

Aetna Small Group ACA Formulary - California

Visit www.aetna.com/formulary for the most up-to-date information. For a summary of your coverage or benefits plan log in to your secure member site. Or call the toll-free number on your member ID card.

The formulary is updated the first week of each month. The formulary is subject to change. Previous versions are no longer in effect.

The Medical plan names to which this document applies to in the state of California are listed below:

Plan Name

Aetna Value Network HMO	AWH Sharp OA Managed Choice® POS
Aetna Value Network HMO HDHP	AWH Sharp OA Managed Choice® POS HDHP
AHF OA Managed Choice® POS	AWH Southern California HMO
AHF Savings Plus OA Managed Choice® POS	HMO
AWH MemorialCare OA Elect Choice® EPO	HMO Basic
AWH MemorialCare OA Managed Choice® POS	HMO Basic HDHP
AWH MemorialCare OA Managed Choice® POS HDHP	HMO Deductible
AWH PrimeCare HMO	HMO Deductible HDHP
AWH PrimeCare OA Elect Choice® EPO	HMO HDHP
AWH PrimeCare OA Managed Choice® POS	OA Managed Choice POS
AWH PrimeCare OA Managed Choice® POS HDHP	OA Managed Choice POS HDHP
AWH Providence OA Elect Choice® EPO	Open Choice PPO
AWH Providence OA Managed Choice® POS	Open Choice PPO HDHP
AWH Providence OA Managed Choice® POS HDHP	Savings Plus OA Managed Choice® POS
AWH Sharp OA Elect Choice® EPO	Savings Plus OA Managed Choice® POS HDHP

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Table of Contents

INFORMATIONAL SECTION.....5

ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - DRUGS FOR THE NERVOUS SYSTEM.....18

ALLERGENIC EXTRACTS/BIOLOGICALS MISC - BIOLOGICAL AGENTS.....22

ALTERNATIVE MEDICINES - VITAMINS AND MINERALS.....23

AMEBICIDES - DRUGS FOR INFECTIONS.....23

AMINOGLYCOSIDES - DRUGS FOR INFECTIONS.....23

ANALGESICS - ANTI-INFLAMMATORY - DRUGS FOR PAIN AND FEVER.....23

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

ANALGESICS - OPIOID - DRUGS FOR PAIN AND FEVER.....30

ANDROGENS-ANABOLIC - HORMONES.....40

ANORECTAL AND RELATED PRODUCTS - RECTAL PREPARATIONS.....41

ANTHELMINTICS - DRUGS FOR INFECTIONS.....42

ANTIANGINAL AGENTS - DRUGS FOR THE HEART.....42

ANTIANKXIETY AGENTS - DRUGS FOR THE NERVOUS SYSTEM.....43

ANTIARRHYTHMICS - DRUGS FOR THE HEART.....44

ANTIASTHMATIC AND BRONCHODILATOR AGENTS - DRUGS FOR THE LUNGS.....45

ANTICOAGULANTS - DRUGS FOR THE BLOOD.....52

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

ANTIDEPRESSANTS - DRUGS FOR THE NERVOUS SYSTEM.....61

ANTIDIABETICS - HORMONES.....65

ANTIDIARRHEAL/PROBIOTIC AGENTS - DRUGS FOR THE STOMACH.....76

ANTIDOTES AND SPECIFIC ANTAGONISTS - DRUGS FOR OVERDOSE OR POISONING...77

ANTIEMETICS - DRUGS FOR THE STOMACH.....78

ANTIFUNGALS - DRUGS FOR INFECTIONS.....79

ANTIHISTAMINES - DRUGS FOR THE LUNGS.....80

ANTIHYPERTENSIVES - DRUGS FOR THE HEART.....82

ANTIHYPERTENSIVES - DRUGS FOR THE HEART.....86

ANTI-INFECTIVE AGENTS - MISC. - DRUGS FOR INFECTIONS.....92

ANTIMALARIALS - DRUGS FOR INFECTIONS.....94

ANTIMYASTHENIC/CHOLINERGIC AGENTS - DRUGS FOR NERVES AND MUSCLES.....95

ANTIMYCOBACTERIAL AGENTS - DRUGS FOR INFECTIONS.....95

ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - DRUGS FOR CANCER.....96

ANTIPARKINSON AND RELATED THERAPY AGENTS - DRUGS FOR THE NERVOUS SYSTEM.....107

ANTIPSYCHOTICS/ANTIMANIC AGENTS - DRUGS FOR THE NERVOUS SYSTEM.....110

ANTISEPTICS & DISINFECTANTS - ANTISEPTICS AND DISINFECTANTS.....115

ANTIVIRALS - DRUGS FOR INFECTIONS.....115

BETA BLOCKERS - DRUGS FOR THE HEART.....123

CALCIUM CHANNEL BLOCKERS - DRUGS FOR THE HEART.....125

CARDIOTONICS - DRUGS FOR THE HEART.....128

CARDIOVASCULAR AGENTS - MISC. - DRUGS FOR THE HEART.....128

CEPHALOSPORINS - DRUGS FOR INFECTIONS.....130

CHEMICALS.....132

CONTRACEPTIVES - DRUGS FOR WOMEN.....132

CORTICOSTEROIDS - HORMONES.....143

COUGH/COLD/ALLERGY - DRUGS FOR THE LUNGS.....146

DERMATOLOGICALS - DRUGS FOR THE SKIN	149
DIAGNOSTIC PRODUCTS	169
:.DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS*.- DRUGS FOR NUTRITION	
.	176
DIGESTIVE AIDS - DRUGS FOR THE STOMACH	176
DIURETICS - DRUGS FOR THE HEART	177
ENDOCRINE AND METABOLIC AGENTS - MISC. - HORMONES	179
ESTROGENS - HORMONES	186
FLUOROQUINOLONES - DRUGS FOR INFECTIONS	188
GASTROINTESTINAL AGENTS - MISC. - DRUGS FOR THE STOMACH	189
GENITOURINARY AGENTS - MISCELLANEOUS - DRUGS FOR THE URINARY SYSTEM	193
GOUT AGENTS - DRUGS FOR PAIN AND FEVER	194
HEMATOLOGICAL AGENTS - MISC. - DRUGS FOR THE BLOOD	195
HEMATOPOIETIC AGENTS - DRUGS FOR NUTRITION	197
HEMOSTATICS - DRUGS FOR THE BLOOD	199
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS - DRUGS FOR THE NERVOUS SYSTEM	200
LAXATIVES - DRUGS FOR THE STOMACH	201
MACROLIDES - DRUGS FOR INFECTIONS	203
MEDICAL DEVICES AND SUPPLIES - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT	204
MIGRAINE PRODUCTS - DRUGS FOR THE NERVOUS SYSTEM	220
MINERALS & ELECTROLYTES - DRUGS FOR NUTRITION	223
MISCELLANEOUS THERAPEUTIC CLASSES - VITAMINS AND MINERALS	225
MOUTH/THROAT/DENTAL AGENTS - DRUGS FOR THE MOUTH AND THROAT	228
MULTIVITAMINS - DRUGS FOR NUTRITION	229
MUSCULOSKELETAL THERAPY AGENTS - DRUGS FOR MUSCLES, LIGAMENTS, TENDONS, AND BONES	236
NASAL AGENTS - SYSTEMIC AND TOPICAL - DRUGS FOR THE NOSE	237
NEUROMUSCULAR AGENTS - DRUGS FOR NERVES AND MUSCLES	238
NUTRIENTS - DRUGS FOR NUTRITION	239
OPHTHALMIC AGENTS - DRUGS FOR THE EYE	239
OTIC AGENTS - DRUGS FOR THE EAR	247
OXYTOCICS - HORMONES	248
PASSIVE IMMUNIZING AND TREATMENT AGENTS - BIOLOGICAL AGENTS	248
PENICILLINS - DRUGS FOR INFECTIONS	250
PHARMACEUTICAL ADJUVANTS	251
PROGESTINS - HORMONES	251
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - DRUGS FOR THE NERVOUS SYSTEM	251
RESPIRATORY AGENTS - MISC. - DRUGS FOR THE LUNGS	258
SULFONAMIDES - DRUGS FOR INFECTIONS	259
TETRACYCLINES - DRUGS FOR INFECTIONS	259
THYROID AGENTS - HORMONES	260
:.ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS*.- DRUGS FOR THE STOMACH	
.	262
URINARY ANTISPASMODICS - DRUGS FOR THE URINARY SYSTEM	266
VAGINAL AND RELATED PRODUCTS - DRUGS FOR WOMEN	267
VASOPRESSORS - DRUGS FOR THE HEART	269
VITAMINS - DRUGS FOR NUTRITION	269

Definitions

Brand name drug means a drug that is marketed under a proprietary, trademark-protected name. A brand name drug is listed in this formulary in all CAPITAL letters.

Coinsurance means a percentage of the cost of a covered health care benefit that you pay after you have paid the deductible, if a deductible applies to the health care benefit.

Copayment means a fixed dollar amount that you pay for a covered health care benefit after you have paid the deductible, if a deductible applies to the health care benefit.

Deductible means the amount you pay for covered health care benefits that are subject to the deductible before your health insurer begins to pay. If your health insurance policy has a deductible, it may have either one deductible or separate deductibles for medical benefits and prescription drug benefits. After you pay your deductible, you usually pay only a copayment or coinsurance for covered health care benefits. Your insurance company pays the rest.

Drug Tier means a group of prescription drugs that correspond to a specified cost sharing tier in your health insurance policy. The drug tier in which a prescription drug is placed determines your portion of the cost for the drug.

Enrollee is a person enrolled in a health plan who is entitled to receive services from the plan.

Exception request means a request for coverage of a non-formulary drug. If you, your designee, or your prescribing health care provider submits a request for coverage of a non-formulary drug, your insurer must cover the non-formulary drug when it is medically necessary for you to take the drug.

Exigent circumstances means when you are suffering from a medical condition that may seriously jeopardize your life, health, or ability to regain maximum function, or when you are undergoing a current course of treatment using a non-formulary drug.

Formulary or **prescription drug list** means the list of drugs that is covered by your health insurance policy under the prescription drug benefit of the policy.

Generic drug means a drug that is the same as its brand name drug equivalent in dosage, strength, effect, how it is taken, quality, safety, and intended use. A generic drug is listed in this formulary in italicized lowercase letters.

Medically Necessary means health care benefits needed to diagnose, treat, or prevent a medical condition or its symptoms and that meet accepted standards of medicine. Health insurance usually does not cover health care benefits that are not medically necessary.

Non-formulary drug means a prescription drug that is not listed on this formulary.

Out-of-pocket costs means your expenses for health care benefits that aren't reimbursed by your health insurance. Out-of-pocket costs include deductibles, copayments, and coinsurance for covered health care benefits, plus all costs for health care benefits that are not covered.

Prescribing provider means a health care provider who can write a prescription for a drug to diagnose, treat, or prevent a medical condition.

Prescription means an oral, written, or electronic order from a prescribing provider authorizing a prescription drug to be provided to a specific individual.

Prescription drug means a drug that by law requires a prescription.

Prior Authorization means a decision by your health insurer that a health care benefit is medically necessary for you. If a prescription drug is subject to prior authorization in this formulary, your prescribing provider must request approval from your health insurer to cover the drug before you fill your prescription. Your health insurer must grant a prior authorization request when it is medically necessary for you to take the drug.

Step therapy means a specific sequence in which prescription drugs for a particular medical condition must be tried. If a drug is subject to step therapy in this formulary, you may have to try one or more other drugs before your health insurance policy will cover that drug for your medical condition. If your prescribing provider submits a request for an exception to the step therapy requirement, your health insurer must grant the request when it is medically necessary for you to take the drug.

Subscriber means the person who is responsible for payment to a plan or whose employment or other status, except for family dependency, is the basis for eligibility for membership in the plan.

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.

Refer to the Summary of Benefits for differences and information about the prescription drugs covered under your Outpatient prescription drugs and medical benefit in your plan.

A prescription drug may be located by looking up the therapeutic category and class to which the drug belongs or the brand or generic name of the drug in the alphabetical index; and

If a generic equivalent for a brand name drug is not available on the market or is not covered, the drug will not be separately listed by its generic name.

- A drug is listed alphabetically by its brand and generic names in the therapeutic category and class to which it belongs;
- The generic name for a brand name drug is included after the brand name in parentheses and all lowercase italicized letters. (For example: COREG (*carvedilol*))
- If a generic equivalent for a brand name drug is both available and covered, the generic drug will be listed separately from the brand name drug in all lowercase italicized letters; and (For example: *carvedilol*)
- If a generic drug is marketed under a proprietary, trademark-protected brand name, the brand name will be listed after the generic name in parentheses and regular typeface with the first letter of each word capitalized. (For example: *desogestrel-ethinyl estradiol* (Azurette)).
- Inclusion of a prescription drug on the formulary does not guarantee that your provider will prescribe the drug for a particular medical condition.
- Therapeutic categories and classes are based on the Medispan therapeutic classification system.

Your plan includes

- Brand and generic drugs that are hand-picked for their quality and effectiveness
- A specialty pharmacy fills specialty drug 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 price. If a pharmacy's retail price for a prescription drug is less than your total cost share amount, you will not be required to pay more than the retail drug price.

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

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

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

- **Generic – G (tier 1):** the lowest cost share
- **Preferred brand – PB (tier 2):** a slightly higher cost share
- **Non-preferred brand – NPB (tier 3):** a higher cost share
- **Specialty – SP (tier 4):** lower cost share for specialty drugs
- **Copay Exception – CE:** Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy. Certain limitations may apply.

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 example your copayments and maximum dollar amounts.

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

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 your treatment, if needed. With this type of pharmacy, you can get this medicine sent right to our mailbox.

How to get started with a specialty pharmacy

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

- **To transfer your prescription,** just call us toll-free at **1-866-353-1892**.
- **For a new prescription,** your doctor can send it to us in one of four ways:
 - 1. Electronically:** Through e-prescribe
 - 2. Fax: 1-866-329-2779**
 - 3. Phone: 1-866-782-2779,** option 2

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

CVS Caremark Mail Service Pharmacy™

You can have maintenance drugs sent right to your home or anywhere else you choose with 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 service 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 prior authorization?

Prior authorization is one way that we can help you and your doctor find safe, appropriate drugs and keep costs down. Prior authorization means that you or your doctor need to get approval from the plan before certain drugs will be covered. Generally, Prior authorization 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(s) 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 prior authorization, 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 prior authorization, step therapy or quantity limits requirement or for a drug that's not covered on your plan. Coverage determinations will be made within 72 hours of receiving non-urgent requests. 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.

Medical exceptions which are approved for non-urgent requests will cover the duration of the prescription, including refills. Approved medical exceptions for exigent circumstances will provide coverage for the duration of the exigency.

If your request is denied you have the right to file an appeal using the process described in the notification letter.

If a determination is not made for a prior authorization or step therapy exception request within 72 hours of receiving a non-urgent request and 24 hours of receiving a request based on exigent circumstances, the request is deemed approved and we may not deny the request thereafter.

In accordance with state law, members who are covered under small group health insurance policies and who have previously received approval from us for coverage of medications for the members' medical conditions will continue to have those medications covered, for as long as the prescriber continues prescribing them, provided that the drug is appropriately prescribed and is considered safe and effective for treating the member's medical condition.

How can your provider request a medical exception?

The following options will provide detail to help request a medical exception.

- Submit their request through our secure provider website on NaviNet®.
- Call the Aetna Pharmacy prior authorization unit:
Non-Specialty **1-800-294-5979** or
Specialty **1-866-814-5506**.
- Fax the completed request form to:
Non-Specialty **1-888-836-0730** or
Specialty **1-866-249-6155**.
- Mail the completed request form to:
Aetna Pharmacy Management
1300 East Campbell Road
Richardson, TX 75081

Can the formulary change during the year?

The formulary can change throughout the year. Some reasons why they 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.

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.

How do you find a pharmacy?

You can find a pharmacy in two ways:

- **Online:** By logging onto your secure member website at **Aetna.com**.
- **By phone:** Call the toll-free number on your ID card. During regular business hours, a representative can assist you. Our automated telephone assistant can give you this information 24 hours a day.

Assistive Technology

Persons using assistive technology may not be able to fully access the following information. For assistance, please call 1-888-802-3862.

Smartphone or Tablet

To view documents from your smartphone or tablet, the free WinZip app is required. It may be available from your App Store.

Non-Discrimination

Aetna complies with applicable California and Federal civil rights laws and does not discriminate, exclude or treat people differently based on their race, color, national origin, ancestry, religion, sex, marital status, age, gender, gender identity, sexual orientation or disability.

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

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

If you believe we have failed to provide these services or otherwise discriminated based on race, color, national origin, ancestry, religion, sex, marital status, age, gender, gender identity, sexual orientation or disability, you can also file a grievance with the Civil Rights Coordinator by contacting:

Civil Rights Coordinator
P.O. Box 24030, Fresno, CA 93779
1-800-648-7817, TTY: **711**, Fax: 860-262-7705
CRCoordinator@aetna.com.

You can also file a complaint with the California Department of Insurance at www.insurance.ca.gov, or at: Consumer Services Division, 300 Spring Street South Tower, Los Angeles CA 90013, or at 1-800-927-HELP (4357), TDD: **1-800-482-4TDD** (4833).

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights if there is a concern of discrimination based on race, color, national origin, age, disability, or sex. You can 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).

Hawaiian	No ka wala'au 'ana me ka lawelawe 'olelo e kahea aku i ka helu kelepona ma kāu kāleka ID. Kāki 'ole 'ia kēia kōkua nei.
Hindi	बिना किसी कीमत के भाषा सेवाओं का उपयोग करने के लिए, अपने आईडी कार्ड पर दिए नंबर पर कॉल करें।
Hmong	Yuav kom tau kev pab txhais lus tsis muaj nqi them rau koj, hu tus naj npawb ntawm koj daim npav ID.
Igbo	Inweta enyemaka asụsụ na akwughi ụgwọ obụla, kpọọ nọmba nọ na kaadi njirimara gi
Ilocano	Tapno maakses dagiti serbisio ti pagsasao nga awanan ti bayadna, awagan ti numero nga adda ayan ti ID kardmo.
Indonesian	Untuk mengakses layanan bahasa tanpa dikenakan biaya, silakan hubungi nomor telepon di kartu asuransi Anda.
Italian	Per accedere ai servizi linguistici senza alcun costo per lei, chiami il numero sulla tessera identificativa.
Japanese	無料の言語サービスは、IDカードにある番号にお電話ください。
Karen	လၢတၢ်ကမၤန့ၢ်ဂၢ်တၢ်မၤစၢၤအတၢ်ဖဲတၢ်မၤတဖၣ် လၢတၢ်အိၣ်ဒီးအပူၤလၢနကတၢ်ဟ့ၣ်အီၤအဂီၢ်, ကိးဘၣ်လီၤတဖၣ်နီၣ်ဂံၢ်လၢအအိၣ်လၢနခိၣ်ဂီၤ (ID) အလိၣ်န့ၣ်တက့ၢ်.
Korean	무료 다국어 서비스를 이용하려면 보험 ID 카드에 수록된 번호로 전화해 주십시오.
Kru-Bassa	I nyuu kosna mahola ni language services ngui nsaa wogui wo, sebel i nsinga i ye ntilga i kat yong matibla
Kurdish	بو دەسپێرێت گەشتن بە خزمەتگوزاری زمان بەبێ تێچوون بو تو، پەیوەندی بکە بە ژمارەی سەر ئای دی (ID) کارتێ خۆت.
Lao	ເພື່ອເຂົ້າເຖິງບໍລິການພາສາທີ່ບໍ່ເສຍຄ່າ, ໃຫ້ໃບຫາເບີໂທລະສັບໃນບັດປະຈຳຕົວຂອງທ່ານ.
Marathi	आपल्याला कोणत्याही शुल्काशिवाय भाषा सेवांपर्यंत पोहोचण्यासाठी, आपल्या ID कार्डावरील क्रमांकावर फोन करा.
Marshallese	Nan bōk jipañ kōn kajin ilo an ejjelōk wōņean ñan kwe, kwōn kallok nōm̄ba eo ilo kaat in ID eo am̄.
Micronesian-Ponapean	Pwehn alehdi sawas en lokaia kan ni sohte pweipwei, koahlih nempe nan amhw doaropwe en ID.
Mon-Khmer, Cambodian	ដើម្បីទទួលបានសេវាកម្មភាសាដែលឥតគិតថ្លៃសម្រាប់លោកអ្នក សូមហៅទូរសព្ទទៅកាន់លេខដែលមាននៅលើបណ្ណសម្គាល់ខ្លួនរបស់លោកអ្នក។
Navajo	T'áá ni nizaad k'ehjí bee níká a'doowoł doo búáh ílínígóó naaltsoos bee atah nílįigo nanitinígíí bee néého'dółzinígíí béesh bee hane'í biká'ígíí áajj' hólne'.
Nepali	भाषासम्बन्धी सेवाहरूमाथि निःशुल्क पहुँच राख्न आफ्नो कार्डमा रहेको नम्बरमा कल गर्नुहोस्।
Nilotic-Dinka	Të koor yin ran de wëër de thokic ke cìn wëu kor keek tēnc̄ yin. Ke yin col ran ye koc kuony nē namba de abac tō nē ID kard duñ de tīt de nyin de panakim kōu.
Norwegian	For tilgang til kostnadsfri språktjenester, ring nummeret på ID-kortet ditt.

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 Aetna Drug List 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. 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.

The drugs on the Pharmacy Drug (formulary) Guide, Formulary Exclusions, Precertification, Quantity Limit and Step Therapy Lists are subject to change. The quantity limits and step therapy drug coverage review programs are not available in all service areas. For example, step therapy programs do not apply to fully insured members in Indiana. Step therapy does not apply to fully-insured members in New Jersey. 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 (formulary) Guide, 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 treating 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

List of Abbreviations

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

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

Tier 1: Generics

Tier 2: Preferred Brands

Tier 3: Non-Preferred Brands

Tier 4: Specialty

#: 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 non-formulary 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

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: OTC Covered

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

Below is a list of drug name formatting patterns that may appear in the following pages.

List of Patterns

lowercase italics: Generic drugs

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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12/01/2020

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UPPERCASE: Brand name drugs

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - DRUGS FOR THE NERVOUS SYSTEM		
ADDERALL ORAL TABLET 10 MG, 12.5 MG, 15 MG, 20 MG, 30 MG, 5 MG, 7.5 MG (<i>amphetamine-dextroamphetamine</i>)	NF	
ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 5 MG (<i>amphetamine-dextroamphetamine</i>)	NF	
ADHANSIA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 25 MG, 35 MG, 45 MG, 55 MG, 70 MG, 85 MG (<i>methylphenidate hcl</i>)	NF	
ADZENYS ER ORAL SUSPENSION EXTENDED RELEASE 1.25 MG/ML (<i>amphetamine</i>)	NF	
ADZENYS XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE 12.5 MG, 15.7 MG, 18.8 MG, 3.1 MG, 6.3 MG, 9.4 MG (<i>amphetamine</i>)	NF	
<i>amphetamine er oral suspension extended release 1.25 mg/ml</i>	Tier 1	QL (15 ml per 1 day)
<i>amphetamine sulfate oral tablet 10 mg, 5 mg</i>	Tier 1	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>	Tier 1	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>	Tier 1	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>)	NF	
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>	Tier 1	PA; QL (1 tablet per 1 day)
<i>armodafinil oral tablet 50 mg</i>	Tier 1	PA; QL (2 tablets per 1 day)
<i>atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg, 40 mg, 60 mg</i>	Tier 1	QL (2 capsules per 1 day)
<i>atomoxetine hcl oral capsule 100 mg, 80 mg</i>	Tier 1	QL (1 capsule per 1 day)
BELVIQ ORAL TABLET 10 MG (<i>lorcaserin hcl</i>)	Tier 3	PA; ST; QL (2 tablets per 1 day)
<i>caffeine citrate oral solution 20 mg/ml, 60 mg/3ml</i>	NF	

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>clonidine hcl er oral tablet extended release 12 hour 0.1 mg</i>	Tier 1	QL (4 tablets per 1 day)
CONCERTA ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG, 36 MG, 54 MG (<i>methylphenidate hcl</i>)	NF	
COTEMPLA XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE 17.3 MG, 25.9 MG, 8.6 MG (<i>methylphenidate</i>)	NF	
DAYTRANA TRANSDERMAL PATCH 10 MG/9HR, 15 MG/9HR, 20 MG/9HR, 30 MG/9HR (<i>methylphenidate</i>)	Tier 3	PA; ST; #; QL (1 patch per 1 day)
DESOXYN ORAL TABLET 5 MG (<i>methamphetamine hcl</i>)	NF	
DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 5 MG (<i>dextroamphetamine sulfate</i>)	NF	
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i>	Tier 1	PA; ST; QL (2 capsules per 1 day)
<i>dexmethylphenidate hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	QL (4 tablets per 1 day)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg</i>	Tier 1	QL (3 capsules per 1 day)
<i>dextroamphetamine sulfate oral solution 5 mg/5ml</i>	Tier 1	PA; QL (40 milliliters per 1 day)
<i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i>	Tier 1	QL (4 tablets per 1 day)
DYANAVAL XR ORAL SUSPENSION EXTENDED RELEASE 2.5 MG/ML (<i>amphetamine</i>)	NF	
EVEKEO ODT ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 20 MG, 5 MG (<i>amphetamine sulfate</i>)	NF	
EVEKEO ORAL TABLET 10 MG, 5 MG (<i>amphetamine sulfate</i>)	NF	
FOCALIN ORAL TABLET 10 MG, 2.5 MG, 5 MG (<i>dexmethylphenidate hcl</i>)	NF	
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>)	NF	
<i>guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg</i>	Tier 1	QL (1 tablet per 1 day)
INTUNIV ORAL TABLET EXTENDED RELEASE 24 HOUR 1 MG, 2 MG, 3 MG, 4 MG (<i>guanfacine hcl</i>)	NF	

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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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>)	NF	
KAPVAY ORAL TABLET EXTENDED RELEASE 12 HOUR 0.1 MG (<i>clonidine hcl</i>)	NF	
<i>methylphenidate hcl</i> (Metadate Er Oral Tablet Extended Release 20 Mg)	Tier 1	QL (3 tablets per 1 day)
<i>methamphetamine hcl oral tablet 5 mg</i>	Tier 1	PA; ST; QL (4 tablets per 1 day)
METHYLIN ORAL SOLUTION 10 MG/5ML, 5 MG/5ML (<i>methylphenidate hcl</i>)	NF	
<i>methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	Tier 1	QL (1 capsule per 1 day)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg, 60 mg</i>	Tier 1	QL (1 capsule 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>	Tier 1	QL (1 capsule per 1 day)
<i>methylphenidate hcl er oral tablet extended release 10 mg</i>	Tier 1	QL (3 tablet per 1 day)
<i>methylphenidate hcl er oral tablet extended release 18 mg, 27 mg, 54 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>methylphenidate hcl er oral tablet extended release 20 mg</i>	Tier 1	QL (3 tablets per 1 day)
<i>methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 54 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>methylphenidate hcl er oral tablet extended release 24 hour 36 mg</i>	Tier 1	QL (4 tablets per 1 day)
<i>methylphenidate hcl er oral tablet extended release 36 mg</i>	Tier 1	QL (4 tablets per 1 day)
<i>methylphenidate hcl er oral tablet extended release 72 mg</i>	Tier 1	QL (1 tablet per 1 Day)
<i>methylphenidate hcl oral solution 10 mg/5ml</i>	Tier 1	QL (30 milliliters per 1 day)
<i>methylphenidate hcl oral solution 5 mg/5ml</i>	Tier 1	QL (60 milliliters per 1 day)
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1	QL (6 tablets per 1 day)
<i>methylphenidate hcl oral tablet chewable 10 mg, 2.5 mg, 5 mg</i>	Tier 1	QL (6 tablets per 1 day)
<i>modafinil oral tablet 100 mg, 200 mg</i>	Tier 1	PA; ST; QL (2 tablets per 1 day)

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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12/01/2020

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MYDAYIS ORAL CAPSULE EXTENDED RELEASE 24 HOUR 12.5 MG, 25 MG, 37.5 MG, 50 MG (<i>amphetamine-dextroamphetamine</i>)	NF	#
NUVIGIL ORAL TABLET 150 MG, 200 MG, 250 MG, 50 MG (<i>armodafinil</i>)	NF	
<i>phendimetrazine tartrate oral tablet 35 mg</i>	Tier 1	QL (6 tablets per 1 day)
<i>phentermine hcl oral capsule 15 mg</i>	Tier 1	QL (2 capsules per 1 day)
<i>phentermine hcl oral capsule 30 mg, 37.5 mg</i>	Tier 1	QL (1 capsule per 1 day)
<i>dextroamphetamine sulfate</i> (Procentra Oral Solution 5 Mg/5ML)	NF	
PROVIGIL ORAL TABLET 100 MG, 200 MG (<i>modafinil</i>)	NF	
QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 20 MG, 30 MG, 40 MG (<i>methylphenidate hcl</i>)	NF	
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED 25 MG/5ML (<i>methylphenidate hcl</i>)	Tier 3	PA; ST; #; QL (1 bottle per 1 fill)
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER 25 MG/5ML (<i>methylphenidate hcl</i>)	Tier 3	QL (20 ML per 1 day)
RELEXXII ORAL TABLET EXTENDED RELEASE 72 MG (<i>methylphenidate hcl</i>)	Tier 3	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>)	NF	
RITALIN ORAL TABLET 10 MG, 20 MG, 5 MG (<i>methylphenidate hcl</i>)	NF	
STRATTERA ORAL CAPSULE 10 MG, 100 MG, 18 MG, 25 MG, 40 MG, 60 MG, 80 MG (<i>atomoxetine hcl</i>)	NF	
SUNOSI ORAL TABLET 150 MG, 75 MG (<i>solriamfetol hcl</i>)	NF	
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG (<i>lisdexamfetamine dimesylate</i>)	Tier 3	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>)	Tier 3	PA; ST; QL (2 tablets per 1 day)
WAKIX ORAL TABLET 17.8 MG, 4.45 MG (<i>pitolisant hcl</i>)	NF	

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>dextroamphetamine sulfate</i> (Zenedi Oral Tablet 10 Mg, 5 Mg)	Tier 1	QL (4 tablets per 1 day)
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG (<i>dextroamphetamine sulfate</i>)	NF	
ALLERGENIC EXTRACTS/BIOLOGICALS MISC - BIOLOGICAL AGENTS		
ADAGEN INTRAMUSCULAR SOLUTION 250 UNIT/ML (<i>pegademase bovine</i>)	Tier 4	PA; SP Pharmacy
GRASTEK SUBLINGUAL TABLET SUBLINGUAL 2800 BAU (<i>timothy grass pollen allergen</i>)	Tier 3	PA; ST
PALFORZIA (12 MG DAILY DOSE) ORAL 2 X 1 MG & 10 MG (<i>peanut powder-dnfp</i>)	NF	
PALFORZIA (120 MG DAILY DOSE) ORAL 20 MG & 100 MG (<i>peanut powder-dnfp</i>)	NF	
PALFORZIA (160 MG DAILY DOSE) ORAL 3 X 20 MG & 100 MG (<i>peanut powder-dnfp</i>)	NF	
PALFORZIA (20 MG DAILY DOSE) ORAL 20 MG (<i>peanut powder-dnfp</i>)	NF	
PALFORZIA (200 MG DAILY DOSE) ORAL 2 X 100 MG (<i>peanut powder-dnfp</i>)	NF	
PALFORZIA (240 MG DAILY DOSE) ORAL 2 X 20 MG & 2 X 100 MG (<i>peanut powder-dnfp</i>)	NF	
PALFORZIA (3 MG DAILY DOSE) ORAL 3 X 1 MG (<i>peanut powder-dnfp</i>)	NF	
PALFORZIA (300 MG MAINTENANCE) ORAL PACKET 300 MG (<i>peanut powder-dnfp</i>)	NF	
PALFORZIA (300 MG TITRATION) ORAL PACKET 300 MG (<i>peanut powder-dnfp</i>)	NF	
PALFORZIA (40 MG DAILY DOSE) ORAL 2 X 20 MG (<i>peanut powder-dnfp</i>)	NF	
PALFORZIA (6 MG DAILY DOSE) ORAL 6 X 1 MG (<i>peanut powder-dnfp</i>)	NF	
PALFORZIA (80 MG DAILY DOSE) ORAL 4 X 20 MG (<i>peanut powder-dnfp</i>)	NF	

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PALFORZIA INITIAL ESCALATION ORAL 0.5 & 1 & 1.5 & 3 & 6 MG (<i>peanut powder-dnfp</i>)	NF	
ALTERNATIVE MEDICINES - VITAMINS AND MINERALS		
QUINZYME ORAL TABLET DISPERSIBLE 90 MG (<i>coenzyme q10</i>)	NF	
AMEBICIDES - DRUGS FOR INFECTIONS		
SOLOSEC ORAL PACKET 2 GM (<i>secnidazole</i>)	NF	
AMINOGLYCOSIDES - DRUGS FOR INFECTIONS		
ARIKAYCE INHALATION SUSPENSION 590 MG/8.4ML (<i>amikacin sulfate liposome</i>)	NF	
BETHKIS INHALATION NEBULIZATION SOLUTION 300 MG/4ML (<i>tobramycin</i>)	NF	#
KITABIS PAK INHALATION NEBULIZATION SOLUTION 300 MG/5ML (<i>tobramycin</i>)	NF	
<i>neomycin sulfate oral tablet 500 mg</i>	Tier 1	
<i>paromomycin sulfate oral capsule 250 mg</i>	Tier 1	
TOBI INHALATION NEBULIZATION SOLUTION 300 MG/5ML (<i>tobramycin</i>)	NF	
TOBI PODHALER INHALATION CAPSULE 28 MG (<i>tobramycin</i>)	NF	
<i>tobramycin inhalation nebulization solution 300 mg/4ml</i>	Tier 4	QL (224 ML per 1 month)
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	Tier 1	SP Pharmacy; QL (56 vials per 1 fill)
ANALGESICS - ANTI-INFLAMMATORY - DRUGS FOR PAIN AND FEVER		
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML (<i>tocilizumab</i>)	Tier 4	PA; ST; NPL; SP Pharmacy; QL (4 pens per 1 month)
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML (<i>tocilizumab</i>)	Tier 4	PA; ST; QL (1 syringe per 1 month)
ANAPROX DS ORAL TABLET 550 MG (<i>naproxen sodium</i>)	NF	
ARAVA ORAL TABLET 10 MG, 20 MG (<i>leflunomide</i>)	NF	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG (<i>rilonacept</i>)	Tier 4	PA; SP Pharmacy
ARTHROTEC ORAL TABLET DELAYED RELEASE 50-0.2 MG, 75-0.2 MG (<i>diclofenac-misoprostol</i>)	NF	
CELEBREX ORAL CAPSULE 100 MG, 200 MG, 400 MG, 50 MG (<i>celecoxib</i>)	NF	
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	Tier 1	ST; QL (2 capsules per 1 day)
DAYPRO ORAL TABLET 600 MG (<i>oxaprozin</i>)	NF	
<i>diclofenac oral capsule 35 mg</i>	NF	
<i>diclofenac potassium oral tablet 50 mg</i>	Tier 1	
<i>diclofenac sodium er oral tablet extended release 24 hour 100 mg</i>	Tier 1	
<i>diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg</i>	Tier 1	
<i>diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg</i>	Tier 1	
DUEXIS ORAL TABLET 800-26.6 MG (<i>ibuprofen-famotidine</i>)	NF	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG, 500 MG (<i>naproxen</i>)	NF	
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML (<i>etanercept</i>)	Tier 4	PA; ST; SP Pharmacy; QL (8 injections per 1 month)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML (<i>etanercept</i>)	Tier 4	PA; NPL; SP Pharmacy; QL (8 syringes per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML (<i>etanercept</i>)	Tier 4	PA; ST; SP Pharmacy; QL (8 syringes per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML (<i>etanercept</i>)	Tier 4	PA; ST; SP Pharmacy; QL (4 syringes per 28 days)
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG (<i>etanercept</i>)	Tier 4	PA; ST; SP Pharmacy; QL (8 injections per 28 days)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML (<i>etanercept</i>)	Tier 4	PA; ST; SP Pharmacy; QL (4 syringes per 28 days)

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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12/01/2020

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>equapax/libuprofen/minrex oral therapy pack 800 mg</i>	NF	
<i>etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg</i>	Tier 1	
<i>etodolac oral capsule 200 mg, 300 mg</i>	Tier 1	
<i>etodolac oral tablet 400 mg, 500 mg</i>	Tier 1	
FELDENE ORAL CAPSULE 10 MG, 20 MG (<i>piroxicam</i>)	NF	
<i>fenoprofen calcium oral capsule 200 mg, 400 mg</i>	Tier 1	
<i>fenoprofen calcium oral tablet 600 mg</i>	Tier 1	
FENORTHO ORAL CAPSULE 200 MG, 400 MG (<i>fenoprofen calcium</i>)	NF	
<i>flurbiprofen oral tablet 100 mg, 50 mg</i>	Tier 1	
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML (<i>adalimumab</i>)	Tier 4	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>)	Tier 4	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>)	Tier 4	PA; ST; SP Pharmacy; QL (2 syringes per 1 month)
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML (<i>adalimumab</i>)	Tier 4	PA; ST; SP Pharmacy; QL (6 syringes per 1 month)
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML (<i>adalimumab</i>)	Tier 4	PA; ST; SP Pharmacy; QL (6 injections per 28 days)
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML (<i>adalimumab</i>)	Tier 4	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>)	Tier 4	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>)	Tier 4	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>)	Tier 4	PA; ST; SP Pharmacy; QL (1 kit per 1 month)

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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12/01/2020

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML (<i>adalimumab</i>)	Tier 4	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>)	Tier 4	PA; ST; SP Pharmacy; QL (2 injections per 28 days)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML (<i>adalimumab</i>)	Tier 4	PA; ST; SP Pharmacy; QL (6 syringes per 1 month)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML (<i>adalimumab</i>)	Tier 4	PA; ST; SP Pharmacy; QL (6 injections per 28 days)
<i>ibuprofen</i> (Ibu Oral Tablet 600 Mg)	Tier 1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	Tier 1	
ILARIS (150MG DELIVERED) SUBCUTANEOUS SOLUTION RECONSTITUTED 180 MG (<i>canakinumab</i>)	Tier 4	PA; SP Pharmacy
ILARIS SUBCUTANEOUS SOLUTION 150 MG/ML (<i>canakinumab</i>)	Tier 4	PA; SP Pharmacy
INDOCIN ORAL SUSPENSION 25 MG/5ML (<i>indomethacin</i>)	Tier 3	
INDOCIN RECTAL SUPPOSITORY 50 MG (<i>indomethacin</i>)	Tier 3	
<i>indomethacin er oral capsule extended release 75 mg</i>	Tier 1	
<i>indomethacin oral capsule 20 mg</i>	NF	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	Tier 1	QL (3 capsules per 1 day)
<i>ketoprofen er oral capsule extended release 24 hour 200 mg</i>	NF	
<i>ketoprofen oral capsule 50 mg, 75 mg</i>	Tier 1	
<i>ketorolac tromethamine nasal solution 15.75 mg/spray</i>	NF	
<i>ketorolac tromethamine oral tablet 10 mg</i>	Tier 1	QL (20 tablets per 5 days)
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/1.14ML, 200 MG/1.14ML (<i>sarilumab</i>)	NF	
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/1.14ML, 200 MG/1.14ML (<i>sarilumab</i>)	NF	
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML (<i>anakinra</i>)	NF	
<i>leflunomide oral tablet 10 mg, 20 mg</i>	Tier 1	QL (1 tablet per 1 day)
LODINE ORAL TABLET 400 MG (<i>etodolac</i>)	NF	

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>meclofenamate sodium oral capsule 100 mg, 50 mg</i>	Tier 1	
<i>mefenamic acid oral capsule 250 mg</i>	Tier 1	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	Tier 1	
MOBIC ORAL TABLET 15 MG, 7.5 MG (<i>meloxicam</i>)	NF	
<i>nabumetone oral tablet 500 mg, 750 mg</i>	Tier 1	
NALFON ORAL CAPSULE 400 MG (<i>fenoprofen calcium</i>)	NF	
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG, 750 MG (<i>naproxen sodium</i>)	NF	
NAPROSYN ORAL SUSPENSION 125 MG/5ML (<i>naproxen</i>)	NF	
NAPROSYN ORAL TABLET 500 MG (<i>naproxen</i>)	NF	
<i>naproxen dr oral tablet delayed release 375 mg, 500 mg</i>	Tier 1	
<i>naproxen oral suspension 125 mg/5ml</i>	Tier 1	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	Tier 1	
<i>naproxen sodium er oral tablet extended release 24 hour 375 mg, 500 mg</i>	NF	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	Tier 1	
<i>naproxen-esomeprazole oral tablet delayed release 375-20 mg, 500-20 mg</i>	NF	
OLUMIANT ORAL TABLET 1 MG (<i>baricitinib</i>)	NF	
OLUMIANT ORAL TABLET 2 MG (<i>baricitinib</i>)	Tier 4	PA; ST; SP Pharmacy; QL (1 tablet per 1 day)
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML (<i>abatacept</i>)	NF	
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML, 50 MG/0.4ML, 87.5 MG/0.7ML (<i>abatacept</i>)	NF	
OTEZLA ORAL TABLET 30 MG (<i>apremilast</i>)	Tier 4	PA; ST; SP Pharmacy; QL (2 tablets per 1 day)
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG (<i>apremilast</i>)	Tier 4	PA; ST; SP Pharmacy; QL (1 pack per 1 year)

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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12/01/2020

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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>)	NF	
<i>oxaprozin oral tablet 600 mg</i>	Tier 1	
<i>piroxicam oral capsule 10 mg, 20 mg</i>	Tier 1	
PONSTEL ORAL CAPSULE 250 MG (<i>mefenamic acid</i>)	NF	
QMIIZ ODT ORAL TABLET DISPERSIBLE 15 MG, 7.5 MG (<i>meloxicam</i>)	NF	
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML (<i>methotrexate (anti-rheumatic)</i>)	NF	
RELAFEN DS ORAL TABLET 1000 MG (<i>nabumetone</i>)	NF	
RIDAURA ORAL CAPSULE 3 MG (<i>auranofin</i>)	Tier 3	
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 50 MG/0.5ML (<i>golimumab</i>)	Tier 4	PA; ST; QL (1 pen per 1 fill)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML (<i>golimumab</i>)	Tier 4	PA; ST; QL (1 pen per 1 fill)
SPRIX NASAL SOLUTION 15.75 MG/SPRAY (<i>ketorolac tromethamine</i>)	NF	
<i>sulindac oral tablet 150 mg, 200 mg</i>	Tier 1	
TIVORBEX ORAL CAPSULE 20 MG, 40 MG (<i>indomethacin</i>)	NF	
<i>tolmetin sodium oral capsule 400 mg</i>	Tier 1	
<i>tolmetin sodium oral tablet 200 mg, 600 mg</i>	Tier 1	
VIMOVO ORAL TABLET DELAYED RELEASE 375-20 MG, 500-20 MG (<i>naproxen-esomeprazole</i>)	NF	
VIVLODEX ORAL CAPSULE 10 MG, 5 MG (<i>meloxicam</i>)	NF	#
XELJANZ ORAL TABLET 10 MG (<i>tofacitinib citrate</i>)	Tier 4	PA; ST; SP Pharmacy; QL (2 tablets per 1 day)

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XELJANZ ORAL TABLET 5 MG (<i>tofacitinib citrate</i>)	Tier 4	PA; ST; QL (2 tablets per 1 day)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG (<i>tofacitinib citrate</i>)	Tier 4	PA; ST; QL (1 tablet per 1 day)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG (<i>tofacitinib citrate</i>)	Tier 4	PA; NPL; SP Pharmacy; QL (1 tablet per 1 day)
ZIPSOR ORAL CAPSULE 25 MG (<i>diclofenac potassium</i>)	NF	
ZORVOLEX ORAL CAPSULE 18 MG, 35 MG (<i>diclofenac</i>)	NF	
ANALGESICS - NONNARCOTIC - DRUGS FOR PAIN AND FEVER		
ALLZITAL ORAL TABLET 25-325 MG (<i>butalbital-acetaminophen</i>)	NF	
<i>aspirin low dose oral tablet chewable 81 mg</i>	CE	N2 (NF); AL
<i>aspirin oral tablet chewable 81 mg</i>	CE	N2 (NF); AL
<i>aspirin oral tablet delayed release 81 mg</i>	CE	N2 (NF); AL
<i>aspirin rectal suppository 120 mg, 200 mg</i>	CE	N2 (NF); AL
BAYER LOW DOSE ORAL TABLET CHEWABLE 81 MG (<i>aspirin</i>)	CE	N2 (NF); AL
BAYER LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG (<i>aspirin</i>)	CE	N2 (NF); AL
<i>butalbital-acetaminophen (Bupap Oral Tablet 50-300 Mg)</i>	Tier 1	
<i>butalbital-acetaminophen oral capsule 50-300 mg</i>	NF	
<i>butalbital-acetaminophen oral tablet 25-325 mg</i>	NF	
<i>butalbital-acetaminophen oral tablet 50-300 mg, 50-325 mg</i>	Tier 1	
<i>butalbital-apap-caffeine oral capsule 50-300-40 mg, 50-325-40 mg</i>	Tier 1	
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	Tier 1	
<i>butalbital-asa-caffeine oral capsule 50-325-40 mg</i>	Tier 1	
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	Tier 1	
<i>butalbital-aspirin-caffeine oral tablet 50-325-40 mg</i>	Tier 1	
<i>butalbital-apap-caffeine (Capacet Oral Capsule 50-325-40 Mg)</i>	Tier 1	
<i>childrens aspirin oral tablet chewable 81 mg</i>	CE	N2 (NF); AL

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>choline-mag trisalicylate oral liquid 500 mg/5ml</i>	Tier 1	
<i>diflunisal oral tablet 500 mg</i>	Tier 1	
<i>duraxin oral capsule 300-200-20 mg</i>	Tier 3	
ECOTRIN LOW STRENGTH ORAL TABLET DELAYED RELEASE 81 MG (<i>aspirin</i>)	CE	N2 (NF); AL
<i>butalbital-apap-caffeine</i> (Esgic Oral Capsule 50-325-40 Mg)	Tier 1	
ESGIC ORAL TABLET 50-325-40 MG (<i>butalbital-apap-caffeine</i>)	NF	
FIORICET ORAL CAPSULE 50-300-40 MG (<i>butalbital-apap-caffeine</i>)	NF	
FIORINAL ORAL CAPSULE 50-325-40 MG (<i>butalbital-aspirin-caffeine</i>)	NF	
<i>marten-tab oral tablet 50-325 mg</i>	Tier 1	
ST JOSEPH ASPIRIN ORAL TABLET DELAYED RELEASE 81 MG (<i>aspirin</i>)	CE	N2 (NF); AL
TENCON ORAL TABLET 50-325 MG (<i>butalbital-acetaminophen</i>)	NF	
<i>butalbital-apap-caffeine</i> (Vanatol Lq Oral Solution 50-325-40 Mg/15Ml)	Tier 1	QL (90 ML per 1 day)
<i>butalbital-apap-caffeine</i> (Vanatol S Oral Solution 50-325-40 Mg/15Ml)	Tier 1	QL (90 ML per 1 day)
<i>butalbital-apap-caffeine</i> (Vtol Lq Oral Solution 50-325-40 Mg/15Ml)	Tier 1	QL (90 ML per 1 day)
<i>butalbital-apap-caffeine</i> (Zebutal Oral Capsule 50-325-40 Mg)	Tier 1	
ANALGESICS - OPIOID - DRUGS FOR PAIN AND FEVER		
ABSTRAL SUBLINGUAL TABLET SUBLINGUAL 100 MCG, 200 MCG, 300 MCG, 400 MCG, 600 MCG, 800 MCG (<i>fentanyl citrate</i>)	NF	#
<i>acetaminophen-codeine #2 oral tablet 300-15 mg</i>	Tier 1	PA; QL (13 tablets per 1 day)
<i>acetaminophen-codeine #3 oral tablet 300-30 mg</i>	Tier 1	PA; QL (12 tablets per 1 day)

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>acetaminophen-codeine #4 oral tablet 300-60 mg</i>	Tier 1	PA; QL (10 tablets per 1 day)
<i>acetaminophen-codeine oral solution 120-12 mg/5ml</i>	Tier 1	PA; QL (150 MLS per 1 day)
<i>acetaminophen-codeine oral tablet 300-15 mg</i>	Tier 1	PA; QL (13 tablets per 1 day)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	Tier 1	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>)	NF	
APADAZ ORAL TABLET 4.08-325 MG, 6.12-325 MG, 8.16-325 MG (<i>benzhydrocodone-acetaminophen</i>)	NF	
<i>apap-caff-dihydrocodeine oral capsule 320.5-30-16 mg</i>	Tier 1	PA; QL (10 capsules per 1 day)
<i>apap-caff-dihydrocodeine oral tablet 325-30-16 mg</i>	NF	
ARYMO ER ORAL TABLET EXTENDED RELEASE ABUSE-DETERRENT 15 MG, 30 MG, 60 MG (<i>morphine sulfate</i>)	NF	
<i>butalbital-asa-caff-codeine</i> (Ascomp-Codeine Oral Capsule 50-325-40-30 Mg)	Tier 1	PA; QL (6 capsules per 1 day)
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG (<i>buprenorphine hcl</i>)	NF	
<i>benzhydrocodone-acetaminophen oral tablet 4.08-325 mg, 6.12-325 mg, 8.16-325 mg</i>	Tier 1	PA; QL (12 tablets daily per 7 days)
BUNAVAIL BUCCAL FILM 2.1-0.3 MG (<i>buprenorphine hcl-naloxone hcl</i>)	Tier 3	ST; QL (6 films per 1 day)
BUNAVAIL BUCCAL FILM 4.2-0.7 MG (<i>buprenorphine hcl-naloxone hcl</i>)	Tier 3	ST; QL (3 films per 1 day)
BUNAVAIL BUCCAL FILM 6.3-1 MG (<i>buprenorphine hcl-naloxone hcl</i>)	Tier 3	ST; QL (2 films per 1 day)
<i>buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg</i>	Tier 1	QL (3 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg</i>	Tier 1	QL (3 films per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg</i>	Tier 1	QL (3 tablets 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>	Tier 1	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>	Tier 1	PA; QL (6 capsules per 1 day)
<i>butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg</i>	Tier 1	PA; QL (6 capsules per 1 day)
<i>butorphanol tartrate nasal solution 10 mg/ml</i>	Tier 1	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>)	NF	
<i>codeine sulfate oral tablet 15 mg, 30 mg, 60 mg</i>	Tier 1	PA; QL (6 tablets per day for 7 days only per 90 days)
CONZIP ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG (<i>tramadol hcl</i>)	NF	
DEMEROL ORAL TABLET 100 MG, 50 MG (<i>meperidine hcl</i>)	NF	
DILAUDID ORAL LIQUID 1 MG/ML (<i>hydromorphone hcl</i>)	NF	
DILAUDID ORAL TABLET 2 MG, 4 MG, 8 MG (<i>hydromorphone hcl</i>)	NF	
DOLOPHINE ORAL TABLET 10 MG, 5 MG (<i>methadone hcl</i>)	NF	
DURAGESIC-100 TRANSDERMAL PATCH 72 HOUR 100 MCG/HR (<i>fentanyl</i>)	NF	
DURAGESIC-12 TRANSDERMAL PATCH 72 HOUR 12 MCG/HR (<i>fentanyl</i>)	NF	
DURAGESIC-25 TRANSDERMAL PATCH 72 HOUR 25 MCG/HR (<i>fentanyl</i>)	NF	
DURAGESIC-50 TRANSDERMAL PATCH 72 HOUR 50 MCG/HR (<i>fentanyl</i>)	NF	

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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12/01/2020

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DURAGESIC-75 TRANSDERMAL PATCH 72 HOUR 75 MCG/HR (<i>fentanyl</i>)	NF	
EMBEDA ORAL CAPSULE EXTENDED RELEASE 100-4 MG, 50-2 MG, 60-2.4 MG, 80-3.2 MG (<i>morphine-naltrexone</i>)	Tier 2	PA; QL (1 capsule per 1 day)
EMBEDA ORAL CAPSULE EXTENDED RELEASE 20-0.8 MG, 30-1.2 MG (<i>morphine-naltrexone</i>)	Tier 2	PA; QL (2 capsules per 1 day)
<i>oxycodone-acetaminophen</i> (Endocet Oral Tablet 10-325 Mg)	Tier 1	PA; QL (6 tablets per 1 day)
<i>oxycodone-acetaminophen</i> (Endocet Oral Tablet 2.5-325 Mg, 5-325 Mg)	Tier 1	PA; QL (12 tablets per 1 day)
<i>oxycodone-acetaminophen</i> (Endocet Oral Tablet 7.5-325 Mg)	Tier 1	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>)	NF	
EXALGO ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 16 MG, 32 MG, 8 MG (<i>hydromorphone hcl</i>)	NF	
<i>fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	Tier 1	PA; ST; QL (120 lozenges per 30 days)
<i>fentanyl citrate buccal tablet 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	Tier 1	PA; QL (120 tablets per 30 days)
<i>fentanyl transdermal patch 72 hour 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</i>	Tier 1	PA; QL (10 patches per 30 days)
FENTORA BUCCAL TABLET 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG (<i>fentanyl citrate</i>)	NF	
FIORICET/CODEINE ORAL CAPSULE 50-300-40-30 MG (<i>butalbital-apap-caff-cod</i>)	NF	
FIORINAL/CODEINE #3 ORAL CAPSULE 50-325-40-30 MG (<i>butalbital-asa-caff-codeine</i>)	NF	
HYCET ORAL SOLUTION 7.5-325 MG/15ML (<i>hydrocodone-acetaminophen</i>)	NF	
<i>hydrocodone bitartrate er oral capsule er 12 hour abuse-deterrent 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg</i>	Tier 1	PA; QL (2 capsules per 1 day)
<i>hydrocodone bitartrate er oral capsule extended release 12 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg</i>	Tier 1	PA; QL (2 capsules per 1 day)

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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12/01/2020

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15ml</i>	Tier 3	QL (90 ml per 1 day)
<i>hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml</i>	Tier 1	PA; QL (180 MLS per 1 day)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml</i>	Tier 3	PA; QL (90 ml per 1 day)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 7.5-300 mg, 7.5-325 mg</i>	Tier 1	PA; QL (6 tablets per 1 day)
<i>hydrocodone-acetaminophen oral tablet 2.5-325 mg</i>	Tier 1	PA; QL (12 tablets per 1 day)
<i>hydrocodone-acetaminophen oral tablet 5-300 mg, 5-325 mg</i>	Tier 1	PA; QL (8 tablets per 1 day)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	Tier 1	PA; QL (5 tablets per 1 day)
<i>hydromorphone hcl er oral tablet er 24 hour abuse-deterrent 12 mg, 16 mg, 32 mg, 8 mg</i>	Tier 1	PA; QL (1 tablet per 1 day)
<i>hydromorphone hcl er oral tablet extended release 24 hour 12 mg, 16 mg, 32 mg, 8 mg</i>	Tier 1	PA; QL (1 tablet per 1 day)
<i>hydromorphone hcl oral liquid 1 mg/ml</i>	NF	
<i>hydromorphone hcl oral tablet 2 mg</i>	Tier 1	PA; QL (11 tablets per 1 day)
<i>hydromorphone hcl oral tablet 4 mg</i>	Tier 1	PA; QL (5 tablets per 1 day)
<i>hydromorphone hcl oral tablet 8 mg</i>	Tier 1	PA; QL (2 tablets per 1 day)
<i>hydromorphone hcl rectal suppository 3 mg</i>	Tier 1	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 (<i>hydrocodone bitartrate</i>)	Tier 2	PA; #; QL (1 tablet per 1 day)
IBUDONE ORAL TABLET 10-200 MG (<i>hydrocodone-ibuprofen</i>)	NF	
<i>hydrocodone-ibuprofen (Ibudone Oral Tablet 5-200 Mg)</i>	Tier 1	PA; QL (5 tablets per 1 day)
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>)	NF	
KADIAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG (<i>morphine sulfate</i>)	Tier 3	PA; ST; QL (1 capsule per 1 day)

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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12/01/2020

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KADIAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 40 MG (<i>morphine sulfate</i>)	Tier 3	PA; ST; QL (2 capsules per 1 day)
LAZANDA NASAL SOLUTION 100 MCG/ACT, 300 MCG/ACT, 400 MCG/ACT (<i>fentanyl citrate</i>)	NF	
<i>levorphanol tartrate oral tablet 2 mg</i>	NF	
<i>levorphanol tartrate oral tablet 3 mg</i>	Tier 1	PA; QL (2 tablets per 1 day)
<i>hydrocodone-acetaminophen</i> (Lorcet Hd Oral Tablet 10-325 Mg)	Tier 1	PA; QL (6 tablets per 1 day)
<i>hydrocodone-acetaminophen</i> (Lorcet Oral Tablet 5-325 Mg)	Tier 1	PA; QL (8 tablets per 1 day)
<i>hydrocodone-acetaminophen</i> (Lorcet Plus Oral Tablet 7.5-325 Mg)	Tier 1	PA; QL (6 tablets per 1 day)
LORTAB ORAL ELIXIR 10-300 MG/15ML (<i>hydrocodone-acetaminophen</i>)	NF	
<i>meperidine hcl oral solution 50 mg/5ml</i>	NF	
<i>meperidine hcl oral tablet 100 mg, 50 mg</i>	Tier 1	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)	Tier 1	PA; QL (3 MLS per 1 day)
<i>methadone hcl oral concentrate 10 mg/ml</i>	Tier 1	PA; QL (2 mls per 1 day)
<i>methadone hcl oral solution 10 mg/5ml</i>	Tier 1	PA; QL (10 ml per 1 day)
<i>methadone hcl oral solution 5 mg/5ml</i>	Tier 1	PA; QL (15 ml per 1 day)
<i>methadone hcl oral tablet 10 mg</i>	Tier 1	PA; QL (2 tablets per 1 day)
<i>methadone hcl oral tablet 5 mg</i>	Tier 1	PA; QL (6 tablets per 1 day)
METHADOSE ORAL CONCENTRATE 10 MG/ML (<i>methadone hcl</i>)	NF	
<i>methadone hcl</i> (Methadose Oral Tablet Soluble 40 Mg)	Tier 1	PA
METHADOSE SUGAR-FREE ORAL CONCENTRATE 10 MG/ML (<i>methadone hcl</i>)	NF	
MORPHABOND ER ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 100 MG, 15 MG, 30 MG, 60 MG (<i>morphine sulfate</i>)	NF	
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>	Tier 1	PA; QL (4.5 MLS per 1 day)

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>morphine sulfate er beads oral capsule extended release 24 hour 120 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i>	Tier 1	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>	Tier 1	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>	Tier 1	PA; ST; QL (1 capsule per 1 day)
<i>morphine sulfate er oral tablet extended release 100 mg, 200 mg, 60 mg</i>	Tier 1	PA; QL (2 tablets per 1 day)
<i>morphine sulfate er oral tablet extended release 15 mg, 30 mg</i>	Tier 1	PA; QL (3 tablets per 1 day)
<i>morphine sulfate oral solution 10 mg/5ml</i>	Tier 1	PA; QL (30 mls per 1 day)
<i>morphine sulfate oral solution 20 mg/5ml</i>	Tier 1	PA; QL (22.5 MLS per 1 day)
<i>morphine sulfate oral tablet 15 mg</i>	Tier 1	PA; QL (6 tablets per 1 day)
<i>morphine sulfate oral tablet 30 mg</i>	Tier 1	PA; QL (3 tablets per 1 day)
<i>morphine sulfate rectal suppository 10 mg, 5 mg</i>	Tier 1	PA; QL (6 suppositories per 1 day)
<i>morphine sulfate rectal suppository 20 mg</i>	Tier 1	PA; QL (4 suppositories per 1 day)
<i>morphine sulfate rectal suppository 30 mg</i>	Tier 1	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>)	NF	
<i>nalocet oral tablet 2.5-300 mg</i>	Tier 1	PA; QL (12 tablets per 1 day)
NORCO ORAL TABLET 10-325 MG, 5-325 MG, 7.5-325 MG (<i>hydrocodone-acetaminophen</i>)	NF	
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG (<i>tapentadol hcl</i>)	Tier 3	PA; ST; QL (2 tablets per 1 day)
NUCYNTA ORAL TABLET 100 MG (<i>tapentadol hcl</i>)	Tier 3	PA; ST; QL (2 tablets per 1 day)
NUCYNTA ORAL TABLET 50 MG (<i>tapentadol hcl</i>)	Tier 3	PA; ST; QL (4 tablets per 1 day)

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NUCYNTA ORAL TABLET 75 MG (<i>tapentadol hcl</i>)	Tier 3	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>)	Tier 3	PA; ST; QL (2 tablets per 1 day)
OPANA ORAL TABLET 10 MG, 5 MG (<i>oxymorphone hcl</i>)	NF	
OXAYDO ORAL TABLET 5 MG (<i>oxycodone hcl</i>)	Tier 3	QL (6 tablets per 1 day)
OXAYDO ORAL TABLET 7.5 MG (<i>oxycodone hcl</i>)	Tier 3	PA; QL (6 tablets per 1 day)
OXAYDO ORAL TABLET ABUSE-DETERRENT 5 MG (<i>oxycodone hcl</i>)	Tier 3	QL (6 tablets per 1 day)
OXAYDO ORAL TABLET ABUSE-DETERRENT 7.5 MG (<i>oxycodone hcl</i>)	Tier 3	PA; QL (6 tablets per 1 day)
<i>oxycodone hcl oral capsule 5 mg</i>	Tier 1	PA; QL (6 capsules per 1 day)
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>	Tier 1	PA; QL (3 MLS per 1 day)
<i>oxycodone hcl oral solution 5 mg/5ml</i>	Tier 1	PA; QL (30 mls per 1 day)
<i>oxycodone hcl oral tablet 10 mg, 5 mg</i>	Tier 1	PA; QL (6 tablets per 1 day)
<i>oxycodone hcl oral tablet 15 mg</i>	Tier 1	PA; QL (4 tablets per 1 day)
<i>oxycodone hcl oral tablet 20 mg</i>	Tier 1	PA; QL (3 tablets per 1 day)
<i>oxycodone hcl oral tablet 30 mg</i>	Tier 1	PA; QL (2 tablets per 1 day)
<i>oxycodone-acetaminophen oral solution 5-325 mg/5ml</i>	NF	
<i>oxycodone-acetaminophen oral tablet 10-300 mg, 2.5-300 mg, 5-300 mg</i>	NF	
<i>oxycodone-acetaminophen oral tablet 10-325 mg</i>	Tier 1	PA; QL (6 tablets per 1 day)
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</i>	Tier 1	PA; QL (12 tablets per 1 day)
<i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i>	Tier 1	PA; QL (8 tablets per 1 day)
<i>oxycodone-aspirin oral tablet 4.8355-325 mg</i>	Tier 1	PA; QL (12 tablets per 1 day)
<i>oxycodone-ibuprofen oral tablet 5-400 mg</i>	Tier 1	PA; QL (4 tablets per day for 7 days per 1 month)

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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>)	NF	
<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>	Tier 1	PA; ST; QL (2 tablets per 1 day)
<i>oxymorphone hcl oral tablet 10 mg</i>	Tier 1	PA; ST; QL (3 tablets per 1 day)
<i>oxymorphone hcl oral tablet 5 mg</i>	Tier 1	PA; ST; QL (6 tablets per 1 day)
<i>panlor oral tablet 325-30-16 mg</i>	NF	
<i>pentazocine-naloxone hcl oral tablet 50-0.5 mg</i>	Tier 1	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>)	NF	
PRIMLEV ORAL TABLET 10-300 MG, 5-300 MG, 7.5-300 MG (<i>oxycodone-acetaminophen</i>)	NF	
PROLATE ORAL TABLET 10-300 MG, 5-300 MG, 7.5-300 MG (<i>oxycodone-acetaminophen</i>)	NF	
ROXICODONE ORAL TABLET 15 MG, 30 MG, 5 MG (<i>oxycodone hcl</i>)	NF	
SUBLOCADE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.5ML, 300 MG/1.5ML (<i>buprenorphine</i>)	NF	
SUBOXONE SUBLINGUAL FILM 12-3 MG, 2-0.5 MG, 4-1 MG, 8-2 MG (<i>buprenorphine hcl-naloxone hcl</i>)	Tier 3	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>)	NF	
SYNALGOS-DC ORAL CAPSULE 356.4-30-16 MG (<i>dihydrocodeine compound</i>)	NF	
<i>tramadol hcl er (biphasic) oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg</i>	Tier 1	PA; QL (1 tablet per 1 day)
<i>tramadol hcl er oral capsule extended release 24 hour 100 mg, 150 mg, 200 mg, 300 mg</i>	NF	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>tramadol hcl er oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg</i>	Tier 1	PA; QL (1 tablet per 1 day)
<i>tramadol hcl oral tablet 100 mg</i>	NF	
<i>tramadol hcl oral tablet 50 mg</i>	Tier 1	PA; QL (6 tablets per 1 day)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	Tier 1	PA; QL (8 tablets per 1 day)
TREZIX ORAL CAPSULE 320.5-30-16 MG (<i>apap-caff-dihydrocodeine</i>)	NF	
TYLENOL WITH CODEINE #3 ORAL TABLET 300-30 MG (<i>acetaminophen-codeine</i>)	NF	
TYLENOL WITH CODEINE #4 ORAL TABLET 300-60 MG (<i>acetaminophen-codeine</i>)	NF	
ULTRACET ORAL TABLET 37.5-325 MG (<i>tramadol-acetaminophen</i>)	NF	
ULTRAM ORAL TABLET 50 MG (<i>tramadol hcl</i>)	NF	
VERDROCET ORAL TABLET 2.5-325 MG (<i>hydrocodone-acetaminophen</i>)	Tier 3	PA; QL (12 tablets per 1 day)
<i>hydrocodone-acetaminophen</i> (Vicodin Es Oral Tablet 7.5-300 Mg)	Tier 1	PA; QL (6 tablets per 1 day)
<i>hydrocodone-acetaminophen</i> (Vicodin Hp Oral Tablet 10-300 Mg)	Tier 1	PA; QL (6 tablets per 1 day)
<i>hydrocodone-acetaminophen</i> (Vicodin Oral Tablet 5-300 Mg)	Tier 1	PA; QL (8 tablets per 1 day)
XODOL ORAL TABLET 10-300 MG, 5-300 MG, 7.5-300 MG (<i>hydrocodone-acetaminophen</i>)	NF	
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 13.5 MG, 18 MG, 27 MG, 36 MG, 9 MG (<i>oxycodone</i>)	Tier 2	PA; QL (2 tablets per 1 day)
<i>hydrocodone-ibuprofen</i> (Xylon Oral Tablet 10-200 Mg)	Tier 1	PA; QL (5 tablets per 1 day)
ZAMICET ORAL SOLUTION 10-325 MG/15ML (<i>hydrocodone-acetaminophen</i>)	NF	
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>)	NF	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZOXYDOL ER ORAL CAPSULE EXTENDED RELEASE 12 HOUR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG (hydrocodone bitartrate)	NF	
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 (buprenorphine hcl-naloxone hcl)	NF	#
ANDROGENS-ANABOLIC - HORMONES		
ANADROL-50 ORAL TABLET 50 MG (oxymetholone)	Tier 3	
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24HR, 4 MG/24HR (testosterone)	NF	
ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%) (testosterone)	NF	
ANDROGEL TRANSDERMAL GEL 20.25 MG/1.25GM (1.62%), 25 MG/2.5GM (1%), 40.5 MG/2.5GM (1.62%), 50 MG/5GM (1%) (testosterone)	NF	
ANDROID ORAL CAPSULE 10 MG (methyltestosterone)	NF	
ANDROXY ORAL TABLET 10 MG (fluoxymesterone)	Tier 3	
danazol oral capsule 100 mg, 200 mg, 50 mg	Tier 1	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML, 200 MG/ML (testosterone cypionate)	NF	
FORTESTA TRANSDERMAL GEL 10 MG/ACT (2%) (testosterone)	NF	
JATENZO ORAL CAPSULE 158 MG, 198 MG, 237 MG (testosterone undecanoate)	NF	
methitest oral tablet 10 mg	Tier 3	
methyltestosterone oral capsule 10 mg	Tier 1	
NATESTO NASAL GEL 5.5 MG/ACT (testosterone)	NF	
OXANDRIN ORAL TABLET 10 MG, 2.5 MG (oxandrolone)	NF	
oxandrolone oral tablet 10 mg, 2.5 mg	Tier 1	
TESTIM TRANSDERMAL GEL 50 MG/5GM (1%) (testosterone)	NF	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i>	Tier 1	
<i>testosterone enanthate intramuscular solution 200 mg/ml</i>	Tier 1	
<i>testosterone transdermal gel 10 mg/lact (2%)</i>	Tier 1	PA; QL (4 grams per 1 month)
<i>testosterone transdermal gel 12.5 mg/lact (1%)</i>	Tier 1	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>	Tier 1	QL (5 grams per 1 day)
<i>testosterone transdermal gel 25 mg/2.5gm (1%)</i>	Tier 1	PA; QL (2.5 grams per 1 day)
<i>testosterone transdermal gel 50 mg/5gm (1%)</i>	Tier 1	PA; QL (10 grams per 1 fill)
<i>testosterone transdermal solution 30 mg/lact</i>	Tier 1	PA; QL (6 milliliters per 1 Day)
TESTRED ORAL CAPSULE 10 MG (<i>methyltestosterone</i>)	NF	
VOGELXO PUMP TRANSDERMAL GEL 12.5 MG/ACT (1%) (<i>testosterone</i>)	NF	
VOGELXO TRANSDERMAL GEL 50 MG/5GM (1%) (<i>testosterone</i>)	NF	
XYOSTED SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/0.5ML, 50 MG/0.5ML, 75 MG/0.5ML (<i>testosterone enanthate</i>)	NF	
ANORECTAL AND RELATED PRODUCTS - RECTAL PREPARATIONS		
ANALPRAM-HC EXTERNAL LOTION 2.5-1 % (<i>hydrocortisone ace-pramoxine</i>)	NF	
ANUSOL-HC EXTERNAL CREAM 2.5 % (<i>hydrocortisone</i>)	NF	
<i>hydrocortisone</i> (Colocort Rectal Enema 100 Mg/60Ml)	Tier 1	
CORTENEMA RECTAL ENEMA 100 MG/60ML (<i>hydrocortisone</i>)	NF	
CORTIFOAM EXTERNAL FOAM 10 % (<i>hydrocortisone acetate</i>)	Tier 3	
<i>hydrocortisone (perianal) external cream 1 %, 2.5 %</i>	Tier 1	

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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12/01/2020

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>hydrocortisone rectal enema 100 mg/60ml</i>	Tier 1	
PROCTOCORT EXTERNAL CREAM 1 % (<i>hydrocortisone</i>)	NF	
PROCTOFOAM HC EXTERNAL FOAM 1-1 % (<i>hydrocortisone ace-pramoxine</i>)	Tier 3	
<i>hydrocortisone</i> (Procto-Med Hc External Cream 2.5 %)	Tier 1	
<i>hydrocortisone</i> (Procto-Pak External Cream 1 %)	Tier 1	
<i>hydrocortisone</i> (Proctosol Hc External Cream 2.5 %)	Tier 1	
<i>hydrocortisone</i> (Proctozone-Hc External Cream 2.5 %)	Tier 1	
RECTIV RECTAL OINTMENT 0.4 % (<i>nitroglycerin</i>)	Tier 3	QL (30 grams per 1 fill)
UCERIS RECTAL FOAM 2 MG/ACT (<i>budesonide</i>)	NF	#
ANTHELMINTICS - DRUGS FOR INFECTIONS		
<i>albendazole oral tablet 200 mg</i>	Tier 1	
<i>benznidazole oral tablet 100 mg, 12.5 mg</i>	NF	
BILTRICIDE ORAL TABLET 600 MG (<i>praziquantel</i>)	Tier 3	
EMVERM ORAL TABLET CHEWABLE 100 MG (<i>mebendazole</i>)	Tier 1	QL (6 tablets per 3 days)
<i>ivermectin oral tablet 3 mg</i>	Tier 1	
<i>praziquantel oral tablet 600 mg</i>	Tier 1	
ANTIANGINAL AGENTS - DRUGS FOR THE HEART		
DILATRATE-SR ORAL CAPSULE EXTENDED RELEASE 40 MG (<i>isosorbide dinitrate</i>)	Tier 3	
GONITRO SUBLINGUAL PACKET 400 MCG (<i>nitroglycerin</i>)	NF	
ISORDIL TITRADOSE ORAL TABLET 40 MG (<i>isosorbide dinitrate</i>)	Tier 3	
ISORDIL TITRADOSE ORAL TABLET 5 MG (<i>isosorbide dinitrate</i>)	NF	
<i>isosorbide dinitrate er oral tablet extended release 40 mg</i>	Tier 1	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	Tier 1	
<i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg</i>	Tier 1	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	Tier 1	

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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12/01/2020

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>nitroglycerin</i> (Minitran Transdermal Patch 24 Hour 0.1 Mg/Hr, 0.2 Mg/Hr, 0.4 Mg/Hr, 0.6 Mg/Hr)	Tier 1	
NITRO-BID TRANSDERMAL OINTMENT 2 % (<i>nitroglycerin</i>)	Tier 3	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR (<i>nitroglycerin</i>)	NF	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR (<i>nitroglycerin</i>)	Tier 3	
<i>nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg</i>	Tier 1	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	Tier 1	
<i>nitroglycerin translingual aerosol solution 400 mcg/spray</i>	Tier 1	
<i>nitroglycerin translingual solution 0.4 mg/spray</i>	Tier 1	
NITROLINGUAL TRANSLINGUAL SOLUTION 0.4 MG/SPRAY (<i>nitroglycerin</i>)	NF	
NITROMIST TRANSLINGUAL AEROSOL SOLUTION 400 MCG/SPRAY (<i>nitroglycerin</i>)	NF	
NITROSTAT SUBLINGUAL TABLET SUBLINGUAL 0.3 MG, 0.4 MG, 0.6 MG (<i>nitroglycerin</i>)	NF	
RANEXA ORAL TABLET EXTENDED RELEASE 12 HOUR 1000 MG, 500 MG (<i>ranolazine</i>)	NF	
<i>ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg</i>	Tier 1	QL (2 tablets per 1 day)
ANTI-ANXIETY AGENTS - DRUGS FOR THE NERVOUS SYSTEM		
<i>alprazolam er oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg</i>	Tier 1	QL (2 tablets per 1 day)
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML (<i>alprazolam</i>)	Tier 3	
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>alprazolam oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 1	

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>alprazolam xr oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg</i>	Tier 1	QL (2 tablets per 1 day)
ATIVAN ORAL TABLET 0.5 MG, 1 MG, 2 MG (lorazepam)	NF	
<i>buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	Tier 1	
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	Tier 1	
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	Tier 1	
<i>diazepam (Diazepam Intensol Oral Concentrate 5 Mg/ML)</i>	Tier 1	
<i>diazepam oral concentrate 5 mg/ml</i>	Tier 1	
<i>diazepam oral solution 1 mg/ml</i>	Tier 1	
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	Tier 1	
<i>hydroxyzine hcl oral syrup 10 mg/5ml</i>	Tier 1	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	Tier 1	
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 1	
<i>lorazepam (Lorazepam Intensol Oral Concentrate 2 Mg/ML)</i>	NF	
<i>lorazepam oral concentrate 2 mg/ml</i>	NF	
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>meprobamate oral tablet 200 mg, 400 mg</i>	Tier 1	
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	Tier 1	
TRANXENE-T ORAL TABLET 7.5 MG (<i>clorazepate dipotassium</i>)	NF	
VALIUM ORAL TABLET 10 MG, 2 MG, 5 MG (<i>diazepam</i>)	NF	
VISTARIL ORAL CAPSULE 25 MG, 50 MG (<i>hydroxyzine pamoate</i>)	NF	
XANAX ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG (<i>alprazolam</i>)	NF	
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 2 MG, 3 MG (<i>alprazolam</i>)	NF	
ANTIARRHYTHMICS - DRUGS FOR THE HEART		
<i>amiodarone hcl oral tablet 100 mg, 200 mg, 400 mg</i>	Tier 1	
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	Tier 1	

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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12/01/2020

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	Tier 1	
<i>flecainide acetate oral tablet 100 mg, 150 mg, 50 mg</i>	Tier 1	
<i>mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg</i>	Tier 1	
MULTAQ ORAL TABLET 400 MG (<i>dronedarone hcl</i>)	Tier 3	QL (2 tablets per 1 day)
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 150 MG (<i>disopyramide phosphate</i>)	Tier 3	
NORPACE ORAL CAPSULE 100 MG, 150 MG (<i>disopyramide phosphate</i>)	NF	
<i>amiodarone hcl</i> (Pacerone Oral Tablet 100 Mg, 200 Mg, 400 Mg)	Tier 1	
<i>propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg</i>	Tier 1	QL (2 capsules per 1 day)
<i>propafenone hcl oral tablet 150 mg, 225 mg, 300 mg</i>	Tier 1	
<i>quinidine gluconate er oral tablet extended release 324 mg</i>	Tier 1	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	Tier 1	
RYTHMOL SR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 225 MG, 325 MG, 425 MG (<i>propafenone hcl</i>)	NF	
TIKOSYN ORAL CAPSULE 125 MCG, 250 MCG, 500 MCG (<i>dofetilide</i>)	NF	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - DRUGS FOR THE LUNGS		
ACCOLATE ORAL TABLET 10 MG, 20 MG (<i>zafirlukast</i>)	NF	
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/DOSE (<i>fluticasone-salmeterol</i>)	NF	
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 250-50 MCG/DOSE (<i>fluticasone-salmeterol</i>)	Tier 3	ST; QL (1 diskus per 1 month)
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 500-50 MCG/DOSE (<i>fluticasone-salmeterol</i>)	Tier 3	ST; QL (2 inhalers per 1 month)

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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12/01/2020

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT (<i>fluticasone-salmeterol</i>)	Tier 3	ST; QL (1 inhaler per 1 month)
AEROSPAN INHALATION AEROSOL SOLUTION 80 MCG/ACT (<i>flunisolide hfa</i>)	NF	
AIRDUO DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT (<i>fluticasone-salmeterol</i>)	NF	
AIRDUO RESPICLICK 113/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT (<i>fluticasone-salmeterol</i>)	NF	
AIRDUO RESPICLICK 232/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 232-14 MCG/ACT (<i>fluticasone-salmeterol</i>)	NF	
AIRDUO RESPICLICK 55/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 55-14 MCG/ACT (<i>fluticasone-salmeterol</i>)	NF	
<i>albuterol sulfate er oral tablet extended release 12 hour 4 mg, 8 mg</i>	Tier 1	
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcglact</i>	Tier 1	
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, (5 mg/ml) 0.5%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml</i>	Tier 1	
<i>albuterol sulfate oral syrup 2 mg/5ml</i>	Tier 1	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	Tier 1	
ALVESCO INHALATION AEROSOL SOLUTION 160 MCG/ACT (<i>ciclesonide</i>)	Tier 3	ST; QL (2 inhalers per 1 month)
ALVESCO INHALATION AEROSOL SOLUTION 80 MCG/ACT (<i>ciclesonide</i>)	Tier 3	ST; QL (1 inhaler per 1 month)
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/INH (<i>umeclidinium-vilanterol</i>)	Tier 2	QL (1 kit per 1 fill)
ARCAPTA NEOHALER INHALATION CAPSULE 75 MCG (<i>indacaterol maleate</i>)	NF	

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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12/01/2020

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ARMONAIR DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 113 MCG/ACT, 232 MCG/ACT, 55 MCG/ACT (<i>fluticasone propionate (inhal)</i>)	NF	
ARMONAIR RESPICLICK 113 INHALATION AEROSOL POWDER BREATH ACTIVATED 113 MCG/ACT (<i>fluticasone propionate (inhal)</i>)	NF	
ARMONAIR RESPICLICK 232 INHALATION AEROSOL POWDER BREATH ACTIVATED 232 MCG/ACT (<i>fluticasone propionate (inhal)</i>)	NF	
ARMONAIR RESPICLICK 55 INHALATION AEROSOL POWDER BREATH ACTIVATED 55 MCG/ACT (<i>fluticasone propionate (inhal)</i>)	NF	
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT (<i>fluticasone furoate</i>)	NF	
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH (<i>mometasone furoate</i>)	Tier 3	ST; #; QL (1 inhaler per 1 month)
ASMANEX (14 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH (<i>mometasone furoate</i>)	Tier 3	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>)	Tier 3	ST; #; QL (1 inhaler per 1 month)
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH (<i>mometasone furoate</i>)	Tier 3	ST; #; QL (1 inhaler per 1 month)
ASMANEX (7 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/INH (<i>mometasone furoate</i>)	Tier 3	ST; #; QL (1 inhaler per 1 month)
ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT (<i>mometasone furoate</i>)	Tier 3	ST; QL (1 inhaler per 1 month)
ASMANEX HFA INHALATION AEROSOL 50 MCG/ACT (<i>mometasone furoate</i>)	NF	

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT (<i>ipratropium bromide hfa</i>)	Tier 3	QL (2 inhalers per 1 month)
BEVESPI AEROSPHERE INHALATION AEROSOL 9-4.8 MCG/ACT (<i>glycopyrrolate-formoterol</i>)	NF	
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/INH, 200-25 MCG/INH (<i>fluticasone furoate-vilanterol</i>)	Tier 3	ST; QL (2 blisters per 1 day)
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT (<i>budeson-glycopyrrol-formoterol</i>)	NF	
BROVANA INHALATION NEBULIZATION SOLUTION 15 MCG/2ML (<i>arformoterol tartrate</i>)	Tier 3	PA; ST; QL (60 vials per 1 fill)
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml</i>	Tier 1	QL (4 mls per 1 day)
<i>budesonide-formoterol fumarate inhalation aerosol 160-4.5 mcg/lact, 80-4.5 mcg/lact</i>	NF	
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT (<i>ipratropium-albuterol</i>)	Tier 3	QL (3 inhalers per 1 month)
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>	Tier 1	
DALIRESP ORAL TABLET 250 MCG (<i>roflumilast</i>)	Tier 3	PA; ST; #; QL (1 tablet per 1 Day)
DALIRESP ORAL TABLET 500 MCG (<i>roflumilast</i>)	Tier 3	PA; ST; #; QL (1 tablet per 1 day)
DIFIL-G FORTE ORAL LIQUID 100-100 MG/5ML (<i>dyphylline-guaifenesin</i>)	NF	
DUAKLIR PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400-12 MCG/ACT (<i>aclidinium br-formoterol fum</i>)	NF	
DULERA INHALATION AEROSOL 100-5 MCG/ACT, 200-5 MCG/ACT (<i>mometasone furo-formoterol fum</i>)	Tier 2	#; QL (1 inhaler per 1 fill)
DULERA INHALATION AEROSOL 50-5 MCG/ACT (<i>mometasone furo-formoterol fum</i>)	Tier 2	#; QL (1 inhaler per 1 month)
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15ML (<i>theophylline</i>)	Tier 3	

