

Plan for your best health

2019 Aetna Pharmacy Drug Guide
Aetna Commercial Plan (Self Insured)



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2019 Aetna Commercial Plan (Self Insured)

Table of Contents

INFORMATIONAL SECTION.....	7
*5-HT4 RECEPTOR AGONISTS*** - DRUGS FOR THE STOMACH.....	18
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - DRUGS FOR THE NERVOUS SYSTEM.....	18
*AGENTS FOR NARCOTIC WITHDRAWAL*** - DRUGS FOR ADDICTION.....	21
*AGENTS FOR OPIOID WITHDRAWAL*** - DRUGS FOR ADDICTION.....	21
AMEBICIDES - DRUGS FOR INFECTIONS.....	22
*AMINO ACIDS*** - DRUGS FOR NUTRITION.....	22
AMINOGLYCOSIDES - DRUGS FOR INFECTIONS.....	22
*AMINOMETHYLCYCLINES*** - DRUGS FOR INFECTIONS.....	22
ANALGESICS - ANTI-INFLAMMATORY - DRUGS FOR PAIN AND FEVER.....	22
ANALGESICS - NONNARCOTIC - DRUGS FOR PAIN AND FEVER.....	26
ANALGESICS - OPIOID - DRUGS FOR PAIN AND FEVER.....	27
ANDROGENS-ANABOLIC - HORMONES.....	35
ANORECTAL AGENTS - RECTAL PREPARATIONS.....	36
ANTHELMINTICS - DRUGS FOR INFECTIONS.....	37
ANTIANGINAL AGENTS - DRUGS FOR THE HEART.....	37
ANTIANSXIETY AGENTS - DRUGS FOR THE NERVOUS SYSTEM.....	38
ANTIARRHYTHMICS - DRUGS FOR THE HEART.....	39
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - DRUGS FOR THE LUNGS.....	40
ANTICOAGULANTS - DRUGS FOR THE BLOOD.....	45
ANTICONVULSANTS - DRUGS FOR THE NERVOUS SYSTEM.....	46
*ANTIDEMENTIA AGENT COMBINATIONS*** - DRUGS FOR THE NERVOUS SYSTEM.....	51
ANTIDEPRESSANTS - DRUGS FOR THE NERVOUS SYSTEM.....	52
ANTIDIABETICS - HORMONES.....	56
ANTIDIARRHEALS - DRUGS FOR THE STOMACH.....	63
ANTIDOTES AND SPECIFIC ANTAGONISTS - DRUGS FOR OVERDOSE OR POISONING... ..	64
ANTIDOTES - DRUGS FOR OVERDOSE OR POISONING.....	64
ANTIEMETICS - DRUGS FOR THE STOMACH.....	65
ANTIFUNGALS - DRUGS FOR INFECTIONS.....	66
*ANTIHEMOPHILIC PRODUCTS - MONOCLONAL ANTIBODIES*** - DRUGS FOR THE BLOOD.....	67
ANTIHISTAMINES - DRUGS FOR THE LUNGS.....	67
ANTIHYPERTENSIVES - DRUGS FOR THE HEART.....	68
ANTIHYPERTENSIVES - DRUGS FOR THE HEART.....	70
ANTI-INFECTIVE AGENTS - MISC. - DRUGS FOR INFECTIONS.....	75
ANTIMALARIALS - DRUGS FOR INFECTIONS.....	77
ANTIMYASTHENIC AGENTS - DRUGS FOR NERVES AND MUSCLES.....	77
ANTIMYASTHENIC/CHOLINERGIC AGENTS - DRUGS FOR NERVES AND MUSCLES.....	77
ANTIMYCOBACTERIAL AGENTS - DRUGS FOR INFECTIONS.....	78
*ANTINEOPLASTIC - BCL-2 INHIBITORS*** - DRUGS FOR CANCER.....	78
*ANTINEOPLASTIC - FGFR KINASE INHIBITORS*** - DRUGS FOR CANCER.....	79
*ANTINEOPLASTIC - TROPOMYOSIN RECEPTOR KINASE INHIBITORS*** - DRUGS FOR CANCER.....	79
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - DRUGS FOR CANCER.....	79
ANTIPARKINSON AGENTS - DRUGS FOR THE NERVOUS SYSTEM.....	86
ANTIPSYCHOTICS/ANTIMANIC AGENTS - DRUGS FOR THE NERVOUS SYSTEM.....	89

*ANTIRETROVIRALS ADJUVANTS*** - DRUGS THAT ALTER METABOLISM.....	92
*ANTISENSE OLIGONUCLEOTIDE (ASO) INHIBITOR AGENTS*** - HORMONES.....	92
ANTISEPTICS & DISINFECTANTS - ANTISEPTICS AND DISINFECTANTS.....	92
ANTIVIRALS - DRUGS FOR INFECTIONS.....	92
*ANTI-VON WILLEBRAND FACTOR AGENTS*** - DRUGS FOR THE BLOOD.....	98
ASSORTED CLASSES - VITAMINS AND MINERALS.....	98
*ATOPIC DERMATITIS - MONOCLONAL ANTIBODIES*** - DRUGS FOR THE SKIN.....	101
BETA BLOCKERS - DRUGS FOR THE HEART.....	101
*BILE ACID SYNTHESIS DISORDER AGENTS*** - DRUGS FOR THE STOMACH.....	103
BIOLOGICALS MISC - BIOLOGICAL AGENTS.....	103
*CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG*** - DRUGS FOR THE NERVOUS SYSTEM.....	103
CALCIUM CHANNEL BLOCKERS - DRUGS FOR THE HEART.....	103
CARDIOTONICS - DRUGS FOR THE HEART.....	105
CARDIOVASCULAR AGENTS - MISC. - DRUGS FOR THE HEART.....	105
CEPHALOSPORINS - DRUGS FOR INFECTIONS.....	107
*CIC AGENTS - GUANYLATE CYCLASE-C (GC-C) AGONISTS*** - DRUGS FOR THE STOMACH.....	108
CONTRACEPTIVES - DRUGS FOR WOMEN.....	108
CORTICOSTEROIDS - HORMONES.....	116
COUGH/COLD/ALLERGY - DRUGS FOR THE LUNGS.....	117
*CYCLIN-DEPENDENT KINASES (CDK) INHIBITORS*** - DRUGS FOR CANCER.....	118
*CYSTIC FIBROSIS AGENT - COMBINATIONS*** - DRUGS FOR THE LUNGS.....	119
DERMATOLOGICALS - DRUGS FOR THE SKIN.....	119
DIAGNOSTIC PRODUCTS	134
DIGESTIVE AIDS - DRUGS FOR THE STOMACH.....	142
*DIRECT-ACTING P2Y12 INHIBITORS*** - DRUGS FOR THE BLOOD.....	142
DIURETICS - DRUGS FOR THE HEART.....	142
ENDOCRINE AND METABOLIC AGENTS - MISC. - HORMONES.....	144
ESTROGENS - HORMONES.....	149
*ESTROGEN-SELECTIVE ESTROGEN RECEPTOR MODULATOR COMB*** - HORMONES..	150
*FARNESOID X RECEPTOR (FXR) AGONISTS*** - DRUGS FOR THE LIVER.....	151
FLUOROQUINOLONES - DRUGS FOR INFECTIONS.....	151
GASTROINTESTINAL AGENTS - MISC. - DRUGS FOR THE STOMACH.....	151
GENERAL ANESTHETICS - DRUGS FOR PAIN AND FEVER.....	154
GENITOURINARY AGENTS - MISCELLANEOUS - DRUGS FOR THE URINARY SYSTEM	154
*GLYCOPEPTIDES*** - DRUGS FOR INFECTIONS.....	156
GOUT AGENTS - DRUGS FOR PAIN AND FEVER.....	156
HEMATOLOGICAL AGENTS - MISC. - DRUGS FOR THE BLOOD.....	156
HEMATOPOIETIC AGENTS - DRUGS FOR NUTRITION.....	160
HEMOSTATICS - DRUGS FOR THE BLOOD.....	162
*HEPATITIS C AGENT - COMBINATIONS*** - DRUGS FOR INFECTIONS.....	163
*HEREDITARY OROTIC ACIDURIA TREATMENT - AGENTS** - DRUGS THAT ALTER METABOLISM.....	163
HYPNOTICS - DRUGS FOR THE NERVOUS SYSTEM.....	163
*HYPOPHOSPHATASIA (HPP) AGENTS*** - DRUGS FOR METABOLIC DISEASE.....	164
*IBS AGENT - MU-OPIOID RECEPTOR AGONISTS*** - DRUGS FOR THE STOMACH.....	165
*IN VITRO/LOCK ANTICOAGULANTS*** - DRUGS FOR THE BLOOD.....	165
*INSULIN-INCRETIN MIMETIC COMBINATIONS*** - HORMONES.....	165
*INTEGRIN RECEPTOR ANTAGONISTS*** - DRUGS FOR THE STOMACH.....	165

*INTERLEUKIN ANTAGONISTS*** - DRUGS FOR THE STOMACH.....	165
*INTERLEUKIN-4 ALPHA ANTAGONISTS*** - DRUGS FOR THE LUNGS.....	165
*INTERLEUKIN-5 ANTAGONISTS (IGG1 KAPPA)*** - DRUGS FOR THE LUNGS.....	165
*INTERLEUKIN-5 ANTAGONISTS (IGG4 KAPPA)*** - DRUGS FOR THE LUNGS.....	166
*ISOCITRATE DEHYDROGENASE-1 (IDH1) INHIBITORS*** - DRUGS FOR CANCER.....	166
*ISOCITRATE DEHYDROGENASE-2 (IDH2) INHIBITORS*** - DRUGS FOR CANCER.....	166
LAXATIVES - DRUGS FOR THE STOMACH.....	166
*LEPTIN ANALOGUES*** - HORMONES.....	167
*LHRH/GNRH AGONIST ANALOG COMBINATIONS*** - HORMONES.....	167
*LYMPHOCYTE FUNCTION-ASSOCIATED ANTIGEN-1 (LFA-1) ANTAG*** - DRUGS FOR THE EYE.....	167
*LYSOSOMAL ACID LIPASE (LAL) DEFICIENCY - AGENTS*** - DRUGS FOR METABOLIC DISEASE.....	167
MACROLIDES - DRUGS FOR INFECTIONS.....	167
MEDICAL DEVICES - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT.....	168
MIGRAINE PRODUCTS - DRUGS FOR THE NERVOUS SYSTEM.....	186
MINERALS & ELECTROLYTES - DRUGS FOR NUTRITION.....	188
*MIXED ALLERGENIC EXTRACTS*** - BIOLOGICAL AGENTS.....	189
*MONOBACTAMS*** - DRUGS FOR INFECTIONS.....	190
MOUTH/THROAT/DENTAL AGENTS - DRUGS FOR THE MOUTH AND THROAT.....	190
*MUCOPOLYSACCHARIDOSIS IV (MPS IV) - AGENTS*** - DRUGS FOR METABOLIC DISEASE.....	191
*MULTIPLE SCLEROSIS AGENTS - ANTIMETABOLITES*** - DRUGS FOR THE NERVOUS SYSTEM.....	191
*MULTIPLE VITAMINS W/ MINERALS & FLUORIDE-IRON-FOLIC ACID*** - DRUGS FOR NUTRITION.....	192
*MULTIPLE VITAMINS WITH FOLIC ACID*** - DRUGS FOR NUTRITION.....	192
MULTIVITAMINS - DRUGS FOR NUTRITION.....	192
MUSCULOSKELETAL THERAPY AGENTS - DRUGS FOR MUSCLES, LIGAMENTS, TENDONS, AND BONES.....	198
NASAL AGENTS - SYSTEMIC AND TOPICAL - DRUGS FOR THE NOSE.....	200
*NEPRILYSIN INHIB (ARNI)-ANGIOTENSIN II RECEPT ANTAG COMB*** - DRUGS FOR THE HEART.....	201
*NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS*** - DRUGS FOR THE HEART.....	201
NEUROMUSCULAR AGENTS - DRUGS FOR NERVES AND MUSCLES.....	201
OPHTHALMIC AGENTS - DRUGS FOR THE EYE.....	201
*OPHTHALMIC KINASE INHIBITORS - COMBINATIONS*** - DRUGS FOR THE EYE.....	208
*OPHTHALMIC NERVE GROWTH FACTORS*** - DRUGS FOR THE EYE.....	208
*OPHTHALMIC RHO KINASE INHIBITORS*** - DRUGS FOR THE EYE.....	208
*OREXIN RECEPTOR ANTAGONISTS*** - DRUGS FOR THE NERVOUS SYSTEM.....	208
OTIC AGENTS - DRUGS FOR THE EAR.....	208
*OXABOROLE-RELATED ANTIFUNGALS - TOPICAL*** - DRUGS FOR THE SKIN.....	209
OXYTOCICS - HORMONES.....	209
*PA ENDONUCLEASE INHIBITORS*** - DRUGS FOR INFECTIONS.....	209
*PASSIVE IMMUNIZING AGENTS - COMBINATIONS*** - BIOLOGICAL AGENTS.....	209
PASSIVE IMMUNIZING AGENTS - BIOLOGICAL AGENTS.....	209
*PCSK9 INHIBITORS*** - DRUGS FOR THE HEART.....	211
*PEDIATRIC MULTIPLE VITAMINS W/FLUORIDE-IRON-ZINC*** - DRUGS FOR NUTRITION.....	211

