 5-1000 mg (<i>empagliflozin-metformin hcl</i>)	PB	QL (2 tablets per 1 day)
synjardy xr oral tablet extended release 24 hour 25-1000 mg (<i>empagliflozin-metformin hcl</i>)	PB	QL (1 tablet per 1 day)

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>tolbutamide oral tablet 500 mg</i>	NP	
toujeo max solostar subcutaneous solution pen-injector 300 unit/ml (<i>insulin glargine</i>)	NF	
toujeo solostar subcutaneous solution pen-injector 300 unit/ml (<i>insulin glargine</i>)	NF	
tradjenta oral tablet 5 mg (<i>linagliptin</i>)	NF	
tresiba flextouch subcutaneous solution pen-injector 100 unit/ml, 200 unit/ml (<i>insulin degludec</i>)	PB	
tresiba subcutaneous solution 100 unit/ml (<i>insulin degludec</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	ST; QL (1 tablet per 1 day)
trulicity subcutaneous solution pen-injector 0.75 mg/0.5ml, 1.5 mg/0.5ml (<i>dulaglutide</i>)	PB	PA; ST; QL (4 injections per 30 days)
trulicity subcutaneous solution pen-injector 3 mg/0.5ml, 4.5 mg/0.5ml (<i>dulaglutide</i>)	PB	PA; QL (4 injections per 1 month)
victoza subcutaneous solution pen-injector 18 mg/3ml (<i>liraglutide</i>)	PB	PA; ST; QL (3 pens per 30 days)
xigduo xr oral tablet extended release 24 hour 10-1000 mg, 10-500 mg, 5-500 mg (<i>dapagliflozin-metformin hcl</i>)	PB	
xigduo xr oral tablet extended release 24 hour 2.5-1000 mg (<i>dapagliflozin-metformin hcl</i>)	PB	QL (2 tablets per 1 day)
xigduo xr oral tablet extended release 24 hour 5-1000 mg (<i>dapagliflozin-metformin hcl</i>)	PB	QL (2 tablet per 1 day)
xultophy subcutaneous solution pen-injector 100-3.6 unit-mg/ml (<i>insulin degludec-liraglutide</i>)	PB	ST; QL (5 pens per 1 month)
ANTIDIARRHEAL/PROBIOTIC AGENTS - DRUGS FOR THE STOMACH		
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml</i>	PG	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	PG	
lomotil oral tablet 2.5-0.025 mg (<i>diphenoxylate-atropine</i>)	NP	
motofen oral tablet 1-0.025 mg (<i>difenoxin-atropine</i>)	NP	
mytesi oral tablet delayed release 125 mg (<i>crofelemer</i>)	NF	
vsl#3 ds oral packet (<i>probiotic product</i>)	NP	

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTIDOTES AND SPECIFIC ANTAGONISTS - DRUGS FOR OVERDOSE OR POISONING		
chemet oral capsule 100 mg (<i>succimer</i>)	NP	
<i>deferasirox granules oral packet 180 mg, 360 mg</i>	PSP	PA
<i>deferasirox granules oral packet 90 mg</i>	PSP	PA; SP
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i>	PSP	PA; SP
<i>deferasirox oral tablet soluble 125 mg, 250 mg, 500 mg</i>	PSP	PA; SP
<i>deferiprone oral tablet 500 mg</i>	PSP	PA; SP
<i>deferoxamine mesylate injection solution reconstituted 2 gm, 500 mg</i>	PSP	SP
<i>desferal injection solution reconstituted 500 mg (deferoxamine mesylate)</i>	NP	SP
<i>exjade oral tablet soluble 125 mg, 250 mg, 500 mg (deferasirox)</i>	NPSP	PA; SP
<i>ferriprox oral solution 100 mg/ml (deferiprone)</i>	NPSP	PA
<i>ferriprox oral tablet 1000 mg, 500 mg (deferiprone)</i>	NPSP	PA; #; SP
<i>ferriprox twice-a-day oral tablet 1000 mg (deferiprone)</i>	NPSP	PA; #; SP
<i>jadenu oral tablet 180 mg, 360 mg, 90 mg (deferasirox)</i>	NPSP	PA; SP
<i>jadenu sprinkle oral packet 180 mg, 360 mg, 90 mg (deferasirox)</i>	NPSP	PA; #; SP
<i>naloxone hcl injection solution 0.4 mg/ml</i>	PG	
<i>naloxone hcl injection solution auto-injector 2 mg/0.4ml</i>	NF	
<i>naltrexone hcl oral tablet 50 mg</i>	CE	N2 (PG); UF11 (Covered at preferred tier with no PA, no ST for members residing in Illinois.)
<i>narcan nasal liquid 4 mg/0.1ml (naloxone hcl)</i>	PB	#; UF11 (Covered at preferred tier with no PA, no ST for members residing in Illinois.); QL (4 sprays per 180 days)
<i>vistogard oral packet 10 gm (uridine triacetate)</i>	PSP	SP; QL (20 packs per 1 fill)

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
vivitrol intramuscular suspension reconstituted 380 mg (<i>naltrexone</i>)	NP	UF11 (Covered at preferred tier with no PA, no ST for members residing in Illinois.); QL (1 injection per 1 month)
ANTIEMETICS - DRUGS FOR THE STOMACH		
akynzeo oral capsule 300-0.5 mg (<i>netupitant-palonosetron</i>)	NP	PA; ST; QL (2 capsules per 1 month)
aloxi intravenous solution 0.25 mg/5ml (<i>palonosetron hcl</i>)	NPSP	SP
anzemet oral tablet 100 mg, 50 mg (<i>dolasetron mesylate</i>)	NP	QL (6 tablets per 1 month)
<i>aprepitant oral capsule 125 mg, 40 mg, 80 mg</i>	PG	QL (5 capsules per 30 days)
<i>aprepitant oral capsule 80 & 125 mg</i>	PG	QL (9 capsules per 30 days)
bonjesta oral tablet extended release 20-20 mg (<i>doxylamine-pyridoxine</i>)	NP	PA; ST; #; QL (2 tablets per 1 day)
diclegis oral tablet delayed release 10-10 mg (<i>doxylamine-pyridoxine</i>)	NF	
<i>doxylamine-pyridoxine oral tablet delayed release 10-10 mg</i>	NP	PA; QL (4 tablets per 1 day)
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	NP	PA; QL (2 capsules per 1 day)
emend oral capsule 40 mg, 80 mg (<i>aprepitant</i>)	NP	QL (5 capsules per 30 days)
emend oral suspension reconstituted 125 mg/5ml (<i>aprepitant</i>)	PB	#
<i>granisetron hcl intravenous solution 1 mg/ml, 4 mg/4ml</i>	NPSP	
<i>granisetron hcl oral tablet 1 mg</i>	NP	
<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>	NP	
<i>ondansetron hcl injection solution 4 mg/2ml</i>	PG	
<i>ondansetron hcl oral solution 4 mg/5ml</i>	PG	
<i>ondansetron hcl oral tablet 24 mg, 4 mg, 8 mg</i>	PG	
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>	PG	
<i>palonosetron hcl intravenous solution 0.25 mg/5ml</i>	PSP	SP
sancuso transdermal patch 3.1 mg/24hr (<i>granisetron</i>)	NP	QL (2 patches per 21 days)
syndros oral solution 5 mg/ml (<i>dronabinol</i>)	NP	PA; #; QL (4 bottles per 1 month)
tigan intramuscular solution 100 mg/ml (<i>trimethobenzamide hcl</i>)	NP	
tigan oral capsule 300 mg (<i>trimethobenzamide hcl</i>)	NP	

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
transderm-scop (1.5 mg) transdermal patch 72 hour 1 mg/3days (<i>scopolamine base</i>)	NP	
<i>trimethobenzamide hcl oral capsule 300 mg</i>	PG	
varubi (180 mg dose) oral tablet therapy pack 2 x 90 mg (<i>rolapitant hcl</i>)	NP	QL (4 tablets per 28 days)
zofran oral tablet 4 mg (<i>ondansetron hcl</i>)	NP	
zuplenz oral film 4 mg, 8 mg (<i>ondansetron</i>)	NF	
ANTIFUNGALS - DRUGS FOR INFECTIONS		
ambisome intravenous suspension reconstituted 50 mg (<i>amphotericin b liposome</i>)	NP	
ancobon oral capsule 250 mg, 500 mg (<i>flucytosine</i>)	NF	
cresemba oral capsule 186 mg (<i>isavuconazonium sulfate</i>)	NP	
diflucan oral suspension reconstituted 10 mg/ml, 40 mg/ml (<i>fluconazole</i>)	NP	
diflucan oral tablet 100 mg, 150 mg, 200 mg, 50 mg (<i>fluconazole</i>)	NP	
<i>fluconazole in sodium chloride intravenous solution 400-0.9 mg/200ml-%</i>	NP	
<i>fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml</i>	PG	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	PG	
<i>flucytosine oral capsule 250 mg</i>	NP	
<i>flucytosine oral capsule 500 mg</i>	NF	
<i>griseofulvin microsize oral suspension 125 mg/5ml</i>	PG	
<i>griseofulvin microsize oral tablet 500 mg</i>	PG	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	PG	
<i>itraconazole oral capsule 100 mg</i>	PG	QL (1 capsule per 1 day)
<i>itraconazole oral solution 10 mg/ml</i>	NP	
<i>ketoconazole oral tablet 200 mg</i>	PG	QL (2 tablets per 1 day)
lamisil oral tablet 250 mg (<i>terbinafine hcl</i>)	NP	
noxafil intravenous solution 300 mg/16.7ml (<i>posaconazole</i>)	NP	
noxafil oral suspension 40 mg/ml (<i>posaconazole</i>)	NF	#
noxafil oral tablet delayed release 100 mg (<i>posaconazole</i>)	NF	
<i>nystatin oral tablet 500000 unit</i>	PG	
<i>posaconazole oral tablet delayed release 100 mg</i>	NF	

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
sporanox oral capsule 100 mg (<i>itraconazole</i>)	NP	QL (1 capsule per 1 day)
sporanox oral solution 10 mg/ml (<i>itraconazole</i>)	NF	
sporanox pulsepak oral capsule 100 mg (<i>itraconazole</i>)	NP	QL (1 capsule per 1 day)
<i>terbinafine hcl oral tablet 250 mg</i>	PG	
<i>tolsura oral capsule 65 mg</i>	NF	
vfend oral suspension reconstituted 40 mg/ml (<i>voriconazole</i>)	NP	
vfend oral tablet 200 mg, 50 mg (<i>voriconazole</i>)	NP	
<i>voriconazole intravenous solution reconstituted 200 mg</i>	NP	
<i>voriconazole oral suspension reconstituted 40 mg/ml</i>	PG	
<i>voriconazole oral tablet 200 mg, 50 mg</i>	PG	
ANTIHISTAMINES - DRUGS FOR THE LUNGS		
<i>alavert oral tablet dispersible 10 mg</i>	PG	Select OTC
allegra allergy childrens oral suspension 30 mg/5ml (<i>fexofenadine hcl</i>)	PG	Select OTC
allegra allergy childrens oral tablet dispersible 30 mg (<i>fexofenadine hcl</i>)	PG	Select OTC
allegra allergy oral tablet 180 mg, 60 mg (<i>fexofenadine hcl</i>)	PG	Select OTC
<i>allergy relief loratadine oral tablet 10 mg</i>	PG	
<i>allergy relief oral tablet 5 mg</i>	PG	Select OTC; QL (1 tablet per 1 day)
<i>allergy relief oral tablet dispersible 10 mg</i>	PG	Select OTC
<i>carbinoxamine maleate oral solution 4 mg/5ml</i>	NP	
<i>carbinoxamine maleate oral tablet 4 mg, 6 mg</i>	NP	
<i>cetirizine hcl oral tablet 10 mg, 5 mg</i>	PG	Select OTC
<i>cetirizine hcl oral tablet chewable 10 mg, 5 mg</i>	PG	Select OTC
<i>childrens loratadine oral solution 5 mg/5ml</i>	PG	Select OTC
<i>childrens loratadine oral syrup 5 mg/5ml</i>	PG	Select OTC
clarinex oral tablet 5 mg (<i>desloratadine</i>)	NP	QL (1 TABS per 1 DAYS)
claritin childrens oral tablet chewable 5 mg (<i>loratadine</i>)	PG	Select OTC
claritin oral capsule 10 mg (<i>loratadine</i>)	PG	Select OTC
claritin oral syrup 5 mg/5ml (<i>loratadine</i>)	PG	Select OTC
claritin oral tablet 10 mg (<i>loratadine</i>)	PG	Select OTC
claritin reditabs oral tablet dispersible 10 mg, 5 mg (<i>loratadine</i>)	PG	Select OTC

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>clemastine fumarate oral tablet 2.68 mg</i>	PG	
<i>cyproheptadine hcl oral syrup 2 mg/5ml</i>	PG	
<i>cyproheptadine hcl oral tablet 4 mg</i>	PG	
<i>desloratadine oral tablet 5 mg</i>	NP	QL (1 tablet per 1 day)
<i>desloratadine oral tablet dispersible 2.5 mg</i>	NP	QL (1 tablet per 1 day)
<i>desloratadine oral tablet dispersible 5 mg</i>	NP	
<i>dexchlorpheniramine maleate oral solution 2 mg/5ml</i>	NF	
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	NP	
<i>eq allergy relief oral tablet 10 mg</i>	PG	
<i>fexofenadine hcl oral tablet 180 mg, 60 mg</i>	PG	Select OTC
<i>karbinal er oral suspension extended release 4 mg/5ml (carbinoxamine maleate)</i>	NP	
<i>kls allerclear oral tablet 10 mg (loratadine)</i>	PG	
<i>levocetirizine dihydrochloride oral tablet 5 mg</i>	PG	Select OTC; QL (1 tablet per 1 day)
<i>loradamed oral tablet 10 mg</i>	PG	
<i>loratadine childrens oral syrup 5 mg/5ml</i>	PG	Select OTC
<i>loratadine oral capsule 10 mg</i>	PG	Select OTC
<i>loratadine oral tablet 10 mg</i>	PG	Select OTC
<i>promethazine hcl injection solution 25 mg/ml, 50 mg/ml</i>	PG	
<i>promethazine hcl oral solution 6.25 mg/5ml</i>	PG	
<i>promethazine hcl oral syrup 6.25 mg/5ml</i>	PG	
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>	PG	
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	PG	
<i>promethazine hcl (Promethegan Rectal Suppository 12.5 Mg, 25 Mg)</i>	PG	
<i>promethegan rectal suppository 50 mg</i>	PG	
<i>ryvent oral tablet 6 mg (carbinoxamine maleate)</i>	NF	
<i>sm loratadine oral tablet 10 mg</i>	PG	
<i>triaminic allerschews oral tablet dispersible 10 mg (loratadine)</i>	PG	Select OTC
<i>xyzal allergy 24hr childrens oral solution 2.5 mg/5ml (levocetirizine dihydrochloride)</i>	PG	Select OTC
<i>xyzal allergy 24hr oral tablet 5 mg (levocetirizine dihydrochloride)</i>	PG	Select OTC

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

70

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
zyrtec allergy oral capsule 10 mg (<i>cetirizine hcl</i>)	PG	Select OTC
zyrtec allergy oral tablet 10 mg (<i>cetirizine hcl</i>)	PG	Select OTC
zyrtec childrens allergy oral solution 1 mg/ml, 5 mg/5ml (<i>cetirizine hcl</i>)	PG	Select OTC
ANTIHYPERLIPIDEMICS - DRUGS FOR THE HEART		
altoprev oral tablet extended release 24 hour 20 mg, 40 mg, 60 mg (<i>lovastatin</i>)	NP	#: QL (1 tablet per 1 day)
antara oral capsule 30 mg, 90 mg (<i>fenofibrate micronized</i>)	NP	#: QL (1 capsule per 1 day)
<i>atorvastatin calcium oral tablet 10 mg, 20 mg</i>	CE	LGC; N2 (PG); QL (1 tablet per 1 day); AL
<i>atorvastatin calcium oral tablet 40 mg, 80 mg</i>	PG	LGC; QL (1 tablet per 1 day)
<i>cholestyramine light oral powder 4 gm/dose</i>	PG	
<i>colesevelam hcl oral packet 3.75 gm</i>	PG	
<i>colesevelam hcl oral tablet 625 mg</i>	PG	
<i>colestid flavored oral granules 5 gm (colestipol hcl)</i>	NP	
<i>colestid flavored oral packet 5 gm (colestipol hcl)</i>	NF	
<i>colestid oral granules 5 gm (colestipol hcl)</i>	NP	
<i>colestid oral packet 5 gm (colestipol hcl)</i>	NP	
<i>colestid oral tablet 1 gm (colestipol hcl)</i>	NP	
<i>colestipol hcl oral granules 5 gm</i>	PG	
<i>crestor oral tablet 10 mg, 20 mg, 40 mg, 5 mg (rosuvastatin calcium)</i>	NF	
<i>ezallor sprinkle oral capsule sprinkle 10 mg, 20 mg, 40 mg, 5 mg (rosuvastatin calcium)</i>	NF	
<i>ezetimibe oral tablet 10 mg</i>	PG	QL (1 tablet per 1 day)
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	PG	QL (1 tablet per 1 day)
<i>fenofibrate micronized oral capsule 130 mg, 43 mg</i>	NP	QL (1 capsule per 1 day)
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>	PG	QL (1 capsule per 1 day)
<i>fenofibrate oral capsule 150 mg, 50 mg</i>	NP	QL (1 capsule per 1 day)
<i>fenofibrate oral tablet 120 mg, 40 mg</i>	NF	
<i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>	PG	QL (1 tablet per 1 day)
<i>fenofibric acid oral capsule delayed release 135 mg, 45 mg</i>	PG	QL (1 capsule per 1 day)

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>fenofibric acid oral tablet 105 mg</i>	NP	QL (1 tablet per 1 day)
<i>fenoglide oral tablet 120 mg, 40 mg (fenofibrate)</i>	NF	
<i>flolipid oral suspension 20 mg/5ml, 40 mg/5ml</i>	NF	
<i>fluvastatin sodium er oral tablet extended release 24 hour 80 mg</i>	NP	QL (1 tablet per 1 day)
<i>fluvastatin sodium oral capsule 20 mg, 40 mg</i>	PG	QL (2 capsules per 1 day)
<i>gemfibrozil oral tablet 600 mg</i>	PG	LGC
<i>juxtapid oral capsule 10 mg, 20 mg, 30 mg, 5 mg (lomitapide mesylate)</i>	NPSP	PA; ST; SP; QL (1 capsule per 1 day)
<i>lescol xl oral tablet extended release 24 hour 80 mg (fluvastatin sodium)</i>	NP	QL (1 tablet per 1 day)
<i>lipitor oral tablet 10 mg, 20 mg, 40 mg, 80 mg (atorvastatin calcium)</i>	NF	
<i>lipofen oral capsule 150 mg, 50 mg (fenofibrate)</i>	NP	QL (1 CAPS per 1 DAY)
<i>livalo oral tablet 1 mg, 2 mg, 4 mg (pitavastatin calcium)</i>	NP	ST; QL (1 tablet per 1 day)
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	PG	LGC; QL (2 tablets per 1 day)
<i>lovaza oral capsule 1 gm (omega-3-acid ethyl esters)</i>	NP	QL (4 CAPS per 1 DAYS)
<i>nexletol oral tablet 180 mg (bempedoic acid)</i>	NP	
<i>nexlizet oral tablet 180-10 mg (bempedoic acid-ezetimibe)</i>	NP	
<i>niacin (antihyperlipidemic) oral tablet 500 mg</i>	NF	
<i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg</i>	PG	
<i>niacor oral tablet 500 mg (niacin (antihyperlipidemic))</i>	NF	
<i>niaspan oral tablet extended release 1000 mg, 500 mg, 750 mg (niacin (antihyperlipidemic))</i>	NP	
<i>omega-3-acid ethyl esters oral capsule 1 gm</i>	PG	QL (4 capsules per 1 day)
<i>praluent subcutaneous solution auto-injector 150 mg/ml, 75 mg/ml (alirocumab)</i>	PSP	PA; QL (2 syringes per 28 days)
<i>pravachol oral tablet 20 mg, 40 mg (pravastatin sodium)</i>	NP	QL (1 tabs per 1 DAYS)
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	PG	LGC; QL (1 tablet per 1 day)
<i>cholestyramine light (Prevalite Oral Packet 4 Gm)</i>	PG	
<i>questran light oral powder 4 gm/dose (cholestyramine light)</i>	NP	
<i>repatha pushtronex system subcutaneous solution cartridge 420 mg/3.5ml (evolocumab)</i>	NF	

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

72

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
<i>rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	PG	LGC; QL (1 tablet per 1 day)
<i>simvastatin oral tablet 10 mg, 5 mg</i>	CE	LGC; N2 (PG); QL (1 tablet per 1 day); AL
<i>simvastatin oral tablet 20 mg, 40 mg</i>	CE	N2 (PG); QL (1 tablet per 1 day); AL
<i>simvastatin oral tablet 80 mg</i>	PG	LGC; QL (1 tablet per 1 day)
trikor oral tablet 145 mg, 48 mg (<i>fenofibrate</i>)	NP	QL (1 tablet per 1 day)
trilipix oral capsule delayed release 135 mg, 45 mg (<i>choline fenofibrate</i>)	NP	QL (1 CPDR per 1 DAYS)
vascepa oral capsule 0.5 gm (<i>icosapent ethyl</i>)	PB	#; QL (8 capsules per 1 day)
vascepa oral capsule 1 gm (<i>icosapent ethyl</i>)	PB	#; QL (4 CAPS per 1 DAYS)
vytorin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg (<i>ezetimibe-simvastatin</i>)	NP	ST; QL (1 tablet per 1 day)
welchol oral packet 3.75 gm (<i>colesevelam hcl</i>)	NF	
welchol oral tablet 625 mg (<i>colesevelam hcl</i>)	NF	
zetia oral tablet 10 mg (<i>ezetimibe</i>)	NP	ST; QL (1 tablet per 1 day)
zocor oral tablet 10 mg, 20 mg, 40 mg, 80 mg (<i>simvastatin</i>)	NP	QL (1 tabs per 1 DAYS)
zypitamag oral tablet 2 mg, 4 mg (<i>pitavastatin magnesium</i>)	NF	
ANTIHYPERTENSIVES - DRUGS FOR THE HEART		
accupril oral tablet 10 mg, 20 mg, 5 mg (<i>quinapril hcl</i>)	NP	
accupril oral tablet 40 mg (<i>quinapril hcl</i>)	NF	
accuretic oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg (<i>quinapril-hydrochlorothiazide</i>)	NP	
<i>aliskiren fumarate oral tablet 150 mg, 300 mg</i>	NP	QL (1 tablet per 1 day)
altace oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg (<i>ramipril</i>)	NP	
<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>	PG	LGC

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	PG	LGC; QL (1 tablet per 1 day)
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	NP	LGC; QL (1 tablet per 1 day)
<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>	PG	LGC; QL (1 tablet per 1 day)
<i>atacand oral tablet 16 mg, 4 mg, 8 mg (candesartan cilexetil)</i>	NP	QL (2 tabs per 1 DAYS)
<i>atacand oral tablet 32 mg (candesartan cilexetil)</i>	NP	QL (1 TABS per 1 DAYS)
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	PG	
<i>avalide oral tablet 150-12.5 mg (irbesartan-hydrochlorothiazide)</i>	NP	QL (1 tabs per 1 DAYS)
<i>avalide oral tablet 300-12.5 mg (irbesartan-hydrochlorothiazide)</i>	NP	QL (1 TABS per 1 DAYS)
<i>avapro oral tablet 150 mg, 300 mg, 75 mg (irbesartan)</i>	NP	QL (1 TABS per 1 DAYS)
<i>azor oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg (amlodipine-olmesartan)</i>	NP	ST; QL (1 tablet per 1 day)
<i>benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	PG	LGC
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	PG	LGC
<i>benicar hct oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg (olmesartan medoxomil-hctz)</i>	NP	ST; QL (1 tablet per 1 day)
<i>benicar oral tablet 20 mg, 40 mg, 5 mg (olmesartan medoxomil)</i>	NP	ST; QL (1 tablet per 1 day)
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	PG	LGC
<i>candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	PG	LGC; QL (1 tablet per 1 day)
<i>candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	PG	LGC; QL (1 tablet per 1 day)
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	PG	LGC
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	PG	
<i>cardura oral tablet 1 mg, 2 mg, 4 mg, 8 mg (doxazosin mesylate)</i>	NP	
<i>catapres oral tablet 0.1 mg, 0.2 mg, 0.3 mg (clonidine hcl)</i>	NP	
<i>catapres-tts-1 transdermal patch weekly 0.1 mg/24hr (clonidine)</i>	NP	

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
catapres-tts-2 transdermal patch weekly 0.2 mg/24hr (<i>clonidine</i>)	NP	
catapres-tts-3 transdermal patch weekly 0.3 mg/24hr (<i>clonidine</i>)	NP	
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	PG	LGC
cozaar oral tablet 100 mg (<i>losartan potassium</i>)	NP	
cozaar oral tablet 25 mg, 50 mg (<i>losartan potassium</i>)	NP	QL (2 tablets per 1 day)
demser oral capsule 250 mg (<i>metirosine</i>)	NPSP	ST; SP
dibenzylamine oral capsule 10 mg (<i>phenoxybenzamine hcl</i>)	NPSP	ST; QL (12 capsules per 1 day)
diovan hct oral tablet 160-12.5 mg, 160-25 mg, 80-12.5 mg (<i>valsartan-hydrochlorothiazide</i>)	NP	QL (1 tabs per 1 DAYS)
diovan hct oral tablet 320-12.5 mg, 320-25 mg (<i>valsartan-hydrochlorothiazide</i>)	NP	QL (1 TABS per 1 DAYS)
diovan oral tablet 160 mg, 320 mg, 40 mg, 80 mg (<i>valsartan</i>)	NP	QL (1 tablet per 1 day)
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	PG	
dutoprol oral tablet extended release 24 hour 100-12.5 mg, 25-12.5 mg, 50-12.5 mg (<i>metoprolol-hydrochlorothiazide</i>)	NF	
edarbi oral tablet 40 mg, 80 mg (<i>azilsartan medoxomil</i>)	NP	ST; QL (1 tablet per 1 day)
edarbyclor oral tablet 40-12.5 mg, 40-25 mg (<i>azilsartan-chlorthalidone</i>)	NP	ST; QL (1 tablet per 1 day)
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	PG	LGC
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	PG	LGC
epaned oral solution 1 mg/ml (<i>enalapril maleate</i>)	NP	PA; #; QL (1 bottle per 30 days)
<i>eplerenone oral tablet 25 mg, 50 mg</i>	NP	
exforge hct 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>amlodipine-valsartan-hctz</i>)	NP	QL (1 tablet per 1 day)
exforge oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg (<i>amlodipine besylate-valsartan</i>)	NP	QL (1 TABS per 1 DAY)
<i>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i>	PG	LGC
<i>fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg</i>	PG	LGC
<i>guanfacine hcl oral tablet 1 mg, 2 mg</i>	PG	
<i>hydralazine hcl oral tablet 10 mg, 100 mg, 50 mg</i>	PG	
<i>hydralazine hcl oral tablet 25 mg</i>	PG	LGC

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
hyzaar oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg (<i>losartan potassium-hctz</i>)	NP	
inspra oral tablet 25 mg, 50 mg (<i>eplerenone</i>)	NP	
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	PG	LGC; QL (1 tablet per 1 day)
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	PG	LGC; QL (1 tablet per 1 day)
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	PG	LGC
<i>lisinopril oral tablet 30 mg, 40 mg</i>	PG	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	PG	LGC
lopressor hct oral tablet 50-25 mg (<i>metoprolol-hydrochlorothiazide</i>)	NP	
<i>losartan potassium oral tablet 100 mg</i>	PG	LGC
<i>losartan potassium oral tablet 25 mg, 50 mg</i>	PG	LGC; QL (2 tablets per 1 day)
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	PG	LGC
lotensin hct oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg (<i>benazepril-hydrochlorothiazide</i>)	NP	
lotensin oral tablet 10 mg, 20 mg, 40 mg (<i>benazepril hcl</i>)	NP	
lotrel oral capsule 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg (<i>amlodipine besy-benazepril hcl</i>)	NP	
<i>methyldopa oral tablet 250 mg, 500 mg</i>	PG	
<i>methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg</i>	PG	
<i>metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	PG	
<i>metyrosine oral capsule 250 mg</i>	NP	
micardis hct oral tablet 40-12.5 mg (<i>telmisartan-hctz</i>)	NP	QL (1 tabs per 1 DAYS)
micardis hct oral tablet 80-12.5 mg, 80-25 mg (<i>telmisartan-hctz</i>)	NP	QL (1 TABS per 1 DAYS)
micardis oral tablet 20 mg, 40 mg (<i>telmisartan</i>)	NP	QL (1 tabs per 1 DAYS)
micardis oral tablet 80 mg (<i>telmisartan</i>)	NP	QL (1 TABS per 1 DAYS)
minipress oral capsule 1 mg, 2 mg, 5 mg (<i>prazosin hcl</i>)	NP	

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	PG	
<i>moexipril hcl oral tablet 15 mg, 7.5 mg</i>	PG	
<i>olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg</i>	PG	LGC; QL (1 tablet per 1 day)
<i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	PG	LGC; QL (1 tablet per 1 day)
<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>	NP	LGC; QL (1 tablet per 1 day)
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	NP	LGC
<i>phenoxybenzamine hcl oral capsule 10 mg</i>	PSP	QL (12 capsules per 1 day)
<i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>	PG	
<i>prestalia oral tablet 14-10 mg, 3.5-2.5 mg, 7-5 mg (perindopril arg-amlodipine)</i>	NP	#
<i>prinivil oral tablet 10 mg, 20 mg (lisinopril)</i>	NP	
<i>propranolol-hctz oral tablet 40-25 mg, 80-25 mg</i>	PG	
<i>qbrelis oral solution 1 mg/ml (lisinopril)</i>	NP	PA
<i>quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	PG	LGC
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	PG	LGC
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	PG	LGC
<i>tarka oral tablet extended release 2-180 mg, 2-240 mg, 4-240 mg (trandolapril-verapamil hcl)</i>	NP	
<i>tekturna hct oral tablet 150-12.5 mg, 150-25 mg, 300-12.5 mg, 300-25 mg (aliskiren-hydrochlorothiazide)</i>	NP	ST; QL (1 tablet per 1 day)
<i>tekturna oral tablet 150 mg, 300 mg (aliskiren fumarate)</i>	NF	
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	PG	LGC; QL (1 tablet per 1 day)
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	NP	ST; LGC; QL (1 tablet per 1 day)
<i>telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	PG	LGC; QL (1 tablet per 1 day)
<i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	PG	LGC
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	PG	LGC
<i>trandolapril-verapamil hcl er oral tablet extended release 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i>	PG	

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
tribenzor 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>olmesartan-amlodipine-hctz</i>)	NP	ST; QL (1 tablet per 1 day)
twynsta oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg (<i>telmisartan-amlodipine</i>)	NP	ST; QL (1 tabs per 1 DAYS)
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	PG	LGC; QL (1 tablet per 1 day)
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	PG	LGC; QL (1 tablet per 1 day)
vaseretic oral tablet 10-25 mg (<i>enalapril-hydrochlorothiazide</i>)	NP	
vasotec oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg (<i>enalapril maleate</i>)	NF	
vecamyl oral tablet 2.5 mg (<i>mecamylamine hcl</i>)	NPSP	PA; ST; SP; QL (10 tabs per 1 DAYS)
zestril oral tablet 10 mg, 20 mg, 5 mg (<i>lisinopril</i>)	NP	
ziac oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg (<i>bisoprolol-hydrochlorothiazide</i>)	NP	
ANTI-INFECTIVE AGENTS - MISC. - DRUGS FOR INFECTIONS		
aemcolo oral tablet delayed release 194 mg (<i>rifamycin sodium</i>)	NP	QL (12 tablets per 1 fill)
alinia oral suspension reconstituted 100 mg/5ml (<i>nitazoxanide</i>)	NP	#; QL (180 ML per 3 days)
alinia oral tablet 500 mg (<i>nitazoxanide</i>)	NP	#; QL (2 tablets per 1 day)
<i>atovaquone oral suspension 750 mg/5ml</i>	PG	
azactam injection solution reconstituted 1 gm, 2 gm (<i>aztreonam</i>)	NPSP	
<i>aztreonam injection solution reconstituted 1 gm, 2 gm</i>	NPSP	
bactrim ds oral tablet 800-160 mg (<i>sulfamethoxazole-trimethoprim</i>)	NP	
bactrim oral tablet 400-80 mg (<i>sulfamethoxazole-trimethoprim</i>)	NP	
cayston inhalation solution reconstituted 75 mg (<i>aztreonam lysine</i>)	NPSP	SP; QL (84 mls per 56 days)
cleocin oral capsule 150 mg, 300 mg (<i>clindamycin hcl</i>)	NP	
cleocin oral capsule 75 mg (<i>clindamycin hcl</i>)	NF	
cleocin oral solution reconstituted 75 mg/5ml (<i>clindamycin palmitate hcl</i>)	NP	
cleocin phosphate injection solution 300 mg/2ml, 600 mg/4ml, 9 gm/60ml, 900 mg/6ml (<i>clindamycin phosphate</i>)	NPSP	

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

78

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	PG	
<i>clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml</i>	PG	
<i>clindamycin phosphate injection solution 300 mg/2ml, 600 mg/4ml, 9 gml/60ml, 900 mg/6ml, 9000 mg/60ml</i>	PSP	
<i>colistimethate sodium (cba) injection solution reconstituted 150 mg</i>	PSP	
<i>coly-mycin m injection solution reconstituted 150 mg (colistimethate sodium)</i>	NP	SP
<i>dapsone oral tablet 100 mg, 25 mg</i>	PG	
<i>firvanq oral solution reconstituted 25 mg/ml (vancomycin hcl)</i>	NP	
<i>flagyl oral capsule 375 mg (metronidazole)</i>	NP	
<i>flagyl oral tablet 500 mg (metronidazole)</i>	NP	
<i>hiprex oral tablet 1 gm (methenamine hippurate)</i>	NP	
<i>impavido oral capsule 50 mg (miltefosine)</i>	NP	PA; #; QL (84 capsules per 28 days)
<i>lampit oral tablet 120 mg, 30 mg (nifurtimox)</i>	NP	
<i>linezolid oral suspension reconstituted 100 mg/5ml</i>	PG	QL (150 ml per 1 fill)
<i>linezolid oral tablet 600 mg</i>	PG	QL (28 tablets per 1 fill)
<i>macrobid oral capsule 100 mg (nitrofurantoin monohyd macro)</i>	NP	
<i>macrodantin oral capsule 100 mg, 25 mg, 50 mg (nitrofurantoin macrocrystal)</i>	NP	
<i>mepron oral suspension 750 mg/5ml (atovaquone)</i>	NP	
<i>methenamine hippurate oral tablet 1 gm</i>	PG	
<i>methenamine mandelate oral tablet 0.5 gm</i>	PG	
<i>metronidazole in nacl intravenous solution 500-0.79 mg/100ml-%</i>	NP	
<i>metronidazole oral capsule 375 mg</i>	PG	
<i>metronidazole oral tablet 250 mg</i>	PG	
<i>nebupent inhalation solution reconstituted 300 mg (pentamidine isethionate)</i>	PB	
<i>nitrofurantoin macrocrystal oral capsule 50 mg</i>	PG	
<i>nitrofurantoin monohyd macro oral capsule 100 mg</i>	PG	
<i>nitrofurantoin oral suspension 25 mg/5ml</i>	NP	
<i>pentamidine isethionate inhalation solution reconstituted 300 mg</i>	PG	

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
primsol oral solution 50 mg/5ml (<i>trimethoprim hcl</i>)	NP	
sivextro oral tablet 200 mg (<i>tedizolid phosphate</i>)	NP	QL (6 tablets per 1 fill)
<i>sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5ml</i>	NP	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	PG	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	PG	
<i>sulfamethoxazole-trimethoprim (Sulfatrim Pediatric Oral Suspension 200-40 Mg/5Ml)</i>	PG	
<i>tinidazole oral tablet 250 mg, 500 mg</i>	NP	
<i>trimethoprim oral tablet 100 mg</i>	PG	
<i>vancocin oral capsule 250 mg (vancomycin hcl)</i>	NP	
<i>vancomycin hcl oral capsule 125 mg, 250 mg</i>	NP	
<i>xenleta oral tablet 600 mg (lefamulin acetate)</i>	NF	
<i>xifaxan oral tablet 200 mg (rifaximin)</i>	NP	QL (9 tablets per 1 fill)
<i>xifaxan oral tablet 550 mg (rifaximin)</i>	PB	PA; QL (3 tablets per 1 day)
<i>zyvox oral suspension reconstituted 100 mg/5ml (linezolid)</i>	NF	
<i>zyvox oral tablet 600 mg (linezolid)</i>	NP	QL (28 tablets per 1 fill)
ANTIMALARIALS - DRUGS FOR INFECTIONS		
<i>arakoda oral tablet 100 mg (tafenoquine succinate)</i>	NP	
<i>atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg</i>	NP	
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	PG	
<i>coartem oral tablet 20-120 mg (artemether-lumefantrine)</i>	NP	
<i>daraprim oral tablet 25 mg (pyrimethamine)</i>	PB	
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	PG	
<i>krintafel oral tablet 150 mg (tafenoquine succinate)</i>	NP	
<i>malarone oral tablet 250-100 mg, 62.5-25 mg (atovaquone-proguanil hcl)</i>	NP	
<i>mefloquine hcl oral tablet 250 mg</i>	NP	
<i>plaquenil oral tablet 200 mg (hydroxychloroquine sulfate)</i>	NP	
<i>primaquine phosphate oral tablet 26.3 mg</i>	PG	
<i>pyrimethamine oral tablet 25 mg</i>	PG	
<i>qualaquin oral capsule 324 mg (quinine sulfate)</i>	NP	

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

80

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>quinine sulfate oral capsule 324 mg</i>	NP	
ANTIMYASTHENIC/CHOLINERGIC AGENTS - DRUGS FOR NERVES AND MUSCLES		
<i>firdapse oral tablet 10 mg (amifampridine phosphate)</i>	NPSP	PA; SP; QL (8 tablets per 1 day)
<i>guanidine hcl oral tablet 125 mg</i>	PG	
<i>mestinon oral solution 60 mg/5ml (pyridostigmine bromide)</i>	NP	
<i>mestinon oral tablet 60 mg (pyridostigmine bromide)</i>	NP	
<i>mestinon oral tablet extended release 180 mg (pyridostigmine bromide)</i>	NP	
<i>pyridostigmine bromide er oral tablet extended release 180 mg</i>	PG	
<i>pyridostigmine bromide oral solution 60 mg/5ml</i>	PG	
<i>pyridostigmine bromide oral tablet 30 mg, 60 mg</i>	PG	
<i>regonol intravenous solution 10 mg/2ml (pyridostigmine bromide)</i>	NP	
<i>ruzurgi oral tablet 10 mg (amifampridine)</i>	NF	
ANTIMYCOBACTERIAL AGENTS - DRUGS FOR INFECTIONS		
<i>capastat sulfate injection solution reconstituted 1 gm (capreomycin sulfate)</i>	NPSP	
<i>cycloserine oral capsule 250 mg</i>	NP	
<i>ethambutol hcl oral tablet 100 mg, 400 mg</i>	PG	
<i>isoniazid injection solution 100 mg/ml</i>	NP	
<i>isoniazid oral syrup 50 mg/5ml</i>	PG	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	PG	
<i>myambutol oral tablet 400 mg (ethambutol hcl)</i>	NP	
<i>mycobutin oral capsule 150 mg (rifabutin)</i>	NP	
<i>paser oral packet 4 gm (aminosalicylic acid)</i>	NP	
<i>pretomanid oral tablet 200 mg</i>	NP	PA; QL (1 tablet per 1 day)
<i>priftin oral tablet 150 mg (rifapentine)</i>	NP	
<i>pyrazinamide oral tablet 500 mg</i>	PG	
<i>rifabutin oral capsule 150 mg</i>	PG	
<i>rifampin oral capsule 150 mg, 300 mg</i>	PG	
<i>sirturo oral tablet 100 mg, 20 mg (bedaquiline fumarate)</i>	NPSP	PA; SP

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
trecator oral tablet 250 mg (<i>ethionamide</i>)	NP	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - DRUGS FOR CANCER		
<i>abiraterone acetate oral tablet 250 mg</i>	CE	PA; SP; N2 (PG); QL (4 tablets per 1 day)
actimmune subcutaneous solution 2000000 unit/0.5ml (<i>interferon gamma-1b</i>)	NPSP	PA; SP
afinitor disperz oral tablet soluble 2 mg, 5 mg (<i>everolimus</i>)	CE	PA; #; SP; N2 (NPS); QL (2 tablets per 1 day)
afinitor disperz oral tablet soluble 3 mg (<i>everolimus</i>)	CE	PA; #; SP; N2 (NPS); QL (3 tablets per 1 day)
afinitor oral tablet 10 mg (<i>everolimus</i>)	CE	PA; #; SP; N2 (NPS); QL (1 tablet per 1 day)
afinitor oral tablet 2.5 mg, 5 mg, 7.5 mg (<i>everolimus</i>)	CE	SP; N2 (NF)
alecensa oral capsule 150 mg (<i>alectinib hcl</i>)	CE	PA; SP; N2 (NPS); QL (8 capsules per 1 day)
alferon n injection solution 5000000 unit/ml (<i>interferon alfa-n3</i>)	NPSP	SP
alkeran intravenous solution reconstituted 50 mg (<i>melfhalan hcl</i>)	PB	
alkeran oral tablet 2 mg (<i>melfhalan</i>)	CE	ST; N2 (NP)
alunbrig oral tablet 180 mg, 90 mg (<i>brigatinib</i>)	CE	PA; SP; N2 (NPS); QL (1 tablet per 1 day)
alunbrig oral tablet 30 mg (<i>brigatinib</i>)	CE	PA; SP; N2 (NPS); QL (4 tablets per 1 day)
alunbrig oral tablet therapy pack 90 & 180 mg (<i>brigatinib</i>)	CE	PA; SP; N2 (NPS); QL (1 tablet per 1 day)
<i>anastrozole oral tablet 1 mg</i>	CE	N2 (PG)
arimidex oral tablet 1 mg (<i>anastrozole</i>)	CE	N2 (NP)
aromasin oral tablet 25 mg (<i>exemestane</i>)	CE	N2 (NP)
arzerra intravenous concentrate 100 mg/5ml, 1000 mg/50ml (<i>ofatumumab</i>)	NPSP	PA
ayvakit oral tablet 100 mg, 200 mg, 300 mg (<i>avapritinib</i>)	CE	PA; SP; N2 (NF); QL (1 tablet per 1 day)
balversa oral tablet 3 mg (<i>erdafitinib</i>)	CE	PA; SP; N2 (NPS); QL (3 tablets per 1 day)

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

82

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
balversa oral tablet 4 mg (<i>erdafitinib</i>)	CE	PA; SP; N2 (NPS); QL (2 tablets per 1 day)
balversa oral tablet 5 mg (<i>erdafitinib</i>)	CE	PA; SP; N2 (NPS); QL (1 tablet per 1 day)
<i>bexarotene oral capsule 75 mg</i>	CE	PA; SP; N2 (PSP)
<i>bicalutamide oral tablet 50 mg</i>	CE	N2 (PG); QL (1 tablet per 1 day)
bosulif oral tablet 100 mg (<i>bosutinib</i>)	CE	PA; SP; N2 (PSP); QL (3 tablets per 1 day)
bosulif oral tablet 400 mg, 500 mg (<i>bosutinib</i>)	CE	PA; SP; N2 (PSP); QL (1 tablet per 1 day)
braftovi oral capsule 75 mg (<i>encorafenib</i>)	CE	PA; SP; N2 (NPS); QL (6 capsules per 1 day)
brukinsa oral capsule 80 mg (<i>zanubrutinib</i>)	CE	PA; SP; N2 (NPSP); QL (4 capsules per 1 day)
busulfex intravenous solution 6 mg/ml (<i>busulfan</i>)	NPSP	
cabometyx oral tablet 20 mg, 40 mg, 60 mg (<i>cabozantinib s-malate</i>)	CE	PA; SP; N2 (PSP); QL (1 tablet per 1 day)
calquence oral capsule 100 mg (<i>acalabrutinib</i>)	CE	PA; SP; N2 (NPS); QL (2 capsules per 1 day)
camptosar intravenous solution 100 mg/5ml, 40 mg/2ml (<i>irinotecan hcl</i>)	NP	
<i>capecitabine oral tablet 150 mg</i>	CE	PA; SP; N2 (PG); QL (4 tablets per 1 day)
<i>capecitabine oral tablet 500 mg</i>	CE	PA; SP; N2 (PG); QL (10 tablets per 1 day)
caprelsa oral tablet 100 mg (<i>vandetanib</i>)	CE	PA; SP; N2 (NPS); QL (2 tablets per 1 day)
caprelsa oral tablet 300 mg (<i>vandetanib</i>)	CE	PA; SP; N2 (NPS); QL (1 tablet per 1 day)
casodex oral tablet 50 mg (<i>bicalutamide</i>)	CE	N2 (NP); QL (1 TABS per 1 DAYS)
cometriq (100 mg daily dose) oral kit 80 & 20 mg (<i>cabozantinib s-malate</i>)	CE	PA; SP; N2 (NPS); QL (2 capsules per 1 day)
cometriq (140 mg daily dose) oral kit 3 x 20 mg & 80 mg (<i>cabozantinib s-malate</i>)	CE	PA; SP; N2 (NPS); QL (4 capsules per 1 day)

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
cometriq (60 mg daily dose) oral kit 20 mg (<i>cabozantinib s-malate</i>)	CE	PA; SP; N2 (NPS); QL (3 kits per 1 day)
copiktra oral capsule 15 mg, 25 mg (<i>duvelisib</i>)	CE	PA; SP; N2 (PSP); QL (2 capsules per 1 day)
cotellic oral tablet 20 mg (<i>cobimetinib fumarate</i>)	CE	PA; SP; N2 (NPS); QL (63 tablets per 28 days)
<i>cyclophosphamide injection solution reconstituted 1 gm, 2 gm, 500 mg</i>	NP	
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	CE	N2 (PG)
daurismo oral tablet 100 mg (<i>glasdegib maleate</i>)	CE	PA; SP; N2 (NPS); QL (1 tablet per 1 day)
daurismo oral tablet 25 mg (<i>glasdegib maleate</i>)	CE	PA; SP; N2 (NPS); QL (2 tablets per 1 day)
eligard subcutaneous kit 22.5 mg (<i>leuprolide acetate (3 month)</i>)	NPSP	PA; SP
eligard subcutaneous kit 30 mg (<i>leuprolide acetate (4 month)</i>)	NPSP	PA; SP
eligard subcutaneous kit 45 mg (<i>leuprolide acetate (6 month)</i>)	NPSP	PA; SP
eligard subcutaneous kit 7.5 mg (<i>leuprolide acetate</i>)	NPSP	PA; SP
emcyt oral capsule 140 mg (<i>estramustine phosphate sodium</i>)	CE	N2 (PB)
erivedge oral capsule 150 mg (<i>vismodegib</i>)	CE	PA; SP; N2 (NPS); QL (1 capsule per 1 day)
erleada oral tablet 60 mg (<i>apalutamide</i>)	CE	PA; SP; N2 (NPS); QL (4 tablets per 1 day)
<i>erlotinib hcl oral tablet 100 mg, 150 mg</i>	CE	PA; SP; N2 (PG); QL (1 tablet per 1 day)
<i>erlotinib hcl oral tablet 25 mg</i>	CE	PA; SP; N2 (PG); QL (2 tablets per 1 day)
ethyol intravenous solution reconstituted 500 mg (<i>amifostine</i>)	NPSP	
<i>etoposide intravenous solution 1 gm/50ml, 100 mg/5ml, 500 mg/25ml</i>	NPSP	
<i>etoposide oral capsule 50 mg</i>	CE	N2 (PG)
<i>everolimus oral tablet 2.5 mg, 5 mg, 7.5 mg</i>	CE	PA; SP; N2 (PSP); QL (1 tablet per 1 day)
<i>exemestane oral tablet 25 mg</i>	CE	N2 (PG)
fareston oral tablet 60 mg (<i>toremifene citrate</i>)	CE	N2 (NF)

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
farydak oral capsule 10 mg, 20 mg (<i>panobinostat lactate</i>)	CE	PA; SP; N2 (NPS); QL (6 capsules per 21 days)
faslodex intramuscular solution 250 mg/5ml (<i>fulvestrant</i>)	NF	
femara oral tablet 2.5 mg (<i>letrozole</i>)	CE	N2 (NP)
firmagon (240 mg dose) subcutaneous solution reconstituted 120 mg/vial (<i>degarelix acetate</i>)	NPSP	PA
firmagon subcutaneous solution reconstituted 80 mg (<i>degarelix acetate</i>)	NPSP	PA; SP
<i>fluorouracil intravenous solution 5 gm/100ml</i>	NP	
<i>flutamide oral capsule 125 mg</i>	CE	N2 (PG)
<i>fulvestrant intramuscular solution 250 mg/5ml</i>	PSP	PA; SP
gavreto oral capsule 100 mg (<i>pralsetinib</i>)	CE	N2 (NF)
gilotrif oral tablet 20 mg, 30 mg, 40 mg (<i>afatinib dimaleate</i>)	CE	PA; SP; N2 (NPS); QL (1 tablet per 1 day)
gleevec oral tablet 100 mg, 400 mg (<i>imatinib mesylate</i>)	CE	N2 (NF)
gleostine oral capsule 10 mg, 100 mg, 40 mg (<i>lomustine</i>)	CE	PA; N2 (NP)
hycamtin oral capsule 0.25 mg, 1 mg (<i>topotecan hcl</i>)	CE	PA; SP; N2 (NPS)
hydrea oral capsule 500 mg (<i>hydroxyurea</i>)	CE	N2 (NP)
<i>hydroxyurea oral capsule 500 mg</i>	CE	N2 (PG)
ibrance oral capsule 100 mg, 125 mg, 75 mg (<i>palbociclib</i>)	CE	PA; SP; N2 (NPS); QL (21 EA per 28 days)
ibrance oral tablet 100 mg, 125 mg, 75 mg (<i>palbociclib</i>)	CE	PA; SP; N2 (NPS); QL (21 tablets per 28 days)
iclusig oral tablet 15 mg (<i>ponatinib hcl</i>)	CE	PA; SP; N2 (NPS); QL (2 tablets per 1 day)
iclusig oral tablet 45 mg (<i>ponatinib hcl</i>)	CE	PA; SP; N2 (NPS); QL (1 tablet per 1 day)
idhifa oral tablet 100 mg, 50 mg (<i>enasidenib mesylate</i>)	CE	PA; SP; N2 (NPS); QL (1 tablet per 1 day)
<i>imatinib mesylate oral tablet 100 mg</i>	CE	PA; SP; N2 (PG); QL (3 tablets per 1 day)
<i>imatinib mesylate oral tablet 400 mg</i>	CE	PA; SP; N2 (PG); QL (2 tablets per 1 day)
imbruvica oral capsule 140 mg (<i>ibrutinib</i>)	CE	PA; N2 (NPS); QL (3 capsules per 1 day)

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
imbruvica oral capsule 70 mg (<i>ibrutinib</i>)	CE	PA; SP; N2 (NPS); QL (1 capsule per 1 day)
imbruvica oral tablet 140 mg, 280 mg, 420 mg, 560 mg (<i>ibrutinib</i>)	CE	PA; SP; N2 (NPS); QL (1 tablet per 1 day)
inlyta oral tablet 1 mg (<i>axitinib</i>)	CE	PA; SP; N2 (NPS); QL (8 tablets per 1 day)
inlyta oral tablet 5 mg (<i>axitinib</i>)	CE	PA; SP; N2 (NPS); QL (4 tablets per 1 day)
inqovi oral tablet 35-100 mg (<i>decitabine-cedazuridine</i>)	NF	
inrebic oral capsule 100 mg (<i>fedratinib hcl</i>)	CE	N2 (NF)
intron a injection solution 10000000 unit/ml, 6000000 unit/ml (<i>interferon alfa-2b</i>)	NP	PA; SP
intron a injection solution reconstituted 10000000 unit, 18000000 unit, 50000000 unit (<i>interferon alfa-2b</i>)	NP	PA; SP
iressa oral tablet 250 mg (<i>gefitinib</i>)	CE	PA; SP; N2 (NPS); QL (1 tablet per 1 day)
<i>irinotecan hcl intravenous solution 100 mg/5ml, 40 mg/2ml, 500 mg/25ml</i>	PSP	
jakafi oral tablet 10 mg (<i>ruxolitinib phosphate</i>)	CE	PA; SP; N2 (NPS)
jakafi oral tablet 15 mg, 20 mg, 25 mg, 5 mg (<i>ruxolitinib phosphate</i>)	CE	PA; SP; N2 (NPS); QL (2 tablets per 1 day)
jevtana intravenous solution 60 mg/1.5ml (<i>cabazitaxel</i>)	NPSP	PA
kepivance intravenous solution reconstituted 6.25 mg (<i>palifermin</i>)	NPSP	PA
kisqali (200 mg dose) oral tablet therapy pack 200 mg (<i>ribociclib succinate</i>)	CE	PA; N2 (NPS); QL (21 tablets per 28 days)
kisqali (400 mg dose) oral tablet therapy pack 200 mg (<i>ribociclib succinate</i>)	CE	PA; N2 (NPS); QL (42 tablets per 28 days)
kisqali (600 mg dose) oral tablet therapy pack 200 mg (<i>ribociclib succinate</i>)	CE	PA; N2 (NPS); QL (63 tablets per 28 days)
kisqali femara (400 mg dose) oral tablet therapy pack 200 & 2.5 mg (<i>ribociclib-letrozole</i>)	CE	PA; SP; N2 (NPS); QL (1 box per 1 month)
kisqali femara (600 mg dose) oral tablet therapy pack 200 & 2.5 mg (<i>ribociclib-letrozole</i>)	CE	PA; SP; N2 (NPS); QL (1 box per 1 month)
kisqali femara(200 mg dose) oral tablet therapy pack 200 & 2.5 mg (<i>ribociclib-letrozole</i>)	CE	PA; SP; N2 (NPS); QL (1 box per 1 month)

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
koselugo oral capsule 10 mg (<i>selumetinib sulfate</i>)	CE	PA; SP; N2 (NPS); QL (8 capsules per 1 day)
koselugo oral capsule 25 mg (<i>selumetinib sulfate</i>)	CE	PA; SP; N2 (NPS); QL (4 capsules per 1 day)
lenvima (10 mg daily dose) oral capsule therapy pack 10 mg (<i>lenvatinib mesylate</i>)	CE	PA; SP; N2 (NPS); QL (1 capsules per 1 day)
lenvima (12 mg daily dose) oral capsule therapy pack 3 x 4 mg (<i>lenvatinib mesylate</i>)	CE	PA; SP; N2 (NPS); QL (3 capsules per 1 day)
lenvima (14 mg daily dose) oral capsule therapy pack 10 & 4 mg (<i>lenvatinib mesylate</i>)	CE	PA; SP; N2 (NPS); QL (2 capsules per 1 day)
lenvima (18 mg daily dose) oral capsule therapy pack 10 mg & 2 x 4 mg (<i>lenvatinib mesylate</i>)	CE	PA; SP; N2 (NPS); QL (3 capsules per 1 day)
lenvima (20 mg daily dose) oral capsule therapy pack 2 x 10 mg (<i>lenvatinib mesylate</i>)	CE	PA; SP; N2 (NPS); QL (2 capsules per 1 day)
lenvima (24 mg daily dose) oral capsule therapy pack 2 x 10 mg & 4 mg (<i>lenvatinib mesylate</i>)	CE	PA; SP; N2 (NPS); QL (3 capsules per 1 day)
lenvima (4 mg daily dose) oral capsule therapy pack 4 mg (<i>lenvatinib mesylate</i>)	CE	PA; SP; N2 (NPS); QL (1 capsule per 1 day)
lenvima (8 mg daily dose) oral capsule therapy pack 2 x 4 mg (<i>lenvatinib mesylate</i>)	CE	PA; SP; N2 (NPS); QL (2 capsules per 1 day)
letrozole oral tablet 2.5 mg	CE	N2 (PG)
leucovorin calcium injection solution reconstituted 350 mg, 500 mg	NP	
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg	CE	N2 (PG)
leukeran oral tablet 2 mg (<i>chlorambucil</i>)	CE	N2 (PSP)
leuprolide acetate injection kit 1 mg/0.2ml	PG	PA; SP
lonsurf oral tablet 15-6.14 mg (<i>trifluridine-tipiracil</i>)	CE	PA; SP; N2 (NPS); QL (100 tablets per 28 days)
lonsurf oral tablet 20-8.19 mg (<i>trifluridine-tipiracil</i>)	CE	PA; SP; N2 (NPS); QL (80 tablets per 28 days)
lorbrena oral tablet 100 mg (<i>lorlatinib</i>)	CE	PA; SP; N2 (NPS); QL (1 tablet per 1 day)
lorbrena oral tablet 25 mg (<i>lorlatinib</i>)	CE	PA; SP; N2 (NPS); QL (3 tablets per 1 day)
lupron depot (1-month) intramuscular kit 3.75 mg, 7.5 mg (<i>leuprolide acetate</i>)	NPSP	PA; #; SP

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
lupron depot (3-month) intramuscular kit 11.25 mg, 22.5 mg (<i>leuprolide acetate (3 month)</i>)	NPSP	PA; #; SP
lupron depot (4-month) intramuscular kit 30 mg (<i>leuprolide acetate (4 month)</i>)	NPSP	PA; #; SP
lupron depot (6-month) intramuscular kit 45 mg (<i>leuprolide acetate (6 month)</i>)	NPSP	PA; #; SP
lynparza oral tablet 100 mg, 150 mg (<i>olaparib</i>)	CE	PA; SP; N2 (NPS); QL (4 tablets per 1 day)
lysodren oral tablet 500 mg (<i>mitotane</i>)	CE	N2 (PB)
matulane oral capsule 50 mg (<i>procarbazine hcl</i>)	CE	N2 (PSP)
<i>megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml</i>	CE	N2 (PG)
<i>megestrol acetate oral tablet 20 mg, 40 mg</i>	CE	N2 (PG)
mekinist oral tablet 0.5 mg (<i>trametinib dimethyl sulfoxide</i>)	CE	PA; SP; N2 (NPS); QL (3 tablets per 1 day)
mekinist oral tablet 2 mg (<i>trametinib dimethyl sulfoxide</i>)	CE	PA; SP; N2 (NPS); QL (1 tablets per 1 day)
mektovi oral tablet 15 mg (<i>binimetinib</i>)	CE	PA; SP; N2 (NPS); QL (6 tablets per 1 day)
<i>melphalan hcl intravenous solution reconstituted 50 mg</i>	PSP	
<i>melphalan oral tablet 2 mg</i>	CE	N2 (PG)
<i>mercaptopurine oral tablet 50 mg</i>	CE	N2 (PG)
mesnex oral tablet 400 mg (<i>mesna</i>)	CE	N2 (PB)
<i>methotrexate oral tablet 2.5 mg</i>	CE	N2 (PG)
<i>methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml</i>	PG	
<i>methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml</i>	PG	
<i>methotrexate sodium injection solution reconstituted 1 gm</i>	PG	
<i>methotrexate sodium oral tablet 2.5 mg</i>	CE	N2 (PG)
<i>mitoxantrone hcl intravenous concentrate 20 mg/10ml, 25 mg/12.5ml, 30 mg/15ml</i>	NP	
myleran oral tablet 2 mg (<i>busulfan</i>)	CE	N2 (PB)
nerlynx oral tablet 40 mg (<i>neratinib maleate</i>)	CE	PA; SP; N2 (NPS); QL (6 tablets per 1 day)
nexavar oral tablet 200 mg (<i>sorafenib tosylate</i>)	CE	PA; SP; N2 (NPS); QL (4 tablets per 1 day)

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
nilandron oral tablet 150 mg (<i>nilutamide</i>)	CE	N2 (NP)
<i>nilutamide oral tablet 150 mg</i>	CE	N2 (PG)
ninlaro oral capsule 2.3 mg, 3 mg, 4 mg (<i>ixazomib citrate</i>)	CE	PA; N2 (NPS); QL (3 capsules per 28 days)
nubeqa oral tablet 300 mg (<i>darolutamide</i>)	CE	N2 (NF)
odanzo oral capsule 200 mg (<i>sonidegib phosphate</i>)	CE	PA; N2 (NPS); QL (1 capsule per 1 day)
onureg oral tablet 200 mg, 300 mg (<i>azacitidine</i>)	CE	N2 (NF)
pemazyre oral tablet 13.5 mg, 4.5 mg, 9 mg (<i>pemigatinib</i>)	CE	N2 (NF)
piqray (200 mg daily dose) oral tablet therapy pack 200 mg (<i>alpelisib</i>)	CE	PA; SP; N2 (NF); QL (1 tablet per 1 day)
piqray (250 mg daily dose) oral tablet therapy pack 200 & 50 mg (<i>alpelisib</i>)	CE	PA; SP; N2 (NF); QL (2 tablets per 1 day)
piqray (300 mg daily dose) oral tablet therapy pack 2 x 150 mg (<i>alpelisib</i>)	CE	PA; SP; N2 (NF); QL (2 tablets per 1 day)
pomalyst oral capsule 1 mg, 2 mg, 3 mg, 4 mg (<i>pomalidomide</i>)	CE	PA; #; SP; N2 (NPS); QL (21 capsules per 1 month)
purixan oral suspension 2000 mg/100ml (<i>mercaptopurine</i>)	CE	PA; SP; N2 (NPS)
qinlock oral tablet 50 mg (<i>ripretinib</i>)	CE	N2 (NF)
retevmo oral capsule 40 mg, 80 mg (<i>selpercatinib</i>)	CE	N2 (NF)
rituxan intravenous solution 100 mg/10ml, 500 mg/50ml (<i>rituximab</i>)	NPSP	PA; ST
rozlytrek oral capsule 100 mg (<i>entrectinib</i>)	CE	PA; SP; N2 (NPS); QL (1 capsule per 1 day)
rozlytrek oral capsule 200 mg (<i>entrectinib</i>)	CE	PA; SP; N2 (NPS); QL (3 capsules per 1 day)
rubraca oral tablet 200 mg, 250 mg, 300 mg (<i>rucaparib camsylate</i>)	CE	PA; SP; N2 (NPS); QL (4 tablets per 1 day)
rydapt oral capsule 25 mg (<i>midostaurin</i>)	CE	PA; SP; N2 (NPS); QL (8 capsules per 1 day)
soltamox oral solution 10 mg/5ml (<i>tamoxifen citrate</i>)	CE	#; N2 (NP)
sprycel oral tablet 100 mg, 140 mg, 50 mg, 70 mg, 80 mg (<i>dasatinib</i>)	CE	PA; SP; N2 (PSP); QL (1 tablet per 1 day)
sprycel oral tablet 20 mg (<i>dasatinib</i>)	CE	PA; SP; N2 (PSP); QL (3 tablets per 1 day)

