

# Plan for your best health

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Aetna Small Group ACA Formulary: Banner | Aetna

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Table of Contents

INFORMATIONAL SECTION.....5

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

\*ALLERGENIC EXTRACTS/BIOLOGICALS MISC\* - BIOLOGICAL AGENTS.....19

\*AMEBICIDES\* - DRUGS FOR INFECTIONS.....20

\*AMINOGLYCOSIDES\* - DRUGS FOR INFECTIONS.....20

\*ANALGESICS - ANTI-INFLAMMATORY\* - DRUGS FOR PAIN AND FEVER.....21

\*ANALGESICS - NONNARCOTIC\* - DRUGS FOR PAIN AND FEVER.....26

\*ANALGESICS - OPIOID\* - DRUGS FOR PAIN AND FEVER.....27

\*ANDROGENS-ANABOLIC\* - HORMONES.....35

\*ANORECTAL AND RELATED PRODUCTS\* - RECTAL PREPARATIONS.....36

\*ANTHELMINTICS\* - DRUGS FOR INFECTIONS.....37

\*ANTIANGINAL AGENTS\* - DRUGS FOR THE HEART.....37

\*ANTIANKXIETY AGENTS\* - DRUGS FOR THE NERVOUS SYSTEM.....38

\*ANTIARRHYTHMICS\* - DRUGS FOR THE HEART.....39

\*ANTIASTHMATIC AND BRONCHODILATOR AGENTS\* - DRUGS FOR THE LUNGS.....40

\*ANTICOAGULANTS\* - DRUGS FOR THE BLOOD.....46

\*ANTICONVULSANTS\* - DRUGS FOR THE NERVOUS SYSTEM.....47

\*ANTIDEPRESSANTS\* - DRUGS FOR THE NERVOUS SYSTEM.....53

\*ANTIDIABETICS\* - HORMONES.....57

\*ANTIDIARRHEAL/PROBIOTIC AGENTS\* - DRUGS FOR THE STOMACH.....67

\*ANTIDOTES AND SPECIFIC ANTAGONISTS\* - DRUGS FOR OVERDOSE OR POISONING...67

\*ANTIEMETICS\* - DRUGS FOR THE STOMACH.....68

\*ANTIFUNGALS\* - DRUGS FOR INFECTIONS.....69

\*ANTIHIAMINES\* - DRUGS FOR THE LUNGS.....70

\*ANTIHYPERLIPIDEMICS\* - DRUGS FOR THE HEART.....72

\*ANTIHYPERTENSIVES\* - DRUGS FOR THE HEART.....75

\*ANTI-INFECTIVE AGENTS - MISC.\* - DRUGS FOR INFECTIONS.....80

\*ANTIMALARIALS\* - DRUGS FOR INFECTIONS.....82

\*ANTIMYASTHENIC/CHOLINERGIC AGENTS\* - DRUGS FOR NERVES AND MUSCLES.....83

\*ANTIMYCOBACTERIAL AGENTS\* - DRUGS FOR INFECTIONS.....83

\*ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES\* - DRUGS FOR CANCER.....84

\*ANTIPARKINSON AND RELATED THERAPY AGENTS\* - DRUGS FOR THE NERVOUS SYSTEM.....95

\*ANTIPSYCHOTICS/ANTIMANIC AGENTS\* - DRUGS FOR THE NERVOUS SYSTEM.....98

\*ANTISEPTICS & DISINFECTANTS\* - ANTISEPTICS AND DISINFECTANTS.....102

\*ANTIVIRALS\* - DRUGS FOR INFECTIONS.....102

\*BETA BLOCKERS\* - DRUGS FOR THE HEART.....109

\*CALCIUM CHANNEL BLOCKERS\* - DRUGS FOR THE HEART.....111

\*CARDIOTONICS\* - DRUGS FOR THE HEART.....114

\*CARDIOVASCULAR AGENTS - MISC.\* - DRUGS FOR THE HEART.....114

\*CEPHALOSPORINS\* - DRUGS FOR INFECTIONS.....116

\*CHEMICALS\*.....117

\*CONTRACEPTIVES\* - DRUGS FOR WOMEN.....117

\*CORTICOSTEROIDS\* - HORMONES.....127

\*COUGH/COLD/ALLERGY\* - DRUGS FOR THE LUNGS.....129

\*DERMATOLOGICALS\* - DRUGS FOR THE SKIN.....132

*DIAGNOSTIC PRODUCTS*	149
:.DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS*:- DRUGS FOR NUTRITION	
.	155
*DIGESTIVE AIDS* - DRUGS FOR THE STOMACH	161
*DIURETICS* - DRUGS FOR THE HEART	162
*ENDOCRINE AND METABOLIC AGENTS - MISC.* - HORMONES	163
*ESTROGENS* - HORMONES	170
*FLUOROQUINOLONES* - DRUGS FOR INFECTIONS	172
*GASTROINTESTINAL AGENTS - MISC.* - DRUGS FOR THE STOMACH	173
*GENITOURINARY AGENTS - MISCELLANEOUS* - DRUGS FOR THE URINARY SYSTEM	176
*GOUT AGENTS* - DRUGS FOR PAIN AND FEVER	177
*HEMATOLOGICAL AGENTS - MISC.* - DRUGS FOR THE BLOOD	178
*HEMATOPOIETIC AGENTS* - DRUGS FOR NUTRITION	179
*HEMOSTATICS* - DRUGS FOR THE BLOOD	182
*HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS* - DRUGS FOR THE NERVOUS SYSTEM	182
*LAXATIVES* - DRUGS FOR THE STOMACH	183
*MACROLIDES* - DRUGS FOR INFECTIONS	185
*MEDICAL DEVICES AND SUPPLIES* - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT	186
*MIGRAINE PRODUCTS* - DRUGS FOR THE NERVOUS SYSTEM	200
*MINERALS & ELECTROLYTES* - DRUGS FOR NUTRITION	203
*MISCELLANEOUS THERAPEUTIC CLASSES* - VITAMINS AND MINERALS	205
*MOUTH/THROAT/DENTAL AGENTS* - DRUGS FOR THE MOUTH AND THROAT	207
*MULTIVITAMINS* - DRUGS FOR NUTRITION	208
*MUSCULOSKELETAL THERAPY AGENTS* - DRUGS FOR MUSCLES, LIGAMENTS, TENDONS, AND BONES	213
*NASAL AGENTS - SYSTEMIC AND TOPICAL* - DRUGS FOR THE NOSE	214
*NEUROMUSCULAR AGENTS* - DRUGS FOR NERVES AND MUSCLES	215
*NUTRIENTS* - DRUGS FOR NUTRITION	215
*OPHTHALMIC AGENTS* - DRUGS FOR THE EYE	215
*OTIC AGENTS* - DRUGS FOR THE EAR	223
*OXYTOCICS* - HORMONES	223
*PASSIVE IMMUNIZING AND TREATMENT AGENTS* - BIOLOGICAL AGENTS	224
*PENICILLINS* - DRUGS FOR INFECTIONS	225
*PHARMACEUTICAL ADJUVANTS*	226
*PROGESTINS* - HORMONES	226
*PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.* - DRUGS FOR THE NERVOUS SYSTEM	226
*RESPIRATORY AGENTS - MISC.* - DRUGS FOR THE LUNGS	232
*SULFONAMIDES* - DRUGS FOR INFECTIONS	233
*TETRACYCLINES* - DRUGS FOR INFECTIONS	233
*THYROID AGENTS* - HORMONES	234
:.ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS*:- DRUGS FOR THE STOMACH	
.	236
*URINARY ANTISPASMODICS* - DRUGS FOR THE URINARY SYSTEM	239
*VAGINAL AND RELATED PRODUCTS* - DRUGS FOR WOMEN	240
*VASOPRESSORS* - DRUGS FOR THE HEART	242
*VITAMINS* - DRUGS FOR NUTRITION	242

# 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:** via E-Prescribe to Banner Family Pharmacy – Chandler
  - 2. Fax: 1-602-747-2170**
  - 3. Phone: 1-844-747-6442**, option 2
  - 4. Mail:** Banner Family pharmacy  
7300 W Detroit Street  
Chandler, AZ 85226

## 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 Non-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**

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We provide 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,  
1-800-648-7817, TTY: 711,  
Fax: 859-425-3379, 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).

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TTY: 711

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

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

如欲使用免費語言服務，請致電您 ID 卡上的電話號碼 (Chinese)

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

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

ເພື່ອຂໍໃຊ້ການບໍລິການພາສາໂດຍບໍ່ເສຍຄ່າຕໍ່ກັບທ່ານ,  
ໃຫ້ໂທຫາເບີໂທທີ່ບອກໄວ້ໃນບັດປະຈຳຕົວຂອງທ່ານ. (Laotian)

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

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

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

ដើម្បីទទួលបានសេវាកម្មភាសាដែលឥតគិតថ្លៃសម្រាប់លោកអ្នក សូមហៅទូរស័ព្ទទៅកាន់  
លេខដែលមាននៅលើប័ណ្ណសម្គាល់ខ្លួនរបស់លោកអ្នក។ (Mon-Khmer, Cambodian)

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

Të kɔɔr yin wëër de thokic ke cïn wëu kɔr keek tənɔŋ yin. Ke ɔɔl 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 griege mitaus Koscht, ruff die Nummer uff dei ID Kaart. (Pennsylvania Dutch)

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

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

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

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

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

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



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

**IBC** = Indication Based Coverage

**LGC** = Lowest Generic Copay Applies

**MPG** = PG tier applies to members residing in Massachusetts.

**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.

**OTC** = Covered OTC

**PA** = Prior Authorization

**QL** = Quantity Limit

**SP Pharmacy** = You may pay higher out of pocket costs and may be required to get these products at an Aetna Specialty Pharmacy network provider, like Aetna Specialty Pharmacy.

Specialty products are limited to a 30 day supply.

**ST** = Step Therapy

**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.

**NC** = Not Covered

**NP** = Non Preferred

**NPS** = Non Preferred Specialty

**PB** = Preferred Brand

**PG** = Preferred Generic

**PS** = Preferred Specialty

**lowercase italics** = Generic drugs

**UPPERCASE** = Brand name drugs

UF11 = Covered at preferred tier with no PA, no ST for members residing in Illinois  
 UF9 = PSP tier with Prior Authorization applies to members residing in Colorado.  
 UN6 = Prior Authorization does not apply to members residing in Pennsylvania and Washington

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>*ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS* - DRUGS FOR THE NERVOUS SYSTEM</b>		
ADDERALL ORAL TABLET 10 MG, 12.5 MG, 15 MG, 20 MG, 30 MG, 5 MG, 7.5 MG ( <i>amphetamine-dextroamphetamine</i> )	NC	
ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 5 MG ( <i>amphetamine-dextroamphetamine</i> )	NC	
ADHANSIA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 25 MG, 35 MG, 45 MG, 55 MG, 70 MG, 85 MG ( <i>methylphenidate hcl</i> )	NC	
ADZENYS ER ORAL SUSPENSION EXTENDED RELEASE 1.25 MG/ML ( <i>amphetamine</i> )	NC	
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> )	NC	
<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	PA; ST; 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)
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> )	NC	
<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>	NP	QL (2 capsules per 1 day)
<i>atomoxetine hcl oral capsule 100 mg, 80 mg</i>	NP	QL (1 capsule per 1 day)

2020 Small Group ACA Banner | Aetna

The formulary is updated the first week of each month.

12/01/2020



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BELVIQ ORAL TABLET 10 MG ( <i>lorcaserin hcl</i> )	NP	PA; ST; QL (2 tablets per 1 day)
<i>caffeine citrate oral solution 20 mg/ml, 60 mg/3ml</i>	NC	
<i>clonidine hcl er oral tablet extended release 12 hour 0.1 mg</i>	NP	QL (4 tabs per 1 day)
CONCERTA ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG, 36 MG, 54 MG ( <i>methylphenidate hcl</i> )	NC	
COTEMPLA XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE 17.3 MG, 25.9 MG, 8.6 MG ( <i>methylphenidate</i> )	NC	
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> )	NC	
DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 5 MG ( <i>dextroamphetamine sulfate</i> )	NC	
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	NP	PA; ST; QL (2 capsules per 1 day)
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 25 mg, 35 mg</i>	NP	PA; ST; 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>	NP	QL (3 caps per 1 day)
<i>dextroamphetamine sulfate oral solution 5 mg/5ml</i>	PG	PA; QL (40 ML per 1 day)
<i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i>	NP	QL (4 tabs per 1 day)
DYANAVAL XR ORAL SUSPENSION EXTENDED RELEASE 2.5 MG/ML ( <i>amphetamine</i> )	NC	
EVEKEO ODT ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 20 MG, 5 MG ( <i>amphetamine sulfate</i> )	NC	
EVEKEO ORAL TABLET 10 MG, 5 MG ( <i>amphetamine sulfate</i> )	NC	
FOCALIN ORAL TABLET 10 MG, 2.5 MG, 5 MG ( <i>dexmethylphenidate hcl</i> )	NC	
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> )	NC	
<i>guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg</i>	NP	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> )	NC	

2020 Small Group ACA Banner | Aetna

The formulary is updated the first week of each month.

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
JORNAY PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 20 MG, 40 MG, 60 MG, 80 MG ( <i>methylphenidate hcl</i> )	NC	
KAPVAY ORAL TABLET EXTENDED RELEASE 12 HOUR 0.1 MG ( <i>clonidine hcl</i> )	NC	
<i>methylphenidate hcl</i> (Metadate Er Oral Tablet Extended Release 20 Mg)	PG	QL (3 tabs per 1 day)
<i>methamphetamine hcl oral tablet 5 mg</i>	NP	PA; ST; QL (4 tabs per 1 day)
METHYLIN ORAL SOLUTION 10 MG/5ML, 5 MG/5ML ( <i>methylphenidate hcl</i> )	NC	
<i>methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	NP	QL (1 cap per 1 day)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 60 mg</i>	NP	QL (1 capsule per 1 Day)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 20 mg, 30 mg, 40 mg</i>	NP	QL (1 cap 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>	NP	QL (1 capsule per 1 day)
<i>methylphenidate hcl er oral tablet extended release 10 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 20 mg</i>	PG	QL (3 tabs 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)
<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>	NP	QL (30 ML per 1 day)
<i>methylphenidate hcl oral solution 5 mg/5ml</i>	NP	QL (60 ML per 1 day)
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	PG	QL (6 tablets 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, 200 mg</i>	NP	PA; ST; QL (2 tabs per 1 day)
MYDAYIS ORAL CAPSULE EXTENDED RELEASE 24 HOUR 12.5 MG, 25 MG, 37.5 MG, 50 MG ( <i>amphetamine-dextroamphetamine</i> )	NC	#

2020 Small Group ACA Banner | Aetna

The formulary is updated the first week of each month.

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NUVIGIL ORAL TABLET 150 MG, 200 MG, 250 MG, 50 MG ( <i>armodafinil</i> )	NC	
<i>phendimetrazine tartrate oral tablet 35 mg</i>	PG	QL (6 tablets per 1 day)
<i>phentermine hcl oral capsule 15 mg</i>	PG	QL (2 tablets per 1 day)
<i>phentermine hcl oral capsule 30 mg, 37.5 mg</i>	PG	QL (1 tablet per 1 day)
<i>dextroamphetamine sulfate</i> (Procentra Oral Solution 5 Mg/5ML)	NC	
PROVIGIL ORAL TABLET 100 MG, 200 MG ( <i>modafinil</i> )	NC	
QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 20 MG, 30 MG, 40 MG ( <i>methylphenidate hcl</i> )	NC	
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED 25 MG/5ML ( <i>methylphenidate hcl</i> )	NP	PA; ST; #; QL (1 bottle per 1 fill)
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER 25 MG/5ML ( <i>methylphenidate hcl</i> )	NP	QL (20 ML per 1 day)
RELEXXII ORAL TABLET EXTENDED RELEASE 72 MG ( <i>methylphenidate hcl</i> )	NP	QL (1 tablet per 1 Day)
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 30 MG, 40 MG, 60 MG ( <i>methylphenidate hcl</i> )	NC	
RITALIN ORAL TABLET 10 MG, 20 MG, 5 MG ( <i>methylphenidate hcl</i> )	NC	
STRATTERA ORAL CAPSULE 10 MG, 100 MG, 18 MG, 25 MG, 40 MG, 60 MG, 80 MG ( <i>atomoxetine hcl</i> )	NC	
SUNOSI ORAL TABLET 150 MG, 75 MG ( <i>solriamfetol hcl</i> )	NC	
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG ( <i>lisdexamfetamine dimesylate</i> )	NP	PA; ST; 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> )	NP	PA; ST; QL (2 tablets per 1 day)
WAKIX ORAL TABLET 17.8 MG, 4.45 MG ( <i>pitolisant hcl</i> )	NC	
<i>dextroamphetamine sulfate</i> (Zenzedi Oral Tablet 10 Mg, 5 Mg)	NP	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> )	NC	
<b>*ALLERGENIC EXTRACTS/BIOLOGICALS MISC* - BIOLOGICAL AGENTS</b>		
ADAGEN INTRAMUSCULAR SOLUTION 250 UNIT/ML ( <i>pegademase bovine</i> )	NPS	PA; SP Pharmacy

2020 Small Group ACA Banner | Aetna

The formulary is updated the first week of each month.

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GRASTEK SUBLINGUAL TABLET SUBLINGUAL 2800 BAU ( <i>timothy grass pollen allergen</i> )	NP	PA; ST
PALFORZIA (12 MG DAILY DOSE) ORAL 2 X 1 MG & 10 MG ( <i>peanut powder-dnfp</i> )	NC	
PALFORZIA (120 MG DAILY DOSE) ORAL 20 MG & 100 MG ( <i>peanut powder-dnfp</i> )	NC	
PALFORZIA (160 MG DAILY DOSE) ORAL 3 X 20 MG & 100 MG ( <i>peanut powder-dnfp</i> )	NC	
PALFORZIA (20 MG DAILY DOSE) ORAL 20 MG ( <i>peanut powder-dnfp</i> )	NC	
PALFORZIA (200 MG DAILY DOSE) ORAL 2 X 100 MG ( <i>peanut powder-dnfp</i> )	NC	
PALFORZIA (240 MG DAILY DOSE) ORAL 2 X 20 MG & 2 X 100 MG ( <i>peanut powder-dnfp</i> )	NC	
PALFORZIA (3 MG DAILY DOSE) ORAL 3 X 1 MG ( <i>peanut powder-dnfp</i> )	NC	
PALFORZIA (300 MG MAINTENANCE) ORAL PACKET 300 MG ( <i>peanut powder-dnfp</i> )	NC	
PALFORZIA (300 MG TITRATION) ORAL PACKET 300 MG ( <i>peanut powder-dnfp</i> )	NC	
PALFORZIA (40 MG DAILY DOSE) ORAL 2 X 20 MG ( <i>peanut powder-dnfp</i> )	NC	
PALFORZIA (6 MG DAILY DOSE) ORAL 6 X 1 MG ( <i>peanut powder-dnfp</i> )	NC	
PALFORZIA (80 MG DAILY DOSE) ORAL 4 X 20 MG ( <i>peanut powder-dnfp</i> )	NC	
PALFORZIA INITIAL ESCALATION ORAL 0.5 & 1 & 1.5 & 3 & 6 MG ( <i>peanut powder-dnfp</i> )	NC	
<b>*AMEBICIDES* - DRUGS FOR INFECTIONS</b>		
SOLOSEC ORAL PACKET 2 GM ( <i>secnidazole</i> )	NC	
<b>*AMINOGLYCOSIDES* - DRUGS FOR INFECTIONS</b>		
ARIKAYCE INHALATION SUSPENSION 590 MG/8.4ML ( <i>amikacin sulfate liposome</i> )	NC	
BETHKIS INHALATION NEBULIZATION SOLUTION 300 MG/4ML ( <i>tobramycin</i> )	NC	#
KITABIS PAK INHALATION NEBULIZATION SOLUTION 300 MG/5ML ( <i>tobramycin</i> )	NC	
<i>neomycin sulfate oral tablet 500 mg</i>	PG	

2020 Small Group ACA Banner | Aetna

The formulary is updated the first week of each month.

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>paromomycin sulfate oral capsule 250 mg</i>	NP	
TOBI INHALATION NEBULIZATION SOLUTION 300 MG/5ML ( <i>tobramycin</i> )	NC	
TOBI PODHALER INHALATION CAPSULE 28 MG ( <i>tobramycin</i> )	NC	
<i>tobramycin inhalation nebulization solution 300 mg/4ml</i>	PS	MPG; UN6; QL (224 ML per 1 month)
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	PG	SP Pharmacy; QL (56 vials per 1 fill)
<b>*ANALGESICS - ANTI-INFLAMMATORY* - DRUGS FOR PAIN AND FEVER</b>		
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML ( <i>tocilizumab</i> )	NPS	PA; ST; NPL; SP Pharmacy; QL (4 pens per 1 month)
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML ( <i>tocilizumab</i> )	NPS	PA; ST; SP Pharmacy; QL (1 syringe per 1 month)
ANAPROX DS ORAL TABLET 550 MG ( <i>naproxen sodium</i> )	NC	
ARAVA ORAL TABLET 10 MG, 20 MG ( <i>leflunomide</i> )	NC	
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG ( <i>rilonacept</i> )	NPS	PA; SP Pharmacy
ARTHROTEC ORAL TABLET DELAYED RELEASE 50-0.2 MG, 75-0.2 MG ( <i>diclofenac-misoprostol</i> )	NC	
CELEBREX ORAL CAPSULE 100 MG, 200 MG, 400 MG, 50 MG ( <i>celecoxib</i> )	NC	
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	NP	ST; QL (2 capsules per 1 day)
DAYPRO ORAL TABLET 600 MG ( <i>oxaprozin</i> )	NC	
<i>diclofenac oral capsule 35 mg</i>	NC	
<i>diclofenac potassium oral tablet 50 mg</i>	NP	
<i>diclofenac sodium er oral tablet extended release 24 hour 100 mg</i>	NP	
<i>diclofenac sodium oral tablet delayed release 25 mg, 50 mg</i>	PG	
<i>diclofenac sodium oral tablet delayed release 75 mg</i>	PG	LGC
<i>diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg</i>	NP	
DUEXIS ORAL TABLET 800-26.6 MG ( <i>ibuprofen-famotidine</i> )	NC	

2020 Small Group ACA Banner | Aetna

The formulary is updated the first week of each month.

12/01/2020



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG, 500 MG ( <i>naproxen</i> )	NC	
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML ( <i>etanercept</i> )	PS	PA; ST; SP Pharmacy; QL (8 injections per 1 month)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML ( <i>etanercept</i> )	PS	PA; NPL; SP Pharmacy; QL (8 syringes per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML ( <i>etanercept</i> )	PS	PA; ST; SP Pharmacy; QL (8 syringes per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML ( <i>etanercept</i> )	PS	PA; ST; SP Pharmacy; QL (4 syringes per 28 days)
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG ( <i>etanercept</i> )	PS	PA; ST; QL (8 injections per 28 days)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML ( <i>etanercept</i> )	PS	PA; ST; SP Pharmacy; QL (4 syringes per 28 days)
<i>equapaxlibuprofen/minrex oral therapy pack 800 mg</i>	NC	
<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	
FELDENE ORAL CAPSULE 10 MG, 20 MG ( <i>piroxicam</i> )	NC	
<i>fenoprofen calcium oral capsule 200 mg, 400 mg</i>	NP	
<i>fenoprofen calcium oral tablet 600 mg</i>	NP	
FENORTHO ORAL CAPSULE 200 MG ( <i>fenoprofen calcium</i> )	NC	
<i>flurbiprofen oral tablet 100 mg, 50 mg</i>	PG	
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML ( <i>adalimumab</i> )	PS	PA; ST; SP Pharmacy; QL (6 injections per 28 days)
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML ( <i>adalimumab</i> )	PS	PA; ST; SP Pharmacy; QL (3 syringes per 1 month)
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML ( <i>adalimumab</i> )	PS	PA; ST; SP Pharmacy; QL (2 syringes per 1 month)
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML ( <i>adalimumab</i> )	PS	PA; ST; SP Pharmacy; QL (6 syringes per 1 month)
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML ( <i>adalimumab</i> )	PS	PA; ST; SP Pharmacy; QL (6 injections per 28 days)

2020 Small Group ACA Banner | Aetna

The formulary is updated the first week of each month.

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML ( <i>adalimumab</i> )	PS	PA; ST; SP Pharmacy; QL (6 injections per 28 days)
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML ( <i>adalimumab</i> )	PS	PA; ST; SP Pharmacy; QL (1 kit per 1 month)
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML ( <i>adalimumab</i> )	PS	PA; ST; SP Pharmacy; QL (6 injections per 28 days)
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML ( <i>adalimumab</i> )	PS	PA; ST; SP Pharmacy; QL (1 kit per 1 month)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML ( <i>adalimumab</i> )	PS	PA; ST; SP Pharmacy; QL (2 syringes per 1 month)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML ( <i>adalimumab</i> )	PS	PA; ST; SP Pharmacy; QL (2 injections per 28 days)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML ( <i>adalimumab</i> )	PS	PA; ST; SP Pharmacy; QL (6 syringes per 1 month)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML ( <i>adalimumab</i> )	PS	PA; ST; SP Pharmacy; QL (6 injections per 28 days)
<i>ibuprofen</i> (Ibu Oral Tablet 600 Mg)	PG	LGC
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	PG	LGC
ILARIS SUBCUTANEOUS SOLUTION 150 MG/ML ( <i>canakinumab</i> )	NPS	PA; SP Pharmacy
INDOCIN ORAL SUSPENSION 25 MG/5ML ( <i>indomethacin</i> )	NP	
INDOCIN RECTAL SUPPOSITORY 50 MG ( <i>indomethacin</i> )	NP	
<i>indomethacin er oral capsule extended release 75 mg</i>	NP	
<i>indomethacin oral capsule 20 mg</i>	NC	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	PG	QL (3 capsules per 1 day)
<i>ketoprofen er oral capsule extended release 24 hour 200 mg</i>	NC	
<i>ketorolac tromethamine nasal solution 15.75 mg/spray</i>	NC	
<i>ketorolac tromethamine oral tablet 10 mg</i>	NP	QL (20 tablets per 5 days)
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/1.14ML, 200 MG/1.14ML ( <i>sarilumab</i> )	NC	
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/1.14ML, 200 MG/1.14ML ( <i>sarilumab</i> )	NC	
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML ( <i>anakinra</i> )	NC	

2020 Small Group ACA Banner | Aetna

The formulary is updated the first week of each month.

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>leflunomide oral tablet 10 mg, 20 mg</i>	PG	QL (1 tab per 1 day)
LODINE ORAL TABLET 400 MG ( <i>etodolac</i> )	NC	
<i>meclofenamate sodium oral capsule 100 mg, 50 mg</i>	NP	
<i>mefenamic acid oral capsule 250 mg</i>	NP	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	PG	LGC
MOBIC ORAL TABLET 15 MG, 7.5 MG ( <i>meloxicam</i> )	NC	
<i>nabumetone oral tablet 500 mg, 750 mg</i>	PG	
NALFON ORAL CAPSULE 400 MG ( <i>fenoprofen calcium</i> )	NC	
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG, 750 MG ( <i>naproxen sodium</i> )	NC	
NAPROSYN ORAL SUSPENSION 125 MG/5ML ( <i>naproxen</i> )	NC	
NAPROSYN ORAL TABLET 500 MG ( <i>naproxen</i> )	NC	
<i>naproxen dr oral tablet delayed release 375 mg, 500 mg</i>	PG	
<i>naproxen oral suspension 125 mg/5ml</i>	NP	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	PG	LGC
<i>naproxen sodium er oral tablet extended release 24 hour 375 mg, 500 mg</i>	NC	
<i>naproxen sodium oral tablet 275 mg</i>	PG	
<i>naproxen sodium oral tablet 550 mg</i>	PG	LGC
<i>naproxen-esomeprazole oral tablet delayed release 375-20 mg, 500-20 mg</i>	NC	
OLUMIANT ORAL TABLET 1 MG ( <i>baricitinib</i> )	NC	
OLUMIANT ORAL TABLET 2 MG ( <i>baricitinib</i> )	NPS	PA; ST; SP Pharmacy; QL (1 tablet per 1 Day)
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML ( <i>abatacept</i> )	NC	
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML, 50 MG/0.4ML, 87.5 MG/0.7ML ( <i>abatacept</i> )	NC	
OTEZLA ORAL TABLET 30 MG ( <i>apremilast</i> )	PS	PA; ST; SP Pharmacy; QL (2 tablets per 1 day)
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG ( <i>apremilast</i> )	PS	PA; ST; SP Pharmacy; QL (1 pack per 1 year)

2020 Small Group ACA Banner | Aetna

The formulary is updated the first week of each month.

12/01/2020

24



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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> )	NC	
<i>oxaprozin oral tablet 600 mg</i>	PG	
<i>piroxicam oral capsule 10 mg, 20 mg</i>	PG	
PONSTEL ORAL CAPSULE 250 MG ( <i>mefenamic acid</i> )	NC	
QMIIZ ODT ORAL TABLET DISPERSIBLE 15 MG, 7.5 MG ( <i>meloxicam</i> )	NC	
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> )	NC	
RELAFEN DS ORAL TABLET 1000 MG ( <i>nabumetone</i> )	NC	
RIDAURA ORAL CAPSULE 3 MG ( <i>auranofin</i> )	NP	
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 50 MG/0.5ML ( <i>golimumab</i> )	PS	PA; ST; SP Pharmacy; QL (1 pen per 1 fill)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML ( <i>golimumab</i> )	PS	PA; ST; SP Pharmacy; QL (1 pen per 1 fill)
SPRIX NASAL SOLUTION 15.75 MG/SPRAY ( <i>ketorolac tromethamine</i> )	NC	
<i>sulindac oral tablet 150 mg, 200 mg</i>	PG	
TIVORBEX ORAL CAPSULE 20 MG, 40 MG ( <i>indomethacin</i> )	NC	
<i>tolmetin sodium oral capsule 400 mg</i>	NP	
<i>tolmetin sodium oral tablet 200 mg, 600 mg</i>	NP	
VIMOVO ORAL TABLET DELAYED RELEASE 375-20 MG, 500-20 MG ( <i>naproxen-esomeprazole</i> )	NC	
VIVLODEX ORAL CAPSULE 10 MG, 5 MG ( <i>meloxicam</i> )	NC	#
XELJANZ ORAL TABLET 10 MG ( <i>tofacitinib citrate</i> )	PS	PA; ST; SP Pharmacy; QL (2 tablets per 1 Day)
XELJANZ ORAL TABLET 5 MG ( <i>tofacitinib citrate</i> )	PS	PA; ST; SP Pharmacy; QL (2 tabs per 1 day)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG ( <i>tofacitinib citrate</i> )	PS	PA; ST; SP Pharmacy; QL (1 tablet per 1 day)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG ( <i>tofacitinib citrate</i> )	PS	PA; NPL; SP Pharmacy; QL (1 tablet per 1 day)

2020 Small Group ACA Banner | Aetna

The formulary is updated the first week of each month.

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZIPSOR ORAL CAPSULE 25 MG ( <i>diclofenac potassium</i> )	NC	
ZORVOLEX ORAL CAPSULE 18 MG, 35 MG ( <i>diclofenac</i> )	NC	
<b>*ANALGESICS - NONNARCOTIC* - DRUGS FOR PAIN AND FEVER</b>		
ALLZITAL ORAL TABLET 25-325 MG ( <i>butalbital-acetaminophen</i> )	NC	
<i>aspirin low dose oral tablet chewable 81 mg</i>	CE	N2 (Not Covered); AL
<i>aspirin oral tablet chewable 81 mg</i>	CE	N2 (Not Covered); AL
<i>aspirin oral tablet delayed release 81 mg</i>	CE	N2 (Not Covered); AL
<i>bayer low dose oral tablet chewable 81 mg</i>	CE	N2 (Not Covered); AL
<i>bayer low dose oral tablet delayed release 81 mg</i>	CE	N2 (Not Covered); AL
<i>butalbital-acetaminophen (Bupap Oral Tablet 50-300 Mg)</i>	NP	
<i>butalbital-acetaminophen oral capsule 50-300 mg</i>	NC	
<i>butalbital-acetaminophen oral tablet 25-325 mg</i>	NC	
<i>butalbital-acetaminophen oral tablet 50-300 mg, 50-325 mg</i>	NP	
<i>butalbital-apap-caffeine oral capsule 50-300-40 mg, 50-325-40 mg</i>	NP	
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	PG	
<i>butalbital-asa-caffeine oral capsule 50-325-40 mg</i>	PG	
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	PG	
<i>butalbital-aspirin-caffeine oral tablet 50-325-40 mg</i>	PG	
<i>childrens aspirin oral tablet chewable 81 mg</i>	CE	N2 (Not Covered); AL
<i>choline-mag trisalicylate oral liquid 500 mg/5ml</i>	NP	
<i>diflunisal oral tablet 500 mg</i>	NP	
<i>duraxin oral capsule 300-200-20 mg</i>	NP	
<i>ecotrin low strength oral tablet delayed release 81 mg</i>	CE	N2 (Not Covered); AL
<i>butalbital-apap-caffeine (Esgic Oral Capsule 50-325-40 Mg)</i>	NP	
ESGIC ORAL TABLET 50-325-40 MG ( <i>butalbital-apap-caffeine</i> )	NC	
FIORICET ORAL CAPSULE 50-300-40 MG ( <i>butalbital-apap-caffeine</i> )	NC	
FIORINAL ORAL CAPSULE 50-325-40 MG ( <i>butalbital-aspirin-caffeine</i> )	NC	
<i>st joseph aspirin oral tablet delayed release 81 mg</i>	CE	N2 (Not Covered); AL
<i>tencon oral tablet 50-325 mg</i>	NC	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>butalbital-apap-caffeine</i> (Vanatol Lq Oral Solution 50-325-40 Mg/15Ml)	PG	QL (90 ML per 1 day)
<i>butalbital-apap-caffeine</i> (Vanatol S Oral Solution 50-325-40 Mg/15Ml)	PG	QL (90 ML per 1 day)
<i>butalbital-apap-caffeine</i> (Vtol Lq Oral Solution 50-325-40 Mg/15Ml)	PG	QL (90 ML per 1 day)
<i>butalbital-apap-caffeine</i> (Zebutal Oral Capsule 50-325-40 Mg)	NP	
<b>*ANALGESICS - OPIOID* - DRUGS FOR PAIN AND FEVER</b>		
ABSTRAL SUBLINGUAL TABLET SUBLINGUAL 100 MCG, 200 MCG, 300 MCG, 400 MCG, 600 MCG, 800 MCG ( <i>fentanyl citrate</i> )	NC	#
<i>acetaminophen-codeine</i> #2 oral tablet 300-15 mg	PG	PA; QL (13 tablets per 1 day)
<i>acetaminophen-codeine</i> #3 oral tablet 300-30 mg	PG	PA; QL (12 tablets per 1 day)
<i>acetaminophen-codeine</i> #4 oral tablet 300-60 mg	PG	PA; QL (10 tablets per 1 day)
<i>acetaminophen-codeine</i> oral solution 120-12 mg/5ml	PG	PA; QL (150 MLS per 1 day)
<i>acetaminophen-codeine</i> oral tablet 300-15 mg	PG	PA; QL (13 tablets per 1 day)
<i>acetaminophen-codeine</i> oral tablet 300-60 mg	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> )	NC	
APADAZ ORAL TABLET 4.08-325 MG, 6.12-325 MG, 8.16-325 MG ( <i>benzhydrocodone-acetaminophen</i> )	NC	
<i>apap-caff-dihydrocodeine</i> oral capsule 320.5-30-16 mg	NP	PA; QL (10 capsules per 1 day)
<i>apap-caff-dihydrocodeine</i> oral tablet 325-30-16 mg	NC	
ARYMO ER ORAL TABLET EXTENDED RELEASE ABUSE-DETERRENT 15 MG, 30 MG, 60 MG ( <i>morphine sulfate</i> )	NC	
<i>butalbital-asa-caff-codeine</i> (Ascomp-Codeine Oral Capsule 50-325-40-30 Mg)	PG	PA; QL (6 capsules per 1 day)

2020 Small Group ACA Banner | Aetna

The formulary is updated the first week of each month.

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG ( <i>buprenorphine hcl</i> )	NC	
<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	ST; UF11; QL (6 films per 1 day)
BUNAVAIL BUCCAL FILM 4.2-0.7 MG ( <i>buprenorphine hcl-naloxone hcl</i> )	NP	ST; UF11; QL (3 films per 1 day)
BUNAVAIL BUCCAL FILM 6.3-1 MG ( <i>buprenorphine hcl-naloxone hcl</i> )	NP	ST; UF11; QL (2 films per 1 day)
<i>buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg</i>	PG	UF11; 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; QL (3 films per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg</i>	PG	UF11; QL (3 tabs per 1 day)
<i>buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr, 20 mcg/hr, 5 mcg/hr, 7.5 mcg/hr</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)
<i>butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg</i>	PG	PA; QL (6 capsules per 1 day)
<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> )	NC	
<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> )	NC	
DEMEROL ORAL TABLET 100 MG ( <i>meperidine hcl</i> )	NC	
DILAUDID ORAL LIQUID 1 MG/ML ( <i>hydromorphone hcl</i> )	NC	
DILAUDID ORAL TABLET 2 MG, 4 MG, 8 MG ( <i>hydromorphone hcl</i> )	NC	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DOLOPHINE ORAL TABLET 10 MG, 5 MG ( <i>methadone hcl</i> )	NC	
DURAGESIC-100 TRANSDERMAL PATCH 72 HOUR 100 MCG/HR ( <i>fentanyl</i> )	NC	
DURAGESIC-12 TRANSDERMAL PATCH 72 HOUR 12 MCG/HR ( <i>fentanyl</i> )	NC	
DURAGESIC-25 TRANSDERMAL PATCH 72 HOUR 25 MCG/HR ( <i>fentanyl</i> )	NC	
DURAGESIC-50 TRANSDERMAL PATCH 72 HOUR 50 MCG/HR ( <i>fentanyl</i> )	NC	
DURAGESIC-75 TRANSDERMAL PATCH 72 HOUR 75 MCG/HR ( <i>fentanyl</i> )	NC	
EMBEDA ORAL CAPSULE EXTENDED RELEASE 100-4 MG ( <i>morphine-naltrexone</i> )	PB	PA; QL (1 capsule per 1 day)
EMBEDA ORAL CAPSULE EXTENDED RELEASE 20-0.8 MG, 30-1.2 MG ( <i>morphine-naltrexone</i> )	PB	PA; MPG; QL (2 capsules per 1 day)
EMBEDA ORAL CAPSULE EXTENDED RELEASE 50-2 MG, 60-2.4 MG, 80-3.2 MG ( <i>morphine-naltrexone</i> )	PB	PA; MPG; QL (1 capsule per 1 day)
<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)
<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)
EXALGO ORAL TABLET ER 24 HOUR ABUSE-DETERRENT 12 MG, 16 MG, 32 MG, 8 MG ( <i>hydromorphone hcl</i> )	NC	
EXALGO ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 16 MG, 32 MG, 8 MG ( <i>hydromorphone hcl</i> )	NC	
<i>fentanyl citrate buccal lozenge on a handle</i> 1200 mcg, 1600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg	NP	PA; ST; 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	NP	PA; QL (10 patches per 30 days)
FENTORA BUCCAL TABLET 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG ( <i>fentanyl citrate</i> )	NC	

2020 Small Group ACA Banner | Aetna

The formulary is updated the first week of each month.

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FIORICET/CODEINE ORAL CAPSULE 50-300-40-30 MG (butalbital-apap-caff-cod)	NC	
FIORINAL/CODEINE #3 ORAL CAPSULE 50-325-40-30 MG (butalbital-asa-caff-codeine)	NC	
hydrocodone bitartrate er oral capsule er 12 hour abuse-deterrent 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg	PG	PA; QL (2 capsules per 1 day)
hydrocodone bitartrate er oral capsule extended release 12 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg	PG	PA; QL (2 capsules per 1 day)
hydrocodone-acetaminophen oral solution 10-325 mg/15ml	NP	QL (90 ml per 1 day)
hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml	NP	PA; QL (180 MLS per 1 day)
hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml	NP	PA; QL (90 ml per 1 day)
hydrocodone-acetaminophen oral tablet 10-300 mg, 7.5-300 mg	NP	PA; QL (6 tablets per 1 day)
hydrocodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg	PG	PA; QL (6 tablets per 1 day)
hydrocodone-acetaminophen oral tablet 2.5-325 mg	NP	PA; QL (12 tablets per 1 day)
hydrocodone-acetaminophen oral tablet 5-300 mg	NP	PA; QL (8 tablets per 1 day)
hydrocodone-acetaminophen oral tablet 5-325 mg	PG	PA; QL (8 tablets per 1 day)
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	NP	PA; QL (5 tablets per 1 day)
hydromorphone hcl er oral tablet er 24 hour abuse-deterrent 12 mg, 16 mg, 32 mg, 8 mg	NP	PA; QL (1 tablet per 1 day)
hydromorphone hcl er oral tablet extended release 24 hour 12 mg, 16 mg, 32 mg, 8 mg	NP	PA; QL (1 tablet per 1 day)
hydromorphone hcl oral liquid 1 mg/ml	NC	
hydromorphone hcl oral tablet 2 mg	PG	PA; QL (11 tablets per 1 day)
hydromorphone hcl oral tablet 4 mg	PG	PA; QL (5 tablets per 1 day)
hydromorphone hcl oral tablet 8 mg	PG	PA; QL (2 tablets per 1 day)
hydromorphone hcl rectal suppository 3 mg	PG	PA; QL (4 suppositories per 1 day)
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)	PB	PA; #; QL (1 tablet per 1 day)
IBUDONE ORAL TABLET 10-200 MG (hydrocodone-ibuprofen)	NC	
hydrocodone-ibuprofen (Ibudone Oral Tablet 5-200 Mg)	NP	PA; QL (5 tablets per 1 day)



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KADIAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 100 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG ( <i>morphine sulfate</i> )	NC	
KADIAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG ( <i>morphine sulfate</i> )	NP	PA; ST; QL (1 capsule per 1 day)
KADIAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 40 MG ( <i>morphine sulfate</i> )	NP	PA; ST; QL (2 capsules per 1 day)
LAZANDA NASAL SOLUTION 100 MCG/ACT, 300 MCG/ACT, 400 MCG/ACT ( <i>fentanyl citrate</i> )	NC	
<i>levorphanol tartrate oral tablet 2 mg</i>	NC	
<i>levorphanol tartrate oral tablet 3 mg</i>	NP	PA; QL (2 tablets per 1 day)
<i>hydrocodone-acetaminophen</i> (Lorcet Hd Oral Tablet 10-325 Mg)	PG	PA; QL (6 tablets per 1 day)
<i>hydrocodone-acetaminophen</i> (Lorcet Oral Tablet 5-325 Mg)	PG	PA; QL (8 tablets per 1 day)
<i>hydrocodone-acetaminophen</i> (Lorcet Plus Oral Tablet 7.5-325 Mg)	PG	PA; QL (6 tablets per 1 day)
LORTAB ORAL ELIXIR 10-300 MG/15ML ( <i>hydrocodone-acetaminophen</i> )	NC	
<i>meperidine hcl oral solution 50 mg/5ml</i>	NC	
<i>meperidine hcl oral tablet 100 mg, 50 mg</i>	NP	PA; QL (6 tablets per day for 3 days only per 30 days)
<i>methadone hcl</i> (Methadone Hcl Intensol Oral Concentrate 10 Mg/ML)	PG	PA; UN6; UF11; QL (3 MLS per 1 day)
<i>methadone hcl oral concentrate 10 mg/ml</i>	PG	PA; UN6; UF11; QL (2 mls per 1 day)
<i>methadone hcl oral solution 10 mg/5ml</i>	PG	PA; UN6; UF11; QL (10 ml per 1 day)
<i>methadone hcl oral solution 5 mg/5ml</i>	PG	PA; UN6; UF11; QL (15 ml per 1 day)
<i>methadone hcl oral tablet 10 mg</i>	PG	PA; UN6; UF11; QL (2 tablets per 1 day)
<i>methadone hcl oral tablet 5 mg</i>	PG	PA; UN6; UF11; QL (6 tablets per 1 day)
METHADOSE ORAL CONCENTRATE 10 MG/ML ( <i>methadone hcl</i> )	NC	
<i>methadone hcl</i> (Methadose Oral Tablet Soluble 40 Mg)	PG	PA; UN6; UF11
METHADOSE SUGAR-FREE ORAL CONCENTRATE 10 MG/ML ( <i>methadone hcl</i> )	NC	

2020 Small Group ACA Banner | Aetna

The formulary is updated the first week of each month.

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MORPHABOND ER ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 100 MG, 15 MG, 30 MG, 60 MG ( <i>morphine sulfate</i> )	NC	
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>	NP	PA; QL (4.5 MLS per 1 day)
<i>morphine sulfate er beads oral capsule extended release 24 hour 120 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i>	NP	PA; ST; 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>	NP	PA; ST; QL (2 capsules per 1 day)
<i>morphine sulfate er oral capsule extended release 24 hour 100 mg, 50 mg, 60 mg, 80 mg</i>	NP	PA; ST; 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>	NP	PA; QL (30 mls per 1 day)
<i>morphine sulfate oral solution 20 mg/5ml</i>	NP	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>	NP	PA; QL (6 suppositories per 1 day)
<i>morphine sulfate rectal suppository 20 mg</i>	NP	PA; QL (4 suppositories per 1 day)
<i>morphine sulfate rectal suppository 30 mg</i>	NP	PA; QL (3 suppositories per 1 day)
MS CONTIN ORAL TABLET EXTENDED RELEASE 100 MG, 15 MG, 200 MG, 30 MG, 60 MG ( <i>morphine sulfate</i> )	NC	
<i>nalocet oral tablet 2.5-300 mg</i>	PG	PA; QL (12 tablets per 1 day)
NORCO ORAL TABLET 10-325 MG, 5-325 MG, 7.5-325 MG ( <i>hydrocodone-acetaminophen</i> )	NC	
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG ( <i>tapentadol hcl</i> )	NP	PA; ST; QL (2 tablets per 1 day)
NUCYNTA ORAL TABLET 100 MG ( <i>tapentadol hcl</i> )	NP	PA; ST; QL (2 tablets per 1 day)
NUCYNTA ORAL TABLET 50 MG ( <i>tapentadol hcl</i> )	NP	PA; ST; QL (4 tablets per 1 day)



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NUCYNTA ORAL TABLET 75 MG ( <i>tapentadol hcl</i> )	NP	PA; ST; QL (3 tablets per 1 day)
OPANA ER ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 5 MG, 7.5 MG ( <i>oxymorphone hcl</i> )	NP	PA; ST; QL (2 tablets per 1 day)
OPANA ORAL TABLET 10 MG, 5 MG ( <i>oxymorphone hcl</i> )	NC	
OXAYDO ORAL TABLET 5 MG ( <i>oxycodone hcl</i> )	NP	QL (6 tablets per 1 day)
OXAYDO ORAL TABLET 7.5 MG ( <i>oxycodone hcl</i> )	NP	PA; QL (6 tablets per 1 day)
OXAYDO ORAL TABLET ABUSE-DETERRENT 5 MG ( <i>oxycodone hcl</i> )	NP	MPG; QL (6 tablets per 1 day)
OXAYDO ORAL TABLET ABUSE-DETERRENT 7.5 MG ( <i>oxycodone hcl</i> )	NP	PA; MPG; QL (6 tablets per 1 day)
<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>	NP	PA; QL (3 MLS per 1 day)
<i>oxycodone hcl oral solution 5 mg/5ml</i>	NP	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 solution 5-325 mg/5ml</i>	NC	
<i>oxycodone-acetaminophen oral tablet 10-300 mg, 2.5-300 mg, 5-300 mg</i>	NC	
<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>	NP	PA; QL (12 tablets per 1 day)
<i>oxycodone-ibuprofen oral tablet 5-400 mg</i>	PG	PA; QL (4 tablets per day for 7 days per 1 month)
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG ( <i>oxycodone hcl</i> )	NC	
<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>	NP	PA; ST; QL (2 tablets per 1 day)

2020 Small Group ACA Banner | Aetna

The formulary is updated the first week of each month.

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>oxymorphone hcl oral tablet 10 mg</i>	NP	PA; ST; QL (3 tablets per 1 day)
<i>oxymorphone hcl oral tablet 5 mg</i>	NP	PA; ST; QL (6 tablets per 1 day)
<i>panlor oral tablet 325-30-16 mg</i>	NC	
<i>pentazocine-naloxone hcl oral tablet 50-0.5 mg</i>	NP	PA; QL (4 tablets per 1 day)
PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG ( <i>oxycodone-acetaminophen</i> )	NC	
PRIMLEV ORAL TABLET 10-300 MG, 5-300 MG, 7.5-300 MG ( <i>oxycodone-acetaminophen</i> )	NC	
PROLATE ORAL TABLET 10-300 MG, 5-300 MG, 7.5-300 MG ( <i>oxycodone-acetaminophen</i> )	NC	
ROXICODONE ORAL TABLET 15 MG, 30 MG, 5 MG ( <i>oxycodone hcl</i> )	NC	
SUBOXONE SUBLINGUAL FILM 12-3 MG, 2-0.5 MG, 4-1 MG, 8-2 MG ( <i>buprenorphine hcl-naloxone hcl</i> )	NP	UF11; QL (3 films per 1 day)
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> )	NC	
<i>tramadol hcl er (biphasic) oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg</i>	NP	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>	NC	
<i>tramadol hcl er oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg</i>	NP	PA; QL (1 tablet per 1 day)
<i>tramadol hcl oral tablet 100 mg</i>	NC	
<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>	NP	PA; QL (8 tablets per 1 day)
TREZIX ORAL CAPSULE 320.5-30-16 MG ( <i>apap-caff-dihydrocodeine</i> )	NC	
TYLENOL WITH CODEINE #3 ORAL TABLET 300-30 MG ( <i>acetaminophen-codeine</i> )	NC	
TYLENOL WITH CODEINE #4 ORAL TABLET 300-60 MG ( <i>acetaminophen-codeine</i> )	NC	
ULTRACET ORAL TABLET 37.5-325 MG ( <i>tramadol-acetaminophen</i> )	NC	
ULTRAM ORAL TABLET 50 MG ( <i>tramadol hcl</i> )	NC	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VERDROCET ORAL TABLET 2.5-325 MG ( <i>hydrocodone-acetaminophen</i> )	NP	PA; QL (12 tablets per 1 day)
<i>hydrocodone-acetaminophen</i> (Vicodin Es Oral Tablet 7.5-300 Mg)	NP	PA; QL (6 tablets per 1 day)
<i>hydrocodone-acetaminophen</i> (Vicodin Hp Oral Tablet 10-300 Mg)	NP	PA; QL (6 tablets per 1 day)
<i>hydrocodone-acetaminophen</i> (Vicodin Oral Tablet 5-300 Mg)	NP	PA; QL (8 tablets per 1 day)
XODOL ORAL TABLET 5-300 MG, 7.5-300 MG ( <i>hydrocodone-acetaminophen</i> )	NC	
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 13.5 MG, 18 MG, 27 MG, 36 MG, 9 MG ( <i>oxycodone</i> )	PB	PA; QL (2 tablets per 1 day)
ZOHYDRO ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG ( <i>hydrocodone bitartrate</i> )	NC	
ZOHYDRO ER ORAL CAPSULE EXTENDED RELEASE 12 HOUR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG ( <i>hydrocodone bitartrate</i> )	NC	
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG, 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> )	NC	#
<b>*ANDROGENS-ANABOLIC* - HORMONES</b>		
ANADROL-50 ORAL TABLET 50 MG ( <i>oxymetholone</i> )	NP	
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24HR, 4 MG/24HR ( <i>testosterone</i> )	NC	
ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%) ( <i>testosterone</i> )	NC	
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> )	NC	
<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> )	NC	
FORTESTA TRANSDERMAL GEL 10 MG/ACT (2%) ( <i>testosterone</i> )	NC	
JATENZO ORAL CAPSULE 158 MG, 198 MG, 237 MG ( <i>testosterone undecanoate</i> )	NC	
METHITEST ORAL TABLET 10 MG	NP	

2020 Small Group ACA Banner | Aetna

The formulary is updated the first week of each month.

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>methyltestosterone oral capsule 10 mg</i>	PG	
NATESTO NASAL GEL 5.5 MG/ACT ( <i>testosterone</i> )	NC	
OXANDRIN ORAL TABLET 10 MG ( <i>oxandrolone</i> )	NC	
<i>oxandrolone oral tablet 10 mg, 2.5 mg</i>	PG	
TESTIM TRANSDERMAL GEL 50 MG/5GM (1%) ( <i>testosterone</i> )	NC	
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i>	PG	
<i>testosterone enanthate intramuscular solution 200 mg/ml</i>	NP	
<i>testosterone transdermal gel 10 mg/lact (2%)</i>	PG	PA; QL (60 grams per 1 fill)
<i>testosterone transdermal gel 12.5 mg/lact (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/lact (1.62%), 40.5 mg/2.5gm (1.62%)</i>	PG	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/lact</i>	PG	PA; QL (6 milliliters per 1 Day)
VOGELXO PUMP TRANSDERMAL GEL 12.5 MG/ACT (1%) ( <i>testosterone</i> )	NC	
VOGELXO TRANSDERMAL GEL 50 MG/5GM (1%) ( <i>testosterone</i> )	NC	
XYOSTED SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/0.5ML, 50 MG/0.5ML, 75 MG/0.5ML ( <i>testosterone enanthate</i> )	NC	
<b>*ANORECTAL AND RELATED PRODUCTS* - RECTAL PREPARATIONS</b>		
ANALPRAM-HC EXTERNAL LOTION 2.5-1 % ( <i>hydrocortisone ace-pramoxine</i> )	NC	
ANUSOL-HC EXTERNAL CREAM 2.5 % ( <i>hydrocortisone</i> )	NC	
<i>hydrocortisone</i> (Colocort Rectal Enema 100 Mg/60ML)	PG	
CORTENEMA RECTAL ENEMA 100 MG/60ML ( <i>hydrocortisone</i> )	NC	
CORTIFOAM EXTERNAL FOAM 10 % ( <i>hydrocortisone acetate</i> )	NP	
<i>hydrocortisone (perianal) external cream 1 %, 2.5 %</i>	PG	
<i>hydrocortisone rectal enema 100 mg/60ml</i>	PG	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PROCTOCORT EXTERNAL CREAM 1 % ( <i>hydrocortisone</i> )	NC	
PROCTOFOAM HC EXTERNAL FOAM 1-1 % ( <i>hydrocortisone ace-pramoxine</i> )	NP	
<i>hydrocortisone</i> (Procto-Med Hc External Cream 2.5 %)	PG	
<i>hydrocortisone</i> (Procto-Pak External Cream 1 %)	PG	
<i>hydrocortisone</i> (Proctosol Hc External Cream 2.5 %)	PG	
<i>hydrocortisone</i> (Proctozone-Hc External Cream 2.5 %)	PG	
RECTIV RECTAL OINTMENT 0.4 % ( <i>nitroglycerin</i> )	NP	QL (30 grams per 1 fill)
UCERIS RECTAL FOAM 2 MG/ACT ( <i>budesonide</i> )	NC	#
<b>*ANTHELMINTICS* - DRUGS FOR INFECTIONS</b>		
<i>albendazole oral tablet 200 mg</i>	PG	
<i>benznidazole oral tablet 100 mg, 12.5 mg</i>	NC	
BILTRICIDE ORAL TABLET 600 MG ( <i>praziquantel</i> )	NP	
EMVERM ORAL TABLET CHEWABLE 100 MG ( <i>mebendazole</i> )	NP	QL (6 tablets per 3 days)
<i>ivermectin oral tablet 3 mg</i>	PG	
<i>praziquantel oral tablet 600 mg</i>	PG	
<b>*ANTIANGINAL AGENTS* - DRUGS FOR THE HEART</b>		
DILATRATE-SR ORAL CAPSULE EXTENDED RELEASE 40 MG ( <i>isosorbide dinitrate</i> )	NP	
GONITRO SUBLINGUAL PACKET 400 MCG ( <i>nitroglycerin</i> )	NC	
ISORDIL TITRADOSE ORAL TABLET 40 MG ( <i>isosorbide dinitrate</i> )	NP	
ISORDIL TITRADOSE ORAL TABLET 5 MG ( <i>isosorbide dinitrate</i> )	NC	
<i>isosorbide dinitrate er oral tablet extended release 40 mg</i>	PG	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	PG	
<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</i> (Minitran Transdermal Patch 24 Hour 0.1 Mg/Hr, 0.2 Mg/Hr, 0.4 Mg/Hr, 0.6 Mg/Hr)	PG	
NITRO-BID TRANSDERMAL OINTMENT 2 % ( <i>nitroglycerin</i> )	NP	

2020 Small Group ACA Banner | Aetna

The formulary is updated the first week of each month.

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR (nitroglycerin)	NC	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR (nitroglycerin)	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>	NP	
NITROLINGUAL TRANSLINGUAL SOLUTION 0.4 MG/SPRAY (nitroglycerin)	NC	
NITROMIST TRANSLINGUAL AEROSOL SOLUTION 400 MCG/SPRAY (nitroglycerin)	NC	
NITROSTAT SUBLINGUAL TABLET SUBLINGUAL 0.3 MG, 0.4 MG, 0.6 MG (nitroglycerin)	NC	
RANEXA ORAL TABLET EXTENDED RELEASE 12 HOUR 1000 MG, 500 MG (ranolazine)	NC	
<i>ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg</i>	PG	QL (2 tablets per 1 day)
<b>*ANTI-ANXIETY AGENTS* - DRUGS FOR THE NERVOUS SYSTEM</b>		
<i>alprazolam er oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg</i>	NP	QL (2 tabs per 1 day)
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML (alprazolam)	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>	NP	
<i>alprazolam xr oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg</i>	NP	QL (2 tabs per 1 day)
ATIVAN ORAL TABLET 0.5 MG, 1 MG, 2 MG (lorazepam)	NC	
<i>buspirone hcl oral tablet 10 mg, 5 mg</i>	PG	LGC
<i>buspirone hcl oral tablet 15 mg, 30 mg, 7.5 mg</i>	NP	
<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>	NP	
diazepam (Diazepam Intensol Oral Concentrate 5 Mg/ML)	PG	
<i>diazepam oral concentrate 5 mg/ml</i>	PG	

2020 Small Group ACA Banner | Aetna

The formulary is updated the first week of each month.

12/01/2020



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	PG	
<i>hydroxyzine hcl oral syrup 10 mg/5ml</i>	PG	LGC
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	PG	
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	PG	
lorazepam (Lorazepam Intensol Oral Concentrate 2 Mg/MI)	NC	
<i>lorazepam oral concentrate 2 mg/ml</i>	NC	
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	PG	
<i>meprobamate oral tablet 200 mg, 400 mg</i>	NP	
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	NP	
TRANXENE-T ORAL TABLET 7.5 MG ( <i>clorazepate dipotassium</i> )	NC	
VALIUM ORAL TABLET 10 MG, 2 MG, 5 MG ( <i>diazepam</i> )	NC	
VISTARIL ORAL CAPSULE 25 MG, 50 MG ( <i>hydroxyzine pamoate</i> )	NC	
XANAX ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG ( <i>alprazolam</i> )	NC	
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 2 MG, 3 MG ( <i>alprazolam</i> )	NC	
<b>*ANTIARRHYTHMICS* - DRUGS FOR THE HEART</b>		
<i>amiodarone hcl oral tablet 100 mg, 200 mg, 400 mg</i>	PG	
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	NP	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	NP	
<i>flecainide acetate oral tablet 100 mg, 150 mg, 50 mg</i>	PG	
<i>mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg</i>	NP	
MULTAQ ORAL TABLET 400 MG ( <i>dronedarone hcl</i> )	NP	QL (2 tabs per 1 day)
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 150 MG ( <i>disopyramide phosphate</i> )	NP	
NORPACE ORAL CAPSULE 100 MG, 150 MG ( <i>disopyramide phosphate</i> )	NC	
<i>amiodarone hcl (Pacerone Oral Tablet 100 Mg, 200 Mg, 400 Mg)</i>	PG	
<i>propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg</i>	NP	QL (2 caps 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>	NP	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	NP	

2020 Small Group ACA Banner | Aetna

The formulary is updated the first week of each month.

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RYTHMOL SR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 225 MG, 325 MG, 425 MG ( <i>propafenone hcl</i> )	NC	
TIKOSYN ORAL CAPSULE 125 MCG, 250 MCG, 500 MCG ( <i>dofetilide</i> )	NC	
<b>*ANTIASTHMATIC AND BRONCHODILATOR AGENTS* - DRUGS FOR THE LUNGS</b>		
ACCOLATE ORAL TABLET 10 MG, 20 MG ( <i>zafirlukast</i> )	NC	
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/DOSE ( <i>fluticasone-salmeterol</i> )	NC	
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 250-50 MCG/DOSE ( <i>fluticasone-salmeterol</i> )	NP	ST; QL (1 diskus per 1 month)
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 500-50 MCG/DOSE ( <i>fluticasone-salmeterol</i> )	NP	ST; QL (2 inhalers per 1 month)
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT ( <i>fluticasone-salmeterol</i> )	NP	ST; QL (1 inhaler per 1 month)
AIRDUO DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT ( <i>fluticasone-salmeterol</i> )	NC	
AIRDUO RESPICLICK 113/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT ( <i>fluticasone-salmeterol</i> )	NC	
AIRDUO RESPICLICK 232/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 232-14 MCG/ACT ( <i>fluticasone-salmeterol</i> )	NC	
AIRDUO RESPICLICK 55/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 55-14 MCG/ACT ( <i>fluticasone-salmeterol</i> )	NC	
<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/lact</i>	PG	
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, (5 mg/ml) 0.5%, 2.5 mg/0.5ml</i>	NP	
<i>albuterol sulfate inhalation nebulization solution 0.63 mg/3ml, 1.25 mg/3ml</i>	PG	

2020 Small Group ACA Banner | Aetna

The formulary is updated the first week of each month.

12/01/2020

40



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>albuterol sulfate oral syrup 2 mg/5ml</i>	PG	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	PG	
ALVESCO INHALATION AEROSOL SOLUTION 160 MCG/ACT, 80 MCG/ACT ( <i>ciclesonide</i> )	NP	ST; QL (1 inhaler per 1 month)
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/INH ( <i>umeclidinium-vilanterol</i> )	PB	QL (1 kit per 1 fill)
ARCAPTA NEOHALER INHALATION CAPSULE 75 MCG ( <i>indacaterol maleate</i> )	NC	
ARMONAIR DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 113 MCG/ACT, 232 MCG/ACT, 55 MCG/ACT ( <i>fluticasone propionate (inhal)</i> )	NC	
ARMONAIR RESPICLICK 113 INHALATION AEROSOL POWDER BREATH ACTIVATED 113 MCG/ACT ( <i>fluticasone propionate (inhal)</i> )	NC	
ARMONAIR RESPICLICK 232 INHALATION AEROSOL POWDER BREATH ACTIVATED 232 MCG/ACT ( <i>fluticasone propionate (inhal)</i> )	NC	
ARMONAIR RESPICLICK 55 INHALATION AEROSOL POWDER BREATH ACTIVATED 55 MCG/ACT ( <i>fluticasone propionate (inhal)</i> )	NC	
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT ( <i>fluticasone furoate</i> )	NC	
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH ( <i>mometasone furoate</i> )	NP	ST; #; QL (1 inhaler per 1 month)
ASMANEX (14 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH ( <i>mometasone furoate</i> )	NP	ST; #; QL (1 inhaler per 1 month)
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/INH, 220 MCG/INH ( <i>mometasone furoate</i> )	NP	ST; #; QL (1 inhaler per 1 month)
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH ( <i>mometasone furoate</i> )	NP	ST; #; QL (1 inhaler per 1 month)
ASMANEX (7 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/INH ( <i>mometasone furoate</i> )	NP	ST; #; QL (1 inhaler per 1 month)

2020 Small Group ACA Banner | Aetna

The formulary is updated the first week of each month.

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT ( <i>mometasone furoate</i> )	NP	ST; QL (1 inhaler per 1 month)
ASMANEX HFA INHALATION AEROSOL 50 MCG/ACT ( <i>mometasone furoate</i> )	NC	
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> )	NC	
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/INH, 200-25 MCG/INH ( <i>fluticasone furoate-vilanterol</i> )	NP	ST; QL (2 blisters per 1 day)
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT ( <i>budeson-glycopyrrol-formoterol</i> )	NC	
BROVANA INHALATION NEBULIZATION SOLUTION 15 MCG/2ML ( <i>arformoterol tartrate</i> )	NP	PA; ST; QL (60 vials per 1 fill)
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml</i>	NP	QL (4 ml per 1 day)
<i>budesonide inhalation suspension 1 mg/2ml</i>	NP	QL (4 ml per 1 day); AL
<i>budesonide-formoterol fumarate inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act</i>	NC	
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT ( <i>ipratropium-albuterol</i> )	NP	QL (2 inhalers per 1 month)
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>	PG	
DALIRESP ORAL TABLET 250 MCG ( <i>roflumilast</i> )	NP	PA; ST; #; QL (1 tablet per 1 Day)
DALIRESP ORAL TABLET 500 MCG ( <i>roflumilast</i> )	NP	PA; ST; #; QL (1 tab per 1 day)
DIFIL-G FORTE ORAL LIQUID 100-100 MG/5ML ( <i>dyphylline-guaifenesin</i> )	NC	
DUAKLIR PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400-12 MCG/ACT ( <i>aclidinium br-formoterol fum</i> )	NC	
DULERA INHALATION AEROSOL 100-5 MCG/ACT, 200-5 MCG/ACT ( <i>mometasone furo-formoterol fum</i> )	PB	#; QL (1 inhaler per 1 fill)
DULERA INHALATION AEROSOL 50-5 MCG/ACT ( <i>mometasone furo-formoterol fum</i> )	PB	#; QL (1 inhaler per 1 month)
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15ML ( <i>theophylline</i> )	NP	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/ML ( <i>benralizumab</i> )	PS	PA; NPL; SP Pharmacy; QL (1 pen per 56 days)
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/BLIST, 250 MCG/BLIST, 50 MCG/BLIST ( <i>fluticasone propionate (inhal)</i> )	NP	ST; #; QL (2 blisters per 1 day)
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT, 44 MCG/ACT ( <i>fluticasone propionate hfa</i> )	NP	ST; #; 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>	PG	QL (2 inhalations per 1 day)
<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 30 days)
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/INH ( <i>umeclidinium bromide</i> )	PB	QL (1 blister per 1 day)
<i>ipratropium bromide inhalation solution 0.02 %</i>	PG	
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	NP	
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml</i>	NP	
<i>levalbuterol tartrate inhalation aerosol 45 mcg/lact</i>	NP	ST; QL (2 inhalers per 1 fill)
LONHALA MAGNAIR REFILL KIT INHALATION SOLUTION 25 MCG/ML ( <i>glycopyrrolate</i> )	NC	
LONHALA MAGNAIR STARTER KIT INHALATION SOLUTION 25 MCG/ML ( <i>glycopyrrolate</i> )	NC	
<i>metaproterenol sulfate oral syrup 10 mg/5ml</i>	PG	
<i>metaproterenol sulfate oral tablet 10 mg, 20 mg</i>	PG	
<i>montelukast sodium oral packet 4 mg</i>	PG	QL (1 pack per 1 day)
<i>montelukast sodium oral tablet 10 mg</i>	PG	QL (1 tab per 1 day)
<i>montelukast sodium oral tablet chewable 4 mg, 5 mg</i>	PG	QL (1 tab per 1 day)
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML ( <i>mepolizumab</i> )	NC	
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML ( <i>mepolizumab</i> )	NC	
PERFORMIST INHALATION NEBULIZATION SOLUTION 20 MCG/2ML ( <i>formoterol fumarate</i> )	NP	PA; ST; #; QL (60 vials per 1 fill)
PROAIR DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 108 MCG/ACT ( <i>albuterol sulfate</i> )	NC	

2020 Small Group ACA Banner | Aetna

The formulary is updated the first week of each month.

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PROAIR HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT ( <i>albuterol sulfate</i> )	NC	
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT ( <i>albuterol sulfate</i> )	NC	
PROVENTIL HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT ( <i>albuterol sulfate</i> )	NC	
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT, 90 MCG/ACT ( <i>budesonide</i> )	NP	PA; ST; QL (1 inhaler per 1 month)
PULMICORT INHALATION SUSPENSION 0.25 MG/2ML, 0.5 MG/2ML, 1 MG/2ML ( <i>budesonide</i> )	NC	
QVAR INHALATION AEROSOL SOLUTION 40 MCG/ACT, 80 MCG/ACT ( <i>beclomethasone dipropionate</i> )	PB	QL (1 inhaler per 1 month)
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT ( <i>beclomethasone diprop hfa</i> )	PB	QL (1 inhaler per 1 month)
SEEBRI NEOHALER INHALATION CAPSULE 15.6 MCG ( <i>glycopyrrolate</i> )	NC	
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/DOSE ( <i>salmeterol xinafoate</i> )	NC	
SINGULAIR ORAL PACKET 4 MG ( <i>montelukast sodium</i> )	NC	
SINGULAIR ORAL TABLET 10 MG ( <i>montelukast sodium</i> )	NC	
SINGULAIR ORAL TABLET CHEWABLE 4 MG, 5 MG ( <i>montelukast sodium</i> )	NC	
SPIRIVA HANDIHALER INHALATION CAPSULE 18 MCG ( <i>tiotropium bromide monohydrate</i> )	NP	ST; QL (1 capsule per 1 day)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT ( <i>tiotropium bromide monohydrate</i> )	NP	ST; QL (1 inhaler per 30 days)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT ( <i>tiotropium bromide monohydrate</i> )	NP	ST; QL (1 inhaler per 1 month)
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT ( <i>tiotropium bromide-olodaterol</i> )	NP	ST; 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)

2020 Small Group ACA Banner | Aetna

The formulary is updated the first week of each month.

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT ( <i>budesonide-formoterol fumarate</i> )	NP	ST; QL (1 inhaler per 1 fill)
<i>terbutaline sulfate oral tablet 2.5 mg, 5 mg</i>	PG	
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG ( <i>theophylline</i> )	NP	
<i>theochron oral tablet extended release 12 hour 100 mg, 200 mg</i>	PG	
<i>theophylline</i> (Theochron Oral Tablet Extended Release 12 Hour 300 Mg)	PG	
<i>theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 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>	NP	
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/INH, 200-62.5-25 MCG/INH ( <i>fluticasone-umeclidin-vilant</i> )	NC	
TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT ( <i>aclidinium bromide</i> )	NP	PA; ST; QL (1 inhaler per 1 month)
UTIBRON NEOHALER INHALATION CAPSULE 27.5-15.6 MCG ( <i>indacaterol-glycopyrrolate</i> )	NC	
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)	PG	QL (2 inhalations per 1 day)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML ( <i>omalizumab</i> )	PS	PA; SP Pharmacy
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG ( <i>omalizumab</i> )	PS	PA; SP Pharmacy
XOPENEX CONCENTRATE INHALATION NEBULIZATION SOLUTION 1.25 MG/0.5ML ( <i>levalbuterol hcl</i> )	NC	
XOPENEX HFA INHALATION AEROSOL 45 MCG/ACT ( <i>levalbuterol tartrate</i> )	NC	
XOPENEX INHALATION NEBULIZATION SOLUTION 0.31 MG/3ML, 0.63 MG/3ML, 1.25 MG/3ML ( <i>levalbuterol hcl</i> )	NC	

2020 Small Group ACA Banner | Aetna

The formulary is updated the first week of each month.

12/01/2020



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
YUPELRI INHALATION SOLUTION 175 MCG/3ML ( <i>revedfenacin</i> )	NC	
<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 CR ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG ( <i>zileuton</i> )	NC	
ZYFLO ORAL TABLET 600 MG ( <i>zileuton</i> )	NP	QL (4 tablets per 1 day)
<b>*ANTICOAGULANTS* - DRUGS FOR THE BLOOD</b>		
ANTICOAGULANT COMPOUND IN VITRO SOLUTION ( <i>anticoag cit phos dex soln</i> )	NP	
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> )	NC	
BEVYXXA ORAL CAPSULE 40 MG, 80 MG ( <i>betrixaban maleate</i> )	NC	
COUMADIN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG ( <i>warfarin sodium</i> )	NC	
ELIQUIS DVT/PE STARTER PACK ORAL TABLET 5 MG ( <i>apixaban</i> )	PB	QL (1 pack per 365 Days)
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG ( <i>apixaban</i> )	PB	QL (1 pack per 365 days)
ELIQUIS ORAL TABLET 2.5 MG ( <i>apixaban</i> )	PB	QL (2 tablets per 1 day)
ELIQUIS ORAL TABLET 5 MG ( <i>apixaban</i> )	PB	QL (2.5 tablets per 1 day)
<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 UNT/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>	NC	

2020 Small Group ACA Banner | Aetna

The formulary is updated the first week of each month.

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
IPIVASK SUBCUTANEOUS SOLUTION RECONSTITUTED 15 MG ( <i>desirudin</i> )	NC	
<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> )	NC	
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> )	NC	
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG ( <i>dabigatran etexilate mesylate</i> )	NP	ST; #; QL (2 capsules per 1 day)
SAVAYSA ORAL TABLET 15 MG, 30 MG, 60 MG ( <i>edoxaban tosylate</i> )	NC	
TRICITRASOL IN VITRO CONCENTRATE 46.7 % ( <i>anticoagulant sodium citrate</i> )	NP	
<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
XARELTO ORAL TABLET 10 MG, 20 MG ( <i>rivaroxaban</i> )	PB	QL (1 tablet per 1 day)
XARELTO ORAL TABLET 15 MG, 2.5 MG ( <i>rivaroxaban</i> )	PB	QL (2 tablets per 1 day)
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG ( <i>rivaroxaban</i> )	PB	QL (1 pack per 1 month)
<b>*ANTICONVULSANTS* - DRUGS FOR THE NERVOUS SYSTEM</b>		
APTIOM ORAL TABLET 200 MG ( <i>eslicarbazepine acetate</i> )	NP	#; QL (6 tablets per 1 day)
APTIOM ORAL TABLET 400 MG, 800 MG ( <i>eslicarbazepine acetate</i> )	NP	#; QL (1 tablet per 1 day)
APTIOM ORAL TABLET 600 MG ( <i>eslicarbazepine acetate</i> )	NP	#; QL (2 tablets per 1 day)
BANZEL ORAL SUSPENSION 40 MG/ML ( <i>rufinamide</i> )	NP	
BANZEL ORAL TABLET 200 MG, 400 MG ( <i>rufinamide</i> )	NP	QL (8 tabs per 1 day)
BRIVIACT ORAL SOLUTION 10 MG/ML ( <i>brivaracetam</i> )	NC	
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG ( <i>brivaracetam</i> )	NC	
<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	

2020 Small Group ACA Banner | Aetna

The formulary is updated the first week of each month.

12/01/2020



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>carbamazepine oral tablet 200 mg</i>	PG	LGC
<i>carbamazepine oral tablet chewable 100 mg</i>	PG	
CARBATROL ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG ( <i>carbamazepine</i> )	NC	
CELONTIN ORAL CAPSULE 300 MG ( <i>methsuximide</i> )	NP	
<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>	NP	
DEPAKENE ORAL CAPSULE 250 MG ( <i>valproic acid</i> )	NC	
DEPAKENE ORAL SOLUTION 250 MG/5ML ( <i>valproate sodium</i> )	NC	
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 250 MG, 500 MG ( <i>divalproex sodium</i> )	NC	
DEPAKOTE ORAL TABLET DELAYED RELEASE 125 MG, 250 MG, 500 MG ( <i>divalproex sodium</i> )	NC	
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE 125 MG ( <i>divalproex sodium</i> )	NC	
DIACOMIT ORAL CAPSULE 250 MG ( <i>stiripentol</i> )	NPS	SP Pharmacy; QL (12 capsules per 1 day)
DIACOMIT ORAL CAPSULE 500 MG ( <i>stiripentol</i> )	NPS	SP Pharmacy; QL (6 capsules per 1 day)
DIACOMIT ORAL PACKET 250 MG ( <i>stiripentol</i> )	NPS	SP Pharmacy; QL (12 packets per 1 day)
DIACOMIT ORAL PACKET 500 MG ( <i>stiripentol</i> )	NPS	SP Pharmacy; QL (6 packets per 1 day)
DIASTAT ACUDIAL RECTAL GEL 10 MG, 20 MG ( <i>diazepam</i> )	NC	
DIASTAT PEDIATRIC RECTAL GEL 2.5 MG ( <i>diazepam</i> )	NC	
<i>diazepam rectal gel 10 mg, 2.5 mg, 20 mg</i>	NP	QL (1 pack per 1 fill)
DILANTIN INFATABS ORAL TABLET CHEWABLE 50 MG ( <i>phenytoin</i> )	NC	
DILANTIN ORAL CAPSULE 100 MG ( <i>phenytoin sodium extended</i> )	NC	
DILANTIN ORAL CAPSULE 30 MG ( <i>phenytoin sodium extended</i> )	NP	

2020 Small Group ACA Banner | Aetna

The formulary is updated the first week of each month.

