

Plan for your best health

Standard Opt Out Plan - Aetna: Sutter Health | Aetna

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 Previous versions are no longer in effect.

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

Plan Name

Sutter Health OA Elect Choice® EPO

Sutter Health OA Managed Choice® POS

Sutter Health OA Managed Choice® POS HDHP

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Table of Contents

INFORMATIONAL SECTION.....	4
ANALGESICS - DRUGS TO TREAT PAIN AND INFLAMMATION.....	15
ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS.....	31
ANTINEOPLASTIC AGENTS - DRUGS TO TREAT CANCER.....	46
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES.....	58
CARDIOVASCULAR - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS.....	59
CENTRAL NERVOUS SYSTEM - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS.....	71
ENDOCRINE AND METABOLIC - DRUGS TO TREAT DIABETES AND REGULATE HORMONES.....	99
GASTROINTESTINAL - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS.....	125
GENITOURINARY - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS.....	132
HEMATOLOGIC - DRUGS TO TREAT BLOOD DISORDERS.....	136
IMMUNOLOGIC AGENTS - DRUGS TO TREAT DISORDERS OF THE IMMUNE SYSTEM.....	144
MEDICAL DEVICES.....	156
NUTRITIONAL/SUPPLEMENTS - VITAMINS AND SUPPLEMENTS.....	164
OPHTHALMIC - DRUGS TO TREAT EYE CONDITIONS.....	167
OTHER.....	172
RESPIRATORY - DRUGS TO TREAT BREATHING DISORDERS.....	172
TOPICAL - DRUGS TO TREAT EAR AND SKIN CONDITIONS.....	181

Definitions

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

How to use this guide

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

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

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

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

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

Your plan includes

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

What you can expect to pay

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

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

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

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

- **Generic – G (tier 1):** the lowest cost share
- **Preferred brand – PB (tier 2):** a slightly higher cost share
- **Non-preferred brand – NP (tier 3):** a higher cost share
- **Preferred Specialty – PSP (tier 4):** lower cost share for specialty drugs
- **Non-preferred Specialty – NPS (tier 5):** higher cost share for non-preferred specialty drugs
- **Copay Exception – CE:** Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy. Certain limitations may apply.

Your pharmacy plan may not have all the coverage levels listed above so check your plan documents to see how much you will pay, for example your copayments and maximum dollar amounts.

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

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

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

Have more questions about your pharmacy benefits?

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

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

Specialty Pharmacy Network

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

How to get started with a specialty pharmacy

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

- **To transfer your prescription,** just call us toll-free at **1-866-353-1892**.

- **For a new prescription,** your doctor can send it to us in one of four ways:

1. Electronically: Through e-prescribe

2. Fax: 1-800-323-2445

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

Get started right away

You can submit your order using one of these options:

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

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

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

Frequently asked questions

How can I save on prescriptions?

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

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

What are generic drugs?

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

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

What is prior authorization?

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

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

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

What is step therapy?

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

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

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

What are quantity limits?

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

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

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

In certain cases, you or your prescriber can request a medical exception to the prior authorization, step therapy or quantity limits requirement or for a drug that's not covered on your plan. Coverage determinations will be made within 72 hours of receiving non-urgent requests. You can ask for your request to be expedited. Expedited coverage decisions are made within 24 hours.

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

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

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

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

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

How can your provider request a medical exception?

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

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

Can the formulary change during the year?

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

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

Pharmacy and Therapeutics (P&T) Committee

The services of an independent National Pharmacy and Therapeutics Committee ("P&T Committee") are utilized to approve safe and clinically effective drug therapies. The P&T Committee is an external advisory body of clinical professionals from across the United States. The P&T Committee's voting members include physicians, pharmacists, a pharmacoeconomist and a medical ethicist, all of whom have a broad background of clinical and academic expertise regarding prescription drugs. Voting members of the P&T Committee are not employees of CVS Caremark and must disclose any financial relationship or conflicts of interest with any pharmaceutical manufacturers.

How do you find a pharmacy?

You can find a pharmacy in two ways:

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

Assistive Technology

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

Smartphone or Tablet

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

Non-Discrimination

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

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

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

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

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

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

Health benefit plans are administered by Sutter Health and Aetna Administrative Services LLC (Sutter Health|Aetna). Sutter Health|Aetna is an affiliate of Sutter Health and of Aetna Life Insurance Company and its affiliates (Aetna). Aetna provides certain management services to Sutter Health|Aetna.

TTY:711

English	To access language services at no cost to you, call the number on your ID card.
Albanian	Për shërbime përkthimi falas për ju, telefononi në numrin që gjendet në kartën tuaj të identitetit.
Amharic	የቋንቋ አገልግሎቶችን ያለክፍያ ለማግኘት፣ በመታወቂያዎት ላይ ያለውን ቁጥር ይደውሉ።
Arabic	للحصول على الخدمات اللغوية دون أي تكلفة، الرجاء الاتصال على الرقم الموجود على بطاقة اشتراكك.
Armenian	Ձեր նախընտրած լեզվով ավվճար խորհրդատվություն ստանալու համար զանգահարեք ձեր բժշկական ապահովագրության քարտի վրա նշված հեռախոսահամարով
Bantu-Kirundi	Kugira uronke serivisi z'indimi ata kiguzi, hamagara inomeri iri ku karangamuntu kawe
Bengali	আপনাকে বিনামূল্যে ভাষা পরিষেবা পেতে হলে আপনার পরিচয়পত্রে দেওয়া নম্বরে টেলিফোন করুন
Burmese	သင့်အနေဖြင့် အခကြေးငွေ မပေးရပဲ ဘာသာစကားဝန်ဆောင်မှုများ ရရှိနိုင်ရန်၊ သင့် ID ကတ်ပေါ်တွင်ရှိသော ဖုန်းနံပါတ်အား ခေါ်ဆိုပါ။
Catalan	Per accedir a serveis lingüístics sense cap cost per a vostè, telefoni al número indicat a la seva targeta d'identificació.
Cebuano	Aron maakses ang mga serbisyo sa lengguwahe nga wala kay bayran, tawagi ang numero nga anaa sa imong kard sa ID.
Chamorro	Para un hago' i setbision lengguåhi ni dibåtde para hægu, ågang i numiru gi iyo-mu kard aidentifikasion.
Cherokee	ᄎᄂᄃᄅ ᄆᄇᄈᄉᄊ ᄋᄌᄍᄎᄏᄑ ᄒᄓᄔᄕ ᄖᄗᄘᄙᄚᄛ ᄜᄝᄞᄟᄠᄡ ᄢᄣᄤᄥᄇᄈᄉᄊ ᄋᄌᄍᄎᄏᄑ ᄒᄓᄔᄕ ᄖᄗᄘᄙᄚᄛ ᄜᄝᄞᄟᄠᄡ.
Chinese Traditional	如欲使用免費語言服務，請撥打您健康保險卡上所列的電話號碼
Choctaw	Anumpa tosholi i toksvli ya peh pilla ho ish i payahinla kvt chi holisso kallo iskitini holhtena takanli ma i payah
Chuukese	Ren omw kopwe angei anininis eman chon awewei (ese kamé), kopwe kéeri ewe nampa mei mak won noum ena katen ID
Cushitic-Oromo	Tajaajiloota afaanii gatii bilisaa ati argaachuuf, lakkoofsa fuula waraaqaa eenyummaa (ID) kee irraa jiruun bilbili.
Dutch	Voor gratis taaldiensten, bel het nummer op uw ziekteverzekeringskaart.
French	Pour accéder gratuitement aux services linguistiques, veuillez composer le numéro indiqué sur votre carte d'assurance santé.
French Creole (Haitian)	Pou ou jwenn sèvis gratis nan lang ou, rele nimewo telefòn ki sou kat idantifikasyon asirans sante ou.
German	Um auf den für Sie kostenlosen Sprachservice auf Deutsch zuzugreifen, rufen Sie die Nummer auf Ihrer ID-Karte an.
Greek	Για πρόσβαση στις υπηρεσίες γλώσσας χωρίς χρέωση, καλέστε τον αριθμό στην κάρτα ασφάλισής σας.
Gujarati	તમારે કોઇ પણ જાતના ખર્ચ વિના ભાષા સેવાઓ મેળવવા માટે, તમારા આઇડી કાર્ડ પર રહેલ નંબર પર કોલ કરવો.

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

Pennsylvanian-Dutch	Um Schprooch Services zu griege mitaus Koscht, ruff die Nummer uff dei ID Kaart.
Persian Farsi	برای دسترسی به خدمات زبان به طور رایگان، با شماره قید شده روی کارت شناسایی خود تماس بگیرید.
Polish	Aby uzyskać dostęp do bezpłatnych usług językowych, należy zadzwonić pod numer podany na karcie identyfikacyjnej.
Portuguese	Para aceder aos serviços linguísticos gratuitamente, ligue para o número indicado no seu cartão de identificação.
Punjabi	ਤੁਹਾਡੇ ਲਈ ਬਿਨਾਂ ਕਿਸੇ ਕੀਮਤ ਵਾਲੀਆਂ ਪੰਜਾਬੀ ਸੇਵਾਵਾਂ ਦੀ ਵਰਤੋਂ ਕਰਨ ਲਈ, ਆਪਣੇ ਆਈਡੀ ਕਾਰਡ 'ਤੇ ਦਿੱਤੇ ਨੰਬਰ 'ਤੇ ਫ਼ੋਨ ਕਰੋ।
Romanian	Pentru a accesa gratuit serviciile de limbă, apălați numărul de pe cardul de membru.
Russian	Для того чтобы бесплатно получить помощь переводчика, позвоните по телефону, приведенному на вашей идентификационной карте.
Samoan	Mō le mauaina o 'au'aunaga tau gagana e aunoa ma se totogi, vala'au le numera i luga o lau pepa ID.
Serbo-Croatian	Za besplatne prevodilačke usluge pozovite broj naveden na Vašoj identifikacionoj kartici.
Spanish	Para acceder a los servicios lingüísticos sin costo alguno, llame al número que figura en su tarjeta de identificación.
Sudanic Fulfulde	Heeba a naasta nder ekkitol jaangirde woldeji walla yobugo, ewnu lamba je don windi ha do derowol maada.
Swahili	Kupata huduma za lugha bila malipo kwako, piga nambari iliyo kwenye kadi yako ya kitambulisho.
Syriac-Assyrian	ܟܘܦܬܐ ܗܘܕܘܡܐ ܙܐ ܠܘܒܗܐ ܒܝܠܘܦܐ ܟܘܟܘܐ, ܦܝܓܐ ܢܡܒܪܝ ܝܠܝܘ ܟܘܨܢܝܝܐ ܟܘܕܝ ܝܘܟܘ ܝܘܟܝܬܘܡܒܘܠܝܫܘ.
Tagalog	Upang ma-access ang mga serbisyo sa wika nang walang bayad, tawagan ang numero sa iyong ID card.
Telugu	భాష సేవలను మీకు ఖర్చు లేకుండా అందుకునేందుకు, మీ ఐడి కార్డుపై ఉన్న నంబరుకు కాల్ చేయండి.
Thai	หากท่านต้องการเข้าถึงการบริการทางด้านภาษาโดยไม่มีค่าใช้จ่าย โปรดโทรหมายเลขที่แสดงอยู่บนบัตรประจำตัวของท่าน
Tongan	Kapau 'oku ke fiema'u ta'etōtōngi 'a e ngaahi sēvesi kotoa pē he ngaahi lea kotoa, telefoni ki he fika 'oku hā atu 'i ho'o ID kaati.
Turkish	Dil hizmetlerine ücretsiz olarak erişmek için kimlik kartınızdaki numarayı arayın.
Ukrainian	Щоб безкоштовні отримати мовні послуги, задзвоніть за номером, вказаним на вашій ідентифікаційній картці.
Urdu	لسانی خدمات تک مفت رسائی کے لیے، اپنے بیمہ کے ID کارڈ پر درج نمبر پر کال کریں۔
Vietnamese	Để sử dụng các dịch vụ ngôn ngữ miễn phí, vui lòng gọi số điện thoại ghi trên thẻ ID của quý vị.
Yiddish	צו באקומען שפראך סערוויסעס פאר יי פון אפצאל, רופט דעם נומער אויף אײער ID קארטל.
Yoruba	Látí ráyèsí àwọn isẹ̀ èdè fún ọ̀ lófèṣẹ̀, pe nọmbà tó wà lórí káàdì ìdánimọ̀ rẹ̀.

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. 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 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), prior authorization, 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, prior authorization 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 prior authorization 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 prescriber 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

N10 = Drug Coverage for Student Health members.

N7 = Drug tier when CE does not apply

N8 = Drug Specific Coverage

PA = Prior Authorization

QL = Quantity Limit

Select OTC = Select OTC

Program if your pharmacy plan includes this program you may have coverage for products noted with a doctors prescription. Please see your plan benefit information for specific coverage details.

SPC = Select Plan Coverage: Only available for select plans. Refer to member plan documents for coverage.

ST = Step Therapy

STX = Safer and/or more effective treatments are available

Drug Tier

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

G = Generic

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

NPB = Non-Preferred Brands

NPSP = Non-Preferred Specialty

PB = Preferred Brand

PSP = Preferred Specialty

lowercase *italics* = Generic drugs

UPPERCASE = Brand name drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANALGESICS - DRUGS TO TREAT PAIN AND INFLAMMATION		
COX-2 INHIBITORS		
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	G	
GOUT - DRUGS TO TREAT GOUT		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	G	
<i>colchicine oral capsule 0.6 mg</i>	G	
<i>colchicine oral tablet 0.6 mg</i>	G	
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>	G	

2021 Pharmacy Drug Guide – Standard Opt Out Plan – Aetna: Sutter Health | Aetna

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>febuxostat oral tablet 40 mg, 80 mg</i>	G	
KRYSTEXXA INTRAVENOUS SOLUTION 8 MG/ML (<i>pegloticase</i>)	NPSP	PA
<i>probenecid oral tablet 500 mg</i>	G	
MISCELLANEOUS		
PRIALT INTRATHECAL SOLUTION 100 MCG/ML, 500 MCG/20ML, 500 MCG/5ML (<i>ziconotide acetate</i>)	NPSP	
NON-OPIOID ANALGESICS		
ALLZITAL ORAL TABLET 25-325 MG (<i>butalbital-acetaminophen</i>)	NPB	STX; QL (96 TABLETS per 25 days)
<i>butalbital-apap-caffeine</i> (Bac Oral Tablet 50-325-40 Mg)	G	STX; QL (48 tablets per 25 days)
<i>butalbital-acetaminophen</i> (Bupap Oral Tablet 50-300 Mg)	NF	
<i>butalbital-acetaminophen capsule 50-300 mg oral 50-300 mg</i>	G	STX; QL (48 CAPSULES per 25 DAYS)
<i>butalbital-acetaminophen capsule 50-300 mg oral 50-300 mg</i>	NF	
<i>butalbital-acetaminophen oral tablet 25-325 mg</i>	G	STX; QL (96 TABLETS per 25 DAYS)
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	G	STX; QL (48 TABLETS per 25 DAYS)
<i>butalbital-apap-caffeine oral capsule 50-300-40 mg, 50-325-40 mg</i>	G	STX; QL (48 CAPSULES per 25 DAYS)
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	G	STX; QL (48 TABLETS per 25 days)
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	G	STX; QL (48 CAPSULES per 25 DAYS)
ESGIC ORAL TABLET 50-325-40 MG (<i>butalbital-apap-caffeine</i>)	NPB	STX; QL (48 TABLETS per 25 days)
FIORICET ORAL CAPSULE 50-300-40 MG (<i>butalbital-apap-caffeine</i>)	NPB	STX; QL (48 CAPSULES per 25 DAYS)
VTOL LQ ORAL SOLUTION 50-325-40 MG/15ML (<i>butalbital-apap-caffeine</i>)	G	STX; QL (720 ML per 25 DAYS)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NSAIDS - DRUGS TO TREAT PAIN AND INFLAMMATION		
ANAPROX DS ORAL TABLET 550 MG (<i>naproxen sodium</i>)	PB	
<i>diclofenac oral capsule 35 mg</i>	NF	
<i>diclofenac potassium oral tablet 50 mg</i>	G	
<i>diclofenac sodium er oral tablet extended release 24 hour 100 mg</i>	G	
<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 capsule 200 mg, 400 mg</i>	NF	
<i>fenoprofen calcium oral tablet 600 mg</i>	NF	
FENORTHO ORAL CAPSULE 200 MG (<i>fenoprofen calcium</i>)	NF	
<i>flurbiprofen oral tablet 100 mg, 50 mg</i>	G	
<i>ibuprofen (Ibu Oral Tablet 600 Mg)</i>	G	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	G	
INDOCIN ORAL SUSPENSION 25 MG/5ML (<i>indomethacin</i>)	NF	
INDOCIN RECTAL SUPPOSITORY 50 MG (<i>indomethacin</i>)	NF	
<i>indomethacin oral capsule 20 mg</i>	NF	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	G	STX
<i>ketoprofen er oral capsule extended release 24 hour 200 mg</i>	NF	
<i>ketoprofen oral capsule 25 mg</i>	NF	
<i>ketoprofen oral capsule 50 mg, 75 mg</i>	G	
<i>ketorolac tromethamine nasal solution 15.75 mg/spray</i>	NF	
<i>ketorolac tromethamine oral tablet 10 mg</i>	G	QL (20 TABLETS per 25 DAYS)

2021 Pharmacy Drug Guide – Standard Opt Out Plan – Aetna: Sutter Health | Aetna

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>meclofenamate sodium oral capsule 100 mg, 50 mg</i>	G	
<i>mefenamic acid oral capsule 250 mg</i>	G	
<i>meloxicam oral capsule 10 mg, 5 mg</i>	NF	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	G	
<i>nabumetone oral tablet 500 mg, 750 mg</i>	G	
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG (<i>naproxen sodium</i>)	NF	
NAPROSYN ORAL TABLET 500 MG (<i>naproxen</i>)	NPB	
<i>naproxen oral suspension 125 mg/5ml</i>	NF	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	G	
<i>naproxen oral tablet delayed release 375 mg, 500 mg</i>	G	
<i>naproxen sodium er oral tablet extended release 24 hour 375 mg, 500 mg</i>	NF	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	G	
<i>oxaprozin oral tablet 600 mg</i>	G	
<i>piroxicam oral capsule 10 mg, 20 mg</i>	G	
SPRIX NASAL SOLUTION 15.75 MG/SPRAY (<i>ketorolac tromethamine</i>)	NF	
<i>sulindac oral tablet 150 mg, 200 mg</i>	G	
ZORVOLEX ORAL CAPSULE 18 MG, 35 MG (<i>diclofenac</i>)	NF	
NSAIDS, COMBINATIONS		
<i>diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg</i>	G	
<i>naproxen-esomeprazole oral tablet delayed release 375-20 mg, 500-20 mg</i>	NF	
OPIOID AGONIST/ANTAGONIST		
BUNAVAIL BUCCAL FILM 4.2-0.7 MG (<i>buprenorphine hcl-naloxone hcl</i>)	PB	QL (90 FILMS per 25 DAYS)
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg</i>	G	QL (60 FILM per 25 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg</i>	G	QL (90 FILM per 25 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg</i>	CE	N7 (G); QL (90 TABLETS per 25 DAYs)
<i>pentazocine-naloxone hcl oral tablet 50-0.5 mg</i>	G	STX; N8 (Subject to initial limit.); QL (120 TABLETS per 25 days)
SUBOXONE SUBLINGUAL FILM 12-3 MG (<i>buprenorphine hcl-naloxone hcl</i>)	NPB	QL (60 FILMS per 25 DAYs)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG, 4-1 MG, 8-2 MG (<i>buprenorphine hcl-naloxone hcl</i>)	NPB	QL (90 FILM per 25 days)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG, 1.4-0.36 MG, 2.9-0.71 MG, 5.7-1.4 MG (<i>buprenorphine hcl-naloxone hcl</i>)	PB	QL (90 TABLETS per 25 DAYs)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 11.4-2.9 MG (<i>buprenorphine hcl-naloxone hcl</i>)	PB	QL (30 TABLETS per 25 DAYs)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 8.6-2.1 MG (<i>buprenorphine hcl-naloxone hcl</i>)	PB	QL (60 TABLETS per 25 DAYs)
OPIOID ANALGESICS - DRUGS TO TREAT PAIN		
<i>acetaminophen-codeine #2 oral tablet 300-15 mg</i>	G	N8 (Subject to initial limit); QL (400 TABLETS per 25 days)
<i>acetaminophen-codeine #3 oral tablet 300-30 mg</i>	G	N8 (Subject to initial limit); QL (360 TABLETS per 25 days)
<i>acetaminophen-codeine #4 oral tablet 300-60 mg</i>	G	N8 (Subject to initial limit); QL (180 TABLETS per 25 days)
<i>acetaminophen-codeine oral solution 120-12 mg/5ml</i>	G	N8 (Subject to initial limit); QL (2700 ML per 25 days)
ACTIQ BUCCAL LOZENGE ON A HANDLE 1200 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG (<i>fentanyl citrate</i>)	NPB	PA; QL (120 LOZENGE ON A HANDLE per 25 days)
APADAZ ORAL TABLET 4.08-325 MG, 6.12-325 MG, 8.16-325 MG (<i>benzhydrocodone-acetaminophen</i>)	NPB	STX; N8 (Subject to initial limit.); QL (168 TABLETS per 25 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>apap-caff-dihydrocodeine oral capsule 320.5-30-16 mg</i>	G	N8 (Subject to initial limit); QL (300 CAPSULES per 25 days)
<i>apap-caff-dihydrocodeine oral tablet 325-30-16 mg</i>	G	N8 (Subject to initial limit); QL (300 TABLETS per 25 DAYS)
<i>benzhydrocodone-acetaminophen oral tablet 4.08-325 mg, 6.12-325 mg, 8.16-325 mg</i>	NPB	STX; N8 (Subject to initial limit.); QL (168 TABLETS per 25 days)
<i>butalbital-apap-caff-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg</i>	G	STX; QL (48 CAPSULES per 25 DAYS)
<i>butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg</i>	G	STX; 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	N8 (Subject to initial limit); QL (42 TABLETS per 25 days)
<i>codeine sulfate oral tablet 60 mg</i>	NPB	N8 (Subject to initial limit); QL (42 TABLETS per 25 days)
CONZIP ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG (<i>tramadol hcl</i>)	NPB	ST; QL (30 CAPSULES per 25 DAYS)
CONZIP ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG, 300 MG (<i>tramadol hcl</i>)	NPB	ST
DILAUDID ORAL LIQUID 1 MG/ML (<i>hydromorphone hcl</i>)	NPB	N8 (Subject to initial limit); QL (600 ML per 25 days)
DILAUDID ORAL TABLET 2 MG (<i>hydromorphone hcl</i>)	NPB	N8 (Subject to initial limit); QL (180 TABLETS per 25 days)
DILAUDID ORAL TABLET 4 MG (<i>hydromorphone hcl</i>)	NPB	N8 (Subject to initial limit); QL (150 TABLETS per 25 days)

2021 Pharmacy Drug Guide – Standard Opt Out Plan – Aetna: Sutter Health | Aetna

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DILAUDID ORAL TABLET 8 MG (<i>hydromorphone hcl</i>)	NPB	N8 (Subject to initial limit); QL (60 TABLETS per 25 days)
<i>fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	G	PA; QL (120 LOZENGE ON A HANDLE per 25 days)
<i>fentanyl citrate buccal tablet 100 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	G	PA; QL (120 TABLETS per 25 DAYS)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 50 mcg/hr, 62.5 mcg/hr, 75 mcg/hr, 87.5 mcg/hr</i>	G	ST
<i>fentanyl transdermal patch 72 hour 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hr</i>	G	ST; QL (10 PATCHES per 25 DAYS)
FENTORA BUCCAL TABLET 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG (<i>fentanyl citrate</i>)	NPB	PA; QL (120 TABLETS per 25 days)
FIORICET/CODEINE ORAL CAPSULE 50-300-40-30 MG (<i>butalbital-apap-caff-cod</i>)	NPB	STX; QL (48 CAPSULES per 25 DAYS)
<i>hydrocodone bitartrate er oral capsule extended release 12 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg</i>	G	ST; QL (60 capsules per 25 days)
<i>hydrocodone bitartrate er oral capsule extended release 12 hour 50 mg</i>	G	ST
<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 10-325 mg/15ml</i>	NPB	N8 (Subject to initial limit); QL (2700 ML per 25 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml</i>	G	N8 (Subject to initial limit); QL (2700 ML per 25 days)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 7.5-300 mg</i>	G	N8 (Subject to initial limit); QL (180 TABLETS per 25 DAYS)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg</i>	G	N8 (Subject to initial limit); QL (180 TABLETS per 25 days)

2021 Pharmacy Drug Guide – Standard Opt Out Plan – Aetna: Sutter Health | Aetna

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>hydrocodone-acetaminophen oral tablet 5-300 mg</i>	G	N8 (Subject to initial limit); QL (240 TABLETS per 25 DAYS)
<i>hydrocodone-acetaminophen oral tablet 5-325 mg</i>	G	N8 (Subject to initial limit); QL (240 TABLETS per 25 days)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	G	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	ST
<i>hydromorphone hcl oral liquid 1 mg/ml</i>	G	N8 (Subject to initial limit); QL (600 ML per 25 days)
<i>hydromorphone hcl oral tablet 2 mg</i>	G	N8 (Subject to initial limit); QL (180 TABLETS per 25 days)
<i>hydromorphone hcl oral tablet 4 mg</i>	G	N8 (Subject to initial limit); QL (150 TABLETS per 25 days)
<i>hydromorphone hcl oral tablet 8 mg</i>	G	N8 (Subject to initial limit); QL (60 TABLETS per 25 days)
<i>hydromorphone hcl rectal suppository 3 mg</i>	NPB	N8 (Subject to initial limit); QL (120 SUPPOSITORY per 25 days)
HYSINGLA ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT 100 MG, 120 MG (<i>hydrocodone bitartrate</i>)	NPB	ST
HYSINGLA ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT 20 MG, 30 MG, 40 MG, 60 MG, 80 MG (<i>hydrocodone bitartrate</i>)	NPB	ST; QL (30 TABLETS per 25 days)
LAZANDA NASAL SOLUTION 100 MCG/ACT, 400 MCG/ACT (<i>fentanyl citrate</i>)	NF	

2021 Pharmacy Drug Guide – Standard Opt Out Plan – Aetna: Sutter Health | Aetna

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>levorphanol tartrate oral tablet 2 mg, 3 mg</i>	NF	
LORTAB ORAL ELIXIR 10-300 MG/15ML (<i>hydrocodone-acetaminophen</i>)	NPB	N8 (Subject to initial limit); QL (2025 ML per 25 days)
<i>meperidine hcl oral solution 50 mg/5ml</i>	G	N8 (Subject to initial limit); QL (90 ML per 25 days)
<i>meperidine hcl oral tablet 50 mg</i>	G	N8 (Subject to initial limit); QL (18 TABLETS per 25 days)
<i>methadone hcl</i> (Methadone Hcl Intensol Oral Concentrate 10 Mg/ML)	G	ST; QL (60 ML per 25 DAYS)
<i>methadone hcl oral concentrate 10 mg/ml</i>	G	QL (30 ML per 25 DAYS)
<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)
METHADOSE ORAL CONCENTRATE 10 MG/ML (<i>methadone hcl</i>)	NPB	QL (30 ML per 25 DAYS)
METHADOSE SUGAR-FREE ORAL CONCENTRATE 10 MG/ML (<i>methadone hcl</i>)	NPB	QL (30 ML per 25 DAYS)
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>	G	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	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, 40 mg</i>	G	ST; QL (60 CAPSULES per 25 DAYS)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>morphine sulfate er oral capsule extended release 24 hour 100 mg</i>	G	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	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	N8 (Subject to initial limit); QL (900 ML per 25 days)
<i>morphine sulfate oral solution 20 mg/5ml</i>	G	N8 (Subject to initial limit); QL (675 ML per 25 days)
<i>morphine sulfate oral tablet 15 mg</i>	G	N8 (Subject to initial limit); QL (180 TABLETS per 25 days)
<i>morphine sulfate oral tablet 30 mg</i>	G	N8 (Subject to initial limit); QL (90 TABLETS per 25 days)
<i>morphine sulfate rectal suppository 10 mg, 5 mg</i>	G	N8 (Subject to initial limit); QL (180 SUPPOSITORY per 25 days)
<i>morphine sulfate rectal suppository 20 mg</i>	G	N8 (Subject to initial limit); QL (120 SUPPOSITORY per 25 days)
<i>morphine sulfate rectal suppository 30 mg</i>	G	N8 (Subject to initial limit); QL (90 SUPPOSITORY per 25 days)
MS CONTIN ORAL TABLET EXTENDED RELEASE 100 MG, 200 MG, 60 MG (<i>morphine sulfate</i>)	NPB	ST
MS CONTIN ORAL TABLET EXTENDED RELEASE 15 MG, 30 MG (<i>morphine sulfate</i>)	NPB	ST; QL (90 TABLETS per 25 DAYS)
<i>nalocet oral tablet 2.5-300 mg</i>	NPB	N8 (Subject to initial limit); QL (360 TABLETS per 25 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 50 MG (<i>tapentadol hcl</i>)	PB	ST; QL (60 TABLETS per 25 days)
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR 150 MG, 200 MG, 250 MG (<i>tapentadol hcl</i>)	PB	ST
NUCYNTA ORAL TABLET 100 MG (<i>tapentadol hcl</i>)	PB	N8 (Subject to initial limit); QL (60 TABLETS per 25 days)
NUCYNTA ORAL TABLET 50 MG (<i>tapentadol hcl</i>)	PB	N8 (Subject to initial limit); QL (120 TABLETS per 25 days)
NUCYNTA ORAL TABLET 75 MG (<i>tapentadol hcl</i>)	PB	N8 (Subject to initial limit); QL (90 TABLETS per 25 days)
OXAYDO ORAL TABLET 5 MG, 7.5 MG (<i>oxycodone hcl</i>)	NPB	N8 (Subject to initial limit); QL (180 TABLETS per 25 Days)
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent 10 mg, 20 mg</i>	G	ST; QL (60 tablets per 25 days)
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent 15 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	ST
<i>oxycodone hcl oral capsule 5 mg</i>	G	N8 (Subject to initial limit); QL (180 CAPSULES per 25 days)
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>	G	N8 (Subject to initial limit); QL (90 ML per 25 days)
<i>oxycodone hcl oral solution 5 mg/5ml</i>	G	N8 (Subject to initial limit); QL (900 ML per 25 days)
<i>oxycodone hcl oral tablet 10 mg, 5 mg</i>	G	N8 (Subject to initial limit); QL (180 TABLETS per 25 days)

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>oxymorphone hcl oral tablet 10 mg</i>	G	N8 (Subject to initial limit); QL (90 TABLETS per 25 days)
<i>oxymorphone hcl oral tablet 5 mg</i>	G	N8 (Subject to initial limit); QL (180 TABLETS per 25 days)
PERCOCET ORAL TABLET 10-325 MG (<i>oxycodone-acetaminophen</i>)	NPB	N8 (Subject to initial limit); QL (180 TABLETS per 25 days)
PERCOCET ORAL TABLET 2.5-325 MG, 5-325 MG (<i>oxycodone-acetaminophen</i>)	NPB	N8 (Subject to initial limit); QL (360 TABLETS per 25 days)
PERCOCET ORAL TABLET 7.5-325 MG (<i>oxycodone-acetaminophen</i>)	NPB	N8 (Subject to initial limit); QL (240 TABLETS per 25 days)
PROLATE ORAL SOLUTION 10-300 MG/5ML (<i>oxycodone-acetaminophen</i>)	NPB	N8 (Subject to initial limit); QL (900 ML per 25 DAYS)
PROLATE ORAL TABLET 10-300 MG, 5-300 MG, 7.5-300 MG (<i>oxycodone-acetaminophen</i>)	NF	
QDOLO ORAL SOLUTION 5 MG/ML (<i>tramadol hcl</i>)	NPB	N8 (Subject to initial limit); QL (1800 ML per 25 DAYS)
ROXICODONE ORAL TABLET 15 MG (<i>oxycodone hcl</i>)	NPB	N8 (Subject to initial limit); QL (120 TABLETS per 25 days)
ROXICODONE ORAL TABLET 30 MG (<i>oxycodone hcl</i>)	NPB	N8 (Subject to initial limit); QL (60 TABLETS per 25 days)
ROXICODONE ORAL TABLET 5 MG (<i>oxycodone hcl</i>)	NPB	N8 (Subject to initial limit); QL (180 TABLETS per 25 days)
SUBSYS SUBLINGUAL LIQUID 100 MCG, 200 MCG (<i>fentanyl</i>)	PB	PA; QL (120 SPRAYS per 25 days)
SUBSYS SUBLINGUAL LIQUID 1200 (600 X 2) MCG, 1600 (800 X 2) MCG (<i>fentanyl</i>)	PB	PA; QL (240 SPRAYS per 25 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SUBSYS SUBLINGUAL LIQUID 400 MCG, 600 MCG, 800 MCG (<i>fentanyl</i>)	PB	PA; QL (120 LIQUID per 25 days)
<i>tramadol hcl er (biphasic) oral tablet extended release 24 hour 100 mg</i>	G	ST; QL (30 TABLETS per 25 DAYS)
<i>tramadol hcl er (biphasic) oral tablet extended release 24 hour 200 mg, 300 mg</i>	G	ST
<i>tramadol hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg</i>	NF	
<i>tramadol hcl er oral tablet extended release 24 hour 100 mg</i>	G	ST; QL (30 TABLETS per 25 DAYS)
<i>tramadol hcl er oral tablet extended release 24 hour 200 mg, 300 mg</i>	G	ST
<i>tramadol hcl oral tablet 100 mg</i>	NF	
<i>tramadol hcl oral tablet 50 mg</i>	G	N8 (Subject to initial limit); QL (180 TABLETS per 25 days)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	G	N8 (Subject to initial limit); QL (40 TABLETS per 25 days)
ULTRACET ORAL TABLET 37.5-325 MG (<i>tramadol-acetaminophen</i>)	NPB	N8 (Subject to initial limit); QL (40 TABLETS per 25 days)
ULTRAM ORAL TABLET 50 MG (<i>tramadol hcl</i>)	NPB	N8 (Subject to initial limit); QL (180 TABLETS per 25 days)
XODOL ORAL TABLET 5-300 MG (<i>hydrocodone-acetaminophen</i>)	NPB	N8 (Subject to initial limit); QL (240 TABLETS per 25 days)
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 13.5 MG, 18 MG, 27 MG, 9 MG (<i>oxycodone</i>)	PB	ST; QL (60 CAPSULES per 25 days)
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 36 MG (<i>oxycodone</i>)	PB	ST

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OPIOID PARTIAL AGONISTS		
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 75 MCG (<i>buprenorphine hcl</i>)	PB	ST; QL (60 FILMS per 25 DAYS)
BELBUCA BUCCAL FILM 600 MCG, 750 MCG, 900 MCG (<i>buprenorphine hcl</i>)	PB	ST
<i>buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg</i>	CE	N7 (G); 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
BUTRANS TRANSDERMAL PATCH WEEKLY 10 MCG/HR, 5 MCG/HR, 7.5 MCG/HR (<i>buprenorphine</i>)	NPB	ST; QL (4 PATCH WEEKLY per 25 days)
BUTRANS TRANSDERMAL PATCH WEEKLY 15 MCG/HR, 20 MCG/HR (<i>buprenorphine</i>)	NPB	ST
SUBLOCADE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.5ML, 300 MG/1.5ML (<i>buprenorphine</i>)	PSP	
SALICYLATES		
<i>aspirin childrens oral tablet chewable 81 mg</i>	CE	N7 (Not Covered); QL (100 TABLETS per 30 DAYS); AL (Min 12 Years and Max 59 Years)
<i>aspirin ec oral tablet delayed release 81 mg</i>	CE	N7 (Not Covered); QL (100 TABLETS per 30 DAYS); AL (Min 12 Years and Max 59 Years)
<i>diflunisal oral tablet 500 mg</i>	G	
VISCOSUPPLEMENTS		
DUROLANE INTRA-ARTICULAR PREFILLED SYRINGE 60 MG/3ML (<i>sodium hyaluronate (viscosup)</i>)	PSP	PA
EUFLEXXA INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML (<i>sodium hyaluronate (viscosup)</i>)	PSP	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GEL-ONE INTRA-ARTICULAR PREFILLED SYRINGE 30 MG/3ML (<i>cross-linked hyaluronate</i>)	NF	
GELSYN-3 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 16.8 MG/2ML (<i>sodium hyaluronate (viscosup)</i>)	PSP	PA
GENVISC 850 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML (<i>sodium hyaluronate (viscosup)</i>)	NF	
HYALGAN INTRA-ARTICULAR SOLUTION 20 MG/2ML (<i>sodium hyaluronate (viscosup)</i>)	NF	
HYALGAN INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML (<i>sodium hyaluronate (viscosup)</i>)	NF	
HYMOVIS INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 24 MG/3ML (<i>hyaluronan</i>)	NF	
MONOVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 88 MG/4ML (<i>hyaluronan</i>)	NF	
ORTHOVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 30 MG/2ML (<i>hyaluronan</i>)	NF	
SUPARTZ FX INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML (<i>sodium hyaluronate (viscosup)</i>)	PSP	PA
SYNVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 16 MG/2ML (<i>hylan</i>)	NF	
SYNVISC ONE INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 48 MG/6ML (<i>hylan</i>)	NF	
TRILURON INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML (<i>sodium hyaluronate (viscosup)</i>)	NF	
TRIVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML (<i>sodium hyaluronate (viscosup)</i>)	NF	
VISCO-3 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML (<i>sodium hyaluronate (viscosup)</i>)	NF	

2021 Pharmacy Drug Guide – Standard Opt Out Plan – Aetna: Sutter Health | Aetna

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS		
ANTI-BACTERIALS - MISCELLANEOUS		
ARIKAYCE INHALATION SUSPENSION 590 MG/8.4ML <i>(amikacin sulfate liposome)</i>	NPSP	PA
BETHKIS INHALATION NEBULIZATION SOLUTION 300 MG/4ML <i>(tobramycin)</i>	PSP	PA; QL (224 ML per 28 days)
KITABIS PAK INHALATION NEBULIZATION SOLUTION 300 MG/5ML <i>(tobramycin)</i>	NPSP	PA; QL (280 ML per 28 days)
<i>neomycin sulfate oral tablet 500 mg</i>	G	
<i>paromomycin sulfate oral capsule 250 mg</i>	G	
<i>tinidazole oral tablet 250 mg, 500 mg</i>	G	
TOBI INHALATION NEBULIZATION SOLUTION 300 MG/5ML <i>(tobramycin)</i>	NF	
TOBI PODHALER INHALATION CAPSULE 28 MG <i>(tobramycin)</i>	NF	
<i>tobramycin inhalation nebulization solution 300 mg/4ml</i>	PSP	PA; QL (224 ML per 28 DAYs)
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	PSP	PA; QL (280 ML per 28 days)
ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS		
<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>flucytosine oral capsule 500 mg</i>	NF	
<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	
<i>itraconazole oral solution 10 mg/ml</i>	G	
<i>ketoconazole oral tablet 200 mg</i>	G	STX
<i>nystatin oral tablet 500000 unit</i>	G	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>posaconazole oral tablet delayed release 100 mg</i>	NF	
<i>terbinafine hcl oral tablet 250 mg</i>	G	
VFEND ORAL SUSPENSION RECONSTITUTED 40 MG/ML (<i>voriconazole</i>)	PB	
VFEND ORAL TABLET 200 MG, 50 MG (<i>voriconazole</i>)	PB	
<i>voriconazole oral suspension reconstituted 40 mg/ml</i>	G	
<i>voriconazole oral tablet 200 mg, 50 mg</i>	G	
ANTI-INFECTIVES - MISCELLANEOUS		
<i>albendazole oral tablet 200 mg</i>	G	QL (336 TABLETS per 365 DAYS)
ALBENZA ORAL TABLET 200 MG (<i>albendazole</i>)	NPB	QL (336 TABLETS per 365 DAYS)
ALINIA ORAL SUSPENSION RECONSTITUTED 100 MG/5ML (<i>nitazoxanide</i>)	NPB	QL (540 ML per 25 DAYS); AL (Min 1 Years)
ALINIA ORAL TABLET 500 MG (<i>nitazoxanide</i>)	NPB	QL (20 TABLETS per 25 DAYS); AL (Min 12 Years)
<i>atovaquone oral suspension 750 mg/5ml</i>	G	
BILTRICIDE ORAL TABLET 600 MG (<i>praziquantel</i>)	NPB	QL (24 TABLETS per 365 DAYS)
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG (<i>aztreonam lysine</i>)	NPSP	PA; QL (84 ML per 28 days)
CLEOCIN ORAL CAPSULE 150 MG, 300 MG, 75 MG (<i>clindamycin hcl</i>)	PB	
CLEOCIN ORAL SOLUTION RECONSTITUTED 75 MG/5ML (<i>clindamycin palmitate hcl</i>)	PB	
<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>colistimethate sodium (cba) injection solution reconstituted 150 mg</i>	G	
<i>dapsone oral tablet 100 mg, 25 mg</i>	G	
EMVERM ORAL TABLET CHEWABLE 100 MG (<i>mebendazole</i>)	PB	QL (12 TABLETS per 365 DAYS)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FIRVANQ ORAL SOLUTION RECONSTITUTED 25 MG/ML, 50 MG/ML (<i>vancomycin hcl</i>)	NPB	QL (450 ML per 10 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	
MACROBID ORAL CAPSULE 100 MG (<i>nitrofurantoin monohyd macro</i>)	PB	
MACRODANTIN ORAL CAPSULE 100 MG, 25 MG, 50 MG (<i>nitrofurantoin macrocrystal</i>)	NF	
<i>methenamine hippurate oral tablet 1 gm</i>	G	
<i>methenamine mandelate oral tablet 0.5 gm, 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); AL (Min 12 Years)
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>	G	
<i>nitrofurantoin monohyd macro oral capsule 100 mg</i>	G	
<i>nitrofurantoin oral suspension 25 mg/5ml</i>	G	
<i>pentamidine isethionate inhalation solution reconstituted 300 mg</i>	G	
<i>praziquantel oral tablet 600 mg</i>	G	QL (24 TABLETS per 365 DAYs)
<i>pyrimethamine oral tablet 25 mg</i>	G	
<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	
VANCOGIN HCL ORAL CAPSULE 125 MG (<i>vancomycin hcl</i>)	PB	QL (80 CAPSULES per 10 DAYs)
VANCOGIN ORAL CAPSULE 250 MG (<i>vancomycin hcl</i>)	PB	QL (80 capsules per 10 days)
<i>vancomycin hcl oral capsule 125 mg, 250 mg</i>	G	QL (80 CAPSULES per 10 DAYs)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>vancomycin hcl oral solution reconstituted 250 mg/5ml</i>	NPB	QL (450 ML per 10 DAYs)
XIFAXAN ORAL TABLET 550 MG (<i>rifaximin</i>)	PB	
ANTIMALARIALS - DRUGS TO TREAT MALARIA		
<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	
MALARONE ORAL TABLET 250-100 MG, 62.5-25 MG (<i>atovaquone-proguanil hcl</i>)	PB	
<i>mefloquine hcl oral tablet 250 mg</i>	G	
<i>primaquine phosphate oral tablet 26.3 (15 base) mg</i>	G	
<i>quinine sulfate oral capsule 324 mg</i>	G	
ANTIRETROVIRAL AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION		
<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>)	NF	
<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 400 MG (<i>indinavir sulfate</i>)	NPB	QL (180 CAPSULES per 30 DAYs)
EDURANT ORAL TABLET 25 MG (<i>rilpivirine hcl</i>)	PB	QL (60 TABLETS per 30 DAYs)
<i>efavirenz oral capsule 200 mg, 50 mg</i>	G	QL (90 CAPSULES per 30 DAYs)
<i>efavirenz oral tablet 600 mg</i>	G	QL (30 TABLETS per 30 DAYs)
<i>emtricitabine oral capsule 200 mg</i>	G	QL (30 TABLETS per 30 DAYs)
EMTRIVA ORAL CAPSULE 200 MG (<i>emtricitabine</i>)	PB	QL (30 CAPSULES per 30 DAYs)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EMTRIVA ORAL SOLUTION 10 MG/ML (<i>emtricitabine</i>)	PB	QL (680 ML per 28 DAYs)
EPIVIR ORAL SOLUTION 10 MG/ML (<i>lamivudine</i>)	NPB	QL (900 mls per 30 days)
EPIVIR ORAL TABLET 150 MG (<i>lamivudine</i>)	NPB	QL (60 tablets per 30 days)
EPIVIR ORAL TABLET 300 MG (<i>lamivudine</i>)	NPB	QL (30 tablets per 30 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>)	PSP	PA; QL (60 SOLUTION RECONSTITUTED per 30 days)
INTELENCE ORAL TABLET 100 MG, 25 MG (<i>etravirine</i>)	PB	QL (120 TABLETS per 30 DAYs)
INTELENCE ORAL TABLET 200 MG (<i>etravirine</i>)	PB	QL (60 TABLETS per 30 DAYs)
INVIRASE ORAL TABLET 500 MG (<i>saquinavir mesylate</i>)	NF	
ISENTRESS HD ORAL TABLET 600 MG (<i>raltegravir potassium</i>)	PB	QL (60 TABLETS per 30 DAYs)
ISENTRESS ORAL PACKET 100 MG (<i>raltegravir potassium</i>)	PB	QL (60 PACKETS per 30 days)
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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LEXIVA ORAL SUSPENSION 50 MG/ML (<i>fosamprenavir calcium</i>)	NF	
LEXIVA ORAL TABLET 700 MG (<i>fosamprenavir calcium</i>)	NF	
<i>nevirapine er oral tablet extended release 24 hour 100 mg</i>	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)
<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)
NORVIR ORAL TABLET 100 MG (<i>ritonavir</i>)	PB	QL (360 TABLETS per 30 DAYS)
PIFELTRO ORAL TABLET 100 MG (<i>doravirine</i>)	NF	
PREZISTA ORAL SUSPENSION 100 MG/ML (<i>darunavir ethanolate</i>)	PB	QL (400 ML per 30 DAYS)
PREZISTA ORAL TABLET 150 MG (<i>darunavir ethanolate</i>)	PB	QL (180 TABLETS per 30 DAYS)
PREZISTA ORAL TABLET 600 MG (<i>darunavir ethanolate</i>)	PB	QL (60 TABLETS per 30 DAYS)
PREZISTA ORAL TABLET 75 MG (<i>darunavir ethanolate</i>)	PB	QL (300 TABLETS per 30 DAYS)
PREZISTA ORAL TABLET 800 MG (<i>darunavir ethanolate</i>)	PB	QL (30 TABLETS per 30 DAYS)
RETROVIR ORAL CAPSULE 100 MG (<i>zidovudine</i>)	NPB	QL (180 CAPSULES per 30 DAYS)
RETROVIR ORAL SYRUP 50 MG/5ML (<i>zidovudine</i>)	NPB	QL (1800 ML per 30 DAYS)
REYATAZ ORAL CAPSULE 150 MG, 300 MG (<i>atazanavir sulfate</i>)	NPB	QL (30 CAPSULES per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
REYATAZ ORAL CAPSULE 200 MG (<i>atazanavir sulfate</i>)	NPB	QL (60 CAPSULES per 30 days)
REYATAZ ORAL PACKET 50 MG (<i>atazanavir sulfate</i>)	NPB	QL (180 PACKET per 30 days)
<i>ritonavir oral tablet 100 mg</i>	G	QL (360 TABLETS per 30 DAYs)
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG (<i>fostemsavir tromethamine</i>)	NPB	QL (60 TABLETS per 30 days)
SELZENTRY ORAL SOLUTION 20 MG/ML (<i>maraviroc</i>)	NPB	QL (1840 ML per 30 DAYs)
SELZENTRY ORAL TABLET 150 MG, 75 MG (<i>maraviroc</i>)	NPB	QL (60 TABLETS per 30 DAYs)
SELZENTRY ORAL TABLET 25 MG (<i>maraviroc</i>)	NPB	QL (240 TABLETS per 30 DAYs)
SELZENTRY ORAL TABLET 300 MG (<i>maraviroc</i>)	NPB	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)
SUSTIVA ORAL CAPSULE 200 MG, 50 MG (<i>efavirenz</i>)	NPB	QL (90 CAPSULES per 30 DAYs)
SUSTIVA ORAL TABLET 600 MG (<i>efavirenz</i>)	NPB	QL (30 TABLETS 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)
TYBOST ORAL TABLET 150 MG (<i>cobicistat</i>)	NPB	QL (30 TABLETS per 30 DAYs)
VIRACEPT ORAL TABLET 250 MG, 625 MG (<i>nelfinavir mesylate</i>)	NF	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VIRAMUNE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 400 MG (<i>nevirapine</i>)	NPB	QL (30 TABLETS per 30 DAYS)
VIREAD ORAL POWDER 40 MG/GM (<i>tenofovir disoproxil fumarate</i>)	NPB	QL (240 GM per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG, 300 MG (<i>tenofovir disoproxil fumarate</i>)	NPB	QL (30 TABLETS per 30 days)
ZIAGEN ORAL SOLUTION 20 MG/ML (<i>abacavir sulfate</i>)	NPB	QL (900 mls per 30 days)
ZIAGEN ORAL TABLET 300 MG (<i>abacavir sulfate</i>)	NPB	QL (60 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)
ANTIRETROVIRAL COMBINATION AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION		
<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)
ATRIPLA ORAL TABLET 600-200-300 MG (<i>efavirenz-emtricitab-tenofovir</i>)	NPB	QL (30 TABLETS per 30 days)
BIKTARVY ORAL TABLET 50-200-25 MG (<i>bictegravir-emtricitab-tenofov</i>)	PB	QL (30 TABLETS per 30 DAYS)
CIMDUO ORAL TABLET 300-300 MG (<i>lamivudine-tenofovir</i>)	PB	QL (30 TABLETS per 30 DAYS)
COMBIVIR ORAL TABLET 150-300 MG (<i>lamivudine-zidovudine</i>)	NPB	QL (60 tablets per 30 days)
COMPLERA ORAL TABLET 200-25-300 MG (<i>emtricitab- rilpivir-tenofovir</i>)	NF	
DELSTRIGO ORAL TABLET 100-300-300 MG (<i>doravirin-lamivudin-tenofov df</i>)	NF	
DESCOVY ORAL TABLET 200-25 MG (<i>emtricitabine-tenofovir af</i>)	PB	QL (30 TABLETS per 30 DAYS)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
<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 applies for pre-exposure prophylaxis only); QL (30 TABLETS per 30 days)
EPZICOM ORAL TABLET 600-300 MG (<i>abacavir sulfate-lamivudine</i>)	NPB	QL (30 TABLETS per 30 DAYs)
EVOTAZ ORAL TABLET 300-150 MG (<i>atazanavir-cobicistat</i>)	PB	QL (30 TABLETS per 30 DAYs)
GENVOYA ORAL TABLET 150-150-200-10 MG (<i>elviteg-cobic-emtricit-tenofaf</i>)	PB	QL (30 TABLETS per 30 DAYs)
JULUCA ORAL TABLET 50-25 MG (<i>dolutegravir-rilpivirine</i>)	NPB	QL (30 TABLETS per 30 DAYs)
KALETRA ORAL SOLUTION 400-100 MG/5ML (<i>lopinavir-ritonavir</i>)	NPB	QL (390 ML per 30 DAYs)
KALETRA ORAL TABLET 100-25 MG (<i>lopinavir-ritonavir</i>)	NPB	QL (240 TABLETS per 30 days)
KALETRA ORAL TABLET 200-50 MG (<i>lopinavir-ritonavir</i>)	NPB	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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ODEFSEY ORAL TABLET 200-25-25 MG (<i>emtricitabine-rilpivir-tenofovir 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)
STRIBILD ORAL TABLET 150-150-200-300 MG (<i>elvitegravir-cobic-emtricit-tenofovir df</i>)	NF	
SYMFI LO ORAL TABLET 400-300-300 MG (<i>efavirenz-lamivudine-tenofovir</i>)	NPB	QL (30 TABLETS per 30 days)
SYMFI ORAL TABLET 600-300-300 MG (<i>efavirenz-lamivudine-tenofovir</i>)	NPB	QL (30 TABLETS per 30 days)
SYMTUZA ORAL TABLET 800-150-200-10 MG (<i>darunavir-cobic-emtricit-tenofovir</i>)	PB	QL (30 TABLETS per 30 days)
TEMIKYS 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-lamivudine</i>)	PB	QL (30 TABLETS per 30 DAYS)
TRIZIVIR ORAL TABLET 300-150-300 MG (<i>abacavir-lamivudine-zidovudine</i>)	NPB	QL (60 TABLETS per 30 DAYS)
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG (<i>emtricitabine-tenofovir df</i>)	NPB	QL (30 TABLETS per 30 days)
ANTITUBERCULAR AGENTS - DRUGS TO TREAT TUBERCULOSIS		
<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	
MYAMBUTOL ORAL TABLET 400 MG (<i>ethambutol hcl</i>)	PB	
<i>pyrazinamide oral tablet 500 mg</i>	G	
<i>rifabutin oral capsule 150 mg</i>	G	
<i>rifampin oral capsule 150 mg, 300 mg</i>	G	
SIRTURO ORAL TABLET 100 MG, 20 MG (<i>bedaquiline fumarate</i>)	NPSP	PA

