

Plan for your best health

2018 Aetna Pharmacy Drug Guide
Aetna Small Group ACA Plan: NY

aetna[®]

How to use this guide

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

Your plan includes

- Brand and generic drugs that are hand-picked for their quality and effectiveness
- Aetna 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
- Aetna Rx Home Delivery® pharmacy that delivers maintenance drugs to your home or wherever you choose (for drugs that are taken regularly to treat conditions like arthritis, diabetes or asthma)

What you can expect to pay

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

Each drug is grouped as a generic, a brand or a specialty drug. The preferred drugs within these groups will generally save you money compared to a non-preferred drug. 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:** the lowest cost
- **Preferred brand:** a slightly higher cost
- **Non-preferred brand:** a higher cost
- **Preferred Specialty:** lower cost for specialty drugs
- **Non-preferred specialty:** higher cost for non-preferred specialty drugs

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

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

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

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

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company and its affiliates (Aetna). Aetna Pharmacy Management refers to an internal business unit of Aetna Health Management, LLC. Aetna Pharmacy Management administers, but does not offer, insure or otherwise underwrite the prescription drug benefits portion of your health plan and has no financial responsibility therefor. Aetna Specialty Pharmacy refers to Aetna Specialty Pharmacy, LLC, a subsidiary of Aetna Inc., which is a licensed pharmacy that operates through specialty pharmacy prescription fulfillment.

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."

Aetna Specialty Pharmacy

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

How to get started with Aetna Specialty Pharmacy

Ordering your prescription through Aetna Specialty Pharmacy is easy. And we typically offer a 30-day medicine supply.

- **To transfer your prescription**, just call us toll-free at **1-866-353-1892**.
- **For a new prescription**, your doctor can send it to us in one of four ways:
 - 1. Electronically:** Through e-prescribe
 - 2. Fax: 1-866-FAX-ASRX (1-866-329-2779)**
 - 3. Mail:**
Aetna Specialty Pharmacy
503 Sunport Lane
Orlando, FL 32809
 - 4. Phone: 1-866-782-ASRX (1-866-782-2779), option 2**

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

Aetna Rx Home Delivery

You can have maintenance drugs sent right to your home or anywhere else you choose with Aetna Rx Home Delivery® pharmacy. These are drugs that are taken regularly for chronic conditions like arthritis, 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 deaf, 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.
- Check to see if your plan includes our home delivery pharmacy service. Depending upon your plan, 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.
- Remind your doctor to check your plan to make sure you get maximum coverage.

What are generic drugs?

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

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

What is precertification?

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

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

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

What is step therapy?

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

The prerequisite drugs are equally effective, 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 alternative drug first, you may need to pay full cost for the brand-name version.

What are quantity limits?

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

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

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

In certain cases, you or your prescriber can request a medical exception to the precertification, step therapy or quantity limits requirements. And also for a drug that's not covered in your plan. If you ask for your request to be expedited, a coverage determination will be made within 24 hours of receiving it.

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

How can your provider request a medical exception?

- Submit their request through our secure provider website on NaviNet®.
- Call the Aetna Pharmacy Precertification Unit at **1-855-240-0535**.
- Fax the completed request form to **1-877-269-9916**.
- Mail the completed request form to:
Aetna Pharmacy Management
1300 East Campbell Road
Richardson, TX 75081

How is the formulary (drug list) developed?

Our Pharmacy and Therapeutics Committee meets regularly to review new drugs and new information about current drugs. We review them for their safety, effectiveness and current use in therapy.

This committee includes licensed pharmacists and doctors. They are currently in practice or are Aetna employees.

Once we complete our clinical review, we also consider overall value before adding or removing a drug from the formulary. We may recommend moving a drug to a different coverage level. Or that it be placed on our Formulary Exclusions List and no longer be covered.

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 brand-name drug is likely to be covered at a higher cost. And the generic versions cost less. See the “What are generic drugs?” section above for more information.

Commercial 1557 Nondiscrimination Notice

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

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

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

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

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

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).

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company, Coventry Health Care plans and their affiliates (Aetna).

TTY: 711

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

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

如欲使用免費語言服務，請致電您 ID 卡上的電話號碼 (Chinese)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

ເພື່ອຂໍໃຊ້ການບໍລິການພາສາໂດຍບໍ່ເສຍຄ່າຕໍ່ກັບທ່ານ,
ໃຫ້ໃຫຫາເບີໂທທີ່ບອກໄວ້ໃນບັດປະຈຳຕົວຂອງທ່ານ. (Laotian)

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

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

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

ដើម្បីទទួលបានសេវាកម្មភាសាដែលឥតគិតថ្លៃសម្រាប់លោកអ្នក សូមហៅទូរស័ព្ទទៅកាន់
លេខដែលមាននៅលើប័ណ្ណសម្គាល់ខ្លួនរបស់លោកអ្នក។ (Mon-Khmer, Cambodian)

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

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

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

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

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

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

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

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

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

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

Mo le mauaina o auaunaga tau gagana e aunoa ma se totogi, vala'au le numera I luga o lau pepa ID.
(Samoan)

Za besplatne prevodilačke usluge pozovite broj naveden na Vašoj identifikacionoj kartici. (Serbo-Croatian)

Heeba a nasta jangirde djey wolde, apelou lamba djey do windi ha dereji Maada. (Sudanic-Fulfulde)

Kupata huduma za lugha bila malipo kwako, piga nambari iliyo kwenye kadi yako ya kitambulisho.
(Swahili)

Syriac-) ܟܘܢܝܢܐ ܟܘܢܝܢܐ ܟܘܢܝܢܐ ܟܘܢܝܢܐ ܟܘܢܝܢܐ ܟܘܢܝܢܐ ܟܘܢܝܢܐ ܟܘܢܝܢܐ ܟܘܢܝܢܐ ܟܘܢܝܢܐ ܟܘܢܝܢܐ
(Assyrian)

మీరు భాష సేవలను ఉచితంగా అందుకునేందుకు, మీ ID కార్డుపై ఉన్న నంబరుకు కాల్ చేయండి. (Telugu)

หากท่านต้องการเข้าถึงการบริการทางด้านภาษาโดยไม่มีค่าใช้จ่าย โปรดโทรหมายเลขที่แสดงอยู่บนบัตรประจำตัวของท่าน (Thai)

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. (Tongan)

Ren omw kopwe angei anininis eman chon awewei (ese kamo), kopwe kori ewe nampa mei mak won noum ena katen ID (Trukese)

Sizin için ücretsiz dil hizmetlerine erişebilmek için, kartınızdaki numarayı arayın. (Turkish)

Щоб отримати безкоштовний доступ до мовних послуг, задзвоніть за номером, вказаним на Вашій ідентифікаційній картці. (Ukrainian)

بلا قیمت زبان سے متعلقہ خدمات حاصل کرنے کے لیے ، اپنے شناختی کارڈ پر درج نمبر پر بات کریں۔ (Urdu)

Nếu quý vị muốn sử dụng miễn phí các dịch vụ ngôn ngữ, hãy gọi tới số điện thoại ghi trên thẻ ID (Nhận dạng) của quý vị. (Vietnamese)

צוטריט שפראך באַדינונגען אין קיין פּאַרען צו איר, רופן די נומער אויף דיין שײַן קאַרט. (Yiddish)

Lati wonú awon isẹ̀ èdè l’ọ̀fẹ́ fun ọ̀, pe nọmba ori káádi idánimọ̀ rẹ̀. (Yoruba)

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.

A copayment is a flat fee. Coinsurance is a percentage of the rate that Aetna negotiates with the plan sponsor for covered prescriptions except as required by law to be otherwise. Some drugs on the Preferred Drug List are subject to manufacturer rebates. Coinsurance is calculated before any rebates are subtracted. That means it may be possible for your cost of a preferred drug to be higher than your cost of a non-preferred drug. Louisiana members: depending on your specific plan and the prescription medication in question, you may in some instances be subject to an excess consumer cost burden for prescription drugs as defined by your state.

Not all health services are covered. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by location and are subject to change.

Aetna receives rebates from drug manufacturers that may be taken into account in determining Aetna's Pharmacy Drug (formulary) Guide. Rebates do not reduce the amount a member pays the pharmacy for covered prescriptions. Information is subject to change. The drugs on the Pharmacy Drug (formulary) Guide, Formulary Exclusions, Precertification, and Quantity Limit Lists are subject to change. The quantity limits and drug coverage review programs are not available in all service areas.

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

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

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



Table of Contents

ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	16
*AGENTS FOR NARCOTIC WITHDRAWAL***	18
*AGENTS FOR OPIOID WITHDRAWAL***	18
ALTERNATIVE MEDICINES	18
AMEBICIDES	18
*AMINO ACIDS***	18
AMINOGLYCOSIDES	18
ANALGESICS - ANTI-INFLAMMATORY	19
ANALGESICS - NONNARCOTIC	22
ANALGESICS - OPIOID	23
ANDROGENS-ANABOLIC	27
ANORECTAL AGENTS	28
ANTHELMINTICS	28
ANTIANGINAL AGENTS	29
ANTIANKXIETY AGENTS	29
ANTIARRHYTHMICS	30
ANTIASTHMATIC AND BRONCHODILATOR AGENTS	31
ANTICOAGULANTS	33
ANTICONVULSANTS	34
*ANTIDEMENTIA AGENT COMBINATIONS***	37
ANTIDEPRESSANTS	37
ANTIDIABETICS	39
ANTIDIARRHEALS	44
ANTIDOTES AND SPECIFIC ANTAGONISTS	44
ANTIDOTES	44
ANTIEMETICS	45
ANTIFUNGALS	46
*ANTIHEMOPHILIC PRODUCTS - MONOCLONAL ANTIBODIES***	46
ANTIHISTAMINES	46
ANTIHYPERLIPIDEMICS	48
ANTIHYPERTENSIVES	50
ANTI-INFECTIVE AGENTS - MISC.	53
ANTIMALARIALS	54
ANTIMYASTHENIC AGENTS	54
ANTIMYASTHENIC/CHOLINERGIC AGENTS	54
ANTIMYCOBACTERIAL AGENTS	55
*ANTINEOPLASTIC - BCL-2 INHIBITORS***	55
*ANTINEOPLASTIC OR PREMALIGNANT LESION AGENT - COMB***	55
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	55
ANTIPARKINSON AGENTS	59
ANTIPSYCHOTICS/ANTIMANIC AGENTS	60
*ANTIRETROVIRALS ADJUVANTS***	62
ANTISEPTICS & DISINFECTANTS	62
ANTIVIRALS	62
ASSORTED CLASSES	66
*ATOPIC DERMATITIS - MONOCLONAL ANTIBODIES***	67
*BETA BLOCKER & ANGIOTENSIN II RECEPTOR ANTAGONIST COMB***	67

BETA BLOCKERS	67
*BIGUANIDE-DIABETIC SUPPLIES COMBINATIONS***	68
*BILE ACID SYNTHESIS DISORDER AGENTS***	69
BIOLOGICALS MISC	69
*BULK CHEMICALS - NY***	69
*CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG***	69
CALCIUM CHANNEL BLOCKERS	69
CARDIOTONICS	71
CARDIOVASCULAR AGENTS - MISC.	71
CEPHALOSPORINS	72
CHEMICALS	73
*CIC AGENTS - GUANYLATE CYCLASE-C (GC-C) AGONISTS***	73
CONTRACEPTIVES	73
CORTICOSTEROIDS	78
COUGH/COLD/ALLERGY	80
*CYCLIN-DEPENDENT KINASES (CDK) INHIBITORS***	81
*CYSTIC FIBROSIS AGENT - COMBINATIONS***	81
DERMATOLOGICALS	82
DIAGNOSTIC PRODUCTS	93
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS	97
DIGESTIVE AIDS	97
*DIRECT-ACTING P2Y12 INHIBITORS***	97
DIURETICS	97
ENDOCRINE AND METABOLIC AGENTS - MISC.	98
ESTROGENS	102
*ESTROGEN-SELECTIVE ESTROGEN RECEPTOR MODULATOR COMB***	103
*FARNESOID X RECEPTOR (FXR) AGONISTS***	103
FLUOROQUINOLONES	103
GASTROINTESTINAL AGENTS - MISC.	103
GENITOURINARY AGENTS - MISCELLANEOUS	105
*GLYCOPEPTIDES***	107
GOUT AGENTS	107
HEMATOLOGICAL AGENTS - MISC.	107
HEMATOPOIETIC AGENTS	109
HEMOSTATICS	111
*HEPATITIS C AGENT - COMBINATIONS***	111
*HEREDITARY OROTIC ACIDURIA TREATMENT - AGENTS**	111
HYPNOTICS	112
*HYPOPHOSPHATASIA (HPP) AGENTS***	112
*IBS AGENT - MU-OPIOID RECEPTOR AGONISTS***	113
*IN VITRO/LOCK ANTICOAGULANTS***	113
*INSULIN-INCRETIN MIMETIC COMBINATIONS***	113
*ISOCITRATE DEHYDROGENASE-1 (IDH1) INHIBITORS***	113
*ISOCITRATE DEHYDROGENASE-2 (IDH2) INHIBITORS***	113
LAXATIVES	113
*LEPTIN ANALOGUES***	114
*LHRH/GNRH AGONIST ANALOG COMBINATIONS***	114
*LYMPHOCYTE FUNCTION-ASSOCIATED ANTIGEN-1 (LFA-1) ANTAG***	114
MACROLIDES	114
MEDICAL DEVICES	115

MIGRAINE PRODUCTS	126
MINERALS & ELECTROLYTES	127
*MONOBACTAMS***	128
MOUTH/THROAT/DENTAL AGENTS	128
MULTIVITAMINS	129
MUSCULOSKELETAL THERAPY AGENTS	133
NASAL AGENTS - SYSTEMIC AND TOPICAL	134
*NEPRILYSIN INHIB (ARNI)-ANGIOTENSIN II RECEPT ANTAG COMB***	135
*NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS***	135
NEUROMUSCULAR AGENTS	135
*NSAID-VITAMINS AND/OR MINERALS COMBINATIONS***	135
NUTRIENTS	135
OPHTHALMIC AGENTS	135
*OPHTHALMIC RHO KINASE INHIBITORS***	141
*OREXIN RECEPTOR ANTAGONISTS***	141
OTIC AGENTS	141
*OXABOROLE-RELATED ANTIFUNGALS - TOPICAL***	141
OXYTOCICS	141
*PASSIVE IMMUNIZING AGENTS - COMBINATIONS***	141
PASSIVE IMMUNIZING AGENTS	142
*PCSK9 INHIBITORS***	142
PENICILLINS	142
PHARMACEUTICAL ADJUVANTS	143
*PHOSPHATIDYLINOSITOL 3-KINASE (PI3K) INHIBITORS***	143
*PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL***	143
*PHOSPHODIESTERASE 4 (PDE4) INHIBITORS***	143
*PLASMA KALLIKREIN INHIBITORS - MONOCLONAL ANTIBODIES***	143
*POLY (ADP-RIBOSE) POLYMERASE (PARP) INHIBITORS**	143
*POLY (ADP-RIBOSE) POLYMERASE (PARP) INHIBITORS***	144
*POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS***	144
*POTASSIUM REMOVING AGENTS***	144
PROGESTINS	144
*PROTEASE-ACTIVATED RECEPTOR-1 (PAR-1) ANTAGONISTS***	144
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	144
*PULMONARY FIBROSIS AGENTS - KINASE INHIBITORS***	147
*PULMONARY FIBROSIS AGENTS***	147
*PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST***	147
RESPIRATORY AGENTS - MISC.	147
*SEROTONIN 1A RECEPT AGONIST/SEROTONIN 2A RECEPT ANTAG***	147
*SEROTONIN MODULATORS***	147
*SGLT2 INHIBITOR - DPP-4 INHIBITOR COMBINATIONS***	148
*SINUS NODE INHIBITORS**	148
*SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITOR-BIGUANIDE COMB***	148
*SPLEEN TYROSINE KINASE (SYK) INHIBITORS***	148
SULFONAMIDES	148
TETRACYCLINES	148
THYROID AGENTS	149
*TOPICAL ANESTHETIC GASES***	150
*TRYPTOPHAN HYDROXYLASE INHIBITORS***	150
ULCER DRUGS	150

URINARY ANTI-INFECTIVES	152
URINARY ANTISPASMODICS	153
VAGINAL PRODUCTS	153
VASOPRESSORS	154
VITAMINS	154

2018 Aetna Pharmacy Drug Guide - Small Group ACA Plan: NY

CURRENT AS OF 12/1/2018

Drug Details

= Brand-name drug expected to become available generically in the near future. After the generic drug becomes available, the brand-name drug may be covered at a higher non-preferred copay and/or added to the Formulary Exclusion List. The brand-name drug may also be subject to precertification and/or step-therapy.

AL = Age Limit

LGC = Lowest Generic Copay Applies

MPG = PG tier applies to members residing in Massachusetts.

PA = Prior Authorization

QL = Quantity Limit

SP Pharmacy = You may pay higher out of pocket costs and may be required to get these

products at an Aetna Specialty Pharmacy network provider, like Aetna Specialty Pharmacy.

Specialty products are limited to a 30 day supply.

ST = Step Therapy

Drug Status

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

NC = Not Covered

NPB = Non-Preferred Brand

PB = Preferred Brand

lowercase italics = Generic drugs

UPPERCASE = Brand name drugs

Drug Name	Drug Status	Drug Details
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS		
ADDERALL	NC	
ADDERALL XR	NC	
ADZENYS ER	NC	
ADZENYS XR-ODT	NC	
<i>amphetamine sulfate</i>	G	QL
<i>amphetamine-dextroamphet er</i>	G	PA; ST; QL
<i>amphetamine-dextroamphetamine</i>	G	QL
APTENSIO XR	NC	#
<i>armodafinil</i>	G	PA; QL

2018 Aetna Pharmacy Drug Guide - Small Group ACA Plan: NY

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
<i>atomoxetine hcl</i>	G	QL
BELVIQ	NPB	PA; ST; QL
<i>caffeine citrate oral</i>	NC	
<i>clonidine hcl er</i>	G	QL
CONCERTA	NC	
COTEMPLA XR-ODT	NC	
DAYTRANA	NPB	PA; ST; #; QL
DESOXYN	NC	
DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR	NC	
<i>dexmethylphenidate hcl</i>	G	QL
<i>dexmethylphenidate hcl er</i>	G	PA; ST; QL
<i>dextroamphetamine sulfate er</i>	G	QL
<i>dextroamphetamine sulfate oral</i>	G	QL
DYANAVEL XR	NC	
EVEKEO	NC	
FOCALIN	NC	
FOCALIN XR	NC	
<i>guanfacine hcl er</i>	G	QL
INTUNIV	NC	
KAPVAY ORAL TABLET EXTENDED RELEASE 12 HOUR	NC	
METADATE ER ORAL TABLET EXTENDED RELEASE 20 MG	G	QL
<i>methamphetamine hcl</i>	G	PA; ST; QL
METHYLIN ORAL SOLUTION	NC	
<i>methylphenidate hcl er</i>	G	QL
<i>methylphenidate hcl er (cd)</i>	G	QL
<i>methylphenidate hcl er (la)</i>	G	QL
<i>methylphenidate hcl oral</i>	G	QL
<i>modafinil</i>	G	PA; ST; QL
MYDAYIS	NC	
NUVIGIL	NC	
<i>phendimetrazine tartrate</i>	G	
<i>phentermine hcl oral capsule</i>	G	

2018 Aetna Pharmacy Drug Guide - Small Group ACA Plan: NY

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
PROCENTRA	NC	
PROVIGIL	NC	
QUILLICHEW ER	NC	
QUILLIVANT XR	NPB	PA; ST; #; QL
RELEXXII	G	QL
RITALIN	NC	
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 30 MG, 40 MG	NC	
STRATTERA	NC	
VYVANSE	NPB	PA; ST; QL
ZENZEDI ORAL TABLET 10 MG, 5 MG	G	
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG	NC	
*AGENTS FOR NARCOTIC WITHDRAWAL***		
LUCEMYRA	NPB	QL
*AGENTS FOR OPIOID WITHDRAWAL***		
LUCEMYRA	NPB	QL
ALTERNATIVE MEDICINES		
<i>hm green tea complex</i>	NC	
<i>hm melatonin-lemon balm</i>	NC	
QUINZYME	NC	
AMEBICIDES		
SOLOSEC	NC	
*AMINO ACIDS***		
ENDARI	NC	
AMINOGLYCOSIDES		
ARIKAYCE	NC	
BETHKIS	NC	
KITABIS PAK	NC	
<i>neomycin sulfate oral</i>	G	
<i>paromomycin sulfate oral</i>	G	
TOBI	NC	
TOBI PODHALER	NC	

2018 Aetna Pharmacy Drug Guide - Small Group ACA Plan: NY

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
<i>tobramycin inhalation</i>	G	SP Pharmacy; QL
ANALGESICS - ANTI-INFLAMMATORY		
ACTEMRA SUBCUTANEOUS	NPB	PA; ST; SP Pharmacy; QL
ANAPROX DS	NC	
ARAVA	NC	
ARCALYST	NPB	PA; SP Pharmacy
ARTHROTEC ORAL TABLET DELAYED RELEASE	NC	
CELEBREX	NC	
<i>celecoxib oral</i>	G	ST; QL
DAYPRO	NC	
<i>diclofenac potassium</i>	G	
<i>diclofenac sodium er</i>	G	
<i>diclofenac sodium oral</i>	G	
<i>diclofenac-misoprostol oral tablet delayed release</i>	G	
DUEXIS	NC	
EC-NAPROSYN	NC	
ENBREL MINI	PB	PA; ST; SP Pharmacy; QL
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	PB	PA; ST; SP Pharmacy; QL
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED	PB	PA; ST; QL
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	PB	PA; ST; SP Pharmacy; QL
<i>etodolac er</i>	G	
<i>etodolac oral</i>	G	
FELDENE	NC	
<i>fenoprofen calcium oral</i>	G	
FENORTHO	NC	
<i>flurbiprofen oral</i>	G	
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML, 80 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML	PB	PA; ST; SP Pharmacy; QL
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT	PB	PA; ST; SP Pharmacy; QL

2018 Aetna Pharmacy Drug Guide - Small Group ACA Plan: NY

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	PB	PA; ST; SP Pharmacy; QL
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	NPB	PA; ST; SP Pharmacy; QL
HUMIRA PEN-PS/UV STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	PB	PA; ST; SP Pharmacy; QL
HUMIRA PEN-PS/UV STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML	NPB	PA; ST; SP Pharmacy; QL
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT	PB	PA; ST; SP Pharmacy; QL
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	G	
ILARIS (150MG DELIVERED)	NPB	PA; SP Pharmacy
ILARIS SUBCUTANEOUS SOLUTION	NPB	PA; SP Pharmacy
INDOCIN ORAL	NPB	
INDOCIN RECTAL	NPB	
<i>indomethacin er</i>	G	
<i>indomethacin oral</i>	G	QL
<i>ketoprofen er</i>	NC	
<i>ketoprofen oral capsule 50 mg, 75 mg</i>	G	
<i>ketorolac tromethamine oral</i>	G	QL
KEVZARA	NC	
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	NPB	PA; ST; SP Pharmacy; QL
<i>leflunomide oral</i>	G	QL
LODINE	NC	
<i>meclofenamate sodium oral</i>	G	
<i>mefenamic acid oral</i>	G	
<i>meloxicam oral tablet</i>	G	
MOBIC ORAL TABLET	NC	
<i>nabumetone oral</i>	G	
NALFON ORAL CAPSULE 400 MG	NC	

2018 Aetna Pharmacy Drug Guide - Small Group ACA Plan: NY

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG, 750 MG	NC	
NAPROSYN ORAL SUSPENSION	NC	
NAPROSYN ORAL TABLET 500 MG	NC	
<i>naproxen dr</i>	G	
<i>naproxen oral</i>	G	
<i>naproxen sodium er</i>	NC	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	G	
OLUMIANT	NPB	PA; ST; SP Pharmacy; QL
ORENCIA CLICKJECT	NPB	PA; ST; SP Pharmacy; QL
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	NPB	PA; ST; SP Pharmacy; QL
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	NC	
<i>oxaprozin</i>	G	
<i>piroxicam oral</i>	G	
PONSTEL	NC	
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML	NC	
RIDAURA	NPB	
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	NPB	PA; ST; SP Pharmacy; QL
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	NPB	PA; ST; SP Pharmacy; QL
SPRIX	NC	#
<i>sulindac oral</i>	G	
TIVORBEX	NC	
<i>tolmetin sodium</i>	G	
VIMOVO	NC	
VIVLODEX	NC	#

2018 Aetna Pharmacy Drug Guide - Small Group ACA Plan: NY

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
XELJANZ	NPB	PA; ST; SP Pharmacy; QL
XELJANZ XR	NPB	PA; ST; SP Pharmacy; QL
ZIPSOR	NC	
ZORVOLEX	NC	
ANALGESICS - NONNARCOTIC		
ALLZITAL	NC	
<i>aspirin low dose oral tablet chewable</i>	CE	
<i>aspirin oral tablet chewable</i>	CE	
<i>aspirin oral tablet delayed release 81 mg</i>	CE	
<i>aspirin rectal suppository 120 mg, 200 mg</i>	CE	
BAYER LOW DOSE	CE	
BUFFERIN LOW DOSE ORAL TABLET	CE	
BUPAP ORAL TABLET 50-300 MG	G	
<i>butalbital-acetaminophen</i>	G	
<i>butalbital-apap-caffeine oral capsule</i>	G	
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	G	
<i>butalbital-asa-caffeine</i>	G	
<i>butalbital-aspirin-caffeine oral capsule</i>	G	
CAPACET	G	
<i>childrens aspirin</i>	CE	
<i>choline-mag trisalicylate</i>	G	
<i>diflunisal oral</i>	G	
<i>duraxin</i>	G	
ECOTRIN LOW STRENGTH	CE	
ESGIC ORAL CAPSULE	G	
ESGIC ORAL TABLET	NC	
FIORICET ORAL CAPSULE	NC	
FIORINAL	NC	
<i>marten-tab</i>	G	
<i>salsalate oral</i>	G	
ST JOSEPH ASPIRIN ORAL TABLET DELAYED RELEASE	CE	
TENCON ORAL TABLET 50-325 MG	NC	
VANATOL LQ	NC	

2018 Aetna Pharmacy Drug Guide - Small Group ACA Plan: NY

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
ZEBUTAL ORAL CAPSULE 50-325-40 MG	G	
ANALGESICS - OPIOID		
ABSTRAL	NC	#
<i>acetaminophen-codeine</i>	G	PA; QL
<i>acetaminophen-codeine #2</i>	G	PA; QL
<i>acetaminophen-codeine #3</i>	G	PA; QL
<i>acetaminophen-codeine #4</i>	G	PA; QL
ACTIQ	NC	
<i>apap-caff-dihydrocodeine oral capsule</i>	G	PA; QL
<i>apap-caff-dihydrocodeine oral tablet 325-30-16 mg</i>	NC	
ARYMO ER	NC	
ASCOMP-CODEINE	G	PA; QL
BELBUCA	NC	
BUNAVAIL	NPB	ST; QL
<i>buprenorphine</i>	G	PA; QL
<i>buprenorphine hcl sublingual</i>	G	QL
<i>buprenorphine hcl-naloxone hcl</i>	G	QL
<i>butalbital-apap-caff-cod</i>	G	PA; QL
<i>butalbital-asa-caff-codeine</i>	G	PA; QL
<i>butorphanol tartrate nasal</i>	G	PA; QL
BUTRANS	NC	
<i>codeine sulfate oral tablet</i>	G	PA; QL
CONZIP	NC	
DEMEROL ORAL TABLET 100 MG	NC	
DILAUDID ORAL	NC	
DOLOPHINE	NC	
DURAGESIC-100	NC	
DURAGESIC-12	NC	
DURAGESIC-25	NC	
DURAGESIC-50	NC	
DURAGESIC-75	NC	
EMBEDA ORAL CAPSULE EXTENDED RELEASE 100-4 MG	PB	PA; QL

2018 Aetna Pharmacy Drug Guide - Small Group ACA Plan: NY

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
EMBEDA ORAL CAPSULE EXTENDED RELEASE 20-0.8 MG, 30-1.2 MG, 50-2 MG, 60-2.4 MG, 80-3.2 MG	PB	PA; MPG; QL
ENDOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	G	PA; QL
EXALGO ORAL TABLET ER 24 HOUR ABUSE-DETERRENT	NC	
<i>fentanyl</i>	G	PA; QL
<i>fentanyl citrate buccal</i>	G	PA; ST; QL
FENTORA BUCCAL TABLET 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	NC	#
FIORICET/CODEINE ORAL CAPSULE 50-300-40-30 MG	NC	
FIORINAL/CODEINE #3	NC	
HYCET	NC	
<i>hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml</i>	G	PA; QL
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 2.5-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	G	PA; QL
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	G	PA; QL
<i>hydromorphone hcl er</i>	G	PA; QL
<i>hydromorphone hcl oral liquid</i>	NC	
<i>hydromorphone hcl oral tablet</i>	G	PA; QL
<i>hydromorphone hcl rectal</i>	G	PA; QL
HYSINGLA ER	PB	PA; #; QL
IBUDONE ORAL TABLET 10-200 MG	NC	
IBUDONE ORAL TABLET 5-200 MG	G	PA; QL
KADIAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 100 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG	NC	
KADIAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG, 40 MG	NPB	PA; ST; QL
LAZANDA	NC	
<i>levorphanol tartrate oral</i>	G	PA; QL
LORCET	G	PA; QL
LORCET HD	G	PA; QL

2018 Aetna Pharmacy Drug Guide - Small Group ACA Plan: NY

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
LORCET PLUS ORAL TABLET 7.5-325 MG	G	PA; QL
LORTAB ORAL ELIXIR 10-300 MG/15ML	NC	
<i>meperidine hcl oral solution</i>	NC	
<i>meperidine hcl oral tablet</i>	G	PA; QL
METHADONE HCL INTENSOL	G	PA; QL
<i>methadone hcl oral concentrate</i>	G	PA; QL
<i>methadone hcl oral solution</i>	G	PA; QL
<i>methadone hcl oral tablet</i>	G	PA; QL
METHADOSE ORAL CONCENTRATE 10 MG/ML	NC	
METHADOSE ORAL TABLET SOLUBLE	G	PA; QL
METHADOSE SUGAR-FREE	NC	
MORPHABOND ER	NC	
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>	G	PA; QL
<i>morphine sulfate er beads</i>	G	PA; ST; QL
<i>morphine sulfate er oral capsule extended release 24 hour</i>	G	PA; ST; QL
<i>morphine sulfate er oral tablet extended release</i>	G	PA; QL
<i>morphine sulfate oral</i>	G	PA; QL
<i>morphine sulfate rectal</i>	G	PA; QL
MS CONTIN ORAL TABLET EXTENDED RELEASE	NC	
<i>nalocet</i>	NC	
NORCO	NC	
NUCYNTA	NPB	PA; ST; QL
NUCYNTA ER	NPB	PA; ST; QL
OPANA ER ORAL TABLET ER 12 HOUR ABUSE-DETERRENT	NPB	PA; ST; QL
OPANA ORAL	NC	
OXAYDO	NPB	PA; ST; MPG; QL
<i>oxycodone hcl oral capsule</i>	G	PA; QL
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>	G	PA; QL
<i>oxycodone hcl oral solution</i>	G	PA; QL
<i>oxycodone hcl oral tablet</i>	G	PA; QL
<i>oxycodone-acetaminophen oral solution</i>	NC	

2018 Aetna Pharmacy Drug Guide - Small Group ACA Plan: NY

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	G	PA; QL
<i>oxycodone-aspirin oral tablet 4.8355-325 mg</i>	G	PA; QL
<i>oxycodone-ibuprofen</i>	G	PA; QL
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT	NC	
<i>oxymorphone hcl</i>	G	PA; ST; QL
<i>oxymorphone hcl er</i>	G	PA; ST; QL
<i>pentazocine-naloxone hcl</i>	G	PA; QL
PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	NC	
PRIMLEV	NC	
ROXICODONE ORAL TABLET	NC	
ROXYBOND	NC	
SUBOXONE SUBLINGUAL FILM	NPB	#; QL
SUBSYS	NC	
SYNALGOS-DC	NC	
<i>tramadol hcl er (biphasic) oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg</i>	G	PA; ST; QL
<i>tramadol hcl er oral capsule extended release 24 hour</i>	NC	
<i>tramadol hcl er oral tablet extended release 24 hour</i>	G	PA; ST; QL
<i>tramadol hcl oral</i>	G	PA; QL
<i>tramadol-acetaminophen</i>	G	PA; QL
TREZIX ORAL CAPSULE 320.5-30-16 MG	NC	
TYLENOL WITH CODEINE #3	NC	
TYLENOL WITH CODEINE #4	NC	
ULTRACET	NC	
ULTRAM	NC	
VERDROCET	G	PA; QL
VICODIN ES ORAL TABLET 7.5-300 MG	G	PA; QL
VICODIN HP ORAL TABLET 10-300 MG	G	PA; QL
VICODIN ORAL TABLET 5-300 MG	G	PA; QL
XODOL	NC	
XTAMPZA ER	PB	PA; QL

2018 Aetna Pharmacy Drug Guide - Small Group ACA Plan: NY

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
XYLON	G	PA; QL
ZAMICET	NC	
ZOXYDOL ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT	NC	#
ZUBSOLV	NC	#
ANDROGENS-ANABOLIC		
ANADROL-50	NPB	
ANDRODERM TRANSDERMAL PATCH 24 HOUR	NC	
ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%)	NC	#
ANDROGEL TRANSDERMAL GEL 20.25 MG/1.25GM (1.62%), 40.5 MG/2.5GM (1.62%)	NC	#
ANDROGEL TRANSDERMAL GEL 25 MG/2.5GM (1%), 50 MG/5GM (1%)	NC	
ANDROID	NC	
ANDROXY	NPB	
<i>danazol oral</i>	G	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION	NC	
FORTESTA	NC	
<i>methitest</i>	NPB	
<i>methyltestosterone oral</i>	G	
NATESTO	NC	
OXANDRIN	NC	
<i>oxandrolone oral</i>	G	
TESTIM	NC	
TESTOPEL	NPB	PA
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i>	G	
<i>testosterone enanthate intramuscular solution</i>	G	
<i>testosterone transdermal gel 10 mg/lact (2%), 12.5 mg/lact (1%), 25 mg/2.5gm (1%), 50 mg/5gm (1%)</i>	G	PA; QL

2018 Aetna Pharmacy Drug Guide - Small Group ACA Plan: NY

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
<i>testosterone transdermal gel 20.25 mg/1.25gm (1.62%), 20.25 mg/lact (1.62%), 40.5 mg/2.5gm (1.62%)</i>	G	QL
<i>testosterone transdermal solution</i>	G	PA; QL
TESTRED	NC	
VOGELXO PUMP	NC	
VOGELXO TRANSDERMAL GEL 50 MG/5GM (1%)	NC	
ANORECTAL AGENTS		
ANALPRAM-HC RECTAL CREAM	NC	
ANALPRAM-HC RECTAL LOTION 2.5-1 %	NC	
ANUSOL-HC RECTAL CREAM	NC	
COLOCORT	G	
CORTENEMA	NC	
CORTIFOAM	NPB	QL
<i>hydrocortisone ace-pramoxine rectal cream 1-1 %</i>	G	
<i>hydrocortisone rectal</i>	G	
<i>pramcort rectal</i>	G	
PROCTOCORT RECTAL CREAM	NC	
PROCTOFOAM HC	NPB	QL
PROCTO-MED HC	G	
PROCTO-PAK	G	
PROCTOSOL HC	G	
PROCTOZONE-HC RECTAL	G	
RECTIV	NPB	QL
UCERIS RECTAL	NC	#
ANTHELMINTICS		
<i>albendazole oral</i>	NC	
<i>benznidazole</i>	NC	
BILTRICIDE	NPB	
EMVERM	G	
<i>ivermectin oral</i>	G	
<i>praziquantel oral</i>	G	

2018 Aetna Pharmacy Drug Guide - Small Group ACA Plan: NY

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
ANTIANGINAL AGENTS		
DILATRATE-SR	NPB	
GONITRO	NC	
ISORDIL TITRADOSE ORAL TABLET 40 MG	NPB	
ISORDIL TITRADOSE ORAL TABLET 5 MG	NC	
<i>isosorbide dinitrate er</i>	G	
<i>isosorbide dinitrate oral</i>	G	
<i>isosorbide mononitrate</i>	G	
<i>isosorbide mononitrate er</i>	G	
MINITRAN	G	
NITRO-BID	NPB	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR	NC	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	NPB	
<i>nitroglycerin er</i>	G	
<i>nitroglycerin sublingual</i>	G	
<i>nitroglycerin transdermal patch 24 hour</i>	G	
<i>nitroglycerin translingual</i>	G	
NITROLINGUAL	NC	
NITROMIST	NC	
NITROSTAT	NC	
NITRO-TIME	G	
RANEXA	NPB	#, QL
ANTIANSIETY AGENTS		
<i>alprazolam er</i>	G	QL
ALPRAZOLAM INTENSOL	NPB	
<i>alprazolam oral</i>	G	
<i>alprazolam xr</i>	G	QL
ATIVAN ORAL	NC	
<i>bupirone hcl oral</i>	G	
<i>chlordiazepoxide hcl</i>	G	
<i>clorazepate dipotassium</i>	G	

2018 Aetna Pharmacy Drug Guide - Small Group ACA Plan: NY

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
DIAZEPAM INTENSOL	G	
<i>diazepam oral concentrate</i>	G	
<i>diazepam oral solution 1 mg/ml</i>	G	
<i>diazepam oral tablet</i>	G	
<i>hydroxyzine hcl oral syrup</i>	G	
<i>hydroxyzine hcl oral tablet</i>	G	
<i>hydroxyzine pamoate oral</i>	G	
LORAZEPAM INTENSOL	NC	
<i>lorazepam oral concentrate</i>	NC	
<i>lorazepam oral tablet</i>	G	
<i>meprobamate</i>	G	
<i>oxazepam</i>	G	
TRANXENE-T ORAL TABLET 7.5 MG	NC	
VALIUM	NC	
VISTARIL	NC	
XANAX	NC	
XANAX XR	NC	
ANTIARRHYTHMICS		
<i>amiodarone hcl oral</i>	G	
<i>disopyramide phosphate oral</i>	G	
<i>dofetilide</i>	G	
<i>flecainide acetate</i>	G	
<i>mexiletine hcl oral</i>	G	
MULTAQ	NPB	QL
NORPACE	NC	
NORPACE CR	NPB	
PACERONE ORAL TABLET 100 MG, 200 MG, 400 MG	G	
<i>propafenone hcl</i>	G	
<i>propafenone hcl er</i>	G	QL
<i>quinidine gluconate er</i>	G	
<i>quinidine sulfate oral</i>	G	
RYTHMOL SR	NC	
TIKOSYN	NC	

2018 Aetna Pharmacy Drug Guide - Small Group ACA Plan: NY

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
ACCOLATE	NC	
ADVAIR DISKUS	NPB	ST; #; QL
ADVAIR HFA	NPB	ST; QL
AEROSPAN	NC	
AIRDUO RESPICLICK 113/14	NC	
AIRDUO RESPICLICK 232/14	NC	
AIRDUO RESPICLICK 55/14	NC	
<i>albuterol sulfate er</i>	G	
<i>albuterol sulfate inhalation</i>	G	
<i>albuterol sulfate oral</i>	G	
ALVESCO	NPB	ST
ANORO ELLIPTA	PB	QL
ARCAPTA NEOHALER	NPB	PA; ST; QL
ARMONAIR RESPICLICK 113	NC	
ARMONAIR RESPICLICK 232	NC	
ARMONAIR RESPICLICK 55	NC	
ARNUITY ELLIPTA	NC	
ASMANEX 120 METERED DOSES	NPB	ST; #; QL
ASMANEX 14 METERED DOSES	NPB	ST; #; QL
ASMANEX 30 METERED DOSES	NPB	ST; #; QL
ASMANEX 60 METERED DOSES	NPB	ST; #; QL
ASMANEX 7 METERED DOSES	NPB	ST; #; QL
ASMANEX HFA	NPB	ST; QL
ATROVENT HFA	NPB	QL
BEVESPI AEROSPHERE	NC	
BREO ELLIPTA	NPB	ST; QL
BROVANA	NPB	PA; ST; QL
<i>budesonide inhalation</i>	G	PA
COMBIVENT RESPIMAT	NPB	QL
<i>cromolyn sodium inhalation</i>	G	
DALIRESP	NPB	PA; ST; QL
DIFIL-G FORTE	NC	
DULERA	PB	QL

2018 Aetna Pharmacy Drug Guide - Small Group ACA Plan: NY

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
ELIXOPHYLLIN	NPB	
FLOVENT DISKUS	NPB	ST; #; QL
FLOVENT HFA	NPB	ST; #; QL
<i>fluticasone-salmeterol</i>	G	QL
INCRUSE ELLIPTA	PB	QL
<i>ipratropium bromide inhalation</i>	G	
<i>ipratropium-albuterol</i>	G	
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml</i>	G	
<i>levalbuterol tartrate</i>	G	ST; QL
LONHALA MAGNAIR REFILL KIT	NC	
LONHALA MAGNAIR STARTER KIT	NC	
<i>metaproterenol sulfate oral</i>	G	
<i>montelukast sodium oral</i>	G	QL
PERFOROMIST	NPB	PA; QL
PROAIR HFA	NC	#
PROAIR RESPICLICK	NC	
PROVENTIL HFA	NC	#
PULMICORT	NC	
PULMICORT FLEXHALER	NPB	ST; QL
QVAR INHALATION AEROSOL SOLUTION	PB	QL
QVAR REDIHALER	PB	QL
SEEBRI NEOHALER	NC	
SEREVENT DISKUS	NPB	QL
SINGULAIR	NC	
SPIRIVA HANDIHALER	NPB	ST; QL
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT	NPB	ST; QL
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT	NPB	ST; QL
STRIVERDI RESPIMAT	NPB	PA; ST; QL
SYMBICORT	NPB	ST; QL
<i>terbutaline sulfate oral</i>	G	

2018 Aetna Pharmacy Drug Guide - Small Group ACA Plan: NY

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
THEO-24	NPB	
THEOCHRON ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG	G	
<i>theophylline</i>	G	
<i>theophylline er</i>	G	
TRELEGY ELLIPTA	NC	
TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED	NPB	ST; QL
UTIBRON NEOHALER	NC	
VENTOLIN HFA	PB	
VOSPIRE ER	NC	
XOPENEX	NC	
XOPENEX CONCENTRATE	NC	
XOPENEX HFA	NC	
<i>zafirlukast</i>	G	
<i>zileuton er</i>	G	
ZYFLO	NPB	
ZYFLO CR	NC	
ANTICOAGULANTS		
ANTICOAGULANT COMPOUND	NPB	
ARIXTRA	NC	
BEVYXXA	NC	
COUMADIN ORAL	NC	
ELIQUIS	NPB	ST
ELIQUIS STARTER PACK	NPB	ST; QL
<i>enoxaparin sodium</i>	G	QL
<i>fondaparinux sodium</i>	G	QL
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	NPB	QL
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	G	

2018 Aetna Pharmacy Drug Guide - Small Group ACA Plan: NY

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
<i>heparin sodium (porcine) pf</i>	G	
IPRIVASK	NC	
JANTOVEN	G	
LOVENOX	NC	
PRADAXA	NPB	
SAVAYSA	NC	
TRICITRASOL	NPB	
<i>warfarin sodium oral</i>	G	
XARELTO	NPB	
XARELTO STARTER PACK	NPB	
ANTICONVULSANTS		
APTIOM	NPB	QL
BANZEL ORAL SUSPENSION	NPB	
BANZEL ORAL TABLET	NPB	QL
BRIVIACT ORAL	NC	
<i>carbamazepine er</i>	G	
<i>carbamazepine oral</i>	G	
CARBATROL	NC	
CELONTIN	NPB	
<i>clonazepam oral</i>	G	
DEPAKENE ORAL CAPSULE	NC	
DEPAKENE ORAL SOLUTION	NC	
DEPAKOTE	NC	
DEPAKOTE ER	NC	
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE	NC	
DIASTAT ACUDIAL	NC	
DIASTAT PEDIATRIC	NC	
<i>diazepam rectal</i>	G	QL
DILANTIN INFATABS	NC	
DILANTIN ORAL CAPSULE 100 MG	NC	
DILANTIN ORAL CAPSULE 30 MG	NPB	
DILANTIN ORAL SUSPENSION	NC	

2018 Aetna Pharmacy Drug Guide - Small Group ACA Plan: NY

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
<i>divalproex sodium er oral tablet extended release 24 hour</i>	G	
<i>divalproex sodium oral capsule delayed release sprinkle</i>	G	
<i>divalproex sodium oral tablet delayed release</i>	G	
EPIDIOLEX	NPB	PA; ST; SP Pharmacy; QL
EPITOL	G	
<i>ethosuximide oral</i>	G	
<i>felbamate</i>	G	
FELBATOL	NC	
FYCOMPA ORAL SUSPENSION	NPB	
FYCOMPA ORAL TABLET	NPB	QL
<i>gabapentin oral</i>	G	QL
GABITRIL	NC	
KEPPRA ORAL	NC	
KEPPRA XR	NC	
KLONOPIN	NC	
LAMICTAL ODT	NC	
LAMICTAL ORAL TABLET	NC	
LAMICTAL ORAL TABLET CHEWABLE 25 MG, 5 MG	NC	
LAMICTAL XR ORAL KIT	NPB	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR	NC	
<i>lamotrigine er</i>	G	QL
<i>lamotrigine oral kit 25 & 50 & 100 mg, 25 (21)-50 (7) mg, 50 (42)-100(14) mg</i>	G	
<i>lamotrigine oral tablet</i>	G	
<i>lamotrigine oral tablet chewable</i>	G	
<i>lamotrigine oral tablet dispersible</i>	G	QL
<i>lamotrigine starter kit-blue</i>	G	
<i>lamotrigine starter kit-green</i>	G	
<i>lamotrigine starter kit-orange</i>	G	
<i>levetiracetam er</i>	G	QL
<i>levetiracetam oral</i>	G	
LYRICA	NPB	PA; ST; #; QL