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
stivarga oral tablet 40 mg (<i>regorafenib</i>)	CE	PA; SP; N2 (NPS); QL (84 tablets per 1 month)
sutent oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg (<i>sunitinib malate</i>)	CE	PA; #; SP; N2 (PB); QL (1 capsule per 1 day)
synribo subcutaneous solution reconstituted 3.5 mg (<i>omacetaxine mepesuccinate</i>)	NPSP	PA; ST
tabloid oral tablet 40 mg (<i>thioguanine</i>)	CE	N2 (PB)
tabrecta oral tablet 150 mg, 200 mg (<i>capmatinib hcl</i>)	CE	N2 (NF)
tafinlar oral capsule 50 mg, 75 mg (<i>dabrafenib mesylate</i>)	CE	PA; SP; N2 (NPS); QL (4 EA per 1 day)
tagrisso oral tablet 40 mg, 80 mg (<i>osimertinib mesylate</i>)	CE	PA; SP; N2 (NPS); QL (1 tablet per 1 day)
talzenna oral capsule 0.25 mg (<i>talazoparib tosylate</i>)	CE	PA; SP; N2 (NPS); QL (3 capsules per 1 day)
talzenna oral capsule 1 mg (<i>talazoparib tosylate</i>)	CE	PA; SP; N2 (NPS); QL (1 capsule per 1 day)
<i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>	CE	N2 (PG); AL
tarceva oral tablet 100 mg, 150 mg (<i>erlotinib hcl</i>)	CE	PA; SP; N2 (NF); QL (1 tablet per 1 day)
tarceva oral tablet 25 mg (<i>erlotinib hcl</i>)	CE	PA; SP; N2 (NF); QL (2 tablets per 1 day)
targretin oral capsule 75 mg (<i>bexarotene</i>)	CE	SP; N2 (NF)
tasigna oral capsule 150 mg, 200 mg, 50 mg (<i>nilotinib hcl</i>)	CE	N2 (NF)
tazverik oral tablet 200 mg (<i>tazemetostat hbr</i>)	CE	PA; SP; N2 (NF); QL (8 tablets per 1 day)
temodar oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg (<i>temozolomide</i>)	CE	N2 (NF)
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>	CE	PA; SP; N2 (PG)
<i>temsirolimus intravenous solution 25 mg/ml</i>	PSP	SP
tibsovo oral tablet 250 mg (<i>ivosidenib</i>)	CE	PA; SP; N2 (NPS); QL (2 tablets per 1 day)
<i>etoposide (Toposar Intravenous Solution 1 Gm/50Ml, 100 Mg/5Ml, 500 Mg/25Ml)</i>	NPSP	
<i>toremifene citrate oral tablet 60 mg</i>	CE	N2 (PG)
torisel intravenous solution 25 mg/ml (<i>temsirolimus</i>)	NPSP	#

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
trelstar mixject intramuscular suspension reconstituted 11.25 mg, 22.5 mg, 3.75 mg (<i>triptorelin pamoate</i>)	NPSP	PA; #; SP
<i>tretinoin oral capsule 10 mg</i>	CE	SP; N2 (PG)
trexall oral tablet 10 mg, 15 mg, 5 mg, 7.5 mg (<i>methotrexate sodium</i>)	CE	N2 (NP)
tukysa oral tablet 150 mg, 50 mg (<i>tucatinib</i>)	CE	PA; SP; N2 (NPS); QL (4 tablets per 1 day)
turalio oral capsule 200 mg (<i>pexidartinib hcl</i>)	CE	N2 (NF)
tykerb oral tablet 250 mg (<i>lapatinib ditosylate</i>)	CE	PA; #; SP; N2 (NPS); QL (6 tablets per 1 day)
venclaxta oral tablet 10 mg, 50 mg (<i>venetoclax</i>)	CE	PA; SP; N2 (NPS); QL (4 tablets per 1 day)
venclaxta oral tablet 100 mg (<i>venetoclax</i>)	CE	PA; SP; N2 (NPS); QL (6 tablets per 1 day)
venclaxta starting pack oral tablet therapy pack 10 & 50 & 100 mg (<i>venetoclax</i>)	CE	PA; SP; N2 (NPS); QL (1 pack per 28 days)
verzenio oral tablet 100 mg, 150 mg, 200 mg, 50 mg (<i>abemaciclib</i>)	CE	PA; SP; N2 (NPS); QL (2 tablets per 1 day)
vitakvi oral capsule 100 mg (<i>larotrectinib sulfate</i>)	CE	PA; SP; N2 (NPS); QL (2 capsules per 1 day)
vitakvi oral capsule 25 mg (<i>larotrectinib sulfate</i>)	CE	PA; SP; N2 (NPS); QL (6 capsules per 1 day)
vitakvi oral solution 20 mg/ml (<i>larotrectinib sulfate</i>)	CE	PA; SP; N2 (NPS); QL (10 ml per 1 day)
vizimpro oral tablet 15 mg, 30 mg, 45 mg (<i>dacomitinib</i>)	CE	PA; SP; N2 (NPS); QL (1 tablet per 1 day)
voraxaze intravenous solution reconstituted 1000 unit (<i>glucarpidase</i>)	NPSP	
votrient oral tablet 200 mg (<i>pazopanib hcl</i>)	CE	PA; SP; N2 (NPS); QL (4 tablets per 1 day)
xalkori oral capsule 200 mg, 250 mg (<i>crizotinib</i>)	CE	PA; SP; N2 (NPS); QL (2 capsules per 1 day)
xatmep oral solution 2.5 mg/ml (<i>methotrexate</i>)	CE	PA; N2 (NP)
xeloda oral tablet 150 mg, 500 mg (<i>capecitabine</i>)	CE	N2 (NF)
xospata oral tablet 40 mg (<i>gilteritinib fumarate</i>)	CE	PA; SP; N2 (NPS); QL (3 tablets per 1 day)

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
xpovio (100 mg once weekly) oral tablet therapy pack 20 mg (<i>selinexor</i>)	CE	PA; SP; N2 (NF); QL (20 tablets per 28 days)
xpovio (40 mg once weekly) oral tablet therapy pack 20 mg (<i>selinexor</i>)	CE	N2 (NF)
xpovio (40 mg twice weekly) oral tablet therapy pack 20 mg (<i>selinexor</i>)	CE	N2 (NF)
xpovio (60 mg once weekly) oral tablet therapy pack 20 mg (<i>selinexor</i>)	CE	PA; SP; N2 (NF); QL (12 tablets per 28 days)
xpovio (60 mg twice weekly) oral tablet therapy pack 20 mg (<i>selinexor</i>)	CE	N2 (NF)
xpovio (80 mg once weekly) oral tablet therapy pack 20 mg (<i>selinexor</i>)	CE	PA; SP; N2 (NF); QL (16 tablets per 28 days)
xpovio (80 mg twice weekly) oral tablet therapy pack 20 mg (<i>selinexor</i>)	CE	PA; SP; N2 (NF); QL (32 tablets per 28 days)
xtandi oral capsule 40 mg (<i>enzalutamide</i>)	CE	PA; ST; SP; N2 (NPS); QL (4 capsules per 1 day)
yervoy intravenous solution 200 mg/40ml, 50 mg/10ml (<i>ipilimumab</i>)	NPSP	PA
yonsa oral tablet 125 mg (<i>abiraterone acetate</i>)	CE	PA; #; SP; N2 (NPS); QL (4 tablets per 1 day)
zaltrap intravenous solution 100 mg/4ml, 200 mg/8ml (<i>ziv-aflibercept</i>)	NPSP	PA
zanosar intravenous solution reconstituted 1 gm (<i>streptozocin</i>)	NPSP	
zejula oral capsule 100 mg (<i>niraparib tosylate</i>)	CE	PA; SP; N2 (NPS); QL (3 capsules per 1 day)
zelboraf oral tablet 240 mg (<i>vemurafenib</i>)	CE	PA; SP; N2 (NPS); QL (8 tablets per 1 day)
zolinza oral capsule 100 mg (<i>vorinostat</i>)	CE	PA; SP; N2 (NPS); QL (4 capsules per 1 day)
zydelig oral tablet 100 mg, 150 mg (<i>idelalisib</i>)	CE	PA; SP; N2 (NF); QL (2 CAP per 1 DAYS)
zykadia oral tablet 150 mg (<i>ceritinib</i>)	CE	PA; SP; N2 (NPS); QL (3 tablets per 1 day)
zytiga oral tablet 250 mg (<i>abiraterone acetate</i>)	CE	PA; ST; SP; N2 (NP); QL (4 tablets per 1 day)
zytiga oral tablet 500 mg (<i>abiraterone acetate</i>)	CE	PA; #; SP; N2 (PB); QL (2 tablets per 1 day)

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTIPARKINSON AND RELATED THERAPY AGENTS - DRUGS FOR THE NERVOUS SYSTEM		
<i>amantadine hcl oral capsule 100 mg</i>	PG	
<i>amantadine hcl oral syrup 50 mg/5ml</i>	PG	
<i>amantadine hcl oral tablet 100 mg</i>	PG	
apokyn subcutaneous solution cartridge 30 mg/3ml (<i>apomorphine hcl</i>)	NPSP	PA; SP
azilect oral tablet 0.5 mg, 1 mg (<i>rasagiline mesylate</i>)	NP	QL (1 capsules per 1 day)
<i>benztropine mesylate injection solution 1 mg/ml</i>	NPSP	
<i>benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg</i>	PG	
<i>bromocriptine mesylate oral capsule 5 mg</i>	PG	
<i>bromocriptine mesylate oral tablet 2.5 mg</i>	PG	
<i>carbidopa oral tablet 25 mg</i>	PG	
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	PG	
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	PG	
<i>carbidopa-levodopa oral tablet dispersible 10-100 mg</i>	PG	
<i>carbidopa-levodopa oral tablet dispersible 25-250 mg</i>	NP	
comtan oral tablet 200 mg (<i>entacapone</i>)	NP	
duopa enteral suspension 4.63-20 mg/ml (<i>carbidopa-levodopa</i>)	NPSP	PA; ST; QL (100 ML per 1 day)
<i>entacapone oral tablet 200 mg</i>	PG	
gocovri oral capsule extended release 24 hour 137 mg, 68.5 mg (<i>amantadine hcl</i>)	NF	
inbrija inhalation capsule 42 mg (<i>levodopa</i>)	NPSP	PA; SP; QL (10 capsules per 1 day)
kynmobi sublingual film 10 mg, 15 mg, 20 mg, 25 mg, 30 mg (<i>apomorphine hcl</i>)	NF	
lododyn oral tablet 25 mg (<i>carbidopa</i>)	NP	
mirapex 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>pramipexole dihydrochloride</i>)	NP	QL (1 tablet per 1 day)
mirapex oral tablet 0.125 mg, 0.5 mg, 0.75 mg, 1 mg (<i>pramipexole dihydrochloride</i>)	NP	

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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>)	NP	#; QL (1 patch per 1 day)
nourianz oral tablet 20 mg, 40 mg (<i>istradefylline</i>)	NF	
ongentys oral capsule 50 mg (<i>opicapone</i>)	NF	
osmolex er oral tablet er 24 hour therapy pack 129 & 193 mg (<i>amantadine hcl</i>)	NF	
osmolex er oral tablet extended release 24 hour 129 mg, 193 mg, 258 mg (<i>amantadine hcl</i>)	NF	
<i>pramipexole dihydrochloride er oral tablet extended release 24 hour 0.375 mg, 2.25 mg, 3 mg, 4.5 mg</i>	NP	QL (1 tablet per 1 day)
<i>pramipexole dihydrochloride er oral tablet extended release 24 hour 0.75 mg, 1.5 mg</i>	NP	QL (1 TAB per 1 DAILY)
<i>pramipexole dihydrochloride er oral tablet extended release 24 hour 3.75 mg</i>	NP	QL (1 tablet per 1 Day)
<i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	PG	
<i>rasagiline mesylate oral tablet 0.5 mg, 1 mg</i>	PG	QL (1 tablet per 1 day)
<i>ropinirole hcl er oral tablet extended release 24 hour 12 mg</i>	NP	QL (2 tablets per 1 day)
<i>ropinirole hcl er oral tablet extended release 24 hour 2 mg, 4 mg, 6 mg, 8 mg</i>	NP	QL (1 tablet per 1 day)
<i>ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	PG	
rytary oral capsule extended release 23.75-95 mg, 36.25-145 mg, 48.75-195 mg, 61.25-245 mg (<i>carbidopa-levodopa</i>)	NP	#
<i>selegiline hcl oral capsule 5 mg</i>	PG	
<i>selegiline hcl oral tablet 5 mg</i>	PG	
sinemet oral tablet 10-100 mg, 25-100 mg, 25-250 mg (<i>carbidopa-levodopa</i>)	NP	
stalevo 100 oral tablet 25-100-200 mg (<i>carbidopa-levodopa-entacapone</i>)	NP	
stalevo 125 oral tablet 31.25-125-200 mg (<i>carbidopa-levodopa-entacapone</i>)	NP	
stalevo 150 oral tablet 37.5-150-200 mg (<i>carbidopa-levodopa-entacapone</i>)	NP	
stalevo 200 oral tablet 50-200-200 mg (<i>carbidopa-levodopa-entacapone</i>)	NP	

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
stalevo 50 oral tablet 12.5-50-200 mg (<i>carbidopa-levodopa-entacapone</i>)	NP	
stalevo 75 oral tablet 18.75-75-200 mg (<i>carbidopa-levodopa-entacapone</i>)	NP	
tasmar oral tablet 100 mg (<i>tolcapone</i>)	NP	
<i>tolcapone oral tablet 100 mg</i>	NP	
<i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i>	PG	
xadago oral tablet 100 mg, 50 mg (<i>safinamide mesylate</i>)	NF	
zelapar oral tablet dispersible 1.25 mg (<i>selegiline hcl</i>)	NF	
ANTIPSYCHOTICS/ANTIMANIC AGENTS - DRUGS FOR THE NERVOUS SYSTEM		
abilify maintena intramuscular prefilled syringe 300 mg, 400 mg (<i>aripiprazole</i>)	NP	
abilify maintena intramuscular suspension reconstituted er 300 mg, 400 mg (<i>aripiprazole</i>)	NP	
abilify oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg (<i>aripiprazole</i>)	NF	
<i>aripiprazole oral solution 1 mg/ml</i>	PG	QL (30 ml per 1 day)
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	PG	QL (1 tablet per 1 day)
<i>aripiprazole oral tablet dispersible 10 mg, 15 mg</i>	PG	QL (1 tablet per 1 day)
aristada initio intramuscular prefilled syringe 675 mg/2.4ml (<i>aripiprazole lauroxil</i>)	PB	
aristada intramuscular prefilled syringe 1064 mg/3.9ml, 441 mg/1.6ml, 662 mg/2.4ml, 882 mg/3.2ml (<i>aripiprazole lauroxil</i>)	NP	
caplyta oral capsule 42 mg (<i>lumateperone tosylate</i>)	NF	
<i>chlorpromazine hcl injection solution 25 mg/ml, 50 mg/2ml</i>	NP	
<i>chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	PG	
<i>clozapine oral tablet 100 mg</i>	PG	QL (9 tablets per 1 day)
<i>clozapine oral tablet 200 mg</i>	PG	QL (4 tablets per 1 day)
<i>clozapine oral tablet 25 mg, 50 mg</i>	PG	QL (3 tablets per 1 day)
<i>clozapine oral tablet dispersible 100 mg</i>	PG	QL (9 tablets per 1 day)
<i>clozapine oral tablet dispersible 12.5 mg</i>	PG	QL (1 tablet per 1 day)
<i>clozapine oral tablet dispersible 150 mg</i>	PG	QL (6 tablets per 1 day)
<i>clozapine oral tablet dispersible 200 mg</i>	PG	QL (4 tablets per 1 day)

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>clozapine oral tablet dispersible 25 mg</i>	PG	QL (3 tablets per 1 day)
<i>clozaril oral tablet 100 mg (clozapine)</i>	NP	PA; ST; QL (9 tablets per 1 day)
<i>clozaril oral tablet 25 mg (clozapine)</i>	NP	PA; ST; QL (3 tablets per 1 day)
<i>prochlorperazine (Compro Rectal Suppository 25 Mg)</i>	PG	
<i>equetro oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg (carbamazepine (antipsychotic))</i>	NP	
<i>fanapt oral tablet 1 mg, 10 mg, 12 mg, 2 mg, 4 mg, 6 mg, 8 mg (iloperidone)</i>	NF	
<i>fanapt titration pack oral tablet 1 & 2 & 4 & 6 mg (iloperidone)</i>	NF	
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	PG	
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	PG	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	PG	
<i>fluphenazine hcl oral elixir 2.5 mg/5ml</i>	PG	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	PG	
<i>geodon intramuscular solution reconstituted 20 mg (ziprasidone mesylate)</i>	NF	
<i>geodon oral capsule 20 mg, 40 mg, 60 mg, 80 mg (ziprasidone hcl)</i>	NF	
<i>haldol decanoate intramuscular solution 100 mg/ml, 50 mg/ml (haloperidol decanoate)</i>	NP	
<i>haldol injection solution 5 mg/ml (haloperidol lactate)</i>	NP	
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>	PG	
<i>haloperidol lactate injection solution 5 mg/ml</i>	PG	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	PG	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	PG	
<i>invega oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg (paliperidone)</i>	NP	PA; ST; QL (1 tablet per 1 day)
<i>invega oral tablet extended release 24 hour 6 mg (paliperidone)</i>	NP	PA; ST; QL (2 tablets per 1 day)
<i>invega sustenna intramuscular suspension prefilled syringe 117 mg/0.75ml, 156 mg/ml, 234 mg/1.5ml, 39 mg/0.25ml, 78 mg/0.5ml (paliperidone palmitate)</i>	NP	

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
invega trinza intramuscular suspension prefilled syringe 273 mg/0.875ml, 410 mg/1.315ml, 546 mg/1.75ml, 819 mg/2.625ml (<i>paliperidone palmitate</i>)	NF	
latuda oral tablet 120 mg, 20 mg, 40 mg, 60 mg, 80 mg (<i>lurasidone hcl</i>)	NF	
<i>lithium carbonate er oral tablet extended release 300 mg, 450 mg</i>	PG	
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	PG	
<i>lithium carbonate oral tablet 300 mg</i>	PG	
<i>lithium oral solution 8 meq/5ml</i>	PG	
lithobid oral tablet extended release 300 mg (<i>lithium carbonate</i>)	NP	
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	PG	
nuplazid oral capsule 34 mg (<i>pimavanserin tartrate</i>)	NPSP	PA; SP; QL (1 capsule per 1 day)
nuplazid oral tablet 10 mg (<i>pimavanserin tartrate</i>)	NPSP	PA; SP; QL (1 tablet per 1 day)
<i>olanzapine intramuscular solution reconstituted 10 mg</i>	PG	
<i>olanzapine oral tablet 10 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>	PG	QL (1 tablet per 1 day)
<i>olanzapine oral tablet 2.5 mg</i>	PG	QL (2 tablets per 1 day)
<i>olanzapine oral tablet dispersible 10 mg</i>	PG	QL (1 Tablet per 1 day)
<i>olanzapine oral tablet dispersible 15 mg, 20 mg, 5 mg</i>	PG	QL (1 tablet per 1 day)
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 6 mg</i>	NP	QL (2 tablets per 1 day)
<i>paliperidone er oral tablet extended release 24 hour 9 mg</i>	NP	QL (1 tablets per 1 day)
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	PG	
perseris subcutaneous prefilled syringe 120 mg, 90 mg (<i>risperidone</i>)	NF	
<i>prochlorperazine edisylate injection solution 10 mg/2ml, 50 mg/10ml</i>	PG	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	PG	
<i>prochlorperazine rectal suppository 25 mg</i>	PG	
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg</i>	NP	QL (1 tablet per 1 day)
<i>quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg</i>	NP	QL (2 tablets per 1 day)

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>quetiapine fumarate oral tablet 100 mg, 50 mg</i>	PG	QL (3 tablets per 1 day)
<i>quetiapine fumarate oral tablet 200 mg</i>	PG	QL (4 tablets per 1 day)
<i>quetiapine fumarate oral tablet 25 mg</i>	PG	QL (6 tablets per 1 day)
<i>quetiapine fumarate oral tablet 300 mg, 400 mg</i>	PG	QL (2 tablets per 1 day)
rexulti oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg (<i>brexpiprazole</i>)	NP	PA; ST; QL (1 tablet per 1 day)
risperdal consta intramuscular suspension reconstituted er 12.5 mg, 25 mg, 37.5 mg, 50 mg (<i>risperidone microspheres</i>)	NP	#
risperdal oral solution 1 mg/ml (<i>risperidone</i>)	NP	PA; ST
risperdal oral tablet 0.5 mg, 1 mg, 2 mg, 3 mg (<i>risperidone</i>)	NP	PA; ST; QL (2 tabs per 1 DAYS)
risperdal oral tablet 4 mg (<i>risperidone</i>)	NP	PA; ST; QL (4 tabs per 1 DAYS)
<i>risperidone oral solution 1 mg/ml</i>	PG	
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	PG	QL (2 tablets per 1 day)
<i>risperidone oral tablet 3 mg</i>	PG	QL (3 tablets per 1 day)
<i>risperidone oral tablet 4 mg</i>	PG	QL (4 tablets per 1 day)
<i>risperidone oral tablet dispersible 0.25 mg</i>	PG	
<i>risperidone oral tablet dispersible 0.5 mg, 1 mg, 2 mg</i>	PG	QL (2 tablets per 1 day)
<i>risperidone oral tablet dispersible 3 mg</i>	PG	QL (3 tablets per 1 day)
<i>risperidone oral tablet dispersible 4 mg</i>	PG	QL (4 tablets per 1 day)
saphris sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg (<i>asenapine maleate</i>)	NP	PA; ST; #; QL (2 tablets per 1 day)
secuado transdermal patch 24 hour 3.8 mg/24hr, 5.7 mg/24hr, 7.6 mg/24hr (<i>asenapine</i>)	NF	
seroquel oral tablet 100 mg, 50 mg (<i>quetiapine fumarate</i>)	NP	PA; ST; QL (3 tabs per 1 DAYS)
seroquel oral tablet 200 mg (<i>quetiapine fumarate</i>)	NP	PA; ST; QL (4 tabs per 1 DAYS)
seroquel oral tablet 25 mg (<i>quetiapine fumarate</i>)	NP	PA; ST; QL (6 tabs per 1 DAYS)
seroquel oral tablet 300 mg, 400 mg (<i>quetiapine fumarate</i>)	NP	PA; ST; QL (2 tabs per 1 DAYS)
seroquel xr oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg (<i>quetiapine fumarate</i>)	NF	

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	PG	
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	PG	
<i>trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	PG	
versacloz oral suspension 50 mg/ml (<i>clozapine</i>)	NP	PA; ST
vraylar oral capsule 1.5 mg (<i>cariprazine hcl</i>)	PB	PA; QL (4 capsule per 1 day)
vraylar oral capsule 3 mg (<i>cariprazine hcl</i>)	PB	PA; QL (2 capsule per 1 day)
vraylar oral capsule 4.5 mg, 6 mg (<i>cariprazine hcl</i>)	PB	PA; QL (1 capsule per 1 day)
vraylar oral capsule therapy pack 1.5 & 3 mg (<i>cariprazine hcl</i>)	PB	PA; QL (2 capsules per 1 day)
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	PG	QL (2 capsules per 1 day)
<i>ziprasidone mesylate intramuscular solution reconstituted 20 mg</i>	PG	
zyprexa intramuscular solution reconstituted 10 mg (<i>olanzapine</i>)	NP	
zyprexa oral tablet 10 mg, 15 mg, 20 mg, 5 mg, 7.5 mg (<i>olanzapine</i>)	NP	PA; ST; QL (1 tabs per 1 DAYS)
zyprexa oral tablet 2.5 mg (<i>olanzapine</i>)	NP	PA; ST; QL (2 tablets per 1 day)
zyprexa relprevv intramuscular suspension reconstituted 210 mg, 300 mg, 405 mg (<i>olanzapine pamoate</i>)	NP	
zyprexa zydis oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg (<i>olanzapine</i>)	NP	PA; ST; QL (1 tabs per 1 DAYS)
ANTISEPTICS & DISINFECTANTS - ANTISEPTICS AND DISINFECTANTS		
iodosorb external gel 0.9 % (<i>cadexomer iodine</i>)	NP	
kerr triple dye swabs external swab (<i>triple dye</i>)	NP	
ANTIVIRALS - DRUGS FOR INFECTIONS		
<i>abacavir sulfate oral solution 20 mg/ml</i>	PG	QL (4 bottles per 30 days)
<i>abacavir sulfate oral tablet 300 mg</i>	PG	QL (2 tablets per 1 day)
<i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i>	PG	QL (1 tablet per 1 day)
<i>abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg</i>	PG	QL (2 tablets per 1 day)
<i>acyclovir oral capsule 200 mg</i>	PG	
<i>acyclovir oral suspension 200 mg/5ml</i>	PG	

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>acyclovir oral tablet 400 mg, 800 mg</i>	PG	
<i>adefovir dipivoxil oral tablet 10 mg</i>	PG	SP; QL (1 tablet per 1 day)
<i>aptivus oral capsule 250 mg (tipranavir)</i>	PB	#; QL (4 capsules per 1 day)
<i>aptivus oral solution 100 mg/ml (tipranavir)</i>	PB	#; QL (4 bottles per 30 days)
<i>atazanavir sulfate oral capsule 150 mg, 300 mg</i>	PG	QL (1 capsule per 1 day)
<i>atazanavir sulfate oral capsule 200 mg</i>	PG	QL (2 capsules per 1 day)
<i>atrima oral tablet 600-200-300 mg (efavirenz-emtricitab-tenofovir)</i>	NP	#; QL (1 tablet per 1 day)
<i>baraclude oral solution 0.05 mg/ml (entecavir)</i>	NPSP	SP
<i>baraclude oral tablet 0.5 mg, 1 mg (entecavir)</i>	NF	
<i>biktarvy oral tablet 50-200-25 mg (bictegravir-emtricitab-tenofovir)</i>	PB	QL (1 tablet per 1 day)
<i>cidofovir intravenous solution 75 mg/ml</i>	PSP	SP
<i>cimduo oral tablet 300-300 mg (lamivudine-tenofovir)</i>	NP	QL (1 tablet per 1 day)
<i>combivir oral tablet 150-300 mg (lamivudine-zidovudine)</i>	NP	QL (2 tablets per 1 day)
<i>complera oral tablet 200-25-300 mg (emtricitab-rilpivir-tenofovir)</i>	NP	QL (1 tablet per 1 day)
<i>crivivan oral capsule 200 mg (indinavir sulfate)</i>	PB	#; QL (15 capsules per 1 day)
<i>crivivan oral capsule 400 mg (indinavir sulfate)</i>	PB	#; QL (6 capsules per 1 day)
<i>delstrigo oral tablet 100-300-300 mg (doravirin-lamivudine-tenofovir df)</i>	NP	ST; QL (1 tablet per 1 day)
<i>descovy oral tablet 200-25 mg (emtricitabine-tenofovir af)</i>	NP	QL (1 tablet per 1 day)
<i>didanosine oral capsule delayed release 200 mg, 250 mg, 400 mg</i>	PG	QL (1 capsule per 1 day)
<i>dovato oral tablet 50-300 mg (dolutegravir-lamivudine)</i>	PB	QL (2 tablets per 1 day)
<i>edurant oral tablet 25 mg (rilpivirine hcl)</i>	PB	QL (1 tablet per 1 day)
<i>efavirenz oral capsule 200 mg, 50 mg</i>	PG	QL (3 capsules per 1 day)
<i>efavirenz oral tablet 600 mg</i>	PG	QL (1 tablet per 1 day)
<i>efavirenz-emtricitab-tenofovir oral tablet 600-200-300 mg</i>	PG	QL (1 tablet per 1 day)
<i>efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg</i>	PG	QL (1 tablet per 1 day)
<i>emtricitabine oral capsule 200 mg</i>	PG	QL (1 capsule per 1 day)
<i>emtricitabine-tenofovir df oral tablet 200-300 mg</i>	PG	QL (1 tablet per 1 day)
<i>emtriva oral capsule 200 mg (emtricitabine)</i>	PB	#; QL (1 capsule per 1 day)

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

100

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
emtriva oral solution 10 mg/ml (<i>emtricitabine</i>)	PB	#; QL (4 bottles per 30 days)
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	PG	SP; QL (1 tablet per 1 day)
epclusa oral tablet 400-100 mg (<i>sofosbuvir-velpatasvir</i>)	PSP	PA; IBC (Preferred for all genotypes); NPL; SP; QL (1 tablet per 1 day)
epivir hbv oral solution 5 mg/ml (<i>lamivudine</i>)	NP	#
epivir hbv oral tablet 100 mg (<i>lamivudine</i>)	NP	
epivir oral solution 10 mg/ml (<i>lamivudine</i>)	PB	QL (4 bottles per 30 days)
epivir oral tablet 150 mg (<i>lamivudine</i>)	PB	QL (2 tablets per 1 day)
epivir oral tablet 300 mg (<i>lamivudine</i>)	PB	QL (1 tablet per 1 day)
epzicom oral tablet 600-300 mg (<i>abacavir sulfate-lamivudine</i>)	NP	QL (1 tablet per 1 day)
evotaz oral tablet 300-150 mg (<i>atazanavir-cobicistat</i>)	NP	QL (1 tablet per 1 day)
<i>famciclovir oral tablet 125 mg, 250 mg</i>	PG	QL (2 tablets per 1 day)
<i>famciclovir oral tablet 500 mg</i>	PG	QL (3 tablets per 1 day)
<i>favipiravir oral tablet 200 mg</i>	NP	
<i>fosamprenavir calcium oral tablet 700 mg</i>	PG	QL (4 tablets per 1 day)
foscavir intravenous solution 6000 mg/250ml (<i>foscarnet sodium</i>)	NPSP	
fuzeon subcutaneous solution reconstituted 90 mg (<i>enfuvirtide</i>)	NPSP	#; SP; QL (2 vials per 1 day)
<i>ganciclovir sodium intravenous solution reconstituted 500 mg</i>	PSP	SP
genvoya oral tablet 150-150-200-10 mg (<i>elviteg-cobic-emtricit-tenofaf</i>)	NPSP	ST; QL (1 tablet per 1 day)
harvoni oral packet 33.75-150 mg, 45-200 mg (<i>ledipasvir-sofosbuvir</i>)	PSP	PA; NPL; SP; QL (1 packet per 1 day)
harvoni oral tablet 45-200 mg (<i>ledipasvir-sofosbuvir</i>)	PSP	PA; IBC (Preferred for genotypes 1,4,5,6); NPL; SP; QL (1 tablet per 1 day)
harvoni oral tablet 90-400 mg (<i>ledipasvir-sofosbuvir</i>)	PSP	PA; IBC (Preferred for genotypes 1,4,5,6); NPL; SP
hepsera oral tablet 10 mg (<i>adefovir dipivoxil</i>)	NP	SP; QL (1 tablet per 1 day)
intelence oral tablet 100 mg, 25 mg (<i>etravirine</i>)	PB	#; QL (4 tablets per 1 day)
intelence oral tablet 200 mg (<i>etravirine</i>)	PB	#; QL (2 tablets per 1 day)
invirase oral tablet 500 mg (<i>saquinavir mesylate</i>)	NP	QL (4 tablets per 1 day)
isentress hd oral tablet 600 mg (<i>raltegravir potassium</i>)	NP	QL (2 tablets per 1 day)

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
isentress oral packet 100 mg (<i>raltegravir potassium</i>)	NP	QL (2 packets per 1 day)
isentress oral tablet 400 mg (<i>raltegravir potassium</i>)	NP	QL (2 tablets per 1 day)
isentress oral tablet chewable 100 mg, 25 mg (<i>raltegravir potassium</i>)	NP	QL (6 tablets per 1 day)
juluca oral tablet 50-25 mg (<i>dolutegravir-rilpivirine</i>)	NP	ST; QL (1 tablet per 1 day)
kaletra oral solution 400-100 mg/5ml (<i>lopinavir-ritonavir</i>)	NP	QL (3 bottles per 30 days)
kaletra oral tablet 100-25 mg (<i>lopinavir-ritonavir</i>)	PB	#; QL (8 tablets per 1 day)
kaletra oral tablet 200-50 mg (<i>lopinavir-ritonavir</i>)	PB	#; QL (4 tablets per 1 day)
<i>lamivudine oral solution 10 mg/ml</i>	PG	QL (4 bottles per 30 days)
<i>lamivudine oral tablet 100 mg</i>	PG	
<i>lamivudine oral tablet 150 mg</i>	PG	QL (2 tablets per 1 day)
<i>lamivudine oral tablet 300 mg</i>	PG	QL (1 tablet per 1 day)
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	PG	QL (2 tablets per 1 day)
<i>ledipasvir-sofosbuvir oral tablet 90-400 mg</i>	NF	
lexiva oral suspension 50 mg/ml (<i>fosamprenavir calcium</i>)	PB	#; QL (8 bottles per 30 days)
lexiva oral tablet 700 mg (<i>fosamprenavir calcium</i>)	PB	QL (4 tablets per 1 day)
<i>lopinavir-ritonavir oral solution 400-100 mg/5ml</i>	PG	QL (3 bottles per 30 days)
mavyret oral tablet 100-40 mg (<i>glecaprevir-pibrentasvir</i>)	NF	
<i>nevirapine er oral tablet extended release 24 hour 100 mg</i>	PG	QL (3 tablets per 1 day)
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	PG	QL (1 tablet per 1 day)
<i>nevirapine oral suspension 50 mg/5ml</i>	PG	QL (5 bottles per 30 days)
<i>nevirapine oral tablet 200 mg</i>	PG	QL (2 tablets per 1 day)
norvir oral packet 100 mg (<i>ritonavir</i>)	PB	QL (12 packets per 1 day)
norvir oral solution 80 mg/ml (<i>ritonavir</i>)	PB	#; QL (2 bottles per 30 days)
norvir oral tablet 100 mg (<i>ritonavir</i>)	PB	QL (12 tablets per 1 day)
odyssey oral tablet 200-25-25 mg (<i>emtricitabine-rilpivirine-tenofovir alafenamide</i>)	NP	QL (1 tablet per 1 day)
<i>oseltamivir phosphate oral capsule 30 mg</i>	PG	QL (40 capsules per 90 days)
<i>oseltamivir phosphate oral capsule 45 mg, 75 mg</i>	PG	QL (20 capsules per 90 days)
<i>oseltamivir phosphate oral suspension reconstituted 6 mg/ml</i>	PG	QL (360 ML per 90 days)
pegasys subcutaneous solution 180 mcg/0.5ml, 180 mcg/ml (<i>peginterferon alfa-2a</i>)	PB	PA; SP
pifeltro oral tablet 100 mg (<i>doravirine</i>)	NP	QL (1 tablet per 1 day)
prevymis oral tablet 240 mg, 480 mg (<i>letermovir</i>)	NPSP	SP; QL (1 tablet per 1 day)

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
prezcobix oral tablet 800-150 mg (<i>darunavir-cobicistat</i>)	PB	QL (1 tablet per 1 day)
prezista oral suspension 100 mg/ml (<i>darunavir ethanolate</i>)	PB	QL (2 bottles per 1 day)
prezista oral tablet 150 mg, 600 mg, 75 mg (<i>darunavir ethanolate</i>)	PB	QL (2 tablets per 1 day)
prezista oral tablet 800 mg (<i>darunavir ethanolate</i>)	PB	QL (1 tablet per 1 day)
relenza diskhaler inhalation aerosol powder breath activated 5 mg/blister (<i>zanamivir</i>)	NP	QL (2 inhalers per 90 days)
retrovir intravenous solution 10 mg/ml (<i>zidovudine</i>)	NP	
retrovir oral capsule 100 mg (<i>zidovudine</i>)	NP	QL (6 capsules per 1 day)
retrovir oral syrup 50 mg/5ml (<i>zidovudine</i>)	PB	QL (8 bottles per 30 days)
reyataz oral capsule 150 mg, 300 mg (<i>atazanavir sulfate</i>)	NP	QL (1 capsule per 1 day)
reyataz oral capsule 200 mg (<i>atazanavir sulfate</i>)	NP	QL (2 capsules per 1 day)
reyataz oral packet 50 mg (<i>atazanavir sulfate</i>)	NP	#: QL (6 packets per 1 day)
<i>ribavirin oral capsule 200 mg</i>	PG	SP
<i>ribavirin oral tablet 200 mg</i>	PG	SP
<i>rimantadine hcl oral tablet 100 mg</i>	PG	
<i>ritonavir oral tablet 100 mg</i>	PG	QL (12 tablets per 1 day)
<i>rukobia oral tablet extended release 12 hour 600 mg</i>	NF	
selzentry oral solution 20 mg/ml (<i>maraviroc</i>)	PB	QL (8 bottles per 1 month)
selzentry oral tablet 150 mg, 75 mg (<i>maraviroc</i>)	PB	#: QL (2 tablets per 1 day)
selzentry oral tablet 25 mg (<i>maraviroc</i>)	PB	#: QL (8 tablets per 1 day)
selzentry oral tablet 300 mg (<i>maraviroc</i>)	PB	#: QL (4 tablets per 1 day)
sitavig buccal tablet 50 mg (<i>acyclovir</i>)	NF	
<i>sofosbuvir-velpatasvir oral tablet 400-100 mg</i>	NF	
sovaldi oral packet 150 mg, 200 mg (<i>sofosbuvir</i>)	NPSP	PA; ST; NPL; SP; QL (1 packet per 1 day)
sovaldi oral tablet 200 mg (<i>sofosbuvir</i>)	NPSP	PA; ST; NPL; SP; QL (1 tablet per 1 day)
sovaldi oral tablet 400 mg (<i>sofosbuvir</i>)	NPSP	PA; ST; NPL; SP; QL (1 TABS per 1 DAYS)
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>	PG	QL (2 capsules per 1 day)
stribild oral tablet 150-150-200-300 mg (<i>elviteg-cobic-emtricit-tenofdf</i>)	NPSP	ST; QL (1 tablet per 1 day)
sustiva oral capsule 200 mg, 50 mg (<i>efavirenz</i>)	NP	QL (3 capsules per 1 day)

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
sustiva oral tablet 600 mg (<i>efavirenz</i>)	NP	QL (1 tablet per 1 day)
symfi lo oral tablet 400-300-300 mg (<i>efavirenz-lamivudine-tenofovir</i>)	NP	#; QL (1 tablet per 1 day)
symfi oral tablet 600-300-300 mg (<i>efavirenz-lamivudine-tenofovir</i>)	NP	#; QL (1 tablet per 1 day)
symtuza oral tablet 800-150-200-10 mg (<i>darun-cobic-emtricit-tenofaf</i>)	PB	QL (1 tablet per 1 day)
tamiflu oral capsule 30 mg, 45 mg, 75 mg (<i>oseltamivir phosphate</i>)	NF	
tamiflu oral suspension reconstituted 6 mg/ml (<i>oseltamivir phosphate</i>)	NF	
temixys oral tablet 300-300 mg (<i>lamivudine-tenofovir</i>)	NP	QL (1 tablet per 1 day)
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	PG	QL (1 tablet per 1 day)
tivicay oral tablet 10 mg (<i>dolutegravir sodium</i>)	NP	QL (8 tablets per 1 day)
tivicay oral tablet 25 mg (<i>dolutegravir sodium</i>)	NP	QL (2 tablets per 1 day)
tivicay oral tablet 50 mg (<i>dolutegravir sodium</i>)	NP	QL (2 TABS per 1 DAYS)
tivicay pd oral tablet soluble 5 mg (<i>dolutegravir sodium</i>)	PB	QL (12 tablets per 1 day)
trumeq oral tablet 600-50-300 mg (<i>abacavir-dolutegravir-lamivud</i>)	PB	QL (1 EA per 1 day)
trizivir oral tablet 300-150-300 mg (<i>abacavir-lamivudine-zidovudine</i>)	NP	QL (2 tablets per 1 day)
truvada oral tablet 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg (<i>emtricitabine-tenofovir df</i>)	NP	#; QL (1 tablet per 1 day)
tybost oral tablet 150 mg (<i>cobicistat</i>)	NP	QL (1 EA per 1 day)
<i>valacyclovir hcl oral tablet 1 gm, 500 mg</i>	PG	
valcyte oral solution reconstituted 50 mg/ml (<i>valganciclovir hcl</i>)	NPSP	PA; SP; QL (1000 mls per 30 days)
valcyte oral tablet 450 mg (<i>valganciclovir hcl</i>)	NPSP	PA; SP; QL (102 EA per 30 days)
<i>valganciclovir hcl oral solution reconstituted 50 mg/ml</i>	PG	PA; SP; QL (1000 ML per 30 days)
<i>valganciclovir hcl oral tablet 450 mg</i>	PG	PA; SP; QL (102 tablets per 30 days)
valtrex oral tablet 1 gm, 500 mg (<i>valacyclovir hcl</i>)	NP	ST
vemlidy oral tablet 25 mg (<i>tenofovir alafenamide fumarate</i>)	NPSP	PA; ST; SP; QL (1 tablet per 1 day)

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

104

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
viekira pak oral tablet therapy pack 12.5-75-50 & 250 mg (<i>ombitas-paritapre-ritona-dasab</i>)	NF	
viracept oral tablet 250 mg (<i>nelfinavir mesylate</i>)	NP	QL (10 tablets per 1 day)
viracept oral tablet 625 mg (<i>nelfinavir mesylate</i>)	NP	QL (4 tablets per 1 day)
viramune oral suspension 50 mg/5ml (<i>nevirapine</i>)	NP	SP; QL (5 bottles per 30 days)
viramune xr oral tablet extended release 24 hour 400 mg (<i>nevirapine</i>)	PB	QL (1 TB24 per 1 DAYS)
viread oral powder 40 mg/gm (<i>tenofovir disoproxil fumarate</i>)	NP	#; QL (4 bottles per 30 days)
viread oral tablet 150 mg, 200 mg, 250 mg (<i>tenofovir disoproxil fumarate</i>)	NP	#; QL (1 tablet per 1 day)
viread oral tablet 300 mg (<i>tenofovir disoproxil fumarate</i>)	NP	QL (1 tablet per 1 day)
vosevi oral tablet 400-100-100 mg (<i>sofosbuv-velpatasv-voxilaprev</i>)	PSP	PA; IBC (Preferred for all genotypes); NPL; SP; QL (1 tablet per 1 day)
xofluza (40 mg dose) oral tablet therapy pack 2 x 20 mg (<i>baloxavir marboxil</i>)	NP	QL (4 tablets per 90 days)
xofluza (80 mg dose) oral tablet therapy pack 2 x 40 mg (<i>baloxavir marboxil</i>)	NP	QL (4 tablets per 90 days)
zepatier oral tablet 50-100 mg (<i>elbasvir-grazoprevir</i>)	NF	
zerit oral capsule 30 mg, 40 mg (<i>stavudine</i>)	PB	QL (2 capsules per 1 day)
ziagen oral solution 20 mg/ml (<i>abacavir sulfate</i>)	NP	QL (4 bottles per 30 days)
ziagen oral tablet 300 mg (<i>abacavir sulfate</i>)	NP	QL (2 tablets per 1 day)
zidovudine oral capsule 100 mg	PG	QL (6 capsules per 1 day)
zidovudine oral syrup 50 mg/5ml	PG	QL (8 bottles per 30 days)
zidovudine oral tablet 300 mg	PG	QL (2 tablets per 1 day)
zovirax oral suspension 200 mg/5ml (<i>acyclovir</i>)	NP	
BETA BLOCKERS - DRUGS FOR THE HEART		
acebutolol hcl oral capsule 200 mg, 400 mg	PG	
atenolol oral tablet 100 mg, 25 mg, 50 mg	PG	LGC
betapace af oral tablet 80 mg (<i>sotalol hcl af</i>)	NP	
betaxolol hcl oral tablet 10 mg, 20 mg	NP	
bisoprolol fumarate oral tablet 10 mg, 5 mg	PG	
bystolic oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg (<i>nebivolol hcl</i>)	NF	#

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	PG	LGC
<i>carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg</i>	NP	QL (1 tablet per 1 day)
<i>coreg cr oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg (carvedilol phosphate)</i>	NP	QL (1 capsule per 1 day)
<i>coreg oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg (carvedilol)</i>	NP	
<i>corgard oral tablet 20 mg, 40 mg, 80 mg (nadolol)</i>	NP	
<i>hemangeol oral solution 4.28 mg/ml (propranolol hcl)</i>	NP	PA
<i>inderal la oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg (propranolol hcl)</i>	NF	
<i>inderal xl oral capsule extended release 24 hour 120 mg, 80 mg (propranolol hcl sr beads)</i>	NF	
<i>innopran xl oral capsule extended release 24 hour 120 mg, 80 mg (propranolol hcl sr beads)</i>	NF	#
<i>kaspargo sprinkle oral capsule er 24 hour sprinkle 100 mg, 200 mg, 25 mg, 50 mg (metoprolol succinate)</i>	NP	
<i>labetalol hcl intravenous solution 5 mg/ml</i>	NP	
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	PG	
<i>lopressor oral tablet 100 mg, 50 mg (metoprolol tartrate)</i>	NP	
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 50 mg</i>	PG	QL (1.5 tablets per 1 day)
<i>metoprolol succinate er oral tablet extended release 24 hour 200 mg</i>	PG	QL (2 tablets per 1 day)
<i>metoprolol succinate er oral tablet extended release 24 hour 25 mg</i>	PG	QL (1 tablet per 1 day)
<i>metoprolol tartrate intravenous solution 5 mg/5ml</i>	NP	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	PG	LGC
<i>metoprolol tartrate oral tablet 37.5 mg, 75 mg</i>	PG	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	PG	
<i>pindolol oral tablet 10 mg, 5 mg</i>	PG	
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg</i>	PG	
<i>propranolol hcl intravenous solution 1 mg/ml</i>	NP	
<i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>	PG	

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	PG	LGC
<i>propranolol hcl oral tablet 60 mg</i>	PG	
<i>sotalol hcl (Sorine Oral Tablet 120 Mg, 80 Mg)</i>	PG	LGC
<i>sotalol hcl (Sorine Oral Tablet 160 Mg, 240 Mg)</i>	PG	
<i>sotalol hcl (af) oral tablet 120 mg</i>	PG	LGC
<i>sotalol hcl (af) oral tablet 160 mg</i>	PG	
<i>sotalol hcl intravenous solution 150 mg/10ml</i>	NP	
<i>sotalol hcl oral tablet 120 mg, 80 mg</i>	PG	LGC
<i>sotalol hcl oral tablet 160 mg, 240 mg</i>	PG	
<i>sotylize oral solution 5 mg/ml (sotalol hcl)</i>	NP	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	PG	
<i>toprol xl oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg (metoprolol succinate)</i>	NF	
CALCIUM CHANNEL BLOCKERS - DRUGS FOR THE HEART		
<i>nifedipine (Afeditab Cr Oral Tablet Extended Release 24 Hour 30 Mg)</i>	PG	QL (1 tablet per 1 day)
<i>nifedipine (Afeditab Cr Oral Tablet Extended Release 24 Hour 60 Mg)</i>	PG	QL (2 tablets per 1 day)
<i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>	PG	LGC
<i>calan sr oral tablet extended release 120 mg, 180 mg, 240 mg (verapamil hcl)</i>	NP	
<i>cardene iv intravenous solution 20-4.8 mg/200ml-% (nicardipine hcl in dextrose)</i>	NP	
<i>cardizem cd oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg (diltiazem hcl coated beads)</i>	NF	
<i>cardizem la oral tablet extended release 24 hour 120 mg (diltiazem hcl coated beads)</i>	NP	QL (1 TB24 per 1 DAYS)
<i>cardizem la oral tablet extended release 24 hour 180 mg, 300 mg, 360 mg (diltiazem hcl coated beads)</i>	NP	QL (1 tablet per 1 day)
<i>cardizem la oral tablet extended release 24 hour 240 mg (diltiazem hcl coated beads)</i>	NP	QL (2 tablets per 1 day)
<i>cardizem la oral tablet extended release 24 hour 420 mg (diltiazem hcl coated beads)</i>	NF	

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>diltiazem hcl coated beads</i> (Cartia Xt Oral Capsule Extended Release 24 Hour 120 Mg, 180 Mg, 300 Mg)	PG	QL (1 capsule per 1 day)
<i>diltiazem hcl coated beads</i> (Cartia Xt Oral Capsule Extended Release 24 Hour 240 Mg)	PG	QL (2 tablet per 1 day)
conjugpri oral tablet 2.5 mg, 5 mg (<i>levamlodipine maleate</i>)	NF	
consensi oral tablet 10-200 mg, 2.5-200 mg, 5-200 mg (<i>amlodipine besylate-celecoxib</i>)	NF	
<i>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 300 mg, 360 mg, 420 mg</i>	PG	QL (1 capsule per 1 day)
<i>diltiazem hcl er beads oral capsule extended release 24 hour 240 mg</i>	PG	QL (2 capsules per 1 day)
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 300 mg, 360 mg</i>	PG	QL (1 capsule per 1 day)
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 240 mg</i>	PG	QL (2 Capsules per 1 day)
<i>diltiazem hcl er coated beads oral tablet extended release 24 hour 420 mg</i>	NP	
<i>diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i>	PG	
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg</i>	PG	
<i>diltiazem hcl intravenous solution 50 mg/10ml</i>	NP	
<i>diltiazem hcl intravenous solution reconstituted 100 mg</i>	NP	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	PG	LGC
<i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg</i>	PG	
<i>dilt-xr oral capsule extended release 24 hour 240 mg</i>	PG	QL (2 capsule per 1 day)
<i>felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	PG	QL (1 tablet per 1 day)
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	PG	
katerzia oral suspension 1 mg/ml (<i>amlodipine benzoate</i>)	NF	
<i>diltiazem hcl coated beads</i> (Matzim La Oral Tablet Extended Release 24 Hour 180 Mg, 300 Mg, 360 Mg)	NP	QL (1 tablet per 1 day)
<i>diltiazem hcl coated beads</i> (Matzim La Oral Tablet Extended Release 24 Hour 240 Mg)	NP	QL (2 tablets per 1 day)
<i>diltiazem hcl coated beads</i> (Matzim La Oral Tablet Extended Release 24 Hour 420 Mg)	NP	
<i>nicardipine hcl intravenous solution 2.5 mg/ml</i>	NP	

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

108

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>nicardipine hcl oral capsule 20 mg, 30 mg</i>	PG	
<i>nifedipine er oral tablet extended release 24 hour 30 mg, 90 mg</i>	PG	QL (1 tablet per 1 day)
<i>nifedipine er oral tablet extended release 24 hour 60 mg</i>	PG	QL (2 tablets per 1 day)
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 90 mg</i>	PG	QL (1 tablet per 1 day)
<i>nifedipine er osmotic release oral tablet extended release 24 hour 60 mg</i>	PG	QL (2 tablets per 1 day)
<i>nifedipine oral capsule 10 mg, 20 mg</i>	PG	
<i>nimodipine oral capsule 30 mg</i>	PG	
<i>nisoldipine er oral tablet extended release 24 hour 17 mg, 20 mg, 34 mg, 40 mg, 8.5 mg</i>	PG	QL (1 tablet per 1 day)
<i>nisoldipine er oral tablet extended release 24 hour 25.5 mg</i>	PG	
<i>nisoldipine er oral tablet extended release 24 hour 30 mg</i>	PG	QL (2 tablets per 1 day)
<i>norvasc oral tablet 10 mg, 2.5 mg, 5 mg (amlodipine besylate)</i>	NP	
<i>nymalize oral solution 6 mg/ml (nimodipine)</i>	NP	
<i>procardia xl oral tablet extended release 24 hour 30 mg (nifedipine)</i>	NP	QL (1 TB24 per 1 DAYS)
<i>procardia xl oral tablet extended release 24 hour 60 mg, 90 mg (nifedipine)</i>	NP	QL (2 TB24 per 1 DAYS)
<i>sular oral tablet extended release 24 hour 17 mg, 34 mg, 8.5 mg (nisoldipine)</i>	NP	QL (1 TB24 per 1 DAYS)
<i>diltiazem hcl er beads (Taztia Xt Oral Capsule Extended Release 24 Hour 120 Mg, 180 Mg, 300 Mg, 360 Mg)</i>	PG	QL (1 capsule per 1 day)
<i>diltiazem hcl er beads (Taztia Xt Oral Capsule Extended Release 24 Hour 240 Mg)</i>	PG	QL (2 capsules per 1 day)
<i>tiazac oral capsule extended release 24 hour 120 mg, 180 mg, 300 mg, 360 mg, 420 mg (diltiazem hcl er beads)</i>	NP	QL (1 CP24 per 1 DAYS)
<i>tiazac oral capsule extended release 24 hour 240 mg (diltiazem hcl er beads)</i>	NP	QL (2 CP24 per 1 DAYS)
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 300 mg</i>	PG	QL (1 capsule per 1 day)
<i>verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg</i>	PG	
<i>verapamil hcl er oral capsule extended release 24 hour 200 mg</i>	PG	QL (2 capsules per 1 day)
<i>verapamil hcl er oral tablet extended release 120 mg</i>	PG	LGC

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>verapamil hcl er oral tablet extended release 180 mg, 240 mg</i>	PG	
<i>verapamil hcl intravenous solution 2.5 mg/ml</i>	NP	
<i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>	PG	LGC
<i>verelan oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg (verapamil hcl)</i>	NP	
CARDIOTONICS - DRUGS FOR THE HEART		
<i>digoxin (Digitek Oral Tablet 125 Mcg, 250 Mcg)</i>	PG	
<i>digoxin (Digox Oral Tablet 125 Mcg, 250 Mcg)</i>	PG	
<i>digoxin oral solution 0.05 mg/ml</i>	PG	
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	PG	
<i>lanoxin oral tablet 125 mcg (digoxin)</i>	NP	
<i>lanoxin oral tablet 250 mcg (digoxin)</i>	NF	
CARDIOVASCULAR AGENTS - MISC. - DRUGS FOR THE HEART		
<i>adcirca oral tablet 20 mg (tadalafil (pah))</i>	NPSP	PA; ST; NPL; SP; QL (2 tablets per 1 day)
<i>adempas oral tablet 0.5 mg, 1 mg, 1.5 mg, 2 mg, 2.5 mg (riociguat)</i>	NPSP	PA; NPL; SP; QL (3 TABS per 1 DAYS)
<i>tadalafil (pah) (Alyq Oral Tablet 20 Mg)</i>	PSP	PA; NPL; SP; QL (2 tablets per 1 day)
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	PSP	PA; NPL; SP
<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>	NF	
<i>bidil oral tablet 20-37.5 mg (isosorb dinitrate-hydralazine)</i>	NP	#
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	PSP	PA; NPL; SP
<i>caduet oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg (amlodipine-atorvastatin)</i>	NF	
<i>cardioplegic perfusion solution</i>	PG	
<i>corlanor oral solution 5 mg/5ml (ivabradine hcl)</i>	PB	
<i>corlanor oral tablet 5 mg, 7.5 mg (ivabradine hcl)</i>	PB	
<i>entresto oral tablet 24-26 mg, 49-51 mg, 97-103 mg (sacubitril-valsartan)</i>	PB	PA; QL (2 tablets per 1 day)
<i>epoprostenol sodium intravenous solution reconstituted 0.5 mg, 1.5 mg</i>	PG	PA; NPL; SP

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

110

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
flolan intravenous solution reconstituted 0.5 mg, 1.5 mg (<i>epoprostenol sodium</i>)	NPSP	PA; NPL; SP
<i>isoxsuprine hcl oral tablet 10 mg</i>	NP	
letairis oral tablet 10 mg, 5 mg (<i>ambrisentan</i>)	NF	
opsumit oral tablet 10 mg (<i>macitentan</i>)	PSP	PA; NPL; SP; QL (1 EA per 1 day)
orenitram oral tablet extended release 0.125 mg, 0.25 mg, 1 mg, 2.5 mg, 5 mg (<i>treprostinil diolamine</i>)	NPSP	PA; NPL; SP
revatio intravenous solution 10 mg/12.5ml (<i>sildenafil citrate</i>)	NPSP	PA; NPL; SP
revatio oral suspension reconstituted 10 mg/ml (<i>sildenafil citrate</i>)	NF	
revatio oral tablet 20 mg (<i>sildenafil citrate</i>)	NPSP	PA; ST; NPL; SP; QL (3 TABS per 1 DAYS)
<i>sildenafil citrate oral tablet 20 mg</i>	PG	PA; NPL; SP; QL (3 tablets per 1 day)
<i>tadalafil (pah) oral tablet 20 mg</i>	PSP	PA; NPL; SP; QL (2 tablets per 1 day)
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	PG	PA
tracleer oral tablet 125 mg, 62.5 mg (<i>bosentan</i>)	NF	NPL
tracleer oral tablet soluble 32 mg (<i>bosentan</i>)	PSP	PA; NPL; SP
<i>treprostinil injection solution 100 mg/20ml, 20 mg/20ml, 200 mg/20ml, 50 mg/20ml</i>	PSP	PA; NPL; SP
tyvaso inhalation solution 0.6 mg/ml (<i>treprostinil</i>)	NPSP	PA; NPL; SP; QL (1 SOLN per 1 DAYS)
tyvaso refill inhalation solution 0.6 mg/ml (<i>treprostinil</i>)	NPSP	PA; NPL; SP; QL (1 ML per 1 day)
tyvaso starter inhalation solution 0.6 mg/ml (<i>treprostinil</i>)	NPSP	PA; NPL; SP; QL (1 ML per 1 day)
uptravi oral tablet 1000 mcg, 1200 mcg, 1400 mcg, 1600 mcg, 400 mcg, 600 mcg, 800 mcg (<i>selexipag</i>)	NPSP	PA; NPL; SP; QL (2 capsules per 1 day)
uptravi oral tablet 200 mcg (<i>selexipag</i>)	NPSP	PA; NPL; SP; QL (5 tablets per 1 day)
uptravi oral tablet therapy pack 200 & 800 mcg (<i>selexipag</i>)	NPSP	PA; NPL; SP; QL (1 pack per 1 month)
veletri intravenous solution reconstituted 0.5 mg (<i>epoprostenol sodium</i>)	NPSP	PA; NPL; #; SP

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
veletri intravenous solution reconstituted 1.5 mg (<i>epoprostenol sodium</i>)	NPSP	PA; NPL; SP
ventavis inhalation solution 10 mcg/ml, 20 mcg/ml (<i>iloprost</i>)	NPSP	PA; NPL; SP
vyndamax oral capsule 61 mg (<i>tafamidis</i>)	NPSP	PA; SP; N2 (NF); QL (1 capsule per 1 day)
vyndaqel oral capsule 20 mg (<i>tafamidis meglumine (cardiac)</i>)	NF	
CEPHALOSPORINS - DRUGS FOR INFECTIONS		
<i>cefaclor er oral tablet extended release 12 hour 500 mg</i>	PG	
<i>cefaclor oral capsule 250 mg, 500 mg</i>	PG	
<i>cefaclor oral suspension reconstituted 125 mg/5ml, 250 mg/5ml, 375 mg/5ml</i>	PG	
<i>cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml</i>	PG	
<i>cefadroxil oral tablet 1 gm</i>	PG	
<i>cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 100 gm, 300 gm, 500 mg</i>	NPSP	
<i>cefazolin sodium intravenous solution reconstituted 1 gm</i>	NPSP	
<i>cefdinir oral capsule 300 mg</i>	PG	
<i>cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	PG	
<i>cefepime hcl injection solution reconstituted 1 gm, 2 gm</i>	NPSP	
<i>cefepime hcl intravenous solution 1 gm/50ml, 2 gm/100ml</i>	NPSP	
<i>cefixime oral capsule 400 mg</i>	NP	
<i>cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	NP	
<i>cefotaxime sodium injection solution reconstituted 1 gm, 500 mg</i>	NPSP	
<i>cefotetan disodium injection solution reconstituted 1 gm, 2 gm</i>	NPSP	
<i>cefoxitin sodium injection solution reconstituted 10 gm</i>	NPSP	
<i>cefoxitin sodium intravenous solution reconstituted 1 gm, 2 gm</i>	NPSP	
<i>cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml</i>	PG	
<i>cefpodoxime proxetil oral tablet 100 mg, 200 mg</i>	PG	
<i>cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	PG	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	PG	
<i>ceftazidime injection solution reconstituted 1 gm, 2 gm, 6 gm</i>	NPSP	

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

112

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>ceftriaxone sodium in dextrose intravenous solution 20 mg/ml, 40 mg/ml</i>	NP	
<i>ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg</i>	NPSP	
<i>ceftriaxone sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm</i>	NPSP	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	PG	
<i>cefuroxime sodium injection solution reconstituted 7.5 gm, 750 mg</i>	NPSP	
<i>cefuroxime sodium intravenous solution reconstituted 1.5 gm</i>	NPSP	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	PG	
<i>cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	PG	
<i>cephalexin oral tablet 250 mg, 500 mg</i>	PG	
<i>keflex oral capsule 250 mg, 500 mg (cephalexin)</i>	NP	
<i>keflex oral capsule 750 mg (cephalexin)</i>	NF	
<i>suprax oral capsule 400 mg (cefixime)</i>	NP	
<i>suprax oral suspension reconstituted 100 mg/5ml, 200 mg/5ml, 500 mg/5ml (cefixime)</i>	NP	
<i>suprax oral tablet chewable 100 mg, 200 mg (cefixime)</i>	NP	#
<i>ceftazidime (Tazicef Injection Solution Reconstituted 1 Gm, 2 Gm, 6 Gm)</i>	NPSP	
<i>tazicef intravenous solution reconstituted 1 gm, 2 gm</i>	NPSP	
<i>teflaro intravenous solution reconstituted 400 mg, 600 mg (ceftaroline fosamil)</i>	NPSP	
CHEMICALS		
<i>cholestyramine powder</i>	NP	
<i>nystatin powder</i>	NP	
<i>pentylene glycol liquid</i>	NP	
<i>quinidine sulfate dihydrate crystals</i>	NP	
<i>sodium hydroxide pellet</i>	NP	
<i>testosterone cypionate powder</i>	NP	
<i>testosterone powder</i>	NP	
<i>triacetin liquid</i>	NP	