PENICILLINS - DRUGS FOR INFECTIONS.....	211
PHARMACEUTICAL ADJUVANTS	212
*PHOSPHATIDYLINOSITOL 3-KINASE (PI3K) INHIBITORS*** - DRUGS FOR CANCER.....	212
*PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL*** - DRUGS FOR THE SKIN.....	212
*PHOSPHODIESTERASE 4 (PDE4) INHIBITORS*** - DRUGS FOR PAIN AND FEVER.....	212
*PLASMA KALLIKREIN INHIBITORS - MONOCLONAL ANTIBODIES*** - DRUGS FOR THE HEART	213
*POLY (ADP-RIBOSE) POLYMERASE (PARP) INHIBITORS** - DRUGS FOR CANCER.....	213
*POLY (ADP-RIBOSE) POLYMERASE (PARP) INHIBITORS*** - DRUGS FOR CANCER.....	213
*POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS*** - DRUGS FOR THE NERVOUS SYSTEM.....	213
*POTASSIUM REMOVING AGENTS*** - DRUGS FOR NUTRITION.....	214
*PRENATAL MV & MINERALS W/FA WITHOUT IRON*** - DRUGS FOR NUTRITION.....	214
PROGESTINS - HORMONES.....	214
*PROTEASE-ACTIVATED RECEPTOR-1 (PAR-1) ANTAGONISTS*** - DRUGS FOR THE BLOOD.....	215
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - DRUGS FOR THE NERVOUS SYSTEM.....	215
*PULMONARY FIBROSIS AGENTS - KINASE INHIBITORS*** - DRUGS FOR CANCER.....	220
*PULMONARY FIBROSIS AGENTS*** - DRUGS FOR THE LUNGS.....	220
*PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST*** - DRUGS FOR THE HEART.....	220
RESPIRATORY AGENTS - MISC. - DRUGS FOR THE LUNGS.....	220
*SCLEROSTIN INHIBITORS*** - HORMONES.....	221
*SEROTONIN MODULATORS*** - DRUGS FOR THE NERVOUS SYSTEM.....	221
*SGLT2 INHIBITOR - DPP-4 INHIBITOR COMBINATIONS*** - HORMONES.....	221
*SINUS NODE INHIBITORS** - DRUGS FOR THE HEART.....	221
*SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITOR-BIGUANIDE COMB*** - HORMONES.....	221
*SPLEEN TYROSINE KINASE (SYK) INHIBITORS*** - DRUGS FOR THE BLOOD.....	222
*STEROIDS - MOUTH/THROAT/DENTAL*** - DRUGS FOR THE MOUTH AND THROAT....	222
TETRACYCLINES - DRUGS FOR INFECTIONS.....	222
THYROID AGENTS - HORMONES.....	224
*TOPICAL ANESTHETIC GASES*** - DRUGS FOR THE SKIN.....	225
*TRYPTOPHAN HYDROXYLASE INHIBITORS*** - DRUGS FOR THE STOMACH.....	225
ULCER DRUGS - DRUGS FOR THE STOMACH.....	225
URINARY ANTI-INFECTIVES - DRUGS FOR THE URINARY SYSTEM.....	227
URINARY ANTISPASMODICS - DRUGS FOR THE URINARY SYSTEM.....	228
VAGINAL PRODUCTS - DRUGS FOR WOMEN.....	229
VASOPRESSORS - DRUGS FOR THE HEART.....	230
VITAMINS - DRUGS FOR NUTRITION.....	231

How to use this guide

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

Your plan includes

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

What you can expect to pay

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

Have more questions about your pharmacy benefits?

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

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

Specialty Pharmacy Network

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

How to get started with a specialty pharmacy

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

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

CVS Caremark Mail Service Pharmacy®

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

Get started right away

You can submit your order using one of these options:

- 1. Online** — Visit your secure member website and sign in to your account. There you can add or remove your prescriptions.
- 2. Phone** — Call us toll-free, 24/7 at **1-888-792-3862**. If you need the help of a telephone device for the 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፣ በመታወቂያዎች ላይ ያለውን ቁጥር ይደውሉ። (Amharic)

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

Անվճար լեզվախոս ծառայություններին օգտվելու համար զանգահարեք ձեր ինքնուրույան (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)

ᎠᎵᎦᏆᎠ ᏧᏃᏲᏅᏗ ᏆᏂᏏᏁᏃᏗ ᎠᎰ ᎠᎶᎯᏃᏗ ᎠᎴᎠᎵᏁᏃᏗ ᎠᎵᎦ, ᏉᎡᏆᏆᏇᏆᏆᏇ ᎠᎵᎦ ᎠᎵᏁᏃᏗ ᎠᎵᏆᏆᏆᏆ
O'OT ID ᎠᎵᎦᏆᏆ ᎠᎵᏆᏆᏆ. (Cherokee)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

လၢတၢ်ကၢမၤန့ၢ်တၢ်ဖၢၤတၢ်ဖၢၤတၢ်ဖၢၤတၢ်ဖၢၤတၢ်ဖၢၤတၢ်ဖၢၤတၢ်ဖၢၤတၢ်ဖၢၤတၢ်ဖၢၤတၢ်ဖၢၤတၢ်ဖၢၤတၢ်ဖၢၤတၢ်ဖၢၤတၢ်ဖၢၤ (ID)
အခးလိၤန့ၢ်တၢ်ကၢ (Karen)

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

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

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

ເພື່ອຂໍໃຊ້ການບໍລິການພາສາໂດຍບໍ່ເສຍຄ່າຕໍ່ກັບທ່ານ,
ໃຫ້ໂທຫາເບີໂທທີ່ບອກໄວ້ໃນບັດປະຈຳຕົວຂອງທ່ານ. (Laotian)

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

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

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

ដើម្បីទទួលបានសេវាកម្មភាសាដែលឥតគិតថ្លៃសម្រាប់លោកអ្នក សូមហៅទូរស័ព្ទទៅកាន់
លេខដែលមាននៅលើប័ណ្ណសម្គាល់ខ្លួនរបស់លោកអ្នក។ (Mon-Khmer, Cambodian)

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

Të kɔɔr yin wëër de thokic ke cïn wëu kɔr keek tənɔŋ yin. Ke 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)

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 Aetna Drug List may be subject to manufacturer rebates. Coinsurance is calculated before any rebates are subtracted. That means it may be possible for your cost of a preferred drug to be higher than your cost of a non-preferred drug. Louisiana members: depending on your specific plan and the prescription medication in question, you may in some instances be subject to an excess consumer cost burden for prescription drugs as defined by your state.

Health benefits and health insurance plans are offered, administered and/or underwritten by Aetna Health Inc., Aetna Health Insurance Company of New York, Aetna Health Insurance Company and/or Aetna Life Insurance Company (Aetna). In Florida, by Aetna Health Inc. and/or Aetna Life Insurance Company. In Maryland, by Aetna Health Inc., 151 Farmington Avenue, Hartford, CT 06156. Each insurer has sole financial responsibility for its own products. Aetna Pharmacy Management refers to an internal business unit of Aetna Health Management, LLC. 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.

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 may receive rebates from certain drug manufacturers. Generally, such rebates do not directly 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.

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

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

In accordance with state law, 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. Aetna and CVS Caremark Mail Service Pharmacy are part of the CVS Health family of companies.



[aetna.com](https://www.aetna.com)

2019 Aetna Commercial Plan (Self Insured)

Coverage Requirements and Limits

= 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

MPG = PG tier applies to members residing in Massachusetts.

MST = Step Therapy does not apply to members residing in Massachusetts.

N1 = Refer to member plan documents for Erectile Dysfunction use/coverage.

N2 = Drug tier when CE does not apply

NPL = (National Precertification List) – Prior authorization, also called preauthorization or precertification, is required for all plans. Your doctor must contact us to request approval for coverage.

PA = Prior Authorization

PPA = Prior Authorization does not apply to members residing in Pennsylvania.

QL = Quantity Limit

SP = 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 Tier

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

G = Generic

NPB = Non-Preferred Brand

NPSP = Non-Preferred Specialty

PB = Preferred Brand

PSP = Preferred Specialty

lowercase italics = Generic drugs

UPPERCASE = Brand name drugs

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*5-HT4 RECEPTOR AGONISTS*** - DRUGS FOR THE STOMACH		
MOTEGRITY ORAL TABLET 1 MG, 2 MG (<i>prucalopride succinate</i>)	NPB	PA; ST; QL (1 tablet per 1 day)
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - DRUGS FOR THE NERVOUS SYSTEM		
ADDERALL ORAL TABLET 10 MG, 12.5 MG, 15 MG, 20 MG, 30 MG, 5 MG, 7.5 MG (<i>amphetamine-dextroamphetamine</i>)	NPB	ST; QL (4 tablets per 1 day)
ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 5 MG (<i>amphetamine-dextroamphetamine</i>)	NPB	ST; QL (2 capsules per 1 day)
ADZENYS ER ORAL SUSPENSION EXTENDED RELEASE 1.25 MG/ML (<i>amphetamine</i>)	NPB	PA; ST; QL (15 ML per 1 Day)
ADZENYS XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE 12.5 MG, 15.7 MG, 18.8 MG, 3.1 MG, 6.3 MG, 9.4 MG (<i>amphetamine</i>)	NPB	PA; ST; QL (1 tablet per 1 Day)
<i>amphetamine sulfate oral tablet 10 mg, 5 mg</i>	G	PA; QL (4 tablets per 1 Day)
<i>amphetamine-dextroamphetamine oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>	G	QL (2 capsules per 1 day)
<i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	G	QL (4 tablets per 1 day)
APTENSIO XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG (<i>methylphenidate hcl</i>)	NPB	PA; ST; #; QL (1 capsule per 1 day)
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>	G	PA; QL (1 tablet per 1 Day)
<i>armodafinil oral tablet 50 mg</i>	G	PA; QL (2 tablets per 1 Day)
<i>atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg, 40 mg, 60 mg</i>	G	QL (2 capsules per 1 Day)
<i>atomoxetine hcl oral capsule 100 mg, 80 mg</i>	G	QL (1 capsule per 1 Day)
<i>caffeine citrate oral solution 20 mg/ml, 60 mg/3ml</i>	G	
<i>clonidine hcl er oral tablet extended release 12 hour 0.1 mg</i>	G	PA; QL (4 tablets per 1 day)
CONCERTA ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG, 54 MG (<i>methylphenidate hcl</i>)	NPB	ST; QL (2 tablets per 1 day)
CONCERTA ORAL TABLET EXTENDED RELEASE 36 MG (<i>methylphenidate hcl</i>)	NPB	ST; QL (4 tablets per 1 day)

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
COTEMPLA XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE 17.3 MG, 25.9 MG, 8.6 MG (<i>methylphenidate</i>)	NPB	PA; ST; QL (1 tablet per 1 Day)
DAYTRANA TRANSDERMAL PATCH 10 MG/9HR, 15 MG/9HR, 20 MG/9HR, 30 MG/9HR (<i>methylphenidate</i>)	NPB	PA; ST; #; QL (1 patch per 1 day)
DESOXYN ORAL TABLET 5 MG (<i>methamphetamine hcl</i>)	NPB	PA; ST; QL (4 tab per 1 Day)
DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 5 MG (<i>dextroamphetamine sulfate</i>)	NPB	ST; QL (3 caps per 1 Day)
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i>	G	QL (2 capsules per 1 day)
<i>dexmethylphenidate hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	G	QL (4 tablets per 1 day)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg</i>	G	QL (3 caps per 1 Day)
<i>dextroamphetamine sulfate oral solution 5 mg/5ml</i>	G	PA; QL (40 ml per 1 Day)
<i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i>	G	QL (4 tab per 1 Day)
DYANAVEL XR ORAL SUSPENSION EXTENDED RELEASE 2.5 MG/ML (<i>amphetamine</i>)	NPB	PA; ST; QL (240 ml per 30 Days)
EVEKEO ORAL TABLET 10 MG, 5 MG (<i>amphetamine sulfate</i>)	NPB	PA; ST; QL (120 tablets per 30 days)
FOCALIN ORAL TABLET 10 MG, 2.5 MG, 5 MG (<i>dexmethylphenidate hcl</i>)	NPB	ST; QL (4 tablets per 1 day)
FOCALIN XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG, 5 MG (<i>dexmethylphenidate hcl</i>)	NPB	ST; QL (2 capsules per 1 day)
<i>guanfacine hcl er oral tablet extended release 24 hour 1 mg</i>	G	PA; QL (1 tablet per 1 day)
<i>guanfacine hcl er oral tablet extended release 24 hour 2 mg, 3 mg, 4 mg</i>	G	PA; QL (1 tablet per 1 Day)
INTUNIV ORAL TABLET EXTENDED RELEASE 24 HOUR 1 MG, 2 MG, 3 MG, 4 MG (<i>guanfacine hcl</i>)	NPB	PA; ST; QL (1 tablet per 1 day)
JORNAY PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 20 MG, 40 MG, 60 MG, 80 MG (<i>methylphenidate hcl</i>)	NPB	ST; QL (1 capsule per 1 day)
KAPVAY ORAL TABLET EXTENDED RELEASE 12 HOUR 0.1 MG (<i>clonidine hcl</i>)	NPB	PA; ST; QL (4 tablets per 1 day)
<i>methylphenidate hcl er</i> (Metadate Er Oral Tablet Extended Release 20 Mg)	G	QL (3 tab per 1 Day)