2018 Aetna Pharmacy Drug Guide - Small Group ACA Plan: NY

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
MYSOLINE	NC	
NEURONTIN	NC	
ONFI ORAL SUSPENSION	NPB	#
ONFI ORAL TABLET 10 MG, 20 MG	NPB	#, QL
<i>oxcarbazepine</i>	G	
OXTELLAR XR	NPB	ST; QL
PEGANONE	NPB	
PHENYTEK	NC	
PHENYTOIN INFATABS	G	
<i>phenytoin oral suspension 125 mg/5ml</i>	G	
<i>phenytoin oral tablet chewable</i>	G	
<i>phenytoin sodium extended</i>	G	
POTIGA	NPB	QL
<i>primidone oral</i>	G	
QUDEXY XR	NC	
ROWEEPRA ORAL TABLET 500 MG	G	
SABRIL ORAL PACKET	NPB	PA; SP Pharmacy; QL
SABRIL ORAL TABLET	NPB	PA; #; SP Pharmacy; QL
SPRITAM	NC	
TEGRETOL ORAL SUSPENSION	NC	
TEGRETOL ORAL TABLET	NC	
TEGRETOL-XR	NC	
<i>tiagabine hcl</i>	G	QL
TOPAMAX	NC	
TOPAMAX SPRINKLE	NC	
<i>topiramate er</i>	NC	
<i>topiramate oral capsule sprinkle</i>	G	QL
<i>topiramate oral tablet</i>	G	
TRILEPTAL	NC	
TROKENDI XR	NC	#
<i>valproate sodium intravenous</i>	G	
<i>valproate sodium oral solution</i>	G	
<i>valproic acid oral capsule</i>	G	
<i>valproic acid oral solution</i>	G	
<i>vigabatrin</i>	PB	PA; SP Pharmacy; QL

2018 Aetna Pharmacy Drug Guide - Small Group ACA Plan: NY

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
VIGADRONE	PB	PA; SP Pharmacy; QL
VIMPAT ORAL SOLUTION	NC	#
VIMPAT ORAL TABLET	NPB	#, QL
ZARONTIN	NC	
ZONEGRAN	NC	
<i>zonisamide oral</i>	G	
*ANTIDEMENTIA AGENT COMBINATIONS***		
NAMZARIC	PB	PA
ANTIDEPRESSANTS		
<i>amitriptyline hcl oral</i>	G	
<i>amoxapine</i>	G	
ANAFRANIL	NC	
APLENZIN	NC	
<i>bupropion hcl er (sr)</i>	G	QL
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg</i>	G	QL
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 450 mg</i>	NC	
<i>bupropion hcl oral</i>	G	QL
CELEXA ORAL TABLET	NC	
<i>citalopram hydrobromide oral solution</i>	G	
<i>citalopram hydrobromide oral tablet</i>	G	QL
<i>clomipramine hcl oral</i>	G	
CYMBALTA	NC	
<i>desipramine hcl oral</i>	G	
<i>desvenlafaxine er</i>	NC	
<i>desvenlafaxine succinate er</i>	G	PA; QL
<i>doxepin hcl oral</i>	G	
<i>duloxetine hcl oral</i>	G	QL
EFFEXOR XR	NC	
ELAVIL	NC	
EMSAM	NPB	PA; ST; #; QL
<i>escitalopram oxalate oral solution</i>	G	
<i>escitalopram oxalate oral tablet</i>	G	QL

2018 Aetna Pharmacy Drug Guide - Small Group ACA Plan: NY

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
FETZIMA	NPB	PA; ST; QL
FETZIMA TITRATION	NPB	PA; ST; QL
<i>fluoxetine hcl oral capsule</i>	G	QL
<i>fluoxetine hcl oral capsule delayed release</i>	G	QL
<i>fluoxetine hcl oral solution</i>	G	
<i>fluoxetine hcl oral tablet 10 mg, 20 mg</i>	G	QL
<i>fluoxetine hcl oral tablet 60 mg</i>	NC	
<i>fluvoxamine maleate</i>	G	QL
<i>fluvoxamine maleate er</i>	NC	
FORFIVO XL	NC	#
<i>imipramine hcl oral</i>	G	
<i>imipramine pamoate</i>	G	
KHEDEZLA	NC	
LEXAPRO ORAL TABLET	NC	
<i>maprotiline hcl</i>	G	QL
MARPLAN	NPB	
<i>mirtazapine oral</i>	G	QL
NARDIL	NC	
<i>nefazodone hcl</i>	G	
NORPRAMIN ORAL TABLET 10 MG, 25 MG	NC	
<i>nortriptyline hcl oral</i>	G	
PAMELOR ORAL CAPSULE	NC	
PARNATE	NC	
<i>paroxetine hcl er</i>	G	ST; QL
<i>paroxetine hcl oral tablet</i>	G	QL
PAXIL	NC	
PAXIL CR	NC	
PEXEVA	NC	
<i>phenelzine sulfate oral</i>	G	
PRISTIQ	NC	
<i>protriptyline hcl</i>	G	
PROZAC ORAL CAPSULE	NC	
REMERON	NC	
REMERON SOLTAB	NC	

2018 Aetna Pharmacy Drug Guide - Small Group ACA Plan: NY

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
<i>sertraline hcl oral concentrate</i>	G	
<i>sertraline hcl oral tablet</i>	G	QL
SURMONTIL	NC	
TOFRANIL	NC	
<i>tranylcypromine sulfate</i>	G	
<i>trazodone hcl oral</i>	G	
<i>trimipramine maleate oral</i>	G	
TRINTELLIX	NPB	PA; ST; QL
<i>venlafaxine hcl</i>	G	QL
<i>venlafaxine hcl er</i>	G	QL
VIIBRYD ORAL TABLET	NPB	PA; ST; QL
VIIBRYD STARTER PACK	NPB	PA; ST
WELLBUTRIN SR	NC	
WELLBUTRIN XL	NC	
ZOLOFT	NC	
ANTIDIABETICS		
<i>acarbose</i>	G	
ACTOPLUS MET	NC	
ACTOPLUS MET XR	NPB	ST; QL
ACTOS	NC	
ADLYXIN	NC	
ADLYXIN STARTER PACK	NC	
ADMELOG	NC	
ADMELOG SOLOSTAR	NC	
AFREZZA INHALATION POWDER 12 UNIT, 4 & 8 & 12 UNIT, 4 (30) & 8 (60) UNIT, 4 (60) & 8 (30) UNIT, 4 (90) & 8 (90) UNIT, 4 UNIT, 8 (60)& 12 (30) UNIT, 8 UNIT	NC	
<i>alogliptin benzoate</i>	G	QL
<i>alogliptin-metformin hcl</i>	G	QL
<i>alogliptin-pioglitazone</i>	G	QL
AMARYL	NC	
APIDRA	NPB	ST
APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	NPB	ST

2018 Aetna Pharmacy Drug Guide - Small Group ACA Plan: NY

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
AVANDIA ORAL TABLET 2 MG, 4 MG	NPB	QL
BASAGLAR KWIKPEN	NC	
BD GLUCOSE	NC	
BYDUREON BCISE	NPB	PA; ST; QL
BYDUREON SUBCUTANEOUS PEN-INJECTOR	NPB	PA; ST; QL
BYDUREON SUBCUTANEOUS SUSPENSION RECONSTITUTED ER	NPB	PA; ST; QL
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	NPB	PA; ST; #; QL
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	NPB	PA; ST; #; QL
<i>chlorpropamide</i>	G	
CYCLOSET	NPB	QL
DEX4 GLUCOSE GO-POUCH	NC	
DEX4 GLUCOSE ORAL LIQUID	NC	
DEX4 GLUCOSE ORAL TABLET CHEWABLE	NC	
DEX4 NATURALS	NC	
DEX4 ORAL TABLET CHEWABLE 4-6 GM-MG	NC	
DEX4 POUCH PACK	NC	
DEX4 QUICK DISSOLVE GLUCOSE	NC	
DUETACT	NC	
FARXIGA	NPB	QL
FIASP	NPB	ST
FIASP FLEXTOUCH	NPB	ST
FORTAMET	NC	
<i>glimepiride</i>	G	
<i>glipizide er</i>	G	
<i>glipizide oral</i>	G	
<i>glipizide xl</i>	G	
<i>glipizide-metformin hcl</i>	G	
GLUCAGEN HYPOKIT	NPB	QL
GLUCAGON EMERGENCY	NPB	QL
GLUCO BURST ORAL GEL	NC	

2018 Aetna Pharmacy Drug Guide - Small Group ACA Plan: NY

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
GLUCOPHAGE	NC	
GLUCOPHAGE XR	NC	
<i>glucose instant energy</i>	NC	
<i>glucose oral gel 40 %</i>	NC	
<i>glucose oral liquid 15 gm/59ml</i>	NC	
<i>glucose oral tablet chewable</i>	NC	
GLUCOTROL	NC	
GLUCOTROL XL	NC	
GLUCOVANCE ORAL TABLET 2.5-500 MG, 5-500 MG	NC	
GLUMETZA	NC	
<i>glyburide micronized</i>	G	
<i>glyburide oral</i>	G	
<i>glyburide-metformin</i>	G	
GLYNASE	NC	
GLYSET	NC	
<i>goodsense glucose oral tablet chewable 4-6 gm-mg</i>	NC	
HUMALOG	PB	
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	PB	
HUMALOG MIX 50/50	PB	
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	PB	
HUMALOG MIX 75/25	PB	
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	PB	
HUMULIN 70/30	PB	
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	PB	
HUMULIN N	PB	

2018 Aetna Pharmacy Drug Guide - Small Group ACA Plan: NY

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN- INJECTOR	PB	
HUMULIN R	PB	
HUMULIN R U-500 (CONCENTRATED)	PB	
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN- INJECTOR	PB	
INSTA-GLUCOSE ORAL GEL 77.4 %	NC	
INVOKANA	PB	QL
JANUMET	PB	QL
JANUMET XR	PB	QL
JANUVIA	PB	QL
JARDIANCE	NPB	QL
JENTADUETO	PB	QL
JENTADUETO XR	PB	QL
KAZANO	NC	
KOMBIGLYZE XR	NPB	ST; QL
KORLYM	NPB	PA; SP Pharmacy; QL
LANTUS	NPB	ST
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	NPB	ST
<i>leader glucose</i>	NC	
<i>leader quick dissolve glucose</i>	NC	
LEVEMIR	PB	
LEVEMIR FLEXTOUCH	PB	
<i>longs glucose oral tablet chewable 4-6 gm-mg</i>	NC	
<i>metformin hcl er</i>	G	
<i>metformin hcl er (mod)</i>	NC	
<i>metformin hcl er (osm) oral tablet extended release 24 hour 1000 mg, 500 mg</i>	G	ST; QL
<i>metformin hcl oral solution</i>	NC	
<i>metformin hcl oral tablet</i>	G	
<i>miglitol</i>	G	
<i>nateglinide</i>	G	
NESINA	NC	

2018 Aetna Pharmacy Drug Guide - Small Group ACA Plan: NY

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
NOVOLIN 70/30	NC	
NOVOLIN 70/30 RELION	NC	
NOVOLIN N	NC	
NOVOLIN N RELION	NC	
NOVOLIN R	NC	
NOVOLIN R RELION	NC	
NOVOLOG	NPB	ST
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	NPB	ST
NOVOLOG MIX 70/30	NPB	ST
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	NPB	ST
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE	NPB	ST
ONGLYZA	NPB	ST; QL
OSENI	NC	
OZEMPIC	NC	
<i>pioglitazone hcl</i>	G	QL
<i>pioglitazone hcl-glimepiride</i>	G	QL
<i>pioglitazone hcl-metformin hcl</i>	G	QL
PRANDIN ORAL TABLET 1 MG, 2 MG	NC	
PRECOSE	NC	
<i>preferred plus glucose</i>	NC	
PROGLYCEM	NPB	
RELION GLUCOSE	NC	
RELION GLUCOSE DRINK	NC	
<i>repaglinide</i>	G	
<i>repaglinide-metformin hcl</i>	G	QL
RIOMET	NC	
SMART SENSE GLUCOSE	NC	
STARLIX	NC	
STEGLATRO	NC	
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR	NPB	PA; #; QL

2018 Aetna Pharmacy Drug Guide - Small Group ACA Plan: NY

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR	NPB	PA; #
TANZEUM	NPB	PA; ST; QL
<i>tolazamide</i>	G	
<i>tolbutamide</i>	G	
TOUJEO MAX SOLOSTAR	NC	
TOUJEO SOLOSTAR	NC	
TRADJENTA	PB	QL
TRESIBA FLEXTOUCH	NPB	ST
TRULICITY	NPB	PA; ST; QL
<i>up & up glucose</i>	NC	
<i>value plus glucose</i>	NC	
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR	NPB	PA; ST; QL
ANTIDIARRHEALS		
<i>diphenoxylate-atropine</i>	G	
LOMOTIL ORAL TABLET	NC	
<i>loperamide hcl oral tablet</i>	G	
MOTOFEN	NPB	
MYTESI	NPB	PA; ST; QL
<i>opium</i>	G	
<i>paregoric</i>	G	
ANTIDOTES AND SPECIFIC ANTAGONISTS		
DESFERAL INJECTION SOLUTION RECONSTITUTED 500 MG	NC	
RADIOGARDASE	NC	
VISTOGARD	PB	QL
ANTIDOTES		
CHEMET	NPB	
DESFERAL INJECTION SOLUTION RECONSTITUTED 500 MG	NC	
EVZIO	NPB	ST
EXJADE	NPB	PA; #; SP Pharmacy
FERRIPROX ORAL SOLUTION	NPB	PA
FERRIPROX ORAL TABLET	NPB	PA; #; SP Pharmacy

2018 Aetna Pharmacy Drug Guide - Small Group ACA Plan: NY

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
JADENU	NC	#
JADENU SPRINKLE	NC	#
<i>naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml</i>	G	
<i>naloxone hcl injection solution cartridge</i>	G	
<i>naloxone hcl injection solution prefilled syringe</i>	G	
<i>naltrexone hcl oral</i>	G	
NARCAN	PB	#
RADIOGARDASE	NC	
VISTOGARD	PB	QL
VIVITROL	NC	
ANTIEMETICS		
AKYNZEO ORAL	NPB	PA; ST; QL
ANZEMET ORAL	NPB	QL
<i>aprepitant</i>	G	QL
BONJESTA	NC	
CESAMET	NPB	QL
DICLEGIS	NC	#
DRAMAMINE LESS DROWSY	G	
<i>dronabinol</i>	G	PA; ST; QL
EMEND ORAL CAPSULE 125 MG, 40 MG, 80 MG	NC	
EMEND ORAL SUSPENSION RECONSTITUTED	PB	#
<i>granisetron hcl oral</i>	G	
MARINOL	NC	
<i>meclizine hcl oral tablet</i>	G	
<i>ondansetron</i>	G	
<i>ondansetron hcl oral</i>	G	
SANCUSO	NPB	QL
<i>scopolamine</i>	G	
SYNDROS	NC	#
TIGAN ORAL	NC	
TRANSDERM-SCOP (1.5 MG)	NC	
<i>trimethobenzamide hcl oral</i>	G	

2018 Aetna Pharmacy Drug Guide - Small Group ACA Plan: NY

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
VARUBI ORAL	NC	
ZOFRAN ODT	NC	
ZOFRAN ORAL	NC	
ZUPLENZ	NC	
ANTIFUNGALS		
ANCOBON	NC	
<i>bio-statin oral capsule</i>	NC	
<i>bio-statin oral powder</i>	G	
CRESEMBA ORAL	NPB	
DIFLUCAN	NC	
<i>fluconazole oral</i>	G	
<i>flucytosine oral</i>	G	
<i>griseofulvin microsize oral</i>	G	
<i>griseofulvin ultramicrosize</i>	G	
GRIS-PEG	NC	
<i>itraconazole oral capsule</i>	G	PA; ST; QL
<i>itraconazole oral solution</i>	G	
<i>ketoconazole oral</i>	G	QL
LAMISIL ORAL TABLET	NC	
NOXAFIL ORAL SUSPENSION	NPB	PA; ST
NOXAFIL ORAL TABLET DELAYED RELEASE	NC	#
<i>nystatin oral tablet</i>	G	
ONMEL	NC	
SPORANOX	NC	
SPORANOX PULSEPAK	NC	
<i>terbinafine hcl oral</i>	G	
VFEND	NC	
<i>voriconazole oral suspension reconstituted</i>	NC	
<i>voriconazole oral tablet</i>	G	PA
*ANTIHEMOPHILIC PRODUCTS - MONOCLONAL ANTIBODIES***		
HEMLIBRA	NC	
ANTI HISTAMINES		
ALAVERT	G	

2018 Aetna Pharmacy Drug Guide - Small Group ACA Plan: NY

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
ALLEGRA ALLERGY	G	
ALLEGRA ALLERGY CHILDRENS ORAL SUSPENSION	G	
ALLEGRA ALLERGY CHILDRENS ORAL TABLET DISPERSIBLE	G	
<i>brompheniramine tannate oral tablet chewable</i>	NC	
<i>carbinoxamine maleate oral solution</i>	G	
<i>carbinoxamine maleate oral tablet 4 mg</i>	G	
<i>carbinoxamine maleate oral tablet 6 mg</i>	NC	
<i>cetirizine hcl oral syrup 1 mg/ml</i>	G	
<i>cetirizine hcl oral tablet</i>	G	
<i>cetirizine hcl oral tablet chewable</i>	G	
CLARINEX	NC	
CLARITIN CHILDRENS	G	
CLARITIN ORAL SYRUP	G	
CLARITIN ORAL TABLET	G	
CLARITIN ORAL TABLET CHEWABLE	G	
CLARITIN REDITABS	G	
<i>clemastine fumarate oral tablet</i>	G	
<i>cyproheptadine hcl oral</i>	G	
<i>desloratadine oral tablet</i>	G	ST; QL
<i>desloratadine oral tablet dispersible 2.5 mg</i>	G	ST; QL
<i>desloratadine oral tablet dispersible 5 mg</i>	G	ST
<i>fexofenadine hcl childrens</i>	G	
<i>fexofenadine hcl oral tablet 180 mg, 60 mg</i>	G	
KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE	NC	
<i>loratadine allergy relief oral tablet dispersible</i>	G	
<i>loratadine childrens oral syrup</i>	G	
<i>loratadine oral tablet</i>	G	
<i>loratadine oral tablet chewable</i>	G	
MUCINEX ALLERGY	G	
PHENADOZ	G	
PHENERGAN RECTAL	G	
<i>promethazine hcl oral</i>	G	

2018 Aetna Pharmacy Drug Guide - Small Group ACA Plan: NY

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
<i>promethazine hcl rectal</i>	G	
PROMETHEGAN	G	
RYVENT	NC	
XYZAL ALLERGY 24HR	G	QL
XYZAL ALLERGY 24HR CHILDRENS	G	
ZYRTEC ALLERGY ORAL CAPSULE	G	
ZYRTEC ALLERGY ORAL TABLET	G	
ZYRTEC CHILDRENS ALLERGY ORAL SYRUP 1 MG/ML	G	
ANTIHYPERLIPIDEMICS		
ALTOPREV	NPB	ST; #; QL
ANTARA ORAL CAPSULE 30 MG, 90 MG	NC	#
<i>atorvastatin calcium oral tablet 10 mg</i>	CE	QL
<i>atorvastatin calcium oral tablet 20 mg, 40 mg, 80 mg</i>	G	QL
<i>cholestyramine light</i>	G	
<i>cholestyramine oral</i>	G	
<i>colesevelam hcl</i>	G	
COLESTID	NC	
COLESTID FLAVORED	NC	
<i>colestipol hcl</i>	G	
CRESTOR	NC	
<i>ezetimibe</i>	G	QL
<i>ezetimibe-simvastatin</i>	G	ST; QL
<i>fenofibrate micronized</i>	G	QL
<i>fenofibrate oral capsule 150 mg, 50 mg</i>	G	QL
<i>fenofibrate oral tablet 120 mg, 40 mg</i>	NC	
<i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>	G	QL
<i>fenofibric acid oral capsule delayed release</i>	NC	
<i>fenofibric acid oral tablet</i>	G	QL
FENOGLIDE	NC	
FIBRICOR	NC	
<i>flolipid</i>	NC	
<i>fluvastatin sodium</i>	G	QL

2018 Aetna Pharmacy Drug Guide - Small Group ACA Plan: NY

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
<i>fluvastatin sodium er</i>	G	QL
<i>gemfibrozil oral</i>	G	
JUXTAPID	NPB	PA; ST; SP Pharmacy; QL
KYNAMRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	NC	
LESCOL XL	NC	
LIPITOR	NC	
LIPOFEN	NC	
LIVALO	NPB	ST; QL
LOFIBRA ORAL CAPSULE 134 MG, 67 MG	NC	
LOFIBRA ORAL TABLET 54 MG	NC	
LOPID	NC	
<i>lovastatin</i>	G	QL
LOVAZA	NC	
MEVACOR ORAL TABLET 40 MG	NC	
<i>niacin er (antihyperlipidemic)</i>	G	
NIACOR	NC	
NIASPAN	NC	
<i>omega-3-acid ethyl esters</i>	G	QL
PRAVACHOL ORAL TABLET 20 MG, 40 MG, 80 MG	NC	
<i>pravastatin sodium</i>	G	QL
PREVALITE	G	
QUESTRAN	NC	
QUESTRAN LIGHT ORAL POWDER	NC	
<i>rosuvastatin calcium</i>	G	ST; QL
<i>simvastatin oral tablet 10 mg, 5 mg</i>	CE	QL
<i>simvastatin oral tablet 20 mg, 40 mg, 80 mg</i>	G	QL
TRICOR	NC	
TRIGLIDE ORAL TABLET 160 MG	NC	
TRILIPIX	NC	
VASCEPA	NC	
VYTORIN	NC	
WELCHOL	NPB	#

2018 Aetna Pharmacy Drug Guide - Small Group ACA Plan: NY

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
ZETIA	NC	
ZOCOR	NC	
ZYPITAMAG	NC	
ANTIHYPERTENSIVES		
ACCUPRIL	NC	
ACCURETIC	NC	
ACEON ORAL TABLET 4 MG, 8 MG	NC	
ALTACE ORAL CAPSULE	NC	
<i>amlodipine besy-benazepril hcl</i>	G	
<i>amlodipine besylate-valsartan</i>	G	QL
<i>amlodipine-olmesartan</i>	G	QL
<i>amlodipine-valsartan-hctz</i>	G	QL
ATACAND	NC	
ATACAND HCT	NC	
<i>atenolol-chlorthalidone</i>	G	
AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG	NC	
AVAPRO	NC	
AZOR	NC	
<i>benazepril hcl oral</i>	G	
<i>benazepril-hydrochlorothiazide</i>	G	
BENICAR	NC	
BENICAR HCT	NC	
<i>bisoprolol-hydrochlorothiazide</i>	G	
<i>candesartan cilexetil</i>	G	QL
<i>candesartan cilexetil-hctz</i>	G	QL
<i>captopril oral</i>	G	
<i>captopril-hydrochlorothiazide</i>	G	
CARDURA	NC	
CATAPRES	NC	
CATAPRES-TTS-1	NC	
CATAPRES-TTS-2	NC	
CATAPRES-TTS-3	NC	
<i>clonidine hcl oral</i>	G	
<i>clonidine hcl transdermal</i>	G	

2018 Aetna Pharmacy Drug Guide - Small Group ACA Plan: NY

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
CLORPRES	NPB	
CORZIDE	NC	
COZAAR	NC	
DEMSER	NPB	
DIBENZYLINE	NC	
DIOVAN	NC	
DIOVAN HCT	NC	
<i>doxazosin mesylate oral</i>	G	
EDARBI	NPB	ST; QL
EDARBYCLOR	NPB	ST; QL
<i>enalapril maleate oral</i>	G	
<i>enalapril-hydrochlorothiazide</i>	G	
EPANED ORAL SOLUTION	NC	#
<i>epiphenone</i>	G	
<i>eprosartan mesylate</i>	G	QL
EXFORGE	NC	
EXFORGE HCT	NC	
<i>fosinopril sodium</i>	G	
<i>fosinopril sodium-hctz</i>	G	
<i>guanfacine hcl oral</i>	G	
<i>hydralazine hcl oral</i>	G	
HYZAAR	NC	
INSPRA	NC	
<i>irbesartan</i>	G	QL
<i>irbesartan-hydrochlorothiazide</i>	G	QL
<i>lisinopril oral</i>	G	
<i>lisinopril-hydrochlorothiazide</i>	G	
LOPRESSOR HCT ORAL TABLET 50-25 MG	NC	
<i>losartan potassium oral tablet 100 mg</i>	G	
<i>losartan potassium oral tablet 25 mg, 50 mg</i>	G	QL
<i>losartan potassium-hctz</i>	G	
LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	NC	
LOTENSIN ORAL TABLET 20 MG, 40 MG	NC	

2018 Aetna Pharmacy Drug Guide - Small Group ACA Plan: NY

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG	NC	
<i>methyldopa oral</i>	G	
<i>methyldopa-hydrochlorothiazide</i>	G	
<i>metoprolol-hctz er</i>	NC	
<i>metoprolol-hydrochlorothiazide</i>	G	
MICARDIS	NC	
MICARDIS HCT	NC	
MINIPRESS	NC	
<i>minoxidil oral</i>	G	
<i>moexipril hcl</i>	G	
<i>moexipril-hydrochlorothiazide</i>	G	
<i>nadolol-bendroflumethiazide</i>	G	
<i>olmesartan medoxomil oral</i>	G	QL
<i>olmesartan medoxomil-hctz</i>	G	QL
<i>olmesartan-amlodipine-hctz</i>	G	QL
<i>perindopril erbumine</i>	G	
<i>phenoxybenzamine hcl oral</i>	G	PA
<i>prazosin hcl oral</i>	G	
PRESTALIA	NPB	#
PRINIVIL	NC	
<i>propranolol-hctz</i>	G	
QBRELIS	NC	
<i>quinapril hcl</i>	G	
<i>quinapril-hydrochlorothiazide</i>	G	
<i>ramipril</i>	G	
<i>reserpine oral</i>	G	
TARKA	NC	
TEKTURNA	NPB	ST; #; QL
TEKTURNA HCT	NPB	ST; QL
<i>telmisartan</i>	G	QL
<i>telmisartan-amlodipine</i>	G	ST; QL
<i>telmisartan-hctz</i>	G	QL
TENORETIC 100	NC	
TENORETIC 50	NC	

2018 Aetna Pharmacy Drug Guide - Small Group ACA Plan: NY

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
<i>terazosin hcl oral</i>	G	
<i>trandolapril</i>	G	
<i>trandolapril-verapamil hcl er</i>	G	
TRIBENZOR	NC	
TWYNSTA	NC	
<i>valsartan</i>	G	QL
<i>valsartan-hydrochlorothiazide</i>	G	QL
VASERETIC	NC	
VASOTEC	NC	
VECAMYL	NC	
ZESTORETIC	NC	
ZESTRIL	NC	
ZIAC	NC	
ANTI-INFECTIVE AGENTS - MISC.		
ALINIA	NPB	#; QL
<i>atovaquone oral</i>	G	
BACTRIM	NC	
BACTRIM DS	NC	
CLEOCIN ORAL	NC	
<i>clindamycin hcl oral</i>	G	
<i>clindamycin palmitate hcl</i>	G	
<i>dapsone oral</i>	G	
FLAGYL	NC	
IMPAVIDO	NPB	PA; QL
KETEK ORAL TABLET 300 MG	NPB	
<i>linezolid oral</i>	G	QL
METRONIDAZOLE BENZO+SYRSPEND	NC	
<i>metronidazole oral</i>	G	
NEBUPENT	NPB	
PRIMSOL	NPB	
SIVEXTRO ORAL	NPB	ST; QL
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	G	
<i>sulfamethoxazole-trimethoprim oral tablet</i>	G	
SULFATRIM PEDIATRIC	G	

2018 Aetna Pharmacy Drug Guide - Small Group ACA Plan: NY

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
TINDAMAX ORAL TABLET 500 MG	NC	
<i>tinidazole oral</i>	G	
<i>trimethoprim oral</i>	G	
<i>trimpex</i>	NPB	
XIFAXAN ORAL TABLET 200 MG	NPB	QL
XIFAXAN ORAL TABLET 550 MG	NPB	PA; QL
ZYVOX ORAL	NC	
ANTIMALARIALS		
<i>atovaquone-proguanil hcl</i>	G	
<i>chloroquine phosphate oral</i>	G	
COARTEM	NPB	
DARAPRIM	NPB	
<i>hydroxychloroquine sulfate oral</i>	G	
MALARONE	NC	
<i>mefloquine hcl</i>	G	
PLAQUENIL	NC	
<i>primaquine phosphate oral</i>	G	
QUALAQUIN	NC	
<i>quinine sulfate oral</i>	G	
ANTIMYASTHENIC AGENTS		
<i>guanidine hcl oral</i>	G	
MESTINON ORAL SYRUP	NPB	
MESTINON ORAL TABLET	NC	
MESTINON ORAL TABLET EXTENDED RELEASE	NC	
<i>pyridostigmine bromide er</i>	G	
<i>pyridostigmine bromide oral</i>	G	
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
<i>guanidine hcl oral</i>	G	
MESTINON ORAL SYRUP	NPB	
MESTINON ORAL TABLET	NC	
MESTINON ORAL TABLET EXTENDED RELEASE	NC	
<i>pyridostigmine bromide er</i>	G	

2018 Aetna Pharmacy Drug Guide - Small Group ACA Plan: NY

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
<i>pyridostigmine bromide oral</i>	G	
ANTIMYCOBACTERIAL AGENTS		
<i>cycloserine oral</i>	G	
<i>ethambutol hcl oral</i>	G	
<i>isoniazid oral</i>	G	
MYAMBUTOL	NC	
MYCOBUTIN	NC	
PASER	NPB	
PRIFTIN	NPB	
<i>pyrazinamide oral</i>	G	
<i>rifabutin</i>	G	
RIFADIN ORAL CAPSULE 150 MG	NC	
RIFAMATE	NPB	
<i>rifampin oral</i>	G	
RIFAMPIN+SYRSPEND SF PH4	NC	
RIFATER	NPB	
SIRTURO	NPB	PA; SP Pharmacy; QL
TRECTOR	NPB	
*ANTINEOPLASTIC - BCL-2 INHIBITORS***		
VENCLEXTA	NC	
VENCLEXTA STARTING PACK	NC	
*ANTINEOPLASTIC OR PREMALIGNANT LESION AGENT - COMB***		
<i>hyalucil-0.5</i>	NC	
<i>hyalucil-4</i>	NC	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
ACTIMMUNE	NPB	PA; SP Pharmacy
AFINITOR	NPB	PA; SP Pharmacy; QL
AFINITOR DISPERZ	NC	
ALECENSA	NC	
ALFERON N	NC	
ALKERAN ORAL	NC	
ALUNBRIG	NC	

2018 Aetna Pharmacy Drug Guide - Small Group ACA Plan: NY

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
<i>anastrozole oral</i>	G	
ARIMIDEX	NC	
AROMASIN	NC	
<i>bexarotene</i>	G	PA; SP Pharmacy
<i>bicalutamide</i>	G	QL
BOSULIF	NPB	PA; ST; SP Pharmacy; QL
BRAFTOVI	NC	
CABOMETYX	NC	
CALQUENCE	NC	
<i>capecitabine</i>	G	PA; SP Pharmacy
CAPRELSA	NPB	PA; SP Pharmacy; QL
CASODEX	NC	
COMETRIQ (100 MG DAILY DOSE)	NPB	PA; SP Pharmacy; QL
COMETRIQ (140 MG DAILY DOSE)	NPB	PA; SP Pharmacy; QL
COMETRIQ (60 MG DAILY DOSE)	NPB	PA; SP Pharmacy; QL
COTELLIC	NC	
<i>cyclophosphamide oral capsule</i>	G	
ELIGARD	NPB	PA
EMCYT	NPB	
ERIVEDGE	NPB	PA; SP Pharmacy; QL
ERLEADA	NC	
<i>etoposide oral</i>	G	
<i>exemestane</i>	G	
FARESTON	NPB	
FARYDAK	NC	
FEMARA	NC	
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG	NPB	PA
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	NPB	PA; SP Pharmacy
<i>flutamide</i>	G	
GILOTRIF	NPB	PA; SP Pharmacy; QL
GLEEVEC	NC	
GLEOSTINE	PB	
HEXALEN	NPB	

2018 Aetna Pharmacy Drug Guide - Small Group ACA Plan: NY

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
HYCAMTIN ORAL	NPB	PA; SP Pharmacy; QL
HYDREA	NC	
<i>hydroxyurea oral</i>	G	
ICLUSIG	NPB	PA; SP Pharmacy; QL
<i>imatinib mesylate</i>	G	PA; QL
IMBRUVICA	NC	
INLYTA	NPB	PA; SP Pharmacy; QL
INTRON A	NPB	PA; SP Pharmacy
IRESSA	NC	
JAKAFI	NPB	PA; SP Pharmacy; QL
KISQALI FEMARA 200 DOSE	NC	
KISQALI FEMARA 400 DOSE	NC	
KISQALI FEMARA 600 DOSE	NC	
LENVIMA 10 MG DAILY DOSE	NC	
LENVIMA 12 MG DAILY DOSE	NC	
LENVIMA 14 MG DAILY DOSE	NC	
LENVIMA 18 MG DAILY DOSE	NC	
LENVIMA 20 MG DAILY DOSE	NC	
LENVIMA 24 MG DAILY DOSE	NC	
LENVIMA 4 MG DAILY DOSE	NC	
LENVIMA 8 MG DAILY DOSE	NC	
<i>letrozole oral</i>	G	
<i>leucovorin calcium oral</i>	G	
LEUKERAN	NPB	
<i>leuprolide acetate injection</i>	G	PA; SP Pharmacy
LONSURF	NPB	PA; SP Pharmacy; QL
LUPRON DEPOT (1-MONTH)	NPB	PA; #; SP Pharmacy
LUPRON DEPOT (3-MONTH)	NPB	PA; #; SP Pharmacy
LUPRON DEPOT (4-MONTH)	NPB	PA; #; SP Pharmacy
LUPRON DEPOT (6-MONTH)	NPB	PA; #; SP Pharmacy
LYSODREN	NPB	
MATULANE	NPB	
<i>megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml</i>	G	
<i>megestrol acetate oral tablet</i>	G	

2018 Aetna Pharmacy Drug Guide - Small Group ACA Plan: NY

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
MEKINIST	NPB	PA; SP Pharmacy; QL
MEKTOVI	NC	
<i>melphalan</i>	G	
<i>mercaptopurine oral</i>	G	
MESNEX ORAL	NPB	
<i>methotrexate oral</i>	G	
<i>methotrexate sodium (pf) injection solution 200 mg/8ml</i>	NC	
<i>methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml</i>	NC	
<i>methotrexate sodium injection solution reconstituted</i>	NC	
MYLERAN	NPB	
NERLYNX	NC	
NEXAVAR	NPB	PA; SP Pharmacy; QL
NILANDRON	NC	
<i>nilutamide</i>	G	
NINLARO	NC	
ODOMZO	NPB	PA; QL
POMALYST	NPB	PA; SP Pharmacy; QL
PURIXAN	NPB	PA; ST; SP Pharmacy; QL
RYDAPT	NC	
SOLTAMOX	NC	#
SPRYCEL	NPB	PA; ST; SP Pharmacy; QL
STIVARGA	NPB	PA; SP Pharmacy; QL
SUTENT	PB	PA; SP Pharmacy; QL
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG, 600 MCG	NPB	PA; SP Pharmacy
TABLOID	NPB	
TAFINLAR	NPB	PA; SP Pharmacy; QL
TAGRISSO	NC	
<i>tamoxifen citrate oral</i>	CE	
TARCEVA	NPB	PA; #; SP Pharmacy; QL
TARGRETIN ORAL	NC	
TASIGNA	NPB	PA; ST; SP Pharmacy; QL
TEMODAR ORAL	NC	

2018 Aetna Pharmacy Drug Guide - Small Group ACA Plan: NY

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
<i>temozolomide</i>	G	PA; SP Pharmacy
TRELSTAR MIXJECT	NPB	PA; #; SP Pharmacy
<i>tretinoin oral</i>	G	SP Pharmacy
TREXALL	NPB	
TYKERB	NPB	PA; SP Pharmacy; QL
VIZIMPRO	NC	
VOTRIENT	NPB	PA; SP Pharmacy; QL
XALKORI	NPB	PA; SP Pharmacy; QL
XATMEP	NPB	PA
XELODA	NC	
XTANDI	NPB	PA; ST; SP Pharmacy; QL
YONSA	NC	
ZELBORAF	NPB	PA; SP Pharmacy; QL
ZOLINZA	NPB	PA; SP Pharmacy; QL
ZYKADIA	NPB	PA; SP Pharmacy; QL
ZYTIGA ORAL TABLET 250 MG	PB	PA; #; SP Pharmacy; QL
ZYTIGA ORAL TABLET 500 MG	PB	PA; #; QL
ANTIPARKINSON AGENTS		
<i>amantadine hcl oral</i>	G	
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE	NPB	
AZILECT	NC	
<i>benztropine mesylate oral</i>	G	
<i>bromocriptine mesylate oral</i>	G	
<i>carbidopa oral</i>	G	
<i>carbidopa-levodopa</i>	G	
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	G	
<i>carbidopa-levodopa-entacapone</i>	G	
COMTAN	NC	
DUOPA ENTERAL	NC	
ELDEPRYL	NC	
<i>entacapone</i>	G	
GOCOVRI	NC	
LODOSYN	NC	

2018 Aetna Pharmacy Drug Guide - Small Group ACA Plan: NY

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
MIRAPEX	NC	
MIRAPEX ER	NC	
NEUPRO	NPB	ST; #; QL
OSMOLEX ER	NC	
PARLODEL	NC	
<i>pramipexole dihydrochloride</i>	G	
<i>pramipexole dihydrochloride er</i>	G	QL
<i>rasagiline mesylate oral</i>	G	QL
REQUIP	NC	
REQUIP XL	NC	
<i>ropinirole hcl</i>	G	
<i>ropinirole hcl er</i>	G	QL
RYTARY	NC	#
<i>selegiline hcl oral</i>	G	
SINEMET	NC	
SINEMET CR	NC	
STALEVO 100	NC	
STALEVO 125	NC	
STALEVO 150	NC	
STALEVO 200	NC	
STALEVO 50	NC	
STALEVO 75	NC	
TASMAR ORAL TABLET 100 MG	NC	
<i>tolcapone</i>	G	
<i>trihexyphenidyl hcl</i>	G	
XADAGO	NC	
ZELAPAR	NPB	ST; QL
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
ABILIFY ORAL TABLET	NC	
<i>aripiprazole</i>	G	QL
<i>chlorpromazine hcl oral</i>	G	
<i>clozapine</i>	G	QL
CLOZARIL	NC	
COMPRO	G	

2018 Aetna Pharmacy Drug Guide - Small Group ACA Plan: NY

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
EQUETRO	NPB	
FANAPT	NPB	ST; QL
FANAPT TITRATION PACK	NPB	ST
FAZACLO	NC	
<i>fluphenazine hcl oral</i>	G	
GEODON ORAL	NC	
<i>haloperidol lactate injection solution 5 mg/ml</i>	NC	
<i>haloperidol lactate oral</i>	NC	
<i>haloperidol oral</i>	G	
INVEGA	NC	
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 80 MG	NPB	ST; #; QL
LATUDA ORAL TABLET 60 MG	NPB	ST; #
<i>lithium</i>	G	
<i>lithium carbonate er</i>	G	
<i>lithium carbonate oral</i>	G	
LITHOBID	NC	
<i>loxapine succinate oral</i>	G	
NUPLAZID	NC	
<i>olanzapine oral</i>	G	QL
<i>paliperidone er</i>	G	ST; QL
<i>perphenazine oral</i>	G	
<i>prochlorperazine</i>	G	
<i>prochlorperazine maleate oral</i>	G	
<i>quetiapine fumarate</i>	G	QL
<i>quetiapine fumarate er</i>	G	QL
REXULTI	NPB	PA; ST; QL
RISPERDAL	NC	
RISPERDAL M-TAB ORAL TABLET DISPERSIBLE 0.5 MG, 1 MG, 3 MG, 4 MG	NC	
RISPERIDONE M-TAB	G	QL
<i>risperidone oral solution</i>	G	
<i>risperidone oral tablet</i>	G	QL
<i>risperidone oral tablet dispersible 0.25 mg</i>	G	

2018 Aetna Pharmacy Drug Guide - Small Group ACA Plan: NY

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
<i>risperidone oral tablet dispersible 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	G	QL
SAPHRIS	NPB	ST; #; QL
SEROQUEL	NC	
SEROQUEL XR	NC	
<i>thioridazine hcl oral</i>	G	
<i>thiothixene oral</i>	G	
<i>trifluoperazine hcl oral</i>	G	
VERSACLOZ	NC	
VRAYLAR ORAL CAPSULE	NPB	PA; ST; QL
VRAYLAR ORAL CAPSULE THERAPY PACK	NPB	PA; ST
<i>ziprasidone hcl</i>	G	QL
ZYPREXA ORAL	NC	
ZYPREXA ZYDIS	NC	
*ANTIRETROVIRALS ADJUVANTS***		
TYBOST	NPB	QL
ANTISEPTICS & DISINFECTANTS		
BUCALSEP EXTERNAL SOLUTION	NC	
<i>chlorhexidine gluconate solution 20 %</i>	NC	
<i>hydrogen peroxide solution 30 %</i>	NC	
ANTIVIRALS		
<i>abacavir sulfate</i>	G	
<i>abacavir sulfate-lamivudine</i>	G	
<i>abacavir-lamivudine-zidovudine</i>	G	
<i>acyclovir oral</i>	G	
<i>adefovir dipivoxil</i>	G	QL
APTIVUS	NPB	
<i>atazanavir sulfate</i>	G	
ATRIPLA	NPB	QL
BARACLUDE ORAL SOLUTION	NPB	SP Pharmacy
BARACLUDE ORAL TABLET	NC	
BIKTARVY	NPB	PA
CIMDUO	NPB	QL
COMBIVIR	NC	

2018 Aetna Pharmacy Drug Guide - Small Group ACA Plan: NY

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
COMPLERA	NPB	QL
COPEGUS	NC	
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	NPB	
DAKLINZA	NPB	PA; ST; SP Pharmacy; QL
DELSTRIGO	NPB	PA; QL
DESCOVY	PB	QL
<i>didanosine</i>	G	
EDURANT	NPB	QL
<i>efavirenz</i>	G	
EMTRIVA ORAL CAPSULE	NPB	QL
EMTRIVA ORAL SOLUTION	NPB	
<i>entecavir</i>	G	QL
EPIVIR	NC	
EPIVIR HBV ORAL SOLUTION	PB	#; SP Pharmacy
EPIVIR HBV ORAL TABLET	NC	
EPZICOM	NC	
EVOTAZ	NPB	
<i>famciclovir oral</i>	G	QL
FLUMADINE	NC	
<i>fosamprenavir calcium</i>	G	
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	NPB	#; SP Pharmacy
GENVOYA	NPB	PA; QL
HEPSERA	NC	
INTELENCE	NPB	QL
INVIRASE	NPB	
ISENTRESS HD	PB	QL
ISENTRESS ORAL PACKET	PB	
ISENTRESS ORAL TABLET	PB	QL
ISENTRESS ORAL TABLET CHEWABLE	PB	QL
JULUCA	NPB	ST; QL
KALETRA ORAL SOLUTION	NC	
KALETRA ORAL TABLET	NPB	#
<i>lamivudine</i>	G	

2018 Aetna Pharmacy Drug Guide - Small Group ACA Plan: NY

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
<i>lamivudine-zidovudine</i>	G	
LEXIVA ORAL SUSPENSION	NPB	#
LEXIVA ORAL TABLET	NC	#
<i>lopinavir-ritonavir</i>	G	
MODERIBA 1200 DOSE PACK	NPB	
MODERIBA 800 DOSE PACK	NPB	
MODERIBA ORAL TABLET 200 MG	G	SP Pharmacy
<i>nevirapine er</i>	G	QL
<i>nevirapine oral tablet</i>	G	
NORVIR ORAL CAPSULE	NPB	#
NORVIR ORAL PACKET	NPB	
NORVIR ORAL SOLUTION	NPB	#
NORVIR ORAL TABLET	NC	
ODEFSEY	NPB	QL
OLYSIO	NPB	PA; ST; SP Pharmacy; QL
<i>oseltamivir phosphate oral</i>	G	QL
PEGASYS PROCLICK	PB	PA; SP Pharmacy
PEGASYS SUBCUTANEOUS SOLUTION	PB	PA; SP Pharmacy
PIFELTRO	NPB	
PREVYMIS ORAL	NC	
PREZCOBIX	NPB	
PREZISTA ORAL SUSPENSION	NPB	QL
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	NPB	QL
REBETOL ORAL CAPSULE	NC	
REBETOL ORAL SOLUTION	PB	SP Pharmacy
RELENZA DISKHALER	NPB	QL
RESCRIPTOR	NPB	
RETROVIR ORAL CAPSULE	NC	
RETROVIR ORAL SYRUP	NC	
REYATAZ ORAL CAPSULE 150 MG, 200 MG, 300 MG	NC	
REYATAZ ORAL PACKET	NC	#
RIBASPHERE ORAL CAPSULE	G	SP Pharmacy
RIBASPHERE ORAL TABLET 200 MG	G	SP Pharmacy

2018 Aetna Pharmacy Drug Guide - Small Group ACA Plan: NY

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
RIBASPHERE ORAL TABLET 400 MG, 600 MG	NPB	SP Pharmacy
RIBASPHERE RIBAPAK ORAL TABLET 400 MG, 600 MG	NPB	
<i>ribavirin oral capsule</i>	G	SP Pharmacy
<i>ribavirin oral tablet 200 mg</i>	G	SP Pharmacy
<i>rimantadine hcl</i>	G	
<i>ritonavir</i>	G	
SELZENTRY ORAL SOLUTION	NPB	QL
SELZENTRY ORAL TABLET 150 MG, 25 MG, 75 MG	NPB	QL
SELZENTRY ORAL TABLET 300 MG	NPB	
SITAVIG	NC	
SOVALDI	PB	PA; SP Pharmacy; QL
<i>stavudine oral capsule</i>	G	
STRIBILD	NPB	PA; QL
SUSTIVA	NC	
SYMFI	NPB	
SYMFI LO	NPB	
SYMTUZA	NPB	PA
TAMIFLU ORAL CAPSULE	NC	
TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML	NC	
<i>tenofovir disoproxil fumarate</i>	G	QL
TIVICAY	PB	QL
TRIUMEQ	PB	QL
TRIZIVIR	NC	
TRUVADA	NPB	
<i>valacyclovir hcl oral</i>	G	
VALCYTE ORAL TABLET	NC	
<i>valganciclovir hcl</i>	G	PA; SP Pharmacy; QL
VALTREX	NC	
VEMLIDY	NC	
VIDEX	NPB	
VIDEX EC	NC	
VIRACEPT ORAL TABLET	NPB	