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>zinc acetate powder</i>	NP	
CONTRACEPTIVES - DRUGS FOR WOMEN		
<i>levonorgestrel-ethinyl estrad (Afirmelle Oral Tablet 0.1-20 Mg-Mcg)</i>	CE	N2 (PG)
<i>levonorgestrel-ethinyl estrad (Altavera Oral Tablet 0.15-30 Mg-Mcg)</i>	CE	N2 (PG)
<i>alyacen 1/35 oral tablet 1-35 mg-mcg</i>	CE	N2 (PG)
<i>alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	CE	N2 (PG)
<i>levonorgest-eth estrad 91-day (Amethia Lo Oral Tablet 0.1-0.02 & 0.01 Mg)</i>	CE	N2 (PG)
<i>levonorgest-eth estrad 91-day (Amethia Oral Tablet 0.15-0.03 & 0.01 Mg)</i>	CE	N2 (PG)
<i>levonorgestrel-ethinyl estrad (Amethyst Oral Tablet 90-20 Mcg)</i>	CE	N2 (NP)
<i>annovera vaginal ring 0.013-0.15 mg/24hr (segesterone-ethinyl estradiol)</i>	CE	N2 (NPB); QL (1 ring per 1 year)
<i>desogestrel-ethinyl estradiol (Apri Oral Tablet 0.15-30 Mg-Mcg)</i>	CE	N2 (PG)
<i>norethin-eth estrad triphasic (Aranelle Oral Tablet 0.5/1/0.5-35 Mg-Mcg)</i>	CE	N2 (PG)
<i>levonorgest-eth estrad 91-day (Ashlyna Oral Tablet 0.15-0.03 & 0.01 Mg)</i>	CE	N2 (PG)
<i>levonorgestrel-ethinyl estrad (Aubra Eq Oral Tablet 0.1-20 Mg-Mcg)</i>	CE	N2 (PG)
<i>levonorgestrel-ethinyl estrad (Aubra Oral Tablet 0.1-20 Mg-Mcg)</i>	CE	N2 (PG)
<i>norethindrone acet-ethinyl est (Aurovela 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)</i>	CE	N2 (PG)
<i>norethindrone acet-ethinyl est (Aurovela 1/20 Oral Tablet 1-20 Mg-Mcg)</i>	CE	N2 (PG)
<i>norethin ace-eth estrad-fe (Aurovela 24 Fe Oral Tablet 1-20 Mg-Mcg(24))</i>	CE	N2 (PG)
<i>norethin ace-eth estrad-fe (Aurovela Fe 1/20 Oral Tablet 1-20 Mg-Mcg)</i>	CE	N2 (PG)
<i>levonorgestrel-ethinyl estrad (Aviane Oral Tablet 0.1-20 Mg-Mcg)</i>	CE	N2 (PG)

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

114

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>levonorgestrel-ethinyl estrad</i> (Ayuna Oral Tablet 0.15-30 Mg-Mcg)	CE	N2 (PG)
<i>desogestrel-ethinyl estradiol</i> (Azurette Oral Tablet 0.15-0.02/0.01 Mg (21/5))	CE	N2 (PG)
balcoltra oral tablet 0.1-20 mg-mcg(21) (<i>levonorgest-eth estrad-fe bisg</i>)	CE	N2 (NP)
<i>norethindrone-eth estradiol</i> (Balziva Oral Tablet 0.4-35 Mg-Mcg)	CE	N2 (PG)
<i>desogestrel-ethinyl estradiol</i> (Bekyree Oral Tablet 0.15-0.02/0.01 Mg (21/5))	CE	N2 (PG)
beyaz oral tablet 3-0.02-0.451 mg (<i>drosipren-eth estrad-levomefol</i>)	NF	
<i>norethin ace-eth estrad-fe</i> (Blisovi 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	CE	N2 (PG)
<i>norethin ace-eth estrad-fe</i> (Blisovi Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N2 (PG)
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	CE	N2 (PG)
<i>norethindrone</i> (Camila Oral Tablet 0.35 Mg)	CE	N2 (PG)
<i>levonorgest-eth estrad 91-day</i> (Camrese Lo Oral Tablet 0.1-0.02 & 0.01 Mg)	CE	N2 (PG)
<i>levonorgest-eth estrad 91-day</i> (Camrese Oral Tablet 0.15-0.03 &0.01 Mg)	CE	N2 (PG)
<i>desogestrel-ethinyl estradiol</i> (Caziant Oral Tablet 0.1/0.125/0.15 -0.025 Mg)	CE	N2 (PG)
<i>desogestrel-ethinyl estradiol</i> (Cesia Oral Tablet 0.1/0.125/0.15 -0.025 Mg)	CE	N2 (PG)
<i>levonorgestrel-ethinyl estrad</i> (Chateal Eq Oral Tablet 0.15-30 Mg-Mcg)	CE	N2 (PG)
<i>levonorgestrel-ethinyl estrad</i> (Chateal Oral Tablet 0.15-30 Mg-Mcg)	CE	N2 (PG)
<i>norgestrel-ethinyl estradiol</i> (Cryselle-28 Oral Tablet 0.3-30 Mg-Mcg)	CE	N2 (PG)
<i>norethindrone-eth estradiol</i> (Cyclafem 1/35 Oral Tablet 1-35 Mg-Mcg)	CE	N2 (PG)
<i>norethin-eth estrad triphasic</i> (Cyclafem 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	CE	N2 (PG)

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>desogestrel-ethinyl estradiol</i> (Cyred Eq Oral Tablet 0.15-30 Mg-Mcg)	CE	N2 (PG)
<i>desogestrel-ethinyl estradiol</i> (Cyred Oral Tablet 0.15-30 Mg-Mcg)	CE	N2 (PG)
<i>norethindrone-eth estradiol</i> (Dasetta 1/35 Oral Tablet 1-35 Mg-Mcg)	CE	N2 (PG)
<i>norethin-eth estrad triphasic</i> (Dasetta 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	CE	N2 (PG)
<i>levonorgest-eth estrad 91-day</i> (Daysee Oral Tablet 0.15-0.03 &0.01 Mg)	CE	N2 (PG)
<i>norethindrone</i> (Deblitane Oral Tablet 0.35 Mg)	CE	N2 (PG)
<i>levonorgestrel-ethinyl estrad</i> (Delyla Oral Tablet 0.1-20 Mg-Mcg)	CE	N2 (PG)
depo-provera intramuscular suspension 150 mg/ml (<i>medroxyprogesterone acetate</i>)	NP	QL (1 injection per 75 days or 4 injections per 300 days)
depo-subq provera 104 subcutaneous suspension prefilled syringe 104 mg/0.65ml (<i>medroxyprogesterone acetate</i>)	CE	#; N2 (NP); QL (1 injection per 75 days or 4 injections per 300 days)
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg</i> (21/5)	CE	N2 (PG)
<i>drosipren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg, 3-0.03-0.451 mg</i>	CE	N2 (PG)
<i>drosiprenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	CE	N2 (PG)
<i>norgestrel-ethinyl estradiol</i> (Elinest Oral Tablet 0.3-30 Mg-Mcg)	CE	N2 (PG)
ella oral tablet 30 mg (<i>ulipristal acetate</i>)	CE	#; N2 (NP)
<i>etonogestrel-ethinyl estradiol</i> (Eluryng Vaginal Ring 0.12-0.015 Mg/24Hr)	CE	N2 (PG)
<i>desogestrel-ethinyl estradiol</i> (Emoquette Oral Tablet 0.15-30 Mg-Mcg)	CE	N2 (PG)
<i>levonorg-eth estrad triphasic</i> (Enpresse-28 Oral Tablet 50-30/75-40/ 125-30 Mcg)	CE	N2 (PG)
<i>desogestrel-ethinyl estradiol</i> (Enskyce Oral Tablet 0.15-30 Mg-Mcg)	CE	N2 (PG)
<i>norethindrone</i> (Errin Oral Tablet 0.35 Mg)	CE	N2 (PG)
<i>norgestimate-eth estradiol</i> (Estarylla Oral Tablet 0.25-35 Mg-Mcg)	CE	N2 (PG)

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

116

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
estrostep fe oral tablet 1-20/1-30/1-35 mg-mcg (<i>norethindron-ethinyl estrad-fe</i>)	NP	
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	CE	N2 (PG)
falessa oral kit 20-1-0.1 mcg-mg (<i>levonorgestrel-eth estrad & fa</i>)	CE	N2 (NP)
<i>levonorgestrel-ethinyl estrad</i> (Falmina Oral Tablet 0.1-20 Mg-Mcg)	CE	N2 (PG)
<i>levonorgest-eth estrad 91-day</i> (Fayosim Oral Tablet 42-21-21-7 Days)	CE	N2 (PG)
<i>norgestimate-eth estradiol</i> (Femynor Oral Tablet 0.25-35 Mg-Mcg)	CE	N2 (PG)
generess fe oral tablet chewable 0.8-25 mg-mcg (<i>norethin-eth estradiol-fe</i>)	NP	
<i>drospirenone-ethinyl estradiol</i> (Gianvi Oral Tablet 3-0.02 Mg)	CE	N2 (PG)
<i>norethin ace-eth estrad-fe</i> (Hailey 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	CE	N2 (PG)
<i>norethindrone</i> (Heather Oral Tablet 0.35 Mg)	CE	N2 (PG)
<i>norethindrone</i> (Incassia Oral Tablet 0.35 Mg)	CE	N2 (PG)
<i>levonorgest-eth estrad 91-day</i> (Introvale Oral Tablet 0.15-0.03 Mg)	CE	N2 (PG)
<i>desogestrel-ethinyl estradiol</i> (Isibloom Oral Tablet 0.15-30 Mg-Mcg)	CE	N2 (PG)
<i>drospirenone-ethinyl estradiol</i> (Jasmiel Oral Tablet 3-0.02 Mg)	CE	N2 (PG)
<i>norethindrone</i> (Jencycla Oral Tablet 0.35 Mg)	CE	N2 (PG)
<i>levonorgest-eth estrad 91-day</i> (Jolessa Oral Tablet 0.15-0.03 Mg)	CE	N2 (PG)
<i>desogestrel-ethinyl estradiol</i> (Juleber Oral Tablet 0.15-30 Mg-Mcg)	CE	N2 (PG)
<i>norethindrone acet-ethinyl est</i> (Junel 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N2 (PG)
<i>norethindrone acet-ethinyl est</i> (Junel 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N2 (PG)
<i>norethin ace-eth estrad-fe</i> (Junel Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N2 (PG)

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>norethin ace-eth estrad-fe</i> (Junel Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N2 (PG)
<i>norethin ace-eth estrad-fe</i> (Junel Fe 24 Oral Tablet 1-20 Mg-Mcg(24))	CE	N2 (PG)
<i>norethin-eth estradiol-fe</i> (Kaitlib Fe Oral Tablet Chewable 0.8-25 Mg-Mcg)	CE	N2 (PG)
<i>desogestrel-ethinyl estradiol</i> (Kariva Oral Tablet 0.15-0.02/0.01 Mg (21/5))	CE	N2 (PG)
<i>ethynodiol diac-eth estradiol</i> (Kelnor 1/35 Oral Tablet 1-35 Mg-Mcg)	CE	N2 (PG)
<i>ethynodiol diac-eth estradiol</i> (Kelnor 1/50 Oral Tablet 1-50 Mg-Mcg)	CE	N2 (PG)
<i>levonorgestrel-ethinyl estrad</i> (Kurvelo Oral Tablet 0.15-30 Mg-Mcg)	CE	N2 (PG)
kyleena intrauterine intrauterine device 19.5 mg (<i>levonorgestrel</i>)	CE	N2 (NP); QL (1 Device per 300 days)
<i>norethindrone acet-ethinyl est</i> (Larin 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N2 (PG)
<i>norethindrone acet-ethinyl est</i> (Larin 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N2 (PG)
<i>norethin ace-eth estrad-fe</i> (Larin 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	CE	N2 (PG)
<i>norethin ace-eth estrad-fe</i> (Larin Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N2 (PG)
<i>norethin ace-eth estrad-fe</i> (Larin Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N2 (PG)
<i>levonorgestrel-ethinyl estrad</i> (Larissia Oral Tablet 0.1-20 Mg-Mcg)	CE	N2 (PG)
<i>norethin-eth estradiol-fe</i> (Layolis Fe Oral Tablet Chewable 0.8-25 Mg-Mcg)	CE	N2 (PG)
<i>norethin-eth estrad triphasic</i> (Leena Oral Tablet 0.5/1/0.5-35 Mg-Mcg)	CE	N2 (PG)
<i>levonorgestrel-ethinyl estrad</i> (Lessina Oral Tablet 0.1-20 Mg-Mcg)	CE	N2 (PG)
<i>levonorg-eth estrad triphasic</i> (Levonest Oral Tablet 50-30/75-40/ 125-30 Mcg)	CE	N2 (PG)
<i>levonorgest-eth est & eth est oral tablet 42-21-21-7 days</i>	CE	N2 (PG)

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

118

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 & 0.01 mg, 0.15-0.03 mg</i>	CE	N2 (PG)
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg, 90-20 mcg</i>	CE	N2 (PG)
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>	CE	N2 (PG)
<i>levonorgestrel-ethinyl estrad (Levora 0.15/30 (28) Oral Tablet 0.15-30 Mg-Mcg)</i>	CE	N2 (PG)
<i>liletta (52 mg) intrauterine intrauterine device 19.5 mcg/day (levonorgestrel)</i>	CE	N2 (NP); QL (1 Device per 300 days)
<i>levonorgestrel-ethinyl estrad (Lillow Oral Tablet 0.15-30 Mg-Mcg)</i>	CE	N2 (PG)
<i>lo loestrin fe oral tablet 1 mg-10 mcg / 10 mcg (norethin-eth estrad-fe biphas)</i>	CE	N2 (NP)
<i>norethindrone acet-ethinyl est (Loestrin 1.5/30 (21) Oral Tablet 1.5-30 Mg-Mcg)</i>	NP	
<i>norethindrone acet-ethinyl est (Loestrin 1/20 (21) Oral Tablet 1-20 Mg-Mcg)</i>	NP	
<i>norethin ace-eth estrad-fe (Loestrin Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)</i>	NP	
<i>norethin ace-eth estrad-fe (Loestrin Fe 1/20 Oral Tablet 1-20 Mg-Mcg)</i>	NP	
<i>drospirenone-ethinyl estradiol (Loryna Oral Tablet 3-0.02 Mg)</i>	CE	N2 (PG)
<i>loseasonique oral tablet 0.1-0.02 & 0.01 mg (levonorgest-eth estrad 91-day)</i>	NP	
<i>norgestrel-ethinyl estradiol (Low-Ogestrel Oral Tablet 0.3-30 Mg-Mcg)</i>	CE	N2 (PG)
<i>drospirenone-ethinyl estradiol (Lo-Zumandimine Oral Tablet 3-0.02 Mg)</i>	CE	N2 (PG)
<i>levonorgestrel-ethinyl estrad (Lutera Oral Tablet 0.1-20 Mg-Mcg)</i>	CE	N2 (PG)
<i>norethindrone (Lyza Oral Tablet 0.35 Mg)</i>	CE	N2 (PG)
<i>marlissa oral tablet 0.15-30 mg-mcg</i>	CE	N2 (PG)
<i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>	CE	N2 (PG); QL (1 injection per 75 days or 4 injections per 300 days)

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml</i>	CE	N2 (PG); QL (1 injection per 75 days or 4 injections per 300 days)
<i>norethin ace-eth estrad-fe (Melodetta 24 Fe Oral Tablet Chewable 1-20 Mg-Mcg(24))</i>	CE	N2 (PG)
<i>norethin ace-eth estrad-fe (Mibelas 24 Fe Oral Tablet Chewable 1-20 Mg-Mcg(24))</i>	CE	N2 (PG)
<i>norethindrone acet-ethinyl est (Microgestin 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)</i>	CE	N2 (PG)
<i>norethindrone acet-ethinyl est (Microgestin 1/20 Oral Tablet 1-20 Mg-Mcg)</i>	CE	N2 (PG)
<i>norethin ace-eth estrad-fe (Microgestin Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)</i>	CE	N2 (PG)
<i>norethin ace-eth estrad-fe (Microgestin Fe 1/20 Oral Tablet 1-20 Mg-Mcg)</i>	CE	N2 (PG)
<i>norgestimate-eth estradiol (Mili Oral Tablet 0.25-35 Mg-Mcg)</i>	CE	N2 (PG)
<i>minastrin 24 fe oral tablet chewable 1-20 mg-mcg(24) (norethin ace-eth estrad-fe)</i>	NF	
<i>mircette oral tablet 0.15-0.02/0.01 mg (21/5) (desogestrel-ethinyl estradiol)</i>	NP	
<i>mirena (52 mg) intrauterine intrauterine device 20 mcg/24hr (levonorgestrel)</i>	CE	#: N2 (NP); QL (1 Device per 300 days)
<i>norgestimate-eth estradiol (Mono-Linyah Oral Tablet 0.25-35 Mg-Mcg)</i>	CE	N2 (PG)
<i>norgestimate-eth estradiol (Mononessa Oral Tablet 0.25-35 Mg-Mcg)</i>	CE	N2 (PG)
<i>natazia oral tablet 3/2-2/2-3/1 mg (estradiol valerate-dienogest)</i>	CE	N2 (NP)
<i>norethindrone-eth estradiol (Necon 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg)</i>	CE	N2 (PG)
<i>norethindrone-eth estradiol (Necon 1/35 (28) Oral Tablet 1-35 Mg-Mcg)</i>	CE	N2 (PG)
<i>nexplanon subcutaneous implant 68 mg (etonogestrel)</i>	CE	N2 (NP); QL (1 Device per 300 days)
<i>drospirenone-ethinyl estradiol (Nikki Oral Tablet 3-0.02 Mg)</i>	CE	N2 (PG)
<i>norethindrone (Nora-Be Oral Tablet 0.35 Mg)</i>	CE	N2 (PG)
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg</i>	CE	N2 (PG)

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

120

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)</i>	CE	N2 (PG)
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg</i>	CE	N2 (PG)
<i>norethindrone oral tablet 0.35 mg</i>	CE	N2 (PG)
<i>norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg, 0.8-25 mg-mcg</i>	CE	N2 (PG)
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	CE	N2 (PG)
<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	N2 (PG)
<i>norethindrone (Norlyda Oral Tablet 0.35 Mg)</i>	CE	N2 (PG)
<i>norethindrone (Norlyroc Oral Tablet 0.35 Mg)</i>	CE	N2 (PG)
<i>norethindrone-eth estradiol (Nortrel 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg)</i>	CE	N2 (PG)
<i>norethindrone-eth estradiol (Nortrel 1/35 (21) Oral Tablet 1-35 Mg-Mcg)</i>	CE	N2 (PG)
<i>norethindrone-eth estradiol (Nortrel 1/35 (28) Oral Tablet 1-35 Mg-Mcg)</i>	CE	N2 (PG)
<i>norethin-eth estrad triphasic (Nortrel 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)</i>	CE	N2 (PG)
<i>nuvaring vaginal ring 0.12-0.015 mg/24hr (etonogestrel-ethinyl estradiol)</i>	NP	
<i>drospirenone-ethinyl estradiol (Ocella Oral Tablet 3-0.03 Mg)</i>	CE	N2 (PG)
<i>option 2 oral tablet 1.5 mg (levonorgestrel)</i>	CE	N2 (Not Covered)
<i>levonorgestrel-ethinyl estrad (Orsythia Oral Tablet 0.1-20 Mg-Mcg)</i>	CE	N2 (PG)
<i>ortho micronor oral tablet 0.35 mg (norethindrone)</i>	NP	
<i>ortho tri-cyclen lo oral tablet 0.18/0.215/0.25 mg-25 mcg (norgestim-eth estrad triphasic)</i>	NF	
<i>paragard intrauterine copper intrauterine intrauterine device (copper)</i>	CE	N2 (NP); QL (1 device per 300 days)
<i>norethindrone-eth estradiol (Philith Oral Tablet 0.4-35 Mg-Mcg)</i>	CE	N2 (PG)
<i>desogestrel-ethinyl estradiol (Pimtrea Oral Tablet 0.15-0.02/0.01 Mg (21/5))</i>	CE	N2 (PG)
<i>norethindrone-eth estradiol (Pirmella 1/35 Oral Tablet 1-35 Mg-Mcg)</i>	CE	N2 (PG)

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>norethin-eth estrad triphasic</i> (Pirmella 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	CE	N2 (PG)
plan b one-step oral tablet 1.5 mg (<i>levonorgestrel</i>)	NP	
<i>levonorgestrel-ethinyl estrad</i> (Portia-28 Oral Tablet 0.15-30 Mg-Mcg)	CE	N2 (PG)
<i>norgestimate-eth estradiol</i> (Previfem Oral Tablet 0.25-35 Mg-Mcg)	CE	N2 (PG)
<i>desogestrel-ethinyl estradiol</i> (Reclipsen Oral Tablet 0.15-30 Mg-Mcg)	CE	N2 (PG)
<i>levonorgest-eth estrad 91-day</i> (Rivelsa Oral Tablet 42-21-21-7 Days)	CE	N2 (PG)
safyral oral tablet 3-0.03-0.451 mg (<i>drospiren-eth estrad-levomefol</i>)	NP	
seasonique oral tablet 0.15-0.03 & 0.01 mg (<i>levonorgest-eth estrad 91-day</i>)	NP	
<i>levonorgest-eth estrad 91-day</i> (Setlakin Oral Tablet 0.15-0.03 Mg)	CE	N2 (PG)
<i>norethindrone</i> (Sharobel Oral Tablet 0.35 Mg)	CE	N2 (PG)
<i>desogestrel-ethinyl estradiol</i> (Simliya Oral Tablet 0.15-0.02/0.01 Mg (21/5))	CE	N2 (PG)
<i>levonorgest-eth estrad 91-day</i> (Simpesse Oral Tablet 0.15-0.03 & 0.01 Mg)	CE	N2 (PG)
skyla intrauterine intrauterine device 13.5 mg (<i>levonorgestrel</i>)	CE	N2 (NP); QL (1 Device per 300 days)
slynd oral tablet 4 mg (<i>drospirenone</i>)	CE	N2 (NF)
<i>desogestrel-ethinyl estradiol</i> (Solia Oral Tablet 0.15-30 Mg-Mcg)	CE	N2 (PG); QL (1.5 tablets per 1 day)
<i>norgestimate-eth estradiol</i> (Sprintec 28 Oral Tablet 0.25-35 Mg-Mcg)	CE	N2 (PG)
<i>levonorgestrel-ethinyl estrad</i> (Sronyx Oral Tablet 0.1-20 Mg-Mcg)	CE	N2 (PG)
<i>drospirenone-ethinyl estradiol</i> (Syeda Oral Tablet 3-0.03 Mg)	CE	N2 (PG)
<i>take action oral tablet 1.5 mg</i>	CE	N2 (Not Covered); QL (1 tablet per 1 fill)
<i>norethin ace-eth estrad-fe</i> (Tarina 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	CE	N2 (NP)

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

122

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>norethin ace-eth estrad-fe</i> (Tarina Fe 1/20 Eq Oral Tablet 1-20 Mg-Mcg)	CE	N2 (PG)
<i>norethin ace-eth estrad-fe</i> (Tarina Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N2 (PG)
taytulla oral capsule 1-20 mg-mcg(24) (<i>norethin ace-eth estrad-fe</i>)	CE	#; N2 (NP)
<i>norethindron-ethinyl estrad-fe</i> (Tilia Fe Oral Tablet 1-20/1-30/1-35 Mg-Mcg)	CE	N2 (PG)
<i>norgestim-eth estrad triphasic</i> (Tri Femynor Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	N2 (PG)
<i>norgestim-eth estrad triphasic</i> (Tri-Estarylla Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	N2 (PG)
<i>norethindron-ethinyl estrad-fe</i> (Tri-Legest Fe Oral Tablet 1-20/1-30/1-35 Mg-Mcg)	CE	N2 (PG)
<i>norgestim-eth estrad triphasic</i> (Tri-Linyah Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	N2 (PG)
<i>norgestim-eth estrad triphasic</i> (Tri-Lo-Estarylla Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	CE	N2 (PG)
<i>norgestim-eth estrad triphasic</i> (Tri-Lo-Marzia Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	CE	N2 (PG)
<i>norgestim-eth estrad triphasic</i> (Tri-Lo-Sprintec Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	CE	N2 (PG)
<i>norgestim-eth estrad triphasic</i> (Tri-Mili Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	N2 (PG)
<i>norgestim-eth estrad triphasic</i> (Trinessa (28) Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	N2 (PG)
<i>norgestim-eth estrad triphasic</i> (Tri-Previfem Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	N2 (PG)
<i>norgestim-eth estrad triphasic</i> (Tri-Sprintec Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	N2 (PG)
<i>levonorg-eth estrad triphasic</i> (Trivora (28) Oral Tablet 50-30/75-40/ 125-30 Mcg)	CE	N2 (PG)
<i>norgestim-eth estrad triphasic</i> (Tri-Vylibra Lo Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	CE	N2 (PG)
<i>norgestim-eth estrad triphasic</i> (Tri-Vylibra Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	N2 (PG)
<i>norethindrone</i> (Tulana Oral Tablet 0.35 Mg)	CE	N2 (PG)

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
twirla transdermal patch weekly 120-30 mcg/24hr (<i>levonorgestrel-eth estradiol</i>)	NF	
<i>drospiren-eth estrad-levomefol</i> (Tydemy Oral Tablet 3-0.03-0.451 Mg)	CE	N2 (PG)
<i>desogestrel-ethinyl estradiol</i> (Velivet Oral Tablet 0.1/0.125/0.15-0.025 Mg)	CE	N2 (PG)
<i>levonorgestrel-ethinyl estrad</i> (Vienva Oral Tablet 0.1-20 Mg-Mcg)	CE	N2 (PG)
<i>viorele oral tablet 0.15-0.02/0.01 mg (21/5)</i>	CE	N2 (PG)
<i>norethindrone-eth estradiol</i> (Vyfemla Oral Tablet 0.4-35 Mg-Mcg)	CE	N2 (PG)
<i>norgestimate-eth estradiol</i> (Vylibra Oral Tablet 0.25-35 Mg-Mcg)	CE	N2 (PG)
<i>norethindrone-eth estradiol</i> (Wera Oral Tablet 0.5-35 Mg-Mcg)	CE	N2 (PG)
<i>norethin-eth estradiol-fe</i> (Wymzya Fe Oral Tablet Chewable 0.4-35 Mg-Mcg)	CE	N2 (PG)
xulane transdermal patch weekly 150-35 mcg/24hr (<i>norelgestromin-eth estradiol</i>)	CE	N2 (PG)
yasmin 28 oral tablet 3-0.03 mg (<i>drospirenone-ethinyl estradiol</i>)	NP	
yaz oral tablet 3-0.02 mg (<i>drospirenone-ethinyl estradiol</i>)	NF	
<i>drospirenone-ethinyl estradiol</i> (Zarah Oral Tablet 3-0.03 Mg)	CE	N2 (PG)
<i>ethynodiol diac-eth estradiol</i> (Zovia 1/35E (28) Oral Tablet 1-35 Mg-Mcg)	CE	N2 (PG)
<i>drospirenone-ethinyl estradiol</i> (Zumandimine Oral Tablet 3-0.03 Mg)	CE	N2 (PG)
CORTICOSTEROIDS - HORMONES		
alkindi sprinkle oral capsule sprinkle 0.5 mg, 1 mg, 2 mg, 5 mg (<i>hydrocortisone</i>)	NF	
<i>budesonide er oral tablet extended release 24 hour 9 mg</i>	PG	QL (1 tablet per 1 day)
<i>budesonide oral capsule delayed release particles 3 mg</i>	PG	
cortef oral tablet 10 mg, 20 mg, 5 mg (<i>hydrocortisone</i>)	NP	
depo-medrol injection suspension 20 mg/ml, 40 mg/ml, 80 mg/ml (<i>methylprednisolone acetate</i>)	NP	
dexamethasone intensol oral concentrate 1 mg/ml (<i>dexamethasone</i>)	NP	
<i>dexamethasone oral elixir 0.5 mg/5ml</i>	PG	

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

124

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	PG	
<i>dexamethasone oral tablet therapy pack 1.5 mg (21), 1.5 mg (35), 1.5 mg (51)</i>	PG	
<i>dexamethasone sod phosphate pf injection solution 10 mg/ml</i>	NP	
<i>dexamethasone sodium phosphate injection solution 10 mg/ml, 100 mg/10ml</i>	NP	
<i>dxevo 11-day oral tablet therapy pack 1.5 mg (dexamethasone)</i>	NF	
<i>emflaza oral suspension 22.75 mg/ml (deflazacort)</i>	NF	
<i>emflaza oral tablet 18 mg, 30 mg, 36 mg, 6 mg (deflazacort)</i>	NF	
<i>entocort ec oral capsule delayed release particles 3 mg (budesonide)</i>	NP	
<i>fludrocortisone acetate oral tablet 0.1 mg</i>	PG	
<i>hemady oral tablet 20 mg (dexamethasone)</i>	NF	
<i>dexamethasone (Hidex 6-Day Oral Tablet Therapy Pack 1.5 Mg (21))</i>	PG	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	PG	
<i>medrol oral tablet 16 mg, 2 mg, 32 mg, 8 mg (methylprednisolone)</i>	NP	
<i>medrol oral tablet 4 mg (methylprednisolone)</i>	NF	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	PG	
<i>methylprednisolone oral tablet therapy pack 4 mg</i>	PG	
<i>methylprednisolone sodium succ injection solution reconstituted 40 mg</i>	NP	
<i>orapred odt oral tablet dispersible 10 mg, 15 mg, 30 mg (prednisolone sodium phosphate)</i>	NP	
<i>ortikos oral capsule extended release 24 hour 6 mg, 9 mg (budesonide)</i>	NF	
<i>prednisolone oral solution 15 mg/5ml</i>	PG	
<i>prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml</i>	NP	
<i>prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml</i>	PG	
<i>prednisolone sodium phosphate oral tablet dispersible 10 mg, 15 mg, 30 mg</i>	NP	

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
prednisone intensol oral concentrate 5 mg/ml (<i>prednisone</i>)	NP	
<i>prednisone oral solution 5 mg/5ml</i>	PG	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	PG	
<i>prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)</i>	PG	
rayos oral tablet delayed release 1 mg, 2 mg, 5 mg (<i>prednisone</i>)	NP	ST
solu-cortef injection solution reconstituted 100 mg, 500 mg (<i>hydrocortisone sod succinate</i>)	NP	
solu-medrol injection solution reconstituted 2 gm, 500 mg (<i>methylprednisolone sodium succ</i>)	NP	
taperdex 12-day oral tablet therapy pack 1.5 mg (49) (<i>dexamethasone</i>)	NF	
taperdex 7-day oral tablet therapy pack 1.5 mg (27) (<i>dexamethasone</i>)	NF	
uceris oral tablet extended release 24 hour 9 mg (<i>budesonide</i>)	NP	ST; QL (1 tablet per 1 day)
<i>zcort 7-day oral tablet therapy pack 1.5 mg (25)</i>	NF	
COUGH/COLD/ALLERGY - DRUGS FOR THE LUNGS		
<i>acetylcysteine inhalation solution 10%, 20%</i>	PG	
<i>alavert allergy/sinus oral tablet extended release 12 hour 5-120 mg</i>	PG	Select OTC
allegra-d allergy & congestion oral tablet extended release 12 hour 60-120 mg (<i>fexofenadine-pseudoephedrine</i>)	PG	Select OTC
allegra-d allergy & congestion oral tablet extended release 24 hour 180-240 mg (<i>fexofenadine-pseudoephedrine</i>)	PG	Select OTC
<i>benzonatate oral capsule 100 mg, 200 mg</i>	PG	
<i>benzonatate oral capsule 150 mg</i>	NF	
<i>cetirizine-pseudoephedrine er oral tablet extended release 12 hour 5-120 mg</i>	PG	Select OTC
clarinex-d 12 hour oral tablet extended release 12 hour 2.5-120 mg (<i>desloratadine-pseudoephedrine</i>)	NP	QL (2 TB12 per 1 DAYS)
claritin-d 12 hour oral tablet extended release 12 hour 5-120 mg (<i>loratadine-pseudoephedrine</i>)	PG	Select OTC
claritin-d 24 hour oral tablet extended release 24 hour 10-240 mg (<i>loratadine-pseudoephedrine</i>)	PG	Select OTC
<i>coditussin ac oral liquid 200-10 mg/5ml</i>	PG	PA; QL (60 ml per day over 5 days per 30 day periods)

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

126

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>fexofenadine-pseudoephed er oral tablet extended release 24 hour 180-240 mg</i>	PG	Select OTC
<i>hydrocod polst-cpm polst er oral suspension extended release 10-8 mg/5ml</i>	PG	QL (120 ML per 1 fill)
<i>hydromet oral syrup 5-1.5 mg/5ml</i>	PG	
<i>loratadine-d 12hr oral tablet extended release 12 hour 5-120 mg</i>	PG	Select OTC
<i>loratadine-d 24hr oral tablet extended release 24 hour 10-240 mg</i>	PG	Select OTC
<i>promethazine vclcodeine oral syrup 6.25-5-10 mg/5ml</i>	PG	
<i>promethazine-dm oral syrup 6.25-15 mg/5ml</i>	PG	
<i>semprex-d oral capsule 8-60 mg (acrivastine-pseudoephedrine)</i>	NP	
<i>sodium chloride inhalation nebulization solution 10 %, 7 %</i>	PG	
<i>sski oral solution 1 gm/ml (potassium iodide (expectorant))</i>	NP	
<i>tessalon perles oral capsule 100 mg (benzonatate)</i>	NP	
<i>tussicaps oral capsule extended release 12 hour 10-8 mg (hydrocod polst-chlorphen polst)</i>	NP	PA; QL (2 capsules per day, max 20 per 30 days)
<i>tuxarin er oral tablet extended release 12 hour 54.3-8 mg (chlorpheniramine-codeine)</i>	NP	PA; QL (2 tablets per 1 day max 20 tablets per 30 day)
<i>tuzistra xr oral suspension extended release 14.7-2.8 mg/5ml (codeine polst-chlorphen polst)</i>	NP	
<i>zyrtec-d allergy & congestion oral tablet extended release 12 hour 5-120 mg (cetirizine-pseudoephedrine)</i>	PG	Select OTC
DERMATOLOGICALS - DRUGS FOR THE SKIN		
<i>abreva external cream 10 % (docosanol)</i>	PG	Select OTC
<i>absorica ld oral capsule 16 mg, 24 mg, 32 mg, 8 mg (isotretinoin micronized)</i>	NF	
<i>absorica oral capsule 10 mg, 20 mg, 30 mg, 40 mg (isotretinoin)</i>	NF	
<i>absorica oral capsule 25 mg, 35 mg (isotretinoin)</i>	NF	#
<i>acanya external gel 1.2-2.5 % (clindamycin phos-benzoyl perox)</i>	NF	
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	PG	QL (2 capsules per 1 day)
<i>acyclovir external cream 5 %</i>	NF	
<i>acyclovir external ointment 5 %</i>	NP	
<i>aczone external gel 5 %, 7.5 % (dapson)</i>	NP	ST; QL (60 grams per 30 days)
<i>adapalene external cream 0.1 %</i>	NP	PA; AL

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>adapalene external gel 0.3 %</i>	NP	PA; AL
<i>adapalene external pad 0.1 %</i>	NF	
<i>adapalene external solution 0.1 %</i>	NP	PA; AL
<i>adapalene-benzoyl peroxide external gel 0.1-2.5 %</i>	PG	PA; AL
<i>aklief external cream 0.005 % (trifarotene)</i>	NF	
<i>ala scalp external lotion 2 % (hydrocortisone)</i>	NP	
<i>alclometasone dipropionate external cream 0.05 %</i>	PG	
<i>alclometasone dipropionate external ointment 0.05 %</i>	PG	
<i>aldara external cream 5 % (imiquimod)</i>	NP	QL (1 packet per 1 day)
<i>altabax external ointment 1 % (retapamulin)</i>	NP	
<i>altreno external lotion 0.05 % (tretinoin)</i>	NF	#
<i>amcinonide external cream 0.1 %</i>	NP	
<i>amcinonide external lotion 0.1 %</i>	NP	
<i>amcinonide external ointment 0.1 %</i>	NP	
<i>ameluz external gel 10 % (aminolevulinic acid hcl)</i>	NP	#
<i>ammonium lactate external cream 12 %</i>	NP	
<i>ammonium lactate external lotion 12 %</i>	NP	
<i>isotretinoin (Amnesteem Oral Capsule 10 Mg, 20 Mg, 40 Mg)</i>	NP	PA; QL (2 capsules per 1 day)
<i>amzeeq external foam 4 % (minocycline hcl micronized)</i>	NF	
<i>apexicon e external cream 0.05 % (diflorasone diacet emoll base)</i>	NF	
<i>arazlo external lotion 0.045 % (tazarotene)</i>	NP	QL (45 GM per 1 month)
<i>atralin external gel 0.05 % (tretinoin)</i>	NF	
<i>tretinoin (Avita External Cream 0.025 %)</i>	PG	PA; AL
<i>tretinoin (Avita External Gel 0.025 %)</i>	PG	PA; AL
<i>avo cream external emulsion (wound dressings)</i>	NP	
<i>azelaic acid external gel 15 %</i>	NP	
<i>azelex external cream 20 % (azelaic acid)</i>	NP	
<i>benzaclin external gel 1-5 % (clindamycin phos-benzoyl perox)</i>	NF	
<i>benzaclin with pump external gel 1-5 % (clindamycin phos-benzoyl perox)</i>	NF	
<i>benzoyl peroxide-erythromycin external gel 5-3 %</i>	PG	

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>betamethasone dipropionate aug external cream 0.05 %</i>	PG	
<i>betamethasone dipropionate aug external gel 0.05 %</i>	PG	QL (100 grams per 30 days)
<i>betamethasone dipropionate aug external lotion 0.05 %</i>	PG	QL (120 grams per 30 days)
<i>betamethasone dipropionate aug external ointment 0.05 %</i>	PG	QL (100 grams per 30 days)
<i>betamethasone dipropionate external cream 0.05 %</i>	PG	QL (120 grams per 1 month)
<i>betamethasone dipropionate external lotion 0.05 %</i>	PG	
<i>betamethasone dipropionate external ointment 0.05 %</i>	PG	QL (120 grams per 1 month)
<i>betamethasone valerate external cream 0.1 %</i>	NP	
<i>betamethasone valerate external foam 0.12 %</i>	NP	
<i>betamethasone valerate external lotion 0.1 %</i>	NP	
<i>betamethasone valerate external ointment 0.1 %</i>	NP	QL (120 grams per 1 month)
biafine external emulsion (<i>wound dressings</i>)	NP	
bionect external cream 0.2 % (<i>hyaluronate sodium</i>)	NP	
bionect external gel 0.2 % (<i>hyaluronate sodium</i>)	NP	
bryhali external lotion 0.01 % (<i>halobetasol propionate</i>)	NP	ST; QL (60 grams per 1 month)
<i>calcipotriene external cream 0.005 %</i>	NF	
<i>calcipotriene external ointment 0.005 %</i>	NP	ST
<i>calcipotriene external solution 0.005 %</i>	NP	
<i>calcipotriene-betameth diprop external ointment 0.005-0.064 %</i>	NF	
<i>calcipotriene-betameth diprop external suspension 0.005-0.064 %</i>	NF	
<i>calcipotriene (Calcitrene External Ointment 0.005 %)</i>	NP	ST
<i>calcitriol external ointment 3 mcg/gm</i>	NF	
<i>cantharidin powder</i>	NP	
capex external shampoo 0.01 % (<i>fluocinolone acetonide</i>)	NF	
carac external cream 0.5 % (<i>fluorouracil</i>)	NF	
centany at external kit 2 % (<i>mupirocin</i>)	NP	
centany external ointment 2 % (<i>mupirocin</i>)	NP	QL (60 grams per 30 days)
<i>ciclopirox (Ciclodan External Solution 8 %)</i>	PG	PA
<i>ciclopirox external gel 0.77 %</i>	NP	
<i>ciclopirox external shampoo 1 %</i>	NP	
<i>ciclopirox external solution 8 %</i>	PG	PA

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>ciclopirox olamine external cream 0.77 %</i>	PG	
<i>ciclopirox olamine external suspension 0.77 %</i>	NP	
<i>isotretinoin (Claravis Oral Capsule 10 Mg)</i>	NP	PA; QL (2 Capsules per 1 day)
<i>cleocin-t external lotion 1 % (clindamycin phosphate)</i>	NP	
<i>clindagel external gel 1 % (clindamycin phosphate)</i>	NP	
<i>clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-5 %</i>	NF	
<i>clindamycin phosphate external foam 1 %</i>	NP	
<i>clindamycin phosphate external gel 1 %</i>	NF	
<i>clindamycin phosphate external lotion 1 %</i>	NP	ST
<i>clindamycin phosphate external solution 1 %</i>	NP	ST; QL (2 ml per 1 day)
<i>clindamycin phosphate external swab 1 %</i>	PG	
<i>clindamycin-tretinoin external gel 1.2-0.025 %</i>	NP	PA; AL
<i>clobetasol propionate e external cream 0.05 %</i>	NP	QL (120 grams per 30 days)
<i>clobetasol propionate emulsion external foam 0.05 %</i>	NP	QL (100 grams per 30 days)
<i>clobetasol propionate external cream 0.05 %</i>	NP	QL (120 grams per 30 days)
<i>clobetasol propionate external foam 0.05 %</i>	NP	QL (100 grams per 30 days)
<i>clobetasol propionate external gel 0.05 %</i>	NP	QL (120 grams per 30 days)
<i>clobetasol propionate external liquid 0.05 %</i>	NP	QL (125 ML per 30 days)
<i>clobetasol propionate external lotion 0.05 %</i>	NP	QL (236 ML per 30 days)
<i>clobetasol propionate external ointment 0.05 %</i>	NP	QL (120 grams per 30 days)
<i>clobetasol propionate external shampoo 0.05 %</i>	NP	QL (236 ML per 30 days)
<i>clobetasol propionate external solution 0.05 %</i>	NP	QL (100 grams per 30 days)
<i>clobex external lotion 0.05 % (clobetasol propionate)</i>	NP	
<i>clobex external shampoo 0.05 % (clobetasol propionate)</i>	NP	
<i>clobex spray external liquid 0.05 % (clobetasol propionate)</i>	PB	
<i>clobetasol propionate (Clodan External Shampoo 0.05 %)</i>	NP	QL (236 ML per 30 days)
<i>cloderm external cream 0.1 % (clocortolone pivalate)</i>	NP	
<i>clotrimazole-betamethasone external cream 1-0.05 %</i>	PG	QL (45 grams per 1 month)
<i>clotrimazole-betamethasone external lotion 1-0.05 %</i>	PG	
<i>coal tar external solution 20 %</i>	PG	
<i>collagenase powder</i>	NP	

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

130

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
condylox external gel 0.5 % (<i>podofilox</i>)	NP	
cordran external cream 0.05 % (<i>flurandrenolide</i>)	NP	QL (4 grams per 1 day)
cordran external lotion 0.05 % (<i>flurandrenolide</i>)	NP	QL (4 grams per 1 day)
cordran external ointment 0.05 % (<i>flurandrenolide</i>)	NF	
cordran external tape 4 mcg/sqcm (<i>flurandrenolide</i>)	NP	#; QL (1 roll per 1 month)
cortisporin external cream 3.5-10000-0.5 (<i>neomycin-polymyxin-hc</i>)	PB	
cortisporin external ointment 1 % (<i>bacit-poly-neo hc</i>)	PB	
cosentyx (300 mg dose) subcutaneous solution prefilled syringe 150 mg/ml (<i>secukinumab</i>)	PSP	PA; IBC (Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis. Not covered for Psoriasis); NPL; SP; QL (2 injections per 1 month)
cosentyx sensoready (300 mg) subcutaneous solution auto-injector 150 mg/ml (<i>secukinumab</i>)	PSP	PA; IBC (Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis. Not covered for Psoriasis); NPL; SP; QL (2 injections per 28 days)
cosentyx sensoready pen subcutaneous solution auto-injector 150 mg/ml (<i>secukinumab</i>)	PSP	PA; IBC (Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis. Not covered for Psoriasis); NPL; SP; QL (1 injection per 28 days)
cosentyx subcutaneous solution prefilled syringe 150 mg/ml (<i>secukinumab</i>)	PSP	PA; IBC (Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis. Not covered for Psoriasis); NPL; SP; QL (1 injection per 28 days)
crotan external lotion 10 % (<i>crotamiton</i>)	PG	
cutivate external lotion 0.05 % (<i>fluticasone propionate</i>)	NP	
<i>dapsone external gel 5 %</i>	PG	QL (60 grams per 30 dayss)
<i>dapsone external gel 7.5 %</i>	PG	QL (60 GM per 30 days)
denavir external cream 1 % (<i>penciclovir</i>)	NF	#

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
derma-smoothe/fs body external oil 0.01 % (<i>fluocinolone acetonide</i>)	NP	
desonate external gel 0.05 % (<i>desonide</i>)	NP	#
<i>desonide external cream 0.05 %</i>	NP	
<i>desonide external gel 0.05 %</i>	NF	
<i>desonide external lotion 0.05 %</i>	NP	
<i>desonide external ointment 0.05 %</i>	NP	
desowen external cream 0.05 % (<i>desonide</i>)	NP	
<i>desoximetasone external cream 0.05 %, 0.25 %</i>	NP	
<i>desoximetasone external gel 0.05 %</i>	NP	
<i>desoximetasone external liquid 0.25 %</i>	NF	
<i>desoximetasone external ointment 0.05 %</i>	NP	
<i>desoximetasone external ointment 0.25 %</i>	NP	QL (120 grams per 1 month)
<i>diclofenac epolamine external patch 1.3 %</i>	PG	QL (2 patches per 1 day)
<i>diclofenac sodium external gel 3 %</i>	NF	
<i>diclofenac sodium external solution 1.5 %</i>	NF	
differin external cream 0.1 % (<i>adapalene</i>)	NP	PA; AL
differin external gel 0.1 % (<i>adapalene</i>)	PG	PA; ST; Select OTC; AL
differin external gel 0.3 % (<i>adapalene</i>)	NP	PA; ST; AL
differin external lotion 0.1 % (<i>adapalene</i>)	NP	PA; ST; AL
<i>diflorasone diacetate external cream 0.05 %</i>	NF	
<i>diflorasone diacetate external ointment 0.05 %</i>	NF	
diprolene af external cream 0.05 % (<i>betamethasone dipropionate aug</i>)	NP	
diprolene external ointment 0.05 % (<i>betamethasone dipropionate aug</i>)	NP	
<i>docosanol external cream 10 %</i>	PG	Select OTC
dovonex external cream 0.005 % (<i>calcipotriene</i>)	NP	ST; QL (120 grams per 1 month)
<i>doxepin hcl external cream 5 %</i>	NP	QL (45 grams per 30 days)
<i>doxycycline oral capsule delayed release 40 mg</i>	NF	
duobrii external lotion 0.01-0.045 % (<i>halobetasol prop-tazarotene</i>)	NP	QL (1 tube per 1 month)

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

132

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
dupixent subcutaneous solution pen-injector 300 mg/2ml (<i>dupilumab</i>)	NPSP	PA; NPL; SP; QL (2 injections per 1 month)
dupixent subcutaneous solution prefilled syringe 200 mg/1.14ml, 300 mg/2ml (<i>dupilumab</i>)	NPSP	PA; NPL; SP; QL (2 injections per 1 month)
<i>econazole nitrate external cream 1 %</i>	NP	QL (85 grams per 30 days)
ecoza external foam 1 % (<i>econazole nitrate</i>)	NF	
efudex external cream 5 % (<i>fluorouracil</i>)	NP	
elidel external cream 1 % (<i>pimecrolimus</i>)	NF	
enstilar external foam 0.005-0.064 % (<i>calcipotriene-betameth diprop</i>)	NP	QL (60 grams per 30 days)
epiceram external emulsion (<i>dermatological products, misc.</i>)	NP	
epiduo external gel 0.1-2.5 % (<i>adapalene-benzoyl peroxide</i>)	NF	
epiduo forte external gel 0.3-2.5 % (<i>adapalene-benzoyl peroxide</i>)	PB	#
epifoam external foam 1-1 % (<i>pramoxine-hc</i>)	NP	
ertaczo external cream 2 % (<i>sertaconazole nitrate</i>)	NF	
<i>ery external pad 2 %</i>	PG	
erygel external gel 2 % (<i>erythromycin</i>)	NF	
<i>erythromycin external gel 2 %</i>	PG	
<i>erythromycin external solution 2 %</i>	PG	
eucrisa external ointment 2 % (<i>crisaborole</i>)	NF	
exelderm external cream 1 % (<i>sulconazole nitrate</i>)	NF	
exelderm external solution 1 % (<i>sulconazole nitrate</i>)	NF	
extina external foam 2 % (<i>ketconazole</i>)	NP	QL (50 grams per 30 days)
fabior external foam 0.1 % (<i>tazarotene</i>)	NP	PA; ST; AL
finacea external foam 15 % (<i>azelaic acid</i>)	NP	
finacea external gel 15 % (<i>azelaic acid</i>)	NF	
<i>finasteride oral tablet 1 mg</i>	NP	
flector external patch 1.3 % (<i>diclofenac epolamine</i>)	NF	
<i>fluocinolone acetonide body external oil 0.01 %</i>	PG	
<i>fluocinolone acetonide external cream 0.01 %, 0.025 %</i>	NP	
<i>fluocinolone acetonide external ointment 0.025 %</i>	NP	
<i>fluocinolone acetonide external solution 0.01 %</i>	PG	

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>fluocinolone acetonide powder</i>	NP	
<i>fluocinonide emulsified base external cream 0.05 %</i>	PG	QL (4 grams per 1 day)
<i>fluocinonide external cream 0.05 %, 0.1 %</i>	NP	ST; QL (120 grams per 30 days)
<i>fluocinonide external gel 0.05 %</i>	NP	QL (120 grams per 30 days)
<i>fluocinonide external ointment 0.05 %</i>	NP	QL (120 grams per 30 days)
<i>fluocinonide external solution 0.05 %</i>	PG	QL (120 grams per 30 days)
<i>fluoroplex external cream 1 % (fluorouracil)</i>	NF	
<i>fluorouracil external cream 0.5 %</i>	NF	
<i>fluorouracil external cream 5 %</i>	PG	
<i>fluorouracil external solution 2 %, 5 %</i>	PG	
<i>flurandrenolide external cream 0.05 %</i>	NP	QL (60 grams per 30 days)
<i>flurandrenolide external lotion 0.05 %</i>	NF	
<i>flurandrenolide external ointment 0.05 %</i>	NF	
<i>fluticasone propionate external cream 0.05 %</i>	NP	
<i>fluticasone propionate external lotion 0.05 %</i>	NP	
<i>fluticasone propionate external ointment 0.005 %</i>	PG	
<i>gebauers pain ease external aerosol (pentafluoroprop-tetrafluoroeth)</i>	NP	
<i>gebauers spray and stretch external aerosol (pentafluoroprop-tetrafluoroeth)</i>	NP	
<i>genadur external liquid (dermatological products, misc.)</i>	NP	
<i>gentamicin sulfate external cream 0.1 %</i>	PG	
<i>gentamicin sulfate external ointment 0.1 %</i>	PG	
<i>halcinonide external cream 0.1 %</i>	NP	
<i>halobetasol propionate external cream 0.05 %</i>	NP	QL (50 grams per 30 days)
<i>halobetasol propionate external foam 0.05 %</i>	NF	
<i>halobetasol propionate external ointment 0.05 %</i>	NP	QL (50 grams per 30 days)
<i>halog external cream 0.1 % (halcinonide)</i>	NF	
<i>halog external ointment 0.1 % (halcinonide)</i>	NP	
<i>halog external solution 0.1 % (halcinonide)</i>	NF	
<i>hydrocortisone butyr lipo base external cream 0.1 %</i>	NF	
<i>hydrocortisone butyrate external lotion 0.1 %</i>	NP	

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>hydrocortisone butyrate external ointment 0.1 %</i>	PG	
<i>hydrocortisone butyrate external solution 0.1 %</i>	PG	
<i>hydrocortisone external cream 2.5 %</i>	PG	
<i>hydrocortisone external lotion 2.5 %</i>	PG	
<i>hydrocortisone external ointment 2.5 %</i>	PG	
<i>hydrocortisone valerate external cream 0.2 %</i>	PG	
<i>hydrocortisone valerate external ointment 0.2 %</i>	PG	
hylatopic plus external cream (<i>dermatological products, misc.</i>)	NP	
ilumya subcutaneous solution prefilled syringe 100 mg/ml (<i>tildrakizumab-asmn</i>)	NF	
<i>imiquimod external cream 5 %</i>	PG	QL (1 packet per 1 day)
<i>imiquimod pump external cream 3.75 %</i>	NF	
impoyz external cream 0.025 % (<i>clobetasol propionate</i>)	NF	
inova 4/1 acne control therapy external kit 4 & 1 & 5 % (<i>benzoyl perox-salicyl ac-vit e</i>)	NP	
inova 8/2 acne control therapy external kit 8 & 2 & 5 % (<i>benzoyl perox-salicyl ac-vit e</i>)	NP	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	NP	PA; QL (2 capsules per 1 day)
jublia external solution 10 % (<i>efinaconazole</i>)	NF	
kenalog external aerosol solution 0.147 mg/gm (<i>triamcinolone acetone</i>)	NF	
keralyt scalp external kit 6 % (<i>salicylic acid</i>)	NP	
<i>ketoconazole external cream 2 %</i>	PG	QL (2 grams per 1 day)
<i>ketoconazole external foam 2 %</i>	NP	QL (50 GM per 30 days)
<i>ketoconazole external shampoo 2 %</i>	PG	
klaron external lotion 10 % (<i>sulfacetamide sodium (acne)</i>)	NP	
<i>lactic acid e external cream 10-3500 %-unt/30gm</i>	NP	
latisse external solution 0.03 % (<i>bimatoprost</i>)	NP	
levulan kerastick external solution reconstituted 20 % (<i>aminolevulinic acid hcl</i>)	NP	QL (1 stick per 30 days)
lexette external foam 0.05 % (<i>halobetasol propionate</i>)	NF	#
licart external patch 24 hour 1.3 % (<i>diclofenac epolamine</i>)	NF	

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>lidocaine external ointment 5 %</i>	NP	PA; QL (50 GM per 30 days)
<i>lidocaine external patch 5 %</i>	NP	PA; ST; QL (3 patches per 1 day)
<i>lidocaine hcl external solution 4 %</i>	PG	PA; QL (50 ml per 30 days)
<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>	PG	PA; QL (30 GM per 30 days)
<i>lidocaine-tetracaine external cream 7-7 %</i>	NF	
lidoderm external patch 5 % (<i>lidocaine</i>)	NF	
<i>lindane external shampoo 1 %</i>	PG	
locoid external lotion 0.1 % (<i>hydrocortisone butyrate</i>)	NF	
locoid lipocream external cream 0.1 % (<i>hydrocortisone butyr lipo base</i>)	NF	
loprox external cream 0.77 % (<i>ciclopirox olamine</i>)	NP	
loprox external shampoo 1 % (<i>ciclopirox</i>)	NP	
<i>luliconazole external cream 1 %</i>	NF	
luxiq external foam 0.12 % (<i>betamethasone valerate</i>)	NP	
luzu external cream 1 % (<i>luliconazole</i>)	NF	
lycelle external gel (<i>nit remover</i>)	NP	
<i>malathion external lotion 0.5 %</i>	PG	
<i>methoxsalen rapid oral capsule 10 mg</i>	PG	
metrocream external cream 0.75 % (<i>metronidazole</i>)	NP	
metrogel external gel 1 % (<i>metronidazole</i>)	NP	
metrolotion external lotion 0.75 % (<i>metronidazole</i>)	NP	
<i>metronidazole external gel 0.75 %</i>	PG	
<i>metronidazole external gel 1 %</i>	NP	
<i>miconazole-zinc oxide-petrolat external ointment 0.25-15-81.35 %</i>	NP	
mirvaso external gel 0.33 % (<i>brimonidine tartrate</i>)	NF	
<i>mometasone furoate external cream 0.1 %</i>	NP	
<i>mometasone furoate external ointment 0.1 %</i>	NP	
<i>mometasone furoate external solution 0.1 %</i>	PG	
<i>mupirocin calcium external cream 2 %</i>	NF	
<i>mupirocin external ointment 2 %</i>	PG	QL (60 gram per 30 days)

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

136

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>isotretinoin</i> (Myorisan Oral Capsule 10 Mg, 20 Mg, 40 Mg)	NP	PA; QL (2 capsules per 1 day)
<i>isotretinoin</i> (Myorisan Oral Capsule 30 Mg)	NP	PA; QL (2 capsules per 1 day)
<i>naftifine hcl external cream 2 %</i>	NF	
naftin external cream 2 % (<i>naftifine hcl</i>)	NF	
naftin external gel 1 % (<i>naftifine hcl</i>)	NF	
naftin external gel 2 % (<i>naftifine hcl</i>)	NF	#
natroba external suspension 0.9 % (<i>spinosad</i>)	NP	
neosalus cp external cream (<i>dermatological products, misc.</i>)	NP	
neosalus external foam (<i>dermatological products, misc.</i>)	NP	
neosalus external lotion (<i>dermatological products, misc.</i>)	NP	
neo-synalar external cream 0.5-0.025 % (<i>neomycin-fluocinolone</i>)	NP	
<i>clindamycin-benzoyl per (refr)</i> (Neuac External Gel 1.2-5 %)	NF	
<i>flurandrenolide</i> (Nolix External Lotion 0.05 %)	NP	QL (4 grams per 1 day)
noritate external cream 1 % (<i>metronidazole</i>)	NP	
<i>nystatin</i> (Nyamyc External Powder 100000 Unit/Gm)	PG	
<i>nystatin external cream 100000 unit/gm</i>	PG	
<i>nystatin external ointment 100000 unit/gm</i>	PG	
<i>nystatin external powder 100000 unit/gm</i>	PG	
<i>nystatin-triamcinolone external cream 100000-0.1 unit/gm-%</i>	PG	QL (60 grams per 1 month)
<i>nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%</i>	PG	
<i>nystatin</i> (Nystop External Powder 100000 Unit/Gm)	PG	
olux external foam 0.05 % (<i>clobetasol propionate</i>)	NP	
olux-e external foam 0.05 % (<i>clobetasol propionate emulsion</i>)	NP	
onexton external gel 1.2-3.75 % (<i>clindamycin phos-benzoyl perox</i>)	NF	#
oracea oral capsule delayed release 40 mg (<i>doxycycline</i>)	NF	
ovide external lotion 0.5 % (<i>malathion</i>)	NP	
<i>oxiconazole nitrate external cream 1 %</i>	NF	
oxistat external cream 1 % (<i>oxiconazole nitrate</i>)	NF	
oxistat external lotion 1 % (<i>oxiconazole nitrate</i>)	NF	

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
oxsoralen ultra oral capsule 10 mg (<i>methoxsalen rapid</i>)	NP	
pandel external cream 0.1 % (<i>hydrocortisone probutate</i>)	NP	
panretin external gel 0.1 % (<i>alitretinoin</i>)	PB	
pennsaid external solution 2 % (<i>diclofenac sodium</i>)	NF	
<i>permethrin external cream 5 %</i>	PG	
picato external gel 0.015 %, 0.05 % (<i>ingenol mebutate</i>)	NF	
<i>pimecrolimus external cream 1 %</i>	NP	PA; ST
pliaglis external cream 7-7 % (<i>lidocaine-tetracaine</i>)	NF	
pramosone external cream 1-1 % (<i>pramoxine-hc</i>)	NP	
pramosone external lotion 1-2.5 % (<i>pramoxine-hc</i>)	NP	
pramosone external ointment 1-2.5 % (<i>pramoxine-hc</i>)	NP	
<i>prednicarbate external cream 0.1 %</i>	NP	
<i>prednicarbate external ointment 0.1 %</i>	NP	
promiseb external cream (<i>antiseborrheic products, misc.</i>)	NP	
propecia oral tablet 1 mg (<i>finasteride</i>)	NP	
protopic external ointment 0.03 %, 0.1 % (<i>tacrolimus</i>)	NF	
prudoxin external cream 5 % (<i>doxepin hcl (antipruritic)</i>)	NP	QL (45 grams per 30 days)
<i>psorcon external cream 0.05 %</i>	NF	
qbrexza external pad 2.4 % (<i>glycopyrronium tosylate</i>)	NP	PA; ST; QL (1 pad per 1 day)
radiagel external gel (<i>wound dressings</i>)	NP	
radiaplexrx external gel (<i>wound dressings</i>)	NP	
refissa external cream 0.05 % (<i>tretinoin (facial wrinkles)</i>)	NP	
regenecare external gel 2 % (<i>lidocaine-collagen-aloe vera</i>)	NP	
regranex external gel 0.01 % (<i>becaplermin</i>)	NP	PA; QL (30 grams per 30 days)
retin-a external cream 0.025 %, 0.05 %, 0.1 % (<i>tretinoin</i>)	NP	PA; ST; AL
retin-a external gel 0.01 %, 0.025 % (<i>tretinoin</i>)	NP	PA; ST; AL
retin-a micro external gel 0.04 %, 0.1 % (<i>tretinoin microsphere</i>)	NP	PA; ST; AL
retin-a micro pump external gel 0.04 %, 0.06 %, 0.08 %, 0.1 % (<i>tretinoin microsphere</i>)	NP	PA; ST; AL
rhofade external cream 1 % (<i>oxymetazoline hcl</i>)	NP	QL (4 tubes per 1 year)
<i>metronidazole (Rosadan External Gel 0.75 %)</i>	PG	