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>methamphetamine hcl oral tablet 5 mg</i>	G	PA; QL (4 tablets per 1 Day)
METHYLIN ORAL SOLUTION 10 MG/5ML (<i>methylphenidate hcl</i>)	NPB	ST; QL (30 ml per 1 Day)
METHYLIN ORAL SOLUTION 5 MG/5ML (<i>methylphenidate hcl</i>)	NPB	ST; QL (60 ml per 1 Day)
<i>methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	G	QL (1 caps per 1 Day)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 60 mg</i>	G	QL (1 capsule per 1 Day)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 20 mg, 40 mg</i>	G	QL (1 caps per 1 Day)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 30 mg</i>	G	QL (2 caps per 1 Day)
<i>methylphenidate hcl er oral tablet extended release 10 mg</i>	G	QL (3 tablets per 1 Day)
<i>methylphenidate hcl er oral tablet extended release 18 mg, 27 mg, 54 mg</i>	G	QL (2 tablets per 1 day)
<i>methylphenidate hcl er oral tablet extended release 20 mg</i>	G	QL (3 tab per 1 Day)
<i>methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 54 mg</i>	G	QL (2 tablets per 1 day)
<i>methylphenidate hcl er oral tablet extended release 24 hour 36 mg</i>	G	QL (4 tablets per 1 day)
<i>methylphenidate hcl er oral tablet extended release 36 mg</i>	G	QL (4 tablets per 1 day)
<i>methylphenidate hcl er oral tablet extended release 72 mg</i>	G	QL (1 tablet per 1 Day)
<i>methylphenidate hcl oral solution 10 mg/5ml</i>	G	QL (30 ml per 1 Day)
<i>methylphenidate hcl oral solution 5 mg/5ml</i>	G	QL (60 ml per 1 Day)
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	G	QL (6 tablets per 1 day)
<i>methylphenidate hcl oral tablet chewable 10 mg, 2.5 mg, 5 mg</i>	G	QL (6 tablets per 1 day)
<i>modafinil oral tablet 100 mg, 200 mg</i>	G	PA; QL (2 tab per 1 Day)
MYDAYIS ORAL CAPSULE EXTENDED RELEASE 24 HOUR 12.5 MG, 25 MG, 37.5 MG, 50 MG (<i>amphetamine-dextroamphetamine</i>)	NPB	PA; ST; #; QL (1 capsule per 1 day)
NUVIGIL ORAL TABLET 150 MG, 250 MG (<i>armodafinil</i>)	NPB	PA; QL (1 tab per 1 Day)
NUVIGIL ORAL TABLET 200 MG (<i>armodafinil</i>)	NPB	PA; QL (1 tablet per 1 day)
NUVIGIL ORAL TABLET 50 MG (<i>armodafinil</i>)	NPB	PA; QL (2 tab per 1 Day)
PROCENTRA ORAL SOLUTION 5 MG/5ML (<i>dextroamphetamine sulfate</i>)	NPB	PA; ST; QL (40 ml per 1 Day)

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PROVIGIL ORAL TABLET 100 MG, 200 MG (<i>modafinil</i>)	NPB	PA; QL (2 tab per 1 day)
QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 20 MG, 40 MG (<i>methylphenidate hcl</i>)	NPB	PA; ST; QL (1 tablet per 1 Day)
QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 30 MG (<i>methylphenidate hcl</i>)	NPB	PA; ST; QL (2 tablets per 1 day)
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED 25 MG/5ML (<i>methylphenidate hcl</i>)	NPB	PA; ST; #; QL (12 ML per 1 day)
RELEXXII ORAL TABLET EXTENDED RELEASE 72 MG (<i>methylphenidate hcl</i>)	NPB	QL (1 tablet per 1 day)
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 40 MG (<i>methylphenidate hcl</i>)	NPB	ST; QL (1 caps per 1 Day)
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 30 MG (<i>methylphenidate hcl</i>)	NPB	ST; QL (2 caps per 1 Day)
RITALIN ORAL TABLET 10 MG, 20 MG, 5 MG (<i>methylphenidate hcl</i>)	NPB	ST; QL (6 tablets per 1 day)
STRATTERA ORAL CAPSULE 10 MG, 18 MG, 25 MG, 40 MG, 60 MG (<i>atomoxetine hcl</i>)	NPB	QL (2 capsules per 1 day)
STRATTERA ORAL CAPSULE 100 MG, 80 MG (<i>atomoxetine hcl</i>)	NPB	QL (1 capsule per 1 day)
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG (<i>lisdexamfetamine dimesylate</i>)	PB	QL (2 capsules per 1 day)
VYVANSE ORAL TABLET CHEWABLE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG (<i>lisdexamfetamine dimesylate</i>)	PB	QL (2 tablets per 1 Day)
<i>dextroamphetamine sulfate</i> (Zenedi Oral Tablet 10 Mg, 5 Mg)	G	QL (4 tablets per 1 day)
ZENZEDI ORAL TABLET 15 MG, 20 MG, 30 MG (<i>dextroamphetamine sulfate</i>)	NPB	ST; QL (4 tablets per 1 day)
ZENZEDI ORAL TABLET 2.5 MG, 7.5 MG (<i>dextroamphetamine sulfate</i>)	NPB	ST; QL (4 tablets per 1 Day)
*AGENTS FOR NARCOTIC WITHDRAWAL*** - DRUGS FOR ADDICTION		
LUCEMYRA ORAL TABLET 0.18 MG (<i>lofexidine hcl</i>)	NPB	QL (192 tablets per 3 courses in 1 years)
*AGENTS FOR OPIOID WITHDRAWAL*** - DRUGS FOR ADDICTION		
LUCEMYRA ORAL TABLET 0.18 MG (<i>lofexidine hcl</i>)	NPB	QL (192 tablets per 3 courses in 1 years)

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AMEBICIDES - DRUGS FOR INFECTIONS		
SOLOSEC ORAL PACKET 2 GM (<i>secnidazole</i>)	NPB	ST; QL (1 packet per 1 fill)
*AMINO ACIDS*** - DRUGS FOR NUTRITION		
ENDARI ORAL PACKET 5 GM (<i>glutamine (sickle cell)</i>)	NPB	PA; ST; QL (6 packets per 1 Day)
AMINOGLYCOSIDES - DRUGS FOR INFECTIONS		
ARIKAYCE INHALATION SUSPENSION 590 MG/8.4ML (<i>amikacin sulfate liposome</i>)	NPSP	PA; ST; SP
BETHKIS INHALATION NEBULIZATION SOLUTION 300 MG/4ML (<i>tobramycin</i>)	NPSP	SP
<i>neomycin sulfate oral tablet 500 mg</i>	G	
<i>paromomycin sulfate oral capsule 250 mg</i>	G	
TOBI INHALATION NEBULIZATION SOLUTION 300 MG/5ML (<i>tobramycin</i>)	NPSP	SP
TOBI PODHALER INHALATION CAPSULE 28 MG (<i>tobramycin</i>)	PSP	SP; QL (8 capsules per 1 day)
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	PSP	SP
*AMINOMETHYLCYCLINES*** - DRUGS FOR INFECTIONS		
NUZYRA ORAL TABLET 150 MG (<i>omadacycline tosylate</i>)	NPB	PA; QL (2 tablets per 1 day)
ANALGESICS - ANTI-INFLAMMATORY - DRUGS FOR PAIN AND FEVER		
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML (<i>tocilizumab</i>)	NPSP	PA; ST; NPL; SP; QL (4 pens per 1 month)
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML (<i>tocilizumab</i>)	NPSP	PA; ST; NPL; SP
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML (<i>tocilizumab</i>)	NPSP	PA; ST; NPL; SP
ANAPROX DS ORAL TABLET 550 MG (<i>naproxen sodium</i>)	NPB	ST
ARAVA ORAL TABLET 10 MG, 20 MG (<i>leflunomide</i>)	NPB	
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG (<i>rilonacept</i>)	NPSP	PA; SP
ARTHROTEC ORAL TABLET DELAYED RELEASE 50-0.2 MG, 75-0.2 MG (<i>diclofenac-misoprostol</i>)	NPB	
CELEBREX ORAL CAPSULE 100 MG, 400 MG, 50 MG (<i>celecoxib</i>)	NPB	QL (2 caps per 1 Day)
CELEBREX ORAL CAPSULE 200 MG (<i>celecoxib</i>)	NPB	QL (2 capsules per 1 day)

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	G	QL (2 capsules per 1 day)
DAYPRO ORAL TABLET 600 MG (<i>oxaprozin</i>)	NPB	
<i>diclofenac potassium oral tablet 50 mg</i>	G	
<i>diclofenac sodium er oral tablet extended release 24 hour 100 mg</i>	G	
<i>diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg</i>	G	
<i>diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg</i>	G	
DUEXIS ORAL TABLET 800-26.6 MG (<i>ibuprofen-famotidine</i>)	NPB	ST; QL (3 tab per 1 day)
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML (<i>etanercept</i>)	PSP	PA; ST; NPL; SP; QL (8 syringes per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML (<i>etanercept</i>)	PSP	PA; ST; NPL; SP; QL (8 syringes per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML (<i>etanercept</i>)	PSP	PA; ST; NPL; SP; QL (4 injections per 1 month)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML (<i>etanercept</i>)	PSP	PA; ST; NPL; SP; QL (4 injections per 1 month)
<i>etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg</i>	G	
<i>etodolac oral capsule 200 mg, 300 mg</i>	G	
<i>etodolac oral tablet 400 mg, 500 mg</i>	G	
FELDENE ORAL CAPSULE 10 MG, 20 MG (<i>piroxicam</i>)	NPB	
<i>fenoprofen calcium oral capsule 200 mg</i>	G	QL (16 capsules per 1 day)
<i>fenoprofen calcium oral capsule 400 mg</i>	G	
FENORTHO ORAL CAPSULE 200 MG (<i>fenoprofen calcium</i>)	NPB	ST; QL (16 capsules per 1 day)
<i>flurbiprofen oral tablet 100 mg, 50 mg</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 (<i>adalimumab</i>)	NPSP	PA; ST; NPL; SP
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab</i>)	NPSP	PA; ST; NPL; SP
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML (<i>adalimumab</i>)	NPSP	PA; ST; NPL; SP

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML (<i>adalimumab</i>)	NPSP	PA; ST; NPL; SP; QL (1 kit per 1 month)
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML (<i>adalimumab</i>)	NPSP	PA; ST; NPL; SP
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML (<i>adalimumab</i>)	NPSP	PA; ST; NPL; SP; QL (1 kit per 1 month)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 10 MG/0.2ML, 20 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab</i>)	NPSP	PA; ST; NPL; SP
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	G	
ILARIS SUBCUTANEOUS SOLUTION 150 MG/ML (<i>canakinumab</i>)	PSP	PA; NPL; SP
INDOCIN ORAL SUSPENSION 25 MG/5ML (<i>indomethacin</i>)	NPB	ST; QL (16 ml per 1 day)
INDOCIN RECTAL SUPPOSITORY 50 MG (<i>indomethacin</i>)	NPB	ST; QL (4 suppositories per 1 day)
<i>indomethacin er oral capsule extended release 75 mg</i>	G	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	G	QL (3 capsules per 1 day)
<i>ketoprofen er oral capsule extended release 24 hour 200 mg</i>	G	
<i>ketorolac tromethamine oral tablet 10 mg</i>	G	QL (20 tablets per 5 days)
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/1.14ML, 200 MG/1.14ML (<i>sarilumab</i>)	NPSP	PA; ST; NPL; SP; QL (2 injections per 1 month)
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/1.14ML, 200 MG/1.14ML (<i>sarilumab</i>)	NPSP	PA; ST; NPL; SP; QL (2 injections per 1 month)
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML (<i>anakinra</i>)	NPSP	PA; ST; NPL; SP
<i>leflunomide oral tablet 10 mg, 20 mg</i>	G	
<i>mefenamic acid oral capsule 250 mg</i>	G	QL (30 capsules per 7 days)
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	G	
MOBIC ORAL TABLET 15 MG, 7.5 MG (<i>meloxicam</i>)	NPB	ST
<i>nabumetone oral tablet 500 mg, 750 mg</i>	G	
NALFON ORAL CAPSULE 400 MG (<i>fenoprofen calcium</i>)	NPB	
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG, 750 MG (<i>naproxen sodium</i>)	NPB	ST

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NAPROSYN ORAL SUSPENSION 125 MG/5ML (<i>naproxen</i>)	NPB	
NAPROSYN ORAL TABLET 250 MG (<i>naproxen</i>)	NPB	
<i>naproxen dr oral tablet delayed release 375 mg, 500 mg</i>	G	
<i>naproxen oral suspension 125 mg/5ml</i>	G	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	G	
<i>naproxen sodium er oral tablet extended release 24 hour 375 mg, 500 mg</i>	G	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	G	
OLUMIANT ORAL TABLET 2 MG (<i>baricitinib</i>)	NPSP	PA; ST; NPL; SP; QL (1 tablet per 1 day)
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML (<i>abatacept</i>)	NPSP	PA; ST; NPL; SP; QL (4 syringes per 1 month)
ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED 250 MG (<i>abatacept</i>)	NPSP	PA; ST; NPL; SP
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML (<i>abatacept</i>)	NPSP	PA; ST; NPL; SP
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML, 87.5 MG/0.7ML (<i>abatacept</i>)	NPSP	PA; ST; NPL; SP; QL (4 syringes per 1 month)
OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML (<i>methotrexate (anti-rheumatic)</i>)	PSP	ST; SP
OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR 12.5 MG/0.4ML (<i>methotrexate (anti-rheumatic)</i>)	PSP	ST
<i>oxaprozin oral tablet 600 mg</i>	G	
<i>piroxicam oral capsule 10 mg, 20 mg</i>	G	
PONSTEL ORAL CAPSULE 250 MG (<i>mefenamic acid</i>)	NPB	QL (30 capsules per 7 days)
QMIIZ ODT ORAL TABLET DISPERSIBLE 15 MG, 7.5 MG (<i>meloxicam</i>)	NPB	ST; QL (1 tablet per 1 day)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML (<i>methotrexate (anti-rheumatic)</i>)	PSP	ST; SP
RIDAURA ORAL CAPSULE 3 MG (<i>auranofin</i>)	NPB	
SIMPONI ARIA INTRAVENOUS SOLUTION 50 MG/4ML (<i>golimumab</i>)	PSP	PA; ST; NPL; SP

