

# Plan for your best health

---

Aetna Health Exchange Plan: NY

**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.**

## 2021 Small Group Aetna Health Exchange Plan – NY

### Table of Contents

INFORMATIONAL SECTION.....	4
ANALGESICS - DRUGS TO TREAT PAIN AND INFLAMMATION.....	14
ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS.....	22
ANTINEOPLASTIC AGENTS - DRUGS TO TREAT CANCER.....	33
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES.....	39
CARDIOVASCULAR - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS.....	39
CENTRAL NERVOUS SYSTEM - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS.....	48
ENDOCRINE AND METABOLIC - DRUGS TO TREAT DIABETES AND REGULATE HORMONES.....	64
GASTROINTESTINAL - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS.....	80
GENITOURINARY - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS....	85
HEMATOLOGIC - DRUGS TO TREAT BLOOD DISORDERS.....	87
IMMUNOLOGIC AGENTS - DRUGS TO TREAT DISORDERS OF THE IMMUNE SYSTEM.....	89
MEDICAL DEVICES.....	93
NUTRITIONAL/SUPPLEMENTS - VITAMINS AND SUPPLEMENTS.....	96
OPHTHALMIC - DRUGS TO TREAT EYE CONDITIONS.....	98
OTHER.....	101
RESPIRATORY - DRUGS TO TREAT BREATHING DISORDERS.....	102
TOPICAL - DRUGS TO TREAT EAR AND SKIN CONDITIONS.....	107

# 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.

Covered services are based on the drugs listed in the drug guide. We exclude prescription drugs not in the drug guide unless we approve a medical exception. If it is medically necessary for you to use a prescription drug that is not in this drug guide, you or your provider must request a medical exception.

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

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

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

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

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

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

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

## Have more questions about your pharmacy benefits?

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

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

## Specialty Pharmacy Network

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

## How to get started with a specialty pharmacy

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

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

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

## CVS Caremark Mail Service Pharmacy™

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

## Get started right away

You can submit your order using one of these options:

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

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

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

# Frequently asked questions

## How can I save on prescriptions?

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

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

## What are generic drugs?

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

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

## What is precertification?

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

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

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

## What is step therapy?

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

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

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

## What are quantity limits?

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

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

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

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

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

## How can your provider request a medical exception?

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

## Pharmacy and Therapeutics (P&T) committee

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

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

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

## Can the formulary change during the year?

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

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

## **Commercial 1557 Nondiscrimination Notice**

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

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

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

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

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

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



TTY: 711

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

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

如欲使用免費語言服務，請致電您 ID 卡上的電話號碼 (Chinese)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

ᑭᖃᐱ ᑭᖃᖅᑲᐱ ᑲᖅᑲᐱ ᑲ ᑲᖅᑲᐱ ᑲᖅᑲᐱ ᑲᖅ, ᑲᖅᑲᐱ ᑲᖅᑲᐱ ᑲᖅᑲᐱ ᑲᖅᑲᐱ ᑲᖅᑲᐱ ᑲᖅᑲᐱ ᑲᖅᑲᐱ (Cherokee)

Anumpa tohsholi I toksvli ya peh pilla ho ish I paya hinla kvt chi holisso iskitini holhtena takanli ma I paya. (Choctaw)

Tajaajiloota afaanii gatii bilisaa ati argaachuuf,lakkoofsa duugda waraaqaa eenyummaa (ID) kee irraa jiruun bilbili. (Cushite-Oromo)

Voor gratis toegang tot taaldiensten, bel het nummer op uw ID-kaart. (Dutch)

Pou jwenn sèvis lang gratis, rele nimewo telefòn ki sou kat idantite ou a. (French Creole-Haitian)

Για να επικοινωνήσετε χωρίς χρέωση με το κέντρο υποστήριξης πελατών στη γλώσσα σας, τηλεφωνήστε στον αριθμό που αναγράφεται στην κάρτα σας προνομίων μέλους. (Greek)

તમારે કોઇ જાતના ખર્ચ વિના ભાષાની સેવાઓની પહોંચ માટે, તમારા આઇડી કાર્ડ ઉપરના નંબરને કોલ કરો. (Gujarati)

No ka wala‘au ‘ana me ka lawelawe ‘ōlelo e kahea aku i ka helu kelepona ma kāu kāleka ID. Kāki ‘ole ‘ia kēia kōkua nei. (Hawaiian)

आपके लिए बिना किसी कीमत के भाषा सेवाओं का उपयोग करने के लिए, अपने आईडी कार्ड पर दिये नम्बर पर कॉल करें। (Hindi)

Xav tau kev pab txhais lus tsis muaj nqi them rau koj, hu tus naj npawb ntawm koj daim npav ID. (Hmong)

Iji nwetaòhèrè na orụ gasị asụsụ n'efu, kpọọ nọmba no na kaadi ID gi. (Ibo)

Tapno maaksesyo dagiti serbisio maipapan iti pagsasao nga awan ti bayadanyo, tawagan ti numero idiyay ID cardyo. (Ilocano)

Untuk mengakses layanan bahasa tanpa dikenakan biaya, hubungi nomor telepon di kartu identitas Anda. (Indonesian)

Per accedere ai servizi linguistici, senza alcun costo per lei, chiami il numero sulla tessera identificativa. (Italian)

言語サービスを無料でご利用いただくには、IDカードに記載の番号にお電話ください。 (Japanese)

လၢတၢ်ကမၤန့ၢ်အတၢ်ဖၢၤအတၢ်ဖိးတၢ်ဖၢၤဖၢၤလၢတၢ်အိၣ်ဒီးအပူၤလၢနကတၢ်ဟ့ၣ်အိၣ်န့ၣ်. ကိးဘၣ်လီၤတဲစိနီၣ်ဂီၢ်လၢအိၣ်လၢနတၢ်ဖိးအိၣ် (ID) အခးလိၤန့ၣ်တက့ၢ် (Karen)

무료 언어 서비스를 이용하려면 보험 ID 카드에 수록된 번호로 전화해 주십시오. (Korean)

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

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

ເພື່ອຂໍໃຊ້ການບໍລິການພາສາໂດຍບໍ່ເສຍຄ່າຕໍ່ກັບທ່ານ,  
ໃຫ້ໂທຫາເບີໂທທີ່ບອກໄວ້ໃນບັດປະຈຳຕົວຂອງທ່ານ. (Laotian)

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

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

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

ដើម្បីទទួលបានសេវាកម្មភាសាដែលឥតគិតថ្លៃសម្រាប់លោកអ្នក សូមហៅទូរស័ព្ទទៅកាន់  
លេខដែលមាននៅលើប័ណ្ណសម្គាល់ខ្លួនរបស់លោកអ្នក។ (Mon-Khmer, Cambodian)

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

Të kɔɔr yin wëër de thokic ke cïn wëu kɔr keek tənɔŋ yin. Ke cɔl kɔc ye kɔc kuɔny në nɔmba de abac tɔ  
në ID kard du kɔu. (Nilotic-Dinka)

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

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

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

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

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

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

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

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



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

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

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

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

N7 = Drug tier when CE does not apply

N8 = Drug Specific Coverage

PA = Prior Authorization

QL = Quantity Limit

QLR = QL Restriction based on

Age:

ST = Step Therapy

**Drug Tier**

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

G = Generics

NPB = Non-Preferred Brand

PB = Preferred Brand

lowercase italics = Generic drugs

UPPERCASE = Brand name drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>ANALGESICS - DRUGS TO TREAT PAIN AND INFLAMMATION</b>		
<b>COX-2 INHIBITORS</b>		
<i>celecoxib oral capsule 100 mg, 200 mg, 50 mg</i>	G	
<b>GOUT - DRUGS TO TREAT GOUT</b>		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	G	
<i>colchicine oral tablet 0.6 mg</i>	G	
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>	G	
<i>febuxostat oral tablet 40 mg, 80 mg</i>	G	ST
<i>probenecid oral tablet 500 mg</i>	G	
<b>NON-OPIOID ANALGESICS</b>		
<i>butalbital-apap-caffeine (Bac Oral Tablet 50-325-40 Mg)</i>	G	QL (48 tablets per 25 days)
<i>butalbital-apap-caffeine oral capsule 50-300-40 mg, 50-325-40 mg</i>	G	QL (48 CAPSULES per 25 DAYs)
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	G	QL (48 TABLETS per 25 DAYs)
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	G	QL (48 CAPSULES per 25 DAYs)
TENCON ORAL TABLET 50-325 MG ( <i>butalbital-acetaminophen</i> )	G	QL (48 TABLETS per 25 DAYs)
<b>NSAIDS - DRUGS TO TREAT PAIN AND INFLAMMATION</b>		
<i>diclofenac potassium oral tablet 50 mg</i>	G	
<i>diclofenac sodium er oral tablet extended release 24 hour 100 mg</i>	G	

2021 Small Group Aetna Health Exchange Plan – NY  
The formulary is updated the first week of each month.

12/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg</i>	G	
<i>etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg</i>	G	
<i>etodolac oral capsule 200 mg, 300 mg</i>	G	
<i>etodolac oral tablet 400 mg, 500 mg</i>	G	
<i>fenoprofen calcium oral tablet 600 mg</i>	G	
<i>flurbiprofen oral tablet 100 mg, 50 mg</i>	G	
<i>ibuprofen oral suspension 100 mg/5ml</i>	G	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	G	
<i>ketoprofen oral capsule 50 mg, 75 mg</i>	G	
<i>ketorolac tromethamine oral tablet 10 mg</i>	G	QL (20 TABLETS per 25 DAYS)
<i>meclofenamate sodium oral capsule 100 mg, 50 mg</i>	G	
<i>mefenamic acid oral capsule 250 mg</i>	G	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	G	
<i>nabumetone oral tablet 500 mg, 750 mg</i>	G	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	G	
<i>oxaprozin oral tablet 600 mg</i>	G	
<i>piroxicam oral capsule 10 mg, 20 mg</i>	G	
<i>sulindac oral tablet 150 mg, 200 mg</i>	G	
<i>tolmetin sodium oral capsule 400 mg</i>	G	
<i>tolmetin sodium oral tablet 600 mg</i>	G	
<b>NSAIDS, COMBINATIONS</b>		
<i>diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg</i>	G	
<b>OPIOID AGONIST/ANTAGONIST</b>		
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg</i>	G	QL (2 FILM per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg</i>	G	QL (3 FILM per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg</i>	CE	N7 (Not Covered); QL (3 TABLETS per 1 day)
<b>ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG, 1.4-0.36 MG, 2.9-0.71 MG, 5.7-1.4 MG (buprenorphine hcl-naloxone hcl)</b>	PB	QL (3 TABLET SUBLINGUAL per 1 day)

2021 Small Group Aetna Health Exchange Plan – NY  
The formulary is updated the first week of each month.  
12/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 11.4-2.9 MG ( <i>buprenorphine hcl-naloxone hcl</i> )	PB	QL (1 TABLET SUBLINGUAL per 1 day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 8.6-2.1 MG ( <i>buprenorphine hcl-naloxone hcl</i> )	PB	QL (2 TABLET SUBLINGUAL per 1 day)
<b>OPIOID ANALGESICS - DRUGS TO TREAT PAIN</b>		
<i>acetaminophen-codeine #2 oral tablet 300-15 mg</i>	G	ST; N8 (Subject to initial limit); QL (400 TABLETS per 25 DAYS)
<i>acetaminophen-codeine #3 oral tablet 300-30 mg</i>	G	ST; N8 (Subject to initial limit); QL (360 TABLETS per 25 DAYS)
<i>acetaminophen-codeine #4 oral tablet 300-60 mg</i>	G	ST; N8 (Subject to initial limit); QL (180 TABLETS per 25 DAYS)
<i>acetaminophen-codeine oral solution 120-12 mg/5ml</i>	G	ST; N8 (Subject to initial limit); QL (2700 ML per 25 DAYS)
<i>butalbital-apap-caff-cod oral capsule 50-300-40-30 mg</i>	G	QL (48 CAPSULES per 25 DAYS)
<i>butorphanol tartrate nasal solution 10 mg/ml</i>	G	QL (2 BOTTLES per 25 days)
<i>codeine sulfate oral tablet 30 mg</i>	G	ST; N8 (Subject to initial limit); QL (42 TABLETS per 25 DAYS)
<i>codeine sulfate oral tablet 60 mg</i>	NPB	ST; N8 (Subject to initial limit); QL (42 TABLETS per 25 DAYS)
<i>oxycodone-acetaminophen (Endocet Oral Tablet 10-325 Mg)</i>	G	ST; N8 (Subject to initial limit); QL (180 TABLETS per 25 DAYS)
<i>oxycodone-acetaminophen (Endocet Oral Tablet 2.5-325 Mg, 5-325 Mg)</i>	G	ST; N8 (Subject to initial limit); QL (360 TABLETS per 25 DAYS)
<i>oxycodone-acetaminophen (Endocet Oral Tablet 7.5-325 Mg)</i>	G	ST; N8 (Subject to initial limit); QL (240 TABLETS per 25 DAYS)
<i>fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	G	PA; QL (120 LOZENGES per 25 DAYS)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	G	PA; ST

2021 Small Group Aetna Health Exchange Plan – NY

The formulary is updated the first week of each month.

12/01/2021



<b>Prescription Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Requirements and Limits</b>
<i>fentanyl transdermal patch 72 hour 12 mcg/hr, 25 mcg/hr</i>	G	ST; QL (10 PATCHES per 25 DAYs)
<i>hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent 100 mg, 120 mg</i>	G	ST
<i>hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i>	G	ST; QL (30 TABLETS per 25 DAYs)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml</i>	G	ST; N8 (Subject to initial limit); QL (2700 ML per 25 DAYs)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg</i>	G	ST; N8 (Subject to initial limit); QL (180 TABLETS per 25 DAYs)
<i>hydrocodone-acetaminophen oral tablet 5-325 mg</i>	G	ST; N8 (Subject to initial limit); QL (240 TABLETS per 25 DAYs)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg</i>	G	ST; N8 (Subject to initial limit); QL (50 TABLETS per 25 DAYs)
<i>hydromorphone hcl er oral tablet extended release 24 hour 12 mg, 16 mg, 8 mg</i>	G	ST; QL (30 TABLETS per 25 Days)
<i>hydromorphone hcl er oral tablet extended release 24 hour 32 mg</i>	G	PA; ST
<i>hydromorphone hcl oral tablet 2 mg</i>	G	ST; N8 (Subject to initial limit); QL (180 TABLETS per 25 DAYs)
<i>hydromorphone hcl oral tablet 4 mg</i>	G	ST; N8 (Subject to initial limit); QL (150 TABLETS per 25 DAYs)
<i>hydromorphone hcl oral tablet 8 mg</i>	G	ST; N8 (Subject to initial limit); QL (60 TABLETS per 25 DAYs)
<i>levorphanol tartrate oral tablet 2 mg</i>	G	ST; N8 (Subject to initial limit); QL (120 TABLETS per 25 DAYs)
<i>levorphanol tartrate oral tablet 3 mg</i>	G	ST; N8 (Subject to initial limit); QL (60 TABLETS per 25 DAYs)
<i>methadone hcl (Methadone Hcl Intensol Oral Concentrate 10 Mg/ML)</i>	G	ST; QL (60 ML per 25 DAYs)
<i>methadone hcl oral concentrate 10 mg/ml</i>	G	QL (30 ML per 25 DAYs)

2021 Small Group Aetna Health Exchange Plan – NY

The formulary is updated the first week of each month.

12/01/2021

<b>Prescription Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Requirements and Limits</b>
<i>methadone hcl oral solution 10 mg/5ml</i>	G	ST; QL (300 ML per 25 DAYs)
<i>methadone hcl oral solution 5 mg/5ml</i>	G	ST; QL (450 ML per 25 DAYs)
<i>methadone hcl oral tablet 10 mg</i>	G	ST; QL (60 TABLETS per 25 DAYs)
<i>methadone hcl oral tablet 5 mg</i>	G	ST; QL (90 TABLETS per 25 DAYs)
<i>methadone hcl oral tablet soluble 40 mg</i>	G	QL (9 TABLETS per 25 DAYs)
<i>methadone hcl (Methadose Oral Tablet Soluble 40 Mg)</i>	G	QL (9 TABLETS per 25 DAYs)
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>	G	ST; N8 (Subject to initial limit); QL (135 ML per 25 DAYs)
<i>morphine sulfate er beads oral capsule extended release 24 hour 120 mg</i>	G	PA; ST
<i>morphine sulfate er beads oral capsule extended release 24 hour 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i>	G	ST; QL (30 CAPSULES per 25 DAYs)
<i>morphine sulfate er oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg</i>	G	ST; QL (60 CAPSULES per 25 DAYs)
<i>morphine sulfate er oral capsule extended release 24 hour 100 mg</i>	G	PA; ST
<i>morphine sulfate er oral capsule extended release 24 hour 50 mg, 60 mg, 80 mg</i>	G	ST; QL (30 CAPSULES per 25 DAYs)
<i>morphine sulfate er oral tablet extended release 100 mg, 200 mg, 60 mg</i>	G	PA; ST
<i>morphine sulfate er oral tablet extended release 15 mg, 30 mg</i>	G	ST; QL (90 TABLETS per 25 DAYs)
<i>morphine sulfate oral solution 10 mg/5ml</i>	G	ST; N8 (Subject to initial limit); QL (900 ML per 25 DAYs)
<i>morphine sulfate oral solution 20 mg/5ml</i>	G	ST; N8 (Subject to initial limit); QL (675 ML per 25 DAYs)
<i>morphine sulfate oral tablet 15 mg</i>	G	ST; N8 (Subject to initial limit); QL (180 TABLETS per 25 DAYs)

2021 Small Group Aetna Health Exchange Plan – NY  
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 oral tablet 30 mg</i>	G	ST; N8 (Subject to initial limit); QL (90 TABLETS per 25 DAYS)
<i>morphine sulfate rectal suppository 10 mg, 5 mg</i>	G	ST; N8 (Subject to initial limit); QL (180 SUPPOSITORIES per 25 DAYS)
<i>morphine sulfate rectal suppository 20 mg</i>	G	ST; N8 (Subject to initial limit); QL (120 SUPPOSITORIES per 25 days)
<i>morphine sulfate rectal suppository 30 mg</i>	G	ST; N8 (Subject to initial limit); QL (90 SUPPOSITORIES per 25 days)
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 50 MG ( <i>tapentadol hcl</i> )	NPB	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> )	NPB	PA; ST
NUCYNTA ORAL TABLET 100 MG ( <i>tapentadol hcl</i> )	NPB	ST; N8 (Subject to initial limit); QL (60 TABLETS per 25 DAYS)
NUCYNTA ORAL TABLET 50 MG ( <i>tapentadol hcl</i> )	NPB	ST; N8 (Subject to initial limit); QL (120 TABLETS per 25 DAYS)
NUCYNTA ORAL TABLET 75 MG ( <i>tapentadol hcl</i> )	NPB	ST; N8 (Subject to initial limit); QL (90 TABLETS per 25 DAYS)
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent 10 mg, 15 mg, 20 mg, 30 mg</i>	G	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>	G	PA; ST
<i>oxycodone hcl oral capsule 5 mg</i>	G	ST; N8 (Subject to initial limit); QL (180 CAPSULES per 25 DAYS)
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>	G	ST; N8 (Subject to initial limit); QL (90 ML per 25 DAYS)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>oxycodone hcl oral solution 5 mg/5ml</i>	G	ST; N8 (Subject to initial limit); QL (900 ML per 25 DAYS)
<i>oxycodone hcl oral tablet 10 mg, 5 mg</i>	G	ST; N8 (Subject to initial limit); QL (180 TABLETS per 25 DAYS)
<i>oxycodone hcl oral tablet 15 mg</i>	G	ST; N8 (Subject to initial limit); QL (120 TABLETS per 25 DAYS)
<i>oxycodone hcl oral tablet 20 mg</i>	G	ST; N8 (Subject to initial limit); QL (90 TABLETS per 25 DAYS)
<i>oxycodone hcl oral tablet 30 mg</i>	G	ST; N8 (Subject to initial limit); QL (60 TABLETS per 25 DAYS)
<i>oxycodone-acetaminophen oral tablet 10-325 mg</i>	G	ST; N8 (Subject to initial limit); QL (180 TABLETS per 25 DAYS)
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</i>	G	ST; N8 (Subject to initial limit); QL (360 TABLETS per 25 DAYS)
<i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i>	G	ST; N8 (Subject to initial limit); QL (240 TABLETS per 25 DAYS)
<i>oxycodone-aspirin oral tablet 4.8355-325 mg</i>	G	ST; N8 (Subject to initial limit); QL (360 TABLETS per 25 DAYS)
<i>oxycodone-ibuprofen oral tablet 5-400 mg</i>	G	ST; N8 (Subject to initial limit); QL (28 TABLETS per 25 days)
<b>OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 15 MG, 20 MG, 30 MG (<i>oxycodone hcl</i>)</b>	NPB	ST; QL (60 TABLETS per 25 DAYS)
<b>OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 40 MG, 60 MG, 80 MG (<i>oxycodone hcl</i>)</b>	NPB	PA; ST
<i>oxymorphone hcl er oral tablet extended release 12 hour 10 mg, 15 mg, 5 mg, 7.5 mg</i>	G	ST; QL (60 TABLETS per 25 DAYS)
<i>oxymorphone hcl er oral tablet extended release 12 hour 20 mg, 30 mg, 40 mg</i>	G	PA; ST

2021 Small Group Aetna Health Exchange Plan – NY

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 10 mg</i>	G	ST; N8 (Subject to initial limit); QL (90 TABLETS per 25 DAYS)
<i>oxymorphone hcl oral tablet 5 mg</i>	G	ST; N8 (Subject to initial limit); QL (180 TABLETS per 25 DAYS)
<i>tramadol hcl er oral tablet extended release 24 hour 100 mg</i>	G	ST; QL (30 TABLETS per 25 DAYS)
<i>tramadol hcl er oral tablet extended release 24 hour 200 mg, 300 mg</i>	G	PA; ST
<i>tramadol hcl oral tablet 50 mg</i>	G	ST; N8 (Subject to initial limit); QL (180 TABLETS per 25 DAYS)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	G	ST; N8 (Subject to initial limit); QL (40 TABLETS per 25 DAYS)
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 13.5 MG, 18 MG, 27 MG, 9 MG ( <i>oxycodone</i> )	PB	ST; QL (60 CAPSULES per 25 DAYS)
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 36 MG ( <i>oxycodone</i> )	PB	PA; ST
<b>OPIOID PARTIAL AGONISTS</b>		
<i>buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg</i>	CE	N7 (Not Covered); N8 (Must obtain approval after the first 30 day supply); QL (90 TABLETS per 25 DAYS)
<i>buprenorphine transdermal patch weekly 10 mcg/hr, 5 mcg/hr, 7.5 mcg/hr</i>	G	ST; QL (4 PATCHES per 25 DAYS)
<i>buprenorphine transdermal patch weekly 15 mcg/hr, 20 mcg/hr</i>	G	ST
SUBLOCADE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.5ML, 300 MG/1.5ML ( <i>buprenorphine</i> )	PB	
<b>SALICYLATES</b>		
<i>aspirin adult low strength oral tablet delayed release 81 mg</i>	CE	N7 (Not Covered); QL (100 TABLETS per 30 DAYS); AL (Min 12 Years and Max 59 Years)
<i>diflunisal oral tablet 500 mg</i>	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>goodsense aspirin oral tablet chewable 81 mg</i>	CE	N7 (Not Covered); QL (100 TABLETS per 30 DAYS); AL (Min 12 Years and Max 59 Years)
<b>ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS</b>		
<b>ANTI-BACTERIALS - MISCELLANEOUS</b>		
<i>fosfomycin tromethamine oral packet 3 gm</i>	G	
<i>neomycin sulfate oral tablet 500 mg</i>	G	
<i>paromomycin sulfate oral capsule 250 mg</i>	G	
<i>sulfadiazine oral tablet 500 mg</i>	NPB	
<i>tinidazole oral tablet 250 mg, 500 mg</i>	G	
<i>tobramycin inhalation nebulization solution 300 mg/4ml</i>	G	PA; QL (224 ML per 28 DAYS)
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	G	PA; QL (280 ML per 28 DAYS)
<b>ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS</b>		
<i>bio-statin oral capsule 1000000 unit, 500000 unit</i>	PB	
<i>bio-statin oral powder</i>	G	
CRESEMBA ORAL CAPSULE 186 MG ( <i>isavuconazonium sulfate</i> )	NPB	
<i>fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml</i>	G	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	G	
<i>griseofulvin microsize oral suspension 125 mg/5ml</i>	G	
<i>griseofulvin microsize oral tablet 500 mg</i>	G	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	G	
<i>itraconazole oral capsule 100 mg</i>	G	PA
<i>itraconazole oral solution 10 mg/ml</i>	G	PA
NOXAFIL ORAL SUSPENSION 40 MG/ML ( <i>posaconazole</i> )	PB	PA
<i>nystatin oral tablet 500000 unit</i>	G	
<i>posaconazole oral tablet delayed release 100 mg</i>	G	PA
<i>terbinafine hcl oral tablet 250 mg</i>	G	
<i>voriconazole oral suspension reconstituted 40 mg/ml</i>	G	PA
<i>voriconazole oral tablet 200 mg, 50 mg</i>	G	PA



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>ANTI-INFECTIVES - MISCELLANEOUS</b>		
<i>albendazole oral tablet 200 mg</i>	G	QL (336 TABLETS per 365 DAYs)
ALINIA ORAL SUSPENSION RECONSTITUTED 100 MG/5ML ( <i>nitazoxanide</i> )	NPB	QL (540 ML per 25 DAYs)
<i>atovaquone oral suspension 750 mg/5ml</i>	G	
<i>benznidazole oral tablet 100 mg, 12.5 mg</i>	NPB	
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG ( <i>aztreonam lysine</i> )	PB	PA; QL (84 VIALS per 28 DAYs)
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	G	
<i>clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml</i>	G	
<i>dapsone oral tablet 100 mg, 25 mg</i>	G	
EMVERM ORAL TABLET CHEWABLE 100 MG ( <i>mebendazole</i> )	NPB	QL (12 TABLETS per 365 DAYs)
<i>ivermectin oral tablet 3 mg</i>	G	
<i>linezolid oral suspension reconstituted 100 mg/5ml</i>	G	
<i>linezolid oral tablet 600 mg</i>	G	
<i>methenamine hippurate oral tablet 1 gm</i>	G	
<i>metronidazole oral capsule 375 mg</i>	G	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	G	
<i>nitazoxanide oral tablet 500 mg</i>	G	QL (20 TABLETS per 25 DAYs)
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>	G	PA; AL (Min 70 Years)
<i>nitrofurantoin monohyd macro oral capsule 100 mg</i>	G	PA; AL (Min 70 Years)
<i>nitrofurantoin oral suspension 25 mg/5ml</i>	G	PA; AL (Min 70 Years)
<i>pentamidine isethionate inhalation solution reconstituted 300 mg</i>	G	
<i>praziquantel oral tablet 600 mg</i>	G	QL (24 TABLETS per 365 DAYs)
PRIMSOL ORAL SOLUTION 50 MG/5ML ( <i>trimethoprim hcl</i> )	PB	
<i>pyrimethamine oral tablet 25 mg</i>	G	PA
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	G	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	G	
<i>trimethoprim oral tablet 100 mg</i>	G	

2021 Small Group Aetna Health Exchange Plan – NY  
The formulary is updated the first week of each month.  
12/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>vancomycin hcl oral capsule 125 mg, 250 mg</i>	G	QL (80 CAPSULES per 10 DAYs)
XIFAXAN ORAL TABLET 200 MG ( <i>rifaximin</i> )	PB	QL (9 TABLETS per 25 DAYs)
XIFAXAN ORAL TABLET 550 MG ( <i>rifaximin</i> )	PB	PA
<b>ANTIMALARIALS - DRUGS TO TREAT MALARIA</b>		
<i>atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg</i>	G	
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	G	
COARTEM ORAL TABLET 20-120 MG ( <i>artemether-lumefantrine</i> )	NPB	
<i>mefloquine hcl oral tablet 250 mg</i>	G	
<i>primaquine phosphate oral tablet 26.3 (15 base) mg, 26.3 mg</i>	G	
<i>quinine sulfate oral capsule 324 mg</i>	G	
<b>ANTIRETROVIRAL AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION</b>		
<i>abacavir sulfate oral solution 20 mg/ml</i>	G	QL (900 ML per 30 DAYs)
<i>abacavir sulfate oral tablet 300 mg</i>	G	QL (60 TABLETS per 30 DAYs)
APTIVUS ORAL CAPSULE 250 MG ( <i>tipranavir</i> )	PB	QL (120 CAPSULES per 30 DAYs)
APTIVUS ORAL SOLUTION 100 MG/ML ( <i>tipranavir</i> )	PB	QL (285 ML per 28 DAYs)
<i>atazanavir sulfate oral capsule 150 mg, 300 mg</i>	G	QL (30 CAPSULES per 30 DAYs)
<i>atazanavir sulfate oral capsule 200 mg</i>	G	QL (60 CAPSULES per 30 DAYs)
CRIXIVAN ORAL CAPSULE 200 MG ( <i>indinavir sulfate</i> )	PB	QL (450 CAPSULES per 30 DAYs)
CRIXIVAN ORAL CAPSULE 400 MG ( <i>indinavir sulfate</i> )	PB	QL (180 CAPSULES per 30 DAYs)
<i>didanosine oral capsule delayed release 200 mg, 250 mg, 400 mg</i>	G	QL (30 CAPSULES per 30 DAYs)
EDURANT ORAL TABLET 25 MG ( <i>rilpivirine hcl</i> )	PB	QL (60 TABLETS per 30 DAYs)
<i>efavirenz oral capsule 200 mg, 50 mg</i>	G	QL (90 CAPSULES per 30 DAYs)
<i>efavirenz oral tablet 600 mg</i>	G	QL (30 TABLETS per 30 DAYs)



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>emtricitabine oral capsule 200 mg</i>	G	QL (30 CAPSULES per 30 DAYs)
EMTRIVA ORAL SOLUTION 10 MG/ML ( <i>emtricitabine</i> )	PB	QL (680 ML per 28 DAYs)
<i>etravirine oral tablet 100 mg</i>	G	QL (120 TABLETS per 30 DAYs)
<i>etravirine oral tablet 200 mg</i>	G	QL (60 TABLETS per 30 DAYs)
<i>fosamprenavir calcium oral tablet 700 mg</i>	G	QL (120 TABLETS per 30 DAYs)
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG ( <i>enfuvirtide</i> )	PB	QL (60 VIALS 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> )	PB	QL (120 TABLETS per 30 DAYs)
ISENTRESS HD ORAL TABLET 600 MG ( <i>raltegravir potassium</i> )	PB	QL (60 TABLETS per 30 DAYs)
ISENTRESS ORAL PACKET 100 MG ( <i>raltegravir potassium</i> )	PB	QL (60 PACKETS per 30 DAYs)
ISENTRESS ORAL TABLET 400 MG ( <i>raltegravir potassium</i> )	PB	QL (120 TABLETS per 30 DAYs)
ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG ( <i>raltegravir potassium</i> )	PB	QL (180 TABLETS per 30 DAYs)
<i>lamivudine oral solution 10 mg/ml</i>	G	QL (900 ML per 30 DAYs)
<i>lamivudine oral tablet 150 mg</i>	G	QL (60 TABLETS per 30 DAYs)
<i>lamivudine oral tablet 300 mg</i>	G	QL (30 TABLETS per 30 DAYs)
LEXIVA ORAL SUSPENSION 50 MG/ML ( <i>fosamprenavir calcium</i> )	PB	QL (1575 ML per 28 DAYs)
<i>nevirapine er oral tablet extended release 24 hour 100 mg</i>	G	QL (90 TABLETS per 30 DAYs)
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	G	QL (30 TABLETS per 30 DAYs)
<i>nevirapine oral suspension 50 mg/5ml</i>	G	QL (1200 ML per 30 DAYs)

2021 Small Group Aetna Health Exchange Plan – NY  
The formulary is updated the first week of each month.  
12/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>nevirapine oral tablet 200 mg</i>	G	QL (60 TABLETS per 30 DAYs)
NORVIR ORAL PACKET 100 MG ( <i>ritonavir</i> )	PB	QL (360 PACKETS per 30 DAYs)
NORVIR ORAL SOLUTION 80 MG/ML ( <i>ritonavir</i> )	PB	QL (480 ML per 30 DAYs)
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)
RESCRIPTOR ORAL TABLET 200 MG ( <i>delavirdine mesylate</i> )	NPB	
REYATAZ ORAL PACKET 50 MG ( <i>atazanavir sulfate</i> )	PB	QL (180 PACKETS per 30 DAYs)
<i>ritonavir oral tablet 100 mg</i>	G	QL (360 TABLETS per 30 DAYs)
SELZENTRY ORAL SOLUTION 20 MG/ML ( <i>maraviroc</i> )	PB	QL (1840 ML per 30 DAYs)
SELZENTRY ORAL TABLET 150 MG, 75 MG ( <i>maraviroc</i> )	PB	QL (60 TABLETS per 30 DAYs)
SELZENTRY ORAL TABLET 25 MG ( <i>maraviroc</i> )	PB	QL (240 TABLETS per 30 DAYs)
SELZENTRY ORAL TABLET 300 MG ( <i>maraviroc</i> )	PB	QL (120 TABLETS per 30 DAYs)
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>	G	QL (60 CAPSULES per 30 DAYs)
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	G	QL (30 TABLETS per 30 DAYs)
TIVICAY ORAL TABLET 10 MG ( <i>dolutegravir sodium</i> )	PB	QL (240 TABLETS per 30 days)
TIVICAY ORAL TABLET 25 MG, 50 MG ( <i>dolutegravir sodium</i> )	PB	QL (60 TABLETS per 30 DAYs)
TIVICAY PD ORAL TABLET SOLUBLE 5 MG ( <i>dolutegravir sodium</i> )	PB	QL (360 TABLETS per 30 DAYs)

2021 Small Group Aetna Health Exchange Plan – NY  
The formulary is updated the first week of each month.  
12/01/2021  
26

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TYBOST ORAL TABLET 150 MG ( <i>cobicistat</i> )	PB	QL (30 TABLETS per 30 DAYS)
VIDEX EC ORAL CAPSULE DELAYED RELEASE 125 MG ( <i>didanosine</i> )	PB	
VIDEX ORAL SOLUTION RECONSTITUTED 2 GM, 4 GM ( <i>didanosine</i> )	PB	
VIRACEPT ORAL TABLET 250 MG ( <i>nelfinavir mesylate</i> )	PB	QL (300 TABLETS per 30 DAYS)
VIRACEPT ORAL TABLET 625 MG ( <i>nelfinavir mesylate</i> )	PB	QL (120 TABLETS per 30 DAYS)
VIREAD ORAL POWDER 40 MG/GM ( <i>tenofovir disoproxil fumarate</i> )	PB	QL (240 GRAMS per 30 DAYS)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG ( <i>tenofovir disoproxil fumarate</i> )	PB	QL (30 TABLETS per 30 DAYS)
<i>zidovudine oral capsule 100 mg</i>	G	QL (180 CAPSULES per 30 DAYS)
<i>zidovudine oral syrup 50 mg/5ml</i>	G	QL (1800 ML per 30 DAYS)
<i>zidovudine oral tablet 300 mg</i>	G	QL (60 TABLETS per 30 DAYS)
<b>ANTIRETROVIRAL COMBINATION AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION</b>		
<i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i>	G	QL (30 TABLETS per 30 DAYS)
<i>abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg</i>	G	QL (60 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)
DESCOVY ORAL TABLET 200-25 MG ( <i>emtricitabine-tenofovir af</i> )	PB	N8 (Exception process available for \$0 copay when medically necessary for pre-exposure prophylaxis); 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>	G	QL (30 TABLETS per 30 DAYS)