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
santyl external ointment 250 unit/gm (<i>collagenase</i>)	NP	QL (60 grams per 30 days)
<i>selenium sulfide external lotion 2.5 %</i>	PG	
selrx external shampoo 2.3 % (<i>selenium sulfide</i>)	NF	
sernivo external emulsion 0.05 % (<i>betamethasone dipropionate</i>)	NF	
siliq subcutaneous solution prefilled syringe 210 mg/1.5ml (<i>brodalumab</i>)	NF	
silvadene external cream 1 % (<i>silver sulfadiazine</i>)	NP	
<i>silver sulfadiazine external cream 1 %</i>	PG	
sklice external lotion 0.5 % (<i>ivermectin</i>)	NP	#
skyrizi (150 mg dose) subcutaneous prefilled syringe kit 75 mg/0.83ml (<i>risankizumab-rzaa</i>)	PSP	PA; IBC (Preferred agent for Psoriasis); NPL; SP; QL (2 injections per 84 days)
sonafine external emulsion (<i>wound dressings</i>)	NP	
soolantra external cream 1 % (<i>ivermectin</i>)	NP	ST
soriatane oral capsule 10 mg, 25 mg (<i>acitretin</i>)	NP	QL (2 CAPS per 1 DAYS)
sorilux external foam 0.005 % (<i>calcipotriene</i>)	NF	
<i>spinosad external suspension 0.9 %</i>	PG	
stelara subcutaneous solution 45 mg/0.5ml (<i>ustekinumab</i>)	PSP	PA; IBC (Preferred agent for Psoriasis. Preferred agent for Crohn's Disease and Ulcerative Colitis after failure of Humira. Not covered for Psoriatic Arthritis.); NPL; SP; QL (2 vials per 90 days)
stelara subcutaneous solution prefilled syringe 45 mg/0.5ml (<i>ustekinumab</i>)	PSP	PA; IBC (Preferred agent for Psoriasis. Preferred agent for Crohn's Disease and Ulcerative Colitis after failure of Humira. Not covered for Psoriatic Arthritis.); NPL; SP; QL (2 syringes per 90 days)

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

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 Psoriasis. Preferred agent for Crohn's Disease and Ulcerative Colitis after failure of Humira. Not covered for Psoriatic Arthritis.); NPL; SP; QL (1 syringe per 56 days)
<i>sulconazole nitrate external cream 1 %</i>	PG	QL (60 GM per 1 month)
<i>sulconazole nitrate external solution 1 %</i>	NP	ST; QL (60 ML per 1 month)
<i>sulfacetamide sodium (acne) external lotion 10 %</i>	PG	
sulfamylon external cream 85 mg/gm (<i>mafenide acetate</i>)	NP	
sulfamylon external packet 5 % (<i>mafenide acetate</i>)	NP	
synalar external cream 0.025 % (<i>fluocinolone acetonide</i>)	NP	
synalar external ointment 0.025 % (<i>fluocinolone acetonide</i>)	NP	
synera external patch 70-70 mg (<i>lidocaine-tetracaine</i>)	NP	PA; QL (10 patches per 30 days)
taclonex external ointment 0.005-0.064 % (<i>calcipotriene-betameth diprop</i>)	NF	
taclonex external suspension 0.005-0.064 % (<i>calcipotriene-betameth diprop</i>)	NP	QL (60 grams per 30 days)
<i>tacrolimus external ointment 0.03 %, 0.1 %</i>	NP	PA; ST
taltz subcutaneous solution auto-injector 80 mg/ml (<i>ixekizumab</i>)	PSP	PA; IBC (Preferred agent for Psoriasis. Not covered for Psoriatic Arthritis or Ankylosing Spondylitis); NPL; SP; QL (1 syringe per 1 month)
taltz subcutaneous solution prefilled syringe 80 mg/ml (<i>ixekizumab</i>)	PSP	PA; IBC (Preferred agent for Psoriasis. Not covered for Psoriatic Arthritis or Ankylosing Spondylitis); NPL; SP; QL (1 syringe per 1 month)
targretin external gel 1 % (<i>bexarotene</i>)	NPSP	PA; SP
<i>tavaborole external solution 5 %</i>	NF	

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

140

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>tazarotene external cream 0.1 %</i>	PG	PA; AL
tazorac external cream 0.05 %, 0.1 % (<i>tazarotene</i>)	PB	PA; AL
tazorac external gel 0.05 %, 0.1 % (<i>tazarotene</i>)	PB	PA; AL
temovate external cream 0.05 % (<i>clobetasol propionate</i>)	NP	QL (120 grams per 30 days)
temovate external ointment 0.05 % (<i>clobetasol propionate</i>)	NP	
texacort external solution 2.5 % (<i>hydrocortisone</i>)	PB	
tolak external cream 4 % (<i>fluorouracil</i>)	PB	#
topicort external cream 0.05 %, 0.25 % (<i>desoximetasone</i>)	NP	
topicort external gel 0.05 % (<i>desoximetasone</i>)	NP	
topicort external ointment 0.05 % (<i>desoximetasone</i>)	NP	
topicort external ointment 0.25 % (<i>desoximetasone</i>)	NP	QL (120 grams per 1 month)
topicort spray external liquid 0.25 % (<i>desoximetasone</i>)	NF	
tremfya subcutaneous solution pen-injector 100 mg/ml (<i>guselkumab</i>)	PSP	PA; IBC (Preferred agent for Psoriasis); NPL; SP; QL (1 injection per 8 weeks)
tremfya subcutaneous solution prefilled syringe 100 mg/ml (<i>guselkumab</i>)	PSP	PA; IBC (Preferred agent for Psoriasis); NPL; SP; QL (1 injection per 56 days)
<i>tretinoin (emollient) external cream 0.05 %</i>	NP	AL
<i>tretinoin external cream 0.025 %, 0.05 %, 0.1 %</i>	PG	PA; AL
<i>tretinoin external gel 0.01 %, 0.025 %</i>	PG	PA; AL
<i>tretinoin external gel 0.05 %</i>	NP	PA
<i>tretinoin microsphere external gel 0.04 %, 0.1 %</i>	PG	PA; AL
<i>tretinoin microsphere pump external gel 0.04 %</i>	PG	PA; AL
<i>triamcinolone acetonide external aerosol solution 0.147 mg/gm</i>	NF	
<i>triamcinolone acetonide external cream 0.025 %, 0.5 %</i>	PG	
<i>triamcinolone acetonide external cream 0.1 %</i>	PG	QL (60 grams per 1 month)
<i>triamcinolone acetonide external lotion 0.025 %, 0.1 %</i>	PG	
<i>triamcinolone acetonide external ointment 0.025 %, 0.5 %</i>	PG	
<i>triamcinolone acetonide external ointment 0.1 %</i>	PG	QL (60 grams per 1 month)
<i>triamcinolone acetonide (Triderm External Cream 0.1 %)</i>	PG	QL (60 grams per 1 month)
<i>triamcinolone acetonide (Triderm External Cream 0.5 %)</i>	PG	
tridesilon external cream 0.05 % (<i>desonide</i>)	NP	

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
tri-luma external cream 0.01-4-0.05 % (<i>fluocin-hydroquinone-tretinoin</i>)	NP	
ultravate external lotion 0.05 % (<i>halobetasol propionate</i>)	NP	#; QL (120 grams per 30 days)
valchlor external gel 0.016 % (<i>mechlorethamine hcl (topical)</i>)	NPSP	PA; #; SP; QL (4 grams per 1 day)
vanos external cream 0.1 % (<i>fluocinonide</i>)	NF	
vectical external ointment 3 mcg/gm (<i>calcitriol</i>)	NF	
veltin external gel 1.2-0.025 % (<i>clindamycin-tretinoin</i>)	NP	PA; ST; AL
verdeso external foam 0.05 % (<i>desonide</i>)	NF	
vusion external ointment 0.25-15-81.35 % (<i>miconazole-zinc oxide-petrolat</i>)	NF	
xepi external cream 1 % (<i>ozenoxacin</i>)	NP	QL (1 tube per 1 month)
xerac ac external solution 6.25 % (<i>aluminum chloride in alcohol</i>)	PB	
xerese external cream 5-1 % (<i>acyclovir-hydrocortisone</i>)	NF	
xolegel external gel 2 % (<i>ketoconazole</i>)	NF	
<i>isotretinoin</i> (Zenatane Oral Capsule 10 Mg, 20 Mg, 40 Mg)	NP	PA; QL (2 capsules per 1 day)
<i>isotretinoin</i> (Zenatane Oral Capsule 30 Mg)	NP	PA; QL (2 capsules per 1 day)
ziana external gel 1.2-0.025 % (<i>clindamycin-tretinoin</i>)	NP	PA; ST; AL
zilxi external foam 1.5 % (<i>minocycline hcl micronized</i>)	NF	
zonalon external cream 5 % (<i>doxepin hcl (antipruritic)</i>)	NP	QL (45 grams per 30 days)
zovirax external cream 5 % (<i>acyclovir</i>)	NF	
zovirax external ointment 5 % (<i>acyclovir</i>)	NF	
zyclara external cream 3.75 % (<i>imiquimod</i>)	NF	
zyclara pump external cream 2.5 %, 3.75 % (<i>imiquimod</i>)	NF	
DIAGNOSTIC PRODUCTS		
accu-chek aviva plus in vitro strip (<i>glucose blood</i>)	PB	QL (300 strips per 30 days)
accu-chek compact plus in vitro strip (<i>glucose blood</i>)	PB	QL (300 strips per 30 days)
accu-chek guide in vitro strip (<i>glucose blood</i>)	PB	QL (300 strips per 30 days)
accu-chek smartview in vitro strip (<i>glucose blood</i>)	PB	QL (300 strips per 30 days)
accutrend glucose in vitro strip (<i>glucose blood</i>)	NF	

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

142

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
advance intuition test in vitro strip (<i>glucose blood</i>)	NF	
advance micro-draw test in vitro strip (<i>glucose blood</i>)	NF	
advocate redi-code in vitro strip (<i>glucose blood</i>)	NF	
advocate redi-code+ test in vitro strip (<i>glucose blood</i>)	NF	
advocate test in vitro strip (<i>glucose blood</i>)	NF	
agamatrix amp test in vitro strip (<i>glucose blood</i>)	NF	
agamatrix jazz test in vitro strip (<i>glucose blood</i>)	NF	
agamatrix keynote test in vitro strip (<i>glucose blood</i>)	NF	
agamatrix presto test in vitro strip (<i>glucose blood</i>)	NF	
assure 3 test in vitro strip (<i>glucose blood</i>)	NF	
assure 4 test in vitro strip (<i>glucose blood</i>)	NF	
assure ii check in vitro strip (<i>glucose blood</i>)	NF	
assure ii in vitro strip (<i>glucose blood</i>)	NF	
assure platinum in vitro strip (<i>glucose blood</i>)	NF	
assure prism multi test in vitro strip (<i>glucose blood</i>)	NF	
assure pro test in vitro strip (<i>glucose blood</i>)	NF	
bioscanner glucose test in vitro strip (<i>glucose blood</i>)	NF	
<i>blood glucose test in vitro strip</i>	NF	
caresens n glucose test in vitro strip (<i>glucose blood</i>)	NF	
caretouch test in vitro strip (<i>glucose blood</i>)	NF	
chemstrip k in vitro strip (<i>acetone (urine) test</i>)	NP	
clever chek auto-code test in vitro strip (<i>glucose blood</i>)	NF	
clever chek auto-code voice in vitro strip (<i>glucose blood</i>)	NF	
clever chek test in vitro strip (<i>glucose blood</i>)	NF	
clever choice auto-code test in vitro strip (<i>glucose blood</i>)	NF	
clever choice micro test in vitro strip (<i>glucose blood</i>)	NF	
clever choice no coding in vitro strip (<i>glucose blood</i>)	NF	
clever choice talk system in vitro strip (<i>glucose blood</i>)	NF	
contour next test in vitro strip (<i>glucose blood</i>)	NF	
contour test in vitro strip (<i>glucose blood</i>)	NF	
cool blood glucose test strips in vitro strip (<i>glucose blood</i>)	NF	
d-care blood glucose in vitro strip (<i>glucose blood</i>)	NF	

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
diathrive blood glucose test in vitro strip (<i>glucose blood</i>)	NF	
<i>diatruue plus test in vitro strip</i>	NF	
duo-care test in vitro strip (<i>glucose blood</i>)	NF	
<i>easy plus ii glucose test in vitro strip</i>	NF	
easy step test in vitro strip (<i>glucose blood</i>)	NF	
<i>easy talk blood glucose test in vitro strip</i>	NF	
easy touch test in vitro strip (<i>glucose blood</i>)	NF	
<i>easy trak blood glucose test in vitro strip</i>	NF	
easygluco in vitro strip (<i>glucose blood</i>)	NF	
easygluco plus in vitro strip (<i>glucose blood</i>)	NF	
easymax 15 test in vitro strip (<i>glucose blood</i>)	NF	
easymax test in vitro strip (<i>glucose blood</i>)	NF	
easypro blood glucose test in vitro strip (<i>glucose blood</i>)	NF	
easypro plus in vitro strip (<i>glucose blood</i>)	NF	
<i>element compact test in vitro strip</i>	NF	
element test in vitro strip (<i>glucose blood</i>)	NF	
embrace blood glucose test in vitro strip (<i>glucose blood</i>)	NF	
embrace evo blood glucose test in vitro strip (<i>glucose blood</i>)	NF	
embrace pro glucose test in vitro strip (<i>glucose blood</i>)	NF	
embrace talk glucose test in vitro strip (<i>glucose blood</i>)	NF	
<i>eq blood glucose test in vitro strip</i>	NF	
evencare + blood glucose test in vitro strip (<i>glucose blood</i>)	NF	
evencare blood glucose test in vitro strip (<i>glucose blood</i>)	NF	
evencare g2 test in vitro strip (<i>glucose blood</i>)	NF	
evencare g3 test in vitro strip (<i>glucose blood</i>)	NF	
evencare mini glucose test in vitro strip (<i>glucose blood</i>)	NF	
evolution autocode in vitro strip (<i>glucose blood</i>)	NF	
exactech r-s-g test in vitro strip (<i>glucose blood</i>)	NF	
exactech test in vitro strip (<i>glucose blood</i>)	NF	
ez smart blood glucose test in vitro strip (<i>glucose blood</i>)	NF	
ez smart plus glucose test in vitro strip (<i>glucose blood</i>)	NF	
fifty50 glucose test 2.0 in vitro strip (<i>glucose blood</i>)	NF	

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
fora blood glucose test in vitro strip (<i>glucose blood</i>)	NF	
fora d15g blood glucose test in vitro strip (<i>glucose blood</i>)	NF	
fora d20 blood glucose test in vitro strip (<i>glucose blood</i>)	NF	
fora d40/g31 blood glucose in vitro strip (<i>glucose blood</i>)	NF	
fora g20 blood glucose test in vitro strip (<i>glucose blood</i>)	NF	
fora g30/prem v10 glucose test in vitro strip (<i>glucose blood</i>)	NF	
fora gd20 test in vitro strip (<i>glucose blood</i>)	NF	
fora gd50 blood glucose test in vitro strip (<i>glucose blood</i>)	NF	
fora gtel blood glucose test in vitro strip (<i>glucose blood</i>)	NF	
fora tn'g/tn'g voice in vitro strip (<i>glucose blood</i>)	NF	
fora v10 blood glucose test in vitro strip (<i>glucose blood</i>)	NF	
fora v12 blood glucose test in vitro strip (<i>glucose blood</i>)	NF	
fora v20 blood glucose test in vitro strip (<i>glucose blood</i>)	NF	
fora v30a blood glucose test in vitro strip (<i>glucose blood</i>)	NF	
foracare gd40 test in vitro strip (<i>glucose blood</i>)	NF	
foracare premium v10 test in vitro strip (<i>glucose blood</i>)	NF	
foracare test n go test in vitro strip (<i>glucose blood</i>)	NF	
fortiscare test in vitro strip (<i>glucose blood</i>)	NF	
freestyle insulinx test in vitro strip (<i>glucose blood</i>)	NF	
freestyle lite test in vitro strip (<i>glucose blood</i>)	NF	
freestyle precision neo test in vitro strip (<i>glucose blood</i>)	NF	
freestyle test in vitro strip (<i>glucose blood</i>)	NF	
ge100 blood glucose test in vitro strip	NF	
genultimate test in vitro strip (<i>glucose blood</i>)	NF	
ght test in vitro strip	NF	
glucagen diagnostic injection solution reconstituted 1 mg (<i>glucagon hcl rdna (diagnostic)</i>)	PB	QL (1 vial per 1 fill)
gluco perfect 3 test in vitro strip (<i>glucose blood</i>)	NF	
glucocard 01 sensor plus in vitro strip (<i>glucose blood</i>)	NF	
glucocard expression test in vitro strip (<i>glucose blood</i>)	NF	
glucocard shine test in vitro strip (<i>glucose blood</i>)	NF	
glucocard vital test in vitro strip (<i>glucose blood</i>)	NF	
glucocard x-sensor in vitro strip (<i>glucose blood</i>)	NF	

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
glucocom test in vitro strip (<i>glucose blood</i>)	NF	
gluconavii blood glucose test in vitro strip (<i>glucose blood</i>)	NF	
<i>glucose meter test in vitro strip</i>	NF	
gojji blood glucose test in vitro strip (<i>glucose blood</i>)	NF	
hw embrace pro glucose test in vitro strip (<i>glucose blood</i>)	NF	
hw embrace talk glucose test in vitro strip (<i>glucose blood</i>)	NF	
iglucose test strips in vitro strip (<i>glucose blood</i>)	NF	
in touch blood glucose test in vitro strip (<i>glucose blood</i>)	NF	
infinity blood glucose test in vitro strip (<i>glucose blood</i>)	NF	
infinity voice in vitro strip (<i>glucose blood</i>)	NF	
<i>ketone test in vitro strip</i>	PG	
ketostix in vitro strip (<i>acetone (urine) test</i>)	NP	
<i> Kroger blood glucose test in vitro strip</i>	NF	
<i> Kroger premium glucose test in vitro strip</i>	NF	
<i> Kroger test in vitro strip</i>	NF	
liberty next generation test in vitro strip (<i>glucose blood</i>)	NF	
<i>liberty test in vitro strip</i>	NF	
<i>meijer blood glucose test in vitro strip</i>	NF	
<i>meijer essential glucose test in vitro strip</i>	NF	
meijer truetest test in vitro strip (<i>glucose blood</i>)	NF	
meijer truetrack test in vitro strip (<i>glucose blood</i>)	NF	
microdot test in vitro strip (<i>glucose blood</i>)	NF	
mm easy touch glucose in vitro strip (<i>glucose blood</i>)	NF	
myglucohealth test in vitro strip (<i>glucose blood</i>)	NF	
neutek 2tek test in vitro strip (<i>glucose blood</i>)	NF	
nova max glucose test in vitro strip (<i>glucose blood</i>)	NF	
<i>one drop test in vitro strip</i>	NF	
onetouch ultra in vitro strip (<i>glucose blood</i>)	NF	
onetouch verio in vitro strip (<i>glucose blood</i>)	NF	
optium test in vitro strip (<i>glucose blood</i>)	NF	
optiumez test in vitro strip (<i>glucose blood</i>)	NF	
pharmacist choice autocode in vitro strip (<i>glucose blood</i>)	NF	

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>pharmacist choice no coding in vitro strip</i>	NF	
<i>pocketchem ez test in vitro strip (glucose blood)</i>	NF	
<i>precision pcx in vitro strip (glucose blood)</i>	NF	
<i>precision pcx plus test in vitro strip (glucose blood)</i>	NF	
<i>precision point of care test in vitro strip (glucose blood)</i>	NF	
<i>precision qid test in vitro strip (glucose blood)</i>	NF	
<i>precision sof-tact test in vitro strip (glucose blood)</i>	NF	
<i>precision xtra blood glucose in vitro strip (glucose blood)</i>	NF	
<i>precision xtra ketone in vitro strip (ketone blood test)</i>	NP	
<i>pro voice v8/v9 glucose in vitro strip</i>	NF	
<i>prodigy no coding blood gluc in vitro strip (glucose blood)</i>	NF	
<i>pts panels glucose test in vitro strip (glucose blood)</i>	NF	
<i>quicktek test in vitro strip (glucose blood)</i>	NF	
<i>quintet ac blood glucose test in vitro strip (glucose blood)</i>	NF	
<i>quintet blood glucose test in vitro strip (glucose blood)</i>	NF	
<i>ra truetest test in vitro strip (glucose blood)</i>	NF	
<i>refuah plus blood glucose test in vitro strip (glucose blood)</i>	NF	
<i>relion blood glucose test in vitro strip (glucose blood)</i>	NF	
<i>relion confirm/micro test in vitro strip (glucose blood)</i>	NF	
<i>relion prime test in vitro strip (glucose blood)</i>	NF	
<i>relion ultima test in vitro strip (glucose blood)</i>	NF	
<i>rightest gs100 blood glucose in vitro strip (glucose blood)</i>	NF	
<i>rightest gs300 blood glucose in vitro strip (glucose blood)</i>	NF	
<i>rightest gs550 blood glucose in vitro strip (glucose blood)</i>	NF	
<i>smart sense premium test in vitro strip (glucose blood)</i>	NF	
<i>smart sense value test in vitro strip (glucose blood)</i>	NF	
<i>smartest blood glucose test in vitro strip (glucose blood)</i>	NF	
<i>solus v2 test in vitro strip (glucose blood)</i>	NF	
<i>supreme test in vitro strip (glucose blood)</i>	NF	
<i>sure edge test in vitro strip (glucose blood)</i>	NF	
<i>surechek blood glucose test in vitro strip (glucose blood)</i>	NF	
<i>sure-test easyplus mini test in vitro strip (glucose blood)</i>	NF	

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
telcare blood glucose test in vitro strip (<i>glucose blood</i>)	NF	
thyrogen intramuscular solution reconstituted 1.1 mg (<i>thyrotropin alfa</i>)	PSP	SP
true focus blood glucose strip in vitro strip	NF	
true metrix blood glucose test in vitro strip (<i>glucose blood</i>)	NF	
truetest test in vitro strip (<i>glucose blood</i>)	NF	
truetrack test in vitro strip (<i>glucose blood</i>)	NF	
ultima test in vitro strip (<i>glucose blood</i>)	NF	
ultratrak pro test in vitro strip (<i>glucose blood</i>)	NF	
ultratrak ultimate test in vitro strip (<i>glucose blood</i>)	NF	
unistrip1 generic in vitro strip (<i>glucose blood</i>)	NF	
verasens blood glucose test in vitro strip	NF	
vivaguard ino test strips in vitro strip (<i>glucose blood</i>)	NF	
vocal point blood glucose test in vitro strip (<i>glucose blood</i>)	NF	
DIGESTIVE AIDS - DRUGS FOR THE STOMACH		
creon oral capsule delayed release particles 12000 unit, 24000-76000 unit, 3000-9500 unit, 36000 unit, 6000 unit (<i>pancrelipase (lip-prot-amyl)</i>)	PB	
pancreaze oral capsule delayed release particles 10500 unit, 16800 unit, 21000 unit, 2600 unit, 4200 unit (<i>pancrelipase (lip-prot-amyl)</i>)	NP	ST
pertzye oral capsule delayed release particles 16000 unit, 24000-86250 unit, 4000 unit, 8000 unit (<i>pancrelipase (lip-prot-amyl)</i>)	NP	ST
sucraid oral solution 8500 unit/ml (<i>sacrosidase</i>)	NPSP	SP
viokace oral tablet 10440 unit, 20880 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, 3000-14000 unit, 40000-126000 unit, 5000-24000 unit (<i>pancrelipase (lip-prot-amyl)</i>)	PB	
DIURETICS - DRUGS FOR THE HEART		
acetazolamide er oral capsule extended release 12 hour 500 mg	NF	
acetazolamide oral tablet 125 mg, 250 mg	PG	

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

148

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
aldactazide oral tablet 25-25 mg, 50-50 mg (<i>spironolactone-hctz</i>)	NP	
aldactone oral tablet 100 mg, 25 mg, 50 mg (<i>spironolactone</i>)	NP	
<i>amiloride hcl oral tablet 5 mg</i>	PG	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	PG	LGC
<i>bumetanide injection solution 0.25 mg/ml</i>	NP	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	PG	
carospir oral suspension 25 mg/5ml (<i>spironolactone</i>)	NF	
<i>chlorothiazide sodium intravenous solution reconstituted 500 mg</i>	NP	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	PG	
diuril oral suspension 250 mg/5ml (<i>chlorothiazide</i>)	NP	
dyazide oral capsule 37.5-25 mg (<i>triamterene-hctz</i>)	NP	
dyrenium oral capsule 100 mg, 50 mg (<i>triamterene</i>)	NF	
edecrin oral tablet 25 mg (<i>ethacrynic acid</i>)	NP	
<i>ethacrynic acid oral tablet 25 mg</i>	NP	
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	PG	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	PG	LGC
<i>hydrochlorothiazide oral tablet 12.5 mg</i>	PG	
<i>hydrochlorothiazide oral tablet 25 mg, 50 mg</i>	PG	LGC
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	PG	
keveyis oral tablet 50 mg (<i>dichlorphenamide</i>)	NPSP	PA; QL (4 tablets per 1 day)
lasix oral tablet 20 mg, 40 mg, 80 mg (<i>furosemide</i>)	NP	
maxzide oral tablet 75-50 mg (<i>triamterene-hctz</i>)	NP	
maxzide-25 oral tablet 37.5-25 mg (<i>triamterene-hctz</i>)	NP	
<i>methazolamide oral tablet 25 mg</i>	PG	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	PG	
sodium edecrin intravenous solution reconstituted 50 mg (<i>ethacrynate sodium</i>)	NP	
<i>spironolactone oral tablet 100 mg, 50 mg</i>	PG	
<i>spironolactone oral tablet 25 mg</i>	PG	LGC
<i>spironolactone-hctz oral tablet 25-25 mg</i>	PG	
<i>toremide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	PG	
<i>triamterene oral capsule 100 mg, 50 mg</i>	NP	

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	PG	LGC
<i>triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg</i>	PG	LGC
ENDOCRINE AND METABOLIC AGENTS - MISC. - HORMONES		
<i>acthar injection gel 80 unit/ml (corticotropin)</i>	NPSP	PA; NPL; SP
<i>actonel oral tablet 150 mg (risedronate sodium)</i>	NP	ST; QL (1 tablet per 28 days)
<i>actonel oral tablet 35 mg (risedronate sodium)</i>	NP	ST; QL (4 tablets per 1 month)
<i>aldurazyme intravenous solution 2.9 mg/5ml (laronidase)</i>	NPSP	PA; NPL; SP
<i>alendronate sodium oral solution 70 mg/75ml</i>	PG	
<i>alendronate sodium oral tablet 10 mg, 5 mg</i>	PG	QL (1 tablet per 1 day)
<i>alendronate sodium oral tablet 35 mg</i>	PG	QL (8 tablets per 1 month)
<i>alendronate sodium oral tablet 70 mg</i>	PG	QL (4 tablets per 1 month)
<i>ammonul intravenous solution 10-10 % (sod benz-sod phenylacet)</i>	NPSP	SP
<i>atelvia oral tablet delayed release 35 mg (risedronate sodium)</i>	NP	ST; QL (4 tablets per 1 month)
<i>binosto oral tablet effervescent 70 mg (alendronate sodium)</i>	NF	
<i>boniva intravenous solution 3 mg/3ml (ibandronate sodium)</i>	NP	SP
<i>boniva oral tablet 150 mg (ibandronate sodium)</i>	NP	QL (0.04 tabs per 1 DAYS)
<i>buphenyl oral powder 3 gm/tsp (sodium phenylbutyrate)</i>	NPSP	PA; SP; QL (25 grams per 1 day)
<i>buphenyl oral tablet 500 mg (sodium phenylbutyrate)</i>	NF	
<i>bynfezia pen subcutaneous solution pen-injector 2500 mcg/ml (2.8 ml) (octreotide acetate)</i>	NF	
<i>cabergoline oral tablet 0.5 mg</i>	PG	
<i>calcitonin (salmon) nasal solution 200 unit/lact</i>	PG	QL (1 bottle per 1 month)
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	PG	
<i>calcitriol oral solution 1 mcg/ml</i>	PG	
<i>carbafglu oral tablet 200 mg (carglumic acid)</i>	NPSP	PA; #; SP
<i>carnitor oral solution 1 gm/10ml (levocarnitine)</i>	NP	
<i>carnitor sf oral solution 1 gm/10ml (levocarnitine)</i>	NP	
<i>cystadane oral powder (betaine)</i>	NPSP	SP

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

150

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ddavp injection solution 4 mcg/ml (<i>desmopressin acetate</i>)	NPSP	
ddavp oral tablet 0.1 mg, 0.2 mg (<i>desmopressin acetate</i>)	NP	
ddavp rhinal tube nasal solution 0.01 % (<i>desmopressin acetate refrigerated</i>)	NP	
<i>desmopressin acetate spray refrigerated nasal solution 0.01 %</i>	PG	
<i>desmopressin acetate injection solution 4 mcg/ml</i>	PG	
<i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i>	PG	
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	PG	QL (1 capsules per 1 day)
elaprased intravenous solution 6 mg/3ml (<i>idursulfase</i>)	NPSP	PA; NPL; SP
evenity subcutaneous solution prefilled syringe 105 mg/1.17ml (<i>romosozumab-aqqg</i>)	NF	
evista oral tablet 60 mg (<i>raloxifene hcl</i>)	NP	
fabrazyme intravenous solution reconstituted 35 mg, 5 mg (<i>agalsidase beta</i>)	NPSP	PA; NPL; SP
fensolvi (6 month) subcutaneous kit 45 mg (ped) (<i>leuprolide acetate (6 month)</i>)	NPSP	PA; SP
forteo subcutaneous solution pen-injector 600 mcg/2.4ml (<i>teriparatide (recombinant)</i>)	PSP	PA; #; QL (1 pen per 1 month)
fosamax oral tablet 70 mg (<i>alendronate sodium</i>)	NP	QL (0.15 tabs per 1 DAYS)
fosamax plus d oral tablet 70-2800 mg-unit, 70-5600 mg-unit (<i>alendronate-cholecalciferol</i>)	NP	#; QL (4 tablets per 1 month)
galafold oral capsule 123 mg (<i>migalastat hcl</i>)	NPSP	PA; SP; QL (14 capsules per 28 days)
genotropin miniquick subcutaneous solution reconstituted 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>)	NF	
genotropin subcutaneous solution reconstituted 12 mg, 5 mg (<i>somatropin</i>)	NF	
humatrope injection solution reconstituted 12 mg, 24 mg, 5 mg, 6 mg (<i>somatropin</i>)	PSP	PA; NPL; SP
<i>ibandronate sodium intravenous solution 3 mg/3ml</i>	PSP	ST; SP
<i>ibandronate sodium oral tablet 150 mg</i>	NP	ST; QL (1 tablet per 1 month)
increlex subcutaneous solution 40 mg/4ml (<i>mecasermin</i>)	NPSP	PA; NPL; SP
isturisa oral tablet 1 mg, 10 mg, 5 mg (<i>osilodrostat phosphate</i>)	NF	

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
jynarque oral tablet 15 mg, 30 mg (<i>tolvaptan</i>)	NPSP	PA; SP; QL (1 tablet per 1 day)
jynarque oral tablet therapy pack 15 mg, 30 & 15 mg, 45 & 15 mg, 60 & 30 mg, 90 & 30 mg (<i>tolvaptan</i>)	PSP	PA; SP; QL (2 tablets per 1 day)
kanuma intravenous solution 20 mg/10ml (<i>sebelipase alfa</i>)	PSP	PA; NPL; SP
kuvan oral packet 100 mg, 500 mg (<i>sapropterin dihydrochloride</i>)	NPSP	PA; #; SP
kuvan oral tablet soluble 100 mg (<i>sapropterin dihydrochloride</i>)	NPSP	PA; #; SP
<i>levocarnitine oral solution 1 gml/10ml</i>	PG	
<i>levocarnitine oral tablet 330 mg</i>	PG	
lumizyme intravenous solution reconstituted 50 mg (<i>alglucosidase alfa</i>)	NPSP	PA; NPL; SP
lupaneta pack combination kit 11.25 & 5 mg, 3.75 & 5 mg (<i>leuprolide & norethindrone</i>)	NPSP	PA; SP
lupron depot-ped (1-month) intramuscular kit 11.25 mg, 15 mg, 7.5 mg (<i>leuprolide acetate</i>)	NPSP	PA; #; SP
lupron depot-ped (3-month) intramuscular kit 11.25 mg (ped), 30 mg (ped) (<i>leuprolide acetate (3 month)</i>)	NPSP	PA; #; SP
miacalcin injection solution 200 unit/ml (<i>calcitonin (salmon)</i>)	NPSP	PA
miacalcin nasal solution 200 unit/act (<i>calcitonin (salmon)</i>)	NP	ST; QL (1 bottle per 30 days)
myalept subcutaneous solution reconstituted 11.3 mg (<i>metreleptin</i>)	NPSP	PA; NPL; SP; QL (0.5 VIAL per 1 DAYS)
mycapssa oral capsule delayed release 20 mg (<i>octreotide acetate</i>)	NF	
naglazyme intravenous solution 1 mg/ml (<i>galsulfase</i>)	NPSP	PA; NPL; SP
natpara subcutaneous cartridge 100 mcg, 25 mcg, 50 mcg, 75 mcg (<i>parathyroid hormone (recomb)</i>)	NPSP	PA; NPL; SP; QL (2 cartridges per 28 days)
<i>nitisinone oral capsule 10 mg, 2 mg, 5 mg</i>	PSP	PA; SP
nityr oral tablet 10 mg, 2 mg, 5 mg (<i>nitisinone</i>)	NPSP	PA; SP
nocdurna sublingual tablet sublingual 27.7 mcg, 55.3 mcg (<i>desmopressin acetate</i>)	NP	PA; QL (1 tablet per 1 day)
norditropin flexpro subcutaneous solution pen-injector 10 mg/1.5ml, 15 mg/1.5ml, 30 mg/3ml, 5 mg/1.5ml (<i>somatropin</i>)	NF	
nutropin aq nuspin 10 subcutaneous solution pen-injector 10 mg/2ml (<i>somatropin</i>)	NF	

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

152

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
<i>octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	PG	PA; SP
<i>octreotide acetate injection solution 1000 mcg/ml</i>	PG	PA; SP; QL (9 vials per 1 month)
<i>octreotide acetate injection solution 200 mcg/ml</i>	PG	PA; SP; QL (45 vials per 1 month)
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	
orfadin oral capsule 10 mg, 2 mg, 5 mg (<i>nitisinone</i>)	NPSP	PA; SP
orfadin oral capsule 20 mg (<i>nitisinone</i>)	NPSP	PA
orfadin oral suspension 4 mg/ml (<i>nitisinone</i>)	NPSP	PA; SP
orilissa oral tablet 150 mg (<i>elagolix sodium</i>)	NPSP	PA; SP; QL (1 tab/day per 730 lifetime days)
orilissa oral tablet 200 mg (<i>elagolix sodium</i>)	NPSP	PA; SP; QL (2 tabs/day per 180 lifetime days)
osphena oral tablet 60 mg (<i>ospemifene</i>)	NP	QL (1 tablet per 1 day)
palynziq subcutaneous solution prefilled syringe 10 mg/0.5ml (<i>pegvaliase-pqpz</i>)	NPSP	PA; ST; SP; QL (1 injection per 1 day)
palynziq subcutaneous solution prefilled syringe 2.5 mg/0.5ml (<i>pegvaliase-pqpz</i>)	NPSP	PA; ST; SP; QL (3 injections per 1 day)
palynziq subcutaneous solution prefilled syringe 20 mg/ml (<i>pegvaliase-pqpz</i>)	NPSP	PA; ST; SP; QL (1 syringe per 1 day)
<i>pamidronate disodium intravenous solution 30 mg/10ml, 6 mg/ml, 90 mg/10ml</i>	PSP	SP
<i>pamidronate disodium intravenous solution reconstituted 30 mg, 90 mg</i>	PSP	SP
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	PG	QL (1 capsule per 1 day)
<i>raloxifene hcl oral tablet 60 mg</i>	CE	N2 (PG); AL
ravicti oral liquid 1.1 gm/ml (<i>glycerol phenylbutyrate</i>)	NPSP	PA; ST; SP; QL (20 bottles per 30 days)

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
rayaldee oral capsule extended release 30 mcg (<i>calcifediol</i>)	NP	PA; ST; QL (1 capsules per 1 day)
reclast intravenous solution 5 mg/100ml (<i>zoledronic acid</i>)	NPSP	SP
<i>risedronate sodium oral tablet 150 mg</i>	NP	QL (1 tablet per 1 month)
<i>risedronate sodium oral tablet 30 mg, 5 mg</i>	NP	QL (1 tablet per 1 day)
<i>risedronate sodium oral tablet 35 mg</i>	NP	QL (4 tablets per 1 month)
<i>risedronate sodium oral tablet delayed release 35 mg</i>	NP	QL (4 tablets per 1 month)
rocaltrol oral capsule 0.25 mcg, 0.5 mcg (<i>calcitriol</i>)	NP	
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	
samsca oral tablet 15 mg (<i>tolvaptan</i>)	NPSP	PA; #; SP; QL (1 tablet per 1 day)
samsca oral tablet 30 mg (<i>tolvaptan</i>)	NPSP	PA; #; SP; QL (2 tablets per 1 day)
sandostatin injection solution 100 mcg/ml, 50 mcg/ml, 500 mcg/ml (<i>octreotide acetate</i>)	NPSP	PA; SP
sandostatin lar depot intramuscular kit 10 mg, 20 mg, 30 mg (<i>octreotide acetate</i>)	NPSP	PA; #; SP
<i>sapropterin dihydrochloride oral packet 100 mg, 500 mg</i>	PSP	PA; SP
<i>sapropterin dihydrochloride oral tablet soluble 100 mg</i>	PSP	PA; SP
sensipar oral tablet 30 mg, 60 mg, 90 mg (<i>cinacalcet hcl</i>)	NP	PA; QL (2 tablets per 1 day)
serostim subcutaneous solution reconstituted 4 mg, 5 mg, 6 mg (<i>somatropin (non-refrigerated)</i>)	NPSP	PA; NPL; SP
signifor lar intramuscular suspension reconstituted er 10 mg, 20 mg, 30 mg, 40 mg, 60 mg (<i>pasireotide pamoate</i>)	NPSP	PA; SP; QL (1 vial per 28 days)
signifor subcutaneous solution 0.3 mg/ml, 0.6 mg/ml, 0.9 mg/ml (<i>pasireotide diaspertate</i>)	NPSP	PA; SP; QL (2 SOLN per 1 DAYS)
<i>sod benz-sod phenylacet intravenous solution 10-10 %</i>	PG	
<i>sodium phenylbutyrate oral powder 3 gmltsp</i>	PSP	PA; SP; QL (25 grams per 1 day)
<i>sodium phenylbutyrate oral tablet 500 mg</i>	PSP	PA; SP
somatuline depot subcutaneous solution 120 mg/0.5ml, 60 mg/0.2ml, 90 mg/0.3ml (<i>lanreotide acetate</i>)	NPSP	PA; #; SP

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
somavert subcutaneous solution reconstituted 10 mg, 15 mg, 20 mg, 25 mg, 30 mg (<i>pegvisomant</i>)	NPSP	PA; #; SP
stimate nasal solution 1.5 mg/ml (<i>desmopressin acetate</i>)	NP	PA
strensiq subcutaneous solution 18 mg/0.45ml, 28 mg/0.7ml, 40 mg/ml, 80 mg/0.8ml (<i>asfotase alfa</i>)	NPSP	PA; NPL; SP
synarel nasal solution 2 mg/ml (<i>nafarelin acetate</i>)	NPSP	PA; SP
<i>teriparatide (recombinant) subcutaneous solution pen-injector 620 mcg/2.48ml</i>	NF	
<i>tolvaptan oral tablet 30 mg</i>	PSP	PA; SP; QL (2 tablets per 1 day)
triptodur intramuscular suspension reconstituted er 22.5 mg (<i>triptorelin pamoate</i>)	NPSP	PA; SP
tymlos subcutaneous solution pen-injector 3120 mcg/1.56ml (<i>abaloparatide</i>)	PSP	PA; NPL; SP; QL (1 pen per 1 month)
vimizim intravenous solution 5 mg/5ml (<i>elosulfase alfa</i>)	PSP	PA; NPL; SP
xgeva subcutaneous solution 120 mg/1.7ml (<i>denosumab</i>)	NPSP	PA; ST; NPL; SP
xuriden oral packet 2 gm (<i>uridine triacetate</i>)	NPSP	PA; SP; QL (4 packets per 1 day)
zemplar oral capsule 1 mcg, 2 mcg (<i>paricalcitol</i>)	NP	ST; QL (1 capsule per 1 day)
<i>zoledronic acid intravenous concentrate 4 mg/5ml</i>	PSP	SP
<i>zoledronic acid intravenous solution 4 mg/100ml, 5 mg/100ml</i>	PSP	SP
zomacton (for zoma-jet 10) subcutaneous solution reconstituted 10 mg (<i>somatropin</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; NPL; SP
ESTROGENS - HORMONES		
activella oral tablet 1-0.5 mg (<i>estradiol-norethindrone acet</i>)	NP	QL (1 TABS per 1 DAYS)
alora transdermal patch twice weekly 0.025 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr (<i>estradiol</i>)	NF	
angeliq oral tablet 0.25-0.5 mg, 0.5-1 mg (<i>drospirenone-estradiol</i>)	NP	
bijuva oral capsule 1-100 mg (<i>estradiol-progesterone</i>)	NP	QL (1 capsule per 1 day)
climara pro transdermal patch weekly 0.045-0.015 mg/day (<i>estradiol-levonorgestrel</i>)	NP	#; QL (1 box (4 patches) per 1 month)

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
climara 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>estradiol</i>)	NP	QL (0.15 patch per 1 DAYS)
combipatch transdermal patch twice weekly 0.05-0.14 mg/day, 0.05-0.25 mg/day (<i>estradiol-norethindrone acet</i>)	NP	QL (8 patches per 1 month)
delestrogen intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml (<i>estradiol valerate</i>)	NP	
depo-estradiol intramuscular oil 5 mg/ml (<i>estradiol cypionate</i>)	NP	
divigel transdermal gel 0.75 mg/0.75gm (<i>estradiol</i>)	NP	QL (1 packet per 1 day)
divigel transdermal gel 1.25 mg/1.25gm (<i>estradiol</i>)	PB	QL (30 packets per 1 month)
duavee oral tablet 0.45-20 mg (<i>conj estrogens-basedoxifene</i>)	PB	QL (1 TABS per 1 DAYS)
elestrin transdermal gel 0.52 mg/0.87 gm (0.06%) (<i>estradiol</i>)	NP	QL (52 GM per 30 days)
estrace oral tablet 0.5 mg, 1 mg, 2 mg (<i>estradiol</i>)	NP	
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	PG	
<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>	PG	QL (8 patches per 28 days)
<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>	PG	QL (4 patches per 28 days)
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	PG	
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	PG	QL (1 tablet per 1 day)
estrogel transdermal gel 0.75 mg/1.25 gm (0.06%) (<i>estradiol</i>)	NP	QL (50 grams per 1 month)
evamist transdermal solution 1.53 mg/spray (<i>estradiol</i>)	NP	QL (2 bottles per 1 fill)
femhrt low dose oral tablet 0.5-2.5 mg-mcg (<i>norethindrone-eth estradiol</i>)	NP	
<i>norethindrone-eth estradiol (Fyavolv Oral Tablet 0.5-2.5 Mg-Mcg, 1-5 Mg-Mcg)</i>	PG	
<i>norethindrone-eth estradiol (Jinteli Oral Tablet 1-5 Mg-Mcg)</i>	PG	
menest oral tablet 0.3 mg, 0.625 mg (<i>esterified estrogens</i>)	PB	
menest oral tablet 1.25 mg (<i>esterified estrogens</i>)	NP	
menostar transdermal patch weekly 14 mcg/24hr (<i>estradiol</i>)	NP	#; QL (4 patches per 1 month)
<i>estradiol-norethindrone acet (Mimvey Oral Tablet 1-0.5 Mg)</i>	PG	QL (1 tablet per 1 day)

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

156

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
minivelle transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr (estradiol)	NF	
norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	PG	
oriahnn oral capsule therapy pack 300-1-0.5 & 300 mg (elagolix-estradiol-norethind)	PB	
prefest oral tablet 1/1-0.09 mg (15/15) (estradiol-norgestimate)	NP	QL (1 tablet per 1 day)
premarin injection solution reconstituted 25 mg (estrogens conjugated)	NP	
premarin oral tablet 0.3 mg, 0.45 mg, 0.625 mg, 0.9 mg, 1.25 mg (estrogens conjugated)	PB	
prempase oral tablet 0.625-5 mg (conj estrog-medroxyprogesterone)	PB	
prempo oral tablet 0.3-1.5 mg, 0.45-1.5 mg, 0.625-2.5 mg, 0.625-5 mg (conj estrog-medroxyprogesterone)	PB	
vivelle-dot transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr (estradiol)	NF	
FLUOROQUINOLONES - DRUGS FOR INFECTIONS		
baxdela oral tablet 450 mg (delafloxacin meglumine)	NP	PA; QL (28 tablets per 1 fill)
cipro oral suspension reconstituted 250 mg/5ml (5%), 500 mg/5ml (10%) (ciprofloxacin)	NP	
cipro oral tablet 250 mg, 500 mg (ciprofloxacin hcl)	NP	
ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg	PG	
ciprofloxacin in d5w intravenous solution 400 mg/200ml	NP	
levaquin oral tablet 250 mg, 500 mg, 750 mg (levofloxacin)	NP	
levofloxacin in d5w intravenous solution 750 mg/150ml	NP	
levofloxacin oral solution 25 mg/ml	PG	
levofloxacin oral tablet 250 mg, 500 mg, 750 mg	PG	
moxifloxacin hcl oral tablet 400 mg	PG	
ofloxacin oral tablet 300 mg	PG	QL (28 tablets per 1 fill)
ofloxacin oral tablet 400 mg	PG	

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GASTROINTESTINAL AGENTS - MISC. - DRUGS FOR THE STOMACH		
actigall oral capsule 300 mg (<i>ursodiol</i>)	NP	
<i>alose tron hcl oral tablet 0.5 mg, 1 mg</i>	PG	PA; ST
amitiza oral capsule 24 mcg, 8 mcg (<i>lubiprostone</i>)	PB	#; QL (2 capsules per 1 day)
apriso oral capsule extended release 24 hour 0.375 gm (<i>mesalamine</i>)	NP	QL (4 capsules per 1 day)
asacol hd oral tablet delayed release 800 mg (<i>mesalamine</i>)	NP	ST; QL (6 tablets per 1 day)
avsola intravenous solution reconstituted 100 mg (<i>infliximab-axxq</i>)	NF	
azulfidine en-tabs oral tablet delayed release 500 mg (<i>sulfasalazine</i>)	NP	QL (8 TABS per 1 DAYS)
azulfidine oral tablet 500 mg (<i>sulfasalazine</i>)	NP	QL (8 TABS per 1 DAYS)
<i>balsalazide disodium oral capsule 750 mg</i>	PG	QL (9 capsules per 1 day)
canasa rectal suppository 1000 mg (<i>mesalamine</i>)	NP	QL (1 suppository per 1 day)
chenodal oral tablet 250 mg (<i>chenodiol</i>)	NPSP	PA
cholbam oral capsule 250 mg, 50 mg (<i>cholic acid</i>)	NPSP	PA
cimzia prefilled subcutaneous kit 2 x 200 mg/ml (<i>certolizumab pegol</i>)	NF	
cimzia starter kit subcutaneous kit 6 x 200 mg/ml (<i>certolizumab pegol</i>)	NF	
cimzia subcutaneous kit 2 x 200 mg (<i>certolizumab pegol</i>)	NF	
colazal oral capsule 750 mg (<i>balsalazide disodium</i>)	NP	ST; QL (9 capsules per 1 day)
<i>cromolyn sodium oral concentrate 100 mg/5ml</i>	PG	
delzicol oral capsule delayed release 400 mg (<i>mesalamine</i>)	NF	
dipentum oral capsule 250 mg (<i>olsalazine sodium</i>)	NP	ST
entyvio intravenous solution reconstituted 300 mg (<i>vedolizumab</i>)	NF	
<i>enulose oral solution 10 gm/15ml</i>	PG	
fosrenol oral packet 1000 mg, 750 mg (<i>lanthanum carbonate</i>)	NP	
fosrenol oral tablet chewable 1000 mg, 500 mg, 750 mg (<i>lanthanum carbonate</i>)	NF	
gastrocrom oral concentrate 100 mg/5ml (<i>cromolyn sodium</i>)	NP	

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

158

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
gattex subcutaneous kit 5 mg (<i>teduglutide (rdna)</i>)	NPSP	PA; NPL; SP; QL (1 kit per 1 month)
<i>generlac oral solution 10 gm/15ml</i>	PG	
gimoti nasal solution 15 mg/act (<i>metoclopramide hcl</i>)	NF	
inflectra intravenous solution reconstituted 100 mg (<i>infliximab-dyyb</i>)	NF	
<i>lactulose encephalopathy oral solution 10 gm/15ml</i>	PG	
<i>lanthanum carbonate oral tablet chewable 1000 mg, 500 mg, 750 mg</i>	NF	
lialda oral tablet delayed release 1.2 gm (<i>mesalamine</i>)	NF	
linzess oral capsule 145 mcg, 290 mcg (<i>linaclotide</i>)	PB	QL (1 capsule per 1 day)
linzess oral capsule 72 mcg (<i>linaclotide</i>)	PB	
lotronex oral tablet 0.5 mg, 1 mg (<i>alosetron hcl</i>)	NP	PA; ST
<i>mesalamine er oral capsule extended release 24 hour 0.375 gm</i>	PG	QL (4 capsules per 1 day)
<i>mesalamine oral capsule delayed release 400 mg</i>	PG	QL (12 capsules per 1 day)
<i>mesalamine oral tablet delayed release 1.2 gm</i>	PG	QL (4 tablets per 1 day)
<i>mesalamine oral tablet delayed release 800 mg</i>	PG	QL (6 tablet per 1 day)
<i>mesalamine rectal enema 4 gm</i>	PG	
<i>mesalamine rectal suppository 1000 mg</i>	PG	QL (1 suppository per 1 day)
<i>mesalamine-cleanser rectal kit 4 gm</i>	NF	
<i>metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml</i>	PG	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	PG	
<i>metoclopramide hcl oral tablet dispersible 10 mg, 5 mg</i>	PG	
motegrity oral tablet 1 mg, 2 mg (<i>prucalopride succinate</i>)	NF	
movantik oral tablet 12.5 mg, 25 mg (<i>naloxegol oxalate</i>)	PB	QL (1 tablet per 1 day)
ocaliva oral tablet 10 mg, 5 mg (<i>obeticholic acid</i>)	NPSP	PA; SP; QL (1 tablet per 1 day)
pentasa oral capsule extended release 250 mg (<i>mesalamine</i>)	PB	QL (16 capsules per 1 day)
pentasa oral capsule extended release 500 mg (<i>mesalamine</i>)	PB	QL (8 tablets per 1 day)
phoslo oral capsule 667 mg (<i>calcium acetate (phos binder)</i>)	NP	
phoslyra oral solution 667 mg/5ml (<i>calcium acetate (phos binder)</i>)	NP	
reglan oral tablet 10 mg, 5 mg (<i>metoclopramide hcl</i>)	NP	

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
relistor oral tablet 150 mg (<i>methylnaltrexone bromide</i>)	NP	PA; #; QL (3 tablets per 1 day)
relistor subcutaneous solution 12 mg/0.6ml (<i>methylnaltrexone bromide</i>)	NP	PA; QL (0.6 ML per 1 day)
relistor subcutaneous solution 8 mg/0.4ml (<i>methylnaltrexone bromide</i>)	NP	PA; QL (0.4 ML per 1 day)
remicade intravenous solution reconstituted 100 mg (<i>infliximab</i>)	PSP	PA; NPL; SP; QL (10 vials per 28 days)
renagel oral tablet 800 mg (<i>sevelamer hcl</i>)	NF	
renflexis intravenous solution reconstituted 100 mg (<i>infliximab-abda</i>)	NF	
renvela oral packet 0.8 gm (<i>sevelamer carbonate</i>)	NP	
renvela oral packet 2.4 gm (<i>sevelamer carbonate</i>)	PB	
renvela oral tablet 800 mg (<i>sevelamer carbonate</i>)	NP	
rowasa rectal kit 4 gm (<i>mesalamine-cleanser</i>)	NF	
<i>sevelamer carbonate oral packet 0.8 gm, 2.4 gm</i>	PG	
<i>sevelamer carbonate oral tablet 800 mg</i>	PG	
<i>sevelamer hcl oral tablet 400 mg, 800 mg</i>	PG	
sfrowasa rectal enema 4 gm/60ml (<i>mesalamine</i>)	NP	
stelara intravenous solution 130 mg/26ml (<i>ustekinumab</i>)	PSP	PA; IBC (Preferred agent for Psoriasis. Preferred agent for Crohn's Disease and Ulcerative Colitis after failure of Humira. Not covered for Psoriatic Arthritis.)
<i>sulfasalazine oral tablet 500 mg</i>	PG	QL (8 tablets per 1 day)
<i>sulfasalazine oral tablet delayed release 500 mg</i>	PG	QL (8 tablets per 1 day)
symproic oral tablet 0.2 mg (<i>naldemedine tosylate</i>)	NP	PA; ST; QL (1 tablet per 1 day)
trulance oral tablet 3 mg (<i>plecanatide</i>)	NP	QL (1 tablet per 1 day)
urso 250 oral tablet 250 mg (<i>ursodiol</i>)	NP	
urso forte oral tablet 500 mg (<i>ursodiol</i>)	NP	
<i>ursodiol oral capsule 300 mg</i>	PG	
<i>ursodiol oral tablet 250 mg, 500 mg</i>	NP	

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

160

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
velphoro oral tablet chewable 500 mg (<i>sucroferric oxyhydroxide</i>)	NP	#
viberzi oral tablet 100 mg, 75 mg (<i>eluxadoline</i>)	PB	PA; QL (2 tablets per 1 day)
xermelo oral tablet 250 mg (<i>telotristat etiprate</i>)	NPSP	PA; SP; QL (3 tablets per 1 day)
zelnorm oral tablet 6 mg (<i>tegaserod maleate</i>)	NF	
GENITOURINARY AGENTS - MISCELLANEOUS - DRUGS FOR THE URINARY SYSTEM		
<i>acetic acid irrigation solution 0.25 %</i>	PG	
<i>alfuzosin hcl er oral tablet extended release 24 hour 10 mg</i>	PG	QL (1 tablet per 1 day)
<i>sodium chloride (gu irrigant) (Argyle Sterile Saline Irrigation Solution 0.9 %)</i>	PG	
avodart oral capsule 0.5 mg (<i>dutasteride</i>)	NP	QL (1 capsule per 1 day)
cardura xl oral tablet extended release 24 hour 4 mg, 8 mg (<i>doxazosin mesylate</i>)	NP	QL (1 tablet per 1 day)
cystagon oral capsule 150 mg, 50 mg (<i>cysteamine bitartrate</i>)	NP	PA; SP
<i>dutasteride oral capsule 0.5 mg</i>	PG	QL (1 capsule per 1 day)
<i>dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg</i>	PG	
elmiron oral capsule 100 mg (<i>pentosan polysulfate sodium</i>)	PB	QL (90 capsules per 30 days)
<i>finasteride oral tablet 5 mg</i>	PG	PA
flomax oral capsule 0.4 mg (<i>tamsulosin hcl</i>)	NP	
jalyn oral capsule 0.5-0.4 mg (<i>dutasteride-tamsulosin hcl</i>)	NP	
lithostat oral tablet 250 mg (<i>acetohydroxamic acid</i>)	PB	
<i>neomycin-polymyxin b gu irrigation solution 40-200000</i>	PG	
<i>potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg)</i>	PG	
<i>potassium citrate-citric acid oral solution 1100-334 mg/5ml</i>	PG	
procysbi oral capsule delayed release 25 mg (<i>cysteamine bitartrate</i>)	NPSP	PA; ST; SP; QL (8 CAP per 1 DAYS)
procysbi oral capsule delayed release 75 mg (<i>cysteamine bitartrate</i>)	NPSP	PA; ST; SP; QL (25 CAP per 1 DAYS)
procysbi oral packet 300 mg, 75 mg (<i>cysteamine bitartrate</i>)	NF	
proscar oral tablet 5 mg (<i>finasteride</i>)	NP	
rapaflo oral capsule 4 mg, 8 mg (<i>silodosin</i>)	NF	

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
renacidin irrigation solution (<i>citric ac-gluconolact-mg carb</i>)	PB	
<i>silodosin oral capsule 4 mg, 8 mg</i>	PG	
<i>sodium chloride irrigation solution 0.9 %</i>	PG	
<i>tamsulosin hcl oral capsule 0.4 mg</i>	PG	
thiola ec oral tablet delayed release 100 mg, 300 mg (<i>tiopronin</i>)	NPSP	PA; SP
thiola oral tablet 100 mg (<i>tiopronin</i>)	NPSP	PA; SP
urocit-k 10 oral tablet extended release 10 meq (1080 mg) (<i>potassium citrate</i>)	NP	
urocit-k 15 oral tablet extended release 15 meq (1620 mg) (<i>potassium citrate</i>)	NP	
urocit-k 5 oral tablet extended release 5 meq (540 mg) (<i>potassium citrate</i>)	NF	
GOUT AGENTS - DRUGS FOR PAIN AND FEVER		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	PG	
aloprim intravenous solution reconstituted 500 mg (<i>allopurinol sodium</i>)	NP	
<i>colchicine oral capsule 0.6 mg</i>	PG	QL (2 tablets per 1 day)
<i>colchicine oral tablet 0.6 mg</i>	PG	QL (2 tablets per 1 day)
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>	PG	
colcris oral tablet 0.6 mg (<i>colchicine</i>)	NF	
<i>febuxostat oral tablet 40 mg, 80 mg</i>	NP	ST; QL (1 tablet per 1 day)
gloperba oral solution 0.6 mg/5ml (<i>colchicine</i>)	NF	
krystexxa intravenous solution 8 mg/ml (<i>pegloticase</i>)	NPSP	PA; ST; SP
mitigare oral capsule 0.6 mg (<i>colchicine</i>)	PB	QL (2 tabs per 1 DAYS)
<i>probenecid oral tablet 500 mg</i>	PG	
uloric oral tablet 40 mg, 80 mg (<i>febuxostat</i>)	NF	
zyloprim oral tablet 100 mg, 300 mg (<i>allopurinol</i>)	NF	
HEMATOLOGICAL AGENTS - MISC. - DRUGS FOR THE BLOOD		
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; NPL; SP
adynovate intravenous solution reconstituted 1000 unit, 2000 unit, 250 unit, 500 unit	NPSP	PA; NPL

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

162

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
adynovate intravenous solution reconstituted 1500 unit, 3000 unit, 750 unit	NPSP	PA; NPL; SP
afstyla intravenous kit 1000 unit, 1500 unit, 2000 unit, 250 unit, 2500 unit, 3000 unit, 500 unit (<i>antihemophil fact single chain</i>)	NPSP	PA; NPL; SP
alphanate/vwf complex/human intravenous solution reconstituted 1000 unit, 1500 unit, 2000 unit, 250 unit, 500 unit (<i>antihemophilic factor-vwf</i>)	NPSP	PA; NPL; SP
alphanine sd intravenous solution reconstituted 1000 unit, 1500 unit, 500 unit (<i>coagulation factor ix</i>)	NPSP	PA; NPL; SP
alprolix intravenous solution reconstituted 1000 unit, 2000 unit, 250 unit, 3000 unit, 4000 unit, 500 unit (<i>coagulation factor ix (rfixfc)</i>)	NPSP	PA; NPL; SP
<i>anagrelide hcl oral capsule 0.5 mg, 1 mg</i>	PG	
<i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i>	PG	
<i>aspirin-omeprazole oral tablet delayed release 325-40 mg</i>	NF	
benefix intravenous kit 1000 unit, 2000 unit, 250 unit, 3000 unit, 500 unit (<i>coagulation factor ix (recomb)</i>)	PSP	PA; NPL; SP
berinert intravenous kit 500 unit (<i>c1 esterase inhibitor (human)</i>)	NPSP	PA; ST; NPL; SP; QL (1 vial per 1 month)
brilinta oral tablet 60 mg, 90 mg (<i>ticagrelor</i>)	PB	QL (2 tablets per 1 day)
cablivi injection kit 11 mg (<i>caplacizumab-yhdp</i>)	NPSP	PA; NPL; SP; QL (1 vial per day, 2 courses (58 day supply) per 1 lifetime)
<i>cilostazol oral tablet 100 mg, 50 mg</i>	PG	
cinryze intravenous solution reconstituted 500 unit (<i>c1 esterase inhibitor (human)</i>)	NPSP	PA; ST; NPL; SP; QL (20 vials per 1 month)
<i>clopidogrel bisulfate oral tablet 300 mg, 75 mg</i>	PG	QL (1 tablet per 1 day)
coagadex intravenous solution reconstituted 250 unit, 500 unit (<i>coagulation factor x (human)</i>)	NPSP	PA; NPL
corifact intravenous kit 1000-1600 unit (<i>factor xiii concentrate human</i>)	NPSP	PA; NPL; SP
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	PG	
durlaza oral capsule extended release 24 hour 162.5 mg (<i>aspirin</i>)	NP	
effient oral tablet 10 mg, 5 mg (<i>prasugrel hcl</i>)	NP	PA; QL (1 tablet per 1 day)