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 50 MG/0.5ML (<i>golimumab</i>)	PSP	PA; ST; NPL; SP; QL (1 injection per 1 month)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML (<i>golimumab</i>)	PSP	PA; ST; NPL; SP; QL (1 injection per 1 month)
SPRIX NASAL SOLUTION 15.75 MG/SPRAY (<i>ketorolac tromethamine</i>)	NPB	ST; #; QL (5 days maximum per 1 fill)
<i>sulindac oral tablet 150 mg, 200 mg</i>	G	
TIVORBEX ORAL CAPSULE 20 MG, 40 MG (<i>indomethacin</i>)	NPB	PA; ST; QL (3 capsules per 1 day)
<i>tolmetin sodium oral capsule 400 mg</i>	G	
<i>tolmetin sodium oral tablet 200 mg</i>	G	
VIMOVO ORAL TABLET DELAYED RELEASE 375-20 MG, 500-20 MG (<i>naproxen-esomeprazole</i>)	NPB	ST; QL (2 tab per 1 Day)
VIVLODEX ORAL CAPSULE 10 MG, 5 MG (<i>meloxicam</i>)	NPB	PA; ST; #; QL (1 capsule per 1 Day)
XELJANZ ORAL TABLET 10 MG (<i>tofacitinib citrate</i>)	PSP	PA; ST; NPL; SP; QL (2 tablets per 1 day)
XELJANZ ORAL TABLET 5 MG (<i>tofacitinib citrate</i>)	PSP	PA; ST; NPL; SP; QL (60 tablets per 1 month)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG (<i>tofacitinib citrate</i>)	PSP	PA; ST; NPL; SP; QL (30 tablets per 1 month)
ZIPSOR ORAL CAPSULE 25 MG (<i>diclofenac potassium</i>)	NPB	
ZORVOLEX ORAL CAPSULE 18 MG, 35 MG (<i>diclofenac</i>)	NPB	PA; ST; QL (3 capsules per 1 day)
ANALGESICS - NONNARCOTIC - DRUGS FOR PAIN AND FEVER		
ALLZITAL ORAL TABLET 25-325 MG (<i>butalbital-acetaminophen</i>)	NPB	ST
<i>aspirin oral tablet 325 mg</i>	CE	
<i>aspirin oral tablet chewable 81 mg</i>	CE	N2 (Not Covered); AL
<i>aspirin oral tablet delayed release 325 mg</i>	CE	
<i>aspirin oral tablet delayed release 81 mg</i>	CE	N2 (Not Covered); AL
<i>butalbital-acetaminophen (Bupap Oral Tablet 50-300 Mg)</i>	NPB	
<i>butalbital-acetaminophen oral capsule 50-300 mg</i>	G	
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	G	
<i>butalbital-apap-caffeine oral capsule 50-300-40 mg, 50-325-40 mg</i>	G	

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	G	
<i>butalbital-asa-caffeine oral capsule 50-325-40 mg</i>	G	
<i>choline-mag trisalicylate oral liquid 500 mg/5ml</i>	G	
<i>diflunisal oral tablet 500 mg</i>	G	
<i>duraxin oral capsule 300-200-20 mg</i>	NPB	
ESGIC ORAL TABLET 50-325-40 MG (<i>butalbital-apap-caffeine</i>)	NPB	
FIORICET ORAL CAPSULE 50-300-40 MG (<i>butalbital-apap-caffeine</i>)	NPB	
FIORINAL ORAL CAPSULE 50-325-40 MG (<i>butalbital-aspirin-caffeine</i>)	NPB	
MINIPRIN LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG (<i>aspirin</i>)	CE	N2 (Not Covered); AL
PRIALT INTRATHECAL SOLUTION 100 MCG/ML, 500 MCG/20ML, 500 MCG/5ML (<i>ziconotide acetate</i>)	NPSP	SP
<i>salsalate oral tablet 500 mg</i>	G	
ST JOSEPH ASPIRIN ORAL TABLET DELAYED RELEASE 81 MG (<i>aspirin</i>)	CE	N2 (Not Covered); AL
TENCON ORAL TABLET 50-325 MG (<i>butalbital-acetaminophen</i>)	NPB	
VANATOL LQ ORAL SOLUTION 50-325-40 MG/15ML (<i>butalbital-apap-caffeine</i>)	NPB	ST; QL (90 ml per 1 day)
<i>butalbital-apap-caffeine (Zebutal Oral Capsule 50-325-40 Mg)</i>	G	
ANALGESICS - OPIOID - DRUGS FOR PAIN AND FEVER		
ABSTRAL SUBLINGUAL TABLET SUBLINGUAL 100 MCG, 200 MCG, 300 MCG, 400 MCG, 600 MCG, 800 MCG (<i>fentanyl citrate</i>)	NPB	PA; ST; #; QL (120 tablets per 30 days)
<i>acetaminophen-codeine #2 oral tablet 300-15 mg</i>	G	PA; QL (13 tablets per 1 day)
<i>acetaminophen-codeine #3 oral tablet 300-30 mg</i>	G	PA; QL (12 tablets per 1 day)
<i>acetaminophen-codeine #4 oral tablet 300-60 mg</i>	G	PA; QL (10 tablets per 1 day)
<i>acetaminophen-codeine oral solution 120-12 mg/5ml</i>	G	PA; QL (150 MLS per 1 day)
<i>acetaminophen-codeine oral tablet 300-15 mg</i>	G	PA; QL (13 tablets per 1 day)

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	G	PA; QL (10 tablets per 1 day)
ACTIQ BUCCAL LOZENGE ON A HANDLE 1200 MCG, 1600 MCG, 400 MCG, 600 MCG, 800 MCG (<i>fentanyl citrate</i>)	NPB	PA; ST; QL (120 lozenges per 30 days)
ACTIQ BUCCAL LOZENGE ON A HANDLE 200 MCG (<i>fentanyl citrate</i>)	NPB	PA; QL (120 lozenges per 30 Days)
APADAZ ORAL TABLET 4.08-325 MG, 6.12-325 MG, 8.16-325 MG (<i>benzhydrocodone-acetaminophen</i>)	NPB	PA; ST; QL (12 tablets daily per 7 days)
<i>apap-caff-dihydrocodeine oral capsule 320.5-30-16 mg</i>	G	PA; QL (10 capsules per 1 day)
ARYMO ER ORAL TABLET EXTENDED RELEASE ABUSE-DETERRENT 15 MG, 30 MG (<i>morphine sulfate</i>)	NPB	PA; ST; MPG; QL (3 tablets per 1 day)
ARYMO ER ORAL TABLET EXTENDED RELEASE ABUSE-DETERRENT 60 MG (<i>morphine sulfate</i>)	NPB	PA; ST; MPG; QL (2 tablets per 1 day)
<i>butalbital-asa-caff-codeine</i> (Ascomp-Codeine Oral Capsule 50-325-40-30 Mg)	G	PA; QL (6 capsules per 1 day)
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG (<i>buprenorphine hcl</i>)	NPB	PA; QL (2 films per 1 day)
<i>benzhydrocodone-acetaminophen oral tablet 4.08-325 mg, 6.12-325 mg, 8.16-325 mg</i>	G	PA; QL (12 tablets daily per 7 days)
BUNAVAIL BUCCAL FILM 2.1-0.3 MG (<i>buprenorphine hcl-naloxone hcl</i>)	NPB	ST; MST; QL (6 films per 1 day)
BUNAVAIL BUCCAL FILM 4.2-0.7 MG (<i>buprenorphine hcl-naloxone hcl</i>)	NPB	ST; MST; QL (3 films per 1 day)
BUNAVAIL BUCCAL FILM 6.3-1 MG (<i>buprenorphine hcl-naloxone hcl</i>)	NPB	ST; MST; QL (2 films per 1 day)
<i>buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg</i>	G	QL (3 tablets per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg</i>	G	QL (3 films per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg</i>	G	QL (90 tab per 30 Days)
<i>buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr, 20 mcg/hr, 5 mcg/hr, 7.5 mcg/hr</i>	G	PA; QL (4 patches per 28 Days)
<i>butalbital-apap-caff-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg</i>	G	PA; QL (6 capsules per 1 day)
<i>butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg</i>	G	PA; QL (6 capsules per 1 day)

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>butorphanol tartrate nasal solution 10 mg/ml</i>	G	PA; QL (2 bottles per 30 days)
BUTRANS TRANSDERMAL PATCH WEEKLY 10 MCG/HR, 15 MCG/HR, 20 MCG/HR, 5 MCG/HR, 7.5 MCG/HR (<i>buprenorphine</i>)	NPB	PA; QL (4 patches per 28 days)
<i>codeine sulfate oral tablet 30 mg</i>	G	PA; QL (12 tablets per 1 day)
<i>codeine sulfate oral tablet 60 mg</i>	G	PA; QL (6 tablets per 1 day)
CONZIP ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG (<i>tramadol hcl</i>)	NPB	PA; QL (1 capsule per 1 day)
DILAUDID ORAL LIQUID 1 MG/ML (<i>hydromorphone hcl</i>)	NPB	PA; QL (22 MLS per 1 day)
DILAUDID ORAL TABLET 2 MG (<i>hydromorphone hcl</i>)	NPB	PA; QL (11 tablets per 1 day)
DILAUDID ORAL TABLET 4 MG (<i>hydromorphone hcl</i>)	NPB	PA; QL (5 tablets per 1 day)
DILAUDID ORAL TABLET 8 MG (<i>hydromorphone hcl</i>)	NPB	PA; QL (2 tablets per 1 day)
DOLOPHINE ORAL TABLET 10 MG (<i>methadone hcl</i>)	NPB	PA; PPA; QL (3 tablets per 1 day)
DOLOPHINE ORAL TABLET 5 MG (<i>methadone hcl</i>)	NPB	PA; PPA; QL (6 tablets per 1 day)
DURAGESIC-100 TRANSDERMAL PATCH 72 HOUR 100 MCG/HR (<i>fentanyl</i>)	NPB	PA; ST; QL (10 patches per 30 days)
DURAGESIC-12 TRANSDERMAL PATCH 72 HOUR 12 MCG/HR (<i>fentanyl</i>)	NPB	PA; ST; QL (10 patches per 30 days)
DURAGESIC-25 TRANSDERMAL PATCH 72 HOUR 25 MCG/HR (<i>fentanyl</i>)	NPB	PA; ST; QL (10 patches per 30 days)
DURAGESIC-50 TRANSDERMAL PATCH 72 HOUR 50 MCG/HR (<i>fentanyl</i>)	NPB	PA; ST; QL (10 patches per 30 days)
DURAGESIC-75 TRANSDERMAL PATCH 72 HOUR 75 MCG/HR (<i>fentanyl</i>)	NPB	PA; ST; QL (10 patches per 30 days)
EMBEDA ORAL CAPSULE EXTENDED RELEASE 100-4 MG (<i>morphine-naltrexone</i>)	PB	PA; QL (1 capsule per 1 day)
EMBEDA ORAL CAPSULE EXTENDED RELEASE 20-0.8 MG, 30-1.2 MG (<i>morphine-naltrexone</i>)	PB	PA; MPG; QL (2 capsules per 1 day)
EMBEDA ORAL CAPSULE EXTENDED RELEASE 50-2 MG, 60-2.4 MG, 80-3.2 MG (<i>morphine-naltrexone</i>)	PB	PA; MPG; QL (1 capsule per 1 day)
<i>oxycodone-acetaminophen</i> (Endocet Oral Tablet 10-325 Mg)	G	PA; QL (6 tablets per 1 day)
<i>oxycodone-acetaminophen</i> (Endocet Oral Tablet 2.5-325 Mg)	G	PA; QL (12 tablets per 1 day)