2021 Small Group Aetna Health Exchange Plan – NY  
The formulary is updated the first week of each month.  
12/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg</i>	G	QL (30 TABLETS per 30 DAYs)
<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	G	QL (30 TABLETS per 30 DAYs)
<i>emtricitabine-tenofovir df oral tablet 200-300 mg</i>	CE	N7 (G); N8 (\$0 copay for pre-exposure prophylaxis); 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)
KALETRA ORAL TABLET 100-25 MG ( <i>lopinavir-ritonavir</i> )	PB	QL (240 TABLETS per 30 DAYs)
KALETRA ORAL TABLET 200-50 MG ( <i>lopinavir-ritonavir</i> )	PB	QL (120 TABLETS per 30 DAYs)
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	G	QL (60 TABLETS per 30 DAYs)
<i>lopinavir-ritonavir oral solution 400-100 mg/5ml</i>	G	QL (390 ML per 30 DAYs)
<i>lopinavir-ritonavir oral tablet 100-25 mg</i>	G	QL (240 TABLETS per 30 DAYs)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i>	G	QL (120 TABLETS per 30 DAYs)
ODEFSEY ORAL TABLET 200-25-25 MG ( <i>emtricitab-rilpivir-tenofov af</i> )	PB	QL (30 TABLETS per 30 DAYs)
PREZCOBIX ORAL TABLET 800-150 MG ( <i>darunavir-cobicistat</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)
<b>ANTITUBERCULAR AGENTS - DRUGS TO TREAT TUBERCULOSIS</b>		
<i>cycloserine oral capsule 250 mg</i>	G	
<i>ethambutol hcl oral tablet 100 mg, 400 mg</i>	G	
<i>isoniazid oral syrup 50 mg/5ml</i>	G	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	G	
PASER ORAL PACKET 4 GM ( <i>aminosalicylic acid</i> )	NPB	

2021 Small Group Aetna Health Exchange Plan – NY  
The formulary is updated the first week of each month.  
12/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRIFTIN ORAL TABLET 150 MG ( <i>rifapentine</i> )	PB	
<i>pyrazinamide oral tablet 500 mg</i>	G	
<i>rifabutin oral capsule 150 mg</i>	G	
RIFAMATE ORAL CAPSULE 150-300 MG ( <i>isoniazid-rifampin</i> )	PB	
<i>rifampin oral capsule 150 mg, 300 mg</i>	G	
RIFATER ORAL TABLET 50-120-300 MG ( <i>isoniazid-rifamp-pyrazinamide</i> )	PB	
SIRTURO ORAL TABLET 100 MG, 20 MG ( <i>bedaquiline fumarate</i> )	NPB	PA
TRECTOR ORAL TABLET 250 MG ( <i>ethionamide</i> )	PB	
<b>ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS</b>		
<i>acyclovir oral capsule 200 mg</i>	G	
<i>acyclovir oral suspension 200 mg/5ml</i>	G	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	G	
<i>adefovir dipivoxil oral tablet 10 mg</i>	G	
BARACLUDGE ORAL SOLUTION 0.05 MG/ML ( <i>entecavir</i> )	NPB	QL (630 ML per 30 days)
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	G	QL (30 TABLETS per 30 days)
EPIVIR HBV ORAL SOLUTION 5 MG/ML ( <i>lamivudine</i> )	PB	
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	G	
<i>lamivudine oral tablet 100 mg</i>	G	
<i>oseltamivir phosphate oral capsule 30 mg</i>	G	QL (40 CAPSULES per 90 DAYS)
<i>oseltamivir phosphate oral capsule 45 mg, 75 mg</i>	G	QL (20 CAPSULES per 90 DAYS)
<i>oseltamivir phosphate oral suspension reconstituted 6 mg/ml</i>	G	QL (360 ML per 90 DAYS)
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/BLISTER ( <i>zanamivir</i> )	PB	QL (2 INHALERS per 90 days)
<i>ribavirin inhalation solution reconstituted 6 gm</i>	G	
<i>rimantadine hcl oral tablet 100 mg</i>	G	
<i>valacyclovir hcl oral tablet 1 gm, 500 mg</i>	G	
<i>valganciclovir hcl oral solution reconstituted 50 mg/ml</i>	G	PA; QL (1000 ML per 30 DAYS)

2021 Small Group Aetna Health Exchange Plan – NY  
The formulary is updated the first week of each month.  
12/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>valganciclovir hcl oral tablet 450 mg</i>	G	PA; QL (120 TABLETS per 30 days)
VEMLIDY ORAL TABLET 25 MG ( <i>tenofovir alafenamide fumarate</i> )	NPB	PA; QL (30 TABLETS per 30 DAYS)
<b>CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS</b>		
<i>cefaclor oral capsule 250 mg, 500 mg</i>	G	
<i>cefaclor oral suspension reconstituted 125 mg/5ml, 250 mg/5ml, 375 mg/5ml</i>	G	
<i>cefadroxil oral capsule 500 mg</i>	G	
<i>cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml</i>	G	
<i>cefadroxil oral tablet 1 gm</i>	G	
<i>cefдинир oral capsule 300 mg</i>	G	
<i>cefдинир oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	G	
<i>cefditoren pivoxil oral tablet 200 mg, 400 mg</i>	G	
<i>cefixime oral capsule 400 mg</i>	G	
<i>cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	G	
<i>cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml</i>	G	
<i>cefpodoxime proxetil oral tablet 100 mg, 200 mg</i>	G	
<i>cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	G	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	G	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	G	
<i>cephalexin oral capsule 250 mg, 500 mg, 750 mg</i>	G	
<i>cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	G	
<i>cephalexin oral tablet 250 mg, 500 mg</i>	G	
SUPRAX ORAL SUSPENSION RECONSTITUTED 500 MG/5ML ( <i>cefixime</i> )	PB	
SUPRAX ORAL TABLET CHEWABLE 100 MG, 200 MG ( <i>cefixime</i> )	PB	
<b>ERYTHROMYCINS/MACROLIDES - DRUGS TO TREAT INFECTIONS</b>		
<i>azithromycin oral packet 1 gm</i>	G	
<i>azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	G	

2021 Small Group Aetna Health Exchange Plan – NY  
The formulary is updated the first week of each month.  
12/01/2021



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	G	
<i>clarithromycin er oral tablet extended release 24 hour 500 mg</i>	G	
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	G	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	G	
DIFICID ORAL SUSPENSION RECONSTITUTED 40 MG/ML ( <i>fidaxomicin</i> )	PB	PA
DIFICID ORAL TABLET 200 MG ( <i>fidaxomicin</i> )	PB	PA
E.E.S. 400 ORAL TABLET 400 MG ( <i>erythromycin ethylsuccinate</i> )	G	
<i>erythromycin base (Ery-Tab Oral Tablet Delayed Release 250 Mg, 333 Mg, 500 Mg)</i>	G	
ERYTHROCIN STEARATE ORAL TABLET 250 MG ( <i>erythromycin stearate</i> )	G	
<i>erythromycin base oral capsule delayed release particles 250 mg</i>	G	
<i>erythromycin base oral tablet 250 mg, 500 mg</i>	G	
<i>erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml, 400 mg/5ml</i>	G	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	G	
<b>FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS</b>		
BAXDELA ORAL TABLET 450 MG ( <i>delafloxacin meglumine</i> )	NPB	
CIPRO ORAL SUSPENSION RECONSTITUTED 500 MG/5ML (10%) ( <i>ciprofloxacin</i> )	NPB	
<i>ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg</i>	G	
<i>levofloxacin oral solution 25 mg/ml</i>	G	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	G	
<i>moxifloxacin hcl oral tablet 400 mg</i>	G	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	G	
<b>HEPATITIS C</b>		
EPCLUSA ORAL TABLET 200-50 MG, 400-100 MG ( <i>sofosbuvir-velpatasvir</i> )	PB	PA; QL (28 TABLETS per 28 DAYS)
HARVONI ORAL PACKET 33.75-150 MG, 45-200 MG ( <i>ledipasvir-sofosbuvir</i> )	PB	PA; QL (28 PELLETS per 28 DAYS)
HARVONI ORAL TABLET 45-200 MG, 90-400 MG ( <i>ledipasvir-sofosbuvir</i> )	PB	PA; QL (28 TABLETS per 28 DAYS)

2021 Small Group Aetna Health Exchange Plan – NY  
The formulary is updated the first week of each month.  
12/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML ( <i>peginterferon alfa-2a</i> )	PB	PA
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML ( <i>peginterferon alfa-2a</i> )	PB	PA
PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5ML ( <i>peginterferon alfa-2b</i> )	NPB	
<i>ribavirin oral capsule 200 mg</i>	G	PA
<i>ribavirin oral tablet 200 mg</i>	G	PA
SOVALDI ORAL PACKET 150 MG, 200 MG ( <i>sofosbuvir</i> )	NPB	PA; ST; QL (28 PELLETS per 28 DAYS)
SOVALDI ORAL TABLET 200 MG, 400 MG ( <i>sofosbuvir</i> )	NPB	PA; ST; QL (28 TABLETS per 28 DAYS)
VOSEVI ORAL TABLET 400-100-100 MG ( <i>sofosbuv-velpatasv-voxilaprev</i> )	PB	PA; QL (28 TABLETS per 28 DAYS)
ZEPATIER ORAL TABLET 50-100 MG ( <i>elbasvir-grazoprevir</i> )	NPB	PA; ST; QL (28 TABLETS per 28 DAYS)
<b>PENICILLINS - DRUGS TO TREAT INFECTIONS</b>		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	G	
<i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>	G	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	G	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	G	
<i>amoxicillin-pot clavulanate er oral tablet extended release 12 hour 1000-62.5 mg</i>	G	
<i>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml</i>	G	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	G	
<i>amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg</i>	G	
<i>ampicillin oral capsule 500 mg</i>	G	
<i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i>	G	
<i>penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml</i>	G	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	G	

2021 Small Group Aetna Health Exchange Plan – NY  
The formulary is updated the first week of each month.  
12/01/2021



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>TETRACYCLINES - DRUGS TO TREAT INFECTIONS</b>		
<i>avidoxy oral tablet 100 mg</i>	G	
<i>demeclocycline hcl oral tablet 150 mg, 300 mg</i>	G	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	G	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	G	
<i>doxycycline hyclate oral tablet delayed release 150 mg, 75 mg</i>	G	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	G	
<i>doxycycline monohydrate oral suspension reconstituted 25 mg/5ml</i>	G	
<i>doxycycline monohydrate oral tablet 150 mg, 50 mg, 75 mg</i>	G	
<i>minocycline hcl oral capsule 100 mg, 50 mg, 75 mg</i>	G	
<i>minocycline hcl oral tablet 100 mg, 50 mg, 75 mg</i>	G	
<i>doxycycline hyclate (Morgidox Oral Capsule 100 Mg)</i>	G	
<i>tetracycline hcl oral capsule 250 mg, 500 mg</i>	G	
<b>VIBRAMYCIN ORAL SYRUP 50 MG/5ML (<i>doxycycline calcium</i>)</b>	NPB	
<b>ANTINEOPLASTIC AGENTS - DRUGS TO TREAT CANCER</b>		
<b>ALKYLATING AGENTS - CHEMOTHERAPY DRUGS</b>		
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	CE	N7 (G)
<b>EMCYT ORAL CAPSULE 140 MG (<i>estramustine phosphate sodium</i>)</b>	CE	N7 (PB)
<b>GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG (<i>lomustine</i>)</b>	CE	N7 (PB)
<b>LEUKERAN ORAL TABLET 2 MG (<i>chlorambucil</i>)</b>	CE	N7 (PB)
<i>melphalan oral tablet 2 mg</i>	CE	N7 (G)
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>	CE	PA; N7 (G)
<b>ANTIMETABOLITES - CHEMOTHERAPY DRUGS</b>		
<i>capecitabine oral tablet 150 mg</i>	CE	PA; N7 (G); QL (120 TABLETS per 30 DAYS)
<i>capecitabine oral tablet 500 mg</i>	CE	PA; N7 (G); QL (300 TABLETS per 30 DAYS)
<i>mercaptopurine oral tablet 50 mg</i>	CE	N7 (G)
<i>methotrexate oral tablet 2.5 mg</i>	CE	N7 (G)
<i>methotrexate sodium injection solution reconstituted 1 gm</i>	G	

2021 Small Group Aetna Health Exchange Plan – NY  
The formulary is updated the first week of each month.  
12/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TABLOID ORAL TABLET 40 MG ( <i>thioguanine</i> )	CE	N7 (PB)
<b>BIOLOGIC RESPONSE MODIFIERS</b>		
ERIVEDGE ORAL CAPSULE 150 MG ( <i>vismodegib</i> )	CE	PA; N7 (PB); QL (30 CAPSULES per 30 DAYs)
FARYDAK ORAL CAPSULE 10 MG, 20 MG ( <i>panobinostat lactate</i> )	CE	PA; N7 (PB); QL (6 CAPSULES per 21 DAYs)
FARYDAK ORAL CAPSULE 15 MG ( <i>panobinostat lactate</i> )	CE	PA; N7 (PB)
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG ( <i>palbociclib</i> )	CE	PA; N7 (PB); QL (21 CAPSULES per 28 DAYs)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG ( <i>palbociclib</i> )	CE	PA; N7 (PB); QL (21 TABLETS per 28 DAYs)
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK 200 MG ( <i>ribociclib succinate</i> )	CE	PA; N7 (PB); QL (21 TABLETS per 28 DAYs)
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG ( <i>ribociclib succinate</i> )	CE	PA; N7 (PB); QL (42 TABLETS per 28 DAYs)
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG ( <i>ribociclib succinate</i> )	CE	PA; N7 (PB); QL (63 TABLETS per 28 DAYs)
LYNPARZA ORAL TABLET 100 MG, 150 MG ( <i>olaparib</i> )	CE	PA; N7 (PB); QL (120 TABLETS per 30 DAYs)
RYDAPT ORAL CAPSULE 25 MG ( <i>midostaurin</i> )	CE	PA; N7 (NPB); QL (224 CAPSULES per 28 DAYs)
ZEJULA ORAL CAPSULE 100 MG ( <i>niraparib tosylate</i> )	CE	PA; N7 (PB); QL (90 CAPSULES per 30 DAYs)
ZOLINZA ORAL CAPSULE 100 MG ( <i>vorinostat</i> )	CE	PA; N7 (PB); QL (120 CAPSULES per 30 DAYs)
<b>HORMONAL ANTINEOPLASTIC AGENTS</b>		
<i>abiraterone acetate oral tablet 250 mg</i>	CE	PA; N7 (G); QL (120 TABLETS per 30 DAYs)
<i>abiraterone acetate oral tablet 500 mg</i>	CE	PA; N7 (G); QL (60 TABLETS per 30 DAYs)
<i>anastrozole oral tablet 1 mg</i>	CE	N7 (G); AL (Min 35 Years)
<i>bicalutamide oral tablet 50 mg</i>	CE	N7 (G)
ELIGARD SUBCUTANEOUS KIT 22.5 MG ( <i>leuprolide acetate (3 month)</i> )	PB	PA
ELIGARD SUBCUTANEOUS KIT 30 MG ( <i>leuprolide acetate (4 month)</i> )	PB	PA
ELIGARD SUBCUTANEOUS KIT 45 MG ( <i>leuprolide acetate (6 month)</i> )	PB	PA

2021 Small Group Aetna Health Exchange Plan – NY  
The formulary is updated the first week of each month.  
12/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ELIGARD SUBCUTANEOUS KIT 7.5 MG ( <i>leuprolide acetate</i> )	PB	PA
ERLEADA ORAL TABLET 60 MG ( <i>apalutamide</i> )	CE	PA; N7 (PB); QL (120 TABLETS per 30 DAYs)
<i>exemestane oral tablet 25 mg</i>	CE	N7 (G); AL (Min 35 Years)
<i>flutamide oral capsule 125 mg</i>	CE	N7 (G)
<i>letrozole oral tablet 2.5 mg</i>	CE	N7 (G)
<i>leuprolide acetate injection kit 1 mg/0.2ml</i>	G	PA
LYSODREN ORAL TABLET 500 MG ( <i>mitotane</i> )	CE	N7 (PB)
<i>megestrol acetate oral suspension 40 mg/ml, 625 mg/5ml</i>	CE	N7 (G)
<i>megestrol acetate oral tablet 20 mg, 40 mg</i>	CE	N7 (G)
<i>nilutamide oral tablet 150 mg</i>	CE	N7 (G)
NUBEQA ORAL TABLET 300 MG ( <i>darolutamide</i> )	CE	PA; N7 (PB); QL (120 TABLETS per 30 DAYs)
<i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>	CE	N7 (G); AL (Min 35 Years)
<i>toremifene citrate oral tablet 60 mg</i>	CE	N7 (G)
XTANDI ORAL CAPSULE 40 MG ( <i>enzalutamide</i> )	CE	PA; N7 (PB); QL (120 CAPSULES per 30 DAYs)
XTANDI ORAL TABLET 40 MG ( <i>enzalutamide</i> )	CE	PA; N7 (PB); QL (120 TABLETS per 30 DAYs)
XTANDI ORAL TABLET 80 MG ( <i>enzalutamide</i> )	CE	PA; N7 (PB); QL (60 TABLETS per 30 DAYs)
YONSA ORAL TABLET 125 MG ( <i>abiraterone acetate</i> )	CE	PA; N7 (PB); QL (120 TABLETS per 30 DAYs)
<b>KINASE INHIBITORS</b>		
AFINITOR DISPERZ ORAL TABLET SOLUBLE 2 MG, 5 MG ( <i>everolimus</i> )	CE	PA; N7 (PB); QL (60 TABLETS per 30 DAYs)
AFINITOR DISPERZ ORAL TABLET SOLUBLE 3 MG ( <i>everolimus</i> )	CE	PA; N7 (PB); QL (90 TABLETS per 30 DAYs)
AFINITOR ORAL TABLET 10 MG ( <i>everolimus</i> )	CE	PA; N7 (PB); QL (30 TABLETS per 30 DAYs)
ALECENSA ORAL CAPSULE 150 MG ( <i>alectinib hcl</i> )	CE	PA; N7 (PB); QL (240 CAPSULES per 30 DAYs)
BOSULIF ORAL TABLET 100 MG ( <i>bosutinib</i> )	CE	PA; N7 (PB); QL (90 TABLETS per 30 DAYs)
BOSULIF ORAL TABLET 400 MG, 500 MG ( <i>bosutinib</i> )	CE	PA; N7 (PB); QL (30 TABLETS per 30 DAYs)

2021 Small Group Aetna Health Exchange Plan – NY  
The formulary is updated the first week of each month.  
12/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG ( <i>cabozantinib s-malate</i> )	CE	PA; N7 (PB); QL (30 TABLETS per 30 DAYs)
CALQUENCE ORAL CAPSULE 100 MG ( <i>acalabrutinib</i> )	CE	PA; N7 (NPB); QL (60 CAPSULES per 30 DAYs)
CAPRELSA ORAL TABLET 100 MG ( <i>vandetanib</i> )	CE	PA; N7 (PB); QL (60 TABLETS per 30 DAYs)
CAPRELSA ORAL TABLET 300 MG ( <i>vandetanib</i> )	CE	PA; N7 (PB); QL (30 TABLETS per 30 DAYs)
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG ( <i>cabozantinib s-malate</i> )	CE	PA; N7 (PB); QL (1 KIT per 28 DAYs)
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG ( <i>cabozantinib s-malate</i> )	CE	PA; N7 (PB); QL (1 KIT per 28 DAYs)
COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG ( <i>cabozantinib s-malate</i> )	CE	PA; N7 (PB); QL (1 KIT per 28 DAYs)
<i>erlotinib hcl oral tablet 100 mg, 150 mg</i>	CE	PA; N7 (G); QL (30 TABLETS per 30 DAYs)
<i>erlotinib hcl oral tablet 25 mg</i>	CE	PA; N7 (G); QL (60 TABLETS per 30 DAYs)
<i>everolimus oral tablet 2.5 mg, 5 mg, 7.5 mg</i>	CE	PA; N7 (G); QL (30 TABLETS per 30 DAYs)
ICLUSIG ORAL TABLET 10 MG, 30 MG ( <i>ponatinib hcl</i> )	CE	PA; N7 (PB); QL (30 TABLETS per 30 DAYs)
ICLUSIG ORAL TABLET 15 MG, 45 MG ( <i>ponatinib hcl</i> )	CE	PA; N7 (PB); QL (30 TABLETS per 30 days)
IDHIFA ORAL TABLET 100 MG, 50 MG ( <i>enasidenib mesylate</i> )	CE	PA; N7 (PB); QL (30 TABLETS per 30 DAYs)
<i>imatinib mesylate oral tablet 100 mg</i>	CE	PA; N7 (G); QL (90 TABLETS per 30 DAYs)
<i>imatinib mesylate oral tablet 400 mg</i>	CE	PA; N7 (G); QL (60 TABLETS per 30 DAYs)
IMBRUVICA ORAL CAPSULE 140 MG ( <i>ibrutinib</i> )	CE	PA; N7 (PB); QL (90 CAPSULES per 30 DAYs)
IMBRUVICA ORAL CAPSULE 70 MG ( <i>ibrutinib</i> )	CE	PA; N7 (PB); QL (30 CAPSULES per 30 DAYs)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG ( <i>ibrutinib</i> )	CE	PA; N7 (PB); QL (30 TABLETS per 30 DAYs)
INLYTA ORAL TABLET 1 MG ( <i>axitinib</i> )	CE	PA; N7 (PB); QL (240 TABLETS per 30 DAYs)

2021 Small Group Aetna Health Exchange Plan – NY  
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 5 MG ( <i>axitinib</i> )	CE	PA; N7 (PB); QL (120 TABLETS per 30 DAYs)
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG ( <i>ruxolitinib phosphate</i> )	CE	PA; N7 (PB); QL (60 TABLETS per 30 DAYs)
<i>lapatinib ditosylate oral tablet 250 mg</i>	CE	PA; N7 (G); QL (180 TABLETS per 30 DAYs)
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG ( <i>lenvatinib mesylate</i> )	CE	PA; N7 (PB); 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 (PB); 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 (PB); 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 (PB); 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 (PB); 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 (PB); QL (90 CAPSULES per 30 DAYs)
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG ( <i>lenvatinib mesylate</i> )	CE	PA; N7 (PB); 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 (PB); QL (60 CAPSULES per 30 DAYs)
LORBRENA ORAL TABLET 100 MG ( <i>lorlatinib</i> )	CE	PA; N7 (NPB); QL (30 TABLETS per 30 DAYs)
LORBRENA ORAL TABLET 25 MG ( <i>lorlatinib</i> )	CE	PA; N7 (NPB); QL (90 TABLETS per 30 DAYs)
MEKINIST ORAL TABLET 0.5 MG ( <i>trametinib dimethyl sulfoxide</i> )	CE	PA; N7 (PB); QL (90 TABLETS per 30 DAYs)
MEKINIST ORAL TABLET 2 MG ( <i>trametinib dimethyl sulfoxide</i> )	CE	PA; N7 (PB); QL (30 TABLETS per 30 DAYs)
NEXAVAR ORAL TABLET 200 MG ( <i>sorafenib tosylate</i> )	CE	PA; N7 (PB); QL (120 TABLETS per 30 DAYs)
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 70 MG, 80 MG ( <i>dasatinib</i> )	CE	PA; N7 (PB); QL (30 TABLETS per 30 DAYs)
SPRYCEL ORAL TABLET 20 MG ( <i>dasatinib</i> )	CE	PA; N7 (PB); QL (90 TABLETS per 30 DAYs)
STIVARGA ORAL TABLET 40 MG ( <i>regorafenib</i> )	CE	PA; N7 (PB); QL (84 TABLETS per 28 DAYs)

2021 Small Group Aetna Health Exchange Plan – NY  
The formulary is updated the first week of each month.  
12/01/2021



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	CE	PA; N7 (G); 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 (PB); QL (30 CAPSULES per 30 DAYs)
TAFINLAR ORAL CAPSULE 50 MG, 75 MG ( <i>dabrafenib mesylate</i> )	CE	PA; N7 (PB); QL (120 CAPSULES per 30 DAYs)
TUKYSA ORAL TABLET 150 MG, 50 MG ( <i>tucatinib</i> )	CE	PA; N7 (NPB); QL (120 TABLETS per 30 DAYs)
VITRAKVI ORAL CAPSULE 100 MG ( <i>larotrectinib sulfate</i> )	CE	PA; N7 (NPB); QL (60 CAPSULES per 30 DAYs)
VITRAKVI ORAL CAPSULE 25 MG ( <i>larotrectinib sulfate</i> )	CE	PA; N7 (NPB); QL (180 CAPSULES per 30 DAYs)
VITRAKVI ORAL SOLUTION 20 MG/ML ( <i>larotrectinib sulfate</i> )	CE	PA; N7 (NPB); QL (300 ML per 30 DAYs)
VOTRIENT ORAL TABLET 200 MG ( <i>pazopanib hcl</i> )	CE	PA; N7 (PB); QL (120 TABLETS per 30 DAYs)
XALKORI ORAL CAPSULE 200 MG, 250 MG ( <i>crizotinib</i> )	CE	PA; N7 (PB); QL (120 CAPSULES per 30 DAYs)
ZELBORAF ORAL TABLET 240 MG ( <i>vemurafenib</i> )	CE	PA; N7 (PB); QL (240 TABLETS per 30 DAYs)
ZYDELIG ORAL TABLET 100 MG, 150 MG ( <i>idelalisib</i> )	CE	PA; N7 (PB); QL (60 TABLETS per 30 DAYs)
ZYKADIA ORAL TABLET 150 MG ( <i>ceritinib</i> )	CE	PA; N7 (PB); QL (90 TABLETS per 30 DAYs)
<b>MISCELLANEOUS</b>		
ALFERON N INJECTION SOLUTION 5000000 UNIT/ML ( <i>interferon alfa-n3</i> )	PB	
<i>bexarotene oral capsule 75 mg</i>	CE	PA; N7 (G)
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG ( <i>hydroxyurea</i> )	PB	
<i>hydroxyurea oral capsule 500 mg</i>	CE	N7 (G)
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG ( <i>leuprolide acetate</i> )	PB	PA
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG (PED), 30 MG (PED) ( <i>leuprolide acetate (3 month)</i> )	PB	PA
MATULANE ORAL CAPSULE 50 MG ( <i>procarbazine hcl</i> )	CE	N7 (PB)

2021 Small Group Aetna Health Exchange Plan – NY  
The formulary is updated the first week of each month.  
12/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ODOMZO ORAL CAPSULE 200 MG ( <i>sonidegib phosphate</i> )	CE	PA; N7 (PB); QL (30 CAPSULES per 30 DAYs)
<i>tretinoin oral capsule 10 mg</i>	CE	N7 (G)
VISTOGARD ORAL PACKET 10 GM ( <i>uridine triacetate</i> )	PB	QL (20 PACKETS per 5 DAYs)
<b>PROTECTIVE AGENTS</b>		
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	CE	N7 (G)
MESNEX ORAL TABLET 400 MG ( <i>mesna</i> )	CE	N7 (PB)
<b>TOPOISOMERASE INHIBITORS</b>		
<i>etoposide oral capsule 50 mg</i>	CE	N7 (G)
<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 (PB); QL (120 TABLETS per 30 DAYs)
VENCLEXTA ORAL TABLET 100 MG ( <i>venetoclax</i> )	CE	PA; N7 (PB); QL (180 TABLETS per 30 DAYs)
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG ( <i>venetoclax</i> )	CE	PA; N7 (PB); QL (1 PACK per 28 days)
<b>CARDIOVASCULAR - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS</b>		
<b>ACE INHIBITOR COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE</b>		
<i>amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	G	
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	G	
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	G	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	G	
<i>fosinopril sodium-hetz oral tablet 10-12.5 mg, 20-12.5 mg</i>	G	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	G	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	G	
<i>trandolapril-verapamil hcl er oral tablet extended release 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i>	G	

2021 Small Group Aetna Health Exchange Plan – NY  
The formulary is updated the first week of each month.  
12/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>ACE INHIBITORS - DRUGS TO TREAT HIGH BLOOD PRESSURE</b>		
<i>benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	G	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	G	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	G	
<i>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i>	G	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	G	
<i>moexipril hcl oral tablet 15 mg, 7.5 mg</i>	G	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	G	
<i>quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	G	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	G	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	G	
<b>ALDOSTERONE RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE</b>		
<i>eplerenone oral tablet 25 mg, 50 mg</i>	G	
<b>ALPHA BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE</b>		
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	G	
<i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>	G	
<i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	G	
<b>ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE</b>		
<i>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	G	
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	G	
<i>amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>	G	
<i>candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	G	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	G	
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	G	
<i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	G	

2021 Small Group Aetna Health Exchange Plan – NY

The formulary is updated the first week of each month.

12/01/2021



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	G	
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	G	
<i>telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	G	
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	G	
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE</b>		
<i>candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	G	
<b>EDARBI ORAL TABLET 40 MG, 80 MG (azilsartan medoxomil)</b>	NPB	ST
<i>eprosartan mesylate oral tablet 600 mg</i>	G	
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	G	
<i>losartan potassium oral tablet 100 mg, 25 mg, 50 mg</i>	G	
<i>olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg</i>	G	
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	G	
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	G	
<b>ANTIARRHYTHMICS - DRUGS TO CONTROL HEART RHYTHM</b>		
<i>amiodarone hcl oral tablet 200 mg, 400 mg</i>	G	
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	G	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	G	PA
<i>flecainide acetate oral tablet 100 mg, 150 mg, 50 mg</i>	G	
<i>mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg</i>	G	
<b>MULTAQ ORAL TABLET 400 MG (dronedarone hcl)</b>	NPB	PA
<b>NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 150 MG (disopyramide phosphate)</b>	PB	
<i>amiodarone hcl (Pacerone Oral Tablet 100 Mg, 200 Mg)</i>	G	
<i>propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg</i>	G	
<i>propafenone hcl oral tablet 150 mg, 225 mg, 300 mg</i>	G	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	G	
<b>ANTILIPEMICS, BILE ACID RESINS</b>		
<i>cholestyramine light oral packet 4 gm</i>	G	
<i>cholestyramine light oral powder 4 gml/dose</i>	G	

2021 Small Group Aetna Health Exchange Plan – NY  
The formulary is updated the first week of each month.  
12/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>cholestyramine oral packet 4 gm</i>	G	
<i>cholestyramine oral powder 4 gml/dose</i>	G	
<i>colestipol hcl oral granules 5 gm</i>	G	
<i>colestipol hcl oral packet 5 gm</i>	G	
<i>colestipol hcl oral tablet 1 gm</i>	G	
<i>cholestyramine light (Prevalite Oral Powder 4 Gm/Dose)</i>	G	
<b>ANTILIPEMICS, CHOLESTEROL ABSORPTION INHIBITOR</b>		
<i>ezetimibe oral tablet 10 mg</i>	G	
<b>ANTILIPEMICS, FIBRATES</b>		
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</i>	G	
<i>fenofibrate oral capsule 150 mg</i>	G	
<i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>	G	
<i>fenofibric acid oral capsule delayed release 135 mg, 45 mg</i>	G	
<i>gemfibrozil oral tablet 600 mg</i>	G	
<b>ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS</b>		
<i>atorvastatin calcium oral tablet 10 mg, 20 mg</i>	CE	N7 (G); AL (Min 40 Years and Max 75 Years)
<i>atorvastatin calcium oral tablet 40 mg, 80 mg</i>	G	
<i>fluvastatin sodium er oral tablet extended release 24 hour 80 mg</i>	G	
<i>fluvastatin sodium oral capsule 20 mg, 40 mg</i>	G	
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	G	
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	G	
<i>rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	G	
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	CE	N7 (G); AL (Min 40 Years and Max 75 Years)
<i>simvastatin oral tablet 80 mg</i>	G	ST
<b>ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS/COMBINATIONS</b>		
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	G	
<b>ANTILIPEMICS, MISCELLANEOUS - DRUGS TO TREAT HIGH CHOLESTEROL</b>		
<i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg</i>	G	

2021 Small Group Aetna Health Exchange Plan – NY

The formulary is updated the first week of each month.

12/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>ANTILIPEMICS, OMEGA-3 FATTY ACIDS</b>		
<i>omega-3-acid ethyl esters oral capsule 1 gm</i>	G	
VASCEPA ORAL CAPSULE 0.5 GM, 1 GM ( <i>icosapent ethyl</i> )	PB	
<b>ANTILIPEMICS, PCSK9 INHIBITORS</b>		
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 75 MG/ML ( <i>alirocumab</i> )	PB	PA; QL (2 PENS per 28 DAYs)
<b>BETA-BLOCKER/DIURETIC COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS</b>		
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	G	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	G	
<i>metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	G	
<i>propranolol-hctz oral tablet 40-25 mg, 80-25 mg</i>	G	
<b>BETA-BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS</b>		
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>	G	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	G	
<i>betaxolol hcl oral tablet 10 mg, 20 mg</i>	G	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	G	
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG ( <i>nebivolol hcl</i> )	NPB	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	G	
<i>carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg</i>	G	
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	G	
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i>	G	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	G	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	G	
<i>nebivolol hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	G	
<i>pindolol oral tablet 10 mg, 5 mg</i>	G	
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg</i>	G	

2021 Small Group Aetna Health Exchange Plan – NY  
The formulary is updated the first week of each month.  
12/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>	G	
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	G	
<i>sotalol hcl (Sorine Oral Tablet 120 Mg, 160 Mg, 240 Mg, 80 Mg)</i>	G	
<i>sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg</i>	G	
<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	G	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	G	
<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>	G	
<b>CALCIUM CHANNEL BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS</b>		
<i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>	G	
<b>CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG (<i>diltiazem hcl coated beads</i>)</b>	NPB	
<i>diltiazem hcl coated beads (Cartia Xt Oral Capsule Extended Release 24 Hour 120 Mg, 180 Mg, 240 Mg, 300 Mg)</i>	G	
<i>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	G	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	G	
<i>diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i>	G	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	G	
<i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	G	
<i>felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	G	
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	G	
<i>diltiazem hcl coated beads (Matzim La Oral Tablet Extended Release 24 Hour 180 Mg, 240 Mg, 300 Mg, 360 Mg, 420 Mg)</i>	G	
<i>nicardipine hcl oral capsule 20 mg, 30 mg</i>	G	
<i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	G	

2021 Small Group Aetna Health Exchange Plan – NY

The formulary is updated the first week of each month.