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/ML (<i>benralizumab</i>)	Tier 4	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>)	Tier 3	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>)	Tier 3	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>	Tier 1	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>	Tier 1	QL (1 inhaler per 30 days)
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/INH (<i>umeclidinium bromide</i>)	Tier 2	QL (1 blister per 1 day)
<i>ipratropium bromide inhalation solution 0.02 %</i>	Tier 1	
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	Tier 1	
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml</i>	Tier 1	
<i>levalbuterol tartrate inhalation aerosol 45 mcg/lact</i>	Tier 1	ST; QL (2 inhalers per 1 fill)
LONHALA MAGNAIR REFILL KIT INHALATION SOLUTION 25 MCG/ML (<i>glycopyrrolate</i>)	NF	
LONHALA MAGNAIR STARTER KIT INHALATION SOLUTION 25 MCG/ML (<i>glycopyrrolate</i>)	NF	
<i>metaproterenol sulfate oral syrup 10 mg/5ml</i>	Tier 1	
<i>metaproterenol sulfate oral tablet 10 mg, 20 mg</i>	Tier 1	
<i>montelukast sodium oral packet 4 mg</i>	Tier 1	QL (1 pack per 1 day)
<i>montelukast sodium oral tablet 10 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>montelukast sodium oral tablet chewable 4 mg, 5 mg</i>	Tier 1	QL (1 tablet per 1 day)
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (<i>mepolizumab</i>)	NF	
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>mepolizumab</i>)	NF	

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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12/01/2020

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PERFORMIST INHALATION NEBULIZATION SOLUTION 20 MCG/2ML (<i>formoterol fumarate</i>)	Tier 3	PA; ST; #; QL (60 vials per 1 fill)
PROAIR DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 108 MCG/ACT (<i>albuterol sulfate</i>)	NF	
PROAIR HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT (<i>albuterol sulfate</i>)	NF	
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT (<i>albuterol sulfate</i>)	NF	
PROVENTIL HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT (<i>albuterol sulfate</i>)	NF	
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT, 90 MCG/ACT (<i>budesonide</i>)	Tier 3	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>)	NF	
QVAR INHALATION AEROSOL SOLUTION 40 MCG/ACT, 80 MCG/ACT (<i>beclomethasone dipropionate</i>)	Tier 2	QL (1 inhaler per 1 month)
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT (<i>beclomethasone diprop hfa</i>)	Tier 2	QL (1 inhaler per 1 month)
SEEBRI NEOHALER INHALATION CAPSULE 15.6 MCG (<i>glycopyrrolate</i>)	NF	
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/DOSE (<i>salmeterol xinafoate</i>)	NF	
SINGULAIR ORAL PACKET 4 MG (<i>montelukast sodium</i>)	NF	
SINGULAIR ORAL TABLET 10 MG (<i>montelukast sodium</i>)	NF	
SINGULAIR ORAL TABLET CHEWABLE 4 MG, 5 MG (<i>montelukast sodium</i>)	NF	
SPIRIVA HANDIHALER INHALATION CAPSULE 18 MCG (<i>tiotropium bromide monohydrate</i>)	Tier 3	ST; QL (1 capsule per 1 day)

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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12/01/2020

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT (<i>tiotropium bromide monohydrate</i>)	Tier 3	ST; QL (1 inhaler per 30 days)
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT (<i>tiotropium bromide-olodaterol</i>)	Tier 3	ST; QL (1 inhaler per 1 month)
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT (<i>olodaterol hcl</i>)	Tier 2	QL (1 inhaler per 30 days)
SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT (<i>budesonide-formoterol fumarate</i>)	Tier 3	ST; QL (1 inhaler per 1 fill)
<i>terbutaline sulfate oral tablet 2.5 mg, 5 mg</i>	Tier 1	
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG (<i>theophylline</i>)	Tier 3	
THEOCHRON ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 200 MG (<i>theophylline</i>)	Tier 1	
<i>theophylline</i> (Theochron Oral Tablet Extended Release 12 Hour 300 Mg)	Tier 1	
<i>theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg, 450 mg</i>	Tier 1	
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>	Tier 1	
<i>theophylline oral solution 80 mg/15ml</i>	Tier 1	
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/INH, 200-62.5-25 MCG/INH (<i>fluticasone-umeclidin-vilant</i>)	NF	
TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT (<i>aclidinium bromide</i>)	Tier 3	PA; ST; QL (1 inhaler per 1 month)
UTIBRON NEOHALER INHALATION CAPSULE 27.5-15.6 MCG (<i>indacaterol-glycopyrrolate</i>)	NF	
VENTOLIN HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT (<i>albuterol sulfate</i>)	Tier 2	

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VOSPIRE ER ORAL TABLET EXTENDED RELEASE 12 HOUR 4 MG, 8 MG (<i>albuterol sulfate</i>)	NF	
<i>fluticasone-salmeterol</i> (Wixela Inhub Inhalation Aerosol Powder Breath Activated 100-50 Mcg/Dose, 250-50 Mcg/Dose, 500-50 Mcg/Dose)	Tier 1	QL (2 inhalations per 1 day)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML (<i>omalizumab</i>)	Tier 4	PA; SP Pharmacy
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG (<i>omalizumab</i>)	Tier 4	PA; SP Pharmacy
XOPENEX CONCENTRATE INHALATION NEBULIZATION SOLUTION 1.25 MG/0.5ML (<i>levalbuterol hcl</i>)	NF	
XOPENEX HFA INHALATION AEROSOL 45 MCG/ACT (<i>levalbuterol tartrate</i>)	NF	
XOPENEX INHALATION NEBULIZATION SOLUTION 0.31 MG/3ML, 0.63 MG/3ML, 1.25 MG/3ML (<i>levalbuterol hcl</i>)	NF	
YUPELRI INHALATION SOLUTION 175 MCG/3ML (<i>revedfenacin</i>)	NF	
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>zileuton er oral tablet extended release 12 hour 600 mg</i>	Tier 1	QL (4 tablets per 1 day)
ZYFLO CR ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG (<i>zileuton</i>)	NF	
ZYFLO ORAL TABLET 600 MG (<i>zileuton</i>)	Tier 3	QL (4 tablets per 1 day)
ANTICOAGULANTS - DRUGS FOR THE BLOOD		
ANTICOAGULANT COMPOUND IN VITRO SOLUTION (<i>anticoag cit phos dex soln</i>)	Tier 3	
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>)	NF	
BEVYXXA ORAL CAPSULE 40 MG, 80 MG (<i>betrixaban maleate</i>)	NF	
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>)	NF	

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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12/01/2020

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ELIQUIS DVT/PE STARTER PACK ORAL TABLET 5 MG (<i>apixaban</i>)	Tier 2	QL (1 pack per 365 Days)
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG (<i>apixaban</i>)	Tier 2	QL (1 pack per 365 days)
ELIQUIS ORAL TABLET 2.5 MG (<i>apixaban</i>)	Tier 2	QL (60 tablets per 30 days)
ELIQUIS ORAL TABLET 5 MG (<i>apixaban</i>)	Tier 2	QL (75 tablets per 30 days)
<i>enoxaparin sodium injection solution 300 mg/3ml</i>	Tier 1	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>	Tier 1	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>	Tier 1	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>)	Tier 3	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>	Tier 1	
<i>heparin sodium (porcine) pf injection solution 5000 unit/0.5ml</i>	Tier 1	
<i>heparin sodium (porcine) pf injection solution 5000 unit/ml</i>	NF	
IPRIVASK SUBCUTANEOUS SOLUTION RECONSTITUTED 15 MG (<i>desirudin</i>)	NF	
<i>warfarin sodium</i> (Jantoven Oral Tablet 1 Mg, 10 Mg, 2 Mg, 2.5 Mg, 3 Mg, 4 Mg, 5 Mg, 6 Mg, 7.5 Mg)	Tier 1	
LOVENOX INJECTION SOLUTION 300 MG/3ML (<i>enoxaparin sodium</i>)	NF	
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>)	NF	
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG (<i>dabigatran etexilate mesylate</i>)	Tier 3	ST; #; QL (2 capsules per 1 day)
SAVAYSA ORAL TABLET 15 MG, 30 MG, 60 MG (<i>edoxaban tosylate</i>)	NF	

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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12/01/2020

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRICITRASOL IN VITRO CONCENTRATE 46.7 % (anticoagulant sodium citrate)	Tier 3	
warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	Tier 1	
XARELTO ORAL TABLET 10 MG, 20 MG (rivaroxaban)	Tier 2	QL (1 tablet per 1 day)
XARELTO ORAL TABLET 15 MG, 2.5 MG (rivaroxaban)	Tier 2	QL (2 tablets per 1 day)
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG (rivaroxaban)	Tier 2	QL (1 pack per 1 month)
ANTICONVULSANTS - DRUGS FOR THE NERVOUS SYSTEM		
APTIOM ORAL TABLET 200 MG (eslicarbazepine acetate)	Tier 3	#; QL (6 tablets per 1 day)
APTIOM ORAL TABLET 400 MG, 800 MG (eslicarbazepine acetate)	Tier 3	#; QL (1 tablet per 1 day)
APTIOM ORAL TABLET 600 MG (eslicarbazepine acetate)	Tier 3	#; QL (2 tablets per 1 day)
BANZEL ORAL SUSPENSION 40 MG/ML (rufinamide)	Tier 3	
BANZEL ORAL TABLET 200 MG, 400 MG (rufinamide)	Tier 3	QL (8 tablets per 1 day)
BRIVIACT ORAL SOLUTION 10 MG/ML (brivaracetam)	NF	
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG (brivaracetam)	NF	
carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg	Tier 1	
carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg	Tier 1	
carbamazepine oral suspension 100 mg/5ml	Tier 1	
carbamazepine oral tablet 200 mg	Tier 1	
carbamazepine oral tablet chewable 100 mg	Tier 1	
CARBATROL ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG (carbamazepine)	NF	
CELONTIN ORAL CAPSULE 300 MG (methsuximide)	Tier 3	
clobazam oral suspension 2.5 mg/ml	Tier 1	
clobazam oral tablet 10 mg, 20 mg	Tier 1	QL (2 tablets per 1 day)
clonazepam oral tablet 0.5 mg, 1 mg, 2 mg	Tier 1	

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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12/01/2020

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
DEPAKENE ORAL CAPSULE 250 MG (<i>valproic acid</i>)	NF	
DEPAKENE ORAL SOLUTION 250 MG/5ML (<i>valproate sodium</i>)	NF	
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 250 MG, 500 MG (<i>divalproex sodium</i>)	NF	
DEPAKOTE ORAL TABLET DELAYED RELEASE 125 MG, 250 MG, 500 MG (<i>divalproex sodium</i>)	NF	
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE 125 MG (<i>divalproex sodium</i>)	NF	
DIACOMIT ORAL CAPSULE 250 MG (<i>stiripentol</i>)	Tier 4	SP Pharmacy; QL (12 capsules per 1 day)
DIACOMIT ORAL CAPSULE 500 MG (<i>stiripentol</i>)	Tier 4	SP Pharmacy; QL (6 capsules per 1 day)
DIACOMIT ORAL PACKET 250 MG (<i>stiripentol</i>)	Tier 4	SP Pharmacy; QL (12 packets per 1 day)
DIACOMIT ORAL PACKET 500 MG (<i>stiripentol</i>)	Tier 4	SP Pharmacy; QL (6 packets per 1 day)
DIASTAT ACUDIAL RECTAL GEL 10 MG, 20 MG (<i>diazepam</i>)	NF	
DIASTAT PEDIATRIC RECTAL GEL 2.5 MG (<i>diazepam</i>)	NF	
<i>diazepam rectal gel 10 mg, 2.5 mg, 20 mg</i>	Tier 1	QL (1 pack per 1 fill)
DILANTIN INFATABS ORAL TABLET CHEWABLE 50 MG (<i>phenytoin</i>)	NF	
DILANTIN ORAL CAPSULE 100 MG (<i>phenytoin sodium extended</i>)	NF	
DILANTIN ORAL CAPSULE 30 MG (<i>phenytoin sodium extended</i>)	Tier 3	
DILANTIN ORAL SUSPENSION 125 MG/5ML (<i>phenytoin</i>)	NF	
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>	Tier 1	
<i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>	Tier 1	

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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12/01/2020

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>	Tier 1	
EPIDIOLEX ORAL SOLUTION 100 MG/ML (<i>cannabidiol</i>)	Tier 4	PA; ST; SP Pharmacy; QL (800 ML per 1 month)
<i>carbamazepine (Epilex Oral Tablet 200 Mg)</i>	Tier 1	
<i>ethosuximide oral capsule 250 mg</i>	Tier 1	
<i>ethosuximide oral solution 250 mg/5ml</i>	Tier 1	
<i>felbamate oral suspension 600 mg/5ml</i>	Tier 1	
<i>felbamate oral tablet 400 mg, 600 mg</i>	Tier 1	
FELBATOL ORAL SUSPENSION 600 MG/5ML (<i>felbamate</i>)	NF	
FELBATOL ORAL TABLET 400 MG, 600 MG (<i>felbamate</i>)	NF	
FINTEPLA ORAL SOLUTION 2.2 MG/ML (<i>fenfluramine hcl</i>)	Tier 4	PA; SP Pharmacy; QL (12 ML per 1 day)
FYCOMPA ORAL SUSPENSION 0.5 MG/ML (<i>perampanel</i>)	Tier 3	
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG (<i>perampanel</i>)	Tier 3	QL (1 tablet per 1 day)
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	Tier 1	QL (6 capsules per 1 day)
<i>gabapentin oral solution 250 mg/5ml, 300 mg/6ml</i>	Tier 1	QL (72 ML per 1 day)
<i>gabapentin oral tablet 600 mg, 800 mg</i>	Tier 1	QL (6 tablets per 1 day)
GABITRIL ORAL TABLET 12 MG, 16 MG, 2 MG, 4 MG (<i>tiagabine hcl</i>)	NF	
KEPPRA ORAL SOLUTION 100 MG/ML (<i>levetiracetam</i>)	NF	
KEPPRA ORAL TABLET 1000 MG, 250 MG, 500 MG, 750 MG (<i>levetiracetam</i>)	NF	
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG, 750 MG (<i>levetiracetam</i>)	NF	
KLONOPIN ORAL TABLET 0.5 MG, 1 MG, 2 MG (<i>clonazepam</i>)	NF	
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>)	NF	
LAMICTAL ODT ORAL TABLET DISPERSIBLE 100 MG, 200 MG, 25 MG, 50 MG (<i>lamotrigine</i>)	NF	

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NAYZILAM NASAL SOLUTION 5 MG/0.1ML (<i>midazolam (anticonvulsant)</i>)	NF	
NEURONTIN ORAL CAPSULE 100 MG, 300 MG, 400 MG (<i>gabapentin</i>)	NF	
NEURONTIN ORAL SOLUTION 250 MG/5ML (<i>gabapentin</i>)	NF	
NEURONTIN ORAL TABLET 600 MG, 800 MG (<i>gabapentin</i>)	NF	
ONFI ORAL SUSPENSION 2.5 MG/ML (<i>clobazam</i>)	NF	
ONFI ORAL TABLET 10 MG, 20 MG (<i>clobazam</i>)	NF	
<i>oxcarbazepine oral suspension 300 mg/5ml</i>	Tier 1	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	Tier 1	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 300 MG (<i>oxcarbazepine</i>)	Tier 3	ST; QL (2 tablets per 1 day)
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 600 MG (<i>oxcarbazepine</i>)	Tier 3	ST; QL (4 tablets per 1 day)
PEGANONE ORAL TABLET 250 MG (<i>ethotoin</i>)	Tier 3	
PHENYTEK ORAL CAPSULE 200 MG, 300 MG (<i>phenytoin sodium extended</i>)	NF	
<i>phenytoin (Phenytoin Infatabs Oral Tablet Chewable 50 Mg)</i>	Tier 1	
<i>phenytoin oral suspension 125 mg/5ml</i>	Tier 1	
<i>phenytoin oral tablet chewable 50 mg</i>	Tier 1	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	Tier 1	
POTIGA ORAL TABLET 200 MG, 300 MG, 400 MG (<i>ezogabine</i>)	Tier 3	QL (3 tablets per 1 Day)
POTIGA ORAL TABLET 50 MG (<i>ezogabine</i>)	Tier 3	QL (6 tablets per 1 Day)
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	Tier 1	PA; QL (3 capsules per 1 day)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	Tier 1	PA; QL (2 capsules per 1 day)
<i>pregabalin oral solution 20 mg/ml</i>	Tier 1	PA; QL (30 ML per 1 day)
<i>primidone oral tablet 250 mg, 50 mg</i>	Tier 1	

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
QUDEXY XR ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 150 MG, 200 MG, 25 MG, 50 MG (<i>topiramate</i>)	NF	
<i>levetiracetam</i> (Roweepra Oral Tablet 500 Mg)	Tier 1	
SABRIL ORAL PACKET 500 MG (<i>vigabatrin</i>)	NF	
SABRIL ORAL TABLET 500 MG (<i>vigabatrin</i>)	Tier 4	PA; SP Pharmacy; QL (6 tablets per 1 day)
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG, 250 MG, 500 MG, 750 MG (<i>levetiracetam</i>)	NF	
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG (<i>clobazam</i>)	NF	
TEGRETOL ORAL SUSPENSION 100 MG/5ML (<i>carbamazepine</i>)	NF	
TEGRETOL ORAL TABLET 200 MG (<i>carbamazepine</i>)	NF	
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 400 MG (<i>carbamazepine</i>)	NF	
<i>tiagabine hcl oral tablet 12 mg</i>	Tier 1	QL (4 tablets per 1 Day)
<i>tiagabine hcl oral tablet 16 mg</i>	Tier 1	QL (3 tablets per 1 Day)
<i>tiagabine hcl oral tablet 2 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>tiagabine hcl oral tablet 4 mg</i>	Tier 1	QL (4 tablets per 1 day)
TOPAMAX ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG (<i>topiramate</i>)	NF	
TOPAMAX SPRINKLE ORAL CAPSULE SPRINKLE 15 MG, 25 MG (<i>topiramate</i>)	NF	
<i>topiramate er oral capsule er 24 hour sprinkle 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i>	NF	
<i>topiramate oral capsule sprinkle 15 mg, 25 mg</i>	Tier 1	QL (4 capsules per 1 day)
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 1	
TRILEPTAL ORAL SUSPENSION 300 MG/5ML (<i>oxcarbazepine</i>)	NF	
TRILEPTAL ORAL TABLET 150 MG, 300 MG, 600 MG (<i>oxcarbazepine</i>)	NF	

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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12/01/2020

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 50 MG (<i>topiramate</i>)	NF	#
<i>valproate sodium intravenous solution 100 mg/ml, 500 mg/5ml</i>	Tier 1	
<i>valproate sodium oral solution 250 mg/5ml</i>	Tier 1	
<i>valproic acid oral capsule 250 mg</i>	Tier 1	
<i>valproic acid oral solution 250 mg/5ml</i>	Tier 1	
VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML (<i>diazepam</i>)	NF	
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 7.5 MG/0.1ML (<i>diazepam</i>)	NF	
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 10 MG/0.1ML (<i>diazepam</i>)	NF	
VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML (<i>diazepam</i>)	NF	
<i>vigabatrin oral packet 500 mg</i>	Tier 4	PA; SP Pharmacy; QL (6 packets per 1 Day)
<i>vigabatrin oral tablet 500 mg</i>	Tier 4	PA; SP Pharmacy; QL (6 tablets per 1 day)
<i>vigabatrin (Vigadrone Oral Packet 500 Mg)</i>	Tier 4	PA; SP Pharmacy; QL (6 packets per 1 day)
VIMPAT ORAL SOLUTION 10 MG/ML (<i>lacosamide</i>)	NF	#
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (<i>lacosamide</i>)	Tier 3	#; QL (2 tablets per 1 day)
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 50 & 200 MG (<i>cenobamate</i>)	NF	
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK 150 & 200 MG (<i>cenobamate</i>)	NF	
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (<i>cenobamate</i>)	NF	
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>)	NF	

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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12/01/2020

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZARONTIN ORAL CAPSULE 250 MG (<i>ethosuximide</i>)	NF	
ZARONTIN ORAL SOLUTION 250 MG/5ML (<i>ethosuximide</i>)	NF	
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG (<i>zonisamide</i>)	NF	
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 1	
ANTIDEPRESSANTS - DRUGS FOR THE NERVOUS SYSTEM		
<i>amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Tier 1	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	Tier 1	
ANAFRANIL ORAL CAPSULE 25 MG, 50 MG, 75 MG (<i>clomipramine hcl</i>)	NF	
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR 174 MG, 348 MG, 522 MG (<i>bupropion hbr</i>)	NF	
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 450 mg</i>	NF	
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	Tier 1	QL (6 tablets per 1 day)
CELEXA ORAL TABLET 10 MG, 20 MG, 40 MG (<i>citalopram hydrobromide</i>)	NF	
<i>citalopram hydrobromide oral solution 10 mg/5ml</i>	Tier 1	
<i>citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg</i>	Tier 1	
CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES 20 MG, 30 MG, 60 MG (<i>duloxetine hcl</i>)	NF	
<i>desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Tier 1	
<i>desvenlafaxine er oral tablet extended release 24 hour 100 mg, 50 mg</i>	NF	

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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12/01/2020

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i>	Tier 1	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>	Tier 1	
<i>doxepin hcl oral concentrate 10 mg/ml</i>	Tier 1	
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG (<i>duloxetine hcl</i>)	NF	
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 40 mg, 60 mg</i>	Tier 1	
EFFEXOR XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 150 MG, 37.5 MG, 75 MG (<i>venlafaxine hcl</i>)	NF	
ELAVIL ORAL TABLET 25 MG (<i>amitriptyline hcl</i>)	NF	
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR (<i>selegiline</i>)	Tier 3	PA; #; QL (1 patch per 1 day)
<i>escitalopram oxalate oral solution 5 mg/5ml</i>	Tier 1	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1	
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG (<i>levomilnacipran hcl</i>)	Tier 3	ST; QL (1 capsule per 1 day)
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG (<i>levomilnacipran hcl</i>)	Tier 3	ST; QL (1 capsule per 1 day)
<i>fluoxetine hcl oral capsule 10 mg</i>	Tier 1	QL (1 capsule per 1 day)
<i>fluoxetine hcl oral capsule 20 mg</i>	Tier 1	QL (4 capsules per 1 day)
<i>fluoxetine hcl oral capsule 40 mg</i>	Tier 1	QL (2 capsules per 1 day)
<i>fluoxetine hcl oral capsule delayed release 90 mg</i>	Tier 1	QL (4 capsules per 1 month)
<i>fluoxetine hcl oral solution 20 mg/5ml</i>	Tier 1	
<i>fluoxetine hcl oral tablet 10 mg, 60 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>fluoxetine hcl oral tablet 20 mg</i>	Tier 1	QL (4 tablets per 1 day)
<i>fluvoxamine maleate er oral capsule extended release 24 hour 100 mg, 150 mg</i>	NF	
<i>fluvoxamine maleate oral tablet 100 mg</i>	Tier 1	QL (3 tablets per 1 day)
<i>fluvoxamine maleate oral tablet 25 mg, 50 mg</i>	Tier 1	QL (1 tablet per 1 day)

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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12/01/2020

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FORFIVO XL ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG (<i>bupropion hcl</i>)	NF	
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	Tier 1	
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	Tier 1	
KHEDEZLA ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 50 MG (<i>desvenlafaxine</i>)	NF	
LEXAPRO ORAL TABLET 10 MG, 20 MG, 5 MG (<i>escitalopram oxalate</i>)	NF	
<i>maprotiline hcl oral tablet 25 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>maprotiline hcl oral tablet 50 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>maprotiline hcl oral tablet 75 mg</i>	Tier 1	QL (3 tablets per 1 day)
MARPLAN ORAL TABLET 10 MG (<i>isocarboxazid</i>)	Tier 3	
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg</i>	Tier 1	QL (1 tablet per 1 day)
NARDIL ORAL TABLET 15 MG (<i>phenelzine sulfate</i>)	NF	
<i>nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	Tier 1	
NORPRAMIN ORAL TABLET 10 MG, 25 MG (<i>desipramine hcl</i>)	NF	
<i>nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	Tier 1	
<i>nortriptyline hcl oral solution 10 mg/5ml</i>	Tier 1	
PAMELOR ORAL CAPSULE 10 MG, 25 MG, 50 MG, 75 MG (<i>nortriptyline hcl</i>)	NF	
PARNATE ORAL TABLET 10 MG (<i>tranylcypromine sulfate</i>)	NF	
<i>paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg, 37.5 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>paroxetine hcl oral tablet 10 mg, 20 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>paroxetine hcl oral tablet 30 mg, 40 mg</i>	Tier 1	QL (2 tablets per 1 day)
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5 MG, 25 MG, 37.5 MG (<i>paroxetine hcl</i>)	NF	

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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12/01/2020

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PAXIL ORAL SUSPENSION 10 MG/5ML (<i>paroxetine hcl</i>)	NF	
PAXIL ORAL TABLET 10 MG, 20 MG, 30 MG, 40 MG (<i>paroxetine hcl</i>)	NF	
PEXEVA ORAL TABLET 10 MG, 20 MG, 30 MG, 40 MG (<i>paroxetine mesylate</i>)	NF	
<i>phenelzine sulfate oral tablet 15 mg</i>	Tier 1	
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 25 MG, 50 MG (<i>desvenlafaxine succinate</i>)	NF	
<i>protriptyline hcl oral tablet 10 mg, 5 mg</i>	Tier 1	
PROZAC ORAL CAPSULE 10 MG, 20 MG, 40 MG (<i>fluoxetine hcl</i>)	NF	
REMERON ORAL TABLET 15 MG, 30 MG, 45 MG (<i>mirtazapine</i>)	NF	
REMERON SOLTAB ORAL TABLET DISPERSIBLE 15 MG, 30 MG, 45 MG (<i>mirtazapine</i>)	NF	
<i>sertraline hcl oral concentrate 20 mg/ml</i>	Tier 1	
<i>sertraline hcl oral tablet 100 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>sertraline hcl oral tablet 25 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>sertraline hcl oral tablet 50 mg</i>	Tier 1	QL (1.5 tablets per 1 day)
SURMONTIL ORAL CAPSULE 100 MG, 25 MG, 50 MG (<i>trimipramine maleate</i>)	NF	
TOFRANIL ORAL TABLET 10 MG, 25 MG, 50 MG (<i>imipramine hcl</i>)	NF	
<i>tranylecypromine sulfate oral tablet 10 mg</i>	Tier 1	
<i>trazodone hcl oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	Tier 1	
<i>trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 1	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG (<i>vortioxetine hbr</i>)	Tier 3	PA; ST; QL (1 tablet per 1 day)
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg</i>	Tier 1	QL (2 capsules per 1 day)
<i>venlafaxine hcl er oral capsule extended release 24 hour 37.5 mg, 75 mg</i>	Tier 1	QL (1 capsule per 1 day)
<i>venlafaxine hcl er oral tablet extended release 24 hour 150 mg</i>	Tier 1	QL (2 tablets per 1 day)

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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12/01/2020

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

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ADLYXIN SUBCUTANEOUS SOLUTION PEN-INJECTOR 20 MCG/0.2ML (<i>lixisenatide</i>)	NF	
ADMELOG SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin lispro</i>)	NF	
ADMELOG SUBCUTANEOUS SOLUTION 100 UNIT/ML (<i>insulin lispro</i>)	NF	
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>)	Tier 3	ST
AFREZZA INHALATION POWDER 30 X 4 UNIT & 60X8 UNIT, 60 X 4 UNIT & 30X8 UNIT, 60 X 8 UNIT & 30X12 UNIT (<i>insulin regular human</i>)	NF	
<i>alogliptin benzoate oral tablet 12.5 mg, 25 mg, 6.25 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>alogliptin-metformin hcl oral tablet 12.5-1000 mg, 12.5-500 mg</i>	Tier 1	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>	Tier 1	QL (1 tablet per 1 day)
AMARYL ORAL TABLET 1 MG, 2 MG, 4 MG (<i>glimepiride</i>)	NF	
APIDRA INJECTION SOLUTION 100 UNIT/ML (<i>insulin glulisine</i>)	Tier 3	ST
APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin glulisine</i>)	Tier 3	ST
AVANDIA ORAL TABLET 2 MG, 4 MG (<i>rosiglitazone maleate</i>)	Tier 3	QL (1 tablet per 1 day)
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE (<i>glucagon</i>)	NF	
BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE (<i>glucagon</i>)	NF	
BASAGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin glargine</i>)	Tier 3	ST
BD GLUCOSE ORAL TABLET CHEWABLE 5 GM (<i>dextrose (diabetic use)</i>)	Tier 3	
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85ML (<i>exenatide</i>)	Tier 3	PA; ST; QL (4 pens per 1 month)

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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12/01/2020

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BYDUREON SUBCUTANEOUS PEN-INJECTOR 2 MG (<i>exenatide</i>)	Tier 3	PA; ST; QL (4 pens per 1 month)
BYDUREON SUBCUTANEOUS SUSPENSION RECONSTITUTED ER 2 MG (<i>exenatide</i>)	Tier 3	PA; ST; QL (4 pens per 1 month)
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MCG/0.04ML (<i>exenatide</i>)	Tier 3	PA; ST; #; QL (1 pen per 1 fill)
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MCG/0.02ML (<i>exenatide</i>)	Tier 3	PA; ST; #; QL (1 pen per 1 fill)
<i>chlorpropamide oral tablet 100 mg, 250 mg</i>	Tier 1	
CYCLOSET ORAL TABLET 0.8 MG (<i>bromocriptine mesylate</i>)	Tier 3	QL (6 tablets per 1 day)
DEX4 GLUCOSE GO-POUCH ORAL GEL 15 GM/33GM (<i>dextrose (diabetic use)</i>)	Tier 3	
DEX4 GLUCOSE ORAL LIQUID 15 GM/59ML (<i>dextrose (diabetic use)</i>)	Tier 3	
DEX4 GLUCOSE ORAL TABLET CHEWABLE 4-6 GM- MG (<i>glucose-vitamin c</i>)	Tier 3	
DEX4 QUICK DISSOLVE GLUCOSE ORAL TABLET CHEWABLE 4 GM (<i>dextrose (diabetic use)</i>)	Tier 3	
<i>diazoxide oral suspension 50 mg/ml</i>	Tier 1	
DUETACT ORAL TABLET 30-2 MG, 30-4 MG (<i>pioglitazone hcl-glimepiride</i>)	NF	
FARXIGA ORAL TABLET 10 MG, 5 MG (<i>dapagliflozin propanediol</i>)	Tier 2	QL (1 tablet per 1 day)
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin aspart (w/niacinamide)</i>)	Tier 2	
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML (<i>insulin aspart (w/niacinamide)</i>)	Tier 2	
FIASP SUBCUTANEOUS SOLUTION 100 UNIT/ML (<i>insulin aspart (w/niacinamide)</i>)	Tier 2	
FORTAMET ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG, 500 MG (<i>metformin hcl</i>)	NF	
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	Tier 1	

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
<i>glipizide oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>glipizide xl oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
<i>glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	Tier 1	
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED 1 MG (<i>glucagon hcl (rdna)</i>)	Tier 3	QL (1 kit per 1 fill)
<i>glucagon emergency injection kit 1 mg</i>	Tier 2	QL (2 kits per 1 month)
<i>glucagon emergency injection solution reconstituted 1 mg/ml</i>	NF	
GLUCO BURST ORAL GEL 40 % (<i>dextrose (diabetic use)</i>)	Tier 1	
GLUCOPHAGE ORAL TABLET 1000 MG, 500 MG, 850 MG (<i>metformin hcl</i>)	NF	
GLUCOPHAGE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG, 750 MG (<i>metformin hcl</i>)	NF	
<i>glucose oral gel 40 %</i>	Tier 1	
<i>glucose oral liquid 15 gm/59ml</i>	Tier 1	
<i>glucose oral tablet chewable 4 gm, 4-6 gm-mg</i>	Tier 1	
GLUCOTROL ORAL TABLET 10 MG, 5 MG (<i>glipizide</i>)	NF	
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 2.5 MG, 5 MG (<i>glipizide</i>)	NF	
GLUCOVANCE ORAL TABLET 2.5-500 MG, 5-500 MG (<i>glyburide-metformin</i>)	NF	
GLUMETZA ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG, 500 MG (<i>metformin hcl</i>)	NF	
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>	Tier 1	
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	Tier 1	
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	Tier 1	
GLYNASE ORAL TABLET 1.5 MG, 3 MG, 6 MG (<i>glyburide micronized</i>)	NF	

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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12/01/2020

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GLYSET ORAL TABLET 100 MG, 25 MG, 50 MG (<i>miglitol</i>)	NF	
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG (<i>empagliflozin-linagliptin</i>)	Tier 3	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>)	NF	
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML (<i>glucagon</i>)	NF	
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.5 MG/0.1ML, 1 MG/0.2ML (<i>glucagon</i>)	NF	
HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin lispro</i>)	Tier 3	ST
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML (<i>insulin lispro</i>)	Tier 3	ST
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (50-50) 100 UNIT/ML (<i>insulin lispro prot & lispro</i>)	Tier 3	ST
HUMALOG MIX 50/50 SUBCUTANEOUS SUSPENSION (50-50) 100 UNIT/ML (<i>insulin lispro prot & lispro</i>)	Tier 3	ST
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML (<i>insulin lispro prot & lispro</i>)	Tier 3	ST
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION (75-25) 100 UNIT/ML (<i>insulin lispro prot & lispro</i>)	Tier 3	ST
HUMALOG SUBCUTANEOUS SOLUTION 100 UNIT/ML (<i>insulin lispro</i>)	Tier 3	ST
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML (<i>insulin lispro</i>)	Tier 3	ST
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (<i>insulin nph isophane & regular</i>)	Tier 3	ST

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (<i>insulin nph isophane & regular</i>)	Tier 3	ST
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML (<i>insulin nph human (isophane)</i>)	Tier 3	ST
HUMULIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML (<i>insulin nph human (isophane)</i>)	Tier 3	ST
HUMULIN R INJECTION SOLUTION 100 UNIT/ML (<i>insulin regular human</i>)	Tier 3	ST
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML (<i>insulin regular human</i>)	Tier 3	
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML (<i>insulin regular human</i>)	Tier 3	
INSTA-GLUCOSE ORAL GEL 77.4 % (<i>dextrose (diabetic use)</i>)	Tier 3	
<i>insulin asp prot & asp flexpen subcutaneous suspension pen-injector (70-30) 100 unit/ml</i>	NF	
<i>insulin aspart flexpen subcutaneous solution pen-injector 100 unit/ml</i>	NF	
<i>insulin aspart penfill subcutaneous solution cartridge 100 unit/ml</i>	NF	
<i>insulin aspart prot & aspart subcutaneous suspension (70-30) 100 unit/ml</i>	NF	
<i>insulin aspart subcutaneous solution 100 unit/ml</i>	NF	
<i>insulin lispro junior kwikpen subcutaneous solution pen-injector 100 unit/ml</i>	NF	
<i>insulin lispro prot & lispro subcutaneous suspension pen-injector (75-25) 100 unit/ml</i>	NF	
<i>insulin lispro subcutaneous solution 100 unit/ml</i>	Tier 3	ST
<i>insulin lispro subcutaneous solution pen-injector 100 unit/ml</i>	Tier 1	
INVOKAMET ORAL TABLET 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG (<i>canagliflozin-metformin hcl</i>)	Tier 3	QL (2 tablets per 1 day)

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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>)	Tier 3	QL (2 tablets per 1 day)
INVOKANA ORAL TABLET 100 MG, 300 MG (<i>canagliflozin</i>)	Tier 3	QL (1 tablet per 1 day)
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG (<i>sitagliptin-metformin hcl</i>)	Tier 2	QL (2 tablets per 1 day)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-500 MG (<i>sitagliptin-metformin hcl</i>)	Tier 2	QL (1 tablet per 1 day)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG (<i>sitagliptin-metformin hcl</i>)	Tier 2	QL (2 tablets per 1 day)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG (<i>sitagliptin phosphate</i>)	Tier 2	QL (1 tablet per 1 day)
JARDIANCE ORAL TABLET 10 MG, 25 MG (<i>empagliflozin</i>)	Tier 3	QL (1 tablet per 1 day)
JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG (<i>linagliptin-metformin hcl</i>)	Tier 3	ST; QL (2 tablets per 1 day)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG (<i>linagliptin-metformin hcl</i>)	Tier 3	ST; QL (2 tablets per 1 day)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG (<i>linagliptin-metformin hcl</i>)	Tier 3	ST; QL (1 tablet per 1 day)
KAZANO ORAL TABLET 12.5-1000 MG, 12.5-500 MG (<i>alogliptin-metformin hcl</i>)	NF	
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG (<i>saxagliptin-metformin</i>)	Tier 3	ST; QL (2 tablets per 1 day)
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG, 5-500 MG (<i>saxagliptin-metformin</i>)	Tier 3	ST; QL (1 tablet per 1 day)
KORLYM ORAL TABLET 300 MG (<i>mifepristone</i>)	Tier 4	PA; #; SP Pharmacy; QL (4 tablets per 1 day)
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin glargine</i>)	NF	

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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12/01/2020

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML (<i>insulin glargine</i>)	NF	
<i>leader quick dissolve glucose oral tablet chewable 4 gm</i>	Tier 3	
LEVEMIR FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin detemir</i>)	Tier 2	
LEVEMIR SUBCUTANEOUS SOLUTION 100 UNIT/ML (<i>insulin detemir</i>)	Tier 2	
LYUMJEV INJECTION SOLUTION 100 UNIT/ML (<i>insulin lispro-aabc</i>)	NF	
LYUMJEV KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML (<i>insulin lispro-aabc</i>)	NF	
<i>metformin hcl er (mod) oral tablet extended release 24 hour 1000 mg, 500 mg</i>	NF	
<i>metformin hcl er (osm) oral tablet extended release 24 hour 1000 mg</i>	Tier 1	ST; QL (2 tablets per 1 day)
<i>metformin hcl er (osm) oral tablet extended release 24 hour 500 mg</i>	Tier 1	ST; QL (3 tablets per 1 day)
<i>metformin hcl er oral tablet extended release 24 hour 500 mg, 750 mg</i>	Tier 1	
<i>metformin hcl oral solution 500 mg/5ml</i>	Tier 1	
<i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg</i>	Tier 1	
<i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	
<i>nateglinide oral tablet 120 mg, 60 mg</i>	Tier 1	
NESINA ORAL TABLET 12.5 MG, 25 MG, 6.25 MG (<i>alogliptin benzoate</i>)	NF	
NOVOLIN 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (<i>insulin nph isophane & regular</i>)	Tier 2	
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (<i>insulin nph isophane & regular</i>)	Tier 2	

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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12/01/2020

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NOVOLIN 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (<i>insulin nph isophane & regular</i>)	Tier 2	
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (<i>insulin nph isophane & regular</i>)	Tier 2	
NOVOLIN N FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML (<i>insulin nph human (isophane)</i>)	NF	
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML (<i>insulin nph human (isophane)</i>)	Tier 2	
NOVOLIN N RELION SUBCUTANEOUS SUSPENSION 100 UNIT/ML (<i>insulin nph human (isophane)</i>)	Tier 2	
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML (<i>insulin nph human (isophane)</i>)	Tier 2	
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin regular human</i>)	Tier 2	
NOVOLIN R FLEXPEN RELION INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin regular human</i>)	NF	
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML (<i>insulin regular human</i>)	Tier 2	
NOVOLIN R RELION INJECTION SOLUTION 100 UNIT/ML (<i>insulin regular human</i>)	Tier 2	
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin aspart</i>)	Tier 2	
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (<i>insulin aspart prot & aspart</i>)	Tier 2	
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (<i>insulin aspart prot & aspart</i>)	Tier 2	
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML (<i>insulin aspart</i>)	Tier 2	
NOVOLOG SUBCUTANEOUS SOLUTION 100 UNIT/ML (<i>insulin aspart</i>)	Tier 2	

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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12/01/2020

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ONGLYZA ORAL TABLET 2.5 MG, 5 MG (<i>saxagliptin hcl</i>)	Tier 3	ST; QL (1 tablet 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>)	NF	
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML (<i>semaglutide</i>)	Tier 2	PA; ST; QL (2 pens per 28 days)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML (<i>semaglutide</i>)	Tier 2	PA; ST; QL (2 pens per 28 days)
<i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>pioglitazone hcl-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg</i>	Tier 1	QL (2 tablets per 1 day)
PRANDIN ORAL TABLET 1 MG, 2 MG (<i>repaglinide</i>)	NF	
PRECOSE ORAL TABLET 100 MG, 25 MG, 50 MG (<i>acarbose</i>)	NF	
PROGLYCEM ORAL SUSPENSION 50 MG/ML (<i>diazoxide</i>)	Tier 3	
QTERN ORAL TABLET 10-5 MG (<i>dapagliflozin-saxagliptin</i>)	NF	
QTERN ORAL TABLET 5-5 MG (<i>dapagliflozin-saxagliptin</i>)	Tier 2	ST; QL (1 tablet per 1 day)
RELION GLUCOSE DRINK ORAL LIQUID 15 GM/59ML (<i>dextrose (diabetic use)</i>)	Tier 1	
RELION GLUCOSE ORAL GEL 15 GM/38GM (<i>dextrose (diabetic use)</i>)	Tier 1	
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>repaglinide-metformin hcl oral tablet 1-500 mg, 2-500 mg</i>	Tier 1	QL (2 tablets per 1 day)
RIOMET ER ORAL SUSPENSION RECONSTITUTED ER 500 MG/5ML (<i>metformin hcl</i>)	NF	
RIOMET ORAL SOLUTION 500 MG/5ML (<i>metformin hcl</i>)	NF	
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG (<i>semaglutide</i>)	NF	
SEGLUROMET ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 7.5-1000 MG, 7.5-500 MG (<i>ertugliflozin-metformin hcl</i>)	NF	
SEMGLEE SUBCUTANEOUS SOLUTION 100 UNIT/ML (<i>insulin glargine</i>)	NF	

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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12/01/2020

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SEMGLEE SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin glargine</i>)	NF	
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML (<i>insulin glargine-lixisenatide</i>)	NF	
STARLIX ORAL TABLET 120 MG, 60 MG (<i>nateglinide</i>)	NF	
STEGLATRO ORAL TABLET 15 MG, 5 MG (<i>ertugliflozin l-pyroglutamicac</i>)	NF	
STEGLUJAN ORAL TABLET 15-100 MG, 5-100 MG (<i>ertugliflozin-sitagliptin</i>)	NF	
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML (<i>pramlintide acetate</i>)	Tier 3	PA; QL (4 pens per 1 month)
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML (<i>pramlintide acetate</i>)	Tier 3	PA
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG (<i>empagliflozin-metformin hcl</i>)	Tier 3	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>)	Tier 3	QL (2 tablets per 1 day)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 25-1000 MG (<i>empagliflozin-metformin hcl</i>)	Tier 3	QL (1 tablet per 1 day)
TANZEUM SUBCUTANEOUS PEN-INJECTOR 30 MG, 50 MG (<i>albiglutide</i>)	Tier 3	PA; ST; QL (4 pens per 1 month)
<i>tolazamide oral tablet 250 mg, 500 mg</i>	Tier 1	
<i>tolbutamide oral tablet 500 mg</i>	Tier 1	
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML (<i>insulin glargine</i>)	NF	
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML (<i>insulin glargine</i>)	NF	
TRADJENTA ORAL TABLET 5 MG (<i>linagliptin</i>)	Tier 3	ST; QL (1 tablet per 1 day)
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML (<i>insulin degludec</i>)	Tier 3	ST

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRESIBA SUBCUTANEOUS SOLUTION 100 UNIT/ML (<i>insulin degludec</i>)	Tier 3	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>)	NF	
TRULICITY SUBCUTANEOUS SOLUTION PEN- INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML (<i>dulaglutide</i>)	Tier 2	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>)	Tier 2	ST
<i>value plus glucose oral gel 40 %</i>	Tier 1	
VICTOZA SUBCUTANEOUS SOLUTION PEN- INJECTOR 18 MG/3ML (<i>liraglutide</i>)	Tier 2	PA; ST; QL (9 milliliters 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>)	Tier 2	QL (1 tablet per 1 day)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG (<i>dapagliflozin-metformin hcl</i>)	Tier 2	QL (2 tablets per 1 Day)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG (<i>dapagliflozin-metformin hcl</i>)	Tier 2	QL (2 tablets per 1 day)
XULTOPHY SUBCUTANEOUS SOLUTION PEN- INJECTOR 100-3.6 UNIT-MG/ML (<i>insulin degludec- liraglutide</i>)	NF	
ANTIDIARRHEAL/PROBIOTIC AGENTS - DRUGS FOR THE STOMACH		
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml</i>	Tier 1	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	Tier 1	
LOMOTIL ORAL TABLET 2.5-0.025 MG (<i>diphenoxylate- atropine</i>)	NF	
MOTOFEN ORAL TABLET 1-0.025 MG (<i>difenoxin- atropine</i>)	Tier 3	
MYTESI ORAL TABLET DELAYED RELEASE 125 MG (<i>crofelemer</i>)	Tier 3	PA; ST; QL (2 tablets per 1 day)
<i>opium oral tincture 10 mg/ml (1%)</i>	Tier 1	
<i>paregoric oral tincture 2 mg/5ml</i>	Tier 1	

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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12/01/2020

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTIDOTES AND SPECIFIC ANTAGONISTS - DRUGS FOR OVERDOSE OR POISONING		
CHEMET ORAL CAPSULE 100 MG (<i>succimer</i>)	Tier 3	
<i>deferasirox granules oral packet 180 mg, 360 mg, 90 mg</i>	NF	
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i>	NF	
<i>deferasirox oral tablet soluble 125 mg, 250 mg, 500 mg</i>	Tier 4	PA; SP Pharmacy
<i>deferiprone oral tablet 500 mg</i>	Tier 4	PA
EVZIO INJECTION SOLUTION AUTO-INJECTOR 0.4 MG/0.4ML (<i>naloxone hcl</i>)	Tier 3	
EVZIO INJECTION SOLUTION AUTO-INJECTOR 2 MG/0.4ML (<i>naloxone hcl</i>)	Tier 3	#
EXJADE ORAL TABLET SOLUBLE 125 MG, 250 MG, 500 MG (<i>deferasirox</i>)	Tier 4	PA; SP Pharmacy
FERRIPROX ORAL SOLUTION 100 MG/ML (<i>deferiprone</i>)	Tier 4	PA; SP Pharmacy
FERRIPROX ORAL TABLET 1000 MG, 500 MG (<i>deferiprone</i>)	Tier 4	PA; #; SP Pharmacy
FERRIPROX TWICE-A-DAY ORAL TABLET 1000 MG (<i>deferiprone</i>)	Tier 4	PA; #; SP Pharmacy
JADENU ORAL TABLET 180 MG, 360 MG, 90 MG (<i>deferasirox</i>)	NF	
JADENU SPRINKLE ORAL PACKET 180 MG, 360 MG, 90 MG (<i>deferasirox</i>)	NF	#
<i>naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml</i>	Tier 1	
<i>naloxone hcl injection solution auto-injector 2 mg/0.4ml</i>	NF	
<i>naloxone hcl injection solution cartridge 0.4 mg/ml</i>	Tier 1	
<i>naloxone hcl injection solution prefilled syringe 2 mg/2ml</i>	Tier 1	
<i>naltrexone hcl oral tablet 50 mg</i>	Tier 1	
NARCAN NASAL LIQUID 4 MG/0.1ML (<i>naloxone hcl</i>)	Tier 2	
RADIOGARDASE ORAL CAPSULE 0.5 GM (<i>prussian blue insoluble</i>)	NF	
VISTOGARD ORAL PACKET 10 GM (<i>uridine triacetate</i>)	Tier 4	SP Pharmacy; QL (20 packets per 1 prescription)

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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12/01/2020

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG (<i>naltrexone</i>)	Tier 3	
ANTIEMETICS - DRUGS FOR THE STOMACH		
AKYNZEO ORAL CAPSULE 300-0.5 MG (<i>netupitant-palonosetron</i>)	Tier 3	ST; QL (2 capsules per 1 month)
ANZEMET ORAL TABLET 100 MG, 50 MG (<i>dolasetron mesylate</i>)	Tier 3	QL (6 tablets per 1 month)
<i>aprepitant oral capsule 125 mg</i>	Tier 1	QL (5 capsules per 30 days)
<i>aprepitant oral capsule 40 mg, 80 mg</i>	Tier 1	QL (3 capsules per 1 fill)
<i>aprepitant oral capsule 80 & 125 mg</i>	Tier 1	QL (9 tablets per 30 days)
BONJESTA ORAL TABLET EXTENDED RELEASE 20-20 MG (<i>doxylamine-pyridoxine</i>)	NF	#
CESAMET ORAL CAPSULE 1 MG (<i>nabilone</i>)	Tier 3	QL (2 capsules per 1 day)
DICLEGIS ORAL TABLET DELAYED RELEASE 10-10 MG (<i>doxylamine-pyridoxine</i>)	NF	
<i>doxylamine-pyridoxine oral tablet delayed release 10-10 mg</i>	NF	
DRAMAMINE LESS DROWSY ORAL TABLET 25 MG (<i>meclizine hcl</i>)	Tier 1	OTC
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	Tier 1	PA; ST; QL (2 capsules per 1 day)
EMEND ORAL CAPSULE 125 MG, 40 MG, 80 MG (<i>aprepitant</i>)	NF	
EMEND ORAL SUSPENSION RECONSTITUTED 125 MG/5ML (<i>aprepitant</i>)	Tier 2	#
<i>granisetron hcl oral tablet 1 mg</i>	Tier 1	
MARINOL ORAL CAPSULE 10 MG, 2.5 MG, 5 MG (<i>dronabinol</i>)	NF	
<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>	Tier 1	OTC
<i>ondansetron hcl oral solution 4 mg/5ml</i>	Tier 1	
<i>ondansetron hcl oral tablet 24 mg, 4 mg, 8 mg</i>	Tier 1	
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>	Tier 1	
SANCUSO TRANSDERMAL PATCH 3.1 MG/24HR (<i>granisetron</i>)	Tier 3	QL (2 patches per 21 days)

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>scopolamine transdermal patch 72 hour 1 mg/3days</i>	Tier 1	
SYNDROS ORAL SOLUTION 5 MG/ML (<i>dronabinol</i>)	NF	#
TIGAN ORAL CAPSULE 300 MG (<i>trimethobenzamide hcl</i>)	NF	
TRANSDERM-SCOP (1.5 MG) TRANSDERMAL PATCH 72 HOUR 1 MG/3DAYS (<i>scopolamine base</i>)	NF	
<i>trimethobenzamide hcl oral capsule 300 mg</i>	Tier 1	
VARUBI (180 MG DOSE) ORAL TABLET THERAPY PACK 2 X 90 MG (<i>rolapitant hcl</i>)	NF	
VARUBI ORAL TABLET 90 MG (<i>rolapitant hcl</i>)	NF	
ZOFRAN ODT ORAL TABLET DISPERSIBLE 4 MG, 8 MG (<i>ondansetron</i>)	NF	
ZOFRAN ORAL SOLUTION 4 MG/5ML (<i>ondansetron hcl</i>)	NF	
ZOFRAN ORAL TABLET 4 MG, 8 MG (<i>ondansetron hcl</i>)	NF	
ZUPLENZ ORAL FILM 4 MG, 8 MG (<i>ondansetron</i>)	NF	
ANTIFUNGALS - DRUGS FOR INFECTIONS		
ANCOBON ORAL CAPSULE 250 MG, 500 MG (<i>flucytosine</i>)	NF	
<i>bio-statin oral capsule 1000000 unit, 500000 unit</i>	NF	
<i>bio-statin oral powder</i>	Tier 1	
CRESEMBA ORAL CAPSULE 186 MG (<i>isavuconazonium sulfate</i>)	Tier 3	
DIFLUCAN ORAL SUSPENSION RECONSTITUTED 10 MG/ML, 40 MG/ML (<i>fluconazole</i>)	NF	
DIFLUCAN ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (<i>fluconazole</i>)	NF	
<i>fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml</i>	Tier 1	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	Tier 1	
<i>flucytosine oral capsule 250 mg, 500 mg</i>	Tier 1	
<i>griseofulvin microsize oral suspension 125 mg/5ml</i>	Tier 1	
<i>griseofulvin microsize oral tablet 500 mg</i>	Tier 1	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	Tier 1	

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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12/01/2020

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

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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12/01/2020

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ALLEGRA ALLERGY ORAL TABLET 180 MG, 60 MG (<i>fexofenadine hcl</i>)	Tier 1	OTC
<i>brompheniramine tannate oral tablet chewable 12 mg</i>	NF	
<i>carbinoxamine maleate oral solution 4 mg/5ml</i>	Tier 1	
<i>carbinoxamine maleate oral tablet 4 mg</i>	Tier 1	
<i>carbinoxamine maleate oral tablet 6 mg</i>	NF	
<i>cetirizine hcl oral syrup 1 mg/ml</i>	Tier 1	OTC
<i>cetirizine hcl oral tablet 10 mg, 5 mg</i>	Tier 1	OTC
<i>cetirizine hcl oral tablet chewable 10 mg, 5 mg</i>	Tier 1	OTC
CLARINEX ORAL SYRUP 0.5 MG/ML (<i>desloratadine</i>)	NF	
CLARINEX ORAL TABLET 5 MG (<i>desloratadine</i>)	NF	
CLARITIN CHILDRENS ORAL TABLET CHEWABLE 5 MG (<i>loratadine</i>)	Tier 1	OTC
CLARITIN ORAL SYRUP 5 MG/5ML (<i>loratadine</i>)	Tier 1	OTC
CLARITIN ORAL TABLET 10 MG (<i>loratadine</i>)	Tier 1	OTC
CLARITIN ORAL TABLET CHEWABLE 5 MG (<i>loratadine</i>)	Tier 1	OTC
CLARITIN REDITABS ORAL TABLET DISPERSIBLE 10 MG, 5 MG (<i>loratadine</i>)	Tier 1	OTC
<i>clemastine fumarate oral tablet 2.68 mg</i>	Tier 1	OTC
<i>cyproheptadine hcl oral syrup 2 mg/5ml</i>	Tier 1	
<i>cyproheptadine hcl oral tablet 4 mg</i>	Tier 1	
<i>desloratadine oral tablet 5 mg</i>	Tier 1	ST; QL (1 tablet per 1 day)
<i>desloratadine oral tablet dispersible 2.5 mg</i>	Tier 1	ST; QL (1 tablet per 1 day)
<i>desloratadine oral tablet dispersible 5 mg</i>	Tier 1	ST
<i>fexofenadine hcl childrens oral suspension 30 mg/5ml</i>	Tier 1	OTC
<i>fexofenadine hcl oral tablet 180 mg, 60 mg</i>	Tier 1	OTC
KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE 4 MG/5ML (<i>carbinoxamine maleate</i>)	NF	
<i>loratadine allergy relief oral tablet dispersible 10 mg</i>	Tier 1	OTC
<i>loratadine childrens oral syrup 5 mg/5ml</i>	Tier 1	OTC

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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12/01/2020

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>loratadine oral tablet 10 mg</i>	Tier 1	OTC
<i>loratadine oral tablet chewable 5 mg</i>	Tier 1	OTC
MUCINEX ALLERGY ORAL TABLET 180 MG (<i>fexofenadine hcl</i>)	Tier 1	OTC
<i>promethazine hcl</i> (Phenadoz Rectal Suppository 12.5 Mg, 25 Mg)	Tier 1	
<i>promethazine hcl</i> (Phenergan Rectal Suppository 12.5 Mg, 25 Mg, 50 Mg)	Tier 1	
<i>promethazine hcl oral solution 6.25 mg/5ml</i>	Tier 1	
<i>promethazine hcl oral syrup 6.25 mg/5ml</i>	Tier 1	
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>	Tier 1	
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg, 50 mg</i>	Tier 1	
<i>promethazine hcl</i> (Promethegan Rectal Suppository 12.5 Mg, 25 Mg)	Tier 1	
PROMETHEGAN RECTAL SUPPOSITORY 50 MG (<i>promethazine hcl</i>)	Tier 1	
RYCLORA ORAL SYRUP 2 MG/5ML (<i>dexchlorpheniramine maleate</i>)	NF	
RYVENT ORAL TABLET 6 MG (<i>carbinoxamine maleate</i>)	NF	
XYZAL ALLERGY 24HR CHILDRENS ORAL SOLUTION 2.5 MG/5ML (<i>levocetirizine dihydrochloride</i>)	Tier 1	OTC
XYZAL ALLERGY 24HR ORAL TABLET 5 MG (<i>levocetirizine dihydrochloride</i>)	Tier 1	OTC
ZYRTEC ALLERGY ORAL CAPSULE 10 MG (<i>cetirizine hcl</i>)	Tier 1	OTC
ZYRTEC ALLERGY ORAL TABLET 10 MG (<i>cetirizine hcl</i>)	Tier 1	OTC
ZYRTEC CHILDRENS ALLERGY ORAL SYRUP 1 MG/ML (<i>cetirizine hcl</i>)	Tier 1	OTC
ANTIHYPERLIPIDEMICS - DRUGS FOR THE HEART		
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HOUR 20 MG, 40 MG, 60 MG (<i>lovastatin</i>)	Tier 3	ST; #; QL (2 tablets per 1 day)

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTARA ORAL CAPSULE 30 MG, 90 MG (<i>fenofibrate micronized</i>)	NF	#
<i>atorvastatin calcium oral tablet 10 mg, 20 mg</i>	CE	N2 (Tier 1); QL (1 tablet per 1 day); AL
<i>atorvastatin calcium oral tablet 40 mg, 80 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>cholestyramine light oral packet 4 gm</i>	Tier 1	
<i>cholestyramine light oral powder 4 gml/dose</i>	Tier 1	
<i>cholestyramine oral packet 4 gm</i>	Tier 1	
<i>cholestyramine oral powder 4 gml/dose</i>	Tier 1	
<i>colesevelam hcl oral packet 3.75 gm</i>	Tier 1	
<i>colesevelam hcl oral tablet 625 mg</i>	Tier 1	
COLESTID FLAVORED ORAL GRANULES 5 GM (<i>colestipol hcl</i>)	NF	
COLESTID FLAVORED ORAL PACKET 5 GM (<i>colestipol hcl</i>)	NF	
COLESTID ORAL GRANULES 5 GM (<i>colestipol hcl</i>)	NF	
COLESTID ORAL PACKET 5 GM (<i>colestipol hcl</i>)	NF	
COLESTID ORAL TABLET 1 GM (<i>colestipol hcl</i>)	NF	
<i>colestipol hcl oral granules 5 gm</i>	Tier 1	
<i>colestipol hcl oral packet 5 gm</i>	Tier 1	
<i>colestipol hcl oral tablet 1 gm</i>	Tier 1	
CRESTOR ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG (<i>rosuvastatin calcium</i>)	NF	
EZALLOR SPRINKLE ORAL CAPSULE SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG (<i>rosuvastatin calcium</i>)	NF	
<i>ezetimibe oral tablet 10 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	Tier 1	ST; QL (1 tablet per 1 day)
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i>	Tier 1	QL (1 capsule per 1 day)
<i>fenofibrate oral capsule 150 mg, 50 mg</i>	Tier 1	QL (1 capsule per 1 day)
<i>fenofibrate oral tablet 120 mg, 40 mg</i>	NF	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>fenofibric acid oral capsule delayed release 135 mg, 45 mg</i>	NF	
<i>fenofibric acid oral tablet 105 mg, 35 mg</i>	Tier 1	QL (1 tablet per 1 day)
FENOGLIDE ORAL TABLET 120 MG, 40 MG (<i>fenofibrate</i>)	NF	
FIBRICOR ORAL TABLET 105 MG, 35 MG (<i>fenofibric acid</i>)	NF	
<i>flolipid oral suspension 20 mg/5ml, 40 mg/5ml</i>	NF	
<i>fluvastatin sodium er oral tablet extended release 24 hour 80 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>fluvastatin sodium oral capsule 20 mg, 40 mg</i>	Tier 1	QL (2 capsules per 1 day)
<i>gemfibrozil oral tablet 600 mg</i>	Tier 1	
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 5 MG, 60 MG (<i>lomitapide mesylate</i>)	Tier 4	PA; ST; SP Pharmacy; QL (1 capsule per 1 day)
KYNAMRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML (<i>mipomersen sodium</i>)	NF	
LESCOL ORAL CAPSULE 20 MG (<i>fluvastatin sodium</i>)	NF	
LESCOL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 80 MG (<i>fluvastatin sodium</i>)	NF	
LIPITOR ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG (<i>atorvastatin calcium</i>)	NF	
LIPOFEN ORAL CAPSULE 150 MG, 50 MG (<i>fenofibrate</i>)	NF	
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG (<i>pitavastatin calcium</i>)	Tier 3	ST; QL (1 tablet per 1 day)
LOFIBRA ORAL CAPSULE 134 MG, 67 MG (<i>fenofibrate micronized</i>)	NF	
LOFIBRA ORAL TABLET 54 MG (<i>fenofibrate</i>)	NF	
LOPID ORAL TABLET 600 MG (<i>gemfibrozil</i>)	NF	
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	Tier 1	QL (2 tablets per 1 day)
LOVAZA ORAL CAPSULE 1 GM (<i>omega-3-acid ethyl esters</i>)	NF	
MEVACOR ORAL TABLET 40 MG (<i>lovastatin</i>)	NF	
NEXLETOL ORAL TABLET 180 MG (<i>bempedoic acid</i>)	NF	

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NEXLIZET ORAL TABLET 180-10 MG (<i>bempedoic acid-ezetimibe</i>)	NF	
<i>niacin (antihyperlipidemic) oral tablet 500 mg</i>	Tier 1	
<i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg</i>	Tier 1	
NIACOR ORAL TABLET 500 MG (<i>niacin (antihyperlipidemic)</i>)	NF	
NIASPAN ORAL TABLET EXTENDED RELEASE 1000 MG, 500 MG, 750 MG (<i>niacin (antihyperlipidemic)</i>)	NF	
<i>omega-3-acid ethyl esters oral capsule 1 gm</i>	Tier 1	QL (4 tablets per 1 day)
PRALUENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 150 MG/ML, 75 MG/ML (<i>alirocumab</i>)	NF	
PRALUENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/ML (<i>alirocumab</i>)	NF	
PRAVACHOL ORAL TABLET 20 MG, 40 MG, 80 MG (<i>pravastatin sodium</i>)	NF	
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>cholestyramine light (Prevalite Oral Packet 4 Gm)</i>	Tier 1	
<i>cholestyramine light (Prevalite Oral Powder 4 Gm/Dose)</i>	Tier 1	
QUESTRAN LIGHT ORAL POWDER 4 GM/DOSE (<i>cholestyramine light</i>)	NF	
QUESTRAN ORAL PACKET 4 GM (<i>cholestyramine</i>)	NF	
QUESTRAN ORAL POWDER 4 GM/DOSE (<i>cholestyramine</i>)	NF	
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML (<i>evolocumab</i>)	Tier 4	PA; ST; SP Pharmacy; QL (1 syringe per 1 month)
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML (<i>evolocumab</i>)	Tier 4	PA; ST; SP Pharmacy; QL (2 injections per 28 days)
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML (<i>evolocumab</i>)	Tier 4	PA; ST; SP Pharmacy; QL (2 injections per 28 days)
<i>rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>simvastatin oral suspension 20 mg/5ml</i>	NF	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	CE	N2 (Tier 1); QL (1 tablet per 1 day); AL
<i>simvastatin oral tablet 80 mg</i>	Tier 1	QL (1 tablet per 1 day)
TRICOR ORAL TABLET 145 MG, 48 MG (<i>fenofibrate</i>)	NF	
TRIGLIDE ORAL TABLET 160 MG (<i>fenofibrate</i>)	NF	
TRILIPIX ORAL CAPSULE DELAYED RELEASE 135 MG, 45 MG (<i>choline fenofibrate</i>)	NF	
VASCEPA ORAL CAPSULE 0.5 GM, 1 GM (<i>icosapent ethyl</i>)	Tier 2	#
VYTORIN ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG (<i>ezetimibe-simvastatin</i>)	NF	
WELCHOL ORAL PACKET 3.75 GM (<i>colesevelam hcl</i>)	NF	
WELCHOL ORAL TABLET 625 MG (<i>colesevelam hcl</i>)	NF	
ZETIA ORAL TABLET 10 MG (<i>ezetimibe</i>)	NF	
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG, 80 MG (<i>simvastatin</i>)	NF	
ZYPITAMAG ORAL TABLET 1 MG, 2 MG, 4 MG (<i>pitavastatin magnesium</i>)	NF	
ANTIHYPERTENSIVES - DRUGS FOR THE HEART		
ACCUPRIL ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG (<i>quinapril hcl</i>)	NF	
ACCURETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG (<i>quinapril-hydrochlorothiazide</i>)	NF	
ACEON ORAL TABLET 4 MG, 8 MG (<i>perindopril erbumine</i>)	NF	
<i>aliskiren fumarate oral tablet 150 mg, 300 mg</i>	Tier 1	QL (1 tablet per 1 day)
ALTACE ORAL CAPSULE 1.25 MG, 10 MG, 2.5 MG, 5 MG (<i>ramipril</i>)	NF	
<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>	Tier 1	
<i>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	Tier 1	QL (1 tablet per 1 day)

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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12/01/2020

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

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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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>)	NF	
CATAPRES-TTS-1 TRANSDERMAL PATCH WEEKLY 0.1 MG/24HR (<i>clonidine</i>)	NF	
CATAPRES-TTS-2 TRANSDERMAL PATCH WEEKLY 0.2 MG/24HR (<i>clonidine</i>)	NF	
CATAPRES-TTS-3 TRANSDERMAL PATCH WEEKLY 0.3 MG/24HR (<i>clonidine</i>)	NF	
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	Tier 1	
<i>clonidine hcl transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr</i>	Tier 1	
CLOPRES ORAL TABLET 0.1-15 MG, 0.2-15 MG, 0.3-15 MG (<i>clonidine-chlorthalidone</i>)	Tier 3	
CORZIDE ORAL TABLET 40-5 MG, 80-5 MG (<i>nadolol-bendroflumethiazide</i>)	NF	
COZAAR ORAL TABLET 100 MG, 25 MG, 50 MG (<i>losartan potassium</i>)	NF	
DEMSER ORAL CAPSULE 250 MG (<i>metyrosine</i>)	Tier 4	ST
DIBENZYLINE ORAL CAPSULE 10 MG (<i>phenoxybenzamine hcl</i>)	NF	
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>)	NF	
DIOVAN ORAL TABLET 160 MG, 320 MG, 40 MG, 80 MG (<i>valsartan</i>)	NF	
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	Tier 1	
EDARBI ORAL TABLET 40 MG, 80 MG (<i>azilsartan medoxomil</i>)	Tier 3	ST; QL (1 tablet per 1 day)
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG (<i>azilsartan-chlorthalidone</i>)	Tier 3	ST; QL (1 tablet per 1 day)
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	Tier 1	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	Tier 1	
EPANED ORAL SOLUTION 1 MG/ML (<i>enalapril maleate</i>)	Tier 3	#: QL (5 ml per 1 day)

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>eplerenone oral tablet 25 mg, 50 mg</i>	Tier 1	
<i>eprosartan mesylate oral tablet 600 mg</i>	Tier 1	QL (1 tablet 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>)	NF	
EXFORGE ORAL TABLET 10-160 MG, 10-320 MG, 5-160 MG, 5-320 MG (<i>amlodipine besylate-valsartan</i>)	NF	
<i>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i>	Tier 1	
<i>fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg</i>	Tier 1	
<i>guanfacine hcl oral tablet 1 mg, 2 mg</i>	Tier 1	
<i>hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	Tier 1	
HYZAAR ORAL TABLET 100-12.5 MG, 100-25 MG, 50-12.5 MG (<i>losartan potassium-hctz</i>)	NF	
INSPIRA ORAL TABLET 25 MG, 50 MG (<i>eplerenone</i>)	NF	
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	Tier 1	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	Tier 1	
LOPRESSOR HCT ORAL TABLET 50-25 MG (<i>metoprolol-hydrochlorothiazide</i>)	NF	
<i>losartan potassium oral tablet 100 mg</i>	Tier 1	
<i>losartan potassium oral tablet 25 mg, 50 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	Tier 1	
LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG (<i>benazepril-hydrochlorothiazide</i>)	NF	
LOTENSIN ORAL TABLET 20 MG, 40 MG (<i>benazepril hcl</i>)	NF	
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG (<i>amlodipine besy-benazepril hcl</i>)	NF	
MAVIK ORAL TABLET 4 MG (<i>trandolapril</i>)	NF	

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>methyldopa oral tablet 250 mg, 500 mg</i>	Tier 1	
<i>methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg</i>	Tier 1	
<i>metoprolol-hctz er oral tablet extended release 24 hour 100-12.5 mg, 25-12.5 mg, 50-12.5 mg</i>	NF	
<i>metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	Tier 1	
<i>metyrosine oral capsule 250 mg</i>	Tier 1	
MICARDIS HCT ORAL TABLET 40-12.5 MG, 80-12.5 MG, 80-25 MG (<i>telmisartan-hctz</i>)	NF	
MICARDIS ORAL TABLET 20 MG, 40 MG, 80 MG (<i>telmisartan</i>)	NF	
MINIPRESS ORAL CAPSULE 1 MG, 2 MG, 5 MG (<i>prazosin hcl</i>)	NF	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	Tier 1	
<i>moexipril hcl oral tablet 15 mg, 7.5 mg</i>	Tier 1	
<i>moexipril-hydrochlorothiazide oral tablet 15-12.5 mg, 15-25 mg, 7.5-12.5 mg</i>	Tier 1	
<i>nadolol-bendroflumethiazide oral tablet 40-5 mg, 80-5 mg</i>	Tier 1	
<i>olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	Tier 1	
<i>phenoxybenzamine hcl oral capsule 10 mg</i>	Tier 4	SP Pharmacy; QL (12 capsules per 1 day)
<i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>	Tier 1	
PRESTALIA ORAL TABLET 14-10 MG, 3.5-2.5 MG, 7-5 MG (<i>perindopril arg-amlodipine</i>)	Tier 3	#
PRINIVIL ORAL TABLET 10 MG, 20 MG, 5 MG (<i>lisinopril</i>)	NF	
<i>propranolol-hctz oral tablet 40-25 mg, 80-25 mg</i>	Tier 1	

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
QBRELIS ORAL SOLUTION 1 MG/ML (<i>lisinopril</i>)	NF	
<i>quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	Tier 1	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	Tier 1	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
<i>reserpine oral tablet 0.1 mg, 0.25 mg</i>	Tier 1	
TARKA ORAL TABLET EXTENDED RELEASE 1-240 MG, 2-180 MG, 2-240 MG, 4-240 MG (<i>trandolapril-verapamil hcl</i>)	NF	
TEKTURNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG (<i>aliskiren-hydrochlorothiazide</i>)	Tier 3	ST; QL (1 tablet per 1 day)
TEKTURNA ORAL TABLET 150 MG, 300 MG (<i>aliskiren fumarate</i>)	NF	
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	Tier 1	ST; QL (1 tablet per 1 day)
<i>telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	Tier 1	QL (1 tablet per 1 day)
TENORETIC 100 ORAL TABLET 100-25 MG (<i>atenolol-chlorthalidone</i>)	NF	
TENORETIC 50 ORAL TABLET 50-25 MG (<i>atenolol-chlorthalidone</i>)	NF	
<i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	Tier 1	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	Tier 1	
<i>trandolapril-verapamil hcl er oral tablet extended release 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i>	Tier 1	
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>)	NF	
TWYNSTA ORAL TABLET 40-10 MG, 40-5 MG, 80-10 MG, 80-5 MG (<i>telmisartan-amlodipine</i>)	NF	
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	Tier 1	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>	Tier 1	QL (1 tablet per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VASERETIC ORAL TABLET 10-25 MG (<i>enalapril-hydrochlorothiazide</i>)	NF	
VASOTEC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG (<i>enalapril maleate</i>)	NF	
VECAMYL ORAL TABLET 2.5 MG (<i>mecamylamine hcl</i>)	NF	
ZESTORETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG (<i>lisinopril-hydrochlorothiazide</i>)	NF	
ZESTRIL ORAL TABLET 10 MG, 2.5 MG, 20 MG, 30 MG, 40 MG, 5 MG (<i>lisinopril</i>)	NF	
ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG, 5-6.25 MG (<i>bisoprolol-hydrochlorothiazide</i>)	NF	
ANTI-INFECTIVE AGENTS - MISC. - DRUGS FOR INFECTIONS		
AEMCOLO ORAL TABLET DELAYED RELEASE 194 MG (<i>rifamycin sodium</i>)	Tier 3	QL (12 tablets per 1 fill)
ALINIA ORAL SUSPENSION RECONSTITUTED 100 MG/5ML (<i>nitazoxanide</i>)	Tier 3	#; QL (180 ml per 3 days)
ALINIA ORAL TABLET 500 MG (<i>nitazoxanide</i>)	Tier 3	#; QL (6 tablets per 3 days)
<i>atovaquone oral suspension 750 mg/5ml</i>	Tier 1	
BACTRIM DS ORAL TABLET 800-160 MG (<i>sulfamethoxazole-trimethoprim</i>)	NF	
BACTRIM ORAL TABLET 400-80 MG (<i>sulfamethoxazole-trimethoprim</i>)	NF	
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG (<i>aztreonam lysine</i>)	Tier 4	SP Pharmacy; QL (84 ml per 56 days)
CLEOCIN ORAL CAPSULE 150 MG, 300 MG, 75 MG (<i>clindamycin hcl</i>)	NF	
CLEOCIN ORAL SOLUTION RECONSTITUTED 75 MG/5ML (<i>clindamycin palmitate hcl</i>)	NF	
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	Tier 1	
<i>clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml</i>	Tier 1	
<i>dapsone oral tablet 100 mg, 25 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FIRVANQ ORAL SOLUTION RECONSTITUTED 25 MG/ML, 50 MG/ML (<i>vancomycin hcl</i>)	Tier 3	
FLAGYL ORAL CAPSULE 375 MG (<i>metronidazole</i>)	NF	
FLAGYL ORAL TABLET 250 MG, 500 MG (<i>metronidazole</i>)	NF	
FURADANTIN ORAL SUSPENSION 25 MG/5ML (<i>nitrofurantoin</i>)	NF	
HIPREX ORAL TABLET 1 GM (<i>methenamine hippurate</i>)	NF	
IMPAVIDO ORAL CAPSULE 50 MG (<i>miltefosine</i>)	Tier 3	PA; #; QL (3 capsules per 1 day)
KETEK ORAL TABLET 300 MG (<i>telithromycin</i>)	Tier 3	
LAMPIT ORAL TABLET 120 MG, 30 MG (<i>nifurtimox</i>)	Tier 3	
<i>linezolid oral suspension reconstituted 100 mg/5ml</i>	Tier 1	QL (150 milliliters per 1 fill)
<i>linezolid oral tablet 600 mg</i>	Tier 1	QL (28 tablets per 1 fill)
MACROBID ORAL CAPSULE 100 MG (<i>nitrofurantoin monohyd macro</i>)	NF	
MACRODANTIN ORAL CAPSULE 100 MG, 25 MG, 50 MG (<i>nitrofurantoin macrocrystal</i>)	NF	
<i>methenamine hippurate oral tablet 1 gm</i>	Tier 1	
<i>methenamine mandelate oral tablet 0.5 gm, 1 gm</i>	Tier 1	
METRONIDAZOLE BENZO+SYRSPEND ORAL SUSPENSION RECONSTITUTED 50 MG/ML (<i>metronidazole benzoate</i>)	NF	
<i>metronidazole oral capsule 375 mg</i>	Tier 1	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	Tier 1	
NEBUPENT INHALATION SOLUTION RECONSTITUTED 300 MG (<i>pentamidine isethionate</i>)	Tier 3	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 1	
<i>nitrofurantoin monohyd macro oral capsule 100 mg</i>	Tier 1	
<i>nitrofurantoin oral suspension 25 mg/5ml</i>	Tier 1	
<i>pentamidine isethionate inhalation solution reconstituted 300 mg</i>	Tier 1	
PRIMSOL ORAL SOLUTION 50 MG/5ML (<i>trimethoprim hcl</i>)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SIVEXTRO ORAL TABLET 200 MG (<i>tedizolid phosphate</i>)	Tier 3	ST; QL (6 tablets per 1 fill)
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	Tier 1	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	Tier 1	
<i>sulfamethoxazole-trimethoprim</i> (Sulfatrim Pediatric Oral Suspension 200-40 Mg/5MI)	Tier 1	
TINDAMAX ORAL TABLET 500 MG (<i>tinidazole</i>)	NF	
<i>tinidazole oral tablet 250 mg, 500 mg</i>	Tier 1	
<i>trimethoprim oral tablet 100 mg</i>	Tier 1	
<i>trimpex oral solution 50 mg/5ml</i>	Tier 3	
VANCOCIN HCL ORAL CAPSULE 125 MG, 250 MG (<i>vancomycin hcl</i>)	NF	
<i>vancomycin hcl oral capsule 125 mg, 250 mg</i>	Tier 1	
XENLETA ORAL TABLET 600 MG (<i>lefamulin acetate</i>)	NF	
XIFAXAN ORAL TABLET 200 MG (<i>rifaximin</i>)	Tier 3	QL (9 tablets per 1 fill)
XIFAXAN ORAL TABLET 550 MG (<i>rifaximin</i>)	Tier 3	PA; QL (3 tablets per 1 day)
ZYVOX ORAL SUSPENSION RECONSTITUTED 100 MG/5ML (<i>linezolid</i>)	NF	
ZYVOX ORAL TABLET 600 MG (<i>linezolid</i>)	NF	
ANTIMALARIALS - DRUGS FOR INFECTIONS		
ARAKODA ORAL TABLET 100 MG (<i>tafenoquine succinate</i>)	Tier 3	
<i>atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg</i>	Tier 1	
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	Tier 1	
COARTEM ORAL TABLET 20-120 MG (<i>artemether-lumefantrine</i>)	Tier 3	
DARAPRIM ORAL TABLET 25 MG (<i>pyrimethamine</i>)	Tier 3	
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	Tier 1	
KRINTAFEL ORAL TABLET 150 MG (<i>tafenoquine succinate</i>)	Tier 3	
MALARONE ORAL TABLET 250-100 MG, 62.5-25 MG (<i>atovaquone-proguanil hcl</i>)	NF	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>mefloquine hcl oral tablet 250 mg</i>	Tier 1	
PLAQUENIL ORAL TABLET 200 MG (<i>hydroxychloroquine sulfate</i>)	NF	
<i>primaquine phosphate oral tablet 26.3 mg</i>	Tier 1	
<i>pyrimethamine oral tablet 25 mg</i>	Tier 1	
QUALAQUIN ORAL CAPSULE 324 MG (<i>quinine sulfate</i>)	NF	
<i>quinine sulfate oral capsule 324 mg</i>	Tier 1	
ANTIMYASTHENIC/CHOLINERGIC AGENTS - DRUGS FOR NERVES AND MUSCLES		
FIRDAPSE ORAL TABLET 10 MG (<i>amifampridine phosphate</i>)	Tier 4	PA; SP Pharmacy; QL (8 tablets per 1 day)
<i>guanidine hcl oral tablet 125 mg</i>	Tier 1	
MESTINON ORAL SYRUP 60 MG/5ML (<i>pyridostigmine bromide</i>)	Tier 3	
MESTINON ORAL TABLET 60 MG (<i>pyridostigmine bromide</i>)	NF	
MESTINON ORAL TABLET EXTENDED RELEASE 180 MG (<i>pyridostigmine bromide</i>)	NF	
<i>pyridostigmine bromide er oral tablet extended release 180 mg</i>	Tier 1	
<i>pyridostigmine bromide oral solution 60 mg/5ml</i>	Tier 1	
<i>pyridostigmine bromide oral tablet 30 mg, 60 mg</i>	Tier 1	
RUZURGI ORAL TABLET 10 MG (<i>amifampridine</i>)	NF	
ANTIMYCOBACTERIAL AGENTS - DRUGS FOR INFECTIONS		
<i>cycloserine oral capsule 250 mg</i>	Tier 1	
<i>ethambutol hcl oral tablet 100 mg, 400 mg</i>	Tier 1	
<i>isoniazid oral syrup 50 mg/5ml</i>	Tier 1	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	Tier 1	
MYAMBUTOL ORAL TABLET 100 MG, 400 MG (<i>ethambutol hcl</i>)	NF	
MYCOBUTIN ORAL CAPSULE 150 MG (<i>rifabutin</i>)	NF	
PASER ORAL PACKET 4 GM (<i>aminosalicylic acid</i>)	Tier 3	

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>pretomanid oral tablet 200 mg</i>	Tier 3	PA; QL (1 tablet per 1 day)
PRIFTIN ORAL TABLET 150 MG (<i>rifapentine</i>)	Tier 3	
<i>pyrazinamide oral tablet 500 mg</i>	Tier 1	
<i>rifabutin oral capsule 150 mg</i>	Tier 1	
RIFADIN ORAL CAPSULE 150 MG, 300 MG (<i>rifampin</i>)	NF	
RIFAMATE ORAL CAPSULE 150-300 MG (<i>isoniazid-rifampin</i>)	Tier 3	
<i>rifampin oral capsule 150 mg, 300 mg</i>	Tier 1	
RIFAMPIN+SYRSPEND SF PH4 ORAL SUSPENSION 25 MG/ML (<i>rifampin</i>)	NF	
RIFATER ORAL TABLET 50-120-300 MG (<i>isoniazid-rifamp-pyrazinamide</i>)	Tier 3	
SIRTURO ORAL TABLET 100 MG, 20 MG (<i>bedaquiline fumarate</i>)	Tier 4	PA; SP Pharmacy
TRECTOR ORAL TABLET 250 MG (<i>ethionamide</i>)	Tier 3	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - DRUGS FOR CANCER		
<i>abiraterone acetate oral tablet 250 mg</i>	CE	PA; SP Pharmacy; N2 (Tier 1); QL (4 tablets per 1 day)
ACTIMMUNE SUBCUTANEOUS SOLUTION 2000000 UNIT/0.5ML (<i>interferon gamma-1b</i>)	Tier 4	PA
AFINITOR DISPERZ ORAL TABLET SOLUBLE 2 MG, 5 MG (<i>everolimus</i>)	CE	#; N2 (NF); QL (2 tablets per 1 day)
AFINITOR DISPERZ ORAL TABLET SOLUBLE 3 MG (<i>everolimus</i>)	CE	#; N2 (NF); QL (3 tablets per 1 day)
AFINITOR ORAL TABLET 10 MG (<i>everolimus</i>)	CE	PA; #; SP Pharmacy; N2 (Tier 4); QL (1 tablet per 1 day)
AFINITOR ORAL TABLET 2.5 MG, 5 MG, 7.5 MG (<i>everolimus</i>)	CE	SP Pharmacy; N2 (NF)
ALECENSA ORAL CAPSULE 150 MG (<i>alectinib hcl</i>)	CE	N2 (NF)
ALFERON N INJECTION SOLUTION 5000000 UNIT/ML (<i>interferon alfa-n3</i>)	NF	

