

# Plan for your best health

---

Advanced Control Plan - Aetna: Banner | Aetna

**Health benefits and health insurance plans are offered, administered and/or underwritten by Aetna Health Inc., Aetna Health Insurance Company of New York, Aetna HealthAssurance Pennsylvania Inc., Aetna Health Insurance Company and/or Aetna Life Insurance Company (Aetna). In Florida, by Aetna Health Inc. and/or Aetna Life Insurance Company. In Utah and Wyoming by Aetna Health of Utah Inc. and Aetna Life Insurance Company. In Maryland, by Aetna Health Inc., 151 Farmington Avenue, Hartford, CT 06156. Each insurer has sole financial responsibility for its own products.**

Table of Contents

INFORMATIONAL SECTION.....	4
ANALGESICS - DRUGS TO TREAT PAIN AND INFLAMMATION.....	14
ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS.....	28
ANTINEOPLASTIC AGENTS - DRUGS TO TREAT CANCER.....	44
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES.....	54
CARDIOVASCULAR - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS.....	55
CENTRAL NERVOUS SYSTEM - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS.....	68
ENDOCRINE AND METABOLIC - DRUGS TO TREAT DIABETES AND REGULATE HORMONES.....	104
GASTROINTESTINAL - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS.....	133
GENITOURINARY - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS...	141
HEMATOLOGIC - DRUGS TO TREAT BLOOD DISORDERS.....	145
IMMUNOLOGIC AGENTS - DRUGS TO TREAT DISORDERS OF THE IMMUNE SYSTEM.....	153
MEDICAL DEVICES.....	164
NUTRITIONAL/SUPPLEMENTS - VITAMINS AND SUPPLEMENTS.....	176
OPHTHALMIC - DRUGS TO TREAT EYE CONDITIONS.....	180
OTHER.....	186
RESPIRATORY - DRUGS TO TREAT BREATHING DISORDERS.....	186
TOPICAL - DRUGS TO TREAT EAR AND SKIN CONDITIONS.....	198

# How to use this guide

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

## Your plan includes

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

## What you can expect to pay

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

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

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

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

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

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

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

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

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

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

## Have more questions about your pharmacy benefits?

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

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

## Specialty Pharmacy Network

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

## How to get started with a specialty pharmacy

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

- **To transfer your prescription**, just call us toll-free at **1-866-353-1892**.
- **For a new prescription**, your doctor can send it to us in one of four ways:
  - 1. Electronically:** via E-Prescribe to Banner Family Pharmacy – Chandler
  - 2. Fax: 1-602-747-2170**
  - 3. Phone: 1-844-747-6442**, option 2
  - 4. Mail:** Banner Family pharmacy  
7300 W Detroit Street  
Chandler, AZ 85226

## CVS Caremark Mail Service Pharmacy™

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

## Get started right away

You can submit your order using one of these options:

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

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

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

# Frequently asked questions

## How can I save on prescriptions?

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

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

## What are generic drugs?

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

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

## What is precertification?

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

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

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

## What is step therapy?

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

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

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

## What are quantity limits?

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

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

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

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

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

## How can your provider request a medical exception?

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

## Pharmacy and Therapeutics (P&T) committee

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

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

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

## Can the formulary change during the year?

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

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

## **Commercial 1557 Nondiscrimination Notice**

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

We provide free aids/services to people with disabilities and to people who need language assistance.

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

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

Civil Rights Coordinator,  
P.O. Box 14462, Lexington, KY 40512,  
1-800-648-7817, TTY: 711,  
Fax: 859-425-3379, CRCoordinator@aetna.com.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, or at 1-800-368-1019, 800-537-7697 (TDD).

Banner|Aetna is the brand name used for products and services provided by Banner Health and Aetna Health Insurance Company and Banner Health and Aetna Health Plan Inc. Health benefits and health insurance plans are offered and/or underwritten by Banner Health and Aetna Health Insurance Company and/or Banner Health and Aetna Health Plan Inc. (Banner|Aetna). Each insurer has sole financial responsibility for its own products. Banner Health and Aetna Health Insurance Company and Banner Health and Aetna Health Plan Inc. are affiliates of Banner Health and, of Aetna and its affiliates (Aetna). Aetna provides certain management services to Banner|Aetna.



TTY: 711

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

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

如欲使用免費語言服務，請致電您 ID 卡上的電話號碼 (Chinese)

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

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

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

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

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

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

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

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

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

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

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

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

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

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



M dyi wuɖu-dù kà kò dò bě dyi móuń nì pídyi ní, níí, dǎ nòbà nià nì ID káàò kǝ. (Kru-Bassa)

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

ເພື່ອຂໍໃຊ້ການບໍລິການພາສາໂດຍບໍ່ເສຍຄ່າຕໍ່ກັບທ່ານ,  
ໃຫ້ໂທຫາເບີໂທທີ່ບອກໄວ້ໃນບັດປະຈຳຕົວຂອງທ່ານ. (Laotian)

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

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

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

ដើម្បីទទួលបានសេវាកម្មភាសាដែលឥតគិតថ្លៃសម្រាប់លោកអ្នក សូមហៅទូរស័ព្ទទៅកាន់  
លេខដែលមាននៅលើប័ណ្ណសម្គាល់ខ្លួនរបស់លោកអ្នក។ (Mon-Khmer, Cambodian)

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

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

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

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

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

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

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

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

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

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



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

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

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

Not all health services are covered. Your plan may not cover certain drugs such as infertility, erectile dysfunction, weight loss and smoking cessation. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by location and are subject to change.

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

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

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

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

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

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

**Coverage Requirements and Limits**

AL = Age Limit

IBC = Indication Based Coverage

LGC = Lowest Generic Copay

Applies

N10 = Drug Coverage for Student Health members.

N7 = Drug tier when CE does not apply

N8 = Drug Specific Coverage

PA = Prior Authorization

QL = Quantity Limit

QLR = Quantity Limit Restriction Based on Age

Select OTC = Select OTC

Program if your pharmacy plan includes this program you may have coverage for products noted with a doctors prescription.

Please see your plan benefit information for specific coverage details.

SPC = Select Plan Coverage: Only available for select plans.

Refer to member plan documents for coverage.

ST = Step Therapy

STX = Safer and/or more effective treatments are available

**Drug Tier**

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

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

NP = Non-Preferred Brand and Generic

NPSP = Non-Preferred Specialty

PB = Preferred Brand

PG = Preferred Generic

PSP = Preferred Specialty

**lowercase italics** = Generic drugs**UPPERCASE** = Brand name drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>ANALGESICS - DRUGS TO TREAT PAIN AND INFLAMMATION</b>		
<b>COX-2 INHIBITORS</b>		
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>	NP	
<b>GOUT - DRUGS TO TREAT GOUT</b>		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	PG	
<i>colchicine oral capsule 0.6 mg</i>	NF	
<i>colchicine oral tablet 0.6 mg</i>	PG	QL (120 TABLETS per 25 DAYS)

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>	PG	
COLCRYS ORAL TABLET 0.6 MG ( <i>colchicine</i> )	NF	
<i>febuxostat oral tablet 40 mg, 80 mg</i>	PG	
GLOPERBA ORAL SOLUTION 0.6 MG/5ML ( <i>colchicine</i> )	NF	
KRYSTEXXA INTRAVENOUS SOLUTION 8 MG/ML ( <i>pegloticase</i> )	NPSP	PA
MITIGARE ORAL CAPSULE 0.6 MG ( <i>colchicine</i> )	PB	QL (60 CAPSULES per 25 days)
<i>probenecid oral tablet 500 mg</i>	PG	
ULORIC ORAL TABLET 40 MG, 80 MG ( <i>febuxostat</i> )	NF	
<b>MISCELLANEOUS</b>		
PRIALT INTRATHECAL SOLUTION 100 MCG/ML, 500 MCG/20ML, 500 MCG/5ML ( <i>ziconotide acetate</i> )	NPSP	
<b>NON-OPIOID ANALGESICS</b>		
ALLZITAL ORAL TABLET 25-325 MG ( <i>butalbital-acetaminophen</i> )	NF	
<i>butalbital-apap-caffeine</i> (Bac Oral Tablet 50-325-40 Mg)	PG	STX; QL (48 tablets per 25 days)
<i>butalbital-acetaminophen</i> (Bupap Oral Tablet 50-300 Mg)	NF	
<i>butalbital-acetaminophen capsule 50-300 mg oral 50-300 mg</i>	NF	
<i>butalbital-acetaminophen capsule 50-300 mg oral 50-300 mg</i>	PG	STX; QL (48 CAPSULES per 25 DAYS)
<i>butalbital-acetaminophen oral tablet 25-325 mg</i>	NF	
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	PG	STX; QL (48 TABLETS per 25 DAYS)
<i>butalbital-apap-caffeine oral capsule 50-300-40 mg, 50-325-40 mg</i>	NF	
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	PG	STX; QL (48 TABLETS per 25 days)
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	PG	STX; QL (48 CAPSULES per 25 DAYS)
ESGIC ORAL TABLET 50-325-40 MG ( <i>butalbital-apap-caffeine</i> )	NP	STX; QL (48 TABLETS per 25 DAYS)
FIORICET ORAL CAPSULE 50-300-40 MG ( <i>butalbital-apap-caffeine</i> )	NF	

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VTOL LQ ORAL SOLUTION 50-325-40 MG/15ML ( <i>bitalbital-apap-caffeine</i> )	PG	STX; QL (720 ML per 25 days)
<b>NSAIDS - DRUGS TO TREAT PAIN AND INFLAMMATION</b>		
CAMBIA ORAL PACKET 50 MG ( <i>diclofenac potassium(migraine)</i> )	NF	
<i>diclofenac oral capsule 35 mg</i>	NF	
<i>diclofenac potassium oral tablet 25 mg</i>	NF	
<i>diclofenac potassium oral tablet 50 mg</i>	PG	
<i>diclofenac sodium er oral tablet extended release 24 hour 100 mg</i>	PG	
<i>diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg</i>	PG	
<i>etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg</i>	PG	
<i>etodolac oral capsule 200 mg, 300 mg</i>	PG	
<i>etodolac oral tablet 400 mg, 500 mg</i>	PG	
<i>fenoprofen calcium oral capsule 200 mg, 400 mg</i>	NF	
<i>fenoprofen calcium oral tablet 600 mg</i>	NF	
FENORTHO ORAL CAPSULE 200 MG ( <i>fenoprofen calcium</i> )	NF	
<i>flurbiprofen oral tablet 100 mg, 50 mg</i>	PG	
<i>ibuprofen (Ibu Oral Tablet 600 Mg)</i>	PG	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	PG	
INDOCIN ORAL SUSPENSION 25 MG/5ML ( <i>indomethacin</i> )	NF	
INDOCIN RECTAL SUPPOSITORY 50 MG ( <i>indomethacin</i> )	NF	
<i>indomethacin oral capsule 20 mg</i>	NF	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	PG	STX
<i>ketoprofen er oral capsule extended release 24 hour 200 mg</i>	NF	
<i>ketoprofen oral capsule 25 mg</i>	NF	
<i>ketoprofen oral capsule 50 mg, 75 mg</i>	PG	
<i>ketorolac tromethamine nasal solution 15.75 mg/spray</i>	NF	
<i>ketorolac tromethamine oral tablet 10 mg</i>	PG	QL (20 TABLETS per 25 DAYS)

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LODINE ORAL TABLET 400 MG ( <i>etodolac</i> )	NF	
<i>meclofenamate sodium oral capsule 100 mg, 50 mg</i>	PG	
<i>mefenamic acid oral capsule 250 mg</i>	NP	
<i>meloxicam oral capsule 10 mg, 5 mg</i>	NF	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	PG	
<i>nabumetone oral tablet 500 mg, 750 mg</i>	PG	
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	
<i>naproxen oral suspension 125 mg/5ml</i>	NF	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	PG	
<i>naproxen oral tablet delayed release 375 mg, 500 mg</i>	PG	
<i>naproxen sodium er oral tablet extended release 24 hour 375 mg, 500 mg, 750 mg</i>	NF	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	PG	
<i>oxaprozin oral tablet 600 mg</i>	PG	
<i>piroxicam oral capsule 10 mg, 20 mg</i>	PG	
RELAFEN DS ORAL TABLET 1000 MG ( <i>nabumetone</i> )	NF	
<i>nabumetone (Relafen Oral Tablet 500 Mg, 750 Mg)</i>	NF	
SPRIX NASAL SOLUTION 15.75 MG/SPRAY ( <i>ketorolac tromethamine</i> )	NF	
<i>sulindac oral tablet 150 mg, 200 mg</i>	PG	
TIVORBEX ORAL CAPSULE 20 MG ( <i>indomethacin</i> )	NF	
VIVLODEX ORAL CAPSULE 10 MG, 5 MG ( <i>meloxicam</i> )	NF	
ZIPSOR ORAL CAPSULE 25 MG ( <i>diclofenac potassium</i> )	NF	
ZORVOLEX ORAL CAPSULE 18 MG, 35 MG ( <i>diclofenac</i> )	NF	
<b>NSAIDS, COMBINATIONS</b>		
ARTHROTEC ORAL TABLET DELAYED RELEASE 50-0.2 MG, 75-0.2 MG ( <i>diclofenac-misoprostol</i> )	NF	
<i>diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg</i>	PG	
DUEXIS ORAL TABLET 800-26.6 MG ( <i>ibuprofen-famotidine</i> )	NF	

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>ibuprofen-famotidine oral tablet 800-26.6 mg</i>	NF	
<i>naproxen-esomeprazole oral tablet delayed release 375-20 mg, 500-20 mg</i>	NF	
VIMOVO ORAL TABLET DELAYED RELEASE 375-20 MG, 500-20 MG ( <i>naproxen-esomeprazole</i> )	NF	
<b>OPIOID AGONIST/ANTAGONIST</b>		
BUNAVAIL BUCCAL FILM 4.2-0.7 MG ( <i>buprenorphine hcl-naloxone hcl</i> )	NF	
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg</i>	PG	QL (60 FILM per 25 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg</i>	PG	QL (90 FILM per 25 days)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg</i>	CE	N7 (PG); QL (90 TABLETS per 25 days)
<i>pentazocine-naloxone hcl oral tablet 50-0.5 mg</i>	NP	STX; N8 (Subject to initial limit.); QL (120 TABLETS per 25 days)
SUBOXONE SUBLINGUAL FILM 12-3 MG, 2-0.5 MG, 4-1 MG, 8-2 MG ( <i>buprenorphine hcl-naloxone hcl</i> )	NF	
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG, 1.4-0.36 MG, 2.9-0.71 MG, 5.7-1.4 MG ( <i>buprenorphine hcl-naloxone hcl</i> )	PB	QL (90 TABLETS per 25 DAYS)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 11.4-2.9 MG ( <i>buprenorphine hcl-naloxone hcl</i> )	PB	QL (30 TABLETS per 25 DAYS)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 8.6-2.1 MG ( <i>buprenorphine hcl-naloxone hcl</i> )	PB	QL (60 TABLETS per 25 DAYS)
<b>OPIOID ANALGESICS - DRUGS TO TREAT PAIN</b>		
<i>acetaminophen-codeine #2 oral tablet 300-15 mg</i>	PG	N8 (Subject to initial limit); QL (400 TABLETS per 25 days)
<i>acetaminophen-codeine #3 oral tablet 300-30 mg</i>	PG	N8 (Subject to initial limit); QL (360 TABLETS per 25 days)
<i>acetaminophen-codeine #4 oral tablet 300-60 mg</i>	PG	N8 (Subject to initial limit); QL (180 TABLETS per 25 days)
<i>acetaminophen-codeine oral solution 120-12 mg/5ml</i>	PG	N8 (Subject to initial limit); QL (2700 ML per 25 days)

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ACTIQ BUCCAL LOZENGE ON A HANDLE 1200 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG ( <i>fentanyl citrate</i> )	NP	PA; QL (120 LOZENGES per 25 DAYS)
APADAZ ORAL TABLET 4.08-325 MG, 6.12-325 MG, 8.16-325 MG ( <i>benzhydrocodone-acetaminophen</i> )	NF	
<i>apap-caff-dihydrocodeine oral capsule 320.5-30-16 mg</i>	NP	N8 (Subject to initial limit); QL (300 CAPSULES per 25 days)
<i>apap-caff-dihydrocodeine oral tablet 325-30-16 mg</i>	PG	N8 (Subject to initial limit); QL (300 TABLETS per 25 DAYS)
<i>benzhydrocodone-acetaminophen oral tablet 4.08-325 mg, 6.12-325 mg, 8.16-325 mg</i>	NP	STX; N8 (Subject to initial limit.); QL (168 TABLETS per 25 days)
<i>butalbital-apap-caff-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg</i>	PG	STX; QL (48 CAPSULES per 25 DAYS)
<i>butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg</i>	PG	STX; QL (48 CAPSULES per 25 DAYS)
<i>butorphanol tartrate nasal solution 10 mg/ml</i>	NP	QL (2 BOTTLES per 25 DAYS)
<i>codeine sulfate oral tablet 30 mg</i>	PG	N8 (Subject to initial limit); QL (42 TABLETS per 25 days)
<i>codeine sulfate oral tablet 60 mg</i>	NP	N8 (Subject to initial limit); QL (42 TABLETS per 25 days)
CONZIP ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG ( <i>tramadol hcl</i> )	NP	ST; QL (30 CAPSULES per 25 DAYS)
CONZIP ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG, 300 MG ( <i>tramadol hcl</i> )	NP	ST
DILAUDID ORAL LIQUID 1 MG/ML ( <i>hydromorphone hcl</i> )	NP	N8 (Subject to initial limit); QL (600 ML per 25 days)
DILAUDID ORAL TABLET 2 MG ( <i>hydromorphone hcl</i> )	NP	N8 (Subject to initial limit); QL (180 TABLETS per 25 days)
DILAUDID ORAL TABLET 4 MG ( <i>hydromorphone hcl</i> )	NP	N8 (Subject to initial limit); QL (150 TABLETS per 25 days)

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DILAUDID ORAL TABLET 8 MG ( <i>hydromorphone hcl</i> )	NP	N8 (Subject to initial limit); QL (60 TABLETS per 25 days)
<i>fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	NP	PA; QL (120 LOZENGES per 25 DAYS)
<i>fentanyl citrate buccal tablet 100 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	PG	PA; QL (120 TABLETS per 25 DAYS)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 50 mcg/hr, 62.5 mcg/hr, 75 mcg/hr, 87.5 mcg/hr</i>	PG	ST
<i>fentanyl transdermal patch 72 hour 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hr</i>	PG	ST; QL (10 PATCHES per 25 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> )	NP	STX; QL (48 CAPSULES per 25 DAYS)
<i>hydrocodone bitartrate er oral capsule extended release 12 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg</i>	PG	ST; QL (60 capsules per 25 days)
<i>hydrocodone bitartrate er oral capsule extended release 12 hour 50 mg</i>	PG	ST
<i>hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent 100 mg, 120 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i>	NF	
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15ml</i>	NF	N8 (Subject to initial limit)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml</i>	NP	N8 (Subject to initial limit); QL (2700 ML per 25 days)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 7.5-300 mg, 7.5-325 mg</i>	PG	N8 (Subject to initial limit); QL (180 TABLETS per 25 days)
<i>hydrocodone-acetaminophen oral tablet 5-300 mg, 5-325 mg</i>	PG	N8 (Subject to initial limit); QL (240 TABLETS per 25 days)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	PG	N8 (Subject to initial limit); QL (50 TABLETS per 25 days)
<i>hydromorphone hcl er oral tablet extended release 24 hour 12 mg, 16 mg, 8 mg</i>	NP	ST; QL (30 TABLETS per 25 DAYS)
<i>hydromorphone hcl er oral tablet extended release 24 hour 32 mg</i>	NP	ST

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>hydromorphone hcl oral liquid 1 mg/ml</i>	PG	N8 (Subject to initial limit); QL (600 ML per 25 days)
<i>hydromorphone hcl oral tablet 2 mg</i>	PG	N8 (Subject to initial limit); QL (180 TABLETS per 25 days)
<i>hydromorphone hcl oral tablet 4 mg</i>	PG	N8 (Subject to initial limit); QL (150 TABLETS per 25 days)
<i>hydromorphone hcl oral tablet 8 mg</i>	PG	N8 (Subject to initial limit); QL (60 TABLETS per 25 days)
<i>hydromorphone hcl rectal suppository 3 mg</i>	NP	N8 (Subject to initial limit); QL (120 SUPPOSITORY per 25 days)
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> )	NF	
LAZANDA NASAL SOLUTION 100 MCG/ACT, 400 MCG/ACT ( <i>fentanyl citrate</i> )	NF	
<i>levorphanol tartrate oral tablet 2 mg, 3 mg</i>	NF	
LORTAB ORAL ELIXIR 10-300 MG/15ML ( <i>hydrocodone-acetaminophen</i> )	NP	N8 (Subject to initial limit); QL (2025 ML per 25 days)
<i>meperidine hcl oral solution 50 mg/5ml</i>	NF	
<i>meperidine hcl oral tablet 50 mg</i>	NF	
<i>methadone hcl</i> (Methadone Hcl Intensol Oral Concentrate 10 Mg/ML)	NP	ST; QL (60 ML per 25 DAYs)
<i>methadone hcl oral concentrate 10 mg/ml</i>	NP	QL (30 ML per 25 days)
<i>methadone hcl oral solution 10 mg/5ml</i>	PG	ST; QL (300 ML per 25 DAYs)
<i>methadone hcl oral solution 5 mg/5ml</i>	PG	ST; QL (450 ML per 25 DAYs)
<i>methadone hcl oral tablet 10 mg</i>	PG	ST; QL (60 TABLETS per 25 DAYs)
<i>methadone hcl oral tablet 5 mg</i>	PG	ST; QL (90 TABLETS per 25 DAYs)
<i>methadone hcl oral tablet soluble 40 mg</i>	PG	QL (9 TABLETS per 25 DAYs)

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
METHADOSE ORAL CONCENTRATE 10 MG/ML ( <i>methadone hcl</i> )	NP	QL (30 ML per 25 DAYs)
METHADOSE SUGAR-FREE ORAL CONCENTRATE 10 MG/ML ( <i>methadone hcl</i> )	NP	QL (30 ML per 25 DAYs)
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>	PG	N8 (Subject to initial limit); QL (135 ML per 25 days)
<i>morphine sulfate er beads oral capsule extended release 24 hour 120 mg</i>	PG	ST
<i>morphine sulfate er beads oral capsule extended release 24 hour 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i>	PG	ST; QL (30 CAPSULES per 25 DAYs)
<i>morphine sulfate er oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg</i>	PG	ST; QL (60 CAPSULES per 25 DAYs)
<i>morphine sulfate er oral capsule extended release 24 hour 100 mg</i>	PG	ST
<i>morphine sulfate er oral capsule extended release 24 hour 40 mg</i>	PG	ST; QL (60 CAPSULES per 25 days)
<i>morphine sulfate er oral capsule extended release 24 hour 50 mg, 60 mg, 80 mg</i>	PG	ST; QL (30 CAPSULES per 25 DAYs)
<i>morphine sulfate er oral tablet extended release 100 mg, 200 mg, 60 mg</i>	PG	ST
<i>morphine sulfate er oral tablet extended release 15 mg, 30 mg</i>	PG	ST; QL (90 TABLETS per 25 days)
<i>morphine sulfate oral solution 10 mg/5ml</i>	PG	N8 (Subject to initial limit); QL (900 ML per 25 days)
<i>morphine sulfate oral solution 20 mg/5ml</i>	PG	N8 (Subject to initial limit); QL (675 ML per 25 days)
<i>morphine sulfate oral tablet 15 mg</i>	PG	N8 (Subject to initial limit); QL (180 TABLETS per 25 days)
<i>morphine sulfate oral tablet 30 mg</i>	PG	N8 (Subject to initial limit); QL (90 TABLETS per 25 days)
<i>morphine sulfate rectal suppository 10 mg, 5 mg</i>	PG	N8 (Subject to initial limit); QL (180 SUPPOSITORY per 25 days)

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>morphine sulfate rectal suppository 20 mg</i>	PG	N8 (Subject to initial limit); QL (120 SUPPOSITORY per 25 days)
<i>morphine sulfate rectal suppository 30 mg</i>	PG	N8 (Subject to initial limit); QL (90 SUPPOSITORY per 25 days)
MS CONTIN ORAL TABLET EXTENDED RELEASE 100 MG, 200 MG, 60 MG ( <i>morphine sulfate</i> )	NP	ST
MS CONTIN ORAL TABLET EXTENDED RELEASE 15 MG, 30 MG ( <i>morphine sulfate</i> )	NP	ST; QL (90 TABLETS per 25 DAYS)
<i>nalocet oral tablet 2.5-300 mg</i>	NF	
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 50 MG ( <i>tapentadol hcl</i> )	PB	ST; QL (60 TABLETS per 25 days)
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR 150 MG, 200 MG, 250 MG ( <i>tapentadol hcl</i> )	PB	ST
NUCYNTA ORAL TABLET 100 MG ( <i>tapentadol hcl</i> )	PB	N8 (Subject to initial limit); QL (60 TABLETS per 25 days)
NUCYNTA ORAL TABLET 50 MG ( <i>tapentadol hcl</i> )	PB	N8 (Subject to initial limit); QL (120 TABLETS per 25 days)
NUCYNTA ORAL TABLET 75 MG ( <i>tapentadol hcl</i> )	PB	N8 (Subject to initial limit); QL (90 TABLETS per 25 days)
OXAYDO ORAL TABLET 5 MG, 7.5 MG ( <i>oxycodone hcl</i> )	NF	
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent 10 mg, 20 mg</i>	PG	ST; QL (60 tablets per 25 days)
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent 15 mg, 30 mg</i>	PG	ST; QL (60 TABLETS per 25 DAYS)
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent 40 mg, 60 mg, 80 mg</i>	PG	ST
<i>oxycodone hcl oral capsule 5 mg</i>	PG	N8 (Subject to initial limit); QL (180 CAPSULES per 25 days)
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>	PG	N8 (Subject to initial limit); QL (90 ML per 25 days)

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>oxycodone hcl oral solution 5 mg/5ml</i>	PG	N8 (Subject to initial limit); QL (900 ML per 25 days)
<i>oxycodone hcl oral tablet 10 mg, 5 mg</i>	PG	N8 (Subject to initial limit); QL (180 TABLETS per 25 days)
<i>oxycodone hcl oral tablet 15 mg</i>	PG	N8 (Subject to initial limit); QL (120 TABLETS per 25 days)
<i>oxycodone hcl oral tablet 20 mg</i>	PG	N8 (Subject to initial limit); QL (90 TABLETS per 25 days)
<i>oxycodone hcl oral tablet 30 mg</i>	PG	N8 (Subject to initial limit); QL (60 TABLETS per 25 days)
<i>oxycodone-acetaminophen oral solution 10-300 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>	PG	N8 (Subject to initial limit); QL (180 TABLETS per 25 DAYS)
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg</i>	PG	N8 (Subject to initial limit); QL (360 TABLETS per 25 DAYS)
<i>oxycodone-acetaminophen oral tablet 5-325 mg</i>	PG	N8 (Subject to initial limit); QL (360 TABLETS per 25 days)
<i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i>	PG	N8 (Subject to initial limit); QL (240 TABLETS per 25 days)
<b>OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG (oxycodone hcl)</b>	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>	NF	
<i>oxymorphone hcl oral tablet 10 mg</i>	PG	N8 (Subject to initial limit); QL (90 TABLETS per 25 days)

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>oxymorphone hcl oral tablet 5 mg</i>	PG	N8 (Subject to initial limit); QL (180 TABLETS per 25 days)
PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG ( <i>oxycodone-acetaminophen</i> )	NF	
PROLATE ORAL SOLUTION 10-300 MG/5ML ( <i>oxycodone-acetaminophen</i> )	NF	
PROLATE ORAL TABLET 10-300 MG, 5-300 MG, 7.5-300 MG ( <i>oxycodone-acetaminophen</i> )	NF	
QDOLO ORAL SOLUTION 5 MG/ML ( <i>tramadol hcl</i> )	NF	
ROXICODONE ORAL TABLET 15 MG ( <i>oxycodone hcl</i> )	NP	N8 (Subject to initial limit); QL (120 TABLETS per 25 days)
ROXICODONE ORAL TABLET 30 MG ( <i>oxycodone hcl</i> )	NP	N8 (Subject to initial limit); QL (60 TABLETS per 25 days)
ROXICODONE ORAL TABLET 5 MG ( <i>oxycodone hcl</i> )	NP	N8 (Subject to initial limit); QL (180 TABLETS per 25 days)
SUBSYS SUBLINGUAL LIQUID 100 MCG, 200 MCG, 800 MCG ( <i>fentanyl</i> )	PB	PA; QL (120 SPRAYS per 25 days)
SUBSYS SUBLINGUAL LIQUID 1200 (600 X 2) MCG, 1600 (800 X 2) MCG ( <i>fentanyl</i> )	PB	PA; QL (240 SPRAYS per 25 days)
SUBSYS SUBLINGUAL LIQUID 400 MCG, 600 MCG ( <i>fentanyl</i> )	PB	PA; QL (120 LIQUID per 25 days)
<i>tramadol hcl er (biphasic) oral tablet extended release 24 hour 100 mg</i>	PG	ST; QL (30 TABLETS per 25 DAYS)
<i>tramadol hcl er (biphasic) oral tablet extended release 24 hour 200 mg, 300 mg</i>	PG	ST
<i>tramadol hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg</i>	NF	
<i>tramadol hcl er oral tablet extended release 24 hour 100 mg</i>	PG	ST; QL (30 TABLETS per 25 days)
<i>tramadol hcl er oral tablet extended release 24 hour 200 mg, 300 mg</i>	PG	ST
<i>tramadol hcl oral tablet 100 mg</i>	NF	

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>tramadol hcl oral tablet 50 mg</i>	PG	N8 (Subject to initial limit); QL (180 TABLETS per 25 days)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	PG	N8 (Subject to initial limit); QL (40 TABLETS per 25 days)
ULTRACET ORAL TABLET 37.5-325 MG ( <i>tramadol-acetaminophen</i> )	NP	N8 (Subject to initial limit); QL (40 TABLETS per 25 days)
ULTRAM ORAL TABLET 50 MG ( <i>tramadol hcl</i> )	NP	N8 (Subject to initial limit); QL (180 TABLETS per 25 days)
XODOL ORAL TABLET 5-300 MG ( <i>hydrocodone-acetaminophen</i> )	NP	N8 (Subject to initial limit); QL (240 TABLETS per 25 days)
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 13.5 MG, 18 MG, 27 MG, 9 MG ( <i>oxycodone</i> )	PB	ST; QL (60 CAPSULES per 25 days)
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 36 MG ( <i>oxycodone</i> )	PB	ST
<b>OPIOID PARTIAL AGONISTS</b>		
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 75 MCG ( <i>buprenorphine hcl</i> )	PB	ST; QL (60 FILMS per 25 DAYS)
BELBUCA BUCCAL FILM 600 MCG, 750 MCG, 900 MCG ( <i>buprenorphine hcl</i> )	PB	ST
<i>buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg</i>	CE	N7 (PG); QL (90 TABLETS per 25 DAYS)
<i>buprenorphine transdermal patch weekly 10 mcg/hr, 5 mcg/hr, 7.5 mcg/hr</i>	PG	ST; QL (4 PATCH WEEKLY per 25 days)
<i>buprenorphine transdermal patch weekly 15 mcg/hr, 20 mcg/hr</i>	PG	ST
BUTRANS TRANSDERMAL PATCH WEEKLY 10 MCG/HR, 15 MCG/HR, 20 MCG/HR, 5 MCG/HR, 7.5 MCG/HR ( <i>buprenorphine</i> )	NF	
SUBLOCADE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.5ML, 300 MG/1.5ML ( <i>buprenorphine</i> )	PSP	

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>SALICYLATES</b>		
<i>aspirin childrens oral tablet chewable 81 mg</i>	CE	N7 (Not Covered); QL (100 TABLETS per 30 DAYS); AL (Min 12 Years and Max 59 Years)
<i>aspirin ec oral tablet delayed release 81 mg</i>	CE	N7 (Not Covered); QL (100 TABLETS per 30 DAYS); AL (Min 12 Years and Max 59 Years)
<i>diflunisal oral tablet 500 mg</i>	PG	
<b>VISCOSUPPLEMENTS</b>		
DUROLANE INTRA-ARTICULAR PREFILLED SYRINGE 60 MG/3ML ( <i>sodium hyaluronate (viscosup)</i> )	PSP	PA
EUFLEXXA INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML ( <i>sodium hyaluronate (viscosup)</i> )	PSP	PA
GEL-ONE INTRA-ARTICULAR PREFILLED SYRINGE 30 MG/3ML ( <i>cross-linked hyaluronate</i> )	NF	
GELSYN-3 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 16.8 MG/2ML ( <i>sodium hyaluronate (viscosup)</i> )	PSP	PA
GENVISC 850 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML ( <i>sodium hyaluronate (viscosup)</i> )	NF	
HYALGAN INTRA-ARTICULAR SOLUTION 20 MG/2ML ( <i>sodium hyaluronate (viscosup)</i> )	NF	
HYALGAN INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML ( <i>sodium hyaluronate (viscosup)</i> )	NF	
HYMOVIS INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 24 MG/3ML ( <i>hyaluronan</i> )	NF	
MONOVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 88 MG/4ML ( <i>hyaluronan</i> )	NF	
ORTHOVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 30 MG/2ML ( <i>hyaluronan</i> )	NF	
SUPARTZ FX INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML ( <i>sodium hyaluronate (viscosup)</i> )	PSP	PA

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SYNVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 16 MG/2ML ( <i>hylan</i> )	NF	
SYNVISC ONE INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 48 MG/6ML ( <i>hylan</i> )	NF	
TRILURON INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML ( <i>sodium hyaluronate (viscosup)</i> )	NF	
TRIVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML ( <i>sodium hyaluronate (viscosup)</i> )	NF	
VISCO-3 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML ( <i>sodium hyaluronate (viscosup)</i> )	NF	
<b>ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS</b>		
<b>ANTI-BACTERIALS - MISCELLANEOUS</b>		
ARIKAYCE INHALATION SUSPENSION 590 MG/8.4ML ( <i>amikacin sulfate liposome</i> )	NPSP	PA
BETHKIS INHALATION NEBULIZATION SOLUTION 300 MG/4ML ( <i>tobramycin</i> )	PSP	PA; QL (224 ML per 28 days)
HUMATIN ORAL CAPSULE 250 MG ( <i>paromomycin sulfate</i> )	NF	
KITABIS PAK INHALATION NEBULIZATION SOLUTION 300 MG/5ML ( <i>tobramycin</i> )	NPSP	PA; QL (280 ML per 28 days)
<i>neomycin sulfate oral tablet 500 mg</i>	PG	
<i>paromomycin sulfate oral capsule 250 mg</i>	PG	
<i>tinidazole oral tablet 250 mg, 500 mg</i>	NP	
TOBI INHALATION NEBULIZATION SOLUTION 300 MG/5ML ( <i>tobramycin</i> )	NF	
TOBI PODHALER INHALATION CAPSULE 28 MG ( <i>tobramycin</i> )	NF	
<i>tobramycin inhalation nebulization solution 300 mg/4ml</i>	PSP	PA; QL (224 ML per 28 DAYs)
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	PSP	PA; QL (280 ML per 28 days)
<b>ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS</b>		
BREXAFEMME ORAL TABLET 150 MG ( <i>ibrexafungerp citrate</i> )	NP	ST; QL (4 TABLETS per 7 DAYs)

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CRESEMBA ORAL CAPSULE 186 MG ( <i>isavuconazonium sulfate</i> )	NF	
<i>fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml</i>	PG	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	PG	
<i>flucytosine oral capsule 250 mg</i>	NP	STX
<i>flucytosine oral capsule 500 mg</i>	NF	
<i>griseofulvin microsize oral suspension 125 mg/5ml</i>	PG	
<i>griseofulvin microsize oral tablet 500 mg</i>	PG	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	PG	
<i>itraconazole oral capsule 100 mg</i>	PG	
<i>itraconazole oral solution 10 mg/ml</i>	NP	
<i>ketoconazole oral tablet 200 mg</i>	PG	PA; STX
NOXAFIL ORAL SUSPENSION 40 MG/ML ( <i>posaconazole</i> )	NF	
NOXAFIL ORAL TABLET DELAYED RELEASE 100 MG ( <i>posaconazole</i> )	NF	
<i>nystatin oral tablet 500000 unit</i>	PG	
<i>posaconazole oral tablet delayed release 100 mg</i>	NF	
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>	PG	
<i>tolsura oral capsule 65 mg</i>	NF	
<i>voriconazole oral suspension reconstituted 40 mg/ml</i>	PG	
<i>voriconazole oral tablet 200 mg, 50 mg</i>	PG	
<b>ANTI-INFECTIVES - MISCELLANEOUS</b>		
<i>albendazole oral tablet 200 mg</i>	NP	QL (336 TABLETS per 365 days)
ALBENZA ORAL TABLET 200 MG ( <i>albendazole</i> )	NP	QL (336 TABLETS per 365 DAYs)
ALINIA ORAL SUSPENSION RECONSTITUTED 100 MG/5ML ( <i>nitazoxanide</i> )	NP	QL (540 ML per 25 DAYs); AL (Min 1 Years)
ALINIA ORAL TABLET 500 MG ( <i>nitazoxanide</i> )	NP	QL (20 TABLETS per 25 DAYs); AL (Min 12 Years)

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>atovaquone oral suspension 750 mg/5ml</i>	PG	
BILTRICIDE ORAL TABLET 600 MG ( <i>praziquantel</i> )	NP	QL (24 TABLETS per 365 DAYs)
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG ( <i>aztreonam lysine</i> )	NPSP	PA; QL (84 ML per 28 days)
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	PG	
<i>clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml</i>	PG	
<i>colistimethate sodium (cba) injection solution reconstituted 150 mg</i>	PG	
<i>dapsone oral tablet 100 mg, 25 mg</i>	PG	
DARAPRIM ORAL TABLET 25 MG ( <i>pyrimethamine</i> )	NF	
EMVERM ORAL TABLET CHEWABLE 100 MG ( <i>mebendazole</i> )	NP	QL (12 TABLETS per 365 days)
FIRVANQ ORAL SOLUTION RECONSTITUTED 25 MG/ML, 50 MG/ML ( <i>vancomycin hcl</i> )	NF	
<i>ivermectin oral tablet 3 mg</i>	PG	
<i>linezolid oral suspension reconstituted 100 mg/5ml</i>	PG	PA
<i>linezolid oral tablet 600 mg</i>	PG	PA
MACRODANTIN ORAL CAPSULE 100 MG, 25 MG, 50 MG ( <i>nitrofurantoin macrocrystal</i> )	NF	
MEPRON ORAL SUSPENSION 750 MG/5ML ( <i>atovaquone</i> )	PB	
<i>methenamine hippurate oral tablet 1 gm</i>	PG	
<i>methenamine mandelate oral tablet 0.5 gm, 1 gm</i>	PG	
<i>metronidazole oral capsule 375 mg</i>	PG	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	PG	
<i>nitazoxanide oral tablet 500 mg</i>	PG	QL (20 TABLETS per 25 DAYs); AL (Min 12 Years)
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>	PG	
<i>nitrofurantoin monohyd macro oral capsule 100 mg</i>	PG	
<i>nitrofurantoin oral suspension 25 mg/5ml</i>	NP	
<i>pentamidine isethionate inhalation solution reconstituted 300 mg</i>	PG	
<i>praziquantel oral tablet 600 mg</i>	PG	QL (24 TABLETS per 365 DAYs)
<i>pyrimethamine oral tablet 25 mg</i>	PG	

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SIVEXTRO ORAL TABLET 200 MG ( <i>tedizolid phosphate</i> )	NP	PA
SOLOSEC ORAL PACKET 2 GM ( <i>secnidazole</i> )	NF	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	PG	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	PG	
<i>trimethoprim oral tablet 100 mg</i>	PG	
VANCOCIN HCL ORAL CAPSULE 125 MG ( <i>vancomycin hcl</i> )	NP	QL (80 CAPSULES per 10 DAYs)
<i>vancomycin hcl oral capsule 125 mg, 250 mg</i>	NP	QL (80 CAPSULES per 10 days)
<i>vancomycin hcl oral solution reconstituted 250 mg/5ml</i>	NP	QL (450 ML per 10 DAYs)
XIFAXAN ORAL TABLET 200 MG ( <i>rifaximin</i> )	NF	
XIFAXAN ORAL TABLET 550 MG ( <i>rifaximin</i> )	PB	PA
ZYVOX ORAL SUSPENSION RECONSTITUTED 100 MG/5ML ( <i>linezolid</i> )	NF	
ZYVOX ORAL TABLET 600 MG ( <i>linezolid</i> )	NF	
<b>ANTIMALARIALS - DRUGS TO TREAT MALARIA</b>		
ARAKODA ORAL TABLET 100 MG ( <i>tafenoquine succinate</i> )	NF	
<i>atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg</i>	NP	
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	PG	
KRINTAFEL ORAL TABLET 150 MG ( <i>tafenoquine succinate</i> )	NF	
<i>mefloquine hcl oral tablet 250 mg</i>	NP	
<i>primaquine phosphate oral tablet 26.3 (15 base) mg</i>	PG	
<i>quinine sulfate oral capsule 324 mg</i>	NP	
<b>ANTIRETROVIRAL AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION</b>		
<i>abacavir sulfate oral solution 20 mg/ml</i>	PG	QL (900 ML per 30 DAYs)
<i>abacavir sulfate oral tablet 300 mg</i>	PG	QL (60 TABLETS per 30 DAYs)
APTIVUS ORAL CAPSULE 250 MG ( <i>tipranavir</i> )	NF	
<i>atazanavir sulfate oral capsule 150 mg, 300 mg</i>	PG	QL (30 CAPSULES per 30 DAYs)

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>atazanavir sulfate oral capsule 200 mg</i>	PG	QL (60 CAPSULES per 30 DAYs)
CRIXIVAN ORAL CAPSULE 400 MG ( <i>indinavir sulfate</i> )	NP	QL (180 CAPSULES per 30 DAYs)
EDURANT ORAL TABLET 25 MG ( <i>rilpivirine hcl</i> )	PB	QL (60 TABLETS per 30 DAYs)
<i>efavirenz oral capsule 200 mg, 50 mg</i>	PG	QL (90 CAPSULES per 30 DAYs)
<i>efavirenz oral tablet 600 mg</i>	PG	QL (30 TABLETS per 30 DAYs)
<i>emtricitabine oral capsule 200 mg</i>	PG	QL (30 TABLETS per 30 DAYs)
EMTRIVA ORAL CAPSULE 200 MG ( <i>emtricitabine</i> )	PB	QL (30 CAPSULES per 30 DAYs)
EMTRIVA ORAL SOLUTION 10 MG/ML ( <i>emtricitabine</i> )	PB	QL (680 ML per 28 DAYs)
EPIVIR ORAL SOLUTION 10 MG/ML ( <i>lamivudine</i> )	NP	QL (900 mls per 30 days)
EPIVIR ORAL TABLET 150 MG ( <i>lamivudine</i> )	NP	QL (60 tablets per 30 days)
EPIVIR ORAL TABLET 300 MG ( <i>lamivudine</i> )	NP	QL (30 tablets per 30 days)
<i>etravirine oral tablet 100 mg</i>	PG	QL (120 TABLETS per 30 DAYs)
<i>etravirine oral tablet 200 mg</i>	PG	QL (60 TABLETS per 30 DAYs)
<i>fosamprenavir calcium oral tablet 700 mg</i>	PG	QL (120 TABLETS per 30 DAYs)
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG ( <i>enfuvirtide</i> )	PSP	PA; QL (60 SOLUTION RECONSTITUTED per 30 days)
INTELENCE ORAL TABLET 100 MG, 25 MG ( <i>etravirine</i> )	PB	QL (120 TABLETS per 30 DAYs)
INTELENCE ORAL TABLET 200 MG ( <i>etravirine</i> )	PB	QL (60 TABLETS per 30 DAYs)
INVIRASE ORAL TABLET 500 MG ( <i>saquinavir mesylate</i> )	NF	
ISENTRESS HD ORAL TABLET 600 MG ( <i>raltegravir potassium</i> )	PB	QL (60 TABLETS per 30 DAYs)
ISENTRESS ORAL PACKET 100 MG ( <i>raltegravir potassium</i> )	PB	QL (60 PACKETS per 30 days)

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ISENTRESS ORAL TABLET 400 MG ( <i>raltegravir potassium</i> )	PB	QL (120 TABLETS per 30 DAYs)
ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG ( <i>raltegravir potassium</i> )	PB	QL (180 TABLETS per 30 DAYs)
<i>lamivudine oral solution 10 mg/ml</i>	PG	QL (900 ML per 30 DAYs)
<i>lamivudine oral tablet 150 mg</i>	PG	QL (60 TABLETS per 30 days)
<i>lamivudine oral tablet 300 mg</i>	PG	QL (30 TABLETS per 30 days)
LEXIVA ORAL SUSPENSION 50 MG/ML ( <i>fosamprenavir calcium</i> )	NF	
LEXIVA ORAL TABLET 700 MG ( <i>fosamprenavir calcium</i> )	NF	
<i>nevirapine er oral tablet extended release 24 hour 100 mg</i>	PG	QL (90 TABLETS per 30 days)
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	PG	QL (30 TABLETS per 30 DAYs)
<i>nevirapine oral suspension 50 mg/5ml</i>	PG	QL (1200 ML per 30 DAYs)
<i>nevirapine oral tablet 200 mg</i>	PG	QL (60 TABLETS per 30 DAYs)
NORVIR ORAL PACKET 100 MG ( <i>ritonavir</i> )	PB	QL (360 PACKETS per 30 DAYs)
NORVIR ORAL SOLUTION 80 MG/ML ( <i>ritonavir</i> )	PB	QL (480 ML per 30 DAYs)
NORVIR ORAL TABLET 100 MG ( <i>ritonavir</i> )	PB	QL (360 TABLETS per 30 DAYs)
PIFELTRO ORAL TABLET 100 MG ( <i>doravirine</i> )	NF	
PREZISTA ORAL SUSPENSION 100 MG/ML ( <i>darunavir ethanolate</i> )	PB	QL (400 ML per 30 DAYs)
PREZISTA ORAL TABLET 150 MG ( <i>darunavir ethanolate</i> )	PB	QL (180 TABLETS per 30 DAYs)
PREZISTA ORAL TABLET 600 MG ( <i>darunavir ethanolate</i> )	PB	QL (60 TABLETS per 30 DAYs)
PREZISTA ORAL TABLET 75 MG ( <i>darunavir ethanolate</i> )	PB	QL (300 TABLETS per 30 DAYs)
PREZISTA ORAL TABLET 800 MG ( <i>darunavir ethanolate</i> )	PB	QL (30 TABLETS per 30 DAYs)

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RETROVIR ORAL CAPSULE 100 MG ( <i>zidovudine</i> )	NP	QL (180 CAPSULES per 30 DAYs)
RETROVIR ORAL SYRUP 50 MG/5ML ( <i>zidovudine</i> )	NP	QL (1800 ML per 30 DAYs)
REYATAZ ORAL CAPSULE 150 MG, 300 MG ( <i>atazanavir sulfate</i> )	NP	QL (30 CAPSULES per 30 days)
REYATAZ ORAL CAPSULE 200 MG ( <i>atazanavir sulfate</i> )	NP	QL (60 CAPSULES per 30 days)
REYATAZ ORAL PACKET 50 MG ( <i>atazanavir sulfate</i> )	NP	QL (180 PACKET per 30 days)
<i>ritonavir oral tablet 100 mg</i>	PG	QL (360 TABLETS per 30 DAYs)
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG ( <i>fostemsavir tromethamine</i> )	NP	QL (60 TABLETS per 30 days)
SELZENTRY ORAL SOLUTION 20 MG/ML ( <i>maraviroc</i> )	NP	QL (1840 ML per 30 DAYs)
SELZENTRY ORAL TABLET 150 MG, 75 MG ( <i>maraviroc</i> )	NP	QL (60 TABLETS per 30 DAYs)
SELZENTRY ORAL TABLET 25 MG ( <i>maraviroc</i> )	NP	QL (240 TABLETS per 30 DAYs)
SELZENTRY ORAL TABLET 300 MG ( <i>maraviroc</i> )	NP	QL (120 TABLETS per 30 DAYs)
<i>stavudine oral capsule 15 mg, 40 mg</i>	PG	QL (60 CAPSULES per 30 DAYs)
<i>stavudine oral capsule 20 mg, 30 mg</i>	PG	QL (60 CAPSULES per 30 days)
SUSTIVA ORAL CAPSULE 200 MG, 50 MG ( <i>efavirenz</i> )	NP	QL (90 CAPSULES per 30 DAYs)
SUSTIVA ORAL TABLET 600 MG ( <i>efavirenz</i> )	NP	QL (30 TABLETS per 30 DAYs)
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	PG	QL (30 TABLETS per 30 DAYs)
TIVICAY ORAL TABLET 10 MG ( <i>dolutegravir sodium</i> )	PB	QL (240 TABLETS per 30 days)
TIVICAY ORAL TABLET 25 MG, 50 MG ( <i>dolutegravir sodium</i> )	PB	QL (60 TABLETS per 30 DAYs)
TIVICAY PD ORAL TABLET SOLUBLE 5 MG ( <i>dolutegravir sodium</i> )	PB	QL (360 TABLETS per 30 days)

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TYBOST ORAL TABLET 150 MG ( <i>cobicistat</i> )	NP	QL (30 TABLETS per 30 DAYS)
VIRACEPT ORAL TABLET 250 MG, 625 MG ( <i>nelfinavir mesylate</i> )	NF	
VIRAMUNE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 400 MG ( <i>nevirapine</i> )	NP	QL (30 TABLETS per 30 DAYS)
VIREAD ORAL POWDER 40 MG/GM ( <i>tenofovir disoproxil fumarate</i> )	NP	QL (240 GM per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG, 300 MG ( <i>tenofovir disoproxil fumarate</i> )	NP	QL (30 TABLETS per 30 days)
ZIAGEN ORAL SOLUTION 20 MG/ML ( <i>abacavir sulfate</i> )	NP	QL (90 mls per 30 days)
ZIAGEN ORAL TABLET 300 MG ( <i>abacavir sulfate</i> )	NP	QL (60 tablets per 30 days)
<i>zidovudine oral capsule 100 mg</i>	PG	QL (180 CAPSULES per 30 DAYS)
<i>zidovudine oral syrup 50 mg/5ml</i>	PG	QL (1800 ML per 30 DAYS)
<i>zidovudine oral tablet 300 mg</i>	PG	QL (60 TABLETS per 30 days)
<b>ANTIRETROVIRAL COMBINATION AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION</b>		
<i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i>	PG	QL (30 TABLETS per 30 days)
<i>abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg</i>	PG	QL (60 TABLETS per 30 DAYS)
ATRIPLA ORAL TABLET 600-200-300 MG ( <i>efavirenz-emtricitab-tenofovir</i> )	NP	QL (30 TABLETS per 30 days)
BIKTARVY ORAL TABLET 50-200-25 MG ( <i>bictegravir-emtricitab-tenofov</i> )	PB	QL (30 TABLETS per 30 DAYS)
CIMDUO ORAL TABLET 300-300 MG ( <i>lamivudine-tenofovir</i> )	PB	QL (30 TABLETS per 30 DAYS)
COMBIVIR ORAL TABLET 150-300 MG ( <i>lamivudine-zidovudine</i> )	NP	QL (60 tablets per 30 days)
COMPLERA ORAL TABLET 200-25-300 MG ( <i>emtricitab-rilpivir-tenofovir</i> )	NF	
DELSTRIGO ORAL TABLET 100-300-300 MG ( <i>doravirin-lamivudin-tenofov df</i> )	NF	

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DESCOVY ORAL TABLET 200-25 MG ( <i>emtricitabine-tenofovir af</i> )	PB	QL (30 TABLETS per 30 DAYS)
DOVATO ORAL TABLET 50-300 MG ( <i>dolutegravir-lamivudine</i> )	PB	QL (30 TABLETS per 30 days)
<i>efavirenz-emtricitab-tenofovir oral tablet 600-200-300 mg</i>	PG	QL (30 TABLETS per 30 DAYS)
<i>efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg</i>	PG	QL (30 TABLETS per 30 DAYS)
<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	PG	QL (30 TABLETS per 30 DAYS)
<i>emtricitabine-tenofovir df oral tablet 200-300 mg</i>	CE	N7 (PG); N8 (\$0 copay applies for pre-exposure prophylaxis only); QL (30 TABLETS per 30 days)
EPZICOM ORAL TABLET 600-300 MG ( <i>abacavir sulfate-lamivudine</i> )	NP	QL (30 TABLETS per 30 DAYS)
EVOTAZ ORAL TABLET 300-150 MG ( <i>atazanavir-cobicistat</i> )	PB	QL (30 TABLETS per 30 DAYS)
GENVOYA ORAL TABLET 150-150-200-10 MG ( <i>elviteg-cobic-emtricit-tenofaf</i> )	PB	QL (30 TABLETS per 30 DAYS)
JULUCA ORAL TABLET 50-25 MG ( <i>dolutegravir-rilpivirine</i> )	NP	QL (30 TABLETS per 30 DAYS)
KALETRA ORAL SOLUTION 400-100 MG/5ML ( <i>lopinavir-ritonavir</i> )	NP	QL (390 ML per 30 DAYS)
KALETRA ORAL TABLET 100-25 MG ( <i>lopinavir-ritonavir</i> )	NP	QL (240 TABLETS per 30 days)
KALETRA ORAL TABLET 200-50 MG ( <i>lopinavir-ritonavir</i> )	NP	QL (120 TABLETS per 30 days)
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	PG	QL (60 TABLETS per 30 days)
<i>lopinavir-ritonavir oral solution 400-100 mg/5ml</i>	PG	QL (390 ML per 30 DAYS)
<i>lopinavir-ritonavir oral tablet 100-25 mg</i>	PG	QL (240 TABLETS per 30 DAYS)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i>	PG	QL (120 TABLETS per 30 DAYS)
ODEFSEY ORAL TABLET 200-25-25 MG ( <i>emtricitab-rilpivir-tenofov af</i> )	PB	QL (30 TABLETS per 30 DAYS)

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PREZCOBIX ORAL TABLET 800-150 MG ( <i>darunavir-cobicistat</i> )	PB	QL (30 TABLETS per 30 DAYS)
STRIBILD ORAL TABLET 150-150-200-300 MG ( <i>elviteg-cobic-emtricit-tenofdf</i> )	NF	
SYMFI LO ORAL TABLET 400-300-300 MG ( <i>efavirenz-lamivudine-tenofovir</i> )	NP	QL (30 TABLETS per 30 days)
SYMFI ORAL TABLET 600-300-300 MG ( <i>efavirenz-lamivudine-tenofovir</i> )	NP	QL (30 TABLETS per 30 days)
SYMTUZA ORAL TABLET 800-150-200-10 MG ( <i>darun-cobic-emtricit-tenofaf</i> )	PB	QL (30 TABLETS per 30 days)
TEMIXYS ORAL TABLET 300-300 MG ( <i>lamivudine-tenofovir</i> )	PB	QL (30 TABLETS per 30 DAYS)
TRIUMEQ ORAL TABLET 600-50-300 MG ( <i>abacavir-dolutegravir-lamivud</i> )	PB	QL (30 TABLETS per 30 DAYS)
TRIZIVIR ORAL TABLET 300-150-300 MG ( <i>abacavir-lamivudine-zidovudine</i> )	NP	QL (60 TABLETS per 30 DAYS)
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG ( <i>emtricitabine-tenofovir df</i> )	NP	QL (30 TABLETS per 30 days)
<b>ANTITUBERCULAR AGENTS - DRUGS TO TREAT TUBERCULOSIS</b>		
<i>cycloserine oral capsule 250 mg</i>	NP	
<i>ethambutol hcl oral tablet 100 mg, 400 mg</i>	PG	
<i>isoniazid oral syrup 50 mg/5ml</i>	PG	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	PG	
<i>pretomanid oral tablet 200 mg</i>	NP	PA
<i>pyrazinamide oral tablet 500 mg</i>	PG	
<i>rifabutin oral capsule 150 mg</i>	PG	
<i>rifampin oral capsule 150 mg, 300 mg</i>	PG	
SIRTURO ORAL TABLET 100 MG, 20 MG ( <i>bedaquiline fumarate</i> )	NPSP	PA
<b>ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS</b>		
<i>acyclovir oral capsule 200 mg</i>	PG	
<i>acyclovir oral suspension 200 mg/5ml</i>	PG	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	PG	
<i>adefovir dipivoxil oral tablet 10 mg</i>	PG	

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BARACLUDE ORAL SOLUTION 0.05 MG/ML ( <i>entecavir</i> )	PSP	PA; QL (630 ML per 30 days)
BARACLUDE ORAL TABLET 0.5 MG, 1 MG ( <i>entecavir</i> )	NF	
<i>cidofovir intravenous solution 75 mg/ml</i>	PG	
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	PG	QL (30 TABLETS per 30 days)
EPIVIR HBV ORAL SOLUTION 5 MG/ML ( <i>lamivudine</i> )	NF	
EPIVIR HBV ORAL TABLET 100 MG ( <i>lamivudine</i> )	NF	
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	PG	
<i>ganciclovir intravenous solution 500 mg/250ml</i>	NF	
<i>ganciclovir sodium intravenous solution 500 mg/10ml</i>	NF	
<i>ganciclovir sodium intravenous solution reconstituted 500 mg</i>	PG	
HEPSERA ORAL TABLET 10 MG ( <i>adefovir dipivoxil</i> )	NF	
<i>lamivudine oral tablet 100 mg</i>	PG	
<i>oseltamivir phosphate oral capsule 30 mg</i>	PG	QL (40 CAPSULES per 90 days)
<i>oseltamivir phosphate oral capsule 45 mg</i>	PG	QL (20 CAPSULES per 90 days)
<i>oseltamivir phosphate oral capsule 75 mg</i>	PG	QL (20 CAPSULES per 90 DAYS)
<i>oseltamivir phosphate oral suspension reconstituted 6 mg/ml</i>	PG	QL (360 ML per 90 days)
PREVYMIS ORAL TABLET 240 MG, 480 MG ( <i>letermovir</i> )	NP	QL (1 TABLET per 1 DAY)
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/BLISTER ( <i>zanamivir</i> )	PB	QL (2 INHALERS per 90 DAYS)
<i>rimantadine hcl oral tablet 100 mg</i>	PG	
SITAVIG BUCCAL TABLET 50 MG ( <i>acyclovir</i> )	NF	
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5ML ( <i>palivizumab</i> )	NPSP	PA
TAMIFLU ORAL CAPSULE 30 MG ( <i>oseltamivir phosphate</i> )	NP	QL (40 CAPSULES per 90 DAYS)
TAMIFLU ORAL CAPSULE 45 MG, 75 MG ( <i>oseltamivir phosphate</i> )	NP	QL (20 CAPSULES per 90 DAYS)
TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML ( <i>oseltamivir phosphate</i> )	NP	QL (360 ML per 90 days)

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>valacyclovir hcl oral tablet 1 gm, 500 mg</i>	PG	
VALCYTE ORAL SOLUTION RECONSTITUTED 50 MG/ML ( <i>valganciclovir hcl</i> )	NF	
VALCYTE ORAL TABLET 450 MG ( <i>valganciclovir hcl</i> )	NF	
<i>valganciclovir hcl oral solution reconstituted 50 mg/ml</i>	PG	PA; QL (1000 ML per 30 days)
<i>valganciclovir hcl oral tablet 450 mg</i>	PG	PA; QL (120 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> )	PSP	PA; QL (30 TABLETS per 30 days)
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG, 2 X 20 MG ( <i>baloxavir marboxil</i> )	NF	
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG, 2 X 40 MG ( <i>baloxavir marboxil</i> )	NF	
ZOVIRAX ORAL SUSPENSION 200 MG/5ML ( <i>acyclovir</i> )	NF	
<b>CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS</b>		
<i>cefaclor oral capsule 250 mg, 500 mg</i>	PG	
<i>cefaclor oral suspension reconstituted 125 mg/5ml, 250 mg/5ml, 375 mg/5ml</i>	PG	
<i>cefadroxil oral capsule 500 mg</i>	PG	
<i>cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml</i>	PG	
<i>cefadroxil oral tablet 1 gm</i>	PG	
<i>cefdinir oral capsule 300 mg</i>	PG	
<i>cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	PG	
<i>cefixime oral capsule 400 mg</i>	NP	
<i>cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	NP	
<i>cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml</i>	PG	
<i>cefpodoxime proxetil oral tablet 100 mg, 200 mg</i>	PG	
<i>cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	PG	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	PG	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	PG	

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>cephalexin oral capsule 250 mg, 500 mg, 750 mg</i>	PG	
<i>cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	PG	
<i>cephalexin oral tablet 250 mg, 500 mg</i>	PG	
SUPRAX ORAL CAPSULE 400 MG ( <i>cefixime</i> )	PB	
SUPRAX ORAL SUSPENSION RECONSTITUTED 100 MG/5ML, 200 MG/5ML, 500 MG/5ML ( <i>cefixime</i> )	PB	
SUPRAX ORAL TABLET CHEWABLE 100 MG, 200 MG ( <i>cefixime</i> )	PB	
<b>ERYTHROMYCINS/MACROLIDES - DRUGS TO TREAT INFECTIONS</b>		
<i>azithromycin oral packet 1 gm</i>	PG	
<i>azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	PG	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	PG	
<i>clarithromycin er oral tablet extended release 24 hour 500 mg</i>	PG	
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	PG	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	PG	
DIFICID ORAL SUSPENSION RECONSTITUTED 40 MG/ML ( <i>fidaxomicin</i> )	PB	
DIFICID ORAL TABLET 200 MG ( <i>fidaxomicin</i> )	PB	
E.E.S. GRANULES ORAL SUSPENSION RECONSTITUTED 200 MG/5ML ( <i>erythromycin ethylsuccinate</i> )	NF	
ERYPED 200 ORAL SUSPENSION RECONSTITUTED 200 MG/5ML ( <i>erythromycin ethylsuccinate</i> )	NF	
ERYPED 400 ORAL SUSPENSION RECONSTITUTED 400 MG/5ML ( <i>erythromycin ethylsuccinate</i> )	NF	
<i>erythromycin base (Ery-Tab Oral Tablet Delayed Release 250 Mg, 333 Mg, 500 Mg)</i>	PG	
ERYTHROCIN STEARATE ORAL TABLET 250 MG ( <i>erythromycin stearate</i> )	PG	
<i>erythromycin base oral capsule delayed release particles 250 mg</i>	PG	
<i>erythromycin base oral tablet 250 mg, 500 mg</i>	PG	

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml, 400 mg/5ml</i>	PG	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	PG	
<b>FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS</b>		
<i>ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg</i>	PG	
<i>levofloxacin oral solution 25 mg/ml</i>	PG	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	PG	
<i>moxifloxacin hcl oral tablet 400 mg</i>	PG	
<b>HEPATITIS C</b>		
EPCLUSA ORAL TABLET 200-50 MG ( <i>sofosbuvir-velpatasvir</i> )	PSP	PA; IBC (Preferred for all genotypes); QL (28 TABLETS per 28 DAYs)
EPCLUSA ORAL TABLET 400-100 MG ( <i>sofosbuvir-velpatasvir</i> )	PSP	PA; IBC (Preferred for all genotypes); QL (28 TABLETS per 28 days)
HARVONI ORAL PACKET 33.75-150 MG, 45-200 MG ( <i>ledipasvir-sofosbuvir</i> )	PSP	PA; QL (28 PACKET per 28 DAYs)
HARVONI ORAL TABLET 45-200 MG, 90-400 MG ( <i>ledipasvir-sofosbuvir</i> )	PSP	PA; IBC (Preferred for genotypes 1,4,5,6); QL (28 TABLETS per 28 days)
<i>ledipasvir-sofosbuvir oral tablet 90-400 mg</i>	NF	
MAVYRET ORAL TABLET 100-40 MG ( <i>glecaprevir-pibrentasvir</i> )	NF	
PEGASYS PROCLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 180 MCG/0.5ML ( <i>peginterferon alfa-2a</i> )	NF	
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML ( <i>peginterferon alfa-2a</i> )	NF	
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML ( <i>peginterferon alfa-2a</i> )	NF	
<i>ribavirin oral capsule 200 mg</i>	PG	PA
<i>ribavirin oral tablet 200 mg</i>	PG	PA
<i>sofosbuvir-velpatasvir oral tablet 400-100 mg</i>	NF	
SOVALDI ORAL PACKET 150 MG, 200 MG ( <i>sofosbuvir</i> )	NPSP	PA; ST; QL (28 PELLETS per 28 days)