2021 Pharmacy Drug Guide – Standard Opt Out Plan – Aetna: Sutter Health | Aetna

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS		
<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	
BARACLUDE ORAL SOLUTION 0.05 MG/ML (<i>entecavir</i>)	PSP	PA; QL (630 ML per 30 days)
BARACLUDE ORAL TABLET 0.5 MG, 1 MG (<i>entecavir</i>)	NF	
<i>cidofovir intravenous solution 75 mg/ml</i>	G	
<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>)	NF	
EPIVIR HBV ORAL TABLET 100 MG (<i>lamivudine</i>)	NF	
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	G	
<i>ganciclovir sodium intravenous solution reconstituted 500 mg</i>	G	
HEPSERA ORAL TABLET 10 MG (<i>adefovir dipivoxil</i>)	NF	
<i>lamivudine oral tablet 100 mg</i>	G	
<i>oseltamivir phosphate oral capsule 30 mg, 45 mg, 75 mg</i>	G	
<i>oseltamivir phosphate oral suspension reconstituted 6 mg/ml</i>	G	
PREVYMIS ORAL TABLET 240 MG, 480 MG (<i>letermovir</i>)	NPB	QL (1 TABLET per 1 DAY)
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/BLISTER (<i>zanamivir</i>)	PB	
<i>rimantadine hcl oral tablet 100 mg</i>	G	
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5ML (<i>palivizumab</i>)	NPSP	PA
<i>valacyclovir hcl oral tablet 1 gm, 500 mg</i>	G	
VALCYTE ORAL SOLUTION RECONSTITUTED 50 MG/ML (<i>valganciclovir hcl</i>)	NPB	PA; QL (1000 ML per 30 days)
VALCYTE ORAL TABLET 450 MG (<i>valganciclovir hcl</i>)	NPB	PA; QL (120 TABLETS per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>valganciclovir hcl oral solution reconstituted 50 mg/ml</i>	G	PA; QL (1000 ML per 30 days)
<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>)	PSP	PA; QL (30 TABLETS per 30 days)
CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS		
<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>cefdinir oral capsule 300 mg</i>	G	
<i>cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</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 CAPSULE 400 MG (<i>cefixime</i>)	PB	
SUPRAX ORAL SUSPENSION RECONSTITUTED 100 MG/5ML, 200 MG/5ML, 500 MG/5ML (<i>cefixime</i>)	PB	

2021 Pharmacy Drug Guide – Standard Opt Out Plan – Aetna: Sutter Health | Aetna

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SUPRAX ORAL TABLET CHEWABLE 100 MG, 200 MG (<i>cefixime</i>)	PB	
ERYTHROMYCINS/MACROLIDES - DRUGS TO TREAT INFECTIONS		
<i>azithromycin oral packet 1 gm</i>	G	
<i>azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	G	
<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	
DIFICID ORAL TABLET 200 MG (<i>fidaxomicin</i>)	PB	
E.E.S. GRANULES ORAL SUSPENSION RECONSTITUTED 200 MG/5ML (<i>erythromycin ethylsuccinate</i>)	NF	
ERYPED 200 ORAL SUSPENSION RECONSTITUTED 200 MG/5ML (<i>erythromycin ethylsuccinate</i>)	NF	
ERYPED 400 ORAL SUSPENSION RECONSTITUTED 400 MG/5ML (<i>erythromycin ethylsuccinate</i>)	NF	
<i>erythromycin base (Ery-Tab Oral Tablet Delayed Release 250 Mg, 333 Mg, 500 Mg)</i>	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	

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SOVALDI ORAL TABLET 200 MG, 400 MG (<i>sofosbuvir</i>)	NPSP	PA; ST; QL (28 TABLETS per 28 days)
VIEKIRA PAK ORAL TABLET THERAPY PACK 12.5-75-50 & 250 MG (<i>ombitas-paritapre-ritona-dasab</i>)	NF	
VOSEVI ORAL TABLET 400-100-100 MG (<i>sofosbuv-velpatasv-voxilaprev</i>)	PSP	PA; IBC (Preferred for all genotypes); QL (28 TABLETS per 28 days)
ZEPATIER ORAL TABLET 50-100 MG (<i>elbasvir-grazoprevir</i>)	NF	
PENICILLINS - DRUGS TO TREAT INFECTIONS		
<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	
TETRACYCLINES - DRUGS TO TREAT INFECTIONS		
<i>demeclocycline hcl oral tablet 150 mg, 300 mg</i>	G	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	G	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	G	
<i>doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg</i>	NF	
<i>doxycycline hyclate oral tablet delayed release 100 mg, 200 mg, 50 mg</i>	NF	
<i>doxycycline hyclate oral tablet delayed release 150 mg, 75 mg, 80 mg</i>	G	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	G	
<i>doxycycline monohydrate oral capsule 150 mg, 75 mg</i>	NF	
<i>doxycycline monohydrate oral suspension reconstituted 25 mg/5ml</i>	G	
<i>doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	G	
MINOCIN ORAL CAPSULE 100 MG (<i>minocycline hcl</i>)	NF	
<i>minocycline hcl er oral capsule extended release 24 hour 135 mg, 45 mg, 90 mg</i>	NF	
<i>minocycline hcl er oral tablet extended release 24 hour 105 mg, 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg</i>	NF	
<i>minocycline hcl oral capsule 100 mg, 50 mg, 75 mg</i>	G	
<i>minocycline hcl oral tablet 100 mg, 50 mg, 75 mg</i>	G	
<i>tetracycline hcl oral capsule 250 mg, 500 mg</i>	G	
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED 25 MG/5ML (<i>doxycycline monohydrate</i>)	PB	
VIBRAMYCIN ORAL SYRUP 50 MG/5ML (<i>doxycycline calcium</i>)	PB	
ANTINEOPLASTIC AGENTS - DRUGS TO TREAT CANCER		
ALKYLATING AGENTS - CHEMOTHERAPY DRUGS		
ALKERAN ORAL TABLET 2 MG (<i>melphalan</i>)	CE	N7 (PB)
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	CE	N7 (G)
EMCYT ORAL CAPSULE 140 MG (<i>estramustine phosphate sodium</i>)	CE	N7 (PB)
LEUKERAN ORAL TABLET 2 MG (<i>chlorambucil</i>)	CE	N7 (PB)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>melphalan oral tablet 2 mg</i>	CE	N7 (G)
MYLERAN ORAL TABLET 2 MG (<i>busulfan</i>)	CE	N7 (PB)
TEMODAR ORAL CAPSULE 100 MG, 140 MG, 180 MG, 250 MG (<i>temozolomide</i>)	CE	PA; ST; N7 (NPSP)
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>	CE	PA; N7 (G)
ANTIMETABOLITES - CHEMOTHERAPY DRUGS		
<i>capecitabine oral tablet 150 mg, 500 mg</i>	CE	PA; N7 (G)
<i>mercaptopurine oral tablet 50 mg</i>	CE	N7 (G)
<i>methotrexate oral tablet 2.5 mg</i>	CE	N7 (G)
<i>methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml</i>	G	
<i>methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml</i>	G	
<i>methotrexate sodium injection solution reconstituted 1 gm</i>	G	
ONUREG ORAL TABLET 200 MG, 300 MG (<i>azacitidine</i>)	CE	PA; N7 (NPSP); QL (14 TABLETS per 28 days)
PURIXAN ORAL SUSPENSION 2000 MG/100ML (<i>mercaptopurine</i>)	CE	PA; N7 (NPSP)
TABLOID ORAL TABLET 40 MG (<i>thioguanine</i>)	CE	N7 (PB)
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG (<i>methotrexate sodium</i>)	CE	N7 (PB)
XATMEP ORAL SOLUTION 2.5 MG/ML (<i>methotrexate</i>)	CE	N7 (NPSP)
XELODA ORAL TABLET 150 MG (<i>capecitabine</i>)	CE	PA; ST; N7 (NPSP); QL (120 TABLETS per 30 days)
XELODA ORAL TABLET 500 MG (<i>capecitabine</i>)	CE	PA; ST; N7 (NPSP); QL (300 TABLETS per 30 days)
BIOLOGIC RESPONSE MODIFIERS		
DAURISMO ORAL TABLET 100 MG, 25 MG (<i>glasdegib maleate</i>)	CE	N7 (NF)
ERIVEDGE ORAL CAPSULE 150 MG (<i>vismodegib</i>)	CE	PA; N7 (PSP); QL (30 CAPSULES per 30 days)

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

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

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<i>letrozole oral tablet 2.5 mg</i>	CE	N7 (G)
<i>leuprolide acetate injection kit 1 mg/0.2ml</i>	PSP	PA
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG, 7.5 MG (<i>leuprolide acetate</i>)	NF	
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 22.5 MG (<i>leuprolide acetate (3 month)</i>)	NF	
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30 MG (<i>leuprolide acetate (4 month)</i>)	NF	
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45 MG (<i>leuprolide acetate (6 month)</i>)	NF	
LYSODREN ORAL TABLET 500 MG (<i>mitotane</i>)	CE	N7 (PB)
<i>megestrol acetate oral suspension 40 mg/ml, 625 mg/5ml</i>	CE	N7 (G)
<i>megestrol acetate oral tablet 20 mg, 40 mg</i>	CE	N7 (G)
NILANDRON ORAL TABLET 150 MG (<i>nilutamide</i>)	CE	N7 (NF)
<i>nilutamide oral tablet 150 mg</i>	CE	N7 (G)
NUBEQA ORAL TABLET 300 MG (<i>darolutamide</i>)	CE	PA; N7 (PSP); QL (120 TABLETS per 30 days)
ORGOVYX ORAL TABLET 120 MG (<i>relugolix</i>)	CE	N7 (NF)
<i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>	CE	N7 (G); AL (Min 35 Years)
<i>toremifene citrate oral tablet 60 mg</i>	CE	N7 (G)
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 22.5 MG, 3.75 MG (<i>triptorelin pamoate</i>)	NF	
XTANDI ORAL CAPSULE 40 MG (<i>enzalutamide</i>)	CE	PA; N7 (PSP); QL (120 CAPSULES per 30 days)
XTANDI ORAL TABLET 40 MG (<i>enzalutamide</i>)	CE	PA; N7 (PSP); QL (120 TABLETS per 30 DAYS)
XTANDI ORAL TABLET 80 MG (<i>enzalutamide</i>)	CE	PA; N7 (PSP); QL (60 TABLETS per 30 DAYS)
YONSA ORAL TABLET 125 MG (<i>abiraterone acetate</i>)	CE	PA; N7 (PSP); QL (120 TABLETS per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZYTIGA ORAL TABLET 250 MG, 500 MG (<i>abiraterone acetate</i>)	CE	N7 (NF)
KINASE INHIBITORS		
AFINITOR DISPERZ ORAL TABLET SOLUBLE 2 MG, 5 MG (<i>everolimus</i>)	CE	PA; N7 (PSP); QL (60 TABLETS per 30 days)
AFINITOR DISPERZ ORAL TABLET SOLUBLE 3 MG (<i>everolimus</i>)	CE	PA; N7 (PSP); QL (90 TABLETS per 30 days)
AFINITOR ORAL TABLET 10 MG (<i>everolimus</i>)	CE	PA; N7 (PSP); QL (30 TABLETS per 30 days)
AFINITOR ORAL TABLET 2.5 MG, 5 MG, 7.5 MG (<i>everolimus</i>)	CE	PA; N7 (NPSP); QL (30 TABLETS per 30 days)
ALECENSA ORAL CAPSULE 150 MG (<i>alectinib hcl</i>)	CE	PA; N7 (PSP); QL (240 CAPSULES per 30 days)
ALUNBRIG ORAL TABLET 180 MG, 90 MG (<i>brigatinib</i>)	CE	PA; N7 (PSP); QL (30 TABLETS per 30 days)
ALUNBRIG ORAL TABLET 30 MG (<i>brigatinib</i>)	CE	PA; N7 (PSP); QL (120 TABLETS per 30 days)
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG (<i>brigatinib</i>)	CE	PA; N7 (PSP); QL (30 TABLETS per 30 days)
BALVERSA ORAL TABLET 3 MG (<i>erdafitinib</i>)	CE	PA; N7 (NPSP); QL (84 TABLETS per 28 DAYs)
BALVERSA ORAL TABLET 4 MG (<i>erdafitinib</i>)	CE	PA; N7 (NPSP); QL (56 TABLETS per 28 DAYs)
BALVERSA ORAL TABLET 5 MG (<i>erdafitinib</i>)	CE	PA; N7 (NPSP); QL (28 TABLETS per 28 DAYs)
BOSULIF ORAL TABLET 100 MG (<i>bosutinib</i>)	CE	PA; N7 (PSP); QL (90 TABLETS per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG (<i>bosutinib</i>)	CE	PA; N7 (PSP); QL (30 TABLETS per 30 days)
BRUKINSA ORAL CAPSULE 80 MG (<i>zanubrutinib</i>)	CE	PA; N7 (NPSP); QL (120 CAPSULES per 30 days)
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG (<i>cabozantinib s-malate</i>)	CE	PA; N7 (PSP); QL (30 TABLETS per 30 days)

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CALQUENCE ORAL CAPSULE 100 MG (<i>acalabrutinib</i>)	CE	PA; N7 (PSP); QL (60 CAPSULES per 30 days)
CAPRELSA ORAL TABLET 100 MG (<i>vandetanib</i>)	CE	PA; N7 (NPSP); QL (60 TABLETS per 30 days)
CAPRELSA ORAL TABLET 300 MG (<i>vandetanib</i>)	CE	PA; N7 (NPSP); QL (30 TABLETS per 30 days)
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG (<i>cabozantinib s-malate</i>)	CE	PA; N7 (NPSP); QL (56 CAPSULES per 28 days)
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG (<i>cabozantinib s-malate</i>)	CE	PA; N7 (NPSP); QL (112 CAPSULES per 28 days)
COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG (<i>cabozantinib s-malate</i>)	CE	PA; N7 (NPSP); QL (1 KIT per 28 days)
COPIKTRA ORAL CAPSULE 15 MG, 25 MG (<i>duvelisib</i>)	CE	PA; N7 (PSP); QL (56 CAPSULES per 28 days)
COTELLIC ORAL TABLET 20 MG (<i>cobimetinib fumarate</i>)	CE	PA; N7 (NPSP); QL (63 TABLETS per 21 days)
<i>erlotinib hcl oral tablet 100 mg, 150 mg</i>	CE	PA; N7 (PSP); QL (30 TABLETS per 30 DAYs)
<i>erlotinib hcl oral tablet 25 mg</i>	CE	PA; N7 (PSP); QL (60 TABLETS per 30 DAYs)
<i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	CE	PA; N7 (PSP); QL (30 TABLETS per 30 DAYs)
<i>everolimus oral tablet soluble 2 mg, 5 mg</i>	CE	PA; N7 (PSP); QL (60 TABLETS per 30 DAYs)
<i>everolimus oral tablet soluble 3 mg</i>	CE	PA; N7 (PSP); QL (90 TABLETS per 30 DAYs)
EXKIVITY ORAL CAPSULE 40 MG (<i>mobocertinib succinate</i>)	CE	N7 (NF)
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG (<i>tivozanib hcl</i>)	CE	N7 (NF)
GLEEVEC ORAL TABLET 100 MG, 400 MG (<i>imatinib mesylate</i>)	CE	N7 (NF)

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ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG (<i>ponatinib hcl</i>)	CE	PA; N7 (NPSP); QL (30 TABLETS per 30 days)
IDHIFA ORAL TABLET 100 MG, 50 MG (<i>enasidenib mesylate</i>)	CE	PA; N7 (NPSP); QL (30 TABLETS per 30 days)
<i>imatinib mesylate oral tablet 100 mg</i>	CE	PA; N7 (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 (NPSP); QL (90 CAPSULES per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG (<i>ibrutinib</i>)	CE	PA; N7 (NPSP); QL (30 CAPSULES per 30 days)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG (<i>ibrutinib</i>)	CE	PA; N7 (NPSP); QL (30 TABLETS per 30 days)
INLYTA ORAL TABLET 1 MG (<i>axitinib</i>)	CE	PA; N7 (NPSP); QL (180 TABLETS per 30 days)
INLYTA ORAL TABLET 5 MG (<i>axitinib</i>)	CE	PA; N7 (NPSP); QL (120 TABLETS per 30 days)
INREBIC ORAL CAPSULE 100 MG (<i>fedratinib hcl</i>)	CE	N7 (NF)
IRESSA ORAL TABLET 250 MG (<i>gefitinib</i>)	CE	PA; N7 (PSP); QL (30 TABLETS per 30 days)
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG (<i>ruxolitinib phosphate</i>)	CE	PA; N7 (NPSP); QL (60 TABLETS per 30 days)
KOSELUGO ORAL CAPSULE 10 MG (<i>selumetinib sulfate</i>)	CE	PA; N7 (PSP); QL (240 CAPSULES per 30 days)
KOSELUGO ORAL CAPSULE 25 MG (<i>selumetinib sulfate</i>)	CE	PA; N7 (PSP); QL (120 CAPSULES per 30 days)
<i>lapatinib ditosylate oral tablet 250 mg</i>	CE	PA; N7 (PSP); QL (180 TABLETS per 30 DAYS)
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG (<i>lenvatinib mesylate</i>)	CE	PA; N7 (NPSP); QL (30 CAPSULES per 30 days)
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG (<i>lenvatinib mesylate</i>)	CE	PA; N7 (NPSP); QL (90 CAPSULES per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG (<i>lenvatinib mesylate</i>)	CE	PA; N7 (NPSP); QL (60 CAPSULES per 30 days)
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG (<i>lenvatinib mesylate</i>)	CE	PA; N7 (NPSP); QL (90 CAPSULES per 30 days)
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG (<i>lenvatinib mesylate</i>)	CE	PA; N7 (NPSP); QL (60 CAPSULES per 30 days)
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG (<i>lenvatinib mesylate</i>)	CE	PA; N7 (NPSP); QL (90 CAPSULES per 30 days)
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG (<i>lenvatinib mesylate</i>)	CE	PA; N7 (NPSP); QL (30 CAPSULES per 30 days)
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG (<i>lenvatinib mesylate</i>)	CE	PA; N7 (NPSP); QL (60 CAPSULES per 30 days)
LORBRENA ORAL TABLET 100 MG (<i>lorlatinib</i>)	CE	PA; N7 (NPSP); QL (30 TABLETS per 30 days)
LORBRENA ORAL TABLET 25 MG (<i>lorlatinib</i>)	CE	PA; N7 (NPSP); QL (90 TABLETS per 30 days)
LUMAKRAS ORAL TABLET 120 MG (<i>sotorasib</i>)	CE	PA; N7 (NPSP); QL (240 TABLETS per 30 days)
MEKINIST ORAL TABLET 0.5 MG (<i>trametinib dimethyl sulfoxide</i>)	CE	PA; N7 (NPSP); QL (90 TABLETS per 30 days)
MEKINIST ORAL TABLET 2 MG (<i>trametinib dimethyl sulfoxide</i>)	CE	PA; N7 (NPSP); QL (30 TABLETS per 30 days)
NERLYNX ORAL TABLET 40 MG (<i>neratinib maleate</i>)	CE	PA; N7 (NPSP); QL (180 TABLETS per 30 days)
NEXAVAR ORAL TABLET 200 MG (<i>sorafenib tosylate</i>)	CE	PA; N7 (NPSP); QL (120 TABLETS per 30 days)
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 MG (<i>alpelisib</i>)	CE	PA; N7 (NPSP); QL (28 TABLETS per 28 days)
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50 MG (<i>alpelisib</i>)	CE	PA; N7 (NPSP); QL (56 TABLETS per 28 days)
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150 MG (<i>alpelisib</i>)	CE	PA; N7 (NPSP); QL (56 TABLETS per 28 days)
RETEVMO ORAL CAPSULE 40 MG, 80 MG (<i>selpercatinib</i>)	CE	N7 (NF)

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ROZLYTREK ORAL CAPSULE 100 MG (<i>entrectinib</i>)	CE	PA; N7 (NPSP); QL (30 CAPSULES per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG (<i>entrectinib</i>)	CE	PA; N7 (NPSP); QL (90 CAPSULES per 30 days)
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 70 MG, 80 MG (<i>dasatinib</i>)	CE	PA; N7 (PSP); QL (30 TABLETS per 30 days)
SPRYCEL ORAL TABLET 20 MG (<i>dasatinib</i>)	CE	PA; N7 (PSP); QL (90 TABLETS per 30 days)
STIVARGA ORAL TABLET 40 MG (<i>regorafenib</i>)	CE	PA; N7 (PSP); QL (84 TABLETS per 28 days)
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	CE	PA; N7 (PSP); QL (30 CAPSULES per 30 DAYs)
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG (<i>sunitinib malate</i>)	CE	PA; N7 (PSP); QL (30 CAPSULES per 30 days)
TAFINLAR ORAL CAPSULE 50 MG, 75 MG (<i>dabrafenib mesylate</i>)	CE	PA; N7 (NPSP); QL (120 CAPSULES per 30 days)
TAGRISSO ORAL TABLET 40 MG, 80 MG (<i>osimertinib mesylate</i>)	CE	PA; N7 (PSP); QL (30 TABLETS per 30 days)
TARCEVA ORAL TABLET 100 MG, 150 MG (<i>erlotinib hcl</i>)	CE	PA; N7 (NPSP); QL (30 TABLETS per 30 days)
TARCEVA ORAL TABLET 25 MG (<i>erlotinib hcl</i>)	CE	PA; N7 (NPSP); QL (60 TABLETS per 30 days)
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG (<i>nilotinib hcl</i>)	CE	N7 (NF)
TEPMETKO ORAL TABLET 225 MG (<i>tepotinib hcl</i>)	CE	N7 (NF)
TRUSELTIQ (100MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 100 MG (<i>infigratinib phosphate</i>)	CE	N7 (NF)
TRUSELTIQ (125MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 100 & 25 MG (<i>infigratinib phosphate</i>)	CE	N7 (NF)
TRUSELTIQ (50MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 25 MG (<i>infigratinib phosphate</i>)	CE	N7 (NF)
TRUSELTIQ (75MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 25 MG (<i>infigratinib phosphate</i>)	CE	N7 (NF)

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TUKYSA ORAL TABLET 150 MG, 50 MG (<i>tucatinib</i>)	CE	PA; N7 (NPSP); QL (120 TABLETS per 30 days)
TURALIO ORAL CAPSULE 200 MG (<i>pexidartinib hcl</i>)	CE	N7 (NF)
TYKERB ORAL TABLET 250 MG (<i>lapatinib ditosylate</i>)	CE	PA; N7 (NPSP); QL (180 TABLETS per 30 days)
UKONIQ ORAL TABLET 200 MG (<i>umbralisib tosylate</i>)	CE	N7 (NF)
VITRAKVI ORAL CAPSULE 100 MG (<i>larotrectinib sulfate</i>)	CE	PA; N7 (NPSP); QL (60 CAPSULES per 30 days)
VITRAKVI ORAL CAPSULE 25 MG (<i>larotrectinib sulfate</i>)	CE	PA; N7 (NPSP); QL (180 CAPSULES per 30 days)
VITRAKVI ORAL SOLUTION 20 MG/ML (<i>larotrectinib sulfate</i>)	CE	PA; N7 (NPSP); QL (300 ML per 30 days)
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG (<i>dacomitinib</i>)	CE	N7 (NF)
VOTRIENT ORAL TABLET 200 MG (<i>pazopanib hcl</i>)	CE	PA; N7 (PSP); QL (120 TABLETS per 30 days)
XALKORI ORAL CAPSULE 200 MG, 250 MG (<i>crizotinib</i>)	CE	PA; N7 (NPSP); QL (120 CAPSULES per 30 DAYS)
XOSPATA ORAL TABLET 40 MG (<i>gilteritinib fumarate</i>)	CE	PA; N7 (PSP); QL (90 TABLETS per 30 days)
ZELBORAF ORAL TABLET 240 MG (<i>vemurafenib</i>)	CE	PA; N7 (NPSP); QL (240 TABLETS per 30 days)
ZYDELIG ORAL TABLET 100 MG, 150 MG (<i>idelalisib</i>)	CE	N7 (NF)
ZYKADIA ORAL TABLET 150 MG (<i>ceritinib</i>)	CE	PA; N7 (NPSP); QL (90 TABLETS per 30 days)
MISCELLANEOUS		
ALFERON N INJECTION SOLUTION 5000000 UNIT/ML (<i>interferon alfa-n3</i>)	NPSP	
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG (<i>avapritinib</i>)	CE	N7 (NF)
<i>bexarotene oral capsule 75 mg</i>	CE	PA; N7 (PSP)

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

2021 Pharmacy Drug Guide – Standard Opt Out Plan – Aetna: Sutter Health | Aetna

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG (<i>venetoclax</i>)	CE	PA; N7 (NPSP); QL (1 TABLET THERAPY PACK per 28 days)
CARDIOVASCULAR - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS		
ACE INHIBITOR COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
<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	LGC
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	G	LGC
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	G	LGC
<i>fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg</i>	G	LGC
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	G	LGC
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG (<i>amlodipine besy-benazepril hcl</i>)	PB	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	G	LGC
<i>trandolapril-verapamil hcl er oral tablet extended release 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i>	G	
ACE INHIBITORS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
<i>benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	G	LGC
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	G	LGC
<i>enalapril maleate oral solution 1 mg/ml</i>	G	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	G	LGC
<i>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i>	G	LGC
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	G	LGC
<i>lisinopril oral tablet 30 mg, 40 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	LGC

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	G	LGC
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	G	LGC
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	G	LGC
ALDOSTERONE RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
<i>eplerenone oral tablet 25 mg, 50 mg</i>	G	
INSPIRA ORAL TABLET 25 MG, 50 MG (<i>eplerenone</i>)	PB	
ALPHA BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
<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	LGC
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
<i>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	G	LGC
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	G	LGC
<i>candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	G	LGC
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	G	LGC
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	G	LGC
<i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	G	LGC
<i>olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	G	LGC
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	G	LGC
<i>telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	G	LGC

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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	LGC
ANGIOTENSIN II RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
<i>candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	G	LGC
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	G	LGC
<i>losartan potassium oral tablet 100 mg, 25 mg, 50 mg</i>	G	LGC
<i>olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg</i>	G	LGC
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	G	LGC
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	G	LGC
ANTIARRHYTHMICS - DRUGS TO CONTROL HEART RHYTHM		
<i>amiodarone hcl oral tablet 100 mg, 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>	PSP	PA
<i>flecainide acetate oral tablet 100 mg, 150 mg, 50 mg</i>	G	
MULTAQ ORAL TABLET 400 MG (<i>dronedarone hcl</i>)	PB	
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 150 MG (<i>disopyramide phosphate</i>)	PB	
<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	
RYTHMOL SR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 225 MG, 325 MG, 425 MG (<i>propafenone hcl</i>)	PB	
TIKOSYN ORAL CAPSULE 125 MCG, 250 MCG, 500 MCG (<i>dofetilide</i>)	NPSP	PA; ST
ANTILIPEMICS, ACL INHIBITORS/COMBINATIONS		
NEXLETOL ORAL TABLET 180 MG (<i>bempedoic acid</i>)	PB	
NEXLIZET ORAL TABLET 180-10 MG (<i>bempedoic acid-ezetimibe</i>)	PB	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTILIPEMICS, BILE ACID RESINS		
<i>cholestyramine light oral packet 4 gm</i>	G	
<i>cholestyramine light oral powder 4 gm/dose</i>	G	
<i>cholestyramine oral packet 4 gm</i>	G	
<i>cholestyramine oral powder 4 gm/dose</i>	G	
<i>colesevelam hcl oral packet 3.75 gm</i>	G	
<i>colesevelam hcl oral tablet 625 mg</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	
ANTILIPEMICS, CHOLESTEROL ABSORPTION INHIBITOR		
<i>ezetimibe oral tablet 10 mg</i>	G	
ANTILIPEMICS, FIBRATES		
<i>fenofibrate micronized oral capsule 130 mg</i>	NF	
<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 capsule 50 mg</i>	NF	
<i>fenofibrate oral tablet 120 mg, 40 mg</i>	NF	
<i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>	G	
<i>fenofibric acid oral capsule delayed release 135 mg, 45 mg</i>	G	
<i>fenofibric acid oral tablet 105 mg, 35 mg</i>	G	
FENOGLIDE ORAL TABLET 120 MG (<i>fenofibrate</i>)	NF	
<i>gemfibrozil oral tablet 600 mg</i>	G	LGC
ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS		
<i>atorvastatin calcium oral tablet 10 mg, 20 mg</i>	CE	LGC; N7 (G); AL (Min 40 Years and Max 75 Years)
<i>atorvastatin calcium oral tablet 40 mg, 80 mg</i>	G	LGC
<i>fluvastatin sodium er oral tablet extended release 24 hour 80 mg</i>	G	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>fluvastatin sodium oral capsule 20 mg, 40 mg</i>	G	
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	G	LGC
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	G	LGC
<i>rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	G	LGC
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	CE	LGC; N7 (G); AL (Min 40 Years and Max 75 Years)
<i>simvastatin oral tablet 80 mg</i>	G	LGC
ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS/COMBINATIONS		
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	G	
ANTILIPEMICS, MISCELLANEOUS - DRUGS TO TREAT HIGH CHOLESTEROL		
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG (<i>lomitapide mesylate</i>)	NPSP	PA; QL (28 CAPSULES per 28 days)
<i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg</i>	G	
NIACOR ORAL TABLET 500 MG (<i>niacin (antihyperlipidemic)</i>)	NF	
ANTILIPEMICS, OMEGA-3 FATTY ACIDS		
<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	
ANTILIPEMICS, PCSK9 INHIBITORS		
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 75 MG/ML (<i>alirocumab</i>)	PSP	PA; QL (2 PENS per 28 days)
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML (<i>evolocumab</i>)	NF	
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML (<i>evolocumab</i>)	NF	
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML (<i>evolocumab</i>)	NF	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BETA-BLOCKER/DIURETIC COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
<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	LGC
DUTOPROL ORAL TABLET EXTENDED RELEASE 24 HOUR 100-12.5 MG, 25-12.5 MG, 50-12.5 MG (<i>metoprolol-hydrochlorothiazide</i>)	NF	
<i>metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	G	
ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG, 5-6.25 MG (<i>bisoprolol-hydrochlorothiazide</i>)	PB	
BETA-BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>	G	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	G	LGC
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG (<i>sotalol hcl af</i>)	NF	
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG (<i>sotalol hcl</i>)	NF	
<i>betaxolol hcl oral tablet 10 mg, 20 mg</i>	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>)	PB	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	G	LGC
<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	LGC

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>metoprolol tartrate oral tablet 37.5 mg, 75 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	
<i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>	G	
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	G	LGC
<i>propranolol hcl oral tablet 60 mg</i>	G	
<i>sotalol hcl (af) oral tablet 120 mg</i>	G	LGC
<i>sotalol hcl (af) oral tablet 160 mg, 80 mg</i>	G	
<i>sotalol hcl oral tablet 120 mg, 80 mg</i>	G	LGC
<i>sotalol hcl oral tablet 160 mg, 240 mg</i>	G	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	G	
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 25 MG (<i>metoprolol succinate</i>)	NF	
CALCIUM CHANNEL BLOCKER/ANTILIPEMIC COMBINATIONS		
<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	LGC
CALCIUM CHANNEL BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
<i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>	G	LGC
CONSENSI ORAL TABLET 10-200 MG, 2.5-200 MG, 5-200 MG (<i>amlodipine besylate-celecoxib</i>)	NF	
<i>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	G	LGC
<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	
<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>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</i>	G	LGC
<i>verapamil hcl er oral tablet extended release 180 mg, 240 mg</i>	G	
<i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>	G	LGC
DIGITALIS GLYCOSIDES - DRUGS TO TREAT HEART CONDITIONS		
<i>digoxin oral solution 0.05 mg/ml</i>	G	
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	G	
LANOXIN ORAL TABLET 125 MCG, 250 MCG (<i>digoxin</i>)	NF	
LANOXIN ORAL TABLET 62.5 MCG (<i>digoxin</i>)	PB	
DIRECT RENIN INHIBITORS/COMBINATIONS - DRUGS TO TREAT HEART CONDITIONS		
<i>aliskiren fumarate oral tablet 150 mg, 300 mg</i>	G	
TEKTURNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG (<i>aliskiren-hydrochlorothiazide</i>)	PB	

2021 Pharmacy Drug Guide – Standard Opt Out Plan – Aetna: Sutter Health | Aetna

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DIURETICS - DRUGS TO TREAT HEART CONDITIONS		
<i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>	G	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	G	
ALDACTONE ORAL TABLET 100 MG, 25 MG, 50 MG (<i>spironolactone</i>)	PB	
<i>amiloride hcl oral tablet 5 mg</i>	G	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	G	LGC
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	G	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	G	
DYRENIUM ORAL CAPSULE 100 MG, 50 MG (<i>triamterene</i>)	NF	
<i>ethacrynic acid oral tablet 25 mg</i>	G	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	G	LGC
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	G	LGC
<i>hydrochlorothiazide oral tablet 12.5 mg</i>	G	
<i>hydrochlorothiazide oral tablet 25 mg, 50 mg</i>	G	LGC
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	G	
KEVEYIS ORAL TABLET 50 MG (<i>dichlorphenamide</i>)	NPSP	PA; QL (120 TABLETS per 30 days)
<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, 50 mg</i>	G	
<i>spironolactone oral tablet 25 mg</i>	G	LGC
<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	LGC
<i>triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg</i>	G	LGC

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MISCELLANEOUS		
BIDIL ORAL TABLET 20-37.5 MG (<i>isosorb dinitrate-hydralazine</i>)	PB	
CATAPRES-TTS-1 TRANSDERMAL PATCH WEEKLY 0.1 MG/24HR (<i>clonidine</i>)	PB	
CATAPRES-TTS-2 TRANSDERMAL PATCH WEEKLY 0.2 MG/24HR (<i>clonidine</i>)	PB	
CATAPRES-TTS-3 TRANSDERMAL PATCH WEEKLY 0.3 MG/24HR (<i>clonidine</i>)	PB	
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	G	LGC
<i>clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr</i>	G	
CORLANOR ORAL TABLET 5 MG, 7.5 MG (<i>ivabradine hcl</i>)	PB	
DIBENZYLINE ORAL CAPSULE 10 MG (<i>phenoxybenzamine hcl</i>)	NPB	
<i>droxidopa oral capsule 100 mg</i>	PSP	PA; QL (90 CAPSULES per 30 DAYs)
<i>droxidopa oral capsule 200 mg, 300 mg</i>	PSP	PA; QL (180 CAPSULES per 30 DAYs)
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG (<i>sacubitril-valsartan</i>)	PB	
<i>guanfacine hcl oral tablet 1 mg, 2 mg</i>	G	
<i>hydralazine hcl oral tablet 10 mg, 100 mg, 50 mg</i>	G	
<i>hydralazine hcl oral tablet 25 mg</i>	G	LGC
<i>methyldopa oral tablet 250 mg, 500 mg</i>	G	
<i>metyrosine oral capsule 250 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	
NORTHERA ORAL CAPSULE 100 MG, 200 MG, 300 MG (<i>droxidopa</i>)	NF	
<i>phenoxybenzamine hcl oral capsule 10 mg</i>	G	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg</i>	G	
VECAMYL ORAL TABLET 2.5 MG (<i>mecamylamine hcl</i>)	NPB	PA
VYNDAMAX ORAL CAPSULE 61 MG (<i>tafamidis</i>)	NPSP	PA; QL (30 CAPSULES per 30 days)
VYNDAQEL ORAL CAPSULE 20 MG (<i>tafamidis meglumine (cardiac)</i>)	NF	
NITRATES - DRUGS TO TREAT HEART CONDITIONS		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	G	
<i>isosorbide dinitrate oral tablet 40 mg</i>	NF	
<i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg</i>	G	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	G	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.3 MG/HR, 0.4 MG/HR, 0.6 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/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	G	
<i>nitroglycerin translingual solution 0.4 mg/spray</i>	G	
PULMONARY ARTERIAL HYPERTENSION - DRUGS TO TREAT PULMONARY HYPERTENSION		
ADCIRCA ORAL TABLET 20 MG (<i>tadalafil (pah)</i>)	NF	
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG (<i>riociguat</i>)	PSP	PA; QL (90 TABLETS per 30 days)
<i>tadalafil (pah)</i> (Alyq Oral Tablet 20 Mg)	PSP	PA; QL (60 TABLETS per 30 DAYS)
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	PSP	PA; QL (30 TABLETS per 30 DAYS)
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	PSP	PA; QL (60 TABLETS per 30 DAYS)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>epoprostenol sodium intravenous solution reconstituted 0.5 mg, 1.5 mg</i>	PSP	PA
FLOLAN INTRAVENOUS SOLUTION RECONSTITUTED 0.5 MG, 1.5 MG (<i>epoprostenol sodium</i>)	NPSP	PA
LETAIRIS ORAL TABLET 10 MG, 5 MG (<i>ambrisentan</i>)	NF	
OPSUMIT ORAL TABLET 10 MG (<i>macitentan</i>)	PSP	PA; QL (30 TABLETS per 30 days)
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG (<i>treprostinil diolamine</i>)	PSP	PA
REMODULIN INJECTION SOLUTION 100 MG/20ML, 20 MG/20ML, 200 MG/20ML, 50 MG/20ML (<i>treprostinil</i>)	NF	
REVATIO INTRAVENOUS SOLUTION 10 MG/12.5ML (<i>sildenafil citrate</i>)	NF	
REVATIO ORAL SUSPENSION RECONSTITUTED 10 MG/ML (<i>sildenafil citrate</i>)	NF	
REVATIO ORAL TABLET 20 MG (<i>sildenafil citrate</i>)	NF	
<i>sildenafil citrate intravenous solution 10 mg/12.5ml</i>	PSP	PA
<i>sildenafil citrate oral suspension reconstituted 10 mg/ml</i>	PSP	PA; QL (224 ML per 30 days)
<i>sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg</i>	G	SPC
<i>sildenafil citrate oral tablet 20 mg</i>	G	PA; QL (90 TABLETS per 30 days)
<i>tadalafil (pah) oral tablet 20 mg</i>	PSP	PA; QL (60 TABLETS per 30 days)
<i>tadalafil oral tablet 10 mg, 20 mg</i>	G	SPC
TRACLEER ORAL TABLET 125 MG, 62.5 MG (<i>bosentan</i>)	NF	
TRACLEER ORAL TABLET SOLUBLE 32 MG (<i>bosentan</i>)	NF	
<i>treprostinil injection solution 100 mg/20ml, 20 mg/20ml, 200 mg/20ml, 50 mg/20ml</i>	PSP	PA
TYVASO INHALATION SOLUTION 0.6 MG/ML (<i>treprostinil</i>)	NPSP	PA; QL (28 ML per 28 days)