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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>)	NPSP	PA; NPL; SP
esperoct intravenous solution reconstituted 1000 unit, 1500 unit, 2000 unit, 3000 unit, 500 unit (<i>antihemoph fact rcmb gpeg-exei</i>)	NF	
fibryga intravenous solution reconstituted (<i>fibrinogen concentrate (human)</i>)	PSP	PA; NPL; SP
firazyr subcutaneous solution 30 mg/3ml (<i>icatibant acetate</i>)	NPSP	PA; ST; NPL; SP; QL (6 syringes per 1 month)
haegarda subcutaneous solution reconstituted 2000 unit, 3000 unit (<i>c1 esterase inhibitor (human)</i>)	PSP	PA; ST; NPL; SP; QL (20 vials per 1 month)
hemlibra subcutaneous solution 105 mg/0.7ml, 150 mg/ml, 30 mg/ml, 60 mg/0.4ml (<i>emicizumab-kxwh</i>)	NPSP	PA; NPL; SP
hemofil m intravenous solution reconstituted 1000 unit, 1700 unit, 250 unit, 500 unit (<i>antihemophilic factor</i>)	NPSP	PA; NPL; SP
humate-p intravenous solution reconstituted 1000-2400 unit, 500-1200 unit (<i>antihemophilic factor-vwf</i>)	NPSP	PA; NPL; SP
<i>icatibant acetate subcutaneous solution 30 mg/3ml</i>	PSP	PA; NPL; SP; QL (6 syringes per 1 month)
idelvion intravenous solution reconstituted 1000 unit, 2000 unit, 250 unit, 3500 unit, 500 unit (<i>coagulation factor ix (rix-fp)</i>)	NPSP	PA; NPL; SP
ixinity intravenous solution reconstituted 1000 unit, 1500 unit, 2000 unit, 250 unit, 3000 unit, 500 unit (<i>coagulation factor ix (recomb)</i>)	NPSP	PA; NPL; SP
jivi intravenous solution reconstituted 1000 unit, 2000 unit, 3000 unit, 500 unit (<i>ahf (bdd-rfviii peg-aucl)</i>)	NPSP	PA; NPL; SP
kalbitor subcutaneous solution 10 mg/ml (<i>ecallantide</i>)	NPSP	PA; ST; NPL; SP; QL (12 vials per 1 month)
koate intravenous solution reconstituted 1000 unit, 250 unit, 500 unit (<i>antihemophilic factor</i>)	NPSP	PA; NPL; SP
koate-dvi intravenous solution reconstituted 1000 unit, 250 unit, 500 unit (<i>antihemophilic factor</i>)	NPSP	PA; NPL; SP
kogenate fs intravenous kit 1000 unit, 2000 unit, 250 unit, 3000 unit, 500 unit (<i>antihemophilic factor (recomb)</i>)	NPSP	PA; NPL; SP

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

164

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
kovaltry intravenous solution reconstituted 1000 unit, 2000 unit, 250 unit, 500 unit (<i>antihemophil factor (rahf-pfm)</i>)	NPSP	PA; NPL; SP
kovaltry intravenous solution reconstituted 3000 unit (<i>antihemophil factor (rahf-pfm)</i>)	NPSP	PA; NPL
mononine intravenous solution reconstituted 1000 unit (<i>coagulation factor ix</i>)	PSP	PA; NPL; SP
novoeight intravenous solution reconstituted 1000 unit, 2000 unit, 250 unit, 500 unit (<i>antihemophil fact bd truncated</i>)	NPSP	PA; NPL; SP
novoeight intravenous solution reconstituted 1500 unit, 3000 unit (<i>antihemophil fact bd truncated</i>)	NF	
novoseven rt intravenous solution reconstituted 1 mg, 2 mg, 5 mg, 8 mg (<i>coagulation factor viia recomb</i>)	PSP	PA; NPL; SP
nuwiq intravenous kit 1000 unit, 2000 unit, 250 unit, 500 unit (<i>antihem fact (bdd-rfviii,sim)</i>)	NPSP	PA; NPL; SP
nuwiq intravenous kit 2500 unit, 3000 unit, 4000 unit (<i>antihem fact (bdd-rfviii,sim)</i>)	NP	PA; NPL; SP
nuwiq intravenous solution reconstituted 1000 unit, 2000 unit, 250 unit, 500 unit (<i>antihem fact (bdd-rfviii,sim)</i>)	NPSP	PA; NPL; SP
nuwiq intravenous solution reconstituted 2500 unit, 3000 unit, 4000 unit (<i>antihem fact (bdd-rfviii,sim)</i>)	NP	PA; NPL; SP
<i>pentoxifylline er oral tablet extended release 400 mg</i>	PG	
plavix oral tablet 75 mg (<i>clopidogrel bisulfate</i>)	NP	QL (1 tablet per 1 day)
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i>	NP	PA; QL (1 tablet per 1 day)
profilnine intravenous solution reconstituted 1000 unit, 500 unit (<i>factor ix complex</i>)	NPSP	PA; NPL; SP
profilnine intravenous solution reconstituted 1500 unit (<i>factor ix complex</i>)	NPSP	PA; NPL
rebinyn intravenous solution reconstituted 1000 unit, 2000 unit, 500 unit (<i>coagulation factor ix glycopeg</i>)	NPSP	PA; NPL; SP
recombinate intravenous solution reconstituted 1241-1800 unit, 1801-2400 unit, 220-400 unit, 401-800 unit, 801-1240 unit (<i>antihemophilic factor (recomb)</i>)	NPSP	PA; NPL; SP
riastap intravenous solution reconstituted (<i>fibrinogen concentrate (human)</i>)	NPSP	PA; NPL; SP
rixubis intravenous solution reconstituted 1000 unit, 2000 unit, 250 unit, 3000 unit, 500 unit	NPSP	PA; NPL; SP

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ruconest intravenous solution reconstituted 2100 unit (<i>c1 esterase inhibitor (recomb)</i>)	NPSP	PA; NPL; SP; QL (8 vials per 1 month)
sevenfact intravenous solution reconstituted 1 mg, 5 mg (<i>coagulation factor viia-jncw</i>)	NF	
takhzyro subcutaneous solution 300 mg/2ml (<i>lanadelumab-flyo</i>)	NPSP	PA; ST; NPL; SP; QL (2 vials per 28 days)
tavalisse oral tablet 100 mg, 150 mg (<i>fostamatinib disodium</i>)	NPSP	PA; SP; QL (2 tablets per 1 day)
tretten intravenous solution reconstituted 2000-3125 unit (<i>coagulation factor xiii a-sub</i>)	NPSP	PA; NPL; SP
vonvendi intravenous solution reconstituted 1300 unit, 650 unit (<i>von willebrand factor (recomb)</i>)	NPSP	PA
wilate intravenous kit 1000-1000 unit, 500-500 unit (<i>antihemophilic factor-vwf</i>)	NF	
xyntha intravenous kit 1000 unit, 2000 unit, 250 unit, 500 unit (<i>antihem fact (bdd-rfviii,mor)</i>)	NPSP	PA; NPL; SP
xyntha solofuse intravenous kit 1000 unit, 2000 unit, 250 unit, 500 unit (<i>antihem fact (bdd-rfviii,mor)</i>)	NF	
xyntha solofuse intravenous kit 3000 unit (<i>antihem fact (bdd-rfviii,mor)</i>)	NPSP	PA; NPL; SP
yosprala oral tablet delayed release 325-40 mg, 81-40 mg (<i>aspirin-omeprazole</i>)	NF	
zontivity oral tablet 2.08 mg (<i>vorapaxar sulfate</i>)	NF	
HEMATOPOIETIC AGENTS - DRUGS FOR NUTRITION		
aranesp (albumin free) injection solution 100 mcg/ml, 200 mcg/ml, 25 mcg/ml, 300 mcg/ml, 40 mcg/ml, 60 mcg/ml (<i>darbepoetin alfa</i>)	PSP	PA; NPL; SP
aranesp (albumin free) injection solution prefilled syringe 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>)	PSP	PA; NPL; SP
cerdelga oral capsule 84 mg (<i>eliglustat tartrate</i>)	PB	PA; SP; QL (2 capsules per 1 day)
cerezyme intravenous solution reconstituted 400 unit (<i>imiglucerase</i>)	PSP	PA; NPL; SP
corvite fe oral tablet	NP	

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

166

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>cyanocobalamin injection solution 1000 mcg/ml</i>	PG	
<i>doptelet oral tablet 20 mg (avatrombopag maleate)</i>	NPSP	PA; SP; QL (3 /day for 5 days per 30 days)
<i>droxia oral capsule 200 mg, 300 mg, 400 mg (hydroxyurea)</i>	NP	
<i>elelyso intravenous solution reconstituted 200 unit (taliglucerase alfa)</i>	NPSP	PA; NPL; SP
<i>endari oral packet 5 gm (glutamine (sickle cell))</i>	NP	PA; ST; QL (6 packets per 1 day)
<i>epogen injection solution 10000 unit/ml, 2000 unit/ml, 20000 unit/ml, 3000 unit/ml, 4000 unit/ml (epoetin alfa)</i>	NPSP	PA; ST; NPL; SP
<i>fa-8 oral capsule 0.8 mg (folic acid)</i>	CE	N2 (Not Covered); QL (100 capsules per 1 fill); AL
<i>fa-8 oral tablet 800 mcg (folic acid)</i>	CE	N2 (Not Covered); QL (100 capsules per 1 fill); AL
<i>ferrlecit intravenous solution 12.5 mg/ml (na ferric gluc cplx in sucrose)</i>	NP	SP
<i>folate oral tablet 400 mcg</i>	CE	N2 (Not Covered); QL (100 tablets per 1 fil); AL
<i>folic acid oral capsule 0.8 mg</i>	CE	N2 (Not Covered); QL (100 capsules per 1 fill); AL
<i>folic acid oral tablet 400 mcg</i>	CE	N2 (Not Covered); QL (100 tablets per 1 fil); AL
<i>folic acid oral tablet 800 mcg</i>	CE	N2 (Not Covered); QL (100 capsules per 1 fill); AL
<i>fulphila subcutaneous solution prefilled syringe 6 mg/0.6ml (pegfilgrastim-jmdb)</i>	NF	
<i>gnp folic acid oral tablet 400 mcg</i>	CE	N2 (Not Covered)
<i>granix subcutaneous solution 300 mcg/ml, 480 mcg/1.6ml (tbo-filgrastim)</i>	NPSP	PA; ST; NPL; SP
<i>granix subcutaneous solution prefilled syringe 300 mcg/0.5ml, 480 mcg/0.8ml (tbo-filgrastim)</i>	NPSP	PA; ST; SP
<i>miglustat oral capsule 100 mg</i>	PSP	PA; SP; QL (3 capsules per 1 day)
<i>mircera injection solution prefilled syringe 100 mcg/0.3ml, 200 mcg/0.3ml, 50 mcg/0.3ml, 75 mcg/0.3ml (methoxy peg-epoetin beta)</i>	NPSP	PA; NPL

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
mircera injection solution prefilled syringe 150 mcg/0.3ml, 30 mcg/0.3ml (<i>methoxy peg-epoetin beta</i>)	NPSP	PA; NPL; SP
mozobil subcutaneous solution 24 mg/1.2ml (<i>plerixafor</i>)	NPSP	PA
mulpleta oral tablet 3 mg (<i>lusutrombopag</i>)	NPSP	PA; SP; QL (1 /day for 7 days per 30 days)
<i>na ferric gluc cplx in sucrose intravenous solution 12.5 mg/ml</i>	PG	SP
nascobal nasal solution 500 mcg/0.1ml (<i>cyanocobalamin</i>)	NF	
neulasta onpro subcutaneous prefilled syringe kit 6 mg/0.6ml (<i>pegfilgrastim</i>)	PSP	PA; NPL; SP; QL (2 injections per 1 month)
neulasta subcutaneous solution prefilled syringe 6 mg/0.6ml (<i>pegfilgrastim</i>)	PSP	PA; NPL; SP; QL (2 injections per 1 month)
neupogen injection solution 300 mcg/ml, 480 mcg/1.6ml (<i>filgrastim</i>)	NPSP	PA; ST; NPL; SP
neupogen injection solution prefilled syringe 300 mcg/0.5ml, 480 mcg/0.8ml (<i>filgrastim</i>)	NPSP	PA; ST; NPL
nivestym injection solution 300 mcg/ml, 480 mcg/1.6ml (<i>filgrastim-aafi</i>)	PSP	PA; NPL; SP
nivestym injection solution prefilled syringe 300 mcg/0.5ml, 480 mcg/0.8ml (<i>filgrastim-aafi</i>)	PSP	PA; NPL; SP
nplate subcutaneous solution reconstituted 125 mcg (<i>romiplostim</i>)	NF	
nplate subcutaneous solution reconstituted 250 mcg, 500 mcg (<i>romiplostim</i>)	NPSP	SP
oxbryta oral tablet 500 mg (<i>voxelotor</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>)	NPSP	PA; ST; NPL; SP
promacta oral packet 12.5 mg (<i>eltrombopag olamine</i>)	NPSP	PA; SP; QL (4 packets per 1 day)
promacta oral packet 25 mg (<i>eltrombopag olamine</i>)	NPSP	PA; SP; QL (180 packets per 30 days)
promacta oral tablet 12.5 mg (<i>eltrombopag olamine</i>)	NPSP	PA; SP; QL (4 tablets per 1 day)
promacta oral tablet 25 mg (<i>eltrombopag olamine</i>)	NPSP	PA; SP; QL (1 tablet per 1 day)
promacta oral tablet 50 mg, 75 mg (<i>eltrombopag olamine</i>)	NPSP	PA; SP; QL (2 tablets per 1 day)

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

168

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
retacrit injection solution 10000 unit/ml, 2000 unit/ml, 3000 unit/ml, 4000 unit/ml, 40000 unit/ml (<i>epoetin alfa-epbx</i>)	PSP	PA; NPL; SP
siklos oral tablet 100 mg, 1000 mg (<i>hydroxyurea</i>)	NP	PA
udenycya subcutaneous solution prefilled syringe 6 mg/0.6ml (<i>pegfilgrastim-cbqv</i>)	PSP	PA; NPL; SP; QL (2 injections per 1 month)
venofer intravenous solution 20 mg/ml (<i>iron sucrose</i>)	NPSP	SP
vpriv intravenous solution reconstituted 400 unit (<i>velaglycerase alfa</i>)	PSP	PA; NPL; SP
zarxio injection solution prefilled syringe 300 mcg/0.5ml, 480 mcg/0.8ml (<i>filgrastim-sndz</i>)	PSP	PA; NPL
zavesca oral capsule 100 mg (<i>miglustat</i>)	NPSP	PA; SP; QL (3 capsules per 1 day)
ziextenzo subcutaneous solution prefilled syringe 6 mg/0.6ml (<i>pegfilgrastim-bmez</i>)	NF	
HEMOSTATICS - DRUGS FOR THE BLOOD		
amicar oral solution 0.25 gm/ml (<i>aminocaproic acid</i>)	NP	
amicar oral tablet 1000 mg, 500 mg (<i>aminocaproic acid</i>)	PB	
<i>aminocaproic acid oral solution 0.25 g/ml</i>	PG	
<i>aminocaproic acid oral tablet 1000 mg, 500 mg</i>	PG	
lysteda oral tablet 650 mg (<i>tranexamic acid</i>)	NP	QL (30 tablets per 1 fill)
<i>tranexamic acid oral tablet 650 mg</i>	NP	QL (30 tablets per 1 fill)
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS - DRUGS FOR THE NERVOUS SYSTEM		
ambien cr oral tablet extended release 12.5 mg, 6.25 mg (<i>zolpidem tartrate</i>)	NP	QL (1 tablet per 1 day)
ambien oral tablet 10 mg (<i>zolpidem tartrate</i>)	NP	ST; QL (1 tabs per 1 DAYS)
ambien oral tablet 5 mg (<i>zolpidem tartrate</i>)	NP	ST; QL (2 tabs per 1 DAYS)
belsomra oral tablet 10 mg, 15 mg, 20 mg, 5 mg (<i>suvorexant</i>)	NP	ST; QL (1 tablet per 1 day)
dayvigo oral tablet 10 mg, 5 mg (<i>lemborexant</i>)	NF	
doral oral tablet 15 mg (<i>quazepam</i>)	NP	
<i>doxepin hcl oral tablet 3 mg, 6 mg</i>	PG	QL (1 tablet per 1 day)
edluar sublingual tablet sublingual 10 mg, 5 mg (<i>zolpidem tartrate</i>)	NF	
<i>estazolam oral tablet 1 mg, 2 mg</i>	PG	
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	PG	QL (1 tablet per 1 day)

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>flurazepam hcl oral capsule 15 mg, 30 mg</i>	PG	
<i>halcion oral tablet 0.25 mg (triazolam)</i>	NP	
<i>hetlioz oral capsule 20 mg (tasimelteon)</i>	NPSP	PA; SP; QL (1 capsule per 1 day)
<i>intermezzo sublingual tablet sublingual 1.75 mg (zolpidem tartrate)</i>	NF	
<i>lunesta oral tablet 1 mg, 2 mg, 3 mg (eszopiclone)</i>	NP	QL (1 tablet per 1 day)
<i>midazolam hcl oral syrup 2 mg/ml</i>	NP	
<i>phenobarbital oral elixir 20 mg/5ml</i>	PG	
<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>	PG	
<i>quazepam oral tablet 15 mg</i>	NF	
<i>ramelteon oral tablet 8 mg</i>	NF	
<i>restoril oral capsule 15 mg, 30 mg (temazepam)</i>	NP	
<i>restoril oral capsule 22.5 mg, 7.5 mg (temazepam)</i>	NP	QL (1 CAPS per 1 DAYS)
<i>rozerem oral tablet 8 mg (ramelteon)</i>	NF	
<i>seconal oral capsule 100 mg (secobarbital sodium)</i>	NP	
<i>silenor oral tablet 3 mg, 6 mg (doxepin hcl)</i>	NF	
<i>temazepam oral capsule 15 mg, 30 mg</i>	PG	
<i>temazepam oral capsule 22.5 mg, 7.5 mg</i>	PG	QL (1 capsule per 1 day)
<i>triazolam oral tablet 0.125 mg, 0.25 mg</i>	PG	
<i>zaleplon oral capsule 10 mg, 5 mg</i>	PG	QL (1 capsule per 1 day)
<i>zolpidem tartrate er oral tablet extended release 12.5 mg, 6.25 mg</i>	NP	QL (1 tablet per 1 day)
<i>zolpidem tartrate oral tablet 10 mg, 5 mg</i>	PG	QL (2 tablets per 1 day)
<i>zolpidem tartrate sublingual tablet sublingual 1.75 mg, 3.5 mg</i>	NF	
LAXATIVES - DRUGS FOR THE STOMACH		
<i>clenpiq oral solution 10-3.5-12 mg-gm -gm/160ml (sod picosulfate-mag ox-cit acid)</i>	CE	N2 (NP); AL
<i>constulose oral solution 10 gm/15ml</i>	PG	
<i>gavilax oral packet 17 gm</i>	CE	N2 (Not Covered); AL
<i>gavilyte-c oral solution reconstituted 240 gm (peg 3350-kcl-nabcb-nacl-nasulf)</i>	PG	

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

170

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>bisacodyl-peg-kcl-nabicar-nacl</i> (Gavilyte-H Oral Kit 5-210 Mg-Gm)	CE	N2 (PG); AL
<i>peg 3350-kcl-na bicarb-nacl</i> (Gavilyte-N With Flavor Pack Oral Solution Reconstituted 420 Gm)	PG	
<i>golytely oral solution reconstituted 236 gm (peg 3350-kcl-nabcb-nacl-nasulf)</i>	NP	
<i>kristalose oral packet 10 gm, 20 gm (lactulose)</i>	NP	QL (60 packets per 30 days)
<i>lactulose oral packet 10 gm</i>	NP	QL (2 packets per 1 day)
<i>lactulose oral solution 10 gm/15ml, 20 gm/30ml</i>	PG	
<i>moviprep oral solution reconstituted 100 gm (peg-kcl-nacl-nasulf-na asc-c)</i>	NF	#
<i>nulytely with flavor packs oral solution reconstituted 420 gm (peg 3350-kcl-na bicarb-nacl)</i>	NP	
<i>osmoprep oral tablet 1.102-0.398 gm (sod phos mono-sod phos dibasic)</i>	NP	#
<i>pcp 100 combination kit (mgcit-bisacod-pet-peg-metoclop)</i>	NP	
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm</i>	PG	
<i>peg-3350/electrolytes oral solution reconstituted 236 gm</i>	PG	
<i>peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted 100 gm</i>	CE	N2 (NF)
<i>bisacodyl-peg-kcl-nabicar-nacl</i> (Peg-Prep Oral Kit 5-210 Mg-Gm)	CE	N2 (PG); AL
<i>plenvu oral solution reconstituted 140 gm (peg-kcl-nacl-nasulf-na asc-c)</i>	CE	N2 (NP); AL
<i>suprep bowel prep kit oral solution 17.5-3.13-1.6 gm/177ml (na sulfate-k sulfate-mg sulf)</i>	CE	#; N2 (PB); AL
<i>peg 3350-kcl-na bicarb-nacl</i> (Trilyte Oral Solution Reconstituted 420 Gm)	PG	
LOCAL ANESTHETICS-PARENTERAL - DRUGS FOR PAIN AND FEVER		
<i>lidocaine hcl (pf) injection solution 0.5 %, 1 %</i>	NP	
<i>lidocaine hcl injection solution 0.5 %</i>	NP	
MACROLIDES - DRUGS FOR INFECTIONS		
<i>azithromycin intravenous solution reconstituted 500 mg</i>	NP	
<i>azithromycin oral packet 1 gm</i>	PG	

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	PG	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	PG	
<i>clarithromycin er oral tablet extended release 24 hour 500 mg</i>	PG	
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	PG	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	PG	
dificid oral tablet 200 mg (<i>fidaxomicin</i>)	NP	QL (20 tablets per 1 fill)
e.e.s. 400 oral tablet 400 mg (<i>erythromycin ethylsuccinate</i>)	NP	
e.e.s. granules oral suspension reconstituted 200 mg/5ml (<i>erythromycin ethylsuccinate</i>)	NP	
eryped 200 oral suspension reconstituted 200 mg/5ml (<i>erythromycin ethylsuccinate</i>)	NP	
eryped 400 oral suspension reconstituted 400 mg/5ml (<i>erythromycin ethylsuccinate</i>)	NP	
<i>erythromycin base</i> (Ery-Tab Oral Tablet Delayed Release 250 Mg, 333 Mg, 500 Mg)	PG	
erythrocin lactobionate intravenous solution reconstituted 500 mg (<i>erythromycin lactobionate</i>)	NP	
erythrocin stearate oral tablet 250 mg (<i>erythromycin stearate</i>)	NP	
<i>erythromycin base oral capsule delayed release particles 250 mg</i>	PG	
<i>erythromycin base oral tablet 250 mg, 500 mg</i>	PG	
<i>erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml, 400 mg/5ml</i>	PG	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	PG	
zithromax oral packet 1 gm (<i>azithromycin</i>)	NP	
zithromax oral suspension reconstituted 100 mg/5ml, 200 mg/5ml (<i>azithromycin</i>)	NP	
zithromax oral tablet 250 mg, 500 mg (<i>azithromycin</i>)	NP	
zithromax tri-pak oral tablet 500 mg (<i>azithromycin</i>)	NP	
zithromax z-pak oral tablet 250 mg (<i>azithromycin</i>)	NP	
MEDICAL DEVICES AND SUPPLIES - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
accu-chek fastclix lancet kit (<i>lancets misc.</i>)	PB	QL (1 kit per 365 days)
accu-chek fastclix lancets (<i>lancets</i>)	PB	

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

172

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
accu-chek multiclix lancet dev kit (<i>lancets misc.</i>)	PB	QL (1 kit per 365 days)
accu-chek multiclix lancets (<i>lancets</i>)	PB	
accu-chek safe-t pro lancets (<i>lancets</i>)	PB	
accu-chek softclic lancet dev kit (<i>lancets misc.</i>)	PB	QL (1 kit per 365 days)
accu-chek softclic lancets (<i>lancets</i>)	PB	
advocate duo device (<i>blood glucose-bp monitor</i>)	NP	QL (1 meter per 1 year)
<i>alcohol swabs pad</i>	PG	
assure lancets (<i>lancets</i>)	NP	
bd autoshield 29g x 5mm , 29g x 8mm (<i>insulin pen needle</i>)	PB	
bd insulin syringe 25g x 1" 1 ml, 25g x 5/8" 1 ml, 26g x 1/2" 1 ml, 29g x 1/2" 1 ml (<i>insulin syringe-needle u-100</i>)	PB	
bd insulin syringe microfine 28g x 1/2" 0.5 ml (<i>insulin syringe-needle u-100</i>)	PB	
bd insulin syringe u/f 30g x 1/2" 1 ml (<i>insulin syringe-needle u-100</i>)	PB	
bd insulin syringe u-100 1 ml (<i>insulin syringes (disposable)</i>)	PB	
bd insulin syringe ultrafine 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 1/2" 0.3 ml (<i>insulin syringe-needle u-100</i>)	PB	
bd lancet ultrafine 30g (<i>lancets</i>)	NP	
bd lancet ultrafine 33g (<i>lancets</i>)	NP	
bd microtainer lancets (<i>lancets</i>)	NP	
bd pen (<i>injection device for insulin</i>)	PB	
bd pen mini (<i>injection device for insulin</i>)	PB	
bd pen needle mini u/f 31g x 5 mm (<i>insulin pen needle</i>)	PB	
bd pen needle nano u/f 32g x 4 mm (<i>insulin pen needle</i>)	PB	
bd pen needle original u/f 29g x 12.7mm (<i>insulin pen needle</i>)	PB	
bd pen needle short u/f 31g x 8 mm (<i>insulin pen needle</i>)	PB	
bd safetyglide insulin syringe 30g x 5/16" 0.5 ml, 31g x 5/16" 0.3 ml (<i>insulin syringe-needle u-100</i>)	PB	
<i>bullseye mini safety lancets</i>	NP	
bullseye safety lancets (<i>lancets</i>)	NP	
caya vaginal diaphragm (<i>diaphragm arc-spring</i>)	CE	N2 (NP); QL (1 diaphragm per 300 days)
clever chek auto-code device (<i>blood glucose-bp monitor</i>)	NP	QL (1 meter per 1 year)

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
coaguchek lancets (<i>lancets</i>)	PB	
<i>comfort assured lancets 28g</i>	NP	
<i>comfort assured lancets 33g</i>	NP	
dexcom g4 plat ped rcv/share device (<i>continuous blood gluc receiver</i>)	PB	
dexcom g4 plat ped receiver device (<i>continuous blood gluc receiver</i>)	PB	
dexcom g4 platinum rcv/share device (<i>continuous blood gluc receiver</i>)	PB	
dexcom g4 platinum receiver device (<i>continuous blood gluc receiver</i>)	PB	
dexcom g4 platinum transmitter (<i>continuous blood gluc transmit</i>)	PB	
dexcom g4 sensor (<i>continuous blood gluc sensor</i>)	PB	
dexcom g5 mob/g4 plat sensor (<i>continuous blood gluc sensor</i>)	PB	
dexcom g5 mobile receiver device (<i>continuous blood gluc receiver</i>)	PB	
dexcom g5 mobile transmitter (<i>continuous blood gluc transmit</i>)	PB	
dexcom g5 receiver kit device (<i>continuous blood gluc receiver</i>)	PB	
dexcom g6 receiver device (<i>continuous blood gluc receiver</i>)	PB	
dexcom g6 sensor (<i>continuous blood gluc sensor</i>)	PB	
dexcom g6 transmitter (<i>continuous blood gluc transmit</i>)	PB	
drug mart unifine pentips 31g x 5 mm	NP	
easy comfort insulin syringe 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml	NP	
easy touch insulin syringe 31g x 5/16" 1 ml (<i>insulin syringe-needle u-100</i>)	NP	
easy touch lancets 21g (<i>lancets</i>)	NP	
easy touch lancets 23g (<i>lancets</i>)	NP	
easy touch lancets 26g (<i>lancets</i>)	NP	
easy touch lancets 28g (<i>lancets</i>)	NP	
easy touch lancets 28g/twist (<i>lancets</i>)	NP	
easy touch lancets 30g (<i>lancets</i>)	NP	
easy touch lancets 32g (<i>lancets</i>)	NP	
easy touch lancets 32g/twist (<i>lancets</i>)	NP	

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
easy touch lancing device (<i>lancet devices</i>)	NP	
easy touch safety lancets 21g (<i>lancets</i>)	NP	
easy touch safety lancets 23g (<i>lancets</i>)	NP	
easy touch safety lancets 26g (<i>lancets</i>)	NP	
easy touch safety lancets 28g (<i>lancets</i>)	NP	
easy twist & cap lancets (<i>lancets</i>)	NP	
enlite glucose sensor (<i>continuous blood gluc sensor</i>)	NF	
fc2 female condom (<i>condoms - female</i>)	CE	N2 (Not Covered)
femcap vaginal device 22 mm, 26 mm, 30 mm (<i>cervical caps</i>)	CE	N2 (NP); QL (1 device per 300 days)
fingerstix lancets (<i>lancets</i>)	NP	
fora d10 2-in-1 monitor device (<i>blood glucose-bp monitor</i>)	NP	QL (1 meter per 1 year)
fora d15g 2-in-1 monitor device (<i>blood glucose-bp monitor</i>)	NP	QL (1 meter per 1 year)
fora d20 2-in-1 monitor device (<i>blood glucose-bp monitor</i>)	NP	QL (1 meter per 1 year)
freestyle lancets (<i>lancets</i>)	NP	
freestyle libre 14 day reader device (<i>continuous blood gluc receiver</i>)	NF	
freestyle libre 14 day sensor (<i>continuous blood gluc sensor</i>)	NF	
freestyle precision ins syr 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml (<i>insulin syringe-needle u-100</i>)	NP	
freestyle unistick ii lancets (<i>lancets</i>)	NP	
global inject ease insulin syr 28g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 1/2" 0.3 ml, 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml	NP	
<i>glucose control in vitro solution , normal</i>	PG	
gnp clickfine pen needles 31g x 8 mm	NP	
gnp insulin syringe 28g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 31g x 5/16" 0.5 ml	NP	
gnp ultra com insulin syringe 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml	NP	
guardian connect transmitter (<i>continuous blood gluc transmit</i>)	NF	
guardian link 3 transmitter (<i>continuous blood gluc transmit</i>)	NF	
guardian real-time replace ped device (<i>continuous blood gluc receiver</i>)	NF	

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
guardian sensor (3) (<i>continuous blood gluc sensor</i>)	NF	
healthy accents unifine pentip 31g x 5 mm , 31g x 6 mm	NP	
hm ulticare insulin syringe 31g x 5/16" 0.3 ml (<i>insulin syringe-needle u-100</i>)	NP	
<i>insulin syringe 27g x 1/2" 0.5 ml, 27g x 1/2" 1 ml, 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml, 29g x 1" 0.3 ml, 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>	PG	
<i>insulin syringe/needle 27g x 1/2" 0.5 ml, 28g x 1/2" 1 ml</i>	PG	
insulin syringe/needle 28g x 1/2" 0.5 ml	PG	
<i>insulin syringe-needle u-100 31g x 1/4" 0.3 ml, 31g x 1/4" 0.5 ml, 31g x 1/4" 1 ml</i>	PG	
kroger insulin syringe 29g x 1/2" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml	NP	
<i>lancets</i>	PG	
<i>lancets super thin 28g</i>	NP	
<i>lancets ultra thin (lancets)</i>	NP	
<i>lancets ultra thin 30g</i>	NP	
<i>lifescan unistik 2 (lancets)</i>	NP	
<i>lifescan unistik ii lancets (lancets)</i>	NP	
<i>lite touch lancets</i>	NP	
<i>litetouch lancets (lancets)</i>	NP	
magellan insulin safety syr 29g x 1/2" 1 ml (<i>insulin syringe-needle u-100</i>)	NP	
microlet lancets (<i>lancets</i>)	NP	
minimed guardian sensor 3 (<i>continuous blood gluc sensor</i>)	NF	
neutek 2tek glucose/pressure device (<i>blood glucose-bp monitor</i>)	NP	QL (1 meter per 1 year)
novofine 32g x 6 mm (<i>insulin pen needle</i>)	NP	
novotwist 32g x 5 mm (<i>insulin pen needle</i>)	NP	
omniflex diaphragm vaginal diaphragm (<i>diaphragms</i>)	CE	N2 (NP); QL (1 diaphragm per 300 days)
onetouch club lancets fine pt (<i>lancets</i>)	NP	
onetouch delica lancets 30g (<i>lancets</i>)	NP	
onetouch delica lancets 33g (<i>lancets</i>)	NP	

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

176

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
onetouch delica lancing dev (<i>lancet devices</i>)	NP	
onetouch finepoint lancets (<i>lancets</i>)	NP	
onetouch ultrasoft lancets (<i>lancets</i>)	NP	
pen needles 1/2" 29g x 12mm	PG	
pen needles 29g x 12mm , 30g x 5 mm , 30g x 8 mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm , 32g x 5 mm , 32g x 6 mm	PG	
pen needles 3/16" 31g x 5 mm	PG	
pen needles 5/16" 30g x 8 mm , 31g x 8 mm	PG	
precision suredose plus syr 29g x 1/2" 1 ml (<i>insulin syringe-needle u-100</i>)	NP	
precision sure-dose syringe 28g x 1/2" 0.5 ml (<i>insulin syringe-needle u-100</i>)	NP	
relion insulin syringe 29g x 1/2" 1 ml (<i>insulin syringe-needle u-100</i>)	NP	
reli-on insulin syringe 29g x 1/2" 1 ml (<i>insulin syringe-needle u-100</i>)	NP	
relion pen needles 31g x 8 mm (<i>insulin pen needle</i>)	NP	
safety let lancets (<i>lancets</i>)	NP	
sapscare twist top lancets	NP	
simple diagnostics lancing dev (<i>lancet devices</i>)	NP	
super thin lancets	NP	
trueplus insulin syringe 29g x 1/2" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml (<i>insulin syringe-needle u-100</i>)	NP	
trueplus lancets 26g (<i>lancets</i>)	NP	
trueplus lancets 30g (<i>lancets</i>)	NP	
trueplus safety lancets 28g (<i>lancets</i>)	NP	
ulticare insulin syringe 28g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 1/2" 0.3 ml, 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml (<i>insulin syringe-needle u-100</i>)	NP	
ulticare short pen needles 31g x 8 mm (<i>insulin pen needle</i>)	NP	
unifine pentips plus 31g x 5 mm (<i>insulin pen needle</i>)	NP	
vanishpoint insulin syringe 30g x 3/16" 0.5 ml, 30g x 3/16" 1 ml (<i>insulin syringe-needle u-100</i>)	NP	
vida mia unifine pentips 31g x 6 mm (<i>insulin pen needle</i>)	NP	

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
wide-seal diaphragm 60 vaginal diaphragm 2 % (<i>diaphragm wide seal</i>)	CE	N2 (PB); QL (1 diaphragm per 300 days)
wide-seal diaphragm 65 vaginal diaphragm 2 % (<i>diaphragm wide seal</i>)	CE	N2 (PB); QL (1 diaphragm per 300 days)
wide-seal diaphragm 70 vaginal diaphragm 2 % (<i>diaphragm wide seal</i>)	CE	N2 (PB); QL (1 diaphragm per 300 days)
wide-seal diaphragm 75 vaginal diaphragm 2 % (<i>diaphragm wide seal</i>)	CE	N2 (PB); QL (1 diaphragm per 300 days)
wide-seal diaphragm 80 vaginal diaphragm 2 % (<i>diaphragm wide seal</i>)	CE	N2 (PB); QL (1 diaphragm per 300 days)
wide-seal diaphragm 85 vaginal diaphragm 2 % (<i>diaphragm wide seal</i>)	CE	N2 (PB); QL (1 diaphragm per 300 days)
wide-seal diaphragm 90 vaginal diaphragm 2 % (<i>diaphragm wide seal</i>)	CE	N2 (PB); QL (1 diaphragm per 300 days)
wide-seal diaphragm 95 vaginal diaphragm 2 % (<i>diaphragm wide seal</i>)	CE	N2 (PB); QL (1 diaphragm per 300 days)
MIGRAINE PRODUCTS - DRUGS FOR THE NERVOUS SYSTEM		
aimovig subcutaneous solution auto-injector 140 mg/ml, 70 mg/ml (<i>erenumab-aooe</i>)	PB	PA; ST; QL (1 pen per 1 month)
ajovy subcutaneous solution auto-injector 225 mg/1.5ml (<i>fremanezumab-vfrm</i>)	PB	PA; ST; QL (1 pen per 1 month)
ajovy subcutaneous solution prefilled syringe 225 mg/1.5ml (<i>fremanezumab-vfrm</i>)	PB	PA; ST; QL (1 injection per 1 month)
<i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i>	NP	QL (6 tablets per 30 days)
amerge oral tablet 1 mg, 2.5 mg (<i>naratriptan hcl</i>)	NP	QL (9 tablets per 30 days)
cafergot oral tablet 1-100 mg (<i>ergotamine-caffeine</i>)	NP	
cambia oral packet 50 mg (<i>diclofenac potassium(migraine)</i>)	NF	
d.h.e. 45 injection solution 1 mg/ml (<i>dihydroergotamine mesylate</i>)	NP	
<i>dihydroergotamine mesylate injection solution 1 mg/ml</i>	NP	
<i>dihydroergotamine mesylate nasal solution 4 mg/ml</i>	NP	ST; QL (9 ML per 30 days)
<i>eletriptan hydrobromide oral tablet 20 mg, 40 mg</i>	NP	QL (6 tablets per 30 days)
emgality (300 mg dose) subcutaneous solution prefilled syringe 100 mg/ml (<i>galcanezumab-gnlm</i>)	PB	PA; ST; QL (3 injections per 25 days)

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

178

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
emgality subcutaneous solution auto-injector 120 mg/ml (<i>galcanezumab-gnlm</i>)	PB	PA; ST; QL (1 injection per 1 month)
emgality subcutaneous solution prefilled syringe 120 mg/ml (<i>galcanezumab-gnlm</i>)	PB	PA; ST; QL (1 injection per 1 month)
ergomar sublingual tablet sublingual 2 mg (<i>ergotamine tartrate</i>)	NP	
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	NF	
frova oral tablet 2.5 mg (<i>frovatriptan succinate</i>)	NP	QL (9 tablets per 30 days)
<i>frovatriptan succinate oral tablet 2.5 mg</i>	NP	QL (9 tablets per 30 days)
imitrex nasal solution 20 mg/act, 5 mg/act (<i>sumatriptan</i>)	NP	QL (6 sprays per 30 days)
imitrex oral tablet 100 mg, 25 mg, 50 mg (<i>sumatriptan succinate</i>)	NP	QL (9 tablets per 30 days)
imitrex statdose refill subcutaneous solution cartridge 4 mg/0.5ml, 6 mg/0.5ml (<i>sumatriptan succinate</i>)	NP	QL (10 cart/30 days per 48 max in 365 days)
imitrex statdose system subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml (<i>sumatriptan succinate</i>)	NP	QL (10 cart/30 days per 48 max in 365 days)
imitrex subcutaneous solution 6 mg/0.5ml (<i>sumatriptan succinate</i>)	NP	QL (10 vials/30 days per 48 max in 365 days)
maxalt oral tablet 10 mg (<i>rizatriptan benzoate</i>)	NP	QL (12 tablets per 30 days)
maxalt-mlt oral tablet dispersible 10 mg (<i>rizatriptan benzoate</i>)	NP	QL (12 tablets per 30 days)
migergot rectal suppository 2-100 mg (<i>ergotamine-caffeine</i>)	NF	
migranal nasal solution 4 mg/ml (<i>dihydroergotamine mesylate</i>)	NF	
<i>naratriptan hcl oral tablet 1 mg, 2.5 mg</i>	PG	QL (9 tablets per 30 days)
nurtec oral tablet dispersible 75 mg (<i>rimegepant sulfate</i>)	PB	ST; QL (16 tablets per 30 days)
onzetra xsail nasal exhaler powder 11 mg/nosepc (<i>sumatriptan succinate</i>)	NP	ST; QL (1 kit per 30 days)
relpax oral tablet 20 mg, 40 mg (<i>eletriptan hydrobromide</i>)	NP	QL (6 tablets per 30 days)
reyvow oral tablet 100 mg (<i>lasmiditan succinate</i>)	PB	ST; QL (8 tablets per 30 days)
reyvow oral tablet 50 mg (<i>lasmiditan succinate</i>)	PB	ST; QL (4 tablets per 30 days)
<i>rizatriptan benzoate oral tablet 10 mg, 5 mg</i>	PG	QL (12 tablets per 30 days)
<i>rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg</i>	PG	QL (12 tablets per 30 days)
<i>sumatriptan nasal solution 20 mg/lact, 5 mg/lact</i>	PG	QL (6 sprays per 30 days)

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	PG	QL (9 tablets per 30 days)
<i>sumatriptan succinate refill subcutaneous solution cartridge 4 mg/0.5ml, 6 mg/0.5ml</i>	PG	QL (10 cart/30 day per 48 max in 365 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	PG	QL (10 vials/30 days per 48 max in 365 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml</i>	PG	QL (10 cart/30 day per 48 max in 365 days)
<i>sumatriptan-naproxen sodium oral tablet 85-500 mg</i>	NF	
<i>tosymra nasal solution 10 mg/act (sumatriptan)</i>	NF	
<i>treximet oral tablet 85-500 mg (sumatriptan-naproxen sodium)</i>	NF	
<i>ubrelvy oral tablet 100 mg, 50 mg (ubrogepant)</i>	PB	ST; QL (16 tablets per 1 month)
<i>zembrace symtouch subcutaneous solution auto-injector 3 mg/0.5ml (sumatriptan succinate)</i>	NP	ST; QL (8 syringes/1 month per 48 max in 365 days)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	PG	QL (6 tablets per 30 days)
<i>zolmitriptan oral tablet dispersible 2.5 mg, 5 mg</i>	PG	QL (6 tablets per 30 days)
<i>zomig nasal solution 2.5 mg, 5 mg (zolmitriptan)</i>	NP	#; QL (6 sprays per 30 days)
<i>zomig oral tablet 2.5 mg, 5 mg (zolmitriptan)</i>	NP	QL (6 tablets per 30 days)
<i>zomig zmt oral tablet dispersible 2.5 mg, 5 mg (zolmitriptan)</i>	NP	QL (6 tablets per 30 days)
MINERALS & ELECTROLYTES - DRUGS FOR NUTRITION		
<i>effer-k oral tablet effervescent 10 meq, 20 meq (potassium bicarb-citric acid)</i>	PB	
<i>potassium bicarbonate (Effer-K Oral Tablet Effervescent 25 Meq)</i>	PG	
<i>floriva oral liquid 0.25-400 mg-unit/ml (sodium fluoride-vitamin d)</i>	NP	
<i>fluorabon oral solution 0.55 (0.25 f) mg/0.6ml (sodium fluoride)</i>	CE	N2 (PB); AL
<i>fluoritab oral solution 0.275 (0.125 f) mg/drop</i>	CE	N2 (PG); AL
<i>fluoritab oral tablet chewable 0.55 (0.25 f) mg</i>	CE	LGC; N2 (PG); AL
<i>fluoritab oral tablet chewable 1.1 (0.5 f) mg</i>	CE	N2 (PG); AL
<i>fluoritab oral tablet chewable 2.2 (1 f) mg</i>	PG	
<i>flura-drops oral solution 0.55 (0.25 f) mg/drop (sodium fluoride)</i>	CE	N2 (NP); AL

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
galzin oral capsule 25 mg, 50 mg (<i>zinc acetate (oral)</i>)	NP	
<i>iodine strong oral solution 5 %</i>	PG	
isolyte-s intravenous solution (<i>electrolyte-s</i>)	NP	
isolyte-s ph 7.4 intravenous solution (<i>electrolyte-s (ph 7.4)</i>)	NP	
<i>potassium chloride</i> (Klor-Con 10 Oral Tablet Extended Release 10 Meq)	PG	
<i>potassium chloride crys er</i> (Klor-Con M10 Oral Tablet Extended Release 10 Meq)	PG	
<i>potassium chloride crys er</i> (Klor-Con M20 Oral Tablet Extended Release 20 Meq)	PG	
<i>potassium chloride</i> (Klor-Con Oral Packet 20 Meq)	NP	QL (5 packs per 1 day)
<i>potassium chloride</i> (Klor-Con Oral Tablet Extended Release 8 Meq)	PG	
<i>potassium chloride</i> (Klor-Con Sprinkle Oral Capsule Extended Release 10 Meq)	PG	
k-phos oral tablet 500 mg (<i>potassium phosphate monobasic</i>)	PB	
k-phos-neutral oral tablet 155-852-130 mg (<i>k phos mono-sod phos di & mono</i>)	NP	
k-tab oral tablet extended release 10 meq (<i>potassium chloride</i>)	NP	
magnebind 400 oral tablet 400-200-1 mg (<i>magnesium-calcium-folic acid</i>)	NP	
<i>magnesium sulfate injection solution 50 %</i>	NP	
<i>sodium chloride flush</i> (Monoject Sodium Chloride Flush Intravenous Solution 0.9 %)	PG	
<i>sodium fluoride</i> (Nafrinse Drops Oral Solution 0.275 (0.125 F) Mg/Drop)	CE	N2 (PG); AL
<i>sodium fluoride</i> (Nafrinse Oral Tablet Chewable 2.2 (1 F) Mg)	PG	
normosol-r intravenous solution (<i>electrolyte-r</i>)	NP	
normosol-r ph 7.4 intravenous solution (<i>electrolyte-r (ph 7.4)</i>)	NP	
<i>k phos mono-sod phos di & mono</i> (Phospha 250 Neutral Oral Tablet 155-852-130 Mg)	PG	
plasma-lyte 148 intravenous solution (<i>electrolyte-148</i>)	NP	
plasma-lyte a intravenous solution (<i>electrolyte-a</i>)	NP	
<i>potassium chloride crys er oral tablet extended release 10 meq, 20 meq</i>	PG	

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>potassium chloride er oral capsule extended release 10 meq, 8 meq</i>	PG	
<i>potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq</i>	PG	
<i>potassium chloride in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%, 40-0.9 meq/l-%</i>	NP	
<i>potassium chloride intravenous solution 10 meq/100ml, 10 meq/50ml, 2 meq/ml, 20 meq/100ml, 20 meq/50ml, 40 meq/100ml</i>	NP	
<i>potassium chloride oral packet 20 meq</i>	NP	QL (5 packs per 1 day)
<i>potassium chloride oral solution 40 meq/15ml (20%)</i>	NP	
<i>sodium chloride injection solution 2.5 meq/ml</i>	PG	
<i>sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 5 %</i>	PG	
<i>sodium fluoride oral solution 1.1 (0.5 f) mg/ml</i>	CE	N2 (PG); AL
<i>sodium fluoride oral tablet 1.1 (0.5 f) mg</i>	CE	N2 (PG); AL
<i>sodium fluoride oral tablet 2.2 (1 f) mg</i>	PG	
<i>sodium fluoride oral tablet chewable 0.55 (0.25 f) mg</i>	CE	LGC; N2 (PG); AL
<i>sodium fluoride oral tablet chewable 1.1 (0.5 f) mg</i>	CE	N2 (PG); AL
<i>sodium fluoride oral tablet chewable 2.2 (1 f) mg</i>	PG	
<i>sodium chloride flush (Swabflush Saline Flush Intravenous Solution 0.9 %)</i>	NP	
MISCELLANEOUS THERAPEUTIC CLASSES - VITAMINS AND MINERALS		
<i>astagraf xl oral capsule extended release 24 hour 0.5 mg (tacrolimus)</i>	NPSP	#: SP; QL (1 CP24 per 1 DAYS)
<i>astagraf xl oral capsule extended release 24 hour 1 mg (tacrolimus)</i>	NPSP	#: SP; QL (4 capsule per 1 day)
<i>astagraf xl oral capsule extended release 24 hour 5 mg (tacrolimus)</i>	NPSP	#: SP
<i>atgam intravenous injectable 50 mg/ml (lymphocyte, anti-thymoglob)</i>	NPSP	SP
<i>azasan oral tablet 100 mg, 75 mg (azathioprine)</i>	NP	
<i>azathioprine oral tablet 50 mg</i>	PG	
<i>benlysta intravenous solution reconstituted 120 mg, 400 mg (belimumab)</i>	NPSP	PA; NPL; SP

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

182

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
benlysta subcutaneous solution auto-injector 200 mg/ml (belimumab)	NPSP	PA; NPL; SP; QL (4 injections per 28 days)
benlysta subcutaneous solution prefilled syringe 200 mg/ml (belimumab)	NPSP	PA; NPL; SP; QL (4 injections per 28 days)
cellcept intravenous intravenous solution reconstituted 500 mg (mycophenolate mofetil hcl)	NPSP	
cellcept oral capsule 250 mg (mycophenolate mofetil)	NPSP	SP
cellcept oral suspension reconstituted 200 mg/ml (mycophenolate mofetil)	NPSP	SP
cellcept oral tablet 500 mg (mycophenolate mofetil)	NPSP	SP
cuprimine oral capsule 250 mg (penicillamine)	NF	
cyclosporine intravenous solution 50 mg/ml	PG	SP
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	PG	
cyclosporine modified oral solution 100 mg/ml	PG	
cyclosporine oral capsule 100 mg, 25 mg	PG	
depen titratabs oral tablet 250 mg (penicillamine)	NPSP	PA; SP
enspryng subcutaneous solution prefilled syringe 120 mg/ml (satralizumab-mwge)	NF	
envarsus xr oral tablet extended release 24 hour 0.75 mg, 1 mg, 4 mg (tacrolimus)	NPSP	
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg	PG	
cyclosporine modified (Gengraf Oral Capsule 100 Mg, 25 Mg)	PG	
cyclosporine modified (Gengraf Oral Solution 100 Mg/ML)	PG	
imuran oral tablet 50 mg (azathioprine)	NP	
lokelma oral packet 10 gm, 5 gm (sodium zirconium cyclosilicate)	NP	PA; ST
mycophenolate mofetil oral capsule 250 mg	PG	SP
mycophenolate mofetil oral suspension reconstituted 200 mg/ml	PG	SP
mycophenolate mofetil oral tablet 500 mg	PG	SP
myfortic oral tablet delayed release 180 mg, 360 mg (mycophenolate sodium)	NPSP	SP
neoral oral capsule 100 mg, 25 mg (cyclosporine modified)	NPSP	SP
neoral oral solution 100 mg/ml (cyclosporine modified)	NP	SP
nulojix intravenous solution reconstituted 250 mg (belatacept)	NPSP	SP

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>penicillamine oral capsule 250 mg</i>	PSP	PA; SP
<i>penicillamine oral tablet 250 mg</i>	PG	PA
<i>irrigation solns physiological (Physiolyte Irrigation Solution)</i>	PG	
prograf intravenous solution 5 mg/ml (<i>tacrolimus</i>)	NPSP	SP
prograf oral capsule 0.5 mg, 1 mg, 5 mg (<i>tacrolimus</i>)	NPSP	SP
prograf oral packet 0.2 mg, 1 mg (<i>tacrolimus</i>)	NPSP	SP
rapamune oral solution 1 mg/ml (<i>sirolimus</i>)	NPSP	SP
rapamune oral tablet 0.5 mg, 1 mg, 2 mg (<i>sirolimus</i>)	NPSP	SP
revlimid oral capsule 10 mg, 15 mg, 2.5 mg, 5 mg (<i>lenalidomide</i>)	CE	PA; #; SP; N2 (NPS); QL (1 capsule per 1 day)
revlimid oral capsule 20 mg, 25 mg (<i>lenalidomide</i>)	CE	PA; #; SP; N2 (NPS); QL (21 capsules per 1 month)
sandimmune intravenous solution 50 mg/ml (<i>cyclosporine</i>)	NPSP	SP
sandimmune oral capsule 100 mg, 25 mg (<i>cyclosporine</i>)	NPSP	SP
sandimmune oral solution 100 mg/ml (<i>cyclosporine</i>)	NPSP	SP
simulect intravenous solution reconstituted 10 mg, 20 mg (<i>basiliximab</i>)	NPSP	SP
<i>sirolimus oral solution 1 mg/ml</i>	PSP	SP
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	PG	SP
<i>sodium polystyrene sulfonate oral powder</i>	PG	
<i>sterile water for irrigation irrigation solution</i>	NP	
syprine oral capsule 250 mg (<i>trientine hcl</i>)	NPSP	PA; SP
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	PG	SP
thalomid oral capsule 100 mg, 150 mg, 200 mg, 50 mg (<i>thalidomide</i>)	PB	PA; #; SP
thymoglobulin intravenous solution reconstituted 25 mg (<i>anti-thymocyte glob (rabbit)</i>)	NPSP	SP
<i>ringers irrigation (Tis-U-Sol Irrigation Solution)</i>	PG	
<i>trientine hcl oral capsule 250 mg</i>	PSP	PA; SP
veltassa oral packet 16.8 gm, 25.2 gm, 8.4 gm (<i>patiromer sorbitex calcium</i>)	NP	PA; ST; QL (1 packet per 1 day)
xiaflex injection solution reconstituted 0.9 mg (<i>collagenase clostrid histolyt</i>)	PSP	SP

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

184

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
zortress oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg (<i>everolimus</i>)	NPSP	SP
MOUTH/THROAT/DENTAL AGENTS - DRUGS FOR THE MOUTH AND THROAT		
<i>cevimeline hcl oral capsule 30 mg</i>	PG	QL (3 capsules per 1 day)
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	PG	
<i>clotrimazole mouth/throat troche 10 mg</i>	PG	
evoxac oral capsule 30 mg (<i>cevimeline hcl</i>)	NP	QL (3 capsules per 1 day)
first-mouthwash blm mouth/throat suspension (<i>dph-lido-alhydr-mghydr-simeth</i>)	NP	
<i>nystatin mouth/throat suspension 100000 unit/ml</i>	PG	
<i>triamcinolone acetonide</i> (Oralene Mouth/Throat Paste 0.1 %)	PG	
oramagicrx mouth/throat suspension reconstituted (<i>oral wound care products</i>)	NP	
oravig buccal tablet 50 mg (<i>miconazole</i>)	NP	QL (14 tablets per 1 fill)
<i>chlorhexidine gluconate</i> (Paroex Mouth/Throat Solution 0.12 %)	PG	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	PG	
salagen oral tablet 5 mg (<i>pilocarpine hcl</i>)	NF	
salagen oral tablet 7.5 mg (<i>pilocarpine hcl</i>)	NP	
<i>triamcinolone acetonide mouth/throat paste 0.1 %</i>	PG	
MULTIVITAMINS - DRUGS FOR NUTRITION		
alive prenatal oral tablet chewable 0.4-25 mg (<i>prenatal mv & min w/fa-dha</i>)	PG	Select OTC
atabex oral tablet chewable 18-0.8 mg (<i>prenatal w/o a vit-fe cbn-fa</i>)	PG	Select OTC
<i>azeschew prenatal/postnatal oral tablet chewable 13-1 mg</i>	NF	
<i>azesco oral tablet 13-1 mg</i>	NF	
centrum specialist prenatal oral 27-0.8 & 200 mg (<i>prenatal mv-min-fe fum-fa-dha</i>)	PG	Select OTC
citranatal 90 dha oral 90-1 & 300 mg (<i>prenat w/o a-fecbgl-dss-fa-dha</i>)	NP	
citranatal assure oral 35-1 & 300 mg (<i>prenat w/o a-fecbgl-dss-fa-dha</i>)	NP	

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
citranatal b-calm oral 20-1 mg & 2 x 25 mg (<i>prenat w/o a fecbnfeglu-fa & b6</i>)	NP	
citranatal bloom oral tablet 90-1 mg (<i>prenatal-dss-fecb-fegl-fa</i>)	NF	
citranatal dha oral 27-1 & 250 mg (<i>prenat w/o a-fecbgl-dss-fa-dha</i>)	NP	
citranatal essence oral therapy pack 35-1 & 300 mg (<i>prenat w/o a-fecbgl-fa-dha</i>)	NF	
citranatal harmony oral capsule 27-1-260 mg (<i>prenat-fefmcb-dss-fa-dha w/o a</i>)	NF	
citranatal medley oral capsule 27-1-200 mg (<i>prenat-fecb-fefum-fa-dha w/o a</i>)	NP	
citranatal rx oral tablet 27-1 mg (<i>prenat w/o a-fecb-fegl-dss-fa</i>)	NP	
<i>co-natal fa oral tablet</i>	PG	
concept dha oral capsule 53.5-38-1 mg (<i>prenat-fefum-fepo-fa-omega 3</i>)	NP	
concept ob oral capsule 130-92.4-1 mg (<i>prenat w/o a vit-fefum-fepo-fa</i>)	NP	
<i>corvita oral tablet 1.25 mg</i>	PG	
<i>cvs prenatal gummy oral tablet chewable 0.4-113.5 mg</i>	PG	Select OTC
<i>b complex-c-folic acid (Dexifol Oral Tablet 5 Mg)</i>	NF	
dialyvite 5000 oral tablet 5 mg (<i>b complex-c-biotin-e-min-fa</i>)	NP	
dialyvite supreme d oral tablet 3 mg (<i>multiple vitamins-minerals-fa</i>)	NP	
enbrace hr oral capsule (<i>prenat vit-fe gly cys-fa-omega</i>)	NF	
marnatal-f oral capsule 60-1 mg (<i>prenat w/o a-fe poly cmplx-fa</i>)	NP	
<i>multivitamin/fluoride oral tablet chewable 0.5 mg, 1 mg</i>	NP	
<i>multi-vitamin/fluorideliron oral solution 0.25-10 mg/ml</i>	PG	
<i>multivitamins/fluoride oral tablet chewable 0.5 mg</i>	PG	
<i>mynatal plus oral tablet</i>	PG	
<i>mynatal-z oral tablet</i>	PG	
natachew oral tablet chewable 28-1 mg (<i>prenatal vit-fe fum-fe bisg-fa</i>)	NF	
neevo dha oral capsule 27-1.13 mg (<i>prenat w/oa-fefum-methf-omegas</i>)	NF	
<i>neonatal + dha oral 29-1 & 200 mg</i>	NF	

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

186

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>neonatal 19 oral tablet 1 mg</i>	NF	
<i>neonatal fe oral tablet 90-1 mg</i>	NF	
<i>nephplex rx oral tablet (b complex-c-zn-folic acid)</i>	NP	
<i>nestabs one oral capsule 38-1-225 mg (prenat-fe-methylfol-dha w/o a)</i>	NF	
<i>nestabs oral tablet 32-1 mg (prenat-fe bisgly-fa-w/o vit a)</i>	NP	
<i>nicomide oral tablet 750-27-2-0.5 mg (niacinamide-zn-cu-methfo-se-cr)</i>	NF	
<i>ob complete one oral capsule 50-1-476 mg (prenat-fechn-feasppl-fa-fish)</i>	NF	
<i>ob complete petite oral capsule 35-5-1-200 mg (prenat-fechn-feasppl-fa-omega)</i>	NF	
<i>ob complete premier oral tablet 30-20-1 mg (prenatal-fe cbn-fe asp gly-fa)</i>	NF	
<i>ob complete/dha oral capsule 30-10-1-200 mg (prenat-fechn-feasppl-fa-omega)</i>	NP	
<i>o-cal prenatal oral tablet (prenatal vit-fe fumarate-fa)</i>	NP	
<i>ocuvel oral capsule 0.5 mg (multiple vitamins-minerals-fa)</i>	NP	
<i>pnv-dha oral capsule 27-0.6-0.4-300 mg</i>	PG	
<i>pnv-omega oral capsule 28-0.6-0.4-340 mg</i>	NP	
<i>pnv-select oral tablet 27-0.6-0.4 mg</i>	PG	
<i>poly-vi-flor fs oral strip 1 mg (pediatric multivitamins-fl)</i>	NP	
<i>poly-vi-flor oral suspension 0.25 mg/ml (pediatric multivitamins-fl)</i>	PB	
<i>poly-vi-flor oral tablet chewable 0.25 mg, 0.5 mg, 1 mg (pediatric multivitamins-fl)</i>	PB	
<i>poly-vi-flor/iron oral suspension 0.25-7 mg/ml (ped multivitamins-fl-iron)</i>	PB	
<i>pregenna oral tablet 20-1 mg</i>	NF	
<i>premesisrx oral tablet 1 mg (prenatal ca-b6-b12-fa-ginger)</i>	NF	
<i>prenara oral capsule 15-1 mg</i>	NF	
<i>prenatabs rx oral tablet 29-1 mg</i>	PG	
<i>prenatal + complete multi oral therapy pack 0.267 & 373 mg</i>	PG	Select OTC
<i>prenatal 19 oral tablet</i>	PG	
<i>prenatal 19 oral tablet chewable</i>	PG	

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>prenatal adult gummy/dhalfa oral tablet chewable 0.4-25 mg</i>	PG	Select OTC
<i>prenatal gummies/dha & fa oral tablet chewable 0.4-32.5 mg</i>	PG	Select OTC
<i>prenatal plus iron oral tablet 29-1 mg</i>	NP	
<i>prenate am oral tablet 1 mg (prenatal ca-b6-b12-fa-ginger)</i>	NF	
<i>prenate dha oral capsule 18-0.6-0.4-300 mg (prenat-feasp-meth-fa-dha w/o a)</i>	NF	
<i>prenate elite oral tablet 20-0.6-0.4 mg (prenatal-feasp-gly-methylfol-fa)</i>	NF	
<i>prenate enhance oral capsule 28-0.6-0.4-400 mg (prenat w/o a-fe-methfol-fa-dha)</i>	NF	
<i>prenate essential oral capsule 18-0.6-0.4-300 mg (prenat-feasp-meth-fa-dha w/o a)</i>	NF	
<i>prenate mini oral capsule 18-0.6-0.4-350 mg (prenat-fecbn-feasp-meth-fa-dha)</i>	NF	
<i>prenate oral tablet chewable 0.6-0.4 mg (prenat mv-min-methylfolate-fa)</i>	NF	
<i>prenate pixie oral capsule 10-0.6-0.4-200 mg (prenat-feasp-meth-fa-dha w/o a)</i>	NF	
<i>prenate restore oral capsule 27-0.6-0.4-400 mg (prenat w/o a-fe-methfol-fa-dha)</i>	NF	
<i>prenatvite complete oral tablet 1 mg</i>	NF	
<i>prenatvite plus oral tablet 1 mg</i>	NF	
<i>prenatvite rx oral tablet 0.8 mg</i>	NF	
<i>primacare oral capsule 30-1-470 mg (pren-fe-meth-fa-omeg w/o a)</i>	NF	
<i>quflora fe pediatric oral liquid 0.25-9.5 mg/ml (ped multivitamins-fl-iron)</i>	NP	
<i>select-ob oral tablet chewable 29-0.6-0.4 mg (prenat vit-fepoly-methylfol-fa)</i>	NF	
<i>se-natal 19 oral tablet chewable 29-1 mg</i>	PG	
<i>synagex oral capsule 1.25 mg (multiple vitamins-minerals-fa)</i>	NP	
<i>taron-c dha oral capsule 53.5-38-1 mg (prenat-fefum-fepo-fa-omega 3)</i>	NP	
<i>theranatal one oral capsule 27-1-300 mg (prenatal-fefum-fa-dha w/o a)</i>	PG	Select OTC
<i>tricare oral tablet</i>	NP	