2018 Aetna Pharmacy Drug Guide - Small Group ACA Plan: NY

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
VIRAMUNE	NC	
VIRAMUNE XR	NC	
VIREAD ORAL POWDER	NPB	#
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	NPB	#; QL
VIREAD ORAL TABLET 300 MG	NC	
ZERIT	NC	
ZIAGEN	NC	
<i>zidovudine</i>	G	
ZOVIRAX ORAL	NC	
ASSORTED CLASSES		
ASTAGRAF XL	NC	#
ATGAM	NPB	SP Pharmacy
AZASAN	NPB	
<i>azathioprine oral</i>	G	
BENLYSTA INTRAVENOUS	NPB	PA; ST; SP Pharmacy
BENLYSTA SUBCUTANEOUS	NPB	PA; ST; SP Pharmacy; QL
CELLCEPT ORAL CAPSULE	NC	
CELLCEPT ORAL TABLET	NC	
CUPRIMINE ORAL CAPSULE 250 MG	NC	#
<i>cyclosporine modified oral capsule</i>	G	
<i>cyclosporine modified oral solution</i>	G	SP Pharmacy
<i>cyclosporine oral capsule</i>	G	
DEPEN TITRATABS	PB	PA
ENVARUSUS XR	NC	
GENGRAF	G	SP Pharmacy
IMURAN	NC	
KIONEX	G	
LOKELMA	NC	
<i>mycophenolate mofetil</i>	G	
<i>mycophenolate sodium</i>	G	
MYFORTIC	NC	
NEORAL	NC	
NULOJIX	NPB	PA; SP Pharmacy
PHYSIOLYTE	G	

2018 Aetna Pharmacy Drug Guide - Small Group ACA Plan: NY

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
PHYSIOSOL IRRIGATION	G	
PROGRAF ORAL	NC	
RAPAMUNE ORAL SOLUTION	NPB	SP Pharmacy
REVLIMID	NPB	PA; SP Pharmacy; QL
<i>ringers irrigation</i>	G	
SANDIMMUNE ORAL	NC	
SIMULECT	NPB	PA; SP Pharmacy
<i>sirolimus oral</i>	G	
<i>skin tag remover</i>	NC	
<i>sodium polystyrene sulfonate oral</i>	G	
<i>sodium polystyrene sulfonate rectal</i>	G	
SPS	G	
SYPRINE	NPB	PA; SP Pharmacy
<i>tacrolimus oral</i>	G	
THALOMID	PB	PA; #; SP Pharmacy
THYMOGLOBULIN	NPB	SP Pharmacy
TIS-U-SOL	G	
<i>trientine hcl</i>	G	PA; SP Pharmacy
VELTASSA	NC	
XIAFLEX	NPB	PA; SP Pharmacy
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG	NPB	#
*ATOPIC DERMATITIS - MONOCLONAL ANTIBODIES***		
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	NC	
*BETA BLOCKER & ANGIOTENSIN II RECEPTOR ANTAGONIST COMB***		
BYVALSON	NC	
BETA BLOCKERS		
<i>acebutolol hcl oral</i>	G	
<i>atenolol oral</i>	G	
ATENOLOL+SYRSPEND SF PH4	NC	
BETAPACE AF	NC	

2018 Aetna Pharmacy Drug Guide - Small Group ACA Plan: NY

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG	NC	
<i>betaxolol hcl oral</i>	G	
<i>bisoprolol fumarate</i>	G	
BYSTOLIC	NPB	QL
<i>carvedilol</i>	G	
<i>carvedilol phosphate er</i>	G	ST; QL
COREG	NC	
COREG CR	NC	
CORGARD	NC	
HEMANGEOL	NPB	PA
INDERAL LA	NC	
INDERAL XL	NC	
INNOPRAN XL	NC	
KAPSPARGO SPRINKLE	NPB	
<i>labetalol hcl oral</i>	G	
LEVATOL	NPB	
LOPRESSOR ORAL	NC	
<i>metoprolol succinate er</i>	G	QL
<i>metoprolol tartrate oral</i>	G	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	G	
<i>pindolol</i>	G	
<i>propranolol hcl er</i>	G	
<i>propranolol hcl oral</i>	G	
SORINE	G	
<i>sotalol hcl (af)</i>	G	
<i>sotalol hcl oral</i>	G	
SOTYLIZE	NC	
TENORMIN	NC	
<i>timolol maleate oral</i>	G	
TOPROL XL	NC	
*BIGUANIDE-DIABETIC SUPPLIES COMBINATIONS***		
D-CARE DM2	NC	

2018 Aetna Pharmacy Drug Guide - Small Group ACA Plan: NY

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
*BILE ACID SYNTHESIS DISORDER AGENTS***		
CHOLBAM	NC	
BIOLOGICALS MISC		
ADAGEN	NPB	PA; SP Pharmacy
GRASTEK	NPB	PA; ST
*BULK CHEMICALS - NY***		
<i>nystatin</i>	G	
*CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG***		
AIMOVIG	NPB	PA; ST; QL
AIMOVIG 140 DOSE	NPB	PA; ST; QL
AJOVY	NPB	PA; ST; QL
EMGALITY	NPB	PA; ST; QL
CALCIUM CHANNEL BLOCKERS		
ADALAT CC	NC	
AFEDITAB CR	G	QL
AMLODIPINE BES+SYRSPEND SF	NC	
<i>amlodipine besylate oral</i>	G	
CALAN ORAL TABLET 120 MG, 80 MG	NC	
CALAN SR	NC	
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 360 MG	NC	
CARDIZEM LA	NC	
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	NC	
CARTIA XT	G	QL
<i>diltiazem cd</i>	G	QL
<i>diltiazem hcl er beads</i>	G	QL
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour</i>	G	QL
<i>diltiazem hcl er coated beads oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg</i>	G	QL
<i>diltiazem hcl er coated beads oral tablet extended release 24 hour 420 mg</i>	G	

2018 Aetna Pharmacy Drug Guide - Small Group ACA Plan: NY

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
<i>diltiazem hcl er oral capsule extended release 12 hour</i>	G	
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg</i>	G	
<i>diltiazem hcl er oral capsule extended release 24 hour 240 mg</i>	G	QL
<i>diltiazem hcl oral</i>	G	
<i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg</i>	G	
<i>dilt-xr oral capsule extended release 24 hour 240 mg</i>	G	QL
<i>felodipine er</i>	G	QL
<i>isradipine</i>	G	
MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 180 MG, 240 MG, 300 MG, 360 MG	G	QL
MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 420 MG	G	
<i>nicardipine hcl oral</i>	G	
NIFEDIAC CC ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG	G	QL
NIFEDICAL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 60 MG	G	QL
<i>nifedipine er</i>	G	QL
<i>nifedipine er osmotic release</i>	G	QL
<i>nifedipine oral</i>	G	
<i>nimodipine oral</i>	G	
<i>nisoldipine er oral tablet extended release 24 hour 17 mg, 20 mg, 30 mg, 34 mg, 40 mg, 8.5 mg</i>	G	QL
<i>nisoldipine er oral tablet extended release 24 hour 25.5 mg</i>	G	
NORVASC	NC	
NYMALIZE ORAL SOLUTION 60 MG/20ML	NC	
PROCARDIA	NC	
PROCARDIA XL	NC	

2018 Aetna Pharmacy Drug Guide - Small Group ACA Plan: NY

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 34 MG, 8.5 MG	NC	
TAZTIA XT	G	QL
TIAZAC	NC	
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg</i>	G	QL
<i>verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg</i>	G	
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	G	
<i>verapamil hcl oral</i>	G	
VERELAN	NC	
VERELAN PM	NC	
CARDIOTONICS		
DIGITEK	G	
DIGOX	G	
<i>digoxin oral</i>	G	
LANOXIN ORAL	NC	
CARDIOVASCULAR AGENTS - MISC.		
ADCIRCA	NPB	PA; ST; #; SP Pharmacy; QL
ADEMPAS	NPB	PA; ST; SP Pharmacy; QL
<i>amlodipine-atorvastatin</i>	NC	
BIDIL	NPB	
CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG	NC	
<i>epoprostenol sodium</i>	G	PA; SP Pharmacy
FLOLAN	NC	
LETAIRIS	PB	PA; #; SP Pharmacy
OPSUMIT	PB	PA; SP Pharmacy; QL
ORENITRAM	NPB	PA; SP Pharmacy
REMODULIN	NPB	PA; #; SP Pharmacy
REVATIO ORAL SUSPENSION RECONSTITUTED	NC	#
REVATIO ORAL TABLET	NC	

2018 Aetna Pharmacy Drug Guide - Small Group ACA Plan: NY
The formulary is updated the first week of each month.
12/01/2018

Drug Name	Drug Status	Drug Details
<i>sildenafil citrate oral tablet 20 mg</i>	G	PA; SP Pharmacy; QL
<i>tadalafil (pah)</i>	PB	PA; SP Pharmacy; QL
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	G	PA; QL
TRACLEER ORAL TABLET	PB	PA; #; SP Pharmacy
TRACLEER ORAL TABLET SOLUBLE	NC	
TYVASO	NC	
TYVASO REFILL	NC	
TYVASO STARTER	NC	
VELETRI	NC	#
VENTAVIS	NPB	PA; SP Pharmacy
CEPHALOSPORINS		
CEDAX ORAL CAPSULE	NC	
CEDAX ORAL SUSPENSION RECONSTITUTED 180 MG/5ML	NC	
<i>cefaclor</i>	G	
<i>cefaclor er</i>	G	
<i>cefadroxil</i>	G	
<i>cefdinir</i>	G	
<i>cefditoren pivoxil</i>	G	
<i>cefixime</i>	G	
<i>cefpodoxime proxetil</i>	G	
<i>cefprozil</i>	G	
<i>ceftibuten</i>	G	
CEFTIN ORAL SUSPENSION RECONSTITUTED	NC	
<i>cefuroxime axetil oral tablet</i>	G	
<i>cephalexin</i>	G	
DAXBIA	NC	
KEFLEX	NC	
SPECTRACEF ORAL TABLET 400 MG	NC	
SUPRAX ORAL CAPSULE	NPB	#
SUPRAX ORAL SUSPENSION RECONSTITUTED	NC	
SUPRAX ORAL TABLET CHEWABLE	NPB	#

2018 Aetna Pharmacy Drug Guide - Small Group ACA Plan: NY

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
CHEMICALS		
<i>arnica</i>	NC	
<i>thioguanine</i>	G	
*CIC AGENTS - GUANYLATE CYCLASE-C (GC-C) AGONISTS***		
TRULANCE	NC	
CONTRACEPTIVES		
AFTERA	CE	
ALTAVERA	CE	
<i>alyacen 1/35</i>	CE	
<i>alyacen 7/7/7</i>	CE	
AMETHIA	CE	
AMETHIA LO	CE	
APRI	CE	
ARANELLE	CE	
ASHLYNA	CE	
AUBRA	CE	
AUBRA EQ	CE	
AVIANE	CE	
AZURETTE	CE	
BALCOLTRA	NPB	
BALZIVA	CE	
BEKYREE	CE	
BEYAZ	NPB	
BLISOVI 24 FE	CE	
BLISOVI FE 1.5/30	CE	
BLISOVI FE 1/20	CE	
<i>briellyn</i>	CE	
CAMILA	CE	
CAMRESE	CE	
CAMRESE LO	CE	
CAZIAN	CE	
CESIA	CE	
CHATEAL	CE	
CHATEAL EQ	CE	

2018 Aetna Pharmacy Drug Guide - Small Group ACA Plan: NY

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
CRYSSELLE-28	CE	
CYCLAFEM 1/35	CE	
CYCLAFEM 7/7/7	CE	
CYRED	CE	
DASETTA 1/35	CE	
DASETTA 7/7/7	CE	
DAYSEE	CE	
DEBLITANE	CE	
DELYLA	CE	
<i>desogestrel-ethinyl estradiol</i>	CE	
<i>drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg</i>	CE	
<i>drospirenone-ethinyl estradiol</i>	CE	
ECONTRA EZ	CE	
ELINEST	CE	
ELLA	CE	#
EMOQUETTE	CE	
ENPRESSE-28	CE	
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	CE	
ERRIN	CE	
ESTARYLLA	CE	
<i>ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg</i>	CE	
FALESSA ORAL KIT 20-1-0.1 MCG-MG	NPB	
FALMINA	CE	
FAYOSIM	CE	
FEMYNOR	CE	
GIANVI	CE	
GILDAGIA	CE	
GILDESS FE 1.5/30	CE	
GILDESS FE 1/20	CE	
HEATHER	CE	
INTROVALE	CE	
ISIBLOOM	CE	

2018 Aetna Pharmacy Drug Guide - Small Group ACA Plan: NY

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
JENCYCLA	CE	
JOLESSA	CE	
JOLIVETTE	CE	
JULEBER	CE	
JUNEL 1.5/30	CE	
JUNEL 1/20	CE	
JUNEL FE 1.5/30	CE	
JUNEL FE 1/20	CE	
JUNEL FE 24	CE	
KAITLIB FE	CE	
KARIVA	CE	
KELNOR 1/35	CE	
KIMIDESS	CE	
KURVELO	CE	
KYLEENA	CE	
LARIN 1.5/30	CE	
LARIN 1/20	CE	
LARIN 24 FE	CE	
LARIN FE 1.5/30	CE	
LARIN FE 1/20	CE	
LARISSIA	CE	
LAYOLIS FE	CE	
LEENA	CE	
LESSINA	CE	
LEVONEST	CE	
<i>levonorgest-eth estrad 91-day</i>	CE	
<i>levonorgestrel oral tablet 1.5 mg</i>	CE	
<i>levonorgestrel-ethinyl estrad</i>	CE	
<i>levonorg-eth estrad triphasic</i>	CE	
LEVORA 0.15/30 (28)	CE	
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 18.6 MCG/DAY	CE	#
LOESTRIN 1.5/30 (21)	NPB	
LOESTRIN 1/20 (21)	NPB	
LOMEDIA 24 FE	CE	

2018 Aetna Pharmacy Drug Guide - Small Group ACA Plan: NY

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
LORYNA	CE	
LOW-OGESTREL	CE	
LUTERA	CE	
LYZA	CE	
<i>marlissa</i>	CE	
<i>medroxyprogesterone acetate intramuscular</i>	CE	
MIBELAS 24 FE	CE	
MICROGESTIN 1.5/30	CE	
MICROGESTIN 1/20	CE	
MICROGESTIN FE 1.5/30	CE	
MICROGESTIN FE 1/20	CE	
MINASTRIN 24 FE	NPB	
MIRENA (52 MG)	CE	#
MONO-LINYAH	CE	
MONONESSA	CE	
MY WAY	CE	
MYZILRA	CE	
NECON 0.5/35 (28)	CE	
NECON 1/35 (28)	CE	
NECON 1/50 (28)	CE	
NECON 7/7/7	CE	
NEXPLANON	CE	
NEXT CHOICE ONE DOSE	CE	
NIKKI	CE	
NORA-BE	CE	
<i>norethin ace-eth estrad-fe</i>	CE	
<i>norethindrone acet-ethinyl est oral tablet</i>	CE	
<i>norethindrone oral</i>	CE	
<i>norethin-eth estradiol-fe</i>	CE	
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	CE	
<i>norgestim-eth estrad triphasic</i>	CE	
NORLYROC	CE	
NORTREL 0.5/35 (28)	CE	
NORTREL 1/35 (21)	CE	

2018 Aetna Pharmacy Drug Guide - Small Group ACA Plan: NY

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
NORTREL 1/35 (28)	CE	
NORTREL 7/7/7	CE	
NUVARING	CE	#
OCELLA	CE	
OGESTREL	CE	
OPCICON ONE-STEP	CE	
OPTION 2	CE	
ORSYTHIA	CE	
ORTHO-NOVUM 7/7/7 (28)	NPB	
PARAGARD INTRAUTERINE COPPER	CE	
PHILITH	CE	
PIMTREA	CE	
PIRMELLA 1/35	CE	
PIRMELLA 7/7/7	CE	
PORTIA-28	CE	
PREVIFEM	CE	
QUARTETTE	NPB	
QUASENSE	CE	
RAJANI	CE	
REACT	CE	
RECLIPSEN	CE	
RIVELSA	CE	
SAFYRAL	NPB	
SETLAKIN	CE	
SHAROBEL	CE	
SKYLA	CE	
SOLIA	CE	
SPRINTEC 28	CE	
SRONYX	CE	
SYEDA	CE	
TAKE ACTION	CE	
TARINA FE 1/20	CE	
TILIA FE	CE	
TRI FEMYNOR	CE	
TRI-ESTARYLLA	CE	

2018 Aetna Pharmacy Drug Guide - Small Group ACA Plan: NY

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
TRI-LEGEST FE	CE	
TRI-LINYAH	CE	
TRI-LO-ESTARYLLA	CE	
TRI-LO-MARZIA	CE	
TRI-LO-SPRINTEC	CE	
TRI-MILI	CE	
TRINESSA (28)	CE	
TRINESSA LO	CE	
TRI-NORINYL (28)	NPB	
TRI-PREVIFEM	CE	
TRI-SPRINTEC	CE	
TRIVORA (28)	CE	
TULANA	CE	
TYDEMY	CE	
VELIVET	CE	
VESTURA	CE	
VIENVA	CE	
<i>viorele</i>	CE	
VYFEMLA	CE	
WERA	CE	
WYMZYA FE	CE	
XULANE	CE	
ZARAH	CE	
ZENCHENT	CE	
ZOVIA 1/35E (28)	CE	
ZOVIA 1/50E (28)	CE	
CORTICOSTEROIDS		
<i>budesonide er oral tablet extended release 24 hour</i>	G	PA; QL
<i>budesonide oral</i>	G	
CORTEF	NC	
<i>cortisone acetate oral</i>	G	
DELTASONE	G	
DEXAMETHASONE INTENSOL	NPB	
<i>dexamethasone oral</i>	G	

2018 Aetna Pharmacy Drug Guide - Small Group ACA Plan: NY

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
DEXPAK 10 DAY ORAL TABLET THERAPY PACK	NC	
DEXPAK 13 DAY ORAL TABLET THERAPY PACK	NC	
DEXPAK 6 DAY ORAL TABLET THERAPY PACK	NC	
DMT SUIK	NC	
EMFLAZA	NC	
ENTOCORT EC ORAL CAPSULE DELAYED RELEASE PARTICLES	NC	
<i>fludrocortisone acetate oral</i>	G	
<i>hydrocortisone oral</i>	G	
LOCORT 11-DAY	NC	
LOCORT 7-DAY	NC	
MEDROL ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG	NC	
MEDROL ORAL TABLET 2 MG	NPB	
MEDROL ORAL TABLET THERAPY PACK	NC	
<i>methylprednisolone oral</i>	G	
MILLIPRED DP 12-DAY ORAL TABLET THERAPY PACK	NPB	
MILLIPRED DP ORAL TABLET THERAPY PACK	NPB	
MILLIPRED ORAL SOLUTION	NC	
MILLIPRED ORAL TABLET	PB	
ORAPRED ODT	NC	
PEDIAPRED	NC	
<i>prednisolone oral solution</i>	G	
<i>prednisolone oral syrup 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</i>	G	
PREDNISON INTENSOL	NPB	
<i>prednisone oral</i>	G	

2018 Aetna Pharmacy Drug Guide - Small Group ACA Plan: NY

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
TAPERDEX 12-DAY	NC	
TAPERDEX 6-DAY	NC	
UCERIS ORAL	NC	#
VERIPRED 20	NC	
ZODEX 12-DAY	NC	
ZONACORT 11 DAY	NC	
ZONACORT 7 DAY	NC	
COUGH/COLD/ALLERGY		
<i>acetylcysteine inhalation</i>	G	
ALAVERT ALLERGY/SINUS	G	
ALLEGRA-D ALLERGY & CONGESTION	G	
<i>benzonatate</i>	G	
BROMFED DM	G	
CARBAPHEN 12 ORAL LIQUID	NC	
CARBAPHEN 12 PED ORAL SUSPENSION 2.5-1.25-7.5 MG/ML	NC	
<i>cetirizine-pseudoephedrine er</i>	G	
CLARINEX-D 12 HOUR	NC	
CLARITIN-D 12 HOUR	G	
CLARITIN-D 24 HOUR	G	
CODAR AR	NC	
DECON-A ORAL ELIXIR	NC	
<i>fexofenadine-pseudoephed er</i>	G	
HYCOFENIX	NC	
<i>hydrocod polst-cpm polst er oral suspension extended release</i>	G	QL
<i>hydrocodone-homatropine</i>	G	
<i>hydromet</i>	G	
HYPERSAL	NC	
<i>loratadine-d 12hr</i>	G	
<i>loratadine-d 24hr</i>	G	
NEBUSAL INHALATION NEBULIZATION SOLUTION 3 %	G	
NEBUSAL INHALATION NEBULIZATION SOLUTION 6 %	NC	
NEOTUSS PLUS	NC	

2018 Aetna Pharmacy Drug Guide - Small Group ACA Plan: NY

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
NORTUSS-DE	NC	
<i>nortuss-ex</i>	NC	
<i>promethazine vc</i>	NC	
<i>promethazine vclcodeine</i>	G	
<i>promethazine-dm</i>	G	
<i>promethazine-phenylephrine</i>	NC	
<i>pseudoeph-chlorphen-hydrocod</i>	G	
PULMOSAL	G	
RELHIST	NC	
SEMPREX-D	NPB	
<i>sodium chloride inhalation nebulization solution 0.9 %, 10 %, 3 %, 7 %</i>	G	
SSKI	NPB	
TESSALON PERLES	NC	
<i>tgq 15dm/5pehl/2cpm</i>	NC	
<i>tgq 30psel/150gfnl/15dm</i>	NC	
<i>tgq 30psel/3brml/15dm</i>	NC	
TUSSICAPS	NPB	QL
TUSSIGON	G	
TUSSIONEX PENNKINETIC ER ORAL SUSPENSION EXTENDED RELEASE	NC	
TUZISTRA XR ORAL SUSPENSION EXTENDED RELEASE	NC	
ZUTRIPRO	NC	
ZYRTEC-D ALLERGY & CONGESTION	G	
*CYCLIN-DEPENDENT KINASES (CDK) INHIBITORS***		
IBRANCE	NPB	PA; SP Pharmacy; QL
KISQALI 200 DOSE	NC	
KISQALI 400 DOSE	NC	
KISQALI 600 DOSE	NC	
VERZENIO	NC	
*CYSTIC FIBROSIS AGENT - COMBINATIONS***		
ORKAMBI ORAL PACKET	NPB	PA; SP Pharmacy; QL
ORKAMBI ORAL TABLET	NPB	PA; QL

2018 Aetna Pharmacy Drug Guide - Small Group ACA Plan: NY

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
SYMDEKO	NPB	PA; SP Pharmacy; QL
DERMATOLOGICALS		
ABREVA	G	
ABSORICA	NC	
ACANYA	NC	#
<i>acitretin</i>	G	QL
<i>acyclovir external</i>	NC	
ACZONE EXTERNAL GEL 7.5 %	NPB	#, QL
<i>adapalene external cream</i>	G	PA; AL
<i>adapalene external gel 0.3 %</i>	G	PA; ST; AL
<i>adapalene external lotion</i>	G	PA; ST; AL
<i>adapalene external solution</i>	NC	
<i>adapalene-benzoyl peroxide</i>	G	PA; AL
AKTIPAK	NPB	
ALA SCALP	NC	
<i>ala-cort external cream 2.5 %</i>	NC	
<i>alclometasone dipropionate</i>	G	
ALDARA	NC	
ALTABAX	NPB	
ALTRENO	NC	
<i>amcinonide external cream</i>	G	ST
<i>amcinonide external lotion</i>	G	ST
<i>amcinonide external ointment</i>	G	
AMELUZ	NPB	#
<i>ammonium lactate external lotion</i>	G	
AMNESTEEM	G	PA; ST; QL
APEXICON E	NPB	
ATRALIN	NC	
AVAR CLEANSER	G	
AVAR LS CLEANSER	NC	
AVAR-E EMOLLIENT	G	
AVAR-E GREEN	G	
AVAR-E LS	NC	
AVITA EXTERNAL CREAM	G	PA; AL
AVITA EXTERNAL GEL	G	PA

2018 Aetna Pharmacy Drug Guide - Small Group ACA Plan: NY

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
AZELEX	NPB	
BACTROBAN EXTERNAL CREAM	NC	
BENZAC AC WASH EXTERNAL LIQUID	NC	
BENZAACLIN	NC	
BENZAACLIN WITH PUMP	NC	
BENZAMYCIN	NC	
BENZEFOAMULTRA	NC	
BENZEPRO CREAMY WASH	NC	
BENZEPRO FOAMING CLOTHS	NC	
BENZEPRO SHORT CONTACT	NC	
BENZIQ	NC	
BENZIQ LS	NC	
<i>benzoyl peroxide external foam 9.8 %</i>	NC	
<i>benzoyl peroxide-erythromycin</i>	G	
<i>betamethasone dipropionate aug</i>	G	
<i>betamethasone dipropionate external</i>	G	
<i>betamethasone valerate external cream</i>	G	ST
<i>betamethasone valerate external foam</i>	G	
<i>betamethasone valerate external lotion</i>	G	ST
<i>betamethasone valerate external ointment</i>	G	ST
<i>bp 10-1</i>	G	
<i>bp cleansing wash</i>	NC	
<i>bp foam external foam 9.8 %</i>	NC	
<i>bpo foaming cloths external 6 %</i>	NC	
<i>calcipotriene external</i>	G	ST
<i>calcipotriene-betameth diprop</i>	G	ST
CALCITRENE	G	ST
<i>calcitriol external</i>	G	
CAPEX	NPB	
CARAC	NC	
CENTANY	NC	
CERISA WASH	G	
CICLODAN EXTERNAL CREAM	G	
CICLODAN EXTERNAL SOLUTION	G	PA
<i>ciclopirox external gel</i>	G	

2018 Aetna Pharmacy Drug Guide - Small Group ACA Plan: NY

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
<i>ciclopirox external shampoo</i>	G	
<i>ciclopirox external solution</i>	G	PA
<i>ciclopirox olamine external</i>	G	
CLARAVIS	G	PA; ST; QL
CLEOCIN-T	NC	
CLINDACIN ETZ EXTERNAL SWAB	G	
CLINDACIN-P	G	
CLINDAGEL	NC	
<i>clindamycin phos-benzoyl perox</i>	G	
<i>clindamycin phosphate external</i>	G	
<i>clindamycin-tretinoin</i>	G	PA; AL
<i>clobetasol propionate e</i>	G	ST
<i>clobetasol propionate emulsion</i>	G	
<i>clobetasol propionate external cream</i>	G	ST
<i>clobetasol propionate external foam</i>	G	
<i>clobetasol propionate external gel</i>	G	ST
<i>clobetasol propionate external liquid</i>	G	
<i>clobetasol propionate external lotion</i>	G	ST
<i>clobetasol propionate external ointment</i>	G	ST
<i>clobetasol propionate external shampoo</i>	G	
<i>clobetasol propionate external solution</i>	G	ST
CLOBEX	NC	
CLOBEX SPRAY	NC	
<i>clocortolone pivalate</i>	G	
<i>clocortolone pivalate pump</i>	G	
CLODAN EXTERNAL SHAMPOO	G	
CLODERM	NC	
CLODERM PUMP	NC	
<i>clotrimazole-betamethasone</i>	G	
CONDYLOX EXTERNAL GEL	NPB	
CORDRAN EXTERNAL CREAM 0.05 %	NC	
CORDRAN EXTERNAL LOTION	NC	
CORDRAN EXTERNAL OINTMENT	NC	
CORDRAN EXTERNAL TAPE	NPB	#; QL
CORMAX SCALP APPLICATION	G	ST

2018 Aetna Pharmacy Drug Guide - Small Group ACA Plan: NY

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
CORTISPORIN EXTERNAL	NPB	
COSENTYX	NC	
COSENTYX 300 DOSE	NC	
COSENTYX SENSOREADY 300 DOSE	NC	
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO- INJECTOR 150 MG/ML	NC	
CROTAN	G	
CUTIVATE EXTERNAL CREAM	NC	
CUTIVATE EXTERNAL LOTION	NC	
<i>dapsone external</i>	G	QL
DENAVIR	NPB	ST
DERMA-SMOOTHIE/FS BODY	NC	
DERMA-SMOOTHIE/FS SCALP	NC	
DERMATOP	NC	
DESONATE	NC	#
<i>desonide external</i>	G	ST
DESOWEN EXTERNAL CREAM	NC	
DESOWEN EXTERNAL LOTION	NC	
<i>desoximetasone external cream</i>	G	ST
<i>desoximetasone external gel</i>	G	ST
<i>desoximetasone external liquid</i>	NC	
<i>desoximetasone external ointment</i>	G	ST
<i>diclofenac sodium transdermal gel 1 %</i>	G	QL
<i>diclofenac sodium transdermal gel 3 %</i>	NC	
<i>diclofenac sodium transdermal solution</i>	NC	
DIFFERIN	NC	
<i>diflorasone diacetate external</i>	G	ST
DIPROLENE	NC	
DIPROLENE AF	NC	
DOLOTRANZ	NC	
DOVONEX EXTERNAL CREAM	NC	
<i>doxepin hcl external</i>	G	QL
DRITHO-CREME HP	NPB	
<i>ds prep pak</i>	NC	

2018 Aetna Pharmacy Drug Guide - Small Group ACA Plan: NY

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
DUAC	NC	
DUROLANE INJECTION	NC	
<i>econazole nitrate external</i>	G	
ECOZA	NC	
EFUDEX EXTERNAL CREAM	NC	
ELIDEL	NPB	PA; ST; #
ELIMITE	NC	
ELOCON EXTERNAL CREAM	NC	
ELOCON EXTERNAL OINTMENT	NC	
ENSTILAR	NC	
EPIDUO	NC	
EPIDUO FORTE	NPB	PA; ST; #; AL
EPIFOAM	NPB	
ERTACZO	NPB	
<i>ery</i>	G	
<i>erythromycin external</i>	G	
<i>ethyl chloride</i>	G	
EURAX	NPB	
EVOCLIN	NC	
EXELDERM	NPB	
EXODERM EXTERNAL LOTION	NC	
EXTINA	NC	
FABIOR	NC	
FINACEA EXTERNAL FOAM	NPB	
FINACEA EXTERNAL GEL	NPB	#
FLECTOR	NC	#
<i>fluocinolone acetonide body</i>	G	
<i>fluocinolone acetonide external cream</i>	G	ST
<i>fluocinolone acetonide external ointment</i>	G	ST
<i>fluocinolone acetonide external solution</i>	G	
<i>fluocinolone acetonide scalp</i>	G	
<i>fluocinonide external cream</i>	G	ST
<i>fluocinonide external gel</i>	G	ST
<i>fluocinonide external ointment</i>	G	ST
<i>fluocinonide external solution</i>	G	

2018 Aetna Pharmacy Drug Guide - Small Group ACA Plan: NY

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
FLUOROPLEX	NPB	
<i>fluorouracil external</i>	G	
<i>flurandrenolide external cream</i>	G	
<i>flurandrenolide external lotion</i>	G	
<i>flurandrenolide external ointment</i>	NC	
<i>fluticasone propionate external cream</i>	G	ST
<i>fluticasone propionate external lotion</i>	G	
<i>fluticasone propionate external ointment</i>	G	
<i>gentamicin sulfate external</i>	G	
<i>halobetasol propionate</i>	G	ST
HALOG	NPB	
HALOTIN	NC	
<i>hydrocortisone butyr lipo base</i>	G	
<i>hydrocortisone butyrate external cream</i>	G	
<i>hydrocortisone butyrate external lotion</i>	NC	
<i>hydrocortisone butyrate external ointment</i>	G	
<i>hydrocortisone butyrate external solution</i>	G	
<i>hydrocortisone external ointment 2.5 %</i>	G	
<i>hydrocortisone valerate</i>	G	
ILUMYA	NC	
<i>imiquimod external</i>	G	QL
<i>imiquimod pump</i>	G	ST
IMPOYZ	NC	
<i>isotretinoin oral</i>	G	PA; ST; QL
JUBLIA	NPB	PA; ST
KENALOG EXTERNAL	NC	
KERALYT EXTERNAL GEL 6 %	NC	
<i>ketoconazole external</i>	G	
KLARON	NC	
KLOFENSAID II	NC	
<i>lactic acid external lotion</i>	G	
LEVULAN KERASTICK	NPB	
<i>lidocaine external ointment</i>	G	QL
<i>lidocaine external patch 5 %</i>	NC	
<i>lidocaine hcl external solution</i>	NC	

2018 Aetna Pharmacy Drug Guide - Small Group ACA Plan: NY

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
<i>lidocaine pak</i>	G	QL
<i>lidocaine-prilocaine external cream</i>	G	QL
<i>lidocaine-tetracaine</i>	NC	
LIDODERM	NC	
LIDOTREX	NC	
<i>lindane external shampoo</i>	G	
LOCOID	NC	
LOCOID LIPOCREAM	NC	
LOPROX EXTERNAL CREAM	NC	
LOPROX EXTERNAL SHAMPOO	NC	
LOPROX EXTERNAL SUSPENSION	NC	
LOTRISONE EXTERNAL CREAM	NC	
<i>luliconazole</i>	G	QL
LUXIQ	NC	
LUZU	NC	
<i>malathion external</i>	G	
MENTAX	NPB	
<i>methoxsalen oral</i>	G	
<i>methoxsalen rapid</i>	G	
METROCREAM	NC	
METROGEL EXTERNAL GEL	NC	
METROLOTION	NC	
<i>metronidazole external</i>	G	
MICORT-HC	NC	
MIRVASO	NPB	PA; ST
<i>mometasone furoate external cream</i>	G	ST
<i>mometasone furoate external ointment</i>	G	ST
<i>mometasone furoate external solution</i>	G	
<i>mupirocin calcium</i>	G	
<i>mupirocin external</i>	G	
MYORISAN	G	PA; ST; QL
<i>naftifine hcl</i>	G	ST
NAFTIN EXTERNAL CREAM 2 %	NC	
NAFTIN EXTERNAL GEL 1 %	NPB	ST
NAFTIN EXTERNAL GEL 2 %	NPB	ST; #

2018 Aetna Pharmacy Drug Guide - Small Group ACA Plan: NY

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
NATROBA	NC	
NEO-SYNALAR EXTERNAL CREAM	NPB	
NEUAC EXTERNAL GEL	G	
NIZORAL	NC	
NORITATE	NPB	ST
NUCORT	NC	
NYAMYC	G	
NYATA EXTERNAL POWDER	G	
<i>nystatin external</i>	G	
<i>nystatin-triamcinolone</i>	G	
NYSTOP	G	
OLUX	NC	
OLUX-E	NC	
ONEXTON	NC	#
ORACEA	NC	
OVACE PLUS EXTERNAL CREAM	NPB	
OVACE PLUS EXTERNAL LOTION	NC	
OVACE PLUS EXTERNAL SHAMPOO	NC	
OVACE PLUS WASH	NC	
OVACE WASH	NC	
OVIDE	NC	
<i>oxiconazole nitrate</i>	G	
OXISTAT EXTERNAL CREAM	NC	
OXISTAT EXTERNAL LOTION	NPB	
OXSORALEN ULTRA	NC	
PANDEL	NC	
PANRETIN	NPB	
PENLAC	NC	
PENNSAID TRANSDERMAL SOLUTION 2 %	NC	
<i>permethrin external cream</i>	G	
PICATO	NPB	QL
PLEXION	NC	
PLEXION CLEANSER EXTERNAL LIQUID	NC	

2018 Aetna Pharmacy Drug Guide - Small Group ACA Plan: NY

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
PLEXION CLEANSING CLOTH EXTERNAL PAD	NC	
PLIXDA	NC	
<i>podocon</i>	NC	
<i>podofilox external</i>	G	
PRAMOSONE EXTERNAL CREAM 1-1 %	NC	
PRAMOSONE EXTERNAL LOTION	NPB	
<i>prednicarbate</i>	G	
<i>premium lidocaine</i>	G	QL
PROTOPIC	NC	
<i>psorcon</i>	NC	
QBREXZA	NPB	PA; ST; QL
RECURA	NC	
REGRANEX	NPB	
RETIN-A	NC	
RETIN-A MICRO	NC	
RETIN-A MICRO PUMP	NC	
RHOFADE	NC	
RIAX	NC	
ROSADAN EXTERNAL CREAM	G	
ROSADAN EXTERNAL GEL	G	
ROSANIL CLEANSER	G	
SALACYN EXTERNAL CREAM	G	
SALACYN EXTERNAL LOTION	NC	
SALEX EXTERNAL SHAMPOO	NC	
<i>salicylic acid external cream</i>	G	
<i>salicylic acid external liquid 27.5 %</i>	NC	
<i>salicylic acid external lotion</i>	NC	
<i>salicylic acid external shampoo</i>	G	
<i>salitech forte</i>	NC	
SANTYL	NPB	
SEB-PREV WASH	G	
<i>selenium sulfide external shampoo 2.25 %</i>	NC	
<i>selenium sulf-pyrithione-urea</i>	G	
SERNIVO	NC	

2018 Aetna Pharmacy Drug Guide - Small Group ACA Plan: NY

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
SILIQ	NC	
SILVADENE	NC	
<i>silver nitrate external</i>	G	
<i>silver sulfadiazine external</i>	G	
SKLICE	NPB	
<i>sodium sulfacetamide external shampoo</i>	G	
<i>sodium sulfacetamide wash</i>	NPB	
SOLARAZE	NC	
SOOLANTRA	NC	
SORIATANE ORAL CAPSULE 10 MG, 17.5 MG, 25 MG	NC	
SORILUX	NC	
<i>spinosad</i>	G	
SSD	G	
<i>sss 10-5 external cream</i>	G	
<i>sss 10-5 external foam</i>	NC	
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	NPB	PA; SP Pharmacy
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	PB	PA; ST; SP Pharmacy
<i>sulfacetamide sodium (acne)</i>	G	
<i>sulfacetamide sodium external gel</i>	G	
<i>sulfacetamide sodium external liquid</i>	G	
<i>sulfacetamide sodium external suspension</i>	G	
<i>sulfacetamide sodium-sulfur external liquid 9-4 %, 9-4.5 %</i>	G	
<i>sulfacetamide sodium-sulfur external suspension</i>	G	
<i>sulfacetamide-sulfur in urea external emulsion</i>	G	
SULFACLEANSE 8/4	G	
SULFAMYLON	NPB	
<i>sulfurated lime</i>	NC	
SUMAXIN	NC	
SUMAXIN TS	NC	
SYNALAR	NC	
SYNERA	NPB	
TACLONEX EXTERNAL OINTMENT	NC	

2018 Aetna Pharmacy Drug Guide - Small Group ACA Plan: NY

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
TACLONEX EXTERNAL SUSPENSION	NPB	ST; #
<i>tacrolimus external</i>	G	ST
TALTZ	NC	
TARGRETIN EXTERNAL	NPB	PA; SP Pharmacy
<i>tazarotene external</i>	G	PA; ST; AL
TAZORAC EXTERNAL CREAM 0.05 %	NPB	PA; ST; AL
TAZORAC EXTERNAL CREAM 0.1 %	NC	
TAZORAC EXTERNAL GEL	NPB	PA; ST; AL
TEMOVATE	NC	
TEXACORT	NPB	
TOLAK	NC	#
TOPICORT EXTERNAL CREAM	NC	
TOPICORT EXTERNAL GEL	NC	
TOPICORT EXTERNAL OINTMENT	NC	
TOPICORT SPRAY	NC	
TRANZAREL	NC	
TREMFYA	NC	
<i>tretinoin external cream</i>	G	PA; AL
<i>tretinoin external gel 0.01 %, 0.05 %</i>	G	PA; AL
<i>tretinoin external gel 0.025 %</i>	G	PA
<i>tretinoin microsphere</i>	NC	
<i>tretinoin microsphere pump</i>	NC	
TRETIN-X EXTERNAL CREAM 0.075 %	NC	
<i>triamcinolone acetonide external</i>	G	
TRIDERM EXTERNAL CREAM	G	
TRIDESILON	NC	
ULESFIA	NPB	#; QL
ULTRAVATE	NC	
VALCHLOR	NC	
VANOS	NC	
VANOXIDE-HC	NC	
VECTICAL	NC	
VERDESO	NPB	
VEREGEN	NPB	
VIRASAL	NC	

2018 Aetna Pharmacy Drug Guide - Small Group ACA Plan: NY

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
VOLTAREN TRANSDERMAL	NC	
WESTCORT	NC	
XEPI	NC	
XERAC AC	PB	
XERESE	NPB	
XOLEGEL	NPB	
XYLOCAINE EXTERNAL	NC	
<i>zaclir cleansing external lotion 8 %</i>	NC	
ZENATANE	G	PA; ST; QL
ZENCIA	G	
ZOVIRAX EXTERNAL CREAM	NPB	ST
ZOVIRAX EXTERNAL OINTMENT	NC	
ZTLIDO	NC	
ZYCLARA	NC	#
ZYCLARA PUMP EXTERNAL CREAM 2.5 %	NC	
ZYCLARA PUMP EXTERNAL CREAM 3.75 %	NC	#
DIAGNOSTIC PRODUCTS		
ACCU-CHEK AVIVA PLUS IN VITRO	NPB	PA; QL
ACCU-CHEK COMPACT PLUS	NPB	PA; QL
ACCU-CHEK SMARTVIEW	NPB	PA; QL
ACCUTREND GLUCOSE	NPB	PA; QL
ADVANCE INTUITION TEST	NPB	PA; QL
ADVOCATE REDI-CODE IN VITRO	NPB	PA; QL
ADVOCATE REDI-CODE+ TEST	NPB	PA; QL
ADVOCATE TEST	NPB	PA; QL
AGAMATRIX AMP TEST	NPB	PA; QL
AGAMATRIX JAZZ TEST	NPB	PA; QL
AGAMATRIX KEYNOTE TEST	NPB	PA; QL
AGAMATRIX PRESTO TEST	NPB	PA; QL
ASSURE 3 TEST	NPB	PA; QL
ASSURE 4 TEST	NPB	PA; QL
ASSURE PLATINUM	NPB	PA; QL
ASSURE PRO TEST	NPB	PA; QL

2018 Aetna Pharmacy Drug Guide - Small Group ACA Plan: NY

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
BAYER BREEZE 2 TEST	NPB	PA; QL
BAYER CONTOUR NEXT TEST	NPB	PA; QL
BAYER CONTOUR TEST	NPB	PA; QL
CARESENS N GLUCOSE TEST	NPB	PA; QL
CHEK-STIX CONTROL	NPB	
CHEMSTRIP 10 MD	NPB	
CHEMSTRIP 10/SG	NPB	
CHEMSTRIP 2 GP	NPB	
CHEMSTRIP 5 OB	NPB	
CHEMSTRIP 7	NPB	
CHEMSTRIP 9	NPB	
CHEMSTRIP K	NPB	
CHEMSTRIP UGK	NPB	
CLEVER CHEK AUTO-CODE TEST	NPB	PA; QL
CLEVER CHEK AUTO-CODE VOICE IN VITRO	NPB	PA; QL
CLEVER CHEK TEST	NPB	PA; QL
CLEVER CHOICE AUTO-CODE TEST	NPB	PA; QL
CLEVER CHOICE MICRO TEST	NPB	PA; QL
COMBISTIX	NPB	
<i>easy plus ii glucose test</i>	NPB	PA; QL
EASY STEP TEST	NPB	PA; QL
<i>easy talk blood glucose test</i>	NPB	PA; QL
EASY TOUCH TEST	NPB	PA; QL
<i>easy trak blood glucose test</i>	NPB	PA; QL
EASYGLUCO IN VITRO	NPB	PA; QL
EASYMAX 15 TEST	NPB	PA; QL
EASYMAX TEST	NPB	PA; QL
<i>easyplus blood glucose test</i>	NPB	PA; QL
EASYPRO PLUS IN VITRO	NPB	PA; QL
ELEMENT TEST	NPB	PA; QL
EMBRACE BLOOD GLUCOSE TEST	NPB	PA; QL
EVENCARE + BLOOD GLUCOSE TEST	NPB	PA; QL
EVENCARE BLOOD GLUCOSE TEST	NPB	PA; QL
EVENCARE G2 TEST	NPB	PA; QL

2018 Aetna Pharmacy Drug Guide - Small Group ACA Plan: NY

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
EVENCARE G3 TEST	NPB	PA; QL
EVOLUTION AUTOCODE IN VITRO	NPB	PA; QL
EZ SMART BLOOD GLUCOSE TEST	NPB	PA; QL
EZ SMART PLUS GLUCOSE TEST	NPB	PA; QL
FIFTY50 GLUCOSE TEST 2.0	NPB	PA; QL
FORA D15G BLOOD GLUCOSE TEST	NPB	PA; QL
FORA D20 BLOOD GLUCOSE TEST	NPB	PA; QL
FORA G20 BLOOD GLUCOSE TEST	NPB	PA; QL
FORA G30/PREM V10 GLUCOSE TEST	NPB	PA; QL
FORA GD20 TEST	NPB	PA; QL
FORA V10 BLOOD GLUCOSE TEST	NPB	PA; QL
FORA V12 BLOOD GLUCOSE TEST	NPB	PA; QL
FORA V20 BLOOD GLUCOSE TEST	NPB	PA; QL
FORA V30A BLOOD GLUCOSE TEST	NPB	PA; QL
FORACARE GD40 TEST	NPB	PA; QL
FORACARE PREMIUM V10 TEST	NPB	PA; QL
FREESTYLE INSULINX TEST	PB	QL
FREESTYLE LITE TEST	PB	QL
FREESTYLE TEST	PB	QL
<i>ge100 blood glucose test</i>	NPB	PA; QL
GLUCAGEN DIAGNOSTIC	NPB	QL
GLUCOCARD 01 SENSOR PLUS	NPB	PA; QL
GLUCOCARD EXPRESSION TEST	NPB	PA; QL
GLUCOCARD VITAL TEST	NPB	PA; QL
GLUCOCARD X-SENSOR	NPB	PA; QL
GLUCOCOM TEST	NPB	PA; QL
HEMA-COMBISTIX	NPB	
INFINITY BLOOD GLUCOSE TEST	NPB	PA; QL
KETOCARE	NPB	
KETO-DIASTIX	NPB	
KETOSTIX	NPB	
LABSTIX	NPB	
LIBERTY NEXT GENERATION TEST	NPB	PA; QL
<i>liberty test</i>	NPB	PA; QL
MICRODOT TEST	NPB	PA; QL