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DILANTIN ORAL SUSPENSION 125 MG/5ML ( <i>phenytoin</i> )	NC	
<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> )	NPS	PA; ST; SP Pharmacy; QL (800 ML per 1 month)
<i>carbamazepine (Eitol Oral Tablet 200 Mg)</i>	PG	LGC
<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>	NP	
<i>felbamate oral tablet 400 mg, 600 mg</i>	NP	
FELBATOL ORAL SUSPENSION 600 MG/5ML ( <i>felbamate</i> )	NC	
FELBATOL ORAL TABLET 400 MG, 600 MG ( <i>felbamate</i> )	NC	
FINTEPLA ORAL SOLUTION 2.2 MG/ML ( <i>fenfluramine hcl</i> )	NPS	PA; SP Pharmacy; QL (12 ML per 1 day)
FYCOMPA ORAL SUSPENSION 0.5 MG/ML ( <i>perampanel</i> )	NP	
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG ( <i>perampanel</i> )	NP	QL (1 tab per 1 day)
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	PG	QL (6 caps per 1 day)
<i>gabapentin oral solution 250 mg/5ml, 300 mg/6ml</i>	PG	QL (72 ML per 1 day)
<i>gabapentin oral tablet 600 mg, 800 mg</i>	PG	QL (6 tabs per 1 day)
GABITRIL ORAL TABLET 12 MG, 16 MG, 2 MG, 4 MG ( <i>tiagabine hcl</i> )	NC	
KEPPRA ORAL SOLUTION 100 MG/ML ( <i>levetiracetam</i> )	NC	
KEPPRA ORAL TABLET 1000 MG, 250 MG, 500 MG, 750 MG ( <i>levetiracetam</i> )	NC	
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG, 750 MG ( <i>levetiracetam</i> )	NC	
KLONOPIN ORAL TABLET 0.5 MG, 1 MG, 2 MG ( <i>clonazepam</i> )	NC	
LAMICTAL ODT ORAL KIT 21 X 25 MG & 7 X 50 MG, 25 & 50 & 100 MG, 42 X 50 MG & 14X100 MG ( <i>lamotrigine</i> )	NC	
LAMICTAL ODT ORAL TABLET DISPERSIBLE 100 MG, 200 MG, 25 MG, 50 MG ( <i>lamotrigine</i> )	NC	

2020 Small Group ACA Banner | Aetna

The formulary is updated the first week of each month.

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LAMICTAL ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG ( <i>lamotrigine</i> )	NC	
LAMICTAL ORAL TABLET CHEWABLE 25 MG, 5 MG ( <i>lamotrigine</i> )	NC	
LAMICTAL XR ORAL KIT 21 X 25 MG & 7 X 50 MG, 25 & 50 & 100 MG, 50 & 100 & 200 MG ( <i>lamotrigine</i> )	NP	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 250 MG, 300 MG, 50 MG ( <i>lamotrigine</i> )	NC	
<i>lamotrigine er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i>	NP	QL (1 tab per 1 day)
<i>lamotrigine er oral tablet extended release 24 hour 200 mg</i>	NP	QL (3 tabs per 1 day)
<i>lamotrigine er oral tablet extended release 24 hour 250 mg, 300 mg</i>	NP	QL (2 tablets per 1 day)
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	PG	
<i>lamotrigine oral tablet chewable 25 mg, 5 mg</i>	NP	
<i>lamotrigine oral tablet dispersible 100 mg, 200 mg</i>	NP	QL (2 tablets per 1 day)
<i>lamotrigine oral tablet dispersible 25 mg</i>	NP	QL (6 tablets per 1 day)
<i>lamotrigine oral tablet dispersible 50 mg</i>	NP	QL (3 tablets per 1 day)
<i>lamotrigine starter kit-blue oral kit 35 x 25 mg</i>	NP	
<i>lamotrigine starter kit-green oral kit 84 x 25 mg &amp; 14x100 mg</i>	NP	
<i>lamotrigine starter kit-orange oral kit 42 x 25 mg &amp; 7 x 100 mg</i>	NP	
<i>levetiracetam er oral tablet extended release 24 hour 500 mg</i>	NP	QL (6 tabs per 1 day)
<i>levetiracetam er oral tablet extended release 24 hour 750 mg</i>	NP	QL (4 tabs per 1 day)
<i>levetiracetam oral solution 100 mg/ml</i>	PG	
<i>levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg</i>	PG	
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG ( <i>pregabalin</i> )	NC	
LYRICA ORAL SOLUTION 20 MG/ML ( <i>pregabalin</i> )	NC	
MYSOLINE ORAL TABLET 250 MG, 50 MG ( <i>primidone</i> )	NC	
NAYZILAM NASAL SOLUTION 5 MG/0.1ML ( <i>midazolam (anticonvulsant)</i> )	NC	
NEURONTIN ORAL CAPSULE 100 MG, 300 MG, 400 MG ( <i>gabapentin</i> )	NC	
NEURONTIN ORAL SOLUTION 250 MG/5ML ( <i>gabapentin</i> )	NC	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NEURONTIN ORAL TABLET 600 MG, 800 MG (gabapentin)	NC	
ONFI ORAL SUSPENSION 2.5 MG/ML (clobazam)	NC	
ONFI ORAL TABLET 10 MG, 20 MG (clobazam)	NC	
oxcarbazepine oral suspension 300 mg/5ml	PG	
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	PG	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 300 MG (oxcarbazepine)	NP	ST; QL (2 tabs per 1 day)
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 600 MG (oxcarbazepine)	NP	ST; QL (4 tabs per 1 day)
PEGANONE ORAL TABLET 250 MG (ethotoin)	NP	
PHENYTEK ORAL CAPSULE 200 MG, 300 MG (phenytoin sodium extended)	NC	
phenytoin (Phenytoin Infatabs Oral Tablet Chewable 50 Mg)	PG	
phenytoin oral suspension 125 mg/5ml	PG	
phenytoin oral tablet chewable 50 mg	PG	
phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg	PG	
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg	PG	PA; QL (3 capsules per 1 day)
pregabalin oral capsule 225 mg, 300 mg	PG	PA; QL (2 capsules per 1 day)
pregabalin oral solution 20 mg/ml	PG	PA; QL (30 ML per 1 day)
primidone oral tablet 250 mg, 50 mg	PG	
QUDEXY XR ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 150 MG, 200 MG, 25 MG, 50 MG (topiramate)	NC	
levetiracetam (Roweepra Oral Tablet 500 Mg)	PG	
SABRIL ORAL PACKET 500 MG (vigabatrin)	NC	
SABRIL ORAL TABLET 500 MG (vigabatrin)	NPS	PA; SP Pharmacy; QL (6 tablets per 1 day)
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG, 250 MG, 500 MG, 750 MG (levetiracetam)	NC	
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG (clobazam)	NC	
TEGRETOL ORAL SUSPENSION 100 MG/5ML (carbamazepine)	NC	

2020 Small Group ACA Banner | Aetna

The formulary is updated the first week of each month.

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TEGRETOL ORAL TABLET 200 MG ( <i>carbamazepine</i> )	NC	
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 400 MG ( <i>carbamazepine</i> )	NC	
<i>tiagabine hcl oral tablet 12 mg</i>	NP	QL (4 tablets per 1 Day)
<i>tiagabine hcl oral tablet 16 mg</i>	NP	QL (3 tablets per 1 Day)
<i>tiagabine hcl oral tablet 2 mg</i>	NP	QL (1 tablet per 1 day)
<i>tiagabine hcl oral tablet 4 mg</i>	NP	QL (4 tablets per 1 day)
TOPAMAX ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG ( <i>topiramate</i> )	NC	
TOPAMAX SPRINKLE ORAL CAPSULE SPRINKLE 15 MG, 25 MG ( <i>topiramate</i> )	NC	
<i>topiramate er oral capsule er 24 hour sprinkle 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i>	NC	
<i>topiramate oral capsule sprinkle 15 mg, 25 mg</i>	NP	QL (4 caps per 1 day)
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	PG	
TRILEPTAL ORAL SUSPENSION 300 MG/5ML ( <i>oxcarbazepine</i> )	NC	
TRILEPTAL ORAL TABLET 150 MG, 300 MG, 600 MG ( <i>oxcarbazepine</i> )	NC	
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 50 MG ( <i>topiramate</i> )	NC	#
<i>valproate sodium oral solution 250 mg/5ml</i>	PG	
<i>valproic acid oral capsule 250 mg</i>	PG	
<i>valproic acid oral solution 250 mg/5ml</i>	PG	
VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML ( <i>diazepam</i> )	NC	
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 7.5 MG/0.1ML ( <i>diazepam</i> )	NC	
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 10 MG/0.1ML ( <i>diazepam</i> )	NC	
VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML ( <i>diazepam</i> )	NC	
<i>vigabatrin oral packet 500 mg</i>	PS	PA; SP Pharmacy; QL (6 packets per 1 Day)
<i>vigabatrin oral tablet 500 mg</i>	PS	PA; SP Pharmacy; QL (6 tablets per 1 day)

2020 Small Group ACA Banner | Aetna

The formulary is updated the first week of each month.

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>vigabatrin</i> (Vigadrone Oral Packet 500 Mg)	PS	PA; SP Pharmacy; QL (6 packets per 1 Day)
VIMPAT ORAL SOLUTION 10 MG/ML ( <i>lacosamide</i> )	NC	#
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG ( <i>lacosamide</i> )	NP	#; QL (2 tabs per 1 day)
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 50 & 200 MG ( <i>cenobamate</i> )	NC	
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK 150 & 200 MG ( <i>cenobamate</i> )	NC	
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG ( <i>cenobamate</i> )	NC	
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 ( <i>cenobamate</i> )	NC	
ZARONTIN ORAL CAPSULE 250 MG ( <i>ethosuximide</i> )	NC	
ZARONTIN ORAL SOLUTION 250 MG/5ML ( <i>ethosuximide</i> )	NC	
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG ( <i>zonisamide</i> )	NC	
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	PG	
<b>*ANTIDEPRESSANTS* - DRUGS FOR THE NERVOUS SYSTEM</b>		
<i>amitriptyline hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg, 75 mg</i>	PG	LGC
<i>amitriptyline hcl oral tablet 150 mg</i>	PG	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	PG	
ANAFRANIL ORAL CAPSULE 25 MG, 50 MG, 75 MG ( <i>clomipramine hcl</i> )	NC	
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR 174 MG, 348 MG, 522 MG ( <i>bupropion hbr</i> )	NC	
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg</i>	PG	QL (2 tabs per 1 day)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg</i>	PG	QL (1 tab per 1 day)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 450 mg</i>	NC	
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	PG	QL (6 tabs per 1 day)

2020 Small Group ACA Banner | Aetna

The formulary is updated the first week of each month.

12/01/2020



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CELEXA ORAL TABLET 10 MG, 20 MG, 40 MG ( <i>citalopram hydrobromide</i> )	NC	
<i>citalopram hydrobromide oral solution 10 mg/5ml</i>	NP	
<i>citalopram hydrobromide oral tablet 10 mg, 20 mg</i>	PG	LGC; QL (1 tab per 1 day)
<i>citalopram hydrobromide oral tablet 40 mg</i>	PG	LGC; QL (1 tabs per 1 day)
<i>clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg</i>	NP	
CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES 20 MG, 30 MG, 60 MG ( <i>duloxetine hcl</i> )	NC	
<i>desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	NP	
<i>desvenlafaxine er oral tablet extended release 24 hour 100 mg, 50 mg</i>	NC	
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i>	NP	PA; QL (1 tablet per 1 Day)
<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	
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG ( <i>duloxetine hcl</i> )	NC	
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 40 mg, 60 mg</i>	PG	
EFFEXOR XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 150 MG, 37.5 MG, 75 MG ( <i>venlafaxine hcl</i> )	NC	
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR ( <i>selegiline</i> )	NP	PA; #; QL (1 patch per 1 day)
<i>escitalopram oxalate oral solution 5 mg/5ml</i>	NP	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	NP	
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG ( <i>levomilnacipran hcl</i> )	NP	ST; QL (1 cap per 1 day)
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG ( <i>levomilnacipran hcl</i> )	NP	ST; QL (1 capsule per 1 Day)
<i>fluoxetine hcl oral capsule 10 mg</i>	PG	QL (1 cap per 1 day)
<i>fluoxetine hcl oral capsule 20 mg</i>	PG	QL (4 caps per 1 day)
<i>fluoxetine hcl oral capsule 40 mg</i>	PG	QL (2 caps per 1 day)
<i>fluoxetine hcl oral capsule delayed release 90 mg</i>	NP	QL (4 caps per 1 month)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>fluoxetine hcl oral solution 20 mg/5ml</i>	PG	
<i>fluoxetine hcl oral tablet 10 mg</i>	PG	QL (1 tab per 1 day)
<i>fluoxetine hcl oral tablet 20 mg</i>	PG	QL (4 tabs per 1 day)
<i>fluoxetine hcl oral tablet 60 mg</i>	PG	QL (1 tablet per 1 day)
<i>fluvoxamine maleate er oral capsule extended release 24 hour 100 mg, 150 mg</i>	NC	
<i>fluvoxamine maleate oral tablet 100 mg</i>	NP	QL (3 tabs per 1 day)
<i>fluvoxamine maleate oral tablet 25 mg, 50 mg</i>	NP	QL (1 tab per 1 day)
FORFIVO XL ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG ( <i>bupropion hcl</i> )	NC	
<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	
KHEDEZLA ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 50 MG ( <i>desvenlafaxine</i> )	NC	
LEXAPRO ORAL TABLET 10 MG, 20 MG, 5 MG ( <i>escitalopram oxalate</i> )	NC	
<i>maprotiline hcl oral tablet 25 mg</i>	PG	QL (1 tablet per 1 day)
<i>maprotiline hcl oral tablet 50 mg</i>	PG	QL (2 tablets per 1 day)
<i>maprotiline hcl oral tablet 75 mg</i>	PG	QL (3 tablets per 1 day)
MARPLAN ORAL TABLET 10 MG ( <i>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 tab per 1 day)
NARDIL ORAL TABLET 15 MG ( <i>phenelzine sulfite</i> )	NC	
<i>nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	NP	
NORPRAMIN ORAL TABLET 10 MG, 25 MG ( <i>desipramine hcl</i> )	NC	
<i>nortriptyline hcl oral capsule 10 mg, 25 mg</i>	PG	LGC
<i>nortriptyline hcl oral capsule 50 mg, 75 mg</i>	PG	
<i>nortriptyline hcl oral solution 10 mg/5ml</i>	PG	
PAMELOR ORAL CAPSULE 10 MG, 25 MG, 50 MG, 75 MG ( <i>nortriptyline hcl</i> )	NC	
PARNATE ORAL TABLET 10 MG ( <i>tranylcypromine sulfite</i> )	NC	

2020 Small Group ACA Banner | Aetna

The formulary is updated the first week of each month.

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg, 37.5 mg</i>	NP	ST; QL (2 tabs per 1 day)
<i>paroxetine hcl oral tablet 10 mg, 20 mg</i>	PG	LGC; QL (1 tab per 1 day)
<i>paroxetine hcl oral tablet 30 mg, 40 mg</i>	PG	LGC; QL (2 tabs per 1 day)
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5 MG, 25 MG, 37.5 MG ( <i>paroxetine hcl</i> )	NC	
PAXIL ORAL SUSPENSION 10 MG/5ML ( <i>paroxetine hcl</i> )	NC	
PAXIL ORAL TABLET 10 MG, 20 MG, 30 MG, 40 MG ( <i>paroxetine hcl</i> )	NC	
PEXEVA ORAL TABLET 10 MG, 20 MG, 30 MG, 40 MG ( <i>paroxetine mesylate</i> )	NC	
<i>phenelzine sulfate oral tablet 15 mg</i>	PG	
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 25 MG, 50 MG ( <i>desvenlafaxine succinate</i> )	NC	
<i>protriptyline hcl oral tablet 10 mg, 5 mg</i>	NP	
PROZAC ORAL CAPSULE 10 MG, 20 MG, 40 MG ( <i>fluoxetine hcl</i> )	NC	
REMERON ORAL TABLET 15 MG, 30 MG, 45 MG ( <i>mirtazapine</i> )	NC	
REMERON SOLTAB ORAL TABLET DISPERSIBLE 15 MG, 30 MG, 45 MG ( <i>mirtazapine</i> )	NC	
<i>sertraline hcl oral concentrate 20 mg/ml</i>	PG	
<i>sertraline hcl oral tablet 100 mg</i>	PG	LGC; QL (2 tabs per 1 day)
<i>sertraline hcl oral tablet 25 mg</i>	PG	LGC; QL (1 tab per 1 day)
<i>sertraline hcl oral tablet 50 mg</i>	PG	LGC; QL (1.5 tag per 1 day)
SURMONTIL ORAL CAPSULE 100 MG, 25 MG, 50 MG ( <i>trimipramine maleate</i> )	NC	
TOFRANIL ORAL TABLET 10 MG, 25 MG, 50 MG ( <i>imipramine hcl</i> )	NC	
<i>tranylcypromine sulfate oral tablet 10 mg</i>	NP	
<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	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG ( <i>vortioxetine hbr</i> )	NP	PA; ST; QL (1 tablet per 1 Day)
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg</i>	PG	QL (2 cap per 1 day)
<i>venlafaxine hcl er oral capsule extended release 24 hour 37.5 mg, 75 mg</i>	PG	QL (1 cap per 1 day)

2020 Small Group ACA Banner | Aetna

The formulary is updated the first week of each month.

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>venlafaxine hcl er oral tablet extended release 24 hour 150 mg</i>	NP	QL (2 tablets per 1 day)
<i>venlafaxine hcl er oral tablet extended release 24 hour 225 mg, 37.5 mg, 75 mg</i>	NP	QL (1 tablet per 1 day)
<i>venlafaxine hcl oral tablet 100 mg, 25 mg</i>	PG	QL (3 tabs per 1 day)
<i>venlafaxine hcl oral tablet 37.5 mg</i>	PG	QL (4 tabs per 1 day)
<i>venlafaxine hcl oral tablet 50 mg</i>	PG	QL (6 tabs per 1 day)
<i>venlafaxine hcl oral tablet 75 mg</i>	PG	QL (5 tabs per 1 day)
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG ( <i>vilazodone hcl</i> )	NP	#; QL (1 tab per 1 day)
VIIBRYD STARTER PACK ORAL KIT 10 & 20 MG ( <i>vilazodone hcl</i> )	NP	ST; #
WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 150 MG, 200 MG ( <i>bupropion hcl</i> )	NC	
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 300 MG ( <i>bupropion hcl</i> )	NC	
ZOLOFT ORAL CONCENTRATE 20 MG/ML ( <i>sertraline hcl</i> )	NC	
ZOLOFT ORAL TABLET 100 MG, 25 MG, 50 MG ( <i>sertraline hcl</i> )	NC	
<b>*ANTIDIABETICS* - HORMONES</b>		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	PG	
ACTOPLUS MET ORAL TABLET 15-500 MG, 15-850 MG ( <i>pioglitazone hcl-metformin hcl</i> )	NC	
ACTOPLUS MET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 15-1000 MG, 30-1000 MG ( <i>pioglitazone hcl-metformin hcl</i> )	NP	ST; QL (1 tablet per 1 day)
ACTOS ORAL TABLET 15 MG, 30 MG, 45 MG ( <i>pioglitazone hcl</i> )	NC	
ADLYXIN STARTER PACK SUBCUTANEOUS PEN- INJECTOR KIT 10 & 20 MCG/0.2ML ( <i>lixisenatide</i> )	NC	
ADLYXIN SUBCUTANEOUS SOLUTION PEN- INJECTOR 20 MCG/0.2ML ( <i>lixisenatide</i> )	NC	
ADMELOG SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML ( <i>insulin lispro</i> )	NC	
ADMELOG SUBCUTANEOUS SOLUTION 100 UNIT/ML ( <i>insulin lispro</i> )	NC	

2020 Small Group ACA Banner | Aetna

The formulary is updated the first week of each month.

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 ( <i>insulin regular human</i> )	NP	ST
<i>alogliptin benzoate oral tablet 12.5 mg, 25 mg, 6.25 mg</i>	NP	QL (1 tablet per 1 day)
<i>alogliptin-metformin hcl oral tablet 12.5-1000 mg, 12.5-500 mg</i>	NP	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>	NP	QL (1 tablet per 1 day)
AMARYL ORAL TABLET 1 MG, 2 MG, 4 MG ( <i>glimepiride</i> )	NC	
APIDRA INJECTION SOLUTION 100 UNIT/ML ( <i>insulin glulisine</i> )	NP	ST
APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML ( <i>insulin glulisine</i> )	NP	ST
AVANDIA ORAL TABLET 2 MG, 4 MG ( <i>rosiglitazone maleate</i> )	NP	QL (1 tab per 1 day)
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE ( <i>glucagon</i> )	NC	
BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE ( <i>glucagon</i> )	NC	
BASAGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML ( <i>insulin glargine</i> )	NP	ST
BD GLUCOSE ORAL TABLET CHEWABLE 5 GM ( <i>dextrose (diabetic use)</i> )	NP	
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85ML ( <i>exenatide</i> )	NP	PA; ST; QL (4 pens per 1 month)
BYDUREON SUBCUTANEOUS PEN-INJECTOR 2 MG ( <i>exenatide</i> )	NP	PA; ST; QL (4 pens per 1 month)
BYDUREON SUBCUTANEOUS SUSPENSION RECONSTITUTED ER 2 MG ( <i>exenatide</i> )	NP	PA; ST; QL (4 pens per 1 month)
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MCG/0.04ML ( <i>exenatide</i> )	NP	PA; ST; #; QL (1 pen per 1 fill)
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MCG/0.02ML ( <i>exenatide</i> )	NP	PA; ST; #; QL (1 pen per 1 fill)
<i>chlorpropamide oral tablet 100 mg</i>	PG	LGC
<i>chlorpropamide oral tablet 250 mg</i>	PG	
CYCLOSET ORAL TABLET 0.8 MG ( <i>bromocriptine mesylate</i> )	NP	QL (6 tabs per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
D-CARE DM2 COMBINATION KIT 500 MG ( <i>metformin hcl-diagnostic test</i> )	NC	
DEX4 GLUCOSE GO-POUCH ORAL GEL 15 GM/33GM ( <i>dextrose (diabetic use)</i> )	NP	
DEX4 GLUCOSE ORAL LIQUID 15 GM/59ML ( <i>dextrose (diabetic use)</i> )	NP	
DEX4 QUICK DISSOLVE GLUCOSE ORAL TABLET CHEWABLE 4 GM ( <i>dextrose (diabetic use)</i> )	NP	
<i>diazoxide oral suspension 50 mg/ml</i>	PG	
DUETACT ORAL TABLET 30-2 MG, 30-4 MG ( <i>pioglitazone hcl-glimepiride</i> )	NC	
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 (wlniacinamide)</i> )	PB	
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML ( <i>insulin aspart (wlniacinamide)</i> )	PB	
FIASP SUBCUTANEOUS SOLUTION 100 UNIT/ML ( <i>insulin aspart (wlniacinamide)</i> )	PB	
FORTAMET ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG, 500 MG ( <i>metformin hcl</i> )	NC	
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	PG	LGC
<i>glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	PG	
<i>glipizide oral tablet 10 mg, 5 mg</i>	PG	LGC
<i>glipizide xl oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	PG	
<i>glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	PG	
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED 1 MG ( <i>glucagon hcl (rdna)</i> )	NP	QL (1 kit per 1 fill)
GLUCAGON EMERGENCY INJECTION KIT 1 MG	NP	QL (2 kits per 1 month)
<i>glucagon emergency injection solution reconstituted 1 mg/ml</i>	NC	
GLUCO BURST ORAL GEL 40 % ( <i>dextrose (diabetic use)</i> )	PG	
GLUCOPHAGE ORAL TABLET 1000 MG, 500 MG, 850 MG ( <i>metformin hcl</i> )	NC	

2020 Small Group ACA Banner | Aetna

The formulary is updated the first week of each month.

12/01/2020



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GLUCOPHAGE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG, 750 MG ( <i>metformin hcl</i> )	NC	
<i>glucose oral gel 40 %</i>	PG	
<i>glucose oral liquid 15 gm/59ml</i>	PG	
<i>glucose oral tablet chewable 4 gm</i>	PG	
GLUCOTROL ORAL TABLET 10 MG, 5 MG ( <i>glipizide</i> )	NC	
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 2.5 MG, 5 MG ( <i>glipizide</i> )	NC	
GLUCOVANCE ORAL TABLET 2.5-500 MG, 5-500 MG ( <i>glyburide-metformin</i> )	NC	
GLUMETZA ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG, 500 MG ( <i>metformin hcl</i> )	NC	
<i>glyburide micronized oral tablet 1.5 mg</i>	PG	
<i>glyburide micronized oral tablet 3 mg, 6 mg</i>	PG	LGC
<i>glyburide oral tablet 1.25 mg</i>	PG	
<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	
GLYNASE ORAL TABLET 1.5 MG, 3 MG, 6 MG ( <i>glyburide micronized</i> )	NC	
GLYSET ORAL TABLET 100 MG, 25 MG, 50 MG ( <i>miglitol</i> )	NC	
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG ( <i>empagliflozin-linagliptin</i> )	NP	ST; QL (1 tablet per 1 day)
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML ( <i>glucagon</i> )	NC	
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML ( <i>glucagon</i> )	NC	
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.5 MG/0.1ML, 1 MG/0.2ML ( <i>glucagon</i> )	NC	
HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML ( <i>insulin lispro</i> )	NP	ST
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML ( <i>insulin lispro</i> )	NP	ST

2020 Small Group ACA Banner | Aetna

The formulary is updated the first week of each month.

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (50-50) 100 UNIT/ML ( <i>insulin lispro prot &amp; lispro</i> )	NP	ST
HUMALOG MIX 50/50 SUBCUTANEOUS SUSPENSION (50-50) 100 UNIT/ML ( <i>insulin lispro prot &amp; lispro</i> )	NP	ST
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML ( <i>insulin lispro prot &amp; lispro</i> )	NP	ST
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION (75-25) 100 UNIT/ML ( <i>insulin lispro prot &amp; lispro</i> )	NP	ST
HUMALOG SUBCUTANEOUS SOLUTION 100 UNIT/ML ( <i>insulin lispro</i> )	NP	ST
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML ( <i>insulin lispro</i> )	NP	ST
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML ( <i>insulin nph isophane &amp; regular</i> )	NP	ST
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML ( <i>insulin nph isophane &amp; regular</i> )	NP	ST
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML ( <i>insulin nph human (isophane)</i> )	NP	ST
HUMULIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML ( <i>insulin nph human (isophane)</i> )	NP	ST
HUMULIN R INJECTION SOLUTION 100 UNIT/ML ( <i>insulin regular human</i> )	NP	ST
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML ( <i>insulin regular human</i> )	NP	
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML ( <i>insulin regular human</i> )	NP	
INSTA-GLUCOSE ORAL GEL 77.4 % ( <i>dextrose (diabetic use)</i> )	NP	
<i>insulin asp prot &amp; asp flexpen subcutaneous suspension pen-injector (70-30) 100 unit/ml</i>	NC	
<i>insulin aspart flexpen subcutaneous solution pen-injector 100 unit/ml</i>	NC	
<i>insulin aspart penfill subcutaneous solution cartridge 100 unit/ml</i>	NC	

2020 Small Group ACA Banner | Aetna

The formulary is updated the first week of each month.

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>insulin aspart prot &amp; aspart subcutaneous suspension (70-30) 100 unit/ml</i>	NC	
<i>insulin aspart subcutaneous solution 100 unit/ml</i>	NC	
<i>insulin lispro junior kwikpen subcutaneous solution pen-injector 100 unit/ml</i>	NC	
<i>insulin lispro prot &amp; lispro subcutaneous suspension pen-injector (75-25) 100 unit/ml</i>	NC	
<i>insulin lispro subcutaneous solution 100 unit/ml</i>	NP	ST
INVOKAMET ORAL TABLET 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG ( <i>canagliflozin-metformin hcl</i> )	NP	QL (2 tablets per 1 day)
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> )	NP	QL (2 tablets per 1 day)
INVOKANA ORAL TABLET 100 MG, 300 MG ( <i>canagliflozin</i> )	NP	QL (1 tab per 1 day)
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG ( <i>sitagliptin-metformin hcl</i> )	PB	QL (2 tabs 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 tab per 1 day)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG ( <i>sitagliptin-metformin hcl</i> )	PB	QL (2 tabs per 1 day)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG ( <i>sitagliptin phosphate</i> )	PB	QL (1 tablet per 1 day)
JARDIANCE ORAL TABLET 10 MG, 25 MG ( <i>empagliflozin</i> )	NP	QL (1 tab per 1 day)
JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG ( <i>linagliptin-metformin hcl</i> )	NP	ST; QL (2 tabs per 1 day)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG ( <i>linagliptin-metformin hcl</i> )	NP	ST; QL (2 tablets per 1 day)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG ( <i>linagliptin-metformin hcl</i> )	NP	ST; QL (1 tablet per 1 day)
KAZANO ORAL TABLET 12.5-1000 MG, 12.5-500 MG ( <i>alogliptin-metformin hcl</i> )	NC	
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG ( <i>saxagliptin-metformin</i> )	NP	ST; QL (2 tabs per 1 day)
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG, 5-500 MG ( <i>saxagliptin-metformin</i> )	NP	ST; QL (1 tab per 1 day)

2020 Small Group ACA Banner | Aetna

The formulary is updated the first week of each month.

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KORLYM ORAL TABLET 300 MG ( <i>mifepristone</i> )	NPS	PA; #; SP Pharmacy; QL (4 tabs per 1 day)
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML ( <i>insulin glargine</i> )	NC	
LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML ( <i>insulin glargine</i> )	NC	
<i>leader quick dissolve glucose oral tablet chewable 4 gm</i>	NP	
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> )	NC	
LYUMJEV KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML ( <i>insulin lispro-aabc</i> )	NC	
<i>metformin hcl er (mod) oral tablet extended release 24 hour 1000 mg, 500 mg</i>	NC	
<i>metformin hcl er (osm) oral tablet extended release 24 hour 1000 mg</i>	NP	ST; QL (2 tablets per 1 day)
<i>metformin hcl er (osm) oral tablet extended release 24 hour 500 mg</i>	NP	ST; QL (3 tablets per 1 day)
<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>	NC	
<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>	NP	
<i>nateglinide oral tablet 120 mg, 60 mg</i>	PG	
NESINA ORAL TABLET 12.5 MG, 25 MG, 6.25 MG ( <i>alogliptin benzoate</i> )	NC	
NOVOLIN 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML ( <i>insulin nph isophane &amp; regular</i> )	PB	
NOVOLIN 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML ( <i>insulin nph isophane &amp; regular</i> )	PB	
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML ( <i>insulin nph isophane &amp; regular</i> )	PB	

2020 Small Group ACA Banner | Aetna

The formulary is updated the first week of each month.

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NOVOLIN N FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML ( <i>insulin nph human (isophane)</i> )	NC	
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> )	PB	
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML ( <i>insulin nph human (isophane)</i> )	PB	
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML ( <i>insulin regular human</i> )	PB	
NOVOLIN R FLEXPEN RELION INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML ( <i>insulin regular human</i> )	NC	
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> )	PB	
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 &amp; aspart</i> )	PB	
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML ( <i>insulin aspart prot &amp; aspart</i> )	PB	
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML ( <i>insulin aspart</i> )	PB	
NOVOLOG SUBCUTANEOUS SOLUTION 100 UNIT/ML ( <i>insulin aspart</i> )	PB	
ONGLYZA ORAL TABLET 2.5 MG, 5 MG ( <i>saxagliptin hcl</i> )	NP	ST; QL (1 tab per 1 day)
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> )	NC	
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML ( <i>semaglutide</i> )	PB	PA; ST; QL (2 pens 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	QL (1 tab per 1 day)

2020 Small Group ACA Banner | Aetna

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 tab per 1 day)
<i>pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg</i>	PG	QL (1 tablet per 1 day)
PRANDIN ORAL TABLET 1 MG, 2 MG ( <i>repaglinide</i> )	NC	
PRECOSE ORAL TABLET 100 MG, 25 MG, 50 MG ( <i>acarbose</i> )	NC	
PROGLYCEM ORAL SUSPENSION 50 MG/ML ( <i>diazoxide</i> )	NP	
QTERN ORAL TABLET 10-5 MG ( <i>dapagliflozin-saxagliptin</i> )	NC	
QTERN ORAL TABLET 5-5 MG ( <i>dapagliflozin-saxagliptin</i> )	PB	ST; QL (1 tablet per 1 day)
RELION GLUCOSE DRINK ORAL LIQUID 15 GM/59ML ( <i>dextrose (diabetic use)</i> )	PG	
RELION GLUCOSE ORAL GEL 15 GM/38GM ( <i>dextrose (diabetic use)</i> )	PG	
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	NP	
<i>repaglinide-metformin hcl oral tablet 1-500 mg, 2-500 mg</i>	NP	QL (2 tablets per 1 day)
RIOMET ER ORAL SUSPENSION RECONSTITUTED ER 500 MG/5ML ( <i>metformin hcl</i> )	NC	
RIOMET ORAL SOLUTION 500 MG/5ML ( <i>metformin hcl</i> )	NC	
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG ( <i>semaglutide</i> )	NC	
SEGLUROMET ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 7.5-1000 MG, 7.5-500 MG ( <i>ertugliflozin-metformin hcl</i> )	NC	
SEMGLEE SUBCUTANEOUS SOLUTION 100 UNIT/ML ( <i>insulin glargine</i> )	NC	
SEMGLEE SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML ( <i>insulin glargine</i> )	NC	
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> )	NC	
STEGLATRO ORAL TABLET 15 MG, 5 MG ( <i>ertugliflozin l-pyroglutamicac</i> )	NC	
STEGLUJAN ORAL TABLET 15-100 MG, 5-100 MG ( <i>ertugliflozin-sitagliptin</i> )	NC	
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML ( <i>pramlintide acetate</i> )	NP	PA; #; QL (4 pens per 1 month)

2020 Small Group ACA Banner | Aetna

The formulary is updated the first week of each month.

12/01/2020



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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> )	NP	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> )	NP	QL (2 tablets per 1 day)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 25-1000 MG ( <i>empagliflozin-metformin hcl</i> )	NP	QL (1 tablet per 1 day)
<i>tolazamide oral tablet 250 mg, 500 mg</i>	PG	
<i>tolbutamide oral tablet 500 mg</i>	PG	
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML ( <i>insulin glargine</i> )	NC	
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML ( <i>insulin glargine</i> )	NC	
TRADJENTA ORAL TABLET 5 MG ( <i>linagliptin</i> )	NP	ST; QL (1 tab per 1 day)
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML ( <i>insulin degludec</i> )	NP	ST
TRESIBA SUBCUTANEOUS SOLUTION 100 UNIT/ML ( <i>insulin degludec</i> )	NP	ST
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> )	NC	
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	ST
<i>value plus glucose oral gel 40 %</i>	PG	
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML ( <i>liraglutide</i> )	PB	PA; ST; QL (9 ML per 1 month)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 5-500 MG ( <i>dapagliflozin-metformin hcl</i> )	PB	QL (1 tablet per 1 day)
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 tablets per 1 day)

2020 Small Group ACA Banner | Aetna

The formulary is updated the first week of each month.

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML ( <i>insulin degludec-liraglutide</i> )	NC	
<b>*ANTIDIARRHEAL/PROBIOTIC AGENTS* - DRUGS FOR THE STOMACH</b>		
<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> )	NC	
MOTOFEN ORAL TABLET 1-0.025 MG ( <i>difenoxin-atropine</i> )	NP	
MYTESI ORAL TABLET DELAYED RELEASE 125 MG ( <i>crofelemer</i> )	NP	PA; ST; QL (2 tablets per 1 Day)
<i>paregoric oral tincture 2 mg/5ml</i>	NP	
VSL#3 JUNIOR ORAL PACKET ( <i>probiotic product</i> )	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
VSL#3 ORAL PACKET ( <i>probiotic product</i> )	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; Tier 3
<b>*ANTIDOTES AND SPECIFIC ANTAGONISTS* - DRUGS FOR OVERDOSE OR POISONING</b>		
CHEMET ORAL CAPSULE 100 MG ( <i>succimer</i> )	NP	
<i>deferasirox granules oral packet 180 mg, 360 mg, 90 mg</i>	NC	
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i>	NC	
<i>deferasirox oral tablet soluble 125 mg, 250 mg, 500 mg</i>	PS	PA; SP Pharmacy
<i>deferiprone oral tablet 500 mg</i>	PS	PA; MPG; UN6
EVZIO INJECTION SOLUTION AUTO-INJECTOR 0.4 MG/0.4ML ( <i>naloxone hcl</i> )	NP	ST; UF11
EVZIO INJECTION SOLUTION AUTO-INJECTOR 2 MG/0.4ML ( <i>naloxone hcl</i> )	NP	ST; #; UF11
EXJADE ORAL TABLET SOLUBLE 125 MG, 250 MG, 500 MG ( <i>deferasirox</i> )	NPS	PA; SP Pharmacy
FERRIPROX ORAL SOLUTION 100 MG/ML ( <i>deferiprone</i> )	NPS	PA
FERRIPROX ORAL TABLET 1000 MG, 500 MG ( <i>deferiprone</i> )	NPS	PA; #; SP Pharmacy

2020 Small Group ACA Banner | Aetna

The formulary is updated the first week of each month.

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FERRIPROX TWICE-A-DAY ORAL TABLET 1000 MG ( <i>deferiprone</i> )	NPS	PA; #; SP Pharmacy
JADENU ORAL TABLET 180 MG, 360 MG, 90 MG ( <i>deferasirox</i> )	NC	
JADENU SPRINKLE ORAL PACKET 180 MG, 360 MG, 90 MG ( <i>deferasirox</i> )	NC	#
<i>naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml</i>	PG	
<i>naloxone hcl injection solution auto-injector 2 mg/0.4ml</i>	NC	
<i>naloxone hcl injection solution cartridge 0.4 mg/ml</i>	PG	UF11
<i>naloxone hcl injection solution prefilled syringe 2 mg/2ml</i>	PG	UF11
<i>naltrexone hcl oral tablet 50 mg</i>	PG	UF11
NARCAN NASAL LIQUID 4 MG/0.1ML ( <i>naloxone hcl</i> )	PB	#; UF11
RADIOGARDASE ORAL CAPSULE 0.5 GM ( <i>prussian blue insoluble</i> )	NC	
VISTOGARD ORAL PACKET 10 GM ( <i>uridine triacetate</i> )	PS	QL (20 packets per 1 prescription)
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG ( <i>naltrexone</i> )	NP	UF11
<b>*ANTIEMETICS* - DRUGS FOR THE STOMACH</b>		
AKYNZEO ORAL CAPSULE 300-0.5 MG ( <i>netupitant-palonosetron</i> )	NP	PA; ST; QL (2 capsules per 1 month)
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 &amp; 125 mg</i>	PG	QL (9 capsules per 30 days)
BONJESTA ORAL TABLET EXTENDED RELEASE 20- 20 MG ( <i>doxylamine-pyridoxine</i> )	NC	#
CESAMET ORAL CAPSULE 1 MG ( <i>nabilone</i> )	NP	QL (2 caps per 1 day)
DICLEGIS ORAL TABLET DELAYED RELEASE 10-10 MG ( <i>doxylamine-pyridoxine</i> )	NC	
<i>doxylamine-pyridoxine oral tablet delayed release 10-10 mg</i>	NC	
DRAMAMINE LESS DROWSY ORAL TABLET 25 MG ( <i>meclizine hcl</i> )	PG	OTC
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	NP	PA; ST; QL (2 caps per 1 day)
EMEND ORAL CAPSULE 125 MG, 40 MG, 80 MG ( <i>aprepitant</i> )	NC	

2020 Small Group ACA Banner | Aetna

The formulary is updated the first week of each month.

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EMEND ORAL SUSPENSION RECONSTITUTED 125 MG/5ML ( <i>aprepitant</i> )	PB	#
<i>granisetron hcl oral tablet 1 mg</i>	NP	
MARINOL ORAL CAPSULE 10 MG, 2.5 MG, 5 MG ( <i>dronabinol</i> )	NC	
<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>	PG	OTC
<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	
SANCUSO TRANSDERMAL PATCH 3.1 MG/24HR ( <i>granisetron</i> )	NP	QL (2 patches per 21 days)
<i>scopolamine transdermal patch 72 hour 1 mg/3days</i>	NP	
SYNDROS ORAL SOLUTION 5 MG/ML ( <i>dronabinol</i> )	NC	#
TIGAN ORAL CAPSULE 300 MG ( <i>trimethobenzamide hcl</i> )	NC	
TRANSDERM-SCOP (1.5 MG) TRANSDERMAL PATCH 72 HOUR 1 MG/3DAYS ( <i>scopolamine base</i> )	NC	
<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> )	NC	
VARUBI ORAL TABLET 90 MG ( <i>rolapitant hcl</i> )	NC	
ZOFRAN ODT ORAL TABLET DISPERSIBLE 4 MG, 8 MG ( <i>ondansetron</i> )	NC	
ZOFRAN ORAL SOLUTION 4 MG/5ML ( <i>ondansetron hcl</i> )	NC	
ZOFRAN ORAL TABLET 4 MG, 8 MG ( <i>ondansetron hcl</i> )	NC	
ZUPLENZ ORAL FILM 4 MG, 8 MG ( <i>ondansetron</i> )	NC	
<b>*ANTIFUNGALS* - DRUGS FOR INFECTIONS</b>		
ANCOBON ORAL CAPSULE 250 MG, 500 MG ( <i>flucytosine</i> )	NC	
<i>bio-statin oral capsule 1000000 unit, 500000 unit</i>	NC	
<i>bio-statin oral powder</i>	PG	
CRESEMBA ORAL CAPSULE 186 MG ( <i>isavuconazonium sulfate</i> )	NP	
DIFLUCAN ORAL SUSPENSION RECONSTITUTED 10 MG/ML, 40 MG/ML ( <i>fluconazole</i> )	NC	
DIFLUCAN ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG ( <i>fluconazole</i> )	NC	

2020 Small Group ACA Banner | Aetna

The formulary is updated the first week of each month.

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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, 500 mg</i>	NP	
<i>griseofulvin microsize oral suspension 125 mg/5ml</i>	NP	
<i>griseofulvin microsize oral tablet 500 mg</i>	NP	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	NP	
<i>itraconazole oral capsule 100 mg</i>	NP	PA; ST; QL (4 capsules per 1 day)
<i>itraconazole oral solution 10 mg/ml</i>	NP	
<i>ketoconazole oral tablet 200 mg</i>	NP	QL (2 tabs per 1 day)
LAMISIL ORAL TABLET 250 MG ( <i>terbinafine hcl</i> )	NC	
NOXAFIL ORAL SUSPENSION 40 MG/ML ( <i>posaconazole</i> )	NC	#
NOXAFIL ORAL TABLET DELAYED RELEASE 100 MG ( <i>posaconazole</i> )	NC	
<i>nystatin oral tablet 500000 unit</i>	PG	
ONMEL ORAL TABLET 200 MG ( <i>itraconazole</i> )	NC	
<i>posaconazole oral tablet delayed release 100 mg</i>	PG	PA
SPORANOX ORAL CAPSULE 100 MG ( <i>itraconazole</i> )	NC	
SPORANOX ORAL SOLUTION 10 MG/ML ( <i>itraconazole</i> )	NC	
SPORANOX PULSEPAK ORAL CAPSULE 100 MG ( <i>itraconazole</i> )	NC	
<i>terbinafine hcl oral tablet 250 mg</i>	PG	
<i>tolsura oral capsule 65 mg</i>	NC	
VFEND ORAL SUSPENSION RECONSTITUTED 40 MG/ML ( <i>voriconazole</i> )	NC	
VFEND ORAL TABLET 200 MG, 50 MG ( <i>voriconazole</i> )	NC	
<i>voriconazole oral suspension reconstituted 40 mg/ml</i>	NC	
<i>voriconazole oral tablet 200 mg, 50 mg</i>	NP	PA
<b>*ANTI-HISTAMINES* - DRUGS FOR THE LUNGS</b>		
ALAVERT ORAL TABLET DISPERSIBLE 10 MG ( <i>loratadine</i> )	PG	OTC
ALLEGRA ALLERGY CHILDRENS ORAL SUSPENSION 30 MG/5ML ( <i>fexofenadine hcl</i> )	PG	OTC
ALLEGRA ALLERGY CHILDRENS ORAL TABLET DISPERSIBLE 30 MG ( <i>fexofenadine hcl</i> )	PG	OTC

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ALLEGRA ALLERGY ORAL TABLET 180 MG, 60 MG ( <i>fexofenadine hcl</i> )	PG	OTC
<i>brompheniramine tannate oral tablet chewable 12 mg</i>	NC	
<i>carbinoxamine maleate oral solution 4 mg/5ml</i>	PG	
<i>carbinoxamine maleate oral tablet 4 mg</i>	PG	
<i>carbinoxamine maleate oral tablet 6 mg</i>	NC	
<i>cetirizine hcl oral tablet 10 mg, 5 mg</i>	PG	LGC; OTC
<i>cetirizine hcl oral tablet chewable 10 mg, 5 mg</i>	PG	OTC
CLARINEX ORAL SYRUP 0.5 MG/ML ( <i>desloratadine</i> )	NC	
CLARINEX ORAL TABLET 5 MG ( <i>desloratadine</i> )	NC	
CLARITIN CHILDRENS ORAL TABLET CHEWABLE 5 MG ( <i>loratadine</i> )	PG	OTC
CLARITIN ORAL SYRUP 5 MG/5ML ( <i>loratadine</i> )	PG	OTC
CLARITIN ORAL TABLET 10 MG ( <i>loratadine</i> )	PG	OTC
CLARITIN ORAL TABLET CHEWABLE 5 MG ( <i>loratadine</i> )	PG	OTC
CLARITIN REDITABS ORAL TABLET DISPERSIBLE 10 MG, 5 MG ( <i>loratadine</i> )	PG	OTC
<i>clemastine fumarate oral tablet 2.68 mg</i>	PG	OTC
<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	ST; QL (1 tablet per 1 day)
<i>desloratadine oral tablet dispersible 2.5 mg</i>	NP	ST; QL (1 tablet per 1 day)
<i>desloratadine oral tablet dispersible 5 mg</i>	NP	ST
<i>fexofenadine hcl childrens oral suspension 30 mg/5ml</i>	PG	OTC
<i>fexofenadine hcl oral tablet 180 mg, 60 mg</i>	PG	OTC
KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE 4 MG/5ML ( <i>carbinoxamine maleate</i> )	NC	
<i>loratadine childrens oral syrup 5 mg/5ml</i>	PG	LGC; OTC
<i>loratadine oral tablet 10 mg</i>	PG	LGC; OTC
<i>loratadine oral tablet chewable 5 mg</i>	PG	OTC
MUCINEX ALLERGY ORAL TABLET 180 MG ( <i>fexofenadine hcl</i> )	PG	OTC
<i>promethazine hcl</i> (Phenadoz Rectal Suppository 12.5 Mg, 25 Mg)	NP	

2020 Small Group ACA Banner | Aetna

The formulary is updated the first week of each month.

12/01/2020



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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, 50 mg</i>	NP	
<i>promethazine hcl (Promethegan Rectal Suppository 12.5 Mg, 25 Mg)</i>	NP	
<i>promethegan rectal suppository 50 mg</i>	NP	
RYCLORA ORAL SYRUP 2 MG/5ML ( <i>dexchlorpheniramine maleate</i> )	NC	
RYVENT ORAL TABLET 6 MG ( <i>carbinoxamine maleate</i> )	NC	
XYZAL ALLERGY 24HR CHILDRENS ORAL SOLUTION 2.5 MG/5ML ( <i>levocetirizine dihydrochloride</i> )	PG	OTC
XYZAL ALLERGY 24HR ORAL TABLET 5 MG ( <i>levocetirizine dihydrochloride</i> )	PG	OTC
ZYRTEC ALLERGY ORAL CAPSULE 10 MG ( <i>cetirizine hcl</i> )	PG	OTC
ZYRTEC ALLERGY ORAL TABLET 10 MG ( <i>cetirizine hcl</i> )	PG	OTC
<b>*ANTIHYPERLIPIDEMICS* - DRUGS FOR THE HEART</b>		
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HOUR 20 MG, 40 MG, 60 MG ( <i>lovastatin</i> )	NP	ST; #; QL (2 tabs per 1 day)
ANTARA ORAL CAPSULE 30 MG, 90 MG ( <i>fenofibrate micronized</i> )	NC	#
<i>atorvastatin calcium oral tablet 10 mg</i>	CE	N2 (PG); QL (1 tab per 1 day); AL
<i>atorvastatin calcium oral tablet 20 mg</i>	CE	N2 (PG); QL (1 tablet per 1 day); AL
<i>atorvastatin calcium oral tablet 40 mg, 80 mg</i>	PG	QL (1 tab per 1 day)
<i>cholestyramine light oral packet 4 gm</i>	PG	
<i>cholestyramine light oral powder 4 gm/dose</i>	PG	
<i>cholestyramine oral packet 4 gm</i>	PG	
<i>cholestyramine 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	
COLESTID FLAVORED ORAL GRANULES 5 GM ( <i>colestipol hcl</i> )	NC	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
COLESTID FLAVORED ORAL PACKET 5 GM ( <i>colestipol hcl</i> )	NC	
COLESTID ORAL GRANULES 5 GM ( <i>colestipol hcl</i> )	NC	
COLESTID ORAL PACKET 5 GM ( <i>colestipol hcl</i> )	NC	
COLESTID ORAL TABLET 1 GM ( <i>colestipol hcl</i> )	NC	
<i>colestipol hcl oral granules 5 gm</i>	PG	
<i>colestipol hcl oral packet 5 gm</i>	PG	
<i>colestipol hcl oral tablet 1 gm</i>	PG	
CRESTOR ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG ( <i>rosuvastatin calcium</i> )	NC	
EZALLOR SPRINKLE ORAL CAPSULE SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG ( <i>rosuvastatin calcium</i> )	NC	
<i>ezetimibe oral tablet 10 mg</i>	NP	QL (1 tablet per 1 Day)
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	NP	ST; QL (1 tablet per 1 day)
<i>fenofibrate micronized oral capsule 130 mg, 43 mg</i>	NP	QL (1 cap per 1 day)
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>	PG	QL (1 cap per 1 day)
<i>fenofibrate oral capsule 150 mg, 50 mg</i>	PG	QL (1 capsule per 1 day)
<i>fenofibrate oral tablet 120 mg, 40 mg</i>	NC	
<i>fenofibrate oral tablet 145 mg, 48 mg</i>	NP	QL (1 tab per 1 day)
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	PG	QL (1 tab per 1 day)
<i>fenofibric acid oral capsule delayed release 135 mg, 45 mg</i>	NC	
<i>fenofibric acid oral tablet 105 mg, 35 mg</i>	NP	QL (1 tablet per 1 day)
FENOGLIDE ORAL TABLET 120 MG, 40 MG ( <i>fenofibrate</i> )	NC	
FIBRICOR ORAL TABLET 105 MG, 35 MG ( <i>fenofibric acid</i> )	NC	
<i>flolipid oral suspension 20 mg/5ml, 40 mg/5ml</i>	NC	
<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 caps per 1 day)
<i>gemfibrozil oral tablet 600 mg</i>	PG	LGC
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 5 MG, 60 MG ( <i>lomitapide mesylate</i> )	NPS	PA; ST; SP Pharmacy; QL (1 capsule per 1 day)
KYNAMRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML ( <i>mipomersen sodium</i> )	NC	

2020 Small Group ACA Banner | Aetna

The formulary is updated the first week of each month.

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LESCOL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 80 MG ( <i>fluvastatin sodium</i> )	NC	
LIPITOR ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG ( <i>atorvastatin calcium</i> )	NC	
LIPOFEN ORAL CAPSULE 150 MG, 50 MG ( <i>fenofibrate</i> )	NC	
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG ( <i>pitavastatin calcium</i> )	NP	ST; QL (1 tab per 1 day)
LOPID ORAL TABLET 600 MG ( <i>gemfibrozil</i> )	NC	
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	PG	LGC; QL (2 tabs per 1 day)
LOVAZA ORAL CAPSULE 1 GM ( <i>omega-3-acid ethyl esters</i> )	NC	
MEVACOR ORAL TABLET 40 MG ( <i>lovastatin</i> )	NC	
NEXLETOL ORAL TABLET 180 MG ( <i>bempedoic acid</i> )	NC	
NEXLIZET ORAL TABLET 180-10 MG ( <i>bempedoic acid-ezetimibe</i> )	NC	
<i>niacin (antihyperlipidemic) oral tablet 500 mg</i>	NP	
<i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg</i>	PG	
NIACOR ORAL TABLET 500 MG ( <i>niacin (antihyperlipidemic)</i> )	NC	
NIASPAN ORAL TABLET EXTENDED RELEASE 1000 MG, 500 MG, 750 MG ( <i>niacin (antihyperlipidemic)</i> )	NC	
<i>omega-3-acid ethyl esters oral capsule 1 gm</i>	NP	QL (4 tabs per 1 day)
PRALUENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 150 MG/ML, 75 MG/ML ( <i>alirocumab</i> )	NC	
PRALUENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/ML ( <i>alirocumab</i> )	NC	
PRAVACHOL ORAL TABLET 20 MG, 40 MG, 80 MG ( <i>pravastatin sodium</i> )	NC	
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	PG	LGC; QL (1 tab per 1 day)
<i>cholestyramine light (Prevalite Oral Packet 4 Gm)</i>	PG	
<i>cholestyramine light (Prevalite Oral Powder 4 Gm/Dose)</i>	PG	
QUESTRAN LIGHT ORAL POWDER 4 GM/DOSE ( <i>cholestyramine light</i> )	NC	
QUESTRAN ORAL PACKET 4 GM ( <i>cholestyramine</i> )	NC	
QUESTRAN ORAL POWDER 4 GM/DOSE ( <i>cholestyramine</i> )	NC	

2020 Small Group ACA Banner | Aetna

The formulary is updated the first week of each month.

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML ( <i>evolocumab</i> )	PS	PA; ST; QL (1 syringe per 1 month)
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML ( <i>evolocumab</i> )	PS	PA; ST; QL (2 injections per 28 days)
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML ( <i>evolocumab</i> )	PS	PA; ST; QL (2 injections per 28 days)
<i>rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	NP	ST; QL (1 tablets per 1 day)
<i>simvastatin oral suspension 20 mg/5ml</i>	NC	
<i>simvastatin oral tablet 10 mg, 5 mg</i>	CE	LGC; N2 (PG); QL (1 tab per 1 day); AL
<i>simvastatin oral tablet 20 mg, 40 mg</i>	CE	LGC; N2 (PG); QL (1 tablet per 1 day); AL
<i>simvastatin oral tablet 80 mg</i>	PG	LGC; QL (1 tab per 1 day)
TRICOR ORAL TABLET 145 MG, 48 MG ( <i>fenofibrate</i> )	NC	
TRIGLIDE ORAL TABLET 160 MG ( <i>fenofibrate</i> )	NC	
TRILIPIX ORAL CAPSULE DELAYED RELEASE 135 MG, 45 MG ( <i>choline fenofibrate</i> )	NC	
VASCEPA ORAL CAPSULE 0.5 GM, 1 GM ( <i>icosapent ethyl</i> )	PB	#
VYTORIN ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG ( <i>ezetimibe-simvastatin</i> )	NC	
WELCHOL ORAL PACKET 3.75 GM ( <i>colesevelam hcl</i> )	NC	
WELCHOL ORAL TABLET 625 MG ( <i>colesevelam hcl</i> )	NC	
ZETIA ORAL TABLET 10 MG ( <i>ezetimibe</i> )	NC	
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG, 80 MG ( <i>simvastatin</i> )	NC	
ZYPITAMAG ORAL TABLET 1 MG, 2 MG, 4 MG ( <i>pitavastatin magnesium</i> )	NC	
<b>*ANTIHYPERTENSIVES* - DRUGS FOR THE HEART</b>		
ACCUPRIL ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG ( <i>quinapril hcl</i> )	NC	
ACCURETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG ( <i>quinapril-hydrochlorothiazide</i> )	NC	
<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> )	NC	

2020 Small Group ACA Banner | Aetna

The formulary is updated the first week of each month.

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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	
<i>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	NP	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	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>	NP	QL (1 tablet per 1 Day)
ATACAND HCT ORAL TABLET 16-12.5 MG, 32-12.5 MG, 32-25 MG ( <i>candesartan cilexetil-hctz</i> )	NC	
ATACAND ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG ( <i>candesartan cilexetil</i> )	NC	
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	PG	LGC
AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG ( <i>irbesartan-hydrochlorothiazide</i> )	NC	
AVAPRO ORAL TABLET 150 MG, 300 MG, 75 MG ( <i>irbesartan</i> )	NC	
AZOR ORAL TABLET 10-20 MG, 10-40 MG, 5-20 MG, 5-40 MG ( <i>amlodipine-olmesartan</i> )	NC	
<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	
BENICAR HCT ORAL TABLET 20-12.5 MG, 40-12.5 MG, 40-25 MG ( <i>olmesartan medoxomil-hctz</i> )	NC	
BENICAR ORAL TABLET 20 MG, 40 MG, 5 MG ( <i>olmesartan medoxomil</i> )	NC	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	PG	LGC
BYVALSON ORAL TABLET 5-80 MG ( <i>nebivolol-valsartan</i> )	NC	
<i>candesartan cilexetil oral tablet 16 mg, 4 mg, 8 mg</i>	NP	QL (1 tab per 1 day)
<i>candesartan cilexetil oral tablet 32 mg</i>	NP	QL (1 tablet per 1 day)
<i>candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	NP	QL (1 tab per 1 day)
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	NP	
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	PG	
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG, 8 MG ( <i>doxazosin mesylate</i> )	NC	

2020 Small Group ACA Banner | Aetna

The formulary is updated the first week of each month.

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CATAPRES ORAL TABLET 0.1 MG, 0.2 MG, 0.3 MG ( <i>clonidine hcl</i> )	NC	
CATAPRES-TTS-1 TRANSDERMAL PATCH WEEKLY 0.1 MG/24HR ( <i>clonidine</i> )	NC	
CATAPRES-TTS-2 TRANSDERMAL PATCH WEEKLY 0.2 MG/24HR ( <i>clonidine</i> )	NC	
CATAPRES-TTS-3 TRANSDERMAL PATCH WEEKLY 0.3 MG/24HR ( <i>clonidine</i> )	NC	
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	PG	LGC
<i>clonidine hcl transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr</i>	NP	
CORZIDE ORAL TABLET 40-5 MG, 80-5 MG ( <i>nadolol-bendroflumethiazide</i> )	NC	
COZAAR ORAL TABLET 100 MG, 25 MG, 50 MG ( <i>losartan potassium</i> )	NC	
DEMSER ORAL CAPSULE 250 MG ( <i>metyrosine</i> )	NPS	ST; SP Pharmacy
DIBENZYLINE ORAL CAPSULE 10 MG ( <i>phenoxybenzamine hcl</i> )	NC	
DIOVAN HCT ORAL TABLET 160-12.5 MG, 160-25 MG, 320-12.5 MG, 320-25 MG, 80-12.5 MG ( <i>valsartan-hydrochlorothiazide</i> )	NC	
DIOVAN ORAL TABLET 160 MG, 320 MG, 40 MG, 80 MG ( <i>valsartan</i> )	NC	
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	PG	
EDARBI ORAL TABLET 40 MG, 80 MG ( <i>azilsartan medoxomil</i> )	NP	ST; QL (1 tab per 1 day)
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG ( <i>azilsartan-chlorthalidone</i> )	NP	ST; QL (1 tab 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	#; QL (5 ml per 1 day)
<i>eplerenone oral tablet 25 mg, 50 mg</i>	NP	
<i>eprosartan mesylate oral tablet 600 mg</i>	NP	QL (1 tab per 1 day)
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> )	NC	
EXFORGE ORAL TABLET 10-160 MG, 10-320 MG, 5-160 MG, 5-320 MG ( <i>amlodipine besylate-valsartan</i> )	NC	

2020 Small Group ACA Banner | Aetna

The formulary is updated the first week of each month.

12/01/2020



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i>	PG	
<i>fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg</i>	PG	
<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
HYZAAR ORAL TABLET 100-12.5 MG, 100-25 MG, 50-12.5 MG ( <i>losartan potassium-hctz</i> )	NC	
INSPIRA ORAL TABLET 25 MG, 50 MG ( <i>eplerenone</i> )	NC	
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	PG	QL (1 tab per 1 day)
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	PG	QL (1 tab 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> )	NC	
<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> )	NC	
LOTENSIN ORAL TABLET 20 MG, 40 MG ( <i>benazepril hcl</i> )	NC	
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG ( <i>amlodipine besy-benazepril hcl</i> )	NC	
<i>methyldopa oral tablet 250 mg, 500 mg</i>	PG	
<i>methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg</i>	NP	
<i>metoprolol-hctz er oral tablet extended release 24 hour 100-12.5 mg, 25-12.5 mg, 50-12.5 mg</i>	NC	
<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, 80-12.5 MG, 80-25 MG ( <i>telmisartan-hctz</i> )	NC	

2020 Small Group ACA Banner | Aetna

The formulary is updated the first week of each month.

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MICARDIS ORAL TABLET 20 MG, 40 MG, 80 MG (telmisartan)	NC	
MINIPRESS ORAL CAPSULE 1 MG, 2 MG, 5 MG (prazosin hcl)	NC	
minoxidil oral tablet 10 mg, 2.5 mg	PG	
moexipril hcl oral tablet 15 mg, 7.5 mg	PG	
moexipril-hydrochlorothiazide oral tablet 15-12.5 mg, 15-25 mg, 7.5-12.5 mg	PG	
nadolol-bendroflumethiazide oral tablet 40-5 mg, 80-5 mg	PG	
olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg	NP	QL (1 tablet per 1 Day)
olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	NP	QL (1 tablet per 1 Day)
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	NP	QL (1 tablet per 1 Day)
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg	PG	
phenoxybenzamine hcl oral capsule 10 mg	PS	QL (12 capsules per 1 day)
prazosin hcl oral capsule 1 mg, 2 mg, 5 mg	PG	
PRESTALIA ORAL TABLET 14-10 MG, 3.5-2.5 MG, 7-5 MG (perindopril arg-amlodipine)	NP	#
PRINIVIL ORAL TABLET 10 MG, 20 MG, 5 MG (lisinopril)	NC	
propranolol-hctz oral tablet 40-25 mg, 80-25 mg	PG	
QBRELIS ORAL SOLUTION 1 MG/ML (lisinopril)	NC	
quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg	PG	
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	PG	
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	PG	
TARKA ORAL TABLET EXTENDED RELEASE 2-180 MG, 2-240 MG, 4-240 MG (trandolapril-verapamil hcl)	NC	
TEKTRNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG (aliskiren-hydrochlorothiazide)	NP	ST; QL (1 tab per 1 day)
TEKTRNA ORAL TABLET 150 MG, 300 MG (aliskiren fumarate)	NC	
telmisartan oral tablet 20 mg, 40 mg, 80 mg	PG	QL (1 tab per 1 day)
telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg	NP	ST; QL (1 tab per 1 day)
telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg	PG	QL (1 tab per 1 day)

2020 Small Group ACA Banner | Aetna

The formulary is updated the first week of each month.

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TENORETIC 100 ORAL TABLET 100-25 MG ( <i>atenolol-chlorthalidone</i> )	NC	
TENORETIC 50 ORAL TABLET 50-25 MG ( <i>atenolol-chlorthalidone</i> )	NC	
<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	
<i>trandolapril-verapamil hcl er oral tablet extended release 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i>	NP	
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> )	NC	
TWYNSTA ORAL TABLET 40-10 MG, 40-5 MG, 80-10 MG, 80-5 MG ( <i>telmisartan-amlodipine</i> )	NC	
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	NP	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>	NP	QL (1 tab per 1 day)
VASERETIC ORAL TABLET 10-25 MG ( <i>enalapril-hydrochlorothiazide</i> )	NC	
VASOTEC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG ( <i>enalapril maleate</i> )	NC	
VECAMYL ORAL TABLET 2.5 MG ( <i>mecamylamine hcl</i> )	NC	
ZESTORETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG ( <i>lisinopril-hydrochlorothiazide</i> )	NC	
ZESTRIL ORAL TABLET 10 MG, 2.5 MG, 20 MG, 30 MG, 40 MG, 5 MG ( <i>lisinopril</i> )	NC	
ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG, 5-6.25 MG ( <i>bisoprolol-hydrochlorothiazide</i> )	NC	
<b>*ANTI-INFECTIVE AGENTS - MISC.* - DRUGS FOR INFECTIONS</b>		
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 (6 tablets per 3 days)
<i>atovaquone oral suspension 750 mg/5ml</i>	NP	
BACTRIM DS ORAL TABLET 800-160 MG ( <i>sulfamethoxazole-trimethoprim</i> )	NC	

2020 Small Group ACA Banner | Aetna

The formulary is updated the first week of each month.

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BACTRIM ORAL TABLET 400-80 MG ( <i>sulfamethoxazole-trimethoprim</i> )	NC	
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG ( <i>aztreonam lysine</i> )	NPS	SP Pharmacy; QL (84 ml per 56 days)
CLEOCIN ORAL CAPSULE 150 MG, 300 MG, 75 MG ( <i>clindamycin hcl</i> )	NC	
CLEOCIN ORAL SOLUTION RECONSTITUTED 75 MG/5ML ( <i>clindamycin palmitate hcl</i> )	NC	
<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>dapsone oral tablet 100 mg, 25 mg</i>	PG	
FIRVANQ ORAL SOLUTION RECONSTITUTED 25 MG/ML, 50 MG/ML ( <i>vancomycin hcl</i> )	NP	
FLAGYL ORAL CAPSULE 375 MG ( <i>metronidazole</i> )	NC	
FLAGYL ORAL TABLET 250 MG, 500 MG ( <i>metronidazole</i> )	NC	
FURADANTIN ORAL SUSPENSION 25 MG/5ML ( <i>nitrofurantoin</i> )	NC	
HIPREX ORAL TABLET 1 GM ( <i>methenamine hippurate</i> )	NC	
IMPAVIDO ORAL CAPSULE 50 MG ( <i>miltefosine</i> )	NP	PA; #; QL (3 capsules per 1 day)
LAMPIT ORAL TABLET 120 MG, 30 MG ( <i>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)
MACROBID ORAL CAPSULE 100 MG ( <i>nitrofurantoin monohyd macro</i> )	NC	
MACRODANTIN ORAL CAPSULE 100 MG, 25 MG, 50 MG ( <i>nitrofurantoin macrocrystal</i> )	NC	
<i>methenamine hippurate oral tablet 1 gm</i>	NP	
<i>methenamine mandelate oral tablet 0.5 gm, 1 gm</i>	NP	
METRONIDAZOLE BENZO+SYRSPEND ORAL SUSPENSION RECONSTITUTED 50 MG/ML ( <i>metronidazole benzoate</i> )	NC	
<i>metronidazole oral capsule 375 mg</i>	NP	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	PG	
NEBUPENT INHALATION SOLUTION RECONSTITUTED 300 MG ( <i>pentamidine isethionate</i> )	NP	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>	PG	

2020 Small Group ACA Banner | Aetna

The formulary is updated the first week of each month.

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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	
PRIMSOL ORAL SOLUTION 50 MG/5ML ( <i>trimethoprim hcl</i> )	NP	
SIVEXTRO ORAL TABLET 200 MG ( <i>tedizolid phosphate</i> )	NP	ST; QL (6 tabs per 1 fill)
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	PG	LGC
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg</i>	PG	LGC
<i>sulfamethoxazole-trimethoprim oral tablet 800-160 mg</i>	PG	
<i>sulfamethoxazole-trimethoprim</i> (Sulfatrim Pediatric Oral Suspension 200-40 Mg/5MI)	PG	
TINDAMAX ORAL TABLET 500 MG ( <i>tinidazole</i> )	NC	
<i>tinidazole oral tablet 250 mg, 500 mg</i>	NP	
<i>trimethoprim oral tablet 100 mg</i>	PG	
<i>trimpex oral solution 50 mg/5ml</i>	NP	
VANCOCIN HCL ORAL CAPSULE 125 MG, 250 MG ( <i>vancomycin hcl</i> )	NC	
<i>vancomycin hcl oral capsule 125 mg, 250 mg</i>	NP	
XENLETA ORAL TABLET 600 MG ( <i>lefamulin acetate</i> )	NC	
XIFAXAN ORAL TABLET 200 MG ( <i>rifaximin</i> )	NP	QL (9 tabs per 1 fill)
XIFAXAN ORAL TABLET 550 MG ( <i>rifaximin</i> )	NP	PA; QL (3 tablets per 1 day)
ZYVOX ORAL SUSPENSION RECONSTITUTED 100 MG/5ML ( <i>linezolid</i> )	NC	
ZYVOX ORAL TABLET 600 MG ( <i>linezolid</i> )	NC	
<b>*ANTIMALARIALS* - DRUGS FOR INFECTIONS</b>		
ARAKODA ORAL TABLET 100 MG ( <i>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	
COARTEM ORAL TABLET 20-120 MG ( <i>artemether-lumefantrine</i> )	NP	
DARAPRIM ORAL TABLET 25 MG ( <i>pyrimethamine</i> )	NP	
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	PG	
KRINTAFEL ORAL TABLET 150 MG ( <i>tafenoquine succinate</i> )	NP	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MALARONE ORAL TABLET 250-100 MG, 62.5-25 MG ( <i>atovaquone-proguanil hcl</i> )	NC	
<i>mefloquine hcl oral tablet 250 mg</i>	NP	
PLAQUENIL ORAL TABLET 200 MG ( <i>hydroxychloroquine sulfate</i> )	NC	
<i>primaquine phosphate oral tablet 26.3 mg</i>	NP	
<i>pyrimethamine oral tablet 25 mg</i>	PG	
QUALAQUIN ORAL CAPSULE 324 MG ( <i>quinine sulfate</i> )	NC	
<i>quinine sulfate oral capsule 324 mg</i>	NP	
<b>*ANTIMYASTHENIC/CHOLINERGIC AGENTS* - DRUGS FOR NERVES AND MUSCLES</b>		
FIRDAPSE ORAL TABLET 10 MG ( <i>amifampridine phosphate</i> )	NPS	PA; SP Pharmacy; QL (8 tablets per 1 day)
<i>guanidine hcl oral tablet 125 mg</i>	NP	
MESTINON ORAL SYRUP 60 MG/5ML ( <i>pyridostigmine bromide</i> )	NP	
MESTINON ORAL TABLET 60 MG ( <i>pyridostigmine bromide</i> )	NC	
MESTINON ORAL TABLET EXTENDED RELEASE 180 MG ( <i>pyridostigmine bromide</i> )	NC	
<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	
RUZURGI ORAL TABLET 10 MG ( <i>amifampridine</i> )	NC	
<b>*ANTIMYCOBACTERIAL AGENTS* - DRUGS FOR INFECTIONS</b>		
<i>cycloserine oral capsule 250 mg</i>	NP	
<i>ethambutol hcl oral tablet 100 mg, 400 mg</i>	PG	
<i>isoniazid oral syrup 50 mg/5ml</i>	PG	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	PG	
MYAMBUTOL ORAL TABLET 100 MG, 400 MG ( <i>ethambutol hcl</i> )	NC	
MYCOBUTIN ORAL CAPSULE 150 MG ( <i>rifabutin</i> )	NC	
PASER ORAL PACKET 4 GM ( <i>aminosalicylic acid</i> )	NP	
<i>pretomanid oral tablet 200 mg</i>	NP	PA; QL (1 tablet per 1 day)
PRIFTIN ORAL TABLET 150 MG ( <i>rifapentine</i> )	NP	

2020 Small Group ACA Banner | Aetna

The formulary is updated the first week of each month.

12/01/2020



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>pyrazinamide oral tablet 500 mg</i>	PG	
<i>rifabutin oral capsule 150 mg</i>	NP	
RIFADIN ORAL CAPSULE 150 MG, 300 MG ( <i>rifampin</i> )	NC	
RIFAMATE ORAL CAPSULE 150-300 MG ( <i>isoniazid-rifampin</i> )	NP	
<i>rifampin oral capsule 150 mg, 300 mg</i>	PG	
RIFAMPIN+SYRSPEND SF PH4 ORAL SUSPENSION 25 MG/ML ( <i>rifampin</i> )	NC	
RIFATER ORAL TABLET 50-120-300 MG ( <i>isoniazid-rifamp-pyrazinamide</i> )	NP	
SIRTURO ORAL TABLET 100 MG, 20 MG ( <i>bedaquiline fumarate</i> )	NPS	PA; SP Pharmacy
TRECTOR ORAL TABLET 250 MG ( <i>ethionamide</i> )	NP	
<b>*ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES*</b> <b>- DRUGS FOR CANCER</b>		
<i>abiraterone acetate oral tablet 250 mg</i>	CE	PA; SP Pharmacy; N2 (PG); QL (4 tablets per 1 day)
ACTIMMUNE SUBCUTANEOUS SOLUTION 2000000 UNIT/0.5ML ( <i>interferon gamma-1b</i> )	NPS	PA; SP Pharmacy
AFINITOR DISPERZ ORAL TABLET SOLUBLE 2 MG, 5 MG ( <i>everolimus</i> )	CE	#; N2 (Not Covered); QL (2 tablets per 1 day)
AFINITOR DISPERZ ORAL TABLET SOLUBLE 3 MG ( <i>everolimus</i> )	CE	#; N2 (Not Covered); QL (3 tablets per 1 day)
AFINITOR ORAL TABLET 10 MG ( <i>everolimus</i> )	CE	PA; #; SP Pharmacy; N2 (NPS); QL (1 tab per 1 day)
AFINITOR ORAL TABLET 2.5 MG, 5 MG, 7.5 MG ( <i>everolimus</i> )	CE	SP Pharmacy; N2 (Not Covered)
ALECENSA ORAL CAPSULE 150 MG ( <i>alectinib hcl</i> )	CE	N2 (Not Covered)
ALFERON N INJECTION SOLUTION 5000000 UNIT/ML ( <i>interferon alfa-n3</i> )	NC	
ALKERAN ORAL TABLET 2 MG ( <i>melphalan</i> )	CE	N2 (Not Covered)
ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG ( <i>brigatinib</i> )	CE	N2 (Not Covered)
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG ( <i>brigatinib</i> )	CE	N2 (Not Covered)
<i>anastrozole oral tablet 1 mg</i>	CE	N2 (PG)
ARIMIDEX ORAL TABLET 1 MG ( <i>anastrozole</i> )	CE	N2 (Not Covered)

2020 Small Group ACA Banner | Aetna

The formulary is updated the first week of each month.

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AROMASIN ORAL TABLET 25 MG ( <i>exemestane</i> )	CE	N2 (Not Covered)
AYVAKIT ORAL TABLET 100 MG, 200 MG, 300 MG ( <i>avapritinib</i> )	CE	SP Pharmacy; N2 (NC); QL (1 tablet per 1 day)
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG ( <i>erdafitinib</i> )	CE	N2 (Not Covered)
<i>bexarotene oral capsule 75 mg</i>	CE	PA; SP Pharmacy; N2 (PS)
<i>bicalutamide oral tablet 50 mg</i>	CE	N2 (NP); QL (1 tab per 1 day)
BOSULIF ORAL TABLET 100 MG ( <i>bosutinib</i> )	CE	PA; ST; SP Pharmacy; N2 (NPS); QL (4 tablets per 1 day)
BOSULIF ORAL TABLET 400 MG ( <i>bosutinib</i> )	CE	PA; ST; SP Pharmacy; N2 (NPS); QL (1 tablet per 1 day)
BOSULIF ORAL TABLET 500 MG ( <i>bosutinib</i> )	CE	PA; ST; SP Pharmacy; N2 (NPS); QL (1 tab per 1 day)
BRAFTOVI ORAL CAPSULE 50 MG, 75 MG ( <i>encorafenib</i> )	CE	N2 (Not Covered)
BRUKINSA ORAL CAPSULE 80 MG ( <i>zanubrutinib</i> )	CE	N2 (NC)
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG ( <i>cabozantinib s-malate</i> )	CE	N2 (Not Covered)
CALQUENCE ORAL CAPSULE 100 MG ( <i>acalabrutinib</i> )	CE	N2 (Not Covered)
<i>capecitabine oral tablet 150 mg, 500 mg</i>	CE	PA; SP Pharmacy; N2 (PG)
CAPRELSA ORAL TABLET 100 MG ( <i>vandetanib</i> )	CE	PA; SP Pharmacy; UF9 (PS tier with Prior Authorization applies to members residing in Colorado.); N2 (NPS); QL (2 tabs per 1 day)
CAPRELSA ORAL TABLET 300 MG ( <i>vandetanib</i> )	CE	PA; SP Pharmacy; UF9 (PS tier with Prior Authorization applies to members residing in Colorado.); N2 (NPS); QL (1 tab per 1 day)
CASODEX ORAL TABLET 50 MG ( <i>bicalutamide</i> )	CE	N2 (Not Covered)

2020 Small Group ACA Banner | Aetna

The formulary is updated the first week of each month.

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 1 X 80 & 1 X 20 MG, 80 & 20 MG ( <i>cabozantinib s-malate</i> )	CE	PA; SP Pharmacy; UF9 (PS tier with Prior Authorization applies to members residing in Colorado.); N2 (NPS); QL (2 capsules per 1 day)
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 1 X 80 & 3 X 20 MG, 3 X 20 MG & 80 MG ( <i>cabozantinib s-malate</i> )	CE	PA; SP Pharmacy; UF9 (PS tier with Prior Authorization applies to members residing in Colorado.); N2 (NPS); QL (4 capsules per 1 day)
COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG ( <i>cabozantinib s-malate</i> )	CE	PA; SP Pharmacy; UF9 (PS tier with Prior Authorization applies to members residing in Colorado.); N2 (NPS); QL (3 capsules per 1 day)
COPIKTRA ORAL CAPSULE 15 MG, 25 MG ( <i>duvelisib</i> )	CE	N2 (Not Covered)
COTELLIC ORAL TABLET 20 MG ( <i>cobimetinib fumarate</i> )	CE	N2 (Not Covered)
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	CE	N2 (PG)
DAURISMO ORAL TABLET 100 MG, 25 MG ( <i>glasdegib maleate</i> )	CE	N2 (Not Covered)
ELIGARD SUBCUTANEOUS KIT 22.5 MG ( <i>leuprolide acetate (3 month)</i> )	NPS	PA; SP Pharmacy
ELIGARD SUBCUTANEOUS KIT 30 MG ( <i>leuprolide acetate (4 month)</i> )	NPS	PA; SP Pharmacy
ELIGARD SUBCUTANEOUS KIT 45 MG ( <i>leuprolide acetate (6 month)</i> )	NPS	PA; SP Pharmacy
ELIGARD SUBCUTANEOUS KIT 7.5 MG ( <i>leuprolide acetate</i> )	NPS	PA; SP Pharmacy
EMCYT ORAL CAPSULE 140 MG ( <i>estramustine phosphate sodium</i> )	CE	N2 (NP)
ERIVEDGE ORAL CAPSULE 150 MG ( <i>vismodegib</i> )	CE	PA; SP Pharmacy; N2 (NPS); QL (1 cap per 1 day)
ERLEADA ORAL TABLET 60 MG ( <i>apalutamide</i> )	CE	N2 (Not Covered)
<i>erlotinib hcl oral tablet 100 mg, 150 mg</i>	CE	PA; N2 (PG); QL (1 tablet per 1 day)
<i>erlotinib hcl oral tablet 25 mg</i>	CE	PA; N2 (PG); QL (2 tablets per 1 day)

2020 Small Group ACA Banner | Aetna

The formulary is updated the first week of each month.