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

188

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
tricare prenatal dha one oral capsule 27-1-500 mg (<i>prenatal- fefum-fa-dss-fish oil</i>)	NP	
trinaz oral tablet 12-1 mg	NF	
tristart dha oral capsule 31-0.6-0.4-200 mg	NF	
tristart one oral capsule 35-1-215 mg (<i>prenat w/o a-fecbn-meth- fa-dha</i>)	NF	
udamin sp oral tablet 1 mg (<i>multiple vitamins-minerals-fa</i>)	NP	
virt-pn dha oral capsule 27-0.6-0.4-300 mg	NP	
vitafol fe+ oral capsule 90-0.6-0.4-200 mg (<i>prenat-fe poly- methfol-fa-dha</i>)	NF	
vitafol gummies oral tablet chewable 3.33-0.333-34.8 mg (<i>prenatal vit-fe phos-fa-omega</i>)	NP	
vitafol strips oral film 1 mg (<i>prenatal-b6-b12-d3-folic acid</i>)	NF	
vitafol ultra oral capsule 29-0.6-0.4-200 mg (<i>prenat-fe poly- methfol-fa-dha</i>)	NF	
vitafol-nano oral tablet 18-0.6-0.4 mg (<i>prenatal-fe fum-methf- fa w/o a</i>)	NF	
vitafol-ob oral tablet (<i>prenatal vit-fe fumarate-fa</i>)	NF	
vitafol-ob+dha oral 65-1 & 250 mg (<i>prenatal mv-min-fe fum-fa- dha</i>)	PB	
vitafol-one oral capsule 29-1-200 mg (<i>prenatal vit-fepoly-fa- dha</i>)	NF	
vital-d rx oral tablet 1 mg (<i>b complex-c-biotin-d-zinc-fa</i>)	NP	
vitamedmd redichew rx oral tablet chewable 1.4 mg (<i>prenat- b2-b6-b12-d3-fa</i>)	NF	
vitapearl oral capsule extended release 30-1.4-200 mg (<i>prenat- fefum-fered-fa-dha w/oa</i>)	NF	
vol-plus oral tablet 27-1 mg	PB	
vol-tab rx oral tablet 29-1 mg	NP	
zatean-pn dha oral capsule 27-0.6-0.4-300 mg (<i>prenat w/o a-fe- methfol-fa-dha</i>)	NP	
zatean-pn plus oral capsule 28-0.6-0.4-340 mg (<i>prenat w/o a-fe- methf-fa-omega</i>)	NP	

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MUSCULOSKELETAL THERAPY AGENTS - DRUGS FOR MUSCLES, LIGAMENTS, TENDONS, AND BONES		
amrix oral capsule extended release 24 hour 15 mg, 30 mg (<i>cyclobenzaprine hcl</i>)	NF	
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	PG	
<i>carisoprodol oral tablet 250 mg</i>	NF	
<i>carisoprodol oral tablet 350 mg</i>	PG	
<i>carisoprodol-aspirin-codeine oral tablet 200-325-16 mg</i>	NP	
<i>chlorzoxazone oral tablet 250 mg, 375 mg, 750 mg</i>	NF	
<i>chlorzoxazone oral tablet 500 mg</i>	PG	
<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>	PG	
<i>cyclobenzaprine hcl oral tablet 7.5 mg</i>	NF	
<i>dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg</i>	PG	
durolane intra-articular prefilled syringe 60 mg/3ml (<i>sodium hyaluronate (viscosup)</i>)	NPSP	PA; ST; NPL; SP
euflexxa intra-articular solution prefilled syringe 20 mg/2ml (<i>sodium hyaluronate (viscosup)</i>)	PSP	PA; NPL; SP
fexmid oral tablet 7.5 mg (<i>cyclobenzaprine hcl</i>)	NF	
gablofen intrathecal solution 10000 mcg/20ml, 20000 mcg/20ml, 40000 mcg/20ml (<i>baclofen</i>)	NPSP	
gel-one intra-articular prefilled syringe 30 mg/3ml (<i>cross-linked hyaluronate</i>)	NPSP	PA; ST; NPL; SP
gelsyn-3 intra-articular solution prefilled syringe 16.8 mg/2ml (<i>sodium hyaluronate (viscosup)</i>)	NPSP	PA; ST; NPL
genvisc 850 intra-articular solution prefilled syringe 25 mg/2.5ml (<i>sodium hyaluronate (viscosup)</i>)	NPSP	PA; ST; NPL
hyalgan intra-articular solution 20 mg/2ml (<i>sodium hyaluronate (viscosup)</i>)	NPSP	PA; ST; NPL; SP
hyalgan intra-articular solution prefilled syringe 20 mg/2ml (<i>sodium hyaluronate (viscosup)</i>)	NPSP	PA; ST; NPL; SP
hymovis intra-articular solution prefilled syringe 24 mg/3ml (<i>hyaluronan</i>)	NPSP	PA; ST; NPL; SP
<i>chlorzoxazone (Lorzone Oral Tablet 375 Mg, 750 Mg)</i>	NF	

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

190

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>metaxalone oral tablet 400 mg</i>	NF	
<i>metaxalone oral tablet 800 mg</i>	NP	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	NF	
monovisc intra-articular solution prefilled syringe 88 mg/4ml (<i>hyaluronan</i>)	PSP	PA; NPL; SP
<i>norgesic forte oral tablet 50-770-60 mg</i>	NF	
<i>orphenadrine citrate er oral tablet extended release 12 hour 100 mg</i>	PG	
<i>orphenadrine-asa-caffeine oral tablet 50-770-60 mg</i>	NF	
<i>orphenadrine-aspirin-caffeine (Orphengesic Forte Oral Tablet 50-770-60 Mg)</i>	NF	
orthovisc intra-articular solution prefilled syringe 30 mg/2ml (<i>hyaluronan</i>)	PSP	PA; NPL; SP
ozobax oral solution 5 mg/5ml (<i>baclofen</i>)	NF	
robaxin injection solution 1000 mg/10ml (<i>methocarbamol</i>)	NP	
skelaxin oral tablet 800 mg (<i>metaxalone</i>)	NP	
<i>sodium hyaluronate intra-articular solution prefilled syringe 20 mg/2ml</i>	NF	
soma oral tablet 250 mg (<i>carisoprodol</i>)	NF	
soma oral tablet 350 mg (<i>carisoprodol</i>)	NP	
supartz fx intra-articular solution prefilled syringe 25 mg/2.5ml (<i>sodium hyaluronate (viscosup)</i>)	NPSP	PA; ST; NPL
synvisc intra-articular solution prefilled syringe 16 mg/2ml (<i>hylan</i>)	NPSP	PA; ST; NPL; SP
synvisc one intra-articular solution prefilled syringe 48 mg/6ml (<i>hylan</i>)	NPSP	PA; ST; NPL; SP
<i>tizanidine hcl oral capsule 2 mg, 4 mg, 6 mg</i>	NF	
<i>tizanidine hcl oral tablet 2 mg, 4 mg</i>	PG	
triluron intra-articular solution prefilled syringe 20 mg/2ml (<i>sodium hyaluronate (viscosup)</i>)	NF	NPL
trivisc intra-articular solution prefilled syringe 25 mg/2.5ml (<i>sodium hyaluronate (viscosup)</i>)	NPSP	PA; ST; NPL; SP
<i>carisoprodol (Vanadom Oral Tablet 350 Mg)</i>	NF	
visco-3 intra-articular solution prefilled syringe 25 mg/2.5ml (<i>sodium hyaluronate (viscosup)</i>)	NPSP	PA; ST; NPL; SP

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
zanaflex oral capsule 2 mg, 4 mg, 6 mg (<i>tizanidine hcl</i>)	NF	
zanaflex oral tablet 4 mg (<i>tizanidine hcl</i>)	NP	
NASAL AGENTS - SYSTEMIC AND TOPICAL - DRUGS FOR THE NOSE		
adrenalin nasal solution 0.1 % (<i>epinephrine hcl (nasal)</i>)	PB	#
<i>azelastine hcl nasal solution 0.1 %</i>	PG	
<i>azelastine hcl nasal solution 0.15 %</i>	NP	
<i>azelastine-fluticasone nasal suspension 137-50 mcg/lact</i>	PG	
beconase aq nasal suspension 42 mcg/spray (<i>beclomethasone diprop monohyd</i>)	NP	ST
<i>budesonide nasal suspension 32 mcg/lact</i>	PG	Select OTC
<i>cvs budesonide nasal suspension 32 mcg/lact</i>	PG	Select OTC
dymista nasal suspension 137-50 mcg/lact (<i>azelastine-fluticasone</i>)	PB	
flonase allergy relief nasal suspension 50 mcg/lact (<i>fluticasone propionate</i>)	PG	Select OTC
<i>flunisolide nasal solution 25 mcg/lact (0.025%)</i>	PG	
<i>fluticasone propionate nasal suspension 50 mcg/lact</i>	PG	Select OTC
<i>ipratropium bromide nasal solution 0.03 %, 0.06 %</i>	PG	QL (1 bottle per 1 month)
<i>mometasone furoate nasal suspension 50 mcg/lact</i>	PG	
nasacort allergy 24hr children nasal aerosol 55 mcg/act (<i>triamcinolone acetamide</i>)	PG	Select OTC; QL (1 bottle per 1 month)
nasacort allergy 24hr nasal aerosol 55 mcg/act (<i>triamcinolone acetamide</i>)	PG	Select OTC; QL (1 bottle per 1 month)
<i>nasal allergy 24 hour nasal aerosol 55 mcg/lact</i>	PG	Select OTC; QL (1 bottle per 1 month)
nasonex nasal suspension 50 mcg/act (<i>mometasone furoate</i>)	NP	ST
<i>olopatadine hcl nasal solution 0.6 %</i>	NP	
omnaris nasal suspension 50 mcg/act (<i>ciclesonide</i>)	NP	ST; #
patanase nasal solution 0.6 % (<i>olopatadine hcl</i>)	NP	
qnasl childrens nasal aerosol solution 40 mcg/act (<i>beclomethasone diprop (nasal)</i>)	NP	ST
qnasl nasal aerosol solution 80 mcg/act (<i>beclomethasone diprop (nasal)</i>)	NP	ST
rhinocort allergy nasal suspension 32 mcg/act (<i>budesonide</i>)	PG	Select OTC

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

192

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>triamcinolone acetonide nasal aerosol 55 mcg/lact</i>	PG	Select OTC; QL (1 bottle per 1 month)
xhance nasal exhaler suspension 93 mcg/act (<i>fluticasone propionate</i>)	NF	
zetonna nasal aerosol solution 37 mcg/act (<i>ciclesonide</i>)	NP	ST
NEUROMUSCULAR AGENTS - DRUGS FOR NERVES AND MUSCLES		
botox injection solution reconstituted 100 unit, 200 unit (<i>onabotulinumtoxin</i>)	NPSP	PA; ST; NPL; SP
dysport intramuscular solution reconstituted 300 unit, 500 unit (<i>abobotulinumtoxin</i>)	NPSP	PA; NPL; SP
evrysdi oral solution reconstituted 0.75 mg/ml (<i>risdiplam</i>)	NPSP	PA; SP; QL (200 ML per 1 month)
myobloc intramuscular solution 2500 unit/0.5ml, 5000 unit/ml (<i>rimabotulinumtoxin</i>)	NPSP	PA
rilutek oral tablet 50 mg (<i>riluzole</i>)	NP	PA
<i>riluzole oral tablet 50 mg</i>	PG	PA
tiglutik oral suspension 50 mg/10ml (<i>riluzole</i>)	NP	PA; QL (20 ml per 1 day)
xeomin intramuscular solution reconstituted 100 unit, 200 unit, 50 unit (<i>incobotulinumtoxin</i>)	NPSP	PA; NPL; SP
NUTRIENTS - DRUGS FOR NUTRITION		
<i>glucose oral liquid</i>	NP	
OPHTHALMIC AGENTS - DRUGS FOR THE EYE		
acular ls ophthalmic solution 0.4 % (<i>ketorolac tromethamine</i>)	NP	
acular ophthalmic solution 0.5 % (<i>ketorolac tromethamine</i>)	NP	
alaway childrens allergy ophthalmic solution 0.025 % (<i>ketotifen fumarate</i>)	PG	Select OTC
<i>alaway ophthalmic solution 0.025 %</i>	PG	Select OTC
alcaine ophthalmic solution 0.5 % (<i>proparacaine hcl</i>)	NP	
alocril ophthalmic solution 2 % (<i>nedocromil sodium</i>)	NP	
alomide ophthalmic solution 0.1 % (<i>lodoxamide tromethamine</i>)	NP	
alphagan p ophthalmic solution 0.1 %, 0.15 % (<i>brimonidine tartrate</i>)	NP	
alrex ophthalmic suspension 0.2 % (<i>loteprednol etabonate</i>)	PB	
<i>phenylephrine hcl (Altafrin Ophthalmic Solution 10 %)</i>	PG	

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>apraclonidine hcl ophthalmic solution 0.5 %</i>	PG	
<i>atropine sulfate ophthalmic ointment 1 %</i>	PG	
<i>atropine sulfate ophthalmic solution 1 %</i>	PG	
<i>azasite ophthalmic solution 1 % (azithromycin)</i>	NP	#
<i>azelastine hcl ophthalmic solution 0.05 %</i>	PG	
<i>azopt ophthalmic suspension 1 % (brinzolamide)</i>	PB	
<i>bacitracin ophthalmic ointment 500 unit/gm</i>	PG	
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	PG	
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %</i>	PG	
<i>beovu intravitreal solution 6 mg/0.05ml (brolocizumab-dbl)</i>	NF	
<i>bepreve ophthalmic solution 1.5 % (bepotastine besilate)</i>	NP	#
<i>besivance ophthalmic suspension 0.6 % (besifloxacin hcl)</i>	NP	
<i>betadine ophthalmic prep ophthalmic solution 5 % (povidone-iodine)</i>	NP	
<i>betaxolol hcl ophthalmic solution 0.5 %</i>	PG	
<i>betimol ophthalmic solution 0.25 %, 0.5 % (timolol hemihydrate)</i>	NP	
<i>betoptic-s ophthalmic suspension 0.25 % (betaxolol hcl)</i>	NP	
<i>bimatoprost ophthalmic solution 0.03 %</i>	NF	
<i>bleph-10 ophthalmic solution 10 % (sulfacetamide sodium)</i>	NP	
<i>blephamide ophthalmic suspension 10-0.2 % (sulfacetamide-prednisolone)</i>	NP	
<i>blephamide s.o.p. ophthalmic ointment 10-0.2 % (sulfacetamide-prednisolone)</i>	NP	
<i>brimonidine tartrate ophthalmic solution 0.15 %</i>	NP	
<i>brimonidine tartrate ophthalmic solution 0.2 %</i>	PG	
<i>bromfenac sodium (once-daily) ophthalmic solution 0.09 %</i>	NP	
<i>bromsite ophthalmic solution 0.075 % (bromfenac sodium)</i>	NP	
<i>carteolol hcl ophthalmic solution 1 %</i>	PG	
<i>cequa ophthalmic solution 0.09 % (cyclosporine)</i>	NP	ST
<i>ciloxan ophthalmic ointment 0.3 % (ciprofloxacin hcl)</i>	NP	
<i>ciloxan ophthalmic solution 0.3 % (ciprofloxacin hcl)</i>	NP	
<i>ciprofloxacin hcl ophthalmic solution 0.3 %</i>	PG	

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
claritin eye ophthalmic solution 0.025 % (<i>ketotifen fumarate</i>)	PG	Select OTC
combigan ophthalmic solution 0.2-0.5 % (<i>brimonidine tartrate-timolol</i>)	PB	
cosopt ophthalmic solution 22.3-6.8 mg/ml (<i>dorzolamide hcl-timolol mal</i>)	NF	
cosopt pf ophthalmic solution 2-0.5 % (<i>dorzolamide hcl-timolol mal</i>)	NP	
<i>cromolyn sodium ophthalmic solution 4 %</i>	PG	
cyclogyl ophthalmic solution 0.5 %, 2 % (<i>cyclopentolate hcl</i>)	NP	
cyclogyl ophthalmic solution 1 % (<i>cyclopentolate hcl</i>)	NF	
cyclomydril ophthalmic solution 0.2-1 % (<i>cyclopentolate-phenylephrine</i>)	NP	
<i>cyclopentolate hcl ophthalmic solution 0.5 %, 2 %</i>	PG	
cystadrops ophthalmic solution 0.37 % (<i>cysteamine hcl</i>)	NF	
cystaran ophthalmic solution 0.44 % (<i>cysteamine hcl</i>)	NPSP	PA; #; SP; QL (4 bottles per 1 month)
<i>dexamethasone sodium phosphate ophthalmic solution 0.1 %</i>	PG	
<i>diclofenac sodium ophthalmic solution 0.1 %</i>	PG	
<i>dorzolamide hcl ophthalmic solution 2 %</i>	PG	
<i>dorzolamide hcl-timolol mal ophthalmic solution 22.3-6.8 mg/ml</i>	PG	
<i>dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %</i>	PG	
durezol ophthalmic emulsion 0.05 % (<i>difluprednate</i>)	PB	#
<i>epinastine hcl ophthalmic solution 0.05 %</i>	PG	
<i>eye itch relief ophthalmic solution 0.025 %</i>	PG	Select OTC
eylea intravitreal solution 2 mg/0.05ml (<i>aflibercept</i>)	NPSP	PA; NPL; SP
eylea intravitreal solution prefilled syringe 2 mg/0.05ml (<i>aflibercept</i>)	NPSP	PA; NPL; SP
flarex ophthalmic suspension 0.1 % (<i>fluorometholone acetate</i>)	NP	
<i>fluorometholone ophthalmic suspension 0.1 %</i>	PG	
flura-safe ophthalmic solution 0.35-0.4 % (<i>fluorexon-benoxinate</i>)	NP	
<i>flurbiprofen sodium ophthalmic solution 0.03 %</i>	PG	
fml forte ophthalmic suspension 0.25 % (<i>fluorometholone</i>)	NP	
fml liquifilm ophthalmic suspension 0.1 % (<i>fluorometholone</i>)	NP	

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
fml ophthalmic ointment 0.1 % (<i>fluorometholone</i>)	PB	
<i>gatifloxacin ophthalmic solution 0.5 %</i>	NP	
<i>gentak ophthalmic ointment 0.3 %</i>	NP	
<i>gentamicin sulfate ophthalmic solution 0.3 %</i>	PG	
<i>homatropaire ophthalmic solution 5 %</i>	NP	
ilevro ophthalmic suspension 0.3 % (<i>nepafenac</i>)	NP	
inveltys ophthalmic suspension 1 % (<i>loteprednol etabonate</i>)	NP	
iopidine ophthalmic solution 1 % (<i>apraclonidine hcl</i>)	NP	
istalol ophthalmic solution 0.5 % (<i>timolol maleate</i>)	NP	
<i>ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %</i>	NP	
<i>ketotifen fumarate ophthalmic solution 0.025 %</i>	PG	Select OTC
lacrisert ophthalmic insert 5 mg (<i>artificial tear insert</i>)	NP	
lastacaft ophthalmic solution 0.25 % (<i>alcaftadine</i>)	NP	
<i>latanoprost ophthalmic solution 0.005 %</i>	PG	
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	PG	
<i>levofloxacin ophthalmic solution 0.5 %</i>	PG	
lotemax ophthalmic gel 0.5 % (<i>loteprednol etabonate</i>)	PB	#
lotemax ophthalmic ointment 0.5 % (<i>loteprednol etabonate</i>)	PB	
lotemax ophthalmic suspension 0.5 % (<i>loteprednol etabonate</i>)	NF	
lotemax sm ophthalmic gel 0.38 % (<i>loteprednol etabonate</i>)	PB	#
<i>loteprednol etabonate ophthalmic suspension 0.5 %</i>	PG	
lucentis intravitreal solution prefilled syringe 0.3 mg/0.05ml, 0.5 mg/0.05ml (<i>ranibizumab</i>)	NPSP	PA; NPL; SP
lumigan ophthalmic solution 0.01 % (<i>bimatoprost</i>)	NF	
maxidex ophthalmic suspension 0.1 % (<i>dexamethasone</i>)	NP	
moxeza ophthalmic solution 0.5 % (<i>moxifloxacin hcl</i>)	NP	
<i>moxifloxacin hcl (2x day) ophthalmic solution 0.5 %</i>	PG	
<i>moxifloxacin hcl ophthalmic solution 0.5 %</i>	PG	
mydracyl ophthalmic solution 1 % (<i>tropicamide</i>)	NP	
natacyn ophthalmic suspension 5 % (<i>natamycin</i>)	NP	
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>	PG	

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

196

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i>	PG	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	PG	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	PG	
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>	PG	
nevanac ophthalmic suspension 0.1 % (<i>nepafenac</i>)	NP	
ocuflox ophthalmic solution 0.3 % (<i>ofloxacin</i>)	NP	
<i>ofloxacin ophthalmic solution 0.3 %</i>	PG	
<i>olopatadine hcl ophthalmic solution 0.1 %, 0.2 %</i>	PG	
pataday ophthalmic solution 0.2 % (<i>olopatadine hcl</i>)	NP	
pazeo ophthalmic solution 0.7 % (<i>olopatadine hcl</i>)	NP	
<i>phenylephrine hcl ophthalmic solution 2.5 %</i>	PG	
phospholine iodide ophthalmic solution reconstituted 0.125 % (<i>echothiophate iodide</i>)	PB	
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	PG	
<i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>	PG	
polytrim ophthalmic solution 10000-0.1 unit/ml-% (<i>polymyxin b-trimethoprim</i>)	NP	
pred forte ophthalmic suspension 1 % (<i>prednisolone acetate</i>)	NP	
pred mild ophthalmic suspension 0.12 % (<i>prednisolone acetate</i>)	NP	
pred-g ophthalmic suspension 0.3-1 % (<i>gentamicin-prednisolone acet</i>)	NP	
pred-g s.o.p. ophthalmic ointment 0.3-0.6 % (<i>gentamicin-prednisolone acet</i>)	NP	
<i>prednisolone acetate ophthalmic suspension 1 %</i>	PG	
<i>prednisolone sodium phosphate ophthalmic solution 1 %</i>	PG	
prolensa ophthalmic solution 0.07 % (<i>bromfenac sodium</i>)	NP	
<i>proparacaine hcl ophthalmic solution 0.5 %</i>	NP	
restasis multidose ophthalmic emulsion 0.05 % (<i>cyclosporine</i>)	NF	
restasis ophthalmic emulsion 0.05 % (<i>cyclosporine</i>)	NF	
rhopressa ophthalmic solution 0.02 % (<i>netarsudil dimesylate</i>)	NP	ST

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
rocklatan ophthalmic solution 0.02-0.005 % (<i>netarsudil-latanoprost</i>)	NP	
simbrinza ophthalmic suspension 1-0.2 % (<i>brinzolamide-brimonidine</i>)	NP	
<i>sulfacetamide sodium ophthalmic ointment 10 %</i>	PG	
<i>sulfacetamide sodium ophthalmic solution 10 %</i>	PG	
<i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>	PG	
<i>timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %</i>	PG	
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i>	PG	
<i>timolol maleate ophthalmic solution 0.5 % (daily)</i>	NP	
timoptic ocudose ophthalmic solution 0.25 %, 0.5 % (<i>timolol maleate</i>)	NP	
timoptic ophthalmic solution 0.25 %, 0.5 % (<i>timolol maleate</i>)	NP	
timoptic-xe ophthalmic gel forming solution 0.5 % (<i>timolol maleate</i>)	NP	
tobradex ophthalmic ointment 0.3-0.1 % (<i>tobramycin-dexamethasone</i>)	NP	
tobradex ophthalmic suspension 0.3-0.1 % (<i>tobramycin-dexamethasone</i>)	NP	
tobradex st ophthalmic suspension 0.3-0.05 % (<i>tobramycin-dexamethasone</i>)	NP	
<i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %</i>	PG	
tobrex ophthalmic ointment 0.3 % (<i>tobramycin</i>)	NP	
travatan z ophthalmic solution 0.004 % (<i>travoprost</i>)	NP	
<i>travoprost (bak free) ophthalmic solution 0.004 %</i>	PG	
<i>trifluridine ophthalmic solution 1 %</i>	PG	
<i>tropicamide ophthalmic solution 0.5 %, 1 %</i>	NP	
trusopt ophthalmic solution 2 % (<i>dorzolamide hcl</i>)	NP	
upneeq ophthalmic solution 0.1 % (<i>oxymetazoline hcl</i>)	NF	
vigamox ophthalmic solution 0.5 % (<i>moxifloxacin hcl</i>)	NP	
visionblue ophthalmic solution 0.06 % (<i>trypan blue</i>)	NP	
visudyne intravenous solution reconstituted 15 mg (<i>verteporfin</i>)	NPSP	PA; #; SP
vyzulta ophthalmic solution 0.024 % (<i>latanoprostene bunod</i>)	NF	

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

198

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
xalatan ophthalmic solution 0.005 % (<i>latanoprost</i>)	NP	PA; ST
xelpros ophthalmic emulsion 0.005 % (<i>latanoprost</i>)	NF	
xiidra ophthalmic solution 5 % (<i>lifitegrast</i>)	PB	
zaditor ophthalmic solution 0.025 % (<i>ketotifen fumarate</i>)	PG	Select OTC
zerviate ophthalmic solution 0.24 % (<i>cetirizine hcl</i>)	NF	
zioptan ophthalmic solution 0.0015 % (<i>tafluprost</i>)	PB	
zirgan ophthalmic gel 0.15 % (<i>ganciclovir</i>)	NP	#
zylet ophthalmic suspension 0.5-0.3 % (<i>loteprednol-tobramycin</i>)	NP	
zymaxid ophthalmic solution 0.5 % (<i>gatifloxacin</i>)	NP	
OTIC AGENTS - DRUGS FOR THE EAR		
<i>hydrocortisone-acetic acid</i> (Acetasol Hc Otic Solution 2-1 %)	PG	
<i>acetic acid otic solution</i> 2 %	PG	
cetralax otic solution 0.2 % (<i>ciprofloxacin hcl</i>)	NP	
cipro hc otic suspension 0.2-1 % (<i>ciprofloxacin-hydrocortisone</i>)	NP	#
ciprodex otic suspension 0.3-0.1 % (<i>ciprofloxacin-dexamethasone</i>)	PB	#
<i>ciprofloxacin hcl otic solution</i> 0.2 %	NP	
<i>ciprofloxacin-dexamethasone otic suspension</i> 0.3-0.1 %	PG	
<i>ciprofloxacin-fluocinolone pf otic solution</i> 0.3-0.025 %	NF	
dermotic otic oil 0.01 % (<i>fluocinolone acetonide</i>)	NP	
<i>fluocinolone acetonide otic oil</i> 0.01 %	NP	
<i>hydrocortisone-acetic acid otic solution</i> 1-2 %	PG	
<i>neomycin-polymyxin-hc otic solution</i> 1 %, 3.5-10000-1	PG	
<i>neomycin-polymyxin-hc otic suspension</i> 3.5-10000-1	PG	
<i>ofloxacin otic solution</i> 0.3 %	PG	
otovel otic solution 0.3-0.025 % (<i>ciprofloxacin-fluocinolone</i>)	NF	
OXYTOCICS - HORMONES		
<i>methylergonovine maleate</i> (Methergine Oral Tablet 0.2 Mg)	PG	QL (4 tablets per 7 days)
PASSIVE IMMUNIZING AND TREATMENT AGENTS - BIOLOGICAL AGENTS		
asceniv intravenous solution 5 gm/50ml (<i>immune globulin (human)-slra</i>)	NF	

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
bivigam intravenous solution 5 gm/50ml (<i>immune globulin (human)</i>)	NPSP	PA; NPL; SP
carimune nf intravenous solution reconstituted 12 gm, 6 gm (<i>immune globulin (human)</i>)	NPSP	PA; NPL; SP
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>)	NF	
cuvitru subcutaneous solution 1 gm/5ml, 2 gm/10ml, 4 gm/20ml, 8 gm/40ml (<i>immune globulin (human)</i>)	NPSP	PA; NPL
cuvitru subcutaneous solution 10 gm/50ml (<i>immune globulin (human)</i>)	NF	
cytogam intravenous injectable 50 mg/ml (<i>cytomegalovirus immune glob</i>)	PSP	SP
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>)	PSP	PA; NPL; SP
gamastan intramuscular injectable (<i>immune globulin (human)</i>)	NPSP	SP
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; NPL; SP
gammagard s/d less iga intravenous solution reconstituted 10 gm, 5 gm (<i>immune globulin (human)</i>)	NPSP	PA; NPL; SP
gammaked injection solution 10 gm/100ml, 20 gm/200ml, 5 gm/50ml (<i>immune globulin (human)</i>)	NPSP	PA; NPL; SP
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>)	PSP	PA; NPL; SP
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>)	PSP	PA; NPL; SP
hizentra subcutaneous solution 1 gm/5ml, 10 gm/50ml, 2 gm/10ml, 4 gm/20ml (<i>immune globulin (human)</i>)	PSP	PA; NPL; SP
hizentra subcutaneous solution prefilled syringe 1 gm/5ml, 2 gm/10ml, 4 gm/20ml (<i>immune globulin (human)</i>)	NPSP	PA; SP
hyperhep b s/d intramuscular solution (<i>hepatitis b immune globulin</i>)	NP	SP

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

200

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
hyperrab injection solution 1500 unit/5ml, 300 unit/ml (<i>rabies immune globulin</i>)	NPSP	SP
hyperrab injection solution 900 unit/3ml (<i>rabies immune globulin</i>)	NF	
hyperrab s/d injection solution 1500 unit/10ml, 300 unit/2ml (<i>rabies immune globulin</i>)	NPSP	
hyperrho s/d intramuscular solution prefilled syringe 1500 unit, 250 unit (<i>rho d immune globulin</i>)	NPSP	SP
hypertet s/d intramuscular injectable 250 unit/ml (<i>tetanus immune globulin</i>)	PSP	SP
hyqvia subcutaneous kit 10 gm/100ml, 2.5 gm/25ml, 20 gm/200ml, 30 gm/300ml, 5 gm/50ml (<i>immune globulin-hyaluronidase</i>)	NPSP	PA; NPL; SP
imogam rabies-ht injection solution 1500 unit/10ml, 300 unit/2ml (<i>rabies immune globulin</i>)	PSP	
kedrab injection solution 1500 unit/10ml, 300 unit/2ml	NPSP	
micrhogam ultra-filtered plus intramuscular solution prefilled syringe 250 unit (<i>rho d immune globulin</i>)	NPSP	SP
nabi-hb intramuscular solution (<i>hepatitis b immune globulin</i>)	NP	SP
octagam intravenous solution 1 gm/20ml, 10 gm/100ml, 10 gm/200ml, 2 gm/20ml, 2.5 gm/50ml, 20 gm/200ml, 25 gm/500ml, 5 gm/100ml, 5 gm/50ml (<i>immune globulin (human)</i>)	PSP	PA; NPL; SP
octagam intravenous solution 30 gm/300ml (<i>immune globulin (human)</i>)	NPSP	PA; NPL; SP
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>)	NPSP	PA; ST; NPL; SP
privigen intravenous solution 10 gm/100ml, 20 gm/200ml, 40 gm/400ml, 5 gm/50ml (<i>immune globulin (human)</i>)	NPSP	PA; NPL; SP
rhogam ultra-filtered plus intramuscular solution prefilled syringe 1500 unit (<i>rho d immune globulin</i>)	NPSP	SP
rhophylac injection solution prefilled syringe 1500 unit/2ml (<i>rho d immune globulin</i>)	NPSP	SP
synagis intramuscular solution 100 mg/ml, 50 mg/0.5ml (<i>palivizumab</i>)	PSP	PA; NPL; SP

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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>)	NP	SP
xembify subcutaneous solution 1 gm/5ml, 10 gm/50ml, 2 gm/10ml, 4 gm/20ml (<i>immune globulin (human)-klhw</i>)	NF	
PENICILLINS - DRUGS FOR INFECTIONS		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	PG	
<i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>	PG	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	PG	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	PG	
<i>amoxicillin-pot clavulanate er oral tablet extended release 12 hour 1000-62.5 mg</i>	PG	
<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>	PG	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	PG	
<i>amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg</i>	PG	
<i>ampicillin oral capsule 500 mg</i>	PG	
<i>ampicillin sodium injection solution reconstituted 1 gm, 125 mg, 2 gm, 250 mg, 500 mg</i>	NPSP	
<i>ampicillin sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm</i>	NPSP	
<i>ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm</i>	NPSP	
<i>ampicillin-sulbactam sodium intravenous solution reconstituted 1.5 (1-0.5) gm, 15 (10-5) gm</i>	NPSP	
<i>augmentin oral suspension reconstituted 125-31.25 mg/5ml (amoxicillin-pot clavulanate)</i>	PB	
<i>augmentin oral suspension reconstituted 250-62.5 mg/5ml (amoxicillin-pot clavulanate)</i>	NP	
<i>augmentin oral tablet 500-125 mg (amoxicillin-pot clavulanate)</i>	NP	
<i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i>	PG	
<i>penicillin g pot in dextrose intravenous solution 20000 unit/ml, 40000 unit/ml, 60000 unit/ml</i>	NP	

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

202

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml</i>	PG	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	PG	
<i>piperacillin sod-tazobactam so intravenous solution reconstituted 2.25 (2-0.25) gm, 3.375 (3-0.375) gm, 4.5 (4-0.5) gm, 40.5 (36-4.5) gm</i>	NPSP	
<i>unasyn injection solution reconstituted 3 (2-1) gm (ampicillin-sulbactam sodium)</i>	NP	
<i>unasyn intravenous solution reconstituted 15 (10-5) gm (ampicillin-sulbactam sodium)</i>	NP	
PHARMACEUTICAL ADJUVANTS		
<i>saline bacteriostatic injection solution 0.9 %</i>	NP	
<i>sodium chloride bacteriostatic injection solution 0.9 %</i>	NP	
PROGESTINS - HORMONES		
<i>aygestin oral tablet 5 mg (norethindrone acetate)</i>	NP	
<i>hydroxyprogesterone caproate intramuscular oil 250 mg/ml</i>	PSP	PA; NPL; SP
<i>makena intramuscular oil 250 mg/ml (hydroxyprogesterone caproate)</i>	PSP	PA; NPL; SP
<i>makena subcutaneous solution auto-injector 275 mg/1.1ml (hydroxyprogesterone caproate)</i>	PSP	PA; NPL; SP; QL (21 syringes per 365 days)
<i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i>	PG	
<i>megestrol acetate oral suspension 625 mg/5ml</i>	CE	N2 (NP)
<i>norethindrone acetate oral tablet 5 mg</i>	PG	
<i>progesterone intramuscular oil 50 mg/ml</i>	PG	
<i>progesterone micronized oral capsule 100 mg, 200 mg</i>	PG	QL (2 capsules per 1 day)
<i>prometrium oral capsule 100 mg, 200 mg (progesterone micronized)</i>	NP	QL (2 CAPS per 1 DAYS)
<i>provera oral tablet 10 mg, 2.5 mg, 5 mg (medroxyprogesterone acetate)</i>	NP	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - DRUGS FOR THE NERVOUS SYSTEM		
<i>acamprosate calcium oral tablet delayed release 333 mg</i>	NP	QL (6 tablets per 1 day)
<i>ampyra oral tablet extended release 12 hour 10 mg (dalfampridine)</i>	NF	

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
aricept oral tablet 10 mg, 5 mg (<i>donepezil hcl</i>)	NP	PA
aricept oral tablet 23 mg (<i>donepezil hcl</i>)	NP	PA; AL
aubagio oral tablet 14 mg, 7 mg (<i>teriflunomide</i>)	PSP	PA; NPL; SP; QL (1 tablet per 1 day)
austedo oral tablet 12 mg, 6 mg, 9 mg (<i>deutetrabenazine</i>)	NPSP	PA; ST; SP; QL (4 tablets per 1 day)
avonex pen intramuscular auto-injector kit 30 mcg/0.5ml (<i>interferon beta-1a</i>)	NF	
avonex prefilled intramuscular prefilled syringe kit 30 mcg/0.5ml (<i>interferon beta-1a</i>)	NF	
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; NPL; SP; QL (1 kit per 1 month)
brisdelle oral capsule 7.5 mg (<i>paroxetine mesylate</i>)	NP	PA; ST; QL (1 capsule per 1 day)
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i>	CE	N2 (PG); QL (168 day supply per 365 days)
chantix continuing month pak oral tablet 1 mg (<i>varenicline tartrate</i>)	CE	#; N2 (Not Covered); QL (168 day supply per 365 days)
chantix oral tablet 0.5 mg, 1 mg (<i>varenicline tartrate</i>)	CE	#; N2 (Not Covered); QL (168 day supply per 365 days)
chantix starting month pak oral tablet 0.5 mg x 11 & 1 mg x 42 (<i>varenicline tartrate</i>)	CE	#; N2 (Not Covered); QL (168 day supply per 365 days)
<i>chlordiazepoxide-amitriptyline oral tablet 10-25 mg, 5-12.5 mg</i>	NP	
copaxone subcutaneous solution prefilled syringe 20 mg/ml (<i>glatiramer acetate</i>)	PSP	PA; NPL; SP; QL (1 syringe per 1 day)
copaxone subcutaneous solution prefilled syringe 40 mg/ml (<i>glatiramer acetate</i>)	PSP	PA; NPL; SP; QL (12 syringes per 28 days)
<i>dalfampridine er oral tablet extended release 12 hour 10 mg</i>	PSP	PA; SP; QL (2 tablets per 1 day)
<i>dimethyl fumarate oral capsule delayed release 120 mg, 240 mg</i>	PSP	PA; NPL; SP; QL (2 capsules per 1 day)
<i>disulfiram oral tablet 250 mg, 500 mg</i>	PG	

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

204

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>donepezil hcl oral tablet 10 mg</i>	PG	PA
<i>donepezil hcl oral tablet 23 mg</i>	NP	PA; AL
<i>donepezil hcl oral tablet 5 mg</i>	PG	PA; AL
<i>donepezil hcl oral tablet dispersible 10 mg, 5 mg</i>	PG	PA
<i>ergoloid mesylates oral tablet 1 mg</i>	NP	
<i>exelon transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr (rivastigmine)</i>	NP	PA
<i>extavia subcutaneous kit 0.3 mg (interferon beta-1b)</i>	NF	
<i>fluoxetine hcl (pmd) oral tablet 10 mg, 20 mg</i>	NF	
<i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg</i>	NP	PA; AL
<i>galantamine hydrobromide oral solution 4 mg/ml</i>	NP	PA; AL
<i>galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg</i>	NP	PA; AL
<i>gilenya oral capsule 0.25 mg, 0.5 mg (fingolimod hcl)</i>	PSP	PA; NPL; #; SP; QL (1 capsule per 1 day)
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml</i>	PSP	PA; NPL; SP; QL (1 syringe per 1 day)
<i>glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml</i>	PSP	PA; NPL; SP; QL (12 syringes per 28 days)
<i>glatiramer acetate (Glatopa Subcutaneous Solution Prefilled Syringe 20 Mg/ML)</i>	PSP	PA; NPL; SP; QL (1 syringe per 1 day)
<i>glatiramer acetate (Glatopa Subcutaneous Solution Prefilled Syringe 40 Mg/ML)</i>	PSP	PA; NPL; SP; QL (12 syringes per 28 days)
<i>goodsense nicotine mouth/throat gum 4 mg</i>	CE	N2 (Not Covered); QL (180 day supply per 365 days)
<i>gralise oral tablet 300 mg (gabapentin (once-daily))</i>	NP	ST; QL (1 tablet per 1 day)
<i>gralise oral tablet 600 mg (gabapentin (once-daily))</i>	NP	ST; QL (3 tablets per 1 day)
<i>horizant oral tablet extended release 300 mg (gabapentin enacarbil)</i>	NP	PA; ST; QL (1 tablet per 1 day)
<i>horizant oral tablet extended release 600 mg (gabapentin enacarbil)</i>	NP	PA; ST; QL (2 tablets per 1 day)
<i>ingrezza oral capsule 40 mg, 80 mg (valbenazine tosylate)</i>	NPSP	PA; SP; QL (1 capsule per 1 day)
<i>ingrezza oral capsule therapy pack 40 & 80 mg (valbenazine tosylate)</i>	NPSP	PA; SP; QL (1 capsule per 1 day)

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
lemtrada intravenous solution 12 mg/1.2ml (<i>alemtuzumab</i>)	PSP	PA; NPL; SP; QL (6 ml (5 vials) per 365 days)
lucemyra oral tablet 0.18 mg (<i>lofexidine hcl</i>)	NP	UF11 (Covered at preferred tier with no PA, no ST for members residing in Illinois.); QL (192 tablets per 3 courses in 1 years)
lyrica cr oral tablet extended release 24 hour 165 mg, 82.5 mg (<i>pregabalin</i>)	PB	#; QL (3 tablets per 1 day)
lyrica cr oral tablet extended release 24 hour 330 mg (<i>pregabalin</i>)	PB	#; QL (2 tablets per 1 day)
mavenclad (10 tabs) oral tablet therapy pack 10 mg (<i>cladribine</i>)	NPSP	PA; NPL; SP; QL (4 tablets per 1 day)
mavenclad (4 tabs) oral tablet therapy pack 10 mg (<i>cladribine</i>)	NPSP	PA; NPL; SP; QL (4 tablets per 1 day)
mavenclad (5 tabs) oral tablet therapy pack 10 mg (<i>cladribine</i>)	NPSP	PA; NPL; SP; QL (4 tablets per 1 day)
mavenclad (6 tabs) oral tablet therapy pack 10 mg (<i>cladribine</i>)	NPSP	PA; NPL; SP; QL (4 tablets per 1 day)
mavenclad (7 tabs) oral tablet therapy pack 10 mg (<i>cladribine</i>)	NPSP	PA; NPL; SP; QL (4 tablets per 1 day)
mavenclad (8 tabs) oral tablet therapy pack 10 mg (<i>cladribine</i>)	NPSP	PA; NPL; SP; QL (4 tablets per 1 day)
mavenclad (9 tabs) oral tablet therapy pack 10 mg (<i>cladribine</i>)	NPSP	PA; NPL; SP; QL (4 tablets per 1 day)
mayzent oral tablet 0.25 mg (<i>siponimod fumarate</i>)	PSP	PA; NPL; SP; QL (5 tablets per 1 day)
mayzent oral tablet 2 mg (<i>siponimod fumarate</i>)	PSP	PA; NPL; SP; QL (1 tablet per 1 day)
mayzent starter pack oral tablet therapy pack 0.25 mg (<i>siponimod fumarate</i>)	PSP	PA; NPL; SP; QL (5 tablets per 1 day)
<i>memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg</i>	PG	PA; AL
<i>memantine hcl oral tablet 10 mg, 28 x 5 mg & 21 x 10 mg, 5 mg</i>	PG	AL
namenda oral tablet 10 mg, 5 mg (<i>memantine hcl</i>)	NP	PA
namenda titration pak oral tablet 28 x 5 mg & 21 x 10 mg (<i>memantine hcl</i>)	NP	PA

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
namenda xr oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg (<i>memantine hcl</i>)	NF	
namenda xr titration pack oral capsule extended release 24 hour 7 & 14 & 21 & 28 mg (<i>memantine hcl</i>)	NF	#
namzaric oral capsule er 24 hour therapy pack 7 & 14 & 21 & 28 -10 mg (<i>memantine hcl-donepezil hcl</i>)	PB	PA; AL
namzaric oral capsule extended release 24 hour 14-10 mg, 28-10 mg (<i>memantine hcl-donepezil hcl</i>)	PB	PA; AL
namzaric oral capsule extended release 24 hour 21-10 mg, 7-10 mg (<i>memantine hcl-donepezil hcl</i>)	PB	PA
<i>nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>	CE	N2 (Not Covered); QL (168 day supply per per 365 days)
<i>nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>	CE	N2 (Not Covered); QL (168 day supply per per 365 days)
<i>nicotine step 1 transdermal patch 24 hour 21 mg/24hr</i>	CE	N2 (Not Covered); QL (168 day supply per per 365 days)
<i>nicotine step 2 transdermal patch 24 hour 14 mg/24hr</i>	CE	N2 (Not Covered); QL (168 day supply per per 365 days)
<i>nicotine step 3 transdermal patch 24 hour 7 mg/24hr</i>	CE	N2 (Not Covered); QL (168 day supply per per 365 days)
<i>nicotine transdermal kit 21-14-7 mg/24hr</i>	CE	N2 (Not Covered); QL (168 day supply per per 365 days)
<i>nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr</i>	CE	N2 (Not Covered); QL (168 day supply per per 365 days)
nicotrol inhalation inhaler 10 mg (<i>nicotine</i>)	CE	N2 (Not Covered); QL (168 day supply per 365 days)
nicotrol ns nasal solution 10 mg/ml (<i>nicotine</i>)	CE	N2 (Not Covered); QL (168 day supply per 365 days)
nuedexta oral capsule 20-10 mg (<i>dextromethorphan-quinidine</i>)	PB	PA; QL (2 capsules per 1 day)
<i>olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 6-25 mg, 6-50 mg</i>	NP	QL (1 capsule per 1 day)
<i>olanzapine-fluoxetine hcl oral capsule 3-25 mg</i>	NP	
<i>paroxetine mesylate oral capsule 7.5 mg</i>	NP	PA; QL (1 capsule per 1 day)
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	PG	

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>pimozide oral tablet 1 mg, 2 mg</i>	NP	
<i>plegridy starter pack subcutaneous solution pen-injector 63 & 94 mcg/0.5ml (peginterferon beta-1a)</i>	NF	
<i>plegridy starter pack subcutaneous solution prefilled syringe 63 & 94 mcg/0.5ml (peginterferon beta-1a)</i>	NF	
<i>plegridy subcutaneous solution pen-injector 125 mcg/0.5ml (peginterferon beta-1a)</i>	NF	
<i>plegridy subcutaneous solution prefilled syringe 125 mcg/0.5ml (peginterferon beta-1a)</i>	NF	
<i>razadyne er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg (galantamine hydrobromide)</i>	NP	PA; AL
<i>rebif rebidose subcutaneous solution auto-injector 22 mcg/0.5ml, 44 mcg/0.5ml (interferon beta-1a)</i>	PSP	PA; NPL; SP; QL (12 syringes per 28 days)
<i>rebif rebidose titration pack subcutaneous solution auto-injector 6x8.8 & 6x22 mcg (interferon beta-1a)</i>	PSP	PA; NPL; SP; QL (12 syringes per 28 days)
<i>rebif subcutaneous solution prefilled syringe 22 mcg/0.5ml, 44 mcg/0.5ml (interferon beta-1a)</i>	PSP	PA; NPL; SP; QL (12 syringes per 28 days)
<i>rebif titration pack subcutaneous solution prefilled syringe 6x8.8 & 6x22 mcg (interferon beta-1a)</i>	PSP	PA; NPL; SP; QL (12 syringes per 28 days)
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	NP	PA
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr</i>	NP	PA
<i>sarafem oral tablet 10 mg, 20 mg (fluoxetine hcl (pddd))</i>	NP	
<i>savella oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg (milnacipran hcl)</i>	NP	ST; QL (2 tablets per 1 day)
<i>savella titration pack oral 12.5 & 25 & 50 mg (milnacipran hcl)</i>	NP	ST; QL (2 tablets per 1 day)
<i>symbyax oral capsule 12-50 mg, 6-25 mg, 6-50 mg (olanzapine-fluoxetine hcl)</i>	NP	QL (1 CAPS per 1 DAYS)
<i>symbyax oral capsule 3-25 mg (olanzapine-fluoxetine hcl)</i>	NP	
<i>tecfidera oral 120 & 240 mg (dimethyl fumarate)</i>	PSP	PA; NPL; #; SP; QL (2 capsules per 1 day)
<i>tecfidera oral capsule delayed release 120 mg, 240 mg (dimethyl fumarate)</i>	PSP	PA; NPL; #; SP; QL (2 capsules per 1 day)
<i>tegsedi subcutaneous solution prefilled syringe 284 mg/1.5ml (inotersen sodium)</i>	NPSP	PA; NPL; SP; QL (4 injections per 1 month)

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

208

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>tetrabenazine oral tablet 12.5 mg</i>	PSP	PA; SP; QL (8 tablets per 1 day)
<i>tetrabenazine oral tablet 25 mg</i>	PSP	PA; SP; QL (4 tablets per 1 day)
tysabri intravenous concentrate 300 mg/15ml (<i>natalizumab</i>)	NPSP	PA; NPL; SP; QL (1 vial per 1 month)
vumerity oral capsule delayed release 231 mg (<i>diroximel fumarate</i>)	PSP	PA; NPL; SP; QL (4 capsules per 1 day)
vyleesi subcutaneous solution auto-injector 1.75 mg/0.3ml (<i>bremelanotide acetate</i>)	NF	
xenazine oral tablet 12.5 mg (<i>tetrabenazine</i>)	NPSP	PA; ST; SP; QL (8 tablets per 1 day)
xenazine oral tablet 25 mg (<i>tetrabenazine</i>)	NPSP	PA; ST; SP; QL (4 tablets per 1 day)
xyrem oral solution 500 mg/ml (<i>sodium oxybate</i>)	NPSP	PA; SP
xywav oral solution 500 mg/ml (<i>ca, mg, k, and na oxybates</i>)	NF	
zeposia 7-day starter pack oral capsule therapy pack 4 x 0.23mg & 3 x 0.46mg (<i>ozanimod hcl</i>)	NF	
zeposia oral capsule 0.92 mg (<i>ozanimod hcl</i>)	NF	
zeposia starter kit oral capsule therapy pack 0.23mg & 0.46mg & 0.92mg (<i>ozanimod hcl</i>)	NF	
RESPIRATORY AGENTS - MISC. - DRUGS FOR THE LUNGS		
aralast np intravenous solution reconstituted 1000 mg, 500 mg (<i>alpha1-proteinase inhibitor</i>)	NPSP	PA; NPL; SP
esbriet oral capsule 267 mg (<i>pirfenidone</i>)	NPSP	PA; SP; QL (9 capsules per 1 day)
esbriet oral tablet 267 mg (<i>pirfenidone</i>)	NPSP	PA; SP; QL (9 tablets per 1 day)
esbriet oral tablet 801 mg (<i>pirfenidone</i>)	NPSP	PA; SP; QL (3 tablets per 1 day)
glassia intravenous solution 1000 mg/50ml (<i>alpha1-proteinase inhibitor</i>)	NPSP	PA; NPL; SP
kalydeco oral packet 25 mg (<i>ivacaftor</i>)	NPSP	PA; SP; QL (2 packets per 1 day)
kalydeco oral packet 50 mg, 75 mg (<i>ivacaftor</i>)	NPSP	PA; SP; QL (2 EA per 1 day)

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
kalydeco oral tablet 150 mg (<i>ivacaftor</i>)	NPSP	PA; SP; QL (2 tablets per 1 day)
ofev oral capsule 100 mg, 150 mg (<i>nintedanib esylate</i>)	NPSP	PA; SP; QL (2 EA per 1 day)
orkambi oral packet 100-125 mg, 150-188 mg (<i>lumacaftor-ivacaftor</i>)	NPSP	PA; SP; QL (2 packets per 1 day)
orkambi oral tablet 100-125 mg (<i>lumacaftor-ivacaftor</i>)	NPSP	PA; QL (4 tablets per 1 day)
orkambi oral tablet 200-125 mg (<i>lumacaftor-ivacaftor</i>)	NPSP	PA; QL (4 EA per 1 day)
prolastin-c intravenous solution 1000 mg/20ml (<i>alpha1-proteinase inhibitor</i>)	NPSP	PA; NPL; SP
prolastin-c intravenous solution reconstituted 1000 mg (<i>alpha1-proteinase inhibitor</i>)	NPSP	PA; NPL; SP
pulmozyme inhalation solution 1 mg/ml (<i>dornase alfa</i>)	PSP	PA; SP; QL (2 ampules per 1 day)
symdeko oral tablet therapy pack 100-150 & 150 mg, 50-75 & 75 mg (<i>tezacaftor-ivacaftor</i>)	NPSP	PA; SP; QL (2 tablets per 1 day)
trikafta oral tablet therapy pack 100-50-75 & 150 mg (<i>elexacaftor-tezacaftor-ivacaft</i>)	NPSP	PA; SP; QL (1 package per 28 days)
zemaira intravenous solution reconstituted 1000 mg (<i>alpha1-proteinase inhibitor</i>)	NPSP	PA; NPL; SP
SULFONAMIDES - DRUGS FOR INFECTIONS		
<i>sulfadiazine oral tablet 500 mg</i>	NP	
TETRACYCLINES - DRUGS FOR INFECTIONS		
<i>acticlate oral tablet 150 mg, 75 mg (doxycycline hyclate)</i>	NF	
<i>avidoxy oral tablet 100 mg</i>	NF	
<i>minocycline hcl (Coremino Oral Tablet Extended Release 24 Hour 135 Mg, 45 Mg, 90 Mg)</i>	NF	
<i>demeclocycline hcl oral tablet 150 mg, 300 mg</i>	NP	
<i>doryx mpc oral tablet delayed release 120 mg (doxycycline hyclate)</i>	NF	#
<i>doryx oral tablet delayed release 200 mg, 50 mg (doxycycline hyclate)</i>	NF	
<i>doxycycline hyclate (Doxy 100 Intravenous Solution Reconstituted 100 Mg)</i>	NP	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	PG	
<i>doxycycline hyclate oral tablet 100 mg</i>	PG	

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

210

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg</i>	NF	
<i>doxycycline hyclate oral tablet 20 mg</i>	NP	
<i>doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg</i>	NF	
<i>doxycycline monohydrate oral capsule 150 mg, 75 mg</i>	NF	
<i>doxycycline monohydrate oral capsule 50 mg</i>	PG	
<i>doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	NF	
<i>minocin oral capsule 100 mg (minocycline hcl)</i>	NP	
<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, 75 mg</i>	PG	
<i>minocycline hcl oral capsule 50 mg</i>	NF	
<i>minocycline hcl oral tablet 100 mg, 50 mg, 75 mg</i>	NF	
<i>minolira oral tablet extended release 24 hour 105 mg, 135 mg (minocycline hcl)</i>	NF	
<i>morgidox combination kit 1 x 100 mg, 2 x 100 mg (doxycycline hyclate-cleanser)</i>	NF	
<i>doxycycline hyclate (Morgidox Oral Capsule 100 Mg)</i>	PG	
<i>nuzyra oral tablet 150 mg (omadacycline tosylate)</i>	NP	PA; QL (2 tablets per 1 day)
<i>seysara oral tablet 100 mg, 150 mg, 60 mg (sarecycline hcl)</i>	NF	
<i>solodyn oral tablet extended release 24 hour 105 mg, 115 mg, 55 mg, 65 mg, 80 mg (minocycline hcl)</i>	NF	
<i>targadox oral tablet 50 mg (doxycycline hyclate)</i>	NF	
<i>tetracycline hcl oral capsule 250 mg, 500 mg</i>	PG	
<i>vibramycin oral capsule 100 mg (doxycycline hyclate)</i>	NP	
<i>vibramycin oral suspension reconstituted 25 mg/5ml (doxycycline monohydrate)</i>	NP	
<i>vibramycin oral syrup 50 mg/5ml (doxycycline calcium)</i>	NP	
<i>ximino oral capsule extended release 24 hour 135 mg, 45 mg, 90 mg (minocycline hcl)</i>	NF	

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
THYROID AGENTS - HORMONES		
armour thyroid oral tablet 120 mg, 15 mg, 180 mg, 240 mg, 30 mg, 300 mg, 60 mg, 90 mg (<i>thyroid</i>)	NP	
cytomel oral tablet 25 mcg, 5 mcg, 50 mcg (<i>liothyronine sodium</i>)	NP	
<i>levothyroxine sodium</i> (Euthyrox Oral Tablet 100 Mcg, 112 Mcg, 125 Mcg, 137 Mcg, 150 Mcg, 175 Mcg, 200 Mcg, 25 Mcg, 50 Mcg, 75 Mcg, 88 Mcg)	PG	
<i>levothyroxine sodium</i> (Levo-T Oral Tablet 100 Mcg, 112 Mcg, 125 Mcg, 137 Mcg, 150 Mcg, 175 Mcg, 200 Mcg, 25 Mcg, 50 Mcg, 75 Mcg, 88 Mcg)	PG	
<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>	PG	
<i>levothyroxine sodium</i> (Levoxyl Oral Tablet 100 Mcg, 112 Mcg, 125 Mcg, 137 Mcg, 150 Mcg, 175 Mcg, 200 Mcg, 25 Mcg, 50 Mcg, 75 Mcg, 88 Mcg)	PG	
<i>liothyronine sodium intravenous solution 10 mcg/ml</i>	NP	
<i>liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg</i>	PG	
<i>methimazole oral tablet 10 mg, 5 mg</i>	PG	
nature-throid oral tablet 113.75 mg, 130 mg, 146.25 mg, 16.25 mg, 162.5 mg, 195 mg, 260 mg, 32.5 mg, 325 mg, 48.75 mg, 65 mg, 81.25 mg, 97.5 mg (<i>thyroid</i>)	NP	
<i>np thyroid oral tablet 120 mg, 15 mg, 60 mg</i>	PG	
<i>propylthiouracil oral tablet 50 mg</i>	PG	
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>)	NP	
tapazole oral tablet 5 mg (<i>methimazole</i>)	NP	
tirosint oral capsule 100 mcg, 112 mcg, 125 mcg, 13 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg (<i>levothyroxine sodium</i>)	NP	#
tirosint-sol oral solution 100 mcg/ml, 112 mcg/ml, 125 mcg/ml, 13 mcg/ml, 137 mcg/ml, 150 mcg/ml, 175 mcg/ml, 200 mcg/ml, 25 mcg/ml, 50 mcg/ml, 75 mcg/ml, 88 mcg/ml (<i>levothyroxine sodium</i>)	NP	#

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

212

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>levothyroxine sodium</i> (Unithroid Oral Tablet 100 Mcg, 112 Mcg, 125 Mcg, 150 Mcg, 175 Mcg, 200 Mcg, 25 Mcg, 50 Mcg, 75 Mcg, 88 Mcg)	PG	
<i>levothyroxine sodium</i> (Unithroid Oral Tablet 137 Mcg)	PG	
westhroid oral tablet 130 mg, 195 mg, 32.5 mg, 65 mg, 97.5 mg (<i>thyroid</i>)	NP	
wp thyroid oral tablet 113.75 mg, 130 mg, 16.25 mg, 32.5 mg, 48.75 mg, 65 mg, 81.25 mg, 97.5 mg (<i>thyroid</i>)	NP	
TOXOIDS - BIOLOGICAL AGENTS		
adacel intramuscular suspension 5-2-15.5 lf-mcg/0.5 (<i>tetanus-diphth-acell pertussis</i>)	PB	
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS - DRUGS FOR THE STOMACH		
<i>acid control maximum strength oral tablet 20 mg</i>	NF	
<i>acid controller max st oral tablet 20 mg</i>	NF	
<i>acid reducer maximum strength oral tablet 20 mg</i>	NF	
aciphex oral tablet delayed release 20 mg (<i>rabeprazole sodium</i>)	NF	
aciphex sprinkle oral capsule sprinkle 10 mg (<i>rabeprazole sodium</i>)	NF	
aciphex sprinkle oral capsule sprinkle 5 mg (<i>rabeprazole sodium</i>)	NF	#
<i>amoxicill-clarithro-lansopraz oral</i>	PG	
<i>belladonna alkaloids-opium rectal suppository 16.2-60 mg</i>	NP	
bentyl intramuscular solution 10 mg/ml (<i>dicyclomine hcl</i>)	NP	
carafate oral suspension 1 gm/10ml (<i>sucralfate</i>)	NP	
carafate oral tablet 1 gm (<i>sucralfate</i>)	NP	
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	PG	
cuvposa oral solution 1 mg/5ml (<i>glycopyrrolate</i>)	NP	#
<i>cvs acid controller max st oral tablet 20 mg</i>	NF	
<i>cvs omeprazole-sod bicarbonate oral capsule 20-1100 mg</i>	PG	PA; Select OTC; QL (1 capsule per day, 90 day supply per 365 days)
dexilant oral capsule delayed release 30 mg, 60 mg (<i>dexlansoprazole</i>)	PB	PA; #; QL (1 capsule per day, 90 day supply per 365 days)

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>dicyclomine hcl oral capsule 10 mg</i>	PG	
<i>dicyclomine hcl oral solution 10 mg/5ml</i>	PG	
<i>dicyclomine hcl oral tablet 20 mg</i>	PG	
<i>donnatal oral tablet 16.2 mg (pb-hyoscy-atropine-scopolamine)</i>	NP	
<i>eq acid reducer max st oral tablet 20 mg</i>	NF	
<i>eq famotidine max st oral tablet 20 mg</i>	NF	
<i>eql heartburn prevention oral tablet 20 mg</i>	NF	
<i>esomeprazole magnesium oral capsule delayed release 20 mg</i>	PG	PA; Select OTC; QL (1 capsule per day, 90 day supply per 365 days)
<i>esomeprazole magnesium oral capsule delayed release 40 mg</i>	PG	PA; QL (1 capsule per day, 90 day supply per 365 days)
<i>esomeprazole magnesium oral packet 10 mg, 20 mg, 40 mg</i>	PG	PA; QL (1 packet per day, 90 day supply per 365 days)
<i>famotidine oral suspension reconstituted 40 mg/5ml</i>	PG	
<i>famotidine oral tablet 20 mg</i>	NF	
<i>famotidine oral tablet 40 mg</i>	PG	
<i>famotidine premixed intravenous solution 20-0.9 mg/50ml-%</i>	NP	
<i>glycopyrrolate injection solution 4 mg/20ml</i>	NP	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	NP	
<i>gnp acid reducer max st oral tablet 20 mg</i>	NF	
<i>heartburn relief max st oral tablet 20 mg</i>	NF	
<i>helidac therapy oral (metronid-tetracyc-bis subsal)</i>	NF	
<i>hm famotidine oral tablet 20 mg</i>	NF	
<i>kls acid controller max st oral tablet 20 mg</i>	NF	
<i>lansoprazole oral capsule delayed release 15 mg</i>	PG	PA; Select OTC; QL (1 capsule per day, 90 day supply per 365 days)
<i>lansoprazole oral capsule delayed release 30 mg</i>	PG	PA; QL (1 capsule per day, 90 day supply per 365 days)
<i>lansoprazole oral tablet delayed release dispersible 15 mg, 30 mg</i>	NF	
<i>methscopolamine bromide oral tablet 2.5 mg, 5 mg</i>	NP	
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	PG	