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ALKERAN ORAL TABLET 2 MG (<i>melfhalan</i>)	CE	SP Pharmacy; N2 (NF)
ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG (<i>brigatinib</i>)	CE	N2 (NF)
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG (<i>brigatinib</i>)	CE	N2 (NF)
<i>anastrozole oral tablet 1 mg</i>	CE	N2 (Tier 1)
ARIMIDEX ORAL TABLET 1 MG (<i>anastrozole</i>)	CE	N2 (NF)
AROMASIN ORAL TABLET 25 MG (<i>exemestane</i>)	CE	N2 (NF)
AYVAKIT ORAL TABLET 100 MG, 200 MG, 300 MG (<i>avapritinib</i>)	CE	SP Pharmacy; N2 (NF); QL (1 tablet per 1 day)
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG (<i>erdafitinib</i>)	NF	
<i>bexarotene oral capsule 75 mg</i>	CE	PA; SP Pharmacy; N2 (Tier 1)
<i>bicalutamide oral tablet 50 mg</i>	CE	N2 (Tier 1); QL (1 tablet per 1 day)
BOSULIF ORAL TABLET 100 MG (<i>bosutinib</i>)	CE	PA; ST; SP Pharmacy; N2 (Tier 4); QL (4 tablets per 1 day)
BOSULIF ORAL TABLET 400 MG, 500 MG (<i>bosutinib</i>)	CE	PA; ST; SP Pharmacy; N2 (Tier 4); QL (1 tablet per 1 day)
BRAFTOVI ORAL CAPSULE 50 MG, 75 MG (<i>encorafenib</i>)	CE	N2 (NF)
BRUKINSA ORAL CAPSULE 80 MG (<i>zanubrutinib</i>)	CE	N2 (NF)
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG (<i>cabozantinib s-malate</i>)	CE	N2 (NF)
CALQUENCE ORAL CAPSULE 100 MG (<i>acalabrutinib</i>)	CE	N2 (NF)
<i>capecitabine oral tablet 150 mg, 500 mg</i>	CE	PA; SP Pharmacy; N2 (Tier 1)
CAPRELSA ORAL TABLET 100 MG (<i>vandetanib</i>)	CE	PA; SP Pharmacy; N2 (Tier 4); QL (2 tablets per 1 day)
CAPRELSA ORAL TABLET 300 MG (<i>vandetanib</i>)	CE	PA; SP Pharmacy; N2 (Tier 4); QL (1 tablet per 1 day)

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CASODEX ORAL TABLET 50 MG (<i>bicalutamide</i>)	CE	N2 (NF)
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; N2 (Tier 4); 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; N2 (Tier 4); QL (4 capsules per 1 day)
COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG (<i>cabozantinib s-malate</i>)	CE	PA; SP Pharmacy; N2 (Tier 4); QL (3 capsules per 1 day)
COPIKTRA ORAL CAPSULE 15 MG, 25 MG (<i>duvelisib</i>)	CE	N2 (NF)
COTELLIC ORAL TABLET 20 MG (<i>cobimetinib fumarate</i>)	CE	N2 (NF)
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	CE	N2 (Tier 1)
DAURISMO ORAL TABLET 100 MG, 25 MG (<i>glasdegib maleate</i>)	CE	N2 (NF)
ELIGARD SUBCUTANEOUS KIT 22.5 MG (<i>leuprolide acetate (3 month)</i>)	Tier 4	PA; SP Pharmacy
ELIGARD SUBCUTANEOUS KIT 30 MG (<i>leuprolide acetate (4 month)</i>)	Tier 4	PA; SP Pharmacy
ELIGARD SUBCUTANEOUS KIT 45 MG (<i>leuprolide acetate (6 month)</i>)	Tier 4	PA; SP Pharmacy
ELIGARD SUBCUTANEOUS KIT 7.5 MG (<i>leuprolide acetate</i>)	Tier 4	PA; SP Pharmacy
EMCYT ORAL CAPSULE 140 MG (<i>estramustine phosphate sodium</i>)	CE	N2 (Tier 3)
ERIVEDGE ORAL CAPSULE 150 MG (<i>vismodegib</i>)	CE	PA; SP Pharmacy; N2 (Tier 4); QL (1 capsule per 1 day)
ERLEADA ORAL TABLET 60 MG (<i>apalutamide</i>)	CE	N2 (NF)
<i>erlotinib hcl oral tablet 100 mg, 150 mg</i>	CE	PA; N2 (Tier 1); QL (1 tablet per 1 day)
<i>erlotinib hcl oral tablet 25 mg</i>	CE	PA; N2 (Tier 1); QL (2 tablets per 1 day)
<i>etoposide oral capsule 50 mg</i>	CE	SP Pharmacy; N2 (Tier 1)
<i>everolimus oral tablet 2.5 mg, 5 mg, 7.5 mg</i>	CE	PA; SP Pharmacy; N2 (Tier 4); QL (1 tablet per 1 day)
<i>exemestane oral tablet 25 mg</i>	CE	N2 (Tier 1)

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FARESTON ORAL TABLET 60 MG (<i>toremifene citrate</i>)	CE	N2 (NF)
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG (<i>panobinostat lactate</i>)	CE	N2 (NF)
FEMARA ORAL TABLET 2.5 MG (<i>letrozole</i>)	CE	N2 (NF)
FENSOLVI SUBCUTANEOUS KIT 45 MG (<i>leuprolide acetate (6 month)</i>)	NF	
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG/VIAL (<i>degarelix acetate</i>)	Tier 4	PA
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG, 80 MG (<i>degarelix acetate</i>)	Tier 4	PA; SP Pharmacy
<i>flutamide oral capsule 125 mg</i>	CE	N2 (Tier 1)
GAVRETO ORAL CAPSULE 100 MG (<i>pralsetinib</i>)	CE	N2 (NF)
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG (<i>afatinib dimaleate</i>)	CE	PA; SP Pharmacy; N2 (Tier 4); QL (1 tablet per 1 day)
GLEEVEC ORAL TABLET 100 MG, 400 MG (<i>imatinib mesylate</i>)	CE	N2 (NF)
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG (<i>lomustine</i>)	CE	PA; N2 (Tier 2)
GLEOSTINE ORAL CAPSULE 5 MG (<i>lomustine</i>)	Tier 2	PA
HEXALEN ORAL CAPSULE 50 MG (<i>altretamine</i>)	Tier 4	SP Pharmacy
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG (<i>topotecan hcl</i>)	CE	PA; SP Pharmacy; N2 (Tier 4)
HYDREA ORAL CAPSULE 500 MG (<i>hydroxyurea</i>)	CE	N2 (NF)
<i>hydroxyurea oral capsule 500 mg</i>	CE	N2 (Tier 1)
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG (<i>palbociclib</i>)	CE	PA; SP Pharmacy; N2 (Tier 4); QL (21 capsules per 28 days)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG (<i>palbociclib</i>)	CE	PA; SP Pharmacy; N2 (T4); QL (21 tablets per 28 days)
ICLUSIG ORAL TABLET 15 MG (<i>ponatinib hcl</i>)	CE	PA; SP Pharmacy; N2 (Tier 4); QL (2 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ICLUSIG ORAL TABLET 45 MG (<i>ponatinib hcl</i>)	CE	PA; SP Pharmacy; N2 (Tier 4); QL (1 tablet per 1 day)
IDHIFA ORAL TABLET 100 MG, 50 MG (<i>enasidenib mesylate</i>)	CE	N2 (NF)
<i>imatinib mesylate oral tablet 100 mg</i>	CE	PA; SP Pharmacy; N2 (Tier 1); QL (3 tablets per 1 day)
<i>imatinib mesylate oral tablet 400 mg</i>	CE	PA; SP Pharmacy; N2 (Tier 1); QL (2 tablets per 1 day)
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG (<i>ibrutinib</i>)	CE	N2 (NF)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG (<i>ibrutinib</i>)	CE	N2 (NF)
INLYTA ORAL TABLET 1 MG (<i>axitinib</i>)	CE	PA; SP Pharmacy; N2 (Tier 4); QL (8 tablets per 1 day)
INLYTA ORAL TABLET 5 MG (<i>axitinib</i>)	CE	PA; SP Pharmacy; N2 (Tier 4); QL (4 tablets per 1 day)
INQOVI ORAL TABLET 35-100 MG (<i>decitabine-cedazuridine</i>)	NF	
INREBIC ORAL CAPSULE 100 MG (<i>fedratinib hcl</i>)	CE	SP Pharmacy; N2 (Tier 4); QL (4 capsules per 1 day)
INTRON A INJECTION SOLUTION 10000000 UNIT/ML, 6000000 UNIT/ML (<i>interferon alfa-2b</i>)	Tier 3	PA; SP Pharmacy
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT, 18000000 UNIT, 50000000 UNIT (<i>interferon alfa-2b</i>)	Tier 3	PA; SP Pharmacy
IRESSA ORAL TABLET 250 MG (<i>gefitinib</i>)	CE	N2 (NF)
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG (<i>ruxolitinib phosphate</i>)	CE	PA; SP Pharmacy; N2 (Tier 4); QL (2 tablets per 1 day)
KISQALI 200 DOSE ORAL TABLET 200 MG (<i>ribociclib succinate</i>)	CE	N2 (NF)
KISQALI 400 DOSE ORAL TABLET 200 MG (<i>ribociclib succinate</i>)	CE	N2 (NF)
KISQALI 600 DOSE ORAL TABLET 200 MG (<i>ribociclib succinate</i>)	CE	N2 (NF)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG (<i>ribociclib-letrozole</i>)	CE	N2 (NF)
KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG (<i>ribociclib-letrozole</i>)	CE	N2 (NF)
KISQALI FEMARA(200 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG (<i>ribociclib-letrozole</i>)	CE	N2 (NF)
KOSELUGO ORAL CAPSULE 10 MG (<i>selumetinib sulfate</i>)	CE	PA; SP Pharmacy; N2 (Tier 4); QL (8 capsules per 1 day)
KOSELUGO ORAL CAPSULE 25 MG (<i>selumetinib sulfate</i>)	CE	PA; SP Pharmacy; N2 (Tier 4); QL (4 capsules per 1 day)
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG (<i>lenvatinib mesylate</i>)	CE	N2 (NF)
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG (<i>lenvatinib mesylate</i>)	CE	N2 (NF)
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG (<i>lenvatinib mesylate</i>)	CE	N2 (NF)
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG (<i>lenvatinib mesylate</i>)	CE	N2 (NF)
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG (<i>lenvatinib mesylate</i>)	CE	N2 (NF)
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG (<i>lenvatinib mesylate</i>)	CE	N2 (NF)
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG (<i>lenvatinib mesylate</i>)	CE	N2 (NF)
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG (<i>lenvatinib mesylate</i>)	CE	N2 (NF)
<i>letrozole oral tablet 2.5 mg</i>	CE	N2 (Tier 1)
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	CE	N2 (Tier 1)
LEUKERAN ORAL TABLET 2 MG (<i>chlorambucil</i>)	CE	SP Pharmacy; N2 (Tier 4)
<i>leuprolide acetate injection kit 1 mg/0.2ml</i>	Tier 1	PA
LONSURF ORAL TABLET 15-6.14 MG (<i>trifluridine-tipiracil</i>)	CE	PA; SP Pharmacy; N2 (Tier 4); QL (100 tablets per 28 days)

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LONSURF ORAL TABLET 20-8.19 MG (<i>trifluridine-tipiracil</i>)	CE	PA; SP Pharmacy; N2 (Tier 4); QL (80 tablets per 28 days)
LORBRENA ORAL TABLET 100 MG, 25 MG (<i>lorlatinib</i>)	CE	N2 (NF)
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG, 7.5 MG (<i>leuprolide acetate</i>)	Tier 4	PA; #; SP Pharmacy
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 22.5 MG (<i>leuprolide acetate (3 month)</i>)	Tier 4	PA; #; SP Pharmacy
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30 MG (<i>leuprolide acetate (4 month)</i>)	Tier 4	PA; #; SP Pharmacy
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45 MG (<i>leuprolide acetate (6 month)</i>)	Tier 4	PA; #; SP Pharmacy
LYNPARZA ORAL CAPSULE 50 MG (<i>olaparib</i>)	NF	
LYNPARZA ORAL TABLET 100 MG, 150 MG (<i>olaparib</i>)	CE	N2 (NF)
LYSODREN ORAL TABLET 500 MG (<i>mitotane</i>)	CE	N2 (Tier 3)
MATULANE ORAL CAPSULE 50 MG (<i>procarbazine hcl</i>)	CE	SP Pharmacy; N2 (Tier 4)
<i>megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml</i>	CE	N2 (Tier 1)
<i>megestrol acetate oral tablet 20 mg, 40 mg</i>	CE	N2 (Tier 1)
MEKINIST ORAL TABLET 0.5 MG (<i>trametinib dimethyl sulfoxide</i>)	CE	PA; SP Pharmacy; N2 (Tier 4); QL (3 tablets per 1 day)
MEKINIST ORAL TABLET 2 MG (<i>trametinib dimethyl sulfoxide</i>)	CE	PA; SP Pharmacy; N2 (Tier 4); QL (1 tablet per 1 day)
MEKTOVI ORAL TABLET 15 MG (<i>binimetinib</i>)	CE	N2 (NF)
<i>melphalan oral tablet 2 mg</i>	CE	N2 (Tier 1)
<i>mercaptopurine oral tablet 50 mg</i>	CE	N2 (Tier 1)
MESNEX ORAL TABLET 400 MG (<i>mesna</i>)	CE	N2 (Tier 2)
<i>methotrexate oral tablet 2.5 mg</i>	CE	N2 (Tier 1)
<i>methotrexate sodium (pf) injection solution 200 mg/8ml</i>	NF	
<i>methotrexate sodium injection solution reconstituted 1 gm</i>	Tier 1	
<i>methotrexate sodium oral tablet 2.5 mg</i>	CE	N2 (Tier 1)
MYLERAN ORAL TABLET 2 MG (<i>busulfan</i>)	CE	SP Pharmacy; N2 (Tier 3)
NERLYNX ORAL TABLET 40 MG (<i>neratinib maleate</i>)	CE	N2 (NF)

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NEXAVAR ORAL TABLET 200 MG (<i>sorafenib tosylate</i>)	CE	PA; SP Pharmacy; N2 (Tier 4); QL (4 tablets per 1 day)
NILANDRON ORAL TABLET 150 MG (<i>nilutamide</i>)	CE	N2 (NF)
<i>nilutamide oral tablet 150 mg</i>	CE	N2 (Tier 1)
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG (<i>ixazomib citrate</i>)	CE	N2 (NF)
NUBEQA ORAL TABLET 300 MG (<i>darolutamide</i>)	CE	N2 (Tier 4)
ODOMZO ORAL CAPSULE 200 MG (<i>sonidegib phosphate</i>)	CE	PA; SP Pharmacy; N2 (Tier 4); QL (1 capsule per 1 day)
ONUREG ORAL TABLET 200 MG, 300 MG (<i>azacitidine</i>)	NF	
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 (NF); QL (1 tablet per 1 day)
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50 MG (<i>alpelisib</i>)	CE	N2 (NF); QL (2 tablets per 1 day)
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150 MG (<i>alpelisib</i>)	CE	N2 (NF); QL (2 tablets per 1 day)
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG (<i>pomalidomide</i>)	CE	PA; #; N2 (Tier 4); QL (1 capsule per 1 day)
PURIXAN ORAL SUSPENSION 2000 MG/100ML (<i>mercaptopurine</i>)	CE	PA; ST; SP Pharmacy; N2 (Tier 4)
QINLOCK ORAL TABLET 50 MG (<i>ripretinib</i>)	CE	N2 (NF)
RETEVMO ORAL CAPSULE 40 MG, 80 MG (<i>selpercatinib</i>)	CE	N2 (NF)
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG (<i>entrectinib</i>)	NF	
RUBRACA ORAL TABLET 200 MG, 300 MG (<i>rucaparib camsylate</i>)	CE	PA; SP Pharmacy; N2 (Tier 4); QL (4 tablets per 1 day)
RUBRACA ORAL TABLET 250 MG (<i>rucaparib camsylate</i>)	CE	PA; SP Pharmacy; N2 (Tier 4); QL (4 tablets per 1 Day)
RYDAPT ORAL CAPSULE 25 MG (<i>midostaurin</i>)	CE	N2 (NF)
SOLTAMOX ORAL SOLUTION 10 MG/5ML (<i>tamoxifen citrate</i>)	CE	#; N2 (NF)

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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12/01/2020

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SPRYCEL ORAL TABLET 100 MG, 140 MG (<i>dasatinib</i>)	CE	PA; ST; SP Pharmacy; N2 (Tier 4); QL (1 tablet per 1 day)
SPRYCEL ORAL TABLET 20 MG, 50 MG, 70 MG, 80 MG (<i>dasatinib</i>)	CE	PA; ST; SP Pharmacy; N2 (Tier 4); QL (2 tablets per 1 day)
STIVARGA ORAL TABLET 40 MG (<i>regorafenib</i>)	CE	PA; SP Pharmacy; N2 (Tier 4); QL (4 tablets per 1 day)
SUTENT ORAL CAPSULE 12.5 MG (<i>sunitinib malate</i>)	CE	PA; #; SP Pharmacy; N2 (Tier 2); QL (4 capsules per 1 day)
SUTENT ORAL CAPSULE 25 MG (<i>sunitinib malate</i>)	CE	PA; #; SP Pharmacy; N2 (Tier 2); QL (2 capsules per 1 day)
SUTENT ORAL CAPSULE 37.5 MG, 50 MG (<i>sunitinib malate</i>)	CE	PA; #; SP Pharmacy; N2 (Tier 2); QL (1 capsule per 1 day)
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG, 600 MCG (<i>peginterferon alfa-2b</i>)	Tier 4	PA; SP Pharmacy; QL (4 injections per 1 month)
TABLOID ORAL TABLET 40 MG (<i>thioguanine</i>)	CE	N2 (Tier 3)
TABRECTA ORAL TABLET 150 MG, 200 MG (<i>capmatinib hcl</i>)	CE	N2 (NF)
TAFINLAR ORAL CAPSULE 50 MG, 75 MG (<i>dabrafenib mesylate</i>)	CE	PA; SP Pharmacy; N2 (Tier 4); QL (4 capsules per 1 day)
TAGRISSE ORAL TABLET 40 MG, 80 MG (<i>osimertinib mesylate</i>)	CE	N2 (NF)
TALZENNA ORAL CAPSULE 0.25 MG, 1 MG (<i>talazoparib tosylate</i>)	CE	N2 (NF)
<i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>	CE	N2 (Tier 1); AL
TARCEVA ORAL TABLET 100 MG, 150 MG (<i>erlotinib hcl</i>)	CE	SP Pharmacy; N2 (NF)
TARCEVA ORAL TABLET 25 MG (<i>erlotinib hcl</i>)	CE	SP Pharmacy; N2 (NF); QL (2 tablets per 1 day)
TARGRETIN ORAL CAPSULE 75 MG (<i>bexarotene</i>)	CE	N2 (NF)

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TASIGNA ORAL CAPSULE 150 MG, 200 MG (<i>nilotinib hcl</i>)	CE	PA; ST; SP Pharmacy; N2 (Tier 4); QL (4 capsules per 1 day)
TASIGNA ORAL CAPSULE 50 MG (<i>nilotinib hcl</i>)	CE	PA; ST; SP Pharmacy; N2 (Tier 4); QL (4 capsules per 1 Day)
TAZVERIK ORAL TABLET 200 MG (<i>tazemetostat hbr</i>)	CE	SP Pharmacy; N2 (NF); QL (8 tablets per 1 day)
TEMODAR ORAL CAPSULE 100 MG, 140 MG, 180 MG, 20 MG, 250 MG, 5 MG (<i>temozolomide</i>)	CE	N2 (NF)
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>	CE	PA; SP Pharmacy; N2 (Tier 1)
TIBSOVO ORAL TABLET 250 MG (<i>ivosidenib</i>)	CE	N2 (NF)
<i>toremifene citrate oral tablet 60 mg</i>	CE	N2 (Tier 1)
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 22.5 MG, 3.75 MG (<i>triptorelin pamoate</i>)	Tier 4	PA; #; SP Pharmacy
<i>tretinoin oral capsule 10 mg</i>	CE	SP Pharmacy; N2 (Tier 1)
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG (<i>methotrexate sodium</i>)	CE	N2 (Tier 3)
TUKYSA ORAL TABLET 150 MG, 50 MG (<i>tucatinib</i>)	CE	PA; SP Pharmacy; N2 (Tier 4); QL (4 tablets per 1 day)
TURALIO ORAL CAPSULE 200 MG (<i>pexidartinib hcl</i>)	NF	
TYKERB ORAL TABLET 250 MG (<i>lapatinib ditosylate</i>)	CE	PA; #; SP Pharmacy; N2 (Tier 4); QL (6 tablets per 1 day)
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG (<i>venetoclax</i>)	CE	N2 (NF)
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG (<i>venetoclax</i>)	CE	N2 (NF)
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (<i>abemaciclib</i>)	CE	N2 (NF)
VITRAKVI ORAL CAPSULE 100 MG, 25 MG (<i>larotrectinib sulfate</i>)	CE	N2 (NF)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VITRAKVI ORAL SOLUTION 20 MG/ML (<i>larotrectinib sulfate</i>)	CE	N2 (NF)
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG (<i>dacomitinib</i>)	CE	N2 (NF)
VOTRIENT ORAL TABLET 200 MG (<i>pazopanib hcl</i>)	CE	PA; SP Pharmacy; N2 (Tier 4); QL (4 tablets per 1 day)
XALKORI ORAL CAPSULE 200 MG, 250 MG (<i>crizotinib</i>)	CE	PA; SP Pharmacy; N2 (Tier 4); QL (2 capsules per 1 day)
XATMEP ORAL SOLUTION 2.5 MG/ML (<i>methotrexate</i>)	CE	PA; N2 (Tier 3)
XELODA ORAL TABLET 150 MG, 500 MG (<i>capecitabine</i>)	CE	N2 (NF)
XOSPATA ORAL TABLET 40 MG (<i>gilteritinib fumarate</i>)	CE	N2 (NF)
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG (<i>selinexor</i>)	CE	PA; SP Pharmacy; N2 (NF); QL (16 tablets per 28 days)
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG (<i>selinexor</i>)	CE	N2 (NF)
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG (<i>selinexor</i>)	CE	N2 (NF)
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG (<i>selinexor</i>)	CE	PA; SP Pharmacy; N2 (NF); QL (16 tablets per 28 days)
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG (<i>selinexor</i>)	CE	N2 (NF)
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG (<i>selinexor</i>)	CE	PA; SP Pharmacy; N2 (NF); QL (16 tablets per 28 days)
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG (<i>selinexor</i>)	CE	PA; SP Pharmacy; N2 (NF); QL (16 tablets per 28 days)
XTANDI ORAL CAPSULE 40 MG (<i>enzalutamide</i>)	CE	PA; ST; SP Pharmacy; N2 (Tier 4); QL (4 capsules per 1 day)
YONSA ORAL TABLET 125 MG (<i>abiraterone acetate</i>)	CE	#; N2 (NF)
ZEJULA ORAL CAPSULE 100 MG (<i>niraparib tosylate</i>)	CE	PA; N2 (Tier 4); QL (3 capsules per 1 Day)
ZELBORAF ORAL TABLET 240 MG (<i>vemurafenib</i>)	CE	PA; SP Pharmacy; N2 (Tier 4); QL (8 tablets per 1 day)

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZOLINZA ORAL CAPSULE 100 MG (<i>vorinostat</i>)	CE	PA; SP Pharmacy; N2 (Tier 4); QL (4 capsules per 1 day)
ZYDELIG ORAL TABLET 100 MG, 150 MG (<i>idelalisib</i>)	CE	PA; SP Pharmacy; N2 (Tier 4); QL (2 tablets per 1 day)
ZYKADIA ORAL CAPSULE 150 MG (<i>ceritinib</i>)	CE	PA; SP Pharmacy; N2 (Tier 4); QL (3 capsules per 1 day)
ZYKADIA ORAL TABLET 150 MG (<i>ceritinib</i>)	CE	PA; SP Pharmacy; N2 (Tier 4); QL (3 tablets per 1 day)
ZYTIGA ORAL TABLET 250 MG (<i>abiraterone acetate</i>)	CE	N2 (NF)
ZYTIGA ORAL TABLET 500 MG (<i>abiraterone acetate</i>)	CE	PA; #; N2 (Tier 2); QL (2 tablets per 1 Day)
ANTIPARKINSON AND RELATED THERAPY AGENTS - DRUGS FOR THE NERVOUS SYSTEM		
<i>amantadine hcl oral capsule 100 mg</i>	Tier 1	
<i>amantadine hcl oral syrup 50 mg/5ml</i>	Tier 1	
<i>amantadine hcl oral tablet 100 mg</i>	Tier 1	
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE 30 MG/3ML (<i>apomorphine hcl</i>)	Tier 4	SP Pharmacy
AZILECT ORAL TABLET 0.5 MG, 1 MG (<i>rasagiline mesylate</i>)	NF	
<i>benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>bromocriptine mesylate oral capsule 5 mg</i>	Tier 1	
<i>bromocriptine mesylate oral tablet 2.5 mg</i>	Tier 1	
<i>carbidopa oral tablet 25 mg</i>	Tier 1	
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	Tier 1	
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	Tier 1	
<i>carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg</i>	Tier 1	
<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>	Tier 1	

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i>	Tier 1	
XADAGO ORAL TABLET 100 MG, 50 MG (<i>safinamide mesylate</i>)	NF	
ZELAPAR ORAL TABLET DISPERSIBLE 1.25 MG (<i>selegiline hcl</i>)	Tier 3	ST; QL (2 tablets per 1 day)
ANTIPSYCHOTICS/ANTIMANIC AGENTS - DRUGS FOR THE NERVOUS SYSTEM		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG (<i>aripiprazole</i>)	Tier 3	
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG (<i>aripiprazole</i>)	Tier 3	
ABILIFY ORAL TABLET 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG (<i>aripiprazole</i>)	NF	
<i>aripiprazole oral solution 1 mg/ml</i>	Tier 1	QL (30 milliliters per 1 day)
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>aripiprazole oral tablet dispersible 10 mg, 15 mg</i>	Tier 1	QL (1 tablet per 1 day)
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE 675 MG/2.4ML (<i>aripiprazole lauroxil</i>)	Tier 2	
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML, 441 MG/1.6ML, 662 MG/2.4ML, 882 MG/3.2ML (<i>aripiprazole lauroxil</i>)	Tier 3	
CAPLYTA ORAL CAPSULE 42 MG (<i>lumateperone tosylate</i>)	NF	
<i>chlorpromazine hcl injection solution 25 mg/ml, 50 mg/2ml</i>	Tier 1	
<i>chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 1	
<i>clozapine oral tablet 100 mg</i>	Tier 1	QL (9 tablets per 1 day)
<i>clozapine oral tablet 200 mg</i>	Tier 1	QL (4 tablets per 1 day)
<i>clozapine oral tablet 25 mg, 50 mg</i>	Tier 1	QL (3 tablets per 1 day)
<i>clozapine oral tablet dispersible 100 mg</i>	Tier 1	QL (9 tablets per 1 day)
<i>clozapine oral tablet dispersible 12.5 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>clozapine oral tablet dispersible 150 mg</i>	Tier 1	QL (6 tablets per 1 day)
<i>clozapine oral tablet dispersible 200 mg</i>	Tier 1	QL (4 tablets per 1 day)

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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>)	Tier 3	
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.875ML, 410 MG/1.315ML, 546 MG/1.75ML, 819 MG/2.625ML (<i>paliperidone palmitate</i>)	NF	
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG (<i>lurasidone hcl</i>)	Tier 3	#; QL (1 tablet per 1 day)
LATUDA ORAL TABLET 60 MG (<i>lurasidone hcl</i>)	Tier 3	#
LATUDA ORAL TABLET 80 MG (<i>lurasidone hcl</i>)	Tier 3	#; QL (2 tablets per 1 day)
<i>lithium carbonate er oral tablet extended release 300 mg, 450 mg</i>	Tier 1	
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	Tier 1	
<i>lithium carbonate oral tablet 300 mg</i>	Tier 1	
<i>lithium oral solution 8 meq/5ml</i>	Tier 1	
LITHOBID ORAL TABLET EXTENDED RELEASE 300 MG (<i>lithium carbonate</i>)	NF	
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	Tier 1	
NUPLAZID ORAL CAPSULE 34 MG (<i>pimavanserin tartrate</i>)	NF	
NUPLAZID ORAL TABLET 10 MG, 17 MG (<i>pimavanserin tartrate</i>)	NF	
<i>olanzapine intramuscular solution reconstituted 10 mg</i>	Tier 1	
<i>olanzapine oral tablet 10 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>olanzapine oral tablet 2.5 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 6 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>paliperidone er oral tablet extended release 24 hour 9 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	Tier 1	

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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12/01/2020

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG (<i>risperidone</i>)	NF	
<i>prochlorperazine edisylate injection solution 10 mg/2ml, 50 mg/10ml</i>	Tier 1	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>prochlorperazine rectal suppository 25 mg</i>	Tier 1	
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>quetiapine fumarate oral tablet 100 mg, 50 mg</i>	Tier 1	QL (3 tablets per 1 day)
<i>quetiapine fumarate oral tablet 200 mg</i>	Tier 1	QL (4 tablets per 1 day)
<i>quetiapine fumarate oral tablet 25 mg</i>	Tier 1	QL (6 tablets per 1 day)
<i>quetiapine fumarate oral tablet 300 mg, 400 mg</i>	Tier 1	QL (2 tablets per 1 day)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (<i>brexpiprazole</i>)	Tier 3	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>)	Tier 3	#
RISPERDAL M-TAB ORAL TABLET DISPERSIBLE 0.5 MG, 1 MG, 3 MG, 4 MG (<i>risperidone</i>)	NF	
RISPERDAL ORAL SOLUTION 1 MG/ML (<i>risperidone</i>)	NF	
RISPERDAL ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (<i>risperidone</i>)	NF	
<i>risperidone (Risperidone M-Tab Oral Tablet Dispersible 0.5 Mg, 1 Mg, 2 Mg)</i>	Tier 1	QL (2 tablets per 1 day)
<i>risperidone (Risperidone M-Tab Oral Tablet Dispersible 3 Mg)</i>	Tier 1	QL (3 tablets per 1 day)
<i>risperidone (Risperidone M-Tab Oral Tablet Dispersible 4 Mg)</i>	Tier 1	QL (4 tablets per 1 day)
<i>risperidone oral solution 1 mg/ml</i>	Tier 1	
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>risperidone oral tablet 3 mg</i>	Tier 1	QL (3 tablets per 1 day)
<i>risperidone oral tablet 4 mg</i>	Tier 1	QL (4 tablets per 1 day)

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>risperidone oral tablet dispersible 0.25 mg</i>	Tier 1	
<i>risperidone oral tablet dispersible 0.5 mg, 1 mg, 2 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>risperidone oral tablet dispersible 3 mg</i>	Tier 1	QL (3 tablets per 1 day)
<i>risperidone oral tablet dispersible 4 mg</i>	Tier 1	QL (4 tablets per 1 day)
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG, 2.5 MG, 5 MG (<i>asenapine maleate</i>)	Tier 3	#; QL (2 tablets per 1 day)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR, 7.6 MG/24HR (<i>asenapine</i>)	NF	
SEROQUEL ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 400 MG, 50 MG (<i>quetiapine fumarate</i>)	NF	
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 200 MG, 300 MG, 400 MG, 50 MG (<i>quetiapine fumarate</i>)	NF	
<i>thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	Tier 1	
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	Tier 1	
<i>trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	Tier 1	
VERSACLOZ ORAL SUSPENSION 50 MG/ML (<i>clozapine</i>)	NF	
VRAYLAR ORAL CAPSULE 1.5 MG (<i>cariprazine hcl</i>)	Tier 3	QL (4 capsules per 1 day)
VRAYLAR ORAL CAPSULE 3 MG (<i>cariprazine hcl</i>)	Tier 3	QL (2 capsules per 1 day)
VRAYLAR ORAL CAPSULE 4.5 MG, 6 MG (<i>cariprazine hcl</i>)	Tier 3	QL (1 capsule per 1 day)
VRAYLAR ORAL CAPSULE THERAPY PACK 1.5 & 3 MG (<i>cariprazine hcl</i>)	Tier 3	
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	Tier 1	QL (2 capsules per 1 day)
<i>ziprasidone mesylate intramuscular solution reconstituted 20 mg</i>	Tier 1	
ZYPREXA INTRAMUSCULAR SOLUTION RECONSTITUTED 10 MG (<i>olanzapine</i>)	Tier 3	
ZYPREXA ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG, 5 MG, 7.5 MG (<i>olanzapine</i>)	NF	
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG, 300 MG, 405 MG (<i>olanzapine pamoate</i>)	Tier 3	

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZYPREXA ZYDIS ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 20 MG, 5 MG (<i>olanzapine</i>)	NF	
ANTISEPTICS & DISINFECTANTS - ANTISEPTICS AND DISINFECTANTS		
BUCALSEP EXTERNAL SOLUTION (<i>antiseptic products, misc.</i>)	NF	
<i>chlorhexidine gluconate solution 20 %</i>	NF	
<i>hydrogen peroxide solution 30 %</i>	NF	
ANTIVIRALS - DRUGS FOR INFECTIONS		
<i>abacavir sulfate oral solution 20 mg/ml</i>	Tier 1	QL (4 bottles per 30 days)
<i>abacavir sulfate oral tablet 300 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>acyclovir oral capsule 200 mg</i>	Tier 1	
<i>acyclovir oral suspension 200 mg/5ml</i>	Tier 1	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	Tier 1	
<i>adefovir dipivoxil oral tablet 10 mg</i>	Tier 1	QL (1 tablet per 1 day)
APTIVUS ORAL CAPSULE 250 MG (<i>tipranavir</i>)	Tier 3	#; QL (4 capsules per 1 day)
APTIVUS ORAL SOLUTION 100 MG/ML (<i>tipranavir</i>)	Tier 3	#; QL (4 bottles per 30 days)
<i>atazanavir sulfate oral capsule 150 mg, 300 mg</i>	Tier 1	QL (1 capsule per 1 day)
<i>atazanavir sulfate oral capsule 200 mg</i>	Tier 1	QL (2 capsules per 1 day)
ATRIPLA ORAL TABLET 600-200-300 MG (<i>efavirenz-emtricitab-tenofovir</i>)	Tier 2	#; QL (1 tablet per 1 day)
BARACLUDE ORAL SOLUTION 0.05 MG/ML (<i>entecavir</i>)	Tier 4	SP Pharmacy
BARACLUDE ORAL TABLET 0.5 MG, 1 MG (<i>entecavir</i>)	NF	
BIKTARVY ORAL TABLET 50-200-25 MG (<i>bictegravir-emtricitab-tenofovir</i>)	Tier 2	QL (1 tablet per 1 day)
CIMDUO ORAL TABLET 300-300 MG (<i>lamivudine-tenofovir</i>)	Tier 3	QL (1 tablet per 1 Day)
COMBIVIR ORAL TABLET 150-300 MG (<i>lamivudine-zidovudine</i>)	NF	

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
COMPLERA ORAL TABLET 200-25-300 MG (<i>emtricitabine- rilpivir-tenofovir</i>)	Tier 3	QL (1 tablet per 1 day)
COPEGUS ORAL TABLET 200 MG (<i>ribavirin</i>)	NF	
CRIXIVAN ORAL CAPSULE 200 MG (<i>indinavir sulfate</i>)	Tier 2	#; QL (15 capsules per 1 day)
CRIXIVAN ORAL CAPSULE 400 MG (<i>indinavir sulfate</i>)	Tier 2	#; QL (6 capsules per 1 day)
DAKLINZA ORAL TABLET 30 MG, 60 MG, 90 MG (<i>daclatasvir dihydrochloride</i>)	Tier 4	PA; ST; SP Pharmacy; QL (1 tablet per 1 day)
DELSTRIGO ORAL TABLET 100-300-300 MG (<i>doravirine- lamivudine-tenofovir df</i>)	Tier 2	QL (1 tablet per 1 day)
DESCOVY ORAL TABLET 200-25 MG (<i>emtricitabine- tenofovir af</i>)	Tier 2	QL (1 tablet per 1 day)
<i>didanosine oral capsule delayed release 125 mg, 200 mg, 250 mg, 400 mg</i>	Tier 1	QL (1 capsule per 1 day)
DOVATO ORAL TABLET 50-300 MG (<i>dolutegravir- lamivudine</i>)	Tier 3	QL (2 tablets per 1 day)
EDURANT ORAL TABLET 25 MG (<i>rilpivirine hcl</i>)	Tier 2	QL (1 tablet per 1 day)
<i>efavirenz oral capsule 200 mg, 50 mg</i>	Tier 1	QL (3 capsules per 1 day)
<i>efavirenz oral tablet 600 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>efavirenz-emtricitabine-tenofovir oral tablet 600-200-300 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>emtricitabine oral capsule 200 mg</i>	Tier 1	QL (1 capsule per 1 day)
<i>emtricitabine-tenofovir df oral tablet 200-300 mg</i>	Tier 1	QL (1 tablet per 1 day)
EMTRIVA ORAL CAPSULE 200 MG (<i>emtricitabine</i>)	Tier 2	#; QL (1 capsule per 1 day)
EMTRIVA ORAL SOLUTION 10 MG/ML (<i>emtricitabine</i>)	Tier 2	#; QL (4 bottles per 30 days)
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	Tier 1	QL (1 tablet per 1 day)
EPCLUSA ORAL TABLET 400-100 MG (<i>sofosbuvir- velpatasvir</i>)	Tier 2	PA; NPL; QL (28 tablets per 28 days)
EPIVIR HBV ORAL SOLUTION 5 MG/ML (<i>lamivudine</i>)	Tier 2	#; SP Pharmacy
EPIVIR HBV ORAL TABLET 100 MG (<i>lamivudine</i>)	NF	
EPIVIR ORAL SOLUTION 10 MG/ML (<i>lamivudine</i>)	NF	

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EPIVIR ORAL TABLET 150 MG, 300 MG (<i>lamivudine</i>)	NF	
EPZICOM ORAL TABLET 600-300 MG (<i>abacavir sulfate-lamivudine</i>)	NF	
EVOTAZ ORAL TABLET 300-150 MG (<i>atazanavir-cobicistat</i>)	Tier 2	QL (1 tablet per 1 day)
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	Tier 1	QL (21 tablets per 1 fill)
<i>favipiravir oral tablet 200 mg</i>	Tier 3	
FLUMADINE ORAL TABLET 100 MG (<i>rimantadine hcl</i>)	NF	
<i>fosamprenavir calcium oral tablet 700 mg</i>	Tier 1	QL (4 tablets per 1 day)
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG (<i>enfuvirtide</i>)	Tier 4	#; SP Pharmacy; QL (2 vials per 1 day)
GENVOYA ORAL TABLET 150-150-200-10 MG (<i>elviteg-cobic-emtricit-tenofaf</i>)	Tier 3	QL (1 tablet per 1 day)
HARVONI ORAL PACKET 33.75-150 MG, 45-200 MG (<i>ledipasvir-sofosbuvir</i>)	Tier 2	PA; NPL; QL (28 packets per 28 days)
HARVONI ORAL TABLET 45-200 MG, 90-400 MG (<i>ledipasvir-sofosbuvir</i>)	Tier 2	PA; NPL; QL (28 tablets per 28 days)
HEPSERA ORAL TABLET 10 MG (<i>adefovir dipivoxil</i>)	NF	
INTELENCE ORAL TABLET 100 MG, 25 MG (<i>etravirine</i>)	Tier 2	#; QL (4 tablets per 1 day)
INTELENCE ORAL TABLET 200 MG (<i>etravirine</i>)	Tier 2	#; QL (2 tablets per 1 day)
INVIRASE ORAL CAPSULE 200 MG (<i>saquinavir mesylate</i>)	Tier 3	QL (10 capsules per 1 day)
INVIRASE ORAL TABLET 500 MG (<i>saquinavir mesylate</i>)	Tier 3	QL (4 tablets per 1 day)
ISENTRESS HD ORAL TABLET 600 MG (<i>raltegravir potassium</i>)	Tier 2	QL (2 tablets per 1 day)
ISENTRESS ORAL PACKET 100 MG (<i>raltegravir potassium</i>)	Tier 2	QL (2 packets per 1 day)
ISENTRESS ORAL TABLET 400 MG (<i>raltegravir potassium</i>)	Tier 2	QL (2 tablets per 1 day)
ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG (<i>raltegravir potassium</i>)	Tier 2	QL (6 tablets per 1 day)
JULUCA ORAL TABLET 50-25 MG (<i>dolutegravir-rilpivirine</i>)	Tier 3	ST; QL (1 tablet per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KALETRA ORAL SOLUTION 400-100 MG/5ML (<i>lopinavir-ritonavir</i>)	NF	
KALETRA ORAL TABLET 100-25 MG (<i>lopinavir-ritonavir</i>)	Tier 3	#; QL (8 tablets per 1 day)
KALETRA ORAL TABLET 200-50 MG (<i>lopinavir-ritonavir</i>)	Tier 3	#; QL (4 tablets per 1 day)
<i>lamivudine oral solution 10 mg/ml</i>	Tier 1	QL (4 bottles per 30 days)
<i>lamivudine oral tablet 100 mg</i>	Tier 1	
<i>lamivudine oral tablet 150 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>lamivudine oral tablet 300 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	Tier 1	QL (2 tablets per 1 day)
LEXIVA ORAL SUSPENSION 50 MG/ML (<i>fosamprenavir calcium</i>)	Tier 2	#; QL (8 bottles per 30 days)
LEXIVA ORAL TABLET 700 MG (<i>fosamprenavir calcium</i>)	NF	
<i>lopinavir-ritonavir oral solution 400-100 mg/5ml</i>	Tier 1	QL (3 bottles per 30 days)
MAVYRET ORAL TABLET 100-40 MG (<i>glecaprevir-pibrentasvir</i>)	NF	
MODERIBA 1200 DOSE PACK ORAL TABLET 600 MG (<i>ribavirin</i>)	Tier 3	
MODERIBA 800 DOSE PACK ORAL TABLET 400 MG (<i>ribavirin</i>)	Tier 3	
<i>ribavirin (Moderiba Oral Tablet 200 Mg)</i>	Tier 1	
<i>nevirapine er oral tablet extended release 24 hour 100 mg</i>	Tier 1	QL (3 tablets per 1 day)
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>nevirapine oral suspension 50 mg/5ml</i>	Tier 1	QL (5 bottles per 30 days)
<i>nevirapine oral tablet 200 mg</i>	Tier 1	QL (2 tablets per 1 day)
NORVIR ORAL CAPSULE 100 MG (<i>ritonavir</i>)	Tier 2	#; QL (12 capsules per 1 day)
NORVIR ORAL PACKET 100 MG (<i>ritonavir</i>)	Tier 2	QL (12 packets per 1 day)
NORVIR ORAL SOLUTION 80 MG/ML (<i>ritonavir</i>)	Tier 2	#; QL (2 bottles per 30 days)
NORVIR ORAL TABLET 100 MG (<i>ritonavir</i>)	NF	
ODEFSEY ORAL TABLET 200-25-25 MG (<i>emtricitabine-rilpivir-tenofovir af</i>)	Tier 3	QL (1 tablet per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OLYSIO ORAL CAPSULE 150 MG (<i>simeprevir sodium</i>)	Tier 4	PA; ST; SP Pharmacy; QL (1 capsule per 1 day)
<i>oseltamivir phosphate oral capsule 30 mg, 45 mg, 75 mg</i>	Tier 1	QL (20 capsules per 365 days)
<i>oseltamivir phosphate oral suspension reconstituted 6 mg/ml</i>	Tier 1	QL (480 MLS per 365 Days)
PEGASYS PROCLICK SUBCUTANEOUS SOLUTION 135 MCG/0.5ML, 180 MCG/0.5ML (<i>peginterferon alfa-2a</i>)	Tier 2	PA; SP Pharmacy
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/0.5ML, 180 MCG/ML (<i>peginterferon alfa-2a</i>)	Tier 2	PA; SP Pharmacy
PIFELTRO ORAL TABLET 100 MG (<i>doravirine</i>)	Tier 3	QL (1 tablet per 1 day)
PREVYMIS ORAL TABLET 240 MG, 480 MG (<i>letermovir</i>)	NF	
PREZCOBIX ORAL TABLET 800-150 MG (<i>darunavir-cobicistat</i>)	Tier 2	QL (1 tablet per 1 day)
PREZISTA ORAL SUSPENSION 100 MG/ML (<i>darunavir ethanolate</i>)	Tier 2	QL (2 bottles per 30 days)
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG (<i>darunavir ethanolate</i>)	Tier 2	QL (2 tablets per 1 day)
PREZISTA ORAL TABLET 800 MG (<i>darunavir ethanolate</i>)	Tier 2	QL (1 tablet per 1 day)
REBETOL ORAL CAPSULE 200 MG (<i>ribavirin</i>)	NF	
REBETOL ORAL SOLUTION 40 MG/ML (<i>ribavirin</i>)	Tier 2	
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/BLISTER (<i>zanamivir</i>)	Tier 3	QL (20 inhalations per 1 fill)
RESCRIPTOR ORAL TABLET 100 MG (<i>delavirdine mesylate</i>)	Tier 3	QL (30 tablets per 1 day)
RESCRIPTOR ORAL TABLET 200 MG (<i>delavirdine mesylate</i>)	Tier 3	QL (15 tablets per 1 day)
RETROVIR ORAL CAPSULE 100 MG (<i>zidovudine</i>)	NF	
RETROVIR ORAL SYRUP 50 MG/5ML (<i>zidovudine</i>)	NF	
REYATAZ ORAL CAPSULE 100 MG (<i>atazanavir sulfate</i>)	NF	
REYATAZ ORAL CAPSULE 150 MG, 200 MG, 300 MG (<i>atazanavir sulfate</i>)	NF	#
REYATAZ ORAL PACKET 50 MG (<i>atazanavir sulfate</i>)	Tier 2	#; QL (6 packets per 1 day)

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>ribavirin</i> (Ribasphere Oral Capsule 200 Mg)	Tier 1	
<i>ribavirin</i> (Ribasphere Oral Tablet 200 Mg)	Tier 1	
RIBASPHERE ORAL TABLET 400 MG (<i>ribavirin</i>)	Tier 1	
RIBASPHERE ORAL TABLET 600 MG (<i>ribavirin</i>)	Tier 3	
RIBASPHERE RIBAPAK ORAL TABLET 400 MG, 600 MG (<i>ribavirin</i>)	Tier 1	
<i>ribavirin oral capsule 200 mg</i>	Tier 1	
<i>ribavirin oral tablet 200 mg</i>	Tier 1	
<i>rimantadine hcl oral tablet 100 mg</i>	Tier 1	
<i>ritonavir oral tablet 100 mg</i>	Tier 1	QL (12 tablets per 1 day)
<i>rukobia oral tablet extended release 12 hour 600 mg</i>	NF	
SELZENTRY ORAL SOLUTION 20 MG/ML (<i>maraviroc</i>)	Tier 3	QL (8 bottles per 1 month)
SELZENTRY ORAL TABLET 150 MG, 75 MG (<i>maraviroc</i>)	Tier 3	#; QL (2 tablets per 1 day)
SELZENTRY ORAL TABLET 25 MG (<i>maraviroc</i>)	Tier 3	#; QL (8 tablets per 1 day)
SELZENTRY ORAL TABLET 300 MG (<i>maraviroc</i>)	Tier 3	#; QL (4 tablets per 1 day)
SITAVIG BUCCAL TABLET 50 MG (<i>acyclovir</i>)	NF	
SOVALDI ORAL PACKET 150 MG, 200 MG (<i>sofosbuvir</i>)	Tier 4	PA; ST; NPL; SP Pharmacy; QL (1 packet per 1 day)
SOVALDI ORAL TABLET 200 MG (<i>sofosbuvir</i>)	Tier 4	PA; ST; NPL; SP Pharmacy; QL (1 tablet per 1 day)
SOVALDI ORAL TABLET 400 MG (<i>sofosbuvir</i>)	Tier 2	PA; SP Pharmacy; QL (1 tablet per 1 day)
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>	Tier 1	QL (2 capsules per 1 day)
<i>stavudine oral solution reconstituted 1 mg/ml</i>	Tier 1	QL (12 bottles per 30 days)
STRIBILD ORAL TABLET 150-150-200-300 MG (<i>elvitegravir-cobic-emtricit-tenofovir</i>)	Tier 3	QL (1 tablet per 1 day)
SUSTIVA ORAL CAPSULE 200 MG, 50 MG (<i>efavirenz</i>)	NF	#
SUSTIVA ORAL TABLET 600 MG (<i>efavirenz</i>)	NF	#
SYMFI LO ORAL TABLET 400-300-300 MG (<i>efavirenz-lamivudine-tenofovir</i>)	Tier 2	#; QL (1 tablet per 1 day)
SYMFI ORAL TABLET 600-300-300 MG (<i>efavirenz-lamivudine-tenofovir</i>)	Tier 2	#; QL (1 tablet per 1 day)

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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12/01/2020

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SYMTUZA ORAL TABLET 800-150-200-10 MG (<i>darun-cobic-emtricit-tenofaf</i>)	Tier 3	QL (1 tablet per 1 day)
TAMIFLU ORAL CAPSULE 30 MG, 45 MG, 75 MG (<i>oseltamivir phosphate</i>)	NF	
TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML (<i>oseltamivir phosphate</i>)	NF	#
TECHNIVIE ORAL TABLET 12.5-75-50 MG (<i>ombitasvir-paritaprev-ritonav</i>)	Tier 4	PA; ST; SP Pharmacy; QL (2 tablets per 1 day)
TEMIXYS ORAL TABLET 300-300 MG (<i>lamivudine-tenofovir</i>)	Tier 3	QL (1 tablet per 1 day)
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	Tier 1	QL (1 tablet per 1 day)
TIVICAY ORAL TABLET 10 MG (<i>dolutegravir sodium</i>)	Tier 2	QL (8 tablets per 1 day)
TIVICAY ORAL TABLET 25 MG, 50 MG (<i>dolutegravir sodium</i>)	Tier 2	QL (2 tablets per 1 day)
TIVICAY PD ORAL TABLET SOLUBLE 5 MG (<i>dolutegravir sodium</i>)	Tier 2	QL (12 tablets per 1 day)
TRIUMEQ ORAL TABLET 600-50-300 MG (<i>abacavir-dolutegravir-lamivud</i>)	Tier 2	QL (1 tablet per 1 day)
TRIZIVIR ORAL TABLET 300-150-300 MG (<i>abacavir-lamivudine-zidovudine</i>)	NF	
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG (<i>emtricitabine-tenofovir df</i>)	Tier 2	#; QL (1 tablet per 1 day)
TYBOST ORAL TABLET 150 MG (<i>cobicistat</i>)	Tier 3	QL (1 tablet per 1 day)
<i>valacyclovir hcl oral tablet 1 gm, 500 mg</i>	Tier 1	
VALCYTE ORAL TABLET 450 MG (<i>valganciclovir hcl</i>)	NF	
<i>valganciclovir hcl oral solution reconstituted 50 mg/ml</i>	Tier 1	PA; QL (1000 milliliters per 30 days)
<i>valganciclovir hcl oral tablet 450 mg</i>	Tier 1	PA; QL (102 tablets per 30 days)
VALTREX ORAL TABLET 1 GM, 500 MG (<i>valacyclovir hcl</i>)	NF	
VEMLIDY ORAL TABLET 25 MG (<i>tenofovir alafenamide fumarate</i>)	Tier 2	PA; QL (1 tablet per 1 day)

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VIDEX EC ORAL CAPSULE DELAYED RELEASE 125 MG, 200 MG, 250 MG, 400 MG (<i>didanosine</i>)	NF	
VIDEX ORAL SOLUTION RECONSTITUTED 2 GM (<i>didanosine</i>)	Tier 3	QL (12 bottles per 30 days)
VIDEX ORAL SOLUTION RECONSTITUTED 4 GM (<i>didanosine</i>)	Tier 3	QL (6 bottles per 30 days)
VIEKIRA PAK ORAL TABLET THERAPY PACK 12.5-75-50 & 250 MG (<i>ombitas-paritapre-ritona-dasab</i>)	Tier 4	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>)	Tier 4	PA; ST; SP Pharmacy; QL (3 tablets per 1 day)
VIRACEPT ORAL TABLET 250 MG (<i>nelfinavir mesylate</i>)	Tier 2	QL (10 tablets per 1 day)
VIRACEPT ORAL TABLET 625 MG (<i>nelfinavir mesylate</i>)	Tier 2	QL (4 tablets per 1 day)
VIRAMUNE ORAL SUSPENSION 50 MG/5ML (<i>nevirapine</i>)	NF	
VIRAMUNE ORAL TABLET 200 MG (<i>nevirapine</i>)	NF	
VIRAMUNE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 400 MG (<i>nevirapine</i>)	NF	
VIREAD ORAL POWDER 40 MG/GM (<i>tenofovir disoproxil fumarate</i>)	Tier 2	#; QL (4 bottles per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG (<i>tenofovir disoproxil fumarate</i>)	Tier 2	#; QL (1 tablet per 1 day)
VIREAD ORAL TABLET 300 MG (<i>tenofovir disoproxil fumarate</i>)	NF	#
VOSEVI ORAL TABLET 400-100-100 MG (<i>sofosbuv-velpatasv-voxilaprev</i>)	Tier 2	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>)	Tier 3	QL (4 tablets per 365 days)
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 2 X 40 MG (<i>baloxavir marboxil</i>)	Tier 3	QL (4 tablets per 365 days)
ZEPATIER ORAL TABLET 50-100 MG (<i>elbasvir-grazoprevir</i>)	Tier 4	PA; ST; SP Pharmacy; QL (1 tablet per 1 day)
ZERIT ORAL CAPSULE 15 MG, 20 MG, 30 MG, 40 MG (<i>stavudine</i>)	NF	

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZERIT ORAL SOLUTION RECONSTITUTED 1 MG/ML (<i>stavudine</i>)	NF	
ZIAGEN ORAL SOLUTION 20 MG/ML (<i>abacavir sulfate</i>)	NF	
ZIAGEN ORAL TABLET 300 MG (<i>abacavir sulfate</i>)	NF	
<i>zidovudine oral capsule 100 mg</i>	Tier 1	QL (6 capsules per 1 day)
<i>zidovudine oral syrup 50 mg/5ml</i>	Tier 1	QL (8 bottles per 30 days)
<i>zidovudine oral tablet 300 mg</i>	Tier 1	QL (2 tablets per 1 day)
ZOVIRAX ORAL CAPSULE 200 MG (<i>acyclovir</i>)	NF	
ZOVIRAX ORAL SUSPENSION 200 MG/5ML (<i>acyclovir</i>)	NF	
ZOVIRAX ORAL TABLET 400 MG, 800 MG (<i>acyclovir</i>)	NF	
BETA BLOCKERS - DRUGS FOR THE HEART		
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>	Tier 1	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	
ATENOLOL+SYRSPEND SF PH4 ORAL SUSPENSION 1 MG/ML (<i>atenolol</i>)	NF	
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG (<i>sotalol hcl af</i>)	NF	
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG (<i>sotalol hcl</i>)	NF	
<i>betaxolol hcl oral tablet 10 mg, 20 mg</i>	Tier 1	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	Tier 1	
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 5 MG (<i>nebivolol hcl</i>)	Tier 3	#: QL (1 tablet per 1 day)
BYSTOLIC ORAL TABLET 20 MG (<i>nebivolol hcl</i>)	Tier 3	#: QL (2 tablets per 1 day)
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	Tier 1	
<i>carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg</i>	Tier 1	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>)	NF	#
COREG ORAL TABLET 12.5 MG, 25 MG, 3.125 MG, 6.25 MG (<i>carvedilol</i>)	NF	

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CORGARD ORAL TABLET 20 MG, 40 MG, 80 MG (<i>nadolol</i>)	NF	
HEMANGEOL ORAL SOLUTION 4.28 MG/ML (<i>propranolol hcl</i>)	Tier 3	PA
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 160 MG, 60 MG, 80 MG (<i>propranolol hcl</i>)	NF	
INDERAL XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG (<i>propranolol hcl sr beads</i>)	NF	
INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG (<i>propranolol hcl sr beads</i>)	NF	#
KAPSPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 200 MG, 25 MG, 50 MG (<i>metoprolol succinate</i>)	Tier 3	
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	Tier 1	
LOPRESSOR ORAL TABLET 100 MG, 50 MG (<i>metoprolol tartrate</i>)	NF	
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 50 mg</i>	Tier 1	QL (1.5 tablets per 1 day)
<i>metoprolol succinate er oral tablet extended release 24 hour 200 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>metoprolol succinate er oral tablet extended release 24 hour 25 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	Tier 1	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	Tier 1	
<i>pindolol oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg</i>	Tier 1	
<i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>	Tier 1	
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	Tier 1	
<i>sotalol hcl</i> (Sorine Oral Tablet 120 Mg, 160 Mg, 240 Mg, 80 Mg)	Tier 1	

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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12/01/2020

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg</i>	Tier 1	
<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	Tier 1	
SOTYLIZE ORAL SOLUTION 5 MG/ML (<i>sotalol hcl</i>)	NF	
TENORMIN ORAL TABLET 100 MG, 25 MG, 50 MG (<i>atenolol</i>)	NF	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1	
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 50 MG (<i>metoprolol succinate</i>)	NF	
CALCIUM CHANNEL BLOCKERS - DRUGS FOR THE HEART		
ADALAT CC ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 60 MG, 90 MG (<i>nifedipine</i>)	NF	
<i>nifedipine</i> (Afeditab Cr Oral Tablet Extended Release 24 Hour 30 Mg)	Tier 1	QL (1 tablet per 1 day)
<i>nifedipine</i> (Afeditab Cr Oral Tablet Extended Release 24 Hour 60 Mg)	Tier 1	QL (2 tablets per 1 day)
AMLODIPINE BES+SYRSPEND SF ORAL SUSPENSION 1 MG/ML (<i>amlodipine besylate</i>)	NF	
<i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
CALAN ORAL TABLET 120 MG, 80 MG (<i>verapamil hcl</i>)	NF	
CALAN SR ORAL TABLET EXTENDED RELEASE 120 MG, 180 MG, 240 MG (<i>verapamil hcl</i>)	NF	
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 360 MG (<i>diltiazem hcl coated beads</i>)	NF	
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>)	NF	
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG (<i>diltiazem hcl</i>)	NF	
<i>diltiazem hcl coated beads</i> (Cartia Xt Oral Capsule Extended Release 24 Hour 120 Mg, 180 Mg, 300 Mg)	Tier 1	QL (1 capsule per 1 day)

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>diltiazem hcl coated beads</i> (Cartia Xt Oral Capsule Extended Release 24 Hour 240 Mg)	Tier 1	QL (2 capsules per 1 day)
CONJUPRI ORAL TABLET 2.5 MG, 5 MG (<i>levamlodipine maleate</i>)	NF	
CONSENSI ORAL TABLET 10-200 MG, 2.5-200 MG, 5-200 MG (<i>amlodipine besylate-celecoxib</i>)	NF	
<i>diltiazem cd oral capsule extended release 24 hour 120 mg, 180 mg, 300 mg</i>	Tier 1	QL (1 capsule per 1 day)
<i>diltiazem cd oral capsule extended release 24 hour 240 mg</i>	Tier 1	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, 420 mg</i>	Tier 1	QL (1 capsule per 1 day)
<i>diltiazem hcl er beads oral capsule extended release 24 hour 240 mg</i>	Tier 1	QL (2 capsules per 1 day)
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 300 mg, 360 mg</i>	Tier 1	QL (1 capsule per 1 day)
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 240 mg</i>	Tier 1	QL (2 capsules per 1 day)
<i>diltiazem hcl er coated beads oral tablet extended release 24 hour 180 mg, 300 mg, 360 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>diltiazem hcl er coated beads oral tablet extended release 24 hour 240 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>diltiazem hcl er coated beads oral tablet extended release 24 hour 420 mg</i>	Tier 1	
<i>diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i>	Tier 1	
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg</i>	Tier 1	
<i>diltiazem hcl er oral capsule extended release 24 hour 240 mg</i>	Tier 1	QL (2 capsules per 1 day)
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	Tier 1	
<i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg</i>	Tier 1	
<i>dilt-xr oral capsule extended release 24 hour 240 mg</i>	Tier 1	QL (2 capsules per 1 day)
<i>felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	Tier 1	QL (1 tablet per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	Tier 1	
KATERZIA ORAL SUSPENSION 1 MG/ML (<i>amlodipine benzoate</i>)	NF	
<i>diltiazem hcl coated beads</i> (Matzim La Oral Tablet Extended Release 24 Hour 180 Mg, 300 Mg, 360 Mg)	Tier 1	QL (1 tablet per 1 day)
<i>diltiazem hcl coated beads</i> (Matzim La Oral Tablet Extended Release 24 Hour 240 Mg)	Tier 1	QL (2 tablets per 1 day)
<i>diltiazem hcl coated beads</i> (Matzim La Oral Tablet Extended Release 24 Hour 420 Mg)	Tier 1	
<i>nicardipine hcl oral capsule 20 mg, 30 mg</i>	Tier 1	
<i>nifedipine</i> (Nifediac Cc Oral Tablet Extended Release 24 Hour 30 Mg)	Tier 1	QL (1 tablet per 1 day)
<i>nifedipine</i> (Nifedical Xl Oral Tablet Extended Release 24 Hour 60 Mg)	Tier 1	QL (2 tabs per 1 day)
<i>nifedipine er oral tablet extended release 24 hour 30 mg, 90 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>nifedipine er oral tablet extended release 24 hour 60 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 90 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>nifedipine er osmotic release oral tablet extended release 24 hour 60 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>nifedipine oral capsule 10 mg, 20 mg</i>	Tier 1	
<i>nimodipine oral capsule 30 mg</i>	Tier 1	
<i>nisoldipine er oral tablet extended release 24 hour 17 mg, 20 mg, 34 mg, 40 mg, 8.5 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>nisoldipine er oral tablet extended release 24 hour 25.5 mg</i>	Tier 1	
<i>nisoldipine er oral tablet extended release 24 hour 30 mg</i>	Tier 1	QL (2 tablets per 1 day)
NORVASC ORAL TABLET 10 MG, 2.5 MG, 5 MG (<i>amlodipine besylate</i>)	NF	
NYMALIZE ORAL SOLUTION 6 MG/ML (<i>nimodipine</i>)	Tier 3	
NYMALIZE ORAL SOLUTION 60 MG/20ML (<i>nimodipine</i>)	NF	#
PROCARDIA ORAL CAPSULE 10 MG (<i>nifedipine</i>)	NF	
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 60 MG, 90 MG (<i>nifedipine</i>)	NF	

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 34 MG, 8.5 MG (<i>nisoldipine</i>)	NF	
<i>diltiazem hcl er beads</i> (Taztia Xt Oral Capsule Extended Release 24 Hour 120 Mg, 180 Mg, 300 Mg, 360 Mg)	Tier 1	QL (1 capsule per 1 day)
<i>diltiazem hcl er beads</i> (Taztia Xt Oral Capsule Extended Release 24 Hour 240 Mg)	Tier 1	QL (2 capsules 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>)	NF	
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 300 mg</i>	Tier 1	QL (1 capsule per 1 day)
<i>verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg</i>	Tier 1	
<i>verapamil hcl er oral capsule extended release 24 hour 200 mg</i>	Tier 1	QL (2 capsules per 1 day)
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	Tier 1	
<i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>	Tier 1	
VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 360 MG (<i>verapamil hcl</i>)	NF	
VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG (<i>verapamil hcl</i>)	NF	
CARDIOTONICS - DRUGS FOR THE HEART		
<i>digoxin</i> (Digitek Oral Tablet 125 Mcg, 250 Mcg)	Tier 1	
<i>digoxin</i> (Digox Oral Tablet 125 Mcg, 250 Mcg)	Tier 1	
<i>digoxin oral solution 0.05 mg/ml</i>	Tier 1	
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	Tier 1	
LANOXIN ORAL TABLET 125 MCG, 187.5 MCG, 250 MCG, 62.5 MCG (<i>digoxin</i>)	NF	
CARDIOVASCULAR AGENTS - MISC. - DRUGS FOR THE HEART		
ADCIRCA ORAL TABLET 20 MG (<i>tadalafil (pah)</i>)	Tier 4	PA; ST; QL (2 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG (<i>riociguat</i>)	Tier 4	PA; SP Pharmacy; QL (3 tablets per 1 day)
<i>tadalafil (pah)</i> (Alyq Oral Tablet 20 Mg)	Tier 4	PA; NPL; SP Pharmacy; QL (2 tablets per 1 day)
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	Tier 4	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>	NF	
BIDIL ORAL TABLET 20-37.5 MG (<i>isosorb dinitrate-hydralazine</i>)	Tier 3	#
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	Tier 4	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>)	NF	
CORLANOR ORAL SOLUTION 5 MG/5ML (<i>ivabradine hcl</i>)	NF	
CORLANOR ORAL TABLET 5 MG, 7.5 MG (<i>ivabradine hcl</i>)	Tier 3	PA; ST; QL (2 tablets per 1 day)
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG (<i>sacubitril-valsartan</i>)	Tier 2	
<i>epoprostenol sodium intravenous solution reconstituted 0.5 mg, 1.5 mg</i>	Tier 1	PA; SP Pharmacy
FLOLAN INTRAVENOUS SOLUTION RECONSTITUTED 0.5 MG, 1.5 MG (<i>epoprostenol sodium</i>)	NF	
LETAIRIS ORAL TABLET 10 MG, 5 MG (<i>ambrisentan</i>)	Tier 4	PA; SP Pharmacy
OPSUMIT ORAL TABLET 10 MG (<i>macitentan</i>)	Tier 4	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>)	Tier 4	PA; SP Pharmacy
REMODULIN INJECTION SOLUTION 1 MG/ML, 10 MG/ML, 2.5 MG/ML, 5 MG/ML (<i>treprostinil sodium</i>)	Tier 4	PA; #; SP Pharmacy
REVATIO ORAL SUSPENSION RECONSTITUTED 10 MG/ML (<i>sildenafil citrate</i>)	NF	

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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12/01/2020

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
REVATIO ORAL TABLET 20 MG (<i>sildenafil citrate</i>)	NF	
<i>sildenafil citrate oral tablet 20 mg</i>	Tier 1	PA; QL (3 tablets per 1 day)
<i>tadalafil (pah) oral tablet 20 mg</i>	Tier 4	PA; SP Pharmacy; QL (2 tablets per 1 day)
<i>tadalafil oral tablet 2.5 mg</i>	Tier 1	PA; QL (1 tablet per 1 day)
<i>tadalafil oral tablet 5 mg</i>	Tier 1	PA; ST; QL (1 tablet per 1 day)
TRACLEER ORAL TABLET 125 MG, 62.5 MG (<i>bosentan</i>)	NF	
TRACLEER ORAL TABLET SOLUBLE 32 MG (<i>bosentan</i>)	NF	
<i>treprostinil injection solution 100 mg/20ml, 20 mg/20ml, 200 mg/20ml, 50 mg/20ml</i>	Tier 1	PA; NPL; SP Pharmacy
TYVASO INHALATION SOLUTION 0.6 MG/ML (<i>treprostinil</i>)	NF	
TYVASO REFILL INHALATION SOLUTION 0.6 MG/ML (<i>treprostinil</i>)	NF	
TYVASO STARTER INHALATION SOLUTION 0.6 MG/ML (<i>treprostinil</i>)	NF	
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG (<i>selexipag</i>)	NF	
UPTRAVI ORAL TABLET THERAPY PACK 200 & 800 MCG (<i>selexipag</i>)	NF	
VELETRI INTRAVENOUS SOLUTION RECONSTITUTED 0.5 MG (<i>epoprostenol sodium</i>)	NF	#
VELETRI INTRAVENOUS SOLUTION RECONSTITUTED 1.5 MG (<i>epoprostenol sodium</i>)	NF	
VENTAVIS INHALATION SOLUTION 10 MCG/ML, 20 MCG/ML (<i>iloprost</i>)	Tier 4	PA; SP Pharmacy
VYNDAMAX ORAL CAPSULE 61 MG (<i>tafamidis</i>)	NF	
VYNDAQEL ORAL CAPSULE 20 MG (<i>tafamidis meglumine (cardiac)</i>)	NF	
CEPHALOSPORINS - DRUGS FOR INFECTIONS		
CEDAX ORAL CAPSULE 400 MG (<i>ceftibuten</i>)	NF	

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CEDEX ORAL SUSPENSION RECONSTITUTED 180 MG/5ML (<i>ceftibuten</i>)	NF	
<i>cefaclor er oral tablet extended release 12 hour 500 mg</i>	Tier 1	
<i>cefaclor oral capsule 250 mg, 500 mg</i>	Tier 1	
<i>cefaclor oral suspension reconstituted 125 mg/5ml, 250 mg/5ml, 375 mg/5ml</i>	Tier 1	
<i>cefadroxil oral capsule 500 mg</i>	Tier 1	
<i>cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml</i>	Tier 1	
<i>cefadroxil oral tablet 1 gm</i>	Tier 1	
<i>cefdinir oral capsule 300 mg</i>	Tier 1	
<i>cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	Tier 1	
<i>cefditoren pivoxil oral tablet 200 mg, 400 mg</i>	Tier 1	
<i>cefixime oral capsule 400 mg</i>	Tier 1	
<i>cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	Tier 1	
<i>cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml</i>	Tier 1	
<i>cefpodoxime proxetil oral tablet 100 mg, 200 mg</i>	Tier 1	
<i>cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	Tier 1	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	Tier 1	
<i>ceftibuten oral capsule 400 mg</i>	Tier 1	
<i>ceftibuten oral suspension reconstituted 180 mg/5ml</i>	Tier 1	
CEFTIN ORAL SUSPENSION RECONSTITUTED 125 MG/5ML, 250 MG/5ML (<i>cefuroxime axetil</i>)	NF	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	Tier 1	
<i>cephalexin oral capsule 250 mg, 500 mg, 750 mg</i>	Tier 1	
<i>cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	Tier 1	
<i>cephalexin oral tablet 250 mg, 500 mg</i>	Tier 1	
DAXBIA ORAL CAPSULE 333 MG (<i>cephalexin</i>)	NF	
KEFLEX ORAL CAPSULE 250 MG, 500 MG, 750 MG (<i>cephalexin</i>)	NF	

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SPECTRACEF ORAL TABLET 400 MG (<i>cefditoren pivoxil</i>)	NF	
SUPRAX ORAL CAPSULE 400 MG (<i>cefixime</i>)	Tier 3	
SUPRAX ORAL SUSPENSION RECONSTITUTED 100 MG/5ML, 200 MG/5ML, 500 MG/5ML (<i>cefixime</i>)	NF	
SUPRAX ORAL TABLET CHEWABLE 100 MG, 200 MG (<i>cefixime</i>)	Tier 3	#
CHEMICALS		
<i>arnica liquid</i>	NF	
CONTRACEPTIVES - DRUGS FOR WOMEN		
<i>levonorgestrel-ethinyl estrad</i> (Afirmelle Oral Tablet 0.1-20 Mg-Mcg)	CE	N2 (Tier 1)
AFTERA ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	CE	N2 (NF)
<i>levonorgestrel-ethinyl estrad</i> (Altavera Oral Tablet 0.15-30 Mg-Mcg)	CE	N2 (Tier 1)
<i>alyacen 1/35 oral tablet 1-35 mg-mcg</i>	CE	N2 (Tier 1)
<i>alyacen 7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	CE	N2 (Tier 1)
<i>levonorgest-eth estrad 91-day</i> (Amethia Lo Oral Tablet 0.1-0.02 & 0.01 Mg)	CE	N2 (Tier 1)
<i>levonorgest-eth estrad 91-day</i> (Amethia Oral Tablet 0.15-0.03 & 0.01 Mg)	CE	N2 (Tier 1)
ANNOVERA VAGINAL RING 0.013-0.15 MG/24HR (<i>segesterone-ethinyl estradiol</i>)	CE	N2 (NF); QL (1 ring per 365 days)
<i>desogestrel-ethinyl estradiol</i> (Apri Oral Tablet 0.15-30 Mg-Mcg)	CE	N2 (Tier 1)
<i>norethin-eth estrad triphasic</i> (Aranelle Oral Tablet 0.5/1/0.5-35 Mg-Mcg)	CE	N2 (Tier 1)
<i>levonorgest-eth estrad 91-day</i> (Ashlyna Oral Tablet 0.15-0.03 & 0.01 Mg)	CE	N2 (Tier 1)
<i>levonorgestrel-ethinyl estrad</i> (Aubra Eq Oral Tablet 0.1-20 Mg-Mcg)	CE	N2 (Tier 1)
<i>levonorgestrel-ethinyl estrad</i> (Aubra Oral Tablet 0.1-20 Mg-Mcg)	CE	N2 (Tier 1)

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>norethindrone acet-ethinyl est</i> (Aurovela 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N2 (NF)
<i>norethindrone acet-ethinyl est</i> (Aurovela 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N2 (Tier 1)
<i>norethin ace-eth estrad-fe</i> (Aurovela 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	CE	N2 (NF)
<i>norethin ace-eth estrad-fe</i> (Aurovela Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N2 (NF)
<i>levonorgestrel-ethinyl estrad</i> (Aviane Oral Tablet 0.1-20 Mg-Mcg)	CE	N2 (Tier 1)
<i>levonorgestrel-ethinyl estrad</i> (Ayuna Oral Tablet 0.15-30 Mg-Mcg)	CE	N2 (Tier 1)
<i>desogestrel-ethinyl estradiol</i> (Azurette Oral Tablet 0.15-0.02/0.01 Mg (21/5))	CE	N2 (Tier 1)
BALCOLTRA ORAL TABLET 0.1-20 MG-MCG(21) (<i>levonorgest-eth estrad-fe bisg</i>)	CE	N2 (Tier 3)
<i>norethindrone-eth estradiol</i> (Balziva Oral Tablet 0.4-35 Mg-Mcg)	CE	N2 (Tier 1)
<i>desogestrel-ethinyl estradiol</i> (Bekyree Oral Tablet 0.15-0.02/0.01 Mg (21/5))	CE	N2 (Tier 1)
BEYAZ ORAL TABLET 3-0.02-0.451 MG (<i>drospiren-eth estrad-levomefol</i>)	Tier 3	
<i>norethin ace-eth estrad-fe</i> (Blisovi 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	CE	N2 (Tier 1)
<i>norethin ace-eth estrad-fe</i> (Blisovi Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N2 (Tier 1)
<i>norethin ace-eth estrad-fe</i> (Blisovi Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N2 (Tier 1)
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	CE	N2 (Tier 1)
<i>norethindrone</i> (Camila Oral Tablet 0.35 Mg)	CE	N2 (Tier 1)
<i>levonorgest-eth estrad 91-day</i> (Camrese Lo Oral Tablet 0.1-0.02 & 0.01 Mg)	CE	N2 (Tier 1)
<i>levonorgest-eth estrad 91-day</i> (Camrese Oral Tablet 0.15-0.03 & 0.01 Mg)	CE	N2 (Tier 1)

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>desogestrel-ethinyl estradiol</i> (Caziant Oral Tablet 0.1/0.125/0.15 -0.025 Mg)	CE	N2 (Tier 1)
<i>desogestrel-ethinyl estradiol</i> (Cesia Oral Tablet 0.1/0.125/0.15 - 0.025 Mg)	CE	N2 (Tier 1)
<i>levonorgestrel-ethinyl estrad</i> (Chateal Eq Oral Tablet 0.15-30 Mg-Mcg)	CE	N2 (Tier 1)
<i>levonorgestrel-ethinyl estrad</i> (Chateal Oral Tablet 0.15-30 Mg-Mcg)	CE	N2 (Tier 1)
<i>norgestrel-ethinyl estradiol</i> (Cryselle-28 Oral Tablet 0.3-30 Mg-Mcg)	CE	N2 (Tier 1)
<i>norethindrone-eth estradiol</i> (Cyclafem 1/35 Oral Tablet 1-35 Mg-Mcg)	CE	N2 (Tier 1)
<i>norethin-eth estrad triphasic</i> (Cyclafem 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	CE	N2 (Tier 1)
<i>desogestrel-ethinyl estradiol</i> (Cyred Oral Tablet 0.15-30 Mg-Mcg)	CE	N2 (Tier 1)
<i>norethindrone-eth estradiol</i> (Dasetta 1/35 Oral Tablet 1-35 Mg-Mcg)	CE	N2 (Tier 1)
<i>norethin-eth estrad triphasic</i> (Dasetta 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	CE	N2 (Tier 1)
<i>levonorgest-eth estrad 91-day</i> (Daysee Oral Tablet 0.15-0.03 &0.01 Mg)	CE	N2 (Tier 1)
<i>norethindrone</i> (Deblitane Oral Tablet 0.35 Mg)	CE	N2 (Tier 1)
<i>levonorgestrel-ethinyl estrad</i> (Delyla Oral Tablet 0.1-20 Mg-Mcg)	CE	N2 (Tier 1)
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML (<i>medroxyprogesterone acetate</i>)	CE	#; N2 (Tier 3); QL (1 syringe per 90 days)
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5), 0.15-30 mg-mcg</i>	CE	N2 (Tier 1)
<i>drosipren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg, 3-0.03-0.451 mg</i>	CE	N2 (Tier 1)
<i>drosiprenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	CE	N2 (Tier 1)
ECONTRA EZ ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	CE	N2 (NF)

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<i>norgestrel-ethinyl estradiol</i> (Elinest Oral Tablet 0.3-30 Mg-Mcg)	CE	N2 (Tier 1)
ELLA ORAL TABLET 30 MG (<i>ulipristal acetate</i>)	CE	#; N2 (Tier 3)
<i>etonogestrel-ethinyl estradiol</i> (Eluryng Vaginal Ring 0.12-0.015 Mg/24Hr)	CE	N2 (G)
<i>desogestrel-ethinyl estradiol</i> (Emoquette Oral Tablet 0.15-30 Mg-Mcg)	CE	N2 (Tier 1)
<i>levonorg-eth estrad triphasic</i> (Enpresse-28 Oral Tablet 50-30/75-40/ 125-30 Mcg)	CE	N2 (Tier 1)
<i>desogestrel-ethinyl estradiol</i> (Enskyce Oral Tablet 0.15-30 Mg-Mcg)	CE	N2 (Tier 1)
<i>norethindrone</i> (Errin Oral Tablet 0.35 Mg)	CE	N2 (Tier 1)
<i>norgestimate-eth estradiol</i> (Estarylla Oral Tablet 0.25-35 Mg-Mcg)	CE	N2 (Tier 1)
<i>ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg</i>	CE	N2 (Tier 1)
FALESSA ORAL KIT 20-1-0.1 MCG-MG (<i>levonorgestrel-eth estrad & fa</i>)	CE	N2 (Tier 3)
<i>levonorgestrel-ethinyl estrad</i> (Falmina Oral Tablet 0.1-20 Mg-Mcg)	CE	N2 (Tier 1)
<i>levonorgest-eth estrad 91-day</i> (Fayosim Oral Tablet 42-21-21-7 Days)	CE	N2 (Tier 1)
<i>norgestimate-eth estradiol</i> (Femynor Oral Tablet 0.25-35 Mg-Mcg)	CE	N2 (Tier 1)
<i>drospirenone-ethinyl estradiol</i> (Gianvi Oral Tablet 3-0.02 Mg)	CE	N2 (Tier 1)
<i>norethindrone-eth estradiol</i> (Gildagia Oral Tablet 0.4-35 Mg-Mcg)	CE	N2 (Tier 1)
<i>norethin ace-eth estrad-fe</i> (Gildess Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N2 (Tier 1)
<i>norethin ace-eth estrad-fe</i> (Gildess Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N2 (Tier 1)
<i>norethin ace-eth estrad-fe</i> (Hailey 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	CE	N2 (Tier 1)
<i>norethindrone</i> (Heather Oral Tablet 0.35 Mg)	CE	N2 (Tier 1)

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<i>levonorgest-eth estrad 91-day</i> (Introvale Oral Tablet 0.15-0.03 Mg)	CE	N2 (Tier 1)
<i>desogestrel-ethinyl estradiol</i> (Isibloom Oral Tablet 0.15-30 Mg-Mcg)	CE	N2 (Tier 1)
<i>drospirenone-ethinyl estradiol</i> (Jasmiel Oral Tablet 3-0.02 Mg)	CE	N2 (Tier 1)
<i>norethindrone</i> (Jencycla Oral Tablet 0.35 Mg)	CE	N2 (Tier 1)
<i>levonorgest-eth estrad 91-day</i> (Jolessa Oral Tablet 0.15-0.03 Mg)	CE	N2 (Tier 1)
<i>norethindrone</i> (Jolivette Oral Tablet 0.35 Mg)	CE	N2 (Tier 1)
<i>desogestrel-ethinyl estradiol</i> (Juleber Oral Tablet 0.15-30 Mg-Mcg)	CE	N2 (Tier 1)
<i>norethindrone acet-ethinyl est</i> (Junel 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N2 (Tier 1)
<i>norethindrone acet-ethinyl est</i> (Junel 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N2 (Tier 1)
<i>norethin ace-eth estrad-fe</i> (Junel Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N2 (Tier 1)
<i>norethin ace-eth estrad-fe</i> (Junel Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N2 (Tier 1)
<i>norethin ace-eth estrad-fe</i> (Junel Fe 24 Oral Tablet 1-20 Mg-Mcg(24))	CE	N2 (Tier 1)
<i>norethin-eth estradiol-fe</i> (Kaitlib Fe Oral Tablet Chewable 0.8-25 Mg-Mcg)	CE	N2 (Tier 1)
<i>desogestrel-ethinyl estradiol</i> (Kariva Oral Tablet 0.15-0.02/0.01 Mg (21/5))	CE	N2 (Tier 1)
<i>ethynodiol diac-eth estradiol</i> (Kelnor 1/35 Oral Tablet 1-35 Mg-Mcg)	CE	N2 (Tier 1)
<i>desogestrel-ethinyl estradiol</i> (Kimidess Oral Tablet 0.15-0.02/0.01 Mg (21/5))	CE	N2 (Tier 1)
<i>levonorgestrel-ethinyl estrad</i> (Kurvelo Oral Tablet 0.15-30 Mg-Mcg)	CE	N2 (Tier 1)
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 19.5 MG (<i>levonorgestrel</i>)	CE	N2 (Tier 3)

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>norethindrone acet-ethinyl est</i> (Larin 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N2 (Tier 1)
<i>norethindrone acet-ethinyl est</i> (Larin 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N2 (Tier 1)
<i>norethin ace-eth estrad-fe</i> (Larin 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	CE	N2 (Tier 1)
<i>norethin ace-eth estrad-fe</i> (Larin Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N2 (Tier 1)
<i>norethin ace-eth estrad-fe</i> (Larin Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N2 (Tier 1)
<i>levonorgestrel-ethinyl estrad</i> (Larissia Oral Tablet 0.1-20 Mg-Mcg)	CE	N2 (Tier 1)
<i>norethin-eth estradiol-fe</i> (Layolis Fe Oral Tablet Chewable 0.8-25 Mg-Mcg)	CE	N2 (Tier 1)
<i>norethin-eth estrad triphasic</i> (Leena Oral Tablet 0.5/1/0.5-35 Mg-Mcg)	CE	N2 (Tier 1)
<i>levonorgestrel-ethinyl estrad</i> (Lessina Oral Tablet 0.1-20 Mg-Mcg)	CE	N2 (Tier 1)
<i>levonorg-eth estrad triphasic</i> (Levonest Oral Tablet 50-30/75-40/ 125-30 Mcg)	CE	N2 (Tier 1)
<i>levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 & 0.01 mg, 0.15-0.03 mg</i>	CE	N2 (Tier 1)
<i>levonorgestrel oral tablet 1.5 mg</i>	CE	N2 (NF)
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg, 90-20 mcg</i>	CE	N2 (Tier 1)
<i>levonorg-eth estrad triphasic oral tablet</i>	CE	N2 (Tier 1)
<i>levonorgestrel-ethinyl estrad</i> (Levora 0.15/30 (28) Oral Tablet 0.15-30 Mg-Mcg)	CE	N2 (Tier 1)
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 19.5 MCG/DAY (<i>levonorgestrel</i>)	CE	N2 (Tier 3)
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG / 10 MCG (<i>norethin-eth estrad-fe biphas</i>)	CE	N2 (Tier 3)
<i>norethindrone acet-ethinyl est</i> (Loestrin 1.5/30 (21) Oral Tablet 1.5-30 Mg-Mcg)	Tier 3	