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>oxycodone-acetaminophen</i> (Endocet Oral Tablet 5-325 Mg)	G	PA; QL (12 tablets per 1 day)
<i>oxycodone-acetaminophen</i> (Endocet Oral Tablet 7.5-325 Mg)	G	PA; QL (8 tablets per 1 day)
<i>fentanyl citrate buccal lozenge on a handle</i> 1200 mcg, 1600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg	G	PA; ST; QL (120 lozenges per 30 days)
<i>fentanyl transdermal patch 72 hour</i> 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hr, 50 mcg/hr, 62.5 mcg/hr, 75 mcg/hr, 87.5 mcg/hr	G	PA; QL (10 patches per 30 days)
FENTORA BUCCAL TABLET 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG (<i>fentanyl citrate</i>)	NPB	PA; ST; #; QL (120 tablets per 30 days)
FIORICET/CODEINE ORAL CAPSULE 50-300-40-30 MG (<i>butalbital-apap-caff-cod</i>)	NPB	PA; QL (6 capsules per 1 day)
FIORINAL/CODEINE #3 ORAL CAPSULE 50-325-40-30 MG (<i>butalbital-asa-caff-codeine</i>)	NPB	PA; QL (6 capsules per 1 day)
<i>hydrocodone-acetaminophen oral solution</i> 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml	G	PA; QL (180 MLS per 1 day)
<i>hydrocodone-acetaminophen oral tablet</i> 10-300 mg, 10-325 mg	G	PA; QL (9 tablets per 1 day)
<i>hydrocodone-acetaminophen oral tablet</i> 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg	G	PA; QL (12 tablets per 1 day)
<i>hydrocodone-ibuprofen oral tablet</i> 10-200 mg, 5-200 mg, 7.5-200 mg	G	PA; QL (5 tablets per 1 day)
<i>hydromorphone hcl er oral tablet er 24 hour abuse-deterrent</i> 12 mg, 16 mg, 32 mg, 8 mg	G	PA; QL (1 tablet per 1 day)
<i>hydromorphone hcl oral liquid</i> 1 mg/ml	G	PA; QL (22 MLS per 1 day)
<i>hydromorphone hcl oral tablet</i> 2 mg	G	PA; QL (11 tablets per 1 day)
<i>hydromorphone hcl oral tablet</i> 4 mg	G	PA; QL (5 tablets per 1 day)
<i>hydromorphone hcl oral tablet</i> 8 mg	G	PA; QL (2 tablets per 1 day)
<i>hydromorphone hcl rectal suppository</i> 3 mg	G	PA; QL (4 suppositories per 1 day)
HYSINGLA ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT 100 MG, 120 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG (<i>hydrocodone bitartrate</i>)	PB	PA; #; QL (1 tablet per 1 day)
IBUDONE ORAL TABLET 10-200 MG (<i>hydrocodone-ibuprofen</i>)	NPB	PA; QL (5 tablets per 1 day)
KADIAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 100 MG, 20 MG, 200 MG, 30 MG, 40 MG, 50 MG, 60 MG, 80 MG (<i>morphine sulfate</i>)	NPB	PA; ST; QL (1 capsule per 1 day)

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LAZANDA NASAL SOLUTION 100 MCG/ACT, 400 MCG/ACT (<i>fentanyl citrate</i>)	NPB	PA; ST; QL (4 bottle per 30 Days)
LAZANDA NASAL SOLUTION 300 MCG/ACT (<i>fentanyl citrate</i>)	NPB	PA; ST; QL (4 bottles per 30 Days)
<i>levorphanol tartrate oral tablet 2 mg, 3 mg</i>	G	PA; QL (4 tablets per 1 day)
<i>hydrocodone-acetaminophen (Lorcet Hd Oral Tablet 10-325 Mg)</i>	G	PA; QL (9 tablets per 1 day)
<i>hydrocodone-acetaminophen (Lorcet Oral Tablet 5-325 Mg)</i>	G	PA; QL (12 tablets per 1 day)
<i>hydrocodone-acetaminophen (Lorcet Plus Oral Tablet 7.5-325 Mg)</i>	G	PA; QL (12 tablets per 1 day)
LORTAB ORAL ELIXIR 10-300 MG/15ML (<i>hydrocodone-acetaminophen</i>)	NPB	PA; QL (135 MLS per 1 day)
<i>meperidine hcl oral solution 50 mg/5ml</i>	G	PA; QL (90 MLS per 1 day)
<i>meperidine hcl oral tablet 100 mg</i>	G	PA; QL (9 tablets per 1 day)
<i>meperidine hcl oral tablet 50 mg</i>	G	PA; QL (18 tablets per 1 day)
<i>methadone hcl (Methadone Hcl Intensol Oral Concentrate 10 Mg/ML)</i>	G	PA; PPA; QL (3 MLS per 1 day)
<i>methadone hcl oral concentrate 10 mg/ml</i>	G	PA; PPA; QL (3 MLS per 1 day)
<i>methadone hcl oral solution 10 mg/5ml</i>	G	PA; PPA; QL (15 MLS per 1 day)
<i>methadone hcl oral solution 5 mg/5ml</i>	G	PA; PPA; QL (30 MLS per 1 day)
<i>methadone hcl oral tablet 10 mg</i>	G	PA; PPA; QL (3 tablets per 1 day)
<i>methadone hcl oral tablet 5 mg</i>	G	PA; PPA; QL (6 tablets per 1 day)
METHADOSE ORAL CONCENTRATE 10 MG/ML (<i>methadone hcl</i>)	NPB	PA; PPA; QL (3 MLS per 1 day)
METHADOSE SUGAR-FREE ORAL CONCENTRATE 10 MG/ML (<i>methadone hcl</i>)	NPB	PA; PPA; QL (3 MLS per 1 day)
MORPHABOND ER ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 100 MG, 15 MG, 30 MG, 60 MG (<i>morphine sulfate</i>)	NPB	PA; ST; MPG; QL (3 tablets per 1 day)
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>	G	PA; QL (4.5 MLS per 1 day)

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>morphine sulfate (concentrate) oral solution 20 mg/ml</i>	G	PA; QL (90 MME per 1 day)
<i>morphine sulfate er beads oral capsule extended release 24 hour 120 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i>	G	PA; QL (1 capsule per 1 day)
<i>morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 80 mg</i>	G	PA; QL (1 capsule per 1 day)
<i>morphine sulfate er oral tablet extended release 100 mg, 200 mg, 60 mg</i>	G	PA; QL (2 tablets per 1 day)
<i>morphine sulfate er oral tablet extended release 15 mg, 30 mg</i>	G	PA; QL (3 tablets per 1 day)
<i>morphine sulfate oral solution 10 mg/5ml</i>	G	PA; QL (45 MLS per 1 day)
<i>morphine sulfate oral solution 20 mg/5ml</i>	G	PA; QL (22.5 MLS per 1 day)
<i>morphine sulfate oral tablet 15 mg</i>	G	PA; QL (6 tablets per 1 day)
<i>morphine sulfate oral tablet 30 mg</i>	G	PA; QL (3 tablets per 1 day)
<i>morphine sulfate rectal suppository 10 mg, 5 mg</i>	G	PA; QL (6 suppositories per 1 day)
<i>morphine sulfate rectal suppository 20 mg</i>	G	PA; QL (4 suppositories per 1 day)
<i>morphine sulfate rectal suppository 30 mg</i>	G	PA; QL (3 suppositories per 1 day)
MS CONTIN ORAL TABLET EXTENDED RELEASE 100 MG, 200 MG, 60 MG (<i>morphine sulfate</i>)	NPB	PA; ST; QL (2 tablets per 1 day)
MS CONTIN ORAL TABLET EXTENDED RELEASE 15 MG, 30 MG (<i>morphine sulfate</i>)	NPB	PA; ST; QL (3 tablets per 1 day)
<i>nalocet oral tablet 2.5-300 mg</i>	NPB	PA; ST; QL (12 tablets per 1 Day)
NORCO ORAL TABLET 10-325 MG (<i>hydrocodone-acetaminophen</i>)	NPB	PA; QL (9 tablets per 1 day)
NORCO ORAL TABLET 5-325 MG, 7.5-325 MG (<i>hydrocodone-acetaminophen</i>)	NPB	PA; QL (12 tablets per 1 day)
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG (<i>tapentadol hcl</i>)	PB	PA; QL (2 tablets per 1 day)
NUCYNTA ORAL TABLET 100 MG (<i>tapentadol hcl</i>)	PB	PA; QL (2 tablets per 1 day)
NUCYNTA ORAL TABLET 50 MG (<i>tapentadol hcl</i>)	PB	PA; QL (4 tablets per 1 day)
NUCYNTA ORAL TABLET 75 MG (<i>tapentadol hcl</i>)	PB	PA; QL (3 tablets per 1 day)
OPANA ORAL TABLET 10 MG (<i>oxymorphone hcl</i>)	NPB	PA; QL (3 tablets per 1 day)

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OPANA ORAL TABLET 5 MG (<i>oxymorphone hcl</i>)	NPB	PA; QL (6 tablets per 1 day)
OXAYDO ORAL TABLET ABUSE-DETERRENT 5 MG (<i>oxycodone hcl</i>)	PB	PA; MPG; QL (6 tablets per 1 day)
OXAYDO ORAL TABLET ABUSE-DETERRENT 7.5 MG (<i>oxycodone hcl</i>)	PB	PA; MPG; QL (8 tablets per 1 day)
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent 10 mg, 20 mg, 40 mg, 80 mg</i>	G	PA; QL (2 tablets per 1 day)
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent 15 mg, 30 mg, 60 mg</i>	NPB	PA; QL (2 tablets per 1 day)
<i>oxycodone hcl oral capsule 5 mg</i>	G	PA; QL (6 capsules per 1 day)
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>	G	PA; QL (3 MLS per 1 day)
<i>oxycodone hcl oral solution 5 mg/5ml</i>	G	PA; QL (60 MLS per 1 day)
<i>oxycodone hcl oral tablet 10 mg, 5 mg</i>	G	PA; QL (6 tablets per 1 day)
<i>oxycodone hcl oral tablet 15 mg</i>	G	PA; QL (4 tablets per 1 day)
<i>oxycodone hcl oral tablet 20 mg</i>	G	PA; QL (3 tablets per 1 day)
<i>oxycodone hcl oral tablet 30 mg</i>	G	PA; QL (2 tablets per 1 day)
<i>oxycodone-acetaminophen oral tablet 10-325 mg</i>	G	PA; QL (6 tablets per 1 day)
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</i>	G	PA; QL (12 tablets per 1 day)
<i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i>	G	PA; QL (8 tablets per 1 day)
<i>oxycodone-aspirin oral tablet 4.8355-325 mg</i>	G	PA; QL (12 tablets per 1 day)
<i>oxycodone-ibuprofen oral tablet 5-400 mg</i>	G	PA; QL (12 tablets per 1 day)
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG (<i>oxycodone hcl</i>)	PB	PA; QL (2 tablets per 1 day)
<i>oxymorphone hcl er oral tablet extended release 12 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg</i>	G	PA; QL (2 tablets per 1 day)
<i>oxymorphone hcl oral tablet 10 mg</i>	G	PA; QL (3 tablets per 1 day)
<i>oxymorphone hcl oral tablet 5 mg</i>	G	PA; QL (6 tablets per 1 day)
<i>pentazocine-naloxone hcl oral tablet 50-0.5 mg</i>	G	PA; QL (5 tablets per 1 day)
PERCOCET ORAL TABLET 10-325 MG (<i>oxycodone-acetaminophen</i>)	NPB	PA; QL (6 tablets per 1 day)
PERCOCET ORAL TABLET 2.5-325 MG, 5-325 MG (<i>oxycodone-acetaminophen</i>)	NPB	PA; QL (12 tablets per 1 day)

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PERCOCET ORAL TABLET 7.5-325 MG (<i>oxycodone-acetaminophen</i>)	NPB	PA; QL (8 tablets per 1 day)
PRIMLEV ORAL TABLET 10-300 MG (<i>oxycodone-acetaminophen</i>)	NPB	PA; ST; QL (6 tablets per 1 day)
PRIMLEV ORAL TABLET 5-300 MG (<i>oxycodone-acetaminophen</i>)	NPB	PA; ST; QL (12 tablets per 1 day)
PRIMLEV ORAL TABLET 7.5-300 MG (<i>oxycodone-acetaminophen</i>)	NPB	PA; ST; QL (8 tablets per 1 day)
PROBUPHINE IMPLANT KIT SUBCUTANEOUS IMPLANT 74.2 MG (<i>buprenorphine hcl</i>)	NPB	
ROXICODONE ORAL TABLET 15 MG (<i>oxycodone hcl</i>)	NPB	PA; QL (4 tablets per 1 day)
ROXICODONE ORAL TABLET 30 MG (<i>oxycodone hcl</i>)	NPB	PA; QL (2 tablets per 1 day)
ROXICODONE ORAL TABLET 5 MG (<i>oxycodone hcl</i>)	NPB	PA; QL (6 tablets per 1 day)
ROXYBOND ORAL TABLET ABUSE-DETERRENT 15 MG (<i>oxycodone hcl</i>)	NPB	PA; ST; MPG; QL (4 tablets per 1 day over 7 days)
ROXYBOND ORAL TABLET ABUSE-DETERRENT 30 MG (<i>oxycodone hcl</i>)	NPB	PA; ST; MPG; QL (2 tablets per 1 day over 7 days)
ROXYBOND ORAL TABLET ABUSE-DETERRENT 5 MG (<i>oxycodone hcl</i>)	NPB	PA; ST; MPG; QL (6 tablets per 1 day over 7 days)
SUBOXONE SUBLINGUAL FILM 12-3 MG, 2-0.5 MG, 4-1 MG, 8-2 MG (<i>buprenorphine hcl-naloxone hcl</i>)	NPB	#; QL (3 films per 1 day)
SUBSYS SUBLINGUAL LIQUID 100 MCG, 1200 (600 X 2) MCG, 1600 (800 X 2) MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG (<i>fentanyl</i>)	NPB	PA; ST; QL (120 sprays per 30 days)
<i>tramadol hcl er (biphasic) oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg</i>	G	PA; QL (1 tablet per 1 day)
<i>tramadol hcl er oral capsule extended release 24 hour 100 mg, 150 mg, 200 mg, 300 mg</i>	G	PA; QL (1 capsule per 1 day)
<i>tramadol hcl er oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg</i>	G	PA; QL (1 tablet per 1 day)
<i>tramadol hcl oral tablet 50 mg</i>	G	PA; QL (8 tablets per 1 day)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	G	PA; QL (8 tablets per 1 day)
TREZIX ORAL CAPSULE 320.5-30-16 MG (<i>apap-caff-dihydrocodeine</i>)	NPB	PA; QL (10 capsules per 1 day)
TYLENOL WITH CODEINE #3 ORAL TABLET 300-30 MG (<i>acetaminophen-codeine</i>)	NPB	PA; QL (12 tablets per 1 day)
TYLENOL WITH CODEINE #4 ORAL TABLET 300-60 MG (<i>acetaminophen-codeine</i>)	NPB	PA; QL (10 tablets per 1 day)