12/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	G	
<i>nimodipine oral capsule 30 mg</i>	G	
<i>nisoldipine er oral tablet extended release 24 hour 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg</i>	G	
<i>diltiazem hcl er beads (Taztia Xt Oral Capsule Extended Release 24 Hour 120 Mg, 180 Mg, 240 Mg, 300 Mg, 360 Mg)</i>	G	
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg</i>	G	
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	G	
<i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>	G	
<b>DIGITALIS GLYCOSIDES - DRUGS TO TREAT HEART CONDITIONS</b>		
<i>digoxin (Digox Oral Tablet 125 Mcg, 250 Mcg)</i>	G	
<i>digoxin oral solution 0.05 mg/ml</i>	G	
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	G	
LANOXIN ORAL TABLET 62.5 MCG ( <i>digoxin</i> )	PB	
<b>DIRECT RENIN INHIBITORS/COMBINATIONS - DRUGS TO TREAT HEART CONDITIONS</b>		
<i>aliskiren fumarate oral tablet 150 mg, 300 mg</i>	G	
<b>DIURETICS - DRUGS TO TREAT HEART CONDITIONS</b>		
<i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>	G	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	G	
ALDACTAZIDE ORAL TABLET 50-50 MG ( <i>spironolactone-hctz</i> )	PB	
<i>amiloride hcl oral tablet 5 mg</i>	G	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	G	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	G	
<i>chlorothiazide oral tablet 250 mg, 500 mg</i>	G	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	G	
DIURIL ORAL SUSPENSION 250 MG/5ML ( <i>chlorothiazide</i> )	NPB	
<i>ethacrynic acid oral tablet 25 mg</i>	G	
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	G	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	G	

2021 Small Group Aetna Health Exchange Plan – NY  
The formulary is updated the first week of each month.  
12/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	G	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	G	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	G	
<i>methazolamide oral tablet 25 mg, 50 mg</i>	G	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	G	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	G	
<i>spironolactone-hctz oral tablet 25-25 mg</i>	G	
<i>toremide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	G	
<i>triamterene oral capsule 100 mg, 50 mg</i>	G	
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	G	
<i>triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg</i>	G	
<b>MISCELLANEOUS</b>		
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	G	
<i>clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr</i>	G	
CORLANOR ORAL SOLUTION 5 MG/5ML ( <i>ivabradine hcl</i> )	PB	
CORLANOR ORAL TABLET 5 MG, 7.5 MG ( <i>ivabradine hcl</i> )	PB	
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG ( <i>sacubitril-valsartan</i> )	PB	
<i>guanfacine hcl oral tablet 1 mg, 2 mg</i>	G	
<i>hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	G	
<i>methyldopa oral tablet 250 mg, 500 mg</i>	G	
<i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	G	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	G	
<i>phenoxybenzamine hcl oral capsule 10 mg</i>	G	PA; QL (360 CAPSULES per 25 DAYS)
<i>ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg</i>	G	ST
<b>NITRATES - DRUGS TO TREAT HEART CONDITIONS</b>		
DILATRATE-SR ORAL CAPSULE EXTENDED RELEASE 40 MG ( <i>isosorbide dinitrate</i> )	NPB	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	G	
<i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg</i>	G	

2021 Small Group Aetna Health Exchange Plan – NY

The formulary is updated the first week of each month.

12/01/2021



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	G	
<i>nitroglycerin (Minitran Transdermal Patch 24 Hour 0.1 Mg/Hr, 0.2 Mg/Hr, 0.4 Mg/Hr, 0.6 Mg/Hr)</i>	G	
NITRO-BID TRANSDERMAL OINTMENT 2% ( <i>nitroglycerin</i> )	NPB	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR ( <i>nitroglycerin</i> )	PB	
<i>nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg</i>	G	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/1hr, 0.2 mg/1hr, 0.4 mg/1hr, 0.6 mg/1hr</i>	G	
<i>nitroglycerin translingual solution 0.4 mg/spray</i>	G	
<b>PULMONARY ARTERIAL HYPERTENSION - DRUGS TO TREAT PULMONARY HYPERTENSION</b>		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG ( <i>riociguat</i> )	NPB	PA; QL (90 TABLETS per 30 DAYS)
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	G	PA; QL (30 TABLETS per 30 DAYS)
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	G	PA; QL (60 TABLETS per 30 DAYS)
OPSUMIT ORAL TABLET 10 MG ( <i>macitentan</i> )	PB	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> )	PB	PA
REMODULIN INJECTION SOLUTION 100 MG/20ML, 20 MG/20ML, 200 MG/20ML, 50 MG/20ML ( <i>treprostinil</i> )	NPB	PA
<i>sildenafil citrate oral tablet 20 mg</i>	G	PA; QL (90 TABLETS per 30 DAYS)
<i>tadalafil (pah) oral tablet 20 mg</i>	G	PA; QL (60 TABLETS per 30 DAYS)
TRACLEER ORAL TABLET SOLUBLE 32 MG ( <i>bosentan</i> )	PB	PA; QL (112 TABLETS per 28 DAYS)
TYVASO STARTER INHALATION SOLUTION 0.6 MG/ML ( <i>treprostinil</i> )	PB	PA; QL (28 AMPULES per 28 DAYS)
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 400 MCG, 600 MCG, 800 MCG ( <i>selexipag</i> )	PB	PA; QL (60 TABLETS per 30 DAYS)

2021 Small Group Aetna Health Exchange Plan – NY  
The formulary is updated the first week of each month.  
12/01/2021



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
UPTRAVI ORAL TABLET 200 MCG ( <i>selexipag</i> )	PB	PA; QL (140 TABLETS per 28 DAYs)
UPTRAVI ORAL TABLET THERAPY PACK 200 & 800 MCG ( <i>selexipag</i> )	PB	PA; QL (1 PACK per 28 days)
VENTAVIS INHALATION SOLUTION 10 MCG/ML, 20 MCG/ML ( <i>iloprost</i> )	PB	PA; QL (270 AMPULES per 30 DAYs)
<b>CENTRAL NERVOUS SYSTEM - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS</b>		
<b>ANTI-ANXIETY - DRUGS TO TREAT ANXIETY</b>		
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML ( <i>alprazolam</i> )	PB	QL (300 ML per 25 DAYs)
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	G	QL (150 TABLETS per 25 DAYs)
<i>alprazolam oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	G	QL (150 TABLETS per 25 DAYs)
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	G	QL (360 CAPSULES per 25 DAYs)
<i>lorazepam oral concentrate 2 mg/ml</i>	G	QL (150 ML per 25 DAYs)
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	G	QL (150 TABLETS per 25 DAYs)
<i>meprobamate oral tablet 200 mg, 400 mg</i>	G	
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	G	QL (120 CAPSULES per 25 DAYs)
<b>ANTICONVULSANTS - DRUGS TO TREAT SEIZURES</b>		
APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG ( <i>eslicarbazepine acetate</i> )	NPB	PA
BRIVIACT ORAL SOLUTION 10 MG/ML ( <i>brivaracetam</i> )	NPB	PA
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG ( <i>brivaracetam</i> )	NPB	PA
<i>carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg</i>	G	
<i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg</i>	G	
<i>carbamazepine oral suspension 100 mg/5ml</i>	G	
<i>carbamazepine oral tablet 200 mg</i>	G	
<i>carbamazepine oral tablet chewable 100 mg</i>	G	
CELONTIN ORAL CAPSULE 300 MG ( <i>methsuximide</i> )	NPB	

2021 Small Group Aetna Health Exchange Plan – NY  
The formulary is updated the first week of each month.  
12/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>clobazam oral suspension 2.5 mg/ml</i>	G	PA
<i>clobazam oral tablet 10 mg, 20 mg</i>	G	PA
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	G	
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	G	QL (180 TABLETS per 25 DAYs)
<i>diazepam (Diazepam Intensol Oral Concentrate 5 Mg/ML)</i>	G	QL (240 ML per 25 DAYs)
<i>diazepam oral solution 5 mg/5ml</i>	G	QL (1200 ML per 25 DAYs)
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	G	QL (120 TABLETS per 25 DAYs)
<b>DILANTIN ORAL CAPSULE 30 MG</b> ( <i>phenytoin sodium extended</i> )	NPB	
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>	G	
<i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>	G	
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>	G	
<b>EPIDIOLEX ORAL SOLUTION 100 MG/ML</b> ( <i>cannabidiol</i> )	NPB	PA; QL (800 ML per 30 days)
<i>carbamazepine (Eptol Oral Tablet 200 Mg)</i>	G	
<i>ethosuximide oral capsule 250 mg</i>	G	
<i>ethosuximide oral solution 250 mg/5ml</i>	G	
<i>felbamate oral suspension 600 mg/5ml</i>	G	
<i>felbamate oral tablet 400 mg, 600 mg</i>	G	
<b>FYCOMPA ORAL SUSPENSION 0.5 MG/ML</b> ( <i>perampanel</i> )	PB	
<b>FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG</b> ( <i>perampanel</i> )	PB	
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	G	
<i>gabapentin oral solution 250 mg/5ml</i>	G	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	G	
<i>lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	G	
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	G	
<i>lamotrigine oral tablet chewable 25 mg, 5 mg</i>	G	
<i>lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg</i>	G	
<i>lamotrigine starter kit-blue oral kit 35 x 25 mg</i>	G	

2021 Small Group Aetna Health Exchange Plan – NY  
The formulary is updated the first week of each month.  
12/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>lamotrigine starter kit-green oral kit 84 x 25 mg &amp; 14x100 mg</i>	G	
<i>lamotrigine starter kit-orange oral kit 42 x 25 mg &amp; 7 x 100 mg</i>	G	
<i>levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg</i>	G	
<i>levetiracetam oral solution 100 mg/ml</i>	G	
<i>levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg</i>	G	
<i>oxcarbazepine oral suspension 300 mg/5ml</i>	G	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	G	
PEGANONE ORAL TABLET 250 MG ( <i>ethotoin</i> )	NPB	
<i>phenobarbital oral elixir 20 mg/5ml</i>	G	
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	G	
<i>phenytoin oral suspension 125 mg/5ml</i>	G	
<i>phenytoin oral tablet chewable 50 mg</i>	G	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	G	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i>	G	ST
<i>pregabalin oral solution 20 mg/ml</i>	G	ST
<i>primidone oral tablet 250 mg, 50 mg</i>	G	
<i>tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	G	
<i>topiramate oral capsule sprinkle 15 mg, 25 mg</i>	G	
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	G	
<i>valproic acid oral capsule 250 mg</i>	G	
<i>valproic acid oral solution 250 mg/5ml</i>	G	
<i>vigabatrin oral packet 500 mg</i>	G	PA; QL (180 PACKETS per 30 DAYS)
<i>vigabatrin oral tablet 500 mg</i>	G	PA; QL (180 TABLETS per 30 DAYS)
VIMPAT ORAL SOLUTION 10 MG/ML ( <i>lacosamide</i> )	NPB	
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG ( <i>lacosamide</i> )	NPB	
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	G	
<b>ANTIDEMENTIA - DRUGS TO TREAT DEMENTIA AND MEMORY LOSS</b>		
<i>donepezil hcl oral tablet 10 mg, 23 mg, 5 mg</i>	G	

2021 Small Group Aetna Health Exchange Plan – NY

The formulary is updated the first week of each month.

12/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>donepezil hcl oral tablet dispersible 10 mg, 5 mg</i>	G	
<i>ergoloid mesylates oral tablet 1 mg</i>	G	
<i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg</i>	G	
<i>galantamine hydrobromide oral solution 4 mg/ml</i>	G	
<i>galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg</i>	G	
<i>memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg</i>	G	PA; AL (Max 29 Years)
<i>memantine hcl oral solution 2 mg/ml</i>	G	PA; AL (Max 29 Years)
<i>memantine hcl oral tablet 10 mg, 28 x 5 mg &amp; 21 x 10 mg, 5 mg</i>	G	PA; AL (Max 29 Years)
<b>NAMENDA XR TITRATION PACK ORAL CAPSULE EXTENDED RELEASE 24 HOUR 7 &amp; 14 &amp; 21 &amp; 28 MG (memantine hcl)</b>	PB	PA; AL (Max 29 Years)
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	G	PA
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr</i>	G	PA
<b>ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION</b>		
<i>amitriptyline hcl oral tablet 10 mg</i>	G	QL (150 TABLETS per 25 DAYS); AL (Min 65 Years)
<i>amitriptyline hcl oral tablet 100 mg, 150 mg, 75 mg</i>	G	AL (Min 65 Years)
<i>amitriptyline hcl oral tablet 25 mg</i>	G	QL (60 TABLETS per 25 DAYS); AL (Min 65 Years)
<i>amitriptyline hcl oral tablet 50 mg</i>	G	QL (30 TABLETS per 25 DAYS); AL (Min 65 Years)
<i>amoxapine oral tablet 100 mg, 25 mg, 50 mg</i>	G	QL (90 TABLETS per 25 DAYS); AL (Min 65 Years)
<i>amoxapine oral tablet 150 mg</i>	G	QL (60 TABLETS per 25 DAYS); AL (Min 65 Years)
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg</i>	G	
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg</i>	G	
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	G	
<i>citalopram hydrobromide oral solution 10 mg/5ml</i>	G	
<i>citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg</i>	G	

2021 Small Group Aetna Health Exchange Plan – NY  
The formulary is updated the first week of each month.  
12/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>clomipramine hcl oral capsule 25 mg, 50 mg</i>	G	QL (150 CAPSULES per 25 DAYS); AL (Min 65 Years)
<i>clomipramine hcl oral capsule 75 mg</i>	G	QL (90 CAPSULES per 25 DAYS); AL (Min 65 Years)
<i>desipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	G	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>	G	QLR (QL applies to members age 65 and older); QL (30 TABLETS per 25 DAYS); AL (Min 65 Years)
<i>desipramine hcl oral tablet 75 mg</i>	G	QLR (QL applies to members age 65 and older); QL (60 TABLETS per 25 DAYS); AL (Min 65 Years)
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i>	G	ST; QL (30 TABLETS per 25 DAYS)
<i>doxepin hcl oral capsule 10 mg, 25 mg, 50 mg</i>	G	QL (90 CAPSULES per 25 DAYS); AL (Min 65 Years)
<i>doxepin hcl oral capsule 100 mg, 150 mg</i>	G	QL (30 CAPSULES per 25 DAYS); AL (Min 65 Years)
<i>doxepin hcl oral capsule 75 mg</i>	G	QL (60 CAPSULES per 25 DAYS); AL (Min 65 Years)
<i>doxepin hcl oral concentrate 10 mg/ml</i>	G	QL (450 ML per 25 DAYS); AL (Min 65 Years)
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg</i>	G	
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR ( <i>selegiline</i> )	NPB	PA
<i>escitalopram oxalate oral solution 5 mg/5ml</i>	G	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	G	
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG ( <i>levomilnacipran hcl</i> )	NPB	ST; QL (30 CAPSULES per 25 DAYS)
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG ( <i>levomilnacipran hcl</i> )	NPB	ST; QL (30 CAPSULES per 25 DAYS)
<i>fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg</i>	G	
<i>fluoxetine hcl oral capsule delayed release 90 mg</i>	G	

2021 Small Group Aetna Health Exchange Plan – NY  
The formulary is updated the first week of each month.  
12/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>fluoxetine hcl oral solution 20 mg/5ml</i>	G	
<i>fluoxetine hcl oral tablet 10 mg, 20 mg</i>	G	
<i>fluvoxamine maleate er oral capsule extended release 24 hour 100 mg, 150 mg</i>	G	
<i>fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg</i>	G	
<i>imipramine hcl oral tablet 10 mg, 25 mg</i>	G	QL (120 TABLETS per 25 DAYS); AL (Min 65 Years)
<i>imipramine hcl oral tablet 50 mg</i>	G	QL (60 TABLETS per 25 DAYS); AL (Min 65 Years)
<i>imipramine pamoate oral capsule 100 mg, 75 mg</i>	G	QL (30 CAPSULES per 25 DAYS); AL (Min 65 Years)
<i>imipramine pamoate oral capsule 125 mg, 150 mg</i>	G	AL (Min 65 Years)
<i>maprotiline hcl oral tablet 25 mg, 50 mg, 75 mg</i>	G	
MARPLAN ORAL TABLET 10 MG ( <i>isocarboxazid</i> )	NPB	
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	G	
<i>mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg</i>	G	
<i>nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	G	
<i>nortriptyline hcl oral capsule 10 mg</i>	G	QL (150 CAPSULES per 25 DAYS); AL (Min 65 Years)
<i>nortriptyline hcl oral capsule 25 mg</i>	G	QL (60 CAPSULES per 25 DAYS); AL (Min 65 Years)
<i>nortriptyline hcl oral capsule 50 mg</i>	G	QL (30 CAPSULES per 25 DAYS); AL (Min 65 Years)
<i>nortriptyline hcl oral capsule 75 mg</i>	G	AL (Min 65 Years)
<i>nortriptyline hcl oral solution 10 mg/5ml</i>	G	QL (750 ML per 25 DAYS); AL (Min 65 Years)
<i>paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg, 37.5 mg</i>	G	
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	G	
<i>phenelzine sulfate oral tablet 15 mg</i>	G	
<i>protriptyline hcl oral tablet 10 mg</i>	G	QL (60 TABLETS per 25 DAYS); AL (Min 65 Years)
<i>protriptyline hcl oral tablet 5 mg</i>	G	QL (90 TABLETS per 25 DAYS); AL (Min 65 Years)
<i>sertraline hcl oral concentrate 20 mg/ml</i>	G	
<i>sertraline hcl oral tablet 100 mg, 25 mg, 50 mg</i>	G	

2021 Small Group Aetna Health Exchange Plan – NY  
The formulary is updated the first week of each month.  
12/01/2021



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>tranylcypromine sulfate oral tablet 10 mg</i>	G	
<i>trazodone hcl oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	G	
<i>trimipramine maleate oral capsule 100 mg</i>	G	QL (30 CAPSULES per 25 DAYs); AL (Min 65 Years)
<i>trimipramine maleate oral capsule 25 mg, 50 mg</i>	G	QL (60 CAPSULES per 25 DAYs); AL (Min 65 Years)
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG ( <i>vortioxetine hbr</i> )	NPB	ST
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg</i>	G	
<i>venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 37.5 mg, 75 mg</i>	G	
<i>venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	G	
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG ( <i>vilazodone hcl</i> )	NPB	ST
VIIBRYD STARTER PACK ORAL KIT 10 & 20 MG ( <i>vilazodone hcl</i> )	NPB	ST
<b>ANTIPARKINSONIAN AGENTS - DRUGS TO TREAT PARKINSONS DISEASE</b>		
<i>amantadine hcl oral capsule 100 mg</i>	G	
<i>amantadine hcl oral solution 50 mg/5ml</i>	G	
<i>amantadine hcl oral tablet 100 mg</i>	G	
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE 30 MG/3ML ( <i>apomorphine hcl</i> )	PB	PA; QL (20 CARTRIDGES per 30 days)
<i>benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg</i>	G	
<i>bromocriptine mesylate oral capsule 5 mg</i>	G	
<i>bromocriptine mesylate oral tablet 2.5 mg</i>	G	
<i>carbidopa oral tablet 25 mg</i>	G	
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	G	
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	G	
<i>carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg</i>	G	

2021 Small Group Aetna Health Exchange Plan – NY

The formulary is updated the first week of each month.

12/01/2021



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	G	
<i>entacapone oral tablet 200 mg</i>	G	
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	
<i>pramipexole dihydrochloride er oral tablet extended release 24 hour 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg</i>	G	
<i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	G	
<i>rasagiline mesylate oral tablet 0.5 mg, 1 mg</i>	G	
<i>ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	G	
<i>selegiline hcl oral capsule 5 mg</i>	G	
<i>selegiline hcl oral tablet 5 mg</i>	G	
<i>tolcapone oral tablet 100 mg</i>	G	
<i>trihexyphenidyl hcl oral solution 0.4 mg/ml</i>	G	
<i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i>	G	
<b>ANTIPSYCHOTICS - DRUGS TO TREAT PSYCHOSES</b>		
<i>aripiprazole oral solution 1 mg/ml</i>	G	
<i>aripiprazole oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	G	
<i>aripiprazole oral tablet dispersible 10 mg, 15 mg</i>	G	
<i>asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg</i>	G	
<i>chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	G	
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	G	
<i>clozapine oral tablet dispersible 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i>	G	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	G	
<i>fluphenazine hcl oral elixir 2.5 mg/5ml</i>	G	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	G	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	G	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	G	

2021 Small Group Aetna Health Exchange Plan – NY  
The formulary is updated the first week of each month.  
12/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG ( <i>lurasidone hcl</i> )	NPB	PA
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	G	
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	G	
<i>olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg</i>	G	
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 6 mg, 9 mg</i>	G	
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	G	
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	G	
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	G	
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG ( <i>brexipiprazole</i> )	NPB	ST
<i>risperidone oral solution 1 mg/ml</i>	G	
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	G	
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	G	
<i>thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	G	
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	G	
<i>trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	G	
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	G	
<b>ATTENTION DEFICIT HYPERACTIVITY DISORDER - DRUGS TO TREAT ADHD</b>		
<i>amphetamine-dextroamphet er oral capsule extended release 24 hour 10 mg, 5 mg</i>	G	QL (90 CAPSULES per 25 DAYs)
<i>amphetamine-dextroamphet er oral capsule extended release 24 hour 15 mg, 20 mg, 25 mg, 30 mg</i>	G	QL (30 CAPSULES per 25 DAYs)
<i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 5 mg, 7.5 mg</i>	G	QL (90 TABLETS per 25 DAYs)
<i>amphetamine-dextroamphetamine oral tablet 15 mg, 20 mg</i>	G	QL (60 TABLETS per 25 DAYs)
<i>amphetamine-dextroamphetamine oral tablet 30 mg</i>	G	QL (30 TABLETS per 25 DAYs)
<i>atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg</i>	G	QL (120 CAPSULES per 25 days)

2021 Small Group Aetna Health Exchange Plan – NY

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 100 mg, 60 mg, 80 mg</i>	G	QL (30 CAPSULES per 25 days)
<i>atomoxetine hcl oral capsule 40 mg</i>	G	QL (60 CAPSULES per 25 days)
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 5 mg</i>	G	QL (60 CAPSULES per 25 DAYs)
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 25 mg, 30 mg, 35 mg, 40 mg</i>	G	QL (30 CAPSULES per 25 DAYs)
<i>dexmethylphenidate hcl oral tablet 10 mg</i>	G	QL (60 TABLETS per 25 DAYs)
<i>dexmethylphenidate hcl oral tablet 2.5 mg, 5 mg</i>	G	QL (120 TABLETS per 25 DAYs)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 5 mg</i>	G	QL (120 CAPSULES per 25 DAYs)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg</i>	G	QL (60 CAPSULES per 25 DAYs)
<i>dextroamphetamine sulfate oral solution 5 mg/5ml</i>	G	QL (1200 ML per 25 DAYs)
<i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i>	G	QL (120 TABLETS per 25 DAYs)
<i>guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg</i>	G	
<i>methamphetamine hcl oral tablet 5 mg</i>	G	QL (150 TABLETS per 25 DAYs)
<i>methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg</i>	G	QL (60 CAPSULES per 25 DAYs)
<i>methylphenidate hcl er (cd) oral capsule extended release 40 mg, 50 mg, 60 mg</i>	G	QL (30 CAPSULES per 25 DAYs)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 20 mg, 30 mg</i>	G	QL (60 CAPSULES per 25 DAYs)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 40 mg, 60 mg</i>	G	QL (30 CAPSULES per 25 DAYs)
<i>methylphenidate hcl er oral tablet extended release 10 mg, 20 mg</i>	G	QL (90 TABLETS per 25 DAYs)
<i>methylphenidate hcl er oral tablet extended release 18 mg, 27 mg, 36 mg</i>	G	QL (60 TABLETS per 25 DAYs)
<i>methylphenidate hcl er oral tablet extended release 54 mg</i>	G	QL (30 TABLETS per 25 DAYs)
<i>methylphenidate hcl oral solution 10 mg/5ml</i>	G	QL (900 ML per 25 DAYs)

2021 Small Group Aetna Health Exchange Plan – NY  
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 oral solution 5 mg/5ml</i>	G	QL (1800 ML per 25 DAYs)
<i>methylphenidate hcl oral tablet 10 mg, 5 mg</i>	G	QL (180 TABLETS per 25 DAYs)
<i>methylphenidate hcl oral tablet 20 mg</i>	G	QL (90 TABLETS per 25 DAYs)
<i>methylphenidate hcl oral tablet chewable 10 mg, 2.5 mg, 5 mg</i>	G	QL (180 TABLETS per 25 DAYs)
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG ( <i>lisdexamfetamine dimesylate</i> )	NPB	ST; QL (60 CAPSULES per 25 DAYs)
VYVANSE ORAL CAPSULE 40 MG, 50 MG, 60 MG, 70 MG ( <i>lisdexamfetamine dimesylate</i> )	NPB	ST; QL (30 CAPSULES per 25 DAYs)
VYVANSE ORAL TABLET CHEWABLE 10 MG, 20 MG, 30 MG ( <i>lisdexamfetamine dimesylate</i> )	NPB	ST; QL (60 TABLETS per 25 DAYs)
VYVANSE ORAL TABLET CHEWABLE 40 MG, 50 MG, 60 MG ( <i>lisdexamfetamine dimesylate</i> )	NPB	ST; QL (30 TABLETS per 25 DAYs)
<i>dextroamphetamine sulfate</i> (Zenedi Oral Tablet 15 Mg, 20 Mg)	G	QL (60 TABLETS per 25 DAYs)
ZENZEDI ORAL TABLET 2.5 MG, 7.5 MG ( <i>dextroamphetamine sulfate</i> )	G	QL (120 TABLETS per 25 DAYs)
<i>dextroamphetamine sulfate</i> (Zenedi Oral Tablet 30 Mg)	G	QL (30 TABLETS per 25 DAYs)
<b>HYPNOTICS - DRUGS TO TREAT INSOMNIA</b>		
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG ( <i>suvorexant</i> )	NPB	PA; QL (30 TABLETS per 25 DAYs)
<i>doxepin hcl oral tablet 3 mg, 6 mg</i>	G	QL (30 TABLETS per 25 DAYs); AL (Min 65 Years)
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	G	QL (15 TABLETS per 25 DAYs)
HETLIOZ ORAL CAPSULE 20 MG ( <i>tasimelteon</i> )	NPB	PA; QL (30 CAPSULES per 30 DAYs)
<i>ramelteon oral tablet 8 mg</i>	G	QL (15 TABLETS per 25 DAYs)
<i>sleep-aid oral tablet 25 mg</i>	G	
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg</i>	G	QL (15 CAPSULES per 25 DAYs)
<i>triazolam oral tablet 0.125 mg, 0.25 mg</i>	G	QL (10 TABLETS per 25 DAYs)

2021 Small Group Aetna Health Exchange Plan – NY  
The formulary is updated the first week of each month.  
12/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>zaleplon oral capsule 10 mg, 5 mg</i>	G	QL (15 CAPSULES per 25 DAYS)
<i>zolpidem tartrate er oral tablet extended release 12.5 mg, 6.25 mg</i>	G	QL (15 TABLETS per 25 DAYS)
<i>zolpidem tartrate oral tablet 10 mg, 5 mg</i>	G	QL (15 TABLETS per 25 DAYS)
<b>MIGRAINE - DRUGS TO TREAT SEVERE HEADACHES</b>		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML ( <i>erenumab-aooe</i> )	PB	ST; QL (1 INJECTION per 25 DAYS)
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 70 MG/ML ( <i>erenumab-aooe</i> )	PB	ST; QL (2 INJECTIONS per 25 DAYS)
AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 225 MG/1.5ML ( <i>fremanezumab-vfrm</i> )	PB	ST; QL (3 INJECTIONS per 75 DAYS)
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 225 MG/1.5ML ( <i>fremanezumab-vfrm</i> )	PB	ST; QL (3 INJECTIONS per 75 DAYS)
<i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i>	G	QL (12 TABLETS per 25 DAYS)
<i>dihydroergotamine mesylate injection solution 1 mg/ml</i>	G	
<i>eletriptan hydrobromide oral tablet 20 mg, 40 mg</i>	G	QL (12 TABLETS per 25 DAYS)
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML ( <i>galcanezumab-gnlm</i> )	PB	ST; QL (3 INJECTIONS per 25 DAYS)
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML ( <i>galcanezumab-gnlm</i> )	PB	ST; QL (2 INJECTION per 25 days)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML ( <i>galcanezumab-gnlm</i> )	PB	ST; QL (2 INJECTION per 25 days)
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	G	
<i>frovatriptan succinate oral tablet 2.5 mg</i>	G	QL (18 TABLETS per 25 DAYS)
<i>naratriptan hcl oral tablet 1 mg, 2.5 mg</i>	G	QL (12 TABLETS per 25 DAYS)
<i>rizatriptan benzoate oral tablet 10 mg, 5 mg</i>	G	QL (18 TABLETS per 25 DAYS)
<i>rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg</i>	G	QL (18 TABLETS per 25 DAYS)
<i>sumatriptan nasal solution 20 mg/lact</i>	G	QL (12 SPRAYS per 25 DAYS)

2021 Small Group Aetna Health Exchange Plan – NY  
The formulary is updated the first week of each month.  
12/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>sumatriptan nasal solution 5 mg/lact</i>	G	QL (24 SPRAYS per 25 DAYs)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	G	QL (12 TABLETS per 25 DAYs)
<i>sumatriptan succinate refill subcutaneous solution cartridge 4 mg/0.5ml</i>	G	QL (18 SYRINGES per 25 DAYs)
<i>sumatriptan succinate refill subcutaneous solution cartridge 6 mg/0.5ml</i>	G	QL (12 SOLUTION CARTRIDGE per 25 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	G	QL (12 VIALS per 25 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml</i>	G	QL (18 SYRINGES per 25 DAYs)
<i>sumatriptan succinate subcutaneous solution auto-injector 6 mg/0.5ml</i>	G	QL (12 SOLUTION AUTO-INJECTOR per 25 days)
<i>sumatriptan succinate subcutaneous solution prefilled syringe 6 mg/0.5ml</i>	G	QL (12 SOLUTION PREFILLED SYRINGE per 25 days)
<i>sumatriptan-naproxen sodium oral tablet 85-500 mg</i>	G	ST; QL (9 TABLETS per 25 DAYs)
<i>zolmitriptan nasal solution 2.5 mg, 5 mg</i>	G	QL (12 SPRAYS per 25 DAYs)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	G	QL (12 TABLETS per 25 DAYs)
<i>zolmitriptan oral tablet dispersible 2.5 mg, 5 mg</i>	G	QL (12 TABLETS per 25 DAYs)
<b>MISCELLANEOUS</b>		
<i>bupirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	G	
EVRYSDI ORAL SOLUTION RECONSTITUTED 0.75 MG/ML ( <i>risdiplam</i> )	NPB	PA; QL (2 BOTTLES per 24 DAYs)
<i>guanidine hcl oral tablet 125 mg</i>	NPB	
<i>lithium carbonate er oral tablet extended release 300 mg, 450 mg</i>	G	
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	G	
<i>lithium carbonate oral tablet 300 mg</i>	G	
<i>lithium oral solution 8 meq/5ml</i>	NPB	
NUEDEXTA ORAL CAPSULE 20-10 MG ( <i>dextromethorphan-quinidine</i> )	NPB	PA
<i>pimozide oral tablet 1 mg, 2 mg</i>	G	

2021 Small Group Aetna Health Exchange Plan – NY  
The formulary is updated the first week of each month.  
12/01/2021  
60



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>pyridostigmine bromide er oral tablet extended release 180 mg</i>	G	
<i>pyridostigmine bromide oral solution 60 mg/5ml</i>	G	
<i>pyridostigmine bromide oral tablet 60 mg</i>	G	
<i>riluzole oral tablet 50 mg</i>	G	
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG ( <i>milnacipran hcl</i> )	NPB	ST
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG ( <i>milnacipran hcl</i> )	NPB	ST
<i>tetrabenazine oral tablet 12.5 mg</i>	G	PA; QL (120 TABLETS per 30 DAYS)
<i>tetrabenazine oral tablet 25 mg</i>	G	PA; QL (60 TABLETS per 30 DAYS)
<b>MULTIPLE SCLEROSIS AGENTS - DRUGS TO TREAT MULTIPLE SCLEROSIS</b>		
AUBAGIO ORAL TABLET 14 MG, 7 MG ( <i>teriflunomide</i> )	PB	PA; QL (30 TABLETS per 30 DAYS)
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML ( <i>interferon beta-1a</i> )	NPB	PA; ST; QL (4 INJECTIONS per 28 DAYS)
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML ( <i>interferon beta-1a</i> )	NPB	PA; ST; QL (4 INJECTIONS per 28 DAYS)
BETASERON SUBCUTANEOUS KIT 0.3 MG ( <i>interferon beta-1b</i> )	PB	PA; QL (14 INJECTIONS per 28 DAYS)
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML ( <i>glatiramer acetate</i> )	PB	PA; QL (30 INJECTIONS per 30 DAYS)
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML ( <i>glatiramer acetate</i> )	PB	PA; QL (12 SYRINGES per 28 DAYS)
<i>dalfampridine er oral tablet extended release 12 hour 10 mg</i>	G	PA; QL (60 TABLETS per 30 DAYS)
<i>dimethyl fumarate oral capsule delayed release 120 mg</i>	G	PA; QL (14 CAPSULES per 28 DAYS)
<i>dimethyl fumarate oral capsule delayed release 240 mg</i>	G	PA; QL (60 CAPSULES per 30 DAYS)
<i>dimethyl fumarate starter pack oral 120 &amp; 240 mg</i>	G	PA; QL (1 KIT per 30 DAYS)
GILENYA ORAL CAPSULE 0.5 MG ( <i>fingolimod hcl</i> )	PB	PA; QL (30 CAPSULES per 30 DAYS)

2021 Small Group Aetna Health Exchange Plan – NY  
The formulary is updated the first week of each month.  
12/01/2021



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml</i>	PB	PA; QL (12 SYRINGES per 28 DAYS)
<i>glatiramer acetate (Glatopa Subcutaneous Solution Prefilled Syringe 20 Mg/ML)</i>	PB	PA; QL (30 INJECTIONS per 30 DAYS)
PLEGRIDY INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML ( <i>peginterferon beta-1a</i> )	NPB	PA; ST; QL (2 SYRINGES per 28 DAYS)
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PEN-INJECTOR 63 & 94 MCG/0.5ML ( <i>peginterferon beta-1a</i> )	NPB	PA; ST; QL (2 PENS per 28 days)
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 63 & 94 MCG/0.5ML ( <i>peginterferon beta-1a</i> )	NPB	PA; ST; QL (2 SYRINGES per 28 days)
PLEGRIDY SUBCUTANEOUS SOLUTION PEN-INJECTOR 125 MCG/0.5ML ( <i>peginterferon beta-1a</i> )	NPB	PA; ST; QL (2 PENS per 28 days)
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML ( <i>peginterferon beta-1a</i> )	NPB	PA; ST; QL (2 SYRINGES per 28 days)
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML, 44 MCG/0.5ML ( <i>interferon beta-1a</i> )	PB	PA; QL (12 SYRINGES per 28 DAYS)
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG ( <i>interferon beta-1a</i> )	PB	PA; QL (1 BOX per 28 DAYS)
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML, 44 MCG/0.5ML ( <i>interferon beta-1a</i> )	PB	PA; QL (12 SYRINGES per 28 DAYS)
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG ( <i>interferon beta-1a</i> )	PB	PA; QL (1 BOX per 28 DAYS)
<b>MUSCULOSKELETAL THERAPY AGENTS - DRUGS TO TREAT MUSCLE SPASMS</b>		
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	G	
<i>carisoprodol oral tablet 350 mg</i>	G	PA; AL (Min 70 Years)
<i>chlorzoxazone oral tablet 500 mg</i>	G	PA; AL (Min 70 Years)
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	G	PA; AL (Min 70 Years)
<i>dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg</i>	G	
<i>metaxalone oral tablet 800 mg</i>	G	PA; AL (Min 70 Years)
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	G	PA; AL (Min 70 Years)