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>lorazepam</i> (Lorazepam Intensol Oral Concentrate 2 Mg/ML)	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)
LOREEV XR ORAL CAPSULE ER 24 HOUR SPRINKLE 1 MG, 2 MG (<i>lorazepam</i>)	NPB	QL (150 CAPSULES per 25 DAYs)
LOREEV XR ORAL CAPSULE ER 24 HOUR SPRINKLE 3 MG (<i>lorazepam</i>)	NPB	QL (90 CAPSULES per 25 DAYs)
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	G	QL (120 CAPSULES per 25 DAYs)
XANAX ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG (<i>alprazolam</i>)	NPB	QL (150 TABLETS per 25 days)
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 2 MG (<i>alprazolam</i>)	NPB	QL (150 TABLETS per 25 DAYs)
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HOUR 3 MG (<i>alprazolam</i>)	NPB	QL (90 TABLETS per 25 DAYs)
ANTICONVULSANTS - DRUGS TO TREAT SEIZURES		
<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	
<i>clobazam oral suspension 2.5 mg/ml</i>	G	
<i>clobazam oral tablet 10 mg, 20 mg</i>	G	
<i>clonazepam oral tablet 0.5 mg, 2 mg</i>	G	QL (300 TABLETS per 25 DAYs)
<i>clonazepam oral tablet 1 mg</i>	G	QL (300 TABLETS per 25 days)
<i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	G	QL (300 TABLETS per 25 DAYs)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	G	QL (180 TABLETS per 25 days)
DIACOMIT ORAL CAPSULE 250 MG (<i>stiripentol</i>)	NPSP	QL (360 CAPSULES per 30 DAYS)
DIACOMIT ORAL CAPSULE 500 MG (<i>stiripentol</i>)	NPSP	QL (180 CAPSULES per 30 DAYS)
DIACOMIT ORAL PACKET 250 MG (<i>stiripentol</i>)	NPSP	QL (360 PACKET per 30 DAYS)
DIACOMIT ORAL PACKET 500 MG (<i>stiripentol</i>)	NPSP	QL (180 PACKET per 30 DAYS)
<i>diazepam</i> (Diazepam Intensol Oral Concentrate 5 Mg/ML)	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)
<i>diazepam rectal gel 10 mg, 2.5 mg, 20 mg</i>	G	
<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	
EPIDIOLEX ORAL SOLUTION 100 MG/ML (<i>cannabidiol</i>)	NPSP	PA; QL (800 ML per 30 days)
<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	
FINTEPLA ORAL SOLUTION 2.2 MG/ML (<i>fenfluramine hcl</i>)	NPSP	PA; QL (360 ML per 30 days)
FYCOMPA ORAL SUSPENSION 0.5 MG/ML (<i>perampanel</i>)	PB	
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG (<i>perampanel</i>)	PB	
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	G	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>gabapentin oral solution 250 mg/5ml, 300 mg/6ml</i>	G	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	G	
KLONOPIN ORAL TABLET 0.5 MG, 1 MG, 2 MG (<i>clonazepam</i>)	NPB	QL (300 TABLETS per 25 DAYS)
<i>lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	G	
<i>lamotrigine oral kit 25 & 50 & 100 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	
<i>lamotrigine starter kit-green oral kit 84 x 25 mg & 14x100 mg</i>	G	
<i>lamotrigine starter kit-orange oral kit 42 x 25 mg & 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	
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG (<i>pregabalin</i>)	NPB	
LYRICA ORAL SOLUTION 20 MG/ML (<i>pregabalin</i>)	NPB	
NAYZILAM NASAL SOLUTION 5 MG/0.1ML (<i>midazolam (anticonvulsant)</i>)	NPB	QL (10 SOLUTION per 25 DAYS)
NEURONTIN ORAL CAPSULE 100 MG, 300 MG, 400 MG (<i>gabapentin</i>)	NPB	
NEURONTIN ORAL SOLUTION 250 MG/5ML (<i>gabapentin</i>)	NPB	
NEURONTIN ORAL TABLET 600 MG, 800 MG (<i>gabapentin</i>)	NPB	
<i>oxcarbazepine oral suspension 300 mg/5ml</i>	G	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	G	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 300 MG, 600 MG (<i>oxcarbazepine</i>)	PB	
<i>phenobarbital oral elixir 20 mg/5ml</i>	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	
<i>pregabalin oral solution 20 mg/ml</i>	G	
<i>primidone oral tablet 250 mg, 50 mg</i>	G	
<i>rufinamide oral suspension 40 mg/ml</i>	G	
SABRIL ORAL PACKET 500 MG (<i>vigabatrin</i>)	NF	
SABRIL ORAL TABLET 500 MG (<i>vigabatrin</i>)	NF	
<i>tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	G	
<i>topiramate er oral capsule er 24 hour sprinkle 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i>	NF	
<i>topiramate oral capsule sprinkle 15 mg, 25 mg</i>	G	
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	G	
TRANXENE-T ORAL TABLET 7.5 MG (<i>clorazepate dipotassium</i>)	NPB	QL (180 TABLETS per 25 days)
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 50 MG (<i>topiramate</i>)	PB	
VALIUM ORAL TABLET 10 MG, 2 MG, 5 MG (<i>diazepam</i>)	PB	QL (120 TABLETS per 25 DAYS)
<i>valproic acid oral capsule 250 mg</i>	G	
<i>valproic acid oral solution 250 mg/5ml</i>	G	
VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML (<i>diazepam</i>)	NPB	QL (10 BLISTER per 25 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 7.5 MG/0.1ML (<i>diazepam</i>)	NPB	QL (10 BLISTER per 25 days)
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 10 MG/0.1ML (<i>diazepam</i>)	NPB	QL (10 BLISTER per 25 days)
VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML (<i>diazepam</i>)	NPB	QL (10 BLISTER per 25 days)
<i>vigabatrin oral packet 500 mg</i>	PSP	PA; QL (180 PACKET per 30 days)
<i>vigabatrin oral tablet 500 mg</i>	PSP	PA; QL (180 TABLETS per 30 days)
<i>vigabatrin (Vigadrone Oral Packet 500 Mg)</i>	PSP	PA; QL (180 PACKETS per 30 DAYS)
VIMPAT ORAL SOLUTION 10 MG/ML (<i>lacosamide</i>)	PB	
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (<i>lacosamide</i>)	PB	
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG (<i>zonisamide</i>)	NF	
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	G	
ANTIDEMENTIA - DRUGS TO TREAT DEMENTIA AND MEMORY LOSS		
<i>donepezil hcl oral tablet 10 mg, 23 mg, 5 mg</i>	G	
<i>donepezil hcl oral tablet dispersible 10 mg, 5 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	
<i>memantine hcl oral solution 2 mg/ml</i>	G	
<i>memantine hcl oral tablet 10 mg, 28 x 5 mg & 21 x 10 mg, 5 mg</i>	G	
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK 7 & 14 & 21 & 28 -10 MG (<i>memantine hcl-donepezil hcl</i>)	PB	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG (memantine hcl-donepezil hcl)	PB	
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	G	
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr</i>	G	
ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION		
<i>amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	G	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	G	
ANAFRANIL ORAL CAPSULE 25 MG, 50 MG, 75 MG (clomipramine hcl)	PB	
<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 er (xl) oral tablet extended release 24 hour 450 mg</i>	NF	
<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	LGC
<i>clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg</i>	G	
<i>desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	G	
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i>	G	
<i>doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	G	
<i>doxepin hcl oral concentrate 10 mg/ml</i>	G	
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 40 mg, 60 mg</i>	G	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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>)	PB	
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG (<i>levomilnacipran hcl</i>)	PB	
<i>fluoxetine hcl (pddd) oral tablet 10 mg, 20 mg</i>	NF	
<i>fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg</i>	G	LGC
<i>fluoxetine hcl oral capsule delayed release 90 mg</i>	G	
<i>fluoxetine hcl oral solution 20 mg/5ml</i>	G	
<i>fluoxetine hcl oral tablet 10 mg, 20 mg</i>	G	
<i>fluoxetine hcl oral tablet 60 mg</i>	NF	
<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, 50 mg</i>	G	
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	G	
<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	
NARDIL ORAL TABLET 15 MG (<i>phenelzine sulfate</i>)	PB	
NORPRAMIN ORAL TABLET 10 MG, 25 MG (<i>desipramine hcl</i>)	PB	
<i>nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	G	
<i>nortriptyline hcl oral solution 10 mg/5ml</i>	G	
PAMELOR ORAL CAPSULE 10 MG, 25 MG, 50 MG, 75 MG (<i>nortriptyline hcl</i>)	PB	
PARNATE ORAL TABLET 10 MG (<i>tranylcypromine sulfate</i>)	PB	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg, 37.5 mg</i>	G	
<i>paroxetine hcl oral suspension 10 mg/5ml</i>	G	
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	G	LGC
<i>paroxetine mesylate oral capsule 7.5 mg</i>	NF	
<i>phenelzine sulfate oral tablet 15 mg</i>	G	
<i>protriptyline hcl oral tablet 10 mg, 5 mg</i>	G	
<i>sertraline hcl oral concentrate 20 mg/ml</i>	G	
<i>sertraline hcl oral tablet 100 mg, 25 mg, 50 mg</i>	G	LGC
SPRAVATO (56 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE (<i>esketamine hcl</i>)	NPSP	PA
SPRAVATO (84 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE (<i>esketamine hcl</i>)	NPSP	PA
<i>tranylepromine sulfate oral tablet 10 mg</i>	G	
<i>trazodone hcl oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	G	
<i>trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg</i>	G	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG (<i>vortioxetine hbr</i>)	PB	
<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, 225 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>)	PB	
VIIBRYD STARTER PACK ORAL KIT 10 & 20 MG (<i>vilazodone hcl</i>)	PB	
ANTI-OBESITY DRUGS		
CONTRAVE ORAL TABLET EXTENDED RELEASE 12 HOUR 8-90 MG (<i>naltrexone-bupropion hcl</i>)	NPB	SPC

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
IMCIVREE SUBCUTANEOUS SOLUTION 10 MG/ML (<i>setmelanotide acetate</i>)	NF	
ANTIPARKINSONIAN AGENTS - DRUGS TO TREAT PARKINSONS DISEASE		
<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>)	NF	
<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	
<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	
DUOPA ENTERAL SUSPENSION 4.63-20 MG/ML (<i>carbidopa-levodopa</i>)	NPSP	PA
<i>entacapone oral tablet 200 mg</i>	G	
INBRIJA INHALATION CAPSULE 42 MG (<i>levodopa</i>)	PSP	PA; QL (300 CAPSULES per 30 days)
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG (<i>apomorphine hcl</i>)	PSP	PA; QL (150 FILMS per 30 days)
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR (<i>rotigotine</i>)	PB	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NOURIANZ ORAL TABLET 20 MG, 40 MG (<i>istradefylline</i>)	NPSP	
<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 er oral tablet extended release 24 hour 12 mg, 2 mg, 4 mg, 6 mg, 8 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>trihexyphenidyl hcl oral solution 0.4 mg/ml</i>	G	
<i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i>	G	
ANTIPSYCHOTICS - DRUGS TO TREAT PSYCHOSES		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG (<i>aripiprazole</i>)	PB	
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG (<i>aripiprazole</i>)	PB	
<i>aripiprazole oral solution 1 mg/ml</i>	G	
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	G	
<i>aripiprazole oral tablet dispersible 10 mg, 15 mg</i>	G	
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE 675 MG/2.4ML (<i>aripiprazole lauroxil</i>)	PB	
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML, 441 MG/1.6ML, 662 MG/2.4ML, 882 MG/3.2ML (<i>aripiprazole lauroxil</i>)	PB	
<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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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	
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG (<i>iloperidone</i>)	NF	
FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6 MG (<i>iloperidone</i>)	NF	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	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	
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG (<i>lurasidone hcl</i>)	PB	
LITHOBID ORAL TABLET EXTENDED RELEASE 300 MG (<i>lithium carbonate</i>)	PB	
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	G	
NUPLAZID ORAL CAPSULE 34 MG (<i>pimavanserin tartrate</i>)	NPSP	PA
NUPLAZID ORAL TABLET 10 MG (<i>pimavanserin tartrate</i>)	NPSP	PA
<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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG, 25 MG, 37.5 MG, 50 MG (<i>risperidone microspheres</i>)	PB	
<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	
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG (<i>cariprazine hcl</i>)	PB	
VRAYLAR ORAL CAPSULE THERAPY PACK 1.5 & 3 MG (<i>cariprazine hcl</i>)	PB	
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	G	
<i>ziprasidone mesylate intramuscular solution reconstituted 20 mg</i>	G	
ATTENTION DEFICIT HYPERACTIVITY DISORDER - DRUGS TO TREAT ADHD		
ADDERALL ORAL TABLET 10 MG, 12.5 MG, 5 MG, 7.5 MG (<i>amphetamine-dextroamphetamine</i>)	NPB	QL (90 TABLETS per 25 DAYs)
ADDERALL ORAL TABLET 15 MG, 20 MG (<i>amphetamine-dextroamphetamine</i>)	NPB	QL (60 TABLETS per 25 DAYs)
ADDERALL ORAL TABLET 30 MG (<i>amphetamine-dextroamphetamine</i>)	NPB	QL (30 TABLETS per 25 DAYs)
ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 5 MG (<i>amphetamine-dextroamphetamine</i>)	NPB	QL (90 CAPSULES per 25 DAYs)
ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 15 MG, 20 MG, 25 MG, 30 MG (<i>amphetamine-dextroamphetamine</i>)	NPB	QL (30 CAPSULES per 25 DAYs)
ADHANSIA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 25 MG, 35 MG, 45 MG (<i>methylphenidate hcl</i>)	NPB	QL (60 CAPSULES per 25 DAYs)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ADHANSIA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 55 MG, 70 MG, 85 MG <i>(methylphenidate hcl)</i>	NPB	QL (30 CAPSULES per 25 DAYS)
ADZENYS XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE 12.5 MG, 15.7 MG, 18.8 MG <i>(amphetamine)</i>	NPB	QL (30 TABLETS per 25 DAYS)
ADZENYS XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE 3.1 MG, 6.3 MG, 9.4 MG <i>(amphetamine)</i>	NPB	QL (60 TABLETS per 25 DAYS)
<i>amphetamine er oral suspension extended release 1.25 mg/ml</i>	G	QL (450 ML per 25 DAYS)
<i>amphetamine sulfate oral tablet 10 mg, 5 mg</i>	G	STX; QL (120 TABLETS per 25 DAYS)
<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, 5 mg</i>	G	QL (90 TABLETS per 25 DAYS)
<i>amphetamine-dextroamphetamine oral tablet 12.5 mg, 7.5 mg</i>	G	QL (90 TABLETS per 25 days)
<i>amphetamine-dextroamphetamine oral tablet 15 mg</i>	G	QL (60 TABLETS per 25 days)
<i>amphetamine-dextroamphetamine oral tablet 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)
APTENSIO XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 30 MG <i>(methylphenidate hcl)</i>	NPB	QL (60 CAPSULES per 25 DAYS)
APTENSIO XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 40 MG, 50 MG, 60 MG <i>(methylphenidate hcl)</i>	NPB	QL (30 CAPSULES per 25 DAYS)
<i>atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg</i>	G	QL (120 CAPSULES per 25 DAYS)

2021 Pharmacy Drug Guide – Standard Opt Out Plan – Aetna: Sutter Health | Aetna

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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)
AZSTARYS ORAL CAPSULE 26.1-5.2 MG, 39.2-7.8 MG, 52.3-10.4 MG (<i>serdexmethylphen-dexmethylphen</i>)	NPB	QL (30 CAPSULES per 25 DAYS)
CONCERTA ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG, 36 MG (<i>methylphenidate hcl</i>)	NPB	QL (60 TABLETS per 25 DAYS)
CONCERTA ORAL TABLET EXTENDED RELEASE 54 MG (<i>methylphenidate hcl</i>)	NPB	QL (30 TABLETS per 25 DAYS)
COTEMPLA XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE 17.3 MG, 25.9 MG, 8.6 MG (<i>methylphenidate</i>)	NPB	QL (60 TABLETS per 25 DAYS)
DAYTRANA TRANSDERMAL PATCH 10 MG/9HR, 15 MG/9HR, 20 MG/9HR, 30 MG/9HR (<i>methylphenidate</i>)	NPB	QL (30 PATCHES per 25 DAYS)
DESOXYN ORAL TABLET 5 MG (<i>methamphetamine hcl</i>)	NPB	QL (150 TABLETS per 25 DAYS)
DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 5 MG (<i>dextroamphetamine sulfate</i>)	NPB	QL (120 CAPSULES per 25 DAYS)
DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 15 MG (<i>dextroamphetamine sulfate</i>)	NPB	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)

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<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)
DYANAVEL XR ORAL SUSPENSION EXTENDED RELEASE 2.5 MG/ML (<i>amphetamine</i>)	NPB	QL (240 ML per 25 DAYs)
EVEKEO ODT ORAL TABLET DISPERSIBLE 10 MG, 5 MG (<i>amphetamine sulfate</i>)	NPB	QL (120 TABLETS per 25 days)
EVEKEO ODT ORAL TABLET DISPERSIBLE 15 MG, 20 MG (<i>amphetamine sulfate</i>)	NPB	QL (60 TABLETS per 25 days)
EVEKEO ORAL TABLET 10 MG, 5 MG (<i>amphetamine sulfate</i>)	NPB	STX; QL (120 TABLETS per 25 DAYs)
FOCALIN ORAL TABLET 10 MG (<i>dexmethylphenidate hcl</i>)	NPB	QL (60 TABLETS per 25 DAYs)
FOCALIN ORAL TABLET 2.5 MG, 5 MG (<i>dexmethylphenidate hcl</i>)	NPB	QL (120 TABLETS per 25 DAYs)
FOCALIN XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 5 MG (<i>dexmethylphenidate hcl</i>)	NPB	QL (60 CAPSULES per 25 DAYs)
FOCALIN XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 25 MG, 30 MG, 35 MG, 40 MG (<i>dexmethylphenidate hcl</i>)	NPB	QL (30 CAPSULES per 25 DAYs)
<i>guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg</i>	G	
JORNAY PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 60 MG, 80 MG (<i>methylphenidate hcl</i>)	NPB	QL (30 CAPSULES per 25 DAYs)
JORNAY PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 20 MG, 40 MG (<i>methylphenidate hcl</i>)	NPB	QL (60 CAPSULES per 25 DAYs)
<i>methamphetamine hcl oral tablet 5 mg</i>	G	STX; QL (150 TABLETS per 25 DAYs)
METHYLIN ORAL SOLUTION 10 MG/5ML (<i>methylphenidate hcl</i>)	NPB	QL (900 ML per 25 DAYs)
METHYLIN ORAL SOLUTION 5 MG/5ML (<i>methylphenidate hcl</i>)	NPB	QL (1800 ML per 25 DAYs)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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 10 mg</i>	G	QL (60 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 (xr) oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 30 mg</i>	G	QL (60 CAPSULES per 25 DAYs)
<i>methylphenidate hcl er (xr) oral capsule extended release 24 hour 40 mg, 50 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 24 hour 18 mg, 27 mg, 36 mg</i>	G	QL (60 TABLETS per 25 DAYs)
<i>methylphenidate hcl er oral tablet extended release 24 hour 54 mg</i>	G	QL (30 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 er oral tablet extended release 72 mg</i>	NPB	QL (30 TABLETS per 25 days)
<i>methylphenidate hcl oral solution 10 mg/5ml</i>	G	QL (900 ML per 25 DAYs)
<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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>methylphenidate hcl oral tablet chewable 10 mg, 2.5 mg, 5 mg</i>	G	QL (180 TABLETS per 25 DAYS)
MYDAYIS ORAL CAPSULE EXTENDED RELEASE 24 HOUR 12.5 MG, 25 MG (<i>amphetamine-dextroamphetamine</i>)	PB	QL (60 CAPSULES per 25 DAYS)
MYDAYIS ORAL CAPSULE EXTENDED RELEASE 24 HOUR 37.5 MG, 50 MG (<i>amphetamine-dextroamphetamine</i>)	PB	QL (30 CAPSULES per 25 DAYS)
<i>dextroamphetamine sulfate</i> (Procentra Oral Solution 5 Mg/5Ml)	G	QL (1200 ML per 25 days)
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 150 MG, 200 MG (<i>viloxazine hcl</i>)	NPB	QL (60 CAPSULES per 25 DAYS)
QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 20 MG, 30 MG (<i>methylphenidate hcl</i>)	NPB	QL (60 TABLETS per 25 DAYS)
QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 40 MG (<i>methylphenidate hcl</i>)	NPB	QL (30 TABLETS per 25 DAYS)
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER 25 MG/5ML (<i>methylphenidate hcl</i>)	NPB	QL (360 ML per 25 days)
RELEXXII ORAL TABLET EXTENDED RELEASE 72 MG (<i>methylphenidate hcl</i>)	NPB	QL (30 TABLETS per 25 DAYS)
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 30 MG (<i>methylphenidate hcl</i>)	NPB	QL (60 CAPSULES per 25 DAYS)
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 40 MG (<i>methylphenidate hcl</i>)	NPB	QL (30 CAPSULES per 25 DAYS)
RITALIN ORAL TABLET 10 MG, 5 MG (<i>methylphenidate hcl</i>)	NPB	QL (180 TABLETS per 25 DAYS)
RITALIN ORAL TABLET 20 MG (<i>methylphenidate hcl</i>)	NPB	QL (90 TABLETS per 25 DAYS)
STRATTERA ORAL CAPSULE 10 MG, 18 MG, 25 MG (<i>atomoxetine hcl</i>)	NPB	QL (120 CAPSULES per 25 DAYS)
STRATTERA ORAL CAPSULE 100 MG, 60 MG, 80 MG (<i>atomoxetine hcl</i>)	NPB	QL (30 CAPSULES per 25 DAYS)
STRATTERA ORAL CAPSULE 40 MG (<i>atomoxetine hcl</i>)	NPB	QL (60 CAPSULES per 25 DAYS)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG (<i>lisdexamfetamine dimesylate</i>)	PB	QL (60 CAPSULES per 25 DAYS)
VYVANSE ORAL CAPSULE 40 MG, 50 MG, 60 MG, 70 MG (<i>lisdexamfetamine dimesylate</i>)	PB	QL (30 CAPSULES per 25 DAYS)
VYVANSE ORAL TABLET CHEWABLE 10 MG, 20 MG, 30 MG (<i>lisdexamfetamine dimesylate</i>)	PB	QL (60 TABLETS per 25 DAYS)
VYVANSE ORAL TABLET CHEWABLE 40 MG, 50 MG, 60 MG (<i>lisdexamfetamine dimesylate</i>)	PB	QL (30 TABLETS per 25 DAYS)
<i>dextroamphetamine sulfate</i> (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)
HYPNOTICS - DRUGS TO TREAT INSOMNIA		
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG (<i>suvorexant</i>)	PB	
<i>doxepin hcl oral tablet 3 mg, 6 mg</i>	G	
<i>estazolam oral tablet 1 mg, 2 mg</i>	G	
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	G	
<i>flurazepam hcl oral capsule 15 mg, 30 mg</i>	G	STX
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML (<i>tasimelteon</i>)	NPSP	PA; QL (5 ML per 1 day)
HETLIOZ ORAL CAPSULE 20 MG (<i>tasimelteon</i>)	NPSP	PA; QL (30 CAPSULES per 30 days)
<i>midazolam hcl oral syrup 2 mg/ml</i>	G	
<i>quazepam oral tablet 15 mg</i>	NF	
<i>ramelteon oral tablet 8 mg</i>	G	
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg</i>	G	
<i>triazolam oral tablet 0.125 mg, 0.25 mg</i>	G	
<i>zaleplon oral capsule 10 mg, 5 mg</i>	G	
<i>zolpidem tartrate er oral tablet extended release 12.5 mg, 6.25 mg</i>	G	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>zolpidem tartrate oral tablet 10 mg, 5 mg</i>	G	
<i>zolpidem tartrate sublingual tablet sublingual 1.75 mg, 3.5 mg</i>	NF	
ZOLPIMIST ORAL SOLUTION 5 MG/ACT (<i>zolpidem tartrate</i>)	NF	
MIGRAINE - DRUGS TO TREAT SEVERE HEADACHES		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML (<i>erenumab-aooe</i>)	PB	
AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 225 MG/1.5ML (<i>fremanezumab-vfrm</i>)	PB	
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 225 MG/1.5ML (<i>fremanezumab-vfrm</i>)	PB	
<i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i>	G	
CAFERGOT ORAL TABLET 1-100 MG (<i>ergotamine-caffeine</i>)	NF	
D.H.E. 45 INJECTION SOLUTION 1 MG/ML (<i>dihydroergotamine mesylate</i>)	PB	
<i>dihydroergotamine mesylate injection solution 1 mg/ml</i>	G	
<i>dihydroergotamine mesylate nasal solution 4 mg/ml</i>	NF	
<i>eletriptan hydrobromide oral tablet 20 mg, 40 mg</i>	G	
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>galcanezumab-gnlm</i>)	PB	
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML (<i>galcanezumab-gnlm</i>)	PB	
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML (<i>galcanezumab-gnlm</i>)	PB	
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	NF	
<i>frovatriptan succinate oral tablet 2.5 mg</i>	G	
MIGERGOT RECTAL SUPPOSITORY 2-100 MG (<i>ergotamine-caffeine</i>)	NF	
MIGRANAL NASAL SOLUTION 4 MG/ML (<i>dihydroergotamine mesylate</i>)	NPB	QL (8 ML per 25 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>naratriptan hcl oral tablet 1 mg, 2.5 mg</i>	G	
NURTEC ORAL TABLET DISPERSIBLE 75 MG (<i>rimegepant sulfate</i>)	PB	
ONZETRA XSAIL NASAL EXHALER POWDER 11 MG/NOSEPC (<i>sumatriptan succinate</i>)	PB	
REYVOW ORAL TABLET 100 MG, 50 MG (<i>lasmiditan succinate</i>)	PB	
<i>rizatriptan benzoate oral tablet 10 mg, 5 mg</i>	G	
<i>rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg</i>	G	
<i>sumatriptan nasal solution 20 mg/lact, 5 mg/lact</i>	G	
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	G	
<i>sumatriptan succinate refill subcutaneous solution cartridge 4 mg/0.5ml, 6 mg/0.5ml</i>	G	
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	G	
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml</i>	G	
<i>sumatriptan-naproxen sodium oral tablet 85-500 mg</i>	NF	
TREXIMET ORAL TABLET 85-500 MG (<i>sumatriptan- naproxen sodium</i>)	NF	
TRUDHESA NASAL AEROSOL SOLUTION 0.725 MG/ACT (<i>dihydroergotamine mesylate hfa</i>)	NPB	QL (3 PACKAGES per 25 DAYs)
UBRELVY ORAL TABLET 100 MG, 50 MG (<i>ubrogepant</i>)	PB	
ZEMBRACE SYMTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 3 MG/0.5ML (<i>sumatriptan succinate</i>)	PB	
<i>zolmitriptan nasal solution 2.5 mg, 5 mg</i>	G	
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	G	
<i>zolmitriptan oral tablet dispersible 2.5 mg, 5 mg</i>	G	
ZOMIG NASAL SOLUTION 2.5 MG, 5 MG (<i>zolmitriptan</i>)	PB	
MISCELLANEOUS		
AUSTEDO ORAL TABLET 12 MG, 9 MG (<i>deutetrabenazine</i>)	PSP	PA; QL (120 TABLETS per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AUSTEDO ORAL TABLET 6 MG (<i>deutetrabenazine</i>)	PSP	PA; QL (60 TABLETS per 30 days)
<i>benzphetamine hcl oral tablet 25 mg, 50 mg</i>	G	SPC
<i>buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	G	
<i>diethylpropion hcl er oral tablet extended release 24 hour 75 mg</i>	G	SPC
<i>diethylpropion hcl oral tablet 25 mg</i>	G	SPC
EVRYSDI ORAL SOLUTION RECONSTITUTED 0.75 MG/ML (<i>risdiplam</i>)	NPSP	PA; QL (2 BOTTLES per 24 days)
FIRDAPSE ORAL TABLET 10 MG (<i>amifampridine phosphate</i>)	NPSP	PA; QL (240 TABLETS per 30 DAYS)
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG (<i>valbenazine tosylate</i>)	PSP	PA; QL (30 CAPSULES per 30 days)
INGREZZA ORAL CAPSULE THERAPY PACK 40 & 80 MG (<i>valbenazine tosylate</i>)	PSP	PA; QL (1 CAPSULE THERAPY PACK per 28 days)
<i>lithium carbonate er oral tablet extended release 300 mg, 450 mg</i>	G	
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	G	
<i>lithium carbonate oral tablet 300 mg</i>	G	
MESTINON ORAL SOLUTION 60 MG/5ML (<i>pyridostigmine bromide</i>)	PB	
MESTINON ORAL TABLET 60 MG (<i>pyridostigmine bromide</i>)	PB	
NUEDEXTA ORAL CAPSULE 20-10 MG (<i>dextromethorphan-quinidine</i>)	PB	
<i>phendimetrazine tartrate oral tablet 35 mg</i>	G	SPC
<i>phentermine hcl oral capsule 15 mg, 30 mg, 37.5 mg</i>	G	SPC
<i>phentermine hcl oral tablet 37.5 mg</i>	G	SPC
<i>pimozide oral tablet 1 mg, 2 mg</i>	G	
<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 30 mg, 60 mg</i>	G	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
QSYMIA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 11.25-69 MG, 15-92 MG, 3.75-23 MG, 7.5-46 MG (<i>phentermine-topiramate</i>)	PB	
<i>riluzole oral tablet 50 mg</i>	G	
RUZURGI ORAL TABLET 10 MG (<i>amifampridine</i>)	NPSP	PA; QL (300 TABLETS per 30 DAYs)
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG (<i>milnacipran hcl</i>)	PB	
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG (<i>milnacipran hcl</i>)	PB	
<i>tetrabenazine oral tablet 12.5 mg</i>	PSP	PA; QL (240 TABLETS per 30 days)
<i>tetrabenazine oral tablet 25 mg</i>	PSP	PA; QL (120 TABLETS per 30 days)
XENAZINE ORAL TABLET 12.5 MG, 25 MG (<i>tetrabenazine</i>)	NF	
MULTIPLE SCLEROSIS AGENTS - DRUGS TO TREAT MULTIPLE SCLEROSIS		
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HOUR 10 MG (<i>dalfampridine</i>)	NPSP	PA; ST; QL (60 TABLETS per 30 days)
AUBAGIO ORAL TABLET 14 MG, 7 MG (<i>teriflunomide</i>)	PSP	PA; QL (30 TABLETS per 30 days)
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML (<i>interferon beta-1a</i>)	NF	
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML (<i>interferon beta-1a</i>)	NF	
BAFIERTAM ORAL CAPSULE DELAYED RELEASE 95 MG (<i>monomethyl fumarate</i>)	NF	
BETASERON SUBCUTANEOUS KIT 0.3 MG (<i>interferon beta-1b</i>)	PSP	PA; QL (14 INJECTIONS per 28 days)
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML (<i>glatiramer acetate</i>)	PSP	PA; QL (30 ML per 30 days)

2021 Pharmacy Drug Guide – Standard Opt Out Plan – Aetna: Sutter Health | Aetna

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12/01/2021

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML (<i>glatiramer acetate</i>)	PSP	PA; QL (12 ML per 28 days)
<i>dalfampridine er oral tablet extended release 12 hour 10 mg</i>	PSP	PA; QL (60 TABLETS per 30 days)
<i>dimethyl fumarate oral capsule delayed release 120 mg</i>	PSP	PA; QL (14 CAPSULES per 28 DAYs)
<i>dimethyl fumarate oral capsule delayed release 240 mg</i>	PSP	PA; QL (60 CAPSULES per 30 DAYs)
<i>dimethyl fumarate starter pack oral 120 & 240 mg</i>	PSP	PA; QL (1 KIT per 30 DAYs)
EXTAVIA SUBCUTANEOUS KIT 0.3 MG (<i>interferon beta-1b</i>)	NF	
GILENYA ORAL CAPSULE 0.5 MG (<i>fingolimod hcl</i>)	PSP	PA; QL (30 CAPSULES per 30 days)
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml</i>	PSP	PA; QL (30 ML per 30 days)
<i>glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml</i>	PSP	PA; QL (12 ML per 28 days)
<i>glatiramer acetate (Glatopa Subcutaneous Solution Prefilled Syringe 20 Mg/ML)</i>	PSP	PA; QL (30 ML per 30 days)
<i>glatiramer acetate (Glatopa Subcutaneous Solution Prefilled Syringe 40 Mg/ML)</i>	PSP	PA; QL (12 ML per 28 days)
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML (<i>ofatumumab</i>)	PSP	PA; QL (1 PEN per 28 days)
LEMTRADA INTRAVENOUS SOLUTION 12 MG/1.2ML (<i>alemtuzumab</i>)	NF	
MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK 10 MG (<i>cladribine</i>)	NPSP	PA; QL (20 TABLETS per 270 days)
MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK 10 MG (<i>cladribine</i>)	NPSP	PA; QL (20 TABLETS per 270 days)
MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK 10 MG (<i>cladribine</i>)	NPSP	PA; QL (20 TABLETS per 270 days)

2021 Pharmacy Drug Guide – Standard Opt Out Plan – Aetna: Sutter Health | Aetna

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK 10 MG (<i>cladribine</i>)	NPSP	PA; QL (20 TABLETS per 270 days)
MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK 10 MG (<i>cladribine</i>)	NPSP	PA; QL (20 TABLETS per 270 days)
MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK 10 MG (<i>cladribine</i>)	NPSP	PA; QL (20 TABLETS per 270 days)
MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK 10 MG (<i>cladribine</i>)	NPSP	PA; QL (20 TABLETS per 270 days)
MAYZENT ORAL TABLET 0.25 MG (<i>siponimod fumarate</i>)	PSP	PA; QL (112 TABLETS per 28 DAYS)
MAYZENT ORAL TABLET 2 MG (<i>siponimod fumarate</i>)	PSP	PA; QL (30 TABLETS per 30 DAYS)
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG (<i>siponimod fumarate</i>)	PSP	PA; QL (12 TABLETS per 5 Days)
PLEGRIDY INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML (<i>peginterferon beta-1a</i>)	NF	
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PEN-INJECTOR 63 & 94 MCG/0.5ML (<i>peginterferon beta-1a</i>)	NF	
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 63 & 94 MCG/0.5ML (<i>peginterferon beta-1a</i>)	NF	
PLEGRIDY SUBCUTANEOUS SOLUTION PEN-INJECTOR 125 MCG/0.5ML (<i>peginterferon beta-1a</i>)	NF	
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML (<i>peginterferon beta-1a</i>)	NF	
PONVORY ORAL TABLET 20 MG (<i>ponesimod</i>)	NF	
PONVORY STARTER PACK ORAL TABLET THERAPY PACK 2-3-4-5-6-7-8-9 & 10 MG (<i>ponesimod</i>)	NF	
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML, 44 MCG/0.5ML (<i>interferon beta-1a</i>)	PSP	PA; QL (12 SYRINGES per 28 DAYS)

2021 Pharmacy Drug Guide – Standard Opt Out Plan – Aetna: Sutter Health | Aetna

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG (<i>interferon beta-1a</i>)	PSP	PA; QL (1 ML per 28 days)
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML, 44 MCG/0.5ML (<i>interferon beta-1a</i>)	PSP	PA; QL (12 SYRINGES per 28 DAYs)
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG (<i>interferon beta-1a</i>)	PSP	PA; QL (1 ML per 28 days)
TECFIDERA ORAL 120 & 240 MG (<i>dimethyl fumarate</i>)	NF	
TECFIDERA ORAL CAPSULE DELAYED RELEASE 120 MG, 240 MG (<i>dimethyl fumarate</i>)	NF	
TYSABRI INTRAVENOUS CONCENTRATE 300 MG/15ML (<i>natalizumab</i>)	PSP	PA; QL (1 ML per 28 days)
VUMERITY ORAL CAPSULE DELAYED RELEASE 231 MG (<i>diroximel fumarate</i>)	PSP	PA; QL (120 CAPSULES per 30 days)
ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK 4 X 0.23MG & 3 X 0.46MG (<i>ozanimod hcl</i>)	PSP	PA; QL (1 PACK per 7 days)
ZEPOSIA ORAL CAPSULE 0.92 MG (<i>ozanimod hcl</i>)	PSP	PA; QL (30 CAPSULES per 30 days)
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG & 0.92MG (<i>ozanimod hcl</i>)	PSP	PA; QL (1 KIT per 30 days)
MUSCULOSKELETAL THERAPY AGENTS - DRUGS TO TREAT MUSCLE SPASMS		
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	G	
BOTOX INJECTION SOLUTION RECONSTITUTED 100 UNIT, 200 UNIT (<i>onabotulinumtoxinA</i>)	NPSP	PA
<i>carisoprodol oral tablet 250 mg</i>	NF	
<i>carisoprodol oral tablet 350 mg</i>	G	QL (84 TABLETS per 28 DAYs)
<i>carisoprodol-aspirin-codeine oral tablet 200-325-16 mg</i>	G	QL (168 TABLETS per 25 days)

2021 Pharmacy Drug Guide – Standard Opt Out Plan – Aetna: Sutter Health | Aetna

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12/01/2021

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>chlorzoxazone oral tablet 250 mg, 375 mg, 750 mg</i>	NF	
<i>chlorzoxazone oral tablet 500 mg</i>	G	
<i>cyclobenzaprine hcl er oral capsule extended release 24 hour 15 mg, 30 mg</i>	NF	
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	G	
<i>cyclobenzaprine hcl oral tablet 7.5 mg</i>	NF	
DANTRIUM ORAL CAPSULE 25 MG, 50 MG (<i>dantrolene sodium</i>)	PB	
<i>dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg</i>	G	
DYSPORT INTRAMUSCULAR SOLUTION RECONSTITUTED 300 UNIT, 500 UNIT (<i>abobotulinumtoxinA</i>)	NPSP	PA
<i>metaxalone oral tablet 400 mg</i>	NF	
<i>metaxalone oral tablet 800 mg</i>	G	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	G	
<i>norgesic forte oral tablet 50-770-60 mg</i>	NF	
<i>orphenadrine-asa-caffeine oral tablet 50-770-60 mg</i>	NF	
SKELAXIN ORAL TABLET 800 MG (<i>metaxalone</i>)	PB	
SOMA ORAL TABLET 250 MG, 350 MG (<i>carisoprodol</i>)	NPB	QL (84 TABLETS per 28 DAYs)
<i>tizanidine hcl oral capsule 2 mg, 4 mg, 6 mg</i>	G	
<i>tizanidine hcl oral tablet 2 mg, 4 mg</i>	G	
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT, 200 UNIT, 50 UNIT (<i>incobotulinumtoxinA</i>)	NPSP	PA
NARCOLEPSY/CATAPLEXY - DRUGS FOR SLEEP DISORDERS		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>	G	
<i>modafinil oral tablet 100 mg, 200 mg</i>	G	
SUNOSI ORAL TABLET 150 MG, 75 MG (<i>solriamfetol hcl</i>)	PB	
WAKIX ORAL TABLET 17.8 MG, 4.45 MG (<i>pitolisant hcl</i>)	NF	

2021 Pharmacy Drug Guide – Standard Opt Out Plan – Aetna: Sutter Health | Aetna

The formulary is updated the first week of each month

12/01/2021

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XYREM ORAL SOLUTION 500 MG/ML (<i>sodium oxybate</i>)	NPSP	PA; QL (540 ML per 25 days)
XYWAV ORAL SOLUTION 500 MG/ML (<i>ca, mg, k, and na oxybates</i>)	NF	
POLYNEUROPATHY		
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML (<i>inotersen sodium</i>)	PSP	PA; QL (4 syringes per 28 days)
POSTHERPETIC NEURALGIA (PHN)		
GRALISE ORAL TABLET 300 MG, 600 MG (<i>gabapentin (once-daily)</i>)	PB	
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR 165 MG, 330 MG, 82.5 MG (<i>pregabalin</i>)	PB	
<i>pregabalin er oral tablet extended release 24 hour 165 mg, 330 mg, 82.5 mg</i>	G	
PSYCHOTHERAPEUTIC-MISC		
<i>acamprosate calcium oral tablet delayed release 333 mg</i>	G	
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i>	CE	N7 (G); QL (2 TREATMENT CYCLES per 365 days)
<i>chlordiazepoxide-amitriptyline oral tablet 10-25 mg, 5-12.5 mg</i>	G	
<i>cvs nicotine mouth/throat gum 4 mg</i>	CE	N7 (Not Covered); QL (2 TREATMENT CYCLES per 365 DAYS)
<i>cvs nicotine polacrilex mouth/throat gum 2 mg</i>	CE	N7 (Not Covered); QL (2 TREATMENT per 365 DAYS)
<i>cvs nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>	CE	N7 (Not Covered); QL (2 TREATMENT CYCLES per 365 DAYS)
<i>cvs nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr</i>	CE	N7 (Not Covered); QL (2 TREATMENT CYCLES per 365 DAYS)
<i>disulfiram oral tablet 250 mg, 500 mg</i>	G	

2021 Pharmacy Drug Guide – Standard Opt Out Plan – Aetna: Sutter Health | Aetna

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KLOXXADO NASAL LIQUID 8 MG/0.1ML (<i>naloxone hcl</i>)	NPB	QL (4 SPRAYS per 180 DAYS)
<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 (G)
NARCAN NASAL LIQUID 4 MG/0.1ML (<i>naloxone hcl</i>)	PB	QL (4 SPRAYS per 180 DAYS)
NICOTROL INHALATION INHALER 10 MG (<i>nicotine</i>)	CE	N7 (NPB); QL (168 DAYS OF TREATMENT per 365 days)
NICOTROL NS NASAL SOLUTION 10 MG/ML (<i>nicotine</i>)	CE	N7 (NPB); QL (168 DAYS OF TREATMENT per 365 days)
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	G	
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i>	CE	N7 (NP); N8 (\$0 limited to 2 treatment cycles/year); QL (2 TREATMENT CYCLES per 365 DAYS)
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG (<i>naltrexone</i>)	NPSP	QL (380 MG per 28 days)
ENDOCRINE AND METABOLIC - DRUGS TO TREAT DIABETES AND REGULATE HORMONES		
ANDROGENS - DRUGS TO REGULATE MALE HORMONES		
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24HR, 4 MG/24HR (<i>testosterone</i>)	PB	
AVEED INTRAMUSCULAR SOLUTION 750 MG/3ML (<i>testosterone undecanoate</i>)	NPSP	PA
<i>methyltestosterone oral capsule 10 mg</i>	G	STX
NATESTO NASAL GEL 5.5 MG/ACT (<i>testosterone</i>)	PB	
<i>oxandrolone oral tablet 10 mg, 2.5 mg</i>	G	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i>	G	
<i>testosterone enanthate intramuscular solution 200 mg/ml</i>	G	
<i>testosterone transdermal gel 10 mg/lact (2%), 12.5 mg/lact (1%), 20.25 mg/1.25gm (1.62%), 20.25 mg/lact (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)</i>	G	
<i>testosterone transdermal solution 30 mg/lact</i>	G	
ANTIDIABETICS, ALPHA-GLUCOSIDASE INHIBITORS		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	G	
<i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>	G	
PRECOSE ORAL TABLET 100 MG, 25 MG, 50 MG (<i>acarbose</i>)	PB	
ANTIDIABETICS, AMYLIN ANALOGS		
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML (<i>pramlintide acetate</i>)	PB	
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML (<i>pramlintide acetate</i>)	PB	
ANTIDIABETICS, BIGUANIDE		
GLUMETZA ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG, 500 MG (<i>metformin hcl</i>)	NF	
<i>metformin hcl er (mod) oral tablet extended release 24 hour 1000 mg, 500 mg</i>	NF	
<i>metformin hcl er (osm) oral tablet extended release 24 hour 1000 mg, 500 mg</i>	NF	
<i>metformin hcl er oral tablet extended release 24 hour 500 mg</i>	G	LGC
<i>metformin hcl er oral tablet extended release 24 hour 750 mg</i>	G	
<i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg</i>	G	LGC
ANTIDIABETICS, BIGUANIDE/ SULFONYLUREA COMBINATIONS		
<i>glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	G	LGC

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 INHIBITORS		
<i>alogliptin benzoate oral tablet 12.5 mg, 25 mg, 6.25 mg</i>	G	
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG (<i>sitagliptin phosphate</i>)	PB	
TRADJENTA ORAL TABLET 5 MG (<i>linagliptin</i>)	PB	
ANTIDIABETICS, DPP-4 INHIBITOR COMBINATIONS		
<i>alogliptin-metformin hcl oral tablet 12.5-1000 mg, 12.5-500 mg</i>	G	
<i>alogliptin-pioglitazone oral tablet 12.5-15 mg, 12.5-30 mg, 12.5-45 mg, 25-15 mg, 25-30 mg, 25-45 mg</i>	G	
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG (<i>sitagliptin-metformin hcl</i>)	PB	
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-1000 MG, 50-500 MG (<i>sitagliptin-metformin hcl</i>)	PB	
JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG (<i>linagliptin-metformin hcl</i>)	PB	
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG (<i>linagliptin- metformin hcl</i>)	PB	
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 12.5-2.5-1000 MG, 25-5-1000 MG, 5-2.5-1000 MG (<i>empagliflozin-linagliptin-metformin</i>)	PB	
ANTIDIABETICS, INCRETIN MIMETIC AGENTS		
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML (<i>semaglutide</i>)	PB	
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML, 4 MG/3ML (<i>semaglutide</i>)	PB	
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG (<i>semaglutide</i>)	PB	
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	

2021 Pharmacy Drug Guide – Standard Opt Out Plan – Aetna: Sutter Health | Aetna

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12/01/2021

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML (<i>liraglutide</i>)	PB	
ANTIDIABETICS, INCRETIN MIMETIC COMBINATION AGENTS		
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML (<i>insulin glargine-lixisenatide</i>)	PB	
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML (<i>insulin degludec-liraglutide</i>)	PB	
ANTIDIABETICS, INSULIN		
BASAGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin glargine</i>)	PB	
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin aspart (w/niacinamide)</i>)	PB	
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML (<i>insulin aspart (w/niacinamide)</i>)	PB	
FIASP SUBCUTANEOUS SOLUTION 100 UNIT/ML (<i>insulin aspart (w/niacinamide)</i>)	PB	
HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin lispro</i>)	NPB	
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML (<i>insulin lispro</i>)	PB	
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (50-50) 100 UNIT/ML (<i>insulin lispro prot & lispro</i>)	PB	
HUMALOG MIX 50/50 SUBCUTANEOUS SUSPENSION (50-50) 100 UNIT/ML (<i>insulin lispro prot & lispro</i>)	PB	
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML (<i>insulin lispro prot & lispro</i>)	PB	

2021 Pharmacy Drug Guide – Standard Opt Out Plan – Aetna: Sutter Health | Aetna

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12/01/2021

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION (75-25) 100 UNIT/ML (<i>insulin lispro prot & lispro</i>)	PB	
HUMALOG SUBCUTANEOUS SOLUTION 100 UNIT/ML (<i>insulin lispro</i>)	PB	
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML (<i>insulin lispro</i>)	PB	
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (<i>insulin nph isophane & regular</i>)	PB	
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (<i>insulin nph isophane & regular</i>)	PB	
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML (<i>insulin nph human (isophane)</i>)	PB	
HUMULIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML (<i>insulin nph human (isophane)</i>)	PB	
HUMULIN R INJECTION SOLUTION 100 UNIT/ML (<i>insulin regular human</i>)	PB	
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML (<i>insulin regular human</i>)	PB	
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML (<i>insulin regular human</i>)	PB	
<i>insulin asp prot & asp flexpen subcutaneous suspension pen-injector (70-30) 100 unit/ml</i>	PB	
<i>insulin aspart flexpen subcutaneous solution pen-injector 100 unit/ml</i>	PB	
<i>insulin aspart penfill subcutaneous solution cartridge 100 unit/ml</i>	PB	
<i>insulin aspart prot & aspart subcutaneous suspension (70-30) 100 unit/ml</i>	PB	
<i>insulin aspart subcutaneous solution 100 unit/ml</i>	PB	

2021 Pharmacy Drug Guide – Standard Opt Out Plan – Aetna: Sutter Health | Aetna

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12/01/2021

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>insulin lispro (1 unit dial) subcutaneous solution pen-injector 100 unit/ml</i>	PB	
<i>insulin lispro junior kwikpen subcutaneous solution pen-injector 100 unit/ml</i>	PB	
<i>insulin lispro prot & lispro subcutaneous suspension pen-injector (75-25) 100 unit/ml</i>	PB	
<i>insulin lispro subcutaneous solution 100 unit/ml</i>	PB	
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin glargine</i>)	PB	
LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML (<i>insulin glargine</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	
LYUMJEV INJECTION SOLUTION 100 UNIT/ML (<i>insulin lispro-aabc</i>)	PB	
LYUMJEV KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML (<i>insulin lispro-aabc</i>)	PB	
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (<i>insulin nph isophane & regular</i>)	PB	
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (<i>insulin nph isophane & 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	

2021 Pharmacy Drug Guide – Standard Opt Out Plan – Aetna: Sutter Health | Aetna

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12/01/2021

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 & aspart</i>)	PB	
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (<i>insulin aspart prot & aspart</i>)	PB	
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML (<i>insulin aspart</i>)	PB	
NOVOLOG SUBCUTANEOUS SOLUTION 100 UNIT/ML (<i>insulin aspart</i>)	PB	
SEMGLEE SUBCUTANEOUS SOLUTION PEN- INJECTOR 100 UNIT/ML (<i>insulin glargine</i>)	NPB	
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML (<i>insulin glargine</i>)	PB	
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML (<i>insulin glargine</i>)	PB	
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML (<i>insulin degludec</i>)	PB	
TRESIBA SUBCUTANEOUS SOLUTION 100 UNIT/ML (<i>insulin degludec</i>)	PB	
ANTIDIABETICS, INSULIN SENSITIZER		
<i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i>	G	LGC
ANTIDIABETICS, INSULIN SENSITIZER/BIGUANIDE COMBINATION		
<i>pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg</i>	G	LGC
ANTIDIABETICS, INSULIN SENSITIZER/SULFONYLUREA COMBINATION		
<i>pioglitazone hcl-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	G	