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ULTRACET ORAL TABLET 37.5-325 MG (<i>tramadol-acetaminophen</i>)	NPB	PA; QL (8 tablets per 1 day)
ULTRAM ORAL TABLET 50 MG (<i>tramadol hcl</i>)	NPB	PA; QL (8 tablets per 1 day)
<i>hydrocodone-acetaminophen</i> (Vicodin Es Oral Tablet 7.5-300 Mg)	G	PA; QL (12 tablets per 1 day)
<i>hydrocodone-acetaminophen</i> (Vicodin Hp Oral Tablet 10-300 Mg)	G	PA; QL (9 tablets per 1 day)
<i>hydrocodone-acetaminophen</i> (Vicodin Oral Tablet 5-300 Mg)	G	PA; QL (12 tablets per 1 day)
XODOL ORAL TABLET 5-300 MG, 7.5-300 MG (<i>hydrocodone-acetaminophen</i>)	NPB	PA; QL (12 tablets per 1 day)
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 13.5 MG, 18 MG, 27 MG, 36 MG, 9 MG (<i>oxycodone</i>)	NPB	PA; ST; QL (2 tablets per 1 day)
ZOXYDOL ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG (<i>hydrocodone bitartrate</i>)	NPB	PA; ST; #; QL (2 tablets per 1 day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG (<i>buprenorphine hcl-naloxone hcl</i>)	NPB	ST; MST; #; QL (90 tablets per 30 days)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 1.4-0.36 MG, 5.7-1.4 MG (<i>buprenorphine hcl-naloxone hcl</i>)	NPB	ST; MST; #; QL (90 tab per 30 Days)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 11.4-2.9 MG (<i>buprenorphine hcl-naloxone hcl</i>)	NPB	ST; MST; #; QL (1 tablet per 1 day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 2.9-0.71 MG (<i>buprenorphine hcl-naloxone hcl</i>)	NPB	ST; MST; #; QL (3 tablets per 1 day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 8.6-2.1 MG (<i>buprenorphine hcl-naloxone hcl</i>)	NPB	ST; MST; #; QL (2 tablets per 1 day)
ANDROGENS-ANABOLIC - HORMONES		
ANADROL-50 ORAL TABLET 50 MG (<i>oxymetholone</i>)	NPB	
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24HR, 4 MG/24HR (<i>testosterone</i>)	NPB	PA; ST; QL (1 patch per 1 day)
ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%) (<i>testosterone</i>)	NPB	PA; ST; QL (5 grams per 1 day)
ANDROGEL TRANSDERMAL GEL 20.25 MG/1.25GM (1.62%), 40.5 MG/2.5GM (1.62%) (<i>testosterone</i>)	NPB	PA; ST; QL (5 grams per 1 day)
ANDROGEL TRANSDERMAL GEL 25 MG/2.5GM (1%) (<i>testosterone</i>)	NPB	PA; ST; QL (2.5 grams per 1 day)

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANDROGEL TRANSDERMAL GEL 50 MG/5GM (1%) (<i>testosterone</i>)	NPB	PA; ST; QL (10 grams per 1 day)
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	G	
FORTESTA TRANSDERMAL GEL 10 MG/ACT (2%) (<i>testosterone</i>)	NPB	PA; ST; QL (4 grams per 1 day)
<i>methitest oral tablet 10 mg</i>	NPB	
<i>methyltestosterone oral capsule 10 mg</i>	G	
NATESTO NASAL GEL 5.5 MG/ACT (<i>testosterone</i>)	NPB	PA; ST; QL (3 pumps per 30 days)
<i>oxandrolone oral tablet 10 mg, 2.5 mg</i>	G	
STRIANT BUCCAL 30 MG (<i>testosterone</i>)	NPB	PA; ST; #; QL (2 buccals per 1 day)
TESTIM TRANSDERMAL GEL 50 MG/5GM (1%) (<i>testosterone</i>)	NPB	PA; ST; QL (10 grams per 1 day)
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i>	G	
<i>testosterone enanthate intramuscular solution 200 mg/ml</i>	G	
<i>testosterone transdermal gel 10 mg/lact (2%)</i>	G	PA; QL (4 grams per 1 day)
<i>testosterone transdermal gel 12.5 mg/lact (1%), 50 mg/5gm (1%)</i>	G	PA; QL (10 grams per 1 day)
<i>testosterone transdermal gel 20.25 mg/1.25gm (1.62%), 20.25 mg/lact (1.62%), 40.5 mg/2.5gm (1.62%)</i>	G	PA; QL (5 grams per 1 day)
<i>testosterone transdermal gel 25 mg/2.5gm (1%)</i>	G	PA; QL (2.5 grams per 1 day)
<i>testosterone transdermal solution 30 mg/lact</i>	G	PA; QL (6 milliliters per 1 Day)
VOGELXO PUMP TRANSDERMAL GEL 12.5 MG/ACT (1%) (<i>testosterone</i>)	NPB	PA; ST; QL (10 grams per 1 day)
VOGELXO TRANSDERMAL GEL 50 MG/5GM (1%) (<i>testosterone</i>)	NPB	PA; ST; QL (10 grams per 1 day)
XYOSTED SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/0.5ML, 50 MG/0.5ML, 75 MG/0.5ML (<i>testosterone enanthate</i>)	NPB	PA; ST; QL (4 injections per 1 month)
ANORECTAL AGENTS - RECTAL PREPARATIONS		
ANUSOL-HC RECTAL CREAM 2.5 % (<i>hydrocortisone</i>)	NPB	
<i>hydrocortisone (Colocort Rectal Enema 100 Mg/60Ml)</i>	G	

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CORTENEMA RECTAL ENEMA 100 MG/60ML (hydrocortisone)	NPB	
CORTIFOAM RECTAL FOAM 10 % (hydrocortisone acetate)	NPB	ST; QL (30 gm per 30 days)
hydrocortisone ace-pramoxine rectal cream 1-1 %	G	
hydrocortisone rectal enema 100 mg/60ml	G	
pramcort rectal cream 1-1 %	G	
PROCTOCARE-HC RECTAL CREAM 2.5 % (hydrocortisone)	G	
PROCTOCORT RECTAL CREAM 1 % (hydrocortisone)	NPB	ST
PROCTOFOAM HC RECTAL FOAM 1-1 % (hydrocortisone ace-pramoxine)	NPB	ST; QL (20 gm per 30 days)
hydrocortisone (Procto-Pak Rectal Cream 1 %)	G	
hydrocortisone (Proctosol Hc Rectal Cream 2.5 %)	G	
PROCTOZONE-HC RECTAL CREAM 2.5 % (hydrocortisone)	G	
RECTIV RECTAL OINTMENT 0.4 % (nitroglycerin)	NPB	
UCERIS RECTAL FOAM 2 MG/ACT (budesonide)	NPB	PA; #; QL (4 canisters per 1 month)
ANTHELMINTICS - DRUGS FOR INFECTIONS		
albendazole oral tablet 200 mg	G	QL (4 tablets per 1 Day)
ALBENZA ORAL TABLET 200 MG (albendazole)	NPB	QL (120 tablets per 30 days)
benznidazole oral tablet 100 mg	NPB	PA; QL (2 tablets per 1 Day)
benznidazole oral tablet 12.5 mg	NPB	PA; QL (6 tablets per 1 Day)
BILTRICIDE ORAL TABLET 600 MG (praziquantel)	NPB	
EMVERM ORAL TABLET CHEWABLE 100 MG (mebendazole)	G	QL (6 tablets per 3 days)
ivermectin oral tablet 3 mg	G	
praziquantel oral tablet 600 mg	G	
STROMEKTOL ORAL TABLET 3 MG (ivermectin)	NPB	
ANTIANGINAL AGENTS - DRUGS FOR THE HEART		
DILATRATE-SR ORAL CAPSULE EXTENDED RELEASE 40 MG (isosorbide dinitrate)	NPB	

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GONITRO SUBLINGUAL PACKET 400 MCG (<i>nitroglycerin</i>)	NPB	
ISORDIL TITRADOSE ORAL TABLET 40 MG, 5 MG (<i>isosorbide dinitrate</i>)	NPB	
<i>isosorbide dinitrate er oral tablet extended release 40 mg</i>	G	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 5 mg</i>	G	
<i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg</i>	G	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	G	
<i>nitroglycerin (Minitran Transdermal Patch 24 Hour 0.1 Mg/Hr, 0.2 Mg/Hr, 0.4 Mg/Hr, 0.6 Mg/Hr)</i>	G	
NITRO-BID TRANSDERMAL OINTMENT 2 % (<i>nitroglycerin</i>)	NPB	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.3 MG/HR, 0.4 MG/HR, 0.6 MG/HR, 0.8 MG/HR (<i>nitroglycerin</i>)	NPB	
<i>nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg</i>	G	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	G	
<i>nitroglycerin translingual solution 0.4 mg/spray</i>	G	
NITROLINGUAL TRANSLINGUAL SOLUTION 0.4 MG/SPRAY (<i>nitroglycerin</i>)	NPB	
NITROMIST TRANSLINGUAL AEROSOL SOLUTION 400 MCG/SPRAY (<i>nitroglycerin</i>)	NPB	
NITROSTAT SUBLINGUAL TABLET SUBLINGUAL 0.3 MG, 0.4 MG, 0.6 MG (<i>nitroglycerin</i>)	NPB	ST
RANEXA ORAL TABLET EXTENDED RELEASE 12 HOUR 1000 MG (<i>ranolazine</i>)	NPB	ST; #; QL (2 tab per 1 Day)
RANEXA ORAL TABLET EXTENDED RELEASE 12 HOUR 500 MG (<i>ranolazine</i>)	NPB	ST; #; QL (3 tab per 1 Day)
<i>ranolazine er oral tablet extended release 12 hour 1000 mg</i>	G	QL (2 tablets per 1 day)
<i>ranolazine er oral tablet extended release 12 hour 500 mg</i>	G	QL (3 tablets per 1 day)
ANTI-ANXIETY AGENTS - DRUGS FOR THE NERVOUS SYSTEM		
<i>alprazolam er oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg</i>	G	QL (2 tablets per 1 day)
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML (<i>alprazolam</i>)	NPB	

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	G	
<i>alprazolam oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	G	
<i>alprazolam xr oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg</i>	G	QL (2 tablets per 1 day)
ATIVAN ORAL TABLET 0.5 MG, 1 MG, 2 MG (lorazepam)	NPB	ST
<i>buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	G	
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	G	
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	G	
diazepam (Diazepam Intensol Oral Concentrate 5 Mg/MI)	NPB	
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	G	
<i>hydroxyzine hcl oral syrup 10 mg/5ml</i>	G	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	G	
<i>hydroxyzine pamoate oral capsule 25 mg, 50 mg</i>	G	
lorazepam (Lorazepam Intensol Oral Concentrate 2 Mg/MI)	NPB	
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	G	
<i>meprobamate oral tablet 200 mg, 400 mg</i>	G	
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	G	
TRANXENE-T ORAL TABLET 7.5 MG (<i>clorazepate dipotassium</i>)	NPB	
VALIUM ORAL TABLET 10 MG, 2 MG, 5 MG (<i>diazepam</i>)	NPB	
VISTARIL ORAL CAPSULE 25 MG, 50 MG (<i>hydroxyzine pamoate</i>)	NPB	
XANAX ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG (<i>alprazolam</i>)	NPB	ST
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 2 MG, 3 MG (<i>alprazolam</i>)	NPB	ST; QL (2 tablets per 1 day)
ANTIARRHYTHMICS - DRUGS FOR THE HEART		
<i>amiodarone hcl oral tablet 100 mg, 200 mg, 400 mg</i>	G	
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	G	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	G	
<i>flecainide acetate oral tablet 100 mg, 150 mg, 50 mg</i>	G	
<i>mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg</i>	G	
MULTAQ ORAL TABLET 400 MG (<i>dronedarone hcl</i>)	PB	