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SOVALDI ORAL TABLET 200 MG, 400 MG ( <i>sofosbuvir</i> )	NPSP	PA; ST; QL (28 TABLETS per 28 days)
VIEKIRA PAK ORAL TABLET THERAPY PACK 12.5-75-50 & 250 MG ( <i>ombitas-paritapre-ritona-dasab</i> )	NF	
VOSEVI ORAL TABLET 400-100-100 MG ( <i>sofosbuv-velpatasv-voxilaprev</i> )	PSP	PA; IBC (Preferred for all genotypes); QL (28 TABLETS per 28 days)
ZEPATIER ORAL TABLET 50-100 MG ( <i>elbasvir-grazoprevir</i> )	NF	
<b>PENICILLINS - DRUGS TO TREAT INFECTIONS</b>		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	PG	
<i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>	PG	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	PG	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	PG	
<i>amoxicillin-pot clavulanate er oral tablet extended release 12 hour 1000-62.5 mg</i>	PG	
<i>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml</i>	PG	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	PG	
<i>amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg</i>	PG	
<i>ampicillin oral capsule 500 mg</i>	PG	
<i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i>	PG	
<i>penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml</i>	PG	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	PG	
<b>TETRACYCLINES - DRUGS TO TREAT INFECTIONS</b>		
ACTICLATE ORAL TABLET 150 MG, 75 MG ( <i>doxycycline hyclate</i> )	NF	
<i>demeclocycline hcl oral tablet 150 mg, 300 mg</i>	NP	
DORYX MPC ORAL TABLET DELAYED RELEASE 120 MG ( <i>doxycycline hyclate</i> )	NF	

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DORYX ORAL TABLET DELAYED RELEASE 200 MG, 50 MG, 80 MG ( <i>doxycycline hyclate</i> )	NF	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	PG	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	PG	
<i>doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg</i>	NF	
<i>doxycycline hyclate oral tablet delayed release 100 mg, 200 mg, 50 mg, 80 mg</i>	NF	
<i>doxycycline hyclate oral tablet delayed release 150 mg, 75 mg</i>	NP	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	PG	
<i>doxycycline monohydrate oral capsule 150 mg, 75 mg</i>	NF	
<i>doxycycline monohydrate oral suspension reconstituted 25 mg/5ml</i>	PG	
<i>doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	NP	
MINOCIN ORAL CAPSULE 100 MG ( <i>minocycline hcl</i> )	NF	
<i>minocycline hcl er oral capsule extended release 24 hour 135 mg, 45 mg, 90 mg</i>	NF	
<i>minocycline hcl er oral tablet extended release 24 hour 105 mg, 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg</i>	NF	
<i>minocycline hcl oral capsule 100 mg, 50 mg, 75 mg</i>	PG	
<i>minocycline hcl oral tablet 100 mg, 50 mg, 75 mg</i>	NP	
MINOLIRA ORAL TABLET EXTENDED RELEASE 24 HOUR 105 MG, 135 MG ( <i>minocycline hcl</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	
<i>doxycycline hyclate</i> (Targadox Oral Tablet 50 Mg)	NF	
<i>tetracycline hcl oral capsule 250 mg, 500 mg</i>	PG	
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED 25 MG/5ML ( <i>doxycycline monohydrate</i> )	NP	
XIMINO ORAL CAPSULE EXTENDED RELEASE 24 HOUR 135 MG, 45 MG, 90 MG ( <i>minocycline hcl</i> )	NF	

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>ANTINEOPLASTIC AGENTS - DRUGS TO TREAT CANCER</b>		
<b>ALKYLATING AGENTS - CHEMOTHERAPY DRUGS</b>		
ALKERAN ORAL TABLET 2 MG ( <i>melphalan</i> )	CE	N7 (NP)
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	CE	N7 (PG)
LEUKERAN ORAL TABLET 2 MG ( <i>chlorambucil</i> )	CE	N7 (PB)
<i>melphalan oral tablet 2 mg</i>	CE	N7 (PG)
MYLERAN ORAL TABLET 2 MG ( <i>busulfan</i> )	CE	N7 (PB)
TEMODAR ORAL CAPSULE 100 MG, 140 MG, 180 MG, 250 MG ( <i>temozolomide</i> )	CE	PA; ST; N7 (NPSP)
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>	CE	PA; N7 (PG)
<b>ANTIMETABOLITES - CHEMOTHERAPY DRUGS</b>		
<i>capecitabine oral tablet 150 mg</i>	CE	PA; N7 (PG); QL (120 TABLETS per 30 days)
<i>capecitabine oral tablet 500 mg</i>	CE	PA; N7 (PG); QL (300 TABLETS per 30 days)
<i>mercaptopurine oral tablet 50 mg</i>	CE	N7 (PG)
<i>methotrexate oral tablet 2.5 mg</i>	CE	N7 (PG)
<i>methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml</i>	PG	
<i>methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml</i>	PG	
<i>methotrexate sodium injection solution reconstituted 1 gm</i>	PG	
ONUREG ORAL TABLET 200 MG, 300 MG ( <i>azacitidine</i> )	CE	PA; N7 (NPSP); QL (14 TABLETS per 28 days)
PURIXAN ORAL SUSPENSION 2000 MG/100ML ( <i>mercaptopurine</i> )	CE	PA; N7 (NPSP)
TABLOID ORAL TABLET 40 MG ( <i>thioguanine</i> )	CE	N7 (PB)
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG ( <i>methotrexate sodium</i> )	CE	N7 (PB)
XATMEP ORAL SOLUTION 2.5 MG/ML ( <i>methotrexate</i> )	CE	N7 (NPSP)
XELODA ORAL TABLET 150 MG ( <i>capecitabine</i> )	CE	PA; ST; N7 (NPSP); QL (120 TABLETS per 30 days)
XELODA ORAL TABLET 500 MG ( <i>capecitabine</i> )	CE	PA; ST; N7 (NPSP); QL (300 TABLETS per 30 days)

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>BIOLOGIC RESPONSE MODIFIERS</b>		
DAURISMO ORAL TABLET 100 MG, 25 MG ( <i>glasdegib maleate</i> )	CE	N7 (NF)
ERIVEDGE ORAL CAPSULE 150 MG ( <i>vismodegib</i> )	CE	PA; N7 (PSP); QL (30 CAPSULES per 30 days)
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG ( <i>panobinostat lactate</i> )	CE	N7 (NF)
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG ( <i>palbociclib</i> )	CE	PA; N7 (PSP); QL (21 CAPSULES per 28 days)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG ( <i>palbociclib</i> )	CE	PA; N7 (PSP); QL (21 TABLETS per 28 days)
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK 200 MG ( <i>ribociclib succinate</i> )	CE	PA; N7 (PSP); QL (63 TABLETS per 28 days)
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG ( <i>ribociclib succinate</i> )	CE	PA; N7 (PSP); QL (63 TABLETS per 28 days)
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG ( <i>ribociclib succinate</i> )	CE	PA; N7 (PSP); QL (63 TABLETS per 28 days)
KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG ( <i>ribociclib-letrozole</i> )	CE	PA; N7 (PSP); QL (70 TABLETS per 28 days)
KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG ( <i>ribociclib-letrozole</i> )	CE	PA; N7 (PSP); QL (91 TABLETS per 28 days)
KISQALI FEMARA(200 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG ( <i>ribociclib-letrozole</i> )	CE	PA; N7 (PSP); QL (49 TABLETS per 28 days)
LYNPARZA ORAL TABLET 100 MG, 150 MG ( <i>olaparib</i> )	CE	PA; N7 (PSP); QL (120 TABLETS per 30 days)
ODOMZO ORAL CAPSULE 200 MG ( <i>sonidegib phosphate</i> )	CE	PA; N7 (PSP); QL (30 CAPSULES per 30 days)
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG ( <i>rucaparib camsylate</i> )	CE	PA; N7 (PSP); QL (120 TABLETS per 30 days)
RYDAPT ORAL CAPSULE 25 MG ( <i>midostaurin</i> )	CE	PA; N7 (PSP); QL (224 CAPSULES per 28 days)
TALZENNA ORAL CAPSULE 0.25 MG, 1 MG ( <i>talazoparib tosylate</i> )	CE	N7 (NF)
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG ( <i>abemaciclib</i> )	CE	PA; N7 (NPSP); QL (56 TABLETS per 28 days)
ZEJULA ORAL CAPSULE 100 MG ( <i>niraparib tosylate</i> )	CE	PA; N7 (PSP); QL (90 CAPSULES per 30 days)

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZOLINZA ORAL CAPSULE 100 MG ( <i>vorinostat</i> )	CE	PA; N7 (PSP); QL (120 CAPSULES per 30 days)
<b>HORMONAL ANTINEOPLASTIC AGENTS</b>		
<i>abiraterone acetate oral tablet 250 mg</i>	CE	PA; N7 (PSP); QL (120 TABLETS per 30 days)
<i>abiraterone acetate oral tablet 500 mg</i>	CE	PA; N7 (PSP); QL (60 TABLETS per 30 DAYs)
<i>anastrozole oral tablet 1 mg</i>	CE	N7 (PG); AL (Min 35 Years)
<i>bicalutamide oral tablet 50 mg</i>	CE	N7 (PG)
ELIGARD SUBCUTANEOUS KIT 22.5 MG ( <i>leuprolide acetate (3 month)</i> )	PSP	PA
ELIGARD SUBCUTANEOUS KIT 30 MG ( <i>leuprolide acetate (4 month)</i> )	PSP	PA
ELIGARD SUBCUTANEOUS KIT 45 MG ( <i>leuprolide acetate (6 month)</i> )	PSP	PA
ELIGARD SUBCUTANEOUS KIT 7.5 MG ( <i>leuprolide acetate</i> )	PSP	PA
ERLEADA ORAL TABLET 60 MG ( <i>apalutamide</i> )	CE	PA; N7 (PSP); QL (120 TABLETS per 30 days)
<i>exemestane oral tablet 25 mg</i>	CE	N7 (PG); AL (Min 35 Years)
FASLODEX INTRAMUSCULAR SOLUTION 250 MG/5ML ( <i>fulvestrant</i> )	NPSP	PA
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG/VIAL ( <i>degarelix acetate</i> )	PSP	PA
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG ( <i>degarelix acetate</i> )	PSP	PA
<i>flutamide oral capsule 125 mg</i>	CE	N7 (PG)
<i>fulvestrant intramuscular solution 250 mg/5ml</i>	PSP	PA
<i>letrozole oral tablet 2.5 mg</i>	CE	N7 (PG)
<i>leuprolide acetate injection kit 1 mg/0.2ml</i>	PSP	PA
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG, 7.5 MG ( <i>leuprolide acetate</i> )	NF	

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 22.5 MG ( <i>leuprolide acetate (3 month)</i> )	NF	
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30 MG ( <i>leuprolide acetate (4 month)</i> )	NF	
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45 MG ( <i>leuprolide acetate (6 month)</i> )	NF	
LYSODREN ORAL TABLET 500 MG ( <i>mitotane</i> )	CE	N7 (PB)
<i>megestrol acetate oral suspension 40 mg/ml</i>	CE	N7 (PG)
<i>megestrol acetate oral suspension 625 mg/5ml</i>	CE	N7 (NP)
<i>megestrol acetate oral tablet 20 mg, 40 mg</i>	CE	N7 (PG)
NILANDRON ORAL TABLET 150 MG ( <i>nilutamide</i> )	CE	N7 (NF)
<i>nilutamide oral tablet 150 mg</i>	CE	N7 (PG)
NUBEQA ORAL TABLET 300 MG ( <i>darolutamide</i> )	CE	PA; N7 (PSP); QL (120 TABLETS per 30 days)
ORGOVYX ORAL TABLET 120 MG ( <i>relugolix</i> )	CE	N7 (NF)
<i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>	CE	N7 (PG); AL (Min 35 Years)
<i>toremifene citrate oral tablet 60 mg</i>	CE	N7 (PG)
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 22.5 MG, 3.75 MG ( <i>triptorelin pamoate</i> )	NF	
XTANDI ORAL CAPSULE 40 MG ( <i>enzalutamide</i> )	CE	PA; N7 (PSP); QL (120 CAPSULES per 30 days)
XTANDI ORAL TABLET 40 MG ( <i>enzalutamide</i> )	CE	PA; N7 (PSP); QL (120 TABLETS per 30 DAYs)
XTANDI ORAL TABLET 80 MG ( <i>enzalutamide</i> )	CE	PA; N7 (PSP); QL (60 TABLETS per 30 DAYs)
YONSA ORAL TABLET 125 MG ( <i>abiraterone acetate</i> )	CE	PA; N7 (PSP); QL (120 TABLETS per 30 days)
ZYTIGA ORAL TABLET 250 MG, 500 MG ( <i>abiraterone acetate</i> )	CE	N7 (NF)
<b>KINASE INHIBITORS</b>		
AFINITOR DISPERZ ORAL TABLET SOLUBLE 2 MG, 5 MG ( <i>everolimus</i> )	CE	PA; N7 (PSP); QL (60 TABLETS per 30 days)
AFINITOR DISPERZ ORAL TABLET SOLUBLE 3 MG ( <i>everolimus</i> )	CE	PA; N7 (PSP); QL (90 TABLETS per 30 days)

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AFINITOR ORAL TABLET 10 MG ( <i>everolimus</i> )	CE	PA; N7 (PSP); QL (30 TABLETS per 30 days)
AFINITOR ORAL TABLET 2.5 MG, 5 MG, 7.5 MG ( <i>everolimus</i> )	CE	PA; N7 (NPSP); QL (30 TABLETS per 30 days)
ALECENSA ORAL CAPSULE 150 MG ( <i>alectinib hcl</i> )	CE	PA; N7 (PSP); QL (240 CAPSULES per 30 days)
ALUNBRIG ORAL TABLET 180 MG, 90 MG ( <i>brigatinib</i> )	CE	PA; N7 (PSP); QL (30 TABLETS per 30 days)
ALUNBRIG ORAL TABLET 30 MG ( <i>brigatinib</i> )	CE	PA; N7 (PSP); QL (120 TABLETS per 30 days)
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG ( <i>brigatinib</i> )	CE	PA; N7 (PSP); QL (30 TABLETS per 30 days)
BALVERSA ORAL TABLET 3 MG ( <i>erdafitinib</i> )	CE	PA; N7 (NPSP); QL (84 TABLETS per 28 days)
BALVERSA ORAL TABLET 4 MG ( <i>erdafitinib</i> )	CE	PA; N7 (NPSP); QL (56 TABLETS per 28 days)
BALVERSA ORAL TABLET 5 MG ( <i>erdafitinib</i> )	CE	PA; N7 (NPSP); QL (28 TABLETS per 28 days)
BOSULIF ORAL TABLET 100 MG ( <i>bosutinib</i> )	CE	PA; N7 (PSP); QL (90 TABLETS per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG ( <i>bosutinib</i> )	CE	PA; N7 (PSP); QL (30 TABLETS per 30 days)
BRUKINSA ORAL CAPSULE 80 MG ( <i>zanubrutinib</i> )	CE	PA; N7 (NPSP); QL (120 CAPSULES per 30 days)
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG ( <i>cabozantinib s-malate</i> )	CE	PA; N7 (PSP); QL (30 TABLETS per 30 days)
CALQUENCE ORAL CAPSULE 100 MG ( <i>acalabrutinib</i> )	CE	PA; N7 (PSP); QL (60 CAPSULES per 30 days)
CAPRELSA ORAL TABLET 100 MG ( <i>vandetanib</i> )	CE	PA; N7 (NPSP); QL (60 TABLETS per 30 days)
CAPRELSA ORAL TABLET 300 MG ( <i>vandetanib</i> )	CE	PA; N7 (NPSP); QL (30 TABLETS per 30 days)
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG ( <i>cabozantinib s-malate</i> )	CE	PA; N7 (NPSP); QL (56 CAPSULES per 28 days)
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG ( <i>cabozantinib s-malate</i> )	CE	PA; N7 (NPSP); QL (112 CAPSULES per 28 days)

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG ( <i>cabozantinib s-malate</i> )	CE	PA; N7 (NPSP); QL (1 KIT per 28 days)
COPIKTRA ORAL CAPSULE 15 MG, 25 MG ( <i>duvelisib</i> )	CE	PA; N7 (PSP); QL (56 CAPSULES per 28 days)
COTELLIC ORAL TABLET 20 MG ( <i>cobimetinib fumarate</i> )	CE	PA; N7 (NPSP); QL (63 TABLETS per 21 days)
<i>erlotinib hcl oral tablet 100 mg, 150 mg</i>	CE	PA; N7 (PSP); QL (30 TABLETS per 30 DAYs)
<i>erlotinib hcl oral tablet 25 mg</i>	CE	PA; N7 (PSP); QL (60 TABLETS per 30 DAYs)
<i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	CE	PA; N7 (PSP); QL (30 TABLETS per 30 DAYs)
<i>everolimus oral tablet soluble 2 mg, 5 mg</i>	CE	PA; N7 (PSP); QL (60 TABLETS per 30 DAYs)
<i>everolimus oral tablet soluble 3 mg</i>	CE	PA; N7 (PSP); QL (90 TABLETS per 30 DAYs)
EXKIVITY ORAL CAPSULE 40 MG ( <i>mobocertinib succinate</i> )	CE	N7 (NF)
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG ( <i>tivozanib hcl</i> )	CE	N7 (NF)
GLEEVEC ORAL TABLET 100 MG, 400 MG ( <i>imatinib mesylate</i> )	CE	N7 (NF)
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG ( <i>ponatinib hcl</i> )	CE	PA; N7 (NPSP); QL (30 TABLETS per 30 days)
IDHIFA ORAL TABLET 100 MG, 50 MG ( <i>enasidenib mesylate</i> )	CE	PA; N7 (NPSP); QL (30 TABLETS per 30 days)
<i>imatinib mesylate oral tablet 100 mg</i>	CE	PA; N7 (PG); QL (90 TABLETS per 30 days)
<i>imatinib mesylate oral tablet 400 mg</i>	CE	PA; N7 (PG); QL (60 TABLETS per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG ( <i>ibrutinib</i> )	CE	PA; N7 (NPSP); QL (90 CAPSULES per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG ( <i>ibrutinib</i> )	CE	PA; N7 (NPSP); QL (30 CAPSULES per 30 days)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG ( <i>ibrutinib</i> )	CE	PA; N7 (NPSP); QL (30 TABLETS per 30 days)

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INLYTA ORAL TABLET 1 MG ( <i>axitinib</i> )	CE	PA; N7 (NPSP); QL (180 TABLETS per 30 days)
INLYTA ORAL TABLET 5 MG ( <i>axitinib</i> )	CE	PA; N7 (NPSP); QL (120 TABLETS per 30 days)
INREBIC ORAL CAPSULE 100 MG ( <i>fedratinib hcl</i> )	CE	N7 (NF)
IRESSA ORAL TABLET 250 MG ( <i>gefitinib</i> )	CE	PA; N7 (PSP); QL (30 TABLETS per 30 days)
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG ( <i>ruxolitinib phosphate</i> )	CE	PA; N7 (NPSP); QL (60 TABLETS per 30 days)
KOSELUGO ORAL CAPSULE 10 MG ( <i>selumetinib sulfate</i> )	CE	PA; N7 (PSP); QL (240 CAPSULES per 30 days)
KOSELUGO ORAL CAPSULE 25 MG ( <i>selumetinib sulfate</i> )	CE	PA; N7 (PSP); QL (120 CAPSULES per 30 days)
<i>lapatinib ditosylate oral tablet 250 mg</i>	CE	PA; N7 (PSP); QL (180 TABLETS per 30 DAYs)
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG ( <i>lenvatinib mesylate</i> )	CE	PA; N7 (NPSP); QL (30 CAPSULES per 30 days)
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG ( <i>lenvatinib mesylate</i> )	CE	PA; N7 (NPSP); QL (90 CAPSULES per 30 days)
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG ( <i>lenvatinib mesylate</i> )	CE	PA; N7 (NPSP); QL (60 CAPSULES per 30 days)
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG ( <i>lenvatinib mesylate</i> )	CE	PA; N7 (NPSP); QL (90 CAPSULES per 30 days)
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG ( <i>lenvatinib mesylate</i> )	CE	PA; N7 (NPSP); QL (60 CAPSULES per 30 days)
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG ( <i>lenvatinib mesylate</i> )	CE	PA; N7 (NPSP); QL (90 CAPSULES per 30 days)
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG ( <i>lenvatinib mesylate</i> )	CE	PA; N7 (NPSP); QL (30 CAPSULES per 30 days)
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG ( <i>lenvatinib mesylate</i> )	CE	PA; N7 (NPSP); QL (60 CAPSULES per 30 days)
LORBRENA ORAL TABLET 100 MG ( <i>lorlatinib</i> )	CE	PA; N7 (NPSP); QL (30 TABLETS per 30 days)
LORBRENA ORAL TABLET 25 MG ( <i>lorlatinib</i> )	CE	PA; N7 (NPSP); QL (90 TABLETS per 30 days)
LUMAKRAS ORAL TABLET 120 MG ( <i>sotorasib</i> )	CE	PA; N7 (NPSP); QL (240 TABLETS per 30 days)

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MEKINIST ORAL TABLET 0.5 MG ( <i>trametinib dimethyl sulfoxide</i> )	CE	PA; N7 (NPSP); QL (90 TABLETS per 30 days)
MEKINIST ORAL TABLET 2 MG ( <i>trametinib dimethyl sulfoxide</i> )	CE	PA; N7 (NPSP); QL (30 TABLETS per 30 days)
NERLYNX ORAL TABLET 40 MG ( <i>neratinib maleate</i> )	CE	PA; N7 (NPSP); QL (180 TABLETS per 30 days)
NEXAVAR ORAL TABLET 200 MG ( <i>sorafenib tosylate</i> )	CE	PA; N7 (NPSP); QL (120 TABLETS per 30 days)
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 MG ( <i>alpelisib</i> )	CE	PA; N7 (NPSP); QL (28 TABLETS per 28 days)
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50 MG ( <i>alpelisib</i> )	CE	PA; N7 (NPSP); QL (56 TABLETS per 28 days)
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150 MG ( <i>alpelisib</i> )	CE	PA; N7 (NPSP); QL (56 TABLETS per 28 days)
RETEVMO ORAL CAPSULE 40 MG, 80 MG ( <i>selpercatinib</i> )	CE	N7 (NF)
ROZLYTREK ORAL CAPSULE 100 MG ( <i>entrectinib</i> )	CE	PA; N7 (NPSP); QL (30 CAPSULES per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG ( <i>entrectinib</i> )	CE	PA; N7 (NPSP); QL (90 CAPSULES per 30 days)
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 70 MG, 80 MG ( <i>dasatinib</i> )	CE	PA; N7 (PSP); QL (30 TABLETS per 30 days)
SPRYCEL ORAL TABLET 20 MG ( <i>dasatinib</i> )	CE	PA; N7 (PSP); QL (90 TABLETS per 30 days)
STIVARGA ORAL TABLET 40 MG ( <i>regorafenib</i> )	CE	PA; N7 (PSP); QL (84 TABLETS per 28 days)
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	CE	PA; N7 (PSP); QL (30 CAPSULES per 30 DAYs)
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG ( <i>sunitinib malate</i> )	CE	PA; N7 (PSP); QL (30 CAPSULES per 30 days)
TAFINLAR ORAL CAPSULE 50 MG, 75 MG ( <i>dabrafenib mesylate</i> )	CE	PA; N7 (NPSP); QL (120 CAPSULES per 30 days)
TAGRISSO ORAL TABLET 40 MG, 80 MG ( <i>osimertinib mesylate</i> )	CE	PA; N7 (PSP); QL (30 TABLETS per 30 days)
TARCEVA ORAL TABLET 100 MG, 150 MG ( <i>erlotinib hcl</i> )	CE	PA; N7 (NPSP); QL (30 TABLETS per 30 days)
TARCEVA ORAL TABLET 25 MG ( <i>erlotinib hcl</i> )	CE	PA; N7 (NPSP); QL (60 TABLETS per 30 days)

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG ( <i>nilotinib hcl</i> )	CE	N7 (NF)
TEPMETKO ORAL TABLET 225 MG ( <i>tepotinib hcl</i> )	CE	N7 (NF)
TRUSELTIQ (100MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 100 MG ( <i>infigratinib phosphate</i> )	CE	N7 (NF)
TRUSELTIQ (125MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 100 & 25 MG ( <i>infigratinib phosphate</i> )	CE	N7 (NF)
TRUSELTIQ (50MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 25 MG ( <i>infigratinib phosphate</i> )	CE	N7 (NF)
TRUSELTIQ (75MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 25 MG ( <i>infigratinib phosphate</i> )	CE	N7 (NF)
TUKYSA ORAL TABLET 150 MG, 50 MG ( <i>tucatinib</i> )	CE	PA; N7 (NPSP); QL (120 TABLETS per 30 days)
TURALIO ORAL CAPSULE 200 MG ( <i>pexidartinib hcl</i> )	CE	N7 (NF)
TYKERB ORAL TABLET 250 MG ( <i>lapatinib ditosylate</i> )	CE	PA; N7 (NPSP); QL (180 TABLETS per 30 days)
UKONIQ ORAL TABLET 200 MG ( <i>umbralisib tosylate</i> )	CE	N7 (NF)
VITRAKVI ORAL CAPSULE 100 MG ( <i>larotrectinib sulfate</i> )	CE	PA; N7 (NPSP); QL (60 CAPSULES per 30 days)
VITRAKVI ORAL CAPSULE 25 MG ( <i>larotrectinib sulfate</i> )	CE	PA; N7 (NPSP); QL (180 CAPSULES per 30 days)
VITRAKVI ORAL SOLUTION 20 MG/ML ( <i>larotrectinib sulfate</i> )	CE	PA; N7 (NPSP); QL (300 ML per 30 days)
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG ( <i>dacomitinib</i> )	CE	N7 (NF)
VOTRIENT ORAL TABLET 200 MG ( <i>pazopanib hcl</i> )	CE	PA; N7 (PSP); QL (120 TABLETS per 30 days)
XALKORI ORAL CAPSULE 200 MG, 250 MG ( <i>crizotinib</i> )	CE	PA; N7 (NPSP); QL (120 CAPSULES per 30 DAYS)
XOSPATA ORAL TABLET 40 MG ( <i>gilteritinib fumarate</i> )	CE	PA; N7 (PSP); QL (90 TABLETS per 30 days)
ZELBORAF ORAL TABLET 240 MG ( <i>vemurafenib</i> )	CE	PA; N7 (NPSP); QL (240 TABLETS per 30 days)
ZYDELIG ORAL TABLET 100 MG, 150 MG ( <i>idelalisib</i> )	CE	N7 (NF)
ZYKADIA ORAL TABLET 150 MG ( <i>ceritinib</i> )	CE	PA; N7 (NPSP); QL (90 TABLETS per 30 days)

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>MISCELLANEOUS</b>		
ALFERON N INJECTION SOLUTION 5000000 UNIT/ML ( <i>interferon alfa-n3</i> )	NPSP	
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG ( <i>avapritinib</i> )	CE	N7 (NF)
<i>bexarotene oral capsule 75 mg</i>	CE	PA; N7 (PSP)
BRAFTOVI ORAL CAPSULE 75 MG ( <i>encorafenib</i> )	CE	PA; N7 (NPSP); QL (180 CAPSULES per 30 days)
GAVRETO ORAL CAPSULE 100 MG ( <i>pralsetinib</i> )	CE	N7 (NF)
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG ( <i>afatinib dimaleate</i> )	CE	PA; N7 (NPSP); QL (30 TABLETS per 30 days)
<i>hydroxyurea oral capsule 500 mg</i>	CE	N7 (PG)
INQOVI ORAL TABLET 35-100 MG ( <i>decitabine-cedazuridine</i> )	CE	PA; N7 (NPSP); QL (5 TABLETS per 28 days)
LONSURF ORAL TABLET 15-6.14 MG ( <i>trifluridine-tipiracil</i> )	CE	PA; N7 (PSP); QL (100 TABLETS per 30 days)
LONSURF ORAL TABLET 20-8.19 MG ( <i>trifluridine-tipiracil</i> )	CE	PA; N7 (PSP); QL (80 TABLETS per 30 days)
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG ( <i>leuprolide acetate</i> )	NF	
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG (PED), 30 MG (PED) ( <i>leuprolide acetate (3 month)</i> )	NF	
MATULANE ORAL CAPSULE 50 MG ( <i>procarbazine hcl</i> )	CE	N7 (PSP)
MEKTOVI ORAL TABLET 15 MG ( <i>binimetinib</i> )	CE	PA; N7 (NPSP); QL (180 TABLETS per 30 days)
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG ( <i>pemigatinib</i> )	CE	N7 (NF)
QINLOCK ORAL TABLET 50 MG ( <i>ripretinib</i> )	CE	N7 (NF)
TABRECTA ORAL TABLET 150 MG, 200 MG ( <i>capmatinib hcl</i> )	CE	N7 (NF)
TARGRETIN ORAL CAPSULE 75 MG ( <i>bexarotene</i> )	CE	PA; ST; N7 (NPSP)
TAZVERIK ORAL TABLET 200 MG ( <i>tazemetostat hbr</i> )	CE	N7 (NF)
TIBSOVO ORAL TABLET 250 MG ( <i>ivosidenib</i> )	CE	PA; N7 (NPSP); QL (60 TABLETS per 30 days)
<i>tretinoin oral capsule 10 mg</i>	CE	N7 (PG)

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VISTOGARD ORAL PACKET 10 GM ( <i>uridine triacetate</i> )	PSP	QL (20 PACKETS per 5 DAYS)
WELIREG ORAL TABLET 40 MG ( <i>belzutifan</i> )	CE	N7 (NF)
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG ( <i>selinexor</i> )	CE	N7 (NF)
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG ( <i>selinexor</i> )	CE	N7 (NF)
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG ( <i>selinexor</i> )	CE	N7 (NF)
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG ( <i>selinexor</i> )	CE	N7 (NF)
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG ( <i>selinexor</i> )	CE	N7 (NF)
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG ( <i>selinexor</i> )	CE	N7 (NF)
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG ( <i>selinexor</i> )	CE	N7 (NF)
<b>PROTEASOME INHIBITORS</b>		
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG ( <i>ixazomib citrate</i> )	CE	PA; N7 (PSP); QL (3 CAPSULES per 28 days)
<b>PROTECTIVE AGENTS</b>		
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	CE	N7 (PG)
<b>TOPOISOMERASE INHIBITORS</b>		
<i>etoposide oral capsule 50 mg</i>	CE	N7 (PG)
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG ( <i>topotecan hcl</i> )	CE	PA; N7 (NPSP)
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES</b>		
<b>ANTINEOPLASTIC, BCL-2 INHIBITORS</b>		
VENCLEXTA ORAL TABLET 10 MG, 50 MG ( <i>venetoclax</i> )	CE	PA; N7 (NPSP); QL (120 TABLETS per 30 days)
VENCLEXTA ORAL TABLET 100 MG ( <i>venetoclax</i> )	CE	PA; N7 (NPSP); QL (180 TABLETS per 30 days)
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG ( <i>venetoclax</i> )	CE	PA; N7 (NPSP); QL (1 TABLET THERAPY PACK per 28 days)

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>CARDIOVASCULAR - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS</b>		
<b>ACE INHIBITOR COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE</b>		
<i>amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	PG	LGC
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	PG	LGC
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	PG	LGC
<i>fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg</i>	PG	LGC
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	PG	LGC
<b>PRESTALIA ORAL TABLET 14-10 MG, 3.5-2.5 MG, 7-5 MG (perindopril arg-amlodipine)</b>	NF	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	PG	LGC
<i>trandolapril-verapamil hcl er oral tablet extended release 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i>	PG	
<b>ZESTORETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG (lisinopril-hydrochlorothiazide)</b>	NF	
<b>ACE INHIBITORS - DRUGS TO TREAT HIGH BLOOD PRESSURE</b>		
<i>benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	PG	LGC
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	PG	LGC
<i>enalapril maleate oral solution 1 mg/ml</i>	PG	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	PG	LGC
<i>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i>	PG	LGC
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	PG	LGC
<i>lisinopril oral tablet 30 mg, 40 mg</i>	PG	
<i>moexipril hcl oral tablet 15 mg, 7.5 mg</i>	PG	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	NP	LGC
<i>quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	PG	LGC
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	PG	LGC
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	PG	LGC

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021

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

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	PG	LGC
MICARDIS HCT ORAL TABLET 40-12.5 MG, 80-12.5 MG, 80-25 MG ( <i>telmisartan-hctz</i> )	NF	
<i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	PG	LGC
<i>olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	NP	LGC
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	NP	LGC
<i>telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	PG	LGC
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	PG	LGC
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE</b>		
ATACAND ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG ( <i>candesartan cilexetil</i> )	NF	
BENICAR ORAL TABLET 20 MG, 40 MG, 5 MG ( <i>olmesartan medoxomil</i> )	NF	
<i>candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	PG	LGC
COZAAR ORAL TABLET 100 MG, 25 MG, 50 MG ( <i>losartan potassium</i> )	NF	
DIOVAN ORAL TABLET 160 MG, 320 MG, 40 MG, 80 MG ( <i>valsartan</i> )	NF	
EDARBI ORAL TABLET 40 MG, 80 MG ( <i>azilsartan medoxomil</i> )	NF	
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	PG	LGC
<i>losartan potassium oral tablet 100 mg, 25 mg, 50 mg</i>	PG	LGC
MICARDIS ORAL TABLET 20 MG, 40 MG, 80 MG ( <i>telmisartan</i> )	NF	
<i>olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg</i>	PG	LGC
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	PG	LGC
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	PG	LGC
<b>ANTIARRHYTHMICS - DRUGS TO CONTROL HEART RHYTHM</b>		
<i>amiodarone hcl oral tablet 100 mg, 200 mg, 400 mg</i>	PG	

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	PG	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	PSP	PA
<i>flecainide acetate oral tablet 100 mg, 150 mg, 50 mg</i>	PG	
MULTAQ ORAL TABLET 400 MG ( <i>dronedarone hcl</i> )	PB	
NORPACE ORAL CAPSULE 100 MG, 150 MG ( <i>disopyramide phosphate</i> )	NF	
<i>propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg</i>	PG	
<i>propafenone hcl oral tablet 150 mg, 225 mg, 300 mg</i>	PG	
TIKOSYN ORAL CAPSULE 125 MCG, 250 MCG, 500 MCG ( <i>dofetilide</i> )	NPSP	PA; ST
<b>ANTILIPEMICS, ACL INHIBITORS/COMBINATIONS</b>		
NEXLETOL ORAL TABLET 180 MG ( <i>bempedoic acid</i> )	PB	
NEXLIZET ORAL TABLET 180-10 MG ( <i>bempedoic acid-ezetimibe</i> )	PB	
<b>ANTILIPEMICS, BILE ACID RESINS</b>		
<i>cholestyramine light oral packet 4 gm</i>	PG	
<i>cholestyramine light oral powder 4 gm/dose</i>	PG	
<i>cholestyramine oral packet 4 gm</i>	PG	
<i>cholestyramine oral powder 4 gm/dose</i>	PG	
<i>colesevelam hcl oral packet 3.75 gm</i>	PG	
<i>colesevelam hcl oral tablet 625 mg</i>	PG	
<i>colestipol hcl oral granules 5 gm</i>	PG	
<i>colestipol hcl oral packet 5 gm</i>	PG	
<i>colestipol hcl oral tablet 1 gm</i>	PG	
<b>ANTILIPEMICS, CHOLESTEROL ABSORPTION INHIBITOR</b>		
<i>ezetimibe oral tablet 10 mg</i>	PG	
ZETIA ORAL TABLET 10 MG ( <i>ezetimibe</i> )	NF	
<b>ANTILIPEMICS, FIBRATES</b>		
<i>fenofibrate micronized oral capsule 130 mg</i>	NF	
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>	PG	
<i>fenofibrate micronized oral capsule 43 mg</i>	NP	
<i>fenofibrate oral capsule 150 mg</i>	NP	

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>fenofibrate oral capsule 50 mg</i>	NF	
<i>fenofibrate oral tablet 120 mg, 40 mg</i>	NF	
<i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>	PG	
<i>fenofibric acid oral capsule delayed release 135 mg, 45 mg</i>	PG	
<i>fenofibric acid oral tablet 105 mg, 35 mg</i>	NP	
FENOGLIDE ORAL TABLET 120 MG ( <i>fenofibrate</i> )	NF	
FIBRICOR ORAL TABLET 105 MG ( <i>fenofibric acid</i> )	NF	
<i>gemfibrozil oral tablet 600 mg</i>	PG	LGC
TRICOR ORAL TABLET 145 MG, 48 MG ( <i>fenofibrate</i> )	NF	
<b>ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS</b>		
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HOUR 20 MG, 40 MG, 60 MG ( <i>lovastatin</i> )	NF	
<i>atorvastatin calcium oral tablet 10 mg, 20 mg</i>	CE	LGC; N7 (PG); AL (Min 40 Years and Max 75 Years)
<i>atorvastatin calcium oral tablet 40 mg, 80 mg</i>	PG	LGC
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>flolipid oral suspension 20 mg/5ml, 40 mg/5ml</i>	NF	
<i>fluvastatin sodium er oral tablet extended release 24 hour 80 mg</i>	PG	
<i>fluvastatin sodium oral capsule 20 mg, 40 mg</i>	PG	
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	
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG ( <i>pitavastatin calcium</i> )	NF	
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	PG	LGC
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	PG	LGC
<i>rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	PG	LGC
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	CE	LGC; N7 (PG); AL (Min 40 Years and Max 75 Years)
<i>simvastatin oral tablet 80 mg</i>	PG	LGC

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZYPITAMAG ORAL TABLET 2 MG, 4 MG ( <i>pitavastatin magnesium</i> )	NF	
<b>ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS/COMBINATIONS</b>		
<i>ezetimibe-rosuvastatin oral tablet 10-10 mg, 10-20 mg, 10-5 mg</i>	NF	
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	PG	
ROSZET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-5 MG ( <i>ezetimibe-rosuvastatin</i> )	NF	
VYTORIN ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG ( <i>ezetimibe-simvastatin</i> )	NP	ST; QL (30 TABLETS per 25 DAYs)
<b>ANTILIPEMICS, MISCELLANEOUS - DRUGS TO TREAT HIGH CHOLESTEROL</b>		
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG ( <i>lomitapide mesylate</i> )	NPSP	PA; QL (28 CAPSULES per 28 days)
LOVAZA ORAL CAPSULE 1 GM ( <i>omega-3-acid ethyl esters</i> )	NP	PA
<i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg</i>	PG	
NIACOR ORAL TABLET 500 MG ( <i>niacin (antihyperlipidemic)</i> )	NF	
<b>ANTILIPEMICS, OMEGA-3 FATTY ACIDS</b>		
<i>icosapent ethyl oral capsule 1 gm</i>	NF	
<i>omega-3-acid ethyl esters oral capsule 1 gm</i>	PG	
VASCEPA ORAL CAPSULE 0.5 GM ( <i>icosapent ethyl</i> )	PB	
VASCEPA ORAL CAPSULE 1 GM ( <i>icosapent ethyl</i> )	PB	N8 (Listing does not include certain NDCs)
<b>ANTILIPEMICS, PCSK9 INHIBITORS</b>		
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 75 MG/ML ( <i>alirocumab</i> )	PSP	PA; QL (2 PENS per 28 days)
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML ( <i>evolocumab</i> )	NF	
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML ( <i>evolocumab</i> )	NF	
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML ( <i>evolocumab</i> )	NF	

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>BETA-BLOCKER/DIURETIC COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS</b>		
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	PG	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	PG	LGC
DUTOPROL ORAL TABLET EXTENDED RELEASE 24 HOUR 100-12.5 MG, 25-12.5 MG, 50-12.5 MG ( <i>metoprolol-hydrochlorothiazide</i> )	NF	
<i>metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	PG	
<b>BETA-BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS</b>		
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>	PG	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	PG	LGC
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>	PG	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	PG	
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG ( <i>nebivolol hcl</i> )	NF	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	PG	LGC
<i>carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg</i>	NP	
COREG CR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 40 MG, 80 MG ( <i>carvedilol phosphate</i> )	NF	
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	

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KAPSPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 200 MG, 25 MG, 50 MG ( <i>metoprolol succinate</i> )	NF	
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	PG	
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i>	PG	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	PG	LGC
<i>metoprolol tartrate oral tablet 37.5 mg, 75 mg</i>	PG	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	PG	
<i>nebivolol hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	NF	
<i>pindolol oral tablet 10 mg, 5 mg</i>	PG	
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg</i>	PG	
<i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>	PG	
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	PG	LGC
<i>propranolol hcl oral tablet 60 mg</i>	PG	
<i>sotalol hcl (af) oral tablet 120 mg</i>	PG	LGC
<i>sotalol hcl (af) oral tablet 160 mg, 80 mg</i>	PG	
<i>sotalol hcl oral tablet 120 mg, 80 mg</i>	PG	LGC
<i>sotalol hcl oral tablet 160 mg, 240 mg</i>	PG	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	PG	
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 50 MG ( <i>metoprolol succinate</i> )	NF	
<b>CALCIUM CHANNEL BLOCKER/ANTILIPEMIC COMBINATIONS</b>		
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	NP	LGC
<b>CALCIUM CHANNEL BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS</b>		
<i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>	PG	LGC
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG ( <i>diltiazem hcl coated beads</i> )	NF	

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
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 hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	PG	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	PG	
<i>diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i>	PG	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	PG	LGC
<i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	PG	
<i>felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	PG	
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	PG	
KATERZIA ORAL SUSPENSION 1 MG/ML ( <i>amlodipine benzoate</i> )	NF	
<i>diltiazem hcl coated beads (Matzim La Oral Tablet Extended Release 24 Hour 180 Mg, 240 Mg, 300 Mg, 360 Mg, 420 Mg)</i>	NF	
<i>nicardipine hcl oral capsule 20 mg, 30 mg</i>	PG	
<i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	PG	
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	PG	
<i>nimodipine oral capsule 30 mg</i>	PG	
<i>nisoldipine er oral tablet extended release 24 hour 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg</i>	PG	
NORVASC ORAL TABLET 10 MG, 2.5 MG, 5 MG ( <i>amlodipine besylate</i> )	NF	

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg</i>	PG	
<i>verapamil hcl er oral tablet extended release 120 mg</i>	PG	LGC
<i>verapamil hcl er oral tablet extended release 180 mg, 240 mg</i>	PG	
<i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>	PG	LGC
<b>DIGITALIS GLYCOSIDES - DRUGS TO TREAT HEART CONDITIONS</b>		
<i>digoxin oral solution 0.05 mg/ml</i>	PG	
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	PG	
LANOXIN ORAL TABLET 125 MCG, 250 MCG ( <i>digoxin</i> )	NF	
<b>DIRECT RENIN INHIBITORS/COMBINATIONS - DRUGS TO TREAT HEART CONDITIONS</b>		
<i>aliskiren fumarate oral tablet 150 mg, 300 mg</i>	PG	
TEKTURNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG ( <i>aliskiren-hydrochlorothiazide</i> )	PB	ST
<b>DIURETICS - DRUGS TO TREAT HEART CONDITIONS</b>		
<i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>	NP	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	PG	
<i>amiloride hcl oral tablet 5 mg</i>	PG	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	PG	LGC
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	PG	
CAROSPIR ORAL SUSPENSION 25 MG/5ML ( <i>spironolactone</i> )	NF	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	PG	
DYRENIUM ORAL CAPSULE 100 MG, 50 MG ( <i>triamterene</i> )	NF	
<i>ethacrynic acid oral tablet 25 mg</i>	NP	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	PG	LGC
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	PG	LGC
<i>hydrochlorothiazide oral tablet 12.5 mg</i>	PG	
<i>hydrochlorothiazide oral tablet 25 mg, 50 mg</i>	PG	LGC
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	PG	
KEVEYIS ORAL TABLET 50 MG ( <i>dichlorphenamide</i> )	NPSP	PA; QL (120 TABLETS per 30 days)

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>methazolamide oral tablet 25 mg, 50 mg</i>	PG	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	PG	
<i>spironolactone oral tablet 100 mg, 50 mg</i>	PG	
<i>spironolactone oral tablet 25 mg</i>	PG	LGC
<i>spironolactone-hctz oral tablet 25-25 mg</i>	PG	
THALITONE ORAL TABLET 15 MG ( <i>chlorthalidone</i> )	NF	
<i>torseamide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	PG	
<i>triamterene oral capsule 100 mg, 50 mg</i>	PG	
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	PG	LGC
<i>triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg</i>	PG	LGC
<b>HEART FAILURE</b>		
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG ( <i>vericiguat</i> )	NP	
<b>MISCELLANEOUS</b>		
BIDIL ORAL TABLET 20-37.5 MG ( <i>isosorb dinitrate-hydralazine</i> )	PB	
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	PG	LGC
<i>clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr</i>	NP	
CORLANOR ORAL TABLET 5 MG, 7.5 MG ( <i>ivabradine hcl</i> )	PB	
DIBENZYLINE ORAL CAPSULE 10 MG ( <i>phenoxybenzamine hcl</i> )	NP	ST; QL (360 CAPSULES per 25 days)
<i>droxidopa oral capsule 100 mg</i>	PSP	PA; QL (90 CAPSULES per 30 DAYS)
<i>droxidopa oral capsule 200 mg, 300 mg</i>	PSP	PA; QL (180 CAPSULES per 30 DAYS)
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG ( <i>sacubitril-valsartan</i> )	PB	
<i>guanfacine hcl oral tablet 1 mg, 2 mg</i>	PG	
<i>hydralazine hcl oral tablet 10 mg, 100 mg, 50 mg</i>	PG	
<i>hydralazine hcl oral tablet 25 mg</i>	PG	LGC
<i>methyldopa oral tablet 250 mg, 500 mg</i>	PG	
<i>metyrosine oral capsule 250 mg</i>	NP	

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	PG	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	PG	
NORTHERA ORAL CAPSULE 100 MG, 200 MG, 300 MG ( <i>droxidopa</i> )	NF	
<i>phenoxybenzamine hcl oral capsule 10 mg</i>	PG	
<i>ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg</i>	PG	
VECAMYL ORAL TABLET 2.5 MG ( <i>mecamylamine hcl</i> )	NP	PA
VYNDAMAX ORAL CAPSULE 61 MG ( <i>tafamidis</i> )	NPSP	PA; QL (30 CAPSULES per 30 days)
VYNDAQEL ORAL CAPSULE 20 MG ( <i>tafamidis meglumine (cardiac)</i> )	NF	
<b>NITRATES - DRUGS TO TREAT HEART CONDITIONS</b>		
GONITRO SUBLINGUAL PACKET 400 MCG ( <i>nitroglycerin</i> )	NF	
ISORDIL TITRADOSE ORAL TABLET 40 MG, 5 MG ( <i>isosorbide dinitrate</i> )	NF	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	PG	
<i>isosorbide dinitrate oral tablet 40 mg</i>	NF	
<i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg</i>	PG	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	PG	
<i>nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg</i>	PG	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/1hr, 0.2 mg/1hr, 0.4 mg/1hr, 0.6 mg/1hr</i>	PG	
<i>nitroglycerin translingual solution 0.4 mg/spray</i>	PG	
NITROMIST TRANSLINGUAL AEROSOL SOLUTION 400 MCG/SPRAY ( <i>nitroglycerin</i> )	NF	
<b>PULMONARY ARTERIAL HYPERTENSION - DRUGS TO TREAT PULMONARY HYPERTENSION</b>		
ADCIRCA ORAL TABLET 20 MG ( <i>tadalafil (pah)</i> )	NF	
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG ( <i>riociguat</i> )	PSP	PA; QL (90 TABLETS per 30 days)
<i>tadalafil (pah)</i> (Alyq Oral Tablet 20 Mg)	PSP	PA; QL (60 TABLETS per 30 DAYS)

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	PSP	PA; QL (30 TABLETS per 30 DAYs)
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	PSP	PA; QL (60 TABLETS per 30 DAYs)
<i>epoprostenol sodium intravenous solution reconstituted 0.5 mg, 1.5 mg</i>	PSP	PA
FLOLAN INTRAVENOUS SOLUTION RECONSTITUTED 0.5 MG, 1.5 MG ( <i>epoprostenol sodium</i> )	NPSP	PA
LETAIRIS ORAL TABLET 10 MG, 5 MG ( <i>ambrisentan</i> )	NF	
OPSUMIT ORAL TABLET 10 MG ( <i>macitentan</i> )	PSP	PA; QL (30 TABLETS per 30 days)
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG ( <i>treprostinil diolamine</i> )	PSP	PA
REMODULIN INJECTION SOLUTION 100 MG/20ML, 20 MG/20ML, 200 MG/20ML, 50 MG/20ML ( <i>treprostinil</i> )	NF	
REVATIO INTRAVENOUS SOLUTION 10 MG/12.5ML ( <i>sildenafil citrate</i> )	NF	
REVATIO ORAL SUSPENSION RECONSTITUTED 10 MG/ML ( <i>sildenafil citrate</i> )	NF	
REVATIO ORAL TABLET 20 MG ( <i>sildenafil citrate</i> )	NF	
<i>sildenafil citrate intravenous solution 10 mg/12.5ml</i>	PSP	PA
<i>sildenafil citrate oral suspension reconstituted 10 mg/ml</i>	PSP	PA; QL (224 ML per 30 days)
<i>sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg</i>	PG	SPC ; QL (6 TABLETS per 25 DAYs)
<i>sildenafil citrate oral tablet 20 mg</i>	PG	PA; QL (90 TABLETS per 30 days)
<i>tadalafil (pah) oral tablet 20 mg</i>	PSP	PA; QL (60 TABLETS per 30 days)
<i>tadalafil oral tablet 10 mg, 20 mg</i>	PG	SPC ; QL (6 TABLETS per 25 DAYs)
TRACLEER ORAL TABLET 125 MG, 62.5 MG ( <i>bosentan</i> )	NF	
TRACLEER ORAL TABLET SOLUBLE 32 MG ( <i>bosentan</i> )	NF	
<i>treprostinil injection solution 100 mg/20ml, 20 mg/20ml, 200 mg/20ml, 50 mg/20ml</i>	PSP	PA

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TYVASO INHALATION SOLUTION 0.6 MG/ML ( <i>treprostinil</i> )	NPSP	PA; QL (28 ML per 28 days)
TYVASO REFILL INHALATION SOLUTION 0.6 MG/ML ( <i>treprostinil</i> )	NPSP	PA; QL (28 ML per 28 days)
TYVASO STARTER INHALATION SOLUTION 0.6 MG/ML ( <i>treprostinil</i> )	NPSP	PA; QL (28 ML per 28 days)
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 400 MCG, 600 MCG, 800 MCG ( <i>selexipag</i> )	PSP	PA; QL (60 TABLETS per 30 days)
UPTRAVI ORAL TABLET 200 MCG ( <i>selexipag</i> )	PSP	PA; QL (140 TABLETS per 28 days)
UPTRAVI ORAL TABLET THERAPY PACK 200 & 800 MCG ( <i>selexipag</i> )	PSP	PA; QL (1 TABLET THERAPY PACK per 28 days)
VELETRI INTRAVENOUS SOLUTION RECONSTITUTED 0.5 MG, 1.5 MG ( <i>epoprostenol sodium</i> )	NPSP	PA
VENTAVIS INHALATION SOLUTION 10 MCG/ML, 20 MCG/ML ( <i>iloprost</i> )	NPSP	PA; QL (270 ML per 30 days)
<b>CENTRAL NERVOUS SYSTEM - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS</b>		
<b>ANTI-ANXIETY - DRUGS TO TREAT ANXIETY</b>		
<i>alprazolam er oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg</i>	PG	QL (150 TABLETS per 25 DAYS)
<i>alprazolam er oral tablet extended release 24 hour 3 mg</i>	PG	QL (90 TABLETS per 25 DAYS)
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML ( <i>alprazolam</i> )	NP	QL (300 ML per 25 days)
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	PG	QL (150 TABLETS per 25 days)
<i>alprazolam oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	PG	QL (150 TABLETS per 25 days)
ATIVAN ORAL TABLET 0.5 MG, 1 MG, 2 MG ( <i>lorazepam</i> )	NF	
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	PG	QL (360 CAPSULES per 25 DAYS)
<i>lorazepam (Lorazepam Intensol Oral Concentrate 2 Mg/ML)</i>	PG	QL (150 ML per 25 DAYS)

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>lorazepam oral tablet 0.5 mg</i>	PG	QL (150 TABLETS per 25 days)
<i>lorazepam oral tablet 1 mg, 2 mg</i>	PG	QL (150 TABLETS per 25 DAYs)
LOREEV XR ORAL CAPSULE ER 24 HOUR SPRINKLE 1 MG, 2 MG, 3 MG ( <i>lorazepam</i> )	NF	
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	PG	QL (120 CAPSULES per 25 DAYs)
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	
<b>ANTICONVULSANTS - DRUGS TO TREAT SEIZURES</b>		
APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG ( <i>eslicarbazepine acetate</i> )	NF	
BANZEL ORAL SUSPENSION 40 MG/ML ( <i>rufinamide</i> )	NF	
BANZEL ORAL TABLET 200 MG, 400 MG ( <i>rufinamide</i> )	NP	PA
BRIVIACT ORAL SOLUTION 10 MG/ML ( <i>brivaracetam</i> )	NP	PA
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG ( <i>brivaracetam</i> )	NP	PA
<i>carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg</i>	PG	
<i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg</i>	PG	
<i>carbamazepine oral suspension 100 mg/5ml</i>	PG	
<i>carbamazepine oral tablet 200 mg</i>	PG	
<i>carbamazepine oral tablet chewable 100 mg</i>	PG	
<i>clobazam oral suspension 2.5 mg/ml</i>	PG	PA
<i>clobazam oral tablet 10 mg, 20 mg</i>	PG	PA
<i>clonazepam oral tablet 0.5 mg, 2 mg</i>	PG	QL (300 TABLETS per 25 DAYs)
<i>clonazepam oral tablet 1 mg</i>	PG	QL (300 TABLETS per 25 days)
<i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	PG	QL (300 TABLETS per 25 days)

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	PG	QL (180 TABLETS per 25 days)
DIACOMIT ORAL CAPSULE 250 MG ( <i>stiripentol</i> )	NPSP	QL (360 CAPSULES per 30 DAYS)
DIACOMIT ORAL CAPSULE 500 MG ( <i>stiripentol</i> )	NPSP	QL (180 CAPSULES per 30 DAYS)
DIACOMIT ORAL PACKET 250 MG ( <i>stiripentol</i> )	NPSP	QL (360 PACKET per 30 DAYS)
DIACOMIT ORAL PACKET 500 MG ( <i>stiripentol</i> )	NPSP	QL (180 PACKET per 30 DAYS)
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</i> (Diazepam Intensol Oral Concentrate 5 Mg/ML)	PG	QL (240 ML per 25 DAYS)
<i>diazepam oral solution 5 mg/5ml</i>	PG	QL (1200 ML per 25 DAYS)
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	PG	QL (120 TABLETS per 25 DAYS)
<i>diazepam rectal gel 10 mg, 2.5 mg, 20 mg</i>	PG	
DILANTIN INFATABS ORAL TABLET CHEWABLE 50 MG ( <i>phenytoin</i> )	NF	
DILANTIN ORAL CAPSULE 100 MG, 30 MG ( <i>phenytoin sodium extended</i> )	NF	
DILANTIN ORAL SUSPENSION 125 MG/5ML ( <i>phenytoin</i> )	NF	
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>	PG	
<i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>	PG	
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>	PG	
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG, 1500 MG ( <i>levetiracetam</i> )	NF	
EPIDIOLEX ORAL SOLUTION 100 MG/ML ( <i>cannabidiol</i> )	NPSP	PA; QL (800 ML per 30 days)
<i>ethosuximide oral capsule 250 mg</i>	PG	
<i>ethosuximide oral solution 250 mg/5ml</i>	PG	
<i>felbamate oral suspension 600 mg/5ml</i>	PG	

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>felbamate oral tablet 400 mg, 600 mg</i>	PG	
FINTEPLA ORAL SOLUTION 2.2 MG/ML ( <i>fenfluramine hcl</i> )	NPSP	PA; QL (360 ML per 30 days)
FYCOMPA ORAL SUSPENSION 0.5 MG/ML ( <i>perampanel</i> )	PB	
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG ( <i>perampanel</i> )	PB	
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	PG	QL (6 CAPSULES per 1 DAY)
<i>gabapentin oral solution 250 mg/5ml</i>	PG	QL (72 ML per 1 day)
<i>gabapentin oral solution 300 mg/6ml</i>	PG	QL (72 ML per 1 Day)
<i>gabapentin oral tablet 600 mg</i>	PG	QL (6 TABLETS per 1 day)
<i>gabapentin oral tablet 800 mg</i>	PG	QL (4 TABLETS per 1 day)
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> )	NP	QL (300 TABLETS per 25 DAYS)
<i>lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	PG	
<i>lamotrigine oral kit 25 &amp; 50 &amp; 100 mg</i>	PG	
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	PG	
<i>lamotrigine oral tablet chewable 25 mg, 5 mg</i>	PG	
<i>lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg</i>	NP	
<i>lamotrigine starter kit-blue oral kit 35 x 25 mg</i>	PG	
<i>lamotrigine starter kit-green oral kit 84 x 25 mg &amp; 14x100 mg</i>	PG	
<i>lamotrigine starter kit-orange oral kit 42 x 25 mg &amp; 7 x 100 mg</i>	PG	
<i>levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg</i>	PG	
<i>levetiracetam oral solution 100 mg/ml</i>	PG	
<i>levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg</i>	PG	
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG ( <i>pregabalin</i> )	NF	

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LYRICA ORAL SOLUTION 20 MG/ML ( <i>pregabalin</i> )	NF	
NAYZILAM NASAL SOLUTION 5 MG/0.1ML ( <i>midazolam</i> ( <i>anticonvulsant</i> ))	PB	QL (10 SOLUTION per 25 days)
NEURONTIN ORAL CAPSULE 100 MG, 300 MG, 400 MG ( <i>gabapentin</i> )	NP	QL (6 CAPSULES per 1 DAY)
NEURONTIN ORAL SOLUTION 250 MG/5ML ( <i>gabapentin</i> )	NP	QL (72 ML per 1 day)
NEURONTIN ORAL TABLET 600 MG ( <i>gabapentin</i> )	NP	QL (6 TABLETS per 1 DAY)
NEURONTIN ORAL TABLET 800 MG ( <i>gabapentin</i> )	NP	QL (4 TABLETS per 1 DAY)
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>	PG	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	PG	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 300 MG, 600 MG ( <i>oxcarbazepine</i> )	PB	
<i>phenobarbital oral elixir 20 mg/5ml</i>	PG	
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	PG	
<i>phenytoin oral suspension 125 mg/5ml</i>	PG	
<i>phenytoin oral tablet chewable 50 mg</i>	PG	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	PG	
<i>pregabalin oral capsule 100 mg, 25 mg, 50 mg, 75 mg</i>	PG	QL (120 CAPSULES per 25 DAYs)
<i>pregabalin oral capsule 150 mg</i>	PG	QL (120 CAPSULES per 25 days)
<i>pregabalin oral capsule 200 mg</i>	PG	QL (90 CAPSULES per 25 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	PG	QL (60 CAPSULES per 25 days)
<i>pregabalin oral solution 20 mg/ml</i>	PG	QL (900 ML per 25 DAYs)
<i>primidone oral tablet 250 mg, 50 mg</i>	PG	

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021

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> )	NP	
<i>rufinamide oral suspension 40 mg/ml</i>	PG	PA
<i>rufinamide oral tablet 200 mg, 400 mg</i>	PG	PA
SABRIL ORAL PACKET 500 MG ( <i>vigabatrin</i> )	NF	
SABRIL ORAL TABLET 500 MG ( <i>vigabatrin</i> )	NF	
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	
<i>tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	PG	
<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>	PG	
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	PG	
TRANXENE-T ORAL TABLET 7.5 MG ( <i>clorazepate dipotassium</i> )	NP	QL (180 TABLETS per 25 days)
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 50 MG ( <i>topiramate</i> )	PB	
VALIUM ORAL TABLET 10 MG, 2 MG, 5 MG ( <i>diazepam</i> )	NP	QL (120 TABLETS per 25 DAYS)
<i>valproic acid oral capsule 250 mg</i>	PG	
<i>valproic acid oral solution 250 mg/5ml</i>	PG	
VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML ( <i>diazepam</i> )	PB	QL (10 BLISTER per 25 days)
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 7.5 MG/0.1ML ( <i>diazepam</i> )	PB	QL (10 BLISTER per 25 days)
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 10 MG/0.1ML ( <i>diazepam</i> )	PB	QL (10 BLISTER per 25 days)
VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML ( <i>diazepam</i> )	PB	QL (10 BLISTER per 25 days)
<i>vigabatrin oral packet 500 mg</i>	PSP	PA; QL (180 PACKET per 30 days)

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>vigabatrin oral tablet 500 mg</i>	PSP	PA; QL (180 TABLETS per 30 days)
<i>vigabatrin (Vigadrone Oral Packet 500 Mg)</i>	PSP	PA; QL (180 PACKETS per 30 DAYS)
VIMPAT ORAL SOLUTION 10 MG/ML ( <i>lacosamide</i> )	PB	
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG ( <i>lacosamide</i> )	PB	
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG ( <i>cenobamate</i> )	PB	
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK 150 & 200 MG ( <i>cenobamate</i> )	PB	
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG ( <i>cenobamate</i> )	PB	
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG, 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG ( <i>cenobamate</i> )	PB	
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG ( <i>zonisamide</i> )	NF	
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	PG	
<b>ANTIDEMENTIA - DRUGS TO TREAT DEMENTIA AND MEMORY LOSS</b>		
<i>donepezil hcl oral tablet 10 mg, 5 mg</i>	PG	
<i>donepezil hcl oral tablet 23 mg</i>	NP	
<i>donepezil hcl oral tablet dispersible 10 mg, 5 mg</i>	PG	
<i>ergoloid mesylates oral tablet 1 mg</i>	NP	STX
EXELON TRANSDERMAL PATCH 24 HOUR 13.3 MG/24HR, 4.6 MG/24HR, 9.5 MG/24HR ( <i>rivastigmine</i> )	NP	PA
<i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg</i>	NP	
<i>galantamine hydrobromide oral solution 4 mg/ml</i>	NP	
<i>galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg</i>	NP	
<i>memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg</i>	PG	PA; AL (Max 29 Years)
<i>memantine hcl oral solution 2 mg/ml</i>	PG	PA; AL (Max 29 Years)
<i>memantine hcl oral tablet 10 mg, 28 x 5 mg &amp; 21 x 10 mg, 5 mg</i>	PG	PA; AL (Max 29 Years)

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NAMENDA TITRATION PAK ORAL TABLET 28 X 5 MG & 21 X 10 MG ( <i>memantine hcl</i> )	NP	PA; AL (Max 29 Years)
NAMENDA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14 MG, 21 MG, 28 MG, 7 MG ( <i>memantine hcl</i> )	NF	
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK 7 & 14 & 21 & 28 -10 MG ( <i>memantine hcl-donepezil hcl</i> )	PB	PA
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG ( <i>memantine hcl-donepezil hcl</i> )	PB	PA
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	NP	PA
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr</i>	NP	PA
<b>ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION</b>		
<i>amitriptyline hcl oral tablet 10 mg</i>	PG	QLR (QL applies to members age 65 and older); QL (150 TABLETS per 25 days); AL (Min 65 Years)
<i>amitriptyline hcl oral tablet 100 mg, 150 mg, 75 mg</i>	PG	
<i>amitriptyline hcl oral tablet 25 mg</i>	PG	QLR (QL applies to members age 65 and older); QL (60 TABLETS per 25 days); AL (Min 65 Years)
<i>amitriptyline hcl oral tablet 50 mg</i>	PG	QLR (QL applies to members age 65 and older); QL (30 TABLETS per 25 days); AL (Min 65 Years)
<i>amoxapine oral tablet 100 mg, 25 mg, 50 mg</i>	PG	QLR (QL applies to members age 65 and older); QL (90 TABLETS per 25 DAYS); AL (Min 65 Years)
<i>amoxapine oral tablet 150 mg</i>	PG	QLR (QL applies to members age 65 and older); QL (60 TABLETS per 25 DAYS); AL (Min 65 Years)