2021 Pharmacy Drug Guide – Standard Opt Out Plan – Aetna: Sutter Health | Aetna

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12/01/2021

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTIDIABETICS, MEGLITINIDE		
<i>nateglinide oral tablet 120 mg, 60 mg</i>	G	LGC
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	G	LGC
ANTIDIABETICS, SODIUM-GLUC CO-TRANSPOR2 (SGLT2) INHIB		
QTERN ORAL TABLET 10-5 MG, 5-5 MG (<i>dapagliflozin-saxagliptin</i>)	PB	
ANTIDIABETICS, SODIUM-GLUC CO-TRANSPOR2 INHIB		
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG (<i>empagliflozin-metformin hcl</i>)	PB	
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 25-1000 MG, 5-1000 MG (<i>empagliflozin-metformin hcl</i>)	PB	
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	
ANTIDIABETICS, SODIUM-GLUC CO-TRANSPOR2 INHIB (SGTL2) COMBO		
INVOKAMET ORAL TABLET 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG (<i>canagliflozin-metformin hcl</i>)	PB	
INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG (<i>canagliflozin-metformin hcl</i>)	PB	
ANTIDIABETICS, SODIUM-GLUC CO-TRANSPOR2 INHIB(SGLT2)/DPP-4 INHIBITOR COMBINATIONS		
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG (<i>empagliflozin-linagliptin</i>)	PB	
ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER2 (SGLT2) INHIB		
FARXIGA ORAL TABLET 10 MG, 5 MG (<i>dapagliflozin propanediol</i>)	PB	

2021 Pharmacy Drug Guide – Standard Opt Out Plan – Aetna: Sutter Health | Aetna

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INVOKANA ORAL TABLET 100 MG, 300 MG (<i>canagliflozin</i>)	PB	
JARDIANCE ORAL TABLET 10 MG, 25 MG (<i>empagliflozin</i>)	PB	
ANTIDIABETICS, SULFONYLUREA		
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	G	LGC
<i>glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	G	LGC
<i>glipizide oral tablet 10 mg, 5 mg</i>	G	LGC
ANTI-OBESITY DRUGS		
SAXENDA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML (<i>liraglutide -weight management</i>)	PB	SPC
WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.25 MG/0.5ML, 0.5 MG/0.5ML, 1 MG/0.5ML, 1.7 MG/0.75ML, 2.4 MG/0.75ML (<i>semaglutide-weight management</i>)	NPB	SPC
BISPHOSPHONATES - DRUGS TO TREAT BONE LOSS		
<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	
<i>ibandronate sodium intravenous solution 3 mg/3ml</i>	G	
<i>ibandronate sodium oral tablet 150 mg</i>	G	
<i>pamidronate disodium intravenous solution 30 mg/10ml, 90 mg/10ml</i>	G	
<i>pamidronate disodium intravenous solution 6 mg/ml</i>	NPSP	
RECLAST INTRAVENOUS SOLUTION 5 MG/100ML (<i>zoledronic acid</i>)	NPSP	PA
<i>risedronate sodium oral tablet 150 mg, 30 mg, 35 mg, 5 mg</i>	G	
<i>risedronate sodium oral tablet delayed release 35 mg</i>	G	
<i>zoledronic acid intravenous concentrate 4 mg/5ml</i>	G	PA
<i>zoledronic acid intravenous solution 5 mg/100ml</i>	G	PA
<i>zoledronic acid solution 4 mg/100ml intravenous 4 mg/100ml</i>	PSP	PA

2021 Pharmacy Drug Guide – Standard Opt Out Plan – Aetna: Sutter Health | Aetna

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>zoledronic acid solution 4 mg/100ml intravenous 4 mg/100ml</i>	NPSP	PA
CALCIUM RECEPTOR AGONISTS - DRUGS TO REGULATE HORMONES		
<i>cinacalcet hcl oral tablet 30 mg, 60 mg</i>	PSP	PA; QL (60 TABLETS per 30 days)
<i>cinacalcet hcl oral tablet 90 mg</i>	PSP	PA; QL (120 TABLETS per 30 days)
PARSABIV INTRAVENOUS SOLUTION 10 MG/2ML, 2.5 MG/0.5ML, 5 MG/ML (<i>etelcalcetide hcl</i>)	NF	
SENSIPAR ORAL TABLET 30 MG, 60 MG (<i>cinacalcet hcl</i>)	NPSP	PA; QL (60 TABLETS per 30 days)
SENSIPAR ORAL TABLET 90 MG (<i>cinacalcet hcl</i>)	NPSP	PA; QL (120 TABLETS per 30 days)
CARNITINE DEFICIENCY AGENTS		
CARNITOR ORAL SOLUTION 1 GM/10ML (<i>levocarnitine</i>)	NF	
CARNITOR ORAL TABLET 330 MG (<i>levocarnitine</i>)	NF	
CARNITOR SF ORAL SOLUTION 1 GM/10ML (<i>levocarnitine</i>)	NF	
<i>levocarnitine oral solution 1 gml/10ml</i>	G	
<i>levocarnitine oral tablet 330 mg</i>	G	
CHELATING AGENTS		
CUPRIMINE ORAL CAPSULE 250 MG (<i>penicillamine</i>)	NF	
LOKELMA ORAL PACKET 10 GM, 5 GM (<i>sodium zirconium cyclosilicate</i>)	PB	
<i>penicillamine oral capsule 250 mg</i>	PSP	
<i>penicillamine oral tablet 250 mg</i>	G	
<i>sodium polystyrene sulfonate oral powder</i>	G	
SPS ORAL SUSPENSION 15 GM/60ML (<i>sodium polystyrene sulfonate</i>)	G	
SYPRINE ORAL CAPSULE 250 MG (<i>trientine hcl</i>)	NF	
<i>trientine hcl oral capsule 250 mg</i>	PSP	

2021 Pharmacy Drug Guide – Standard Opt Out Plan – Aetna: Sutter Health | Aetna

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM (<i>patiromer sorbitex calcium</i>)	PB	
CHELATING AGENTS - DRUGS TO TREAT IRON TOXICITY		
<i>deferasirox granules oral packet 180 mg, 360 mg, 90 mg</i>	PSP	PA
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i>	PSP	PA
<i>deferasirox oral tablet soluble 125 mg, 250 mg, 500 mg</i>	PSP	PA
<i>deferiprone oral tablet 500 mg</i>	PSP	PA
<i>deferoxamine mesylate injection solution reconstituted 2 gm, 500 mg</i>	NPSP	PA
DESFERAL INJECTION SOLUTION RECONSTITUTED 500 MG (<i>deferoxamine mesylate</i>)	NF	
EXJADE ORAL TABLET SOLUBLE 125 MG, 250 MG, 500 MG (<i>deferasirox</i>)	NF	
FERRIPROX ORAL SOLUTION 100 MG/ML (<i>deferiprone</i>)	NF	
FERRIPROX ORAL TABLET 1000 MG, 500 MG (<i>deferiprone</i>)	NF	
FERRIPROX TWICE-A-DAY ORAL TABLET 1000 MG (<i>deferiprone</i>)	NF	
JADENU ORAL TABLET 180 MG, 360 MG, 90 MG (<i>deferasirox</i>)	NF	
JADENU SPRINKLE ORAL PACKET 180 MG, 360 MG, 90 MG (<i>deferasirox</i>)	NF	
CONTRACEPTIVES - PRODUCTS FOR BIRTH CONTROL		
AFTERA ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	CE	N7 (Not Covered)
<i>levonorgestrel-ethinyl estrad</i> (Altavera Oral Tablet 0.15-30 Mg-Mcg)	CE	N7 (G)
<i>alyacen 1/35 oral tablet 1-35 mg-mcg</i>	CE	N7 (G)
<i>alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	CE	N7 (G)
<i>levonorgest-eth estrad 91-day</i> (Amethia Oral Tablet 0.15-0.03 & 0.01 Mg)	CE	N7 (G)

2021 Pharmacy Drug Guide – Standard Opt Out Plan – Aetna: Sutter Health | Aetna

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>levonorgestrel-ethinyl estrad</i> (Amethyst Oral Tablet 90-20 Mcg)	CE	N7 (G)
ANNOVERA VAGINAL RING 0.013-0.15 MG/24HR (<i>segesterone-ethinyl estradiol</i>)	CE	N7 (PB); QL (1 RING per 300 days)
<i>desogestrel-ethinyl estradiol</i> (Apri Oral Tablet 0.15-30 Mg-Mcg)	CE	N7 (G)
<i>norethin-eth estrad triphasic</i> (Aranelle Oral Tablet 0.5/1/0.5-35 Mg-Mcg)	CE	N7 (G)
<i>levonorgestrel-ethinyl estrad</i> (Aubra Oral Tablet 0.1-20 Mg-Mcg)	CE	N7 (G)
<i>desogestrel-ethinyl estradiol</i> (Azurette Oral Tablet 0.15-0.02/0.01 Mg (21/5))	CE	N7 (G)
BALCOLTRA ORAL TABLET 0.1-20 MG-MCG(21) (<i>levonorgest-eth estrad-fe bisg</i>)	CE	N7 (NPB)
<i>norethindrone-eth estradiol</i> (Balziva Oral Tablet 0.4-35 Mg-Mcg)	CE	N7 (G)
<i>norethin ace-eth estrad-fe</i> (Blisovi 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	CE	N7 (G)
<i>norethin ace-eth estrad-fe</i> (Blisovi Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N7 (G)
<i>norethin ace-eth estrad-fe</i> (Blisovi Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N7 (G)
<i>norethindrone</i> (Camila Oral Tablet 0.35 Mg)	CE	N7 (G)
<i>levonorgest-eth estrad 91-day</i> (Camrese Lo Oral Tablet 0.1-0.02 & 0.01 Mg)	CE	N7 (G)
<i>levonorgest-eth estrad 91-day</i> (Camrese Oral Tablet 0.15-0.03 & 0.01 Mg)	CE	N7 (G)
<i>desogestrel-ethinyl estradiol</i> (Caziant Oral Tablet 0.1/0.125/0.15 -0.025 Mg)	CE	N7 (G)
<i>norgestrel-ethinyl estradiol</i> (Cryselle-28 Oral Tablet 0.3-30 Mg-Mcg)	CE	N7 (G)
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML (<i>medroxyprogesterone acetate</i>)	PB	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 150 MG/ML (<i>medroxyprogesterone acetate</i>)	PB	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML (<i>medroxyprogesterone acetate</i>)	CE	N7 (PB); QL (4 ML per 300 days)
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)</i>	CE	N7 (G)
<i>drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg, 3-0.03-0.451 mg</i>	CE	N7 (G)
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	CE	N7 (G)
ELLA ORAL TABLET 30 MG (<i>ulipristal acetate</i>)	CE	N7 (NPB)
<i>etonogestrel-ethinyl estradiol (Eluryng Vaginal Ring 0.12-0.015 Mg/24Hr)</i>	CE	N7 (G); QL (13 RING per 300 DAYs)
<i>levonorg-eth estrad triphasic (Enpresse-28 Oral Tablet 50-30/75-40/ 125-30 Mcg)</i>	CE	N7 (G)
<i>norgestimate-eth estradiol (Estarylla Oral Tablet 0.25-35 Mg-Mcg)</i>	CE	N7 (G)
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	CE	N7 (G)
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr</i>	CE	N7 (G); QL (13 RING per 300 DAYs)
<i>levonorgest-eth estrad 91-day (Fayosim Oral Tablet 42-21-21-7 Days)</i>	CE	N7 (G)
<i>levonorgest-eth estrad 91-day (Introvale Oral Tablet 0.15-0.03 Mg)</i>	CE	N7 (G)
<i>norethindrone acet-ethinyl est (Junel 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)</i>	CE	N7 (G)
<i>norethindrone acet-ethinyl est (Junel 1/20 Oral Tablet 1-20 Mg-Mcg)</i>	CE	N7 (G)
<i>norethin ace-eth estrad-fe (Junel Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)</i>	CE	N7 (G)

2021 Pharmacy Drug Guide – Standard Opt Out Plan – Aetna: Sutter Health | Aetna

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>norethin ace-eth estrad-fe</i> (Junel Fe 24 Oral Tablet 1-20 Mg-Mcg(24))	CE	N7 (G)
<i>norethin-eth estradiol-fe</i> (Kaitlib Fe Oral Tablet Chewable 0.8-25 Mg-Mcg)	CE	N7 (PG)
<i>ethynodiol diac-eth estradiol</i> (Kelnor 1/50 Oral Tablet 1-50 Mg-Mcg)	CE	N7 (G)
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 19.5 MG (<i>levonorgestrel</i>)	CE	N7 (PB); QL (1 INTRAUTERINE DEVICE per 300 days)
<i>levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg</i>	CE	N7 (G)
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg</i>	CE	N7 (G)
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 19.5 MCG/DAY (<i>levonorgestrel</i>)	CE	N7 (Not Covered)
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG / 10 MCG (<i>norethin-eth estrad-fe biphas</i>)	CE	N7 (PB)
<i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>	CE	N7 (G); QL (4 ML per 300 days)
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml</i>	CE	N7 (G); QL (4 ML per 300 days)
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/24HR (<i>levonorgestrel</i>)	CE	N7 (PB); QL (1 INTRAUTERINE DEVICE per 300 days)
NATAZIA ORAL TABLET 3/2-2/2-3/1 MG (<i>estradiol valerate-dienogest</i>)	CE	N7 (PB)
<i>norethindrone-eth estradiol</i> (Necon 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg)	CE	N7 (G)
NEXPLANON SUBCUTANEOUS IMPLANT 68 MG (<i>etonogestrel</i>)	CE	N7 (NPB); QL (1 IMPLANT per 300 days)
NEXTSTELLIS ORAL TABLET 3-14.2 MG (<i>drospirenone-estetrol</i>)	CE	N7 (NP)
<i>norethin ace-eth estrad-fe oral capsule 1-20 mg-mcg(24)</i>	CE	N7 (G)
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg</i>	CE	N7 (G)

2021 Pharmacy Drug Guide – Standard Opt Out Plan – Aetna: Sutter Health | Aetna

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)</i>	CE	N7 (G)
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg</i>	CE	N7 (G)
<i>norethindrone oral tablet 0.35 mg</i>	CE	N7 (G)
<i>norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg, 0.8-25 mg-mcg</i>	CE	N7 (G)
<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 (G)
<i>norethindrone-eth estradiol (Nortrel 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg)</i>	CE	N7 (G)
<i>norethindrone-eth estradiol (Nortrel 1/35 (21) Oral Tablet 1-35 Mg-Mcg)</i>	CE	N7 (G)
<i>norethin-eth estrad triphasic (Nortrel 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)</i>	CE	N7 (G)
NUVARING VAGINAL RING 0.12-0.015 MG/24HR (<i>etonogestrel-ethinyl estradiol</i>)	NPB	QL (13 RING per 300 days)
PARAGARD INTRAUTERINE COPPER INTRAUTERINE INTRAUTERINE DEVICE (<i>copper</i>)	CE	N7 (NPB); QL (1 INTRAUTERINE DEVICE per 300 days)
<i>norgestimate-eth estradiol (Previfem Oral Tablet 0.25-35 Mg-Mcg)</i>	CE	N7 (G)
<i>desogestrel-ethinyl estradiol (Reclipsen Oral Tablet 0.15-30 Mg-Mcg)</i>	CE	N7 (G)
<i>levonorgest-eth estrad 91-day (Rivelsa Oral Tablet 42-21-21-7 Days)</i>	CE	N7 (G)
SEASONIQUE ORAL TABLET 0.15-0.03 &0.01 MG (<i>levonorgest-eth estrad 91-day</i>)	NF	
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 13.5 MG (<i>levonorgestrel</i>)	CE	N7 (PB); QL (1 INTRAUTERINE DEVICE per 300 days)
SLYND ORAL TABLET 4 MG (<i>drosiprenone</i>)	CE	N7 (NPB)
<i>norethindron-ethinyl estrad-fe (Tilia Fe Oral Tablet 1-20/1-30/1-35 Mg-Mcg)</i>	CE	N7 (G)

2021 Pharmacy Drug Guide – Standard Opt Out Plan – Aetna: Sutter Health | Aetna

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<i>norethindron-ethinyl estrad-fe</i> (Tri-Legest Fe Oral Tablet 1-20/1-30/1-35 Mg-Mcg)	CE	N7 (G)
<i>norgestim-eth estrad triphasic</i> (Tri-Lo-Sprintec Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	CE	N7 (G)
<i>norgestim-eth estrad triphasic</i> (Tri-Previfem Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	N7 (G)
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24HR (<i>levonorgestrel-eth estradiol</i>)	CE	N7 (NPB)
TYBLUME ORAL TABLET CHEWABLE 0.1-20 MG-MCG (<i>levonorgestrel-ethinyl estrad</i>)	NPB	N7 (NPB)
<i>desogestrel-ethinyl estradiol</i> (Velivet Oral Tablet 0.1/0.125/0.15 -0.025 Mg)	CE	N7 (G)
<i>norelgestromin-eth estradiol</i> (Xulane Transdermal Patch Weekly 150-35 Mcg/24Hr)	CE	N7 (G)
ENDOMETRIOSIS		
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	G	
LUPANETA PACK COMBINATION KIT 11.25 & 5 MG, 3.75 & 5 MG (<i>leuprolide & norethindrone</i>)	NPSP	PA
ORILISSA ORAL TABLET 150 MG, 200 MG (<i>elagolix sodium</i>)	PB	
ENZYME REPLACEMENTS - DRUGS TO TREAT ENZYME DEFICIENCIES		
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5ML (<i>laronidase</i>)	NPSP	PA
BUPHENYL ORAL POWDER 3 GM/TSP (<i>sodium phenylbutyrate</i>)	NF	
BUPHENYL ORAL TABLET 500 MG (<i>sodium phenylbutyrate</i>)	NF	
CARBAGLU ORAL TABLET 200 MG (<i>carglumic acid</i>)	NPSP	PA
CERDELGA ORAL CAPSULE 84 MG (<i>eliglustat tartrate</i>)	PSP	PA; QL (60 CAPSULES per 30 days)
CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT (<i>imiglucerase</i>)	PSP	PA; QL (15 VIALS per 14 days)

2021 Pharmacy Drug Guide – Standard Opt Out Plan – Aetna: Sutter Health | Aetna

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CYSTADANE ORAL POWDER (<i>betaine</i>)	NPSP	PA
ELAPRASE INTRAVENOUS SOLUTION 6 MG/3ML (<i>idursulfase</i>)	NPSP	PA
ELELYSO INTRAVENOUS SOLUTION RECONSTITUTED 200 UNIT (<i>taliglucerase alfa</i>)	NF	
FABRAZYME INTRAVENOUS SOLUTION RECONSTITUTED 35 MG, 5 MG (<i>agalsidase beta</i>)	NPSP	PA
KANUMA INTRAVENOUS SOLUTION 20 MG/10ML (<i>sebelipase alfa</i>)	NPSP	PA
KUVAN ORAL PACKET 100 MG, 500 MG (<i>sapropterin dihydrochloride</i>)	NF	
KUVAN ORAL TABLET 100 MG (<i>sapropterin dihydrochloride</i>)	NF	
LUMIZYME INTRAVENOUS SOLUTION RECONSTITUTED 50 MG (<i>alglucosidase alfa</i>)	NPSP	PA
<i>miglustat oral capsule 100 mg</i>	PSP	PA; QL (90 CAPSULES per 30 days)
MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED 11.3 MG (<i>metreleptin</i>)	NPSP	PA; QL (30 SOLUTION RECONSTITUTED per 30 days)
NAGLAZYME INTRAVENOUS SOLUTION 1 MG/ML (<i>galsulfase</i>)	NPSP	PA
<i>nitisinone oral capsule 10 mg, 2 mg, 5 mg</i>	PSP	PA
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG (<i>nitisinone</i>)	NPSP	PA
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG (<i>nitisinone</i>)	PSP	PA
ORFADIN ORAL SUSPENSION 4 MG/ML (<i>nitisinone</i>)	PSP	PA
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML, 2.5 MG/0.5ML, 20 MG/ML (<i>pegvaliase-pqpz</i>)	NF	
RAVICTI ORAL LIQUID 1.1 GM/ML (<i>glycerol phenylbutyrate</i>)	NF	
<i>sapropterin dihydrochloride oral packet 100 mg, 500 mg</i>	PSP	PA

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<i>sapropterin dihydrochloride oral tablet 100 mg</i>	PSP	PA
<i>sod benz-sod phenylacet intravenous solution 10-10 %</i>	G	
<i>sodium phenylbutyrate oral powder 3 gml/tp</i>	PSP	PA; QL (600 GRAMS per 30 days)
<i>sodium phenylbutyrate oral tablet 500 mg</i>	PSP	PA; QL (1200 TABLETS per 30 days)
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45ML, 28 MG/0.7ML, 40 MG/ML, 80 MG/0.8ML (<i>asfotase alfa</i>)	NPSP	PA
VIMIZIM INTRAVENOUS SOLUTION 5 MG/5ML (<i>elosulfase alfa</i>)	NPSP	PA
VPRIV INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT (<i>velaglucerase alfa</i>)	NPSP	PA; QL (15 SOLUTION RECONSTITUTED per 14 days)
ZAVESCA ORAL CAPSULE 100 MG (<i>miglustat</i>)	NPSP	PA; QL (90 CAPSULES per 30 days)
ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES		
<i>estradiol-norethindrone acet</i> (Amabelz Oral Tablet 0.5-0.1 Mg, 1-0.5 Mg)	G	
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/DAY (<i>estradiol-levonorgestrel</i>)	PB	
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY 0.05-0.14 MG/DAY, 0.05-0.25 MG/DAY (<i>estradiol-norethindrone acet</i>)	PB	
DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM, 1 MG/GM, 1.25 MG/1.25GM (<i>estradiol</i>)	PB	
DUAVEE ORAL TABLET 0.45-20 MG (<i>conj estrogens-bazedoxifene</i>)	PB	N10
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	G	
<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	

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<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	
<i>estradiol vaginal cream 0.1 mg/gm</i>	G	
<i>estradiol vaginal tablet 10 mcg</i>	G	
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	G	
ESTRING VAGINAL RING 2 MG (<i>estradiol</i>)	PB	
EVAMIST TRANSDERMAL SOLUTION 1.53 MG/SPRAY (<i>estradiol</i>)	PB	
<i>norethindrone-eth estradiol</i> (Fyavolv Oral Tablet 0.5-2.5 Mg-Mcg, 1-5 Mg-Mcg)	G	
<i>norethindrone-eth estradiol</i> (Jinteli Oral Tablet 1-5 Mg-Mcg)	G	
<i>estradiol-norethindrone acet</i> (Mimvey Oral Tablet 1-0.5 Mg)	G	
ORIAHNN ORAL CAPSULE THERAPY PACK 300-1-0.5 & 300 MG (<i>elagolix-estradiol-norethind</i>)	PB	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG (<i>estrogens conjugated</i>)	PB	
PREMARIN VAGINAL CREAM 0.625 MG/GM (<i>estrogens, conjugated</i>)	PB	
PREMPHASE ORAL TABLET 0.625-5 MG (<i>conj estrog-medroxyprogest ace</i>)	PB	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG (<i>conj estrog-medroxyprogest ace</i>)	PB	
FERTILITY REGULATORS		
CETROTIDE SUBCUTANEOUS KIT 0.25 MG (<i>cetorelix acetate</i>)	PSP	PA; SPC
<i>chorionic gonadotropin intramuscular solution reconstituted 10000 unit</i>	NF	
<i>clomiphene citrate oral tablet 50 mg</i>	G	SPC
FOLLISTIM AQ SUBCUTANEOUS SOLUTION 300 UNT/0.36ML, 600 UNT/0.72ML, 900 UNT/1.08ML (<i>follitropin beta</i>)	NF	

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<i>ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous 250 mcg/0.5ml</i>	NPSP	PA; SPC
<i>ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous 250 mcg/0.5ml</i>	PSP	PA; SPC
GONAL-F INJECTION SOLUTION RECONSTITUTED 1050 UNIT, 450 UNIT (<i>follitropin alfa</i>)	PSP	PA; SPC
GONAL-F RFF REDIJECT SUBCUTANEOUS SOLUTION 300 UNIT/0.5ML, 450 UNT/0.75ML, 900 UNIT/1.5ML (<i>follitropin alfa</i>)	PSP	PA; SPC
GONAL-F RFF SUBCUTANEOUS SOLUTION RECONSTITUTED 75 UNIT (<i>follitropin alfa</i>)	PSP	PA; SPC
MENOPUR SUBCUTANEOUS SOLUTION RECONSTITUTED 75 UNIT (<i>menotropins</i>)	NPSP	PA; SPC
NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED 10000 UNIT, 5000 UNIT (<i>chorionic gonadotropin</i>)	NF	
OVIDREL SUBCUTANEOUS INJECTABLE 250 MCG/0.5ML (<i>choriogonadotropin alfa</i>)	PSP	PA; SPC
PREGNYL INTRAMUSCULAR SOLUTION RECONSTITUTED 10000 UNIT (<i>chorionic gonadotropin</i>)	NF	
GLUCOCORTICOIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE		
ALKINDI SPRINKLE ORAL CAPSULE SPRINKLE 0.5 MG, 1 MG, 2 MG, 5 MG (<i>hydrocortisone</i>)	NPB	
<i>budesonide er oral tablet extended release 24 hour 9 mg</i>	G	
<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>dexamethasone oral tablet therapy pack 1.5 mg (21), 1.5 mg (35), 1.5 mg (51)</i>	G	
EMFLAZA ORAL SUSPENSION 22.75 MG/ML (<i>deflazacort</i>)	NF	

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EMFLAZA ORAL TABLET 18 MG, 30 MG, 36 MG, 6 MG (deflazacort)	NF	
<i>fludrocortisone acetate oral tablet 0.1 mg</i>	G	
<i>dexamethasone (Hidex 6-Day Oral Tablet Therapy Pack 1.5 Mg (21))</i>	G	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	G	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	G	
<i>methylprednisolone oral tablet therapy pack 4 mg</i>	G	
MILLIPRED ORAL TABLET 5 MG (prednisolone)	NF	
<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	
<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	
TAPERDEX 12-DAY ORAL TABLET THERAPY PACK 1.5 MG (49) (dexamethasone)	G	
<i>dexamethasone (Taperdex 6-Day Oral Tablet Therapy Pack 1.5 Mg, 1.5 Mg (21))</i>	NF	
TAPERDEX 7-DAY ORAL TABLET THERAPY PACK 1.5 MG (27) (dexamethasone)	G	
GLUCOSE ELEVATING AGENTS - DRUGS TO TREAT LOW BLOOD SUGAR		
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE (glucagon)	PB	
BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE (glucagon)	PB	
<i>diazoxide oral suspension 50 mg/ml</i>	G	

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GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED 1 MG (<i>glucagon hcl (rdna)</i>)	PB	
<i>glucagon emergency kit 1 mg injection 1 mg</i>	G	
<i>glucagon emergency kit 1 mg injection 1 mg</i>	PB	
<i>glucose oral tablet chewable 4 gm</i>	NPB	
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML (<i>glucagon</i>)	PB	
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML (<i>glucagon</i>)	PB	
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.5 MG/0.1ML, 1 MG/0.2ML (<i>glucagon</i>)	PB	
HUMAN GROWTH HORMONES - DRUGS TO REGULATE PITUITARY HORMONES		
GENOTROPIN MINIQUICK SUBCUTANEOUS SOLUTION RECONSTITUTED 0.2 MG, 0.4 MG, 0.6 MG, 0.8 MG, 1 MG, 1.2 MG, 1.4 MG, 1.6 MG, 1.8 MG, 2 MG (<i>somatropin</i>)	NF	
GENOTROPIN SUBCUTANEOUS SOLUTION RECONSTITUTED 12 MG, 5 MG (<i>somatropin</i>)	NF	
HUMATROPE INJECTION SOLUTION RECONSTITUTED 12 MG, 24 MG, 6 MG (<i>somatropin</i>)	NF	
NORDITROPIN FLEXPOR SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 30 MG/3ML, 5 MG/1.5ML (<i>somatropin</i>)	PSP	PA
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/2ML (<i>somatropin</i>)	NF	
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR 20 MG/2ML (<i>somatropin</i>)	NF	
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MG/2ML (<i>somatropin</i>)	NF	

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

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GALAFOLD ORAL CAPSULE 123 MG (<i>migalastat hcl</i>)	NPSP	PA; QL (14 CAPSULES per 28 days)
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML (<i>mecasermin</i>)	NPSP	PA
ISTURISA ORAL TABLET 1 MG, 10 MG, 5 MG (<i>osilodrostat phosphate</i>)	NF	
JYNARQUE ORAL TABLET 15 MG (<i>tolvaptan</i>)	NPSP	PA; QL (60 TABLETS per 30 days)
JYNARQUE ORAL TABLET 30 MG (<i>tolvaptan</i>)	NPSP	PA; QL (30 TABLETS per 30 days)
JYNARQUE ORAL TABLET THERAPY PACK 15 MG, 30 & 15 MG (<i>tolvaptan</i>)	NPSP	PA; QL (56 TABLETS per 28 DAYS)
JYNARQUE ORAL TABLET THERAPY PACK 45 & 15 MG, 60 & 30 MG, 90 & 30 MG (<i>tolvaptan</i>)	NPSP	PA; QL (56 TABLETS per 28 days)
KORLYM ORAL TABLET 300 MG (<i>mifepristone</i>)	NPSP	PA; QL (120 TABLETS per 30 days)
<i>methylergonovine maleate</i> (Methergine Oral Tablet 0.2 Mg)	G	QL (4 TABLETS per 1 day)
<i>methylergonovine maleate oral tablet 0.2 mg</i>	G	QL (4 TABLETS per 1 day)
MYCAPSSA ORAL CAPSULE DELAYED RELEASE 20 MG (<i>octreotide acetate</i>)	NF	
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG, 25 MCG, 50 MCG, 75 MCG (<i>parathyroid hormone (recomb)</i>)	NPSP	PA; QL (2 CARTRIDGE per 28 days)
<i>octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	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	N10
PROCYSBI ORAL CAPSULE DELAYED RELEASE 25 MG, 75 MG (<i>cysteamine bitartrate</i>)	NF	

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PROCYSBI ORAL PACKET 300 MG, 75 MG (<i>cysteamine bitartrate</i>)	NF	
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML (<i>denosumab</i>)	PSP	PA; QL (60 ML per 168 days)
<i>raloxifene hcl oral tablet 60 mg</i>	CE	N7 (G); AL (Min 35 Years)
SAMSCA ORAL TABLET 15 MG, 30 MG (<i>tolvaptan</i>)	NPSP	PA
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML (<i>octreotide acetate</i>)	NPSP	PA; QL (90 ML per 30 DAYs)
SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT 10 MG, 20 MG, 30 MG (<i>octreotide acetate</i>)	NF	
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 10 MG, 20 MG, 30 MG, 40 MG, 60 MG (<i>pasireotide pamoate</i>)	NF	
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML (<i>pasireotide diaspartate</i>)	NPSP	PA; QL (60 ML per 30 days)
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 120 MG/0.5ML, 60 MG/0.2ML, 90 MG/0.3ML (<i>lanreotide acetate</i>)	PSP	PA; QL (1 ML per 28 days)
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG (<i>pegvisomant</i>)	NF	
SYNAREL NASAL SOLUTION 2 MG/ML (<i>nafarelin acetate</i>)	NPB	PA
<i>teriparatide (recombinant) subcutaneous solution pen-injector 620 mcg/2.48ml</i>	NF	
<i>tolvaptan oral tablet 15 mg, 30 mg</i>	PSP	PA
TRIPTODUR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 22.5 MG (<i>triptorelin pamoate</i>)	PSP	PA
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML (<i>abaloparatide</i>)	PSP	PA; QL (1 PEN per 30 DAYs)
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7ML (<i>denosumab</i>)	NPSP	PA

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XURIDEN ORAL PACKET 2 GM (<i>uridine triacetate</i>)	NPSP	QL (4 PACKETS per 1 DAY)
ZOKINVY ORAL CAPSULE 50 MG, 75 MG (<i>lonafarnib</i>)	NPSP	PA; QL (120 CAPSULES per 30 days)
PHOSPHATE BINDER AGENTS - DRUGS TO REGULATE CALCIUM AND PHOSPHORUS LEVELS		
<i>calcium acetate (phos binder) oral capsule 667 mg</i>	G	
<i>lanthanum carbonate oral tablet chewable 1000 mg, 500 mg, 750 mg</i>	NF	
PHOSLYRA ORAL SOLUTION 667 MG/5ML (<i>calcium acetate (phos binder)</i>)	PB	
<i>sevelamer carbonate oral packet 0.8 gm, 2.4 gm</i>	G	
<i>sevelamer carbonate oral tablet 800 mg</i>	G	
<i>sevelamer hcl oral tablet 400 mg, 800 mg</i>	G	
VELPHORO ORAL TABLET CHEWABLE 500 MG (<i>sucroferric oxyhydroxide</i>)	PB	
PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES		
<i>hydroxyprogesterone caproate intramuscular oil 250 mg/ml</i>	PSP	PA; QL (21 ML per 365 days)
MAKENA INTRAMUSCULAR OIL 250 MG/ML (<i>hydroxyprogesterone caproate</i>)	NPSP	PA; QL (5 ML per 365 days)
MAKENA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 275 MG/1.1ML (<i>hydroxyprogesterone caproate</i>)	NPSP	PA; QL (21 ML per 365 days)
<i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i>	G	
<i>norethindrone acetate oral tablet 5 mg</i>	G	
<i>progesterone oral capsule 100 mg, 200 mg</i>	G	
PROMETRIUM ORAL CAPSULE 100 MG, 200 MG (<i>progesterone</i>)	NF	

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THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS		
<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>liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg</i>	G	
<i>methimazole oral tablet 10 mg, 5 mg</i>	G	
<i>np thyroid oral tablet 120 mg, 15 mg, 60 mg, 90 mg</i>	G	
<i>np thyroid oral tablet 30 mg</i>	G	STX
<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	
VASOPRESSINS - DRUGS TO REGULATE PITUITARY HORMONES		
DDAVP ORAL TABLET 0.1 MG, 0.2 MG (<i>desmopressin acetate</i>)	PB	
<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	
STIMATE NASAL SOLUTION 1.5 MG/ML (<i>desmopressin acetate</i>)	NPSP	PA
GASTROINTESTINAL - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS		
ANTICHOLINERGICS		
<i>chlordiazepoxide-clidinium oral capsule 5-2.5 mg</i>	G	
<i>dicyclomine hcl oral capsule 10 mg</i>	G	
<i>dicyclomine hcl oral tablet 20 mg</i>	G	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	G	
<i>methscopolamine bromide oral tablet 2.5 mg, 5 mg</i>	G	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING		
<i>aprepitant oral capsule 125 mg, 40 mg, 80 & 125 mg, 80 mg</i>	G	
<i>prochlorperazine (Compro Rectal Suppository 25 Mg)</i>	G	
DICLEGIS ORAL TABLET DELAYED RELEASE 10-10 MG (<i>doxylamine-pyridoxine</i>)	PB	
<i>doxylamine-pyridoxine oral tablet delayed release 10-10 mg</i>	G	
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	G	
<i>granisetron hcl oral tablet 1 mg</i>	G	
<i>metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml</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	
<i>ondansetron hcl oral tablet 24 mg, 4 mg, 8 mg</i>	G	
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>	G	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	G	
<i>promethazine hcl oral syrup 6.25 mg/5ml</i>	G	
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>	G	
<i>promethazine hcl 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	
<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	
H2-RECEPTOR ANTAGONISTS - DRUGS FOR ULCERS AND STOMACH ACID		
<i>cimetidine hcl oral solution 300 mg/5ml</i>	G	
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	G	

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<i>famotidine oral tablet 40 mg</i>	G	
<i>nizatidine oral capsule 150 mg, 300 mg</i>	G	
<i>nizatidine oral solution 15 mg/ml</i>	G	
INFLAMMATORY BOWEL DISEASE - BOWEL, INTESTINE, AND STOMACH CONDITION DRUGS		
APRISO ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.375 GM (<i>mesalamine</i>)	NPB	
<i>balsalazide disodium oral capsule 750 mg</i>	G	
<i>budesonide oral capsule delayed release particles 3 mg</i>	G	
COLAZAL ORAL CAPSULE 750 MG (<i>balsalazide disodium</i>)	NF	
CORTIFOAM EXTERNAL FOAM 10 % (<i>hydrocortisone acetate</i>)	PB	
<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	
PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG, 500 MG (<i>mesalamine</i>)	PB	
<i>sulfasalazine oral tablet 500 mg</i>	G	
<i>sulfasalazine oral tablet delayed release 500 mg</i>	G	
IRRITABLE BOWEL SYNDROME WITH CONSTIPATION		
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG (<i>linaclotide</i>)	PB	
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	G	
IRRITABLE BOWEL SYNDROME WITH DIARRHEA		
<i>alosetron hcl oral tablet 0.5 mg, 1 mg</i>	G	
VIBERZI ORAL TABLET 100 MG, 75 MG (<i>eluxadoline</i>)	PB	

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LAXATIVES - DRUGS FOR CONSTIPATION		
CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM - GM/160ML (<i>sod picosulfate-mag ox-cit acd</i>)	CE	N7 (NPB); AL (Min 50 Years and Max 74 Years)
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	
KRISTALOSE ORAL PACKET 10 GM (<i>lactulose</i>)	NPB	
<i>lactulose encephalopathy oral solution 10 gml/15ml</i>	G	
<i>lactulose oral packet 10 gm</i>	NF	
<i>lactulose oral solution 10 gml/15ml</i>	G	
MOVIPREP ORAL SOLUTION RECONSTITUTED 100 GM (<i>peg-kcl-nacl-nasulf-na asc-c</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); AL (Min 50 Years and Max 74 Years)
PEG-PREP ORAL KIT 5-210 MG-GM (<i>bisacodyl-peg-kcl-nabicar-nacl</i>)	CE	N7 (NP); AL (Min 50 Years and Max 74 Years)
PLENVU ORAL SOLUTION RECONSTITUTED 140 GM (<i>peg-kcl-nacl-nasulf-na asc-c</i>)	CE	N7 (NPB); 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 (NPB)
MISCELLANEOUS		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	G	
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE 200 MCG, 600 MCG (<i>odevixibat</i>)	NF	

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BYLVAY ORAL CAPSULE 1200 MCG, 400 MCG (odevixibat)	NF	
CHENODAL ORAL TABLET 250 MG (<i>chenodiol</i>)	NPSP	PA
CHOLBAM ORAL CAPSULE 250 MG, 50 MG (<i>cholic acid</i>)	NPSP	PA
CYTOTEC ORAL TABLET 100 MCG, 200 MCG (<i>misoprostol</i>)	PB	
<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	
GATTEX SUBCUTANEOUS KIT 5 MG (<i>teduglutide (rdna)</i>)	NPSP	PA; QL (1 KIT per 30 days)
LIVMARLI ORAL SOLUTION 9.5 MG/ML (<i>maralixibat chloride</i>)	NPSP	PA
LOMOTIL ORAL TABLET 2.5-0.025 MG (<i>diphenoxylate-atropine</i>)	PB	
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	G	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG (<i>naloxegol oxalate</i>)	PB	
MYTESI ORAL TABLET DELAYED RELEASE 125 MG (<i>crofelemer</i>)	NF	
OCALIVA ORAL TABLET 10 MG, 5 MG (<i>obeticholic acid</i>)	NPSP	PA; QL (30 TABLETS per 30 days)
PYLERA ORAL CAPSULE 140-125-125 MG (<i>bis subcit-metronid-tetracyc</i>)	PB	
<i>sucralfate oral suspension 1 gm/10ml</i>	NF	
<i>sucralfate oral tablet 1 gm</i>	G	
URSO 250 ORAL TABLET 250 MG (<i>ursodiol</i>)	PB	
URSO FORTE ORAL TABLET 500 MG (<i>ursodiol</i>)	PB	
<i>ursodiol oral capsule 300 mg</i>	G	
<i>ursodiol oral tablet 250 mg, 500 mg</i>	G	
XERMELO ORAL TABLET 250 MG (<i>telotristat etiprate</i>)	NPSP	PA; QL (90 TABLETS per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PANCREATIC ENZYMES		
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	
SUCRAID ORAL SOLUTION 8500 UNIT/ML (<i>sacrosidase</i>)	NPSP	
VIOKACE ORAL TABLET 10440-39150 UNIT, 20880-78300 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	PB	
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	PB	
PROTON PUMP INHIBITORS - DRUGS FOR ULCERS AND STOMACH ACID		
ACIPHEX ORAL TABLET DELAYED RELEASE 20 MG (<i>rabeprazole sodium</i>)	NPB	QL (90 TABLETS per 365 DAYS)
ACIPHEX SPRINKLE ORAL CAPSULE SPRINKLE 10 MG (<i>rabeprazole sodium</i>)	NPB	QL (90 CAPSULES per 365 days)
ACIPHEX SPRINKLE ORAL CAPSULE SPRINKLE 5 MG (<i>rabeprazole sodium</i>)	NPB	QL (90 CAPSULES per 365 DAYS)
DEXILANT ORAL CAPSULE DELAYED RELEASE 30 MG, 60 MG (<i>dexlansoprazole</i>)	PB	QL (90 CAPSULES per 365 DAYS)
<i>esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg</i>	G	QL (90 CAPSULES per 365 DAYS)
<i>esomeprazole magnesium oral packet 10 mg, 20 mg, 40 mg</i>	G	QL (90 PACKET per 365 days)
<i>esomeprazole magnesium oral tablet delayed release 20 mg</i>	G	Select OTC; QL (90 TABLETS per 365 DAYS)
<i>esomeprazole strontium oral capsule delayed release 49.3 mg</i>	NPB	QL (90 CAPSULES per 365 days)
<i>lansoprazole oral capsule delayed release 30 mg</i>	G	QL (90 CAPSULES per 365 DAYS)

2021 Pharmacy Drug Guide – Standard Opt Out Plan – Aetna: Sutter Health | Aetna

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>lansoprazole oral tablet delayed release dispersible 30 mg</i>	G	QL (90 TABLETS per 365 DAYS)
NEXIUM 24HR ORAL TABLET DELAYED RELEASE 20 MG (<i>esomeprazole magnesium</i>)	G	Select OTC; QL (90 tablets per 365 days)
NEXIUM ORAL CAPSULE DELAYED RELEASE 40 MG (<i>esomeprazole magnesium</i>)	NPB	QL (90 CAPSULES per 365 DAYS)
NEXIUM ORAL PACKET 10 MG, 2.5 MG, 20 MG, 40 MG, 5 MG (<i>esomeprazole magnesium</i>)	NPB	QL (90 PACKETS per 365 DAYS)
<i>omeprazole magnesium oral capsule delayed release 20.6 (20 base) mg</i>	G	Select OTC; QL (90 CAPSULES per 365 DAYS)
<i>omeprazole magnesium oral tablet delayed release 20 mg</i>	G	Select OTC; QL (90 TABLETS per 365 DAYS)
<i>omeprazole oral capsule delayed release 10 mg, 40 mg</i>	G	QL (90 CAPSULES per 365 days)
<i>omeprazole oral capsule delayed release 20 mg</i>	G	Select OTC; QL (90 CAPSULES per 365 DAYS)
<i>omeprazole-sodium bicarbonate oral capsule 20-1100 mg</i>	G	QL (90 CAPSULES per 365 DAYS)
<i>omeprazole-sodium bicarbonate oral capsule 40-1100 mg</i>	NF	
<i>omeprazole-sodium bicarbonate oral packet 20-1680 mg, 40-1680 mg</i>	NF	
<i>pantoprazole sodium oral packet 40 mg</i>	NF	
<i>pantoprazole sodium oral tablet delayed release 20 mg, 40 mg</i>	G	QL (90 TABLETS per 365 days)
PREVACID ORAL CAPSULE DELAYED RELEASE 30 MG (<i>lansoprazole</i>)	NPB	QL (90 CAPSULES per 365 DAYS)
PREVACID SOLUTAB ORAL TABLET DELAYED RELEASE DISPERSIBLE 30 MG (<i>lansoprazole</i>)	NPB	QL (90 TABLETS per 365 DAYS)
PRILOSEC ORAL PACKET 10 MG, 2.5 MG (<i>omeprazole magnesium</i>)	NF	
PRILOSEC OTC ORAL TABLET DELAYED RELEASE 20 MG (<i>omeprazole magnesium</i>)	G	Select OTC; QL (90 TABLETS per 365 DAYS)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PROTONIX ORAL PACKET 40 MG (<i>pantoprazole sodium</i>)	NPB	QL (90 PACKETS per 365 DAYS)
PROTONIX ORAL TABLET DELAYED RELEASE 20 MG, 40 MG (<i>pantoprazole sodium</i>)	NPB	QL (90 TABLETS per 365 DAYS)
<i>qc lansoprazole oral capsule delayed release 15 mg</i>	G	Select OTC; QL (90 CAPSULES per 365 DAYS)
<i>ra omeprazole oral tablet delayed release 20 mg</i>	G	Select OTC; QL (90 TABLETS per 365 days)
<i>rabeprazole sodium oral capsule sprinkle 10 mg</i>	NPB	QL (90 CAPSULES per 365 DAYS)
<i>rabeprazole sodium oral tablet delayed release 20 mg</i>	G	QL (90 TABLETS per 365 days)
ZEGERID ORAL CAPSULE 40-1100 MG (<i>omeprazole-sodium bicarbonate</i>)	NF	
ZEGERID ORAL PACKET 20-1680 MG, 40-1680 MG (<i>omeprazole-sodium bicarbonate</i>)	NF	
RECTAL,CORTICOSTEROIDS		
ANUSOL-HC EXTERNAL CREAM 2.5 % (<i>hydrocortisone</i>)	PB	
<i>hydrocortisone (perianal) external cream 2.5 %</i>	G	
PROCTOFOAM HC EXTERNAL FOAM 1-1 % (<i>hydrocortisone ace-pramoxine</i>)	PB	
<i>hydrocortisone (Proctozone-Hc External Cream 2.5 %)</i>	G	
ULCER THERAPY COMBINATIONS		
<i>amoxicill-clarithro-lansopraz oral</i>	G	
GENITOURINARY - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS		
BENIGN PROSTATIC HYPERPLASIA - DRUGS TO TREAT ENLARGED PROSTATE		
<i>alfuzosin hcl er oral tablet extended release 24 hour 10 mg</i>	G	
<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	