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 150 MG (<i>disopyramide phosphate</i>)	NPB	
NORPACE ORAL CAPSULE 100 MG, 150 MG (<i>disopyramide phosphate</i>)	NPB	
<i>amiodarone hcl</i> (Pacerone Oral Tablet 100 Mg, 200 Mg, 400 Mg)	G	
<i>propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg</i>	G	
<i>propafenone hcl oral tablet 150 mg, 225 mg, 300 mg</i>	G	
<i>quinidine gluconate er oral tablet extended release 324 mg</i>	G	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	G	
RYTHMOL SR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 225 MG, 325 MG, 425 MG (<i>propafenone hcl</i>)	NPB	
TIKOSYN ORAL CAPSULE 125 MCG, 250 MCG, 500 MCG (<i>dofetilide</i>)	NPB	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - DRUGS FOR THE LUNGS		
ACCOLATE ORAL TABLET 10 MG, 20 MG (<i>zafirlukast</i>)	NPB	QL (2 tablets per 1 day)
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/DOSE (<i>fluticasone-salmeterol</i>)	NPB	ST; #; QL (2 inhalations per 1 day)
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 250-50 MCG/DOSE, 500-50 MCG/DOSE (<i>fluticasone-salmeterol</i>)	PB	#; QL (1 disk per 1 fill)
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT (<i>fluticasone-salmeterol</i>)	PB	QL (1 inhaler per 1 fill)
AIRDUO RESPICLICK 113/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT (<i>fluticasone-salmeterol</i>)	NPB	PA; ST; QL (1 inhaler per 1 month)
AIRDUO RESPICLICK 232/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 232-14 MCG/ACT (<i>fluticasone-salmeterol</i>)	NPB	PA; ST; QL (1 inhaler per 1 month)
AIRDUO RESPICLICK 55/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 55-14 MCG/ACT (<i>fluticasone-salmeterol</i>)	NPB	PA; ST; QL (1 inhaler per 1 month)
<i>albuterol sulfate er oral tablet extended release 12 hour 4 mg, 8 mg</i>	G	

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/lact</i>	G	
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, (5 mg/ml) 0.5%, 0.63 mg/3ml, 1.25 mg/3ml</i>	G	
<i>albuterol sulfate oral syrup 2 mg/5ml</i>	G	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	G	
ALVESCO INHALATION AEROSOL SOLUTION 160 MCG/ACT, 80 MCG/ACT (<i>ciclesonide</i>)	NPB	QL (1 inhaler per 1 month)
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/INH (<i>umeclidinium-vilanterol</i>)	PB	QL (2 aerosols per 1 day)
ARCAPTA NEOHALER INHALATION CAPSULE 75 MCG (<i>indacaterol maleate</i>)	NPB	PA; QL (1 capsule per 1 day)
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT (<i>fluticasone furoate</i>)	NPB	QL (1 blister per 1 day)
ASMANEX 120 METERED DOSES INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH (<i>mometasone furoate</i>)	PB	#: QL (1 inhaler per 1 month)
ASMANEX 14 METERED DOSES INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH (<i>mometasone furoate</i>)	PB	#: QL (1 inhaler per 1 month)
ASMANEX 30 METERED DOSES INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/INH, 220 MCG/INH (<i>mometasone furoate</i>)	PB	#: QL (1 inhaler per 1 month)
ASMANEX 60 METERED DOSES INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH (<i>mometasone furoate</i>)	PB	#: QL (1 inhaler per 1 month)
ASMANEX 7 METERED DOSES INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/INH (<i>mometasone furoate</i>)	PB	#: QL (1 inhaler per 1 month)
ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT (<i>mometasone furoate</i>)	PB	QL (1 inhaler per 1 month)
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT (<i>ipratropium bromide hfa</i>)	NPB	QL (2 inhalers per 1 month)
BEVESPI AEROSPHERE INHALATION AEROSOL 9-4.8 MCG/ACT (<i>glycopyrrolate-formoterol</i>)	NPB	PA; ST; QL (1 inhaler per 30 days)

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/INH, 200-25 MCG/INH (<i>fluticasone furoate-vilanterol</i>)	PB	QL (2 blisters per 1 day)
BROVANA INHALATION NEBULIZATION SOLUTION 15 MCG/2ML (<i>arformoterol tartrate</i>)	NPB	PA; ST; QL (60 vials (120ml) per 1 fill)
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml</i>	G	QL (4 ml per 1 day)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT (<i>ipratropium-albuterol</i>)	PB	QL (2 inhalers per 1 month)
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>	G	
DALIRESPI ORAL TABLET 250 MCG (<i>roflumilast</i>)	PB	PA; ST; #
DALIRESPI ORAL TABLET 500 MCG (<i>roflumilast</i>)	NPB	PA; ST; #
DIFIL-G FORTE ORAL LIQUID 100-100 MG/5ML (<i>dyphylline-guaifenesin</i>)	G	
DULERA INHALATION AEROSOL 100-5 MCG/ACT, 200-5 MCG/ACT (<i>mometasone furo-formoterol fum</i>)	PB	#; QL (2 inhalers per 1 month)
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15ML (<i>theophylline</i>)	NPB	
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/BLIST, 250 MCG/BLIST, 50 MCG/BLIST (<i>fluticasone propionate (inhal)</i>)	PB	#; QL (1 inhaler per 1 month)
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 44 MCG/ACT (<i>fluticasone propionate hfa</i>)	PB	#; QL (1 inhaler per 1 month)
FLOVENT HFA INHALATION AEROSOL 220 MCG/ACT (<i>fluticasone propionate hfa</i>)	PB	#; QL (2 inhalers per 1 month)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	G	QL (2 inhalations per 1 day)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/lact, 232-14 mcg/lact, 55-14 mcg/lact</i>	G	QL (1 inhaler per 1 month)
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/INH (<i>umeclidinium bromide</i>)	PB	QL (1 blister per 1 day)
<i>ipratropium bromide inhalation solution 0.02 %</i>	G	
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</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	
LONHALA MAGNAIR REFILL KIT INHALATION SOLUTION 25 MCG/ML (<i>glycopyrrolate</i>)	NPB	PA; ST; QL (1 kit per 1 month)

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LONHALA MAGNAIR STARTER KIT INHALATION SOLUTION 25 MCG/ML (<i>glycopyrrolate</i>)	NPB	PA; ST; QL (1 kit per 1 year)
<i>metaproterenol sulfate oral syrup 10 mg/5ml</i>	G	
<i>metaproterenol sulfate oral tablet 10 mg, 20 mg</i>	G	
<i>montelukast sodium oral packet 4 mg</i>	G	QL (1 pack per 1 Day)
<i>montelukast sodium oral tablet 10 mg</i>	G	QL (1 tab per 1 Day)
<i>montelukast sodium oral tablet chewable 4 mg, 5 mg</i>	G	QL (1 tab per 1 Day)
PERFORMIST INHALATION NEBULIZATION SOLUTION 20 MCG/2ML (<i>formoterol fumarate</i>)	NPB	PA; ST; QL (60 vials (120ml) per 1 fill)
PROAIR HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT (<i>albuterol sulfate</i>)	PB	#
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT (<i>albuterol sulfate</i>)	PB	QL (2 inhalers per 1 fill)
PROVENTIL HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT (<i>albuterol sulfate</i>)	NPB	ST; #; QL (2 inhalers per 1 month)
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT, 90 MCG/ACT (<i>budesonide</i>)	NPB	PA; ST; #; QL (1 inhaler per 30 days)
PULMICORT INHALATION SUSPENSION 0.25 MG/2ML, 0.5 MG/2ML, 1 MG/2ML (<i>budesonide</i>)	NPB	QL (4 ml per 1 day)
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT (<i>beclomethasone diprop hfa</i>)	PB	QL (1 inhaler per 1 month)
SEEBRI NEOHALER INHALATION CAPSULE 15.6 MCG (<i>glycopyrrolate</i>)	NPB	PA; ST; QL (2 capsules per 1 day)
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/DOSE (<i>salmeterol xinafoate</i>)	PB	QL (1 box per 1 fill)
SINGULAIR ORAL PACKET 4 MG (<i>montelukast sodium</i>)	NPB	QL (1 pack per 1 Day)
SINGULAIR ORAL TABLET 10 MG (<i>montelukast sodium</i>)	NPB	QL (1 tab per 1 Day)
SINGULAIR ORAL TABLET CHEWABLE 4 MG, 5 MG (<i>montelukast sodium</i>)	NPB	QL (1 tab per 1 Day)
SPIRIVA HANDIHALER INHALATION CAPSULE 18 MCG (<i>tiotropium bromide monohydrate</i>)	PB	QL (1 box per 1 fill)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT (<i>tiotropium bromide monohydrate</i>)	PB	QL (1 inhaler per 1 month)

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT (<i>tiotropium bromide monohydrate</i>)	PB	QL (1 inhaler per 30 days)
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT (<i>tiotropium bromide-olodaterol</i>)	PB	QL (1 inhaler per 1 month)
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT (<i>olodaterol hcl</i>)	PB	QL (1 inhaler per 1 month)
SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT (<i>budesonide-formoterol fumarate</i>)	PB	QL (1 inhaler per 1 fill)
<i>terbutaline sulfate oral tablet 2.5 mg, 5 mg</i>	G	
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG (<i>theophylline</i>)	PB	
<i>theophylline er</i> (Theochron Oral Tablet Extended Release 12 Hour 100 Mg, 200 Mg, 300 Mg)	G	
<i>theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg, 450 mg</i>	G	
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>	G	
<i>theophylline oral solution 80 mg/15ml</i>	G	
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/INH (<i>fluticasone-umeclidin-vilant</i>)	PB	QL (2 blisters per 1 day)
TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT (<i>aclidinium bromide</i>)	NPB	PA; ST; QL (1 pack per 1 fill)
UTIBRON NEOHALER INHALATION CAPSULE 27.5-15.6 MCG (<i>indacaterol-glycopyrrolate</i>)	NPB	PA; ST; QL (2 capsules per 1 day)
VENTOLIN HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT (<i>albuterol sulfate</i>)	PB	
<i>fluticasone-salmeterol</i> (Wixela Inhub Inhalation Aerosol Powder Breath Activated 100-50 Mcg/Dose, 250-50 Mcg/Dose, 500-50 Mcg/Dose)	G	QL (2 inhalations per 1 day)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML (<i>omalizumab</i>)	PSP	PA; ST; NPL; SP
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG (<i>omalizumab</i>)	PSP	PA; ST; NPL; SP

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XOPENEX CONCENTRATE INHALATION NEBULIZATION SOLUTION 1.25 MG/0.5ML (<i>levalbuterol hcl</i>)	NPB	
XOPENEX HFA INHALATION AEROSOL 45 MCG/ACT (<i>levalbuterol tartrate</i>)	NPB	ST; QL (2 inhalers per 1 fill)
XOPENEX INHALATION NEBULIZATION SOLUTION 0.31 MG/3ML, 0.63 MG/3ML, 1.25 MG/3ML (<i>levalbuterol hcl</i>)	NPB	
YUPELRI INHALATION SOLUTION 175 MCG/3ML (<i>revefenacin</i>)	NPB	PA; ST; QL (1 vial per 1 day)
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	G	QL (2 tablets per 1 day)
<i>zileuton er oral tablet extended release 12 hour 600 mg</i>	G	QL (4 tablets per 1 day)
ZYFLO ORAL TABLET 600 MG (<i>zileuton</i>)	NPB	QL (4 tablets per 1 day)
ANTICOAGULANTS - DRUGS FOR THE BLOOD		
<i>acd formula a in vitro solution 0.73-2.45-2.2 gm/100ml</i>	NPB	
<i>acd formula b in vitro solution 440-1.47-1.32</i>	NPB	
ACD-A NOCLOT-50 IN VITRO SOLUTION 0.73-2.45-2.2 GM/100ML (<i>anticoagulant cit dext soln a</i>)	NPB	
<i>anticoagulant cit dext soln a in vitro solution 0.8-2.45-2.2 gm/100ml</i>	NPB	
ANTICOAGULANT COMPOUND IN VITRO SOLUTION (<i>anticoag cit phos dex soln</i>)	NPB	
ARIXTRA SUBCUTANEOUS SOLUTION 10 MG/0.8ML, 2.5 MG/0.5ML, 5 MG/0.4ML, 7.5 MG/0.6ML (<i>fondaparinux sodium</i>)	NPB	
BEVYXXA ORAL CAPSULE 40 MG, 80 MG (<i>betrixaban maleate</i>)	NPB	PA; ST; QL (1 capsule per 1 Day)
COUMADIN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG (<i>warfarin sodium</i>)	NPB	
ELIQUIS ORAL TABLET 2.5 MG (<i>apixaban</i>)	PB	QL (60 tablets per 30 days)
ELIQUIS ORAL TABLET 5 MG (<i>apixaban</i>)	PB	QL (75 tablets per 30 days)
ELIQUIS STARTER PACK ORAL TABLET 5 MG (<i>apixaban</i>)	PB	QL (1 pack per 365 Days)
<i>enoxaparin sodium injection solution 300 mg/3ml</i>	G	
<i>enoxaparin sodium subcutaneous solution 100 mg/ml, 120 mg/0.8ml, 150 mg/ml, 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml</i>	G	

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml</i>	G	
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML, 95000 UNIT/3.8ML (<i>dalteparin sodium</i>)	NPB	
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	G	
<i>heparin sodium (porcine) pf injection solution 5000 unit/0.5ml</i>	G	
<i>warfarin sodium (Jantoven Oral Tablet 1 Mg, 10 Mg, 2 Mg, 2.5 Mg, 3 Mg, 4 Mg, 5 Mg, 6 Mg, 7.5 Mg)</i>	G	
LOVENOX INJECTION SOLUTION 300 MG/3ML (<i>enoxaparin sodium</i>)	NPB	
LOVENOX SUBCUTANEOUS SOLUTION 100 MG/ML, 120 MG/0.8ML, 150 MG/ML, 30 MG/0.3ML, 40 MG/0.4ML, 60 MG/0.6ML, 80 MG/0.8ML (<i>enoxaparin sodium</i>)	NPB	
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG (<i>dabigatran etexilate mesylate</i>)	PB	QL (2 capsules per 1 day)
SAVAYSA ORAL TABLET 15 MG, 30 MG, 60 MG (<i>edoxaban tosylate</i>)	NPB	QL (1 tablet per 1 day)
<i>warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	G	
XARELTO ORAL TABLET 10 MG, 20 MG (<i>rivaroxaban</i>)	PB	QL (1 tablet per 1 day)
XARELTO ORAL TABLET 15 MG, 2.5 MG (<i>rivaroxaban</i>)	PB	QL (2 tablets per 1 day)
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG (<i>rivaroxaban</i>)	PB	QL (1 pack per 365 days)
ANTICONVULSANTS - DRUGS FOR THE NERVOUS SYSTEM		
APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG (<i>eslicarbazepine acetate</i>)	NPB	
BANZEL ORAL SUSPENSION 40 MG/ML (<i>rufinamide</i>)	NPB	
BANZEL ORAL TABLET 200 MG, 400 MG (<i>rufinamide</i>)	NPB	QL (8 tablets per 1 day)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG (<i>brivaracetam</i>)	NPB	PA; QL (2 tablets per 1 Day)
<i>carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg</i>	G	
<i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg</i>	G	