2018 Aetna Pharmacy Drug Guide - Small Group ACA Plan: NY

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
MULTISTIX	NPB	
MULTISTIX 10 SG	NPB	
MULTISTIX 5	NPB	
MULTISTIX 7	NPB	
MULTISTIX 8	NPB	
MULTISTIX 9	NPB	
MULTISTIX 9 SG	NPB	
MYGLUCOHEALTH TEST	NPB	PA; QL
NEUTEK 2TEK TEST	NPB	PA; QL
NOVA MAX GLUCOSE TEST	NPB	PA; QL
ON CALL PLUS BLOOD GLUCOSE	NPB	PA; QL
ON CALL VIVID BLOOD GLUCOSE	NPB	PA; QL
ONETOUCH ULTRA BLUE	PB	QL
ONETOUCH VERIO IN VITRO STRIP	PB	QL
PHARMACIST CHOICE AUTOCODE	NPB	PA; QL
POCKETCHEM EZ TEST	NPB	PA; QL
PRECISION PCX	PB	QL
PRECISION PCX PLUS TEST	PB	QL
PRECISION POINT OF CARE TEST	PB	QL
PRECISION QID TEST	PB	QL
PRECISION SOF-TACT TEST	PB	QL
PRECISION XTRA BLOOD GLUCOSE	PB	QL
PRODIGY NO CODING BLOOD GLUC	NPB	PA; QL
REFUAH PLUS BLOOD GLUCOSE TEST	NPB	PA; QL
RELION KETONE	NPB	
REVEAL BLOOD GLUCOSE TEST	NPB	PA; QL
RIGHTEST GS100 BLOOD GLUCOSE	NPB	PA; QL
RIGHTEST GS300 BLOOD GLUCOSE	NPB	PA; QL
RIGHTEST GS550 BLOOD GLUCOSE	NPB	PA; QL
SMARTEST BLOOD GLUCOSE TEST	NPB	PA; QL
SOLUS V2 TEST	NPB	PA; QL
SURE EDGE TEST	NPB	PA; QL
SURECHEK BLOOD GLUCOSE TEST	NPB	PA; QL
SURE-TEST EASYPLUS MINI TEST	NPB	PA; QL
TELCARE BLOOD GLUCOSE TEST	NPB	PA; QL

2018 Aetna Pharmacy Drug Guide - Small Group ACA Plan: NY

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
TRUETEST TEST	NPB	PA; QL
TRUETRACK TEST	NPB	PA; QL
ULTIMA TEST	NPB	PA; QL
ULTRATRAK PRO TEST	NPB	PA; QL
ULTRATRAK ULTIMATE TEST	NPB	PA; QL
URISTIX	NPB	
URISTIX 4	NPB	
VICTORY AGM-4000 TEST	NPB	PA; QL
VOCAL POINT BLOOD GLUCOSE TEST	NPB	PA; QL
WAVESENSE PRESTO	NPB	PA; QL
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS		
KIDS PROTEIN ORGANIC SHAKE	NC	
ORGANIC NUTRITION SHAKE	NC	
VITAL HP 1.0 CAL	NC	
DIGESTIVE AIDS		
CREON	NPB	PA; ST
PANCREAZE	NPB	PA; ST
PERTZYE	NPB	PA; ST
SUCRAID	NPB	SP Pharmacy
VIOKACE	NPB	PA; ST
ZENPEP	PB	
*DIRECT-ACTING P2Y12 INHIBITORS***		
BRILINTA	NPB	QL
DIURETICS		
<i>acetazolamide er</i>	G	
<i>acetazolamide oral</i>	G	
ALDACTAZIDE ORAL TABLET 25-25 MG	NC	
ALDACTAZIDE ORAL TABLET 50-50 MG	NPB	
ALDACTONE	NC	
<i>amiloride hcl oral</i>	G	
<i>amiloride-hydrochlorothiazide</i>	G	
<i>bumetanide oral</i>	G	
BUMEX	NC	
CAROSPIR	NC	

2018 Aetna Pharmacy Drug Guide - Small Group ACA Plan: NY

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
<i>chlorothiazide oral</i>	G	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	G	
DEMADEX ORAL TABLET 10 MG, 20 MG	NC	
DIAMOX SEQUELS	NC	
DIURIL	NPB	
DYAZIDE	NC	
DYRENIUM	NPB	
EDECRIN	NC	
<i>ethacrynic acid oral</i>	G	
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	G	
<i>furosemide oral tablet</i>	G	
<i>hydrochlorothiazide oral</i>	G	
<i>indapamide oral</i>	G	
KEVEYIS	NC	
LASIX	NC	
MAXZIDE	NC	
MAXZIDE-25	NC	
<i>methazolamide oral</i>	G	
<i>methyclothiazide oral</i>	G	
<i>metolazone</i>	G	
MICROZIDE	NC	
NEPTAZANE	NC	
<i>spironolactone oral</i>	G	
<i>spironolactone-hctz</i>	G	
<i>toremide oral</i>	G	
<i>triamterene-hctz</i>	G	
ENDOCRINE AND METABOLIC AGENTS - MISC.		
ACTONEL ORAL TABLET 150 MG, 30 MG, 35 MG, 5 MG	NC	
ALDURAZYME	NPB	PA; SP Pharmacy
<i>alendronate sodium oral solution</i>	NC	
<i>alendronate sodium oral tablet</i>	G	QL
AELVIA	NC	
BINOSTO	NC	

2018 Aetna Pharmacy Drug Guide - Small Group ACA Plan: NY

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
BONIVA ORAL TABLET 150 MG	NC	
BRAVELLE	NC	PA; SP Pharmacy
BUPHENYL ORAL POWDER 3 GM/TSP	NC	
BUPHENYL ORAL TABLET	NC	SP Pharmacy
<i>cabergoline</i>	G	
<i>calcitonin (salmon)</i>	G	ST; QL
<i>calcitriol oral</i>	G	
CARBAGLU	NPB	PA; #; SP Pharmacy
CARNITOR ORAL SOLUTION	NC	
CARNITOR SF	NC	
CETROTIDE SUBCUTANEOUS KIT 0.25 MG	NC	PA; #; SP Pharmacy
<i>chorionic gonadotropin intramuscular</i>	G	PA; SP Pharmacy
<i>clomiphene citrate oral</i>	NC	
CYSTADANE	NPB	PA; SP Pharmacy
DDAVP NASAL	NC	
DDAVP ORAL	NC	
DDAVP RHINAL TUBE	NC	
<i>desmopressin ace rhinal tube</i>	NC	
<i>desmopressin ace spray refrig</i>	G	
<i>desmopressin acetate oral</i>	G	
<i>desmopressin acetate spray</i>	G	
<i>doxercalciferol oral</i>	G	SP Pharmacy
ELAPRASE	NPB	PA; SP Pharmacy
<i>etidronate disodium</i>	G	
EVISTA	NC	
FABRAZYME	NPB	PA; SP Pharmacy
FOLLISTIM AQ INJECTION SOLUTION 75 UNT/0.5ML	NC	PA; ST; SP Pharmacy
FOLLISTIM AQ SUBCUTANEOUS	NC	PA; ST; SP Pharmacy
FORTEO SUBCUTANEOUS SOLUTION 600 MCG/2.4ML	NPB	PA; ST; #; SP Pharmacy
FOSAMAX ORAL TABLET 70 MG	NC	
FOSAMAX PLUS D	NPB	ST; QL
GALAFOLD	NPB	SP Pharmacy; QL

2018 Aetna Pharmacy Drug Guide - Small Group ACA Plan: NY

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
<i>ganirelix acetate</i>	NC	PA; SP Pharmacy
GENOTROPIN	NPB	PA; ST; SP Pharmacy
GENOTROPIN MINIQUICK	NPB	PA; ST; SP Pharmacy
GONAL-F	PB	PA; SP Pharmacy
GONAL-F RFF	PB	PA; SP Pharmacy
GONAL-F RFF REDIJECT	PB	PA; SP Pharmacy
HECTOROL ORAL	NC	
HP ACTHAR	NC	
HUMATROPE	NPB	PA; ST; SP Pharmacy
<i>ibandronate sodium oral</i>	G	PA; ST; QL
INCRELEX	NPB	PA; SP Pharmacy
JYNARQUE	PB	PA; SP Pharmacy
KUVAN ORAL PACKET 100 MG	NPB	PA
KUVAN ORAL PACKET 500 MG	NPB	PA; SP Pharmacy
KUVAN ORAL TABLET SOLUBLE	NPB	PA; SP Pharmacy
<i>levocarnitine oral solution</i>	G	
LUMIZYME	NPB	PA; SP Pharmacy
LUPRON DEPOT-PED (1-MONTH)	NPB	PA; #; SP Pharmacy
LUPRON DEPOT-PED (3-MONTH)	NPB	PA; #; SP Pharmacy
MENOPUR	NC	PA; SP Pharmacy
MIACALCIN NASAL	NC	
NAGLAZYME	NPB	PA; SP Pharmacy
NATPARA	NC	
NITYR	NC	
NOCDURNA	NPB	PA; QL
NOCTIVA	PB	QL; AL
NORDITROPIN FLEXPRO	NPB	PA; ST; SP Pharmacy
NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED 10000 UNIT	G	PA; SP Pharmacy
NUTROPIN AQ NUSPIN 10	NPB	PA; ST; SP Pharmacy
NUTROPIN AQ NUSPIN 20	NPB	PA; ST; SP Pharmacy
NUTROPIN AQ NUSPIN 5	NPB	PA; ST; SP Pharmacy
<i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	G	PA; SP Pharmacy

2018 Aetna Pharmacy Drug Guide - Small Group ACA Plan: NY

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
OMNITROPE	PB	PA; SP Pharmacy
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 5 MG	NPB	PA; SP Pharmacy
ORFADIN ORAL CAPSULE 20 MG	NPB	PA
ORFADIN ORAL SUSPENSION	NPB	PA; SP Pharmacy
ORILISSA	NPB	PA; SP Pharmacy; QL
OSPHENA	NPB	PA; ST; QL
OVIDREL	NC	PA; SP Pharmacy
PALYNZIQ	NPB	PA; SP Pharmacy; QL
<i>paricalcitol oral</i>	G	SP Pharmacy; QL
PREGNYL	G	PA; SP Pharmacy
PROLIA	NPB	PA; ST; SP Pharmacy
<i>raloxifene hcl</i>	CE	
RAVICTI	NPB	PA; ST; SP Pharmacy; QL
RAYALDEE	CE	QL
<i>risedronate sodium oral tablet 150 mg, 30 mg, 35 mg, 5 mg</i>	G	ST; QL
<i>risedronate sodium oral tablet delayed release</i>	G	ST; QL
ROCALTROL	NC	
SAIZEN	NPB	PA; ST; SP Pharmacy
SAIZEN CLICK.EASY	NPB	PA; ST; SP Pharmacy
SAMSCA	NPB	PA; #; SP Pharmacy; QL
SANDOSTATIN	NC	
SANDOSTATIN LAR DEPOT	NC	#
SENSIPAR	NPB	PA; #; SP Pharmacy
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG	NPB	PA; ST; SP Pharmacy
SIGNIFOR	NPB	PA; SP Pharmacy; QL
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	NC	
<i>sodium phenylbutyrate oral powder 3 gmltsp</i>	G	PA; SP Pharmacy
<i>sodium phenylbutyrate oral tablet</i>	G	PA; SP Pharmacy
SOMATULINE DEPOT	NPB	PA; #; SP Pharmacy
SOMAVERT	NPB	PA; #; SP Pharmacy
STIMATE	NPB	PA
SUPPRELIN LA	NC	PA

2018 Aetna Pharmacy Drug Guide - Small Group ACA Plan: NY

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
SYNAREL	NPB	PA; SP Pharmacy
TRIPTODUR	NPB	PA; SP Pharmacy
TYMLOS	PB	PA; ST; SP Pharmacy; QL
XGEVA	NPB	PA; ST; SP Pharmacy
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	NC	
ZOMACTON	NPB	PA; ST; SP Pharmacy
ZORBTIVE	NPB	PA; ST; SP Pharmacy
ESTROGENS		
ACTIVELLA	NC	
ALORA	NC	
AMABELZ	G	QL
ANGELIQ	NPB	
BIEST/PROGESTERONE	NC	
CLIMARA	NC	
CLIMARA PRO	NPB	#; QL
COMBIPATCH	NPB	QL
DELESTROGEN	NC	
DEPO-ESTRADIOL	NC	
DIVIGEL	NPB	QL
ELESTRIN	NPB	QL
ESTRACE ORAL	NC	
<i>estradiol oral</i>	G	
<i>estradiol transdermal</i>	G	QL
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	NC	
<i>estradiol-norethindrone acet</i>	G	QL
ESTROGEL	NPB	QL
<i>estropipate oral</i>	G	
EVAMIST	NPB	QL
FYAVOLV	G	
<i>jevantique lo</i>	G	
JINTELI	G	
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	NPB	

2018 Aetna Pharmacy Drug Guide - Small Group ACA Plan: NY

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
MENOSTAR	NPB	#; QL
MIMVEY	G	QL
MIMVEY LO	G	QL
MINIVELLE	NC	#
<i>norethindrone-eth estradiol</i>	G	
PREFEST	NPB	QL
PREMARIN ORAL	NPB	
PREMPHASE	NPB	
PREMPRO	NPB	
VIVELLE-DOT	NC	
*ESTROGEN-SELECTIVE ESTROGEN RECEPTOR MODULATOR COMB***		
DUAVEE	NPB	PA; ST; QL
*FARNESOID X RECEPTOR (FXR) AGONISTS***		
OCALIVA	NC	
FLUOROQUINOLONES		
AVELOX ORAL	NC	
BAXDELA ORAL	NC	
CIPRO ORAL SUSPENSION RECONSTITUTED	NC	
CIPRO ORAL TABLET 250 MG, 500 MG	NC	
CIPRO XR	NC	
<i>ciprofloxacin hcl oral</i>	G	
<i>ciprofloxacin oral</i>	G	
<i>ciprofloxacin-ciproflox hcl er</i>	G	
FACTIVE	NPB	#
LEVAQUIN ORAL TABLET	NC	
<i>levofloxacin oral solution</i>	NC	
<i>levofloxacin oral tablet</i>	G	
<i>moxifloxacin hcl oral</i>	G	
<i>ofloxacin oral tablet 300 mg</i>	G	QL
<i>ofloxacin oral tablet 400 mg</i>	G	
GASTROINTESTINAL AGENTS - MISC.		
ACTIGALL	NC	

2018 Aetna Pharmacy Drug Guide - Small Group ACA Plan: NY

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
<i>alosetron hcl</i>	G	ST
AMITIZA	NPB	ST; QL
APRISO	PB	#; QL
ASACOL HD	NC	
AURYXIA	NC	
AZULFIDINE	NC	
AZULFIDINE EN-TABS	NC	
<i>balsalazide disodium</i>	G	QL
<i>calcium acetate (phos binder)</i>	G	
<i>calcium acetate oral</i>	G	
CALPHRON	G	
CANASA	NPB	ST; #; QL
CHENODAL	NPB	PA
CIMZIA PREFILLED	NPB	PA; ST; SP Pharmacy; QL
CIMZIA STARTER KIT	NPB	PA; ST; SP Pharmacy; QL
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	NPB	PA; ST; SP Pharmacy; QL
COLAZAL	NC	
<i>cromolyn sodium oral</i>	G	
DELZICOL	NPB	ST; #; QL
DIPENTUM	NPB	ST; QL
<i>enulose</i>	G	
FOSRENOL ORAL PACKET	NPB	
FOSRENOL ORAL TABLET CHEWABLE 1000 MG, 500 MG, 750 MG	NC	
GASTROCROM	NC	
GATTEX	NPB	PA; SP Pharmacy; QL
<i>generlac</i>	G	
GIAZO	NPB	ST; #; QL
<i>lactulose encephalopathy</i>	G	
<i>lanthanum carbonate</i>	G	
LIALDA	NC	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG	NPB	ST; QL
LINZESS ORAL CAPSULE 72 MCG	NPB	ST

2018 Aetna Pharmacy Drug Guide - Small Group ACA Plan: NY

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
LOTRONEX	NC	
<i>mesalamine oral</i>	G	QL
<i>metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml</i>	G	
<i>metoclopramide hcl oral tablet</i>	G	
<i>metoclopramide hcl oral tablet dispersible</i>	G	
MOVANTI	NC	
PENTASA	NPB	ST; QL
PHOSLYRA	NPB	
REGLAN ORAL	NC	
RELISTOR ORAL	NC	#
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML	NPB	PA; QL
RENAGEL	NPB	#
RENFLEXIS	NC	
REVELA ORAL PACKET	NC	
REVELA ORAL TABLET	NPB	
<i>sevelamer carbonate</i>	G	
SFROWASA	NC	
<i>sulfasalazine oral</i>	G	QL
SULFAZINE	G	QL
SYMPROIC	NC	
URSO 250	NC	
URSO FORTE	NC	
<i>ursodiol oral</i>	G	
VELPHORO	NPB	#
GENITOURINARY AGENTS - MISCELLANEOUS		
<i>acetic acid irrigation</i>	G	
<i>alfuzosin hcl er</i>	G	QL
ARGYLE STERILE SALINE	G	
AVODART	NC	
CARDURA XL	NPB	QL
CURITY STERILE SALINE	G	
CYSTAGON	PB	PA; SP Pharmacy

2018 Aetna Pharmacy Drug Guide - Small Group ACA Plan: NY

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
<i>cytra k crystals</i>	G	
<i>dutasteride oral</i>	G	ST; QL
<i>dutasteride-tamsulosin hcl</i>	NC	
ELMIRON	NPB	
<i>finasteride oral tablet 5 mg</i>	G	
FLOMAX	NC	
JALYN	NC	
K-PHOS NO 2	NPB	
LITHOSTAT	NPB	
<i>neomycin-polymyxin b gu</i>	G	
ORACIT	NPB	
PHENAZO ORAL TABLET 200 MG	G	
<i>phenazopyridine hcl oral tablet 100 mg, 200 mg</i>	G	
<i>potassium citrate er</i>	G	
<i>potassium citrate-citric acid</i>	G	
PROCYSBI	NC	
PROSCAR	NC	
PYRIDIUM	NC	
RAPAFLO	NPB	#
<i>sod citrate-citric acid</i>	G	
<i>sodium chloride irrigation solution 0.9 %</i>	G	
<i>sorbitol-mannitol</i>	G	
<i>tamsulosin hcl</i>	G	
TARON-CRYSTALS	G	
THIOLA	NPB	PA; ST
<i>tricitrates</i>	G	
UROCIT-K 10	NC	
UROCIT-K 15	NC	
UROCIT-K 5	NC	
UROXATRAL	NC	
<i>virtrate-2</i>	G	
<i>virtrate-3</i>	G	
<i>virtrate-k</i>	G	

2018 Aetna Pharmacy Drug Guide - Small Group ACA Plan: NY

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
*GLYCOPEPTIDES***		
FIRVANQ ORAL SOLUTION RECONSTITUTED 25 MG/ML	NPB	
VANCOCIN HCL	NC	
<i>vancomycin hcl oral</i>	G	
GOUT AGENTS		
<i>allopurinol oral</i>	G	
<i>colchicine oral capsule</i>	NC	
<i>colchicine oral tablet</i>	G	QL
<i>colchicine-probenecid</i>	G	
COLCRYS	NC	
DUZALLO	NC	
MITIGARE	NC	
<i>probenecid oral</i>	G	
ULORIC	NPB	ST; QL
ZURAMPIC	NC	
ZYLOPRIM	NC	
HEMATOLOGICAL AGENTS - MISC.		
ADVATE	NPB	PA; SP Pharmacy
ADYNOVATE	NC	
AFSTYLA	NC	
AGGRENOX	NC	
AGRYLIN	NC	
ALPHANATE/VWF COMPLEX/HUMAN	NC	
ALPHANINE SD	NPB	PA; SP Pharmacy
ALPROLIX INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	NC	
<i>anagrelide hcl</i>	G	
<i>aspirin-dipyridamole er</i>	G	
BEBULIN	NC	
BENEFIX INTRAVENOUS KIT	NC	
BERINERT	NPB	PA; ST
BRILINTA	NPB	QL
<i>cilostazol</i>	G	

2018 Aetna Pharmacy Drug Guide - Small Group ACA Plan: NY

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
CINRYZE	NC	
<i>clopidogrel bisulfate oral</i>	G	QL
COAGADEX	NC	
CORIFACT	NC	
<i>dipyridamole oral</i>	G	
DURLAZA	NC	
EFFIENT	NC	
ELOCTATE	NC	
FEIBA	NC	
FIBRYGA	NC	
FIRAZYR	NC	#
HAEGARDA	NC	
HELIXATE FS INTRAVENOUS KIT 1000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	NPB	PA; SP Pharmacy
HELIXATE FS INTRAVENOUS KIT 2000 UNIT	NPB	PA
HEMOFIL M INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1700 UNIT, 250 UNIT, 500 UNIT	NC	
HUMATE-P INTRAVENOUS SOLUTION RECONSTITUTED 1000-2400 UNIT, 250-600 UNIT, 500-1200 UNIT	NC	
IDELVION	NC	
IXINITY	NC	
JIVI	NC	
KALBITOR	NC	
KCENTRA	NC	
KOATE	NC	
KOATE-DVI	NC	
KOGENATE FS BIO-SET INTRAVENOUS KIT 1000 UNIT	NPB	PA; SP Pharmacy
KOGENATE FS BIO-SET INTRAVENOUS KIT 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	NPB	PA
KOGENATE FS INTRAVENOUS KIT 1000 UNIT, 3000 UNIT, 500 UNIT	NPB	PA; SP Pharmacy

2018 Aetna Pharmacy Drug Guide - Small Group ACA Plan: NY

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
KOGENATE FS INTRAVENOUS KIT 2000 UNIT, 250 UNIT	NPB	PA
KOVALTRY	NC	
MONOCLATE-P INTRAVENOUS KIT 1000 UNIT, 1500 UNIT	NC	
MONONINE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT	NC	
NOVOEIGHT	NC	
NOVOSEVEN RT	NC	
NUWIQ	NC	
<i>obizur</i>	NC	
<i>pentoxifylline er</i>	G	
PLAVIX	NC	
<i>prasugrel hcl</i>	G	PA; QL
PROFILNINE	NC	
PROFILNINE SD	NC	
REBINYN	NC	
RECOMBINATE	NC	
RIASTAP	NC	
<i>rixubis</i>	NC	
RUCONEST	NC	
<i>ticlopidine hcl</i>	G	
TRETTEN	NC	
VONVENDI	NC	
WILATE INTRAVENOUS KIT	NPB	PA; SP Pharmacy
XYNTHA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT	NC	
XYNTHA SOLOFUSE	NC	
YOSPRALA	NC	
HEMATOPOIETIC AGENTS		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML	PB	PA; SP Pharmacy
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 500 MCG/ML	PB	PA

2018 Aetna Pharmacy Drug Guide - Small Group ACA Plan: NY

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 25 MCG/0.42ML, 300 MCG/0.6ML, 40 MCG/0.4ML, 60 MCG/0.3ML	PB	PA; SP Pharmacy
CERDELGA	PB	PA; QL
CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT	PB	PA; SP Pharmacy
<i>cyanocobalamin injection</i>	G	
DOPTELET ORAL TABLET 20 MG	NPB	PA; SP Pharmacy; QL
DROXIA	NPB	
ELELYSO	NPB	PA; ST
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	NPB	PA; SP Pharmacy
<i>folic acid oral capsule</i>	CE	
<i>folic acid oral tablet 1 mg, 400 mcg, 800 mcg</i>	CE	
FULPHILA	PB	PA; SP Pharmacy
GRANIX	NC	
HEMOCYTE-F ORAL ELIXIR	NC	
LEUKINE INTRAVENOUS	NPB	PA; SP Pharmacy
<i>miglustat</i>	G	PA; ST; SP Pharmacy; QL
MIRCERA INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.3ML, 200 MCG/0.3ML, 50 MCG/0.3ML, 75 MCG/0.3ML	NPB	PA
MIRCERA INJECTION SOLUTION PREFILLED SYRINGE 150 MCG/0.3ML, 30 MCG/0.3ML	NPB	PA; SP Pharmacy
MOZOBIL	NPB	PA
MULPLETA	NPB	PA; SP Pharmacy; QL
NASCOBAL	NC	
NEULASTA ONPRO	PB	PA
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	PB	PA
NEUPOGEN INJECTION SOLUTION 300 MCG/ML	NPB	PA; SP Pharmacy

2018 Aetna Pharmacy Drug Guide - Small Group ACA Plan: NY

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
NEUPOGEN INJECTION SOLUTION 480 MCG/1.6ML	NPB	PA
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE	NPB	PA
NIVESTYM	PB	PA; SP Pharmacy
NPLATE	NPB	PA
PROCRIT	PB	PA; SP Pharmacy
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG	NPB	PA; SP Pharmacy; QL
PROMACTA ORAL TABLET 75 MG	NPB	PA; QL
RETACRIT	PB	PA; SP Pharmacy
SIKLOS	NPB	PA
VPRIV	PB	PA; SP Pharmacy
ZARXIO	PB	PA
ZAVESCA	NPB	PA; ST; #; QL
HEMOSTATICS		
AMICAR ORAL SOLUTION	NC	
AMICAR ORAL TABLET	PB	
EVITHROM	NC	
LYSTEDA	NC	
<i>monsels ferric subsulfate external</i>	NC	
<i>tranexamic acid oral</i>	G	QL
*HEPATITIS C AGENT - COMBINATIONS***		
EPCLUSA	PB	PA; #; SP Pharmacy; QL
HARVONI	PB	PA; #; SP Pharmacy
MAVYRET	NPB	PA; ST; SP Pharmacy; QL
TECHNIVIE	NPB	PA; ST; QL
VIEKIRA PAK	NPB	PA; ST; SP Pharmacy; QL
VIEKIRA XR	NPB	PA; ST; QL
VOSEVI	PB	PA; SP Pharmacy; QL
ZEPATIER	PB	PA; QL
*HEREDITARY OROTIC ACIDURIA TREATMENT - AGENTS**		
XURIDEN	NPB	PA; QL

2018 Aetna Pharmacy Drug Guide - Small Group ACA Plan: NY
The formulary is updated the first week of each month.
12/01/2018

Drug Name	Drug Status	Drug Details
HYPNOTICS		
AMBIEN	NC	
AMBIEN CR	NC	
BUTISOL SODIUM ORAL TABLET 30 MG	NPB	
DORAL	NC	
EDLUAR	NC	
<i>estazolam</i>	G	
<i>eszopiclone</i>	G	QL
<i>flurazepam hcl</i>	G	
HALCION	NC	
HETLIOZ	NPB	PA; SP Pharmacy; QL
INTERMEZZO	NC	
LUNESTA	NC	
<i>midazolam hcl oral</i>	G	
MIDAZOLAM+SYRSPEND SF PH4	NC	
<i>phenobarbital oral</i>	G	
<i>quazepam</i>	G	
RESTORIL	NC	
ROZEREM	NPB	PA; ST; #; QL
SECONAL	NPB	
SILENOR	NC	#
SONATA	NC	
<i>temazepam oral capsule 15 mg, 30 mg</i>	G	
<i>temazepam oral capsule 22.5 mg, 7.5 mg</i>	G	QL
<i>triazolam</i>	G	
<i>zaleplon</i>	G	QL
<i>zolpidem tartrate er</i>	G	PA; ST; QL
<i>zolpidem tartrate oral</i>	G	QL
<i>zolpidem tartrate sublingual</i>	NC	
ZOLPIMIST	NC	#
*HYPOPHOSPHATASIA (HPP) AGENTS***		
STRENSIQ	NC	

2018 Aetna Pharmacy Drug Guide - Small Group ACA Plan: NY

The formulary is updated the first week of each month.

12/01/2018

112

Drug Name	Drug Status	Drug Details
*IBS AGENT - MU-OPIOID RECEPTOR AGONISTS***		
VIBERZI	NC	
*IN VITRO/LOCK ANTICOAGULANTS***		
ANTICOAGULANT COMPOUND	NPB	
TRICITRASOL	NPB	
*INSULIN-INCRETIN MIMETIC COMBINATIONS***		
SOLIQUA	NC	
XULTOPHY	NC	
*ISOCITRATE DEHYDROGENASE-1 (IDH1) INHIBITORS***		
TIBSOVO	NC	
*ISOCITRATE DEHYDROGENASE-2 (IDH2) INHIBITORS***		
IDHIFA	NC	
LAXATIVES		
ALOPHEN	CE	
<i>bisacodyl</i>	CE	
<i>bisacodyl ec</i>	CE	
<i>citrate of magnesia</i>	CE	
CITROMA	CE	
CLENPIQ	CE	
COLYTE WITH FLAVOR PACKS ORAL SOLUTION RECONSTITUTED 240 GM	CE	
<i>constulose</i>	G	
CORRECTOL	CE	
DULCOLAX	CE	
DULCOLAX BOWEL PREP KIT	CE	
FLEET BISACODYL	CE	
FLEET ENEMA	CE	
FLEET LAXATIVE ORAL	CE	
FLEET PEDIATRIC	CE	
GAVILYTE-C	CE	
GAVILYTE-G	CE	
GAVILYTE-H	CE	

2018 Aetna Pharmacy Drug Guide - Small Group ACA Plan: NY

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
GAVILYTE-N WITH FLAVOR PACK	CE	
GOLYTELY	CE	
KRISTALOSE	NPB	QL
<i>lactulose oral packet</i>	G	QL
<i>lactulose oral solution</i>	G	
<i>magnesium citrate oral solution 1.745 gm/30ml</i>	CE	
MIRALAX	CE	
MOVIPREP	CE	#
NULYTELY WITH FLAVOR PACKS	CE	
OSMOPREP	CE	#
PCP 100	CE	
<i>peg 3350</i>	CE	
<i>peg 3350/electrolytes</i>	CE	
<i>peg 3350-kcl-na bicarb-nacl</i>	CE	
<i>peg-3350/electrolytes</i>	CE	
PEG-PREP	CE	
<i>phosphate laxative oral solution 0.9-2.4 gm/5ml</i>	CE	
PLENVU	CE	
<i>polyethylene glycol 3350 oral</i>	CE	
PREPOPIK	CE	#
<i>saline laxative oral solution 0.9-2.4 gm/5ml</i>	CE	
SMOOTH LAX ORAL PACKET	CE	
SUPREP BOWEL PREP KIT	CE	
TRILYTE	CE	
*LEPTIN ANALOGUES***		
MYALEPT	NPB	PA; QL
*LHRH/GNRH AGONIST ANALOG COMBINATIONS***		
LUPANETA PACK	NPB	PA; SP Pharmacy
*LYMPHOCYTE FUNCTION-ASSOCIATED ANTIGEN-1 (LFA-1) ANTAG***		
XIIDRA	NPB	
MACROLIDES		
<i>azithromycin oral packet</i>	G	

2018 Aetna Pharmacy Drug Guide - Small Group ACA Plan: NY

The formulary is updated the first week of each month.

12/01/2018

114

Drug Name	Drug Status	Drug Details
<i>azithromycin oral suspension reconstituted</i>	G	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	G	
BIAXIN ORAL TABLET	NC	
<i>clarithromycin er</i>	G	
<i>clarithromycin oral</i>	G	
DIFICID	NPB	PA; ST; QL
E.E.S. GRANULES	NPB	
ERYPED 200	NPB	
ERYPED 400	NPB	
ERY-TAB	NPB	
ERYTHROCIN STEARATE ORAL TABLET 250 MG	NC	
<i>erythromycin base oral capsule delayed release particles</i>	G	
<i>erythromycin base oral tablet</i>	G	
<i>erythromycin ethylsuccinate oral tablet</i>	G	
<i>erythromycin stearate oral tablet 250 mg</i>	G	
PCE	NPB	
ZITHROMAX ORAL	NC	
ZITHROMAX TRI-PAK	NC	
ZITHROMAX Z-PAK	NC	
ZMAX	NPB	
MEDICAL DEVICES		
<i>1st tier unifine pentips</i>	NPB	
<i>1st tier unifine pentips plus 31g x 8 mm</i>	NPB	
<i>1st tier unilet comfortouch</i>	NPB	
ACCU-CHEK FASTCLIX LANCETS	NPB	
ACCU-CHEK MULTICLIX LANCETS	NPB	
ACCU-CHEK SAFE-T PRO LANCETS	NPB	
ACCU-CHEK SOFT TOUCH LANCETS	NPB	
ACCU-CHEK SOFTCLIX LANCET DEV KIT	NPB	QL
ACCU-CHEK SOFTCLIX LANCETS	NPB	
<i>acti-lance 28g</i>	NPB	
<i>acti-lance lite lancets 28g</i>	NPB	

2018 Aetna Pharmacy Drug Guide - Small Group ACA Plan: NY

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
<i>acti-lance special lancets 17g</i>	NPB	
<i>acti-lance universal 23g</i>	NPB	
<i>adjustable lancing device</i>	G	
ADVOCATE INSULIN PEN NEEDLES 31G X 5 MM , 31G X 8 MM	NPB	
ADVOCATE INSULIN SYRINGE	NPB	
ADVOCATE LANCETS	NPB	
ADVOCATE RAPID-SAFE LANCING	NPB	
ADVOCATE SAFETY LANCETS	NPB	
AGAMATRIX ULTRA-THIN LANCETS	NPB	
<i>alcohol swabs pad</i>	G	
<i>alternate site lancing device</i>	G	
<i>anti-stick insulin syringe 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml</i>	G	
<i>assure comfort lancets 28g</i>	NPB	
<i>assure comfort lancets 30g</i>	NPB	
ASSURE HAEMOLANCE PLUS HIGH	NPB	
ASSURE HAEMOLANCE PLUS LOW	NPB	
ASSURE HAEMOLANCE PLUS MICRO	NPB	
ASSURE HAEMOLANCE PLUS NORMAL	NPB	
ASSURE HAEMOLANCE PLUS PED	NPB	
ASSURE ID INSULIN SAFETY SYR	NPB	
ASSURE LANCE LANCETS	NPB	
ASSURE LANCETS	NPB	
<i>aurora lancet super thin 30g</i>	NPB	
<i>aurora lancet thin 23g</i>	NPB	
<i>aurora pen needles</i>	NPB	
<i>aurora unifine pentips</i>	NPB	
BAYER MICROLET LANCETS	NPB	
BD AUTOSHIELD 29G X 5MM , 29G X 8MM	PB	
BD INSULIN SYR ULTRAFINE II 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	PB	

2018 Aetna Pharmacy Drug Guide - Small Group ACA Plan: NY

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
BD INSULIN SYRINGE 25G X 1" 1 ML, 25G X 5/8" 1 ML, 26G X 1/2" 1 ML, 27G X 1/2" 1 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.5 ML, 31G X 5/16" 0.3 ML, U-100 1 ML	PB	
BD INSULIN SYRINGE HALF-UNIT	PB	
BD INSULIN SYRINGE MICROFINE 27G X 5/8" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML	PB	
BD INSULIN SYRINGE U/F 30G X 1/2" 1 ML, 31G X 5/16" 0.3 ML	PB	
BD INSULIN SYRINGE ULTRAFINE	PB	
BD INTEGRA NEEDLE 25G X 5/8"	NC	
BD LANCET ULTRAFINE 30G	PB	
BD LANCET ULTRAFINE 33G	PB	
BD MICROTAINER LANCETS	PB	
BD PEN NEEDLE MINI U/F	PB	
BD PEN NEEDLE NANO U/F	PB	
BD PEN NEEDLE SHORT U/F	PB	
BD PEN NEEDLE ULTRAFINE	PB	
BD SAFETYGLIDE INSULIN SYRINGE 30G X 5/16" 0.5 ML	PB	
BD SAFETY-LOK INSULIN SYRINGE	PB	
<i>bullseye mini safety lancets</i>	NPB	
CAREFINE PEN NEEDLES 31G X 6 MM	NPB	
<i>careone lancet thin 23g</i>	NPB	
<i>careone lancet ultra thin 28g</i>	NPB	
<i>careone unifine pentips</i>	NPB	
CLEVER CHEK LANCETS	NPB	
<i>clickfine pen needles 31g x 6 mm , 31g x 8 mm</i>	NPB	
<i>comfort assured lancets 28g</i>	NPB	
<i>comfort assured lancets 33g</i>	NPB	
COMFORT EZ INSULIN SYRINGE	NPB	
COMFORT EZ PEN NEEDLES 31G X 5 MM , 31G X 6 MM , 31G X 8 MM	NPB	
<i>comfort lancets</i>	NPB	
DROPLET LANCETS ULTRA THIN 30G	NPB	

2018 Aetna Pharmacy Drug Guide - Small Group ACA Plan: NY

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
<i>easy comfort insulin syringe 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml</i>	NPB	
<i>easy comfort lancets</i>	NPB	
EASY TOUCH INSULIN SAFETY SYR 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 1 ML	NPB	
EASY TOUCH INSULIN SYRINGE	NPB	
EASY TOUCH LANCETS 21G	NPB	
EASY TOUCH LANCETS 23G	NPB	
EASY TOUCH LANCETS 26G	NPB	
EASY TOUCH LANCETS 28G	NPB	
EASY TOUCH LANCETS 28G/TWIST	NPB	
EASY TOUCH LANCETS 30G	NPB	
EASY TOUCH LANCETS 30G/TWIST	NPB	
EASY TOUCH LANCETS 32G	NPB	
EASY TOUCH LANCETS 32G/TWIST	NPB	
EASY TOUCH LANCETS 33G/TWIST	NPB	
EASY TOUCH PEN NEEDLES 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 5 MM , 32G X 6 MM	NPB	
EASY TOUCH SAFETY LANCETS 21G	NPB	
EASY TOUCH SAFETY LANCETS 23G	NPB	
EASY TOUCH SAFETY LANCETS 26G	NPB	
EASY TOUCH SAFETY LANCETS 28G	NPB	
EASY TWIST & CAP LANCETS	NPB	
<i>elite-thin insulin syringe 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 29g x 5/16" 0.5 ml, 29g x 5/16" 1 ml</i>	NPB	
EXEL COMFORT POINT INSULIN SYR	NPB	
E-Z JECT LANCET MICRO-THIN 33G	NPB	
E-Z JECT LANCET SUPER THIN 30G	NPB	
E-Z JECT LANCETS	NPB	
E-Z JECT LANCETS 21G	NPB	
E-Z JECT LANCETS THIN 26G	NPB	
EZ SMART BLOOD GLUCOSE LANCETS	NPB	
FC FEMALE CONDOM	CE	
FC2 FEMALE CONDOM	CE	

2018 Aetna Pharmacy Drug Guide - Small Group ACA Plan: NY

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
FEMCAP	CE	
FIFTY50 PEN NEEDLES 31G X 5 MM	NPB	
FIFTY50 SAFETY SEAL LANCETS	NPB	
FIFTY50 SUPERIOR COMFORT SYR	NPB	
FINE 30	NPB	
FINGERSTIX LANCETS	NPB	
FORA LANCETS	NPB	
FREESTYLE LANCETS	PB	
FREESTYLE PRECISION INS SYR	NPB	
FREESTYLE UNISTICK II LANCETS	PB	
<i>global ease inject pen needles 29g x 12mm , 31g x 5 mm , 31g x 8 mm</i>	NPB	
<i>global inject ease insulin syr</i>	NPB	
<i>global inject ease lancets 28g</i>	NPB	
<i>global inject ease lancets 30g</i>	NPB	
GLUCOCOM LANCETS 28G	NPB	
GLUCOCOM LANCETS 30G	NPB	
GLUCOCOM LANCETS 33G	NPB	
GLUCOPRO INSULIN SYRINGE	NPB	
HAEMOLANCE	NPB	
HAEMOLANCE LOW FLOW LANCETS	NPB	
HAEMOLANCE PLUS	NPB	
HAEMOLANCE PLUS HIGH FLOW	NPB	
HAEMOLANCE PLUS LOW FLOW	NPB	
HAEMOLANCE PLUS MAX FLOW	NPB	
HAEMOLANCE PLUS PEDIATRIC FLOW	NPB	
<i>healthwise mini pen needles</i>	NPB	
<i>healthwise pen needles</i>	NPB	
<i>healthwise short pen needles</i>	NPB	
<i>healthwise unifine pentips</i>	NPB	
<i>healthy accents unifine pentip 29g x 12mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm</i>	NPB	
<i>healthy accents unilet lancets</i>	NPB	
<i>insulin syringe</i>	G	
<i>insulin syringeneedle</i>	G	

2018 Aetna Pharmacy Drug Guide - Small Group ACA Plan: NY

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
<i>insulin syringe-needle u-100 31g x 1/4" 0.3 ml, 31g x 1/4" 0.5 ml, 31g x 1/4" 1 ml</i>	G	
<i>insupen pen needles 32g x 4 mm</i>	NPB	
INSUPEN SENSITIVE	NPB	
INSUPEN ULTRAFIN	NPB	
<i>kinney lancets</i>	NPB	
<i>kinney thin lancets</i>	NPB	
<i>kinray insulin syringe</i>	NPB	
<i>lancet device</i>	G	
<i>lancet transporter case</i>	G	
<i>lancets</i>	G	
<i>lancets 28g</i>	G	
<i>lancets 30g</i>	G	
<i>lancets thin</i>	G	
LANCETS ULTRA FINE	NPB	
LANCETS ULTRA THIN	NPB	
<i>lancets ultra thin 30g</i>	NPB	
<i>lancing device</i>	G	
<i>leader insulin syringe</i>	NPB	
LEADER UNIFINE PENTIPS	NPB	
<i>lite touch lancets</i>	NPB	
LITE TOUCH PEN NEEDLES	NPB	
LITETOUCH INSULIN SYRINGE	NPB	
LITETOUCH PEN NEEDLES 29G X 12.7MM , 31G X 8 MM	NPB	
<i>live better lancet super thin</i>	NPB	
<i>live better lancet ultra thin</i>	NPB	
<i>longs insulin syringe 31g x 5/16" 0.5 ml</i>	NPB	
<i>longs lancets standard</i>	NPB	
<i>longs lancets thin</i>	NPB	
<i>longs lancets ultra thin</i>	NPB	
MAGELLAN INSULIN SAFETY SYR	NPB	
MAXI-COMFORT INSULIN SYRINGE	NPB	
MEDISENSE THIN LANCETS	PB	
MEDLANCE EXTRA 21G	NPB	

2018 Aetna Pharmacy Drug Guide - Small Group ACA Plan: NY

The formulary is updated the first week of each month.