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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 Pharmacy; N2 (PS); QL (1 tablet per 1 day)
<i>exemestane oral tablet 25 mg</i>	CE	N2 (NP)
FARESTON ORAL TABLET 60 MG ( <i>toremifene citrate</i> )	CE	N2 (Not Covered)
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG ( <i>panobinostat lactate</i> )	CE	N2 (Not Covered)
FEMARA ORAL TABLET 2.5 MG ( <i>letrozole</i> )	CE	N2 (Not Covered)
FENSOLVI SUBCUTANEOUS KIT 45 MG ( <i>leuprolide acetate (6 month)</i> )	NC	
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG/VIAL ( <i>degarelix acetate</i> )	NPS	PA
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG, 80 MG ( <i>degarelix acetate</i> )	NPS	PA; SP Pharmacy
<i>flutamide oral capsule 125 mg</i>	CE	N2 (PG)
GAVRETO ORAL CAPSULE 100 MG ( <i>pralsetinib</i> )	CE	N2 (Not Covered)
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG ( <i>afatinib dimaleate</i> )	CE	PA; SP Pharmacy; N2 (NPS); QL (1 tab per 1 day)
GLEEVEC ORAL TABLET 100 MG, 400 MG ( <i>imatinib mesylate</i> )	CE	N2 (Not Covered)
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG ( <i>lomustine</i> )	CE	PA; N2 (PB)
GLEOSTINE ORAL CAPSULE 5 MG ( <i>lomustine</i> )	PB	PA
HEXALEN ORAL CAPSULE 50 MG ( <i>altretamine</i> )	NPS	
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG ( <i>topotecan hcl</i> )	CE	PA; SP Pharmacy; N2 (NPS)
HYDREA ORAL CAPSULE 500 MG ( <i>hydroxyurea</i> )	CE	N2 (Not Covered)
<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 Pharmacy; N2 (NPS); QL (21 capsules per 28 days)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG ( <i>palbociclib</i> )	CE	PA; SP Pharmacy; N2 (NPS); QL (21 tablets per 28 days)
ICLUSIG ORAL TABLET 15 MG ( <i>ponatinib hcl</i> )	CE	PA; SP Pharmacy; N2 (NPS); QL (2 tabs per 1 day)

2020 Small Group ACA Banner | Aetna

The formulary is updated the first week of each month.

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ICLUSIG ORAL TABLET 45 MG ( <i>ponatinib hcl</i> )	CE	PA; SP Pharmacy; N2 (NPS); QL (1 tab per 1 day)
IDHIFA ORAL TABLET 100 MG, 50 MG ( <i>enasidenib mesylate</i> )	CE	N2 (Not Covered)
<i>imatinib mesylate oral tablet 100 mg</i>	CE	PA; SP Pharmacy; N2 (PG); QL (3 tablets per 1 day)
<i>imatinib mesylate oral tablet 400 mg</i>	CE	PA; SP Pharmacy; N2 (PG); QL (2 tablets per 1 day)
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG ( <i>ibrutinib</i> )	CE	N2 (Not Covered)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG ( <i>ibrutinib</i> )	CE	N2 (Not Covered)
INLYTA ORAL TABLET 1 MG ( <i>axitinib</i> )	CE	PA; SP Pharmacy; N2 (NPS); QL (8 tablets per 1 day)
INLYTA ORAL TABLET 5 MG ( <i>axitinib</i> )	CE	PA; SP Pharmacy; N2 (NPS); QL (4 tabs per 1 day)
INQOVI ORAL TABLET 35-100 MG ( <i>decitabine-cedazuridine</i> )	NC	
INREBIC ORAL CAPSULE 100 MG ( <i>fedratinib hcl</i> )	CE	SP Pharmacy; N2 (NPS); QL (4 capsules per 1 day)
INTRON A INJECTION SOLUTION 10000000 UNIT/ML, 6000000 UNIT/ML ( <i>interferon alfa-2b</i> )	NP	PA; SP Pharmacy
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT, 18000000 UNIT, 50000000 UNIT ( <i>interferon alfa-2b</i> )	NP	PA; SP Pharmacy
IRESSA ORAL TABLET 250 MG ( <i>gefitinib</i> )	CE	N2 (Not Covered)
JAKAFI ORAL TABLET 10 MG ( <i>ruxolitinib phosphate</i> )	CE	PA; SP Pharmacy; N2 (NPS); QL (2 tablets per 1 day)
JAKAFI ORAL TABLET 15 MG, 20 MG, 25 MG, 5 MG ( <i>ruxolitinib phosphate</i> )	CE	PA; SP Pharmacy; N2 (NPS); QL (2 tabs per 1 day)
KISQALI 200 DOSE ORAL TABLET 200 MG ( <i>ribociclib succinate</i> )	CE	N2 (Not Covered)
KISQALI 400 DOSE ORAL TABLET 200 MG ( <i>ribociclib succinate</i> )	CE	N2 (Not Covered)
KISQALI 600 DOSE ORAL TABLET 200 MG ( <i>ribociclib succinate</i> )	CE	N2 (Not Covered)
KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG ( <i>ribociclib-letrozole</i> )	CE	N2 (Not Covered)

2020 Small Group ACA Banner | Aetna

The formulary is updated the first week of each month.

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG ( <i>ribociclib-letrozole</i> )	CE	N2 (Not Covered)
KISQALI FEMARA(200 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG ( <i>ribociclib-letrozole</i> )	CE	N2 (Not Covered)
KOSELUGO ORAL CAPSULE 10 MG ( <i>selumetinib sulfate</i> )	CE	PA; SP Pharmacy; N2 (NPS); QL (8 capsules per 1 day)
KOSELUGO ORAL CAPSULE 25 MG ( <i>selumetinib sulfate</i> )	CE	PA; SP Pharmacy; N2 (NPS); QL (4 capsules per 1 day)
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG ( <i>lenvatinib mesylate</i> )	CE	UF9 (PS tier with Prior Authorization applies to members residing in Colorado.); N2 (Not Covered)
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG ( <i>lenvatinib mesylate</i> )	CE	UF9 (PS tier with Prior Authorization applies to members residing in Colorado.); N2 (Not Covered)
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG ( <i>lenvatinib mesylate</i> )	CE	UF9 (PS tier with Prior Authorization applies to members residing in Colorado.); N2 (Not Covered)
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG ( <i>lenvatinib mesylate</i> )	CE	UF9 (PS tier with Prior Authorization applies to members residing in Colorado.); N2 (Not Covered)
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG ( <i>lenvatinib mesylate</i> )	CE	UF9 (PS tier with Prior Authorization applies to members residing in Colorado.); N2 (Not Covered)
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG ( <i>lenvatinib mesylate</i> )	CE	UF9 (PS tier with Prior Authorization applies to members residing in Colorado.); N2 (Not Covered)

2020 Small Group ACA Banner | Aetna

The formulary is updated the first week of each month.

12/01/2020



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG ( <i>lenvatinib mesylate</i> )	CE	UF9 (PS tier with Prior Authorization applies to members residing in Colorado.); N2 (Not Covered)
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG ( <i>lenvatinib mesylate</i> )	CE	UF9 (PS tier with Prior Authorization applies to members residing in Colorado.); N2 (Not Covered)
<i>letrozole oral tablet 2.5 mg</i>	CE	N2 (NP)
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	CE	N2 (PG)
LEUKERAN ORAL TABLET 2 MG ( <i>chlorambucil</i> )	CE	N2 (NPS)
<i>leuprolide acetate injection kit 1 mg/0.2ml</i>	PS	PA; SP Pharmacy
LONSURF ORAL TABLET 15-6.14 MG ( <i>trifluridine-tipiracil</i> )	CE	PA; SP Pharmacy; N2 (NPS); QL (100 tablets per 28 days)
LONSURF ORAL TABLET 20-8.19 MG ( <i>trifluridine-tipiracil</i> )	CE	PA; SP Pharmacy; N2 (NPS); QL (80 tablets per 28 days)
LORBRENA ORAL TABLET 100 MG, 25 MG ( <i>lorlatinib</i> )	CE	N2 (Not Covered)
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG, 7.5 MG ( <i>leuprolide acetate</i> )	NPS	PA; #; SP Pharmacy
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 22.5 MG ( <i>leuprolide acetate (3 month)</i> )	NPS	PA; #; SP Pharmacy
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30 MG ( <i>leuprolide acetate (4 month)</i> )	NPS	PA; #; SP Pharmacy
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45 MG ( <i>leuprolide acetate (6 month)</i> )	NPS	PA; #; SP Pharmacy
LYNPARZA ORAL CAPSULE 50 MG ( <i>olaparib</i> )	NC	
LYNPARZA ORAL TABLET 100 MG, 150 MG ( <i>olaparib</i> )	CE	N2 (Not Covered)
LYSODREN ORAL TABLET 500 MG ( <i>mitotane</i> )	CE	N2 (NP)
MATULANE ORAL CAPSULE 50 MG ( <i>procarbazine hcl</i> )	CE	N2 (NPS)
<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 Pharmacy; N2 (NPS); QL (3 tabs per 1 day)

2020 Small Group ACA Banner | Aetna

The formulary is updated the first week of each month.

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MEKINIST ORAL TABLET 2 MG ( <i>trametinib dimethyl sulfoxide</i> )	CE	PA; SP Pharmacy; N2 (NPS); QL (1 tab per 1 day)
MEKTOVI ORAL TABLET 15 MG ( <i>binimetinib</i> )	CE	N2 (Not Covered)
<i>melphalan oral tablet 2 mg</i>	CE	N2 (NP)
<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 injection solution reconstituted 1 gm</i>	PG	
<i>methotrexate sodium oral tablet 2.5 mg</i>	CE	N2 (PG)
MYLERAN ORAL TABLET 2 MG ( <i>busulfan</i> )	CE	N2 (NP)
NERLYNX ORAL TABLET 40 MG ( <i>neratinib maleate</i> )	CE	N2 (Not Covered)
NEXAVAR ORAL TABLET 200 MG ( <i>sorafenib tosylate</i> )	CE	PA; SP Pharmacy; N2 (NPS); QL (4 tabs per 1 day)
NILANDRON ORAL TABLET 150 MG ( <i>nilutamide</i> )	CE	N2 (Not Covered)
<i>nilutamide oral tablet 150 mg</i>	CE	N2 (NP)
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG ( <i>ixazomib citrate</i> )	CE	N2 (Not Covered)
NUBEQA ORAL TABLET 300 MG ( <i>darolutamide</i> )	CE	N2 (NPS)
ODOMZO ORAL CAPSULE 200 MG ( <i>sonidegib phosphate</i> )	CE	PA; UF9 (PS tier with Prior Authorization applies to members residing in Colorado.); N2 (NPS); QL (1 capsule per 1 day)
ONUREG ORAL TABLET 200 MG, 300 MG ( <i>azacitidine</i> )	NC	
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG ( <i>pemigatinib</i> )	CE	N2 (Not Covered)
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 MG ( <i>alpelisib</i> )	CE	N2 (NC); QL (1 tablet per 1 day)
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50 MG ( <i>alpelisib</i> )	CE	N2 (NC); QL (2 tablets per 1 day)
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150 MG ( <i>alpelisib</i> )	CE	N2 (NC); QL (2 tablets per 1 day)
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG ( <i>pomalidomide</i> )	CE	PA; #; SP Pharmacy; N2 (NPS); QL (1 cap per 1 day)
PURIXAN ORAL SUSPENSION 2000 MG/100ML ( <i>mercaptopurine</i> )	CE	PA; ST; SP Pharmacy; N2 (NPS)
QINLOCK ORAL TABLET 50 MG ( <i>ripretinib</i> )	CE	N2 (NC)

2020 Small Group ACA Banner | Aetna

The formulary is updated the first week of each month.

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RETEVMO ORAL CAPSULE 40 MG, 80 MG ( <i>selpercatinib</i> )	CE	N2 (NC)
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG ( <i>entrectinib</i> )	NC	
RUBRACA ORAL TABLET 200 MG, 300 MG ( <i>rucaparib camsylate</i> )	CE	PA; SP Pharmacy; N2 (NPS); QL (4 tablets per 1 day)
RUBRACA ORAL TABLET 250 MG ( <i>rucaparib camsylate</i> )	CE	PA; SP Pharmacy; N2 (NPS); QL (4 tablets per 1 Day)
RYDAPT ORAL CAPSULE 25 MG ( <i>midostaurin</i> )	CE	N2 (Not Covered)
SOLTAMOX ORAL SOLUTION 10 MG/5ML ( <i>tamoxifen citrate</i> )	CE	#; N2 (Not Covered)
SPRYCEL ORAL TABLET 100 MG, 140 MG ( <i>dasatinib</i> )	CE	PA; ST; SP Pharmacy; N2 (NPS); QL (1 tab per 1 day)
SPRYCEL ORAL TABLET 20 MG, 50 MG, 70 MG, 80 MG ( <i>dasatinib</i> )	CE	PA; ST; SP Pharmacy; N2 (NPS); QL (2 tabs per 1 day)
STIVARGA ORAL TABLET 40 MG ( <i>regorafenib</i> )	CE	PA; SP Pharmacy; N2 (NPS); QL (4 tabs per 1 day)
SUTENT ORAL CAPSULE 12.5 MG ( <i>sunitinib malate</i> )	CE	PA; #; SP Pharmacy; N2 (PB); QL (4 capsules per 1 day)
SUTENT ORAL CAPSULE 25 MG ( <i>sunitinib malate</i> )	CE	PA; #; SP Pharmacy; N2 (PB); QL (2 capsules per 1 day)
SUTENT ORAL CAPSULE 37.5 MG, 50 MG ( <i>sunitinib malate</i> )	CE	PA; #; SP Pharmacy; N2 (PB); QL (1 cap per 1 day)
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG, 600 MCG ( <i>peginterferon alfa-2b</i> )	NPS	PA; SP Pharmacy; QL (4 injections per 1 month)
TABLOID ORAL TABLET 40 MG ( <i>thioguanine</i> )	CE	N2 (NP)
TABRECTA ORAL TABLET 150 MG, 200 MG ( <i>capmatinib hcl</i> )	CE	N2 (NC)
TAFINLAR ORAL CAPSULE 50 MG, 75 MG ( <i>dabrafenib mesylate</i> )	CE	PA; SP Pharmacy; N2 (NPS); QL (4 caps per 1 day)
TAGRISSE ORAL TABLET 40 MG, 80 MG ( <i>osimertinib mesylate</i> )	CE	N2 (Not Covered)
TALZENNA ORAL CAPSULE 0.25 MG, 1 MG ( <i>talazoparib tosylate</i> )	CE	N2 (Not Covered)
<i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>	CE	N2 (PG); AL

2020 Small Group ACA Banner | Aetna

The formulary is updated the first week of each month.

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TARCEVA ORAL TABLET 100 MG, 150 MG ( <i>erlotinib hcl</i> )	CE	PA; SP Pharmacy; N2 (Not Covered); QL (1 tablet per 1 day)
TARCEVA ORAL TABLET 25 MG ( <i>erlotinib hcl</i> )	CE	PA; SP Pharmacy; N2 (Not Covered); QL (2 tablets per 1 day)
TARGRETIN ORAL CAPSULE 75 MG ( <i>bexarotene</i> )	CE	N2 (Not Covered)
TASIGNA ORAL CAPSULE 150 MG, 200 MG ( <i>nilotinib hcl</i> )	CE	PA; ST; SP Pharmacy; N2 (NPS); QL (4 caps per 1 day)
TASIGNA ORAL CAPSULE 50 MG ( <i>nilotinib hcl</i> )	CE	PA; ST; SP Pharmacy; N2 (NPS); QL (4 capsules per 1 Day)
TAZVERIK ORAL TABLET 200 MG ( <i>tazemetostat hbr</i> )	CE	SP Pharmacy; N2 (NC); 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 (Not Covered)
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>	CE	PA; SP Pharmacy; N2 (PG)
TIBSOVO ORAL TABLET 250 MG ( <i>ivosidenib</i> )	CE	N2 (Not Covered)
<i>toremifene citrate oral tablet 60 mg</i>	CE	N2 (PG)
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 22.5 MG, 3.75 MG ( <i>triptorelin pamoate</i> )	NPS	PA; #; SP Pharmacy
<i>tretinoin oral capsule 10 mg</i>	CE	SP Pharmacy; 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 Pharmacy; N2 (NPS); QL (4 tablets per 1 day)
TURALIO ORAL CAPSULE 200 MG ( <i>pexidartinib hcl</i> )	NC	
TYKERB ORAL TABLET 250 MG ( <i>lapatinib ditosylate</i> )	CE	PA; #; SP Pharmacy; N2 (NPS); QL (6 tablets per 1 day)
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG ( <i>venetoclax</i> )	CE	N2 (Not Covered)
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG ( <i>venetoclax</i> )	CE	N2 (Not Covered)

2020 Small Group ACA Banner | Aetna

The formulary is updated the first week of each month.

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG ( <i>abemaciclib</i> )	CE	N2 (Not Covered)
VITRAKVI ORAL CAPSULE 100 MG, 25 MG ( <i>larotrectinib sulfate</i> )	CE	N2 (Not Covered)
VITRAKVI ORAL SOLUTION 20 MG/ML ( <i>larotrectinib sulfate</i> )	CE	N2 (Not Covered)
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG ( <i>dacomitinib</i> )	CE	N2 (Not Covered)
VOTRIENT ORAL TABLET 200 MG ( <i>pazopanib hcl</i> )	CE	PA; SP Pharmacy; N2 (NPS); QL (4 tabs per 1 day)
XALKORI ORAL CAPSULE 200 MG, 250 MG ( <i>crizotinib</i> )	CE	PA; SP Pharmacy; N2 (NPS); QL (2 caps 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 (Not Covered)
XOSPATA ORAL TABLET 40 MG ( <i>gilteritinib fumarate</i> )	CE	N2 (Not Covered)
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG ( <i>selinexor</i> )	CE	PA; SP Pharmacy; N2 (NC); QL (16 tablets per 28 days)
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG ( <i>selinexor</i> )	CE	N2 (NC)
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG ( <i>selinexor</i> )	CE	N2 (NC)
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG ( <i>selinexor</i> )	CE	PA; SP Pharmacy; N2 (NC); QL (16 tablets per 28 days)
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG ( <i>selinexor</i> )	CE	N2 (NC)
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG ( <i>selinexor</i> )	CE	PA; SP Pharmacy; N2 (NC); QL (16 tablets per 28 days)
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG ( <i>selinexor</i> )	CE	PA; SP Pharmacy; N2 (NC); QL (16 tablets per 28 days)
XTANDI ORAL CAPSULE 40 MG ( <i>enzalutamide</i> )	CE	PA; ST; SP Pharmacy; N2 (NPS); QL (4 caps per 1 day)
YONSA ORAL TABLET 125 MG ( <i>abiraterone acetate</i> )	CE	#; N2 (Not Covered)
ZEJULA ORAL CAPSULE 100 MG ( <i>niraparib tosylate</i> )	CE	PA; SP Pharmacy; N2 (NPS); QL (3 capsules per 1 day)



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZELBORAF ORAL TABLET 240 MG ( <i>vemurafenib</i> )	CE	PA; SP Pharmacy; N2 (NPS); QL (8 tabs per 1 day)
ZOLINZA ORAL CAPSULE 100 MG ( <i>vorinostat</i> )	CE	PA; SP Pharmacy; N2 (NPS); QL (4 caps per 1 day)
ZYDELIG ORAL TABLET 100 MG, 150 MG ( <i>idelalisib</i> )	CE	PA; SP Pharmacy; N2 (NPS); QL (2 tablets per 1 day)
ZYKADIA ORAL CAPSULE 150 MG ( <i>ceritinib</i> )	CE	PA; SP Pharmacy; UF9 (PS tier with Prior Authorization applies to members residing in Colorado.); N2 (NPS); QL (3 capsules per 1 day)
ZYKADIA ORAL TABLET 150 MG ( <i>ceritinib</i> )	CE	PA; SP Pharmacy; UF9 (PS tier with Prior Authorization applies to members residing in Colorado.); N2 (NPS); QL (3 tablets per 1 day)
ZYTIGA ORAL TABLET 250 MG ( <i>abiraterone acetate</i> )	CE	N2 (Not Covered)
ZYTIGA ORAL TABLET 500 MG ( <i>abiraterone acetate</i> )	CE	PA; #; N2 (PB); QL (2 tablets per 1 day)
<b>*ANTIPARKINSON AND RELATED THERAPY AGENTS* - DRUGS FOR THE NERVOUS SYSTEM</b>		
<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> )	NPS	
AZILECT ORAL TABLET 0.5 MG, 1 MG ( <i>rasagiline mesylate</i> )	NC	
<i>benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg</i>	PG	LGC
<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>	NP	
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	PG	

2020 Small Group ACA Banner | Aetna

The formulary is updated the first week of each month.

12/01/2020



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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, 25-100 mg, 25-250 mg</i>	PG	
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	NP	
COMTAN ORAL TABLET 200 MG ( <i>entacapone</i> )	NC	
DUOPA ENTERAL SUSPENSION 4.63-20 MG/ML ( <i>carbidopa-levodopa</i> )	NC	
ELDEPRYL ORAL CAPSULE 5 MG ( <i>selegiline hcl</i> )	NC	
<i>entacapone oral tablet 200 mg</i>	NP	
GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 137 MG, 68.5 MG ( <i>amantadine hcl</i> )	NC	
INBRIJA INHALATION CAPSULE 42 MG ( <i>levodopa</i> )	NC	
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG ( <i>apomorphine hcl</i> )	NC	
LODOSYN ORAL TABLET 25 MG ( <i>carbidopa</i> )	NC	
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> )	NC	
MIRAPEX ORAL TABLET 0.125 MG, 0.25 MG, 0.5 MG, 0.75 MG, 1 MG, 1.5 MG ( <i>pramipexole dihydrochloride</i> )	NC	
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	ST; #; QL (1 patch per 1 day)
NOURIANZ ORAL TABLET 20 MG, 40 MG ( <i>istradefylline</i> )	NC	
ONGENTYS ORAL CAPSULE 50 MG ( <i>opicapone</i> )	NC	
OSMOLEX ER ORAL TABLET ER 24 HOUR THERAPY PACK 129 & 193 MG ( <i>amantadine hcl</i> )	NC	
OSMOLEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 129 MG, 193 MG, 258 MG ( <i>amantadine hcl</i> )	NC	
PARLODEL ORAL CAPSULE 5 MG ( <i>bromocriptine mesylate</i> )	NC	
PARLODEL ORAL TABLET 2.5 MG ( <i>bromocriptine mesylate</i> )	NC	
<i>pramipexole dihydrochloride er oral tablet extended release 24 hour 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg</i>	NP	QL (1 tablet per 1 day)

2020 Small Group ACA Banner | Aetna

The formulary is updated the first week of each month.

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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>	NP	QL (1 tablet per 1 Day)
REQUIP ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG, 5 MG ( <i>ropinirole hcl</i> )	NC	
REQUIP XL ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 2 MG, 4 MG, 6 MG, 8 MG ( <i>ropinirole hcl</i> )	NC	
<i>ropinirole hcl er oral tablet extended release 24 hour 12 mg</i>	NP	QL (2 tabs 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 tab 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> )	NC	#
<i>selegiline hcl oral capsule 5 mg</i>	PG	
<i>selegiline hcl oral tablet 5 mg</i>	PG	
SINEMET CR ORAL TABLET EXTENDED RELEASE 25-100 MG, 50-200 MG ( <i>carbidopa-levodopa</i> )	NC	
SINEMET ORAL TABLET 10-100 MG, 25-100 MG, 25-250 MG ( <i>carbidopa-levodopa</i> )	NC	
STALEVO 100 ORAL TABLET 25-100-200 MG ( <i>carbidopa-levodopa-entacapone</i> )	NC	
STALEVO 125 ORAL TABLET 31.25-125-200 MG ( <i>carbidopa-levodopa-entacapone</i> )	NC	
STALEVO 150 ORAL TABLET 37.5-150-200 MG ( <i>carbidopa-levodopa-entacapone</i> )	NC	
STALEVO 200 ORAL TABLET 50-200-200 MG ( <i>carbidopa-levodopa-entacapone</i> )	NC	
STALEVO 50 ORAL TABLET 12.5-50-200 MG ( <i>carbidopa-levodopa-entacapone</i> )	NC	
STALEVO 75 ORAL TABLET 18.75-75-200 MG ( <i>carbidopa-levodopa-entacapone</i> )	NC	
TASMAR ORAL TABLET 100 MG ( <i>tolcapone</i> )	NC	
<i>tolcapone oral tablet 100 mg</i>	NP	
<i>trihexyphenidyl hcl oral tablet 2 mg</i>	PG	LGC
<i>trihexyphenidyl hcl oral tablet 5 mg</i>	PG	

2020 Small Group ACA Banner | Aetna

The formulary is updated the first week of each month.

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XADAGO ORAL TABLET 100 MG, 50 MG ( <i>safinamide mesylate</i> )	NC	
ZELAPAR ORAL TABLET DISPERSIBLE 1.25 MG ( <i>selegiline hcl</i> )	NP	ST; QL (2 tabs per 1 day)
<b>*ANTIPSYCHOTICS/ANTIMANIC AGENTS* - DRUGS FOR THE NERVOUS SYSTEM</b>		
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> )	NC	
<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> )	NC	
<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>	NP	
<i>clozapine oral tablet 100 mg</i>	PG	QL (9 tabs per 1 day)
<i>clozapine oral tablet 200 mg</i>	PG	QL (4 tabs per 1 day)
<i>clozapine oral tablet 25 mg, 50 mg</i>	PG	QL (3 tabs per 1 day)
<i>clozapine oral tablet dispersible 100 mg</i>	NP	QL (9 tabs per 1 day)
<i>clozapine oral tablet dispersible 12.5 mg</i>	NP	QL (1 tab per 1 day)
<i>clozapine oral tablet dispersible 150 mg</i>	NP	QL (6 tablets per 1 day)
<i>clozapine oral tablet dispersible 200 mg</i>	NP	QL (4 tablets per 1 day)
<i>clozapine oral tablet dispersible 25 mg</i>	NP	QL (3 tabs per 1 day)
CLOZARIL ORAL TABLET 100 MG, 25 MG ( <i>clozapine</i> )	NC	
<i>prochlorperazine (Compro Rectal Suppository 25 Mg)</i>	PG	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG ( <i>carbamazepine</i> ( <i>antipsychotic</i> ))	NP	
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG ( <i>iloperidone</i> )	NP	ST; QL (2 tabs per 1 day)
FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6 MG ( <i>iloperidone</i> )	NP	ST
FAZACLO ORAL TABLET DISPERSIBLE 100 MG, 12.5 MG, 150 MG, 200 MG, 25 MG ( <i>clozapine</i> )	NC	
<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>	NP	
<i>fluphenazine hcl oral elixir 2.5 mg/5ml</i>	NP	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	PG	
GEODON INTRAMUSCULAR SOLUTION RECONSTITUTED 20 MG ( <i>ziprasidone mesylate</i> )	NC	
GEODON ORAL CAPSULE 20 MG, 40 MG, 60 MG, 80 MG ( <i>ziprasidone hcl</i> )	NC	
HALDOL DECANOATE INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/ML ( <i>haloperidol decanoate</i> )	NP	
HALDOL INJECTION SOLUTION 5 MG/ML ( <i>haloperidol lactate</i> )	NP	
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>	PG	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	NC	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	PG	
INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR 1.5 MG, 3 MG, 6 MG, 9 MG ( <i>paliperidone</i> )	NC	
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 ( <i>paliperidone palmitate</i> )	NP	
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> )	NC	

2020 Small Group ACA Banner | Aetna

The formulary is updated the first week of each month.

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG ( <i>lurasidone hcl</i> )	NP	ST; #; QL (1 tab per 1 day)
LATUDA ORAL TABLET 60 MG ( <i>lurasidone hcl</i> )	NP	ST; #
LATUDA ORAL TABLET 80 MG ( <i>lurasidone hcl</i> )	NP	ST; #; QL (2 tablets per 1 day)
<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> )	NC	
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	PG	
NUPLAZID ORAL CAPSULE 34 MG ( <i>pimavanserin tartrate</i> )	NC	
NUPLAZID ORAL TABLET 10 MG, 17 MG ( <i>pimavanserin tartrate</i> )	NC	
<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>	NP	QL (1 tab per 1 day)
<i>olanzapine oral tablet 2.5 mg</i>	NP	QL (2 tabs per 1 day)
<i>olanzapine oral tablet dispersible 10 mg</i>	NP	QL (1 tablet per 1 day)
<i>olanzapine oral tablet dispersible 15 mg, 20 mg, 5 mg</i>	NP	QL (1 tab 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> )	NC	
<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)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>quetiapine fumarate oral tablet 100 mg, 50 mg</i>	PG	QL (3 tabs per 1 day)
<i>quetiapine fumarate oral tablet 200 mg</i>	PG	QL (4 tabs per 1 day)
<i>quetiapine fumarate oral tablet 25 mg</i>	PG	QL (6 tabs per 1 day)
<i>quetiapine fumarate oral tablet 300 mg, 400 mg</i>	PG	QL (2 tabs per 1 day)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG ( <i>brexipiprazole</i> )	NP	PA; ST; QL (1 tablet per 1 day)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED 12.5 MG, 25 MG, 37.5 MG, 50 MG ( <i>risperidone microspheres</i> )	NP	#
RISPERDAL ORAL SOLUTION 1 MG/ML ( <i>risperidone</i> )	NC	
RISPERDAL ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG ( <i>risperidone</i> )	NC	
<i>risperidone</i> (Risperidone M-Tab Oral Tablet Dispersible 0.5 Mg, 1 Mg, 2 Mg)	NP	QL (2 tabs per 1 day)
<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 tabs per 1 day)
<i>risperidone oral tablet 3 mg</i>	PG	QL (3 tabs per 1 day)
<i>risperidone oral tablet 4 mg</i>	PG	QL (4 tabs per 1 day)
<i>risperidone oral tablet dispersible 0.25 mg</i>	NP	
<i>risperidone oral tablet dispersible 0.5 mg, 1 mg, 2 mg</i>	NP	QL (2 tabs per 1 day)
<i>risperidone oral tablet dispersible 3 mg</i>	NP	QL (3 tabs per 1 day)
<i>risperidone oral tablet dispersible 4 mg</i>	NP	QL (4 tabs 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> )	NC	
SEROQUEL ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 400 MG, 50 MG ( <i>quetiapine fumarate</i> )	NC	
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 200 MG, 300 MG, 400 MG, 50 MG ( <i>quetiapine fumarate</i> )	NC	
<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> )	NC	

2020 Small Group ACA Banner | Aetna

The formulary is updated the first week of each month.

12/01/2020



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VRAYLAR ORAL CAPSULE 1.5 MG ( <i>cariprazine hcl</i> )	NP	PA; ST; QL (4 capsule per 1 day)
VRAYLAR ORAL CAPSULE 3 MG ( <i>cariprazine hcl</i> )	NP	PA; ST; QL (2 capsule per 1 day)
VRAYLAR ORAL CAPSULE 4.5 MG, 6 MG ( <i>cariprazine hcl</i> )	NP	PA; ST; QL (1 capsule per 1 day)
VRAYLAR ORAL CAPSULE THERAPY PACK 1.5 & 3 MG ( <i>cariprazine hcl</i> )	NP	PA; ST
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	PG	QL (2 caps 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, 2.5 MG, 20 MG, 5 MG, 7.5 MG ( <i>olanzapine</i> )	NC	
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> )	NC	
<b>*ANTISEPTICS &amp; DISINFECTANTS* - ANTISEPTICS AND DISINFECTANTS</b>		
BUCALSEP EXTERNAL SOLUTION ( <i>antiseptic products, misc.</i> )	NC	
<i>chlorhexidine gluconate solution 20 %</i>	NC	
<i>hydrogen peroxide solution 30 %</i>	NC	
<b>*ANTIVIRALS* - DRUGS FOR INFECTIONS</b>		
<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	LGC
<i>acyclovir oral suspension 200 mg/5ml</i>	PG	
<i>acyclovir oral tablet 400 mg</i>	PG	LGC
<i>acyclovir oral tablet 800 mg</i>	PG	
<i>adefovir dipivoxil oral tablet 10 mg</i>	PG	QL (1 tablet per 1 day)
APTIVUS ORAL CAPSULE 250 MG ( <i>tipranavir</i> )	NP	#; QL (4 capsules per 1 day)

2020 Small Group ACA Banner | Aetna

The formulary is updated the first week of each month.

12/01/2020

102

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
APTIVUS ORAL SOLUTION 100 MG/ML ( <i>tipranavir</i> )	NP	#; 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)
ATRIPLA ORAL TABLET 600-200-300 MG ( <i>efavirenz-emtricitab-tenofovir</i> )	NP	#; QL (1 tablet per 1 day)
BARACLUDE ORAL SOLUTION 0.05 MG/ML ( <i>entecavir</i> )	NPS	SP Pharmacy
BARACLUDE ORAL TABLET 0.5 MG, 1 MG ( <i>entecavir</i> )	NC	
BIKTARVY ORAL TABLET 50-200-25 MG ( <i>bictegravir-emtricitab-tenofov</i> )	PB	QL (1 tablet per 1 day)
CIMDUO ORAL TABLET 300-300 MG ( <i>lamivudine-tenofovir</i> )	NP	QL (1 tablet per 1 Day)
COMBIVIR ORAL TABLET 150-300 MG ( <i>lamivudine-zidovudine</i> )	NC	
COMPLERA ORAL TABLET 200-25-300 MG ( <i>emtricitab-rilpivir-tenofovir</i> )	NP	QL (1 tab per 1 day)
CRIXIVAN ORAL CAPSULE 200 MG ( <i>indinavir sulfate</i> )	NP	#; QL (15 capsules per 1 day)
CRIXIVAN ORAL CAPSULE 400 MG ( <i>indinavir sulfate</i> )	NP	#; QL (6 capsules per 1 day)
DAKLINZA ORAL TABLET 30 MG, 60 MG, 90 MG ( <i>daclatasvir dihydrochloride</i> )	NPS	PA; ST; SP Pharmacy; QL (1 tablet per 1 day)
DELSTRIGO ORAL TABLET 100-300-300 MG ( <i>doravirin-lamivudin-tenofov df</i> )	NP	ST; QL (1 tablet per 1 day)
DESCOVY ORAL TABLET 200-25 MG ( <i>emtricitabine-tenofovir af</i> )	PB	QL (1 tablet per 1 day)
<i>didanosine oral capsule delayed release 125 mg, 200 mg, 250 mg, 400 mg</i>	PG	QL (1 capsule per 1 day)
DOVATO ORAL TABLET 50-300 MG ( <i>dolutegravir-lamivudine</i> )	NP	QL (2 tablets per 1 day)
EDURANT ORAL TABLET 25 MG ( <i>rilpivirine hcl</i> )	NP	QL (1 tab 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)
EMTRIVA ORAL CAPSULE 200 MG ( <i>emtricitabine</i> )	NP	#; QL (1 cap per 1 day)

2020 Small Group ACA Banner | Aetna

The formulary is updated the first week of each month.

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EMTRIVA ORAL SOLUTION 10 MG/ML ( <i>emtricitabine</i> )	NP	#; QL (4 bottles per 30 days)
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	PG	QL (1 tablet per 1 day)
EPCLUSA ORAL TABLET 400-100 MG ( <i>sofosbuvir-velpatasvir</i> )	PS	PA; NPL; SP Pharmacy; QL (1 tablet per 1 day)
EPIVIR HBV ORAL SOLUTION 5 MG/ML ( <i>lamivudine</i> )	PB	#; SP Pharmacy
EPIVIR HBV ORAL TABLET 100 MG ( <i>lamivudine</i> )	NC	
EPIVIR ORAL SOLUTION 10 MG/ML ( <i>lamivudine</i> )	NC	
EPIVIR ORAL TABLET 150 MG, 300 MG ( <i>lamivudine</i> )	NC	
EPZICOM ORAL TABLET 600-300 MG ( <i>abacavir sulfate-lamivudine</i> )	NC	
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, 500 mg</i>	NP	QL (21 tabs per 1 fill)
<i>favipiravir oral tablet 200 mg</i>	NP	
FLUMADINE ORAL TABLET 100 MG ( <i>rimantadine hcl</i> )	NC	
<i>fosamprenavir calcium oral tablet 700 mg</i>	PG	QL (4 tablets per 1 day)
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG ( <i>enfuvirtide</i> )	NPS	#; SP Pharmacy; QL (2 vials per 1 day)
GENVOYA ORAL TABLET 150-150-200-10 MG ( <i>elviteg-cobic-emtricit-tenofaf</i> )	NPS	ST; QL (1 tablet per 1 Day)
HARVONI ORAL PACKET 33.75-150 MG, 45-200 MG ( <i>ledipasvir-sofosbuvir</i> )	PS	PA; NPL; SP Pharmacy; QL (1 packet per 1 day)
HARVONI ORAL TABLET 45-200 MG ( <i>ledipasvir-sofosbuvir</i> )	PS	PA; NPL; SP Pharmacy; QL (1 tablet per 1 day)
HARVONI ORAL TABLET 90-400 MG ( <i>ledipasvir-sofosbuvir</i> )	PS	PA; NPL; SP Pharmacy
HEPSERA ORAL TABLET 10 MG ( <i>adefovir dipivoxil</i> )	NC	
INTELENCE ORAL TABLET 100 MG, 25 MG ( <i>etravirine</i> )	NP	#; QL (4 tabs per 1 day)
INTELENCE ORAL TABLET 200 MG ( <i>etravirine</i> )	NP	#; QL (2 tabs per 1 day)
INVIRASE ORAL CAPSULE 200 MG ( <i>saquinavir mesylate</i> )	NP	QL (10 capsules 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> )	PB	QL (2 tablets per 1 Day)
ISENTRESS ORAL PACKET 100 MG ( <i>raltegravir potassium</i> )	PB	QL (2 packets per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ISENTRESS ORAL TABLET 400 MG ( <i>raltegravir potassium</i> )	PB	QL (2 tabs per 1 day)
ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG ( <i>raltegravir potassium</i> )	PB	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> )	NC	
KALETRA ORAL TABLET 100-25 MG ( <i>lopinavir-ritonavir</i> )	NP	#; QL (8 tablets per 1 day)
KALETRA ORAL TABLET 200-50 MG ( <i>lopinavir-ritonavir</i> )	NP	#; 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>	NC	
LEXIVA ORAL SUSPENSION 50 MG/ML ( <i>fosamprenavir calcium</i> )	NP	#; QL (8 bottles per 30 days)
LEXIVA ORAL TABLET 700 MG ( <i>fosamprenavir calcium</i> )	NC	
<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> )	NC	
MODERIBA 1200 DOSE PACK ORAL TABLET 600 MG ( <i>ribavirin</i> )	NP	SP Pharmacy
MODERIBA 800 DOSE PACK ORAL TABLET 400 MG ( <i>ribavirin</i> )	NP	SP Pharmacy
<i>ribavirin (Moderiba Oral Tablet 200 Mg)</i>	PG	SP Pharmacy
<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 tab 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 CAPSULE 100 MG ( <i>ritonavir</i> )	NC	#; QL (12 capsules per 1 day)
NORVIR ORAL PACKET 100 MG ( <i>ritonavir</i> )	NP	QL (12 packets per 1 day)
NORVIR ORAL SOLUTION 80 MG/ML ( <i>ritonavir</i> )	NP	#; QL (2 bottles per 30 days)
NORVIR ORAL TABLET 100 MG ( <i>ritonavir</i> )	NC	

2020 Small Group ACA Banner | Aetna

The formulary is updated the first week of each month.

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ODEFSEY ORAL TABLET 200-25-25 MG ( <i>emtricitabine- rilpivir-tenofovir</i> )	NP	QL (1 tablet per 1 day)
<i>oseltamivir phosphate oral capsule 30 mg, 45 mg, 75 mg</i>	PG	QL (20 capsules per 365 Days)
<i>oseltamivir phosphate oral suspension reconstituted 6 mg/ml</i>	PG	QL (480 MLS per 365 Days)
PEGASYS PROCLICK SUBCUTANEOUS SOLUTION 135 MCG/0.5ML, 180 MCG/0.5ML ( <i>peginterferon alfa-2a</i> )	PB	PA; SP Pharmacy
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/0.5ML, 180 MCG/ML ( <i>peginterferon alfa-2a</i> )	PB	PA; SP Pharmacy
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> )	NC	
PREZCOBIX ORAL TABLET 800-150 MG ( <i>darunavir-cobicistat</i> )	NP	QL (1 tablet per 1 day)
PREZISTA ORAL SUSPENSION 100 MG/ML ( <i>darunavir ethanolate</i> )	NP	QL (2 bottles per 30 days)
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG ( <i>darunavir ethanolate</i> )	NP	QL (2 tabs per 1 day)
PREZISTA ORAL TABLET 800 MG ( <i>darunavir ethanolate</i> )	NP	QL (1 tab per 1 day)
REBETOL ORAL CAPSULE 200 MG ( <i>ribavirin</i> )	NC	
REBETOL ORAL SOLUTION 40 MG/ML ( <i>ribavirin</i> )	PB	SP Pharmacy
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/BLISTER ( <i>zanamivir</i> )	NP	QL (20 inhalations per 1 fill)
RESCRIPTOR ORAL TABLET 100 MG ( <i>delavirdine mesylate</i> )	NP	QL (30 tablets per 1 day)
RESCRIPTOR ORAL TABLET 200 MG ( <i>delavirdine mesylate</i> )	NP	QL (15 tablets per 1 day)
RETROVIR ORAL CAPSULE 100 MG ( <i>zidovudine</i> )	NC	
RETROVIR ORAL SYRUP 50 MG/5ML ( <i>zidovudine</i> )	NC	
REYATAZ ORAL CAPSULE 150 MG, 200 MG, 300 MG ( <i>atazanavir sulfate</i> )	NC	
REYATAZ ORAL PACKET 50 MG ( <i>atazanavir sulfate</i> )	NP	#; QL (6 packets per 1 day)
<i>ribavirin (Ribasphere Oral Capsule 200 Mg)</i>	PG	SP Pharmacy
<i>ribavirin (Ribasphere Oral Tablet 200 Mg)</i>	PG	SP Pharmacy
<i>ribasphere oral tablet 400 mg, 600 mg</i>	NP	SP Pharmacy
RIBASPHERE RIBAPAK ORAL TABLET 400 MG, 600 MG ( <i>ribavirin</i> )	PG	SP Pharmacy

2020 Small Group ACA Banner | Aetna

The formulary is updated the first week of each month.

12/01/2020



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>ribavirin oral capsule 200 mg</i>	PG	SP Pharmacy
<i>ribavirin oral tablet 200 mg</i>	PG	SP Pharmacy
<i>rimantadine hcl oral tablet 100 mg</i>	NP	
<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>	NC	
SELZENTRY ORAL SOLUTION 20 MG/ML ( <i>maraviroc</i> )	NP	QL (8 bottles per 1 month)
SELZENTRY ORAL TABLET 150 MG ( <i>maraviroc</i> )	NP	#; QL (2 tabs per 1 day)
SELZENTRY ORAL TABLET 25 MG ( <i>maraviroc</i> )	NP	#; QL (8 tablets per 1 Day)
SELZENTRY ORAL TABLET 300 MG ( <i>maraviroc</i> )	NP	#; QL (4 tablets per 1 day)
SELZENTRY ORAL TABLET 75 MG ( <i>maraviroc</i> )	NP	#; QL (2 tablets per 1 Day)
SITAVIG BUCCAL TABLET 50 MG ( <i>acyclovir</i> )	NC	
<i>sofosbuvir-velpatasvir oral tablet 400-100 mg</i>	NC	
SOVALDI ORAL PACKET 150 MG, 200 MG ( <i>sofosbuvir</i> )	NPS	PA; ST; NPL; SP Pharmacy; QL (1 packet per 1 day)
SOVALDI ORAL TABLET 200 MG ( <i>sofosbuvir</i> )	NPS	PA; ST; NPL; SP Pharmacy; QL (1 tablet per 1 day)
SOVALDI ORAL TABLET 400 MG ( <i>sofosbuvir</i> )	PS	PA; SP Pharmacy; QL (1 tab per 1 day)
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>	PG	QL (2 capsules per 1 day)
<i>stavudine oral solution reconstituted 1 mg/ml</i>	PG	QL (12 bottles per 30 days)
STRIBILD ORAL TABLET 150-150-200-300 MG ( <i>elviteg-cobic-emtricit-tenofdf</i> )	NPS	ST; QL (1 tab per 1 day)
SUSTIVA ORAL CAPSULE 200 MG, 50 MG ( <i>efavirenz</i> )	NC	
SUSTIVA ORAL TABLET 600 MG ( <i>efavirenz</i> )	NC	
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> )	NP	PA; QL (1 tablet per 1 day)
TAMIFLU ORAL CAPSULE 30 MG, 45 MG, 75 MG ( <i>oseltamivir phosphate</i> )	NC	
TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML ( <i>oseltamivir phosphate</i> )	NC	
TECHNIVIE ORAL TABLET 12.5-75-50 MG ( <i>ombitasvir-paritaprev-ritonav</i> )	NPS	PA; ST; QL (2 tablets per 1 day)

2020 Small Group ACA Banner | Aetna

The formulary is updated the first week of each month.

12/01/2020



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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> )	PB	QL (8 tablets per 1 day)
TIVICAY ORAL TABLET 25 MG ( <i>dolutegravir sodium</i> )	PB	QL (2 tablets per 1 day)
TIVICAY ORAL TABLET 50 MG ( <i>dolutegravir sodium</i> )	PB	QL (2 tabs per 1 day)
TIVICAY PD ORAL TABLET SOLUBLE 5 MG ( <i>dolutegravir sodium</i> )	PB	QL (12 tablets per 1 day)
TRIUMEQ ORAL TABLET 600-50-300 MG ( <i>abacavir-dolutegravir-lamivudine</i> )	PB	QL (1 tablet per 1 day)
TRIZIVIR ORAL TABLET 300-150-300 MG ( <i>abacavir-lamivudine-zidovudine</i> )	NC	
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 tablet per 1 day)
<i>valacyclovir hcl oral tablet 1 gm, 500 mg</i>	PG	
VALCYTE ORAL TABLET 450 MG ( <i>valganciclovir hcl</i> )	NC	
<i>valganciclovir hcl oral solution reconstituted 50 mg/ml</i>	PS	PA; SP Pharmacy; QL (1000 milliliters per 30 days)
<i>valganciclovir hcl oral tablet 450 mg</i>	PS	PA; SP Pharmacy; QL (102 tablets per 30 days)
VALTREX ORAL TABLET 1 GM, 500 MG ( <i>valacyclovir hcl</i> )	NC	
VEMLIDY ORAL TABLET 25 MG ( <i>tenofovir alafenamide fumarate</i> )	NPS	PA; SP Pharmacy; QL (1 tablet per 1 day)
VIDEX EC ORAL CAPSULE DELAYED RELEASE 125 MG, 200 MG, 250 MG, 400 MG ( <i>didanosine</i> )	NC	
VIDEX ORAL SOLUTION RECONSTITUTED 2 GM ( <i>didanosine</i> )	NP	QL (12 bottles per 30 days)
VIDEX ORAL SOLUTION RECONSTITUTED 4 GM ( <i>didanosine</i> )	NP	QL (6 bottles per 30 days)
VIEKIRA PAK ORAL TABLET THERAPY PACK 12.5-75-50 & 250 MG ( <i>ombitas-paritapre-ritona-dasab</i> )	NPS	PA; ST; SP Pharmacy; QL (1 Pak per 28 days)
VIEKIRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 200-8.33-50- 33.33 MG ( <i>ombitas-paritapre-ritona-dasab</i> )	NPS	PA; ST; QL (3 tablets per 1 day)
VIRACEPT ORAL TABLET 250 MG ( <i>nelfinavir mesylate</i> )	NP	QL (10 tablets per 1 day)

2020 Small Group ACA Banner | Aetna

The formulary is updated the first week of each month.

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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> )	NC	
VIRAMUNE ORAL TABLET 200 MG ( <i>nevirapine</i> )	NC	
VIRAMUNE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 400 MG ( <i>nevirapine</i> )	NC	
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 tab per 1 day)
VIREAD ORAL TABLET 300 MG ( <i>tenofovir disoproxil fumarate</i> )	NC	
VOSEVI ORAL TABLET 400-100-100 MG ( <i>sofosbuv-velpatasv-voxilaprev</i> )	PS	PA; SP Pharmacy; 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 365 days)
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 2 X 40 MG ( <i>baloxavir marboxil</i> )	NP	QL (4 tablets per 365 days)
ZEPATIER ORAL TABLET 50-100 MG ( <i>elbasvir-grazoprevir</i> )	NPS	PA; ST; SP Pharmacy; QL (1 tablet per 1 day)
ZERIT ORAL CAPSULE 15 MG, 20 MG, 30 MG, 40 MG ( <i>stavudine</i> )	NC	
ZERIT ORAL SOLUTION RECONSTITUTED 1 MG/ML ( <i>stavudine</i> )	NC	
ZIAGEN ORAL SOLUTION 20 MG/ML ( <i>abacavir sulfate</i> )	NC	
ZIAGEN ORAL TABLET 300 MG ( <i>abacavir sulfate</i> )	NC	
<i>zidovudine oral capsule 100 mg</i>	PG	QL (6 capsules per 1 day)
<i>zidovudine oral syrup 50 mg/5ml</i>	PG	QL (8 bottles per 30 days)
<i>zidovudine oral tablet 300 mg</i>	PG	QL (2 tablets per 1 day)
ZOVIRAX ORAL CAPSULE 200 MG ( <i>acyclovir</i> )	NC	
ZOVIRAX ORAL SUSPENSION 200 MG/5ML ( <i>acyclovir</i> )	NC	
ZOVIRAX ORAL TABLET 400 MG, 800 MG ( <i>acyclovir</i> )	NC	
<b>*BETA BLOCKERS* - DRUGS FOR THE HEART</b>		
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>	PG	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	PG	LGC
ATENOLOL+SYRSPEND SF PH4 ORAL SUSPENSION 1 MG/ML ( <i>atenolol</i> )	NC	

2020 Small Group ACA Banner | Aetna

The formulary is updated the first week of each month.

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG ( <i>sotalol hcl af</i> )	NC	
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG ( <i>sotalol hcl</i> )	NC	
<i>betaxolol hcl oral tablet 10 mg, 20 mg</i>	PG	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	PG	LGC
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 5 MG ( <i>nebivolol hcl</i> )	NP	#; QL (1 tab per 1 day)
BYSTOLIC ORAL TABLET 20 MG ( <i>nebivolol hcl</i> )	NP	#; QL (2 tabs per 1 day)
<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>	PG	ST; QL (1 capsule per 1 day)
COREG CR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 40 MG, 80 MG ( <i>carvedilol phosphate</i> )	NC	
COREG ORAL TABLET 12.5 MG, 25 MG, 3.125 MG, 6.25 MG ( <i>carvedilol</i> )	NC	
CORGARD ORAL TABLET 20 MG, 40 MG, 80 MG ( <i>nadolol</i> )	NC	
HEMANGEOL ORAL SOLUTION 4.28 MG/ML ( <i>propranolol hcl</i> )	NP	PA
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 160 MG, 60 MG, 80 MG ( <i>propranolol hcl</i> )	NC	
INDERAL XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG ( <i>propranolol hcl sr beads</i> )	NC	
INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG ( <i>propranolol hcl sr beads</i> )	NC	#
KAPSPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 200 MG, 25 MG, 50 MG ( <i>metoprolol succinate</i> )	NP	
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	PG	
LOPRESSOR ORAL TABLET 100 MG, 50 MG ( <i>metoprolol tartrate</i> )	NC	
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 50 mg</i>	PG	QL (1.5 tabs per 1 day)
<i>metoprolol succinate er oral tablet extended release 24 hour 200 mg</i>	PG	QL (2 tabs per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>metoprolol succinate er oral tablet extended release 24 hour 25 mg</i>	PG	QL (1 tab per 1 day)
<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>	NP	
<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>	NP	
<i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>	PG	
<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, 80 mg</i>	PG	
<i>sotalol hcl oral tablet 120 mg, 80 mg</i>	PG	LGC
<i>sotalol hcl oral tablet 160 mg, 240 mg</i>	PG	
<b>SOTYLIZE ORAL SOLUTION 5 MG/ML (<i>sotalol hcl</i>)</b>	NC	
<b>TENORMIN ORAL TABLET 100 MG, 25 MG, 50 MG (<i>atenolol</i>)</b>	NC	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	NP	
<b>TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 50 MG (<i>metoprolol succinate</i>)</b>	NC	
<b>*CALCIUM CHANNEL BLOCKERS* - DRUGS FOR THE HEART</b>		
<b>ADALAT CC ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 60 MG, 90 MG (<i>nifedipine</i>)</b>	NC	
<i>nifedipine (Afeditab Cr Oral Tablet Extended Release 24 Hour 30 Mg)</i>	PG	QL (1 tab per 1 day)
<i>nifedipine (Afeditab Cr Oral Tablet Extended Release 24 Hour 60 Mg)</i>	PG	QL (2 tabs per 1 day)
<b>AMLODIPINE BES+SYRSPEND SF ORAL SUSPENSION 1 MG/ML (<i>amlodipine besylate</i>)</b>	NC	
<i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>	PG	LGC
<b>CALAN ORAL TABLET 120 MG, 80 MG (<i>verapamil hcl</i>)</b>	NC	

2020 Small Group ACA Banner | Aetna

The formulary is updated the first week of each month.

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CALAN SR ORAL TABLET EXTENDED RELEASE 120 MG, 180 MG, 240 MG ( <i>verapamil hcl</i> )	NC	
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 360 MG ( <i>diltiazem hcl coated beads</i> )	NC	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG ( <i>diltiazem hcl coated beads</i> )	NC	
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG ( <i>diltiazem hcl</i> )	NC	
<i>diltiazem hcl coated beads</i> (Cartia Xt Oral Capsule Extended Release 24 Hour 120 Mg, 180 Mg, 300 Mg)	PG	QL (1 cap per 1 day)
<i>diltiazem hcl coated beads</i> (Cartia Xt Oral Capsule Extended Release 24 Hour 240 Mg)	PG	QL (2 caps per 1 day)
CONJUPRI ORAL TABLET 2.5 MG, 5 MG ( <i>levamlodipine maleate</i> )	NC	
CONSENSI ORAL TABLET 10-200 MG, 2.5-200 MG, 5-200 MG ( <i>amlodipine besylate-celecoxib</i> )	NC	
<i>diltiazem cd oral capsule extended release 24 hour 120 mg, 180 mg, 300 mg</i>	PG	QL (1 capsule per 1 day)
<i>diltiazem cd oral capsule extended release 24 hour 240 mg</i>	PG	QL (2 capsules per 1 day)
<i>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 300 mg, 360 mg</i>	PG	QL (1 cap per 1 day)
<i>diltiazem hcl er beads oral capsule extended release 24 hour 240 mg</i>	PG	QL (2 caps per 1 day)
<i>diltiazem hcl er beads oral capsule extended release 24 hour 420 mg</i>	PG	QL (1 capsule 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 cap per 1 day)
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 240 mg</i>	PG	QL (2 cap per 1 day)
<i>diltiazem hcl er coated beads oral tablet extended release 24 hour 180 mg, 300 mg, 360 mg</i>	PG	QL (1 tablet per 1 day)
<i>diltiazem hcl er coated beads oral tablet extended release 24 hour 240 mg</i>	PG	QL (2 tablets per 1 day)
<i>diltiazem hcl er coated beads oral tablet extended release 24 hour 420 mg</i>	PG	
<i>diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i>	PG	

2020 Small Group ACA Banner | Aetna

The formulary is updated the first week of each month.

12/01/2020

112

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg</i>	PG	
<i>diltiazem hcl er oral capsule extended release 24 hour 240 mg</i>	PG	QL (2 cap per 1 day)
<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 capsules per 1 day)
<i>felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	PG	QL (1 tab per 1 day)
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	PG	
KATERZIA ORAL SUSPENSION 1 MG/ML ( <i>amlodipine benzoate</i> )	NC	
<i>diltiazem hcl coated beads (Matzim La Oral Tablet Extended Release 24 Hour 180 Mg, 300 Mg, 360 Mg)</i>	PG	QL (1 tab per 1 day)
<i>diltiazem hcl coated beads (Matzim La Oral Tablet Extended Release 24 Hour 240 Mg)</i>	PG	QL (2 tab per 1 day)
<i>diltiazem hcl coated beads (Matzim La Oral Tablet Extended Release 24 Hour 420 Mg)</i>	PG	
<i>nicardipine hcl oral capsule 20 mg, 30 mg</i>	NP	
<i>nifedipine (Nifedical XI Oral Tablet Extended Release 24 Hour 60 Mg)</i>	PG	QL (2 tabs per 1 day)
<i>nifedipine er oral tablet extended release 24 hour 30 mg, 90 mg</i>	PG	QL (1 tab per 1 day)
<i>nifedipine er oral tablet extended release 24 hour 60 mg</i>	PG	QL (2 tabs per 1 day)
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 90 mg</i>	PG	QL (1 tab per 1 day)
<i>nifedipine er osmotic release oral tablet extended release 24 hour 60 mg</i>	PG	QL (2 tabs per 1 day)
<i>nifedipine oral capsule 10 mg, 20 mg</i>	PG	
<i>nimodipine oral capsule 30 mg</i>	NP	
<i>nisoldipine er oral tablet extended release 24 hour 17 mg, 20 mg, 34 mg, 40 mg, 8.5 mg</i>	PG	QL (1 tab 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 tabs per 1 day)
NORVASC ORAL TABLET 10 MG, 2.5 MG, 5 MG ( <i>amlodipine besylate</i> )	NC	
NYMALIZE ORAL SOLUTION 6 MG/ML ( <i>nimodipine</i> )	NP	
NYMALIZE ORAL SOLUTION 60 MG/20ML ( <i>nimodipine</i> )	NC	#

2020 Small Group ACA Banner | Aetna

The formulary is updated the first week of each month.

12/01/2020



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PROCARDIA ORAL CAPSULE 10 MG ( <i>nifedipine</i> )	NC	
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 60 MG, 90 MG ( <i>nifedipine</i> )	NC	
SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 34 MG, 8.5 MG ( <i>nisoldipine</i> )	NC	
<i>diltiazem hcl er beads</i> (Taztia Xt Oral Capsule Extended Release 24 Hour 120 Mg, 180 Mg, 300 Mg, 360 Mg)	PG	QL (1 cap per 1 day)
<i>diltiazem hcl er beads</i> (Taztia Xt Oral Capsule Extended Release 24 Hour 240 Mg)	PG	QL (2 caps per 1 day)
TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG ( <i>diltiazem hcl er beads</i> )	NC	
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 300 mg</i>	PG	QL (1 cap 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 caps per 1 day)
<i>verapamil hcl er oral tablet extended release 120 mg</i>	PG	LGC
<i>verapamil hcl er oral tablet extended release 180 mg, 240 mg</i>	PG	
<i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>	PG	LGC
VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 360 MG ( <i>verapamil hcl</i> )	NC	
VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG ( <i>verapamil hcl</i> )	NC	
<b>*CARDIOTONICS* - DRUGS FOR THE HEART</b>		
<i>digoxin</i> (Digitek Oral Tablet 125 Mcg, 250 Mcg)	PG	
<i>digoxin</i> (Digox Oral Tablet 125 Mcg, 250 Mcg)	PG	
<i>digoxin oral solution 0.05 mg/ml</i>	NP	
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	PG	
LANOXIN ORAL TABLET 125 MCG, 187.5 MCG, 250 MCG, 62.5 MCG ( <i>digoxin</i> )	NC	
<b>*CARDIOVASCULAR AGENTS - MISC.* - DRUGS FOR THE HEART</b>		
ADCIRCA ORAL TABLET 20 MG ( <i>tadalafil (pah)</i> )	NPS	PA; ST; SP Pharmacy; QL (2 tabs per 1 day)
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG ( <i>riociguat</i> )	NPS	PA; SP Pharmacy; QL (3 tabs per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>tadalafil (pah)</i> (Alyq Oral Tablet 20 Mg)	PS	PA; NPL; SP Pharmacy; QL (2 tablets per 1 day)
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	PS	PA; NPL; SP Pharmacy
<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>	NC	
BIDIL ORAL TABLET 20-37.5 MG ( <i>isosorb dinitrate-hydralazine</i> )	NP	#
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	PS	PA; NPL; SP Pharmacy
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 ( <i>amlodipine-atorvastatin</i> )	NC	
CORLANOR ORAL SOLUTION 5 MG/5ML ( <i>ivabradine hcl</i> )	NC	
CORLANOR ORAL TABLET 5 MG, 7.5 MG ( <i>ivabradine hcl</i> )	NP	PA; ST; QL (2 tablets per 1 day)
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG ( <i>sacubitril-valsartan</i> )	PB	
<i>epoprostenol sodium intravenous solution reconstituted 0.5 mg, 1.5 mg</i>	PG	PA; SP Pharmacy
FLOLAN INTRAVENOUS SOLUTION RECONSTITUTED 0.5 MG, 1.5 MG ( <i>epoprostenol sodium</i> )	NC	
LETAIRIS ORAL TABLET 10 MG, 5 MG ( <i>ambrisentan</i> )	PS	PA; SP Pharmacy
OPSUMIT ORAL TABLET 10 MG ( <i>macitentan</i> )	PS	PA; SP Pharmacy; QL (2 tablets 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> )	NPS	PA; SP Pharmacy
REMODULIN INJECTION SOLUTION 1 MG/ML, 10 MG/ML, 2.5 MG/ML, 5 MG/ML ( <i>treprostinil sodium</i> )	NC	#
REVATIO ORAL SUSPENSION RECONSTITUTED 10 MG/ML ( <i>sildenafil citrate</i> )	NC	
REVATIO ORAL TABLET 20 MG ( <i>sildenafil citrate</i> )	NC	
<i>sildenafil citrate oral tablet 20 mg</i>	PG	PA; SP Pharmacy; QL (3 tabs per 1 day)
<i>tadalafil (pah) oral tablet 20 mg</i>	PS	PA; SP Pharmacy; QL (2 tablets per 1 day)
<i>tadalafil oral tablet 2.5 mg</i>	PG	PA; QL (1 tablet per 1 day)

2020 Small Group ACA Banner | Aetna

The formulary is updated the first week of each month.

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>tadalafil oral tablet 5 mg</i>	PG	PA; ST; QL (1 tablet per 1 day)
TRACLEER ORAL TABLET 125 MG, 62.5 MG ( <i>bosentan</i> )	NC	
TRACLEER ORAL TABLET SOLUBLE 32 MG ( <i>bosentan</i> )	NC	
<i>treprostinil injection solution 100 mg/20ml, 20 mg/20ml, 200 mg/20ml, 50 mg/20ml</i>	PG	PA; NPL; SP Pharmacy
TYVASO INHALATION SOLUTION 0.6 MG/ML ( <i>treprostinil</i> )	NC	
TYVASO REFILL INHALATION SOLUTION 0.6 MG/ML ( <i>treprostinil</i> )	NC	
TYVASO STARTER INHALATION SOLUTION 0.6 MG/ML ( <i>treprostinil</i> )	NC	
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG ( <i>selexipag</i> )	NC	
UPTRAVI ORAL TABLET THERAPY PACK 200 & 800 MCG ( <i>selexipag</i> )	NC	
VELETRI INTRAVENOUS SOLUTION RECONSTITUTED 0.5 MG ( <i>epoprostenol sodium</i> )	NC	#
VELETRI INTRAVENOUS SOLUTION RECONSTITUTED 1.5 MG ( <i>epoprostenol sodium</i> )	NC	
VENTAVIS INHALATION SOLUTION 10 MCG/ML, 20 MCG/ML ( <i>iloprost</i> )	NPS	PA; SP Pharmacy
VYNDAMAX ORAL CAPSULE 61 MG ( <i>tafamidis</i> )	NC	
VYNDAQEL ORAL CAPSULE 20 MG ( <i>tafamidis meglumine (cardiac)</i> )	NC	
<b>*CEPHALOSPORINS* - DRUGS FOR INFECTIONS</b>		
<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>	NP	
<i>cefadroxil oral capsule 500 mg</i>	PG	
<i>cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml</i>	PG	
<i>cefadroxil oral tablet 1 gm</i>	PG	
<i>cefdinir oral capsule 300 mg</i>	PG	
<i>cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	PG	

2020 Small Group ACA Banner | Aetna

The formulary is updated the first week of each month.

12/01/2020

116

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>cefditoren pivoxil oral tablet 200 mg, 400 mg</i>	NP	
<i>cefixime oral capsule 400 mg</i>	NP	
<i>cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	NP	
<i>cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml</i>	NP	
<i>cefpodoxime proxetil oral tablet 100 mg, 200 mg</i>	NP	
<i>cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	PG	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	PG	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	PG	
<i>cephalexin oral capsule 250 mg, 500 mg, 750 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	
DAXBIA ORAL CAPSULE 333 MG ( <i>cephalexin</i> )	NC	
KEFLEX ORAL CAPSULE 250 MG, 500 MG, 750 MG ( <i>cephalexin</i> )	NC	
SPECTRACEF ORAL TABLET 400 MG ( <i>cefditoren pivoxil</i> )	NC	
SUPRAX ORAL CAPSULE 400 MG ( <i>cefixime</i> )	NP	
SUPRAX ORAL SUSPENSION RECONSTITUTED 100 MG/5ML, 200 MG/5ML, 500 MG/5ML ( <i>cefixime</i> )	NC	
SUPRAX ORAL TABLET CHEWABLE 100 MG, 200 MG ( <i>cefixime</i> )	NP	#
<b>*CHEMICALS*</b>		
<i>arnica liquid</i>	NC	
<b>*CONTRACEPTIVES* - DRUGS FOR WOMEN</b>		
<i>levonorgestrel-ethinyl estrad (Afirmelle Oral Tablet 0.1-20 Mg-Mcg)</i>	CE	N2 (PG)
AFTERA ORAL TABLET 1.5 MG ( <i>levonorgestrel</i> )	CE	N2 (Not Covered)
<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 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 &amp; 0.01 Mg)</i>	CE	N2 (PG)
<i>levonorgest-eth estrad 91-day (Amethia Oral Tablet 0.15-0.03 &amp; 0.01 Mg)</i>	CE	N2 (PG)

2020 Small Group ACA Banner | Aetna

The formulary is updated the first week of each month.

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANNOVERA VAGINAL RING 0.013-0.15 MG/24HR ( <i>segesterone-ethinyl estradiol</i> )	CE	N2 (NC); QL (1 ring per 365 days)
<i>desogestrel-ethinyl estradiol</i> (Apris Oral Tablet 0.15-30 Mg-Mcg)	CE	N2 (PG)
<i>norethin-eth estrad triphasic</i> (Aranelle Oral Tablet 0.5/1/0.5-35 Mg-Mcg)	CE	N2 (PG)
<i>levonorgest-eth estrad 91-day</i> (Ashlyna Oral Tablet 0.15-0.03 & 0.01 Mg)	CE	N2 (PG)
<i>levonorgestrel-ethinyl estrad</i> (Aubra Eq Oral Tablet 0.1-20 Mg-Mcg)	CE	N2 (PG)
<i>levonorgestrel-ethinyl estrad</i> (Aubra Oral Tablet 0.1-20 Mg-Mcg)	CE	N2 (PG)
<i>norethindrone acet-ethinyl est</i> (Aurovela 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N2 (PG)
<i>norethindrone acet-ethinyl est</i> (Aurovela 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N2 (PG)
<i>norethin ace-eth estrad-fe</i> (Aurovela 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	CE	N2 (PG)
<i>norethin ace-eth estrad-fe</i> (Aurovela Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N2 (PG)
<i>levonorgestrel-ethinyl estrad</i> (Aviane Oral Tablet 0.1-20 Mg-Mcg)	CE	N2 (PG)
<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>drospiren-eth estrad-levomefol</i> )	NP	
<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)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>norethin ace-eth estrad-fe</i> (Blisovi Fe 1/20 Oral Tablet 1-20 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)
<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-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML ( <i>medroxyprogesterone acetate</i> )	CE	#; N2 (NP); QL (1 syringe per 90 days)
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg</i> (21/5), 0.15-30 mg-mcg	CE	N2 (PG)

2020 Small Group ACA Banner | Aetna

The formulary is updated the first week of each month.

12/01/2020



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg</i>	CE	N2 (PG)
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	CE	N2 (PG)
ECONTRA EZ ORAL TABLET 1.5 MG ( <i>levonorgestrel</i> )	CE	N2 (Not Covered)
<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)
<i>ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg</i>	CE	N2 (PG)
FALESSA ORAL KIT 20-1-0.1 MCG-MG ( <i>levonorgestrel-eth estrad &amp; 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)
<i>drospirenone-ethinyl estradiol</i> (Gianvi Oral Tablet 3-0.02 Mg)	CE	N2 (PG)
<i>norethin ace-eth estrad-fe</i> (Gildess Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N2 (PG)
<i>norethin ace-eth estrad-fe</i> (Gildess Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	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>levonorgest-eth estrad 91-day</i> (Introvale Oral Tablet 0.15-0.03 Mg)	CE	N2 (PG)

2020 Small Group ACA Banner | Aetna

The formulary is updated the first week of each month.

12/01/2020

120

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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>norethindrone</i> (Jolivette Oral Tablet 0.35 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)
<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>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)
<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)

2020 Small Group ACA Banner | Aetna

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> (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 estrad 91-day oral tablet 0.1-0.02 &amp; 0.01 mg, 0.15-0.03 &amp; 0.01 mg, 0.15-0.03 mg</i>	CE	N2 (PG)
<i>levonorgestrel oral tablet 1.5 mg</i>	CE	N2 (Not Covered)
<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</i>	CE	N2 (PG)
<i>levonorgestrel-ethinyl estrad</i> (Levora 0.15/30 (28) Oral Tablet 0.15-30 Mg-Mcg)	CE	N2 (PG)
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 19.5 MCG/DAY ( <i>levonorgestrel</i> )	CE	N2 (NP)
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG / 10 MCG ( <i>norethin-eth estrad-fe biphas</i> )	CE	N2 (NP)
<i>norethindrone acet-ethinyl est</i> (Loestrin 1.5/30 (21) Oral Tablet 1.5-30 Mg-Mcg)	NP	
<i>norethindrone acet-ethinyl est</i> (Loestrin 1/20 (21) Oral Tablet 1-20 Mg-Mcg)	NP	
<i>drospirenone-ethinyl estradiol</i> (Loryna Oral Tablet 3-0.02 Mg)	CE	N2 (PG)
<i>norgestrel-ethinyl estradiol</i> (Low-Ogestrel Oral Tablet 0.3-30 Mg-Mcg)	CE	N2 (PG)
<i>drospirenone-ethinyl estradiol</i> (Lo-Zumandimine Oral Tablet 3-0.02 Mg)	CE	N2 (PG)
<i>levonorgestrel-ethinyl estrad</i> (Lutera Oral Tablet 0.1-20 Mg-Mcg)	CE	N2 (PG)
<i>norethindrone</i> (Lyza Oral Tablet 0.35 Mg)	CE	N2 (PG)
<i>marlissa oral tablet 0.15-30 mg-mcg</i>	CE	N2 (PG)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>	CE	N2 (PG)
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml</i>	CE	N2 (PG); QL (1 syringe per 90 days)
<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)
MINASTRIN 24 FE ORAL TABLET CHEWABLE 1-20 MG-MCG(24) ( <i>norethin ace-eth estrad-fe</i> )	NP	
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/24HR ( <i>levonorgestrel</i> )	CE	#; N2 (NP)
<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>my way oral tablet 1.5 mg</i>	CE	N2 (Not Covered)
<i>levonorg-eth estrad triphasic (Myzilra Oral Tablet 50-30/75-40/125-30 Mcg)</i>	CE	N2 (PG)
NATAZIA ORAL TABLET 3/2-2/2-3/1 MG ( <i>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>norethin-eth estrad triphasic (Necon 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)</i>	CE	N2 (PG)
NEXPLANON SUBCUTANEOUS IMPLANT 68 MG ( <i>etonogestrel</i> )	CE	N2 (NP)
<i>next choice one dose oral tablet 1.5 mg</i>	CE	N2 (Not Covered)
<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)

2020 Small Group ACA Banner | Aetna

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 oral tablet 1-20 mg-mcg, 1-20 mg-mcg(24)</i>	CE	N2 (PG)
<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 (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)
NUVARING VAGINAL RING 0.12-0.015 MG/24HR ( <i>etonogestrel-ethinyl estradiol</i> )	NP	
<i>drospirenone-ethinyl estradiol (Ocella Oral Tablet 3-0.03 Mg)</i>	CE	N2 (PG)
<i>ogestrel oral tablet 0.5-50 mg-mcg</i>	CE	N2 (PG)
OPCICON ONE-STEP ORAL TABLET 1.5 MG ( <i>levonorgestrel</i> )	CE	N2 (Not Covered)
OPTION 2 ORAL TABLET 1.5 MG ( <i>levonorgestrel</i> )	CE	N2 (Not Covered)
<i>levonorgestrel-ethinyl estrad (Orsythia Oral Tablet 0.1-20 Mg-Mcg)</i>	CE	N2 (PG)
ORTHO-NOVUM 7/7/7 (28) ORAL TABLET 0.5/0.75/1-35 MG-MCG ( <i>norethin-eth estrad triphasic</i> )	NP	
PARAGARD INTRAUTERINE COPPER INTRAUTERINE INTRAUTERINE DEVICE ( <i>copper</i> )	CE	N2 (NP)
<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)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>norethindrone-eth estradiol</i> (Pirmella 1/35 Oral Tablet 1-35 Mg-Mcg)	CE	N2 (PG)
<i>norethin-eth estrad triphasic</i> (Pirmella 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	CE	N2 (PG)
<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)
QUARTETTE ORAL TABLET 42-21-21-7 DAYS ( <i>levonorgest-eth estrad 91-day</i> )	NP	
<i>levonorgest-eth estrad 91-day</i> (Quasense Oral Tablet 0.15-0.03 Mg)	CE	N2 (PG)
<i>drospiren-eth estrad-levomefol</i> (Rajani Oral Tablet 3-0.02-0.451 Mg)	CE	N2 (PG)
REACT ORAL TABLET 1.5 MG ( <i>levonorgestrel</i> )	CE	N2 (Not Covered)
<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	
<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)
SLYND ORAL TABLET 4 MG ( <i>drospirenone</i> )	CE	N2 (NC)
<i>desogestrel-ethinyl estradiol</i> (Solia Oral Tablet 0.15-30 Mg-Mcg)	CE	N2 (PG)
<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)

2020 Small Group ACA Banner | Aetna

The formulary is updated the first week of each month.

12/01/2020



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>take action oral tablet 1.5 mg</i>	CE	N2 (Not Covered)
<i>norethin ace-eth estrad-fe</i> (Tarina 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	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> (Trinessa Lo Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	CE	N2 (PG)
TRI-NORINYL (28) ORAL TABLET 0.5/1/0.5-35 MG-MCG ( <i>norethin-eth estrad triphasic</i> )	NP	
<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)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>norgestim-eth estrad triphasic</i> (Tri-Vylibra Lo Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	CE	N2 (PG)
<i>norethindrone</i> (Tulana Oral Tablet 0.35 Mg)	CE	N2 (PG)
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24HR ( <i>levonorgestrel-eth estradiol</i> )	NC	
<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>drospirenone-ethinyl estradiol</i> (Vestura Oral Tablet 3-0.02 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>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)
<i>xulane transdermal patch weekly 150-35 mcg/24hr</i>	CE	N2 (PG)
<i>drospirenone-ethinyl estradiol</i> (Zarah Oral Tablet 3-0.03 Mg)	CE	N2 (PG)
<i>norethindrone-eth estradiol</i> (Zenchent Oral Tablet 0.4-35 Mg-Mcg)	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)
<b>*CORTICOSTEROIDS* - HORMONES</b>		
ALKINDI SPRINKLE ORAL CAPSULE SPRINKLE 0.5 MG, 1 MG, 2 MG, 5 MG ( <i>hydrocortisone</i> )	NC	
<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>	NP	
CORTEF ORAL TABLET 10 MG, 20 MG, 5 MG ( <i>hydrocortisone</i> )	NC	
<i>cortisone acetate oral tablet 25 mg</i>	NP	
<i>prednisone</i> (Deltasone Oral Tablet 20 Mg)	PG	
DEXAMETHASONE INTENSOL ORAL CONCENTRATE 1 MG/ML ( <i>dexamethasone</i> )	NP	

2020 Small Group ACA Banner | Aetna

The formulary is updated the first week of each month.