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANAFRANIL ORAL CAPSULE 25 MG, 50 MG ( <i>clomipramine hcl</i> )	NP	QLR (QL applies to members age 65 and older); QL (150 CAPSULES per 25 DAYS); AL (Min 65 Years)
ANAFRANIL ORAL CAPSULE 75 MG ( <i>clomipramine hcl</i> )	NP	QLR (QL applies to members age 65 and older); QL (90 CAPSULES per 25 DAYS); AL (Min 65 Years)
BRISDELLE ORAL CAPSULE 7.5 MG ( <i>paroxetine mesylate</i> )	NP	PA; QL (30 CAPSULES per 30 days)
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg</i>	PG	
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg</i>	PG	
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 450 mg</i>	NF	
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	PG	
<i>citalopram hydrobromide oral solution 10 mg/5ml</i>	PG	
<i>citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg</i>	PG	LGC
<i>clomipramine hcl oral capsule 25 mg, 50 mg</i>	PG	QLR (QL applies to members age 65 and older); QL (150 CAPSULES per 25 DAYS); AL (Min 65 Years)
<i>clomipramine hcl oral capsule 75 mg</i>	PG	QLR (QL applies to members age 65 and older); QL (90 CAPSULES per 25 DAYS); AL (Min 65 Years)
CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES 20 MG, 30 MG, 60 MG ( <i>duloxetine hcl</i> )	NF	
<i>desipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	PG	QLR (QL applies to members age 65 and older); QL (90 TABLETS per 25 DAYS); AL (Min 65 Years)
<i>desipramine hcl oral tablet 100 mg, 150 mg</i>	PG	QLR (QL applies to members age 65 and older); QL (30 TABLETS per 25 DAYS); AL (Min 65 Years)

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>desipramine hcl oral tablet 75 mg</i>	PG	QLR (QL applies to members age 65 and older); QL (60 TABLETS per 25 DAYs); AL (Min 65 Years)
<i>desvenlafaxine er oral tablet extended release 24 hour 100 mg</i>	NF	
<i>desvenlafaxine er tablet extended release 24 hour 50 mg oral 50 mg</i>	NF	
<i>desvenlafaxine er tablet extended release 24 hour 50 mg oral 50 mg</i>	PG	ST; QL (30 TABLETS per 30 DAYs)
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i>	NP	ST; QL (30 TABLETS per 30 DAYs)
<i>doxepin hcl oral capsule 10 mg, 25 mg, 50 mg</i>	PG	QLR (QL applies to members age 65 and older); QL (90 CAPSULES per 25 DAYs); AL (Min 65 Years)
<i>doxepin hcl oral capsule 100 mg</i>	PG	QLR (QL applies to members age 65 and older); QL (30 CAPSULES per 25 DAYs); AL (Min 65 Years)
<i>doxepin hcl oral capsule 150 mg</i>	PG	QLR (QL applies to members age 65 and older); QL (30 CAPSULES per 25 days); AL (Min 65 Years)
<i>doxepin hcl oral capsule 75 mg</i>	PG	QLR (QL applies to members age 65 and older); QL (60 CAPSULES per 25 DAYs); AL (Min 65 Years)
<i>doxepin hcl oral concentrate 10 mg/ml</i>	PG	QLR (QL applies to members age 65 and older); QL (450 ML per 25 DAYs); AL (Min 65 Years)
<b>DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG (duloxetine hcl)</b>	NF	
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 40 mg, 60 mg</i>	PG	
<b>EFFEXOR XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 150 MG, 37.5 MG, 75 MG (venlafaxine hcl)</b>	NF	

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>escitalopram oxalate oral solution 5 mg/5ml</i>	PG	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	PG	
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG ( <i>levomilnacipran hcl</i> )	NF	
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG ( <i>levomilnacipran hcl</i> )	NF	
<i>fluoxetine hcl (pmd) oral tablet 10 mg, 20 mg</i>	NF	
<i>fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg</i>	PG	LGC
<i>fluoxetine hcl oral capsule delayed release 90 mg</i>	PG	
<i>fluoxetine hcl oral solution 20 mg/5ml</i>	PG	
<i>fluoxetine hcl oral tablet 10 mg, 20 mg</i>	PG	
<i>fluoxetine hcl oral tablet 60 mg</i>	NF	
<i>fluvoxamine maleate er oral capsule extended release 24 hour 100 mg, 150 mg</i>	PG	
<i>fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg</i>	PG	
<i>imipramine hcl oral tablet 10 mg, 25 mg</i>	PG	QLR (QL applies to members age 65 and older); QL (120 TABLETS per 25 DAYS); AL (Min 65 Years)
<i>imipramine hcl oral tablet 50 mg</i>	PG	QLR (QL applies to members age 65 and older); QL (60 TABLETS per 25 DAYS); AL (Min 65 Years)
<i>imipramine pamoate oral capsule 100 mg, 75 mg</i>	NP	QLR (QL applies to members age 65 and older); QL (30 CAPSULES per 25 DAYS); AL (Min 65 Years)
<i>imipramine pamoate oral capsule 125 mg, 150 mg</i>	NP	AL (Min 65 Years)
LEXAPRO ORAL TABLET 10 MG, 20 MG, 5 MG ( <i>escitalopram oxalate</i> )	NF	
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	PG	
<i>mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg</i>	PG	
<i>nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	NP	STX

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NORPRAMIN ORAL TABLET 10 MG, 25 MG ( <i>desipramine hcl</i> )	NP	QLR (QL applies to members age 65 and older); QL (90 TABLETS per 25 DAYS); AL (Min 65 Years)
<i>nortriptyline hcl oral capsule 10 mg</i>	PG	QLR (QL applies to members age 65 and older); QL (150 CAPSULES per 25 DAYS); AL (Min 65 Years)
<i>nortriptyline hcl oral capsule 25 mg</i>	PG	QLR (QL applies to members age 65 and older); QL (60 CAPSULES per 25 DAYS); AL (Min 65 Years)
<i>nortriptyline hcl oral capsule 50 mg</i>	PG	QLR (QL applies to members age 65 and older); QL (30 CAPSULES per 25 DAYS); AL (Min 65 Years)
<i>nortriptyline hcl oral capsule 75 mg</i>	PG	AL (Min 65 Years)
<i>nortriptyline hcl oral solution 10 mg/5ml</i>	PG	QLR (QL applies to members age 65 and older); QL (750 ML per 25 DAYS); AL (Min 65 Years)
PAMELOR ORAL CAPSULE 10 MG ( <i>nortriptyline hcl</i> )	NP	QLR (QL applies to members age 65 and older); QL (150 CAPSULES per 25 DAYS); AL (Min 65 Years)
PAMELOR ORAL CAPSULE 25 MG ( <i>nortriptyline hcl</i> )	NP	QLR (QL applies to members age 65 and older); QL (60 CAPSULES per 25 DAYS); AL (Min 65 Years)
PAMELOR ORAL CAPSULE 50 MG ( <i>nortriptyline hcl</i> )	NP	QLR (QL applies to members age 65 and older); QL (30 CAPSULES per 25 DAYS); AL (Min 65 Years)
PAMELOR ORAL CAPSULE 75 MG ( <i>nortriptyline hcl</i> )	NP	AL (Min 65 Years)
<i>paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg, 37.5 mg</i>	PG	
<i>paroxetine hcl oral suspension 10 mg/5ml</i>	NF	
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	PG	LGC

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>paroxetine mesylate oral capsule 7.5 mg</i>	NF	
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5 MG, 25 MG, 37.5 MG ( <i>paroxetine hcl</i> )	NF	
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>	PG	
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</i>	PG	QLR (QL applies to members age 65 and older); QL (60 TABLETS per 25 DAYS); AL (Min 65 Years)
<i>protriptyline hcl oral tablet 5 mg</i>	PG	QLR (QL applies to members age 65 and older); QL (90 TABLETS per 25 DAYS); AL (Min 65 Years)
PROZAC ORAL CAPSULE 10 MG, 20 MG, 40 MG ( <i>fluoxetine hcl</i> )	NF	
<i>sertraline hcl oral capsule 150 mg, 200 mg</i>	NF	
<i>sertraline hcl oral concentrate 20 mg/ml</i>	PG	
<i>sertraline hcl oral tablet 100 mg, 25 mg, 50 mg</i>	PG	LGC
SPRAVATO (56 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE ( <i>esketamine hcl</i> )	NPSP	PA
SPRAVATO (84 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE ( <i>esketamine hcl</i> )	NPSP	PA
<i>tranylepromine sulfate oral tablet 10 mg</i>	PG	
<i>trazodone hcl oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	PG	
<i>trimipramine maleate oral capsule 100 mg</i>	NP	QLR (QL applies to members age 65 and older); QL (30 CAPSULES per 25 days); AL (Min 65 Years)

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>trimipramine maleate oral capsule 25 mg, 50 mg</i>	NP	QLR (QL applies to members age 65 and older); QL (60 CAPSULES per 25 days); AL (Min 65 Years)
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG ( <i>vortioxetine hbr</i> )	PB	ST
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg</i>	PG	
<i>venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 37.5 mg, 75 mg</i>	NF	
<i>venlafaxine hcl er oral tablet extended release 24 hour 225 mg</i>	NP	
<i>venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	PG	
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG ( <i>vilazodone hcl</i> )	NF	
VIIBRYD STARTER PACK ORAL KIT 10 & 20 MG ( <i>vilazodone 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	
<b>ANTI-OBESITY DRUGS</b>		
CONTRAVE ORAL TABLET EXTENDED RELEASE 12 HOUR 8-90 MG ( <i>naltrexone-bupropion hcl</i> )	NF	
IMCIVREE SUBCUTANEOUS SOLUTION 10 MG/ML ( <i>setmelanotide acetate</i> )	NF	
XENICAL ORAL CAPSULE 120 MG ( <i>orlistat</i> )	NF	
<b>ANTIPARKINSONIAN AGENTS - DRUGS TO TREAT PARKINSONS DISEASE</b>		
<i>amantadine hcl oral capsule 100 mg</i>	PG	
<i>amantadine hcl oral solution 50 mg/5ml</i>	PG	
<i>amantadine hcl oral tablet 100 mg</i>	PG	
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE 30 MG/3ML ( <i>apomorphine hcl</i> )	NF	
<i>benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg</i>	PG	
<i>bromocriptine mesylate oral capsule 5 mg</i>	PG	

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>bromocriptine mesylate oral tablet 2.5 mg</i>	PG	
<i>carbidopa oral tablet 25 mg</i>	PG	
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	PG	
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	PG	
<i>carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg</i>	PG	
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	NP	
DUOPA ENTERAL SUSPENSION 4.63-20 MG/ML ( <i>carbidopa-levodopa</i> )	NPSP	PA
<i>entacapone oral tablet 200 mg</i>	PG	
GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 137 MG, 68.5 MG ( <i>amantadine hcl</i> )	NF	
INBRIJA INHALATION CAPSULE 42 MG ( <i>levodopa</i> )	PSP	PA; QL (300 CAPSULES per 30 days)
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG ( <i>apomorphine hcl</i> )	PSP	PA; QL (150 FILMS per 30 days)
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR ( <i>rotigotine</i> )	PB	
NOURIANZ ORAL TABLET 20 MG, 40 MG ( <i>istradefylline</i> )	NF	
ONGENTYS ORAL CAPSULE 25 MG, 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 ( <i>amantadine hcl</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>	NP	
<i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	PG	
<i>rasagiline mesylate oral tablet 0.5 mg, 1 mg</i>	PG	
<i>ropinirole hcl er oral tablet extended release 24 hour 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	NP	

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	PG	
<b>RYTARY ORAL CAPSULE EXTENDED RELEASE</b> 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>	PG	
<i>selegiline hcl oral tablet 5 mg</i>	PG	
<b>SINEMET ORAL TABLET 10-100 MG, 25-100 MG</b> ( <i>carbidopa-levodopa</i> )	NP	
<i>tolcapone oral tablet 100 mg</i>	NP	STX
<i>trihexyphenidyl hcl oral solution 0.4 mg/ml</i>	PG	
<i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i>	PG	
<b>XADAGO ORAL TABLET 100 MG, 50 MG</b> ( <i>safinamide mesylate</i> )	NF	
<b>ZELAPAR ORAL TABLET DISPERSIBLE 1.25 MG</b> ( <i>selegiline hcl</i> )	NF	
<b>ANTIPSYCHOTICS - DRUGS TO TREAT PSYCHOSES</b>		
<b>ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG</b> ( <i>aripiprazole</i> )	PB	
<b>ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG</b> ( <i>aripiprazole</i> )	PB	
<b>ABILIFY ORAL TABLET 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG</b> ( <i>aripiprazole</i> )	NF	
<i>aripiprazole oral solution 1 mg/ml</i>	PG	
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	PG	
<i>aripiprazole oral tablet dispersible 10 mg, 15 mg</i>	PG	
<b>ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE 675 MG/2.4ML</b> ( <i>aripiprazole lauroxil</i> )	NP	
<b>ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML, 441 MG/1.6ML, 662 MG/2.4ML, 882 MG/3.2ML</b> ( <i>aripiprazole lauroxil</i> )	NP	
<i>asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg</i>	PG	
<b>CAPLYTA ORAL CAPSULE 42 MG</b> ( <i>lumateperone tosylate</i> )	NF	

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	PG	
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	PG	
<i>clozapine oral tablet dispersible 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i>	PG	
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG ( <i>iloperidone</i> )	NF	
FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6 MG ( <i>iloperidone</i> )	NF	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	PG	
<i>fluphenazine hcl oral elixir 2.5 mg/5ml</i>	PG	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	PG	
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	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	PG	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	PG	
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML, 1560 MG/5ML ( <i>paliperidone palmitate</i> )	NF	
INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR 1.5 MG, 3 MG, 9 MG ( <i>paliperidone</i> )	NP	PA; QL (30 TABLETS per 25 DAYs)
INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR 6 MG ( <i>paliperidone</i> )	NP	PA; QL (60 TABLETS per 25 DAYs)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.875ML, 410 MG/1.315ML, 546 MG/1.75ML, 819 MG/2.625ML ( <i>paliperidone palmitate</i> )	NF	
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG ( <i>lurasidone hcl</i> )	PB	
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	PG	
NUPLAZID ORAL CAPSULE 34 MG ( <i>pimavanserin tartrate</i> )	NPSP	PA
NUPLAZID ORAL TABLET 10 MG ( <i>pimavanserin tartrate</i> )	NPSP	PA

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	PG	
<i>olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg</i>	PG	
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 6 mg, 9 mg</i>	NP	
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	PG	
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG ( <i>risperidone</i> )	PB	
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	NP	
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	PG	
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG ( <i>brexpiprazole</i> )	NP	PA; QL (30 TABLETS per 25 days)
<i>risperidone oral solution 1 mg/ml</i>	PG	
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	PG	
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	PG	
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG, 2.5 MG, 5 MG ( <i>asenapine maleate</i> )	NP	
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR, 7.6 MG/24HR ( <i>asenapine</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>	PG	
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	PG	
<i>trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	PG	
VERSACLOZ ORAL SUSPENSION 50 MG/ML ( <i>clozapine</i> )	NP	PA
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG ( <i>cariprazine hcl</i> )	PB	PA; QL (60 CAPSULES per 25 DAYs)
VRAYLAR ORAL CAPSULE 4.5 MG, 6 MG ( <i>cariprazine hcl</i> )	PB	PA; QL (30 CAPSULES per 25 DAYs)
VRAYLAR ORAL CAPSULE THERAPY PACK 1.5 & 3 MG ( <i>cariprazine hcl</i> )	PB	PA; QL (60 CAPSULES per 25 DAYs)
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	PG	

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>ziprasidone mesylate intramuscular solution reconstituted 20 mg</i>	PG	
<b>ATTENTION DEFICIT HYPERACTIVITY DISORDER - DRUGS TO TREAT ADHD</b>		
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, 5 MG ( <i>amphetamine-dextroamphetamine</i> )	NP	N8 (Listing does not include certain NDCs); QL (90 CAPSULES per 25 days)
ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 15 MG, 20 MG, 25 MG, 30 MG ( <i>amphetamine-dextroamphetamine</i> )	NP	N8 (Listing does not include certain NDCs); QL (30 CAPSULES per 25 days)
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 XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE 12.5 MG, 15.7 MG, 18.8 MG, 3.1 MG, 6.3 MG, 9.4 MG ( <i>amphetamine</i> )	NF	
<i>amphetamine er oral suspension extended release 1.25 mg/ml</i>	PG	QL (450 ML per 25 days)
<i>amphetamine sulfate oral tablet 10 mg, 5 mg</i>	NP	STX; QL (120 TABLETS per 25 DAYs)
<i>amphetamine-dextroamphet er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>	NF	N8 (Listing does not include certain NDCs)
<i>amphetamine-dextroamphetamine oral tablet 10 mg, 5 mg</i>	PG	QL (90 TABLETS per 25 DAYs)
<i>amphetamine-dextroamphetamine oral tablet 12.5 mg, 7.5 mg</i>	PG	QL (90 TABLETS per 25 days)
<i>amphetamine-dextroamphetamine oral tablet 15 mg</i>	PG	QL (60 TABLETS per 25 days)
<i>amphetamine-dextroamphetamine oral tablet 20 mg</i>	PG	QL (60 TABLETS per 25 DAYs)
<i>amphetamine-dextroamphetamine oral tablet 30 mg</i>	PG	QL (30 TABLETS per 25 DAYs)
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	

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg</i>	PG	QL (120 CAPSULES per 25 DAYS)
<i>atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg</i>	PG	QL (30 CAPSULES per 25 DAYS)
<i>atomoxetine hcl oral capsule 40 mg</i>	PG	QL (60 CAPSULES per 25 DAYS)
AZSTARYS ORAL CAPSULE 26.1-5.2 MG, 39.2-7.8 MG, 52.3-10.4 MG ( <i>serdexmethylphen-dexmethylphen</i> )	NF	
CONCERTA ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG, 36 MG ( <i>methylphenidate hcl</i> )	NP	N8 (Listing does not include certain NDCs); QL (60 TABLETS per 25 DAYS)
CONCERTA ORAL TABLET EXTENDED RELEASE 54 MG ( <i>methylphenidate hcl</i> )	NP	N8 (Listing does not include certain NDCs); QL (30 TABLETS per 25 DAYS)
COTEMPLA XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE 17.3 MG, 25.9 MG, 8.6 MG ( <i>methylphenidate</i> )	NF	
DAYTRANA TRANSDERMAL PATCH 10 MG/9HR, 15 MG/9HR, 20 MG/9HR, 30 MG/9HR ( <i>methylphenidate</i> )	NF	
DESOXYN ORAL TABLET 5 MG ( <i>methamphetamine hcl</i> )	NP	QL (150 TABLETS per 25 DAYS)
DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 5 MG ( <i>dextroamphetamine sulfate</i> )	NP	ST; QL (120 CAPSULES per 25 days)
DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 15 MG ( <i>dextroamphetamine sulfate</i> )	NP	ST; QL (60 CAPSULES per 25 days)
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 5 mg</i>	PG	QL (60 CAPSULES per 25 DAYS)
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 25 mg, 30 mg, 40 mg</i>	PG	QL (30 CAPSULES per 25 DAYS)
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 35 mg</i>	PG	QL (30 CAPSULES per 25 days)
<i>dexmethylphenidate hcl oral tablet 10 mg</i>	PG	QL (60 TABLETS per 25 days)
<i>dexmethylphenidate hcl oral tablet 2.5 mg, 5 mg</i>	PG	QL (120 TABLETS per 25 days)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 5 mg</i>	PG	QL (120 CAPSULES per 25 days)

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg</i>	PG	QL (60 CAPSULES per 25 days)
<i>dextroamphetamine sulfate oral solution 5 mg/5ml</i>	PG	QL (1200 ML per 25 DAYs)
<i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i>	PG	QL (120 TABLETS per 25 DAYs)
DYANAVEL XR ORAL SUSPENSION EXTENDED RELEASE 2.5 MG/ML ( <i>amphetamine</i> )	NP	ST; QL (240 ML per 25 DAYs)
EVEKEO ODT ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 20 MG, 5 MG ( <i>amphetamine sulfate</i> )	NF	
EVEKEO ORAL TABLET 10 MG, 5 MG ( <i>amphetamine sulfate</i> )	NF	
FOCALIN ORAL TABLET 10 MG ( <i>dexmethylphenidate hcl</i> )	NP	QL (60 TABLETS per 25 DAYs)
FOCALIN ORAL TABLET 2.5 MG, 5 MG ( <i>dexmethylphenidate hcl</i> )	NP	QL (120 TABLETS per 25 DAYs)
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>	NP	
INTUNIV ORAL TABLET EXTENDED RELEASE 24 HOUR 1 MG, 2 MG, 3 MG, 4 MG ( <i>guanfacine hcl</i> )	NF	
JORNAY PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 20 MG, 40 MG, 60 MG, 80 MG ( <i>methylphenidate hcl</i> )	NF	
KAPVAY ORAL TABLET EXTENDED RELEASE 12 HOUR 0.1 MG ( <i>clonidine hcl</i> )	NF	
<i>methamphetamine hcl oral tablet 5 mg</i>	PG	STX; QL (150 TABLETS per 25 DAYs)
METHYLIN ORAL SOLUTION 10 MG/5ML ( <i>methylphenidate hcl</i> )	NP	QL (900 ML per 25 DAYs)
METHYLIN ORAL SOLUTION 5 MG/5ML ( <i>methylphenidate hcl</i> )	NP	QL (1800 ML per 25 DAYs)
<i>methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg</i>	PG	QL (60 CAPSULES per 25 DAYs)
<i>methylphenidate hcl er (cd) oral capsule extended release 40 mg, 50 mg, 60 mg</i>	PG	QL (30 CAPSULES per 25 DAYs)

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg</i>	PG	QL (60 CAPSULES per 25 DAYS)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 20 mg, 30 mg</i>	PG	QL (60 CAPSULES per 25 days)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 40 mg, 60 mg</i>	PG	QL (30 CAPSULES per 25 days)
<i>methylphenidate hcl er (xr) oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 30 mg</i>	PG	QL (60 CAPSULES per 25 DAYS)
<i>methylphenidate hcl er (xr) oral capsule extended release 24 hour 40 mg, 50 mg, 60 mg</i>	PG	QL (30 CAPSULES per 25 DAYS)
<i>methylphenidate hcl er oral tablet extended release 10 mg, 20 mg</i>	PG	QL (90 TABLETS per 25 DAYS)
<i>methylphenidate hcl er oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg</i>	NF	N8 (Listing does not include certain NDCs)
<i>methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 36 mg, 54 mg</i>	NF	
<i>methylphenidate hcl er oral tablet extended release 72 mg</i>	NP	QL (30 TABLETS per 25 days)
<i>methylphenidate hcl oral solution 10 mg/5ml</i>	PG	QL (900 ML per 25 days)
<i>methylphenidate hcl oral solution 5 mg/5ml</i>	PG	QL (1800 ML per 25 days)
<i>methylphenidate hcl oral tablet 10 mg, 5 mg</i>	PG	QL (180 TABLETS per 25 DAYS)
<i>methylphenidate hcl oral tablet 20 mg</i>	PG	QL (90 TABLETS per 25 DAYS)
<i>methylphenidate hcl oral tablet chewable 10 mg, 2.5 mg, 5 mg</i>	NP	QL (180 TABLETS per 25 DAYS)
MYDAYIS ORAL CAPSULE EXTENDED RELEASE 24 HOUR 12.5 MG, 25 MG ( <i>amphetamine-dextroamphetamine</i> )	PB	QL (60 CAPSULES per 25 DAYS)
MYDAYIS ORAL CAPSULE EXTENDED RELEASE 24 HOUR 37.5 MG, 50 MG ( <i>amphetamine-dextroamphetamine</i> )	PB	QL (30 CAPSULES per 25 DAYS)
<i>dextroamphetamine sulfate</i> (Procentra Oral Solution 5 Mg/5ML)	PG	ST; QL (1200 ML per 25 days)
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 150 MG, 200 MG ( <i>viloxazine hcl</i> )	NP	QL (60 CAPSULES per 25 days)
QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 20 MG, 30 MG ( <i>methylphenidate hcl</i> )	NP	ST; QL (60 TABLETS per 25 DAYS)

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 40 MG ( <i>methylphenidate hcl</i> )	NP	ST; QL (30 TABLETS per 25 DAYs)
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER 25 MG/5ML ( <i>methylphenidate hcl</i> )	NP	ST; QL (360 ML per 25 days)
RELEXXII ORAL TABLET EXTENDED RELEASE 72 MG ( <i>methylphenidate hcl</i> )	NF	
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 30 MG ( <i>methylphenidate hcl</i> )	NP	QL (60 CAPSULES per 25 DAYs)
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 40 MG ( <i>methylphenidate hcl</i> )	NP	QL (30 CAPSULES per 25 DAYs)
RITALIN ORAL TABLET 10 MG, 5 MG ( <i>methylphenidate hcl</i> )	NP	QL (180 TABLETS per 25 DAYs)
RITALIN ORAL TABLET 20 MG ( <i>methylphenidate hcl</i> )	NP	QL (90 TABLETS per 25 DAYs)
STRATTERA ORAL CAPSULE 10 MG, 18 MG, 25 MG ( <i>atomoxetine hcl</i> )	NP	QL (120 CAPSULES per 25 DAYs)
STRATTERA ORAL CAPSULE 100 MG, 60 MG, 80 MG ( <i>atomoxetine hcl</i> )	NP	QL (30 CAPSULES per 25 DAYs)
STRATTERA ORAL CAPSULE 40 MG ( <i>atomoxetine hcl</i> )	NP	QL (60 CAPSULES per 25 DAYs)
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG ( <i>lisdexamfetamine dimesylate</i> )	PB	QL (60 CAPSULES per 25 DAYs)
VYVANSE ORAL CAPSULE 40 MG, 50 MG, 60 MG, 70 MG ( <i>lisdexamfetamine dimesylate</i> )	PB	QL (30 CAPSULES per 25 DAYs)
VYVANSE ORAL TABLET CHEWABLE 10 MG, 20 MG, 30 MG ( <i>lisdexamfetamine dimesylate</i> )	PB	QL (60 TABLETS per 25 DAYs)
VYVANSE ORAL TABLET CHEWABLE 40 MG, 50 MG, 60 MG ( <i>lisdexamfetamine dimesylate</i> )	PB	QL (30 TABLETS per 25 DAYs)
<i>dextroamphetamine sulfate</i> (Zenzedi Oral Tablet 15 Mg, 20 Mg)	PG	QL (60 tablets per 25 days)
ZENZEDI ORAL TABLET 2.5 MG, 7.5 MG ( <i>dextroamphetamine sulfate</i> )	PG	QL (120 tablets per 25 days)
<i>dextroamphetamine sulfate</i> (Zenzedi Oral Tablet 30 Mg)	PG	QL (30 tablets per 25 days)
<b>HYPNOTICS - DRUGS TO TREAT INSOMNIA</b>		
AMBIEN CR ORAL TABLET EXTENDED RELEASE 12.5 MG, 6.25 MG ( <i>zolpidem tartrate</i> )	NP	ST; QL (15 TABLETS per 25 days)

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AMBIEN ORAL TABLET 10 MG, 5 MG ( <i>zolpidem tartrate</i> )	NP	ST; QL (15 TABLETS per 25 days)
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG ( <i>suvorexant</i> )	NF	
DAYVIGO ORAL TABLET 10 MG, 5 MG ( <i>lemborexant</i> )	NF	
DORAL ORAL TABLET 15 MG ( <i>quazepam</i> )	NP	STX; QL (15 TABLETS per 25 DAYs)
<i>doxepin hcl oral tablet 3 mg, 6 mg</i>	PG	QLR (QL applies to members age 65 and older); QL (30 TABLETS per 25 days)
EDLUAR SUBLINGUAL TABLET SUBLINGUAL 10 MG, 5 MG ( <i>zolpidem tartrate</i> )	NF	
<i>estazolam oral tablet 1 mg, 2 mg</i>	PG	QL (15 TABLETS per 25 DAYs)
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	PG	QL (15 TABLETS per 25 DAYs)
<i>flurazepam hcl oral capsule 15 mg, 30 mg</i>	PG	STX; QL (15 CAPSULES per 25 DAYs)
HALCION ORAL TABLET 0.25 MG ( <i>triazolam</i> )	NP	QL (10 TABLETS per 25 DAYs)
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML ( <i>tasimelteon</i> )	NPSP	PA; QL (5 ML per 1 day)
HETLIOZ ORAL CAPSULE 20 MG ( <i>tasimelteon</i> )	NPSP	PA; QL (30 CAPSULES per 30 days)
LUNESTA ORAL TABLET 1 MG, 2 MG, 3 MG ( <i>eszopiclone</i> )	NF	
<i>midazolam hcl oral syrup 2 mg/ml</i>	NP	
<i>quazepam oral tablet 15 mg</i>	NF	
<i>ramelteon oral tablet 8 mg</i>	PG	QL (15 TABLETS per 25 DAYs)
RESTORIL ORAL CAPSULE 15 MG, 22.5 MG, 30 MG, 7.5 MG ( <i>temazepam</i> )	NP	QL (15 CAPSULES per 25 DAYs)
ROZEREM ORAL TABLET 8 MG ( <i>ramelteon</i> )	NF	
SILENOR ORAL TABLET 3 MG, 6 MG ( <i>doxepin hcl</i> )	NF	

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>temazepam oral capsule 15 mg, 30 mg</i>	PG	QL (15 CAPSULES per 25 DAYs)
<i>temazepam oral capsule 22.5 mg, 7.5 mg</i>	PG	QL (15 CAPSULES per 25 days)
<i>triazolam oral tablet 0.125 mg, 0.25 mg</i>	PG	QL (10 TABLETS per 25 DAYs)
<i>zaleplon oral capsule 10 mg, 5 mg</i>	PG	QL (15 CAPSULES per 25 DAYs)
<i>zolpidem tartrate er oral tablet extended release 12.5 mg</i>	NP	ST; QL (15 TABLETS per 25 DAYs)
<i>zolpidem tartrate er oral tablet extended release 6.25 mg</i>	NP	ST; QL (15 TABLETS per 25 days)
<i>zolpidem tartrate oral tablet 10 mg, 5 mg</i>	PG	QL (15 TABLETS per 25 DAYs)
<i>zolpidem tartrate sublingual tablet sublingual 1.75 mg, 3.5 mg</i>	NF	
ZOLPIMIST ORAL SOLUTION 5 MG/ACT ( <i>zolpidem tartrate</i> )	NF	
<b>MIGRAINE - DRUGS TO TREAT SEVERE HEADACHES</b>		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML ( <i>erenumab-aooe</i> )	PB	ST; QL (1 ML per 25 days)
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 70 MG/ML ( <i>erenumab-aooe</i> )	PB	ST; QL (2 ML per 25 days)
AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 225 MG/1.5ML ( <i>fremanezumab-vfrm</i> )	PB	ST; QL (3 ML per 75 DAYs)
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 225 MG/1.5ML ( <i>fremanezumab-vfrm</i> )	PB	ST; QL (3 ML per 75 days)
<i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i>	NP	QL (12 TABLETS per 25 days)
AMERGE ORAL TABLET 1 MG, 2.5 MG ( <i>naratriptan hcl</i> )	NP	ST; QL (12 TABLETS per 25 DAYs)
CAFERGOT ORAL TABLET 1-100 MG ( <i>ergotamine-caffeine</i> )	NF	
<i>dihydroergotamine mesylate injection solution 1 mg/ml</i>	NP	
<i>dihydroergotamine mesylate nasal solution 4 mg/ml</i>	NF	
<i>eletriptan hydrobromide oral tablet 20 mg, 40 mg</i>	NP	QL (12 TABLETS per 25 DAYs)

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML ( <i>galcanezumab-gnlm</i> )	PB	ST; QL (3 ML per 25 days)
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML ( <i>galcanezumab-gnlm</i> )	PB	ST; QL (2 syringes first month, then 1 syringe per 25 days)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML ( <i>galcanezumab-gnlm</i> )	PB	ST; QL (2 syringes first month, then 1 syringe per 25 days)
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	NF	
FROVA ORAL TABLET 2.5 MG ( <i>frovatriptan succinate</i> )	NP	ST; QL (18 TABLETS per 25 DAYs)
<i>frovatriptan succinate oral tablet 2.5 mg</i>	NP	QL (18 TABLETS per 25 DAYs)
IMITREX NASAL SOLUTION 20 MG/ACT ( <i>sumatriptan</i> )	NP	ST; QL (12 SPRAYS per 25 DAYs)
IMITREX NASAL SOLUTION 5 MG/ACT ( <i>sumatriptan</i> )	NP	ST; QL (24 SPRAYS per 25 DAYs)
IMITREX ORAL TABLET 100 MG, 25 MG, 50 MG ( <i>sumatriptan succinate</i> )	NP	ST; QL (12 TABLETS per 25 DAYs)
IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE 4 MG/0.5ML ( <i>sumatriptan succinate</i> )	NP	ST; QL (18 SYRINGES per 25 DAYs)
IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE 6 MG/0.5ML ( <i>sumatriptan succinate</i> )	NP	ST; QL (12 CARTRIDGES per 25 days)
IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO-INJECTOR 4 MG/0.5ML ( <i>sumatriptan succinate</i> )	NP	ST; QL (18 SYRINGES per 25 DAYs)
IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6 MG/0.5ML ( <i>sumatriptan succinate</i> )	NP	ST; QL (12 INJECTIONS per 25 days)
IMITREX SUBCUTANEOUS SOLUTION 6 MG/0.5ML ( <i>sumatriptan succinate</i> )	NP	ST; QL (12 VIALS per 25 DAYs)
MAXALT ORAL TABLET 10 MG ( <i>rizatriptan benzoate</i> )	NF	
MAXALT-MLT ORAL TABLET DISPERSIBLE 10 MG ( <i>rizatriptan benzoate</i> )	NF	

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021

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>	PG	QL (12 TABLETS per 25 DAYS)
NURTEC ORAL TABLET DISPERSIBLE 75 MG ( <i>rimegepant sulfate</i> )	PB	ST; QL (16 TABLETS per 25 days)
ONZETRA XSAIL NASAL EXHALER POWDER 11 MG/NOSEPC ( <i>sumatriptan succinate</i> )	NP	ST; QL (8 POUCHES per 25 days)
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG ( <i>atogepant</i> )	NF	
RELPAX ORAL TABLET 20 MG, 40 MG ( <i>eletriptan hydrobromide</i> )	NP	ST; QL (12 TABLETS per 25 DAYS)
REYVOW ORAL TABLET 100 MG ( <i>lasmiditan succinate</i> )	PB	ST; QL (8 TABLETS per 25 days)
REYVOW ORAL TABLET 50 MG ( <i>lasmiditan succinate</i> )	PB	ST; QL (4 TABLETS per 25 days)
<i>rizatriptan benzoate oral tablet 10 mg, 5 mg</i>	PG	QL (18 TABLETS per 25 DAYS)
<i>rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg</i>	PG	QL (18 TABLETS per 25 DAYS)
<i>sumatriptan nasal solution 20 mg/lact</i>	PG	QL (12 SPRAYS per 25 DAYS)
<i>sumatriptan nasal solution 5 mg/lact</i>	PG	QL (24 SPRAYS per 25 DAYS)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	PG	QL (12 TABLETS per 25 DAYS)
<i>sumatriptan succinate refill subcutaneous solution cartridge 4 mg/0.5ml</i>	PG	QL (18 SYRINGES per 25 days)
<i>sumatriptan succinate refill subcutaneous solution cartridge 6 mg/0.5ml</i>	PG	QL (12 CARTRIDGES per 25 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	PG	QL (12 ML per 25 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml</i>	PG	QL (18 ML per 25 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 6 mg/0.5ml</i>	PG	QL (12 ML per 25 days)

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>sumatriptan-naproxen sodium oral tablet 85-500 mg</i>	NF	
TOSYMRA NASAL SOLUTION 10 MG/ACT ( <i>sumatriptan</i> )	NF	
TREXIMET ORAL TABLET 85-500 MG ( <i>sumatriptan-naproxen sodium</i> )	NF	
TRUDHESA NASAL AEROSOL SOLUTION 0.725 MG/ACT ( <i>dihydroergotamine mesylate hfa</i> )	NF	
UBRELVY ORAL TABLET 100 MG, 50 MG ( <i>ubrogepant</i> )	PB	ST; QL (16 TABLETS per 25 days)
ZEMBRACE SYMTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 3 MG/0.5ML ( <i>sumatriptan succinate</i> )	NP	ST; QL (24 INJECTORS per 25 DAYS)
<i>zolmitriptan nasal solution 2.5 mg, 5 mg</i>	PG	QL (12 SPRAYS per 25 DAYS)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	PG	QL (12 TABLETS per 25 days)
<i>zolmitriptan oral tablet dispersible 2.5 mg, 5 mg</i>	PG	QL (12 TABLETS per 25 days)
ZOMIG NASAL SOLUTION 2.5 MG, 5 MG ( <i>zolmitriptan</i> )	PB	ST; QL (12 SOLUTION per 25 days)
ZOMIG ORAL TABLET 2.5 MG, 5 MG ( <i>zolmitriptan</i> )	NP	ST; QL (12 TABLETS per 25 DAYS)
<b>MISCELLANEOUS</b>		
ADIPEX-P ORAL CAPSULE 37.5 MG ( <i>phentermine hcl</i> )	NP	PA; SPC
ADIPEX-P ORAL TABLET 37.5 MG ( <i>phentermine hcl</i> )	NP	PA; SPC
AUSTEDO ORAL TABLET 12 MG, 9 MG ( <i>deutetrabenazine</i> )	PSP	PA; QL (120 TABLETS per 30 days)
AUSTEDO ORAL TABLET 6 MG ( <i>deutetrabenazine</i> )	PSP	PA; QL (60 TABLETS per 30 days)
<i>benzphetamine hcl oral tablet 25 mg, 50 mg</i>	PG	PA; SPC
<i>buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	PG	
<i>diethylpropion hcl er oral tablet extended release 24 hour 75 mg</i>	PG	PA; SPC
<i>diethylpropion hcl oral tablet 25 mg</i>	PG	PA; SPC
EVRYSDI ORAL SOLUTION RECONSTITUTED 0.75 MG/ML ( <i>risdiplam</i> )	NPSP	PA; QL (2 BOTTLES per 24 days)
EXSERVAN ORAL FILM 50 MG ( <i>riluzole</i> )	NF	

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FIRDAPSE ORAL TABLET 10 MG ( <i>amifampridine phosphate</i> )	NPSP	PA; QL (240 TABLETS per 30 DAYs)
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG ( <i>valbenazine tosylate</i> )	PSP	PA; QL (30 CAPSULES per 30 days)
INGREZZA ORAL CAPSULE THERAPY PACK 40 & 80 MG ( <i>valbenazine tosylate</i> )	PSP	PA; QL (1 CAPSULE THERAPY PACK per 28 days)
<i>lithium carbonate er oral tablet extended release 300 mg, 450 mg</i>	PG	
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	PG	
<i>lithium carbonate oral tablet 300 mg</i>	PG	
LOMAIRA ORAL TABLET 8 MG ( <i>phentermine hcl</i> )	NF	
MESTINON ORAL SOLUTION 60 MG/5ML ( <i>pyridostigmine bromide</i> )	NF	
MESTINON ORAL TABLET 60 MG ( <i>pyridostigmine bromide</i> )	NF	
<i>phendimetrazine tartrate er oral capsule extended release 24 hour 105 mg</i>	NF	
<i>phendimetrazine tartrate oral tablet 35 mg</i>	PG	PA; SPC
<i>phentermine hcl oral capsule 15 mg, 30 mg, 37.5 mg</i>	PG	PA; SPC
<i>phentermine hcl oral tablet 37.5 mg</i>	PG	PA; SPC
<i>pimozide oral tablet 1 mg, 2 mg</i>	NP	
<i>pyridostigmine bromide er oral tablet extended release 180 mg</i>	PG	
<i>pyridostigmine bromide oral solution 60 mg/5ml</i>	PG	
<i>pyridostigmine bromide oral tablet 30 mg</i>	NF	
<i>pyridostigmine bromide oral tablet 60 mg</i>	PG	
QSYMIA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 11.25-69 MG, 15-92 MG, 3.75-23 MG, 7.5-46 MG ( <i>phentermine-topiramate</i> )	PB	
<i>riluzole oral tablet 50 mg</i>	PG	
RUZURGI ORAL TABLET 10 MG ( <i>amifampridine</i> )	NPSP	PA; QL (300 TABLETS per 30 DAYs)
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG ( <i>milnacipran hcl</i> )	NP	ST

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG ( <i>milnacipran hcl</i> )	NP	ST
<i>tetrabenazine oral tablet 12.5 mg</i>	PSP	PA; QL (240 TABLETS per 30 days)
<i>tetrabenazine oral tablet 25 mg</i>	PSP	PA; QL (120 TABLETS per 30 days)
TIGLUTIK ORAL SUSPENSION 50 MG/10ML ( <i>riluzole</i> )	NF	
XENAZINE ORAL TABLET 12.5 MG, 25 MG ( <i>tetrabenazine</i> )	NF	
<b>MULTIPLE SCLEROSIS AGENTS - DRUGS TO TREAT MULTIPLE SCLEROSIS</b>		
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HOUR 10 MG ( <i>dalfampridine</i> )	NPSP	PA; ST; QL (60 TABLETS per 30 days)
AUBAGIO ORAL TABLET 14 MG, 7 MG ( <i>teriflunomide</i> )	PSP	PA; QL (30 TABLETS per 30 days)
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML ( <i>interferon beta-1a</i> )	NF	
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML ( <i>interferon beta-1a</i> )	NF	
BAFIERTAM ORAL CAPSULE DELAYED RELEASE 95 MG ( <i>monomethyl fumarate</i> )	NF	
BETASERON SUBCUTANEOUS KIT 0.3 MG ( <i>interferon beta-1b</i> )	PSP	PA; QL (14 INJECTIONS per 28 days)
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML ( <i>glatiramer acetate</i> )	PSP	PA; QL (30 ML per 30 days)
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML ( <i>glatiramer acetate</i> )	PSP	PA; QL (12 ML per 28 days)
<i>dalfampridine er oral tablet extended release 12 hour 10 mg</i>	PSP	PA; QL (60 TABLETS per 30 days)
<i>dimethyl fumarate oral capsule delayed release 120 mg</i>	PSP	PA; QL (14 CAPSULES per 28 DAYs)
<i>dimethyl fumarate oral capsule delayed release 240 mg</i>	PSP	PA; QL (60 CAPSULES per 30 DAYs)
<i>dimethyl fumarate starter pack oral 120 &amp; 240 mg</i>	PSP	PA; QL (1 KIT per 30 DAYs)
EXTAVIA SUBCUTANEOUS KIT 0.3 MG ( <i>interferon beta-1b</i> )	NF	

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GILENYA ORAL CAPSULE 0.5 MG ( <i>fingolimod hcl</i> )	PSP	PA; QL (30 CAPSULES per 30 days)
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml</i>	PSP	PA; QL (30 ML per 30 days)
<i>glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml</i>	PSP	PA; QL (12 ML per 28 days)
<i>glatiramer acetate</i> (Glatopa Subcutaneous Solution Prefilled Syringe 20 Mg/ML)	PSP	PA; QL (30 ML per 30 days)
<i>glatiramer acetate</i> (Glatopa Subcutaneous Solution Prefilled Syringe 40 Mg/ML)	PSP	PA; QL (12 ML per 28 days)
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML ( <i>ofatumumab</i> )	PSP	PA; QL (1 PEN per 28 days)
LEMTRADA INTRAVENOUS SOLUTION 12 MG/1.2ML ( <i>alemtuzumab</i> )	NF	
MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK 10 MG ( <i>cladribine</i> )	NPSP	PA; QL (20 TABLETS per 270 days)
MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK 10 MG ( <i>cladribine</i> )	NPSP	PA; QL (20 TABLETS per 270 days)
MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK 10 MG ( <i>cladribine</i> )	NPSP	PA; QL (20 TABLETS per 270 days)
MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK 10 MG ( <i>cladribine</i> )	NPSP	PA; QL (20 TABLETS per 270 days)
MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK 10 MG ( <i>cladribine</i> )	NPSP	PA; QL (20 TABLETS per 270 days)
MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK 10 MG ( <i>cladribine</i> )	NPSP	PA; QL (20 TABLETS per 270 days)
MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK 10 MG ( <i>cladribine</i> )	NPSP	PA; QL (20 TABLETS per 270 days)
MAYZENT ORAL TABLET 0.25 MG ( <i>siponimod fumarate</i> )	PSP	PA; QL (112 TABLETS per 28 DAYs)
MAYZENT ORAL TABLET 2 MG ( <i>siponimod fumarate</i> )	PSP	PA; QL (30 TABLETS per 30 DAYs)
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG ( <i>siponimod fumarate</i> )	PSP	PA; QL (12 TABLETS per 5 Days)
PLEGRIDY INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML ( <i>peginterferon beta-1a</i> )	NF	

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PEN-INJECTOR 63 & 94 MCG/0.5ML ( <i>peginterferon beta-1a</i> )	NF	
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 63 & 94 MCG/0.5ML ( <i>peginterferon beta-1a</i> )	NF	
PLEGRIDY SUBCUTANEOUS SOLUTION PEN-INJECTOR 125 MCG/0.5ML ( <i>peginterferon beta-1a</i> )	NF	
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML ( <i>peginterferon beta-1a</i> )	NF	
PONVORY ORAL TABLET 20 MG ( <i>ponesimod</i> )	NF	
PONVORY STARTER PACK ORAL TABLET THERAPY PACK 2-3-4-5-6-7-8-9 & 10 MG ( <i>ponesimod</i> )	NF	
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML, 44 MCG/0.5ML ( <i>interferon beta-1a</i> )	PSP	PA; QL (12 SYRINGES per 28 DAYS)
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG ( <i>interferon beta-1a</i> )	PSP	PA; QL (1 ML per 28 days)
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML, 44 MCG/0.5ML ( <i>interferon beta-1a</i> )	PSP	PA; QL (12 SYRINGES per 28 DAYS)
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG ( <i>interferon beta-1a</i> )	PSP	PA; QL (1 ML per 28 days)
TECFIDERA ORAL 120 & 240 MG ( <i>dimethyl fumarate</i> )	NF	
TECFIDERA ORAL CAPSULE DELAYED RELEASE 120 MG, 240 MG ( <i>dimethyl fumarate</i> )	NF	
TYSABRI INTRAVENOUS CONCENTRATE 300 MG/15ML ( <i>natalizumab</i> )	PSP	PA; QL (1 ML per 28 days)
VUMERITY ORAL CAPSULE DELAYED RELEASE 231 MG ( <i>diroximel fumarate</i> )	PSP	PA; QL (120 CAPSULES per 30 days)
ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK 4 X 0.23MG & 3 X 0.46MG ( <i>ozanimod hcl</i> )	PSP	PA; QL (1 PACK per 7 days)
ZEPOSIA ORAL CAPSULE 0.92 MG ( <i>ozanimod hcl</i> )	PSP	PA; QL (30 CAPSULES per 30 days)

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG & 0.92MG ( <i>ozanimod hcl</i> )	PSP	PA; QL (1 KIT per 30 days)
<b>MUSCULOSKELETAL THERAPY AGENTS - DRUGS TO TREAT MUSCLE SPASMS</b>		
AMRIX ORAL CAPSULE EXTENDED RELEASE 24 HOUR 15 MG, 30 MG ( <i>cyclobenzaprine hcl</i> )	NF	
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	PG	
BOTOX INJECTION SOLUTION RECONSTITUTED 100 UNIT, 200 UNIT ( <i>onabotulinumtoxinA</i> )	NPSP	PA
<i>carisoprodol oral tablet 250 mg</i>	NF	
<i>carisoprodol oral tablet 350 mg</i>	PG	QL (84 TABLETS per 28 DAYS)
<i>carisoprodol-aspirin-codeine oral tablet 200-325-16 mg</i>	NP	QL (168 TABLETS per 25 days)
<i>chlorzoxazone oral tablet 250 mg, 375 mg, 750 mg</i>	NF	
<i>chlorzoxazone oral tablet 500 mg</i>	PG	
<i>cyclobenzaprine hcl er oral capsule extended release 24 hour 15 mg, 30 mg</i>	NF	
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	PG	
<i>cyclobenzaprine hcl oral tablet 7.5 mg</i>	NF	
<i>dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg</i>	PG	
DYSPORT INTRAMUSCULAR SOLUTION RECONSTITUTED 300 UNIT, 500 UNIT ( <i>abobotulinumtoxinA</i> )	NPSP	PA
<i>metaxalone oral tablet 400 mg</i>	NF	
<i>metaxalone oral tablet 800 mg</i>	NP	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	PG	
<i>norgesic forte oral tablet 50-770-60 mg</i>	NF	
<i>orphenadrine-asa-caffeine oral tablet 50-770-60 mg</i>	NF	
OZOBAX ORAL SOLUTION 5 MG/5ML ( <i>baclofen</i> )	NF	
SOMA ORAL TABLET 250 MG, 350 MG ( <i>carisoprodol</i> )	NP	QL (84 TABLETS per 28 DAYS)
<i>tizanidine hcl oral capsule 2 mg, 4 mg, 6 mg</i>	NP	
<i>tizanidine hcl oral tablet 2 mg, 4 mg</i>	PG	

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021

100

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT, 200 UNIT, 50 UNIT ( <i>incobotulinumtoxina</i> )	NPSP	PA
<b>NARCOLEPSY/CATAPLEXY - DRUGS FOR SLEEP DISORDERS</b>		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>	PG	PA; QL (30 TABLETS per 25 days)
<i>armodafinil oral tablet 50 mg</i>	PG	PA; QL (60 TABLETS per 25 days)
<i>modafinil oral tablet 100 mg, 200 mg</i>	PG	PA; QL (60 TABLETS per 25 days)
NUVIGIL ORAL TABLET 150 MG, 200 MG, 250 MG, 50 MG ( <i>armodafinil</i> )	NF	
PROVIGIL ORAL TABLET 100 MG, 200 MG ( <i>modafinil</i> )	NF	
SUNOSI ORAL TABLET 150 MG, 75 MG ( <i>solriamfetol hcl</i> )	PB	PA; QL (30 TABLETS per 25 DAYS)
WAKIX ORAL TABLET 17.8 MG, 4.45 MG ( <i>pitolisant hcl</i> )	NF	
XYREM ORAL SOLUTION 500 MG/ML ( <i>sodium oxybate</i> )	NPSP	PA; QL (540 ML per 25 days)
XYWAV ORAL SOLUTION 500 MG/ML ( <i>ca, mg, k, and na oxybates</i> )	NF	
<b>POLYNEUROPATHY</b>		
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML ( <i>inotersen sodium</i> )	PSP	PA; QL (4 syringes per 28 days)
<b>POSTHERPETIC NEURALGIA (PHN)</b>		
GRALISE ORAL TABLET 300 MG ( <i>gabapentin (once-daily)</i> )	PB	ST; QL (150 TABLETS per 25 days)
GRALISE ORAL TABLET 600 MG ( <i>gabapentin (once-daily)</i> )	PB	ST; QL (90 TABLETS per 25 days)
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG, 600 MG ( <i>gabapentin enacarbil</i> )	NF	
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR 165 MG, 330 MG, 82.5 MG ( <i>pregabalin</i> )	NF	
<i>pregabalin er oral tablet extended release 24 hour 165 mg, 330 mg, 82.5 mg</i>	NF	

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>PSYCHOTHERAPEUTIC-MISC</b>		
<i>acamprosate calcium oral tablet delayed release 333 mg</i>	NP	
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i>	CE	N7 (PG); QL (2 TREATMENT per 365 days)
<i>chlordiazepoxide-amitriptyline oral tablet 10-25 mg</i>	NP	QLR (QL applies to members age 65 and older); QL (60 TABLETS per 25 DAYS); AL (Min 65 Years)
<i>chlordiazepoxide-amitriptyline oral tablet 5-12.5 mg</i>	NP	QLR (QL applies to members age 65 and older); QL (120 TABLETS per 25 DAYS); AL (Min 65 Years)
<i>cvs nicotine polacrilex mouth/throat gum 2 mg</i>	CE	N7 (Not Covered); QL (2 TREATMENT per 365 DAYS)
<i>cvs nicotine polacrilex mouth/throat gum 4 mg</i>	CE	N7 (Not Covered); QL (2 treatment cycles per 1 year)
<i>cvs nicotine polacrilex mouth/throat lozenge 2 mg</i>	CE	N7 (Not Covered); QL (2 TREATMENT CYCLES per 1 YEAR)
<i>cvs nicotine polacrilex mouth/throat lozenge 4 mg</i>	CE	N7 (Not Covered); QL (2 treatment cycles per 1 year)
<i>cvs nicotine transdermal patch 24 hour 14 mg/24hr</i>	CE	N7 (Not Covered); QL (2 treatment cycles per 1 year)
<i>cvs nicotine transdermal patch 24 hour 21 mg/24hr, 7 mg/24hr</i>	CE	N7 (Not Covered); QL (2 TREATMENT CYCLES per 1 YEAR)
<i>disulfiram oral tablet 250 mg, 500 mg</i>	PG	
<b>KLOXXADO NASAL LIQUID 8 MG/0.1ML (naloxone hcl)</b>	NF	
<b>LUCEMYRA ORAL TABLET 0.18 MG (lofexidine hcl)</b>	NF	
<b>LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG (olanzapine-samidorphan)</b>	NF	
<i>naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml</i>	PG	
<i>naloxone hcl injection solution cartridge 0.4 mg/ml</i>	PG	
<i>naloxone hcl injection solution prefilled syringe 2 mg/2ml</i>	PG	
<i>naltrexone hcl oral tablet 50 mg</i>	CE	N7 (PG)

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021

102

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NARCAN NASAL LIQUID 4 MG/0.1ML ( <i>naloxone hcl</i> )	PB	QL (4 SPRAYS per 180 DAYS)
NICOTROL INHALATION INHALER 10 MG ( <i>nicotine</i> )	CE	N7 (NP); QL (168 DAYS OF TREATMENT per 365 days)
NICOTROL NS NASAL SOLUTION 10 MG/ML ( <i>nicotine</i> )	CE	N7 (NP); QL (168 DAYS OF TREATMENT per 365 days)
<i>olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i>	NP	STX
<i>perphenazine-amitriptyline oral tablet 2-10 mg</i>	PG	QLR (QL applies to members age 65 and older); QL (150 TABLETS per 25 DAYS); AL (Min 65 Years)
<i>perphenazine-amitriptyline oral tablet 2-25 mg, 4-25 mg</i>	PG	QLR (QL applies to members age 65 and older); QL (60 TABLETS per 25 DAYS); AL (Min 65 Years)
<i>perphenazine-amitriptyline oral tablet 4-10 mg</i>	PG	QLR (QL applies to members age 65 and older); QL (120 TABLETS per 25 DAYS); AL (Min 65 Years)
<i>perphenazine-amitriptyline oral tablet 4-50 mg</i>	PG	QLR (QL applies to members age 65 and older); QL (30 TABLETS per 25 DAYS); AL (Min 65 Years)
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i>	CE	N7 (NP); N8 (\$0 limited to 2 treatment cycles/year); QL (2 TREATMENT CYCLES per 365 DAYS)
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG ( <i>naltrexone</i> )	NPSP	QL (380 MG per 28 days)
VYLEESI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1.75 MG/0.3ML ( <i>bremelanotide acetate</i> )	NF	

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>ENDOCRINE AND METABOLIC - DRUGS TO TREAT DIABETES AND REGULATE HORMONES</b>		
<b>ANDROGENS - DRUGS TO REGULATE MALE HORMONES</b>		
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24HR, 4 MG/24HR ( <i>testosterone</i> )	PB	PA
ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%) ( <i>testosterone</i> )	NF	
ANDROGEL TRANSDERMAL GEL 20.25 MG/1.25GM (1.62%), 25 MG/2.5GM (1%), 40.5 MG/2.5GM (1.62%), 50 MG/5GM (1%) ( <i>testosterone</i> )	NF	
AVEED INTRAMUSCULAR SOLUTION 750 MG/3ML ( <i>testosterone undecanoate</i> )	NPSP	PA
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML, 200 MG/ML ( <i>testosterone cypionate</i> )	NP	PA
FORTESTA TRANSDERMAL GEL 10 MG/ACT (2%) ( <i>testosterone</i> )	NF	
INTRAROSA VAGINAL INSERT 6.5 MG ( <i>prasterone</i> )	NF	
JATENZO ORAL CAPSULE 158 MG, 198 MG, 237 MG ( <i>testosterone undecanoate</i> )	NF	
<i>methitest oral tablet 10 mg</i>	NP	PA; STX
<i>methyltestosterone oral capsule 10 mg</i>	PG	PA; STX
NATESTO NASAL GEL 5.5 MG/ACT ( <i>testosterone</i> )	PB	PA
<i>oxandrolone oral tablet 10 mg, 2.5 mg</i>	NP	PA
TESTIM TRANSDERMAL GEL 50 MG/5GM (1%) ( <i>testosterone</i> )	NF	
<i>testosterone cypionate injection solution 200 mg/ml</i>	NF	
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i>	PG	PA
<i>testosterone enanthate intramuscular solution 200 mg/ml</i>	PG	PA
<i>testosterone gel 12.5 mg/lact (1%) transdermal 12.5 mg/lact (1%)</i>	NF	
<i>testosterone gel 12.5 mg/lact (1%) transdermal 12.5 mg/lact (1%)</i>	PG	PA

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021

104

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>testosterone transdermal gel 10 mg/lact (2%), 20.25 mg/1.25gm (1.62%), 20.25 mg/lact (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)</i>	PG	PA
<i>testosterone transdermal solution 30 mg/lact</i>	NP	PA
VOGELXO PUMP TRANSDERMAL GEL 12.5 MG/ACT (1%) ( <i>testosterone</i> )	NF	
VOGELXO TRANSDERMAL GEL 50 MG/5GM (1%) ( <i>testosterone</i> )	NF	
XYOSTED SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/0.5ML, 50 MG/0.5ML, 75 MG/0.5ML ( <i>testosterone enanthate</i> )	NP	PA
<b>ANTIDIABETICS, ALPHA-GLUCOSIDASE INHIBITORS</b>		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	PG	
<i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>	PG	
<b>ANTIDIABETICS, AMYLIN ANALOGS</b>		
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML ( <i>pramlintide acetate</i> )	PB	ST
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML ( <i>pramlintide acetate</i> )	PB	ST
<b>ANTIDIABETICS, BIGUANIDE</b>		
GLUMETZA ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG, 500 MG ( <i>metformin hcl</i> )	NF	
<i>metformin hcl er (mod) oral tablet extended release 24 hour 1000 mg, 500 mg</i>	NF	
<i>metformin hcl er (osm) oral tablet extended release 24 hour 1000 mg, 500 mg</i>	NF	
<i>metformin hcl er oral tablet extended release 24 hour 500 mg</i>	PG	LGC
<i>metformin hcl er oral tablet extended release 24 hour 750 mg</i>	PG	
<i>metformin hcl oral solution 500 mg/5ml</i>	NP	
<i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg</i>	PG	LGC
RIOMET ORAL SOLUTION 500 MG/5ML ( <i>metformin hcl</i> )	NF	
<b>ANTIDIABETICS, BIGUANIDE/ SULFONYLUREA COMBINATIONS</b>		
<i>glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	PG	LGC

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 INHIBITORS</b>		
<i>alogliptin benzoate oral tablet 12.5 mg, 25 mg, 6.25 mg</i>	NF	
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG ( <i>sitagliptin phosphate</i> )	PB	ST
NESINA ORAL TABLET 12.5 MG, 25 MG, 6.25 MG ( <i>alogliptin benzoate</i> )	NF	
ONGLYZA ORAL TABLET 2.5 MG, 5 MG ( <i>saxagliptin hcl</i> )	NF	
TRADJENTA ORAL TABLET 5 MG ( <i>linagliptin</i> )	NF	
<b>ANTIDIABETICS, DOPAMINE RECEPTOR AGONISTS</b>		
CYCLOSET ORAL TABLET 0.8 MG ( <i>bromocriptine mesylate</i> )	NF	
<b>ANTIDIABETICS, DPP-4 INHIBITOR COMBINATIONS</b>		
<i>alogliptin-metformin hcl oral tablet 12.5-1000 mg, 12.5-500 mg</i>	NF	
<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>	NF	
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG ( <i>sitagliptin-metformin hcl</i> )	PB	ST
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-1000 MG, 50-500 MG ( <i>sitagliptin-metformin hcl</i> )	PB	ST
JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG ( <i>linagliptin-metformin hcl</i> )	NF	
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG ( <i>linagliptin- metformin hcl</i> )	NF	
KAZANO ORAL TABLET 12.5-1000 MG, 12.5-500 MG ( <i>alogliptin-metformin hcl</i> )	NF	
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG, 5-500 MG ( <i>saxagliptin-metformin</i> )	NF	
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	
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 12.5-2.5-1000 MG, 25-5-1000 MG, 5-2.5-1000 MG ( <i>empagliflozin-linagliptin-metformin</i> )	PB	ST

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021

106

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>ANTIDIABETICS, INCRETIN MIMETIC AGENTS</b>		
ADLYXIN STARTER PACK SUBCUTANEOUS PEN-INJECTOR KIT 10 & 20 MCG/0.2ML ( <i>lixisenatide</i> )	NF	
ADLYXIN SUBCUTANEOUS SOLUTION PEN-INJECTOR 20 MCG/0.2ML ( <i>lixisenatide</i> )	NF	
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85ML ( <i>exenatide</i> )	NF	
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MCG/0.04ML ( <i>exenatide</i> )	NF	
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MCG/0.02ML ( <i>exenatide</i> )	NF	
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML ( <i>semaglutide</i> )	PB	PA; QL (2 PENS per 28 days)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML ( <i>semaglutide</i> )	PB	PA; QL (2 PENS per 28 days)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML ( <i>semaglutide</i> )	PB	PA; QL (1 PEN per 28 DAYs)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG ( <i>semaglutide</i> )	PB	PA
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML ( <i>dulaglutide</i> )	PB	PA; QL (4 PENS per 21 DAYs)
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML ( <i>liraglutide</i> )	PB	PA; QL (3 PENS per 25 DAYs)
<b>ANTIDIABETICS, INCRETIN MIMETIC COMBINATION AGENTS</b>		
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML ( <i>insulin glargine-lixisenatide</i> )	PB	ST
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML ( <i>insulin degludec-liraglutide</i> )	PB	ST
<b>ANTIDIABETICS, INSULIN</b>		
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	

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AFREZZA INHALATION POWDER 12 UNIT, 4 & 8 & 12 UNIT, 4 UNIT, 8 UNIT, 90 X 4 UNIT & 90X8 UNIT, 90 X 8 UNIT & 90X12 UNIT ( <i>insulin regular human</i> )	NF	
APIDRA INJECTION SOLUTION 100 UNIT/ML ( <i>insulin glulisine</i> )	NF	
APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML ( <i>insulin glulisine</i> )	NF	
BASAGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML ( <i>insulin glargine</i> )	PB	
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML ( <i>insulin aspart (w/niacinamide)</i> )	PB	
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML ( <i>insulin aspart (w/niacinamide)</i> )	PB	
FIASP SUBCUTANEOUS SOLUTION 100 UNIT/ML ( <i>insulin aspart (w/niacinamide)</i> )	PB	
HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML ( <i>insulin lispro</i> )	NF	
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML ( <i>insulin lispro</i> )	NF	
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (50-50) 100 UNIT/ML ( <i>insulin lispro prot &amp; lispro</i> )	NF	
HUMALOG MIX 50/50 SUBCUTANEOUS SUSPENSION (50-50) 100 UNIT/ML ( <i>insulin lispro prot &amp; lispro</i> )	NF	
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML ( <i>insulin lispro prot &amp; lispro</i> )	NF	
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION (75-25) 100 UNIT/ML ( <i>insulin lispro prot &amp; lispro</i> )	NF	
HUMALOG SUBCUTANEOUS SOLUTION 100 UNIT/ML ( <i>insulin lispro</i> )	NF	
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML ( <i>insulin lispro</i> )	NF	
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML ( <i>insulin nph isophane &amp; regular</i> )	NF	

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021

108

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

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LEVEMIR FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML ( <i>insulin detemir</i> )	PB	
LEVEMIR SUBCUTANEOUS SOLUTION 100 UNIT/ML ( <i>insulin detemir</i> )	PB	
LYUMJEV INJECTION SOLUTION 100 UNIT/ML ( <i>insulin lispro-aabc</i> )	NF	
LYUMJEV KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML ( <i>insulin lispro-aabc</i> )	NF	
MYXREDLIN INTRAVENOUS SOLUTION 100-0.9 UT/100ML-% ( <i>insulin regular (human) in nacl</i> )	NF	
NOVOLIN 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML ( <i>insulin nph isophane &amp; regular</i> )	NF	
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML ( <i>insulin nph isophane &amp; regular</i> )	PB	
NOVOLIN 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML ( <i>insulin nph isophane &amp; regular</i> )	NF	
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML ( <i>insulin nph isophane &amp; regular</i> )	PB	
NOVOLIN N FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML ( <i>insulin nph human (isophane)</i> )	NF	
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML ( <i>insulin nph human (isophane)</i> )	PB	
NOVOLIN N RELION SUBCUTANEOUS SUSPENSION 100 UNIT/ML ( <i>insulin nph human (isophane)</i> )	NF	
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML ( <i>insulin nph human (isophane)</i> )	PB	
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML ( <i>insulin regular human</i> )	PB	
NOVOLIN R FLEXPEN RELION INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML ( <i>insulin regular human</i> )	NF	