2021 Small Group Aetna Health Exchange Plan – NY  
The formulary is updated the first week of each month.  
12/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>orphenadrine citrate er oral tablet extended release 12 hour 100 mg</i>	G	PA; AL (Min 70 Years)
<i>tizanidine hcl oral tablet 2 mg, 4 mg</i>	G	
<b>NARCOLEPSY/CATAPLEXY - DRUGS FOR SLEEP DISORDERS</b>		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>	G	PA; QL (30 TABLETS per 25 days)
<i>armodafinil oral tablet 50 mg</i>	G	PA; QL (60 TABLETS per 25 days)
<i>modafinil oral tablet 100 mg, 200 mg</i>	G	PA; QL (60 TABLETS per 25 days)
XYREM ORAL SOLUTION 500 MG/ML ( <i>sodium oxybate</i> )	NPB	PA; QL (540 ML per 25 DAYs)
<b>PSYCHOTHERAPEUTIC-MISC</b>		
<i>acamprosate calcium oral tablet delayed release 333 mg</i>	G	PA
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i>	CE	N7 (Not Covered); N8 (\$0 copay limited to 2 treatment cycles/year)
CHANTIX CONTINUING MONTH PAK ORAL TABLET 1 MG ( <i>varenicline tartrate</i> )	CE	N7 (Not Covered); N8 (\$0 copay limited to 2 treatment cycles/year)
CHANTIX ORAL TABLET 0.5 MG, 1 MG ( <i>varenicline tartrate</i> )	CE	N7 (Not Covered); N8 (\$0 copay limited to 2 treatment cycles/year)
CHANTIX STARTING MONTH PAK ORAL TABLET 0.5 MG X 11 & 1 MG X 42 ( <i>varenicline tartrate</i> )	CE	N7 (Not Covered); N8 (\$0 copay limited to 2 treatment cycles/year)
<i>disulfiram oral tablet 250 mg, 500 mg</i>	G	
<i>goodsense nicotine mouth/throat gum 4 mg</i>	CE	N7 (Not Covered); N8 (\$0 copay limited to 2 treatment cycles/year)
<i>goodsense nicotine mouth/throat lozenge 4 mg</i>	CE	N7 (Not Covered); N8 (\$0 copay limited to 2 treatment cycles/year)
<i>naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml</i>	G	
<i>naloxone hcl injection solution cartridge 0.4 mg/ml</i>	G	
<i>naloxone hcl injection solution prefilled syringe 2 mg/2ml</i>	G	
<i>naltrexone hcl oral tablet 50 mg</i>	CE	N7 (Not Covered)

2021 Small Group Aetna Health Exchange Plan – NY  
The formulary is updated the first week of each month.  
12/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NARCAN NASAL LIQUID 4 MG/0.1ML ( <i>naloxone hcl</i> )	PB	QL (4 NASAL per 180 DAYS)
<i>nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>	CE	N7 (Not Covered); N8 (\$0 copay limited to 2 treatment cycles/year)
<i>nicotine polacrilex mouth/throat lozenge 2 mg</i>	CE	N7 (Not Covered); N8 (\$0 copay limited to 2 treatment cycles/year)
<i>nicotine step 3 transdermal patch 24 hour 7 mg/24hr</i>	CE	N7 (Not Covered); N8 (\$0 copay limited to 2 treatment cycles/year)
<i>nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr</i>	CE	N7 (Not Covered); N8 (\$0 copay limited to 2 treatment cycles/year)
NICOTROL INHALATION INHALER 10 MG ( <i>nicotine</i> )	CE	N7 (Not Covered); N8 (\$0 copay limited to 2 treatment cycles/year)
NICOTROL NS NASAL SOLUTION 10 MG/ML ( <i>nicotine</i> )	CE	N7 (Not Covered); N8 (\$0 copay limited to 2 treatment cycles/year)
<i>sm nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr</i>	CE	N7 (Not Covered); N8 (\$0 copay limited to 2 treatment cycles/year)
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i>	CE	N7 (Not Covered); N8 (\$0 limited to 2 treatment cycles/year)
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG ( <i>naltrexone</i> )	PB	PA; QL (1 VIAL per 28 DAYS)
<b>ENDOCRINE AND METABOLIC - DRUGS TO TREAT DIABETES AND REGULATE HORMONES</b>		
<b>ANDROGENS - DRUGS TO REGULATE MALE HORMONES</b>		
ANADROL-50 ORAL TABLET 50 MG ( <i>oxymetholone</i> )	NPB	PA
INTRAROSA VAGINAL INSERT 6.5 MG ( <i>prasterone</i> )	NPB	
<i>methyltestosterone oral capsule 10 mg</i>	G	PA
<i>oxandrolone oral tablet 10 mg, 2.5 mg</i>	G	PA
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i>	G	PA
<i>testosterone enanthate intramuscular solution 200 mg/ml</i>	G	PA

2021 Small Group Aetna Health Exchange Plan – NY  
The formulary is updated the first week of each month.  
12/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>testosterone transdermal gel 10 mg/lact (2%), 25 mg/2.5gm (1%)</i>	G	PA
<b>ANTIDIABETICS, ALPHA-GLUCOSIDASE INHIBITORS</b>		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	G	
<i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>	G	
<b>ANTIDIABETICS, AMYLIN ANALOGS</b>		
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML ( <i>pramlintide acetate</i> )	NPB	ST
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML ( <i>pramlintide acetate</i> )	NPB	ST
<b>ANTIDIABETICS, BIGUANIDE</b>		
<i>metformin hcl er oral tablet extended release 24 hour 500 mg, 750 mg</i>	G	
<i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg</i>	G	
<b>ANTIDIABETICS, BIGUANIDE/ SULFONYLUREA COMBINATIONS</b>		
<i>glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	G	
<b>ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 INHIBITORS</b>		
<i>alogliptin benzoate oral tablet 12.5 mg, 25 mg, 6.25 mg</i>	G	ST
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG ( <i>sitagliptin phosphate</i> )	PB	ST
<b>ANTIDIABETICS, DOPAMINE RECEPTOR AGONISTS</b>		
CYCLOSET ORAL TABLET 0.8 MG ( <i>bromocriptine mesylate</i> )	NPB	
<b>ANTIDIABETICS, DPP-4 INHIBITOR COMBINATIONS</b>		
<i>alogliptin-metformin hcl oral tablet 12.5-1000 mg, 12.5-500 mg</i>	G	ST
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 XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG ( <i>linagliptin-metformin hcl</i> )	NPB	ST

2021 Small Group Aetna Health Exchange Plan – NY  
The formulary is updated the first week of each month.  
12/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>ANTIDIABETICS, INCRETIN MIMETIC AGENTS</b>		
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML ( <i>semaglutide</i> )	PB	ST
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML, 4 MG/3ML ( <i>semaglutide</i> )	PB	ST
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	ST
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML ( <i>liraglutide</i> )	NPB	ST
<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> )	NPB	ST
<b>ANTIDIABETICS, INSULIN</b>		
BASAGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML ( <i>insulin glargine</i> )	PB	
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML ( <i>insulin aspart (w/niacinamide)</i> )	PB	
FIASP 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	
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML ( <i>insulin nph isophane &amp; regular</i> )	NPB	
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML ( <i>insulin nph isophane &amp; regular</i> )	NPB	
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML ( <i>insulin nph human (isophane)</i> )	NPB	
HUMULIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML ( <i>insulin nph human (isophane)</i> )	NPB	

2021 Small Group Aetna Health Exchange Plan – NY  
The formulary is updated the first week of each month.  
12/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMULIN R INJECTION SOLUTION 100 UNIT/ML ( <i>insulin regular human</i> )	NPB	
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	
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	
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML ( <i>insulin nph isophane &amp; regular</i> )	PB	
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML ( <i>insulin nph isophane &amp; regular</i> )	PB	
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML ( <i>insulin nph human (isophane)</i> )	PB	
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML ( <i>insulin nph human (isophane)</i> )	PB	
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN- INJECTOR 100 UNIT/ML ( <i>insulin regular human</i> )	PB	
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML ( <i>insulin regular human</i> )	PB	
NOVOLOG 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	

2021 Small Group Aetna Health Exchange Plan – NY  
The formulary is updated the first week of each month.  
12/01/2021



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML ( <i>insulin degludec</i> )	NPB	
TRESIBA SUBCUTANEOUS SOLUTION 100 UNIT/ML ( <i>insulin degludec</i> )	NPB	
<b>ANTIDIABETICS, INSULIN SENSITIZER</b>		
<i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i>	G	
<b>ANTIDIABETICS, INSULIN SENSITIZER/BIGUANIDE COMBINATION</b>		
<i>pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg</i>	G	
<b>ANTIDIABETICS, INSULIN SENSITIZER/SULFONYLUREA COMBINATION</b>		
<i>pioglitazone hcl-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	G	
<b>ANTIDIABETICS, MEGLITINIDE</b>		
<i>nateglinide oral tablet 120 mg, 60 mg</i>	G	
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	G	
<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> )	NPB	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> )	NPB	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(SGLT2)/DPP-4 INHIBITOR COMBINATIONS</b>		
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG ( <i>empagliflozin-linagliptin</i> )	NPB	ST
<b>ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER2 (SGLT2) INHIB</b>		
FARXIGA ORAL TABLET 10 MG, 5 MG ( <i>dapagliflozin propanediol</i> )	PB	ST
JARDIANCE ORAL TABLET 10 MG, 25 MG ( <i>empagliflozin</i> )	NPB	ST
<b>ANTIDIABETICS, SULFONYLUREA</b>		
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	G	

2021 Small Group Aetna Health Exchange Plan – NY  
The formulary is updated the first week of each month.  
12/01/2021



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	G	
<i>glipizide oral tablet 10 mg, 5 mg</i>	G	
<b>BISPHOSPHONATES - DRUGS TO TREAT BONE LOSS</b>		
<i>alendronate sodium oral solution 70 mg/75ml</i>	G	
<i>alendronate sodium oral tablet 10 mg, 35 mg, 5 mg, 70 mg</i>	G	
FOSAMAX PLUS D ORAL TABLET 70-2800 MG-UNIT, 70-5600 MG-UNIT ( <i>alendronate-cholecalciferol</i> )	NPB	ST
<i>ibandronate sodium oral tablet 150 mg</i>	G	
<i>risedronate sodium oral tablet 150 mg, 30 mg, 35 mg, 5 mg</i>	G	
<i>risedronate sodium oral tablet delayed release 35 mg</i>	G	
<b>CALCIUM RECEPTOR AGONISTS - DRUGS TO REGULATE HORMONES</b>		
<i>cinacalcet hcl oral tablet 30 mg, 60 mg</i>	G	PA; QL (60 TABLETS per 30 DAYs)
<i>cinacalcet hcl oral tablet 90 mg</i>	G	PA; QL (120 TABLETS per 30 DAYs)
<b>CHELATING AGENTS</b>		
CHEMET ORAL CAPSULE 100 MG ( <i>succimer</i> )	NPB	
<i>sodium polystyrene sulfonate</i> (Kionex Oral Suspension 15 Gm/60Ml)	G	
<i>penicillamine oral tablet 250 mg</i>	G	PA
<i>sodium polystyrene sulfonate rectal suspension 30 gml/120ml</i>	G	
SPS ORAL SUSPENSION 15 GM/60ML ( <i>sodium polystyrene sulfonate</i> )	G	
<b>CHELATING AGENTS - DRUGS TO TREAT IRON TOXICITY</b>		
<i>deferiprone oral tablet 500 mg</i>	G	PA
FERRIPROX ORAL SOLUTION 100 MG/ML ( <i>deferiprone</i> )	PB	PA
FERRIPROX ORAL TABLET 1000 MG ( <i>deferiprone</i> )	PB	PA
FERRIPROX TWICE-A-DAY ORAL TABLET 1000 MG ( <i>deferiprone</i> )	PB	PA
<b>CONTRACEPTIVES - PRODUCTS FOR BIRTH CONTROL</b>		
<i>levonorgestrel-ethinyl estrad</i> (Altavera Oral Tablet 0.15-30 Mg-Mcg)	CE	N7 (Not Covered)

2021 Small Group Aetna Health Exchange Plan – NY  
The formulary is updated the first week of each month.  
12/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>alyacen 1/35 oral tablet 1-35 mg-mcg</i>	CE	N7 (Not Covered)
<i>alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	CE	N7 (Not Covered)
<i>levonorgest-eth estrad 91-day (Amethia Oral Tablet 0.15-0.03 &amp;0.01 Mg)</i>	CE	N7 (Not Covered)
<i>levonorgestrel-ethinyl estrad (Amethyst Oral Tablet 90-20 Mcg)</i>	CE	N7 (Not Covered)
ANNOVERA VAGINAL RING 0.013-0.15 MG/24HR <i>(segesterone-ethinyl estradiol)</i>	CE	N7 (Not Covered); QL (1 RING per 300 DAYS)
<i>desogestrel-ethinyl estradiol (Apri Oral Tablet 0.15-30 Mg-Mcg)</i>	CE	N7 (Not Covered)
<i>norethin-eth estrad triphasic (Aranelle Oral Tablet 0.5/1/0.5-35 Mg-Mcg)</i>	CE	N7 (Not Covered)
<i>levonorgest-eth estrad 91-day (Ashlyna Oral Tablet 0.15-0.03 &amp;0.01 Mg)</i>	CE	N7 (Not Covered)
<i>levonorgestrel-ethinyl estrad (Aviane Oral Tablet 0.1-20 Mg-Mcg)</i>	CE	N7 (Not Covered)
<i>desogestrel-ethinyl estradiol (Azurette Oral Tablet 0.15-0.02/0.01 Mg (21/5))</i>	CE	N7 (Not Covered)
BALCOLTRA ORAL TABLET 0.1-20 MG-MCG(21) <i>(levonorgest-eth estrad-fe bisg)</i>	CE	N7 (Not Covered)
<i>norethindrone (Camila Oral Tablet 0.35 Mg)</i>	CE	N7 (Not Covered)
<i>desogestrel-ethinyl estradiol (Caziant Oral Tablet 0.1/0.125/0.15 -0.025 Mg)</i>	CE	N7 (Not Covered)
<i>levonorgestrel-ethinyl estrad (Chateal Oral Tablet 0.15-30 Mg-Mcg)</i>	CE	N7 (Not Covered)
<i>norgestrel-ethinyl estradiol (Cryselles-28 Oral Tablet 0.3-30 Mg-Mcg)</i>	CE	N7 (Not Covered)
<i>norethindrone-eth estradiol (Cyclafem 1/35 Oral Tablet 1-35 Mg-Mcg)</i>	CE	N7 (Not Covered)
<i>norethin-eth estrad triphasic (Cyclafem 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)</i>	CE	N7 (Not Covered)
<i>norethindrone-eth estradiol (Dasetta 1/35 Oral Tablet 1-35 Mg-Mcg)</i>	CE	N7 (Not Covered)
<i>norethin-eth estrad triphasic (Dasetta 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)</i>	CE	N7 (Not Covered)
<i>levonorgestrel-ethinyl estrad (Delyla Oral Tablet 0.1-20 Mg-Mcg)</i>	CE	N7 (Not Covered)

2021 Small Group Aetna Health Exchange Plan – NY

The formulary is updated the first week of each month.

12/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML ( <i>medroxyprogesterone acetate</i> )	CE	N7 (Not Covered); QL (4 INJECTIONS per 300 DAYS)
<i>drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg, 3-0.03-0.451 mg</i>	CE	N7 (Not Covered)
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i>	CE	N7 (Not Covered)
<i>norgestrel-ethinyl estradiol</i> (Elinest Oral Tablet 0.3-30 Mg-Mcg)	CE	N7 (Not Covered)
ELLA ORAL TABLET 30 MG ( <i>ulipristal acetate</i> )	CE	N7 (Not Covered)
<i>desogestrel-ethinyl estradiol</i> (Emoquette Oral Tablet 0.15-30 Mg-Mcg)	CE	N7 (Not Covered)
<i>levonorg-eth estrad triphasic</i> (Enpresse-28 Oral Tablet 50-30/75-40/ 125-30 Mcg)	CE	N7 (Not Covered)
<i>desogestrel-ethinyl estradiol</i> (Enskyce Oral Tablet 0.15-30 Mg-Mcg)	CE	N7 (Not Covered)
<i>norethindrone</i> (Errin Oral Tablet 0.35 Mg)	CE	N7 (Not Covered)
<i>ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg</i>	CE	N7 (Not Covered)
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr</i>	CE	N7 (Not Covered); QL (13 RING per 300 DAYS)
<i>levonorgestrel-ethinyl estrad</i> (Falmina Oral Tablet 0.1-20 Mg-Mcg)	CE	N7 (Not Covered)
<i>levonorgest-eth estrad 91-day</i> (Fayosim Oral Tablet 42-21-21-7 Days)	CE	N7 (Not Covered)
<i>norethin ace-eth estrad-fe</i> (Gemmily Oral Capsule 1-20 Mg-Mcg(24))	CE	N7 (Not Covered)
<i>drospirenone-ethinyl estradiol</i> (Gianvi Oral Tablet 3-0.02 Mg)	CE	N7 (Not Covered)
<i>norethindrone</i> (Heather Oral Tablet 0.35 Mg)	CE	N7 (Not Covered)
<i>levonorgest-eth estrad 91-day</i> (Introvale Oral Tablet 0.15-0.03 Mg)	CE	N7 (Not Covered)
<i>levonorgest-eth estrad 91-day</i> (Jolessa Oral Tablet 0.15-0.03 Mg)	CE	N7 (Not Covered)
<i>norethindrone acet-ethinyl est</i> (Junel 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N7 (Not Covered)
<i>norethindrone acet-ethinyl est</i> (Junel 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N7 (Not Covered)
<i>norethin ace-eth estrad-fe</i> (Junel Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N7 (Not Covered)

2021 Small Group Aetna Health Exchange Plan – NY  
The formulary is updated the first week of each month.  
12/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>norethin ace-eth estrad-fe</i> (Junel Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N7 (Not Covered)
<i>norethin ace-eth estrad-fe</i> (Junel Fe 24 Oral Tablet 1-20 Mg-Mcg(24))	CE	N7 (Not Covered)
<i>desogestrel-ethinyl estradiol</i> (Kariva Oral Tablet 0.15-0.02/0.01 Mg (21/5))	CE	N7 (Not Covered)
<i>ethynodiol diac-eth estradiol</i> (Kelnor 1/35 Oral Tablet 1-35 Mg-Mcg)	CE	N7 (Not Covered)
<i>levonorgestrel-ethinyl estrad</i> (Kurvelo Oral Tablet 0.15-30 Mg-Mcg)	CE	N7 (Not Covered)
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 19.5 MG ( <i>levonorgestrel</i> )	CE	N7 (Not Covered); QL (1 INTRAUTERINE DEVICE per 300 DAYs)
<i>norethindrone acet-ethinyl est</i> (Larin 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N7 (Not Covered)
<i>norethin-eth estrad triphasic</i> (Leena Oral Tablet 0.5/1/0.5-35 Mg-Mcg)	CE	N7 (Not Covered)
<i>levonorgestrel-ethinyl estrad</i> (Lessina Oral Tablet 0.1-20 Mg-Mcg)	CE	N7 (Not Covered)
<i>levonorg-eth estrad triphasic</i> (Levonest Oral Tablet 50-30/75-40/ 125-30 Mcg)	CE	N7 (Not Covered)
<i>levonorgest-eth estrad 91-day oral tablet 0.1-0.02 &amp; 0.01 mg, 0.15-0.03 mg</i>	CE	N7 (Not Covered)
<i>levonorgestrel-ethinyl estrad oral tablet 0.15-30 mg-mcg</i>	CE	N7 (Not Covered)
<i>levonorgestrel-ethinyl estrad</i> (Levora 0.15/30 (28) Oral Tablet 0.15-30 Mg-Mcg)	CE	N7 (Not Covered)
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 19.5 MCG/DAY ( <i>levonorgestrel</i> )	CE	N7 (Not Covered); QL (1 INTRAUTERINE DEVICE per 300 DAYs)
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG / 10 MCG ( <i>norethin-eth estrad-fe biphas</i> )	CE	N7 (Not Covered)
<i>drospirenone-ethinyl estradiol</i> (Loryna Oral Tablet 3-0.02 Mg)	CE	N7 (Not Covered)
<i>norgestrel-ethinyl estradiol</i> (Low-Ogestrel Oral Tablet 0.3-30 Mg-Mcg)	CE	N7 (Not Covered)
<i>levonorgestrel-ethinyl estrad</i> (Lutera Oral Tablet 0.1-20 Mg-Mcg)	CE	N7 (Not Covered)
<i>marlissa oral tablet 0.15-30 mg-mcg</i>	CE	N7 (Not Covered)

2021 Small Group Aetna Health Exchange Plan – NY  
The formulary is updated the first week of each month.  
12/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>	CE	N7 (Not Covered); QL (4 INJECTIONS per 300 DAYs)
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml</i>	CE	N7 (Not Covered); QL (4 INJECTIONS per 300 DAYs)
<i>norethin ace-eth estrad-fe (Mibelas 24 Fe Oral Tablet Chewable 1-20 Mg-Mcg(24))</i>	CE	N7 (Not Covered)
<i>norethindrone acet-ethinyl est (Microgestin 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)</i>	CE	N7 (Not Covered)
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/24HR ( <i>levonorgestrel</i> )	CE	N7 (Not Covered); QL (1 INTRAUTERINE DEVICE per 300 DAYs)
<i>norgestimate-eth estradiol (Mono-Linyah Oral Tablet 0.25-35 Mg-Mcg)</i>	CE	N7 (Not Covered)
NATAZIA ORAL TABLET 3/2-2/2-3/1 MG ( <i>estradiol valerate-dienogest</i> )	CE	N7 (Not Covered)
<i>norethindrone-eth estradiol (Necon 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg)</i>	CE	N7 (Not Covered)
NEXPLANON SUBCUTANEOUS IMPLANT 68 MG ( <i>etonogestrel</i> )	CE	N7 (Not Covered); QL (1 IMPLANT per 300 DAYs)
NEXTSTELLIS ORAL TABLET 3-14.2 MG ( <i>drospirenone-estetrol</i> )	CE	N7 (Not Covered)
<i>drospirenone-ethinyl estradiol (Nikki Oral Tablet 3-0.02 Mg)</i>	CE	N7 (Not Covered)
<i>norethindrone (Nora-Be Oral Tablet 0.35 Mg)</i>	CE	N7 (Not Covered)
<i>norethin ace-eth estrad-fe oral capsule 1-20 mg-mcg (24)</i>	CE	N7 (Not Covered)
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg</i>	CE	N7 (Not Covered)
<i>norethindrone oral tablet 0.35 mg</i>	CE	N7 (Not Covered)
<i>norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg, 0.8-25 mg-mcg</i>	CE	N7 (Not Covered)
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	CE	N7 (Not Covered)
<i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg</i>	CE	N7 (Not Covered)
<i>norethindrone-eth estradiol (Nortrel 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg)</i>	CE	N7 (Not Covered)
<i>norethindrone-eth estradiol (Nortrel 1/35 (21) Oral Tablet 1-35 Mg-Mcg)</i>	CE	N7 (Not Covered)

2021 Small Group Aetna Health Exchange Plan – NY  
The formulary is updated the first week of each month.  
12/01/2021



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>norethin-eth estrad triphasic</i> (Nortrel 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	CE	N7 (Not Covered)
<i>drospirenone-ethinyl estradiol</i> (Ocella Oral Tablet 3-0.03 Mg)	CE	N7 (Not Covered)
OGESTREL ORAL TABLET 0.5-50 MG-MCG ( <i>norgestrel-ethinyl estradiol</i> )	CE	N7 (Not Covered)
<i>levonorgestrel-ethinyl estrad</i> (Orsythia Oral Tablet 0.1-20 Mg-Mcg)	CE	N7 (Not Covered)
PARAGARD INTRAUTERINE COPPER INTRAUTERINE INTRAUTERINE DEVICE ( <i>copper</i> )	CE	N7 (Not Covered); QL (1 INTRAUTERINE DEVICE per 300 DAYs)
<i>norethindrone-eth estradiol</i> (Pirmella 1/35 Oral Tablet 1-35 Mg-Mcg)	CE	N7 (Not Covered)
<i>norethin-eth estrad triphasic</i> (Pirmella 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	CE	N7 (Not Covered)
<i>levonorgestrel-ethinyl estrad</i> (Portia-28 Oral Tablet 0.15-30 Mg-Mcg)	CE	N7 (Not Covered)
<i>norgestimate-eth estradiol</i> (Previfem Oral Tablet 0.25-35 Mg-Mcg)	CE	N7 (Not Covered)
<i>desogestrel-ethinyl estradiol</i> (Reclipsen Oral Tablet 0.15-30 Mg-Mcg)	CE	N7 (Not Covered)
<i>levonorgest-eth estrad 91-day</i> (Rivelsa Oral Tablet 42-21-21-7 Days)	CE	N7 (Not Covered)
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 13.5 MG ( <i>levonorgestrel</i> )	CE	N7 (Not Covered); QL (1 INTRAUTERINE DEVICE per 300 DAYs)
SLYND ORAL TABLET 4 MG ( <i>drospirenone</i> )	CE	N7 (Not Covered)
<i>norgestimate-eth estradiol</i> (Sprintec 28 Oral Tablet 0.25-35 Mg-Mcg)	CE	N7 (Not Covered)
<i>levonorgestrel-ethinyl estrad</i> (Sronyx Oral Tablet 0.1-20 Mg-Mcg)	CE	N7 (Not Covered)
<i>drospirenone-ethinyl estradiol</i> (Syeda Oral Tablet 3-0.03 Mg)	CE	N7 (Not Covered)
TAKE ACTION ORAL TABLET 1.5 MG ( <i>levonorgestrel</i> )	CE	N7 (Not Covered)
<i>norethindron-ethinyl estrad-fe</i> (Tilia Fe Oral Tablet 1-20/1-30/1-35 Mg-Mcg)	CE	N7 (Not Covered)
<i>norgestim-eth estrad triphasic</i> (Tri-Linyah Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	N7 (Not Covered)
<i>norgestim-eth estrad triphasic</i> (Tri-Sprintec Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	N7 (Not Covered)

2021 Small Group Aetna Health Exchange Plan – NY  
The formulary is updated the first week of each month.  
12/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>levonorg-eth estrad triphasic</i> (Trivora (28) Oral Tablet 50-30/75-40/ 125-30 Mcg)	CE	N7 (Not Covered)
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24HR ( <i>levonorgestrel-eth estradiol</i> )	CE	N7 (Not Covered)
TYBLUME ORAL TABLET CHEWABLE 0.1-20 MG-MCG ( <i>levonorgestrel-ethinyl estrad</i> )	CE	N7 (Not Covered)
<i>desogestrel-ethinyl estradiol</i> (Velivet Oral Tablet 0.1/0.125/0.15 -0.025 Mg)	CE	N7 (Not Covered)
<i>viorele oral tablet 0.15-0.02/0.01 mg</i> (21/5)	CE	N7 (Not Covered)
<i>norethindrone-eth estradiol</i> (Vyfemla Oral Tablet 0.4-35 Mg-Mcg)	CE	N7 (Not Covered)
<i>norethindrone-eth estradiol</i> (Wera Oral Tablet 0.5-35 Mg-Mcg)	CE	N7 (Not Covered)
<i>norelgestromin-eth estradiol</i> (Xulane Transdermal Patch Weekly 150-35 Mcg/24Hr)	CE	N7 (Not Covered)
<i>drosiprenone-ethinyl estradiol</i> (Zarah Oral Tablet 3-0.03 Mg)	CE	N7 (Not Covered)
<i>ethynodiol diac-eth estradiol</i> (Zovia 1/35E (28) Oral Tablet 1-35 Mg-Mcg)	CE	N7 (Not Covered)
<b>ENDOMETRIOSIS</b>		
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	G	
ORLISSA ORAL TABLET 150 MG, 200 MG ( <i>elagolix sodium</i> )	PB	
<b>ENZYME REPLACEMENTS - DRUGS TO TREAT ENZYME DEFICIENCIES</b>		
CARBAGLU ORAL TABLET 200 MG ( <i>carglumic acid</i> )	PB	PA
CERDELGA ORAL CAPSULE 84 MG ( <i>eliglustat tartrate</i> )	PB	PA; QL (60 CAPSULES per 30 DAYs)
CYSTADANE ORAL POWDER ( <i>betaine</i> )	PB	PA
MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED 11.3 MG ( <i>metreleptin</i> )	PB	PA; QL (30 VIALS per 30 DAYs)
<i>nitisinone oral capsule 10 mg, 2 mg, 5 mg</i>	G	PA
ORFADIN ORAL CAPSULE 20 MG ( <i>nitisinone</i> )	PB	PA
ORFADIN ORAL SUSPENSION 4 MG/ML ( <i>nitisinone</i> )	PB	PA
<i>sapropterin dihydrochloride oral packet 100 mg, 500 mg</i>	G	PA
<i>sapropterin dihydrochloride oral tablet 100 mg</i>	G	PA
<i>sodium phenylbutyrate oral powder 3 gmltsp</i>	G	PA; QL (600 GRAMS per 30 DAYs)

2021 Small Group Aetna Health Exchange Plan – NY  
The formulary is updated the first week of each month.  
12/01/2021



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>sodium phenylbutyrate oral tablet 500 mg</i>	G	PA; QL (1200 TABLETS per 30 DAYS)
<b>ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES</b>		
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/DAY ( <i>estradiol-levonorgestrel</i> )	PB	
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML ( <i>estradiol cypionate</i> )	NPB	
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> )	NPB	PA; AL (Min 70 Years)
DUAVEE ORAL TABLET 0.45-20 MG ( <i>conj estrogens-bazedoxifene</i> )	PB	
ELESTRIN TRANSDERMAL GEL 0.52 MG/0.87 GM (0.06%) ( <i>estradiol</i> )	NPB	PA; AL (Min 70 Years)
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	G	PA; AL (Min 70 Years)
<i>estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	G	PA; AL (Min 70 Years)
<i>estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	G	PA; AL (Min 70 Years)
<i>estradiol vaginal cream 0.1 mg/gm</i>	G	
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	G	
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	G	
ESTROGEL TRANSDERMAL GEL 0.75 MG/1.25 GM (0.06%) ( <i>estradiol</i> )	NPB	PA; AL (Min 70 Years)
EVAMIST TRANSDERMAL SOLUTION 1.53 MG/SPRAY ( <i>estradiol</i> )	NPB	PA; AL (Min 70 Years)
<i>norethindrone-eth estradiol (Jinteli Oral Tablet 1-5 Mg-Mcg)</i>	G	
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG ( <i>esterified estrogens</i> )	NPB	PA; AL (Min 70 Years)
<i>estradiol-norethindrone acet (Mimvey Oral Tablet 1-0.5 Mg)</i>	G	
<i>norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg</i>	G	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG ( <i>estrogens conjugated</i> )	NPB	PA; AL (Min 70 Years)
PREMARIN VAGINAL CREAM 0.625 MG/GM ( <i>estrogens, conjugated</i> )	NPB	
<i>estradiol (Yuvafem Vaginal Tablet 10 Mcg)</i>	G	

2021 Small Group Aetna Health Exchange Plan – NY

The formulary is updated the first week of each month.