2021 Pharmacy Drug Guide – Standard Opt Out Plan – Aetna: Sutter Health | Aetna

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>silodosin oral capsule 4 mg, 8 mg</i>	G	
<i>tamsulosin hcl oral capsule 0.4 mg</i>	G	
UROXATRAL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG (<i>alfuzosin hcl</i>)	NF	
CONTRACEPTIVES - PRODUCTS FOR BIRTH CONTROL		
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)
ERECTILE DYSFUNCTION		
<i>bi-mix intracavernosal solution reconstituted 150-5 mg</i>	NPB	SPC
CAVERJECT IMPULSE INTRACAVERNOSAL KIT 10 MCG, 20 MCG (<i>alprostadil (vasodilator)</i>)	NPB	SPC
CAVERJECT INTRACAVERNOSAL SOLUTION RECONSTITUTED 40 MCG (<i>alprostadil (vasodilator)</i>)	NPB	SPC
CIALIS ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG (<i>tadalafil</i>)	NPB	SPC
EDEX INTRACAVERNOSAL KIT 10 MCG, 20 MCG, 40 MCG (<i>alprostadil (vasodilator)</i>)	NPB	SPC
LEVITRA ORAL TABLET 10 MG, 20 MG (<i>vardenafil hcl</i>)	NPB	SPC
MUSE URETHRAL PELLETT 1000 MCG, 250 MCG, 500 MCG (<i>alprostadil (vasodilator)</i>)	PB	SPC

2021 Pharmacy Drug Guide – Standard Opt Out Plan – Aetna: Sutter Health | Aetna

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>quad-mix intracavernosal solution reconstituted 150-10-0.1-1 mg</i>	NPB	SPC
STENDRA ORAL TABLET 100 MG, 200 MG, 50 MG (<i>avanafil</i>)	NF	
<i>super bi-mix intracavernosal solution reconstituted 150-10 mg</i>	NPB	SPC
<i>super quad-mix intracavernosal solution reconstituted 150-20-0.2-2 mg</i>	NPB	SPC
<i>super tri-mix intracavernosal solution reconstituted 150-10-100 mg-mg-mcg</i>	NPB	SPC
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	G	SPC
<i>varafenafil hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	G	SPC
<i>varafenafil hcl oral tablet dispersible 10 mg</i>	G	SPC
VIAGRA ORAL TABLET 100 MG, 25 MG, 50 MG (<i>sildenafil citrate</i>)	NPB	SPC
MISCELLANEOUS		
<i>acetic acid irrigation solution 0.25 %</i>	G	
ELMIRON ORAL CAPSULE 100 MG (<i>pentosan polysulfate sodium</i>)	NPB	QL (90 CAPSULES per 25 days)
<i>pot & sod cit-cit ac oral solution 550-500-334 mg/5ml</i>	G	
<i>potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)</i>	G	
THIOLA EC ORAL TABLET DELAYED RELEASE 100 MG, 300 MG (<i>tiopronin</i>)	NF	
THIOLA ORAL TABLET 100 MG (<i>tiopronin</i>)	NF	
<i>tiopronin oral tablet 100 mg</i>	PSP	PA
UROKIT-K 10 ORAL TABLET EXTENDED RELEASE 10 MEQ (1080 MG) (<i>potassium citrate</i>)	PB	
UROKIT-K 15 ORAL TABLET EXTENDED RELEASE 15 MEQ (1620 MG) (<i>potassium citrate</i>)	PB	
UROKIT-K 5 ORAL TABLET EXTENDED RELEASE 5 MEQ (540 MG) (<i>potassium citrate</i>)	PB	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES		
CRINONE VAGINAL GEL 4 %, 8 % (<i>progesterone</i>)	PB	
ENDOMETRIN VAGINAL INSERT 100 MG (<i>progesterone</i>)	PB	
URINARY ANTISPASMODICS		
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 50 MG (<i>mirabegron</i>)	PB	
URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE		
<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	
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER 8 MG/ML (<i>mirabegron</i>)	PB	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG (<i>mirabegron</i>)	PB	
<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>)	PB	
<i>trospium chloride er oral capsule extended release 24 hour 60 mg</i>	G	
<i>trospium chloride oral tablet 20 mg</i>	G	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VAGINAL ANTI-INFECTIVES - DRUGS TO TREAT VAGINAL INFECTIONS		
CLEOCIN VAGINAL CREAM 2 % (<i>clindamycin phosphate</i>)	PB	
<i>clindamycin phosphate vaginal cream 2 %</i>	G	
<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	
HEMATOLOGIC - DRUGS TO TREAT BLOOD DISORDERS		
ANTICOAGULANTS - BLOOD THINNERS		
ARIXTRA SUBCUTANEOUS SOLUTION 10 MG/0.8ML, 2.5 MG/0.5ML, 5 MG/0.4ML, 7.5 MG/0.6ML (<i>fondaparinux sodium</i>)	PB	
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>)	PB	
<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 oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	G	LGC

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
ANTI-VON WILLEBRAND FACTOR AGENTS		
CABLIVI INJECTION KIT 11 MG (<i>caplacizumab-yhdp</i>)	NF	
BLEEDING DISORDERS AGENTS		
ALPHANATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT (<i>antihemophilic factor-vwf</i>)	NPSP	PA
FEIBA INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2500 UNIT, 500 UNIT (<i>antiinhibitor coagulant cmplx</i>)	NPSP	PA
HUMATE-P INTRAVENOUS SOLUTION RECONSTITUTED 1000-2400 UNIT, 250-600 UNIT, 500-1200 UNIT (<i>antihemophilic factor-vwf</i>)	NPSP	PA
NOVOSEVEN RT INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 2 MG, 5 MG, 8 MG (<i>coagulation factor viia recomb</i>)	NPSP	PA
SEVENFACT INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 5 MG (<i>coagulation factor viia-jncw</i>)	NF	
WILATE INTRAVENOUS KIT 1000-1000 UNIT, 500-500 UNIT (<i>antihemophilic factor-vwf</i>)	NPSP	PA
HEMATOPOIETIC GROWTH FACTORS		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML (<i>darbepoetin alfa</i>)	PSP	PA
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 25 MCG/0.42ML, 300 MCG/0.6ML, 40 MCG/0.4ML, 500 MCG/ML, 60 MCG/0.3ML (<i>darbepoetin alfa</i>)	PSP	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DOPTELET ORAL TABLET 20 MG (<i>avatrombopag maleate</i>)	PSP	PA; QL (60 TABLETS per 30 days)
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML (<i>epoetin alfa</i>)	NF	
FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (<i>pegfilgrastim-jmdb</i>)	NF	
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML, 480 MCG/1.6ML (<i>tbo-filgrastim</i>)	NF	
GRANIX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (<i>tbo-filgrastim</i>)	NF	
LEUKINE INJECTION SOLUTION RECONSTITUTED 250 MCG (<i>sargramostim</i>)	NPSP	PA
MIRCERA INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.3ML, 150 MCG/0.3ML, 200 MCG/0.3ML, 30 MCG/0.3ML, 50 MCG/0.3ML, 75 MCG/0.3ML (<i>methoxy peg-epoetin beta</i>)	NF	
MULPLETA ORAL TABLET 3 MG (<i>lusutrombopag</i>)	PSP	PA; QL (7 TABLETS per 14 days)
NEULASTA ONPRO SUBCUTANEOUS PREFILLED SYRINGE KIT 6 MG/0.6ML (<i>pegfilgrastim</i>)	NF	
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (<i>pegfilgrastim</i>)	NF	
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML (<i>filgrastim</i>)	NF	
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (<i>filgrastim</i>)	NF	
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML (<i>filgrastim-aafi</i>)	PSP	PA
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (<i>filgrastim-aafi</i>)	PSP	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NPLATE SUBCUTANEOUS SOLUTION RECONSTITUTED 125 MCG, 250 MCG, 500 MCG (<i>romiplostim</i>)	NPSP	PA
NYVEPRIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (<i>pegfilgrastim-apgf</i>)	NF	
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML (<i>epoetin alfa</i>)	NF	
PROMACTA ORAL PACKET 12.5 MG (<i>eltrombopag olamine</i>)	NPSP	PA; QL (120 PACKET per 30 days)
PROMACTA ORAL PACKET 25 MG (<i>eltrombopag olamine</i>)	NPSP	PA; QL (180 PACKET per 30 days)
PROMACTA ORAL TABLET 12.5 MG, 25 MG (<i>eltrombopag olamine</i>)	NPSP	PA; QL (30 TABLETS per 30 days)
PROMACTA ORAL TABLET 50 MG, 75 MG (<i>eltrombopag olamine</i>)	NPSP	PA; QL (60 TABLETS per 30 days)
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML (<i>epoetin alfa-epbx</i>)	PSP	PA
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (<i>pegfilgrastim-cbqv</i>)	NF	
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (<i>filgrastim-sndz</i>)	NF	
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (<i>pegfilgrastim-bmez</i>)	PSP	PA; QL (2 INJECTIONS per 28 days)
HEMOPHILIA A AGENTS		
ADVATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (<i>antihemophil factor (rahf-pfm)</i>)	PSP	PA
<i>adynovate intravenous solution reconstituted 1000 unit, 1500 unit, 2000 unit, 250 unit, 3000 unit, 500 unit, 750 unit</i>	PSP	PA

2021 Pharmacy Drug Guide – Standard Opt Out Plan – Aetna: Sutter Health | Aetna

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12/01/2021

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AFSTYLA INTRAVENOUS KIT 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 500 UNIT (<i>antihemophil fact single chain</i>)	PSP	PA
ELOCTATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT, 5000 UNIT, 6000 UNIT, 750 UNIT (<i>antihem fact (bdd-rfviiiifc)</i>)	PSP	PA
ESPEROCT INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT (<i>antihemoph fact rcmb gpeg-exei</i>)	PSP	PA
HEMOPIL M INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1700 UNIT, 250 UNIT, 500 UNIT (<i>antihemophilic factor</i>)	NPSP	PA
JIVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT (<i>ahf (bdd-rfviii peg-aucl)</i>)	PSP	PA
KOATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 250 UNIT, 500 UNIT (<i>antihemophilic factor</i>)	NPSP	PA
KOATE-DVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 500 UNIT (<i>antihemophilic factor</i>)	NPSP	PA
KOGENATE FS INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (<i>antihem factor recomb (rfviii)</i>)	PSP	PA
KOVALTRY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (<i>antihemophil factor (rahf-pfm)</i>)	PSP	PA
NOVOEIGHT INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (<i>antihemophil fact bd truncated</i>)	PSP	PA
NUWIQ INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (<i>antihem fact (bdd-rfviii, sim)</i>)	PSP	PA

2021 Pharmacy Drug Guide – Standard Opt Out Plan – Aetna: Sutter Health | Aetna

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12/01/2021

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (<i>antihem fact (bdd-rfviii,sim)</i>)	PSP	PA
<i>obizur intravenous solution reconstituted 500 unit</i>	NF	
RECOMBINATE INTRAVENOUS SOLUTION RECONSTITUTED 1241-1800 UNIT, 1801-2400 UNIT, 220-400 UNIT, 401-800 UNIT, 801-1240 UNIT (<i>antihem factor recomb (rfviii)</i>)	NPSP	PA
XYNTHA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT (<i>antihem fact (bdd-rfviii,mor)</i>)	NPSP	PA
XYNTHA SOLOFUSE INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (<i>antihem fact (bdd-rfviii,mor)</i>)	NPSP	PA
HEMOPHILIA B AGENTS		
ALPHANINE SD INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT (<i>coagulation factor ix</i>)	NPSP	PA
ALPROLIX INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (<i>coagulation factor ix (rfixfc)</i>)	NF	
BENEFIX INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (<i>coagulation factor ix (recomb)</i>)	NPSP	PA
COAGADEX INTRAVENOUS SOLUTION RECONSTITUTED 250 UNIT, 500 UNIT (<i>coagulation factor x (human)</i>)	NPSP	PA
CORIFACT INTRAVENOUS KIT 1000-1600 UNIT (<i>factor xiii concentrate human</i>)	NPSP	PA
FIBRYGA INTRAVENOUS SOLUTION RECONSTITUTED (<i>fibrinogen concentrate (human)</i>)	NPSP	PA

2021 Pharmacy Drug Guide – Standard Opt Out Plan – Aetna: Sutter Health | Aetna

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12/01/2021

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
IDELVION INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3500 UNIT, 500 UNIT (<i>coagulation factor ix (rix-fp)</i>)	NPSP	PA
IXINITY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (<i>coagulation factor ix (recomb)</i>)	NPSP	PA
KCENTRA INTRAVENOUS KIT 1000 UNIT, 500 UNIT (<i>prothrombin complex conc human</i>)	NPSP	PA
MONONINE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT (<i>coagulation factor ix</i>)	NPSP	PA
PROFILNINE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT (<i>factor ix complex</i>)	NPSP	PA
REBINYN INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 500 UNIT (<i>coagulation factor ix glycopeg</i>)	PSP	PA
RIASTAP INTRAVENOUS SOLUTION RECONSTITUTED (<i>fibrinogen concentrate (human)</i>)	NPSP	PA
<i>rixubis intravenous solution reconstituted 1000 unit, 2000 unit, 250 unit, 3000 unit, 500 unit</i>	NPSP	PA
TRETTEN INTRAVENOUS SOLUTION RECONSTITUTED 2000-3125 UNIT (<i>coagulation factor xiii a-sub</i>)	NPSP	PA
VONVENDI INTRAVENOUS SOLUTION RECONSTITUTED 1300 UNIT, 650 UNIT (<i>von willebrand factor (recomb)</i>)	NF	
MISCELLANEOUS		
AGRYLIN ORAL CAPSULE 0.5 MG (<i>anagrelide hcl</i>)	PB	
<i>aminocaproic acid oral solution 0.25 g/ml</i>	G	
<i>aminocaproic acid oral tablet 1000 mg, 500 mg</i>	G	
<i>anagrelide hcl oral capsule 0.5 mg, 1 mg</i>	G	

2021 Pharmacy Drug Guide – Standard Opt Out Plan – Aetna: Sutter Health | Aetna

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BERINERT INTRAVENOUS KIT 500 UNIT (<i>c1 esterase inhibitor (human)</i>)	NF	
<i>cilostazol oral tablet 100 mg, 50 mg</i>	G	
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT (<i>c1 esterase inhibitor (human)</i>)	NPSP	PA; QL (20 VIALS per 30 days)
EMPAVELI SUBCUTANEOUS SOLUTION 1080 MG/20ML (<i>pegcetacoplan</i>)	NF	
ENDARI ORAL PACKET 5 GM (<i>glutamine (sickle cell)</i>)	NPSP	PA; QL (180 PACKET per 30 days)
FIRAZYR SUBCUTANEOUS SOLUTION 30 MG/3ML (<i>icatibant acetate</i>)	NPSP	PA; QL (45 SYRINGES per 90 days)
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT, 3000 UNIT (<i>c1 esterase inhibitor (human)</i>)	NPSP	PA; QL (20 VIALS per 30 days)
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 150 MG/ML, 30 MG/ML, 60 MG/0.4ML (<i>emicizumab-kxwh</i>)	NPSP	PA
<i>icatibant acetate subcutaneous solution 30 mg/3ml</i>	PSP	PA; QL (45 ML per 90 days)
KALBITOR SUBCUTANEOUS SOLUTION 10 MG/ML (<i>ecallantide</i>)	NPSP	PA; QL (30 ML per 90 days)
ORLADEYO ORAL CAPSULE 110 MG, 150 MG (<i>berotralstat hcl</i>)	NF	
OXBRYTA ORAL TABLET 500 MG (<i>voxelotor</i>)	NF	
<i>pentoxifylline er oral tablet extended release 400 mg</i>	G	
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED 2100 UNIT (<i>c1 esterase inhibitor (recomb)</i>)	PSP	PA; QL (60 SOLUTION RECONSTITUTED per 90 days)
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML (<i>lanadelumab-flyo</i>)	PSP	PA; QL (2 ML per 28 days)
TAVALISSE ORAL TABLET 100 MG, 150 MG (<i>fostamatinib disodium</i>)	NF	
TAVNEOS ORAL CAPSULE 10 MG (<i>avacopan</i>)	NF	

2021 Pharmacy Drug Guide – Standard Opt Out Plan – Aetna: Sutter Health | Aetna

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12/01/2021

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>tranexamic acid oral tablet 650 mg</i>	G	
PLATELET AGGREGATION INHIBITORS - BLOOD THINNERS		
<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	
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i>	G	
IMMUNOLOGIC AGENTS - DRUGS TO TREAT DISORDERS OF THE IMMUNE SYSTEM		
ALLERGENIC EXTRACTS		
GRASTEK SUBLINGUAL TABLET SUBLINGUAL 2800 BAU (<i>timothy grass pollen allergen</i>)	PB	
ORALAIR SUBLINGUAL TABLET SUBLINGUAL 300 IR (<i>grass mix pollens allergen ext</i>)	PSP	PA
RAGWITEK SUBLINGUAL TABLET SUBLINGUAL 12 AMB A 1-U (<i>short ragweed pollen ext</i>)	PB	
BIOLOGIC DISEASE-MODIFYING AGENTS		
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML (<i>tocilizumab</i>)	NF	
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML (<i>tocilizumab</i>)	NF	
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML (<i>tocilizumab</i>)	NF	
AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>infliximab-axxq</i>)	NF	
CIMZIA PREFILLED SUBCUTANEOUS KIT 2 X 200 MG/ML (<i>certolizumab pegol</i>)	NF	
CIMZIA STARTER KIT SUBCUTANEOUS KIT 6 X 200 MG/ML (<i>certolizumab pegol</i>)	NF	

2021 Pharmacy Drug Guide – Standard Opt Out Plan – Aetna: Sutter Health | Aetna

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG (<i>certolizumab pegol</i>)	NF	
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML (<i>etanercept</i>)	PSP	PA; ST; IBC (Preferred agent for all conditions except Psoriasis); QL (4 CARTRIDGES per 28 days)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML (<i>etanercept</i>)	PSP	PA; ST; IBC (Preferred agent for all conditions except Psoriasis); QL (4 VIALS per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML (<i>etanercept</i>)	PSP	PA; ST; IBC (Preferred agent for all conditions except Psoriasis); QL (4 SYRINGES per 28 days)
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG (<i>etanercept</i>)	PSP	PA; ST; IBC (Preferred agent for all conditions except Psoriasis); QL (4 VIALS per 28 days)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML (<i>etanercept</i>)	PSP	PA; ST; IBC (Preferred agent for all conditions except Psoriasis); QL (4 SYRINGES per 28 days)
ENTYVIO INTRAVENOUS SOLUTION RECONSTITUTED 300 MG (<i>vedolizumab</i>)	NF	IBC (Available as NPSP with PA for Ulcerative Colitis)
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML (<i>adalimumab</i>)	PSP	PA; ST; QL (3 INJECTIONS per 28 days)
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML (<i>adalimumab</i>)	PSP	PA; ST; QL (2 INJECTIONS per 28 days)
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML (<i>adalimumab</i>)	PSP	PA; ST; QL (4 INJECTIONS per 28 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML (<i>adalimumab</i>)	PSP	PA; ST; QL (1 kit per 28 days)
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML (<i>adalimumab</i>)	PSP	PA; ST; QL (6 PENS per 28 days)
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML (<i>adalimumab</i>)	PSP	PA; ST; QL (1 KIT per 28 days)
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML (<i>adalimumab</i>)	PSP	PA; ST; QL (4 PENS per 28 days)
HUMIRA PEN-PSOR/UEIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML (<i>adalimumab</i>)	PSP	PA; ST; QL (1 kit per 28 Days)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML (<i>adalimumab</i>)	PSP	PA; ST; QL (2 INJECTIONS per 28 days)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab</i>)	PSP	PA; ST; QL (4 INJECTIONS per 28 days)
ILARIS SUBCUTANEOUS SOLUTION 150 MG/ML (<i>canakinumab</i>)	NPSP	PA
INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>infliximab-dyyb</i>)	NF	
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/1.14ML, 200 MG/1.14ML (<i>sarilumab</i>)	PSP	PA; ST; IBC (Preferred agent for Rheumatoid Arthritis); QL (2 PENS per 28 days)
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/1.14ML, 200 MG/1.14ML (<i>sarilumab</i>)	PSP	PA; ST; IBC (Preferred agent for Rheumatoid Arthritis); QL (2 SYRINGES per 28 days)
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML (<i>anakinra</i>)	NF	
OLUMIANT ORAL TABLET 1 MG, 2 MG (<i>baricitinib</i>)	NF	

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

2021 Pharmacy Drug Guide – Standard Opt Out Plan – Aetna: Sutter Health | Aetna

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

2021 Pharmacy Drug Guide – Standard Opt Out Plan – Aetna: Sutter Health | Aetna

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

2021 Pharmacy Drug Guide – Standard Opt Out Plan – Aetna: Sutter Health | Aetna

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12/01/2021

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG (<i>tofacitinib citrate</i>)	PSP	PA; ST; IBC (Preferred agent for Rheumatoid Arthritis. Preferred agent for Ulcerative Colitis (after failure of Humira). Not covered for Psoriatic Arthritis.); QL (30 TABLETS per 30 days)
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS) - DRUGS TO TREAT RHEUMATOID ARTHRITIS		
ARAVA ORAL TABLET 10 MG, 20 MG (<i>leflunomide</i>)	PB	
<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>)	PSP	PA; IBC (Preferred agent for Psoriasis and Psoriatic Arthritis); QL (60 TABLETS per 30 days)
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG (<i>apremilast</i>)	PSP	PA; IBC (Preferred agent for Psoriasis and Psoriatic Arthritis); QL (55 TABLETS per 28 days)
OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML (<i>methotrexate (anti-rheumatic)</i>)	NF	
PLAQUENIL ORAL TABLET 200 MG (<i>hydroxychloroquine sulfate</i>)	PB	
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML (<i>methotrexate (anti-rheumatic)</i>)	PSP	PA; QL (4 ML per 28 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
REDITREX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.4ML, 12.5 MG/0.5ML, 15 MG/0.6ML, 17.5 MG/0.7ML, 20 MG/0.8ML, 22.5 MG/0.9ML, 25 MG/ML, 7.5 MG/0.3ML (<i>methotrexate (anti-rheumatic)</i>)	NF	
IMMUNOGLOBULIN		
ASCENIV INTRAVENOUS SOLUTION 5 GM/50ML (<i>immune globulin (human)-sira</i>)	NF	
BIVIGAM INTRAVENOUS SOLUTION 10 GM/100ML, 5 GM/50ML (<i>immune globulin (human)</i>)	NPSP	PA
CUTAQUIG SUBCUTANEOUS SOLUTION 1 GM/6ML, 1.65 GM/10ML, 2 GM/12ML, 3.3 GM/20ML, 4 GM/24ML, 8 GM/48ML (<i>immune globulin (human)-hipp</i>)	PSP	PA
CUVITRU SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML, 8 GM/40ML (<i>immune globulin (human)</i>)	NF	
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 0.5 GM/10ML, 10 GM/100ML, 10 GM/200ML, 2.5 GM/50ML, 20 GM/200ML, 20 GM/400ML, 5 GM/100ML, 5 GM/50ML (<i>immune globulin (human)</i>)	NPSP	PA
GAMASTAN INTRAMUSCULAR INJECTABLE (<i>immune globulin (human)</i>)	NPSP	PA
GAMMAGARD INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML (<i>immune globulin (human)</i>)	NPSP	PA
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED 10 GM, 5 GM (<i>immune globulin (human)</i>)	NPSP	PA
GAMMAKED INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 20 GM/200ML, 5 GM/50ML (<i>immune globulin (human)</i>)	NPSP	PA
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 20 GM/400ML, 5 GM/100ML, 5 GM/50ML (<i>immune globulin (human)</i>)	NPSP	PA

2021 Pharmacy Drug Guide – Standard Opt Out Plan – Aetna: Sutter Health | Aetna

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12/01/2021

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML (<i>immune globulin (human)</i>)	NPSP	PA
HEPAGAM B INJECTION SOLUTION (<i>hepatitis b immune globulin</i>)	NPSP	
HIZENTRA SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML (<i>immune globulin (human)</i>)	NPSP	PA
HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 GM/5ML, 2 GM/10ML, 4 GM/20ML (<i>immune globulin (human)</i>)	NPSP	PA
HYPERHEP B INTRAMUSCULAR SOLUTION 220 UNIT/ML (<i>hepatitis b immune globulin</i>)	NPSP	
HYPERHEP B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 110 UNIT/0.5ML, 220 UNIT/ML (<i>hepatitis b immune globulin</i>)	NPSP	
HYPERRAB INJECTION SOLUTION 1500 UNIT/5ML, 300 UNIT/ML, 900 UNIT/3ML (<i>rabies immune globulin</i>)	NPSP	
HYPERRHO S/D INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 1500 UNIT, 250 UNIT (<i>rho d immune globulin</i>)	NPSP	
HYPERTET S/D INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 250 UNIT/ML (<i>tetanus immune globulin</i>)	NPSP	
HYQVIA SUBCUTANEOUS KIT 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML (<i>immune globulin-hyaluronidase</i>)	NF	
IMOGAM RABIES-HT INJECTION SOLUTION 300 UNIT/2ML (<i>rabies immune globulin</i>)	NPSP	
<i>kedrab injection solution 1500 unit/10ml, 300 unit/2ml</i>	NPSP	
MICRHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 250 UNIT (<i>rho d immune globulin</i>)	NPSP	

2021 Pharmacy Drug Guide – Standard Opt Out Plan – Aetna: Sutter Health | Aetna

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NABI-HB INTRAMUSCULAR SOLUTION 312 UNIT/ML (<i>hepatitis b immune globulin</i>)	NPSP	
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 10 GM/100ML, 10 GM/200ML, 2 GM/20ML, 2.5 GM/50ML, 20 GM/200ML, 25 GM/500ML, 30 GM/300ML, 5 GM/100ML, 5 GM/50ML (<i>immune globulin (human)</i>)	NPSP	PA
PANZYGA INTRAVENOUS SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML (<i>immune globulin (human)-ifas</i>)	NF	
PRIVIGEN INTRAVENOUS SOLUTION 10 GM/100ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML (<i>immune globulin (human)</i>)	NPSP	PA
RHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 1500 UNIT (<i>rho d immune globulin</i>)	NPSP	
RHOPHYLAC INJECTION SOLUTION PREFILLED SYRINGE 1500 UNIT/2ML (<i>rho d immune globulin</i>)	NPSP	
VARIZIG INTRAMUSCULAR SOLUTION 125 UNIT/1.2ML (<i>varicella-zoster immune glob</i>)	NPSP	
WINRHO SDF INJECTION SOLUTION 1500 UNIT/1.3ML, 15000 UNIT/13ML, 2500 UNIT/2.2ML, 5000 UNIT/4.4ML (<i>rho d immune globulin</i>)	NPSP	
XEMBIFY SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML (<i>immune globulin (human)-klhw</i>)	NF	
IMMUNOMODULATORS		
ACTIMMUNE SUBCUTANEOUS SOLUTION 2000000 UNIT/0.5ML (<i>interferon gamma-1b</i>)	NPSP	PA
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG (<i>rilonacept</i>)	NPSP	PA; QL (8 VIALS per 28 days)
INTRON A INJECTION SOLUTION 10000000 UNIT/ML, 6000000 UNIT/ML (<i>interferon alfa-2b</i>)	NPSP	PA

2021 Pharmacy Drug Guide – Standard Opt Out Plan – Aetna: Sutter Health | Aetna

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT, 18000000 UNIT, 50000000 UNIT (<i>interferon alfa-2b</i>)	NPSP	PA
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG (<i>pomalidomide</i>)	CE	PA; N7 (NPSP); QL (21 CAPSULES per 28 days)
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG (<i>lenalidomide</i>)	CE	PA; N7 (PSP); QL (28 CAPSULES per 28 days)
REVLIMID ORAL CAPSULE 20 MG, 25 MG (<i>lenalidomide</i>)	CE	PA; N7 (PSP); QL (21 CAPSULES per 28 days)
THALOMID ORAL CAPSULE 100 MG, 50 MG (<i>thalidomide</i>)	PSP	PA; QL (28 CAPSULES per 28 days)
THALOMID ORAL CAPSULE 150 MG, 200 MG (<i>thalidomide</i>)	PSP	PA; QL (56 CAPSULES per 28 days)
IMMUNOSUPPRESSANTS		
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 5 MG (<i>tacrolimus</i>)	NF	
<i>azathioprine</i> (Azasan Oral Tablet 100 Mg, 75 Mg)	PB	
<i>azathioprine oral tablet 100 mg, 50 mg, 75 mg</i>	G	
BENLYSTA INTRAVENOUS SOLUTION RECONSTITUTED 120 MG, 400 MG (<i>belimumab</i>)	NPSP	PA; QL (4 SOLUTION RECONSTITUTED per 28 days)
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML (<i>belimumab</i>)	NPSP	PA; QL (4 INJECTIONS per 28 days)
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML (<i>belimumab</i>)	NPSP	PA; QL (4 INJECTIONS per 28 days)
CELLCEPT ORAL CAPSULE 250 MG (<i>mycophenolate mofetil</i>)	NF	
CELLCEPT ORAL SUSPENSION RECONSTITUTED 200 MG/ML (<i>mycophenolate mofetil</i>)	NF	
CELLCEPT ORAL TABLET 500 MG (<i>mycophenolate mofetil</i>)	NF	
<i>cyclosporine intravenous solution 50 mg/ml</i>	G	
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	G	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>cyclosporine modified oral solution 100 mg/ml</i>	G	
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	G	
ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML (<i>satralizumab-mwge</i>)	NF	
ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.75 MG, 1 MG, 4 MG (<i>tacrolimus</i>)	NF	
<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg</i>	G	
<i>cyclosporine modified</i> (Gengraf Oral Capsule 100 Mg, 25 Mg)	G	
<i>cyclosporine modified</i> (Gengraf Oral Solution 100 Mg/ML)	G	
IMURAN ORAL TABLET 50 MG (<i>azathioprine</i>)	PB	
LUPKYNIS ORAL CAPSULE 7.9 MG (<i>voclosporin</i>)	NF	
<i>mycophenolate mofetil oral capsule 250 mg</i>	G	
<i>mycophenolate mofetil oral suspension reconstituted 200 mg/ml</i>	G	
<i>mycophenolate mofetil oral tablet 500 mg</i>	G	
<i>mycophenolate sodium oral tablet delayed release 180 mg, 360 mg</i>	G	
MYFORTIC ORAL TABLET DELAYED RELEASE 180 MG, 360 MG (<i>mycophenolate sodium</i>)	NF	
NEORAL ORAL CAPSULE 100 MG, 25 MG (<i>cyclosporine modified</i>)	NPSP	
NEORAL ORAL SOLUTION 100 MG/ML (<i>cyclosporine modified</i>)	NPSP	
NULOJIX INTRAVENOUS SOLUTION RECONSTITUTED 250 MG (<i>belatacept</i>)	NPSP	
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML (<i>tacrolimus</i>)	NPSP	
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG (<i>tacrolimus</i>)	NF	
PROGRAF ORAL PACKET 0.2 MG, 1 MG (<i>tacrolimus</i>)	NF	
RAPAMUNE ORAL SOLUTION 1 MG/ML (<i>sirolimus</i>)	NF	
RAPAMUNE ORAL TABLET 0.5 MG, 1 MG, 2 MG (<i>sirolimus</i>)	NF	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
REZUROCK ORAL TABLET 200 MG (<i>belumosudil mesylate</i>)	NF	
SANDIMMUNE INTRAVENOUS SOLUTION 50 MG/ML (<i>cyclosporine</i>)	NPSP	
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG (<i>cyclosporine</i>)	NPSP	
SANDIMMUNE ORAL SOLUTION 100 MG/ML (<i>cyclosporine</i>)	NPSP	
<i>sirolimus oral solution 1 mg/ml</i>	G	
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	G	
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	G	
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG, 1 MG (<i>everolimus</i>)	NF	
MEDICAL DEVICES		
CONTRACEPTIVES - PRODUCTS FOR BIRTH CONTROL		
CAYA VAGINAL DIAPHRAGM (<i>diaphragm arc-spring</i>)	CE	N7 (NPB); QL (1 DIAPHRAGM per 300 days)
FC2 FEMALE CONDOM (<i>condoms - female</i>)	CE	N7 (Not Covered)
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM (<i>cervical caps</i>)	CE	N7 (NPB); QL (1 DEVICE per 300 days)
OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM (<i>diaphragms</i>)	CE	N7 (NPB); QL (1 DIAPHRAGM per 300 days)
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	CE	N7 (NPB); QL (1 DIAPHRAGM per 300 days)
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	CE	N7 (NPB); QL (1 DIAPHRAGM per 300 days)

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ADVANCE MICRO-DRAW TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	QL (204 TEST STRIPS per 25 days)
ASSURE LANCE LANCETS (<i>lancets</i>)	PB	
BD INSULIN SYRINGE U-500 31G X 6MM 0.5 ML (<i>insulin syringe/needle u-500</i>)	PB	N8 (BD syringes and needles are the only preferred options)
BD LANCET ULTRAFINE 30G (<i>lancets</i>)	PB	
BD LANCET ULTRAFINE 33G (<i>lancets</i>)	PB	
BD MICROTAINER LANCETS (<i>lancets</i>)	PB	
BD PEN NEEDLE MICRO U/F 32G X 6 MM (<i>insulin pen needle</i>)	PB	N8 (BD syringes and needles are the only preferred options)
BD PEN NEEDLE MINI U/F 31G X 5 MM (<i>insulin pen needle</i>)	PB	N8 (BD syringes and needles are the only preferred options)
BD PEN NEEDLE NANO 2ND GEN 32G X 4 MM (<i>insulin pen needle</i>)	PB	N8 (BD syringes and needles are the only preferred options)
BD PEN NEEDLE NANO U/F 32G X 4 MM (<i>insulin pen needle</i>)	PB	N8 (BD syringes and needles are the only preferred options)
BD PEN NEEDLE ORIGINAL U/F 29G X 12.7MM (<i>insulin pen needle</i>)	PB	N8 (BD syringes and needles are the only preferred options)
BD PEN NEEDLE SHORT U/F 31G X 8 MM (<i>insulin pen needle</i>)	PB	N8 (BD syringes and needles are the only preferred options)
CAREONE LANCET SUPER THIN 30G (<i>lancets</i>)	PB	
CARESENS LANCETS (<i>lancets</i>)	PB	
CARETOUCH TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	QL (204 TEST STRIPS per 25 DAYs)
COAGUCHEK LANCETS (<i>lancets</i>)	PB	
<i>comfort assured lancets 28g</i>	PB	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>comfort assured lancets 33g</i>	PB	
COMFORT TOUCH LANCETS 31G (<i>lancets</i>)	PB	
COMFORT TOUCH PLUS LANCETS 30G (<i>lancets</i>)	PB	
CONTOUR NEXT TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	QL (204 TEST STRIPS per 25 DAYs)
CONTOUR TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	QL (204 TEST STRIPS per 25 DAYs)
CVS ADVANCED GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	QL (204 TEST STRIPS per 25 DAYs)
D-CARE BLOOD GLUCOSE IN VITRO STRIP (<i>glucose blood</i>)	NPB	QL (204 TEST STRIPS per 25 DAYs)
DEXCOM G4 PLAT PED RCV/SHARE DEVICE (<i>continuous blood gluc receiver</i>)	PB	
DEXCOM G4 PLAT PED RECEIVER DEVICE (<i>continuous blood gluc receiver</i>)	PB	
DEXCOM G4 PLATINUM RCV/SHARE DEVICE (<i>continuous blood gluc receiver</i>)	PB	
DEXCOM G4 PLATINUM RECEIVER DEVICE (<i>continuous blood gluc receiver</i>)	PB	
DEXCOM G4 PLATINUM TRANSMITTER (<i>continuous blood gluc transmit</i>)	PB	
DEXCOM G4 SENSOR (<i>continuous blood gluc sensor</i>)	PB	
DEXCOM G5 MOB/G4 PLAT SENSOR (<i>continuous blood gluc sensor</i>)	PB	
DEXCOM G5 MOBILE TRANSMITTER (<i>continuous blood gluc transmit</i>)	PB	
DEXCOM G5 RECEIVER KIT DEVICE (<i>continuous blood gluc receiver</i>)	PB	
DEXCOM G6 RECEIVER DEVICE (<i>continuous blood gluc receiver</i>)	PB	
DEXCOM G6 SENSOR (<i>continuous blood gluc sensor</i>)	PB	

2021 Pharmacy Drug Guide – Standard Opt Out Plan – Aetna: Sutter Health | Aetna

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12/01/2021

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DEXCOM G6 TRANSMITTER (<i>continuous blood gluc transmit</i>)	PB	
DROPLET PERSONAL LANCETS 30G (<i>lancets</i>)	PB	
EASY TOUCH LANCETS 21G (<i>lancets</i>)	PB	
EASY TOUCH LANCETS 23G (<i>lancets</i>)	PB	
EASY TOUCH LANCETS 26G (<i>lancets</i>)	PB	
EASY TOUCH LANCETS 28G (<i>lancets</i>)	PB	
EASY TOUCH LANCETS 28G/TWIST (<i>lancets</i>)	PB	
EASY TOUCH LANCETS 30G (<i>lancets</i>)	PB	
EASY TOUCH LANCETS 32G (<i>lancets</i>)	PB	
EASY TOUCH LANCETS 32G/TWIST (<i>lancets</i>)	PB	
EASY TOUCH LANCING DEVICE (<i>lancet devices</i>)	NPB	
EASY TOUCH SAFETY LANCETS 21G (<i>lancets</i>)	PB	
EASY TOUCH SAFETY LANCETS 23G (<i>lancets</i>)	PB	
EASY TOUCH SAFETY LANCETS 26G (<i>lancets</i>)	PB	
EASY TOUCH SAFETY LANCETS 28G (<i>lancets</i>)	PB	
EASY TOUCH TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	QL (204 TEST STRIPS per 25 DAYs)
EASYMAX 15 TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	QL (204 TEST STRIPS per 25 DAYs)
EASYMAX TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	QL (204 TEST STRIPS per 25 days)
EMBRACE BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	QL (204 TEST STRIPS per 25 days)
<i>eq blood glucose test in vitro strip</i>	NPB	QL (204 TEST STRIPS per 25 DAYs)
EXACTECH R-S-G TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	QL (204 TEST STRIPS per 25 DAYs)
EXACTECH TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	QL (204 TEST STRIPS per 25 DAYs)
FINGERSTIX LANCETS (<i>lancets</i>)	PB	

2021 Pharmacy Drug Guide – Standard Opt Out Plan – Aetna: Sutter Health | Aetna

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FORTISCARE TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	QL (204 TEST STRIPS per 25 DAYs)
FREESTYLE LANCETS (<i>lancets</i>)	PB	
FREESTYLE LIBRE 14 DAY SENSOR (<i>continuous blood gluc sensor</i>)	PB	
FREESTYLE LIBRE READER DEVICE (<i>continuous blood gluc receiver</i>)	PB	
FREESTYLE PRECISION NEO TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	QL (204 TEST STRIPS per 25 DAYs)
FREESTYLE UNISTICK II LANCETS (<i>lancets</i>)	PB	
<i>glucose control in vitro solution</i>	NPB	
GOJJI BLOOD TEST STRIP/LANCETS IN VITRO STRIP (<i>glucose blood</i>)	NPB	QL (204 STRIP per 25 DAYs)
<i>kroger test in vitro strip</i>	NPB	QL (204 TEST STRIPS per 25 DAYs)
<i>lancets</i>	PB	
<i>lancets super thin 28g</i>	PB	
LANCETS ULTRA THIN (<i>lancets</i>)	PB	
<i>lancets ultra thin 30g</i>	PB	
<i>liberty test in vitro strip</i>	NPB	QL (204 STRIP per 25 days)
LIFESCAN UNISTIK 2 (<i>lancets</i>)	PB	
LIFESCAN UNISTIK II LANCETS (<i>lancets</i>)	PB	
<i>lite touch lancets</i>	PB	
LITETOUCH LANCETS (<i>lancets</i>)	PB	
MICRODOT TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	QL (204 TEST STRIPS per 25 DAYs)
MICROLET LANCETS (<i>lancets</i>)	PB	
NEUTEK 2TEK TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	QL (204 TEST STRIPS per 25 DAYs)
OMNIPOD 5 PACK (<i>insulin disposable pump</i>)	PB	
OMNIPOD STARTER KIT (<i>insulin disposable pump</i>)	PB	

2021 Pharmacy Drug Guide – Standard Opt Out Plan – Aetna: Sutter Health | Aetna

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ONETOUCH CLUB LANCETS FINE PT (<i>lancets</i>)	PB	
ONETOUCH DELICA LANCETS 30G (<i>lancets</i>)	PB	
ONETOUCH DELICA LANCETS 33G (<i>lancets</i>)	PB	
ONETOUCH DELICA LANCING DEV (<i>lancet devices</i>)	NPB	
ONETOUCH DELICA PLUS LANCET30G (<i>lancets</i>)	PB	
ONETOUCH FINEPOINT LANCETS (<i>lancets</i>)	PB	
ONETOUCH ULTRA IN VITRO STRIP (<i>glucose blood</i>)	PB	QL (204 test strips per 25 days)
ONETOUCH ULTRASOFT LANCETS (<i>lancets</i>)	PB	
ONETOUCH VERIO IN VITRO STRIP (<i>glucose blood</i>)	PB	QL (204 STRIP per 25 days)
OPTIUM TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	QL (204 TEST STRIPS per 25 DAYs)
OPTIUMEZ TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	QL (204 TEST STRIPS per 25 DAYs)
PRECISION PCX IN VITRO STRIP (<i>glucose blood</i>)	NPB	QL (204 TEST STRIPS per 25 DAYs)
PRECISION PCX PLUS TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	QL (204 TEST STRIPS per 25 DAYs)
PRECISION POINT OF CARE TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	QL (204 TEST STRIPS per 25 DAYs)
PRECISION QID TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	QL (204 TEST STRIPS per 25 DAYs)
PRECISION SOF-TACT TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	QL (204 TEST STRIPS per 25 DAYs)
PRECISION THINS GP LANCETS (<i>lancets</i>)	PB	
PRECISION XTRA BLOOD GLUCOSE IN VITRO STRIP (<i>glucose blood</i>)	NPB	QL (204 TEST STRIPS per 25 DAYs)
<i>premium blood glucose test in vitro strip</i>	NPB	QL (204 TEST STRIPS per 25 DAYs)
QUINTET AC BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	QL (204 TEST STRIPS per 25 DAYs)

2021 Pharmacy Drug Guide – Standard Opt Out Plan – Aetna: Sutter Health | Aetna

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
QUINTET BLOOD GLUCOSE TEST IN VITRO STRIP <i>(glucose blood)</i>	NPB	QL (204 TEST STRIPS per 25 DAYs)
RELION BLOOD GLUCOSE TEST IN VITRO STRIP <i>(glucose blood)</i>	NPB	QL (204 TEST STRIPS per 25 DAYs)
RELION ULTIMA TEST IN VITRO STRIP <i>(glucose blood)</i> <i>sapsicare twist top lancets</i>	NPB PB	QL (204 TEST per 25 days)
SIMPLE DIAGNOSTICS LANCING DEV <i>(lancet devices)</i> <i>super thin lancets</i>	NPB PB	
SUPREME TEST IN VITRO STRIP <i>(glucose blood)</i>	NPB	QL (204 TEST STRIPS per 25 days)
<i>true focus blood glucose strip in vitro strip</i>	NPB	QL (204 TEST STRIPS per 25 days)
TRUE METRIX BLOOD GLUCOSE TEST IN VITRO STRIP <i>(glucose blood)</i>	NPB	QL (204 TEST STRIPS per 25 DAYs)
TRUEPLUS LANCETS 26G <i>(lancets)</i>	PB	
TRUEPLUS LANCETS 30G <i>(lancets)</i>	PB	
TRUEPLUS SAFETY LANCETS 28G <i>(lancets)</i>	PB	
TRUETEST TEST IN VITRO STRIP <i>(glucose blood)</i>	NPB	QL (204 TEST STRIPS per 25 DAYs)
TRUETRACK TEST IN VITRO STRIP <i>(glucose blood)</i>	NPB	QL (204 TEST STRIPS per 25 days)
UNISTRIP1 GENERIC IN VITRO STRIP <i>(glucose blood)</i>	NPB	QL (204 TEST STRIPS per 25 DAYs)
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	
MISCELLANEOUS		
THYROGEN INTRAMUSCULAR SOLUTION RECONSTITUTED 0.9 MG <i>(thyrotropin alfa)</i>	NPSP	