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>dexamethasone oral elixir 0.5 mg/5ml</i>	PG	
<i>dexamethasone oral solution 0.5 mg/5ml</i>	PG	
<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 (Dexpak 10 Day Oral Tablet Therapy Pack 1.5 Mg (35))</i>	NC	
<i>dexamethasone (Dexpak 13 Day Oral Tablet Therapy Pack 1.5 Mg (51))</i>	NC	
<i>dexamethasone (Dexpak 6 Day Oral Tablet Therapy Pack 1.5 Mg (21))</i>	NC	
<b>DXEVO 11-DAY ORAL TABLET THERAPY PACK 1.5 MG</b> ( <i>dexamethasone</i> )	NC	
<b>EMFLAZA ORAL SUSPENSION 22.75 MG/ML</b> ( <i>deflazacort</i> )	NC	
<b>EMFLAZA ORAL TABLET 18 MG, 30 MG, 36 MG, 6 MG</b> ( <i>deflazacort</i> )	NC	
<b>ENTOCORT EC ORAL CAPSULE DELAYED RELEASE PARTICLES 3 MG</b> ( <i>budesonide</i> )	NC	
<i>fludrocortisone acetate oral tablet 0.1 mg</i>	PG	
<b>HEMADY ORAL TABLET 20 MG</b> ( <i>dexamethasone</i> )	NC	
<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	
<b>MEDROL ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG</b> ( <i>methylprednisolone</i> )	NC	
<b>MEDROL ORAL TABLET 2 MG</b> ( <i>methylprednisolone</i> )	NP	
<b>MEDROL ORAL TABLET THERAPY PACK 4 MG</b> ( <i>methylprednisolone</i> )	NC	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	PG	
<i>methylprednisolone oral tablet therapy pack 4 mg</i>	PG	
<b>MILLIPRED DP 12-DAY ORAL TABLET THERAPY PACK 5 MG (48)</b> ( <i>prednisolone</i> )	NP	
<b>MILLIPRED DP ORAL TABLET THERAPY PACK 5 MG (21), 5 MG (48)</b> ( <i>prednisolone</i> )	NP	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MILLIPRED ORAL SOLUTION 10 MG/5ML ( <i>prednisolone sodium phosphate</i> )	NC	
MILLIPRED ORAL TABLET 5 MG ( <i>prednisolone</i> )	PB	
ORAPRED ODT ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 30 MG ( <i>prednisolone sodium phosphate</i> )	NC	
ORTIKOS ORAL CAPSULE EXTENDED RELEASE 24 HOUR 6 MG, 9 MG ( <i>budesonide</i> )	NC	
<i>prednisolone oral solution 15 mg/5ml</i>	PG	
<i>prednisolone oral syrup 15 mg/5ml</i>	PG	
<i>prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml, 25 mg/5ml</i>	NP	
<i>prednisolone sodium phosphate oral solution 15 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	
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</i>	PG	LGC
<i>prednisone oral tablet 50 mg</i>	PG	
<i>prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)</i>	PG	
TAPERDEX 12-DAY ORAL TABLET THERAPY PACK 1.5 MG (49) ( <i>dexamethasone</i> )	NC	
<i>dexamethasone (Taperdex 6-Day Oral Tablet Therapy Pack 1.5 Mg (21))</i>	NC	
TAPERDEX 7-DAY ORAL TABLET THERAPY PACK 1.5 MG (27) ( <i>dexamethasone</i> )	NC	
UCERIS ORAL TABLET EXTENDED RELEASE 24 HOUR 9 MG ( <i>budesonide</i> )	NC	
VERIPRED 20 ORAL SOLUTION 20 MG/5ML ( <i>prednisolone sodium phosphate</i> )	NC	
<i>zcort 7-day oral tablet therapy pack 1.5 mg (25)</i>	NC	
<b>*COUGH/COLD/ALLERGY* - DRUGS FOR THE LUNGS</b>		
<i>acetylcysteine inhalation solution 10 %, 20 %</i>	PG	
<i>alavert allergy/sinus oral tablet extended release 12 hour 5-120 mg</i>	PG	OTC

2020 Small Group ACA Banner | Aetna

The formulary is updated the first week of each month.

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ALLEGRA-D ALLERGY & CONGESTION ORAL TABLET EXTENDED RELEASE 12 HOUR 60-120 MG ( <i>fexofenadine-pseudoephedrine</i> )	PG	OTC
ALLEGRA-D ALLERGY & CONGESTION ORAL TABLET EXTENDED RELEASE 24 HOUR 180-240 MG ( <i>fexofenadine-pseudoephedrine</i> )	PG	OTC
<i>benzonatate oral capsule 100 mg, 200 mg</i>	PG	
<i>benzonatate oral capsule 150 mg</i>	NC	
<i>pseudoeph-bromphen-dm</i> (Bromfed Dm Oral Syrup 30-2-10 Mg/5MI)	NP	
CARBAPHEN 12 ORAL LIQUID 10-4-27.5 MG/5ML ( <i>phenyleph-chlorphen-carbetapen</i> )	NC	
CARBAPHEN 12 PED ORAL SUSPENSION 2.5-1.25-7.5 MG/ML ( <i>phenyleph-chlorphen-carbetapen</i> )	NC	
<i>cetirizine-pseudoephedrine er oral tablet extended release 12 hour 5-120 mg</i>	PG	OTC
CLARINEX-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR 2.5-120 MG ( <i>desloratadine-pseudoephedrine</i> )	NC	
CLARITIN-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG ( <i>loratadine-pseudoephedrine</i> )	PG	OTC
CLARITIN-D 24 HOUR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-240 MG ( <i>loratadine-pseudoephedrine</i> )	PG	OTC
CODAR AR ORAL LIQUID 2-8 MG/5ML ( <i>chlorpheniramine-codeine</i> )	NC	
<i>fexofenadine-pseudoephed er oral tablet extended release 12 hour 60-120 mg</i>	PG	OTC
<i>fexofenadine-pseudoephed er oral tablet extended release 24 hour 180-240 mg</i>	PG	OTC
<i>hydrocod polst-cpm polst er oral suspension extended release 10-8 mg/5ml</i>	NP	QL (120 mls per 1 fill)
<i>hydrocodone-guaiifenesin oral solution 2.5-200 mg/5ml</i>	NP	PA; QL (60 ml per 1 day over 5 days in a 30 day period)
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5ml</i>	PG	
<i>hydrocodone-homatropine oral tablet 5-1.5 mg</i>	PG	
<i>hydromet oral syrup 5-1.5 mg/5ml</i>	PG	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HYPERSAL INHALATION NEBULIZATION SOLUTION 3.5 %, 7 % ( <i>sodium chloride</i> )	NC	
<i>loratadine-d 12hr oral tablet extended release 12 hour 5-120 mg</i>	PG	OTC
<i>loratadine-d 24hr oral tablet extended release 24 hour 10-240 mg</i>	PG	OTC
<i>sodium chloride</i> (Nebusal Inhalation Nebulization Solution 3 %)	NP	OTC
NEBUSAL INHALATION NEBULIZATION SOLUTION 6 % ( <i>sodium chloride</i> )	NC	
NEOTUSS PLUS ORAL LIQUID 7.5-4-30 MG/5ML ( <i>phenylephrine-chlorphen-dm</i> )	NC	
<i>promethazine vc oral syrup 6.25-5 mg/5ml</i>	NC	
<i>promethazine vc/codeine oral syrup 6.25-5-10 mg/5ml</i>	PG	
<i>promethazine-dm oral syrup 6.25-15 mg/5ml</i>	PG	
<i>promethazine-phenylephrine oral syrup 6.25-5 mg/5ml</i>	NC	
<i>pseudoeph-chlorphen-hydrocod oral solution 60-4-5 mg/5ml</i>	NP	
<i>sodium chloride</i> (Pulmosal Inhalation Nebulization Solution 7 %)	NP	
RELHIST ORAL TABLET CHEWABLE 6-15 MG ( <i>bromphen tann-phenyleph tann</i> )	NC	
SEMPREX-D ORAL CAPSULE 8-60 MG ( <i>acrivastine-pseudoephedrine</i> )	NP	
<i>sodium chloride inhalation nebulization solution 0.9 %, 10 %, 7 %</i>	NP	
<i>sodium chloride inhalation nebulization solution 3 %</i>	NP	OTC
SSKI ORAL SOLUTION 1 GM/ML ( <i>potassium iodide</i> ( <i>expectorant</i> ))	NP	
TESSALON PERLES ORAL CAPSULE 100 MG ( <i>benzonatate</i> )	NC	
TUSSICAPS ORAL CAPSULE EXTENDED RELEASE 12 HOUR 10-8 MG, 5-4 MG ( <i>hydrocod polst-chlorphen polst</i> )	NP	PA; QL (20 caps per 1 fill)
TUSSIONEX PENNKINETIC ER ORAL SUSPENSION EXTENDED RELEASE 10-8 MG/5ML ( <i>hydrocod polst-chlorphen polst</i> )	NC	
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HOUR 54.3-8 MG ( <i>chlorpheniramine-codeine</i> )	NP	PA; QL (2 tablets per day max 20 tablets per 30 days)
TUZISTRA XR ORAL SUSPENSION EXTENDED RELEASE 14.7-2.8 MG/5ML ( <i>codeine polst-chlorphen polst</i> )	NC	

2020 Small Group ACA Banner | Aetna

The formulary is updated the first week of each month.

12/01/2020



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZONATUSS ORAL CAPSULE 150 MG ( <i>benzonatate</i> )	NC	
ZYRTEC-D ALLERGY & CONGESTION ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG ( <i>cetirizine-pseudoephedrine</i> )	PG	OTC
<b>*DERMATOLOGICALS* - DRUGS FOR THE SKIN</b>		
ABREVA EXTERNAL CREAM 10 % ( <i>docosanol</i> )	PG	OTC
ABSORICA LD ORAL CAPSULE 16 MG, 24 MG, 32 MG, 8 MG ( <i>isotretinoin micronized</i> )	NC	
ABSORICA ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG ( <i>isotretinoin</i> )	NC	
ABSORICA ORAL CAPSULE 25 MG, 35 MG ( <i>isotretinoin</i> )	NC	#
ACANYA EXTERNAL GEL 1.2-2.5 % ( <i>clindamycin phos-benzoyl perox</i> )	NC	
<i>acitretin oral capsule 10 mg, 25 mg</i>	NP	QL (2 caps per 1 day)
<i>acitretin oral capsule 17.5 mg</i>	NP	QL (2 capsules per 1 day)
<i>acyclovir external cream 5 %</i>	NC	
<i>acyclovir external ointment 5 %</i>	NC	
ACZONE EXTERNAL GEL 7.5 % ( <i>dapsone</i> )	NP	QL (60 grams per 30 days)
<i>adapalene external cream 0.1 %</i>	NP	PA; AL
<i>adapalene external gel 0.3 %</i>	NP	PA; ST; AL
<i>adapalene external lotion 0.1 %</i>	NP	PA; ST; AL
<i>adapalene external solution 0.1 %</i>	NP	PA; QL (2 ml per 1 day); AL
<i>adapalene-benzoyl peroxide external gel 0.1-2.5 %</i>	NP	PA; AL
AKLIEF EXTERNAL CREAM 0.005 % ( <i>trifarotene</i> )	NC	
AKTIPAK EXTERNAL PACKET 5-3 % ( <i>benzoyl peroxide-erythromycin</i> )	NP	QL (2 packets per 1 day)
ALA SCALP EXTERNAL LOTION 2 % ( <i>hydrocortisone</i> )	NC	
<i>ala-cort external cream 2.5 %</i>	NC	
<i>alclometasone dipropionate external cream 0.05 %</i>	PG	
<i>alclometasone dipropionate external ointment 0.05 %</i>	PG	
ALDARA EXTERNAL CREAM 5 % ( <i>imiquimod</i> )	NC	
ALTABAX EXTERNAL OINTMENT 1 % ( <i>retapamulin</i> )	NP	
ALTRENO EXTERNAL LOTION 0.05 % ( <i>tretinoin</i> )	NC	#
<i>amcinonide external cream 0.1 %</i>	NP	ST
<i>amcinonide external lotion 0.1 %</i>	NP	ST

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>amcinonide external ointment 0.1 %</i>	NP	
AMELUZ EXTERNAL GEL 10 % ( <i>aminolevulinic acid hcl</i> )	NP	#
<i>ammonium lactate external lotion 12 %</i>	PG	OTC
<i>isotretinoin (Amnesteem Oral Capsule 10 Mg, 20 Mg, 40 Mg)</i>	NP	PA; ST; QL (2 capsules per 1 day)
AMZEEQ EXTERNAL FOAM 4 % ( <i>minocycline hcl micronized</i> )	NC	
APEXICON E EXTERNAL CREAM 0.05 % ( <i>diflorasone diacet emoll base</i> )	NP	
ARAZLO EXTERNAL LOTION 0.045 % ( <i>tazarotene</i> )	NC	
ATRALIN EXTERNAL GEL 0.05 % ( <i>tretinoin</i> )	NC	
AVAR LS CLEANSER EXTERNAL LIQUID 10-2 % ( <i>sulfacetamide sodium-sulfur</i> )	NC	
AVAR-E LS EXTERNAL CREAM 10-2 % ( <i>sulfacetamide sodium-sulfur</i> )	NC	
<i>tretinoin (Avita External Cream 0.025 %)</i>	PG	PA; AL
<i>tretinoin (Avita External Gel 0.025 %)</i>	PG	PA
<i>azelaic acid external gel 15 %</i>	NP	
AZELEX EXTERNAL CREAM 20 % ( <i>azelaic acid</i> )	NP	
BACTROBAN EXTERNAL CREAM 2 % ( <i>mupirocin calcium</i> )	NC	
BENZAC AC WASH EXTERNAL LIQUID 5 % ( <i>benzoyl peroxide</i> )	NC	
BENZAACLIN EXTERNAL GEL 1-5 % ( <i>clindamycin phos-benzoyl perox</i> )	NC	
BENZAACLIN WITH PUMP EXTERNAL GEL 1-5 % ( <i>clindamycin phos-benzoyl perox</i> )	NC	
BENZAMYCIN EXTERNAL GEL 5-3 % ( <i>benzoyl peroxide-erythromycin</i> )	NC	
BENZIQ EXTERNAL GEL 5.25 % ( <i>benzoyl peroxide</i> )	NC	
BENZIQ LS EXTERNAL GEL 2.75 % ( <i>benzoyl peroxide</i> )	NC	
<i>benzoyl peroxide-erythromycin external gel 5-3 %</i>	NP	
<i>betamethasone dipropionate aug external cream 0.05 %</i>	NP	
<i>betamethasone dipropionate aug external gel 0.05 %</i>	NP	QL (100 grams per 30 days)
<i>betamethasone dipropionate aug external lotion 0.05 %</i>	NP	QL (120 grams per 30 days)
<i>betamethasone dipropionate aug external ointment 0.05 %</i>	NP	QL (100 grams per 30 days)

2020 Small Group ACA Banner | Aetna

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 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	ST
<i>betamethasone valerate external foam 0.12 %</i>	NP	
<i>betamethasone valerate external lotion 0.1 %</i>	NP	ST
<i>betamethasone valerate external ointment 0.1 %</i>	NP	ST; QL (120 grams per 1 month)
<b>BRYHALI EXTERNAL LOTION 0.01 %</b> ( <i>halobetasol propionate</i> )	NC	
<i>calcipotriene external cream 0.005 %</i>	NP	ST; QL (120 grams per 1 month)
<i>calcipotriene external foam 0.005 %</i>	NC	
<i>calcipotriene external ointment 0.005 %</i>	NP	ST
<i>calcipotriene external solution 0.005 %</i>	NP	ST
<i>calcipotriene-betameth diprop external ointment 0.005-0.064 %</i>	NP	ST; QL (60 grams per 30 days)
<i>calcipotriene-betameth diprop external suspension 0.005-0.064 %</i>	NC	
<i>calcipotriene</i> (Calcitrene External Ointment 0.005 %)	NP	ST
<i>calcitriol external ointment 3 mcg/gm</i>	NP	
<b>CAPEX EXTERNAL SHAMPOO 0.01 %</b> ( <i>fluocinolone acetonide</i> )	NP	QL (120 ml per 30 days)
<b>CARAC EXTERNAL CREAM 0.5 %</b> ( <i>fluorouracil</i> )	NC	
<b>CENTANY EXTERNAL OINTMENT 2 %</b> ( <i>mupirocin</i> )	NC	
<i>ciclopirox olamine</i> (Ciclodan External Cream 0.77 %)	NP	
<i>ciclopirox</i> (Ciclodan External Solution 8 %)	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
<i>ciclopirox olamine external cream 0.77 %</i>	NP	
<i>ciclopirox olamine external suspension 0.77 %</i>	PG	
<i>isotretinoin</i> (Claravis Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	NP	PA; ST; QL (2 capsules per 1 day)
<b>CLEOCIN-T EXTERNAL GEL 1 %</b> ( <i>clindamycin phosphate</i> )	NC	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CLEOCIN-T EXTERNAL LOTION 1 % ( <i>clindamycin phosphate</i> )	NC	
CLEOCIN-T EXTERNAL SOLUTION 1 % ( <i>clindamycin phosphate</i> )	NC	
CLEOCIN-T EXTERNAL SWAB 1 % ( <i>clindamycin phosphate</i> )	NC	
<i>clindamycin phosphate</i> (Clindacin Etz External Swab 1 %)	NP	
<i>clindamycin phosphate</i> (Clindacin-P External Swab 1 %)	NP	
CLINDAGEL EXTERNAL GEL 1 % ( <i>clindamycin phosphate</i> )	NC	
<i>clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-5 %</i>	NP	
<i>clindamycin phosphate external foam 1 %</i>	NP	
<i>clindamycin phosphate external gel 1 %</i>	NP	
<i>clindamycin phosphate external lotion 1 %</i>	NP	
<i>clindamycin phosphate external solution 1 %</i>	NP	QL (2 ml per 1 day)
<i>clindamycin phosphate external swab 1 %</i>	NP	
<i>clindamycin-tretinoin external gel 1.2-0.025 %</i>	PG	PA; AL
<i>clobetasol propionate e external cream 0.05 %</i>	NP	ST; 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	ST; 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	ST; 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	ST; QL (236 ml per 30 days)
<i>clobetasol propionate external ointment 0.05 %</i>	NP	ST; 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	ST; QL (100 grams per 30 days)
CLOBEX EXTERNAL LOTION 0.05 % ( <i>clobetasol propionate</i> )	NC	
CLOBEX EXTERNAL SHAMPOO 0.05 % ( <i>clobetasol propionate</i> )	NC	

2020 Small Group ACA Banner | Aetna

The formulary is updated the first week of each month.

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CLOBEX SPRAY EXTERNAL LIQUID 0.05 % ( <i>clobetasol propionate</i> )	NC	
<i>clocortolone pivalate external cream 0.1 %</i>	NP	
<i>clocortolone pivalate pump external cream 0.1 %</i>	NP	
<i>clobetasol propionate</i> (Clodan External Shampoo 0.05 %)	NP	QL (236 ml per 30 days)
CLODERM EXTERNAL CREAM 0.1 % ( <i>clocortolone pivalate</i> )	NC	
CLODERM PUMP EXTERNAL CREAM 0.1 % ( <i>clocortolone pivalate</i> )	NC	
<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	
CONDYLOX EXTERNAL GEL 0.5 % ( <i>podofilox</i> )	NP	
CORDRAN EXTERNAL CREAM 0.05 % ( <i>flurandrenolide</i> )	NC	
CORDRAN EXTERNAL LOTION 0.05 % ( <i>flurandrenolide</i> )	NC	
CORDRAN EXTERNAL OINTMENT 0.05 % ( <i>flurandrenolide</i> )	NC	
CORDRAN EXTERNAL TAPE 4 MCG/SQCM ( <i>flurandrenolide</i> )	NP	#; QL (1 roll per 1 fill)
<i>clobetasol propionate</i> (Cormax Scalp Application External Solution 0.05 %)	NP	ST; QL (100 ml per 30 days)
CORTISPORIN EXTERNAL CREAM 3.5-10000-0.5 ( <i>neomycin-polymyxin-hc</i> )	NP	
CORTISPORIN EXTERNAL OINTMENT 1 % ( <i>bacit-poly-neo hc</i> )	NP	
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML ( <i>secukinumab</i> )	PS	PA; ST; NPL; SP Pharmacy; QL (2 injections per 1 month)
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML ( <i>secukinumab</i> )	PS	PA; ST; NPL; SP Pharmacy; QL (2 injections per 1 month)
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML ( <i>secukinumab</i> )	PS	PA; ST; NPL; SP Pharmacy; QL (1 package per 28 days)
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML ( <i>secukinumab</i> )	PS	PA; ST; NPL; SP Pharmacy; QL (1 package per 28 days)
CROTAN EXTERNAL LOTION 10 % ( <i>crotamiton</i> )	PG	
CUTIVATE EXTERNAL LOTION 0.05 % ( <i>fluticasone propionate</i> )	NC	

2020 Small Group ACA Banner | Aetna

The formulary is updated the first week of each month.

12/01/2020

136

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>dapsone external gel 5 %</i>	PG	QL (60 grams per 30 Days)
<i>dapsone external gel 7.5 %</i>	PG	QL (60 GM per 30 days)
DENAVIR EXTERNAL CREAM 1 % ( <i>penciclovir</i> )	NP	ST; #
DERMA-SMOOTH/FS BODY EXTERNAL OIL 0.01 % ( <i>fluocinolone acetone</i> )	NC	
DERMA-SMOOTH/FS SCALP EXTERNAL OIL 0.01 % ( <i>fluocinolone acetone</i> )	NC	
DESONATE EXTERNAL GEL 0.05 % ( <i>desonide</i> )	NC	#
<i>desonide external cream 0.05 %</i>	NP	ST
<i>desonide external gel 0.05 %</i>	NC	
<i>desonide external lotion 0.05 %</i>	NP	ST
<i>desonide external ointment 0.05 %</i>	NP	ST
DESOWEN EXTERNAL CREAM 0.05 % ( <i>desonide</i> )	NC	
DESOWEN EXTERNAL LOTION 0.05 % ( <i>desonide</i> )	NC	
<i>desoximetasone external cream 0.05 %, 0.25 %</i>	NP	ST
<i>desoximetasone external gel 0.05 %</i>	NP	ST
<i>desoximetasone external liquid 0.25 %</i>	NC	
<i>desoximetasone external ointment 0.05 %</i>	NP	ST
<i>desoximetasone external ointment 0.25 %</i>	NP	ST; QL (120 grams per 1 month)
<i>diclofenac epolamine external patch 1.3 %</i>	PG	PA; QL (2 patches per 1 day)
<i>diclofenac epolamine transdermal patch 1.3 %</i>	PG	QL (2 patches per 1 day)
<i>diclofenac sodium external gel 3 %</i>	NC	
<i>diclofenac sodium external solution 1.5 %</i>	NC	
<i>diclofenac sodium transdermal gel 3 %</i>	NC	
<i>diclofenac sodium transdermal solution 1.5 %</i>	NC	
DIFFERIN EXTERNAL CREAM 0.1 % ( <i>adapalene</i> )	NC	
DIFFERIN EXTERNAL GEL 0.3 % ( <i>adapalene</i> )	NC	
DIFFERIN EXTERNAL LOTION 0.1 % ( <i>adapalene</i> )	NC	
<i>diflorasone diacetate external cream 0.05 %</i>	NP	ST
<i>diflorasone diacetate external ointment 0.05 %</i>	NP	ST
DIPROLENE AF EXTERNAL CREAM 0.05 % ( <i>betamethasone dipropionate aug</i> )	NC	

2020 Small Group ACA Banner | Aetna

The formulary is updated the first week of each month.

12/01/2020



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DIPROLENE EXTERNAL LOTION 0.05 % ( <i>betamethasone dipropionate aug</i> )	NC	
DIPROLENE EXTERNAL OINTMENT 0.05 % ( <i>betamethasone dipropionate aug</i> )	NC	
<i>docosanol external cream 10 %</i>	PG	OTC
DOLOTRANZ EXTERNAL KIT 2.5-2.5 & 4 % ( <i>lidocaine-prilocaine</i> )	NC	
DOVONEX EXTERNAL CREAM 0.005 % ( <i>calcipotriene</i> )	NC	
<i>doxepin hcl external cream 5 %</i>	NP	QL (1.5 grams per 1 day)
<i>ds prep pak combination therapy pack 1 &amp; 0.13 %</i>	NC	
DUAC EXTERNAL GEL 1.2-5 % ( <i>clindamycin-benzoyl per (refr)</i> )	NC	
DUOBRII EXTERNAL LOTION 0.01-0.045 % ( <i>halobetasol prop-tazarotene</i> )	NP	QL (1 100 gram tube per 1 month)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML ( <i>dupilumab</i> )	NC	
<i>econazole nitrate external cream 1 %</i>	NP	QL (85 grams per 30 days)
ECOZA EXTERNAL FOAM 1 % ( <i>econazole nitrate</i> )	NC	
EFUDEX EXTERNAL CREAM 5 % ( <i>fluorouracil</i> )	NC	
ELIDEL EXTERNAL CREAM 1 % ( <i>pimecrolimus</i> )	NC	
ELIMITE EXTERNAL CREAM 5 % ( <i>permethrin</i> )	NC	
ELOCON EXTERNAL CREAM 0.1 % ( <i>mometasone furoate</i> )	NC	
ELOCON EXTERNAL OINTMENT 0.1 % ( <i>mometasone furoate</i> )	NC	
ENSTILAR EXTERNAL FOAM 0.005-0.064 % ( <i>calcipotriene-betameth diprop</i> )	NC	
EPIDUO EXTERNAL GEL 0.1-2.5 % ( <i>adapalene-benzoyl peroxide</i> )	NC	
EPIDUO FORTE EXTERNAL GEL 0.3-2.5 % ( <i>adapalene-benzoyl peroxide</i> )	NP	ST; #
EPIFOAM EXTERNAL FOAM 1-1 % ( <i>pramoxine-hc</i> )	NP	
ERTACZO EXTERNAL CREAM 2 % ( <i>sertaconazole nitrate</i> )	NP	QL (60 grams per 30 days)
<i>ery external pad 2 %</i>	PG	
<i>erythromycin external gel 2 %</i>	NP	
<i>erythromycin external pad 2 %</i>	PG	
<i>erythromycin external solution 2 %</i>	PG	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EUCRISA EXTERNAL OINTMENT 2 % ( <i>crisaborole</i> )	NC	
EURAX EXTERNAL CREAM 10 % ( <i>crotamiton</i> )	NP	
EURAX EXTERNAL LOTION 10 % ( <i>crotamiton</i> )	NP	
EVOCLIN EXTERNAL FOAM 1 % ( <i>clindamycin phosphate</i> )	NC	
EXELDERM EXTERNAL CREAM 1 % ( <i>sulconazole nitrate</i> )	NP	QL (60 grams per 30 days)
EXELDERM EXTERNAL SOLUTION 1 % ( <i>sulconazole nitrate</i> )	NP	QL (60 ml per 30 days)
EXTINA EXTERNAL FOAM 2 % ( <i>ketconazole</i> )	NP	QL (50 grams per 30 days)
FABIOR EXTERNAL FOAM 0.1 % ( <i>tazarotene</i> )	NC	
FINACEA EXTERNAL FOAM 15 % ( <i>azelaic acid</i> )	NP	
FINACEA EXTERNAL GEL 15 % ( <i>azelaic acid</i> )	NC	
FLECTOR EXTERNAL PATCH 1.3 % ( <i>diclofenac epolamine</i> )	NC	
FLECTOR TRANSDERMAL PATCH 1.3 % ( <i>diclofenac epolamine</i> )	NC	
<i>fluocinolone acetonide body external oil 0.01 %</i>	NP	
<i>fluocinolone acetonide external cream 0.01 %, 0.025 %</i>	NP	ST
<i>fluocinolone acetonide external ointment 0.025 %</i>	NP	ST
<i>fluocinolone acetonide external solution 0.01 %</i>	NP	
<i>fluocinolone acetonide scalp external oil 0.01 %</i>	NP	
<i>fluocinonide emulsified base external cream 0.05 %</i>	PG	QL (4 grams per 1 day)
<i>fluocinonide external cream 0.05 %</i>	NP	ST; LGC; QL (120 grams per 30 days)
<i>fluocinonide external cream 0.1 %</i>	NP	ST; QL (120 grams per 30 days)
<i>fluocinonide external gel 0.05 %</i>	NP	ST; QL (120 grams per 30 days)
<i>fluocinonide external ointment 0.05 %</i>	NP	ST; QL (120 grams per 30 days)
<i>fluocinonide external solution 0.05 %</i>	PG	QL (120 grams per 30 days)
FLUOROPLEX EXTERNAL CREAM 1 % ( <i>fluorouracil</i> )	NP	
<i>fluorouracil external cream 0.5 %, 5 %</i>	PG	
<i>fluorouracil external solution 2 %, 5 %</i>	PG	
<i>flurandrenolide external cream 0.05 %</i>	NP	
<i>flurandrenolide external lotion 0.05 %</i>	NP	

2020 Small Group ACA Banner | Aetna

The formulary is updated the first week of each month.

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>flurandrenolide external ointment 0.05 %</i>	NC	
<i>fluticasone propionate external cream 0.05 %</i>	NP	ST
<i>fluticasone propionate external lotion 0.05 %</i>	NP	
<i>fluticasone propionate external ointment 0.005 %</i>	NP	
<i>gentamicin sulfate external cream 0.1 %</i>	PG	LGC
<i>gentamicin sulfate external ointment 0.1 %</i>	PG	LGC
<i>halcinonide external cream 0.1 %</i>	NP	
<i>halobetasol propionate external cream 0.05 %</i>	NP	ST; QL (50 grams per 30 days)
<i>halobetasol propionate external foam 0.05 %</i>	NC	
<i>halobetasol propionate external ointment 0.05 %</i>	NP	ST; QL (50 grams per 30 days)
HALOG EXTERNAL CREAM 0.1 % ( <i>halcinonide</i> )	NP	
HALOG EXTERNAL OINTMENT 0.1 % ( <i>halcinonide</i> )	NP	
HALOG EXTERNAL SOLUTION 0.1 % ( <i>halcinonide</i> )	NC	
<i>hyalucil-4 transdermal cream 2-4 %</i>	NC	
<i>hydrocortisone butyr lipo base external cream 0.1 %</i>	NP	
<i>hydrocortisone butyrate external cream 0.1 %</i>	NP	
<i>hydrocortisone butyrate external lotion 0.1 %</i>	NC	
<i>hydrocortisone butyrate external ointment 0.1 %</i>	NP	
<i>hydrocortisone butyrate external solution 0.1 %</i>	NP	
<i>hydrocortisone external ointment 2.5 %</i>	PG	
<i>hydrocortisone valerate external cream 0.2 %</i>	NP	
<i>hydrocortisone valerate external ointment 0.2 %</i>	NP	
ILUMYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML ( <i>tildrakizumab-asmn</i> )	NC	
<i>imiquimod external cream 5 %</i>	NP	QL (48 packets per 365 days)
<i>imiquimod pump external cream 3.75 %</i>	NP	QL (1 pump per 1 month)
IMPOYZ EXTERNAL CREAM 0.025 % ( <i>clobetasol propionate</i> )	NC	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	NP	PA; ST; QL (2 capsules per 1 day)
<i>ivermectin external cream 1 %</i>	NP	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
JUBLIA EXTERNAL SOLUTION 10 % ( <i>efinaconazole</i> )	NP	PA; ST; QL (4 ml per 1 month)
KENALOG EXTERNAL AEROSOL SOLUTION 0.147 MG/GM ( <i>triamcinolone acetonide</i> )	NC	
<i>ketoconazole external cream 2 %</i>	PG	QL (2 grams per 1 day)
<i>ketoconazole external foam 2 %</i>	NP	QL (50 grams per 30 days)
<i>ketoconazole external shampoo 2 %</i>	PG	
KLARON EXTERNAL LOTION 10 % ( <i>sulfacetamide sodium (acne)</i> )	NC	
<i>diclofenac sodium (Klofensaid Ii External Solution 1.5 %)</i>	NC	
<i>diclofenac sodium (Klofensaid Ii Transdermal Solution 1.5 %)</i>	NC	
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> )	NC	#
LICART EXTERNAL PATCH 24 HOUR 1.3 % ( <i>diclofenac epolamine</i> )	NC	
LICART TRANSDERMAL PATCH 24 HOUR 1.3 % ( <i>diclofenac epolamine</i> )	NC	
<i>lidocaine external ointment 5 %</i>	NP	PA; QL (50 grams per 30 days)
<i>lidocaine external patch 5 %</i>	NC	
<i>lidocaine hcl external solution 4 %</i>	NC	
<i>lidocaine pak external ointment 5 %</i>	NP	PA; QL (90 grams per 1 month)
<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>	PG	PA; QL (30 grams per 30 days)
<i>lidocaine-tetracaine external cream 7-7 %</i>	NC	
LIDODERM EXTERNAL PATCH 5 % ( <i>lidocaine</i> )	NC	
LIDOTREX EXTERNAL GEL 2 % ( <i>lidocaine-collagen-aloe vera</i> )	NC	
<i>lindane external shampoo 1 %</i>	PG	
LOCOID EXTERNAL CREAM 0.1 % ( <i>hydrocortisone butyrate</i> )	NC	
LOCOID EXTERNAL LOTION 0.1 % ( <i>hydrocortisone butyrate</i> )	NC	

2020 Small Group ACA Banner | Aetna

The formulary is updated the first week of each month.

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LOCOID EXTERNAL SOLUTION 0.1 % ( <i>hydrocortisone butyrate</i> )	NC	
LOCOID LIPOCREAM EXTERNAL CREAM 0.1 % ( <i>hydrocortisone butyr lipo base</i> )	NC	
LOPROX EXTERNAL CREAM 0.77 % ( <i>ciclopirox olamine</i> )	NC	
LOPROX EXTERNAL SHAMPOO 1 % ( <i>ciclopirox</i> )	NC	
LOPROX EXTERNAL SUSPENSION 0.77 % ( <i>ciclopirox olamine</i> )	NC	
LOTRISONE EXTERNAL CREAM 1-0.05 % ( <i>clotrimazole-betamethasone</i> )	NC	
<i>luliconazole external cream 1 %</i>	PG	
LUXIQ EXTERNAL FOAM 0.12 % ( <i>betamethasone valerate</i> )	NC	
LUZU EXTERNAL CREAM 1 % ( <i>luliconazole</i> )	NC	
<i>malathion external lotion 0.5 %</i>	NP	
MENTAX EXTERNAL CREAM 1 % ( <i>butenafine hcl</i> )	NP	
<i>methoxsalen oral capsule 10 mg</i>	NP	
<i>methoxsalen rapid oral capsule 10 mg</i>	NP	
METROCREAM EXTERNAL CREAM 0.75 % ( <i>metronidazole</i> )	NC	
METROGEL EXTERNAL GEL 1 % ( <i>metronidazole</i> )	NC	
METROLOTION EXTERNAL LOTION 0.75 % ( <i>metronidazole</i> )	NC	
<i>metronidazole external cream 0.75 %</i>	NP	
<i>metronidazole external gel 0.75 %, 1 %</i>	NP	
<i>metronidazole external lotion 0.75 %</i>	PG	
<i>miconazole-zinc oxide-petrolat external ointment 0.25-15-81.35 %</i>	NC	
MICORT-HC EXTERNAL CREAM 2.5 % ( <i>hydrocortisone acetate</i> )	NC	
MIRVASO EXTERNAL GEL 0.33 % ( <i>brimonidine tartrate</i> )	NP	PA; ST
<i>mometasone furoate external cream 0.1 %</i>	NP	ST
<i>mometasone furoate external ointment 0.1 %</i>	NP	ST
<i>mometasone furoate external solution 0.1 %</i>	PG	
<i>mupirocin calcium external cream 2 %</i>	NP	QL (60 grams per 30 days)
<i>mupirocin external ointment 2 %</i>	PG	QL (60 grams per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>isotretinoin</i> (Myorisan Oral Capsule 10 Mg, 20 Mg, 40 Mg)	NP	PA; ST; QL (2 capsules per 1 day)
<i>isotretinoin</i> (Myorisan Oral Capsule 30 Mg)	NP	PA; ST; QL (2 capsules per 1 day)
<i>naftifine hcl external cream 1 %</i>	NP	ST
<i>naftifine hcl external cream 2 %</i>	NP	ST; QL (60 grams per 30 days)
NAFTIN EXTERNAL CREAM 2 % ( <i>naftifine hcl</i> )	NC	
NAFTIN EXTERNAL GEL 1 % ( <i>naftifine hcl</i> )	NP	ST; QL (60 grams per 30 days)
NAFTIN EXTERNAL GEL 2 % ( <i>naftifine hcl</i> )	NP	ST; #; QL (60 grams per 30 days)
NATROBA EXTERNAL SUSPENSION 0.9 % ( <i>spinosad</i> )	NC	
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 %)	NP	
NIZORAL EXTERNAL SHAMPOO 2 % ( <i>ketconazole</i> )	NC	
NORITATE EXTERNAL CREAM 1 % ( <i>metronidazole</i> )	NC	
<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>	NP	QL (60 grams per 1 month)
<i>nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%</i>	NP	
<i>nystatin</i> (Nystop External Powder 100000 Unit/Gm)	PG	
OLUX EXTERNAL FOAM 0.05 % ( <i>clobetasol propionate</i> )	NC	
OLUX-E EXTERNAL FOAM 0.05 % ( <i>clobetasol propionate emulsion</i> )	NC	
ONEXTON EXTERNAL GEL 1.2-3.75 % ( <i>clindamycin phosphobenzoyl perox</i> )	NC	#
ORACEA ORAL CAPSULE DELAYED RELEASE 40 MG ( <i>doxycycline</i> )	NC	
OVIDE EXTERNAL LOTION 0.5 % ( <i>malathion</i> )	NC	
<i>oxiconazole nitrate external cream 1 %</i>	NP	QL (60 grams per 30 days)
OXISTAT EXTERNAL CREAM 1 % ( <i>oxiconazole nitrate</i> )	NC	
OXISTAT EXTERNAL LOTION 1 % ( <i>oxiconazole nitrate</i> )	NP	QL (60 ml per 30 days)

2020 Small Group ACA Banner | Aetna

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>	NC	
PANDEL EXTERNAL CREAM 0.1 % <i>(hydrocortisone probutate)</i>	NC	
PANRETIN EXTERNAL GEL 0.1 % <i>(alitretinoin)</i>	NP	
PENLAC EXTERNAL SOLUTION 8 % <i>(ciclopirox)</i>	NC	
PENNSAID EXTERNAL SOLUTION 2 % <i>(diclofenac sodium)</i>	NC	
PENNSAID TRANSDERMAL SOLUTION 2 % <i>(diclofenac sodium)</i>	NC	
<i>permethrin external cream 5 %</i>	NP	
PICATO EXTERNAL GEL 0.015 %, 0.05 % <i>(ingenol mebutate)</i>	NC	
<i>pimecrolimus external cream 1 %</i>	NP	PA; ST
PLEXION CLEANSER EXTERNAL LIQUID 9.8-4.8 % <i>(sulfacetamide sodium-sulfur)</i>	NC	
PLEXION CLEANSING CLOTH EXTERNAL PAD 9.8-4.8 % <i>(sulfacetamide sodium-sulfur)</i>	NC	
PLEXION EXTERNAL CREAM 9.8-4.8 % <i>(sulfacetamide sodium-sulfur)</i>	NC	
PLEXION EXTERNAL LOTION 9.8-4.8 % <i>(sulfacetamide sodium-sulfur)</i>	NC	
PLIXDA EXTERNAL PAD 0.1 % <i>(adapalene)</i>	NC	
<i>podofilox external solution 0.5 %</i>	PG	
PRAMOSONE EXTERNAL CREAM 1-1 % <i>(pramoxine-hc)</i>	NC	
<i>prednicarbate external cream 0.1 %</i>	NP	
<i>prednicarbate external ointment 0.1 %</i>	NP	
<i>premium lidocaine external ointment 5 %</i>	NP	PA; QL (90 grams per 1 month)
PROTOPIC EXTERNAL OINTMENT 0.03 %, 0.1 % <i>(tacrolimus)</i>	NC	
<i>psorcon external cream 0.05 %</i>	NC	
QBREXZA EXTERNAL PAD 2.4 % <i>(glycopyrronium tosylate)</i>	NP	PA; ST; QL (1 pad per 1 Day)
REGANEX EXTERNAL GEL 0.01 % <i>(becaplermin)</i>	NP	QL (30 grams per 30 days)
RETIN-A EXTERNAL CREAM 0.025 %, 0.05 %, 0.1 % <i>(tretinoin)</i>	NC	

2020 Small Group ACA Banner | Aetna

The formulary is updated the first week of each month.

12/01/2020

144

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RETIN-A EXTERNAL GEL 0.01 %, 0.025 % ( <i>tretinoin</i> )	NC	
RETIN-A MICRO EXTERNAL GEL 0.04 %, 0.1 % ( <i>tretinoin microsphere</i> )	NC	
RETIN-A MICRO PUMP EXTERNAL GEL 0.04 %, 0.06 %, 0.08 %, 0.1 % ( <i>tretinoin microsphere</i> )	NC	
RHOFADE EXTERNAL CREAM 1 % ( <i>oxymetazoline hcl</i> )	NC	
<i>metronidazole</i> (Rosadan External Cream 0.75 %)	NP	
<i>metronidazole</i> (Rosadan External Gel 0.75 %)	NP	
SANTYL EXTERNAL OINTMENT 250 UNIT/GM ( <i>collagenase</i> )	NP	QL (60 grams per 30 days)
<i>selenium sulfide external shampoo 2.25 %</i>	NC	
SERNIVO EXTERNAL EMULSION 0.05 % ( <i>betamethasone dipropionate</i> )	NC	
SILIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 210 MG/1.5ML ( <i>brodalumab</i> )	NC	
SILVADENE EXTERNAL CREAM 1 % ( <i>silver sulfadiazine</i> )	NC	
<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> )	NC	
SOOLANTRA EXTERNAL CREAM 1 % ( <i>ivermectin</i> )	NC	
SORIATANE ORAL CAPSULE 10 MG, 17.5 MG, 25 MG ( <i>acitretin</i> )	NC	
SORILUX EXTERNAL FOAM 0.005 % ( <i>calcipotriene</i> )	NC	
<i>spinosad external suspension 0.9 %</i>	NP	
<i>silver sulfadiazine</i> (Ssd External Cream 1 %)	PG	
<i>sss 10-5 external foam 10-5 %</i>	NC	
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML ( <i>ustekinumab</i> )	PS	PA; ST; IBC (Preferred agent for Psoriasis. Preferred agent for Crohn's Disease and Ulcerative Colitis after failure of Humira. Not covered for Psoriatic Arthritis.); SP Pharmacy; QL (2 vials per 90 days)

2020 Small Group ACA Banner | Aetna

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 45 MG/0.5ML ( <i>ustekinumab</i> )	PS	PA; ST; IBC (Preferred agent for Psoriasis. Preferred agent for Crohn's Disease and Ulcerative Colitis after failure of Humira. Not covered for Psoriatic Arthritis.); SP Pharmacy; QL (2 syringes per 90 days)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML ( <i>ustekinumab</i> )	PS	PA; ST; IBC (Preferred agent for Psoriasis. Preferred agent for Crohn's Disease and Ulcerative Colitis after failure of Humira. Not covered for Psoriatic Arthritis.); SP Pharmacy; QL (2 syringes per 60 days)
<i>sulconazole nitrate external cream 1 %</i>	PG	QL (60 GM per 1 month)
<i>sulconazole nitrate external solution 1 %</i>	NP	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	
SUMAXIN EXTERNAL PAD 10-4 % ( <i>sulfacetamide sodium-sulfur</i> )	NC	
SUMAXIN TS EXTERNAL SUSPENSION 8-4 % ( <i>sulfacetamide sodium-sulfur</i> )	NC	
SYNALAR EXTERNAL CREAM 0.025 % ( <i>fluocinolone acetonide</i> )	NC	
SYNALAR EXTERNAL OINTMENT 0.025 % ( <i>fluocinolone acetonide</i> )	NC	
SYNALAR EXTERNAL SOLUTION 0.01 % ( <i>fluocinolone acetonide</i> )	NC	
SYNERA EXTERNAL PATCH 70-70 MG ( <i>lidocaine-tetracaine</i> )	NP	QL (10 patches per 30 days)
TACLONEX EXTERNAL OINTMENT 0.005-0.064 % ( <i>calcipotriene-betameth diprop</i> )	NC	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TACLONEX EXTERNAL SUSPENSION 0.005-0.064 % ( <i>calcipotriene-betameth diprop</i> )	NP	ST; QL (60 grams per 30 days)
<i>tacrolimus external ointment 0.03 %, 0.1 %</i>	NP	ST
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/ML ( <i>ixekizumab</i> )	NC	
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/ML ( <i>ixekizumab</i> )	NC	
TARGRETIN EXTERNAL GEL 1 % ( <i>bexarotene</i> )	NPS	PA; SP Pharmacy
<i>tavaborole external solution 5 %</i>	NC	
<i>tazarotene external cream 0.1 %</i>	NP	PA; ST; AL
TAZORAC EXTERNAL CREAM 0.05 % ( <i>tazarotene</i> )	NP	PA; ST; AL
TAZORAC EXTERNAL CREAM 0.1 % ( <i>tazarotene</i> )	NC	
TAZORAC EXTERNAL GEL 0.05 %, 0.1 % ( <i>tazarotene</i> )	NP	PA; ST; AL
TEMOVATE EXTERNAL CREAM 0.05 % ( <i>clobetasol propionate</i> )	NC	
TEMOVATE EXTERNAL OINTMENT 0.05 % ( <i>clobetasol propionate</i> )	NC	
TEXACORT EXTERNAL SOLUTION 2.5 % ( <i>hydrocortisone</i> )	NP	
TOLAK EXTERNAL CREAM 4 % ( <i>fluorouracil</i> )	PB	#
TOPICORT EXTERNAL CREAM 0.05 %, 0.25 % ( <i>desoximetasone</i> )	NC	
TOPICORT EXTERNAL GEL 0.05 % ( <i>desoximetasone</i> )	NC	
TOPICORT EXTERNAL OINTMENT 0.05 %, 0.25 % ( <i>desoximetasone</i> )	NC	
TOPICORT SPRAY EXTERNAL LIQUID 0.25 % ( <i>desoximetasone</i> )	NC	
TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 MG/ML ( <i>guselkumab</i> )	NC	
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML ( <i>guselkumab</i> )	NC	
<i>tretinoin external cream 0.025 %, 0.05 %, 0.1 %</i>	PG	PA; AL
<i>tretinoin external gel 0.01 %</i>	PG	PA; AL
<i>tretinoin external gel 0.025 %</i>	PG	PA
<i>tretinoin external gel 0.05 %</i>	NP	PA; AL
<i>tretinoin microsphere external gel 0.04 %, 0.1 %</i>	NC	

2020 Small Group ACA Banner | Aetna

The formulary is updated the first week of each month.

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>tretinoin microsphere pump external gel 0.04 %, 0.1 %</i>	NC	
<i>triamcinolone acetonide external aerosol solution 0.147 mg/gm</i>	NC	
<i>triamcinolone acetonide external cream 0.025 %, 0.5 %</i>	PG	LGC
<i>triamcinolone acetonide external cream 0.1 %</i>	PG	LGC; 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	LGC
<i>triamcinolone acetonide external ointment 0.1 %</i>	PG	LGC; QL (60 grams per 1 month)
<i>triamcinolone acetonide (Triderm External Cream 0.1 %)</i>	PG	LGC; QL (60 grams per 1 month)
<i>triamcinolone acetonide (Triderm External Cream 0.5 %)</i>	PG	
TRIDESILON EXTERNAL CREAM 0.05 % ( <i>desonide</i> )	NC	
ULESFIA EXTERNAL LOTION 5 % ( <i>benzyl alcohol</i> )	NP	#; QL (3 bottles per 1 fill)
ULTRAVATE EXTERNAL CREAM 0.05 % ( <i>halobetasol propionate</i> )	NC	
ULTRAVATE EXTERNAL LOTION 0.05 % ( <i>halobetasol propionate</i> )	NC	#
ULTRAVATE EXTERNAL OINTMENT 0.05 % ( <i>halobetasol propionate</i> )	NC	
VALCHLOR EXTERNAL GEL 0.016 % ( <i>mechlorethamine hcl (topical)</i> )	NC	#
VANOS EXTERNAL CREAM 0.1 % ( <i>fluocinonide</i> )	NC	
VECTICAL EXTERNAL OINTMENT 3 MCG/GM ( <i>calcitriol</i> )	NC	
VERDESO EXTERNAL FOAM 0.05 % ( <i>desonide</i> )	NP	QL (100 grams per 30 days)
VEREGEN EXTERNAL OINTMENT 15 % ( <i>sinecatechins</i> )	NP	
XEPI EXTERNAL CREAM 1 % ( <i>ozenoxacin</i> )	NC	
XERAC AC EXTERNAL SOLUTION 6.25 % ( <i>aluminum chloride in alcohol</i> )	PB	
XERESE EXTERNAL CREAM 5-1 % ( <i>acyclovir-hydrocortisone</i> )	NC	
XOLEGEL EXTERNAL GEL 2 % ( <i>ketconazole</i> )	NP	QL (50 grams per 30 days)
<i>isotretinoin (Zenatane Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)</i>	NP	PA; ST; QL (2 capsules per 1 day)
ZILXI EXTERNAL FOAM 1.5 % ( <i>minocycline hcl micronized</i> )	NC	

2020 Small Group ACA Banner | Aetna

The formulary is updated the first week of each month.

12/01/2020

148

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZOVIRAX EXTERNAL CREAM 5 % ( <i>acyclovir</i> )	NC	
ZOVIRAX EXTERNAL OINTMENT 5 % ( <i>acyclovir</i> )	NC	
ZYCLARA EXTERNAL CREAM 3.75 % ( <i>imiquimod</i> )	NC	
ZYCLARA PUMP EXTERNAL CREAM 2.5 %, 3.75 % ( <i>imiquimod</i> )	NC	
<b>*DIAGNOSTIC PRODUCTS*</b>		
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> )	NP	PA; QL (300 strips per 30 days)
ADVANCE INTUITION TEST IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 30 days)
ADVOCATE REDI-CODE IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 30 days)
ADVOCATE REDI-CODE+ TEST IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 30 days)
ADVOCATE TEST IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 30 days)
AGAMATRIX AMP TEST IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 30 days)
AGAMATRIX JAZZ TEST IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 30 days)
AGAMATRIX KEYNOTE TEST IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 30 days)
AGAMATRIX PRESTO TEST IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 30 days)
ASSURE 3 TEST IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 30 days)
ASSURE 4 TEST IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 30 days)
ASSURE PLATINUM IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 30 days)

2020 Small Group ACA Banner | Aetna

The formulary is updated the first week of each month.

12/01/2020



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ASSURE PRO TEST IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 30 days)
BAYER BREEZE 2 TEST IN VITRO DISK ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 30 days)
BAYER CONTOUR TEST IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 30 days)
<i>blood glucose test in vitro strip</i>	NC	
CARESENS N GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 30 days)
CHEMSTRIP 10 MD IN VITRO STRIP ( <i>multiple urine tests</i> )	NP	
CHEMSTRIP 10/SG IN VITRO STRIP ( <i>multiple urine tests</i> )	NP	
CHEMSTRIP 2 GP IN VITRO STRIP ( <i>multiple urine tests</i> )	NP	
CHEMSTRIP 5 OB IN VITRO STRIP ( <i>multiple urine tests</i> )	NP	
CHEMSTRIP 7 IN VITRO STRIP ( <i>multiple urine tests</i> )	NP	
CHEMSTRIP 9 IN VITRO STRIP ( <i>multiple urine tests</i> )	NP	
CHEMSTRIP K IN VITRO STRIP ( <i>acetone (urine) test</i> )	NP	
CHEMSTRIP UGK IN VITRO STRIP ( <i>urine glucose-ketones test</i> )	NP	
CLEVER CHEK AUTO-CODE TEST IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 30 days)
CLEVER CHEK AUTO-CODE VOICE IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 30 days)
CLEVER CHEK TEST IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 30 days)
CLEVER CHOICE AUTO-CODE TEST IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 30 days)
CLEVER CHOICE MICRO TEST IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 30 days)
EASY PLUS II GLUCOSE TEST IN VITRO STRIP	NP	PA; QL (300 strips per 1 month)
EASY STEP TEST IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 30 days)
EASY TALK BLOOD GLUCOSE TEST IN VITRO STRIP	NP	PA; QL (300 strips per 30 days)
EASY TOUCH TEST IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EASY TRAK BLOOD GLUCOSE TEST IN VITRO STRIP	NP	PA; QL (300 strips per 30 days)
EASYGLUCO IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 30 days)
EASYMAX 15 TEST IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 30 days)
EASYMAX TEST IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 30 days)
EASYPLUS BLOOD GLUCOSE TEST IN VITRO STRIP	NP	PA; QL (300 strips per 30 days)
EASYPRO PLUS IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 30 days)
ELEMENT TEST IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 30 days)
EMBRACE BLOOD GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 30 days)
<i>eq blood glucose test in vitro strip</i>	NC	
EVENCARE + BLOOD GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 1 month)
EVENCARE BLOOD GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 30 days)
EVENCARE G2 TEST IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 30 days)
EVENCARE G3 TEST IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 30 days)
EVOLUTION AUTOCODE IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 30 days)
EZ SMART BLOOD GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 30 days)
EZ SMART PLUS GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 30 days)
FIFTY50 GLUCOSE TEST 2.0 IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 30 days)
FORA D15G BLOOD GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 30 days)
FORA D20 BLOOD GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 30 days)

2020 Small Group ACA Banner | Aetna

The formulary is updated the first week of each month.

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FORA G20 BLOOD GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 30 days)
FORA G30/PREM V10 GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 30 days)
FORA GD20 TEST IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 30 days)
FORA V10 BLOOD GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 30 days)
FORA V12 BLOOD GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 30 days)
FORA V20 BLOOD GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 30 days)
FORA V30A BLOOD GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 30 days)
FORACARE GD40 TEST IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 30 days)
FORACARE PREMIUM V10 TEST IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 30 days)
FREESTYLE INSULINX TEST IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 30 days)
FREESTYLE LITE TEST IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 30 days)
FREESTYLE PRECISION NEO TEST IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 30 days)
FREESTYLE TEST IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 30 days)
GE100 BLOOD GLUCOSE TEST IN VITRO STRIP	NP	PA; QL (300 strips per 30 days)
GLUCAGEN DIAGNOSTIC INJECTION SOLUTION RECONSTITUTED 1 MG ( <i>glucagon hcl rdna (diagnostic)</i> )	NP	QL (1 kit per 1 fill)
GLUCOCARD 01 SENSOR PLUS IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 30 days)
GLUCOCARD EXPRESSION TEST IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 30 days)
GLUCOCARD VITAL TEST IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 30 days)
GLUCOCARD X-SENSOR IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GLUCOCOM TEST IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 30 days)
GOJJI BLOOD GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )	NC	
INFINITY BLOOD GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 30 days)
INFINITY VOICE IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 30 days)
KETOCARE IN VITRO STRIP ( <i>acetone (urine) test</i> )	NP	
KETO-DIASTIX IN VITRO STRIP ( <i>urine glucose-ketones test</i> )	NP	
KETOSTIX IN VITRO STRIP ( <i>acetone (urine) test</i> )	NP	
<i>kroger blood glucose test in vitro strip</i>	NC	
LIBERTY NEXT GENERATION TEST IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 30 days)
LIBERTY TEST IN VITRO STRIP	NP	PA; QL (300 strips per 30 days)
MICRODOT TEST IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 30 days)
MYGLUCOHEALTH TEST IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 30 days)
NEUTEK 2TEK TEST IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 30 days)
NOVA MAX GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 30 days)
ON CALL PLUS BLOOD GLUCOSE IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 30 days)
ON CALL VIVID BLOOD GLUCOSE IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 30 days)
ONETOUCH ULTRA BLUE IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 30 days)
ONETOUCH ULTRA IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 30 days)
ONETOUCH VERIO IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 30 days)
PHARMACIST CHOICE AUTOCODE IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 1 month)

2020 Small Group ACA Banner | Aetna

The formulary is updated the first week of each month.

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
POCKETCHEM EZ TEST IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 30 days)
PRECISION PCX IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 30 days)
PRECISION PCX PLUS TEST IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 30 days)
PRECISION POINT OF CARE TEST IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 30 days)
PRECISION QID TEST IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 30 days)
PRECISION SOF-TACT TEST IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 30 days)
PRECISION XTRA BLOOD GLUCOSE IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 30 days)
PRODIGY NO CODING BLOOD GLUC IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 30 days)
REFUAH PLUS BLOOD GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 1 month)
RELION BLOOD GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 30 days)
RELION KETONE IN VITRO STRIP ( <i>acetone (urine) test</i> )	NP	
REVEAL BLOOD GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 1 month)
RIGHTEST GS100 BLOOD GLUCOSE IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 1 month)
RIGHTEST GS300 BLOOD GLUCOSE IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 1 month)
RIGHTEST GS550 BLOOD GLUCOSE IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 1 month)
SMARTEST BLOOD GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 30 days)
SOLUS V2 TEST IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 30 days)
SURE EDGE TEST IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 30 days)
SURECHEK BLOOD GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SURE-TEST EASYPLUS MINI TEST IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 30 days)
TELCARE BLOOD GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 30 days)
TRUETEST TEST IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 30 days)
TRUETRACK TEST IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 30 days)
ULTIMA TEST IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 30 days)
ULTRATRAK PRO TEST IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 30 days)
ULTRATRAK ULTIMATE TEST IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 30 days)
VICTORY AGM-4000 TEST IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 30 days)
VOCAL POINT BLOOD GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 30 days)
WAVESENSE PRESTO IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 1 month)
<b>*DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS* - DRUGS FOR NUTRITION</b>		
APPTRIM ORAL CAPSULE ( <i>dietary manage prod - diet aid</i> )	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
APPTRIM-D ORAL CAPSULE ( <i>dietary manage prod - diet aid</i> )	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
AVAILNEX ORAL TABLET CHEWABLE 750 MG ( <i>carbocysteine</i> )	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
AXONA ORAL PACKET ( <i>dietary management product</i> )	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CARDIOTEK RX ORAL TABLET ( <i>fa-b6-b12-arginine-blackpepper</i> )	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
CEREFOLIN NAC ORAL TABLET 6-2-600 MG ( <i>methylfol-methylcob-acetylcyst</i> )	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
CEREFOLIN NAC ORAL TABLET 6-90.314-2-600 MG ( <i>methylfol-algae-b12-acetylcyst</i> )	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
CEREFOLIN ORAL TABLET 6-1-50-5 MG ( <i>l-methylfolate-b12-b6-b2</i> )	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
DEPLIN 15 ORAL CAPSULE 15-90.314 MG ( <i>l-methylfolate-algae</i> )	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
DEPLIN 7.5 ORAL CAPSULE 7.5-90.314 MG ( <i>l-methylfolate-algae</i> )	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
ENLYTE ORAL CAPSULE ( <i>dietary management product</i> )	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
ENTERAGAM ORAL PACKET 5 GM ( <i>sbilprotein isolate</i> )	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
FOLBIC ORAL TABLET 2.5-25-2 MG ( <i>fa-pyridoxine-cyanocobalamin</i> )	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 1
FOLBIC RF ORAL TABLET 1.13-25-2 MG ( <i>l-methylfolate-b6-b12</i> )	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FOLTANX ORAL TABLET 3-35-2 MG ( <i>l-methylfolate-b6-b12</i> )	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
FOLTANX RF ORAL CAPSULE 3-90.314-2-35 MG ( <i>l-methylfolate-algae-b12-b6</i> )	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
FOLTX ORAL TABLET 1.13-25-2 MG ( <i>l-methylfolate-b6-b12</i> )	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
FOSTEUM ORAL CAPSULE 27-20-200 MG-MG-UNIT ( <i>genistein-zn chelate-vit d</i> )	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
FOSTEUM PLUS ORAL CAPSULE ( <i>dietary management product</i> )	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
FOVEX ORAL CAPSULE ( <i>dietary management product</i> )	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
GABADONE ORAL CAPSULE ( <i>dietary management product</i> )	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
HYPERTENSA ORAL CAPSULE ( <i>dietary management product</i> )	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
KIDS PROTEIN ORGANIC SHAKE ORAL LIQUID ( <i>nutritional supplements</i> )	NC	
LIMBREL ORAL CAPSULE 250 MG, 500 MG ( <i>flavocoxid</i> )	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3

2020 Small Group ACA Banner | Aetna

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12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LIMBREL250 ORAL CAPSULE 250-50 MG ( <i>flavocoxid-cit zn bisglcinate</i> )	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
LIMBREL500 ORAL CAPSULE 500-50 MG ( <i>flavocoxid-cit zn bisglcinate</i> )	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
LIPICHOL 540 ORAL CAPSULE ( <i>dietary management product</i> )	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
LISTER-V ORAL CAPSULE ( <i>dietary management product</i> )	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
<i>l-methylfolate ca me-cbl nac oral tablet 6-90.314-2-600 mg</i>	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
<i>l-methylfolate calcium oral tablet 15 mg, 7.5 mg</i>	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 1
<i>l-methylfolate forte oral capsule 15-90.314 mg, 7.5-90.314 mg</i>	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
<i>l-methylfolate oral tablet 15 mg, 7.5 mg</i>	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 1
<i>l-methylfolate-algae-b12-b6 oral capsule 3-90.314-2-35 mg</i>	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 1
<i>l-methylfolate-b6-b12 oral tablet 3-35-2 mg</i>	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 1

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>l-methyl-mc nac oral tablet 6-2-600 mg</i>	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
<i>l-methyl-mc oral tablet 6-1-50-5 mg</i>	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
MACUTEK ORAL TABLET DISPERSIBLE ( <i>dietary management product</i> )	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
METAFOLBIC ORAL TABLET 6-1-50-5 MG ( <i>l-methylfolate-b12-b6-b2</i> )	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
METAFOLBIC PLUS ORAL TABLET 6-2-600 MG ( <i>methylfol-methylcob-acetylcyst</i> )	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
METAFOLBIC PLUS RF ORAL TABLET 6-90.314-2-600 MG ( <i>methylfol-algae-b12-acetylcyst</i> )	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
METANX ORAL CAPSULE 3-90.314-2-35 MG ( <i>l-methylfolate-algae-b12-b6</i> )	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
ORGANIC NUTRITION SHAKE ORAL LIQUID ( <i>nutritional supplements</i> )	NC	
PERCURA ORAL CAPSULE ( <i>dietary management product</i> )	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
PROTEOLIN DS ORAL TABLET ( <i>dietary management product</i> )	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PROTEOLIN ORAL TABLET ( <i>dietary management product</i> )	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
PULMONA ORAL CAPSULE ( <i>dietary management product</i> )	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
SENTRA AM ORAL CAPSULE ( <i>dietary management product</i> )	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
SENTRA PM ORAL CAPSULE ( <i>dietary management product</i> )	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
THERAMINE ORAL CAPSULE ( <i>dietary management product</i> )	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
THERAMINE PLUS ORAL PACKET ( <i>dietary management product</i> )	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
TREPADONE ORAL CAPSULE ( <i>dietary management product</i> )	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
VASCAZEN ORAL CAPSULE 1 GM ( <i>omega-3-acid eth est (dietary)</i> )	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
VASCULERA ORAL TABLET ( <i>dietary management product</i> )	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
VAYACOG ORAL CAPSULE 100-19.5-6.5 MG ( <i>phosphatidylserine-dha-epa</i> )	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VAYARIN ORAL CAPSULE 75-21.5-8.5 MG ( <i>phosphatidylserine-dha-epa</i> )	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
VAYAROL ORAL CAPSULE 630-232.5-92.5 MG ( <i>phytosterol esters-dha-epa</i> )	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
VITAL HP 1.0 CAL ORAL LIQUID ( <i>nutritional supplements</i> )	NC	
<i>vp-gstn oral capsule 27-20-200 mg-mg-unit</i>	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
ZYTAZE ORAL CAPSULE 25-500 MG ( <i>zinc citrate-phytase</i> )	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
<b>*DIGESTIVE AIDS* - DRUGS FOR THE STOMACH</b>		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000 UNIT, 6000 UNIT ( <i>pancrelipase (lip-prot-amyl)</i> )	NP	PA; ST
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500 UNIT, 16800 UNIT, 21000 UNIT, 4200 UNIT ( <i>pancrelipase (lip-prot-amyl)</i> )	NP	ST
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 2600 UNIT ( <i>pancrelipase (lip-prot-amyl)</i> )	NP	PA; ST
PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES 16000 UNIT, 24000-86250 UNIT, 4000 UNIT, 8000 UNIT ( <i>pancrelipase (lip-prot-amyl)</i> )	NP	PA; ST
SUCRAID ORAL SOLUTION 8500 UNIT/ML ( <i>sacrosidase</i> )	NPS	SP Pharmacy
VIKACE ORAL TABLET 10440 UNIT, 20880 UNIT ( <i>pancrelipase (lip-prot-amyl)</i> )	NP	PA; ST
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	

2020 Small Group ACA Banner | Aetna

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12/01/2020



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>*DIURETICS* - DRUGS FOR THE HEART</b>		
<i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>	PG	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	PG	
ALDACTAZIDE ORAL TABLET 25-25 MG ( <i>spironolactone-hctz</i> )	NC	
ALDACTAZIDE ORAL TABLET 50-50 MG ( <i>spironolactone-hctz</i> )	NP	
ALDACTONE ORAL TABLET 100 MG, 25 MG, 50 MG ( <i>spironolactone</i> )	NC	
<i>amiloride hcl oral tablet 5 mg</i>	PG	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	PG	LGC
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	PG	
BUMEX ORAL TABLET 0.5 MG, 1 MG, 2 MG ( <i>bumetanide</i> )	NC	
CAROSPIR ORAL SUSPENSION 25 MG/5ML ( <i>spironolactone</i> )	NC	
<i>chlorothiazide oral tablet 250 mg, 500 mg</i>	PG	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	PG	
DEMADEX ORAL TABLET 10 MG, 20 MG ( <i>torseamide</i> )	NC	
DIURIL ORAL SUSPENSION 250 MG/5ML ( <i>chlorothiazide</i> )	NP	
DYAZIDE ORAL CAPSULE 37.5-25 MG ( <i>triamterene-hctz</i> )	NC	
DYRENIUM ORAL CAPSULE 100 MG, 50 MG ( <i>triamterene</i> )	NP	
EDECIN ORAL TABLET 25 MG ( <i>ethacrynic acid</i> )	NC	
<i>ethacrynic acid oral tablet 25 mg</i>	NP	
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	NP	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	PG	LGC
<i>hydrochlorothiazide oral capsule 12.5 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> )	NC	
LASIX ORAL TABLET 20 MG, 40 MG, 80 MG ( <i>furosemide</i> )	NC	
MAXZIDE ORAL TABLET 75-50 MG ( <i>triamterene-hctz</i> )	NC	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MAXZIDE-25 ORAL TABLET 37.5-25 MG ( <i>triamterene-hctz</i> )	NC	
<i>methazolamide oral tablet 25 mg, 50 mg</i>	PG	
<i>methyclothiazide oral tablet 5 mg</i>	PG	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	PG	
MICROZIDE ORAL CAPSULE 12.5 MG ( <i>hydrochlorothiazide</i> )	NC	
<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	
<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
<b>*ENDOCRINE AND METABOLIC AGENTS - MISC.* - HORMONES</b>		
ACTHAR INJECTION GEL 80 UNIT/ML ( <i>corticotropin</i> )	NC	
ACTONEL ORAL TABLET 150 MG, 30 MG, 35 MG, 5 MG ( <i>risedronate sodium</i> )	NC	
<i>alendronate sodium oral solution 70 mg/75ml</i>	NC	
<i>alendronate sodium oral tablet 10 mg</i>	PG	QL (1 tablets per 1 day)
<i>alendronate sodium oral tablet 35 mg</i>	PG	QL (8 tablets per 1 month)
<i>alendronate sodium oral tablet 40 mg, 5 mg</i>	PG	QL (1 tab per 1 day)
<i>alendronate sodium oral tablet 70 mg</i>	PG	QL (4 tabs per 1 month)
AELVIA ORAL TABLET DELAYED RELEASE 35 MG ( <i>risedronate sodium</i> )	NC	
BINOSTO ORAL TABLET EFFERVESCENT 70 MG ( <i>alendronate sodium</i> )	NC	
BONIVA ORAL TABLET 150 MG ( <i>ibandronate sodium</i> )	NC	
BRAVELLE INJECTION SOLUTION RECONSTITUTED 75 UNIT ( <i>urofollitropin purified</i> )	NC	PA; Only covered in states: CT,IL, KS, NC, WV and WI and excluded elsewhere.; TIER 5
BUPHENYL ORAL POWDER 3 GM/TSP ( <i>sodium phenylbutyrate</i> )	NC	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BUPHENYL ORAL TABLET 500 MG ( <i>sodium phenylbutyrate</i> )	NC	
BYNFEZIA PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 2500 MCG/ML (2.8 ML) ( <i>octreotide acetate</i> )	NC	
<i>cabergoline oral tablet 0.5 mg</i>	PG	
<i>calcitonin (salmon) nasal solution 200 unit/lact</i>	NP	ST; QL (1 bottle per 1 fill)
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	PG	
<i>calcitriol oral solution 1 mcg/ml</i>	PG	
CARBAGLU ORAL TABLET 200 MG ( <i>carglumic acid</i> )	NPS	PA; #; SP Pharmacy
CARNITOR ORAL SOLUTION 1 GM/10ML ( <i>levocarnitine</i> )	NC	
CARNITOR ORAL TABLET 330 MG ( <i>levocarnitine</i> )	NC	
CARNITOR SF ORAL SOLUTION 1 GM/10ML ( <i>levocarnitine</i> )	NC	
CETROTIDE SUBCUTANEOUS KIT 0.25 MG ( <i>cetorelix acetate</i> )	NC	PA; #; Only covered in states: CT,IL, KS, NC, WV and WI and excluded elsewhere.; TIER 5
<i>chorionic gonadotropin intramuscular solution reconstituted 10000 unit</i>	PS	PA; SP Pharmacy
<i>cinacalcet hcl oral tablet 30 mg, 60 mg, 90 mg</i>	NP	PA; QL (2 tablets per 1 day)
<i>clomiphene citrate oral tablet 50 mg</i>	NC	Only covered in states: CT,IL, KS, NC, WV and WI and excluded elsewhere.; TIER 3
CYSTADANE ORAL POWDER ( <i>betaine</i> )	NPS	PA; SP Pharmacy
DDAVP NASAL SOLUTION 0.01 % ( <i>desmopressin acetate spray</i> )	NC	
DDAVP ORAL TABLET 0.1 MG, 0.2 MG ( <i>desmopressin acetate</i> )	NC	
DDAVP RHINAL TUBE NASAL SOLUTION 0.01 % ( <i>desmopressin ace refrigerated</i> )	NC	
<i>desmopressin ace spray refig nasal solution 0.01 %</i>	NP	
<i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i>	PG	
<i>desmopressin acetate spray nasal solution 0.01 %</i>	NP	
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	PG	SP Pharmacy; QL (1 capsule per 1 day)
<i>etidronate disodium oral tablet 200 mg, 400 mg</i>	NP	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EVENITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 105 MG/1.17ML ( <i>romosozumab-aqqg</i> )	NC	
EVISTA ORAL TABLET 60 MG ( <i>raloxifene hcl</i> )	NC	
FOLLISTIM AQ SUBCUTANEOUS SOLUTION 300 UNT/0.36ML, 600 UNT/0.72ML, 900 UNT/1.08ML ( <i>follitropin beta</i> )	NC	PA; ST; Only covered in states: CT,IL, KS, NC, WV and WI and excluded elsewhere.; TIER 5
FORTEO SUBCUTANEOUS SOLUTION 600 MCG/2.4ML ( <i>teriparatide (recombinant)</i> )	NPS	PA; ST; #; SP Pharmacy
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 600 MCG/2.4ML ( <i>teriparatide (recombinant)</i> )	NPS	#
FOSAMAX ORAL TABLET 70 MG ( <i>alendronate sodium</i> )	NC	
FOSAMAX PLUS D ORAL TABLET 70-2800 MG-UNIT, 70-5600 MG-UNIT ( <i>alendronate-cholecalciferol</i> )	NP	ST; QL (4 tabs per 1 month)
GALAFOLD ORAL CAPSULE 123 MG ( <i>migalastat hcl</i> )	NPS	PA; SP Pharmacy; QL (14 capsules per 28 days)
<i>ganirelix acetate subcutaneous solution 250 mcg/0.5ml</i>	NC	PA; #; Only covered in states: CT,IL, KS, NC, WV and WI and excluded elsewhere.; TIER 5; SP Pharmacy
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> )	NC	
GENOTROPIN SUBCUTANEOUS SOLUTION RECONSTITUTED 12 MG, 5 MG ( <i>somatropin</i> )	NC	
GONAL-F INJECTION SOLUTION RECONSTITUTED 1050 UNIT, 450 UNIT ( <i>follitropin alfa</i> )	NC	PA; Only covered in states: CT,IL, KS, NC, WV and WI and excluded elsewhere.; TIER 5
GONAL-F RFF REDIJECT SUBCUTANEOUS SOLUTION 300 UNIT/0.5ML, 450 UNT/0.75ML, 900 UNIT/1.5ML ( <i>follitropin alfa</i> )	NC	PA; Only covered in states: CT,IL, KS, NC, WV and WI and excluded elsewhere.; TIER 5
GONAL-F RFF SUBCUTANEOUS SOLUTION RECONSTITUTED 75 UNIT ( <i>follitropin alfa</i> )	NC	PA; Only covered in states: CT,IL, KS, NC, WV and WI and excluded elsewhere.; TIER 5

2020 Small Group ACA Banner | Aetna

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12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMATROPE INJECTION SOLUTION RECONSTITUTED 12 MG, 24 MG, 5 MG, 6 MG ( <i>somatropin</i> )	PS	PA; SP Pharmacy
<i>ibandronate sodium oral tablet 150 mg</i>	NP	ST; QL (1 tab per 1 month)
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML ( <i>mecasermin</i> )	NPS	PA; SP Pharmacy
ISTURISA ORAL TABLET 1 MG, 10 MG, 5 MG ( <i>osilodrostat phosphate</i> )	NC	
JYNARQUE ORAL TABLET THERAPY PACK 15 MG, 30 & 15 MG, 45 & 15 MG, 60 & 30 MG, 90 & 30 MG ( <i>tolvaptan</i> )	PS	PA; SP Pharmacy
KUVAN ORAL PACKET 100 MG, 500 MG ( <i>sapropterin dihydrochloride</i> )	NPS	PA; #; SP Pharmacy
KUVAN ORAL TABLET SOLUBLE 100 MG ( <i>sapropterin dihydrochloride</i> )	NPS	PA; #; SP Pharmacy
<i>levocarnitine oral solution 1 gml/10ml</i>	PG	
<i>levocarnitine oral tablet 330 mg</i>	PG	
LUPANETA PACK COMBINATION KIT 11.25 & 5 MG, 3.75 & 5 MG ( <i>leuprolide &amp; norethindrone</i> )	NPS	PA; SP Pharmacy
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG ( <i>leuprolide acetate</i> )	NPS	PA; #; SP Pharmacy
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG (PED), 30 MG (PED) ( <i>leuprolide acetate (3 month)</i> )	NPS	PA; #; SP Pharmacy
MENOPUR SUBCUTANEOUS SOLUTION RECONSTITUTED 75 UNIT ( <i>menotropins</i> )	NC	PA; Only covered in states: CT,IL, KS, NC, WV and WI and excluded elsewhere.; TIER 5
MIACALCIN NASAL SOLUTION 200 UNIT/ACT ( <i>calcitonin (salmon)</i> )	NC	
MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED 11.3 MG ( <i>metreleptin</i> )	NPS	PA; QL (15 vials per 30 days)
MYCAPSSA ORAL CAPSULE DELAYED RELEASE 20 MG ( <i>octreotide acetate</i> )	NC	
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG, 25 MCG, 50 MCG, 75 MCG ( <i>parathyroid hormone (recomb)</i> )	NC	
<i>nitisinone oral capsule 10 mg, 2 mg, 5 mg</i>	PS	PA; SP Pharmacy
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG ( <i>nitisinone</i> )	NC	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NOCDURNA SUBLINGUAL TABLET SUBLINGUAL 27.7 MCG, 55.3 MCG ( <i>desmopressin acetate</i> )	NP	PA; QL (1 tablet per 1 Day)
NOCTIVA NASAL EMULSION 0.83 MCG/0.1ML, 1.66 MCG/0.1ML ( <i>desmopressin acetate</i> )	NP	PA; QL (1 bottle per 30 Days); AL
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION 10 MG/1.5ML, 15 MG/1.5ML, 30 MG/3ML, 5 MG/1.5ML ( <i>somatropin</i> )	NC	
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 30 MG/3ML, 5 MG/1.5ML ( <i>somatropin</i> )	NC	
<i>novarel intramuscular solution reconstituted 10000 unit</i>	NC	PA; Only covered in states: CT,IL, KS, NC, WV and WI and excluded elsewhere.; TIER 5
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION 10 MG/2ML ( <i>somatropin</i> )	NC	
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/2ML ( <i>somatropin</i> )	NC	
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION 20 MG/2ML ( <i>somatropin</i> )	NC	
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR 20 MG/2ML ( <i>somatropin</i> )	NC	
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION 5 MG/2ML ( <i>somatropin</i> )	NC	
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MG/2ML ( <i>somatropin</i> )	NC	
<i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	PS	PA; SP Pharmacy
OMNITROPE SUBCUTANEOUS SOLUTION 10 MG/1.5ML, 5 MG/1.5ML ( <i>somatropin</i> )	NC	
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 10 MG/1.5ML, 5 MG/1.5ML ( <i>somatropin</i> )	NC	
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG ( <i>somatropin</i> )	NC	
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 5 MG ( <i>nitisinone</i> )	NPS	PA; SP Pharmacy
ORFADIN ORAL CAPSULE 20 MG ( <i>nitisinone</i> )	NPS	PA
ORFADIN ORAL SUSPENSION 4 MG/ML ( <i>nitisinone</i> )	NPS	PA; SP Pharmacy

2020 Small Group ACA Banner | Aetna

The formulary is updated the first week of each month.