12/01/2018

120

Drug Name	Drug Status	Drug Details
MEDLANCE LITE 25G	NPB	
MEDLANCE PLUS EXTRA 21G	NPB	
MEDLANCE PLUS LANCETS	NPB	
MEDLANCE PLUS LITE 25G	NPB	
MEDLANCE PLUS SUPERLITE 30G	NPB	
MEDLANCE PLUS UNIVERSAL 21G	NPB	
MEDLANCE UNIVERSAL 21G	NPB	
MICROLET LANCETS	NPB	
MONOJECT INSULIN SYRINGE	NPB	
MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML	NPB	
MONOLET LANCETS	NPB	
<i>ms insulin syringe 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>	NPB	
<i>multi-lancet device</i>	G	
MYGLUCOHEALTH LANCETS 30G	NPB	
NOVA SAFETY LANCETS 23G	NPB	
NOVA SAFETY LANCETS 28G	NPB	
NOVA SUREFLEX LANCETS	NPB	
NOVOFINE	NPB	
NOVOFINE AUTOCOVERT	NPB	
NOVOTWIST 32G X 5 MM	NPB	
ON CALL LANCETS	NPB	
ON CALL PLUS LANCETS	NPB	
ONETOUCH CLUB LANCETS FINE PT	NPB	
ONETOUCH DELICA LANCETS 33G	NPB	
ONETOUCH DELICA LANCETS FINE	NPB	
ONETOUCH DELICA LANCING DEV	NPB	
ONETOUCH FINEPOINT LANCETS	NPB	
ONETOUCH LANCETS	NPB	
ONETOUCH SURESOFT LANCING DEV	NPB	
ONETOUCH ULTRASOFT LANCETS	NPB	

2018 Aetna Pharmacy Drug Guide - Small Group ACA Plan: NY

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
<i>pen needles</i>	G	
<i>pen needles 1/2"</i>	G	
<i>pen needles 3/16"</i>	G	
<i>pen needles 5/16"</i>	G	
PHARMACIST CHOICE LANCETS	NPB	
PRECISION SUREDOSE PLUS SYR	NPB	
PRECISION SURE-DOSE SYRINGE	NPB	
PRECISION THIN LANCETS	NPB	
PRECISION ULTRA LANCET	NPB	
<i>preferred plus insulin syringe</i>	NPB	
<i>preferred plus lancets colored</i>	NPB	
<i>preferred plus lancets thin</i>	NPB	
<i>preferred plus unifine pentips</i>	NPB	
PRODIGY INSULIN SYRINGE	NPB	
PRODIGY LANCETS 28G	NPB	
PRODIGY TWIST TOP LANCETS 28G	NPB	
<i>reality insulin syringe 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml</i>	NPB	
RELI-ON INSULIN SYRINGE	NPB	
RELION INSULIN SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	NPB	
RELION LANCETS STANDARD 21G	NPB	
RELION LANCETS THIN 26G	NPB	
RELION LANCETS ULTRA-THIN 30G	NPB	
RELION MINI PEN NEEDLES	NPB	
RELION PEN NEEDLES 29G X 12MM , 31G X 8 MM , 32G X 4 MM	NPB	
RELION SHORT PEN NEEDLES	NPB	
RELION ULTRA THIN LANCETS 30G	NPB	
RELION ULTRA THIN PLUS LANCETS	NPB	
RIGHTEST GL300 LANCETS	NPB	
SAFESNAP INSULIN SYRINGE	NPB	
<i>safety lancet 21g/pressure act</i>	G	

2018 Aetna Pharmacy Drug Guide - Small Group ACA Plan: NY

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
<i>safety lancet 28g/pressure act</i>	G	
SAFETY LANCETS	NPB	
SAFETY LANCETS 21G	NPB	
<i>safety lancets 28g</i>	G	
SAFETY LET LANCETS	NPB	
SAFETY SEAL LANCETS	NPB	
SAFETY-GLIDE SYRINGE	PB	
SHOPKO UNIFINE PENTIPS	NPB	
SHOPKO UNILET LANCETS 28G	NPB	
SHOPKO UNILET LANCETS 30G	NPB	
SINGLE-LET	NPB	
SMART SENSE COLOR LANCETS 33G	NPB	
SMART SENSE STANDARD LANCETS	NPB	
SMART SENSE SUPER THIN LANCETS	NPB	
SMART SENSE THIN LANCETS 26G	NPB	
SMARTEST LANCETS 28G	NPB	
SOLUS V2 LANCETS 28G	NPB	
SOLUS V2 TWIST LANCETS 30G	NPB	
STERILANCE PA	NPB	
STERILANCE TL	NPB	
<i>super thin lancets</i>	NPB	
<i>sure comfort insulin syringe 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml, 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 1/2" 0.3 ml, 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>	NPB	
<i>sure comfort lancets 28g</i>	NPB	
<i>sure comfort lancets 30g</i>	NPB	
<i>sure comfort pen needles 29g x 12.7mm , 31g x 5 mm , 31g x 8 mm</i>	NPB	
SURE-FINE PEN NEEDLES	NPB	
SURE-JECT INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML	NPB	

2018 Aetna Pharmacy Drug Guide - Small Group ACA Plan: NY

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
SURE-LANCE FLAT LANCETS	NPB	
SURE-LANCE THIN LANCETS 28G	NPB	
SURE-LANCE ULTRA THIN LANCETS	NPB	
SURE-TOUCH LANCETS UNIVERSAL	NPB	
TECHLITE AST LANCETS	NPB	
TECHLITE LANCETS	NPB	
TECHLITE LANCETS 30G	NPB	
THINLETS LANCET	NPB	
<i>topcare clickfine pen needles</i>	NPB	
<i>topcare ultra comfort ins syr</i>	NPB	
TRUEPLUS INSULIN SYRINGE	NPB	
TRUEPLUS LANCETS 28G	NPB	
TRUEPLUS LANCETS 30G	NPB	
TRUEPLUS LANCETS 33G	NPB	
TRUEPLUS SAFETY LANCETS 28G	NPB	
ULTICARE INSULIN SAFETY SYR	NPB	
ULTICARE INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	NPB	
ULTICARE MICRO PEN NEEDLES 32G X 4 MM	NPB	
ULTICARE MINI PEN NEEDLES	NPB	
ULTICARE PEN NEEDLES 29G X 12.7MM , 29G X 12MM	NPB	
ULTICARE SHORT PEN NEEDLES	NPB	
ULTILET CLASSIC LANCETS	NPB	
ULTILET LANCETS	NPB	
ULTILET SAFETY LANCETS 23G	NPB	
<i>ultra comfort insulin syringe 30g x 5/16" 0.3 ml</i>	NPB	
<i>ultra-comfort insulin syringe</i>	NPB	
ULTRALANCE	NPB	
ULTRA-THIN II AUTO LANCET	NPB	

2018 Aetna Pharmacy Drug Guide - Small Group ACA Plan: NY

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
ULTRA-THIN II INS SYR SHORT	NPB	
ULTRA-THIN II INSULIN SYRINGE	NPB	
ULTRA-THIN II LANCETS	NPB	
ULTRA-THIN II MINI PEN NEEDLE	NPB	
ULTRA-THIN II PEN NEEDLE SHORT	NPB	
ULTRA-THIN II PEN NEEDLES	NPB	
UNIFINE PENTIPS 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	NPB	
UNILET COMFORTOUCH LANCET	NPB	
UNILET EXCELITE	NPB	
UNILET EXCELITE II	NPB	
UNILET G.P. LANCET	NPB	
UNILET G.P. SUPERLITE LANCET	NPB	
UNILET GP 28 ULTRA THIN	NPB	
UNILET LANCET	NPB	
UNILET SUPERLITE LANCET	NPB	
UNISTIK 3 COMFORT	NPB	
UNISTIK 3 EXTRA	NPB	
UNISTIK 3 NORMAL	NPB	
UNISTIK CZT COMFORT	NPB	
UNISTIK CZT NORMAL	NPB	
UNIVERSAL 1 LANCETS THIN 26G	NPB	
UNIVERSAL 1 LANCETS ULTRA THIN	NPB	
<i>value health insulin syringe</i>	NPB	
<i>value plus lancet standard 21g</i>	NPB	
<i>value plus lancets super thin</i>	NPB	
<i>value plus lancets thin 26g</i>	NPB	
<i>valumark lancet super thin 30g</i>	NPB	
<i>valumark lancet ultra thin 28g</i>	NPB	
<i>valumark pen needles</i>	NPB	
VANISHPOINT INSULIN SYRINGE 29G X 1/2" 1 ML, 30G X 1/2" 0.5 ML	NPB	
VIDA MIA UNIFINE PENTIPS 29G X 12MM , 31G X 6 MM , 31G X 8 MM	NPB	
VIDA MIA UNILET LANCETS 28G	NPB	

2018 Aetna Pharmacy Drug Guide - Small Group ACA Plan: NY

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
VIDA MIA UNILET LANCETS 30G	NPB	
WIDE-SEAL DIAPHRAGM 60	CE	QL
WIDE-SEAL DIAPHRAGM 65	CE	QL
WIDE-SEAL DIAPHRAGM 70	CE	QL
WIDE-SEAL DIAPHRAGM 75	CE	QL
WIDE-SEAL DIAPHRAGM 80	CE	QL
WIDE-SEAL DIAPHRAGM 85	CE	QL
WIDE-SEAL DIAPHRAGM 90	CE	QL
WIDE-SEAL DIAPHRAGM 95	CE	QL
MIGRAINE PRODUCTS		
<i>almotriptan malate</i>	G	ST; QL
AMERGE	NC	
AXERT	NC	
CAMBIA	NC	
D.H.E. 45	NC	
<i>dihydroergotamine mesylate injection</i>	G	
<i>dihydroergotamine mesylate nasal</i>	G	ST; QL
<i>eletriptan hydrobromide</i>	G	ST; QL
ERGOMAR	NPB	
<i>ergotamine-caffeine</i>	G	
FROVA	NC	
<i>frovatriptan succinate</i>	G	ST; QL
IMITREX	NC	
IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE	NC	
IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO- INJECTOR	NC	
MAXALT	NC	
MAXALT-MLT	NC	
MIGERGOT	NPB	
MIGRANAL	NC	
<i>naratriptan hcl</i>	G	QL
ONZETRA XSAIL	NC	
RELPAK	NC	

2018 Aetna Pharmacy Drug Guide - Small Group ACA Plan: NY

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
<i>rizatriptan benzoate</i>	G	QL
<i>sumatriptan nasal</i>	G	QL
<i>sumatriptan succinate oral</i>	G	QL
<i>sumatriptan succinate refill subcutaneous solution cartridge</i>	G	QL
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	G	QL
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml</i>	G	QL
<i>sumatriptan-naproxen sodium</i>	NC	
SUMAVEL DOSEPRO SUBCUTANEOUS SOLUTION JET-INJECTOR	NC	
TREXIMET ORAL TABLET 10-60 MG	NC	#
TREXIMET ORAL TABLET 85-500 MG	NC	
ZEMBRACE SYMTOUCH	NC	
<i>zolmitriptan oral</i>	G	ST; QL
ZOMIG NASAL	NPB	ST; QL
ZOMIG ORAL	NC	
ZOMIG ZMT	NC	
MINERALS & ELECTROLYTES		
<i>av-phos 250 neutral</i>	G	
CALCIFOL	NC	
<i>calcium-folic acid plus d</i>	NC	
EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ	NPB	
EFFER-K ORAL TABLET EFFERVESCENT 25 MEQ	G	
<i>effervescent pot chloride</i>	G	
FLUORABON	CE	
FLUOR-A-DAY ORAL TABLET CHEWABLE 0.25 (F)-236.79 MG	CE	
<i>fluoritab</i>	CE	
FLURA-DROPS ORAL SOLUTION 0.55 (0.25 F) MG/DROP	CE	
GALZIN	NPB	
<i>iodine strong oral</i>	NC	

2018 Aetna Pharmacy Drug Guide - Small Group ACA Plan: NY

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
<i>k-effervescent</i>	G	
KLOR-CON 10	G	
KLOR-CON M10	G	
KLOR-CON M15	NPB	
KLOR-CON M20	G	
KLOR-CON ORAL TABLET EXTENDED RELEASE	G	
KLOR-CON SPRINKLE	G	
KLOR-CON/EF	G	
K-PHOS	NPB	
K-PHOS-NEUTRAL	NC	
K-PRIME	G	
K-TAB	NC	
<i>k-vescent oral tablet effervescent</i>	G	
LUDENT	CE	
MAGNEBIND 400	NC	
MICRO-K	NC	
NAFRINSE	CE	
PHOSPHA 250 NEUTRAL	G	
<i>pot bicarb-pot chloride</i>	G	
<i>potassium bicarbonate oral</i>	G	
<i>potassium chloride crys er</i>	G	
<i>potassium chloride er</i>	G	
<i>potassium chloride oral packet</i>	G	
<i>potassium chloride oral solution 20 meq/15ml (10%)</i>	G	
<i>potassium chloride oral solution 40 meq/15ml (20%)</i>	NC	
<i>potassium phosphate-nacl</i>	NC	
<i>sodium fluoride oral</i>	CE	
<i>virt-phos 250 neutral</i>	G	
*MONOBACTAMS***		
CAYSTON	NPB	SP Pharmacy; QL
MOUTH/THROAT/DENTAL AGENTS		
CAVAREST	CE	

2018 Aetna Pharmacy Drug Guide - Small Group ACA Plan: NY

The formulary is updated the first week of each month.

12/01/2018

128

Drug Name	Drug Status	Drug Details
<i>cevimeline hcl</i>	G	QL
<i>chlorhexidine gluconate mouth/throat</i>	G	
CLINPRO 5000	CE	
<i>clotrimazole mouth/throat</i>	G	
DEBACTEROL	NPB	
DENTA 5000 PLUS	CE	
DENTAGEL	CE	
EVOXAC	NC	
<i>lidocaine viscous</i>	G	
NEUTRAGARD ADVANCED	CE	
<i>neutral sodium fluoride</i>	CE	
<i>nystatin mouth/throat</i>	G	
ORALONE	G	
ORAVIG	NPB	ST; QL
PAROEX	G	
PERIDEX	NC	
PERIOGARD	G	
<i>pilocarpine hcl oral</i>	G	
SALAGEN	NC	
<i>sf</i>	CE	
<i>sf 5000 plus</i>	CE	
<i>triamcinolone acetonide mouth/throat</i>	G	
MULTIVITAMINS		
BAL-CARE DHA	NPB	
<i>bp folinatal plus b</i>	G	
<i>bp multinatal plus oral tablet chewable</i>	G	
<i>calcium pnv</i>	NPB	
CITRANATAL 90 DHA ORAL 90-1 & 300 MG	NPB	
CITRANATAL ASSURE ORAL 35-1 & 300 MG	NPB	
CITRANATAL B-CALM	NPB	
CITRANATAL MEDLEY	NC	
CITRANATAL RX	NPB	
<i>completenate</i>	G	

2018 Aetna Pharmacy Drug Guide - Small Group ACA Plan: NY

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
CO-NATAL FA	G	
CONCEPT DHA	NPB	
CONCEPT OB	NPB	
DUET DHA BALANCED ORAL 25-1 & 267 MG	NPB	
ELITE-OB	G	
<i>folcal dha oral capsule 27-1.25-300 mg</i>	NPB	
FOLCAPS OMEGA 3 ORAL CAPSULE 27-1 MG	NPB	
FOLIVANE-OB	NPB	
<i>hemenatal ob</i>	NPB	
<i>hemenatal ob + dha</i>	NPB	
INATAL ADVANCE	G	
INATAL GT	G	
INATAL ULTRA ORAL TABLET	G	
<i>infanate balance</i>	NPB	
<i>levomefolate dha</i>	NPB	
<i>multi-vit/fluoride oral solution</i>	G	
<i>multivitamin/fluoride oral solution</i>	G	
<i>multi-vitamin/fluoride oral solution 0.25 mg/ml</i>	G	
<i>multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg</i>	G	
<i>multivitamins/fluoride</i>	G	
MVC-FLUORIDE	G	
M-VIT	G	
MYNATAL ADVANCE	G	
MYNATAL ORAL TABLET	G	
<i>mynatal plus</i>	G	
<i>mynatal-z</i>	G	
NATACHEW ORAL TABLET CHEWABLE 28-1 MG	NPB	
NATALVIT	NPB	
NATELLE ONE ORAL CAPSULE 28-1-250 MG	NPB	
NESTABS	NPB	
NESTABS DHA	NPB	

2018 Aetna Pharmacy Drug Guide - Small Group ACA Plan: NY

The formulary is updated the first week of each month.

12/01/2018

130

Drug Name	Drug Status	Drug Details
NEWGEN	NPB	
NEXA PLUS	NPB	
OB COMPLETE ADVANCED	NPB	
OB COMPLETE GOLD	NPB	
OB COMPLETE ONE	NPB	
OB COMPLETE ORAL TABLET	NPB	
OB COMPLETE PREMIER	NPB	
OB COMPLETE/DHA	NPB	
O-CAL FA	NPB	
O-CAL PRENATAL	NPB	
OCUVEL ORAL CAPSULE 0.5 MG	NPB	
<i>pnv folic acid + iron</i>	NPB	
<i>pnv prenatal plus multivitamin</i>	NPB	
<i>pnv-dha</i>	G	
<i>pnv-dha+docusate</i>	NPB	
<i>pnv-omega</i>	NPB	
<i>pnv-select</i>	NPB	
<i>pnv-total</i>	NPB	
<i>pnv-vp-u</i>	NPB	
POLY-VI-FLOR	NPB	
PR NATAL 400	G	
PR NATAL 430	G	
PR NATAL 430 EC	G	
PREFERA OB ORAL TABLET 34-1 MG	NPB	
PREFERAOB ONE	NPB	
<i>prenaissance</i>	NPB	
<i>prenaissance balance</i>	NPB	
<i>prenaissance harmony dha</i>	NPB	
<i>prenaissance next</i>	NPB	
<i>prenaissance next-b</i>	NPB	
<i>prenaissance plus</i>	NPB	
PRENATA	NPB	
PRENATABS RX	G	
<i>prenatal 19 oral tablet</i>	G	
<i>prenatal 19 oral tablet chewable</i>	G	

2018 Aetna Pharmacy Drug Guide - Small Group ACA Plan: NY

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
<i>prenatal low iron oral tablet 27-1 mg</i>	G	
<i>prenatal plus iron</i>	NPB	
PRENATAL-U	NPB	
PRENATE DHA ORAL CAPSULE 28-0.6-0.4-300 MG	NPB	
PRENATE ELITE ORAL TABLET 26-0.6-0.4 MG	NPB	
PRENATE ESSENTIAL ORAL CAPSULE 29-0.6-0.4-340 MG	NPB	
PRENATE MINI ORAL CAPSULE 29-0.6-0.4-350 MG	NPB	
<i>pretab</i>	NPB	
PRIMACARE ORAL CAPSULE	NPB	
QUFLORA FE PEDIATRIC	NC	
<i>relnate dha</i>	NPB	
SELECT-OB ORAL TABLET CHEWABLE 29-1 MG	NPB	
<i>se-natal 19</i>	G	
SYNAGEX	NPB	
TARON-BC	NPB	
TARON-C DHA	NPB	
TARON-PREX	NPB	
<i>tl-care dha</i>	NPB	
<i>tl-select</i>	NPB	
TRICARE	G	
TRICARE PRENATAL DHA ONE ORAL CAPSULE 27-1-500 MG	NPB	
<i>trinatal rx 1</i>	G	
TRINATE	NPB	
<i>tristart dha</i>	NPB	
TRISTART ONE	NPB	
<i>tri-tabs dha</i>	NPB	
TRIVEEN-DUO DHA	NPB	
TRI-VI-FLOR	NPB	
<i>tri-vi-floro</i>	NPB	
<i>ultimatecare one</i>	G	

2018 Aetna Pharmacy Drug Guide - Small Group ACA Plan: NY

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
VEMAVITE-PRX 2	NPB	
<i>vena-bal dha</i>	NPB	
VINATE II	G	
VINATE ONE	G	
<i>virt nate</i>	NPB	
<i>virt-advance</i>	NPB	
<i>virt-pn</i>	NPB	
<i>virt-pn dha</i>	NPB	
<i>virt-pn plus</i>	NPB	
<i>virtprex</i>	NPB	
<i>virt-select</i>	NPB	
<i>virt-vite gt</i>	NPB	
VITAFOL ORAL TABLET	NC	
VITAFOL-OB	NPB	
VITAFOL-ONE	NPB	
VITAMEDMD ONE RX/QUATREFOLIC	NPB	
VIVA DHA	NPB	
<i>vol-nate</i>	NPB	
<i>vol-plus</i>	NPB	
<i>vol-tab rx</i>	NPB	
<i>vp-ch-pnv</i>	NPB	
<i>vp-ggr-b6 prenatal</i>	NPB	
<i>vp-heme ob</i>	NPB	
<i>vp-heme ob + dha</i>	NPB	
<i>vp-heme one</i>	NPB	
<i>vp-pnv-dha</i>	NPB	
ZATEAN-PN DHA	NPB	
ZATEAN-PN PLUS	NPB	
MUSCULOSKELETAL THERAPY AGENTS		
AMRIX	NC	#
<i>baclofen oral</i>	G	
<i>carisoprodol oral tablet 250 mg</i>	NC	
<i>carisoprodol oral tablet 350 mg</i>	G	
<i>carisoprodol-aspirin</i>	G	

2018 Aetna Pharmacy Drug Guide - Small Group ACA Plan: NY

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
<i>carisoprodol-aspirin-codeine</i>	G	
<i>chlorzoxazone oral tablet 250 mg</i>	NC	
<i>chlorzoxazone oral tablet 500 mg</i>	G	
<i>cyclobenzaprine hcl oral</i>	G	
DANTRIUM ORAL CAPSULE 25 MG, 50 MG	NC	
<i>dantrolene sodium oral</i>	G	
DUROLANE INTRA-ARTICULAR	NC	
FEXMID	NC	
LORZONE	NC	
METAXALL	G	
<i>metaxalone</i>	G	
<i>methocarbamol oral</i>	G	
<i>orphenadrine citrate er</i>	G	
PARAFON FORTE DSC	NC	
ROBAXIN ORAL	NC	
ROBAXIN-750	NC	
SKELAXIN	NC	
SOMA	NC	
<i>tizanidine hcl oral capsule</i>	NC	
<i>tizanidine hcl oral tablet</i>	G	
ZANAFLEX	NC	
NASAL AGENTS - SYSTEMIC AND TOPICAL		
ADRENALIN NASAL	NPB	
<i>azelastine hcl nasal solution 0.1 %, 0.15 %</i>	G	
BACTROBAN NASAL	NPB	
BECONASE AQ	NPB	ST
DYMISTA	NC	
FLONASE ALLERGY RELIEF	G	
<i>flunisolide nasal solution 25 mcglact (0.025%)</i>	G	
<i>fluticasone propionate nasal</i>	G	QL
<i>ipratropium bromide nasal</i>	G	QL
<i>mometasone furoate nasal</i>	G	
NASACORT ALLERGY 24HR	G	

2018 Aetna Pharmacy Drug Guide - Small Group ACA Plan: NY

The formulary is updated the first week of each month.

12/01/2018

134

Drug Name	Drug Status	Drug Details
NASONEX	NC	
<i>olopatadine hcl nasal</i>	G	
OMNARIS	NPB	ST; #
PATANASE	NC	
QNASL	NPB	ST
QNASL CHILDRENS	NPB	ST
RHINOCORT ALLERGY	G	
<i>triamcinolone acetonide nasal aerosol</i>	G	ST; QL
XHANCE	NC	
ZETONNA	NPB	ST
*NEPRILYSIN INHIB (ARNI)- ANGIOTENSIN II RECEPT ANTAG COMB***		
ENTRESTO	NC	
*NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS***		
NORTHERA	NC	
NEUROMUSCULAR AGENTS		
BOTOX	NPB	PA; ST; SP Pharmacy
RILUTEK	NC	
<i>riluzole</i>	G	PA
TIGLUTIK	NC	
*NSAID-VITAMINS AND/OR MINERALS COMBINATIONS***		
<i>equapax/libuprofen/minrex</i>	NC	
NUTRIENTS		
CARDIOVID PLUS	NC	
<i>levocarnitine-b5-aurine</i>	NC	
OPHTHALMIC AGENTS		
ACULAR	NC	
ACULAR LS	NC	
ACUVAIL	NPB	
ALAWAY	G	
ALOCRIIL	NPB	
ALOMIDE	NPB	

2018 Aetna Pharmacy Drug Guide - Small Group ACA Plan: NY

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	NPB	
ALREX	NPB	
ALTACAINE	G	
ALTAFLUOR	G	
ALTAFRIN OPHTHALMIC SOLUTION 10 %, 2.5 %	G	
<i>apraclonidine hcl</i>	G	
<i>atropine sulfate ophthalmic ointment</i>	G	
<i>atropine sulfate ophthalmic solution</i>	NC	
AZASITE	NPB	#
<i>azelastine hcl ophthalmic</i>	G	
AZOPT	NPB	
<i>bacitracin ophthalmic</i>	G	
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	G	
<i>bacitra-neomycin-polymyxin-hc</i>	G	
BEPREVE	NPB	#
BESIVANCE	NPB	
BETADINE OPHTHALMIC PREP	NPB	
BETAGAN	NC	
<i>betaxolol hcl ophthalmic</i>	G	
BETIMOL	NPB	
BETOPTIC-S	NPB	
<i>bimatoprost ophthalmic</i>	G	ST
BIO GLO	G	
BLEPH-10	NC	
BLEPHAMIDE	NPB	
BLEPHAMIDE S.O.P.	NPB	
<i>brimonidine tartrate ophthalmic</i>	G	
<i>bromfenac sodium (once-daily)</i>	G	
BROMSITE	NC	
<i>carteolol hcl</i>	G	
CILOXAN OPHTHALMIC OINTMENT	NPB	
CILOXAN OPHTHALMIC SOLUTION	NC	

2018 Aetna Pharmacy Drug Guide - Small Group ACA Plan: NY

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
<i>ciprofloxacin hcl ophthalmic</i>	G	
CLARITIN EYE	G	
COMBIGAN	NPB	
COSOPT	NC	
COSOPT PF	NC	#
<i>cromolyn sodium ophthalmic</i>	G	
CYCLOGYL	NC	
CYCLOMYDRIL	NPB	
<i>cyclopentolate hcl ophthalmic</i>	G	
CYSTARAN	NPB	PA; #; QL
<i>dexamethasone sodium phosphate ophthalmic</i>	G	
<i>diclofenac sodium ophthalmic</i>	G	
<i>dorzolamide hcl ophthalmic</i>	G	
<i>dorzolamide hcl-timolol mal</i>	G	
<i>dorzolamide hcl-timolol mal pf</i>	G	
<i>double pm</i>	NC	
DUREZOL	NPB	#
ELESTAT	NC	
EMADINE	NPB	
<i>epinastine hcl</i>	G	
<i>erythromycin ophthalmic</i>	G	
EYLEA INTRAVITREAL	NPB	PA; SP Pharmacy
FLAREX	NPB	
<i>fluorescein-benoxinate</i>	G	
FLUOR-I-STRIPS A.T.	G	
<i>fluorometholone ophthalmic</i>	G	
FLURA-SAFE	NC	
<i>flurbiprofen sodium</i>	G	
FLUROX	G	
FML	NPB	
FML FORTE	NPB	
FUL-GLO OPHTHALMIC STRIP 0.6 MG	NC	
FUL-GLO OPHTHALMIC STRIP 1 MG	G	
<i>gatifloxacin ophthalmic</i>	G	
GELFILM OPHTHALMIC	NC	

2018 Aetna Pharmacy Drug Guide - Small Group ACA Plan: NY

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
GENTAK OPHTHALMIC OINTMENT	NPB	
<i>gentamicin sulfate ophthalmic solution</i>	G	
HOMATROPAIRE	G	
<i>homatropine hbr ophthalmic</i>	G	
ILEVRO	NPB	
INVELTYS	NPB	
IOPIDINE OPHTHALMIC SOLUTION 0.5 %	NC	
IOPIDINE OPHTHALMIC SOLUTION 1 %	NPB	
ISOPTO CARPINE	NC	
ISTALOL	NC	
JETREA INTRAVITREAL SOLUTION 0.375 MG/0.3ML	NC	
<i>ketorolac tromethamine ophthalmic</i>	G	
<i>ketotifen fumarate ophthalmic</i>	G	
LACRISERT	NPB	
LASTACAFT	NPB	
<i>latanoprost ophthalmic</i>	G	
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	G	
<i>levofloxacin ophthalmic</i>	G	
LOTEMAX OPHTHALMIC GEL	NPB	#
LOTEMAX OPHTHALMIC OINTMENT	NPB	
LOTEMAX OPHTHALMIC SUSPENSION	NPB	
LUCENTIS INTRAVITREAL SOLUTION PREFILLED SYRINGE 0.3 MG/0.05ML	NPB	PA
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	NPB	ST
MAXIDEX	NPB	
MAXITROL	NC	
<i>metipranolol</i>	G	
MOXEZA	NPB	#
<i>moxifloxacin hcl ophthalmic</i>	G	
MYDRIACYL	NC	
<i>naphazoline hcl ophthalmic</i>	G	
NATACYN	NPB	

2018 Aetna Pharmacy Drug Guide - Small Group ACA Plan: NY

The formulary is updated the first week of each month.

12/01/2018

138

Drug Name	Drug Status	Drug Details
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>	G	
<i>neomycin-polymyxin-dexameth ophthalmic ointment</i>	G	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	G	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	G	
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>	G	
NEO-POLYCIN	G	
NEO-POLYCIN HC	G	
NEOSPORIN	NC	
NEVANAC	NPB	
OCUFLOX	NC	
<i>ofloxacin ophthalmic</i>	G	
<i>olopatadine hcl ophthalmic</i>	G	
PAREMYD	NPB	
PATADAY	NC	
PATANOL	NC	
PAZEO	NC	
<i>phenylephrine hcl ophthalmic solution 10 %, 2.5 %</i>	G	
PHOSPHOLINE IODIDE	NPB	
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	G	
POLYCIN	G	
<i>polymyxin b-trimethoprim</i>	G	
POLYTRIM	NC	
PRED MILD	NPB	
PRED-G	NPB	
PRED-G S.O.P.	NPB	
<i>prednisolone acetate ophthalmic</i>	G	
<i>prednisolone sodium phosphate ophthalmic</i>	G	
PROLENSA	NC	
<i>proparacaine hcl ophthalmic</i>	G	

2018 Aetna Pharmacy Drug Guide - Small Group ACA Plan: NY

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
RESCULA	NPB	ST; #
RESTASIS	NPB	#
RESTASIS MULTIDOSE	NPB	#
SIMBRINZA	NPB	
<i>sulfacetamide sodium ophthalmic</i>	G	
<i>sulfacetamide-prednisolone ophthalmic solution</i>	G	
TETCAINE	G	
<i>tetracaine hcl ophthalmic</i>	G	
TETRAVISC	G	
TETRAVISC FORTE	G	
<i>timolol maleate ophthalmic</i>	G	
TIMOPTIC	NC	
TIMOPTIC OCUDOSE	NPB	
TIMOPTIC-XE	NC	
TOBRADEX OPHTHALMIC OINTMENT	NPB	
TOBRADEX OPHTHALMIC SUSPENSION	NC	
TOBRADEX ST	NC	
<i>tobramycin ophthalmic</i>	G	
<i>tobramycin-dexamethasone</i>	G	
TOBREX OPHTHALMIC OINTMENT	NPB	
TOBREX OPHTHALMIC SOLUTION	NC	
TRAVATAN Z	PB	#
<i>trifluridine ophthalmic</i>	G	
<i>tropicamide ophthalmic</i>	G	
TRUSOPT	NC	
VEXOL	NPB	
VIGAMOX	NC	
VIROPTIC	NC	
VYZULTA	NC	
XALATAN	NC	
ZADITOR	G	
ZIOPTAN	NPB	ST
ZIRGAN	NPB	#
ZYLET	NPB	

2018 Aetna Pharmacy Drug Guide - Small Group ACA Plan: NY

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
ZYMAXID	NC	
*OPHTHALMIC RHO KINASE INHIBITORS***		
RHOPRESSA	NPB	ST
*OREXIN RECEPTOR ANTAGONISTS***		
BELSOMRA	NPB	PA; ST; QL; AL
OTIC AGENTS		
ACETASOL HC	G	
<i>acetic acid otic</i>	G	
CETRAXAL	NC	
CIPRO HC	NPB	#
CIPRODEX	NPB	#
<i>ciprofloxacin hcl otic</i>	G	
COLY-MYCIN S	NPB	
DERMOTIC	NC	
FLOXIN OTIC	NC	
<i>fluocinolone acetonide otic</i>	G	
<i>hydrocortisone-acetic acid</i>	G	
<i>neomycin-polymyxin-hc otic</i>	G	
<i>ofloxacin otic</i>	G	
OTIPRIO	NC	
OTOVEL	NPB	
PRAMOTIC	NC	
*OXABOROLE-RELATED ANTIFUNGALS - TOPICAL***		
KERYDIN	NPB	PA; ST
OXYTOCICS		
CERVIDIL	NC	
METHERGINE ORAL	G	
PREPIDIL	NPB	
PROSTIN E2	NPB	
*PASSIVE IMMUNIZING AGENTS - COMBINATIONS***		
HYQVIA	NPB	PA; SP Pharmacy

2018 Aetna Pharmacy Drug Guide - Small Group ACA Plan: NY
The formulary is updated the first week of each month.
12/01/2018

Drug Name	Drug Status	Drug Details
PASSIVE IMMUNIZING AGENTS		
CARIMUNE NF INTRAVENOUS SOLUTION RECONSTITUTED 12 GM, 6 GM	NC	
CUVITRU	NC	
FLEBOGAMMA DIF	PB	PA
GAMASTAN S/D INTRAMUSCULAR INJECTABLE	NC	
GAMMAGARD	NC	
GAMMAGARD S/D LESS IGA	NC	
GAMMAKED	NC	
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 20 GM/400ML, 5 GM/100ML, 5 GM/50ML	PB	PA
GAMUNEX-C	PB	PA
HIZENTRA SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML	PB	PA; SP Pharmacy
HYPERRAB	NC	
<i>kedrab intramuscular</i>	NC	
OCTAGAM	PB	PA
PANZYGA	NC	
SYNAGIS	PB	PA; SP Pharmacy
*PCSK9 INHIBITORS***		
PRALUENT SUBCUTANEOUS SOLUTION PEN-INJECTOR	PB	PA; ST; QL
REPATHA	PB	PA; ST; QL
REPATHA PUSHTRONEX SYSTEM	PB	PA; ST; QL
REPATHA SURECLICK	PB	PA; ST; QL
PENICILLINS		
<i>amoxicillin oral capsule</i>	G	
<i>amoxicillin oral suspension reconstituted</i>	G	
<i>amoxicillin oral tablet</i>	G	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	G	
<i>amoxicillin-pot clavulanate er</i>	G	
<i>amoxicillin-pot clavulanate oral</i>	G	

2018 Aetna Pharmacy Drug Guide - Small Group ACA Plan: NY

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
<i>ampicillin oral capsule 500 mg</i>	G	
AUGMENTIN ES-600	NC	
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML, 250-62.5 MG/5ML	NC	
AUGMENTIN ORAL TABLET 500-125 MG, 875-125 MG	NC	
AUGMENTIN XR	NC	
<i>dicloxacillin sodium</i>	G	
MOXATAG	NC	
<i>penicillin v potassium</i>	G	
PHARMACEUTICAL ADJUVANTS		
<i>mouth wash-gp</i>	NC	
<i>mouthwash-af</i>	NC	
<i>mouthwash-om</i>	NC	
<i>polyethylene glycol 3350 powder</i>	CE	
*PHOSPHATIDYLINOSITOL 3-KINASE (PI3K) INHIBITORS***		
COPIKTRA	NC	
ZYDELIG	NPB	PA; SP Pharmacy; QL
*PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL***		
EUCRISA	NC	
*PHOSPHODIESTERASE 4 (PDE4) INHIBITORS***		
OTEZLA ORAL TABLET	PB	PA; ST; SP Pharmacy; QL
OTEZLA ORAL TABLET THERAPY PACK	PB	PA; ST; SP Pharmacy; QL
*PLASMA KALLIKREIN INHIBITORS - MONOCLONAL ANTIBODIES***		
TAKHZYRO	NC	
*POLY (ADP-RIBOSE) POLYMERASE (PARP) INHIBITORS**		
LYNPARZA	NC	
RUBRACA	NPB	PA; SP Pharmacy; QL
TALZENNA	NC	

2018 Aetna Pharmacy Drug Guide - Small Group ACA Plan: NY

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
*POLY (ADP-RIBOSE) POLYMERASE (PARP) INHIBITORS***		
LYNPARZA	NC	
RUBRACA	NPB	PA; SP Pharmacy; QL
TALZENNA	NC	
*POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS***		
GRALISE	NPB	ST; QL
GRALISE STARTER	NPB	ST; QL
LYRICA CR	NPB	PA; ST; QL
*POTASSIUM REMOVING AGENTS***		
KIONEX	G	
LOKELMA	NC	
<i>sodium polystyrene sulfonate oral</i>	G	
<i>sodium polystyrene sulfonate rectal</i>	G	
SPS	G	
VELTASSA	NC	
PROGESTINS		
AYGESTIN	NC	
<i>hydroxyprogesterone caproate intramuscular oil</i>	G	PA; SP Pharmacy
MAKENA INTRAMUSCULAR	NC	
MAKENA SUBCUTANEOUS	NPB	PA; QL
<i>medroxyprogesterone acetate oral</i>	G	
MEGACE ES	NC	
<i>megestrol acetate oral suspension 625 mg/5ml</i>	G	
<i>norethindrone acetate oral</i>	G	
<i>progesterone intramuscular</i>	NC	
<i>progesterone micronized oral</i>	G	QL
PROMETRIUM	NC	
PROVERA	NC	
*PROTEASE-ACTIVATED RECEPTOR-1 (PAR-1) ANTAGONISTS***		
ZONTIVITY	NPB	PA; QL
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
<i>acamprosate calcium</i>	G	QL

2018 Aetna Pharmacy Drug Guide - Small Group ACA Plan: NY

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
AMPYRA	NC	#
ANTABUSE	NC	
ARICEPT	NC	
AUBAGIO	NPB	PA; ST; SP Pharmacy; QL
AUSTEDO	NC	
AVONEX	NPB	PA; ST; SP Pharmacy; QL
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	NPB	PA; ST; SP Pharmacy; QL
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	NPB	PA; ST; SP Pharmacy; QL
BETASERON SUBCUTANEOUS KIT	NPB	PA; ST; SP Pharmacy; QL
BRISDELLE	NC	
<i>bupropion hcl er (smoking det)</i>	CE	QL
CHANTIX	CE	QL
CHANTIX CONTINUING MONTH PAK	CE	QL
CHANTIX STARTING MONTH PAK	CE	
<i>chlordiazepoxide-amitriptyline</i>	G	
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	NC	
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	PB	PA; SP Pharmacy
<i>dalfampridine er</i>	G	PA; SP Pharmacy; QL
<i>disulfiram oral</i>	G	
<i>donepezil hcl oral tablet 10 mg, 5 mg</i>	G	PA
<i>donepezil hcl oral tablet 23 mg</i>	G	PA; ST
<i>donepezil hcl oral tablet dispersible</i>	G	PA
<i>ergoloid mesylates oral</i>	G	
EXELON TRANSDERMAL	NC	
EXTAVIA SUBCUTANEOUS KIT	NPB	PA; ST; SP Pharmacy; QL
<i>fluoxetine hcl (pmd)</i>	G	
<i>galantamine hydrobromide</i>	G	PA
<i>galantamine hydrobromide er</i>	G	PA
GILENYA ORAL CAPSULE 0.25 MG	PB	PA; SP Pharmacy; QL

2018 Aetna Pharmacy Drug Guide - Small Group ACA Plan: NY

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
GILENYA ORAL CAPSULE 0.5 MG	PB	PA; #; SP Pharmacy; QL
<i>glatiramer acetate</i>	G	PA; SP Pharmacy
GLATOPA	PB	PA; SP Pharmacy
GRALISE	NPB	ST; QL
GRALISE STARTER	NPB	ST; QL
HORIZANT ORAL TABLET EXTENDED RELEASE	NPB	ST; QL
INGREZZA ORAL CAPSULE 80 MG	NC	
LYRICA CR	NPB	PA; ST; QL
<i>memantine hcl er</i>	G	PA
<i>memantine hcl oral</i>	G	PA
NAMENDA ORAL TABLET	NC	
NAMENDA TITRATION PAK	NC	
NAMENDA XR	PB	PA
NAMENDA XR TITRATION PACK	PB	PA; #
<i>nicotine</i>	CE	
<i>nicotine polacrilex mouth/throat</i>	CE	QL
NICOTROL	CE	QL
NICOTROL NS	CE	QL
NUEDEXTA	NPB	PA; QL
<i>olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 6-25 mg, 6-50 mg</i>	G	QL
<i>olanzapine-fluoxetine hcl oral capsule 3-25 mg</i>	G	
ORAP	NC	
<i>paroxetine mesylate</i>	NC	
<i>perphenazine-amitriptyline</i>	G	
<i>pimozide</i>	G	
PLEGRIDY	NPB	PA; ST; SP Pharmacy; QL
PLEGRIDY STARTER PACK	NPB	PA; ST; SP Pharmacy; QL
RAZADYNE ER	NC	
RAZADYNE ORAL TABLET	NC	
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	PB	PA; SP Pharmacy; QL
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	PB	PA; SP Pharmacy; QL

2018 Aetna Pharmacy Drug Guide - Small Group ACA Plan: NY

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	PB	PA; SP Pharmacy; QL
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	PB	PA; SP Pharmacy; QL
<i>rivastigmine</i>	G	PA
<i>rivastigmine tartrate</i>	G	PA
SARAFEM ORAL TABLET 10 MG, 20 MG	NC	
SAVELLA	NPB	PA; ST; QL
SAVELLA TITRATION PACK	NPB	PA; ST; QL
SYMBYAX	NC	
TECFIDERA	NPB	PA; ST; SP Pharmacy; QL
<i>tetrabenazine</i>	G	PA; QL
THRIVE MOUTH/THROAT GUM 2 MG	CE	QL
XENAZINE	NC	
XYREM	NPB	PA; SP Pharmacy
ZINBRYTA	NC	
*PULMONARY FIBROSIS AGENTS - KINASE INHIBITORS***		
OFEV	NC	
*PULMONARY FIBROSIS AGENTS***		
ESBRIET	NC	
*PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST***		
UPTRAVI	NC	
RESPIRATORY AGENTS - MISC.		
KALYDECO	NPB	PA; SP Pharmacy; QL
PROLASTIN-C INTRAVENOUS SOLUTION	NPB	PA; SP Pharmacy
PULMOZYME	PB	PA; SP Pharmacy; QL
*SEROTONIN 1A RECEPT AGONIST/SEROTONIN 2A RECEPT ANTAG***		
ADDYI	NPB	PA; QL
*SEROTONIN MODULATORS***		
<i>nefazodone hcl</i>	G	

2018 Aetna Pharmacy Drug Guide - Small Group ACA Plan: NY

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
<i>trazodone hcl oral</i>	G	
TRINTELLIX	NPB	PA; ST; QL
VIIBRYD ORAL TABLET	NPB	PA; ST; QL
VIIBRYD STARTER PACK	NPB	PA; ST
*SGLT2 INHIBITOR - DPP-4 INHIBITOR COMBINATIONS***		
GLYXAMBI	NPB	ST; QL
QTERN	NC	
STEGLUJAN	NC	
*SINUS NODE INHIBITORS**		
CORLANOR	NPB	PA; ST; QL
*SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITOR-BIGUANIDE COMB***		
INVOKAMET	PB	QL
INVOKAMET XR	PB	QL
SEGLUROMET	NC	
SYNJARDY	NPB	QL
SYNJARDY XR	NPB	QL
XIGDUO XR	NPB	QL
*SPLEEN TYROSINE KINASE (SYK) INHIBITORS***		
TAVALISSE	NC	
SULFONAMIDES		
<i>sulfadiazine oral</i>	G	
TETRACYCLINES		
ACTICLATE	NC	
ADOXA ORAL CAPSULE	NC	
<i>avidoxy</i>	NC	
COREMINO	NC	
<i>demeclocycline hcl oral</i>	G	
DORYX MPC	NC	
DORYX ORAL TABLET DELAYED RELEASE 200 MG, 50 MG	NC	
<i>doxycycline hyclate oral capsule</i>	G	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg, 50 mg</i>	G	

2018 Aetna Pharmacy Drug Guide - Small Group ACA Plan: NY

The formulary is updated the first week of each month.

12/01/2018

148

Drug Name	Drug Status	Drug Details
<i>doxycycline hyclate oral tablet 150 mg, 75 mg</i>	NC	
<i>doxycycline hyclate oral tablet delayed release</i>	NC	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	G	
<i>doxycycline monohydrate oral capsule 150 mg, 75 mg</i>	NC	
<i>doxycycline monohydrate oral suspension reconstituted</i>	NC	
<i>doxycycline monohydrate oral tablet</i>	NC	
MINOCIN ORAL CAPSULE 100 MG, 50 MG	NC	
<i>minocycline hcl er</i>	NC	
<i>minocycline hcl oral capsule</i>	G	
<i>minocycline hcl oral tablet</i>	NC	
MINOLIRA	NC	
MONDOXYNE NL ORAL CAPSULE 100 MG, 50 MG	G	
MONDOXYNE NL ORAL CAPSULE 75 MG	NC	
MONODOX ORAL CAPSULE 100 MG, 75 MG	NC	
MORGIDOX ORAL	G	
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HOUR 105 MG, 55 MG, 80 MG	NC	#
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HOUR 115 MG, 65 MG	NC	
TARGADOX	NC	
<i>tetracycline hcl oral</i>	G	
VIBRAMYCIN ORAL CAPSULE	NC	
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED	NC	
VIBRAMYCIN ORAL SYRUP	NPB	
XIMINO	NC	
THYROID AGENTS		
ARMOUR THYROID	NPB	
CYTOMEL	NC	

2018 Aetna Pharmacy Drug Guide - Small Group ACA Plan: NY

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
LEVO-T	G	
<i>levothyroxine sodium oral</i>	G	
LEVOXYL	G	
<i>liothyronine sodium oral</i>	G	
<i>methimazole oral</i>	G	
NATURE-THROID	NPB	
<i>np thyroid oral tablet 15 mg, 30 mg, 60 mg, 90 mg</i>	G	
<i>propylthiouracil oral</i>	G	
SYNTHROID	NC	
TAPAZOLE	NC	
THYROLAR-1 ORAL TABLET 60 (12.5-50) MG (MCG)	NPB	
THYROLAR-1/2 ORAL TABLET 30 (6.25-25) MG (MCG)	NPB	
THYROLAR-1/4 ORAL TABLET 15 (3.1-12.5) MG (MCG)	NPB	
THYROLAR-2 ORAL TABLET 120 (25-100) MG (MCG)	NPB	
THYROLAR-3 ORAL TABLET 180 (37.5-150) MG (MCG)	NPB	
TIROSINT	NPB	
UNITHROID	G	
UNITHROID DIRECT	G	
WESTHROID ORAL TABLET 130 MG, 195 MG, 32.5 MG, 65 MG, 97.5 MG	NPB	
WP THYROID	NPB	
*TOPICAL ANESTHETIC GASES***		
<i>ethyl chloride</i>	G	
*TRYPTOPHAN HYDROXYLASE INHIBITORS***		
XERMELO	NC	
ULCER DRUGS		
ACIPHEX	NC	
ACIPHEX SPRINKLE	NC	#
<i>belladonna alkaloids-opium</i>	G	

2018 Aetna Pharmacy Drug Guide - Small Group ACA Plan: NY

The formulary is updated the first week of each month.

12/01/2018

150

Drug Name	Drug Status	Drug Details
<i>belladonna-opium</i>	G	
BENTYL ORAL CAPSULE	NC	
CARAFATE ORAL SUSPENSION	NPB	
CARAFATE ORAL TABLET	NC	
<i>cimetidine hcl oral</i>	G	
<i>cimetidine oral</i>	G	
CUVPOSA	NPB	PA; #
CYTOTEC	NC	
DEXILANT	NPB	PA; ST; QL
<i>dicyclomine hcl oral</i>	G	
<i>esomeprazole magnesium oral capsule delayed release 40 mg</i>	G	PA; ST; QL
<i>esomeprazole strontium</i>	NC	
<i>famotidine oral suspension reconstituted</i>	G	
<i>famotidine oral tablet 20 mg, 40 mg</i>	G	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	G	
<i>lansoprazole oral</i>	G	QL
LIBRAX	NC	
<i>methscopolamine bromide oral</i>	G	
<i>misoprostol oral</i>	G	
NEXIUM 24HR ORAL CAPSULE DELAYED RELEASE	G	QL
NEXIUM 24HR ORAL TABLET DELAYED RELEASE	G	
NEXIUM ORAL PACKET	NPB	PA; ST; #; QL
<i>nizatidine</i>	G	
OMECLAMOX-PAK	NC	
<i>omeprazole magnesium</i>	G	
<i>omeprazole oral capsule delayed release 10 mg, 40 mg</i>	G	
<i>omeprazole oral tablet delayed release</i>	G	
<i>omeprazole-sodium bicarbonate oral capsule 20-1100 mg</i>	G	QL
<i>omeprazole-sodium bicarbonate oral capsule 40-1100 mg</i>	NC	
<i>omeprazole-sodium bicarbonate oral packet</i>	NC	

2018 Aetna Pharmacy Drug Guide - Small Group ACA Plan: NY

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
PAMINE	NC	
PAMINE FORTE	NC	
<i>pantoprazole sodium oral</i>	G	
PEPCID ORAL SUSPENSION RECONSTITUTED	NC	
PEPCID ORAL TABLET 40 MG	NC	
PREVACID 24HR	G	QL
PREVACID SOLUTAB	NC	
PREVPAC	NC	
PRILOSEC ORAL PACKET	NC	#
PRILOSEC OTC	G	
<i>propantheline bromide oral</i>	G	
PROTONIX ORAL	NC	
PYLERA	NPB	#
<i>rabeprazole sodium</i>	G	PA; ST; QL
<i>ranitidine hcl oral capsule</i>	G	
<i>ranitidine hcl oral syrup</i>	G	
<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	G	
ROBINUL ORAL	NC	
ROBINUL-FORTE	NC	
<i>sucralfate oral</i>	G	
ZANTAC ORAL TABLET 300 MG	NC	
ZEGERID ORAL CAPSULE 40-1100 MG	NC	
ZEGERID ORAL PACKET	NC	
ZEGERID OTC	G	QL
URINARY ANTI-INFECTIVES		
FURADANTIN	NC	
HIPREX	NC	
MACROBID	NC	
MACRODANTIN	NC	
<i>methenamine hippurate</i>	G	
<i>methenamine mandelate oral</i>	G	
MONUROL	NPB	
<i>nitrofurantoin macrocrystal oral</i>	G	
<i>nitrofurantoin monohyd macro</i>	G	

2018 Aetna Pharmacy Drug Guide - Small Group ACA Plan: NY

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
<i>nitrofurantoin oral suspension</i>	G	
URINARY ANTISPASMODICS		
<i>bethanechol chloride oral</i>	G	
<i>darifenacin hydrobromide er</i>	G	ST; QL
DETROL	NC	
DETROL LA	NC	
DITROPAN XL	NC	
ENABLEX	NC	
<i>flavoxate hcl</i>	G	
GELNIQUE TRANSDERMAL GEL 10 %	NPB	ST
MYRBETRIQ	PB	ST; QL
<i>oxybutynin chloride er</i>	G	ST; QL
<i>oxybutynin chloride oral syrup</i>	G	
<i>oxybutynin chloride oral tablet</i>	G	QL
OXYTROL FOR WOMEN	G	#
<i>tolterodine tartrate</i>	G	ST
<i>tolterodine tartrate er</i>	G	ST; QL
TOVIAZ	NPB	ST; QL
<i>trospium chloride</i>	G	QL
<i>trospium chloride er</i>	G	ST; QL
URECHOLINE	NC	
VESICARE	NPB	ST; #; QL
VAGINAL PRODUCTS		
AVC VAGINAL	NPB	
CLEOCIN VAGINAL CREAM	NC	
CLEOCIN VAGINAL SUPPOSITORY	NPB	
<i>clindamycin phosphate vaginal</i>	G	
CLINDESSE	NC	
CRINONE VAGINAL GEL 4 %	NPB	PA
CRINONE VAGINAL GEL 8 %	NPB	PA; ST
ENCARE VAGINAL SUPPOSITORY	CE	
ENDOMETRIN	NPB	PA; #
<i>estradiol vaginal</i>	G	
ESTRING	NPB	
FEM PH	NPB	

2018 Aetna Pharmacy Drug Guide - Small Group ACA Plan: NY

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
FEMRING	NPB	#, QL
GYNAZOLE-1	NPB	
IMVEXXY	NC	
INTRAROSA	NC	
METROGEL-VAGINAL	NC	
<i>metronidazole vaginal</i>	G	
NUVESSA	NC	
OPTIONS CONCEPTROL	CE	
OPTIONS GYNOL II CONTRACEPTIVE	CE	
PREMARIN VAGINAL	NPB	
RELAGARD	NPB	
SHUR-SEAL CONTRACEPTIVE	CE	
TERAZOL 7	NC	
<i>terconazole</i>	G	
TODAY SPONGE	CE	
VAGIFEM VAGINAL TABLET 10 MCG	NC	
VANDAZOLE	G	
VCF VAGINAL CONTRACEPTIVE	CE	
YUVAFEM	G	
VASOPRESSORS		
ADYPHREN	NC	
ADYPHREN AMP	NC	
ADYPHREN AMP II	NC	
ADYPHREN II	NC	
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR	NC	
<i>epinephrine injection solution auto-injector</i>	G	QL
EPISNAP	NC	
<i>midodrine hcl</i>	G	
VITAMINS		
DECARA ORAL CAPSULE 25000 UNIT, 50000 UNIT	CE	
<i>ergocal</i>	NPB	
<i>ergocalciferol oral capsule</i>	G	
<i>hm biotin</i>	NC	

2018 Aetna Pharmacy Drug Guide - Small Group ACA Plan: NY

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
MEPHYTON	NPB	
<i>phytonadione oral</i>	G	QL
<i>vitamin d2</i>	CE	
<i>vitamin d3 oral capsule 1000 unit, 400 unit</i>	CE	
<i>vitamin d3 oral liquid 400 unit/ml</i>	CE	
<i>vitamin d3 oral tablet 1000 unit, 400 unit</i>	CE	
<i>vitamin d3 oral tablet chewable 400 unit</i>	CE	

2018 Aetna Pharmacy Drug Guide - Small Group ACA Plan: NY

The formulary is updated the first week of each month.