2021 Pharmacy Drug Guide – Standard Opt Out Plan – Aetna: Sutter Health | Aetna

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NUTRITIONAL/SUPPLEMENTS - VITAMINS AND SUPPLEMENTS		
ELECTROLYTES		
<i>potassium chloride</i> (Klor-Con 10 Oral Tablet Extended Release 10 Meq)	G	
<i>potassium chloride crys er</i> (Klor-Con M10 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 Packet 20 Meq)	G	
<i>potassium chloride</i> (Klor-Con Oral Tablet Extended Release 8 Meq)	G	
K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ (<i>potassium chloride</i>)	PB	
<i>k phos mono-sod phos di & mono</i> (Phospho-Trin 250 Neutral Oral Tablet 155-852-130 Mg)	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	
<i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	G	
VITAMINS - VITAMINS AND SUPPLEMENTS		
<i>azesco oral tablet 13-1 mg</i>	NF	
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	G	
<i>calcitriol oral solution 1 mcg/ml</i>	G	
CITRANATAL 90 DHA ORAL 90-1 & 300 MG (<i>prenat w/o a-fecbgl-dss-fa-dha</i>)	PB	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CITRANATAL ASSURE ORAL 35-1 & 300 MG (<i>prenat w/o a-fecbgl-dss-fa-dha</i>)	PB	
CITRANATAL B-CALM ORAL 20-1 MG & 2 X 25 MG (<i>prenat w/o a fecbnfeglu-fa &b6</i>)	PB	
CITRANATAL BLOOM DHA ORAL 90-1 & 300 MG (<i>prenat w/o a-fecbgl-dss-fa-dha</i>)	PB	
CITRANATAL BLOOM ORAL TABLET 90-1 MG (<i>prenatal-dss-fecb-fegl-fa</i>)	PB	
CITRANATAL DHA ORAL 27-1 & 250 MG (<i>prenat w/o a-fecbgl-dss-fa-dha</i>)	PB	
CITRANATAL ESSENCE ORAL THERAPY PACK 35-1 & 300 MG (<i>prenat w/o a-fecbgl-fa-dha</i>)	PB	
CITRANATAL HARMONY ORAL CAPSULE 27-1-260 MG (<i>prenat-fefmcb-dss-fa-dha w/o a</i>)	PB	
CITRANATAL MEDLEY ORAL CAPSULE 27-1-200 MG (<i>prenat-fecb-fefum-fa-dha w/o a</i>)	PB	
CITRANATAL RX ORAL TABLET 27-1 MG (<i>prenat w/o a-fecb-fegl-dss-fa</i>)	PB	
<i>cyanocobalamin injection solution 1000 mcg/ml</i>	G	
<i>b complex-c-folic acid (Dexifol Oral Tablet 5 Mg)</i>	NF	
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	G	
FA-8 ORAL CAPSULE 0.8 MG (<i>folic acid</i>)	CE	N7 (Not Covered); QL (100 CAPSULES per 30 DAYS); AL (Max 55 Years)
<i>fluoritab oral solution 0.275 (0.125 f) mg/drop</i>	CE	N7 (Not Covered); AL (Max 5 Years)
<i>folate oral tablet 400 mcg</i>	CE	N7 (G); QL (100 tablets per 30 days); AL (Max 55 Years)
<i>folbee plus oral tablet</i>	G	
<i>folic acid oral tablet 400 mcg</i>	CE	N7 (Not Covered); QL (100 TABLETS per 30 days); AL (Max 55 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>folic acid oral tablet 800 mcg</i>	CE	N7 (Not Covered); QL (100 TABLETS per 30 DAYs); AL (Max 55 Years)
<i>folic-k oral capsule 1 mg</i>	NF	
GENICIN VITA-Q ORAL TABLET 1 MG (<i>multiple vitamins with fa</i>)	NF	
<i>hylavite oral tablet</i>	NF	
INATAL GT ORAL TABLET (<i>prenatal vit-dss-fe cbn-fa</i>)	G	
<i>na ferric gluc cplx in sucrose intravenous solution 12.5 mg/ml</i>	G	
NICOMIDE ORAL TABLET 750-27-2-0.5 MG (<i>niacinamide-zn-cu-methfo-se-cr</i>)	NF	
<i>nicotinamide oral tablet 750-27-2-0.5 mg</i>	G	
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	G	
<i>phytonadione oral tablet 5 mg</i>	G	
<i>pnv-dha oral capsule 27-0.6-0.4-300 mg</i>	G	
PRENATABS RX ORAL TABLET 29-1 MG (<i>prenatal vit-iron carbonyl-fa</i>)	G	
<i>reno caps oral capsule 1 mg</i>	G	Select OTC
ROCALTROL ORAL CAPSULE 0.25 MCG, 0.5 MCG (<i>calcitriol</i>)	PB	
ROCALTROL ORAL SOLUTION 1 MCG/ML (<i>calcitriol</i>)	PB	
<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	
<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	
TRINATE ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	G	
<i>trinaz oral tablet 12-1 mg</i>	NF	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VENOFER INTRAVENOUS SOLUTION 20 MG/ML (<i>iron sucrose</i>)	NPSP	
<i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)</i>	G	
<i>zalvit oral tablet 13-1 mg</i>	NF	
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG (<i>paricalcitol</i>)	PB	
OPHTHALMIC - DRUGS TO TREAT EYE CONDITIONS		
ANTIALLERGENICS - DRUGS TO TREAT ALLERGIES		
<i>azelastine hcl ophthalmic solution 0.05 %</i>	G	
<i>bepotastine besilate ophthalmic solution 1.5 %</i>	G	
BEPREVE OPHTHALMIC SOLUTION 1.5 % (<i>bepotastine besilate</i>)	PB	
<i>cromolyn sodium ophthalmic solution 4 %</i>	G	
<i>epinastine hcl ophthalmic solution 0.05 %</i>	G	
<i>kp ketotifen fumarate ophthalmic solution 0.025 %</i>	G	Select OTC
LASTACFT OPHTHALMIC SOLUTION 0.25 % (<i>alcaftadine</i>)	PB	
ZADITOR OPHTHALMIC SOLUTION 0.025 % (<i>ketotifen fumarate</i>)	G	Select OTC
ZERVIAE OPHTHALMIC SOLUTION 0.24 % (<i>cetirizine hcl</i>)	PB	
ANTIGLAUCOMA - DRUGS TO TREAT GLAUCOMA		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %, 0.15 % (<i>brimonidine tartrate</i>)	PB	
<i>betaxolol hcl ophthalmic solution 0.5 %</i>	G	
BETIMOL OPHTHALMIC SOLUTION 0.25 %, 0.5 % (<i>timolol hemihydrate</i>)	PB	
BETOPTIC-S OPHTHALMIC SUSPENSION 0.25 % (<i>betaxolol hcl</i>)	PB	
<i>bimatoprost ophthalmic solution 0.03 %</i>	NF	
<i>brimonidine tartrate ophthalmic solution 0.15 %, 0.2 %</i>	G	
<i>brinzolamide ophthalmic suspension 1 %</i>	G	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>carteolol hcl ophthalmic solution 1 %</i>	G	
COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 % (brimonidine tartrate-timolol)	PB	
<i>dorzolamide hcl-timolol mal ophthalmic solution 22.3-6.8 mg/ml</i>	G	
<i>dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %</i>	G	
<i>latanoprost ophthalmic solution 0.005 %</i>	G	
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	G	
LUMIGAN OPHTHALMIC SOLUTION 0.01 % (bimatoprost)	PB	
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	G	
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 % (brinzolamide-brimonidine)	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 %</i> (daily)	G	
<i>timolol maleate pf ophthalmic solution 0.5 %</i>	G	
<i>travoprost (bak free) ophthalmic solution 0.004 %</i>	G	
ZIOPTAN OPHTHALMIC SOLUTION 0.0015 % (tafluprost)	PB	
ANTI-INFECTIVE/ANTI-INFLAMMATORY - DRUGS TO TREAT INFECTIONS AND INFLAMMATION		
<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>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>	G	
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 % (tobramycin-dexamethasone)	PB	
TOBRADEX ST OPHTHALMIC SUSPENSION 0.3-0.05 % (tobramycin-dexamethasone)	PB	
<i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %</i>	G	

2021 Pharmacy Drug Guide – Standard Opt Out Plan – Aetna: Sutter Health | Aetna

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 % (loteprednol-tobramycin)	NPB	
ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS		
<i>ak-poly-bac ophthalmic ointment 500-10000 unit/gm</i>	G	
<i>bacitracin ophthalmic ointment 500 unit/gm</i>	G	
BESIVANCE OPHTHALMIC SUSPENSION 0.6 % (besifloxacin hcl)	PB	
CILOXAN OPHTHALMIC OINTMENT 0.3 % (ciprofloxacin hcl)	PB	
<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 % (gentamicin sulfate)	G	
<i>gentamicin sulfate ophthalmic solution 0.3 %</i>	G	
<i>levofloxacin ophthalmic solution 0.5 %</i>	G	
MOXEZA OPHTHALMIC SOLUTION 0.5 % (moxifloxacin hcl)	NPB	
<i>moxifloxacin hcl (2x day) ophthalmic solution 0.5 %</i>	G	
<i>moxifloxacin hcl ophthalmic solution 0.5 %</i>	G	
<i>ofloxacin ophthalmic solution 0.3 %</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	
ANTI-INFLAMMATORIES - DRUGS TO TREAT INFLAMMATION		
ACUVAIL OPHTHALMIC SOLUTION 0.45 % (ketorolac tromethamine)	PB	

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<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	
<i>difluprednate ophthalmic emulsion 0.05 %</i>	G	
DUREZOL OPHTHALMIC EMULSION 0.05 % (<i>difluprednate</i>)	PB	
FLAREX OPHTHALMIC SUSPENSION 0.1 % (<i>fluorometholone acetate</i>)	NPB	
<i>fluorometholone ophthalmic suspension 0.1 %</i>	G	
<i>flurbiprofen sodium ophthalmic solution 0.03 %</i>	G	
FML FORTE OPHTHALMIC SUSPENSION 0.25 % (<i>fluorometholone</i>)	PB	
FML LIQUIFILM OPHTHALMIC SUSPENSION 0.1 % (<i>fluorometholone</i>)	NF	
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 gel 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 FORTE OPHTHALMIC SUSPENSION 1 % (<i>prednisolone acetate</i>)	NF	
PRED MILD OPHTHALMIC SUSPENSION 0.12 % (<i>prednisolone acetate</i>)	PB	
<i>prednisolone acetate ophthalmic suspension 1 %</i>	G	
DRY EYE DISEASE		
XIIDRA OPHTHALMIC SOLUTION 5 % (<i>lifitegrast</i>)	PB	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MISCELLANEOUS		
<i>atropine sulfate ophthalmic solution 1 %</i>	NPB	
BEOVU INTRAVITREAL SOLUTION 6 MG/0.05ML (<i>brolucizumab-dbl</i>)	NF	
CYSTADROPS OPHTHALMIC SOLUTION 0.37 % (<i>cysteamine hcl</i>)	NF	
CYSTARAN OPHTHALMIC SOLUTION 0.44 % (<i>cysteamine hcl</i>)	NPSP	PA; QL (4 ML per 28 days)
ISOPTO ATROPINE OPHTHALMIC SOLUTION 1 % (<i>atropine sulfate</i>)	NPB	
OXERVATE OPHTHALMIC SOLUTION 0.002 % (<i>cenegermin-bkbj</i>)	NPSP	PA; QL (2 ML per 7 DAYs)
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 % (<i>cyclosporine</i>)	PB	
RESTASIS OPHTHALMIC EMULSION 0.05 % (<i>cyclosporine</i>)	PB	
RHOPRESSA OPHTHALMIC SOLUTION 0.02 % (<i>netarsudil dimesylate</i>)	PB	
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 % (<i>netarsudil-latanoprost</i>)	PB	
<i>tropicamide ophthalmic solution 0.5 %, 1 %</i>	G	
VISUDYNE INTRAVENOUS SOLUTION RECONSTITUTED 15 MG (<i>verteporfin</i>)	NPSP	PA
RETINAL DISORDERS		
EYLEA INTRAVITREAL SOLUTION 2 MG/0.05ML (<i>aflibercept</i>)	PSP	PA
EYLEA INTRAVITREAL SOLUTION PREFILLED SYRINGE 2 MG/0.05ML (<i>aflibercept</i>)	PSP	PA
LUCENTIS INTRAVITREAL SOLUTION 0.3 MG/0.05ML, 0.5 MG/0.05ML (<i>ranibizumab</i>)	PSP	PA
LUCENTIS INTRAVITREAL SOLUTION PREFILLED SYRINGE 0.3 MG/0.05ML, 0.5 MG/0.05ML (<i>ranibizumab</i>)	PSP	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OTHER		
MUSCULOSKELETAL THERAPY AGENTS		
XIAFLEX INJECTION SOLUTION RECONSTITUTED 0.9 MG (<i>collagenase clostrid histolyt</i>)	NPSP	PA
RESPIRATORY - DRUGS TO TREAT BREATHING DISORDERS		
ANAPHYLAXIS TREATMENT AGENTS		
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.1 MG/0.1ML, 0.15 MG/0.15ML, 0.3 MG/0.3ML (<i>epinephrine</i>)	NPB	QL (4 INJECTIONS per 25 DAYs)
<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)
EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML (<i>epinephrine</i>)	PB	QL (4 INJECTIONS per 25 DAYs)
EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.3ML (<i>epinephrine</i>)	PB	QL (4 INJECTIONS per 25 DAYs)
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.15 MG/0.3ML, 0.3 MG/0.3ML (<i>epinephrine</i>)	PB	QL (4 SYRINGES per 25 days)
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS - DRUGS TO TREAT COPD		
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/INH (<i>umeclidinium-vilanterol</i>)	PB	
BEVESPI AEROSPHERE INHALATION AEROSOL 9-4.8 MCG/ACT (<i>glycopyrrolate-formoterol</i>)	PB	
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT (<i>budeson-glycopyrrol-formoterol</i>)	PB	
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT (<i>ipratropium-albuterol</i>)	NPB	
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcglact, 232-14 mcglact, 55-14 mcglact</i>	G	
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	G	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT (<i>tiotropium bromide-olodaterol</i>)	PB	
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	
ANTICHOLINERGICS - DRUGS TO TREAT COPD		
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT (<i>ipratropium bromide hfa</i>)	PB	
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/INH (<i>umeclidinium bromide</i>)	PB	
<i>ipratropium bromide inhalation solution 0.02 %</i>	G	
<i>ipratropium bromide nasal solution 0.03 %, 0.06 %</i>	G	
SPIRIVA HANDIHALER INHALATION CAPSULE 18 MCG (<i>tiotropium bromide monohydrate</i>)	PB	
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT (<i>tiotropium bromide monohydrate</i>)	PB	
YUPELRI INHALATION SOLUTION 175 MCG/3ML (<i>revefenacin</i>)	PB	
ANTIHISTAMINE COMBINATIONS		
<i>azelastine-fluticasone nasal suspension 137-50 mcg/lact</i>	G	
ANTIHISTAMINES - DRUGS TO TREAT ALLERGIES		
ALLEGRA ALLERGY CHILDRENS ORAL SUSPENSION 30 MG/5ML (<i>fexofenadine hcl</i>)	G	Select OTC
ALLEGRA ALLERGY CHILDRENS ORAL TABLET DISPERSIBLE 30 MG (<i>fexofenadine hcl</i>)	G	Select OTC
ALLEGRA ALLERGY ORAL TABLET 180 MG, 60 MG (<i>fexofenadine hcl</i>)	G	Select OTC
<i>allergy relief oral capsule 10 mg</i>	G	Select OTC
<i>azelastine hcl nasal solution 0.1 %, 0.15 %</i>	G	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>carbinoxamine maleate oral tablet 4 mg</i>	G	
<i>carbinoxamine maleate oral tablet 6 mg</i>	NF	
<i>cetirizine hcl allergy child oral solution 5 mg/5ml</i>	G	Select OTC
<i>cetirizine hcl oral tablet 10 mg, 5 mg</i>	G	Select OTC
<i>cetirizine hcl oral tablet chewable 10 mg, 5 mg</i>	G	Select OTC
CLARITIN ORAL CAPSULE 10 MG (<i>loratadine</i>)	G	Select OTC
CLARITIN ORAL TABLET 10 MG (<i>loratadine</i>)	G	Select OTC
CLARITIN ORAL TABLET CHEWABLE 5 MG (<i>loratadine</i>)	G	Select OTC
CLARITIN REDITABS ORAL TABLET DISPERSIBLE 10 MG, 5 MG (<i>loratadine</i>)	G	Select OTC
<i>cvs allergy relief childrens oral suspension 30 mg/5ml</i>	G	Select OTC
<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>eq loratadine childrens oral tablet chewable 5 mg</i>	G	Select OTC
<i>fexofenadine hcl oral tablet 180 mg</i>	G	Select OTC
<i>hydroxyzine hcl oral syrup 10 mg/5ml</i>	G	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	G	
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	G	
<i>kp fexofenadine hcl oral tablet 60 mg</i>	G	Select OTC
<i>levocetirizine dihydrochloride oral tablet 5 mg</i>	G	Select OTC
<i>loratadine oral capsule 10 mg</i>	G	Select OTC
<i>loratadine oral tablet 10 mg</i>	G	Select OTC
<i>olopatadine hcl nasal solution 0.6 %</i>	G	
RYCLORA ORAL SOLUTION 2 MG/5ML (<i>dexchlorpheniramine maleate</i>)	NF	
<i>sm loratadine allergy relief oral tablet dispersible 10 mg</i>	G	Select OTC
<i>sm loratadine oral syrup 5 mg/5ml</i>	G	Select OTC

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XYZAL ALLERGY 24HR ORAL TABLET 5 MG (levocetirizine dihydrochloride)	G	Select OTC
ZYRTEC ALLERGY ORAL CAPSULE 10 MG (cetirizine hcl)	G	Select OTC
ZYRTEC ALLERGY ORAL TABLET 10 MG (cetirizine hcl)	G	Select OTC
ZYRTEC CHILDRENS ALLERGY ORAL SOLUTION 1 MG/ML (cetirizine hcl)	G	Select OTC
BETA AGONISTS - DRUGS TO TREAT ASTHMA AND COPD		
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcglact	G	
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml	G	
albuterol sulfate oral syrup 2 mg/5ml	G	
albuterol sulfate oral tablet 2 mg, 4 mg	G	
formoterol fumarate inhalation nebulization solution 20 mcg/2ml	G	
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml	G	
levalbuterol tartrate inhalation aerosol 45 mcglact	G	
PERFORMIST INHALATION NEBULIZATION SOLUTION 20 MCG/2ML (formoterol fumarate)	PB	
PROAIR HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT (albuterol sulfate)	NPB	
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT (albuterol sulfate)	NPB	
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/DOSE (salmeterol xinafoate)	PB	
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT (olodaterol hcl)	PB	
terbutaline sulfate oral tablet 2.5 mg, 5 mg	G	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BIOLOGIC RESPONSE MODIFIERS		
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/ML (<i>benralizumab</i>)	PSP	PA; QL (1 ML per 56 DAYs)
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/ML (<i>benralizumab</i>)	PSP	PA; QL (1 ML per 56 days)
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (<i>mepolizumab</i>)	PSP	PA; QL (3 ML per 28 days)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>mepolizumab</i>)	PSP	PA; QL (3 ML per 28 days)
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG (<i>mepolizumab</i>)	PSP	PA; QL (3 SOLUTION RECONSTITUTED per 28 days)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>omalizumab</i>)	PSP	PA; QL (8 SYRINGES per 28 days)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML (<i>omalizumab</i>)	PSP	PA; QL (2 ML per 28 days)
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG (<i>omalizumab</i>)	PSP	PA; QL (8 VIALS per 28 days)
COLD/COUGH		
ALLEGRA-D ALLERGY & CONGESTION ORAL TABLET EXTENDED RELEASE 12 HOUR 60-120 MG (<i>fexofenadine-pseudoephedrine</i>)	G	Select OTC
ALLEGRA-D ALLERGY & CONGESTION ORAL TABLET EXTENDED RELEASE 24 HOUR 180-240 MG (<i>fexofenadine-pseudoephedrine</i>)	G	Select OTC
<i>benzonatate oral capsule 100 mg, 150 mg, 200 mg</i>	G	
<i>cetirizine-pseudoephedrine er oral tablet extended release 12 hour 5-120 mg</i>	G	Select OTC
CLARITIN-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG (<i>loratadine-pseudoephedrine</i>)	G	Select OTC
CLARITIN-D 24 HOUR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-240 MG (<i>loratadine-pseudoephedrine</i>)	G	Select OTC

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>coditussin ac oral liquid 200-10 mg/5ml</i>	G	Select OTC; QL (60 ML per 1 day)
<i>fexofenadine-pseudoephed er oral tablet extended release 12 hour 60-120 mg</i>	G	Select OTC
<i>fexofenadine-pseudoephed er oral tablet extended release 24 hour 180-240 mg</i>	G	Select OTC
HYCODAN ORAL SYRUP 5-1.5 MG/5ML (<i>hydrocodone-homatropine</i>)	NPB	QL (30 ML per 1 DAY)
<i>hydrocod polst-cpm polst er oral suspension extended release 10-8 mg/5ml</i>	G	
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5ml</i>	G	QL (30 ML per 1 day)
<i>hydrocodone-homatropine oral tablet 5-1.5 mg</i>	G	QL (6 TABLETS per 1 day)
<i>loratadine-d 24hr oral tablet extended release 24 hour 10-240 mg</i>	G	Select OTC
<i>promethazine-codeine oral solution 6.25-10 mg/5ml</i>	G	QL (30 ML per 1 DAY)
<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 1 day)
<i>promethazine-phenylephrine oral syrup 6.25-5 mg/5ml</i>	G	
<i>sm loratadine d 12hr oral tablet extended release 12 hour 5-120 mg</i>	G	Select OTC
TESSALON PERLES ORAL CAPSULE 100 MG (<i>benzonatate</i>)	PB	
TUSSICAPS ORAL CAPSULE EXTENDED RELEASE 12 HOUR 10-8 MG (<i>hydrocod polst-chlorphen polst</i>)	NPB	QL (2 CAPSULES per 1 DAY)
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HOUR 54.3-8 MG (<i>chlorpheniramine-codeine</i>)	NPB	QL (2 TABLETS per 1 DAY)
TUZISTRA XR ORAL SUSPENSION EXTENDED RELEASE 14.7-2.8 MG/5ML (<i>codeine polst-chlorphen polst</i>)	NPB	QL (20 ML per 1 DAY)
LEUKOTRIENE MODIFIERS		
<i>zileuton er oral tablet extended release 12 hour 600 mg</i>	NF	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LEUKOTRIENE RECEPTOR ANTAGONISTS - DRUGS TO TREAT ASTHMA AND ALLERGIES		
<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	
MAST CELL STABILIZERS - DRUGS TO TREAT ALLERGIES		
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>	G	
MISCELLANEOUS		
<i>acetylcysteine inhalation solution 10 %, 20 %</i>	G	
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 500 MG (<i>alpha1-proteinase inhibitor</i>)	NF	
BRONCHITOL INHALATION CAPSULE 40 MG (<i>mannitol (cystic fibrosis)</i>)	NF	
CINQAIR INTRAVENOUS SOLUTION 100 MG/10ML (<i>reslizumab</i>)	NF	
DALIRESP ORAL TABLET 250 MCG, 500 MCG (<i>roflumilast</i>)	PB	
GLASSIA INTRAVENOUS SOLUTION 1000 MG/50ML (<i>alpha1-proteinase inhibitor</i>)	NF	
KALYDECO ORAL PACKET 25 MG, 50 MG, 75 MG (<i>ivacaftor</i>)	NPSP	PA; QL (56 PACKET per 28 days)
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG (<i>lumacaftor-ivacaftor</i>)	NPSP	PA; QL (56 PACKET per 28 days)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG (<i>lumacaftor-ivacaftor</i>)	NPSP	PA; QL (112 TABLETS per 28 days)
PROLASTIN-C INTRAVENOUS SOLUTION 1000 MG/20ML (<i>alpha1-proteinase inhibitor</i>)	PSP	PA
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG (<i>alpha1-proteinase inhibitor</i>)	PSP	PA

2021 Pharmacy Drug Guide – Standard Opt Out Plan – Aetna: Sutter Health | Aetna

The formulary is updated the first week of each month

12/01/2021

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML (<i>dornase alfa</i>)	NPSP	PA; QL (150 ML per 30 Days)
<i>sodium chloride inhalation nebulization solution 10 %, 3 %</i>	G	
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG, 50-75 & 75 MG (<i>tezacaftor-ivacaftor</i>)	NPSP	PA; QL (56 TABLETS per 28 days)
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG, 50-25-37.5 & 75 MG (<i>elexacaftor-tezacaftor-ivacafti</i>)	NPSP	PA; QL (84 TABLETS per 28 days)
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG (<i>alpha1-proteinase inhibitor</i>)	NF	
NASAL STEROIDS - DRUGS TO TREAT ALLERGIES		
<i>budesonide nasal suspension 32 mcglact</i>	G	Select OTC
FLONASE ALLERGY RELIEF NASAL SUSPENSION 50 MCG/ACT (<i>fluticasone propionate</i>)	G	Select OTC
<i>flunisolide nasal solution 25 mcglact (0.025%)</i>	G	
<i>fluticasone propionate nasal suspension 50 mcglact</i>	G	Select OTC
<i>mometasone furoate nasal suspension 50 mcglact</i>	G	
NASACORT ALLERGY 24HR NASAL AEROSOL 55 MCG/ACT (<i>triamcinolone acetonide</i>)	G	Select OTC
<i>triamcinolone acetonide nasal aerosol 55 mcglact</i>	G	Select OTC
PULMONARY FIBROSIS AGENTS		
ESBRIET ORAL CAPSULE 267 MG (<i>pirfenidone</i>)	PSP	PA; QL (270 CAPSULES per 30 days)
ESBRIET ORAL TABLET 267 MG (<i>pirfenidone</i>)	PSP	PA; QL (270 TABLETS per 30 days)
ESBRIET ORAL TABLET 801 MG (<i>pirfenidone</i>)	PSP	PA; QL (90 TABLETS per 30 days)
OFEV ORAL CAPSULE 100 MG, 150 MG (<i>nintedanib esylate</i>)	PSP	PA; QL (60 CAPSULES per 30 days)

2021 Pharmacy Drug Guide – Standard Opt Out Plan – Aetna: Sutter Health | Aetna

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SEVERE ASTHMA AGENTS		
DUPIXENT SOLUTION PEN-INJECTOR 200 MG/1.14ML SUBCUTANEOUS 200 MG/1.14ML (<i>dupilumab</i>)	PSP	PA; QL (400 MG per 28 Days)
STEROID INHALANTS - DRUGS TO TREAT ASTHMA		
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT (<i>fluticasone furoate</i>)	PB	
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH (<i>mometasone furoate</i>)	PB	
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/INH, 220 MCG/INH (<i>mometasone furoate</i>)	PB	
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH (<i>mometasone furoate</i>)	PB	
ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT (<i>mometasone furoate</i>)	PB	
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml</i>	G	
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/BLIST, 250 MCG/BLIST, 50 MCG/BLIST (<i>fluticasone propionate (inhal)</i>)	PB	
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT, 44 MCG/ACT (<i>fluticasone propionate hfa</i>)	PB	
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT, 90 MCG/ACT (<i>budesonide</i>)	PB	
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT (<i>beclomethasone diprop hfa</i>)	PB	

2021 Pharmacy Drug Guide – Standard Opt Out Plan – Aetna: Sutter Health | Aetna

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12/01/2021

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
STEROID/BETA-AGONIST COMBINATIONS - DRUGS TO TREAT ASTHMA AND COPD		
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE (<i>fluticasone-salmeterol</i>)	PB	
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT (<i>fluticasone-salmeterol</i>)	PB	
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/INH, 200-25 MCG/INH (<i>fluticasone furoate-vilanterol</i>)	PB	
<i>budesonide-formoterol fumarate inhalation aerosol 160-4.5 mcg/lact, 80-4.5 mcg/lact</i>	G	
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	G	
SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT (<i>budesonide-formoterol fumarate</i>)	PB	
<i>fluticasone-salmeterol</i> (Wixela Inhub Inhalation Aerosol Powder Breath Activated 100-50 Mcg/Dose, 250-50 Mcg/Dose, 500-50 Mcg/Dose)	G	
XANTHINES - DRUGS TO TREAT COPD		
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG (<i>theophylline</i>)	NF	
<i>theophylline er oral tablet extended release 12 hour 300 mg, 450 mg</i>	G	
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>	G	
<i>theophylline oral solution 80 mg/15ml</i>	G	
TOPICAL - DRUGS TO TREAT EAR AND SKIN CONDITIONS		
ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS		
ABREVA EXTERNAL CREAM 10 % (<i>docosanol</i>)	G	Select OTC

2021 Pharmacy Drug Guide – Standard Opt Out Plan – Aetna: Sutter Health | Aetna

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>acyclovir external cream 5 %</i>	NF	
<i>acyclovir external ointment 5 %</i>	G	
<i>docosanol external cream 10 %</i>	G	Select OTC
DERMATOLOGY, ACNE		
ABSORICA LD ORAL CAPSULE 16 MG, 24 MG, 32 MG, 8 MG (<i>isotretinoin micronized</i>)	NPB	PA
ABSORICA ORAL CAPSULE 10 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG (<i>isotretinoin</i>)	PB	PA
ACANYA EXTERNAL GEL 1.2-2.5 % (<i>clindamycin phos-benzoyl perox</i>)	NPB	
<i>isotretinoin</i> (Accutane Oral Capsule 20 Mg, 30 Mg, 40 Mg)	G	PA
<i>adapalene external cream 0.1 %</i>	G	PA; AL (Min 35 Years)
<i>adapalene external gel 0.1 %</i>	G	Select OTC
<i>adapalene external gel 0.3 %</i>	G	PA; AL (Min 35 Years)
<i>adapalene external pad 0.1 %</i>	G	PA; AL (Min 35 Years)
<i>adapalene-benzoyl peroxide external gel 0.1-2.5 %</i>	G	
<i>isotretinoin</i> (Amnesteem Oral Capsule 10 Mg, 20 Mg, 40 Mg)	G	PA
<i>tretinoin</i> (Avita External Gel 0.025 %)	G	PA; AL (Min 35 Years)
<i>benzoyl peroxide-erythromycin external gel 5-3 %</i>	G	
<i>isotretinoin</i> (Claravis Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	G	PA
<i>clindamycin phosphate</i> (Clindacin-P External Swab 1 %)	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	
<i>clindamycin phosphate external lotion 1 %</i>	G	
<i>clindamycin phosphate external solution 1 %</i>	G	
<i>clindamycin-tretinoin external gel 1.2-0.025 %</i>	G	AL (Min 35 Years)
<i>dapsone external gel 5 %, 7.5 %</i>	G	

2021 Pharmacy Drug Guide – Standard Opt Out Plan – Aetna: Sutter Health | Aetna

The formulary is updated the first week of each month

12/01/2021

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DIFFERIN EXTERNAL GEL 0.1 % (<i>adapalene</i>)	G	PA; Select OTC; AL (Min 35 Years)
EPIDUO EXTERNAL GEL 0.1-2.5 % (<i>adapalene-benzoyl peroxide</i>)	PB	
EPIDUO FORTE EXTERNAL GEL 0.3-2.5 % (<i>adapalene-benzoyl peroxide</i>)	PB	
<i>ery external pad 2 %</i>	G	
<i>erythromycin external solution 2 %</i>	G	
<i>isotretinoin oral capsule 10 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg</i>	G	PA
<i>isotretinoin (Myorisan Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)</i>	G	PA
ONEXTON EXTERNAL GEL 1.2-3.75 % (<i>clindamycin phosphazone benzoyl perox</i>)	PB	
RETIN-A MICRO EXTERNAL GEL 0.04 %, 0.1 % (<i>tretinoin microsphere</i>)	NPB	PA; AL (Min 35 Years)
RETIN-A MICRO PUMP EXTERNAL GEL 0.04 %, 0.06 %, 0.08 %, 0.1 % (<i>tretinoin microsphere</i>)	NPB	PA; AL (Min 35 Years)
<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 %, 0.05 %</i>	G	PA; AL (Min 35 Years)
<i>tretinoin microsphere external gel 0.04 %</i>	G	AL (Min 35 Years)
<i>tretinoin microsphere external gel 0.1 %</i>	G	PA; AL (Min 35 Years)
<i>isotretinoin (Zenatane Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)</i>	G	PA
ZIANA EXTERNAL GEL 1.2-0.025 % (<i>clindamycin-tretinoin</i>)	NPB	PA; AL (Min 35 Years)
DERMATOLOGY, ACTINIC KERATOSIS		
<i>fluorouracil external cream 0.5 %, 5 %</i>	G	
<i>fluorouracil external solution 2 %, 5 %</i>	G	
<i>imiquimod external cream 5 %</i>	G	
<i>imiquimod pump external cream 3.75 %</i>	G	

2021 Pharmacy Drug Guide – Standard Opt Out Plan – Aetna: Sutter Health | Aetna

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZYCLARA EXTERNAL CREAM 3.75 % (<i>imiquimod</i>)	PB	
ZYCLARA PUMP EXTERNAL CREAM 2.5 %, 3.75 % (<i>imiquimod</i>)	PB	
DERMATOLOGY, ANTIBIOTICS		
<i>gentamicin sulfate external cream 0.1 %</i>	G	
<i>gentamicin sulfate external ointment 0.1 %</i>	G	
<i>mafenide acetate external packet 5 %</i>	G	
<i>mupirocin calcium external cream 2 %</i>	NF	
<i>mupirocin external ointment 2 %</i>	G	
NEO-SYNALAR EXTERNAL CREAM 0.5-0.025 % (<i>neomycin-fluocinolone</i>)	NF	
SILVADENE EXTERNAL CREAM 1 % (<i>silver sulfadiazine</i>)	PB	
<i>silver sulfadiazine external cream 1 %</i>	G	
<i>silver sulfadiazine (Ssd External Cream 1 %)</i>	G	
DERMATOLOGY, ANTIFUNGALS		
<i>ciclopirox external gel 0.77 %</i>	G	
<i>ciclopirox external shampoo 1 %</i>	G	
<i>ciclopirox external solution 8 %</i>	G	
<i>ciclopirox olamine external cream 0.77 %</i>	G	
<i>ciclopirox olamine external suspension 0.77 %</i>	G	
<i>clotrimazole-betamethasone external cream 1-0.05 %</i>	G	STX; QL (60 GM per 25 days)
<i>clotrimazole-betamethasone external lotion 1-0.05 %</i>	G	STX; QL (60 ML per 25 days)
<i>econazole nitrate external cream 1 %</i>	G	
EXELDERM EXTERNAL CREAM 1 % (<i>sulconazole nitrate</i>)	NPB	QL (60 GRAMS per 25 days)
EXELDERM EXTERNAL SOLUTION 1 % (<i>sulconazole nitrate</i>)	NPB	QL (60 ML per 25 days)
EXTINA EXTERNAL FOAM 2 % (<i>ketconazole</i>)	NPB	QL (100 GRAMS per 25 days)

2021 Pharmacy Drug Guide – Standard Opt Out Plan – Aetna: Sutter Health | Aetna

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
JUBLIA EXTERNAL SOLUTION 10 % (<i>efinaconazole</i>)	NPB	QL (4 ML per 21 days)
<i>ketoconazole external cream 2 %</i>	G	
<i>ketoconazole external foam 2 %</i>	NF	
<i>luliconazole external cream 1 %</i>	NF	
<i>miconazole-zinc oxide-petrolat external ointment 0.25-15-81.35 %</i>	G	
<i>naftifine hcl external cream 1 %, 2 %</i>	G	
<i>naftifine hcl external gel 1 %</i>	G	
NAFTIN EXTERNAL GEL 1 %, 2 % (<i>naftifine hcl</i>)	PB	
<i>nystatin external cream 100000 unit/gm</i>	G	
<i>nystatin external ointment 100000 unit/gm</i>	G	
<i>nystatin-triamcinolone external cream 100000-0.1 unit/gm-%</i>	G	STX; QL (60 GM per 25 days)
<i>nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%</i>	G	STX; QL (60 GM per 25 DAYs)
<i>oxiconazole nitrate external cream 1 %</i>	G	QL (60 G per 25 days)
OXISTAT EXTERNAL CREAM 1 % (<i>oxiconazole nitrate</i>)	NPB	QL (60 G per 25 days)
OXISTAT EXTERNAL LOTION 1 % (<i>oxiconazole nitrate</i>)	NPB	QL (60 ML 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)
XOLEGEL EXTERNAL GEL 2 % (<i>ketoconazole</i>)	NF	
DERMATOLOGY, ANTIPRURITIC		
<i>doxepin hcl external cream 5 %</i>	NF	
PRUDOXIN EXTERNAL CREAM 5 % (<i>doxepin hcl (antipruritic)</i>)	NPB	QL (45 G per 25 days)
ZONALON EXTERNAL CREAM 5 % (<i>doxepin hcl (antipruritic)</i>)	NPB	QL (45 G per 25 days)
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	G	
<i>calcipotriene external cream 0.005 %</i>	NF	

2021 Pharmacy Drug Guide – Standard Opt Out Plan – Aetna: Sutter Health | Aetna

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>calcipotriene external foam 0.005 %</i>	G	QL (60 grams per 25 days)
<i>calcipotriene external ointment 0.005 %</i>	G	
<i>calcipotriene external solution 0.005 %</i>	G	
<i>calcitriol external ointment 3 mcg/gm</i>	NF	
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>secukinumab</i>)	PSP	PA; ST; IBC (Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis. Not covered for Psoriasis); QL (1 BOX per 28 days)
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (<i>secukinumab</i>)	PSP	PA; ST; IBC (Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis. Not covered for Psoriasis); QL (1 BOX per 28 days)
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (<i>secukinumab</i>)	PSP	PA; ST; IBC (Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis. Not covered for Psoriasis.); QL (1 BOX per 28 days)
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>secukinumab</i>)	PSP	PA; ST; IBC (Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis. Not covered for Psoriasis); QL (1 BOX per 28 days)
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML (<i>secukinumab</i>)	PSP	PA; ST; IBC (Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis. Not covered for Psoriasis); QL (1 SYRINGE per 28 days)

2021 Pharmacy Drug Guide – Standard Opt Out Plan – Aetna: Sutter Health | Aetna

The formulary is updated the first week of each month

12/01/2021

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ILUMYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>tildrakizumab-asmn</i>)	NF	
<i>methoxsalen rapid oral capsule 10 mg</i>	G	
SILIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 210 MG/1.5ML (<i>brodalumab</i>)	NF	
SORILUX EXTERNAL FOAM 0.005 % (<i>calcipotriene</i>)	NPB	QL (60 GM per 25 days)
<i>tazarotene external cream 0.1 %</i>	G	PA; AL (Max 35 Years)
TAZORAC EXTERNAL CREAM 0.05 % (<i>tazarotene</i>)	PB	PA; AL (Max 35 Years)
TAZORAC EXTERNAL CREAM 0.1 % (<i>tazarotene</i>)	PB	
TAZORAC EXTERNAL GEL 0.05 % (<i>tazarotene</i>)	PB	
TAZORAC EXTERNAL GEL 0.1 % (<i>tazarotene</i>)	PB	PA; AL (Max 35 Years)
VECTICAL EXTERNAL OINTMENT 3 MCG/GM (<i>calcitriol</i>)	NF	
DERMATOLOGY, ANTISEBORRHEICS		
<i>ketoconazole external shampoo 2 %</i>	G	
DERMATOLOGY, ATOPIC DERMATITIS		
DUPIXENT SOLUTION PEN-INJECTOR 300 MG/2ML SUBCUTANEOUS 300 MG/2ML (<i>dupilumab</i>)	PSP	PA; QL (600 MG per 28 days)
DUPIXENT SOLUTION PREFILLED SYRINGE 200 MG/1.14ML SUBCUTANEOUS 200 MG/1.14ML (<i>dupilumab</i>)	PSP	PA; QL (400 ML per 28 days)
DUPIXENT SOLUTION PREFILLED SYRINGE 300 MG/2ML SUBCUTANEOUS 300 MG/2ML (<i>dupilumab</i>)	PSP	PA; QL (600 ML per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 MG/1.14ML (<i>dupilumab</i>)	PSP	PA; QL (400 MG per 28 DAYs)
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 MG/2ML (<i>dupilumab</i>)	PSP	PA; QL (600 MG per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML (<i>dupilumab</i>)	PSP	PA; QL (400 ML per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML (<i>dupilumab</i>)	PSP	PA; QL (600 ML per 28 days)

2021 Pharmacy Drug Guide – Standard Opt Out Plan – Aetna: Sutter Health | Aetna

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DERMATOLOGY, CORTICOSTEROIDS		
<i>alclometasone dipropionate external cream 0.05 %</i>	G	QL (120 GM per 25 DAYs)
<i>alclometasone dipropionate external ointment 0.05 %</i>	G	QL (120 GM per 25 DAYs)
<i>amcinonide external cream 0.1 %</i>	G	QL (120 GM per 25 DAYs)
<i>amcinonide external lotion 0.1 %</i>	G	QL (120 ML per 25 DAYs)
<i>amcinonide external ointment 0.1 %</i>	NPB	QL (120 GM per 25 DAYs)
APEXICON E EXTERNAL CREAM 0.05 % (diflorasone diacet emoll base)	NPB	QL (120 GM per 25 DAYs)
<i>betamethasone dipropionate aug external cream 0.05 %</i>	G	QL (120 GM per 25 DAYs)
<i>betamethasone dipropionate aug external gel 0.05 %</i>	G	QL (120 GM 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 GM per 25 DAYs)
<i>betamethasone dipropionate external cream 0.05 %</i>	G	QL (120 GM 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 GM per 25 DAYs)
<i>betamethasone valerate external cream 0.1 %</i>	G	QL (120 GM per 25 DAYs)
<i>betamethasone valerate external foam 0.12 %</i>	G	QL (120 GM 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 GM per 25 DAYs)
BRYHALI EXTERNAL LOTION 0.01 % (halobetasol propionate)	PB	QL (120 GM per 25 days)
<i>calcipotriene-betameth diprop external ointment 0.005-0.064 %</i>	NF	
<i>calcipotriene-betameth diprop external suspension 0.005-0.064 %</i>	NF	
CAPEX EXTERNAL SHAMPOO 0.01 % (fluocinolone acetonide)	PB	QL (120 ML per 25 days)
<i>clobetasol propionate e external cream 0.05 %</i>	G	QL (120 GM per 25 DAYs)
<i>clobetasol propionate emulsion external foam 0.05 %</i>	G	QL (120 GM per 25 days)
<i>clobetasol propionate external cream 0.05 %</i>	G	QL (120 GM per 25 DAYs)
<i>clobetasol propionate external foam 0.05 %</i>	G	QL (120 GM per 25 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>clobetasol propionate external gel 0.05 %</i>	G	QL (120 GM 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 GM 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)
CLOBEX EXTERNAL LOTION 0.05 % (<i>clobetasol propionate</i>)	PB	QL (120 ML per 25 DAYs)
CLOBEX EXTERNAL SHAMPOO 0.05 % (<i>clobetasol propionate</i>)	PB	QL (120 ML per 25 days)
CLOBEX SPRAY EXTERNAL LIQUID 0.05 % (<i>clobetasol propionate</i>)	NPB	QL (120 ML per 25 DAYs)
<i>clocortolone pivalate external cream 0.1 %</i>	NF	
CLODERM EXTERNAL CREAM 0.1 % (<i>clocortolone pivalate</i>)	NPB	QL (120 GRAMS per 25 days)
CORDRAN EXTERNAL CREAM 0.025 %, 0.05 % (<i>flurandrenolide</i>)	NPB	QL (120 GM per 25 DAYs)
CORDRAN EXTERNAL LOTION 0.05 % (<i>flurandrenolide</i>)	NPB	QL (120 ML per 25 DAYs)
CORDRAN EXTERNAL OINTMENT 0.05 % (<i>flurandrenolide</i>)	NF	
CORDRAN EXTERNAL TAPE 4 MCG/SQCM (<i>flurandrenolide</i>)	NPB	QL (1 TAPE per 25 DAYs)
DERMA-SMOOTH/FS BODY EXTERNAL OIL 0.01 % (<i>fluocinolone acetonide</i>)	PB	QL (120 ML per 25 days)
DERMA-SMOOTH/FS SCALP EXTERNAL OIL 0.01 % (<i>fluocinolone acetonide</i>)	PB	QL (120 ML per 25 days)
DESONATE EXTERNAL GEL 0.05 % (<i>desonide</i>)	NPB	QL (120 GRAMS per 25 days)
<i>desonide external cream 0.05 %</i>	G	QL (120 GM per 25 DAYs)
<i>desonide external gel 0.05 %</i>	G	QL (120 GRAMS per 25 DAYs)
<i>desonide external lotion 0.05 %</i>	G	QL (120 ML per 25 days)

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<i>desonide external ointment 0.05 %</i>	G	QL (120 GM per 25 DAYS)
DESOWEN EXTERNAL CREAM 0.05 % (<i>desonide</i>)	PB	QL (120 GM per 25 DAYS)
<i>desoximetasone external cream 0.05 %, 0.25 %</i>	G	QL (120 GM per 25 DAYS)
<i>desoximetasone external gel 0.05 %</i>	G	QL (120 GM per 25 DAYS)
<i>desoximetasone external liquid 0.25 %</i>	G	QL (120 ML per 25 days)
<i>desoximetasone external ointment 0.05 %</i>	NF	
<i>desoximetasone external ointment 0.25 %</i>	G	QL (120 GM per 25 DAYS)
<i>desonide (Desrx External Gel 0.05 %)</i>	G	QL (120 G per 25 DAYS)
<i>diflorasone diacetate external cream 0.05 %</i>	NF	
<i>diflorasone diacetate external ointment 0.05 %</i>	NF	
DIPROLENE AF EXTERNAL CREAM 0.05 % (<i>betamethasone dipropionate aug</i>)	NPB	QL (120 GM per 25 DAYS)
DIPROLENE EXTERNAL OINTMENT 0.05 % (<i>betamethasone dipropionate aug</i>)	PB	QL (120 GM per 25 DAYS)
ENSTILAR EXTERNAL FOAM 0.005-0.064 % (<i>calcipotriene-betameth diprop</i>)	PB	
<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 GM per 25 DAYS)
<i>fluocinolone acetonide external ointment 0.025 %</i>	G	QL (120 GM 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 emulsified base external cream 0.05 %</i>	G	QL (120 GM per 25 DAYS)
<i>fluocinonide external cream 0.05 %</i>	G	QL (120 GM per 25 DAYS)
<i>fluocinonide external cream 0.1 %</i>	NF	
<i>fluocinonide external gel 0.05 %</i>	G	QL (120 GM per 25 DAYS)
<i>fluocinonide external ointment 0.05 %</i>	G	QL (120 GM per 25 DAYS)
<i>fluocinonide external solution 0.05 %</i>	G	QL (120 ML per 25 days)
<i>flurandrenolide external cream 0.05 %</i>	NF	
<i>flurandrenolide external lotion 0.05 %</i>	NF	
<i>flurandrenolide external ointment 0.05 %</i>	NF	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>fluticasone propionate external cream 0.05 %</i>	G	QL (120 GM 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 GM per 25 DAYs)
<i>halcinonide external cream 0.1 %</i>	NF	
<i>halobetasol propionate external cream 0.05 %</i>	G	QL (120 GM per 25 DAYs)
<i>halobetasol propionate external foam 0.05 %</i>	NPB	QL (120 GM per 25 DAYs)
<i>halobetasol propionate external ointment 0.05 %</i>	G	QL (120 GM per 25 DAYs)
HALOG EXTERNAL CREAM 0.1 % (<i>halcinonide</i>)	NPB	QL (120 GRAMS per 25 days)
HALOG EXTERNAL OINTMENT 0.1 % (<i>halcinonide</i>)	NPB	QL (120 GRAMS per 25 days)
HALOG EXTERNAL SOLUTION 0.1 % (<i>halcinonide</i>)	NPB	QL (120 ML per 25 days)
<i>hydrocortisone butyr lipo base external cream 0.1 %</i>	NF	
<i>hydrocortisone butyrate external cream 0.1 %</i>	G	QL (120 GM per 25 DAYs)
<i>hydrocortisone butyrate external lotion 0.1 %</i>	NF	
<i>hydrocortisone butyrate external ointment 0.1 %</i>	G	QL (120 GM per 25 DAYs)
<i>hydrocortisone butyrate external solution 0.1 %</i>	G	QL (120 ML per 25 days)
<i>hydrocortisone external cream 2.5 %</i>	G	QL (120 GM 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 GM per 25 days)
<i>hydrocortisone valerate external cream 0.2 %</i>	G	QL (120 GM per 25 DAYs)
<i>hydrocortisone valerate external ointment 0.2 %</i>	G	QL (120 GM per 25 DAYs)
IMPEKLO EXTERNAL LOTION 0.15 MG/ACT (0.05%) (<i>clobetasol propionate</i>)	NPB	QL (120 GM per 25 DAYs)
IMPOYZ EXTERNAL CREAM 0.025 % (<i>clobetasol propionate</i>)	NPB	QL (120 GRAMS per 25 days)
KENALOG EXTERNAL AEROSOL SOLUTION 0.147 MG/GM (<i>triamcinolone acetonide</i>)	NPB	QL (120 GM per 25 DAYs)
LEXETTE EXTERNAL FOAM 0.05 % (<i>halobetasol propionate</i>)	NPB	QL (120 GM per 25 DAYs)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LOCOID EXTERNAL LOTION 0.1 % (<i>hydrocortisone butyrate</i>)	NPB	QL (120 ML per 25 DAYs)
LOCOID LIPOCREAM EXTERNAL CREAM 0.1 % (<i>hydrocortisone butyr lipo base</i>)	NPB	QL (120 GM per 25 DAYs)
LUXIQ EXTERNAL FOAM 0.12 % (<i>betamethasone valerate</i>)	NPB	QL (120 GRAMS per 25 days)
<i>mometasone furoate external cream 0.1 %</i>	G	QL (120 GM per 25 DAYs)
<i>mometasone furoate external ointment 0.1 %</i>	G	QL (120 GM per 25 DAYs)
<i>mometasone furoate external solution 0.1 %</i>	G	QL (120 ML per 25 DAYs)
OLUX EXTERNAL FOAM 0.05 % (<i>clobetasol propionate</i>)	NPB	QL (120 GRAMS per 25 days)
OLUX-E EXTERNAL FOAM 0.05 % (<i>clobetasol propionate emulsion</i>)	NPB	QL (120 GRAMS per 25 days)
PANDEL EXTERNAL CREAM 0.1 % (<i>hydrocortisone probutate</i>)	NPB	QL (120 GM per 25 DAYs)
<i>prednicarbate external ointment 0.1 %</i>	G	QL (120 GM per 25 DAYs)
<i>psorcon external cream 0.05 %</i>	NF	
SERNIVO EXTERNAL EMULSION 0.05 % (<i>betamethasone dipropionate</i>)	NPB	STX; QL (120 ML per 25 DAYs)
SYNALAR EXTERNAL CREAM 0.025 % (<i>fluocinolone acetonide</i>)	NPB	QL (120 GM per 25 DAYs)
SYNALAR EXTERNAL OINTMENT 0.025 % (<i>fluocinolone acetonide</i>)	NPB	QL (120 GM per 25 DAYs)
SYNALAR EXTERNAL SOLUTION 0.01 % (<i>fluocinolone acetonide</i>)	NPB	QL (120 ML per 25 days)
TEMOVATE EXTERNAL CREAM 0.05 % (<i>clobetasol propionate</i>)	PB	QL (120 GM per 25 DAYs)
TEMOVATE EXTERNAL OINTMENT 0.05 % (<i>clobetasol propionate</i>)	PB	QL (120 GM per 25 DAYs)
TEXACORT EXTERNAL SOLUTION 2.5 % (<i>hydrocortisone</i>)	PB	QL (120 ML per 25 days)