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

214

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
nexium 24hr clear minis oral capsule delayed release 20 mg (<i>esomeprazole magnesium</i>)	PG	PA; Select OTC; QL (1 capsule per day, 90 day supply per 365 days)
nexium 24hr oral capsule delayed release 20 mg (<i>esomeprazole magnesium</i>)	PG	PA; Select OTC; QL (1 capsule per day, 90 day supply per 365 days)
nexium 24hr oral tablet delayed release 20 mg (<i>esomeprazole magnesium</i>)	PG	PA; Select OTC; QL (1 tablet per 1 day)
nexium i.v. intravenous solution reconstituted 40 mg (<i>esomeprazole sodium</i>)	NP	
nexium oral capsule delayed release 40 mg (<i>esomeprazole magnesium</i>)	NF	
nexium oral packet 10 mg, 20 mg, 40 mg (<i>esomeprazole magnesium</i>)	NP	PA; QL (1 packet per day, 90 day supply per 365 days)
nexium oral packet 2.5 mg, 5 mg (<i>esomeprazole magnesium</i>)	NP	PA; #; QL (1 packet per day, 90 day supply per 365 days)
<i>nizatidine oral capsule 150 mg, 300 mg</i>	PG	
<i>nizatidine oral solution 15 mg/ml</i>	PG	
omeclamox-pak oral 500-500-20 mg (<i>amoxicill-clarithro-omeprazole</i>)	NP	
<i>omeprazole magnesium oral capsule delayed release 20.6 (20 base) mg</i>	PG	Select OTC
<i>omeprazole oral capsule delayed release 10 mg, 40 mg</i>	PG	PA; QL (1 capsule per day, 90 day supply per 365 days)
<i>omeprazole oral capsule delayed release 20 mg</i>	PG	PA; Select OTC; QL (1 capsule per day, 90 day supply per 365 days)
<i>omeprazole oral tablet delayed release 20 mg</i>	PG	Select OTC
<i>omeprazole-sodium bicarbonate oral capsule 20-1100 mg</i>	PG	PA; Select OTC; QL (1 capsule per day, 90 day supply 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>	NP	QL (1 packet per day, 90 day supply per 365 days)

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>pantoprazole sodium oral tablet delayed release 20 mg, 40 mg</i>	PG	PA; QL (1 tablet per day, 90 day supply per 365 days)
<i>pepcid ac maximum strength oral tablet 20 mg (famotidine)</i>	NF	
<i>pepcid oral tablet 20 mg (famotidine)</i>	NF	
<i>prevacid 24hr oral capsule delayed release 15 mg (lansoprazole)</i>	PG	PA; Select OTC; QL (1 capsule per day, 90 day supply per 365 days)
<i>prevacid oral capsule delayed release 30 mg (lansoprazole)</i>	NF	
<i>prevacid solutab oral tablet delayed release dispersible 15 mg, 30 mg (lansoprazole)</i>	NF	
<i>prilosec oral packet 10 mg, 2.5 mg (omeprazole magnesium)</i>	NF	#
<i>prilosec otc oral tablet delayed release 20 mg (omeprazole magnesium)</i>	PG	Select OTC
<i>propantheline bromide oral tablet 15 mg</i>	PG	
<i>protonix intravenous solution reconstituted 40 mg (pantoprazole sodium)</i>	NP	
<i>protonix oral packet 40 mg (pantoprazole sodium)</i>	NP	QL (1 packet per day, 90 day supply per 365 days)
<i>protonix oral tablet delayed release 20 mg, 40 mg (pantoprazole sodium)</i>	NF	
<i>px acid reducer max st oral tablet 20 mg</i>	NF	
<i>pylera oral capsule 140-125-125 mg (bis subcit-metronid-tetracyc)</i>	NP	#
<i>qc acid controller max st oral tablet 20 mg</i>	NF	
<i>ra acid reducer max st oral tablet 20 mg</i>	NF	
<i>rabeprazole sodium oral capsule sprinkle 10 mg</i>	NP	PA; ST; N2 (PG); QL (1 capsule per day, 90 day supply per 365 days)
<i>rabeprazole sodium oral tablet delayed release 20 mg</i>	PG	PA; QL (1 tablet per day, 90 day supply per 365 days)
<i>sb acid controller max st oral tablet 20 mg</i>	NF	
<i>sm acid reducer max st oral tablet 20 mg</i>	NF	
<i>sucralfate oral suspension 1 gm/10ml</i>	NF	
<i>sucralfate oral tablet 1 gm</i>	PG	
<i>talicia oral capsule delayed release 250-12.5-10 mg (amoxicill-rifabutin-omeprazole)</i>	NP	

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

216

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
zegerid otc oral capsule 20-1100 mg (<i>omeprazole-sodium bicarbonate</i>)	PG	PA; Select OTC; QL (1 capsule per day, 90 day supply per 365 days)
URINARY ANTISPASMODICS - DRUGS FOR THE URINARY SYSTEM		
<i>bethanechol chloride oral tablet 10 mg, 5 mg, 50 mg</i>	PG	
<i>darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg, 7.5 mg</i>	NP	QL (1 tablet per 1 day)
detrol la oral capsule extended release 24 hour 2 mg, 4 mg (<i>tolterodine tartrate</i>)	NP	ST; QL (1 capsule per 1 DAYS)
detrol oral tablet 1 mg, 2 mg (<i>tolterodine tartrate</i>)	NP	ST
ditropan xl oral tablet extended release 24 hour 10 mg (<i>oxybutynin chloride</i>)	NP	ST; QL (2 tablets per 1 day)
ditropan xl oral tablet extended release 24 hour 5 mg (<i>oxybutynin chloride</i>)	NP	ST; QL (1 tablets per 1 day)
enablex oral tablet extended release 24 hour 15 mg (<i>darifenacin hydrobromide</i>)	NP	ST; QL (1 tablet per 1 DAYS)
enablex oral tablet extended release 24 hour 7.5 mg (<i>darifenacin hydrobromide</i>)	NP	ST; QL (1 tablet per 1 day)
<i>flavoxate hcl oral tablet 100 mg</i>	PG	
gelnique transdermal gel 10 % (<i>oxybutynin chloride</i>)	NF	
myrbetriq oral tablet extended release 24 hour 25 mg, 50 mg (<i>mirabegron</i>)	PB	QL (1 tablet per 1 day)
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg</i>	PG	QL (2 tablets per 1 day)
<i>oxybutynin chloride er oral tablet extended release 24 hour 5 mg</i>	PG	QL (1 tablet per 1 day)
<i>oxybutynin chloride oral syrup 5 mg/5ml</i>	PG	
<i>oxybutynin chloride oral tablet 5 mg</i>	PG	QL (4 tablets per 1 day)
<i>solifenacin succinate oral tablet 10 mg, 5 mg</i>	PG	QL (1 tablet per 1 day)
<i>tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg</i>	NP	QL (1 capsule per 1 day)
<i>tolterodine tartrate oral tablet 1 mg, 2 mg</i>	PG	

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
toviaz oral tablet extended release 24 hour 4 mg, 8 mg (<i>fesoterodine fumarate</i>)	PB	#; QL (1 tablet per 1 day)
<i>trospium chloride er oral capsule extended release 24 hour 60 mg</i>	PG	QL (1 capsule per 1 day)
<i>trospium chloride oral tablet 20 mg</i>	PG	QL (2 tablets per 1 day)
vesicare oral tablet 10 mg, 5 mg (<i>solifenacin succinate</i>)	NF	
VAGINAL AND RELATED PRODUCTS - DRUGS FOR WOMEN		
cleocin vaginal cream 2 % (<i>clindamycin phosphate</i>)	NP	
cleocin vaginal suppository 100 mg (<i>clindamycin phosphate</i>)	NP	
<i>clindamycin phosphate vaginal cream 2 %</i>	PG	
crinone vaginal gel 4 %, 8 % (<i>progesterone</i>)	NP	
endometrin vaginal insert 100 mg (<i>progesterone</i>)	NP	#
estrace vaginal cream 0.1 mg/gm (<i>estradiol</i>)	NP	
<i>estradiol vaginal cream 0.1 mg/gm</i>	PG	
<i>estradiol vaginal tablet 10 mcg</i>	NP	
estring vaginal ring 2 mg (<i>estradiol</i>)	NP	
femring vaginal ring 0.05 mg/24hr, 0.1 mg/24hr (<i>estradiol acetate</i>)	NP	#; QL (1 ring per 90 dayss)
gynazole-1 vaginal cream 2 % (<i>butoconazole nitrate (1 dose)</i>)	NP	
imvexxy maintenance pack vaginal insert 10 mcg, 4 mcg (<i>estradiol</i>)	NP	
imvexxy starter pack vaginal insert 10 mcg, 4 mcg (<i>estradiol</i>)	NP	
intrarosa vaginal insert 6.5 mg (<i>prasterone</i>)	NP	QL (1 insert per 1 day)
<i>metronidazole vaginal gel 0.75 %</i>	PG	
<i>miconazole 3 vaginal suppository 200 mg</i>	NP	
phexxi vaginal gel 1.8-1-0.4 % (<i>lactic ac-citric ac-pot bitart</i>)	NF	
premarin vaginal cream 0.625 mg/gm (<i>estrogens, conjugated</i>)	PB	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	PG	
<i>terconazole vaginal suppository 80 mg</i>	PG	
today sponge vaginal 1000 mg (<i>nonoxynol-9</i>)	CE	N2 (Not Covered)
vagifem vaginal tablet 10 mcg (<i>estradiol</i>)	NP	
<i>metronidazole (Vandazole Vaginal Gel 0.75 %)</i>	PG	
<i>estradiol (Yuvaferm Vaginal Tablet 10 Mcg)</i>	NP	

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

218

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VASOPRESSORS - DRUGS FOR THE HEART		
adrenalin injection solution 1 mg/ml, 30 mg/30ml (<i>epinephrine</i>)	NF	
adyphren amp ii injection kit 1 mg/ml (<i>epinephrine</i>)	NP	QL (4 injections per 30 days)
adyphren ii injection kit 1 mg/ml (<i>epinephrine</i>)	NP	QL (4 injections per 30 days)
adyphren injection kit 1 mg/ml (<i>epinephrine</i>)	NP	QL (4 injections per 30 days)
auvi-q injection solution auto-injector 0.1 mg/0.1ml, 0.15 mg/0.15ml, 0.3 mg/0.3ml (<i>epinephrine</i>)	NF	
<i>epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	PG	QL (4 injections per 30 days)
epipen 2-pak injection solution auto-injector 0.3 mg/0.3ml (<i>epinephrine</i>)	NP	ST; QL (4 injections per 30 days)
epipen jr 2-pak injection solution auto-injector 0.15 mg/0.3ml (<i>epinephrine</i>)	NP	ST; QL (4 injections per 30 days)
episnap injection kit 1 mg/ml (<i>epinephrine</i>)	NP	QL (4 injections per 30 days)
<i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	PG	SP
northera oral capsule 100 mg (<i>droxidopa</i>)	NPSP	PA; ST; #; SP; QL (3 capsules per 1 day)
northera oral capsule 200 mg, 300 mg (<i>droxidopa</i>)	NPSP	PA; ST; #; SP; QL (6 EA per 1 day)
symjepi injection solution prefilled syringe 0.15 mg/0.3ml, 0.3 mg/0.3ml (<i>epinephrine</i>)	PB	QL (4 syringes per 30 days)
VITAMINS - DRUGS FOR NUTRITION		
drisdol oral capsule 1.25 mg (50000 ut) (<i>ergocalciferol</i>)	NF	
<i>ergocal oral capsule 62.5 mcg (2500 ut)</i>	NP	
<i>ergocalciferol oral capsule 1.25 mg (50000 ut)</i>	PG	
mephyton oral tablet 5 mg (<i>phytonadione</i>)	NP	QL (25 tablets per 30 days)
<i>phytonadione oral tablet 5 mg</i>	PG	QL (25 tablets per 30 days)
potaba oral capsule 500 mg (<i>potassium aminobenzoate</i>)	NP	
<i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)</i>	PG	

2020 Pharmacy Drug Guide - Aetna Funding Advantage Small Group Plan

The formulary is updated the first week of each month

12/01/2020

Index

- abacavir sulfate*..... 99
abacavir sulfate-lamivudine..... 99
abacavir-lamivudine-zidovudine 99
abilify..... 95
abilify maintena.....95
abiraterone acetate.....82
abreva.....127
absorica.....127
absorica ld.....127
acamprosate calcium.....203
acanya.....127
acarbose.....58
accolate.....42
accu-chek aviva plus.....142
accu-chek compact plus.....142
accu-chek fastclix lancet.....172
accu-chek fastclix lancets.....172
accu-chek guide.....142
accu-chek multiclix lancet dev173
accu-chek multiclix lancets....173
accu-chek safe-t pro lancets...173
accu-chek smartview.....142
accu-chek softclix lancet dev..173
accu-chek softclix lancets.....173
accupril.....73
accuretic.....73
accutrend glucose.....142
acebutolol hcl.....105
acetaminophen-codeine.....29
acetaminophen-codeine #2.....29
acetaminophen-codeine #3.....29
acetaminophen-codeine #4.....29
Acetasol Hc.....199
acetazolamide.....148
acetazolamide er.....148
acetic acid.....161, 199
acetylcysteine.....126
acid control maximum strength
.....213
acid controller max st.....213
acid reducer maximum strength
.....213
aciphex.....213
aciphex sprinkle.....213
acitretin.....127
actemra.....22
actemra actpen.....22
acthar.....150
acticlate.....210
actigall.....158
actimmune.....82
actiq.....29
activella.....155
actonel.....150
actoplus met.....58
actos.....58
acular.....193
acular ls.....193
acyclovir.....99, 100, 127
aczone.....127
adacel.....213
adapalene.....127, 128
adapalene-benzoyl peroxide...128
adcirca.....110
adderall.....16
adderall xr.....16
adefovir dipivoxil.....100
adempas.....110
adhansia xr.....16
adlyxin.....58
adlyxin starter pack.....58
admelog.....58
admelog solostar.....58
adrenalin.....192, 219
advair diskus.....42
advair hfa.....42
advance intuition test.....143
advance micro-draw test.....143
advate.....162
advocate duo.....173
advocate redi-code.....143
advocate redi-code+ test.....143
advocate test.....143
adynovate.....162, 163
adyphren.....219
adyphren amp ii.....219
adyphren ii.....219
adzenys er.....16
adzenys xr-odt.....16
aemcolo.....78
Afeditab Cr.....107
afinitor.....82
afinitor disperz.....82
Afirmelle.....114
afrezza.....58
afstyla.....163
agamatrix amp test.....143
agamatrix jazz test.....143
agamatrix keynote test.....143
agamatrix presto test.....143
aimovig.....178
airduo digihaler.....42
airduo respiclick 113/14.....42
airduo respiclick 232/14.....42
airduo respiclick 55/14.....42
ajovy.....178
aklief.....128
akynzeo.....67
ala scalp.....128
alavert.....69
alavert allergy/sinus.....126
alaway.....193
alaway childrens allergy.....193
albendazole.....39
albenza.....39
albuterol sulfate.....42
albuterol sulfate er.....42
albuterol sulfate hfa.....42
alcaine.....193
alclometasone dipropionate....128
alcohol swabs.....173
aldactazide.....149
aldactone.....149
aldara.....128
aldurazyme.....150
alecensa.....82
alendronate sodium.....150
alferon n.....82
alfuzosin hcl er.....161
alinia.....78
aliskiren fumarate.....73
alive prenatal.....185
alkeran.....82
alkindi sprinkle.....124
allegra allergy.....69
allegra allergy childrens.....69
allegra-d allergy & congestion126
allergy relief.....69
allergy relief loratadine.....69
allopurinol.....162
allzital.....27
almotriptan malate.....178
alocril.....193
alogliptin benzoate.....58
alogliptin-metformin hcl.....58
alogliptin-pioglitazone.....58
alomide.....193

aloprim.....	162	<i>amlodipine-olmesartan</i>	74	aptivus.....	100
alora.....	155	<i>amlodipine-valsartan-hetz</i>	74	arakoda.....	80
<i>alose tron hcl</i>	158	<i>ammonium lactate</i>	128	aralast np.....	209
aloxi.....	67	ammonul.....	150	Aranelle.....	114
alphagan p.....	193	Amnesteem.....	128	aranesp (albumin free).....	166
alphanate/vwf complex/human.....	163	<i>amoxapine</i>	54	arava.....	22
alphanine sd.....	163	<i>amoxicill-clarithro-lansopraz</i> ..	213	arazlo.....	128
<i>alprazolam</i>	40	<i>amoxicillin</i>	202	arcalyst.....	22
<i>alprazolam er</i>	40	<i>amoxicillin-pot clavulanate</i>	202	arcapta neohaler.....	43
alprazolam intensol.....	40	<i>amoxicillin-pot clavulanate er</i>	202	Argyle Sterile Saline.....	161
<i>alprazolam xr</i>	40	<i>amphetamine er</i>	16	aricept.....	204
alprolix.....	163	<i>amphetamine sulfate</i>	16	arikayce.....	21
alrex.....	193	<i>amphetamine-dextroamphet er</i>	16	arimidex.....	82
altabax.....	128	<i>amphetamine-</i> <i>dextroamphetamine</i>	16	<i>aripiprazole</i>	95
altace.....	73	<i>ampicillin</i>	202	aristada.....	95
Altafrin.....	193	<i>ampicillin sodium</i>	202	aristada initio.....	95
Altavera.....	114	<i>ampicillin-sulbactam sodium</i>	202	arixtra.....	47
altoprev.....	71	ampyra.....	203	<i>armodafinil</i>	17
altreno.....	128	amrix.....	190	armonair digihaler.....	43
alunbrig.....	82	amzeeq.....	128	armour thyroid.....	212
alvesco.....	42	anadrol-50.....	37	arnuity ellipta.....	43
<i>alyacen 1/35</i>	114	anafranil.....	54	aromasin.....	82
<i>alyacen 7/7/7</i>	114	<i>anagrelide hcl</i>	163	arthrotec.....	22
Alyq.....	110	analpram-hc.....	39	arymo er.....	29
<i>amantadine hcl</i>	93	anaprox ds.....	22	arzerra.....	82
amaryl.....	58	<i>anastrozole</i>	82	asacol hd.....	158
ambien.....	169	ancobon.....	68	asceniv.....	199
ambien cr.....	169	androderm.....	38	Ascomp-Codeine.....	30
ambisome.....	68	androgel.....	38	Ashlyna.....	114
<i>ambrisentan</i>	110	androgel pump.....	38	asmanex (120 metered doses)... ..	43
<i>amcinonide</i>	128	angeliq.....	155	asmanex (14 metered doses)....	43
ameluz.....	128	annovera.....	114	asmanex (30 metered doses)....	43
amerge.....	178	anoro ellipta.....	43	asmanex (60 metered doses)....	43
Amethia.....	114	antara.....	71	asmanex (7 metered doses).....	43
Amethia Lo.....	114	anusol-hc.....	39	asmanex hfa.....	43
Amethyst.....	114	anzemet.....	67	<i>aspirin</i>	28
amicar.....	169	apadaz.....	29	<i>aspirin 81</i>	27
<i>amikacin sulfate</i>	21	<i>apap-caff-dihydrocodeine</i>	29	<i>aspirin adult low dose</i>	27
<i>amiloride hcl</i>	149	apexicon e.....	128	<i>aspirin childrens</i>	27
<i>amiloride-hydrochlorothiazide</i>	149	apidra.....	58	<i>aspirin low dose</i>	27, 28
<i>aminocaproic acid</i>	169	apidra solostar.....	58	<i>aspirin-dipyridamole er</i>	163
<i>aminophylline</i>	43	aplenzin.....	54	<i>aspirin-omeprazole</i>	163
<i>amiodarone hcl</i>	41	apokyn.....	93	<i>aspir-low</i>	28
amitiza.....	158	<i>apraclonidine hcl</i>	194	assure 3 test.....	143
<i>amitriptyline hcl</i>	54	<i>aprepitant</i>	67	assure 4 test.....	143
<i>amlodipine besy-benazepril hcl</i> ..	73	Apri.....	114	assure ii.....	143
<i>amlodipine besylate</i>	107	apriso.....	158	assure ii check.....	143
<i>amlodipine besylate-valsartan</i> ..	74	aptensio xr.....	17	assure lancets.....	173
<i>amlodipine-atorvastatin</i>	110	aptiom.....	48	assure platinum.....	143
				assure prism multi test.....	143

assure pro test.....	143	<i>azeschew prenatal/postnatal</i>	185	<i>benazepril hcl</i>	74
astagraf xl.....	182	<i>azesco</i>	185	<i>benazepril-hydrochlorothiazide</i> ..	74
atabex.....	185	azilect.....	93	benefix.....	163
atacand.....	74	<i>azithromycin</i>	171, 172	benicar.....	74
<i>atazanavir sulfate</i>	100	azopt.....	194	benicar hct.....	74
atelvia.....	150	azor.....	74	benlysta.....	182, 183
<i>atenolol</i>	105	<i>aztreonam</i>	78	bentyl.....	213
<i>atenolol-chlorthalidone</i>	74	azulfidine.....	158	benzaclin.....	128
atgam.....	182	azulfidine en-tabs.....	158	benzaclin with pump.....	128
ativan.....	40	Azurette.....	115	<i>benzhydrocodone-</i>	
<i>atomoxetine hcl</i>	17	<i>bacitracin</i>	194	<i>acetaminophen</i>	30
<i>atorvastatin calcium</i>	71	<i>bacitracin-polymyxin b</i>	194	<i>benznidazole</i>	39
<i>atovaquone</i>	78	<i>bacitra-neomycin-polymyxin-</i>		<i>benzonatate</i>	126
<i>atovaquone-proguanil hcl</i>	80	<i>hc</i>	194	<i>benzoyl peroxide-erythromycin</i>	
atralin.....	128	<i>baclofen</i>	190	.....	128
atripla.....	100	bactrim.....	78	<i>benztropine mesylate</i>	93
<i>atropine sulfate</i>	194	bactrim ds.....	78	beovu.....	194
atrovent hfa.....	43	bafiertam.....	204	bepreve.....	194
aubagio.....	204	balcoltra.....	115	berinert.....	163
Aubra.....	114	<i>balsalazide disodium</i>	158	besivance.....	194
Aubra Eq.....	114	balversa.....	82, 83	betadine ophthalmic prep.....	194
augmentin.....	202	Balziva.....	115	<i>betamethasone dipropionate</i>	129
Aurovela 1.5/30.....	114	banzel.....	48	<i>betamethasone dipropionate</i>	
Aurovela 1/20.....	114	baqsimi one pack.....	58	<i>aug</i>	129
Aurovela 24 Fe.....	114	baqsimi two pack.....	58	<i>betamethasone valerate</i>	129
Aurovela Fe 1/20.....	114	baraclude.....	100	betapace af.....	105
austedo.....	204	basaglar kwikpen.....	58	betaseron.....	204
auvi-q.....	219	baxdela.....	157	<i>betaxolol hcl</i>	105, 194
avalide.....	74	<i>bayer low dose</i>	28	<i>bethanechol chloride</i>	217
avandia.....	58	bayer low dose.....	28	bethkis.....	21
avapro.....	74	bd autoshield.....	173	betimol.....	194
Aviane.....	114	bd insulin syringe.....	173	betoptic-s.....	194
<i>avidoxy</i>	210	bd insulin syringe microfine...	173	bevespi aerosphere.....	43
Avita.....	128	bd insulin syringe u/f.....	173	<i>bexarotene</i>	83
avo cream.....	128	bd insulin syringe ultrafine....	173	beyaz.....	115
avodart.....	161	bd lancet ultrafine 30g.....	173	biafine.....	129
avonex pen.....	204	bd lancet ultrafine 33g.....	173	<i>bicalutamide</i>	83
avonex prefilled.....	204	bd microtainer lancets.....	173	bidil.....	110
avsola.....	158	bd pen.....	173	bijuva.....	155
aygestin.....	203	bd pen mini.....	173	biktarvy.....	100
Ayuna.....	115	bd pen needle mini u/f.....	173	biltricide.....	39
ayvakit.....	82	bd pen needle nano u/f.....	173	<i>bimatoprost</i>	194
azactam.....	78	bd pen needle original u/f.....	173	binosto.....	150
azasan.....	182	bd pen needle short u/f.....	173	bionect.....	129
azasite.....	194	bd safetyglide insulin syringe.	173	bioscanner glucose test.....	143
<i>azathioprine</i>	182	beconase aq.....	192	<i>bisoprolol fumarate</i>	105
<i>azelaic acid</i>	128	Bekyree.....	115	<i>bisoprolol-hydrochlorothiazide</i> ..	74
<i>azelastine hcl</i>	192, 194	belbuca.....	30	bivigam.....	200
<i>azelastine-fluticasone</i>	192	<i>belladonna alkaloids-opium</i>	213	bleph-10.....	194
azelex.....	128	belsomra.....	169	blephamide.....	194

blephamide s.o.p.....	194	butrans.....	31	cardura.....	74
Blisovi 24 Fe.....	115	bydureon.....	58	cardura xl.....	161
Blisovi Fe 1.5/30.....	115	bydureon bcise.....	58	caresens n glucose test.....	143
<i>blood glucose test</i>	143	byetta 10 mcg pen.....	59	caretouch test.....	143
boniva.....	150	byetta 5 mcg pen.....	59	carimune nf.....	200
bonjesta.....	67	bynfezia pen.....	150	<i>carisoprodol</i>	190
<i>bosentan</i>	110	bystolic.....	105	<i>carisoprodol-aspirin-codeine</i> ...	190
bosulif.....	83	<i>cabergoline</i>	150	carnitor.....	150
botox.....	193	cablivi.....	163	carnitor sf.....	150
braftovi.....	83	cabometyx.....	83	carospir.....	149
breo ellipta.....	43	caduet.....	110	<i>carteolol hcl</i>	194
breztri aerosphere.....	43	cafergot.....	178	Cartia Xt.....	108
<i>briellyn</i>	115	<i>caffeine citrate</i>	17	<i>carvedilol</i>	106
brilinta.....	163	calan sr.....	107	<i>carvedilol phosphate er</i>	106
<i>brimonidine tartrate</i>	194	<i>calcipotriene</i>	129	casodex.....	83
brisdelle.....	204	<i>calcipotriene-betameth diprop</i>	129	catapres.....	74
briviact.....	48	<i>calcitonin (salmon)</i>	150	catapres-tts-1.....	74
<i>bromfenac sodium (once-daily)</i>	194	Calcitrene.....	129	catapres-tts-2.....	75
<i>bromocriptine mesylate</i>	93	<i>calcitriol</i>	129, 150	catapres-tts-3.....	75
bromsite.....	194	calquence.....	83	caya.....	173
brovana.....	43	cambia.....	178	cayston.....	78
brukinsa.....	83	Camila.....	115	Caziant.....	115
bryhali.....	129	camptosar.....	83	<i>cefaclor</i>	112
<i>budesonide</i>	43, 124, 192	Camrese.....	115	<i>cefaclor er</i>	112
<i>budesonide er</i>	124	Camrese Lo.....	115	<i>cefadroxil</i>	112
<i>budesonide-formoterol</i>		canasa.....	158	<i>cefazolin sodium</i>	112
<i>fumarate</i>	44	<i>candesartan cilexetil</i>	74	<i>cefdinir</i>	112
<i>bullseye mini safety lancets</i>	173	<i>candesartan cilexetil-hctz</i>	74	<i>cefepime hcl</i>	112
<i>bullseye safety lancets</i>	173	<i>cantharidin</i>	129	<i>cefixime</i>	112
<i>bumetanide</i>	149	capastat sulfate.....	81	<i>cefotaxime sodium</i>	112
bunavail.....	30	<i>capecitabine</i>	83	<i>cefotetan disodium</i>	112
Bupap.....	28	capex.....	129	<i>cefoxitin sodium</i>	112
buphenyl.....	150	caplyta.....	95	<i>cefpodoxime proxetil</i>	112
<i>buprenorphine</i>	30	caprelsa.....	83	<i>cefprozil</i>	112
<i>buprenorphine hcl</i>	30	<i>captopril</i>	74	<i>ceftazidime</i>	112
<i>buprenorphine hcl-naloxone hcl</i>	30	<i>captopril-hydrochlorothiazide</i> ...	74	<i>ceftriaxone sodium</i>	113
<i>bupropion hcl</i>	54	carac.....	129	<i>ceftriaxone sodium in dextrose</i>	113
<i>bupropion hcl er (smoking det)</i>	204	carafate.....	213	<i>cefuroxime axetil</i>	113
<i>bupropion hcl er (sr)</i>	54	carbagli.....	150	<i>cefuroxime sodium</i>	113
<i>bupropion hcl er (xl)</i>	54	<i>carbamazepine</i>	48	celebrex.....	22
<i>buspironone hcl</i>	40	<i>carbamazepine er</i>	48	<i>celecoxib</i>	22
busulfex.....	83	carbatrol.....	48	celexa.....	54
<i>butalbital-acetaminophen</i>	28	<i>carbidopa</i>	93	cellcept.....	183
<i>butalbital-apap-caff-cod</i>	30	<i>carbidopa-levodopa</i>	93	cellcept intravenous.....	183
<i>butalbital-apap-caffeine</i>	28	<i>carbidopa-levodopa er</i>	93	celontin.....	48
<i>butalbital-asa-caff-codeine</i>	31	<i>carbinoxamine maleate</i>	69	centany.....	129
<i>butalbital-aspirin-caffeine</i>	28	cardene iv.....	107	centany at.....	129
<i>butorphanol tartrate</i>	31	<i>cardioplegic</i>	110	centrum specialist prenatal....	185
		cardizem cd.....	107	<i>cephalexin</i>	113
		cardizem la.....	107	cequa.....	194

cerdelga.....	166	<i>ciprofloxacin-fluocinolone pf.</i>	199	clobex spray.....	130
cerebyx.....	48	<i>cialopram hydrobromide</i>	54	Clodan.....	130
cerezyme.....	166	citranatal 90 dha.....	185	cloderm.....	130
Cesia.....	115	citranatal assure.....	185	<i>clomipramine hcl</i>	54
<i>cetirizine hcl</i>	69	citranatal b-calm.....	186	<i>clonazepam</i>	48
<i>cetirizine-pseudoephedrine er.</i>	126	citranatal bloom.....	186	<i>clonidine hcl</i>	75
cetralax.....	199	citranatal dha.....	186	<i>clonidine hcl er</i>	17
<i>cevimeline hcl</i>	185	citranatal essence.....	186	<i>clopidogrel bisulfate</i>	163
chantix.....	204	citranatal harmony.....	186	<i>clorazepate dipotassium</i>	41
chantix continuing month pak		citranatal medley.....	186	<i>clotrimazole</i>	185
.....	204	citranatal rx.....	186	<i>clotrimazole-betamethasone</i>	130
chantix starting month pak....	204	Claravis.....	130	<i>clozapine</i>	95, 96
Chateal.....	115	clarinex.....	69	clozaril.....	96
Chateal Eq.....	115	clarinex-d 12 hour.....	126	coagadex.....	163
chemet.....	66	<i>clarithromycin</i>	172	coaguchek lancets.....	174
chemstrip k.....	143	<i>clarithromycin er</i>	172	<i>coal tar</i>	130
chenodal.....	158	claritin.....	69	coartem.....	80
<i>childrens aspirin</i>	28	claritin childrens.....	69	<i>codeine sulfate</i>	31
<i>childrens aspirin low strength</i>	28	claritin eye.....	195	<i>coditussin ac</i>	126
<i>childrens loratadine</i>	69	claritin redivals.....	69	colazal.....	158
<i>chlordiazepoxide hcl</i>	41	claritin-d 12 hour.....	126	<i>colchicine</i>	162
<i>chlordiazepoxide-amitriptyline</i>	204	claritin-d 24 hour.....	126	<i>colchicine-probenecid</i>	162
<i>chlorhexidine gluconate</i>	185	<i>clemastine fumarate</i>	70	colcrys.....	162
<i>chloroquine phosphate</i>	80	clenpiq.....	170	<i>colesevelam hcl</i>	71
<i>chlorothiazide sodium</i>	149	cleocin.....	78, 218	colestid.....	71
<i>chlorpromazine hcl</i>	95	cleocin phosphate.....	78	colestid flavored.....	71
<i>chlorthalidone</i>	149	cleocin-t.....	130	<i>colestipol hcl</i>	71
<i>chlorzoxazone</i>	190	clever chek auto-code.....	173	<i>colistimethate sodium (cba)</i>	79
cholbam.....	158	clever chek auto-code test.....	143	<i>collagenase</i>	130
<i>cholestyramine</i>	113	clever chek auto-code voice...	143	coly-mycin m.....	79
<i>cholestyramine light</i>	71	clever chek test.....	143	combigan.....	195
Ciclodan.....	129	clever choice auto-code test...	143	combipatch.....	156
<i>ciclopirox</i>	129	clever choice micro test.....	143	combivent respimat.....	44
<i>ciclopirox olamine</i>	130	clever choice no coding.....	143	combivir.....	100
<i>cidofovir</i>	100	clever choice talk system.....	143	cometriq (100 mg daily dose)...	83
<i>cilostazol</i>	163	climara.....	156	cometriq (140 mg daily dose)...	83
ciloxan.....	194	climara pro.....	155	cometriq (60 mg daily dose)....	84
cimduo.....	100	clindagel.....	130	<i>comfort assured lancets 28g</i>	174
<i>cimetidine</i>	213	<i>clindamycin hcl</i>	79	<i>comfort assured lancets 33g</i>	174
cimzia.....	158	<i>clindamycin palmitate hcl</i>	79	complera.....	100
cimzia prefilled.....	158	<i>clindamycin phos-benzoyl</i>		Compro.....	96
cimzia starter kit.....	158	<i>perox</i>	130	comtan.....	93
cinqair.....	44	<i>clindamycin phosphate</i>		<i>co-natal fa</i>	186
cinryze.....	163	.....	79, 130, 218	concept dha.....	186
cipro.....	157	<i>clindamycin-tretinoin</i>	130	concept ob.....	186
cipro hc.....	199	<i>clobazam</i>	48	concerta.....	17
ciprodex.....	199	<i>clobetasol propionate</i>	130	condylox.....	131
<i>ciprofloxacin hcl</i>	157, 194, 199	<i>clobetasol propionate e</i>	130	conjupri.....	108
<i>ciprofloxacin in d5w</i>	157	<i>clobetasol propionate emulsion</i>	130	consensi.....	108
<i>ciprofloxacin-dexamethasone</i> ..	199	clobex.....	130	<i>constulose</i>	170

contour next test.....	143	<i>cyclobenzaprine hcl er</i>	190	depakote.....	49
contour test.....	143	cyclogyl.....	195	depakote er.....	48
conzip.....	31	cyclomydril.....	195	depakote sprinkles.....	49
cool blood glucose test strips.	143	<i>cyclopentolate hcl</i>	195	depen titratabs.....	183
copaxone.....	204	<i>cyclophosphamide</i>	84	depo-estradiol.....	156
copiktra.....	84	<i>cycloserine</i>	81	depo-medrol.....	124
cordran.....	131	cycloset.....	59	depo-provera.....	116
coreg.....	106	<i>cyclosporine</i>	183	depo-subq provera 104.....	116
coreg cr.....	106	<i>cyclosporine modified</i>	183	depo-testosterone.....	38
Coremino.....	210	cymbalta.....	54	derma-smoothe/fs body.....	132
corgard.....	106	<i>cyproheptadine hcl</i>	70	dermotec.....	199
corifact.....	163	Cyred.....	116	descovy.....	100
corlanor.....	110	Cyred Eq.....	116	desferal.....	66
cortef.....	124	cystadane.....	150	<i>desipramine hcl</i>	54
cortenema.....	39	cystadrops.....	195	<i>desloratadine</i>	70
cortifoam.....	39	cystagon.....	161	<i>desmopressin ace spray refrig.</i>	151
cortisporin.....	131	cystaran.....	195	<i>desmopressin acetate</i>	151
<i>corvita</i>	186	cytogam.....	200	<i>desogestrel-ethinyl estradiol</i> ...	116
corvite fe.....	166	cytomel.....	212	desonate.....	132
cosentyx.....	131	d.h.e. 45.....	178	<i>desonide</i>	132
cosentyx (300 mg dose).....	131	<i>dalfampridine er</i>	204	desowen.....	132
cosentyx sensoready (300 mg)	131	daliresp.....	44	<i>desoximetasone</i>	132
cosentyx sensoready pen.....	131	<i>danazol</i>	38	desoxyn.....	17
cosopt.....	195	<i>dantrolene sodium</i>	190	<i>desvenlafaxine er</i>	54
cosopt pf.....	195	<i>dapsone</i>	79, 131	<i>desvenlafaxine succinate er</i>	54
cotellic.....	84	daraprim.....	80	detrol.....	217
cotempla xr-odt.....	17	<i>darifenacin hydrobromide er</i> ...	217	detrol la.....	217
cozaar.....	75	Dasetta 1/35.....	116	<i>dexamethasone</i>	124, 125
creon.....	148	Dasetta 7/7/7.....	116	dexamethasone intensol.....	124
cresemba.....	68	daurismo.....	84	<i>dexamethasone sod phosphate</i>	
crestor.....	71	daypro.....	22	<i>pf</i>	125
crinone.....	218	Daysee.....	116	<i>dexamethasone sodium</i>	
crixivan.....	100	daytrana.....	17	<i>phosphate</i>	125, 195
<i>cromolyn sodium</i>	44, 158, 195	dayvigo.....	169	<i>dexchlorpheniramine maleate</i> ...	70
crotan.....	131	d-care blood glucose.....	143	dexcom g4 plat ped rcv/share.	174
Cryselle-28.....	115	ddavp.....	151	dexcom g4 plat ped receiver...	174
cuprimine.....	183	ddavp rhinal tube.....	151	dexcom g4 platinum rcv/share	174
cutaquig.....	200	Deblitane.....	116	dexcom g4 platinum receiver.	174
cutivate.....	131	<i>deferasirox</i>	66	dexcom g4 platinum	
cuvitru.....	200	<i>deferasirox granules</i>	66	transmitter.....	174
cuvposa.....	213	<i>deferiprone</i>	66	dexcom g4 sensor.....	174
<i>cvs acid controller max st</i>	213	<i>deferoxamine mesylate</i>	66	dexcom g5 mob/g4 plat sensor	
<i>cvs budesonide</i>	192	delestrogen.....	156	.....	174
<i>cvs omeprazole-sod</i>		delstrigo.....	100	dexcom g5 mobile receiver....	174
<i>bicarbonate</i>	213	Delyla.....	116	dexcom g5 mobile transmitter	174
<i>cvs prenatal gummy</i>	186	delzicol.....	158	dexcom g5 receiver kit.....	174
<i>cyanocobalamin</i>	167	<i>demeclocycline hcl</i>	210	dexcom g6 receiver.....	174
Cyclafem 1/35.....	115	demerol.....	31	dexcom g6 sensor.....	174
Cyclafem 7/7/7.....	115	demser.....	75	dexcom g6 transmitter.....	174
<i>cyclobenzaprine hcl</i>	190	denavir.....	131	dexedrine.....	17

Dexifol.....	186	<i>diphenoxylate-atropine</i>	65	duragesic-100.....	31
dexilant.....	213	diprolene.....	132	duragesic-12.....	31
<i>dexmethylphenidate hcl</i>	17	diprolene af.....	132	duragesic-25.....	31
<i>dexmethylphenidate hcl er</i>	17	<i>dipyridamole</i>	163	duragesic-50.....	31
<i>dextroamphetamine sulfate</i>	17	<i>disopyramide phosphate</i>	41	duragesic-75.....	31
<i>dextroamphetamine sulfate er</i> ...	17	<i>disulfiram</i>	204	<i>duramorph</i>	31
diacomit.....	49	ditropan xl.....	217	durezol.....	195
dialyvite 5000.....	186	diuril.....	149	durlaza.....	163
dialyvite supreme d.....	186	<i>divalproex sodium</i>	49	durolane.....	190
diastat acudial.....	49	<i>divalproex sodium er</i>	49	<i>dutasteride</i>	161
diastat pediatric.....	49	divigel.....	156	<i>dutasteride-tamsulosin hcl</i>	161
diathrive blood glucose test...	144	<i>docosanol</i>	132	dutoptrol.....	75
<i>diatrue plus test</i>	144	<i>dofetilide</i>	41	dxevo 11-day.....	125
<i>diazepam</i>	41, 49	dolophine.....	31	dyanavel xr.....	17
Diazepam Intensol.....	41	<i>donepezil hcl</i>	205	dyazide.....	149
<i>diazoxide</i>	59	donnatal.....	214	dymista.....	192
dibenzyliline.....	75	doptelet.....	167	dyrenium.....	149
diclegis.....	67	doral.....	169	dysport.....	193
<i>diclofenac</i>	22	doryx.....	210	e.e.s. 400.....	172
<i>diclofenac epolamine</i>	132	doryx mpc.....	210	e.e.s. granules.....	172
<i>diclofenac potassium</i>	22	<i>dorzolamide hcl</i>	195	easy comfort insulin syringe...	174
<i>diclofenac sodium</i>	22, 132, 195	<i>dorzolamide hcl-timolol mal</i> ...	195	<i>easy plus ii glucose test</i>	144
<i>diclofenac sodium er</i>	22	<i>dorzolamide hcl-timolol mal pf</i>	195	easy step test.....	144
<i>diclofenac-misoprostol</i>	22	dovato.....	100	<i>easy talk blood glucose test</i>	144
<i>dicloxacillin sodium</i>	202	dovonex.....	132	easy touch insulin syringe.....	174
<i>dicyclomine hcl</i>	214	<i>doxazosin mesylate</i>	75	easy touch lancets 21g.....	174
<i>didanosine</i>	100	<i>doxepin hcl</i>	55, 132, 169	easy touch lancets 23g.....	174
differin.....	132	<i>doxercalciferol</i>	151	easy touch lancets 26g.....	174
dificid.....	172	Doxy 100.....	210	easy touch lancets 28g.....	174
<i>diflorasone diacetate</i>	132	<i>doxycycline</i>	132	easy touch lancets 28g/twist...	174
diflucan.....	68	<i>doxycycline hyclate</i>	210, 211	easy touch lancets 30g.....	174
<i>diflunisal</i>	28	<i>doxycycline monohydrate</i>	211	easy touch lancets 32g.....	174
Digitek.....	110	<i>doxylamine-pyridoxine</i>	67	easy touch lancets 32g/twist...	174
Digox.....	110	drisdol.....	219	easy touch lancing device.....	175
<i>digoxin</i>	110	drizalma sprinkle.....	55	easy touch safety lancets 21g..	175
<i>dihydroergotamine mesylate</i> ...	178	<i>dronabinol</i>	67	easy touch safety lancets 23g..	175
dilantin.....	49	<i>drospiren-eth estrad-levomefol</i>	116	easy touch safety lancets 26g..	175
dilantin infatabs.....	49	<i>drospirenone-ethinyl estradiol</i> .	116	easy touch safety lancets 28g..	175
dilatrate-sr.....	39	droxia.....	167	easy touch test.....	144
dilaudid.....	31	drug mart unifine pentips.....	174	<i>easy trak blood glucose test</i>	144
<i>diltiazem hcl</i>	108	duaklir pressair.....	44	easy twist & cap lancets.....	175
<i>diltiazem hcl er</i>	108	duavee.....	156	easygluco.....	144
<i>diltiazem hcl er beads</i>	108	duetact.....	59	easygluco plus.....	144
<i>diltiazem hcl er coated beads</i> ...	108	duexis.....	22	easymax 15 test.....	144
<i>dilt-xr</i>	108	dulera.....	44	easymax test.....	144
<i>dimethyl fumarate</i>	204	<i>duloxetine hcl</i>	55	easypro blood glucose test....	144
diovan.....	75	duobrii.....	132	easypro plus.....	144
diovan hct.....	75	duo-care test.....	144	<i>econazole nitrate</i>	133
dipentum.....	158	duopa.....	93	<i>ecotrin low strength</i>	28
<i>diphenhydramine hcl</i>	70	dupixent.....	133	ecoza.....	133

edarbi.....	75	enbrel mini.....	23	<i>erlotinib hcl</i>	84
edarbyclor.....	75	enbrel sureclick.....	23	Errin.....	116
edecrin.....	149	endari.....	167	ertaczo.....	133
edluar.....	169	Endocet.....	31, 32	<i>ery</i>	133
edurant.....	100	endometrin.....	218	erygel.....	133
<i>efavirenz</i>	100	enlite glucose sensor.....	175	eryped 200.....	172
<i>efavirenz-emtricitab-tenofovir</i>	100	<i>enoxaparin sodium</i>	47	eryped 400.....	172
<i>efavirenz-lamivudine-tenofovir</i>	100	Enpresse-28.....	116	Ery-Tab.....	172
effer-k.....	180	Enskyce.....	116	erythrocin lactobionate.....	172
Effer-K.....	180	enspryng.....	183	erythrocin stearate.....	172
effexor xr.....	55	enstilar.....	133	<i>erythromycin</i>	133
effient.....	163	<i>entacapone</i>	93	<i>erythromycin base</i>	172
efudex.....	133	<i>entecavir</i>	101	<i>erythromycin ethylsuccinate</i>	172
elaprase.....	151	entocort ec.....	125	esbriet.....	209
elelyso.....	167	entresto.....	110	<i>escitalopram oxalate</i>	55
<i>element compact test</i>	144	entyvio.....	158	Esgic.....	28
element test.....	144	<i>enulose</i>	158	esgic.....	28
elestrin.....	156	envarsus xr.....	183	<i>esomeprazole magnesium</i>	214
<i>eletriptan hydrobromide</i>	178	epaned.....	75	esperoct.....	164
elidel.....	133	epclusa.....	101	Estarylla.....	116
eligard.....	84	epiceram.....	133	<i>estazolam</i>	169
Elinest.....	116	epidiolex.....	49	estrace.....	156, 218
eliquis.....	47	epiduo.....	133	<i>estradiol</i>	156, 218
eliquis dvt/pe starter pack.....	47	epiduo forte.....	133	<i>estradiol valerate</i>	156
elixophyllin.....	44	epifoam.....	133	<i>estradiol-norethindrone acet</i>	156
ella.....	116	<i>epinastine hcl</i>	195	estring.....	218
elmiron.....	161	<i>epinephrine</i>	219	estrogel.....	156
eloctate.....	164	epipen 2-pak.....	219	estrostep fe.....	117
Eluryng.....	116	epipen jr 2-pak.....	219	<i>eszopiclone</i>	169
embrace blood glucose test....	144	episnap.....	219	<i>ethacrynic acid</i>	149
embrace evo blood glucose test.....	144	Epitol.....	49	<i>ethambutol hcl</i>	81
embrace pro glucose test.....	144	epivir.....	101	<i>ethosuximide</i>	49
embrace talk glucose test.....	144	epivir hbv.....	101	<i>ethynodiol diac-eth estradiol</i>	117
emcyt.....	84	<i>eplerenone</i>	75	ethyol.....	84
emend.....	67	epogen.....	167	<i>etodolac</i>	23
emflaza.....	125	<i>epoprostenol sodium</i>	110	<i>etodolac er</i>	23
emgality.....	179	epzicom.....	101	<i>etoposide</i>	84
emgality (300 mg dose).....	178	<i>eq acid reducer max st</i>	214	eucrisa.....	133
Emoquette.....	116	<i>eq allergy relief</i>	70	euflexxa.....	190
emsam.....	55	<i>eq blood glucose test</i>	144	Euthyrox.....	212
<i>emtricitabine</i>	100	<i>eq famotidine max st</i>	214	evamist.....	156
<i>emtricitabine-tenofovir df</i>	100	<i>eq heartburn prevention</i>	214	evekeo.....	17
emtriva.....	100, 101	equetro.....	96	evekeo odt.....	17
emverm.....	39	<i>ergocal</i>	219	evencare + blood glucose test	144
enablex.....	217	<i>ergocalciferol</i>	219	evencare blood glucose test....	144
<i>enalapril maleate</i>	75	<i>ergoloid mesylates</i>	205	evencare g2 test.....	144
<i>enalapril-hydrochlorothiazide</i>	75	ergomar.....	179	evencare g3 test.....	144
enbrace hr.....	186	<i>ergotamine-caffeine</i>	179	evencare mini glucose test.....	144
enbrel.....	23	erivedge.....	84	evenity.....	151
		erleada.....	84	<i>everolimus</i>	84, 183

evista.....	151	<i>fenofibrate</i>	71	<i>fluconazole in sodium chloride</i> ..	68
evolution autocode.....	144	<i>fenofibrate micronized</i>	71	<i>flucytosine</i>	68
evotaz.....	101	<i>fenofibric acid</i>	71, 72	<i>fludrocortisone acetate</i>	125
evoxac.....	185	fenoglide.....	72	<i>flunisolide</i>	192
evrysdi.....	193	<i>fenopropfen calcium</i>	23	<i>fluocinolone acetonide</i>	
exactech r-s-g test.....	144	fenortho.....	23	.....	133, 134, 199
exactech test.....	144	fensolvi (6 month).....	151	<i>fluocinolone acetonide body</i>	133
exelderm.....	133	<i>fentanyl</i>	32	<i>fluocinonide</i>	134
exelon.....	205	<i>fentanyl citrate</i>	32	<i>fluocinonide emulsified base</i>	134
<i>exemestane</i>	84	fentora.....	32	fluorabon.....	180
exforge.....	75	ferriprox.....	66	<i>fluoritab</i>	180
exforge hct.....	75	ferriprox twice-a-day.....	66	<i>fluorometholone</i>	195
exjade.....	66	ferrlecit.....	167	fluoroplex.....	134
extavia.....	205	fetzima.....	55	<i>fluorouracil</i>	85, 134
extina.....	133	fetzima titration.....	55	<i>fluoxetine hcl</i>	55
<i>eye itch relief</i>	195	fexmid.....	190	<i>fluoxetine hcl (pmdd)</i>	205
eylea.....	195	<i>fexofenadine hcl</i>	70	<i>fluphenazine decanoate</i>	96
ez smart blood glucose test....	144	<i>fexofenadine-pseudoephed er</i> ..	127	<i>fluphenazine hcl</i>	96
ez smart plus glucose test.....	144	fiasp.....	59	flura-drops.....	180
ezallor sprinkle.....	71	fiasp flextouch.....	59	<i>flurandrenolide</i>	134
<i>ezetimibe</i>	71	fiasp penfill.....	59	flura-safe.....	195
<i>ezetimibe-simvastatin</i>	71	fibryga.....	164	<i>flurazepam hcl</i>	170
fa-8.....	167	fifty50 glucose test 2.0.....	144	<i>flurbiprofen</i>	23
fabior.....	133	finacea.....	133	<i>flurbiprofen sodium</i>	195
fabrazyme.....	151	<i>finasteride</i>	133, 161	<i>flutamide</i>	85
falessa.....	117	fingerstix lancets.....	175	<i>fluticasone propionate</i>	134, 192
Falmina.....	117	fintepla.....	49	<i>fluticasone-salmeterol</i>	44
<i>famciclovir</i>	101	fioricet/codeine.....	32	<i>fluvastatin sodium</i>	72
<i>famotidine</i>	214	fiorinal.....	28	<i>fluvastatin sodium er</i>	72
<i>famotidine premixed</i>	214	fiorinal/codeine #3.....	32	<i>fluvoxamine maleate</i>	55
fanapt.....	96	firazyr.....	164	<i>fluvoxamine maleate er</i>	55
fanapt titration pack.....	96	firdapse.....	81	fml.....	196
fareston.....	84	firmagon.....	85	fml forte.....	195
farxiga.....	59	firmagon (240 mg dose).....	85	fml liquifilm.....	195
farydak.....	85	first-mouthwash blm.....	185	focalin.....	18
fasenra pen.....	44	firvanq.....	79	focalin xr.....	18
faslodex.....	85	flagyl.....	79	<i>folate</i>	167
<i>favipiravir</i>	101	flarex.....	195	<i>folic acid</i>	167
Fayosim.....	117	<i>flavoxate hcl</i>	217	<i>fondaparinux sodium</i>	47
fc2 female condom.....	175	flebogamma dif.....	200	fora blood glucose test.....	145
<i>febuxostat</i>	162	<i>flecainide acetate</i>	41	fora d10 2-in-1 monitor.....	175
<i>felbamate</i>	49	flector.....	133	fora d15g 2-in-1 monitor.....	175
felbatol.....	49	flolan.....	111	fora d15g blood glucose test..	145
feldene.....	23	<i>flolipid</i>	72	fora d20 2-in-1 monitor.....	175
<i>felodipine er</i>	108	flomax.....	161	fora d20 blood glucose test....	145
femara.....	85	flonase allergy relief.....	192	fora d40/g31 blood glucose....	145
femcap.....	175	floriva.....	180	fora g20 blood glucose test....	145
femhrt low dose.....	156	flovent diskus.....	44	fora g30/prem v10 glucose test	
femring.....	218	flovent hfa.....	44	.....	145
Femynor.....	117	<i>fluconazole</i>	68	fora gd20 test.....	145

fora gd50 blood glucose test..	145	gammagard s/d less iga	200	glucagen diagnostic.....	145
fora gtel blood glucose test....	145	gammaked.....	200	glucagen hypokit.....	59
fora tn'g/tn'g voice.....	145	gammaplex.....	200	glucagon emergency.....	59
fora v10 blood glucose test....	145	gamunex-c.....	200	<i>glucagon emergency</i>	59
fora v12 blood glucose test....	145	<i>ganciclovir sodium</i>	101	gluco perfect 3 test.....	145
fora v20 blood glucose test....	145	gastrocrom.....	158	glucocard 01 sensor plus.....	145
fora v30a blood glucose test... 145		<i>gatifloxacin</i>	196	glucocard expression test.....	145
foracare gd40 test.....	145	gattex.....	159	glucocard shine test.....	145
foracare premium v10 test.....	145	<i>gavilax</i>	170	glucocard vital test.....	145
foracare test n go test.....	145	gavilyte-c.....	170	glucocard x-sensor.....	145
forfivo xl.....	55	Gavilyte-H.....	171	glucocom test.....	146
fortamet.....	59	Gavilyte-N With Flavor Pack	171	gluconavii blood glucose test.	146
forteo.....	151	gavreto.....	85	<i>glucose</i>	59, 193
fortesta.....	38	<i>ge100 blood glucose test</i>	145	<i>glucose control</i>	175
fortiscare test.....	145	gebauers pain ease.....	134	<i>glucose meter test</i>	146
fosamax.....	151	gebauers spray and stretch....	134	glucotrol.....	59
fosamax plus d.....	151	gelnique.....	217	glucotrol xl.....	59
<i>fosamprenavir calcium</i>	101	gel-one.....	190	glumetza.....	59
foscavir.....	101	gelsyn-3.....	190	<i>glyburide</i>	60
<i>fosinopril sodium</i>	75	<i>gemfibrozil</i>	72	<i>glyburide micronized</i>	59, 60
<i>fosinopril sodium-hctz</i>	75	genadur.....	134	<i>glyburide-metformin</i>	60
<i>fosphenytoin sodium</i>	50	generess fe.....	117	<i>glycopyrrolate</i>	214
fosrenol.....	158	<i>generlac</i>	159	glynase.....	60
fragmin.....	47	Gengraf.....	183	glyset.....	60
freestyle insulinx test.....	145	genotropin.....	151	glyxambi.....	60
freestyle lancets.....	175	genotropin miniquick.....	151	<i>gnp acid reducer max st</i>	214
freestyle libre 14 day reader... 175		<i>gentak</i>	196	gnp clickfine pen needles.....	175
freestyle libre 14 day sensor... 175		<i>gentamicin in saline</i>	21	<i>gnp folic acid</i>	167
freestyle lite test.....	145	<i>gentamicin sulfate</i>	21, 134, 196	gnp insulin syringe.....	175
freestyle precision ins syr.....	175	genultimate test.....	145	gnp ultra com insulin syringe.	175
freestyle precision neo test....	145	genvisc 850.....	190	gocovri.....	93
freestyle test.....	145	genvoya.....	101	gojji blood glucose test.....	146
freestyle unistick ii lancets....	175	geodon.....	96	golytely.....	171
frova.....	179	<i>ght test</i>	145	gonitro.....	39
<i>frovatriptan succinate</i>	179	Gianvi.....	117	<i>goodsense nicotine</i>	205
fulphila.....	167	gilenya.....	205	gralise.....	205
<i>fulvestrant</i>	85	gilotrif.....	85	<i>granisetron hcl</i>	67
<i>furosemide</i>	149	gimoti.....	159	granix.....	167
fuzeon.....	101	glassia.....	209	grastek.....	20
Fyavolv.....	156	<i>glatiramer acetate</i>	205	<i>griseofulvin microsize</i>	68
fycompa.....	50	Glatopa.....	205	<i>griseofulvin ultramicrosize</i>	68
<i>gabapentin</i>	50	gleevec.....	85	<i>guanfacine hcl</i>	75
gabitril.....	50	gleostine.....	85	<i>guanfacine hcl er</i>	18
gablofen.....	190	<i>glimepiride</i>	59	<i>guanidine hcl</i>	81
galafold.....	151	<i>glipizide</i>	59	guardian connect transmitter.	175
<i>galantamine hydrobromide</i>	205	<i>glipizide er</i>	59	guardian link 3 transmitter....	175
<i>galantamine hydrobromide er</i> ..	205	<i>glipizide xl</i>	59	guardian real-time replace ped	
galzin.....	181	<i>glipizide-metformin hcl</i>	59	.....	175
gamastan.....	200	global inject ease insulin syr... 175		guardian sensor (3).....	176
gammagard.....	200	gloperba.....	162	gvoke hypopen 1-pack.....	60

gvoke hypopen 2-pack.....	60	humulin n.....	61	iglucose test strips.....	146
gvoke pfs.....	60	humulin n kwikpen.....	60	ilaris.....	24
gynazole-1.....	218	humulin r.....	61	ilevro.....	196
haegarda.....	164	humulin r u-500 (concentrated).....	61	ilumya.....	135
Hailey 24 Fe.....	117	humulin r u-500 kwikpen.....	61	<i>imatinib mesylate</i>	85
<i>halcinonide</i>	134	hw embrace pro glucose test..	146	imbruvica.....	85, 86
halcion.....	170	hw embrace talk glucose test..	146	<i>imipramine hcl</i>	56
haldol.....	96	hyalgan.....	190	<i>imipramine pamoate</i>	56
haldol decanoate.....	96	hycamtin.....	85	<i>imiquimod</i>	135
<i>halobetasol propionate</i>	134	<i>hydrochlorothiazide</i>	149	<i>imiquimod pump</i>	135
halog.....	134	<i>hydralazine hcl</i>	75	imitrex.....	179
<i>haloperidol</i>	96	hydra.....	85	imitrex statdose refill.....	179
<i>haloperidol decanoate</i>	96	<i>hydrocodone bitartrate er</i>	127	imitrex statdose system.....	179
<i>haloperidol lactate</i>	96	<i>hydrocodone acetaminophen</i>	32	imogam rabies-ht.....	201
harvoni.....	101	<i>hydrocodone-ibuprofen</i>	32	impavido.....	79
healthy accents unifine pentip	176	<i>hydrocortisone</i>	39, 125, 135	impoyz.....	135
<i>heartburn relief max st</i>	214	<i>hydrocortisone ace-pramoxine</i> ..	39	imuran.....	183
Heather.....	117	<i>hydrocortisone butyr lipo base</i>	134	invexxy maintenance pack....	218
helidac therapy.....	214	<i>hydrocortisone butyrate</i> ..	134, 135	invexxy starter pack.....	218
hemady.....	125	<i>hydrocortisone valerate</i>	135	in touch blood glucose test....	146
hemangeol.....	106	<i>hydrocortisone-acetic acid</i>	199	inbrija.....	93
hemlibra.....	164	<i>hydromet</i>	127	Incassia.....	117
hemofil m.....	164	<i>hydromorphone hcl</i>	32, 33	increlex.....	151
<i>heparin sodium (porcine)</i>	47	<i>hydromorphone hcl er</i>	32	<i>indapamide</i>	149
<i>heparin sodium (porcine) pf</i>	47	<i>hydromorphone hcl pf</i>	32	inderal la.....	106
hepsera.....	101	<i>hydroxychloroquine sulfate</i>	80	inderal xl.....	106
hetlio.....	170	<i>hydroxyprogesterone caproate</i>	203	indocin.....	24
Hidex 6-Day.....	125	<i>hydroxyurea</i>	85	<i>indomethacin</i>	24
hiprex.....	79	<i>hydroxyzine hcl</i>	41	<i>indomethacin er</i>	24
hizentra.....	200	<i>hydroxyzine pamoate</i>	41	infinity blood glucose test.....	146
<i>hm famotidine</i>	214	hylatopic plus.....	135	infinity voice.....	146
hm ulticare insulin syringe....	176	hymovis.....	190	inflectra.....	159
<i>homatropaire</i>	196	hyperhep b s/d.....	200	infumorph 200.....	33
horizant.....	205	hyperrab.....	201	infumorph 500.....	33
humalog.....	60	hyperrab s/d.....	201	ingrezza.....	205
humalog junior kwikpen.....	60	hyperrho s/d.....	201	inlyta.....	86
humalog kwikpen.....	60	hypertet s/d.....	201	innopran xl.....	106
humalog mix 50/50.....	60	hyqvia.....	201	inova 4/1 acne control therapy	
humalog mix 50/50 kwikpen....	60	hysingla er.....	33	.....	135
humalog mix 75/25.....	60	hyzaar.....	76	inova 8/2 acne control therapy	
humalog mix 75/25 kwikpen....	60	<i>ibandronate sodium</i>	151	.....	135
humate-p.....	164	ibrance.....	85	inqovi.....	86
humatrope.....	151	Ibu.....	24	inrebic.....	86
humira.....	24	<i>ibuprofen</i>	24	inspra.....	76
humira pediatric crohns start...23		<i>icatibant acetate</i>	164	<i>insulin asp prot & asp flexpen</i> ..	61
humira pen.....	24	iclusig.....	85	<i>insulin aspart</i>	61
humira pen-cd/uc/hs starter....	24	idelvion.....	164	<i>insulin aspart flexpen</i>	61
humira pen-ps/uv/adol hs start	24	idhifa.....	85	<i>insulin aspart penfill</i>	61
humulin 70/30.....	60			<i>insulin aspart prot & aspart</i>	61
humulin 70/30 kwikpen.....	60			<i>insulin lispro</i>	61