12/01/2018

Index

<i>1st tier unifine pentips</i>	115	ACTICLATE.....	148	ADVOCATE REDI-CODE+	
<i>1st tier unifine pentips plus</i>	115	ACTIGALL.....	103	TEST.....	93
<i>1st tier unilet comfortouch</i>	115	<i>acti-lance 28g</i>	115	ADVOCATE SAFETY	
<i>abacavir sulfate</i>	62	<i>acti-lance lite lancets 28g</i>	115	LANCETS.....	116
<i>abacavir sulfate-lamivudine</i>	62	<i>acti-lance special lancets 17g</i> ..	116	ADVOCATE TEST.....	93
<i>abacavir-lamivudine-zidovudine</i>	62	<i>acti-lance universal 23g</i>	116	ADYNOVATE.....	107
ABILIFY.....	60	ACTIMMUNE.....	55	ADYPHREN.....	154
ABREVA.....	82	ACTIQ.....	23	ADYPHREN AMP.....	154
ABSORICA.....	82	ACTIVELLA.....	102	ADYPHREN AMP II.....	154
ABSTRAL.....	23	ACTONEL.....	98	ADYPHREN II.....	154
<i>acamprosate calcium</i>	144	ACTOPLUS MET.....	39	ADZENYS ER.....	16
ACANYA.....	82	ACTOPLUS MET XR.....	39	ADZENYS XR-ODT.....	16
<i>acarbose</i>	39	ACTOS.....	39	AEROSPAN.....	31
ACCOLATE.....	31	ACULAR.....	135	AFEDITAB CR.....	69
ACCU-CHEK AVIVA PLUS.....	93	ACULAR LS.....	135	AFINITOR.....	55
ACCU-CHEK COMPACT		ACUVAIL.....	135	AFINITOR DISPERZ.....	55
PLUS.....	93	<i>acyclovir</i>	62, 82	AFREZZA.....	39
ACCU-CHEK FASTCLIX		ACZONE.....	82	AFSTYLA.....	107
LANCETS.....	115	ADAGEN.....	69	AFTERA.....	73
ACCU-CHEK MULTICLIX		ADALAT CC.....	69	AGAMATRIX AMP TEST... 93	
LANCETS.....	115	<i>adapalene</i>	82	AGAMATRIX JAZZ TEST... 93	
ACCU-CHEK SAFE-T PRO		<i>adapalene-benzoyl peroxide</i>	82	AGAMATRIX KEYNOTE	
LANCETS.....	115	ADCIRCA.....	71	TEST.....	93
ACCU-CHEK		ADDERALL.....	16	AGAMATRIX PRESTO	
SMARTVIEW.....	93	ADDERALL XR.....	16	TEST.....	93
ACCU-CHEK SOFT		ADDYI.....	147	AGAMATRIX ULTRA-	
TOUCH LANCETS.....	115	<i>adefovir dipivoxil</i>	62	THIN LANCETS.....	116
ACCU-CHEK SOFTCLIX		ADEMPAS.....	71	AGGRENEX.....	107
LANCET DEV.....	115	<i>adjustable lancing device</i>	116	AGRYLIN.....	107
ACCU-CHEK SOFTCLIX		ADLYXIN.....	39	AIMOVIG.....	69
LANCETS.....	115	ADLYXIN STARTER		AIMOVIG 140 DOSE.....	69
ACCUPRIL.....	50	PACK.....	39	AIRDUO RESPICLICK	
ACCURETIC.....	50	ADMELOG.....	39	113/14.....	31
ACCUTREND GLUCOSE... 93		ADMELOG SOLOSTAR.....	39	AIRDUO RESPICLICK	
<i>acebutolol hcl</i>	67	ADOXA.....	148	232/14.....	31
ACEON.....	50	ADRENALIN.....	134	AIRDUO RESPICLICK	
<i>acetaminophen-codeine</i>	23	ADVAIR DISKUS.....	31	55/14.....	31
<i>acetaminophen-codeine #2</i>	23	ADVAIR HFA.....	31	AJOVY.....	69
<i>acetaminophen-codeine #3</i>	23	ADVANCE INTUITION		AKTIPAK.....	82
<i>acetaminophen-codeine #4</i>	23	TEST.....	93	AKYNZEO.....	45
ACETASOL HC.....	141	ADVATE.....	107	ALA SCALP.....	82
<i>acetazolamide</i>	97	ADVOCATE INSULIN PEN		<i>ala-cort</i>	82
<i>acetazolamide er</i>	97	NEEDLES.....	116	ALAVERT.....	46
<i>acetic acid</i>	105, 141	ADVOCATE INSULIN		ALAVERT	
<i>acetylcysteine</i>	80	SYRINGE.....	116	ALLERGY/SINUS.....	80
ACIPHEX.....	150	ADVOCATE LANCETS.....	116	ALAWAY.....	135
ACIPHEX SPRINKLE.....	150	ADVOCATE RAPID-SAFE		<i>albendazole</i>	28
<i>acitretin</i>	82	LANCING.....	116	<i>albuterol sulfate</i>	31
ACTEMRA.....	19	ADVOCATE REDI-CODE... 93		<i>albuterol sulfate er</i>	31

<i>alclometasone dipropionate</i>	82	<i>alyacen 7/7/7</i>	73	ANGELIQ.....	102
<i>alcohol swabs</i>	116	AMABELZ.....	102	ANORO ELLIPTA.....	31
ALDACTAZIDE.....	97	<i>amantadine hcl</i>	59	ANTABUSE.....	145
ALDACTONE.....	97	AMARYL.....	39	ANTARA.....	48
ALDARA.....	82	AMBIEN.....	112	ANTICOAGULANT	
ALDURAZYME.....	98	AMBIEN CR.....	112	COMPOUND.....	33, 113
ALECENSA.....	55	<i>amcinonide</i>	82	<i>anti-stick insulin syringe</i>	116
<i>alendronate sodium</i>	98	AMELUZ.....	82	ANUSOL-HC.....	28
ALFERON N.....	55	AMERGE.....	126	ANZEMET.....	45
<i>alfuzosin hcl er</i>	105	AMETHIA.....	73	<i>apap-caff-dihydrocodeine</i>	23
ALINIA.....	53	AMETHIA LO.....	73	APEXICON E.....	82
ALKERAN.....	55	AMICAR.....	111	APIDRA.....	39
ALLEGRA ALLERGY.....	47	<i>amiloride hcl</i>	97	APIDRA SOLOSTAR.....	39
ALLEGRA ALLERGY		<i>amiloride-hydrochlorothiazide</i> ..	97	APLENZIN.....	37
CHILDRENS.....	47	<i>amiodarone hcl</i>	30	APOKYN.....	59
ALLEGRA-D ALLERGY &		AMITIZA.....	104	<i>apraclonidine hcl</i>	136
CONGESTION.....	80	<i>amitriptyline hcl</i>	37	<i>aprepitant</i>	45
<i>allopurinol</i>	107	AMLODIPINE		APRI.....	73
ALLZITAL.....	22	BES+SYRSPEND SF.....	69	APRISO.....	104
<i>almotriptan malate</i>	126	<i>amlodipine besy-benazepril hcl</i> ..	50	APTENSIO XR.....	16
ALOCRIL.....	135	<i>amlodipine besylate</i>	69	APTIOM.....	34
<i>alogliptin benzoate</i>	39	<i>amlodipine besylate-valsartan</i> ...	50	APTIVUS.....	62
<i>alogliptin-metformin hcl</i>	39	<i>amlodipine-atorvastatin</i>	71	ARANELLE.....	73
<i>alogliptin-pioglitazone</i>	39	<i>amlodipine-olmesartan</i>	50	ARANESP (ALBUMIN	
ALOMIDE.....	135	<i>amlodipine-valsartan-hetz</i>	50	FREE).....	109, 110
ALOPHEN.....	113	<i>ammonium lactate</i>	82	ARAVA.....	19
ALORA.....	102	AMNESTEEM.....	82	ARCALYST.....	19
<i>alosetron hcl</i>	104	<i>amoxapine</i>	37	ARCAPTA NEOHALER.....	31
ALPHAGAN P.....	136	<i>amoxicillin</i>	142	ARGYLE STERILE	
ALPHANATE/VWF		<i>amoxicillin-pot clavulanate</i>	142	SALINE.....	105
COMPLEX/HUMAN.....	107	<i>amoxicillin-pot clavulanate er</i> ..	142	ARICEPT.....	145
ALPHANINE SD.....	107	<i>amphetamine sulfate</i>	16	ARIKAYCE.....	18
<i>alprazolam</i>	29	<i>amphetamine-dextroamphet er</i> ..	16	ARIMIDEX.....	56
<i>alprazolam er</i>	29	<i>amphetamine-</i>		<i>aripiprazole</i>	60
ALPRAZOLAM INTENSOL	29	<i>dextroamphetamine</i>	16	ARIXTRA.....	33
<i>alprazolam xr</i>	29	<i>ampicillin</i>	143	<i>armodafinil</i>	16
ALPROLIX.....	107	AMPYRA.....	145	ARMONAIR RESPICLICK	
ALREX.....	136	AMRIX.....	133	113.....	31
ALTABAX.....	82	ANADROL-50.....	27	ARMONAIR RESPICLICK	
ALTACAINE.....	136	ANAFRANIL.....	37	232.....	31
ALTACE.....	50	<i>anagrelide hcl</i>	107	ARMONAIR RESPICLICK	
ALTAFLUOR.....	136	ANALPRAM-HC.....	28	55.....	31
ALTAFRIN.....	136	ANAPROX DS.....	19	ARMOUR THYROID.....	149
ALTAVERA.....	73	<i>anastrozole</i>	56	<i>arnica</i>	73
<i>alternate site lancing device</i>	116	ANCOBON.....	46	ARNUITY ELLIPTA.....	31
ALTOPREV.....	48	ANDRODERM.....	27	AROMASIN.....	56
ALTRENO.....	82	ANDROGEL.....	27	ARTHROTEC.....	19
ALUNBRIG.....	55	ANDROGEL PUMP.....	27	ARYMO ER.....	23
ALVESCO.....	31	ANDROID.....	27	ASACOL HD.....	104
<i>alyacen 1/35</i>	73	ANDROXY.....	27	ASCOMP-CODEINE.....	23

ASHLYNA.....	73	<i>atovaquone-proguanil hcl</i>	54	<i>bacitracin</i>	136
ASMANEX 120 METERED		ATRALIN.....	82	<i>bacitracin-polymyxin b</i>	136
DOSES.....	31	ATRIPLA.....	62	<i>bacitra-neomycin-polymyxin-</i>	
ASMANEX 14 METERED		<i>atropine sulfate</i>	136	<i>hc</i>	136
DOSES.....	31	ATROVENT HFA.....	31	<i>baclofen</i>	133
ASMANEX 30 METERED		AUBAGIO.....	145	BACTRIM.....	53
DOSES.....	31	AUBRA.....	73	BACTRIM DS.....	53
ASMANEX 60 METERED		AUBRA EQ.....	73	BACTROBAN.....	83
DOSES.....	31	AUGMENTIN.....	143	BACTROBAN NASAL.....	134
ASMANEX 7 METERED		AUGMENTIN ES-600.....	143	BAL-CARE DHA.....	129
DOSES.....	31	AUGMENTIN XR.....	143	BALCOLTRA.....	73
ASMANEX HFA.....	31	<i>aurora lancet super thin 30g</i>	116	<i>balsalazide disodium</i>	104
<i>aspirin</i>	22	<i>aurora lancet thin 23g</i>	116	BALZIVA.....	73
<i>aspirin low dose</i>	22	<i>aurora pen needles</i>	116	BANZEL.....	34
<i>aspirin-dipyridamole er</i>	107	<i>aurora unifine pentips</i>	116	BARACLUDGE.....	62
ASSURE 3 TEST.....	93	AURYXIA.....	104	BASAGLAR KWIKPEN.....	40
ASSURE 4 TEST.....	93	AUSTEDO.....	145	BAXDELA.....	103
<i>assure comfort lancets 28g</i>	116	AUVI-Q.....	154	BAYER BREEZE 2 TEST.....	94
<i>assure comfort lancets 30g</i>	116	AVALIDE.....	50	BAYER CONTOUR NEXT	
ASSURE HAEMOLANCE		AVANDIA.....	40	TEST.....	94
PLUS HIGH.....	116	AVAPRO.....	50	BAYER CONTOUR TEST...	94
ASSURE HAEMOLANCE		AVAR CLEANSER.....	82	BAYER LOW DOSE.....	22
PLUS LOW.....	116	AVAR LS CLEANSER.....	82	BAYER MICROLET	
ASSURE HAEMOLANCE		AVAR-E EMOLLIENT.....	82	LANCETS.....	116
PLUS MICRO.....	116	AVAR-E GREEN.....	82	BD AUTOSHIELD.....	116
ASSURE HAEMOLANCE		AVAR-E LS.....	82	BD GLUCOSE.....	40
PLUS NORMAL.....	116	AVC VAGINAL.....	153	BD INSULIN SYR	
ASSURE HAEMOLANCE		AVELOX.....	103	ULTRAFINE II.....	116
PLUS PED.....	116	AVIANE.....	73	BD INSULIN SYRINGE.....	117
ASSURE ID INSULIN		<i>avidoxy</i>	148	BD INSULIN SYRINGE	
SAFETY SYR.....	116	AVITA.....	82	HALF-UNIT.....	117
ASSURE LANCE		AVODART.....	105	BD INSULIN SYRINGE	
LANCETS.....	116	AVONEX.....	145	MICROFINE.....	117
ASSURE LANCETS.....	116	AVONEX PEN.....	145	BD INSULIN SYRINGE	
ASSURE PLATINUM.....	93	AVONEX PREFILLED.....	145	U/F.....	117
ASSURE PRO TEST.....	93	<i>av-phos 250 neutral</i>	127	BD INSULIN SYRINGE	
ASTAGRAF XL.....	66	AXERT.....	126	ULTRAFINE.....	117
ATACAND.....	50	AYGESTIN.....	144	BD INTEGRA NEEDLE....	117
ATACAND HCT.....	50	AZASAN.....	66	BD LANCET ULTRAFINE	
<i>atazanavir sulfate</i>	62	AZASITE.....	136	30G.....	117
ATELVIA.....	98	<i>azathioprine</i>	66	BD LANCET ULTRAFINE	
<i>atenolol</i>	67	<i>azelastine hcl</i>	134, 136	33G.....	117
ATENOLOL+SYRSPEND		AZELEX.....	83	BD MICROTAINER	
SF PH4.....	67	AZILECT.....	59	LANCETS.....	117
<i>atenolol-chlorthalidone</i>	50	<i>azithromycin</i>	114, 115	BD PEN NEEDLE MINI	
ATGAM.....	66	AZOPT.....	136	U/F.....	117
ATIVAN.....	29	AZOR.....	50	BD PEN NEEDLE NANO	
<i>atomoxetine hcl</i>	17	AZULFIDINE.....	104	U/F.....	117
<i>atorvastatin calcium</i>	48	AZULFIDINE EN-TABS....	104	BD PEN NEEDLE SHORT	
<i>atovaquone</i>	53	AZURETTE.....	73	U/F.....	117

BD PEN NEEDLE	BETAPACE AF.....67	<i>bromfenac sodium (once-daily)</i>
ULTRAFINE..... 117	BETASERON..... 145	..... 136
BD SAFETYGLIDE	<i>betaxolol hcl</i> 68, 136	<i>bromocriptine mesylate</i> 59
INSULIN SYRINGE..... 117	<i>bethanechol chloride</i> 153	<i>brompheniramine tannate</i> 47
BD SAFETY-LOK	BETHKIS..... 18	BROMSITE..... 136
INSULIN SYRINGE..... 117	BETIMOL..... 136	BROVANA..... 31
BEBULIN..... 107	BETOPTIC-S..... 136	BUCALSEP..... 62
BECONASE AQ..... 134	BEVESPI AEROSPHERE..... 31	<i>budesonide</i> 31, 78
BEKYREE..... 73	BEVYXXA..... 33	<i>budesonide er</i> 78
BELBUCA..... 23	<i>bexarotene</i> 56	BUFFERIN LOW DOSE..... 22
<i>belladonna alkaloids-opium</i> 150	BEYAZ..... 73	<i>bullseye mini safety lancets</i> 117
<i>belladonna-opium</i> 151	BIAXIN..... 115	<i>bumetanide</i> 97
BELSOMRA..... 141	<i>bicalutamide</i> 56	BUMEX..... 97
BELVIQ..... 17	BIDIL..... 71	BUNAVAIL..... 23
<i>benazepril hcl</i> 50	BIEST/PROGESTERONE... 102	BUPAP..... 22
<i>benazepril-hydrochlorothiazide</i> .. 50	BIKTARVY..... 62	BUPHENYL..... 99
BENEFIX..... 107	BILTRICIDE..... 28	<i>buprenorphine</i> 23
BENICAR..... 50	<i>bimatoprost</i> 136	<i>buprenorphine hcl</i> 23
BENICAR HCT..... 50	BINOSTO..... 98	<i>buprenorphine hcl-naloxone hcl</i> .. 23
BENLYSTA..... 66	BIO GLO..... 136	<i>bupropion hcl</i> 37
BENTYL..... 151	<i>bio-statin</i> 46	<i>bupropion hcl er (smoking det)</i>
BENZAC AC WASH..... 83	<i>bisacodyl</i> 113	..... 145
BENZAACLIN..... 83	<i>bisacodyl ec</i> 113	<i>bupropion hcl er (sr)</i> 37
BENZAACLIN WITH PUMP.. 83	<i>bisoprolol fumarate</i> 68	<i>bupropion hcl er (xl)</i> 37
BENZAMYCIN..... 83	<i>bisoprolol-hydrochlorothiazide</i> .. 50	<i>buspirone hcl</i> 29
BENZEFOAMULTRA..... 83	BLEPH-10..... 136	<i>butalbital-acetaminophen</i> 22
BENZEPRO CREAMY	BLEPHAMIDE..... 136	<i>butalbital-apap-caff-cod</i> 23
WASH..... 83	BLEPHAMIDE S.O.P..... 136	<i>butalbital-apap-caffeine</i> 22
BENZEPRO FOAMING	BLISOVI 24 FE..... 73	<i>butalbital-asa-caff-codeine</i> 23
CLOTHS..... 83	BLISOVI FE 1.5/30..... 73	<i>butalbital-asa-caffeine</i> 22
BENZEPRO SHORT	BLISOVI FE 1/20..... 73	<i>butalbital-aspirin-caffeine</i> 22
CONTACT..... 83	BONIVA..... 99	BUTISOL SODIUM..... 112
BENZIQ..... 83	BONJESTA..... 45	<i>butorphanol tartrate</i> 23
BENZIQ LS..... 83	BOSULIF..... 56	BUTRANS..... 23
<i>benznidazole</i> 28	BOTOX..... 135	BYDUREON..... 40
<i>benzonatate</i> 80	<i>bp 10-1</i> 83	BYDUREON BCISE..... 40
<i>benzoyl peroxide</i> 83	<i>bp cleansing wash</i> 83	BYETTA 10 MCG PEN..... 40
<i>benzoyl peroxide-erythromycin</i> .. 83	<i>bp foam</i> 83	BYETTA 5 MCG PEN..... 40
<i>benztropine mesylate</i> 59	<i>bp folinatal plus b</i> 129	BYSTOLIC..... 68
BEPREVE..... 136	<i>bp multinatal plus</i> 129	BYVALSON..... 67
BERINERT..... 107	<i>bpo foaming cloths</i> 83	<i>cabergoline</i> 99
BESIVANCE..... 136	BRAFTOVI..... 56	CABOMETYX..... 56
BETADINE OPHTHALMIC	BRAVELLE..... 99	CADUET..... 71
PREP..... 136	BREO ELLIPTA..... 31	<i>caffeine citrate</i> 17
BETAGAN..... 136	<i>briellyn</i> 73	CALAN..... 69
<i>betamethasone dipropionate</i> 83	BRILINTA..... 97, 107	CALAN SR..... 69
<i>betamethasone dipropionate</i>	<i>brimonidine tartrate</i> 136	CALCIFOL..... 127
<i>aug</i> 83	BRISDELLE..... 145	<i>calcipotriene</i> 83
<i>betamethasone valerate</i> 83	BRIVIACT..... 34	<i>calcipotriene-betameth diprop</i> ... 83
BETAPACE..... 68	BROMFED DM..... 80	<i>calcitonin (salmon)</i> 99

CALCITRENE.....	83	<i>carisoprodol-aspirin-codeine</i> ...	134	CHANTIX STARTING	
<i>calcitriol</i>	83, 99	CARNITOR.....	99	MONTH PAK.....	145
<i>calcium acetate</i>	104	CARNITOR SF.....	99	CHATEAL.....	73
<i>calcium acetate (phos binder)</i>	104	CAROSPIR.....	97	CHATEAL EQ.....	73
<i>calcium pnv</i>	129	<i>carteolol hcl</i>	136	CHEK-STIX CONTROL.....	94
<i>calcium-folic acid plus d</i>	127	CARTIA XT.....	69	CHEMET.....	44
CALPHRON.....	104	<i>carvedilol</i>	68	CHEMSTRIP 10 MD.....	94
CALQUENCE.....	56	<i>carvedilol phosphate er</i>	68	CHEMSTRIP 10/SG.....	94
CAMBIA.....	126	CASODEX.....	56	CHEMSTRIP 2 GP.....	94
CAMILA.....	73	CATAPRES.....	50	CHEMSTRIP 5 OB.....	94
CAMRESE.....	73	CATAPRES-TTS-1.....	50	CHEMSTRIP 7.....	94
CAMRESE LO.....	73	CATAPRES-TTS-2.....	50	CHEMSTRIP 9.....	94
CANASA.....	104	CATAPRES-TTS-3.....	50	CHEMSTRIP K.....	94
<i>candesartan cilexetil</i>	50	CAVAREST.....	128	CHEMSTRIP UGK.....	94
<i>candesartan cilexetil-hctz</i>	50	CAYSTON.....	128	CHENODAL.....	104
CAPACET.....	22	CAZANT.....	73	<i>childrens aspirin</i>	22
<i>capecitabine</i>	56	CEDAX.....	72	<i>chlordiazepoxide hcl</i>	29
CAPEX.....	83	<i>cefaclor</i>	72	<i>chlordiazepoxide-amitriptyline</i>	145
CAPRELSA.....	56	<i>cefaclor er</i>	72	<i>chlorhexidine gluconate</i>	62, 129
<i>captopril</i>	50	<i>cefadroxil</i>	72	<i>chloroquine phosphate</i>	54
<i>captopril-hydrochlorothiazide</i>	50	<i>cefdinir</i>	72	<i>chlorothiazide</i>	98
CARAC.....	83	<i>cefditoren pivoxil</i>	72	<i>chlorpromazine hcl</i>	60
CARAFATE.....	151	<i>cefixime</i>	72	<i>chlorpropamide</i>	40
CARBAGLU.....	99	<i>cefpodoxime proxetil</i>	72	<i>chlorthalidone</i>	98
<i>carbamazepine</i>	34	<i>cefprozil</i>	72	<i>chlorzoxazone</i>	134
<i>carbamazepine er</i>	34	<i>ceftibuten</i>	72	CHOLBAM.....	69
CARBAPHEN 12.....	80	CEFTIN.....	72	<i>cholestyramine</i>	48
CARBAPHEN 12 PED.....	80	<i>cefuroxime axetil</i>	72	<i>cholestyramine light</i>	48
CARBATROL.....	34	CELEBREX.....	19	<i>choline-mag trisalicylate</i>	22
<i>carbidopa</i>	59	<i>celecoxib</i>	19	<i>chorionic gonadotropin</i>	99
<i>carbidopa-levodopa</i>	59	CELEXA.....	37	CICLODAN.....	83
<i>carbidopa-levodopa er</i>	59	CELLCEPT.....	66	<i>ciclopirox</i>	83, 84
<i>carbidopa-levodopa-entacapone</i>	59	CELONTIN.....	34	<i>ciclopirox olamine</i>	84
<i>carbinoxamine maleate</i>	47	CENTANY.....	83	<i>cilostazol</i>	107
CARDIOVID PLUS.....	135	<i>cephalexin</i>	72	CILOXAN.....	136
CARDIZEM.....	69	CERDELGA.....	110	CIMDUO.....	62
CARDIZEM CD.....	69	CEREZYME.....	110	<i>cimetidine</i>	151
CARDIZEM LA.....	69	CERISA WASH.....	83	<i>cimetidine hcl</i>	151
CARDURA.....	50	CERVIDIL.....	141	CIMZIA.....	104
CARDURA XL.....	105	CESAMET.....	45	CIMZIA PREFILLED.....	104
CAREFINE PEN NEEDLES		CESIA.....	73	CIMZIA STARTER KIT.....	104
.....	117	<i>cetirizine hcl</i>	47	CINRYZE.....	108
<i>careone lancet thin 23g</i>	117	<i>cetirizine-pseudoephedrine er</i>	80	CIPRO.....	103
<i>careone lancet ultra thin 28g</i>	117	CETRAXAL.....	141	CIPRO HC.....	141
<i>careone unifine pentips</i>	117	CETROTIDE.....	99	CIPRO XR.....	103
CARESENS N GLUCOSE		<i>cevimeline hcl</i>	129	CIPRODEX.....	141
TEST.....	94	CHANTIX.....	145	<i>ciprofloxacin</i>	103
CARIMUNE NF.....	142	CHANTIX CONTINUING		<i>ciprofloxacin hcl</i>	103, 137, 141
<i>carisoprodol</i>	133	MONTH PAK.....	145	<i>ciprofloxacin-ciproflox hcl er</i>	103
<i>carisoprodol-aspirin</i>	133			<i>citalopram hydrobromide</i>	37

CITRANATAL 90 DHA.....	129	CLOBEX SPRAY.....	84	COMFORT EZ PEN	
CITRANATAL ASSURE....	129	<i>clocortolone pivalate</i>	84	NEEDLES.....	117
CITRANATAL B-CALM....	129	<i>clocortolone pivalate pump</i>	84	<i>comfort lancets</i>	117
CITRANATAL MEDLEY...129		CLODAN.....	84	COMPLERA.....	63
CITRANATAL RX.....	129	CLODERM.....	84	<i>completenate</i>	129
<i>citrate of magnesia</i>	113	CLODERM PUMP.....	84	COMPRO.....	60
CITROMA.....	113	<i>clomiphene citrate</i>	99	COMTAN.....	59
CLARAVIS.....	84	<i>clomipramine hcl</i>	37	CO-NATAL FA.....	130
CLARINEX.....	47	<i>clonazepam</i>	34	CONCEPT DHA.....	130
CLARINEX-D 12 HOUR.....	80	<i>clonidine hcl</i>	50	CONCEPT OB.....	130
<i>clarithromycin</i>	115	<i>clonidine hcl er</i>	17	CONCERTA.....	17
<i>clarithromycin er</i>	115	<i>clopidogrel bisulfate</i>	108	CONDYLOX.....	84
CLARITIN.....	47	<i>clorazepate dipotassium</i>	29	<i>constulose</i>	113
CLARITIN CHILDRENS....	47	CLORPRES.....	51	CONZIP.....	23
CLARITIN EYE.....	137	<i>clotrimazole</i>	129	COPAXONE.....	145
CLARITIN REDITABS.....	47	<i>clotrimazole-betamethasone</i>	84	COPEGUS.....	63
CLARITIN-D 12 HOUR.....	80	<i>clozapine</i>	60	COPIKTRA.....	143
CLARITIN-D 24 HOUR.....	80	CLOZARIL.....	60	CORDRAN.....	84
<i>clemastine fumarate</i>	47	COAGADEX.....	108	COREG.....	68
CLENPIQ.....	113	COARTEM.....	54	COREG CR.....	68
CLEOCIN.....	53, 153	CODAR AR.....	80	COREMINO.....	148
CLEOCIN-T.....	84	<i>codeine sulfate</i>	23	CORGARD.....	68
CLEVER CHEK AUTO-		COLAZAL.....	104	CORIFACT.....	108
CODE TEST.....	94	<i>colchicine</i>	107	CORLANOR.....	148
CLEVER CHEK AUTO-		<i>colchicine-probenecid</i>	107	CORMAX SCALP	
CODE VOICE.....	94	COLCRYS.....	107	APPLICATION.....	84
CLEVER CHEK LANCETS	117	<i>colesevelam hcl</i>	48	CORRECTOL.....	113
CLEVER CHEK TEST.....	94	COLESTID.....	48	CORTEF.....	78
CLEVER CHOICE AUTO-		COLESTID FLAVORED.....	48	CORTENEMA.....	28
CODE TEST.....	94	<i>colestipol hcl</i>	48	CORTIFOAM.....	28
CLEVER CHOICE MICRO		COLOCORT.....	28	<i>cortisone acetate</i>	78
TEST.....	94	COLY-MYCIN S.....	141	CORTISPORIN.....	85
<i>clickfine pen needles</i>	117	COLYTE WITH FLAVOR		CORZIDE.....	51
CLIMARA.....	102	PACKS.....	113	COSENTYX.....	85
CLIMARA PRO.....	102	COMBIGAN.....	137	COSENTYX 300 DOSE.....	85
CLINDACIN ETZ.....	84	COMBIPATCH.....	102	COSENTYX	
CLINDACIN-P.....	84	COMBISTIX.....	94	SENSOREADY 300 DOSE....	85
CLINDAGEL.....	84	COMBIVENT RESPIMAT...31		COSENTYX	
<i>clindamycin hcl</i>	53	COMBIVIR.....	62	SENSOREADY PEN.....	85
<i>clindamycin palmitate hcl</i>	53	COMETRIQ (100 MG		COSOPT.....	137
<i>clindamycin phos-benzoyl</i>		DAILY DOSE).....	56	COSOPT PF.....	137
<i>perox</i>	84	COMETRIQ (140 MG		COTELLIC.....	56
<i>clindamycin phosphate</i>	84, 153	DAILY DOSE).....	56	COTEMPLA XR-ODT.....	17
<i>clindamycin-tretinoin</i>	84	COMETRIQ (60 MG DAILY		COUMADIN.....	33
CLINDESSE.....	153	DOSE).....	56	COZAAR.....	51
CLINPRO 5000.....	129	<i>comfort assured lancets 28g</i>	117	CREON.....	97
<i>clobetasol propionate</i>	84	<i>comfort assured lancets 33g</i>	117	CRESEMBA.....	46
<i>clobetasol propionate e</i>	84	COMFORT EZ INSULIN		CRESTOR.....	48
<i>clobetasol propionate emulsion</i>	84	SYRINGE.....	117	CRINONE.....	153
CLOBEX.....	84			CRIXIVAN.....	63

<i>cromolyn sodium</i>	31, 104, 137	DEBLITANE.....	74	DEX4 NATURALS.....	40
CROTAN.....	85	DECARA.....	154	DEX4 POUCH PACK.....	40
CRYSELLE-28.....	74	DECON-A.....	80	DEX4 QUICK DISSOLVE	
CUPRIMINE.....	66	DELESTROGEN.....	102	GLUCOSE.....	40
CURITY STERILE SALINE		DELSTRIGO.....	63	<i>dexamethasone</i>	78
.....	105	DELTASONE.....	78	DEXAMETHASONE	
CUTIVATE.....	85	DELYLA.....	74	INTENSOL.....	78
CUVITRU.....	142	DELZICOL.....	104	<i>dexamethasone sodium</i>	
CUVPOSA.....	151	DEMADEX.....	98	<i>phosphate</i>	137
<i>cyanocobalamin</i>	110	<i>demeclocycline hcl</i>	148	DEXEDRINE.....	17
CYCLAFEM 1/35.....	74	DEMEROL.....	23	DEXILANT.....	151
CYCLAFEM 7/7/7.....	74	DEMSEER.....	51	<i>dexmethylphenidate hcl</i>	17
<i>cyclobenzaprine hcl</i>	134	DENAVIR.....	85	<i>dexmethylphenidate hcl er</i>	17
CYCLOGYL.....	137	DENTA 5000 PLUS.....	129	DEXPAK 10 DAY.....	79
CYCLOMYDRIL.....	137	DENTAGEL.....	129	DEXPAK 13 DAY.....	79
<i>cyclopentolate hcl</i>	137	DEPAKENE.....	34	DEXPAK 6 DAY.....	79
<i>cyclophosphamide</i>	56	DEPAKOTE.....	34	<i>dextroamphetamine sulfate</i>	17
<i>cycloserine</i>	55	DEPAKOTE ER.....	34	<i>dextroamphetamine sulfate er</i> ...	17
CYCLOSET.....	40	DEPAKOTE SPRINKLES...	34	DIAMOX SEQUELS.....	98
<i>cyclosporine</i>	66	DEPEN TITRATABS.....	66	DIASTAT ACUDIAL.....	34
<i>cyclosporine modified</i>	66	DEPO-ESTRADIOL.....	102	DIASTAT PEDIATRIC.....	34
CYMBALTA.....	37	DEPO-TESTOSTERONE.....	27	<i>diazepam</i>	30, 34
<i>cyproheptadine hcl</i>	47	DERMA-SMOOTH/FS		DIAZEPAM INTENSOL.....	30
CYRED.....	74	BODY.....	85	DIBENZYLINE.....	51
CYSTADANE.....	99	DERMA-SMOOTH/FS		DICLEGIS.....	45
CYSTAGON.....	105	SCALP.....	85	<i>diclofenac potassium</i>	19
CYSTARAN.....	137	DERMATOP.....	85	<i>diclofenac sodium</i>	19, 85, 137
CYTOMEL.....	149	DERMOTIC.....	141	<i>diclofenac sodium er</i>	19
CYTOTEC.....	151	DESCOVY.....	63	<i>diclofenac-misoprostol</i>	19
<i>cytra k crystals</i>	106	DEFERAL.....	44	<i>dicloxacin sodium</i>	143
D.H.E. 45.....	126	<i>desipramine hcl</i>	37	<i>dicyclomine hcl</i>	151
DAKLINZA.....	63	<i>desloratadine</i>	47	<i>didanosine</i>	63
<i>dalfampridine er</i>	145	<i>desmopressin ace rhinal tube</i>	99	DIFFERIN.....	85
DALIRESP.....	31	<i>desmopressin ace spray refrig</i> ...	99	DIFICID.....	115
<i>danazol</i>	27	<i>desmopressin acetate</i>	99	DIFIL-G FORTE.....	31
DANTRIUM.....	134	<i>desmopressin acetate spray</i>	99	<i>diflorasone diacetate</i>	85
<i>dantrone sodium</i>	134	<i>desogestrel-ethinyl estradiol</i>	74	DIFLUCAN.....	46
<i>dapsone</i>	53, 85	DESONATE.....	85	<i>diflunisal</i>	22
DARAPRIM.....	54	<i>desonide</i>	85	DIGITEK.....	71
<i>darifenacin hydrobromide er</i> ...	153	DESOWEN.....	85	DIGOX.....	71
DASETTA 1/35.....	74	<i>desoximetasone</i>	85	<i>digoxin</i>	71
DASETTA 7/7/7.....	74	DESOXYN.....	17	<i>dihydroergotamine mesylate</i> ...	126
DAXBIA.....	72	<i>desvenlafaxine er</i>	37	DILANTIN.....	34
DAYPRO.....	19	<i>desvenlafaxine succinate er</i>	37	DILANTIN INFATABS.....	34
DAYSEE.....	74	DETROL.....	153	DILATRATE-SR.....	29
DAYTRANA.....	17	DETROL LA.....	153	DILAUDID.....	23
D-CARE DM2.....	68	DEX4.....	40	<i>diltiazem cd</i>	69
DDAVP.....	99	DEX4 GLUCOSE.....	40	<i>diltiazem hcl</i>	70
DDAVP RHINAL TUBE.....	99	DEX4 GLUCOSE GO-		<i>diltiazem hcl er</i>	70
DEBACTEROL.....	129	POUCH.....	40	<i>diltiazem hcl er beads</i>	69

<i>diltiazem hcl er coated beads</i>	69	DULCOLAX.....	113	EASY TOUCH LANCETS	
<i>dilt-xr</i>	70	DULCOLAX BOWEL PREP		32G/TWIST.....	118
DIOVAN.....	51	KIT.....	113	EASY TOUCH LANCETS	
DIOVAN HCT.....	51	DULERA.....	31	33G/TWIST.....	118
DIPENTUM.....	104	<i>duloxetine hcl</i>	37	EASY TOUCH PEN	
<i>diphenoxylate-atropine</i>	44	DUOPA.....	59	NEEDLES.....	118
DIPROLENE.....	85	DUPIXENT.....	67	EASY TOUCH SAFETY	
DIPROLENE AF.....	85	DURAGESIC-100.....	23	LANCETS 21G.....	118
<i>dipyridamole</i>	108	DURAGESIC-12.....	23	EASY TOUCH SAFETY	
<i>disopyramide phosphate</i>	30	DURAGESIC-25.....	23	LANCETS 23G.....	118
<i>disulfiram</i>	145	DURAGESIC-50.....	23	EASY TOUCH SAFETY	
DITROPAN XL.....	153	DURAGESIC-75.....	23	LANCETS 26G.....	118
DIURIL.....	98	<i>duraxin</i>	22	EASY TOUCH SAFETY	
<i>divalproex sodium</i>	35	DUREZOL.....	137	LANCETS 28G.....	118
<i>divalproex sodium er</i>	35	DURLAZA.....	108	EASY TOUCH TEST.....	94
DIVIGEL.....	102	DUROLANE.....	86, 134	<i>easy trak blood glucose test</i>	94
DMT SUIK.....	79	<i>dutasteride</i>	106	EASY TWIST & CAP	
<i>dofetilide</i>	30	<i>dutasteride-tamsulosin hcl</i>	106	LANCETS.....	118
DOLOPHINE.....	23	DUZALLO.....	107	EASYGLUCO.....	94
DOLOTRANZ.....	85	DYANAVEL XR.....	17	EASYMAX 15 TEST.....	94
<i>donepezil hcl</i>	145	DYAZIDE.....	98	EASYMAX TEST.....	94
DOPTLET.....	110	DYMISTA.....	134	<i>easyplus blood glucose test</i>	94
DORAL.....	112	DYRENIUM.....	98	EASYPRO PLUS.....	94
DORYX.....	148	E.E.S. GRANULES.....	115	EC-NAPROSYN.....	19
DORYX MPC.....	148	<i>easy comfort insulin syringe</i>	118	<i>econazole nitrate</i>	86
<i>dorzolamide hcl</i>	137	<i>easy comfort lancets</i>	118	ECONTRA EZ.....	74
<i>dorzolamide hcl-timolol mal</i>	137	<i>easy plus ii glucose test</i>	94	ECOTRIN LOW	
<i>dorzolamide hcl-timolol mal pf</i>	137	EASY STEP TEST.....	94	STRENGTH.....	22
<i>double pm</i>	137	<i>easy talk blood glucose test</i>	94	ECOZA.....	86
DOVONEX.....	85	EASY TOUCH INSULIN		EDARBI.....	51
<i>doxazosin mesylate</i>	51	SAFETY SYR.....	118	EDARBYCLOR.....	51
<i>doxepin hcl</i>	37, 85	EASY TOUCH INSULIN		EDECIN.....	98
<i>doxercalciferol</i>	99	SYRINGE.....	118	EDLUAR.....	112
<i>doxycycline hyclate</i>	148, 149	EASY TOUCH LANCETS		EDURANT.....	63
<i>doxycycline monohydrate</i>	149	21G.....	118	<i>efavirenz</i>	63
DRAMAMINE LESS		EASY TOUCH LANCETS		EFFER-K.....	127
DROWSY.....	45	23G.....	118	<i>effervescent pot chloride</i>	127
DRITHO-CREME HP.....	85	EASY TOUCH LANCETS		EFFEXOR XR.....	37
<i>dronabinol</i>	45	26G.....	118	EFFIENT.....	108
DROPLET LANCETS		EASY TOUCH LANCETS		EFUDEX.....	86
ULTRA THIN 30G.....	117	28G.....	118	ELAPRASE.....	99
<i>drospiren-eth estrad-levomefol</i> ..	74	EASY TOUCH LANCETS		ELAVIL.....	37
<i>drospirenone-ethinyl estradiol</i> ...	74	28G/TWIST.....	118	ELDEPRYL.....	59
DROXIA.....	110	EASY TOUCH LANCETS		ELELYSO.....	110
<i>ds prep pak</i>	85	30G.....	118	ELEMENT TEST.....	94
DUAC.....	86	EASY TOUCH LANCETS		ELESTAT.....	137
DUAVEE.....	103	30G/TWIST.....	118	ELESTRIN.....	102
DUET DHA BALANCED...	130	EASY TOUCH LANCETS		<i>eletriptan hydrobromide</i>	126
DUETACT.....	40	32G.....	118	ELIDEL.....	86
DUEXIS.....	19			ELIGARD.....	56

ELIMITE.....	86	<i>epinephrine</i>	154	<i>ethynodiol diac-eth estradiol</i>	74
ELINEST.....	74	EPISNAP.....	154	<i>etidronate disodium</i>	99
ELIQUIS.....	33	EPITOL.....	35	<i>etodolac</i>	19
ELIQUIS STARTER PACK..	33	EPIVIR.....	63	<i>etodolac er</i>	19
ELITE-OB.....	130	EPIVIR HBV.....	63	<i>etoposide</i>	56
<i>elite-thin insulin syringe</i>	118	<i>eplerenone</i>	51	EUCRISA.....	143
ELIXOPHYLLIN.....	32	EPOGEN.....	110	EURAX.....	86
ELLA.....	74	<i>epoprostenol sodium</i>	71	EVAMIST.....	102
ELMIRON.....	106	<i>eprosartan mesylate</i>	51	EVEKEO.....	17
ELOCON.....	86	EPZICOM.....	63	EVENCARE + BLOOD	
ELOCTATE.....	108	<i>equapax/libuprofen/minrex</i>	135	GLUCOSE TEST.....	94
EMADINE.....	137	EQUETRO.....	61	EVENCARE BLOOD	
EMBEDA.....	23, 24	<i>ergocal</i>	154	GLUCOSE TEST.....	94
EMBRACE BLOOD		<i>ergocalciferol</i>	154	EVENCARE G2 TEST.....	94
GLUCOSE TEST.....	94	<i>ergoloid mesylates</i>	145	EVENCARE G3 TEST.....	95
EMCYT.....	56	ERGOMAR.....	126	EVISTA.....	99
EMEND.....	45	<i>ergotamine-caffeine</i>	126	EVITHROM.....	111
EMFLAZA.....	79	ERIVEDGE.....	56	EVOCLIN.....	86
EMGALITY.....	69	ERLEADA.....	56	EVOLUTION AUTOCODE..	95
EMOQUETTE.....	74	ERRIN.....	74	EVOTAZ.....	63
EMSAM.....	37	ERTACZO.....	86	EVOXAC.....	129
EMTRIVA.....	63	<i>ery</i>	86	EVZIO.....	44
EMVERM.....	28	ERYPED 200.....	115	EXALGO.....	24
ENABLEX.....	153	ERYPED 400.....	115	EXEL COMFORT POINT	
<i>enalapril maleate</i>	51	ERY-TAB.....	115	INSULIN SYR.....	118
<i>enalapril-hydrochlorothiazide</i> ...	51	ERYTHROCIN STEARATE		EXELDERM.....	86
ENBREL.....	19	.....	115	EXELON.....	145
ENBREL MINI.....	19	<i>erythromycin</i>	86, 137	<i>exemestane</i>	56
ENBREL SURECLICK.....	19	<i>erythromycin base</i>	115	EXFORGE.....	51
ENCARE.....	153	<i>erythromycin ethylsuccinate</i> ...	115	EXFORGE HCT.....	51
ENDARI.....	18	<i>erythromycin stearate</i>	115	EXJADE.....	44
ENDOCET.....	24	ESBRIET.....	147	EXODERM.....	86
ENDOMETRIN.....	153	<i>escitalopram oxalate</i>	37	EXTAVIA.....	145
<i>enoxaparin sodium</i>	33	ESGIC.....	22	EXTINA.....	86
ENPRESSE-28.....	74	<i>esomeprazole magnesium</i>	151	EYLEA.....	137
ENSKYCE.....	74	<i>esomeprazole strontium</i>	151	E-Z JECT LANCET	
ENSTILAR.....	86	ESTARYLLA.....	74	MICRO-THIN 33G.....	118
<i>entacapone</i>	59	<i>estazolam</i>	112	E-Z JECT LANCET SUPER	
<i>entecavir</i>	63	ESTRACE.....	102	THIN 30G.....	118
ENTOCORT EC.....	79	<i>estradiol</i>	102, 153	E-Z JECT LANCETS.....	118
ENTRESTO.....	135	<i>estradiol valerate</i>	102	E-Z JECT LANCETS 21G...	118
<i>enulose</i>	104	<i>estradiol-norethindrone acet</i> ...	102	E-Z JECT LANCETS THIN	
ENVARUSUS XR.....	66	ESTRING.....	153	26G.....	118
EPANED.....	51	ESTROGEL.....	102	EZ SMART BLOOD	
EPCLUSA.....	111	<i>estropipate</i>	102	GLUCOSE LANCETS.....	118
EPIDIOLEX.....	35	<i>eszopiclone</i>	112	EZ SMART BLOOD	
EPIDUO.....	86	<i>ethacrynic acid</i>	98	GLUCOSE TEST.....	95
EPIDUO FORTE.....	86	<i>ethambutol hcl</i>	55	EZ SMART PLUS	
EPIFOAM.....	86	<i>ethosuximide</i>	35	GLUCOSE TEST.....	95
<i>epinastine hcl</i>	137	<i>ethyl chloride</i>	86, 150	<i>ezetimibe</i>	48