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021

110

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML ( <i>insulin regular human</i> )	PB	
NOVOLIN R RELION INJECTION SOLUTION 100 UNIT/ML ( <i>insulin regular human</i> )	NF	
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML ( <i>insulin aspart</i> )	PB	
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML ( <i>insulin aspart prot &amp; aspart</i> )	PB	
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML ( <i>insulin aspart prot &amp; aspart</i> )	PB	
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML ( <i>insulin aspart</i> )	PB	
NOVOLOG SUBCUTANEOUS SOLUTION 100 UNIT/ML ( <i>insulin aspart</i> )	PB	
SEMGLEE (YFGN) SUBCUTANEOUS SOLUTION 100 UNIT/ML ( <i>insulin glargine-yfgn</i> )	NF	
SEMGLEE (YFGN) SUBCUTANEOUS SOLUTION PEN- INJECTOR 100 UNIT/ML ( <i>insulin glargine-yfgn</i> )	NF	
SEMGLEE SUBCUTANEOUS SOLUTION 100 UNIT/ML ( <i>insulin glargine</i> )	NF	
SEMGLEE SUBCUTANEOUS SOLUTION PEN- INJECTOR 100 UNIT/ML ( <i>insulin glargine</i> )	NF	
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML ( <i>insulin glargine</i> )	PB	
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML ( <i>insulin glargine</i> )	PB	
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML ( <i>insulin degludec</i> )	PB	
TRESIBA SUBCUTANEOUS SOLUTION 100 UNIT/ML ( <i>insulin degludec</i> )	PB	
<b>ANTIDIABETICS, INSULIN SENSITIZER</b>		
ACTOS ORAL TABLET 15 MG, 30 MG, 45 MG ( <i>pioglitazone hcl</i> )	NF	
<i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i>	PG	LGC

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>ANTIDIABETICS, INSULIN SENSITIZER/BIGUANIDE COMBINATION</b>		
<i>pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg</i>	PG	LGC
<b>ANTIDIABETICS, INSULIN SENSITIZER/SULFONYLUREA COMBINATION</b>		
<i>pioglitazone hcl-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	PG	
<b>ANTIDIABETICS, MEGLITINIDE</b>		
<i>nateglinide oral tablet 120 mg, 60 mg</i>	PG	LGC
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	NP	LGC
<b>ANTIDIABETICS, SODIUM-GLUC CO-TRANSPOR2 (SGLT2) INHIB</b>		
QTERN ORAL TABLET 10-5 MG, 5-5 MG ( <i>dapagliflozin-saxagliptin</i> )	NF	
STEGLUJAN ORAL TABLET 15-100 MG, 5-100 MG ( <i>ertugliflozin-sitagliptin</i> )	NF	
<b>ANTIDIABETICS, SODIUM-GLUC CO-TRANSPOR2 INHIB</b>		
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG ( <i>empagliflozin-metformin hcl</i> )	PB	ST
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 25-1000 MG, 5-1000 MG ( <i>empagliflozin-metformin hcl</i> )	PB	ST
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 2.5-1000 MG, 5-1000 MG, 5-500 MG ( <i>dapagliflozin-metformin hcl</i> )	PB	ST
<b>ANTIDIABETICS, SODIUM-GLUC CO-TRANSPOR2 INHIB (SGTL2) COMBO</b>		
INVOKAMET ORAL TABLET 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG ( <i>canagliflozin-metformin hcl</i> )	NF	
INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG ( <i>canagliflozin-metformin hcl</i> )	NF	
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	

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021

112

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>ANTIDIABETICS, SODIUM-GLUC CO-TRANSPOR2 INHIB(SGLT2)/DPP-4 INHIBITOR COMBINATIONS</b>		
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG ( <i>empagliflozin-linagliptin</i> )	PB	ST
<b>ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER2 (SGLT2) INHIB</b>		
FARXIGA ORAL TABLET 10 MG, 5 MG ( <i>dapagliflozin propanediol</i> )	PB	ST
INVOKANA ORAL TABLET 100 MG, 300 MG ( <i>canagliflozin</i> )	NF	
JARDIANCE ORAL TABLET 10 MG, 25 MG ( <i>empagliflozin</i> )	PB	ST
STEGLATRO ORAL TABLET 15 MG, 5 MG ( <i>ertugliflozin l-pyroglutamicac</i> )	NF	
<b>ANTIDIABETICS, SULFONYLUREA</b>		
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	PG	LGC
<i>glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	PG	LGC
<i>glipizide oral tablet 10 mg, 5 mg</i>	PG	LGC
<b>ANTI-OBESITY DRUGS</b>		
SAXENDA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML ( <i>liraglutide -weight management</i> )	PB	PA; SPC
WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.25 MG/0.5ML, 0.5 MG/0.5ML, 1 MG/0.5ML, 1.7 MG/0.75ML, 2.4 MG/0.75ML ( <i>semaglutide-weight management</i> )	NP	PA; SPC
<b>BISPHOSPHONATES - DRUGS TO TREAT BONE LOSS</b>		
ACTONEL ORAL TABLET 150 MG ( <i>risedronate sodium</i> )	NP	ST; QL (1 TABLET per 21 days)
ACTONEL ORAL TABLET 35 MG ( <i>risedronate sodium</i> )	NP	ST; QL (4 TABLETS per 21 days)
<i>alendronate sodium oral solution 70 mg/75ml</i>	PG	
<i>alendronate sodium oral tablet 10 mg, 35 mg, 5 mg, 70 mg</i>	PG	
ATELVIA ORAL TABLET DELAYED RELEASE 35 MG ( <i>risedronate sodium</i> )	NP	ST; QL (4 TABLETS per 21 days)

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BINOSTO ORAL TABLET EFFERVESCENT 70 MG ( <i>alendronate sodium</i> )	NP	ST; QL (4 TABLETS per 21 days)
BONIVA ORAL TABLET 150 MG ( <i>ibandronate sodium</i> )	NP	ST; QL (1 TABLET per 21 days)
FOSAMAX ORAL TABLET 70 MG ( <i>alendronate sodium</i> )	NP	ST; QL (4 TABLETS per 21 days)
FOSAMAX PLUS D ORAL TABLET 70-2800 MG-UNIT, 70-5600 MG-UNIT ( <i>alendronate-cholecalciferol</i> )	NP	ST; QL (4 TABLETS per 21 days)
<i>ibandronate sodium intravenous solution 3 mg/3ml</i>	PG	
<i>ibandronate sodium oral tablet 150 mg</i>	NP	
<i>pamidronate disodium intravenous solution 30 mg/10ml, 90 mg/10ml</i>	PG	
<i>pamidronate disodium intravenous solution 6 mg/ml</i>	NPSP	
RECLAST INTRAVENOUS SOLUTION 5 MG/100ML ( <i>zoledronic acid</i> )	NPSP	PA
<i>risedronate sodium oral tablet 150 mg, 30 mg, 35 mg, 5 mg</i>	NP	
<i>risedronate sodium oral tablet delayed release 35 mg</i>	NP	
<i>zoledronic acid intravenous concentrate 4 mg/5ml</i>	PG	PA
<i>zoledronic acid intravenous solution 5 mg/100ml</i>	PG	PA
<i>zoledronic acid solution 4 mg/100ml intravenous 4 mg/100ml</i>	PSP	PA
<i>zoledronic acid solution 4 mg/100ml intravenous 4 mg/100ml</i>	NPSP	PA
<b>CALCIUM RECEPTOR AGONISTS - DRUGS TO REGULATE HORMONES</b>		
<i>cinacalcet hcl oral tablet 30 mg, 60 mg</i>	PSP	PA; QL (60 TABLETS per 30 days)
<i>cinacalcet hcl oral tablet 90 mg</i>	PSP	PA; QL (120 TABLETS per 30 days)
PARSABIV INTRAVENOUS SOLUTION 10 MG/2ML, 2.5 MG/0.5ML, 5 MG/ML ( <i>etelcalcetide hcl</i> )	NF	
RAYALDEE ORAL CAPSULE EXTENDED RELEASE 30 MCG ( <i>calcifediol</i> )	NP	ST
SENSIPAR ORAL TABLET 30 MG, 60 MG ( <i>cinacalcet hcl</i> )	NPSP	PA; QL (60 TABLETS per 30 days)
SENSIPAR ORAL TABLET 90 MG ( <i>cinacalcet hcl</i> )	NPSP	PA; QL (120 TABLETS per 30 days)

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021

114

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>CARNITINE DEFICIENCY AGENTS</b>		
CARNITOR ORAL SOLUTION 1 GM/10ML ( <i>levocarnitine</i> )	NF	
CARNITOR ORAL TABLET 330 MG ( <i>levocarnitine</i> )	NF	
CARNITOR SF ORAL SOLUTION 1 GM/10ML ( <i>levocarnitine</i> )	NF	
<i>levocarnitine oral solution 1 gml/10ml</i>	PG	
<i>levocarnitine oral tablet 330 mg</i>	PG	
<b>CHELATING AGENTS</b>		
CUPRIMINE ORAL CAPSULE 250 MG ( <i>penicillamine</i> )	NF	
DEPEN TITRATABS ORAL TABLET 250 MG ( <i>penicillamine</i> )	NP	PA
LOKELMA ORAL PACKET 10 GM, 5 GM ( <i>sodium zirconium cyclosilicate</i> )	PB	
<i>penicillamine oral capsule 250 mg</i>	PSP	PA
<i>penicillamine oral tablet 250 mg</i>	PG	PA
<i>sodium polystyrene sulfonate oral powder</i>	PG	
SPS ORAL SUSPENSION 15 GM/60ML ( <i>sodium polystyrene sulfonate</i> )	PG	
SYPRINE ORAL CAPSULE 250 MG ( <i>trientine hcl</i> )	NF	
<i>trientine hcl oral capsule 250 mg</i>	PSP	PA
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM ( <i>patiromer sorbitex calcium</i> )	PB	
<b>CHELATING AGENTS - DRUGS TO TREAT IRON TOXICITY</b>		
<i>deferasirox granules oral packet 180 mg, 360 mg, 90 mg</i>	PSP	PA
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i>	PSP	PA
<i>deferasirox oral tablet soluble 125 mg, 250 mg, 500 mg</i>	PSP	PA
<i>deferiprone oral tablet 500 mg</i>	PSP	PA
<i>deferoxamine mesylate injection solution reconstituted 2 gm, 500 mg</i>	NPSP	PA
DEFERFERAL INJECTION SOLUTION RECONSTITUTED 500 MG ( <i>deferoxamine mesylate</i> )	NF	
EXJADE ORAL TABLET SOLUBLE 125 MG, 250 MG, 500 MG ( <i>deferasirox</i> )	NF	
FERRIPROX ORAL SOLUTION 100 MG/ML ( <i>deferiprone</i> )	NF	

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FERRIPROX ORAL TABLET 1000 MG, 500 MG ( <i>deferiprone</i> )	NF	
FERRIPROX TWICE-A-DAY ORAL TABLET 1000 MG ( <i>deferiprone</i> )	NF	
JADENU ORAL TABLET 180 MG, 360 MG, 90 MG ( <i>deferasirox</i> )	NF	
JADENU SPRINKLE ORAL PACKET 180 MG, 360 MG, 90 MG ( <i>deferasirox</i> )	NF	
<b>CONTRACEPTIVES - PRODUCTS FOR BIRTH CONTROL</b>		
AFTERA ORAL TABLET 1.5 MG ( <i>levonorgestrel</i> )	CE	N7 (Not Covered)
<i>levonorgestrel-ethinyl estrad</i> (Altavera Oral Tablet 0.15-30 Mg-Mcg)	CE	N7 (PG)
<i>alyacen 1/35 oral tablet 1-35 mg-mcg</i>	CE	N7 (PG)
<i>alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	CE	N7 (PG)
<i>levonorgest-eth estrad 91-day</i> (Amethia Oral Tablet 0.15-0.03 & 0.01 Mg)	CE	N7 (PG)
<i>levonorgestrel-ethinyl estrad</i> (Amethyst Oral Tablet 90-20 Mcg)	CE	N7 (PG)
ANNOVERA VAGINAL RING 0.013-0.15 MG/24HR ( <i>segesterone-ethinyl estradiol</i> )	CE	N7 (PB); QL (1 RING per 300 days)
<i>desogestrel-ethinyl estradiol</i> (Apri Oral Tablet 0.15-30 Mg-Mcg)	CE	N7 (PG)
<i>norethin-eth estrad triphasic</i> (Aranelle Oral Tablet 0.5/1/0.5-35 Mg-Mcg)	CE	N7 (PG)
<i>levonorgestrel-ethinyl estrad</i> (Aubra Oral Tablet 0.1-20 Mg-Mcg)	CE	N7 (PG)
<i>desogestrel-ethinyl estradiol</i> (Azurette Oral Tablet 0.15-0.02/0.01 Mg (21/5))	CE	N7 (PG)
BALCOLTRA ORAL TABLET 0.1-20 MG-MCG(21) ( <i>levonorgest-eth estrad-fe bisg</i> )	CE	N7 (NP)
<i>norethindrone-eth estradiol</i> (Balziva Oral Tablet 0.4-35 Mg-Mcg)	CE	N7 (PG)
BEYAZ ORAL TABLET 3-0.02-0.451 MG ( <i>drospiren-eth estrad-levomefol</i> )	NF	

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021

116

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>norethin ace-eth estrad-fe</i> (Blisovi 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	CE	N7 (PG)
<i>norethin ace-eth estrad-fe</i> (Blisovi Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N7 (PG)
<i>norethin ace-eth estrad-fe</i> (Blisovi Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N7 (PG)
<i>norethindrone</i> (Camila Oral Tablet 0.35 Mg)	CE	N7 (PG)
<i>levonorgest-eth estrad 91-day</i> (Camrese Lo Oral Tablet 0.1-0.02 & 0.01 Mg)	CE	N7 (PG)
<i>levonorgest-eth estrad 91-day</i> (Camrese Oral Tablet 0.15-0.03 & 0.01 Mg)	CE	N7 (PG)
<i>desogestrel-ethinyl estradiol</i> (Caziant Oral Tablet 0.1/0.125/0.15 -0.025 Mg)	CE	N7 (PG)
<i>norgestrel-ethinyl estradiol</i> (Cryselle-28 Oral Tablet 0.3-30 Mg-Mcg)	CE	N7 (PG)
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML ( <i>medroxyprogesterone acetate</i> )	CE	N7 (NF)
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg</i> (21/5)	CE	N7 (PG)
<i>drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg, 3-0.03-0.451 mg</i>	CE	N7 (PG)
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	CE	N7 (PG)
ELLA ORAL TABLET 30 MG ( <i>ulipristal acetate</i> )	CE	N7 (NP)
<i>etonogestrel-ethinyl estradiol</i> (Eluryng Vaginal Ring 0.12-0.015 Mg/24Hr)	CE	N7 (PG); QL (13 RING per 300 days)
<i>levonorg-eth estrad triphasic</i> (Enpresse-28 Oral Tablet 50-30/75-40/ 125-30 Mcg)	CE	N7 (PG)
<i>norgestimate-eth estradiol</i> (Estarylla Oral Tablet 0.25-35 Mg-Mcg)	CE	N7 (PG)
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	CE	N7 (PG)
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr</i>	CE	N7 (PG); QL (13 RING per 300 DAYS)
<i>levonorgest-eth estrad 91-day</i> (Fayosim Oral Tablet 42-21-21-7 Days)	CE	N7 (PG)

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>levonorgest-eth estrad 91-day</i> (Introvale Oral Tablet 0.15-0.03 Mg)	CE	N7 (PG)
<i>norethindrone acet-ethinyl est</i> (Junel 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N7 (PG)
<i>norethindrone acet-ethinyl est</i> (Junel 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N7 (PG)
<i>norethin ace-eth estrad-fe</i> (Junel Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N7 (PG)
<i>norethin ace-eth estrad-fe</i> (Junel Fe 24 Oral Tablet 1-20 Mg-Mcg(24))	CE	N7 (PG)
<i>norethin-eth estradiol-fe</i> (Kaitlib Fe Oral Tablet Chewable 0.8-25 Mg-Mcg)	CE	N7 (PG)
<i>ethynodiol diac-eth estradiol</i> (Kelnor 1/50 Oral Tablet 1-50 Mg-Mcg)	CE	N7 (PG)
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 19.5 MG ( <i>levonorgestrel</i> )	CE	N7 (PB); QL (1 INTRAUTERINE DEVICE per 300 days)
<i>levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg</i>	CE	N7 (PG)
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg</i>	CE	N7 (PG)
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 19.5 MCG/DAY ( <i>levonorgestrel</i> )	CE	N7 (NF)
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG / 10 MCG ( <i>norethin-eth estrad-fe biphas</i> )	CE	N7 (PB)
<i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>	CE	N7 (PG); QL (4 ML per 300 days)
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml</i>	CE	N7 (PG); QL (4 ML per 300 days)
MINASTRIN 24 FE ORAL TABLET CHEWABLE 1-20 MG-MCG(24) ( <i>norethin ace-eth estrad-fe</i> )	NF	
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/24HR ( <i>levonorgestrel</i> )	CE	N7 (PB); QL (1 INTRAUTERINE DEVICE per 300 days)
NATAZIA ORAL TABLET 3/2-2/2-3/1 MG ( <i>estradiol valerate-dienogest</i> )	CE	N7 (NF)
<i>norethindrone-eth estradiol</i> (Necon 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg)	CE	N7 (PG)

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021

118

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NEXPLANON SUBCUTANEOUS IMPLANT 68 MG (etonogestrel)	CE	N7 (NP); QL (1 IMPLANT per 300 days)
NEXTSTELLIS ORAL TABLET 3-14.2 MG (drospirenone- estetrol)	CE	N7 (NF)
norethin ace-eth estrad-fe oral capsule 1-20 mg-mcg(24)	CE	N7 (PG)
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg	CE	N7 (PG)
norethin ace-eth estrad-fe oral tablet chewable 1-20 mg- mcg(24)	CE	N7 (PG)
norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg	CE	N7 (PG)
norethindrone oral tablet 0.35 mg	CE	N7 (PG)
norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg, 0.8-25 mg-mcg	CE	N7 (PG)
norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg	CE	N7 (PG)
norethindrone-eth estradiol (Nortrel 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg)	CE	N7 (PG)
norethindrone-eth estradiol (Nortrel 1/35 (21) Oral Tablet 1-35 Mg-Mcg)	CE	N7 (PG)
norethin-eth estrad triphasic (Nortrel 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	CE	N7 (PG)
NUVARING VAGINAL RING 0.12-0.015 MG/24HR (etonogestrel-ethinyl estradiol)	NF	
ORTHO TRI-CYCLEN LO ORAL TABLET 0.18/0.215/0.25 MG-25 MCG (norgestim-eth estrad triphasic)	NF	
PARAGARD INTRAUTERINE COPPER INTRAUTERINE INTRAUTERINE DEVICE (copper)	CE	N7 (NP); QL (1 INTRAUTERINE DEVICE per 300 days)
norgestimate-eth estradiol (Previfem Oral Tablet 0.25-35 Mg- Mcg)	CE	N7 (PG)
QUARTETTE ORAL TABLET 42-21-21-7 DAYS (levonorgest-eth estrad 91-day)	NF	
desogestrel-ethinyl estradiol (Reclipsen Oral Tablet 0.15-30 Mg-Mcg)	CE	N7 (PG)
levonorgest-eth estrad 91-day (Rivelsa Oral Tablet 42-21-21-7 Days)	CE	N7 (PG)

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SAFYRAL ORAL TABLET 3-0.03-0.451 MG ( <i>drospiren-eth estrad-levomefol</i> )	NP	
SEASONIQUE ORAL TABLET 0.15-0.03 & 0.01 MG ( <i>levonorgest-eth estrad 91-day</i> )	NF	
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 13.5 MG ( <i>levonorgestrel</i> )	CE	N7 (PB); QL (1 INTRAUTERINE DEVICE per 300 days)
SLYND ORAL TABLET 4 MG ( <i>drospirenone</i> )	CE	N7 (NF)
TAYTULLA ORAL CAPSULE 1-20 MG-MCG(24) ( <i>norethin ace-eth estrad-fe</i> )	NF	
<i>norethindron-ethinyl estrad-fe</i> (Tilia Fe Oral Tablet 1-20/1-30/1-35 Mg-Mcg)	CE	N7 (PG)
<i>norethindron-ethinyl estrad-fe</i> (Tri-Legest Fe Oral Tablet 1-20/1-30/1-35 Mg-Mcg)	CE	N7 (PG)
<i>norgestim-eth estrad triphasic</i> (Tri-Lo-Sprintec Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	CE	N7 (PG)
<i>norgestim-eth estrad triphasic</i> (Tri-Previfem Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	N7 (PG)
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24HR ( <i>levonorgestrel-eth estradiol</i> )	CE	N7 (NF)
<i>desogestrel-ethinyl estradiol</i> (Velivet Oral Tablet 0.1/0.125/0.15 -0.025 Mg)	CE	N7 (PG)
<i>norelgestromin-eth estradiol</i> (Xulane Transdermal Patch Weekly 150-35 Mcg/24Hr)	CE	N7 (PG)
YASMIN 28 ORAL TABLET 3-0.03 MG ( <i>drospirenone-ethinyl estradiol</i> )	CE	N7 (NF)
YAZ ORAL TABLET 3-0.02 MG ( <i>drospirenone-ethinyl estradiol</i> )	NF	
<b>DIABETIC KIDNEY DISEASE</b>		
KERENDIA ORAL TABLET 10 MG, 20 MG ( <i>finerenone</i> )	NP	
<b>ENDOMETRIOSIS</b>		
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	PG	
LUPANETA PACK COMBINATION KIT 11.25 & 5 MG, 3.75 & 5 MG ( <i>leuprolide &amp; norethindrone</i> )	NPSP	PA
ORILISSA ORAL TABLET 150 MG, 200 MG ( <i>elagolix sodium</i> )	PB	PA

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021

120

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>ENZYME REPLACEMENTS - DRUGS TO TREAT ENZYME DEFICIENCIES</b>		
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5ML ( <i>laronidase</i> )	NPSP	PA
BUPHENYL ORAL POWDER 3 GM/TSP ( <i>sodium phenylbutyrate</i> )	NF	
BUPHENYL ORAL TABLET 500 MG ( <i>sodium phenylbutyrate</i> )	NF	
CARBAGLU ORAL TABLET 200 MG ( <i>carglumic acid</i> )	NPSP	PA
CERDELGA ORAL CAPSULE 84 MG ( <i>eliglustat tartrate</i> )	PSP	PA; QL (60 CAPSULES per 30 days)
CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT ( <i>imiglucerase</i> )	PSP	PA; QL (15 VIALS per 14 days)
CYSTADANE ORAL POWDER ( <i>betaine</i> )	NPSP	PA
ELAPRASE INTRAVENOUS SOLUTION 6 MG/3ML ( <i>idursulfase</i> )	NPSP	PA
ELELYSO INTRAVENOUS SOLUTION RECONSTITUTED 200 UNIT ( <i>taliglucerase alfa</i> )	NF	
FABRAZYME INTRAVENOUS SOLUTION RECONSTITUTED 35 MG, 5 MG ( <i>agalsidase beta</i> )	NPSP	PA
KANUMA INTRAVENOUS SOLUTION 20 MG/10ML ( <i>sebelipase alfa</i> )	NPSP	PA
KUVAN ORAL PACKET 100 MG, 500 MG ( <i>sapropterin dihydrochloride</i> )	NF	
KUVAN ORAL TABLET 100 MG ( <i>sapropterin dihydrochloride</i> )	NF	
LUMIZYME INTRAVENOUS SOLUTION RECONSTITUTED 50 MG ( <i>alglucosidase alfa</i> )	NPSP	PA
<i>miglustat oral capsule 100 mg</i>	PSP	PA; QL (90 CAPSULES per 30 days)
MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED 11.3 MG ( <i>metreleptin</i> )	NPSP	PA; QL (30 SOLUTION RECONSTITUTED per 30 days)
NAGLAZYME INTRAVENOUS SOLUTION 1 MG/ML ( <i>galsulfase</i> )	NPSP	PA
<i>nitisinone oral capsule 10 mg, 2 mg, 5 mg</i>	PSP	PA

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG ( <i>nitisinone</i> )	NPSP	PA
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG ( <i>nitisinone</i> )	PSP	PA
ORFADIN ORAL SUSPENSION 4 MG/ML ( <i>nitisinone</i> )	PSP	PA
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML, 2.5 MG/0.5ML, 20 MG/ML ( <i>pegvaliase-pqpz</i> )	NF	
RAVICTI ORAL LIQUID 1.1 GM/ML ( <i>glycerol phenylbutyrate</i> )	NF	
<i>sapropterin dihydrochloride oral packet 100 mg, 500 mg</i>	PSP	PA
<i>sapropterin dihydrochloride oral tablet 100 mg</i>	PSP	PA
<i>sod benz-sod phenylacet intravenous solution 10-10 %</i>	PG	
<i>sodium phenylbutyrate oral powder 3 gmltsp</i>	PSP	PA; QL (600 G per 30 days)
<i>sodium phenylbutyrate oral tablet 500 mg</i>	PSP	PA; QL (1200 TABLETS per 30 days)
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45ML, 28 MG/0.7ML, 40 MG/ML, 80 MG/0.8ML ( <i>asfotase alfa</i> )	NPSP	PA
VIMIZIM INTRAVENOUS SOLUTION 5 MG/5ML ( <i>elosulfase alfa</i> )	NPSP	PA
VPRIV INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT ( <i>velaglucerase alfa</i> )	NPSP	PA; QL (15 SOLUTION RECONSTITUTED per 14 days)
ZAVESCA ORAL CAPSULE 100 MG ( <i>miglustat</i> )	NPSP	PA; QL (90 CAPSULES per 30 days)
<b>ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES</b>		
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)	PG	
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG ( <i>drospirenone-estradiol</i> )	NF	
BIJUVA ORAL CAPSULE 1-100 MG ( <i>estradiol-progesterone</i> )	PB	

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021

122

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/DAY ( <i>estradiol-levonorgestrel</i> )	PB	
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY 0.05-0.14 MG/DAY, 0.05-0.25 MG/DAY ( <i>estradiol-norethindrone acet</i> )	NF	
DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM, 1 MG/GM, 1.25 MG/1.25GM ( <i>estradiol</i> )	PB	
DUAVEE ORAL TABLET 0.45-20 MG ( <i>conj estrogens-bazedoxifene</i> )	NF	N10
ELESTRIN TRANSDERMAL GEL 0.52 MG/0.87 GM (0.06%) ( <i>estradiol</i> )	NF	
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	PG	
<i>estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	PG	
<i>estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	PG	
<i>estradiol vaginal cream 0.1 mg/gm</i>	PG	
<i>estradiol vaginal tablet 10 mcg</i>	NF	
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	PG	
ESTRING VAGINAL RING 2 MG ( <i>estradiol</i> )	NF	
ESTROGEL TRANSDERMAL GEL 0.75 MG/1.25 GM (0.06%) ( <i>estradiol</i> )	NF	
EVAMIST TRANSDERMAL SOLUTION 1.53 MG/SPRAY ( <i>estradiol</i> )	PB	
FEMRING VAGINAL RING 0.05 MG/24HR, 0.1 MG/24HR ( <i>estradiol acetate</i> )	NF	
<i>norethindrone-eth estradiol (Fyavolv Oral Tablet 0.5-2.5 Mg-Mcg, 1-5 Mg-Mcg)</i>	PG	
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG ( <i>estradiol</i> )	PB	
IMVEXXY STARTER PACK VAGINAL INSERT 10 MCG, 4 MCG ( <i>estradiol</i> )	PB	
<i>norethindrone-eth estradiol (Jinteli Oral Tablet 1-5 Mg-Mcg)</i>	PG	

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG ( <i>esterified estrogens</i> )	NF	
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24HR ( <i>estradiol</i> )	NF	
<i>estradiol-norethindrone acet</i> (Mimvey Oral Tablet 1-0.5 Mg)	PG	
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	
MYFEMBREE ORAL TABLET 40-1-0.5 MG ( <i>relugolix- estradiol-norethind</i> )	NP	
ORIAHNN ORAL CAPSULE THERAPY PACK 300-1-0.5 & 300 MG ( <i>elagolix-estradiol-norethind</i> )	PB	PA
PREFEST ORAL TABLET 1/1-0.09 MG (15/15) ( <i>estradiol- norgestimate</i> )	NF	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG ( <i>estrogens conjugated</i> )	NF	
PREMARIN VAGINAL CREAM 0.625 MG/GM ( <i>estrogens, conjugated</i> )	NF	
PREMPHASE ORAL TABLET 0.625-5 MG ( <i>conj estrog- medroxyprogest ace</i> )	NF	
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> )	NF	
VAGIFEM VAGINAL TABLET 10 MCG ( <i>estradiol</i> )	PB	
VIVELLE-DOT TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR ( <i>estradiol</i> )	NF	
<i>estradiol</i> (YuvaFem Vaginal Tablet 10 Mcg)	NF	
<b>FERTILITY REGULATORS</b>		
CETROTIDE SUBCUTANEOUS KIT 0.25 MG ( <i>cetrotorelix acetate</i> )	PSP	PA
<i>chorionic gonadotropin intramuscular solution reconstituted 10000 unit</i>	NF	
<i>clomiphene citrate oral tablet 50 mg</i>	NP	SPC
FOLLISTIM AQ SUBCUTANEOUS SOLUTION 300 UNT/0.36ML, 600 UNT/0.72ML, 900 UNT/1.08ML ( <i>follitropin beta</i> )	NF	

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021

124

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous 250 mcg/0.5ml</i>	NPSP	PA; SPC
<i>ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous 250 mcg/0.5ml</i>	PSP	PA; SPC
GONAL-F INJECTION SOLUTION RECONSTITUTED 1050 UNIT, 450 UNIT ( <i>follitropin alfa</i> )	PSP	PA; SPC
GONAL-F RFF REDIJECT SUBCUTANEOUS SOLUTION 300 UNIT/0.5ML, 450 UNT/0.75ML, 900 UNIT/1.5ML ( <i>follitropin alfa</i> )	PSP	PA; SPC
GONAL-F RFF SUBCUTANEOUS SOLUTION RECONSTITUTED 75 UNIT ( <i>follitropin alfa</i> )	PSP	PA; SPC
MENOPUR SUBCUTANEOUS SOLUTION RECONSTITUTED 75 UNIT ( <i>menotropins</i> )	NPSP	PA; SPC
NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED 10000 UNIT, 5000 UNIT ( <i>chorionic gonadotropin</i> )	NF	
OVIDREL SUBCUTANEOUS INJECTABLE 250 MCG/0.5ML ( <i>choriogonadotropin alfa</i> )	PSP	PA; SPC
PREGNYL INTRAMUSCULAR SOLUTION RECONSTITUTED 10000 UNIT ( <i>chorionic gonadotropin</i> )	NF	
<b>GLUCOCORTICOIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE</b>		
ALKINDI SPRINKLE ORAL CAPSULE SPRINKLE 0.5 MG, 1 MG, 2 MG, 5 MG ( <i>hydrocortisone</i> )	NF	
<i>budesonide er oral tablet extended release 24 hour 9 mg</i>	PG	
<i>dexabliss oral tablet therapy pack 1.5 mg (39)</i>	NF	
<i>dexamethasone oral elixir 0.5 mg/5ml</i>	PG	
<i>dexamethasone oral solution 0.5 mg/5ml</i>	PG	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	PG	
<i>dexamethasone oral tablet therapy pack 1.5 mg (21), 1.5 mg (35), 1.5 mg (51)</i>	PG	
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	

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EMFLAZA ORAL TABLET 18 MG, 30 MG, 36 MG, 6 MG (deflazacort)	NF	
<i>fludrocortisone acetate oral tablet 0.1 mg</i>	PG	
HEMADY ORAL TABLET 20 MG (dexamethasone)	NF	
<i>dexamethasone (Hidex 6-Day Oral Tablet Therapy Pack 1.5 Mg (21))</i>	PG	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	PG	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	PG	
<i>methylprednisolone oral tablet therapy pack 4 mg</i>	PG	
MILLIPRED ORAL TABLET 5 MG (prednisolone)	NF	
<i>prednisolone oral solution 15 mg/5ml</i>	PG	
<i>prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml</i>	NP	
<i>prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml</i>	PG	
<i>prednisolone sodium phosphate oral tablet dispersible 10 mg, 15 mg, 30 mg</i>	NP	
<i>prednisone oral solution 5 mg/5ml</i>	PG	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	PG	
<i>prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)</i>	PG	
RAYOS ORAL TABLET DELAYED RELEASE 1 MG, 2 MG, 5 MG (prednisone)	NF	
TAPERDEX 12-DAY ORAL TABLET THERAPY PACK 1.5 MG (49) (dexamethasone)	NF	
<i>dexamethasone (Taperdex 6-Day Oral Tablet Therapy Pack 1.5 Mg, 1.5 Mg (21))</i>	NF	
TAPERDEX 7-DAY ORAL TABLET THERAPY PACK 1.5 MG (27) (dexamethasone)	NF	
<i>zcort 7-day oral tablet therapy pack 1.5 mg (25)</i>	NF	
<b>GLUCOSE ELEVATING AGENTS - DRUGS TO TREAT LOW BLOOD SUGAR</b>		
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE (glucagon)	PB	

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021

126

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE ( <i>glucagon</i> )	PB	
<i>diazoxide oral suspension 50 mg/ml</i>	PG	
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED 1 MG ( <i>glucagon hcl (rdna)</i> )	PB	
<i>glucagon emergency injection solution reconstituted 1 mg/ml</i>	NF	
<i>glucagon emergency kit 1 mg injection 1 mg</i>	PG	
<i>glucagon emergency kit 1 mg injection 1 mg</i>	PB	
<i>glucose oral tablet chewable 4 gm</i>	NP	
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML ( <i>glucagon</i> )	PB	
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML ( <i>glucagon</i> )	PB	
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.5 MG/0.1ML, 1 MG/0.2ML ( <i>glucagon</i> )	PB	
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO- INJECTOR 0.6 MG/0.6ML ( <i>dasiglucagon hcl</i> )	NF	
ZEGALOGUE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.6 MG/0.6ML ( <i>dasiglucagon hcl</i> )	NF	
<b>HUMAN GROWTH HORMONES - DRUGS TO REGULATE PITUITARY HORMONES</b>		
GENOTROPIN MINIQUICK SUBCUTANEOUS SOLUTION RECONSTITUTED 0.2 MG, 0.4 MG, 0.6 MG, 0.8 MG, 1 MG, 1.2 MG, 1.4 MG, 1.6 MG, 1.8 MG, 2 MG ( <i>somatropin</i> )	NF	
GENOTROPIN SUBCUTANEOUS SOLUTION RECONSTITUTED 12 MG, 5 MG ( <i>somatropin</i> )	NF	
HUMATROPE INJECTION SOLUTION RECONSTITUTED 12 MG, 24 MG, 6 MG ( <i>somatropin</i> )	NF	
NORDITROPIN FLEXPLO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 30 MG/3ML, 5 MG/1.5ML ( <i>somatropin</i> )	PSP	PA
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/2ML ( <i>somatropin</i> )	NF	

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR 20 MG/2ML ( <i>somatropin</i> )	NF	
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MG/2ML ( <i>somatropin</i> )	NF	
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 10 MG/1.5ML, 5 MG/1.5ML ( <i>somatropin</i> )	NF	
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG ( <i>somatropin</i> )	NF	
SAIZEN INJECTION SOLUTION RECONSTITUTED 5 MG, 8.8 MG ( <i>somatropin (non-refrigerated)</i> )	NF	
SAIZENPREP INJECTION SOLUTION RECONSTITUTED 8.8 MG ( <i>somatropin (non-refrigerated)</i> )	NF	
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG ( <i>somatropin (non-refrigerated)</i> )	NPSP	PA
SKYTROFA SUBCUTANEOUS CARTRIDGE 11 MG, 13.3 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG, 7.6 MG, 9.1 MG ( <i>lonapegsomatropin-tcgd</i> )	NF	
ZOMACTON (FOR ZOMA-JET 10) SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG ( <i>somatropin</i> )	NF	
ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 5 MG ( <i>somatropin</i> )	NF	
ZORBTIVE SUBCUTANEOUS SOLUTION RECONSTITUTED 8.8 MG ( <i>somatropin (non-refrigerated)</i> )	NPSP	PA
<b>MISCELLANEOUS</b>		
ACTHAR INJECTION GEL 80 UNIT/ML ( <i>corticotropin</i> )	NPSP	PA; QL (35 ML per 21 days)
<i>cabergoline oral tablet 0.5 mg</i>	PG	
<i>calcitonin (salmon) nasal solution 200 unit/lact</i>	PG	
CYSTAGON ORAL CAPSULE 150 MG, 50 MG ( <i>cysteamine bitartrate</i> )	PSP	PA
EVENITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 105 MG/1.17ML ( <i>romosozumab-aqqg</i> )	NF	
FENSOLVI (6 MONTH) SUBCUTANEOUS KIT 45 MG (PED) ( <i>leuprolide acetate (6 month)</i> )	NPSP	PA
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML ( <i>teriparatide (recombinant)</i> )	PSP	PA; QL (1 pen per 28 days)

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021

128

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GALAFOLD ORAL CAPSULE 123 MG ( <i>migalastat hcl</i> )	NPSP	PA; QL (14 CAPSULES per 28 days)
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML ( <i>mecasermin</i> )	NPSP	PA
ISTURISA ORAL TABLET 1 MG, 10 MG, 5 MG ( <i>osilodrostat phosphate</i> )	NF	
JYNARQUE ORAL TABLET 15 MG ( <i>tolvaptan</i> )	NPSP	PA; QL (60 TABLETS per 30 days)
JYNARQUE ORAL TABLET 30 MG ( <i>tolvaptan</i> )	NPSP	PA; QL (30 TABLETS per 30 days)
JYNARQUE ORAL TABLET THERAPY PACK 15 MG, 30 & 15 MG ( <i>tolvaptan</i> )	NPSP	PA; QL (56 TABLETS per 28 DAYS)
JYNARQUE ORAL TABLET THERAPY PACK 45 & 15 MG, 60 & 30 MG, 90 & 30 MG ( <i>tolvaptan</i> )	NPSP	PA; QL (56 TABLETS per 28 days)
KORLYM ORAL TABLET 300 MG ( <i>mifepristone</i> )	NPSP	PA; QL (120 TABLETS per 30 days)
<i>methylergonovine maleate</i> (Methergine Oral Tablet 0.2 Mg)	PG	QL (4 TABLETS per 1 day)
<i>methylergonovine maleate oral tablet 0.2 mg</i>	PG	QL (4 TABLETS per 1 DAY)
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> )	NPSP	PA; QL (2 CARTRIDGE per 28 days)
<i>octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	PG	PA; QL (90 ML per 30 days)
<i>octreotide acetate injection solution 1000 mcg/ml</i>	PG	PA; QL (45 ML per 30 days)
<i>octreotide acetate injection solution 200 mcg/ml</i>	PG	PA; QL (225 ML per 30 days)
<i>octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	PG	PA; QL (90 ML per 30 DAYS)
OSPHENA ORAL TABLET 60 MG ( <i>ospemifene</i> )	NF	N10
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	

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML ( <i>denosumab</i> )	PSP	PA; QL (60 ML per 168 days)
<i>raloxifene hcl oral tablet 60 mg</i>	CE	N7 (PG); AL (Min 35 Years)
SAMSCA ORAL TABLET 15 MG, 30 MG ( <i>tolvaptan</i> )	NPSP	PA
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML ( <i>octreotide acetate</i> )	NPSP	PA; QL (90 ML per 30 DAYS)
SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT 10 MG, 20 MG, 30 MG ( <i>octreotide acetate</i> )	NF	
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 10 MG, 20 MG, 30 MG, 40 MG, 60 MG ( <i>pasireotide pamoate</i> )	NF	
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML ( <i>pasireotide diaspartate</i> )	NPSP	PA; QL (60 ML per 30 days)
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 120 MG/0.5ML, 60 MG/0.2ML, 90 MG/0.3ML ( <i>lanreotide acetate</i> )	PSP	PA; QL (1 ML per 28 days)
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG ( <i>pegvisomant</i> )	NF	
SYNAREL NASAL SOLUTION 2 MG/ML ( <i>nafarelin acetate</i> )	NP	PA
<i>teriparatide (recombinant) subcutaneous solution pen-injector 620 mcg/2.48ml</i>	NF	
<i>tolvaptan oral tablet 15 mg, 30 mg</i>	PSP	PA
TRIPTODUR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 22.5 MG ( <i>triptorelin pamoate</i> )	PSP	PA
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML ( <i>abaloparatide</i> )	PSP	PA; QL (1 PEN per 30 DAYS)
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7ML ( <i>denosumab</i> )	NPSP	PA
XURIDEN ORAL PACKET 2 GM ( <i>uridine triacetate</i> )	NPSP	QL (4 PACKETS per 1 DAY)
ZOKINVY ORAL CAPSULE 50 MG, 75 MG ( <i>lonafarnib</i> )	NPSP	PA; QL (120 CAPSULES per 30 days)

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021

130

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>PHOSPHATE BINDER AGENTS - DRUGS TO REGULATE CALCIUM AND PHOSPHORUS LEVELS</b>		
<i>calcium acetate (phos binder) oral capsule 667 mg</i>	PG	
FOSRENOL ORAL PACKET 1000 MG, 750 MG ( <i>lanthanum carbonate</i> )	NF	
FOSRENOL ORAL TABLET CHEWABLE 1000 MG, 500 MG, 750 MG ( <i>lanthanum carbonate</i> )	NF	
<i>lanthanum carbonate oral tablet chewable 1000 mg, 500 mg, 750 mg</i>	NF	
PHOSLYRA ORAL SOLUTION 667 MG/5ML ( <i>calcium acetate (phos binder)</i> )	PB	
<i>sevelamer carbonate oral packet 0.8 gm, 2.4 gm</i>	PG	
<i>sevelamer carbonate oral tablet 800 mg</i>	PG	
<i>sevelamer hcl oral tablet 400 mg, 800 mg</i>	PG	
VELPHORO ORAL TABLET CHEWABLE 500 MG ( <i>sucroferric oxyhydroxide</i> )	PB	
<b>PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES</b>		
<i>hydroxyprogesterone caproate intramuscular oil 250 mg/ml</i>	PSP	PA; QL (21 ML per 365 days)
MAKENA INTRAMUSCULAR OIL 250 MG/ML ( <i>hydroxyprogesterone caproate</i> )	NPSP	PA; QL (5 ML per 365 days)
MAKENA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 275 MG/1.1ML ( <i>hydroxyprogesterone caproate</i> )	NPSP	PA; QL (21 ML per 365 days)
<i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i>	PG	
<i>norethindrone acetate oral tablet 5 mg</i>	PG	
<i>progesterone oral capsule 100 mg, 200 mg</i>	PG	
PROMETRIUM ORAL CAPSULE 100 MG, 200 MG ( <i>progesterone</i> )	NF	
<b>THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS</b>		
CYTOMEL ORAL TABLET 25 MCG, 5 MCG, 50 MCG ( <i>liothyronine sodium</i> )	NF	
<i>levothyroxine sodium oral capsule 100 mcg, 112 mcg, 125 mcg, 13 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	NF	

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	PG	
<i>liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg</i>	PG	
<i>methimazole oral tablet 10 mg, 5 mg</i>	PG	
NATURE-THROID ORAL TABLET 113.75 MG, 130 MG, 146.25 MG, 16.25 MG, 162.5 MG, 195 MG, 260 MG, 32.5 MG, 325 MG, 48.75 MG, 65 MG, 81.25 MG, 97.5 MG (thyroid)	NF	
<i>np thyroid oral tablet 120 mg, 15 mg, 60 mg, 90 mg</i>	PG	
<i>np thyroid oral tablet 30 mg</i>	PG	STX
<i>propylthiouracil oral tablet 50 mg</i>	PG	
THYQUIDITY ORAL SOLUTION 100 MCG/5ML (levothyroxine sodium)	NF	
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)	NF	
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, 37.5 MCG/ML, 44 MCG/ML, 50 MCG/ML, 62.5 MCG/ML, 75 MCG/ML, 88 MCG/ML (levothyroxine sodium)	NF	
WESTHROID ORAL TABLET 130 MG, 195 MG, 32.5 MG, 65 MG, 97.5 MG (thyroid)	NF	
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)	NF	
<b>VASOPRESSINS - DRUGS TO REGULATE PITUITARY HORMONES</b>		
DDAVP ORAL TABLET 0.1 MG, 0.2 MG (desmopressin acetate)	NP	
<i>desmopressin ace spray refrig nasal solution 0.01 %</i>	PG	
<i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i>	PG	
<i>desmopressin acetate spray nasal solution 0.01 %</i>	PG	
NOCDURNA SUBLINGUAL TABLET SUBLINGUAL 27.7 MCG, 55.3 MCG (desmopressin acetate)	NP	PA

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021

132

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
STIMATE NASAL SOLUTION 1.5 MG/ML ( <i>desmopressin acetate</i> )	NPSP	PA
<b>GASTROINTESTINAL - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS</b>		
<b>ANTICHOLINERGICS</b>		
<i>chlordiazepoxide-clidinium oral capsule 5-2.5 mg</i>	NP	
CUVPOSA ORAL SOLUTION 1 MG/5ML ( <i>glycopyrrolate</i> )	NP	
<i>dicyclomine hcl oral capsule 10 mg</i>	PG	
<i>dicyclomine hcl oral tablet 20 mg</i>	PG	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	NP	
LIBRAX ORAL CAPSULE 5-2.5 MG ( <i>chlordiazepoxide-clidinium</i> )	NF	
<i>methscopolamine bromide oral tablet 2.5 mg, 5 mg</i>	NP	
<b>ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING</b>		
AKYNZEO ORAL CAPSULE 300-0.5 MG ( <i>netupitant-palonosetron</i> )	NF	
ANTIVERT ORAL TABLET 50 MG ( <i>meclizine hcl</i> )	NF	
<i>aprepitant oral capsule 125 mg</i>	PG	QL (2 CAPSULES per 21 days)
<i>aprepitant oral capsule 40 mg</i>	PG	QL (3 CAPSULES per 180 DAYs)
<i>aprepitant oral capsule 80 &amp; 125 mg</i>	PG	QL (2 PACKS per 21 DAYs)
<i>aprepitant oral capsule 80 mg</i>	PG	QL (4 CAPSULES per 21 days)
<i>prochlorperazine (Compro Rectal Suppository 25 Mg)</i>	PG	
<i>doxylamine-pyridoxine oral tablet delayed release 10-10 mg</i>	PG	
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	NP	PA; QL (120 CAPSULES per 25 DAYs)
EMEND ORAL CAPSULE 80 MG ( <i>aprepitant</i> )	NF	
EMEND ORAL SUSPENSION RECONSTITUTED 125 MG/5ML ( <i>aprepitant</i> )	NF	
EMEND TRI-PACK ORAL CAPSULE 80 & 125 MG ( <i>aprepitant</i> )	NF	

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GIMOTI NASAL SOLUTION 15 MG/ACT ( <i>metoclopramide hcl</i> )	NF	
<i>granisetron hcl oral tablet 1 mg</i>	NP	QL (12 TABLETS per 21 days)
MARINOL ORAL CAPSULE 10 MG, 2.5 MG, 5 MG ( <i>dronabinol</i> )	NP	PA; QL (120 CAPSULES per 25 DAYS)
<i>metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml</i>	PG	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	PG	
<i>metoclopramide hcl oral tablet dispersible 5 mg</i>	PG	
<i>ondansetron hcl oral solution 4 mg/5ml</i>	PG	QL (200 ML per 21 DAYS)
<i>ondansetron hcl oral tablet 24 mg</i>	PG	QL (2 TABLETS per 21 days)
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	PG	QL (18 TABLETS per 21 DAYS)
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>	PG	QL (18 TABLETS per 21 DAYS)
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	PG	
<i>promethazine hcl oral syrup 6.25 mg/5ml</i>	PG	
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>	PG	
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	PG	
PROMETHEGAN RECTAL SUPPOSITORY 50 MG ( <i>promethazine hcl</i> )	PG	
SANCUSO TRANSDERMAL PATCH 3.1 MG/24HR ( <i>granisetron</i> )	PB	QL (2 PATCHES per 21 days)
<i>scopolamine transdermal patch 72 hour 1 mg/3days</i>	PG	
SYNDROS ORAL SOLUTION 5 MG/ML ( <i>dronabinol</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>	PG	
VARUBI (180 MG DOSE) ORAL TABLET THERAPY PACK 2 X 90 MG ( <i>rolapitant hcl</i> )	NF	
ZOFRAN ORAL TABLET 4 MG ( <i>ondansetron hcl</i> )	NP	QL (18 TABLETS per 21 DAYS)
ZUPLENZ ORAL FILM 4 MG ( <i>ondansetron</i> )	NF	

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021

134

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>H2-RECEPTOR ANTAGONISTS - DRUGS FOR ULCERS AND STOMACH ACID</b>		
<i>cimetidine hcl oral solution 300 mg/5ml</i>	PG	
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	PG	
<i>famotidine oral tablet 40 mg</i>	PG	
<i>nizatidine oral capsule 150 mg, 300 mg</i>	PG	
<i>nizatidine oral solution 15 mg/ml</i>	PG	
<b>INFLAMMATORY BOWEL DISEASE - BOWEL, INTESTINE, AND STOMACH CONDITION DRUGS</b>		
APRISO ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.375 GM ( <i>mesalamine</i> )	NP	
ASACOL HD ORAL TABLET DELAYED RELEASE 800 MG ( <i>mesalamine</i> )	PB	
<i>balsalazide disodium oral capsule 750 mg</i>	PG	
<i>budesonide oral capsule delayed release particles 3 mg</i>	PG	
CANASA RECTAL SUPPOSITORY 1000 MG ( <i>mesalamine</i> )	NF	
COLAZAL ORAL CAPSULE 750 MG ( <i>balsalazide disodium</i> )	NF	
CORTIFOAM EXTERNAL FOAM 10 % ( <i>hydrocortisone acetate</i> )	PB	
DELZICOL ORAL CAPSULE DELAYED RELEASE 400 MG ( <i>mesalamine</i> )	NF	
DIPENTUM ORAL CAPSULE 250 MG ( <i>olsalazine sodium</i> )	NP	PA
LIALDA ORAL TABLET DELAYED RELEASE 1.2 GM ( <i>mesalamine</i> )	NF	
<i>mesalamine er oral capsule extended release 24 hour 0.375 gm</i>	PG	
<i>mesalamine oral capsule delayed release 400 mg</i>	PG	
<i>mesalamine oral tablet delayed release 1.2 gm</i>	PG	
<i>mesalamine oral tablet delayed release 800 mg</i>	NF	
<i>mesalamine rectal enema 4 gm</i>	PG	
<i>mesalamine rectal suppository 1000 mg</i>	PG	
ORTIKOS ORAL CAPSULE EXTENDED RELEASE 24 HOUR 6 MG, 9 MG ( <i>budesonide</i> )	NF	
PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG, 500 MG ( <i>mesalamine</i> )	PB	
SFROWASA RECTAL ENEMA 4 GM/60ML ( <i>mesalamine</i> )	NF	

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>sulfasalazine oral tablet 500 mg</i>	PG	
<i>sulfasalazine oral tablet delayed release 500 mg</i>	PG	
UCERIS ORAL TABLET EXTENDED RELEASE 24 HOUR 9 MG ( <i>budesonide</i> )	NF	
UCERIS RECTAL FOAM 2 MG/ACT ( <i>budesonide</i> )	NF	
<b>IRRITABLE BOWEL SYNDROME WITH CONSTIPATION</b>		
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG ( <i>lubiprostone</i> )	NF	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG ( <i>linaclotide</i> )	PB	
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	PG	
ZELNORM ORAL TABLET 6 MG ( <i>tegaserod maleate</i> )	NF	
<b>IRRITABLE BOWEL SYNDROME WITH DIARRHEA</b>		
<i>alosetron hcl oral tablet 0.5 mg, 1 mg</i>	PG	PA
LOTRONEX ORAL TABLET 0.5 MG, 1 MG ( <i>alosetron hcl</i> )	NP	PA
VIBERZI ORAL TABLET 100 MG, 75 MG ( <i>eluxadoline</i> )	PB	PA
<b>LAXATIVES - DRUGS FOR CONSTIPATION</b>		
CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM - GM/160ML ( <i>sod picosulfate-mag ox-cit acd</i> )	CE	N7 (PB); N8 (\$0 copay for members age 50 through 74, otherwise not covered); AL (Min 50 Years and Max 74 Years)
GAVILYTE-C ORAL SOLUTION RECONSTITUTED 240 GM ( <i>peg 3350-kcl-nabcb-nacl-nasulf</i> )	PG	
<i>peg 3350-kcl-nabcb-nacl-nasulf</i> (Gavilyte-G Oral Solution Reconstituted 236 Gm)	PG	
<i>peg 3350-kcl-na bicarb-nacl</i> (Gavilyte-N With Flavor Pack Oral Solution Reconstituted 420 Gm)	PG	
GOLYTELY ORAL SOLUTION RECONSTITUTED 236 GM ( <i>peg 3350-kcl-nabcb-nacl-nasulf</i> )	NF	
KRISTALOSE ORAL PACKET 10 GM ( <i>lactulose</i> )	NP	
<i>lactulose encephalopathy oral solution 10 gml/15ml</i>	PG	
<i>lactulose oral packet 10 gm</i>	NF	
<i>lactulose oral solution 10 gml/15ml</i>	PG	

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021

136

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MOVIPREP ORAL SOLUTION RECONSTITUTED 100 GM ( <i>peg-kcl-nacl-nasulf-na asc-c</i> )	NF	
OSMOPREP ORAL TABLET 1.102-0.398 GM ( <i>sod phos mono-sod phos dibasic</i> )	NF	
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm</i>	PG	
<i>peg-3350/electrolytes oral solution reconstituted 236 gm</i>	PG	
<i>peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted 100 gm</i>	CE	N7 (NF); AL (Min 50 Years and Max 74 Years)
PEG-PREP ORAL KIT 5-210 MG-GM ( <i>bisacodyl-peg-kcl-nabicar-nacl</i> )	CE	N7 (NP); AL (Min 50 Years and Max 74 Years)
PLENVU ORAL SOLUTION RECONSTITUTED 140 GM ( <i>peg-kcl-nacl-nasulf-na asc-c</i> )	CE	N7 (NF)
SUPREP BOWEL PREP KIT ORAL SOLUTION 17.5-3.13-1.6 GM/177ML ( <i>na sulfate-k sulfate-mg sulf</i> )	CE	N7 (NF)
SUTAB ORAL TABLET 1479-225-188 MG ( <i>sodium sulfate-mag sulfate-kcl</i> )	CE	N7 (NF)
<b>MISCELLANEOUS</b>		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	PG	
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE 200 MCG, 600 MCG ( <i>odevixibat</i> )	NF	
BYLVAY ORAL CAPSULE 1200 MCG, 400 MCG ( <i>odevixibat</i> )	NF	
CARAFATE ORAL SUSPENSION 1 GM/10ML ( <i>sucrafate</i> )	NF	
CARAFATE ORAL TABLET 1 GM ( <i>sucrafate</i> )	NF	
CHENODAL ORAL TABLET 250 MG ( <i>chenodiol</i> )	NPSP	PA
CHOLBAM ORAL CAPSULE 250 MG, 50 MG ( <i>cholic acid</i> )	NPSP	PA
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml</i>	PG	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	PG	
GATTEX SUBCUTANEOUS KIT 5 MG ( <i>teduglutide (rdna)</i> )	NPSP	PA; QL (1 KIT per 30 days)
HELIDAC THERAPY ORAL ( <i>metronid-tetracyc-bis subsal</i> )	NF	
LIVMARLI ORAL SOLUTION 9.5 MG/ML ( <i>maralixibat chloride</i> )	NPSP	PA
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	PG	

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MOTEGRITY ORAL TABLET 1 MG, 2 MG ( <i>prucalopride succinate</i> )	NF	
MOTOFEN ORAL TABLET 1-0.025 MG ( <i>difenoxin-atropine</i> )	NF	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG ( <i>naloxegol oxalate</i> )	PB	
MYTESI ORAL TABLET DELAYED RELEASE 125 MG ( <i>crofelemer</i> )	NF	
OCALIVA ORAL TABLET 10 MG, 5 MG ( <i>obeticholic acid</i> )	NPSP	PA; QL (30 TABLETS per 30 days)
PYLERA ORAL CAPSULE 140-125-125 MG ( <i>bis subcit-metronid-tetracyc</i> )	PB	
RELISTOR ORAL TABLET 150 MG ( <i>methylnaltrexone bromide</i> )	NF	
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML ( <i>methylnaltrexone bromide</i> )	NF	
RELTONE ORAL CAPSULE 200 MG, 400 MG ( <i>ursodiol</i> )	NF	
<i>sucrafate oral suspension 1 gm/10ml</i>	NF	
<i>sucrafate oral tablet 1 gm</i>	PG	
SYMPROIC ORAL TABLET 0.2 MG ( <i>naldemedine tosylate</i> )	PB	PA
<i>ursodiol oral capsule 200 mg, 400 mg</i>	NF	
<i>ursodiol oral capsule 300 mg</i>	PG	
<i>ursodiol oral tablet 250 mg, 500 mg</i>	NP	
XERMELO ORAL TABLET 250 MG ( <i>telotristat etiprate</i> )	NPSP	PA; QL (90 TABLETS per 30 days)
<b>PANCREATIC ENZYMES</b>		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT ( <i>pancrelipase (lip-prot-amyl)</i> )	PB	
<i>enzadyne oral capsule</i>	NF	
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500-35500 UNIT, 16800-56800 UNIT, 21000-54700 UNIT, 2600-8800 UNIT, 37000-97300 UNIT, 4200-14200 UNIT ( <i>pancrelipase (lip-prot-amyl)</i> )	NF	

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021

138

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES 16000-57500 UNIT, 24000-86250 UNIT, 4000-14375 UNIT, 8000-28750 UNIT ( <i>pancrelipase (lip-prot-amyl)</i> )	NF	
SUCRAID ORAL SOLUTION 8500 UNIT/ML ( <i>sacrosidase</i> )	NPSP	PA; QL (3 BOTTLES per 25 days)
VIOKACE ORAL TABLET 10440-39150 UNIT, 20880-78300 UNIT ( <i>pancrelipase (lip-prot-amyl)</i> )	PB	
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT ( <i>pancrelipase (lip-prot-amyl)</i> )	PB	
<b>PROTON PUMP INHIBITORS - DRUGS FOR ULCERS AND STOMACH ACID</b>		
ACIPHEX ORAL TABLET DELAYED RELEASE 20 MG ( <i>rabeprazole sodium</i> )	NF	
ACIPHEX SPRINKLE ORAL CAPSULE SPRINKLE 10 MG, 5 MG ( <i>rabeprazole sodium</i> )	NF	
DEXILANT ORAL CAPSULE DELAYED RELEASE 30 MG, 60 MG ( <i>dexlansoprazole</i> )	PB	QL (90 CAPSULES per 365 DAYs)
<i>esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg</i>	PG	QL (90 CAPSULES per 365 DAYs)
<i>esomeprazole magnesium oral packet 10 mg, 20 mg, 40 mg</i>	PG	QL (90 PACKET per 365 DAYs)
<i>esomeprazole magnesium oral tablet delayed release 20 mg</i>	PG	Select OTC; QL (90 TABLETS per 365 DAYs)
<i>esomeprazole strontium oral capsule delayed release 49.3 mg</i>	NF	
<i>lansoprazole oral capsule delayed release 30 mg</i>	PG	QL (90 CAPSULES per 365 DAYs)
<i>lansoprazole oral tablet delayed release dispersible 30 mg</i>	NP	QL (90 TABLETS per 365 DAYs)
NEXIUM 24HR ORAL TABLET DELAYED RELEASE 20 MG ( <i>esomeprazole magnesium</i> )	PG	Select OTC; QL (90 tablets per 365 days)
NEXIUM ORAL CAPSULE DELAYED RELEASE 40 MG ( <i>esomeprazole magnesium</i> )	NF	
NEXIUM ORAL PACKET 10 MG, 2.5 MG, 20 MG, 40 MG, 5 MG ( <i>esomeprazole magnesium</i> )	NF	

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>omeprazole magnesium oral capsule delayed release 20.6 (20 base) mg</i>	PG	Select OTC; QL (90 CAPSULES per 365 DAYs)
<i>omeprazole magnesium oral tablet delayed release 20 mg</i>	PG	Select OTC; QL (90 TABLETS per 365 DAYs)
<i>omeprazole oral capsule delayed release 10 mg, 40 mg</i>	PG	QL (90 CAPSULES per 365 days)
<i>omeprazole oral capsule delayed release 20 mg</i>	PG	Select OTC; QL (90 CAPSULES per 365 DAYs)
<i>omeprazole-sodium bicarbonate oral capsule 20-1100 mg</i>	PG	QL (90 CAPSULES per 365 DAYs)
<i>omeprazole-sodium bicarbonate oral capsule 40-1100 mg</i>	NF	
<i>omeprazole-sodium bicarbonate oral packet 20-1680 mg, 40-1680 mg</i>	NF	
<i>pantoprazole sodium oral packet 40 mg</i>	NF	
<i>pantoprazole sodium oral tablet delayed release 20 mg, 40 mg</i>	PG	QL (90 TABLETS per 365 days)
PREVACID ORAL CAPSULE DELAYED RELEASE 30 MG ( <i>lansoprazole</i> )	NF	
PREVACID SOLUTAB ORAL TABLET DELAYED RELEASE DISPERSIBLE 30 MG ( <i>lansoprazole</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> )	PG	Select OTC; QL (90 TABLETS per 365 DAYs)
PROTONIX ORAL PACKET 40 MG ( <i>pantoprazole sodium</i> )	NF	
PROTONIX ORAL TABLET DELAYED RELEASE 20 MG, 40 MG ( <i>pantoprazole sodium</i> )	NF	
<i>qc lansoprazole oral capsule delayed release 15 mg</i>	PG	Select OTC; QL (90 CAPSULES per 365 DAYs)
<i>ra omeprazole oral tablet delayed release 20 mg</i>	PG	Select OTC; QL (90 TABLETS per 365 days)
<i>rabeprazole sodium oral capsule sprinkle 10 mg</i>	NP	QL (90 CAPSULES per 365 DAYs)
<i>rabeprazole sodium oral tablet delayed release 20 mg</i>	PG	QL (90 TABLETS per 365 days)

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021

140

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZEGERID ORAL CAPSULE 40-1100 MG ( <i>omeprazole-sodium bicarbonate</i> )	NF	
ZEGERID ORAL PACKET 20-1680 MG, 40-1680 MG ( <i>omeprazole-sodium bicarbonate</i> )	NF	
<b>RECTAL,CORTICOSTEROIDS</b>		
<i>hydrocortisone (perianal) external cream 2.5 %</i>	PG	
PROCTOCORT EXTERNAL CREAM 1 % ( <i>hydrocortisone</i> )	NF	
PROCTOFOAM HC EXTERNAL FOAM 1-1 % ( <i>hydrocortisone ace-pramoxine</i> )	PB	
<i>hydrocortisone (Proctozone-Hc External Cream 2.5 %)</i>	PG	
<b>ULCER THERAPY COMBINATIONS</b>		
<i>amoxicill-clarithro-lansopraz oral</i>	PG	
<b>GENITOURINARY - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS</b>		
<b>BENIGN PROSTATIC HYPERPLASIA - DRUGS TO TREAT ENLARGED PROSTATE</b>		
<i>alfuzosin hcl er oral tablet extended release 24 hour 10 mg</i>	PG	
AVODART ORAL CAPSULE 0.5 MG ( <i>dutasteride</i> )	NP	PA; QL (30 CAPSULES per 30 DAYs)
<i>dutasteride oral capsule 0.5 mg</i>	PG	PA; QL (30 CAPSULES per 30 DAYs)
<i>dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg</i>	PG	
<i>finasteride oral tablet 5 mg</i>	PG	
JALYN ORAL CAPSULE 0.5-0.4 MG ( <i>dutasteride-tamsulosin hcl</i> )	NF	
PROSCAR ORAL TABLET 5 MG ( <i>finasteride</i> )	NP	
RAPAFLO ORAL CAPSULE 4 MG, 8 MG ( <i>silodosin</i> )	NF	
<i>silodosin oral capsule 4 mg, 8 mg</i>	PG	
<i>tamsulosin hcl oral capsule 0.4 mg</i>	PG	
UROXATRAL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG ( <i>alfuzosin hcl</i> )	NF	
<b>CONTRACEPTIVES - PRODUCTS FOR BIRTH CONTROL</b>		
ENCARE VAGINAL SUPPOSITORY 100 MG ( <i>nonoxynol-9</i> )	CE	N7 (Not Covered)