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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12/01/2020

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<i>norethindrone acet-ethinyl est</i> (Loestrin 1/20 (21) Oral Tablet 1-20 Mg-Mcg)	Tier 3	
<i>norethin ace-eth estrad-fe</i> (Lomedia 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	CE	N2 (Tier 1)
<i>drospirenone-ethinyl estradiol</i> (Loryna Oral Tablet 3-0.02 Mg)	CE	N2 (Tier 1)
<i>norgestrel-ethinyl estradiol</i> (Low-Ogestrel Oral Tablet 0.3-30 Mg-Mcg)	CE	N2 (Tier 1)
<i>drospirenone-ethinyl estradiol</i> (Lo-Zumandimine Oral Tablet 3-0.02 Mg)	CE	N2 (Tier 1)
<i>levonorgestrel-ethinyl estrad</i> (Lutera Oral Tablet 0.1-20 Mg-Mcg)	CE	N2 (Tier 1)
<i>norethindrone</i> (Lyza Oral Tablet 0.35 Mg)	CE	N2 (Tier 1)
<i>marlissa oral tablet 0.15-30 mg-mcg</i>	CE	N2 (Tier 1)
<i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>	CE	N2 (Tier 1)
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml</i>	CE	N2 (Tier 1); QL (1 injection per 90 days)
<i>norethin ace-eth estrad-fe</i> (Mibelas 24 Fe Oral Tablet Chewable 1-20 Mg-Mcg(24))	CE	N2 (Tier 1)
<i>norethindrone acet-ethinyl est</i> (Microgestin 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N2 (Tier 1)
<i>norethindrone acet-ethinyl est</i> (Microgestin 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N2 (Tier 1)
<i>norethin ace-eth estrad-fe</i> (Microgestin Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N2 (Tier 1)
<i>norethin ace-eth estrad-fe</i> (Microgestin Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N2 (Tier 1)
MINASTRIN 24 FE ORAL TABLET CHEWABLE 1-20 MG-MCG(24) (<i>norethin ace-eth estrad-fe</i>)	Tier 3	
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/24HR (<i>levonorgestrel</i>)	CE	#: N2 (Tier 3)
<i>norgestimate-eth estradiol</i> (Mono-Linyah Oral Tablet 0.25-35 Mg-Mcg)	CE	N2 (Tier 1)

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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<i>norgestimate-eth estradiol</i> (Mononessa Oral Tablet 0.25-35 Mg-Mcg)	CE	N2 (Tier 1)
MY WAY ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	CE	N2 (NF)
<i>levonorg-eth estrad triphasic</i> (Myzilra Oral Tablet 50-30/75-40/125-30 Mcg)	CE	N2 (Tier 1)
NATAZIA ORAL TABLET 3/2-2/2-3/1 MG (<i>estradiol valerate-dienogest</i>)	CE	N2 (Tier 3)
<i>norethindrone-eth estradiol</i> (Necon 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg)	CE	N2 (Tier 1)
<i>norethindrone-eth estradiol</i> (Necon 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	CE	N2 (Tier 1)
NECON 1/50 (28) ORAL TABLET 1-50 MG-MCG (<i>norethindrone-mestranol</i>)	CE	N2 (Tier 1)
<i>norethin-eth estrad triphasic</i> (Necon 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	CE	N2 (Tier 1)
NEXPLANON SUBCUTANEOUS IMPLANT 68 MG (<i>etonogestrel</i>)	CE	N2 (Tier 3)
NEXT CHOICE ONE DOSE ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	CE	N2 (NF)
<i>drospirenone-ethinyl estradiol</i> (Nikki Oral Tablet 3-0.02 Mg)	CE	N2 (Tier 1)
<i>norethindrone</i> (Nora-Be Oral Tablet 0.35 Mg)	CE	N2 (Tier 1)
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1-20 mg-mcg(24)</i>	CE	N2 (Tier 1)
<i>norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)</i>	CE	N2 (Tier 1)
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg</i>	CE	N2 (Tier 1)
<i>norethindrone oral tablet 0.35 mg</i>	CE	N2 (Tier 1)
<i>norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg, 0.8-25 mg-mcg</i>	CE	N2 (Tier 1)
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	CE	N2 (Tier 1)
<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 (Tier 1)
<i>norethindrone</i> (Norlyroc Oral Tablet 0.35 Mg)	CE	N2 (Tier 1)

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>norethindrone-eth estradiol</i> (Nortrel 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg)	CE	N2 (Tier 1)
<i>norethindrone-eth estradiol</i> (Nortrel 1/35 (21) Oral Tablet 1-35 Mg-Mcg)	CE	N2 (Tier 1)
<i>norethindrone-eth estradiol</i> (Nortrel 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	CE	N2 (Tier 1)
<i>norethin-eth estrad triphasic</i> (Nortrel 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	CE	N2 (Tier 1)
NUVARING VAGINAL RING 0.12-0.015 MG/24HR (<i>etonogestrel-ethinyl estradiol</i>)	Tier 3	
<i>drospirenone-ethinyl estradiol</i> (Ocella Oral Tablet 3-0.03 Mg)	CE	N2 (Tier 1)
OGESTREL ORAL TABLET 0.5-50 MG-MCG (<i>norgestrel-ethinyl estradiol</i>)	CE	N2 (Tier 1)
OPCICON ONE-STEP ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	CE	N2 (NF)
OPTION 2 ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	CE	N2 (NF)
<i>levonorgestrel-ethinyl estrad</i> (Orsythia Oral Tablet 0.1-20 Mg-Mcg)	CE	N2 (Tier 1)
ORTHO-NOVUM 7/7/7 (28) ORAL TABLET 0.5/0.75/1-35 MG-MCG (<i>norethin-eth estrad triphasic</i>)	Tier 3	
PARAGARD INTRAUTERINE COPPER INTRAUTERINE INTRAUTERINE DEVICE (<i>copper</i>)	CE	N2 (Tier 3)
<i>norethindrone-eth estradiol</i> (Philith Oral Tablet 0.4-35 Mg-Mcg)	CE	N2 (Tier 1)
<i>desogestrel-ethinyl estradiol</i> (Pimtrea Oral Tablet 0.15-0.02/0.01 Mg (21/5))	CE	N2 (Tier 1)
<i>norethindrone-eth estradiol</i> (Pirmella 1/35 Oral Tablet 1-35 Mg-Mcg)	CE	N2 (Tier 1)
<i>norethin-eth estrad triphasic</i> (Pirmella 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	CE	N2 (Tier 1)
<i>levonorgestrel-ethinyl estrad</i> (Portia-28 Oral Tablet 0.15-30 Mg-Mcg)	CE	N2 (Tier 1)
<i>norgestimate-eth estradiol</i> (Previfem Oral Tablet 0.25-35 Mg-Mcg)	CE	N2 (Tier 1)

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
QUARTETTE ORAL TABLET 42-21-21-7 DAYS (<i>levonorgest-eth estrad 91-day</i>)	Tier 3	
<i>levonorgest-eth estrad 91-day</i> (Quasense Oral Tablet 0.15-0.03 Mg)	CE	N2 (Tier 1)
<i>drospiren-eth estrad-levomefol</i> (Rajani Oral Tablet 3-0.02-0.451 Mg)	CE	N2 (Tier 1)
REACT ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	CE	N2 (NF)
<i>desogestrel-ethinyl estradiol</i> (Reclipsen Oral Tablet 0.15-30 Mg-Mcg)	CE	N2 (Tier 1)
<i>levonorgest-eth estrad 91-day</i> (Rivelsa Oral Tablet 42-21-21-7 Days)	CE	N2 (Tier 1)
SAFYRAL ORAL TABLET 3-0.03-0.451 MG (<i>drospiren-eth estrad-levomefol</i>)	CE	N2 (Tier 3)
<i>levonorgest-eth estrad 91-day</i> (Setlakin Oral Tablet 0.15-0.03 Mg)	CE	N2 (Tier 1)
<i>norethindrone</i> (Sharobel Oral Tablet 0.35 Mg)	CE	N2 (Tier 1)
<i>desogestrel-ethinyl estradiol</i> (Simliya Oral Tablet 0.15-0.02/0.01 Mg (21/5))	CE	N2 (Tier 1)
<i>levonorgest-eth estrad 91-day</i> (Simpesse Oral Tablet 0.15-0.03 & 0.01 Mg)	CE	N2 (Tier 1)
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 13.5 MG (<i>levonorgestrel</i>)	CE	N2 (Tier 3)
SLYND ORAL TABLET 4 MG (<i>drospirenone</i>)	CE	N2 (NF)
<i>desogestrel-ethinyl estradiol</i> (Solia Oral Tablet 0.15-30 Mg-Mcg)	CE	N2 (Tier 1)
<i>norgestimate-eth estradiol</i> (Sprintec 28 Oral Tablet 0.25-35 Mg-Mcg)	CE	N2 (Tier 1)
<i>levonorgestrel-ethinyl estrad</i> (Sronyx Oral Tablet 0.1-20 Mg-Mcg)	CE	N2 (Tier 1)
<i>drospirenone-ethinyl estradiol</i> (Syeda Oral Tablet 3-0.03 Mg)	CE	N2 (Tier 1)
TAKE ACTION ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	CE	N2 (NF)
<i>norethin ace-eth estrad-fe</i> (Tarina 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	CE	N2 (Tier 1)

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<i>norethin ace-eth estrad-fe</i> (Tarina Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N2 (Tier 1)
TAYTULLA ORAL CAPSULE 1-20 MG-MCG(24) (<i>norethin ace-eth estrad-fe</i>)	CE	#; N2 (Tier 3)
<i>norethindron-ethinyl estrad-fe</i> (Tilia Fe Oral Tablet 1-20/1-30/1-35 Mg-Mcg)	CE	N2 (Tier 1)
<i>norgestim-eth estrad triphasic</i> (Tri Femynor Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	N2 (Tier 1)
<i>norgestim-eth estrad triphasic</i> (Tri-Estarylla Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	N2 (Tier 1)
<i>norethindron-ethinyl estrad-fe</i> (Tri-Legest Fe Oral Tablet 1-20/1-30/1-35 Mg-Mcg)	CE	N2 (Tier 1)
<i>norgestim-eth estrad triphasic</i> (Tri-Linyah Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	N2 (Tier 1)
<i>norgestim-eth estrad triphasic</i> (Tri-Lo-Estarylla Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	CE	N2 (Tier 1)
<i>norgestim-eth estrad triphasic</i> (Tri-Lo-Marzia Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	CE	N2 (Tier 1)
<i>norgestim-eth estrad triphasic</i> (Tri-Lo-Sprintec Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	CE	N2 (Tier 1)
<i>norgestim-eth estrad triphasic</i> (Tri-Mili Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	N2 (Tier 1)
<i>norgestim-eth estrad triphasic</i> (Trinessa (28) Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	N2 (Tier 1)
<i>norgestim-eth estrad triphasic</i> (Trinessa Lo Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	CE	N2 (Tier 1)
TRI-NORINYL (28) ORAL TABLET 0.5/1/0.5-35 MG-MCG (<i>norethin-eth estrad triphasic</i>)	Tier 3	
<i>norgestim-eth estrad triphasic</i> (Tri-Previfem Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	N2 (Tier 1)
<i>norgestim-eth estrad triphasic</i> (Tri-Sprintec Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	N2 (Tier 1)
<i>levonorg-eth estrad triphasic</i> (Trivora (28) Oral Tablet 50-30/75-40/ 125-30 Mcg)	CE	N2 (Tier 1)

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<i>norgestim-eth estrad triphasic</i> (Tri-Vylibra Lo Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	CE	N2 (Tier 1)
<i>norethindrone</i> (Tulana Oral Tablet 0.35 Mg)	CE	N2 (Tier 1)
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24HR (<i>levonorgestrel-eth estradiol</i>)	NF	
<i>drospiren-eth estrad-levomefol</i> (Tydemy Oral Tablet 3-0.03-0.451 Mg)	CE	N2 (Tier 1)
<i>desogestrel-ethinyl estradiol</i> (Velivet Oral Tablet 0.1/0.125/0.15-0.025 Mg)	CE	N2 (Tier 1)
<i>drospirenone-ethinyl estradiol</i> (Vestura Oral Tablet 3-0.02 Mg)	CE	N2 (Tier 1)
<i>levonorgestrel-ethinyl estrad</i> (Vienva Oral Tablet 0.1-20 Mg-Mcg)	CE	N2 (Tier 1)
<i>viorele oral tablet 0.15-0.02/0.01 mg (21/5)</i>	CE	N2 (Tier 1)
<i>norethindrone-eth estradiol</i> (Vyfemla Oral Tablet 0.4-35 Mg-Mcg)	CE	N2 (Tier 1)
<i>norethindrone-eth estradiol</i> (Wera Oral Tablet 0.5-35 Mg-Mcg)	CE	N2 (Tier 1)
<i>norethin-eth estradiol-fe</i> (Wymzya Fe Oral Tablet Chewable 0.4-35 Mg-Mcg)	CE	N2 (Tier 1)
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24HR (<i>norelgestromin-eth estradiol</i>)	CE	N2 (Tier 1)
<i>drospirenone-ethinyl estradiol</i> (Zarah Oral Tablet 3-0.03 Mg)	CE	N2 (Tier 1)
<i>norethindrone-eth estradiol</i> (Zenchent Oral Tablet 0.4-35 Mg-Mcg)	CE	N2 (Tier 1)
<i>ethynodiol diac-eth estradiol</i> (Zovia 1/35E (28) Oral Tablet 1-35 Mg-Mcg)	CE	N2 (Tier 1)
<i>ethynodiol diac-eth estradiol</i> (Zovia 1/50E (28) Oral Tablet 1-50 Mg-Mcg)	CE	N2 (Tier 1)
<i>drospirenone-ethinyl estradiol</i> (Zumandimine Oral Tablet 3-0.03 Mg)	CE	N2 (Tier 1)
CORTICOSTEROIDS - HORMONES		
ALKINDI SPRINKLE ORAL CAPSULE SPRINKLE 0.5 MG, 1 MG, 2 MG, 5 MG (<i>hydrocortisone</i>)	NF	
<i>budesonide er oral tablet extended release 24 hour 9 mg</i>	Tier 1	QL (1 tablet per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>budesonide oral capsule delayed release particles 3 mg</i>	Tier 1	
CORTEF ORAL TABLET 10 MG, 20 MG, 5 MG (<i>hydrocortisone</i>)	NF	
<i>cortisone acetate oral tablet 25 mg</i>	Tier 1	
<i>prednisone</i> (Deltasone Oral Tablet 20 Mg)	Tier 1	
DEXAMETHASONE INTENSOL ORAL CONCENTRATE 1 MG/ML (<i>dexamethasone</i>)	Tier 3	
<i>dexamethasone oral elixir 0.5 mg/5ml</i>	Tier 1	
<i>dexamethasone oral solution 0.5 mg/5ml</i>	Tier 1	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	Tier 1	
<i>dexamethasone oral tablet therapy pack 1.5 mg (21), 1.5 mg (35), 1.5 mg (51)</i>	Tier 1	
<i>dexamethasone</i> (Dexpak 10 Day Oral Tablet Therapy Pack 1.5 Mg (35))	NF	
<i>dexamethasone</i> (Dexpak 13 Day Oral Tablet Therapy Pack 1.5 Mg (51))	NF	
<i>dexamethasone</i> (Dexpak 6 Day Oral Tablet Therapy Pack 1.5 Mg (21))	NF	
DXEVO 11-DAY ORAL TABLET THERAPY PACK 1.5 MG (<i>dexamethasone</i>)	NF	
EMFLAZA ORAL SUSPENSION 22.75 MG/ML (<i>deflazacort</i>)	NF	
EMFLAZA ORAL TABLET 18 MG, 30 MG, 36 MG, 6 MG (<i>deflazacort</i>)	NF	
ENTOCORT EC ORAL CAPSULE DELAYED RELEASE PARTICLES 3 MG (<i>budesonide</i>)	NF	
<i>fludrocortisone acetate oral tablet 0.1 mg</i>	Tier 1	
HEMADY ORAL TABLET 20 MG (<i>dexamethasone</i>)	NF	
<i>dexamethasone</i> (Hidex 6-Day Oral Tablet Therapy Pack 1.5 Mg (21))	Tier 1	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LOCORT 11-DAY ORAL TABLET THERAPY PACK 1.5 MG (41) (<i>dexamethasone</i>)	NF	
LOCORT 7-DAY ORAL TABLET THERAPY PACK 1.5 MG (27) (<i>dexamethasone</i>)	NF	
MEDROL ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG (<i>methylprednisolone</i>)	NF	
MEDROL ORAL TABLET 2 MG (<i>methylprednisolone</i>)	Tier 3	
MEDROL ORAL TABLET THERAPY PACK 4 MG (<i>methylprednisolone</i>)	NF	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	Tier 1	
<i>methylprednisolone oral tablet therapy pack 4 mg</i>	Tier 1	
MILLIPRED DP 12-DAY ORAL TABLET THERAPY PACK 5 MG (48) (<i>prednisolone</i>)	Tier 3	
MILLIPRED DP ORAL TABLET THERAPY PACK 5 MG (21), 5 MG (48) (<i>prednisolone</i>)	Tier 3	
MILLIPRED ORAL SOLUTION 10 MG/5ML (<i>prednisolone sodium phosphate</i>)	NF	
MILLIPRED ORAL TABLET 5 MG (<i>prednisolone</i>)	Tier 2	
ORAPRED ODT ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 30 MG (<i>prednisolone sodium phosphate</i>)	NF	
ORTIKOS ORAL CAPSULE EXTENDED RELEASE 24 HOUR 6 MG, 9 MG (<i>budesonide</i>)	NF	
PEDIAPRED ORAL SOLUTION 6.7 (5 BASE) MG/5ML (<i>prednisolone sodium phosphate</i>)	NF	
<i>prednisolone oral solution 15 mg/5ml</i>	Tier 1	
<i>prednisolone oral syrup 15 mg/5ml</i>	Tier 1	
<i>prednisolone sodium phosphate oral solution 10 mg/5ml, 15 mg/5ml, 20 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml</i>	Tier 1	
<i>prednisolone sodium phosphate oral tablet dispersible 10 mg, 15 mg, 30 mg</i>	Tier 1	
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML (<i>prednisone</i>)	Tier 3	
<i>prednisone oral solution 5 mg/5ml</i>	Tier 1	

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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12/01/2020

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	Tier 1	
<i>prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)</i>	Tier 1	
TAPERDEX 12-DAY ORAL TABLET THERAPY PACK 1.5 MG (49) (<i>dexamethasone</i>)	NF	
<i>dexamethasone</i> (Taperdex 6-Day Oral Tablet Therapy Pack 1.5 Mg (21))	NF	
TAPERDEX 7-DAY ORAL TABLET THERAPY PACK 1.5 MG (27) (<i>dexamethasone</i>)	NF	
UCERIS ORAL TABLET EXTENDED RELEASE 24 HOUR 9 MG (<i>budesonide</i>)	NF	
VERIPRED 20 ORAL SOLUTION 20 MG/5ML (<i>prednisolone sodium phosphate</i>)	NF	
<i>zcort 7-day oral tablet therapy pack 1.5 mg (25)</i>	NF	
ZODEX 12-DAY ORAL TABLET THERAPY PACK 1.5 MG (49) (<i>dexamethasone</i>)	NF	
ZONACORT 11 DAY ORAL TABLET THERAPY PACK 1.5 MG (41) (<i>dexamethasone</i>)	NF	
ZONACORT 7 DAY ORAL TABLET THERAPY PACK 1.5 MG (27) (<i>dexamethasone</i>)	NF	
COUGH/COLD/ALLERGY - DRUGS FOR THE LUNGS		
<i>acetylcysteine inhalation solution 10 %, 20 %</i>	Tier 1	
ALAVERT ALLERGY/SINUS ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG (<i>loratadine-pseudoephedrine</i>)	Tier 1	OTC
ALLEGRA-D ALLERGY & CONGESTION ORAL TABLET EXTENDED RELEASE 12 HOUR 60-120 MG (<i>fexofenadine-pseudoephedrine</i>)	Tier 1	OTC
ALLEGRA-D ALLERGY & CONGESTION ORAL TABLET EXTENDED RELEASE 24 HOUR 180-240 MG (<i>fexofenadine-pseudoephedrine</i>)	Tier 1	OTC
<i>benzonatate oral capsule 100 mg, 200 mg</i>	Tier 1	
<i>benzonatate oral capsule 150 mg</i>	NF	

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CARBAPHEN 12 ORAL LIQUID 10-4-27.5 MG/5ML (phenyleph-chlorphen-carbetapen)	NF	
CARBAPHEN 12 PED ORAL SUSPENSION 2.5-1.25-7.5 MG/ML (phenyleph-chlorphen-carbetapen)	NF	
<i>cetirizine-pseudoephedrine er oral tablet extended release 12 hour 5-120 mg</i>	Tier 1	OTC
CLARINEX-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR 2.5-120 MG (desloratadine- pseudoephedrine)	NF	
CLARITIN-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG (loratadine-pseudoephedrine)	Tier 1	OTC
CLARITIN-D 24 HOUR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-240 MG (loratadine- pseudoephedrine)	Tier 1	OTC
CODAR AR ORAL LIQUID 2-8 MG/5ML (chlorpheniramine-codeine)	NF	
DECON-A ORAL ELIXIR 2-5 MG/5ML (brompheniramine- phenylephrine)	NF	
<i>fexofenadine-pseudoephed er oral tablet extended release 12 hour 60-120 mg</i>	Tier 1	OTC
<i>fexofenadine-pseudoephed er oral tablet extended release 24 hour 180-240 mg</i>	Tier 1	OTC
HYCOFENIX ORAL SOLUTION 30-2.5-200 MG/5ML (pseudoeph-hydrocodone-gg)	NF	
<i>hydrocod polst-cpm polst er oral suspension extended release 10- 8 mg/5ml</i>	Tier 1	QL (120 milliliters per 1 fill)
<i>hydrocodone-guaifenesin oral solution 2.5-200 mg/5ml</i>	Tier 1	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>	Tier 1	
<i>hydrocodone-homatropine oral tablet 5-1.5 mg</i>	Tier 1	
<i>hydromet oral syrup 5-1.5 mg/5ml</i>	Tier 1	
HYPERSAL INHALATION NEBULIZATION SOLUTION 3.5 %, 7 % (sodium chloride)	NF	

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>loratadine-d 12hr oral tablet extended release 12 hour 5-120 mg</i>	Tier 1	OTC
<i>loratadine-d 24hr oral tablet extended release 24 hour 10-240 mg</i>	Tier 1	OTC
<i>sodium chloride (Nebusal Inhalation Nebulization Solution 3 %)</i>	Tier 1	OTC
NEBUSAL INHALATION NEBULIZATION SOLUTION 6 % (<i>sodium chloride</i>)	NF	
NEOTUSS PLUS ORAL LIQUID 7.5-4-30 MG/5ML (<i>phenylephrine-chlorphen-dm</i>)	NF	
NORTUSS-DE ORAL LIQUID 2.5-5-50 MG/ML (<i>phenylephrine-dm-gg</i>)	NF	
<i>nortuss-ex oral liquid 20-200 mg/5ml</i>	NF	
<i>promethazine vc oral syrup 6.25-5 mg/5ml</i>	NF	
<i>promethazine vclcodeine oral syrup 6.25-5-10 mg/5ml</i>	Tier 1	
<i>promethazine-dm oral syrup 6.25-15 mg/5ml</i>	Tier 1	
<i>promethazine-phenylephrine oral syrup 6.25-5 mg/5ml</i>	NF	
<i>pseudoeph-chlorphen-hydrocod oral solution 60-4-5 mg/5ml</i>	Tier 1	
<i>sodium chloride (Pulmosal Inhalation Nebulization Solution 7 %)</i>	Tier 1	
RELHIST ORAL TABLET CHEWABLE 6-15 MG (<i>bromphen tann-phenyleph tann</i>)	NF	
SEMPREX-D ORAL CAPSULE 8-60 MG (<i>acrivastine-pseudoephedrine</i>)	Tier 3	
<i>sodium chloride inhalation nebulization solution 0.9 %, 10 %, 7 %</i>	Tier 1	
<i>sodium chloride inhalation nebulization solution 3 %</i>	Tier 1	OTC
SSKI ORAL SOLUTION 1 GM/ML (<i>potassium iodide (expectorant)</i>)	Tier 3	
TESSALON PERLES ORAL CAPSULE 100 MG (<i>benzonatate</i>)	NF	
<i>tgq 15dm/5pehl2cpm oral syrup 15-5-2 mg/5ml</i>	NF	
<i>tgq 30psel/150gfn/15dm oral syrup 30-150-15 mg/5ml</i>	NF	
<i>tgq 30psel/3brml/15dm oral syrup 30-3-15 mg/5ml</i>	NF	

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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12/01/2020

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TUSSICAPS ORAL CAPSULE EXTENDED RELEASE 12 HOUR 10-8 MG, 5-4 MG (<i>hydrocod polst-chlorphen polst</i>)	Tier 3	PA; QL (2 capsules per day, max 20 per 30 days)
<i>hydrocodone-homatropine</i> (Tussigon Oral Tablet 5-1.5 Mg)	Tier 1	
TUSSIONEX PENNKINETIC ER ORAL SUSPENSION EXTENDED RELEASE 10-8 MG/5ML (<i>hydrocod polst-chlorphen polst</i>)	NF	
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HOUR 54.3-8 MG (<i>chlorpheniramine-codeine</i>)	Tier 3	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>)	NF	
ZONATUSS ORAL CAPSULE 150 MG (<i>benzonatate</i>)	NF	
ZUTRIPRO ORAL SOLUTION 60-4-5 MG/5ML (<i>pseudoeph-chlorphen-hydrocod</i>)	NF	
ZYRTEC-D ALLERGY & CONGESTION ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG (<i>cetirizine-pseudoephedrine</i>)	Tier 1	OTC
DERMATOLOGICALS - DRUGS FOR THE SKIN		
ABREVA EXTERNAL CREAM 10 % (<i>docosanol</i>)	Tier 1	OTC
ABSORICA LD ORAL CAPSULE 16 MG, 24 MG, 32 MG, 8 MG (<i>isotretinoin micronized</i>)	NF	
ABSORICA ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG (<i>isotretinoin</i>)	NF	
ABSORICA ORAL CAPSULE 25 MG, 35 MG (<i>isotretinoin</i>)	NF	#
ACANYA EXTERNAL GEL 1.2-2.5 % (<i>clindamycin phos-benzoyl perox</i>)	NF	
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	Tier 1	QL (2 capsules per 1 day)
<i>acyclovir external cream 5 %</i>	NF	
<i>acyclovir external ointment 5 %</i>	NF	
ACZONE EXTERNAL GEL 7.5 % (<i>dapsone</i>)	Tier 3	QL (60 grams per 30 days)
<i>adapalene external cream 0.1 %</i>	Tier 1	
<i>adapalene external gel 0.3 %</i>	Tier 1	ST
<i>adapalene external lotion 0.1 %</i>	Tier 1	ST
<i>adapalene external solution 0.1 %</i>	Tier 1	QL (2 ml per 1 day)

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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12/01/2020

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>adapalene-benzoyl peroxide external gel 0.1-2.5 %</i>	Tier 1	
AKLIEF EXTERNAL CREAM 0.005 % (<i>trifarotene</i>)	NF	
AKTIPAK EXTERNAL PACKET 5-3 % (<i>benzoyl peroxide-erythromycin</i>)	Tier 3	QL (2 packets per 1 day)
ALA SCALP EXTERNAL LOTION 2 % (<i>hydrocortisone</i>)	NF	
<i>ala-cort external cream 2.5 %</i>	NF	
<i>alclometasone dipropionate external cream 0.05 %</i>	Tier 1	
<i>alclometasone dipropionate external ointment 0.05 %</i>	Tier 1	
ALDARA EXTERNAL CREAM 5 % (<i>imiquimod</i>)	NF	
ALTABAX EXTERNAL OINTMENT 1 % (<i>retapamulin</i>)	Tier 3	
ALTRENO EXTERNAL LOTION 0.05 % (<i>tretinoin</i>)	NF	#
<i>amcinonide external cream 0.1 %</i>	Tier 1	ST
<i>amcinonide external lotion 0.1 %</i>	Tier 1	ST
<i>amcinonide external ointment 0.1 %</i>	Tier 1	
AMELUZ EXTERNAL GEL 10 % (<i>aminolevulinic acid hcl</i>)	Tier 3	#
<i>ammonium lactate external lotion 12 %</i>	Tier 1	OTC
<i>isotretinoin</i> (Amnesteem Oral Capsule 10 Mg, 20 Mg, 40 Mg)	Tier 1	PA; ST; QL (2 capsules per 1 day)
AMZEEQ EXTERNAL FOAM 4 % (<i>minocycline hcl micronized</i>)	NF	
APEXICON E EXTERNAL CREAM 0.05 % (<i>diflorasone diacet emoll base</i>)	Tier 3	
ARAZLO EXTERNAL LOTION 0.045 % (<i>tazarotene</i>)	NF	
ATRALIN EXTERNAL GEL 0.05 % (<i>tretinoin</i>)	NF	
AVAR LS CLEANSER EXTERNAL LIQUID 10-2 % (<i>sulfacetamide sodium-sulfur</i>)	NF	
AVAR-E LS EXTERNAL CREAM 10-2 % (<i>sulfacetamide sodium-sulfur</i>)	NF	
<i>tretinoin</i> (Avita External Cream 0.025 %)	Tier 1	PA
<i>tretinoin</i> (Avita External Gel 0.025 %)	Tier 1	PA
<i>azelaic acid external gel 15 %</i>	Tier 1	

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AZELEX EXTERNAL CREAM 20 % (<i>azelaic acid</i>)	Tier 3	
BACTROBAN EXTERNAL CREAM 2 % (<i>mupirocin calcium</i>)	NF	
BENZAC AC WASH EXTERNAL LIQUID 5 % (<i>benzoyl peroxide</i>)	NF	
BENZAACLIN EXTERNAL GEL 1-5 % (<i>clindamycin phos-benzoyl perox</i>)	NF	
BENZAACLIN WITH PUMP EXTERNAL GEL 1-5 % (<i>clindamycin phos-benzoyl perox</i>)	NF	
BENZAMYCIN EXTERNAL GEL 5-3 % (<i>benzoyl peroxide-erythromycin</i>)	NF	
BENZIQ EXTERNAL GEL 5.25 % (<i>benzoyl peroxide</i>)	NF	
BENZIQ LS EXTERNAL GEL 2.75 % (<i>benzoyl peroxide</i>)	NF	
<i>benzoyl peroxide-erythromycin external gel 5-3 %</i>	Tier 1	
<i>betamethasone dipropionate aug external cream 0.05 %</i>	Tier 1	
<i>betamethasone dipropionate aug external gel 0.05 %</i>	Tier 1	QL (100 grams per 30 days)
<i>betamethasone dipropionate aug external lotion 0.05 %</i>	Tier 1	QL (120 grams per 30 days)
<i>betamethasone dipropionate aug external ointment 0.05 %</i>	Tier 1	QL (100 grams per 30 days)
<i>betamethasone dipropionate external cream 0.05 %</i>	Tier 1	QL (120 grams per 1 month)
<i>betamethasone dipropionate external lotion 0.05 %</i>	Tier 1	
<i>betamethasone dipropionate external ointment 0.05 %</i>	Tier 1	QL (120 grams per 1 month)
<i>betamethasone valerate external cream 0.1 %</i>	Tier 1	ST
<i>betamethasone valerate external foam 0.12 %</i>	Tier 1	
<i>betamethasone valerate external lotion 0.1 %</i>	Tier 1	ST
<i>betamethasone valerate external ointment 0.1 %</i>	Tier 1	ST; QL (120 grams per 1 month)
BRYHALI EXTERNAL LOTION 0.01 % (<i>halobetasol propionate</i>)	NF	
<i>calcipotriene external cream 0.005 %</i>	Tier 1	ST; QL (120 grams per 1 month)
<i>calcipotriene external foam 0.005 %</i>	NF	
<i>calcipotriene external ointment 0.005 %</i>	Tier 1	ST

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>calcipotriene external solution 0.005 %</i>	Tier 1	ST
<i>calcipotriene-betameth diprop external ointment 0.005-0.064 %</i>	Tier 1	ST; QL (60 grams per 30 days)
<i>calcipotriene-betameth diprop external suspension 0.005-0.064 %</i>	NF	
<i>calcipotriene (Calcitrene External Ointment 0.005 %)</i>	Tier 1	ST
<i>calcitriol external ointment 3 mcg/gm</i>	Tier 1	
CAPEX EXTERNAL SHAMPOO 0.01 % (<i>fluocinolone acetonide</i>)	Tier 3	QL (120 mls per 30 days)
CARAC EXTERNAL CREAM 0.5 % (<i>fluorouracil</i>)	NF	
CENTANY EXTERNAL OINTMENT 2 % (<i>mupirocin</i>)	NF	
<i>ciclopirox olamine (Ciclodan External Cream 0.77 %)</i>	Tier 1	
<i>ciclopirox (Ciclodan External Solution 8 %)</i>	Tier 1	PA
<i>ciclopirox external gel 0.77 %</i>	Tier 1	
<i>ciclopirox external shampoo 1 %</i>	Tier 1	
<i>ciclopirox external solution 8 %</i>	Tier 1	PA
<i>ciclopirox olamine external cream 0.77 %</i>	Tier 1	
<i>ciclopirox olamine external suspension 0.77 %</i>	Tier 1	
<i>isotretinoin (Claravis Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)</i>	Tier 1	PA; ST; QL (2 capsules per 1 day)
CLEOCIN-T EXTERNAL GEL 1 % (<i>clindamycin phosphate</i>)	NF	
CLEOCIN-T EXTERNAL LOTION 1 % (<i>clindamycin phosphate</i>)	NF	
CLEOCIN-T EXTERNAL SOLUTION 1 % (<i>clindamycin phosphate</i>)	NF	
CLEOCIN-T EXTERNAL SWAB 1 % (<i>clindamycin phosphate</i>)	NF	
<i>clindamycin phosphate (Clindacin Etz External Swab 1 %)</i>	Tier 1	
<i>clindamycin phosphate (Clindacin-P External Swab 1 %)</i>	Tier 1	
CLINDAGEL EXTERNAL GEL 1 % (<i>clindamycin phosphate</i>)	NF	

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-5 %</i>	Tier 1	
<i>clindamycin phosphate external foam 1 %</i>	Tier 1	
<i>clindamycin phosphate external gel 1 %</i>	Tier 1	
<i>clindamycin phosphate external lotion 1 %</i>	Tier 1	
<i>clindamycin phosphate external solution 1 %</i>	Tier 1	QL (2 ml per 1 day)
<i>clindamycin phosphate external swab 1 %</i>	Tier 1	
<i>clindamycin-tretinoin external gel 1.2-0.025 %</i>	Tier 1	
<i>clobetasol propionate e external cream 0.05 %</i>	Tier 1	ST; QL (120 grams per 30 days)
<i>clobetasol propionate emulsion external foam 0.05 %</i>	Tier 1	QL (100 grams per 30 days)
<i>clobetasol propionate external cream 0.05 %</i>	Tier 1	ST; QL (120 grams per 30 days)
<i>clobetasol propionate external foam 0.05 %</i>	Tier 1	QL (100 grams per 30 days)
<i>clobetasol propionate external gel 0.05 %</i>	Tier 1	ST; QL (120 grams per 30 days)
<i>clobetasol propionate external liquid 0.05 %</i>	Tier 1	QL (100 grams per 30 days)
<i>clobetasol propionate external lotion 0.05 %</i>	Tier 1	ST; QL (236 mls per 30 days)
<i>clobetasol propionate external ointment 0.05 %</i>	Tier 1	ST; QL (120 grams per 30 days)
<i>clobetasol propionate external shampoo 0.05 %</i>	Tier 1	QL (236 mls per 30 days)
<i>clobetasol propionate external solution 0.05 %</i>	Tier 1	ST; QL (100 grams per 30 days)
CLOBEX EXTERNAL LOTION 0.05 % (clobetasol propionate)	NF	
CLOBEX EXTERNAL SHAMPOO 0.05 % (clobetasol propionate)	NF	
CLOBEX SPRAY EXTERNAL LIQUID 0.05 % (clobetasol propionate)	NF	
<i>clocortolone pivalate external cream 0.1 %</i>	Tier 1	
<i>clocortolone pivalate pump external cream 0.1 %</i>	Tier 1	

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>clobetasol propionate</i> (Clodan External Shampoo 0.05 %)	Tier 1	QL (236 mls per 30 days)
CLODERM EXTERNAL CREAM 0.1 % (<i>clocortolone pivalate</i>)	NF	
CLODERM PUMP EXTERNAL CREAM 0.1 % (<i>clocortolone pivalate</i>)	NF	
<i>clotrimazole-betamethasone external cream 1-0.05 %</i>	Tier 1	QL (45 grams per 1 month)
<i>clotrimazole-betamethasone external lotion 1-0.05 %</i>	Tier 1	
CONDYLOX EXTERNAL GEL 0.5 % (<i>podofilox</i>)	Tier 3	
CORDRAN EXTERNAL CREAM 0.05 % (<i>flurandrenolide</i>)	NF	
CORDRAN EXTERNAL LOTION 0.05 % (<i>flurandrenolide</i>)	NF	
CORDRAN EXTERNAL OINTMENT 0.05 % (<i>flurandrenolide</i>)	NF	
CORDRAN EXTERNAL TAPE 4 MCG/SQCM (<i>flurandrenolide</i>)	Tier 3	#; QL (1 roll per 1 fill)
<i>clobetasol propionate</i> (Cormax Scalp Application External Solution 0.05 %)	Tier 1	ST; QL (100 grams per 30 days)
CORTISPORIN EXTERNAL CREAM 3.5-10000-0.5 (<i>neomycin-polymyxin-hc</i>)	Tier 3	
CORTISPORIN EXTERNAL OINTMENT 1 % (<i>bacit-poly-neo hc</i>)	Tier 3	
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>secukinumab</i>)	Tier 4	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>)	Tier 4	PA; ST; NPL; SP Pharmacy; QL (2 injections per 1 month)
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (<i>secukinumab</i>)	Tier 4	PA; ST; NPL; SP Pharmacy; QL (1 package per 28 days)
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>secukinumab</i>)	Tier 4	PA; ST; NPL; SP Pharmacy; QL (1 package per 28 days)
CROTAN EXTERNAL LOTION 10 % (<i>crotamiton</i>)	Tier 1	
CUTIVATE EXTERNAL CREAM 0.05 % (<i>fluticasone propionate</i>)	NF	

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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12/01/2020

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CUTIVATE EXTERNAL LOTION 0.05 % (<i>fluticasone propionate</i>)	NF	
<i>dapsone external gel 5 %</i>	Tier 1	QL (60 grams per 30 Days)
<i>dapsone external gel 7.5 %</i>	Tier 1	QL (60 GM per 30 days)
DENAVIR EXTERNAL CREAM 1 % (<i>penciclovir</i>)	Tier 3	ST; #
DERMA-SMOOTH/FS BODY EXTERNAL OIL 0.01 % (<i>fluocinolone acetonide</i>)	NF	
DERMA-SMOOTH/FS SCALP EXTERNAL OIL 0.01 % (<i>fluocinolone acetonide</i>)	NF	
DERMATOP EXTERNAL CREAM 0.1 % (<i>prednicarbate</i>)	NF	
DERMATOP EXTERNAL OINTMENT 0.1 % (<i>prednicarbate</i>)	NF	
DESONATE EXTERNAL GEL 0.05 % (<i>desonide</i>)	NF	#
<i>desonide external cream 0.05 %</i>	Tier 1	ST
<i>desonide external gel 0.05 %</i>	NF	
<i>desonide external lotion 0.05 %</i>	Tier 1	ST
<i>desonide external ointment 0.05 %</i>	Tier 1	ST
DESOWEN EXTERNAL CREAM 0.05 % (<i>desonide</i>)	NF	
DESOWEN EXTERNAL LOTION 0.05 % (<i>desonide</i>)	NF	
<i>desoximetasone external cream 0.05 %, 0.25 %</i>	Tier 1	ST
<i>desoximetasone external gel 0.05 %</i>	Tier 1	ST
<i>desoximetasone external liquid 0.25 %</i>	NF	
<i>desoximetasone external ointment 0.05 %</i>	Tier 1	ST
<i>desoximetasone external ointment 0.25 %</i>	Tier 1	ST; QL (120 grams per 1 month)
<i>diclofenac epolamine external patch 1.3 %</i>	Tier 1	PA; QL (2 patches per 1 day)
<i>diclofenac epolamine transdermal patch 1.3 %</i>	Tier 1	QL (2 patches per 1 day)
<i>diclofenac sodium external gel 3 %</i>	NF	
<i>diclofenac sodium external solution 1.5 %</i>	NF	
<i>diclofenac sodium transdermal gel 3 %</i>	NF	

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>diclofenac sodium transdermal solution 1.5 %</i>	NF	
DIFFERIN EXTERNAL CREAM 0.1 % (<i>adapalene</i>)	NF	
DIFFERIN EXTERNAL GEL 0.3 % (<i>adapalene</i>)	NF	
DIFFERIN EXTERNAL LOTION 0.1 % (<i>adapalene</i>)	NF	
<i>diflorasone diacetate external cream 0.05 %</i>	Tier 1	ST
<i>diflorasone diacetate external ointment 0.05 %</i>	Tier 1	ST
DIPROLENE AF EXTERNAL CREAM 0.05 % (<i>betamethasone dipropionate aug</i>)	NF	
DIPROLENE EXTERNAL LOTION 0.05 % (<i>betamethasone dipropionate aug</i>)	NF	
DIPROLENE EXTERNAL OINTMENT 0.05 % (<i>betamethasone dipropionate aug</i>)	NF	
<i>docosanol external cream 10 %</i>	Tier 1	OTC
DOLOTRANZ EXTERNAL KIT 2.5-2.5 & 4 % (<i>lidocaine-prilocaine</i>)	NF	
DOVONEX EXTERNAL CREAM 0.005 % (<i>calcipotriene</i>)	NF	
<i>doxepin hcl external cream 5 %</i>	Tier 1	QL (45 grams per 30 days)
DRITHO-CREME HP EXTERNAL CREAM 1 % (<i>anthralin</i>)	Tier 3	
DUAC EXTERNAL GEL 1.2-5 % (<i>clindamycin-benzoyl per (refr)</i>)	NF	
DUOBRII EXTERNAL LOTION 0.01-0.045 % (<i>halobetasol prop-tazarotene</i>)	Tier 3	QL (1 100 gram tube per 1 month)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML (<i>dupilumab</i>)	Tier 4	PA; SP Pharmacy; QL (2 syringes per 4 weeks)
<i>econazole nitrate external cream 1 %</i>	Tier 1	QL (85 grams per 30 days)
ECOZA EXTERNAL FOAM 1 % (<i>econazole nitrate</i>)	NF	
EFUDEX EXTERNAL CREAM 5 % (<i>fluorouracil</i>)	NF	
ELIDEL EXTERNAL CREAM 1 % (<i>pimecrolimus</i>)	NF	
ELIMITE EXTERNAL CREAM 5 % (<i>permethrin</i>)	NF	
ELOCON EXTERNAL CREAM 0.1 % (<i>mometasone furoate</i>)	NF	

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ELOCON EXTERNAL OINTMENT 0.1 % (<i>mometasone furoate</i>)	NF	
ENSTILAR EXTERNAL FOAM 0.005-0.064 % (<i>calcipotriene-betameth diprop</i>)	NF	
EPIDUO EXTERNAL GEL 0.1-2.5 % (<i>adapalene-benzoyl peroxide</i>)	NF	
EPIDUO FORTE EXTERNAL GEL 0.3-2.5 % (<i>adapalene-benzoyl peroxide</i>)	Tier 3	ST; #
EPIFOAM EXTERNAL FOAM 1-1 % (<i>pramoxine-hc</i>)	Tier 3	
ERTACZO EXTERNAL CREAM 2 % (<i>sertaconazole nitrate</i>)	Tier 3	QL (60 grams per 30 days)
<i>ery external pad 2 %</i>	Tier 1	
<i>erythromycin external gel 2 %</i>	Tier 1	
<i>erythromycin external pad 2 %</i>	Tier 1	
<i>erythromycin external solution 2 %</i>	Tier 1	
<i>ethyl chloride external aerosol</i>	Tier 1	
EUCRISA EXTERNAL OINTMENT 2 % (<i>crisaborole</i>)	NF	
EURAX EXTERNAL CREAM 10 % (<i>crotamiton</i>)	Tier 3	
EURAX EXTERNAL LOTION 10 % (<i>crotamiton</i>)	Tier 3	
EVOCLIN EXTERNAL FOAM 1 % (<i>clindamycin phosphate</i>)	NF	
EXELDERM EXTERNAL CREAM 1 % (<i>sulconazole nitrate</i>)	Tier 3	QL (60 grams per 30 days)
EXELDERM EXTERNAL SOLUTION 1 % (<i>sulconazole nitrate</i>)	Tier 3	QL (60 mls per 30 days)
EXTINA EXTERNAL FOAM 2 % (<i>ketconazole</i>)	Tier 3	QL (50 grams per 30 days)
FABIOR EXTERNAL FOAM 0.1 % (<i>tazarotene</i>)	NF	
FINACEA EXTERNAL FOAM 15 % (<i>azelaic acid</i>)	Tier 3	
FINACEA EXTERNAL GEL 15 % (<i>azelaic acid</i>)	NF	
FLECTOR EXTERNAL PATCH 1.3 % (<i>diclofenac epolamine</i>)	NF	
FLECTOR TRANSDERMAL PATCH 1.3 % (<i>diclofenac epolamine</i>)	NF	
<i>fluocinolone acetonide body external oil 0.01 %</i>	Tier 1	

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>fluocinolone acetonide external cream 0.01 %, 0.025 %</i>	Tier 1	ST
<i>fluocinolone acetonide external ointment 0.025 %</i>	Tier 1	ST
<i>fluocinolone acetonide external solution 0.01 %</i>	Tier 1	
<i>fluocinolone acetonide scalp external oil 0.01 %</i>	Tier 1	
<i>fluocinonide emulsified base external cream 0.05 %</i>	Tier 1	QL (4 grams per 1 day)
<i>fluocinonide external cream 0.05 %, 0.1 %</i>	Tier 1	ST; QL (120 grams per 30 days)
<i>fluocinonide external gel 0.05 %</i>	Tier 1	ST; QL (120 grams per 30 days)
<i>fluocinonide external ointment 0.05 %</i>	Tier 1	ST; QL (120 grams per 30 days)
<i>fluocinonide external solution 0.05 %</i>	Tier 1	QL (120 mls per 30 days)
FLUOROPLEX EXTERNAL CREAM 1 % (fluorouracil)	Tier 3	
<i>fluorouracil external cream 0.5 %, 5 %</i>	Tier 1	
<i>fluorouracil external solution 2 %, 5 %</i>	Tier 1	
<i>flurandrenolide external cream 0.05 %</i>	Tier 1	
<i>flurandrenolide external lotion 0.05 %</i>	Tier 1	
<i>flurandrenolide external ointment 0.05 %</i>	NF	
<i>fluticasone propionate external cream 0.05 %</i>	Tier 1	ST
<i>fluticasone propionate external lotion 0.05 %</i>	Tier 1	
<i>fluticasone propionate external ointment 0.005 %</i>	Tier 1	
<i>gentamicin sulfate external cream 0.1 %</i>	Tier 1	
<i>gentamicin sulfate external ointment 0.1 %</i>	Tier 1	
<i>halcinonide external cream 0.1 %</i>	Tier 1	
<i>halobetasol propionate external cream 0.05 %</i>	Tier 1	ST; QL (50 grams per 30 days)
<i>halobetasol propionate external foam 0.05 %</i>	NF	
<i>halobetasol propionate external ointment 0.05 %</i>	Tier 1	ST; QL (50 grams per 30 days)
HALOG EXTERNAL CREAM 0.1 % (halcinonide)	Tier 3	
HALOG EXTERNAL OINTMENT 0.1 % (halcinonide)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HALOG EXTERNAL SOLUTION 0.1 % (<i>halcinonide</i>)	NF	
HALOTIN EXTERNAL CREAM 1 % (<i>haloprogin</i>)	NF	
<i>hyalucil-4 transdermal cream 2-4 %</i>	NF	
<i>hydrocortisone butyr lipo base external cream 0.1 %</i>	Tier 1	
<i>hydrocortisone butyrate external cream 0.1 %</i>	Tier 1	
<i>hydrocortisone butyrate external lotion 0.1 %</i>	NF	
<i>hydrocortisone butyrate external ointment 0.1 %</i>	Tier 1	
<i>hydrocortisone butyrate external solution 0.1 %</i>	Tier 1	
<i>hydrocortisone external ointment 2.5 %</i>	Tier 1	
<i>hydrocortisone valerate external cream 0.2 %</i>	Tier 1	
<i>hydrocortisone valerate external ointment 0.2 %</i>	Tier 1	
ILUMYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>tildrakizumab-asmn</i>)	NF	
<i>imiquimod external cream 5 %</i>	Tier 1	QL (48 packets per 365 days)
<i>imiquimod pump external cream 3.75 %</i>	Tier 1	QL (1 pump per 1 month)
IMPOYZ EXTERNAL CREAM 0.025 % (<i>clobetasol propionate</i>)	NF	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	Tier 1	PA; ST; QL (2 capsules per 1 day)
<i>ivermectin external cream 1 %</i>	Tier 1	
JUBLIA EXTERNAL SOLUTION 10 % (<i>efinaconazole</i>)	Tier 3	PA; ST; QL (4 ml per 1 month)
KENALOG EXTERNAL AEROSOL SOLUTION 0.147 MG/GM (<i>triamcinolone acetonide</i>)	NF	
<i>ketoconazole external cream 2 %</i>	Tier 1	QL (2 grams per 1 day)
<i>ketoconazole external foam 2 %</i>	Tier 1	QL (50 grams per 30 days)
<i>ketoconazole external shampoo 2 %</i>	Tier 1	
KLARON EXTERNAL LOTION 10 % (<i>sulfacetamide sodium (acne)</i>)	NF	
<i>diclofenac sodium (Klofensaid Ii External Solution 1.5 %)</i>	NF	
<i>diclofenac sodium (Klofensaid Ii Transdermal Solution 1.5 %)</i>	NF	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>lactic acid external lotion 10 %</i>	Tier 1	
LEVULAN KERASTICK EXTERNAL SOLUTION RECONSTITUTED 20 % (<i>aminolevulinic acid hcl</i>)	Tier 3	QL (1 stick per 30 days)
LEXETTE EXTERNAL FOAM 0.05 % (<i>halobetasol propionate</i>)	NF	#
LICART EXTERNAL PATCH 24 HOUR 1.3 % (<i>diclofenac epolamine</i>)	NF	
LICART TRANSDERMAL PATCH 24 HOUR 1.3 % (<i>diclofenac epolamine</i>)	NF	
<i>lidocaine external ointment 5 %</i>	Tier 1	PA; QL (50 grams per 30 days)
<i>lidocaine external patch 5 %</i>	NF	
<i>lidocaine hcl external solution 4 %</i>	NF	
<i>lidocaine pak external ointment 5 %</i>	Tier 1	PA; QL (50 grams per 30 days)
<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>	Tier 1	PA; QL (30 grams per 30 days)
<i>lidocaine-tetracaine external cream 7-7 %</i>	NF	
LIDODERM EXTERNAL PATCH 5 % (<i>lidocaine</i>)	NF	
LIDOTREX EXTERNAL GEL 2 % (<i>lidocaine-collagen-aloe vera</i>)	NF	
<i>lindane external shampoo 1 %</i>	Tier 1	
LOCOID EXTERNAL CREAM 0.1 % (<i>hydrocortisone butyrate</i>)	NF	
LOCOID EXTERNAL LOTION 0.1 % (<i>hydrocortisone butyrate</i>)	NF	
LOCOID EXTERNAL OINTMENT 0.1 % (<i>hydrocortisone butyrate</i>)	NF	
LOCOID EXTERNAL SOLUTION 0.1 % (<i>hydrocortisone butyrate</i>)	NF	
LOCOID LIPOCREAM EXTERNAL CREAM 0.1 % (<i>hydrocortisone butyr lipo base</i>)	NF	
LOPROX EXTERNAL CREAM 0.77 % (<i>ciclopirox olamine</i>)	NF	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LOPROX EXTERNAL SHAMPOO 1 % (<i>ciclopirox</i>)	NF	
LOPROX EXTERNAL SUSPENSION 0.77 % (<i>ciclopirox olamine</i>)	NF	
LOTRISONE EXTERNAL CREAM 1-0.05 % (<i>clotrimazole-betamethasone</i>)	NF	
<i>luliconazole external cream 1 %</i>	Tier 1	
LUXIQ EXTERNAL FOAM 0.12 % (<i>betamethasone valerate</i>)	NF	
LUZU EXTERNAL CREAM 1 % (<i>luliconazole</i>)	NF	
<i>malathion external lotion 0.5 %</i>	Tier 1	
MENTAX EXTERNAL CREAM 1 % (<i>butenafine hcl</i>)	Tier 3	
<i>methoxsalen oral capsule 10 mg</i>	Tier 1	
<i>methoxsalen rapid oral capsule 10 mg</i>	Tier 1	
METROCREAM EXTERNAL CREAM 0.75 % (<i>metronidazole</i>)	NF	
METROGEL EXTERNAL GEL 1 % (<i>metronidazole</i>)	NF	
METROLOTION EXTERNAL LOTION 0.75 % (<i>metronidazole</i>)	NF	
<i>metronidazole external cream 0.75 %</i>	Tier 1	
<i>metronidazole external gel 0.75 %, 1 %</i>	Tier 1	
<i>metronidazole external lotion 0.75 %</i>	Tier 1	
<i>miconazole-zinc oxide-petrolat external ointment 0.25-15-81.35 %</i>	NF	
MICORT-HC EXTERNAL CREAM 2.5 % (<i>hydrocortisone acetate</i>)	NF	
MIRVASO EXTERNAL GEL 0.33 % (<i>brimonidine tartrate</i>)	Tier 3	PA; ST
<i>mometasone furoate external cream 0.1 %</i>	Tier 1	ST
<i>mometasone furoate external ointment 0.1 %</i>	Tier 1	ST
<i>mometasone furoate external solution 0.1 %</i>	Tier 1	
<i>mupirocin calcium external cream 2 %</i>	Tier 1	QL (60 grams per 30 days)
<i>mupirocin external ointment 2 %</i>	Tier 1	QL (60 grams per 30 days)
<i>isotretinoin</i> (Myorisan Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	Tier 1	PA; ST; QL (2 capsules per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>naftifine hcl external cream 1 %</i>	Tier 1	ST
<i>naftifine hcl external cream 2 %</i>	Tier 1	ST; QL (2 grams per 1 day)
NAFTIN EXTERNAL CREAM 2 % (<i>naftifine hcl</i>)	NF	
NAFTIN EXTERNAL GEL 1 % (<i>naftifine hcl</i>)	Tier 3	ST; QL (2 grams per 1 day)
NAFTIN EXTERNAL GEL 2 % (<i>naftifine hcl</i>)	Tier 3	ST; #; QL (2 grams per 1 day)
NATROBA EXTERNAL SUSPENSION 0.9 % (<i>spinosad</i>)	NF	
NEO-SYNALAR EXTERNAL CREAM 0.5-0.025 % (<i>neomycin-fluocinolone</i>)	Tier 3	
<i>clindamycin-benzoyl per (refr)</i> (Neuac External Gel 1.2-5 %)	Tier 1	
NIZORAL EXTERNAL SHAMPOO 2 % (<i>ketconazole</i>)	NF	
NORITATE EXTERNAL CREAM 1 % (<i>metronidazole</i>)	NF	
<i>nystatin</i> (Nyamyc External Powder 100000 Unit/Gm)	Tier 1	
<i>nystatin</i> (Nyata External Powder 100000 Unit/Gm)	Tier 1	
<i>nystatin external cream 100000 unit/gm</i>	Tier 1	
<i>nystatin external ointment 100000 unit/gm</i>	Tier 1	
<i>nystatin external powder 100000 unit/gm</i>	Tier 1	
<i>nystatin-triamcinolone external cream 100000-0.1 unit/gm-%</i>	Tier 1	QL (60 grams per 1 month)
<i>nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%</i>	Tier 1	
<i>nystatin</i> (Nystop External Powder 100000 Unit/Gm)	Tier 1	
OLUX EXTERNAL FOAM 0.05 % (<i>clobetasol propionate</i>)	NF	
OLUX-E EXTERNAL FOAM 0.05 % (<i>clobetasol propionate emulsion</i>)	NF	
ONEXTON EXTERNAL GEL 1.2-3.75 % (<i>clindamycin phosphozoyl perox</i>)	NF	#
ORACEA ORAL CAPSULE DELAYED RELEASE 40 MG (<i>doxycycline</i>)	NF	
OVIDE EXTERNAL LOTION 0.5 % (<i>malathion</i>)	NF	
<i>oxiconazole nitrate external cream 1 %</i>	Tier 1	QL (2 grams per 1 day)
OXISTAT EXTERNAL CREAM 1 % (<i>oxiconazole nitrate</i>)	NF	
OXISTAT EXTERNAL LOTION 1 % (<i>oxiconazole nitrate</i>)	Tier 3	QL (60 mls per 30 days)

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OXSORALEN ULTRA ORAL CAPSULE 10 MG (methoxsalen rapid)	NF	
PANDEL EXTERNAL CREAM 0.1 % (hydrocortisone probutate)	NF	
PANRETIN EXTERNAL GEL 0.1 % (alitretinoin)	Tier 3	
PENLAC EXTERNAL SOLUTION 8 % (ciclopirox)	NF	
PENNSAID EXTERNAL SOLUTION 2 % (diclofenac sodium)	NF	
PENNSAID TRANSDERMAL SOLUTION 2 % (diclofenac sodium)	NF	
permethrin external cream 5 %	Tier 1	
PICATO EXTERNAL GEL 0.015 %, 0.05 % (ingenol mebutate)	NF	
pimecrolimus external cream 1 %	Tier 1	PA; ST
PLEXION CLEANSER EXTERNAL LIQUID 9.8-4.8 % (sulfacetamide sodium-sulfur)	NF	
PLEXION CLEANSING CLOTH EXTERNAL PAD 9.8-4.8 % (sulfacetamide sodium-sulfur)	NF	
PLEXION EXTERNAL CREAM 9.8-4.8 % (sulfacetamide sodium-sulfur)	NF	
PLEXION EXTERNAL LOTION 9.8-4.8 % (sulfacetamide sodium-sulfur)	NF	
PLIXDA EXTERNAL PAD 0.1 % (adapalene)	NF	
podofilox external solution 0.5 %	Tier 1	
PRAMOSONE EXTERNAL CREAM 1-1 % (pramoxine-hc)	NF	
PRAMOSONE EXTERNAL LOTION 1-1 %, 1-2.5 % (pramoxine-hc)	Tier 3	
prednicarbate external cream 0.1 %	Tier 1	
prednicarbate external ointment 0.1 %	Tier 1	
premium lidocaine external ointment 5 %	Tier 1	PA; QL (50 grams per 1 fill)
PROTOPIC EXTERNAL OINTMENT 0.03 %, 0.1 % (tacrolimus)	NF	
psorcon external cream 0.05 %	NF	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
QBREXZA EXTERNAL PAD 2.4 % (<i>glycopyrronium tosylate</i>)	Tier 3	PA; ST; QL (1 pad per 1 Day)
REGRANEX EXTERNAL GEL 0.01 % (<i>becaplermin</i>)	Tier 3	QL (30 grams per 30 days)
RETIN-A EXTERNAL CREAM 0.025 %, 0.05 %, 0.1 % (<i>tretinoin</i>)	NF	
RETIN-A EXTERNAL GEL 0.01 %, 0.025 % (<i>tretinoin</i>)	NF	
RETIN-A MICRO EXTERNAL GEL 0.04 %, 0.1 % (<i>tretinoin microsphere</i>)	NF	
RETIN-A MICRO PUMP EXTERNAL GEL 0.04 %, 0.06 %, 0.08 %, 0.1 % (<i>tretinoin microsphere</i>)	NF	
RHOFADE EXTERNAL CREAM 1 % (<i>oxymetazoline hcl</i>)	NF	
<i>metronidazole</i> (Rosadan External Cream 0.75 %)	Tier 1	
<i>metronidazole</i> (Rosadan External Gel 0.75 %)	Tier 1	
SANTYL EXTERNAL OINTMENT 250 UNIT/GM (<i>collagenase</i>)	Tier 3	QL (60 grams per 30 days)
SERNIVO EXTERNAL EMULSION 0.05 % (<i>betamethasone dipropionate</i>)	NF	
SILIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 210 MG/1.5ML (<i>brodalumab</i>)	NF	
SILVADENE EXTERNAL CREAM 1 % (<i>silver sulfadiazine</i>)	NF	
<i>silver sulfadiazine external cream 1 %</i>	Tier 1	
SKLICE EXTERNAL LOTION 0.5 % (<i>ivermectin</i>)	Tier 3	#
SKYRIZI (150 MG DOSE) SUBCUTANEOUS PREFILLED SYRINGE KIT 75 MG/0.83ML (<i>risankizumab-rzaa</i>)	NF	
SOLARAZE TRANSDERMAL GEL 3 % (<i>diclofenac sodium</i>)	NF	
SOOLANTRA EXTERNAL CREAM 1 % (<i>ivermectin</i>)	NF	
SORIATANE ORAL CAPSULE 10 MG, 17.5 MG, 25 MG (<i>acitretin</i>)	NF	
SORILUX EXTERNAL FOAM 0.005 % (<i>calcipotriene</i>)	NF	
<i>spinosad external suspension 0.9 %</i>	Tier 1	
<i>silver sulfadiazine</i> (Ssd External Cream 1 %)	Tier 1	

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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12/01/2020

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>sss 10-5 external foam 10-5 %</i>	NF	
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML (<i>ustekinumab</i>)	Tier 4	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)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML (<i>ustekinumab</i>)	Tier 4	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>)	Tier 4	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>	Tier 1	QL (60 GM per 1 month)
<i>sulconazole nitrate external solution 1 %</i>	Tier 1	QL (60 ML per 1 month)
<i>sulfacetamide sodium (acne) external lotion 10 %</i>	Tier 1	
<i>sulfacetamide sodium external suspension 10 %</i>	Tier 1	
<i>sulfacetamide-sulfur in urea external emulsion 10-5 %</i>	Tier 1	
SULFAMYLON EXTERNAL CREAM 85 MG/GM (<i>mafenide acetate</i>)	Tier 3	

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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12/01/2020

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SULFAMYLON EXTERNAL PACKET 5 % (<i>mafenide acetate</i>)	Tier 3	
SUMAXIN EXTERNAL PAD 10-4 % (<i>sulfacetamide sodium-sulfur</i>)	NF	
SUMAXIN TS EXTERNAL SUSPENSION 8-4 % (<i>sulfacetamide sodium-sulfur</i>)	NF	
SYNALAR EXTERNAL CREAM 0.025 % (<i>fluocinolone acetonide</i>)	NF	
SYNALAR EXTERNAL OINTMENT 0.025 % (<i>fluocinolone acetonide</i>)	NF	
SYNALAR EXTERNAL SOLUTION 0.01 % (<i>fluocinolone acetonide</i>)	NF	
SYNERA EXTERNAL PATCH 70-70 MG (<i>lidocaine-tetracaine</i>)	Tier 3	QL (10 patches per 30 days)
TACLONEX EXTERNAL OINTMENT 0.005-0.064 % (<i>calcipotriene-betameth diprop</i>)	NF	
TACLONEX EXTERNAL SUSPENSION 0.005-0.064 % (<i>calcipotriene-betameth diprop</i>)	Tier 3	ST; QL (60 grams per 30 days)
<i>tacrolimus external ointment 0.03 %, 0.1 %</i>	Tier 1	ST
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/ML (<i>ixekizumab</i>)	NF	
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/ML (<i>ixekizumab</i>)	NF	
TARGRETIN EXTERNAL GEL 1 % (<i>bexarotene</i>)	Tier 4	PA; SP Pharmacy
<i>tavorole external solution 5 %</i>	NF	
<i>tazarotene external cream 0.1 %</i>	Tier 1	ST
TAZORAC EXTERNAL CREAM 0.05 % (<i>tazarotene</i>)	Tier 3	PA; ST; #
TAZORAC EXTERNAL CREAM 0.1 % (<i>tazarotene</i>)	NF	
TAZORAC EXTERNAL GEL 0.05 %, 0.1 % (<i>tazarotene</i>)	Tier 3	PA; ST; #
TEMOVATE EXTERNAL CREAM 0.05 % (<i>clobetasol propionate</i>)	NF	
TEMOVATE EXTERNAL GEL 0.05 % (<i>clobetasol propionate</i>)	NF	

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TEMOVATE EXTERNAL OINTMENT 0.05 % (<i>clobetasol propionate</i>)	NF	
TEMOVATE EXTERNAL SOLUTION 0.05 % (<i>clobetasol propionate</i>)	NF	
TEXACORT EXTERNAL SOLUTION 2.5 % (<i>hydrocortisone</i>)	Tier 3	
TOLAK EXTERNAL CREAM 4 % (<i>fluorouracil</i>)	Tier 2	#
TOPICORT EXTERNAL CREAM 0.05 %, 0.25 % (<i>desoximetasone</i>)	NF	
TOPICORT EXTERNAL GEL 0.05 % (<i>desoximetasone</i>)	NF	
TOPICORT EXTERNAL OINTMENT 0.05 %, 0.25 % (<i>desoximetasone</i>)	NF	
TOPICORT SPRAY EXTERNAL LIQUID 0.25 % (<i>desoximetasone</i>)	NF	
TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 MG/ML (<i>guselkumab</i>)	Tier 4	PA; ST; NPL; SP Pharmacy; QL (1 syringe per 8 weeks)
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>guselkumab</i>)	Tier 4	PA; ST; NPL; SP Pharmacy; QL (1 syringe per 8 weeks)
<i>tretinoin external cream 0.025 %, 0.05 %, 0.1 %</i>	Tier 1	PA
<i>tretinoin external gel 0.01 %, 0.025 %, 0.05 %</i>	Tier 1	PA
<i>tretinoin microsphere external gel 0.04 %, 0.1 %</i>	NF	
<i>tretinoin microsphere pump external gel 0.04 %, 0.1 %</i>	NF	
TRETIN-X EXTERNAL CREAM 0.075 % (<i>tretinoin</i>)	NF	
<i>triamcinolone acetonide external aerosol solution 0.147 mg/gm</i>	NF	
<i>triamcinolone acetonide external cream 0.025 %, 0.5 %</i>	Tier 1	
<i>triamcinolone acetonide external cream 0.1 %</i>	Tier 1	QL (60 grams per 1 month)
<i>triamcinolone acetonide external lotion 0.025 %, 0.1 %</i>	Tier 1	
<i>triamcinolone acetonide external ointment 0.025 %, 0.5 %</i>	Tier 1	
<i>triamcinolone acetonide external ointment 0.1 %</i>	Tier 1	QL (60 grams per 1 month)
<i>triamcinolone acetonide (Triderm External Cream 0.1 %)</i>	Tier 1	QL (60 grams per 1 month)
<i>triamcinolone acetonide (Triderm External Cream 0.5 %)</i>	Tier 1	
TRIDESILON EXTERNAL CREAM 0.05 % (<i>desonide</i>)	NF	

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ULESFIA EXTERNAL LOTION 5 % (<i>benzyl alcohol</i>)	Tier 3	#; QL (3 bottles per 1 fill)
ULTRAVATE EXTERNAL CREAM 0.05 % (<i>halobetasol propionate</i>)	NF	
ULTRAVATE EXTERNAL LOTION 0.05 % (<i>halobetasol propionate</i>)	NF	#
ULTRAVATE EXTERNAL OINTMENT 0.05 % (<i>halobetasol propionate</i>)	NF	
VALCHLOR EXTERNAL GEL 0.016 % (<i>mechlorethamine hcl (topical)</i>)	NF	#
VANOS EXTERNAL CREAM 0.1 % (<i>fluocinonide</i>)	NF	
VECTICAL EXTERNAL OINTMENT 3 MCG/GM (<i>calcitriol</i>)	NF	
VERDESO EXTERNAL FOAM 0.05 % (<i>desonide</i>)	Tier 3	QL (100 grams per 30 days)
VEREGEN EXTERNAL OINTMENT 15 % (<i>sinecatechins</i>)	Tier 3	
WESTCORT EXTERNAL OINTMENT 0.2 % (<i>hydrocortisone valerate</i>)	NF	
XEPI EXTERNAL CREAM 1 % (<i>ozenoxacin</i>)	NF	
XERAC AC EXTERNAL SOLUTION 6.25 % (<i>aluminum chloride in alcohol</i>)	Tier 2	
XERESE EXTERNAL CREAM 5-1 % (<i>acyclovir-hydrocortisone</i>)	NF	
XOLEGEL EXTERNAL GEL 2 % (<i>ketoconazole</i>)	Tier 3	QL (50 grams per 30 days)
XYLOCAINE EXTERNAL SOLUTION 4 % (<i>lidocaine hcl</i>)	NF	
<i>isotretinoin</i> (Zenatane Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	Tier 1	PA; ST; QL (2 capsules per 1 day)
ZILXI EXTERNAL FOAM 1.5 % (<i>minocycline hcl micronized</i>)	NF	
ZOVIRAX EXTERNAL CREAM 5 % (<i>acyclovir</i>)	NF	
ZOVIRAX EXTERNAL OINTMENT 5 % (<i>acyclovir</i>)	NF	
ZYCLARA EXTERNAL CREAM 3.75 % (<i>imiquimod</i>)	NF	
ZYCLARA PUMP EXTERNAL CREAM 2.5 %, 3.75 % (<i>imiquimod</i>)	NF	

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DIAGNOSTIC PRODUCTS		
ACCU-CHEK AVIVA PLUS IN VITRO STRIP (<i>glucose blood</i>)	Tier 2	QL (300 strips per 30 days)
ACCU-CHEK COMPACT PLUS IN VITRO STRIP (<i>glucose blood</i>)	Tier 2	QL (300 strips per 30 days)
ACCU-CHEK GUIDE IN VITRO STRIP (<i>glucose blood</i>)	Tier 2	QL (300 strips per 30 days)
ACCU-CHEK SMARTVIEW IN VITRO STRIP (<i>glucose blood</i>)	Tier 2	QL (300 strips per 30 days)
ACCUTREND GLUCOSE IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
ADVANCE INTUITION TEST IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
ADVOCATE REDI-CODE IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
ADVOCATE REDI-CODE+ TEST IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
ADVOCATE TEST IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
AGAMATRIX AMP TEST IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
AGAMATRIX JAZZ TEST IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
AGAMATRIX KEYNOTE TEST IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
AGAMATRIX PRESTO TEST IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
ASSURE 3 TEST IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
ASSURE 4 TEST IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
ASSURE PLATINUM IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
ASSURE PRO TEST IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BAYER BREEZE 2 TEST IN VITRO DISK (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
BAYER CONTOUR NEXT TEST IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
BAYER CONTOUR TEST IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
<i>blood glucose test in vitro strip</i>	NF	
CARESENS N GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
CHEK-STIX CONTROL IN VITRO STRIP (<i>acetone (urine) test</i>)	Tier 3	
CHEMSTRIP 10 MD IN VITRO STRIP (<i>multiple urine tests</i>)	Tier 3	
CHEMSTRIP 10/SG IN VITRO STRIP (<i>multiple urine tests</i>)	Tier 3	
CHEMSTRIP 2 GP IN VITRO STRIP (<i>multiple urine tests</i>)	Tier 3	
CHEMSTRIP 5 OB IN VITRO STRIP (<i>multiple urine tests</i>)	Tier 3	
CHEMSTRIP 7 IN VITRO STRIP (<i>multiple urine tests</i>)	Tier 3	
CHEMSTRIP 9 IN VITRO STRIP (<i>multiple urine tests</i>)	Tier 3	
CHEMSTRIP K IN VITRO STRIP (<i>acetone (urine) test</i>)	Tier 3	
CHEMSTRIP UGK IN VITRO STRIP (<i>urine glucose-ketones test</i>)	Tier 3	
CLEVER CHEK AUTO-CODE TEST IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
CLEVER CHEK AUTO-CODE VOICE IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
CLEVER CHEK TEST IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
CLEVER CHOICE AUTO-CODE TEST IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
CLEVER CHOICE MICRO TEST IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
COMBISTIX IN VITRO STRIP (<i>multiple urine tests</i>)	Tier 3	
<i>easy plus ii glucose test in vitro strip</i>	Tier 3	PA; QL (300 strips per 30 days)

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EASY STEP TEST IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
<i>easy talk blood glucose test in vitro strip</i>	Tier 3	PA; QL (300 strips per 30 days)
EASY TOUCH TEST IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
<i>easy trak blood glucose test in vitro strip</i>	Tier 3	PA; QL (300 strips per 30 days)
EASYGLUCO IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
EASYMAX 15 TEST IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
EASYMAX TEST IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
<i>easyplus blood glucose test in vitro strip</i>	Tier 3	PA; QL (300 strips per 30 days)
EASYPRO PLUS IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
ELEMENT TEST IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
EMBRACE BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
<i>eq blood glucose test in vitro strip</i>	NF	
EVENCARE + BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
EVENCARE BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
EVENCARE G2 TEST IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
EVENCARE G3 TEST IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
EVOLUTION AUTOCODE IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EZ SMART BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
EZ SMART PLUS GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
FIFTY50 GLUCOSE TEST 2.0 IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
FORA D15G BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
FORA D20 BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
FORA G20 BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
FORA G30/PREM V10 GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
FORA GD20 TEST IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
FORA V10 BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
FORA V12 BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
FORA V20 BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
FORA V30A BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
FORACARE GD40 TEST IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
FORACARE PREMIUM V10 TEST IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
FREESTYLE INSULINX TEST IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
FREESTYLE LITE TEST IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
FREESTYLE PRECISION NEO TEST IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FREESTYLE TEST IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
<i>ge100 blood glucose test in vitro strip</i>	Tier 3	PA; QL (300 strips per 30 days)
GLUCAGEN DIAGNOSTIC INJECTION SOLUTION RECONSTITUTED 1 MG (<i>glucagon hcl rdna (diagnostic)</i>)	Tier 3	QL (1 kit per 1 fill)
GLUCOCARD 01 SENSOR PLUS IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
GLUCOCARD EXPRESSION TEST IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
GLUCOCARD VITAL TEST IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
GLUCOCARD X-SENSOR IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
GLUCOCOM TEST IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
GOJJI BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
HEMA-COMBISTIX IN VITRO STRIP (<i>multiple urine tests</i>)	Tier 3	
INFINITY BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
INFINITY VOICE IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
KETOCARE IN VITRO STRIP (<i>acetone (urine) test</i>)	Tier 3	
KETO-DIASTIX IN VITRO STRIP (<i>urine glucose-ketones test</i>)	Tier 3	
KETOSTIX IN VITRO STRIP (<i>acetone (urine) test</i>)	Tier 3	
<i> Kroger blood glucose test in vitro strip</i>	NF	
LABSTIX IN VITRO STRIP (<i>multiple urine tests</i>)	Tier 3	
LIBERTY NEXT GENERATION TEST IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
<i>liberty test in vitro strip</i>	Tier 3	PA; QL (300 strips per 30 days)

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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12/01/2020

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MICRODOT TEST IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
MULTISTIX 10 SG IN VITRO STRIP (<i>multiple urine tests</i>)	Tier 3	
MULTISTIX 5 IN VITRO STRIP (<i>multiple urine tests</i>)	Tier 3	
MULTISTIX 7 IN VITRO STRIP (<i>multiple urine tests</i>)	Tier 3	
MULTISTIX 8 IN VITRO STRIP (<i>multiple urine tests</i>)	Tier 3	
MULTISTIX 9 IN VITRO STRIP (<i>multiple urine tests</i>)	Tier 3	
MULTISTIX 9 SG IN VITRO STRIP (<i>multiple urine tests</i>)	Tier 3	
MULTISTIX IN VITRO STRIP (<i>multiple urine tests</i>)	Tier 3	
MYGLUCOHEALTH TEST IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
NEUTEK 2TEK TEST IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
NOVA MAX GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
ON CALL PLUS BLOOD GLUCOSE IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
ON CALL VIVID BLOOD GLUCOSE IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
ONETOUCH ULTRA BLUE IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
ONETOUCH ULTRA IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
ONETOUCH VERIO IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
PHARMACIST CHOICE AUTOCODE IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
POCKETCHEM EZ TEST IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
PRECISION PCX IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
PRECISION PCX PLUS TEST IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRECISION POINT OF CARE TEST IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
PRECISION QID TEST IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
PRECISION SOF-TACT TEST IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
PRECISION XTRA BLOOD GLUCOSE IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
PRODIGY NO CODING BLOOD GLUC IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
REFUAH PLUS BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
RELION BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
RELION KETONE IN VITRO STRIP (<i>acetone (urine) test</i>)	Tier 3	
REVEAL BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
RIGHTEST GS100 BLOOD GLUCOSE IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
RIGHTEST GS300 BLOOD GLUCOSE IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
RIGHTEST GS550 BLOOD GLUCOSE IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
SMARTEST BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
SOLUS V2 TEST IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
SURE EDGE TEST IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
SURECHEK BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
SURE-TEST EASYPLUS MINI TEST IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TELCARE BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
TRUETEST TEST IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
TRUETRACK TEST IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
ULTIMA TEST IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
ULTRATRAK PRO TEST IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
ULTRATRAK ULTIMATE TEST IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
URISTIX 4 IN VITRO STRIP (<i>multiple urine tests</i>)	Tier 3	
URISTIX IN VITRO STRIP (<i>multiple urine tests</i>)	Tier 3	
VICTORY AGM-4000 TEST IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
VOCAL POINT BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
WAVESENSE PRESTO IN VITRO STRIP (<i>glucose blood</i>)	Tier 3	PA; QL (300 strips per 30 days)
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS - DRUGS FOR NUTRITION		
KIDS PROTEIN ORGANIC SHAKE ORAL LIQUID (<i>nutritional supplements</i>)	NF	
ORGANIC NUTRITION SHAKE ORAL LIQUID (<i>nutritional supplements</i>)	NF	
VITAL HP 1.0 CAL ORAL LIQUID (<i>nutritional supplements</i>)	NF	
DIGESTIVE AIDS - DRUGS FOR THE STOMACH		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000 UNIT, 6000 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	Tier 3	PA; ST

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500 UNIT, 16800 UNIT, 21000 UNIT, 4200 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	Tier 3	ST
<i>pancreaze oral capsule delayed release particles 2600 unit</i>	Tier 3	PA; ST
PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES 16000 UNIT, 24000-86250 UNIT, 4000 UNIT, 8000 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	Tier 3	PA; ST
SUCRAID ORAL SOLUTION 8500 UNIT/ML (<i>sacrosidase</i>)	Tier 4	SP Pharmacy
VIOKACE ORAL TABLET 10440 UNIT, 20880 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	Tier 3	PA; ST
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000 UNIT, 10000-32000 UNIT, 15000-47000 UNIT, 15000-51000 UNIT, 20000-63000 UNIT, 20000-68000 UNIT, 25000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 3000-14000 UNIT, 40000-126000 UNIT, 40000-136000 UNIT, 5000 UNIT, 5000-24000 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	Tier 2	
DIURETICS - DRUGS FOR THE HEART		
<i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>	Tier 1	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	Tier 1	
ALDACTAZIDE ORAL TABLET 25-25 MG (<i>spironolactone-hctz</i>)	NF	
ALDACTAZIDE ORAL TABLET 50-50 MG (<i>spironolactone-hctz</i>)	Tier 3	
ALDACTONE ORAL TABLET 100 MG, 25 MG, 50 MG (<i>spironolactone</i>)	NF	
<i>amiloride hcl oral tablet 5 mg</i>	Tier 1	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	Tier 1	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
BUMEX ORAL TABLET 0.5 MG, 1 MG, 2 MG (<i>bumetanide</i>)	NF	
CAROSPIR ORAL SUSPENSION 25 MG/5ML (<i>spironolactone</i>)	NF	
<i>chlorothiazide oral tablet 250 mg, 500 mg</i>	Tier 1	