12/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>FERTILITY REGULATORS</b>		
<i>chorionic gonadotropin intramuscular solution reconstituted 10000 unit</i>	PB	PA
<b>GLUCOCORTICOIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE</b>		
<i>cortisone acetate oral tablet 25 mg</i>	G	
DEXAMETHASONE INTENSOL ORAL CONCENTRATE 1 MG/ML ( <i>dexamethasone</i> )	PB	
<i>dexamethasone oral elixir 0.5 mg/5ml</i>	G	
<i>dexamethasone oral solution 0.5 mg/5ml</i>	G	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	G	
<i>fludrocortisone acetate oral tablet 0.1 mg</i>	G	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	G	
MEDROL ORAL TABLET 2 MG ( <i>methylprednisolone</i> )	PB	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	G	
<i>methylprednisolone oral tablet therapy pack 4 mg</i>	G	
<i>prednisolone oral solution 15 mg/5ml</i>	G	
<i>prednisolone sodium phosphate oral solution 10 mg/5ml, 15 mg/5ml, 20 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml</i>	G	
<i>prednisolone sodium phosphate oral tablet dispersible 10 mg, 15 mg, 30 mg</i>	G	
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML ( <i>prednisone</i> )	PB	
<i>prednisone oral solution 5 mg/5ml</i>	G	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	G	
<i>prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)</i>	G	
<b>GLUCOSE ELEVATING AGENTS - DRUGS TO TREAT LOW BLOOD SUGAR</b>		
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED 1 MG ( <i>glucagon hcl (rdna)</i> )	PB	
<i>glucagon emergency injection kit 1 mg</i>	G	
<b>HUMAN GROWTH HORMONES - DRUGS TO REGULATE PITUITARY HORMONES</b>		
HUMATROPE INJECTION SOLUTION RECONSTITUTED 24 MG, 5 MG, 6 MG ( <i>somatropin</i> )	PB	PA

2021 Small Group Aetna Health Exchange Plan – NY  
The formulary is updated the first week of each month.  
12/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>HUMAN GROWTH HORMONES - DRUGS TO REGULATE PITUITARYHORMONES</b>		
HUMATROPE INJECTION SOLUTION RECONSTITUTED 12 MG ( <i>somatropin</i> )	PB	PA
<b>MISCELLANEOUS</b>		
<i>cabergoline oral tablet 0.5 mg</i>	G	
<i>calcitonin (salmon) nasal solution 200 unit/lact</i>	G	
CYSTAGON ORAL CAPSULE 150 MG, 50 MG ( <i>cysteamine bitartrate</i> )	PB	PA
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML ( <i>mecasermin</i> )	PB	PA
<i>octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	G	PA; QL (90 ML per 30 DAYs)
<i>octreotide acetate injection solution 1000 mcg/ml</i>	G	PA; QL (45 ML per 30 DAYs)
<i>octreotide acetate injection solution 200 mcg/ml</i>	G	PA; QL (225 ML per 30 DAYs)
<i>octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	G	PA; QL (90 ML per 30 DAYs)
OSPHENA ORAL TABLET 60 MG ( <i>ospemifene</i> )	PB	
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML ( <i>denosumab</i> )	PB	PA; QL (60 MG per 168 DAYs)
<i>raloxifene hcl oral tablet 60 mg</i>	G	AL (Min 35 Years)
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML ( <i>pasireotide diaspertate</i> )	NPB	PA; QL (60 AMPULES per 30 DAYs)
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 120 MG/0.5ML, 60 MG/0.2ML, 90 MG/0.3ML ( <i>lanreotide acetate</i> )	PB	PA; QL (1 INJECTION per 28 DAYs)
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG ( <i>pegvisomant</i> )	PB	PA; QL (30 VIALS per 30 DAYs)
SYNAREL NASAL SOLUTION 2 MG/ML ( <i>nafarelin acetate</i> )	NPB	PA
<i>tolvaptan oral tablet 15 mg, 30 mg</i>	G	PA
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML ( <i>abaloparatide</i> )	PB	PA; QL (1 PEN per 30 DAYs)

2021 Small Group Aetna Health Exchange Plan – NY  
The formulary is updated the first week of each month.  
12/01/2021

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>	G	
<i>calcium acetate oral tablet 667 mg</i>	G	
FOSRENOL ORAL PACKET 1000 MG, 750 MG (lanthanum carbonate)	NPB	
PHOSLYRA ORAL SOLUTION 667 MG/5ML ( <i>calcium acetate (phos binder)</i> )	PB	
<i>sevelamer carbonate oral packet 0.8 gm, 2.4 gm</i>	G	
<i>sevelamer carbonate oral tablet 800 mg</i>	G	
VELPHORO ORAL TABLET CHEWABLE 500 MG (sucroferric oxyhydroxide)	NPB	
<b>PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES</b>		
LUPANETA PACK COMBINATION KIT 11.25 & 5 MG, 3.75 & 5 MG ( <i>leuprolide &amp; norethindrone</i> )	NPB	PA
<i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i>	G	
<i>norethindrone acetate oral tablet 5 mg</i>	G	
<i>progesterone oral capsule 100 mg, 200 mg</i>	G	
<b>THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS</b>		
<i>levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	G	
<i>levothyroxine sodium (Levoxyl Oral Tablet 100 Mcg, 112 Mcg, 125 Mcg, 137 Mcg, 150 Mcg, 175 Mcg, 200 Mcg, 25 Mcg, 50 Mcg, 75 Mcg, 88 Mcg)</i>	G	
<i>liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg</i>	G	
<i>methimazole oral tablet 10 mg, 5 mg</i>	G	
<i>propylthiouracil oral tablet 50 mg</i>	G	
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG ( <i>levothyroxine sodium</i> )	PB	
<i>levothyroxine sodium (Unithroid Oral Tablet 100 Mcg, 112 Mcg, 125 Mcg, 200 Mcg, 25 Mcg, 300 Mcg, 50 Mcg, 75 Mcg, 88 Mcg)</i>	G	

2021 Small Group Aetna Health Exchange Plan – NY  
The formulary is updated the first week of each month.  
12/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>VASOPRESSINS - DRUGS TO REGULATE PITUITARY HORMONES</b>		
<i>desmopressin ace spray refrig nasal solution 0.01 %</i>	G	
<i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i>	G	
<i>desmopressin acetate spray nasal solution 0.01 %</i>	G	
<b>GASTROINTESTINAL - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS</b>		
<b>ANTICHOLINERGICS</b>		
CUVPOSA ORAL SOLUTION 1 MG/5ML ( <i>glycopyrrolate</i> )	PB	
<i>dicyclomine hcl oral capsule 10 mg</i>	G	
<i>dicyclomine hcl oral solution 10 mg/5ml</i>	G	
<i>dicyclomine hcl oral tablet 20 mg</i>	G	
<i>ed-spaz oral tablet dispersible 0.125 mg</i>	G	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	G	
<i>hyoscyamine sulfate oral tablet 0.125 mg</i>	G	
<i>hyoscyamine sulfate oral tablet dispersible 0.125 mg</i>	G	
<i>hyoscyamine sulfate sublingual tablet sublingual 0.125 mg</i>	G	
<i>methscopolamine bromide oral tablet 2.5 mg, 5 mg</i>	G	PA; AL (Min 70 Years)
<i>hyoscyamine sulfate (Nulev Oral Tablet Dispersible 0.125 Mg)</i>	G	
<i>oscimin oral tablet 0.125 mg</i>	G	
<i>oscimin sublingual tablet sublingual 0.125 mg</i>	G	
<i>hyoscyamine sulfate (Symax-SI Sublingual Tablet Sublingual 0.125 Mg)</i>	G	
<b>ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING</b>		
AKYNZEO ORAL CAPSULE 300-0.5 MG ( <i>netupitant-palonosetron</i> )	NPB	QL (2 CAPSULES per 21 DAYs)
<i>aprepitant oral capsule 125 mg</i>	G	QL (2 CAPSULES per 21 DAYs)
<i>aprepitant oral capsule 40 mg</i>	G	QL (3 CAPSULES per 180 DAYs)
<i>aprepitant oral capsule 80 &amp; 125 mg</i>	G	QL (2 PACKS per 21 days)
<i>aprepitant oral capsule 80 mg</i>	G	QL (4 CAPSULES per 21 DAYs)
<i>prochlorperazine (Compro Rectal Suppository 25 Mg)</i>	G	

2021 Small Group Aetna Health Exchange Plan – NY  
The formulary is updated the first week of each month.  
12/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	G	QL (60 CAPSULES per 25 DAYS)
<i>granisetron hcl oral tablet 1 mg</i>	G	QL (12 TABLETS per 21 DAYS)
<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>	G	
<i>metoclopramide hcl oral solution 10 mg/10ml</i>	G	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	G	
<i>metoclopramide hcl oral tablet dispersible 5 mg</i>	G	
<i>ondansetron hcl oral solution 4 mg/5ml</i>	G	QL (200 ML per 21 DAYS)
<i>ondansetron hcl oral tablet 24 mg</i>	G	QL (2 TABLETS per 21 DAYS)
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	G	QL (18 TABLETS per 21 DAYS)
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>	G	QL (18 TABLETS per 21 DAYS)
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	G	
<i>prochlorperazine rectal suppository 25 mg</i>	G	
<i>promethazine hcl oral syrup 6.25 mg/5ml</i>	G	PA; AL (Min 70 Years)
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>	G	PA; AL (Min 70 Years)
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	G	
<i>promethazine hcl (Promethegan Rectal Suppository 12.5 Mg, 25 Mg)</i>	G	
PROMETHEGAN RECTAL SUPPOSITORY 50 MG ( <i>promethazine hcl</i> )	G	
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>	G	
<i>trimethobenzamide hcl oral capsule 300 mg</i>	G	
VARUBI (180 MG DOSE) ORAL TABLET THERAPY PACK 2 X 90 MG ( <i>rolapitant hcl</i> )	PB	
<b>H2-RECEPTOR ANTAGONISTS - DRUGS FOR ULCERS AND STOMACH ACID</b>		
<i>cimetidine hcl oral solution 300 mg/5ml</i>	G	
<i>cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg</i>	G	
<i>famotidine oral suspension reconstituted 40 mg/5ml</i>	G	
<i>famotidine oral tablet 20 mg, 40 mg</i>	G	

2021 Small Group Aetna Health Exchange Plan – NY  
The formulary is updated the first week of each month.  
12/01/2021



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>nizatidine oral capsule 150 mg, 300 mg</i>	G	
<i>nizatidine oral solution 15 mg/ml</i>	G	
<b>INFLAMMATORY BOWEL DISEASE - BOWEL, INTESTINE, AND STOMACH CONDITION DRUGS</b>		
<i>balsalazide disodium oral capsule 750 mg</i>	G	
<i>budesonide oral capsule delayed release particles 3 mg</i>	G	
DIPENTUM ORAL CAPSULE 250 MG ( <i>olsalazine sodium</i> )	NPB	PA
<i>hydrocortisone rectal enema 100 mg/60ml</i>	G	
<i>mesalamine er oral capsule extended release 24 hour 0.375 gm</i>	G	
<i>mesalamine oral capsule delayed release 400 mg</i>	G	
<i>mesalamine oral tablet delayed release 1.2 gm, 800 mg</i>	G	
<i>mesalamine rectal enema 4 gm</i>	G	
<i>mesalamine rectal suppository 1000 mg</i>	G	
<i>mesalamine-cleanser rectal kit 4 gm</i>	G	
<i>sulfasalazine oral tablet 500 mg</i>	G	
<i>sulfasalazine oral tablet delayed release 500 mg</i>	G	
<b>IRRITABLE BOWEL SYNDROME WITH CONSTIPATION</b>		
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG ( <i>linaclotide</i> )	PB	
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	G	PA
<b>IRRITABLE BOWEL SYNDROME WITH DIARRHEA</b>		
<i>alosetron hcl oral tablet 0.5 mg, 1 mg</i>	G	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 (Not Covered); AL (Min 50 Years and Max 74 Years)
<i>enulose oral solution 10 gm/15ml</i>	G	
GAVILYTE-C ORAL SOLUTION RECONSTITUTED 240 GM ( <i>peg 3350-kcl-nabcb-nacl-nasulf</i> )	G	
<i>peg 3350-kcl-nabcb-nacl-nasulf</i> (Gavilyte-G Oral Solution Reconstituted 236 Gm)	G	
<i>peg 3350-kcl-na bicarb-nacl</i> (Gavilyte-N With Flavor Pack Oral Solution Reconstituted 420 Gm)	G	
<i>generlac oral solution 10 gm/15ml</i>	G	
GOLYTELY ORAL SOLUTION RECONSTITUTED 227.1 GM ( <i>peg 3350-kcl-nabcb-nacl-nasulf</i> )	PB	

2021 Small Group Aetna Health Exchange Plan – NY

The formulary is updated the first week of each month.

12/01/2021



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>lactulose oral solution 10 gm/15ml</i>	G	
OSMOPREP ORAL TABLET 1.102-0.398 GM ( <i>sod phos mono-sod phos dibasic</i> )	NPB	
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm</i>	G	
<i>peg-3350/electrolytes oral solution reconstituted 236 gm</i>	G	
<i>peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted 100 gm</i>	CE	N7 (G); N8 (\$0 copay for members age 50 through 74); 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 (Not Covered); 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 (Not Covered); AL (Min 50 Years and Max 74 Years)
<i>polyethylene glycol 3350 oral powder 17 gmlscoop</i>	G	
PREPOPIK ORAL PACKET 10-3.5-12 MG-GM-GM ( <i>sod picosulfate-mag ox-cit acid</i> )	CE	N7 (Not Covered); AL (Min 50 Years and Max 74 Years)
SUPREP BOWEL PREP KIT ORAL SOLUTION 17.5-3.13-1.6 GM/177ML ( <i>na sulfate-k sulfate-mg sulf</i> )	CE	N7 (PB); AL (Min 50 Years and Max 74 Years)
SUTAB ORAL TABLET 1479-225-188 MG ( <i>sodium sulfate-mag sulfate-kcl</i> )	CE	N7 (Not Covered); N8 (\$0 copay for members age 50 through 74, otherwise not covered); AL (Min 50 Years and Max 74 Years)
<b>MISCELLANEOUS</b>		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	G	
<i>cromolyn sodium oral concentrate 100 mg/5ml</i>	G	
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml</i>	G	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	G	
<i>loperamide hcl oral capsule 2 mg</i>	G	
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	G	
MOTOFEN ORAL TABLET 1-0.025 MG ( <i>difenoxin-atropine</i> )	NPB	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG ( <i>naloxegol oxalate</i> )	PB	
<i>sucralfate oral tablet 1 gm</i>	G	
<i>ursodiol oral capsule 300 mg</i>	G	
<i>ursodiol oral tablet 250 mg, 500 mg</i>	G	

2021 Small Group Aetna Health Exchange Plan – NY  
The formulary is updated the first week of each month.  
12/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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	PA
SUCRAID ORAL SOLUTION 8500 UNIT/ML ( <i>sacrosidase</i> )	NPB	PA; QL (354 ML per 25 DAYs)
VIOKACE ORAL TABLET 10440-39150 UNIT, 20880-78300 UNIT ( <i>pancrelipase (lip-prot-amyl)</i> )	PB	PA
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	PA
<b>PROTON PUMP INHIBITORS - DRUGS FOR ULCERS AND STOMACH ACID</b>		
DEXILANT ORAL CAPSULE DELAYED RELEASE 30 MG, 60 MG ( <i>dexlansoprazole</i> )	NPB	ST; QL (90 CAPSULES per 365 DAYs)
<i>esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg</i>	G	QL (90 CAPSULES per 365 DAYs)
<i>esomeprazole magnesium oral packet 10 mg</i>	G	QL (90 PACKETS per 365 DAYs); AL (Max 11 Months)
<i>lansoprazole oral capsule delayed release 15 mg, 30 mg</i>	G	QL (90 CAPSULES per 365 DAYs)
NEXIUM ORAL PACKET 2.5 MG, 5 MG ( <i>esomeprazole magnesium</i> )	NPB	QL (90 PACKETS per 365 DAYs); AL (Max 11 Months)
<i>omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg</i>	G	QL (90 CAPSULES per 365 DAYs)
<i>pantoprazole sodium oral tablet delayed release 20 mg, 40 mg</i>	G	QL (90 TABLETS per 365 DAYs)
<i>rabeprazole sodium oral tablet delayed release 20 mg</i>	G	QL (90 TABLETS per 365 DAYs)
<b>RECTAL,CORTICOSTEROIDS</b>		
<i>hydrocortisone (perianal) external cream 2.5 %</i>	G	
<i>hydrocortisone (Procto-Pak External Cream 1 %)</i>	G	
<i>hydrocortisone (Proctozone-Hc External Cream 2.5 %)</i>	G	
RECTIV RECTAL OINTMENT 0.4 % ( <i>nitroglycerin</i> )	NPB	

2021 Small Group Aetna Health Exchange Plan – NY  
The formulary is updated the first week of each month.  
12/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>GENITOURINARY - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS</b>		
<b>BENIGN PROSTATIC HYPERPLASIA - DRUGS TO TREAT ENLARGED PROSTATE</b>		
<i>alfuzosin hcl er oral tablet extended release 24 hour 10 mg</i>	G	
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG ( <i>doxazosin mesylate</i> )	NPB	ST
<i>dutasteride oral capsule 0.5 mg</i>	G	
<i>dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg</i>	G	
<i>finasteride oral tablet 5 mg</i>	G	
<i>silodosin oral capsule 4 mg, 8 mg</i>	G	
<i>tamsulosin hcl oral capsule 0.4 mg</i>	G	
<b>CONTRACEPTIVES - PRODUCTS FOR BIRTH CONTROL</b>		
ENCARE VAGINAL SUPPOSITORY 100 MG ( <i>nonoxynol-9</i> )	CE	N7 (Not Covered)
OPTIONS GYNOL II CONTRACEPTIVE VAGINAL GEL 3 % ( <i>nonoxynol-9</i> )	CE	N7 (Not Covered)
SHUR-SEAL CONTRACEPTIVE VAGINAL GEL 2 % ( <i>nonoxynol-9</i> )	CE	N7 (Not Covered)
TODAY SPONGE VAGINAL 1000 MG ( <i>nonoxynol-9</i> )	CE	N7 (Not Covered)
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM 28 % ( <i>nonoxynol-9</i> )	CE	N7 (Not Covered)
VCF VAGINAL CONTRACEPTIVE VAGINAL FOAM 12.5 % ( <i>nonoxynol-9</i> )	CE	N7 (Not Covered)
VCF VAGINAL CONTRACEPTIVE VAGINAL GEL 4 % ( <i>nonoxynol-9</i> )	CE	N7 (Not Covered)
<b>ERECTILE DYSFUNCTION</b>		
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	G	PA; QL (30 TABLETS per 25 DAYs)
<b>MISCELLANEOUS</b>		
ELMIRON ORAL CAPSULE 100 MG ( <i>pentosan polysulfate sodium</i> )	NPB	
<i>potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)</i>	G	
<i>sodium chloride irrigation solution 0.9 %</i>	G	
<i>urinary pain relief oral tablet 95 mg</i>	G	

2021 Small Group Aetna Health Exchange Plan – NY  
The formulary is updated the first week of each month.  
12/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES</b>		
CRINONE VAGINAL GEL 4 %, 8 % ( <i>progesterone</i> )	PB	
<b>URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE</b>		
<i>darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg, 7.5 mg</i>	G	
<i>flavoxate hcl oral tablet 100 mg</i>	G	
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg</i>	G	
<i>oxybutynin chloride oral syrup 5 mg/5ml</i>	G	
<i>oxybutynin chloride oral tablet 5 mg</i>	G	
<i>solifenacin succinate oral tablet 10 mg, 5 mg</i>	G	
<i>tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg</i>	G	
<i>tolterodine tartrate oral tablet 1 mg, 2 mg</i>	G	
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG ( <i>fesoterodine fumarate</i> )	NPB	ST
<i>trospium chloride er oral capsule extended release 24 hour 60 mg</i>	G	
<i>trospium chloride oral tablet 20 mg</i>	G	
<b>VAGINAL ANTI-INFECTIVES - DRUGS TO TREAT VAGINAL INFECTIONS</b>		
CLEOCIN VAGINAL SUPPOSITORY 100 MG ( <i>clindamycin phosphate</i> )	PB	
<i>clindamycin phosphate vaginal cream 2 %</i>	G	
GYNAZOLE-1 VAGINAL CREAM 2 % ( <i>butoconazole nitrate (1 dose)</i> )	NPB	
<i>metronidazole vaginal gel 0.75 %</i>	G	
<i>miconazole 3 vaginal suppository 200 mg</i>	G	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	G	
<i>terconazole vaginal suppository 80 mg</i>	G	
<i>metronidazole (Vandazole Vaginal Gel 0.75 %)</i>	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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>	G	
<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>	G	
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml</i>	G	
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/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> )	NPB	
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	G	
<i>heparin sodium (porcine) pf injection solution 5000 unit/0.5ml</i>	G	
<i>warfarin sodium (Jantoven Oral Tablet 1 Mg, 10 Mg, 2 Mg, 2.5 Mg, 3 Mg, 4 Mg, 5 Mg, 6 Mg, 7.5 Mg)</i>	G	
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG ( <i>dabigatran etexilate mesylate</i> )	NPB	
<i>warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	G	
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>HEMATOPOIETIC GROWTH FACTORS</b>		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML ( <i>darbepoetin alfa</i> )	PB	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> )	PB	PA

2021 Small Group Aetna Health Exchange Plan – NY  
The formulary is updated the first week of each month.  
12/01/2021

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> )	NPB	PA
NEULASTA ONPRO SUBCUTANEOUS PREFILLED SYRINGE KIT 6 MG/0.6ML ( <i>pegfilgrastim</i> )	PB	PA; QL (2 INJECTIONS per 28 DAYS)
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML ( <i>pegfilgrastim</i> )	PB	PA; QL (2 INJECTIONS per 28 DAYS)
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML ( <i>filgrastim-aafi</i> )	PB	PA
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML ( <i>filgrastim-aafi</i> )	PB	PA
PROMACTA ORAL TABLET 12.5 MG, 25 MG ( <i>eltrombopag olamine</i> )	NPB	PA; QL (30 TABLETS per 30 DAYS)
PROMACTA ORAL TABLET 50 MG, 75 MG ( <i>eltrombopag olamine</i> )	NPB	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> )	PB	PA
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML ( <i>pegfilgrastim-cbqv</i> )	PB	PA; QL (2 INJECTIONS per 28 DAYS)
<b>MISCELLANEOUS</b>		
<i>anagrelide hcl oral capsule 0.5 mg, 1 mg</i>	G	
<i>cilostazol oral tablet 100 mg, 50 mg</i>	G	
<i>icatibant acetate subcutaneous solution 30 mg/3ml</i>	G	PA; QL (45 SYRINGES per 90 DAYS)
<i>pentoxifylline er oral tablet extended release 400 mg</i>	G	
<i>tranexamic acid oral tablet 650 mg</i>	G	
<b>PLATELET AGGREGATION INHIBITORS - BLOOD THINNERS</b>		
<i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i>	G	
BRILINTA ORAL TABLET 60 MG, 90 MG ( <i>ticagrelor</i> )	PB	
<i>clopidogrel bisulfate oral tablet 300 mg, 75 mg</i>	G	
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	G	PA; AL (Min 70 Years)
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i>	G	

2021 Small Group Aetna Health Exchange Plan – NY  
The formulary is updated the first week of each month.  
12/01/2021



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
YOSPRALA ORAL TABLET DELAYED RELEASE 325-40 MG, 81-40 MG ( <i>aspirin-omeprazole</i> )	NPB	
ZONTIVITY ORAL TABLET 2.08 MG ( <i>vorapaxar sulfate</i> )	NPB	
<b>IMMUNOLOGIC AGENTS - DRUGS TO TREAT DISORDERS OF THE IMMUNE SYSTEM</b>		
<b>BIOLOGIC DISEASE-MODIFYING AGENTS</b>		
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML ( <i>tocilizumab</i> )	NPB	PA; QL (4 SYRINGES per 28 days)
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML ( <i>etanercept</i> )	PB	PA; IBC (Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis); QL (4 CARTRIDGES per 28 days)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML ( <i>etanercept</i> )	PB	PA; IBC (Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis); QL (4 VIALS per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML ( <i>etanercept</i> )	PB	PA; IBC (Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis); QL (4 SYRINGES per 28 days)
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG ( <i>etanercept</i> )	PB	PA; IBC (Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis); QL (4 VIALS per 28 days)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML ( <i>etanercept</i> )	PB	PA; IBC (Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis); QL (4 SYRINGES per 28 days)
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML ( <i>adalimumab</i> )	PB	PA; QL (3 INJECTIONS per 28 DAYS)
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML ( <i>adalimumab</i> )	PB	PA; QL (2 INJECTIONS per 28 DAYS)

2021 Small Group Aetna Health Exchange Plan – NY  
The formulary is updated the first week of each month.  
12/01/2021



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML ( <i>adalimumab</i> )	PB	PA; QL (4 INJECTIONS per 28 DAYS)
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML ( <i>adalimumab</i> )	PB	PA; QL (1 kit per 28 days)
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML ( <i>adalimumab</i> )	PB	PA; QL (6 PENS per 28 DAYS)
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML ( <i>adalimumab</i> )	PB	PA; QL (1 KIT per 28 DAYS)
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML ( <i>adalimumab</i> )	PB	PA; QL (4 PENS per 28 DAYS)
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML ( <i>adalimumab</i> )	PB	PA; QL (1 PEN per 28 Days)
HUMIRA PEN-PSOR/UEIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML ( <i>adalimumab</i> )	PB	PA; QL (1 kit per 28 Days)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 10 MG/0.2ML, 20 MG/0.2ML, 20 MG/0.4ML ( <i>adalimumab</i> )	PB	PA; QL (2 INJECTIONS per 28 DAYS)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML, 40 MG/0.8ML ( <i>adalimumab</i> )	PB	PA; QL (4 INJECTIONS per 28 DAYS)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG ( <i>upadacitinib</i> )	PB	PA; IBC (Preferred agent for Rheumatoid Arthritis); QL (30 TABLETS per 30 days)
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML ( <i>golimumab</i> )	NPB	PA; ST; QL (1 INJECTION per 28 DAYS)
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/0.5ML ( <i>golimumab</i> )	NPB	PA; QL (1 INJECTION per 28 DAYS)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML ( <i>golimumab</i> )	NPB	PA; ST; QL (1 INJECTION per 28 DAYS)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.5ML ( <i>golimumab</i> )	NPB	PA; QL (1 INJECTION per 28 DAYS)
SKYRIZI (150 MG DOSE) SUBCUTANEOUS PREFILLED SYRINGE KIT 75 MG/0.83ML ( <i>risankizumab-rzaa</i> )	PB	PA; IBC (Preferred agent for Psoriasis); QL (2 SYRINGES per 84 DAYS)
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML ( <i>risankizumab-rzaa</i> )	PB	PA; IBC (Preferred agent for Psoriasis); QL (1 SYRINGE per 84 DAYS)

2021 Small Group Aetna Health Exchange Plan – NY

The formulary is updated the first week of each month.

12/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML ( <i>risankizumab-rzaa</i> )	PB	PA; IBC (Preferred agent for Psoriasis); QL (1 SYRINGE per 84 DAYS)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML ( <i>ustekinumab</i> )	PB	PA; IBC (Preferred agent for Crohn's Disease (after failure of Humira) and Psoriasis); QL (1 SYRINGE per 84 DAYS)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML ( <i>ustekinumab</i> )	PB	PA; IBC (Preferred agent for Crohn's Disease (after failure of Humira) and Psoriasis); QL (1 SYRINGE per 56 DAYS)
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/ML ( <i>ixekizumab</i> )	PB	PA; IBC (Preferred agent for Psoriasis); QL (1 INJECTION per 28 DAYS)
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/ML ( <i>ixekizumab</i> )	PB	PA; IBC (Preferred agent for Psoriasis); QL (1 INJECTION per 28 DAYS)
TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 MG/ML ( <i>guselkumab</i> )	PB	PA; IBC (Preferred agent for Psoriasis); QL (1 INJECTION per 56 DAYS)
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML ( <i>guselkumab</i> )	PB	PA; IBC (Preferred agent for Psoriasis); QL (1 INJECTION per 56 DAYS)
XELJANZ ORAL SOLUTION 1 MG/ML ( <i>tofacitinib citrate</i> )	PB	PA; QL (240 ML per 24 DAYS)
XELJANZ ORAL TABLET 10 MG ( <i>tofacitinib citrate</i> )	PB	PA; IBC (Preferred agent for Ulcerative Colitis (after failure of Humira)); QL (60 TABLETS per 30 DAYS)
XELJANZ ORAL TABLET 5 MG ( <i>tofacitinib citrate</i> )	PB	PA; IBC (Preferred agent for Rheumatoid Arthritis); QL (60 TABLETS per 30 days)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG ( <i>tofacitinib citrate</i> )	PB	PA; IBC (Preferred agent for Rheumatoid Arthritis); QL (30 TABLETS per 30 days)

2021 Small Group Aetna Health Exchange Plan – NY  
The formulary is updated the first week of each month.  
12/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG ( <i>tofacitinib citrate</i> )	PB	PA; IBC (Preferred agent for Ulcerative Colitis (after failure of Humira)); QL (30 TABLETS per 30 DAYS)
<b>DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS) - DRUGS TO TREAT RHEUMATOID ARTHRITIS</b>		
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	G	
<i>leflunomide oral tablet 10 mg, 20 mg</i>	G	
OTEZLA ORAL TABLET 30 MG ( <i>apremilast</i> )	PB	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> )	PB	PA; IBC (Preferred agent for Psoriasis and Psoriatic Arthritis); QL (55 TABLETS per 28 DAYS)
<b>IMMUNOGLOBULIN</b>		
HYQVIA SUBCUTANEOUS KIT 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML ( <i>immune globulin-hyaluronidase</i> )	PB	PA
<b>IMMUNOMODULATORS</b>		
ACTIMMUNE SUBCUTANEOUS SOLUTION 2000000 UNIT/0.5ML ( <i>interferon gamma-1b</i> )	PB	PA
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG ( <i>rilonacept</i> )	PB	PA; QL (8 VIALS per 28 days)
INTRON A INJECTION SOLUTION 10000000 UNIT/ML, 6000000 UNIT/ML ( <i>interferon alfa-2b</i> )	PB	PA
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT, 18000000 UNIT, 50000000 UNIT ( <i>interferon alfa-2b</i> )	PB	PA
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG ( <i>pomalidomide</i> )	CE	PA; N7 (PB); QL (21 CAPSULES per 28 DAYS)
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG ( <i>lenalidomide</i> )	CE	PA; N7 (PB); QL (28 CAPSULES per 28 DAYS)
REVLIMID ORAL CAPSULE 20 MG, 25 MG ( <i>lenalidomide</i> )	CE	PA; N7 (PB); QL (21 CAPSULES per 28 DAYS)
THALOMID ORAL CAPSULE 100 MG, 50 MG ( <i>thalidomide</i> )	PB	PA; QL (28 CAPSULES per 28 DAYS)

2021 Small Group Aetna Health Exchange Plan – NY  
The formulary is updated the first week of each month.  
12/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
THALOMID ORAL CAPSULE 150 MG, 200 MG (thalidomide)	PB	PA; QL (56 CAPSULES per 28 DAYS)
<b>IMMUNOSUPPRESSANTS</b>		
azathioprine (Azasan Oral Tablet 100 Mg, 75 Mg)	NPB	
azathioprine oral tablet 50 mg	G	
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	G	
cyclosporine modified oral solution 100 mg/ml	G	
cyclosporine oral capsule 100 mg, 25 mg	G	
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg	G	
cyclosporine modified (Gengraf Oral Capsule 100 Mg, 25 Mg)	G	
cyclosporine modified (Gengraf Oral Solution 100 Mg/ML)	G	
mycophenolate mofetil oral capsule 250 mg	G	
mycophenolate mofetil oral suspension reconstituted 200 mg/ml	G	
mycophenolate mofetil oral tablet 500 mg	G	
mycophenolate sodium oral tablet delayed release 180 mg, 360 mg	G	
SANDIMMUNE ORAL SOLUTION 100 MG/ML (cyclosporine)	NPB	
sirolimus oral solution 1 mg/ml	G	
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg	G	
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	G	
ZORTRESS ORAL TABLET 1 MG (everolimus)	PB	
<b>MEDICAL DEVICES</b>		
<b>CONTRACEPTIVES - PRODUCTS FOR BIRTH CONTROL</b>		
CAYA VAGINAL DIAPHRAGM (diaphragm arc-spring)	CE	N7 (Not Covered); QL (1 DIAPHRAGM per 300 DAYS)
FC2 FEMALE CONDOM (condoms - female)	CE	N7 (Not Covered)
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM (cervical caps)	CE	N7 (Not Covered); QL (1 DEVICE per 300 DAYS)
OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM (diaphragms)	CE	N7 (Not Covered); QL (1 DIAPHRAGM per 300 DAYS)

2021 Small Group Aetna Health Exchange Plan – NY  
The formulary is updated the first week of each month.  
12/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 2 % ( <i>diaphragm wide seal</i> )	CE	N7 (Not Covered); QL (1 DIAPHRAGM per 300 DAYs)
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 2 % ( <i>diaphragm wide seal</i> )	CE	N7 (Not Covered); QL (1 DIAPHRAGM per 300 DAYs)
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 2 % ( <i>diaphragm wide seal</i> )	CE	N7 (Not Covered); QL (1 DIAPHRAGM per 300 DAYs)
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 2 % ( <i>diaphragm wide seal</i> )	CE	N7 (Not Covered); QL (1 DIAPHRAGM per 300 DAYs)
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 2 % ( <i>diaphragm wide seal</i> )	CE	N7 (Not Covered); QL (1 DIAPHRAGM per 300 DAYs)
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 2 % ( <i>diaphragm wide seal</i> )	CE	N7 (Not Covered); QL (1 DIAPHRAGM per 300 DAYs)
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 2 % ( <i>diaphragm wide seal</i> )	CE	N7 (Not Covered); QL (1 DIAPHRAGM per 300 DAYs)
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 2 % ( <i>diaphragm wide seal</i> )	CE	N7 (Not Covered); 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 GUIDE IN VITRO STRIP ( <i>glucose blood</i> )	PB	QL (204 STRIPS per 25 days)
ACCU-CHEK MULTICLIX LANCETS ( <i>lancets</i> )	PB	
ACCU-CHEK SMARTVIEW CONTROL IN VITRO LIQUID ( <i>blood glucose calibration</i> )	PB	
ACCU-CHEK SMARTVIEW IN VITRO STRIP ( <i>glucose blood</i> )	PB	QL (204 STRIPS per 25 days)
<i>alcohol prep pad</i>	PB	
AUTOLET PLATFORMS ( <i>lancets misc.</i> )	PB	
<i>autopen device</i>	PB	

2021 Small Group Aetna Health Exchange Plan – NY

The formulary is updated the first week of each month.