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OPTIONS GYNOL II CONTRACEPTIVE VAGINAL GEL 3 % ( <i>nonoxynol-9</i> )	CE	N7 (Not Covered)
PHEXXI VAGINAL GEL 1.8-1-0.4 % ( <i>lactic ac-citric ac-pot bitart</i> )	NF	
SHUR-SEAL CONTRACEPTIVE VAGINAL GEL 2 % ( <i>nonoxynol-9</i> )	CE	N7 (Not Covered)
TODAY SPONGE VAGINAL 1000 MG ( <i>nonoxynol-9</i> )	CE	N7 (Not Covered)
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM 28 % ( <i>nonoxynol-9</i> )	CE	N7 (Not Covered)
VCF VAGINAL CONTRACEPTIVE VAGINAL FOAM 12.5 % ( <i>nonoxynol-9</i> )	CE	N7 (Not Covered)
VCF VAGINAL CONTRACEPTIVE VAGINAL GEL 4 % ( <i>nonoxynol-9</i> )	CE	N7 (Not Covered)
<b>ERECTILE DYSFUNCTION</b>		
CAVERJECT IMPULSE INTRACAVERNOSAL KIT 10 MCG, 20 MCG ( <i>alprostadil (vasodilator)</i> )	NP	SPC ; QL (6 KITS per 25 days)
CAVERJECT INTRACAVERNOSAL SOLUTION RECONSTITUTED 40 MCG ( <i>alprostadil (vasodilator)</i> )	NP	SPC ; QL (6 VIALS per 25 days)
CIALIS ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG ( <i>tadalafil</i> )	NF	
EDEX INTRACAVERNOSAL KIT 10 MCG, 20 MCG, 40 MCG ( <i>alprostadil (vasodilator)</i> )	NP	SPC ; QL (6 VIALS per 25 days)
LEVITRA ORAL TABLET 10 MG, 20 MG ( <i>vardenafil hcl</i> )	NF	
MUSE URETHRAL PELLETT 1000 MCG, 250 MCG, 500 MCG ( <i>alprostadil (vasodilator)</i> )	PB	SPC ; QL (6 SUPPOSITORIES per 25 days)
<i>phenylephrine hcl intracavernosal solution 2 mg/2ml</i>	NF	
<i>quad-mix intracavernosal solution reconstituted 150-10-0.1-1 mg</i>	NF	
STENDRA ORAL TABLET 100 MG, 200 MG, 50 MG ( <i>avanafil</i> )	NF	
<i>super quad-mix intracavernosal solution reconstituted 150-20-0.2-2 mg</i>	NF	
<i>tadalafil oral tablet 2.5 mg</i>	PG	SPC ; QL (30 TABLETS per 25 DAYS)

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021

142

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>tadalafil oral tablet 5 mg</i>	PG	SPC ; QL (30 TABLETS per 25 days)
<i>vardenafil hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	PG	SPC ; QL (6 TABLETS per 25 days)
<i>vardenafil hcl oral tablet dispersible 10 mg</i>	PG	
VIAGRA ORAL TABLET 100 MG, 25 MG, 50 MG ( <i>sildenafil citrate</i> )	NF	
<b>MISCELLANEOUS</b>		
<i>acetic acid irrigation solution 0.25 %</i>	PG	
ELMIRON ORAL CAPSULE 100 MG ( <i>pentosan polysulfate sodium</i> )	NF	
LITHOSTAT ORAL TABLET 250 MG ( <i>acetohydroxamic acid</i> )	NF	
<i>pot &amp; sod cit-cit ac oral solution 550-500-334 mg/5ml</i>	PG	
<i>potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)</i>	PG	
THIOLA EC ORAL TABLET DELAYED RELEASE 100 MG, 300 MG ( <i>tiopronin</i> )	NF	
THIOLA ORAL TABLET 100 MG ( <i>tiopronin</i> )	NF	
<i>tiopronin oral tablet 100 mg</i>	PSP	PA
<b>PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES</b>		
CRINONE VAGINAL GEL 4 %, 8 % ( <i>progesterone</i> )	NF	
ENDOMETRIN VAGINAL INSERT 100 MG ( <i>progesterone</i> )	PB	
<b>URINARY ANTISPASMODICS</b>		
GEMTESA ORAL TABLET 75 MG ( <i>vibegron</i> )	NF	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 50 MG ( <i>mirabegron</i> )	PB	ST
<b>URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE</b>		
<i>darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg, 7.5 mg</i>	NP	
DETROL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 2 MG, 4 MG ( <i>tolterodine tartrate</i> )	NF	

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG ( <i>oxybutynin chloride</i> )	NP	ST; QL (90 TABLETS per 25 days)
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 5 MG ( <i>oxybutynin chloride</i> )	NP	ST; QL (30 TABLETS per 25 days)
ENABLEX ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG ( <i>darifenacin hydrobromide</i> )	NF	
<i>flavoxate hcl oral tablet 100 mg</i>	PG	
GELNIQUE TRANSDERMAL GEL 10 % ( <i>oxybutynin chloride</i> )	NF	
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER 8 MG/ML ( <i>mirabegron</i> )	PB	ST
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG ( <i>mirabegron</i> )	PB	ST
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg</i>	PG	
<i>oxybutynin chloride oral syrup 5 mg/5ml</i>	PG	
<i>oxybutynin chloride oral tablet 5 mg</i>	PG	
<i>solifenacin succinate oral tablet 10 mg, 5 mg</i>	PG	
<i>tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg</i>	PG	
<i>tolterodine tartrate oral tablet 1 mg, 2 mg</i>	PG	
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG ( <i>fesoterodine fumarate</i> )	PB	ST
<i>trospium chloride er oral capsule extended release 24 hour 60 mg</i>	PG	
<i>trospium chloride oral tablet 20 mg</i>	PG	
VESICARE ORAL TABLET 10 MG, 5 MG ( <i>solifenacin succinate</i> )	NF	
<b>VAGINAL ANTI-INFECTIVES - DRUGS TO TREAT VAGINAL INFECTIONS</b>		
<i>clindamycin phosphate vaginal cream 2 %</i>	PG	
<i>metronidazole vaginal gel 0.75 %</i>	PG	
<i>miconazole 3 vaginal suppository 200 mg</i>	NP	
NUVESSA VAGINAL GEL 1.3 % ( <i>metronidazole</i> )	NF	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	PG	

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021

144

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>terconazole vaginal suppository 80 mg</i>	PG	
<b>HEMATOLOGIC - DRUGS TO TREAT BLOOD DISORDERS</b>		
<b>ANTICOAGULANTS - BLOOD THINNERS</b>		
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG ( <i>apixaban</i> )	PB	
ELIQUIS ORAL TABLET 2.5 MG, 5 MG ( <i>apixaban</i> )	PB	
<i>enoxaparin sodium injection solution 300 mg/3ml</i>	PG	
<i>enoxaparin sodium subcutaneous solution 100 mg/ml, 120 mg/0.8ml, 150 mg/ml, 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml</i>	PG	
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml</i>	NP	
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNIT/0.72ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML, 95000 UNIT/3.8ML ( <i>dalteparin sodium</i> )	NF	
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	PG	
<i>heparin sodium (porcine) pf injection solution 5000 unit/0.5ml</i>	PG	
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG ( <i>dabigatran etexilate mesylate</i> )	NF	
SAVAYSA ORAL TABLET 15 MG, 30 MG, 60 MG ( <i>edoxaban tosylate</i> )	NF	
<i>warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	PG	LGC
XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG ( <i>rivaroxaban</i> )	PB	
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG ( <i>rivaroxaban</i> )	PB	
<b>ANTI-VON WILLEBRAND FACTOR AGENTS</b>		
CABLIVI INJECTION KIT 11 MG ( <i>caplacizumab-yhdp</i> )	NF	
<b>BLEEDING DISORDERS AGENTS</b>		
ALPHANATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT ( <i>antihemophilic factor-vwf</i> )	NPSP	PA

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FEIBA INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2500 UNIT, 500 UNIT ( <i>antiinhibitor coagulant cmplx</i> )	NPSP	PA
HUMATE-P INTRAVENOUS SOLUTION RECONSTITUTED 1000-2400 UNIT, 250-600 UNIT, 500-1200 UNIT ( <i>antihemophilic factor-vwf</i> )	NPSP	PA
NOVOSEVEN RT INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 2 MG, 5 MG, 8 MG ( <i>coagulation factor viia recomb</i> )	NPSP	PA
SEVENFACT INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 5 MG ( <i>coagulation factor viia-jncw</i> )	NF	
WILATE INTRAVENOUS KIT 1000-1000 UNIT, 500-500 UNIT ( <i>antihemophilic factor-vwf</i> )	NPSP	PA
<b>HEMATOPOIETIC GROWTH FACTORS</b>		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML ( <i>darbepoetin alfa</i> )	PSP	PA
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> )	PSP	PA
DOPTELET ORAL TABLET 20 MG ( <i>avatrombopag maleate</i> )	PSP	PA; QL (60 TABLETS per 30 days)
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML ( <i>epoetin alfa</i> )	NF	
FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML ( <i>pegfilgrastim-jmdb</i> )	NF	
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML, 480 MCG/1.6ML ( <i>tbo-filgrastim</i> )	NF	
GRANIX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML ( <i>tbo-filgrastim</i> )	NF	
LEUKINE INJECTION SOLUTION RECONSTITUTED 250 MCG ( <i>sargramostim</i> )	NPSP	PA

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021

146

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MIRCERA INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.3ML, 150 MCG/0.3ML, 200 MCG/0.3ML, 30 MCG/0.3ML, 50 MCG/0.3ML, 75 MCG/0.3ML ( <i>methoxy peg-epoetin beta</i> )	NF	
MUPLETA ORAL TABLET 3 MG ( <i>lusutrombopag</i> )	PSP	PA; QL (7 TABLETS per 14 days)
NEULASTA ONPRO SUBCUTANEOUS PREFILLED SYRINGE KIT 6 MG/0.6ML ( <i>pegfilgrastim</i> )	NF	
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML ( <i>pegfilgrastim</i> )	NF	
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML ( <i>filgrastim</i> )	NF	
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML ( <i>filgrastim</i> )	NF	
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML ( <i>filgrastim-aafi</i> )	PSP	PA
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML ( <i>filgrastim-aafi</i> )	PSP	PA
NPLATE SUBCUTANEOUS SOLUTION RECONSTITUTED 125 MCG, 250 MCG, 500 MCG ( <i>romiplostim</i> )	NPSP	PA
NYVEPRIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML ( <i>pegfilgrastim-apgf</i> )	NF	
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML ( <i>epoetin alfa</i> )	NF	
PROMACTA ORAL PACKET 12.5 MG ( <i>eltrombopag olamine</i> )	NPSP	PA; QL (120 PACKET per 30 days)
PROMACTA ORAL PACKET 25 MG ( <i>eltrombopag olamine</i> )	NPSP	PA; QL (180 PACKET per 30 days)
PROMACTA ORAL TABLET 12.5 MG, 25 MG ( <i>eltrombopag olamine</i> )	NPSP	PA; QL (30 TABLETS per 30 days)
PROMACTA ORAL TABLET 50 MG, 75 MG ( <i>eltrombopag olamine</i> )	NPSP	PA; QL (60 TABLETS per 30 days)
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML ( <i>epoetin alfa-epbx</i> )	PSP	PA

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML ( <i>pegfilgrastim-cbqv</i> )	NF	
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML ( <i>filgrastim-sndz</i> )	NF	
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML ( <i>pegfilgrastim-bmez</i> )	PSP	PA; QL (2 INJECTIONS per 28 days)
<b>HEMOPHILIA A AGENTS</b>		
ADVATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT ( <i>antihemophil factor (rahf-pfm)</i> )	PSP	PA
<i>adynovate intravenous solution reconstituted 1000 unit, 1500 unit, 2000 unit, 250 unit, 3000 unit, 500 unit, 750 unit</i>	PSP	PA
AFSTYLA INTRAVENOUS KIT 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 500 UNIT ( <i>antihemophil fact single chain</i> )	PSP	PA
ELOCTATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT, 5000 UNIT, 6000 UNIT, 750 UNIT ( <i>antihem fact (bdd-rfviiiifc)</i> )	PSP	PA
ESPEROCT INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT ( <i>antihemoph fact rcm b gpeg-exei</i> )	PSP	PA
HEMOPIL M INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1700 UNIT, 250 UNIT, 500 UNIT ( <i>antihemophilic factor</i> )	NPSP	PA
JIVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT ( <i>ahf (bdd-rfviii peg-aucl)</i> )	PSP	PA
KOATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 250 UNIT, 500 UNIT ( <i>antihemophilic factor</i> )	NPSP	PA
KOATE-DVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 500 UNIT ( <i>antihemophilic factor</i> )	NPSP	PA

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021

148

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KOGENATE FS INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT ( <i>antihem factor recomb (rfviii)</i> )	PSP	PA
KOVALTRY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT ( <i>antihemophil factor (rahf-pfm)</i> )	PSP	PA
NOVOEIGHT INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT ( <i>antihemophil fact bd truncated</i> )	PSP	PA
NUWIQ INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT ( <i>antihem fact (bdd-rfviii,sim)</i> )	PSP	PA
NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT ( <i>antihem fact (bdd-rfviii,sim)</i> )	PSP	PA
<i>obizur intravenous solution reconstituted 500 unit</i>	NF	
RECOMBINATE INTRAVENOUS SOLUTION RECONSTITUTED 1241-1800 UNIT, 1801-2400 UNIT, 220-400 UNIT, 401-800 UNIT, 801-1240 UNIT ( <i>antihem factor recomb (rfviii)</i> )	NPSP	PA
XYNTHA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT ( <i>antihem fact (bdd-rfviii,mor)</i> )	NPSP	PA
XYNTHA SOLOFUSE INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT ( <i>antihem fact (bdd-rfviii,mor)</i> )	NPSP	PA
<b>HEMOPHILIA B AGENTS</b>		
ALPHANINE SD INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT ( <i>coagulation factor ix</i> )	NPSP	PA
ALPROLIX INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT ( <i>coagulation factor ix (rfixfc)</i> )	NF	
BENEFIX INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT ( <i>coagulation factor ix (recomb)</i> )	NPSP	PA

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
COAGADEX INTRAVENOUS SOLUTION RECONSTITUTED 250 UNIT, 500 UNIT ( <i>coagulation factor x (human)</i> )	NPSP	PA
CORIFACT INTRAVENOUS KIT 1000-1600 UNIT ( <i>factor xiii concentrate human</i> )	NPSP	PA
FIBRYGA INTRAVENOUS SOLUTION RECONSTITUTED ( <i>fibrinogen concentrate (human)</i> )	NPSP	PA
IDELVION INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3500 UNIT, 500 UNIT ( <i>coagulation factor ix (rix-fp)</i> )	NPSP	PA
IXINITY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT ( <i>coagulation factor ix (recomb)</i> )	NPSP	PA
KCENTRA INTRAVENOUS KIT 1000 UNIT, 500 UNIT ( <i>prothrombin complex conc human</i> )	NPSP	PA
MONONINE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT ( <i>coagulation factor ix</i> )	NPSP	PA
PROFILNINE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT ( <i>factor ix complex</i> )	NPSP	PA
REBINYN INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 500 UNIT ( <i>coagulation factor ix glycopeg</i> )	PSP	PA
RIASTAP INTRAVENOUS SOLUTION RECONSTITUTED ( <i>fibrinogen concentrate (human)</i> )	NPSP	PA
<i>rixubis intravenous solution reconstituted 1000 unit, 2000 unit, 250 unit, 3000 unit, 500 unit</i>	NPSP	PA
TRETEN INTRAVENOUS SOLUTION RECONSTITUTED 2000-3125 UNIT ( <i>coagulation factor xiii a-sub</i> )	NPSP	PA
VONVENDI INTRAVENOUS SOLUTION RECONSTITUTED 1300 UNIT, 650 UNIT ( <i>von willebrand factor (recomb)</i> )	NF	
<b>MISCELLANEOUS</b>		
AGRYLIN ORAL CAPSULE 0.5 MG ( <i>anagrelide hcl</i> )	NP	QL (180 CAPSULES per 25 DAYs)

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021

150

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AMICAR ORAL SOLUTION 0.25 GM/ML ( <i>aminocaproic acid</i> )	NF	
<i>aminocaproic acid oral solution 0.25 g/ml</i>	PG	
<i>aminocaproic acid oral tablet 1000 mg, 500 mg</i>	PG	
<i>anagrelide hcl oral capsule 0.5 mg</i>	PG	QL (180 CAPSULES per 25 days)
<i>anagrelide hcl oral capsule 1 mg</i>	PG	QL (90 CAPSULES per 25 days)
BERINERT INTRAVENOUS KIT 500 UNIT ( <i>c1 esterase inhibitor (human)</i> )	NF	
<i>cilostazol oral tablet 100 mg, 50 mg</i>	PG	QL (60 TABLETS per 25 DAYS)
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT ( <i>c1 esterase inhibitor (human)</i> )	NPSP	PA; QL (20 VIALS per 30 days)
DURLAZA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 162.5 MG ( <i>aspirin</i> )	NF	
EMPAVELI SUBCUTANEOUS SOLUTION 1080 MG/20ML ( <i>pegcetacoplan</i> )	NF	
ENDARI ORAL PACKET 5 GM ( <i>glutamine (sickle cell)</i> )	NPSP	PA; QL (180 PACKET per 30 days)
FIRAZYR SUBCUTANEOUS SOLUTION 30 MG/3ML ( <i>icatibant acetate</i> )	NPSP	PA; QL (45 SYRINGES per 90 days)
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT, 3000 UNIT ( <i>c1 esterase inhibitor (human)</i> )	NPSP	PA; QL (20 VIALS per 30 days)
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 150 MG/ML, 30 MG/ML, 60 MG/0.4ML ( <i>emicizumab-kxwh</i> )	NPSP	PA
<i>icatibant acetate subcutaneous solution 30 mg/3ml</i>	PSP	PA; QL (45 ML per 90 days)
KALBITOR SUBCUTANEOUS SOLUTION 10 MG/ML ( <i>ecallantide</i> )	NPSP	PA; QL (30 ML per 90 days)
ORLADEYO ORAL CAPSULE 110 MG, 150 MG ( <i>berotralstat hcl</i> )	NF	
OXBRYTA ORAL TABLET 500 MG ( <i>voxelotor</i> )	NF	
<i>pentoxifylline er oral tablet extended release 400 mg</i>	PG	

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED 2100 UNIT ( <i>c1 esterase inhibitor (recomb)</i> )	PSP	PA; QL (60 SOLUTION RECONSTITUTED per 90 days)
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML ( <i>lanadelumab-flyo</i> )	PSP	PA; QL (2 ML per 28 days)
TAVALISSE ORAL TABLET 100 MG, 150 MG ( <i>fostamatinib disodium</i> )	NF	
TAVNEOS ORAL CAPSULE 10 MG ( <i>avacopan</i> )	NF	
<i>tranexamic acid oral tablet 650 mg</i>	NP	
<b>PLATELET AGGREGATION INHIBITORS - BLOOD THINNERS</b>		
<i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i>	PG	QL (60 CAPSULES per 25 days)
<i>aspirin-omeprazole oral tablet delayed release 325-40 mg, 81-40 mg</i>	NF	
BRILINTA ORAL TABLET 60 MG ( <i>ticagrelor</i> )	PB	QL (60 TABLETS per 25 DAYS)
BRILINTA ORAL TABLET 90 MG ( <i>ticagrelor</i> )	PB	QL (60 TABLETS per 25 days)
<i>clopidogrel bisulfate oral tablet 300 mg, 75 mg</i>	PG	
<i>dipyridamole oral tablet 25 mg, 75 mg</i>	PG	QL (120 TABLETS per 25 days)
<i>dipyridamole oral tablet 50 mg</i>	PG	QL (240 TABLETS per 25 days)
EFFIENT ORAL TABLET 10 MG ( <i>prasugrel hcl</i> )	NP	QL (30 TABLETS per 25 days)
PLAVIX ORAL TABLET 75 MG ( <i>clopidogrel bisulfate</i> )	NF	
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i>	NP	QL (30 TABLETS per 25 DAYS)
YOSPRALA ORAL TABLET DELAYED RELEASE 325-40 MG, 81-40 MG ( <i>aspirin-omeprazole</i> )	NF	
ZONTIVITY ORAL TABLET 2.08 MG ( <i>vorapaxar sulfate</i> )	NF	

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021

152

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>IMMUNOLOGIC AGENTS - DRUGS TO TREAT DISORDERS OF THE IMMUNE SYSTEM</b>		
<b>ALLERGENIC EXTRACTS</b>		
GRASTEK SUBLINGUAL TABLET SUBLINGUAL 2800 BAU ( <i>timothy grass pollen allergen</i> )	PB	PA
ODACTRA SUBLINGUAL TABLET SUBLINGUAL 12 SQ-HDM ( <i>dust mite mixed allergen ext</i> )	NP	PA
ORALAIR SUBLINGUAL TABLET SUBLINGUAL 300 IR ( <i>grass mix pollens allergen ext</i> )	PSP	PA
PALFORZIA (12 MG DAILY DOSE) ORAL 2 X 1 MG & 10 MG ( <i>peanut powder-dnfp</i> )	NF	
PALFORZIA (120 MG DAILY DOSE) ORAL 20 MG & 100 MG ( <i>peanut powder-dnfp</i> )	NF	
PALFORZIA (160 MG DAILY DOSE) ORAL 3 X 20 MG & 100 MG ( <i>peanut powder-dnfp</i> )	NF	
PALFORZIA (20 MG DAILY DOSE) ORAL 20 MG ( <i>peanut powder-dnfp</i> )	NF	
PALFORZIA (200 MG DAILY DOSE) ORAL 2 X 100 MG ( <i>peanut powder-dnfp</i> )	NF	
PALFORZIA (240 MG DAILY DOSE) ORAL 2 X 20 MG & 2 X 100 MG ( <i>peanut powder-dnfp</i> )	NF	
PALFORZIA (3 MG DAILY DOSE) ORAL 3 X 1 MG ( <i>peanut powder-dnfp</i> )	NF	
PALFORZIA (300 MG MAINTENANCE) ORAL PACKET 300 MG ( <i>peanut powder-dnfp</i> )	NF	
PALFORZIA (300 MG TITRATION) ORAL PACKET 300 MG ( <i>peanut powder-dnfp</i> )	NF	
PALFORZIA (40 MG DAILY DOSE) ORAL 2 X 20 MG ( <i>peanut powder-dnfp</i> )	NF	
PALFORZIA (6 MG DAILY DOSE) ORAL 6 X 1 MG ( <i>peanut powder-dnfp</i> )	NF	
PALFORZIA (80 MG DAILY DOSE) ORAL 4 X 20 MG ( <i>peanut powder-dnfp</i> )	NF	
PALFORZIA INITIAL ESCALATION ORAL 0.5 & 1 & 1.5 & 3 & 6 MG ( <i>peanut powder-dnfp</i> )	NF	
RAGWITEK SUBLINGUAL TABLET SUBLINGUAL 12 AMB A 1-U ( <i>short ragweed pollen ext</i> )	PB	PA

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>BIOLOGIC DISEASE-MODIFYING AGENTS</b>		
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML ( <i>tocilizumab</i> )	NF	
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML ( <i>tocilizumab</i> )	NF	
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML ( <i>tocilizumab</i> )	NF	
AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG ( <i>infliximab-axxq</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	
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML ( <i>etanercept</i> )	PSP	PA; ST; IBC (Preferred agent for all conditions except Psoriasis); QL (4 CARTRIDGES per 28 days)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML ( <i>etanercept</i> )	PSP	PA; ST; IBC (Preferred agent for all conditions except Psoriasis); QL (4 VIALS per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML ( <i>etanercept</i> )	PSP	PA; ST; IBC (Preferred agent for all conditions except Psoriasis); QL (4 SYRINGES per 28 days)
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG ( <i>etanercept</i> )	PSP	PA; ST; IBC (Preferred agent for all conditions except Psoriasis); QL (4 VIALS per 28 days)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML ( <i>etanercept</i> )	PSP	PA; ST; IBC (Preferred agent for all conditions except Psoriasis); QL (4 SYRINGES per 28 days)

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021

154

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ENTYVIO INTRAVENOUS SOLUTION RECONSTITUTED 300 MG ( <i>vedolizumab</i> )	NF	IBC (Available as NPSF with PA for Ulcerative Colitis)
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML ( <i>adalimumab</i> )	PSP	PA; ST; QL (3 INJECTIONS per 28 days)
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML ( <i>adalimumab</i> )	PSP	PA; ST; QL (2 INJECTIONS per 28 days)
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML ( <i>adalimumab</i> )	PSP	PA; ST; QL (4 INJECTIONS per 28 days)
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML ( <i>adalimumab</i> )	PSP	PA; QL (1 kit per 28 days)
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML ( <i>adalimumab</i> )	PSP	PA; ST; QL (6 PENS per 28 days)
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML ( <i>adalimumab</i> )	PSP	PA; ST; QL (1 KIT per 28 days)
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML ( <i>adalimumab</i> )	PSP	PA; ST; QL (4 PENS per 28 days)
HUMIRA PEN-PSOR/UEIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML ( <i>adalimumab</i> )	PSP	PA; ST; QL (1 kit per 28 Days)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML ( <i>adalimumab</i> )	PSP	PA; ST; QL (2 INJECTIONS per 28 days)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML, 40 MG/0.8ML ( <i>adalimumab</i> )	PSP	PA; ST; QL (4 INJECTIONS per 28 days)
ILARIS SUBCUTANEOUS SOLUTION 150 MG/ML ( <i>canakinumab</i> )	NPSF	PA
INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG ( <i>infliximab-dyyb</i> )	NF	
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/1.14ML, 200 MG/1.14ML ( <i>sarilumab</i> )	PSP	PA; ST; IBC (Preferred agent for Rheumatoid Arthritis); QL (2 PENS per 28 days)

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/1.14ML, 200 MG/1.14ML ( <i>sarilumab</i> )	PSP	PA; ST; IBC (Preferred agent for Rheumatoid Arthritis); QL (2 SYRINGES per 28 days)
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML ( <i>anakinra</i> )	NF	
OLUMIANT ORAL TABLET 1 MG, 2 MG ( <i>baricitinib</i> )	NF	
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML ( <i>abatacept</i> )	PSP	PA; ST; IBC (Preferred agent for Rheumatoid Arthritis. Not covered for other conditions); QL (4 SYRINGES per 28 days)
ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED 250 MG ( <i>abatacept</i> )	NF	
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML, 50 MG/0.4ML, 87.5 MG/0.7ML ( <i>abatacept</i> )	PSP	PA; ST; IBC (Preferred agent for Rheumatoid Arthritis. Not covered for other conditions); QL (4 SYRINGES per 28 days)
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG ( <i>infliximab</i> )	PSP	PA; QL (5 VIALS per 42 days)
RENFLIXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG ( <i>infliximab-abda</i> )	NF	
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG ( <i>upadacitinib</i> )	PSP	PA; IBC (Preferred agent for Rheumatoid Arthritis); QL (30 TABLETS per 30 days)
SIMPONI ARIA INTRAVENOUS SOLUTION 50 MG/4ML ( <i>golimumab</i> )	PSP	PA; QL (200 MG per 56 days)
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 50 MG/0.5ML ( <i>golimumab</i> )	NF	
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML ( <i>golimumab</i> )	NF	
SKYRIZI (150 MG DOSE) SUBCUTANEOUS PREFILLED SYRINGE KIT 75 MG/0.83ML ( <i>risankizumab-rzaa</i> )	PSP	PA; IBC (Preferred agent for Psoriasis); QL (2 SYRINGES per 84 days)

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021

156

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML ( <i>risankizumab-rzaa</i> )	PSP	PA; IBC (Preferred agent for Psoriasis); QL (1 SYRINGE per 84 days)
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML ( <i>risankizumab-rzaa</i> )	PSP	PA; IBC (Preferred agent for Psoriasis); QL (1 SYRINGE per 84 days)
STELARA INTRAVENOUS SOLUTION 130 MG/26ML ( <i>ustekinumab</i> )	PSP	PA; QL (4 VIALS per 56 days)
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML ( <i>ustekinumab</i> )	PSP	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.); QL (1 SYRINGE per 84 days)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML ( <i>ustekinumab</i> )	PSP	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.); QL (1 SYRINGE per 84 days)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML ( <i>ustekinumab</i> )	PSP	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.); QL (1 SYRINGE per 56 days)
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/ML ( <i>ixekizumab</i> )	PSP	PA; ST; IBC (Preferred agent for Psoriasis. Not covered for Psoriatic Arthritis or Ankylosing Spondylitis); QL (1 INJECTION per 28 days)

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/ML ( <i>ixekizumab</i> )	PSP	PA; ST; IBC (Preferred agent for Psoriasis. Not covered for Psoriatic Arthritis or Ankylosing Spondylitis); QL (1 INJECTION per 28 days)
TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 MG/ML ( <i>guselkumab</i> )	PSP	PA; IBC (Preferred agent for Psoriasis. Not covered for Psoriatic Arthritis); QL (1 ML per 56 DAYS)
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML ( <i>guselkumab</i> )	PSP	PA; IBC (Preferred agent for Psoriasis. Not covered for Psoriatic Arthritis); QL (1 ML per 56 days)
XELJANZ ORAL SOLUTION 1 MG/ML ( <i>tofacitinib citrate</i> )	PSP	PA; ST; IBC (Preferred agent for Rheumatoid Arthritis. Preferred agent for Ulcerative Colitis (after failure of Humira). Not covered for Psoriatic Arthritis.); QL (240 ML per 24 days)
XELJANZ ORAL TABLET 10 MG, 5 MG ( <i>tofacitinib citrate</i> )	PSP	PA; ST; IBC (Preferred agent for Rheumatoid Arthritis. Preferred agent for Ulcerative Colitis (after failure of Humira). Not covered for Psoriatic Arthritis.); QL (60 TABLETS per 30 days)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG ( <i>tofacitinib citrate</i> )	PSP	PA; ST; IBC (Preferred agent for Rheumatoid Arthritis. Preferred agent for Ulcerative Colitis (after failure of Humira). Not covered for Psoriatic Arthritis.); QL (30 TABLETS per 30 days)

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021

158

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS) - DRUGS TO TREAT RHEUMATOID ARTHRITIS</b>		
<i>hydroxychloroquine sulfate oral tablet 100 mg, 300 mg, 400 mg</i>	NF	
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	PG	
<i>leflunomide oral tablet 10 mg, 20 mg</i>	PG	
OTEZLA ORAL TABLET 30 MG ( <i>apremilast</i> )	PSP	PA; IBC (Preferred agent for Psoriasis and Psoriatic Arthritis); QL (60 TABLETS per 30 days)
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG ( <i>apremilast</i> )	PSP	PA; IBC (Preferred agent for Psoriasis and Psoriatic Arthritis); QL (55 TABLETS per 28 days)
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	
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML ( <i>methotrexate (anti-rheumatic)</i> )	PSP	PA; QL (4 ML per 28 days)
REDITREX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.4ML, 12.5 MG/0.5ML, 15 MG/0.6ML, 17.5 MG/0.7ML, 20 MG/0.8ML, 22.5 MG/0.9ML, 25 MG/ML, 7.5 MG/0.3ML ( <i>methotrexate (anti-rheumatic)</i> )	NF	
<b>IMMUNOGLOBULIN</b>		
ASCENIV INTRAVENOUS SOLUTION 5 GM/50ML ( <i>immune globulin (human)-sira</i> )	NF	
BIVIGAM INTRAVENOUS SOLUTION 10 GM/100ML, 5 GM/50ML ( <i>immune globulin (human)</i> )	NPSP	PA
CUTAQUIG SUBCUTANEOUS SOLUTION 1 GM/6ML, 1.65 GM/10ML, 2 GM/12ML, 3.3 GM/20ML, 4 GM/24ML, 8 GM/48ML ( <i>immune globulin (human)-hipp</i> )	PSP	PA
CUVITRU SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML, 8 GM/40ML ( <i>immune globulin (human)</i> )	NF	

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 0.5 GM/10ML, 10 GM/100ML, 10 GM/200ML, 2.5 GM/50ML, 20 GM/200ML, 20 GM/400ML, 5 GM/100ML, 5 GM/50ML ( <i>immune globulin (human)</i> )	NPSP	PA
GAMASTAN INTRAMUSCULAR INJECTABLE ( <i>immune globulin (human)</i> )	NPSP	PA
GAMMAGARD INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML ( <i>immune globulin (human)</i> )	NPSP	PA
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED 10 GM, 5 GM ( <i>immune globulin (human)</i> )	NPSP	PA
GAMMAKED INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 20 GM/200ML, 5 GM/50ML ( <i>immune globulin (human)</i> )	NPSP	PA
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 20 GM/400ML, 5 GM/100ML, 5 GM/50ML ( <i>immune globulin (human)</i> )	NPSP	PA
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML ( <i>immune globulin (human)</i> )	NPSP	PA
HEPAGAM B INJECTION SOLUTION ( <i>hepatitis b immune globulin</i> )	NPSP	
HIZENTRA SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML ( <i>immune globulin (human)</i> )	NPSP	PA
HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 GM/5ML, 2 GM/10ML, 4 GM/20ML ( <i>immune globulin (human)</i> )	NPSP	PA
HYPERHEP B INTRAMUSCULAR SOLUTION 220 UNIT/ML ( <i>hepatitis b immune globulin</i> )	NPSP	
HYPERHEP B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 110 UNIT/0.5ML, 220 UNIT/ML ( <i>hepatitis b immune globulin</i> )	NPSP	
HYPERRAB INJECTION SOLUTION 1500 UNIT/5ML, 300 UNIT/ML ( <i>rabies immune globulin</i> )	NPSP	
HYPERRAB INJECTION SOLUTION 900 UNIT/3ML ( <i>rabies immune globulin</i> )	NF	

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021

160

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HYPERRHO S/D INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 1500 UNIT, 250 UNIT ( <i>rho d immune globulin</i> )	NPSP	
HYPERTET S/D INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 250 UNIT/ML ( <i>tetanus immune globulin</i> )	NPSP	
HYQVIA SUBCUTANEOUS KIT 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML ( <i>immune globulin-hyaluronidase</i> )	NF	
IMOGAM RABIES-HT INJECTION SOLUTION 300 UNIT/2ML ( <i>rabies immune globulin</i> )	NPSP	
<i>kedrab injection solution 1500 unit/10ml, 300 unit/2ml</i>	NPSP	
MICRHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 250 UNIT ( <i>rho d immune globulin</i> )	NPSP	
NABI-HB INTRAMUSCULAR SOLUTION 312 UNIT/ML ( <i>hepatitis b immune globulin</i> )	NPSP	
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 10 GM/100ML, 10 GM/200ML, 2 GM/20ML, 2.5 GM/50ML, 20 GM/200ML, 25 GM/500ML, 30 GM/300ML, 5 GM/100ML, 5 GM/50ML ( <i>immune globulin (human)</i> )	NPSP	PA
PANZYGA INTRAVENOUS SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML ( <i>immune globulin (human)-ifas</i> )	NF	
PRIVIGEN INTRAVENOUS SOLUTION 10 GM/100ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML ( <i>immune globulin (human)</i> )	NPSP	PA
RHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 1500 UNIT ( <i>rho d immune globulin</i> )	NPSP	
RHOPHYLAC INJECTION SOLUTION PREFILLED SYRINGE 1500 UNIT/2ML ( <i>rho d immune globulin</i> )	NPSP	
VARIZIG INTRAMUSCULAR SOLUTION 125 UNIT/1.2ML ( <i>varicella-zoster immune glob</i> )	NPSP	
WINRHO SDF INJECTION SOLUTION 1500 UNIT/1.3ML, 15000 UNIT/13ML, 2500 UNIT/2.2ML, 5000 UNIT/4.4ML ( <i>rho d immune globulin</i> )	NPSP	

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021



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	
<b>IMMUNOMODULATORS</b>		
ACTIMMUNE SUBCUTANEOUS SOLUTION 2000000 UNIT/0.5ML ( <i>interferon gamma-1b</i> )	NPSP	PA
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG ( <i>rilonacept</i> )	NPSP	PA; QL (8 VIALS per 28 days)
INTRON A INJECTION SOLUTION 10000000 UNIT/ML, 6000000 UNIT/ML ( <i>interferon alfa-2b</i> )	NPSP	PA
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT, 18000000 UNIT, 50000000 UNIT ( <i>interferon alfa-2b</i> )	NPSP	PA
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG ( <i>pomalidomide</i> )	CE	PA; N7 (NPSP); QL (21 CAPSULES per 28 days)
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG ( <i>lenalidomide</i> )	CE	PA; N7 (PSP); QL (28 CAPSULES per 28 days)
REVLIMID ORAL CAPSULE 20 MG, 25 MG ( <i>lenalidomide</i> )	CE	PA; N7 (PSP); QL (21 CAPSULES per 28 days)
THALOMID ORAL CAPSULE 100 MG, 50 MG ( <i>thalidomide</i> )	PSP	PA; QL (28 CAPSULES per 28 days)
THALOMID ORAL CAPSULE 150 MG, 200 MG ( <i>thalidomide</i> )	PSP	PA; QL (56 CAPSULES per 28 days)
<b>IMMUNOSUPPRESSANTS</b>		
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 5 MG ( <i>tacrolimus</i> )	NF	
ATGAM INTRAVENOUS INJECTABLE 50 MG/ML ( <i>lymphocyte,anti-thymo imm glob</i> )	NP	
azathioprine (Azasan Oral Tablet 100 Mg, 75 Mg)	NP	
azathioprine oral tablet 100 mg, 50 mg, 75 mg	PG	
BENLYSTA INTRAVENOUS SOLUTION RECONSTITUTED 120 MG, 400 MG ( <i>belimumab</i> )	NPSP	PA; QL (4 SOLUTION RECONSTITUTED per 28 days)
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML ( <i>belimumab</i> )	NPSP	PA; QL (4 INJECTIONS per 28 days)
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML ( <i>belimumab</i> )	NPSP	PA; QL (4 INJECTIONS per 28 days)

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021

162

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CELLCEPT ORAL CAPSULE 250 MG ( <i>mycophenolate mofetil</i> )	NF	
CELLCEPT ORAL SUSPENSION RECONSTITUTED 200 MG/ML ( <i>mycophenolate mofetil</i> )	NF	
CELLCEPT ORAL TABLET 500 MG ( <i>mycophenolate mofetil</i> )	NF	
<i>cyclosporine intravenous solution 50 mg/ml</i>	PG	
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	PG	
<i>cyclosporine modified oral solution 100 mg/ml</i>	PG	
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	PG	
ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML ( <i>satralizumab-mwge</i> )	NF	
ENVARBUS 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>	PG	
<i>cyclosporine modified</i> (Gengraf Oral Capsule 100 Mg, 25 Mg)	PG	
<i>cyclosporine modified</i> (Gengraf Oral Solution 100 Mg/ML)	PG	
IMURAN ORAL TABLET 50 MG ( <i>azathioprine</i> )	NP	
LUPKYNIS ORAL CAPSULE 7.9 MG ( <i>voclosporin</i> )	NF	
<i>mycophenolate mofetil oral capsule 250 mg</i>	PG	
<i>mycophenolate mofetil oral suspension reconstituted 200 mg/ml</i>	PG	
<i>mycophenolate mofetil oral tablet 500 mg</i>	PG	
<i>mycophenolate sodium oral tablet delayed release 180 mg, 360 mg</i>	PG	
MYFORTIC ORAL TABLET DELAYED RELEASE 180 MG, 360 MG ( <i>mycophenolate sodium</i> )	NF	
NEORAL ORAL CAPSULE 100 MG, 25 MG ( <i>cyclosporine modified</i> )	NPSP	
NEORAL ORAL SOLUTION 100 MG/ML ( <i>cyclosporine modified</i> )	NPSP	
NULOJIX INTRAVENOUS SOLUTION RECONSTITUTED 250 MG ( <i>belatacept</i> )	NPSP	
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML ( <i>tacrolimus</i> )	NPSP	

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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> )	NF	
RAPAMUNE ORAL SOLUTION 1 MG/ML ( <i>sirolimus</i> )	NF	
RAPAMUNE ORAL TABLET 0.5 MG, 1 MG, 2 MG ( <i>sirolimus</i> )	NF	
REZUROCK ORAL TABLET 200 MG ( <i>belumosudil mesylate</i> )	NF	
SANDIMMUNE INTRAVENOUS SOLUTION 50 MG/ML ( <i>cyclosporine</i> )	NPSP	
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG ( <i>cyclosporine</i> )	NPSP	
SANDIMMUNE ORAL SOLUTION 100 MG/ML ( <i>cyclosporine</i> )	NPSP	
SIMULECT INTRAVENOUS SOLUTION RECONSTITUTED 10 MG, 20 MG ( <i>basiliximab</i> )	NP	
<i>sirolimus oral solution 1 mg/ml</i>	PG	
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	PG	
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	PG	
THYMOGLOBULIN INTRAVENOUS SOLUTION RECONSTITUTED 25 MG ( <i>anti-thymocyte glob (rabbit)</i> )	NP	
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG, 1 MG ( <i>everolimus</i> )	NF	
<b>MEDICAL DEVICES</b>		
<b>CONTRACEPTIVES - PRODUCTS FOR BIRTH CONTROL</b>		
CAYA VAGINAL DIAPHRAGM ( <i>diaphragm arc-spring</i> )	CE	N7 (NP); QL (1 DIAPHRAGM per 300 days)
FC2 FEMALE CONDOM ( <i>condoms - female</i> )	CE	N7 (Not Covered)
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM ( <i>cervical caps</i> )	CE	N7 (NP); QL (1 DEVICE per 300 days)
OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM ( <i>diaphragms</i> )	CE	N7 (NP); QL (1 DIAPHRAGM per 300 days)

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021

164

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 2 % ( <i>diaphragm wide seal</i> )	CE	N7 (NP); QL (1 DIAPHRAGM per 300 days)
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 2 % ( <i>diaphragm wide seal</i> )	CE	N7 (NP); QL (1 DIAPHRAGM per 300 days)
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 2 % ( <i>diaphragm wide seal</i> )	CE	N7 (NP); QL (1 DIAPHRAGM per 300 days)
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 2 % ( <i>diaphragm wide seal</i> )	CE	N7 (NP); QL (1 DIAPHRAGM per 300 days)
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 2 % ( <i>diaphragm wide seal</i> )	CE	N7 (NP); QL (1 DIAPHRAGM per 300 days)
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 2 % ( <i>diaphragm wide seal</i> )	CE	N7 (NP); QL (1 DIAPHRAGM per 300 days)
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 2 % ( <i>diaphragm wide seal</i> )	CE	N7 (NP); QL (1 DIAPHRAGM per 300 days)
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 2 % ( <i>diaphragm wide seal</i> )	CE	N7 (NP); QL (1 DIAPHRAGM per 300 days)
<b>DIABETIC SUPPLIES</b>		
ACCU-CHEK AVIVA PLUS IN VITRO STRIP ( <i>glucose blood</i> )	PB	QL (204 STRIPS per 25 days)
ACCU-CHEK COMPACT PLUS IN VITRO STRIP ( <i>glucose blood</i> )	PB	QL (204 STRIPS per 25 days)
ACCU-CHEK FASTCLIX LANCETS ( <i>lancets</i> )	NP	
ACCU-CHEK GUIDE IN VITRO STRIP ( <i>glucose blood</i> )	PB	QL (204 STRIPS per 25 days)
ACCU-CHEK MULTICLIX LANCETS ( <i>lancets</i> )	NP	
ACCU-CHEK SMARTVIEW IN VITRO STRIP ( <i>glucose blood</i> )	PB	QL (204 STRIPS per 25 days)
ACCU-CHEK SOFTCLIX LANCETS ( <i>lancets</i> )	NP	

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ACCUTREND GLUCOSE IN VITRO STRIP ( <i>glucose blood</i> )	NF	
ADVANCE INTUITION TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	
ADVANCE MICRO-DRAW TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	
ADVOCATE REDI-CODE IN VITRO STRIP ( <i>glucose blood</i> )	NF	
ADVOCATE REDI-CODE+ TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	
ADVOCATE TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	
AGAMATRIX AMP TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	
AGAMATRIX JAZZ TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	
AGAMATRIX KEYNOTE TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	
AGAMATRIX PRESTO TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	
ASSURE 3 TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	
ASSURE 4 TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	
ASSURE II CHECK IN VITRO STRIP ( <i>glucose blood</i> )	NF	
ASSURE II IN VITRO STRIP ( <i>glucose blood</i> )	NF	
ASSURE LANCE LANCETS ( <i>lancets</i> )	NP	
ASSURE PLATINUM IN VITRO STRIP ( <i>glucose blood</i> )	NF	
ASSURE PRISM MULTI TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	
ASSURE PRO TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	
BD INSULIN SYRINGE U-500 31G X 6MM 0.5 ML ( <i>insulin syringe/needle u-500</i> )	PB	N8 (BD syringes and needles are the only preferred options)
BD LANCET ULTRAFINE 30G ( <i>lancets</i> )	NP	
BD LANCET ULTRAFINE 33G ( <i>lancets</i> )	NP	
BD MICROTAINER LANCETS ( <i>lancets</i> )	NP	

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021

166

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BD PEN NEEDLE MICRO U/F 32G X 6 MM ( <i>insulin pen needle</i> )	PB	N8 (BD syringes and needles are the only preferred options)
BD PEN NEEDLE MINI U/F 31G X 5 MM ( <i>insulin pen needle</i> )	PB	N8 (BD syringes and needles are the only preferred options)
BD PEN NEEDLE NANO 2ND GEN 32G X 4 MM ( <i>insulin pen needle</i> )	PB	N8 (BD syringes and needles are the only preferred options)
BD PEN NEEDLE NANO U/F 32G X 4 MM ( <i>insulin pen needle</i> )	PB	N8 (BD syringes and needles are the only preferred options)
BD PEN NEEDLE ORIGINAL U/F 29G X 12.7MM ( <i>insulin pen needle</i> )	PB	N8 (BD syringes and needles are the only preferred options)
BD PEN NEEDLE SHORT U/F 31G X 8 MM ( <i>insulin pen needle</i> )	PB	N8 (BD syringes and needles are the only preferred options)
BIOSCANNER GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	
<i>blood glucose test in vitro strip</i>	NF	
CAREONE LANCET SUPER THIN 30G ( <i>lancets</i> )	NP	
CARESENS LANCETS ( <i>lancets</i> )	NP	
CARESENS N GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	
CARETOUCH TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	
CLEVER CHEK AUTO-CODE TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	
CLEVER CHEK AUTO-CODE VOICE IN VITRO STRIP ( <i>glucose blood</i> )	NF	
CLEVER CHEK TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	
CLEVER CHOICE AUTO-CODE TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	
CLEVER CHOICE MICRO TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	
CLEVER CHOICE NO CODING IN VITRO STRIP ( <i>glucose blood</i> )	NF	

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CLEVER CHOICE TALK SYSTEM IN VITRO STRIP ( <i>glucose blood</i> )	NF	
COAGUCHEK LANCETS ( <i>lancets</i> )	NP	
<i>comfort assured lancets 28g</i>	NP	
<i>comfort assured lancets 33g</i>	NP	
COMFORT TOUCH LANCETS 31G ( <i>lancets</i> )	NP	
COMFORT TOUCH PLUS LANCETS 30G ( <i>lancets</i> )	NP	
CONTOUR NEXT TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	
CONTOUR TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	
COOL BLOOD GLUCOSE TEST STRIPS IN VITRO STRIP ( <i>glucose blood</i> )	NF	
CVS ADVANCED GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	
D-CARE BLOOD GLUCOSE IN VITRO STRIP ( <i>glucose blood</i> )	NF	
DEXCOM G4 PLAT PED RCV/SHARE DEVICE ( <i>continuous blood gluc receiver</i> )	PB	
DEXCOM G4 PLAT PED RECEIVER DEVICE ( <i>continuous blood gluc receiver</i> )	PB	
DEXCOM G4 PLATINUM RCV/SHARE DEVICE ( <i>continuous blood gluc receiver</i> )	PB	
DEXCOM G4 PLATINUM RECEIVER DEVICE ( <i>continuous blood gluc receiver</i> )	PB	
DEXCOM G4 PLATINUM TRANSMITTER ( <i>continuous blood gluc transmit</i> )	PB	
DEXCOM G4 SENSOR ( <i>continuous blood gluc sensor</i> )	PB	
DEXCOM G5 MOB/G4 PLAT SENSOR ( <i>continuous blood gluc sensor</i> )	PB	
DEXCOM G5 MOBILE TRANSMITTER ( <i>continuous blood gluc transmit</i> )	PB	
DEXCOM G5 RECEIVER KIT DEVICE ( <i>continuous blood gluc receiver</i> )	PB	
DEXCOM G6 RECEIVER DEVICE ( <i>continuous blood gluc receiver</i> )	PB	
DEXCOM G6 SENSOR ( <i>continuous blood gluc sensor</i> )	PB	

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021

168

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DEXCOM G6 TRANSMITTER ( <i>continuous blood glucose transmit</i> )	PB	
DIATHRIVE GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	
<i>diatrue plus test in vitro strip</i>	NF	
DROPLET PERSONAL LANCETS 30G ( <i>lancets</i> )	NP	
DUO-CARE TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	
<i>easy plus ii glucose test in vitro strip</i>	NF	
EASY STEP TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	
<i>easy talk blood glucose test in vitro strip</i>	NF	
EASY TOUCH LANCETS 21G ( <i>lancets</i> )	NP	
EASY TOUCH LANCETS 23G ( <i>lancets</i> )	NP	
EASY TOUCH LANCETS 26G ( <i>lancets</i> )	NP	
EASY TOUCH LANCETS 28G ( <i>lancets</i> )	NP	
EASY TOUCH LANCETS 28G/TWIST ( <i>lancets</i> )	NP	
EASY TOUCH LANCETS 30G ( <i>lancets</i> )	NP	
EASY TOUCH LANCETS 32G ( <i>lancets</i> )	NP	
EASY TOUCH LANCETS 32G/TWIST ( <i>lancets</i> )	NP	
EASY TOUCH LANCING DEVICE ( <i>lancet devices</i> )	NP	
EASY TOUCH SAFETY LANCETS 21G ( <i>lancets</i> )	NP	
EASY TOUCH SAFETY LANCETS 23G ( <i>lancets</i> )	NP	
EASY TOUCH SAFETY LANCETS 26G ( <i>lancets</i> )	NP	
EASY TOUCH SAFETY LANCETS 28G ( <i>lancets</i> )	NP	
<i>easy trak blood glucose test in vitro strip</i>	NF	
EASYGLUCO IN VITRO STRIP ( <i>glucose blood</i> )	NF	
EASYMAX 15 TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	
EASYMAX TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	
EASYPRO BLOOD GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	
EASYPRO PLUS IN VITRO STRIP ( <i>glucose blood</i> )	NF	
<i>element compact test in vitro strip</i>	NF	
ELEMENT TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EMBRACE BLOOD GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	
EMBRACE EVO BLOOD GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	
EMBRACE PRO GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	
EMBRACE TALK GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	
ENLITE GLUCOSE SENSOR ( <i>continuous blood gluc sensor</i> )	NF	
<i>eq blood glucose test in vitro strip</i>	NF	
EVERSENSE SENSOR/HOLDER ( <i>continuous blood gluc sensor</i> )	NF	
EVERSENSE SMART TRANSMITTER ( <i>continuous blood gluc transmit</i> )	NF	
EVOLUTION AUTOCODE IN VITRO STRIP ( <i>glucose blood</i> )	NF	
EXACTECH R-S-G TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	
EXACTECH TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	
FIFTY50 GLUCOSE TEST 2.0 IN VITRO STRIP ( <i>glucose blood</i> )	NF	
FINGERSTIX LANCETS ( <i>lancets</i> )	NP	
FORA 6 CONNECT IN VITRO STRIP ( <i>glucose blood</i> )	NF	
FORA BLOOD GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	
FORA D15G BLOOD GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	
FORA D20 BLOOD GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	
FORA D40/G31 BLOOD GLUCOSE IN VITRO STRIP ( <i>glucose blood</i> )	NF	
FORA G20 BLOOD GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	
FORA G30/PREM V10 GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	
FORA GD20 TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021

170

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FORA GD50 BLOOD GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	
FORA GTEL BLOOD GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	
FORA TN'G ADVANCE PRO IN VITRO STRIP ( <i>glucose blood</i> )	NF	
FORA TN'G/TN'G VOICE IN VITRO STRIP ( <i>glucose blood</i> )	NF	
FORA V10 BLOOD GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	
FORA V12 BLOOD GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	
FORA V20 BLOOD GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	
FORA V30A BLOOD GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	
FORACARE GD40 TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	
FORACARE PREMIUM V10 TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	
FORACARE TEST N GO TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	
FORTISCARE TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	
FREESTYLE INSULINX TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	
FREESTYLE LANCETS ( <i>lancets</i> )	NP	
FREESTYLE LIBRE 14 DAY SENSOR ( <i>continuous blood gluc sensor</i> )	NF	
FREESTYLE LIBRE READER DEVICE ( <i>continuous blood gluc receiver</i> )	NF	
FREESTYLE LITE TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	
FREESTYLE PRECISION NEO TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	
FREESTYLE TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	
FREESTYLE UNISTICK II LANCETS ( <i>lancets</i> )	NP	
<i>ge100 blood glucose test in vitro strip</i>	NF	
GENULTIMATE TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>ght test in vitro strip</i>	NF	
GLUCO PERFECT 3 TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	
GLUCOCARD 01 SENSOR PLUS IN VITRO STRIP ( <i>glucose blood</i> )	NF	
GLUCOCARD EXPRESSION TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	
GLUCOCARD SHINE TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	
GLUCOCARD VITAL TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	
GLUCOCARD X-SENSOR IN VITRO STRIP ( <i>glucose blood</i> )	NF	
GLUCOCOM TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	
GLUCONAVII BLOOD GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	
<i>glucose control in vitro solution</i>	NP	
<i>glucose meter test in vitro strip</i>	NF	
<i>gnp easy touch glucose test in vitro strip</i>	NF	
GOJJI BLOOD TEST STRIP/LANCETS IN VITRO STRIP ( <i>glucose blood</i> )	NF	
<i>goodsense blood glucose in vitro strip</i>	NF	
GUARDIAN CONNECT TRANSMITTER ( <i>continuous blood gluc transmit</i> )	NF	
GUARDIAN REAL-TIME REPLACE PED DEVICE ( <i>continuous blood gluc receiver</i> )	NF	
GUARDIAN SENSOR (3) ( <i>continuous blood gluc sensor</i> )	NF	
<i>guardian sensor 3</i>	NF	
HW EMBRACE PRO GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	
HW EMBRACE TALK GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	
IGLUCOSE TEST STRIPS IN VITRO STRIP ( <i>glucose blood</i> )	NF	
IN TOUCH BLOOD GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021

172

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INFINITY BLOOD GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	
INFINITY VOICE IN VITRO STRIP ( <i>glucose blood</i> )	NF	
<i>kroger test in vitro strip</i>	NF	
<i>lancets</i>	NP	
<i>lancets super thin 28g</i>	NP	
LANCETS ULTRA THIN ( <i>lancets</i> )	NP	
<i>lancets ultra thin 30g</i>	NP	
LIBERTY NEXT GENERATION TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	
<i>liberty test in vitro strip</i>	NF	
LIFESCAN UNISTIK 2 ( <i>lancets</i> )	NP	
LIFESCAN UNISTIK II LANCETS ( <i>lancets</i> )	NP	
<i>lite touch lancets</i>	NP	
LITETOUCH LANCETS ( <i>lancets</i> )	NP	
<i>meijer essential glucose test in vitro strip</i>	NF	
MEIJER TRUETEST TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	
MEIJER TRUETRACK TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	
MICRODOT TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	
MICROLET LANCETS ( <i>lancets</i> )	NP	
MYGLUCOHEALTH TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	
NEUTEK 2TEK TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	
NOVA MAX GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	
OMNIPOD 5 PACK ( <i>insulin disposable pump</i> )	PB	
OMNIPOD STARTER KIT ( <i>insulin disposable pump</i> )	PB	
<i>one drop test in vitro strip</i>	NF	
ONETOUCH CLUB LANCETS FINE PT ( <i>lancets</i> )	PB	
ONETOUCH DELICA LANCETS 30G ( <i>lancets</i> )	PB	
ONETOUCH DELICA LANCETS 33G ( <i>lancets</i> )	PB	
ONETOUCH DELICA LANCING DEV ( <i>lancet devices</i> )	PB	

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ONETOUCH DELICA PLUS LANCET30G ( <i>lancets</i> )	PB	
ONETOUCH FINEPOINT LANCETS ( <i>lancets</i> )	PB	
ONETOUCH SURESOFT LANCING DEV ( <i>lancets misc.</i> )	PB	
ONETOUCH ULTRA IN VITRO STRIP ( <i>glucose blood</i> )	PB	QL (204 TEST per 25 days)
ONETOUCH ULTRASOFT LANCETS ( <i>lancets</i> )	PB	
ONETOUCH VERIO IN VITRO STRIP ( <i>glucose blood</i> )	PB	QL (204 TEST per 25 days)
OPTIUM TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	
OPTIUMEZ TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	
<i>pen needles 32g x 4 mm</i>	NF	
PHARMACIST CHOICE AUTOCODE IN VITRO STRIP ( <i>glucose blood</i> )	NF	
<i>pharmacist choice no coding in vitro strip</i>	NF	
POCKETCHEM EZ TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	
POGO AUTOMATIC TEST CARTRIDGES IN VITRO DIAGNOSTIC TEST ( <i>glucose blood</i> )	NF	
PRECISION PCX IN VITRO STRIP ( <i>glucose blood</i> )	NF	
PRECISION PCX PLUS TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	
PRECISION POINT OF CARE TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	
PRECISION QID TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	
PRECISION SOF-TACT TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	
PRECISION THINS GP LANCETS ( <i>lancets</i> )	NP	
PRECISION XTRA BLOOD GLUCOSE IN VITRO STRIP ( <i>glucose blood</i> )	NF	
<i>premium blood glucose test in vitro strip</i>	NF	
<i>pro voice v8/v9 glucose in vitro strip</i>	NF	
PRODIGY NO CODING BLOOD GLUC IN VITRO STRIP ( <i>glucose blood</i> )	NF	
PTS PANELS GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	
QUICKTEK TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	
QUINTET AC BLOOD GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021

174

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
QUINTET BLOOD GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	
REFUAH PLUS BLOOD GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	
RELION BLOOD GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	
RELION CONFIRM/MICRO TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	
RELION PRIME TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	
RELION ULTIMA TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	
RIGHTEST GS100 BLOOD GLUCOSE IN VITRO STRIP ( <i>glucose blood</i> )	NF	
RIGHTEST GS300 BLOOD GLUCOSE IN VITRO STRIP ( <i>glucose blood</i> )	NF	
RIGHTEST GS550 BLOOD GLUCOSE IN VITRO STRIP ( <i>glucose blood</i> )	NF	
<i>sapscare twist top lancets</i>	NP	
SIMPLE DIAGNOSTICS LANCING DEV ( <i>lancet devices</i> )	NP	
SMART SENSE PREMIUM TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	
SMARTEST BLOOD GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	
SOLUS V2 TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	
<i>super thin lancets</i>	NP	
SUPREME TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	
SURE-TEST EASYPLUS MINI TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	
<i>true focus blood glucose strip in vitro strip</i>	NF	
TRUE METRIX BLOOD GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	
TRUEPLUS LANCETS 26G ( <i>lancets</i> )	NP	
TRUEPLUS LANCETS 30G ( <i>lancets</i> )	NP	
TRUEPLUS SAFETY LANCETS 28G ( <i>lancets</i> )	NP	
TRUETEST TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	
TRUETRACK TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
UNIFINE PENTIPS 31G X 5 MM , 31G X 8 MM , 32G X 4 MM ( <i>insulin pen needle</i> )	NF	
UNISTRIP1 GENERIC IN VITRO STRIP ( <i>glucose blood</i> )	NF	
<i>verasens blood glucose test in vitro strip</i>	NF	
V-GO 20 KIT ( <i>insulin disposable pump</i> )	PB	
V-GO 30 KIT ( <i>insulin disposable pump</i> )	PB	
V-GO 40 KIT ( <i>insulin disposable pump</i> )	PB	
<b>MISCELLANEOUS</b>		
THYROGEN INTRAMUSCULAR SOLUTION RECONSTITUTED 0.9 MG ( <i>thyrotropin alfa</i> )	NPSP	
<b>NUTRITIONAL/SUPPLEMENTS - VITAMINS AND SUPPLEMENTS</b>		
<b>ELECTROLYTES</b>		
<i>potassium chloride</i> (Klor-Con 10 Oral Tablet Extended Release 10 Meq)	PG	
<i>potassium chloride crys er</i> (Klor-Con M10 Oral Tablet Extended Release 10 Meq)	PG	
<i>potassium chloride crys er</i> (Klor-Con M15 Oral Tablet Extended Release 15 Meq)	PG	
<i>potassium chloride crys er</i> (Klor-Con M20 Oral Tablet Extended Release 20 Meq)	PG	
<i>potassium chloride</i> (Klor-Con Oral Packet 20 Meq)	NP	
<i>potassium chloride</i> (Klor-Con Oral Tablet Extended Release 8 Meq)	PG	
<i>k phos mono-sod phos di &amp; mono</i> (Phospho-Trin 250 Neutral Oral Tablet 155-852-130 Mg)	PG	
<i>potassium chloride crys er oral tablet extended release 10 meq, 20 meq</i>	PG	
<i>potassium chloride er oral capsule extended release 10 meq, 8 meq</i>	PG	
<i>potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq</i>	PG	
<i>potassium chloride oral solution 20 meq/15ml (10%)</i>	PG	
<i>potassium chloride oral solution 40 meq/15ml (20%)</i>	NP	

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021

176

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>VITAMINS - VITAMINS AND SUPPLEMENTS</b>		
ACCRUFER ORAL CAPSULE 30 MG ( <i>ferric maltol</i> )	NF	
ASCOR INTRAVENOUS SOLUTION 25000 MG/50ML ( <i>ascorbic acid</i> )	NF	
<i>azesco oral tablet 13-1 mg</i>	NF	
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	PG	
<i>calcitriol oral solution 1 mcg/ml</i>	PG	
CITRANATAL 90 DHA ORAL 90-1 & 300 MG ( <i>prenat w/o a-fecbgl-dss-fa-dha</i> )	PB	
CITRANATAL ASSURE ORAL 35-1 & 300 MG ( <i>prenat w/o a-fecbgl-dss-fa-dha</i> )	PB	
CITRANATAL B-CALM ORAL 20-1 MG & 2 X 25 MG ( <i>prenat w/o a fecbnfeglu-fa &amp;b6</i> )	PB	
CITRANATAL BLOOM DHA ORAL 90-1 & 300 MG ( <i>prenat w/o a-fecbgl-dss-fa-dha</i> )	PB	
CITRANATAL BLOOM ORAL TABLET 90-1 MG ( <i>prenatal-dss-fecb-fegl-fa</i> )	PB	
CITRANATAL DHA ORAL 27-1 & 250 MG ( <i>prenat w/o a-fecbgl-dss-fa-dha</i> )	PB	
CITRANATAL ESSENCE ORAL THERAPY PACK 35-1 & 300 MG ( <i>prenat w/o a-fecbgl-fa-dha</i> )	PB	
CITRANATAL HARMONY ORAL CAPSULE 27-1-260 MG ( <i>prenat-fefmcb-dss-fa-dha w/o a</i> )	PB	
CITRANATAL MEDLEY ORAL CAPSULE 27-1-200 MG ( <i>prenat-fecb-fefum-fa-dha w/o a</i> )	PB	
CITRANATAL RX ORAL TABLET 27-1 MG ( <i>prenat w/o a-fecb-fegl-dss-fa</i> )	PB	
<i>cyanocobalamin injection solution 1000 mcg/ml</i>	PG	
DECARA K ORAL CAPSULE 1250-200 MCG ( <i>vitamin d-vitamin k</i> )	NF	
<i>b complex-c-folic acid (Dexifol Oral Tablet 5 Mg)</i>	NF	
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	PG	
ENBRACE HR ORAL CAPSULE ( <i>prenat vit-fe gly cys-fa-omega</i> )	NF	
<i>ergocal oral capsule 62.5 mcg (2500 ut)</i>	NF	