12/01/2020



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ORLISSA ORAL TABLET 150 MG ( <i>elagolix sodium</i> )	NPS	PA; SP Pharmacy; QL (1 tablet/day per 730 lifetime days)
ORLISSA ORAL TABLET 200 MG ( <i>elagolix sodium</i> )	NPS	PA; SP Pharmacy; QL (2 tablets/day per 180 lifetime days)
OSPHENA ORAL TABLET 60 MG ( <i>ospemifene</i> )	NP	PA; ST; QL (1 tablet per 1 day)
OVIDREL SUBCUTANEOUS INJECTABLE 250 MCG/0.5ML ( <i>choriogonadotropin alfa</i> )	NC	PA; Only covered in states: CT,IL, KS, NC, WV and WI and excluded elsewhere.; TIER 5
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML, 2.5 MG/0.5ML, 20 MG/ML ( <i>pegvaliase-pqpz</i> )	NPS	PA; SP Pharmacy; QL (1 syringe per 1 Day)
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	PG	SP Pharmacy; QL (1 capsule per 1 day)
PREGNYL INTRAMUSCULAR SOLUTION RECONSTITUTED 10000 UNIT ( <i>chorionic gonadotropin</i> )	NC	PA; Only covered in states: CT,IL, KS, NC, WV and WI and excluded elsewhere.; TIER 5
PROLIA SUBCUTANEOUS SOLUTION 60 MG/ML ( <i>denosumab</i> )	NPS	PA; ST; SP Pharmacy
<i>raloxifene hcl oral tablet 60 mg</i>	CE	N2 (PG)
RAVICTI ORAL LIQUID 1.1 GM/ML ( <i>glycerol phenylbutyrate</i> )	NPS	PA; ST; SP Pharmacy; QL (20 bottles per 30 days)
RAYALDEE ORAL CAPSULE EXTENDED RELEASE 30 MCG ( <i>calcifediol</i> )	NP	PA; ST; QL (1 capsule per 1 day)
<i>risedronate sodium oral tablet 150 mg</i>	NP	ST; QL (1 tablet per 28 days)
<i>risedronate sodium oral tablet 30 mg, 5 mg</i>	NP	ST; QL (1 tablet per 1 day)
<i>risedronate sodium oral tablet 35 mg</i>	NP	ST; QL (4 tablets per 28 days)
<i>risedronate sodium oral tablet delayed release 35 mg</i>	NP	QL (4 tablets per 28 days)
ROCALTROL ORAL CAPSULE 0.25 MCG, 0.5 MCG ( <i>calcitriol</i> )	NC	
ROCALTROL ORAL SOLUTION 1 MCG/ML ( <i>calcitriol</i> )	NC	
SAIZEN INJECTION SOLUTION RECONSTITUTED 5 MG, 8.8 MG ( <i>somatropin (non-refrigerated)</i> )	NC	

2020 Small Group ACA Banner | Aetna

The formulary is updated the first week of each month.

12/01/2020

168

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SAIZENPREP INJECTION SOLUTION RECONSTITUTED 8.8 MG ( <i>somatropin (non-refrigerated)</i> )	NC	
SAMSCA ORAL TABLET 15 MG ( <i>tolvaptan</i> )	NPS	PA; #; SP Pharmacy; QL (1 tab per 1 day)
SAMSCA ORAL TABLET 30 MG ( <i>tolvaptan</i> )	NPS	PA; #; SP Pharmacy; QL (2 tabs per 1 day)
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML ( <i>octreotide acetate</i> )	NC	
SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT 10 MG, 20 MG, 30 MG ( <i>octreotide acetate</i> )	NC	#
<i>sapropterin dihydrochloride oral packet 100 mg</i>	PS	PA
<i>sapropterin dihydrochloride oral packet 500 mg</i>	PS	PA; SP Pharmacy
<i>sapropterin dihydrochloride oral tablet soluble 100 mg</i>	PS	PA; SP Pharmacy
SENSIPAR ORAL TABLET 30 MG, 60 MG, 90 MG ( <i>cinacalcet hcl</i> )	NP	PA; SP Pharmacy; QL (2 tablets per 1 day)
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG ( <i>somatropin (non-refrigerated)</i> )	NPS	PA; ST; SP Pharmacy
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 10 MG, 20 MG, 30 MG, 40 MG, 60 MG ( <i>pasireotide pamoate</i> )	NC	
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML ( <i>pasireotide diaspartate</i> )	NPS	PA; SP Pharmacy; UF9 (PS tier with Prior Authorization applies to members residing in Colorado.); QL (2 amps per 1 day)
<i>sodium phenylbutyrate oral powder 3 gmltsp</i>	PS	PA; SP Pharmacy; QL (20 grams per 1 day)
<i>sodium phenylbutyrate oral tablet 500 mg</i>	PS	PA; SP Pharmacy; QL (40 tablets per 1 day)
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 120 MG/0.5ML, 60 MG/0.2ML, 90 MG/0.3ML ( <i>lanreotide acetate</i> )	NPS	PA; #; SP Pharmacy
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG ( <i>pegvisomant</i> )	NPS	PA; #; SP Pharmacy
STIMATE NASAL SOLUTION 1.5 MG/ML ( <i>desmopressin acetate</i> )	NP	PA

2020 Small Group ACA Banner | Aetna

The formulary is updated the first week of each month.

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45ML, 28 MG/0.7ML, 40 MG/ML, 80 MG/0.8ML ( <i>asfotase alfa</i> )	NC	
SUPPRELIN LA SUBCUTANEOUS KIT 50 MG ( <i>histrelin acetate (cpp)</i> )	NC	PA; SP Pharmacy
SYNAREL NASAL SOLUTION 2 MG/ML ( <i>nafarelin acetate</i> )	NPS	PA; SP Pharmacy
<i>teriparatide (recombinant) subcutaneous solution pen-injector 620 mcg/2.48ml</i>	NC	
<i>tolvaptan oral tablet 30 mg</i>	PS	PA; SP Pharmacy; QL (2 tablets per 1 day)
TRIPTODUR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 22.5 MG ( <i>triptorelin pamoate</i> )	NPS	PA; SP Pharmacy; UF9 (PS tier with Prior Authorization applies to members residing in Colorado.)
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML ( <i>abaloparatide</i> )	PS	PA; ST; SP Pharmacy; QL (1 injection per 1 month)
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7ML ( <i>denosumab</i> )	NPS	PA; ST; SP Pharmacy
XURIDEN ORAL PACKET 2 GM ( <i>uridine triacetate</i> )	NPS	PA; SP Pharmacy; QL (4 packets per 1 day)
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG ( <i>paricalcitol</i> )	NC	
ZOMACTON (FOR ZOMA-JET 10) SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG ( <i>somatropin</i> )	NC	
ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 5 MG ( <i>somatropin</i> )	NC	
ZORBTIVE SUBCUTANEOUS SOLUTION RECONSTITUTED 8.8 MG ( <i>somatropin (non-refrigerated)</i> )	NPS	PA; ST; SP Pharmacy
<b>*ESTROGENS* - HORMONES</b>		
ACTIVELLA ORAL TABLET 0.5-0.1 MG, 1-0.5 MG ( <i>estradiol-norethindrone acet</i> )	NC	
ALORA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR ( <i>estradiol</i> )	NC	
<i>estradiol-norethindrone acet</i> (Amabelz Oral Tablet 0.5-0.1 Mg, 1-0.5 Mg)	NP	QL (1 tablet per 1 day)
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG ( <i>drospirenone-estradiol</i> )	NP	

2020 Small Group ACA Banner | Aetna

The formulary is updated the first week of each month.

12/01/2020

170

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BIEST/PROGESTERONE TRANSDERMAL CREAM ( <i>estradiol-estriol-progesterone</i> )	NC	
BIJUVA ORAL CAPSULE 1-100 MG ( <i>estradiol-progesterone</i> )	NC	
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/DAY ( <i>estradiol-levonorgestrel</i> )	NP	#; QL (1 box per 1 fill)
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> )	NC	
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 patch per 1 month)
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML, 20 MG/ML, 40 MG/ML ( <i>estradiol valerate</i> )	NC	
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML ( <i>estradiol cypionate</i> )	NC	
DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM, 1 MG/GM ( <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- bazedoxifene</i> )	NP	PA; ST; QL (1 tab per 1 day)
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> )	NC	
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	PG	LGC
<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 1 month)
<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>	NC	
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg</i>	NP	QL (1 tab per 1 day)
<i>estradiol-norethindrone acet oral tablet 1-0.5 mg</i>	NP	QL (1 EA per 1 day)
ESTROGEL TRANSDERMAL GEL 0.75 MG/1.25 GM (0.06%) ( <i>estradiol</i> )	NP	QL (50 grams per 1 fill)
<i>estropipate oral tablet 0.75 mg</i>	PG	

2020 Small Group ACA Banner | Aetna

The formulary is updated the first week of each month.

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EVAMIST TRANSDERMAL SOLUTION 1.53 MG/SPRAY ( <i>estradiol</i> )	NP	QL (2 bottles per 1 month)
<i>norethindrone-eth estradiol</i> (Fyavolv Oral Tablet 0.5-2.5 Mg-Mcg, 1-5 Mg-Mcg)	NP	
<i>jevantique lo oral tablet 0.5-2.5 mg-mcg</i>	NP	
<i>norethindrone-eth estradiol</i> (Jinteli Oral Tablet 1-5 Mg-Mcg)	NP	
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG ( <i>esterified estrogens</i> )	NP	
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24HR ( <i>estradiol</i> )	NP	#; QL (4 patches per 28 days)
<i>estradiol-norethindrone acet</i> (Mimvey Lo Oral Tablet 0.5-0.1 Mg)	NP	QL (1 tablet per 1 day)
<i>estradiol-norethindrone acet</i> (Mimvey Oral Tablet 1-0.5 Mg)	NP	QL (1 tab per 1 day)
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 ( <i>estradiol</i> )	NC	
<i>norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	NP	
ORIAHNN ORAL CAPSULE THERAPY PACK 300-1-0.5 & 300 MG ( <i>elagolix-estradiol-norethind</i> )	NC	
PREFEST ORAL TABLET 1/1-0.09 MG (15/15) ( <i>estradiol-norgestimate</i> )	NP	QL (1 tab per 1 day)
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG ( <i>estrogens conjugated</i> )	NP	
PREMPHASE ORAL TABLET 0.625-5 MG ( <i>conj estrog-medroxyprogest ace</i> )	NP	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG ( <i>conj estrog-medroxyprogest ace</i> )	NP	
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 ( <i>estradiol</i> )	NC	
<b>*FLUOROQUINOLONES* - DRUGS FOR INFECTIONS</b>		
AVELOX ORAL TABLET 400 MG ( <i>moxifloxacin hcl</i> )	NC	
BAXDELA ORAL TABLET 450 MG ( <i>delafloxacin meglumine</i> )	NC	
CIPRO ORAL SUSPENSION RECONSTITUTED 250 MG/5ML (5%), 500 MG/5ML (10%) ( <i>ciprofloxacin</i> )	NC	
CIPRO ORAL TABLET 250 MG, 500 MG ( <i>ciprofloxacin hcl</i> )	NC	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CIPRO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG, 500 MG ( <i>ciprofloxacin-ciproflox hcl</i> )	NC	
<i>ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg</i>	PG	
<i>ciprofloxacin oral suspension reconstituted 500 mg/5ml (10%)</i>	PG	
<i>ciprofloxacin-ciproflox hcl er oral tablet extended release 24 hour 1000 mg, 500 mg</i>	NP	
LEVAQUIN ORAL TABLET 250 MG, 500 MG, 750 MG ( <i>levofloxacin</i> )	NC	
<i>levofloxacin oral solution 25 mg/ml</i>	PG	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	PG	
<i>moxifloxacin hcl oral tablet 400 mg</i>	NP	
<i>ofloxacin oral tablet 300 mg</i>	PG	QL (28 tablets per 1 fill)
<i>ofloxacin oral tablet 400 mg</i>	PG	
<b>*GASTROINTESTINAL AGENTS - MISC.* - DRUGS FOR THE STOMACH</b>		
ACTIGALL ORAL CAPSULE 300 MG ( <i>ursodiol</i> )	NC	
<i>alosetron hcl oral tablet 0.5 mg, 1 mg</i>	NP	ST
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG ( <i>lubiprostone</i> )	NP	ST; #; QL (2 caps per 1 day)
APRISO ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.375 GM ( <i>mesalamine</i> )	PB	QL (4 caps per 1 day)
ASACOL HD ORAL TABLET DELAYED RELEASE 800 MG ( <i>mesalamine</i> )	NC	
AURYXIA ORAL TABLET 1 GM 210 MG(FE) ( <i>ferric citrate</i> )	NC	
AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG ( <i>infliximab-axxq</i> )	NC	
AZULFIDINE EN-TABS ORAL TABLET DELAYED RELEASE 500 MG ( <i>sulfasalazine</i> )	NC	
AZULFIDINE ORAL TABLET 500 MG ( <i>sulfasalazine</i> )	NC	
<i>balsalazide disodium oral capsule 750 mg</i>	PG	QL (9 caps per 1 day)
<i>calcium acetate (phos binder) oral capsule 667 mg</i>	PG	
<i>calcium acetate (phos binder) oral tablet 667 mg</i>	PG	
CALPHRON ORAL TABLET 667 MG ( <i>calcium acetate (phos binder)</i> )	PG	
CANASA RECTAL SUPPOSITORY 1000 MG ( <i>mesalamine</i> )	NP	ST; QL (1 suppository per 1 day)

2020 Small Group ACA Banner | Aetna

The formulary is updated the first week of each month.

12/01/2020



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CHENODAL ORAL TABLET 250 MG ( <i>chenodiol</i> )	NPS	PA
CHOLBAM ORAL CAPSULE 250 MG, 50 MG ( <i>cholic acid</i> )	NC	
CIMZIA PREFILLED SUBCUTANEOUS KIT 2 X 200 MG/ML ( <i>certolizumab pegol</i> )	NC	
CIMZIA STARTER KIT SUBCUTANEOUS KIT 6 X 200 MG/ML ( <i>certolizumab pegol</i> )	NC	
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG ( <i>certolizumab pegol</i> )	NC	
COLAZAL ORAL CAPSULE 750 MG ( <i>balsalazide disodium</i> )	NC	
<i>cromolyn sodium oral concentrate 100 mg/5ml</i>	NP	
DELZICOL ORAL CAPSULE DELAYED RELEASE 400 MG ( <i>mesalamine</i> )	NC	
DIPENTUM ORAL CAPSULE 250 MG ( <i>olsalazine sodium</i> )	NP	ST
<i>enulose oral solution 10 gm/15ml</i>	PG	LGC
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> )	NC	
GASTROCROM ORAL CONCENTRATE 100 MG/5ML ( <i>cromolyn sodium</i> )	NC	
GATTEX SUBCUTANEOUS KIT 5 MG ( <i>teduglutide (rdna)</i> )	NPS	PA; SP Pharmacy; QL (1 box per 30 fillss)
<i>generlac oral solution 10 gm/15ml</i>	PG	LGC
GIAZO ORAL TABLET 1.1 GM ( <i>balsalazide disodium</i> )	NP	ST; #; QL (6 tabs per 1 day)
GIMOTI NASAL SOLUTION 15 MG/ACT ( <i>metoclopramide hcl</i> )	NC	
<i>lactulose encephalopathy oral solution 10 gm/15ml</i>	PG	LGC
<i>lanthanum carbonate oral tablet chewable 1000 mg, 500 mg, 750 mg</i>	PG	
LIALDA ORAL TABLET DELAYED RELEASE 1.2 GM ( <i>mesalamine</i> )	NC	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG ( <i>linaclotide</i> )	NP	ST; QL (1 cap per 1 day)
LINZESS ORAL CAPSULE 72 MCG ( <i>linaclotide</i> )	NP	ST
LOTRONEX ORAL TABLET 0.5 MG, 1 MG ( <i>alosetron hcl</i> )	NC	
<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>	NP	QL (12 capsules per 1 Day)

2020 Small Group ACA Banner | Aetna

The formulary is updated the first week of each month.

12/01/2020

174

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>mesalamine oral tablet delayed release 1.2 gm</i>	NP	QL (4 tablets per 1 Day)
<i>mesalamine oral tablet delayed release 800 mg</i>	NP	QL (6 tablets per 1 day)
<i>mesalamine rectal suppository 1000 mg</i>	PG	QL (1 suppository per 1 day)
<i>metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml</i>	PG	LGC
<i>metoclopramide hcl oral tablet 10 mg</i>	PG	LGC
<i>metoclopramide hcl oral tablet 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> )	NC	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG ( <i>naloxegol oxalate</i> )	NC	
OCALIVA ORAL TABLET 10 MG, 5 MG ( <i>obeticholic acid</i> )	NC	
PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG ( <i>mesalamine</i> )	NP	ST; QL (16 caps per 1 day)
PENTASA ORAL CAPSULE EXTENDED RELEASE 500 MG ( <i>mesalamine</i> )	NP	ST; QL (8 caps per 1 day)
PHOSLYRA ORAL SOLUTION 667 MG/5ML ( <i>calcium acetate (phos binder)</i> )	NP	
REGLAN ORAL TABLET 10 MG, 5 MG ( <i>metoclopramide hcl</i> )	NC	
RELISTOR ORAL TABLET 150 MG ( <i>methylnaltrexone bromide</i> )	NC	#
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)
RENAGEL ORAL TABLET 800 MG ( <i>sevelamer hcl</i> )	NC	
RENVELA ORAL PACKET 0.8 GM, 2.4 GM ( <i>sevelamer carbonate</i> )	NC	
RENVELA ORAL TABLET 800 MG ( <i>sevelamer carbonate</i> )	NC	
<i>sevelamer carbonate oral packet 0.8 gm, 2.4 gm</i>	NP	
<i>sevelamer carbonate oral tablet 800 mg</i>	NP	
<i>sevelamer hcl oral tablet 400 mg, 800 mg</i>	PG	
SFROWASA RECTAL ENEMA 4 GM/60ML ( <i>mesalamine</i> )	NC	
<i>sulfasalazine oral tablet 500 mg</i>	PG	QL (8 tabs per 1 day)

2020 Small Group ACA Banner | Aetna

The formulary is updated the first week of each month.

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>sulfasalazine oral tablet delayed release 500 mg</i>	PG	QL (8 tabs per 1 day)
<i>sulfasalazine (Sulfazine Oral Tablet 500 Mg)</i>	PG	QL (8 tabs per 1 day)
SYMPROIC ORAL TABLET 0.2 MG ( <i>naldemedine tosylate</i> )	NC	
TRULANCE ORAL TABLET 3 MG ( <i>plecanatide</i> )	NC	
URSO 250 ORAL TABLET 250 MG ( <i>ursodiol</i> )	NC	
URSO FORTE ORAL TABLET 500 MG ( <i>ursodiol</i> )	NC	
<i>ursodiol oral capsule 300 mg</i>	PG	
<i>ursodiol oral tablet 250 mg, 500 mg</i>	NP	
VELPHORO ORAL TABLET CHEWABLE 500 MG ( <i>sucroferric oxyhydroxide</i> )	NP	#
VIBERZI ORAL TABLET 100 MG, 75 MG ( <i>eluxadoline</i> )	NC	
XERMELO ORAL TABLET 250 MG ( <i>telotristat etiprate</i> )	NC	
ZELNORM ORAL TABLET 6 MG ( <i>tegaserod maleate</i> )	NC	
<b>*GENITOURINARY AGENTS - MISCELLANEOUS* - DRUGS FOR THE URINARY SYSTEM</b>		
<i>acetic acid irrigation solution 0.25 %</i>	NP	
<i>alfuzosin hcl er oral tablet extended release 24 hour 10 mg</i>	NP	QL (1 tab 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> )	NC	
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG ( <i>doxazosin mesylate</i> )	NP	QL (1 tab per 1 day)
<i>sodium chloride (gu irrigant) (Curity Sterile Saline Irrigation Solution 0.9 %)</i>	PG	
CYSTAGON ORAL CAPSULE 150 MG, 50 MG ( <i>cysteamine bitartrate</i> )	PS	PA; SP Pharmacy
<i>cytra k crystals oral packet 3300-1002 mg</i>	NP	
<i>dutasteride oral capsule 0.5 mg</i>	NP	ST; QL (1 capsule per 1 day)
<i>dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg</i>	NC	
ELMIRON ORAL CAPSULE 100 MG ( <i>pentosan polysulfate sodium</i> )	NP	QL (3 capsules per 1 day)
<i>finasteride oral tablet 5 mg</i>	PG	
FLOMAX ORAL CAPSULE 0.4 MG ( <i>tamsulosin hcl</i> )	NC	
JALYN ORAL CAPSULE 0.5-0.4 MG ( <i>dutasteride-tamsulosin hcl</i> )	NC	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
K-PHOS NO 2 ORAL TABLET 305-700 MG ( <i>pot &amp; sod ac phosphates</i> )	NP	
LITHOSTAT ORAL TABLET 250 MG ( <i>acetohydroxamic acid</i> )	NP	
<i>neomycin-polymyxin b gu irrigation solution 40-200000</i>	NP	
ORACIT ORAL SOLUTION 490-640 MG/5ML ( <i>sod citrate-citric acid</i> )	NP	
<i>potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)</i>	PG	
PROCYSBI ORAL CAPSULE DELAYED RELEASE 25 MG, 75 MG ( <i>cysteamine bitartrate</i> )	NC	
PROCYSBI ORAL PACKET 300 MG, 75 MG ( <i>cysteamine bitartrate</i> )	NC	
PROSCAR ORAL TABLET 5 MG ( <i>finasteride</i> )	NC	
RAPAFLO ORAL CAPSULE 4 MG, 8 MG ( <i>silodosin</i> )	NP	
RENACIDIN IRRIGATION SOLUTION ( <i>citric ac-gluconolact-mg carb</i> )	NP	
<i>silodosin oral capsule 4 mg, 8 mg</i>	PG	
<i>sodium chloride irrigation solution 0.9 %</i>	PG	
<i>sorbitol-mannitol irrigation solution 2.7-0.54 gml/100ml</i>	NP	
<i>tamsulosin hcl oral capsule 0.4 mg</i>	PG	
<i>potassium citrate-citric acid (Taron-Crystals Oral Packet 3300-1002 Mg)</i>	NP	
THIOLA EC ORAL TABLET DELAYED RELEASE 100 MG, 300 MG ( <i>tiopronin</i> )	NPS	PA; SP Pharmacy
THIOLA ORAL TABLET 100 MG ( <i>tiopronin</i> )	NPS	PA
<i>tricitrates oral solution 550-500-334 mg/5ml</i>	PG	
UROCIT-K 10 ORAL TABLET EXTENDED RELEASE 10 MEQ (1080 MG) ( <i>potassium citrate</i> )	NC	
UROCIT-K 15 ORAL TABLET EXTENDED RELEASE 15 MEQ (1620 MG) ( <i>potassium citrate</i> )	NC	
UROCIT-K 5 ORAL TABLET EXTENDED RELEASE 5 MEQ (540 MG) ( <i>potassium citrate</i> )	NC	
UROXATRAL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG ( <i>alfuzosin hcl</i> )	NC	
<b>*GOUT AGENTS* - DRUGS FOR PAIN AND FEVER</b>		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	PG	LGC

2020 Small Group ACA Banner | Aetna

The formulary is updated the first week of each month.

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>colchicine oral capsule 0.6 mg</i>	NC	
<i>colchicine oral tablet 0.6 mg</i>	NP	QL (2 tablets per 1 day)
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>	PG	
COLCRYS ORAL TABLET 0.6 MG ( <i>colchicine</i> )	NC	
DUZALLO ORAL TABLET 200-200 MG, 200-300 MG ( <i>lesinurad-allopurinol</i> )	NC	
<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> )	NC	
MITIGARE ORAL CAPSULE 0.6 MG ( <i>colchicine</i> )	NC	
<i>probenecid oral tablet 500 mg</i>	PG	
ULORIC ORAL TABLET 40 MG, 80 MG ( <i>febuxostat</i> )	NC	
ZURAMPIC ORAL TABLET 200 MG ( <i>lesinurad</i> )	NC	
ZYLOPRIM ORAL TABLET 100 MG, 300 MG ( <i>allopurinol</i> )	NC	
<b>*HEMATOLOGICAL AGENTS - MISC.* - DRUGS FOR THE BLOOD</b>		
AGGRENOX ORAL CAPSULE EXTENDED RELEASE 12 HOUR 25-200 MG ( <i>aspirin-dipyridamole</i> )	NC	
AGRYLIN ORAL CAPSULE 0.5 MG ( <i>anagrelide hcl</i> )	NC	
<i>anagrelide hcl oral capsule 0.5 mg, 1 mg</i>	NP	
<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, 81-40 mg</i>	NC	
BRILINTA ORAL TABLET 60 MG ( <i>ticagrelor</i> )	NP	QL (2 tablets per 1 day)
BRILINTA ORAL TABLET 90 MG ( <i>ticagrelor</i> )	NP	QL (2 tabs per 1 day)
CABLIVI INJECTION KIT 11 MG ( <i>caplacizumab-yhdp</i> )	NPS	PA; NPL; SP Pharmacy; QL (1 vial per day, 2 courses (58 day supply) per 1 lifetime)
<i>cilostazol oral tablet 100 mg, 50 mg</i>	NP	
<i>clopidogrel bisulfate oral tablet 300 mg</i>	PG	QL (1 tab per 1 fill)
<i>clopidogrel bisulfate oral tablet 75 mg</i>	PG	QL (1 tab per 1 day)
<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> )	NC	
EFFIENT ORAL TABLET 10 MG, 5 MG ( <i>prasugrel hcl</i> )	NC	

2020 Small Group ACA Banner | Aetna

The formulary is updated the first week of each month.

12/01/2020

178

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ESPEROCT INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT ( <i>antihemoph fact rcmb gpeg-exei</i> )	NC	
FIRAZYR SUBCUTANEOUS SOLUTION 30 MG/3ML ( <i>icatibant acetate</i> )	NC	
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT, 3000 UNIT ( <i>c1 esterase inhibitor (human)</i> )	PS	PA; ST; SP Pharmacy; QL (20 vials per 1 month)
<i>icatibant acetate subcutaneous solution 30 mg/3ml</i>	PS	PA; NPL; SP Pharmacy; QL (6 syringes per 1 month)
KALBITOR SUBCUTANEOUS SOLUTION 10 MG/ML ( <i>ecallantide</i> )	NC	
<i>pentoxifylline er oral tablet extended release 400 mg</i>	PG	
PLAVIX ORAL TABLET 300 MG, 75 MG ( <i>clopidogrel bisulfate</i> )	NC	
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i>	NP	QL (1 tablet per 1 Day)
SEVENFACT INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 5 MG ( <i>coagulation factor viia-jncw</i> )	NC	
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML ( <i>lanadelumab-flyo</i> )	NC	
TAVALISSE ORAL TABLET 100 MG, 150 MG ( <i>fostamatinib disodium</i> )	NC	
<i>ticlopidine hcl oral tablet 250 mg</i>	PG	
YOSPRALA ORAL TABLET DELAYED RELEASE 325-40 MG, 81-40 MG ( <i>aspirin-omeprazole</i> )	NC	
ZONTIVITY ORAL TABLET 2.08 MG ( <i>vorapaxar sulfate</i> )	NP	PA; QL (1 tab per 1 day)
<b>*HEMATOPOIETIC AGENTS* - DRUGS FOR NUTRITION</b>		
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> )	PS	PA; SP Pharmacy
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML ( <i>darbepoetin alfa</i> )	PS	PA
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> )	PS	PA; SP Pharmacy

2020 Small Group ACA Banner | Aetna

The formulary is updated the first week of each month.

12/01/2020



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CERDELGA ORAL CAPSULE 84 MG ( <i>eliglustat tartrate</i> )	PS	PA; SP Pharmacy; QL (2 caps per 1 day)
<i>cyanocobalamin injection solution 1000 mcg/ml</i>	PG	
DOPTELET ORAL TABLET 20 MG ( <i>avatrombopag maleate</i> )	NPS	PA; SP Pharmacy; QL (3 /day for 5 days per 30 days)
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG ( <i>hydroxyurea</i> )	NP	
ENDARI ORAL PACKET 5 GM ( <i>glutamine (sickle cell)</i> )	NC	
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML ( <i>epoetin alfa</i> )	NPS	PA; SP Pharmacy
<i>folate oral tablet 400 mcg</i>	CE	N2 (Not Covered)
<i>folic acid oral capsule 0.8 mg</i>	CE	N2 (Not Covered)
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	CE	N2 (Not Covered)
FOLVITE-FE ORAL TABLET 90-120-0.012-1 MG ( <i>iron-vit c-vit b12-folic acid</i> )	NC	
FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML ( <i>pegfilgrastim-jmdb</i> )	PS	PA; SP Pharmacy
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML, 480 MCG/1.6ML ( <i>tbo-filgrastim</i> )	NC	
GRANIX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML ( <i>tbo-filgrastim</i> )	NC	
<i>miglustat oral capsule 100 mg</i>	PS	PA; ST; SP Pharmacy; QL (3 capsules per 1 Day)
MIRCERA INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.3ML, 200 MCG/0.3ML, 50 MCG/0.3ML, 75 MCG/0.3ML ( <i>methoxy peg-epoetin beta</i> )	NPS	PA
MIRCERA INJECTION SOLUTION PREFILLED SYRINGE 150 MCG/0.3ML, 30 MCG/0.3ML ( <i>methoxy peg-epoetin beta</i> )	NPS	PA; SP Pharmacy
MOZOBIL SUBCUTANEOUS SOLUTION 24 MG/1.2ML ( <i>plerixafor</i> )	NPS	PA
MULPLETA ORAL TABLET 3 MG ( <i>lusutrombopag</i> )	NPS	PA; SP Pharmacy; QL (1 /day for 7 days per 30 days)
NASCOBAL NASAL SOLUTION 500 MCG/0.1ML ( <i>cyanocobalamin</i> )	NC	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NEULASTA ONPRO SUBCUTANEOUS PREFILLED SYRINGE KIT 6 MG/0.6ML ( <i>pegfilgrastim</i> )	PS	PA
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML ( <i>pegfilgrastim</i> )	PS	PA
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML ( <i>filgrastim</i> )	NPS	PA; ST; SP Pharmacy
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML ( <i>filgrastim</i> )	NPS	PA; ST
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML ( <i>filgrastim-aafi</i> )	PS	PA; NPL; SP Pharmacy
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML ( <i>filgrastim-aafi</i> )	PS	PA; SP Pharmacy
NPLATE SUBCUTANEOUS SOLUTION RECONSTITUTED 125 MCG ( <i>romiplostim</i> )	NC	
NPLATE SUBCUTANEOUS SOLUTION RECONSTITUTED 250 MCG, 500 MCG ( <i>romiplostim</i> )	NPS	PA; SP Pharmacy
OXBRYTA ORAL TABLET 500 MG ( <i>voxelotor</i> )	NC	
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> )	NPS	PA; SP Pharmacy
PROMACTA ORAL PACKET 12.5 MG ( <i>eltrombopag olamine</i> )	NPS	PA; SP Pharmacy; QL (4 packets per 1 day)
PROMACTA ORAL PACKET 25 MG ( <i>eltrombopag olamine</i> )	NPS	PA; SP Pharmacy; QL (180 packets per 30 days)
PROMACTA ORAL TABLET 12.5 MG ( <i>eltrombopag olamine</i> )	NPS	PA; SP Pharmacy; QL (4 tablets per 1 day)
PROMACTA ORAL TABLET 25 MG ( <i>eltrombopag olamine</i> )	NPS	PA; SP Pharmacy; QL (1 tab per 1 day)
PROMACTA ORAL TABLET 50 MG, 75 MG ( <i>eltrombopag olamine</i> )	NPS	PA; SP Pharmacy; QL (2 tablets per 1 day)
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML ( <i>epoetin alfa-epbx</i> )	PS	PA; SP Pharmacy
SIKLOS ORAL TABLET 100 MG, 1000 MG ( <i>hydroxyurea</i> )	NP	PA
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML ( <i>pegfilgrastim-cbqv</i> )	PS	PA; NPL; SP Pharmacy

2020 Small Group ACA Banner | Aetna

The formulary is updated the first week of each month.

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML ( <i>filgrastim-sndz</i> )	PS	PA
ZAVESCA ORAL CAPSULE 100 MG ( <i>miglustat</i> )	NPS	PA; ST; SP Pharmacy; QL (3 caps per 1 day)
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML ( <i>pegfilgrastim-bmez</i> )	NC	
<b>*HEMOSTATICS* - DRUGS FOR THE BLOOD</b>		
AMICAR ORAL SOLUTION 0.25 GM/ML ( <i>aminocaproic acid</i> )	NC	
AMICAR ORAL TABLET 1000 MG ( <i>aminocaproic acid</i> )	PB	
AMICAR ORAL TABLET 500 MG ( <i>aminocaproic acid</i> )	NC	
<i>aminocaproic acid oral solution 0.25 g/ml</i>	NC	
<i>aminocaproic acid oral tablet 1000 mg, 500 mg</i>	PG	
LYSTEDA ORAL TABLET 650 MG ( <i>tranexamic acid</i> )	NC	
<i>tranexamic acid oral tablet 650 mg</i>	PG	QL (30 tablet per 1 fill)
<b>*HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS* - DRUGS FOR THE NERVOUS SYSTEM</b>		
AMBIEN CR ORAL TABLET EXTENDED RELEASE 12.5 MG, 6.25 MG ( <i>zolpidem tartrate</i> )	NC	
AMBIEN ORAL TABLET 10 MG, 5 MG ( <i>zolpidem tartrate</i> )	NC	
BELSOMRA ORAL TABLET 10 MG ( <i>suvorexant</i> )	NP	ST; QL (1 tablet per 1 day)
BELSOMRA ORAL TABLET 15 MG, 20 MG, 5 MG ( <i>suvorexant</i> )	NP	ST; QL (1 tablet per 1 Day)
BUTISOL SODIUM ORAL TABLET 30 MG ( <i>butabarbital sodium</i> )	NP	
DAYVIGO ORAL TABLET 10 MG, 5 MG ( <i>lemborexant</i> )	NC	
DORAL ORAL TABLET 15 MG ( <i>quazepam</i> )	NC	
<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> )	NC	
<i>estazolam oral tablet 1 mg, 2 mg</i>	NP	
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	NP	QL (1 tab per 1 day)
<i>flurazepam hcl oral capsule 15 mg, 30 mg</i>	PG	
HALCION ORAL TABLET 0.25 MG ( <i>triazolam</i> )	NC	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HETLIOZ ORAL CAPSULE 20 MG ( <i>tasimelteon</i> )	NPS	PA; SP Pharmacy; QL (1 capsule per 1 day)
INTERMEZZO SUBLINGUAL TABLET SUBLINGUAL 1.75 MG, 3.5 MG ( <i>zolpidem tartrate</i> )	NC	
LUNESTA ORAL TABLET 1 MG, 2 MG, 3 MG ( <i>eszopiclone</i> )	NC	
<i>midazolam hcl oral syrup 2 mg/ml</i>	NP	
<i>phenobarbital oral elixir 20 mg/5ml</i>	PG	
<i>phenobarbital oral solution 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>	NP	
<i>ramelteon oral tablet 8 mg</i>	NC	
RESTORIL ORAL CAPSULE 15 MG, 22.5 MG, 30 MG, 7.5 MG ( <i>temazepam</i> )	NC	
ROZEREM ORAL TABLET 8 MG ( <i>ramelteon</i> )	NC	
SECONAL ORAL CAPSULE 100 MG ( <i>secobarbital sodium</i> )	NP	
SILENOR ORAL TABLET 3 MG, 6 MG ( <i>doxepin hcl</i> )	NP	ST; QL (1 tablet per 1 day)
SONATA ORAL CAPSULE 10 MG, 5 MG ( <i>zaleplon</i> )	NC	
<i>temazepam oral capsule 15 mg, 30 mg</i>	PG	
<i>temazepam oral capsule 22.5 mg, 7.5 mg</i>	PG	QL (1 cap per 1 day)
<i>triazolam oral tablet 0.125 mg, 0.25 mg</i>	NP	
<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	PA; ST; QL (1 tab per 1 day)
<i>zolpidem tartrate oral tablet 10 mg, 5 mg</i>	PG	QL (2 tabs per 1 day)
<i>zolpidem tartrate sublingual tablet sublingual 1.75 mg, 3.5 mg</i>	NC	
ZOLPIMIST ORAL SOLUTION 5 MG/ACT ( <i>zolpidem tartrate</i> )	NC	#
<b>*LAXATIVES* - DRUGS FOR THE STOMACH</b>		
<i>bisacodyl powder</i>	CE	N2 (Not Covered); AL
<i>bisacodyl rectal suppository 10 mg</i>	CE	N2 (Not Covered); AL
<i>citrate of magnesia oral solution , 1.745 gm/30ml</i>	CE	N2 (Not Covered); AL
CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM - GM/160ML ( <i>sod picosulfate-mag ox-cit acd</i> )	CE	N2 (NP); AL

2020 Small Group ACA Banner | Aetna

The formulary is updated the first week of each month.

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
COLYTE WITH FLAVOR PACKS ORAL SOLUTION RECONSTITUTED 240 GM ( <i>peg 3350-kcl-nabcb-nacl-nasulf</i> )	NP	
<i>constulose oral solution 10 gm/15ml</i>	PG	LGC
<i>gavilyte-c oral solution reconstituted 240 gm</i>	PG	
<i>peg 3350-kcl-nabcb-nacl-nasulf</i> (Gavilyte-G Oral Solution Reconstituted 236 Gm)	PG	
<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	
GOLYTELY ORAL SOLUTION RECONSTITUTED 227.1 GM, 236 GM ( <i>peg 3350-kcl-nabcb-nacl-nasulf</i> )	NP	
KRISTALOSE ORAL PACKET 10 GM, 20 GM ( <i>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	LGC
MOVIPREP ORAL SOLUTION RECONSTITUTED 100 GM ( <i>peg-kcl-nacl-nasulf-na asc-c</i> )	NC	#
NULYTELY WITH FLAVOR PACKS ORAL SOLUTION RECONSTITUTED 420 GM ( <i>peg 3350-kcl-na bicarb-nacl</i> )	NP	
OSMOPREP ORAL TABLET 1.102-0.398 GM ( <i>sod phos mono-sod phos dibasic</i> )	NP	#
PCP 100 COMBINATION KIT ( <i>mgcit-bisacod-pet-peg-metoclop</i> )	NP	
<i>peg 3350/electrolytes oral solution reconstituted 240 gm</i>	PG	
<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 (Not Covered)
<i>bisacodyl-peg-kcl-nabicar-nacl</i> (Peg-Prep Oral Kit 5-210 Mg-Gm)	CE	N2 (PG); AL
PLENVU ORAL SOLUTION RECONSTITUTED 140 GM ( <i>peg-kcl-nacl-nasulf-na asc-c</i> )	CE	N2 (NP); AL
POLY-PREP COMBINATION KIT ( <i>bisacodyl-peg 3350-lido-hc</i> )	NP	
PREPOPIK ORAL PACKET 10-3.5-12 MG-GM-GM ( <i>sod picosulfate-mag ox-cit acd</i> )	CE	#; N2 (NP); AL
<i>saline laxative oral solution 0.9-2.4 gm/5ml</i>	CE	N2 (Not Covered); AL

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SUPREP BOWEL PREP KIT ORAL SOLUTION 17.5-3.13-1.6 GM/177ML ( <i>na sulfate-k sulfate-mg sulf</i> )	CE	#; N2 (NP); AL
<i>peg 3350-kcl-na bicarb-nacl</i> (Trilyte Oral Solution Reconstituted 420 Gm)	PG	
<b>*MACROLIDES* - DRUGS FOR INFECTIONS</b>		
<i>azithromycin oral packet 1 gm</i>	PG	
<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	
BIAXIN ORAL TABLET 500 MG ( <i>clarithromycin</i> )	NC	
<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	PA; ST; QL (20 tabs per 1 fill)
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 STEARATE ORAL TABLET 250 MG ( <i>erythromycin stearate</i> )	NC	
<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	
<i>erythromycin stearate oral tablet 250 mg</i>	PG	
ZITHROMAX ORAL PACKET 1 GM ( <i>azithromycin</i> )	NC	
ZITHROMAX ORAL SUSPENSION RECONSTITUTED 100 MG/5ML, 200 MG/5ML ( <i>azithromycin</i> )	NC	

2020 Small Group ACA Banner | Aetna

The formulary is updated the first week of each month.

12/01/2020



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZITHROMAX ORAL TABLET 250 MG, 500 MG, 600 MG ( <i>azithromycin</i> )	NC	
ZITHROMAX TRI-PAK ORAL TABLET 500 MG ( <i>azithromycin</i> )	NC	
ZITHROMAX Z-PAK ORAL TABLET 250 MG ( <i>azithromycin</i> )	NC	
<b>*MEDICAL DEVICES AND SUPPLIES* - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT</b>		
<i>1st tier unifine pentips 29g x 12mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm</i>	NP	
<i>1st tier unifine pentips plus 31g x 8 mm</i>	NP	
1ST TIER UNILET COMFORTOUCH	NP	
ACCU-CHEK FASTCLIX LANCETS ( <i>lancets</i> )	NP	
ACCU-CHEK MULTICLIX LANCETS ( <i>lancets</i> )	NP	
ACCU-CHEK SAFE-T PRO LANCETS ( <i>lancets</i> )	NP	
ACCU-CHEK SOFT TOUCH LANCETS ( <i>lancets</i> )	NP	
ACCU-CHEK SOFTCLIX LANCET DEV KIT ( <i>lancets misc.</i> )	NP	QL (1 device per 1 year)
ACCU-CHEK SOFTCLIX LANCETS ( <i>lancets</i> )	NP	
ACTI-LANCE 28G	NP	
ACTI-LANCE LITE LANCETS 28G	NP	
ACTI-LANCE SPECIAL LANCETS 17G	NP	
ACTI-LANCE UNIVERSAL 23G	NP	
<i>adjustable lancing device</i>	PG	
ADVOCATE INSULIN PEN NEEDLES 31G X 5 MM , 31G X 8 MM ( <i>insulin pen needle</i> )	NP	
ADVOCATE INSULIN SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G 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>insulin syringe-needle u-100</i> )	NP	
ADVOCATE LANCETS ( <i>lancets</i> )	NP	
ADVOCATE RAPID-SAFE LANCING ( <i>lancet devices</i> )	NP	
ADVOCATE SAFETY LANCETS ( <i>lancets</i> )	NP	
AGAMATRIX ULTRA-THIN LANCETS ( <i>lancets</i> )	NP	
<i>alcohol swabs pad</i>	PG	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>alternate site lancing device</i>	PG	
ASSURE COMFORT LANCETS 28G	NP	
ASSURE HAEMOLANCE PLUS HIGH ( <i>lancets</i> )	NP	
ASSURE HAEMOLANCE PLUS LOW ( <i>lancets</i> )	NP	
ASSURE HAEMOLANCE PLUS MICRO ( <i>lancets</i> )	NP	
ASSURE HAEMOLANCE PLUS NORMAL ( <i>lancets</i> )	NP	
ASSURE HAEMOLANCE PLUS PED ( <i>lancets</i> )	NP	
ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML ( <i>insulin syringe-needle u-100</i> )	NP	
ASSURE LANCE LANCETS ( <i>lancets</i> )	NP	
ASSURE LANCETS ( <i>lancets</i> )	NP	
AURORA LANCET SUPER THIN 30G	NP	
AURORA LANCET THIN 23G	NP	
AURORA PEN NEEDLES 29G X 12MM , 31G X 6 MM , 31G X 8 MM	NP	
<i>aurora unifine pentips 31g x 5 mm</i>	NP	
AURORA UNIFINE PENTIPS 32G X 4 MM	NP	
BAYER MICROLET LANCETS ( <i>lancets</i> )	NP	
BD AUTOSHIELD 29G X 5MM , 29G X 8MM ( <i>insulin pen needle</i> )	PB	
BD INSULIN SYR ULTRAFINE II 31G X 5/16" 0.5 ML ( <i>insulin syringe-needle u-100</i> )	PB	
BD INSULIN SYRINGE 25G X 1" 1 ML, 25G X 5/8" 1 ML, 26G X 1/2" 1 ML, 27G X 1/2" 1 ML, 29G X 1/2" 1 ML ( <i>insulin syringe-needle u-100</i> )	PB	
BD INSULIN SYRINGE HALF-UNIT 31G X 5/16" 0.3 ML ( <i>insulin syringe-needle u-100</i> )	PB	
BD INSULIN SYRINGE MICROFINE 27G X 5/8" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML ( <i>insulin syringe-needle u-100</i> )	PB	
BD INSULIN SYRINGE U/F 30G X 1/2" 1 ML, 31G X 5/16" 0.3 ML ( <i>insulin syringe-needle u-100</i> )	PB	
BD INSULIN SYRINGE U-100 1 ML ( <i>insulin syringes (disposable)</i> )	PB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BD INSULIN SYRINGE ULTRAFINE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 31G X 5/16" 0.5 ML ( <i>insulin syringe-needle u-100</i> )	PB	
BD INTEGRA NEEDLE 25G X 5/8" ( <i>needle (disp)</i> )	NC	
BD LANCET ULTRAFINE 30G ( <i>lancets</i> )	PB	
BD LANCET ULTRAFINE 33G ( <i>lancets</i> )	PB	
BD MICROTAINER LANCETS ( <i>lancets</i> )	PB	
BD PEN NEEDLE 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	
BD SAFETY-LOK INSULIN SYRINGE 29G X 1/2" 1 ML ( <i>insulin syringe-needle u-100</i> )	PB	
BULLSEYE MINI SAFETY LANCETS	NP	
CAREFINE PEN NEEDLES 31G X 6 MM ( <i>insulin pen needle</i> )	NP	
CAREONE LANCET THIN 23G	NP	
CAREONE LANCET ULTRA THIN 28G	NP	
CAREONE UNIFINE PENTIPS 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	NP	
CLEVER CHEK LANCETS ( <i>lancets</i> )	NP	
CLICKFINE PEN NEEDLES 31G X 6 MM	NP	
<i>clickfine pen needles 31g x 8 mm</i>	NP	
COMFORT ASSURED LANCETS 28G	NP	
COMFORT ASSURED LANCETS 33G	NP	
COMFORT EZ INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 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" 0.3 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>insulin syringe-needle u-100</i> )	NP	

2020 Small Group ACA Banner | Aetna

The formulary is updated the first week of each month.

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
COMFORT EZ PEN NEEDLES 31G X 5 MM , 31G X 6 MM , 31G X 8 MM ( <i>insulin pen needle</i> )	NP	
COMFORT LANCETS	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	
DROPLET LANCETS ULTRA THIN 30G ( <i>lancets</i> )	NP	
EASY COMFORT INSULIN SYRINGE 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML	NP	
EASY COMFORT LANCETS	NP	
EASY TOUCH INSULIN SAFETY SYR 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 1 ML ( <i>insulin syringe-needle u-100</i> )	NP	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EASY TOUCH 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 1/2" 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, 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>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 30G/TWIST ( <i>lancets</i> )	NP	
EASY TOUCH LANCETS 32G ( <i>lancets</i> )	NP	
EASY TOUCH LANCETS 32G/TWIST ( <i>lancets</i> )	NP	
EASY TOUCH LANCETS 33G/TWIST ( <i>lancets</i> )	NP	
EASY TOUCH PEN NEEDLES 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 5 MM , 32G X 6 MM ( <i>insulin pen needle</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	
<i>elite-thin insulin syringe 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 29g x 5/16" 0.5 ml, 29g x 5/16" 1 ml</i>	NP	
EXEL COMFORT POINT INSULIN SYR 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G 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 ( <i>insulin syringe-needle u-100</i> )	NP	
E-Z JECT LANCET MICRO-THIN 33G ( <i>lancets</i> )	NP	
E-Z JECT LANCET SUPER THIN 30G ( <i>lancets</i> )	NP	
E-Z JECT LANCETS ( <i>lancets</i> )	NP	
E-Z JECT LANCETS 21G ( <i>lancets</i> )	NP	
E-Z JECT LANCETS THIN 26G ( <i>lancets</i> )	NP	
EZ SMART BLOOD GLUCOSE LANCETS ( <i>lancets</i> )	NP	

2020 Small Group ACA Banner | Aetna

The formulary is updated the first week of each month.

12/01/2020

190

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FC FEMALE CONDOM ( <i>condoms - female</i> )	CE	N2 (Not Covered)
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)
FIFTY50 PEN NEEDLES 31G X 5 MM ( <i>insulin pen needle</i> )	NP	
FIFTY50 SAFETY SEAL LANCETS ( <i>lancets</i> )	NP	
FIFTY50 SUPERIOR COMFORT SYR 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	
FINE 30 ( <i>lancets</i> )	NP	
FINGERSTIX LANCETS ( <i>lancets</i> )	NP	
FORA LANCETS ( <i>lancets</i> )	NP	
FREESTYLE LANCETS ( <i>lancets</i> )	NP	
FREESTYLE PRECISION INS SYR 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 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 EASE INJECT PEN NEEDLES 29G X 12MM , 31G X 5 MM , 31G X 8 MM	NP	
GLOBAL INJECT EASE INSULIN SYR 28G X 1/2" 0.5 ML, 28G X 1/2" 1 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" 0.3 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	NP	
GLOBAL INJECT EASE LANCETS 28G	NP	
GLOBAL INJECT EASE LANCETS 30G	NP	
GLUCOCOM LANCETS 28G ( <i>lancets</i> )	NP	
GLUCOCOM LANCETS 30G ( <i>lancets</i> )	NP	
GLUCOCOM LANCETS 33G ( <i>lancets</i> )	NP	
GLUCOPRO INSULIN SYRINGE 30G X 1/2" 0.3 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>insulin syringe-needle u-100</i> )	NP	
GUARDIAN CONNECT TRANSMITTER ( <i>continuous blood gluc transmit</i> )	NC	

2020 Small Group ACA Banner | Aetna

The formulary is updated the first week of each month.

12/01/2020



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GUARDIAN LINK 3 TRANSMITTER ( <i>continuous blood gluc transmit</i> )	NC	
GUARDIAN SENSOR (3) ( <i>continuous blood gluc sensor</i> )	NC	
HAEMOLANCE ( <i>lancets</i> )	NP	
HAEMOLANCE LOW FLOW LANCETS ( <i>lancets</i> )	NP	
HAEMOLANCE PLUS ( <i>lancets</i> )	NP	
HAEMOLANCE PLUS HIGH FLOW ( <i>lancets</i> )	NP	
HAEMOLANCE PLUS LOW FLOW ( <i>lancets</i> )	NP	
HAEMOLANCE PLUS MAX FLOW ( <i>lancets</i> )	NP	
HAEMOLANCE PLUS PEDIATRIC FLOW ( <i>lancets</i> )	NP	
HEALTHWISE MINI PEN NEEDLES 31G X 6 MM	NP	
HEALTHWISE PEN NEEDLES 29G X 12MM	NP	
HEALTHWISE SHORT PEN NEEDLES 31G X 8 MM	NP	
HEALTHWISE UNIFINE PENTIPS 32G X 4 MM	NP	
HEALTHY ACCENTS UNIFINE PENTIP 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM	NP	
HEALTHY ACCENTS UNILET LANCETS	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 syringeneedle 27g x 1/2" 0.5 ml, 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml</i>	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	
<i>insupen pen needles 32g x 4 mm</i>	NP	
INSUPEN SENSITIVE 32G X 6 MM , 32G X 8 MM ( <i>insulin pen needle</i> )	NP	
INSUPEN ULTRAFIN 30G X 8 MM , 31G X 6 MM , 31G X 8 MM ( <i>insulin pen needle</i> )	NP	
KINNEY LANCETS	NP	
KINNEY THIN LANCETS	NP	
<i>kinray insulin syringe 29g x 1/2" 0.5 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>	NP	

2020 Small Group ACA Banner | Aetna

The formulary is updated the first week of each month.

12/01/2020

192

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>lancet device</i>	PG	
<i>lancet transporter case</i>	PG	
<i>lancets</i>	PG	
<i>lancets 28g</i>	PG	
<i>lancets 30g</i>	PG	
<i>lancets thin</i>	PG	
LANCETS ULTRA FINE ( <i>lancets</i> )	NP	
LANCETS ULTRA THIN ( <i>lancets</i> )	NP	
LANCETS ULTRA THIN 30G	NP	
<i>lancing device</i>	PG	
LEADER INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 1 ML	NP	
<i>leader insulin syringe 30g x 5/16" 0.5 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>	NP	
LEADER UNIFINE PENTIPS 31G X 5 MM , 32G X 4 MM ( <i>insulin pen needle</i> )	NP	
LITE TOUCH LANCETS	NP	
LITETOUCH INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G 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>insulin syringe-needle u-100</i> )	NP	
LITETOUCH PEN NEEDLES 29G X 12.7MM , 31G X 8 MM ( <i>insulin pen needle</i> )	NP	
LIVE BETTER LANCET SUPER THIN	NP	
LIVE BETTER LANCET ULTRA THIN	NP	
<i>longs insulin syringe 31g x 5/16" 0.5 ml</i>	NP	
LONGS LANCETS STANDARD	NP	
LONGS LANCETS THIN	NP	
LONGS LANCETS ULTRA THIN	NP	
MAGELLAN INSULIN SAFETY SYR 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G 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 ( <i>insulin syringe-needle u-100</i> )	NP	
MAXI-COMFORT INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML ( <i>insulin syringe-needle u-100</i> )	NP	

2020 Small Group ACA Banner | Aetna

The formulary is updated the first week of each month.

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MEDISENSE THIN LANCETS ( <i>lancets</i> )	NP	
MEDLANCE EXTRA 21G ( <i>lancets</i> )	NP	
MEDLANCE LITE 25G ( <i>lancets</i> )	NP	
MEDLANCE PLUS EXTRA 21G ( <i>lancets</i> )	NP	
MEDLANCE PLUS LANCETS ( <i>lancets</i> )	NP	
MEDLANCE PLUS LITE 25G ( <i>lancets</i> )	NP	
MEDLANCE PLUS SUPERLITE 30G ( <i>lancets</i> )	NP	
MEDLANCE PLUS UNIVERSAL 21G ( <i>lancets</i> )	NP	
MEDLANCE UNIVERSAL 21G ( <i>lancets</i> )	NP	
MICROLET LANCETS ( <i>lancets</i> )	NP	
MONOJECT INSULIN SYRINGE 25G X 5/8" 1 ML, 27G X 1/2" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G 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" 1 ML ( <i>insulin syringe-needle u-100</i> )	NP	
MONOJECT INSULIN SYRINGE U-100 1 ML ( <i>insulin syringes (disposable)</i> )	NP	
MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML ( <i>insulin syringe-needle u-100</i> )	NP	
MONOLET LANCETS ( <i>lancets</i> )	NP	
<i>ms insulin syringe 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>	NP	
<i>multi-lancet device</i>	PG	
MYGLUCOHEALTH LANCETS 30G ( <i>lancets</i> )	NP	
NOVA SAFETY LANCETS 23G ( <i>lancets</i> )	NP	
NOVA SAFETY LANCETS 28G ( <i>lancets</i> )	NP	
NOVA SUREFLEX LANCETS ( <i>lancets</i> )	NP	
NOVOFINE 32G X 6 MM ( <i>insulin pen needle</i> )	NP	
NOVOFINE AUTOCOVER 30G X 8 MM ( <i>insulin pen needle</i> )	NP	
NOVOTWIST 32G X 5 MM ( <i>insulin pen needle</i> )	NP	
ON CALL LANCETS ( <i>lancets</i> )	NP	
ON CALL PLUS LANCETS ( <i>lancets</i> )	NP	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
ONETOUCH DELICA LANCING DEV ( <i>lancet devices</i> )	NP	
ONETOUCH FINEPOINT LANCETS ( <i>lancets</i> )	NP	
ONETOUCH SURESOFT LANCING DEV ( <i>lancets misc.</i> )	NP	
ONETOUCH ULTRASOFT LANCETS ( <i>lancets</i> )	NP	
<i>pen needles 1/2" 29g x 12mm</i>	PG	
<i>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</i>	PG	
<i>pen needles 3/16" 31g x 5 mm</i>	PG	
<i>pen needles 5/16" 30g x 8 mm , 31g x 8 mm</i>	PG	
PHARMACIST CHOICE LANCETS ( <i>lancets</i> )	NP	
PRECISION SUREDOSE PLUS SYR 29G X 1/2" 0.3 ML, 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, 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 30G X 3/8" 0.5 ML, 30G X 5/16" 0.3 ML ( <i>insulin syringe-needle u-100</i> )	NP	
PREFERRED PLUS INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G 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	NP	
PREFERRED PLUS LANCETS COLORED	NP	
PREFERRED PLUS LANCETS THIN	NP	
PREFERRED PLUS UNIFINE PENTIPS 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	NP	
PRODIGY INSULIN SYRINGE 28G X 1/2" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML ( <i>insulin syringe-needle u-100</i> )	NP	
PRODIGY LANCETS 28G ( <i>lancets</i> )	NP	
PRODIGY TWIST TOP LANCETS 28G ( <i>lancets</i> )	NP	
<i>reality insulin syringe 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml</i>	NP	
RELI-ON INSULIN SYRINGE 29G 0.3 ML, 29G 0.5 ML, 29G X 1/2" 1 ML, 30G 0.3 ML, 30G 0.5 ML, 30G 1 ML ( <i>insulin syringe-needle u-100</i> )	NP	

2020 Small Group ACA Banner | Aetna

The formulary is updated the first week of each month.

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RELION INSULIN SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G 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>insulin syringe-needle u-100</i> )	NP	
RELION LANCETS STANDARD 21G ( <i>lancets</i> )	NP	
RELION LANCETS THIN 26G ( <i>lancets</i> )	NP	
RELION LANCETS ULTRA-THIN 30G ( <i>lancets</i> )	NP	
RELION MINI PEN NEEDLES 31G X 6 MM ( <i>insulin pen needle</i> )	NP	
RELION PEN NEEDLES 29G X 12MM , 31G X 8 MM , 32G X 4 MM ( <i>insulin pen needle</i> )	NP	
RELION SHORT PEN NEEDLES 31G X 8 MM ( <i>insulin pen needle</i> )	NP	
RELION ULTRA THIN LANCETS 30G ( <i>lancets</i> )	NP	
RELION ULTRA THIN PLUS LANCETS ( <i>lancets</i> )	NP	
RIGHTEST GL300 LANCETS ( <i>lancets</i> )	NP	
SAFESNAP INSULIN SYRINGE 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML ( <i>insulin syringe-needle u-100</i> )	NP	
<i>safety lancet 21g/pressure act</i>	PG	
<i>safety lancet 28g/pressure act</i>	PG	
SAFETY LANCETS ( <i>lancets</i> )	NP	
SAFETY LANCETS 21G ( <i>lancets</i> )	NP	
<i>safety lancets 28g</i>	PG	
SAFETY LET LANCETS ( <i>lancets</i> )	NP	
SAFETY SEAL LANCETS ( <i>lancets</i> )	NP	
SHOPKO UNIFINE PENTIPS 29G X 12MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM ( <i>insulin pen needle</i> )	NP	
SHOPKO UNILET LANCETS 28G ( <i>lancets</i> )	NP	
SHOPKO UNILET LANCETS 30G ( <i>lancets</i> )	NP	
SINGLE-LET ( <i>lancets</i> )	NP	
SMART SENSE COLOR LANCETS 33G ( <i>lancets</i> )	NP	
SMART SENSE STANDARD LANCETS ( <i>lancets</i> )	NP	
SMART SENSE SUPER THIN LANCETS ( <i>lancets</i> )	NP	
SMART SENSE THIN LANCETS 26G ( <i>lancets</i> )	NP	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SMARTTEST LANCETS 28G ( <i>lancets</i> )	NP	
SOLUS V2 LANCETS 28G ( <i>lancets</i> )	NP	
SOLUS V2 TWIST LANCETS 30G ( <i>lancets</i> )	NP	
STERILANCE PA ( <i>lancets misc.</i> )	NP	
STERILANCE TL ( <i>lancets</i> )	NP	
SUPER THIN LANCETS	NP	
SURE COMFORT INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 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" 0.3 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	NP	
SURE COMFORT LANCETS 28G	NP	
SURE COMFORT LANCETS 30G	NP	
<i>sure comfort pen needles 29g x 12.7mm , 31g x 5 mm , 31g x 8 mm</i>	NP	
SURE-FINE PEN NEEDLES 29G X 12.7MM , 31G X 5 MM , 31G X 8 MM ( <i>insulin pen needle</i> )	NP	
SURE-JECT INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G 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 ( <i>insulin syringe-needle u-100</i> )	NP	
SURE-LANCE FLAT LANCETS ( <i>lancets</i> )	NP	
SURE-LANCE THIN LANCETS 28G ( <i>lancets</i> )	NP	
SURE-LANCE ULTRA THIN LANCETS ( <i>lancets</i> )	NP	
SURE-TOUCH LANCETS UNIVERSAL ( <i>lancets</i> )	NP	
TECHLITE AST LANCETS ( <i>lancets</i> )	NP	
TECHLITE LANCETS ( <i>lancets</i> )	NP	
TECHLITE LANCETS 30G ( <i>lancets</i> )	NP	
<i>topcare clickfine pen needles 31g x 6 mm , 31g x 8 mm</i>	NP	
TOPCARE ULTRA COMFORT INS SYR 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G 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	NP	

2020 Small Group ACA Banner | Aetna

The formulary is updated the first week of each month.

12/01/2020



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRUEPLUS INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G 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>insulin syringe-needle u-100</i> )	NP	
TRUEPLUS LANCETS 28G ( <i>lancets</i> )	NP	
TRUEPLUS LANCETS 30G ( <i>lancets</i> )	NP	
TRUEPLUS LANCETS 33G ( <i>lancets</i> )	NP	
TRUEPLUS SAFETY LANCETS 28G ( <i>lancets</i> )	NP	
ULTICARE INSULIN SAFETY SYR 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML ( <i>insulin syringe-needle u-100</i> )	NP	
ULTICARE INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 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" 0.3 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" 0.5 ML, 31G X 5/16" 1 ML ( <i>insulin syringe-needle u-100</i> )	NP	
ULTICARE MICRO PEN NEEDLES 32G X 4 MM ( <i>insulin pen needle</i> )	NP	
ULTICARE MINI PEN NEEDLES 31G X 6 MM ( <i>insulin pen needle</i> )	NP	
ULTICARE PEN NEEDLES 29G X 12.7MM ( <i>insulin pen needle</i> )	NP	
ULTICARE SHORT PEN NEEDLES 31G X 8 MM ( <i>insulin pen needle</i> )	NP	
ULTILET CLASSIC LANCETS ( <i>lancets</i> )	NP	
ULTILET LANCETS ( <i>lancets</i> )	NP	
ULTILET SAFETY LANCETS 23G ( <i>lancets</i> )	NP	
ULTRA COMFORT INSULIN SYRINGE 30G X 5/16" 0.3 ML	NP	
ULTRA-COMFORT INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G 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	NP	
ULTRALANCE ( <i>lancets misc.</i> )	NP	
ULTRA-THIN II AUTO LANCET ( <i>lancets</i> )	NP	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ULTRA-THIN II INS SYR SHORT 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>insulin syringe-needle u-100</i> )	NP	
ULTRA-THIN II INSULIN SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML ( <i>insulin syringe-needle u-100</i> )	NP	
ULTRA-THIN II LANCETS ( <i>lancets</i> )	NP	
ULTRA-THIN II MINI PEN NEEDLE 31G X 5 MM ( <i>insulin pen needle</i> )	NP	
ULTRA-THIN II PEN NEEDLE SHORT 31G X 8 MM ( <i>insulin pen needle</i> )	NP	
ULTRA-THIN II PEN NEEDLES 29G X 12.7MM ( <i>insulin pen needle</i> )	NP	
UNIFINE PENTIPS 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM ( <i>insulin pen needle</i> )	NP	
UNILET COMFORTOUCH LANCET ( <i>lancets</i> )	NP	
UNILET EXCELITE ( <i>lancets</i> )	NP	
UNILET EXCELITE II ( <i>lancets</i> )	NP	
UNILET G.P. LANCET ( <i>lancets</i> )	NP	
UNILET G.P. SUPERLITE LANCET ( <i>lancets</i> )	NP	
UNILET GP 28 ULTRA THIN ( <i>lancets</i> )	NP	
UNILET LANCET ( <i>lancets</i> )	NP	
UNILET SUPERLITE LANCET ( <i>lancets</i> )	NP	
UNISTIK 3 COMFORT ( <i>lancets misc.</i> )	NP	
UNISTIK 3 EXTRA ( <i>lancets misc.</i> )	NP	
UNISTIK 3 NORMAL ( <i>lancets misc.</i> )	NP	
UNISTIK CZT COMFORT ( <i>lancets misc.</i> )	NP	
UNISTIK CZT NORMAL ( <i>lancets misc.</i> )	NP	
UNIVERSAL 1 LANCETS THIN 26G ( <i>lancets</i> )	NP	
UNIVERSAL 1 LANCETS ULTRA THIN ( <i>lancets</i> )	NP	
VALUE HEALTH INSULIN SYRINGE 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML	NP	
VALUE PLUS LANCET STANDARD 21G	NP	
VALUE PLUS LANCETS SUPER THIN	NP	
VALUE PLUS LANCETS THIN 26G	NP	

2020 Small Group ACA Banner | Aetna

The formulary is updated the first week of each month.

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VALUMARK LANCET SUPER THIN 30G	NP	
VALUMARK LANCET ULTRA THIN 28G	NP	
VALUMARK PEN NEEDLES 29G X 12MM , 31G X 6 MM , 31G X 8 MM	NP	
VANISHPOINT INSULIN SYRINGE 29G X 1/2" 1 ML, 30G X 1/2" 0.5 ML ( <i>insulin syringe-needle u-100</i> )	NP	
VIDA MIA UNIFINE PENTIPS 29G X 12MM , 31G X 6 MM , 31G X 8 MM ( <i>insulin pen needle</i> )	NP	
VIDA MIA UNILET LANCETS 28G ( <i>lancets</i> )	NP	
VIDA MIA UNILET LANCETS 30G ( <i>lancets</i> )	NP	
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 2 % ( <i>diaphragm wide seal</i> )	CE	N2 (NP); QL (1 diaphragm per 1 year)
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 2 % ( <i>diaphragm wide seal</i> )	CE	N2 (NP); QL (1 diaphragm per 1 year)
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 2 % ( <i>diaphragm wide seal</i> )	CE	N2 (NP); QL (1 diaphragm per 1 year)
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 2 % ( <i>diaphragm wide seal</i> )	CE	N2 (NP); QL (1 diaphragm per 1 year)
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 2 % ( <i>diaphragm wide seal</i> )	CE	N2 (NP); QL (1 diaphragm per 1 year)
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 2 % ( <i>diaphragm wide seal</i> )	CE	N2 (NP); QL (1 diaphragm per 1 year)
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 2 % ( <i>diaphragm wide seal</i> )	CE	N2 (NP); QL (1 diaphragm per 1 year)
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 2 % ( <i>diaphragm wide seal</i> )	CE	N2 (NP); QL (1 diaphragm per 1 year)
<b>*MIGRAINE PRODUCTS* - DRUGS FOR THE NERVOUS SYSTEM</b>		
AIMOVIG (140 MG DOSE) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 70 MG/ML ( <i>erenumab-aooe</i> )	NC	
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML ( <i>erenumab-aooe</i> )	NC	
AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 225 MG/1.5ML ( <i>fremanezumab-vfrm</i> )	PB	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)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i>	NP	ST; QL (6 tablets per 30 days)
AMERGE ORAL TABLET 1 MG, 2.5 MG ( <i>naratriptan hcl</i> )	NC	
CAMBIA ORAL PACKET 50 MG ( <i>diclofenac potassium(migraine)</i> )	NC	
D.H.E. 45 INJECTION SOLUTION 1 MG/ML ( <i>dihydroergotamine mesylate</i> )	NC	
<i>dihydroergotamine mesylate injection solution 1 mg/ml</i>	NP	
<i>dihydroergotamine mesylate nasal solution 4 mg/ml</i>	NP	ST; QL (8 vials per 1 fill)
<i>eletriptan hydrobromide oral tablet 20 mg, 40 mg</i>	NP	ST; QL (6 tablets per 30 Days)
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML ( <i>galcanezumab-gnlm</i> )	NC	
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>	NP	
FROVA ORAL TABLET 2.5 MG ( <i>frovatriptan succinate</i> )	NC	
<i>frovatriptan succinate oral tablet 2.5 mg</i>	NP	ST; QL (9 tablets per 30 days)
IMITREX NASAL SOLUTION 20 MG/ACT, 5 MG/ACT ( <i>sumatriptan</i> )	NC	
IMITREX ORAL TABLET 100 MG, 25 MG, 50 MG ( <i>sumatriptan succinate</i> )	NC	
IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE 4 MG/0.5ML, 6 MG/0.5ML ( <i>sumatriptan succinate</i> )	NC	
IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO-INJECTOR 4 MG/0.5ML, 6 MG/0.5ML ( <i>sumatriptan succinate</i> )	NC	
IMITREX SUBCUTANEOUS SOLUTION 6 MG/0.5ML ( <i>sumatriptan succinate</i> )	NC	
MAXALT ORAL TABLET 10 MG ( <i>rizatriptan benzoate</i> )	NC	

2020 Small Group ACA Banner | Aetna

The formulary is updated the first week of each month.

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MAXALT-MLT ORAL TABLET DISPERSIBLE 10 MG, 5 MG ( <i>rizatriptan benzoate</i> )	NC	
MIGERGOT RECTAL SUPPOSITORY 2-100 MG ( <i>ergotamine-caffeine</i> )	NC	
MIGRANAL NASAL SOLUTION 4 MG/ML ( <i>dihydroergotamine mesylate</i> )	NC	
<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> )	NC	
RELPAK ORAL TABLET 20 MG, 40 MG ( <i>eletriptan hydrobromide</i> )	NC	
REYVOW ORAL TABLET 100 MG, 50 MG ( <i>lasmiditan succinate</i> )	NC	
<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 (9 tablets per 30 days)
<i>sumatriptan nasal solution 20 mg/lact, 5 mg/lact</i>	NP	QL (6 sprays per 30 days)
<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>	NP	QL (10 carts/30 days per 48 max in 365 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	NP	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>	NP	QL (10 carts/30 days per 48 max in 365 days)
<i>sumatriptan-naproxen sodium oral tablet 85-500 mg</i>	NC	
TOSYMRA NASAL SOLUTION 10 MG/ACT ( <i>sumatriptan</i> )	NC	
TREXIMET ORAL TABLET 10-60 MG ( <i>sumatriptan-naproxen sodium</i> )	NC	#
TREXIMET ORAL TABLET 85-500 MG ( <i>sumatriptan-naproxen sodium</i> )	NC	
UBRELVY ORAL TABLET 100 MG, 50 MG ( <i>ubrogepant</i> )	NC	
ZEMBRACE SYMTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 3 MG/0.5ML ( <i>sumatriptan succinate</i> )	NC	
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	NP	ST; QL (6 tablets per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>zolmitriptan oral tablet dispersible 2.5 mg, 5 mg</i>	NP	ST; QL (6 tablets per 30 days)
ZOMIG NASAL SOLUTION 2.5 MG, 5 MG ( <i>zolmitriptan</i> )	NP	ST; #; QL (6 sprays per 30 days)
ZOMIG ORAL TABLET 2.5 MG, 5 MG ( <i>zolmitriptan</i> )	NC	
ZOMIG ZMT ORAL TABLET DISPERSIBLE 2.5 MG, 5 MG ( <i>zolmitriptan</i> )	NC	
<b>*MINERALS &amp; ELECTROLYTES* - DRUGS FOR NUTRITION</b>		
<i>av-phos 250 neutral oral tablet 155-852-130 mg</i>	PG	
CALCIFOL ORAL WAFER 1342-1.6 MG ( <i>ca carb-fa-d-b6-b12-boron-mg</i> )	NC	
<i>calcium-folic acid plus d oral wafer 1342-1 mg</i>	NC	
EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ ( <i>potassium bicarb-citric acid</i> )	NP	
<i>potassium bicarbonate</i> (Effer-K Oral Tablet Effervescent 25 Meq)	NP	
<i>effervescent pot chloride oral tablet effervescent 25 meq</i>	PG	
FLORIVA ORAL LIQUID 0.25-400 MG-UNIT/ML ( <i>sodium fluoride-vitamin d</i> )	NP	
FLUORABON ORAL SOLUTION 0.55 (0.25 F) MG/0.6ML ( <i>sodium fluoride</i> )	CE	N2 (NP); AL
FLUOR-A-DAY ORAL TABLET CHEWABLE 0.25 (F)-236.79 MG, 0.5 (F)-236.79 MG, 1 (F)-236.79 MG ( <i>sodium fluoride-xylitol</i> )	NP	
<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	
FLURA-DROPS ORAL SOLUTION 0.55 (0.25 F) MG/DROP ( <i>sodium fluoride</i> )	CE	N2 (NP); AL
GALZIN ORAL CAPSULE 25 MG, 50 MG ( <i>zinc acetate (oral)</i> )	NP	
<i>iodine strong oral solution 5 %</i>	NC	
<i>k-effervescent oral tablet effervescent 25 meq</i>	NP	
<i>potassium chloride</i> (Klor-Con 10 Oral Tablet Extended Release 10 Meq)	PG	

2020 Small Group ACA Banner | Aetna

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 crys er</i> (Klor-Con M10 Oral Tablet Extended Release 10 Meq)	PG	
KLOR-CON M15 ORAL TABLET EXTENDED RELEASE 15 MEQ ( <i>potassium chloride crys er</i> )	NP	
<i>potassium chloride crys er</i> (Klor-Con M20 Oral Tablet Extended Release 20 Meq)	PG	
<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, 8 Meq)	PG	
<i>potassium bicarbonate</i> (Klor-Con/Ef Oral Tablet Effervescent 25 Meq)	NP	
K-PHOS ORAL TABLET 500 MG ( <i>potassium phosphate monobasic</i> )	NP	
K-PHOS-NEUTRAL ORAL TABLET 155-852-130 MG ( <i>k phos mono-sod phos di &amp; mono</i> )	NC	
<i>potassium bicarbonate</i> (K-Prime Oral Tablet Effervescent 25 Meq)	NP	
K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ, 20 MEQ, 8 MEQ ( <i>potassium chloride</i> )	NC	
<i>k-vescent oral tablet effervescent 25 meq</i>	NP	
LOZI-FLUR MOUTH/THROAT LOZENGE 2.2 (1 F) MG ( <i>sodium fluoride</i> )	NP	
<i>sodium fluoride</i> (Ludent Oral Tablet Chewable 0.55 (0.25 F) Mg)	CE	LGC; N2 (PG); AL
<i>sodium fluoride</i> (Ludent Oral Tablet Chewable 1.1 (0.5 F) Mg)	CE	N2 (PG); AL
<i>sodium fluoride</i> (Ludent Oral Tablet Chewable 2.2 (1 F) Mg)	PG	
MAGNEBIND 400 ORAL TABLET 400-200-1 MG ( <i>magnesium-calcium-folic acid</i> )	NC	
MICRO-K ORAL CAPSULE EXTENDED RELEASE 10 MEQ, 8 MEQ ( <i>potassium chloride</i> )	NC	
<i>sodium fluoride</i> (Nafrinse Oral Tablet Chewable 2.2 (1 F) Mg)	PG	
<i>k phos mono-sod phos di &amp; mono</i> (Phospha 250 Neutral Oral Tablet 155-852-130 Mg)	PG	
<i>pot bicarb-pot chloride oral tablet effervescent 25 meq</i>	PG	
<i>potassium bicarbonate oral tablet effervescent 25 meq</i>	NP	
<i>potassium chloride crys er oral tablet extended release 10 meq, 20 meq</i>	PG	

2020 Small Group ACA Banner | Aetna

The formulary is updated the first week of each month.