12/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BD VEO INSULIN SYRINGE U/F 31G X 15/64" 1 ML ( <i>insulin syringe-needle u-100</i> )	PB	
CAREONE LANCET SUPER THIN 30G ( <i>lancets</i> )	PB	
CHEMSTRIP 9 IN VITRO STRIP ( <i>multiple urine tests</i> )	PB	
DEXCOM G4 PLAT PED RCV/SHARE DEVICE ( <i>continuous blood gluc receiver</i> )	PB	
DEXCOM G4 PLAT PED RECEIVER DEVICE ( <i>continuous blood gluc receiver</i> )	PB	
DEXCOM G4 PLATINUM RCV/SHARE DEVICE ( <i>continuous blood gluc receiver</i> )	PB	
DEXCOM G4 PLATINUM RECEIVER DEVICE ( <i>continuous blood gluc receiver</i> )	PB	
DEXCOM G4 PLATINUM TRANSMITTER ( <i>continuous blood gluc transmit</i> )	PB	
DEXCOM G4 SENSOR ( <i>continuous blood gluc sensor</i> )	PB	
DEXCOM G5 MOB/G4 PLAT SENSOR ( <i>continuous blood gluc sensor</i> )	PB	
DEXCOM G5 MOBILE RECEIVER DEVICE ( <i>continuous blood gluc receiver</i> )	PB	
DEXCOM G5 MOBILE TRANSMITTER ( <i>continuous blood gluc transmit</i> )	PB	
DEXCOM G5 RECEIVER KIT DEVICE ( <i>continuous blood gluc receiver</i> )	PB	
DEXCOM G6 RECEIVER DEVICE ( <i>continuous blood gluc receiver</i> )	PB	
DEXCOM G6 SENSOR ( <i>continuous blood gluc sensor</i> )	PB	
DEXCOM G6 TRANSMITTER ( <i>continuous blood gluc transmit</i> )	PB	
DIASTIX IN VITRO STRIP ( <i>glucose urine test-glucose ox</i> )	PB	
KETOSTIX IN VITRO STRIP ( <i>acetone (urine) test</i> )	PB	
<i>lancing device</i>	PB	
NOVOFINE 32G X 6 MM ( <i>insulin pen needle</i> )	PB	
NOVOFINE PEN NEEDLE 32G X 6 MM ( <i>insulin pen needle</i> )	PB	
OMNIPOD 5 PACK ( <i>insulin disposable pump</i> )	PB	
OMNIPOD DASH 5 PACK PODS ( <i>insulin disposable pump</i> )	PB	
OMNIPOD STARTER KIT ( <i>insulin disposable pump</i> )	PB	

2021 Small Group Aetna Health Exchange Plan – NY  
The formulary is updated the first week of each month.  
12/01/2021



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PTS PANELS KETONE TEST IN VITRO STRIP ( <i>ketone blood test</i> )	PB	
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>		
AEROCHAMBER PLUS FLO-VU ( <i>spacer/aero-holding chambers</i> )	PB	
FLEXICHAMBER CHILD MASK/SMALL ( <i>spacer/aero-hold chamber mask</i> )	PB	
HUMATROPEN FOR 12MG DEVICE ( <i>injection device</i> )	PB	
HUMATROPEN FOR 24MG DEVICE ( <i>injection device</i> )	PB	
HUMATROPEN FOR 6MG DEVICE ( <i>injection device</i> )	PB	
OPTICHAMBER FACE MASK-SMALL ( <i>spacer/aero-holding chambers</i> )	PB	
PEDIATRIC PANDA MASK ( <i>spacer/aero-hold chamber mask</i> )	PB	
<b>NUTRITIONAL/SUPPLEMENTS - VITAMINS AND SUPPLEMENTS</b>		
<b>ELECTROLYTES</b>		
<i>potassium bicarbonate</i> (Effer-K Oral Tablet Effervescent 25 Meq)	G	
<i>potassium chloride</i> (Klor-Con 10 Oral Tablet Extended Release 10 Meq)	G	
<i>potassium chloride crys er</i> (Klor-Con M15 Oral Tablet Extended Release 15 Meq)	G	
<i>potassium chloride crys er</i> (Klor-Con M20 Oral Tablet Extended Release 20 Meq)	G	
<i>potassium chloride</i> (Klor-Con Oral Tablet Extended Release 8 Meq)	G	
<i>potassium chloride crys er oral tablet extended release 10 meq, 20 meq</i>	G	
<i>potassium chloride er oral capsule extended release 10 meq, 8 meq</i>	G	
<i>potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq</i>	G	

2021 Small Group Aetna Health Exchange Plan – NY  
The formulary is updated the first week of each month.  
12/01/2021



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	G	
<b>VITAMINS - VITAMINS AND SUPPLEMENTS</b>		
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	G	
<i>calcitriol oral solution 1 mcg/ml</i>	G	
<i>cyanocobalamin injection solution 1000 mcg/ml</i>	G	
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	G	
ELITE-OB ORAL TABLET 50-1.25 MG ( <i>prenatal vit-iron carbonyl-fa</i> )	G	
FLUORABON ORAL SOLUTION 0.55 (0.25 F) MG/0.6ML ( <i>sodium fluoride</i> )	CE	N7 (Not Covered); AL (Max 5 Years)
<i>fluoritab oral solution 0.275 (0.125 f) mg/drop</i>	CE	N7 (Not Covered); AL (Max 5 Years)
<i>fluoritab oral tablet chewable 0.55 (0.25 f) mg, 1.1 (0.5 f) mg</i>	CE	N7 (Not Covered); AL (Max 5 Years)
<i>fluoritab oral tablet chewable 2.2 (1 f) mg</i>	G	
FLURA-DROPS ORAL SOLUTION 0.55 (0.25 F) MG/DROP ( <i>sodium fluoride</i> )	CE	N7 (Not Covered); AL (Max 5 Years)
<i>folic acid oral capsule 0.8 mg</i>	CE	N7 (Not Covered); QL (100 CAPSULES per 30 DAYs); AL (Max 55 Years)
<i>folic acid oral tablet 1 mg</i>	G	
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	CE	N7 (Not Covered); QL (100 TABLETS per 30 DAYs); AL (Max 55 Years)
<i>sodium fluoride (Nafrinse Drops Oral Solution 0.275 (0.125 F) Mg/Drop)</i>	CE	N7 (Not Covered); AL (Max 5 Years)
<i>sodium fluoride (Nafrinse Oral Tablet Chewable 2.2 (1 F) Mg)</i>	G	
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	G	
PRENATABS RX ORAL TABLET 29-1 MG ( <i>prenatal vit-iron carbonyl-fa</i> )	G	
<i>pyridoxine hcl oral tablet 25 mg, 50 mg</i>	G	
<i>sodium fluoride oral solution 1.1 (0.5 f) mg/ml</i>	CE	N7 (Not Covered); AL (Max 5 Years)
<i>sodium fluoride oral tablet 1.1 (0.5 f) mg</i>	CE	N7 (Not Covered); AL (Max 5 Years)
<i>sodium fluoride oral tablet 2.2 (1 f) mg</i>	G	

2021 Small Group Aetna Health Exchange Plan – NY  
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 0.55 (0.25 f) mg, 1.1 (0.5 f) mg</i>	CE	N7 (Not Covered); AL (Max 5 Years)
<i>sodium fluoride oral tablet chewable 2.2 (1 f) mg</i>	G	
<i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)</i>	G	
<i>westab max oral tablet 2.5-25-2 mg</i>	G	
<b>OPHTHALMIC - DRUGS TO TREAT EYE CONDITIONS</b>		
<b>ANTIALLERGICS - DRUGS TO TREAT ALLERGIES</b>		
<i>ALOCRILOPHTHALMIC SOLUTION 2 % (nedocromil sodium)</i>	NPB	
<i>ALOMIDE OPHTHALMIC SOLUTION 0.1 % (lodoxamide tromethamine)</i>	NPB	
<i>azelastine hcl ophthalmic solution 0.05 %</i>	G	
<i>bepotastine besilate ophthalmic solution 1.5 %</i>	G	
<i>BEPREVE OPHTHALMIC SOLUTION 1.5 % (bepotastine besilate)</i>	NPB	
<i>cromolyn sodium ophthalmic solution 4 %</i>	G	
<i>epinastine hcl ophthalmic solution 0.05 %</i>	G	
<i>LASTACRAFT OPHTHALMIC SOLUTION 0.25 % (alcaftadine)</i>	PB	
<i>olopatadine hcl ophthalmic solution 0.1 %, 0.2 %</i>	G	
<i>PAZEO OPHTHALMIC SOLUTION 0.7 % (olopatadine hcl)</i>	PB	
<b>ANTIGLAUCOMA - DRUGS TO TREAT GLAUCOMA</b>		
<i>ALPHAGAN P OPHTHALMIC SOLUTION 0.1 % (brimonidine tartrate)</i>	NPB	
<i>apraclonidine hcl ophthalmic solution 0.5 %</i>	G	
<i>betaxolol hcl ophthalmic solution 0.5 %</i>	G	
<i>BETIMOL OPHTHALMIC SOLUTION 0.25 %, 0.5 % (timolol hemihydrate)</i>	NPB	
<i>BETOPTIC-S OPHTHALMIC SUSPENSION 0.25 % (betaxolol hcl)</i>	PB	
<i>brimonidine tartrate ophthalmic solution 0.15 %, 0.2 %</i>	G	
<i>brinzolamide ophthalmic suspension 1 %</i>	G	
<i>carteolol hcl ophthalmic solution 1 %</i>	G	
<i>COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 % (brimonidine tartrate-timolol)</i>	PB	
<i>dorzolamide hcl ophthalmic solution 2 %</i>	G	

2021 Small Group Aetna Health Exchange Plan – NY  
The formulary is updated the first week of each month.  
12/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>dorzolamide hcl-timolol mal ophthalmic solution 22.3-6.8 mg/ml</i>	G	
IOPIDINE OPHTHALMIC SOLUTION 1 % ( <i>apraclonidine hcl</i> )	NPB	
<i>latanoprost ophthalmic solution 0.005 %</i>	G	
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	G	
LUMIGAN OPHTHALMIC SOLUTION 0.01 % ( <i>bimatoprost</i> )	PB	ST
PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED 0.125 % ( <i>echothiophate iodide</i> )	NPB	
<i>pilocarpine hcl ophthalmic solution 1 %</i>	G	
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 % ( <i>brinzolamide-brimonidine</i> )	PB	
<i>timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %</i>	G	
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %, 0.5 % (daily)</i>	G	
<i>travoprost (bak free) ophthalmic solution 0.004 %</i>	G	
ZIOPTAN OPHTHALMIC SOLUTION 0.0015 % ( <i>tafluprost</i> )	NPB	ST
<b>ANTI-INFECTIVE/ANTI-INFLAMMATORY - DRUGS TO TREAT INFECTIONS AND INFLAMMATION</b>		
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %</i>	G	
BLEPHAMIDE OPHTHALMIC SUSPENSION 10-0.2 % ( <i>sulfacetamide-prednisolone</i> )	PB	
BLEPHAMIDE S.O.P. OPHTHALMIC OINTMENT 10-0.2 % ( <i>sulfacetamide-prednisolone</i> )	PB	
<i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i>	G	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	G	
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>	G	
<i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>	G	
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 % ( <i>tobramycin-dexamethasone</i> )	PB	
TOBRADEX ST OPHTHALMIC SUSPENSION 0.3-0.05 % ( <i>tobramycin-dexamethasone</i> )	PB	
<i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %</i>	G	

2021 Small Group Aetna Health Exchange Plan – NY  
The formulary is updated the first week of each month.  
12/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS</b>		
AZASITE OPHTHALMIC SOLUTION 1 % ( <i>azithromycin</i> )	PB	
<i>bacitracin ophthalmic ointment 500 unit/gm</i>	G	
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	G	
BESIVANCE OPHTHALMIC SUSPENSION 0.6 % ( <i>besifloxacin hcl</i> )	NPB	
<i>ciprofloxacin hcl ophthalmic solution 0.3 %</i>	G	
<i>erythromycin ophthalmic ointment 5 mg/gm</i>	G	
<i>gatifloxacin ophthalmic solution 0.5 %</i>	G	
GENTAK OPHTHALMIC OINTMENT 0.3 % ( <i>gentamicin sulfate</i> )	G	
<i>gentamicin sulfate ophthalmic solution 0.3 %</i>	G	
<i>levofloxacin ophthalmic solution 0.5 %</i>	G	
<i>moxifloxacin hcl (2x day) ophthalmic solution 0.5 %</i>	G	
<i>moxifloxacin hcl ophthalmic solution 0.5 %</i>	G	
NATACYN OPHTHALMIC SUSPENSION 5 % ( <i>natamycin</i> )	PB	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	G	
<i>ofloxacin ophthalmic solution 0.3 %</i>	G	
<i>bacitracin-polymyxin b (Polycin Ophthalmic Ointment 500-10000 Unit/Gm)</i>	G	
<i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>	G	
<i>sulfacetamide sodium ophthalmic ointment 10 %</i>	G	
<i>sulfacetamide sodium ophthalmic solution 10 %</i>	G	
<i>tobramycin ophthalmic solution 0.3 %</i>	G	
<i>trifluridine ophthalmic solution 1 %</i>	G	
ZIRGAN OPHTHALMIC GEL 0.15 % ( <i>ganciclovir</i> )	NPB	
<b>ANTI-INFLAMMATORIES - DRUGS TO TREAT INFLAMMATION</b>		
ACUVAIL OPHTHALMIC SOLUTION 0.45 % ( <i>ketorolac tromethamine</i> )	PB	
<i>bromfenac sodium (once-daily) ophthalmic solution 0.09 %</i>	G	
<i>dexamethasone sodium phosphate ophthalmic solution 0.1 %</i>	G	
<i>diclofenac sodium ophthalmic solution 0.1 %</i>	G	

2021 Small Group Aetna Health Exchange Plan – NY  
The formulary is updated the first week of each month.  
12/01/2021  
100

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>difluprednate ophthalmic emulsion 0.05 %</i>	G	
DUREZOL OPHTHALMIC EMULSION 0.05 % ( <i>difluprednate</i> )	NPB	
<i>flurbiprofen sodium ophthalmic solution 0.03 %</i>	G	
FML FORTE OPHTHALMIC SUSPENSION 0.25 % ( <i>fluorometholone</i> )	PB	
FML OPHTHALMIC OINTMENT 0.1 % ( <i>fluorometholone</i> )	PB	
ILEVRO OPHTHALMIC SUSPENSION 0.3 % ( <i>nepafenac</i> )	PB	
<i>ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %</i>	G	
<i>loteprednol etabonate ophthalmic suspension 0.5 %</i>	G	
MAXIDEX OPHTHALMIC SUSPENSION 0.1 % ( <i>dexamethasone</i> )	PB	
NEVANAC OPHTHALMIC SUSPENSION 0.1 % ( <i>nepafenac</i> )	PB	
PRED MILD OPHTHALMIC SUSPENSION 0.12 % ( <i>prednisolone acetate</i> )	PB	
<i>prednisolone acetate ophthalmic suspension 1 %</i>	G	
<i>prednisolone sodium phosphate ophthalmic solution 1 %</i>	PB	
<b>DRY EYE DISEASE</b>		
LACRISERT OPHTHALMIC INSERT 5 MG ( <i>artificial tear insert</i> )	NPB	
<b>MISCELLANEOUS</b>		
<i>atropine sulfate ophthalmic solution 1 %</i>	NPB	
CYSTARAN OPHTHALMIC SOLUTION 0.44 % ( <i>cysteamine hcl</i> )	NPB	PA; QL (4 BOTTLES per 28 DAYS)
<i>phenylephrine hcl ophthalmic solution 10 %, 2.5 %</i>	G	
<i>proparacaine hcl ophthalmic solution 0.5 %</i>	G	
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 % ( <i>cyclosporine</i> )	NPB	PA; QL (1 MULTI-USE VIAL per 21 DAYS)
RESTASIS OPHTHALMIC EMULSION 0.05 % ( <i>cyclosporine</i> )	NPB	PA; QL (60 SINGLE USE VIALS per 25 DAYS)
<i>tropicamide ophthalmic solution 0.5 %, 1 %</i>	G	
<b>OTHER</b>		
<b>IRRIGATION SOLUTIONS</b>		
<i>irrigation solns physiological</i> (Physiolyte Irrigation Solution)	G	

2021 Small Group Aetna Health Exchange Plan – NY  
The formulary is updated the first week of each month.  
12/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>irrigation solns physiological</i> (Physiosol Irrigation Irrigation Solution)	G	
<i>ringers irrigation</i> (Tis-U-Sol Irrigation Solution)	G	
<b>RESPIRATORY - DRUGS TO TREAT BREATHING DISORDERS</b>		
<b>ANAPHYLAXIS TREATMENT AGENTS</b>		
<i>epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	G	QL (4 INJECTIONS per 25 DAYs)
<b>ANTICHOLINERGIC/BETA AGONIST COMBINATIONS - DRUGS TO TREAT COPD</b>		
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/INH ( <i>umeclidinium-vilanterol</i> )	NPB	QL (1 PACKAGE per 25 DAYs)
BEVESPI AEROSPHERE INHALATION AEROSOL 9-4.8 MCG/ACT ( <i>glycopyrrolate-formoterol</i> )	PB	QL (1 PACKAGE per 25 DAYs)
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	G	QL (6 BOXES 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>		
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/INH ( <i>umeclidinium bromide</i> )	PB	QL (1 PACKAGE per 25 DAYs)
<i>ipratropium bromide inhalation solution 0.02 %</i>	G	QL (5 BOXES per 25 days)
<i>ipratropium bromide nasal solution 0.03 %, 0.06 %</i>	G	
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, 2.5 MCG/ACT ( <i>tiotropium bromide monohydrate</i> )	PB	QL (1 PACKAGE per 25 DAYs)
<b>ANTIHISTAMINE COMBINATIONS</b>		
<i>azelastine-fluticasone nasal suspension 137-50 mcg/lact</i>	G	QL (1 PACKAGE per 25 DAYs)
<b>ANTIHISTAMINES - DRUGS TO TREAT ALLERGIES</b>		
<i>azelastine hcl nasal solution 0.1 %, 0.15 %</i>	G	QL (2 BOTTLES per 25 days)
<i>brompheniramine tannate oral tablet chewable 12 mg</i>	G	
<i>carbinoxamine maleate oral solution 4 mg/5ml</i>	G	

2021 Small Group Aetna Health Exchange Plan – NY  
The formulary is updated the first week of each month.  
12/01/2021  
102



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>carbinoxamine maleate oral tablet 4 mg</i>	G	
<i>clemastine fumarate oral tablet 2.68 mg</i>	G	PA; AL (Min 70 Years)
<i>cyproheptadine hcl oral syrup 2 mg/5ml</i>	G	
<i>cyproheptadine hcl oral tablet 4 mg</i>	G	
<i>desloratadine oral tablet 5 mg</i>	G	
<i>desloratadine oral tablet dispersible 2.5 mg, 5 mg</i>	G	
<i>diphenhydramine hcl oral elixir 12.5 mg/5ml</i>	G	PA; AL (Min 70 Years)
<i>hydroxyzine hcl oral syrup 10 mg/5ml</i>	G	PA; AL (Min 70 Years)
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	G	PA; AL (Min 70 Years)
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	G	PA; AL (Min 70 Years)
<i>levocetirizine dihydrochloride oral solution 2.5 mg/5ml</i>	G	
<i>levocetirizine dihydrochloride oral tablet 5 mg</i>	G	
<i>olopatadine hcl nasal solution 0.6 %</i>	G	QL (1 CONTAINER per 25 days)
<b>BETA AGONISTS - DRUGS TO TREAT ASTHMA AND COPD</b>		
<i>albuterol sulfate er oral tablet extended release 12 hour 4 mg, 8 mg</i>	G	
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/lact</i>	G	QL (2 INHALERS per 25 DAYs)
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml</i>	G	QL (5 BOXES per 25 days)
<i>albuterol sulfate inhalation nebulization solution (5 mg/ml) 0.5%</i>	G	QL (60 ML per 25 DAYs)
<i>albuterol sulfate oral syrup 2 mg/5ml</i>	G	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	G	
<i>formoterol fumarate inhalation nebulization solution 20 mcg/2ml</i>	G	QL (60 VIALS per 25 DAYs)
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/3ml</i>	G	QL (300 ML per 25 DAYs)
<i>levalbuterol hcl inhalation nebulization solution 1.25 mg/0.5ml</i>	G	QL (45 ML per 25 DAYs)
<i>levalbuterol tartrate inhalation aerosol 45 mcg/lact</i>	G	QL (2 INHALERS per 25 days)
<i>metaproterenol sulfate oral syrup 10 mg/5ml</i>	G	
<b>PERFOROMIST INHALATION NEBULIZATION SOLUTION 20 MCG/2ML (formoterol fumarate)</b>	NPB	QL (60 VIALS per 25 days)

2021 Small Group Aetna Health Exchange Plan – NY  
The formulary is updated the first week of each month.  
12/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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>	G	
<b>BIOLOGIC RESPONSE MODIFIERS</b>		
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML ( <i>mepolizumab</i> )	PB	PA; QL (3 INJECTIONS per 28 DAYS)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML ( <i>mepolizumab</i> )	PB	PA; QL (3 INJECTIONS per 28 DAYS)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML ( <i>omalizumab</i> )	PB	PA; QL (8 SYRINGES per 28 days)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML ( <i>omalizumab</i> )	PB	PA; QL (2 SYRINGES per 28 DAYS)
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG ( <i>omalizumab</i> )	PB	PA; QL (8 VIALS per 28 days)
<b>COLD/COUGH</b>		
<i>benzonatate oral capsule 100 mg, 200 mg</i>	G	
<i>guaifenesin ac oral syrup 100-10 mg/5ml</i>	G	QL (60 ML per day for 7 days per 1 month)
<i>hydrocod polst-cpm polst er oral suspension extended release 10-8 mg/5ml</i>	G	QL (10 ML per day for 7 days per 1 month)
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5ml</i>	G	QL (30 ML per day for 7 days per 1 month)
<i>hydrocodone-homatropine oral tablet 5-1.5 mg</i>	G	QL (6 tablets per day for 7 days per 1 month)
<i>hydromet oral syrup 5-1.5 mg/5ml</i>	G	QL (30 ML per day for 7 days per 1 month)
<i>promethazine-codeine oral solution 6.25-10 mg/5ml</i>	G	QL (30 ML per day for 7 days per 1 month)
<i>promethazine-dm oral syrup 6.25-15 mg/5ml</i>	G	
<i>promethazine-phenyleph-codeine oral syrup 6.25-5-10 mg/5ml</i>	G	QL (30 ML per day for 7 days per 1 month)
<i>promethazine-phenylephrine oral syrup 6.25-5 mg/5ml</i>	G	
<i>pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml</i>	G	
TUZISTRA XR ORAL SUSPENSION EXTENDED RELEASE 14.7-2.8 MG/5ML ( <i>codeine polst-chlorphen polst</i> )	NPB	QL (20 ML per day for 7 days per 1 month)
<b>LEUKOTRIENE MODIFIERS</b>		
<i>zileuton er oral tablet extended release 12 hour 600 mg</i>	G	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>LEUKOTRIENE RECEPTOR ANTAGONISTS - DRUGS TO TREAT ASTHMA AND ALLERGIES</b>		
<i>montelukast sodium oral packet 4 mg</i>	G	
<i>montelukast sodium oral tablet 10 mg</i>	G	
<i>montelukast sodium oral tablet chewable 4 mg, 5 mg</i>	G	
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	G	
<b>MAST CELL STABILIZERS - DRUGS TO TREAT ALLERGIES</b>		
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>	G	QL (2 BOXES per 25 days)
<b>MISCELLANEOUS</b>		
<i>acetylcysteine inhalation solution 10 %, 20 %</i>	G	
DALIRESP ORAL TABLET 250 MCG, 500 MCG ( <i>roflumilast</i> )	NPB	PA
KALYDECO ORAL PACKET 25 MG, 50 MG, 75 MG ( <i>ivacaftor</i> )	PB	PA; QL (56 PACKETS per 28 DAYS)
KALYDECO ORAL TABLET 150 MG ( <i>ivacaftor</i> )	PB	PA; QL (56 TABLETS per 28 DAYS)
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG ( <i>lumacaftor-ivacaftor</i> )	NPB	PA; QL (56 PACKETS per 28 DAYS)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG ( <i>lumacaftor-ivacaftor</i> )	NPB	PA; QL (112 TABLETS per 28 DAYS)
<i>sodium chloride inhalation nebulization solution 0.9 %, 10 %, 3 %, 7 %</i>	G	
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG, 50-75 & 75 MG ( <i>tezacaftor-ivacaftor</i> )	NPB	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-ivacaft</i> )	PB	PA; QL (84 TABLETS per 28 DAYS)
<b>NASAL STEROIDS - DRUGS TO TREAT ALLERGIES</b>		
<i>flunisolide nasal solution 25 mcglact (0.025%)</i>	G	QL (3 CONTAINERS per 25 days)
<i>fluticasone propionate nasal suspension 50 mcglact</i>	G	QL (1 CONTAINER per 25 days)
<i>mometasone furoate nasal suspension 50 mcglact</i>	G	QL (2 PACKAGES per 25 DAYS)
OMNARIS NASAL SUSPENSION 50 MCG/ACT ( <i>ciclesonide</i> )	NPB	ST; QL (1 PACKAGE per 25 DAYS)

2021 Small Group Aetna Health Exchange Plan – NY  
The formulary is updated the first week of each month.  
12/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>triamcinolone acetonide nasal aerosol 55 mcglact</i>	G	QL (1 PACKAGE per 25 days)
<b>PULMONARY FIBROSIS AGENTS</b>		
ESBRIET ORAL CAPSULE 267 MG ( <i>pirfenidone</i> )	PB	PA; QL (270 CAPSULES per 30 DAYS)
ESBRIET ORAL TABLET 267 MG ( <i>pirfenidone</i> )	PB	PA; QL (270 TABLETS per 30 DAYS)
ESBRIET ORAL TABLET 801 MG ( <i>pirfenidone</i> )	PB	PA; QL (90 TABLETS per 30 DAYS)
<b>STEROID INHALANTS - DRUGS TO TREAT ASTHMA</b>		
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT ( <i>fluticasone furoate</i> )	PB	QL (1 PACKAGE per 25 DAYS)
<i>budesonide inhalation suspension 0.25 mg/2ml</i>	G	QL (3 BOXES per 25 days)
<i>budesonide inhalation suspension 0.5 mg/2ml</i>	G	QL (2 BOXES per 25 days)
<i>budesonide inhalation suspension 1 mg/2ml</i>	G	QL (1 BOX per 25 days)
QVAR REDHALER 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 HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT ( <i>fluticasone-salmeterol</i> )	PB	QL (1 PACKAGE per 25 DAYS)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/INH, 200-25 MCG/INH ( <i>fluticasone furoate-vilanterol</i> )	NPB	ST; QL (1 PACKAGE per 25 DAYS)
<i>budesonide-formoterol fumarate inhalation aerosol 160-4.5 mcglact, 80-4.5 mcglact</i>	G	QL (3 PACKAGES per 25 days)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	G	QL (1 PACKAGE per 25 DAYS)
<b>XANTHINES - DRUGS TO TREAT COPD</b>		
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15ML ( <i>theophylline</i> )	NPB	
<i>theophylline er oral tablet extended release 12 hour 300 mg, 450 mg</i>	G	
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>	G	

2021 Small Group Aetna Health Exchange Plan – NY

The formulary is updated the first week of each month.

12/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>theophylline oral solution 80 mg/15ml</i>	G	
<b>TOPICAL - DRUGS TO TREAT EAR AND SKIN CONDITIONS</b>		
<b>ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS</b>		
DENAVIR EXTERNAL CREAM 1 % ( <i>penciclovir</i> )	NPB	
<b>DERMATOLOGY, ACNE</b>		
<i>adapalene external cream 0.1 %</i>	G	PA; AL (Min 35 Years)
<i>adapalene external gel 0.1 %, 0.3 %</i>	G	PA; AL (Min 35 Years)
<i>adapalene-benzoyl peroxide external gel 0.1-2.5 %</i>	G	
<i>tretinoin (Avita External Cream 0.025 %)</i>	G	PA; AL (Min 35 Years)
<i>tretinoin (Avita External Gel 0.025 %)</i>	G	PA; AL (Min 35 Years)
BENZIQ EXTERNAL GEL 5.25 % ( <i>benzoyl peroxide</i> )	PB	
BENZIQ LS EXTERNAL GEL 2.75 % ( <i>benzoyl peroxide</i> )	PB	
BENZIQ WASH EXTERNAL LIQUID 5.25 % ( <i>benzoyl peroxide</i> )	G	
<i>benzoyl peroxide-erythromycin external gel 5-3 %</i>	G	
<i>bp wash external liquid 2.5 %</i>	G	
<i>clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-5 %</i>	G	
<i>clindamycin phosphate external foam 1 %</i>	G	
<i>clindamycin phosphate external gel 1 %</i>	G	QL (75 ML per 25 DAYs)
<i>clindamycin phosphate external lotion 1 %</i>	G	QL (60 ML per 25 DAYs)
<i>clindamycin phosphate external solution 1 %</i>	G	QL (60 ML per 25 DAYs)
<i>clindamycin phosphate external swab 1 %</i>	G	
EPIDUO FORTE EXTERNAL GEL 0.3-2.5 % ( <i>adapalene-benzoyl peroxide</i> )	NPB	
<i>ery external pad 2 %</i>	G	
<i>erythromycin external gel 2 %</i>	G	QL (60 GRAMS per 25 DAYs)
<i>erythromycin external solution 2 %</i>	G	QL (60 ML per 25 DAYs)
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	G	PA
<i>sulfacetamide sodium (acne) external lotion 10 %</i>	G	
<i>tretinoin external cream 0.025 %, 0.05 %, 0.1 %</i>	G	PA; AL (Min 35 Years)
<i>tretinoin external gel 0.01 %, 0.025 %, 0.05 %</i>	G	PA; AL (Min 35 Years)
<i>tretinoin microsphere external gel 0.1 %</i>	G	PA; AL (Min 35 Years)

2021 Small Group Aetna Health Exchange Plan – NY  
The formulary is updated the first week of each month.  
12/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>tretinoin microsphere pump external gel 0.04 %</i>	G	PA; AL (Min 35 Years)
<b>DERMATOLOGY, ACTINIC KERATOSIS</b>		
<i>fluorouracil external cream 5 %</i>	G	
<i>fluorouracil external solution 2 %, 5 %</i>	G	
<i>imiquimod external cream 5 %</i>	G	
PICATO EXTERNAL GEL 0.015 %, 0.05 % ( <i>ingenol mebutate</i> )	NPB	
<b>DERMATOLOGY, ANTIBIOTICS</b>		
<i>gentamicin sulfate external cream 0.1 %</i>	G	
<i>gentamicin sulfate external ointment 0.1 %</i>	G	
<i>mupirocin external ointment 2 %</i>	G	QL (30 GRAMS per 25 DAYS)
<i>silver sulfadiazine external cream 1 %</i>	G	
<i>silver sulfadiazine (Ssd External Cream 1 %)</i>	G	
SULFAMYLON EXTERNAL CREAM 85 MG/GM ( <i>mafenide acetate</i> )	NPB	
<b>DERMATOLOGY, ANTIFUNGALS</b>		
<i>ciclopirox external gel 0.77 %</i>	G	QL (120 GRAMS per 25 DAYS)
<i>ciclopirox external shampoo 1 %</i>	G	QL (120 ML per 25 DAYS)
<i>ciclopirox external solution 8 %</i>	G	
<i>ciclopirox olamine external cream 0.77 %</i>	G	QL (120 GRAMS per 25 DAYS)
<i>ciclopirox olamine external suspension 0.77 %</i>	G	QL (120 ML per 25 DAYS)
<i>clotrimazole external cream 1 %</i>	G	QL (120 GRAMS per 25 DAYS)
<i>clotrimazole external solution 1 %</i>	G	QL (120 ML per 25 DAYS)
<i>clotrimazole-betamethasone external cream 1-0.05 %</i>	G	QL (60 GRAMS per 25 DAYS)
<i>clotrimazole-betamethasone external lotion 1-0.05 %</i>	G	QL (60 ML per 25 DAYS)
<i>econazole nitrate external cream 1 %</i>	G	QL (60 GRAMS per 25 DAYS)
ERTACZO EXTERNAL CREAM 2 % ( <i>sertaconazole nitrate</i> )	NPB	QL (60 GRAMS per 25 DAYS)
JUBLIA EXTERNAL SOLUTION 10 % ( <i>efinaconazole</i> )	NPB	PA; QL (4 ML per 21 DAYS)



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>ketoconazole external cream 2 %</i>	G	QL (120 GRAMS per 25 DAYs)
MENTAX EXTERNAL CREAM 1 % ( <i>butenafine hcl</i> )	NPB	QL (60 GRAMS per 25 DAYs)
<i>naftifine hcl external cream 1 %, 2 %</i>	G	QL (60 GRAMS per 25 DAYs)
<i>nystatin (Nyamyc External Powder 100000 Unit/Gm)</i>	G	QL (120 GRAMS per 25 DAYs)
<i>nystatin external cream 100000 unit/gm</i>	G	QL (120 GRAMS per 25 DAYs)
<i>nystatin external ointment 100000 unit/gm</i>	G	QL (120 GRAMS per 25 DAYs)
<i>nystatin external powder 100000 unit/gm</i>	G	QL (120 GRAMS per 25 DAYs)
<i>nystatin-triamcinolone external cream 100000-0.1 unit/gm-%</i>	G	QL (60 GRAMS per 25 DAYs)
<i>nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%</i>	G	QL (60 GRAMS per 25 DAYs)
<i>nystatin (Nystop External Powder 100000 Unit/Gm)</i>	G	QL (120 GRAMS per 25 DAYs)
<i>oxiconazole nitrate external cream 1 %</i>	G	QL (60 GM per 25 days)
<i>sulconazole nitrate external cream 1 %</i>	G	QL (60 GRAMS per 25 DAYs)
<i>sulconazole nitrate external solution 1 %</i>	G	QL (60 ML per 25 DAYs)
<b>DERMATOLOGY, ANTIPRURITIC</b>		
<i>doxepin hcl external cream 5 %</i>	G	ST; QL (45 GRAMS per 25 days)
<b>DERMATOLOGY, ANTIPSORIATICS</b>		
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	G	
<i>calcipotriene external solution 0.005 %</i>	G	
<i>calcitriol external ointment 3 mcg/gm</i>	G	
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML ( <i>secukinumab</i> )	PB	PA; IBC (Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis); QL (300 MG per 28 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML ( <i>secukinumab</i> )	PB	PA; IBC (Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis); QL (300 MG per 28 days)
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML ( <i>secukinumab</i> )	PB	PA; IBC (Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis); QL (1 PEN per 28 days)
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML ( <i>secukinumab</i> )	PB	PA; IBC (Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis); QL (1 SYRINGE per 28 days)
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML ( <i>secukinumab</i> )	PB	PA; IBC (Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis); QL (1 SYRINGE per 28 DAYs)
<i>methoxsalen rapid oral capsule 10 mg</i>	G	
<i>tazarotene external cream 0.1 %</i>	G	PA
TAZORAC EXTERNAL CREAM 0.05 % ( <i>tazarotene</i> )	PB	PA
TAZORAC EXTERNAL GEL 0.05 %, 0.1 % ( <i>tazarotene</i> )	PB	PA
<b>DERMATOLOGY, ANTISEBORRHEICS</b>		
<i>ketconazole external shampoo 2 %</i>	G	
<i>selenium sulfide external lotion 2.5 %</i>	G	
<b>DERMATOLOGY, CORTICOSTEROIDS</b>		
<i>ala-cort external cream 1 %</i>	G	QL (120 GRAMS per 25 DAYs)
<i>alclometasone dipropionate external cream 0.05 %</i>	G	QL (120 GRAMS per 25 DAYs)
<i>alclometasone dipropionate external ointment 0.05 %</i>	G	QL (120 GRAMS per 25 DAYs)
<i>amcinonide external cream 0.1 %</i>	G	QL (120 GRAMS per 25 DAYs)
<i>amcinonide external lotion 0.1 %</i>	G	QL (120 ML per 25 DAYs)
<i>amcinonide external ointment 0.1 %</i>	PB	QL (120 GRAMS per 25 DAYs)
<i>betamethasone dipropionate aug external cream 0.05 %</i>	G	QL (120 GRAMS per 25 DAYs)

2021 Small Group Aetna Health Exchange Plan – NY  
The formulary is updated the first week of each month.  
12/01/2021

<b>Prescription Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Requirements and Limits</b>
<i>betamethasone dipropionate aug external gel 0.05 %</i>	G	QL (120 GRAMS per 25 DAYS)
<i>betamethasone dipropionate aug external lotion 0.05 %</i>	G	QL (120 ML per 25 DAYS)
<i>betamethasone dipropionate aug external ointment 0.05 %</i>	G	QL (120 GRAMS per 25 DAYS)
<i>betamethasone dipropionate external cream 0.05 %</i>	G	QL (120 GRAMS per 25 DAYS)
<i>betamethasone dipropionate external lotion 0.05 %</i>	G	QL (120 ML per 25 DAYS)
<i>betamethasone dipropionate external ointment 0.05 %</i>	G	QL (120 GRAMS per 25 DAYS)
<i>betamethasone valerate external cream 0.1 %</i>	G	QL (120 GRAMS per 25 DAYS)
<i>betamethasone valerate external foam 0.12 %</i>	G	QL (120 GRAMS per 25 DAYS)
<i>betamethasone valerate external lotion 0.1 %</i>	G	QL (120 ML per 25 DAYS)
<i>betamethasone valerate external ointment 0.1 %</i>	G	QL (120 GRAMS per 25 DAYS)
<i>calcipotriene-betameth diprop external ointment 0.005-0.064 %</i>	G	
<i>clobetasol prop emollient base external cream 0.05 %</i>	G	QL (120 GM per 25 DAYS)
<i>clobetasol propionate external cream 0.05 %</i>	G	QL (120 GRAMS per 25 DAYS)
<i>clobetasol propionate external foam 0.05 %</i>	G	QL (120 GRAMS per 25 DAYS)
<i>clobetasol propionate external gel 0.05 %</i>	G	QL (120 GRAMS per 25 DAYS)
<i>clobetasol propionate external liquid 0.05 %</i>	G	QL (120 ML per 25 DAYS)
<i>clobetasol propionate external lotion 0.05 %</i>	G	QL (120 ML per 25 DAYS)
<i>clobetasol propionate external ointment 0.05 %</i>	G	QL (120 GRAMS per 25 DAYS)
<i>clobetasol propionate external shampoo 0.05 %</i>	G	QL (120 ML per 25 DAYS)
<i>clobetasol propionate external solution 0.05 %</i>	G	QL (120 ML per 25 DAYS)
<i>clocortolone pivalate external cream 0.1 %</i>	G	QL (120 GRAMS per 25 DAYS)
<i>desonide external cream 0.05 %</i>	G	QL (120 GRAMS per 25 DAYS)
<i>desonide external lotion 0.05 %</i>	G	QL (120 ML per 25 DAYS)

2021 Small Group Aetna Health Exchange Plan – NY  
The formulary is updated the first week of each month.  
12/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>desonide external ointment 0.05 %</i>	G	QL (120 GRAMS per 25 DAYs)
<i>desoximetasone external cream 0.05 %, 0.25 %</i>	G	QL (120 GRAMS per 25 DAYs)
<i>desoximetasone external gel 0.05 %</i>	G	QL (120 GRAMS per 25 DAYs)
<i>desoximetasone external ointment 0.25 %</i>	G	QL (120 GRAMS per 25 DAYs)
<i>diflorasone diacetate external cream 0.05 %</i>	G	QL (120 GRAMS per 25 DAYs)
<i>diflorasone diacetate external ointment 0.05 %</i>	G	QL (120 GRAMS per 25 DAYs)
<i>fluocinolone acetonide body external oil 0.01 %</i>	G	QL (120 ML per 25 DAYs)
<i>fluocinolone acetonide external cream 0.01 %, 0.025 %</i>	G	QL (120 GRAMS per 25 DAYs)
<i>fluocinolone acetonide external ointment 0.025 %</i>	G	QL (120 GRAMS per 25 DAYs)
<i>fluocinolone acetonide external solution 0.01 %</i>	G	QL (120 ML per 25 DAYs)
<i>fluocinolone acetonide scalp external oil 0.01 %</i>	G	QL (120 ML per 25 DAYs)
<i>fluocinonide external cream 0.05 %</i>	G	QL (120 GRAMS per 25 DAYs)
<i>fluocinonide external gel 0.05 %</i>	G	QL (120 GRAMS per 25 DAYs)
<i>fluocinonide external ointment 0.05 %</i>	G	QL (120 GRAMS per 25 DAYs)
<i>fluocinonide external solution 0.05 %</i>	G	QL (120 ML per 25 DAYs)
<i>fluticasone propionate external cream 0.05 %</i>	G	QL (120 GRAMS per 25 DAYs)
<i>fluticasone propionate external lotion 0.05 %</i>	G	QL (120 ML per 25 DAYs)
<i>fluticasone propionate external ointment 0.005 %</i>	G	QL (120 GRAMS per 25 DAYs)
<i>halobetasol propionate external cream 0.05 %</i>	G	QL (120 GRAMS per 25 DAYs)
<i>halobetasol propionate external ointment 0.05 %</i>	G	QL (120 GRAMS per 25 DAYs)
<i>hydrocortisone butyrate external cream 0.1 %</i>	G	QL (120 GRAMS per 25 DAYs)

2021 Small Group Aetna Health Exchange Plan – NY

The formulary is updated the first week of each month.