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FA-8 ORAL CAPSULE 0.8 MG ( <i>folic acid</i> )	CE	N7 (Not Covered); QL (100 CAPSULES per 30 days); AL (Max 55 Years)
FLORIVA ORAL LIQUID 0.25-400 MG-UNIT/ML ( <i>sodium fluoride-vitamin d</i> )	NF	
FLORIVA ORAL TABLET CHEWABLE 0.5 MG, 1 MG ( <i>ped multiple vit-minerals-fl</i> )	NF	
<i>fluoritab oral solution 0.275 (0.125 f) mg/drop</i>	CE	N7 (Not Covered); AL (Max 5 Years)
<i>folate oral tablet 400 mcg</i>	CE	N7 (Not Covered); QL (100 TABLETS per 30 days); AL (Max 55 Years)
<i>folbee plus oral tablet</i>	PG	
<i>folic acid oral tablet 400 mcg</i>	CE	N7 (Not Covered); QL (100 TABLETS per 30 days); AL (Max 55 Years)
<i>folic acid oral tablet 800 mcg</i>	CE	N7 (Not Covered); QL (100 TABLETS per 30 DAYS); AL (Max 55 Years)
<i>folic-k oral capsule 1 mg</i>	NF	
GENICIN VITA-Q ORAL TABLET 1 MG ( <i>multiple vitamins with fa</i> )	NF	
<i>hylavite oral tablet</i>	NF	
INATAL GT ORAL TABLET ( <i>prenatal vit-dss-fe cbn-fa</i> )	PG	
<i>jenliva prenatal/postnatal oral capsule 1 mg</i>	NF	
<i>kosher prenatal plus iron oral tablet 30-1 mg</i>	NF	
MEPHYTON ORAL TABLET 5 MG ( <i>phytonadione</i> )	NP	QL (25 TABLETS per 25 days)
<i>na ferric gluc cplx in sucrose intravenous solution 12.5 mg/ml</i>	PG	
NASCOBAL NASAL SOLUTION 500 MCG/0.1ML ( <i>cyanocobalamin</i> )	NF	
<i>neonatal + dha oral 29-1 &amp; 200 mg</i>	NF	
<i>neonatal 19 oral tablet 1 mg</i>	NF	
<i>neonatal fe oral tablet 90-1 mg</i>	NF	
NESTABS ONE ORAL CAPSULE 38-1-225 MG ( <i>prenat-fe-methylfol-dha w/o a</i> )	NF	

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021

178

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NICOMIDE ORAL TABLET 750-27-2-0.5 MG ( <i>niacinamide-zn-cu-methfo-se-cr</i> )	NF	
<i>nicotinamide oral tablet 750-27-2-0.5 mg</i>	NF	
OBSTETRIX ONE ORAL CAPSULE 38-1-225 MG ( <i>prenat-fe-methyl-dss-dha wlo a</i> )	NF	
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	PG	
<i>phytonadione oral tablet 5 mg</i>	PG	QL (25 TABLETS per 25 days)
<i>pnv tabs 20-1 oral tablet 20-1 mg</i>	NF	
<i>pnv tabs 29-1 oral tablet 29-1 mg</i>	NF	
<i>pnv-dha oral capsule 27-0.6-0.4-300 mg</i>	PG	
<i>pregen dha oral capsule 28-1-35 mg</i>	NF	
<i>pregenna oral tablet 20-1 mg</i>	NF	
<i>prena 1 true oral 30-1.4 &amp; 300 mg</i>	NF	
<i>prenara oral capsule 15-1 mg</i>	NF	
PRENATABS RX ORAL TABLET 29-1 MG ( <i>prenatal vit-iron carbonyl-fa</i> )	PG	
PRIMACARE ORAL CAPSULE 30-1-470 MG ( <i>pren-fe-meth-fa-omeg wlo a</i> )	NF	
QUFLORA FE ORAL TABLET CHEWABLE 0.25 MG ( <i>multi vit-min-fluoride-fe-fa</i> )	NF	
QUFLORA FE PEDIATRIC ORAL LIQUID 0.25-9.5 MG/ML ( <i>ped multivitamins-fl-iron</i> )	NF	
QUFLORA GUMMIES ORAL TABLET CHEWABLE 0.125 MG ( <i>pediatric multivitamins-fl</i> )	NF	
REMEDIENT ORAL CAPSULE 1 MG ( <i>multiple vitamins-minerals-fa</i> )	NF	
<i>reno caps oral capsule 1 mg</i>	PG	Select OTC
<i>sodium fluoride oral solution 1.1 (0.5 f) mg/ml</i>	CE	N7 (Not Covered); AL (Max 5 Years)
<i>sodium fluoride oral tablet 1.1 (0.5 f) mg</i>	CE	N7 (Not Covered); AL (Max 5 Years)
<i>sodium fluoride oral tablet 2.2 (1 f) mg</i>	PG	
<i>sodium fluoride oral tablet chewable 0.55 (0.25 f) mg, 1.1 (0.5 f) mg</i>	CE	N7 (Not Covered); AL (Max 5 Years)

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>sodium fluoride oral tablet chewable 2.2 (1 f) mg</i>	PG	
TRIFERIC HEMODIALYSIS PACKET 272 MG ( <i>ferric pyrophosphate citrate</i> )	NF	
TRINATE ORAL TABLET ( <i>prenatal vit-fe fumarate-fa</i> )	PG	
<i>trinaz oral tablet 12-1 mg</i>	NF	
<i>tristart dha oral capsule 31-0.6-0.4-200 mg</i>	NF	
TRISTART FREE ORAL CAPSULE 33-1 MG ( <i>prenat w/o a-fecbn-meth-fa-dha</i> )	NF	
TRISTART ONE ORAL CAPSULE 35-1-215 MG ( <i>prenat w/o a-fecbn-meth-fa-dha</i> )	NF	
VENOFER INTRAVENOUS SOLUTION 20 MG/ML ( <i>iron sucrose</i> )	NPSP	
<i>virt-c dha oral capsule 53.5-38-1 mg</i>	NF	
VITAFOL FE+ ORAL CAPSULE 90-0.6-0.4-200 MG ( <i>prenat-fe poly-methfol-fa-dha</i> )	NF	
VITAFOL GUMMIES ORAL TABLET CHEWABLE 3.33-0.333-34.8 MG ( <i>prenatal vit-fe phos-fa-omega</i> )	NF	
VITAFOL STRIPS ORAL FILM 1 MG ( <i>prenatal-b6-b12-d3-folic acid</i> )	NF	
<i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)</i>	PG	
<i>westgel dha oral capsule 31-0.6-0.4-200 mg</i>	NF	
<i>zalvit oral tablet 13-1 mg</i>	NF	
<b>OPHTHALMIC - DRUGS TO TREAT EYE CONDITIONS</b>		
<b>ANTIALLERGICS - DRUGS TO TREAT ALLERGIES</b>		
<i>azelastine hcl ophthalmic solution 0.05 %</i>	PG	
<i>bepotastine besilate ophthalmic solution 1.5 %</i>	NF	
BEPREVE OPHTHALMIC SOLUTION 1.5 % ( <i>bepotastine besilate</i> )	NF	
<i>cromolyn sodium ophthalmic solution 4 %</i>	PG	
<i>epinastine hcl ophthalmic solution 0.05 %</i>	PG	
<i>kp ketotifen fumarate ophthalmic solution 0.025 %</i>	PG	Select OTC
LASTACRAFT OPHTHALMIC SOLUTION 0.25 % ( <i>alcaftadine</i> )	NF	
ZADITOR OPHTHALMIC SOLUTION 0.025 % ( <i>ketotifen fumarate</i> )	PG	Select OTC

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021

180

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZERVIAE OPHTHALMIC SOLUTION 0.24 % ( <i>cetirizine hcl</i> )	NF	
<b>ANTIGLAUCOMA - DRUGS TO TREAT GLAUCOMA</b>		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %, 0.15 % ( <i>brimonidine tartrate</i> )	PB	
AZOPT OPHTHALMIC SUSPENSION 1 % ( <i>brinzolamide</i> )	NF	
<i>betaxolol hcl ophthalmic solution 0.5 %</i>	PG	
BETIMOL OPHTHALMIC SOLUTION 0.25 %, 0.5 % ( <i>timolol hemihydrate</i> )	NF	
BETOPTIC-S OPHTHALMIC SUSPENSION 0.25 % ( <i>betaxolol hcl</i> )	NF	
<i>bimatoprost ophthalmic solution 0.03 %</i>	NF	
<i>brimonidine tartrate ophthalmic solution 0.15 %</i>	NP	
<i>brimonidine tartrate ophthalmic solution 0.2 %</i>	PG	
<i>brinzolamide ophthalmic suspension 1 %</i>	NF	N10
<i>carteolol hcl ophthalmic solution 1 %</i>	PG	
COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 % ( <i>brimonidine tartrate-timolol</i> )	PB	
COSOPT PF OPHTHALMIC SOLUTION 2-0.5 % ( <i>dorzolamide hcl-timolol mal</i> )	NF	
<i>dorzolamide hcl ophthalmic solution 2 %</i>	NF	
<i>dorzolamide hcl-timolol mal ophthalmic solution 22.3-6.8 mg/ml</i>	PG	
<i>dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %</i>	PG	
ISTALOL OPHTHALMIC SOLUTION 0.5 % ( <i>timolol maleate</i> )	NF	
<i>latanoprost ophthalmic solution 0.005 %</i>	PG	
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	PG	
LUMIGAN OPHTHALMIC SOLUTION 0.01 % ( <i>bimatoprost</i> )	NF	
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	PG	
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 % ( <i>brinzolamide-brimonidine</i> )	PB	
<i>timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %</i>	PG	
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i>	PG	
<i>timolol maleate ophthalmic solution 0.5 % (daily)</i>	NP	

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>timolol maleate pf ophthalmic solution 0.5 %</i>	NF	
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.25 %, 0.5 % ( <i>timolol maleate</i> )	NF	
TRAVATAN Z OPHTHALMIC SOLUTION 0.004 % ( <i>travoprost</i> )	NF	
<i>travoprost (bak free) ophthalmic solution 0.004 %</i>	PG	
VYZULTA OPHTHALMIC SOLUTION 0.024 % ( <i>latanoprostene bunod</i> )	NF	
XELPROS OPHTHALMIC EMULSION 0.005 % ( <i>latanoprost</i> )	NF	
ZIOPTAN OPHTHALMIC SOLUTION 0.0015 % ( <i>tafluprost</i> )	PB	
<b>ANTI-INFECTIVE/ANTI-INFLAMMATORY - DRUGS TO TREAT INFECTIONS AND INFLAMMATION</b>		
<i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i>	PG	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	PG	
<i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>	PG	
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 % ( <i>tobramycin-dexamethasone</i> )	NF	
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-dexamethasone ophthalmic suspension 0.3-0.1 %</i>	PG	
ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 % ( <i>loteprednol-tobramycin</i> )	NF	
<b>ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS</b>		
<i>ak-poly-bac ophthalmic ointment 500-10000 unit/gm</i>	PG	
AZASITE OPHTHALMIC SOLUTION 1 % ( <i>azithromycin</i> )	NF	
<i>bacitracin ophthalmic ointment 500 unit/gm</i>	PG	
BESIVANCE OPHTHALMIC SUSPENSION 0.6 % ( <i>besifloxacin hcl</i> )	NF	N10
CILOXAN OPHTHALMIC OINTMENT 0.3 % ( <i>ciprofloxacin hcl</i> )	NF	

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021

182

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>ciprofloxacin hcl ophthalmic solution 0.3 %</i>	PG	
<i>erythromycin ophthalmic ointment 5 mg/gm</i>	PG	
<i>gatifloxacin ophthalmic solution 0.5 %</i>	NP	
GENTAK OPHTHALMIC OINTMENT 0.3 % ( <i>gentamicin sulfate</i> )	PG	
<i>gentamicin sulfate ophthalmic solution 0.3 %</i>	PG	
KLARITY-A OPHTHALMIC SOLUTION 1 % ( <i>azithromycin</i> )	NF	
<i>levofloxacin ophthalmic solution 0.5 %</i>	PG	
MOXEZA OPHTHALMIC SOLUTION 0.5 % ( <i>moxifloxacin hcl</i> )	NP	
<i>moxifloxacin hcl (2x day) ophthalmic solution 0.5 %</i>	PG	
<i>moxifloxacin hcl ophthalmic solution 0.5 %</i>	PG	
<i>ofloxacin ophthalmic solution 0.3 %</i>	PG	
<i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>	PG	
<i>sulfacetamide sodium ophthalmic ointment 10 %</i>	PG	
<i>sulfacetamide sodium ophthalmic solution 10 %</i>	PG	
<i>tobramycin ophthalmic solution 0.3 %</i>	PG	
<i>trifluridine ophthalmic solution 1 %</i>	PG	
ZIRGAN OPHTHALMIC GEL 0.15 % ( <i>ganciclovir</i> )	NF	N10
ZYMAXID OPHTHALMIC SOLUTION 0.5 % ( <i>gatifloxacin</i> )	NF	
<b>ANTI-INFLAMMATORIES - DRUGS TO TREAT INFLAMMATION</b>		
ACUVAIL OPHTHALMIC SOLUTION 0.45 % ( <i>ketorolac tromethamine</i> )	NF	
ALREX OPHTHALMIC SUSPENSION 0.2 % ( <i>loteprednol etabonate</i> )	NF	
<i>bromfenac sodium (once-daily) ophthalmic solution 0.09 %</i>	NP	
BROMSITE OPHTHALMIC SOLUTION 0.075 % ( <i>bromfenac sodium</i> )	NF	
<i>dexamethasone sodium phosphate ophthalmic solution 0.1 %</i>	PG	
<i>diclofenac sodium ophthalmic solution 0.1 %</i>	PG	
<i>difluprednate ophthalmic emulsion 0.05 %</i>	PG	

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DUREZOL OPHTHALMIC EMULSION 0.05 % (difluprednate)	PB	
EYSUVIS OPHTHALMIC SUSPENSION 0.25 % (loteprednol etabonate)	NF	
FLAREX OPHTHALMIC SUSPENSION 0.1 % (fluorometholone acetate)	NF	
fluorometholone ophthalmic suspension 0.1 %	PG	
flurbiprofen sodium ophthalmic solution 0.03 %	PG	
FML FORTE OPHTHALMIC SUSPENSION 0.25 % (fluorometholone)	NF	
FML LIQUIFILM OPHTHALMIC SUSPENSION 0.1 % (fluorometholone)	NF	
FML OPHTHALMIC OINTMENT 0.1 % (fluorometholone)	NF	
ILEVRO OPHTHALMIC SUSPENSION 0.3 % (nepafenac)	NF	
INVELTYS OPHTHALMIC SUSPENSION 1 % (loteprednol etabonate)	NF	
ketorolac tromethamine ophthalmic solution 0.4 %	NP	
ketorolac tromethamine ophthalmic solution 0.5 %	PG	
LOTEMAX OPHTHALMIC GEL 0.5 % (loteprednol etabonate)	NF	
LOTEMAX OPHTHALMIC OINTMENT 0.5 % (loteprednol etabonate)	NF	
LOTEMAX OPHTHALMIC SUSPENSION 0.5 % (loteprednol etabonate)	NF	
LOTEMAX SM OPHTHALMIC GEL 0.38 % (loteprednol etabonate)	NF	
loteprednol etabonate ophthalmic gel 0.5 %	NF	
loteprednol etabonate ophthalmic suspension 0.5 %	PG	
MAXIDEX OPHTHALMIC SUSPENSION 0.1 % (dexamethasone)	NF	
NEVANAC OPHTHALMIC SUSPENSION 0.1 % (nepafenac)	NF	
PRED FORTE OPHTHALMIC SUSPENSION 1 % (prednisolone acetate)	NF	
PRED MILD OPHTHALMIC SUSPENSION 0.12 % (prednisolone acetate)	NF	

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021

184

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>prednisolone acetate ophthalmic suspension 1 %</i>	PG	
PROLENSA OPHTHALMIC SOLUTION 0.07 % ( <i>bromfenac sodium</i> )	NF	
<b>DRY EYE DISEASE</b>		
LACRISERT OPHTHALMIC INSERT 5 MG ( <i>artificial tear insert</i> )	NF	
XIIDRA OPHTHALMIC SOLUTION 5 % ( <i>lifitegrast</i> )	PB	
<b>MISCELLANEOUS</b>		
<i>atropine sulfate ophthalmic solution 1 %</i>	NP	
BEOVU INTRAVITREAL SOLUTION 6 MG/0.05ML ( <i>brolucizumab-dbl</i> )	NF	
CEQUA OPHTHALMIC SOLUTION 0.09 % ( <i>cyclosporine</i> )	NF	
CYSTADROPS OPHTHALMIC SOLUTION 0.37 % ( <i>cysteamine hcl</i> )	NF	
CYSTARAN OPHTHALMIC SOLUTION 0.44 % ( <i>cysteamine hcl</i> )	NPSP	PA; QL (4 ML per 28 days)
ISOPTO ATROPINE OPHTHALMIC SOLUTION 1 % ( <i>atropine sulfate</i> )	NP	
OXERVATE OPHTHALMIC SOLUTION 0.002 % ( <i>cenegermin-bkbj</i> )	NPSP	PA; QL (2 ML per 7 DAYs)
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 % ( <i>cyclosporine</i> )	NF	
RESTASIS OPHTHALMIC EMULSION 0.05 % ( <i>cyclosporine</i> )	NF	
RHOPRESSA OPHTHALMIC SOLUTION 0.02 % ( <i>netarsudil dimesylate</i> )	PB	
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 % ( <i>netarsudil-latanoprost</i> )	PB	
<i>tropicamide ophthalmic solution 0.5 %, 1 %</i>	PG	
UPNEEQ OPHTHALMIC SOLUTION 0.1 % ( <i>oxymetazoline hcl</i> )	NF	
VISUDYNE INTRAVENOUS SOLUTION RECONSTITUTED 15 MG ( <i>verteporfin</i> )	NPSP	PA
<b>RETINAL DISORDERS</b>		
EYLEA INTRAVITREAL SOLUTION 2 MG/0.05ML ( <i>aflibercept</i> )	PSP	PA

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EYLEA INTRAVITREAL SOLUTION PREFILLED SYRINGE 2 MG/0.05ML ( <i>aflibercept</i> )	PSP	PA
LUCENTIS INTRAVITREAL SOLUTION 0.3 MG/0.05ML, 0.5 MG/0.05ML ( <i>ranibizumab</i> )	PSP	PA
LUCENTIS INTRAVITREAL SOLUTION PREFILLED SYRINGE 0.3 MG/0.05ML, 0.5 MG/0.05ML ( <i>ranibizumab</i> )	PSP	PA
<b>OTHER</b>		
<b>IRRIGATION SOLUTIONS</b>		
<i>sterile water for irrigation irrigation solution</i>	NP	STX
<b>MUSCULOSKELETAL THERAPY AGENTS</b>		
XIAFLEX INJECTION SOLUTION RECONSTITUTED 0.9 MG ( <i>collagenase clostrid histolyt</i> )	NPSP	PA
<b>RESPIRATORY - DRUGS TO TREAT BREATHING DISORDERS</b>		
<b>ANAPHYLAXIS TREATMENT AGENTS</b>		
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.1 MG/0.1ML, 0.15 MG/0.15ML, 0.3 MG/0.3ML ( <i>epinephrine</i> )	NF	
<i>epinephrine injection solution auto-injector 0.15 mg/0.15ml</i>	PG	QL (4 INJECTIONS per 25 DAYs)
<i>epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	PG	QL (4 SOLUTION AUTO-INJECTOR per 25 days)
EPINEPHRINESNAP-V INJECTION KIT 1 MG/ML ( <i>epinephrine</i> )	NF	
EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML ( <i>epinephrine</i> )	PB	QL (4 INJECTIONS per 25 DAYs)
EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.3ML ( <i>epinephrine</i> )	PB	QL (4 INJECTIONS per 25 DAYs)
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.15 MG/0.3ML, 0.3 MG/0.3ML ( <i>epinephrine</i> )	PB	QL (4 SYRINGES per 25 days)
<b>ANTIALLERGICS - DRUGS TO TREAT ALLERGIES</b>		
PATANASE NASAL SOLUTION 0.6 % ( <i>olopatadine hcl</i> )	NP	QL (1 BOTTLE per 25 days)

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021

186

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>ANTICHOLINERGIC/BETA AGONIST COMBINATIONS - DRUGS TO TREAT COPD</b>		
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	
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/INH <i>(umeclidinium-vilanterol)</i>	PB	QL (1 PACKAGE per 25 DAYS)
BEVESPI AEROSPHERE INHALATION AEROSOL 9-4.8 MCG/ACT <i>(glycopyrrolate-formoterol)</i>	NF	
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT <i>(budeson-glycopyrrol-formoterol)</i>	PB	QL (1 PACKAGE per 25 days)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT <i>(ipratropium-albuterol)</i>	NP	QL (2 PACKAGES per 25 days)
DULERA INHALATION AEROSOL 100-5 MCG/ACT, 200-5 MCG/ACT, 50-5 MCG/ACT <i>(mometasone furo-formoterol fum)</i>	NF	
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcglact, 232-14 mcglact, 55-14 mcglact</i>	NF	
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	PG	QL (6 BOXES per 25 DAYS)
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT <i>(tiotropium bromide-olodaterol)</i>	PB	QL (1 PACKAGE per 25 days)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/INH, 200-62.5-25 MCG/INH <i>(fluticasone-umeclidin-vilant)</i>	PB	QL (1 PACKAGE per 25 DAYS)
<b>ANTICHOLINERGICS - DRUGS TO TREAT COPD</b>		
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT <i>(ipratropium bromide hfa)</i>	NF	

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/INH ( <i>umeclidinium bromide</i> )	NF	
<i>ipratropium bromide inhalation solution 0.02 %</i>	PG	QL (5 ML per 25 days)
<i>ipratropium bromide nasal solution 0.03 %, 0.06 %</i>	PG	
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	
SPIRIVA HANDIHALER INHALATION CAPSULE 18 MCG ( <i>tiotropium bromide monohydrate</i> )	PB	QL (1 PACKAGE per 25 DAYs)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT ( <i>tiotropium bromide monohydrate</i> )	PB	QL (1 PACKAGE per 25 DAYs)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT ( <i>tiotropium bromide monohydrate</i> )	PB	QL (1 PACKAGE per 25 days)
TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT ( <i>acclidinium bromide</i> )	NF	
YUPELRI INHALATION SOLUTION 175 MCG/3ML ( <i>revefenacin</i> )	PB	QL (30 ML per 25 days)
<b>ANTIHISTAMINE COMBINATIONS</b>		
<i>azelastine-fluticasone nasal suspension 137-50 mcg/lact</i>	PG	QL (1 GM per 25 DAYs)
DYMISTA NASAL SUSPENSION 137-50 MCG/ACT ( <i>azelastine-fluticasone</i> )	NP	QL (1 PACKAGE per 25 days)
<b>ANTIHISTAMINES - DRUGS TO TREAT ALLERGIES</b>		
ALLEGRA ALLERGY CHILDRENS ORAL SUSPENSION 30 MG/5ML ( <i>fexofenadine hcl</i> )	PG	Select OTC
ALLEGRA ALLERGY CHILDRENS ORAL TABLET DISPERSIBLE 30 MG ( <i>fexofenadine hcl</i> )	PG	Select OTC
ALLEGRA ALLERGY ORAL TABLET 180 MG, 60 MG ( <i>fexofenadine hcl</i> )	PG	Select OTC
<i>allergy relief oral capsule 10 mg</i>	PG	Select OTC
<i>azelastine hcl nasal solution 0.1 %</i>	PG	QL (2 BOTTLES per 25 DAYs)

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021

188

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>azelastine hcl nasal solution 0.15 %</i>	NP	QL (2 BOTTLES per 25 days)
<i>carbinoxamine maleate oral tablet 4 mg</i>	PG	
<i>carbinoxamine maleate oral tablet 6 mg</i>	NF	
<i>cetirizine hcl allergy child oral solution 5 mg/5ml</i>	PG	Select OTC
<i>cetirizine hcl oral tablet 10 mg, 5 mg</i>	PG	Select OTC
<i>cetirizine hcl oral tablet chewable 10 mg, 5 mg</i>	PG	Select OTC
CLARITIN ORAL CAPSULE 10 MG ( <i>loratadine</i> )	PG	Select OTC
CLARITIN ORAL TABLET 10 MG ( <i>loratadine</i> )	PG	Select OTC
CLARITIN ORAL TABLET CHEWABLE 5 MG ( <i>loratadine</i> )	PG	Select OTC
CLARITIN REDITABS ORAL TABLET DISPERSIBLE 10 MG, 5 MG ( <i>loratadine</i> )	PG	Select OTC
<i>clemastine fumarate oral syrup 0.67 mg/5ml</i>	NF	
<i>cvs allergy relief childrens oral suspension 30 mg/5ml</i>	PG	Select OTC
<i>cyproheptadine hcl oral syrup 2 mg/5ml</i>	PG	
<i>cyproheptadine hcl oral tablet 4 mg</i>	PG	
<i>desloratadine oral tablet 5 mg</i>	PG	
<i>desloratadine oral tablet dispersible 2.5 mg, 5 mg</i>	NP	
<i>eq loratadine childrens oral tablet chewable 5 mg</i>	PG	Select OTC
<i>fexofenadine hcl oral tablet 180 mg</i>	PG	Select OTC
<i>hydroxyzine hcl oral syrup 10 mg/5ml</i>	PG	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	PG	
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	PG	
KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE 4 MG/5ML ( <i>carbinoxamine maleate</i> )	NP	ST
<i>kp fexofenadine hcl oral tablet 60 mg</i>	PG	Select OTC
<i>levocetirizine dihydrochloride oral tablet 5 mg</i>	PG	Select OTC
<i>loratadine oral capsule 10 mg</i>	PG	Select OTC
<i>loratadine oral tablet 10 mg</i>	PG	Select OTC
<i>olopatadine hcl nasal solution 0.6 %</i>	NP	QL (1 BOTTLE per 25 days)
RYCLORA ORAL SOLUTION 2 MG/5ML ( <i>dexchlorpheniramine maleate</i> )	NF	

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RYVENT ORAL TABLET 6 MG ( <i>carbinoxamine maleate</i> )	NF	
<i>sm loratadine allergy relief oral tablet dispersible 10 mg</i>	PG	Select OTC
<i>sm loratadine oral syrup 5 mg/5ml</i>	PG	Select OTC
XYZAL ALLERGY 24HR ORAL TABLET 5 MG ( <i>levocetirizine dihydrochloride</i> )	PG	Select OTC
ZYRTEC ALLERGY ORAL CAPSULE 10 MG ( <i>cetirizine hcl</i> )	PG	Select OTC
ZYRTEC ALLERGY ORAL TABLET 10 MG ( <i>cetirizine hcl</i> )	PG	Select OTC
ZYRTEC CHILDRENS ALLERGY ORAL SOLUTION 1 MG/ML ( <i>cetirizine hcl</i> )	PG	Select OTC
<b>BETA AGONISTS - DRUGS TO TREAT ASTHMA AND COPD</b>		
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/lact</i>	PG	QL (2 GM per 25 DAYs)
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml</i>	PG	QL (5 BOXES per 25 DAYs)
<i>albuterol sulfate inhalation nebulization solution 2.5 mg/0.5ml</i>	PG	QL (60 ML per 25 days)
<i>albuterol sulfate oral syrup 2 mg/5ml</i>	PG	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	PG	
<i>arformoterol tartrate inhalation nebulization solution 15 mcg/2ml</i>	NF	
BROVANA INHALATION NEBULIZATION SOLUTION 15 MCG/2ML ( <i>arformoterol tartrate</i> )	NF	
<i>formoterol fumarate inhalation nebulization solution 20 mcg/2ml</i>	PG	QL (2 BOXES per 25 DAYs)
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/3ml</i>	PG	QL (300 ML per 25 days)
<i>levalbuterol hcl inhalation nebulization solution 1.25 mg/0.5ml</i>	PG	QL (45 NEBULIZATION SOLUTION per 25 days)
<i>levalbuterol tartrate inhalation aerosol 45 mcg/lact</i>	NP	QL (2 INHALERS per 25 DAYs)
PERFORMIST INHALATION NEBULIZATION SOLUTION 20 MCG/2ML ( <i>formoterol fumarate</i> )	PB	QL (60 VIALS per 25 days)

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021

190

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PROAIR DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) 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	
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/DOSE ( <i>salmeterol xinafoate</i> )	NF	
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT ( <i>olodaterol hcl</i> )	PB	QL (1 PACKAGE per 25 DAYs)
<i>terbutaline sulfate oral tablet 2.5 mg, 5 mg</i>	PG	
VENTOLIN HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT ( <i>albuterol sulfate</i> )	NF	
XOPENEX CONCENTRATE INHALATION NEBULIZATION SOLUTION 1.25 MG/0.5ML ( <i>levalbuterol hcl</i> )	NP	QL (45 ML per 25 DAYs)
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> )	NP	QL (300 ML per 25 DAYs)
<b>BIOLOGIC RESPONSE MODIFIERS</b>		
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/ML ( <i>benralizumab</i> )	PSP	PA; QL (1 ML per 56 DAYs)
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/ML ( <i>benralizumab</i> )	PSP	PA; QL (1 ML per 56 days)
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML ( <i>mepolizumab</i> )	PSP	PA; QL (3 ML per 28 days)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML ( <i>mepolizumab</i> )	PSP	PA; QL (3 ML per 28 days)

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG ( <i>mepolizumab</i> )	PSP	PA; QL (3 SOLUTION RECONSTITUTED per 28 days)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML ( <i>omalizumab</i> )	PSP	PA; QL (8 SYRINGES per 28 days)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML ( <i>omalizumab</i> )	PSP	PA; QL (2 ML per 28 days)
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG ( <i>omalizumab</i> )	PSP	PA; QL (8 VIALS per 28 days)
<b>COLD/COUGH</b>		
ALLEGRA-D ALLERGY & CONGESTION ORAL TABLET EXTENDED RELEASE 12 HOUR 60-120 MG ( <i>fexofenadine-pseudoephedrine</i> )	PG	Select OTC
ALLEGRA-D ALLERGY & CONGESTION ORAL TABLET EXTENDED RELEASE 24 HOUR 180-240 MG ( <i>fexofenadine-pseudoephedrine</i> )	PG	Select OTC
<i>benzonatate oral capsule 100 mg, 200 mg</i>	PG	
<i>benzonatate oral capsule 150 mg</i>	NP	
<i>cetirizine-pseudoephedrine er oral tablet extended release 12 hour 5-120 mg</i>	PG	Select OTC
CLARITIN-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG ( <i>loratadine-pseudoephedrine</i> )	PG	Select OTC
CLARITIN-D 24 HOUR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-240 MG ( <i>loratadine-pseudoephedrine</i> )	PG	Select OTC
<i>coditussin ac oral liquid 200-10 mg/5ml</i>	PG	Select OTC; QL (60 ML per 1 day)
<i>fexofenadine-pseudoephed er oral tablet extended release 12 hour 60-120 mg</i>	PG	Select OTC
<i>fexofenadine-pseudoephed er oral tablet extended release 24 hour 180-240 mg</i>	PG	Select OTC
HYCODAN ORAL SYRUP 5-1.5 MG/5ML ( <i>hydrocodone-homatropine</i> )	NF	
<i>hydrocod polst-cpm polst er oral suspension extended release 10-8 mg/5ml</i>	NP	
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5ml</i>	PG	QL (30 ML per 1 day)
<i>hydrocodone-homatropine oral tablet 5-1.5 mg</i>	PG	QL (6 TABLETS per 1 day)

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021

192

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>loratadine-d 24hr oral tablet extended release 24 hour 10-240 mg</i>	PG	Select OTC
<i>promethazine-codeine oral solution 6.25-10 mg/5ml</i>	PG	QL (30 ML per 1 DAY)
<i>promethazine-dm oral syrup 6.25-15 mg/5ml</i>	PG	
<i>promethazine-phenyleph-codeine oral syrup 6.25-5-10 mg/5ml</i>	PG	QL (30 ML per 1 day)
<i>promethazine-phenylephrine oral syrup 6.25-5 mg/5ml</i>	PG	
<i>sm loratadine d 12hr oral tablet extended release 12 hour 5-120 mg</i>	PG	Select OTC
TUSSICAPS ORAL CAPSULE EXTENDED RELEASE 12 HOUR 10-8 MG ( <i>hydrocod polst-chlorphen polst</i> )	NP	QL (2 CAPSULES per 1 DAY)
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HOUR 54.3-8 MG ( <i>chlorpheniramine-codeine</i> )	NF	
TUZISTRA XR ORAL SUSPENSION EXTENDED RELEASE 14.7-2.8 MG/5ML ( <i>codeine polst-chlorphen polst</i> )	NF	
<b>LEUKOTRIENE MODIFIERS</b>		
<i>zileuton er oral tablet extended release 12 hour 600 mg</i>	NF	N10
ZYFLO ORAL TABLET 600 MG ( <i>zileuton</i> )	NF	
<b>LEUKOTRIENE RECEPTOR ANTAGONISTS - DRUGS TO TREAT ASTHMA AND ALLERGIES</b>		
<i>montelukast sodium oral packet 4 mg</i>	PG	
<i>montelukast sodium oral tablet 10 mg</i>	PG	
<i>montelukast sodium oral tablet chewable 4 mg, 5 mg</i>	PG	
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	
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	PG	
<b>MAST CELL STABILIZERS - DRUGS TO TREAT ALLERGIES</b>		
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>	PG	QL (2 BOXES per 25 DAYs)
<b>MISCELLANEOUS</b>		
<i>acetylcysteine inhalation solution 10 %, 20 %</i>	PG	

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 500 MG ( <i>alpha1-proteinase inhibitor</i> )	NF	
BRONCHITOL INHALATION CAPSULE 40 MG ( <i>mannitol (cystic fibrosis)</i> )	NF	
CINQAIR INTRAVENOUS SOLUTION 100 MG/10ML ( <i>reslizumab</i> )	NF	
DALIRESP ORAL TABLET 250 MCG, 500 MCG ( <i>roflumilast</i> )	PB	
GLASSIA INTRAVENOUS SOLUTION 1000 MG/50ML ( <i>alpha1-proteinase inhibitor</i> )	NF	
KALYDECO ORAL PACKET 25 MG, 50 MG, 75 MG ( <i>ivacaftor</i> )	NPSP	PA; QL (56 PACKET per 28 days)
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG ( <i>lumacaftor-ivacaftor</i> )	NPSP	PA; QL (56 PACKET per 28 days)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG ( <i>lumacaftor-ivacaftor</i> )	NPSP	PA; QL (112 TABLETS per 28 days)
PROLASTIN-C INTRAVENOUS SOLUTION 1000 MG/20ML ( <i>alpha1-proteinase inhibitor</i> )	PSP	PA
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG ( <i>alpha1-proteinase inhibitor</i> )	PSP	PA
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML ( <i>dornase alfa</i> )	NPSP	PA; QL (150 ML per 30 Days)
<i>sodium chloride inhalation nebulization solution 10 %, 3 %</i>	PG	
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG, 50-75 & 75 MG ( <i>tezacaftor-ivacaftor</i> )	NPSP	PA; QL (56 TABLETS per 28 days)
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG, 50-25-37.5 & 75 MG ( <i>elexacaftor-tezacaftor-ivacafti</i> )	NPSP	PA; QL (84 TABLETS per 28 days)
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG ( <i>alpha1-proteinase inhibitor</i> )	NF	
<b>NASAL STEROIDS - DRUGS TO TREAT ALLERGIES</b>		
BECONASE AQ NASAL SUSPENSION 42 MCG/SPRAY ( <i>beclomethasone diprop monohyd</i> )	NF	
<i>budesonide nasal suspension 32 mcglact</i>	PG	Select OTC; QL (2 ML per 25 DAYs)

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021

194

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FLONASE ALLERGY RELIEF NASAL SUSPENSION 50 MCG/ACT ( <i>fluticasone propionate</i> )	PG	Select OTC; QL (1 ML per 25 DAYS)
<i>flunisolide nasal solution 25 mcglact (0.025%)</i>	PG	QL (3 CONTAINERS per 25 DAYS)
<i>fluticasone propionate nasal suspension 50 mcglact</i>	PG	Select OTC; QL (1 ML per 25 DAYS)
<i>mometasone furoate nasal suspension 50 mcglact</i>	PG	QL (2 PACKAGES per 25 DAYS)
NASACORT ALLERGY 24HR NASAL AEROSOL 55 MCG/ACT ( <i>triamcinolone acetonide</i> )	PG	Select OTC; QL (1 PACKAGE per 25 DAYS)
NASONEX NASAL SUSPENSION 50 MCG/ACT ( <i>mometasone furoate</i> )	NP	QL (2 PACKAGES per 25 DAYS)
OMNARIS NASAL SUSPENSION 50 MCG/ACT ( <i>ciclesonide</i> )	NF	
QNASL CHILDRENS NASAL AEROSOL SOLUTION 40 MCG/ACT ( <i>beclomethasone diprop (nasal)</i> )	NF	
QNASL NASAL AEROSOL SOLUTION 80 MCG/ACT ( <i>beclomethasone diprop (nasal)</i> )	NF	
<i>triamcinolone acetonide nasal aerosol 55 mcglact</i>	PG	Select OTC; QL (1 ML per 25 DAYS)
XHANCE NASAL EXHALER SUSPENSION 93 MCG/ACT ( <i>fluticasone propionate</i> )	NP	PA; QL (2 PACKAGES per 25 days)
ZETONNA NASAL AEROSOL SOLUTION 37 MCG/ACT ( <i>ciclesonide</i> )	NF	
<b>PULMONARY FIBROSIS AGENTS</b>		
ESBRIET ORAL CAPSULE 267 MG ( <i>pirfenidone</i> )	PSP	PA; QL (270 CAPSULES per 30 days)
ESBRIET ORAL TABLET 267 MG ( <i>pirfenidone</i> )	PSP	PA; QL (270 TABLETS per 30 days)
ESBRIET ORAL TABLET 801 MG ( <i>pirfenidone</i> )	PSP	PA; QL (90 TABLETS per 30 days)
OFEV ORAL CAPSULE 100 MG, 150 MG ( <i>nintedanib esylate</i> )	PSP	PA; QL (60 CAPSULES per 30 days)
<b>SEVERE ASTHMA AGENTS</b>		
DUPIXENT SOLUTION PEN-INJECTOR 200 MG/1.14ML SUBCUTANEOUS 200 MG/1.14ML ( <i>dupilumab</i> )	PSP	PA; QL (400 MG per 28 Days)

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DUPIXENT SOLUTION PEN-INJECTOR 300 MG/2ML SUBCUTANEOUS 300 MG/2ML ( <i>dupilumab</i> )	PSP	PA; QL (600 MG per 28 days)
DUPIXENT SOLUTION PREFILLED SYRINGE 200 MG/1.14ML SUBCUTANEOUS 200 MG/1.14ML ( <i>dupilumab</i> )	PSP	PA; QL (400 ML per 28 days)
DUPIXENT SOLUTION PREFILLED SYRINGE 300 MG/2ML SUBCUTANEOUS 300 MG/2ML ( <i>dupilumab</i> )	PSP	PA; QL (600 ML per 28 days)
<b>STEROID INHALANTS - DRUGS TO TREAT ASTHMA</b>		
ALVESCO INHALATION AEROSOL SOLUTION 160 MCG/ACT, 80 MCG/ACT ( <i>ciclesonide</i> )	NF	
ARMONAIR DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 113 MCG/ACT, 232 MCG/ACT, 55 MCG/ACT ( <i>fluticasone propionate (inhal)</i> )	NF	
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT ( <i>fluticasone furoate</i> )	PB	QL (1 PACKAGE per 25 days)
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT ( <i>fluticasone furoate</i> )	PB	QL (1 PACKAGE per 25 DAYS)
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH ( <i>mometasone furoate</i> )	NF	
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/INH, 220 MCG/INH ( <i>mometasone furoate</i> )	NF	
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH ( <i>mometasone furoate</i> )	NF	
ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT ( <i>mometasone furoate</i> )	NF	
<i>budesonide inhalation suspension 0.25 mg/2ml</i>	PG	QL (3 ML per 25 days)
<i>budesonide inhalation suspension 0.5 mg/2ml</i>	PG	QL (2 ML per 25 days)
<i>budesonide inhalation suspension 1 mg/2ml</i>	PG	QL (1 ML per 25 days)
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/BLIST, 250 MCG/BLIST ( <i>fluticasone propionate (inhal)</i> )	PB	QL (4 PACKAGES per 25 days)

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021

196

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/BLIST ( <i>fluticasone propionate (inhal)</i> )	PB	QL (3 AEROSOL POWDER BREATH ACTIVATED per 25 days)
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT, 44 MCG/ACT ( <i>fluticasone propionate hfa</i> )	PB	QL (2 GM per 25 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT ( <i>budesonide</i> )	PB	QL (2 AEROSOL POWDER BREATH ACTIVATED per 25 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 90 MCG/ACT ( <i>budesonide</i> )	PB	QL (3 AEROSOL POWDER BREATH ACTIVATED per 25 days)
PULMICORT INHALATION SUSPENSION 0.25 MG/2ML, 0.5 MG/2ML, 1 MG/2ML ( <i>budesonide</i> )	NF	
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT ( <i>beclomethasone diprop hfa</i> )	PB	QL (2 PACKAGES per 25 DAYS)
<b>STEROID/BETA-AGONIST COMBINATIONS - DRUGS TO TREAT ASTHMA AND COPD</b>		
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE ( <i>fluticasone-salmeterol</i> )	PB	QL (1 PACKAGE per 25 DAYS)
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT ( <i>fluticasone-salmeterol</i> )	PB	N8 (Listing does not include certain NDCs); QL (1 PACKAGE per 25 DAYS)
AIRDUO DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT ( <i>fluticasone-salmeterol</i> )	NF	
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/INH, 200-25 MCG/INH ( <i>fluticasone furoate-vilanterol</i> )	PB	N8 (Listing does not include certain NDCs); QL (1 PACKAGE per 25 DAYS)
<i>budesonide-formoterol fumarate inhalation aerosol 160-4.5 mcg/lact, 80-4.5 mcg/lact</i>	NF	
DUAKLIR PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400-12 MCG/ACT ( <i>aclidinium br-formoterol fum</i> )	NF	
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	NF	

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT ( <i>budesonide-formoterol fumarate</i> )	PB	QL (3 PACKAGES per 25 days)
<i>fluticasone-salmeterol</i> (Wixela Inhub Inhalation Aerosol Powder Breath Activated 100-50 Mcg/Dose, 250-50 Mcg/Dose, 500-50 Mcg/Dose)	NF	
<b>XANTHINES - DRUGS TO TREAT COPD</b>		
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG ( <i>theophylline</i> )	NF	
<i>theophylline er oral tablet extended release 12 hour 300 mg, 450 mg</i>	PG	
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>	PG	
<i>theophylline oral solution 80 mg/15ml</i>	PG	
<b>TOPICAL - DRUGS TO TREAT EAR AND SKIN CONDITIONS</b>		
<b>ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS</b>		
ABREVA EXTERNAL CREAM 10 % ( <i>docosanol</i> )	PG	Select OTC
<i>acyclovir external cream 5 %</i>	NF	
<i>acyclovir external ointment 5 %</i>	NP	
DENAVIR EXTERNAL CREAM 1 % ( <i>penciclovir</i> )	NF	
<i>docosanol external cream 10 %</i>	PG	Select OTC
XERESE EXTERNAL CREAM 5-1 % ( <i>acyclovir-hydrocortisone</i> )	NF	
ZOVIRAX EXTERNAL CREAM 5 % ( <i>acyclovir</i> )	NF	
ZOVIRAX EXTERNAL OINTMENT 5 % ( <i>acyclovir</i> )	NF	
<b>DERMATOLOGY, ACNE</b>		
ABSORICA LD ORAL CAPSULE 16 MG, 24 MG, 32 MG, 8 MG ( <i>isotretinoin micronized</i> )	NF	
ABSORICA ORAL CAPSULE 10 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG ( <i>isotretinoin</i> )	NF	
ACANYA EXTERNAL GEL 1.2-2.5 % ( <i>clindamycin phosphobenzoyl perox</i> )	NF	
<i>isotretinoin</i> (Accutane Oral Capsule 20 Mg, 30 Mg, 40 Mg)	NP	PA
ACZONE EXTERNAL GEL 5 %, 7.5 % ( <i>dapsone</i> )	NP	ST

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021

198

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>adapalene external cream 0.1 %</i>	NP	PA; AL (Min 35 Years)
<i>adapalene external gel 0.1 %</i>	PG	PA; Select OTC; AL (Min 35 Years)
<i>adapalene external gel 0.3 %</i>	NP	PA; AL (Min 35 Years)
<i>adapalene external pad 0.1 %</i>	NF	
<i>adapalene external solution 0.1 %</i>	NF	
<i>adapalene-benzoyl peroxide external gel 0.1-2.5 %</i>	PG	
AKLIEF EXTERNAL CREAM 0.005 % ( <i>trifarotene</i> )	NF	
ALTRENO EXTERNAL LOTION 0.05 % ( <i>tretinoin</i> )	NF	
<i>isotretinoin</i> (Amnesteem Oral Capsule 10 Mg, 20 Mg, 40 Mg)	NP	PA
AMZEEQ EXTERNAL FOAM 4 % ( <i>minocycline hcl micronized</i> )	NF	
ATRALIN EXTERNAL GEL 0.05 % ( <i>tretinoin</i> )	NF	
<i>tretinoin</i> (Avita External Gel 0.025 %)	PG	PA; AL (Min 35 Years)
AZELEX EXTERNAL CREAM 20 % ( <i>azelaic acid</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	
<i>benzoyl peroxide-erythromycin external gel 5-3 %</i>	PG	
<i>isotretinoin</i> (Claravis Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	NP	PA
CLEOCIN-T EXTERNAL LOTION 1 % ( <i>clindamycin phosphate</i> )	NP	QL (60 ML per 25 DAYs)
<i>clindamycin phosphate</i> (Clindacin-P External Swab 1 %)	PG	
CLINDAGEL EXTERNAL GEL 1 % ( <i>clindamycin phosphate</i> )	NF	
<i>clindamycin phos-benzoyl perox external gel 1.2-2.5 %</i>	PG	
<i>clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-5 %</i>	NP	
<i>clindamycin phosphate external foam 1 %</i>	NP	
<i>clindamycin phosphate external gel 1 %</i>	NP	QL (75 G per 25 days)
<i>clindamycin phosphate external lotion 1 %</i>	NP	QL (60 ML per 25 days)
<i>clindamycin phosphate external solution 1 %</i>	NP	QL (60 ML per 25 days)
<i>clindamycin-tretinoin external gel 1.2-0.025 %</i>	NP	PA; AL (Min 35 Years)

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>dapsone external gel 5 %, 7.5 %</i>	PG	
DIFFERIN EXTERNAL CREAM 0.1 % ( <i>adapalene</i> )	NP	PA; AL (Min 35 Years)
DIFFERIN EXTERNAL GEL 0.1 % ( <i>adapalene</i> )	PG	PA; Select OTC; AL (Min 35 Years)
DIFFERIN EXTERNAL GEL 0.3 % ( <i>adapalene</i> )	NP	PA; AL (Min 35 Years)
DIFFERIN EXTERNAL LOTION 0.1 % ( <i>adapalene</i> )	NF	
EPIDUO EXTERNAL GEL 0.1-2.5 % ( <i>adapalene-benzoyl peroxide</i> )	PB	
EPIDUO FORTE EXTERNAL GEL 0.3-2.5 % ( <i>adapalene-benzoyl peroxide</i> )	PB	
<i>ery external pad 2 %</i>	PG	
ERYGEL EXTERNAL GEL 2 % ( <i>erythromycin</i> )	NP	QL (60 G per 25 DAYs)
<i>erythromycin external gel 2 %</i>	PG	QL (60 G per 25 DAYs)
<i>erythromycin external solution 2 %</i>	PG	QL (60 ML per 25 days)
EVOCLIN EXTERNAL FOAM 1 % ( <i>clindamycin phosphate</i> )	NP	ST
FABIOR EXTERNAL FOAM 0.1 % ( <i>tazarotene</i> )	NF	
<i>isotretinoin oral capsule 10 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg</i>	NP	PA
KLARON EXTERNAL LOTION 10 % ( <i>sulfacetamide sodium (acne)</i> )	NP	ST
<i>isotretinoin (Myorisan Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)</i>	NP	PA
ONEXTON EXTERNAL GEL 1.2-3.75 % ( <i>clindamycin phosphobenzoyl perox</i> )	PB	
RETIN-A EXTERNAL CREAM 0.025 %, 0.05 %, 0.1 % ( <i>tretinoin</i> )	NP	PA; AL (Min 35 Years)
RETIN-A EXTERNAL GEL 0.01 %, 0.025 % ( <i>tretinoin</i> )	NP	PA; AL (Min 35 Years)
RETIN-A MICRO EXTERNAL GEL 0.04 %, 0.1 % ( <i>tretinoin microsphere</i> )	NP	PA; AL (Min 35 Years)
RETIN-A MICRO PUMP EXTERNAL GEL 0.04 %, 0.06 %, 0.08 %, 0.1 % ( <i>tretinoin microsphere</i> )	NP	PA; AL (Min 35 Years)
<i>sulfacetamide sodium (acne) external lotion 10 %</i>	PG	
<i>tazarotene external foam 0.1 %</i>	NF	
<i>tretinoin external cream 0.025 %, 0.05 %, 0.1 %</i>	PG	PA; AL (Min 35 Years)
<i>tretinoin external gel 0.01 %</i>	PG	PA; AL (Min 35 Years)

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021

200

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>tretinoin external gel 0.05 %</i>	NP	PA; AL (Min 35 Years)
<i>tretinoin microsphere external gel 0.04 %, 0.1 %</i>	PG	PA; AL (Min 35 Years)
VELTIN EXTERNAL GEL 1.2-0.025 % ( <i>clindamycin-tretinoin</i> )	NF	
WINLEVI EXTERNAL CREAM 1 % ( <i>clascoterone</i> )	NF	
<i>isotretinoin</i> (Zenatane Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	NP	PA
ZIANA EXTERNAL GEL 1.2-0.025 % ( <i>clindamycin-tretinoin</i> )	NF	
<b>DERMATOLOGY, ACTINIC KERATOSIS</b>		
CARAC EXTERNAL CREAM 0.5 % ( <i>fluorouracil</i> )	NF	
EFUDEX EXTERNAL CREAM 5 % ( <i>fluorouracil</i> )	NP	ST
FLUOROPLEX EXTERNAL CREAM 1 % ( <i>fluorouracil</i> )	NF	
<i>fluorouracil external cream 0.5 %</i>	NF	
<i>fluorouracil external cream 5 %</i>	PG	
<i>fluorouracil external solution 2 %, 5 %</i>	PG	
<i>imiquimod external cream 5 %</i>	PG	QL (24 CREAM per 21 days)
<i>imiquimod pump external cream 3.75 %</i>	NP	PA
KLISYRI EXTERNAL OINTMENT 1 % ( <i>tirbanibulin</i> )	NF	
ZYCLARA EXTERNAL CREAM 3.75 % ( <i>imiquimod</i> )	NF	
ZYCLARA PUMP EXTERNAL CREAM 2.5 %, 3.75 % ( <i>imiquimod</i> )	NF	
<b>DERMATOLOGY, ANTIBIOTICS</b>		
CENTANY EXTERNAL OINTMENT 2 % ( <i>mupirocin</i> )	NP	QL (30 GM per 25 DAYs)
<i>gentamicin sulfate external cream 0.1 %</i>	PG	
<i>gentamicin sulfate external ointment 0.1 %</i>	PG	
<i>mafenide acetate external packet 5 %</i>	PG	
<i>mupirocin calcium external cream 2 %</i>	NF	
<i>mupirocin external ointment 2 %</i>	PG	QL (30 GM per 25 DAYs)
NEO-SYNALAR EXTERNAL CREAM 0.5-0.025 % ( <i>neomycin-fluocinolone</i> )	NF	
<i>silver sulfadiazine external cream 1 %</i>	PG	
<i>silver sulfadiazine</i> (Ssd External Cream 1 %)	PG	

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>DERMATOLOGY, ANTIFUNGALS</b>		
<i>ciclopirox external gel 0.77 %</i>	NP	
<i>ciclopirox external shampoo 1 %</i>	NP	
<i>ciclopirox external solution 8 %</i>	PG	PA; STX; QL (6.6 ML per 21 days)
<i>ciclopirox olamine external cream 0.77 %</i>	PG	
<i>ciclopirox olamine external suspension 0.77 %</i>	NP	
<i>clotrimazole-betamethasone external cream 1-0.05 %</i>	PG	STX; QL (60 GM per 25 days)
<i>clotrimazole-betamethasone external lotion 1-0.05 %</i>	PG	STX; QL (60 ML per 25 days)
<i>econazole nitrate external cream 1 %</i>	NP	QL (85 GM per 25 days)
ECOZA EXTERNAL FOAM 1 % ( <i>econazole nitrate</i> )	NF	
ERTACZO EXTERNAL CREAM 2 % ( <i>sertaconazole nitrate</i> )	NF	
EXELDERM EXTERNAL CREAM 1 % ( <i>sulconazole nitrate</i> )	NP	ST; QL (60 GRAMS per 25 days)
EXELDERM EXTERNAL SOLUTION 1 % ( <i>sulconazole nitrate</i> )	NP	ST; QL (60 ML per 25 days)
EXTINA EXTERNAL FOAM 2 % ( <i>ketoconazole</i> )	NP	QL (100 GRAMS per 25 days)
JUBLIA EXTERNAL SOLUTION 10 % ( <i>efinaconazole</i> )	NF	
KERYDIN EXTERNAL SOLUTION 5 % ( <i>tavaborole</i> )	NF	
<i>ketoconazole external cream 2 %</i>	PG	
<i>ketoconazole external foam 2 %</i>	NF	
LOPROX EXTERNAL CREAM 0.77 % ( <i>ciclopirox olamine</i> )	NF	
LOPROX EXTERNAL SHAMPOO 1 % ( <i>ciclopirox</i> )	NP	ST
LOPROX EXTERNAL SUSPENSION 0.77 % ( <i>ciclopirox olamine</i> )	NF	
<i>luliconazole external cream 1 %</i>	NF	
LUZU EXTERNAL CREAM 1 % ( <i>luliconazole</i> )	NF	
<i>miconazole-zinc oxide-petrolat external ointment 0.25-15-81.35 %</i>	NP	
<i>naftifine hcl external cream 1 %, 2 %</i>	NP	
<i>naftifine hcl external gel 1 %</i>	PG	

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021

202

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NAFTIN EXTERNAL GEL 1 %, 2 % ( <i>naftifine hcl</i> )	NF	
<i>nystatin external cream 100000 unit/gm</i>	PG	
<i>nystatin external ointment 100000 unit/gm</i>	PG	
<i>nystatin-triamcinolone external cream 100000-0.1 unit/gm-%</i>	PG	STX; QL (60 GM per 25 days)
<i>nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%</i>	PG	STX; QL (60 GM per 25 DAYs)
<i>oxiconazole nitrate external cream 1 %</i>	NP	QL (60 G per 25 days)
OXISTAT EXTERNAL CREAM 1 % ( <i>oxiconazole nitrate</i> )	NF	
OXISTAT EXTERNAL LOTION 1 % ( <i>oxiconazole nitrate</i> )	NF	
<i>sulconazole nitrate external cream 1 %</i>	PG	QL (60 GRAMS per 25 days)
<i>sulconazole nitrate external solution 1 %</i>	PG	QL (60 ML per 25 days)
<i>tavaborole external solution 5 %</i>	NF	
VUSION EXTERNAL OINTMENT 0.25-15-81.35 % ( <i>miconazole-zinc oxide-petrolat</i> )	NF	
XOLEGEL EXTERNAL GEL 2 % ( <i>ketoconazole</i> )	NF	
<b>DERMATOLOGY, ANTIPRURITIC</b>		
<i>doxepin hcl external cream 5 %</i>	NF	
PRUDOXIN EXTERNAL CREAM 5 % ( <i>doxepin hcl (antipruritic)</i> )	NP	ST; QL (45 G per 25 days)
ZONALON EXTERNAL CREAM 5 % ( <i>doxepin hcl (antipruritic)</i> )	NP	ST; QL (45 G per 25 days)
<b>DERMATOLOGY, ANTIPSORIATICS</b>		
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	PG	PA; QL (60 CAPSULES per 25 days)
<i>calcipotriene external cream 0.005 %</i>	NF	
<i>calcipotriene external foam 0.005 %</i>	NF	
<i>calcipotriene external ointment 0.005 %</i>	NP	ST; QL (60 GM per 25 days)
<i>calcipotriene external solution 0.005 %</i>	NP	ST; QL (60 ML per 25 days)
<i>calcitriol external ointment 3 mcg/gm</i>	NF	



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML ( <i>secukinumab</i> )	PSP	PA; ST; IBC (Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis. Not covered for Psoriasis); QL (1 BOX per 28 days)
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML ( <i>secukinumab</i> )	PSP	PA; ST; IBC (Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis. Not covered for Psoriasis); QL (1 BOX per 28 days)
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML ( <i>secukinumab</i> )	PSP	PA; ST; IBC (Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis. Not covered for Psoriasis); QL (1 BOX per 28 days)
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML ( <i>secukinumab</i> )	PSP	PA; ST; IBC (Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis. Not covered for Psoriasis); QL (1 BOX per 28 days)
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML ( <i>secukinumab</i> )	PSP	PA; ST; IBC (Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis. Not covered for Psoriasis); QL (1 SYRINGE per 28 days)
DOVONEX EXTERNAL CREAM 0.005 % ( <i>calcipotriene</i> )	NP	ST; QL (60 GM per 25 days)
ILUMYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML ( <i>tildrakizumab-asmn</i> )	NF	
<i>methoxsalen rapid oral capsule 10 mg</i>	PG	
SILIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 210 MG/1.5ML ( <i>brodalumab</i> )	NF	
SORIATANE ORAL CAPSULE 10 MG, 25 MG ( <i>acitretin</i> )	NP	PA; QL (60 CAPSULES per 25 DAYs)
SORILUX EXTERNAL FOAM 0.005 % ( <i>calcipotriene</i> )	NF	

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021

204

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>tazarotene external cream 0.1 %</i>	PG	PA
TAZORAC EXTERNAL CREAM 0.05 %, 0.1 % ( <i>tazarotene</i> )	NF	
TAZORAC EXTERNAL GEL 0.05 %, 0.1 % ( <i>tazarotene</i> )	NF	
VECTICAL EXTERNAL OINTMENT 3 MCG/GM ( <i>calcitriol</i> )	NF	
WYNZORA EXTERNAL CREAM 0.005-0.064 % ( <i>calcipotriene-betameth diprop</i> )	NF	
<b>DERMATOLOGY, ANTISEBORRHEICS</b>		
<i>ketoconazole external shampoo 2 %</i>	PG	
<b>DERMATOLOGY, ATOPIC DERMATITIS</b>		
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 MG/1.14ML ( <i>dupilumab</i> )	PSP	PA; QL (400 MG per 28 DAYS)
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 MG/2ML ( <i>dupilumab</i> )	PSP	PA; QL (600 MG per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML ( <i>dupilumab</i> )	PSP	PA; QL (400 ML per 28 DAYS)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML ( <i>dupilumab</i> )	PSP	PA; QL (600 ML per 28 days)
OPZELURA EXTERNAL CREAM 1.5 % ( <i>ruxolitinib phosphate</i> )	NF	
<b>DERMATOLOGY, CORTICOSTEROIDS</b>		
<i>alclometasone dipropionate external cream 0.05 %</i>	PG	QL (120 GM per 25 DAYS)
<i>alclometasone dipropionate external ointment 0.05 %</i>	PG	QL (120 GM per 25 DAYS)
<i>amcinonide external cream 0.1 %</i>	NP	QL (120 GM per 25 DAYS)
<i>amcinonide external lotion 0.1 %</i>	NP	QL (120 ML per 25 DAYS)
<i>amcinonide external ointment 0.1 %</i>	NP	PA; QL (180 GM per 25 DAYS)
APEXICON E EXTERNAL CREAM 0.05 % ( <i>diflorasone diacet emoll base</i> )	NF	
<i>betamethasone dipropionate aug external cream 0.05 %</i>	PG	QL (120 GM per 25 DAYS)
<i>betamethasone dipropionate aug external gel 0.05 %</i>	PG	QL (120 GM per 25 DAYS)
<i>betamethasone dipropionate aug external lotion 0.05 %</i>	PG	QL (120 ML per 25 days)
<i>betamethasone dipropionate aug external ointment 0.05 %</i>	PG	QL (120 GM per 25 DAYS)
<i>betamethasone dipropionate external cream 0.05 %</i>	PG	QL (120 GM per 25 DAYS)
<i>betamethasone dipropionate external lotion 0.05 %</i>	PG	QL (120 ML per 25 DAYS)

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>betamethasone dipropionate external ointment 0.05 %</i>	PG	QL (120 GM per 25 DAYS)
<i>betamethasone valerate external cream 0.1 %</i>	NP	QL (120 GM per 25 DAYS)
<i>betamethasone valerate external foam 0.12 %</i>	NP	QL (120 GM per 25 DAYS)
<i>betamethasone valerate external lotion 0.1 %</i>	NP	QL (120 ML per 25 DAYS)
<i>betamethasone valerate external ointment 0.1 %</i>	NP	QL (120 GM per 25 DAYS)
<b>BRYHALI EXTERNAL LOTION 0.01 % (halobetasol propionate)</b>	PB	QL (120 GM per 25 days)
<i>calcipotriene-betameth diprop external ointment 0.005-0.064 %</i>	NF	
<i>calcipotriene-betameth diprop external suspension 0.005-0.064 %</i>	NF	
<b>CAPEX EXTERNAL SHAMPOO 0.01 % (fluocinolone acetonide)</b>	NF	
<i>clobetasol propionate e external cream 0.05 %</i>	NP	QL (120 GM per 25 DAYS)
<i>clobetasol propionate emulsion external foam 0.05 %</i>	NP	QL (120 GM per 25 days)
<i>clobetasol propionate external cream 0.05 %</i>	NP	QL (120 GM per 25 DAYS)
<i>clobetasol propionate external foam 0.05 %</i>	NP	QL (120 GM per 25 days)
<i>clobetasol propionate external gel 0.05 %</i>	NP	QL (120 GM per 25 DAYS)
<i>clobetasol propionate external liquid 0.05 %</i>	NF	
<i>clobetasol propionate external lotion 0.05 %</i>	NP	QL (120 ML per 25 DAYS)
<i>clobetasol propionate external ointment 0.05 %</i>	NP	QL (120 GM per 25 DAYS)
<i>clobetasol propionate external shampoo 0.05 %</i>	NP	QL (120 ML per 25 DAYS)
<i>clobetasol propionate external solution 0.05 %</i>	NP	QL (120 ML per 25 DAYS)
<b>CLOBEX EXTERNAL LOTION 0.05 % (clobetasol propionate)</b>	NP	PA; QL (180 ML per 25 DAYS)
<b>CLOBEX EXTERNAL SHAMPOO 0.05 % (clobetasol propionate)</b>	NP	PA; QL (180 ML per 25 DAYS)
<b>CLOBEX SPRAY EXTERNAL LIQUID 0.05 % (clobetasol propionate)</b>	NF	
<i>clocortolone pivalate external cream 0.1 %</i>	NF	
<b>CLODERM EXTERNAL CREAM 0.1 % (clocortolone pivalate)</b>	NP	PA; QL (180 GRAMS per 25 days)
<b>CORDRAN EXTERNAL CREAM 0.025 %, 0.05 % (flurandrenolide)</b>	NF	
<b>CORDRAN EXTERNAL LOTION 0.05 % (flurandrenolide)</b>	NF	