12/01/2020

204

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 oral packet 20 meq</i>	NP	
<i>potassium chloride oral solution 20 meq/15ml (10%)</i>	NP	
<i>potassium chloride oral solution 40 meq/15ml (20%)</i>	NC	
<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>virt-phos 250 neutral oral tablet 155-852-130 mg</i>	PG	
<b>*MISCELLANEOUS THERAPEUTIC CLASSES* - VITAMINS AND MINERALS</b>		
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 5 MG ( <i>tacrolimus</i> )	NC	#
AZASAN ORAL TABLET 100 MG, 75 MG ( <i>azathioprine</i> )	NPS	
<i>azathioprine oral tablet 50 mg</i>	PG	
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML ( <i>belimumab</i> )	NPS	PA; ST; MPG; UN6; NPL; SP Pharmacy; QL (4 injections per 1 month)
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML ( <i>belimumab</i> )	NPS	PA; ST; MPG; UN6; NPL; SP Pharmacy; QL (4 injections per 1 month)
CELLCEPT ORAL CAPSULE 250 MG ( <i>mycophenolate mofetil</i> )	NC	
CELLCEPT ORAL TABLET 500 MG ( <i>mycophenolate mofetil</i> )	NC	
CUPRIMINE ORAL CAPSULE 250 MG ( <i>penicillamine</i> )	NC	
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	PG	
<i>cyclosporine modified oral solution 100 mg/ml</i>	PG	SP Pharmacy
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	PG	
DEPEN TITRATABS ORAL TABLET 250 MG ( <i>penicillamine</i> )	NPS	PA; SP Pharmacy

2020 Small Group ACA Banner | Aetna  
The formulary is updated the first week of each month.  
12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>d-penamine oral tablet 125 mg</i>	NPS	PA; SP Pharmacy
ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML ( <i>satralizumab-mwge</i> )	NC	
ENVARBUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.75 MG, 1 MG, 4 MG ( <i>tacrolimus</i> )	NC	
<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg</i>	PG	
<i>cyclosporine modified</i> (Gengraf Oral Capsule 100 Mg, 25 Mg)	PG	SP Pharmacy
<i>cyclosporine modified</i> (Gengraf Oral Solution 100 Mg/ML)	PG	SP Pharmacy
IMURAN ORAL TABLET 50 MG ( <i>azathioprine</i> )	NC	
<i>sodium polystyrene sulfonate</i> (Kionex Oral Suspension 15 Gm/60ML)	PG	
LOKELMA ORAL PACKET 10 GM, 5 GM ( <i>sodium zirconium cyclosilicate</i> )	NC	
<i>mycophenolate mofetil oral capsule 250 mg</i>	PG	
<i>mycophenolate mofetil oral suspension reconstituted 200 mg/ml</i>	PG	
<i>mycophenolate mofetil oral tablet 500 mg</i>	PG	
<i>mycophenolate sodium oral tablet delayed release 180 mg, 360 mg</i>	PG	
MYFORTIC ORAL TABLET DELAYED RELEASE 180 MG, 360 MG ( <i>mycophenolate sodium</i> )	NC	
NEORAL ORAL CAPSULE 100 MG, 25 MG ( <i>cyclosporine modified</i> )	NC	
NEORAL ORAL SOLUTION 100 MG/ML ( <i>cyclosporine modified</i> )	NC	
<i>penicillamine oral capsule 250 mg</i>	PS	PA; SP Pharmacy
<i>penicillamine oral tablet 250 mg</i>	PG	PA
<i>irrigation solns physiological</i> (Physiolyte Irrigation Solution)	NP	
<i>irrigation solns physiological</i> (Physiosol Irrigation Irrigation Solution)	NP	
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG ( <i>tacrolimus</i> )	NC	
PROGRAF ORAL PACKET 0.2 MG, 1 MG ( <i>tacrolimus</i> )	NP	
RAPAMUNE ORAL SOLUTION 1 MG/ML ( <i>sirolimus</i> )	NPS	SP Pharmacy
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG ( <i>lenalidomide</i> )	CE	PA; #; SP Pharmacy; N2 (NPS); QL (1 cap per 1 day)
<i>ringers irrigation irrigation solution</i>	NP	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG ( <i>cyclosporine</i> )	NC	
SANDIMMUNE ORAL SOLUTION 100 MG/ML ( <i>cyclosporine</i> )	NC	
<i>sirolimus oral solution 1 mg/ml</i>	PS	SP Pharmacy
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	PG	
<i>sodium polystyrene sulfonate oral powder</i>	PG	
<i>sodium polystyrene sulfonate oral suspension 15 gm/60ml</i>	PG	
<i>sodium polystyrene sulfonate rectal suspension 30 gm/120ml, 50 gm/200ml</i>	PG	
<i>sodium polystyrene sulfonate (Sps Oral Suspension 15 Gm/60Ml)</i>	PG	
SYPRINE ORAL CAPSULE 250 MG ( <i>trientine hcl</i> )	NC	
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	PG	
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG ( <i>thalidomide</i> )	PB	PA; #; SP Pharmacy
<i>ringers irrigation (Tis-U-Sol Irrigation Solution)</i>	NP	
<i>trientine hcl oral capsule 250 mg</i>	PS	PA; SP Pharmacy
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM ( <i>patiomer sorbitex calcium</i> )	NP	PA; ST; QL (1 packet per 1 day)
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG ( <i>everolimus</i> )	NPS	
ZORTRESS ORAL TABLET 1 MG ( <i>everolimus</i> )	NPS	SP Pharmacy
<b>*MOUTH/THROAT/DENTAL AGENTS* - DRUGS FOR THE MOUTH AND THROAT</b>		
<i>cevimeline hcl oral capsule 30 mg</i>	NP	QL (3 capsules per 1 day)
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	PG	
<i>clotrimazole mouth/throat lozenge 10 mg</i>	PG	
<i>clotrimazole mouth/throat troche 10 mg</i>	PG	
EVOXAC ORAL CAPSULE 30 MG ( <i>cevimeline hcl</i> )	NC	
FLUORIDEX SENSITIVITY RELIEF DENTAL GEL 1.1-5 % ( <i>sod fluoride-potassium nitrate</i> )	NP	
<i>lidocaine viscous mouth/throat solution 2 %</i>	PG	
<i>neutral sodium fluoride mouth/throat solution 0.2 %</i>	CE	N2 (Not Covered); AL
<i>nystatin mouth/throat suspension 100000 unit/ml</i>	PG	
<i>triamcinolone acetonide (Oralene Mouth/Throat Paste 0.1 %)</i>	PG	

2020 Small Group ACA Banner | Aetna

The formulary is updated the first week of each month.

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ORAVIG BUCCAL TABLET 50 MG ( <i>miconazole</i> )	NP	ST; QL (14 tabs per 1 fill)
<i>chlorhexidine gluconate</i> (Paroex Mouth/Throat Solution 0.12 %)	PG	
PERIDEX MOUTH/THROAT SOLUTION 0.12 % ( <i>chlorhexidine gluconate</i> )	NC	
<i>chlorhexidine gluconate</i> (Periogard Mouth/Throat Solution 0.12 %)	PG	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	PG	
SALAGEN ORAL TABLET 5 MG, 7.5 MG ( <i>pilocarpine hcl</i> )	NC	
<i>sf dental gel 1.1 %</i>	CE	N2 (Not Covered); AL
<i>triamcinolone acetonide mouth/throat paste 0.1 %</i>	PG	
<b>*MULTIVITAMINS* - DRUGS FOR NUTRITION</b>		
<i>azeschew prenatal/postnatal oral tablet chewable 13-1 mg</i>	NC	
<i>azesco oral tablet 13-1 mg</i>	NC	
BAL-CARE DHA ORAL 27-1 & 430 MG ( <i>prenat-fepolyfered-fa-omega 3</i> )	NP	
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	
CITRANATAL B-CALM ORAL 20-1 MG & 2 X 25 MG ( <i>prenat w/o a fecbnfeglu-fa &amp; b6</i> )	NP	
CITRANATAL ESSENCE ORAL THERAPY PACK 35-1 & 300 MG ( <i>prenat w/o a-fecbgl-fa-dha</i> )	NC	
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>completenate oral tablet chewable 29-1 mg</i>	PG	
<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	
DUET DHA BALANCED ORAL 25-1 & 267 MG ( <i>prenat-fepolyfered-fa-omega 3</i> )	NP	
<i>elite-ob oral tablet 50-1.25 mg</i>	PG	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FOLIVANE-OB ORAL CAPSULE 130-92.4-1 MG ( <i>prenat w/o a vit-<i>fefum-fepo-fa</i></i> )	NP	
GENICIN VITA-Q ORAL TABLET 1 MG ( <i>multiple vitamins with <i>fa</i></i> )	NC	
<i>hemenatal ob + dha oral 28-6-1 &amp; 203 mg</i>	NP	
<i>hemenatal ob oral tablet 28-6-1 mg</i>	NP	
INATAL GT ORAL TABLET ( <i>prenatal vit-dss-<i>fe cbn-fa</i></i> )	PG	
<i>multi-vit/fluoride oral solution 0.25 mg/ml</i>	PG	
<i>multi-vitamin/fluoride oral solution 0.25 mg/ml</i>	PG	
<i>multivitamin/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml</i>	PG	
<i>multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg</i>	PG	
<i>multivitamins/fluoride oral tablet chewable 0.5 mg</i>	PG	
<i>pediatric multivitamins-fl (Mvc-Fluoride Oral Tablet Chewable 0.25 Mg, 0.5 Mg, 1 Mg)</i>	PG	
<i>m-vit oral tablet</i>	PG	
<i>mynatal advance oral tablet</i>	PG	
<i>mynatal oral tablet 90-1 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-<i>fe fum-fe bisg-fa</i></i> )	NP	
NATALVIT ORAL TABLET ( <i>prenatal vit-<i>fe fumarate-fa</i></i> )	NP	
NATELLE ONE ORAL CAPSULE 28-1-250 MG ( <i>prenat w/o a-<i>fe fum-fa-omega 3</i></i> )	NP	
<i>neonatal + dha oral 29-1 &amp; 200 mg</i>	NC	
<i>neonatal 19 oral tablet 1 mg</i>	NC	
<i>neonatal fe oral tablet 90-1 mg</i>	NC	
NESTABS DHA ORAL 32-1 MG ( <i>prenat-w/oa-<i>fe bisgly-fa-omega</i></i> )	NP	
NESTABS ORAL TABLET 32-1 MG ( <i>prenat-<i>fe bisgly-fa-w/o vit a</i></i> )	NP	
NEWGEN ORAL TABLET 32-1 MG ( <i>prenat-<i>fe bisgly-fa-w/o vit a</i></i> )	NP	
NEXA PLUS ORAL CAPSULE 29-1.25-350 MG ( <i>prenat-<i>fefum-doc-fa-dha w/o a</i></i> )	NP	



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OB COMPLETE GOLD ORAL CAPSULE 27.5-1-200 MG ( <i>prenat wlo a-fecbn-meth-fa-dha</i> )	NP	
OB COMPLETE ONE ORAL CAPSULE 50-1-476 MG ( <i>prenat-fecbn-feaspgl-fa-fish</i> )	NP	
OB COMPLETE ORAL TABLET 50-1.25 MG ( <i>prenatal vit-iron carbonyl-fa</i> )	NP	
OB COMPLETE PREMIER ORAL TABLET 30-20-1 MG ( <i>prenatal-fe cbn-fe asp gly-fa</i> )	NP	
OB COMPLETE/DHA ORAL CAPSULE 30-10-1-200 MG ( <i>prenat-fecbn-feaspgl-fa-omega</i> )	NP	
O-CAL FA ORAL TABLET 27-1 MG ( <i>prenatal vit-fe fumarate-fa</i> )	NP	
O-CAL PRENATAL ORAL TABLET ( <i>prenatal vit-fe fumarate-fa</i> )	NP	
OCUVEL ORAL CAPSULE 0.5 MG ( <i>multiple vitamins-minerals-fa</i> )	NP	
PNV FOLIC ACID + IRON ORAL TABLET 27-1 MG	NP	
<i>pnv prenatal plus multivitamin oral tablet 27-1 mg</i>	NP	
<i>pnv-dha oral capsule 27-0.6-0.4-300 mg</i>	PG	
PNV-DHA+DOCUSATE ORAL CAPSULE 27-1.25-300 MG	NP	
PNV-OMEGA ORAL CAPSULE 28-0.6-0.4-340 MG	NP	
<i>pnv-select oral tablet 27-0.6-0.4 mg</i>	PG	
POLY-VI-FLOR ORAL SUSPENSION 0.25 MG/ML ( <i>pediatric multivitamins-fl</i> )	NP	
POLY-VI-FLOR ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG ( <i>pediatric multivitamins-fl</i> )	NP	
<i>pr natal 400 oral 29-1-200 &amp; 400 mg</i>	PG	
<i>pr natal 430 ec oral 29-1-200 &amp; 430 mg (dr)</i>	PG	
<i>pr natal 430 oral 29-1-200 &amp; 430 mg</i>	PG	
PREFERA OB ORAL TABLET 34-1 MG ( <i>prenatal vit-fepoly-fehempo-fa</i> )	NP	
PREFERAOB ONE ORAL CAPSULE 22-6-1-200 MG ( <i>prenat fepoly-fehempo-fa-dha</i> )	NP	
<i>pregenna oral tablet 20-1 mg</i>	NC	
PRENAISSANCE ORAL CAPSULE 29-1.25-325 MG	NP	
PRENAISSANCE PLUS ORAL CAPSULE 28-1-250 MG	NP	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>prenara oral capsule 15-1 mg</i>	NC	
PRENATA ORAL TABLET CHEWABLE 29-1 MG ( <i>prenatal w/o a vit-fe fum-fa</i> )	NP	
<i>prenatabs rx oral tablet 29-1 mg</i>	PG	
<i>prenatal 19 oral tablet</i>	PG	
<i>prenatal 19 oral tablet chewable</i>	PG	
<i>prenatal low iron oral tablet 27-1 mg</i>	PG	
PRENATAL PLUS IRON ORAL TABLET 29-1 MG	NP	
PRENATAL-U ORAL CAPSULE 106.5-1 MG ( <i>prenatal w/o a vit-fe fum-fa</i> )	NP	
<i>prenatvite complete oral tablet 1 mg</i>	NC	
<i>prenatvite plus oral tablet 1 mg</i>	NC	
<i>prenatvite rx oral tablet 0.8 mg</i>	NC	
<i>pretab oral tablet 29-1 mg</i>	NP	
PRIMACARE ORAL CAPSULE 30-1-470 MG ( <i>pren-fe-meth-fa-omeg w/o a</i> )	NP	
QUFLORA FE PEDIATRIC ORAL LIQUID 0.25-9.5 MG/ML ( <i>ped multivitamins-fl-iron</i> )	NP	
RELNATE DHA ORAL CAPSULE 28-1-200 MG	NP	
SELECT-OB ORAL TABLET CHEWABLE 29-1 MG ( <i>prenatal vit-fe psac cmlx-fa</i> )	NP	
<i>se-natal 19 oral tablet 29-1 mg</i>	PG	
<i>se-natal 19 oral tablet chewable 29-1 mg</i>	PG	
SYNAGEX ORAL CAPSULE 1.25 MG ( <i>multiple vitamins-minerals-fa</i> )	NP	
TARON-BC ORAL 20-1 MG & 2 X 25 MG ( <i>prenatal w/o vit a-fecbn-fa-b6</i> )	NP	
TARON-C DHA ORAL CAPSULE 53.5-38-1 MG ( <i>prenat-fefum-fepo-fa-omega 3</i> )	NP	
TARON-PREX ORAL CAPSULE 30-1.2-265 MG ( <i>prenat-fefum-dss-fa-dha w/o a</i> )	NP	
<i>tl-care dha oral capsule 27-1-500 mg</i>	NP	
TL-SELECT ORAL CAPSULE 29-1.25-325 MG	NP	
<i>tricare oral tablet</i>	PG	
TRICARE PRENATAL DHA ONE ORAL CAPSULE 27-1-500 MG ( <i>prenatal-fefum-fa-dss-fish oil</i> )	NP	

2020 Small Group ACA Banner | Aetna

The formulary is updated the first week of each month.

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>trinatal rx 1 oral tablet 60-1 mg</i>	PG	
TRINATE ORAL TABLET ( <i>prenatal vit-fe fumarate-fa</i> )	NP	
<i>trinaz oral tablet 12-1 mg</i>	NC	
<i>tristart dha oral capsule 31-0.6-0.4-200 mg</i>	NP	
TRISTART ONE ORAL CAPSULE 35-1-215 MG ( <i>prenat w/o a-fecbn-meth-fa-dha</i> )	NP	
<i>tri-tabs dha oral 32-1 mg</i>	NP	
TRIVEEN-DUO DHA ORAL 29-1-200 & 400 MG ( <i>prenat-febis-febro-fa-ca-omega</i> )	NP	
TRI-VI-FLOR ORAL SUSPENSION 0.25 MG/ML, 0.5 MG/ML ( <i>ped vit a-c-d-methylfolate-fl</i> )	NP	
TRI-VI-FLORO ORAL SUSPENSION 0.25 MG/ML, 0.5 MG/ML	NP	
<i>ultimatecare one oral capsule 27-1 mg</i>	PG	
VENA-BAL DHA ORAL 27-1 & 430 MG	NP	
<i>vinate ii oral tablet 29-1 mg</i>	PG	
<i>vinate one oral tablet 60-1 mg</i>	PG	
VIRT-PN DHA ORAL CAPSULE 27-0.6-0.4-300 MG	NP	
VIRT-PN ORAL TABLET 27-0.6-0.4 MG	NP	
<i>virt-pn plus oral capsule 28-0.6-0.4-340 mg</i>	NP	
VITAFOL FE+ ORAL CAPSULE 90-0.6-0.4-200 MG ( <i>prenat-fe poly-methfol-fa-dha</i> )	NC	
VITAFOL ORAL TABLET ( <i>iron-vitamins</i> )	NC	
VITAFOL STRIPS ORAL FILM 1 MG ( <i>prenatal-b6-b12-d3-folic acid</i> )	NC	
VITAFOL-OB ORAL TABLET ( <i>prenatal vit-fe fumarate-fa</i> )	NP	
VITAFOL-ONE ORAL CAPSULE 29-1-200 MG ( <i>prenatal vit-fepoly-fa-dha</i> )	NP	
VITAMEDMD ONE RX/QUATREFOLIC ORAL CAPSULE 30-0.6-0.4-200 MG ( <i>prenat w/o a-fe-methfol-fa-dha</i> )	NP	
VIVA DHA ORAL CAPSULE 28-1-200 MG ( <i>prenatal vit-fe fum-fa-omega</i> )	NP	
VOL-NATE ORAL TABLET 28-1 MG	NP	
VOL-PLUS ORAL TABLET 27-1 MG	NP	
VOL-TAB RX ORAL TABLET 29-1 MG	NP	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>vp-heme ob + dha oral 28-6-1 &amp; 203 mg</i>	NP	
VP-PNV-DHA ORAL CAPSULE 28-1-215.8 MG	NP	
ZATEAN-PN DHA ORAL CAPSULE 27-0.6-0.4-300 MG ( <i>prenat wlo a-fe-methfol-fa-dha</i> )	NP	
ZATEAN-PN PLUS ORAL CAPSULE 28-0.6-0.4-340 MG ( <i>prenat wlo a-fe-methf-fa-omega</i> )	NP	
<b>*MUSCULOSKELETAL THERAPY AGENTS* - DRUGS FOR MUSCLES, LIGAMENTS, TENDONS, AND BONES</b>		
AMRIX ORAL CAPSULE EXTENDED RELEASE 24 HOUR 15 MG, 30 MG ( <i>cyclobenzaprine hcl</i> )	NC	
<i>baclofen oral tablet 10 mg</i>	PG	LGC
<i>baclofen oral tablet 20 mg, 5 mg</i>	PG	
<i>carisoprodol oral tablet 250 mg</i>	NC	
<i>carisoprodol oral tablet 350 mg</i>	NP	
<i>carisoprodol-aspirin oral tablet 200-325 mg</i>	NP	
<i>carisoprodol-aspirin-codeine oral tablet 200-325-16 mg</i>	NP	
<i>chlorzoxazone oral tablet 250 mg</i>	NC	
<i>chlorzoxazone oral tablet 375 mg, 500 mg, 750 mg</i>	NP	
<i>cyclobenzaprine hcl er oral capsule extended release 24 hour 15 mg, 30 mg</i>	NP	
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	PG	LGC
<i>cyclobenzaprine hcl oral tablet 7.5 mg</i>	NP	
DANTRIUM ORAL CAPSULE 25 MG, 50 MG ( <i>dantrolene sodium</i> )	NC	
<i>dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg</i>	PG	
FEXMID ORAL TABLET 7.5 MG ( <i>cyclobenzaprine hcl</i> )	NC	
<i>chlorzoxazone (Lorzone Oral Tablet 375 Mg, 750 Mg)</i>	NC	
<i>metaxalone (Metaxall Oral Tablet 800 Mg)</i>	NP	
<i>metaxalone oral tablet 400 mg</i>	NC	
<i>metaxalone oral tablet 800 mg</i>	NP	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	NC	
<i>norgesic forte oral tablet 50-770-60 mg</i>	NC	
<i>orphenadrine citrate er oral tablet extended release 12 hour 100 mg</i>	NP	
<i>orphenadrine-asa-caffeine oral tablet 50-770-60 mg</i>	NC	

2020 Small Group ACA Banner | Aetna

The formulary is updated the first week of each month.

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>orphenadrine-aspirin-caffeine</i> (Orphengesic Forte Oral Tablet 50-770-60 Mg)	NC	
OZOBAX ORAL SOLUTION 5 MG/5ML ( <i>baclofen</i> )	NC	
ROBAXIN ORAL TABLET 500 MG ( <i>methocarbamol</i> )	NC	
ROBAXIN-750 ORAL TABLET 750 MG ( <i>methocarbamol</i> )	NC	
SKELAXIN ORAL TABLET 800 MG ( <i>metaxalone</i> )	NC	
SOMA ORAL TABLET 250 MG, 350 MG ( <i>carisoprodol</i> )	NC	
<i>tizanidine hcl oral capsule 2 mg, 4 mg, 6 mg</i>	NC	
<i>tizanidine hcl oral tablet 2 mg, 4 mg</i>	PG	
<i>carisoprodol</i> (Vanadom Oral Tablet 350 Mg)	NC	
ZANAFLEX ORAL CAPSULE 2 MG, 4 MG, 6 MG ( <i>tizanidine hcl</i> )	NC	
ZANAFLEX ORAL TABLET 4 MG ( <i>tizanidine hcl</i> )	NC	
<b>*NASAL AGENTS - SYSTEMIC AND TOPICAL* - DRUGS FOR THE NOSE</b>		
ADRENALIN NASAL SOLUTION 0.1 % ( <i>epinephrine hcl (nasal)</i> )	NP	#
<i>azelastine hcl nasal solution 0.1 %, 0.15 %</i>	PG	
<i>azelastine-fluticasone nasal suspension 137-50 mcglact</i>	PG	
BACTROBAN NASAL NASAL OINTMENT 2 % ( <i>mupirocin calcium</i> )	NP	
BECONASE AQ NASAL SUSPENSION 42 MCG/SPRAY ( <i>beclomethasone diprop monohyd</i> )	NP	ST
DYMISTA NASAL SUSPENSION 137-50 MCG/ACT ( <i>azelastine-fluticasone</i> )	PB	
FLONASE ALLERGY RELIEF NASAL SUSPENSION 50 MCG/ACT ( <i>fluticasone propionate</i> )	PG	OTC
<i>flunisolide nasal solution 25 mcglact (0.025%)</i>	PG	
<i>fluticasone propionate nasal suspension 50 mcglact</i>	PG	OTC
<i>ipratropium bromide nasal solution 0.03 %, 0.06 %</i>	NP	QL (1 bottle per 1 fill)
<i>mometasone furoate nasal suspension 50 mcglact</i>	NP	
NASACORT ALLERGY 24HR NASAL AEROSOL 55 MCG/ACT ( <i>triamcinolone acetonide</i> )	PG	OTC; QL (1 bottle per 1 month)
NASONEX NASAL SUSPENSION 50 MCG/ACT ( <i>mometasone furoate</i> )	NC	
<i>olopatadine hcl nasal solution 0.6 %</i>	NP	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OMNARIS NASAL SUSPENSION 50 MCG/ACT (ciclesonide)	NP	ST; #
PATANASE NASAL SOLUTION 0.6 % (olopatadine hcl)	NC	
QNASL CHILDRENS NASAL AEROSOL SOLUTION 40 MCG/ACT (beclomethasone diprop (nasal))	NP	ST
QNASL NASAL AEROSOL SOLUTION 80 MCG/ACT (beclomethasone diprop (nasal))	NP	ST
RHINOCORT ALLERGY NASAL SUSPENSION 32 MCG/ACT (budesonide)	PG	OTC
triamcinolone acetonide nasal aerosol 55 mcg/lact	PG	ST; OTC; QL (1 bottle per 1 month)
XHANCE NASAL EXHALER SUSPENSION 93 MCG/ACT (fluticasone propionate)	NC	
ZETONNA NASAL AEROSOL SOLUTION 37 MCG/ACT (ciclesonide)	NP	ST
<b>*NEUROMUSCULAR AGENTS* - DRUGS FOR NERVES AND MUSCLES</b>		
EVRYSDI ORAL SOLUTION RECONSTITUTED 0.75 MG/ML (risdiplam)	NC	
RILUTEK ORAL TABLET 50 MG (riluzole)	NC	
riluzole oral tablet 50 mg	PG	PA
TIGLUTIK ORAL SUSPENSION 50 MG/10ML (riluzole)	NC	
<b>*NUTRIENTS* - DRUGS FOR NUTRITION</b>		
CARDIOVID PLUS ORAL CAPSULE (dha-epa-vit b6-b12-folic acid)	NC	
g-levocarnitine slf oral solution 1 gml/10ml	NP	
levocarnitine (dietary) oral tablet 330 mg	NP	
levocarnitine-b5-taurine oral liquid 1000-10-150 mg/15ml	NC	
<b>*OPHTHALMIC AGENTS* - DRUGS FOR THE EYE</b>		
ACULAR LS OPHTHALMIC SOLUTION 0.4 % (ketorolac tromethamine)	NC	
ACULAR OPHTHALMIC SOLUTION 0.5 % (ketorolac tromethamine)	NC	
ACUVAIL OPHTHALMIC SOLUTION 0.45 % (ketorolac tromethamine)	NP	
alaway ophthalmic solution 0.025 %	PG	LGC; OTC

2020 Small Group ACA Banner | Aetna

The formulary is updated the first week of each month.

12/01/2020



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ALOCRILOPHTHALMIC SOLUTION 2 % ( <i>nedocromil sodium</i> )	NP	
ALOMIDOPHTHALMIC SOLUTION 0.1 % ( <i>lodoxamide tromethamine</i> )	NP	
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 % ( <i>brimonidine tartrate</i> )	NP	
ALREX OPHTHALMIC SUSPENSION 0.2 % ( <i>loteprednol etabonate</i> )	NP	
<i>phenylephrine hcl</i> (Altafrin Ophthalmic Solution 10 %, 2.5 %)	NP	
<i>apraclonidine hcl ophthalmic solution 0.5 %</i>	NP	
<i>atropine sulfate ophthalmic ointment 1 %</i>	PG	
<i>atropine sulfate ophthalmic solution 1 %</i>	NC	
AZASITE OPHTHALMIC SOLUTION 1 % ( <i>azithromycin</i> )	NP	#
<i>azelastine hcl ophthalmic solution 0.05 %</i>	PG	
AZOPT OPHTHALMIC SUSPENSION 1 % ( <i>brinzolamide</i> )	NP	
BACIGUENT OPHTHALMIC OINTMENT 500 UNIT/GM ( <i>bacitracin</i> )	NC	
<i>bacitracin ophthalmic ointment 500 unit/gm</i>	NP	
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	PG	
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %</i>	NP	
BEOVU INTRAVITREAL SOLUTION 6 MG/0.05ML ( <i>brolucizumab-dbl</i> )	NC	
BEPREVE OPHTHALMIC SOLUTION 1.5 % ( <i>bepotastine besilate</i> )	NP	#
BESIVANCE OPHTHALMIC SUSPENSION 0.6 % ( <i>besifloxacin hcl</i> )	NP	
BETADINE OPHTHALMIC PREP OPHTHALMIC SOLUTION 5 % ( <i>povidone-iodine</i> )	NP	
BETAGAN OPHTHALMIC SOLUTION 0.5 % ( <i>levobunolol hcl</i> )	NC	
<i>betaxolol hcl ophthalmic solution 0.5 %</i>	PG	
BETIMOL OPHTHALMIC SOLUTION 0.25 %, 0.5 % ( <i>timolol hemihydrate</i> )	NP	
BETOPTIC-S OPHTHALMIC SUSPENSION 0.25 % ( <i>betaxolol hcl</i> )	NP	
<i>bimatoprost ophthalmic solution 0.03 %</i>	NP	ST

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BLEPH-10 OPHTHALMIC SOLUTION 10 % ( <i>sulfacetamide sodium</i> )	NC	
BLEPHAMIDE OPHTHALMIC SUSPENSION 10-0.2 % ( <i>sulfacetamide-prednisolone</i> )	NP	
BLEPHAMIDE S.O.P. OPHTHALMIC OINTMENT 10-0.2 % ( <i>sulfacetamide-prednisolone</i> )	NP	
<i>brimonidine tartrate ophthalmic solution 0.15 %, 0.2 %</i>	NP	
<i>bromfenac sodium (once-daily) ophthalmic solution 0.09 %</i>	NP	
BROMSITE OPHTHALMIC SOLUTION 0.075 % ( <i>bromfenac sodium</i> )	NC	
<i>carteolol hcl ophthalmic solution 1 %</i>	NP	
CEQUA OPHTHALMIC SOLUTION 0.09 % ( <i>cyclosporine</i> )	NC	
CILOXAN OPHTHALMIC OINTMENT 0.3 % ( <i>ciprofloxacin hcl</i> )	NP	
CILOXAN OPHTHALMIC SOLUTION 0.3 % ( <i>ciprofloxacin hcl</i> )	NC	
<i>ciprofloxacin hcl ophthalmic solution 0.3 %</i>	PG	
CLARITIN EYE OPHTHALMIC SOLUTION 0.025 % ( <i>ketotifen fumarate</i> )	PG	OTC
COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 % ( <i>brimonidine tartrate-timolol</i> )	NP	
COSOPT OPHTHALMIC SOLUTION 22.3-6.8 MG/ML ( <i>dorzolamide hcl-timolol mal</i> )	NC	
COSOPT PF OPHTHALMIC SOLUTION 22.3-6.8 MG/ML ( <i>dorzolamide hcl-timolol mal</i> )	NP	ST
<i>cromolyn sodium ophthalmic solution 4 %</i>	PG	
CYCLOGYL OPHTHALMIC SOLUTION 0.5 %, 1 %, 2 % ( <i>cyclopentolate hcl</i> )	NC	
CYCLOMYDRIL OPHTHALMIC SOLUTION 0.2-1 % ( <i>cyclopentolate-phenylephrine</i> )	NP	
<i>cyclopentolate hcl ophthalmic solution 0.5 %</i>	NP	
<i>cyclopentolate hcl ophthalmic solution 1 %, 2 %</i>	PG	
CYSTADROPS OPHTHALMIC SOLUTION 0.37 % ( <i>cysteamine hcl</i> )	NC	
CYSTARAN OPHTHALMIC SOLUTION 0.44 % ( <i>cysteamine hcl</i> )	NPS	PA; #; SP Pharmacy; QL (4 bottles per 1 month)
<i>dexamethasone sodium phosphate ophthalmic solution 0.1 %</i>	PG	

2020 Small Group ACA Banner | Aetna

The formulary is updated the first week of each month.

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>diclofenac sodium ophthalmic solution 0.1 %</i>	NP	
<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 22.3-6.8 mg/ml</i>	PG	
<i>double pm ophthalmic solution reconstituted 1-0.5 %</i>	NC	
DUREZOL OPHTHALMIC EMULSION 0.05 % ( <i>difluprednate</i> )	NP	#
ELESTAT OPHTHALMIC SOLUTION 0.05 % ( <i>epinastine hcl</i> )	NC	
EMADINE OPHTHALMIC SOLUTION 0.05 % ( <i>emedastine difumarate</i> )	NP	
<i>epinastine hcl ophthalmic solution 0.05 %</i>	PG	
<i>erythromycin ophthalmic ointment 5 mg/gm</i>	PG	
FLAREX OPHTHALMIC SUSPENSION 0.1 % ( <i>fluorometholone acetate</i> )	NP	
<i>fluorometholone ophthalmic suspension 0.1 %</i>	NP	
FLURA-SAFE OPHTHALMIC SOLUTION 0.35-0.4 % ( <i>fluorexon-benoxinate</i> )	NC	
<i>flurbiprofen sodium ophthalmic solution 0.03 %</i>	PG	
FML FORTE OPHTHALMIC SUSPENSION 0.25 % ( <i>fluorometholone</i> )	NP	
FML OPHTHALMIC OINTMENT 0.1 % ( <i>fluorometholone</i> )	NP	
<i>gatifloxacin ophthalmic solution 0.5 %</i>	NP	
GELFILM OPHTHALMIC FILM ( <i>gelatin adsorbable</i> )	NC	
<i>gentak ophthalmic ointment 0.3 %</i>	NP	
<i>gentamicin sulfate ophthalmic solution 0.3 %</i>	PG	
<i>homatropaire ophthalmic solution 5 %</i>	NP	
<i>homatropine hbr ophthalmic solution 5 %</i>	PG	
ILEVRO OPHTHALMIC SUSPENSION 0.3 % ( <i>nepafenac</i> )	NP	
INVELTYS OPHTHALMIC SUSPENSION 1 % ( <i>loteprednol etabonate</i> )	NP	
IOPIDINE OPHTHALMIC SOLUTION 0.5 % ( <i>apraclonidine hcl</i> )	NC	
IOPIDINE OPHTHALMIC SOLUTION 1 % ( <i>apraclonidine hcl</i> )	NP	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ISOPTO CARPINE OPHTHALMIC SOLUTION 1 %, 2 %, 4 % ( <i>pilocarpine hcl</i> )	NC	
ISTALOL OPHTHALMIC SOLUTION 0.5 % ( <i>timolol maleate</i> )	NC	
<i>ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %</i>	PG	
<i>ketotifen fumarate ophthalmic solution 0.025 %</i>	PG	LGC
LACRISERT OPHTHALMIC INSERT 5 MG ( <i>artificial tear insert</i> )	NP	
LASTACFT 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>	NP	
LOTEMAX OPHTHALMIC GEL 0.5 % ( <i>loteprednol etabonate</i> )	NP	#
LOTEMAX OPHTHALMIC OINTMENT 0.5 % ( <i>loteprednol etabonate</i> )	NP	
LOTEMAX OPHTHALMIC SUSPENSION 0.5 % ( <i>loteprednol etabonate</i> )	NC	
LOTEMAX SM OPHTHALMIC GEL 0.38 % ( <i>loteprednol etabonate</i> )	NP	#
<i>loteprednol etabonate ophthalmic suspension 0.5 %</i>	PG	
LUMIGAN OPHTHALMIC SOLUTION 0.01 % ( <i>bimatoprost</i> )	NP	ST
MAXIDEX OPHTHALMIC SUSPENSION 0.1 % ( <i>dexamethasone</i> )	NP	
MAXITROL OPHTHALMIC OINTMENT 3.5-10000-0.1 ( <i>neomycin-polymyxin-dexameth</i> )	NC	
MAXITROL OPHTHALMIC SUSPENSION 3.5-10000-0.1 ( <i>neomycin-polymyxin-dexameth</i> )	NC	
<i>metipranolol ophthalmic solution 0.3 %</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>	NP	
MYDRIACYL OPHTHALMIC SOLUTION 1 % ( <i>tropicamide</i> )	NC	

2020 Small Group ACA Banner | Aetna

The formulary is updated the first week of each month.

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NATACYN OPHTHALMIC SUSPENSION 5 % ( <i>natamycin</i> )	NP	
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>	NP	
<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>	NP	
<i>bacitracin-polymyx-neo-hc (Neo-Polycin Hc Ophthalmic Ointment 1 %)</i>	NP	
<i>neomycin-bacitracin zn-polymyx (Neo-Polycin Ophthalmic Ointment 3.5-400-10000)</i>	NP	
NEOSPORIN OPHTHALMIC SOLUTION 1.75-10000-.025 ( <i>neomycin-polymyxin-gramicidin</i> )	NC	
NEVANAC OPHTHALMIC SUSPENSION 0.1 % ( <i>nepafenac</i> )	NP	
OCUFLOX OPHTHALMIC SOLUTION 0.3 % ( <i>ofloxacin</i> )	NC	
<i>ofloxacin ophthalmic solution 0.3 %</i>	NP	
<i>olopatadine hcl ophthalmic solution 0.1 %, 0.2 %</i>	PG	
OXERVATE OPHTHALMIC SOLUTION 0.002 % ( <i>cenegermin-bkbj</i> )	NPS	PA; SP Pharmacy; QL (2 ml per 1 day and 112 ml per lifetime)
PAREMYD OPHTHALMIC SOLUTION 1-0.25 % ( <i>hydroxyamphetamine-tropicamide</i> )	NP	
PATADAY OPHTHALMIC SOLUTION 0.2 % ( <i>olopatadine hcl</i> )	NC	
PATANOL OPHTHALMIC SOLUTION 0.1 % ( <i>olopatadine hcl</i> )	NC	
PAZEO OPHTHALMIC SOLUTION 0.7 % ( <i>olopatadine hcl</i> )	NC	
<i>phenylephrine hcl ophthalmic solution 10 %, 2.5 %</i>	NP	
PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED 0.125 % ( <i>echothiophate iodide</i> )	NP	
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	NP	
<i>bacitracin-polymyxin b (Polycin Ophthalmic Ointment 500-10000 Unit/Gm)</i>	PG	

2020 Small Group ACA Banner | Aetna

The formulary is updated the first week of each month.

12/01/2020

220

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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> )	NC	
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> )	NC	
<i>proparacaine hcl ophthalmic solution 0.5 %</i>	PG	
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 % ( <i>cyclosporine</i> )	NP	#
RESTASIS OPHTHALMIC EMULSION 0.05 % ( <i>cyclosporine</i> )	NP	#
RHOPRESSA OPHTHALMIC SOLUTION 0.02 % ( <i>netarsudil dimesylate</i> )	NP	ST
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 % ( <i>netarsudil-latanoprost</i> )	NP	ST
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>	NP	
<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> )	NC	
TIMOPTIC-XE OPHTHALMIC GEL FORMING SOLUTION 0.25 %, 0.5 % ( <i>timolol maleate</i> )	NC	

2020 Small Group ACA Banner | Aetna

The formulary is updated the first week of each month.

12/01/2020



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 % ( <i>tobramycin-dexamethasone</i> )	NP	
TOBRADEX OPHTHALMIC SUSPENSION 0.3-0.1 % ( <i>tobramycin-dexamethasone</i> )	NC	
TOBRADEX ST OPHTHALMIC SUSPENSION 0.3-0.05 % ( <i>tobramycin-dexamethasone</i> )	NC	
<i>tobramycin ophthalmic solution 0.3 %</i>	PG	
<i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %</i>	NP	
TOBEX OPHTHALMIC OINTMENT 0.3 % ( <i>tobramycin</i> )	NP	
TOBEX OPHTHALMIC SOLUTION 0.3 % ( <i>tobramycin</i> )	NC	
TRAVATAN Z OPHTHALMIC SOLUTION 0.004 % ( <i>travoprost</i> )	PB	
<i>travoprost (bak free) ophthalmic solution 0.004 %</i>	PG	
<i>trifluridine ophthalmic solution 1 %</i>	NP	
<i>tropicamide ophthalmic solution 0.5 %, 1 %</i>	NP	
TRUSOPT OPHTHALMIC SOLUTION 2 % ( <i>dorzolamide hcl</i> )	NC	
UPNEEQ OPHTHALMIC SOLUTION 0.1 % ( <i>oxymetazoline hcl</i> )	NC	
VIGAMOX OPHTHALMIC SOLUTION 0.5 % ( <i>moxifloxacin hcl</i> )	NC	
VIROPTIC OPHTHALMIC SOLUTION 1 % ( <i>trifluridine</i> )	NC	
VYZULTA OPHTHALMIC SOLUTION 0.024 % ( <i>latanoprostene bunod</i> )	NC	
XALATAN OPHTHALMIC SOLUTION 0.005 % ( <i>latanoprost</i> )	NC	
XELPROS OPHTHALMIC EMULSION 0.005 % ( <i>latanoprost</i> )	NP	PA; ST
XIIDRA OPHTHALMIC SOLUTION 5 % ( <i>lifitegrast</i> )	NP	
ZADITOR OPHTHALMIC SOLUTION 0.025 % ( <i>ketotifen fumarate</i> )	PG	LGC; OTC
ZERVIAE OPHTHALMIC SOLUTION 0.24 % ( <i>cetirizine hcl</i> )	NC	
ZIOPTAN OPHTHALMIC SOLUTION 0.0015 % ( <i>tafluprost</i> )	NP	ST
ZIRGAN OPHTHALMIC GEL 0.15 % ( <i>ganciclovir</i> )	NP	#

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 % (loteprednol-tobramycin)	NP	
ZYMAXID OPHTHALMIC SOLUTION 0.5 % (gatifloxacin)	NC	
<b>*OTIC AGENTS* - DRUGS FOR THE EAR</b>		
hydrocortisone-acetic acid (Acetasol Hc Otic Solution 2-1 %)	PG	
acetic acid otic solution 2 %	PG	
CETRAXAL OTIC SOLUTION 0.2 % (ciprofloxacin hcl)	NC	
CIPRO HC OTIC SUSPENSION 0.2-1 % (ciprofloxacin-hydrocortisone)	NP	#
CIPRODEX OTIC SUSPENSION 0.3-0.1 % (ciprofloxacin-dexamethasone)	NP	#
ciprofloxacin hcl otic solution 0.2 %	PG	
ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %	PG	
ciprofloxacin-fluocinolone pf otic solution 0.3-0.025 %	NC	
COLY-MYCIN S OTIC SUSPENSION 3.3-3-10-0.5 MG/ML (neomycin-colist-hc-thonzonium)	NP	
DERMOTIC OTIC OIL 0.01 % (fluocinolone acetonide)	NC	
FLOXIN OTIC OTIC SOLUTION 0.3 % (ofloxacin)	NC	
fluocinolone acetonide otic oil 0.01 %	NP	
hydrocortisone-acetic acid otic solution 1-2 %	PG	
neomycin-polymyxin-hc otic solution 1 %, 3.5-10000-1	PG	
neomycin-polymyxin-hc otic suspension 3.5-10000-1	PG	
ofloxacin otic solution 0.3 %	NP	
OTIPRIO INTRATYMPANIC SUSPENSION 6 % (ciprofloxacin)	NC	
OTOVEL OTIC SOLUTION 0.3-0.025 % (ciprofloxacin-fluocinolone)	NP	
PRAMOTIC OTIC LIQUID 1-0.1 % (pramoxine-chloroxylonol)	NC	
<b>*OXYTOCICS* - HORMONES</b>		
CERVIDIL VAGINAL INSERT 10 MG (dinoprostone)	NC	
methylergonovine maleate (Methergine Oral Tablet 0.2 Mg)	PG	QL (28 tablets per 7 days)
PREPIDIL VAGINAL GEL 0.5 MG/3GM (dinoprostone)	NP	
PROSTIN E2 VAGINAL SUPPOSITORY 20 MG (dinoprostone)	NP	

2020 Small Group ACA Banner | Aetna

The formulary is updated the first week of each month.

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>*PASSIVE IMMUNIZING AND TREATMENT AGENTS*</b> <b>- BIOLOGICAL AGENTS</b>		
ASCENIV INTRAVENOUS SOLUTION 5 GM/50ML ( <i>immune globulin (human)-sbra</i> )	NC	
CARIMUNE NF INTRAVENOUS SOLUTION RECONSTITUTED 12 GM, 6 GM ( <i>immune globulin (human)</i> )	NC	
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> )	NC	
CUVITRU SUBCUTANEOUS SOLUTION 1 GM/5ML, 2 GM/10ML, 4 GM/20ML, 8 GM/40ML ( <i>immune globulin (human)</i> )	NPS	PA; ST; SP Pharmacy
CUVITRU SUBCUTANEOUS SOLUTION 10 GM/50ML ( <i>immune globulin (human)</i> )	NC	
GAMASTAN INTRAMUSCULAR INJECTABLE ( <i>immune globulin (human)</i> )	NC	
GAMASTAN S/D INTRAMUSCULAR INJECTABLE ( <i>immune globulin (human)</i> )	NC	
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> )	NC	
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED 10 GM, 5 GM ( <i>immune globulin (human)</i> )	NC	
GAMMAKED INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 5 GM/50ML ( <i>immune globulin (human)</i> )	NC	
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> )	PS	PA
HIZENTRA SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML ( <i>immune globulin (human)</i> )	PS	PA
HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 GM/5ML, 2 GM/10ML, 4 GM/20ML ( <i>immune globulin (human)</i> )	NC	
HYPERRAB INJECTION SOLUTION 1500 UNIT/5ML, 300 UNIT/ML, 900 UNIT/3ML ( <i>rabies immune globulin</i> )	NC	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HYQVIA SUBCUTANEOUS KIT 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML ( <i>immune globulin-hyaluronidase</i> )	NPS	PA; ST; SP Pharmacy
OCTAGAM INTRAVENOUS SOLUTION 30 GM/300ML ( <i>immune globulin (human)</i> )	PS	PA; NPL
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> )	NC	
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5ML ( <i>palivizumab</i> )	PS	PA; SP Pharmacy
XEMBIFY SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML ( <i>immune globulin (human)-klhw</i> )	NC	
<b>*PENICILLINS* - DRUGS FOR INFECTIONS</b>		
<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, 400-57 mg</i>	PG	
<i>ampicillin oral capsule 500 mg</i>	PG	
AUGMENTIN ES-600 ORAL SUSPENSION RECONSTITUTED 600-42.9 MG/5ML ( <i>amoxicillin-pot clavulanate</i> )	NC	
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML, 250-62.5 MG/5ML ( <i>amoxicillin-pot clavulanate</i> )	NC	
AUGMENTIN ORAL TABLET 500-125 MG, 875-125 MG ( <i>amoxicillin-pot clavulanate</i> )	NC	

2020 Small Group ACA Banner | Aetna

The formulary is updated the first week of each month.

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AUGMENTIN XR ORAL TABLET EXTENDED RELEASE 12 HOUR 1000-62.5 MG ( <i>amoxicillin-pot clavulanate</i> )	NC	
<i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i>	PG	
MOXATAG ORAL TABLET EXTENDED RELEASE 24 HOUR 775 MG ( <i>amoxicillin</i> )	NC	
<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	
<b>*PHARMACEUTICAL ADJUVANTS*</b>		
<i>mouth wash-gp oral liquid</i>	NC	
<i>mouthwash-af oral liquid</i>	NC	
<i>mouthwash-om oral liquid</i>	NC	
<b>*PROGESTINS* - HORMONES</b>		
AYGESTIN ORAL TABLET 5 MG ( <i>norethindrone acetate</i> )	NC	
<i>hydroxyprogesterone caproate intramuscular oil 250 mg/ml</i>	PS	PA; SP Pharmacy; QL (5 vials per 1 year)
MAKENA INTRAMUSCULAR OIL 250 MG/ML ( <i>hydroxyprogesterone caproate</i> )	NC	
MAKENA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 275 MG/1.1ML ( <i>hydroxyprogesterone caproate</i> )	NPS	PA; ST; QL (21 syringes per 365 Days)
<i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i>	PG	LGC
MEGACE ES ORAL SUSPENSION 625 MG/5ML ( <i>megestrol acetate</i> )	CE	N2 (Not Covered)
<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>	NC	
<i>progesterone micronized oral capsule 100 mg, 200 mg</i>	PG	QL (2 capsules per 1 day)
PROMETRIUM ORAL CAPSULE 100 MG, 200 MG ( <i>progesterone micronized</i> )	NC	
PROVERA ORAL TABLET 10 MG, 2.5 MG, 5 MG ( <i>medroxyprogesterone acetate</i> )	NC	
<b>*PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.* - DRUGS FOR THE NERVOUS SYSTEM</b>		
<i>acamprosate calcium oral tablet delayed release 333 mg</i>	NP	QL (6 tabs per 1 day)
ADDYI ORAL TABLET 100 MG ( <i>flibanserin</i> )	NP	PA; QL (1 tablet per 1 day)

2020 Small Group ACA Banner | Aetna

The formulary is updated the first week of each month.

12/01/2020

226

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HOUR 10 MG ( <i>dalfampridine</i> )	NC	
ANTABUSE ORAL TABLET 250 MG, 500 MG ( <i>disulfiram</i> )	NC	
ARICEPT ORAL TABLET 10 MG, 23 MG, 5 MG ( <i>donepezil hcl</i> )	NC	
AUBAGIO ORAL TABLET 14 MG, 7 MG ( <i>teriflunomide</i> )	NPS	PA; ST; SP Pharmacy; QL (1 tab per 1 day)
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG ( <i>deutetrabenazine</i> )	NC	
AVONEX INTRAMUSCULAR KIT 30 MCG ( <i>interferon beta-1a</i> )	NPS	PA; ST; SP Pharmacy; QL (1 kit per 30 days)
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML ( <i>interferon beta-1a</i> )	NPS	PA; ST; SP Pharmacy; QL (4 pens per 28 days)
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML ( <i>interferon beta-1a</i> )	NPS	PA; ST; SP Pharmacy; QL (4 syringes per 28 days)
BAFIERTAM ORAL CAPSULE DELAYED RELEASE 95 MG ( <i>monomethyl fumarate</i> )	NC	
BETASERON SUBCUTANEOUS KIT 0.3 MG ( <i>interferon beta-1b</i> )	NPS	PA; ST; SP Pharmacy; QL (1 kit per 1 month)
BRISDELLE ORAL CAPSULE 7.5 MG ( <i>paroxetine mesylate</i> )	NC	
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i>	CE	N2 (PG); QL (180 day supply per 365 days)
CHANTIX CONTINUING MONTH PAK ORAL TABLET 1 MG ( <i>varenicline tartrate</i> )	CE	#; N2 (NP); QL (180 day supply per 365 days)
CHANTIX ORAL TABLET 0.5 MG, 1 MG ( <i>varenicline tartrate</i> )	CE	#; N2 (NP); QL (180 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 (NP); QL (180 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> )	PS	PA; NPL; SP Pharmacy; QL (1 syringe per 1 day)
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML ( <i>glatiramer acetate</i> )	PS	PA; NPL; SP Pharmacy; QL (12 syringes per 28 days)
<i>dalfampridine er oral tablet extended release 12 hour 10 mg</i>	PS	PA; SP Pharmacy; QL (2 tablets per 1 day)
<i>dimethyl fumarate oral capsule delayed release 120 mg, 240 mg</i>	PS	PA; NPL; SP Pharmacy; QL (2 capsules per 1 day)

2020 Small Group ACA Banner | Aetna

The formulary is updated the first week of each month.

12/01/2020



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>disulfiram oral tablet 250 mg, 500 mg</i>	PG	
<i>donepezil hcl oral tablet 10 mg, 5 mg</i>	PG	PA
<i>donepezil hcl oral tablet 23 mg</i>	NP	PA; ST
<i>donepezil hcl oral tablet dispersible 10 mg, 5 mg</i>	PG	PA
<i>ergoloid mesylates oral tablet 1 mg</i>	NP	
EXELON TRANSDERMAL PATCH 24 HOUR 13.3 MG/24HR, 4.6 MG/24HR, 9.5 MG/24HR ( <i>rivastigmine</i> )	NC	
EXTAVIA SUBCUTANEOUS KIT 0.3 MG ( <i>interferon beta-1b</i> )	NPS	PA; ST; SP Pharmacy; QL (1 kit per 1 month)
<i>fluoxetine hcl (pmdd) oral capsule 10 mg, 20 mg</i>	PG	LGC
<i>fluoxetine hcl (pmdd) oral tablet 10 mg, 20 mg</i>	NP	
<i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg</i>	NP	PA
<i>galantamine hydrobromide oral solution 4 mg/ml</i>	NP	PA
<i>galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg</i>	NP	PA
GILENYA ORAL CAPSULE 0.25 MG, 0.5 MG ( <i>fingolimod hcl</i> )	PS	PA; #; SP Pharmacy; QL (1 capsule per 1 day)
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml</i>	PG	PA; SP Pharmacy; QL (1 syringe per 1 day)
<i>glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml</i>	PG	PA; SP Pharmacy; QL (12 syringes per 28 days)
<i>glatiramer acetate (Glatopa Subcutaneous Solution Prefilled Syringe 20 Mg/ML)</i>	PG	PA; SP Pharmacy; QL (1 syringe per 1 day)
<i>glatiramer acetate (Glatopa Subcutaneous Solution Prefilled Syringe 40 Mg/ML)</i>	PG	PA; SP Pharmacy; 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)
GRALISE ORAL TABLET 300 MG ( <i>gabapentin (once-daily)</i> )	NP	ST; QL (1 tab per 1 day)
GRALISE ORAL TABLET 600 MG ( <i>gabapentin (once-daily)</i> )	NP	ST; QL (3 tabs per 1 day)
GRALISE STARTER ORAL 300 & 600 MG ( <i>gabapentin (once-daily)</i> )	NP	ST; QL (1 pack per 1 fill)
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG ( <i>gabapentin enacarbil</i> )	NP	ST; QL (1 tablet per 1 day)
HORIZANT ORAL TABLET EXTENDED RELEASE 600 MG ( <i>gabapentin enacarbil</i> )	NP	ST; QL (1 tablet per 2 days)

2020 Small Group ACA Banner | Aetna

The formulary is updated the first week of each month.

12/01/2020

228

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INGREZZA ORAL CAPSULE 40 MG, 80 MG ( <i>valbenazine tosylate</i> )	NPS	PA; SP Pharmacy; QL (1 capsule per 1 day)
INGREZZA ORAL CAPSULE THERAPY PACK 40 & 80 MG ( <i>valbenazine tosylate</i> )	NC	
LUCEMYRA ORAL TABLET 0.18 MG ( <i>lofexidine hcl</i> )	NP	UF11; 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> )	NP	PA; ST; #; QL (3 tablets per 1 Day)
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR 330 MG ( <i>pregabalin</i> )	NP	PA; ST; #; QL (2 tablets per 1 Day)
MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK 10 MG ( <i>cladribine</i> )	NC	
MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK 10 MG ( <i>cladribine</i> )	NC	
MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK 10 MG ( <i>cladribine</i> )	NC	
MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK 10 MG ( <i>cladribine</i> )	NC	
MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK 10 MG ( <i>cladribine</i> )	NC	
MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK 10 MG ( <i>cladribine</i> )	NC	
MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK 10 MG ( <i>cladribine</i> )	NC	
MAYZENT ORAL TABLET 0.25 MG, 2 MG ( <i>siponimod fumarate</i> )	NC	
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 0.25 MG ( <i>siponimod fumarate</i> )	NC	
<i>memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg</i>	PG	PA
<i>memantine hcl oral solution 2 mg/ml</i>	PG	PA
<i>memantine hcl oral tablet 10 mg, 28 x 5 mg &amp; 21 x 10 mg, 5 mg</i>	PG	PA
NAMENDA ORAL TABLET 10 MG, 5 MG ( <i>memantine hcl</i> )	NC	
NAMENDA TITRATION PAK ORAL TABLET 28 X 5 MG & 21 X 10 MG ( <i>memantine hcl</i> )	NC	
NAMENDA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14 MG, 21 MG, 28 MG, 7 MG ( <i>memantine hcl</i> )	NC	

2020 Small Group ACA Banner | Aetna

The formulary is updated the first week of each month.

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NAMENDA XR TITRATION PACK ORAL CAPSULE EXTENDED RELEASE 24 HOUR 7 & 14 & 21 & 28 MG ( <i>memantine hcl</i> )	NC	#
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK 7 & 14 & 21 & 28 -10 MG ( <i>memantine hcl-donepezil hcl</i> )	PB	PA
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG ( <i>memantine hcl-donepezil hcl</i> )	PB	PA
<i>nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>	CE	N2 (Not Covered); QL (180 day supply per 365 days)
<i>nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>	CE	N2 (Not Covered); QL (180 day supply per 365 days)
<i>nicotine transdermal kit 21-14-7 mg/24hr</i>	CE	N2 (Not Covered); QL (180 day supply per 365 days)
<i>nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr</i>	CE	N2 (Not Covered); QL (180 day supply per 365 days)
NICOTROL INHALATION INHALER 10 MG ( <i>nicotine</i> )	CE	N2 (NP); QL (180 day supply per 365 days)
NICOTROL NS NASAL SOLUTION 10 MG/ML ( <i>nicotine</i> )	CE	N2 (NP); QL (180 day supply per 365 days)
NUEDEXTA ORAL CAPSULE 20-10 MG ( <i>dextromethorphan-quinidine</i> )	NP	PA; QL (2 caps 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	
ORAP ORAL TABLET 1 MG, 2 MG ( <i>pimozide</i> )	NC	
<i>paroxetine mesylate oral capsule 7.5 mg</i>	NC	
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	NP	
<i>pimozide oral tablet 1 mg, 2 mg</i>	NP	
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PEN-INJECTOR 63 & 94 MCG/0.5ML ( <i>peginterferon beta-1a</i> )	NPS	PA; ST; SP Pharmacy; QL (1 kit per 365 days)
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 63 & 94 MCG/0.5ML ( <i>peginterferon beta-1a</i> )	NPS	PA; ST; SP Pharmacy; QL (2 syringes per 28 days)
PLEGRIDY SUBCUTANEOUS SOLUTION PEN-INJECTOR 125 MCG/0.5ML ( <i>peginterferon beta-1a</i> )	NPS	PA; ST; SP Pharmacy; QL (2 syringes per 28 days)

2020 Small Group ACA Banner | Aetna

The formulary is updated the first week of each month.

12/01/2020

230

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML ( <i>peginterferon beta-1a</i> )	NPS	PA; ST; SP Pharmacy; QL (2 syringes per 28 days)
RAZADYNE ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 16 MG, 24 MG, 8 MG ( <i>galantamine hydrobromide</i> )	NC	
RAZADYNE ORAL TABLET 12 MG, 4 MG, 8 MG ( <i>galantamine hydrobromide</i> )	NC	
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML, 44 MCG/0.5ML ( <i>interferon beta-1a</i> )	PS	PA; SP Pharmacy; QL (12 syringes per 28 days)
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG ( <i>interferon beta-1a</i> )	PS	PA; SP Pharmacy; QL (1 titration pack per 1 month)
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML, 44 MCG/0.5ML ( <i>interferon beta-1a</i> )	PS	PA; SP Pharmacy; QL (12 syringes per 28 days)
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG ( <i>interferon beta-1a</i> )	PS	PA; SP Pharmacy; QL (1 titration pack per 1 month)
<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
SARAFEM ORAL TABLET 10 MG, 20 MG ( <i>fluoxetine hcl (pmd)</i> )	NC	
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG ( <i>milnacipran hcl</i> )	NP	ST; QL (2 tabs per 1 day)
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG ( <i>milnacipran hcl</i> )	NP	ST; QL (2 tablets per 1 day)
SYMBYAX ORAL CAPSULE 12-25 MG, 12-50 MG, 3-25 MG, 6-25 MG, 6-50 MG ( <i>olanzapine-fluoxetine hcl</i> )	NC	
TECFIDERA ORAL 120 & 240 MG ( <i>dimethyl fumarate</i> )	NPS	PA; ST; #; SP Pharmacy; QL (2 caps per 1 day)
TECFIDERA ORAL CAPSULE DELAYED RELEASE 120 MG, 240 MG ( <i>dimethyl fumarate</i> )	NPS	PA; ST; #; SP Pharmacy; QL (2 caps per 1 day)
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML ( <i>inotersen sodium</i> )	NPS	PA; NPL; SP Pharmacy; QL (4 injections per 1 month)
<i>tetrabenazine oral tablet 12.5 mg</i>	PS	PA; QL (8 tablets per 1 day)
<i>tetrabenazine oral tablet 25 mg</i>	PS	PA; QL (4 tablets per 1 day)

2020 Small Group ACA Banner | Aetna

The formulary is updated the first week of each month.

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
THRIVE MOUTH/THROAT GUM 2 MG ( <i>nicotine polacrilex</i> )	CE	N2 (Not Covered); QL (180 day supply per 365 days)
VUMERITY (STARTER) ORAL CAPSULE DELAYED RELEASE 231 MG ( <i>diroximel fumarate</i> )	NPS	PA; NPL; SP Pharmacy; QL (1 pack per 1 month)
VUMERITY ORAL CAPSULE DELAYED RELEASE 231 MG ( <i>diroximel fumarate</i> )	NPS	PA; NPL; SP Pharmacy; QL (4 capsules per 1 day)
VYLEESI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1.75 MG/0.3ML ( <i>bremelanotide acetate</i> )	NC	
XENAZINE ORAL TABLET 12.5 MG, 25 MG ( <i>tetrabenazine</i> )	NC	
XYREM ORAL SOLUTION 500 MG/ML ( <i>sodium oxybate</i> )	NPS	PA; SP Pharmacy
XYWAV ORAL SOLUTION 500 MG/ML ( <i>ca, mg, k, and na oxybates</i> )	NC	
ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK 4 X 0.23MG & 3 X 0.46MG ( <i>ozanimod hcl</i> )	NC	
ZEPOSIA ORAL CAPSULE 0.92 MG ( <i>ozanimod hcl</i> )	NC	
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG & 0.92MG ( <i>ozanimod hcl</i> )	NC	
<b>*RESPIRATORY AGENTS - MISC.* - DRUGS FOR THE LUNGS</b>		
ESBRIET ORAL CAPSULE 267 MG ( <i>pirfenidone</i> )	PS	PA; SP Pharmacy; QL (9 capsules per 1 day)
ESBRIET ORAL TABLET 267 MG ( <i>pirfenidone</i> )	PS	PA; SP Pharmacy; QL (9 tablets per 1 day)
ESBRIET ORAL TABLET 801 MG ( <i>pirfenidone</i> )	PS	PA; SP Pharmacy; QL (3 tablets per 1 day)
KALYDECO ORAL PACKET 25 MG, 50 MG, 75 MG ( <i>ivacaftor</i> )	NPS	PA; SP Pharmacy; UF9 (PS tier with Prior Authorization applies to members residing in Colorado.); QL (2 packets per 1 day)
KALYDECO ORAL TABLET 150 MG ( <i>ivacaftor</i> )	NPS	PA; SP Pharmacy; UF9 (PS tier with Prior Authorization applies to members residing in Colorado.); QL (2 tabs per 1 day)



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OFEV ORAL CAPSULE 100 MG, 150 MG ( <i>nintedanib esylate</i> )	NC	
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG ( <i>lumacaftor-ivacaftor</i> )	NPS	PA; SP Pharmacy; QL (2 packets per 1 day)
ORKAMBI ORAL TABLET 100-125 MG ( <i>lumacaftor-ivacaftor</i> )	NPS	PA; QL (4 tablets per 1 Day)
ORKAMBI ORAL TABLET 200-125 MG ( <i>lumacaftor-ivacaftor</i> )	NPS	PA; QL (4 tablets per 1 day)
PULMOZYME INHALATION SOLUTION 1 MG/ML ( <i>dornase alfa</i> )	PS	PA; SP Pharmacy; QL (60 units per 1 fill)
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG ( <i>tezacaftor-ivacaftor</i> )	NPS	PA; SP Pharmacy; QL (2 tablets per 1 Day)
SYMDEKO ORAL TABLET THERAPY PACK 50-75 & 75 MG ( <i>tezacaftor-ivacaftor</i> )	NPS	PA; SP Pharmacy; QL (2 tablets per 1 day)
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG ( <i>elexacaftor-tezacaftor-ivacaftor</i> )	NPS	PA; SP Pharmacy; QL (1 pack per 28 days)
<b>*SULFONAMIDES* - DRUGS FOR INFECTIONS</b>		
<i>sulfadiazine oral tablet 500 mg</i>	NP	
<b>*TETRACYCLINES* - DRUGS FOR INFECTIONS</b>		
ACTICLATE ORAL TABLET 150 MG, 75 MG ( <i>doxycycline hyclate</i> )	NC	
<i>avidoxy oral tablet 100 mg</i>	NC	
<i>minocycline hcl</i> (Coremino Oral Tablet Extended Release 24 Hour 135 Mg, 45 Mg, 90 Mg)	NC	
<i>demeclocycline hcl oral tablet 150 mg, 300 mg</i>	NP	
DORYX MPC ORAL TABLET DELAYED RELEASE 120 MG ( <i>doxycycline hyclate</i> )	NC	#
DORYX ORAL TABLET DELAYED RELEASE 200 MG, 50 MG ( <i>doxycycline hyclate</i> )	NC	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	PG	
<i>doxycycline hyclate oral tablet 100 mg</i>	PG	LGC
<i>doxycycline hyclate oral tablet 150 mg, 75 mg</i>	NC	
<i>doxycycline hyclate oral tablet 20 mg, 50 mg</i>	PG	
<i>doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg, 80 mg</i>	NC	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	PG	
<i>doxycycline monohydrate oral capsule 150 mg, 75 mg</i>	NC	

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The formulary is updated the first week of each month.

12/01/2020



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>doxycycline monohydrate oral suspension reconstituted 25 mg/5ml</i>	NC	
<i>doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	NC	
MINOCIN ORAL CAPSULE 100 MG, 50 MG ( <i>minocycline hcl</i> )	NC	
<i>minocycline hcl er oral capsule extended release 24 hour 135 mg, 45 mg, 90 mg</i>	NC	
<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>	NC	
<i>minocycline hcl oral capsule 100 mg, 50 mg, 75 mg</i>	PG	
<i>minocycline hcl oral tablet 100 mg, 50 mg, 75 mg</i>	NC	
MINOLIRA ORAL TABLET EXTENDED RELEASE 24 HOUR 105 MG, 135 MG ( <i>minocycline hcl</i> )	NC	
<i>doxycycline monohydrate (Mondoxyne NI Oral Capsule 100 Mg, 50 Mg)</i>	PG	
<i>doxycycline monohydrate (Mondoxyne NI Oral Capsule 75 Mg)</i>	NC	
<i>doxycycline hyclate (Morgidox Oral Capsule 100 Mg, 50 Mg)</i>	PG	
NUZYRA ORAL TABLET 150 MG ( <i>omadacycline tosylate</i> )	NC	
SEYSARA ORAL TABLET 100 MG, 150 MG, 60 MG ( <i>sarecycline hcl</i> )	NC	
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HOUR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG ( <i>minocycline hcl</i> )	NC	
TARGADOX ORAL TABLET 50 MG ( <i>doxycycline hyclate</i> )	NC	
<i>tetracycline hcl oral capsule 250 mg, 500 mg</i>	PG	LGC
VIBRAMYCIN ORAL CAPSULE 100 MG ( <i>doxycycline hyclate</i> )	NC	
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED 25 MG/5ML ( <i>doxycycline monohydrate</i> )	NC	
VIBRAMYCIN ORAL SYRUP 50 MG/5ML ( <i>doxycycline calcium</i> )	NP	
XIMINO ORAL CAPSULE EXTENDED RELEASE 24 HOUR 135 MG, 45 MG, 90 MG ( <i>minocycline hcl</i> )	NC	
<b>*THYROID AGENTS* - HORMONES</b>		
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG ( <i>thyroid</i> )	NP	

2020 Small Group ACA Banner | Aetna

The formulary is updated the first week of each month.

12/01/2020

234

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CYTOMEL ORAL TABLET 25 MCG, 5 MCG, 50 MCG ( <i>liothyronine sodium</i> )	NC	
<i>levothyroxine sodium</i> (Euthyrox Oral Tablet 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, 300 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, 50 mcg, 75 mcg, 88 mcg</i>	PG	LGC
<i>levothyroxine sodium oral tablet 300 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	LGC
<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 15 mg, 30 mg, 60 mg, 90 mg</i>	NP	
<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> )	NC	
TAPAZOLE ORAL TABLET 10 MG, 5 MG ( <i>methimazole</i> )	NC	
THYROLAR-1 ORAL TABLET 60 (12.5-50) MG (MCG) ( <i>liotrix (t3-t4)</i> )	NP	
THYROLAR-1/2 ORAL TABLET 30 (6.25-25) MG (MCG) ( <i>liotrix (t3-t4)</i> )	NP	
THYROLAR-1/4 ORAL TABLET 15 (3.1-12.5) MG (MCG) ( <i>liotrix (t3-t4)</i> )	NP	
THYROLAR-2 ORAL TABLET 120 (25-100) MG (MCG) ( <i>liotrix (t3-t4)</i> )	NP	
THYROLAR-3 ORAL TABLET 180 (37.5-150) MG (MCG) ( <i>liotrix (t3-t4)</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	#

2020 Small Group ACA Banner | Aetna

The formulary is updated the first week of each month.

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	#
<i>levothyroxine sodium</i> (Unithroid Direct Oral Tablet 100 Mcg, 112 Mcg, 125 Mcg, 150 Mcg, 175 Mcg, 200 Mcg, 25 Mcg, 300 Mcg, 50 Mcg, 75 Mcg, 88 Mcg)	PG	
<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	LGC
<i>levothyroxine sodium</i> (Unithroid Oral Tablet 137 Mcg)	PG	
<i>levothyroxine sodium</i> (Unithroid Oral Tablet 300 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	
<b>*ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS* - DRUGS FOR THE STOMACH</b>		
<i>acid reducer oral capsule delayed release 20.6 (20 base) mg</i>	PG	PA; QL (1 capsule per day and 90 capsules per 365 days)
ACIPHEX ORAL TABLET DELAYED RELEASE 20 MG ( <i>rabeprazole sodium</i> )	NC	
ACIPHEX SPRINKLE ORAL CAPSULE SPRINKLE 10 MG ( <i>rabeprazole sodium</i> )	NC	
ACIPHEX SPRINKLE ORAL CAPSULE SPRINKLE 5 MG ( <i>rabeprazole sodium</i> )	NC	#
<i>belladonna alkaloids-opium rectal suppository 16.2-60 mg</i>	NP	
BENTYL ORAL CAPSULE 10 MG ( <i>dicyclomine hcl</i> )	NC	
CARAFATE ORAL SUSPENSION 1 GM/10ML ( <i>sucralfate</i> )	NP	
CARAFATE ORAL TABLET 1 GM ( <i>sucralfate</i> )	NC	
<i>cimetidine hcl oral solution 300 mg/5ml</i>	PG	
<i>cimetidine oral tablet 200 mg, 300 mg, 400 mg</i>	PG	OTC
<i>cimetidine oral tablet 800 mg</i>	PG	LGC; OTC
CUVPOSA ORAL SOLUTION 1 MG/5ML ( <i>glycopyrrolate</i> )	NP	PA; #

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CYTOTEC ORAL TABLET 100 MCG, 200 MCG ( <i>misoprostol</i> )	NC	
DEXILANT ORAL CAPSULE DELAYED RELEASE 30 MG, 60 MG ( <i>dexlansoprazole</i> )	NP	PA; #; QL (1 capsule per 1 day)
<i>dicyclomine hcl oral capsule 10 mg</i>	PG	LGC
<i>dicyclomine hcl oral solution 10 mg/5ml</i>	PG	
<i>dicyclomine hcl oral tablet 20 mg</i>	PG	LGC
<i>eq famotidine max st oral tablet 20 mg</i>	PG	
<i>esomeprazole magnesium oral capsule delayed release 40 mg</i>	NP	PA; ST; QL (1 capsule per 1 day)
<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>esomeprazole strontium oral capsule delayed release 49.3 mg</i>	NP	
<i>famotidine oral suspension reconstituted 40 mg/5ml</i>	PG	
<i>famotidine oral tablet 20 mg</i>	PG	LGC; OTC
<i>famotidine oral tablet 40 mg</i>	PG	LGC
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	NP	
HELIDAC THERAPY ORAL ( <i>metronid-tetracyc-bis subsal</i> )	NC	
<i>lansoprazole oral capsule delayed release 15 mg</i>	PG	PA; QL (2 capsules per 1 day)
<i>lansoprazole oral capsule delayed release 30 mg</i>	NP	PA; QL (1 capsule per 1 day)
LIBRAX ORAL CAPSULE 5-2.5 MG ( <i>chlordiazepoxide-clidinium</i> )	NC	
<i>methscopolamine bromide oral tablet 2.5 mg, 5 mg</i>	NP	
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	PG	
NEXIUM 24HR ORAL CAPSULE DELAYED RELEASE 20 MG ( <i>esomeprazole magnesium</i> )	PG	PA; OTC; QL (1 capsule per 1 day)
NEXIUM 24HR ORAL TABLET DELAYED RELEASE 20 MG ( <i>esomeprazole magnesium</i> )	PG	PA; OTC; QL (1 tablet per 1 day)
NEXIUM ORAL PACKET 10 MG, 20 MG, 40 MG ( <i>esomeprazole magnesium</i> )	NP	PA; ST; QL (1 packet per 1 day)
NEXIUM ORAL PACKET 2.5 MG, 5 MG ( <i>esomeprazole magnesium</i> )	NP	PA; ST; #; QL (1 packet per 1 day)
<i>nizatidine oral capsule 150 mg, 300 mg</i>	PG	
<i>nizatidine oral solution 15 mg/ml</i>	PG	

2020 Small Group ACA Banner | Aetna

The formulary is updated the first week of each month.

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OMECLAMOX-PAK ORAL 500-500-20 MG ( <i>amoxicillin-clarithro-omeprazole</i> )	NC	
<i>omeprazole magnesium oral capsule delayed release 20.6 (20 base) mg</i>	PG	PA; LGC; OTC; QL (1 capsule per day, 90 day supply per 365 days)
<i>omeprazole oral capsule delayed release 10 mg, 40 mg</i>	PG	PA; OTC; QL (1 capsule per day, 90 day supply per 365 days)
<i>omeprazole oral tablet delayed release 20 mg</i>	PG	PA; OTC; QL (1 tablet per day, 90 day supply per 365 days)
<i>omeprazole-sodium bicarbonate oral capsule 20-1100 mg, 40-1100 mg</i>	PG	PA; QL (1 capsule per 1 day)
<i>omeprazole-sodium bicarbonate oral packet 20-1680 mg, 40-1680 mg</i>	NC	
<i>pantoprazole sodium oral packet 40 mg</i>	NP	QL (1 packet per day, 90 day supply per 365 days)
<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)
PEPCID ORAL SUSPENSION RECONSTITUTED 40 MG/5ML ( <i>famotidine</i> )	NC	
PEPCID ORAL TABLET 40 MG ( <i>famotidine</i> )	NC	
PREVACID 24HR ORAL CAPSULE DELAYED RELEASE 15 MG ( <i>lansoprazole</i> )	PG	PA; OTC; QL (2 capsules per 1 day)
PREVACID ORAL CAPSULE DELAYED RELEASE 30 MG ( <i>lansoprazole</i> )	NC	
PREVPAC ORAL ( <i>amoxicillin-clarithro-lansopraz</i> )	NC	
PRILOSEC ORAL CAPSULE DELAYED RELEASE 10 MG, 40 MG ( <i>omeprazole</i> )	NC	
PRILOSEC ORAL PACKET 10 MG, 2.5 MG ( <i>omeprazole magnesium</i> )	NC	#
PRILOSEC OTC ORAL TABLET DELAYED RELEASE 20 MG ( <i>omeprazole magnesium</i> )	PG	LGC; OTC
<i>proprantheline bromide oral tablet 15 mg</i>	NP	
PROTONIX ORAL PACKET 40 MG ( <i>pantoprazole sodium</i> )	NC	
PROTONIX ORAL TABLET DELAYED RELEASE 20 MG, 40 MG ( <i>pantoprazole sodium</i> )	NC	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PYLERA ORAL CAPSULE 140-125-125 MG ( <i>bis subcit-metronid-tetracyc</i> )	NP	#
<i>rabeprazole sodium oral capsule sprinkle 10 mg</i>	NP	PA; 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>ranitidine hcl oral capsule 150 mg, 300 mg</i>	PG	OTC
<i>ranitidine hcl oral syrup 15 mg/ml, 150 mg/10ml, 75 mg/5ml</i>	PG	OTC
<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	PG	LGC; OTC
ROBINUL ORAL TABLET 1 MG ( <i>glycopyrrolate</i> )	NC	
ROBINUL-FORTE ORAL TABLET 2 MG ( <i>glycopyrrolate</i> )	NC	
<i>sucralfate oral suspension 1 gml/10ml</i>	PG	
<i>sucralfate oral tablet 1 gm</i>	PG	
TALICIA ORAL CAPSULE DELAYED RELEASE 250-12.5-10 MG ( <i>amoxicill-rifabutin-omeprazole</i> )	NP	
ZANTAC ORAL TABLET 300 MG ( <i>ranitidine hcl</i> )	NC	
ZEGERID ORAL CAPSULE 40-1100 MG ( <i>omeprazole-sodium bicarbonate</i> )	NC	
ZEGERID ORAL PACKET 20-1680 MG, 40-1680 MG ( <i>omeprazole-sodium bicarbonate</i> )	NC	
ZEGERID OTC ORAL CAPSULE 20-1100 MG ( <i>omeprazole-sodium bicarbonate</i> )	PG	PA; OTC; QL (1 cap per 1 day)
<b>*URINARY ANTISPASMODICS* - DRUGS FOR THE URINARY SYSTEM</b>		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	PG	
<i>darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg, 7.5 mg</i>	NP	ST; QL (1 tablet per 1 day)
DETROL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 2 MG, 4 MG ( <i>tolterodine tartrate</i> )	NC	
DETROL ORAL TABLET 1 MG, 2 MG ( <i>tolterodine tartrate</i> )	NC	
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 5 MG ( <i>oxybutynin chloride</i> )	NC	
ENABLEX ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 7.5 MG ( <i>darifenacin hydrobromide</i> )	NC	
<i>flavoxate hcl oral tablet 100 mg</i>	PG	

2020 Small Group ACA Banner | Aetna

The formulary is updated the first week of each month.