12/01/2021

112

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>hydrocortisone butyrate external ointment 0.1 %</i>	G	QL (120 GRAMS per 25 DAYs)
<i>hydrocortisone butyrate external solution 0.1 %</i>	G	QL (120 ML per 25 DAYs)
<i>hydrocortisone external cream 1 %, 2.5 %</i>	G	QL (120 GRAMS per 25 DAYs)
<i>hydrocortisone external lotion 2.5 %</i>	G	QL (120 ML per 25 DAYs)
<i>hydrocortisone external ointment 2.5 %</i>	G	QL (120 GRAMS per 25 DAYs)
<i>hydrocortisone valerate external cream 0.2 %</i>	G	QL (120 GRAMS per 25 DAYs)
<i>hydrocortisone valerate external ointment 0.2 %</i>	G	QL (120 GRAMS per 25 DAYs)
<i>mometasone furoate external cream 0.1 %</i>	G	QL (120 GRAMS per 25 DAYs)
<i>mometasone furoate external ointment 0.1 %</i>	G	QL (120 GRAMS per 25 DAYs)
<i>mometasone furoate external solution 0.1 %</i>	G	QL (120 ML per 25 DAYs)
<i>prednicarbate external cream 0.1 %</i>	G	QL (120 GRAMS per 25 DAYs)
<i>prednicarbate external ointment 0.1 %</i>	G	QL (120 GRAMS per 25 DAYs)
<i>triamcinolone acetonide external cream 0.025 %, 0.1 %, 0.5 %</i>	G	QL (120 GRAMS per 25 DAYs)
<i>triamcinolone acetonide external lotion 0.025 %, 0.1 %</i>	G	QL (120 ML per 25 DAYs)
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>	G	QL (120 GRAMS per 25 DAYs)
<i>triamcinolone acetonide (Triderm External Cream 0.1 %)</i>	G	QL (120 GRAMS per 25 DAYs)
<b>DERMATOLOGY, LOCAL ANESTHETICS</b>		
<i>lidocaine external ointment 5 %</i>	G	QL (50 GRAMS per 25 DAYs)
<i>lidocaine external patch 5 %</i>	G	PA; QL (90 PATCHES per 25 DAYs)
<i>lidocaine hcl external solution 4 %</i>	G	QL (50 ML per 25 DAYs)
<i>lidocaine hcl urethrallmucosal external gel 2 %</i>	G	QL (60 ML per 25 DAYs)
<i>lidocaine hcl urethrallmucosal external prefilled syringe 2 %</i>	G	QL (60 ML per 25 DAYs)

2021 Small Group Aetna Health Exchange Plan – NY  
The formulary is updated the first week of each month.  
12/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>	G	QL (30 GRAMS per 25 DAYS)
SYNERA EXTERNAL PATCH 70-70 MG ( <i>lidocaine-tetracaine</i> )	NPB	QL (2 PATCHES per 25 DAYS)
<b>DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE</b>		
<i>ammonium lactate external cream 12 %</i>	G	
<i>ammonium lactate external lotion 12 %</i>	G	
CONDYLOX EXTERNAL GEL 0.5 % ( <i>podofilox</i> )	NPB	
<i>diclofenac sodium external gel 1 %</i>	G	QL (300 GM per 25 Days)
EUCRISA EXTERNAL OINTMENT 2 % ( <i>crisaborole</i> )	NPB	ST; QL (60 GRAMS per 25 DAYS)
<i>podofilox external solution 0.5 %</i>	G	
<i>tacrolimus external ointment 0.03 %, 0.1 %</i>	G	
TARGRETIN EXTERNAL GEL 1 % ( <i>bexarotene</i> )	PB	PA
VOLTAREN EXTERNAL GEL 1 % ( <i>diclofenac sodium</i> )	G	QL (300 GM per 25 Days)
<b>DERMATOLOGY, ROSACEA</b>		
<i>azelaic acid external gel 15 %</i>	G	
FINACEA EXTERNAL FOAM 15 % ( <i>azelaic acid</i> )	PB	
<i>metronidazole external cream 0.75 %</i>	G	
<i>metronidazole external gel 0.75 %, 1 %</i>	G	
<i>metronidazole external lotion 0.75 %</i>	G	
MIRVASO EXTERNAL GEL 0.33 % ( <i>brimonidine tartrate</i> )	NPB	PA
<i>metronidazole (Rosadan External Cream 0.75 %)</i>	G	
<b>DERMATOLOGY, SCABICIDES AND PEDICULIDES</b>		
CROTAN EXTERNAL LOTION 10 % ( <i>crotamiton</i> )	G	
EURAX EXTERNAL CREAM 10 % ( <i>crotamiton</i> )	NPB	
<i>ivermectin external lotion 0.5 %</i>	G	ST
<i>lice treatment external lotion 1 %</i>	G	
<i>lindane external shampoo 1 %</i>	G	
<i>malathion external lotion 0.5 %</i>	G	
<i>permethrin external cream 5 %</i>	G	
<i>sb lice treatment external liquid 1 %</i>	G	
<i>spinosad external suspension 0.9 %</i>	G	

2021 Small Group Aetna Health Exchange Plan – NY

The formulary is updated the first week of each month.

12/01/2021



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>DERMATOLOGY, WOUND CARE AGENTS</b>		
REGSPAN EXTERNAL GEL 0.01 % ( <i>becaplermin</i> )	NPB	PA; QL (30 GM per 25 days)
<b>MOUTH/THROAT/DENTAL AGENTS</b>		
<i>cevimeline hcl oral capsule 30 mg</i>	G	
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	G	
<i>clotrimazole mouth/throat troche 10 mg</i>	G	
<i>lidocaine hcl mouth/throat solution 4 %</i>	G	
<i>lidocaine viscous hcl mouth/throat solution 2 %</i>	G	
<i>nystatin mouth/throat suspension 100000 unit/ml</i>	G	
<i>triamcinolone acetonide (Oralene Mouth/Throat Paste 0.1 %)</i>	G	
ORAVIG BUCCAL TABLET 50 MG ( <i>miconazole</i> )	NPB	QL (14 TABLETS per 25 DAYS)
<i>chlorhexidine gluconate (Periogard Mouth/Throat Solution 0.12 %)</i>	G	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	G	
<i>triamcinolone acetonide mouth/throat paste 0.1 %</i>	G	
<b>OTIC - DRUGS TO TREAT CONDITIONS OF THE EAR</b>		
<i>acetic acid otic solution 2 %</i>	G	
<i>ciprofloxacin hcl otic solution 0.2 %</i>	G	
<i>ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %</i>	G	
CORTISPORIN-TC OTIC SUSPENSION 3.3-3-10-0.5 MG/ML ( <i>neomycin-colist-hc-thonzonium</i> )	NPB	
<i>fluocinolone acetonide otic oil 0.01 %</i>	G	
<i>hydrocortisone-acetic acid otic solution 1-2 %</i>	G	
<i>neomycin-polymyxin-hc otic solution 1 %</i>	G	
<i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i>	G	
<i>ofloxacin otic solution 0.3 %</i>	G	

2021 Small Group Aetna Health Exchange Plan – NY  
The formulary is updated the first week of each month.  
12/01/2021

## Index

<i>abacavir sulfate</i> .....	24	ALDACTAZIDE.....	45	APOKYN.....	54
<i>abacavir sulfate-lamivudine</i> .....	27	ALECENSA.....	35	<i>apraclonidine hcl</i> .....	98
<i>abacavir-lamivudine-zidovudine</i>	27	<i>alendronate sodium</i> .....	69	<i>aprepitant</i> .....	80
<i>abiraterone acetate</i> .....	34	ALFERON N.....	38	Apri.....	70
<i>acamprosate calcium</i> .....	63	<i>alfuzosin hcl er</i> .....	85	APTIOM.....	48
<i>acarbose</i> .....	65	ALINIA.....	23	APTIVUS.....	24
ACCU-CHEK AVIVA PLUS.....	94	<i>aliskiren fumarate</i> .....	45	Aranelle.....	70
ACCU-CHEK COMPACT PLUS.....	94	<i>allopurinol</i> .....	14	ARANESP (ALBUMIN FREE).....	87
ACCU-CHEK GUIDE.....	94	<i>almotriptan malate</i> .....	59	ARCALYST.....	92
ACCU-CHEK MULTICLIX LANCETS.....	94	ALOCRI.....	98	<i>aripiprazole</i> .....	55
ACCU-CHEK SMARTVIEW.....	94	<i>alogliptin benzoate</i> .....	65	<i>armodafinil</i> .....	63
ACCU-CHEK SMARTVIEW CONTROL.....	94	<i>alogliptin-metformin hcl</i> .....	65	ARNUITY ELLIPTA.....	106
<i>acebutolol hcl</i> .....	43	ALOMIDE.....	98	<i>asenapine maleate</i> .....	55
<i>acetaminophen-codeine</i> .....	16	<i>alose tron hcl</i> .....	82	Ashlyna.....	70
<i>acetaminophen-codeine #2</i> .....	16	ALPHAGAN P.....	98	<i>aspirin adult low strength</i> .....	21
<i>acetaminophen-codeine #3</i> .....	16	<i>alprazolam</i> .....	48	<i>aspirin-dipyridamole er</i> .....	88
<i>acetaminophen-codeine #4</i> .....	16	ALPRAZOLAM INTENSOL.....	48	<i>atazanavir sulfate</i> .....	24
<i>acetazolamide</i> .....	45	Altavera.....	69	<i>atenolol</i> .....	43
<i>acetazolamide er</i> .....	45	<i>alyacen 1/35</i> .....	70	<i>atenolol-chlorthalidone</i> .....	43
<i>acetic acid</i> .....	115	<i>alyacen 7/7/7</i> .....	70	<i>atomoxetine hcl</i> .....	56, 57
<i>acetylcysteine</i> .....	105	<i>amantadine hcl</i> .....	54	<i>atorvastatin calcium</i> .....	42
<i>acitretin</i> .....	109	<i>ambrisentan</i> .....	47	<i>atovaquone</i> .....	23
ACTEMRA.....	89	<i>amcinonide</i> .....	110	<i>atovaquone-proguanil hcl</i> .....	24
ACTIMMUNE.....	92	Amethia.....	70	<i>atropine sulfate</i> .....	101
ACUVAIL.....	100	Amethyst.....	70	AUBAGIO.....	61
<i>acyclovir</i> .....	29	<i>amiloride hcl</i> .....	45	AUTOLET PLATFORMS.....	94
<i>adapalene</i> .....	107	<i>amiloride-hydrochlorothiazide</i> ..	45	<i>autopen</i> .....	94
<i>adapalene-benzoyl peroxide</i> ....	107	<i>amiodarone hcl</i> .....	41	Aviane.....	70
<i>adefovir dipivoxil</i> .....	29	<i>amitriptyline hcl</i> .....	51	<i>avidoxy</i> .....	33
ADEMPAS.....	47	<i>amlodipine besy-benazepril hcl</i> ..	39	Avita.....	107
ADVAIR HFA.....	106	<i>amlodipine besylate</i> .....	44	AVONEX PEN.....	61
AEROCHAMBER PLUS FLO-VU.....	96	<i>amlodipine besylate-valsartan</i> ...	40	AVONEX PREFILLED.....	61
AFINITOR.....	35	<i>amlodipine-atorvastatin</i> .....	44	Azasan.....	93
AFINITOR DISPERZ.....	35	<i>amlodipine-olmesartan</i> .....	40	AZASITE.....	100
AIMOVIG.....	59	<i>amlodipine-valsartan-hctz</i> .....	40	<i>azathioprine</i> .....	93
AJOVY.....	59	<i>ammonium lactate</i> .....	114	<i>azelaic acid</i> .....	114
AKYNZEO.....	80	<i>amoxapine</i> .....	51	<i>azelastine hcl</i> .....	98, 102
<i>ala-cort</i> .....	110	<i>amoxicillin</i> .....	32	<i>azelastine-fluticasone</i> .....	102
<i>albendazole</i> .....	23	<i>amoxicillin-pot clavulanate</i> .....	32	<i>azithromycin</i> .....	30, 31
<i>albuterol sulfate</i> .....	103	<i>amoxicillin-pot clavulanate er</i> ...	32	Azurette.....	70
<i>albuterol sulfate er</i> .....	103	<i>amphetamine-dextroamphet er</i> ..	56	Bac.....	14
<i>albuterol sulfate hfa</i> .....	103	<i>amphetamine-dextroamphetamine</i> .....	56	<i>bacitracin</i> .....	100
<i>alclometasone dipropionate</i> ....	110	<i>ampicillin</i> .....	32	<i>bacitracin-polymyxin b</i> .....	100
<i>alcohol prep</i> .....	94	ANADROL-50.....	64	<i>bacitra-neomycin-polymyxin-hc</i> .....	99
		<i>anagrelide hcl</i> .....	88	<i>baclofen</i> .....	62
		<i>anastrozole</i> .....	34	BALCOLTRA.....	70
		ANNOVERA.....	70	<i>balsalazide disodium</i> .....	82
		ANORO ELLIPTA.....	102		

BARACLUDE.....	29	<i>budesonide-formoterol fumarate</i> .....	106	CAYSTON.....	23
BASAGLAR KWIKPEN.....	66	<i>bumetanide</i> .....	45	Caziant.....	70
BAXDELA.....	31	<i>buprenorphine</i> .....	21	<i>cefaclor</i> .....	30
BD VEO INSULIN SYRINGE U/F.....	95	<i>buprenorphine hcl</i> .....	21	<i>cefadroxil</i> .....	30
BELSOMRA.....	58	<i>buprenorphine hcl-naloxone hcl</i> .....	15	<i>cefdinir</i> .....	30
<i>benazepril hcl</i> .....	40	<i>bupropion hcl</i> .....	51	<i>cefditoren pivoxil</i> .....	30
<i>benazepril-hydrochlorothiazide</i> .....	39	<i>bupropion hcl er (smoking det)</i> .....	63	<i>cefixime</i> .....	30
BENZIQU.....	107	<i>bupropion hcl er (sr)</i> .....	51	<i>cefpodoxime proxetil</i> .....	30
BENZIQU LS.....	107	<i>bupropion hcl er (xl)</i> .....	51	<i>cefprozil</i> .....	30
BENZIQU WASH.....	107	<i>buspirone hcl</i> .....	60	<i>cefuroxime axetil</i> .....	30
<i>benznidazole</i> .....	23	<i>butalbital-apap-caff-cod</i> .....	16	<i>celecoxib</i> .....	14
<i>benzonatate</i> .....	104	<i>butalbital-apap-caffeine</i> .....	14	CELONTIN.....	48
<i>benzoyl peroxide-erythromycin</i> .....	107	<i>butalbital-aspirin-caffeine</i> .....	14	<i>cephalexin</i> .....	30
<i>benztropine mesylate</i> .....	54	<i>butorphanol tartrate</i> .....	16	CERDELGA.....	75
<i>bepotastine besilate</i> .....	98	BYSTOLIC.....	43	<i>cevimeline hcl</i> .....	115
BEPREVE.....	98	<i>cabergoline</i> .....	78	CHANTIX.....	63
BESIVANCE.....	100	CABOMETYX.....	36	CHANTIX CONTINUING MONTH PAK.....	63
<i>betamethasone dipropionate</i> .....	111	<i>calcipotriene</i> .....	109	CHANTIX STARTING MONTH PAK.....	63
<i>betamethasone dipropionate aug</i> .....	110, 111	<i>calcipotriene-betameth diprop</i> .....	111	Chateal.....	70
<i>betamethasone valerate</i> .....	111	<i>calcitonin (salmon)</i> .....	78	CHEMET.....	69
BETASERON.....	61	<i>calcitriol</i> .....	97, 109	CHEMSTRIP 9.....	95
<i>betaxolol hcl</i> .....	43, 98	<i>calcium acetate</i> .....	79	<i>chlordiazepoxide hcl</i> .....	48
<i>bethanechol chloride</i> .....	83	<i>calcium acetate (phos binder)</i> .....	79	<i>chlorhexidine gluconate</i> .....	115
BETIMOL.....	98	CALQUENCE.....	36	<i>chloroquine phosphate</i> .....	24
BETOPTIC-S.....	98	Camila.....	70	<i>chlorothiazide</i> .....	45
BEVESPI AEROSPHERE.....	102	<i>candesartan cilexetil</i> .....	41	<i>chlorpromazine hcl</i> .....	55
<i>bexarotene</i> .....	38	<i>candesartan cilexetil-hctz</i> .....	40	<i>chlorthalidone</i> .....	45
<i>bicalutamide</i> .....	34	<i>capecitabine</i> .....	33	<i>chlorzoxazone</i> .....	62
BIKTARVY.....	27	CAPRELSA.....	36	<i>cholestyramine</i> .....	42
<i>bio-statin</i> .....	22	<i>captopril</i> .....	40	<i>cholestyramine light</i> .....	41
<i>bisoprolol fumarate</i> .....	43	<i>captopril-hydrochlorothiazide</i> .....	39	<i>chorionic gonadotropin</i> .....	77
<i>bisoprolol-hydrochlorothiazide</i> .....	43	CARBAGLU.....	75	<i>ciclopirox</i> .....	108
BLEPHAMIDE.....	99	<i>carbamazepine</i> .....	48	<i>ciclopirox olamine</i> .....	108
BLEPHAMIDE S.O.P.....	99	<i>carbamazepine er</i> .....	48	<i>cilostazol</i> .....	88
<i>bosentan</i> .....	47	<i>carbidopa</i> .....	54	CIMDUO.....	27
BOSULIF.....	35	<i>carbidopa-levodopa</i> .....	54	<i>cimetidine</i> .....	81
<i>bp wash</i> .....	107	<i>carbidopa-levodopa er</i> .....	54	<i>cimetidine hcl</i> .....	81
BREO ELLIPTA.....	106	<i>carbidopa-levodopa-entacapone</i> .....	55	<i>cinacalcet hcl</i> .....	69
BRILINTA.....	88	<i>carbinoxamine maleate</i> .....	102, 103	CIPRO.....	31
<i>brimonidine tartrate</i> .....	98	CARDIZEM LA.....	44	<i>ciprofloxacin hcl</i> .....	31, 100, 115
<i>brinzolamide</i> .....	98	CARDURA XL.....	85	<i>ciprofloxacin-dexamethasone</i> .....	115
BRIVIACT.....	48	CAREONE LANCET SUPER THIN 30G.....	95	<i>citalopram hydrobromide</i> .....	51
<i>bromfenac sodium (once-daily)</i> .....	100	<i>carisoprodol</i> .....	62	<i>clarithromycin</i> .....	31
<i>bromocriptine mesylate</i> .....	54	<i>carteolol hcl</i> .....	98	<i>clarithromycin er</i> .....	31
<i>brompheniramine tannate</i> .....	102	Cartia Xt.....	44	<i>clemastine fumarate</i> .....	103
<i>budesonide</i> .....	82, 106	<i>carvedilol</i> .....	43	CLENPIQ.....	82
		<i>carvedilol phosphate er</i> .....	43	CLEOCIN.....	86
		CAYA.....	93	CLIMARA PRO.....	76

<i>clindamycin hcl</i> .....	23	CUVPOSA.....	80	DEXCOM G4 PLATINUM	
<i>clindamycin palmitate hcl</i> .....	23	<i>cyanocobalamin</i> .....	97	RECEIVER.....	95
<i>clindamycin phos-benzoyl</i>		Cyclafem 1/35.....	70	DEXCOM G4 PLATINUM	
<i>perox</i> .....	107	Cyclafem 7/7/7.....	70	TRANSMITTER.....	95
<i>clindamycin phosphate</i> .....	86, 107	<i>cyclobenzaprine hcl</i> .....	62	DEXCOM G4 SENSOR.....	95
<i>clobazam</i> .....	49	<i>cyclophosphamide</i> .....	33	DEXCOM G5 MOB/G4	
<i>clobetasol prop emollient base</i> .....	111	<i>cycloserine</i> .....	28	PLAT SENSOR.....	95
<i>clobetasol propionate</i> .....	111	CYCLOSET.....	65	DEXCOM G5 MOBILE	
<i>clocortolone pivalate</i> .....	111	<i>cyclosporine</i> .....	93	RECEIVER.....	95
<i>clomipramine hcl</i> .....	52	<i>cyclosporine modified</i> .....	93	DEXCOM G5 MOBILE	
<i>clonazepam</i> .....	49	<i>cyproheptadine hcl</i> .....	103	TRANSMITTER.....	95
<i>clonidine</i> .....	46	CYSTADANE.....	75	DEXCOM G5 RECEIVER	
<i>clonidine hcl</i> .....	46	CYSTAGON.....	78	KIT.....	95
<i>clopidogrel bisulfate</i> .....	88	CYSTARAN.....	101	DEXCOM G6 RECEIVER...	95
<i>clorazepate dipotassium</i> .....	49	<i>dalfampridine er</i> .....	61	DEXCOM G6 SENSOR.....	95
<i>clotrimazole</i> .....	108, 115	DALIRESP.....	105	DEXCOM G6	
<i>clotrimazole-betamethasone</i> ....	108	<i>danazol</i> .....	75	TRANSMITTER.....	95
<i>clozapine</i> .....	55	<i>dantrolene sodium</i> .....	62	DEXILANT.....	84
COARTEM.....	24	<i>dapsone</i> .....	23	<i>dexmethylphenidate hcl</i> .....	57
<i>codeine sulfate</i> .....	16	<i>darifenacin hydrobromide er</i> ....	86	<i>dexmethylphenidate hcl er</i> .....	57
<i>colchicine</i> .....	14	Dasetta 1/35.....	70	<i>dextroamphetamine sulfate</i> .....	57
<i>colchicine-probenecid</i> .....	14	Dasetta 7/7/7.....	70	<i>dextroamphetamine sulfate er</i> ...	57
<i>colestipol hcl</i> .....	42	<i>deferiprone</i> .....	69	DIASTIX.....	95
COMBIGAN.....	98	Delyla.....	70	<i>diazepam</i> .....	49
COMETRIQ (100 MG		<i>demeclocycline hcl</i> .....	33	Diazepam Intensol.....	49
DAILY DOSE).....	36	DENAVIR.....	107	<i>diclofenac potassium</i> .....	14
COMETRIQ (140 MG		DEPO-ESTRADIOL.....	76	<i>diclofenac sodium</i> .....	15, 100, 114
DAILY DOSE).....	36	DEPO-SUBQ PROVERA		<i>diclofenac sodium er</i> .....	14
COMETRIQ (60 MG DAILY		104.....	71	<i>diclofenac-misoprostol</i> .....	15
DOSE).....	36	DESCOVY.....	27	<i>dicloxacillin sodium</i> .....	32
Compro.....	80	<i>desipramine hcl</i> .....	52	<i>dicyclomine hcl</i> .....	80
CONDYLOX.....	114	<i>desloratadine</i> .....	103	<i>didanosine</i> .....	24
COPAXONE.....	61	<i>desmopressin ace spray refrig</i> ...	80	DIFICID.....	31
CORLANOR.....	46	<i>desmopressin acetate</i> .....	80	<i>diflorasone diacetate</i> .....	112
<i>cortisone acetate</i> .....	77	<i>desmopressin acetate spray</i> .....	80	<i>diflunisal</i> .....	21
CORTISPORIN-TC.....	115	<i>desonide</i> .....	111, 112	<i>difluprednate</i> .....	101
COSENTYX.....	110	<i>desoximetasone</i> .....	112	Digox.....	45
COSENTYX (300 MG		<i>desvenlafaxine succinate er</i> .....	52	<i>digoxin</i> .....	45
DOSE).....	109	<i>dexamethasone</i> .....	77	<i>dihydroergotamine mesylate</i> ....	59
COSENTYX		DEXAMETHASONE		DILANTIN.....	49
SENSOREADY (300 MG)...	110	INTENSOL.....	77	DILATRATE-SR.....	46
COSENTYX		<i>dexamethasone sodium</i>		<i>diltiazem hcl</i> .....	44
SENSOREADY PEN.....	110	<i>phosphate</i> .....	100	<i>diltiazem hcl er</i> .....	44
CREON.....	84	DEXCOM G4 PLAT PED		<i>diltiazem hcl er beads</i> .....	44
CRESEMBA.....	22	RCV/SHARE.....	95	<i>diltiazem hcl er coated beads</i> ...	44
CRINONE.....	86	DEXCOM G4 PLAT PED		<i>dilt-xr</i> .....	44
CRIXIVAN.....	24	RECEIVER.....	95	<i>dimethyl fumarate</i> .....	61
<i>cromolyn sodium</i> .....	83, 98, 105	DEXCOM G4 PLATINUM		<i>dimethyl fumarate starter pack</i> ..	61
CROTAN.....	114	RCV/SHARE.....	95	DIPENTUM.....	82
Cryselle-28.....	70			<i>diphenhydramine hcl</i> .....	103



<i>diphenoxylate-atropine</i> .....	83	EMGALITY (300 MG DOSE).....	59	ESTROGEL.....	76
<i>dipyridamole</i> .....	88	Emoquette.....	71	<i>eszopiclone</i> .....	58
<i>disopyramide phosphate</i> .....	41	EMSAM.....	52	<i>ethacrynic acid</i> .....	45
<i>disulfiram</i> .....	63	<i>emtricitabine</i> .....	25	<i>ethambutol hcl</i> .....	28
DIURIL.....	45	<i>emtricitabine-tenofovir df</i> .....	28	<i>ethosuximide</i> .....	49
<i>divalproex sodium</i> .....	49	EMTRIVA.....	25	<i>ethynodiol diac-eth estradiol</i> ....	71
<i>divalproex sodium er</i> .....	49	EMVERM.....	23	<i>etodolac</i> .....	15
DIVIGEL.....	76	<i>enalapril maleate</i> .....	40	<i>etodolac er</i> .....	15
<i>dofetilide</i> .....	41	<i>enalapril-hydrochlorothiazide</i> ...	39	<i>etonogestrel-ethinyl estradiol</i> ....	71
<i>donepezil hcl</i> .....	50, 51	ENBREL.....	89	<i>etoposide</i> .....	39
<i>dorzolamide hcl</i> .....	98	ENBREL MINI.....	89	<i>etravirine</i> .....	25
<i>dorzolamide hcl-timolol mal</i> ....	99	ENBREL SURECLICK.....	89	EUCRISA.....	114
DOVATO.....	27	ENCARE.....	85	EURAX.....	114
<i>doxazosin mesylate</i> .....	40	Endocet.....	16	EVAMIST.....	76
<i>doxepin hcl</i> .....	52, 58, 109	<i>enoxaparin sodium</i> .....	87	<i>everolimus</i> .....	36, 93
<i>doxercalciferol</i> .....	97	Enpresse-28.....	71	EVOTAZ.....	28
<i>doxycycline hyclate</i> .....	33	Enskyce.....	71	EVRYSDI.....	60
<i>doxycycline monohydrate</i> .....	33	<i>entacapone</i> .....	55	<i>exemestane</i> .....	35
<i>dronabinol</i> .....	81	<i>entecavir</i> .....	29	<i>ezetimibe</i> .....	42
<i>drospiren-eth estrad-levomefol</i> ..	71	ENTRESTO.....	46	<i>ezetimibe-simvastatin</i> .....	42
<i>drospirenone-ethinyl estradiol</i> ...	71	<i>enulose</i> .....	82	Falmina.....	71
DROXIA.....	38	EPCLUSA.....	31	<i>famciclovir</i> .....	29
DUAVEE.....	76	EPIDIOLEX.....	49	<i>famotidine</i> .....	81
<i>duloxetine hcl</i> .....	52	EPIDUO FORTE.....	107	FARXIGA.....	68
DUREZOL.....	101	<i>epinastine hcl</i> .....	98	FARYDAK.....	34
<i>dutasteride</i> .....	85	<i>epinephrine</i> .....	102	Fayosim.....	71
<i>dutasteride-tamsulosin hcl</i> .....	85	Epitol.....	49	FC2 FEMALE CONDOM.....	93
E.E.S. 400.....	31	EPIVIR HBV.....	29	<i>febuxostat</i> .....	14
<i>econazole nitrate</i> .....	108	<i>eplerenone</i> .....	40	<i>felbamate</i> .....	49
EDARBI.....	41	<i>eprosartan mesylate</i> .....	41	<i>felodipine er</i> .....	44
<i>ed-spaz</i> .....	80	<i>ergoloid mesylates</i> .....	51	FEMCAP.....	93
EDURANT.....	24	<i>ergotamine-caffeine</i> .....	59	<i>fenofibrate</i> .....	42
<i>efavirenz</i> .....	24	ERIVEDGE.....	34	<i>fenofibrate micronized</i> .....	42
<i>efavirenz-emtricitab-tenofovir</i> ...	27	ERLEADA.....	35	<i>fenofibric acid</i> .....	42
<i>efavirenz-lamivudine-tenofovir</i> ..	28	<i>erlotinib hcl</i> .....	36	<i>fenopropfen calcium</i> .....	15
Effer-K.....	96	Errin.....	71	<i>fentanyl</i> .....	16, 17
ELESTRIN.....	76	ERTACZO.....	108	<i>fentanyl citrate</i> .....	16
<i>eletriptan hydrobromide</i> .....	59	<i>ery</i> .....	107	FERRIPROX.....	69
ELIGARD.....	34, 35	Ery-Tab.....	31	FERRIPROX TWICE-A- DAY.....	69
Elinest.....	71	ERYTHROCIN STEARATE.....	31	FETZIMA.....	52
ELIQUIS.....	87	<i>erythromycin</i> .....	100, 107	FETZIMA TITRATION.....	52
ELIQUIS DVT/PE STARTER PACK.....	87	<i>erythromycin base</i> .....	31	FIASP.....	66
ELITE-OB.....	97	<i>erythromycin ethylsuccinate</i> ....	31	FIASP FLEXTOUCH.....	66
ELIXOPHYLLIN.....	106	ESBRIET.....	106	FIASP PENFILL.....	66
ELLA.....	71	<i>escitalopram oxalate</i> .....	52	FINACEA.....	114
ELMIRON.....	85	<i>esomeprazole magnesium</i> .....	84	<i>finasteride</i> .....	85
EMCYT.....	33	<i>estradiol</i> .....	76	<i>flavoxate hcl</i> .....	86
EMGALITY.....	59	<i>estradiol valerate</i> .....	76	<i>flecainide acetate</i> .....	41
		<i>estradiol-norethindrone acet</i> ....	76		

FLEXICHAMBER CHILD MASK/SMALL.....	96	Gengraf.....	93	HUMIRA PEN-PSOR/UEVEIT STARTER.....	90
<i>fluconazole</i> .....	22	GENTAK.....	100	HUMULIN 70/30.....	66
<i>fludrocortisone acetate</i> .....	77	<i>gentamicin sulfate</i> .....	100, 108	HUMULIN 70/30	
<i>flunisolide</i> .....	105	GENVOYA.....	28	KWIKPEN.....	66
<i>fluocinolone acetonide</i> .....	112, 115	Gianvi.....	71	HUMULIN N.....	66
<i>fluocinolone acetonide body</i> ....	112	GILENYA.....	61	HUMULIN N KWIKPEN.....	66
<i>fluocinolone acetonide scalp</i> ....	112	<i>glatiramer acetate</i> .....	62	HUMULIN R.....	67
<i>fluocinonide</i> .....	112	Glatopa.....	62	HUMULIN R U-500 (CONCENTRATED).....	67
FLUORABON.....	97	GLEOSTINE.....	33	HUMULIN R U-500	
<i>fluoritab</i> .....	97	<i>glimepiride</i> .....	68	KWIKPEN.....	67
<i>fluorouracil</i> .....	108	<i>glipizide</i> .....	69	<i>hydralazine hcl</i> .....	46
<i>fluoxetine hcl</i> .....	52, 53	<i>glipizide er</i> .....	69	<i>hydrochlorothiazide</i> .....	46
<i>fluphenazine hcl</i> .....	55	<i>glipizide-metformin hcl</i> .....	65	<i>hydrocod polst-cpm polst er</i> ....	104
FLURA-DROPS.....	97	GLUCAGEN HYPOKIT.....	77	<i>hydrocodone bitartrate er</i> .....	17
<i>flurbiprofen</i> .....	15	<i>glucagon emergency</i> .....	77	<i>hydrocodone-acetaminophen</i> ....	17
<i>flurbiprofen sodium</i> .....	101	<i>glycopyrrolate</i> .....	80	<i>hydrocodone-homatropine</i> .....	104
<i>flutamide</i> .....	35	GLYXAMBI.....	68	<i>hydrocodone-ibuprofen</i> .....	17
<i>fluticasone propionate</i> .....	105, 112	GOLYTELY.....	82	<i>hydrocortisone</i> .....	77, 82, 113
<i>fluticasone-salmeterol</i> .....	106	<i>goodsense aspirin</i> .....	22	<i>hydrocortisone (perianal)</i> .....	84
<i>fluvastatin sodium</i> .....	42	<i>goodsense nicotine</i> .....	63	<i>hydrocortisone butyrate</i> ..	112, 113
<i>fluvastatin sodium er</i> .....	42	<i>granisetron hcl</i> .....	81	<i>hydrocortisone valerate</i> .....	113
<i>fluvoxamine maleate</i> .....	53	<i>griseofulvin microsize</i> .....	22	<i>hydrocortisone-acetic acid</i> .....	115
<i>fluvoxamine maleate er</i> .....	53	<i>griseofulvin ultramicrosize</i> .....	22	<i>hydromet</i> .....	104
FML.....	101	<i>guaifenesin ac</i> .....	104	<i>hydromorphone hcl</i> .....	17
FML FORTE.....	101	<i>guanfacine hcl</i> .....	46	<i>hydromorphone hcl er</i> .....	17
<i>folic acid</i> .....	97	<i>guanfacine hcl er</i> .....	57	<i>hydroxychloroquine sulfate</i> .....	92
<i>fondaparinux sodium</i> .....	87	<i>guanidine hcl</i> .....	60	<i>hydroxyurea</i> .....	38
<i>formoterol fumarate</i> .....	103	GYNAZOLE-1.....	86	<i>hydroxyzine hcl</i> .....	103
FOSAMAX PLUS D.....	69	<i>halobetasol propionate</i> .....	112	<i>hydroxyzine pamoate</i> .....	103
<i>fosamprenavir calcium</i> .....	25	<i>haloperidol</i> .....	55	<i>hyoscyamine sulfate</i> .....	80
<i>fosfomycin tromethamine</i> .....	22	<i>haloperidol lactate</i> .....	55	HYQVIA.....	92
<i>fosinopril sodium</i> .....	40	HARVONI.....	31	<i>ibandronate sodium</i> .....	69
<i>fosinopril sodium-hctz</i> .....	39	Heather.....	71	IBRANCE.....	34
FOSRENOL.....	79	<i>heparin sodium (porcine)</i> .....	87	<i>ibuprofen</i> .....	15
FRAGMIN.....	87	<i>heparin sodium (porcine) pf</i> ....	87	<i>icatibant acetate</i> .....	88
<i>frovatriptan succinate</i> .....	59	HETLIOZ.....	58	ICLUSIG.....	36
<i>furosemide</i> .....	45	HUMATROPE.....	77, 78	IDHIFA.....	36
FUZEON.....	25	HUMATROPEN FOR 12MG.....	96	ILEVRO.....	101
FYCOMPA.....	49	HUMATROPEN FOR 24MG.....	96	<i>imatinib mesylate</i> .....	36
<i>gabapentin</i> .....	49	HUMATROPEN FOR 6MG.....	96	IMBRUVICA.....	36
<i>galantamine hydrobromide</i> .....	51	HUMIRA.....	90	<i>imipramine hcl</i> .....	53
<i>galantamine hydrobromide er</i> ...	51	HUMIRA PEDIATRIC CROHNS START.....	89	<i>imipramine pamoate</i> .....	53
<i>gatifloxacin</i> .....	100	HUMIRA PEN.....	90	<i>imiquimod</i> .....	108
GAVILYTE-C.....	82	HUMIRA PEN-CD/UC/HS STARTER.....	90	INCRELEX.....	78
Gavilyte-G.....	82	HUMIRA PEN-PS/UV/ADOL HS START.....	90	INCRUSE ELLIPTA.....	102
Gavilyte-N With Flavor Pack..	82			<i>indapamide</i> .....	46
<i>gemfibrozil</i> .....	42			INLYTA.....	36, 37
Gemmily.....	71			INTELENCE.....	25
<i>generlac</i> .....	82				