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TOPICORT EXTERNAL CREAM 0.05 %, 0.25 % (<i>desoximetasone</i>)	NPB	QL (120 GM per 25 DAYs)
TOPICORT EXTERNAL GEL 0.05 % (<i>desoximetasone</i>)	NPB	QL (120 GM per 25 DAYs)
TOPICORT EXTERNAL OINTMENT 0.05 %, 0.25 % (<i>desoximetasone</i>)	NPB	QL (120 GM per 25 DAYs)
TOPICORT SPRAY EXTERNAL LIQUID 0.25 % (<i>desoximetasone</i>)	NPB	QL (120 ML per 25 DAYs)
<i>triamcinolone acetonide external aerosol solution 0.147 mg/gm</i>	NF	
<i>triamcinolone acetonide external cream 0.025 %, 0.1 %, 0.5 %</i>	G	QL (120 GM 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 GM per 25 DAYs)
TRIDESILON EXTERNAL CREAM 0.05 % (<i>desonide</i>)	PB	QL (120 GM per 25 DAYs)
ULTRAVATE EXTERNAL LOTION 0.05 % (<i>halobetasol propionate</i>)	NPB	QL (120 ML per 25 DAYs)
VANOS EXTERNAL CREAM 0.1 % (<i>fluocinonide</i>)	NPB	QL (120 GM per 25 DAYs)
VERDESO EXTERNAL FOAM 0.05 % (<i>desonide</i>)	NPB	QL (120 GM per 25 DAYs)
DERMATOLOGY, LOCAL ANESTHETICS		
<i>lidocaine external ointment 5 %</i>	G	QL (50 GM per 25 DAYs)
<i>lidocaine external patch 5 %</i>	G	QL (90 PATCH per 25 days)
<i>lidocaine hcl external solution 4 %</i>	G	QL (50 ML per 25 DAYs)
<i>lidocaine hcl urethral mucosal external gel 2 %</i>	G	QL (60 ML per 25 days)
<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>	G	QL (30 G per 25 days)
<i>lidocaine-tetracaine external cream 7-7 %</i>	NF	
LIDODERM EXTERNAL PATCH 5 % (<i>lidocaine</i>)	PB	QL (90 PATCH per 25 days)
PLIAGLIS EXTERNAL CREAM 7-7 % (<i>lidocaine-tetracaine</i>)	NF	
SYNERA EXTERNAL PATCH 70-70 MG (<i>lidocaine-tetracaine</i>)	NPB	QL (2 PATCHES per 25 DAYs)
ZTLIDO EXTERNAL PATCH 1.8 % (<i>lidocaine</i>)	NPB	QL (90 PATCH per 25 DAYs)

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DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
CONDYLOX EXTERNAL GEL 0.5 % (<i>podofilox</i>)	PB	
<i>diclofenac epolamine external patch 1.3 %</i>	G	STX; QL (30 PATCHES per 25 Days)
<i>diclofenac sodium external gel 3 %</i>	G	PA; QL (100 GRAMS per 25 DAYS)
<i>diclofenac sodium external solution 1.5 %</i>	G	
EUCRISA EXTERNAL OINTMENT 2 % (<i>crisaborole</i>)	PB	
FLECTOR EXTERNAL PATCH 1.3 % (<i>diclofenac epolamine</i>)	NPB	STX; QL (30 PATCHES per 25 Days)
LEVULAN KERASTICK EXTERNAL SOLUTION RECONSTITUTED 20 % (<i>aminolevulinic acid hcl</i>)	NPSP	QL (1 STICK per 25 DAYS)
LICART EXTERNAL PATCH 24 HOUR 1.3 % (<i>diclofenac epolamine</i>)	NPB	STX; QL (15 PATCHES per 25 Days)
<i>pimecrolimus external cream 1 %</i>	G	
<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>)	NPSP	PA
VALCHLOR EXTERNAL GEL 0.016 % (<i>mechlorethamine hcl (topical)</i>)	NPSP	PA; QL (2 GM per 30 days)
DERMATOLOGY, ROSACEA		
<i>azelaic acid external gel 15 %</i>	G	
<i>doxycycline oral capsule delayed release 40 mg</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	
SOOLANTRA EXTERNAL CREAM 1 % (<i>ivermectin</i>)	PB	
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
CROTAN EXTERNAL LOTION 10 % (<i>crotamiton</i>)	G	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>malathion external lotion 0.5 %</i>	G	
OVIDE EXTERNAL LOTION 0.5 % (<i>malathion</i>)	PB	
<i>permethrin external cream 5 %</i>	G	
<i>spinosad external suspension 0.9 %</i>	G	
MOUTH/THROAT/DENTAL AGENTS		
<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	
EVOXAC ORAL CAPSULE 30 MG (<i>cevimeline hcl</i>)	PB	
<i>lidocaine viscous hcl mouth/throat solution 2 %</i>	G	
<i>nystatin mouth/throat suspension 100000 unit/ml</i>	G	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	G	
SALAGEN ORAL TABLET 5 MG, 7.5 MG (<i>pilocarpine hcl</i>)	PB	
<i>triamcinolone acetonide mouth/throat paste 0.1 %</i>	G	
OTIC - DRUGS TO TREAT CONDITIONS OF THE EAR		
<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	
<i>ciprofloxacin-fluocinolone pf otic solution 0.3-0.025 %</i>	G	
<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	

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The formulary is updated the first week of each month

12/01/2021

CE=Copay Exception | G=Generic | PB=Preferred Brand | NPB=Non-Preferred Brand | PSP=Preferred Specialty | NPSP=Non-Preferred Specialty | NF=Non-Formulary | PA=Prior Authorization | ST=Step Therapy | QL=Quantity Limits | AL=Age Limits | SPC=Only available for select plans. Refer to member plan documents for coverage. | LGC=Lowest Generic Copay | IBC=Indication Based Coverage | QLR=Quantity Limit Restriction Based on Age | STX=Safer and/or more effective treatments are available | N7=Drug tier when CE does not apply | N8=Drug Specific Coverage

Index

<i>abacavir sulfate</i>	34	ADDERALL XR.....	83	ALPHANINE SD.....	141
<i>abacavir sulfate-lamivudine</i>	38	<i>adefovir dipivoxil</i>	41	<i>alprazolam</i>	71
<i>abacavir-lamivudine-zidovudine</i>	38	ADEMPAS.....	69	<i>alprazolam er</i>	71
ABILIFY MAINTENA.....	81	ADHANSIA XR.....	83, 84	ALPRAZOLAM INTENSOL	71
<i>abiraterone acetate</i>	49	ADVAIR DISKUS.....	181	ALPROLIX.....	141
ABREVA.....	181	ADVAIR HFA.....	181	Altavera.....	109
ABSORICA.....	182	ADVANCE MICRO-DRAW		ALUNBRIG.....	51
ABSORICA LD.....	182	TEST.....	158	<i>alyacen 1/35</i>	109
<i>acamprosate calcium</i>	98	ADVATE.....	139	<i>alyacen 7/7/7</i>	109
ACANYA.....	182	<i>adynovate</i>	139	Alyq.....	69
<i>acarbose</i>	100	ADZENYS XR-ODT.....	84	Amabelz.....	116
ACCU-CHEK AVIVA PLUS		AFINITOR.....	51	<i>amantadine hcl</i>	80
.....	157	AFINITOR DISPERZ.....	51	<i>ambrisentan</i>	69
ACCU-CHEK COMPACT		AFSTYLA.....	140	<i>amcinonide</i>	188
PLUS.....	157	AFTERA.....	109	Amethia.....	109
ACCU-CHEK FASTCLIX		AGRYLIN.....	142	Amethyst.....	110
LANCETS.....	157	AIMOVIG.....	90	<i>amiloride hcl</i>	67
ACCU-CHEK GUIDE.....	157	AJOVY.....	90	<i>amiloride-hydrochlorothiazide</i> ..	67
ACCU-CHEK MULTICLIX		<i>ak-poly-bac</i>	169	<i>aminocaproic acid</i>	142
LANCETS.....	157	<i>albendazole</i>	32	<i>amiodarone hcl</i>	61
ACCU-CHEK		ALBENZA.....	32	<i>amitriptyline hcl</i>	77
SMARTVIEW.....	157	<i>albuterol sulfate</i>	175	<i>amlodipine besy-benazepril hcl</i> ..	59
ACCU-CHEK SOFTCLIX		<i>albuterol sulfate hfa</i>	175	<i>amlodipine besylate</i>	65
LANCETS.....	157	<i>alclometasone dipropionate</i>	188	<i>amlodipine besylate-valsartan</i> ...	60
Accutane.....	182	ALDACTONE.....	67	<i>amlodipine-atorvastatin</i>	65
ACCUTREND GLUCOSE..	157	ALDURAZYME.....	114	<i>amlodipine-olmesartan</i>	60
<i>acebutolol hcl</i>	64	ALECENSA.....	51	Amnesteem.....	182
<i>acetaminophen-codeine</i>	19	<i>alendronate sodium</i>	107	<i>amoxapine</i>	77
<i>acetaminophen-codeine #2</i>	19	ALFERON N.....	56	<i>amoxicill-clarithro-lansopraz</i> ..	132
<i>acetaminophen-codeine #3</i>	19	<i>alfuzosin hcl er</i>	132	<i>amoxicillin</i>	45
<i>acetaminophen-codeine #4</i>	19	ALINIA.....	32	<i>amoxicillin-pot clavulanate</i>	45
<i>acetazolamide</i>	67	<i>aliskiren fumarate</i>	66	<i>amoxicillin-pot clavulanate er</i> ...	45
<i>acetazolamide er</i>	67	ALKERAN.....	46	<i>amphetamine er</i>	84
<i>acetic acid</i>	134, 195	ALKINDI SPRINKLE.....	118	<i>amphetamine sulfate</i>	84
<i>acetylcysteine</i>	178	ALLEGRA ALLERGY.....	173	<i>amphetamine-dextroamphet er</i> ..	84
ACIPHEX.....	130	ALLEGRA ALLERGY		<i>amphetamine-</i>	
ACIPHEX SPRINKLE.....	130	CHILDRENS.....	173	<i>dextroamphetamine</i>	84
<i>acitretin</i>	185	ALLEGRA-D ALLERGY &		<i>ampicillin</i>	45
ACTEMRA.....	144	CONGESTION.....	176	AMPYRA.....	93
ACTEMRA ACTPEN.....	144	<i>allergy relief</i>	173	ANAFRANIL.....	77
ACTHAR.....	121	<i>allopurinol</i>	15	<i>anagrelide hcl</i>	142
ACTIMMUNE.....	153	ALLZITAL.....	16	ANAPROX DS.....	17
ACTIQ.....	19	<i>almotriptan malate</i>	90	<i>anastrozole</i>	49
ACUVAIL.....	169	<i>alogliptin benzoate</i>	101	ANDRODERM.....	99
<i>acyclovir</i>	41, 182	<i>alogliptin-metformin hcl</i>	101	ANNOVERA.....	110
<i>adapalene</i>	182	<i>alogliptin-pioglitazone</i>	101	ANORO ELLIPTA.....	172
<i>adapalene-benzoyl peroxide</i>	182	<i>alose tron hcl</i>	127	ANUSOL-HC.....	132
ADCIRCA.....	69	ALPHAGAN P.....	167	APADAZ.....	19
ADDERALL.....	83	ALPHANATE.....	137	<i>apap-caff-dihydrocodeine</i>	20

APEXICON E.....	188	AUSTEDO.....	91, 92	BELSOMRA.....	89
APOKYN.....	80	AUVI-Q.....	172	<i>benazepril hcl</i>	59
<i>aprepitant</i>	126	AVEED.....	99	<i>benazepril-hydrochlorothiazide</i> ..	59
Apri.....	110	Avita.....	182	BENEFIX.....	141
APRISO.....	127	AVONEX PEN.....	93	BENLYSTA.....	154
APTENSIO XR.....	84	AVONEX PREFILLED.....	93	<i>benzhydrocodone-</i>	
APTIVUS.....	34	AVSOLA.....	144	<i>acetaminophen</i>	20
ARALAST NP.....	178	AYVAKIT.....	56	<i>benzonatate</i>	176
Aranelle.....	110	Azasan.....	154	<i>benzoyl peroxide-erythromycin</i>	
ARANESP (ALBUMIN		<i>azathioprine</i>	154	.....	182
FREE).....	137	<i>azelaic acid</i>	194	<i>benzphetamine hcl</i>	92
ARAVA.....	150	<i>azelastine hcl</i>	167, 173	<i>benztropine mesylate</i>	80
ARCALYST.....	153	<i>azelastine-fluticasone</i>	173	BEOVU.....	171
ARIKAYCE.....	31	<i>azesco</i>	164	<i>bepotastine besilate</i>	167
ARIMIDEX.....	49	<i>azithromycin</i>	43	BEPREVE.....	167
<i>aripiprazole</i>	81	AZSTARYS.....	85	BERINERT.....	143
ARISTADA.....	81	Azurette.....	110	BESIVANCE.....	169
ARISTADA INITIO.....	81	Bac.....	16	<i>betamethasone dipropionate</i>	188
ARIXTRA.....	136	<i>bacitracin</i>	169	<i>betamethasone dipropionate</i>	
<i>armodafinil</i>	97	<i>baclofen</i>	96	<i>aug</i>	188
ARNUITY ELLIPTA.....	180	BAFIERTAM.....	93	<i>betamethasone valerate</i>	188
AROMASIN.....	49	BALCOLTRA.....	110	BETAPACE.....	64
ASCENIV.....	151	<i>balsalazide disodium</i>	127	BETAPACE AF.....	64
<i>asenapine maleate</i>	81	BALVERSA.....	51	BETASERON.....	93
ASMANEX (120 METERED		Balziva.....	110	<i>betaxolol hcl</i>	64, 167
DOSES).....	180	BAQSIMI ONE PACK.....	119	<i>bethanechol chloride</i>	128
ASMANEX (30 METERED		BAQSIMI TWO PACK.....	119	BETHKIS.....	31
DOSES).....	180	BARACLUDGE.....	41	BETIMOL.....	167
ASMANEX (60 METERED		BASAGLAR KWIKPEN....	102	BETOPTIC-S.....	167
DOSES).....	180	BD INSULIN SYRINGE U-		BEVESPI AEROSPHERE....	172
ASMANEX HFA.....	180	500.....	158	<i>bexarotene</i>	56
<i>aspirin childrens</i>	29	BD LANCET ULTRAFINE		<i>bicalutamide</i>	49
<i>aspirin ec</i>	29	30G.....	158	BIDIL.....	68
<i>aspirin-dipyridamole er</i>	144	BD LANCET ULTRAFINE		BIKTARVY.....	38
ASSURE LANCE		33G.....	158	BILTRICIDE.....	32
LANCETS.....	158	BD MICROTAINER		<i>bimatoprost</i>	167
ASTAGRAF XL.....	154	LANCETS.....	158	<i>bi-mix</i>	133
<i>atazanavir sulfate</i>	34	BD PEN NEEDLE MICRO		<i>bisoprolol fumarate</i>	64
<i>atenolol</i>	64	U/F.....	158	<i>bisoprolol-hydrochlorothiazide</i> ..	64
<i>atenolol-chlorthalidone</i>	64	BD PEN NEEDLE MINI		BIVIGAM.....	151
ATIVAN.....	71	U/F.....	158	Blisovi 24 Fe.....	110
<i>atomoxetine hcl</i>	84, 85	BD PEN NEEDLE NANO		Blisovi Fe 1.5/30.....	110
<i>atorvastatin calcium</i>	62	2ND GEN.....	158	Blisovi Fe 1/20.....	110
<i>atovaquone</i>	32	BD PEN NEEDLE NANO		<i>bosentan</i>	69
<i>atovaquone-proguanil hcl</i>	34	U/F.....	158	BOSULIF.....	51
ATRIPLA.....	38	BD PEN NEEDLE		BOTOX.....	96
<i>atropine sulfate</i>	171	ORIGINAL U/F.....	158	BRAFTOVI.....	57
ATROVENT HFA.....	173	BD PEN NEEDLE SHORT		BREO ELLIPTA.....	181
AUBAGIO.....	93	U/F.....	158	BREZTRI AEROSPHERE..	172
Aubra.....	110	BELBUCA.....	29	BRILINTA.....	144

<i>brimonidine tartrate</i>	167	<i>capecitabine</i>	47	<i>chlordiazepoxide-amitriptyline</i> ..	98
<i>brinzolamide</i>	167	CAPEX.....	188	<i>chlordiazepoxide-clidinium</i>	125
<i>bromfenac sodium (once-daily)</i>		CAPRELSA.....	52	<i>chlorhexidine gluconate</i>	195
.....	170	<i>captopril</i>	59	<i>chloroquine phosphate</i>	34
<i>bromocriptine mesylate</i>	80	CARBAGLU.....	114	<i>chlorpromazine hcl</i>	81
BRONCHITOL.....	178	<i>carbamazepine</i>	72	<i>chlorthalidone</i>	67
BRUKINSA.....	51	<i>carbamazepine er</i>	72	<i>chlorzoxazone</i>	97
BRYHALI.....	188	<i>carbidopa</i>	80	CHOLBAM.....	129
<i>budesonide</i>	127, 179, 180	<i>carbidopa-levodopa</i>	80	<i>cholestyramine</i>	62
<i>budesonide er</i>	118	<i>carbidopa-levodopa er</i>	80	<i>cholestyramine light</i>	62
<i>budesonide-formoterol</i>		<i>carbidopa-levodopa-entacapone</i>	80	<i>chorionic gonadotropin</i>	117
<i>fumarate</i>	181	<i>carbinoxamine maleate</i>	174	CIALIS.....	133
<i>bumetanide</i>	67	CAREONE LANCET		<i>ciclopirox</i>	184
BUNAVAIL.....	18	SUPER THIN 30G.....	158	<i>ciclopirox olamine</i>	184
Bupap.....	16	CARESENS LANCETS.....	158	<i>cidofovir</i>	41
BUPHENYL.....	114	CARETOUCH TEST.....	158	<i>cilostazol</i>	143
<i>buprenorphine</i>	29	<i>carisoprodol</i>	96	CILOXAN.....	169
<i>buprenorphine hcl</i>	29	<i>carisoprodol-aspirin-codeine</i>	96	CIMDUO.....	38
<i>buprenorphine hcl-naloxone hcl</i>		CARNITOR.....	108	<i>cimetidine</i>	126
.....	18, 19	CARNITOR SF.....	108	<i>cimetidine hcl</i>	126
<i>bupropion hcl</i>	77	<i>carteolol hcl</i>	168	CIMZIA.....	145
<i>bupropion hcl er (smoking det)</i>	98	<i>carvedilol</i>	64	CIMZIA PREFILLED.....	144
<i>bupropion hcl er (sr)</i>	77	<i>carvedilol phosphate er</i>	64	CIMZIA STARTER KIT.....	144
<i>bupropion hcl er (xl)</i>	77	CATAPRES-TTS-1.....	68	<i>cinacalcet hcl</i>	108
<i>buspironone hcl</i>	92	CATAPRES-TTS-2.....	68	CINQAIR.....	178
<i>butalbital-acetaminophen</i>	16	CATAPRES-TTS-3.....	68	CINRYZE.....	143
<i>butalbital-apap-caff-cod</i>	20	CAVERJECT.....	133	<i>ciprofloxacin hcl</i>	44, 169, 195
<i>butalbital-apap-caffeine</i>	16	CAVERJECT IMPULSE.....	133	<i>ciprofloxacin-dexamethasone</i> ..	195
<i>butalbital-asa-caff-codeine</i>	20	CAYA.....	156	<i>ciprofloxacin-fluocinolone pf.</i>	195
<i>butalbital-aspirin-caffeine</i>	16	CAYSTON.....	32	<i>citalopram hydrobromide</i>	77
<i>butorphanol tartrate</i>	20	Caziant.....	110	CITRANATAL 90 DHA.....	164
BUTRANS.....	29	<i>cefaclor</i>	42	CITRANATAL ASSURE.....	165
BYLVAY.....	129	<i>cefadroxil</i>	42	CITRANATAL B-CALM....	165
BYLVAY (PELLETS).....	128	<i>cefdinir</i>	42	CITRANATAL BLOOM.....	165
BYSTOLIC.....	64	<i>cefixime</i>	42	CITRANATAL BLOOM	
<i>cabergoline</i>	121	<i>cefpodoxime proxetil</i>	42	DHA.....	165
CABLIVI.....	137	<i>cefprozil</i>	42	CITRANATAL DHA.....	165
CABOMETYX.....	51	<i>cefuroxime axetil</i>	42	CITRANATAL ESSENCE..	165
CAFERGOT.....	90	<i>celecoxib</i>	15	CITRANATAL HARMONY	
<i>calcipotriene</i>	185, 186	CELLCEPT.....	154	.....	165
<i>calcipotriene-betameth diprop.</i>	188	<i>cephalexin</i>	42	CITRANATAL MEDLEY...165	
<i>calcitonin (salmon)</i>	121	CERDELGA.....	114	CITRANATAL RX.....	165
<i>calcitriol</i>	164, 186	CEREZYME.....	114	Claravis.....	182
<i>calcium acetate (phos binder)</i>	124	<i>cetirizine hcl</i>	174	<i>clarithromycin</i>	43
CALQUENCE.....	52	<i>cetirizine hcl allergy child</i>	174	<i>clarithromycin er</i>	43
Camila.....	110	<i>cetirizine-pseudoephedrine er.</i>	176	CLARITIN.....	174
Camrese.....	110	CETROTIDE.....	117	CLARITIN REDITABS.....	174
Camrese Lo.....	110	<i>cevimeline hcl</i>	195	CLARITIN-D 12 HOUR.....	176
<i>candesartan cilexetil</i>	61	CHENODAL.....	129	CLARITIN-D 24 HOUR.....	176
<i>candesartan cilexetil-hetz</i>	60	<i>chlordiazepoxide hcl</i>	71	CLENPIQ.....	128

CLEOCIN.....	32, 136	COMFORT TOUCH		CYSTADANE.....	115
CLIMARA PRO.....	116	LANCETS 31G.....	159	CYSTADROPS.....	171
Clindacin-P.....	182	COMFORT TOUCH PLUS		CYSTAGON.....	121
<i>clindamycin hcl</i>	32	LANCETS 30G.....	159	CYSTARAN.....	171
<i>clindamycin palmitate hcl</i>	32	COMPLERA.....	38	CYTOTEC.....	129
<i>clindamycin phos-benzoyl</i>		Compro.....	126	D.H.E. 45.....	90
<i>perox</i>	182	CONCERTA.....	85	<i>dalfampridine er</i>	94
<i>clindamycin phosphate</i>	136, 182	CONDYLOX.....	194	DALIRESP.....	178
<i>clindamycin-tretinoin</i>	182	CONSENSI.....	65	<i>danazol</i>	114
<i>clobazam</i>	72	CONTOUR NEXT TEST.....	159	DANTRIUM.....	97
<i>clobetasol propionate</i>	188, 189	CONTOUR TEST.....	159	<i>dantrolene sodium</i>	97
<i>clobetasol propionate e</i>	188	CONTRAVE.....	79	<i>dapsone</i>	32, 182
<i>clobetasol propionate emulsion</i>	188	CONZIP.....	20	<i>darifenacin hydrobromide er</i> ...	135
CLOBEX.....	189	COPAXONE.....	93, 94	DAURISMO.....	47
CLOBEX SPRAY.....	189	COPIKTRA.....	52	DAYTRANA.....	85
<i>clocortolone pivalate</i>	189	CORDRAN.....	189	D-CARE BLOOD	
CLODERM.....	189	CORIFACT.....	141	GLUCOSE.....	159
<i>clomiphene citrate</i>	117	CORLANOR.....	68	DDAVP.....	125
<i>clomipramine hcl</i>	77	CORTIFOAM.....	127	<i>deferasirox</i>	109
<i>clonazepam</i>	72	COSENTYX.....	186	<i>deferasirox granules</i>	109
<i>clonidine</i>	68	COSENTYX (300 MG		<i>deferiprone</i>	109
<i>clonidine hcl</i>	68	DOSE).....	186	<i>deferoxamine mesylate</i>	109
<i>clopidogrel bisulfate</i>	144	COSENTYX		DELSTRIGO.....	38
<i>clorazepate dipotassium</i>	73	SENSOREADY (300 MG)...	186	<i>demeclocycline hcl</i>	45
<i>clotrimazole</i>	195	COSENTYX		DEPO-PROVERA.....	110, 111
<i>clotrimazole-betamethasone</i>	184	SENSOREADY PEN.....	186	DEPO-SUBQ PROVERA	
<i>clozapine</i>	82	COTELLIC.....	52	104.....	111
COAGADEX.....	141	COTEMPLA XR-ODT.....	85	DERMA-SMOOTH/FS	
COAGUCHEK LANCETS..	158	CREON.....	130	BODY.....	189
<i>codeine sulfate</i>	20	CRINONE.....	135	DERMA-SMOOTH/FS	
<i>coditussin ac</i>	177	CRIXIVAN.....	34	SCALP.....	189
COLAZAL.....	127	<i>cromolyn sodium</i>	167, 178	DESCOVY.....	38
<i>colchicine</i>	15	CROTAN.....	194	DESFERAL.....	109
<i>colchicine-probenecid</i>	15	Cryselle-28.....	110	<i>desipramine hcl</i>	77
<i>colesevelam hcl</i>	62	CUPRIMINE.....	108	<i>desloratadine</i>	174
<i>colestipol hcl</i>	62	CUTAQUIG.....	151	<i>desmopressin ace spray refrig.</i>	125
<i>colistimethate sodium (cba)</i>	32	CUVITRU.....	151	<i>desmopressin acetate</i>	125
COMBIGAN.....	168	CVS ADVANCED		<i>desmopressin acetate spray</i>	125
COMBIPATCH.....	116	GLUCOSE TEST.....	159	<i>desogestrel-ethinyl estradiol</i>	111
COMBIVENT RESPIMAT..	172	<i>cvs allergy relief childrens</i>	174	DESONATE.....	189
COMBIVIR.....	38	<i>cvs nicotine</i>	98	<i>desonide</i>	189, 190
COMETRIQ (100 MG		<i>cvs nicotine polacrilex</i>	98	DESOWEN.....	190
DAILY DOSE).....	52	<i>cyanocobalamin</i>	165	<i>desoximetasone</i>	190
COMETRIQ (140 MG		<i>cyclobenzaprine hcl</i>	97	DESOXYN.....	85
DAILY DOSE).....	52	<i>cyclobenzaprine hcl er</i>	97	Desrx.....	190
COMETRIQ (60 MG DAILY		<i>cyclophosphamide</i>	46	<i>desvenlafaxine succinate er</i>	77
DOSE).....	52	<i>cycloserine</i>	40	<i>dexamethasone</i>	118
<i>comfort assured lancets 28g</i>	158	<i>cyclosporine</i>	154, 155	<i>dexamethasone sodium</i>	
<i>comfort assured lancets 33g</i>	159	<i>cyclosporine modified</i>	154, 155	<i>phosphate</i>	170
		<i>cyproheptadine hcl</i>	174		

DEXCOM G4 PLAT PED	<i>dihydroergotamine mesylate</i> 90	E.E.S. GRANULES.....43
RCV/SHARE..... 159	DILAUDID..... 20, 21	EASY TOUCH LANCETS
DEXCOM G4 PLAT PED	<i>diltiazem hcl</i> 66	21G.....160
RECEIVER.....159	<i>diltiazem hcl er</i> 65	EASY TOUCH LANCETS
DEXCOM G4 PLATINUM	<i>diltiazem hcl er beads</i> 65	23G.....160
RCV/SHARE..... 159	<i>diltiazem hcl er coated beads</i> 65	EASY TOUCH LANCETS
DEXCOM G4 PLATINUM	<i>dilt-xr</i> 66	26G.....160
RECEIVER.....159	<i>dimethyl fumarate</i> 94	EASY TOUCH LANCETS
DEXCOM G4 PLATINUM	<i>dimethyl fumarate starter pack</i> .94	28G.....160
TRANSMITTER..... 159	<i>diphenoxylate-atropine</i> 129	EASY TOUCH LANCETS
DEXCOM G4 SENSOR..... 159	DIPROLENE.....190	28G/TWIST.....160
DEXCOM G5 MOB/G4	DIPROLENE AF..... 190	EASY TOUCH LANCETS
PLAT SENSOR..... 159	<i>dipyridamole</i> 144	30G.....160
DEXCOM G5 MOBILE	<i>disopyramide phosphate</i>.....61	EASY TOUCH LANCETS
TRANSMITTER..... 159	<i>disulfiram</i>.....98	32G.....160
DEXCOM G5 RECEIVER	<i>divalproex sodium</i> 73	EASY TOUCH LANCETS
KIT..... 159	<i>divalproex sodium er</i> 73	32G/TWIST.....160
DEXCOM G6 RECEIVER.. 159	DIVIGEL.....116	EASY TOUCH LANCING
DEXCOM G6 SENSOR..... 159	<i>docosanol</i>.....182	DEVICE.....160
DEXCOM G6	<i>dofetilide</i> 61	EASY TOUCH SAFETY
TRANSMITTER.....160	<i>donepezil hcl</i>.....76	LANCETS 21G.....160
DEXEDRINE.....85	DOPTelet..... 138	EASY TOUCH SAFETY
Dexifol.....165	<i>dorzolamide hcl-timolol mal</i> ...168	LANCETS 23G.....160
DEXILANT.....130	<i>dorzolamide hcl-timolol mal pf</i> 168	EASY TOUCH SAFETY
<i>dexmethylphenidate hcl</i> 85	DOVATO.....39	LANCETS 26G.....160
<i>dexmethylphenidate hcl er</i> 85	<i>doxazosin mesylate</i>.....60	EASY TOUCH SAFETY
<i>dextroamphetamine sulfate</i>.....86	<i>doxepin hcl</i>.....77, 89, 185	LANCETS 28G.....160
<i>dextroamphetamine sulfate er</i> ...85	<i>doxercalciferol</i> 165	EASY TOUCH TEST.....160
DIACOMIT.....73	<i>doxycycline</i> 194	EASYMAX 15 TEST.....160
<i>diazepam</i>.....73	<i>doxycycline hyclate</i>.....45, 46	EASYMAX TEST.....160
Diazepam Intensol.....73	<i>doxycycline monohydrate</i> 46	<i>econazole nitrate</i> 184
<i>diazoxide</i>.....119	<i>doxylamine-pyridoxine</i> 126	EDEX.....133
DIBENZYLINE.....68	<i>dronabinol</i> 126	EDURANT..... 34
DICLEGIS.....126	DROPLET PERSONAL	<i>efavirenz</i> 34
<i>diclofenac</i>.....17	LANCETS 30G.....160	<i>efavirenz-emtricitab-tenofovir</i> ...39
<i>diclofenac epolamine</i>.....194	<i>drospiren-eth estrad-levomefol</i> 111	<i>efavirenz-lamivudine-tenofovir</i> ..39
<i>diclofenac potassium</i>.....17	<i>drospirenone-ethinyl estradiol</i> . 111	ELAPRASE..... 115
<i>diclofenac sodium</i> 17, 170, 194	<i>droxidopa</i>.....68	ELELYSO.....115
<i>diclofenac sodium er</i> 17	DUAVEE.....116	<i>eletriptan hydrobromide</i> 90
<i>diclofenac-misoprostol</i>.....18	<i>duloxetine hcl</i> 77	ELIGARD..... 49
<i>dicloxacillin sodium</i>.....45	DUOPA..... 80	ELIQUIS.....136
<i>dicyclomine hcl</i>.....125	DUPIXENT..... 180, 187	ELIQUIS DVT/PE
<i>diethylpropion hcl</i>.....92	DUREZOL..... 170	STARTER PACK.....136
<i>diethylpropion hcl er</i>.....92	DUROLANE.....29	ELLA.....111
DIFFERIN.....183	<i>dutasteride</i> 132	ELMIRON.....134
DIFICID.....43	<i>dutasteride-tamsulosin hcl</i>.....132	ELOCTATE.....140
<i>diflorasone diacetate</i>.....190	DUTOPROL..... 64	Eluryng.....111
<i>diflunisal</i> 29	DYANAVEL XR..... 86	EMBRACE BLOOD
<i>difluprednate</i>.....170	DYRENIUM.....67	GLUCOSE TEST.....160
<i>digoxin</i>.....66	DYSPORT.....97	EMCYT.....46

EMFLAZA.....	118, 119	ERYTHROCIN STEARATE	43	FANAPT.....	82
EMGALITY.....	90	<i>erythromycin</i>	169, 183	FANAPT TITRATION	
EMGALITY (300 MG		<i>erythromycin base</i>	43	PACK.....	82
DOSE).....	90	<i>erythromycin ethylsuccinate</i>	43	FARXIGA.....	106
EMPAVELI.....	143	ESBRIET.....	179	FARYDAK.....	48
<i>emtricitabine</i>	34	<i>escitalopram oxalate</i>	78	FASENRA.....	176
<i>emtricitabine-tenofovir df</i>	39	ESGIC.....	16	FASENRA PEN.....	176
EMTRIVA.....	34, 35	<i>esomeprazole magnesium</i>	130	FASLODEX.....	49
EMVERM.....	32	<i>esomeprazole strontium</i>	130	Fayosim.....	111
<i>enalapril maleate</i>	59	ESPEROCT.....	140	FC2 FEMALE CONDOM..	156
<i>enalapril-hydrochlorothiazide</i> ...	59	Estarylla.....	111	<i>febuxostat</i>	16
ENBREL.....	145	<i>estazolam</i>	89	FEIBA.....	137
ENBREL MINI.....	145	<i>estradiol</i>	116, 117	<i>felbamate</i>	73
ENBREL SURECLICK.....	145	<i>estradiol valerate</i>	117	<i>felodipine er</i>	66
ENCARE.....	133	ESTRING.....	117	FEMARA.....	49
ENDARI.....	143	<i>eszopiclone</i>	89	FEMCAP.....	156
ENDOMETRIN.....	135	<i>ethacrynic acid</i>	67	<i>fenofibrate</i>	62
<i>enoxaparin sodium</i>	136	<i>ethambutol hcl</i>	40	<i>fenofibrate micronized</i>	62
Enpresse-28.....	111	<i>ethosuximide</i>	73	<i>fenofibric acid</i>	62
ENSPRYNG.....	155	<i>ethynodiol diac-eth estradiol</i> ..	111	FENOGLIDE.....	62
ENSTILAR.....	190	<i>etodolac</i>	17	<i>fenopropfen calcium</i>	17
<i>entacapone</i>	80	<i>etodolac er</i>	17	FENORTHO.....	17
<i>entecavir</i>	41	<i>etonogestrel-ethinyl estradiol</i> ..	111	FENSOLVI (6 MONTH).....	121
ENTRESTO.....	68	<i>etoposide</i>	58	<i>fentanyl</i>	21
ENTYVIO.....	145	<i>etravirine</i>	35	<i>fentanyl citrate</i>	21
ENVARUSUS XR.....	155	EUCRISA.....	194	FENTORA.....	21
EPCLUSA.....	44	EUFLEXXA.....	29	FERRIPROX.....	109
EPIDIOLEX.....	73	EVAMIST.....	117	FERRIPROX TWICE-A-	
EPIDUO.....	183	EVEKEO.....	86	DAY.....	109
EPIDUO FORTE.....	183	EVEKEO ODT.....	86	FETZIMA.....	78
<i>epinastine hcl</i>	167	EVENITY.....	121	FETZIMA TITRATION.....	78
<i>epinephrine</i>	172	<i>everolimus</i>	52, 155	<i>fexofenadine hcl</i>	174
EPIPEN 2-PAK.....	172	EVOTAZ.....	39	<i>fexofenadine-pseudoephed er</i> ..	177
EPIPEN JR 2-PAK.....	172	EVOXAC.....	195	FIASP.....	102
EPIVIR.....	35	EVRYSDI.....	92	FIASP FLEXTOUCH.....	102
EPIVIR HBV.....	41	EXACTECH R-S-G TEST..	160	FIASP PENFILL.....	102
<i>eplerenone</i>	60	EXACTECH TEST.....	160	FIBRYGA.....	141
EPOGEN.....	138	EXELDERM.....	184	FINACEA.....	194
<i>epoprostenol sodium</i>	70	<i>exemestane</i>	49	<i>finasteride</i>	132
EPZICOM.....	39	EXJADE.....	109	FINGERSTIX LANCETS..	160
<i>eq blood glucose test</i>	160	EXKIVITY.....	52	FINTEPLA.....	73
<i>eq loratadine childrens</i>	174	EXTAVIA.....	94	FIORICET.....	16
<i>ergotamine-caffeine</i>	90	EXTINA.....	184	FIORICET/CODEINE.....	21
ERIVEDGE.....	47	EYLEA.....	171	FIRAZYR.....	143
ERLEADA.....	49	<i>ezetimibe</i>	62	FIRDAPSE.....	92
<i>erlotinib hcl</i>	52	<i>ezetimibe-simvastatin</i>	63	FIRMAGON.....	49
<i>ery</i>	183	FA-8.....	165	FIRMAGON (240 MG	
ERYPED 200.....	43	FABRAZYME.....	115	DOSE).....	49
ERYPED 400.....	43	<i>famciclovir</i>	41	FIRVANQ.....	33
Ery-Tab.....	43	<i>famotidine</i>	127	FLAREX.....	170

<i>flavoxate hcl</i>	135	<i>fosinopril sodium</i>	59	GENVOYA.....	39
FLEBOGAMMA DIF.....	151	<i>fosinopril sodium-hctz</i>	59	GILENYA.....	94
<i>flecainide acetate</i>	61	FOTIVDA.....	52	GILOTRIF.....	57
FLECTOR.....	194	FRAGMIN.....	136	GLASSIA.....	178
FLOLAN.....	70	FREESTYLE LANCETS.....	161	<i>glatiramer acetate</i>	94
FLONASE ALLERGY		FREESTYLE LIBRE 14		Glatopa.....	94
RELIEF.....	179	DAY SENSOR.....	161	GLEEVEC.....	52
FLOVENT DISKUS.....	180	FREESTYLE LIBRE		<i>glimepiride</i>	107
FLOVENT HFA.....	180	READER.....	161	<i>glipizide</i>	107
<i>fluconazole</i>	31	FREESTYLE PRECISION		<i>glipizide er</i>	107
<i>flucytosine</i>	31	NEO TEST.....	161	<i>glipizide-metformin hcl</i>	100
<i>fludrocortisone acetate</i>	119	FREESTYLE UNISTICK II		GLUCAGEN HYPOKIT.....	120
<i>flunisolide</i>	179	LANCETS.....	161	<i>glucagon emergency</i>	120
<i>fluocinolone acetonide</i>	190, 195	<i>frovatriptan succinate</i>	90	<i>glucose</i>	120
<i>fluocinolone acetonide body</i>	190	FULPHILA.....	138	<i>glucose control</i>	161
<i>fluocinolone acetonide scalp</i>	190	<i>fulvestrant</i>	49	GLUMETZA.....	100
<i>fluocinonide</i>	190	<i>furosemide</i>	67	<i>glycopyrrolate</i>	125
<i>fluocinonide emulsified base</i>	190	FUZEON.....	35	GLYXAMBI.....	106
<i>fluoritab</i>	165	Fyavolv.....	117	GOJJI BLOOD TEST	
<i>fluorometholone</i>	170	FYCOMPA.....	73	STRIP/LANCETS.....	161
<i>fluorouracil</i>	183	<i>gabapentin</i>	73, 74	GONAL-F.....	118
<i>fluoxetine hcl</i>	78	GALAFOLD.....	122	GONAL-F RFF.....	118
<i>fluoxetine hcl (pmdd)</i>	78	<i>galantamine hydrobromide</i>	76	GONAL-F RFF REDIJECT	118
<i>fluphenazine hcl</i>	82	<i>galantamine hydrobromide er</i> ...	76	GRALISE.....	98
<i>flurandrenolide</i>	190	GAMASTAN.....	151	<i>granisetron hcl</i>	126
<i>flurazepam hcl</i>	89	GAMMAGARD.....	151	GRANIX.....	138
<i>flurbiprofen</i>	17	GAMMAGARD S/D LESS		GRASTEK.....	144
<i>flurbiprofen sodium</i>	170	IGA.....	151	<i>griseofulvin microsize</i>	31
<i>flutamide</i>	49	GAMMAKED.....	151	<i>griseofulvin ultramicrosize</i>	31
<i>fluticasone propionate</i>	179, 191	GAMMAPLEX.....	151	<i>guanfacine hcl</i>	68
<i>fluticasone-salmeterol</i>	172, 181	GAMUNEX-C.....	152	<i>guanfacine hcl er</i>	86
<i>fluvastatin sodium</i>	63	<i>ganciclovir sodium</i>	41	GVOKE HYPOPEN 1-	
<i>fluvastatin sodium er</i>	62	<i>ganirelix acetate</i>	118	PACK.....	120
<i>fluvoxamine maleate</i>	78	<i>gatifloxacin</i>	169	GVOKE HYPOPEN 2-	
<i>fluvoxamine maleate er</i>	78	GATTEX.....	129	PACK.....	120
FML.....	170	GAVILYTE-C.....	128	GVOKE PFS.....	120
FML FORTE.....	170	Gavilyte-G.....	128	HAEGARDA.....	143
FML LIQUIFILM.....	170	Gavilyte-N With Flavor Pack	128	<i>halcinonide</i>	191
FOCALIN.....	86	GAVRETO.....	57	<i>halobetasol propionate</i>	191
FOCALIN XR.....	86	GEL-ONE.....	30	HALOG.....	191
<i>folate</i>	165	GELSYN-3.....	30	<i>haloperidol</i>	82
<i>folbee plus</i>	165	<i>gemfibrozil</i>	62	<i>haloperidol lactate</i>	82
<i>folic acid</i>	165, 166	Gengraf.....	155	HARVONI.....	44
<i>folic-k</i>	166	GENICIN VITA-Q.....	166	HEMLIBRA.....	143
FOLLISTIM AQ.....	117	GENOTROPIN.....	120	HEMOPIL M.....	140
<i>fondaparinux sodium</i>	136	GENOTROPIN		HEPAGAM B.....	152
<i>formoterol fumarate</i>	175	MINIQUICK.....	120	<i>heparin sodium (porcine)</i>	136
FORTEO.....	121	GENTAK.....	169	<i>heparin sodium (porcine) pf</i> ...	136
FORTISCARE TEST.....	161	<i>gentamicin sulfate</i>	169, 184	HEPSERA.....	41
<i>fosamprenavir calcium</i>	35	GENVISC 850.....	30	HETLIOZ.....	89

HETLIOZ LQ.....	89	<i>hydrocortisone butyrate</i>	191	INQOVI.....	57
Hidex 6-Day.....	119	<i>hydrocortisone valerate</i>	191	INREBIC.....	53
HIZENTRA.....	152	<i>hydrocortisone-acetic acid</i>	195	INSPIRA.....	60
HUMALOG.....	103	<i>hydromorphone hcl</i>	22	<i>insulin asp prot & asp flexpen</i>	103
HUMALOG JUNIOR		<i>hydromorphone hcl er</i>	22	<i>insulin aspart</i>	103
KWIKPEN.....	102	<i>hydroxychloroquine sulfate</i>	150	<i>insulin aspart flexpen</i>	103
HUMALOG KWIKPEN.....	102	<i>hydroxyprogesterone caproate</i>	124	<i>insulin aspart penfill</i>	103
HUMALOG MIX 50/50.....	102	<i>hydroxyurea</i>	57	<i>insulin aspart prot & aspart</i>	103
HUMALOG MIX 50/50		<i>hydroxyzine hcl</i>	174	<i>insulin lispro</i>	104
KWIKPEN.....	102	<i>hydroxyzine pamoate</i>	174	<i>insulin lispro (1 unit dial)</i>	104
HUMALOG MIX 75/25.....	103	<i>hylavite</i>	166	<i>insulin lispro junior kwikpen</i>	104
HUMALOG MIX 75/25		HYMOVIS.....	30	<i>insulin lispro prot & lispro</i>	104
KWIKPEN.....	102	HYPERHEP B.....	152	INTELENCE.....	35
HUMATE-P.....	137	HYPERRAB.....	152	INTRON A.....	153, 154
HUMATROPE.....	120	HYPERRHO S/D.....	152	Introvale.....	111
HUMIRA.....	146	HYPERTET S/D.....	152	INVIRASE.....	35
HUMIRA PEDIATRIC		HYQVIA.....	152	INVOKAMET.....	106
CROHNS START.....	145	HYSINGLA ER.....	22	INVOKAMET XR.....	106
HUMIRA PEN.....	145, 146	<i>ibandronate sodium</i>	107	INVOKANA.....	107
HUMIRA PEN-CD/UC/HS		IBRANCE.....	48	<i>ipratropium bromide</i>	173
STARTER.....	146	Ibu.....	17	<i>ipratropium-albuterol</i>	172
HUMIRA PEN-		<i>ibuprofen</i>	17	<i>irbesartan</i>	61
PS/UV/ADOL HS START....	146	<i>icatibant acetate</i>	143	<i>irbesartan-hydrochlorothiazide</i>	60
HUMIRA PEN-		ICLUSIG.....	53	IRESSA.....	53
PSOR/UEVIT STARTER....	146	IDELVION.....	142	ISENTRESS.....	35
HUMULIN 70/30.....	103	IDHIFA.....	53	ISENTRESS HD.....	35
HUMULIN 70/30		ILARIS.....	146	<i>isoniazid</i>	40
KWIKPEN.....	103	ILEVRO.....	170	ISOPTO ATROPINE.....	171
HUMULIN N.....	103	ILUMYA.....	187	<i>isosorbide dinitrate</i>	69
HUMULIN N KWIKPEN... 103		<i>imatinib mesylate</i>	53	<i>isosorbide mononitrate</i>	69
HUMULIN R.....	103	IMBRUVICA.....	53	<i>isosorbide mononitrate er</i>	69
HUMULIN R U-500		IMCIVREE.....	80	<i>isotretinoin</i>	183
(CONCENTRATED).....	103	<i>imipramine hcl</i>	78	<i>isradipine</i>	66
HUMULIN R U-500		<i>imipramine pamoate</i>	78	ISTURISA.....	122
KWIKPEN.....	103	<i>imiquimod</i>	183	<i>itraconazole</i>	31
HYALGAN.....	30	<i>imiquimod pump</i>	183	<i>ivermectin</i>	33
HYCAMTIN.....	58	IMOGAM RABIES-HT.....	152	IXINITY.....	142
HYCODAN.....	177	IMPEKLO.....	191	JADENU.....	109
<i>hydralazine hcl</i>	68	IMPOYZ.....	191	JADENU SPRINKLE.....	109
HYDREA.....	57	IMURAN.....	155	JAKAFI.....	53
<i>hydrochlorothiazide</i>	67	INATAL GT.....	166	JANUMET.....	101
<i>hydrocod polst-cpm polst er</i>	177	INBRIJA.....	80	JANUMET XR.....	101
<i>hydrocodone bitartrate er</i>	21	INCRELEX.....	122	JANUVIA.....	101
<i>hydrocodone-acetaminophen</i>		INCRUSE ELLIPTA.....	173	JARDIANCE.....	107
.....	21, 22	<i>indapamide</i>	67	JENTADUETO.....	101
<i>hydrocodone-homatropine</i>	177	INDOCIN.....	17	JENTADUETO XR.....	101
<i>hydrocodone-ibuprofen</i>	22	<i>indomethacin</i>	17	Jinteli.....	117
<i>hydrocortisone</i>	119, 191	INFLECTRA.....	146	JIVI.....	140
<i>hydrocortisone (perianal)</i>	132	INGREZZA.....	92	JORNAY PM.....	86
<i>hydrocortisone butyr lipo base</i>	191	INLYTA.....	53	JUBLIA.....	185