12/01/2020



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GELNIQUE PUMP TRANSDERMAL GEL 10 % (oxybutynin chloride)	NP	ST; #
GELNIQUE TRANSDERMAL GEL 10 % (oxybutynin chloride)	NP	ST; #
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG (mirabegron)	PB	ST; QL (1 tab per 1 day)
oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg	NP	ST; QL (2 tablets per 1 day)
oxybutynin chloride er oral tablet extended release 24 hour 5 mg	NP	ST; QL (1 tablet per 1 day)
oxybutynin chloride oral syrup 5 mg/5ml	PG	
oxybutynin chloride oral tablet 5 mg	PG	LGC; QL (4 tablets per 1 day)
OXYTROL FOR WOMEN TRANSDERMAL PATCH TWICE WEEKLY 3.9 MG/24HR (oxybutynin)	PG	#; OTC; QL (8 patches per 1 month)
solifenacin succinate oral tablet 10 mg, 5 mg	PG	QL (1 tablet per 1 day)
tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg	NP	ST; QL (1 cap per 1 day)
tolterodine tartrate oral tablet 1 mg, 2 mg	NP	ST
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG (fesoterodine fumarate)	NP	ST; #; QL (1 tab per 1 day)
tropium chloride er oral capsule extended release 24 hour 60 mg	NP	ST; QL (1 cap per 1 day)
tropium chloride oral tablet 20 mg	PG	QL (2 tabs per 1 day)
URECHOLINE ORAL TABLET 10 MG, 25 MG, 5 MG, 50 MG (bethanechol chloride)	NC	
VESICARE ORAL TABLET 10 MG, 5 MG (solifenacin succinate)	NC	
<b>*VAGINAL AND RELATED PRODUCTS* - DRUGS FOR WOMEN</b>		
AVC VAGINAL VAGINAL CREAM 15 % (sulfanilamide)	NP	
CLEOCIN VAGINAL CREAM 2 % (clindamycin phosphate)	NC	
CLEOCIN VAGINAL SUPPOSITORY 100 MG (clindamycin phosphate)	NP	
clindamycin phosphate vaginal cream 2 %	NP	
CLINDESSE VAGINAL CREAM 2 % (clindamycin phosphate (1 dose))	NC	
CRINONE VAGINAL GEL 4 % (progesterone)	NP	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CRINONE VAGINAL GEL 8 % ( <i>progesterone</i> )	NP	PA; ST
ENCARE VAGINAL SUPPOSITORY 100 MG ( <i>nonoxynol-9</i> )	CE	N2 (Not Covered)
ENDOMETRIN VAGINAL INSERT 100 MG ( <i>progesterone</i> )	NP	PA; #
<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 days)
GYNAZOLE-1 VAGINAL CREAM 2 % ( <i>butoconazole nitrate (1 dose)</i> )	NP	
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG ( <i>estradiol</i> )	NC	
IMVEXXY STARTER PACK VAGINAL INSERT 10 MCG ( <i>estradiol</i> )	NC	
INTRAROSA VAGINAL INSERT 6.5 MG ( <i>prasterone</i> )	NC	
METROGEL-VAGINAL VAGINAL GEL 0.75 % ( <i>metronidazole</i> )	NC	
<i>metronidazole vaginal gel 0.75 %</i>	PG	
NUVESSA VAGINAL GEL 1.3 % ( <i>metronidazole</i> )	NC	
OPTIONS CONCEPTROL VAGINAL GEL 4 % ( <i>nonoxynol-9</i> )	CE	N2 (Not Covered)
OPTIONS GYNOL II CONTRACEPTIVE VAGINAL GEL 3 % ( <i>nonoxynol-9</i> )	CE	N2 (Not Covered)
PHEXXI VAGINAL GEL 1.8-1-0.4 % ( <i>lactic ac-citric ac-pot bitart</i> )	NC	
PREMARIN VAGINAL CREAM 0.625 MG/GM ( <i>estrogens, conjugated</i> )	NP	
SHUR-SEAL CONTRACEPTIVE VAGINAL GEL 2 % ( <i>nonoxynol-9</i> )	CE	N2 (Not Covered)
TERAZOL 7 VAGINAL CREAM 0.4 % ( <i>terconazole</i> )	NC	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	PG	
<i>terconazole vaginal suppository 80 mg</i>	NP	
TODAY SPONGE VAGINAL 1000 MG ( <i>nonoxynol-9</i> )	CE	N2 (Not Covered)
VAGIFEM VAGINAL TABLET 10 MCG ( <i>estradiol</i> )	NC	
<i>metronidazole (Vandazole Vaginal Gel 0.75 %)</i>	PG	

2020 Small Group ACA Banner | Aetna

The formulary is updated the first week of each month.

12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM 28 % ( <i>nonoxynol-9</i> )	CE	N2 (Not Covered)
VCF VAGINAL CONTRACEPTIVE VAGINAL FOAM 12.5 % ( <i>nonoxynol-9</i> )	CE	N2 (Not Covered)
VCF VAGINAL CONTRACEPTIVE VAGINAL GEL 4 % ( <i>nonoxynol-9</i> )	CE	N2 (Not Covered)
<i>estradiol</i> (Yuvafem Vaginal Tablet 10 Mcg)	NP	
<b>*VASOPRESSORS* - DRUGS FOR THE HEART</b>		
ADYPHREN AMP II INJECTION KIT 1 MG/ML ( <i>epinephrine</i> )	NC	
ADYPHREN AMP INJECTION KIT 1 MG/ML ( <i>epinephrine</i> )	NC	
ADYPHREN II INJECTION KIT 1 MG/ML ( <i>epinephrine</i> )	NC	
ADYPHREN INJECTION KIT 1 MG/ML ( <i>epinephrine</i> )	NC	
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.1 MG/0.1ML, 0.15 MG/0.15ML, 0.3 MG/0.3ML ( <i>epinephrine</i> )	NC	
<i>epinephrine injection solution auto-injector 0.15 mg/0.15ml</i>	PG	QL (1 pack per 1 fill)
<i>epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	PG	QL (8 pens per 1 month)
EPISNAP INJECTION KIT 1 MG/ML ( <i>epinephrine</i> )	NC	
<i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	PG	
NORTHERA ORAL CAPSULE 100 MG, 200 MG, 300 MG ( <i>droxidopa</i> )	NC	#
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.15 MG/0.3ML, 0.3 MG/0.3ML ( <i>epinephrine</i> )	NP	QL (4 syringes per 30 days)
<b>*VITAMINS* - DRUGS FOR NUTRITION</b>		
DECARA ORAL CAPSULE 625 MCG (25000 UT) ( <i>cholecalciferol</i> )	CE	N2 (Not Covered)
<i>ergocal oral capsule 62.5 mcg (2500 ut)</i>	NP	
<i>ergocalciferol oral capsule 1.25 mg (50000 ut)</i>	PG	
<i>hm biotin oral tablet dispersible 10000 mcg</i>	NC	
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)
<i>vitamin d2 oral tablet 10 mcg (400 unit), 50 mcg (2000 ut)</i>	CE	N2 (Not Covered)
<i>vitamin d3 oral capsule 10 mcg (400 unit), 25 mcg (1000 ut)</i>	CE	N2 (Not Covered)
<i>vitamin d3 oral liquid 400 unit/ml</i>	CE	N2 (Not Covered)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>vitamin d3 oral tablet 10 mcg (400 unit), 25 mcg (1000 ut)</i>	CE	N2 (Not Covered)
<i>vitamin d3 oral tablet chewable 10 mcg (400 unit)</i>	CE	N2 (Not Covered)

## Index

- 1st tier unifine pentips* ..... 186  
*1st tier unifine pentips plus* ..... 186  
1ST TIER UNILET  
COMFORTOUCH ..... 186  
*abacavir sulfate* ..... 102  
*abacavir sulfate-lamivudine* ..... 102  
*abacavir-lamivudine-zidovudine*  
..... 102  
ABILIFY ..... 98  
ABILIFY MAINTENA ..... 98  
*abiraterone acetate* ..... 84  
ABREVA ..... 132  
ABSORICA ..... 132  
ABSORICA LD ..... 132  
ABSTRAL ..... 27  
*acamprosate calcium* ..... 226  
ACANYA ..... 132  
*acarbose* ..... 57  
ACCOLATE ..... 40  
ACCU-CHEK AVIVA PLUS  
..... 149  
ACCU-CHEK COMPACT  
PLUS ..... 149  
ACCU-CHEK FASTCLIX  
LANCETS ..... 186  
ACCU-CHEK GUIDE ..... 149  
ACCU-CHEK MULTICLIX  
LANCETS ..... 186  
ACCU-CHEK SAFE-T PRO  
LANCETS ..... 186  
ACCU-CHEK  
SMARTVIEW ..... 149  
ACCU-CHEK SOFT  
TOUCH LANCETS ..... 186  
ACCU-CHEK SOFTCLIX  
LANCET DEV ..... 186  
ACCU-CHEK SOFTCLIX  
LANCETS ..... 186  
ACCUPRIL ..... 75  
ACCURETIC ..... 75  
ACCUTREND GLUCOSE .. 149  
*acebutolol hcl* ..... 109  
*acetaminophen-codeine* ..... 27  
*acetaminophen-codeine #2* ..... 27  
*acetaminophen-codeine #3* ..... 27  
*acetaminophen-codeine #4* ..... 27  
Acetasol Hc ..... 223  
*acetazolamide* ..... 162  
*acetazolamide er* ..... 162  
*acetic acid* ..... 176, 223  
*acetylcysteine* ..... 129  
*acid reducer* ..... 236  
ACIPHEX ..... 236  
ACIPHEX SPRINKLE ..... 236  
*acitretin* ..... 132  
ACTEMRA ..... 21  
ACTEMRA ACTPEN ..... 21  
ACTHAR ..... 163  
ACTICLATE ..... 233  
ACTIGALL ..... 173  
ACTI-LANCE 28G ..... 186  
ACTI-LANCE LITE  
LANCETS 28G ..... 186  
ACTI-LANCE SPECIAL  
LANCETS 17G ..... 186  
ACTI-LANCE UNIVERSAL  
23G ..... 186  
ACTIMMUNE ..... 84  
ACTIQ ..... 27  
ACTIVELLA ..... 170  
ACTONEL ..... 163  
ACTOPLUS MET ..... 57  
ACTOPLUS MET XR ..... 57  
ACTOS ..... 57  
ACULAR ..... 215  
ACULAR LS ..... 215  
ACUVAIL ..... 215  
*acyclovir* ..... 102, 132  
ACZONE ..... 132  
ADAGEN ..... 19  
ADALAT CC ..... 111  
*adapalene* ..... 132  
*adapalene-benzoyl peroxide* ... 132  
ADCIRCA ..... 114  
ADDERALL ..... 16  
ADDERALL XR ..... 16  
ADDYI ..... 226  
*adefovir dipivoxil* ..... 102  
ADEMPAS ..... 114  
ADHANSIA XR ..... 16  
*adjustable lancing device* ..... 186  
ADLYXIN ..... 57  
ADLYXIN STARTER  
PACK ..... 57  
ADMELOG ..... 57  
ADMELOG SOLOSTAR ..... 57  
ADRENALIN ..... 214  
ADVAIR DISKUS ..... 40  
ADVAIR HFA ..... 40  
ADVANCE INTUITION  
TEST ..... 149  
ADVOCATE INSULIN PEN  
NEEDLES ..... 186  
ADVOCATE INSULIN  
SYRINGE ..... 186  
ADVOCATE LANCETS ..... 186  
ADVOCATE RAPID-SAFE  
LANCING ..... 186  
ADVOCATE REDI-CODE .. 149  
ADVOCATE REDI-CODE+  
TEST ..... 149  
ADVOCATE SAFETY  
LANCETS ..... 186  
ADVOCATE TEST ..... 149  
ADYPHREN ..... 242  
ADYPHREN AMP ..... 242  
ADYPHREN AMP II ..... 242  
ADYPHREN II ..... 242  
ADZENYS ER ..... 16  
ADZENYS XR-ODT ..... 16  
AEMCOLO ..... 80  
Afeditab Cr ..... 111  
AFINITOR ..... 84  
AFINITOR DISPERZ ..... 84  
Afirmelle ..... 117  
AFREZZA ..... 58  
AFTERA ..... 117  
AGAMATRIX AMP TEST .. 149  
AGAMATRIX JAZZ TEST . 149  
AGAMATRIX KEYNOTE  
TEST ..... 149  
AGAMATRIX PRESTO  
TEST ..... 149  
AGAMATRIX ULTRA-  
THIN LANCETS ..... 186  
AGGRENOL ..... 178  
AGRYLIN ..... 178  
AIMOVIG ..... 200  
AIMOVIG (140 MG DOSE) . 200  
AIRDUO DIGIHALER ..... 40  
AIRDUO RESPICLICK  
113/14 ..... 40  
AIRDUO RESPICLICK  
232/14 ..... 40  
AIRDUO RESPICLICK  
55/14 ..... 40  
AJOVY ..... 200

AKLIEF.....	132	<i>alternate site lancing device</i> ....	187	ANAFRANIL.....	53
AKTIPAK.....	132	ALTOPREV.....	72	<i>anagrelide hcl</i> .....	178
AKYNZEO.....	68	ALTRENO.....	132	ANALPRAM-HC.....	36
ALA SCALP.....	132	ALUNBRIG.....	84	ANAPROX DS.....	21
<i>ala-cort</i> .....	132	ALVESCO.....	41	<i>anastrozole</i> .....	84
ALAVERT.....	70	<i>alyacen 1/35</i> .....	117	ANCOBON.....	69
<i>alavert allergy/sinus</i> .....	129	<i>alyacen 7/7/7</i> .....	117	ANDRODERM.....	35
<i>alaway</i> .....	215	Alyq.....	115	ANDROGEL.....	35
<i>albendazole</i> .....	37	Amabelz.....	170	ANDROGEL PUMP.....	35
<i>albuterol sulfate</i> .....	40, 41	<i>amantadine hcl</i> .....	95	ANGELIQ.....	170
<i>albuterol sulfate er</i> .....	40	AMARYL.....	58	ANNOVERA.....	118
<i>albuterol sulfate hfa</i> .....	40	AMBIEN.....	182	ANORO ELLIPTA.....	41
<i>alclometasone dipropionate</i> .....	132	AMBIEN CR.....	182	ANTABUSE.....	227
<i>alcohol swabs</i> .....	186	<i>ambrisentan</i> .....	115	ANTARA.....	72
ALDACTAZIDE.....	162	<i>amcinonide</i> .....	132, 133	ANTICOAGULANT	
ALDACTONE.....	162	AMELUZ.....	133	COMPOUND.....	46
ALDARA.....	132	AMERGE.....	201	ANUSOL-HC.....	36
ALECENSA.....	84	Amethia.....	117	ANZEMET.....	68
<i>alendronate sodium</i> .....	163	Amethia Lo.....	117	APADAZ.....	27
ALFERON N.....	84	AMICAR.....	182	<i>apap-caff-dihydrocodeine</i> .....	27
<i>alfuzosin hcl er</i> .....	176	<i>amiloride hcl</i> .....	162	APEXICON E.....	133
ALINIA.....	80	<i>amiloride-hydrochlorothiazide</i> .....	162	APIDRA.....	58
<i>aliskiren fumarate</i> .....	75	<i>aminocaproic acid</i> .....	182	APIDRA SOLOSTAR.....	58
ALKERAN.....	84	<i>amiodarone hcl</i> .....	39	ALENZIN.....	53
ALKINDI SPRINKLE.....	127	AMITIZA.....	173	APOKYN.....	95
ALLEGRA ALLERGY.....	71	<i>amitriptyline hcl</i> .....	53	APPTRIM.....	155
ALLEGRA ALLERGY		AMLODIPINE		APPTRIM-D.....	155
CHILDRENS.....	70	BES+SYRSPEND SF.....	111	<i>apraclonidine hcl</i> .....	216
ALLEGRA-D ALLERGY &		<i>amlodipine besy-benazepril hcl</i> .....	76	<i>aprepitant</i> .....	68
CONGESTION.....	130	<i>amlodipine besylate</i> .....	111	Apri.....	118
<i>allopurinol</i> .....	177	<i>amlodipine besylate-valsartan</i> .....	76	APRISO.....	173
ALLZITAL.....	26	<i>amlodipine-atorvastatin</i> .....	115	APTENSIO XR.....	16
<i>almotriptan malate</i> .....	201	<i>amlodipine-olmesartan</i> .....	76	APTIOM.....	47
ALOCRIL.....	216	<i>amlodipine-valsartan-hctz</i> .....	76	APTIVUS.....	102, 103
<i>alogliptin benzoate</i> .....	58	<i>ammonium lactate</i> .....	133	ARAKODA.....	82
<i>alogliptin-metformin hcl</i> .....	58	Amnesteem.....	133	Aranelle.....	118
<i>alogliptin-pioglitazone</i> .....	58	<i>amoxapine</i> .....	53	ARANESP (ALBUMIN	
ALOMIDE.....	216	<i>amoxicillin</i> .....	225	FREE).....	179
ALORA.....	170	<i>amoxicillin-pot clavulanate</i> .....	225	ARAVA.....	21
<i>alosetron hcl</i> .....	173	<i>amoxicillin-pot clavulanate er</i> .....	225	ARAZLO.....	133
ALPHAGAN P.....	216	<i>amphetamine er</i> .....	16	ARCALYST.....	21
<i>alprazolam</i> .....	38	<i>amphetamine sulfate</i> .....	16	ARCAPTA NEOHALER.....	41
<i>alprazolam er</i> .....	38	<i>amphetamine-dextroamphet er</i> .....	16	Argyle Sterile Saline.....	176
ALPRAZOLAM INTENSOL.....	38	<i>amphetamine-</i>		ARICEPT.....	227
<i>alprazolam xr</i> .....	38	<i>dextroamphetamine</i> .....	16	ARIKAYCE.....	20
ALREX.....	216	<i>ampicillin</i> .....	225	ARIMIDEX.....	84
ALTABAX.....	132	AMPYRA.....	227	<i>aripiprazole</i> .....	98
ALTACE.....	75	AMRIX.....	213	ARISTADA.....	98
Altafrin.....	216	AMZEEQ.....	133	ARISTADA INITIO.....	98
Altavera.....	117	ANADROL-50.....	35	ARIXTRA.....	46



<i>armodafinil</i> .....	16	ASSURE LANCE	AVC VAGINAL.....	240
ARMONAIR DIGIHALER..	41	LANCETS.....	AVELOX.....	172
ARMONAIR RESPICLICK		ASSURE LANCETS.....	Aviane.....	118
113.....	41	ASSURE PLATINUM.....	<i>avidoxy</i> .....	233
ARMONAIR RESPICLICK		ASSURE PRO TEST.....	Avita.....	133
232.....	41	ASTAGRAF XL.....	AVODART.....	176
ARMONAIR RESPICLICK		ATACAND.....	AVONEX.....	227
55.....	41	ATACAND HCT.....	AVONEX PEN.....	227
ARMOUR THYROID.....	234	<i>atazanavir sulfate</i> .....	AVONEX PREFILLED.....	227
<i>arnica</i> .....	117	ATELVIA.....	<i>av-phos 250 neutral</i> .....	203
ARNUITY ELLIPTA.....	41	<i>atenolol</i> .....	AVSOLA.....	173
AROMASIN.....	85	ATENOLOL+SYRSPEND	AXONA.....	155
ARTHROTEC.....	21	SF PH4.....	AYGESTIN.....	226
ARYMO ER.....	27	<i>atenolol-chlorthalidone</i> .....	Ayuna.....	118
ASACOL HD.....	173	ATIVAN.....	AYVAKIT.....	85
ASCENIV.....	224	<i>atomoxetine hcl</i> .....	AZASAN.....	205
Ascomp-Codeine.....	27	<i>atorvastatin calcium</i> .....	AZASITE.....	216
Ashlyna.....	118	<i>atovaquone</i> .....	<i>azathioprine</i> .....	205
ASMANEX (120 METERED		<i>atovaquone-proguanil hcl</i> .....	<i>azelaic acid</i> .....	133
DOSES).....	41	ATRALIN.....	<i>azelastine hcl</i> .....	214, 216
ASMANEX (14 METERED		ATRIPLA.....	<i>azelastine-fluticasone</i> .....	214
DOSES).....	41	<i>atropine sulfate</i> .....	AZELEX.....	133
ASMANEX (30 METERED		ATROVENT HFA.....	<i>azeschew prenatal/postnatal</i> ....	208
DOSES).....	41	AUBAGIO.....	<i>azesco</i> .....	208
ASMANEX (60 METERED		Aubra.....	AZILECT.....	95
DOSES).....	41	Aubra Eq.....	<i>azithromycin</i> .....	185
ASMANEX (7 METERED		AUGMENTIN.....	AZOPT.....	216
DOSES).....	41	AUGMENTIN ES-600.....	AZOR.....	76
ASMANEX HFA.....	42	AUGMENTIN XR.....	AZULFIDINE.....	173
<i>aspirin</i> .....	26	AURORA LANCET SUPER	AZULFIDINE EN-TABS... ..	173
<i>aspirin low dose</i> .....	26	THIN 30G.....	Azurette.....	118
<i>aspirin-dipyridamole er</i> .....	178	AURORA LANCET THIN	BACIGUENT.....	216
<i>aspirin-omeprazole</i> .....	178	23G.....	<i>bacitracin</i> .....	216
ASSURE 3 TEST.....	149	AURORA PEN NEEDLES..	<i>bacitracin-polymyxin b</i> .....	216
ASSURE 4 TEST.....	149	<i>aurora unifine pentips</i> .....	<i>bacitra-neomycin-polymyxin-</i>	
ASSURE COMFORT		AURORA UNIFINE	<i>hc</i> .....	216
LANCETS 28G.....	187	PENTIPS.....	<i>baclofen</i> .....	213
ASSURE HAEMOLANCE		Aurovela 1.5/30.....	BACTRIM.....	81
PLUS HIGH.....	187	Aurovela 1/20.....	BACTRIM DS.....	80
ASSURE HAEMOLANCE		Aurovela 24 Fe.....	BACTROBAN.....	133
PLUS LOW.....	187	Aurovela Fe 1/20.....	BACTROBAN NASAL.....	214
ASSURE HAEMOLANCE		AURYXIA.....	BAFIERTAM.....	227
PLUS MICRO.....	187	AUSTEDO.....	BAL-CARE DHA.....	208
ASSURE HAEMOLANCE		AUVI-Q.....	BALCOLTRA.....	118
PLUS NORMAL.....	187	AVAILNEX.....	<i>balsalazide disodium</i> .....	173
ASSURE HAEMOLANCE		AVALIDE.....	BALVERSA.....	85
PLUS PED.....	187	AVANDIA.....	Balziva.....	118
ASSURE ID INSULIN		AVAPRO.....	BANZEL.....	47
SAFETY SYR.....	187	AVAR LS CLEANSER.....	BAQSIMI ONE PACK.....	58
		AVAR-E LS.....	BAQSIMI TWO PACK.....	58

BARACLUDE.....	103	BENLYSTA.....	205	BLEPH-10.....	217
BASAGLAR KWIKPEN.....	58	BENTYL.....	236	BLEPHAMIDE.....	217
BAXDELA.....	172	BENZAC AC WASH.....	133	BLEPHAMIDE S.O.P.....	217
BAYER BREEZE 2 TEST...	150	BENZAACLIN.....	133	Blisovi 24 Fe.....	118
BAYER CONTOUR TEST..	150	BENZAACLIN WITH PUMP	133	Blisovi Fe 1.5/30.....	118
<i>bayer low dose</i> .....	26	BENZAMYCIN.....	133	Blisovi Fe 1/20.....	119
BAYER MICROLET		<i>benzhydrocodone-</i>		<i>blood glucose test</i> .....	150
LANCETS.....	187	<i>acetaminophen</i> .....	28	BONIVA.....	163
BD AUTOSHIELD.....	187	BENZIQU.....	133	BONJESTA.....	68
BD GLUCOSE.....	58	BENZIQU LS.....	133	<i>bosentan</i> .....	115
BD INSULIN SYR		<i>benznidazole</i> .....	37	BOSULIF.....	85
ULTRAFINE II.....	187	<i>benzonatate</i> .....	130	BRAFTOVI.....	85
BD INSULIN SYRINGE.....	187	<i>benzoyl peroxide-erythromycin</i>		BRAVELLE.....	163
BD INSULIN SYRINGE		.....	133	BREO ELLIPTA.....	42
HALF-UNIT.....	187	<i>benztropine mesylate</i> .....	95	BREZTRI AEROSPHERE...	42
BD INSULIN SYRINGE		BEOVU.....	216	<i>briellyn</i> .....	119
MICROFINE.....	187	BEPREVE.....	216	BRILINTA.....	178
BD INSULIN SYRINGE		BESIVANCE.....	216	<i>brimonidine tartrate</i> .....	217
U/F.....	187	BETADINE OPHTHALMIC		BRISDELLE.....	227
BD INSULIN SYRINGE		PREP.....	216	BRIVIACT.....	47
ULTRAFINE.....	188	BETAGAN.....	216	Bromfed Dm.....	130
BD INTEGRA NEEDLE....	188	<i>betamethasone dipropionate</i> ...	134	<i>bromfenac sodium (once-daily)</i>	
BD LANCET ULTRAFINE		<i>betamethasone dipropionate</i>		.....	217
30G.....	188	<i>aug</i> .....	133	<i>bromocriptine mesylate</i> .....	95
BD LANCET ULTRAFINE		<i>betamethasone valerate</i> .....	134	<i>brompheniramine tannate</i> .....	71
33G.....	188	BETAPACE.....	110	BROMSITE.....	217
BD MICROTAINER		BETAPACE AF.....	110	BROVANA.....	42
LANCETS.....	188	BETASERON.....	227	BRUKINSA.....	85
BD PEN NEEDLE MINI		<i>betaxolol hcl</i> .....	110, 216	BRYHALI.....	134
U/F.....	188	<i>bethanechol chloride</i> .....	239	BUCALSEP.....	102
BD PEN NEEDLE NANO		BETHKIS.....	20	<i>budesonide</i> .....	42, 127
U/F.....	188	BETIMOL.....	216	<i>budesonide er</i> .....	127
BD PEN NEEDLE		BETOPTIC-S.....	216	<i>budesonide-formoterol</i>	
ORIGINAL U/F.....	188	BEVESPI AEROSPHERE....	42	<i>fumarate</i> .....	42
BD PEN NEEDLE SHORT		BEVYXXA.....	46	BULLSEYE MINI SAFETY	
U/F.....	188	<i>bexarotene</i> .....	85	LANCETS.....	188
BD SAFETYGLIDE		BEYAZ.....	118	<i>bumetanide</i> .....	162
INSULIN SYRINGE.....	188	BIAXIN.....	185	BUMEX.....	162
BD SAFETY-LOK		<i>bicalutamide</i> .....	85	BUNAVAIL.....	28
INSULIN SYRINGE.....	188	BIDIL.....	115	Bupap.....	26
BECONASE AQ.....	214	BIEST/PROGESTERONE..	171	BUPHENYL.....	163, 164
Bekyree.....	118	BIJUVA.....	171	<i>buprenorphine</i> .....	28
BELBUCA.....	28	BIKTARVY.....	103	<i>buprenorphine hcl</i> .....	28
<i>belladonna alkaloids-opium</i> ....	236	BILTRICIDE.....	37	<i>buprenorphine hcl-naloxone hcl</i> ..	28
BELSOMRA.....	182	<i>bimatoprost</i> .....	216	<i>bupropion hcl</i> .....	53
BELVIQ.....	17	BINOSTO.....	163	<i>bupropion hcl er (smoking det)</i>	
<i>benazepril hcl</i> .....	76	<i>bio-statin</i> .....	69	.....	227
<i>benazepril-hydrochlorothiazide</i> ..	76	<i>bisacodyl</i> .....	183	<i>bupropion hcl er (sr)</i> .....	53
BENICAR.....	76	<i>bisoprolol fumarate</i> .....	110	<i>bupropion hcl er (xl)</i> .....	53
BENICAR HCT.....	76	<i>bisoprolol-hydrochlorothiazide</i> ..	76	<i>buspironone hcl</i> .....	38

<i>butalbital-acetaminophen</i> .....	26	<i>carbamazepine er</i> .....	47	<i>cefprozil</i> .....	117
<i>butalbital-apap-caff-cod</i> .....	28	CARBAPHEN 12.....	130	<i>cefuroxime axetil</i> .....	117
<i>butalbital-apap-caffeine</i> .....	26	CARBAPHEN 12 PED.....	130	CELEBREX.....	21
<i>butalbital-asa-caff-codeine</i> .....	28	CARBATROL.....	48	<i>celecoxib</i> .....	21
<i>butalbital-asa-caffeine</i> .....	26	<i>carbidopa</i> .....	95	CELEXA.....	54
<i>butalbital-aspirin-caffeine</i> .....	26	<i>carbidopa-levodopa</i> .....	96	CELLCEPT.....	205
BUTISOL SODIUM.....	182	<i>carbidopa-levodopa er</i> .....	95	CELONTIN.....	48
<i>butorphanol tartrate</i> .....	28	<i>carbidopa-levodopa-entacapone</i>	96	CENTANY.....	134
BUTRANS.....	28	<i>carbinoxamine maleate</i> .....	71	<i>cephalexin</i> .....	117
BYDUREON.....	58	CARDIOTEK RX.....	156	CEQUA.....	217
BYDUREON BCISE.....	58	CARDIOVID PLUS.....	215	CERDELGA.....	180
BYETTA 10 MCG PEN.....	58	CARDIZEM.....	112	CEREFOLIN.....	156
BYETTA 5 MCG PEN.....	58	CARDIZEM CD.....	112	CEREFOLIN NAC.....	156
BYNFEZIA PEN.....	164	CARDIZEM LA.....	112	CERVIDIL.....	223
BYSTOLIC.....	110	CARDURA.....	76	CESAMET.....	68
BYVALSON.....	76	CARDURA XL.....	176	Cesia.....	119
<i>cabergoline</i> .....	164	CAREFINE PEN NEEDLES		<i>cetirizine hcl</i> .....	71
CABLIVI.....	178	.....	188	<i>cetirizine-pseudoephedrine er</i> ..	130
CABOMETYX.....	85	CAREONE LANCET THIN		CETRAXAL.....	223
CADUET.....	115	23G.....	188	CETROTIDE.....	164
<i>caffeine citrate</i> .....	17	CAREONE LANCET		<i>cevimeline hcl</i> .....	207
CALAN.....	111	ULTRA THIN 28G.....	188	CHANTIX.....	227
CALAN SR.....	112	CAREONE UNIFINE		CHANTIX CONTINUING	
CALCIFOL.....	203	PENTIPS.....	188	MONTH PAK.....	227
<i>calcipotriene</i> .....	134	CARESENS N GLUCOSE		CHANTIX STARTING	
<i>calcipotriene-betameth diprop</i> ..	134	TEST.....	150	MONTH PAK.....	227
<i>calcitonin (salmon)</i> .....	164	CARIMUNE NF.....	224	Chateal.....	119
Calcitrene.....	134	<i>carisoprodol</i> .....	213	Chateal Eq.....	119
<i>calcitriol</i> .....	134, 164	<i>carisoprodol-aspirin</i> .....	213	CHEMET.....	67
<i>calcium acetate (phos binder)</i> ..	173	<i>carisoprodol-aspirin-codeine</i> ...	213	CHEMSTRIP 10 MD.....	150
<i>calcium-folic acid plus d</i> .....	203	CARNITOR.....	164	CHEMSTRIP 10/SG.....	150
CALPHRON.....	173	CARNITOR SF.....	164	CHEMSTRIP 2 GP.....	150
CALQUENCE.....	85	CAROSPIR.....	162	CHEMSTRIP 5 OB.....	150
CAMBIA.....	201	<i>carteolol hcl</i> .....	217	CHEMSTRIP 7.....	150
Camila.....	119	Cartia Xt.....	112	CHEMSTRIP 9.....	150
Camrese.....	119	<i>carvedilol</i> .....	110	CHEMSTRIP K.....	150
Camrese Lo.....	119	<i>carvedilol phosphate er</i> .....	110	CHEMSTRIP UGK.....	150
CANASA.....	173	CASODEX.....	85	CHENODAL.....	174
<i>candesartan cilexetil</i> .....	76	CATAPRES.....	77	<i>childrens aspirin</i> .....	26
<i>candesartan cilexetil-hetz</i> .....	76	CATAPRES-TTS-1.....	77	<i>chlordiazepoxide hcl</i> .....	38
<i>capecitabine</i> .....	85	CATAPRES-TTS-2.....	77	<i>chlordiazepoxide-amitriptyline</i>	227
CAPEX.....	134	CATAPRES-TTS-3.....	77	<i>chlorhexidine gluconate</i> ... 102,	207
CAPLYTA.....	98	CAYSTON.....	81	<i>chloroquine phosphate</i> .....	82
CAPRELSA.....	85	Caziant.....	119	<i>chlorothiazide</i> .....	162
<i>captopril</i> .....	76	<i>cefaclor</i> .....	116	<i>chlorpromazine hcl</i> .....	98
<i>captopril-hydrochlorothiazide</i> ...	76	<i>cefaclor er</i> .....	116	<i>chlorpropamide</i> .....	58
CARAC.....	134	<i>cefadroxil</i> .....	116	<i>chlorthalidone</i> .....	162
CARAFATE.....	236	<i>cefdinir</i> .....	116	<i>chlorzoxazone</i> .....	213
CARBAGLU.....	164	<i>cefditoren pivoxil</i> .....	117	CHOLBAM.....	174
<i>carbamazepine</i> .....	47, 48	<i>cefixime</i> .....	117		

<i>cholestyramine</i> .....	72	CLEVER CHEK AUTO-		<i>colchicine-probenecid</i> .....	178
<i>cholestyramine light</i> .....	72	CODE VOICE.....	150	COLCRYS.....	178
<i>choline-mag trisalicylate</i> .....	26	CLEVER CHEK LANCETS	188	<i>colesevelam hcl</i> .....	72
<i>chorionic gonadotropin</i> .....	164	CLEVER CHEK TEST.....	150	COLESTID.....	73
Ciclodan.....	134	CLEVER CHOICE AUTO-		COLESTID FLAVORED.....	72, 73
<i>ciclopirox</i> .....	134	CODE TEST.....	150	<i>colestipol hcl</i> .....	73
<i>ciclopirox olamine</i> .....	134	CLEVER CHOICE MICRO		Colocort.....	36
<i>cilostazol</i> .....	178	TEST.....	150	COLY-MYCIN S.....	223
CILOXAN.....	217	CLICKFINE PEN		COLYTE WITH FLAVOR	
CIMDUO.....	103	NEEDLES.....	188	PACKS.....	184
<i>cimetidine</i> .....	236	<i>clickfine pen needles</i> .....	188	COMBIGAN.....	217
<i>cimetidine hcl</i> .....	236	CLIMARA.....	171	COMBIPATCH.....	171
CIMZIA.....	174	CLIMARA PRO.....	171	COMBIVENT RESPIMAT...	42
CIMZIA PREFILLED.....	174	Clindacin Etz.....	135	COMBIVIR.....	103
CIMZIA STARTER KIT.....	174	Clindacin-P.....	135	COMETRIQ (100 MG	
<i>cinacalcet hcl</i> .....	164	CLINDAGEL.....	135	DAILY DOSE).....	86
CIPRO.....	172	<i>clindamycin hcl</i> .....	81	COMETRIQ (140 MG	
CIPRO HC.....	223	<i>clindamycin palmitate hcl</i> .....	81	DAILY DOSE).....	86
CIPRO XR.....	173	<i>clindamycin phos-benzoyl</i>		COMETRIQ (60 MG DAILY	
CIPRODEX.....	223	<i>perox</i> .....	135	DOSE).....	86
<i>ciprofloxacin</i> .....	173	<i>clindamycin phosphate</i> ....	135, 240	COMFORT ASSURED	
<i>ciprofloxacin hcl</i> .....	173, 217, 223	<i>clindamycin-tretinoin</i> .....	135	LANCETS 28G.....	188
<i>ciprofloxacin-ciproflox hcl er</i> ..	173	CLINDESSE.....	240	COMFORT ASSURED	
<i>ciprofloxacin-dexamethasone</i> ..	223	<i>clobazam</i> .....	48	LANCETS 33G.....	188
<i>ciprofloxacin-fluocinolone pf</i> ..	223	<i>clobetasol propionate</i> .....	135	COMFORT EZ INSULIN	
<i>citalopram hydrobromide</i> .....	54	<i>clobetasol propionate e</i> .....	135	SYRINGE.....	188
CITRANATAL 90 DHA.....	208	<i>clobetasol propionate emulsion</i>	135	COMFORT EZ PEN	
CITRANATAL ASSURE....	208	CLOBEX.....	135	NEEDLES.....	189
CITRANATAL B-CALM....	208	CLOBEX SPRAY.....	136	COMFORT LANCETS.....	189
CITRANATAL ESSENCE..	208	<i>clocortolone pivalate</i> .....	136	COMPLERA.....	103
CITRANATAL MEDLEY...	208	<i>clocortolone pivalate pump</i> ....	136	<i>completenate</i> .....	208
CITRANATAL RX.....	208	Clodan.....	136	Compro.....	98
<i>citrate of magnesia</i> .....	183	CLODERM.....	136	COMTAN.....	96
Claravis.....	134	CLODERM PUMP.....	136	<i>co-natal fa</i> .....	208
CLARINEX.....	71	CLOMIPHENE CITRATE.....	164	CONCEPT DHA.....	208
CLARINEX-D 12 HOUR....	130	<i>clomipramine hcl</i> .....	54	CONCEPT OB.....	208
<i>clarithromycin</i> .....	185	<i>clonazepam</i> .....	48	CONCERTA.....	17
<i>clarithromycin er</i> .....	185	<i>clonidine hcl</i> .....	77	CONDYLOX.....	136
CLARITIN.....	71	<i>clonidine hcl er</i> .....	17	CONJUPRI.....	112
CLARITIN CHILDRENS.....	71	<i>clopidogrel bisulfate</i> .....	178	CONSENSI.....	112
CLARITIN EYE.....	217	<i>clorazepate dipotassium</i> .....	38	<i>constulose</i> .....	184
CLARITIN REDITABS.....	71	<i>clotrimazole</i> .....	207	CONZIP.....	28
CLARITIN-D 12 HOUR.....	130	<i>clotrimazole-betamethasone</i> ....	136	COPAXONE.....	227
CLARITIN-D 24 HOUR.....	130	<i>clozapine</i> .....	98	COPIKTRA.....	86
<i>clemastine fumarate</i> .....	71	CLOZARIL.....	98	CORDRAN.....	136
CLENPIQ.....	183	COARTEM.....	82	COREG.....	110
CLEOCIN.....	81, 240	CODAR AR.....	130	COREG CR.....	110
CLEOCIN-T.....	134, 135	<i>codeine sulfate</i> .....	28	Coremino.....	233
CLEVER CHEK AUTO-		COLAZAL.....	174	CORGARD.....	110
CODE TEST.....	150	<i>colchicine</i> .....	178	CORLANOR.....	115



Cormax Scalp Application ....	136	CYSTADANE.....	164	DEPO-ESTRADIOL.....	171
CORTEF.....	127	CYSTADROPS.....	217	DEPO-SUBQ PROVERA	
CORTENEMA.....	36	CYSTAGON.....	176	104.....	119
CORTIFOAM.....	36	CYSTARAN.....	217	DEPO-TESTOSTERONE.....	35
<i>cortisone acetate</i> .....	127	CYTOMEL.....	235	DERMA-SMOOTH/FS	
CORTISPORIN.....	136	CYTOTEC.....	237	BODY.....	137
CORZIDE.....	77	<i>cytra k crystals</i> .....	176	DERMA-SMOOTH/FS	
COSENTYX.....	136	D.H.E. 45.....	201	SCALP.....	137
COSENTYX (300 MG		DAKLINZA.....	103	DERMOTIC.....	223
DOSE).....	136	<i>dalfampridine er</i> .....	227	DESCOVY.....	103
COSENTYX		DALIRESP.....	42	<i>desipramine hcl</i> .....	54
SENSOREADY (300 MG)...	136	<i>danazol</i> .....	35	<i>desloratadine</i> .....	71
COSENTYX		DANTRIUM.....	213	<i>desmopressin ace spray refrig.</i>	164
SENSOREADY PEN.....	136	<i>dantrolene sodium</i> .....	213	<i>desmopressin acetate</i> .....	164
COSOPT.....	217	<i>dapsone</i> .....	81, 137	<i>desmopressin acetate spray</i> ....	164
COSOPT PF.....	217	DARAPRIM.....	82	<i>desogestrel-ethinyl estradiol</i> ....	119
COTELLIC.....	86	<i>darifenacin hydrobromide er</i> ...	239	DESONATE.....	137
COTEMPLA XR-ODT.....	17	Dasetta 1/35.....	119	<i>desonide</i> .....	137
COUMADIN.....	46	Dasetta 7/7/7.....	119	DESOWEN.....	137
COZAAR.....	77	DAURISMO.....	86	<i>desoximetasone</i> .....	137
CREON.....	161	DAXBIA.....	117	DESOXYN.....	17
CRESEMBA.....	69	DAYPRO.....	21	<i>desvenlafaxine er</i> .....	54
CRESTOR.....	73	Daysee.....	119	<i>desvenlafaxine succinate er</i> ....	54
CRINONE.....	240, 241	DAYTRANA.....	17	DETROL.....	239
CRIXIVAN.....	103	DAYVIGO.....	182	DETROL LA.....	239
<i>cromolyn sodium</i> .....	42, 174, 217	D-CARE DM2.....	59	DEX4 GLUCOSE.....	59
CROTAN.....	136	DDAVP.....	164	DEX4 GLUCOSE GO-	
Cryelle-28.....	119	DDAVP RHINAL TUBE....	164	POUCH.....	59
CUPRIMINE.....	205	Deblitane.....	119	DEX4 QUICK DISSOLVE	
Curity Sterile Saline.....	176	DECARA.....	242	GLUCOSE.....	59
CUTAQUIG.....	224	<i>deferasirox</i> .....	67	<i>dexamethasone</i> .....	128
CUTIVATE.....	136	<i>deferasirox granules</i> .....	67	DEXAMETHASONE	
CUVITRU.....	224	<i>deferiprone</i> .....	67	INTENSOL.....	127
CUVPOSA.....	236	DELESTROGEN.....	171	<i>dexamethasone sodium</i>	
<i>cyanocobalamin</i> .....	180	DELSTRIGO.....	103	<i>phosphate</i> .....	217
Cyclafem 1/35.....	119	Deltasone.....	127	DEXCOM G4 PLAT PED	
Cyclafem 7/7/7.....	119	Delyla.....	119	RCV/SHARE.....	189
<i>cyclobenzaprine hcl</i> .....	213	DELZICOL.....	174	DEXCOM G4 PLAT PED	
<i>cyclobenzaprine hcl er</i> .....	213	DEMADEX.....	162	RECEIVER.....	189
CYCLOGYL.....	217	<i>demeclocycline hcl</i> .....	233	DEXCOM G4 PLATINUM	
CYCLOMYDRIL.....	217	DEMEROL.....	28	RCV/SHARE.....	189
<i>cyclopentolate hcl</i> .....	217	DEMSEER.....	77	DEXCOM G4 PLATINUM	
<i>cyclophosphamide</i> .....	86	DENAVIR.....	137	RECEIVER.....	189
<i>cycloserine</i> .....	83	DEPAKENE.....	48	DEXCOM G4 PLATINUM	
CYCLOSET.....	58	DEPAKOTE.....	48	TRANSMITTER.....	189
<i>cyclosporine</i> .....	205	DEPAKOTE ER.....	48	DEXCOM G4 SENSOR.....	189
<i>cyclosporine modified</i> .....	205	DEPAKOTE SPRINKLES....	48	DEXCOM G5 MOB/G4	
CYMBALTA.....	54	DEPEN TITRATABS.....	205	PLAT SENSOR.....	189
<i>cyproheptadine hcl</i> .....	71	DEPLIN 15.....	156	DEXCOM G5 MOBILE	
Cyred.....	119	DEPLIN 7.5.....	156	RECEIVER.....	189

DEXCOM G5 MOBILE TRANSMITTER.....	189	<i>diltiazem hcl er</i> .....	112, 113	<i>ds prep pak</i> .....	138
DEXCOM G5 RECEIVER KIT.....	189	<i>diltiazem hcl er beads</i> .....	112	DUAC.....	138
DEXCOM G6 RECEIVER..	189	<i>diltiazem hcl er coated beads</i> ...	112	DUAKLIR PRESSAIR.....	42
DEXCOM G6 SENSOR.....	189	<i>dilt-xr</i> .....	113	DUAVEE.....	171
DEXCOM G6 TRANSMITTER.....	189	<i>dimethyl fumarate</i> .....	227	DUET DHA BALANCED..	208
DEXEDRINE.....	17	DIOVAN.....	77	DUETACT.....	59
DEXILANT.....	237	DIOVAN HCT.....	77	DUEXIS.....	21
<i>dexmethylphenidate hcl</i> .....	17	DIPENTUM.....	174	DULERA.....	42
<i>dexmethylphenidate hcl er</i> .....	17	<i>diphenoxylate-atropine</i> .....	67	<i>duloxetine hcl</i> .....	54
Dexpak 10 Day.....	128	DIPROLENE.....	138	DUOBRII.....	138
Dexpak 13 Day.....	128	DIPROLENE AF.....	137	DUOPA.....	96
Dexpak 6 Day.....	128	<i>dipyridamole</i> .....	178	DUPIXENT.....	138
<i>dextroamphetamine sulfate</i> .....	17	<i>disopyramide phosphate</i> .....	39	DURAGESIC-100.....	29
<i>dextroamphetamine sulfate er</i> ...	17	<i>disulfiram</i> .....	228	DURAGESIC-12.....	29
DIACOMIT.....	48	DITROPAN XL.....	239	DURAGESIC-25.....	29
DIASTAT ACUDIAL.....	48	DIURIL.....	162	DURAGESIC-50.....	29
DIASTAT PEDIATRIC.....	48	<i>divalproex sodium</i> .....	49	DURAGESIC-75.....	29
<i>diazepam</i> .....	38, 39, 48	<i>divalproex sodium er</i> .....	49	<i>duraxin</i> .....	26
Diazepam Intensol.....	38	DIVIGEL.....	171	DUREZOL.....	218
<i>diazoxide</i> .....	59	<i>docosanol</i> .....	138	DURLAZA.....	178
DIBENZYLIN.....	77	<i>dofetilide</i> .....	39	<i>dutasteride</i> .....	176
DICLEGIS.....	68	DOLOPHINE.....	29	<i>dutasteride-tamsulosin hcl</i> .....	176
<i>diclofenac</i> .....	21	DOLOTRANZ.....	138	DUZALLO.....	178
<i>diclofenac epolamine</i> .....	137	<i>donepezil hcl</i> .....	228	DXEVO 11-DAY.....	128
<i>diclofenac potassium</i> .....	21	DOPTelet.....	180	DYANAVEL XR.....	17
<i>diclofenac sodium</i> .....	21, 137, 218	DORAL.....	182	DYAZIDE.....	162
<i>diclofenac sodium er</i> .....	21	DORYX.....	233	DYMISTA.....	214
<i>diclofenac-misoprostol</i> .....	21	DORYX MPC.....	233	DYRENIUM.....	162
<i>dicloxacin sodium</i> .....	226	<i>dorzolamide hcl</i> .....	218	E.E.S. GRANULES.....	185
<i>dicyclomine hcl</i> .....	237	<i>dorzolamide hcl-timolol mal</i> ...	218	EASY COMFORT	
<i>didanosine</i> .....	103	<i>dorzolamide hcl-timolol mal pf</i>	218	INSULIN SYRINGE.....	189
DIFFERIN.....	137	<i>double pm</i> .....	218	EASY COMFORT	
DIFICID.....	185	DOVATO.....	103	LANCETS.....	189
DIFIL-G FORTE.....	42	DOVONEX.....	138	EASY PLUS II GLUCOSE	
<i>diflorasone diacetate</i> .....	137	<i>doxazosin mesylate</i> .....	77	TEST.....	150
DIFLUCAN.....	69	<i>doxepin hcl</i> .....	54, 138, 182	EASY STEP TEST.....	150
<i>diflunisal</i> .....	26	<i>doxercalciferol</i> .....	164	EASY TALK BLOOD	
Digitek.....	114	<i>doxycycline hyclate</i> .....	233	GLUCOSE TEST.....	150
Digox.....	114	<i>doxycycline monohydrate</i>	233, 234	EASY TOUCH INSULIN	
<i>digoxin</i> .....	114	<i>doxylamine-pyridoxine</i> .....	68	SAFETY SYR.....	189
<i>dihydroergotamine mesylate</i> ...	201	<i>d-penamamine</i> .....	206	EASY TOUCH INSULIN	
DILANTIN.....	48, 49	DRAMAMINE LESS		SYRINGE.....	190
DILANTIN INFATABS.....	48	DROWSY.....	68	EASY TOUCH LANCETS	
DILATRATE-SR.....	37	DRIZALMA SPRINKLE.....	54	21G.....	190
DILAUDID.....	28	<i>dronabinol</i> .....	68	EASY TOUCH LANCETS	
<i>diltiazem cd</i> .....	112	DROPLET LANCETS		23G.....	190
<i>diltiazem hcl</i> .....	113	ULTRA THIN 30G.....	189	EASY TOUCH LANCETS	
		<i>drospiren-eth estrad-levomefol</i>	120	26G.....	190
		<i>drospirenone-ethinyl estradiol</i>	120	EASY TOUCH LANCETS	
		DROXIA.....	180	28G.....	190



EASY TOUCH LANCETS 28G/TWIST.....	190	EFFIENT.....	178	Enskyce.....	120
EASY TOUCH LANCETS 30G.....	190	EFUDEX.....	138	ENSPRYNG.....	206
EASY TOUCH LANCETS 30G/TWIST.....	190	ELDEPRYL.....	96	ENSTILAR.....	138
EASY TOUCH LANCETS 32G.....	190	ELEMENT TEST.....	151	<i>entacapone</i> .....	96
EASY TOUCH LANCETS 32G/TWIST.....	190	ELESTAT.....	218	<i>entecavir</i> .....	104
EASY TOUCH LANCETS 33G/TWIST.....	190	ELESTRIN.....	171	ENTERAGAM.....	156
EASY TOUCH PEN NEEDLES.....	190	<i>eletriptan hydrobromide</i> .....	201	ENTOCORT EC.....	128
EASY TOUCH SAFETY LANCETS 21G.....	190	ELIDEL.....	138	ENTRESTO.....	115
EASY TOUCH SAFETY LANCETS 23G.....	190	ELIGARD.....	86	<i>enulose</i> .....	174
EASY TOUCH SAFETY LANCETS 26G.....	190	ELIMITE.....	138	ENVARBUS XR.....	206
EASY TOUCH SAFETY LANCETS 28G.....	190	Elinest.....	120	EPANED.....	77
EASY TOUCH TEST.....	150	ELIQUIS.....	46	EPCLUSA.....	104
EASY TRAK BLOOD GLUCOSE TEST.....	151	ELIQUIS DVT/PE STARTER PACK.....	46	EPIDIOLEX.....	49
EASY TWIST & CAP LANCETS.....	190	<i>elite-ob</i> .....	208	EPIDUO.....	138
EASYGLUCO.....	151	<i>elite-thin insulin syringe</i> .....	190	EPIDUO FORTE.....	138
EASYMAX 15 TEST.....	151	ELIXOPHYLLIN.....	42	EPIFOAM.....	138
EASYMAX TEST.....	151	ELLA.....	120	<i>epinastine hcl</i> .....	218
EASYPLUS BLOOD GLUCOSE TEST.....	151	ELMIRON.....	176	<i>epinephrine</i> .....	242
EASYPRO PLUS.....	151	ELOCON.....	138	EPISNAP.....	242
EC-NAPROSYN.....	22	Eluryng.....	120	Epitol.....	49
<i>econazole nitrate</i> .....	138	EMADINE.....	218	EPIVIR.....	104
ECONTRA EZ.....	120	EMBEDA.....	29	EPIVIR HBV.....	104
<i>ecotrin low strength</i> .....	26	EMBRACE BLOOD GLUCOSE TEST.....	151	<i>eplerenone</i> .....	77
ECOZA.....	138	EMCYT.....	86	EPOGEN.....	180
EDARBI.....	77	EMEND.....	68, 69	<i>epoprostenol sodium</i> .....	115
EDARBYCLOR.....	77	EMFLAZA.....	128	<i>eprosartan mesylate</i> .....	77
EDECIN.....	162	EMGALITY.....	201	EPZICOM.....	104
EDLUAR.....	182	EMGALITY (300 MG DOSE).....	201	<i>eq blood glucose test</i> .....	151
EDURANT.....	103	Emoquette.....	120	<i>eq famotidine max st</i> .....	237
<i>efavirenz</i> .....	103	EMSAM.....	54	<i>equapax/libuprofen/minrex</i> .....	22
<i>efavirenz-emtricitab-tenofovir</i> .....	103	<i>emtricitabine</i> .....	103	EQUETRO.....	99
<i>efavirenz-lamivudine-tenofovir</i> .....	103	<i>emtricitabine-tenofovir df</i> .....	103	<i>ergocal</i> .....	242
EFFER-K.....	203	EMTRIVA.....	103, 104	<i>ergocalciferol</i> .....	242
Effer-K.....	203	EMVERM.....	37	<i>ergoloid mesylates</i> .....	228
<i>effervescent pot chloride</i> .....	203	ENABLEX.....	239	ERGOMAR.....	201
EFFEXOR XR.....	54	<i>enalapril maleate</i> .....	77	<i>ergotamine-caffeine</i> .....	201
		<i>enalapril-hydrochlorothiazide</i> .....	77	ERIVEDGE.....	86
		ENBREL.....	22	ERLEADA.....	86
		ENBREL MINI.....	22	<i>erlotinib hcl</i> .....	86
		ENBREL SURECLICK.....	22	Errin.....	120
		ENCARE.....	241	ERTACZO.....	138
		ENDARI.....	180	<i>ery</i> .....	138
		Endocet.....	29	ERYPED 200.....	185
		ENDOMETRIN.....	241	ERYPED 400.....	185
		ENLYTE.....	156	Ery-Tab.....	185
		<i>enoxaparin sodium</i> .....	46	ERYTHROCIN STEARATE .....	185
		Enpresse-28.....	120	<i>erythromycin</i> .....	138, 218
				<i>erythromycin base</i> .....	185
				<i>erythromycin ethylsuccinate</i> .....	185

<i>erythromycin stearate</i> .....	185	EXELDERM.....	139	Femynor.....	120
ESBRIET.....	232	EXELON.....	228	<i>fenofibrate</i> .....	73
<i>escitalopram oxalate</i> .....	54	<i>exemestane</i> .....	87	<i>fenofibrate micronized</i> .....	73
Esgic.....	26	EXFORGE.....	77	<i>fenofibric acid</i> .....	73
ESGIC.....	26	EXFORGE HCT.....	77	FENOGLIDE.....	73
<i>esomeprazole magnesium</i> .....	237	EXJADE.....	67	<i>fenopropfen calcium</i> .....	22
<i>esomeprazole strontium</i> .....	237	EXTAVIA.....	228	FENORTHO.....	22
ESPEROCT.....	179	EXTINA.....	139	FENSOLVI.....	87
Estartylla.....	120	E-Z JECT LANCET		<i>fentanyl</i> .....	29
<i>estazolam</i> .....	182	MICRO-THIN 33G.....	190	<i>fentanyl citrate</i> .....	29
ESTRACE.....	171	E-Z JECT LANCET SUPER		FENTORA.....	29
<i>estradiol</i> .....	171, 241	THIN 30G.....	190	FERRIPROX.....	67
<i>estradiol valerate</i> .....	171	E-Z JECT LANCETS.....	190	FERRIPROX TWICE-A-	
<i>estradiol-norethindrone acet</i> ...	171	E-Z JECT LANCETS 21G...	190	DAY.....	68
ESTRING.....	241	E-Z JECT LANCETS THIN		FETZIMA.....	54
ESTROGEL.....	171	26G.....	190	FETZIMA TITRATION.....	54
<i>estropipate</i> .....	171	EZ SMART BLOOD		FEXMID.....	213
<i>eszopiclone</i> .....	182	GLUCOSE LANCETS.....	190	<i>fexofenadine hcl</i> .....	71
<i>ethacrynic acid</i> .....	162	EZ SMART BLOOD		<i>fexofenadine hcl childrens</i> .....	71
<i>ethambutol hcl</i> .....	83	GLUCOSE TEST.....	151	<i>fexofenadine-pseudoephed er.</i> ..	130
<i>ethosuximide</i> .....	49	EZ SMART PLUS		FIASP.....	59
<i>ethynodiol diac-eth estradiol</i> ...	120	GLUCOSE TEST.....	151	FIASP FLEXTOUCH.....	59
<i>etidronate disodium</i> .....	164	EZALLOR SPRINKLE.....	73	FIASP PENFILL.....	59
<i>etodolac</i> .....	22	<i>ezetimibe</i> .....	73	FIBRICOR.....	73
<i>etodolac er</i> .....	22	<i>ezetimibe-simvastatin</i> .....	73	FIFTY50 GLUCOSE TEST	
<i>etoposide</i> .....	87	FABIOR.....	139	2.0.....	151
EUCRISA.....	139	FALESSA.....	120	FIFTY50 PEN NEEDLES...	191
EURAX.....	139	Falmina.....	120	FIFTY50 SAFETY SEAL	
Euthyrox.....	235	<i>famciclovir</i> .....	104	LANCETS.....	191
EVAMIST.....	172	<i>famotidine</i> .....	237	FIFTY50 SUPERIOR	
EVEKEO.....	17	FANAPT.....	99	COMFORT SYR.....	191
EVEKEO ODT.....	17	FANAPT TITRATION		FINACEA.....	139
EVENCARE + BLOOD		PACK.....	99	<i>finasteride</i> .....	176
GLUCOSE TEST.....	151	FARESTON.....	87	FINE 30.....	191
EVENCARE BLOOD		FARXIGA.....	59	FINGERSTIX LANCETS...	191
GLUCOSE TEST.....	151	FARYDAK.....	87	FINTEPLA.....	49
EVENCARE G2 TEST.....	151	FASENRA PEN.....	43	FIORICET.....	26
EVENCARE G3 TEST.....	151	<i>favipiravir</i> .....	104	FIORICET/CODEINE.....	30
EVENITY.....	165	Fayosim.....	120	FIORINAL.....	26
<i>everolimus</i> .....	87, 206	FAZACLO.....	99	FIORINAL/CODEINE #3.....	30
EVISTA.....	165	FC FEMALE CONDOM....	191	FIRAZYR.....	179
EVOCLIN.....	139	FC2 FEMALE CONDOM...	191	FIRDAPSE.....	83
EVOLUTION AUTOCODE	151	<i>febuxostat</i> .....	178	FIRMAGON.....	87
EVOTAZ.....	104	<i>felbamate</i> .....	49	FIRMAGON (240 MG	
EVOXAC.....	207	FELBATOL.....	49	DOSE).....	87
EVRYSOI.....	215	FELDENE.....	22	FIRVANQ.....	81
EVZIO.....	67	<i>felodipine er</i> .....	113	FLAGYL.....	81
EXALGO.....	29	FEMARA.....	87	FLAREX.....	218
EXEL COMFORT POINT		FEMCAP.....	191	<i>flavoxate hcl</i> .....	239
INSULIN SYR.....	190	FEMRING.....	241	<i>flecainide acetate</i> .....	39

FLECTOR.....	139	FOLBIC.....	156	FREESTYLE PRECISION	
FLOLAN.....	115	FOLBIC RF.....	156	INS SYR.....	191
<i>flolipid</i> .....	73	<i>folic acid</i> .....	180	FREESTYLE PRECISION	
FLOMAX.....	176	FOLIVANE-OB.....	209	NEO TEST.....	152
FLONASE ALLERGY		FOLLISTIM AQ.....	165	FREESTYLE TEST.....	152
RELIEF.....	214	FOLTANX.....	157	FREESTYLE UNISTICK II	
FLORIVA.....	203	FOLTANX RF.....	157	LANCETS.....	191
FLOVENT DISKUS.....	43	FOLTANX.....	157	FROVA.....	201
FLOVENT HFA.....	43	FOLVITE-FE.....	180	<i>frovatriptan succinate</i> .....	201
FLOXIN OTIC.....	223	<i>fondaparinux sodium</i> .....	46	FULPHILA.....	180
<i>fluconazole</i> .....	70	FORA D15G BLOOD		FURADANTIN.....	81
<i>flucytosine</i> .....	70	GLUCOSE TEST.....	151	<i>furosemide</i> .....	162
<i>fludrocortisone acetate</i> .....	128	FORA D20 BLOOD		FUZEON.....	104
FLUMADINE.....	104	GLUCOSE TEST.....	151	Fyavolv.....	172
<i>flunisolide</i> .....	214	FORA G20 BLOOD		FYCOMPA.....	49
<i>fluocinolone acetonide</i> .....	139, 223	GLUCOSE TEST.....	152	GABADONE.....	157
<i>fluocinolone acetonide body</i> ....	139	FORA G30/PREM V10		<i>gabapentin</i> .....	49
<i>fluocinolone acetonide scalp</i> ....	139	GLUCOSE TEST.....	152	GABITRIL.....	49
<i>fluocinonide</i> .....	139	FORA GD20 TEST.....	152	GALAFOLD.....	165
<i>fluocinonide emulsified base</i> ....	139	FORA LANCETS.....	191	<i>galantamine hydrobromide</i> .....	228
FLUORABON.....	203	FORA V10 BLOOD		<i>galantamine hydrobromide er</i> ..	228
FLUOR-A-DAY.....	203	GLUCOSE TEST.....	152	GALZIN.....	203
FLUORIDEX		FORA V12 BLOOD		GAMASTAN.....	224
SENSITIVITY RELIEF.....	207	GLUCOSE TEST.....	152	GAMASTAN S/D.....	224
<i>fluoritab</i> .....	203	FORA V20 BLOOD		GAMMAGARD.....	224
<i>fluorometholone</i> .....	218	GLUCOSE TEST.....	152	GAMMAGARD S/D LESS	
FLUROPLEX.....	139	FORA V30A BLOOD		IGA.....	224
<i>fluorouracil</i> .....	139	GLUCOSE TEST.....	152	GAMMAKED.....	224
<i>fluoxetine hcl</i> .....	54, 55	FORACARE GD40 TEST...	152	GAMUNEX-C.....	224
<i>fluoxetine hcl (pmdd)</i> .....	228	FORACARE PREMIUM		<i>ganirelix acetate</i> .....	165
<i>fluphenazine decanoate</i> .....	99	V10 TEST.....	152	GASTROCROM.....	174
<i>fluphenazine hcl</i> .....	99	FORFIVO XL.....	55	<i>gatifloxacin</i> .....	218
FLURA-DROPS.....	203	FORTAMET.....	59	GATTEX.....	174
<i>flurandrenolide</i> .....	139, 140	FORTEO.....	165	<i>gavilyte-c</i> .....	184
FLURA-SAFE.....	218	FORTESTA.....	35	Gavilyte-G.....	184
<i>flurazepam hcl</i> .....	182	FOSAMAX.....	165	Gavilyte-H.....	184
<i>flurbiprofen</i> .....	22	FOSAMAX PLUS D.....	165	Gavilyte-N With Flavor Pack	184
<i>flurbiprofen sodium</i> .....	218	<i>fosamprenavir calcium</i> .....	104	GAVRETO.....	87
<i>flutamide</i> .....	87	<i>fosinopril sodium</i> .....	78	GE100 BLOOD GLUCOSE	
<i>fluticasone propionate</i> .....	140, 214	<i>fosinopril sodium-hctz</i> .....	78	TEST.....	152
<i>fluticasone-salmeterol</i> .....	43	FOSRENOL.....	174	GELFILM.....	218
<i>fluvastatin sodium</i> .....	73	FOSTEUM.....	157	GELNIQUE.....	240
<i>fluvastatin sodium er</i> .....	73	FOSTEUM PLUS.....	157	GELNIQUE PUMP.....	240
<i>fluvoxamine maleate</i> .....	55	FOVEX.....	157	<i>gemfibrozil</i> .....	73
<i>fluvoxamine maleate er</i> .....	55	FRAGMIN.....	46	<i>generlac</i> .....	174
FML.....	218	FREESTYLE INSULINX		Gengraf.....	206
FML FORTE.....	218	TEST.....	152	GENICIN VITA-Q.....	209
FOCALIN.....	17	FREESTYLE LANCETS.....	191	GENOTROPIN.....	165
FOCALIN XR.....	17	FREESTYLE LITE TEST...	152	GENOTROPIN	
<i>folate</i> .....	180			MINIQUICK.....	165

<i>gentak</i> .....	218	GLUCOCOM TEST.....	153	HAEMOLANCE LOW	
<i>gentamicin sulfate</i> .....	140, 218	GLUCOPHAGE.....	59	FLOW LANCETS.....	192
GENVOYA.....	104	GLUCOPHAGE XR.....	60	HAEMOLANCE PLUS.....	192
GEODON.....	99	GLUCOPRO INSULIN		HAEMOLANCE PLUS	
Gianvi.....	120	SYRINGE.....	191	HIGH FLOW.....	192
GIAZO.....	174	<i>glucose</i> .....	60	HAEMOLANCE PLUS	
Gildess Fe 1.5/30.....	120	GLUCOTROL.....	60	LOW FLOW.....	192
Gildess Fe 1/20.....	120	GLUCOTROL XL.....	60	HAEMOLANCE PLUS	
GILENYA.....	228	GLUCOVANCE.....	60	MAX FLOW.....	192
GILOTRIF.....	87	GLUMETZA.....	60	HAEMOLANCE PLUS	
GIMOTI.....	174	<i>glyburide</i> .....	60	PEDIATRIC FLOW.....	192
<i>glatiramer acetate</i> .....	228	<i>glyburide micronized</i> .....	60	Hailey 24 Fe.....	120
Glatopa.....	228	<i>glyburide-metformin</i> .....	60	<i>halcinonide</i> .....	140
GLEEVEC.....	87	<i>glycopyrrolate</i> .....	237	HALCION.....	182
GLEOSTINE.....	87	GLYNASE.....	60	HALDOL.....	99
<i>g-levocarnitine slf</i> .....	215	GLYSET.....	60	HALDOL DECANOATE.....	99
<i>glimepiride</i> .....	59	GLYXAMBI.....	60	<i>halobetasol propionate</i> .....	140
<i>glipizide</i> .....	59	GOCOVRI.....	96	HALOG.....	140
<i>glipizide er</i> .....	59	GOJJI BLOOD GLUCOSE		<i>haloperidol</i> .....	99
<i>glipizide xl</i> .....	59	TEST.....	153	<i>haloperidol decanoate</i> .....	99
<i>glipizide-metformin hcl</i> .....	59	GOLYTELY.....	184	<i>haloperidol lactate</i> .....	99
GLOBAL EASE INJECT		GONAL-F.....	165	HARVONI.....	104
PEN NEEDLES.....	191	GONAL-F RFF.....	165	HEALTHWISE MINI PEN	
GLOBAL INJECT EASE		GONAL-F RFF REDIJECT	165	NEEDLES.....	192
INSULIN SYR.....	191	GONITRO.....	37	HEALTHWISE PEN	
GLOBAL INJECT EASE		<i>goodsense nicotine</i> .....	228	NEEDLES.....	192
LANCETS 28G.....	191	GRALISE.....	228	HEALTHWISE SHORT	
GLOBAL INJECT EASE		GRALISE STARTER.....	228	PEN NEEDLES.....	192
LANCETS 30G.....	191	<i>granisetron hcl</i> .....	69	HEALTHWISE UNIFINE	
GLOPERBA.....	178	GRANIX.....	180	PENTIPS.....	192
GLUCAGEN		GRASTEK.....	20	HEALTHY ACCENTS	
DIAGNOSTIC.....	152	<i>griseofulvin microsize</i> .....	70	UNIFINE PENTIP.....	192
GLUCAGEN HYPOKIT.....	59	<i>griseofulvin ultramicrosize</i> .....	70	HEALTHY ACCENTS	
GLUCAGON		<i>guanfacine hcl</i> .....	78	UNILET LANCETS.....	192
EMERGENCY.....	59	<i>guanfacine hcl er</i> .....	17	Heather.....	120
<i>glucagon emergency</i> .....	59	<i>guanidine hcl</i> .....	83	HELIDAC THERAPY.....	237
GLUCO BURST.....	59	GUARDIAN CONNECT		HEMADY.....	128
GLUCOCARD 01 SENSOR		TRANSMITTER.....	191	HEMANGEOL.....	110
PLUS.....	152	GUARDIAN LINK 3		<i>hemenatal ob</i> .....	209
GLUCOCARD		TRANSMITTER.....	192	<i>hemenatal ob + dha</i> .....	209
EXPRESSION TEST.....	152	GUARDIAN SENSOR (3)...	192	<i>heparin sodium (porcine)</i> .....	46
GLUCOCARD VITAL		GVOKE HYPOPEN 1-		<i>heparin sodium (porcine) pf</i> .....	46
TEST.....	152	PACK.....	60	HEPSERA.....	104
GLUCOCARD X-SENSOR	152	GVOKE HYPOPEN 2-		HETLIOZ.....	183
GLUCOCOM LANCETS		PACK.....	60	HEXALEN.....	87
28G.....	191	GVOKE PFS.....	60	Hidex 6-Day.....	128
GLUCOCOM LANCETS		GYNAZOLE-1.....	241	HIPREX.....	81
30G.....	191	HAEGARDA.....	179	HIZENTRA.....	224
GLUCOCOM LANCETS		HAEMOLANCE.....	192	<i>hm biotin</i> .....	242
33G.....	191				



HM ULTICARE INSULIN SYRINGE.....	192	<i>hydrocortisone-acetic acid</i> .....	223	<i>indapamide</i> .....	162
<i>homatropaire</i> .....	218	<i>hydrogen peroxide</i> .....	102	INDERAL LA.....	110
<i>homatropine hbr</i> .....	218	<i>hydromet</i> .....	130	INDERAL XL.....	110
HORIZANT.....	228	<i>hydromorphone hcl</i> .....	30	INDOCIN.....	23
HUMALOG.....	61	<i>hydromorphone hcl er</i> .....	30	<i>indomethacin</i> .....	23
HUMALOG JUNIOR		<i>hydroxychloroquine sulfate</i> .....	82	<i>indomethacin er</i> .....	23
KWIKPEN.....	60	<i>hydroxyprogesterone caproate</i>	226	INFINITY BLOOD	
HUMALOG KWIKPEN.....	60	<i>hydroxyurea</i> .....	87	GLUCOSE TEST.....	153
HUMALOG MIX 50/50.....	61	<i>hydroxyzine hcl</i> .....	39	INFINITY VOICE.....	153
HUMALOG MIX 50/50		<i>hydroxyzine pamoate</i> .....	39	INGREZZA.....	229
KWIKPEN.....	61	HYPERRAB.....	224	INLYTA.....	88
HUMALOG MIX 75/25.....	61	HYPERSAL.....	131	INNOPRAN XL.....	110
HUMALOG MIX 75/25		HYPERTENSA.....	157	INQOVI.....	88
KWIKPEN.....	61	HYQVIA.....	225	INREBIC.....	88
HUMATROPE.....	166	HYSINGLA ER.....	30	INSPIRA.....	78
HUMIRA.....	23	HYZAAR.....	78	INSTA-GLUCOSE.....	61
HUMIRA PEDIATRIC		<i>ibandronate sodium</i> .....	166	<i>insulin asp prot &amp; asp flexpen</i> ...	61
CROHNS START.....	22	IBRANCE.....	87	<i>insulin aspart</i> .....	62
HUMIRA PEN.....	22	Ibu.....	23	<i>insulin aspart flexpen</i> .....	61
HUMIRA PEN-CD/UC/HS		IBUDONE.....	30	<i>insulin aspart penfill</i> .....	61
STARTER.....	23	Ibudone.....	30	<i>insulin aspart prot &amp; aspart</i> .....	62
HUMIRA PEN-		<i>ibuprofen</i> .....	23	<i>insulin lispro</i> .....	62
PS/UV/ADOL HS START.....	23	<i>icatibant acetate</i> .....	179	<i>insulin lispro junior kwikpen</i> .....	62
HUMULIN 70/30.....	61	ICLUSIG.....	87, 88	<i>insulin lispro prot &amp; lispro</i> .....	62
HUMULIN 70/30		IDHIFA.....	88	<i>insulin syringe</i> .....	192
KWIKPEN.....	61	ILARIS.....	23	<i>insulin syringelneedle</i> .....	192
HUMULIN N.....	61	ILEVRO.....	218	<i>insulin syringe-needle u-100</i> ...	192
HUMULIN N KWIKPEN.....	61	ILUMYA.....	140	<i>insupen pen needles</i> .....	192
HUMULIN R.....	61	<i>imatinib mesylate</i> .....	88	INSUPEN SENSITIVE.....	192
HUMULIN R U-500		IMBRUVICA.....	88	INSUPEN ULTRAFIN.....	192
(CONCENTRATED).....	61	<i>imipramine hcl</i> .....	55	INTELENCE.....	104
HUMULIN R U-500		<i>imipramine pamoate</i> .....	55	INTERMEZZO.....	183
KWIKPEN.....	61	<i>imiquimod</i> .....	140	INTRAROSA.....	241
<i>hyalucil-4</i> .....	140	<i>imiquimod pump</i> .....	140	INTRON A.....	88
HYCAMTIN.....	87	IMITREX.....	201	Introvale.....	120
<i>hydralazine hcl</i> .....	78	IMITREX STATDOSE		INTUNIV.....	17
HYDREA.....	87	REFILL.....	201	INVEGA.....	99
<i>hydrochlorothiazide</i> .....	162	IMITREX STATDOSE		INVEGA SUSTENNA.....	99
<i>hydrocod polst-cpm polst er</i> ...	130	SYSTEM.....	201	INVEGA TRINZA.....	99
<i>hydrocodone bitartrate er</i> .....	30	IMPAVIDO.....	81	INVELTYS.....	218
<i>hydrocodone-acetaminophen</i> .....	30	IMPOYZ.....	140	INVIRASE.....	104
<i>hydrocodone-guaifenesin</i> .....	130	IMURAN.....	206	INVOKAMET.....	62
<i>hydrocodone-homatropine</i> .....	130	IMVEXXY		INVOKAMET XR.....	62
<i>hydrocodone-ibuprofen</i> .....	30	MAINTENANCE PACK.....	241	INVOKANA.....	62
<i>hydrocortisone</i> .....	36, 128, 140	IMVEXXY STARTER		<i>iodine strong</i> .....	203
<i>hydrocortisone (perianal)</i> .....	36	PACK.....	241	IOPIDINE.....	218
<i>hydrocortisone butyr lipo base</i>	140	INATAL GT.....	209	<i>ipratropium bromide</i> .....	43, 214
<i>hydrocortisone butyrate</i> .....	140	INBRIJA.....	96	<i>ipratropium-albuterol</i> .....	43
<i>hydrocortisone valerate</i> .....	140	INCRELEX.....	166	IPRIVASK.....	47
		INCRUSE ELLIPTA.....	43	<i>irbesartan</i> .....	78

<i>irbesartan-hydrochlorothiazide</i> .....	78	KALETRA.....	105	Klor-Con/Ef.....	204
IRESSA.....	88	KALYDECO.....	232	KOMBIGLYZE XR.....	62
ISENTRESS.....	104, 105	KAPSPARGO SPRINKLE..	110	KORLYM.....	63
ISENTRESS HD.....	104	KAPVAY.....	18	KOSELUGO.....	89
Isibloom.....	121	KARBINAL ER.....	71	K-PHOS.....	204
<i>isoniazid</i> .....	83	Kariva.....	121	K-PHOS NO 2.....	177
ISOPTO CARPINE.....	219	KATERZIA.....	113	K-PHOS-NEUTRAL.....	204
ISORDIL TITRADOSE.....	37	KAZANO.....	62	K-Prime.....	204
<i>isosorbide dinitrate</i> .....	37	<i>k-effervescent</i> .....	203	KRINTAFEL.....	82
<i>isosorbide dinitrate er</i> .....	37	KEFLEX.....	117	KRISTALOSE.....	184
<i>isosorbide mononitrate</i> .....	37	Kelnor 1/35.....	121	<i>kroger blood glucose test</i> .....	153
<i>isosorbide mononitrate er</i> .....	37	KENALOG.....	141	K-TAB.....	204
<i>isotretinoin</i> .....	140	KEPPRA.....	49	Kurvelo.....	121
<i>isradipine</i> .....	113	KEPPRA XR.....	49	KUVAN.....	166
ISTALOL.....	219	KETOCARE.....	153	<i>k-vescent</i> .....	204
ISTURISA.....	166	<i>ketoconazole</i> .....	70, 141	KYLEENA.....	121
<i>itraconazole</i> .....	70	KETO-DIASTIX.....	153	KYNAMRO.....	73
<i>ivermectin</i> .....	37, 140	<i>ketoprofen er</i> .....	23	KYNMOBI.....	96
JADENU.....	68	<i>ketorolac tromethamine</i> ....	23, 219	<i>labetalol hcl</i> .....	110
JADENU SPRINKLE.....	68	KETOSTIX.....	153	LACRISERT.....	219
JAKAFI.....	88	<i>ketotifen fumarate</i> .....	219	<i>lactulose</i> .....	184
JALYN.....	176	KEVEYIS.....	162	<i>lactulose encephalopathy</i> .....	174
Jantoven.....	47	KEVZARA.....	23	LAMICTAL.....	50
JANUMET.....	62	KHEDEZLA.....	55	LAMICTAL ODT.....	49
JANUMET XR.....	62	KIDS PROTEIN ORGANIC		LAMICTAL XR.....	50
JANUVIA.....	62	SHAKE.....	157	LAMISIL.....	70
JARDIANCE.....	62	KINERET.....	23	<i>lamivudine</i> .....	105
Jasmiel.....	121	KINNEY LANCETS.....	192	<i>lamivudine-zidovudine</i> .....	105
JATENZO.....	35	KINNEY THIN LANCETS.....	192	<i>lamotrigine</i> .....	50
Jencycla.....	121	<i>kinray insulin syringe</i> .....	192	<i>lamotrigine er</i> .....	50
JENTADUETO.....	62	Kionex.....	206	<i>lamotrigine starter kit-blue</i> .....	50
JENTADUETO XR.....	62	KISQALI 200 DOSE.....	88	<i>lamotrigine starter kit-green</i> ....	50
<i>jevantique lo</i> .....	172	KISQALI 400 DOSE.....	88	<i>lamotrigine starter kit-orange</i> ...	50
Jinteli.....	172	KISQALI 600 DOSE.....	88	LAMPIT.....	81
Jolessa.....	121	KISQALI FEMARA (400		<i>lancet device</i> .....	193
Jolivette.....	121	MG DOSE).....	88	<i>lancet transporter case</i> .....	193
JORNAY PM.....	18	KISQALI FEMARA (600		<i>lancets</i> .....	193
JUBLIA.....	141	MG DOSE).....	89	<i>lancets 28g</i> .....	193
Juleber.....	121	KISQALI FEMARA(200		<i>lancets 30g</i> .....	193
JULUCA.....	105	MG DOSE).....	89	<i>lancets thin</i> .....	193
Junel 1.5/30.....	121	KITABIS PAK.....	20	LANCETS ULTRA FINE... 193	
Junel 1/20.....	121	KLARON.....	141	LANCETS ULTRA THIN... 193	
Junel Fe 1.5/30.....	121	Klofensaid Ii.....	141	LANCETS ULTRA THIN	
Junel Fe 1/20.....	121	KLONOPIN.....	49	30G.....	193
Junel Fe 24.....	121	Klor-Con.....	204	<i>lancing device</i> .....	193
JUXTAPID.....	73	Klor-Con 10.....	203	LANOXIN.....	114
JYNARQUE.....	166	Klor-Con M10.....	204	<i>lansoprazole</i> .....	237
KADIAN.....	31	Klor-Con M15.....	204	<i>lanthanum carbonate</i> .....	174
Kaitlib Fe.....	121	Klor-Con M20.....	204	LANTUS.....	63
KALBITOR.....	179	Klor-Con Sprinkle.....	204	LANTUS SOLOSTAR.....	63