INTRAROSA.....	64	Kurvelo.....	72	<i>levocetirizine dihydrochloride</i> ..	103
INTRON A.....	92	KYLEENA.....	72	<i>levofloxacin</i> .....	31, 100
Introvale.....	71	<i>labetalol hcl</i> .....	43	Levonest.....	72
INVIRASE.....	25	LACRISERT.....	101	<i>levonorgest-eth estrad 91-day</i> ...	72
IOPIDINE.....	99	<i>lactulose</i> .....	83	<i>levonorgestrel-ethinyl estrad</i> ....	72
<i>ipratropium bromide</i> .....	102	<i>lamivudine</i> .....	25, 29	Levora 0.15/30 (28).....	72
<i>ipratropium-albuterol</i> .....	102	<i>lamivudine-zidovudine</i> .....	28	<i>levorphanol tartrate</i> .....	17
<i>irbesartan</i> .....	41	<i>lamotrigine</i> .....	49	<i>levothyroxine sodium</i> .....	79
<i>irbesartan-hydrochlorothiazide</i> ..	40	<i>lamotrigine er</i> .....	49	Levoxyl.....	79
ISENTRESS.....	25	<i>lamotrigine starter kit-blue</i> .....	49	LEXIVA.....	25
ISENTRESS HD.....	25	<i>lamotrigine starter kit-green</i> ....	50	<i>lice treatment</i> .....	114
<i>isoniazid</i> .....	28	<i>lamotrigine starter kit-orange</i> ...	50	<i>lidocaine</i> .....	113
<i>isosorbide dinitrate</i> .....	46	<i>lancing device</i> .....	95	<i>lidocaine hcl</i> .....	113, 115
<i>isosorbide mononitrate</i> .....	47	LANOXIN.....	45	<i>lidocaine hcl urethrallmucosal</i> ..	113
<i>isosorbide mononitrate er</i> .....	46	<i>lansoprazole</i> .....	84	<i>lidocaine viscous hcl</i> .....	115
<i>isotretinoin</i> .....	107	<i>lapatinib ditosylate</i> .....	37	<i>lidocaine-prilocaine</i> .....	114
<i>isradipine</i> .....	44	Larin 1.5/30.....	72	LILETTA (52 MG).....	72
<i>itraconazole</i> .....	22	LASTACRAFT.....	98	<i>lindane</i> .....	114
<i>ivermectin</i> .....	23, 114	<i>latanoprost</i> .....	99	<i>linezolid</i> .....	23
JAKAFI.....	37	LATUDA.....	56	LINZESS.....	82
Jantoven.....	87	Leena.....	72	<i>liothyronine sodium</i> .....	79
JANUMET.....	65	<i>leflunomide</i> .....	92	<i>lisinopril</i> .....	40
JANUMET XR.....	65	LENVIMA (10 MG DAILY DOSE).....	37	<i>lisinopril-hydrochlorothiazide</i> ...	39
JANUVIA.....	65	LENVIMA (12 MG DAILY DOSE).....	37	<i>lithium</i> .....	60
JARDIANCE.....	68	LENVIMA (14 MG DAILY DOSE).....	37	<i>lithium carbonate</i> .....	60
JENTADUETO XR.....	65	LENVIMA (18 MG DAILY DOSE).....	37	<i>lithium carbonate er</i> .....	60
Jinteli.....	76	LENVIMA (20 MG DAILY DOSE).....	37	LO LOESTRIN FE.....	72
Jolessa.....	71	LENVIMA (24 MG DAILY DOSE).....	37	<i>loperamide hcl</i> .....	83
JUBLIA.....	108	LENVIMA (4 MG DAILY DOSE).....	37	<i>lopinavir-ritonavir</i> .....	28
Junel 1.5/30.....	71	LENVIMA (8 MG DAILY DOSE).....	37	<i>lorazepam</i> .....	48
Junel 1/20.....	71	Lessina.....	72	LORBRENA.....	37
Junel Fe 1.5/30.....	71	<i>letrozole</i> .....	35	Loryna.....	72
Junel Fe 1/20.....	72	<i>leucovorin calcium</i> .....	39	<i>losartan potassium</i> .....	41
Junel Fe 24.....	72	LEUKERAN.....	33	<i>losartan potassium-hctz</i> .....	40
KALETRA.....	28	<i>leuprolide acetate</i> .....	35	<i>loteprednol etabonate</i> .....	101
KALYDECO.....	105	<i>levabuterol hcl</i> .....	103	<i>lovastatin</i> .....	42
Kariva.....	72	<i>levabuterol tartrate</i> .....	103	Low-Ogestrel.....	72
Kelnor 1/35.....	72	LEVEMIR.....	67	<i>loxapine succinate</i> .....	56
<i>ketoconazole</i> .....	109, 110	LEVEMIR FLEXTOUCH.....	67	<i>lubiprostone</i> .....	82
<i>ketoprofen</i> .....	15	<i>levetiracetam</i> .....	50	LUMIGAN.....	99
<i>ketorolac tromethamine</i> ....	15, 101	<i>levetiracetam er</i> .....	50	LUPANETA PACK.....	79
KETOSTIX.....	95	<i>levobunolol hcl</i> .....	99	LUPRON DEPOT-PED (1-MONTH).....	38
Kionex.....	69			LUPRON DEPOT-PED (3-MONTH).....	38
KISQALI (200 MG DOSE)....	34			Lutera.....	72
KISQALI (400 MG DOSE)....	34			LYNPARZA.....	34
KISQALI (600 MG DOSE)....	34			LYSODREN.....	35
Klor-Con.....	96			<i>malathion</i> .....	114
Klor-Con 10.....	96			<i>maprotiline hcl</i> .....	53
Klor-Con M15.....	96				
Klor-Con M20.....	96				

<i>marlissa</i> .....	72	<i>metolazone</i> .....	46	NARCAN.....	64
MARPLAN.....	53	<i>metoprolol succinate er</i> .....	43	NATACYN.....	100
MATULANE.....	38	<i>metoprolol tartrate</i> .....	43	NATAZIA.....	73
Matzim La.....	44	<i>metoprolol-hydrochlorothiazide</i>	43	<i>nateglinide</i> .....	68
MAXIDEX.....	101	<i>metronidazole</i> .....	23, 86, 114	<i>nebivolol hcl</i> .....	43
<i>meclizine hcl</i> .....	81	<i>mexiletine hcl</i> .....	41	Necon 0.5/35 (28).....	73
<i>meclofenamate sodium</i> .....	15	Mibelas 24 Fe.....	73	<i>nefazodone hcl</i> .....	53
MEDROL.....	77	<i>miconazole 3</i> .....	86	<i>neomycin sulfate</i> .....	22
<i>medroxyprogesterone acetate</i>		Microgestin 1.5/30.....	73	<i>neomycin-polymyxin-dexameth</i>	99
.....	73, 79	<i>midodrine hcl</i> .....	46	<i>neomycin-polymyxin-</i>	
<i>mefenamic acid</i> .....	15	<i>miglitol</i> .....	65	<i>gramicidin</i> .....	100
<i>mefloquine hcl</i> .....	24	Mimvey.....	76	<i>neomycin-polymyxin-hc</i> ....	99, 115
<i>megestrol acetate</i> .....	35	Minitran.....	47	NEULASTA.....	88
MEKINIST.....	37	<i>minocycline hcl</i> .....	33	NEULASTA ONPRO.....	88
<i>meloxicam</i> .....	15	<i>minoxidil</i> .....	46	NEUPRO.....	55
<i>melphalan</i> .....	33	MIRCERA.....	88	NEVANAC.....	101
<i>memantine hcl</i> .....	51	MIRENA (52 MG).....	73	<i>nevirapine</i> .....	25, 26
<i>memantine hcl er</i> .....	51	<i>mirtazapine</i> .....	53	<i>nevirapine er</i> .....	25
MENEST.....	76	MIRVASO.....	114	NEXAVAR.....	37
MENTAX.....	109	<i>misoprostol</i> .....	83	NEXIUM.....	84
<i>meprobamate</i> .....	48	<i>modafinil</i> .....	63	NEXPLANON.....	73
<i>mercaptapurine</i> .....	33	<i>moexipril hcl</i> .....	40	NEXTSTELLIS.....	73
<i>mesalamine</i> .....	82	<i>mometasone furoate</i> .....	105, 113	<i>niacin er (antihyperlipidemic)</i> ..	42
<i>mesalamine er</i> .....	82	Mono-Linyah.....	73	<i>nicardipine hcl</i> .....	44
<i>mesalamine-cleanser</i> .....	82	<i>montelukast sodium</i> .....	105	<i>nicotine</i> .....	64
MESNEX.....	39	Morgidox.....	33	<i>nicotine polacrilex</i> .....	64
<i>metaproterenol sulfate</i> .....	103	<i>morphine sulfate</i> .....	18, 19	<i>nicotine step 3</i> .....	64
<i>metaxalone</i> .....	62	<i>morphine sulfate (concentrate)</i> ..	18	NICOTROL.....	64
<i>metformin hcl</i> .....	65	<i>morphine sulfate er</i> .....	18	NICOTROL NS.....	64
<i>metformin hcl er</i> .....	65	<i>morphine sulfate er beads</i> .....	18	<i>nifedipine er</i> .....	44
<i>methadone hcl</i> .....	17, 18	MOTOFEN.....	83	<i>nifedipine er osmotic release</i> ....	45
Methadone Hcl Intensol.....	17	MOVANTIK.....	83	Nikki.....	73
Methadose.....	18	<i>moxifloxacin hcl</i> .....	31, 100	<i>nilutamide</i> .....	35
<i>methamphetamine hcl</i> .....	57	<i>moxifloxacin hcl (2x day)</i> .....	100	<i>nimodipine</i> .....	45
<i>methazolamide</i> .....	46	MULTAQ.....	41	<i>nisoldipine er</i> .....	45
<i>methenamine hippurate</i> .....	23	<i>mupirocin</i> .....	108	<i>nitazoxanide</i> .....	23
<i>methimazole</i> .....	79	MYALEPT.....	75	<i>nitisinone</i> .....	75
<i>methocarbamol</i> .....	62	<i>mycophenolate mofetil</i> .....	93	NITRO-BID.....	47
<i>methotrexate</i> .....	33	<i>mycophenolate sodium</i> .....	93	NITRO-DUR.....	47
<i>methotrexate sodium</i> .....	33	<i>nabumetone</i> .....	15	<i>nitrofurantoin</i> .....	23
<i>methoxsalen rapid</i> .....	110	<i>nadolol</i> .....	43	<i>nitrofurantoin macrocrystal</i> .....	23
<i>methscopolamine bromide</i> .....	80	Nafrinse.....	97	<i>nitrofurantoin monohyd macro</i> ..	23
<i>methyl dopa</i> .....	46	Nafrinse Drops.....	97	<i>nitroglycerin</i> .....	47
<i>methylphenidate hcl</i> .....	57, 58	<i>naftifine hcl</i> .....	109	NIVESTYM.....	88
<i>methylphenidate hcl er</i> .....	57	<i>naloxone hcl</i> .....	63	<i>nizatidine</i> .....	82
<i>methylphenidate hcl er (cd)</i> .....	57	<i>naltrexone hcl</i> .....	63	Nora-Be.....	73
<i>methylphenidate hcl er (la)</i> .....	57	NAMENDA XR		<i>norethin ace-eth estrad-fe</i> .....	73
<i>methylprednisolone</i> .....	77	TITRATION PACK.....	51	<i>norethindrone</i> .....	73
<i>methyltestosterone</i> .....	64	<i>naproxen</i> .....	15	<i>norethindrone acetate</i> .....	79
<i>metoclopramide hcl</i> .....	81	<i>naratriptan hcl</i> .....	59	<i>norethindrone acet-ethinyl est</i> ...	73

<i>norethindrone-eth estradiol</i> .....	76	OMNIPOD 5 PACK.....	95	<i>paroxetine hcl er</i> .....	53
<i>norethin-eth estradiol-fe</i> .....	73	OMNIPOD DASH 5 PACK		PASER.....	28
<i>norgestimate-eth estradiol</i> .....	73	PODS.....	95	PAZEO.....	98
<i>norgestim-eth estrad triphasic</i> ...	73	OMNIPOD STARTER.....	95	PEDIATRIC PANDA	
NORPACE CR.....	41	<i>ondansetron</i> .....	81	MASK.....	96
Nortrel 0.5/35 (28).....	73	<i>ondansetron hcl</i> .....	81	<i>peg 3350-kcl-na bicarb-nacl</i> .....	83
Nortrel 1/35 (21).....	73	OPSUMIT.....	47	<i>peg-3350/electrolytes</i> .....	83
Nortrel 7/7/7.....	74	OPTICHAMBER FACE		PEGANONE.....	50
<i>nortriptyline hcl</i> .....	53	MASK-SMALL.....	96	PEGASYS.....	32
NORVIR.....	26	OPTIONS GYNOL II		PEGINTRON.....	32
NOVOFINE.....	95	CONTRACEPTIVE.....	85	<i>peg-kcl-nacl-nasulf-na asc-c</i> .....	83
NOVOFINE PEN NEEDLE..	95	Oralene.....	115	PEG-PREP.....	83
NOVOLIN 70/30.....	67	ORAVIG.....	115	<i>penicillamine</i> .....	69
NOVOLIN 70/30 FLEXPEN..	67	ORENITRAM.....	47	<i>penicillin v potassium</i> .....	32
NOVOLIN N.....	67	ORFADIN.....	75	<i>pentamidine isethionate</i> .....	23
NOVOLIN N FLEXPEN.....	67	ORLISSA.....	75	<i>pentoxifylline er</i> .....	88
NOVOLIN R.....	67	ORKAMBI.....	105	PERFOROMIST.....	103
NOVOLIN R FLEXPEN.....	67	<i>orphenadrine citrate er</i> .....	63	<i>perindopril erbumine</i> .....	40
NOVOLOG.....	67	Orsythia.....	74	Periogard.....	115
NOVOLOG FLEXPEN.....	67	<i>oscimin</i> .....	80	<i>permethrin</i> .....	114
NOVOLOG MIX 70/30.....	67	<i>oseltamivir phosphate</i> .....	29	<i>perphenazine</i> .....	56
NOVOLOG MIX 70/30		OSMOPREP.....	83	<i>phenelzine sulfate</i> .....	53
FLEXPEN.....	67	OSPHENA.....	78	<i>phenobarbital</i> .....	50
NOVOLOG PENFILL.....	67	OTEZLA.....	92	<i>phenoxybenzamine hcl</i> .....	46
NOXAFIL.....	22	<i>oxandrolone</i> .....	64	<i>phenylephrine hcl</i> .....	101
NUBEQA.....	35	<i>oxaprozin</i> .....	15	<i>phenytoin</i> .....	50
NUCALA.....	104	<i>oxazepam</i> .....	48	<i>phenytoin sodium extended</i> .....	50
NUCYNTA.....	19	<i>oxcarbazepine</i> .....	50	PHOSLYRA.....	79
NUCYNTA ER.....	19	<i>oxiconazole nitrate</i> .....	109	PHOSPHOLINE IODIDE.....	99
NUEDEXTA.....	60	<i>oxybutynin chloride</i> .....	86	Physiolyte.....	101
Nulev.....	80	<i>oxybutynin chloride er</i> .....	86	Physiosol Irrigation.....	102
Nyamyc.....	109	<i>oxycodone hcl</i> .....	19, 20	PICATO.....	108
<i>nystatin</i> .....	22, 109, 115	<i>oxycodone hcl er</i> .....	19	<i>pilocarpine hcl</i> .....	99, 115
<i>nystatin-triamcinolone</i> .....	109	<i>oxycodone-acetaminophen</i> .....	20	<i>pimozide</i> .....	60
Nystop.....	109	<i>oxycodone-aspirin</i> .....	20	<i>pindolol</i> .....	43
Ocella.....	74	<i>oxycodone-ibuprofen</i> .....	20	<i>pioglitazone hcl</i> .....	68
<i>octreotide acetate</i> .....	78	OXYCONTIN.....	20	<i>pioglitazone hcl-glimepiride</i> .....	68
ODEFSEY.....	28	<i>oxymorphone hcl</i> .....	21	<i>pioglitazone hcl-metformin hcl</i> ..	68
ODOMZO.....	39	<i>oxymorphone hcl er</i> .....	20	Pirmella 1/35.....	74
<i>ofloxacin</i> .....	31, 100, 115	OZEMPIC (0.25 OR 0.5		Pirmella 7/7/7.....	74
OGESTREL.....	74	MG/DOSE).....	66	<i>piroxicam</i> .....	15
<i>olanzapine</i> .....	56	OZEMPIC (1 MG/DOSE).....	66	PLEGRIDY.....	62
<i>olmesartan medoxomil</i> .....	41	Pacerone.....	41	PLEGRIDY STARTER	
<i>olmesartan medoxomil-hctz</i> .....	40	<i>paliperidone er</i> .....	56	PACK.....	62
<i>olmesartan-amlodipine-hctz</i> .....	41	<i>pantoprazole sodium</i> .....	84	PLENVU.....	83
<i>olopatadine hcl</i> .....	98, 103	PARAGARD		<i>podofilox</i> .....	114
<i>omega-3-acid ethyl esters</i> .....	43	INTRAUTERINE COPPER..	74	Polycin.....	100
<i>omeprazole</i> .....	84	<i>paricalcitol</i> .....	97	<i>polyethylene glycol 3350</i> .....	83
OMNARIS.....	105	<i>paromomycin sulfate</i> .....	22	<i>polymyxin b-trimethoprim</i> .....	100
OMNIFLEX DIAPHRAGM..	93	<i>paroxetine hcl</i> .....	53	POMALYST.....	92

Portia-28.....	74	<i>propafenone hcl</i> .....	41	<i>rifampin</i> .....	29
<i>posaconazole</i> .....	22	<i>propafenone hcl er</i> .....	41	RIFATER.....	29
<i>potassium chloride</i> .....	97	<i>propracaine hcl</i> .....	101	<i>riluzole</i> .....	61
<i>potassium chloride crys er</i> .....	96	<i>propranolol hcl</i> .....	44	<i>rimantadine hcl</i> .....	29
<i>potassium chloride er</i> .....	96	<i>propranolol hcl er</i> .....	43	RINVOQ.....	90
<i>potassium citrate er</i> .....	85	<i>propranolol-hctz</i> .....	43	<i>risedronate sodium</i> .....	69
PRADAXA.....	87	<i>propylthiouracil</i> .....	79	<i>risperidone</i> .....	56
PRALUENT.....	43	<i>protriptyline hcl</i> .....	53	<i>ritonavir</i> .....	26
<i>pramipexole dihydrochloride</i> .....	55	<i>pseudoeph-bromphen-dm</i> .....	104	<i>rivastigmine</i> .....	51
<i>pramipexole dihydrochloride er</i> .....	55	PTS PANELS KETONE		<i>rivastigmine tartrate</i> .....	51
<i>prasugrel hcl</i> .....	88	TEST.....	96	Rivelsa.....	74
<i>pravastatin sodium</i> .....	42	<i>pyrazinamide</i> .....	29	<i>rizatriptan benzoate</i> .....	59
<i>praziquantel</i> .....	23	<i>pyridostigmine bromide</i> .....	61	<i>ropinirole hcl</i> .....	55
<i>prazosin hcl</i> .....	40	<i>pyridostigmine bromide er</i> .....	61	Rosadan.....	114
PRED MILD.....	101	<i>pyridoxine hcl</i> .....	97	<i>rosuvastatin calcium</i> .....	42
<i>prednicarbate</i> .....	113	<i>pyrimethamine</i> .....	23	RYDAPT.....	34
<i>prednisolone</i> .....	77	<i>quetiapine fumarate</i> .....	56	SANCUSO.....	81
<i>prednisolone acetate</i> .....	101	<i>quetiapine fumarate er</i> .....	56	SANDIMMUNE.....	93
<i>prednisolone sodium phosphate</i> .....	77, 101	<i>quinapril hcl</i> .....	40	<i>sapropterin dihydrochloride</i> .....	75
<i>prednisone</i> .....	77	<i>quinapril-hydrochlorothiazide</i> ... 39		SAVELLA.....	61
PREDNISONO INTENSOL..	77	<i>quinidine sulfate</i> .....	41	SAVELLA TITRATION	
<i>pregabalin</i> .....	50	<i>quinine sulfate</i> .....	24	PACK.....	61
PREMARIN.....	76	QVAR REDIHALER.....	106	<i>sb lice treatment</i> .....	114
PRENATABS RX.....	97	<i>rabeprazole sodium</i> .....	84	<i>scopolamine</i> .....	81
PREPOPIK.....	83	<i>raloxifene hcl</i> .....	78	<i>selegiline hcl</i> .....	55
Prevalite.....	42	<i>ramelteon</i> .....	58	<i>selenium sulfide</i> .....	110
Previfem.....	74	<i>ramipril</i> .....	40	SELZENTRY.....	26
PREZCOBIX.....	28	<i>ranolazine er</i> .....	46	<i>sertraline hcl</i> .....	53
PREZISTA.....	26	<i>rasagiline mesylate</i> .....	55	<i>sevelamer carbonate</i> .....	79
PRIFTIN.....	29	REBIF.....	62	SHUR-SEAL	
<i>primaquine phosphate</i> .....	24	REBIF REBIDOSE.....	62	CONTRACEPTIVE.....	85
<i>primidone</i> .....	50	REBIF REBIDOSE		SIGNIFOR.....	78
PRIMSOL.....	23	TITRATION PACK.....	62	<i>sildenafil citrate</i> .....	47
<i>probenecid</i> .....	14	REBIF TITRATION PACK..	62	<i>silodosin</i> .....	85
<i>prochlorperazine</i> .....	81	Reclipsen.....	74	<i>silver sulfadiazine</i> .....	108
<i>prochlorperazine maleate</i> .....	81	RECTIV.....	84	SIMBRINZA.....	99
Procto-Pak.....	84	REGANEX.....	115	SIMPONI.....	90
Proctozone-Hc.....	84	RELENZA DISKHALER.....	29	<i>simvastatin</i> .....	42
<i>progesterone</i> .....	79	REMODULIN.....	47	<i>sirolimus</i> .....	93
PROLIA.....	78	<i>repaglinide</i> .....	68	SIRTURO.....	29
PROMACTA.....	88	RESCRIPTOR.....	26	SKYLA.....	74
<i>promethazine hcl</i> .....	81	RESTASIS.....	101	SKYRIZI.....	91
<i>promethazine-codeine</i> .....	104	RESTASIS MULTIDOSE....	101	SKYRIZI (150 MG DOSE)....	90
<i>promethazine-dm</i> .....	104	RETACRIT.....	88	SKYRIZI PEN.....	90
<i>promethazine-phenyleph-</i> <i>codeine</i> .....	104	REVLIMID.....	92	<i>sleep-aid</i> .....	58
<i>promethazine-phenylephrine</i> ... 104		REXULTI.....	56	SLYND.....	74
Promethegan.....	81	REYATAZ.....	26	<i>sm nicotine</i> .....	64
PROMETHEGAN.....	81	<i>ribavirin</i> .....	29, 32	<i>sodium chloride</i> .....	85, 105
		<i>rifabutin</i> .....	29	<i>sodium fluoride</i> .....	97, 98
		RIFAMATE.....	29	<i>sodium phenylbutyrate</i> .....	75, 76



<i>sodium polystyrene sulfonate</i> ....	69	SYNERA.....	114	<i>tobramycin-dexamethasone</i> .....	99
<i>solifenacin succinate</i> .....	86	SYNJARDY.....	68	TODAY SPONGE.....	85
SOLQUA.....	66	SYNJARDY XR.....	68	<i>tolcapone</i> .....	55
SOMATULINE DEPOT.....	78	SYNTHROID.....	79	<i>tolmetin sodium</i> .....	15
SOMAVERT.....	78	TABLOID.....	34	<i>tolterodine tartrate</i> .....	86
Sorine.....	44	<i>tacrolimus</i> .....	93, 114	<i>tolterodine tartrate er</i> .....	86
<i>sotalol hcl</i> .....	44	<i>tadalafil</i> .....	85	<i>tolvaptan</i> .....	78
<i>sotalol hcl (af)</i> .....	44	<i>tadalafil (pah)</i> .....	47	<i>topiramate</i> .....	50
SOVALDI.....	32	TAFINLAR.....	38	<i>toremifene citrate</i> .....	35
<i>spinosad</i> .....	114	TAKE ACTION.....	74	<i>torse mide</i> .....	46
SPIRIVA HANDIHALER... 102	102	TALTZ.....	91	TOVIAZ.....	86
SPIRIVA RESPIMAT.....	102	<i>tamoxifen citrate</i> .....	35	TRACLEER.....	47
<i>spironolactone</i> .....	46	<i>tamsulosin hcl</i> .....	85	<i>tramadol hcl</i> .....	21
<i>spironolactone-hctz</i> .....	46	TARGRETIN.....	114	<i>tramadol hcl er</i> .....	21
Sprintec 28.....	74	<i>tazarotene</i> .....	110	<i>tramadol-acetaminophen</i> .....	21
SPRYCEL.....	37	TAZORAC.....	110	<i>trandolapril</i> .....	40
SPS.....	69	Taztia Xt.....	45	<i>trandolapril-verapamil hcl er</i> ....	39
Sronyx.....	74	<i>telmisartan</i> .....	41	<i>tranexamic acid</i> .....	88
Ssd.....	108	<i>telmisartan-amlodipine</i> .....	41	<i>tranylcypro mine sulfate</i> .....	54
<i>stavudine</i> .....	26	<i>telmisartan-hctz</i> .....	41	<i>travoprost (bak free)</i> .....	99
STELARA.....	91	<i>temazepam</i> .....	58	<i>trazodone hcl</i> .....	54
STIVARGA.....	37	TEMIXYS.....	28	TRECATOR.....	29
STRIVERDI RESPIMAT... 104	104	<i>temozolomide</i> .....	33	TRELEGY ELLIPTA.....	102
SUBLOCADE.....	21	TENCON.....	14	TREMFYA.....	91
SUCRAID.....	84	<i>tenofovir disoproxil fumarate</i> ....	26	TRESIBA.....	68
<i>sucalfate</i> .....	83	<i>terazosin hcl</i> .....	40	TRESIBA FLEXTOUCH.....	68
<i>sulconazole nitrate</i> .....	109	<i>terbutaline hcl</i> .....	22	<i>tretinoin</i> .....	39, 107
<i>sulfacetamide sodium</i> .....	100	<i>terbutaline sulfate</i> .....	104	<i>tretinoin microsphere</i> .....	107
<i>sulfacetamide sodium (acne)</i> ..	107	<i>terconazole</i> .....	86	<i>tretinoin microsphere pump</i> ....	108
<i>sulfacetamide-prednisolone</i> .....	99	<i>testosterone</i> .....	65	<i>triamcinolone acetonide</i>	
<i>sulfadiazine</i> .....	22	<i>testosterone cypionate</i> .....	64	.....	106, 113, 115
<i>sulfamethoxazole-trimethoprim</i>	23	<i>testosterone enanthate</i> .....	64	<i>triamterene</i> .....	46
SULFAMYLON.....	108	<i>tetrabenazine</i> .....	61	<i>triamterene-hctz</i> .....	46
<i>sulfasalazine</i> .....	82	<i>tetracycline hcl</i> .....	33	<i>triazolam</i> .....	58
<i>sulindac</i> .....	15	THALOMID.....	92, 93	Triderm.....	113
<i>sumatriptan</i> .....	59, 60	<i>theophylline</i> .....	107	<i>trifluoperazine hcl</i> .....	56
<i>sumatriptan succinate</i> .....	60	<i>theophylline er</i> .....	106	<i>trifluridine</i> .....	100
<i>sumatriptan succinate refill</i> .....	60	<i>thioridazine hcl</i> .....	56	<i>trihexyphenidyl hcl</i> .....	55
<i>sumatriptan-naproxen sodium</i> ...60	60	<i>thiothixene</i> .....	56	TRIKAFTA.....	105
<i>sunitinib malate</i> .....	38	<i>tiagabine hcl</i> .....	50	Tri-Linyah.....	74
SUPRAX.....	30	Tilia Fe.....	74	<i>trimethobenzamide hcl</i> .....	81
SUPREP BOWEL PREP KIT	83	<i>timolol maleate</i> .....	44, 99	<i>trimethoprim</i> .....	23
SUTAB.....	83	<i>tinidazole</i> .....	22	<i>trimipramine maleate</i> .....	54
SUTENT.....	38	Tis-U-Sol.....	102	TRINTELLIX.....	54
Syeda.....	74	TIVICAY.....	26	Tri-Sprintec.....	74
Symax-Sl.....	80	TIVICAY PD.....	26	TRIUMEQ.....	28
SYMDEKO.....	105	<i>tizanidine hcl</i> .....	63	Trivora (28).....	75
SYMLINPEN 120.....	65	TOBRADEX.....	99	<i>tropicamide</i> .....	101
SYMLINPEN 60.....	65	TOBRADEX ST.....	99	<i>trospium chloride</i> .....	86
SYNAREL.....	78	<i>tobramycin</i> .....	22, 100	<i>trospium chloride er</i> .....	86

TRULICITY.....	66	VIREAD.....	27	ZEJULA.....	34
TUKYSA.....	38	VISTOGARD.....	39	ZELBORAF.....	38
TUZISTRA XR.....	104	<i>vitamin d (ergocalciferol)</i> .....	98	ZENPEP.....	84
TWIRLA.....	75	VITRAKVI.....	38	Zenedi.....	58
TYBLUME.....	75	VIVITROL.....	64	ZENZEDI.....	58
TYBOST.....	27	VOLTAREN.....	114	ZEPATIER.....	32
TYMLOS.....	78	<i>voriconazole</i> .....	22	<i>zidovudine</i> .....	27
TYVASO STARTER.....	47	VOSEVI.....	32	<i>zileuton er</i> .....	104
UDENYCA.....	88	VOTRIENT.....	38	ZIOPTAN.....	99
Unithroid.....	79	Vyfemla.....	75	<i>ziprasidone hcl</i> .....	56
UPTRAVI.....	47, 48	VYVANSE.....	58	ZIRGAN.....	100
<i>urinary pain relief</i> .....	85	<i>warfarin sodium</i> .....	87	ZOLINZA.....	34
<i>ursodiol</i> .....	83	Wera.....	75	<i>zolmitriptan</i> .....	60
<i>valacyclovir hcl</i> .....	29	<i>westab max</i> .....	98	<i>zolpidem tartrate</i> .....	59
<i>valganciclovir hcl</i> .....	29, 30	WIDE-SEAL DIAPHRAGM		<i>zolpidem tartrate er</i> .....	59
<i>valproic acid</i> .....	50	60.....	94	<i>zonisamide</i> .....	50
<i>valsartan</i> .....	41	WIDE-SEAL DIAPHRAGM		ZONTIVITY.....	89
<i>valsartan-hydrochlorothiazide</i> ...41		65.....	94	ZORTRESS.....	93
<i>vancomycin hcl</i> .....	24	WIDE-SEAL DIAPHRAGM		Zovia 1/35E (28).....	75
Vandazole.....	86	70.....	94	ZUBSOLV.....	15, 16
<i>varenicline tartrate</i> .....	64	WIDE-SEAL DIAPHRAGM		ZYDELIG.....	38
VARUBI (180 MG DOSE).....	81	75.....	94	ZYKADIA.....	38
VASCEPA.....	43	WIDE-SEAL DIAPHRAGM			
VCF VAGINAL		80.....	94		
CONTRACEPTIVE.....	85	WIDE-SEAL DIAPHRAGM			
Velivet.....	75	85.....	94		
VELPHORO.....	79	WIDE-SEAL DIAPHRAGM			
VEMLIDY.....	30	90.....	94		
VENCLEXTA.....	39	WIDE-SEAL DIAPHRAGM			
VENCLEXTA STARTING		95.....	94		
PACK.....	39	XALKORI.....	38		
<i>venlafaxine hcl</i> .....	54	XARELTO.....	87		
<i>venlafaxine hcl er</i> .....	54	XARELTO STARTER			
VENTAVIS.....	48	PACK.....	87		
<i>verapamil hcl</i> .....	45	XELJANZ.....	91		
<i>verapamil hcl er</i> .....	45	XELJANZ XR.....	91, 92		
V-GO 20.....	96	XIFAXAN.....	24		
V-GO 30.....	96	XIGDUO XR.....	68		
V-GO 40.....	96	XOLAIR.....	104		
VIBRAMYCIN.....	33	XTAMPZA ER.....	21		
VICTOZA.....	66	XTANDI.....	35		
VIDEX.....	27	Xulane.....	75		
VIDEX EC.....	27	XULTOPHY.....	66		
<i>vigabatrin</i> .....	50	XYREM.....	63		
VIIBRYD.....	54	YONSA.....	35		
VIIBRYD STARTER PACK.....	54	YOSPRALA.....	89		
VIMPAT.....	50	Yuvaferm.....	76		
VIOKACE.....	84	<i>zafirlukast</i> .....	105		
<i>viorele</i> .....	75	<i>zaleplon</i> .....	59		
VIRACEPT.....	27	Zarah.....	75		