JULUCA.....	39	<i>kroger test</i>	161	<i>letrozole</i>	50
Junel 1.5/30.....	111	KRYSTEXXA.....	16	<i>leucovorin calcium</i>	58
Junel 1/20.....	111	K-TAB.....	164	LEUKERAN.....	46
Junel Fe 1.5/30.....	111	KUVAN.....	115	LEUKINE.....	138
Junel Fe 24.....	112	KYLEENA.....	112	<i>leuprolide acetate</i>	50
JUXTAPID.....	63	KYNMOBI.....	80	<i>levabuterol hcl</i>	175
JYNARQUE.....	122	<i>labetalol hcl</i>	64	<i>levabuterol tartrate</i>	175
Kaitlib Fe.....	112	<i>lactulose</i>	128	LEVEMIR.....	104
KALBITOR.....	143	<i>lactulose encephalopathy</i>	128	LEVEMIR FLEXTOUCH..	104
KALETRA.....	39	<i>lamivudine</i>	35, 41	<i>levetiracetam</i>	74
KALYDECO.....	178	<i>lamivudine-zidovudine</i>	39	<i>levetiracetam er</i>	74
KANUMA.....	115	<i>lamotrigine</i>	74	LEVITRA.....	133
KCENTRA.....	142	<i>lamotrigine er</i>	74	<i>levobunolol hcl</i>	168
<i>kedrab</i>	152	<i>lamotrigine starter kit-blue</i>	74	<i>levocarnitine</i>	108
Kelnor 1/50.....	112	<i>lamotrigine starter kit-green</i>	74	<i>levocetirizine dihydrochloride</i> ..	174
KENALOG.....	191	<i>lamotrigine starter kit-orange</i> ...74		<i>levofloxacin</i>	44, 169
KESIMPTA.....	94	<i>lancets</i>	161	<i>levonorgest-eth estrad 91-day</i> ..	112
<i>ketoconazole</i>	31, 185, 187	<i>lancets super thin 28g</i>	161	<i>levonorgestrel-ethinyl estrad</i> ...112	
<i>ketoprofen</i>	17	LANCETS ULTRA THIN..	161	<i>levorphanol tartrate</i>	23
<i>ketoprofen er</i>	17	<i>lancets ultra thin 30g</i>	161	<i>levothyroxine sodium</i>	125
<i>ketorolac tromethamine</i>	17, 170	LANOXIN.....	66	LEVULAN KERASTICK....	194
KEVEYIS.....	67	<i>lansoprazole</i>	130, 131	LEXETTE.....	191
KEVZARA.....	146	<i>lanthanum carbonate</i>	124	LEXIVA.....	36
KINERET.....	146	LANTUS.....	104	<i>liberty test</i>	161
KISQALI (200 MG DOSE)....	48	LANTUS SOLOSTAR.....	104	LICART.....	194
KISQALI (400 MG DOSE)....	48	<i>lapatinib ditosylate</i>	53	<i>lidocaine</i>	193
KISQALI (600 MG DOSE)....	48	LASTACAFT.....	167	<i>lidocaine hcl</i>	193
KISQALI FEMARA (400		<i>latanoprost</i>	168	<i>lidocaine hcl urethrallmucosal</i> ..	193
MG DOSE).....	48	LATUDA.....	82	<i>lidocaine viscous hcl</i>	195
KISQALI FEMARA (600		LAZANDA.....	22	<i>lidocaine-prilocaine</i>	193
MG DOSE).....	48	<i>ledipasvir-sofosbuvir</i>	44	<i>lidocaine-tetracaine</i>	193
KISQALI FEMARA(200		<i>leflunomide</i>	150	LIDODERM.....	193
MG DOSE).....	48	LEMTRADA.....	94	LIFESCAN UNISTIK 2.....	161
KITABIS PAK.....	31	LENVIMA (10 MG DAILY		LIFESCAN UNISTIK II	
KLONOPIN.....	74	DOSE).....	53	LANCETS.....	161
Klor-Con.....	164	LENVIMA (12 MG DAILY		LILETTA (52 MG).....	112
Klor-Con 10.....	164	DOSE).....	53	<i>linezolid</i>	33
Klor-Con M10.....	164	LENVIMA (14 MG DAILY		LINZESS.....	127
Klor-Con M15.....	164	DOSE).....	54	<i>liothyronine sodium</i>	125
Klor-Con M20.....	164	LENVIMA (18 MG DAILY		<i>lisinopril</i>	59
KLOXXADO.....	99	DOSE).....	54	<i>lisinopril-hydrochlorothiazide</i> ...59	
KOATE.....	140	LENVIMA (20 MG DAILY		<i>lite touch lancets</i>	161
KOATE-DVI.....	140	DOSE).....	54	LITETOUCH LANCETS....	161
KOGENATE FS.....	140	LENVIMA (24 MG DAILY		<i>lithium carbonate</i>	92
KORLYM.....	122	DOSE).....	54	<i>lithium carbonate er</i>	92
KOSELUGO.....	53	LENVIMA (4 MG DAILY		LITHOBID.....	82
KOVALTRY.....	140	DOSE).....	54	LIVMARLI.....	129
<i>kp fexofenadine hcl</i>	174	LENVIMA (8 MG DAILY		LO LOESTRIN FE.....	112
<i>kp ketotifen fumarate</i>	167	DOSE).....	54	LOCOID.....	192
KRISTALOSE.....	128	LETAIRIS.....	70	LOCOID LIPOCREAM.....	192

LOKELMA.....	108	MATULANE.....	57	<i>methotrexate sodium</i>	47
LOMOTIL.....	129	Matzim La.....	66	<i>methotrexate sodium (pf)</i>	47
LONSURF.....	57	MAVENCLAD (10 TABS).....	94	<i>methoxsalen rapid</i>	187
<i>lopinavir-ritonavir</i>	39	MAVENCLAD (4 TABS).....	94	<i>methscopolamine bromide</i>	125
<i>loratadine</i>	174	MAVENCLAD (5 TABS).....	94	<i>methyl dopa</i>	68
<i>loratadine-d 24hr</i>	177	MAVENCLAD (6 TABS).....	95	<i>methylergonovine maleate</i>	122
<i>lorazepam</i>	72	MAVENCLAD (7 TABS).....	95	METHYLIN.....	86
Lorazepam Intensol.....	72	MAVENCLAD (8 TABS).....	95	<i>methylphenidate hcl</i>	87, 88
LORBRENA.....	54	MAVENCLAD (9 TABS).....	95	<i>methylphenidate hcl er</i>	87
LOREEV XR.....	72	MAVYRET.....	44	<i>methylphenidate hcl er (cd)</i>	87
LORTAB.....	23	MAXIDEX.....	170	<i>methylphenidate hcl er (la)</i>	87
<i>losartan potassium</i>	61	MAYZENT.....	95	<i>methylphenidate hcl er (xr)</i>	87
<i>losartan potassium-hctz</i>	60	MAYZENT STARTER		<i>methylprednisolone</i>	119
<i>loteprednol etabonate</i>	170	PACK.....	95	<i>methyltestosterone</i>	99
LOTREL.....	59	<i>meclofenamate sodium</i>	18	<i>metoclopramide hcl</i>	126
<i>lovastatin</i>	63	<i>medroxyprogesterone acetate</i>		<i>metolazone</i>	67
<i>loxapine succinate</i>	82	.....	112, 124	<i>metoprolol succinate er</i>	64
<i>lubiprostone</i>	127	<i>mefenamic acid</i>	18	<i>metoprolol tartrate</i>	64, 65
LUCENTIS.....	171	<i>mefloquine hcl</i>	34	<i>metoprolol-hydrochlorothiazide</i>	64
<i>luliconazole</i>	185	<i>megestrol acetate</i>	50	<i>metronidazole</i>	33, 136, 194
LUMAKRAS.....	54	MEKINIST.....	54	<i>metyrosine</i>	68
LUMIGAN.....	168	MEKTOVI.....	57	<i>miconazole 3</i>	136
LUMIZYME.....	115	<i>meloxicam</i>	18	<i>miconazole-zinc oxide-petrolat</i>	185
LUPANETA PACK.....	114	<i>melphalan</i>	47	MICRHOGAM ULTRA-	
LUPKYNIS.....	155	<i>memantine hcl</i>	76	FILTERED PLUS.....	152
LUPRON DEPOT (1-		<i>memantine hcl er</i>	76	MICRODOT TEST.....	161
MONTH).....	50	MENOPUR.....	118	MICROLET LANCETS.....	161
LUPRON DEPOT (3-		<i>meperidine hcl</i>	23	<i>midazolam hcl</i>	89
MONTH).....	50	<i>mercaptopurine</i>	47	<i>midodrine hcl</i>	68
LUPRON DEPOT (4-		<i>mesalamine</i>	127	MIGERGOT.....	90
MONTH).....	50	<i>mesalamine er</i>	127	<i>miglitol</i>	100
LUPRON DEPOT (6-		MESTINON.....	92	<i>miglustat</i>	115
MONTH).....	50	<i>metaxalone</i>	97	MIGRANAL.....	90
LUPRON DEPOT-PED (1-		<i>metformin hcl</i>	100	MILLIPRED.....	119
MONTH).....	57	<i>metformin hcl er</i>	100	Mimvey.....	117
LUPRON DEPOT-PED (3-		<i>metformin hcl er (mod)</i>	100	MINOCIN.....	46
MONTH).....	57	<i>metformin hcl er (osm)</i>	100	<i>minocycline hcl</i>	46
LUXIQ.....	192	<i>methadone hcl</i>	23	<i>minocycline hcl er</i>	46
LYNPARZA.....	48	Methadone Hcl Intensol.....	23	<i>minoxidil</i>	68
LYRICA.....	74	METHADOSE.....	23	MIRCERA.....	138
LYRICA CR.....	98	METHADOSE SUGAR-		MIRENA (52 MG).....	112
LYSODREN.....	50	FREE.....	23	<i>mirtazapine</i>	78
LYUMJEV.....	104	<i>methamphetamine hcl</i>	86	<i>misoprostol</i>	129
LYUMJEV KWIKPEN.....	104	<i>methazolamide</i>	67	<i>modafinil</i>	97
MACROBID.....	33	<i>methenamine hippurate</i>	33	<i>moexipril hcl</i>	59
MACRODANTIN.....	33	<i>methenamine mandelate</i>	33	<i>mometasone furoate</i>	179, 192
<i>mafenide acetate</i>	184	Methergine.....	122	MONONINE.....	142
MAKENA.....	124	<i>methimazole</i>	125	MONOVISC.....	30
MALARONE.....	34	<i>methocarbamol</i>	97	<i>montelukast sodium</i>	178
<i>malathion</i>	195	<i>methotrexate</i>	47	<i>morphine sulfate</i>	24

<i>morphine sulfate (concentrate)</i>	23	NATPARA.....	122	<i>nizatidine</i>	127
<i>morphine sulfate er</i>	23, 24	NAYZILAM.....	74	NORDITROPIN FLEXPEN.....	120
<i>morphine sulfate er beads</i>	23	<i>nebivolol hcl</i>	65	<i>norethin ace-eth estrad-fe</i>	112, 113
MOVANTIK.....	129	Necon 0.5/35 (28).....	112	<i>norethindrone</i>	113
MOVIPREP.....	128	<i>neomycin sulfate</i>	31	<i>norethindrone acetate</i>	124
MOXEZA.....	169	<i>neomycin-polymyxin-dexameth</i>	168	<i>norethindrone acet-ethinyl est.</i>	113
<i>moxifloxacin hcl</i>	44, 169	.....	168	<i>norethin-eth estradiol-fe</i>	113
<i>moxifloxacin hcl (2x day)</i>	169	<i>neomycin-polymyxin-hc</i>	195	<i>norgesic forte</i>	97
MS CONTIN.....	24	NEORAL.....	155	<i>norgestim-eth estrad triphasic</i>	113
MULPLETA.....	138	NEO-SYNALAR.....	184	NORPACE CR.....	61
MULTAQ.....	61	NERLYNX.....	54	NORPRAMIN.....	78
<i>mupirocin</i>	184	NEULASTA.....	138	NORTHERA.....	68
<i>mupirocin calcium</i>	184	NEULASTA ONPRO.....	138	Nortrel 0.5/35 (28).....	113
MUSE.....	133	NEUPOGEN.....	138	Nortrel 1/35 (21).....	113
MYALEPT.....	115	NEUPRO.....	80	Nortrel 7/7/7.....	113
MYAMBUTOL.....	40	NEURONTIN.....	74	<i>nortriptyline hcl</i>	78
MYCAPSSA.....	122	NEUTEK 2TEK TEST.....	161	NORVIR.....	36
<i>mycophenolate mofetil</i>	155	NEVANAC.....	170	NOURIANZ.....	81
<i>mycophenolate sodium</i>	155	<i>nevirapine</i>	36	NOVAREL.....	118
MYDAYIS.....	88	<i>nevirapine er</i>	36	NOVOEIGHT.....	140
MYFORTIC.....	155	NEXAVAR.....	54	NOVOLIN 70/30.....	104
MYLERAN.....	47	NEXIUM.....	131	NOVOLIN 70/30 FLEXPEN.....	104
Myorisan.....	183	NEXIUM 24HR.....	131	NOVOLIN N.....	104
MYRBETRIQ.....	135	NEXLETOL.....	61	NOVOLIN N FLEXPEN.....	104
MYTESI.....	129	NEXLIZET.....	61	NOVOLIN R.....	105
<i>na ferric gluc cplx in sucrose</i>	166	NEXPLANON.....	112	NOVOLIN R FLEXPEN.....	104
NABI-HB.....	153	NEXTSTELLIS.....	112	NOVOLOG.....	105
<i>nabumetone</i>	18	<i>niacin er (antihyperlipidemic)</i>	63	NOVOLOG FLEXPEN.....	105
<i>nadolol</i>	65	NIACOR.....	63	NOVOLOG MIX 70/30.....	105
<i>naftifine hcl</i>	185	<i>nicardipine hcl</i>	66	NOVOLOG MIX 70/30	
NAFTIN.....	185	NICOMIDE.....	166	FLEXPEN.....	105
NAGLAZYME.....	115	<i>nicotinamide</i>	166	NOVOLOG PENFILL.....	105
<i>nalocet</i>	24	NICOTROL.....	99	NOVOSEVEN RT.....	137
<i>naloxone hcl</i>	99	NICOTROL NS.....	99	<i>np thyroid</i>	125
<i>naltrexone hcl</i>	99	<i>nifedipine er</i>	66	NPLATE.....	139
NAMZARIC.....	76, 77	<i>nifedipine er osmotic release</i>	66	NUBEQA.....	50
NAPRELAN.....	18	NILANDRON.....	50	NUCALA.....	176
NAPROSYN.....	18	<i>nilutamide</i>	50	NUCYNTA.....	25
<i>naproxen</i>	18	<i>nimodipine</i>	66	NUCYNTA ER.....	25
<i>naproxen sodium</i>	18	NINLARO.....	58	NUEDEXTA.....	92
<i>naproxen sodium er</i>	18	<i>nisoldipine er</i>	66	NULOJIX.....	155
<i>naproxen-esomeprazole</i>	18	<i>nitazoxanide</i>	33	NUPLAZID.....	82
<i>naratriptan hcl</i>	91	<i>nitisinone</i>	115	NURTEC.....	91
NARCAN.....	99	NITRO-DUR.....	69	NUTROPIN AQ NUSPIN 10	
NARDIL.....	78	<i>nitrofurantoin</i>	33	.....	120
NASACORT ALLERGY		<i>nitrofurantoin macrocrystal</i>	33	NUTROPIN AQ NUSPIN 20	
24HR.....	179	<i>nitrofurantoin monohyd macro</i>	33	.....	120
NATAZIA.....	112	<i>nitroglycerin</i>	69	NUTROPIN AQ NUSPIN 5.....	120
<i>nateglinide</i>	106	NITYR.....	115	NUVARING.....	113
NATESTO.....	99	NIVESTYM.....	138	NUWIQ.....	140, 141

<i>nystatin</i>	31, 185, 195	OPTIONS GYNOL II	PARAGARD
<i>nystatin-triamcinolone</i>	185	CONTRACEPTIVE.....	INTRAUTERINE COPPER 113
NYVEPRIA.....	139	OPTIUM TEST.....	<i>paricalcitol</i>
<i>obizur</i>	141	OPTIUMEZ TEST.....	166
OICALIVA.....	129	ORALAIR.....	PARNATE.....
OCTAGAM.....	153	ORENCIA.....	78
<i>octreotide acetate</i>	122	ORENCIA CLICKJECT.....	<i>paromomycin sulfate</i>
ODEFSEY.....	40	ORENITRAM.....	31
ODOMZO.....	48	ORFADIN.....	<i>paroxetine hcl</i>
OFEV.....	179	ORGOVYX.....	79
<i>ofloxacin</i>	169, 195	ORIAHNN.....	<i>paroxetine hcl er</i>
<i>olanzapine</i>	82	ORILISSA.....	79
<i>olmesartan medoxomil</i>	61	ORKAMBI.....	<i>paroxetine mesylate</i>
<i>olmesartan medoxomil-hctz</i>	60	ORLADEYO.....	79
<i>olmesartan-amlodipine-hctz</i>	60	<i>orphenadrine-asa-caffeine</i>	108
<i>olopatadine hcl</i>	174	ORTHOVISC.....	<i>peg 3350-kcl-na bicarb-nacl</i>
OLUMIANT.....	146	<i>oseltamivir phosphate</i>	128
OLUX.....	192	OSPHENA.....	<i>peg-3350/electrolytes</i>
OLUX-E.....	192	OTEZLA.....	128
<i>omega-3-acid ethyl esters</i>	63	OTREXUP.....	PEGASYS.....
<i>omeprazole</i>	131	OVIDE.....	44
<i>omeprazole magnesium</i>	131	OVIDREL.....	PEGASYS PROCLICK.....
<i>omeprazole-sodium</i>		<i>oxandrolone</i>	<i>peg-kcl-nacl-nasulf-na asc-c</i>
<i>bicarbonate</i>	131	<i>oxaprozin</i>	128
OMNIFLEX DIAPHRAGM.....	156	OXAYDO.....	PEG-REP.....
OMNIPOD 5 PACK.....	161	OXAZEPAM.....	128
OMNIPOD STARTER.....	161	OXBRYTA.....	PEMAZYRE.....
OMNITROPE.....	121	<i>oxcarbazepine</i>	57
<i>ondansetron</i>	126	OXERVATE.....	<i>penicillamine</i>
<i>ondansetron hcl</i>	126	<i>oxiconazole nitrate</i>	108
ONETOUCH CLUB		OXISTAT.....	<i>penicillin v potassium</i>
LANCETS FINE PT.....	162	OXTELLAR XR.....	45
ONETOUCH DELICA		<i>oxybutynin chloride</i>	<i>pentamidine isethionate</i>
LANCETS 30G.....	162	<i>oxybutynin chloride er</i>	33
ONETOUCH DELICA		<i>oxycodone hcl</i>	PENTASA.....
LANCETS 33G.....	162	<i>oxycodone hcl er</i>	127
ONETOUCH DELICA		<i>oxycodone-acetaminophen</i>	<i>pentazocine-naloxone hcl</i>
LANCING DEV.....	162	OXYCONTIN.....	19
ONETOUCH DELICA		<i>oxymorphone hcl</i>	<i>pentoxifylline er</i>
PLUS LANCET30G.....	162	<i>oxymorphone hcl er</i>	143
ONETOUCH FINEPOINT		OZEMPIC (0.25 OR 0.5	PERCOCET.....
LANCETS.....	162	MG/DOSE).....	27
ONETOUCH ULTRA.....	162	OZEMPIC (1 MG/DOSE)....	PERFOROMIST.....
ONETOUCH ULTRASOFT		<i>paliperidone er</i>	175
LANCETS.....	162	PALYNZIQ.....	<i>perindopril erbumine</i>
ONETOUCH VERIO.....	162	PAMELOR.....	59
ONEXTON.....	183	<i>pamidronate disodium</i>	195
ONUREG.....	47	PANDEL.....	<i>permethrin</i>
ONZETRA XSAIL.....	91	<i>pantoprazole sodium</i>	82
OPSUMIT.....	70	PANZYGA.....	<i>perphenazine</i>
			82
			<i>perphenazine-amitriptyline</i>
			99
			<i>phendimetrazine tartrate</i>
			92
			<i>phenelzine sulfate</i>
			79
			<i>phenobarbital</i>
			75
			<i>phenoxybenzamine hcl</i>
			68
			<i>phentermine hcl</i>
			92
			<i>phenytoin</i>
			75
			<i>phenytoin sodium extended</i>
			75
			PHOSLYRA.....
			124
			Phospho-Trin 250 Neutral....
			164
			<i>phytonadione</i>
			166
			PIFELTRO.....
			36
			<i>pilocarpine hcl</i>
			168, 195
			<i>pimecrolimus</i>
			194
			<i>pimozide</i>
			92
			<i>pindolol</i>
			65
			<i>pioglitazone hcl</i>
			105
			<i>pioglitazone hcl-glimepiride</i>
			105
			<i>pioglitazone hcl-metformin hcl</i>
			105
			PIQRAY (200 MG DAILY
			DOSE).....
			54
			PIQRAY (250 MG DAILY
			DOSE).....
			54

PIQRAY (300 MG DAILY DOSE).....	54	<i>pregabalin er</i>	98	PRUDOXIN.....	185
<i>piroxicam</i>	18	PREGNYL.....	118	<i>psorcon</i>	192
PLAQUENIL.....	150	PREMARIN.....	117	PULMICORT	
PLEGRIDY.....	95	<i>premium blood glucose test</i>	162	FLEXHALER.....	180
PLEGRIDY STARTER		PREMPHASE.....	117	PULMOZYME.....	179
PACK.....	95	PREMPRO.....	117	PURIXAN.....	47
PLENVU.....	128	PRENATABS RX.....	166	PYLERA.....	129
PLIAGLIS.....	193	PREVACID.....	131	<i>pyrazinamide</i>	40
<i>pnv-dha</i>	166	PREVACID SOLUTAB.....	131	<i>pyridostigmine bromide</i>	92
<i>podofilox</i>	194	Previfem.....	113	<i>pyridostigmine bromide er</i>	92
<i>polymyxin b-trimethoprim</i>	169	PREVYMIS.....	41	<i>pyrimethamine</i>	33
POMALYST.....	154	PREZCOBIX.....	40	<i>qc lansoprazole</i>	132
PONVORY.....	95	PREZISTA.....	36	QDOLO.....	27
PONVORY STARTER		PRIALT.....	16	QELBREE.....	88
PACK.....	95	PRILOSEC.....	131	QINLOCK.....	57
<i>posaconazole</i>	32	PRILOSEC OTC.....	131	QSYMIA.....	93
<i>pot & sod cit-cit ac</i>	134	<i>primaquine phosphate</i>	34	QTERN.....	106
<i>potassium chloride</i>	164	<i>primidone</i>	75	<i>quad-mix</i>	134
<i>potassium chloride crys er</i>	164	PRIVIGEN.....	153	<i>quazepam</i>	89
<i>potassium chloride er</i>	164	PROAIR HFA.....	175	<i>quetiapine fumarate</i>	82
<i>potassium citrate er</i>	134	PROAIR RESPICLICK.....	175	<i>quetiapine fumarate er</i>	82
PRALUENT.....	63	<i>probenecid</i>	16	QUILLICHEW ER.....	88
<i>pramipexole dihydrochloride</i>	81	Procentra.....	88	QUILLIVANT XR.....	88
<i>pramipexole dihydrochloride er</i>	81	<i>prochlorperazine maleate</i>	126	<i>quinapril hcl</i>	60
<i>prasugrel hcl</i>	144	PROCRIT.....	139	<i>quinapril-hydrochlorothiazide</i> ... 59	
<i>pravastatin sodium</i>	63	PROCTOFOAM HC.....	132	<i>quinine sulfate</i>	34
<i>praziquantel</i>	33	Proctozone-Hc.....	132	QUINTET AC BLOOD	
<i>prazosin hcl</i>	60	PROCYSBI.....	122, 123	GLUCOSE TEST.....	162
PRECISION PCX.....	162	PROFILNINE.....	142	QUINTET BLOOD	
PRECISION PCX PLUS		<i>progesterone</i>	124	GLUCOSE TEST.....	163
TEST.....	162	PROGRAF.....	155	QVAR REDIHALER.....	180
PRECISION POINT OF		PROLASTIN-C.....	178	<i>ra omeprazole</i>	132
CARE TEST.....	162	PROLATE.....	27	<i>rabeprazole sodium</i>	132
PRECISION QID TEST.....	162	PROLIA.....	123	RAGWITEK.....	144
PRECISION SOF-TACT		PROMACTA.....	139	<i>raloxifene hcl</i>	123
TEST.....	162	<i>promethazine hcl</i>	126	<i>ramelteon</i>	89
PRECISION THINS GP		<i>promethazine-codeine</i>	177	<i>ramipril</i>	60
LANCETS.....	162	<i>promethazine-dm</i>	177	<i>ranolazine er</i>	69
PRECISION XTRA BLOOD		<i>promethazine-phenyleph-</i>		RAPAMUNE.....	155
GLUCOSE.....	162	<i>codeine</i>	177	<i>rasagiline mesylate</i>	81
PRECOSE.....	100	<i>promethazine-phenylephrine</i> ... 177		RASUVO.....	150
PRED FORTE.....	170	PROMETHEGAN.....	126	RAVICTI.....	115
PRED MILD.....	170	PROMETRIUM.....	124	REBIF.....	96
<i>prednicarbate</i>	192	<i>propafenone hcl</i>	61	REBIF REBIDOSE.....	95
<i>prednisolone</i>	119	<i>propafenone hcl er</i>	61	REBIF REBIDOSE	
<i>prednisolone acetate</i>	170	<i>propranolol hcl</i>	65	TITRATION PACK.....	96
<i>prednisolone sodium phosphate</i>	119	<i>propranolol hcl er</i>	65	REBIF TITRATION PACK.. 96	
<i>prednisone</i>	119	<i>propylthiouracil</i>	125	REBINYN.....	142
<i>pregabalin</i>	75	PROTONIX.....	132	RECLAST.....	107
		<i>protriptyline hcl</i>	79	Reclipsen.....	113

RECOMBINATE.....	141	ROCALTROL.....	166	<i>sildenafil citrate</i>	70
REDITREX.....	151	ROCKLATAN.....	171	SILIQ.....	187
RELENZA DISKHALER.....	41	<i>ropinirole hcl</i>	81	<i>silodosin</i>	133
RELEXXII.....	88	<i>ropinirole hcl er</i>	81	SILVADENE.....	184
RELION BLOOD		<i>rosuvastatin calcium</i>	63	<i>silver sulfadiazine</i>	184
GLUCOSE TEST.....	163	ROXICODONE.....	27	SIMBRINZA.....	168
RELION ULTIMA TEST....	163	ROZLYTREK.....	55	SIMPLE DIAGNOSTICS	
REMICADE.....	147	RUBRACA.....	48	LANCING DEV.....	163
REMODULIN.....	70	RUCONEST.....	143	SIMPONI.....	147
RENFLEXIS.....	147	<i>rufinamide</i>	75	SIMPONI ARIA.....	147
<i>reno caps</i>	166	RUKOBIA.....	37	<i>simvastatin</i>	63
<i>repaglinide</i>	106	RUZURGI.....	93	<i>sirolimus</i>	156
REPATHA.....	63	RYBELSUS.....	101	SIRTURO.....	40
REPATHA PUSHTRONEX		RYCLORA.....	174	SKELAXIN.....	97
SYSTEM.....	63	RYDAPT.....	48	SKYLA.....	113
REPATHA SURECLICK.....	63	RYTHMOL SR.....	61	SKYRIZI.....	147
RESTASIS.....	171	SABRIL.....	75	SKYRIZI (150 MG DOSE)..	147
RESTASIS MULTIDOSE....	171	SAIZEN.....	121	SKYRIZI PEN.....	147
RETACRIT.....	139	SAIZENPREP.....	121	SKYTROFA.....	121
RETEVMO.....	54	SALAGEN.....	195	SLYND.....	113
RETIN-A MICRO.....	183	SAMSCA.....	123	<i>sm loratadine</i>	174
RETIN-A MICRO PUMP....	183	SANCUSO.....	126	<i>sm loratadine allergy relief</i>	174
RETROVIR.....	36	SANDIMMUNE.....	156	<i>sm loratadine d 12hr</i>	177
REVATIO.....	70	SANDOSTATIN.....	123	<i>sod benz-sod phenylacet</i>	116
REVLIMID.....	154	SANDOSTATIN LAR		<i>sodium chloride</i>	179
REYATAZ.....	36, 37	DEPOT.....	123	<i>sodium fluoride</i>	166
REYVOW.....	91	<i>sapropterin dihydrochloride</i>		<i>sodium phenylbutyrate</i>	116
REZUROCK.....	156	.....	115, 116	<i>sodium polystyrene sulfonate</i> ..	108
RHOGAM ULTRA-		<i>sapsicare twist top lancets</i>	163	<i>sofosbuvir-velpatasvir</i>	44
FILTERED PLUS.....	153	SAVELLA.....	93	<i>solifenacin succinate</i>	135
RHOPHYLAC.....	153	SAVELLA TITRATION		SOLQUA.....	102
RHOPRESSA.....	171	PACK.....	93	SOMA.....	97
RIASTAP.....	142	SAXENDA.....	107	SOMATULINE DEPOT.....	123
<i>ribavirin</i>	44	<i>scopolamine</i>	126	SOMAVERT.....	123
<i>rifabutin</i>	40	SEASONIQUE.....	113	SOOLANTRA.....	194
<i>rifampin</i>	40	<i>selegiline hcl</i>	81	SORILUX.....	187
<i>riluzole</i>	93	SELZENTRY.....	37	<i>sotalol hcl</i>	65
<i>rimantadine hcl</i>	41	SEMGLEE.....	105	<i>sotalol hcl (af)</i>	65
RINVOQ.....	147	SENSIPAR.....	108	SOVALDI.....	44, 45
<i>risedronate sodium</i>	107	SEREVENT DISKUS.....	175	<i>spinosad</i>	195
RISPERDAL CONSTA.....	83	SERNIVO.....	192	SPIRIVA HANDIHALER...	173
<i>risperidone</i>	83	SEROSTIM.....	121	SPIRIVA RESPIMAT.....	173
RITALIN.....	88	<i>sertraline hcl</i>	79	<i>spironolactone</i>	67
RITALIN LA.....	88	<i>sevelamer carbonate</i>	124	<i>spironolactone-hctz</i>	67
<i>ritonavir</i>	37	<i>sevelamer hcl</i>	124	SPRAVATO (56 MG DOSE).	79
<i>rivastigmine</i>	77	SEVENFACT.....	137	SPRAVATO (84 MG DOSE).	79
<i>rivastigmine tartrate</i>	77	SHUR-SEAL		SPRIX.....	18
Rivelsa.....	113	CONTRACEPTIVE.....	133	SPRYCEL.....	55
<i>rixubis</i>	142	SIGNIFOR.....	123	SPS.....	108
<i>rizatriptan benzoate</i>	91	SIGNIFOR LAR.....	123	Ssd.....	184

<i>stavudine</i>	37	SYNAREL.....	123	<i>testosterone</i>	100
STELARA.....	148	SYNERA.....	193	<i>testosterone cypionate</i>	100
STENDRA.....	134	SYNJARDY.....	106	<i>testosterone enanthate</i>	100
STIMATE.....	125	SYNJARDY XR.....	106	<i>tetrabenazine</i>	93
STIOLTO RESPIMAT.....	173	SYNTHROID.....	125	<i>tetracycline hcl</i>	46
STIVARGA.....	55	SYNVISC.....	30	TEXACORT.....	192
STRATTERA.....	88	SYNVISC ONE.....	30	THALOMID.....	154
STRENSIQ.....	116	SYPRINE.....	108	THEO-24.....	181
STRIBILD.....	40	TABLOID.....	47	<i>theophylline</i>	181
STRIVERDI RESPIMAT....	175	TABRECTA.....	57	<i>theophylline er</i>	181
SUBLOCADE.....	29	<i>tacrolimus</i>	156, 194	THIOLA.....	134
SUBOXONE.....	19	<i>tadalafil</i>	70, 134	THIOLA EC.....	134
SUBSYS.....	27, 28	<i>tadalafil (pah)</i>	70	<i>thioridazine hcl</i>	83
SUCRAID.....	130	TAFINLAR.....	55	<i>thiothixene</i>	83
<i>sucralfate</i>	129	TAGRISO.....	55	THYROGEN.....	163
<i>sulconazole nitrate</i>	185	TAKHZYRO.....	143	<i>tiagabine hcl</i>	75
<i>sulfacetamide sodium</i>	169	TALTZ.....	148, 149	TIBSOVO.....	57
<i>sulfacetamide sodium (acne)</i> ..	183	TALZENNA.....	48	TIKOSYN.....	61
<i>sulfacetamide-prednisolone</i>	168	<i>tamoxifen citrate</i>	50	Tilia Fe.....	113
<i>sulfamethoxazole-trimethoprim</i>	33	<i>tamsulosin hcl</i>	133	<i>timolol maleate</i>	65, 168
<i>sulfasalazine</i>	127	TAPERDEX 12-DAY.....	119	<i>timolol maleate pf</i>	168
<i>sulindac</i>	18	Taperdex 6-Day.....	119	<i>tinidazole</i>	31
<i>sumatriptan</i>	91	TAPERDEX 7-DAY.....	119	<i>tiopronin</i>	134
<i>sumatriptan succinate</i>	91	TARCEVA.....	55	TIVICAY.....	37
<i>sumatriptan succinate refill</i>	91	TARGRETIN.....	57, 194	TIVICAY PD.....	37
<i>sumatriptan-naproxen sodium</i> ..	91	TASIGNA.....	55	<i>tizanidine hcl</i>	97
<i>sunitinib malate</i>	55	TAVALISSE.....	143	TOBI.....	31
SUNOSI.....	97	TAVNEOS.....	143	TOBI PODHALER.....	31
SUPARTZ FX.....	30	<i>tazarotene</i>	187	TOBRADEX.....	168
<i>super bi-mix</i>	134	TAZORAC.....	187	TOBRADEX ST.....	168
<i>super quad-mix</i>	134	TAZVERIK.....	57	<i>tobramycin</i>	31, 169
<i>super thin lancets</i>	163	TECFIDERA.....	96	<i>tobramycin-dexamethasone</i>	168
<i>super tri-mix</i>	134	TEGSEDI.....	98	TODAY SPONGE.....	133
SUPRAX.....	42, 43	TEKTURN HCT.....	66	<i>tolterodine tartrate</i>	135
SUPREME TEST.....	163	<i>telmisartan</i>	61	<i>tolterodine tartrate er</i>	135
SUPREP BOWEL PREP KIT		<i>telmisartan-amlodipine</i>	60	<i>tolvaptan</i>	123
.....	128	<i>telmisartan-hctz</i>	60	TOPICORT.....	193
SUSTIVA.....	37	<i>temazepam</i>	89	TOPICORT SPRAY.....	193
SUTAB.....	128	TEMIXYS.....	40	<i>topiramate</i>	75
SUTENT.....	55	TEMODAR.....	47	<i>topiramate er</i>	75
SYMBICORT.....	181	TEMOVATE.....	192	TOPROL XL.....	65
SYMDEKO.....	179	<i>temozolomide</i>	47	<i>toremifene citrate</i>	50
SYMFI.....	40	<i>tenofovir disoproxil fumarate</i>	37	<i>torse mide</i>	67
SYMFI LO.....	40	TEPMETKO.....	55	TOUJEO MAX SOLOSTAR.....	105
SYMJEPI.....	172	<i>terazosin hcl</i>	60	TOUJEO SOLOSTAR.....	105
SYMLINPEN 120.....	100	<i>terbinafine hcl</i>	32	TOVIAZ.....	135
SYMLINPEN 60.....	100	<i>terbutaline sulfate</i>	175	TRACLEER.....	70
SYMTUZA.....	40	<i>terconazole</i>	136	TRADJENTA.....	101
SYNAGIS.....	41	<i>teriparatide (recombinant)</i>	123	<i>tramadol hcl</i>	28
SYNALAR.....	192	TESSALON PERLES.....	177	<i>tramadol hcl er</i>	28

<i>tramadol hcl er (biphasic)</i>	28	TRUDHESA.....	91	VALCHLOR.....	194
<i>tramadol-acetaminophen</i>	28	<i>true focus blood glucose strip</i> ..	163	VALCYTE.....	41
<i>trandolapril</i>	60	TRUE METRIX BLOOD		<i>valganciclovir hcl</i>	42
<i>trandolapril-verapamil hcl er</i>	59	GLUCOSE TEST.....	163	VALIUM.....	75
<i>tranexamic acid</i>	144	TRUEPLUS LANCETS 26G163		<i>valproic acid</i>	75
TRANXENE-T.....	75	TRUEPLUS LANCETS 30G163		<i>valsartan</i>	61
<i>tranylcypromine sulfate</i>	79	TRUEPLUS SAFETY		<i>valsartan-hydrochlorothiazide</i> ...61	
<i>travoprost (bak free)</i>	168	LANCETS 28G.....	163	VALTOCO 10 MG DOSE.....	75
<i>trazodone hcl</i>	79	TRUETEST TEST.....	163	VALTOCO 15 MG DOSE.....	76
TRELEGY ELLIPTA.....	173	TRUETRACK TEST.....	163	VALTOCO 20 MG DOSE.....	76
TRELSTAR MIXJECT.....	50	TRULICITY.....	101	VALTOCO 5 MG DOSE.....	76
TREMFYA.....	149	TRUSELTIQ (100MG		VANCOCIN.....	33
<i>treprostinil</i>	70	DAILY DOSE).....	55	VANCOCIN HCL.....	33
TRESIBA.....	105	TRUSELTIQ (125MG		<i>vancomycin hcl</i>	33, 34
TRESIBA FLEXTOUCH.....	105	DAILY DOSE).....	55	VANOS.....	193
<i>tretinoin</i>	57, 183	TRUSELTIQ (50MG DAILY		<i>varidenafil hcl</i>	134
<i>tretinoin microsphere</i>	183	DOSE).....	55	<i>varenicline tartrate</i>	99
TRETTEN.....	142	TRUSELTIQ (75MG DAILY		VARIZIG.....	153
TREXALL.....	47	DOSE).....	55	VARUBI (180 MG DOSE)...	126
TREXIMET.....	91	TRUVADA.....	40	VASCEPA.....	63
<i>triamcinolone acetonide</i>		TUKYSA.....	56	VCF VAGINAL	
.....	179, 193, 195	TURALIO.....	56	CONTRACEPTIVE.....	133
<i>triamterene</i>	67	TUSSICAPS.....	177	VECAMYL.....	69
<i>triamterene-hctz</i>	67	TUXARIN ER.....	177	VECTICAL.....	187
<i>triazolam</i>	89	TUZISTRA XR.....	177	VELETRI.....	71
TRIDESILON.....	193	TWIRLA.....	114	Velivet.....	114
<i>trientine hcl</i>	108	TYBLUME.....	114	VELPHORO.....	124
<i>trifluoperazine hcl</i>	83	TYBOST.....	37	VELTASSA.....	109
<i>trifluridine</i>	169	TYKERB.....	56	VEMLIDY.....	42
<i>trihexyphenidyl hcl</i>	81	TYMLOS.....	123	VENCLEXTA.....	58
TRIJARDY XR.....	101	TYSABRI.....	96	VENCLEXTA STARTING	
TRIKAFTA.....	179	TYVASO.....	70	PACK.....	59
Tri-Legest Fe.....	114	TYVASO REFILL.....	71	<i>venlafaxine hcl</i>	79
Tri-Lo-Sprintec.....	114	TYVASO STARTER.....	71	<i>venlafaxine hcl er</i>	79
TRILURON.....	30	UBRELVY.....	91	VENOFER.....	167
<i>trimethobenzamide hcl</i>	126	UDENYCA.....	139	VENTAVIS.....	71
<i>trimethoprim</i>	33	UKONIQ.....	56	<i>verapamil hcl</i>	66
<i>trimipramine maleate</i>	79	ULTRACET.....	28	<i>verapamil hcl er</i>	66
TRINATE.....	166	ULTRAM.....	28	VERDESO.....	193
<i>trinaz</i>	166	ULTRAVATE.....	193	VERZENIO.....	48
TRINTELLIX.....	79	UNISTRIP1 GENERIC.....	163	VFEND.....	32
Tri-Previfem.....	114	UPTRAVI.....	71	V-GO 20.....	163
TRIPTODUR.....	123	UROCIT-K 10.....	134	V-GO 30.....	163
TRIUMEQ.....	40	UROCIT-K 15.....	134	V-GO 40.....	163
TRIVISC.....	30	UROCIT-K 5.....	134	VIAGRA.....	134
TRIZIVIR.....	40	UROXATRAL.....	133	VIBERZI.....	127
TROKENDI XR.....	75	URSO 250.....	129	VIBRAMYCIN.....	46
<i>tropicamide</i>	171	URSO FORTE.....	129	VICTOZA.....	102
<i>tropium chloride</i>	135	<i>ursodiol</i>	129	VIEKIRA PAK.....	45
<i>tropium chloride er</i>	135	<i>valacyclovir hcl</i>	41	<i>vigabatrin</i>	76

Vigadrone.....	76	XALKORI.....	56	<i>zafirlukast</i>	178
VIIBRYD.....	79	XANAX.....	72	<i>zaleplon</i>	89
VIIBRYD STARTER PACK.....	79	XANAX XR.....	72	<i>zalvit</i>	167
VIMIZIM.....	116	XARELTO.....	137	ZARXIO.....	139
VIMPAT.....	76	XARELTO STARTER		ZAVESCA.....	116
VIOKACE.....	130	PACK.....	137	ZEGERID.....	132
VIRACEPT.....	37	XATMEP.....	47	ZEJULA.....	48
VIRAMUNE XR.....	38	XELJANZ.....	149	ZELBORAF.....	56
VIREAD.....	38	XELJANZ XR.....	150	ZEMAIRA.....	179
VISCO-3.....	30	XELODA.....	47	ZEMBRACE SYMTOUCH... 91	
VISTOGARD.....	58	XEMBIFY.....	153	ZEMPLAR.....	167
VISUDYNE.....	171	XENAZINE.....	93	Zenatane.....	183
<i>vitamin d (ergocalciferol)</i>	167	XEOMIN.....	97	ZENPEP.....	130
VITRAKVI.....	56	XERMELO.....	129	Zenzedi.....	89
VIVITROL.....	99	XGEVA.....	123	ZENZEDI.....	89
VIZIMPRO.....	56	XIAFLEX.....	172	ZEPATIER.....	45
VONVENDI.....	142	XIFAXAN.....	34	ZEPOSIA.....	96
<i>voriconazole</i>	32	XIGDUO XR.....	106	ZEPOSIA 7-DAY STARTER	
VOSEVI.....	45	XIIDRA.....	170	PACK.....	96
VOTRIENT.....	56	XODOL.....	28	ZEPOSIA STARTER KIT....	96
VPRIV.....	116	XOLAIR.....	176	ZERVIAE.....	167
VRAYLAR.....	83	XOLEGEL.....	185	ZIAC.....	64
VTOL LQ.....	16	XOSPATA.....	56	ZIAGEN.....	38
VUMERITY.....	96	XPOVIO (100 MG ONCE		ZIANA.....	183
VYNDAMAX.....	69	WEEKLY).....	58	<i>zidovudine</i>	38
VYENDAQEL.....	69	XPOVIO (40 MG ONCE		ZIEXTENZO.....	139
VYVANSE.....	89	WEEKLY).....	58	<i>zileuton er</i>	177
WAKIX.....	97	XPOVIO (40 MG TWICE		ZIOPTAN.....	168
<i>warfarin sodium</i>	136	WEEKLY).....	58	<i>ziprasidone hcl</i>	83
WEGOVY.....	107	XPOVIO (60 MG ONCE		<i>ziprasidone mesylate</i>	83
WELIREG.....	58	WEEKLY).....	58	ZOKINVY.....	124
WIDE-SEAL DIAPHRAGM		XPOVIO (60 MG TWICE		<i>zoledronic acid</i>	107, 108
60.....	156	WEEKLY).....	58	ZOLINZA.....	49
WIDE-SEAL DIAPHRAGM		XPOVIO (80 MG ONCE		<i>zolmitriptan</i>	91
65.....	156	WEEKLY).....	58	<i>zolpidem tartrate</i>	90
WIDE-SEAL DIAPHRAGM		XPOVIO (80 MG TWICE		<i>zolpidem tartrate er</i>	89
70.....	157	WEEKLY).....	58	ZOLPIMIST.....	90
WIDE-SEAL DIAPHRAGM		XTAMPZA ER.....	28	ZOMACTON.....	121
75.....	157	XTANDI.....	50	ZOMACTON (FOR ZOMA-	
WIDE-SEAL DIAPHRAGM		Xulane.....	114	JET 10).....	121
80.....	157	XULTOPHY.....	102	ZOMIG.....	91
WIDE-SEAL DIAPHRAGM		XURIDEN.....	124	ZONALON.....	185
85.....	157	XYNTHA.....	141	ZONEGRAN.....	76
WIDE-SEAL DIAPHRAGM		XYNTHA SOLOFUSE.....	141	<i>zonisamide</i>	76
90.....	157	XYREM.....	98	ZORBTIVE.....	121
WIDE-SEAL DIAPHRAGM		XYWAV.....	98	ZORTRESS.....	156
95.....	157	XYZAL ALLERGY 24HR... 175		ZORVOLEX.....	18
WILATE.....	137	YONSA.....	50	ZTLIDO.....	193
WINRHO SDF.....	153	YUPELRI.....	173	ZUBSOLV.....	19
Wixela Inhub.....	181	ZADITOR.....	167	ZYCLARA.....	184

ZYCLARA PUMP	184
ZYDELIG.....	56
ZYKADIA.....	56
ZYLET	169
ZYRTEC ALLERGY	175
ZYRTEC CHILDRENS ALLERGY	175
ZYTIGA.....	51