Larin 1.5/30.....	121	<i>levetiracetam er</i> .....	50	LITETOUCH INSULIN	
Larin 1/20.....	121	<i>levobunolol hcl</i> .....	219	SYRINGE.....	193
Larin 24 Fe.....	121	<i>levocarnitine</i> .....	166	LITETOUCH PEN	
Larin Fe 1.5/30.....	121	<i>levocarnitine (dietary)</i> .....	215	NEEDLES.....	193
Larin Fe 1/20.....	122	<i>levocarnitine-b5-aurine</i> .....	215	<i>lithium</i> .....	100
Larissia.....	122	<i>levofloxacin</i> .....	173, 219	<i>lithium carbonate</i> .....	100
LASIX.....	162	Levonest.....	122	<i>lithium carbonate er</i> .....	100
LASTACRAFT.....	219	<i>levonorgest-eth estrad 91-day</i> ..	122	LITHOBID.....	100
<i>latanoprost</i> .....	219	<i>levonorgestrel</i> .....	122	LITHOSTAT.....	177
LATUDA.....	100	<i>levonorgestrel-ethinyl estrad</i> ...	122	LIVALO.....	74
Layolis Fe.....	122	<i>levonorg-eth estrad triphasic</i> ...	122	LIVE BETTER LANCET	
LAZANDA.....	31	Levora 0.15/30 (28).....	122	SUPER THIN.....	193
LEADER INSULIN		<i>levorphanol tartrate</i> .....	31	LIVE BETTER LANCET	
SYRINGE.....	193	Levo-T.....	235	ULTRA THIN.....	193
<i>leader insulin syringe</i> .....	193	<i>levothyroxine sodium</i> .....	235	<i>l-methylfolate</i> .....	158
<i>leader quick dissolve glucose</i> ....	63	Levoxyl.....	235	<i>l-methylfolate ca me-cbl nac</i> ...	158
LEADER UNIFINE		LEVULAN KERASTICK....	141	<i>l-methylfolate calcium</i> .....	158
PENTIPS.....	193	LEXAPRO.....	55	<i>l-methylfolate forte</i> .....	158
<i>ledipasvir-sofosbuvir</i> .....	105	LEXETTE.....	141	<i>l-methylfolate-algae-b12-b6</i> ....	158
Leena.....	122	LEXIVA.....	105	<i>l-methylfolate-b6-b12</i> .....	158
<i>leflunomide</i> .....	24	LIALDA.....	174	<i>l-methyl-mc</i> .....	159
LENVIMA (10 MG DAILY		LIBERTY NEXT		<i>l-methyl-mc nac</i> .....	159
DOSE).....	89	GENERATION TEST.....	153	LO LOESTRIN FE.....	122
LENVIMA (12 MG DAILY		LIBERTY TEST.....	153	LOCOID.....	141, 142
DOSE).....	89	LIBRAX.....	237	LOCOID LIPOCREAM.....	142
LENVIMA (14 MG DAILY		LICART.....	141	LODINE.....	24
DOSE).....	89	<i>lidocaine</i> .....	141	LODOSYN.....	96
LENVIMA (18 MG DAILY		<i>lidocaine hcl</i> .....	141	Loestrin 1.5/30 (21).....	122
DOSE).....	89	<i>lidocaine pak</i> .....	141	Loestrin 1/20 (21).....	122
LENVIMA (20 MG DAILY		<i>lidocaine viscous</i> .....	207	LOKELMA.....	206
DOSE).....	89	<i>lidocaine-prilocaine</i> .....	141	LOMOTIL.....	67
LENVIMA (24 MG DAILY		<i>lidocaine-tetracaine</i> .....	141	<i>longs insulin syringe</i> .....	193
DOSE).....	89	LIDODERM.....	141	LONGS LANCETS	
LENVIMA (4 MG DAILY		LIDOTREX.....	141	STANDARD.....	193
DOSE).....	90	LILETTA (52 MG).....	122	LONGS LANCETS THIN...	193
LENVIMA (8 MG DAILY		LIMBREL.....	157	LONGS LANCETS ULTRA	
DOSE).....	90	LIMBREL250.....	158	THIN.....	193
LESCOL XL.....	74	LIMBREL500.....	158	LONHALA MAGNAIR	
Lessina.....	122	<i>lindane</i> .....	141	REFILL KIT.....	43
LETAIRIS.....	115	<i>linezolid</i> .....	81	LONHALA MAGNAIR	
<i>letrozole</i> .....	90	LINZESS.....	174	STARTER KIT.....	43
<i>leucovorin calcium</i> .....	90	<i>liothyronine sodium</i> .....	235	LONSURF.....	90
LEUKERAN.....	90	LIPICHOL 540.....	158	LOPID.....	74
<i>leuprolide acetate</i> .....	90	LIPITOR.....	74	<i>lopinavir-ritonavir</i> .....	105
<i>levalbuterol hcl</i> .....	43	LIPOFEN.....	74	LOPRESSOR.....	110
<i>levalbuterol tartrate</i> .....	43	<i>lisinopril</i> .....	78	LOPRESSOR HCT.....	78
LEVAQUIN.....	173	<i>lisinopril-hydrochlorothiazide</i> ...	78	LOPROX.....	142
LEVEMIR.....	63	LISTER-V.....	158	<i>loratadine</i> .....	71
LEVEMIR FLEXTOUCH....	63	LITE TOUCH LANCETS....	193	<i>loratadine childrens</i> .....	71
<i>levetiracetam</i> .....	50			<i>loratadine-d 12hr</i> .....	131

<i>loratadine-d 24hr</i> .....	131	LYRICA CR.....	229	MEDLANCE PLUS LITE	
<i>lorazepam</i> .....	39	LYSODREN.....	90	25G.....	194
Lorazepam Intensol.....	39	LYSTEDA.....	182	MEDLANCE PLUS	
LORBRENA.....	90	LYUMJEV.....	63	SUPERLITE 30G.....	194
Lorcet.....	31	LYUMJEV KWIKPEN.....	63	MEDLANCE PLUS	
Lorcet Hd.....	31	Lyza.....	122	UNIVERSAL 21G.....	194
Lorcet Plus.....	31	MACROBID.....	81	MEDLANCE UNIVERSAL	
LORTAB.....	31	MACRODANTIN.....	81	21G.....	194
Loryna.....	122	MACUTEK.....	159	MEDROL.....	128
Lorzone.....	213	MAGELLAN INSULIN		<i>medroxyprogesterone acetate</i>	
<i>losartan potassium</i> .....	78	SAFETY SYR.....	193	.....	123, 226
<i>losartan potassium-hctz</i> .....	78	MAGNEBIND 400.....	204	<i>mefenamic acid</i> .....	24
LOTEMAX.....	219	MAKENA.....	226	<i>mefloquine hcl</i> .....	83
LOTEMAX SM.....	219	MALARONE.....	83	MEGACE ES.....	226
LOTENSIN.....	78	<i>malathion</i> .....	142	<i>megestrol acetate</i> .....	90, 226
LOTENSIN HCT.....	78	<i>maprotiline hcl</i> .....	55	MEKINIST.....	90, 91
<i>loteprednol etabonate</i> .....	219	MARINOL.....	69	MEKTOVI.....	91
LOTREL.....	78	<i>marlissa</i> .....	122	<i>meloxicam</i> .....	24
LOTRISONE.....	142	MARPLAN.....	55	<i>melphalan</i> .....	91
LOTRONEX.....	174	MATULANE.....	90	<i>memantine hcl</i> .....	229
<i>lovastatin</i> .....	74	Matzim La.....	113	<i>memantine hcl er</i> .....	229
LOVAZA.....	74	MAVENCLAD (10 TABS)...	229	MENEST.....	172
LOVENOX.....	47	MAVENCLAD (4 TABS).....	229	MENOPUR.....	166
Low-Ogestrel.....	122	MAVENCLAD (5 TABS).....	229	MENOSTAR.....	172
<i>loxapine succinate</i> .....	100	MAVENCLAD (6 TABS).....	229	MENTAX.....	142
LOZI-FLUR.....	204	MAVENCLAD (7 TABS).....	229	<i>mepiridine hcl</i> .....	31
Lo-Zumandimine.....	122	MAVENCLAD (8 TABS).....	229	MEPHYTON.....	242
LUCEMYRA.....	229	MAVENCLAD (9 TABS).....	229	<i>meprobamate</i> .....	39
Ludent.....	204	MAVYRET.....	105	<i>mercaptopurine</i> .....	91
<i>luliconazole</i> .....	142	MAXALT.....	201	<i>mesalamine</i> .....	174, 175
LUMIGAN.....	219	MAXALT-MLT.....	202	<i>mesalamine er</i> .....	174
LUNESTA.....	183	MAXI-COMFORT		MESNEX.....	91
LUPANETA PACK.....	166	INSULIN SYRINGE.....	193	MESTINON.....	83
LUPRON DEPOT (1-		MAXIDEX.....	219	Metadate Er.....	18
MONTH).....	90	MAXITROL.....	219	METAFOLBIC.....	159
LUPRON DEPOT (3-		MAXZIDE.....	162	METAFOLBIC PLUS.....	159
MONTH).....	90	MAXZIDE-25.....	163	METAFOLBIC PLUS RF ...	159
LUPRON DEPOT (4-		MAYZENT.....	229	METANX.....	159
MONTH).....	90	MAYZENT STARTER		<i>metaproterenol sulfate</i> .....	43
LUPRON DEPOT (6-		PACK.....	229	Metaxall.....	213
MONTH).....	90	<i>meclizine hcl</i> .....	69	<i>metaxalone</i> .....	213
LUPRON DEPOT-PED (1-		<i>meclofenamate sodium</i> .....	24	<i>metformin hcl</i> .....	63
MONTH).....	166	MEDISENSE THIN		<i>metformin hcl er</i> .....	63
LUPRON DEPOT-PED (3-		LANCETS.....	194	<i>metformin hcl er (mod)</i> .....	63
MONTH).....	166	MEDLANCE EXTRA 21G..	194	<i>metformin hcl er (osm)</i> .....	63
Lutera.....	122	MEDLANCE LITE 25G.....	194	<i>methadone hcl</i> .....	31
LUXIQ.....	142	MEDLANCE PLUS EXTRA		Methadone Hcl Intensol.....	31
LUZU.....	142	21G.....	194	METHADOSE.....	31
LYNPARZA.....	90	MEDLANCE PLUS		Methadose.....	31
LYRICA.....	50	LANCETS.....	194		

METHADOSE SUGAR-FREE.....	31	MICRODOT TEST.....	153	MONOJECT ULTRA	
<i>methamphetamine hcl</i> .....	18	Microgestin 1.5/30.....	123	COMFORT SYRINGE.....	194
<i>methazolamide</i> .....	163	Microgestin 1/20.....	123	MONOLET LANCETS.....	194
<i>methenamine hippurate</i> .....	81	Microgestin Fe 1.5/30.....	123	Mono-Linyah.....	123
<i>methenamine mandelate</i> .....	81	Microgestin Fe 1/20.....	123	Mononessa.....	123
Methergine.....	223	MICRO-K.....	204	<i>montelukast sodium</i> .....	43
<i>methimazole</i> .....	235	MICROLET LANCETS.....	194	Morgidox.....	234
METHITEST.....	35	MICROZIDE.....	163	MORPHABOND ER.....	32
<i>methocarbamol</i> .....	213	<i>midazolam hcl</i> .....	183	<i>morphine sulfate</i> .....	32
<i>methotrexate</i> .....	91	<i>midodrine hcl</i> .....	242	<i>morphine sulfate (concentrate)</i> .....	32
<i>methotrexate sodium</i> .....	91	MIGERGOT.....	202	<i>morphine sulfate er</i> .....	32
<i>methoxsalen</i> .....	142	<i>miglitol</i> .....	63	<i>morphine sulfate er beads</i> .....	32
<i>methoxsalen rapid</i> .....	142	<i>mighustat</i> .....	180	MOTEGRITY.....	175
<i>methscopolamine bromide</i> .....	237	MIGRANAL.....	202	MOTOFEN.....	67
<i>methyclothiazide</i> .....	163	MILLIPRED.....	129	<i>mouth wash-gp</i> .....	226
<i>methyldopa</i> .....	78	MILLIPRED DP.....	128	<i>mouthwash-af</i> .....	226
<i>methyldopa-hydrochlorothiazide</i> .....	78	MILLIPRED DP 12-DAY ...	128	<i>mouthwash-om</i> .....	226
METHYLIN.....	18	Mimvey.....	172	MOVANTIK.....	175
<i>methylphenidate hcl</i> .....	18	Mimvey Lo.....	172	MOVIPREP.....	184
<i>methylphenidate hcl er</i> .....	18	MINASTRIN 24 FE.....	123	MOXATAG.....	226
<i>methylphenidate hcl er (cd)</i> .....	18	MINIPRESS.....	79	MOXEZA.....	219
<i>methylphenidate hcl er (la)</i> .....	18	Minitran.....	37	<i>moxifloxacin hcl</i> .....	173, 219
<i>methylphenidate hcl er (xr)</i> .....	18	MINIVELLE.....	172	<i>moxifloxacin hcl (2x day)</i> .....	219
<i>methylprednisolone</i> .....	128	MINOCIN.....	234	MOZOBIL.....	180
<i>methyltestosterone</i> .....	36	<i>minocycline hcl</i> .....	234	MS CONTIN.....	32
<i>metipranolol</i> .....	219	<i>minocycline hcl er</i> .....	234	<i>ms insulin syringe</i> .....	194
<i>metoclopramide hcl</i> .....	175	MINOLIRA.....	234	MUCINEX ALLERGY.....	71
<i>metolazone</i> .....	163	<i>minoxidil</i> .....	79	MULPLETA.....	180
<i>metoprolol succinate er</i> .....	110, 111	MIRAPEX.....	96	MULTAQ.....	39
<i>metoprolol tartrate</i> .....	111	MIRAPEX ER.....	96	<i>multi-lancet device</i> .....	194
<i>metoprolol-hctz er</i> .....	78	MIRCERA.....	180	<i>multi-vit/fluoride</i> .....	209
<i>metoprolol-hydrochlorothiazide</i> .....	78	MIRENA (52 MG).....	123	<i>multivitamin/fluoride</i> .....	209
METROCREAM.....	142	<i>mirtazapine</i> .....	55	<i>multi-vitamin/fluoride</i> .....	209
METROGEL.....	142	MIRVASO.....	142	<i>multivitamins/fluoride</i> .....	209
METROGEL-VAGINAL.....	241	<i>misoprostol</i> .....	237	<i>mupirocin</i> .....	142
METROLOTION.....	142	MITIGARE.....	178	<i>mupirocin calcium</i> .....	142
<i>metronidazole</i> .....	81, 142, 241	MOBIC.....	24	Mvc-Fluoride.....	209
METRONIDAZOLE		<i>modafinil</i> .....	18	<i>m-vit</i> .....	209
BENZO+SYRSPEND.....	81	Moderiba.....	105	<i>my way</i> .....	123
<i>metryrosine</i> .....	78	MODERIBA 1200 DOSE		MYALEPT.....	166
MEVACOR.....	74	PACK.....	105	MYAMBUTOL.....	83
<i>mexiletine hcl</i> .....	39	MODERIBA 800 DOSE		MYCAPSSA.....	166
MIACALCIN.....	166	PACK.....	105	MYCOBUTIN.....	83
Mibelas 24 Fe.....	123	<i>moexipril hcl</i> .....	79	<i>mycophenolate mofetil</i> .....	206
MICARDIS.....	79	<i>moexipril-hydrochlorothiazide</i> .....	79	<i>mycophenolate sodium</i> .....	206
MICARDIS HCT.....	78	<i>mometasone furoate</i> .....	142, 214	MYDAYIS.....	18
<i>miconazole-zinc oxide-petrolat</i> .....	142	Mondoxyne NI.....	234	MYDRIACYL.....	219
MICORT-HC.....	142	MONOJECT INSULIN		MYFORTIC.....	206
		SYRINGE.....	194	MYGLUCOHEALTH	
				LANCETS 30G.....	194

MYGLUCOHEALTH TEST	NATPARA.....	166	NEXLIZET.....	74
.....	NATROBA.....	143	NEXPLANON.....	123
MYLERAN.....	NATURE-THROID.....	235	<i>next choice one dose</i> .....	123
<i>mynatal</i> .....	NAYZILAM.....	50	<i>niacin (antihyperlipidemic)</i> .....	74
<i>mynatal advance</i> .....	NEBUPENT.....	81	<i>niacin er (antihyperlipidemic)</i> ..	74
<i>mynatal plus</i> .....	Nebusal.....	131	NIACOR.....	74
<i>mynatal-z</i> .....	NEBUSAL.....	131	NIASPAN.....	74
Myorisan.....	Necon 0.5/35 (28).....	123	<i>nicardipine hcl</i> .....	113
MYRBETRIQ.....	Necon 1/35 (28).....	123	<i>nicotine</i> .....	230
MYSOLINE.....	Necon 7/7/7.....	123	<i>nicotine polacrilex</i> .....	230
MYTESI.....	<i>nefazodone hcl</i> .....	55	NICOTROL.....	230
Myzilra.....	<i>neomycin sulfate</i> .....	20	NICOTROL NS.....	230
<i>nabumetone</i> .....	<i>neomycin-bacitracin zn-</i>		Nifedical Xl.....	113
<i>nadolol</i> .....	<i>polymyx</i> .....	220	<i>nifedipine</i> .....	113
<i>nadolol-bendroflumethiazide</i> .....	<i>neomycin-polymyxin b gu</i> .....	177	<i>nifedipine er</i> .....	113
Nafrinse.....	<i>neomycin-polymyxin-dexameth</i>		<i>nifedipine er osmotic release</i> ...	113
<i>naftifine hcl</i> .....	.....	220	Nikki.....	123
NAFTIN.....	<i>neomycin-polymyxin-</i>		NILANDRON.....	91
NALFON.....	<i>gramicidin</i> .....	220	<i>nilutamide</i> .....	91
<i>nalocet</i> .....	<i>neomycin-polymyxin-hc</i> ..	220, 223	<i>nimodipine</i> .....	113
<i>naloxone hcl</i> .....	<i>neonatal + dha</i> .....	209	NINLARO.....	91
<i>naltrexone hcl</i> .....	<i>neonatal 19</i> .....	209	<i>nisoldipine er</i> .....	113
NAMENDA.....	<i>neonatal fe</i> .....	209	<i>nitisinone</i> .....	166
NAMENDA TITRATION	Neo-Polycin.....	220	NITRO-BID.....	37
PAK.....	Neo-Polycin Hc.....	220	NITRO-DUR.....	38
NAMENDA XR.....	NEORAL.....	206	<i>nitrofurantoin</i> .....	82
NAMENDA XR	NEOSPORIN.....	220	<i>nitrofurantoin macrocrystal</i> .....	81
TITRATION PACK.....	NEO-SYNALAR.....	143	<i>nitrofurantoin monohyd macro</i> ..	82
NAMZARIC.....	NEOTUSS PLUS.....	131	<i>nitroglycerin</i> .....	38
NAPRELAN.....	NERLYNX.....	91	NITROLINGUAL.....	38
NAPROSYN.....	NESINA.....	63	NITROMIST.....	38
<i>naproxen</i> .....	NESTABS.....	209	NITROSTAT.....	38
<i>naproxen dr</i> .....	NESTABS DHA.....	209	NITYR.....	166
<i>naproxen sodium</i> .....	Neuac.....	143	NIVESTYM.....	181
<i>naproxen sodium er</i> .....	NEULASTA.....	181	<i>nizatidine</i> .....	237
<i>naproxen-esomeprazole</i> .....	NEULASTA ONPRO.....	181	NIZORAL.....	143
<i>naratriptan hcl</i> .....	NEUPOGEN.....	181	NOCDURNA.....	167
NARCAN.....	NEUPRO.....	96	NOCTIVA.....	167
NARDIL.....	NEURONTIN.....	50, 51	Nora-Be.....	123
NASACORT ALLERGY	NEUTEK 2TEK TEST.....	153	NORCO.....	32
24HR.....	<i>neutral sodium fluoride</i> .....	207	NORDITROPIN FLEXPRO.....	167
NASCOBAL.....	NEVANAC.....	220	<i>norethin ace-eth estrad-fe</i> .....	124
NASONEX.....	<i>nevirapine</i> .....	105	<i>norethindrone</i> .....	124
NATACHEW.....	<i>nevirapine er</i> .....	105	<i>norethindrone acetate</i> .....	226
NATACYN.....	NEWGEN.....	209	<i>norethindrone acet-ethinyl est</i> ..	124
NATALVIT.....	NEXA PLUS.....	209	<i>norethindrone-eth estradiol</i> .....	172
NATAZIA.....	NEXAVAR.....	91	<i>norethin-eth estradiol-fe</i> .....	124
<i>nateglinide</i> .....	NEXIUM.....	237	<i>norgesic forte</i> .....	213
NATELLE ONE.....	NEXIUM 24HR.....	237	<i>norgestimate-eth estradiol</i> .....	124
NATESTO.....	NEXLETOL.....	74	<i>norgestim-eth estrad triphasic</i> ..	124



NORITATE.....	143	NUCALA.....	43	<i>omega-3-acid ethyl esters</i> .....	74
Norlyroc.....	124	NUCYNTA.....	32, 33	<i>omeprazole</i> .....	238
NORPACE.....	39	NUCYNTA ER.....	32	<i>omeprazole magnesium</i> .....	238
NORPACE CR.....	39	NUEDEXTA.....	230	<i>omeprazole-sodium</i>	
NORPRAMIN.....	55	NULYTELY WITH		<i>bicarbonate</i> .....	238
NORTHERA.....	242	FLAVOR PACKS.....	184	OMNARIS.....	215
Nortrel 0.5/35 (28).....	124	NUPLAZID.....	100	OMNITROPE.....	167
Nortrel 1/35 (21).....	124	NURTEC.....	202	ON CALL LANCETS.....	194
Nortrel 1/35 (28).....	124	NUTROPIN AQ NUSPIN 10		ON CALL PLUS BLOOD	
Nortrel 7/7/7.....	124	.....	167	GLUCOSE.....	153
<i>nortriptyline hcl</i> .....	55	NUTROPIN AQ NUSPIN 20		ON CALL PLUS LANCETS.....	194
NORVASC.....	113	.....	167	ON CALL VIVID BLOOD	
NORVIR.....	105	NUTROPIN AQ NUSPIN 5.....	167	GLUCOSE.....	153
NOURIANZ.....	96	NUVARING.....	124	<i>ondansetron</i> .....	69
NOVA MAX GLUCOSE		NUVESSA.....	241	<i>ondansetron hcl</i> .....	69
TEST.....	153	NUVIGIL.....	19	ONETOUCH CLUB	
NOVA SAFETY LANCETS		NUZYRA.....	234	LANCETS FINE PT.....	195
23G.....	194	Nyamyc.....	143	ONETOUCH DELICA	
NOVA SAFETY LANCETS		NYMALIZE.....	113	LANCETS 30G.....	195
28G.....	194	<i>nystatin</i> .....	70, 143, 207	ONETOUCH DELICA	
NOVA SUREFLEX		<i>nystatin-triamcinolone</i> .....	143	LANCETS 33G.....	195
LANCETS.....	194	Nystop.....	143	ONETOUCH DELICA	
<i>novarel</i> .....	167	OB COMPLETE.....	210	LANCING DEV.....	195
NOVOFINE.....	194	OB COMPLETE GOLD.....	210	ONETOUCH FINEPOINT	
NOVOFINE AUTOCOVER.....	194	OB COMPLETE ONE.....	210	LANCETS.....	195
NOVOLIN 70/30.....	63	OB COMPLETE PREMIER.....	210	ONETOUCH SURESOFT	
NOVOLIN 70/30 FLEXPEN		OB COMPLETE/DHA.....	210	LANCING DEV.....	195
RELION.....	63	O-CAL FA.....	210	ONETOUCH ULTRA.....	153
NOVOLIN 70/30 RELION.....	63	O-CAL PRENATAL.....	210	ONETOUCH ULTRA	
NOVOLIN N.....	64	OCALIVA.....	175	BLUE.....	153
NOVOLIN N FLEXPEN.....	64	Ocella.....	124	ONETOUCH ULTRASOFT	
NOVOLIN N FLEXPEN		OCTAGAM.....	225	LANCETS.....	195
RELION.....	64	<i>octreotide acetate</i> .....	167	ONETOUCH VERIO.....	153
NOVOLIN N RELION.....	64	OCUFLOX.....	220	ONEXTON.....	143
NOVOLIN R.....	64	OCUVEL.....	210	ONFI.....	51
NOVOLIN R FLEXPEN.....	64	ODEFSEY.....	106	ONGENTYS.....	96
NOVOLIN R FLEXPEN		ODOMZO.....	91	ONGLYZA.....	64
RELION.....	64	OFEV.....	233	ONMEL.....	70
NOVOLIN R RELION.....	64	<i>ofloxacin</i> .....	173, 220, 223	ONUREG.....	91
NOVOLOG.....	64	<i>ogestrel</i> .....	124	ONZETRA XSAIL.....	202
NOVOLOG FLEXPEN.....	64	<i>olanzapine</i> .....	100	OPANA.....	33
NOVOLOG MIX 70/30.....	64	<i>olanzapine-fluoxetine hcl</i> .....	230	OPANA ER.....	33
NOVOLOG MIX 70/30		<i>olmesartan medoxomil</i> .....	79	OPCICON ONE-STEP.....	124
FLEXPEN.....	64	<i>olmesartan medoxomil-hctz</i> .....	79	OPSUMIT.....	115
NOVOLOG PENFILL.....	64	<i>olmesartan-amlodipine-hctz</i> .....	79	OPTION 2.....	124
NOVOTWIST.....	194	<i>olopatadine hcl</i> .....	214, 220	OPTIONS CONCEPTROL..	241
NOXAFIL.....	70	OLUMIANT.....	24	OPTIONS GYNOL II	
<i>np thyroid</i> .....	235	OLUX.....	143	CONTRACEPTIVE.....	241
NPLATE.....	181	OLUX-E.....	143	ORACEA.....	143
NUBEQA.....	91	OMECLAMOX-PAK.....	238	ORACIT.....	177

Oralone.....	207	<i>oxymorphone hcl er</i> .....	33	<i>paromomycin sulfate</i> .....	21
ORAP.....	230	OXYTROL FOR WOMEN ..	240	<i>paroxetine hcl</i> .....	56
ORAPRED ODT.....	129	OZEMPIC (0.25 OR 0.5		<i>paroxetine hcl er</i> .....	56
ORAVIG.....	208	MG/DOSE).....	64	<i>paroxetine mesylate</i> .....	230
ORENCIA.....	24	OZEMPIC (1 MG/DOSE).....	64	PASER.....	83
ORENCIA CLICKJECT.....	24	OZOBAX.....	214	PATADAY.....	220
ORENITRAM.....	115	Pacerone.....	39	PATANASE.....	215
ORFADIN.....	167	PALFORZIA (12 MG		PATANOL.....	220
ORGANIC NUTRITION		DAILY DOSE).....	20	PAXIL.....	56
SHAKE.....	159	PALFORZIA (120 MG		PAXIL CR.....	56
ORIAHNN.....	172	DAILY DOSE).....	20	PAZEO.....	220
ORILISSA.....	168	PALFORZIA (160 MG		PCP 100.....	184
ORKAMBI.....	233	DAILY DOSE).....	20	<i>peg 3350/electrolytes</i> .....	184
<i>orphenadrine citrate er</i> .....	213	PALFORZIA (20 MG		<i>peg 3350-kcl-na bicarb-nacl</i> ....	184
<i>orphenadrine-asa-caffeine</i> .....	213	DAILY DOSE).....	20	<i>peg-3350/electrolytes</i> .....	184
Orphengesic Forte.....	214	PALFORZIA (200 MG		PEGANONE.....	51
Orsythia.....	124	DAILY DOSE).....	20	PEGASYS.....	106
ORTHO-NOVUM 7/7/7 (28)	124	PALFORZIA (240 MG		PEGASYS PROCLICK.....	106
ORTIKOS.....	129	DAILY DOSE).....	20	<i>peg-kcl-nacl-nasulf-na asc-c</i> ...	184
<i>oseltamivir phosphate</i> .....	106	PALFORZIA (3 MG DAILY		Peg-Prep.....	184
OSENI.....	64	DOSE).....	20	PEMAZYRE.....	91
OSMOLEX ER.....	96	PALFORZIA (300 MG		<i>pen needles</i> .....	195
OSMOPREP.....	184	MAINTENANCE).....	20	<i>pen needles 1/2"</i> .....	195
OSPHENA.....	168	PALFORZIA (300 MG		<i>pen needles 3/16"</i> .....	195
OTEZLA.....	24	TITRATION).....	20	<i>pen needles 5/16"</i> .....	195
OTIPRIO.....	223	PALFORZIA (40 MG		<i>penicillamine</i> .....	206
OTOVEL.....	223	DAILY DOSE).....	20	<i>penicillin v potassium</i> .....	226
OTREXUP.....	25	PALFORZIA (6 MG DAILY		PENLAC.....	144
OVIDE.....	143	DOSE).....	20	PENNSAID.....	144
OVIDREL.....	168	PALFORZIA (80 MG		<i>pentamidine isethionate</i> .....	82
OXANDRIN.....	36	DAILY DOSE).....	20	PENTASA.....	175
<i>oxandrolone</i> .....	36	PALFORZIA INITIAL		<i>pentazocine-naloxone hcl</i> .....	34
<i>oxaprozin</i> .....	25	ESCALATION.....	20	<i>pentoxifylline er</i> .....	179
OXAYDO.....	33	<i>paliperidone er</i> .....	100	PEPCID.....	238
<i>oxazepam</i> .....	39	PALYNZIQ.....	168	PERCOCET.....	34
OXBRYTA.....	181	PAMELOR.....	55	PERCURA.....	159
<i>oxcarbazepine</i> .....	51	PANCREAZE.....	161	PERFOROMIST.....	43
OXERVATE.....	220	PANDEL.....	144	PERIDEX.....	208
<i>oxiconazole nitrate</i> .....	143	<i>panlor</i> .....	34	<i>perindopril erbumine</i> .....	79
OXISTAT.....	143	PANRETIN.....	144	Periogard.....	208
OXSORALEN ULTRA.....	144	<i>pantoprazole sodium</i> .....	238	<i>permethrin</i> .....	144
OXTELLAR XR.....	51	PANZYGA.....	225	<i>perphenazine</i> .....	100
<i>oxybutynin chloride</i> .....	240	PARAGARD		<i>perphenazine-amitriptyline</i> .....	230
<i>oxybutynin chloride er</i> .....	240	INTRAUTERINE COPPER	124	PERSERIS.....	100
<i>oxycodone hcl</i> .....	33	<i>paregoric</i> .....	67	PERTZYE.....	161
<i>oxycodone-acetaminophen</i> .....	33	PAREMYD.....	220	PEXEVA.....	56
<i>oxycodone-aspirin</i> .....	33	<i>paricalcitol</i> .....	168	PHARMACIST CHOICE	
<i>oxycodone-ibuprofen</i> .....	33	PARLODEL.....	96	AUTOCODE.....	153
OXYCONTIN.....	33	PARNATE.....	55	PHARMACIST CHOICE	
<i>oxymorphone hcl</i> .....	34	Paroex.....	208	LANCETS.....	195



Phenadoz.....	71	<i>pnv prenatal plus multivitamin</i>	210	PRECISION XTRA BLOOD	
<i>phendimetrazine tartrate</i> .....	19	<i>pnv-dha</i> .....	210	GLUCOSE.....	154
<i>phenelzine sulfate</i> .....	56	PNV-DHA+DOCUSATE....	210	PRECOSE.....	65
<i>phenobarbital</i> .....	183	PNV-OMEGA.....	210	PRED MILD.....	221
<i>phenoxybenzamine hcl</i> .....	79	<i>pnv-select</i> .....	210	PRED-G.....	221
<i>phentermine hcl</i> .....	19	POCKETCHEM EZ TEST ..	154	PRED-G S.O.P.....	221
<i>phenylephrine hcl</i> .....	220	<i>podofilox</i> .....	144	<i>prednicarbate</i> .....	144
PHENYTEK.....	51	Polycin.....	220	<i>prednisolone</i> .....	129
<i>phenytoin</i> .....	51	<i>polymyxin b-trimethoprim</i> .....	221	<i>prednisolone acetate</i> .....	221
Phenytoin Infatabs.....	51	POLY-PREP.....	184	<i>prednisolone sodium phosphate</i> .....	129, 221
<i>phenytoin sodium extended</i> .....	51	POLYTRIM.....	221	<i>prednisone</i> .....	129
PHEXXI.....	241	POLY-VI-FLOR.....	210	PREDNISONE INTENSOL	129
Philith.....	124	POMALYST.....	91	PREFERA OB.....	210
PHOSLYRA.....	175	PONSTEL.....	25	PREFERA OB ONE.....	210
Phospha 250 Neutral.....	204	Portia-28.....	125	PREFERRED PLUS	
PHOSPHOLINE IODIDE....	220	<i>posaconazole</i> .....	70	INSULIN SYRINGE.....	195
Physiolyte.....	206	<i>pot bicarb-pot chloride</i> .....	204	PREFERRED PLUS	
Physiosol Irrigation.....	206	<i>potassium bicarbonate</i> .....	204	LANCETS COLORED.....	195
<i>phytonadione</i> .....	242	<i>potassium chloride</i> .....	205	PREFERRED PLUS	
PICATO.....	144	<i>potassium chloride crys er</i> .....	204	LANCETS THIN.....	195
PIFELTRO.....	106	<i>potassium chloride er</i> .....	205	PREFERRED PLUS	
<i>pilocarpine hcl</i> .....	208, 220	<i>potassium citrate er</i> .....	177	UNIFINE PENTIPS.....	195
<i>pimecrolimus</i> .....	144	<i>pr natal 400</i> .....	210	PREFEST.....	172
<i>pimozide</i> .....	230	<i>pr natal 430</i> .....	210	<i>pregabalin</i> .....	51
Pimtreea.....	124	<i>pr natal 430 ec</i> .....	210	<i>pregenna</i> .....	210
<i>pindolol</i> .....	111	PRADAXA.....	47	PREGNYL.....	168
<i>pioglitazone hcl</i> .....	64	PRALUENT.....	74	PREMARIN.....	172, 241
<i>pioglitazone hcl-glimepiride</i> .....	65	<i>pramipexole dihydrochloride</i> .....	97	<i>premium lidocaine</i> .....	144
<i>pioglitazone hcl-metformin hcl</i> ..	65	<i>pramipexole dihydrochloride er</i> ..	96	PREMPHASE.....	172
PIQRAY (200 MG DAILY DOSE).....	91	PRAMOSONE.....	144	PREMPRO.....	172
PIQRAY (250 MG DAILY DOSE).....	91	PRAMOTIC.....	223	PRENAISSANCE.....	210
PIQRAY (300 MG DAILY DOSE).....	91	PRANDIN.....	65	PRENAISSANCE PLUS.....	210
Pirmella 1/35.....	125	<i>prasugrel hcl</i> .....	179	<i>prenara</i> .....	211
Pirmella 7/7/7.....	125	PRAVACHOL.....	74	PRENATA.....	211
<i>piroxicam</i> .....	25	<i>pravastatin sodium</i> .....	74	<i>prenatabs rx</i> .....	211
PLAQUENIL.....	83	<i>praziquantel</i> .....	37	<i>prenatal 19</i> .....	211
PLAVIX.....	179	<i>prazosin hcl</i> .....	79	<i>prenatal low iron</i> .....	211
PLEGRIDY.....	230, 231	PRECISION PCX.....	154	PRENATAL PLUS IRON..	211
PLEGRIDY STARTER		PRECISION PCX PLUS		PRENATAL-U.....	211
PACK.....	230	TEST.....	154	<i>prenatvite complete</i> .....	211
PLENVU.....	184	PRECISION POINT OF		<i>prenatvite plus</i> .....	211
PLEXION.....	144	CARE TEST.....	154	<i>prenatvite rx</i> .....	211
PLEXION CLEANSER.....	144	PRECISION QID TEST.....	154	PREPIDIL.....	223
PLEXION CLEANSING		PRECISION SOF-TACT		PREPOPIK.....	184
CLOTH.....	144	TEST.....	154	PRESTALIA.....	79
PLIXDA.....	144	PRECISION SUREDOSE		<i>pretab</i> .....	211
PNV FOLIC ACID + IRON	210	PLUS SYR.....	195	<i>pretomanid</i> .....	83
		PRECISION SURE-DOSE		PREVACID.....	238
		SYRINGE.....	195	PREVACID 24HR.....	238

Prevalite.....	74	<i>promethazine vc</i> .....	131	<i>quazepam</i> .....	183
Previfem.....	125	<i>promethazine vclcodeine</i> .....	131	QUDEXY XR.....	51
PREVPAC.....	238	<i>promethazine-dm</i> .....	131	QUESTRAN.....	74
PREVYMIS.....	106	<i>promethazine-phenylephrine</i> ...	131	QUESTRAN LIGHT.....	74
PREZCOBIX.....	106	Promethegan.....	72	<i>quetiapine fumarate</i> .....	101
PREZISTA.....	106	<i>promethegan</i> .....	72	<i>quetiapine fumarate er</i> .....	100
PRIFTIN.....	83	PROMETRIUM.....	226	QUFLORA FE PEDIATRIC	
PRILOSEC.....	238	<i>propafenone hcl</i> .....	39	.....	211
PRILOSEC OTC.....	238	<i>propafenone hcl er</i> .....	39	QUILLICHEW ER.....	19
PRIMACARE.....	211	<i>propantheline bromide</i> .....	238	QUILLIVANT XR.....	19
<i>primaquine phosphate</i> .....	83	<i>proparacaine hcl</i> .....	221	<i>quinapril hcl</i> .....	79
<i>primidone</i> .....	51	<i>propranolol hcl</i> .....	111	<i>quinapril-hydrochlorothiazide</i> ...	79
PRIMLEV.....	34	<i>propranolol hcl er</i> .....	111	<i>quinidine gluconate er</i> .....	39
PRIMSOL.....	82	<i>propranolol-hctz</i> .....	79	<i>quinidine sulfate</i> .....	39
PRINIVIL.....	79	<i>propylthiouracil</i> .....	235	<i>quinine sulfate</i> .....	83
PRISTIQ.....	56	PROSCAR.....	177	QVAR.....	44
PROAIR DIGIHALER.....	43	PROSTIN E2.....	223	QVAR REDIHALER.....	44
PROAIR HFA.....	44	PROTEOLIN.....	160	<i>rabeprazole sodium</i> .....	239
PROAIR RESPICLICK.....	44	PROTEOLIN DS.....	159	RADIOGARDASE.....	68
<i>probenecid</i> .....	178	PROTONIX.....	238	Rajani.....	125
PROCARDIA.....	114	PROTOPIC.....	144	<i>raloxifene hcl</i> .....	168
PROCARDIA XL.....	114	<i>protriptyline hcl</i> .....	56	<i>ramelteon</i> .....	183
Procentra.....	19	PROVENTIL HFA.....	44	<i>ramipril</i> .....	79
<i>prochlorperazine</i> .....	100	PROVERA.....	226	RANEXA.....	38
<i>prochlorperazine edisylate</i> .....	100	PROVIGIL.....	19	<i>ranitidine hcl</i> .....	239
<i>prochlorperazine maleate</i> .....	100	PROZAC.....	56	<i>ranolazine er</i> .....	38
PROCRT.....	181	<i>pseudoeph-chlorphen-hydrocod</i> 131		RAPAFLO.....	177
PROCTOCORT.....	37	<i>psorcon</i> .....	144	RAPAMUNE.....	206
PROCTOFOAM HC.....	37	PULMICORT.....	44	<i>rasagiline mesylate</i> .....	97
Procto-Med Hc.....	37	PULMICORT		RASUVO.....	25
Procto-Pak.....	37	FLEXHALER.....	44	RAVICTI.....	168
Proctosol Hc.....	37	PULMONA.....	160	RAYALDEE.....	168
Proctozone-Hc.....	37	Pulmosal.....	131	RAZADYNE.....	231
PROCYSBI.....	177	PULMOZYME.....	233	RAZADYNE ER.....	231
PRODIGY INSULIN		PURIXAN.....	91	REACT.....	125
SYRINGE.....	195	PYLERA.....	239	<i>reality insulin syringe</i> .....	195
PRODIGY LANCETS 28G..	195	<i>pyrazinamide</i> .....	84	REBETOL.....	106
PRODIGY NO CODING		<i>pyridostigmine bromide</i> .....	83	REBIF.....	231
BLOOD GLUC.....	154	<i>pyridostigmine bromide er</i> .....	83	REBIF REBIDOSE.....	231
PRODIGY TWIST TOP		<i>pyrimethamine</i> .....	83	REBIF REBIDOSE	
LANCETS 28G.....	195	QBRELIS.....	79	TITRATION PACK.....	231
<i>progesterone</i> .....	226	QBREXZA.....	144	REBIF TITRATION PACK	231
<i>progesterone micronized</i> .....	226	QINLOCK.....	91	Reclipsen.....	125
PROGLYCEM.....	65	QMIIZ ODT.....	25	RECTIV.....	37
PROGRAF.....	206	QNASL.....	215	REFUAH PLUS BLOOD	
PROLATE.....	34	QNASL CHILDRENS.....	215	GLUCOSE TEST.....	154
PROLENSA.....	221	QTERN.....	65	REGLAN.....	175
PROLIA.....	168	QUALAQUIN.....	83	REGRANEX.....	144
PROMACTA.....	181	QUARTETTE.....	125	RELAFEN DS.....	25
<i>promethazine hcl</i> .....	72	Quasense.....	125	RELENZA DISKHALER...	106

RELEXXII.....	19	RETIN-A.....	144, 145	Rivelsa.....	125
RELHIST.....	131	RETIN-A MICRO.....	145	<i>rizatriptan benzoate</i> .....	202
RELION BLOOD		RETIN-A MICRO PUMP... ..	145	ROBAXIN.....	214
GLUCOSE TEST.....	154	RETROVIR.....	106	ROBAXIN-750.....	214
RELION GLUCOSE.....	65	REVATIO.....	115	ROBINUL.....	239
RELION GLUCOSE		REVEAL BLOOD		ROBINUL-FORTE.....	239
DRINK.....	65	GLUCOSE TEST.....	154	ROCALTROL.....	168
RELION INSULIN		REVLIMID.....	206	ROCKLATAN.....	221
SYRINGE.....	196	REXULTI.....	101	<i>ropinirole hcl</i> .....	97
RELI-ON INSULIN		REYATAZ.....	106	<i>ropinirole hcl er</i> .....	97
SYRINGE.....	195	REYVOW.....	202	Rosadan.....	145
RELION KETONE.....	154	RHINOCORT ALLERGY..	215	<i>rosuvastatin calcium</i> .....	75
RELION LANCETS		RHOFADE.....	145	Rowepra.....	51
STANDARD 21G.....	196	RHOPRESSA.....	221	ROXICODONE.....	34
RELION LANCETS THIN		Ribasphere.....	106	ROZEREM.....	183
26G.....	196	<i>ribasphere</i> .....	106	ROZLYTREK.....	92
RELION LANCETS		RIBASPHERE RIBAPAK... ..	106	RUBRACA.....	92
ULTRA-THIN 30G.....	196	<i>ribavirin</i> .....	107	<i>rukobia</i> .....	107
RELION MINI PEN		RIDAURA.....	25	RUZURGI.....	83
NEEDLES.....	196	<i>rifabutin</i> .....	84	RYBELSUS.....	65
RELION PEN NEEDLES... ..	196	RIFADIN.....	84	RYCLORA.....	72
RELION SHORT PEN		RIFAMATE.....	84	RYDAPT.....	92
NEEDLES.....	196	<i>rifampin</i> .....	84	RYTARY.....	97
RELION ULTRA THIN		RIFAMPIN+SYRSPEND		RYTHMOL SR.....	40
LANCETS 30G.....	196	SF PH4.....	84	RYVENT.....	72
RELION ULTRA THIN		RIFATER.....	84	SABRIL.....	51
PLUS LANCETS.....	196	RIGHTEST GL300		SAFESNAP INSULIN	
RELISTOR.....	175	LANCETS.....	196	SYRINGE.....	196
RELNATE DHA.....	211	RIGHTEST GS100 BLOOD		<i>safety lancet 21g/pressure act.</i> .....	196
RELPAK.....	202	GLUCOSE.....	154	<i>safety lancet 28g/pressure act.</i> .....	196
REMERON.....	56	RIGHTEST GS300 BLOOD		SAFETY LANCETS.....	196
REMERON SOLTAB.....	56	GLUCOSE.....	154	SAFETY LANCETS 21G....	196
REMODULIN.....	115	RIGHTEST GS550 BLOOD		<i>safety lancets 28g</i> .....	196
RENACIDIN.....	177	GLUCOSE.....	154	SAFETY LET LANCETS... ..	196
RENAGEL.....	175	RILUTEK.....	215	SAFETY SEAL LANCETS..	196
REVELA.....	175	<i>riluzole</i> .....	215	SAFYRAL.....	125
<i>repaglinide</i> .....	65	<i>rimantadine hcl</i> .....	107	SAIZEN.....	168
<i>repaglinide-metformin hcl</i> .....	65	<i>ringers irrigation</i> .....	206	SAIZENPREP.....	169
REPATHA.....	75	RIOMET.....	65	SALAGEN.....	208
REPATHA PUSHTRONEX		RIOMET ER.....	65	<i>saline laxative</i> .....	184
SYSTEM.....	75	<i>risedronate sodium</i> .....	168	SAMSCA.....	169
REPATHA SURECLICK.....	75	RISPERDAL.....	101	SANCUSO.....	69
REQUIP.....	97	RISPERDAL CONSTA.....	101	SANDIMMUNE.....	207
REQUIP XL.....	97	<i>risperidone</i> .....	101	SANDOSTATIN.....	169
RESCRIPTOR.....	106	Risperidone M-Tab.....	101	SANDOSTATIN LAR	
RESTASIS.....	221	RITALIN.....	19	DEPOT.....	169
RESTASIS MULTIDOSE....	221	RITALIN LA.....	19	SANTYL.....	145
RESTORIL.....	183	<i>ritonavir</i> .....	107	SAPHRIS.....	101
RETACRIT.....	181	<i>rivastigmine</i> .....	231	<i>sapropterin dihydrochloride</i> ....	169
RETEVMO.....	92	<i>rivastigmine tartrate</i> .....	231	SARAFEM.....	231

SAVAYSA.....	47	SIMBRINZA.....	221	<i>sorbitol-mannitol</i> .....	177
SAVELLA.....	231	Simliya.....	125	SORIATANE.....	145
SAVELLA TITRATION		Simpesse.....	125	SORILUX.....	145
PACK.....	231	SIMPONI.....	25	Sorine.....	111
<i>scopolamine</i> .....	69	<i>simvastatin</i> .....	75	<i>sotalol hcl</i> .....	111
SECONAL.....	183	SINEMET.....	97	<i>sotalol hcl (af)</i> .....	111
SECUADO.....	101	SINEMET CR.....	97	SOTYLIZE.....	111
SEEBRI NEOHALER.....	44	SINGLE-LET.....	196	SOVALDI.....	107
SEGLUROMET.....	65	SINGULAIR.....	44	SPECTRACEF.....	117
SELECT-OB.....	211	<i>sirolimus</i> .....	207	<i>spinosad</i> .....	145
<i>selegiline hcl</i> .....	97	SIRTURO.....	84	SPIRIVA HANDIHALER.....	44
<i>selenium sulfide</i> .....	145	SITAVIG.....	107	SPIRIVA RESPIMAT.....	44
SELZENTRY.....	107	SIVEXTRO.....	82	<i>spironolactone</i> .....	163
SEMGLEE.....	65	SKELAXIN.....	214	<i>spironolactone-hctz</i> .....	163
SEMPREX-D.....	131	SKLICE.....	145	SPORANOX.....	70
<i>se-natal 19</i> .....	211	SKYLA.....	125	SPORANOX PULSEPAK.....	70
SENSIPAR.....	169	SKYRIZI (150 MG DOSE)..	145	Sprintec 28.....	125
SENTRA AM.....	160	SLYND.....	125	SPRITAM.....	51
SENTRA PM.....	160	SMART SENSE COLOR		SPRIX.....	25
SEREVENT DISKUS.....	44	LANCETS 33G.....	196	SPRYCEL.....	92
SERNIVO.....	145	SMART SENSE		Sps.....	207
SEROQUEL.....	101	STANDARD LANCETS.....	196	Sronyx.....	125
SEROQUEL XR.....	101	SMART SENSE SUPER		Ssd.....	145
SEROSTIM.....	169	THIN LANCETS.....	196	SSKI.....	131
<i>sertraline hcl</i> .....	56	SMART SENSE THIN		<i>sss 10-5</i> .....	145
Setlakin.....	125	LANCETS 26G.....	196	<i>st joseph aspirin</i> .....	26
<i>sevelamer carbonate</i> .....	175	SMARTEST BLOOD		STALEVO 100.....	97
<i>sevelamer hcl</i> .....	175	GLUCOSE TEST.....	154	STALEVO 125.....	97
SEVENFACT.....	179	SMARTEST LANCETS 28G		STALEVO 150.....	97
SEYSARA.....	234	.....	197	STALEVO 200.....	97
<i>sf</i> .....	208	<i>sodium chloride</i> .....	131, 177	STALEVO 50.....	97
SFROWASA.....	175	<i>sodium fluoride</i> .....	205	STALEVO 75.....	97
Sharobel.....	125	<i>sodium phenylbutyrate</i> .....	169	STARLIX.....	65
SHOPKO UNIFINE		<i>sodium polystyrene sulfonate</i> ..	207	<i>stavudine</i> .....	107
PENTIPS.....	196	<i>sofosbuvir-velpatasvir</i> .....	107	STEGLATRO.....	65
SHOPKO UNILET		Solia.....	125	STEGLUJAN.....	65
LANCETS 28G.....	196	<i>solifenacin succinate</i> .....	240	STELARA.....	145, 146
SHOPKO UNILET		SOLIQUA.....	65	STERILANCE PA.....	197
LANCETS 30G.....	196	SOLODYN.....	234	STERILANCE TL.....	197
SHUR-SEAL		SOLOSEC.....	20	STIMATE.....	169
CONTRACEPTIVE.....	241	SOLTAMOX.....	92	STIOLTO RESPIMAT.....	44
SIGNIFOR.....	169	SOLUS V2 LANCETS 28G..	197	STIVARGA.....	92
SIGNIFOR LAR.....	169	SOLUS V2 TEST.....	154	STRATTERA.....	19
SIKLOS.....	181	SOLUS V2 TWIST		STRENSIQ.....	170
<i>sildenafil citrate</i> .....	115	LANCETS 30G.....	197	STRIBILD.....	107
SILENOR.....	183	SOMA.....	214	STRIVERDI RESPIMAT.....	44
SILIQ.....	145	SOMATULINE DEPOT.....	169	SUBOXONE.....	34
<i>silodosin</i> .....	177	SOMAVERT.....	169	SUBSYS.....	34
SILVADENE.....	145	SONATA.....	183	SUCRAID.....	161
<i>silver sulfadiazine</i> .....	145	SOOLANTRA.....	145	<i>sucralfate</i> .....	239



SULAR.....	114	SUTENT.....	92	TARON-BC.....	211
<i>sulconazole nitrate</i> .....	146	Syeda.....	125	TARON-C DHA.....	211
<i>sulfacetamide sodium</i> .....	221	SYLATRON.....	92	Taron-Crystals.....	177
<i>sulfacetamide sodium (acne)</i> ..	146	SYMBICORT.....	45	TARON-PREX.....	211
<i>sulfacetamide-prednisolone</i> .....	221	SYMBYAX.....	231	TASIGNA.....	93
<i>sulfadiazine</i> .....	233	SYMDEKO.....	233	TASMAR.....	97
<i>sulfamethoxazole-trimethoprim</i>	82	SYMFI.....	107	<i>tavaborole</i> .....	147
SULFAMYLON.....	146	SYMFI LO.....	107	TAVALISSE.....	179
<i>sulfasalazine</i> .....	175, 176	SYMJEPI.....	242	TAYTULLA.....	126
Sulfatrim Pediatric.....	82	SYMLINPEN 120.....	65	<i>tazarotene</i> .....	147
Sulfazine.....	176	SYMLINPEN 60.....	66	TAZORAC.....	147
<i>sulindac</i> .....	25	SYMPAZAN.....	51	Tazia Xt.....	114
<i>sumatriptan</i> .....	202	SYMPROIC.....	176	TAZVERIK.....	93
<i>sumatriptan succinate</i> .....	202	SYMTUZA.....	107	TECFIDERA.....	231
<i>sumatriptan succinate refill</i> ....	202	SYNAGEX.....	211	TECHLITE AST LANCETS	197
<i>sumatriptan-naproxen sodium</i> .	202	SYNAGIS.....	225	TECHLITE LANCETS.....	197
SUMAXIN.....	146	SYNALAR.....	146	TECHLITE LANCETS 30G	197
SUMAXIN TS.....	146	SYNAREL.....	170	TECHNIVIE.....	107
SUNOSI.....	19	SYNDROS.....	69	TEGRETOL.....	51, 52
SUPER THIN LANCETS...	197	SYNERA.....	146	TEGRETOL-XR.....	52
SUPPRELIN LA.....	170	SYNJARDY.....	66	TEGSEDI.....	231
SUPRAX.....	117	SYNJARDY XR.....	66	TEKTURNA.....	79
SUPREP BOWEL PREP KIT		SYNTHROID.....	235	TEKTURNA HCT.....	79
.....	185	SYPRINE.....	207	TELCARE BLOOD	
SURE COMFORT		TABLOID.....	92	GLUCOSE TEST.....	155
INSULIN SYRINGE.....	197	TABRECTA.....	92	<i>telmisartan</i> .....	79
SURE COMFORT		TACLONEX.....	146, 147	<i>telmisartan-amlodipine</i> .....	79
LANCETS 28G.....	197	<i>tacrolimus</i> .....	147, 207	<i>telmisartan-hctz</i> .....	79
SURE COMFORT		<i>tadalafil</i> .....	115, 116	<i>temazepam</i> .....	183
LANCETS 30G.....	197	<i>tadalafil (pah)</i> .....	115	TEMIXYS.....	108
<i>sure comfort pen needles</i> .....	197	TAFINLAR.....	92	TEMODAR.....	93
SURE EDGE TEST.....	154	TAGRISSE.....	92	TEMOVATE.....	147
SURECHEK BLOOD		<i>take action</i> .....	126	<i>temozolomide</i> .....	93
GLUCOSE TEST.....	154	TAKHZYRO.....	179	<i>tencon</i> .....	26
SURE-FINE PEN		TALICIA.....	239	<i>tenofovir disoproxil fumarate</i> ..	108
NEEDLES.....	197	TALTZ.....	147	TENORETIC 100.....	80
SURE-JECT INSULIN		TALZENNA.....	92	TENORETIC 50.....	80
SYRINGE.....	197	TAMIFLU.....	107	TENORMIN.....	111
SURE-LANCE FLAT		<i>tamoxifen citrate</i> .....	92	TERAZOL 7.....	241
LANCETS.....	197	<i>tamsulosin hcl</i> .....	177	<i>terazosin hcl</i> .....	80
SURE-LANCE THIN		TAPAZOLE.....	235	<i>terbinafine hcl</i> .....	70
LANCETS 28G.....	197	TAPERDEX 12-DAY.....	129	<i>terbutaline sulfate</i> .....	45
SURE-LANCE ULTRA		Taperdex 6-Day.....	129	<i>terconazole</i> .....	241
THIN LANCETS.....	197	TAPERDEX 7-DAY.....	129	<i>teriparatide (recombinant)</i> .....	170
SURE-TEST EASYPLUS		TARCEVA.....	93	TESSALON PERLES.....	131
MINI TEST.....	155	TARGADOX.....	234	TESTIM.....	36
SURE-TOUCH LANCETS		TARGRETIN.....	93, 147	<i>testosterone</i> .....	36
UNIVERSAL.....	197	Tarina 24 Fe.....	126	<i>testosterone cypionate</i> .....	36
SURMONTIL.....	56	Tarina Fe 1/20.....	126	<i>testosterone enanthate</i> .....	36
SUSTIVA.....	107	TARKA.....	79	<i>tetrabenazine</i> .....	231

<i>tetracycline hcl</i> .....	234	TODAY SPONGE.....	241	TRESIBA FLEXTOUCH.....	66
TEXACORT.....	147	TOFRANIL.....	56	<i>tretinoin</i> .....	93, 147
THALOMID.....	207	TOLAK.....	147	<i>tretinoin microsphere</i> .....	147
THEO-24.....	45	<i>tolazamide</i> .....	66	<i>tretinoin microsphere pump</i> .....	148
<i>theochron</i> .....	45	<i>tolbutamide</i> .....	66	TREXALL.....	93
Theochron.....	45	<i>tolcapone</i> .....	97	TREXIMET.....	202
<i>theophylline</i> .....	45	<i>tolmetin sodium</i> .....	25	TREZIX.....	34
<i>theophylline er</i> .....	45	<i>tolsura</i> .....	70	Tri Femynor.....	126
THERAMINE.....	160	<i>tolterodine tartrate</i> .....	240	<i>triamcinolone acetonide</i>	
THERAMINE PLUS.....	160	<i>tolterodine tartrate er</i> .....	240	.....	148, 208, 215
THIOLA.....	177	<i>tolvaptan</i> .....	170	<i>triamterene</i> .....	163
THIOLA EC.....	177	TOPAMAX.....	52	<i>triamterene-hctz</i> .....	163
<i>thioridazine hcl</i> .....	101	TOPAMAX SPRINKLE.....	52	<i>triazolam</i> .....	183
<i>thiothixene</i> .....	101	<i>topcare clickfine pen needles</i> ...	197	TRIBENZOR.....	80
THRIVE.....	232	TOPCARE ULTRA		<i>tricare</i> .....	211
THYROLAR-1.....	235	COMFORT INS SYR.....	197	TRICARE PRENATAL	
THYROLAR-1/2.....	235	TOPICORT.....	147	DHA ONE.....	211
THYROLAR-1/4.....	235	TOPICORT SPRAY.....	147	TRICITRASOL.....	47
THYROLAR-2.....	235	<i>topiramate</i> .....	52	<i>tricitrates</i> .....	177
THYROLAR-3.....	235	<i>topiramate er</i> .....	52	TRICOR.....	75
<i>tiagabine hcl</i> .....	52	TOPROL XL.....	111	Triderm.....	148
TIAZAC.....	114	<i>toremifene citrate</i> .....	93	TRIDESILON.....	148
TIBSOVO.....	93	<i>torseamide</i> .....	163	<i>trientine hcl</i> .....	207
<i>ticlopidine hcl</i> .....	179	TOSYMRA.....	202	Tri-Estarylla.....	126
TIGAN.....	69	TOUJEO MAX SOLOSTAR.....	66	<i>trifluoperazine hcl</i> .....	101
TIGLUTIK.....	215	TOUJEO SOLOSTAR.....	66	<i>trifluridine</i> .....	222
TIKOSYN.....	40	TOVIAZ.....	240	TRIGLIDE.....	75
Tilia Fe.....	126	TRACLEER.....	116	<i>trihexyphenidyl hcl</i> .....	97
<i>timolol maleate</i> .....	111, 221	TRADJENTA.....	66	TRIJARDY XR.....	66
TIMOPTIC.....	221	<i>tramadol hcl</i> .....	34	TRIKAFTA.....	233
TIMOPTIC OCUDOSE.....	221	<i>tramadol hcl er</i> .....	34	Tri-Legest Fe.....	126
TIMOPTIC-XE.....	221	<i>tramadol hcl er (biphasic)</i> .....	34	TRILEPTAL.....	52
TINDAMAX.....	82	<i>tramadol-acetaminophen</i> .....	34	Tri-Linyah.....	126
<i>tinidazole</i> .....	82	<i>trandolapril</i> .....	80	TRILIPIX.....	75
TIROSINT.....	235	<i>trandolapril-verapamil hcl er</i> ....	80	Tri-Lo-Estarylla.....	126
TIROSINT-SOL.....	236	<i>tranexamic acid</i> .....	182	Tri-Lo-Marzia.....	126
Tis-U-Sol.....	207	TRANSDERM-SCOP (1.5		Tri-Lo-Sprintec.....	126
TIVICAY.....	108	MG).....	69	Trilyte.....	185
TIVICAY PD.....	108	TRANXENE-T.....	39	<i>trimethobenzamide hcl</i> .....	69
TIVORBEX.....	25	<i>tranlycypromine sulfate</i> .....	56	<i>trimethoprim</i> .....	82
<i>tizanidine hcl</i> .....	214	TRAVATAN Z.....	222	Tri-Mili.....	126
<i>tl-care dha</i> .....	211	<i>travoprost (bak free)</i> .....	222	<i>trimipramine maleate</i> .....	56
TL-SELECT.....	211	<i>trazodone hcl</i> .....	56	<i>trimpex</i> .....	82
TOBI.....	21	TRECATOR.....	84	<i>trinatal rx 1</i> .....	212
TOBI PODHALER.....	21	TRELEGY ELLIPTA.....	45	TRINATE.....	212
TOBRADEX.....	222	TRELSTAR MIXJECT.....	93	<i>trinaz</i> .....	212
TOBRADEX ST.....	222	TREMFYA.....	147	Trinessa (28).....	126
<i>tobramycin</i> .....	21, 222	TREPADONE.....	160	Trinessa Lo.....	126
<i>tobramycin-dexamethasone</i> ....	222	<i>treprostinil</i> .....	116	TRI-NORINYL (28).....	126
TOBREX.....	222	TRESIBA.....	66	TRINTELLIX.....	56



Tri-Previfem.....	126	TYVASO REFILL.....	116	ULTRAVATE.....	148
TRIPTODUR.....	170	TYVASO STARTER.....	116	UNIFINE PENTIPS.....	199
Tri-Sprintec.....	126	UBRELVY.....	202	UNILET COMFORTOUCH	
<i>tristart dha</i> .....	212	UCERIS.....	37, 129	LANCET.....	199
TRISTART ONE.....	212	UDENYCA.....	181	UNILET EXCELITE.....	199
<i>tri-tabs dha</i> .....	212	ULESFIA.....	148	UNILET EXCELITE II.....	199
TRIUMEQ.....	108	ULORIC.....	178	UNILET G.P. LANCET.....	199
TRIVEEN-DUO DHA.....	212	ULTICARE INSULIN		UNILET G.P. SUPERLITE	
TRI-VI-FLOR.....	212	SAFETY SYR.....	198	LANCET.....	199
TRI-VI-FLORO.....	212	ULTICARE INSULIN		UNILET GP 28 ULTRA	
Trivora (28).....	126	SYRINGE.....	198	THIN.....	199
Tri-Vylibra Lo.....	127	ULTICARE MICRO PEN		UNILET LANCET.....	199
TRIZIVIR.....	108	NEEDLES.....	198	UNILET SUPERLITE	
TROKENDI XR.....	52	ULTICARE MINI PEN		LANCET.....	199
<i>tropicamide</i> .....	222	NEEDLES.....	198	UNISTIK 3 COMFORT.....	199
<i>tropium chloride</i> .....	240	ULTICARE PEN NEEDLES		UNISTIK 3 EXTRA.....	199
<i>tropium chloride er</i> .....	240	.....	198	UNISTIK 3 NORMAL.....	199
TRUEPLUS INSULIN		ULTICARE SHORT PEN		UNISTIK CZT COMFORT.....	199
SYRINGE.....	198	NEEDLES.....	198	UNISTIK CZT NORMAL...199	
TRUEPLUS LANCETS 28G198		ULTILET CLASSIC		Unithroid.....	236
TRUEPLUS LANCETS 30G198		LANCETS.....	198	Unithroid Direct.....	236
TRUEPLUS LANCETS 33G198		ULTILET LANCETS.....	198	UNIVERSAL 1 LANCETS	
TRUEPLUS SAFETY		ULTILET SAFETY		THIN 26G.....	199
LANCETS 28G.....	198	LANCETS 23G.....	198	UNIVERSAL 1 LANCETS	
TRUETEST TEST.....	155	ULTIMA TEST.....	155	ULTRA THIN.....	199
TRUETRACK TEST.....	155	<i>ultimatecare one</i> .....	212	UPNEEQ.....	222
TRULANCE.....	176	ULTRA COMFORT		UPTRAVI.....	116
TRULICITY.....	66	INSULIN SYRINGE.....	198	URECHOLINE.....	240
TRUSOPT.....	222	ULTRACET.....	34	UROCIT-K 10.....	177
TRUVADA.....	108	ULTRA-COMFORT		UROCIT-K 15.....	177
TUDORZA PRESSAIR.....	45	INSULIN SYRINGE.....	198	UROCIT-K 5.....	177
TUKYSA.....	93	ULTRALANCE.....	198	UROXATRAL.....	177
Tulana.....	127	ULTRAM.....	34	URSO 250.....	176
TURALIO.....	93	ULTRA-THIN II AUTO		URSO FORTE.....	176
TUSSICAPS.....	131	LANCET.....	198	<i>ursodiol</i> .....	176
TUSSIONEX		ULTRA-THIN II INS SYR		UTIBRON NEOHALER.....	45
PENNKINETIC ER.....	131	SHORT.....	199	VAGIFEM.....	241
TUXARIN ER.....	131	ULTRA-THIN II INSULIN		<i>valacyclovir hcl</i> .....	108
TUZISTRA XR.....	131	SYRINGE.....	199	VALCHLOR.....	148
TWIRLA.....	127	ULTRA-THIN II LANCETS		VALCYTE.....	108
TWYNSTA.....	80	.....	199	<i>valganciclovir hcl</i> .....	108
TYBOST.....	108	ULTRA-THIN II MINI PEN		VALIUM.....	39
Tydemy.....	127	NEEDLE.....	199	<i>valproate sodium</i> .....	52
TYKERB.....	93	ULTRA-THIN II PEN		<i>valproic acid</i> .....	52
TYLENOL WITH		NEEDLE SHORT.....	199	<i>valsartan</i> .....	80
CODEINE #3.....	34	ULTRA-THIN II PEN		<i>valsartan-hydrochlorothiazide</i> ...80	
TYLENOL WITH		NEEDLES.....	199	VALTOCO 10 MG DOSE.....	52
CODEINE #4.....	34	ULTRATRAK PRO TEST..	155	VALTOCO 15 MG DOSE.....	52
TYMLOS.....	170	ULTRATRAK ULTIMATE		VALTOCO 20 MG DOSE.....	52
TYVASO.....	116	TEST.....	155	VALTOCO 5 MG DOSE.....	52

VALTREX.....	108	VENTAVIS.....	116	VIRT-PN.....	212
VALUE HEALTH INSULIN		VENTOLIN HFA.....	45	VIRT-PN DHA.....	212
SYRINGE.....	199	<i>verapamil hcl</i> .....	114	<i>virt-pn plus</i> .....	212
<i>value plus glucose</i> .....	66	<i>verapamil hcl er</i> .....	114	VISTARIL.....	39
VALUE PLUS LANCET		VERDESO.....	148	VISTOGARD.....	68
STANDARD 21G.....	199	VERDROCET.....	35	VITAFOL.....	212
VALUE PLUS LANCETS		VEREGEN.....	148	VITAFOL FE+.....	212
SUPER THIN.....	199	VERELAN.....	114	VITAFOL STRIPS.....	212
VALUE PLUS LANCETS		VERELAN PM.....	114	VITAFOL-OB.....	212
THIN 26G.....	199	VERIPRED 20.....	129	VITAFOL-ONE.....	212
VALUMARK LANCET		VERSACLOZ.....	101	VITAL HP 1.0 CAL.....	161
SUPER THIN 30G.....	200	VERZENIO.....	94	VITAMEDMD ONE	
VALUMARK LANCET		VESICARE.....	240	RX/QUATREFOLIC.....	212
ULTRA THIN 28G.....	200	Vestura.....	127	<i>vitamin d2</i> .....	242
VALUMARK PEN		VFEND.....	70	<i>vitamin d3</i> .....	242, 243
NEEDLES.....	200	VIBERZI.....	176	VITRAKVI.....	94
Vanadom.....	214	VIBRAMYCIN.....	234	VIVA DHA.....	212
Vanatol Lq.....	27	Vicodin.....	35	VIVELLE-DOT.....	172
Vanatol S.....	27	Vicodin Es.....	35	VIVITROL.....	68
VANOCOCIN HCL.....	82	Vicodin Hp.....	35	VIVLODEX.....	25
<i>vancomycin hcl</i> .....	82	VICTORY AGM-4000 TEST.....	155	VIZIMPRO.....	94
Vandazole.....	241	VICTOZA.....	66	VOCAL POINT BLOOD	
VANISHPOINT INSULIN		VIDA MIA UNIFINE		GLUCOSE TEST.....	155
SYRINGE.....	200	PENTIPS.....	200	VOGELXO.....	36
VANOS.....	148	VIDA MIA UNILET		VOGELXO PUMP.....	36
VARUBI.....	69	LANCETS 28G.....	200	VOL-NATE.....	212
VARUBI (180 MG DOSE).....	69	VIDA MIA UNILET		VOL-PLUS.....	212
VASCAZEN.....	160	LANCETS 30G.....	200	VOL-TAB RX.....	212
VASCEPA.....	75	VIDEX.....	108	<i>voriconazole</i> .....	70
VASCULERA.....	160	VIDEX EC.....	108	VOSEVI.....	109
VASERETIC.....	80	VIEKIRA PAK.....	108	VOTRIENT.....	94
VASOTEC.....	80	VIEKIRA XR.....	108	<i>vp-gstn</i> .....	161
VAYACOG.....	160	Vienna.....	127	<i>vp-heme ob + dha</i> .....	213
VAYARIN.....	161	<i>vigabatrin</i> .....	52	VP-PNV-DHA.....	213
VAYAROL.....	161	Vigadrone.....	53	VRAYLAR.....	102
VCF VAGINAL		VIGAMOX.....	222	VSL#3.....	67
CONTRACEPTIVE.....	242	VIIBRYD.....	57	VSL#3 JUNIOR.....	67
VECAMYL.....	80	VIIBRYD STARTER PACK.....	57	Vtol Lq.....	27
VECTICAL.....	148	VIMOVO.....	25	VUMERITY.....	232
VELETRI.....	116	VIMPAT.....	53	VUMERITY (STARTER).....	232
Velivet.....	127	<i>vinate ii</i> .....	212	Vyfemla.....	127
VELPHORO.....	176	<i>vinate one</i> .....	212	VYLEESI.....	232
VELTASSA.....	207	VIOKACE.....	161	VYNDAMAX.....	116
VEMLIDY.....	108	<i>viorele</i> .....	127	VYNDAQEL.....	116
VENA-BAL DHA.....	212	VIRACEPT.....	108, 109	VYTORIN.....	75
VENCLEXTA.....	93	VIRAMUNE.....	109	VYVANSE.....	19
VENCLEXTA STARTING		VIRAMUNE XR.....	109	VYZULTA.....	222
PACK.....	93	VIREAD.....	109	WAKIX.....	19
<i>venlafaxine hcl</i> .....	57	VIROPTIC.....	222	<i>warfarin sodium</i> .....	47
<i>venlafaxine hcl er</i> .....	56, 57	<i>virt-phos 250 neutral</i> .....	205	WAVESENSE PRESTO.....	155

WELCHOL.....	75	XHANCE.....	215	ZARONTIN.....	53
WELLBUTRIN SR.....	57	XIFAXAN.....	82	ZARXIO.....	182
WELLBUTRIN XL.....	57	XIGDUO XR.....	66	ZATEAN-PN DHA.....	213
Wera.....	127	XIIDRA.....	222	ZATEAN-PN PLUS.....	213
WESTHROID.....	236	XIMINO.....	234	ZAVESCA.....	182
WIDE-SEAL DIAPHRAGM		XODOL.....	35	<i>zcort 7-day</i> .....	129
60.....	200	XOFLUZA (40 MG DOSE).....	109	Zebutal.....	27
WIDE-SEAL DIAPHRAGM		XOFLUZA (80 MG DOSE).....	109	ZEGERID.....	239
65.....	200	XOLAIR.....	45	ZEGERID OTC.....	239
WIDE-SEAL DIAPHRAGM		XOLEGEL.....	148	ZEJULA.....	94
70.....	200	XOPENEX.....	45	ZELAPAR.....	98
WIDE-SEAL DIAPHRAGM		XOPENEX		ZELBORAF.....	95
75.....	200	CONCENTRATE.....	45	ZELNORM.....	176
WIDE-SEAL DIAPHRAGM		XOPENEX HFA.....	45	ZEMBRACE SYMTOUCH.....	202
80.....	200	XOSPATA.....	94	ZEMPLAR.....	170
WIDE-SEAL DIAPHRAGM		XPOVIO (100 MG ONCE		Zenatane.....	148
85.....	200	WEEKLY).....	94	Zenchent.....	127
WIDE-SEAL DIAPHRAGM		XPOVIO (40 MG ONCE		ZENPEP.....	161
90.....	200	WEEKLY).....	94	Zenzedi.....	19
WIDE-SEAL DIAPHRAGM		XPOVIO (40 MG TWICE		ZENZEDI.....	19
95.....	200	WEEKLY).....	94	ZEPATIER.....	109
Wixela Inhub.....	45	XPOVIO (60 MG ONCE		ZEPOSIA.....	232
WP THYROID.....	236	WEEKLY).....	94	ZEPOSIA 7-DAY STARTER	
Wymzya Fe.....	127	XPOVIO (60 MG TWICE		PACK.....	232
XADAGO.....	98	WEEKLY).....	94	ZEPOSIA STARTER KIT...	232
XALATAN.....	222	XPOVIO (80 MG ONCE		ZERIT.....	109
XALKORI.....	94	WEEKLY).....	94	ZERVIAE.....	222
XANAX.....	39	XPOVIO (80 MG TWICE		ZESTORETIC.....	80
XANAX XR.....	39	WEEKLY).....	94	ZESTRIL.....	80
XARELTO.....	47	XTAMPZA ER.....	35	ZETIA.....	75
XARELTO STARTER		XTANDI.....	94	ZETONNA.....	215
PACK.....	47	<i>xulane</i> .....	127	ZIAC.....	80
XATMEP.....	94	XULTOPHY.....	67	ZIAGEN.....	109
XCOPRI.....	53	XURIDEN.....	170	<i>zidovudine</i> .....	109
XCOPRI (250 MG DAILY		XYOSTED.....	36	ZIEXTENZO.....	182
DOSE).....	53	XYREM.....	232	<i>zileuton er</i> .....	46
XCOPRI (350 MG DAILY		XYWAV.....	232	ZILXI.....	148
DOSE).....	53	XYZAL ALLERGY 24HR....	72	ZIOPTAN.....	222
XELJANZ.....	25	XYZAL ALLERGY 24HR		<i>ziprasidone hcl</i> .....	102
XELJANZ XR.....	25	CHILDRENS.....	72	<i>ziprasidone mesylate</i> .....	102
XELODA.....	94	YONSA.....	94	ZIPSOR.....	26
XELPROS.....	222	YOSPRALA.....	179	ZIRGAN.....	222
XEMBIFY.....	225	YUPELRI.....	46	ZITHROMAX.....	185, 186
XENAZINE.....	232	Yuvaferm.....	242	ZITHROMAX TRI-PAK....	186
XENLETA.....	82	ZADITOR.....	222	ZITHROMAX Z-PAK.....	186
XEPI.....	148	<i>zafirlukast</i> .....	46	ZOCOR.....	75
XERAC AC.....	148	<i>zaleplon</i> .....	183	ZOFRAN.....	69
XERESE.....	148	ZANAFLEX.....	214	ZOFRAN ODT.....	69
XERMELO.....	176	ZANTAC.....	239	ZOHYDRO ER.....	35
XGEVA.....	170	Zarah.....	127	ZOLINZA.....	95

<i>zolmitriptan</i> .....	202, 203
ZOLOFT .....	57
<i>zolpidem tartrate</i> .....	183
<i>zolpidem tartrate er</i> .....	183
ZOLPIMIST .....	183
ZOMACTON .....	170
ZOMACTON (FOR ZOMA- JET 10).....	170
ZOMIG .....	203
ZOMIG ZMT .....	203
ZONATUSS .....	132
ZONEGRAN .....	53
<i>zonisamide</i> .....	53
ZONTIVITY .....	179
ZORBTIVE.....	170
ZORTRESS.....	207
ZORVOLEX.....	26
Zovia 1/35E (28).....	127
ZOVIRAX.....	109, 149
ZUBSOLV .....	35
Zumandimine.....	127
ZUPLENZ.....	69
ZURAMPIC.....	178
ZYCLARA .....	149
ZYCLARA PUMP .....	149
ZYDELIG .....	95
ZYFLO .....	46
ZYFLO CR.....	46
ZYKADIA .....	95
ZYLET .....	223
ZYLOPRIM .....	178
ZYMAXID .....	223
ZYPITAMAG .....	75
ZYPREXA .....	102
ZYPREXA RELPREVV .....	102
ZYPREXA ZYDIS.....	102
ZYRTEC ALLERGY .....	72
ZYRTEC-D ALLERGY & CONGESTION .....	132
ZYTAZE.....	161
ZYTIGA.....	95
ZYVOX.....	82