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	Tier 1	
DEMADEX ORAL TABLET 10 MG, 20 MG (<i>torseamide</i>)	NF	
DIAMOX SEQUELS ORAL CAPSULE EXTENDED RELEASE 12 HOUR 500 MG (<i>acetazolamide</i>)	NF	
DIURIL ORAL SUSPENSION 250 MG/5ML (<i>chlorothiazide</i>)	Tier 3	
DYAZIDE ORAL CAPSULE 37.5-25 MG (<i>triamterene-hctz</i>)	NF	
DYRENIUM ORAL CAPSULE 100 MG, 50 MG (<i>triamterene</i>)	Tier 3	
EDECRIN ORAL TABLET 25 MG (<i>ethacrynic acid</i>)	NF	
<i>ethacrynic acid oral tablet 25 mg</i>	Tier 1	
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	Tier 1	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	Tier 1	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	Tier 1	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	Tier 1	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	Tier 1	
KEVEYIS ORAL TABLET 50 MG (<i>dichlorphenamide</i>)	NF	
LASIX ORAL TABLET 20 MG, 40 MG, 80 MG (<i>furosemide</i>)	NF	
MAXZIDE ORAL TABLET 75-50 MG (<i>triamterene-hctz</i>)	NF	
MAXZIDE-25 ORAL TABLET 37.5-25 MG (<i>triamterene-hctz</i>)	NF	
<i>methazolamide oral tablet 25 mg, 50 mg</i>	Tier 1	
<i>methyclothiazide oral tablet 5 mg</i>	Tier 1	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
MICROZIDE ORAL CAPSULE 12.5 MG (<i>hydrochlorothiazide</i>)	NF	
NEPTAZANE ORAL TABLET 25 MG, 50 MG (<i>methazolamide</i>)	NF	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	
<i>spironolactone-hctz oral tablet 25-25 mg</i>	Tier 1	
<i>torseamide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>triamterene oral capsule 100 mg, 50 mg</i>	Tier 1	
<i>triamterene-hctz oral capsule 37.5-25 mg, 50-25 mg</i>	Tier 1	
<i>triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg</i>	Tier 1	
ENDOCRINE AND METABOLIC AGENTS - MISC. - HORMONES		
ACTHAR INJECTION GEL 80 UNIT/ML (<i>corticotropin</i>)	NF	
ACTONEL ORAL TABLET 150 MG, 30 MG, 35 MG, 5 MG (<i>risedronate sodium</i>)	NF	
<i>alendronate sodium oral solution 70 mg/75ml</i>	NF	
<i>alendronate sodium oral tablet 10 mg, 40 mg, 5 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>alendronate sodium oral tablet 35 mg</i>	Tier 1	QL (8 tablets per 1 month)
<i>alendronate sodium oral tablet 70 mg</i>	Tier 1	QL (4 tablets per 1 month)
AELVIA ORAL TABLET DELAYED RELEASE 35 MG (<i>risedronate sodium</i>)	NF	
BINOSTO ORAL TABLET EFFERVESCENT 70 MG (<i>alendronate sodium</i>)	NF	
BONIVA ORAL TABLET 150 MG (<i>ibandronate sodium</i>)	NF	
BUPHENYL ORAL POWDER 3 GM/TSP (<i>sodium phenylbutyrate</i>)	NF	
BUPHENYL ORAL TABLET 500 MG (<i>sodium phenylbutyrate</i>)	NF	
BYNFEZIA PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 2500 MCG/ML (2.8 ML) (<i>octreotide acetate</i>)	NF	
<i>cabergoline oral tablet 0.5 mg</i>	Tier 1	
<i>calcitonin (salmon) nasal solution 200 unit/lact</i>	Tier 1	ST; QL (1 bottle per 1 fill)
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	Tier 1	
<i>calcitriol oral solution 1 mcg/ml</i>	Tier 1	
CARBAGLU ORAL TABLET 200 MG (<i>carglumic acid</i>)	Tier 4	PA; #; SP Pharmacy
CARNITOR ORAL SOLUTION 1 GM/10ML (<i>levocarnitine</i>)	NF	
CARNITOR ORAL TABLET 330 MG (<i>levocarnitine</i>)	NF	
CARNITOR SF ORAL SOLUTION 1 GM/10ML (<i>levocarnitine</i>)	NF	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>chorionic gonadotropin intramuscular solution reconstituted 10000 unit</i>	Tier 4	PA; SP Pharmacy
<i>cinacalcet hcl oral tablet 30 mg, 60 mg, 90 mg</i>	Tier 1	PA; QL (2 tablets per 1 day)
CYSTADANE ORAL POWDER (<i>betaine</i>)	Tier 4	PA; SP Pharmacy
DDAVP NASAL SOLUTION 0.01 % (<i>desmopressin acetate spray</i>)	NF	
DDAVP ORAL TABLET 0.1 MG, 0.2 MG (<i>desmopressin acetate</i>)	NF	
DDAVP RHINAL TUBE NASAL SOLUTION 0.01 % (<i>desmopressin ace refrigerated</i>)	NF	
<i>desmopressin ace rhinal tube nasal solution 0.01 %</i>	NF	
<i>desmopressin ace spray refrig nasal solution 0.01 %</i>	Tier 1	
<i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i>	Tier 1	
<i>desmopressin acetate spray nasal solution 0.01 %</i>	Tier 1	
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	Tier 1	QL (1 capsule per 1 day)
<i>etidronate disodium oral tablet 200 mg, 400 mg</i>	Tier 1	
EVENITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 105 MG/1.17ML (<i>romosozumab-aqqg</i>)	NF	
EVISTA ORAL TABLET 60 MG (<i>raloxifene hcl</i>)	NF	
FORTEO SUBCUTANEOUS SOLUTION 600 MCG/2.4ML (<i>teriparatide (recombinant)</i>)	Tier 4	PA; ST; #; SP Pharmacy
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 600 MCG/2.4ML (<i>teriparatide (recombinant)</i>)	Tier 4	#
FOSAMAX ORAL TABLET 70 MG (<i>alendronate sodium</i>)	NF	
FOSAMAX PLUS D ORAL TABLET 70-2800 MG-UNIT, 70-5600 MG-UNIT (<i>alendronate-cholecalciferol</i>)	Tier 3	ST; QL (4 tablets per 1 month)
GALAFOLD ORAL CAPSULE 123 MG (<i>migalastat hcl</i>)	Tier 4	PA; SP Pharmacy; QL (14 capsules per 28 days)
GENOTROPIN MINIQUICK SUBCUTANEOUS SOLUTION RECONSTITUTED 0.2 MG, 0.4 MG, 0.6 MG, 0.8 MG, 1 MG, 1.2 MG, 1.4 MG, 1.6 MG, 1.8 MG, 2 MG (<i>somatropin</i>)	NF	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GENOTROPIN SUBCUTANEOUS SOLUTION RECONSTITUTED 12 MG, 5 MG (<i>somatropin</i>)	NF	
GONAL-F INJECTION SOLUTION RECONSTITUTED 1050 UNIT, 450 UNIT (<i>follitropin alfa</i>)	Tier 4	PA; SP Pharmacy
GONAL-F RFF REDIJECT SUBCUTANEOUS SOLUTION 300 UNIT/0.5ML, 450 UNT/0.75ML, 900 UNIT/1.5ML (<i>follitropin alfa</i>)	Tier 4	PA; SP Pharmacy
GONAL-F RFF SUBCUTANEOUS SOLUTION RECONSTITUTED 75 UNIT (<i>follitropin alfa</i>)	Tier 4	PA; SP Pharmacy
HECTOROL ORAL CAPSULE 0.5 MCG, 1 MCG, 2.5 MCG (<i>doxercalciferol</i>)	NF	
HUMATROPE INJECTION SOLUTION RECONSTITUTED 12 MG, 24 MG, 5 MG, 6 MG (<i>somatropin</i>)	Tier 4	PA; SP Pharmacy
<i>ibandronate sodium oral tablet 150 mg</i>	Tier 1	QL (1 tablet per 1 month)
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML (<i>mecasermin</i>)	Tier 4	PA; SP Pharmacy
ISTURISA ORAL TABLET 1 MG, 10 MG, 5 MG (<i>osilodrostat phosphate</i>)	NF	
JYNARQUE ORAL TABLET THERAPY PACK 15 MG, 30 & 15 MG, 45 & 15 MG, 60 & 30 MG, 90 & 30 MG (<i>tolvaptan</i>)	Tier 4	PA; SP Pharmacy
KUVAN ORAL PACKET 100 MG, 500 MG (<i>sapropterin dihydrochloride</i>)	Tier 4	PA; #; SP Pharmacy
KUVAN ORAL TABLET SOLUBLE 100 MG (<i>sapropterin dihydrochloride</i>)	Tier 4	PA; #; SP Pharmacy
<i>levocarnitine oral solution 1 gml/10ml</i>	Tier 1	
<i>levocarnitine oral tablet 330 mg</i>	Tier 1	
LUPANETA PACK COMBINATION KIT 11.25 & 5 MG, 3.75 & 5 MG (<i>leuprolide & norethindrone</i>)	Tier 4	PA; SP Pharmacy
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG (<i>leuprolide acetate</i>)	Tier 4	PA; #; SP Pharmacy

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG (PED), 30 MG (PED) (<i>leuprolide acetate (3 month)</i>)	Tier 4	PA; #; SP Pharmacy
MIACALCIN NASAL SOLUTION 200 UNIT/ACT (<i>calcitonin (salmon)</i>)	NF	
MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED 11.3 MG (<i>metreleptin</i>)	Tier 4	PA; SP Pharmacy; QL (15 vials per 30 days)
MYCAPSSA ORAL CAPSULE DELAYED RELEASE 20 MG (<i>octreotide acetate</i>)	NF	
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG, 25 MCG, 50 MCG, 75 MCG (<i>parathyroid hormone (recomb)</i>)	NF	
<i>nitisinone oral capsule 10 mg, 2 mg, 5 mg</i>	Tier 4	PA; SP Pharmacy
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG (<i>nitisinone</i>)	NF	
NOCDURNA SUBLINGUAL TABLET SUBLINGUAL 27.7 MCG, 55.3 MCG (<i>desmopressin acetate</i>)	Tier 3	PA; QL (1 tablet per 1 Day)
NOCTIVA NASAL EMULSION 0.83 MCG/0.1ML, 1.66 MCG/0.1ML (<i>desmopressin acetate</i>)	Tier 3	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>)	NF	
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 30 MG/3ML, 5 MG/1.5ML (<i>somatropin</i>)	NF	
NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED 10000 UNIT (<i>chorionic gonadotropin</i>)	Tier 4	PA; SP Pharmacy
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION 10 MG/2ML (<i>somatropin</i>)	NF	
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/2ML (<i>somatropin</i>)	NF	
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION 20 MG/2ML (<i>somatropin</i>)	NF	
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR 20 MG/2ML (<i>somatropin</i>)	NF	

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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12/01/2020

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION 5 MG/2ML (<i>somatropin</i>)	NF	
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MG/2ML (<i>somatropin</i>)	NF	
<i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	Tier 4	PA; SP Pharmacy
OMNITROPE SUBCUTANEOUS SOLUTION 10 MG/1.5ML, 5 MG/1.5ML (<i>somatropin</i>)	NF	
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 10 MG/1.5ML, 5 MG/1.5ML (<i>somatropin</i>)	NF	
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG (<i>somatropin</i>)	NF	
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG (<i>nitisinone</i>)	Tier 4	PA; SP Pharmacy
ORFADIN ORAL SUSPENSION 4 MG/ML (<i>nitisinone</i>)	Tier 4	PA; SP Pharmacy
ORILISSA ORAL TABLET 150 MG (<i>elagolix sodium</i>)	Tier 4	PA; SP Pharmacy; QL (1 tablet/day per 730 lifetime days)
ORILISSA ORAL TABLET 200 MG (<i>elagolix sodium</i>)	Tier 4	PA; SP Pharmacy; QL (2 tablets/day per 180 lifetime days)
OSPHENA ORAL TABLET 60 MG (<i>ospemifene</i>)	Tier 3	PA; ST; QL (1 tablet per 1 day)
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML, 2.5 MG/0.5ML, 20 MG/ML (<i>pegvaliase-pqpz</i>)	Tier 4	PA; SP Pharmacy; QL (1 syringe per 1 day)
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	Tier 1	QL (1 capsule per 1 day)
PREGNYL INTRAMUSCULAR SOLUTION RECONSTITUTED 10000 UNIT (<i>chorionic gonadotropin</i>)	Tier 4	PA; SP Pharmacy
PROLIA SUBCUTANEOUS SOLUTION 60 MG/ML (<i>denosumab</i>)	Tier 4	PA; ST; SP Pharmacy
<i>raloxifene hcl oral tablet 60 mg</i>	CE	N2 (Tier 1)
RAVICTI ORAL LIQUID 1.1 GM/ML (<i>glycerol phenylbutyrate</i>)	Tier 4	PA; ST; SP Pharmacy; QL (20 bottles per 30 days)

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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12/01/2020

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RAYALDEE ORAL CAPSULE EXTENDED RELEASE 30 MCG (<i>calcifediol</i>)	Tier 3	PA; ST; QL (1 capsule per 1 day)
<i>risedronate sodium oral tablet 150 mg</i>	Tier 1	ST; QL (1 tablet per 28 days)
<i>risedronate sodium oral tablet 30 mg, 5 mg</i>	Tier 1	ST; QL (1 tablet per 1 day)
<i>risedronate sodium oral tablet 35 mg</i>	Tier 1	ST; QL (4 tablets per 28 days)
<i>risedronate sodium oral tablet delayed release 35 mg</i>	Tier 1	QL (4 tablets per 28 days)
ROCALTROL ORAL CAPSULE 0.25 MCG, 0.5 MCG (<i>calcitriol</i>)	NF	
ROCALTROL ORAL SOLUTION 1 MCG/ML (<i>calcitriol</i>)	NF	
SAIZEN CLICK.EASY INJECTION SOLUTION RECONSTITUTED 8.8 MG (<i>somatropin (non-refrigerated)</i>)	NF	
SAIZEN INJECTION SOLUTION RECONSTITUTED 5 MG, 8.8 MG (<i>somatropin (non-refrigerated)</i>)	NF	
SAIZENPREP INJECTION SOLUTION RECONSTITUTED 8.8 MG (<i>somatropin (non-refrigerated)</i>)	NF	
SAMSCA ORAL TABLET 15 MG (<i>tolvaptan</i>)	Tier 4	PA; #; SP Pharmacy; QL (1 tablet per 1 day)
SAMSCA ORAL TABLET 30 MG (<i>tolvaptan</i>)	Tier 4	PA; #; SP Pharmacy; QL (2 tablets per 1 day)
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 1000 MCG/ML, 200 MCG/ML, 50 MCG/ML, 500 MCG/ML (<i>octreotide acetate</i>)	NF	
SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT 10 MG, 20 MG, 30 MG (<i>octreotide acetate</i>)	NF	#
<i>sapropterin dihydrochloride oral packet 100 mg</i>	Tier 4	PA
<i>sapropterin dihydrochloride oral packet 500 mg</i>	Tier 4	PA; SP Pharmacy
<i>sapropterin dihydrochloride oral tablet soluble 100 mg</i>	Tier 4	PA; SP Pharmacy
SENSIPAR ORAL TABLET 30 MG, 60 MG, 90 MG (<i>cinacalcet hcl</i>)	Tier 3	PA; QL (2 tablets per 1 day)

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG (<i>somatropin (non-refrigerated)</i>)	Tier 4	PA; ST; SP Pharmacy
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 10 MG, 20 MG, 30 MG, 40 MG, 60 MG (<i>pasireotide pamoate</i>)	NF	
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML (<i>pasireotide diaspargate</i>)	Tier 4	PA; SP Pharmacy; QL (2 ampules per 1 day)
<i>sodium phenylbutyrate oral powder 3 gmltsp</i>	Tier 4	PA; SP Pharmacy; QL (20 grams per 1 day)
<i>sodium phenylbutyrate oral tablet 500 mg</i>	Tier 1	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>)	Tier 4	PA; #; SP Pharmacy
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG (<i>pegvisomant</i>)	Tier 4	PA; #; SP Pharmacy
STIMATE NASAL SOLUTION 1.5 MG/ML (<i>desmopressin acetate</i>)	Tier 3	PA; SP Pharmacy
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45ML, 28 MG/0.7ML, 40 MG/ML, 80 MG/0.8ML (<i>asfotase alfa</i>)	NF	
SYNAREL NASAL SOLUTION 2 MG/ML (<i>nafarelin acetate</i>)	Tier 4	PA; SP Pharmacy
<i>teriparatide (recombinant) subcutaneous solution pen-injector 620 mcg/2.48ml</i>	NF	
<i>tolvaptan oral tablet 30 mg</i>	Tier 4	PA; SP Pharmacy; QL (2 tablets per 1 day)
TRIPTODUR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 22.5 MG (<i>triptorelin pamoate</i>)	Tier 4	PA; SP Pharmacy
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML (<i>abaloparatide</i>)	Tier 4	PA; ST; SP Pharmacy; QL (1 injection per 1 month)
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7ML (<i>denosumab</i>)	Tier 4	PA; ST; SP Pharmacy

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XURIDEN ORAL PACKET 2 GM (<i>uridine triacetate</i>)	Tier 4	PA; SP Pharmacy; QL (4 packets per 1 day)
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG (<i>paricalcitol</i>)	NF	
ZOMACTON (FOR ZOMA-JET 10) SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG (<i>somatropin</i>)	NF	
ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 5 MG (<i>somatropin</i>)	NF	
ZORBTIVE SUBCUTANEOUS SOLUTION RECONSTITUTED 8.8 MG (<i>somatropin (non-refrigerated)</i>)	Tier 4	PA; ST; SP Pharmacy
ESTROGENS - HORMONES		
ACTIVELLA ORAL TABLET 0.5-0.1 MG, 1-0.5 MG (<i>estradiol-norethindrone acet</i>)	NF	
ALORA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (<i>estradiol</i>)	NF	
<i>estradiol-norethindrone acet</i> (Amabelz Oral Tablet 0.5-0.1 Mg, 1-0.5 Mg)	Tier 1	QL (1 tablet per 1 day)
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG (<i>drospirenone-estradiol</i>)	Tier 3	
BIEST/PROGESTERONE TRANSDERMAL CREAM (<i>estradiol-estriol-progesterone</i>)	NF	
BIJUVA ORAL CAPSULE 1-100 MG (<i>estradiol-progesterone</i>)	NF	
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/DAY (<i>estradiol-levonorgestrel</i>)	Tier 3	#: 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>)	NF	
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY 0.05-0.14 MG/DAY, 0.05-0.25 MG/DAY (<i>estradiol-norethindrone acet</i>)	Tier 3	QL (8 patches per 1 month)
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML, 20 MG/ML, 40 MG/ML (<i>estradiol valerate</i>)	NF	

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML (<i>estradiol cypionate</i>)	NF	
DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM, 1 MG/GM (<i>estradiol</i>)	Tier 3	QL (1 packet per 1 day)
DIVIGEL TRANSDERMAL GEL 1.25 MG/1.25GM (<i>estradiol</i>)	Tier 2	QL (30 packets per 1 month)
DUAVEE ORAL TABLET 0.45-20 MG (<i>conj estrogens-bazedoxifene</i>)	Tier 3	PA; ST; QL (1 tablet per 1 day)
ELESTRIN TRANSDERMAL GEL 0.52 MG/0.87 GM (0.06%) (<i>estradiol</i>)	Tier 3	QL (52 grams per 30 days)
ESTRACE ORAL TABLET 0.5 MG, 1 MG, 2 MG (<i>estradiol</i>)	NF	
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<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>	Tier 1	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>	Tier 1	QL (4 patches per 28 days)
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	NF	
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	Tier 1	QL (1 tablet per 1 day)
ESTROGEL TRANSDERMAL GEL 0.75 MG/1.25 GM (0.06%) (<i>estradiol</i>)	Tier 3	QL (50 grams per 1 fill)
<i>estropipate oral tablet 0.75 mg, 1.5 mg, 3 mg</i>	Tier 1	
EVAMIST TRANSDERMAL SOLUTION 1.53 MG/SPRAY (<i>estradiol</i>)	Tier 3	QL (2 bottles per 1 month)
<i>norethindrone-eth estradiol (Fyavolv Oral Tablet 0.5-2.5 Mg-Mcg, 1-5 Mg-Mcg)</i>	Tier 1	
<i>jevantique lo oral tablet 0.5-2.5 mg-mcg</i>	Tier 1	
<i>norethindrone-eth estradiol (Jinteli Oral Tablet 1-5 Mg-Mcg)</i>	Tier 1	
<i>estradiol-norethindrone acet (Lopreeza Oral Tablet 0.5-0.1 Mg, 1-0.5 Mg)</i>	Tier 1	QL (1 tablet per 1 day)
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG (<i>esterified estrogens</i>)	Tier 3	

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24HR (<i>estradiol</i>)	Tier 3	#; QL (4 patches per 28 days)
<i>estradiol-norethindrone acet</i> (Mimvey Lo Oral Tablet 0.5-0.1 Mg)	Tier 1	QL (1 tablet per 1 day)
<i>estradiol-norethindrone acet</i> (Mimvey Oral Tablet 1-0.5 Mg)	Tier 1	QL (1 tablet 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>)	NF	
<i>norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	Tier 1	
ORIAHNN ORAL CAPSULE THERAPY PACK 300-1-0.5 & 300 MG (<i>elagolix-estradiol-norethind</i>)	NF	
PREFEST ORAL TABLET 1/1-0.09 MG (15/15) (<i>estradiol-norgestimate</i>)	Tier 3	QL (1 tablet 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>)	Tier 3	
PREMPHASE ORAL TABLET 0.625-5 MG (<i>conj estrog-medroxyprogest ace</i>)	Tier 3	
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>)	Tier 3	
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>)	NF	
FLUOROQUINOLONES - DRUGS FOR INFECTIONS		
AVELOX ORAL TABLET 400 MG (<i>moxifloxacin hcl</i>)	NF	
BAXDELA ORAL TABLET 450 MG (<i>delafloxacin meglumine</i>)	NF	
CIPRO ORAL SUSPENSION RECONSTITUTED 250 MG/5ML (5%), 500 MG/5ML (10%) (<i>ciprofloxacin</i>)	NF	
CIPRO ORAL TABLET 250 MG, 500 MG (<i>ciprofloxacin hcl</i>)	NF	
CIPRO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG, 500 MG (<i>ciprofloxacin-ciproflox hcl</i>)	NF	
<i>ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>ciprofloxacin oral suspension reconstituted 250 mg/5ml (5%), 500 mg/5ml (10%)</i>	Tier 1	
<i>ciprofloxacin-ciproflox hcl er oral tablet extended release 24 hour 1000 mg, 500 mg</i>	Tier 1	
FACTIVE ORAL TABLET 320 MG (<i>gemifloxacin mesylate</i>)	Tier 3	#
LEVAQUIN ORAL TABLET 250 MG, 500 MG, 750 MG (<i>levofloxacin</i>)	NF	
<i>levofloxacin oral solution 25 mg/ml</i>	Tier 1	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	Tier 1	
<i>moxifloxacin hcl oral tablet 400 mg</i>	Tier 1	
<i>ofloxacin oral tablet 300 mg</i>	Tier 1	QL (28 tablets per 1 fill)
<i>ofloxacin oral tablet 400 mg</i>	Tier 1	
GASTROINTESTINAL AGENTS - MISC. - DRUGS FOR THE STOMACH		
ACTIGALL ORAL CAPSULE 300 MG (<i>ursodiol</i>)	NF	
<i>alosetron hcl oral tablet 0.5 mg, 1 mg</i>	Tier 1	ST
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG (<i>lubiprostone</i>)	Tier 3	ST; #; QL (2 capsules per 1 day)
APRISO ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.375 GM (<i>mesalamine</i>)	Tier 2	QL (4 capsules per 1 day)
ASACOL HD ORAL TABLET DELAYED RELEASE 800 MG (<i>mesalamine</i>)	NF	
AURYXIA ORAL TABLET 1 GM 210 MG(Fe) (<i>ferric citrate</i>)	NF	
AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>infliximab-axxq</i>)	NF	
AZULFIDINE EN-TABS ORAL TABLET DELAYED RELEASE 500 MG (<i>sulfasalazine</i>)	NF	
AZULFIDINE ORAL TABLET 500 MG (<i>sulfasalazine</i>)	NF	
<i>balsalazide disodium oral capsule 750 mg</i>	Tier 1	QL (9 capsules per 1 day)
<i>calcium acetate (phos binder) oral capsule 667 mg</i>	Tier 1	
<i>calcium acetate (phos binder) oral tablet 667 mg</i>	Tier 1	

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>calcium acetate oral capsule 667 mg</i>	Tier 1	
CALPHRON ORAL TABLET 667 MG (<i>calcium acetate (phos binder)</i>)	Tier 1	
CANASA RECTAL SUPPOSITORY 1000 MG (<i>mesalamine</i>)	Tier 3	ST; QL (1 suppository per 1 day)
CHENODAL ORAL TABLET 250 MG (<i>chenodiol</i>)	Tier 4	PA; SP Pharmacy
CHOLBAM ORAL CAPSULE 250 MG, 50 MG (<i>cholic acid</i>)	NF	
CIMZIA PREFILLED SUBCUTANEOUS KIT 2 X 200 MG/ML (<i>certolizumab pegol</i>)	NF	
CIMZIA STARTER KIT SUBCUTANEOUS KIT 6 X 200 MG/ML (<i>certolizumab pegol</i>)	NF	
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG (<i>certolizumab pegol</i>)	NF	
COLAZAL ORAL CAPSULE 750 MG (<i>balsalazide disodium</i>)	NF	
<i>cromolyn sodium oral concentrate 100 mg/5ml</i>	Tier 1	
DELZICOL ORAL CAPSULE DELAYED RELEASE 400 MG (<i>mesalamine</i>)	NF	
DIPENTUM ORAL CAPSULE 250 MG (<i>olsalazine sodium</i>)	Tier 3	ST
<i>enulose oral solution 10 gm/15ml</i>	Tier 1	
FOSRENOL ORAL PACKET 1000 MG, 750 MG (<i>lanthanum carbonate</i>)	Tier 3	
FOSRENOL ORAL TABLET CHEWABLE 1000 MG, 500 MG, 750 MG (<i>lanthanum carbonate</i>)	NF	
GASTROCROM ORAL CONCENTRATE 100 MG/5ML (<i>cromolyn sodium</i>)	NF	
GATTEX SUBCUTANEOUS KIT 5 MG (<i>teduglutide (rdna)</i>)	Tier 4	PA; SP Pharmacy; QL (1 box per 30 fillss)
<i>generlac oral solution 10 gm/15ml</i>	Tier 1	
GIAZO ORAL TABLET 1.1 GM (<i>balsalazide disodium</i>)	Tier 3	ST; #; QL (6 tablets per 1 day)
GIMOTI NASAL SOLUTION 15 MG/ACT (<i>metoclopramide hcl</i>)	NF	
<i>lactulose encephalopathy oral solution 10 gm/15ml</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>lanthanum carbonate oral tablet chewable 1000 mg, 500 mg, 750 mg</i>	Tier 1	
LIALDA ORAL TABLET DELAYED RELEASE 1.2 GM (<i>mesalamine</i>)	NF	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG (<i>linaclotide</i>)	Tier 3	ST; QL (1 capsule per 1 day)
LINZESS ORAL CAPSULE 72 MCG (<i>linaclotide</i>)	Tier 3	ST
LOTRONEX ORAL TABLET 0.5 MG, 1 MG (<i>alosetron hcl</i>)	NF	
<i>mesalamine er oral capsule extended release 24 hour 0.375 gm</i>	Tier 1	QL (4 capsules per 1 day)
<i>mesalamine oral capsule delayed release 400 mg</i>	Tier 1	QL (12 capsules per 1 Day)
<i>mesalamine oral tablet delayed release 1.2 gm</i>	Tier 1	QL (4 tablets per 1 Day)
<i>mesalamine oral tablet delayed release 800 mg</i>	Tier 1	QL (6 tablets per 1 day)
<i>mesalamine rectal suppository 1000 mg</i>	Tier 1	QL (1 suppository per 1 day)
<i>metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml</i>	Tier 1	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>metoclopramide hcl oral tablet dispersible 10 mg, 5 mg</i>	Tier 1	
MOTEGRITY ORAL TABLET 1 MG, 2 MG (<i>prucalopride succinate</i>)	NF	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG (<i>naloxegol oxalate</i>)	NF	
OCALIVA ORAL TABLET 10 MG, 5 MG (<i>obeticholic acid</i>)	NF	
PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG (<i>mesalamine</i>)	Tier 3	ST; QL (16 capsules per 1 day)
PENTASA ORAL CAPSULE EXTENDED RELEASE 500 MG (<i>mesalamine</i>)	Tier 3	ST; QL (8 capsules per 1 day)
PHOSLO ORAL CAPSULE 667 MG (<i>calcium acetate (phos binder)</i>)	NF	
PHOSLYRA ORAL SOLUTION 667 MG/5ML (<i>calcium acetate (phos binder)</i>)	Tier 3	
REGLAN ORAL TABLET 10 MG, 5 MG (<i>metoclopramide hcl</i>)	NF	

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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12/01/2020

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RELISTOR ORAL TABLET 150 MG (<i>methylnaltrexone bromide</i>)	NF	
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML (<i>methylnaltrexone bromide</i>)	Tier 3	PA; QL (0.6 milliliters per 1 day)
RELISTOR SUBCUTANEOUS SOLUTION 8 MG/0.4ML (<i>methylnaltrexone bromide</i>)	Tier 3	PA; QL (0.4 milliliters per 1 day)
RENAGEL ORAL TABLET 400 MG (<i>sevelamer hcl</i>)	Tier 3	#
RENAGEL ORAL TABLET 800 MG (<i>sevelamer hcl</i>)	NF	
RENVELA ORAL PACKET 0.8 GM, 2.4 GM (<i>sevelamer carbonate</i>)	NF	
RENVELA ORAL TABLET 800 MG (<i>sevelamer carbonate</i>)	NF	
<i>sevelamer carbonate oral packet 0.8 gm, 2.4 gm</i>	Tier 1	
<i>sevelamer carbonate oral tablet 800 mg</i>	Tier 1	
<i>sevelamer hcl oral tablet 400 mg, 800 mg</i>	Tier 1	
SFROWASA RECTAL ENEMA 4 GM/60ML (<i>mesalamine</i>)	NF	
<i>sulfasalazine oral tablet 500 mg</i>	Tier 1	QL (8 tablets per 1 day)
<i>sulfasalazine oral tablet delayed release 500 mg</i>	Tier 1	QL (8 tablets per 1 day)
<i>sulfasalazine (Sulfazine Oral Tablet 500 Mg)</i>	Tier 1	QL (8 tabs per 1 day)
SYMPROIC ORAL TABLET 0.2 MG (<i>naldemedine tosylate</i>)	NF	
TRULANCE ORAL TABLET 3 MG (<i>plecanatide</i>)	NF	
URSO 250 ORAL TABLET 250 MG (<i>ursodiol</i>)	NF	
URSO FORTE ORAL TABLET 500 MG (<i>ursodiol</i>)	NF	
<i>ursodiol oral capsule 300 mg</i>	Tier 1	
<i>ursodiol oral tablet 250 mg, 500 mg</i>	Tier 1	
VELPHORO ORAL TABLET CHEWABLE 500 MG (<i>sucroferric oxyhydroxide</i>)	Tier 3	#
VIBERZI ORAL TABLET 100 MG, 75 MG (<i>eluxadoline</i>)	NF	
XERMELO ORAL TABLET 250 MG (<i>telotristat etiprate</i>)	NF	
ZELNORM ORAL TABLET 6 MG (<i>tegaserod maleate</i>)	NF	

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GENITOURINARY AGENTS - MISCELLANEOUS - DRUGS FOR THE URINARY SYSTEM		
<i>acetic acid irrigation solution 0.25 %</i>	Tier 1	
<i>alfuzosin hcl er oral tablet extended release 24 hour 10 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>sodium chloride (gu irrigant) (Argyle Sterile Saline Irrigation Solution 0.9 %)</i>	Tier 1	
AVODART ORAL CAPSULE 0.5 MG (<i>dutasteride</i>)	NF	
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG (<i>doxazosin mesylate</i>)	Tier 3	QL (1 tablet per 1 day)
<i>sodium chloride (gu irrigant) (Curity Sterile Saline Irrigation Solution 0.9 %)</i>	Tier 1	
CYSTAGON ORAL CAPSULE 150 MG, 50 MG (<i>cysteamine bitartrate</i>)	Tier 4	PA; SP Pharmacy
<i>dutasteride oral capsule 0.5 mg</i>	Tier 1	ST; QL (1 capsule per 1 day)
<i>dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg</i>	NF	
ELMIRON ORAL CAPSULE 100 MG (<i>pentosan polysulfate sodium</i>)	Tier 3	QL (3 capsules per 1 day)
<i>finasteride oral tablet 5 mg</i>	Tier 1	
FLOMAX ORAL CAPSULE 0.4 MG (<i>tamsulosin hcl</i>)	NF	
JALYN ORAL CAPSULE 0.5-0.4 MG (<i>dutasteride-tamsulosin hcl</i>)	NF	
K-PHOS NO 2 ORAL TABLET 305-700 MG (<i>pot & sod ac phosphates</i>)	Tier 3	
LITHOSTAT ORAL TABLET 250 MG (<i>acetohydroxamic acid</i>)	Tier 3	
<i>neomycin-polymyxin b gu irrigation solution 40-200000</i>	Tier 1	
ORACIT ORAL SOLUTION 490-640 MG/5ML (<i>sod citrate-citric acid</i>)	Tier 3	
<i>potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)</i>	Tier 1	
<i>potassium citrate-citric acid oral packet 3300-1002 mg</i>	Tier 1	
<i>potassium citrate-citric acid oral solution 1100-334 mg/5ml</i>	Tier 1	

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PROCYSBI ORAL CAPSULE DELAYED RELEASE 25 MG, 75 MG (<i>cysteamine bitartrate</i>)	NF	
PROCYSBI ORAL PACKET 300 MG, 75 MG (<i>cysteamine bitartrate</i>)	NF	
PROSCAR ORAL TABLET 5 MG (<i>finasteride</i>)	NF	
RAPAFLO ORAL CAPSULE 4 MG, 8 MG (<i>silodosin</i>)	Tier 3	
RENACIDIN IRRIGATION SOLUTION (<i>citric acid-gluconolact-mg carb</i>)	Tier 3	
<i>silodosin oral capsule 4 mg, 8 mg</i>	Tier 1	
<i>sod citrate-citric acid oral solution 500-334 mg/5ml</i>	Tier 1	
<i>sodium chloride irrigation solution 0.9 %</i>	Tier 1	
<i>sorbitol-mannitol irrigation solution 2.7-0.54 gm/100ml</i>	Tier 1	
<i>tamsulosin hcl oral capsule 0.4 mg</i>	Tier 1	
<i>potassium citrate-citric acid</i> (Taron-Crystals Oral Packet 3300-1002 Mg)	Tier 1	
THIOLA EC ORAL TABLET DELAYED RELEASE 100 MG, 300 MG (<i>tiopronin</i>)	Tier 4	PA; SP Pharmacy
THIOLA ORAL TABLET 100 MG (<i>tiopronin</i>)	Tier 4	PA; SP Pharmacy
<i>tricitrates oral solution 550-500-334 mg/5ml</i>	Tier 1	
UROCIT-K 10 ORAL TABLET EXTENDED RELEASE 10 MEQ (1080 MG) (<i>potassium citrate</i>)	NF	
UROCIT-K 15 ORAL TABLET EXTENDED RELEASE 15 MEQ (1620 MG) (<i>potassium citrate</i>)	NF	
UROCIT-K 5 ORAL TABLET EXTENDED RELEASE 5 MEQ (540 MG) (<i>potassium citrate</i>)	NF	
UROXATRAL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG (<i>alfuzosin hcl</i>)	NF	
<i>virtrate-2 oral solution 500-334 mg/5ml</i>	Tier 1	
<i>virtrate-3 oral solution 550-500-334 mg/5ml</i>	Tier 1	
<i>virtrate-k oral solution 1100-334 mg/5ml</i>	Tier 1	
GOUT AGENTS - DRUGS FOR PAIN AND FEVER		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	Tier 1	

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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12/01/2020

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>colchicine oral capsule 0.6 mg</i>	NF	
<i>colchicine oral tablet 0.6 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>	Tier 1	
COLCRYS ORAL TABLET 0.6 MG (<i>colchicine</i>)	NF	
DUZALLO ORAL TABLET 200-200 MG, 200-300 MG (<i>lesinurad-allopurinol</i>)	NF	
<i>febuxostat oral tablet 40 mg, 80 mg</i>	Tier 1	ST; QL (1 tablet per 1 day)
GLOPERBA ORAL SOLUTION 0.6 MG/5ML (<i>colchicine</i>)	NF	
MITIGARE ORAL CAPSULE 0.6 MG (<i>colchicine</i>)	NF	
<i>probenecid oral tablet 500 mg</i>	Tier 1	
ULORIC ORAL TABLET 40 MG, 80 MG (<i>febuxostat</i>)	NF	
ZURAMPIC ORAL TABLET 200 MG (<i>lesinurad</i>)	NF	
ZYLOPRIM ORAL TABLET 100 MG, 300 MG (<i>allopurinol</i>)	NF	
HEMATOLOGICAL AGENTS - MISC. - DRUGS FOR THE BLOOD		
AGGRENOX ORAL CAPSULE EXTENDED RELEASE 12 HOUR 25-200 MG (<i>aspirin-dipyridamole</i>)	NF	
AGRYLIN ORAL CAPSULE 0.5 MG (<i>anagrelide hcl</i>)	NF	
<i>anagrelide hcl oral capsule 0.5 mg, 1 mg</i>	Tier 1	
<i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i>	Tier 1	
<i>aspirin-omeprazole oral tablet delayed release 325-40 mg, 81-40 mg</i>	NF	
BRILINTA ORAL TABLET 60 MG, 90 MG (<i>ticagrelor</i>)	Tier 3	QL (2 tablets per 1 day)
CABLIVI INJECTION KIT 11 MG (<i>caplacizumab-yhdp</i>)	Tier 4	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>	Tier 1	
<i>clopidogrel bisulfate oral tablet 300 mg</i>	Tier 1	QL (1 tablet per 1 fill)
<i>clopidogrel bisulfate oral tablet 75 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	Tier 1	

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DURLAZA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 162.5 MG (<i>aspirin</i>)	NF	
EFFIENT ORAL TABLET 10 MG, 5 MG (<i>prasugrel hcl</i>)	NF	
ESPEROCT INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT (<i>antihemoph fact rcmb gpeg-exei</i>)	NF	
FIRAZYR SUBCUTANEOUS SOLUTION 30 MG/3ML (<i>icatibant acetate</i>)	NF	
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT, 3000 UNIT (<i>c1 esterase inhibitor (human)</i>)	Tier 4	PA; ST; QL (20 vials per 1 month)
<i>icatibant acetate subcutaneous solution 30 mg/3ml</i>	Tier 4	PA; NPL; SP Pharmacy; QL (6 syringes per 1 month)
KALBITOR SUBCUTANEOUS SOLUTION 10 MG/ML (<i>ecallantide</i>)	NF	
<i>pentoxifylline er oral tablet extended release 400 mg</i>	Tier 1	
PLAVIX ORAL TABLET 300 MG, 75 MG (<i>clopidogrel bisulfate</i>)	NF	
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i>	Tier 1	QL (1 tablet per 1 Day)
SEVENFACT INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 5 MG (<i>coagulation factor viia-jncw</i>)	NF	
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML (<i>lanadelumab-flyo</i>)	NF	
TAVALISSE ORAL TABLET 100 MG, 150 MG (<i>fostamatinib disodium</i>)	NF	
<i>ticlopidine hcl oral tablet 250 mg</i>	Tier 1	
YOSPRALA ORAL TABLET DELAYED RELEASE 325-40 MG, 81-40 MG (<i>aspirin-omeprazole</i>)	NF	
ZONTIVITY ORAL TABLET 2.08 MG (<i>vorapaxar sulfate</i>)	Tier 3	PA; QL (1 tablet per 1 day)

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HEMATOPOIETIC AGENTS - DRUGS FOR NUTRITION		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML (<i>darbepoetin alfa</i>)	Tier 4	PA; SP Pharmacy
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 25 MCG/0.42ML, 300 MCG/0.6ML, 40 MCG/0.4ML, 500 MCG/ML, 60 MCG/0.3ML (<i>darbepoetin alfa</i>)	Tier 4	PA; SP Pharmacy
CERDELGA ORAL CAPSULE 84 MG (<i>eliglustat tartrate</i>)	Tier 4	PA; SP Pharmacy; QL (2 capsules per 1 day)
<i>cyanocobalamin injection solution 1000 mcg/ml</i>	Tier 1	
DOPTELET ORAL TABLET 20 MG (<i>avatrombopag maleate</i>)	Tier 4	PA; SP Pharmacy; QL (3 /day for 5 days per 30 days)
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG (<i>hydroxyurea</i>)	Tier 3	
ENDARI ORAL PACKET 5 GM (<i>glutamine (sickle cell)</i>)	NF	
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML (<i>epoetin alfa</i>)	Tier 4	PA; SP Pharmacy
<i>folate oral tablet 400 mcg</i>	CE	N2 (NF)
<i>folic acid oral capsule 0.8 mg</i>	CE	N2 (NF)
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	CE	N2 (NF)
FOLVITE-FE ORAL TABLET 90-120-0.012-1 MG (<i>iron-vit c-vit b12-folic acid</i>)	NF	
FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (<i>pegfilgrastim-jmdb</i>)	Tier 4	PA; SP Pharmacy
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML, 480 MCG/1.6ML (<i>tbo-filgrastim</i>)	NF	
GRANIX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (<i>tbo-filgrastim</i>)	NF	
HEMOCYTE-F ORAL ELIXIR (<i>iron combinations</i>)	NF	

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>miglustat oral capsule 100 mg</i>	Tier 4	PA; ST; SP Pharmacy; QL (3 capsules per 1 Day)
MIRCERA INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.3ML, 150 MCG/0.3ML, 200 MCG/0.3ML, 30 MCG/0.3ML, 50 MCG/0.3ML, 75 MCG/0.3ML (<i>methoxy peg-epoetin beta</i>)	Tier 4	PA; SP Pharmacy
MOZOBIL SUBCUTANEOUS SOLUTION 24 MG/1.2ML (<i>plerixafor</i>)	Tier 4	PA; SP Pharmacy
MULPLETA ORAL TABLET 3 MG (<i>lusutrombopag</i>)	Tier 4	PA; SP Pharmacy; QL (1 /day for 7 days per 30 days)
NASCOBAL NASAL SOLUTION 500 MCG/0.1ML (<i>cyanocobalamin</i>)	NF	
NEULASTA ONPRO SUBCUTANEOUS PREFILLED SYRINGE KIT 6 MG/0.6ML (<i>pegfilgrastim</i>)	Tier 4	PA; SP Pharmacy
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (<i>pegfilgrastim</i>)	Tier 4	PA; SP Pharmacy
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML (<i>filgrastim</i>)	Tier 4	PA; ST; SP Pharmacy
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (<i>filgrastim</i>)	Tier 4	PA; ST; SP Pharmacy
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML (<i>filgrastim-aafi</i>)	Tier 4	PA; NPL; SP Pharmacy
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (<i>filgrastim-aafi</i>)	Tier 4	PA; SP Pharmacy
NPLATE SUBCUTANEOUS SOLUTION RECONSTITUTED 125 MCG (<i>romiplostim</i>)	NF	
NPLATE SUBCUTANEOUS SOLUTION RECONSTITUTED 250 MCG, 500 MCG (<i>romiplostim</i>)	Tier 4	PA; SP Pharmacy
OXBRYTA ORAL TABLET 500 MG (<i>voxelotor</i>)	NF	
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML (<i>epoetin alfa</i>)	Tier 4	PA; SP Pharmacy

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PROMACTA ORAL PACKET 12.5 MG (<i>eltrombopag olamine</i>)	Tier 4	PA; SP Pharmacy; QL (4 packets per 1 day)
PROMACTA ORAL PACKET 25 MG (<i>eltrombopag olamine</i>)	Tier 4	PA; SP Pharmacy; QL (180 packets per 30 days)
PROMACTA ORAL TABLET 12.5 MG (<i>eltrombopag olamine</i>)	Tier 4	PA; SP Pharmacy; QL (4 tablets per 1 day)
PROMACTA ORAL TABLET 25 MG (<i>eltrombopag olamine</i>)	Tier 4	PA; SP Pharmacy; QL (1 tablet per 1 day)
PROMACTA ORAL TABLET 50 MG, 75 MG (<i>eltrombopag olamine</i>)	Tier 4	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>)	Tier 4	PA; SP Pharmacy
SIKLOS ORAL TABLET 100 MG, 1000 MG (<i>hydroxyurea</i>)	Tier 3	PA
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (<i>pegfilgrastim-cbqv</i>)	Tier 4	PA; NPL; SP Pharmacy
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (<i>filgrastim-sndz</i>)	Tier 4	PA; SP Pharmacy
ZAVESCA ORAL CAPSULE 100 MG (<i>miglustat</i>)	Tier 4	PA; ST; SP Pharmacy; QL (3 capsules per 1 day)
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (<i>pegfilgrastim-bmez</i>)	NF	
HEMOSTATICS - DRUGS FOR THE BLOOD		
AMICAR ORAL SOLUTION 0.25 GM/ML (<i>aminocaproic acid</i>)	NF	
AMICAR ORAL TABLET 1000 MG (<i>aminocaproic acid</i>)	Tier 2	
AMICAR ORAL TABLET 500 MG (<i>aminocaproic acid</i>)	NF	
<i>aminocaproic acid oral solution 0.25 g/ml</i>	NF	
<i>aminocaproic acid oral tablet 1000 mg, 500 mg</i>	Tier 1	
EVITHROM EXTERNAL SOLUTION 800-1200 UNIT/ML (<i>thrombin (human)</i>)	NF	
LYSTEDA ORAL TABLET 650 MG (<i>tranexamic acid</i>)	NF	

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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12/01/2020

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>tranexamic acid oral tablet 650 mg</i>	Tier 1	QL (30 tablets per 1 fill)
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS - DRUGS FOR THE NERVOUS SYSTEM		
AMBIEN CR ORAL TABLET EXTENDED RELEASE 12.5 MG, 6.25 MG (<i>zolpidem tartrate</i>)	NF	
AMBIEN ORAL TABLET 10 MG, 5 MG (<i>zolpidem tartrate</i>)	NF	
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG (<i>suvorexant</i>)	Tier 3	ST; QL (1 tablet per 1 day)
BUTISOL SODIUM ORAL TABLET 30 MG (<i>butobarbital sodium</i>)	Tier 3	
DAYVIGO ORAL TABLET 10 MG, 5 MG (<i>lemborexant</i>)	NF	
DORAL ORAL TABLET 15 MG (<i>quazepam</i>)	NF	
<i>doxepin hcl oral tablet 3 mg, 6 mg</i>	Tier 1	QL (1 tablet per 1 day)
EDLUAR SUBLINGUAL TABLET SUBLINGUAL 10 MG, 5 MG (<i>zolpidem tartrate</i>)	NF	
<i>estazolam oral tablet 1 mg, 2 mg</i>	Tier 1	
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>flurazepam hcl oral capsule 15 mg, 30 mg</i>	Tier 1	
HALCION ORAL TABLET 0.25 MG (<i>triazolam</i>)	NF	
HETLIOZ ORAL CAPSULE 20 MG (<i>tasimelteon</i>)	Tier 4	PA; SP Pharmacy; QL (1 capsule per 1 day)
INTERMEZZO SUBLINGUAL TABLET SUBLINGUAL 1.75 MG, 3.5 MG (<i>zolpidem tartrate</i>)	NF	
LUNESTA ORAL TABLET 1 MG, 2 MG, 3 MG (<i>eszopiclone</i>)	NF	
<i>midazolam hcl oral syrup 2 mg/ml</i>	Tier 1	
<i>phenobarbital oral elixir 20 mg/5ml</i>	Tier 1	
<i>phenobarbital oral solution 20 mg/5ml</i>	Tier 1	
<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>	Tier 1	
<i>quazepam oral tablet 15 mg</i>	Tier 1	
<i>ramelteon oral tablet 8 mg</i>	NF	

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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12/01/2020

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RESTORIL ORAL CAPSULE 15 MG, 22.5 MG, 30 MG, 7.5 MG (<i>temazepam</i>)	NF	
ROZEREM ORAL TABLET 8 MG (<i>ramelteon</i>)	NF	
SECONAL ORAL CAPSULE 100 MG (<i>secobarbital sodium</i>)	Tier 3	
SILENOR ORAL TABLET 3 MG, 6 MG (<i>doxepin hcl</i>)	Tier 3	ST; QL (1 tablet per 1 day)
SONATA ORAL CAPSULE 10 MG, 5 MG (<i>zaleplon</i>)	NF	
<i>temazepam oral capsule 15 mg, 30 mg</i>	Tier 1	
<i>temazepam oral capsule 22.5 mg, 7.5 mg</i>	Tier 1	QL (1 capsule per 1 day)
<i>triazolam oral tablet 0.125 mg, 0.25 mg</i>	Tier 1	
<i>zaleplon oral capsule 10 mg, 5 mg</i>	Tier 1	QL (1 capsule per 1 day)
<i>zolpidem tartrate er oral tablet extended release 12.5 mg, 6.25 mg</i>	Tier 1	PA; ST; QL (1 tablet per 1 day)
<i>zolpidem tartrate oral tablet 10 mg, 5 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>zolpidem tartrate sublingual tablet sublingual 1.75 mg, 3.5 mg</i>	NF	
ZOLPIMIST ORAL SOLUTION 5 MG/ACT (<i>zolpidem tartrate</i>)	NF	#
LAXATIVES - DRUGS FOR THE STOMACH		
<i>bisacodyl powder</i>	CE	N2 (NF); AL
<i>bisacodyl rectal suppository 10 mg</i>	CE	N2 (NF); AL
<i>citrate of magnesia oral solution , 1.745 gm/30ml</i>	CE	N2 (NF); AL
CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM - GM/160ML (<i>sod picosulfate-mag ox-cit acid</i>)	CE	N2 (Tier 3); AL
COLYTE WITH FLAVOR PACKS ORAL SOLUTION RECONSTITUTED 240 GM (<i>peg 3350-kcl-nabcb-nacl-nasulf</i>)	Tier 3	
<i>constulose oral solution 10 gm/15ml</i>	Tier 1	
DULCOLAX BOWEL PREP KIT COMBINATION KIT (<i>bisacodyl</i>)	CE	N2 (NF); AL
FLEET LAXATIVE ORAL TABLET DELAYED RELEASE 5 MG (<i>bisacodyl</i>)	CE	N2 (NF); AL
GAVILYTE-C ORAL SOLUTION RECONSTITUTED 240 GM (<i>peg 3350-kcl-nabcb-nacl-nasulf</i>)	Tier 1	

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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12/01/2020

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>peg 3350-kcl-nabcb-nacl-nasulf</i> (Gavilyte-G Oral Solution Reconstituted 236 Gm)	Tier 1	
<i>bisacodyl-peg-kcl-nabicar-nacl</i> (Gavilyte-H Oral Kit 5-210 Mg-Gm)	CE	N2 (Tier 1); AL
<i>peg 3350-kcl-na bicarb-nacl</i> (Gavilyte-N With Flavor Pack Oral Solution Reconstituted 420 Gm)	Tier 1	
GOLYTELY ORAL SOLUTION RECONSTITUTED 227.1 GM, 236 GM (<i>peg 3350-kcl-nabcb-nacl-nasulf</i>)	Tier 3	
KRISTALOSE ORAL PACKET 10 GM, 20 GM (<i>lactulose</i>)	Tier 3	QL (60 packets per 30 days)
<i>lactulose oral packet 10 gm</i>	Tier 1	QL (2 packets per 1 day)
<i>lactulose oral solution 10 gm/15ml, 20 gm/30ml</i>	Tier 1	
MOVIPREP ORAL SOLUTION RECONSTITUTED 100 GM (<i>peg-kcl-nacl-nasulf-na asc-c</i>)	NF	#
NULYTELY WITH FLAVOR PACKS ORAL SOLUTION RECONSTITUTED 420 GM (<i>peg 3350-kcl-na bicarb-nacl</i>)	Tier 3	
OSMOPREP ORAL TABLET 1.102-0.398 GM (<i>sod phos mono-sod phos dibasic</i>)	CE	PA; #; N2 (NPB); AL
PCP 100 COMBINATION KIT (<i>mgcit-bisacod-pet-peg-metoclop</i>)	Tier 3	
<i>peg 3350/electrolytes oral solution reconstituted 240 gm</i>	Tier 1	
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm</i>	Tier 1	
<i>peg-3350/electrolytes oral solution reconstituted 236 gm</i>	Tier 1	
<i>peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted 100 gm</i>	CE	N2 (NF)
<i>bisacodyl-peg-kcl-nabicar-nacl</i> (Peg-Prep Oral Kit 5-210 Mg-Gm)	CE	N2 (Tier 1); AL
PLENVU ORAL SOLUTION RECONSTITUTED 140 GM (<i>peg-kcl-nacl-nasulf-na asc-c</i>)	CE	N2 (Tier 3); AL
POLY-PREP COMBINATION KIT (<i>bisacodyl-peg 3350-lido-hc</i>)	Tier 3	
PREPOPIK ORAL PACKET 10-3.5-12 MG-GM-GM (<i>sod picosulfate-mag ox-cit acd</i>)	CE	#; N2 (Tier 3); AL
<i>saline laxative oral solution 0.9-2.4 gm/5ml</i>	CE	N2 (NF); AL

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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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 (Tier 3); AL
<i>peg 3350-kcl-na bicarb-nacl</i> (Trilyte Oral Solution Reconstituted 420 Gm)	Tier 1	
MACROLIDES - DRUGS FOR INFECTIONS		
<i>azithromycin oral packet 1 gm</i>	Tier 1	
<i>azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	Tier 1	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	Tier 1	
BIAXIN ORAL TABLET 250 MG, 500 MG (<i>clarithromycin</i>)	NF	
<i>clarithromycin er oral tablet extended release 24 hour 500 mg</i>	Tier 1	
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	Tier 1	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	Tier 1	
DIFICID ORAL TABLET 200 MG (<i>fidaxomicin</i>)	Tier 3	PA; ST; QL (20 tablets per 1 fill)
E.E.S. GRANULES ORAL SUSPENSION RECONSTITUTED 200 MG/5ML (<i>erythromycin ethylsuccinate</i>)	Tier 3	
ERYPED 200 ORAL SUSPENSION RECONSTITUTED 200 MG/5ML (<i>erythromycin ethylsuccinate</i>)	Tier 3	
ERYPED 400 ORAL SUSPENSION RECONSTITUTED 400 MG/5ML (<i>erythromycin ethylsuccinate</i>)	Tier 3	
<i>erythromycin base</i> (Ery-Tab Oral Tablet Delayed Release 250 Mg, 333 Mg, 500 Mg)	Tier 1	
ERYTHROCIN STEARATE ORAL TABLET 250 MG (<i>erythromycin stearate</i>)	NF	
<i>erythromycin base oral capsule delayed release particles 250 mg</i>	Tier 1	
<i>erythromycin base oral tablet 250 mg, 500 mg</i>	Tier 1	
<i>erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml, 400 mg/5ml</i>	Tier 1	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	Tier 1	
<i>erythromycin stearate oral tablet 250 mg</i>	Tier 1	

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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12/01/2020

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PCE ORAL TABLET DELAYED RELEASE 333 MG, 500 MG (<i>erythromycin base coated</i>)	Tier 3	
ZITHROMAX ORAL PACKET 1 GM (<i>azithromycin</i>)	NF	
ZITHROMAX ORAL SUSPENSION RECONSTITUTED 100 MG/5ML, 200 MG/5ML (<i>azithromycin</i>)	NF	
ZITHROMAX ORAL TABLET 250 MG, 500 MG, 600 MG (<i>azithromycin</i>)	NF	
ZITHROMAX TRI-PAK ORAL TABLET 500 MG (<i>azithromycin</i>)	NF	
ZITHROMAX Z-PAK ORAL TABLET 250 MG (<i>azithromycin</i>)	NF	
ZMAX ORAL SUSPENSION RECONSTITUTED 2 GM (<i>azithromycin</i>)	Tier 3	
MEDICAL DEVICES AND SUPPLIES - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
<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>	Tier 3	
<i>1st tier unifine pentips plus 31g x 8 mm</i>	Tier 3	
<i>1st tier unilet comfortouch</i>	Tier 3	
ACCU-CHEK FASTCLIX LANCETS (<i>lancets</i>)	Tier 3	
ACCU-CHEK MULTICLIX LANCETS (<i>lancets</i>)	Tier 3	
ACCU-CHEK SAFE-T PRO LANCETS (<i>lancets</i>)	Tier 3	
ACCU-CHEK SOFT TOUCH LANCETS (<i>lancets</i>)	Tier 3	
ACCU-CHEK SOFTCLIX LANCET DEV KIT (<i>lancets misc.</i>)	Tier 3	QL (1 kit per 1 year)
ACCU-CHEK SOFTCLIX LANCETS (<i>lancets</i>)	Tier 3	
<i>acti-lance 28g</i>	Tier 3	
<i>acti-lance lite lancets 28g</i>	Tier 3	
<i>acti-lance special lancets 17g</i>	Tier 3	
<i>acti-lance universal 23g</i>	Tier 3	
<i>adjustable lancing device</i>	Tier 1	

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ADVOCATE INSULIN PEN NEEDLES 31G X 5 MM , 31G X 8 MM (<i>insulin pen needle</i>)	Tier 3	
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>)	Tier 3	
ADVOCATE LANCETS (<i>lancets</i>)	Tier 3	
ADVOCATE RAPID-SAFE LANCING (<i>lancet devices</i>)	Tier 3	
ADVOCATE SAFETY LANCETS (<i>lancets</i>)	Tier 3	
AGAMATRIX ULTRA-THIN LANCETS (<i>lancets</i>)	Tier 3	
<i>alcohol swabs pad</i>	Tier 1	
<i>alternate site lancing device</i>	Tier 1	
<i>anti-stick insulin syringe 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml</i>	Tier 1	
<i>assure comfort lancets 28g</i>	Tier 3	
ASSURE HAEMOLANCE PLUS HIGH (<i>lancets</i>)	Tier 3	
ASSURE HAEMOLANCE PLUS LOW (<i>lancets</i>)	Tier 3	
ASSURE HAEMOLANCE PLUS MICRO (<i>lancets</i>)	Tier 3	
ASSURE HAEMOLANCE PLUS NORMAL (<i>lancets</i>)	Tier 3	
ASSURE HAEMOLANCE PLUS PED (<i>lancets</i>)	Tier 3	
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>)	Tier 3	
ASSURE LANCE LANCETS (<i>lancets</i>)	Tier 3	
ASSURE LANCETS (<i>lancets</i>)	Tier 3	
<i>aurora lancet super thin 30g</i>	Tier 3	
<i>aurora lancet thin 23g</i>	Tier 3	
<i>aurora pen needles 29g x 12mm , 31g x 6 mm , 31g x 8 mm</i>	Tier 3	
<i>aurora unifine pentips 31g x 5 mm , 32g x 4 mm</i>	Tier 3	
BAYER MICROLET LANCETS (<i>lancets</i>)	Tier 3	
BD AUTOSHIELD 29G X 5MM , 29G X 8MM (<i>insulin pen needle</i>)	Tier 2	

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BD INSULIN SYR ULTRAFINE II 31G X 5/16" 0.5 ML (<i>insulin syringe-needle u-100</i>)	Tier 2	
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>)	Tier 2	
BD INSULIN SYRINGE HALF-UNIT 31G X 5/16" 0.3 ML (<i>insulin syringe-needle u-100</i>)	Tier 2	
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>)	Tier 2	
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>)	Tier 2	
BD INSULIN SYRINGE U-100 1 ML (<i>insulin syringes (disposable)</i>)	Tier 2	
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>)	Tier 2	
BD INTEGRA NEEDLE 25G X 5/8" (<i>needle (disp)</i>)	NF	
BD LANCET ULTRAFINE 30G (<i>lancets</i>)	Tier 2	
BD LANCET ULTRAFINE 33G (<i>lancets</i>)	Tier 2	
BD MICROTAINER LANCETS (<i>lancets</i>)	Tier 2	
BD PEN NEEDLE MINI U/F 31G X 5 MM (<i>insulin pen needle</i>)	Tier 2	
BD PEN NEEDLE NANO U/F 32G X 4 MM (<i>insulin pen needle</i>)	Tier 2	
BD PEN NEEDLE ORIGINAL U/F 29G X 12.7MM (<i>insulin pen needle</i>)	Tier 2	
BD PEN NEEDLE SHORT U/F 31G X 8 MM (<i>insulin pen needle</i>)	Tier 2	
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>)	Tier 2	
BD SAFETY-LOK INSULIN SYRINGE 29G X 1/2" 1 ML (<i>insulin syringe-needle u-100</i>)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>bullseye mini safety lancets</i>	Tier 3	
CAREFINE PEN NEEDLES 31G X 6 MM (<i>insulin pen needle</i>)	Tier 3	
<i>careone lancet thin 23g</i>	Tier 3	
<i>careone lancet ultra thin 28g</i>	Tier 3	
<i>careone unifine pentips 29g x 12mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm</i>	Tier 3	
CLEVER CHEK LANCETS (<i>lancets</i>)	Tier 3	
<i>clickfine pen needles 31g x 6 mm , 31g x 8 mm</i>	Tier 3	
<i>comfort assured lancets 28g</i>	Tier 3	
<i>comfort assured lancets 33g</i>	Tier 3	
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>)	Tier 3	
COMFORT EZ PEN NEEDLES 31G X 5 MM , 31G X 6 MM , 31G X 8 MM (<i>insulin pen needle</i>)	Tier 3	
<i>comfort lancets</i>	Tier 3	
DEXCOM G4 PLAT PED RCV/SHARE DEVICE (<i>continuous blood gluc receiver</i>)	Tier 2	
DEXCOM G4 PLAT PED RECEIVER DEVICE (<i>continuous blood gluc receiver</i>)	Tier 2	
DEXCOM G4 PLATINUM RCV/SHARE DEVICE (<i>continuous blood gluc receiver</i>)	Tier 2	
DEXCOM G4 PLATINUM RECEIVER DEVICE (<i>continuous blood gluc receiver</i>)	Tier 2	
DEXCOM G4 PLATINUM TRANSMITTER (<i>continuous blood gluc transmit</i>)	Tier 2	
DEXCOM G4 SENSOR (<i>continuous blood gluc sensor</i>)	Tier 2	
DEXCOM G5 MOB/G4 PLAT SENSOR (<i>continuous blood gluc sensor</i>)	Tier 2	

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DEXCOM G5 MOBILE RECEIVER DEVICE (<i>continuous blood gluc receiver</i>)	Tier 2	
DEXCOM G5 MOBILE TRANSMITTER (<i>continuous blood gluc transmit</i>)	Tier 2	
DEXCOM G5 RECEIVER KIT DEVICE (<i>continuous blood gluc receiver</i>)	Tier 2	
DEXCOM G6 RECEIVER DEVICE (<i>continuous blood gluc receiver</i>)	Tier 2	
DEXCOM G6 SENSOR (<i>continuous blood gluc sensor</i>)	Tier 2	
DEXCOM G6 TRANSMITTER (<i>continuous blood gluc transmit</i>)	Tier 2	
DROPLET LANCETS ULTRA THIN 30G (<i>lancets</i>)	Tier 3	
<i>easy comfort insulin syringe 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml</i>	Tier 3	
<i>easy comfort lancets</i>	Tier 3	
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>)	Tier 3	
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>)	Tier 3	
EASY TOUCH LANCETS 21G (<i>lancets</i>)	Tier 3	
EASY TOUCH LANCETS 23G (<i>lancets</i>)	Tier 3	
EASY TOUCH LANCETS 26G (<i>lancets</i>)	Tier 3	
EASY TOUCH LANCETS 28G (<i>lancets</i>)	Tier 3	
EASY TOUCH LANCETS 28G/TWIST (<i>lancets</i>)	Tier 3	
EASY TOUCH LANCETS 30G (<i>lancets</i>)	Tier 3	
EASY TOUCH LANCETS 30G/TWIST (<i>lancets</i>)	Tier 3	
EASY TOUCH LANCETS 32G (<i>lancets</i>)	Tier 3	
EASY TOUCH LANCETS 32G/TWIST (<i>lancets</i>)	Tier 3	

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EASY TOUCH LANCETS 33G/TWIST (<i>lancets</i>)	Tier 3	
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>)	Tier 3	
EASY TOUCH SAFETY LANCETS 21G (<i>lancets</i>)	Tier 3	
EASY TOUCH SAFETY LANCETS 23G (<i>lancets</i>)	Tier 3	
EASY TOUCH SAFETY LANCETS 26G (<i>lancets</i>)	Tier 3	
EASY TOUCH SAFETY LANCETS 28G (<i>lancets</i>)	Tier 3	
EASY TWIST & CAP LANCETS (<i>lancets</i>)	Tier 3	
<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>	Tier 3	
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>)	Tier 3	
E-Z JECT LANCET MICRO-THIN 33G (<i>lancets</i>)	Tier 3	
E-Z JECT LANCET SUPER THIN 30G (<i>lancets</i>)	Tier 3	
E-Z JECT LANCETS (<i>lancets</i>)	Tier 3	
E-Z JECT LANCETS 21G (<i>lancets</i>)	Tier 3	
E-Z JECT LANCETS THIN 26G (<i>lancets</i>)	Tier 3	
EZ SMART BLOOD GLUCOSE LANCETS (<i>lancets</i>)	Tier 3	
FC FEMALE CONDOM (<i>condoms - female</i>)	CE	N2 (NF)
FC2 FEMALE CONDOM (<i>condoms - female</i>)	CE	N2 (NF)
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM (<i>cervical caps</i>)	CE	N2 (Tier 3)
FIFTY50 PEN NEEDLES 31G X 5 MM (<i>insulin pen needle</i>)	Tier 3	
FIFTY50 SAFETY SEAL LANCETS (<i>lancets</i>)	Tier 3	
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>)	Tier 3	
FINE 30 (<i>lancets</i>)	Tier 3	
FINGERSTIX LANCETS (<i>lancets</i>)	Tier 3	

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FORA LANCETS (<i>lancets</i>)	Tier 3	
FREESTYLE LANCETS (<i>lancets</i>)	Tier 3	
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>)	Tier 3	
FREESTYLE UNISTICK II LANCETS (<i>lancets</i>)	Tier 3	
<i>global ease inject pen needles 29g x 12mm , 31g x 5 mm , 31g x 8 mm</i>	Tier 3	
<i>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</i>	Tier 3	
<i>global inject ease lancets 28g</i>	Tier 3	
<i>global inject ease lancets 30g</i>	Tier 3	
GLUCOCOM LANCETS 28G (<i>lancets</i>)	Tier 3	
GLUCOCOM LANCETS 30G (<i>lancets</i>)	Tier 3	
GLUCOCOM LANCETS 33G (<i>lancets</i>)	Tier 3	
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>)	Tier 3	
GUARDIAN CONNECT TRANSMITTER (<i>continuous blood gluc transmit</i>)	NF	
GUARDIAN LINK 3 TRANSMITTER (<i>continuous blood gluc transmit</i>)	NF	
GUARDIAN SENSOR (3) (<i>continuous blood gluc sensor</i>)	NF	
HAEMOLANCE (<i>lancets</i>)	Tier 3	
HAEMOLANCE LOW FLOW LANCETS (<i>lancets</i>)	Tier 3	
HAEMOLANCE PLUS (<i>lancets</i>)	Tier 3	
HAEMOLANCE PLUS HIGH FLOW (<i>lancets</i>)	Tier 3	
HAEMOLANCE PLUS LOW FLOW (<i>lancets</i>)	Tier 3	

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HAEMOLANCE PLUS MAX FLOW (<i>lancets</i>)	Tier 3	
HAEMOLANCE PLUS PEDIATRIC FLOW (<i>lancets</i>)	Tier 3	
<i>healthwise mini pen needles 31g x 6 mm</i>	Tier 3	
<i>healthwise pen needles 29g x 12mm</i>	Tier 3	
<i>healthwise short pen needles 31g x 8 mm</i>	Tier 3	
<i>healthwise unifine pentips 32g x 4 mm</i>	Tier 3	
<i>healthy accents unifine pentip 29g x 12mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm</i>	Tier 3	
<i>healthy accents unilet lancets</i>	Tier 3	
HM ULTICARE INSULIN SYRINGE 31G X 5/16" 0.3 ML (<i>insulin syringe-needle u-100</i>)	Tier 3	
<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>	Tier 1	
<i>insulin syringeneedle 27g x 1/2" 0.5 ml, 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml</i>	Tier 1	
<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>	Tier 1	
<i>insupen pen needles 32g x 4 mm</i>	Tier 3	
INSUPEN SENSITIVE 32G X 6 MM , 32G X 8 MM (<i>insulin pen needle</i>)	Tier 3	
INSUPEN ULTRAFIN 30G X 8 MM , 31G X 6 MM , 31G X 8 MM (<i>insulin pen needle</i>)	Tier 3	
<i>kinney lancets</i>	Tier 3	
<i>kinney thin lancets</i>	Tier 3	
<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>	Tier 3	
<i>lancet device</i>	Tier 1	
<i>lancet transporter case</i>	Tier 1	
<i>lancets</i>	Tier 1	
<i>lancets 28g</i>	Tier 1	

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>lancets 30g</i>	Tier 1	
<i>lancets thin</i>	Tier 1	
LANCETS ULTRA FINE (<i>lancets</i>)	Tier 3	
LANCETS ULTRA THIN (<i>lancets</i>)	Tier 3	
<i>lancets ultra thin 30g</i>	Tier 3	
<i>lancing device</i>	Tier 1	
<i>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" 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>	Tier 3	
LEADER UNIFINE PENTIPS 31G X 5 MM , 32G X 4 MM (<i>insulin pen needle</i>)	Tier 3	
<i>lite touch lancets</i>	Tier 3	
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>)	Tier 3	
LITETOUCH PEN NEEDLES 29G X 12.7MM , 31G X 8 MM (<i>insulin pen needle</i>)	Tier 3	
<i>live better lancet super thin</i>	Tier 3	
<i>live better lancet ultra thin</i>	Tier 3	
<i>longs insulin syringe 31g x 5/16" 0.5 ml</i>	Tier 3	
<i>longs lancets standard</i>	Tier 3	
<i>longs lancets thin</i>	Tier 3	
<i>longs lancets ultra thin</i>	Tier 3	
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>)	Tier 3	
MAXI-COMFORT INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML (<i>insulin syringe-needle u-100</i>)	Tier 3	
MEDISENSE THIN LANCETS (<i>lancets</i>)	Tier 3	

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MEDLANCE EXTRA 21G (<i>lancets</i>)	Tier 3	
MEDLANCE LITE 25G (<i>lancets</i>)	Tier 3	
MEDLANCE PLUS EXTRA 21G (<i>lancets</i>)	Tier 3	
MEDLANCE PLUS LANCETS (<i>lancets</i>)	Tier 3	
MEDLANCE PLUS LITE 25G (<i>lancets</i>)	Tier 3	
MEDLANCE PLUS SUPERLITE 30G (<i>lancets</i>)	Tier 3	
MEDLANCE PLUS UNIVERSAL 21G (<i>lancets</i>)	Tier 3	
MEDLANCE UNIVERSAL 21G (<i>lancets</i>)	Tier 3	
MICROLET LANCETS (<i>lancets</i>)	Tier 3	
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>)	Tier 3	
MONOJECT INSULIN SYRINGE U-100 1 ML (<i>insulin syringes (disposable)</i>)	Tier 3	
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>)	Tier 3	
MONOLET LANCETS (<i>lancets</i>)	Tier 3	
<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>	Tier 3	
<i>multi-lancet device</i>	Tier 1	
MYGLUCOHEALTH LANCETS 30G (<i>lancets</i>)	Tier 3	
NOVA SAFETY LANCETS 23G (<i>lancets</i>)	Tier 3	
NOVA SAFETY LANCETS 28G (<i>lancets</i>)	Tier 3	
NOVA SUREFLEX LANCETS (<i>lancets</i>)	Tier 3	
NOVOFINE 32G X 6 MM (<i>insulin pen needle</i>)	Tier 3	
NOVOFINE AUTOCOVER 30G X 8 MM (<i>insulin pen needle</i>)	Tier 3	
NOVOTWIST 32G X 5 MM (<i>insulin pen needle</i>)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ON CALL LANCETS (<i>lancets</i>)	Tier 3	
ON CALL PLUS LANCETS (<i>lancets</i>)	Tier 3	
ONETOUCH CLUB LANCETS FINE PT (<i>lancets</i>)	Tier 3	
ONETOUCH DELICA LANCETS 30G (<i>lancets</i>)	Tier 3	
ONETOUCH DELICA LANCETS 33G (<i>lancets</i>)	Tier 3	
ONETOUCH DELICA LANCING DEV (<i>lancet devices</i>)	Tier 3	
ONETOUCH FINEPOINT LANCETS (<i>lancets</i>)	Tier 3	
ONETOUCH SURESOFT LANCING DEV (<i>lancets misc.</i>)	Tier 3	
ONETOUCH ULTRASOFT LANCETS (<i>lancets</i>)	Tier 3	
<i>pen needles 1/2" 29g x 12mm</i>	Tier 1	
<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>	Tier 1	
<i>pen needles 3/16" 31g x 5 mm</i>	Tier 1	
<i>pen needles 5/16" 30g x 8 mm , 31g x 8 mm</i>	Tier 1	
PHARMACIST CHOICE LANCETS (<i>lancets</i>)	Tier 3	
PRECISION SUREDOSE PLUS SYR 29G X 1/2" 0.3 ML, 29G X 1/2" 1 ML (<i>insulin syringe-needle u-100</i>)	Tier 3	
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>)	Tier 3	
PRECISION THIN LANCETS (<i>lancets</i>)	Tier 3	
PRECISION ULTRA LANCET (<i>lancets</i>)	Tier 3	
<i>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</i>	Tier 3	
<i>preferred plus lancets colored</i>	Tier 3	
<i>preferred plus lancets thin</i>	Tier 3	
<i>preferred plus unifine pentips 29g x 12mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm</i>	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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>)	Tier 3	
PRODIGY LANCETS 28G (<i>lancets</i>)	Tier 3	
PRODIGY TWIST TOP LANCETS 28G (<i>lancets</i>)	Tier 3	
<i>reality insulin syringe 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml</i>	Tier 3	
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>)	Tier 3	
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>)	Tier 3	
RELION LANCETS STANDARD 21G (<i>lancets</i>)	Tier 3	
RELION LANCETS THIN 26G (<i>lancets</i>)	Tier 3	
RELION LANCETS ULTRA-THIN 30G (<i>lancets</i>)	Tier 3	
RELION MINI PEN NEEDLES 31G X 6 MM (<i>insulin pen needle</i>)	Tier 3	
RELION PEN NEEDLES 29G X 12MM , 31G X 8 MM , 32G X 4 MM (<i>insulin pen needle</i>)	Tier 3	
RELION SHORT PEN NEEDLES 31G X 8 MM (<i>insulin pen needle</i>)	Tier 3	
RELION ULTRA THIN LANCETS 30G (<i>lancets</i>)	Tier 3	
RELION ULTRA THIN PLUS LANCETS (<i>lancets</i>)	Tier 3	
RIGHTEST GL300 LANCETS (<i>lancets</i>)	Tier 3	
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>)	Tier 3	
<i>safety lancet 21gl/pressure act</i>	Tier 1	
<i>safety lancet 28gl/pressure act</i>	Tier 1	
SAFETY LANCETS (<i>lancets</i>)	Tier 3	
SAFETY LANCETS 21G (<i>lancets</i>)	Tier 3	

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<i>safety lancets 28g</i>	Tier 1	
SAFETY LET LANCETS (<i>lancets</i>)	Tier 3	
SAFETY SEAL LANCETS (<i>lancets</i>)	Tier 3	
SHOPKO UNIFINE PENTIPS 29G X 12MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM (<i>insulin pen needle</i>)	Tier 3	
SHOPKO UNILET LANCETS 28G (<i>lancets</i>)	Tier 3	
SHOPKO UNILET LANCETS 30G (<i>lancets</i>)	Tier 3	
SINGLE-LET (<i>lancets</i>)	Tier 3	
SMART SENSE COLOR LANCETS 33G (<i>lancets</i>)	Tier 3	
SMART SENSE STANDARD LANCETS (<i>lancets</i>)	Tier 3	
SMART SENSE SUPER THIN LANCETS (<i>lancets</i>)	Tier 3	
SMART SENSE THIN LANCETS 26G (<i>lancets</i>)	Tier 3	
SMARTEST LANCETS 28G (<i>lancets</i>)	Tier 3	
SOLUS V2 LANCETS 28G (<i>lancets</i>)	Tier 3	
SOLUS V2 TWIST LANCETS 30G (<i>lancets</i>)	Tier 3	
STERILANCE PA (<i>lancets misc.</i>)	Tier 3	
STERILANCE TL (<i>lancets</i>)	Tier 3	
<i>super thin lancets</i>	Tier 3	
<i>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</i>	Tier 3	
<i>sure comfort lancets 28g</i>	Tier 3	
<i>sure comfort lancets 30g</i>	Tier 3	
<i>sure comfort pen needles 29g x 12.7mm , 31g x 5 mm , 31g x 8 mm</i>	Tier 3	
SURE-FINE PEN NEEDLES 29G X 12.7MM , 31G X 5 MM , 31G X 8 MM (<i>insulin pen needle</i>)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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>)	Tier 3	
SURE-LANCE FLAT LANCETS (<i>lancets</i>)	Tier 3	
SURE-LANCE THIN LANCETS 28G (<i>lancets</i>)	Tier 3	
SURE-LANCE ULTRA THIN LANCETS (<i>lancets</i>)	Tier 3	
SURE-TOUCH LANCETS UNIVERSAL (<i>lancets</i>)	Tier 3	
TECHLITE AST LANCETS (<i>lancets</i>)	Tier 3	
TECHLITE LANCETS (<i>lancets</i>)	Tier 3	
TECHLITE LANCETS 30G (<i>lancets</i>)	Tier 3	
THINLETS LANCET (<i>lancets</i>)	Tier 3	
<i>topcare clickfine pen needles 31g x 6 mm , 31g x 8 mm</i>	Tier 3	
<i>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</i>	Tier 3	
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>)	Tier 3	
TRUEPLUS LANCETS 28G (<i>lancets</i>)	Tier 3	
TRUEPLUS LANCETS 30G (<i>lancets</i>)	Tier 3	
TRUEPLUS LANCETS 33G (<i>lancets</i>)	Tier 3	
TRUEPLUS SAFETY LANCETS 28G (<i>lancets</i>)	Tier 3	
ULTICARE INSULIN SAFETY SYR 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML (<i>insulin syringe-needle u-100</i>)	Tier 3	
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>)	Tier 3	

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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12/01/2020

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ULTICARE MICRO PEN NEEDLES 32G X 4 MM (<i>insulin pen needle</i>)	Tier 3	
ULTICARE MINI PEN NEEDLES 31G X 6 MM (<i>insulin pen needle</i>)	Tier 3	
ULTICARE PEN NEEDLES 29G X 12.7MM (<i>insulin pen needle</i>)	Tier 3	
ULTICARE SHORT PEN NEEDLES 31G X 8 MM (<i>insulin pen needle</i>)	Tier 3	
ULTILET CLASSIC LANCETS (<i>lancets</i>)	Tier 3	
ULTILET LANCETS (<i>lancets</i>)	Tier 3	
ULTILET SAFETY LANCETS 23G (<i>lancets</i>)	Tier 3	
<i>ultra comfort insulin syringe 30g x 5/16" 0.3 ml</i>	Tier 3	
<i>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</i>	Tier 3	
ULTRALANCE (<i>lancets misc.</i>)	Tier 3	
ULTRA-THIN II AUTO LANCET (<i>lancets</i>)	Tier 3	
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>)	Tier 3	
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>)	Tier 3	
ULTRA-THIN II LANCETS (<i>lancets</i>)	Tier 3	
ULTRA-THIN II MINI PEN NEEDLE 31G X 5 MM (<i>insulin pen needle</i>)	Tier 3	
ULTRA-THIN II PEN NEEDLE SHORT 31G X 8 MM (<i>insulin pen needle</i>)	Tier 3	
ULTRA-THIN II PEN NEEDLES 29G X 12.7MM (<i>insulin pen needle</i>)	Tier 3	
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>)	Tier 3	

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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12/01/2020

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
UNILET COMFORTOUCH LANCET (<i>lancets</i>)	Tier 3	
UNILET EXCELITE (<i>lancets</i>)	Tier 3	
UNILET EXCELITE II (<i>lancets</i>)	Tier 3	
UNILET G.P. LANCET (<i>lancets</i>)	Tier 3	
UNILET G.P. SUPERLITE LANCET (<i>lancets</i>)	Tier 3	
UNILET GP 28 ULTRA THIN (<i>lancets</i>)	Tier 3	
UNILET LANCET (<i>lancets</i>)	Tier 3	
UNILET SUPERLITE LANCET (<i>lancets</i>)	Tier 3	
UNISTIK 3 COMFORT (<i>lancets misc.</i>)	Tier 3	
UNISTIK 3 EXTRA (<i>lancets misc.</i>)	Tier 3	
UNISTIK 3 NORMAL (<i>lancets misc.</i>)	Tier 3	
UNISTIK CZT COMFORT (<i>lancets misc.</i>)	Tier 3	
UNISTIK CZT NORMAL (<i>lancets misc.</i>)	Tier 3	
UNIVERSAL 1 LANCETS THIN 26G (<i>lancets</i>)	Tier 3	
UNIVERSAL 1 LANCETS ULTRA THIN (<i>lancets</i>)	Tier 3	
<i>value health insulin syringe 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml</i>	Tier 3	
<i>value plus lancet standard 21g</i>	Tier 3	
<i>value plus lancets super thin</i>	Tier 3	
<i>value plus lancets thin 26g</i>	Tier 3	
<i>valumark lancet super thin 30g</i>	Tier 3	
<i>valumark lancet ultra thin 28g</i>	Tier 3	
<i>valumark pen needles 29g x 12mm , 31g x 6 mm , 31g x 8 mm</i>	Tier 3	
VANISHPOINT INSULIN SYRINGE 29G X 1/2" 1 ML, 30G X 1/2" 0.5 ML (<i>insulin syringe-needle u-100</i>)	Tier 3	
VIDA MIA UNIFINE PENTIPS 29G X 12MM , 31G X 6 MM , 31G X 8 MM (<i>insulin pen needle</i>)	Tier 3	
VIDA MIA UNILET LANCETS 28G (<i>lancets</i>)	Tier 3	
VIDA MIA UNILET LANCETS 30G (<i>lancets</i>)	Tier 3	
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 2% (<i>diaphragm wide seal</i>)	CE	N2 (Tier 3); QL (1 diaphragm per 1 year)

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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12/01/2020

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	CE	N2 (Tier 3); QL (1 diaphragm per 1 year)
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	CE	N2 (Tier 3); QL (1 diaphragm per 1 year)
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	CE	N2 (Tier 3); QL (1 diaphragm per 1 year)
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	CE	N2 (Tier 3); QL (1 diaphragm per 1 year)
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	CE	N2 (Tier 3); QL (1 diaphragm per 1 year)
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	CE	N2 (Tier 3); QL (1 diaphragm per 1 year)
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	CE	N2 (Tier 3); QL (1 diaphragm per 1 year)
MIGRAINE PRODUCTS - DRUGS FOR THE NERVOUS SYSTEM		
AIMOVIG (140 MG DOSE) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 70 MG/ML (<i>erenumab-aooe</i>)	NF	
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML (<i>erenumab-aooe</i>)	NF	
AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 225 MG/1.5ML (<i>fremanezumab-vfrm</i>)	Tier 2	QL (1 pen per 1 month)
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 225 MG/1.5ML (<i>fremanezumab-vfrm</i>)	Tier 2	PA; QL (1 injection per 1 month)
<i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i>	Tier 1	ST; QL (6 tablets per 30 days)
AMERGE ORAL TABLET 1 MG, 2.5 MG (<i>naratriptan hcl</i>)	NF	
AXERT ORAL TABLET 12.5 MG, 6.25 MG (<i>almotriptan malate</i>)	NF	
CAMBIA ORAL PACKET 50 MG (<i>diclofenac potassium(migraine)</i>)	NF	
D.H.E. 45 INJECTION SOLUTION 1 MG/ML (<i>dihydroergotamine mesylate</i>)	NF	