<i>ezetimibe-simvastatin</i>	48	FIFTY50 PEN NEEDLES... 119	<i>fluorouracil</i>	87
FABIOR.....	86	FIFTY50 SAFETY SEAL	<i>fluoxetine hcl</i>	38
FABRAZYME.....	99	LANCETS.....	<i>fluoxetine hcl (pmdd)</i>	145
FACTIVE.....	103	FIFTY50 SUPERIOR	<i>fluphenazine hcl</i>	61
FALESSA.....	74	COMFORT SYR.....	FLURA-DROPS.....	127
FALMINA.....	74	FINACEA.....	<i>flurandrenolide</i>	87
<i>famciclovir</i>	63	<i>finasteride</i>	FLURA-SAFE.....	137
<i>famotidine</i>	151	FINE 30.....	<i>flurazepam hcl</i>	112
FANAPT.....	61	FINGERSTIX LANCETS... 119	<i>flurbiprofen</i>	19
FANAPT TITRATION		FIORICET.....	<i>flurbiprofen sodium</i>	137
PACK.....	61	FIORICET/CODEINE.....	FLUROX.....	137
FARESTON.....	56	FIORINAL.....	<i>flutamide</i>	56
FARXIGA.....	40	FIORINAL/CODEINE #3.....	<i>fluticasone propionate</i>	87, 134
FARYDAK.....	56	FIRAZYR.....	<i>fluticasone-salmeterol</i>	32
FAYOSIM.....	74	FIRMAGON.....	<i>fluvastatin sodium</i>	48
FAZACLO.....	61	FIRVANQ.....	<i>fluvastatin sodium er</i>	49
FC FEMALE CONDOM.... 118		FLAGYL.....	<i>fluvoxamine maleate</i>	38
FC2 FEMALE CONDOM... 118		FLAREX.....	<i>fluvoxamine maleate er</i>	38
FEIBA.....	108	<i>flavoxate hcl</i>	FML.....	137
<i>felbamate</i>	35	FLEBOGAMMA DIF.....	FML FORTE.....	137
FELBATOL.....	35	<i>flecainide acetate</i>	FOCALIN.....	17
FELDENE.....	19	FLECTOR.....	FOCALIN XR.....	17
<i>felodipine er</i>	70	FLEET BISACODYL.....	<i>folcal dha</i>	130
FEM PH.....	153	FLEET ENEMA.....	FOLCAPS OMEGA 3.....	130
FEMARA.....	56	FLEET LAXATIVE.....	<i>folic acid</i>	110
FEMCAP.....	119	FLEET PEDIATRIC.....	FOLIVANE-OB.....	130
FEMRING.....	154	FLOLAN.....	FOLLISTIM AQ.....	99
FEMYNOR.....	74	<i>flolipid</i>	<i>fondaparinux sodium</i>	33
<i>fenofibrate</i>	48	FLOMAX.....	FORA D15G BLOOD	
<i>fenofibrate micronized</i>	48	FLONASE ALLERGY	GLUCOSE TEST.....	95
<i>fenofibric acid</i>	48	RELIEF.....	FORA D20 BLOOD	
FENOGLIDE.....	48	FLOVENT DISKUS.....	GLUCOSE TEST.....	95
<i>fenoprofen calcium</i>	19	FLOVENT HFA.....	FORA G20 BLOOD	
FENORTHO.....	19	FLOXIN OTIC.....	GLUCOSE TEST.....	95
<i>fentanyl</i>	24	<i>fluconazole</i>	FORA G30/PREM V10	
<i>fentanyl citrate</i>	24	<i>flucytosine</i>	GLUCOSE TEST.....	95
FENTORA.....	24	<i>fludrocortisone acetate</i>	FORA GD20 TEST.....	95
FERRIPROX.....	44	FLUMADINE.....	FORA LANCETS.....	119
FETZIMA.....	38	<i>flunisolide</i>	FORA V10 BLOOD	
FETZIMA TITRATION.....	38	<i>fluocinolone acetonide</i>	GLUCOSE TEST.....	95
FEXMID.....	134	<i>fluocinolone acetonide body</i>	FORA V12 BLOOD	
<i>fexofenadine hcl</i>	47	<i>fluocinolone acetonide scalp</i>	GLUCOSE TEST.....	95
<i>fexofenadine hcl childrens</i>	47	<i>fluocinonide</i>	FORA V20 BLOOD	
<i>fexofenadine-pseudoephed er</i>	80	FLUORABON.....	GLUCOSE TEST.....	95
FIASP.....	40	FLUOR-A-DAY.....	FORA V30A BLOOD	
FIASP FLEXTOUCH.....	40	<i>fluorescein-benoxinate</i>	GLUCOSE TEST.....	95
FIBRICOR.....	48	FLUOR-I-STRIPS A.T.....	FORACARE GD40 TEST....	95
FIBRYGA.....	108	<i>fluoritab</i>	FORACARE PREMIUM	
FIFTY50 GLUCOSE TEST		<i>fluorometholone</i>	V10 TEST.....	95
2.0.....	95	FLUOROPLEX.....	FORFIVO XL.....	38

FORTAMET.....	40	<i>ge100 blood glucose test</i>	95	GLUCOCOM LANCETS	
FORTEO.....	99	GELFILM.....	137	33G.....	119
FORTESTA.....	27	GELNIQUE.....	153	GLUCOCOM TEST.....	95
FOSAMAX.....	99	<i>gemfibrozil</i>	49	GLUCOPHAGE.....	41
FOSAMAX PLUS D.....	99	<i>generlac</i>	104	GLUCOPHAGE XR.....	41
<i>fosamprenavir calcium</i>	63	GENGRAF.....	66	GLUCOPRO INSULIN	
<i>fosinopril sodium</i>	51	GENOTROPIN.....	100	SYRINGE.....	119
<i>fosinopril sodium-hctz</i>	51	GENOTROPIN		<i>glucose</i>	41
FOSRENOL.....	104	MINIQUICK.....	100	<i>glucose instant energy</i>	41
FRAGMIN.....	33	GENTAK.....	138	GLUCOTROL.....	41
FREESTYLE INSULINX		<i>gentamicin sulfate</i>	87, 138	GLUCOTROL XL.....	41
TEST.....	95	GENVOYA.....	63	GLUCOVANCE.....	41
FREESTYLE LANCETS.....	119	GEODON.....	61	GLUMETZA.....	41
FREESTYLE LITE TEST.....	95	GIANVI.....	74	<i>glyburide</i>	41
FREESTYLE PRECISION		GIAZO.....	104	<i>glyburide micronized</i>	41
INS SYR.....	119	GILDAGIA.....	74	<i>glyburide-metformin</i>	41
FREESTYLE TEST.....	95	GILDESS FE 1.5/30.....	74	<i>glycopyrrolate</i>	151
FREESTYLE UNISTICK II		GILDESS FE 1/20.....	74	GLYNASE.....	41
LANCETS.....	119	GILENYA.....	145, 146	GLYSET.....	41
FROVA.....	126	GILOTRIF.....	56	GLYXAMBI.....	148
<i>frovatriptan succinate</i>	126	<i>glatiramer acetate</i>	146	GOCOVRI.....	59
FUL-GLO.....	137	GLATOPA.....	146	GOLYTELY.....	114
FULPHILA.....	110	GLEEVEC.....	56	GONAL-F.....	100
FURADANTIN.....	152	GLEOSTINE.....	56	GONAL-F RFF.....	100
<i>furosemide</i>	98	<i>glimepiride</i>	40	GONAL-F RFF REDIJECT	100
FUZEON.....	63	<i>glipizide</i>	40	GONITRO.....	29
FYAVOLV.....	102	<i>glipizide er</i>	40	<i>goodsense glucose</i>	41
FYCOMPA.....	35	<i>glipizide xl</i>	40	GRALISE.....	144, 146
<i>gabapentin</i>	35	<i>glipizide-metformin hcl</i>	40	GRALISE STARTER... 144, 146	
GABITRIL.....	35	<i>global ease inject pen needles</i> ..	119	<i>granisetron hcl</i>	45
GALAFOLD.....	99	<i>global inject ease insulin syr</i>	119	GRANIX.....	110
<i>galantamine hydrobromide</i>	145	<i>global inject ease lancets 28g</i> ..	119	GRASTEK.....	69
<i>galantamine hydrobromide er</i> ..	145	<i>global inject ease lancets 30g</i> ..	119	<i>griseofulvin microsize</i>	46
GALZIN.....	127	GLUCAGEN		<i>griseofulvin ultramicrosize</i>	46
GAMASTAN S/D.....	142	DIAGNOSTIC.....	95	GRIS-PEG.....	46
GAMMAGARD.....	142	GLUCAGEN HYPOKIT.....	40	<i>guanfacine hcl</i>	51
GAMMAGARD S/D LESS		GLUCAGON		<i>guanfacine hcl er</i>	17
IGA.....	142	EMERGENCY.....	40	<i>guanidine hcl</i>	54
GAMMAKED.....	142	GLUCO BURST.....	40	GYNAZOLE-1.....	154
GAMMAPLEX.....	142	GLUCOCARD 01 SENSOR		HAEGARDA.....	108
GAMUNEX-C.....	142	PLUS.....	95	HAEMOLANCE.....	119
<i>ganirelix acetate</i>	100	GLUCOCARD		HAEMOLANCE LOW	
GASTROCROM.....	104	EXPRESSION TEST.....	95	FLOW LANCETS.....	119
<i>gatifloxacin</i>	137	GLUCOCARD VITAL		HAEMOLANCE PLUS.....	119
GATTEX.....	104	TEST.....	95	HAEMOLANCE PLUS	
GAVILYTE-C.....	113	GLUCOCARD X-SENSOR... 95		HIGH FLOW.....	119
GAVILYTE-G.....	113	GLUCOCOM LANCETS		HAEMOLANCE PLUS	
GAVILYTE-H.....	113	28G.....	119	LOW FLOW.....	119
GAVILYTE-N WITH		GLUCOCOM LANCETS		HAEMOLANCE PLUS	
FLAVOR PACK.....	114	30G.....	119	MAX FLOW.....	119

HAEMOLANCE PLUS		IBRANCE.....	81
PEDIATRIC FLOW	119	IBUDONE.....	24
HALCION.....	112	<i>ibuprofen</i>	20
<i>halobetasol propionate</i>	87	ICLUSIG.....	57
HALOG.....	87	IDELVION.....	108
<i>haloperidol</i>	61	IDHIFA.....	113
<i>haloperidol lactate</i>	61	ILARIS.....	20
HALOTIN.....	87	ILARIS (150MG	
HARVONI.....	111	DELIVERED).....	20
<i>healthwise mini pen needles</i>	119	ILEVRO.....	138
<i>healthwise pen needles</i>	119	ILUMYA.....	87
<i>healthwise short pen needles</i>	119	<i>imatinib mesylate</i>	57
<i>healthwise unifine pentips</i>	119	IMBRUVICA.....	57
<i>healthy accents unifine pentip</i>	119	<i>imipramine hcl</i>	38
<i>healthy accents unilet lancets</i> ..	119	<i>imipramine pamoate</i>	38
HEATHER.....	74	<i>imiquimod</i>	87
HECTOROL.....	100	<i>imiquimod pump</i>	87
HELIXATE FS.....	108	IMITREX.....	126
HEMA-COMBISTIX.....	95	IMITREX STATDOSE	
HEMANGEOL.....	68	REFILL.....	126
<i>hemenatal ob</i>	130	IMITREX STATDOSE	
<i>hemenatal ob + dha</i>	130	SYSTEM.....	126
HEMLIBRA.....	46	IMPAVIDO.....	53
HEMOCYTE-F.....	110	IMPOYZ.....	87
HEMOFIL M.....	108	IMURAN.....	66
<i>heparin sodium (porcine)</i>	33	IMVEXXY.....	154
<i>heparin sodium (porcine) pf</i>	34	INATAL ADVANCE.....	130
HEPSERA.....	63	INATAL GT.....	130
HETLIOZ.....	112	INATAL ULTRA.....	130
HEXALEN.....	56	INCRELEX.....	100
HIPREX.....	152	INCRUSE ELLIPTA.....	32
HIZENTRA.....	142	<i>indapamide</i>	98
<i>hm biotin</i>	154	INDERAL LA.....	68
<i>hm green tea complex</i>	18	INDERAL XL.....	68
<i>hm melatonin-lemon balm</i>	18	INDOCIN.....	20
HOMATROPAIRE.....	138	<i>indomethacin</i>	20
<i>homatropine hbr</i>	138	<i>indomethacin er</i>	20
HORIZANT.....	146	<i>infanate balance</i>	130
HP ACTHAR.....	100	INFINITY BLOOD	
HUMALOG.....	41	GLUCOSE TEST.....	95
HUMALOG KWIKPEN.....	41	INGREZZA.....	146
HUMALOG MIX 50/50.....	41	INLYTA.....	57
HUMALOG MIX 50/50		INNOPRAN XL.....	68
KWIKPEN.....	41	INSPRA.....	51
HUMALOG MIX 75/25.....	41	INSTA-GLUCOSE.....	42
HUMALOG MIX 75/25		<i>insulin syringe</i>	119
KWIKPEN.....	41	<i>insulin syringe/needle</i>	119
HUMATE-P.....	108	<i>insulin syringe-needle u-100</i>	120
HUMATROPE.....	100	<i>insupen pen needles</i>	120
HUMIRA.....	20	INSUPEN SENSITIVE.....	120
HUMIRA PEDIATRIC			
CROHNS START.....	19		
HUMIRA PEN.....	19		
HUMIRA PEN-CD/UC/HS			
STARTER.....	20		
HUMIRA PEN-PS/UV			
STARTER.....	20		
HUMULIN 70/30.....	41		
HUMULIN 70/30			
KWIKPEN.....	41		
HUMULIN N.....	41		
HUMULIN N KWIKPEN.....	42		
HUMULIN R.....	42		
HUMULIN R U-500			
(CONCENTRATED).....	42		
HUMULIN R U-500			
KWIKPEN.....	42		
<i>hyalucil-0.5</i>	55		
<i>hyalucil-4</i>	55		
HYCAMTIN.....	57		
HYCET.....	24		
HYCOFENIX.....	80		
<i>hydralazine hcl</i>	51		
HYDREA.....	57		
<i>hydrochlorothiazide</i>	98		
<i>hydrocod polst-cpm polst er</i>	80		
<i>hydrocodone-acetaminophen</i>	24		
<i>hydrocodone-homatropine</i>	80		
<i>hydrocodone-ibuprofen</i>	24		
<i>hydrocortisone</i>	28, 79, 87		
<i>hydrocortisone ace-pramoxine</i> ..	28		
<i>hydrocortisone butyr lipo base</i> ..	87		
<i>hydrocortisone butyrate</i>	87		
<i>hydrocortisone valerate</i>	87		
<i>hydrocortisone-acetic acid</i>	141		
<i>hydrogen peroxide</i>	62		
<i>hydromet</i>	80		
<i>hydromorphone hcl</i>	24		
<i>hydromorphone hcl er</i>	24		
<i>hydroxychloroquine sulfate</i>	54		
<i>hydroxyprogesterone caproate</i>	144		
<i>hydroxyurea</i>	57		
<i>hydroxyzine hcl</i>	30		
<i>hydroxyzine pamoate</i>	30		
HYPERRAB.....	142		
HYPERSAL.....	80		
HYQVIA.....	141		
HYSINGLA ER.....	24		
HYZAAR.....	51		
<i>ibandronate sodium</i>	100		

INSUPEN ULTRAFIN.....	120	<i>jevantiq</i> lo.....	102	KINERET.....	20
INTELENCE.....	63	JINTELI.....	102	<i>kinney lancets</i>	120
INTERMEZZO.....	112	JIVI.....	108	<i>kinney thin lancets</i>	120
INTRAROSA.....	154	JOLESSA.....	75	<i>kinray insulin syringe</i>	120
INTRON A.....	57	JOLIVETTE.....	75	KIONEX.....	66, 144
INTROVALE.....	74	JUBLIA.....	87	KISQALI 200 DOSE.....	81
INTUNIV.....	17	JULEBER.....	75	KISQALI 400 DOSE.....	81
INVEGA.....	61	JULUCA.....	63	KISQALI 600 DOSE.....	81
INVELTYS.....	138	JUNEL 1.5/30.....	75	KISQALI FEMARA 200	
INVIRASE.....	63	JUNEL 1/20.....	75	DOSE.....	57
INVOKAMET.....	148	JUNEL FE 1.5/30.....	75	KISQALI FEMARA 400	
INVOKAMET XR.....	148	JUNEL FE 1/20.....	75	DOSE.....	57
INVOKANA.....	42	JUNEL FE 24.....	75	KISQALI FEMARA 600	
<i>iodine strong</i>	127	JUXTAPID.....	49	DOSE.....	57
IOPIDINE.....	138	JYNARQUE.....	100	KITABIS PAK.....	18
<i>ipratropium bromide</i>	32, 134	KADIAN.....	24	KLARON.....	87
<i>ipratropium-albuterol</i>	32	KAITLIB FE.....	75	KLOFENSAID II.....	87
IPRIVASK.....	34	KALBITOR.....	108	KLONOPIN.....	35
<i>irbesartan</i>	51	KALETRA.....	63	KLOR-CON.....	128
<i>irbesartan-hydrochlorothiazide</i>	51	KALYDECO.....	147	KLOR-CON 10.....	128
IRESSA.....	57	KAPSPARGO SPRINKLE.....	68	KLOR-CON M10.....	128
ISENTRESS.....	63	KAPVAY.....	17	KLOR-CON M15.....	128
ISENTRESS HD.....	63	KARBINAL ER.....	47	KLOR-CON M20.....	128
ISIBLOOM.....	74	KARIVA.....	75	KLOR-CON SPRINKLE.....	128
<i>isoniazid</i>	55	KAZANO.....	42	KLOR-CON/EF.....	128
ISOPTO CARPINE.....	138	KCENTRA.....	108	KOATE.....	108
ISORDIL TITRADOSE.....	29	<i>kedrab</i>	142	KOATE-DVI.....	108
<i>isosorbide dinitrate</i>	29	<i>k-effervescent</i>	128	KOGENATE FS.....	108, 109
<i>isosorbide dinitrate er</i>	29	KEFLEX.....	72	KOGENATE FS BIO-SET...	108
<i>isosorbide mononitrate</i>	29	KELNOR 1/35.....	75	KOMBIGLYZE XR.....	42
<i>isosorbide mononitrate er</i>	29	KENALOG.....	87	KORLYM.....	42
<i>isotretinoin</i>	87	KEPPRA.....	35	KOVALTRY.....	109
<i>isradipine</i>	70	KEPPRA XR.....	35	K-PHOS.....	128
ISTALOL.....	138	KERALYT.....	87	K-PHOS NO 2.....	106
<i>itraconazole</i>	46	KERYDIN.....	141	K-PHOS-NEUTRAL.....	128
<i>ivermectin</i>	28	KETEK.....	53	K-PRIME.....	128
IXINITY.....	108	KETOCARE.....	95	KRISTALOSE.....	114
JADENU.....	45	<i>ketoconazole</i>	46, 87	K-TAB.....	128
JADENU SPRINKLE.....	45	KETO-DIASTIX.....	95	KURVELO.....	75
JAKAFI.....	57	<i>ketoprofen</i>	20	KUVAN.....	100
JALYN.....	106	<i>ketoprofen er</i>	20	<i>k-vescent</i>	128
JANTOVEN.....	34	<i>ketorolac tromethamine</i>	20, 138	KYLEENA.....	75
JANUMET.....	42	KETOSTIX.....	95	KYNAMRO.....	49
JANUMET XR.....	42	<i>ketotifen fumarate</i>	138	<i>labetalol hcl</i>	68
JANUVIA.....	42	KEVEYIS.....	98	LABSTIX.....	95
JARDIANCE.....	42	KEVZARA.....	20	LACRISERT.....	138
JENCYCLA.....	75	KHEDEZLA.....	38	<i>lactic acid</i>	87
JENTADUETO.....	42	KIDS PROTEIN ORGANIC		<i>lactulose</i>	114
JENTADUETO XR.....	42	SHAKE.....	97	<i>lactulose encephalopathy</i>	104
JETREA.....	138	KIMIDESS.....	75	LAMICTAL.....	35

LAMICTAL ODT.....	35	LENVIMA 18 MG DAILY	<i>lidocaine hcl</i>	87
LAMICTAL XR.....	35	DOSE.....	<i>lidocaine pak</i>	88
LAMISIL.....	46	LENVIMA 20 MG DAILY	<i>lidocaine viscous</i>	129
<i>lamivudine</i>	63	DOSE.....	<i>lidocaine-prilocaine</i>	88
<i>lamivudine-zidovudine</i>	64	LENVIMA 24 MG DAILY	<i>lidocaine-tetracaine</i>	88
<i>lamotrigine</i>	35	DOSE.....	LIDODERM.....	88
<i>lamotrigine er</i>	35	LENVIMA 4 MG DAILY	LIDOTREX.....	88
<i>lamotrigine starter kit-blue</i>	35	DOSE.....	LILETTA (52 MG).....	75
<i>lamotrigine starter kit-green</i>	35	LENVIMA 8 MG DAILY	<i>lindane</i>	88
<i>lamotrigine starter kit-orange</i>	35	DOSE.....	<i>linezolid</i>	53
<i>lancet device</i>	120	LESCOL XL.....	LINZESS.....	104
<i>lancet transporter case</i>	120	LESSINA.....	<i>liothyronine sodium</i>	150
<i>lancets</i>	120	LETAIRIS.....	LIPITOR.....	49
<i>lancets 28g</i>	120	<i>letrozole</i>	LIPOFEN.....	49
<i>lancets 30g</i>	120	<i>leucovorin calcium</i>	<i>lisinopril</i>	51
<i>lancets thin</i>	120	LEUKERAN.....	<i>lisinopril-hydrochlorothiazide</i> ...	51
LANCETS ULTRA FINE...	120	LEUKINE.....	<i>lite touch lancets</i>	120
LANCETS ULTRA THIN...	120	<i>leuprolide acetate</i>	LITE TOUCH PEN	
<i>lancets ultra thin 30g</i>	120	<i>levabuterol hcl</i>	NEEDLES.....	120
<i>lancing device</i>	120	<i>levabuterol tartrate</i>	LITETOUCH INSULIN	
LANOXIN.....	71	LEVAQUIN.....	SYRINGE.....	120
<i>lansoprazole</i>	151	LEVATOL.....	LITETOUCH PEN	
<i>lanthanum carbonate</i>	104	LEVEMIR.....	NEEDLES.....	120
LANTUS.....	42	LEVEMIR FLEXTOUCH....	<i>lithium</i>	61
LANTUS SOLOSTAR.....	42	<i>levetiracetam</i>	<i>lithium carbonate</i>	61
LARIN 1.5/30.....	75	<i>levetiracetam er</i>	<i>lithium carbonate er</i>	61
LARIN 1/20.....	75	<i>levobunolol hcl</i>	LITHOBID.....	61
LARIN 24 FE.....	75	<i>levocarnitine</i>	LITHOSTAT.....	106
LARIN FE 1.5/30.....	75	<i>levocarnitine-b5-aurine</i>	LIVALO.....	49
LARIN FE 1/20.....	75	<i>levofloxacin</i>	<i>live better lancet super thin</i>	120
LARISSIA.....	75	<i>levomefolate dha</i>	<i>live better lancet ultra thin</i>	120
LASIX.....	98	LEVONEST.....	LOCOID.....	88
LASTACFT.....	138	<i>levonorgest-eth estrad 91-day</i> ...	LOCOID LIPOCREAM.....	88
<i>latanoprost</i>	138	<i>levonorgestrel</i>	LOCORT 11-DAY.....	79
LATUDA.....	61	<i>levonorgestrel-ethinyl estrad</i>	LOCORT 7-DAY.....	79
LAYOLIS FE.....	75	<i>levonorg-eth estrad triphasic</i>	LODINE.....	20
LAZANDA.....	24	LEVORA 0.15/30 (28).....	LODOSYN.....	59
<i>leader glucose</i>	42	<i>levorphanol tartrate</i>	LOESTRIN 1.5/30 (21).....	75
<i>leader insulin syringe</i>	120	LEVO-T.....	LOESTRIN 1/20 (21).....	75
<i>leader quick dissolve glucose</i>	42	<i>levothyroxine sodium</i>	LOFIBRA.....	49
LEADER UNIFINE		LEVOXYL.....	LOKELMA.....	66, 144
PENTIPS.....	120	LEVULAN KERASTICK.....	LOMEDIA 24 FE.....	75
LEENA.....	75	LEXAPRO.....	LOMOTIL.....	44
<i>leflunomide</i>	20	LEXIVA.....	<i>longs glucose</i>	42
LENVIMA 10 MG DAILY		LIALDA.....	<i>longs insulin syringe</i>	120
DOSE.....	57	LIBERTY NEXT	<i>longs lancets standard</i>	120
LENVIMA 12 MG DAILY		GENERATION TEST.....	<i>longs lancets thin</i>	120
DOSE.....	57	<i>liberty test</i>	<i>longs lancets ultra thin</i>	120
LENVIMA 14 MG DAILY		LIBRAX.....	LONHALA MAGNAIR	
DOSE.....	57	<i>lidocaine</i>	REFILL KIT.....	32

LONHALA MAGNAIR	LUPRON DEPOT (6-	MEDLANCE PLUS LITE
STARTER KIT..... 32	MONTH)..... 57	25G..... 121
LONSURF..... 57	LUPRON DEPOT-PED (1-	MEDLANCE PLUS
<i>loperamide hcl</i> 44	MONTH)..... 100	SUPERLITE 30G..... 121
LOPID..... 49	LUPRON DEPOT-PED (3-	MEDLANCE PLUS
<i>lopinavir-ritonavir</i> 64	MONTH)..... 100	UNIVERSAL 21G..... 121
LOPRESSOR..... 68	LUTERA..... 76	MEDLANCE UNIVERSAL
LOPRESSOR HCT..... 51	LUXIQ..... 88	21G..... 121
LOPROX..... 88	LUZU..... 88	MEDROL..... 79
<i>loratadine</i> 47	LYNPARZA..... 143, 144	<i>medroxyprogesterone acetate</i>
<i>loratadine allergy relief</i> 47	LYRICA..... 35	..... 76, 144
<i>loratadine childrens</i> 47	LYRICA CR..... 144, 146	<i>mefenamic acid</i> 20
<i>loratadine-d 12hr</i> 80	LYSODREN..... 57	<i>mefloquine hcl</i> 54
<i>loratadine-d 24hr</i> 80	LYSTEDA..... 111	MEGACE ES..... 144
<i>lorazepam</i> 30	LYZA..... 76	<i>megestrol acetate</i> 57, 144
LORAZEPAM INTENSOL... 30	MACROBID..... 152	MEKINIST..... 58
LORCET..... 24	MACRODANTIN..... 152	MEKTOVI..... 58
LORCET HD..... 24	MAGELLAN INSULIN	<i>meloxicam</i> 20
LORCET PLUS..... 25	SAFETY SYR..... 120	<i>melphalan</i> 58
LORTAB..... 25	MAGNEBIND 400..... 128	<i>memantine hcl</i> 146
LORYNA..... 76	<i>magnesium citrate</i> 114	<i>memantine hcl er</i> 146
LORZONE..... 134	MAKENA..... 144	MENEST..... 102
<i>losartan potassium</i> 51	MALARONE..... 54	MENOPUR..... 100
<i>losartan potassium-hctz</i> 51	<i>malathion</i> 88	MENOSTAR..... 103
LOTEMAX..... 138	<i>maprotiline hcl</i> 38	MENTAX..... 88
LOTENSIN..... 51	MARINOL..... 45	<i>mepredine hcl</i> 25
LOTENSIN HCT..... 51	<i>marlissa</i> 76	MEPHYTON..... 155
LOTREL..... 52	MARPLAN..... 38	<i>meprobamate</i> 30
LOTRISONE..... 88	<i>marten-tab</i> 22	<i>mercaptopurine</i> 58
LOTRONEX..... 105	MATULANE..... 57	<i>mesalamine</i> 105
<i>lovastatin</i> 49	MATZIM LA..... 70	MESNEX..... 58
LOVAZA..... 49	MAVYRET..... 111	MESTINON..... 54
LOVENOX..... 34	MAXALT..... 126	METADATE ER..... 17
LOW-OGESTREL..... 76	MAXALT-MLT..... 126	<i>metaproterenol sulfate</i> 32
<i>loxapine succinate</i> 61	MAXI-COMFORT	METAXALL..... 134
LUCEMYRA..... 18	INSULIN SYRINGE..... 120	<i>metaxalone</i> 134
LUCENTIS..... 138	MAXIDEX..... 138	<i>metformin hcl</i> 42
LUDENT..... 128	MAXITROL..... 138	<i>metformin hcl er</i> 42
<i>luliconazole</i> 88	MAXZIDE..... 98	<i>metformin hcl er (mod)</i> 42
LUMIGAN..... 138	MAXZIDE-25..... 98	<i>metformin hcl er (osm)</i> 42
LUMIZYME..... 100	<i>meclizine hcl</i> 45	<i>methadone hcl</i> 25
LUNESTA..... 112	<i>meclofenamate sodium</i> 20	METHADONE HCL
LUPANETA PACK..... 114	MEDISENSE THIN	INTENSOL..... 25
LUPRON DEPOT (1-	LANCETS..... 120	METHADOSE..... 25
MONTH)..... 57	MEDLANCE EXTRA 21G.. 120	METHADOSE SUGAR-
LUPRON DEPOT (3-	MEDLANCE LITE 25G..... 121	FREE..... 25
MONTH)..... 57	MEDLANCE PLUS EXTRA	<i>methamphetamine hcl</i> 17
LUPRON DEPOT (4-	21G..... 121	<i>methazolamide</i> 98
MONTH)..... 57	MEDLANCE PLUS	<i>methenamine hippurate</i> 152
	LANCETS..... 121	<i>methenamine mandelate</i> 152

METHERGINE.....	141	<i>midazolam hcl</i>	112	MONONESSA.....	76
<i>methimazole</i>	150	MIDAZOLAM+SYRSPEN		MONONINE.....	109
<i>methitest</i>	27	D SF PH4.....	112	<i>monsels ferric subsulfate</i>	111
<i>methocarbamol</i>	134	<i>midodrine hcl</i>	154	<i>montelukast sodium</i>	32
<i>methotrexate</i>	58	MIGERGOT.....	126	MONUROL.....	152
<i>methotrexate sodium</i>	58	<i>miglitol</i>	42	MORGIDOX.....	149
<i>methotrexate sodium (pf)</i>	58	<i>miglustat</i>	110	MORPHABOND ER.....	25
<i>methoxsalen</i>	88	MIGRANAL.....	126	<i>morphine sulfate</i>	25
<i>methoxsalen rapid</i>	88	MILLIPRED.....	79	<i>morphine sulfate (concentrate)</i>	25
<i>methscopolamine bromide</i>	151	MILLIPRED DP.....	79	<i>morphine sulfate er</i>	25
<i>methyclothiazide</i>	98	MILLIPRED DP 12-DAY.....	79	<i>morphine sulfate er beads</i>	25
<i>methyldopa</i>	52	MIMVEY.....	103	MOTOFEN.....	44
<i>methyldopa-</i>		MIMVEY LO.....	103	<i>mouth wash-gp</i>	143
<i>hydrochlorothiazide</i>	52	MINASTRIN 24 FE.....	76	<i>mouthwash-af</i>	143
METHYLIN.....	17	MINIPRESS.....	52	<i>mouthwash-om</i>	143
<i>methylphenidate hcl</i>	17	MINITRAN.....	29	MOVANTIK.....	105
<i>methylphenidate hcl er</i>	17	MINIVELLE.....	103	MOVIPREP.....	114
<i>methylphenidate hcl er (cd)</i>	17	MINOCIN.....	149	MOXATAG.....	143
<i>methylphenidate hcl er (la)</i>	17	<i>minocycline hcl</i>	149	MOXEZA.....	138
<i>methylprednisolone</i>	79	<i>minocycline hcl er</i>	149	<i>moxifloxacin hcl</i>	103, 138
<i>methyltestosterone</i>	27	MINOLIRA.....	149	MOZOBIL.....	110
<i>metipranolol</i>	138	<i>minoxidil</i>	52	MS CONTIN.....	25
<i>metoclopramide hcl</i>	105	MIRALAX.....	114	<i>ms insulin syringe</i>	121
<i>metolazone</i>	98	MIRAPEX.....	60	MUCINEX ALLERGY.....	47
<i>metoprolol succinate er</i>	68	MIRAPEX ER.....	60	MULPLETA.....	110
<i>metoprolol tartrate</i>	68	MIRCERA.....	110	MULTAQ.....	30
<i>metoprolol-hetz er</i>	52	MIRENA (52 MG).....	76	<i>multi-lancet device</i>	121
<i>metoprolol-hydrochlorothiazide</i>	52	<i>mirtazapine</i>	38	MULTISTIX.....	96
METROCREAM.....	88	MIRVASO.....	88	MULTISTIX 10 SG.....	96
METROGEL.....	88	<i>misoprostol</i>	151	MULTISTIX 5.....	96
METROGEL-VAGINAL.....	154	MITIGARE.....	107	MULTISTIX 7.....	96
METROLOTION.....	88	MOBIC.....	20	MULTISTIX 8.....	96
<i>metronidazole</i>	53, 88, 154	<i>modafinil</i>	17	MULTISTIX 9.....	96
METRONIDAZOLE		MODERIBA.....	64	MULTISTIX 9 SG.....	96
BENZO+SYRSPEND.....	53	MODERIBA 1200 DOSE		<i>multi-vit/fluoride</i>	130
MEVACOR.....	49	PACK.....	64	<i>multivitamin/fluoride</i>	130
<i>mexiletine hcl</i>	30	MODERIBA 800 DOSE		<i>multi-vitamin/fluoride</i>	130
MIACALCIN.....	100	PACK.....	64	<i>multivitamins/fluoride</i>	130
MIBELAS 24 FE.....	76	<i>moexipril hcl</i>	52	<i>mupirocin</i>	88
MICARDIS.....	52	<i>moexipril-hydrochlorothiazide</i>	52	<i>mupirocin calcium</i>	88
MICARDIS HCT.....	52	<i>mometasone furoate</i>	88, 134	MVC-FLUORIDE.....	130
MICORT-HC.....	88	MONDOXYNE NL.....	149	M-VIT.....	130
MICRODOT TEST.....	95	MONOCLATE-P.....	109	MY WAY.....	76
MICROGESTIN 1.5/30.....	76	MONODOX.....	149	MYALEPT.....	114
MICROGESTIN 1/20.....	76	MONOJECT INSULIN		MYAMBUTOL.....	55
MICROGESTIN FE 1.5/30.....	76	SYRINGE.....	121	MYCOBUTIN.....	55
MICROGESTIN FE 1/20.....	76	MONOJECT ULTRA		<i>mycophenolate mofetil</i>	66
MICRO-K.....	128	COMFORT SYRINGE.....	121	<i>mycophenolate sodium</i>	66
MICROLET LANCETS.....	121	MONOLET LANCETS.....	121	MYDAYIS.....	17
MICROZIDE.....	98	MONO-LINYAH.....	76	MYDRIACYL.....	138

MYFORTIC.....	66	NATELLE ONE.....	130	NEXPLANON.....	76
MYGLUCOHEALTH		NATESTO.....	27	NEXT CHOICE ONE DOSE.	76
LANCETS 30G.....	121	NATPARA.....	100	<i>niacin er (antihyperlipidemic)</i> ..	49
MYGLUCOHEALTH TEST.	96	NATROBA.....	89	NIACOR.....	49
MYLERAN.....	58	NATURE-THROID.....	150	NIASPAN.....	49
MYNATAL.....	130	NEBUPENT.....	53	<i>nicardipine hcl</i>	70
MYNATAL ADVANCE.....	130	NEBUSAL.....	80	<i>nicotine</i>	146
<i>mynatal plus</i>	130	NECON 0.5/35 (28).....	76	<i>nicotine polacrilex</i>	146
<i>mynatal-z</i>	130	NECON 1/35 (28).....	76	NICOTROL.....	146
MYORISAN.....	88	NECON 1/50 (28).....	76	NICOTROL NS.....	146
MYRBETRIQ.....	153	NECON 7/7/7.....	76	NIFEDIAC CC.....	70
MYSOLINE.....	36	<i>nefazodone hcl</i>	38, 147	NIFEDICAL XL.....	70
MYTESI.....	44	<i>neomycin sulfate</i>	18	<i>nifedipine</i>	70
MYZILRA.....	76	<i>neomycin-bacitracin zn-</i>		<i>nifedipine er</i>	70
<i>nabumetone</i>	20	<i>polymyx</i>	139	<i>nifedipine er osmotic release</i>	70
<i>nadolol</i>	68	<i>neomycin-polymyxin b gu</i>	106	NIKKI.....	76
<i>nadolol-bendroflumethiazide</i>	52	<i>neomycin-polymyxin-dexameth</i>		NILANDRON.....	58
NAFRINSE.....	128	.....	139	<i>nilutamide</i>	58
<i>naftifine hcl</i>	88	<i>neomycin-polymyxin-</i>		<i>nimodipine</i>	70
NAFTIN.....	88	<i>gramicidin</i>	139	NINLARO.....	58
NAGLAZYME.....	100	<i>neomycin-polymyxin-hc</i> ..	139, 141	<i>nisoldipine er</i>	70
NALFON.....	20	NEO-POLYCIN.....	139	NITRO-BID.....	29
<i>nalocet</i>	25	NEO-POLYCIN HC.....	139	NITRO-DUR.....	29
<i>naloxone hcl</i>	45	NEORAL.....	66	<i>nitrofurantoin</i>	153
<i>naltrexone hcl</i>	45	NEOSPORIN.....	139	<i>nitrofurantoin macrocrystal</i>	152
NAMENDA.....	146	NEO-SYNALAR.....	89	<i>nitrofurantoin monohyd macro</i>	152
NAMENDA TITRATION		NEOTUSS PLUS.....	80	<i>nitroglycerin</i>	29
PAK.....	146	NEPTAZANE.....	98	<i>nitroglycerin er</i>	29
NAMENDA XR.....	146	NERLYNX.....	58	NITROLINGUAL.....	29
NAMENDA XR		NESINA.....	42	NITROMIST.....	29
TITRATION PACK.....	146	NESTABS.....	130	NITROSTAT.....	29
NAMZARIC.....	37	NESTABS DHA.....	130	NITRO-TIME.....	29
<i>naphazoline hcl</i>	138	NEUAC.....	89	NITYR.....	100
NAPRELAN.....	21	NEULASTA.....	110	NIVESTYM.....	111
NAPROSYN.....	21	NEULASTA ONPRO.....	110	<i>nizatidine</i>	151
<i>naproxen</i>	21	NEUPOGEN.....	110, 111	NIZORAL.....	89
<i>naproxen dr</i>	21	NEUPRO.....	60	NOCDURNA.....	100
<i>naproxen sodium</i>	21	NEURONTIN.....	36	NOCTIVA.....	100
<i>naproxen sodium er</i>	21	NEUTEK 2TEK TEST.....	96	NORA-BE.....	76
<i>naratriptan hcl</i>	126	NEUTRAGARD		NORCO.....	25
NARCAN.....	45	ADVANCED.....	129	NORDITROPIN FLEXPRO100	
NARDIL.....	38	<i>neutral sodium fluoride</i>	129	<i>norethin ace-eth estrad-fe</i>	76
NASACORT ALLERGY		NEVANAC.....	139	<i>norethindrone</i>	76
24HR.....	134	<i>nevirapine</i>	64	<i>norethindrone acetate</i>	144
NASCOBAL.....	110	<i>nevirapine er</i>	64	<i>norethindrone acet-ethinyl est</i> ...	76
NASONEX.....	135	NEWGEN.....	131	<i>norethindrone-eth estradiol</i>	103
NATACHEW.....	130	NEXA PLUS.....	131	<i>norethin-eth estradiol-fe</i>	76
NATACYN.....	138	NEXAVAR.....	58	<i>norgestimate-eth estradiol</i>	76
NATALVIT.....	130	NEXIUM.....	151	<i>norgestim-eth estrad triphasic</i> ...76	
<i>nateglinide</i>	42	NEXIUM 24HR.....	151	NORITATE.....	89

NORLYROC.....	76	NUPLAZID.....	61	<i>omeprazole magnesium</i>	151
NORPACE.....	30	NUTROPIN AQ NUSPIN 10		<i>omeprazole-sodium</i>	
NORPACE CR.....	30	.....	100	<i>bicarbonate</i>	151
NORPRAMIN.....	38	NUTROPIN AQ NUSPIN 20		OMNARIS.....	135
NORTHERA.....	135	.....	100	OMNITROPE.....	101
NORTREL 0.5/35 (28).....	76	NUTROPIN AQ NUSPIN 5	100	ON CALL LANCETS.....	121
NORTREL 1/35 (21).....	76	NUVARING.....	77	ON CALL PLUS BLOOD	
NORTREL 1/35 (28).....	77	NUVESSA.....	154	GLUCOSE.....	96
NORTREL 7/7/7.....	77	NUVIGIL.....	17	ON CALL PLUS LANCETS	121
<i>nortriptyline hcl</i>	38	NUWIQ.....	109	ON CALL VIVID BLOOD	
NORTUSS-DE.....	81	NYAMYC.....	89	GLUCOSE.....	96
<i>nortuss-ex</i>	81	NYATA.....	89	<i>ondansetron</i>	45
NORVASC.....	70	NYMALIZE.....	70	<i>ondansetron hcl</i>	45
NORVIR.....	64	<i>nystatin</i>	46, 69, 89, 129	ONETOUCH CLUB	
NOVA MAX GLUCOSE		<i>nystatin-triamcinolone</i>	89	LANCETS FINE PT.....	121
TEST.....	96	NYSTOP.....	89	ONETOUCH DELICA	
NOVA SAFETY LANCETS		OB COMPLETE.....	131	LANCETS 33G.....	121
23G.....	121	OB COMPLETE		ONETOUCH DELICA	
NOVA SAFETY LANCETS		ADVANCED.....	131	LANCETS FINE.....	121
28G.....	121	OB COMPLETE GOLD.....	131	ONETOUCH DELICA	
NOVA SUREFLEX		OB COMPLETE ONE.....	131	LANCING DEV.....	121
LANCETS.....	121	OB COMPLETE PREMIER	131	ONETOUCH FINEPOINT	
NOVAREL.....	100	OB COMPLETE/DHA.....	131	LANCETS.....	121
NOVOEIGHT.....	109	<i>obizur</i>	109	ONETOUCH LANCETS.....	121
NOVOFINE.....	121	O-CAL FA.....	131	ONETOUCH SURESOFT	
NOVOFINE AUTOCOVER	121	O-CAL PRENATAL.....	131	LANCING DEV.....	121
NOVOLIN 70/30.....	43	OCALIVA.....	103	ONETOUCH ULTRA	
NOVOLIN 70/30 RELION.....	43	OCELLA.....	77	BLUE.....	96
NOVOLIN N.....	43	OCTAGAM.....	142	ONETOUCH ULTRASOFT	
NOVOLIN N RELION.....	43	<i>octreotide acetate</i>	100	LANCETS.....	121
NOVOLIN R.....	43	OCUFLOX.....	139	ONETOUCH VERIO.....	96
NOVOLIN R RELION.....	43	OCUVEL.....	131	ONEXTON.....	89
NOVOLOG.....	43	ODEFSEY.....	64	ONFI.....	36
NOVOLOG FLEXPEN.....	43	ODOMZO.....	58	ONGLYZA.....	43
NOVOLOG MIX 70/30.....	43	OFEV.....	147	ONMEL.....	46
NOVOLOG MIX 70/30		<i>ofloxacin</i>	103, 139, 141	ONZETRA XSAIL.....	126
FLEXPEN.....	43	OGESTREL.....	77	OPANA.....	25
NOVOLOG PENFILL.....	43	<i>olanzapine</i>	61	OPANA ER.....	25
NOVOSEVEN RT.....	109	<i>olanzapine-fluoxetine hcl</i>	146	OPCICON ONE-STEP.....	77
NOVOTWIST.....	121	<i>olmesartan medoxomil</i>	52	<i>opium</i>	44
NOXAFIL.....	46	<i>olmesartan medoxomil-hctz</i>	52	OPSUMIT.....	71
<i>np thyroid</i>	150	<i>olmesartan-amlodipine-hctz</i>	52	OPTION 2.....	77
NPLATE.....	111	<i>olopatadine hcl</i>	135, 139	OPTIONS CONCEPTROL..	154
NUCORT.....	89	OLUMIANT.....	21	OPTIONS GYNOL II	
NUCYNTA.....	25	OLUX.....	89	CONTRACEPTIVE.....	154
NUCYNTA ER.....	25	OLUX-E.....	89	ORACEA.....	89
NUEDEXTA.....	146	OLYSIO.....	64	ORACIT.....	106
NULOJIX.....	66	OMECLAMOX-PAK.....	151	ORALONE.....	129
NULYTELY WITH		<i>omega-3-acid ethyl esters</i>	49	ORAP.....	146
FLAVOR PACKS.....	114	<i>omeprazole</i>	151	ORAPRED ODT.....	79