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021

206

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CORDRAN EXTERNAL OINTMENT 0.05 % (flurandrenolide)	NF	
CORDRAN EXTERNAL TAPE 4 MCG/SQCM (flurandrenolide)	NF	
DERMA-SMOOTH/FS BODY EXTERNAL OIL 0.01 % (fluocinolone acetonide)	NP	PA; QL (180 ML per 25 DAYS)
DERMA-SMOOTH/FS SCALP EXTERNAL OIL 0.01 % (fluocinolone acetonide)	NP	PA; QL (180 ML per 25 DAYS)
DESONATE EXTERNAL GEL 0.05 % (desonide)	NP	PA; QL (180 GRAMS per 25 days)
desonide external cream 0.05 %	NP	QL (120 GM per 25 DAYS)
desonide external gel 0.05 %	NF	
desonide external lotion 0.05 %	NP	QL (120 ML per 25 days)
desonide external ointment 0.05 %	NP	QL (120 GM per 25 DAYS)
DESOWEN EXTERNAL CREAM 0.05 % (desonide)	NP	PA; QL (180 GM per 25 DAYS)
desoximetasone external cream 0.05 %, 0.25 %	NP	QL (120 GM per 25 DAYS)
desoximetasone external gel 0.05 %	NP	QL (120 GM per 25 DAYS)
desoximetasone external liquid 0.25 %	PG	QL (120 ML per 25 days)
desoximetasone external ointment 0.05 %	NF	
desoximetasone external ointment 0.25 %	NP	QL (120 GM per 25 DAYS)
desonide (Desrx External Gel 0.05 %)	NF	
diflorasone diacetate external cream 0.05 %	NF	
diflorasone diacetate external ointment 0.05 %	NF	
DIPROLENE AF EXTERNAL CREAM 0.05 % (betamethasone dipropionate aug)	NP	PA; QL (180 GM per 25 DAYS)
DIPROLENE EXTERNAL OINTMENT 0.05 % (betamethasone dipropionate aug)	NP	PA; QL (180 GM per 25 DAYS)
DUOBRII EXTERNAL LOTION 0.01-0.045 % (halobetasol prop-tazarotene)	PB	
ENSTILAR EXTERNAL FOAM 0.005-0.064 % (calcipotriene-betameth diprop)	PB	
fluocinolone acetonide body external oil 0.01 %	PG	QL (120 ML per 25 days)
fluocinolone acetonide external cream 0.01 %, 0.025 %	NP	QL (120 GM per 25 DAYS)
fluocinolone acetonide external ointment 0.025 %	NP	QL (120 GM per 25 DAYS)

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>fluocinolone acetonide external solution 0.01 %</i>	PG	QL (120 ML per 25 days)
<i>fluocinolone acetonide scalp external oil 0.01 %</i>	PG	QL (120 ML per 25 days)
<i>fluocinonide emulsified base external cream 0.05 %</i>	PG	QL (120 GM per 25 DAYs)
<i>fluocinonide external cream 0.05 %</i>	NP	QL (120 GM per 25 DAYs)
<i>fluocinonide external cream 0.1 %</i>	NF	
<i>fluocinonide external gel 0.05 %</i>	NP	QL (120 GM per 25 DAYs)
<i>fluocinonide external ointment 0.05 %</i>	NP	QL (120 GM per 25 DAYs)
<i>fluocinonide external solution 0.05 %</i>	PG	QL (120 ML per 25 DAYs)
<i>flurandrenolide external cream 0.05 %</i>	NF	
<i>flurandrenolide external lotion 0.05 %</i>	NF	
<i>flurandrenolide external ointment 0.05 %</i>	NF	
<i>fluticasone propionate external cream 0.05 %</i>	NP	QL (120 GM per 25 DAYs)
<i>fluticasone propionate external lotion 0.05 %</i>	NP	QL (120 ML per 25 DAYs)
<i>fluticasone propionate external ointment 0.005 %</i>	PG	QL (120 GM per 25 DAYs)
<i>halcinonide external cream 0.1 %</i>	NF	
<i>halobetasol propionate external cream 0.05 %</i>	NP	QL (120 GM per 25 DAYs)
<i>halobetasol propionate external foam 0.05 %</i>	NF	
<i>halobetasol propionate external ointment 0.05 %</i>	NP	QL (120 GM per 25 DAYs)
HALOG EXTERNAL CREAM 0.1 % ( <i>halcinonide</i> )	NF	
HALOG EXTERNAL OINTMENT 0.1 % ( <i>halcinonide</i> )	NF	
HALOG EXTERNAL SOLUTION 0.1 % ( <i>halcinonide</i> )	NF	
<i>hydrocortisone butyr lipo base external cream 0.1 %</i>	NF	
<i>hydrocortisone butyrate external cream 0.1 %</i>	PG	QL (120 GM per 25 DAYs)
<i>hydrocortisone butyrate external lotion 0.1 %</i>	NF	
<i>hydrocortisone butyrate external ointment 0.1 %</i>	PG	QL (120 GM per 25 DAYs)
<i>hydrocortisone butyrate external solution 0.1 %</i>	PG	QL (120 ML per 25 DAYs)
<i>hydrocortisone external cream 2.5 %</i>	PG	QL (120 GM per 25 DAYs)
<i>hydrocortisone external lotion 2.5 %</i>	PG	QL (120 ML per 25 DAYs)
<i>hydrocortisone external ointment 2.5 %</i>	PG	QL (120 GM per 25 DAYs)
<i>hydrocortisone valerate external cream 0.2 %</i>	PG	QL (120 GM per 25 DAYs)
<i>hydrocortisone valerate external ointment 0.2 %</i>	PG	QL (120 GM per 25 DAYs)
IMPEKLO EXTERNAL LOTION 0.15 MG/ACT (0.05%) ( <i>clobetasol propionate</i> )	NF	

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021

208



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
IMPOYZ EXTERNAL CREAM 0.025 % ( <i>clobetasol propionate</i> )	NF	
KENALOG EXTERNAL AEROSOL SOLUTION 0.147 MG/GM ( <i>triamcinolone acetonide</i> )	NF	
LEXETTE EXTERNAL FOAM 0.05 % ( <i>halobetasol propionate</i> )	NF	
LOCOID EXTERNAL LOTION 0.1 % ( <i>hydrocortisone butyrate</i> )	NP	PA; QL (180 ML per 25 DAYs)
LOCOID LIPOCREAM EXTERNAL CREAM 0.1 % ( <i>hydrocortisone butyr lipo base</i> )	NP	PA; QL (180 GM per 25 DAYs)
LUXIQ EXTERNAL FOAM 0.12 % ( <i>betamethasone valerate</i> )	NF	
<i>mometasone furoate external cream 0.1 %</i>	NP	QL (120 GM per 25 DAYs)
<i>mometasone furoate external ointment 0.1 %</i>	NP	QL (120 GM per 25 DAYs)
<i>mometasone furoate external solution 0.1 %</i>	PG	QL (120 ML per 25 DAYs)
OLUX EXTERNAL FOAM 0.05 % ( <i>clobetasol propionate</i> )	NP	PA; QL (180 GRAMS per 25 days)
OLUX-E EXTERNAL FOAM 0.05 % ( <i>clobetasol propionate emulsion</i> )	NF	
PANDEL EXTERNAL CREAM 0.1 % ( <i>hydrocortisone probutate</i> )	NP	PA; QL (180 GM per 25 DAYs)
<i>prednicarbate external ointment 0.1 %</i>	NP	QL (120 GM per 25 DAYs)
<i>psorcon external cream 0.05 %</i>	NF	
SERNIVO EXTERNAL EMULSION 0.05 % ( <i>betamethasone dipropionate</i> )	NP	PA; STX; QL (120 ML per 25 DAYs)
SYNALAR EXTERNAL CREAM 0.025 % ( <i>fluocinolone acetonide</i> )	NP	PA; QL (180 GM per 25 DAYs)
SYNALAR EXTERNAL OINTMENT 0.025 % ( <i>fluocinolone acetonide</i> )	NP	PA; QL (180 GM per 25 DAYs)
SYNALAR EXTERNAL SOLUTION 0.01 % ( <i>fluocinolone acetonide</i> )	NP	PA; QL (180 ML per 25 DAYs)
TACLONEX EXTERNAL OINTMENT 0.005-0.064 % ( <i>calcipotriene-betameth diprop</i> )	PB	
TACLONEX EXTERNAL SUSPENSION 0.005-0.064 % ( <i>calcipotriene-betameth diprop</i> )	PB	
TEMOVATE EXTERNAL CREAM 0.05 % ( <i>clobetasol propionate</i> )	NP	PA; QL (180 GM per 25 DAYs)

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TEMOVATE EXTERNAL OINTMENT 0.05 % ( <i>clobetasol propionate</i> )	NP	PA; QL (180 GM per 25 DAYs)
TEXACORT EXTERNAL SOLUTION 2.5 % ( <i>hydrocortisone</i> )	NP	PA; QL (180 ML per 25 DAYs)
TOPICORT EXTERNAL CREAM 0.05 %, 0.25 % ( <i>desoximetasone</i> )	NP	PA; QL (180 GM per 25 DAYs)
TOPICORT EXTERNAL GEL 0.05 % ( <i>desoximetasone</i> )	NP	PA; QL (180 GM per 25 DAYs)
TOPICORT EXTERNAL OINTMENT 0.05 %, 0.25 % ( <i>desoximetasone</i> )	NP	PA; QL (180 GM per 25 DAYs)
TOPICORT SPRAY EXTERNAL LIQUID 0.25 % ( <i>desoximetasone</i> )	NP	PA; QL (180 ML per 25 DAYs)
<i>triamcinolone acetonide external aerosol solution 0.147 mg/gm</i>	NF	
<i>triamcinolone acetonide external cream 0.025 %, 0.1 %, 0.5 %</i>	PG	QL (120 GM per 25 DAYs)
<i>triamcinolone acetonide external lotion 0.025 %, 0.1 %</i>	PG	QL (120 ML per 25 DAYs)
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>	PG	QL (120 GM per 25 DAYs)
TRIDESILON EXTERNAL CREAM 0.05 % ( <i>desonide</i> )	NP	PA; QL (180 GM per 25 DAYs)
ULTRAVATE EXTERNAL LOTION 0.05 % ( <i>halobetasol propionate</i> )	NF	
VANOS EXTERNAL CREAM 0.1 % ( <i>fluocinonide</i> )	NF	
VERDESO EXTERNAL FOAM 0.05 % ( <i>desonide</i> )	NF	
<b>DERMATOLOGY, LOCAL ANESTHETICS</b>		
<i>lidocaine external ointment 5 %</i>	NP	QL (50 GM per 25 DAYs)
<i>lidocaine external patch 5 %</i>	NP	PA; QL (90 PATCHES per 25 DAYs)
<i>lidocaine hcl external solution 4 %</i>	PG	QL (50 ML per 25 DAYs)
<i>lidocaine hcl urethral/mucosal external gel 2 %</i>	PG	QL (60 ML per 25 days)
<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>	PG	QL (30 G per 25 days)
<i>lidocaine-tetracaine external cream 7-7 %</i>	NF	
LIDODERM EXTERNAL PATCH 5 % ( <i>lidocaine</i> )	NP	PA; QL (90 PATCHES per 25 DAYs)
PLIAGLIS EXTERNAL CREAM 7-7 % ( <i>lidocaine-tetracaine</i> )	NF	

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021

210

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRAMOX EXTERNAL GEL 1 % ( <i>pramoxine hcl</i> )	NF	
SX1 MEDICATED POST-OPERATIVE EXTERNAL KIT 2 % ( <i>lidocaine hcl &amp; post-op system</i> )	NF	
SYNERA EXTERNAL PATCH 70-70 MG ( <i>lidocaine-tetracaine</i> )	NP	QL (2 PATCHES per 25 DAYs)
ZTLIDO EXTERNAL PATCH 1.8 % ( <i>lidocaine</i> )	NF	
<b>DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE</b>		
AMELUZ EXTERNAL GEL 10 % ( <i>aminolevulinic acid hcl</i> )	NF	
<i>diclofenac epolamine external patch 1.3 %</i>	PG	STX; QL (30 PATCHES per 25 Days)
<i>diclofenac sodium external gel 3 %</i>	NP	PA; QL (100 GRAMS per 25 DAYs)
<i>diclofenac sodium external solution 1.5 %</i>	PG	PA; QL (300 ML per 21 days)
ELIDEL EXTERNAL CREAM 1 % ( <i>pimecrolimus</i> )	NF	
EUCRISA EXTERNAL OINTMENT 2 % ( <i>crisaborole</i> )	PB	
FLECTOR EXTERNAL PATCH 1.3 % ( <i>diclofenac epolamine</i> )	NF	
LEVULAN KERASTICK EXTERNAL SOLUTION RECONSTITUTED 20 % ( <i>aminolevulinic acid hcl</i> )	NPSP	QL (1 STICK per 25 DAYs)
LICART EXTERNAL PATCH 24 HOUR 1.3 % ( <i>diclofenac epolamine</i> )	NF	
PENNSAID EXTERNAL SOLUTION 2 % ( <i>diclofenac sodium</i> )	NF	
<i>pimecrolimus external cream 1 %</i>	NP	PA
<i>podofilox external solution 0.5 %</i>	PG	
PROTOPIC EXTERNAL OINTMENT 0.03 %, 0.1 % ( <i>tacrolimus</i> )	NP	PA
SANTYL EXTERNAL OINTMENT 250 UNIT/GM ( <i>collagenase</i> )	NP	PA
<i>tacrolimus external ointment 0.03 %, 0.1 %</i>	NP	PA
TARGRETIN EXTERNAL GEL 1 % ( <i>bexarotene</i> )	NPSP	PA
VALCHLOR EXTERNAL GEL 0.016 % ( <i>mechlorethamine hcl (topical)</i> )	NPSP	PA; QL (2 GM per 30 days)

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VEREGEN EXTERNAL OINTMENT 15 % ( <i>sinecatechins</i> )	NF	
<b>DERMATOLOGY, ROSACEA</b>		
<i>azelaic acid external gel 15 %</i>	NP	
<i>doxycycline oral capsule delayed release 40 mg</i>	NF	
FINACEA EXTERNAL FOAM 15 % ( <i>azelaic acid</i> )	PB	PA
FINACEA EXTERNAL GEL 15 % ( <i>azelaic acid</i> )	NF	
METROCREAM EXTERNAL CREAM 0.75 % ( <i>metronidazole</i> )	NP	ST
METROGEL EXTERNAL GEL 1 % ( <i>metronidazole</i> )	NF	
<i>metronidazole external cream 0.75 %</i>	PG	
<i>metronidazole external gel 0.75 %</i>	PG	
<i>metronidazole external gel 1 %</i>	NP	
<i>metronidazole external lotion 0.75 %</i>	PG	
MIRVASO EXTERNAL GEL 0.33 % ( <i>brimonidine tartrate</i> )	NF	
NORITATE EXTERNAL CREAM 1 % ( <i>metronidazole</i> )	NF	
ORACEA ORAL CAPSULE DELAYED RELEASE 40 MG ( <i>doxycycline</i> )	PB	
RHOFADE EXTERNAL CREAM 1 % ( <i>oxymetazoline hcl</i> )	NF	
SOOLANTRA EXTERNAL CREAM 1 % ( <i>ivermectin</i> )	NF	
ZILXI EXTERNAL FOAM 1.5 % ( <i>minocycline hcl micronized</i> )	NF	
<b>DERMATOLOGY, SCABICIDES AND PEDICULIDES</b>		
CROTAN EXTERNAL LOTION 10 % ( <i>crotamiton</i> )	PG	
<i>malathion external lotion 0.5 %</i>	PG	
<i>permethrin external cream 5 %</i>	PG	
<i>spinosad external suspension 0.9 %</i>	PG	
<b>DERMATOLOGY, WOUND CARE AGENTS</b>		
REGANEX EXTERNAL GEL 0.01 % ( <i>becaplermin</i> )	NP	PA; QL (30 G per 25 days)
<b>MOUTH/THROAT/DENTAL AGENTS</b>		
<i>cevimeline hcl oral capsule 30 mg</i>	PG	
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	PG	
<i>clotrimazole mouth/throat troche 10 mg</i>	PG	
<i>lidocaine viscous hcl mouth/throat solution 2 %</i>	PG	

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021

212

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>nystatin mouth/throat suspension 100000 unit/ml</i>	PG	
ORAVIG BUCCAL TABLET 50 MG ( <i>miconazole</i> )	NP	QL (14 TABLETS per 25 DAYs)
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	PG	
<i>triamcinolone acetonide mouth/throat paste 0.1 %</i>	PG	
<b>OTIC - DRUGS TO TREAT CONDITIONS OF THE EAR</b>		
<i>acetic acid otic solution 2 %</i>	PG	
CIPRO HC OTIC SUSPENSION 0.2-1 % ( <i>ciprofloxacin-hydrocortisone</i> )	NF	N10
CIPRODEX OTIC SUSPENSION 0.3-0.1 % ( <i>ciprofloxacin-dexamethasone</i> )	NF	
<i>ciprofloxacin hcl otic solution 0.2 %</i>	NP	
<i>ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %</i>	PG	
<i>ciprofloxacin-fluocinolone pf otic solution 0.3-0.025 %</i>	NF	N10
<i>fluocinolone acetonide otic oil 0.01 %</i>	NP	
<i>hydrocortisone-acetic acid otic solution 1-2 %</i>	PG	
<i>neomycin-polymyxin-hc otic solution 1 %</i>	PG	
<i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i>	PG	
<i>ofloxacin otic solution 0.3 %</i>	PG	
OTIPRIO INTRATYMPANIC SUSPENSION 6 % ( <i>ciprofloxacin</i> )	NF	
OTOVEL OTIC SOLUTION 0.3-0.025 % ( <i>ciprofloxacin-fluocinolone</i> )	NF	

2021 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month.

12/01/2021

## Index

<i>abacavir sulfate</i> .....	31	<i>acyclovir</i> .....	37, 198	AJOVY.....	92
<i>abacavir sulfate-lamivudine</i> .....	35	ACZONE.....	198	AKLIEF.....	199
<i>abacavir-lamivudine-zidovudine</i>	35	<i>adapalene</i> .....	199	<i>ak-poly-bac</i> .....	182
ABILIFY.....	83	<i>adapalene-benzoyl peroxide</i> ....	199	AKYNZEO.....	133
ABILIFY MAINTENA.....	83	ADCIRCA.....	66	<i>albendazole</i> .....	29
<i>abiraterone acetate</i> .....	46	ADDERALL.....	86	ALBENZA.....	29
ABREVA.....	198	ADDERALL XR.....	86	<i>albuterol sulfate</i> .....	190
ABSORICA.....	198	<i>adefovir dipivoxil</i> .....	37	<i>albuterol sulfate hfa</i> .....	190
ABSORICA LD.....	198	ADEMPAS.....	66	<i>alclometasone dipropionate</i> ....	205
<i>acamprosate calcium</i> .....	102	ADHANSIA XR.....	86	ALDURAZYME.....	121
ACANYA.....	198	ADIPEX-P.....	95	ALECENSA.....	48
<i>acarbose</i> .....	105	ADLYXIN.....	107	<i>alendronate sodium</i> .....	113
ACCRUFER.....	177	ADLYXIN STARTER PACK.....	107	ALFERON N.....	53
ACCU-CHEK AVIVA PLUS .....	165	ADMELOG.....	107	<i>alfuzosin hcl er</i> .....	141
ACCU-CHEK COMPACT PLUS.....	165	ADMELOG SOLOSTAR.....	107	ALINIA.....	29
ACCU-CHEK FASTCLIX LANCETS.....	165	ADVAIR DISKUS.....	197	<i>aliskiren fumarate</i> .....	64
ACCU-CHEK GUIDE.....	165	ADVAIR HFA.....	197	ALKERAN.....	44
ACCU-CHEK MULTICLIX LANCETS.....	165	ADVANCE INTUITION TEST.....	166	ALKINDI SPRINKLE.....	125
ACCU-CHEK SMARTVIEW.....	165	ADVANCE MICRO-DRAW TEST.....	166	ALLEGRA ALLERGY.....	188
ACCU-CHEK SOFTCLIX LANCETS.....	165	ADVATE.....	148	ALLEGRA ALLERGY CHILDRENS.....	188
Accutane.....	198	ADVOCATE REDI-CODE..	166	ALLEGRA-D ALLERGY & CONGESTION.....	192
ACCUTREND GLUCOSE..	166	ADVOCATE REDI-CODE+ TEST.....	166	<i>allergy relief</i> .....	188
<i>acebutolol hcl</i> .....	61	ADVOCATE TEST.....	166	<i>allopurinol</i> .....	14
<i>acetaminophen-codeine</i> .....	18	<i>adynovate</i> .....	148	ALLZITAL.....	15
<i>acetaminophen-codeine #2</i> .....	18	ADZENYS XR-ODT.....	86	<i>almotriptan malate</i> .....	92
<i>acetaminophen-codeine #3</i> .....	18	AFINITOR.....	48	<i>alogliptin benzoate</i> .....	106
<i>acetaminophen-codeine #4</i> .....	18	AFINITOR DISPERZ.....	47	<i>alogliptin-metformin hcl</i> .....	106
<i>acetazolamide</i> .....	64	AFREZZA.....	108	<i>alogliptin-pioglitazone</i> .....	106
<i>acetazolamide er</i> .....	64	AFSTYLA.....	148	ALORA.....	122
<i>acetic acid</i> .....	143, 213	AFTERA.....	116	<i>alosectron hcl</i> .....	136
<i>acetylcysteine</i> .....	193	AGAMATRIX AMP TEST..	166	ALPHAGAN P.....	181
ACIPHEX.....	139	AGAMATRIX JAZZ TEST..	166	ALPHANATE.....	145
ACIPHEX SPRINKLE.....	139	AGAMATRIX KEYNOTE TEST.....	166	ALPHANINE SD.....	149
<i>acitretin</i> .....	203	AGAMATRIX PRESTO TEST.....	166	<i>alprazolam</i> .....	68
ACTEMRA.....	154	AGRYLIN.....	150	<i>alprazolam er</i> .....	68
ACTEMRA ACTPEN.....	154	AIMOVIG.....	92	ALPRAZOLAM INTENSOL	68
ACTHAR.....	128	AIRDUO DIGIHALER.....	197	ALPROLIX.....	149
ACTICLATE.....	42	AIRDUO RESPICLICK 113/14.....	187	ALREX.....	183
ACTIMMUNE.....	162	AIRDUO RESPICLICK 232/14.....	187	Altavera.....	116
ACTIQ.....	19	AIRDUO RESPICLICK 55/14.....	187	ALTOPREV.....	59
ACTONEL.....	113			ALTRENO.....	199
ACTOS.....	111			ALUNBRIG.....	48
ACUVAIL.....	183			ALVESCO.....	196

<i>amantadine hcl</i> .....	81	APIDRA SOLOSTAR.....	108	ATACAND HCT.....	56
AMBIEN.....	91	APOKYN.....	81	<i>atazanavir sulfate</i> .....	31, 32
AMBIEN CR.....	90	<i>aprepitant</i> .....	133	ATELVIA.....	113
<i>ambrisentan</i> .....	67	Apri.....	116	<i>atenolol</i> .....	61
<i>amcinonide</i> .....	205	APRISO.....	135	<i>atenolol-chlorthalidone</i> .....	61
AMELUZ.....	211	APTENSIO XR.....	86	ATGAM.....	162
AMERGE.....	92	APTIOM.....	69	ATIVAN.....	68
Amethia.....	116	APTIVUS.....	31	<i>atomoxetine hcl</i> .....	87
Amethyst.....	116	ARAKODA.....	31	<i>atorvastatin calcium</i> .....	59
AMICAR.....	151	ARALAST NP.....	194	<i>atovaquone</i> .....	30
<i>amiloride hcl</i> .....	64	Aranelle.....	116	<i>atovaquone-proguanil hcl</i> .....	31
<i>amiloride-hydrochlorothiazide</i> ..	64	ARANESP (ALBUMIN		ATRALIN.....	199
<i>aminocaproic acid</i> .....	151	FREE).....	146	ATRIPLA.....	35
<i>amiodarone hcl</i> .....	57	ARCALYST.....	162	<i>atropine sulfate</i> .....	185
AMITIZA.....	136	<i>arformoterol tartrate</i> .....	190	ATROVENT HFA.....	187
<i>amitriptyline hcl</i> .....	75	ARIKAYCE.....	28	AUBAGIO.....	97
<i>amlodipine besy-benazepril hcl</i> ..	55	<i>aripiprazole</i> .....	83	Aubra.....	116
<i>amlodipine besylate</i> .....	62	ARISTADA.....	83	AUSTEDO.....	95
<i>amlodipine besylate-valsartan</i> ...	56	ARISTADA INITIO.....	83	AUVI-Q.....	186
<i>amlodipine-atorvastatin</i> .....	62	<i>armodafinil</i> .....	101	AVEED.....	104
<i>amlodipine-olmesartan</i> .....	56	ARMONAIR DIGIHALER.....	196	Avita.....	199
Amnesteem.....	199	ARNUITY ELLIPTA.....	196	AVODART.....	141
<i>amoxapine</i> .....	75	ARTHROTEC.....	17	AVONEX PEN.....	97
<i>amoxicill-clarithro-lansopraz</i> ..	141	ASACOL HD.....	135	AVONEX PREFILLED.....	97
<i>amoxicillin</i> .....	42	ASCENIV.....	159	AVSOLA.....	154
<i>amoxicillin-pot clavulanate</i> .....	42	ASCOR.....	177	AYVAKIT.....	53
<i>amoxicillin-pot clavulanate er</i> ...	42	<i>asenapine maleate</i> .....	83	Azasan.....	162
<i>amphetamine er</i> .....	86	ASMANEX (120 METERED		AZASITE.....	182
<i>amphetamine sulfate</i> .....	86	DOSES).....	196	<i>azathioprine</i> .....	162
<i>amphetamine-dextroamphet er</i> ..	86	ASMANEX (30 METERED		<i>azelaic acid</i> .....	212
<i>amphetamine-</i>		DOSES).....	196	<i>azelastine hcl</i> .....	180, 188, 189
<i>dextroamphetamine</i> .....	86	ASMANEX (60 METERED		<i>azelastine-fluticasone</i> .....	188
<i>ampicillin</i> .....	42	DOSES).....	196	AZELEX.....	199
AMPYRA.....	97	ASMANEX HFA.....	196	<i>azesco</i> .....	177
AMRIX.....	100	<i>aspirin childrens</i> .....	27	<i>azithromycin</i> .....	40
AMZEEQ.....	199	<i>aspirin ec</i> .....	27	AZOPT.....	181
ANAFRANIL.....	76	<i>aspirin-dipyridamole er</i> .....	152	AZOR.....	56
<i>anagrelide hcl</i> .....	151	<i>aspirin-omeprazole</i> .....	152	AZSTARYS.....	87
<i>anastrozole</i> .....	46	ASSURE 3 TEST.....	166	Azurette.....	116
ANDRODERM.....	104	ASSURE 4 TEST.....	166	Bac.....	15
ANDROGEL.....	104	ASSURE II.....	166	<i>bacitracin</i> .....	182
ANDROGEL PUMP.....	104	ASSURE II CHECK.....	166	<i>baclofen</i> .....	100
ANGELIQ.....	122	ASSURE LANCE		BAFIERTAM.....	97
ANNOVERA.....	116	LANCETS.....	166	BALCOLTRA.....	116
ANORO ELLIPTA.....	187	ASSURE PLATINUM.....	166	<i>balsalazide disodium</i> .....	135
ANTIVERT.....	133	ASSURE PRISM MULTI		BALVERSA.....	48
APADAZ.....	19	TEST.....	166	Balziva.....	116
<i>apap-caff-dihydrocodeine</i> .....	19	ASSURE PRO TEST.....	166	BANZEL.....	69
APEXICON E.....	205	ASTAGRAF XL.....	162	BAQSIMI ONE PACK.....	126
APIDRA.....	108	ATACAND.....	57	BAQSIMI TWO PACK.....	127



BARACLUDE.....	38	BETAPACE.....	61	<i>budesonide-formoterol</i>	
BASAGLAR KWIKPEN.....	108	BETAPACE AF.....	61	<i>fumarate</i> .....	197
BD INSULIN SYRINGE U-500.....	166	BETASERON.....	97	<i>bumetanide</i> .....	64
BD LANCET ULTRAFINE 30G.....	166	<i>betaxolol hcl</i> .....	61, 181	BUNAVAIL.....	18
BD LANCET ULTRAFINE 33G.....	166	<i>bethanechol chloride</i> .....	137	Bupap.....	15
BD MICROTAINER LANCETS.....	166	BETHKIS.....	28	BUPHENYL.....	121
BD PEN NEEDLE MICRO U/F.....	167	BETIMOL.....	181	<i>buprenorphine</i> .....	26
BD PEN NEEDLE MINI U/F.....	167	BETOPTIC-S.....	181	<i>buprenorphine hcl</i> .....	26
BD PEN NEEDLE NANO 2ND GEN.....	167	BEVESPI AEROSPHERE.....	187	<i>buprenorphine hcl-naloxone hcl</i> .....	18
BD PEN NEEDLE NANO U/F.....	167	<i>bexarotene</i> .....	53	<i>bupropion hcl</i> .....	76
BD PEN NEEDLE ORIGINAL U/F.....	167	BEYAZ.....	116	<i>bupropion hcl er (smoking det)</i>	102
BD PEN NEEDLE SHORT U/F.....	167	<i>bicalutamide</i> .....	46	<i>bupropion hcl er (sr)</i> .....	76
BECONASE AQ.....	194	BIDIL.....	65	<i>bupropion hcl er (xl)</i> .....	76
BELBUCA.....	26	BIJUVA.....	122	<i>buspirone hcl</i> .....	95
BELSOMRA.....	91	BIKTARVY.....	35	<i>butalbital-acetaminophen</i> .....	15
<i>benazepril hcl</i> .....	55	BILTRICIDE.....	30	<i>butalbital-apap-caff-cod</i> .....	19
<i>benazepril-hydrochlorothiazide</i> .....	55	<i>bimatoprost</i> .....	181	<i>butalbital-apap-caffeine</i> .....	15
BENEFIX.....	149	BINOSTO.....	114	<i>butalbital-asa-caff-codeine</i> .....	19
BENICAR.....	57	BIOSCANNER GLUCOSE TEST.....	167	<i>butalbital-aspirin-caffeine</i> .....	15
BENICAR HCT.....	56	<i>bisoprolol fumarate</i> .....	61	<i>butorphanol tartrate</i> .....	19
BENLYSTA.....	162	<i>bisoprolol-hydrochlorothiazide</i> .....	61	BUTRANS.....	26
BENZACLIN.....	199	BIVIGAM.....	159	BYDUREON BCISE.....	107
BENZACLIN WITH PUMP.....	199	Blisovi 24 Fe.....	117	BYETTA 10 MCG PEN.....	107
<i>benzhydrocodone-acetaminophen</i> .....	19	Blisovi Fe 1.5/30.....	117	BYETTA 5 MCG PEN.....	107
<i>benzonatate</i> .....	192	Blisovi Fe 1/20.....	117	BYLVAY.....	137
<i>benzoyl peroxide-erythromycin</i>	199	<i>blood glucose test</i> .....	167	BYLVAY (PELLETS).....	137
<i>benzphetamine hcl</i> .....	95	BONIVA.....	114	BYSTOLIC.....	61
<i>benztropine mesylate</i> .....	81	<i>bosentan</i> .....	67	<i>cabergoline</i> .....	128
BEOVU.....	185	BOSULIF.....	48	CABLIVI.....	145
<i>bepotastine besilate</i> .....	180	BOTOX.....	100	CABOMETYX.....	48
BEPREVE.....	180	BRAFTOVI.....	53	CAFERGOT.....	92
BERINERT.....	151	BREO ELLIPTA.....	197	<i>calcipotriene</i> .....	203
BESIVANCE.....	182	BREXAFEMME.....	28	<i>calcipotriene-betameth diprop</i> .....	206
<i>betamethasone dipropionate</i>	205, 206	BREZTRI AEROSPHERE.....	187	<i>calcitonin (salmon)</i> .....	128
<i>betamethasone dipropionate aug</i> .....	205	BRILINTA.....	152	<i>calcitriol</i> .....	177, 203
<i>betamethasone valerate</i> .....	206	<i>brimonidine tartrate</i> .....	181	<i>calcium acetate (phos binder)</i> .....	131
		<i>brinzolamide</i> .....	181	CALQUENCE.....	48
		BRISDELLE.....	76	CAMBIA.....	16
		BRIVIACT.....	69	Camila.....	117
		<i>bromfenac sodium (once-daily)</i>	183	Camrese.....	117
		<i>bromocriptine mesylate</i> .....	81, 82	Camrese Lo.....	117
		BROMSITE.....	183	CANASA.....	135
		BRONCHITOL.....	194	<i>candesartan cilexetil</i> .....	57
		BROVANA.....	190	<i>candesartan cilexetil-hctz</i> .....	56
		BRUKINSA.....	48	<i>capecitabine</i> .....	44
		BRYHALI.....	206	CAPEX.....	206
		<i>budesonide</i> .....	135, 194, 196	CAPLYTA.....	83
		<i>budesonide er</i> .....	125	CAPRELSA.....	48
				<i>captopril</i> .....	55

CARAC.....	201	CETROTIDE.....	124	<i>clarithromycin er</i> .....	40
CARAFATE.....	137	<i>cevimeline hcl</i> .....	212	CLARITIN.....	189
CARBAGLU.....	121	CHENODAL.....	137	CLARITIN REDITABS.....	189
<i>carbamazepine</i> .....	69	<i>chlordiazepoxide hcl</i> .....	68	CLARITIN-D 12 HOUR.....	192
<i>carbamazepine er</i> .....	69	<i>chlordiazepoxide-amitriptyline</i> .....	102	CLARITIN-D 24 HOUR.....	192
<i>carbidopa</i> .....	82	<i>chlordiazepoxide-clidinium</i> .....	133	<i>clemastine fumarate</i> .....	189
<i>carbidopa-levodopa</i> .....	82	<i>chlorhexidine gluconate</i> .....	212	CLENPIQ.....	136
<i>carbidopa-levodopa er</i> .....	82	<i>chloroquine phosphate</i> .....	31	CLEOCIN-T.....	199
<i>carbidopa-levodopa-entacapone</i> .....	82	<i>chlorpromazine hcl</i> .....	84	CLEVER CHEK AUTO- CODE TEST.....	167
<i>carbinoxamine maleate</i> .....	189	<i>chlorthalidone</i> .....	64	CLEVER CHEK AUTO- CODE VOICE.....	167
CARDIZEM.....	63	<i>chlorzoxazone</i> .....	100	CLEVER CHEK TEST.....	167
CARDIZEM CD.....	62	CHOLBAM.....	137	CLEVER CHOICE AUTO- CODE TEST.....	167
CARDIZEM LA.....	63	<i>cholestyramine</i> .....	58	CLEVER CHOICE MICRO TEST.....	167
CAREONE LANCET SUPER THIN 30G.....	167	<i>cholestyramine light</i> .....	58	CLEVER CHOICE NO CODING.....	167
CARESENS LANCETS.....	167	<i>chorionic gonadotropin</i> .....	124	CLEVER CHOICE TALK SYSTEM.....	168
CARESENS N GLUCOSE TEST.....	167	CIALIS.....	142	CLIMARA PRO.....	123
CARETOUCH TEST.....	167	<i>ciclopirox</i> .....	202	Clindacin-P.....	199
<i>carisoprodol</i> .....	100	<i>ciclopirox olamine</i> .....	202	CLINDAGEL.....	199
<i>carisoprodol-aspirin-codeine</i> .....	100	<i>cidofovir</i> .....	38	<i>clindamycin hcl</i> .....	30
CARNITOR.....	115	<i>cilostazol</i> .....	151	<i>clindamycin palmitate hcl</i> .....	30
CARNITOR SF.....	115	CILOXAN.....	182	<i>clindamycin phos-benzoyl perox</i> .....	199
CAROSPIR.....	64	CIMDUO.....	35	<i>clindamycin phosphate</i> ....	144, 199
<i>carteolol hcl</i> .....	181	<i>cimetidine</i> .....	135	<i>clindamycin-tretinoin</i> .....	199
<i>carvedilol</i> .....	61	<i>cimetidine hcl</i> .....	135	<i>clobazam</i> .....	69
<i>carvedilol phosphate er</i> .....	61	CIMZIA.....	154	<i>clobetasol propionate</i> .....	206
CAVERJECT.....	142	CIMZIA PREFILLED.....	154	<i>clobetasol propionate e</i> .....	206
CAVERJECT IMPULSE.....	142	CIMZIA STARTER KIT.....	154	<i>clobetasol propionate emulsion</i> .....	206
CAYA.....	164	<i>cinacalcet hcl</i> .....	114	CLOBEX.....	206
CAYSTON.....	30	CINQAIR.....	194	CLOBEX SPRAY.....	206
Caziant.....	117	CINRYZE.....	151	<i>clocortolone pivalate</i> .....	206
<i>cefaclor</i> .....	39	CIPRO HC.....	213	CLODERM.....	206
<i>cefadroxil</i> .....	39	CIPRODEX.....	213	<i>clomiphene citrate</i> .....	124
<i>cefдинир</i> .....	39	<i>ciprofloxacin hcl</i> .....	41, 183, 213	<i>clomipramine hcl</i> .....	76
<i>cefіxime</i> .....	39	<i>ciprofloxacin-dexamethasone</i> .....	213	<i>clonazepam</i> .....	69
<i>cefpodoxime proxetil</i> .....	39	<i>ciprofloxacin-fluocinolone pf.</i> .....	213	<i>clonidine</i> .....	65
<i>cefprozil</i> .....	39	<i>citalopram hydrobromide</i> .....	76	<i>clonidine hcl</i> .....	65
<i>cefuroxime axetil</i> .....	39	CITRANATAL 90 DHA.....	177	<i>clopidogrel bisulfate</i> .....	152
CELEBREX.....	14	CITRANATAL ASSURE.....	177	<i>clorazepate dipotassium</i> .....	70
<i>celecoxib</i> .....	14	CITRANATAL B-CALM.....	177	<i>clotrimazole</i> .....	212
CELLCEPT.....	163	CITRANATAL BLOOM.....	177	<i>clotrimazole-betamethasone</i> .....	202
CENTANY.....	201	DHA.....	177	<i>clozapine</i> .....	84
<i>cephalexin</i> .....	40	CITRANATAL DHA.....	177	COAGADEX.....	150
CEQUA.....	185	CITRANATAL ESSENCE.....	177	COAGUCHEK LANCETS.....	168
CERDELGA.....	121	CITRANATAL HARMONY.....	177		
CEREZYME.....	121	.....	177		
<i>cetirizine hcl</i> .....	189	CITRANATAL MEDLEY.....	177		
<i>cetirizine hcl allergy child</i> .....	189	CITRANATAL RX.....	177		
<i>cetirizine-pseudoephedrine er.</i> .....	192	Claravis.....	199		
		<i>clarithromycin</i> .....	40		

<i>codeine sulfate</i> .....	19	COSOPT PF.....	181	<i>deferasirox</i> .....	115
<i>coditussin ac</i> .....	192	COTELLIC.....	49	<i>deferasirox granules</i> .....	115
COLAZAL.....	135	COTEMPLA XR-ODT.....	87	<i>deferiprone</i> .....	115
<i>colchicine</i> .....	14	COZAAR.....	57	<i>deferoxamine mesylate</i> .....	115
<i>colchicine-probenecid</i> .....	15	CREON.....	138	DELSTRIGO.....	35
COLCRYS.....	15	CRESEMBA.....	29	DELZICOL.....	135
<i>colesevelam hcl</i> .....	58	CRESTOR.....	59	<i>demeclocycline hcl</i> .....	42
<i>colestipol hcl</i> .....	58	CRINONE.....	143	DENAVIR.....	198
<i>colistimethate sodium (cba)</i> .....	30	CRIXIVAN.....	32	DEPEN TITRATABS.....	115
COMBIGAN.....	181	<i>cromolyn sodium</i> .....	180, 193	DEPO-SUBQ PROVERA	
COMBIPATCH.....	123	CROTAN.....	212	104.....	117
COMBIVENT RESPIMAT..	187	Crysell-28.....	117	DEPO-TESTOSTERONE....	104
COMBIVIR.....	35	CUPRIMINE.....	115	DERMA-SMOOTH/FS	
COMETRIQ (100 MG		CUTAQUIG.....	159	BODY.....	207
DAILY DOSE).....	48	CUVITRU.....	159	DERMA-SMOOTH/FS	
COMETRIQ (140 MG		CUVPOSA.....	133	SCALP.....	207
DAILY DOSE).....	48	CVS ADVANCED		DESCOVY.....	36
COMETRIQ (60 MG DAILY		GLUCOSE TEST.....	168	DESFERAL.....	115
DOSE).....	49	<i>cvs allergy relief childrens</i> .....	189	<i>desipramine hcl</i> .....	76, 77
<i>comfort assured lancets 28g</i> ....	168	<i>cvs nicotine</i> .....	102	<i>desloratadine</i> .....	189
<i>comfort assured lancets 33g</i> ....	168	<i>cvs nicotine polacrilex</i> .....	102	<i>desmopressin ace spray refrig.</i>	132
COMFORT TOUCH		<i>cyanocobalamin</i> .....	177	<i>desmopressin acetate</i> .....	132
LANCETS 31G.....	168	<i>cyclobenzaprine hcl</i> .....	100	<i>desmopressin acetate spray</i> ....	132
COMFORT TOUCH PLUS		<i>cyclobenzaprine hcl er</i> .....	100	<i>desogestrel-ethinyl estradiol</i> ....	117
LANCETS 30G.....	168	<i>cyclophosphamide</i> .....	44	DESONATE.....	207
COMPLERA.....	35	<i>cycloserine</i> .....	37	<i>desonide</i> .....	207
Compro.....	133	CYCLOSET.....	106	DESOWEN.....	207
CONCERTA.....	87	<i>cyclosporine</i> .....	163	<i>desoximetasone</i> .....	207
CONJUPRI.....	63	<i>cyclosporine modified</i> .....	163	DESOXYN.....	87
CONSENSI.....	63	CYMBALTA.....	76	Desrx.....	207
CONTOUR NEXT TEST....	168	<i>cyproheptadine hcl</i> .....	189	<i>desvenlafaxine er</i> .....	77
CONTOUR TEST.....	168	CYSTADANE.....	121	<i>desvenlafaxine succinate er</i> .....	77
CONTRAVE.....	81	CYSTADROPS.....	185	DETROL LA.....	143
CONZIP.....	19	CYSTAGON.....	128	<i>dexabliss</i> .....	125
COOL BLOOD GLUCOSE		CYSTARAN.....	185	<i>dexamethasone</i> .....	125
TEST STRIPS.....	168	CYTOMEL.....	131	<i>dexamethasone sodium</i>	
COPAXONE.....	97	<i>dalfampridine er</i> .....	97	<i>phosphate</i> .....	183
COPIKTRA.....	49	DALIRESP.....	194	DEXCOM G4 PLAT PED	
CORDRAN.....	206, 207	<i>danazol</i> .....	120	RCV/SHARE.....	168
COREG CR.....	61	<i>dantrolene sodium</i> .....	100	DEXCOM G4 PLAT PED	
CORIFACT.....	150	<i>dapsone</i> .....	30, 200	RECEIVER.....	168
CORLANOR.....	65	DARAPRIM.....	30	DEXCOM G4 PLATINUM	
CORTIFOAM.....	135	<i>darifenacin hydrobromide er</i> ...	143	RCV/SHARE.....	168
COSENTYX.....	204	DAURISMO.....	45	DEXCOM G4 PLATINUM	
COSENTYX (300 MG		DAYTRANA.....	87	RECEIVER.....	168
DOSE).....	204	DAYVIGO.....	91	DEXCOM G4 PLATINUM	
COSENTYX		D-CARE BLOOD		TRANSMITTER.....	168
SENSOREADY (300 MG)...	204	GLUCOSE.....	168	DEXCOM G4 SENSOR.....	168
COSENTYX		DDAVP.....	132	DEXCOM G5 MOB/G4	
SENSOREADY PEN.....	204	DECARA K.....	177	PLAT SENSOR.....	168

DEXCOM G5 MOBILE TRANSMITTER.....	168	<i>dilt-xr</i> .....	63	DUPIXENT.....	195, 196, 205
DEXCOM G5 RECEIVER KIT.....	168	<i>dimethyl fumarate</i> .....	97	DUREZOL.....	184
DEXCOM G6 RECEIVER..	168	<i>dimethyl fumarate starter pack</i> .....	97	DURLAZA.....	151
DEXCOM G6 SENSOR.....	168	DIOVAN.....	57	DUROLANE.....	27
DEXCOM G6 TRANSMITTER.....	169	DIOVAN HCT.....	56	<i>dutasteride</i> .....	141
DEXEDRINE.....	87	DIPENTUM.....	135	<i>dutasteride-tamsulosin hcl</i> .....	141
Dexifol.....	177	<i>diphenoxylate-atropine</i> .....	137	DUTOPROL.....	61
DEXILANT.....	139	DIPROLENE.....	207	DXEVO 11-DAY.....	125
<i>dexmethylphenidate hcl</i> .....	87	DIPROLENE AF.....	207	DYANAVEL XR.....	88
<i>dexmethylphenidate hcl er</i> .....	87	<i>dipyridamole</i> .....	152	DYMISTA.....	188
<i>dextroamphetamine sulfate</i> .....	88	<i>disopyramide phosphate</i> .....	58	DYRENIUM.....	64
<i>dextroamphetamine sulfate er</i> .....	87, 88	<i>disulfiram</i> .....	102	DYSPORT.....	100
DIACOMIT.....	70	DITROPAN XL.....	144	E.E.S. GRANULES.....	40
DIASTAT ACUDIAL.....	70	<i>divalproex sodium</i> .....	70	<i>easy plus ii glucose test</i> .....	169
DIASTAT PEDIATRIC.....	70	<i>divalproex sodium er</i> .....	70	EASY STEP TEST.....	169
DIATHRIVE GLUCOSE TEST.....	169	DIVIGEL.....	123	<i>easy talk blood glucose test</i> .....	169
<i>diatrue plus test</i> .....	169	<i>docosanol</i> .....	198	EASY TOUCH LANCETS 21G.....	169
<i>diazepam</i> .....	70	<i>dofetilide</i> .....	58	EASY TOUCH LANCETS 23G.....	169
Diazepam Intensol.....	70	<i>donepezil hcl</i> .....	74	EASY TOUCH LANCETS 26G.....	169
<i>diazoxide</i> .....	127	DOPTelet.....	146	EASY TOUCH LANCETS 28G.....	169
DIBENZYLINE.....	65	DORAL.....	91	EASY TOUCH LANCETS 28G/TWIST.....	169
<i>diclofenac</i> .....	16	DORYX.....	43	EASY TOUCH LANCETS 30G.....	169
<i>diclofenac epolamine</i> .....	211	DORYX MPC.....	42	EASY TOUCH LANCETS 32G.....	169
<i>diclofenac potassium</i> .....	16	<i>dorzolamide hcl</i> .....	181	EASY TOUCH LANCETS 32G/TWIST.....	169
<i>diclofenac sodium</i> .....	16, 183, 211	<i>dorzolamide hcl-timolol mal</i> ....	181	EASY TOUCH LANCING DEVICE.....	169
<i>diclofenac sodium er</i> .....	16	<i>dorzolamide hcl-timolol mal pf</i>	181	EASY TOUCH SAFETY LANCETS 21G.....	169
<i>diclofenac-misoprostol</i> .....	17	DOVATO.....	36	EASY TOUCH SAFETY LANCETS 23G.....	169
<i>dicloxacillin sodium</i> .....	42	DOVONEX.....	204	EASY TOUCH SAFETY LANCETS 26G.....	169
<i>dicyclomine hcl</i> .....	133	<i>doxazosin mesylate</i> .....	56	EASY TOUCH SAFETY LANCETS 28G.....	169
<i>diethylpropion hcl</i> .....	95	<i>doxepin hcl</i> .....	77, 91, 203	<i>easy trak blood glucose test</i> ....	169
<i>diethylpropion hcl er</i> .....	95	<i>doxercalciferol</i> .....	177	EASYGLUCO.....	169
DIFFERIN.....	200	<i>doxycycline</i> .....	212	EASYMAX 15 TEST.....	169
DIFICID.....	40	<i>doxycycline hyclate</i> .....	43	EASYMAX TEST.....	169
<i>diflorasone diacetate</i> .....	207	<i>doxycycline monohydrate</i> .....	43	EASYPRO BLOOD GLUCOSE TEST.....	169
<i>diflunisal</i> .....	27	<i>doxylamine-pyridoxine</i> .....	133	EASYPRO PLUS.....	169
<i>difluprednate</i> .....	183	DRIZALMA SPRINKLE.....	77	<i>econazole nitrate</i> .....	202
<i>digoxin</i> .....	64	<i>dronabinol</i> .....	133		
<i>dihydroergotamine mesylate</i> .....	92	DROPLET PERSONAL LANCETS 30G.....	169		
DILANTIN.....	70	<i>drospiren-eth estrad-levomefol</i>	117		
DILANTIN INFATABS.....	70	<i>drospirenone-ethinyl estradiol</i> ..	117		
DILAUDID.....	19, 20	<i>droxidopa</i> .....	65		
<i>diltiazem hcl</i> .....	63	DUAKLIR PRESSAIR.....	197		
<i>diltiazem hcl er</i> .....	63	DUAVEE.....	123		
<i>diltiazem hcl er beads</i> .....	63	DUEXIS.....	17		
<i>diltiazem hcl er coated beads</i> ....	63	DULERA.....	187		
		<i>duloxetine hcl</i> .....	77		
		DUOBRII.....	207		
		DUO-CARE TEST.....	169		
		DUOPA.....	82		



ECOZA.....	202	ENBRACE HR.....	177	<i>erythromycin base</i> .....	40
EDARBI.....	57	ENBREL.....	154	<i>erythromycin ethylsuccinate</i> ....	41
EDARBYCLOR.....	56	ENBREL MINI.....	154	ESBRIET.....	195
EDEX.....	142	ENBREL SURECLICK.....	154	<i>escitalopram oxalate</i> .....	78
EDLUAR.....	91	ENCARE.....	141	ESGIC.....	15
EDURANT.....	32	ENDARI.....	151	<i>esomeprazole magnesium</i> .....	139
<i>efavirenz</i> .....	32	ENDOMETRIN.....	143	<i>esomeprazole strontium</i> .....	139
<i>efavirenz-emtricitab-tenofovir</i> ...36		ENLITE GLUCOSE		ESPEROCT.....	148
<i>efavirenz-lamivudine-tenofovir</i> ..36		SENSOR.....	170	Estarylla.....	117
EFFEXOR XR.....	77	<i>enoxaparin sodium</i> .....	145	<i>estazolam</i> .....	91
EFFIENT.....	152	Enpresse-28.....	117	<i>estradiol</i> .....	123
EFUDEX.....	201	ENSPRYNG.....	163	<i>estradiol valerate</i> .....	123
ELAPRASE.....	121	ENSTILAR.....	207	ESTRING.....	123
ELELYSO.....	121	<i>entacapone</i> .....	82	ESTROGEL.....	123
<i>element compact test</i> .....	169	<i>entecavir</i> .....	38	<i>eszopiclone</i> .....	91
ELEMENT TEST.....	169	ENTRESTO.....	65	<i>ethacrynic acid</i> .....	64
ELEPSIA XR.....	70	ENTYVIO.....	155	<i>ethambutol hcl</i> .....	37
ELESTRIN.....	123	ENVARUSUS XR.....	163	<i>ethosuximide</i> .....	70
<i>eletriptan hydrobromide</i> .....	92	<i>enzadyne</i> .....	138	<i>ethynodiol diac-eth estradiol</i> ..	117
ELIDEL.....	211	EPCLUSA.....	41	<i>etodolac</i> .....	16
ELIGARD.....	46	EPIDIOLEX.....	70	<i>etodolac er</i> .....	16
ELIQUIS.....	145	EPIDUO.....	200	<i>etonogestrel-ethinyl estradiol</i> ..	117
ELIQUIS DVT/PE		EPIDUO FORTE.....	200	<i>etoposide</i> .....	54
STARTER PACK.....	145	<i>epinastine hcl</i> .....	180	<i>etravirine</i> .....	32
ELLA.....	117	<i>epinephrine</i> .....	186	EUCRISA.....	211
ELMIRON.....	143	EPINEPHRINESNAP-V.....	186	EUFLEXXA.....	27
ELOCTATE.....	148	EPIPEN 2-PAK.....	186	EVAMIST.....	123
Eluryng.....	117	EPIPEN JR 2-PAK.....	186	EVEKEO.....	88
EMBRACE BLOOD		EPIVIR.....	32	EVEKEO ODT.....	88
GLUCOSE TEST.....	170	EPIVIR HBV.....	38	EVENITY.....	128
EMBRACE EVO BLOOD		<i>eplerenone</i> .....	56	<i>everolimus</i> .....	49, 163
GLUCOSE TEST.....	170	EPOGEN.....	146	EVERSENSE	
EMBRACE PRO GLUCOSE		<i>epoprostenol sodium</i> .....	67	SENSOR/HOLDER.....	170
TEST.....	170	EPZICOM.....	36	EVERSENSE SMART	
EMBRACE TALK		<i>eq blood glucose test</i> .....	170	TRANSMITTER.....	170
GLUCOSE TEST.....	170	<i>eq loratadine childrens</i> .....	189	EVOCLIN.....	200
EMEND.....	133	<i>ergocal</i> .....	177	EVOLUTION AUTOCODE	170
EMEND TRI-PACK.....	133	<i>ergoloid mesylates</i> .....	74	EVOTAZ.....	36
EMFLAZA.....	125, 126	<i>ergotamine-caffeine</i> .....	93	EVRYSDI.....	95
EMGALITY.....	93	ERIVEDGE.....	45	EXACTECH R-S-G TEST..	170
EMGALITY (300 MG		ERLEADA.....	46	EXACTECH TEST.....	170
DOSE).....	93	<i>erlotinib hcl</i> .....	49	EXELDERM.....	202
EMPAVELI.....	151	ERTACZO.....	202	EXELON.....	74
<i>emtricitabine</i> .....	32	<i>ery</i> .....	200	<i>exemestane</i> .....	46
<i>emtricitabine-tenofovir df</i> .....	36	ERYGEL.....	200	EXFORGE.....	56
EMTRIVA.....	32	ERYPED 200.....	40	EXFORGE HCT.....	56
EMVERM.....	30	ERYPED 400.....	40	EXJADE.....	115
ENABLEX.....	144	Ery-Tab.....	40	EXKIVITY.....	49
<i>enalapril maleate</i> .....	55	ERYTHROCIN STEARATE	40	EXSERVAN.....	95
<i>enalapril-hydrochlorothiazide</i> ...55		<i>erythromycin</i> .....	183, 200	EXTAVIA.....	97

EXTINA.....	202	FIFTY50 GLUCOSE TEST	<i>fluvastatin sodium</i> .....	59
EYLEA.....	185, 186	2.0.....	<i>fluvastatin sodium er</i> .....	59
EYSUVIS.....	184	FINACEA.....	<i>fluvoxamine maleate</i> .....	78
EZALLOR SPRINKLE.....	59	<i>finasteride</i> .....	<i>fluvoxamine maleate er</i> .....	78
<i>ezetimibe</i> .....	58	FINGERSTIX LANCETS... 170	FML.....	184
<i>ezetimibe-rosuvastatin</i> .....	60	FINTEPLA.....	FML FORTE.....	184
<i>ezetimibe-simvastatin</i> .....	60	FIORICET.....	FML LIQUIFILM.....	184
FA-8.....	178	FIORICET/CODEINE.....	FOCALIN.....	88
FABIOR.....	200	FIRAZYR.....	FOCALIN XR.....	88
FABRAZYME.....	121	FIRDAPSE.....	<i>folate</i> .....	178
<i>famciclovir</i> .....	38	FIRMAGON.....	<i>folbee plus</i> .....	178
<i>famotidine</i> .....	135	FIRMAGON (240 MG	<i>folic acid</i> .....	178
FANAPT.....	84	DOSE).....	<i>folic-k</i> .....	178
FANAPT TITRATION		FIRVANQ.....	FOLLISTIM AQ.....	124
PACK.....	84	FLAREX.....	<i>fondaparinux sodium</i> .....	145
FARXIGA.....	113	<i>flavoxate hcl</i> .....	FORA 6 CONNECT.....	170
FARYDAK.....	45	FLEBOGAMMA DIF.....	FORA BLOOD GLUCOSE	
FASENRA.....	191	<i>flecainide acetate</i> .....	TEST.....	170
FASENRA PEN.....	191	FLECTOR.....	FORA D15G BLOOD	
FASLODEX.....	46	FLOLAN.....	GLUCOSE TEST.....	170
Fayosim.....	117	<i>flolipid</i> .....	FORA D20 BLOOD	
FC2 FEMALE CONDOM... 164		FLONASE ALLERGY	GLUCOSE TEST.....	170
<i>febuxostat</i> .....	15	RELIEF.....	FORA D40/G31 BLOOD	
FEIBA.....	146	FLORIVA.....	GLUCOSE.....	170
<i>felbamate</i> .....	70, 71	FLOVENT DISKUS.....	FORA G20 BLOOD	
<i>felodipine er</i> .....	63	FLOVENT HFA.....	GLUCOSE TEST.....	170
FEMCAP.....	164	<i>fluconazole</i> .....	FORA G30/PREM V10	
FEMRING.....	123	<i>flucytosine</i> .....	GLUCOSE TEST.....	170
<i>fenofibrate</i> .....	58, 59	<i>fludrocortisone acetate</i> .....	FORA GD20 TEST.....	170
<i>fenofibrate micronized</i> .....	58	<i>flunisolide</i> .....	FORA GD50 BLOOD	
<i>fenofibric acid</i> .....	59	<i>fluocinolone acetonide</i>	GLUCOSE TEST.....	171
FENOGLIDE.....	59	.....	FORA GTEL BLOOD	
<i>fenopropfen calcium</i> .....	16	.....	GLUCOSE TEST.....	171
FENORTHO.....	16	<i>fluocinolone acetonide body</i> ....	FORA TN'G ADVANCE	
FENSOLVI (6 MONTH).....	128	<i>fluocinolone acetonide scalp</i> ....	PRO.....	171
<i>fentanyl</i> .....	20	<i>fluocinonide</i> .....	FORA TN'G/TN'G VOICE..	171
<i>fentanyl citrate</i> .....	20	<i>fluocinonide emulsified base</i> ....	FORA V10 BLOOD	
FENTORA.....	20	<i>fluoritab</i> .....	GLUCOSE TEST.....	171
FERRIPROX.....	115, 116	<i>fluorometholone</i> .....	FORA V12 BLOOD	
FERRIPROX TWICE-A-		FLUOROPLEX.....	GLUCOSE TEST.....	171
DAY.....	116	<i>fluorouracil</i> .....	FORA V20 BLOOD	
FETZIMA.....	78	<i>fluoxetine hcl</i> .....	GLUCOSE TEST.....	171
FETZIMA TITRATION.....	78	<i>fluoxetine hcl (p added)</i> .....	FORA V30A BLOOD	
<i>fexofenadine hcl</i> .....	189	<i>fluphenazine hcl</i> .....	GLUCOSE TEST.....	171
<i>fexofenadine-pseudoephed er</i> ..	192	<i>flurandrenolide</i> .....	FORACARE GD40 TEST...171	
FIASP.....	108	<i>flurazepam hcl</i> .....	FORACARE PREMIUM	
FIASP FLEXTOUCH.....	108	<i>flurbiprofen</i> .....	V10 TEST.....	171
FIASP PENFILL.....	108	<i>flurbiprofen sodium</i> .....	FORACARE TEST N GO	
FIBRICOR.....	59	<i>flutamide</i> .....	TEST.....	171
FIBRYGA.....	150	<i>fluticasone propionate</i> .....	<i>formoterol fumarate</i> .....	190
		.....		
		<i>fluticasone-salmeterol</i> .....		