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>dihydroergotamine mesylate injection solution 1 mg/ml</i>	Tier 1	
<i>dihydroergotamine mesylate nasal solution 4 mg/ml</i>	Tier 1	ST; QL (8 vials per 1 fill)
<i>eletriptan hydrobromide oral tablet 20 mg, 40 mg</i>	Tier 1	ST; QL (6 tablets per 30 Days)
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>galcanezumab-gnlm</i>)	NF	
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML (<i>galcanezumab-gnlm</i>)	Tier 2	PA; QL (1 injection per 1 month)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML (<i>galcanezumab-gnlm</i>)	Tier 2	PA; QL (1 injection per 1 month)
ERGOMAR SUBLINGUAL TABLET SUBLINGUAL 2 MG (<i>ergotamine tartrate</i>)	Tier 3	
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	Tier 1	
FROVA ORAL TABLET 2.5 MG (<i>frovatriptan succinate</i>)	NF	
<i>frovatriptan succinate oral tablet 2.5 mg</i>	Tier 1	ST; QL (9 tablets per 30 days)
IMITREX NASAL SOLUTION 20 MG/ACT, 5 MG/ACT (<i>sumatriptan</i>)	NF	
IMITREX ORAL TABLET 100 MG, 25 MG, 50 MG (<i>sumatriptan succinate</i>)	NF	
IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE 4 MG/0.5ML, 6 MG/0.5ML (<i>sumatriptan succinate</i>)	NF	
IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO-INJECTOR 4 MG/0.5ML, 6 MG/0.5ML (<i>sumatriptan succinate</i>)	NF	
IMITREX SUBCUTANEOUS SOLUTION 6 MG/0.5ML (<i>sumatriptan succinate</i>)	NF	
MAXALT ORAL TABLET 10 MG, 5 MG (<i>rizatriptan benzoate</i>)	NF	
MAXALT-MLT ORAL TABLET DISPERSIBLE 10 MG, 5 MG (<i>rizatriptan benzoate</i>)	NF	

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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12/01/2020

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MIGERGOT RECTAL SUPPOSITORY 2-100 MG (<i>ergotamine-caffeine</i>)	NF	
MIGRANAL NASAL SOLUTION 4 MG/ML (<i>dihydroergotamine mesylate</i>)	NF	
<i>naratriptan hcl oral tablet 1 mg, 2.5 mg</i>	Tier 1	QL (9 tablets per 30 days)
NURTEC ORAL TABLET DISPERSIBLE 75 MG (<i>rimegepant sulfate</i>)	Tier 2	ST; QL (16 tablets per 30 days)
ONZETRA XSAIL NASAL EXHALER POWDER 11 MG/NOSEPC (<i>sumatriptan succinate</i>)	NF	
RELPAX ORAL TABLET 20 MG, 40 MG (<i>eletriptan hydrobromide</i>)	NF	
REYVOW ORAL TABLET 100 MG, 50 MG (<i>lasmiditan succinate</i>)	NF	
<i>rizatriptan benzoate oral tablet 10 mg, 5 mg</i>	Tier 1	QL (12 tablets per 30 days)
<i>rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg</i>	Tier 1	QL (9 tablets per 30 days)
<i>sumatriptan nasal solution 20 mg/lact, 5 mg/lact</i>	Tier 1	QL (6 sprays per 30 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	QL (9 tablets per 30 days)
<i>sumatriptan succinate refill subcutaneous solution cartridge 4 mg/0.5ml, 6 mg/0.5ml</i>	Tier 1	QL (10 cart/30 days per 48 max in 365 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	Tier 1	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>	Tier 1	QL (10 cart/30 days per 48 max in 365 days)
<i>sumatriptan-naproxen sodium oral tablet 85-500 mg</i>	NF	
SUMAVEL DOSEPRO SUBCUTANEOUS SOLUTION JET-INJECTOR 4 MG/0.5ML, 6 MG/0.5ML (<i>sumatriptan succinate</i>)	NF	
TOSYMRA NASAL SOLUTION 10 MG/ACT (<i>sumatriptan</i>)	NF	
TREXIMET ORAL TABLET 10-60 MG (<i>sumatriptan-naproxen sodium</i>)	NF	#
TREXIMET ORAL TABLET 85-500 MG (<i>sumatriptan-naproxen sodium</i>)	NF	
UBRELVY ORAL TABLET 100 MG, 50 MG (<i>ubrogepant</i>)	NF	

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZEMBRACE SYMTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 3 MG/0.5ML (<i>sumatriptan succinate</i>)	NF	
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	Tier 1	ST; QL (6 tablets per 30 days)
<i>zolmitriptan oral tablet dispersible 2.5 mg, 5 mg</i>	Tier 1	ST; QL (6 tablets per 30 days)
ZOMIG NASAL SOLUTION 2.5 MG, 5 MG (<i>zolmitriptan</i>)	Tier 3	ST; #; QL (6 sprays per 30 days)
ZOMIG ORAL TABLET 2.5 MG, 5 MG (<i>zolmitriptan</i>)	NF	
ZOMIG ZMT ORAL TABLET DISPERSIBLE 2.5 MG, 5 MG (<i>zolmitriptan</i>)	NF	
MINERALS & ELECTROLYTES - DRUGS FOR NUTRITION		
<i>av-phos 250 neutral oral tablet 155-852-130 mg</i>	Tier 1	
CALCIFOL ORAL WAFER 1342-1.6 MG (<i>ca carb-fa-d-b6-b12-boron-mg</i>)	NF	
<i>calcium-folic acid plus d oral wafer 1342-1 mg</i>	NF	
EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ (<i>potassium bicarb-citric acid</i>)	Tier 3	
<i>potassium bicarbonate (Effer-K Oral Tablet Effervescent 25 Meq)</i>	Tier 1	
<i>effervescent pot chloride oral tablet effervescent 25 meq</i>	Tier 1	
FLORIVA ORAL LIQUID 0.25-400 MG-UNIT/ML (<i>sodium fluoride-vitamin d</i>)	Tier 3	
FLUORABON ORAL SOLUTION 0.55 (0.25 F) MG/0.6ML (<i>sodium fluoride</i>)	CE	N2 (Tier 3); 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>)	Tier 3	
<i>fluoritab oral solution 0.275 (0.125 f) mg/drop</i>	CE	N2 (Tier 1); AL
<i>fluoritab oral tablet chewable 0.55 (0.25 f) mg, 1.1 (0.5 f) mg</i>	CE	N2 (Tier 1); AL
<i>fluoritab oral tablet chewable 2.2 (1 f) mg</i>	Tier 1	

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12/01/2020

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FLURA-DROPS ORAL SOLUTION 0.55 (0.25 F) MG/DROP (<i>sodium fluoride</i>)	CE	N2 (Tier 3); AL
GALZIN ORAL CAPSULE 25 MG, 50 MG (<i>zinc acetate (oral)</i>)	Tier 3	
<i>iodine strong oral solution 5 %</i>	NF	
<i>k-effervescent oral tablet effervescent 25 meq</i>	Tier 1	
<i>potassium chloride</i> (Klor-Con 10 Oral Tablet Extended Release 10 Meq)	Tier 1	
<i>potassium chloride crys er</i> (Klor-Con M10 Oral Tablet Extended Release 10 Meq)	Tier 1	
KLOR-CON M15 ORAL TABLET EXTENDED RELEASE 15 MEQ (<i>potassium chloride crys er</i>)	Tier 3	
<i>potassium chloride crys er</i> (Klor-Con M20 Oral Tablet Extended Release 20 Meq)	Tier 1	
<i>potassium chloride</i> (Klor-Con Oral Tablet Extended Release 8 Meq)	Tier 1	
<i>potassium chloride</i> (Klor-Con Sprinkle Oral Capsule Extended Release 10 Meq, 8 Meq)	Tier 1	
<i>potassium bicarbonate</i> (Klor-Con/Ef Oral Tablet Effervescent 25 Meq)	Tier 1	
K-PHOS ORAL TABLET 500 MG (<i>potassium phosphate monobasic</i>)	Tier 3	
K-PHOS-NEUTRAL ORAL TABLET 155-852-130 MG (<i>k phos mono-sod phos di & mono</i>)	NF	
<i>potassium bicarbonate</i> (K-Prime Oral Tablet Effervescent 25 Meq)	Tier 1	
K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ, 20 MEQ, 8 MEQ (<i>potassium chloride</i>)	NF	
<i>k-vescent oral tablet effervescent 25 meq</i>	Tier 1	
LOZI-FLUR MOUTH/THROAT LOZENGE 2.2 (1 F) MG (<i>sodium fluoride</i>)	Tier 3	
<i>sodium fluoride</i> (Ludent Oral Tablet Chewable 0.55 (0.25 F) Mg, 1.1 (0.5 F) Mg)	CE	N2 (Tier 1); AL

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>sodium fluoride</i> (Ludent Oral Tablet Chewable 2.2 (1 F) Mg)	Tier 1	
MAGNEBIND 400 ORAL TABLET 400-200-1 MG (<i>magnesium-calcium-folic acid</i>)	NF	
MICRO-K ORAL CAPSULE EXTENDED RELEASE 10 MEQ, 8 MEQ (<i>potassium chloride</i>)	NF	
<i>sodium fluoride</i> (Nafrinse Oral Tablet Chewable 2.2 (1 F) Mg)	Tier 1	
<i>k phos mono-sod phos di & mono</i> (Phospha 250 Neutral Oral Tablet 155-852-130 Mg)	Tier 1	
<i>pot bicarb-pot chloride oral tablet effervescent 25 meq</i>	Tier 1	
<i>potassium bicarbonate oral tablet effervescent 25 meq</i>	Tier 1	
<i>potassium chloride crys er oral tablet extended release 10 meq, 20 meq</i>	Tier 1	
<i>potassium chloride er oral capsule extended release 10 meq, 8 meq</i>	Tier 1	
<i>potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq</i>	Tier 1	
<i>potassium chloride oral packet 20 meq</i>	Tier 1	
<i>potassium chloride oral solution 20 meq/15ml (10%)</i>	Tier 1	
<i>potassium chloride oral solution 40 meq/15ml (20%)</i>	NF	
<i>sodium fluoride oral solution 1.1 (0.5 f) mg/ml</i>	CE	N2 (Tier 1); AL
<i>sodium fluoride oral tablet 1.1 (0.5 f) mg</i>	CE	N2 (Tier 1); AL
<i>sodium fluoride oral tablet 2.2 (1 f) mg</i>	Tier 1	
<i>sodium fluoride oral tablet chewable 0.55 (0.25 f) mg, 1.1 (0.5 f) mg</i>	CE	N2 (Tier 1); AL
<i>sodium fluoride oral tablet chewable 2.2 (1 f) mg</i>	Tier 1	
<i>virt-phos 250 neutral oral tablet 155-852-130 mg</i>	Tier 1	
MISCELLANEOUS THERAPEUTIC CLASSES - VITAMINS AND MINERALS		
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.5 MG (<i>tacrolimus</i>)	Tier 3	#: QL (1 capsule per 1 day)
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 1 MG (<i>tacrolimus</i>)	Tier 3	#: QL (4 capsules per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 5 MG (<i>tacrolimus</i>)	Tier 3	#
AZASAN ORAL TABLET 100 MG, 75 MG (<i>azathioprine</i>)	Tier 4	SP Pharmacy
<i>azathioprine oral tablet 50 mg</i>	Tier 1	
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML (<i>belimumab</i>)	Tier 4	PA; ST; NPL; SP Pharmacy; QL (4 injections per 1 month)
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML (<i>belimumab</i>)	Tier 4	PA; ST; NPL; SP Pharmacy; QL (4 injections per 1 month)
CELLCEPT ORAL CAPSULE 250 MG (<i>mycophenolate mofetil</i>)	NF	
CELLCEPT ORAL TABLET 500 MG (<i>mycophenolate mofetil</i>)	NF	
CUPRIMINE ORAL CAPSULE 250 MG (<i>penicillamine</i>)	NF	
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 1	
<i>cyclosporine modified oral solution 100 mg/ml</i>	Tier 1	SP Pharmacy
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	Tier 1	
DEPEN TITRATABS ORAL TABLET 250 MG (<i>penicillamine</i>)	Tier 3	PA
<i>d-penamamine oral tablet 125 mg</i>	Tier 4	PA; SP Pharmacy
ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML (<i>satralizumab-mwge</i>)	NF	
ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.75 MG, 1 MG, 4 MG (<i>tacrolimus</i>)	NF	
<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg</i>	Tier 1	
<i>cyclosporine modified</i> (Gengraf Oral Capsule 100 Mg, 25 Mg, 50 Mg)	Tier 1	SP Pharmacy
<i>cyclosporine modified</i> (Gengraf Oral Solution 100 Mg/ML)	Tier 1	SP Pharmacy
IMURAN ORAL TABLET 50 MG (<i>azathioprine</i>)	NF	
<i>sodium polystyrene sulfonate</i> (Kionex Oral Powder)	Tier 1	
<i>sodium polystyrene sulfonate</i> (Kionex Oral Suspension 15 Gm/60ML)	Tier 1	

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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12/01/2020

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LOKELMA ORAL PACKET 10 GM, 5 GM (<i>sodium zirconium cyclosilicate</i>)	NF	
<i>mycophenolate mofetil oral capsule 250 mg</i>	Tier 1	
<i>mycophenolate mofetil oral suspension reconstituted 200 mg/ml</i>	Tier 1	
<i>mycophenolate mofetil oral tablet 500 mg</i>	Tier 1	
<i>mycophenolate sodium oral tablet delayed release 180 mg, 360 mg</i>	Tier 1	SP Pharmacy
MYFORTIC ORAL TABLET DELAYED RELEASE 180 MG, 360 MG (<i>mycophenolate sodium</i>)	NF	
NEORAL ORAL CAPSULE 100 MG, 25 MG (<i>cyclosporine modified</i>)	NF	
NEORAL ORAL SOLUTION 100 MG/ML (<i>cyclosporine modified</i>)	NF	
<i>penicillamine oral capsule 250 mg</i>	Tier 4	PA; SP Pharmacy
<i>penicillamine oral tablet 250 mg</i>	Tier 1	PA
<i>irrigation solns physiological</i> (Physiolyte Irrigation Solution)	Tier 1	
<i>irrigation solns physiological</i> (Physiosol Irrigation Irrigation Solution)	Tier 1	
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG (<i>tacrolimus</i>)	NF	
PROGRAF ORAL PACKET 0.2 MG, 1 MG (<i>tacrolimus</i>)	Tier 3	
RAPAMUNE ORAL SOLUTION 1 MG/ML (<i>sirolimus</i>)	Tier 4	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 (Tier 4); QL (1 capsule per 1 day)
<i>ringers irrigation irrigation solution</i>	Tier 1	
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG (<i>cyclosporine</i>)	NF	
SANDIMMUNE ORAL SOLUTION 100 MG/ML (<i>cyclosporine</i>)	NF	
<i>sirolimus oral solution 1 mg/ml</i>	Tier 4	SP Pharmacy
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>sodium polystyrene sulfonate oral powder</i>	Tier 1	

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>sodium polystyrene sulfonate oral suspension 15 gm/60ml</i>	Tier 1	
<i>sodium polystyrene sulfonate rectal suspension 30 gm/120ml, 50 gm/200ml</i>	Tier 1	
<i>sodium polystyrene sulfonate (Sps Oral Suspension 15 Gm/60Ml)</i>	Tier 1	
SYPRINE ORAL CAPSULE 250 MG (<i>trientine hcl</i>)	NF	
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	Tier 1	
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG (<i>thalidomide</i>)	Tier 2	PA; #; SP Pharmacy
<i>ringers irrigation (Tis-U-Sol Irrigation Solution)</i>	Tier 1	
<i>trientine hcl oral capsule 250 mg</i>	Tier 4	PA; SP Pharmacy
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM (<i>patiromer sorbitex calcium</i>)	Tier 3	PA; ST; QL (1 packet per 1 day)
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG (<i>everolimus</i>)	Tier 4	
ZORTRESS ORAL TABLET 1 MG (<i>everolimus</i>)	Tier 4	SP Pharmacy
MOUTH/THROAT/DENTAL AGENTS - DRUGS FOR THE MOUTH AND THROAT		
<i>cevimeline hcl oral capsule 30 mg</i>	Tier 1	QL (3 capsules per 1 day)
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	Tier 1	
<i>clotrimazole mouth/throat lozenge 10 mg</i>	Tier 1	
<i>clotrimazole mouth/throat troche 10 mg</i>	Tier 1	
DEBACTEROL MOUTH/THROAT SOLUTION 30-50 % (<i>sulfuric acid-sulf phenolics</i>)	Tier 3	
EVOXAC ORAL CAPSULE 30 MG (<i>cevimeline hcl</i>)	NF	
FLUORIDEX SENSITIVITY RELIEF DENTAL GEL 1.1-5 % (<i>sod fluoride-potassium nitrate</i>)	Tier 3	
<i>lidocaine viscous mouth/throat solution 2 %</i>	Tier 1	
<i>sodium fluoride (Neutragard Advanced Dental Gel 1.1 %)</i>	CE	N2 (NF); AL
<i>neutral sodium fluoride mouth/throat solution 0.2 %</i>	CE	N2 (NF); AL
<i>nystatin mouth/throat suspension 100000 unit/ml</i>	Tier 1	
<i>triamcinolone acetonide (Oralone Mouth/Throat Paste 0.1 %)</i>	Tier 1	

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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12/01/2020

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ORAVIG BUCCAL TABLET 50 MG (<i>miconazole</i>)	Tier 3	ST; QL (14 tablets per 1 fill)
<i>chlorhexidine gluconate</i> (Paroex Mouth/Throat Solution 0.12 %)	Tier 1	
PERIDEX MOUTH/THROAT SOLUTION 0.12 % (<i>chlorhexidine gluconate</i>)	NF	
<i>chlorhexidine gluconate</i> (Periogard Mouth/Throat Solution 0.12 %)	Tier 1	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	Tier 1	
SALAGEN ORAL TABLET 5 MG, 7.5 MG (<i>pilocarpine hcl</i>)	NF	
<i>sf dental gel 1.1 %</i>	CE	N2 (NF); AL
<i>triamcinolone acetonide mouth/throat paste 0.1 %</i>	Tier 1	
MULTIVITAMINS - DRUGS FOR NUTRITION		
<i>azeschew prenatal/postnatal oral tablet chewable 13-1 mg</i>	NF	
<i>azesco oral tablet 13-1 mg</i>	NF	
BAL-CARE DHA ORAL 27-1 & 430 MG (<i>prenat-fepolyfered-fa-omega 3</i>)	Tier 3	
<i>bp folinatal plus b oral tablet 1 mg</i>	Tier 1	
<i>bp multinatal plus oral tablet chewable 40-1 mg</i>	Tier 1	
<i>calcium pnv oral capsule 28-1-250 mg</i>	Tier 3	
CITRANATAL 90 DHA ORAL 90-1 & 300 MG (<i>prenat w/o a-fecbgl-dss-fa-dha</i>)	Tier 3	
CITRANATAL ASSURE ORAL 35-1 & 300 MG (<i>prenat w/o a-fecbgl-dss-fa-dha</i>)	Tier 3	
CITRANATAL B-CALM ORAL 20-1 MG & 2 X 25 MG (<i>prenat w/o a fecbnfeglu-fa & b6</i>)	Tier 3	
CITRANATAL ESSENCE ORAL THERAPY PACK 35-1 & 300 MG (<i>prenat w/o a-fecbgl-fa-dha</i>)	NF	
CITRANATAL MEDLEY ORAL CAPSULE 27-1-200 MG (<i>prenat-fecb-fefum-fa-dha w/o a</i>)	Tier 3	
CITRANATAL RX ORAL TABLET 27-1 MG (<i>prenat w/o a-fecb-fegl-dss-fa</i>)	Tier 3	
<i>completenate oral tablet chewable 29-1 mg</i>	Tier 1	

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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12/01/2020

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CO-NATAL FA ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	Tier 1	
CONCEPT DHA ORAL CAPSULE 53.5-38-1 MG (<i>prenat-fefum-fepo-fa-omega 3</i>)	Tier 3	
CONCEPT OB ORAL CAPSULE 130-92.4-1 MG (<i>prenat w/o a vit-fefum-fepo-fa</i>)	Tier 3	
DUET DHA BALANCED ORAL 25-1 & 267 MG (<i>prenat-fepoly-fered-fa-omega 3</i>)	Tier 3	
ELITE-OB ORAL TABLET 50-1.25 MG (<i>prenatal vit-iron carbonyl-fa</i>)	Tier 1	
<i>folcal dha oral capsule 27-1.25-300 mg</i>	Tier 3	
FOLCAPS OMEGA 3 ORAL CAPSULE 27-1 MG (<i>prenatal-fecbn-feasppl-fa-omeg</i>)	Tier 3	
FOLIVANE-OB ORAL CAPSULE 130-92.4-1 MG (<i>prenat w/o a vit-fefum-fepo-fa</i>)	Tier 3	
GENICIN VITA-Q ORAL TABLET 1 MG (<i>multiple vitamins with fa</i>)	NF	
<i>hemenatal ob + dha oral 28-6-1 & 203 mg</i>	Tier 3	
<i>hemenatal ob oral tablet 28-6-1 mg</i>	Tier 3	
INATAL ADVANCE ORAL TABLET 90-1 MG (<i>prenatal vit-dss-fe cbn-fa</i>)	Tier 1	
INATAL GT ORAL TABLET (<i>prenatal vit-dss-fe cbn-fa</i>)	Tier 1	
INATAL ULTRA ORAL TABLET (<i>prenatal vit-dss-fe cbn-fa</i>)	Tier 1	
<i>infanate balance oral capsule 29-1-265 mg</i>	Tier 3	
<i>levomefolate dha oral capsule 27-1.13-0.4 mg</i>	Tier 3	
<i>multi-vit/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml</i>	Tier 1	
<i>multi-vitamin/fluoride oral solution 0.25 mg/ml</i>	Tier 1	
<i>multivitamin/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml</i>	Tier 1	
<i>multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg</i>	Tier 1	
<i>multivitamins/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg</i>	Tier 1	

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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12/01/2020

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>pediatric multivitamins-fl</i> (Mvc-Fluoride Oral Tablet Chewable 0.25 Mg, 0.5 Mg, 1 Mg)	Tier 1	
M-VIT ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	Tier 1	
MYNATAL ADVANCE ORAL TABLET (<i>prenatal vit-dss-fe cbn-fa</i>)	Tier 1	
MYNATAL ORAL TABLET 90-1 MG (<i>prenatal vit-dss-fe cbn-fa</i>)	Tier 1	
<i>mynatal plus oral tablet</i>	Tier 1	
<i>mynatal-z oral tablet</i>	Tier 1	
NATACHEW ORAL TABLET CHEWABLE 28-1 MG (<i>prenatal vit-fe fum-fe bisg-fa</i>)	Tier 3	
NATALVIT ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	Tier 3	
NATELLE ONE ORAL CAPSULE 28-1-250 MG (<i>prenat wlo a-fe fum-fa-omega 3</i>)	Tier 3	
<i>neonatal + dha oral 29-1 & 200 mg</i>	NF	
<i>neonatal 19 oral tablet 1 mg</i>	NF	
<i>neonatal fe oral tablet 90-1 mg</i>	NF	
NESTABS DHA ORAL 32-1 MG (<i>prenat-wloa-fe bisgly-fa-omega</i>)	Tier 3	
NESTABS ORAL TABLET 32-1 MG (<i>prenat-fe bisgly-fa-wlo vit a</i>)	Tier 3	
NEWGEN ORAL TABLET 32-1 MG (<i>prenat-fe bisgly-fa-wlo vit a</i>)	Tier 3	
NEXA PLUS ORAL CAPSULE 29-1.25-350 MG (<i>prenat- fefum-doc-fa-dha wlo a</i>)	Tier 3	
OB COMPLETE ADVANCED ORAL CAPSULE 27-1-385 MG (<i>prenat wlo a-fe-methf-fa-omega</i>)	Tier 3	
OB COMPLETE GOLD ORAL CAPSULE 27.5-1-200 MG (<i>prenat wlo a-febn-meth-fa-dha</i>)	Tier 3	
OB COMPLETE ONE ORAL CAPSULE 50-1-476 MG (<i>prenat-febn-feaspgl-fa-fish</i>)	Tier 3	
OB COMPLETE ORAL TABLET 50-1.25 MG (<i>prenatal vit-iron carbonyl-fa</i>)	Tier 3	

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OB COMPLETE PREMIER ORAL TABLET 30-20-1 MG (<i>prenatal-fe cbn-fe asp gly-fa</i>)	Tier 3	
OB COMPLETE/DHA ORAL CAPSULE 30-10-1-200 MG (<i>prenat-fecbn-feaspgl-fa-omega</i>)	Tier 3	
O-CAL FA ORAL TABLET 27-1 MG (<i>prenatal vit-fe fumarate-fa</i>)	Tier 3	
O-CAL PRENATAL ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	Tier 3	
<i>pnv folic acid + iron oral tablet 27-1 mg</i>	Tier 3	
<i>pnv prenatal plus multivitamin oral tablet 27-1 mg</i>	Tier 3	
<i>pnv-dha oral capsule 27-0.6-0.4-300 mg</i>	Tier 1	
<i>pnv-dha+docusate oral capsule 27-1.25-300 mg</i>	Tier 3	
<i>pnv-omega oral capsule 28-0.6-0.4-340 mg</i>	Tier 3	
<i>pnv-select oral tablet 27-0.6-0.4 mg</i>	Tier 1	
<i>pnv-total oral capsule 35-5-1.2 mg</i>	Tier 3	
<i>pnv-vp-u oral capsule 106.5-1 mg</i>	Tier 3	
POLY-VI-FLOR ORAL SUSPENSION 0.25 MG/ML (<i>pediatric multivitamins-fl</i>)	Tier 3	
POLY-VI-FLOR ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG (<i>pediatric multivitamins-fl</i>)	Tier 3	
PR NATAL 400 ORAL 29-1-200 & 400 MG (<i>prenat-febis-fepro-fa-ca-omega</i>)	Tier 1	
PR NATAL 430 EC ORAL 29-1-200 & 430 MG (DR) (<i>prenat-febis-fepro-fa-ca-omega</i>)	Tier 1	
PR NATAL 430 ORAL 29-1-200 & 430 MG (<i>prenat-febis-fepro-fa-ca-omega</i>)	Tier 1	
PREFERA OB ORAL TABLET 34-1 MG (<i>prenatal vit-fepoly-fehempo-fa</i>)	Tier 3	
PREFERAOB ONE ORAL CAPSULE 22-6-1-200 MG (<i>prenat fepoly-fehempo-fa-dha</i>)	Tier 3	
<i>pregenna oral tablet 20-1 mg</i>	NF	
<i>prenaissance balance oral capsule 30-1-260 mg</i>	Tier 3	
<i>prenaissance harmony dha oral 27-1 & 380 mg</i>	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>prenaisance next oral tablet 1.2 mg</i>	Tier 3	
<i>prenaisance next-b oral tablet 1.22 mg</i>	Tier 3	
<i>prenaisance oral capsule 29-1.25-325 mg</i>	Tier 3	
<i>prenaisance plus oral capsule 28-1-250 mg</i>	Tier 3	
<i>prenara oral capsule 15-1 mg</i>	NF	
PRENATA ORAL TABLET CHEWABLE 29-1 MG (<i>prenatal wlo a vit-fe fum-fa</i>)	Tier 3	
PRENATABS RX ORAL TABLET 29-1 MG (<i>prenatal vit-iron carbonyl-fa</i>)	Tier 1	
<i>prenatal 19 oral tablet</i>	Tier 1	
<i>prenatal 19 oral tablet chewable</i>	Tier 1	
<i>prenatal low iron oral tablet 27-1 mg</i>	Tier 1	
<i>prenatal plus iron oral tablet 29-1 mg</i>	Tier 3	
PRENATAL-U ORAL CAPSULE 106.5-1 MG (<i>prenatal wlo a vit-fe fum-fa</i>)	Tier 3	
PRENATE DHA ORAL CAPSULE 28-0.6-0.4-300 MG (<i>prenat wlo a-fe-methfol-fa-dha</i>)	Tier 3	
PRENATE ELITE ORAL TABLET 26-0.6-0.4 MG (<i>prenatal vit w/fe-methylfol-fa</i>)	Tier 3	
PRENATE ESSENTIAL ORAL CAPSULE 29-0.6-0.4-340 MG (<i>pren-fe-meth-fa-omeg wlo a</i>)	Tier 3	
PRENATE MINI ORAL CAPSULE 29-0.6-0.4-350 MG (<i>prenat wlo a-febn-meth-fa-dha</i>)	Tier 3	
<i>prenatvite complete oral tablet 1 mg</i>	NF	
<i>prenatvite plus oral tablet 1 mg</i>	NF	
<i>prenatvite rx oral tablet 0.8 mg</i>	NF	
<i>pretab oral tablet 29-1 mg</i>	Tier 3	
PRIMACARE ORAL CAPSULE 30-1-470 MG (<i>pren-fe-meth-fa-omeg wlo a</i>)	Tier 3	
QUFLORA FE PEDIATRIC ORAL LIQUID 0.25-9.5 MG/ML (<i>ped multivitamins-fl-iron</i>)	Tier 3	
<i>relnate dha oral capsule 28-1-200 mg</i>	Tier 3	

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SELECT-OB ORAL TABLET CHEWABLE 29-1 MG (<i>prenatal vit-fe psac cmplx-fa</i>)	Tier 3	
<i>se-natal 19 oral tablet 29-1 mg</i>	Tier 1	
<i>se-natal 19 oral tablet chewable 29-1 mg</i>	Tier 1	
TARON-BC ORAL 20-1 MG & 2 X 25 MG (<i>prenatal w/o vit a-fecbn-fa-b6</i>)	Tier 3	
TARON-C DHA ORAL CAPSULE 53.5-38-1 MG (<i>prenat-fefum-fepo-fa-omega 3</i>)	Tier 3	
TARON-PREX ORAL CAPSULE 30-1.2-265 MG (<i>prenat-fefum-dss-fa-dha w/o a</i>)	Tier 3	
<i>tl-care dha oral capsule 27-1-500 mg</i>	Tier 3	
<i>tl-select oral capsule 29-1.25-325 mg</i>	Tier 3	
TRICARE ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	Tier 1	
TRICARE PRENATAL DHA ONE ORAL CAPSULE 27-1-500 MG (<i>prenatal-fefum-fa-dss-fish oil</i>)	Tier 3	
<i>trinatal rx 1 oral tablet 60-1 mg</i>	Tier 1	
TRINATE ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	Tier 3	
<i>trinaz oral tablet 12-1 mg</i>	NF	
<i>tristart dha oral capsule 31-0.6-0.4-200 mg</i>	Tier 3	
TRISTART ONE ORAL CAPSULE 35-1-215 MG (<i>prenat w/o a-fecbn-meth-fa-dha</i>)	Tier 3	
<i>tri-tabs dha oral 32-1 mg</i>	Tier 3	
TRIVEEN-DUO DHA ORAL 29-1-200 & 400 MG (<i>prenat-febis-fepro-fa-ca-omega</i>)	Tier 3	
TRI-VI-FLOR ORAL SUSPENSION 0.25 MG/ML, 0.5 MG/ML (<i>ped vit a-c-d-methylfolate-fl</i>)	Tier 3	
<i>tri-vi-floro oral suspension 0.25 mg/ml, 0.5 mg/ml</i>	Tier 3	
<i>ultimatecare one oral capsule 27-1 mg</i>	Tier 1	
VEMAVITE-PRX 2 ORAL CAPSULE 27-1.25-300 MG (<i>prenat-fefum-dss-fa-dha w/o a</i>)	Tier 3	
<i>vena-bal dha oral 27-1 & 430 mg</i>	Tier 3	

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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12/01/2020

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VINATE II ORAL TABLET 29-1 MG (<i>prenatal vit w/ fe bisg-fa</i>)	Tier 1	
VINATE ONE ORAL TABLET 60-1 MG (<i>prenatal vit-fe fumarate-fa</i>)	Tier 1	
<i>virt nate oral tablet 28-1 mg</i>	Tier 3	
<i>virt-advance oral tablet 90-1 mg</i>	Tier 3	
<i>virt-pn dha oral capsule 27-0.6-0.4-300 mg</i>	Tier 3	
<i>virt-pn oral tablet 27-0.6-0.4 mg</i>	Tier 3	
<i>virt-pn plus oral capsule 28-0.6-0.4-340 mg</i>	Tier 3	
<i>virtprex oral capsule 26-1.2-300 mg</i>	Tier 3	
<i>virt-select oral capsule 29-1.25-325 mg</i>	Tier 3	
<i>virt-vite gt oral tablet 90-1 mg</i>	Tier 3	
VITAFOL FE+ ORAL CAPSULE 90-0.6-0.4-200 MG (<i>prenat-fe poly-methfol-fa-dha</i>)	NF	
VITAFOL ORAL TABLET (<i>iron-vitamins</i>)	NF	
VITAFOL STRIPS ORAL FILM 1 MG (<i>prenatal-b6-b12-d3-folic acid</i>)	NF	
VITAFOL-OB ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	Tier 3	
VITAFOL-ONE ORAL CAPSULE 29-1-200 MG (<i>prenatal vit-fepoly-fa-dha</i>)	Tier 3	
VITAMEDMD ONE RX/QUATREFOLIC ORAL CAPSULE 30-0.6-0.4-200 MG (<i>prenat w/o a-fe-methfol-fa-dha</i>)	Tier 3	
VIVA DHA ORAL CAPSULE 28-1-200 MG (<i>prenatal vit-fe fum-fa-omega</i>)	Tier 3	
<i>vol-nate oral tablet 28-1 mg</i>	Tier 3	
<i>vol-plus oral tablet 27-1 mg</i>	Tier 3	
<i>vol-tab rx oral tablet 29-1 mg</i>	Tier 3	
<i>vp-ch-pnv oral capsule 30-1-260 mg</i>	Tier 3	
<i>vp-ggr-b6 prenatal oral tablet 1.2 mg</i>	Tier 3	
<i>vp-heme ob + dha oral 28-6-1 & 203 mg</i>	Tier 3	
<i>vp-heme ob oral tablet 28-6-1 mg</i>	Tier 3	

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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12/01/2020

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>vp-heme one oral capsule 22-6-1-200 mg</i>	Tier 3	
<i>vp-pnv-dha oral capsule 28-1-215.8 mg</i>	Tier 3	
ZATEAN-PN DHA ORAL CAPSULE 27-0.6-0.4-300 MG (<i>prenat wlo a-fe-methfol-fa-dha</i>)	Tier 3	
ZATEAN-PN PLUS ORAL CAPSULE 28-0.6-0.4-340 MG (<i>prenat wlo a-fe-methf-fa-omega</i>)	Tier 3	
MUSCULOSKELETAL THERAPY AGENTS - DRUGS FOR MUSCLES, LIGAMENTS, TENDONS, AND BONES		
AMRIX ORAL CAPSULE EXTENDED RELEASE 24 HOUR 15 MG, 30 MG (<i>cyclobenzaprine hcl</i>)	NF	
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1	
<i>carisoprodol oral tablet 250 mg</i>	NF	
<i>carisoprodol oral tablet 350 mg</i>	Tier 1	
<i>carisoprodol-aspirin oral tablet 200-325 mg</i>	Tier 1	
<i>carisoprodol-aspirin-codeine oral tablet 200-325-16 mg</i>	Tier 1	
<i>chlorzoxazone oral tablet 250 mg, 375 mg, 750 mg</i>	NF	
<i>chlorzoxazone oral tablet 500 mg</i>	Tier 1	
<i>cyclobenzaprine hcl er oral capsule extended release 24 hour 15 mg, 30 mg</i>	Tier 1	
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg, 7.5 mg</i>	Tier 1	
DANTRIUM ORAL CAPSULE 25 MG, 50 MG (<i>dantrolene sodium</i>)	NF	
<i>dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 1	
FEXMID ORAL TABLET 7.5 MG (<i>cyclobenzaprine hcl</i>)	NF	
<i>chlorzoxazone (Lorzone Oral Tablet 375 Mg, 750 Mg)</i>	NF	
<i>metaxalone (Metaxall Oral Tablet 800 Mg)</i>	Tier 1	
<i>metaxalone oral tablet 400 mg</i>	NF	
<i>metaxalone oral tablet 800 mg</i>	Tier 1	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	NF	
<i>norgesic forte oral tablet 50-770-60 mg</i>	NF	
<i>orphenadrine citrate er oral tablet extended release 12 hour 100 mg</i>	Tier 1	

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>orphenadrine-asa-caffeine oral tablet 50-770-60 mg</i>	NF	
<i>orphenadrine-aspirin-caffeine (Orphengesic Forte Oral Tablet 50-770-60 Mg)</i>	NF	
OZOBAX ORAL SOLUTION 5 MG/5ML (<i>baclofen</i>)	NF	
PARAFON FORTE DSC ORAL TABLET 500 MG (<i>chlorzoxazone</i>)	NF	
ROBAXIN ORAL TABLET 500 MG (<i>methocarbamol</i>)	NF	
ROBAXIN-750 ORAL TABLET 750 MG (<i>methocarbamol</i>)	NF	
SKELAXIN ORAL TABLET 800 MG (<i>metaxalone</i>)	NF	
<i>sodium hyaluronate intra-articular solution prefilled syringe 20 mg/2ml</i>	NF	
SOMA ORAL TABLET 250 MG, 350 MG (<i>carisoprodol</i>)	NF	
<i>tizanidine hcl oral capsule 2 mg, 4 mg, 6 mg</i>	NF	
<i>tizanidine hcl oral tablet 2 mg, 4 mg</i>	Tier 1	
<i>carisoprodol (Vanadom Oral Tablet 350 Mg)</i>	NF	
ZANAFLEX ORAL CAPSULE 2 MG, 4 MG, 6 MG (<i>tizanidine hcl</i>)	NF	
ZANAFLEX ORAL TABLET 4 MG (<i>tizanidine hcl</i>)	NF	
NASAL AGENTS - SYSTEMIC AND TOPICAL - DRUGS FOR THE NOSE		
ADRENALIN NASAL SOLUTION 0.1 % (<i>epinephrine hcl (nasal)</i>)	Tier 3	#
ALZAIR ALLERGY NASAL SPRAY NASAL POWDER (<i>hypromellose</i>)	NF	
<i>azelastine hcl nasal solution 0.1 %, 0.15 %</i>	Tier 1	
<i>azelastine-fluticasone nasal suspension 137-50 mcglact</i>	Tier 1	
BACTROBAN NASAL NASAL OINTMENT 2 % (<i>mupirocin calcium</i>)	Tier 3	
BECONASE AQ NASAL SUSPENSION 42 MCG/SPRAY (<i>beclomethasone diprop monohyd</i>)	Tier 3	ST
DYMISTA NASAL SUSPENSION 137-50 MCG/ACT (<i>azelastine-fluticasone</i>)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FLONASE ALLERGY RELIEF NASAL SUSPENSION 50 MCG/ACT (<i>fluticasone propionate</i>)	Tier 1	OTC
<i>flunisolide nasal solution 25 mcglact (0.025%)</i>	Tier 1	
<i>fluticasone propionate nasal suspension 50 mcglact</i>	Tier 1	OTC
<i>ipratropium bromide nasal solution 0.03 %, 0.06 %</i>	Tier 1	QL (1 bottle per 1 fill)
<i>mometasone furoate nasal suspension 50 mcglact</i>	Tier 1	
NASACORT ALLERGY 24HR NASAL AEROSOL 55 MCG/ACT (<i>triamcinolone acetonide</i>)	Tier 1	OTC; QL (17 grams per 30 days)
NASONEX NASAL SUSPENSION 50 MCG/ACT (<i>mometasone furoate</i>)	NF	
<i>olopatadine hcl nasal solution 0.6 %</i>	Tier 1	
OMNARIS NASAL SUSPENSION 50 MCG/ACT (<i>ciclesonide</i>)	Tier 3	ST; #
PATANASE NASAL SOLUTION 0.6 % (<i>olopatadine hcl</i>)	NF	
QNASL CHILDRENS NASAL AEROSOL SOLUTION 40 MCG/ACT (<i>beclomethasone diprop (nasal)</i>)	Tier 3	ST
QNASL NASAL AEROSOL SOLUTION 80 MCG/ACT (<i>beclomethasone diprop (nasal)</i>)	Tier 3	ST
RHINOCORT ALLERGY NASAL SUSPENSION 32 MCG/ACT (<i>budesonide</i>)	Tier 1	OTC
<i>triamcinolone acetonide nasal aerosol 55 mcglact</i>	Tier 1	ST; OTC; QL (1 bottle per 1 day)
XHANCE NASAL EXHALER SUSPENSION 93 MCG/ACT (<i>fluticasone propionate</i>)	NF	
ZETONNA NASAL AEROSOL SOLUTION 37 MCG/ACT (<i>ciclesonide</i>)	Tier 3	ST
NEUROMUSCULAR AGENTS - DRUGS FOR NERVES AND MUSCLES		
EVRYSDI ORAL SOLUTION RECONSTITUTED 0.75 MG/ML (<i>risdiplam</i>)	NF	
RILUTEK ORAL TABLET 50 MG (<i>riluzole</i>)	NF	
<i>riluzole oral tablet 50 mg</i>	Tier 1	PA
TIGLUTIK ORAL SUSPENSION 50 MG/10ML (<i>riluzole</i>)	NF	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NUTRIENTS - DRUGS FOR NUTRITION		
CARDIOVID PLUS ORAL CAPSULE (<i>dha-epa-vit b6-b12-folic acid</i>)	NF	
<i>levocarnitine-b5-taurine oral liquid 1000-10-150 mg/15ml</i>	NF	
OPHTHALMIC AGENTS - DRUGS FOR THE EYE		
ACULAR LS OPHTHALMIC SOLUTION 0.4 % (<i>ketorolac tromethamine</i>)	NF	
ACULAR OPHTHALMIC SOLUTION 0.5 % (<i>ketorolac tromethamine</i>)	NF	
ACUVAIL OPHTHALMIC SOLUTION 0.45 % (<i>ketorolac tromethamine</i>)	Tier 3	
ALAWAY OPHTHALMIC SOLUTION 0.025 % (<i>ketotifen fumarate</i>)	Tier 1	OTC
ALCAINE OPHTHALMIC SOLUTION 0.5 % (<i>proparacaine hcl</i>)	NF	
ALOCRILOPHTHALMIC SOLUTION 2 % (<i>nedocromil sodium</i>)	Tier 3	
ALOMIDE OPHTHALMIC SOLUTION 0.1 % (<i>lodoxamide tromethamine</i>)	Tier 3	
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 % (<i>brimonidine tartrate</i>)	Tier 3	
ALREX OPHTHALMIC SUSPENSION 0.2 % (<i>loteprednol etabonate</i>)	Tier 3	
<i>phenylephrine hcl</i> (Altafrin Ophthalmic Solution 10 %, 2.5 %)	Tier 1	
<i>apraclonidine hcl ophthalmic solution 0.5 %</i>	Tier 1	
<i>atropine sulfate ophthalmic ointment 1 %</i>	Tier 1	
<i>atropine sulfate ophthalmic solution 1 %</i>	NF	
AZASITE OPHTHALMIC SOLUTION 1 % (<i>azithromycin</i>)	Tier 3	#
<i>azelastine hcl ophthalmic solution 0.05 %</i>	Tier 1	
AZOPT OPHTHALMIC SUSPENSION 1 % (<i>brinzolamide</i>)	Tier 3	
BACIGUENT OPHTHALMIC OINTMENT 500 UNIT/GM (<i>bacitracin</i>)	NF	
<i>bacitracin ophthalmic ointment 500 unit/gm</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	Tier 1	
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %</i>	Tier 1	
BEOVU INTRAVITREAL SOLUTION 6 MG/0.05ML (<i>brolocizumab-dbl</i>)	NF	
BEPREVE OPHTHALMIC SOLUTION 1.5 % (<i>bepotastine besilate</i>)	Tier 3	#
BESIVANCE OPHTHALMIC SUSPENSION 0.6 % (<i>besifloxacin hcl</i>)	Tier 3	
BETADINE OPHTHALMIC PREP OPHTHALMIC SOLUTION 5 % (<i>povidone-iodine</i>)	Tier 3	
BETAGAN OPHTHALMIC SOLUTION 0.5 % (<i>levobunolol hcl</i>)	NF	
<i>betaxolol hcl ophthalmic solution 0.5 %</i>	Tier 1	
BETIMOL OPHTHALMIC SOLUTION 0.25 %, 0.5 % (<i>timolol hemihydrate</i>)	Tier 3	
BETOPTIC-S OPHTHALMIC SUSPENSION 0.25 % (<i>betaxolol hcl</i>)	Tier 3	
<i>bimatoprost ophthalmic solution 0.03 %</i>	Tier 1	ST
BLEPH-10 OPHTHALMIC SOLUTION 10 % (<i>sulfacetamide sodium</i>)	NF	
BLEPHAMIDE OPHTHALMIC SUSPENSION 10-0.2 % (<i>sulfacetamide-prednisolone</i>)	Tier 3	
BLEPHAMIDE S.O.P. OPHTHALMIC OINTMENT 10-0.2 % (<i>sulfacetamide-prednisolone</i>)	Tier 3	
<i>brimonidine tartrate ophthalmic solution 0.15 %, 0.2 %</i>	Tier 1	
<i>bromfenac sodium (once-daily) ophthalmic solution 0.09 %</i>	Tier 1	
BROMSITE OPHTHALMIC SOLUTION 0.075 % (<i>bromfenac sodium</i>)	NF	
<i>carteolol hcl ophthalmic solution 1 %</i>	Tier 1	
CEQUA OPHTHALMIC SOLUTION 0.09 % (<i>cyclosporine</i>)	NF	
CILOXAN OPHTHALMIC OINTMENT 0.3 % (<i>ciprofloxacin hcl</i>)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CILOXAN OPHTHALMIC SOLUTION 0.3 % (<i>ciprofloxacin hcl</i>)	NF	
<i>ciprofloxacin hcl ophthalmic solution 0.3 %</i>	Tier 1	
CLARITIN EYE OPHTHALMIC SOLUTION 0.025 % (<i>ketotifen fumarate</i>)	Tier 1	OTC
COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 % (<i>brimonidine tartrate-timolol</i>)	Tier 3	
COSOPT OPHTHALMIC SOLUTION 22.3-6.8 MG/ML (<i>dorzolamide hcl-timolol mal</i>)	NF	
COSOPT PF OPHTHALMIC SOLUTION 22.3-6.8 MG/ML (<i>dorzolamide hcl-timolol mal</i>)	Tier 3	ST
<i>cromolyn sodium ophthalmic solution 4 %</i>	Tier 1	
CYCLOGYL OPHTHALMIC SOLUTION 0.5 %, 1 %, 2 % (<i>cyclopentolate hcl</i>)	NF	
CYCLOMYDRIL OPHTHALMIC SOLUTION 0.2-1 % (<i>cyclopentolate-phenylephrine</i>)	Tier 3	
<i>cyclopentolate hcl ophthalmic solution 0.5 %, 1 %, 2 %</i>	Tier 1	
CYSTDROPS OPHTHALMIC SOLUTION 0.37 % (<i>cysteamine hcl</i>)	NF	
CYSTARAN OPHTHALMIC SOLUTION 0.44 % (<i>cysteamine hcl</i>)	Tier 4	PA; #; SP Pharmacy; QL (4 bottles per 1 month)
<i>dexamethasone sodium phosphate ophthalmic solution 0.1 %</i>	Tier 1	
<i>diclofenac sodium ophthalmic solution 0.1 %</i>	Tier 1	
<i>dorzolamide hcl ophthalmic solution 2 %</i>	Tier 1	
<i>dorzolamide hcl-timolol mal ophthalmic solution 22.3-6.8 mg/ml</i>	Tier 1	
<i>dorzolamide hcl-timolol mal pf ophthalmic solution 22.3-6.8 mg/ml</i>	Tier 1	
<i>double pm ophthalmic solution reconstituted 1-0.5 %</i>	NF	
DUREZOL OPHTHALMIC EMULSION 0.05 % (<i>difluprednate</i>)	Tier 3	#
ELESTAT OPHTHALMIC SOLUTION 0.05 % (<i>epinastine hcl</i>)	NF	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EMADINE OPHTHALMIC SOLUTION 0.05 % (<i>emedastine difumarate</i>)	Tier 3	
<i>epinastine hcl ophthalmic solution 0.05 %</i>	Tier 1	
<i>erythromycin ophthalmic ointment 5 mg/gm</i>	Tier 1	
FLAREX OPHTHALMIC SUSPENSION 0.1 % (<i>fluorometholone acetate</i>)	Tier 3	
<i>fluorometholone ophthalmic suspension 0.1 %</i>	Tier 1	
FLURA-SAFE OPHTHALMIC SOLUTION 0.35-0.4 % (<i>fluorexon-benoxinate</i>)	NF	
<i>flurbiprofen sodium ophthalmic solution 0.03 %</i>	Tier 1	
FML FORTE OPHTHALMIC SUSPENSION 0.25 % (<i>fluorometholone</i>)	Tier 3	
FML OPHTHALMIC OINTMENT 0.1 % (<i>fluorometholone</i>)	Tier 3	
<i>gatifloxacin ophthalmic solution 0.5 %</i>	Tier 1	
GELFILM OPHTHALMIC FILM (<i>gelatin adsorbable</i>)	NF	
GENTAK OPHTHALMIC OINTMENT 0.3 % (<i>gentamicin sulfate</i>)	Tier 3	
<i>gentamicin sulfate ophthalmic solution 0.3 %</i>	Tier 1	
HOMATROPAIRE OPHTHALMIC SOLUTION 5 % (<i>homatropine hbr</i>)	Tier 3	
<i>homatropine hbr ophthalmic solution 5 %</i>	Tier 1	
ILEVRO OPHTHALMIC SUSPENSION 0.3 % (<i>nepafenac</i>)	Tier 3	
INVELTYS OPHTHALMIC SUSPENSION 1 % (<i>loteprednol etabonate</i>)	Tier 3	
IOPIDINE OPHTHALMIC SOLUTION 0.5 % (<i>apraclonidine hcl</i>)	NF	
IOPIDINE OPHTHALMIC SOLUTION 1 % (<i>apraclonidine hcl</i>)	Tier 3	
ISOPTO CARPINE OPHTHALMIC SOLUTION 1 %, 2 %, 4 % (<i>pilocarpine hcl</i>)	NF	
ISTALOL OPHTHALMIC SOLUTION 0.5 % (<i>timolol maleate</i>)	NF	#
<i>ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>ketotifen fumarate ophthalmic solution 0.025 %</i>	Tier 1	
LACRISERT OPHTHALMIC INSERT 5 MG (<i>artificial tear insert</i>)	Tier 3	
LASTACFT OPHTHALMIC SOLUTION 0.25 % (<i>alcaftadine</i>)	Tier 3	
<i>latanoprost ophthalmic solution 0.005 %</i>	Tier 1	
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	Tier 1	
<i>levofloxacin ophthalmic solution 0.5 %</i>	Tier 1	
LOTEMAX OPHTHALMIC GEL 0.5 % (<i>loteprednol etabonate</i>)	Tier 3	#
LOTEMAX OPHTHALMIC OINTMENT 0.5 % (<i>loteprednol etabonate</i>)	Tier 3	
LOTEMAX OPHTHALMIC SUSPENSION 0.5 % (<i>loteprednol etabonate</i>)	NF	
LOTEMAX SM OPHTHALMIC GEL 0.38 % (<i>loteprednol etabonate</i>)	Tier 3	#
<i>loteprednol etabonate ophthalmic suspension 0.5 %</i>	Tier 1	
LUMIGAN OPHTHALMIC SOLUTION 0.01 % (<i>bimatoprost</i>)	Tier 3	ST
MAXIDEX OPHTHALMIC SUSPENSION 0.1 % (<i>dexamethasone</i>)	Tier 3	
MAXITROL OPHTHALMIC OINTMENT 3.5-10000-0.1 (<i>neomycin-polymyxin-dexameth</i>)	NF	
MAXITROL OPHTHALMIC SUSPENSION 3.5-10000-0.1 (<i>neomycin-polymyxin-dexameth</i>)	NF	
<i>metipranolol ophthalmic solution 0.3 %</i>	Tier 1	
MOXEZA OPHTHALMIC SOLUTION 0.5 % (<i>moxifloxacin hcl</i>)	Tier 3	
<i>moxifloxacin hcl (2x day) ophthalmic solution 0.5 %</i>	Tier 1	
<i>moxifloxacin hcl ophthalmic solution 0.5 %</i>	Tier 1	
MYDRIACYL OPHTHALMIC SOLUTION 1 % (<i>tropicamide</i>)	NF	
<i>naphazoline hcl ophthalmic solution 0.1 %</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NATACYN OPHTHALMIC SUSPENSION 5 % (<i>natamycin</i>)	Tier 3	
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>	Tier 1	
<i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i>	Tier 1	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	Tier 1	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	Tier 1	
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>	Tier 1	
<i>bacitracin-polymyx-neo-hc</i> (Neo-Polycin Hc Ophthalmic Ointment 1 %)	Tier 1	
<i>neomycin-bacitracin zn-polymyx</i> (Neo-Polycin Ophthalmic Ointment 3.5-400-10000)	Tier 1	
NEOSPORIN OPHTHALMIC SOLUTION 1.75-10000-.025 (<i>neomycin-polymyxin-gramicidin</i>)	NF	
NEVANAC OPHTHALMIC SUSPENSION 0.1 % (<i>nepafenac</i>)	Tier 3	
OCUFLOX OPHTHALMIC SOLUTION 0.3 % (<i>ofloxacin</i>)	NF	
<i>ofloxacin ophthalmic solution 0.3 %</i>	Tier 1	
<i>olopatadine hcl ophthalmic solution 0.1 %, 0.2 %</i>	Tier 1	
OXERVATE OPHTHALMIC SOLUTION 0.002 % (<i>cenegermin-bkbj</i>)	Tier 4	PA; SP Pharmacy; QL (2 ml per 1 day and 112 ml per lifetime)
PAREMYD OPHTHALMIC SOLUTION 1-0.25 % (<i>hydroxyamphetamine-tropicamide</i>)	Tier 3	
PATADAY OPHTHALMIC SOLUTION 0.2 % (<i>olopatadine hcl</i>)	NF	
PATANOL OPHTHALMIC SOLUTION 0.1 % (<i>olopatadine hcl</i>)	NF	
PAZEO OPHTHALMIC SOLUTION 0.7 % (<i>olopatadine hcl</i>)	NF	
<i>phenylephrine hcl ophthalmic solution 10 %, 2.5 %</i>	Tier 1	

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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12/01/2020

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED 0.125 % (<i>echothiophate iodide</i>)	Tier 3	
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	Tier 1	
<i>bacitracin-polymyxin b</i> (Polycin Ophthalmic Ointment 500-10000 Unit/Gm)	Tier 1	
<i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>	Tier 1	
POLYTRIM OPHTHALMIC SOLUTION 10000-0.1 UNIT/ML-% (<i>polymyxin b-trimethoprim</i>)	NF	
PRED MILD OPHTHALMIC SUSPENSION 0.12 % (<i>prednisolone acetate</i>)	Tier 3	
PRED-G OPHTHALMIC SUSPENSION 0.3-1 % (<i>gentamicin-prednisolone acet</i>)	Tier 3	
PRED-G S.O.P. OPHTHALMIC OINTMENT 0.3-0.6 % (<i>gentamicin-prednisolone acet</i>)	Tier 3	
<i>prednisolone acetate ophthalmic suspension 1 %</i>	Tier 1	
<i>prednisolone sodium phosphate ophthalmic solution 1 %</i>	Tier 1	
PROLENSA OPHTHALMIC SOLUTION 0.07 % (<i>bromfenac sodium</i>)	NF	
<i>proparacaine hcl ophthalmic solution 0.5 %</i>	Tier 1	
RESCULA OPHTHALMIC SOLUTION 0.15 % (<i>unoprostone isopropyl</i>)	Tier 3	ST; #
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 % (<i>cyclosporine</i>)	Tier 3	#
RESTASIS OPHTHALMIC EMULSION 0.05 % (<i>cyclosporine</i>)	Tier 3	#
RHOPRESSA OPHTHALMIC SOLUTION 0.02 % (<i>netarsudil dimesylate</i>)	Tier 3	ST
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 % (<i>netarsudil-latanoprost</i>)	Tier 3	ST
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 % (<i>brinzolamide-brimonidine</i>)	Tier 3	
<i>sulfacetamide sodium ophthalmic ointment 10 %</i>	Tier 1	

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>sulfacetamide sodium ophthalmic solution 10 %</i>	Tier 1	
<i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>	Tier 1	
<i>timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %</i>	Tier 1	
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %, 0.5 % (daily)</i>	Tier 1	
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.25 %, 0.5 % (<i>timolol maleate</i>)	Tier 3	
TIMOPTIC OPHTHALMIC SOLUTION 0.25 %, 0.5 % (<i>timolol maleate</i>)	NF	
TIMOPTIC-XE OPHTHALMIC GEL FORMING SOLUTION 0.25 %, 0.5 % (<i>timolol maleate</i>)	NF	
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 % (<i>tobramycin-dexamethasone</i>)	Tier 3	
TOBRADEX OPHTHALMIC SUSPENSION 0.3-0.1 % (<i>tobramycin-dexamethasone</i>)	NF	
TOBRADEX ST OPHTHALMIC SUSPENSION 0.3-0.05 % (<i>tobramycin-dexamethasone</i>)	NF	
<i>tobramycin ophthalmic solution 0.3 %</i>	Tier 1	
<i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %</i>	Tier 1	
TOBREX OPHTHALMIC OINTMENT 0.3 % (<i>tobramycin</i>)	Tier 3	
TOBREX OPHTHALMIC SOLUTION 0.3 % (<i>tobramycin</i>)	NF	
TRAVATAN Z OPHTHALMIC SOLUTION 0.004 % (<i>travoprost</i>)	Tier 2	
<i>travoprost (bak free) ophthalmic solution 0.004 %</i>	Tier 1	
<i>trifluridine ophthalmic solution 1 %</i>	Tier 1	
<i>tropicamide ophthalmic solution 0.5 %, 1 %</i>	Tier 1	
TRUSOPT OPHTHALMIC SOLUTION 2 % (<i>dorzolamide hcl</i>)	NF	
UPNEEQ OPHTHALMIC SOLUTION 0.1 % (<i>oxymetazoline hcl</i>)	NF	
VEXOL OPHTHALMIC SUSPENSION 1 % (<i>rimexolone</i>)	Tier 3	
VIGAMOX OPHTHALMIC SOLUTION 0.5 % (<i>moxifloxacin hcl</i>)	NF	

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VIROPTIC OPHTHALMIC SOLUTION 1 % (<i>trifluridine</i>)	NF	
VYZULTA OPHTHALMIC SOLUTION 0.024 % (<i>latanoprostene bunod</i>)	NF	
XALATAN OPHTHALMIC SOLUTION 0.005 % (<i>latanoprost</i>)	NF	
XELPROS OPHTHALMIC EMULSION 0.005 % (<i>latanoprost</i>)	Tier 3	PA; ST
XIIDRA OPHTHALMIC SOLUTION 5 % (<i>lifitegrast</i>)	Tier 3	
ZADITOR OPHTHALMIC SOLUTION 0.025 % (<i>ketotifen fumarate</i>)	Tier 1	OTC
ZERVIAE OPHTHALMIC SOLUTION 0.24 % (<i>cetirizine hcl</i>)	NF	
ZIOPTAN OPHTHALMIC SOLUTION 0.0015 % (<i>tafluprost</i>)	Tier 3	ST
ZIRGAN OPHTHALMIC GEL 0.15 % (<i>ganciclovir</i>)	Tier 3	#
ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 % (<i>loteprednol-tobramycin</i>)	Tier 3	
ZYMAXID OPHTHALMIC SOLUTION 0.5 % (<i>gatifloxacin</i>)	NF	
OTIC AGENTS - DRUGS FOR THE EAR		
<i>hydrocortisone-acetic acid</i> (Acetasol Hc Otic Solution 2-1 %)	Tier 1	
<i>acetic acid otic solution 2 %</i>	Tier 1	
CETRAXAL OTIC SOLUTION 0.2 % (<i>ciprofloxacin hcl</i>)	NF	
CIPRO HC OTIC SUSPENSION 0.2-1 % (<i>ciprofloxacin-hydrocortisone</i>)	Tier 3	#
CIPRODEX OTIC SUSPENSION 0.3-0.1 % (<i>ciprofloxacin-dexamethasone</i>)	Tier 3	#
<i>ciprofloxacin hcl otic solution 0.2 %</i>	Tier 1	
<i>ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %</i>	Tier 1	
<i>ciprofloxacin-fluocinolone pf otic solution 0.3-0.025 %</i>	NF	
COLY-MYCIN S OTIC SUSPENSION 3.3-3-10-0.5 MG/ML (<i>neomycin-colist-hc-thonzonium</i>)	Tier 3	
DERMOTIC OTIC OIL 0.01 % (<i>fluocinolone acetonide</i>)	NF	

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FLOXIN OTIC OTIC SOLUTION 0.3 % (<i>ofloxacin</i>)	NF	
<i>fluocinolone acetonide otic oil 0.01 %</i>	Tier 1	
<i>hydrocortisone-acetic acid otic solution 1-2 %</i>	Tier 1	
<i>neomycin-polymyxin-hc otic solution 1 %, 3.5-10000-1</i>	Tier 1	
<i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i>	Tier 1	
<i>ofloxacin otic solution 0.3 %</i>	Tier 1	
OTIPRIO INTRATYMPANIC SUSPENSION 6 % (<i>ciprofloxacin</i>)	NF	
OTOVEL OTIC SOLUTION 0.3-0.025 % (<i>ciprofloxacin-fluocinolone</i>)	Tier 3	
PRAMOTIC OTIC LIQUID 1-0.1 % (<i>pramoxine-chloroxylenol</i>)	NF	
OXYTOCICS - HORMONES		
CERVIDIL VAGINAL INSERT 10 MG (<i>dinoprostone</i>)	NF	
<i>methylergonovine maleate</i> (Methergine Oral Tablet 0.2 Mg)	Tier 1	QL (28 tablets per 7 days)
PREPIDIL VAGINAL GEL 0.5 MG/3GM (<i>dinoprostone</i>)	Tier 3	
PROSTIN E2 VAGINAL SUPPOSITORY 20 MG (<i>dinoprostone</i>)	Tier 3	
PASSIVE IMMUNIZING AND TREATMENT AGENTS - BIOLOGICAL AGENTS		
ASCENIV INTRAVENOUS SOLUTION 5 GM/50ML (<i>immune globulin (human)-sira</i>)	NF	
CARIMUNE NF INTRAVENOUS SOLUTION RECONSTITUTED 12 GM, 6 GM (<i>immune globulin (human)</i>)	NF	
CUTAQUIG SUBCUTANEOUS SOLUTION 1 GM/6ML, 1.65 GM/10ML, 2 GM/12ML, 3.3 GM/20ML, 4 GM/24ML, 8 GM/48ML (<i>immune globulin (human)-hipp</i>)	NF	
CUVITRU SUBCUTANEOUS SOLUTION 1 GM/5ML, 2 GM/10ML, 4 GM/20ML, 8 GM/40ML (<i>immune globulin (human)</i>)	Tier 4	PA; ST
CUVITRU SUBCUTANEOUS SOLUTION 10 GM/50ML (<i>immune globulin (human)</i>)	NF	

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GAMASTAN INTRAMUSCULAR INJECTABLE (<i>immune globulin (human)</i>)	NF	
GAMASTAN S/D INTRAMUSCULAR INJECTABLE (<i>immune globulin (human)</i>)	NF	
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>)	NF	
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED 10 GM, 5 GM (<i>immune globulin (human)</i>)	NF	
GAMMAKED INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 5 GM/50ML (<i>immune globulin (human)</i>)	NF	
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>)	Tier 4	PA; SP Pharmacy
HIZENTRA SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML (<i>immune globulin (human)</i>)	Tier 4	PA; SP Pharmacy
HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 GM/5ML, 2 GM/10ML, 4 GM/20ML (<i>immune globulin (human)</i>)	NF	
HYPERRAB INJECTION SOLUTION 900 UNIT/3ML (<i>rabies immune globulin</i>)	NF	
HYQVIA SUBCUTANEOUS KIT 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML (<i>immune globulin-hyaluronidase</i>)	Tier 4	PA; ST; SP Pharmacy
OCTAGAM INTRAVENOUS SOLUTION 30 GM/300ML (<i>immune globulin (human)</i>)	Tier 4	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>)	NF	
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5ML (<i>palivizumab</i>)	Tier 4	PA; SP Pharmacy

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XEMBIFY SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML (<i>immune globulin (human)-klhw</i>)	NF	
PENICILLINS - DRUGS FOR INFECTIONS		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	Tier 1	
<i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>	Tier 1	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	Tier 1	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	Tier 1	
<i>amoxicillin-pot clavulanate er oral tablet extended release 12 hour 1000-62.5 mg</i>	Tier 1	
<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>	Tier 1	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	Tier 1	
<i>amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg</i>	Tier 1	
<i>ampicillin oral capsule 500 mg</i>	Tier 1	
AUGMENTIN ES-600 ORAL SUSPENSION RECONSTITUTED 600-42.9 MG/5ML (<i>amoxicillin-pot clavulanate</i>)	NF	
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML, 250-62.5 MG/5ML (<i>amoxicillin-pot clavulanate</i>)	NF	
AUGMENTIN ORAL TABLET 500-125 MG, 875-125 MG (<i>amoxicillin-pot clavulanate</i>)	NF	
AUGMENTIN XR ORAL TABLET EXTENDED RELEASE 12 HOUR 1000-62.5 MG (<i>amoxicillin-pot clavulanate</i>)	NF	
<i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i>	Tier 1	
MOXATAG ORAL TABLET EXTENDED RELEASE 24 HOUR 775 MG (<i>amoxicillin</i>)	NF	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml</i>	Tier 1	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	Tier 1	
PHARMACEUTICAL ADJUVANTS		
<i>mouth wash-gp oral liquid</i>	NF	
<i>mouthwash-af oral liquid</i>	NF	
<i>mouthwash-om oral liquid</i>	NF	
PROGESTINS - HORMONES		
AYGESTIN ORAL TABLET 5 MG (<i>norethindrone acetate</i>)	NF	
<i>hydroxyprogesterone caproate intramuscular oil 250 mg/ml</i>	Tier 4	PA; SP Pharmacy; QL (5 vials per 1 year)
MAKENA INTRAMUSCULAR OIL 250 MG/ML (<i>hydroxyprogesterone caproate</i>)	NF	
MAKENA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 275 MG/1.1ML (<i>hydroxyprogesterone caproate</i>)	Tier 4	PA; ST; QL (21 syringes per 365 days)
<i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
MEGACE ES ORAL SUSPENSION 625 MG/5ML (<i>megestrol acetate</i>)	CE	N2 (NF)
<i>megestrol acetate oral suspension 625 mg/5ml</i>	CE	N2 (Tier 1)
<i>norethindrone acetate oral tablet 5 mg</i>	Tier 1	
<i>progesterone intramuscular oil 50 mg/ml</i>	NF	
<i>progesterone micronized oral capsule 100 mg, 200 mg</i>	Tier 1	QL (2 capsules per 1 day)
PROMETRIUM ORAL CAPSULE 100 MG, 200 MG (<i>progesterone micronized</i>)	NF	
PROVERA ORAL TABLET 10 MG, 2.5 MG, 5 MG (<i>medroxyprogesterone acetate</i>)	NF	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - DRUGS FOR THE NERVOUS SYSTEM		
<i>acamprosate calcium oral tablet delayed release 333 mg</i>	Tier 1	QL (6 tablets per 1 day)
ADDYI ORAL TABLET 100 MG (<i>flibanserin</i>)	Tier 3	PA; QL (1 tablet per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HOUR 10 MG (<i>dalfampridine</i>)	NF	
ANTABUSE ORAL TABLET 250 MG, 500 MG (<i>disulfiram</i>)	NF	
ARICEPT ORAL TABLET 10 MG, 23 MG, 5 MG (<i>donepezil hcl</i>)	NF	
AUBAGIO ORAL TABLET 14 MG, 7 MG (<i>teriflunomide</i>)	Tier 3	PA; QL (1 tablet per 1 day)
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG (<i>deutetrabenazine</i>)	NF	
AVONEX INTRAMUSCULAR KIT 30 MCG (<i>interferon beta-1a</i>)	Tier 4	PA; QL (1 kit per 30 days)
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML (<i>interferon beta-1a</i>)	Tier 4	PA; QL (4 pens per 28 days)
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML (<i>interferon beta-1a</i>)	Tier 4	PA; QL (4 syringes per 28 days)
BAFIERTAM ORAL CAPSULE DELAYED RELEASE 95 MG (<i>monomethyl fumarate</i>)	NF	
BETASERON SUBCUTANEOUS KIT 0.3 MG (<i>interferon beta-1b</i>)	Tier 4	PA; QL (1 kit per 1 month)
BRISDELLE ORAL CAPSULE 7.5 MG (<i>paroxetine mesylate</i>)	NF	
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i>	CE	N2 (Tier 1); QL (180 day supply per 365 days)
CHANTIX CONTINUING MONTH PAK ORAL TABLET 1 MG (<i>varenicline tartrate</i>)	CE	#: N2 (Tier 3); QL (180 day supply per 365 days)
CHANTIX ORAL TABLET 0.5 MG, 1 MG (<i>varenicline tartrate</i>)	CE	#: N2 (Tier 3); 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 (Tier 3); QL (180 day supply per 365 days)
<i>chlordiazepoxide-amitriptyline oral tablet 10-25 mg, 5-12.5 mg</i>	Tier 1	
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML (<i>glatiramer acetate</i>)	Tier 2	PA; NPL; SP Pharmacy; QL (1 syringe per 1 day)
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML (<i>glatiramer acetate</i>)	Tier 2	PA; NPL; SP Pharmacy; QL (12 syringes per 28 days)

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>dalfampridine er oral tablet extended release 12 hour 10 mg</i>	Tier 1	PA; SP Pharmacy; QL (2 tablets per 1 day)
<i>dimethyl fumarate oral capsule delayed release 120 mg, 240 mg</i>	Tier 4	PA; NPL; SP Pharmacy; QL (2 capsules per 1 day)
<i>disulfiram oral tablet 250 mg, 500 mg</i>	Tier 1	
<i>donepezil hcl oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>donepezil hcl oral tablet 23 mg</i>	Tier 1	ST
<i>donepezil hcl oral tablet dispersible 10 mg, 5 mg</i>	Tier 1	
<i>ergoloid mesylates oral tablet 1 mg</i>	Tier 1	
EXELON TRANSDERMAL PATCH 24 HOUR 13.3 MG/24HR, 4.6 MG/24HR, 9.5 MG/24HR (<i>rivastigmine</i>)	NF	
EXTAVIA SUBCUTANEOUS KIT 0.3 MG (<i>interferon beta-1b</i>)	Tier 4	PA; QL (1 kit per 1 month)
<i>fluoxetine hcl (pmd) oral capsule 10 mg, 20 mg</i>	Tier 1	
<i>fluoxetine hcl (pmd) oral tablet 10 mg, 20 mg</i>	Tier 1	
<i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg</i>	Tier 1	
<i>galantamine hydrobromide oral solution 4 mg/ml</i>	Tier 1	
<i>galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg</i>	Tier 1	
GILENYA ORAL CAPSULE 0.25 MG (<i>fingolimod hcl</i>)	Tier 2	PA; #; QL (1 capsule per 1 Day)
GILENYA ORAL CAPSULE 0.5 MG (<i>fingolimod hcl</i>)	Tier 2	PA; #; QL (1 capsule per 1 day)
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml</i>	Tier 1	PA; NPL; SP Pharmacy; QL (1 syringe per 1 day)
<i>glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml</i>	Tier 1	PA; NPL; SP Pharmacy; QL (12 syringes per 28 days)
<i>glatiramer acetate (Glatopa Subcutaneous Solution Prefilled Syringe 20 Mg/Ml)</i>	Tier 1	PA; NPL; SP Pharmacy; QL (1 syringe per 1 day)
<i>glatiramer acetate (Glatopa Subcutaneous Solution Prefilled Syringe 40 Mg/Ml)</i>	Tier 1	PA; NPL; SP Pharmacy; QL (12 syringes per 28 days)
<i>goodsense nicotine mouththroat gum 4 mg</i>	CE	N2 (Not Covered); QL (180 day supply per 365 days)

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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12/01/2020

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GRALISE ORAL TABLET 300 MG (<i>gabapentin (once-daily)</i>)	Tier 3	ST; QL (1 tablet per 1 day)
GRALISE ORAL TABLET 600 MG (<i>gabapentin (once-daily)</i>)	Tier 3	ST; QL (3 tablets per 1 day)
GRALISE STARTER ORAL 300 & 600 MG (<i>gabapentin (once-daily)</i>)	Tier 3	ST; QL (1 pack per 1 fill)
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG (<i>gabapentin enacarbil</i>)	Tier 3	ST; QL (1 tablet per 1 day)
HORIZANT ORAL TABLET EXTENDED RELEASE 600 MG (<i>gabapentin enacarbil</i>)	Tier 3	ST; QL (1 tablet per 2 days)
INGREZZA ORAL CAPSULE 40 MG, 80 MG (<i>valbenazine tosylate</i>)	Tier 4	PA; QL (1 capsule per 1 day)
INGREZZA ORAL CAPSULE THERAPY PACK 40 & 80 MG (<i>valbenazine tosylate</i>)	NF	
LUCEMYRA ORAL TABLET 0.18 MG (<i>lofexidine hcl</i>)	Tier 3	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>)	Tier 3	PA; ST; #; QL (3 tablets per 1 Day)
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR 330 MG (<i>pregabalin</i>)	Tier 3	PA; ST; #; QL (2 tablets per 1 Day)
MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK 10 MG (<i>cladribine</i>)	NF	
MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK 10 MG (<i>cladribine</i>)	NF	
MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK 10 MG (<i>cladribine</i>)	NF	
MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK 10 MG (<i>cladribine</i>)	NF	
MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK 10 MG (<i>cladribine</i>)	NF	
MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK 10 MG (<i>cladribine</i>)	NF	
MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK 10 MG (<i>cladribine</i>)	NF	

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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12/01/2020

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MAYZENT ORAL TABLET 0.25 MG, 2 MG (<i>siponimod fumarate</i>)	NF	
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 0.25 MG (<i>siponimod fumarate</i>)	NF	
<i>memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg</i>	Tier 1	
<i>memantine hcl oral solution 2 mg/ml</i>	Tier 1	
<i>memantine hcl oral tablet 10 mg, 28 x 5 mg & 21 x 10 mg, 5 mg</i>	Tier 1	
NAMENDA ORAL TABLET 10 MG, 5 MG (<i>memantine hcl</i>)	NF	
NAMENDA TITRATION PAK ORAL TABLET 28 X 5 MG & 21 X 10 MG (<i>memantine hcl</i>)	NF	
NAMENDA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14 MG, 21 MG, 28 MG, 7 MG (<i>memantine hcl</i>)	NF	
NAMENDA XR TITRATION PACK ORAL CAPSULE EXTENDED RELEASE 24 HOUR 7 & 14 & 21 & 28 MG (<i>memantine hcl</i>)	NF	#
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK 7 & 14 & 21 & 28 -10 MG (<i>memantine hcl-donepezil hcl</i>)	Tier 2	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>)	Tier 2	PA
<i>nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>	CE	N2 (NF); QL (180 day supply per 365 days)
<i>nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>	CE	N2 (NF); QL (180 day supply per 365 days)
<i>nicotine transdermal kit 21-14-7 mg/24hr</i>	CE	N2 (NF); 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 (NF); QL (180 day supply per 365 days)
NICOTROL INHALATION INHALER 10 MG (<i>nicotine</i>)	CE	N2 (Tier 3); QL (180 day supply per 365 days)
NICOTROL NS NASAL SOLUTION 10 MG/ML (<i>nicotine</i>)	CE	N2 (Tier 3); QL (180 day supply per 365 days)

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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12/01/2020

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NUEDEXTA ORAL CAPSULE 20-10 MG (<i>dextromethorphan-quinidine</i>)	Tier 3	PA; QL (2 capsules per 1 day)
<i>olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 6-25 mg, 6-50 mg</i>	Tier 1	QL (1 capsule per 1 day)
<i>olanzapine-fluoxetine hcl oral capsule 3-25 mg</i>	Tier 1	
ORAP ORAL TABLET 1 MG, 2 MG (<i>pimozide</i>)	NF	
<i>paroxetine mesylate oral capsule 7.5 mg</i>	NF	
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	Tier 1	
<i>pimozide oral tablet 1 mg, 2 mg</i>	Tier 1	
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PEN-INJECTOR 63 & 94 MCG/0.5ML (<i>peginterferon beta-1a</i>)	Tier 4	PA; QL (1 kit per 365 days)
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 63 & 94 MCG/0.5ML (<i>peginterferon beta-1a</i>)	Tier 4	PA; QL (2 syringes per 28 days)
PLEGRIDY SUBCUTANEOUS SOLUTION PEN-INJECTOR 125 MCG/0.5ML (<i>peginterferon beta-1a</i>)	Tier 4	PA; QL (2 syringes per 28 days)
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML (<i>peginterferon beta-1a</i>)	Tier 4	PA; QL (2 syringes per 28 days)
RAZADYNE ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 16 MG, 24 MG, 8 MG (<i>galantamine hydrobromide</i>)	NF	
RAZADYNE ORAL TABLET 12 MG, 4 MG, 8 MG (<i>galantamine hydrobromide</i>)	NF	
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML, 44 MCG/0.5ML (<i>interferon beta-1a</i>)	Tier 2	PA; QL (12 syringes per 28 days)
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG (<i>interferon beta-1a</i>)	Tier 2	PA; QL (12 injections per 1 month)
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML, 44 MCG/0.5ML (<i>interferon beta-1a</i>)	Tier 2	PA; QL (12 syringes per 28 days)

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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12/01/2020

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REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG (<i>interferon beta-1a</i>)	Tier 2	PA; QL (12 injections per 1 month)
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	Tier 1	
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr</i>	Tier 1	
SARAFEM ORAL TABLET 10 MG, 20 MG (<i>fluoxetine hcl (pmd)</i>)	NF	
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG (<i>milnacipran hcl</i>)	Tier 3	ST; QL (2 tablets per 1 day)
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG (<i>milnacipran hcl</i>)	Tier 3	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>)	NF	
TECFIDERA ORAL 120 & 240 MG (<i>dimethyl fumarate</i>)	Tier 4	PA; #; QL (2 capsules per 1 day)
TECFIDERA ORAL CAPSULE DELAYED RELEASE 120 MG, 240 MG (<i>dimethyl fumarate</i>)	Tier 4	PA; #; QL (2 capsules per 1 day)
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML (<i>inotersen sodium</i>)	Tier 4	PA; NPL; SP Pharmacy; QL (4 injections per 1 month)
<i>tetrabenazine oral tablet 12.5 mg</i>	Tier 4	PA; SP Pharmacy; QL (8 tablets per 1 day)
<i>tetrabenazine oral tablet 25 mg</i>	Tier 4	PA; SP Pharmacy; QL (4 tablets per 1 day)
THRIVE MOUTH/THROAT GUM 2 MG (<i>nicotine polacrilex</i>)	CE	N2 (NF); QL (180 day supply per 365 days)
VUMERITY (STARTER) ORAL CAPSULE DELAYED RELEASE 231 MG (<i>diroximel fumarate</i>)	Tier 4	PA; NPL; SP Pharmacy; QL (1 pack per 1 month)
VUMERITY ORAL CAPSULE DELAYED RELEASE 231 MG (<i>diroximel fumarate</i>)	Tier 4	PA; NPL; SP Pharmacy; QL (4 capsules per 1 day)
VYLEESI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1.75 MG/0.3ML (<i>bremelanotide acetate</i>)	NF	
XENAZINE ORAL TABLET 12.5 MG, 25 MG (<i>tetrabenazine</i>)	NF	

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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12/01/2020

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XYREM ORAL SOLUTION 500 MG/ML (<i>sodium oxybate</i>)	Tier 4	PA; SP Pharmacy
XYWAV ORAL SOLUTION 500 MG/ML (<i>ca, mg, k, and na oxybates</i>)	NF	
ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK 4 X 0.23MG & 3 X 0.46MG (<i>ozanimod hcl</i>)	NF	
ZEPOSIA ORAL CAPSULE 0.92 MG (<i>ozanimod hcl</i>)	NF	
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG & 0.92MG (<i>ozanimod hcl</i>)	NF	
ZYBAN ORAL TABLET EXTENDED RELEASE 12 HOUR 150 MG (<i>bupropion hcl (smoking deter)</i>)	NF	
RESPIRATORY AGENTS - MISC. - DRUGS FOR THE LUNGS		
ESBRIET ORAL CAPSULE 267 MG (<i>pirfenidone</i>)	Tier 4	PA; QL (9 capsules per 1 day)
ESBRIET ORAL TABLET 267 MG (<i>pirfenidone</i>)	Tier 4	PA; QL (9 tablets per 1 day)
ESBRIET ORAL TABLET 801 MG (<i>pirfenidone</i>)	Tier 4	PA; QL (3 tablets per 1 day)
KALYDECO ORAL PACKET 25 MG, 50 MG, 75 MG (<i>ivacaftor</i>)	Tier 4	PA; SP Pharmacy; QL (2 packets per 1 day)
KALYDECO ORAL TABLET 150 MG (<i>ivacaftor</i>)	Tier 4	PA; SP Pharmacy; QL (2 tablets per 1 day)
OFEV ORAL CAPSULE 100 MG, 150 MG (<i>nintedanib esylate</i>)	NF	
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG (<i>lumacaftor-ivacaftor</i>)	Tier 4	PA; SP Pharmacy; QL (2 packets per 1 day)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG (<i>lumacaftor-ivacaftor</i>)	Tier 4	PA; SP Pharmacy; QL (4 tablets per 1 day)
PULMOZYME INHALATION SOLUTION 1 MG/ML (<i>dornase alfa</i>)	Tier 4	PA; SP Pharmacy; QL (60 units per 1 fill)
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG (<i>tezacaftor-ivacaftor</i>)	Tier 4	PA; SP Pharmacy; QL (2 tablets per 1 Day)
SYMDEKO ORAL TABLET THERAPY PACK 50-75 & 75 MG (<i>tezacaftor-ivacaftor</i>)	Tier 4	PA; SP Pharmacy; QL (2 tablets per 1 day)