ORAVIG.....	129	PAMELOR.....	38	PERCOCET.....	26
ORENCIA.....	21	PAMINE.....	152	PERFOROMIST.....	32
ORENCIA CLICKJECT.....	21	PAMINE FORTE.....	152	PERIDEX.....	129
ORENITRAM.....	71	PANCREAZE.....	97	<i>perindopril erbumine</i>	52
ORFADIN.....	101	PANDEL.....	89	PERIOGARD.....	129
ORGANIC NUTRITION		PANRETIN.....	89	<i>permethrin</i>	89
SHAKE.....	97	<i>pantoprazole sodium</i>	152	<i>perphenazine</i>	61
ORILISSA.....	101	PANZYGA.....	142	<i>perphenazine-amitriptyline</i>	146
ORKAMBI.....	81	PARAFON FORTE DSC.....	134	PERTZYE.....	97
<i>orphenadrine citrate er</i>	134	PARAGARD		PEXEVA.....	38
ORSYTHIA.....	77	INTRAUTERINE COPPER..	77	PHARMACIST CHOICE	
ORTHO-NOVUM 7/7/7 (28)..	77	<i>paregoric</i>	44	AUTOCODE.....	96
<i>oseltamivir phosphate</i>	64	PAREMYD.....	139	PHARMACIST CHOICE	
OSENI.....	43	<i>paricalcitol</i>	101	LANCETS.....	122
OSMOLEX ER.....	60	PARLODEL.....	60	PHENADOZ.....	47
OSMOPREP.....	114	PARNATE.....	38	PHENAZO.....	106
OSPHENA.....	101	PAROEX.....	129	<i>phenazopyridine hcl</i>	106
OTEZLA.....	143	<i>paromomycin sulfate</i>	18	<i>phendimetrazine tartrate</i>	17
OTIPRIO.....	141	<i>paroxetine hcl</i>	38	<i>phenelzine sulfate</i>	38
OTOVEL.....	141	<i>paroxetine hcl er</i>	38	PHENERGAN.....	47
OTREXUP.....	21	<i>paroxetine mesylate</i>	146	<i>phenobarbital</i>	112
OVACE PLUS.....	89	PASER.....	55	<i>phenoxybenzamine hcl</i>	52
OVACE PLUS WASH.....	89	PATADAY.....	139	<i>phentermine hcl</i>	17
OVACE WASH.....	89	PATANASE.....	135	<i>phenylephrine hcl</i>	139
OVIDE.....	89	PATANOL.....	139	PHENYTEK.....	36
OVIDREL.....	101	PAXIL.....	38	<i>phenytoin</i>	36
OXANDRIN.....	27	PAXIL CR.....	38	PHENYTOIN INFATABS....	36
<i>oxandrolone</i>	27	PAZEO.....	139	<i>phenytoin sodium extended</i>	36
<i>oxaprozin</i>	21	PCE.....	115	PHILITH.....	77
OXAYDO.....	25	PCP 100.....	114	PHOSLYRA.....	105
<i>oxazepam</i>	30	PEDIAPRED.....	79	PHOSPHA 250 NEUTRAL..	128
<i>oxcarbazepine</i>	36	<i>peg 3350</i>	114	<i>phosphate laxative</i>	114
<i>oxiconazole nitrate</i>	89	<i>peg 3350/electrolytes</i>	114	PHOSPHOLINE IODIDE...	139
OXISTAT.....	89	<i>peg 3350-kcl-na bicarb-nacl</i>	114	PHYSIOLYTE.....	66
OXSORALEN ULTRA.....	89	<i>peg-3350/electrolytes</i>	114	PHYSIOSOL IRRIGATION.	67
OXTELLAR XR.....	36	PEGANONE.....	36	<i>phytonadione</i>	155
<i>oxybutynin chloride</i>	153	PEGASYS.....	64	PICATO.....	89
<i>oxybutynin chloride er</i>	153	PEGASYS PROCLICK.....	64	PIFELTRO.....	64
<i>oxycodone hcl</i>	25	PEG-PREP.....	114	<i>pilocarpine hcl</i>	129, 139
<i>oxycodone-acetaminophen</i> ..	25, 26	<i>pen needles</i>	122	<i>pimozide</i>	146
<i>oxycodone-aspirin</i>	26	<i>pen needles 1/2"</i>	122	PIMTREA.....	77
<i>oxycodone-ibuprofen</i>	26	<i>pen needles 3/16"</i>	122	<i>pindolol</i>	68
OXYCONTIN.....	26	<i>pen needles 5/16"</i>	122	<i>pioglitazone hcl</i>	43
<i>oxymorphone hcl</i>	26	<i>penicillin v potassium</i>	143	<i>pioglitazone hcl-glimepiride</i>	43
<i>oxymorphone hcl er</i>	26	PENLAC.....	89	<i>pioglitazone hcl-metformin hcl</i> ..	43
OXYTROL FOR WOMEN..	153	PENNSAID.....	89	PIRMELLA 1/35.....	77
OZEMPIC.....	43	PENTASA.....	105	PIRMELLA 7/7/7.....	77
PACERONE.....	30	<i>pentazocine-naloxone hcl</i>	26	<i>piroxicam</i>	21
<i>paliperidone er</i>	61	<i>pentoxifylline er</i>	109	PLAQUENIL.....	54
PALYNZIQ.....	101	PEPCID.....	152	PLAVIX.....	109

PLEGRIDY	146	<i>pravastatin sodium</i>	49	<i>prenaissance plus</i>	131
PLEGRIDY STARTER		<i>praziquantel</i>	28	PRENATA	131
PACK	146	<i>prazosin hcl</i>	52	PRENATABS RX	131
PLENVU	114	PRECISION PCX	96	<i>prenatal 19</i>	131
PLEXION	89	PRECISION PCX PLUS		<i>prenatal low iron</i>	132
PLEXION CLEANSER	89	TEST	96	<i>prenatal plus iron</i>	132
PLEXION CLEANSING		PRECISION POINT OF		PRENATAL-U	132
CLOTH	90	CARE TEST	96	PRENATE DHA	132
PLIXDA	90	PRECISION QID TEST	96	PRENATE ELITE	132
<i>pnv folic acid + iron</i>	131	PRECISION SOF-TACT		PRENATE ESSENTIAL	132
<i>pnv prenatal plus multivitamin</i>	131	TEST	96	PRENATE MINI	132
<i>pnv-dha</i>	131	PRECISION SUREDOSE		PREPIDIL	141
<i>pnv-dha+docusate</i>	131	PLUS SYR	122	PREPOPIK	114
<i>pnv-omega</i>	131	PRECISION SURE-DOSE		PRESTALIA	52
<i>pnv-select</i>	131	SYRINGE	122	<i>pretab</i>	132
<i>pnv-total</i>	131	PRECISION THIN		PREVACID 24HR	152
<i>pnv-vp-u</i>	131	LANCETS	122	PREVACID SOLUTAB	152
POCKETCHEM EZ TEST	96	PRECISION ULTRA		PREVALITE	49
<i>podocon</i>	90	LANCET	122	PREVIFEM	77
<i>podofilox</i>	90	PRECISION XTRA BLOOD		PREVPAC	152
POLYCIN	139	GLUCOSE	96	PREVYMIS	64
<i>polyethylene glycol 3350</i>	114, 143	PRECOSE	43	PREZCOBIX	64
<i>polymyxin b-trimethoprim</i>	139	PRED MILD	139	PREZISTA	64
POLYTRIM	139	PRED-G	139	PRIFTIN	55
POLY-VI-FLOR	131	PRED-G S.O.P.	139	PRILOSEC	152
POMALYST	58	<i>prednicarbate</i>	90	PRILOSEC OTC	152
PONSTEL	21	<i>prednisolone</i>	79	PRIMACARE	132
PORTIA-28	77	<i>prednisolone acetate</i>	139	<i>primaquine phosphate</i>	54
<i>pot bicarb-pot chloride</i>	128	<i>prednisolone sodium phosphate</i>	79, 139	<i>primidone</i>	36
<i>potassium bicarbonate</i>	128	<i>prednisone</i>	79	PRIMLEV	26
<i>potassium chloride</i>	128	PREDNISONE INTENSOL ..	79	PRIMSOL	53
<i>potassium chloride crys er</i>	128	PREFERA OB	131	PRINIVIL	52
<i>potassium chloride er</i>	128	PREFERAOB ONE	131	PRISTIQ	38
<i>potassium citrate er</i>	106	<i>preferred plus glucose</i>	43	PROAIR HFA	32
<i>potassium citrate-citric acid</i>	106	<i>preferred plus insulin syringe</i> ..	122	PROAIR RESPICLICK	32
<i>potassium phosphate-nacl</i>	128	<i>preferred plus lancets colored</i> ..	122	<i>probenecid</i>	107
POTIGA	36	<i>preferred plus lancets thin</i>	122	PROCARDIA	70
PR NATAL 400	131	<i>preferred plus unifine pentips</i> ..	122	PROCARDIA XL	70
PR NATAL 430	131	PREFEST	103	PROCENTRA	18
PR NATAL 430 EC	131	PREGNYL	101	<i>prochlorperazine</i>	61
PRADAXA	34	PREMARIN	103, 154	<i>prochlorperazine maleate</i>	61
PRALUENT	142	<i>premium lidocaine</i>	90	PROCRIT	111
<i>pramcort</i>	28	PREMPHASE	103	PROCTOCORT	28
<i>pramipexole dihydrochloride</i>	60	PREMPRO	103	PROCTOFOAM HC	28
<i>pramipexole dihydrochloride er</i> ..	60	<i>prenaissance</i>	131	PROCTO-MED HC	28
PRAMOSONE	90	<i>prenaissance balance</i>	131	PROCTO-PAK	28
PRAMOTIC	141	<i>prenaissance harmony dha</i>	131	PROCTOSOL HC	28
PRANDIN	43	<i>prenaissance next</i>	131	PROCTOZONE-HC	28
<i>prasugrel hcl</i>	109	<i>prenaissance next-b</i>	131	PROCYSBI	106
PRAVACHOL	49				

PRODIGY INSULIN	<i>pyrazinamide</i>	55	REBIF REBIDOSE	
SYRINGE.....	PYRIDIUM.....	106	TITRATION PACK.....	146
PRODIGY LANCETS 28G..	<i>pyridostigmine bromide</i>	54, 55	REBIF TITRATION PACK	147
PRODIGY NO CODING	<i>pyridostigmine bromide er</i>	54	REBINYN.....	109
BLOOD GLUC.....	QBRELIS.....	52	RECLIPSEN.....	77
PRODIGY TWIST TOP	QBREXZA.....	90	RECOMBINATE.....	109
LANCETS 28G.....	QNASL.....	135	RECTIV.....	28
PROFILNINE.....	QNASL CHILDRENS.....	135	RECURA.....	90
PROFILNINE SD.....	QTERN.....	148	REFUAH PLUS BLOOD	
<i>progesterone</i>	QUALAQUIN.....	54	GLUCOSE TEST.....	96
<i>progesterone micronized</i>	QUARTETTE.....	77	REGLAN.....	105
PROGLYCEM.....	QUASENSE.....	77	REGRANEX.....	90
PROGRAF.....	<i>quazepam</i>	112	RELAGARD.....	154
PROLASTIN-C.....	QUDEXY XR.....	36	RELENZA DISKHALER.....	64
PROLENSA.....	QUESTRAN.....	49	RELEXXII.....	18
PROLIA.....	QUESTRAN LIGHT.....	49	RELHIST.....	81
PROMACTA.....	<i>quetiapine fumarate</i>	61	RELION GLUCOSE.....	43
<i>promethazine hcl</i>	<i>quetiapine fumarate er</i>	61	RELION GLUCOSE	
<i>promethazine vc</i>	QUFLORA FE PEDIATRIC		DRINK.....	43
<i>promethazine vclcodeine</i>.....	.....	132	RELION INSULIN	
<i>promethazine-dm</i>	QUILLICHEW ER.....	18	SYRINGE.....	122
<i>promethazine-phenylephrine</i>	QUILLIVANT XR.....	18	RELI-ON INSULIN	
PROMETHEGAN.....	<i>quinapril hcl</i>	52	SYRINGE.....	122
PROMETRIUM.....	<i>quinapril-hydrochlorothiazide</i> ..	52	RELION KETONE.....	96
<i>propafenone hcl</i>	<i>quinidine gluconate er</i>	30	RELION LANCETS	
<i>propafenone hcl er</i>	<i>quinidine sulfate</i>	30	STANDARD 21G.....	122
<i>propantheline bromide</i>	<i>quinine sulfate</i>	54	RELION LANCETS THIN	
<i>proparacaine hcl</i>	QUINZYME.....	18	26G.....	122
<i>propranolol hcl</i>	QVAR.....	32	RELION LANCETS	
<i>propranolol hcl er</i>	QVAR REDIHALER.....	32	ULTRA-THIN 30G.....	122
<i>propranolol-hctz</i>	<i>rabeprazole sodium</i>	152	RELION MINI PEN	
<i>propylthiouracil</i>	RADIOGARDASE.....	44, 45	NEEDLES.....	122
PROSCAR.....	RAJANI.....	77	RELION PEN NEEDLES...	122
PROSTIN E2.....	<i>raloxifene hcl</i>	101	RELION SHORT PEN	
PROTONIX.....	<i>ramipril</i>	52	NEEDLES.....	122
PROTOPIC.....	RANEXA.....	29	RELION ULTRA THIN	
<i>protriptyline hcl</i>	<i>ranitidine hcl</i>	152	LANCETS 30G.....	122
PROVENTIL HFA.....	RAPAFLO.....	106	RELION ULTRA THIN	
PROVERA.....	RAPAMUNE.....	67	PLUS LANCETS.....	122
PROVIGIL.....	<i>rasagiline mesylate</i>	60	RELISTOR.....	105
PROZAC.....	RASUVO.....	21	<i>relnate dha</i>	132
<i>pseudoeph-chlorphen-hydrocod</i> ..	RAVICTI.....	101	RELPAK.....	126
<i>psorcon</i>	RAYALDEE.....	101	REMERON.....	38
PULMICORT.....	RAZADYNE.....	146	REMERON SOLTAB.....	38
PULMICORT	RAZADYNE ER.....	146	REMODULIN.....	71
FLEXHALER.....	REACT.....	77	RENAGEL.....	105
PULMOSAL.....	<i>reality insulin syringe</i>	122	RENFLEXIS.....	105
PULMOZYME.....	REBETOL.....	64	REVELA.....	105
PURIXAN.....	REBIF.....	147	<i>repaglinide</i>	43
PYLERA.....	REBIF REBIDOSE.....	146	<i>repaglinide-metformin hcl</i>	43

REPATHA.....	142	<i>ringers irrigation</i>	67	SALACYN.....	90
REPATHA PUSHTRONEX		RIOMET.....	43	SALAGEN.....	129
SYSTEM.....	142	<i>risedronate sodium</i>	101	SALEX.....	90
REPATHA SURECLICK....	142	RISPERDAL.....	61	<i>salicylic acid</i>	90
REQUIP.....	60	RISPERDAL M-TAB.....	61	<i>saline laxative</i>	114
REQUIP XL.....	60	<i>risperidone</i>	61, 62	<i>salitech forte</i>	90
RESCRIPTOR.....	64	RISPERIDONE M-TAB.....	61	<i>salsalate</i>	22
RESCULA.....	140	RITALIN.....	18	SAMSCA.....	101
<i>reserpine</i>	52	RITALIN LA.....	18	SANCUSO.....	45
RESTASIS.....	140	<i>ritonavir</i>	65	SANDIMMUNE.....	67
RESTASIS MULTIDOSE....	140	<i>rivastigmine</i>	147	SANDOSTATIN.....	101
RESTORIL.....	112	<i>rivastigmine tartrate</i>	147	SANDOSTATIN LAR	
RETACRIT.....	111	RIVELSA.....	77	DEPOT.....	101
RETIN-A.....	90	<i>rixubis</i>	109	SANTYL.....	90
RETIN-A MICRO.....	90	<i>rizatriptan benzoate</i>	127	SAPHRIS.....	62
RETIN-A MICRO PUMP....	90	ROBAXIN.....	134	SARAFEM.....	147
RETROVIR.....	64	ROBAXIN-750.....	134	SAVAYSA.....	34
REVATIO.....	71	ROBINUL.....	152	SAVELLA.....	147
REVEAL BLOOD		ROBINUL-FORTE.....	152	SAVELLA TITRATION	
GLUCOSE TEST.....	96	ROCALTROL.....	101	PACK.....	147
REVLIMID.....	67	<i>ropinirole hcl</i>	60	<i>scopolamine</i>	45
REXULTI.....	61	<i>ropinirole hcl er</i>	60	SEB-PREV WASH.....	90
REYATAZ.....	64	ROSDAN.....	90	SECONAL.....	112
RHINOCORT ALLERGY..	135	ROSANIL CLEANSER.....	90	SEEBRI NEOHALER.....	32
RHOFADE.....	90	<i>rosuvastatin calcium</i>	49	SEGLUROMET.....	148
RHOPRESSA.....	141	ROWEEPRA.....	36	SELECT-OB.....	132
RIASTAP.....	109	ROXICODONE.....	26	<i>selegiline hcl</i>	60
RIAX.....	90	ROXYBOND.....	26	<i>selenium sulfide</i>	90
RIBASPHERE.....	64, 65	ROZEREM.....	112	<i>selenium sulf-pyrithione-urea</i>	90
RIBASPHERE RIBAPAK....	65	RUBRACA.....	143, 144	SELZENTRY.....	65
<i>ribavirin</i>	65	RUCONEST.....	109	SEMPREX-D.....	81
RIDAURA.....	21	RYDAPT.....	58	<i>se-natal 19</i>	132
<i>rifabutin</i>	55	RYTARY.....	60	SENSIPAR.....	101
RIFADIN.....	55	RYTHMOL SR.....	30	SEREVENT DISKUS.....	32
RIFAMATE.....	55	RYVENT.....	48	SERNIVO.....	90
<i>rifampin</i>	55	SABRIL.....	36	SEROQUEL.....	62
RIFAMPIN+SYRSPEND		SAFESNAP INSULIN		SEROQUEL XR.....	62
SF PH4.....	55	SYRINGE.....	122	SEROSTIM.....	101
RIFATER.....	55	<i>safety lancet 21g/pressure act.</i>	122	<i>sertraline hcl</i>	39
RIGHTEST GL300		<i>safety lancet 28g/pressure act.</i>	123	SETLAKIN.....	77
LANCETS.....	122	SAFETY LANCETS.....	123	<i>sevelamer carbonate</i>	105
RIGHTEST GS100 BLOOD		SAFETY LANCETS 21G....	123	<i>sf</i>	129
GLUCOSE.....	96	<i>safety lancets 28g</i>	123	<i>sf 5000 plus</i>	129
RIGHTEST GS300 BLOOD		SAFETY LET LANCETS...	123	SFROWASA.....	105
GLUCOSE.....	96	SAFETY SEAL LANCETS..	123	SHAROBEL.....	77
RIGHTEST GS550 BLOOD		SAFETY-GLIDE SYRINGE		SHOPKO UNIFINE	
GLUCOSE.....	96	.....	123	PENTIPS.....	123
RILUTEK.....	135	SAFYRAL.....	77	SHOPKO UNILET	
<i>riluzole</i>	135	SAIZEN.....	101	LANCETS 28G.....	123
<i>rimantadine hcl</i>	65	SAIZEN CLICK.EASY.....	101		

SHOPKO UNILET	<i>sodium sulfacetamide wash</i>	91	STEGLATRO.....	43
LANCETS 30G.....	SOLARAZE.....	91	STEGLUJAN.....	148
SHUR-SEAL	SOLIA.....	77	STELARA.....	91
CONTRACEPTIVE.....	SOLIQUA.....	113	STERILANCE PA.....	123
SIGNIFOR.....	SOLODYN.....	149	STERILANCE TL.....	123
SIGNIFOR LAR.....	SOLOSEC.....	18	STIMATE.....	101
SIKLOS.....	SOLTAMOX.....	58	STIOLTO RESPIMAT.....	32
<i>sildenafil citrate</i>	SOLUS V2 LANCETS 28G..	123	STIVARGA.....	58
SILENOR.....	SOLUS V2 TEST.....	96	STRATTERA.....	18
SILIQ.....	SOLUS V2 TWIST		STRENSIQ.....	112
SILVADENE.....	LANCETS 30G.....	123	STRIBILD.....	65
<i>silver nitrate</i>	SOMA.....	134	STRIVERDI RESPIMAT.....	32
<i>silver sulfadiazine</i>	SOMATULINE DEPOT.....	101	SUBOXONE.....	26
SIMBRINZA.....	SOMAVERT.....	101	SUBSYS.....	26
SIMPONI.....	SONATA.....	112	SUCRAID.....	97
SIMULECT.....	SOOLANTRA.....	91	<i>sucralfate</i>	152
<i>simvastatin</i>	<i>sorbitol-mannitol</i>	106	SULAR.....	71
SINEMET.....	SORIATANE.....	91	<i>sulfacetamide sodium</i>	91, 140
SINEMET CR.....	SORILUX.....	91	<i>sulfacetamide sodium (acne)</i>	91
SINGLE-LET.....	SORINE.....	68	<i>sulfacetamide sodium-sulfur</i>	91
SINGULAIR.....	<i>sotalol hcl</i>	68	<i>sulfacetamide-prednisolone</i>	140
<i>sirolimus</i>	<i>sotalol hcl (af)</i>	68	<i>sulfacetamide-sulfur in urea</i>	91
SIRTURO.....	SOTYLIZE.....	68	SULFACLEANSE 8/4.....	91
SITAVIG.....	SOVALDI.....	65	<i>sulfadiazine</i>	148
SIVEXTRO.....	SPECTRACEF.....	72	<i>sulfamethoxazole-trimethoprim</i>	53
SKELAXIN.....	<i>spinosad</i>	91	SULFAMYLON.....	91
<i>skin tag remover</i>	SPIRIVA HANDIHALER.....	32	<i>sulfasalazine</i>	105
SKLICE.....	SPIRIVA RESPIMAT.....	32	SULFATRIM PEDIATRIC..	53
SKYLA.....	<i>spironolactone</i>	98	SULFAZINE.....	105
SMART SENSE COLOR	<i>spironolactone-hctz</i>	98	<i>sulfurated lime</i>	91
LANCETS 33G.....	SPORANOX.....	46	<i>sulindac</i>	21
SMART SENSE GLUCOSE..	SPORANOX PULSEPAK.....	46	<i>sumatriptan</i>	127
SMART SENSE	SPRINTEC 28.....	77	<i>sumatriptan succinate</i>	127
STANDARD LANCETS.....	SPRITAM.....	36	<i>sumatriptan succinate refill</i>	127
SMART SENSE SUPER	SPRIX.....	21	<i>sumatriptan-naproxen sodium</i> .	127
THIN LANCETS.....	SPRYCEL.....	58	SUMAVEL DOSEPRO.....	127
SMART SENSE THIN	SPS.....	67, 144	SUMAXIN.....	91
LANCETS 26G.....	SRONYX.....	77	SUMAXIN TS.....	91
SMARTEST BLOOD	SSD.....	91	<i>super thin lancets</i>	123
GLUCOSE TEST.....	SSKI.....	81	SUPPRELIN LA.....	101
SMARTEST LANCETS 28G	<i>sss 10-5</i>	91	SUPRAX.....	72
.....	ST JOSEPH ASPIRIN.....	22	SUPREP BOWEL PREP KIT	
SMOOTH LAX.....	STALEVO 100.....	60	.....	114
<i>sod citrate-citric acid</i>	STALEVO 125.....	60	<i>sure comfort insulin syringe</i>	123
<i>sodium chloride</i>	STALEVO 150.....	60	<i>sure comfort lancets 28g</i>	123
<i>sodium fluoride</i>	STALEVO 200.....	60	<i>sure comfort lancets 30g</i>	123
<i>sodium phenylbutyrate</i>	STALEVO 50.....	60	<i>sure comfort pen needles</i>	123
<i>sodium polystyrene sulfonate</i>	STALEVO 75.....	60	SURE EDGE TEST.....	96
.....	STARLIX.....	43	SURECHEK BLOOD	
<i>sodium sulfacetamide</i>	<i>stavudine</i>	65	GLUCOSE TEST.....	96

SURE-FINE PEN NEEDLES.....	123	TAMIFLU.....	65	TESSALON PERLES.....	81
SURE-JECT INSULIN SYRINGE.....	123	<i>tamoxifen citrate</i>	58	TESTIM.....	27
SURE-LANCE FLAT LANCETS.....	124	<i>tamsulosin hcl</i>	106	TESTOPEL.....	27
SURE-LANCE THIN LANCETS 28G.....	124	TANZEUM.....	44	<i>testosterone</i>	27, 28
SURE-LANCE ULTRA THIN LANCETS.....	124	TAPAZOLE.....	150	<i>testosterone cypionate</i>	27
SURE-TEST EASYPLUS MINI TEST.....	96	TAPERDEX 12-DAY.....	80	<i>testosterone enanthate</i>	27
SURE-TOUCH LANCETS UNIVERSAL.....	124	TAPERDEX 6-DAY.....	80	TESTRED.....	28
SURMONTIL.....	39	TARCEVA.....	58	TETCAINE.....	140
SUSTIVA.....	65	TARGADOX.....	149	<i>tetrabenazine</i>	147
SUTENT.....	58	TARGRETIN.....	58, 92	<i>tetracaine hcl</i>	140
SYEDA.....	77	TARINA FE 1/20.....	77	<i>tetracycline hcl</i>	149
SYLATRON.....	58	TARKA.....	52	TETRAVISC.....	140
SYMBICORT.....	32	TARON-BC.....	132	TETRAVISC FORTE.....	140
SYMBYAX.....	147	TARON-C DHA.....	132	TEXACORT.....	92
SYMDEKO.....	82	TARON-CRYSTALS.....	106	<i>tgq 15dm/5peh/2cpm</i>	81
SYMFI.....	65	TARON-PREX.....	132	<i>tgq 30pse/150gfn/15dm</i>	81
SYMFI LO.....	65	TASIGNA.....	58	<i>tgq 30pse/3brml/15dm</i>	81
SYMLINPEN 120.....	43	TASMAR.....	60	THALOMID.....	67
SYMLINPEN 60.....	44	TAVALISSE.....	148	THEO-24.....	33
SYMPROIC.....	105	<i>tazarotene</i>	92	THEOCHRON.....	33
SYMTUZA.....	65	TAZORAC.....	92	<i>theophylline</i>	33
SYNAGEX.....	132	TAZTIA XT.....	71	<i>theophylline er</i>	33
SYNAGIS.....	142	TECFIDERA.....	147	THINLETS LANCET.....	124
SYNALAR.....	91	TECHLITE AST LANCETS.....	124	<i>thioguanine</i>	73
SYNALGOS-DC.....	26	TECHLITE LANCETS.....	124	THIOLA.....	106
SYNAREL.....	102	TECHLITE LANCETS 30G.....	124	<i>thioridazine hcl</i>	62
SYNDROS.....	45	TECHNIVIE.....	111	<i>thiothixene</i>	62
SYNERA.....	91	TEGRETOL.....	36	THRIVE.....	147
SYNJARDY.....	148	TEGRETOL-XR.....	36	THYMOGLOBULIN.....	67
SYNJARDY XR.....	148	TEKTURNA.....	52	THYROLAR-1.....	150
SYNTHROID.....	150	TEKTURNA HCT.....	52	THYROLAR-1/2.....	150
SYPRINE.....	67	TELCARE BLOOD GLUCOSE TEST.....	96	THYROLAR-1/4.....	150
TABLOID.....	58	<i>telmisartan</i>	52	THYROLAR-2.....	150
TACLONEX.....	91, 92	<i>telmisartan-amlodipine</i>	52	THYROLAR-3.....	150
<i>tacrolimus</i>	67, 92	<i>telmisartan-hctz</i>	52	<i>tiagabine hcl</i>	36
<i>tadalafil</i>	72	<i>temazepam</i>	112	TIAZAC.....	71
<i>tadalafil (pah)</i>	72	TEMODAR.....	58	TIBSOVO.....	113
TAFINLAR.....	58	TEMOVATE.....	92	<i>ticlopidine hcl</i>	109
TAGRISSO.....	58	<i>temozolomide</i>	59	TIGAN.....	45
TAKE ACTION.....	77	TENCON.....	22	TIGLUTIK.....	135
TAKHZYRO.....	143	<i>tenofovir disoproxil fumarate</i>	65	TIKOSYN.....	30
TALTZ.....	92	TENORETIC 100.....	52	TILIA FE.....	77
TALZENNA.....	143, 144	TENORETIC 50.....	52	<i>timolol maleate</i>	68, 140
		TENORMIN.....	68	TIMOPTIC.....	140
		TERAZOL 7.....	154	TIMOPTIC OCUDOSE.....	140
		<i>terazosin hcl</i>	53	TIMOPTIC-XE.....	140
		<i>terbinafine hcl</i>	46	TINDAMAX.....	54
		<i>terbutaline sulfate</i>	32	<i>tinidazole</i>	54
		<i>terconazole</i>	154	TIROSINT.....	150
				TIS-U-SOL.....	67

TIVICAY.....	65	TRECTOR.....	55	TRI-NORINYL (28).....	78
TIVORBEX.....	21	TRELEGY ELLIPTA.....	33	TRINTELLIX.....	39, 148
<i>tizanidine hcl</i>	134	TRELSTAR MIXJECT.....	59	TRI-PREVIFEM.....	78
<i>tl-care dha</i>	132	TREMFYA.....	92	TRIPTODUR.....	102
<i>tl-select</i>	132	TRESIBA FLEXTOUCH.....	44	TRI-SPRINTEC.....	78
TOBI.....	18	<i>tretinoin</i>	59, 92	<i>tristart dha</i>	132
TOBI PODHALER.....	18	<i>tretinoin microsphere</i>	92	TRISTART ONE.....	132
TOBRADEX.....	140	<i>tretinoin microsphere pump</i>	92	<i>tri-tabs dha</i>	132
TOBRADEX ST.....	140	TRETIN-X.....	92	TRIUMEQ.....	65
<i>tobramycin</i>	19, 140	TRETTEN.....	109	TRIVEEN-DUO DHA.....	132
<i>tobramycin-dexamethasone</i>	140	TREXALL.....	59	TRI-VI-FLOR.....	132
TOBREX.....	140	TREXIMET.....	127	<i>tri-vi-floro</i>	132
TODAY SPONGE.....	154	TREZIX.....	26	TRIVORA (28).....	78
TOFRANIL.....	39	TRI FEMYNOR.....	77	TRIZIVIR.....	65
TOLAK.....	92	<i>triamcinolone acetonide</i>		TROKENDI XR.....	36
<i>tolazamide</i>	44	.....	92, 129, 135	<i>tropicamide</i>	140
<i>tolbutamide</i>	44	<i>triamterene-hctz</i>	98	<i>trospium chloride</i>	153
<i>tolcapone</i>	60	<i>triazolam</i>	112	<i>trospium chloride er</i>	153
<i>tolmetin sodium</i>	21	TRIBENZOR.....	53	TRUEPLUS INSULIN	
<i>tolterodine tartrate</i>	153	TRICARE.....	132	SYRINGE.....	124
<i>tolterodine tartrate er</i>	153	TRICARE PRENATAL		TRUEPLUS LANCETS 28G124	
TOPAMAX.....	36	DHA ONE.....	132	TRUEPLUS LANCETS 30G124	
TOPAMAX SPRINKLE.....	36	TRICITRASOL.....	34, 113	TRUEPLUS LANCETS 33G124	
<i>topcare clickfine pen needles</i> ...	124	<i>tricitrates</i>	106	TRUEPLUS SAFETY	
<i>topcare ultra comfort ins syr</i> ...	124	TRICOR.....	49	LANCETS 28G.....	124
TOPICORT.....	92	TRIDERM.....	92	TRUETEST TEST.....	97
TOPICORT SPRAY.....	92	TRIDESILON.....	92	TRUETRACK TEST.....	97
<i>topiramate</i>	36	<i>trientine hcl</i>	67	TRULANCE.....	73
<i>topiramate er</i>	36	TRI-ESTARYLLA.....	77	TRULICITY.....	44
TOPROL XL.....	68	<i>trifluoperazine hcl</i>	62	TRUSOPT.....	140
<i>torseamide</i>	98	<i>trifluridine</i>	140	TRUVADA.....	65
TOUJEO MAX SOLOSTAR.....	44	TRIGLIDE.....	49	TUDORZA PRESSAIR.....	33
TOUJEO SOLOSTAR.....	44	<i>trihexyphenidyl hcl</i>	60	TULANA.....	78
TOVIAZ.....	153	TRI-LEGEST FE.....	78	TUSSICAPS.....	81
TRACLEER.....	72	TRILEPTAL.....	36	TUSSIGON.....	81
TRADJENTA.....	44	TRI-LINYAH.....	78	TUSSIONEX	
<i>tramadol hcl</i>	26	TRILIPIX.....	49	PENNKINETIC ER.....	81
<i>tramadol hcl er</i>	26	TRI-LO-ESTARYLLA.....	78	TUZISTRA XR.....	81
<i>tramadol hcl er (biphasic)</i>	26	TRI-LO-MARZIA.....	78	TWYNSTA.....	53
<i>tramadol-acetaminophen</i>	26	TRI-LO-SPRINTEC.....	78	TYBOST.....	62
<i>trandolapril</i>	53	TRILYTE.....	114	TYDEMY.....	78
<i>trandolapril-verapamil hcl er</i>	53	<i>trimethobenzamide hcl</i>	45	TYKERB.....	59
<i>tranexamic acid</i>	111	<i>trimethoprim</i>	54	TYLENOL WITH	
TRANSDERM-SCOP (1.5		TRI-MILI.....	78	CODEINE #3.....	26
MG).....	45	<i>trimipramine maleate</i>	39	TYLENOL WITH	
TRANXENE-T.....	30	<i>trimpex</i>	54	CODEINE #4.....	26
<i>tranlycypromine sulfate</i>	39	<i>trinatal rx 1</i>	132	TYMLOS.....	102
TRANZAREL.....	92	TRINATE.....	132	TYVASO.....	72
TRAVATAN Z.....	140	TRINESSA (28).....	78	TYVASO REFILL.....	72
<i>trazodone hcl</i>	39, 148	TRINESSA LO.....	78	TYVASO STARTER.....	72

UCERIS.....	28, 80	UNILET G.P. LANCET.....	125	<i>valumark pen needles</i>	125
ULESFIA.....	92	UNILET G.P. SUPERLITE		VANATOL LQ.....	22
ULORIC.....	107	LANCET.....	125	VANCOCIN HCL.....	107
ULTICARE INSULIN		UNILET GP 28 ULTRA		<i>vancomycin hcl</i>	107
SAFETY SYR.....	124	THIN.....	125	VANDAZOLE.....	154
ULTICARE INSULIN		UNILET LANCET.....	125	VANISHPOINT INSULIN	
SYRINGE.....	124	UNILET SUPERLITE		SYRINGE.....	125
ULTICARE MICRO PEN		LANCET.....	125	VANOS.....	92
NEEDLES.....	124	UNISTIK 3 COMFORT.....	125	VANOXIDE-HC.....	92
ULTICARE MINI PEN		UNISTIK 3 EXTRA.....	125	VARUBI.....	46
NEEDLES.....	124	UNISTIK 3 NORMAL.....	125	VASCEPA.....	49
ULTICARE PEN NEEDLES		UNISTIK CZT COMFORT.....	125	VASERETIC.....	53
.....	124	UNISTIK CZT NORMAL... ..	125	VASOTEC.....	53
ULTICARE SHORT PEN		UNITHROID.....	150	VCF VAGINAL	
NEEDLES.....	124	UNITHROID DIRECT.....	150	CONTRACEPTIVE.....	154
ULTILET CLASSIC		UNIVERSAL 1 LANCETS		VECAMYL.....	53
LANCETS.....	124	THIN 26G.....	125	VECTICAL.....	92
ULTILET LANCETS.....	124	UNIVERSAL 1 LANCETS		VELETRI.....	72
ULTILET SAFETY		ULTRA THIN.....	125	VELIVET.....	78
LANCETS 23G.....	124	<i>up & up glucose</i>	44	VELPHORO.....	105
ULTIMA TEST.....	97	UPTRAVI.....	147	VELTASSA.....	67, 144
<i>ultimatecare one</i>	132	URECHOLINE.....	153	VEMAVITE-PRX 2.....	133
<i>ultra comfort insulin syringe</i>	124	URISTIX.....	97	VEMLIDY.....	65
ULTRACET.....	26	URISTIX 4.....	97	<i>vena-bal dha</i>	133
<i>ultra-comfort insulin syringe</i>	124	UROCIT-K 10.....	106	VENCLEXTA.....	55
ULTRALANCE.....	124	UROCIT-K 15.....	106	VENCLEXTA STARTING	
ULTRAM.....	26	UROCIT-K 5.....	106	PACK.....	55
ULTRA-THIN II AUTO		UROXATRAL.....	106	<i>venlafaxine hcl</i>	39
LANCET.....	124	URSO 250.....	105	<i>venlafaxine hcl er</i>	39
ULTRA-THIN II INS SYR		URSO FORTE.....	105	VENTAVIS.....	72
SHORT.....	125	<i>ursodiol</i>	105	VENTOLIN HFA.....	33
ULTRA-THIN II INSULIN		UTIBRON NEOHALER.....	33	<i>verapamil hcl</i>	71
SYRINGE.....	125	VAGIFEM.....	154	<i>verapamil hcl er</i>	71
ULTRA-THIN II LANCETS		<i>valacyclovir hcl</i>	65	VERDESO.....	92
.....	125	VALCHLOR.....	92	VERDROCET.....	26
ULTRA-THIN II MINI PEN		VALCYTE.....	65	VEREGEN.....	92
NEEDLE.....	125	<i>valganciclovir hcl</i>	65	VERELAN.....	71
ULTRA-THIN II PEN		VALIUM.....	30	VERELAN PM.....	71
NEEDLE SHORT.....	125	<i>valproate sodium</i>	36	VERIPRED 20.....	80
ULTRA-THIN II PEN		<i>valproic acid</i>	36	VERSACLOZ.....	62
NEEDLES.....	125	<i>valsartan</i>	53	VERZENIO.....	81
ULTRATRAK PRO TEST....	97	<i>valsartan-hydrochlorothiazide</i>	53	VESICARE.....	153
ULTRATRAK ULTIMATE		VALTREX.....	65	VESTURA.....	78
TEST.....	97	<i>value health insulin syringe</i>	125	VEXOL.....	140
ULTRAVATE.....	92	<i>value plus glucose</i>	44	VFEND.....	46
UNIFINE PENTIPS.....	125	<i>value plus lancet standard 21g</i>	125	VIBERZI.....	113
UNILET COMFORTOUCH		<i>value plus lancets super thin</i>	125	VIBRAMYCIN.....	149
LANCET.....	125	<i>value plus lancets thin 26g</i>	125	VICODIN.....	26
UNILET EXCELITE.....	125	<i>valumark lancet super thin 30g</i>	125	VICODIN ES.....	26
UNILET EXCELITE II.....	125	<i>valumark lancet ultra thin 28g</i>	125	VICODIN HP.....	26

VICTORY AGM-4000 TEST	97	VITAMEDMD ONE		WIDE-SEAL DIAPHRAGM	
VICTOZA	44	RX/QUATREFOLIC	133	80	126
VIDA MIA UNIFINE		<i>vitamin d2</i>	155	WIDE-SEAL DIAPHRAGM	
PENTIPS	125	<i>vitamin d3</i>	155	85	126
VIDA MIA UNILET		VIVA DHA	133	WIDE-SEAL DIAPHRAGM	
LANCETS 28G	125	VIVELLE-DOT	103	90	126
VIDA MIA UNILET		VIVITROL	45	WIDE-SEAL DIAPHRAGM	
LANCETS 30G	126	VIVLODEX	21	95	126
VIDEX	65	VIZIMPRO	59	WILATE	109
VIDEX EC	65	VOCAL POINT BLOOD		WP THYROID	150
VIEKIRA PAK	111	GLUCOSE TEST	97	WYMZYA FE	78
VIEKIRA XR	111	VOGELXO	28	XADAGO	60
VIENVA	78	VOGELXO PUMP	28	XALATAN	140
<i>vigabatrin</i>	36	<i>vol-nate</i>	133	XALKORI	59
VIGADRONE	37	<i>vol-plus</i>	133	XANAX	30
VIGAMOX	140	<i>vol-tab rx</i>	133	XANAX XR	30
VIIBRYD	39, 148	VOLTAREN	93	XARELTO	34
VIIBRYD STARTER PACK		VONVENDI	109	XARELTO STARTER	
	39, 148	<i>voriconazole</i>	46	PACK	34
VIMOVO	21	VOSEVI	111	XATMEP	59
VIMPAT	37	VOSPIRE ER	33	XELJANZ	22
VINATE II	133	VOTRIENT	59	XELJANZ XR	22
VINATE ONE	133	<i>vp-ch-pnv</i>	133	XELODA	59
VIOKACE	97	<i>vp-ggr-b6 prenatal</i>	133	XENAZINE	147
<i>viorele</i>	78	<i>vp-heme ob</i>	133	XEPI	93
VIRACEPT	65	<i>vp-heme ob + dha</i>	133	XERAC AC	93
VIRAMUNE	66	<i>vp-heme one</i>	133	XERESE	93
VIRAMUNE XR	66	<i>vp-pnv-dha</i>	133	XERMELO	150
VIRASAL	92	VPRIV	111	XGEVA	102
VIREAD	66	VRAYLAR	62	XHANCE	135
VIROPTIC	140	VYFEMLA	78	XIAFLEX	67
<i>virt nate</i>	133	VYTORIN	49	XIFAXAN	54
<i>virt-advance</i>	133	VYVANSE	18	XIGDUO XR	148
<i>virt-phos 250 neutral</i>	128	VYZULTA	140	XIIDRA	114
<i>virt-pn</i>	133	<i>warfarin sodium</i>	34	XIMINO	149
<i>virt-pn dha</i>	133	WAVESENSE PRESTO	97	XODOL	26
<i>virt-pn plus</i>	133	WELCHOL	49	XOLEGEL	93
<i>virtprex</i>	133	WELLBUTRIN SR	39	XOPENEX	33
<i>virtrate-2</i>	106	WELLBUTRIN XL	39	XOPENEX	
<i>virtrate-3</i>	106	WERA	78	CONCENTRATE	33
<i>virtrate-k</i>	106	WESTCORT	93	XOPENEX HFA	33
<i>virt-select</i>	133	WESTHROID	150	XTAMPZA ER	26
<i>virt-vite gt</i>	133	WIDE-SEAL DIAPHRAGM		XTANDI	59
VISTARIL	30	60	126	XULANE	78
VISTOGARD	44, 45	WIDE-SEAL DIAPHRAGM		XULTOPHY	113
VITAFOL	133	65	126	XURIDEN	111
VITAFOL-OB	133	WIDE-SEAL DIAPHRAGM		XYLOCAINE	93
VITAFOL-ONE	133	70	126	XYLON	27
VITAL HP 1.0 CAL	97	WIDE-SEAL DIAPHRAGM		XYNTHA	109
		75	126	XYNTHA SOLOFUSE	109

XYREM.....	147	ZMAX.....	115
XYZAL ALLERGY 24HR....	48	ZOCOR.....	50
XYZAL ALLERGY 24HR		ZODEX 12-DAY.....	80
CHILDRENS.....	48	ZOFRAN.....	46
YONSA.....	59	ZOFRAN ODT.....	46
YOSPRALA.....	109	ZOHYDRO ER.....	27
YUVAFEM.....	154	ZOLINZA.....	59
<i>zaclir cleansing</i>	93	<i>zolmitriptan</i>	127
ZADITOR.....	140	ZOLOFT.....	39
<i>zafirlukast</i>	33	<i>zolpidem tartrate</i>	112
<i>zaleplon</i>	112	<i>zolpidem tartrate er</i>	112
ZAMICET.....	27	ZOLPIMIST.....	112
ZANAFLEX.....	134	ZOMACTON.....	102
ZANTAC.....	152	ZOMIG.....	127
ZARAH.....	78	ZOMIG ZMT.....	127
ZARONTIN.....	37	ZONACORT 11 DAY.....	80
ZARXIO.....	111	ZONACORT 7 DAY.....	80
ZATEAN-PN DHA.....	133	ZONEGRAN.....	37
ZATEAN-PN PLUS.....	133	<i>zonisamide</i>	37
ZAVESCA.....	111	ZONTIVITY.....	144
ZEBUTAL.....	23	ZORBTIVE.....	102
ZEGERID.....	152	ZORTRESS.....	67
ZEGERID OTC.....	152	ZORVOLEX.....	22
ZELAPAR.....	60	ZOVIA 1/35E (28).....	78
ZELBORAF.....	59	ZOVIA 1/50E (28).....	78
ZEMBRACE SYMTOUCH.....	127	ZOVIRAX.....	66, 93
ZEMPLAR.....	102	ZTLIDO.....	93
ZENATANE.....	93	ZUBSOLV.....	27
ZENCHENT.....	78	ZUPLENZ.....	46
ZENCIA.....	93	ZURAMPIC.....	107
ZENPEP.....	97	ZUTRIPRO.....	81
ZENZEDI.....	18	ZYCLARA.....	93
ZEPATIER.....	111	ZYCLARA PUMP.....	93
ZERIT.....	66	ZYDELIG.....	143
ZESTORETIC.....	53	ZYFLO.....	33
ZESTRIL.....	53	ZYFLO CR.....	33
ZETIA.....	50	ZYKADIA.....	59
ZETONNA.....	135	ZYLET.....	140
ZIAC.....	53	ZYLOPRIM.....	107
ZIAGEN.....	66	ZYMAXID.....	141
<i>zidovudine</i>	66	ZYPITAMAG.....	50
<i>zileuton er</i>	33	ZYPREXA.....	62
ZINBRYTA.....	147	ZYPREXA ZYDIS.....	62
ZIOPTAN.....	140	ZYRTEC ALLERGY.....	48
<i>ziprasidone hcl</i>	62	ZYRTEC CHILDRENS	
ZIPSOR.....	22	ALLERGY.....	48
ZIRGAN.....	140	ZYRTEC-D ALLERGY &	
ZITHROMAX.....	115	CONGESTION.....	81
ZITHROMAX TRI-PAK....	115	ZYTIGA.....	59
ZITHROMAX Z-PAK.....	115	ZYVOX.....	54