FORTEO.....	128	Gavilyte-N With Flavor Pack	136	GLUMETZA.....	105
FORTESTA.....	104	GAVRETO.....	53	<i>glycopyrrolate</i> .....	133
FORTISCARE TEST.....	171	<i>ge100 blood glucose test</i> .....	171	GLYXAMBI.....	113
FOSAMAX.....	114	GELNIQUE.....	144	<i>gnp easy touch glucose test</i> .....	172
FOSAMAX PLUS D.....	114	GEL-ONE.....	27	GOCOVRI.....	82
<i>fosamprenavir calcium</i> .....	32	GELSYN-3.....	27	GOJJI BLOOD TEST	
<i>fosinopril sodium</i> .....	55	<i>gemfibrozil</i> .....	59	STRIP/LANCETS.....	172
<i>fosinopril sodium-hctz</i> .....	55	GEMTESA.....	143	GOLYTELY.....	136
FOSRENOL.....	131	Gengraf.....	163	GONAL-F.....	125
FOTIVDA.....	49	GENICIN VITA-Q.....	178	GONAL-F RFF.....	125
FRAGMIN.....	145	GENOTROPIN.....	127	GONAL-F RFF REDIJECT	125
FREESTYLE INSULINX		GENOTROPIN		GONITRO.....	66
TEST.....	171	MINIQUICK.....	127	<i>goodsense blood glucose</i> .....	172
FREESTYLE LANCETS.....	171	GENTAK.....	183	GRALISE.....	101
FREESTYLE LIBRE 14		<i>gentamicin sulfate</i> .....	183, 201	<i>granisetron hcl</i> .....	134
DAY SENSOR.....	171	GENULTIMATE TEST.....	171	GRANIX.....	146
FREESTYLE LIBRE		GENVISC 850.....	27	GRASTEK.....	153
READER.....	171	GENVOYA.....	36	<i>griseofulvin microsize</i> .....	29
FREESTYLE LITE TEST...	171	GEODON.....	84	<i>griseofulvin ultramicrosize</i> .....	29
FREESTYLE PRECISION		<i>ght test</i> .....	172	<i>guanfacine hcl</i> .....	65
NEO TEST.....	171	GILENYA.....	98	<i>guanfacine hcl er</i> .....	88
FREESTYLE TEST.....	171	GILOTRIF.....	53	GUARDIAN CONNECT	
FREESTYLE UNISTICK II		GIMOTI.....	134	TRANSMITTER.....	172
LANCETS.....	171	GLASSIA.....	194	GUARDIAN REAL-TIME	
FROVA.....	93	<i>glatiramer acetate</i> .....	98	REPLACE PED.....	172
<i>frovatriptan succinate</i> .....	93	Glatopa.....	98	GUARDIAN SENSOR (3)..	172
FULPHILA.....	146	GLEEVEC.....	49	<i>guardian sensor 3</i> .....	172
<i>fulvestrant</i> .....	46	<i>glimepiride</i> .....	113	GVOKE HYPOPEN 1-	
<i>furosemide</i> .....	64	<i>glipizide</i> .....	113	PACK.....	127
FUZEON.....	32	<i>glipizide er</i> .....	113	GVOKE HYPOPEN 2-	
Fyavolv.....	123	<i>glipizide-metformin hcl</i> .....	105	PACK.....	127
FYCOMPA.....	71	GLOPERBA.....	15	GVOKE PFS.....	127
<i>gabapentin</i> .....	71	GLUCAGEN HYPOKIT.....	127	HAEGARDA.....	151
GALAFOLD.....	129	<i>glucagon emergency</i> .....	127	<i>halcinonide</i> .....	208
<i>galantamine hydrobromide</i> .....	74	GLUCO PERFECT 3 TEST	172	HALCION.....	91
<i>galantamine hydrobromide er</i> ...	74	GLUCOCARD 01 SENSOR		<i>halobetasol propionate</i> .....	208
GAMASTAN.....	160	PLUS.....	172	HALOG.....	208
GAMMAGARD.....	160	GLUCOCARD		<i>haloperidol</i> .....	84
GAMMAGARD S/D LESS		EXPRESSION TEST.....	172	<i>haloperidol lactate</i> .....	84
IGA.....	160	GLUCOCARD SHINE		HARVONI.....	41
GAMMAKED.....	160	TEST.....	172	HELIDAC THERAPY.....	137
GAMMAPLEX.....	160	GLUCOCARD VITAL		HEMADY.....	126
GAMUNEX-C.....	160	TEST.....	172	HEMLIBRA.....	151
<i>ganciclovir</i> .....	38	GLUCOCARD X-SENSOR	172	HEMOFIL M.....	148
<i>ganciclovir sodium</i> .....	38	GLUCOCOM TEST.....	172	HEPAGAM B.....	160
<i>ganirelix acetate</i> .....	125	GLUCONAVII BLOOD		<i>heparin sodium (porcine)</i> .....	145
<i>gatifloxacin</i> .....	183	GLUCOSE TEST.....	172	<i>heparin sodium (porcine) pf</i> ...	145
GATTEX.....	137	<i>glucose</i> .....	127	HEPSERA.....	38
GAVILYTE-C.....	136	<i>glucose control</i> .....	172	HETLIOZ.....	91
Gavilyte-G.....	136	<i>glucose meter test</i> .....	172	HETLIOZ LQ.....	91

Hidex 6-Day.....	126	<i>hydrocortisone</i> .....	126, 208	IMPOYZ.....	209
HIZENTRA.....	160	<i>hydrocortisone (perianal)</i> .....	141	IMURAN.....	163
HORIZANT.....	101	<i>hydrocortisone butyr lipo base</i>	208	IMVEXXY	
HUMALOG.....	108	<i>hydrocortisone butyrate</i> .....	208	MAINTENANCE PACK.....	123
HUMALOG JUNIOR		<i>hydrocortisone valerate</i> .....	208	IMVEXXY STARTER	
KWIKPEN.....	108	<i>hydrocortisone-acetic acid</i> .....	213	PACK.....	123
HUMALOG KWIKPEN.....	108	<i>hydromorphone hcl</i> .....	21	IN TOUCH BLOOD	
HUMALOG MIX 50/50.....	108	<i>hydromorphone hcl er</i> .....	20	GLUCOSE TEST.....	172
HUMALOG MIX 50/50		<i>hydroxychloroquine sulfate</i> .....	159	INATAL GT.....	178
KWIKPEN.....	108	<i>hydroxyprogesterone caproate</i>	131	INBRIJA.....	82
HUMALOG MIX 75/25.....	108	<i>hydroxyurea</i> .....	53	INCRELEX.....	129
HUMALOG MIX 75/25		<i>hydroxyzine hcl</i> .....	189	INCRUSE ELLIPTA.....	188
KWIKPEN.....	108	<i>hydroxyzine pamoate</i> .....	189	<i>indapamide</i> .....	64
HUMATE-P.....	146	<i>hylavite</i> .....	178	INDERAL LA.....	61
HUMATIN.....	28	HYMOVIS.....	27	INDERAL XL.....	61
HUMATROPE.....	127	HYPERHEP B.....	160	INDOCIN.....	16
HUMIRA.....	155	HYPERRAB.....	160	<i>indomethacin</i> .....	16
HUMIRA PEDIATRIC		HYPERRHO S/D.....	161	INFINITY BLOOD	
CROHNS START.....	155	HYPERTET S/D.....	161	GLUCOSE TEST.....	173
HUMIRA PEN.....	155	HYQVIA.....	161	INFINITY VOICE.....	173
HUMIRA PEN-CD/UC/HS		HYSINGLA ER.....	21	INFLECTRA.....	155
STARTER.....	155	HYZAAR.....	56	INGREZZA.....	96
HUMIRA PEN-		<i>ibandronate sodium</i> .....	114	INLYTA.....	50
PS/UV/ADOL HS START ...	155	IBRANCE.....	45	INNOPRAN XL.....	61
HUMIRA PEN-		Ibu.....	16	INQOVI.....	53
PSOR/UEVIT STARTER....	155	<i>ibuprofen</i> .....	16	INREBIC.....	50
HUMULIN 70/30.....	109	<i>ibuprofen-famotidine</i> .....	18	<i>insulin asp prot &amp; asp flexpen.</i>	109
HUMULIN 70/30		<i>icatibant acetate</i> .....	151	<i>insulin aspart</i> .....	109
KWIKPEN.....	108	ICLUSIG.....	49	<i>insulin aspart flexpen</i> .....	109
HUMULIN N.....	109	<i>icosapent ethyl</i> .....	60	<i>insulin aspart penfill</i> .....	109
HUMULIN N KWIKPEN...	109	IDELVION.....	150	<i>insulin aspart prot &amp; aspart</i> ....	109
HUMULIN R.....	109	IDHIFA.....	49	<i>insulin glargine-yfgn</i> .....	109
HUMULIN R U-500		IGLUCOSE TEST STRIPS..	172	<i>insulin lispro</i> .....	109
(CONCENTRATED).....	109	ILARIS.....	155	<i>insulin lispro (1 unit dial)</i> .....	109
HUMULIN R U-500		ILEVRO.....	184	<i>insulin lispro junior kwikpen</i> ...	109
KWIKPEN.....	109	ILUMYA.....	204	<i>insulin lispro prot &amp; lispro</i> .....	109
HW EMBRACE PRO		<i>imatinib mesylate</i> .....	49	INTELENCE.....	32
GLUCOSE TEST.....	172	IMBRUVICA.....	49	INTRAROSA.....	104
HW EMBRACE TALK		IMCIVREE.....	81	INTRON A.....	162
GLUCOSE TEST.....	172	<i>imipramine hcl</i> .....	78	Introvale.....	118
HYALGAN.....	27	<i>imipramine pamoate</i> .....	78	INTUNIV.....	88
HYCAMTIN.....	54	<i>imiquimod</i> .....	201	INVEGA.....	84
HYCODAN.....	192	<i>imiquimod pump</i> .....	201	INVEGA HAFYERA.....	84
<i>hydralazine hcl</i> .....	65	IMITREX.....	93	INVEGA TRINZA.....	84
<i>hydrochlorothiazide</i> .....	64	IMITREX STATDOSE		INVELTYS.....	184
<i>hydrocod polst-cpm polst er</i> ....	192	REFILL.....	93	INVIRASE.....	32
<i>hydrocodone bitartrate er</i> .....	20	IMITREX STATDOSE		INVOKAMET.....	112
<i>hydrocodone-acetaminophen</i> .....	20	SYSTEM.....	93	INVOKAMET XR.....	112
<i>hydrocodone-homatropine</i> .....	192	IMOGAM RABIES-HT.....	161	INVOKANA.....	113
<i>hydrocodone-ibuprofen</i> .....	20	IMPEKLO.....	208	<i>ipratropium bromide</i> .....	188

<i>ipratropium-albuterol</i> .....	187	KATERZIA.....	63	<i>kruger test</i> .....	173
<i>irbesartan</i> .....	57	KAZANO.....	106	KRYSTEXXA.....	15
<i>irbesartan-hydrochlorothiazide</i> .....	56	KCENTRA.....	150	KUVAN.....	121
IRESSA.....	50	<i>kedrab</i> .....	161	KYLEENA.....	118
ISENTRESS.....	32, 33	Kelnor 1/50.....	118	KYNMOBI.....	82
ISENTRESS HD.....	32	KENALOG.....	209	<i>labetalol hcl</i> .....	62
<i>isoniazid</i> .....	37	KEPPRA.....	71	LACRISERT.....	185
ISOPTO ATROPINE.....	185	KEPPRA XR.....	71	<i>lactulose</i> .....	136
ISORDIL TITRADOSE.....	66	KERENDIA.....	120	<i>lactulose encephalopathy</i> .....	136
<i>isosorbide dinitrate</i> .....	66	KERYDIN.....	202	<i>lamivudine</i> .....	33, 38
<i>isosorbide mononitrate</i> .....	66	KESIMPTA.....	98	<i>lamivudine-zidovudine</i> .....	36
<i>isosorbide mononitrate er</i> .....	66	<i>ketoconazole</i> .....	29, 202, 205	<i>lamotrigine</i> .....	71
<i>isotretinoin</i> .....	200	<i>ketoprofen</i> .....	16	<i>lamotrigine er</i> .....	71
<i>isradipine</i> .....	63	<i>ketoprofen er</i> .....	16	<i>lamotrigine starter kit-blue</i> .....	71
ISTALOL.....	181	<i>ketorolac tromethamine</i> ....	16, 184	<i>lamotrigine starter kit-green</i> ....	71
ISTURISA.....	129	KEVEYIS.....	64	<i>lamotrigine starter kit-orange</i> ..	71
<i>itraconazole</i> .....	29	KEVZARA.....	155, 156	<i>lancets</i> .....	173
<i>ivermectin</i> .....	30	KINERET.....	156	<i>lancets super thin 28g</i> .....	173
IXINITY.....	150	KISQALI (200 MG DOSE)....	45	LANCETS ULTRA THIN..	173
JADENU.....	116	KISQALI (400 MG DOSE)....	45	<i>lancets ultra thin 30g</i> .....	173
JADENU SPRINKLE.....	116	KISQALI (600 MG DOSE)....	45	LANOXIN.....	64
JAKAFI.....	50	KISQALI FEMARA (400		<i>lansoprazole</i> .....	139
JALYN.....	141	MG DOSE).....	45	<i>lanthanum carbonate</i> .....	131
JANUMET.....	106	KISQALI FEMARA (600		LANTUS.....	109
JANUMET XR.....	106	MG DOSE).....	45	LANTUS SOLOSTAR.....	109
JANUVIA.....	106	KISQALI FEMARA(200		<i>lapatinib ditosylate</i> .....	50
JARDIANCE.....	113	MG DOSE).....	45	LASTACFT.....	180
JATENZO.....	104	KITABIS PAK.....	28	<i>latanoprost</i> .....	181
<i>jenliva prenatal/postnatal</i> .....	178	KLARITY-A.....	183	LATUDA.....	84
JENTADUETO.....	106	KLARON.....	200	LAZANDA.....	21
JENTADUETO XR.....	106	KLISYRI.....	201	<i>ledipasvir-sofosbuvir</i> .....	41
Jinteli.....	123	KLONOPIN.....	71	<i>leflunomide</i> .....	159
JIVI.....	148	Klor-Con.....	176	LEMTRADA.....	98
JORNAY PM.....	88	Klor-Con 10.....	176	LENVIMA (10 MG DAILY	
JUBLIA.....	202	Klor-Con M10.....	176	DOSE).....	50
JULUCA.....	36	Klor-Con M15.....	176	LENVIMA (12 MG DAILY	
Junel 1.5/30.....	118	Klor-Con M20.....	176	DOSE).....	50
Junel 1/20.....	118	KLOXXADO.....	102	LENVIMA (14 MG DAILY	
Junel Fe 1.5/30.....	118	KOATE.....	148	DOSE).....	50
Junel Fe 24.....	118	KOATE-DVI.....	148	LENVIMA (18 MG DAILY	
JUXTAPID.....	60	KOGENATE FS.....	149	DOSE).....	50
JYNARQUE.....	129	KOMBIGLYZE XR.....	106	LENVIMA (20 MG DAILY	
Kaitlib Fe.....	118	KORLYM.....	129	DOSE).....	50
KALBITOR.....	151	KOSELUGO.....	50	LENVIMA (24 MG DAILY	
KALETRA.....	36	<i>kosher prenatal plus iron</i> .....	178	DOSE).....	50
KALYDECO.....	194	KOVALTRY.....	149	LENVIMA (4 MG DAILY	
KANUMA.....	121	<i>kp fexofenadine hcl</i> .....	189	DOSE).....	50
KAPSPARGO SPRINKLE....	62	<i>kp ketotifen fumarate</i> .....	180	LENVIMA (8 MG DAILY	
KAPVAY.....	88	KRINTAFEL.....	31	DOSE).....	50
KARBINAL ER.....	189	KRISTALOSE.....	136	LESCOL XL.....	59

LETAIRIS.....	67	<i>lithium carbonate</i> .....	96	LUPRON DEPOT (6-	
<i>letrozole</i> .....	46	<i>lithium carbonate er</i> .....	96	MONTH).....	47
<i>leucovorin calcium</i> .....	54	LITHOSTAT.....	143	LUPRON DEPOT-PED (1-	
LEUKERAN.....	44	LIVALO.....	59	MONTH).....	53
LEUKINE.....	146	LIVMARLI.....	137	LUPRON DEPOT-PED (3-	
<i>leuprolide acetate</i> .....	46	LO LOESTRIN FE.....	118	MONTH).....	53
<i>levabuterol hcl</i> .....	190	LOCOID.....	209	LUXIQ.....	209
<i>levabuterol tartrate</i> .....	190	LOCOID LIPOCREAM.....	209	LUZU.....	202
LEVEMIR.....	110	LODINE.....	17	LYBALVI.....	102
LEVEMIR FLEXTOUCH... 110		LOKELMA.....	115	LYNPARZA.....	45
<i>levetiracetam</i> .....	71	LOMAIRA.....	96	LYRICA.....	71, 72
<i>levetiracetam er</i> .....	71	LONHALA MAGNAIR		LYRICA CR.....	101
LEVITRA.....	142	REFILL KIT.....	188	LYSODREN.....	47
<i>levobunolol hcl</i> .....	181	LONHALA MAGNAIR		LYUMJEV.....	110
<i>levocarnitine</i> .....	115	STARTER KIT.....	188	LYUMJEV KWIKPEN.....	110
<i>levocetirizine dihydrochloride</i> ..	189	LONSURF.....	53	MACRODANTIN.....	30
<i>levofloxacin</i> .....	41, 183	<i>lopinavir-ritonavir</i> .....	36	<i>mafenide acetate</i> .....	201
<i>levonorgest-eth estrad 91-day</i> ..	118	LOPROX.....	202	MAKENA.....	131
<i>levonorgestrel-ethinyl estrad</i> ... 118		<i>loratadine</i> .....	189	<i>malathion</i> .....	212
<i>levorphanol tartrate</i> .....	21	<i>loratadine-d 24hr</i> .....	193	MARINOL.....	134
<i>levothyroxine sodium</i> .....	131, 132	<i>lorazepam</i> .....	69	MATULANE.....	53
LEVULAN KERASTICK....	211	Lorazepam Intensol.....	68	Matzim La.....	63
LEXAPRO.....	78	LORBRENA.....	50	MAVENCLAD (10 TABS)....	98
LEXETTE.....	209	LOREEV XR.....	69	MAVENCLAD (4 TABS)....	98
LEXIVA.....	33	LORTAB.....	21	MAVENCLAD (5 TABS)....	98
LIALDA.....	135	<i>losartan potassium</i> .....	57	MAVENCLAD (6 TABS)....	98
LIBERTY NEXT		<i>losartan potassium-hctz</i> .....	57	MAVENCLAD (7 TABS)....	98
GENERATION TEST.....	173	LOTEMAX.....	184	MAVENCLAD (8 TABS)....	98
<i>liberty test</i> .....	173	LOTEMAX SM.....	184	MAVENCLAD (9 TABS)....	98
LIBRAX.....	133	<i>loteprednol etabonate</i> .....	184	MAVYRET.....	41
LICART.....	211	LOTRONEX.....	136	MAXALT.....	93
<i>lidocaine</i> .....	210	<i>lovastatin</i> .....	59	MAXALT-MLT.....	93
<i>lidocaine hcl</i> .....	210	LOVAZA.....	60	MAXIDEX.....	184
<i>lidocaine hcl urethral mucosal</i> ..	210	<i>loxapine succinate</i> .....	84	MAYZENT.....	98
<i>lidocaine viscous hcl</i> .....	212	<i>lubiprostone</i> .....	136	MAYZENT STARTER	
<i>lidocaine-prilocaine</i> .....	210	LUCEMYRA.....	102	PACK.....	98
<i>lidocaine-tetracaine</i> .....	210	LUCENTIS.....	186	<i>meclofenamate sodium</i> .....	17
LIDODERM.....	210	<i>luliconazole</i> .....	202	<i>medroxyprogesterone acetate</i>	
LIFESCAN UNISTIK 2.....	173	LUMAKRAS.....	50	.....	118, 131
LIFESCAN UNISTIK II		LUMIGAN.....	181	<i>mefenamic acid</i> .....	17
LANCETS.....	173	LUMIZYME.....	121	<i>mefloquine hcl</i> .....	31
LILETTA (52 MG).....	118	LUNESTA.....	91	<i>megestrol acetate</i> .....	47
<i>linezolid</i> .....	30	LUPANETA PACK.....	120	<i>meijer essential glucose test</i> ....	173
LINZESS.....	136	LUPKYNIS.....	163	MEIJER TRUETEST TEST	173
<i>liothyronine sodium</i> .....	132	LUPRON DEPOT (1-		MEIJER TRUETRACK	
LIPITOR.....	59	MONTH).....	46	TEST.....	173
<i>lisinopril</i> .....	55	LUPRON DEPOT (3-		MEKINIST.....	51
<i>lisinopril-hydrochlorothiazide</i> ... 55		MONTH).....	47	MEKTOVI.....	53
<i>lite touch lancets</i> .....	173	LUPRON DEPOT (4-		<i>meloxicam</i> .....	17
LITETOUCH LANCETS....	173	MONTH).....	47	<i>melphalan</i> .....	44



<i>memantine hcl</i> .....	74	METROCREAM.....	212	MS CONTIN.....	23
<i>memantine hcl er</i> .....	74	METROGEL.....	212	MULPLETA.....	147
MENEST.....	124	<i>metronidazole</i> .....	30, 144, 212	MULTAQ.....	58
MENOPUR.....	125	<i>metryrosine</i> .....	65	<i>mupirocin</i> .....	201
MENOSTAR.....	124	MICARDIS.....	57	<i>mupirocin calcium</i> .....	201
<i>meperidine hcl</i> .....	21	MICARDIS HCT.....	57	MUSE.....	142
MEPHYTON.....	178	<i>miconazole 3</i> .....	144	MYALEPT.....	121
MEPRON.....	30	<i>miconazole-zinc oxide-petrolat</i>	202	MYCAPSSA.....	129
<i>mercaptapurine</i> .....	44	MICRHOGAM ULTRA-		<i>mycophenolate mofetil</i> .....	163
<i>mesalamine</i> .....	135	FILTERED PLUS.....	161	<i>mycophenolate sodium</i> .....	163
<i>mesalamine er</i> .....	135	MICRODOT TEST.....	173	MYDAYIS.....	89
MESTINON.....	96	MICROLET LANCETS.....	173	MYFEMBREE.....	124
<i>metaxalone</i> .....	100	<i>midazolam hcl</i> .....	91	MYFORTIC.....	163
<i>metformin hcl</i> .....	105	<i>midodrine hcl</i> .....	66	MYGLUCOHEALTH TEST	
<i>metformin hcl er</i> .....	105	MIGERGOT.....	94	.....	173
<i>metformin hcl er (mod)</i> .....	105	<i>miglitol</i> .....	105	MYLERAN.....	44
<i>metformin hcl er (osm)</i> .....	105	<i>miglustat</i> .....	121	Myorisan.....	200
<i>methadone hcl</i> .....	21	MIGRANAL.....	94	MYRBETRIQ.....	143, 144
Methadone Hcl Intensol.....	21	MILLIPRED.....	126	MYTESI.....	138
METHADOSE.....	22	Mimvey.....	124	MYXREDLIN.....	110
METHADOSE SUGAR-		MINASTRIN 24 FE.....	118	<i>na ferric gluc cplx in sucrose</i> ..	178
FREE.....	22	MINIVELLE.....	124	NABI-HB.....	161
<i>methamphetamine hcl</i> .....	88	MINOCIN.....	43	<i>nabumetone</i> .....	17
<i>methazolamide</i> .....	65	<i>minocycline hcl</i> .....	43	<i>nadolol</i> .....	62
<i>methenamine hippurate</i> .....	30	<i>minocycline hcl er</i> .....	43	<i>naftifine hcl</i> .....	202
<i>methenamine mandelate</i> .....	30	MINOLIRA.....	43	NAFTIN.....	203
Methergine.....	129	<i>minoxidil</i> .....	66	NAGLAZYME.....	121
<i>methimazole</i> .....	132	MIRCERA.....	147	<i>nalocet</i> .....	23
<i>methitest</i> .....	104	MIRENA (52 MG).....	118	<i>naloxone hcl</i> .....	102
<i>methocarbamol</i> .....	100	<i>mirtazapine</i> .....	78	<i>naltrexone hcl</i> .....	102
<i>methotrexate</i> .....	44	MIRVASO.....	212	NAMENDA TITRATION	
<i>methotrexate sodium</i> .....	44	<i>misoprostol</i> .....	137	PAK.....	75
<i>methotrexate sodium (pf)</i> .....	44	MITIGARE.....	15	NAMENDA XR.....	75
<i>methoxsalen rapid</i> .....	204	<i>modafinil</i> .....	101	NAMZARIC.....	75
<i>methscopolamine bromide</i> .....	133	<i>moexipril hcl</i> .....	55	NAPRELAN.....	17
<i>methyl dopa</i> .....	65	<i>mometasone furoate</i> .....	195, 209	NAPROSYN.....	17
<i>methylergonovine maleate</i> .....	129	MONONINE.....	150	<i>naproxen</i> .....	17
METHYLIN.....	88	MONOVISC.....	27	<i>naproxen sodium</i> .....	17
<i>methylphenidate hcl</i> .....	89	<i>montelukast sodium</i> .....	193	<i>naproxen sodium er</i> .....	17
<i>methylphenidate hcl er</i> .....	89	<i>morphine sulfate</i> .....	22, 23	<i>naproxen-esomeprazole</i> .....	18
<i>methylphenidate hcl er (cd)</i> .....	88	<i>morphine sulfate (concentrate)</i> .....	22	<i>naratriptan hcl</i> .....	94
<i>methylphenidate hcl er (la)</i> .....	89	<i>morphine sulfate er</i> .....	22	NARCAN.....	103
<i>methylphenidate hcl er (xr)</i> .....	89	<i>morphine sulfate er beads</i> .....	22	NASACORT ALLERGY	
<i>methylprednisolone</i> .....	126	MOTEGRITY.....	138	24HR.....	195
<i>methyltestosterone</i> .....	104	MOTOFEN.....	138	NASCOBAL.....	178
<i>metoclopramide hcl</i> .....	134	MOVANTIK.....	138	NASONEX.....	195
<i>metolazone</i> .....	65	MOVIPREP.....	137	NATAZIA.....	118
<i>metoprolol succinate er</i> .....	62	MOXEZA.....	183	<i>nateglinide</i> .....	112
<i>metoprolol tartrate</i> .....	62	<i>moxifloxacin hcl</i> .....	41, 183	NATESTO.....	104
<i>metoprolol-hydrochlorothiazide</i>	61	<i>moxifloxacin hcl (2x day)</i> .....	183	NATPARA.....	129

NATURE-THROID.....	132	<i>nitrofurantoin macrocrystal</i> .....	30	NOVOLOG MIX 70/30	
NAYZILAM.....	72	<i>nitrofurantoin monohyd macro</i> .	30	FLEXPEN.....	111
<i>nebivolol hcl</i> .....	62	<i>nitroglycerin</i> .....	66	NOVOLOG PENFILL.....	111
Necon 0.5/35 (28).....	118	NITROMIST.....	66	NOVOSEVEN RT.....	146
<i>nefazodone hcl</i> .....	78	NITYR.....	122	NOXAFIL.....	29
<i>neomycin sulfate</i> .....	28	NIVESTYM.....	147	<i>np thyroid</i> .....	132
<i>neomycin-polymyxin-dexameth</i>		<i>nizatidine</i> .....	135	NPLATE.....	147
.....	182	NOC DURNA.....	132	NUBEQA.....	47
<i>neomycin-polymyxin-hc</i> .....	213	NORDITROPIN FLEXPEN.....	127	NUCALA.....	191, 192
<i>neonatal + dha</i> .....	178	<i>norethin ace-eth estrad-fe</i> .....	119	NUCYNTA.....	23
<i>neonatal 19</i> .....	178	<i>norethindrone</i> .....	119	NUCYNTA ER.....	23
<i>neonatal fe</i> .....	178	<i>norethindrone acetate</i> .....	131	NULOJIX.....	163
NEORAL.....	163	<i>norethindrone acet-ethinyl est.</i>	119	NUPLAZID.....	84
NEO-SYNALAR.....	201	<i>norethin-eth estradiol-fe</i> .....	119	NURTEC.....	94
NERLYNX.....	51	<i>norgesic forte</i> .....	100	NUTROPIN AQ NUSPIN 10	
NESINA.....	106	<i>norgestim-eth estrad triphasic</i> .	119	.....	127
NESTABS ONE.....	178	NORITATE.....	212	NUTROPIN AQ NUSPIN 20	
NEULASTA.....	147	NORPACE.....	58	.....	128
NEULASTA ONPRO.....	147	NORPRAMIN.....	79	NUTROPIN AQ NUSPIN 5	128
NEUPOGEN.....	147	NORTHERA.....	66	NUVARING.....	119
NEUPRO.....	82	Nortrel 0.5/35 (28).....	119	NUVESSA.....	144
NEURONTIN.....	72	Nortrel 1/35 (21).....	119	NUVIGIL.....	101
NEUTEK 2TEK TEST.....	173	Nortrel 7/7/7.....	119	NUWIQ.....	149
NEVANAC.....	184	<i>nortriptyline hcl</i> .....	79	<i>nystatin</i> .....	29, 203, 213
<i>nevirapine</i> .....	33	NORVASC.....	63	<i>nystatin-triamcinolone</i> .....	203
<i>nevirapine er</i> .....	33	NORVIR.....	33	NYVEPRIA.....	147
NEXAVAR.....	51	NOURIANZ.....	82	<i>obizur</i> .....	149
NEXIUM.....	139	NOVA MAX GLUCOSE		OBSTETRIX ONE.....	179
NEXIUM 24HR.....	139	TEST.....	173	OCALIVA.....	138
NEXLETOL.....	58	NOVAREL.....	125	OCTAGAM.....	161
NEXLIZET.....	58	NOVOEIGHT.....	149	<i>octreotide acetate</i> .....	129
NEXPLANON.....	119	NOVOLIN 70/30.....	110	ODACTRA.....	153
NEXTSTELLIS.....	119	NOVOLIN 70/30 FLEXPEN.....	110	ODEFSEY.....	36
<i>niacin er (antihyperlipidemic)</i> ..	60	NOVOLIN 70/30 FLEXPEN		ODOMZO.....	45
NIACOR.....	60	RELION.....	110	OFEV.....	195
<i>nicardipine hcl</i> .....	63	NOVOLIN 70/30 RELION..	110	<i>ofloxacin</i> .....	183, 213
NICOMIDE.....	179	NOVOLIN N.....	110	<i>olanzapine</i> .....	85
<i>nicotinamide</i> .....	179	NOVOLIN N FLEXPEN.....	110	<i>olanzapine-fluoxetine hcl</i> .....	103
NICOTROL.....	103	NOVOLIN N FLEXPEN		<i>olmesartan medoxomil</i> .....	57
NICOTROL NS.....	103	RELION.....	110	<i>olmesartan medoxomil-hctz</i> .....	57
<i>nifedipine er</i> .....	63	NOVOLIN N RELION.....	110	<i>olmesartan-amlodipine-hctz</i> .....	57
<i>nifedipine er osmotic release</i> .....	63	NOVOLIN R.....	111	<i>olopatadine hcl</i> .....	189
NILANDRON.....	47	NOVOLIN R FLEXPEN.....	110	OLUMIANT.....	156
<i>nilutamide</i> .....	47	NOVOLIN R FLEXPEN		OLUX.....	209
<i>nimodipine</i> .....	63	RELION.....	110	OLUX-E.....	209
NINLARO.....	54	NOVOLIN R RELION.....	111	<i>omega-3-acid ethyl esters</i> .....	60
<i>nisoldipine er</i> .....	63	NOVOLOG.....	111	<i>omeprazole</i> .....	140
<i>nitazoxanide</i> .....	30	NOVOLOG FLEXPEN.....	111	<i>omeprazole magnesium</i> .....	140
<i>nitisinone</i> .....	121	NOVOLOG MIX 70/30.....	111	<i>omeprazole-sodium</i>	
<i>nitrofurantoin</i> .....	30			<i>bicarbonate</i> .....	140



OMNARIS.....	195	<i>orphenadrine-asa-caffeine</i> .....	100	PALFORZIA (300 MG	
OMNIFLEX DIAPHRAGM	164	ORTHO TRI-CYCLEN LO.	119	MAINTENANCE).....	153
OMNIPOD 5 PACK.....	173	ORTHOVISC.....	27	PALFORZIA (300 MG	
OMNIPOD STARTER.....	173	ORTIKOS.....	135	TITRATION).....	153
OMNITROPE.....	128	<i>oseltamivir phosphate</i> .....	38	PALFORZIA (40 MG	
<i>ondansetron</i> .....	134	OSENI.....	106	DAILY DOSE).....	153
<i>ondansetron hcl</i> .....	134	OSMOLEX ER.....	82	PALFORZIA (6 MG DAILY	
<i>one drop test</i> .....	173	OSMOPREP.....	137	DOSE).....	153
ONETOUCH CLUB		OSPHENA.....	129	PALFORZIA (80 MG	
LANCETS FINE PT.....	173	OTEZLA.....	159	DAILY DOSE).....	153
ONETOUCH DELICA		OTIPRIO.....	213	PALFORZIA INITIAL	
LANCETS 30G.....	173	OTOVEL.....	213	ESCALATION.....	153
ONETOUCH DELICA		OTREXUP.....	159	<i>paliperidone er</i> .....	85
LANCETS 33G.....	173	OVIDREL.....	125	PALYNZIQ.....	122
ONETOUCH DELICA		<i>oxandrolone</i> .....	104	PAMELOR.....	79
LANCING DEV.....	173	<i>oxaprozin</i> .....	17	<i>pamidronate disodium</i> .....	114
ONETOUCH DELICA		OXAYDO.....	23	PANCREAZE.....	138
PLUS LANCET30G.....	174	<i>oxazepam</i> .....	69	PANDEL.....	209
ONETOUCH FINEPOINT		OXBRYTA.....	151	<i>pantoprazole sodium</i> .....	140
LANCETS.....	174	<i>oxcarbazepine</i> .....	72	PANZYGA.....	161
ONETOUCH SURESOFT		OXERVATE.....	185	PARAGARD	
LANCING DEV.....	174	<i>oxiconazole nitrate</i> .....	203	INTRAUTERINE COPPER	119
ONETOUCH ULTRA.....	174	OXISTAT.....	203	<i>paricalcitol</i> .....	179
ONETOUCH ULTRASOFT		OXTELLAR XR.....	72	<i>paromomycin sulfate</i> .....	28
LANCETS.....	174	<i>oxybutynin chloride</i> .....	144	<i>paroxetine hcl</i> .....	79
ONETOUCH VERIO.....	174	<i>oxybutynin chloride er</i> .....	144	<i>paroxetine hcl er</i> .....	79
ONEXTON.....	200	<i>oxycodone hcl</i> .....	23, 24	<i>paroxetine mesylate</i> .....	80
ONFI.....	72	<i>oxycodone hcl er</i> .....	23	PARSABIV.....	114
ONGENTYS.....	82	<i>oxycodone-acetaminophen</i> .....	24	PATANASE.....	186
ONGLYZA.....	106	OXYCONTIN.....	24	PAXIL.....	80
ONUREG.....	44	<i>oxymorphone hcl</i> .....	24, 25	PAXIL CR.....	80
ONZETRA XSAIL.....	94	<i>oxymorphone hcl er</i> .....	24	<i>peg 3350-kcl-na bicarb-nacl</i> ....	137
OPSUMIT.....	67	OZEMPIC (0.25 OR 0.5		<i>peg-3350/electrolytes</i> .....	137
OPTIONS GYNOL II		MG/DOSE).....	107	PEGASYS.....	41
CONTRACEPTIVE.....	142	OZEMPIC (1 MG/DOSE)....	107	PEGASYS PROCLICK.....	41
OPTIUM TEST.....	174	OZOBAX.....	100	<i>peg-kcl-nacl-nasulf-na asc-c</i> ....	137
OPTIUMEZ TEST.....	174	PALFORZIA (12 MG		PEG-PREP.....	137
OPZELURA.....	205	DAILY DOSE).....	153	PEMAZYRE.....	53
ORACEA.....	212	PALFORZIA (120 MG		<i>pen needles</i> .....	174
ORALAIR.....	153	DAILY DOSE).....	153	<i>penicillamine</i> .....	115
ORAVIG.....	213	PALFORZIA (160 MG		<i>penicillin v potassium</i> .....	42
ORENCIA.....	156	DAILY DOSE).....	153	PENNSAID.....	211
ORENCIA CLICKJECT.....	156	PALFORZIA (20 MG		<i>pentamidine isethionate</i> .....	30
ORENITRAM.....	67	DAILY DOSE).....	153	PENTASA.....	135
ORFADIN.....	122	PALFORZIA (200 MG		<i>pentazocine-naloxone hcl</i> .....	18
ORGOVYX.....	47	DAILY DOSE).....	153	<i>pentoxifylline er</i> .....	151
ORIAHNN.....	124	PALFORZIA (240 MG		PERCOCET.....	25
ORILISSA.....	120	DAILY DOSE).....	153	PERFOROMIST.....	190
ORKAMBI.....	194	PALFORZIA (3 MG DAILY		<i>perindopril erbumine</i> .....	55
ORLADEYO.....	151	DOSE).....	153	<i>permethrin</i> .....	212

<i>perphenazine</i> .....	85	POMALYST.....	162	PRENATABS RX.....	179
<i>perphenazine-amitriptyline</i> .....	103	PONVORY.....	99	PRESTALIA.....	55
PERSERIS.....	85	PONVORY STARTER		<i>pretomanid</i> .....	37
PERTZYE.....	139	PACK.....	99	PREVACID.....	140
PEXEVA.....	80	<i>posaconazole</i> .....	29	PREVACID SOLUTAB.....	140
PHARMACIST CHOICE		<i>pot &amp; sod cit-cit ac</i> .....	143	Previfem.....	119
AUTOCODE.....	174	<i>potassium chloride</i> .....	176	PREVYMIS.....	38
<i>pharmacist choice no coding</i> ...	174	<i>potassium chloride crys er</i> .....	176	PREZCOBIX.....	37
<i>phendimetrazine tartrate</i> .....	96	<i>potassium chloride er</i> .....	176	PREZISTA.....	33
<i>phendimetrazine tartrate er</i> .....	96	<i>potassium citrate er</i> .....	143	PRIALT.....	15
<i>phenelzine sulfate</i> .....	80	PRADAXA.....	145	PRILOSEC.....	140
<i>phenobarbital</i> .....	72	PRALUENT.....	60	PRILOSEC OTC.....	140
<i>phenoxybenzamine hcl</i> .....	66	<i>pramipexole dihydrochloride</i> ....	82	PRIMACARE.....	179
<i>phentermine hcl</i> .....	96	<i>pramipexole dihydrochloride er</i> ..	82	<i>primaquine phosphate</i> .....	31
<i>phenylephrine hcl</i> .....	142	PRAMOX.....	211	<i>primidone</i> .....	72
<i>phenytoin</i> .....	72	<i>prasugrel hcl</i> .....	152	PRISTIQ.....	80
<i>phenytoin sodium extended</i> .....	72	<i>pravastatin sodium</i> .....	59	PRIVIGEN.....	161
PHEXXI.....	142	<i>praziquantel</i> .....	30	<i>pro voice v8/v9 glucose</i> .....	174
PHOSLYRA.....	131	<i>prazosin hcl</i> .....	56	PROAIR DIGIHALER.....	191
Phospho-Trin 250 Neutral....	176	PRECISION PCX.....	174	PROAIR HFA.....	191
<i>phytonadione</i> .....	179	PRECISION PCX PLUS		PROAIR RESPICLICK.....	191
PIFELTRO.....	33	TEST.....	174	<i>probenecid</i> .....	15
<i>pilocarpine hcl</i> .....	181, 213	PRECISION POINT OF		Procentra.....	89
<i>pimecrolimus</i> .....	211	CARE TEST.....	174	<i>prochlorperazine maleate</i> .....	134
<i>pimozide</i> .....	96	PRECISION QID TEST.....	174	PROCRIT.....	147
<i>pindolol</i> .....	62	PRECISION SOF-TACT		PROCTOCORT.....	141
<i>pioglitazone hcl</i> .....	111	TEST.....	174	PROCTOFOAM HC.....	141
<i>pioglitazone hcl-glimepiride</i> ....	112	PRECISION THINS GP		Proctozone-Hc.....	141
<i>pioglitazone hcl-metformin hcl</i>	112	LANCETS.....	174	PROCYSBI.....	129
PIQRAY (200 MG DAILY		PRECISION XTRA BLOOD		PRODIGY NO CODING	
DOSE).....	51	GLUCOSE.....	174	BLOOD GLUC.....	174
PIQRAY (250 MG DAILY		PRED FORTE.....	184	PROFILNINE.....	150
DOSE).....	51	PRED MILD.....	184	<i>progesterone</i> .....	131
PIQRAY (300 MG DAILY		<i>prednicarbate</i> .....	209	PROGRAF.....	163, 164
DOSE).....	51	<i>prednisolone</i> .....	126	PROLASTIN-C.....	194
<i>piroxicam</i> .....	17	<i>prednisolone acetate</i> .....	185	PROLATE.....	25
PLAVIX.....	152	<i>prednisolone sodium phosphate</i>	126	PROLENSA.....	185
PLEGRIDY.....	98, 99	<i>prednisone</i> .....	126	PROLIA.....	130
PLEGRIDY STARTER		PREFEST.....	124	PROMACTA.....	147
PACK.....	99	<i>pregabalin</i> .....	72	<i>promethazine hcl</i> .....	134
PLENVU.....	137	<i>pregabalin er</i> .....	101	<i>promethazine-codeine</i> .....	193
PLIAGLIS.....	210	<i>pregen dha</i> .....	179	<i>promethazine-dm</i> .....	193
<i>pnv tabs 20-1</i> .....	179	<i>pregenna</i> .....	179	<i>promethazine-phenyleph-</i>	
<i>pnv tabs 29-1</i> .....	179	PREGNYL.....	125	<i>codeine</i> .....	193
<i>pnv-dha</i> .....	179	PREMARIN.....	124	<i>promethazine-phenylephrine</i> ...	193
POCKETCHEM EZ TEST...	174	<i>premium blood glucose test</i> ....	174	PROMETHEGAN.....	134
<i>podofilox</i> .....	211	PREMPHASE.....	124	PROMETRIUM.....	131
POGO AUTOMATIC TEST		PREMPRO.....	124	<i>propafenone hcl</i> .....	58
CARTRIDGES.....	174	<i>prena 1 true</i> .....	179	<i>propafenone hcl er</i> .....	58
<i>polymyxin b-trimethoprim</i> .....	183	<i>prenara</i> .....	179	<i>propranolol hcl</i> .....	62

<i>propranolol hcl er</i> .....	62	QUINTET BLOOD	REPATHA.....	60
<i>propylthiouracil</i> .....	132	GLUCOSE TEST.....	REPATHA PUSHTRONEX	
PROSCAR.....	141	QULIPTA.....	SYSTEM.....	60
PROTONIX.....	140	QVAR REDIHALER.....	REPATHA SURECLICK.....	60
PROTOPIC.....	211	<i>ra omeprazole</i> .....	RESTASIS.....	185
<i>protriptyline hcl</i> .....	80	<i>rabeprazole sodium</i> .....	RESTASIS MULTIDOSE...	185
PROVENTIL HFA.....	191	RAGWITEK.....	RESTORIL.....	91
PROVIGIL.....	101	<i>raloxifene hcl</i> .....	RETACRIT.....	147
PROZAC.....	80	<i>ramelteon</i> .....	RETEVMO.....	51
PRUDOXIN.....	203	<i>ramipril</i> .....	RETIN-A.....	200
<i>psorcon</i> .....	209	<i>ranolazine er</i> .....	RETIN-A MICRO.....	200
PTS PANELS GLUCOSE		RAPAFLO.....	RETIN-A MICRO PUMP...	200
TEST.....	174	RAPAMUNE.....	RETROVIR.....	34
PULMICORT.....	197	<i>rasagiline mesylate</i> .....	REVATIO.....	67
PULMICORT		RASUVO.....	REVLIMID.....	162
FLEXHALER.....	197	RAVICTI.....	REXULTI.....	85
PULMOZYME.....	194	RAYALDEE.....	REYATAZ.....	34
PURIXAN.....	44	RAYOS.....	REYVOW.....	94
PYLERA.....	138	REBIF.....	REZUROCK.....	164
<i>pyrazinamide</i> .....	37	REBIF REBIDOSE.....	RHOFADE.....	212
<i>pyridostigmine bromide</i> .....	96	REBIF REBIDOSE	RHOGAM ULTRA-	
<i>pyridostigmine bromide er</i> .....	96	TITRATION PACK.....	FILTERED PLUS.....	161
<i>pyrimethamine</i> .....	30	REBIF TITRATION PACK..	RHOPHYLAC.....	161
<i>qc lansoprazole</i> .....	140	REBINYN.....	RHOPRESSA.....	185
QDOLO.....	25	RECLAST.....	RIASTAP.....	150
QELBREE.....	89	Reclipsen.....	<i>ribavirin</i> .....	41
QINLOCK.....	53	RECOMBINATE.....	<i>rifabutin</i> .....	37
QNASL.....	195	REDITREX.....	<i>rifampin</i> .....	37
QNASL CHILDRENS.....	195	REFUAH PLUS BLOOD	RIGHTEST GS100 BLOOD	
QSYMIA.....	96	GLUCOSE TEST.....	GLUCOSE.....	175
QTERN.....	112	REGRANEX.....	RIGHTEST GS300 BLOOD	
<i>quad-mix</i> .....	142	Relafen.....	GLUCOSE.....	175
QUARTETTE.....	119	RELAFEN DS.....	RIGHTEST GS550 BLOOD	
<i>quazepam</i> .....	91	RELENZA DISKHALER.....	GLUCOSE.....	175
QUDEXY XR.....	73	RELEXXII.....	<i>riluzole</i> .....	96
<i>quetiapine fumarate</i> .....	85	RELION BLOOD	<i>rimantadine hcl</i> .....	38
<i>quetiapine fumarate er</i> .....	85	GLUCOSE TEST.....	RINVOQ.....	156
QUFLORA FE.....	179	RELION	RIOMET.....	105
QUFLORA FE PEDIATRIC		CONFIRM/MICRO TEST...175	<i>risedronate sodium</i> .....	114
.....	179	RELION PRIME TEST.....	<i>risperidone</i> .....	85
QUFLORA GUMMIES.....	179	RELION ULTIMA TEST....	RITALIN.....	90
QUICKTEK TEST.....	174	RELISTOR.....	RITALIN LA.....	90
QUILLICHEW ER.....	89, 90	RELMAX.....	<i>ritonavir</i> .....	34
QUILLIVANT XR.....	90	RELTONE.....	<i>rivastigmine</i> .....	75
<i>quinapril hcl</i> .....	55	REMEDIENT.....	<i>rivastigmine tartrate</i> .....	75
<i>quinapril-hydrochlorothiazide</i> ...	55	REMICADE.....	Rivelsa.....	119
<i>quinine sulfate</i> .....	31	REMODULIN.....	<i>rixubis</i> .....	150
QUINTET AC BLOOD		RENFLEXIS.....	<i>rizatriptan benzoate</i> .....	94
GLUCOSE TEST.....	174	<i>reno caps</i> .....	ROCKLATAN.....	185
		<i>repaglinide</i> .....	<i>ropinirole hcl</i> .....	83

<i>ropinirole hcl er</i> .....	82	<i>sevelamer hcl</i> .....	131	SOMA.....	100
<i>rosuvastatin calcium</i> .....	59	SEVENFACT.....	146	SOMATULINE DEPOT.....	130
ROSZET.....	60	SEYSARA.....	43	SOMAVERT.....	130
ROXICODONE.....	25	SFROWASA.....	135	SOOLANTRA.....	212
ROZEREM.....	91	SHUR-SEAL		SORIATANE.....	204
ROZLYTREK.....	51	CONTRACEPTIVE.....	142	SORILUX.....	204
RUBRACA.....	45	SIGNIFOR.....	130	<i>sotalol hcl</i> .....	62
RUCONEST.....	152	SIGNIFOR LAR.....	130	<i>sotalol hcl (af)</i> .....	62
<i>rufinamide</i> .....	73	<i>sildenafil citrate</i> .....	67	SOVALDI.....	41, 42
RUKOBIA.....	34	SILENOR.....	91	<i>spinosad</i> .....	212
RUZURGI.....	96	SILIQ.....	204	SPIRIVA HANDIHALER..	188
RYBELSUS.....	107	<i>silodosin</i> .....	141	SPIRIVA RESPIMAT.....	188
RYCLORA.....	189	<i>silver sulfadiazine</i> .....	201	<i>spironolactone</i> .....	65
RYDAPT.....	45	SIMBRINZA.....	181	<i>spironolactone-hctz</i> .....	65
RYTARY.....	83	SIMPLE DIAGNOSTICS		SPORANOX.....	29
RYVENT.....	190	LANCING DEV.....	175	SPORANOX PULSEPAK.....	29
SABRIL.....	73	SIMPONI.....	156	SPRAVATO (56 MG DOSE)..	80
SAFYRAL.....	120	SIMPONI ARIA.....	156	SPRAVATO (84 MG DOSE)..	80
SAIZEN.....	128	SIMULECT.....	164	SPRITAM.....	73
SAIZENPREP.....	128	<i>simvastatin</i> .....	59	SPRIX.....	17
SAMSCA.....	130	SINEMET.....	83	SPRYCEL.....	51
SANCUSO.....	134	SINGULAIR.....	193	SPS.....	115
SANDIMMUNE.....	164	<i>sirolimus</i> .....	164	Ssd.....	201
SANDOSTATIN.....	130	SIRTURO.....	37	<i>stavudine</i> .....	34
SANDOSTATIN LAR		SITAVIG.....	38	STEGLATRO.....	113
DEPOT.....	130	SIVEXTRO.....	31	STEGLUJAN.....	112
SANTYL.....	211	SKYLA.....	120	STELARA.....	157
SAPHRIS.....	85	SKYRIZI.....	157	STENDRA.....	142
<i>sapropterin dihydrochloride</i> ....	122	SKYRIZI (150 MG DOSE)..	156	<i>sterile water for irrigation</i> .....	186
<i>sapscore twist top lancets</i> .....	175	SKYRIZI PEN.....	157	STIMATE.....	133
SAVAYSA.....	145	SKYTROFA.....	128	STIOLTO RESPIMAT.....	187
SAVELLA.....	96	SLYND.....	120	STIVARGA.....	51
SAVELLA TITRATION		<i>sm loratadine</i> .....	190	STRATTERA.....	90
PACK.....	97	<i>sm loratadine allergy relief</i> ....	190	STRENSIQ.....	122
SAXENDA.....	113	<i>sm loratadine d 12hr</i> .....	193	STRIBILD.....	37
<i>scopolamine</i> .....	134	SMART SENSE PREMIUM		STRIVERDI RESPIMAT....	191
SEASONIQUE.....	120	TEST.....	175	SUBLOCADE.....	26
SECUADO.....	85	SMARTEST BLOOD		SUBOXONE.....	18
SEGLUROMET.....	112	GLUCOSE TEST.....	175	SUBSYS.....	25
<i>selegiline hcl</i> .....	83	<i>sod benz-sod phenylacet</i> .....	122	SUCRAID.....	139
SELZENTRY.....	34	<i>sodium chloride</i> .....	194	<i>sucralfate</i> .....	138
SEMGLEE.....	111	<i>sodium fluoride</i> .....	179, 180	<i>sulconazole nitrate</i> .....	203
SEMGLEE (YFGN).....	111	<i>sodium phenylbutyrate</i> .....	122	<i>sulfacetamide sodium</i> .....	183
SENSIPAR.....	114	<i>sodium polystyrene sulfonate</i> ..	115	<i>sulfacetamide sodium (acne)</i> ..	200
SEREVENT DISKUS.....	191	<i>sofosbuvir-velpatasvir</i> .....	41	<i>sulfacetamide-prednisolone</i> ....	182
SERNIVO.....	209	<i>solifenacin succinate</i> .....	144	<i>sulfamethoxazole-trimethoprim</i>	31
SEROQUEL XR.....	85	SOLIQUA.....	107	<i>sulfasalazine</i> .....	136
SEROSTIM.....	128	SOLODYN.....	43	<i>sulindac</i> .....	17
<i>sertraline hcl</i> .....	80	SOLOSEC.....	31	<i>sumatriptan</i> .....	94
<i>sevelamer carbonate</i> .....	131	SOLUS V2 TEST.....	175	<i>sumatriptan succinate</i> .....	94



<i>sumatriptan succinate refill</i> .....	94	<i>tamoxifen citrate</i> .....	47	THYMOGLOBULIN.....	164
<i>sumatriptan-naproxen sodium</i> ...	95	<i>tamsulosin hcl</i> .....	141	THYQUIDITY.....	132
<i>sunitinib malate</i> .....	51	TAPERDEX 12-DAY.....	126	THYROGEN.....	176
SUNOSI.....	101	Taperdex 6-Day.....	126	<i>tiagabine hcl</i> .....	73
SUPARTZ FX.....	27	TAPERDEX 7-DAY.....	126	TIBSOVO.....	53
<i>super quad-mix</i> .....	142	TARCEVA.....	51	TIGLUTIK.....	97
<i>super thin lancets</i> .....	175	Targadox.....	43	TIKOSYN.....	58
SUPRAX.....	40	TARGRETIN.....	53, 211	Tilia Fe.....	120
SUPREME TEST.....	175	TASIGNA.....	52	<i>timolol maleate</i> .....	62, 181
SUPREP BOWEL PREP KIT		<i>tavaborole</i> .....	203	<i>timolol maleate pf</i> .....	182
.....	137	TAVALISSE.....	152	TIMOPTIC OCUDOSE.....	182
SURE-TEST EASYPLUS		TAVNEOS.....	152	<i>tinidazole</i> .....	28
MINI TEST.....	175	TAYTULLA.....	120	<i>tiopronin</i> .....	143
SUSTIVA.....	34	<i>tazarotene</i> .....	200, 205	TIROSINT.....	132
SUTAB.....	137	TAZORAC.....	205	TIROSINT-SOL.....	132
SUTENT.....	51	TAZVERIK.....	53	TIVICAY.....	34
SX1 MEDICATED POST-		TECFIDERA.....	99	TIVICAY PD.....	34
OPERATIVE.....	211	TEGSEDI.....	101	TIVORBEX.....	17
SYMBICORT.....	198	TEKTURN HCT.....	64	<i>tizanidine hcl</i> .....	100
SYMDEKO.....	194	<i>telmisartan</i> .....	57	TOBI.....	28
SYMFI.....	37	<i>telmisartan-amlodipine</i> .....	57	TOBI PODHALER.....	28
SYMFI LO.....	37	<i>telmisartan-hctz</i> .....	57	TOBRADEX.....	182
SYMJEPI.....	186	<i>temazepam</i> .....	92	TOBRADEX ST.....	182
SYMLINPEN 120.....	105	TEMIXYS.....	37	<i>tobramycin</i> .....	28, 183
SYMLINPEN 60.....	105	TEMODAR.....	44	<i>tobramycin-dexamethasone</i> ....	182
SYMPAZAN.....	73	TEMOVATE.....	209, 210	TODAY SPONGE.....	142
SYMPROIC.....	138	<i>temozolomide</i> .....	44	<i>tolcapone</i> .....	83
SYMTUZA.....	37	<i>tenofovir disoproxil fumarate</i> ...34		<i>tolsura</i> .....	29
SYNAGIS.....	38	TEPMETKO.....	52	<i>tolterodine tartrate</i> .....	144
SYNALAR.....	209	<i>terazosin hcl</i> .....	56	<i>tolterodine tartrate er</i> .....	144
SYNAREL.....	130	<i>terbinafine hcl</i> .....	29	<i>tolvaptan</i> .....	130
SYNDROS.....	134	<i>terbutaline sulfate</i> .....	191	TOPICORT.....	210
SYNERA.....	211	<i>terconazole</i> .....	144, 145	TOPICORT SPRAY.....	210
SYNJARDY.....	112	<i>teriparatide (recombinant)</i> ....	130	<i>topiramate</i> .....	73
SYNJARDY XR.....	112	TESTIM.....	104	<i>topiramate er</i> .....	73
SYNVISC.....	28	<i>testosterone</i> .....	104, 105	TOPROL XL.....	62
SYNVISC ONE.....	28	<i>testosterone cypionate</i> .....	104	<i>toremifene citrate</i> .....	47
SYPRINE.....	115	<i>testosterone enanthate</i> .....	104	<i>torseamide</i> .....	65
TABLOID.....	44	<i>tetrabenazine</i> .....	97	TOSYMRA.....	95
TABRECTA.....	53	<i>tetracycline hcl</i> .....	43	TOUJEO MAX SOLOSTAR	111
TACLONEX.....	209	TEXACORT.....	210	TOUJEO SOLOSTAR.....	111
<i>tacrolimus</i> .....	164, 211	THALITONE.....	65	TOVIAZ.....	144
<i>tadalafil</i> .....	67, 142, 143	THALOMID.....	162	TRACLEER.....	67
<i>tadalafil (pah)</i> .....	67	THEO-24.....	198	TRADJENTA.....	106
TAFINLAR.....	51	<i>theophylline</i> .....	198	<i>tramadol hcl</i> .....	25, 26
TAGRISSO.....	51	<i>theophylline er</i> .....	198	<i>tramadol hcl er</i> .....	25
TAKHZYRO.....	152	THIOLA.....	143	<i>tramadol hcl er (biphasic)</i> .....	25
TALTZ.....	157, 158	THIOLA EC.....	143	<i>tramadol-acetaminophen</i> .....	26
TALZENNA.....	45	<i>thioridazine hcl</i> .....	85	<i>trandolapril</i> .....	55
TAMIFLU.....	38	<i>thiothixene</i> .....	85	<i>trandolapril-verapamil hcl er</i> ....	55

<i>tranexamic acid</i> .....	152	TROKENDI XR.....	73	UROXATRAL.....	141
TRANSDERM-SCOP (1.5		<i>tropicamide</i> .....	185	<i>ursodiol</i> .....	138
MG).....	134	<i>tropium chloride</i> .....	144	VAGIFEM.....	124
TRANXENE-T.....	73	<i>tropium chloride er</i> .....	144	<i>valacyclovir hcl</i> .....	39
<i>tranylcypromine sulfate</i> .....	80	TRUDHESA.....	95	VALCHLOR.....	211
TRAVATAN Z.....	182	<i>true focus blood glucose strip</i> ..	175	VALCYTE.....	39
<i>travoprost (bak free)</i> .....	182	TRUE METRIX BLOOD		<i>valganciclovir hcl</i> .....	39
<i>trazodone hcl</i> .....	80	GLUCOSE TEST.....	175	VALIUM.....	73
TRELEGY ELLIPTA.....	187	TRUEPLUS LANCETS 26G175		<i>valproic acid</i> .....	73
TRELSTAR MIXJECT.....	47	TRUEPLUS LANCETS 30G175		<i>valsartan</i> .....	57
TREMFYA.....	158	TRUEPLUS SAFETY		<i>valsartan-hydrochlorothiazide</i> ..	57
<i>treprostinil</i> .....	67	LANCETS 28G.....	175	VALTOCO 10 MG DOSE.....	73
TRESIBA.....	111	TRUETEST TEST.....	175	VALTOCO 15 MG DOSE.....	73
TRESIBA FLEXTOUCH.....	111	TRUETRACK TEST.....	175	VALTOCO 20 MG DOSE.....	73
<i>tretinoin</i> .....	53, 200, 201	TRULICITY.....	107	VALTOCO 5 MG DOSE.....	73
<i>tretinoin microsphere</i> .....	201	TRUSELTIQ (100MG		VALTRET.....	39
TRETTEN.....	150	DAILY DOSE).....	52	VANCOCIN HCL.....	31
TREXALL.....	44	TRUSELTIQ (125MG		<i>vancomycin hcl</i> .....	31
TREXIMET.....	95	DAILY DOSE).....	52	VANOS.....	210
<i>triamcinolone acetonide</i>		TRUSELTIQ (50MG DAILY		<i>vardenafil hcl</i> .....	143
.....	195, 210, 213	DOSE).....	52	<i>varenicline tartrate</i> .....	103
<i>triamterene</i> .....	65	TRUSELTIQ (75MG DAILY		VARIZIG.....	161
<i>triamterene-hctz</i> .....	65	DOSE).....	52	VARUBI (180 MG DOSE)...	134
<i>triazolam</i> .....	92	TRUVADA.....	37	VASCEPA.....	60
TRICOR.....	59	TUDORZA PRESSAIR.....	188	VCF VAGINAL	
TRIDESILON.....	210	TUKYSA.....	52	CONTRACEPTIVE.....	142
<i>trientine hcl</i> .....	115	TURALIO.....	52	VECAMYL.....	66
TRIFERIC.....	180	TUSSICAPS.....	193	VECTICAL.....	205
<i>trifluoperazine hcl</i> .....	85	TUXARIN ER.....	193	VELETRI.....	68
<i>trifluridine</i> .....	183	TUZISTRA XR.....	193	Velivet.....	120
<i>trihexyphenidyl hcl</i> .....	83	TWIRLA.....	120	VELPHORO.....	131
TRIJARDY XR.....	106	TYBOST.....	35	VELTASSA.....	115
TRIKAFTA.....	194	TYKERB.....	52	VELTIN.....	201
Tri-Legest Fe.....	120	TYMLOS.....	130	VEMLIDY.....	39
Tri-Lo-Sprintec.....	120	TYSABRI.....	99	VENCLEXTA.....	54
TRILURON.....	28	TYVASO.....	68	VENCLEXTA STARTING	
<i>trimethobenzamide hcl</i> .....	134	TYVASO REFILL.....	68	PACK.....	54
<i>trimethoprim</i> .....	31	TYVASO STARTER.....	68	<i>venlafaxine hcl</i> .....	81
<i>trimipramine maleate</i> .....	80, 81	UBRELVY.....	95	<i>venlafaxine hcl er</i> .....	81
TRINATE.....	180	UCERIS.....	136	VENOFER.....	180
<i>trinaz</i> .....	180	UDENYCA.....	148	VENTAVIS.....	68
TRINTELLIX.....	81	UKONIQ.....	52	VENTOLIN HFA.....	191
Tri-Previfem.....	120	ULORIC.....	15	<i>verapamil hcl</i> .....	64
TRIPTODUR.....	130	ULTRACET.....	26	<i>verapamil hcl er</i> .....	64
<i>tristart dha</i> .....	180	ULTRAM.....	26	<i>verasens blood glucose test</i> .....	176
TRISTART FREE.....	180	ULTRAVATE.....	210	VERDESO.....	210
TRISTART ONE.....	180	UNIFINE PENTIPS.....	176	VEREGEN.....	212
TRIUMEQ.....	37	UNISTRIPI1 GENERIC.....	176	VERQUOVO.....	65
TRIVISC.....	28	UPNEEQ.....	185	VERSACLOZ.....	85
TRIZIVIR.....	37	UPTRAVI.....	68	VERZENIO.....	45



VESICARE.....	144	WAKIX.....	101	XERMELO.....	138
V-GO 20.....	176	<i>warfarin sodium</i> .....	145	XGEVA.....	130
V-GO 30.....	176	WEGOVY.....	113	XHANCE.....	195
V-GO 40.....	176	WELIREG.....	54	XIAFLEX.....	186
VIAGRA.....	143	<i>westgel dha</i> .....	180	XIFAXAN.....	31
VIBERZI.....	136	WESTHROID.....	132	XIGDUO XR.....	112
VIBRAMYCIN.....	43	WIDE-SEAL DIAPHRAGM		XIIDRA.....	185
VICTOZA.....	107	60.....	165	XIMINO.....	43
VIEKIRA PAK.....	42	WIDE-SEAL DIAPHRAGM		XODOL.....	26
<i>vigabatrin</i> .....	73, 74	65.....	165	XOFLUZA (40 MG DOSE)...	39
Vigadrone.....	74	WIDE-SEAL DIAPHRAGM		XOFLUZA (80 MG DOSE)...	39
VIIBRYD.....	81	70.....	165	XOLAIR.....	192
VIIBRYD STARTER PACK.	81	WIDE-SEAL DIAPHRAGM		XOLEGEL.....	203
VIMIZIM.....	122	75.....	165	XOPENEX.....	191
VIMOVO.....	18	WIDE-SEAL DIAPHRAGM		XOPENEX	
VIMPAT.....	74	80.....	165	CONCENTRATE.....	191
VIOKACE.....	139	WIDE-SEAL DIAPHRAGM		XOPENEX HFA.....	191
VIRACEPT.....	35	85.....	165	XOSPATA.....	52
VIRAMUNE XR.....	35	WIDE-SEAL DIAPHRAGM		XPOVIO (100 MG ONCE	
VIREAD.....	35	90.....	165	WEEKLY).....	54
<i>virt-c dha</i> .....	180	WIDE-SEAL DIAPHRAGM		XPOVIO (40 MG ONCE	
VISCO-3.....	28	95.....	165	WEEKLY).....	54
VISTOGARD.....	54	WILATE.....	146	XPOVIO (40 MG TWICE	
VISUDYNE.....	185	WINLEVI.....	201	WEEKLY).....	54
VITAFOL FE+.....	180	WINRHO SDF.....	161	XPOVIO (60 MG ONCE	
VITAFOL GUMMIES.....	180	Wixela Inhub.....	198	WEEKLY).....	54
VITAFOL STRIPS.....	180	WP THYROID.....	132	XPOVIO (60 MG TWICE	
<i>vitamin d (ergocalciferol)</i> .....	180	WYNZORA.....	205	WEEKLY).....	54
VITRAKVI.....	52	XADAGO.....	83	XPOVIO (80 MG ONCE	
VIVELLE-DOT.....	124	XALKORI.....	52	WEEKLY).....	54
VIVITROL.....	103	XANAX.....	69	XPOVIO (80 MG TWICE	
VIVLODEX.....	17	XANAX XR.....	69	WEEKLY).....	54
VIZIMPRO.....	52	XARELTO.....	145	XTAMPZA ER.....	26
VOGELXO.....	105	XARELTO STARTER		XTANDI.....	47
VOGELXO PUMP.....	105	PACK.....	145	Xulane.....	120
VONVENDI.....	150	XATMEP.....	44	XULTOPHY.....	107
<i>voriconazole</i> .....	29	XCOPRI.....	74	XURIDEN.....	130
VOSEVI.....	42	XCOPRI (250 MG DAILY		XYNTHA.....	149
VOTRIENT.....	52	DOSE).....	74	XYNTHA SOLOFUSE.....	149
VPRIV.....	122	XCOPRI (350 MG DAILY		XYOSTED.....	105
VRAYLAR.....	85	DOSE).....	74	XYREM.....	101
VTOL LQ.....	16	XELJANZ.....	158	XYWAV.....	101
VUMERITY.....	99	XELJANZ XR.....	158	XYZAL ALLERGY 24HR...	190
VUSION.....	203	XELODA.....	44	YASMIN 28.....	120
VYLEESI.....	103	XELPROS.....	182	YAZ.....	120
VYNDAMAX.....	66	XEMBIFY.....	162	YONSA.....	47
VYNDAQEL.....	66	XENAZINE.....	97	YOSPRALA.....	152
VYTORIN.....	60	XENICAL.....	81	YUPELRI.....	188
VYVANSE.....	90	XEOMIN.....	101	Yuvaferm.....	124
VYZULTA.....	182	XERESE.....	198	ZADITOR.....	180

<i>zafirlukast</i> .....	193	ZOMIG.....	95
<i>zaleplon</i> .....	92	ZONALON.....	203
<i>zalvit</i> .....	180	ZONEGRAN.....	74
ZARXIO.....	148	<i>zonisamide</i> .....	74
ZAVESCA.....	122	ZONTIVITY.....	152
<i>zcort 7-day</i> .....	126	ZORBTIVE.....	128
ZEGALOGUE.....	127	ZORTRESS.....	164
ZEGERID.....	141	ZORVOLEX.....	17
ZEJULA.....	45	ZOVIRAX.....	39, 198
ZELAPAR.....	83	ZTLIDO.....	211
ZELBORAF.....	52	ZUBSOLV.....	18
ZELNORM.....	136	ZUPLENZ.....	134
ZEMAIRA.....	194	ZYCLARA.....	201
ZEMBRACE SYMTOUCH... 95		ZYCLARA PUMP.....	201
Zenatane.....	201	ZYDELIG.....	52
ZENPEP.....	139	ZYFLO.....	193
Zenzedi.....	90	ZYKADIA.....	52
ZENZEDI.....	90	ZYLET.....	182
ZEPATIER.....	42	ZYMAXID.....	183
ZEPOSIA.....	99	ZYPITAMAG.....	60
ZEPOSIA 7-DAY STARTER PACK.....	99	ZYRTEC ALLERGY.....	190
ZEPOSIA STARTER KIT... 100		ZYRTEC CHILDRENS ALLERGY.....	190
ZERVIATE.....	181	ZYTIGA.....	47
ZESTORETIC.....	55	ZYVOX.....	31
ZETIA.....	58		
ZETONNA.....	195		
ZIAGEN.....	35		
ZIANA.....	201		
<i>zidovudine</i> .....	35		
ZIEXTENZO.....	148		
<i>zileuton er</i> .....	193		
ZILXI.....	212		
ZIOPTAN.....	182		
<i>ziprasidone hcl</i> .....	85		
<i>ziprasidone mesylate</i> .....	86		
ZIPSOR.....	17		
ZIRGAN.....	183		
ZOFRAN.....	134		
ZOKINVY.....	130		
<i>zoledronic acid</i> .....	114		
ZOLINZA.....	46		
<i>zolmitriptan</i> .....	95		
ZOLOFT.....	81		
<i>zolpidem tartrate</i> .....	92		
<i>zolpidem tartrate er</i> .....	92		
ZOLPIMIST.....	92		
ZOMACTON.....	128		
ZOMACTON (FOR ZOMA- JET 10).....	128		