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG (<i>elxacaftor-tezacaftor-ivacaft</i>)	Tier 4	PA; SP Pharmacy; QL (1 pack per 28 days)
SULFONAMIDES - DRUGS FOR INFECTIONS		
<i>sulfadiazine oral tablet 500 mg</i>	Tier 1	
TETRACYCLINES - DRUGS FOR INFECTIONS		
ACTICLATE ORAL TABLET 150 MG, 75 MG (<i>doxycycline hyclate</i>)	NF	
ADOXA ORAL CAPSULE 150 MG (<i>doxycycline monohydrate</i>)	NF	
<i>avidoxy oral tablet 100 mg</i>	NF	
<i>minocycline hcl</i> (Coremino Oral Tablet Extended Release 24 Hour 135 Mg, 45 Mg, 90 Mg)	NF	
<i>demeclocycline hcl oral tablet 150 mg, 300 mg</i>	Tier 1	
DORYX MPC ORAL TABLET DELAYED RELEASE 120 MG (<i>doxycycline hyclate</i>)	NF	#
DORYX ORAL TABLET DELAYED RELEASE 200 MG, 50 MG (<i>doxycycline hyclate</i>)	NF	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	Tier 1	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg, 50 mg</i>	Tier 1	
<i>doxycycline hyclate oral tablet 150 mg, 75 mg</i>	NF	
<i>doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg, 80 mg</i>	NF	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	Tier 1	
<i>doxycycline monohydrate oral capsule 150 mg, 75 mg</i>	NF	
<i>doxycycline monohydrate oral suspension reconstituted 25 mg/5ml</i>	NF	
<i>doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	NF	
MINOCIN ORAL CAPSULE 100 MG, 50 MG (<i>minocycline hcl</i>)	NF	
<i>minocycline hcl er oral capsule extended release 24 hour 135 mg, 45 mg, 90 mg</i>	NF	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>minocycline hcl er oral tablet extended release 24 hour 105 mg, 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg</i>	NF	
<i>minocycline hcl oral capsule 100 mg, 50 mg, 75 mg</i>	Tier 1	
<i>minocycline hcl oral tablet 100 mg, 50 mg, 75 mg</i>	NF	
MINOLIRA ORAL TABLET EXTENDED RELEASE 24 HOUR 105 MG, 135 MG (<i>minocycline hcl</i>)	NF	
<i>doxycycline monohydrate</i> (Mondoxyne NI Oral Capsule 100 Mg, 50 Mg)	Tier 1	
<i>doxycycline monohydrate</i> (Mondoxyne NI Oral Capsule 75 Mg)	NF	
MONODOX ORAL CAPSULE 100 MG, 75 MG (<i>doxycycline monohydrate</i>)	NF	
<i>doxycycline hyclate</i> (Morgidox Oral Capsule 100 Mg, 50 Mg)	Tier 1	
NUZYRA ORAL TABLET 150 MG (<i>omadacycline tosylate</i>)	NF	
SEYSARA ORAL TABLET 100 MG, 150 MG, 60 MG (<i>sarecycline hcl</i>)	NF	
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HOUR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG (<i>minocycline hcl</i>)	NF	
TARGADOX ORAL TABLET 50 MG (<i>doxycycline hyclate</i>)	NF	
<i>tetracycline hcl oral capsule 250 mg, 500 mg</i>	Tier 1	
VIBRAMYCIN ORAL CAPSULE 100 MG (<i>doxycycline hyclate</i>)	NF	
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED 25 MG/5ML (<i>doxycycline monohydrate</i>)	NF	
VIBRAMYCIN ORAL SYRUP 50 MG/5ML (<i>doxycycline calcium</i>)	Tier 3	
XIMINO ORAL CAPSULE EXTENDED RELEASE 24 HOUR 135 MG, 45 MG, 90 MG (<i>minocycline hcl</i>)	NF	
THYROID AGENTS - HORMONES		
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG (<i>thyroid</i>)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CYTOMEL ORAL TABLET 25 MCG, 5 MCG, 50 MCG (<i>liothyronine sodium</i>)	NF	
<i>levothyroxine sodium</i> (Euthyrox Oral Tablet 88 Mcg)	Tier 1	
<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)	Tier 1	
<i>levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	Tier 1	
<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)	Tier 1	
<i>liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg</i>	Tier 1	
<i>methimazole oral tablet 10 mg, 5 mg</i>	Tier 1	
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>)	Tier 3	
<i>np thyroid oral tablet 15 mg, 30 mg, 60 mg, 90 mg</i>	Tier 1	
<i>propylthiouracil oral tablet 50 mg</i>	Tier 1	
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>)	NF	
TAPAZOLE ORAL TABLET 10 MG, 5 MG (<i>methimazole</i>)	NF	
THYROLAR-1 ORAL TABLET 60 (12.5-50) MG (MCG) (<i>liotrix (t3-t4)</i>)	Tier 3	
THYROLAR-1/2 ORAL TABLET 30 (6.25-25) MG (MCG) (<i>liotrix (t3-t4)</i>)	Tier 3	
THYROLAR-1/4 ORAL TABLET 15 (3.1-12.5) MG (MCG) (<i>liotrix (t3-t4)</i>)	Tier 3	
THYROLAR-2 ORAL TABLET 120 (25-100) MG (MCG) (<i>liotrix (t3-t4)</i>)	Tier 3	

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
THYROLAR-3 ORAL TABLET 180 (37.5-150) MG (MCG) (liotrix (t3-t4))	Tier 3	
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 (levothyroxine sodium)	Tier 3	#
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 (levothyroxine sodium)	Tier 3	#
levothyroxine sodium (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)	Tier 1	
levothyroxine sodium (Unithroid 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)	Tier 1	
WESTHROID ORAL TABLET 130 MG, 195 MG, 32.5 MG, 65 MG, 97.5 MG (thyroid)	Tier 3	
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 (thyroid)	Tier 3	
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS - DRUGS FOR THE STOMACH		
acid reducer oral capsule delayed release 20.6 (20 base) mg	Tier 1	PA; QL (1 capsule per day and 90 capsules per 365 days)
ACIPHEX ORAL TABLET DELAYED RELEASE 20 MG (rabeprazole sodium)	NF	
ACIPHEX SPRINKLE ORAL CAPSULE SPRINKLE 10 MG (rabeprazole sodium)	NF	
ACIPHEX SPRINKLE ORAL CAPSULE SPRINKLE 5 MG (rabeprazole sodium)	NF	#
belladonna alkaloids-opium rectal suppository 16.2-60 mg	Tier 1	
BENTYL ORAL CAPSULE 10 MG (dicyclomine hcl)	NF	

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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12/01/2020

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CARAFATE ORAL SUSPENSION 1 GM/10ML (<i>sucralfate</i>)	Tier 3	
CARAFATE ORAL TABLET 1 GM (<i>sucralfate</i>)	NF	
<i>cimetidine hcl oral solution 300 mg/5ml</i>	Tier 1	
<i>cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg</i>	Tier 1	OTC
CUVPOSA ORAL SOLUTION 1 MG/5ML (<i>glycopyrrolate</i>)	Tier 3	PA; #
CYTOTEC ORAL TABLET 100 MCG, 200 MCG (<i>misoprostol</i>)	NF	
DEXILANT ORAL CAPSULE DELAYED RELEASE 30 MG, 60 MG (<i>dexlansoprazole</i>)	Tier 3	PA; #; QL (1 capsule per 1 day)
<i>dicyclomine hcl oral capsule 10 mg</i>	Tier 1	
<i>dicyclomine hcl oral solution 10 mg/5ml</i>	Tier 1	
<i>dicyclomine hcl oral tablet 20 mg</i>	Tier 1	
<i>eq famotidine max st oral tablet 20 mg</i>	Tier 1	
<i>esomeprazole magnesium oral capsule delayed release 40 mg</i>	Tier 1	PA; ST; QL (1 capsule per 1 day)
<i>esomeprazole magnesium oral packet 10 mg, 20 mg, 40 mg</i>	Tier 1	PA; QL (1 packet per day, 90 day supply per 365 days)
<i>esomeprazole strontium oral capsule delayed release 24.65 mg</i>	NF	
<i>esomeprazole strontium oral capsule delayed release 49.3 mg</i>	Tier 3	
<i>famotidine oral suspension reconstituted 40 mg/5ml</i>	Tier 1	
<i>famotidine oral tablet 20 mg</i>	Tier 1	OTC
<i>famotidine oral tablet 40 mg</i>	Tier 1	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	Tier 1	
HELIDAC THERAPY ORAL (<i>metronid-tetracyc-bis subsal</i>)	NF	
<i>lansoprazole oral capsule delayed release 15 mg</i>	Tier 1	PA; QL (2 capsules per 1 day)
<i>lansoprazole oral capsule delayed release 30 mg</i>	Tier 1	PA; QL (1 capsule per 1 day)
LIBRAX ORAL CAPSULE 5-2.5 MG (<i>chlordiazepoxide-clidinium</i>)	NF	
<i>methscopolamine bromide oral tablet 2.5 mg, 5 mg</i>	Tier 1	
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	Tier 1	

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NEXIUM 24HR ORAL CAPSULE DELAYED RELEASE 20 MG (<i>esomeprazole magnesium</i>)	Tier 1	PA; OTC; QL (1 capsule per 1 day)
NEXIUM 24HR ORAL TABLET DELAYED RELEASE 20 MG (<i>esomeprazole magnesium</i>)	Tier 1	PA; OTC; QL (1 tablet per 1 day)
NEXIUM ORAL PACKET 10 MG, 20 MG, 40 MG (<i>esomeprazole magnesium</i>)	Tier 3	PA; ST; QL (1 packet per 1 day)
NEXIUM ORAL PACKET 2.5 MG, 5 MG (<i>esomeprazole magnesium</i>)	Tier 3	PA; ST; #; QL (1 packet per 1 day)
<i>nizatidine oral capsule 150 mg, 300 mg</i>	Tier 1	
<i>nizatidine oral solution 15 mg/ml</i>	Tier 1	
OMECLAMOX-PAK ORAL 500-500-20 MG (<i>amoxicillin-clarithro-omeprazole</i>)	NF	
<i>omeprazole magnesium oral capsule delayed release 20.6 (20 base) mg</i>	Tier 1	PA; OTC; QL (1 capsule per day, 90 day supply per 365 days)
<i>omeprazole oral capsule delayed release 10 mg, 40 mg</i>	Tier 1	PA; OTC; QL (1 capsule per day, 90 day supply per 365 days)
<i>omeprazole oral tablet delayed release 20 mg</i>	Tier 1	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>	Tier 1	PA; QL (1 capsule per 1 day)
<i>omeprazole-sodium bicarbonate oral packet 20-1680 mg, 40-1680 mg</i>	NF	
<i>pantoprazole sodium oral packet 40 mg</i>	Tier 1	QL (1 packet per day, 90 day supply per 365 days)
<i>pantoprazole sodium oral tablet delayed release 20 mg, 40 mg</i>	Tier 1	PA; QL (1 tablet per day, 90 day supply per 365 days)
PEPCID ORAL SUSPENSION RECONSTITUTED 40 MG/5ML (<i>famotidine</i>)	NF	
PEPCID ORAL TABLET 40 MG (<i>famotidine</i>)	NF	
PREVACID 24HR ORAL CAPSULE DELAYED RELEASE 15 MG (<i>lansoprazole</i>)	Tier 1	PA; OTC; QL (2 capsules per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PREVACID ORAL CAPSULE DELAYED RELEASE 30 MG (<i>lansoprazole</i>)	NF	
PREVPAC ORAL (<i>amoxicill-clarithro-lansopraz</i>)	NF	
PRILOSEC ORAL CAPSULE DELAYED RELEASE 10 MG, 40 MG (<i>omeprazole</i>)	NF	
PRILOSEC ORAL PACKET 10 MG, 2.5 MG (<i>omeprazole magnesium</i>)	NF	#
PRILOSEC OTC ORAL TABLET DELAYED RELEASE 20 MG (<i>omeprazole magnesium</i>)	Tier 1	OTC
<i>propantheline bromide oral tablet 15 mg</i>	Tier 1	
PROTONIX ORAL PACKET 40 MG (<i>pantoprazole sodium</i>)	NF	
PROTONIX ORAL TABLET DELAYED RELEASE 20 MG, 40 MG (<i>pantoprazole sodium</i>)	NF	
PYLERA ORAL CAPSULE 140-125-125 MG (<i>bis subcit-metronid-tetracyc</i>)	Tier 3	#
<i>rabeprazole sodium oral capsule sprinkle 10 mg</i>	Tier 1	PA; QL (1 capsule per day, 90 day supply per 365 days)
<i>rabeprazole sodium oral tablet delayed release 20 mg</i>	Tier 1	PA; QL (1 tablet per day, 90 day supply per 365 days)
<i>ranitidine hcl oral capsule 150 mg, 300 mg</i>	Tier 1	OTC
<i>ranitidine hcl oral syrup 15 mg/ml, 150 mg/10ml, 75 mg/5ml</i>	Tier 1	OTC
<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	Tier 1	OTC
ROBINUL ORAL TABLET 1 MG (<i>glycopyrrolate</i>)	NF	
ROBINUL-FORTE ORAL TABLET 2 MG (<i>glycopyrrolate</i>)	NF	
<i>sucralfate oral suspension 1 gm/10ml</i>	Tier 1	
<i>sucralfate oral tablet 1 gm</i>	Tier 1	
TALICIA ORAL CAPSULE DELAYED RELEASE 250-12.5-10 MG (<i>amoxicill-rifabutin-omeprazole</i>)	Tier 3	
ZANTAC ORAL TABLET 300 MG (<i>ranitidine hcl</i>)	NF	
ZEGERID ORAL CAPSULE 40-1100 MG (<i>omeprazole-sodium bicarbonate</i>)	NF	
ZEGERID ORAL PACKET 20-1680 MG, 40-1680 MG (<i>omeprazole-sodium bicarbonate</i>)	NF	

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZEGERID OTC ORAL CAPSULE 20-1100 MG (<i>omeprazole-sodium bicarbonate</i>)	Tier 1	PA; OTC; QL (1 capsule per 1 day)
URINARY ANTISPASMODICS - DRUGS FOR THE URINARY SYSTEM		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	Tier 1	
<i>darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg, 7.5 mg</i>	Tier 1	ST; QL (1 tablet per 1 day)
DETROL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 2 MG, 4 MG (<i>tolterodine tartrate</i>)	NF	
DETROL ORAL TABLET 1 MG, 2 MG (<i>tolterodine tartrate</i>)	NF	
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 5 MG (<i>oxybutynin chloride</i>)	NF	
ENABLEX ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 7.5 MG (<i>darifenacin hydrobromide</i>)	NF	
<i>flavoxate hcl oral tablet 100 mg</i>	Tier 1	
GELNIQUE PUMP TRANSDERMAL GEL 10 % (<i>oxybutynin chloride</i>)	Tier 3	ST; #
GELNIQUE TRANSDERMAL GEL 10 % (<i>oxybutynin chloride</i>)	Tier 3	ST; #
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG (<i>mirabegron</i>)	Tier 2	ST; QL (1 tablet per 1 day)
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg</i>	Tier 1	ST; QL (2 tablets per 1 day)
<i>oxybutynin chloride er oral tablet extended release 24 hour 5 mg</i>	Tier 1	ST; QL (1 tablet per 1 day)
<i>oxybutynin chloride oral syrup 5 mg/5ml</i>	Tier 1	
<i>oxybutynin chloride oral tablet 5 mg</i>	Tier 1	QL (4 tablets per 1 day)
OXYTROL FOR WOMEN TRANSDERMAL PATCH TWICE WEEKLY 3.9 MG/24HR (<i>oxybutynin</i>)	Tier 1	#; OTC; QL (1 box per 1 fill)
<i>solifenacin succinate oral tablet 10 mg, 5 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg</i>	Tier 1	ST; QL (1 capsule per 1 day)
<i>tolterodine tartrate oral tablet 1 mg, 2 mg</i>	Tier 1	ST

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG (<i>fesoterodine fumarate</i>)	Tier 3	ST; #; QL (1 tablet per 1 day)
<i>tropium chloride er oral capsule extended release 24 hour 60 mg</i>	Tier 1	ST; QL (1 capsule per 1 day)
<i>tropium chloride oral tablet 20 mg</i>	Tier 1	QL (2 tablets per 1 day)
URECHOLINE ORAL TABLET 10 MG, 25 MG, 5 MG, 50 MG (<i>bethanechol chloride</i>)	NF	
VESICARE ORAL TABLET 10 MG, 5 MG (<i>solifenacin succinate</i>)	NF	
VAGINAL AND RELATED PRODUCTS - DRUGS FOR WOMEN		
AVC VAGINAL VAGINAL CREAM 15 % (<i>sulfanilamide</i>)	Tier 3	
CLEOCIN VAGINAL CREAM 2 % (<i>clindamycin phosphate</i>)	NF	
CLEOCIN VAGINAL SUPPOSITORY 100 MG (<i>clindamycin phosphate</i>)	Tier 3	
<i>clindamycin phosphate vaginal cream 2 %</i>	Tier 1	
CLINDESSE VAGINAL CREAM 2 % (<i>clindamycin phosphate (1 dose)</i>)	NF	
CRINONE VAGINAL GEL 4 % (<i>progesterone</i>)	Tier 3	PA
CRINONE VAGINAL GEL 8 % (<i>progesterone</i>)	Tier 3	PA; ST
ENCARE VAGINAL SUPPOSITORY 100 MG (<i>nonoxynol-9</i>)	CE	N2 (NF)
ENDOMETRIN VAGINAL INSERT 100 MG (<i>progesterone</i>)	Tier 3	PA; #
ESTRACE VAGINAL CREAM 0.1 MG/GM (<i>estradiol</i>)	NF	
<i>estradiol vaginal cream 0.1 mg/gm</i>	Tier 1	
<i>estradiol vaginal tablet 10 mcg</i>	Tier 1	
ESTRING VAGINAL RING 2 MG (<i>estradiol</i>)	Tier 3	
FEM PH VAGINAL GEL 0.9-0.025 % (<i>acetic acid-oxyquinoline</i>)	Tier 3	
FEMRING VAGINAL RING 0.05 MG/24HR, 0.1 MG/24HR (<i>estradiol acetate</i>)	Tier 3	#; QL (1 ring per 90 days)

2020 Aetna Pharmacy Drug Guide - Small Group ACA: CA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GYNAZOLE-1 VAGINAL CREAM 2 % (<i>butoconazole nitrate (1 dose)</i>)	Tier 3	
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG (<i>estradiol</i>)	NF	
IMVEXXY STARTER PACK VAGINAL INSERT 10 MCG (<i>estradiol</i>)	NF	
INTRAROSA VAGINAL INSERT 6.5 MG (<i>prasterone</i>)	NF	
METROGEL-VAGINAL VAGINAL GEL 0.75 % (<i>metronidazole</i>)	NF	
<i>metronidazole vaginal gel 0.75 %</i>	Tier 1	
NUVESSA VAGINAL GEL 1.3 % (<i>metronidazole</i>)	NF	
OPTIONS CONCEPTROL VAGINAL GEL 4 % (<i>nonoxynol-9</i>)	CE	N2 (NF)
OPTIONS GYNOL II CONTRACEPTIVE VAGINAL GEL 3 % (<i>nonoxynol-9</i>)	CE	N2 (NF)
PHEXXI VAGINAL GEL 1.8-1-0.4 % (<i>lactic ac-citric ac-pot bitart</i>)	NF	
PREMARIN VAGINAL CREAM 0.625 MG/GM (<i>estrogens, conjugated</i>)	Tier 3	
RELAGARD VAGINAL GEL 0.9-0.025 % (<i>acetic acid-oxyquinoline</i>)	Tier 3	
SHUR-SEAL CONTRACEPTIVE VAGINAL GEL 2 % (<i>nonoxynol-9</i>)	CE	N2 (NF)
TERAZOL 7 VAGINAL CREAM 0.4 % (<i>terconazole</i>)	NF	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	Tier 1	
<i>terconazole vaginal suppository 80 mg</i>	Tier 1	
TODAY SPONGE VAGINAL 1000 MG (<i>nonoxynol-9</i>)	CE	N2 (NF)
VAGIFEM VAGINAL TABLET 10 MCG (<i>estradiol</i>)	NF	
<i>metronidazole (Vandazole Vaginal Gel 0.75 %)</i>	Tier 1	
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM 28 % (<i>nonoxynol-9</i>)	CE	N2 (NF)
VCF VAGINAL CONTRACEPTIVE VAGINAL FOAM 12.5 % (<i>nonoxynol-9</i>)	CE	N2 (NF)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VCF VAGINAL CONTRACEPTIVE VAGINAL GEL 4 % (<i>nonoxynol-9</i>)	CE	N2 (NF)
<i>estradiol</i> (Yuvaferm Vaginal Tablet 10 Mcg)	Tier 1	
VASOPRESSORS - DRUGS FOR THE HEART		
ADYPHREN AMP II INJECTION KIT 1 MG/ML (<i>epinephrine</i>)	NF	
ADYPHREN AMP INJECTION KIT 1 MG/ML (<i>epinephrine</i>)	NF	
ADYPHREN II INJECTION KIT 1 MG/ML (<i>epinephrine</i>)	NF	
ADYPHREN INJECTION KIT 1 MG/ML (<i>epinephrine</i>)	NF	
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.1 MG/0.1ML, 0.15 MG/0.15ML, 0.3 MG/0.3ML (<i>epinephrine</i>)	NF	
<i>epinephrine injection solution auto-injector 0.15 mg/0.15ml</i>	Tier 1	QL (1 pack per 1 fill)
<i>epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	Tier 1	QL (8 pens per 1 month)
EPISNAP INJECTION KIT 1 MG/ML (<i>epinephrine</i>)	NF	
<i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
NORTHERA ORAL CAPSULE 100 MG, 200 MG, 300 MG (<i>droxidopa</i>)	NF	#
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.15 MG/0.3ML, 0.3 MG/0.3ML (<i>epinephrine</i>)	Tier 3	QL (4 syringes per 30 days)
VITAMINS - DRUGS FOR NUTRITION		
<i>ergocal oral capsule 62.5 mcg (2500 ut)</i>	Tier 3	
<i>hm biotin oral tablet dispersible 10000 mcg</i>	NF	
MEPHYTON ORAL TABLET 5 MG (<i>phytonadione</i>)	Tier 3	QL (25 tablets per 30 days)
<i>phytonadione oral tablet 5 mg</i>	Tier 1	QL (25 tablets per 30 Days)
<i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)</i>	Tier 1	
<i>vitamin d3 oral capsule 1.25 mg (50000 ut)</i>	Tier 1	

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Index

- 1st tier unifine pentips*.....204
1st tier unifine pentips plus.....204
1st tier unilet comfortouch..... 204
abacavir sulfate..... 115
abacavir sulfate-lamivudine115
abacavir-lamivudine-zidovudine
..... 115
ABILIFY..... 110
ABILIFY MAINTENA..... 110
abiraterone acetate.....96
ABREVA..... 149
ABSORICA..... 149
ABSORICA LD..... 149
ABSTRAL..... 30
acamprosate calcium..... 251
ACANYA..... 149
acarbose.....65
ACCOLATE.....45
ACCU-CHEK AVIVA PLUS
.....169
ACCU-CHEK COMPACT
PLUS.....169
ACCU-CHEK FASTCLIX
LANCETS..... 204
ACCU-CHEK GUIDE.....169
ACCU-CHEK MULTICLIX
LANCETS..... 204
ACCU-CHEK SAFE-T PRO
LANCETS..... 204
ACCU-CHEK
SMARTVIEW..... 169
ACCU-CHEK SOFT
TOUCH LANCETS..... 204
ACCU-CHEK SOFTCLIX
LANCET DEV..... 204
ACCU-CHEK SOFTCLIX
LANCETS..... 204
ACCUPRIL..... 86
ACCURETIC..... 86
ACCUTREND GLUCOSE.. 169
acebutolol hcl..... 123
ACEON..... 86
acetaminophen-codeine.....31
acetaminophen-codeine #2.....30
acetaminophen-codeine #3.....30
acetaminophen-codeine #4.....31
Acetasol Hc..... 247
acetazolamide.....177
acetazolamide er.....177
acetic acid..... 193, 247
acetylcysteine..... 146
acid reducer.....262
ACIPHEX.....262
ACIPHEX SPRINKLE..... 262
acitretin.....149
ACTEMRA..... 23
ACTEMRA ACTPEN.....23
ACTHAR.....179
ACTICLATE..... 259
ACTIGALL..... 189
acti-lance 28g..... 204
acti-lance lite lancets 28g.....204
acti-lance special lancets 17g.. 204
acti-lance universal 23g.....204
ACTIMMUNE..... 96
ACTIQ..... 31
ACTIVELLA..... 186
ACTONEL.....179
ACTOPLUS MET..... 65
ACTOPLUS MET XR.....65
ACTOS..... 65
ACULAR.....239
ACULAR LS..... 239
ACUVAIL..... 239
acyclovir..... 115, 149
ACZONE..... 149
ADAGEN..... 22
ADALAT CC.....125
adapalene..... 149
adapalene-benzoyl peroxide 150
ADCIRCA..... 128
ADDERALL..... 18
ADDERALL XR.....18
ADDYI..... 251
adefovir dipivoxil..... 115
ADEMPAS..... 129
ADHANSIA XR..... 18
adjustable lancing device.....204
ADLYXIN.....66
ADLYXIN STARTER
PACK..... 65
ADMELOG.....66
ADMELOG SOLOSTAR.....66
ADOXA..... 259
ADRENALIN..... 237
ADVAIR DISKUS..... 45
ADVAIR HFA..... 46
ADVANCE INTUITION
TEST..... 169
ADVOCATE INSULIN PEN
NEEDLES..... 205
ADVOCATE INSULIN
SYRINGE.....205
ADVOCATE LANCETS.....205
ADVOCATE RAPID-SAFE
LANCING..... 205
ADVOCATE REDI-CODE..169
ADVOCATE REDI-CODE+
TEST..... 169
ADVOCATE SAFETY
LANCETS..... 205
ADVOCATE TEST..... 169
ADYPHREN..... 269
ADYPHREN AMP..... 269
ADYPHREN AMP II.....269
ADYPHREN II..... 269
ADZENYS ER..... 18
ADZENYS XR-ODT..... 18
AEMCOLO..... 92
AEROSPAN..... 46
Afeditab Cr.....125
AFINITOR.....96
AFINITOR DISPERZ..... 96
Afirmelle.....132
AFREZZA.....66
AFTERA..... 132
AGAMATRIX AMP TEST..169
AGAMATRIX JAZZ TEST. 169
AGAMATRIX KEYNOTE
TEST..... 169
AGAMATRIX PRESTO
TEST..... 169
AGAMATRIX ULTRA-
THIN LANCETS.....205
AGGRENEX..... 195
AGRYLIN..... 195
AIMOVIG..... 220
AIMOVIG (140 MG DOSE).220
AIRDUO DIGIHALER.....46
AIRDUO RESPICLICK
113/14..... 46
AIRDUO RESPICLICK
232/14..... 46
AIRDUO RESPICLICK
55/14.....46
AJOVY.....220

AKLIEF.....	150	Altafrin.....	239	AMPYRA.....	252
AKTIPAK.....	150	Altavera.....	132	AMRIX.....	236
AKYNZEO.....	78	<i>alternate site lancing device</i>	205	AMZEEQ.....	150
ALA SCALP.....	150	ALTOPREV.....	82	ANADROL-50.....	40
<i>ala-cort</i>	150	ALTRENO.....	150	ANAFRANIL.....	61
ALAVERT.....	80	ALUNBRIG.....	97	<i>anagrelide hcl</i>	195
ALAVERT		ALVESCO.....	46	ANALPRAM-HC.....	41
ALLERGY/SINUS.....	146	<i>alyacen 1/35</i>	132	ANAPROX DS.....	23
ALAWAY.....	239	<i>alyacen 7/7/7</i>	132	<i>anastrozole</i>	97
<i>albendazole</i>	42	Alyq.....	129	ANCOBON.....	79
<i>albuterol sulfate</i>	46	ALZAIR ALLERGY		ANDRODERM.....	40
<i>albuterol sulfate er</i>	46	NASAL SPRAY.....	237	ANDROGEL.....	40
<i>albuterol sulfate hfa</i>	46	Amabelz.....	186	ANDROGEL PUMP.....	40
ALCAINE.....	239	<i>amantadine hcl</i>	107	ANDROID.....	40
<i>alclometasone dipropionate</i>	150	AMARYL.....	66	ANDROXY.....	40
<i>alcohol swabs</i>	205	AMBIEN.....	200	ANGELIQ.....	186
ALDACTAZIDE.....	177	AMBIEN CR.....	200	ANNOVERA.....	132
ALDACTONE.....	177	<i>ambrisentan</i>	129	ANORO ELLIPTA.....	46
ALDARA.....	150	<i>amcinonide</i>	150	ANTABUSE.....	252
ALECENSA.....	96	AMELUZ.....	150	ANTARA.....	83
<i>alendronate sodium</i>	179	AMERGE.....	220	ANTICOAGULANT	
ALFERON N.....	96	Amethia.....	132	COMPOUND.....	52
<i>alfuzosin hcl er</i>	193	Amethia Lo.....	132	<i>anti-stick insulin syringe</i>	205
ALINIA.....	92	AMICAR.....	199	ANUSOL-HC.....	41
<i>aliskiren fumarate</i>	86	<i>amiloride hcl</i>	177	ANZEMET.....	78
ALKERAN.....	97	<i>amiloride-hydrochlorothiazide</i>	177	APADAZ.....	31
ALKINDI SPRINKLE.....	143	<i>aminocaproic acid</i>	199	<i>apap-caff-dihydrocodeine</i>	31
ALLEGRA ALLERGY.....	81	<i>amiodarone hcl</i>	44	APEXICON E.....	150
ALLEGRA ALLERGY		AMITIZA.....	189	APIDRA.....	66
CHILDRENS.....	80	<i>amitriptyline hcl</i>	61	APIDRA SOLOSTAR.....	66
ALLEGRA-D ALLERGY &		AMLODIPINE		APLENZIN.....	61
CONGESTION.....	146	BES+SYRSPEND SF.....	125	APOKYN.....	107
<i>allopurinol</i>	194	<i>amlodipine besy-benazepril hcl</i> ..	86	<i>apraclonidine hcl</i>	239
ALLZITAL.....	29	<i>amlodipine besylate</i>	125	<i>aprepitant</i>	78
<i>almotriptan malate</i>	220	<i>amlodipine besylate-valsartan</i> ...	86	Apri.....	132
ALOCRIAL.....	239	<i>amlodipine-atorvastatin</i>	129	APRISO.....	189
<i>alogliptin benzoate</i>	66	<i>amlodipine-olmesartan</i>	87	APTENSIO XR.....	18
<i>alogliptin-metformin hcl</i>	66	<i>amlodipine-valsartan-hctz</i>	87	APTIOM.....	54
<i>alogliptin-pioglitazone</i>	66	<i>ammonium lactate</i>	150	APTIVUS.....	115
ALOMIDE.....	239	Amnesteem.....	150	ARAKODA.....	94
ALORA.....	186	<i>amoxapine</i>	61	Aranelle.....	132
<i>alose tron hcl</i>	189	<i>amoxicillin</i>	250	ARANESP (ALBUMIN	
ALPHAGAN P.....	239	<i>amoxicillin-pot clavulanate</i>	250	FREE).....	197
<i>alprazolam</i>	43	<i>amoxicillin-pot clavulanate er</i> ..	250	ARAVA.....	23
<i>alprazolam er</i>	43	<i>amphetamine er</i>	18	ARAZLO.....	150
ALPRAZOLAM INTENSOL	43	<i>amphetamine sulfate</i>	18	ARCALYST.....	24
<i>alprazolam xr</i>	44	<i>amphetamine-dextroamphet er</i> ..	18	ARCAPTA NEOHALER.....	46
ALREX.....	239	<i>amphetamine-</i>		Argyle Sterile Saline.....	193
ALTABAX.....	150	<i>dextroamphetamine</i>	18	ARICEPT.....	252
ALTACE.....	86	<i>ampicillin</i>	250	ARIKAYCE.....	23

ARIMIDEX.....	97	ASSURE HAEMOLANCE		AVELOX.....	188
<i>aripiprazole</i>	110	PLUS PED.....	205	Aviane.....	133
ARISTADA.....	110	ASSURE ID INSULIN		<i>avidoxy</i>	259
ARISTADA INITIO.....	110	SAFETY SYR.....	205	Avita.....	150
ARIXTRA.....	52	ASSURE LANCE		AVODART.....	193
<i>armodafinil</i>	18	LANCETS.....	205	AVONEX.....	252
ARMONAIR DIGIHALER..	47	ASSURE LANCETS.....	205	AVONEX PEN.....	252
ARMONAIR RESPICLICK		ASSURE PLATINUM.....	169	AVONEX PREFILLED.....	252
113.....	47	ASSURE PRO TEST.....	169	<i>av-phos 250 neutral</i>	223
ARMONAIR RESPICLICK		ASTAGRAF XL.....	225, 226	AVSOLA.....	189
232.....	47	ATACAND.....	87	AXERT.....	220
ARMONAIR RESPICLICK		ATACAND HCT.....	87	AYGESTIN.....	251
55.....	47	<i>atazanavir sulfate</i>	115	Ayuna.....	133
ARMOUR THYROID.....	260	ATELVIA.....	179	AYVAKIT.....	97
<i>arnica</i>	132	<i>atenolol</i>	123	AZASAN.....	226
ARNUITY ELLIPTA.....	47	ATENOLOL+SYRSPEND		AZASITE.....	239
AROMASIN.....	97	SF PH4.....	123	<i>azathioprine</i>	226
ARTHROTEC.....	24	<i>atenolol-chlorthalidone</i>	87	<i>azelaic acid</i>	150
ARYMO ER.....	31	ATIVAN.....	44	<i>azelastine hcl</i>	237, 239
ASACOL HD.....	189	<i>atomoxetine hcl</i>	18	<i>azelastine-fluticasone</i>	237
ASCENIV.....	248	<i>atorvastatin calcium</i>	83	AZELEX.....	151
Ascomp-Codeine.....	31	<i>atovaquone</i>	92	<i>azeschew prenatal/postnatal</i>	229
Ashlyna.....	132	<i>atovaquone-proguanil hcl</i>	94	<i>azesco</i>	229
ASMANEX (120 METERED		ATRALIN.....	150	AZILECT.....	107
DOSES).....	47	ATRIPLA.....	115	<i>azithromycin</i>	203
ASMANEX (14 METERED		<i>atropine sulfate</i>	239	AZOPT.....	239
DOSES).....	47	ATROVENT HFA.....	48	AZOR.....	87
ASMANEX (30 METERED		AUBAGIO.....	252	AZULFIDINE.....	189
DOSES).....	47	Aubra.....	132	AZULFIDINE EN-TABS....	189
ASMANEX (60 METERED		Aubra Eq.....	132	Azurette.....	133
DOSES).....	47	AUGMENTIN.....	250	BACIGUENT.....	239
ASMANEX (7 METERED		AUGMENTIN ES-600.....	250	<i>bacitracin</i>	239
DOSES).....	47	AUGMENTIN XR.....	250	<i>bacitracin-polymyxin b</i>	240
ASMANEX HFA.....	47	<i>aurora lancet super thin 30g</i>	205	<i>bacitra-neomycin-polymyxin-</i>	
<i>aspirin</i>	29	<i>aurora lancet thin 23g</i>	205	<i>hc</i>	240
<i>aspirin low dose</i>	29	<i>aurora pen needles</i>	205	<i>baclofen</i>	236
<i>aspirin-dipyridamole er</i>	195	<i>aurora unifine pentips</i>	205	BACTRIM.....	92
<i>aspirin-omeprazole</i>	195	Aurovela 1.5/30.....	133	BACTRIM DS.....	92
ASSURE 3 TEST.....	169	Aurovela 1/20.....	133	BACTROBAN.....	151
ASSURE 4 TEST.....	169	Aurovela 24 Fe.....	133	BACTROBAN NASAL.....	237
<i>assure comfort lancets 28g</i>	205	Aurovela Fe 1/20.....	133	BAFIERTAM.....	252
ASSURE HAEMOLANCE		AURYXIA.....	189	BAL-CARE DHA.....	229
PLUS HIGH.....	205	AUSTEDO.....	252	BALCOLTRA.....	133
ASSURE HAEMOLANCE		AUVI-Q.....	269	<i>balsalazide disodium</i>	189
PLUS LOW.....	205	AVALIDE.....	87	BALVERSA.....	97
ASSURE HAEMOLANCE		AVANDIA.....	66	Balziva.....	133
PLUS MICRO.....	205	AVAPRO.....	87	BANZEL.....	54
ASSURE HAEMOLANCE		AVAR LS CLEANSER.....	150	BAQSIMI ONE PACK.....	66
PLUS NORMAL.....	205	AVAR-E LS.....	150	BAQSIMI TWO PACK.....	66
		AVC VAGINAL.....	267	BARACLUDE.....	115

BASAGLAR KWIKPEN.....	66	BENICAR HCT.....	87	<i>bisoprolol-hydrochlorothiazide</i> ..	87
BAXDELA.....	188	BENLYSTA.....	226	BLEPH-10.....	240
BAYER BREEZE 2 TEST....	170	BENTYL.....	262	BLEPHAMIDE.....	240
BAYER CONTOUR NEXT		BENZAC AC WASH.....	151	BLEPHAMIDE S.O.P.....	240
TEST.....	170	BENZAACLIN.....	151	Blisovi 24 Fe.....	133
BAYER CONTOUR TEST..	170	BENZAACLIN WITH PUMP	151	Blisovi Fe 1.5/30.....	133
BAYER LOW DOSE.....	29	BENZAMYCIN.....	151	Blisovi Fe 1/20.....	133
BAYER MICROLET		<i>benzhydrocodone-</i>		<i>blood glucose test</i>	170
LANCETS.....	205	<i>acetaminophen</i>	31	BONIVA.....	179
BD AUTOSHIELD.....	205	BENZIQ.....	151	BONJESTA.....	78
BD GLUCOSE.....	66	BENZIQ LS.....	151	<i>bosentan</i>	129
BD INSULIN SYR		<i>benznidazole</i>	42	BOSULIF.....	97
ULTRAFINE II.....	206	<i>benzonatate</i>	146	<i>bp folinatal plus b</i>	229
BD INSULIN SYRINGE....	206	<i>benzoyl peroxide-erythromycin</i>		<i>bp multinatal plus</i>	229
BD INSULIN SYRINGE		.....	151	BRAFTOVI.....	97
HALF-UNIT.....	206	<i>benztropine mesylate</i>	107	BREO ELLIPTA.....	48
BD INSULIN SYRINGE		BEOVU.....	240	BREZTRI AEROSPHERE....	48
MICROFINE.....	206	BEPREVE.....	240	<i>briellyn</i>	133
BD INSULIN SYRINGE		BESIVANCE.....	240	BRILINTA.....	195
U/F.....	206	BETADINE OPHTHALMIC		<i>brimonidine tartrate</i>	240
BD INSULIN SYRINGE		PREP.....	240	BRISDELLE.....	252
ULTRAFINE.....	206	BETAGAN.....	240	BRIVIACT.....	54
BD INTEGRA NEEDLE....	206	<i>betamethasone dipropionate</i>	151	<i>bromfenac sodium (once-daily)</i>	
BD LANCET ULTRAFINE		<i>betamethasone dipropionate</i>		.....	240
30G.....	206	<i>aug</i>	151	<i>bromocriptine mesylate</i>	107
BD LANCET ULTRAFINE		<i>betamethasone valerate</i>	151	<i>brompheniramine tannate</i>	81
33G.....	206	BETAPACE.....	123	BROMSITE.....	240
BD MICROTAINER		BETAPACE AF.....	123	BROVANA.....	48
LANCETS.....	206	BETASERON.....	252	BRUKINSA.....	97
BD PEN NEEDLE MINI		<i>betaxolol hcl</i>	123, 240	BRYHALI.....	151
U/F.....	206	<i>bethanechol chloride</i>	266	BUCALSEP.....	115
BD PEN NEEDLE NANO		BETHKIS.....	23	<i>budesonide</i>	48, 144
U/F.....	206	BETIMOL.....	240	<i>budesonide er</i>	143
BD PEN NEEDLE		BETOPTIC-S.....	240	<i>budesonide-formoterol</i>	
ORIGINAL U/F.....	206	BEVESPI AEROSPHERE....	48	<i>fumarate</i>	48
BD PEN NEEDLE SHORT		BEVYXXA.....	52	<i>bullseye mini safety lancets</i>	207
U/F.....	206	<i>bexarotene</i>	97	<i>bumetanide</i>	177
BD SAFETYGLIDE		BEYAZ.....	133	BUMEX.....	177
INSULIN SYRINGE.....	206	BIAXIN.....	203	BUNAVAIL.....	31
BD SAFETY-LOK		<i>bicalutamide</i>	97	Bupap.....	29
INSULIN SYRINGE.....	206	BIDIL.....	129	BUPHENYL.....	179
BECONASE AQ.....	237	BIEST/PROGESTERONE..	186	<i>buprenorphine</i>	32
Bekyree.....	133	BIJUVA.....	186	<i>buprenorphine hcl</i>	31
BELBUCA.....	31	BIKTARVY.....	115	<i>buprenorphine hcl-naloxone hcl</i> .	32
<i>belladonna alkaloids-opium</i>	262	BILTRICIDE.....	42	<i>bupropion hcl</i>	61
BELSOMRA.....	200	<i>bimatoprost</i>	240	<i>bupropion hcl er (smoking det)</i>	
BELVIQ.....	18	BINOSTO.....	179	.....	252
<i>benazepril hcl</i>	87	<i>bio-statin</i>	79	<i>bupropion hcl er (sr)</i>	61
<i>benazepril-hydrochlorothiazide</i> .	87	<i>bisacodyl</i>	201	<i>bupropion hcl er (xl)</i>	61
BENICAR.....	87	<i>bisoprolol fumarate</i>	123	<i>buspironone hcl</i>	44

<i>butalbital-acetaminophen</i>	29	CARAFATE.....	263	<i>cefixime</i>	131
<i>butalbital-apap-caff-cod</i>	32	CARBAGLU.....	179	<i>cefpodoxime proxetil</i>	131
<i>butalbital-apap-caffeine</i>	29	<i>carbamazepine</i>	54	<i>cefprozil</i>	131
<i>butalbital-asa-caff-codeine</i>	32	<i>carbamazepine er</i>	54	<i>ceftibuten</i>	131
<i>butalbital-asa-caffeine</i>	29	CARBAPHEN 12.....	147	CEFTIN.....	131
<i>butalbital-aspirin-caffeine</i>	29	CARBAPHEN 12 PED.....	147	<i>cefuroxime axetil</i>	131
BUTISOL SODIUM.....	200	CARBATROL.....	54	CELEBREX.....	24
<i>butorphanol tartrate</i>	32	<i>carbidopa</i>	107	<i>celecoxib</i>	24
BUTRANS.....	32	<i>carbidopa-levodopa</i>	107	CELEXA.....	61
BYDUREON.....	67	<i>carbidopa-levodopa er</i>	107	CELLCEPT.....	226
BYDUREON BCISE.....	66	<i>carbidopa-levodopa-entacapone</i>	107	CELONTIN.....	54
BYETTA 10 MCG PEN.....	67	<i>carbinoxamine maleate</i>	81	CENTANY.....	152
BYETTA 5 MCG PEN.....	67	CARDIOVID PLUS.....	239	<i>cephalexin</i>	131
BYNFEZIA PEN.....	179	CARDIZEM.....	125	CEQUA.....	240
BYSTOLIC.....	123	CARDIZEM CD.....	125	CERDELGA.....	197
BYVALSON.....	87	CARDIZEM LA.....	125	CERVIDIL.....	248
<i>cabergoline</i>	179	CARDURA.....	87	CESAMET.....	78
CABLIVI.....	195	CARDURA XL.....	193	Cesia.....	134
CABOMETYX.....	97	CAREFINE PEN NEEDLES	207	<i>cetirizine hcl</i>	81
CADUET.....	129	<i>careone lancet thin 23g</i>	207	<i>cetirizine-pseudoephedrine er.</i> ..	147
<i>caffeine citrate</i>	18	<i>careone lancet ultra thin 28g</i> ...	207	CETRAXAL.....	247
CALAN.....	125	<i>careone unifine pentips</i>	207	<i>cevimeline hcl</i>	228
CALAN SR.....	125	CARESENS N GLUCOSE TEST.....	170	CHANTIX.....	252
CALCIFOL.....	223	CARIMUNE NF.....	248	CHANTIX CONTINUING MONTH PAK.....	252
<i>calcipotriene</i>	151, 152	<i>carisoprodol</i>	236	CHANTIX STARTING MONTH PAK.....	252
<i>calcipotriene-betameth diprop</i> ..	152	<i>carisoprodol-aspirin</i>	236	Chateal.....	134
<i>calcitonin (salmon)</i>	179	<i>carisoprodol-aspirin-codeine</i> ...	236	Chateal Eq.....	134
Calcitrene.....	152	CARNITOR.....	179	CHEK-STIX CONTROL....	170
<i>calcitriol</i>	152, 179	CARNITOR SF.....	179	CHEMET.....	77
<i>calcium acetate</i>	190	CAROSPIR.....	177	CHEMSTRIP 10 MD.....	170
<i>calcium acetate (phos binder)</i> ..	189	<i>carteolol hcl</i>	240	CHEMSTRIP 10/SG.....	170
<i>calcium pnv</i>	229	Cartia Xt.....	125, 126	CHEMSTRIP 2 GP.....	170
<i>calcium-folic acid plus d</i>	223	<i>carvedilol</i>	123	CHEMSTRIP 5 OB.....	170
CALPHRON.....	190	<i>carvedilol phosphate er</i>	123	CHEMSTRIP 7.....	170
CALQUENCE.....	97	CASODEX.....	98	CHEMSTRIP 9.....	170
CAMBIA.....	220	CATAPRES.....	88	CHEMSTRIP K.....	170
Camila.....	133	CATAPRES-TTS-1.....	88	CHEMSTRIP UGK.....	170
Camrese.....	133	CATAPRES-TTS-2.....	88	CHENODAL.....	190
Camrese Lo.....	133	CATAPRES-TTS-3.....	88	<i>childrens aspirin</i>	29
CANASA.....	190	CAYSTON.....	92	<i>chlordiazepoxide hcl</i>	44
<i>candesartan cilexetil</i>	87	Caziant.....	134	<i>chlordiazepoxide-amitriptyline</i> ..	252
<i>candesartan cilexetil-hctz</i>	87	CEDAX.....	130, 131	<i>chlorhexidine gluconate</i> ... 115, 228	
Capacet.....	29	<i>cefaclor</i>	131	<i>chloroquine phosphate</i>	94
<i>capecitabine</i>	97	<i>cefaclor er</i>	131	<i>chlorothiazide</i>	177
CAPEX.....	152	<i>cefadroxil</i>	131	<i>chlorpromazine hcl</i>	110
CAPLYTA.....	110	<i>cefdinir</i>	131	<i>chlorpropamide</i>	67
CAPRELSA.....	97	<i>cefditoren pivoxil</i>	131	<i>chlorthalidone</i>	178
<i>captopril</i>	87			<i>chlorzoxazone</i>	236
<i>captopril-hydrochlorothiazide</i> ...	87				
CARAC.....	152				

CHOLBAM.....	190	CLEVER CHEK AUTO-		<i>colchicine-probenecid</i>	195
<i>cholestyramine</i>	83	CODE TEST.....	170	COLCRYS.....	195
<i>cholestyramine light</i>	83	CLEVER CHEK AUTO-		<i>colesevelam hcl</i>	83
<i>choline-mag trisalicylate</i>	30	CODE VOICE.....	170	COLESTID.....	83
<i>chorionic gonadotropin</i>	180	CLEVER CHEK LANCETS	207	COLESTID FLAVORED.....	83
Ciclodan.....	152	CLEVER CHEK TEST.....	170	<i>colestipol hcl</i>	83
<i>ciclopirox</i>	152	CLEVER CHOICE AUTO-		Colocort.....	41
<i>ciclopirox olamine</i>	152	CODE TEST.....	170	COLY-MYCIN S.....	247
<i>cilostazol</i>	195	CLEVER CHOICE MICRO		COLYTE WITH FLAVOR	
CILOXAN.....	240, 241	TEST.....	170	PACKS.....	201
CIMDUO.....	115	<i>clickfine pen needles</i>	207	COMBIGAN.....	241
<i>cimetidine</i>	263	CLIMARA.....	186	COMBIPATCH.....	186
<i>cimetidine hcl</i>	263	CLIMARA PRO.....	186	COMBISTIX.....	170
CIMZIA.....	190	Clindacin Etz.....	152	COMBIVENT RESPIMAT...48	
CIMZIA PREFILLED.....	190	Clindacin-P.....	152	COMBIVIR.....	115
CIMZIA STARTER KIT.....	190	CLINDAGEL.....	152	COMETRIQ (100 MG	
<i>cinacalcet hcl</i>	180	<i>clindamycin hcl</i>	92	DAILY DOSE).....	98
CIPRO.....	188	<i>clindamycin palmitate hcl</i>	92	COMETRIQ (140 MG	
CIPRO HC.....	247	<i>clindamycin phos-benzoyl</i>		DAILY DOSE).....	98
CIPRO XR.....	188	<i>perox</i>	153	COMETRIQ (60 MG DAILY	
CIPRODEX.....	247	<i>clindamycin phosphate</i>	153, 267	DOSE).....	98
<i>ciprofloxacin</i>	189	<i>clindamycin-tretinoin</i>	153	<i>comfort assured lancets 28g</i>	207
<i>ciprofloxacin hcl</i>	188, 241, 247	CLINDESSE.....	267	<i>comfort assured lancets 33g</i>	207
<i>ciprofloxacin-ciproflox hcl er</i> ..	189	<i>clobazam</i>	54	COMFORT EZ INSULIN	
<i>ciprofloxacin-dexamethasone</i> ..	247	<i>clobetasol propionate</i>	153	SYRINGE.....	207
<i>ciprofloxacin-fluocinolone pf</i> ..	247	<i>clobetasol propionate e</i>	153	COMFORT EZ PEN	
<i>citalopram hydrobromide</i>	61	<i>clobetasol propionate emulsion</i>	153	NEEDLES.....	207
CITRANATAL 90 DHA.....	229	CLOBEX.....	153	<i>comfort lancets</i>	207
CITRANATAL ASSURE....	229	CLOBEX SPRAY.....	153	COMPLERA.....	116
CITRANATAL B-CALM....	229	<i>clocortolone pivalate</i>	153	<i>completenate</i>	229
CITRANATAL ESSENCE..	229	<i>clocortolone pivalate pump</i>	153	Compro.....	111
CITRANATAL MEDLEY...229		Clodan.....	154	COMTAN.....	108
CITRANATAL RX.....	229	CLODERM.....	154	CO-NATAL FA.....	230
<i>citrate of magnesia</i>	201	CLODERM PUMP.....	154	CONCEPT DHA.....	230
Claravis.....	152	<i>clomipramine hcl</i>	61	CONCEPT OB.....	230
CLARINEX.....	81	<i>clonazepam</i>	54, 55	CONCERTA.....	19
CLARINEX-D 12 HOUR....	147	<i>clonidine hcl</i>	88	CONDYLOX.....	154
<i>clarithromycin</i>	203	<i>clonidine hcl er</i>	19	CONJUPRI.....	126
<i>clarithromycin er</i>	203	<i>clopidogrel bisulfate</i>	195	CONSENSI.....	126
CLARITIN.....	81	<i>clorazepate dipotassium</i>	44	<i>constulose</i>	201
CLARITIN CHILDRENS.....	81	CLORPRES.....	88	CONZIP.....	32
CLARITIN EYE.....	241	<i>clotrimazole</i>	228	COPAXONE.....	252
CLARITIN REDITABS.....	81	<i>clotrimazole-betamethasone</i>	154	COPEGUS.....	116
CLARITIN-D 12 HOUR.....	147	<i>clozapine</i>	110, 111	COPIKTRA.....	98
CLARITIN-D 24 HOUR.....	147	CLOZARIL.....	111	CORDRAN.....	154
<i>clemastine fumarate</i>	81	COARTEM.....	94	COREG.....	123
CLENPIQ.....	201	CODAR AR.....	147	COREG CR.....	123
CLEOCIN.....	92, 267	<i>codeine sulfate</i>	32	Coremino.....	259
CLEOCIN-T.....	152	COLAZAL.....	190	CORGARD.....	124
		<i>colchicine</i>	195	CORLANOR.....	129

Cormax Scalp Application	154	CYSTADANE.....	180	DEPO-TESTOSTERONE.....	40
CORTEF.....	144	CYSTADROPS.....	241	DERMA-SMOOTH/FS	
CORTENEMA.....	41	CYSTAGON.....	193	BODY.....	155
CORTIFOAM.....	41	CYSTARAN.....	241	DERMA-SMOOTH/FS	
<i>cortisone acetate</i>	144	CYTOMEL.....	261	SCALP.....	155
CORTISPORIN.....	154	CYTOTEC.....	263	DERMATOP.....	155
CORZIDE.....	88	D.H.E. 45.....	220	DERMOTIC.....	247
COSENTYX.....	154	DAKLINZA.....	116	DESCOVY.....	116
COSENTYX (300 MG		<i>dalfampridine er</i>	253	<i>desipramine hcl</i>	61
DOSE).....	154	DALIRESP.....	48	<i>desloratadine</i>	81
COSENTYX		<i>danazol</i>	40	<i>desmopressin ace rhinal tube</i> ... 180	
SENSOREADY (300 MG)...	154	DANTRIUM.....	236	<i>desmopressin ace spray refrig.</i> 180	
COSENTYX		<i>dantrolene sodium</i>	236	<i>desmopressin acetate</i>	180
SENSOREADY PEN.....	154	<i>dapsone</i>	92, 155	<i>desmopressin acetate spray</i> 180	
COSOPT.....	241	DARAPRIM.....	94	<i>desogestrel-ethinyl estradiol</i> ... 134	
COSOPT PF.....	241	<i>darifenacin hydrobromide er</i> ... 266		DESONATE.....	155
COTELLIC.....	98	Dasetta 1/35.....	134	<i>desonide</i>	155
COTEMPLA XR-ODT.....	19	Dasetta 7/7/7.....	134	DESOWEN.....	155
COUMADIN.....	52	DAURISMO.....	98	<i>desoximetasone</i>	155
COZAAR.....	88	DAXBIA.....	131	DESOXYN.....	19
CREON.....	176	DAYPRO.....	24	<i>desvenlafaxine er</i>	61
CRESEMBA.....	79	Daysee.....	134	<i>desvenlafaxine succinate er</i> 62	
CRESTOR.....	83	DAYTRANA.....	19	DETROL.....	266
CRINONE.....	267	DAYVIGO.....	200	DETROL LA.....	266
CRIXIVAN.....	116	DDAVP.....	180	DEX4 GLUCOSE.....	67
<i>cromolyn sodium</i>	48, 190, 241	DDAVP RHINAL TUBE....	180	DEX4 GLUCOSE GO-	
CROTAN.....	154	DEBACTEROL.....	228	POUCH.....	67
Cryelle-28.....	134	Deblitane.....	134	DEX4 QUICK DISSOLVE	
CUPRIMINE.....	226	DECON-A.....	147	GLUCOSE.....	67
Curity Sterile Saline.....	193	<i>deferasirox</i>	77	<i>dexamethasone</i>	144
CUTAQUIG.....	248	<i>deferasirox granules</i>	77	DEXAMETHASONE	
CUTIVATE.....	154, 155	<i>deferiprone</i>	77	INTENSOL.....	144
CUVITRU.....	248	DELESTROGEN.....	186	<i>dexamethasone sodium</i>	
CUVPOSA.....	263	DELSTRIGO.....	116	<i>phosphate</i>	241
<i>cyanocobalamin</i>	197	Deltasone.....	144	DEXCOM G4 PLAT PED	
Cyclafem 1/35.....	134	Delyla.....	134	RCV/SHARE.....	207
Cyclafem 7/7/7.....	134	DELZICOL.....	190	DEXCOM G4 PLAT PED	
<i>cyclobenzaprine hcl</i>	236	DEMADEX.....	178	RECEIVER.....	207
<i>cyclobenzaprine hcl er</i>	236	<i>demeclocycline hcl</i>	259	DEXCOM G4 PLATINUM	
CYCLOGYL.....	241	DEMEROL.....	32	RCV/SHARE.....	207
CYCLOMYDRIL.....	241	DEMSEER.....	88	DEXCOM G4 PLATINUM	
<i>cyclopentolate hcl</i>	241	DENAVIR.....	155	RECEIVER.....	207
<i>cyclophosphamide</i>	98	DEPAKENE.....	55	DEXCOM G4 PLATINUM	
<i>cycloserine</i>	95	DEPAKOTE.....	55	TRANSMITTER.....	207
CYCLOSET.....	67	DEPAKOTE ER.....	55	DEXCOM G4 SENSOR.....	207
<i>cyclosporine</i>	226	DEPAKOTE SPRINKLES....	55	DEXCOM G5 MOB/G4	
<i>cyclosporine modified</i>	226	DEPEN TITRATABS.....	226	PLAT SENSOR.....	207
CYMBALTA.....	61	DEPO-ESTRADIOL.....	187	DEXCOM G5 MOBILE	
<i>cyproheptadine hcl</i>	81	DEPO-SUBQ PROVERA		RECEIVER.....	208
Cyred.....	134	104.....	134		

DEXCOM G5 MOBILE TRANSMITTER.....	208	<i>diltiazem cd</i>	126	<i>drospiren-eth estrad-levomefol</i>	134
DEXCOM G5 RECEIVER KIT.....	208	<i>diltiazem hcl</i>	126	<i>drospirenone-ethinyl estradiol</i> ..	134
DEXCOM G6 RECEIVER..	208	<i>diltiazem hcl er</i>	126	DROXIA.....	197
DEXCOM G6 SENSOR.....	208	<i>diltiazem hcl er beads</i>	126	DUAC.....	156
DEXCOM G6 TRANSMITTER.....	208	<i>diltiazem hcl er coated beads</i> ...	126	DUAKLIR PRESSAIR.....	48
DEXEDRINE.....	19	<i>dilt-xr</i>	126	DUAVEE.....	187
DEXILANT.....	263	<i>dimethyl fumarate</i>	253	DUET DHA BALANCED..	230
<i>dexmethylphenidate hcl</i>	19	DIOVAN.....	88	DUETACT.....	67
<i>dexmethylphenidate hcl er</i>	19	DIOVAN HCT.....	88	DUEXIS.....	24
Dexpak 10 Day.....	144	DIPENTUM.....	190	DULCOLAX BOWEL PREP KIT.....	201
Dexpak 13 Day.....	144	<i>diphenoxylate-atropine</i>	76	DULERA.....	48
Dexpak 6 Day.....	144	DIPROLENE.....	156	<i>duloxetine hcl</i>	62
<i>dextroamphetamine sulfate</i>	19	DIPROLENE AF.....	156	DUOBRII.....	156
<i>dextroamphetamine sulfate er</i> ...	19	<i>dipyridamole</i>	195	DUOPA.....	108
DIACOMIT.....	55	<i>disopyramide phosphate</i>	44	DUPIXENT.....	156
DIAMOX SEQUELS.....	178	<i>disulfiram</i>	253	DURAGESIC-100.....	32
DIASTAT ACUDIAL.....	55	DITROPAN XL.....	266	DURAGESIC-12.....	32
DIASTAT PEDIATRIC.....	55	DIURIL.....	178	DURAGESIC-25.....	32
<i>diazepam</i>	44, 55	<i>divalproex sodium</i>	55, 56	DURAGESIC-50.....	32
Diazepam Intensol.....	44	<i>divalproex sodium er</i>	55	DURAGESIC-75.....	33
<i>diazoxide</i>	67	DIVIGEL.....	187	<i>duraxin</i>	30
DIBENZYLINE.....	88	<i>docosanol</i>	156	DUREZOL.....	241
DICLEGIS.....	78	<i>dofetilide</i>	45	DURLAZA.....	196
<i>diclofenac</i>	24	DOLOPHINE.....	32	<i>dutasteride</i>	193
<i>diclofenac epolamine</i>	155	DOLOTRANZ.....	156	<i>dutasteride-tamsulosin hcl</i>	193
<i>diclofenac potassium</i>	24	<i>donepezil hcl</i>	253	DUZALLO.....	195
<i>diclofenac sodium</i>	24, 155, 156, 241	DOPTelet.....	197	DXEVO 11-DAY.....	144
<i>diclofenac sodium er</i>	24	DORAL.....	200	DYANAVEL XR.....	19
<i>diclofenac-misoprostol</i>	24	DORYX.....	259	DYAZIDE.....	178
<i>dicloxacillin sodium</i>	250	DORYX MPC.....	259	DYMISTA.....	237
<i>dicyclomine hcl</i>	263	<i>dorzolamide hcl</i>	241	DYRENIUM.....	178
<i>didanosine</i>	116	<i>dorzolamide hcl-timolol mal</i>	241	E.E.S. GRANULES.....	203
DIFFERIN.....	156	<i>dorzolamide hcl-timolol mal pf</i>	241	<i>easy comfort insulin syringe</i>	208
DIFICID.....	203	<i>double pm</i>	241	<i>easy comfort lancets</i>	208
DIFIL-G FORTE.....	48	DOVATO.....	116	<i>easy plus ii glucose test</i>	170
<i>diflorasone diacetate</i>	156	DOVONEX.....	156	EASY STEP TEST.....	171
DIFLUCAN.....	79	<i>doxazosin mesylate</i>	88	<i>easy talk blood glucose test</i>	171
<i>diflunisal</i>	30	<i>doxepin hcl</i>	62, 156, 200	EASY TOUCH INSULIN SAFETY SYR.....	208
Digitek.....	128	<i>doxercalciferol</i>	180	EASY TOUCH INSULIN SYRINGE.....	208
Digox.....	128	<i>doxycycline hyclate</i>	259	EASY TOUCH LANCETS 21G.....	208
<i>digoxin</i>	128	<i>doxycycline monohydrate</i>	259	EASY TOUCH LANCETS 23G.....	208
<i>dihydroergotamine mesylate</i>	221	<i>doxylamine-pyridoxine</i>	78	EASY TOUCH LANCETS 26G.....	208
DILANTIN.....	55	<i>d-penamamine</i>	226	EASY TOUCH LANCETS 28G.....	208
DILANTIN INFATABS.....	55	DRAMAMINE LESS.....			
DILATRATE-SR.....	42	DROWSY.....	78		
DILAUDID.....	32	DRITHO-CREME HP.....	156		
		DRIZALMA SPRINKLE.....	62		
		<i>dronabinol</i>	78		
		DROPLET LANCETS.....			
		ULTRA THIN 30G.....	208		

EASY TOUCH LANCETS 28G/TWIST.....	208	EFUDEX.....	156	ENSPRYNG.....	226
EASY TOUCH LANCETS 30G.....	208	ELAVIL.....	62	ENSTILAR.....	157
EASY TOUCH LANCETS 30G/TWIST.....	208	ELDEPRYL.....	108	<i>entacapone</i>	108
EASY TOUCH LANCETS 32G.....	208	ELEMENT TEST.....	171	<i>entecavir</i>	116
EASY TOUCH LANCETS 32G/TWIST.....	208	ELESTAT.....	241	ENTOCORT EC.....	144
EASY TOUCH LANCETS 33G/TWIST.....	209	ELESTRIN.....	187	ENTRESTO.....	129
EASY TOUCH PEN NEEDLES.....	209	<i>eletriptan hydrobromide</i>	221	<i>enulose</i>	190
EASY TOUCH SAFETY LANCETS 21G.....	209	ELIDEL.....	156	ENVARBUS XR.....	226
EASY TOUCH SAFETY LANCETS 23G.....	209	ELIGARD.....	98	EPANED.....	88
EASY TOUCH SAFETY LANCETS 26G.....	209	ELIMITE.....	156	EPCLUSA.....	116
EASY TOUCH SAFETY LANCETS 28G.....	209	Elinest.....	135	EPIDIOLEX.....	56
EASY TOUCH TEST.....	171	ELIQUIS.....	53	EPIDUO.....	157
<i>easy trak blood glucose test</i>	171	ELIQUIS DVT/PE STARTER PACK.....	53	EPIDUO FORTE.....	157
EASY TWIST & CAP LANCETS.....	209	ELITE-OB.....	230	EPIFOAM.....	157
EASYGLUCO.....	171	<i>elite-thin insulin syringe</i>	209	<i>epinastine hcl</i>	242
EASYMAX 15 TEST.....	171	ELIXOPHYLLIN.....	48	<i>epinephrine</i>	269
EASYMAX TEST.....	171	ELLA.....	135	EPISNAP.....	269
<i>easyplus blood glucose test</i>	171	ELMIRON.....	193	Epitol.....	56
EASYPRO PLUS.....	171	ELOCON.....	156, 157	EPIVIR.....	116, 117
EC-NAPROSYN.....	24	Eluryng.....	135	EPIVIR HBV.....	116
<i>econazole nitrate</i>	156	EMADINE.....	242	<i>eplerenone</i>	89
ECONTRA EZ.....	134	EMBEDA.....	33	EPOGEN.....	197
ECOTRIN LOW STRENGTH.....	30	EMBRACE BLOOD GLUCOSE TEST.....	171	<i>epoprostenol sodium</i>	129
ECOZA.....	156	EMCYT.....	98	<i>eprosartan mesylate</i>	89
EDARBI.....	88	EMEND.....	78	EPZICOM.....	117
EDARBYCLOR.....	88	EMFLAZA.....	144	<i>eq blood glucose test</i>	171
EDECIN.....	178	EMGALITY.....	221	<i>eq famotidine max st</i>	263
EDLUAR.....	200	EMGALITY (300 MG DOSE).....	221	<i>equapax/libuprofen/minrex</i>	25
EDURANT.....	116	Emoquette.....	135	EQUETRO.....	111
<i>efavirenz</i>	116	EMSAM.....	62	<i>ergocal</i>	269
<i>efavirenz-emtricitab-tenofovir</i>	116	<i>emtricitabine</i>	116	<i>ergoloid mesylates</i>	253
<i>efavirenz-lamivudine-tenofovir</i>	116	<i>emtricitabine-tenofovir df</i>	116	ERGOMAR.....	221
EFFER-K.....	223	EMTRIVA.....	116	<i>ergotamine-caffeine</i>	221
Effer-K.....	223	EMVERM.....	42	ERIVEDGE.....	98
<i>effervescent pot chloride</i>	223	ENABLEX.....	266	ERLEADA.....	98
EFFEXOR XR.....	62	<i>enalapril maleate</i>	88	<i>erlotinib hcl</i>	98
EFFIENT.....	196	<i>enalapril-hydrochlorothiazide</i>	88	Errin.....	135
		ENBREL.....	24	ERTACZO.....	157
		ENBREL MINI.....	24	<i>ery</i>	157
		ENBREL SURECLICK.....	24	ERYPED 200.....	203
		ENCARE.....	267	ERYPED 400.....	203
		ENDARI.....	197	Ery-Tab.....	203
		Endocet.....	33	ERYTHROCIN STEARATE	203
		ENDOMETRIN.....	267	<i>erythromycin</i>	157, 242
		<i>enoxaparin sodium</i>	53	<i>erythromycin base</i>	203
		Enpresse-28.....	135	<i>erythromycin ethylsuccinate</i>	203
		Enskyce.....	135	<i>erythromycin stearate</i>	203
				ESBRIET.....	258
				<i>escitalopram oxalate</i>	62

Esgic.....	30	EXELON.....	253	FEMRING.....	267
ESGIC.....	30	<i>exemestane</i>	98	Femynor.....	135
<i>esomeprazole magnesium</i>	263	EXFORGE.....	89	<i>fenofibrate</i>	83, 84
<i>esomeprazole strontium</i>	263	EXFORGE HCT.....	89	<i>fenofibrate micronized</i>	83
ESPEROCT.....	196	EXJADE.....	77	<i>fenofibric acid</i>	84
Estarylla.....	135	EXTAVIA.....	253	FENOGLIDE.....	84
<i>estazolam</i>	200	EXTINA.....	157	<i>fenopropfen calcium</i>	25
ESTRACE.....	187, 267	E-Z JECT LANCET		FENORTHO.....	25
<i>estradiol</i>	187, 267	MICRO-THIN 33G.....	209	FENSOLVI.....	99
<i>estradiol valerate</i>	187	E-Z JECT LANCET SUPER		<i>fentanyl</i>	33
<i>estradiol-norethindrone acet...</i>	187	THIN 30G.....	209	<i>fentanyl citrate</i>	33
ESTRING.....	267	E-Z JECT LANCETS.....	209	FENTORA.....	33
ESTROGEL.....	187	E-Z JECT LANCETS 21G...	209	FERRIPROX.....	77
<i>estropipate</i>	187	E-Z JECT LANCETS THIN		FERRIPROX TWICE-A-	
<i>eszopiclone</i>	200	26G.....	209	DAY.....	77
<i>ethacrynic acid</i>	178	EZ SMART BLOOD		FETZIMA.....	62
<i>ethambutol hcl</i>	95	GLUCOSE LANCETS.....	209	FETZIMA TITRATION.....	62
<i>ethosuximide</i>	56	EZ SMART BLOOD		FEXMID.....	236
<i>ethyl chloride</i>	157	GLUCOSE TEST.....	172	<i>fexofenadine hcl</i>	81
<i>ethynodiol diac-eth estradiol...</i>	135	EZ SMART PLUS		<i>fexofenadine hcl childrens</i>	81
<i>etidronate disodium</i>	180	GLUCOSE TEST.....	172	<i>fexofenadine-pseudoephed er..</i>	147
<i>etodolac</i>	25	EZALLOR SPRINKLE.....	83	FIASP.....	67
<i>etodolac er</i>	25	<i>ezetimibe</i>	83	FIASP FLEXTOUCH.....	67
<i>etoposide</i>	98	<i>ezetimibe-simvastatin</i>	83	FIASP PENFILL.....	67
EUCRISA.....	157	FABIOR.....	157	FIBRICOR.....	84
EURAX.....	157	FACTIVE.....	189	FIFTY50 GLUCOSE TEST	
Euthyrox.....	261	FALESSA.....	135	2.0.....	172
EVAMIST.....	187	Falmina.....	135	FIFTY50 PEN NEEDLES...	209
EVEKEO.....	19	<i>famciclovir</i>	117	FIFTY50 SAFETY SEAL	
EVEKEO ODT.....	19	<i>famotidine</i>	263	LANCETS.....	209
EVENCARE + BLOOD		FANAPT.....	111	FIFTY50 SUPERIOR	
GLUCOSE TEST.....	171	FANAPT TITRATION		COMFORT SYR.....	209
EVENCARE BLOOD		PACK.....	111	FINACEA.....	157
GLUCOSE TEST.....	171	FARESTON.....	99	<i>finasteride</i>	193
EVENCARE G2 TEST.....	171	FARXIGA.....	67	FINE 30.....	209
EVENCARE G3 TEST.....	171	FARYDAK.....	99	FINGERSTIX LANCETS...	209
EVENITY.....	180	FASENRA PEN.....	49	FINTEPLA.....	56
<i>everolimus</i>	98, 226	<i>favipiravir</i>	117	FIORICET.....	30
EVISTA.....	180	Fayosim.....	135	FIORICET/CODEINE.....	33
EVITHROM.....	199	FAZACLO.....	111	FIORINAL.....	30
EVOCLIN.....	157	FC FEMALE CONDOM....	209	FIORINAL/CODEINE #3....	33
EVOLUTION AUTOCODE	171	FC2 FEMALE CONDOM...	209	FIRAZYR.....	196
EVOTAZ.....	117	<i>febuxostat</i>	195	FIRDAPSE.....	95
EVOXAC.....	228	<i>felbamate</i>	56	FIRMAGON.....	99
EVRYSDI.....	238	FELBATOL.....	56	FIRMAGON (240 MG	
EVZIO.....	77	FELDENE.....	25	DOSE).....	99
EXALGO.....	33	<i>felodipine er</i>	126	FIRVANQ.....	93
EXEL COMFORT POINT		FEM PH.....	267	FLAGYL.....	93
INSULIN SYR.....	209	FEMARA.....	99	FLAREX.....	242
EXELDERM.....	157	FEMCAP.....	209	<i>flavoxate hcl</i>	266

<i>flecainide acetate</i>	45	FOCALIN XR.....	19	FREESTYLE UNISTICK II	
FLECTOR.....	157	<i>folate</i>	197	LANCETS.....	210
FLEET LAXATIVE.....	201	<i>folcal dha</i>	230	FROVA.....	221
FLOLAN.....	129	FOLCAPS OMEGA 3.....	230	<i>frovatriptan succinate</i>	221
<i>flolipid</i>	84	<i>folic acid</i>	197	FULPHILA.....	197
FLOMAX.....	193	FOLIVANE-OB.....	230	FURADANTIN.....	93
FLONASE ALLERGY		FOLVITE-FE.....	197	<i>furosemide</i>	178
RELIEF.....	238	<i>fondaparinux sodium</i>	53	FUZEON.....	117
FLORIVA.....	223	FORA D15G BLOOD		Fyavolv.....	187
FLOVENT DISKUS.....	49	GLUCOSE TEST.....	172	FYCOMPA.....	56
FLOVENT HFA.....	49	FORA D20 BLOOD		<i>gabapentin</i>	56
FLOXIN OTIC.....	248	GLUCOSE TEST.....	172	GABITRIL.....	56
<i>fluconazole</i>	79	FORA G20 BLOOD		GALAFOLD.....	180
<i>flucytosine</i>	79	GLUCOSE TEST.....	172	<i>galantamine hydrobromide</i>	253
<i>fludrocortisone acetate</i>	144	FORA G30/PREM V10		<i>galantamine hydrobromide er</i>	253
FLUMADINE.....	117	GLUCOSE TEST.....	172	GALZIN.....	224
<i>flunisolide</i>	238	FORA GD20 TEST.....	172	GAMASTAN.....	249
<i>fluocinolone acetonide</i>	158, 248	FORA LANCETS.....	210	GAMASTAN S/D.....	249
<i>fluocinolone acetonide body</i>	157	FORA V10 BLOOD		GAMMAGARD.....	249
<i>fluocinolone acetonide scalp</i>	158	GLUCOSE TEST.....	172	GAMMAGARD S/D LESS	
<i>fluocinonide</i>	158	FORA V12 BLOOD		IGA.....	249
<i>fluocinonide emulsified base</i>	158	GLUCOSE TEST.....	172	GAMMAKED.....	249
FLUORABON.....	223	FORA V20 BLOOD		GAMUNEX-C.....	249
FLUOR-A-DAY.....	223	GLUCOSE TEST.....	172	GASTROCROM.....	190
FLUORIDEX		FORA V30A BLOOD		<i>gatifloxacin</i>	242
SENSITIVITY RELIEF.....	228	GLUCOSE TEST.....	172	GATTEX.....	190
<i>fluoritab</i>	223	FORACARE GD40 TEST.....	172	GAVILYTE-C.....	201
<i>fluorometholone</i>	242	FORACARE PREMIUM		Gavilyte-G.....	202
FLUROPLEX.....	158	V10 TEST.....	172	Gavilyte-H.....	202
<i>fluorouracil</i>	158	FORFIVO XL.....	63	Gavilyte-N With Flavor Pack	202
<i>fluoxetine hcl</i>	62	FORTAMET.....	67	GAVRETO.....	99
<i>fluoxetine hcl (pmd)</i>	253	FORTEO.....	180	<i>ge100 blood glucose test</i>	173
<i>fluphenazine decanoate</i>	111	FORTESTA.....	40	GELFILM.....	242
<i>fluphenazine hcl</i>	111	FOSAMAX.....	180	GELNIQUE.....	266
FLURA-DROPS.....	224	FOSAMAX PLUS D.....	180	GELNIQUE PUMP.....	266
<i>flurandrenolide</i>	158	<i>fosamprenavir calcium</i>	117	<i>gemfibrozil</i>	84
FLURA-SAFE.....	242	<i>fosinopril sodium</i>	89	<i>generlac</i>	190
<i>flurazepam hcl</i>	200	<i>fosinopril sodium-hctz</i>	89	Gengraf.....	226
<i>flurbiprofen</i>	25	FOSRENOL.....	190	GENICIN VITA-Q.....	230
<i>flurbiprofen sodium</i>	242	FRAGMIN.....	53	GENOTROPIN.....	181
<i>flutamide</i>	99	FREESTYLE INSULINX		GENOTROPIN	
<i>fluticasone propionate</i>	158, 238	TEST.....	172	MINIQUICK.....	180
<i>fluticasone-salmeterol</i>	49	FREESTYLE LANCETS.....	210	GENTAK.....	242
<i>fluvastatin sodium</i>	84	FREESTYLE LITE TEST.....	172	<i>gentamicin sulfate</i>	158, 242
<i>fluvastatin sodium er</i>	84	FREESTYLE PRECISION		GENVOYA.....	117
<i>fluvoxamine maleate</i>	62	INS SYR.....	210	GEODON.....	111
<i>fluvoxamine maleate er</i>	62	FREESTYLE PRECISION		Gianvi.....	135
FML.....	242	NEO TEST.....	172	GIAZO.....	190
FML FORTE.....	242	FREESTYLE TEST.....	173	Gildagia.....	135
FOCALIN.....	19			Gildess Fe 1.5/30.....	135

Gildess Fe 1/20.....	135	GLYNASE.....	68	HALDOL.....	111
GILENYA.....	253	GLYSET.....	69	HALDOL DECANOATE....	111
GILOTRIF.....	99	GLYXAMBI.....	69	<i>halobetasol propionate</i>	158
GIMOTI.....	190	GOCOVRI.....	108	HALOG.....	158, 159
<i>glatiramer acetate</i>	253	GOJJI BLOOD GLUCOSE		<i>haloperidol</i>	111
Glatopa.....	253	TEST.....	173	<i>haloperidol decanoate</i>	111
GLEEVEC.....	99	GOLYTELY.....	202	<i>haloperidol lactate</i>	111
GLEOSTINE.....	99	GONAL-F.....	181	HALOTIN.....	159
<i>glimepiride</i>	67	GONAL-F RFF.....	181	HARVONI.....	117
<i>glipizide</i>	68	GONAL-F RFF REDIJECT	181	<i>healthwise mini pen needles</i>	211
<i>glipizide er</i>	68	GONITRO.....	42	<i>healthwise pen needles</i>	211
<i>glipizide xl</i>	68	<i>goodsense nicotine</i>	253	<i>healthwise short pen needles</i>	211
<i>glipizide-metformin hcl</i>	68	GRALISE.....	254	<i>healthwise unifine pentips</i>	211
<i>global ease inject pen needles</i> ..	210	GRALISE STARTER.....	254	<i>healthy accents unifine pentip</i> ..	211
<i>global inject ease insulin syr</i>	210	<i>granisetron hcl</i>	78	<i>healthy accents unilet lancets</i> ..	211
<i>global inject ease lancets 28g</i> ..	210	GRANIX.....	197	Heather.....	135
<i>global inject ease lancets 30g</i> ..	210	GRASTEK.....	22	HECTOROL.....	181
GLOPERBA.....	195	<i>griseofulvin microsize</i>	79	HELIDAC THERAPY.....	263
GLUCAGEN		<i>griseofulvin ultramicrosize</i>	79	HEMA-COMBISTIX.....	173
DIAGNOSTIC.....	173	GRIS-PEG.....	80	HEMADY.....	144
GLUCAGEN HYPOKIT.....	68	<i>guanfacine hcl</i>	89	HEMANGEOL.....	124
<i>glucagon emergency</i>	68	<i>guanfacine hcl er</i>	19	<i>hemenatal ob</i>	230
GLUCO BURST.....	68	<i>guanidine hcl</i>	95	<i>hemenatal ob + dha</i>	230
GLUCOCARD 01 SENSOR		GUARDIAN CONNECT		HEMOCYTE-F.....	197
PLUS.....	173	TRANSMITTER.....	210	<i>heparin sodium (porcine)</i>	53
GLUCOCARD		GUARDIAN LINK 3		<i>heparin sodium (porcine) pf</i>	53
EXPRESSION TEST.....	173	TRANSMITTER.....	210	HEPSERA.....	117
GLUCOCARD VITAL		GUARDIAN SENSOR (3)...	210	HETLIOZ.....	200
TEST.....	173	GVOKE HYPOPEN 1-		HEXALEN.....	99
GLUCOCARD X-SENSOR.	173	PACK.....	69	Hidex 6-Day.....	144
GLUCOCOM LANCETS		GVOKE HYPOPEN 2-		HIPREX.....	93
28G.....	210	PACK.....	69	HIZENTRA.....	249
GLUCOCOM LANCETS		GVOKE PFS.....	69	<i>hm biotin</i>	269
30G.....	210	GYNAZOLE-1.....	268	HM ULTICARE INSULIN	
GLUCOCOM LANCETS		HAEGARDA.....	196	SYRINGE.....	211
33G.....	210	HAEMOLANCE.....	210	HOMATROPAIRE.....	242
GLUCOCOM TEST.....	173	HAEMOLANCE LOW		<i>homatropine hbr</i>	242
GLUCOPHAGE.....	68	FLOW LANCETS.....	210	HORIZANT.....	254
GLUCOPHAGE XR.....	68	HAEMOLANCE PLUS.....	210	HUMALOG.....	69
GLUCOPRO INSULIN		HAEMOLANCE PLUS		HUMALOG JUNIOR	
SYRINGE.....	210	HIGH FLOW.....	210	KWIKPEN.....	69
<i>glucose</i>	68	HAEMOLANCE PLUS		HUMALOG KWIKPEN.....	69
GLUCOTROL.....	68	LOW FLOW.....	210	HUMALOG MIX 50/50.....	69
GLUCOTROL XL.....	68	HAEMOLANCE PLUS		HUMALOG MIX 50/50	
GLUCOVANCE.....	68	MAX FLOW.....	211	KWIKPEN.....	69
GLUMETZA.....	68	HAEMOLANCE PLUS		HUMALOG MIX 75/25.....	69
<i>glyburide</i>	68	PEDIATRIC FLOW.....	211	HUMALOG MIX 75/25	
<i>glyburide micronized</i>	68	Hailey 24 Fe.....	135	KWIKPEN.....	69
<i>glyburide-metformin</i>	68	<i>halcinonide</i>	158	HUMATROPE.....	181
<i>glycopyrrolate</i>	263	HALCION.....	200	HUMIRA.....	26