<i>insulin lispro (1 unit dial)</i>	61	jakafi.....	86	<i>ketone test</i>	146
<i>insulin lispro junior kwikpen</i>	61	jalyn.....	161	<i>ketoprofen</i>	24
<i>insulin lispro prot & lispro</i>	61	Jantoven.....	47	<i>ketoprofen er</i>	24
<i>insulin syringe</i>	176	janumet.....	61	<i>ketorolac tromethamine</i>	24, 196
<i>insulin syringe/needle</i>	176	janumet xr.....	61	ketostix.....	146
insulin syringe/needle.....	176	januvia.....	61	<i>ketotifen fumarate</i>	196
<i>insulin syringe-needle u-100</i>	176	jardiance.....	62	keveyis.....	149
intelligence.....	101	Jasmiel.....	117	kevzara.....	24
intermezzo.....	170	jatenzo.....	38	kineret.....	25
intrarosa.....	218	Jencycla.....	117	kisqali (200 mg dose).....	86
intron a.....	86	jentaducto.....	62	kisqali (400 mg dose).....	86
Introvale.....	117	jentaducto xr.....	62	kisqali (600 mg dose).....	86
intuniv.....	18	jevtana.....	86	kisqali femara (400 mg dose)...	86
invega.....	96	Jinteli.....	156	kisqali femara (600 mg dose)...	86
invega sustenna.....	96	jivi.....	164	kisqali femara(200 mg dose)....	86
invega trinza.....	97	Jolessa.....	117	kitabipak.....	21
inveltys.....	196	jornay pm.....	18	klaron.....	135
invirase.....	101	jublia.....	135	klonopin.....	50
invokamet.....	61	Juleber.....	117	Klor-Con.....	181
invokamet xr.....	61	juluca.....	102	Klor-Con 10.....	181
invokana.....	61	Junel 1.5/30.....	117	Klor-Con M10.....	181
<i>iodine strong</i>	181	Junel 1/20.....	117	Klor-Con M20.....	181
iodosorb.....	99	Junel Fe 1.5/30.....	117	Klor-Con Sprinkle.....	181
iopidine.....	196	Junel Fe 1/20.....	118	<i>kls acid controller max st</i>	214
<i>ipratropium bromide</i>	44, 192	Junel Fe 24.....	118	kls allerclear.....	70
<i>ipratropium-albuterol</i>	44	juxtapid.....	72	koate.....	164
<i>irbesartan</i>	76	jynarque.....	152	koate-dvi.....	164
<i>irbesartan-hydrochlorothiazide</i> ..	76	kadian.....	33	kogenate fs.....	164
iressa.....	86	Kaitlib Fe.....	118	kombiglyze xr.....	62
<i>irinotecan hcl</i>	86	kalbitor.....	164	korlym.....	62
isentress.....	102	kaletra.....	102	koselugo.....	87
isentress hd.....	101	kalydeco.....	209, 210	kovaltry.....	165
Isibloom.....	117	kanuma.....	152	k-phos.....	181
isolyte-s.....	181	kaspargo sprinkle.....	106	k-phos-neutral.....	181
isolyte-s ph 7.4.....	181	kapvay.....	18	krintafel.....	80
<i>isoniazid</i>	81	karbinal er.....	70	kristalose.....	171
isordil titradose.....	39	Kariva.....	118	<i>croger blood glucose test</i>	146
<i>isosorbide dinitrate</i>	39	katerzia.....	108	croger insulin syringe.....	176
<i>isosorbide mononitrate</i>	40	kazano.....	62	<i>croger premium glucose test</i> ...	146
<i>isosorbide mononitrate er</i>	40	kedrab.....	201	<i>croger test</i>	146
<i>isotretinoin</i>	135	keflex.....	113	krystexxa.....	162
<i>isoxsuprine hcl</i>	111	Kelnor 1/35.....	118	k-tab.....	181
<i>isradipine</i>	108	Kelnor 1/50.....	118	Kurvelo.....	118
istalol.....	196	kenalog.....	135	kuvan.....	152
isturisa.....	151	kepivance.....	86	kyleena.....	118
<i>itraconazole</i>	68	keppra.....	50	kynmobi.....	93
<i>ivermectin</i>	39	keppra xr.....	50	<i>labetalol hcl</i>	106
ixinity.....	164	keralyt scalp.....	135	lacrisert.....	196
jadenu.....	66	kerr triple dye swabs.....	99	<i>lactic acid e</i>	135
jadenu sprinkle.....	66	<i>ketoconazole</i>	68, 135	<i>lactulose</i>	171

<i>lactulose encephalopathy</i>	159	letairis.....	111	lipitor.....	72
lamictal.....	50	<i>letrozole</i>	87	lipofen.....	72
lamictal odt.....	50	<i>leucovorin calcium</i>	87	<i>lisinopril</i>	76
lamictal starter.....	50	leukeran.....	87	<i>lisinopril-hydrochlorothiazide</i> ... 76	
lamictal xr.....	50	<i>leuprolide acetate</i>	87	<i>lite touch lancets</i>	176
lamisil.....	68	<i>levabuterol hcl</i>	44	litetouch lancets.....	176
<i>lamivudine</i>	102	levaquin.....	157	<i>lithium</i>	97
<i>lamivudine-zidovudine</i>	102	levemir.....	62	<i>lithium carbonate</i>	97
<i>lamotrigine</i>	51	levemir flextouch.....	62	<i>lithium carbonate er</i>	97
<i>lamotrigine er</i>	50, 51	<i>levetiracetam</i>	51	lithobid.....	97
<i>lamotrigine starter kit-blue</i>	51	<i>levetiracetam er</i>	51	lithostat.....	161
<i>lamotrigine starter kit-green</i>	51	<i>levetiracetam in nacl</i>	51	livalo.....	72
<i>lamotrigine starter kit-orange</i> ... 51		<i>levobunolol hcl</i>	196	lo loestrin fe.....	119
lampit.....	79	<i>levocarnitine</i>	152	locoid.....	136
<i>lancets</i>	176	<i>levocetirizine dihydrochloride</i> ... 70		locoid lipocream.....	136
<i>lancets super thin 28g</i>	176	<i>levofloxacin</i>	157, 196	lodosyn.....	93
<i>lancets ultra thin</i>	176	<i>levofloxacin in d5w</i>	157	Loestrin 1.5/30 (21).....	119
<i>lancets ultra thin 30g</i>	176	Levonest.....	118	Loestrin 1/20 (21).....	119
lanoxin.....	110	<i>levonorgest-eth est & eth est</i> ... 118		Loestrin Fe 1.5/30.....	119
<i>lansoprazole</i>	214	<i>levonorgest-eth estrad 91-day</i> . 119		Loestrin Fe 1/20.....	119
<i>lanthanum carbonate</i>	159	<i>levonorgestrel-ethinyl estrad</i> ... 119		lokelma.....	183
lantus.....	62	<i>levonorg-eth estrad triphasic</i> ... 119		lomotil.....	65
lantus solostar.....	62	Levora 0.15/30 (28).....	119	lonhala magnair refill kit.....	44
Larin 1.5/30.....	118	<i>levorphanol tartrate</i>	33	lonhala magnair starter kit.....	45
Larin 1/20.....	118	Levo-T.....	212	lonsurf.....	87
Larin 24 Fe.....	118	<i>levothyroxine sodium</i>	212	<i>lopinavir-ritonavir</i>	102
Larin Fe 1.5/30.....	118	Levoxyl.....	212	lopressor.....	106
Larin Fe 1/20.....	118	levulan kerastick.....	135	lopressor hct.....	76
Larissia.....	118	lexapro.....	56	loprox.....	136
lasix.....	149	lexette.....	135	<i>loradamed</i>	70
lastacaft.....	196	lexiva.....	102	<i>loratadine</i>	70
<i>latanoprost</i>	196	lialda.....	159	<i>loratadine childrens</i>	70
latisse.....	135	liberty next generation test.... 146		<i>loratadine-d 12hr</i>	127
latuda.....	97	<i>liberty test</i>	146	<i>loratadine-d 24hr</i>	127
Layolis Fe.....	118	licart.....	135	<i>lorazepam</i>	41
lazanda.....	33	<i>lidocaine</i>	136	lorbrena.....	87
<i>ledipasvir-sofosbuvir</i>	102	<i>lidocaine hcl</i>	136, 171	lortab.....	33
Leena.....	118	<i>lidocaine hcl (pf)</i>	171	Loryna.....	119
<i>leflunomide</i>	25	<i>lidocaine in d5w</i>	41	Lorzone.....	190
lemtrada.....	206	<i>lidocaine-prilocaine</i>	136	<i>losartan potassium</i>	76
lenvima (10 mg daily dose).....	87	<i>lidocaine-tetracaine</i>	136	<i>losartan potassium-hctz</i>	76
lenvima (12 mg daily dose).....	87	lidoderm.....	136	loseasonique.....	119
lenvima (14 mg daily dose).....	87	lifescan unistik 2.....	176	lotemax.....	196
lenvima (18 mg daily dose).....	87	lifescan unistik ii lancets.....	176	lotemax sm.....	196
lenvima (20 mg daily dose).....	87	liletta (52 mg).....	119	lotensin.....	76
lenvima (24 mg daily dose).....	87	Lillow.....	119	lotensin hct.....	76
lenvima (4 mg daily dose).....	87	<i>lindane</i>	136	<i>loteprednol etabonate</i>	196
lenvima (8 mg daily dose).....	87	<i>linezolid</i>	79	lotrel.....	76
lescol xl.....	72	linzess.....	159	lotronex.....	159
Lessina.....	118	<i>liothyronine sodium</i>	212	<i>lovastatin</i>	72

lovaza.....	72	mavenclad (9 tabs).....	206	methadose sugar-free.....	34
lovenox.....	47	mavyret.....	102	<i>methamphetamine hcl</i>	18
Low-Ogestrel.....	119	maxalt.....	179	<i>methazolamide</i>	149
<i>loxapine succinate</i>	97	maxalt-mlt.....	179	<i>methenamine hippurate</i>	79
Lo-Zumandimine.....	119	maxidex.....	196	<i>methenamine mandelate</i>	79
lucemyra.....	206	maxzide.....	149	Methergine.....	199
lucentis.....	196	maxzide-25.....	149	<i>methimazole</i>	212
<i>luliconazole</i>	136	mayzent.....	206	methitest.....	38
lumigan.....	196	mayzent starter pack.....	206	<i>methocarbamol</i>	191
lumizyme.....	152	<i>meclizine hcl</i>	67	<i>methotrexate</i>	88
lunesta.....	170	<i>meclofenamate sodium</i>	25	<i>methotrexate sodium</i>	88
lupaneta pack.....	152	medrol.....	125	<i>methotrexate sodium (pf)</i>	88
lupron depot (1-month).....	87	<i>medroxyprogesterone acetate</i>	119, 120, 203	<i>methoxsalen rapid</i>	136
lupron depot (3-month).....	88	<i>mefenamic acid</i>	25	<i>methscopolamine bromide</i>	214
lupron depot (4-month).....	88	<i>mefloquine hcl</i>	80	<i>methyl dopa</i>	76
lupron depot (6-month).....	88	<i>megestrol acetate</i>	88, 203	<i>methyl dopa-</i> <i>hydrochlorothiazide</i>	76
lupron depot-ped (1-month)..	152	<i>meijer blood glucose test</i>	146	methylin.....	18
lupron depot-ped (3-month)..	152	<i>meijer essential glucose test</i>	146	<i>methylphenidate hcl</i>	19
Lutera.....	119	<i>meijer truetest test</i>	146	<i>methylphenidate hcl er</i>	18, 19
luxiq.....	136	<i>meijer truetrack test</i>	146	<i>methylphenidate hcl er (cd)</i>	18
luzu.....	136	mekinist.....	88	<i>methylphenidate hcl er (la)</i>	18
lycelle.....	136	mektovi.....	88	<i>methylphenidate hcl er (xr)</i>	18
lynparza.....	88	Melodetta 24 Fe.....	120	<i>methylprednisolone</i>	125
lyrica.....	51	<i>meloxicam</i>	25	<i>methylprednisolone sodium</i> <i>succ</i>	125
lyrica cr.....	206	<i>melphalan</i>	88	<i>methyltestosterone</i>	38
lysodren.....	88	<i>melphalan hcl</i>	88	<i>metoclopramide hcl</i>	159
lysteda.....	169	<i>memantine hcl</i>	206	<i>metolazone</i>	149
lyumjev.....	62	<i>memantine hcl er</i>	206	<i>metoprolol succinate er</i>	106
lyumjev kwikpen.....	62	menest.....	156	<i>metoprolol tartrate</i>	106
Lyza.....	119	menostar.....	156	<i>metoprolol-hydrochlorothiazide</i>	76
macrobid.....	79	<i>meperidine hcl</i>	33	metrocream.....	136
macrodantin.....	79	mephyton.....	219	metrogel.....	136
magellan insulin safety syr....	176	<i>meprobamate</i>	41	metrolotion.....	136
magnebind 400.....	181	mepron.....	79	<i>metronidazole</i>	79, 136, 218
<i>magnesium sulfate</i>	181	<i>mercaptopurine</i>	88	<i>metronidazole in nacl</i>	79
makena.....	203	<i>mesalamine</i>	159	<i>metyrosine</i>	76
malarone.....	80	<i>mesalamine er</i>	159	<i>mexiletine hcl</i>	41
<i>malathion</i>	136	<i>mesalamine-cleanser</i>	159	miacalcin.....	152
<i>maprotiline hcl</i>	56	mesnex.....	88	Mibelas 24 Fe.....	120
<i>marlissa</i>	119	mestinon.....	81	micardis.....	76
marnatal-f.....	186	Metadate Er.....	18	micardis hct.....	76
marplan.....	56	<i>metaxalone</i>	191	<i>miconazole 3</i>	218
matulane.....	88	<i>metformin hcl</i>	62	<i>miconazole-zinc oxide-petrolat</i>	136
Matzim La.....	108	<i>metformin hcl er</i>	62	micrhogam ultra-filtered plus	201
mavenclad (10 tabs).....	206	<i>metformin hcl er (mod)</i>	62	microdot test.....	146
mavenclad (4 tabs).....	206	<i>metformin hcl er (osm)</i>	62	Microgestin 1.5/30.....	120
mavenclad (5 tabs).....	206	<i>methadone hcl</i>	33, 34	Microgestin 1/20.....	120
mavenclad (6 tabs).....	206	Methadone Hcl Intensol.....	33	Microgestin Fe 1.5/30.....	120
mavenclad (7 tabs).....	206	methadose.....	34		
mavenclad (8 tabs).....	206				

Microgestin Fe 1/20.....	120	<i>morphine sulfate er beads</i>	34	namenda xr.....	207
microlet lancets.....	176	motegrity.....	159	namenda xr titration pack.....	207
<i>midazolam hcl</i>	170	motofen.....	65	namzaric.....	207
<i>midodrine hcl</i>	219	movantik.....	159	naprelan.....	25
migergot.....	179	moviprep.....	171	<i>naproxen</i>	25
<i>miglitol</i>	62	moxeza.....	196	<i>naproxen dr</i>	25
<i>miglustat</i>	167	<i>moxifloxacin hcl</i>	157, 196	<i>naproxen sodium</i>	25
migranal.....	179	<i>moxifloxacin hcl (2x day)</i>	196	<i>naproxen sodium er</i>	25
Mili.....	120	mozobil.....	168	<i>naproxen-esomeprazole</i>	25
Mimvey.....	156	ms contin.....	35	<i>naratriptan hcl</i>	179
minastrin 24 fe.....	120	mulpleta.....	168	narcan.....	66
minimed guardian sensor 3....	176	multaq.....	41	nardil.....	56
minipress.....	76	<i>multivitamin/fluoride</i>	186	nasacort allergy 24hr.....	192
<i>miniprin low dose</i>	29	<i>multi-vitamin/fluoride/iron</i>	186	nasacort allergy 24hr children	192
Minitran.....	40	<i>multivitamins/fluoride</i>	186	<i>nasal allergy 24 hour</i>	192
minivelle.....	157	<i>mupirocin</i>	136	nascobal.....	168
minocin.....	211	<i>mupirocin calcium</i>	136	nasonex.....	192
<i>minocycline hcl</i>	211	myalept.....	152	natachew.....	186
<i>minocycline hcl er</i>	211	myambutol.....	81	natacyn.....	196
minolira.....	211	mycapssa.....	152	natazia.....	120
<i>minoxidil</i>	77	mycobutin.....	81	<i>nateglinide</i>	62
mirapex.....	93	<i>mycophenolate mofetil</i>	183	natesto.....	38
mirapex er.....	93	mydayis.....	19	natpara.....	152
mircera.....	167, 168	mydriacyl.....	196	natroba.....	137
mircette.....	120	myfortic.....	183	nature-throid.....	212
mirena (52 mg).....	120	myglucohealth test.....	146	nayzilam.....	51
<i>mirtazapine</i>	56	myleran.....	88	nebupent.....	79
mirvaso.....	136	<i>mynatal plus</i>	186	Necon 0.5/35 (28).....	120
<i>misoprostol</i>	214	<i>mynatal-z</i>	186	Necon 1/35 (28).....	120
mitigare.....	162	myobloc.....	193	neevo dha.....	186
<i>mitoxantrone hcl</i>	88	Myorisan.....	137	<i>nefazodone hcl</i>	56
<i>mixed vespid venom protein</i>	20	myrbetriq.....	217	<i>neomycin sulfate</i>	21
mm easy touch glucose.....	146	mysoline.....	51	<i>neomycin-bacitracin zn-</i>	
mobic.....	25	mytesi.....	65	<i>polymyx</i>	196
<i>modafinil</i>	19	<i>na ferric gluc cplx in sucrose</i> ..	168	<i>neomycin-polymyxin b gu</i>	161
<i>moexipril hcl</i>	77	nabi-hb.....	201	<i>neomycin-polymyxin-dexameth</i>	
<i>mometasone furoate</i>	136, 192	<i>nabumetone</i>	25	.....	197
Monoject Sodium Chloride		<i>nadolol</i>	106	<i>neomycin-polymyxin-</i>	
Flush.....	181	Nafrinse.....	181	<i>gramicidin</i>	197
Mono-Linyah.....	120	Nafrinse Drops.....	181	<i>neomycin-polymyxin-hc.</i> ..	197, 199
Mononessa.....	120	<i>naftifine hcl</i>	137	<i>neonatal + dha</i>	186
mononine.....	165	naftin.....	137	<i>neonatal 19</i>	187
monovisc.....	191	naglazyme.....	152	<i>neonatal fe</i>	187
<i>montelukast sodium</i>	45	<i>nalbuphine hcl</i>	35	neoral.....	183
morgidox.....	211	nalfon.....	25	neosalus.....	137
Morgidox.....	211	<i>nalocet</i>	35	neosalus cp.....	137
<i>morphine sulfate</i>	35	<i>naloxone hcl</i>	66	neo-synalar.....	137
<i>morphine sulfate (concentrate)</i> ..	34	<i>naltrexone hcl</i>	66	nephplex rx.....	187
<i>morphine sulfate (pf)</i>	34	namenda.....	206	nerlynx.....	88
<i>morphine sulfate er</i>	34, 35	namenda titration pak.....	206	nesina.....	62

nestabs.....	187	<i>nitroglycerin</i>	40	novolin r flexpen.....	63
nestabs one.....	187	<i>nitroglycerin in d5w</i>	40	novolin r flexpen relion.....	63
Neuac.....	137	nitrolingual.....	40	novolin r relion.....	63
neulasta.....	168	nitromist.....	40	novolog.....	63
neulasta onpro.....	168	nitrostat.....	40	novolog flexpen.....	63
neupogen.....	168	nityr.....	152	novolog mix 70/30.....	63
neupro.....	94	nivestym.....	168	novolog mix 70/30 flexpen.....	63
neurontin.....	51	<i>nizatidine</i>	215	novolog penfill.....	63
neutek 2tek glucose/pressure..	176	nocdurna.....	152	novoseven rt.....	165
neutek 2tek test.....	146	Nolix.....	137	novotwist.....	176
nevanac.....	197	Nora-Be.....	120	noxafil.....	68
<i>nevirapine</i>	102	norco.....	35	<i>np thyroid</i>	212
<i>nevirapine er</i>	102	norditropin flexpro.....	152	nplate.....	168
nexavar.....	88	<i>norethin ace-eth estrad-fe</i> 120, 121		nubeqa.....	89
nexium.....	215	<i>norethindrone</i>	121	nucala.....	45
nexium 24hr.....	215	<i>norethindrone acetate</i>	203	nucynta.....	35
nexium 24hr clear minis.....	215	<i>norethindrone acet-ethinyl est.</i> 121		nucynta er.....	35
nexium i.v.....	215	<i>norethindrone-eth estradiol</i>	157	nuedexta.....	207
nexletol.....	72	<i>norethin-eth estradiol-fe</i>	121	nulojix.....	183
nexlizet.....	72	<i>norgesic forte</i>	191	nulytely with flavor packs.....	171
nexplanon.....	120	<i>norgestimate-eth estradiol</i>	121	nuplazid.....	97
nexterone.....	41	<i>norgestim-eth estrad triphasic</i> 121		nurtec.....	179
<i>niacin (antihyperlipidemic)</i>	72	noritate.....	137	nutropin aq nuspin 10.....	152
<i>niacin er (antihyperlipidemic)</i> ..	72	Norlyda.....	121	nutropin aq nuspin 20.....	153
niacor.....	72	Norlyroc.....	121	nutropin aq nuspin 5.....	153
niaspan.....	72	normosol-r.....	181	nuvaring.....	121
<i>nicardipine hcl</i>	108, 109	normosol-r ph 7.4.....	181	nuvigil.....	19
nicomide.....	187	norpace cr.....	41	nuwiq.....	165
<i>nicotine</i>	207	norpramin.....	56	nuzyra.....	211
<i>nicotine polacrilex</i>	207	northera.....	219	Nyamyc.....	137
<i>nicotine step 1</i>	207	Nortrel 0.5/35 (28).....	121	nymalize.....	109
<i>nicotine step 2</i>	207	Nortrel 1/35 (21).....	121	<i>nystatin</i>	68, 113, 137, 185
<i>nicotine step 3</i>	207	Nortrel 1/35 (28).....	121	<i>nystatin-triamcinolone</i>	137
nicotrol.....	207	Nortrel 7/7/7.....	121	Nystop.....	137
nicotrol ns.....	207	<i>nortriptyline hcl</i>	56	ob complete one.....	187
<i>nifedipine</i>	109	norvasc.....	109	ob complete petite.....	187
<i>nifedipine er</i>	109	norvir.....	102	ob complete premier.....	187
<i>nifedipine er osmotic release</i> ...	109	nourianz.....	94	ob complete/dha.....	187
Nikki.....	120	nova max glucose test.....	146	o-cal prenatal.....	187
nilandron.....	89	novoeight.....	165	ocaliva.....	159
<i>nilutamide</i>	89	novofine.....	176	Ocella.....	121
<i>nimodipine</i>	109	novolin 70/30.....	63	octagam.....	201
ninlaro.....	89	novolin 70/30 flexpen.....	62	<i>octreotide acetate</i>	153
<i>nisoldipine er</i>	109	novolin 70/30 flexpen relion....	62	ocuflox.....	197
<i>nitisinone</i>	152	novolin 70/30 relion.....	63	ocuvel.....	187
nitro-bid.....	40	novolin n.....	63	odactra.....	20
nitro-dur.....	40	novolin n flexpen.....	63	odefsey.....	102
<i>nitrofurantoin</i>	79	novolin n flexpen relion.....	63	odomzo.....	89
<i>nitrofurantoin macrocrystal</i>	79	novolin n relion.....	63	ofev.....	210
<i>nitrofurantoin monohyd macro</i> ..	79	novolin r.....	63	<i>ofloxacin</i>	157, 197, 199

<i>olanzapine</i>	97	<i>orencia</i>	25	<i>palforzia</i> (20 mg daily dose).....	20
<i>olanzapine-fluoxetine hcl</i>	207	<i>orencia clickject</i>	25	<i>palforzia</i> (200 mg daily dose)...	20
<i>olmesartan medoxomil</i>	77	<i>orenitram</i>	111	<i>palforzia</i> (240 mg daily dose)...	21
<i>olmesartan medoxomil-hctz</i>	77	<i>orfadin</i>	153	<i>palforzia</i> (3 mg daily dose).....	21
<i>olmesartan-amlodipine-hctz</i>	77	<i>oriahnn</i>	157	<i>palforzia</i> (300 mg	
<i>olopatadine hcl</i>	192, 197	<i>orilissa</i>	153	maintenance).....	21
<i>olumiant</i>	25	<i>orkambi</i>	210	<i>palforzia</i> (300 mg titration).....	21
<i>olux</i>	137	<i>orphenadrine citrate er</i>	191	<i>palforzia</i> (40 mg daily dose)....	21
<i>olux-e</i>	137	<i>orphenadrine-asa-caffeine</i>	191	<i>palforzia</i> (6 mg daily dose).....	21
<i>omeclamox-pak</i>	215	<i>Orphengesic Forte</i>	191	<i>palforzia</i> (80 mg daily dose)....	21
<i>omega-3-acid ethyl esters</i>	72	<i>Orsythia</i>	121	<i>palforzia</i> initial escalation.....	21
<i>omeprazole</i>	215	<i>ortho micronor</i>	121	<i>paliperidone er</i>	97
<i>omeprazole magnesium</i>	215	<i>ortho tri-cyclen lo</i>	121	<i>palonosetron hcl</i>	67
<i>omeprazole-sodium</i>		<i>orthovisc</i>	191	<i>palynziq</i>	153
<i>bicarbonate</i>	215	<i>ortikos</i>	125	<i>pamelor</i>	56
<i>omnaris</i>	192	<i>oseltamivir phosphate</i>	102	<i>pamidronate disodium</i>	153
<i>omniflex diaphragm</i>	176	<i>oseni</i>	63	<i>pancreaze</i>	148
<i>omnitrope</i>	153	<i>osmolex er</i>	94	<i>pandel</i>	138
<i>ondansetron</i>	67	<i>osmoprep</i>	171	<i>panretin</i>	138
<i>ondansetron hcl</i>	67	<i>osphena</i>	153	<i>pantoprazole sodium</i>	215, 216
<i>one drop test</i>	146	<i>otezla</i>	26	<i>panzyga</i>	201
<i>onetouch club lancets fine pt.</i>	176	<i>otovel</i>	199	<i>paragard intrauterine copper</i> .	121
<i>onetouch delica lancets 30g</i> ...	176	<i>otrexup</i>	26	<i>paricalcitol</i>	153
<i>onetouch delica lancets 33g</i> ...	176	<i>ovide</i>	137	<i>parnate</i>	56
<i>onetouch delica lancing dev</i> ...	177	<i>oxandrolone</i>	38	<i>Paroex</i>	185
<i>onetouch finepoint lancets</i>	177	<i>oxaprozin</i>	26	<i>paromomycin sulfate</i>	21
<i>onetouch ultra</i>	146	<i>oxaydo</i>	35	<i>paroxetine hcl</i>	56
<i>onetouch ultrasoft lancets</i>	177	<i>oxazepam</i>	41	<i>paroxetine hcl er</i>	56
<i>onetouch verio</i>	146	<i>oxbryta</i>	168	<i>paroxetine mesylate</i>	207
<i>onexton</i>	137	<i>oxcarbazepine</i>	51	<i>paser</i>	81
<i>onfi</i>	51	<i>oxiconazole nitrate</i>	137	<i>pataday</i>	197
<i>ongentys</i>	94	<i>oxistat</i>	137	<i>patanase</i>	192
<i>onglyza</i>	63	<i>oxsoralen ultra</i>	138	<i>paxil</i>	56
<i>onureg</i>	89	<i>oxtellar xr</i>	52	<i>paxil cr</i>	56
<i>onzetra xsail</i>	179	<i>oxybutynin chloride</i>	217	<i>pazeo</i>	197
<i>opana</i>	35	<i>oxybutynin chloride er</i>	217	<i>pcp 100</i>	171
<i>opsumit</i>	111	<i>oxycodone hcl</i>	36	<i>peg 3350-kcl-na bicarb-nacl</i> ...	171
<i>option 2</i>	121	<i>oxycodone hcl er</i>	35	<i>peg-3350/electrolytes</i>	171
<i>optium test</i>	146	<i>oxycodone-acetaminophen</i>	36	<i>pegasys</i>	102
<i>optimez test</i>	146	<i>oxycodone-aspirin</i>	36	<i>peg-kcl-nacl-nasulf-na asc-c</i> ...	171
<i>oracea</i>	137	<i>oxycontin</i>	36	<i>Peg-Prep</i>	171
<i>oralair</i>	20	<i>oxymorphone hcl</i>	36	<i>pemazyre</i>	89
<i>oralair adult sample kit</i>	20	<i>oxymorphone hcl er</i>	36	<i>pen needles</i>	177
<i>oralair adult starter pack</i>	20	<i>ozempic</i> (0.25 or 0.5 mg/dose). 63		<i>pen needles 1/2"</i>	177
<i>oralair childrens sample kit</i>	20	<i>ozempic</i> (1 mg/dose).....	63	<i>pen needles 3/16"</i>	177
<i>oralair childrens starter pack</i> ...	20	<i>ozobax</i>	191	<i>pen needles 5/16"</i>	177
<i>Oralone</i>	185	<i>Pacerone</i>	41	<i>penicillamine</i>	184
<i>oramagicrx</i>	185	<i>palforzia</i> (12 mg daily dose)....	20	<i>penicillin g pot in dextrose</i>	202
<i>orapred odt</i>	125	<i>palforzia</i> (120 mg daily dose)...	20	<i>penicillin v potassium</i>	203
<i>oravig</i>	185	<i>palforzia</i> (160 mg daily dose)...	20	<i>pennsaid</i>	138

<i>pentamidine isethionate</i>	79	Pirmella 7/7/7.....	122	pred forte.....	197
pentasa.....	159	<i>piroxicam</i>	26	pred mild.....	197
<i>pentazocine-naloxone hcl</i>	36	plan b one-step.....	122	pred-g.....	197
<i>pentoxifylline er</i>	165	plaquenil.....	80	pred-g s.o.p.....	197
<i>pentylene glycol</i>	113	plasma-lyte 148.....	181	<i>prednicarbate</i>	138
pepcid.....	216	plasma-lyte a.....	181	<i>prednisolone</i>	125
pepcid ac maximum strength.....	216	plavix.....	165	<i>prednisolone acetate</i>	197
percocet.....	36	plegridy.....	208	<i>prednisolone sodium phosphate</i>	125, 197
perforomist.....	45	plegridy starter pack.....	208	<i>prednisone</i>	126
<i>perindopril erbumine</i>	77	plenvu.....	171	prednisone intensol.....	126
<i>permethrin</i>	138	pliaglis.....	138	prefest.....	157
<i>perphenazine</i>	97	<i>pnv-dha</i>	187	<i>pregabalin</i>	52
<i>perphenazine-amitriptyline</i>	207	pnv-omega.....	187	<i>pregenna</i>	187
perseris.....	97	<i>pnv-select</i>	187	premarin.....	157, 218
pertzye.....	148	pocketchem ez test.....	147	premesisrx.....	187
pexeva.....	56	<i>polymyxin b-trimethoprim</i>	197	prempphase.....	157
pharmacist choice autocode... ..	146	polytrim.....	197	premprom.....	157
<i>pharmacist choice no coding</i>	147	poly-vi-flor.....	187	<i>prenara</i>	187
<i>phenelzine sulfate</i>	57	poly-vi-flor fs.....	187	<i>prenatabs rx</i>	187
<i>phenobarbital</i>	170	poly-vi-flor/iron.....	187	<i>prenatal + complete multi</i>	187
<i>phenoxybenzamine hcl</i>	77	pomalyst.....	89	<i>prenatal 19</i>	187
<i>phenylephrine hcl</i>	197	Portia-28.....	122	<i>prenatal adult gummy/dhalfa</i> ..	188
phenytek.....	52	<i>posaconazole</i>	68	<i>prenatal gummies/dha & fa</i>	188
<i>phenytoin</i>	52	potaba.....	219	prenatal plus iron.....	188
Phenytoin Infatabs.....	52	<i>potassium chloride</i>	182	prenate.....	188
<i>phenytoin sodium</i>	52	<i>potassium chloride crys er</i>	181	prenate am.....	188
<i>phenytoin sodium extended</i>	52	<i>potassium chloride er</i>	182	prenate dha.....	188
phexxi.....	218	<i>potassium chloride in nacl</i>	182	prenate elite.....	188
Philith.....	121	<i>potassium citrate er</i>	161	prenate enhance.....	188
phoslo.....	159	<i>potassium citrate-citric acid</i>	161	prenate essential.....	188
phoslyra.....	159	pradaxa.....	47	prenate mini.....	188
Phospha 250 Neutral.....	181	praluent.....	72	prenate pixie.....	188
phospholine iodide.....	197	<i>pramipexole dihydrochloride</i>	94	prenate restore.....	188
Physiolyte.....	184	<i>pramipexole dihydrochloride er</i> ..	94	<i>prenatvite complete</i>	188
<i>phytonadione</i>	219	pramosone.....	138	<i>prenatvite plus</i>	188
picato.....	138	<i>prasugrel hcl</i>	165	<i>prenatvite rx</i>	188
pifeltro.....	102	pravachol.....	72	prestalia.....	77
<i>pilocarpine hcl</i>	185, 197	<i>pravastatin sodium</i>	72	<i>pretomanid</i>	81
<i>pimecrolimus</i>	138	<i>praziquantel</i>	39	prevacid.....	216
<i>pimozide</i>	208	<i>prazosin hcl</i>	77	prevacid 24hr.....	216
Pimtreea.....	121	precision pcx.....	147	prevacid solutab.....	216
<i>pindolol</i>	106	precision pcx plus test.....	147	Prevalite.....	72
<i>pioglitazone hcl</i>	63	precision point of care test....	147	Previfem.....	122
<i>pioglitazone hcl-glimepiride</i>	64	precision qid test.....	147	prevymis.....	102
<i>pioglitazone hcl-metformin hcl</i> ..	64	precision sof-tact test.....	147	prezcobix.....	103
<i>piperacillin sod-tazobactam so</i>	203	precision suredose plus syr....	177	prezista.....	103
piqray (200 mg daily dose).....	89	precision sure-dose syringe....	177	prialt.....	29
piqray (250 mg daily dose).....	89	precision xtra blood glucose..	147	priftin.....	81
piqray (300 mg daily dose).....	89	precision xtra ketone.....	147	prilosec.....	216
Pirmella 1/35.....	121	precose.....	64		

prilosec otc.....	216	<i>propranolol-hctz</i>	77	<i>ra acid reducer max st</i>	216
primacare.....	188	<i>propylthiouracil</i>	212	ra truetest test.....	147
<i>primaquine phosphate</i>	80	proscar.....	161	<i>rabeprazole sodium</i>	216
<i>primidone</i>	52	protonix.....	216	radiagel.....	138
primlev.....	36	protopic.....	138	radiaplexrx.....	138
primsol.....	80	<i>protriptyline hcl</i>	57	ragwitek.....	21
prinivil.....	77	proventil hfa.....	45	<i>raloxifene hcl</i>	153
pristiq.....	57	provera.....	203	<i>ramelteon</i>	170
privigen.....	201	provigil.....	19	<i>ramipril</i>	77
<i>pro voice v8/v9 glucose</i>	147	prozac.....	57	ranexa.....	40
proair digihaler.....	45	prudoxin.....	138	<i>ranolazine er</i>	40
proair hfa.....	45	<i>psorcon</i>	138	rapaflo.....	161
proair respiclick.....	45	pts panels glucose test.....	147	rapamune.....	184
<i>probenecid</i>	162	pulmicort.....	45	<i>rasagiline mesylate</i>	94
<i>procainamide hcl</i>	41	pulmicort flexhaler.....	45	rasuvo.....	26
procardia xl.....	109	pulmozyme.....	210	ravicti.....	153
Procentra.....	19	purixan.....	89	rayaldee.....	154
<i>prochlorperazine</i>	97	<i>px acid reducer max st</i>	216	rayos.....	126
<i>prochlorperazine edisylate</i>	97	pylera.....	216	razadyne er.....	208
<i>prochlorperazine maleate</i>	97	<i>pyrazinamide</i>	81	rebif.....	208
procrit.....	168	<i>pyridostigmine bromide</i>	81	rebif rebidose.....	208
proctocort.....	39	<i>pyridostigmine bromide er</i>	81	rebif rebidose titration pack...208	
proctofoam hc.....	39	<i>pyrimethamine</i>	80	rebif titration pack.....	208
Procto-Pak.....	39	qbrelis.....	77	rebinyn.....	165
Proctozone-Hc.....	39	qbrexza.....	138	reclast.....	154
procysbi.....	161	<i>qc acid controller max st</i>	216	Reclipsen.....	122
prodigy no coding blood gluc	147	qinlock.....	89	recombinate.....	165
profilnine.....	165	qmiiz odt.....	26	rectiv.....	39
<i>progesterone</i>	203	qnasl.....	192	refissa.....	138
<i>progesterone micronized</i>	203	qnasl childrens.....	192	refuah plus blood glucose test	147
proglycem.....	64	qtern.....	64	regenecare.....	138
prograf.....	184	qualaquin.....	80	reglan.....	159
prolactin-c.....	210	<i>quazepam</i>	170	regonol.....	81
prolate.....	36	qudexy xr.....	52	regranex.....	138
prolensa.....	197	questran light.....	72	relafen ds.....	26
promacta.....	168	<i>quetiapine fumarate</i>	98	relenza diskhaler.....	103
<i>promethazine hcl</i>	70	<i>quetiapine fumarate er</i>	97	relexxii.....	19
<i>promethazine vclcodeine</i>	127	quflora fe pediatric.....	188	relion blood glucose test.....	147
<i>promethazine-dm</i>	127	quicktek test.....	147	relion confirm/micro test.....	147
Promethegan.....	70	quillichew er.....	19	relion insulin syringe.....	177
<i>promethegan</i>	70	quillivant xr.....	19	reli-on insulin syringe.....	177
prometrium.....	203	<i>quinapril hcl</i>	77	relion pen needles.....	177
promiseb.....	138	<i>quinapril-hydrochlorothiazide</i> ...77		relion prime test.....	147
<i>propafenone hcl</i>	42	<i>quinidine gluconate er</i>	42	relion ultima test.....	147
<i>propafenone hcl er</i>	42	<i>quinidine sulfate</i>	42	relistor.....	160
<i>propantheline bromide</i>	216	<i>quinidine sulfate dihydrate</i>	113	relpax.....	179
<i>proparacaine hcl</i>	197	<i>quinine sulfate</i>	81	remeron.....	57
propecia.....	138	quintet ac blood glucose test..	147	remeron soltab.....	57
<i>propranolol hcl</i>	106, 107	quintet blood glucose test.....	147	remicade.....	160
<i>propranolol hcl er</i>	106	qvar redihaler.....	45	renacidin.....	162

renagel.....	160	Rivelsa.....	122	<i>selegiline hcl</i>	94
renflexis.....	160	rixubis.....	165	<i>selenium sulfide</i>	139
renvela.....	160	<i>rizatriptan benzoate</i>	179	selrx.....	139
<i>repaglinide</i>	64	robaxin.....	191	selzentry.....	103
repatha.....	73	rocaltrol.....	154	semglee.....	64
repatha pushtronex system.....	72	rocklatan.....	198	semprex-d.....	127
repatha sureclick.....	73	<i>ropinirole hcl</i>	94	<i>se-natal 19</i>	188
restasis.....	197	<i>ropinirole hcl er</i>	94	sensipar.....	154
restasis multidose.....	197	Rosadan.....	138	serevent diskus.....	45
restoril.....	170	<i>rosuvastatin calcium</i>	73	sernivo.....	139
retacrit.....	169	rowasa.....	160	seroquel.....	98
retevmo.....	89	roxycodone.....	36	seroquel xr.....	98
retin-a.....	138	rozerem.....	170	serostim.....	154
retin-a micro.....	138	rozlytrek.....	89	<i>sertraline hcl</i>	57
retin-a micro pump.....	138	rubraca.....	89	Setlakin.....	122
retrovir.....	103	ruconest.....	166	<i>sevelamer carbonate</i>	160
revatio.....	111	<i>rukobia</i>	103	<i>sevelamer hcl</i>	160
revlimid.....	184	ruzurgi.....	81	sevenfact.....	166
rexulti.....	98	rybelsus.....	64	seysara.....	211
reyataz.....	103	rydapt.....	89	sfrowasa.....	160
reyvow.....	179	rytary.....	94	Sharobel.....	122
rhinocort allergy.....	192	rythmol sr.....	42	signifor.....	154
rhofade.....	138	ryvent.....	70	signifor lar.....	154
rhogam ultra-filtered plus.....	201	sabril.....	52	siklos.....	169
rhophylac.....	201	safety let lancets.....	177	<i>sildenafil citrate</i>	111
rhopressa.....	197	safyral.....	122	silenor.....	170
riastap.....	165	saizen.....	154	siliq.....	139
<i>ribavirin</i>	103	saizenprep.....	154	<i>silodosin</i>	162
ridaura.....	26	salagen.....	185	silvadene.....	139
<i>rifabutin</i>	81	<i>saline bacteriostatic</i>	203	<i>silver sulfadiazine</i>	139
<i>rifampin</i>	81	samsca.....	154	simbrinza.....	198
rightest gs100 blood glucose..	147	sancuso.....	67	Simliya.....	122
rightest gs300 blood glucose..	147	sandimmune.....	184	Simpesse.....	122
rightest gs550 blood glucose..	147	sandostatin.....	154	simple diagnostics lancing dev	
rilutek.....	193	sandostatin lar depot.....	154	.....	177
<i>riluzole</i>	193	santyl.....	139	simponi.....	26
<i>rimantadine hcl</i>	103	saphris.....	98	simponi aria.....	26
rinvoq.....	26	<i>sapropterin dihydrochloride</i>	154	simulect.....	184
riomet.....	64	<i>sapscare twist top lancets</i>	177	<i>simvastatin</i>	73
riomet er.....	64	sarafem.....	208	sinemet.....	94
<i>risedronate sodium</i>	154	savaysa.....	47	singulair.....	45
risperdal.....	98	savella.....	208	<i>sirolimus</i>	184
risperdal consta.....	98	savella titration pack.....	208	sirturo.....	81
<i>risperidone</i>	98	<i>sb acid controller max st</i>	216	sitavig.....	103
ritalin.....	19	seasonique.....	122	sivextro.....	80
ritalin la.....	19	seconal.....	170	skelaxin.....	191
<i>ritonavir</i>	103	secuado.....	98	sklice.....	139
rituxan.....	89	seebri neohaler.....	45	skyla.....	122
<i>rivastigmine</i>	208	segluomet.....	64	skyrizi (150 mg dose).....	139
<i>rivastigmine tartrate</i>	208	select-ob.....	188	slynd.....	122

<i>sm acid reducer max st</i>	216	stalevo 125.....	94	sutent.....	90
<i>sm loratadine</i>	70	stalevo 150.....	94	Swabflush Saline Flush.....	182
smart sense premium test.....	147	stalevo 200.....	94	Syeda.....	122
smart sense value test.....	147	stalevo 50.....	95	symbicort.....	46
smartest blood glucose test....	147	stalevo 75.....	95	symbyax.....	208
<i>sod benz-sod phenylacet</i>	154	starlix.....	64	symdeko.....	210
<i>sodium chloride</i>	127, 162, 182	<i>stavudine</i>	103	symfi.....	104
<i>sodium chloride bacteriostatic</i> ..	203	steglatro.....	64	symfi lo.....	104
sodium edecrin.....	149	steglujan.....	64	symjepi.....	219
<i>sodium fluoride</i>	182	stelara.....	139, 140, 160	symlinpen 120.....	64
<i>sodium hyaluronate</i>	191	<i>sterile water for irrigation</i>	184	symlinpen 60.....	64
<i>sodium hydroxide</i>	113	stimate.....	155	sympazan.....	52
<i>sodium phenylbutyrate</i>	154	stiolto respimat.....	46	symproic.....	160
<i>sodium polystyrene sulfonate</i> ..	184	stivarga.....	90	symtuza.....	104
<i>sofosbuvir-velpatasvir</i>	103	strattera.....	19	synagex.....	188
Solia.....	122	strensiq.....	155	synagis.....	201
<i>solifenacin succinate</i>	217	<i>streptomycin sulfate</i>	21	synalar.....	140
soliqua.....	64	stribild.....	103	synarel.....	155
solodyn.....	211	striverdi respimat.....	46	syndros.....	67
solosec.....	21	stromectol.....	39	synera.....	140
soltamox.....	89	sublocade.....	36	synjardy.....	64
solu-cortef.....	126	suboxone.....	37	synjardy xr.....	64
solu-medrol.....	126	subsys.....	37	synribo.....	90
solus v2 test.....	147	sucraid.....	148	synthroid.....	212
soma.....	191	<i>sucralfate</i>	216	synvisc.....	191
somatuline depot.....	154	sular.....	109	synvisc one.....	191
somavert.....	155	<i>sulconazole nitrate</i>	140	syprine.....	184
sonafine.....	139	<i>sulfacetamide sodium</i>	198	tabloid.....	90
soolantra.....	139	<i>sulfacetamide sodium (acne)</i> ..	140	tabrecta.....	90
soriatane.....	139	<i>sulfacetamide-prednisolone</i>	198	taclonex.....	140
sorilux.....	139	<i>sulfadiazine</i>	210	<i>tacrolimus</i>	140, 184
Sorine.....	107	<i>sulfamethoxazole-trimethoprim</i> 80		<i>tadalafil</i>	111
<i>sotalol hcl</i>	107	sulfamylon.....	140	<i>tadalafil (pah)</i>	111
<i>sotalol hcl (af)</i>	107	<i>sulfasalazine</i>	160	tafinlar.....	90
sotylize.....	107	Sulfatrim Pediatric.....	80	tagrisso.....	90
sovaldi.....	103	<i>sulindac</i>	26	<i>take action</i>	122
<i>spinosad</i>	139	<i>sumatriptan</i>	179	takhzyro.....	166
spiriva handihaler.....	45	<i>sumatriptan succinate</i>	180	talicia.....	216
spiriva respimat.....	46	<i>sumatriptan succinate refill</i>	180	taltz.....	140
<i>spironolactone</i>	149	<i>sumatriptan-naproxen sodium</i> ..	180	talzenna.....	90
<i>spironolactone-hctz</i>	149	sunosi.....	20	tamiflu.....	104
sporanox.....	69	supartz fx.....	191	<i>tamoxifen citrate</i>	90
sporanox pulsepak.....	69	<i>super thin lancets</i>	177	<i>tamsulosin hcl</i>	162
Sprintec 28.....	122	suprax.....	113	tapazole.....	212
sprix.....	26	supreme test.....	147	taperdex 12-day.....	126
sprycel.....	89	suprep bowel prep kit.....	171	taperdex 7-day.....	126
Sronyx.....	122	sure edge test.....	147	tarceva.....	90
sski.....	127	surechek blood glucose test....	147	targadox.....	211
st joseph low dose.....	29	sure-test easyplus mini test....	147	targretin.....	90, 140
stalevo 100.....	94	sustiva.....	103, 104	Tarina 24 Fe.....	122

Tarina Fe 1/20.....	123	theranatal one.....	188	torisel.....	90
Tarina Fe 1/20 Eq.....	123	thiola.....	162	<i>torsemide</i>	149
tarka.....	77	thiola ec.....	162	tosymra.....	180
taron-c dha.....	188	<i>thioridazine hcl</i>	99	toujeo max solostar.....	65
tasigna.....	90	<i>thiothixene</i>	99	toujeo solostar.....	65
tasmar.....	95	thymoglobulin.....	184	toviaz.....	218
<i>tavaborole</i>	140	thyrogen.....	148	tracleer.....	111
tavalisse.....	166	<i>tiagabine hcl</i>	52	tradjenta.....	65
taytulla.....	123	tiazac.....	109	<i>tramadol hcl</i>	37
<i>tazarotene</i>	141	tibsovo.....	90	<i>tramadol hcl er</i>	37
Tazicef.....	113	tigan.....	67	<i>tramadol hcl er (biphasic)</i>	37
<i>tazicef</i>	113	tiglutik.....	193	<i>tramadol-acetaminophen</i>	37
tazorac.....	141	tikosyn.....	42	<i>trandolapril</i>	77
Taztia Xt.....	109	Tilia Fe.....	123	<i>trandolapril-verapamil hcl er</i>	77
tazverik.....	90	<i>timolol maleate</i>	107, 198	<i>tranexamic acid</i>	169
tecfidera.....	208	timoptic.....	198	transderm-scop (1.5 mg).....	68
teflaro.....	113	timoptic ocudose.....	198	tranxene-t.....	41
tegretol.....	52	timoptic-xe.....	198	<i>tranylcypromine sulfate</i>	57
tegretol-xr.....	52	<i>tinidazole</i>	80	travatan z.....	198
tegsedi.....	208	tirosint.....	212	<i>travoprost (bak free)</i>	198
tekturna.....	77	tirosint-sol.....	212	<i>trazodone hcl</i>	57
tekturna hct.....	77	Tis-U-Sol.....	184	trecator.....	82
telcare blood glucose test.....	148	tivicay.....	104	trelegy ellipta.....	46
<i>telmisartan</i>	77	tivicay pd.....	104	tristar mixject.....	91
<i>telmisartan-amlodipine</i>	77	<i>tizanidine hcl</i>	191	tremfya.....	141
<i>telmisartan-hctz</i>	77	tobi.....	21	<i>treprostinil</i>	111
<i>temazepam</i>	170	tobi podhaler.....	22	tresiba.....	65
temixys.....	104	tobradex.....	198	tresiba flextouch.....	65
temodar.....	90	tobradex st.....	198	<i>tretinoin</i>	91, 141
temovate.....	141	<i>tobramycin</i>	22	<i>tretinoin (emollient)</i>	141
<i>temozolomide</i>	90	<i>tobramycin sulfate</i>	22	<i>tretinoin microsphere</i>	141
<i>temsirolimus</i>	90	<i>tobramycin-dexamethasone</i>	198	<i>tretinoin microsphere pump</i>	141
<i>tenofovir disoproxil fumarate</i> ..	104	tobrex.....	198	treten.....	166
<i>terazosin hcl</i>	77	today sponge.....	218	trexall.....	91
<i>terbinafine hcl</i>	69	tolak.....	141	treximet.....	180
<i>terbutaline sulfate</i>	46	<i>tolbutamide</i>	65	trezix.....	37
<i>terconazole</i>	218	<i>tolcapone</i>	95	Tri Femynor.....	123
<i>teriparatide (recombinant)</i>	155	<i>tolmetin sodium</i>	26	<i>triacetin</i>	113
tessalon perles.....	127	<i>tolsura</i>	69	<i>triamcinolone acetonide</i>	141, 185, 193
testim.....	38	<i>tolterodine tartrate</i>	217	triaminic allerchews.....	70
<i>testosterone</i>	38, 113	<i>tolterodine tartrate er</i>	217	<i>triamterene</i>	149
<i>testosterone cypionate</i>	38, 113	<i>tolvaptan</i>	155	<i>triamterene-hctz</i>	150
<i>testosterone enanthate</i>	38	topamax.....	52	<i>triazolam</i>	170
<i>tetrabenazine</i>	209	topamax sprinkle.....	52	tribenzor.....	78
<i>tetracycline hcl</i>	211	topicort.....	141	<i>tricare</i>	188
texacort.....	141	topicort spray.....	141	tricare prenatal dha one.....	189
thalamid.....	184	<i>topiramate</i>	52, 53	tricolor.....	73
theo-24.....	46	Toposar.....	90	Triderm.....	141
<i>theophylline</i>	46	toprol xl.....	107	tridesilon.....	141
<i>theophylline er</i>	46	<i>toremifene citrate</i>	90		

<i>trientine hcl</i>	184	truvada.....	104	<i>valproate sodium</i>	53
Tri-Estarylla.....	123	tudorza pressair.....	46	<i>valproic acid</i>	53
<i>trifluoperazine hcl</i>	99	tukyasa.....	91	<i>valsartan</i>	78
<i>trifluridine</i>	198	Tulana.....	123	<i>valsartan-hydrochlorothiazide</i> ...	78
<i>trihexyphenidyl hcl</i>	95	turalio.....	91	valtoco 10 mg dose.....	53
trijardy xr.....	65	tussicaps.....	127	valtoco 15 mg dose.....	53
trikafta.....	210	tuxarin er.....	127	valtoco 20 mg dose.....	53
Tri-Legest Fe.....	123	tuzistra xr.....	127	valtoco 5 mg dose.....	53
trileptal.....	53	twirla.....	124	valtrex.....	104
Tri-Linyah.....	123	twynsta.....	78	Vanadom.....	191
trilipix.....	73	tybost.....	104	Vanatol Lq.....	29
Tri-Lo-Estarylla.....	123	Tydemy.....	124	vancocin.....	80
Tri-Lo-Marzia.....	123	tykerb.....	91	<i>vancomycin hcl</i>	80
Tri-Lo-Sprintec.....	123	tymlos.....	155	Vandazole.....	218
tri-luma.....	142	tysabri.....	209	vanishpoint insulin syringe....	177
triluron.....	191	tyvaso.....	111	vanos.....	142
Trilyte.....	171	tyvaso refill.....	111	varubi (180 mg dose).....	68
<i>trimethobenzamide hcl</i>	68	tyvaso starter.....	111	vascepa.....	73
<i>trimethoprim</i>	80	ubrelvy.....	180	vaseretic.....	78
Tri-Mili.....	123	uceris.....	39, 126	vasotec.....	78
<i>trimipramine maleate</i>	57	udamin sp.....	189	vecamyl.....	78
<i>trinaz</i>	189	udenyca.....	169	vectical.....	142
Trinessa (28).....	123	uloric.....	162	veletri.....	111, 112
trintellix.....	57	ulticare insulin syringe.....	177	Velivet.....	124
Tri-Previfem.....	123	ulticare short pen needles.....	177	velphoro.....	161
triptodur.....	155	ultima test.....	148	veltassa.....	184
Tri-Sprintec.....	123	ultracet.....	37	veltin.....	142
<i>tristart dha</i>	189	ultram.....	37	vemlidy.....	104
tristart one.....	189	ultratrak pro test.....	148	venclexta.....	91
triumeq.....	104	ultratrak ultimate test.....	148	venclexta starting pack.....	91
trivisc.....	191	ultravate.....	142	<i>venlafaxine hcl</i>	57
Trivora (28).....	123	unasyn.....	203	<i>venlafaxine hcl er</i>	57
Tri-Vylibra.....	123	unifine pentips plus.....	177	venofer.....	169
Tri-Vylibra Lo.....	123	unistrip1 generic.....	148	venomil mixed vespid venom...21	
trizivir.....	104	Unithroid.....	213	ventavis.....	112
trokendi xr.....	53	upneeq.....	198	ventolin hfa.....	46
<i>tropicamide</i>	198	uptravi.....	111	<i>verapamil hcl</i>	110
<i>tropium chloride</i>	218	urocit-k 10.....	162	<i>verapamil hcl er</i>	109, 110
<i>tropium chloride er</i>	218	urocit-k 15.....	162	<i>verasens blood glucose test</i>	148
<i>true focus blood glucose strip</i> ..	148	urocit-k 5.....	162	verdeso.....	142
true metrix blood glucose test	148	urso 250.....	160	verelan.....	110
trueplus insulin syringe.....	177	urso forte.....	160	versacloz.....	99
trueplus lancets 26g.....	177	<i>ursodiol</i>	160	verzenio.....	91
trueplus lancets 30g.....	177	utibron neohaler.....	46	vesicare.....	218
trueplus safety lancets 28g.....	177	vagifem.....	218	vfend.....	69
truetest test.....	148	<i>valacyclovir hcl</i>	104	viberzi.....	161
truetrack test.....	148	valchlor.....	142	vibramycin.....	211
trulance.....	160	valcyte.....	104	victoza.....	65
trulicity.....	65	<i>valganciclovir hcl</i>	104	vida mia unifine pentips.....	177
trusopt.....	198	valium.....	41	viekira pak.....	105

Vienva.....	124	vraylar.....	99	xenleta.....	80
<i>vigabatin</i>	53	vsl#3 ds.....	65	xeomin.....	193
Vigadrone.....	53	Vtol Lq.....	29	xepi.....	142
vigamox.....	198	vumerity.....	209	xerac ac.....	142
viibryd.....	57	vusion.....	142	xerese.....	142
viibryd starter pack.....	57	Vyfemla.....	124	xermelo.....	161
vimizim.....	155	vyleesi.....	209	xgeva.....	155
vimovo.....	26	Vylibra.....	124	xhance.....	193
vimpat.....	53	vyndamax.....	112	xiaflex.....	184
viokace.....	148	vyndaqel.....	112	xifaxan.....	80
<i>viorele</i>	124	vytorin.....	73	xigduo xr.....	65
viracept.....	105	vyvanse.....	20	xiidra.....	199
viramune.....	105	vyzulta.....	198	ximino.....	211
viramune xr.....	105	wakix.....	20	xodol.....	37
viread.....	105	<i>warfarin sodium</i>	48	xofluza (40 mg dose).....	105
virt-pn dha.....	189	welchol.....	73	xofluza (80 mg dose).....	105
visco-3.....	191	wellbutrin sr.....	57	xolair.....	46
visionblue.....	198	wellbutrin xl.....	57	xolegel.....	142
vistaril.....	41	Wera.....	124	xopenex.....	47
vistogard.....	66	westhroid.....	213	xopenex concentrate.....	46
visudyne.....	198	wide-seal diaphragm 60.....	178	xopenex hfa.....	46
vitafol fe+.....	189	wide-seal diaphragm 65.....	178	xospata.....	91
vitafol gummies.....	189	wide-seal diaphragm 70.....	178	xpovio (100 mg once weekly)...	92
vitafol strips.....	189	wide-seal diaphragm 75.....	178	xpovio (40 mg once weekly)....	92
vitafol ultra.....	189	wide-seal diaphragm 80.....	178	xpovio (40 mg twice weekly)....	92
vitafol-nano.....	189	wide-seal diaphragm 85.....	178	xpovio (60 mg once weekly)....	92
vitafol-ob.....	189	wide-seal diaphragm 90.....	178	xpovio (60 mg twice weekly)....	92
vitafol-ob+dha.....	189	wide-seal diaphragm 95.....	178	xpovio (80 mg once weekly)....	92
vitafol-one.....	189	wilate.....	166	xpovio (80 mg twice weekly)....	92
vital-d rx.....	189	winrho sdf.....	202	xtampza er.....	37
vitamedmd redichew rx.....	189	Wixela Inhub.....	46	xtandi.....	92
<i>vitamin d (ergocalciferol)</i>	219	wp thyroid.....	213	xulane.....	124
vitapearl.....	189	Wymzya Fe.....	124	xultophy.....	65
vitrakvi.....	91	xadago.....	95	xuriden.....	155
vivaguard ino test strips.....	148	xalatan.....	199	xyntha.....	166
vivelle-dot.....	157	xalkori.....	91	xyntha solofuse.....	166
vivitrol.....	67	xanax.....	41	xyosted.....	38
vivlodex.....	27	xanax xr.....	41	xyrem.....	209
vizimpro.....	91	xarelto.....	48	xywav.....	209
vocal point blood glucose test	148	xarelto starter pack.....	48	xyzal allergy 24hr.....	70
vogelxo.....	38	xatmep.....	91	xyzal allergy 24hr childrens.....	70
vogelxo pump.....	38	xcopri.....	53	yasmin 28.....	124
vol-plus.....	189	xcopri (250 mg daily dose).....	53	yaz.....	124
vol-tab rx.....	189	xcopri (350 mg daily dose).....	53	yervoy.....	92
vonvendi.....	166	xeljanz.....	27	yonsa.....	92
voraxaze.....	91	xeljanz xr.....	27	yosprala.....	166
<i>voriconazole</i>	69	xeloda.....	91	yupelri.....	47
vosevi.....	105	xelpros.....	199	Yuvaferm.....	218
votrient.....	91	xembify.....	202	zaditor.....	199
vpriv.....	169	xenazine.....	209	<i>zafirlukast</i>	47

<i>zaleplon</i>	170	zofran.....	68
zaltrap.....	92	zohydro er.....	37
zanaflex.....	192	<i>zoledronic acid</i>	155
zanosar.....	92	zolinza.....	92
Zarah.....	124	<i>zolmitriptan</i>	180
zarontin.....	54	zoloft.....	58
zarxio.....	169	<i>zolpidem tartrate</i>	170
zatean-pn dha.....	189	<i>zolpidem tartrate er</i>	170
zatean-pn plus.....	189	zomacton.....	155
zavesca.....	169	zomacton (for zoma-jet 10)....	155
<i>zcort 7-day</i>	126	zomig.....	180
zegerid.....	217	zomig zmt.....	180
zegerid otc.....	217	zonalon.....	142
zejula.....	92	zonegran.....	54
zelapar.....	95	<i>zonisamide</i>	54
zelboraf.....	92	zontivity.....	166
zelnorm.....	161	zorbtive.....	155
zemaira.....	210	zortress.....	185
zembrace symtouch.....	180	zorvolex.....	27
zemplar.....	155	Zovia 1/35E (28).....	124
Zenatane.....	142	zovirax.....	105, 142
zenpep.....	148	zubsolv.....	37
Zenzedi.....	20	Zumandimine.....	124
zenzedi.....	20	zuplenz.....	68
zepatier.....	105	zyclara.....	142
zeposia.....	209	zyclara pump.....	142
zeposia 7-day starter pack.....	209	zydelig.....	92
zeposia starter kit.....	209	zyflo.....	47
zerit.....	105	zykadia.....	92
zerviate.....	199	zylet.....	199
zestril.....	78	zyloprim.....	162
zetia.....	73	zymaxid.....	199
zetonna.....	193	zypitamag.....	73
ziac.....	78	zyprexa.....	99
ziagen.....	105	zyprexa relprevv.....	99
ziana.....	142	zyprexa zydis.....	99
<i>zidovudine</i>	105	zyrtec allergy.....	71
ziextenzo.....	169	zyrtec childrens allergy.....	71
<i>zileuton er</i>	47	zyrtec-d allergy & congestion.....	127
zilxi.....	142	zytiga.....	92
<i>zinc acetate</i>	114	zyvox.....	80
zioptan.....	199		
<i>ziprasidone hcl</i>	99		
<i>ziprasidone mesylate</i>	99		
zipsor.....	27		
zirgan.....	199		
zithromax.....	172		
zithromax tri-pak.....	172		
zithromax z-pak.....	172		
zocor.....	73		