HUMIRA PEDIATRIC	<i>ibandronate sodium</i>	181	INNOPRAN XL.....	124
CROHNS START.....	IBRANCE.....	99	INQOVI.....	100
HUMIRA PEN.....	Ibu.....	26	INREBIC.....	100
HUMIRA PEN-CD/UC/HS	IBUDONE.....	34	INSPRA.....	89
STARTER.....	Ibudone.....	34	INSTA-GLUCOSE.....	70
HUMIRA PEN-	<i>ibuprofen</i>	26	<i>insulin asp prot & asp flexpen</i> ...	70
PS/UV/ADOL HS START....	<i>icatibant acetate</i>	196	<i>insulin aspart</i>	70
HUMULIN 70/30.....	ICLUSIG.....	99, 100	<i>insulin aspart flexpen</i>	70
HUMULIN 70/30	IDHIFA.....	100	<i>insulin aspart penfill</i>	70
KWIKPEN.....	ILARIS.....	26	<i>insulin aspart prot & aspart</i>	70
HUMULIN N.....	ILARIS (150MG		<i>insulin lispro</i>	70
HUMULIN N KWIKPEN....	DELIVERED).....	26	<i>insulin lispro junior kwikpen</i>	70
HUMULIN R.....	ILEVRO.....	242	<i>insulin lispro prot & lispro</i>	70
HUMULIN R U-500	ILUMYA.....	159	<i>insulin syringe</i>	211
(CONCENTRATED).....	<i>imatinib mesylate</i>	100	<i>insulin syringe/needle</i>	211
HUMULIN R U-500	IMBRUVICA.....	100	<i>insulin syringe-needle u-100</i>	211
KWIKPEN.....	<i>imipramine hcl</i>	63	<i>insupen pen needles</i>	211
<i>hyalucil-4</i>	<i>imipramine pamoate</i>	63	INSUPEN SENSITIVE.....	211
HYCANTIN.....	<i>imiquimod</i>	159	INSUPEN ULTRAFIN.....	211
HYCET.....	<i>imiquimod pump</i>	159	INTELENCE.....	117
HYCOFENIX.....	IMITREX.....	221	INTERMEZZO.....	200
<i>hydralazine hcl</i>	IMITREX STATDOSE		INTRAROSA.....	268
HYDREA.....	REFILL.....	221	INTRON A.....	100
<i>hydrochlorothiazide</i>	IMITREX STATDOSE		Introvale.....	136
<i>hydrocod polst-cpm polst er</i>	SYSTEM.....	221	INTUNIV.....	19
<i>hydrocodone bitartrate er</i>	IMPAVIDO.....	93	INVEGA.....	111
<i>hydrocodone-acetaminophen</i>	IMPOYZ.....	159	INVEGA SUSTENNA.....	112
<i>hydrocodone-guaifenesin</i>	IMURAN.....	226	INVEGA TRINZA.....	112
<i>hydrocodone-homatropine</i>	IMVEXXY		INVELTYS.....	242
<i>hydrocodone-ibuprofen</i>	MAINTENANCE PACK....	268	INVIRASE.....	117
<i>hydrocortisone</i>	IMVEXXY STARTER		INVOKAMET.....	70
<i>hydrocortisone (perianal)</i>	PACK.....	268	INVOKAMET XR.....	71
<i>hydrocortisone butyr lipo base</i>	INATAL ADVANCE.....	230	INVOKANA.....	71
<i>hydrocortisone butyrate</i>	INATAL GT.....	230	<i>iodine strong</i>	224
<i>hydrocortisone valerate</i>	INATAL ULTRA.....	230	IOPIDINE.....	242
<i>hydrocortisone-acetic acid</i>	INBRIJA.....	108	<i>ipratropium bromide</i>	49, 238
<i>hydrogen peroxide</i>	INCRELEX.....	181	<i>ipratropium-albuterol</i>	49
<i>hydromet</i>	INCRUSE ELLIPTA.....	49	IPRIVASK.....	53
<i>hydromorphone hcl</i>	<i>indapamide</i>	178	<i>irbesartan</i>	89
<i>hydromorphone hcl er</i>	INDERAL LA.....	124	<i>irbesartan-hydrochlorothiazide</i> .	89
<i>hydroxychloroquine sulfate</i>	INDERAL XL.....	124	IRESSA.....	100
<i>hydroxyprogesterone caproate</i>	INDOCIN.....	26	ISENTRESS.....	117
<i>hydroxyurea</i>	<i>indomethacin</i>	26	ISENTRESS HD.....	117
<i>hydroxyzine hcl</i>	<i>indomethacin er</i>	26	Isibloom.....	136
<i>hydroxyzine pamoate</i>	<i>infanate balance</i>	230	<i>isoniazid</i>	95
HYPERRAB.....	INFINITY BLOOD		ISOPTO CARPINE.....	242
HYPERSAL.....	GLUCOSE TEST.....	173	ISORDIL TITRADOSE.....	42
HYQVIA.....	INFINITY VOICE.....	173	<i>isosorbide dinitrate</i>	42
HYSINGLA ER.....	INGREZZA.....	254	<i>isosorbide dinitrate er</i>	42
HYZAAR.....	INLYTA.....	100	<i>isosorbide mononitrate</i>	42

<i>isosorbide mononitrate er</i>	42	KENALOG.....	159	KRINTAFEL.....	94
<i>isotretinoin</i>	159	KEPPRA.....	56	KRISTALOSE.....	202
<i>isradipine</i>	127	KEPPRA XR.....	56	<i>kruger blood glucose test</i>	173
ISTALOL.....	242	KETEK.....	93	K-TAB.....	224
ISTURISA.....	181	KETOCARE.....	173	Kurvelo.....	136
<i>itraconazole</i>	80	<i>ketoconazole</i>	80, 159	KUVAN.....	181
<i>ivermectin</i>	42, 159	KETO-DIASTIX.....	173	<i>k-vescent</i>	224
JADENU.....	77	<i>ketoprofen</i>	26	KYLEENA.....	136
JADENU SPRINKLE.....	77	<i>ketoprofen er</i>	26	KYNAMRO.....	84
JAKAFI.....	100	<i>ketorolac tromethamine</i>	26, 242	KYNMOBI.....	108
JALYN.....	193	KETOSTIX.....	173	<i>labetalol hcl</i>	124
Jantoven.....	53	<i>ketotifen fumarate</i>	243	LABSTIX.....	173
JANUMET.....	71	KEVEYIS.....	178	LACRISERT.....	243
JANUMET XR.....	71	KEVZARA.....	26	<i>lactic acid</i>	160
JANUVIA.....	71	KHEDEZLA.....	63	<i>lactulose</i>	202
JARDIANCE.....	71	KIDS PROTEIN ORGANIC		<i>lactulose encephalopathy</i>	190
Jasmiel.....	136	SHAKE.....	176	LAMICTAL.....	57
JATENZO.....	40	Kimidess.....	136	LAMICTAL ODT.....	56
Jencycla.....	136	KINERET.....	26	LAMICTAL XR.....	57
JENTADUETO.....	71	<i>kinney lancets</i>	211	LAMISIL.....	80
JENTADUETO XR.....	71	<i>kinney thin lancets</i>	211	<i>lamivudine</i>	118
<i>jevantique lo</i>	187	<i>kinray insulin syringe</i>	211	<i>lamivudine-zidovudine</i>	118
Jinteli.....	187	Kionex.....	226	<i>lamotrigine</i>	57
Jolessa.....	136	KISQALI 200 DOSE.....	100	<i>lamotrigine er</i>	57
Jolivette.....	136	KISQALI 400 DOSE.....	100	<i>lamotrigine starter kit-blue</i>	57
JORNAY PM.....	20	KISQALI 600 DOSE.....	100	<i>lamotrigine starter kit-green</i>	57
JUBLIA.....	159	KISQALI FEMARA (400		<i>lamotrigine starter kit-orange</i> ...57	
Juleber.....	136	MG DOSE).....	101	LAMPIT.....	93
JULUCA.....	117	KISQALI FEMARA (600		<i>lancet device</i>	211
Junel 1.5/30.....	136	MG DOSE).....	101	<i>lancet transporter case</i>	211
Junel 1/20.....	136	KISQALI FEMARA(200		<i>lancets</i>	211
Junel Fe 1.5/30.....	136	MG DOSE).....	101	<i>lancets 28g</i>	211
Junel Fe 1/20.....	136	KITABIS PAK.....	23	<i>lancets 30g</i>	212
Junel Fe 24.....	136	KLARON.....	159	<i>lancets thin</i>	212
JUXTAPID.....	84	Klofensaid Ii.....	159	LANCETS ULTRA FINE...212	
JYNARQUE.....	181	KLONOPIN.....	56	LANCETS ULTRA THIN..212	
KADIAN.....	34, 35	Klor-Con.....	224	<i>lancets ultra thin 30g</i>	212
Kaitlib Fe.....	136	Klor-Con 10.....	224	<i>lancing device</i>	212
KALBITOR.....	196	Klor-Con M10.....	224	LANOXIN.....	128
KALETRA.....	118	KLOR-CON M15.....	224	<i>lansoprazole</i>	263
KALYDECO.....	258	Klor-Con M20.....	224	<i>lanthanum carbonate</i>	191
KAPSPARGO SPRINKLE..	124	Klor-Con Sprinkle.....	224	LANTUS.....	72
KAPVAY.....	20	Klor-Con/Ef.....	224	LANTUS SOLOSTAR.....	71
KARBINAL ER.....	81	KOMBIGLYZE XR.....	71	Larin 1.5/30.....	137
Kariva.....	136	KORLYM.....	71	Larin 1/20.....	137
KATERZIA.....	127	KOSELUGO.....	101	Larin 24 Fe.....	137
KAZANO.....	71	K-PHOS.....	224	Larin Fe 1.5/30.....	137
<i>k-effervescent</i>	224	K-PHOS NO 2.....	193	Larin Fe 1/20.....	137
KEFLEX.....	131	K-PHOS-NEUTRAL.....	224	Larissia.....	137
Kelnor 1/35.....	136	K-Prime.....	224	LASIX.....	178

LASTACAFT.....	243	<i>levonorgestrel-ethinyl estrad...</i>	137	LOCORT 11-DAY.....	145
<i>latanoprost</i>	243	<i>levonorg-eth estrad triphasic...</i>	137	LOCORT 7-DAY.....	145
LATUDA.....	112	Levora 0.15/30 (28).....	137	LODINE.....	26
Layolis Fe.....	137	<i>levorphanol tartrate</i>	35	LODOSYN.....	108
LAZANDA.....	35	Levo-T.....	261	Loestrin 1.5/30 (21).....	137
<i>leader insulin syringe</i>	212	<i>levothyroxine sodium</i>	261	Loestrin 1/20 (21).....	138
<i>leader quick dissolve glucose</i>	72	Levoxyl.....	261	LOFIBRA.....	84
LEADER UNIFINE		LEVULAN KERASTICK....	160	LOKELMA.....	227
PENTIPS.....	212	LEXAPRO.....	63	Lomedia 24 Fe.....	138
Leena.....	137	LEXETTE.....	160	LOMOTIL.....	76
<i>leflunomide</i>	26	LEXIVA.....	118	<i>longs insulin syringe</i>	212
LENVIMA (10 MG DAILY		LIALDA.....	191	<i>longs lancets standard</i>	212
DOSE).....	101	LIBERTY NEXT		<i>longs lancets thin</i>	212
LENVIMA (12 MG DAILY		GENERATION TEST.....	173	<i>longs lancets ultra thin</i>	212
DOSE).....	101	<i>liberty test</i>	173	LONHALA MAGNAIR	
LENVIMA (14 MG DAILY		LIBRAX.....	263	REFILL KIT.....	49
DOSE).....	101	LICART.....	160	LONHALA MAGNAIR	
LENVIMA (18 MG DAILY		<i>lidocaine</i>	160	STARTER KIT.....	49
DOSE).....	101	<i>lidocaine hcl</i>	160	LONSURF.....	101, 102
LENVIMA (20 MG DAILY		<i>lidocaine pak</i>	160	LOPID.....	84
DOSE).....	101	<i>lidocaine viscous</i>	228	<i>lopinavir-ritonavir</i>	118
LENVIMA (24 MG DAILY		<i>lidocaine-prilocaine</i>	160	Lopreeza.....	187
DOSE).....	101	<i>lidocaine-tetracaine</i>	160	LOPRESSOR.....	124
LENVIMA (4 MG DAILY		LIDODERM.....	160	LOPRESSOR HCT.....	89
DOSE).....	101	LIDOTREX.....	160	LOPROX.....	160, 161
LENVIMA (8 MG DAILY		LILETTA (52 MG).....	137	<i>loratadine</i>	82
DOSE).....	101	<i>lindane</i>	160	<i>loratadine allergy relief</i>	81
LESCOL.....	84	<i>linezolid</i>	93	<i>loratadine childrens</i>	81
LESCOL XL.....	84	LINZESS.....	191	<i>loratadine-d 12hr</i>	148
Lessina.....	137	<i>liothyronine sodium</i>	261	<i>loratadine-d 24hr</i>	148
LETAIRIS.....	129	LIPITOR.....	84	<i>lorazepam</i>	44
<i>letrozole</i>	101	LIPOFEN.....	84	Lorazepam Intensol.....	44
<i>leucovorin calcium</i>	101	<i>lisinopril</i>	89	LORBRENA.....	102
LEUKERAN.....	101	<i>lisinopril-hydrochlorothiazide</i> ... 89		Lorcet.....	35
<i>leuprolide acetate</i>	101	<i>lite touch lancets</i>	212	Lorcet Hd.....	35
<i>levabuterol hcl</i>	49	LITETOUCH INSULIN		Lorcet Plus.....	35
<i>levabuterol tartrate</i>	49	SYRINGE.....	212	LORTAB.....	35
LEVAQUIN.....	189	LITETOUCH PEN		Loryna.....	138
LEVEMIR.....	72	NEEDLES.....	212	Lorzone.....	236
LEVEMIR FLEXTOUCH....	72	<i>lithium</i>	112	<i>losartan potassium</i>	89
<i>levetiracetam</i>	57	<i>lithium carbonate</i>	112	<i>losartan potassium-hctz</i>	89
<i>levetiracetam er</i>	57	<i>lithium carbonate er</i>	112	LOTEMAX.....	243
<i>levobunolol hcl</i>	243	LITHOBID.....	112	LOTEMAX SM.....	243
<i>levocarnitine</i>	181	LITHOSTAT.....	193	LOTENSIN.....	89
<i>levocarnitine-b5-aurine</i>	239	LIVALO.....	84	LOTENSIN HCT.....	89
<i>levofloxacin</i>	189, 243	<i>live better lancet super thin</i>	212	<i>loteprednol etabonate</i>	243
<i>levomefolate dha</i>	230	<i>live better lancet ultra thin</i>	212	LOTREL.....	89
Levonest.....	137	LO LOESTRIN FE.....	137	LOTRISONE.....	161
<i>levonorgest-eth estrad 91-day</i> ..	137	LOCOID.....	160	LOTRONEX.....	191
<i>levonorgestrel</i>	137	LOCOID LIPOCREAM.....	160	<i>lovastatin</i>	84

LOVAZA.....	84	MAVENCLAD (10 TABS)...	254	<i>memantine hcl er</i>	255
LOVENOX.....	53	MAVENCLAD (4 TABS).....	254	MENEST.....	187
Low-Ogestrel.....	138	MAVENCLAD (5 TABS).....	254	MENOSTAR.....	188
<i>loxapine succinate</i>	112	MAVENCLAD (6 TABS).....	254	MENTAX.....	161
LOZI-FLUR.....	224	MAVENCLAD (7 TABS).....	254	<i>mepерidine hcl</i>	35
Lo-Zumandimine.....	138	MAVENCLAD (8 TABS).....	254	MEPHYTON.....	269
LUCEMYRA.....	254	MAVENCLAD (9 TABS).....	254	<i>meprobamate</i>	44
Ludent.....	224, 225	MAVIK.....	89	<i>mercaptopurine</i>	102
<i>luliconazole</i>	161	MAVYRET.....	118	<i>mesalamine</i>	191
LUMIGAN.....	243	MAXALT.....	221	<i>mesalamine er</i>	191
LUNESTA.....	200	MAXALT-MLT.....	221	MESNEX.....	102
LUPANETA PACK.....	181	MAXI-COMFORT		MESTINON.....	95
LUPRON DEPOT (1-		INSULIN SYRINGE.....	212	Metadate Er.....	20
MONTH).....	102	MAXIDEX.....	243	<i>metaproterenol sulfate</i>	49
LUPRON DEPOT (3-		MAXITROL.....	243	Metaxall.....	236
MONTH).....	102	MAXZIDE.....	178	<i>metaxalone</i>	236
LUPRON DEPOT (4-		MAXZIDE-25.....	178	<i>metformin hcl</i>	72
MONTH).....	102	MAYZENT.....	255	<i>metformin hcl er</i>	72
LUPRON DEPOT (6-		MAYZENT STARTER		<i>metformin hcl er (mod)</i>	72
MONTH).....	102	PACK.....	255	<i>metformin hcl er (osm)</i>	72
LUPRON DEPOT-PED (1-		<i>meclizine hcl</i>	78	<i>methadone hcl</i>	35
MONTH).....	181	<i>meclofenamate sodium</i>	27	Methadone Hcl Intensol.....	35
LUPRON DEPOT-PED (3-		MEDISENSE THIN		METHADOSE.....	35
MONTH).....	182	LANCETS.....	212	Methadose.....	35
Lutera.....	138	MEDLANCE EXTRA 21G..	213	METHADOSE SUGAR-	
LUXIQ.....	161	MEDLANCE LITE 25G.....	213	FREE.....	35
LUZU.....	161	MEDLANCE PLUS EXTRA		<i>methamphetamine hcl</i>	20
LYNPARZA.....	102	21G.....	213	<i>methazolamide</i>	178
LYRICA.....	57	MEDLANCE PLUS		<i>methenamine hippurate</i>	93
LYRICA CR.....	254	LANCETS.....	213	<i>methenamine mandelate</i>	93
LYSODREN.....	102	MEDLANCE PLUS LITE		Methergine.....	248
LYSTEDA.....	199	25G.....	213	<i>methimazole</i>	261
LYUMJEV.....	72	MEDLANCE PLUS		<i>methitest</i>	40
LYUMJEV KWIKPEN.....	72	SUPERLITE 30G.....	213	<i>methocarbamol</i>	236
Lyza.....	138	MEDLANCE PLUS		<i>methotrexate</i>	102
MACROBID.....	93	UNIVERSAL 21G.....	213	<i>methotrexate sodium</i>	102
MACRODANTIN.....	93	MEDLANCE UNIVERSAL		<i>methotrexate sodium (pf)</i>	102
MAGELLAN INSULIN		21G.....	213	<i>methoxsalen</i>	161
SAFETY SYR.....	212	MEDROL.....	145	<i>methoxsalen rapid</i>	161
MAGNEBIND 400.....	225	<i>medroxyprogesterone acetate</i>		<i>methscopolamine bromide</i>	263
MAKENA.....	251	.....	138, 251	<i>methyclothiazide</i>	178
MALARONE.....	94	<i>mefenamic acid</i>	27	<i>methyl dopa</i>	90
<i>malathion</i>	161	<i>mefloquine hcl</i>	95	<i>methyl dopa-</i>	
<i>maprotiline hcl</i>	63	MEGACE ES.....	251	<i>hydrochlorothiazide</i>	90
MARINOL.....	78	<i>megestrol acetate</i>	102, 251	METHYLIN.....	20
<i>marlissa</i>	138	MEKINIST.....	102	<i>methylphenidate hcl</i>	20
MARPLAN.....	63	MEKTOVI.....	102	<i>methylphenidate hcl er</i>	20
<i>marten-tab</i>	30	<i>meloxicam</i>	27	<i>methylphenidate hcl er (cd)</i>	20
MATULANE.....	102	<i>melphalan</i>	102	<i>methylphenidate hcl er (la)</i>	20
Matzim La.....	127	<i>memantine hcl</i>	255	<i>methylphenidate hcl er (xr)</i>	20

<i>methylprednisolone</i>	145	<i>minocycline hcl er</i>	259, 260	<i>ms insulin syringe</i>	213
<i>methyltestosterone</i>	40	MINOLIRA.....	260	MUCINEX ALLERGY.....	82
<i>metipranolol</i>	243	<i>minoxidil</i>	90	MULPLETA.....	198
<i>metoclopramide hcl</i>	191	MIRAPEX.....	108	MULTAQ.....	45
<i>metolazone</i>	178	MIRAPEX ER.....	108	<i>multi-lancet device</i>	213
<i>metoprolol succinate er</i>	124	MIRCERA.....	198	MULTISTIX.....	174
<i>metoprolol tartrate</i>	124	MIRENA (52 MG).....	138	MULTISTIX 10 SG.....	174
<i>metoprolol-hctz er</i>	90	<i>mirtazapine</i>	63	MULTISTIX 5.....	174
<i>metoprolol-hydrochlorothiazide</i>	90	MIRVASO.....	161	MULTISTIX 7.....	174
METROCREAM.....	161	<i>misoprostol</i>	263	MULTISTIX 8.....	174
METROGEL.....	161	MITIGARE.....	195	MULTISTIX 9.....	174
METROGEL-VAGINAL.....	268	MOBIC.....	27	MULTISTIX 9 SG.....	174
METROLOTION.....	161	<i>modafinil</i>	20	<i>multi-vit/fluoride</i>	230
<i>metronidazole</i>	93, 161, 268	Moderiba.....	118	<i>multivitamin/fluoride</i>	230
METRONIDAZOLE		MODERIBA 1200 DOSE		<i>multivitamin/fluoride</i>	230
BENZO+SYRSPEND.....	93	PACK.....	118	<i>multivitamins/fluoride</i>	230
<i>metryrosine</i>	90	MODERIBA 800 DOSE		<i>mupirocin</i>	161
MEVACOR.....	84	PACK.....	118	<i>mupirocin calcium</i>	161
<i>mexiletine hcl</i>	45	<i>moexipril hcl</i>	90	Mvc-Fluoride.....	231
MIACALCIN.....	182	<i>moexipril-hydrochlorothiazide</i> ..	90	M-VIT.....	231
Mibelas 24 Fe.....	138	<i>mometasone furoate</i>	161, 238	MY WAY.....	139
MICARDIS.....	90	Mondoxyne NI.....	260	MYALEPT.....	182
MICARDIS HCT.....	90	MONODOX.....	260	MYAMBUTOL.....	95
<i>miconazole-zinc oxide-petrolat</i>	161	MONOJECT INSULIN		MYCAPSSA.....	182
MICORT-HC.....	161	SYRINGE.....	213	MYCOBUTIN.....	95
MICRODOT TEST.....	174	MONOJECT ULTRA		<i>mycophenolate mofetil</i>	227
Microgestin 1.5/30.....	138	COMFORT SYRINGE.....	213	<i>mycophenolate sodium</i>	227
Microgestin 1/20.....	138	MONOLET LANCETS.....	213	MYDAYIS.....	21
Microgestin Fe 1.5/30.....	138	Mono-Linyah.....	138	MYDRIACYL.....	243
Microgestin Fe 1/20.....	138	Mononessa.....	139	MYFORTIC.....	227
MICRO-K.....	225	<i>montelukast sodium</i>	49	MYGLUCOHEALTH	
MICROLET LANCETS.....	213	Morgidox.....	260	LANCETS 30G.....	213
MICROZIDE.....	178	MORPHABOND ER.....	35	MYGLUCOHEALTH TEST	
<i>midazolam hcl</i>	200	<i>morphine sulfate</i>	36	.....	174
<i>midodrine hcl</i>	269	<i>morphine sulfate (concentrate)</i>	35	MYLERAN.....	102
MIGERGOT.....	222	<i>morphine sulfate er</i>	36	MYNATAL.....	231
<i>miglitol</i>	72	<i>morphine sulfate er beads</i>	36	MYNATAL ADVANCE.....	231
<i>miglustat</i>	198	MOTEGRITY.....	191	<i>mynatal plus</i>	231
MIGRANAL.....	222	MOTOFEN.....	76	<i>mynatal-z</i>	231
MILLIPRED.....	145	<i>mouth wash-gp</i>	251	Myorisan.....	161
MILLIPRED DP.....	145	<i>mouthwash-af</i>	251	MYRBETRIQ.....	266
MILLIPRED DP 12-DAY.....	145	<i>mouthwash-om</i>	251	MYSOLINE.....	57
Mimvey.....	188	MOVANTIK.....	191	MYTESI.....	76
Mimvey Lo.....	188	MOVIPREP.....	202	Myzilra.....	139
MINASTRIN 24 FE.....	138	MOXATAG.....	250	<i>nabumetone</i>	27
MINIPRESS.....	90	MOXEZA.....	243	<i>nadolol</i>	124
Minitran.....	43	<i>moxifloxacin hcl</i>	189, 243	<i>nadolol-bendroflumethiazide</i>	90
MINIVELLE.....	188	<i>moxifloxacin hcl (2x day)</i>	243	Nafrinse.....	225
MINOCIN.....	259	MOZOBIL.....	198	<i>naftifine hcl</i>	162
<i>minocycline hcl</i>	260	MS CONTIN.....	36	NAFTIN.....	162

NALFON.....	27	<i>neomycin-polymyxin-dexameth</i>	127
<i>nalocet</i>	36	.....	244
<i>naloxone hcl</i>	77	<i>neomycin-polymyxin-</i>	
<i>naltrexone hcl</i>	77	<i>gramicidin</i>	244
NAMENDA.....	255	<i>neomycin-polymyxin-hc</i> ..	244, 248
NAMENDA TITRATION		<i>neonatal + dha</i>	231
PAK.....	255	<i>neonatal 19</i>	231
NAMENDA XR.....	255	<i>neonatal fe</i>	231
NAMENDA XR		Neo-Polycin.....	244
TITRATION PACK.....	255	Neo-Polycin Hc.....	244
NAMZARIC.....	255	NEORAL.....	227
<i>naphazoline hcl</i>	243	NEOSPORIN.....	244
NAPRELAN.....	27	NEO-SYNALAR.....	162
NAPROSYN.....	27	NEOTUSS PLUS.....	148
<i>naproxen</i>	27	NEPTAZANE.....	178
<i>naproxen dr</i>	27	NERLYNX.....	102
<i>naproxen sodium</i>	27	NESINA.....	72
<i>naproxen sodium er</i>	27	NESTABS.....	231
<i>naproxen-esomeprazole</i>	27	NESTABS DHA.....	231
<i>naratriptan hcl</i>	222	Neuac.....	162
NARCAN.....	77	NEULASTA.....	198
NARDIL.....	63	NEULASTA ONPRO.....	198
NASACORT ALLERGY		NEUPOGEN.....	198
24HR.....	238	NEUPRO.....	108
NASCOBAL.....	198	NEURONTIN.....	58
NASONEX.....	238	NEUTEK 2TEK TEST.....	174
NATACHEW.....	231	Neutragard Advanced.....	228
NATACYN.....	244	<i>neutral sodium fluoride</i>	228
NATALVIT.....	231	NEVANAC.....	244
NATAZIA.....	139	<i>nevirapine</i>	118
<i>nateglinide</i>	72	<i>nevirapine er</i>	118
NATELLE ONE.....	231	NEWGEN.....	231
NATESTO.....	40	NEXA PLUS.....	231
NATPARA.....	182	NEXAVAR.....	103
NATROBA.....	162	NEXIUM.....	264
NATURE-THROID.....	261	NEXIUM 24HR.....	264
NAYZILAM.....	58	NEXLETOL.....	84
NEBUPENT.....	93	NEXLIZET.....	85
Nebusal.....	148	NEXPLANON.....	139
NEBUSAL.....	148	NEXT CHOICE ONE DOSE	
Necon 0.5/35 (28).....	139	.....	139
Necon 1/35 (28).....	139	<i>niacin (antihyperlipidemic)</i>	85
NECON 1/50 (28).....	139	<i>niacin er (antihyperlipidemic)</i> ..	85
Necon 7/7/7.....	139	NIACOR.....	85
<i>nefazodone hcl</i>	63	NIASPAN.....	85
<i>neomycin sulfate</i>	23	<i>nicardipine hcl</i>	127
<i>neomycin-bacitracin zn-</i>		<i>nicotine</i>	255
<i>polymyx</i>	244	<i>nicotine polacrilex</i>	255
<i>neomycin-polymyxin b gu</i>	193	NICOTROL.....	255
		NICOTROL NS.....	255
		Nifediac Cc.....	127
		Nifedical XI.....	127
		<i>nifedipine</i>	127
		<i>nifedipine er</i>	127
		<i>nifedipine er osmotic release</i> ...	127
		Nikki.....	139
		NILANDRON.....	103
		<i>nilutamide</i>	103
		<i>nimodipine</i>	127
		NINLARO.....	103
		<i>nisoldipine er</i>	127
		<i>nitisinone</i>	182
		NITRO-BID.....	43
		NITRO-DUR.....	43
		<i>nitrofurantoin</i>	93
		<i>nitrofurantoin macrocrystal</i>	93
		<i>nitrofurantoin monohyd macro</i> ..	93
		<i>nitroglycerin</i>	43
		NITROLINGUAL.....	43
		NITROMIST.....	43
		NITROSTAT.....	43
		NITYR.....	182
		NIVESTYM.....	198
		<i>nizatidine</i>	264
		NIZORAL.....	162
		NOCDURNA.....	182
		NOCTIVA.....	182
		Nora-Be.....	139
		NORCO.....	36
		NORDITROPIN FLEXPRO.....	182
		<i>norethin ace-eth estrad-fe</i>	139
		<i>norethindrone</i>	139
		<i>norethindrone acetate</i>	251
		<i>norethindrone acet-ethinyl est</i> ..	139
		<i>norethindrone-eth estradiol</i>	188
		<i>norethin-eth estradiol-fe</i>	139
		<i>norgesic forte</i>	236
		<i>norgestimate-eth estradiol</i>	139
		<i>norgestim-eth estrad triphasic</i> ..	139
		NORITATE.....	162
		Norlyroc.....	139
		NORPACE.....	45
		NORPACE CR.....	45
		NORPRAMIN.....	63
		NORTHERA.....	269
		Nortrel 0.5/35 (28).....	140
		Nortrel 1/35 (21).....	140
		Nortrel 1/35 (28).....	140
		Nortrel 7/7/7.....	140
		<i>nortriptyline hcl</i>	63

NORTUSS-DE.....	148	NUTROPIN AQ NUSPIN 10	OMNARIS.....	238
<i>nortuss-ex</i>	148	.....	OMNITROPE.....	183
NORVASC.....	127	NUTROPIN AQ NUSPIN 20	ON CALL LANCETS.....	214
NORVIR.....	118	.....	ON CALL PLUS BLOOD	
NOURIANZ.....	108	NUTROPIN AQ NUSPIN 5	GLUCOSE.....	174
NOVA MAX GLUCOSE		NUVARING.....	ON CALL PLUS LANCETS	214
TEST.....	174	NUVESSA.....	ON CALL VIVID BLOOD	
NOVA SAFETY LANCETS		NUVIGIL.....	GLUCOSE.....	174
23G.....	213	NUZYRA.....	<i>ondansetron</i>	78
NOVA SAFETY LANCETS		Nyamyc.....	<i>ondansetron hcl</i>	78
28G.....	213	Nyata.....	ONETOUCH CLUB	
NOVA SUREFLEX		NYMALIZE.....	LANCETS FINE PT.....	214
LANCETS.....	213	<i>nystatin</i>	ONETOUCH DELICA	
NOVAREL.....	182	<i>nystatin-triamcinolone</i>	LANCETS 30G.....	214
NOVOFINE.....	213	Nystop.....	ONETOUCH DELICA	
NOVOFINE AUTOCOVER	213	OB COMPLETE.....	LANCETS 33G.....	214
NOVOLIN 70/30.....	73	OB COMPLETE	ONETOUCH DELICA	
NOVOLIN 70/30 FLEXPEN..	72	ADVANCED.....	LANCING DEV.....	214
NOVOLIN 70/30 FLEXPEN		OB COMPLETE GOLD.....	ONETOUCH FINEPOINT	
RELION.....	72	OB COMPLETE ONE.....	LANCETS.....	214
NOVOLIN 70/30 RELION....	73	OB COMPLETE PREMIER	ONETOUCH SURESOFT	
NOVOLIN N.....	73	OB COMPLETE/DHA.....	LANCING DEV.....	214
NOVOLIN N FLEXPEN.....	73	O-CAL FA.....	ONETOUCH ULTRA.....	174
NOVOLIN N FLEXPEN		O-CAL PRENATAL.....	ONETOUCH ULTRA	
RELION.....	73	OCALIVA.....	BLUE.....	174
NOVOLIN N RELION.....	73	Ocella.....	ONETOUCH ULTRASOFT	
NOVOLIN R.....	73	OCTAGAM.....	LANCETS.....	214
NOVOLIN R FLEXPEN.....	73	<i>octreotide acetate</i>	ONETOUCH VERIO.....	174
NOVOLIN R FLEXPEN		OCUFLOX.....	ONEXTON.....	162
RELION.....	73	ODEFSEY.....	ONFI.....	58
NOVOLIN R RELION.....	73	ODOMZO.....	ONGENTYS.....	108
NOVOLOG.....	73	OFEV.....	ONGLYZA.....	74
NOVOLOG FLEXPEN.....	73	<i>ofloxacin</i>	ONMEL.....	80
NOVOLOG MIX 70/30.....	73	OGESTREL.....	ONUREG.....	103
NOVOLOG MIX 70/30		<i>olanzapine</i>	ONZETRA XSAIL.....	222
FLEXPEN.....	73	<i>olanzapine-fluoxetine hcl</i>	OPANA.....	37
NOVOLOG PENFILL.....	73	<i>olmesartan medoxomil</i>	OPANA ER.....	37
NOVOTWIST.....	213	<i>olmesartan medoxomil-hctz</i>	OPCICON ONE-STEP.....	140
NOXAFIL.....	80	<i>olmesartan-amlodipine-hctz</i>	<i>opium</i>	76
<i>np thyroid</i>	261	<i>olopatadine hcl</i>	OPSUMIT.....	129
NPLATE.....	198	OLUMIANT.....	OPTION 2.....	140
NUBEQA.....	103	OLUX.....	OPTIONS CONCEPTROL..	268
NUCALA.....	49	OLUX-E.....	OPTIONS GYNOL II	
NUCYNTA.....	36, 37	OLYSIO.....	CONTRACEPTIVE.....	268
NUCYNTA ER.....	36	OMECLAMOX-PAK.....	ORACEA.....	162
NUEDEXTA.....	256	<i>omega-3-acid ethyl esters</i>	ORACIT.....	193
NULYTELY WITH		<i>omeprazole</i>	Oralone.....	228
FLAVOR PACKS.....	202	<i>omeprazole magnesium</i>	ORAP.....	256
NUPLAZID.....	112	<i>omeprazole-sodium</i>	ORAPRED ODT.....	145
NURTEC.....	222	<i>bicarbonate</i>	ORAVIG.....	229

ORENCIA.....	27	OZOBAX.....	237	<i>paroxetine mesylate</i>	256
ORENCIA CLICKJECT.....	27	Pacerone.....	45	PASER.....	95
ORENITRAM.....	129	PALFORZIA (12 MG		PATADAY.....	244
ORFADIN.....	183	DAILY DOSE).....	22	PATANASE.....	238
ORGANIC NUTRITION		PALFORZIA (120 MG		PATANOL.....	244
SHAKE.....	176	DAILY DOSE).....	22	PAXIL.....	64
ORIAHNN.....	188	PALFORZIA (160 MG		PAXIL CR.....	63
ORILISSA.....	183	DAILY DOSE).....	22	PAZEO.....	244
ORKAMBI.....	258	PALFORZIA (20 MG		PCE.....	204
<i>orphenadrine citrate er</i>	236	DAILY DOSE).....	22	PCP 100.....	202
<i>orphenadrine-asa-caffeine</i>	237	PALFORZIA (200 MG		PEDIAPRED.....	145
Orphengesic Forte.....	237	DAILY DOSE).....	22	<i>peg 3350/electrolytes</i>	202
Orsythia.....	140	PALFORZIA (240 MG		<i>peg 3350-kcl-na bicarb-nacl</i>	202
ORTHO-NOVUM 7/7/7 (28)	140	DAILY DOSE).....	22	<i>peg-3350/electrolytes</i>	202
ORTIKOS.....	145	PALFORZIA (3 MG DAILY		PEGANONE.....	58
<i>oseltamivir phosphate</i>	119	DOSE).....	22	PEGASYS.....	119
OSENI.....	74	PALFORZIA (300 MG		PEGASYS PROCLICK.....	119
OSMOLEX ER.....	108	MAINTENANCE).....	22	<i>peg-kcl-nacl-nasulf-na asc-c</i>	202
OSMOPREP.....	202	PALFORZIA (300 MG		Peg-Prep.....	202
OSPHENA.....	183	TITRATION).....	22	PEMAZYRE.....	103
OTEZLA.....	27	PALFORZIA (40 MG		<i>pen needles</i>	214
OTIPRIO.....	248	DAILY DOSE).....	22	<i>pen needles 1/2"</i>	214
OTOVEL.....	248	PALFORZIA (6 MG DAILY		<i>pen needles 3/16"</i>	214
OTREXUP.....	28	DOSE).....	22	<i>pen needles 5/16"</i>	214
OVIDE.....	162	PALFORZIA (80 MG		<i>penicillamine</i>	227
OXANDRIN.....	40	DAILY DOSE).....	22	<i>penicillin v potassium</i>	251
<i>oxandrolone</i>	40	PALFORZIA INITIAL		PENLAC.....	163
<i>oxaprozin</i>	28	ESCALATION.....	23	PENNSAID.....	163
OXAYDO.....	37	<i>paliperidone er</i>	112	<i>pentamidine isethionate</i>	93
<i>oxazepam</i>	44	PALYNZIQ.....	183	PENTASA.....	191
OXBRYTA.....	198	PAMELOR.....	63	<i>pentazocine-naloxone hcl</i>	38
<i>oxcarbazepine</i>	58	PANCREAZE.....	177	<i>pentoxifylline er</i>	196
OXERVATE.....	244	<i>pancreaze</i>	177	PEPCID.....	264
<i>oxiconazole nitrate</i>	162	PANDEL.....	163	PERCOCET.....	38
OXISTAT.....	162	<i>panlor</i>	38	PERFOROMIST.....	50
OXSORALEN ULTRA.....	163	PANRETIN.....	163	PERIDEX.....	229
OXTELLAR XR.....	58	<i>pantoprazole sodium</i>	264	<i>perindopril erbumine</i>	90
<i>oxybutynin chloride</i>	266	PANZYGA.....	249	Periogard.....	229
<i>oxybutynin chloride er</i>	266	PARAFON FORTE DSC.....	237	<i>permethrin</i>	163
<i>oxycodone hcl</i>	37	PARAGARD		<i>perphenazine</i>	112
<i>oxycodone-acetaminophen</i>	37	INTRAUTERINE COPPER	140	<i>perphenazine-amitriptyline</i>	256
<i>oxycodone-aspirin</i>	37	<i>paregoric</i>	76	PERSERIS.....	113
<i>oxycodone-ibuprofen</i>	37	PAREMYD.....	244	PERTZYE.....	177
OXYCONTIN.....	38	<i>paricalcitol</i>	183	PEXEVA.....	64
<i>oxymorphone hcl</i>	38	PARLODEL.....	108	PHARMACIST CHOICE	
<i>oxymorphone hcl er</i>	38	PARNATE.....	63	AUTOCODE.....	174
OXYTROL FOR WOMEN.....	266	Paroex.....	229	PHARMACIST CHOICE	
OZEMPIC (0.25 OR 0.5		<i>paromomycin sulfate</i>	23	LANCETS.....	214
MG/DOSE).....	74	<i>paroxetine hcl</i>	63	Phenadoz.....	82
OZEMPIC (1 MG/DOSE).....	74	<i>paroxetine hcl er</i>	63	<i>phendimetrazine tartrate</i>	21

<i>phenelzine sulfate</i>	64	<i>pnv prenatal plus multivitamin</i>	232	PRECISION SUREDOSE
Phenergan.....	82	<i>pnv-dha</i>	232	PLUS SYR.....
<i>phenobarbital</i>	200	<i>pnv-dha+docusate</i>	232	PRECISION SURE-DOSE
<i>phenoxybenzamine hcl</i>	90	<i>pnv-omega</i>	232	SYRINGE.....
<i>phentermine hcl</i>	21	<i>pnv-select</i>	232	PRECISION THIN
<i>phenylephrine hcl</i>	244	<i>pnv-total</i>	232	LANCETS.....
PHENYTEK.....	58	<i>pnv-vp-u</i>	232	PRECISION ULTRA
<i>phenytoin</i>	58	POCKETCHEM EZ TEST..	174	LANCET.....
Phenytoin Infatabs.....	58	<i>podofilox</i>	163	PRECISION XTRA BLOOD
<i>phenytoin sodium extended</i>	58	Polycin.....	245	GLUCOSE.....
PHEXXI.....	268	<i>polymyxin b-trimethoprim</i>	245	PRECOSE.....
Philith.....	140	POLY-PREP.....	202	PRED MILD.....
PHOSLO.....	191	POLYTRIM.....	245	PRED-G.....
PHOSLYRA.....	191	POLY-VI-FLOR.....	232	PRED-G S.O.P.....
Phospha 250 Neutral.....	225	POMALYST.....	103	<i>prednicarbate</i>
PHOSPHOLINE IODIDE....	245	PONSTEL.....	28	<i>prednisolone</i>
Physiolyte.....	227	Portia-28.....	140	<i>prednisolone acetate</i>
Physiosol Irrigation.....	227	<i>posaconazole</i>	80	<i>prednisolone sodium phosphate</i>
<i>phytonadione</i>	269	<i>pot bicarb-pot chloride</i>	225	.....
PICATO.....	163	<i>potassium bicarbonate</i>	225	<i>prednisone</i>
PIFELTRO.....	119	<i>potassium chloride</i>	225	.....
<i>pilocarpine hcl</i>	229, 245	<i>potassium chloride crys er</i>	225	PREDNISON INTENSOL
<i>pimecrolimus</i>	163	<i>potassium chloride er</i>	225	PREFERA OB.....
<i>pimozide</i>	256	<i>potassium citrate er</i>	193	PREFERAOB ONE.....
Pimtreea.....	140	<i>potassium citrate-citric acid</i>	193	<i>preferred plus insulin syringe</i> ..
<i>pindolol</i>	124	POTIGA.....	58	<i>preferred plus lancets colored</i> ..
<i>pioglitazone hcl</i>	74	PR NATAL 400.....	232	<i>preferred plus lancets thin</i>
<i>pioglitazone hcl-glimepiride</i>	74	PR NATAL 430.....	232	<i>preferred plus unifine pentips</i> ..
<i>pioglitazone hcl-metformin hcl</i> ..	74	PR NATAL 430 EC.....	232	PREFEST.....
PIQRAY (200 MG DAILY		PRADAXA.....	53	<i>pregabalin</i>
DOSE).....	103	PRALUENT.....	85	<i>pregenna</i>
PIQRAY (250 MG DAILY		<i>pramipexole dihydrochloride</i> ...	108	PREGNYL.....
DOSE).....	103	<i>pramipexole dihydrochloride er</i>	108	PREMARIN.....
PIQRAY (300 MG DAILY		.....	108	<i>premium lidocaine</i>
DOSE).....	103	PRAMOSONE.....	163	PREMPHASE.....
Pirmella 1/35.....	140	PRAMOTIC.....	248	PREMPRO.....
Pirmella 7/7/7.....	140	PRANDIN.....	74	<i>prenaissance</i>
<i>piroxicam</i>	28	<i>prasugrel hcl</i>	196	<i>prenaissance balance</i>
PLAQUENIL.....	95	PRAVACHOL.....	85	<i>prenaissance harmony dha</i>
PLAVIX.....	196	<i>pravastatin sodium</i>	85	<i>prenaissance next</i>
PLEGRIDY.....	256	<i>praziquantel</i>	42	<i>prenaissance next-b</i>
PLEGRIDY STARTER		<i>prazosin hcl</i>	90	<i>prenaissance plus</i>
PACK.....	256	PRECISION PCX.....	174	<i>prenara</i>
PLENVU.....	202	PRECISION PCX PLUS		PRENATA.....
PLEXION.....	163	TEST.....	174	PRENATABS RX.....
PLEXION CLEANSER.....	163	PRECISION POINT OF		<i>prenatal 19</i>
PLEXION CLEANSING		CARE TEST.....	175	<i>prenatal low iron</i>
CLOTH.....	163	PRECISION QID TEST.....	175	<i>prenatal plus iron</i>
PLIXDA.....	163	PRECISION SOF-TACT		PRENATAL-U.....
<i>pnv folic acid + iron</i>	232	TEST.....	175	PRENATE DHA.....
				PRENATE ELITE.....

PRENATE ESSENTIAL.....	233	PRODIGY NO CODING		QBRELIS.....	91
PRENATE MINI.....	233	BLOOD GLUC.....	175	QBREXZA.....	164
<i>prenatvite complete</i>	233	PRODIGY TWIST TOP		QINLOCK.....	103
<i>prenatvite plus</i>	233	LANCETS 28G.....	215	QMIIZ ODT.....	28
<i>prenatvite rx</i>	233	<i>progesterone</i>	251	QNASL.....	238
PREPIDIL.....	248	<i>progesterone micronized</i>	251	QNASL CHILDRENS.....	238
PREPOPIK.....	202	PROGLYCEM.....	74	QTERN.....	74
PRESTALIA.....	90	PROGRAF.....	227	QUALAQUIN.....	95
<i>pretab</i>	233	PROLATE.....	38	QUARTETTE.....	141
<i>pretomanid</i>	96	PROLENSA.....	245	Quasense.....	141
PREVACID.....	265	PROLIA.....	183	<i>quazepam</i>	200
PREVACID 24HR.....	264	PROMACTA.....	199	QUDEXY XR.....	59
Prevalite.....	85	<i>promethazine hcl</i>	82	QUESTRAN.....	85
Previfem.....	140	<i>promethazine vc</i>	148	QUESTRAN LIGHT.....	85
PREVPAC.....	265	<i>promethazine vclcodeine</i>	148	<i>quetiapine fumarate</i>	113
PREVYMIS.....	119	<i>promethazine-dm</i>	148	<i>quetiapine fumarate er</i>	113
PREZCOBIX.....	119	<i>promethazine-phenylephrine</i> ...	148	QUFLORA FE PEDIATRIC	
PREZISTA.....	119	Promethegan.....	82	.....	233
PRIFTIN.....	96	PROMETHEGAN.....	82	QUILLICHEW ER.....	21
PRILOSEC.....	265	PROMETRIUM.....	251	QUILLIVANT XR.....	21
PRILOSEC OTC.....	265	<i>propafenone hcl</i>	45	<i>quinapril hcl</i>	91
PRIMACARE.....	233	<i>propafenone hcl er</i>	45	<i>quinapril-hydrochlorothiazide</i> ...	91
<i>primaquine phosphate</i>	95	<i>propantheline bromide</i>	265	<i>quinidine gluconate er</i>	45
<i>primidone</i>	58	<i>proparacaine hcl</i>	245	<i>quinidine sulfate</i>	45
PRIMLEV.....	38	<i>propranolol hcl</i>	124	<i>quinine sulfate</i>	95
PRIMSOL.....	93	<i>propranolol hcl er</i>	124	QUINZYME.....	23
PRINIVIL.....	90	<i>propranolol-hctz</i>	90	QVAR.....	50
PRISTIQ.....	64	<i>propylthiouracil</i>	261	QVAR REDIHALER.....	50
PROAIR DIGIHALER.....	50	PROSCAR.....	194	<i>rabeprazole sodium</i>	265
PROAIR HFA.....	50	PROSTIN E2.....	248	RADIOGARDASE.....	77
PROAIR RESPICLICK.....	50	PROTONIX.....	265	Rajani.....	141
<i>probenecid</i>	195	PROTOPIC.....	163	<i>raloxifene hcl</i>	183
PROCARDIA.....	127	<i>protriptyline hcl</i>	64	<i>ramelteon</i>	200
PROCARDIA XL.....	127	PROVENTIL HFA.....	50	<i>ramipril</i>	91
Procentra.....	21	PROVERA.....	251	RANEXA.....	43
<i>prochlorperazine</i>	113	PROVIGIL.....	21	<i>ranitidine hcl</i>	265
<i>prochlorperazine edisylate</i>	113	PROZAC.....	64	<i>ranolazine er</i>	43
<i>prochlorperazine maleate</i>	113	<i>pseudoeph-chlorphen-hydrocod</i> 148		RAPAFLO.....	194
PROCRIT.....	198	<i>psorcon</i>	163	RAPAMUNE.....	227
PROCTOCORT.....	42	PULMICORT.....	50	<i>rasagiline mesylate</i>	109
PROCTOFOAM HC.....	42	PULMICORT		RASUVO.....	28
Procto-Med Hc.....	42	FLEXHALER.....	50	RAVICTI.....	183
Procto-Pak.....	42	Pulmosal.....	148	RAYALDEE.....	184
Proctosol Hc.....	42	PULMOZYME.....	258	RAZADYNE.....	256
Proctozone-Hc.....	42	PURIXAN.....	103	RAZADYNE ER.....	256
PROCYSBI.....	194	PYLERA.....	265	REACT.....	141
PRODIGY INSULIN		<i>pyrazinamide</i>	96	<i>reality insulin syringe</i>	215
SYRINGE.....	215	<i>pyridostigmine bromide</i>	95	REBETOL.....	119
PRODIGY LANCETS 28G ..	215	<i>pyridostigmine bromide er</i>	95	REBIF.....	256
		<i>pyrimethamine</i>	95	REBIF REBIDOSE.....	256

REBIF REBIDOSE	REPATHA..... 85	<i>rimantadine hcl</i> 120
TITRATION PACK..... 256	REPATHA PUSHTRONEX	<i>ringers irrigation</i> 227
REBIF TITRATION PACK 257	SYSTEM..... 85	RIOMET..... 74
Reclipsen..... 141	REPATHA SURECLICK..... 85	RIOMET ER..... 74
RECTIV..... 42	REQUIP..... 109	<i>risedronate sodium</i> 184
REFUAH PLUS BLOOD	REQUIP XL..... 109	RISPERDAL..... 113
GLUCOSE TEST..... 175	RESCRIPTOR..... 119	RISPERDAL CONSTA..... 113
REGLAN..... 191	RESCULA..... 245	RISPERDAL M-TAB..... 113
REGRANEX..... 164	<i>reserpine</i> 91	<i>risperidone</i> 113, 114
RELAFEN DS..... 28	RESTASIS..... 245	Risperidone M-Tab..... 113
RELAGARD..... 268	RESTASIS MULTIDOSE... 245	RITALIN..... 21
RELENZA DISKHALER... 119	RESTORIL..... 201	RITALIN LA..... 21
RELEXXII..... 21	RETACRIT..... 199	<i>ritonavir</i> 120
RELHIST..... 148	RETEVMO..... 103	<i>rivastigmine</i> 257
RELION BLOOD	RETIN-A..... 164	<i>rivastigmine tartrate</i> 257
GLUCOSE TEST..... 175	RETIN-A MICRO..... 164	Rivelsa..... 141
RELION GLUCOSE..... 74	RETIN-A MICRO PUMP... 164	<i>rizatriptan benzoate</i> 222
RELION GLUCOSE	RETROVIR..... 119	ROBAXIN..... 237
DRINK..... 74	REVATIO..... 129, 130	ROBAXIN-750..... 237
RELION INSULIN	REVEAL BLOOD	ROBINUL..... 265
SYRINGE..... 215	GLUCOSE TEST..... 175	ROBINUL-FORTE..... 265
RELI-ON INSULIN	REVLIMID..... 227	ROCALTROL..... 184
SYRINGE..... 215	REXULTI..... 113	ROCKLATAN..... 245
RELION KETONE..... 175	REYATAZ..... 119	<i>ropinirole hcl</i> 109
RELION LANCETS	REYVOW..... 222	<i>ropinirole hcl er</i> 109
STANDARD 21G..... 215	RHINOCORT ALLERGY.. 238	Rosadan..... 164
RELION LANCETS THIN	RHOFADE..... 164	<i>rosuvastatin calcium</i> 85
26G..... 215	RHOPRESSA..... 245	Rowepra..... 59
RELION LANCETS	Ribasphere..... 120	ROXICODONE..... 38
ULTRA-THIN 30G..... 215	RIBASPHERE..... 120	ROZEREM..... 201
RELION MINI PEN	RIBASPHERE RIBAPAK... 120	ROZLYTREK..... 103
NEEDLES..... 215	<i>ribavirin</i> 120	RUBRACA..... 103
RELION PEN NEEDLES... 215	RIDAURA..... 28	<i>rukobia</i> 120
RELION SHORT PEN	<i>rifabutin</i> 96	RUZURGI..... 95
NEEDLES..... 215	RIFADIN..... 96	RYBELSUS..... 74
RELION ULTRA THIN	RIFAMATE..... 96	RYCLORA..... 82
LANCETS 30G..... 215	<i>rifampin</i> 96	RYDAPT..... 103
RELION ULTRA THIN	RIFAMPIN+SYRSPEND	RYTARY..... 109
PLUS LANCETS..... 215	SF PH4..... 96	RYTHMOL SR..... 45
RELISTOR..... 192	RIFATER..... 96	RYVENT..... 82
<i>relnate dha</i> 233	RIGHTEST GL300	SABRIL..... 59
RELPAK..... 222	LANCETS..... 215	SAFESNAP INSULIN
REMERON..... 64	RIGHTEST GS100 BLOOD	SYRINGE..... 215
REMERON SOLTAB..... 64	GLUCOSE..... 175	<i>safety lancet 21g/pressure act.</i> 215
REMODULIN..... 129	RIGHTEST GS300 BLOOD	<i>safety lancet 28g/pressure act.</i> 215
RENACIDIN..... 194	GLUCOSE..... 175	SAFETY LANCETS..... 215
RENAGEL..... 192	RIGHTEST GS550 BLOOD	SAFETY LANCETS 21G.... 215
REVELA..... 192	GLUCOSE..... 175	<i>safety lancets 28g</i> 216
<i>repaglinide</i> 74	RILUTEK..... 238	SAFETY LET LANCETS... 216
<i>repaglinide-metformin hcl</i> 74	<i>riluzole</i> 238	SAFETY SEAL LANCETS.. 216

SAFYRAL.....	141	SHOPKO UNILET		<i>sodium polystyrene sulfonate</i>	
SAIZEN.....	184	LANCETS 30G.....	216	.....	227, 228
SAIZEN CLICK.EASY.....	184	SHUR-SEAL		SOLARAZE.....	164
SAIZENPREP.....	184	CONTRACEPTIVE.....	268	Solia.....	141
SALAGEN.....	229	SIGNIFOR.....	185	<i>solifenacin succinate</i>	266
<i>saline laxative</i>	202	SIGNIFOR LAR.....	185	SOLQUA.....	75
SAMSCA.....	184	SIKLOS.....	199	SOLODYN.....	260
SANCUSO.....	78	<i>sildenafil citrate</i>	130	SOLOSEC.....	23
SANDIMMUNE.....	227	SILENOR.....	201	SOLTAMOX.....	103
SANDOSTATIN.....	184	SILIQ.....	164	SOLUS V2 LANCETS 28G..	216
SANDOSTATIN LAR		<i>silodosin</i>	194	SOLUS V2 TEST.....	175
DEPOT.....	184	SILVADENE.....	164	SOLUS V2 TWIST	
SANTYL.....	164	<i>silver sulfadiazine</i>	164	LANCETS 30G.....	216
SAPHRIS.....	114	SIMBRINZA.....	245	SOMA.....	237
<i>sapropterin dihydrochloride</i>	184	Simliya.....	141	SOMATULINE DEPOT.....	185
SARAFEM.....	257	Simpesse.....	141	SOMAVERT.....	185
SAVAYSA.....	53	SIMPONI.....	28	SONATA.....	201
SAVELLA.....	257	<i>simvastatin</i>	85, 86	SOOLANTRA.....	164
SAVELLA TITRATION		SINEMET.....	109	<i>sorbitol-mannitol</i>	194
PACK.....	257	SINEMET CR.....	109	SORIATANE.....	164
<i>scopolamine</i>	79	SINGLE-LET.....	216	SORILUX.....	164
SECONAL.....	201	SINGULAIR.....	50	Sorine.....	124
SECUADO.....	114	<i>sirolimus</i>	227	<i>sotalol hcl</i>	125
SEEBRI NEOHALER.....	50	SIRTURO.....	96	<i>sotalol hcl (af)</i>	125
SEGLUROMET.....	74	SITAVIG.....	120	SOTYLIZE.....	125
SELECT-OB.....	234	SIVEXTRO.....	94	SOVALDI.....	120
<i>selegiline hcl</i>	109	SKELAXIN.....	237	SPECTRACEF.....	132
SELZENTRY.....	120	SKLICE.....	164	<i>spinosad</i>	164
SEMGLEE.....	74, 75	SKYLA.....	141	SPIRIVA HANDIHALER.....	50
SEMPREX-D.....	148	SKYRIZI (150 MG DOSE)..	164	SPIRIVA RESPIMAT.....	51
<i>se-natal 19</i>	234	SLYND.....	141	<i>spironolactone</i>	178
SENSIPAR.....	184	SMART SENSE COLOR		<i>spironolactone-hctz</i>	178
SEREVENT DISKUS.....	50	LANCETS 33G.....	216	SPORANOX.....	80
SERNIVO.....	164	SMART SENSE		SPORANOX PULSEPAK.....	80
SEROQUEL.....	114	STANDARD LANCETS.....	216	Sprintec 28.....	141
SEROQUEL XR.....	114	SMART SENSE SUPER		SPRITAM.....	59
SEROSTIM.....	185	THIN LANCETS.....	216	SPRIX.....	28
<i>sertraline hcl</i>	64	SMART SENSE THIN		SPRYCEL.....	104
Setlakin.....	141	LANCETS 26G.....	216	Sps.....	228
<i>sevelamer carbonate</i>	192	SMARTEST BLOOD		Sronyx.....	141
<i>sevelamer hcl</i>	192	GLUCOSE TEST.....	175	Ssd.....	164
SEVENFACT.....	196	SMARTEST LANCETS 28G		SSKI.....	148
SEYSARA.....	260	.....	216	<i>sss 10-5</i>	165
<i>sf</i>	229	<i>sod citrate-citric acid</i>	194	ST JOSEPH ASPIRIN.....	30
SFROWASA.....	192	<i>sodium chloride</i>	148, 194	STALEVO 100.....	109
Sharobel.....	141	<i>sodium fluoride</i>	225	STALEVO 125.....	109
SHOPKO UNIFINE		<i>sodium hyaluronate</i>	237	STALEVO 150.....	109
PENTIPS.....	216	<i>sodium phenylbutyrate</i>	185	STALEVO 200.....	109
SHOPKO UNILET				STALEVO 50.....	109
LANCETS 28G.....	216			STALEVO 75.....	109

STARLIX.....	75	SURECHEK BLOOD		TAKE ACTION.....	141
<i>stavudine</i>	120	GLUCOSE TEST.....	175	TAKHZYRO.....	196
STEGLATRO.....	75	SURE-FINE PEN		TALICIA.....	265
STEGLUJAN.....	75	NEEDLES.....	216	TALTZ.....	166
STELARA.....	165	SURE-JECT INSULIN		TALZENNA.....	104
STERILANCE PA.....	216	SYRINGE.....	217	TAMIFLU.....	121
STERILANCE TL.....	216	SURE-LANCE FLAT		<i>tamoxifen citrate</i>	104
STIMATE.....	185	LANCETS.....	217	<i>tamsulosin hcl</i>	194
STIOLTO RESPIMAT.....	51	SURE-LANCE THIN		TANZEUM.....	75
STIVARGA.....	104	LANCETS 28G.....	217	TAPAZOLE.....	261
STRATTERA.....	21	SURE-LANCE ULTRA		TAPERDEX 12-DAY.....	146
STRENSIQ.....	185	THIN LANCETS.....	217	Taperdex 6-Day.....	146
STRIBILD.....	120	SURE-TEST EASYPLUS		TAPERDEX 7-DAY.....	146
STRIVERDI RESPIMAT.....	51	MINI TEST.....	175	TARCEVA.....	104
SUBLOCADE.....	38	SURE-TOUCH LANCETS		TARGADOX.....	260
SUBOXONE.....	38	UNIVERSAL.....	217	TARGRETIN.....	104, 166
SUBSYS.....	38	SURMONTIL.....	64	Tarina 24 Fe.....	141
SUCRAID.....	177	SUSTIVA.....	120	Tarina Fe 1/20.....	142
<i>sucralfate</i>	265	SUTENT.....	104	TARKA.....	91
SULAR.....	128	Syeda.....	141	TARON-BC.....	234
<i>sulconazole nitrate</i>	165	SYLATRON.....	104	TARON-C DHA.....	234
<i>sulfacetamide sodium</i>		SYMBICORT.....	51	Taron-Crystals.....	194
.....	165, 245, 246	SYMBYAX.....	257	TARON-PREX.....	234
<i>sulfacetamide sodium (acne)</i> ..	165	SYMDEKO.....	258	TASIGNA.....	105
<i>sulfacetamide-prednisolone</i>	246	SYMFI.....	120	TASMAR.....	109
<i>sulfacetamide-sulfur in urea</i>	165	SYMFI LO.....	120	<i>tavorole</i>	166
<i>sulfadiazine</i>	259	SYMJEPI.....	269	TAVALISSE.....	196
<i>sulfamethoxazole-trimethoprim</i>	94	SYMLINPEN 120.....	75	TAYTULLA.....	142
SULFAMYLON.....	165, 166	SYMLINPEN 60.....	75	<i>tazarotene</i>	166
<i>sulfasalazine</i>	192	SYMPAZAN.....	59	TAZORAC.....	166
Sulfatrim Pediatric.....	94	SYMPROIC.....	192	Taztia Xt.....	128
Sulfazine.....	192	SYMTUZA.....	121	TAZVERIK.....	105
<i>sulindac</i>	28	SYNAGIS.....	249	TECFIDERA.....	257
<i>sumatriptan</i>	222	SYNALAR.....	166	TECHLITE AST LANCETS.....	217
<i>sumatriptan succinate</i>	222	SYNALGOS-DC.....	38	TECHLITE LANCETS.....	217
<i>sumatriptan succinate refill</i>	222	SYNAREL.....	185	TECHLITE LANCETS 30G.....	217
<i>sumatriptan-naproxen sodium</i>	222	SYNDROS.....	79	TECHNIVIE.....	121
SUMAVEL DOSEPRO.....	222	SYNERA.....	166	TEGRETOL.....	59
SUMAXIN.....	166	SYNJARDY.....	75	TEGRETOL-XR.....	59
SUMAXIN TS.....	166	SYNJARDY XR.....	75	TEGSEDI.....	257
SUNOSI.....	21	SYNTHROID.....	261	TEKTRNA.....	91
<i>super thin lancets</i>	216	SYPRINE.....	228	TEKTRNA HCT.....	91
SUPRAX.....	132	TABLOID.....	104	TELCARE BLOOD	
SUPREP BOWEL PREP KIT		TABRECTA.....	104	GLUCOSE TEST.....	176
.....	203	TACLONEX.....	166	<i>telmisartan</i>	91
<i>sure comfort insulin syringe</i>	216	<i>tacrolimus</i>	166, 228	<i>telmisartan-amlodipine</i>	91
<i>sure comfort lancets 28g</i>	216	<i>tadalafil</i>	130	<i>telmisartan-hctz</i>	91
<i>sure comfort lancets 30g</i>	216	<i>tadalafil (pah)</i>	130	<i>temazepam</i>	201
<i>sure comfort pen needles</i>	216	TAFINLAR.....	104	TEMIXYS.....	121
SURE EDGE TEST.....	175	TAGRISSO.....	104	TEMODAR.....	105

TEMOVATE.....	166, 167	<i>timolol maleate</i>	125, 246	<i>tramadol hcl</i>	39
<i>temozolomide</i>	105	TIMOPTIC.....	246	<i>tramadol hcl er</i>	38, 39
TENCON.....	30	TIMOPTIC OCUDOSE.....	246	<i>tramadol hcl er (biphasic)</i>	38
<i>tenofovir disoproxil fumarate</i> ..	121	TIMOPTIC-XE.....	246	<i>tramadol-acetaminophen</i>	39
TENORETIC 100.....	91	TINDAMAX.....	94	<i>trandolapril</i>	91
TENORETIC 50.....	91	<i>tinidazole</i>	94	<i>trandolapril-verapamil hcl er</i>	91
TENORMIN.....	125	TIROSINT.....	262	<i>tranexamic acid</i>	200
TERAZOL 7.....	268	TIROSINT-SOL.....	262	TRANSDERM-SCOP (1.5	
<i>terazosin hcl</i>	91	Tis-U-Sol.....	228	MG).....	79
<i>terbinafine hcl</i>	80	TIVICAY.....	121	TRANXENE-T.....	44
<i>terbutaline sulfate</i>	51	TIVICAY PD.....	121	<i>tranylcypromine sulfate</i>	64
<i>terconazole</i>	268	TIVORBEX.....	28	TRAVATAN Z.....	246
<i>teriparatide (recombinant)</i>	185	<i>tizanidine hcl</i>	237	<i>travoprost (bak free)</i>	246
TESSALON PERLES.....	148	<i>tl-care dha</i>	234	<i>trazodone hcl</i>	64
TESTIM.....	40	<i>tl-select</i>	234	TRECTOR.....	96
<i>testosterone</i>	41	TOBI.....	23	TRELEGY ELLIPTA.....	51
<i>testosterone cypionate</i>	41	TOBI PODHALER.....	23	TRELSTAR MIXJECT.....	105
<i>testosterone enanthate</i>	41	TOBRADEX.....	246	TREMFYA.....	167
TESTRED.....	41	TOBRADEX ST.....	246	<i>treprostinil</i>	130
<i>tetrabenazine</i>	257	<i>tobramycin</i>	23, 246	TRESIBA.....	76
<i>tetracycline hcl</i>	260	<i>tobramycin-dexamethasone</i>	246	TRESIBA FLEXTOUCH.....	75
TEXACORT.....	167	TOBREX.....	246	<i>tretinoin</i>	105, 167
<i>tgq 15dm/5pehl2cpm</i>	148	TODAY SPONGE.....	268	<i>tretinoin microsphere</i>	167
<i>tgq 30pse/150gfn/15dm</i>	148	TOFRANIL.....	64	<i>tretinoin microsphere pump</i>	167
<i>tgq 30pse/3brm/15dm</i>	148	TOLAK.....	167	TRETIN-X.....	167
THALOMID.....	228	<i>tolazamide</i>	75	TREXALL.....	105
THEO-24.....	51	<i>tolbutamide</i>	75	TREXIMET.....	222
THEOCHRON.....	51	<i>tolcapone</i>	109	TREZIX.....	39
Theochron.....	51	<i>tolmetin sodium</i>	28	Tri Femynor.....	142
<i>theophylline</i>	51	<i>tolsura</i>	80	<i>triamcinolone acetonide</i>	
<i>theophylline er</i>	51	<i>tolterodine tartrate</i>	266	.....	167, 229, 238
THINLETS LANCET.....	217	<i>tolterodine tartrate er</i>	266	<i>triamterene</i>	179
THIOLA.....	194	<i>tolvaptan</i>	185	<i>triamterene-hctz</i>	179
THIOLA EC.....	194	TOPAMAX.....	59	<i>triazolam</i>	201
<i>thioridazine hcl</i>	114	TOPAMAX SPRINKLE.....	59	TRIBENZOR.....	91
<i>thiothixene</i>	114	<i>topcare clickfine pen needles</i> ...	217	TRICARE.....	234
THRIVE.....	257	<i>topcare ultra comfort ins syr</i> ...	217	TRICARE PRENATAL	
THYROLAR-1.....	261	TOPICORT.....	167	DHA ONE.....	234
THYROLAR-1/2.....	261	TOPICORT SPRAY.....	167	TRICITRASOL.....	54
THYROLAR-1/4.....	261	<i>topiramate</i>	59	<i>tricitrates</i>	194
THYROLAR-2.....	261	<i>topiramate er</i>	59	TRICOR.....	86
THYROLAR-3.....	262	TOPROL XL.....	125	Triderm.....	167
<i>tiagabine hcl</i>	59	<i>toremifene citrate</i>	105	TRIDESILON.....	167
TIAZAC.....	128	<i>torseamide</i>	178	<i>trientine hcl</i>	228
TIBSOVO.....	105	TOSYMRA.....	222	Tri-Estarylla.....	142
<i>ticlopidine hcl</i>	196	TOUJEO MAX SOLOSTAR..	75	<i>trifluoperazine hcl</i>	114
TIGAN.....	79	TOUJEO SOLOSTAR.....	75	<i>trifluridine</i>	246
TIGLUTIK.....	238	TOVIAZ.....	267	TRIGLIDE.....	86
TIKOSYN.....	45	TRACLEER.....	130	<i>trihexyphenidyl hcl</i>	110
Tilia Fe.....	142	TRADJENTA.....	75	TRIJARDY XR.....	76

TRIKAFTA.....	259	TRUVADA.....	121	<i>ultra-comfort insulin syringe</i> ...	218
Tri-Legest Fe.....	142	TUDORZA PRESSAIR.....	51	ULTRALANCE.....	218
TRILEPTAL.....	59	TUKYSA.....	105	ULTRAM.....	39
Tri-Linyah.....	142	Tulana.....	143	ULTRA-THIN II AUTO	
TRILIPIX.....	86	TURALIO.....	105	LANCET.....	218
Tri-Lo-Estarylla.....	142	TUSSICAPS.....	149	ULTRA-THIN II INS SYR	
Tri-Lo-Marzia.....	142	Tussigon.....	149	SHORT.....	218
Tri-Lo-Sprintec.....	142	TUSSIONEX		ULTRA-THIN II INSULIN	
Trilyte.....	203	PENNKINETIC ER.....	149	SYRINGE.....	218
<i>trimethobenzamide hcl</i>	79	TUXARIN ER.....	149	ULTRA-THIN II LANCETS	
<i>trimethoprim</i>	94	TUZISTRA XR.....	149	.....	218
Tri-Mili.....	142	TWIRLA.....	143	ULTRA-THIN II MINI PEN	
<i>trimipramine maleate</i>	64	TWYNSTA.....	91	NEEDLE.....	218
<i>trimpex</i>	94	TYBOST.....	121	ULTRA-THIN II PEN	
<i>trinatal rx 1</i>	234	Tydemy.....	143	NEEDLE SHORT.....	218
TRINATE.....	234	TYKERB.....	105	ULTRA-THIN II PEN	
<i>trinaz</i>	234	TYLENOL WITH		NEEDLES.....	218
Trinessa (28).....	142	CODEINE #3.....	39	ULTRATRAK PRO TEST..	176
Trinessa Lo.....	142	TYLENOL WITH		ULTRATRAK ULTIMATE	
TRI-NORINYL (28).....	142	CODEINE #4.....	39	TEST.....	176
TRINTELLIX.....	64	TYMLOS.....	185	ULTRAVATE.....	168
Tri-Previfem.....	142	TYVASO.....	130	UNIFINE PENTIPS.....	218
TRIPTODUR.....	185	TYVASO REFILL.....	130	UNILET COMFORTOUCH	
Tri-Sprintec.....	142	TYVASO STARTER.....	130	LANCET.....	219
<i>tristart dha</i>	234	UBRELVY.....	222	UNILET EXCELITE.....	219
TRISTART ONE.....	234	UCERIS.....	42, 146	UNILET EXCELITE II.....	219
<i>tri-tabs dha</i>	234	UDENYCA.....	199	UNILET G.P. LANCET.....	219
TRIUMEQ.....	121	ULESFIA.....	168	UNILET G.P. SUPERLITE	
TRIVEEN-DUO DHA.....	234	ULORIC.....	195	LANCET.....	219
TRI-VI-FLOR.....	234	ULTICARE INSULIN		UNILET GP 28 ULTRA	
<i>tri-vi-floro</i>	234	SAFETY SYR.....	217	THIN.....	219
Trivora (28).....	142	ULTICARE INSULIN		UNILET LANCET.....	219
Tri-Vylibra Lo.....	143	SYRINGE.....	217	UNILET SUPERLITE	
TRIZIVIR.....	121	ULTICARE MICRO PEN		LANCET.....	219
TROKENDI XR.....	60	NEEDLES.....	218	UNISTIK 3 COMFORT.....	219
<i>tropicamide</i>	246	ULTICARE MINI PEN		UNISTIK 3 EXTRA.....	219
<i>tropium chloride</i>	267	NEEDLES.....	218	UNISTIK 3 NORMAL.....	219
<i>tropium chloride er</i>	267	ULTICARE PEN NEEDLES		UNISTIK CZT COMFORT.....	219
TRUEPLUS INSULIN		.....	218	UNISTIK CZT NORMAL...219	
SYRINGE.....	217	ULTICARE SHORT PEN		Unithroid.....	262
TRUEPLUS LANCETS 28G217		NEEDLES.....	218	Unithroid Direct.....	262
TRUEPLUS LANCETS 30G217		ULTILET CLASSIC		UNIVERSAL 1 LANCETS	
TRUEPLUS LANCETS 33G217		LANCETS.....	218	THIN 26G.....	219
TRUEPLUS SAFETY		ULTILET LANCETS.....	218	UNIVERSAL 1 LANCETS	
LANCETS 28G.....	217	ULTILET SAFETY		ULTRA THIN.....	219
TRUETEST TEST.....	176	LANCETS 23G.....	218	UPNEEQ.....	246
TRUETRACK TEST.....	176	ULTIMA TEST.....	176	UPTRAVI.....	130
TRULANCE.....	192	<i>ultimatecare one</i>	234	URECHOLINE.....	267
TRULICITY.....	76	<i>ultra comfort insulin syringe</i> ...	218	URISTIX.....	176
TRUSOPT.....	246	ULTRACET.....	39	URISTIX 4.....	176

UROCIT-K 10.....	194	Velivet.....	143	VIMOVO.....	28
UROCIT-K 15.....	194	VELPHORO.....	192	VIMPAT.....	60
UROCIT-K 5.....	194	VELTASSA.....	228	VINATE II.....	235
UROXATRAL.....	194	VEMAVITE-PRX 2.....	234	VINATE ONE.....	235
URSO 250.....	192	VEMLIDY.....	121	VIOKACE.....	177
URSO FORTE.....	192	<i>vena-bal dha</i>	234	<i>viorele</i>	143
<i>ursodiol</i>	192	VENCLEXTA.....	105	VIRACEPT.....	122
UTIBRON NEOHALER.....	51	VENCLEXTA STARTING		VIRAMUNE.....	122
VAGIFEM.....	268	PACK.....	105	VIRAMUNE XR.....	122
<i>valacyclovir hcl</i>	121	<i>venlafaxine hcl</i>	65	VIREAD.....	122
VALCHLOR.....	168	<i>venlafaxine hcl er</i>	64, 65	VIROPTIC.....	247
VALCYTE.....	121	VENTAVIS.....	130	<i>virt nate</i>	235
<i>valganciclovir hcl</i>	121	VENTOLIN HFA.....	51	<i>virt-advance</i>	235
VALIUM.....	44	<i>verapamil hcl</i>	128	<i>virt-phos 250 neutral</i>	225
<i>valproate sodium</i>	60	<i>verapamil hcl er</i>	128	<i>virt-pn</i>	235
<i>valproic acid</i>	60	VERDESO.....	168	<i>virt-pn dha</i>	235
<i>valsartan</i>	91	VERDROCET.....	39	<i>virt-pn plus</i>	235
<i>valsartan-hydrochlorothiazide</i> ...91		VEREGEN.....	168	<i>virtprex</i>	235
VALTOCO 10 MG DOSE.....	60	VERELAN.....	128	<i>virtrate-2</i>	194
VALTOCO 15 MG DOSE.....	60	VERELAN PM.....	128	<i>virtrate-3</i>	194
VALTOCO 20 MG DOSE.....	60	VERIPRED 20.....	146	<i>virtrate-k</i>	194
VALTOCO 5 MG DOSE.....	60	VERSACLOZ.....	114	<i>virt-select</i>	235
VALTREX.....	121	VERZENIO.....	105	<i>virt-vite gt</i>	235
<i>value health insulin syringe</i>	219	VESICARE.....	267	VISTARIL.....	44
<i>value plus glucose</i>	76	Vectura.....	143	VISTOGARD.....	77
<i>value plus lancet standard 21g</i>	219	VEXOL.....	246	VITAFOL.....	235
<i>value plus lancets super thin</i>	219	VFEND.....	80	VITAFOL FE+.....	235
<i>value plus lancets thin 26g</i>	219	VIBERZI.....	192	VITAFOL STRIPS.....	235
<i>valumark lancet super thin 30g</i>	219	VIBRAMYCIN.....	260	VITAFOL-OB.....	235
<i>valumark lancet ultra thin 28g</i>	219	Vicodin.....	39	VITAFOL-ONE.....	235
<i>valumark pen needles</i>	219	Vicodin Es.....	39	VITAL HP 1.0 CAL.....	176
Vanadom.....	237	Vicodin Hp.....	39	VITAMEDMD ONE	
Vanatol Lq.....	30	VICTORY AGM-4000 TEST.....	176	RX/QUATREFOLIC.....	235
Vanatol S.....	30	VICTOZA.....	76	<i>vitamin d (ergocalciferol)</i>	269
VANCOGIN HCL.....	94	VIDA MIA UNIFINE		<i>vitamin d3</i>	269
<i>vancomycin hcl</i>	94	PENTIPS.....	219	VITRAKVI.....	105, 106
Vandazole.....	268	VIDA MIA UNILET		VIVA DHA.....	235
VANISHPOINT INSULIN		LANCETS 28G.....	219	VIVELLE-DOT.....	188
SYRINGE.....	219	VIDA MIA UNILET		VIVITROL.....	78
VANOS.....	168	LANCETS 30G.....	219	VIVLODEX.....	28
VARUBI.....	79	VIDEX.....	122	VIZIMPRO.....	106
VARUBI (180 MG DOSE).....	79	VIDEX EC.....	122	VOCAL POINT BLOOD	
VASCEPA.....	86	VIEKIRA PAK.....	122	GLUCOSE TEST.....	176
VASERETIC.....	92	VIEKIRA XR.....	122	VOGELXO.....	41
VASOTEC.....	92	Vienna.....	143	VOGELXO PUMP.....	41
VCF VAGINAL		<i>vigabatrin</i>	60	<i>vol-nate</i>	235
CONTRACEPTIVE.....	268, 269	Vigadrone.....	60	<i>vol-plus</i>	235
VECAMYL.....	92	VIGAMOX.....	246	<i>vol-tab rx</i>	235
VECTICAL.....	168	VIIBRYD.....	65	<i>voriconazole</i>	80
VELETRI.....	130	VIIBRYD STARTER PACK.....	65	VOSEVI.....	122

VOSPIRE ER.....	52	XANAX.....	44	XPOVIO (80 MG TWICE	
VOTRIENT.....	106	XANAX XR.....	44	WEEKLY).....	106
<i>vp-ch-pnv</i>	235	XARELTO.....	54	XTAMPZA ER.....	39
<i>vp-ggr-b6 prenatal</i>	235	XARELTO STARTER		XTANDI.....	106
<i>vp-heme ob</i>	235	PACK.....	54	XULANE.....	143
<i>vp-heme ob + dha</i>	235	XATMEP.....	106	XULTOPHY.....	76
<i>vp-heme one</i>	236	XCOPRI.....	60	XURIDEN.....	186
<i>vp-pnv-dha</i>	236	XCOPRI (250 MG DAILY		XYLOCAINE.....	168
VRAYLAR.....	114	DOSE).....	60	Xylon.....	39
Vtol Lq.....	30	XCOPRI (350 MG DAILY		XYOSTED.....	41
VUMERITY.....	257	DOSE).....	60	XYREM.....	258
VUMERITY (STARTER)....	257	XELJANZ.....	28, 29	XYWAV.....	258
Vyfemla.....	143	XELJANZ XR.....	29	XYZAL ALLERGY 24HR....	82
VYLEESI.....	257	XELODA.....	106	XYZAL ALLERGY 24HR	
VYNDAMAX.....	130	XELPROS.....	247	CHILDRENS.....	82
VYNDAQEL.....	130	XEMBIFY.....	250	YONSA.....	106
VYTORIN.....	86	XENAZINE.....	257	YOSPRALA.....	196
VYVANSE.....	21	XENLETA.....	94	YUPELRI.....	52
VYZULTA.....	247	XEPI.....	168	Yuvaferm.....	269
WAKIX.....	21	XERAC AC.....	168	ZADITOR.....	247
<i>warfarin sodium</i>	54	XERESE.....	168	<i>zafirlukast</i>	52
WAVESENSE PRESTO.....	176	XERMELO.....	192	<i>zaleplon</i>	201
WELCHOL.....	86	XGEVA.....	185	ZAMICET.....	39
WELLBUTRIN SR.....	65	XHANCE.....	238	ZANAFLEX.....	237
WELLBUTRIN XL.....	65	XIFAXAN.....	94	ZANTAC.....	265
Wera.....	143	XIGDUO XR.....	76	Zarah.....	143
WESTCORT.....	168	XIIDRA.....	247	ZARONTIN.....	61
WESTHROID.....	262	XIMINO.....	260	ZARXIO.....	199
WIDE-SEAL DIAPHRAGM		XODOL.....	39	ZATEAN-PN DHA.....	236
60.....	219	XOFLUZA (40 MG DOSE). 122		ZATEAN-PN PLUS.....	236
WIDE-SEAL DIAPHRAGM		XOFLUZA (80 MG DOSE). 122		ZAVESCA.....	199
65.....	220	XOLAIR.....	52	<i>zcort 7-day</i>	146
WIDE-SEAL DIAPHRAGM		XOLEGEL.....	168	Zebutal.....	30
70.....	220	XOPENEX.....	52	ZEGERID.....	265
WIDE-SEAL DIAPHRAGM		XOPENEX		ZEGERID OTC.....	266
75.....	220	CONCENTRATE.....	52	ZEJULA.....	106
WIDE-SEAL DIAPHRAGM		XOPENEX HFA.....	52	ZELAPAR.....	110
80.....	220	XOSPATA.....	106	ZELBORAF.....	106
WIDE-SEAL DIAPHRAGM		XPOVIO (100 MG ONCE		ZELNORM.....	192
85.....	220	WEEKLY).....	106	ZEMBRACE SYMTOUCH. 223	
WIDE-SEAL DIAPHRAGM		XPOVIO (40 MG ONCE		ZEMPLAR.....	186
90.....	220	WEEKLY).....	106	Zenatane.....	168
WIDE-SEAL DIAPHRAGM		XPOVIO (40 MG TWICE		Zenchent.....	143
95.....	220	WEEKLY).....	106	ZENPEP.....	177
Wixela Inhub.....	52	XPOVIO (60 MG ONCE		Zenedi.....	22
WP THYROID.....	262	WEEKLY).....	106	ZENZEDI.....	22
Wymzya Fe.....	143	XPOVIO (60 MG TWICE		ZEPATIER.....	122
XADAGO.....	110	WEEKLY).....	106	ZEPOSIA.....	258
XALATAN.....	247	XPOVIO (80 MG ONCE		ZEPOSIA 7-DAY STARTER	
XALKORI.....	106	WEEKLY).....	106	PACK.....	258

ZEPOSIA STARTER KIT... 258	ZUBSOLV 40
ZERIT 122, 123	Zumandimine..... 143
ZERVIATE.....247	ZUPLENZ..... 79
ZESTORETIC..... 92	ZURAMPIC..... 195
ZESTRIL..... 92	ZUTRIPRO 149
ZETIA .....86	ZYBAN.....258
ZETONNA..... 238	ZYCLARA..... 168
ZIAC.....92	ZYCLARA PUMP 168
ZIAGEN 123	ZYDELIG.....107
<i>zidovudine</i> 123	ZYFLO..... 52
ZIEXTENZO..... 199	ZYFLO CR.....52
<i>zileuton er</i> 52	ZYKADIA..... 107
ZILXI.....168	ZYLET.....247
ZIOPTAN 247	ZYLOPRIM.....195
<i>ziprasidone hcl</i> 114	ZYMAXID..... 247
<i>ziprasidone mesylate</i>.....114	ZYPITAMAG..... 86
ZIPSOR..... 29	ZYPREXA..... 114
ZIRGAN.....247	ZYPREXA RELPREVV 114
ZITHROMAX..... 204	ZYPREXA ZYDIS..... 115
ZITHROMAX TRI-PAK..... 204	ZYRTEC ALLERGY .....82
ZITHROMAX Z-PAK..... 204	ZYRTEC CHILDRENS
ZMAX.....204	ALLERGY 82
ZOCOR.....86	ZYRTEC-D ALLERGY &
ZODEX 12-DAY 146	CONGESTION.....149
ZOFRAN.....79	ZYTIGA..... 107
ZOFRAN ODT..... 79	ZYVOX.....94
ZOHYDRO ER..... 39, 40	
ZOLINZA..... 107	
<i>zolmitriptan</i>.....223	
ZOLOFT.....65	
<i>zolpidem tartrate</i> 201	
<i>zolpidem tartrate er</i> 201	
ZOLPIMIST..... 201	
ZOMACTON.....186	
ZOMACTON (FOR ZOMA-	
JET 10)..... 186	
ZOMIG..... 223	
ZOMIG ZMT..... 223	
ZONACORT 11 DAY..... 146	
ZONACORT 7 DAY..... 146	
ZONATUSS.....149	
ZONEGRAN.....61	
<i>zonisamide</i> 61	
ZONTIVITY..... 196	
ZORBTIVE..... 186	
ZORTRESS..... 228	
ZORVOLEX.....29	
Zovia 1/35E (28)..... 143	
Zovia 1/50E (28)..... 143	
ZOVIRAX..... 123, 168	