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>carbamazepine oral suspension 100 mg/5ml</i>	G	
<i>carbamazepine oral tablet 200 mg</i>	G	
<i>carbamazepine oral tablet chewable 100 mg</i>	G	
CARBATROL ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG (<i>carbamazepine</i>)	PB	
CELONTIN ORAL CAPSULE 300 MG (<i>methsuximide</i>)	PB	
<i>clobazam oral suspension 2.5 mg/ml</i>	G	
<i>clobazam oral tablet 10 mg, 20 mg</i>	G	QL (2 tablets per 1 day)
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	G	
<i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	G	
DEPAKENE ORAL CAPSULE 250 MG (<i>valproic acid</i>)	NPB	
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 250 MG, 500 MG (<i>divalproex sodium</i>)	NPB	
DEPAKOTE ORAL TABLET DELAYED RELEASE 125 MG, 250 MG, 500 MG (<i>divalproex sodium</i>)	NPB	
DIACOMIT ORAL CAPSULE 250 MG, 500 MG (<i>stiripentol</i>)	NPSP	PA; SP; QL (6 capsules per 1 day)
DIACOMIT ORAL PACKET 250 MG, 500 MG (<i>stiripentol</i>)	NPSP	PA; SP; QL (6 packets per 1 day)
DIASTAT ACUDIAL RECTAL GEL 10 MG, 20 MG (<i>diazepam</i>)	PB	QL (1 pack per 1 fill)
DIASTAT PEDIATRIC RECTAL GEL 2.5 MG (<i>diazepam</i>)	PB	QL (1 pack per 1 fill)
DILANTIN INFATABS ORAL TABLET CHEWABLE 50 MG (<i>phenytoin</i>)	PB	
DILANTIN ORAL CAPSULE 100 MG, 30 MG (<i>phenytoin sodium extended</i>)	PB	
DILANTIN ORAL SUSPENSION 125 MG/5ML (<i>phenytoin</i>)	PB	
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>	G	
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>	G	
EPIDIOLEX ORAL SOLUTION 100 MG/ML (<i>cannabidiol</i>)	NPSP	PA; ST; SP; QL (20 ml per 1 Day)
<i>carbamazepine (Eptol Oral Tablet 200 Mg)</i>	G	
<i>ethosuximide oral capsule 250 mg</i>	G	
<i>ethosuximide oral solution 250 mg/5ml</i>	G	

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>felbamate oral suspension 600 mg/5ml</i>	G	
<i>felbamate oral tablet 400 mg, 600 mg</i>	G	
FELBATOL ORAL SUSPENSION 600 MG/5ML (<i>felbamate</i>)	NPB	
FELBATOL ORAL TABLET 400 MG, 600 MG (<i>felbamate</i>)	NPB	
FYCOMPA ORAL SUSPENSION 0.5 MG/ML (<i>perampanel</i>)	NPB	
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG (<i>perampanel</i>)	NPB	QL (1 tab per 1 Day)
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	G	QL (6 caps per 1 Day)
<i>gabapentin oral solution 250 mg/5ml</i>	G	QL (40 ML per 1 day)
<i>gabapentin oral tablet 600 mg, 800 mg</i>	G	QL (6 tab per 1 Day)
GABITRIL ORAL TABLET 12 MG, 4 MG (<i>tiagabine hcl</i>)	NPB	QL (4 tablets per 1 day)
GABITRIL ORAL TABLET 16 MG (<i>tiagabine hcl</i>)	NPB	QL (3 tablets per 1 day)
GABITRIL ORAL TABLET 2 MG (<i>tiagabine hcl</i>)	NPB	QL (1 tablet per 1 day)
KEPPRA ORAL SOLUTION 100 MG/ML (<i>levetiracetam</i>)	NPB	
KEPPRA ORAL TABLET 1000 MG, 250 MG, 500 MG, 750 MG (<i>levetiracetam</i>)	NPB	
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG (<i>levetiracetam</i>)	NPB	QL (6 tablets per 1 day)
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 750 MG (<i>levetiracetam</i>)	NPB	QL (4 tablets per 1 day)
KLONOPIN ORAL TABLET 0.5 MG, 1 MG, 2 MG (<i>clonazepam</i>)	NPB	
LAMICTAL ODT ORAL KIT 21 X 25 MG & 7 X 50 MG, 25 & 50 & 100 MG, 42 X 50 MG & 14X100 MG (<i>lamotrigine</i>)	NPB	
LAMICTAL ODT ORAL TABLET DISPERSIBLE 100 MG, 200 MG (<i>lamotrigine</i>)	NPB	QL (2 tablets per 1 day)
LAMICTAL ODT ORAL TABLET DISPERSIBLE 25 MG (<i>lamotrigine</i>)	NPB	QL (6 tablets per 1 day)
LAMICTAL ODT ORAL TABLET DISPERSIBLE 50 MG (<i>lamotrigine</i>)	NPB	QL (3 tablets per 1 day)
LAMICTAL ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG (<i>lamotrigine</i>)	NPB	
LAMICTAL ORAL TABLET CHEWABLE 25 MG, 5 MG (<i>lamotrigine</i>)	NPB	
LAMICTAL STARTER ORAL KIT 35 X 25 MG, 42 X 25 MG & 7 X 100 MG, 84 X 25 MG & 14X100 MG (<i>lamotrigine</i>)	NPB	

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LAMICTAL XR ORAL KIT 21 X 25 MG & 7 X 50 MG, 25 & 50 & 100 MG, 50 & 100 & 200 MG (<i>lamotrigine</i>)	NPB	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 25 MG, 50 MG (<i>lamotrigine</i>)	NPB	QL (1 tablet per 1 day)
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 200 MG (<i>lamotrigine</i>)	NPB	QL (3 tablets per 1 day)
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 250 MG, 300 MG (<i>lamotrigine</i>)	NPB	QL (2 tablets per 1 day)
<i>lamotrigine er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i>	G	QL (1 tablet per 1 day)
<i>lamotrigine er oral tablet extended release 24 hour 200 mg</i>	G	QL (3 tablets per 1 day)
<i>lamotrigine er oral tablet extended release 24 hour 250 mg, 300 mg</i>	G	QL (2 tablets per 1 day)
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	G	
<i>lamotrigine oral tablet chewable 25 mg, 5 mg</i>	G	
<i>lamotrigine oral tablet dispersible 100 mg, 200 mg</i>	G	QL (2 tablets per 1 day)
<i>lamotrigine oral tablet dispersible 25 mg</i>	G	QL (6 tablets per 1 day)
<i>lamotrigine oral tablet dispersible 50 mg</i>	G	QL (3 tablets per 1 day)
<i>lamotrigine starter kit-blue oral kit 35 x 25 mg</i>	G	
<i>lamotrigine starter kit-green oral kit 84 x 25 mg & 14x100 mg</i>	G	
<i>lamotrigine starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg</i>	G	
<i>levetiracetam er oral tablet extended release 24 hour 500 mg</i>	G	QL (6 tablets per 1 day)
<i>levetiracetam er oral tablet extended release 24 hour 750 mg</i>	G	QL (4 tablets per 1 day)
<i>levetiracetam oral solution 100 mg/ml</i>	G	
<i>levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg</i>	G	
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG (<i>pregabalin</i>)	PB	#
LYRICA ORAL SOLUTION 20 MG/ML (<i>pregabalin</i>)	PB	#
MYSOLINE ORAL TABLET 250 MG, 50 MG (<i>primidone</i>)	NPB	
NEURONTIN ORAL CAPSULE 100 MG, 300 MG, 400 MG (<i>gabapentin</i>)	NPB	QL (6 caps per 1 Day)
NEURONTIN ORAL SOLUTION 250 MG/5ML (<i>gabapentin</i>)	NPB	
NEURONTIN ORAL TABLET 600 MG, 800 MG (<i>gabapentin</i>)	NPB	QL (6 tab per 1 Day)
ONFI ORAL SUSPENSION 2.5 MG/ML (<i>clobazam</i>)	NPB	

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ONFI ORAL TABLET 10 MG, 20 MG (<i>clobazam</i>)	NPB	QL (2 tablets per 1 day)
<i>oxcarbazepine oral suspension 300 mg/5ml</i>	G	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	G	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 300 MG (<i>oxcarbazepine</i>)	NPB	QL (2 tablets per 1 day)
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 600 MG (<i>oxcarbazepine</i>)	NPB	QL (4 tablets per 1 day)
PEGANONE ORAL TABLET 250 MG (<i>ethotoin</i>)	NPB	
PHENYTEK ORAL CAPSULE 200 MG, 300 MG (<i>phenytoin sodium extended</i>)	PB	
<i>phenytoin (Phenytoin Infatabs Oral Tablet Chewable 50 Mg)</i>	G	
<i>phenytoin oral suspension 125 mg/5ml</i>	G	
<i>phenytoin oral tablet chewable 50 mg</i>	G	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	G	
<i>primidone oral tablet 250 mg, 50 mg</i>	G	
QUDEXY XR ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 150 MG, 200 MG, 25 MG, 50 MG (<i>topiramate</i>)	NPB	QL (1 capsule per 1 day)
SABRIL ORAL PACKET 500 MG (<i>vigabatrin</i>)	NPSP	PA; SP; QL (6 packets per 1 day)
SABRIL ORAL TABLET 500 MG (<i>vigabatrin</i>)	NPSP	PA; #; SP; QL (6 tablets per 1 day)
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG (<i>clobazam</i>)	NPB	ST
TEGRETOL ORAL SUSPENSION 100 MG/5ML (<i>carbamazepine</i>)	PB	
TEGRETOL ORAL TABLET 200 MG (<i>carbamazepine</i>)	PB	
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 400 MG (<i>carbamazepine</i>)	PB	
<i>tiagabine hcl oral tablet 12 mg</i>	G	QL (4 tablets per 1 Day)
<i>tiagabine hcl oral tablet 16 mg</i>	G	QL (3 tablets per 1 Day)
<i>tiagabine hcl oral tablet 2 mg</i>	G	QL (1 tablet per 1 day)
<i>tiagabine hcl oral tablet 4 mg</i>	G	QL (4 tablets per 1 day)
TOPAMAX ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG (<i>topiramate</i>)	NPB	
TOPAMAX SPRINKLE ORAL CAPSULE SPRINKLE 15 MG, 25 MG (<i>topiramate</i>)	NPB	QL (4 capsules per 1 day)

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>topiramate oral capsule sprinkle 15 mg, 25 mg</i>	G	QL (4 capsules per 1 day)
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	G	
TRILEPTAL ORAL SUSPENSION 300 MG/5ML (<i>oxcarbazepine</i>)	NPB	
TRILEPTAL ORAL TABLET 150 MG, 300 MG, 600 MG (<i>oxcarbazepine</i>)	NPB	
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 25 MG, 50 MG (<i>topiramate</i>)	NPB	#; QL (1 caps per 1 Day)
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG (<i>topiramate</i>)	NPB	#; QL (2 caps per 1 Day)
<i>valproic acid oral capsule 250 mg</i>	G	
<i>valproic acid oral solution 250 mg/5ml</i>	G	
<i>vigabatrin oral packet 500 mg</i>	PSP	PA; SP; QL (6 packets per 1 Day)
<i>vigabatrin oral tablet 500 mg</i>	PSP	PA; SP; QL (6 tablets per 1 day)
<i>vigabatrin (Vigadrone Oral Packet 500 Mg)</i>	PSP	PA; SP; QL (6 packets per 1 day)
VIMPAT ORAL SOLUTION 10 MG/ML (<i>lacosamide</i>)	NPB	#; QL (40 ml per 1 Day)
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG (<i>lacosamide</i>)	NPB	#; QL (2 tab per 1 Day)
VIMPAT ORAL TABLET 50 MG (<i>lacosamide</i>)	NPB	#; QL (6 tab per 1 Day)
ZARONTIN ORAL CAPSULE 250 MG (<i>ethosuximide</i>)	NPB	
ZARONTIN ORAL SOLUTION 250 MG/5ML (<i>ethosuximide</i>)	NPB	
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG (<i>zonisamide</i>)	NPB	
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	G	
*ANTIDEMENTIA AGENT COMBINATIONS*** - DRUGS FOR THE NERVOUS SYSTEM		
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK 7 & 14 & 21 & 28 -10 MG (<i>memantine hcl-donepezil hcl</i>)	PB	
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 28-10 MG (<i>memantine hcl-donepezil hcl</i>)	PB	AL
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 21-10 MG, 7-10 MG (<i>memantine hcl-donepezil hcl</i>)	PB	

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTIDEPRESSANTS - DRUGS FOR THE NERVOUS SYSTEM		
<i>amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	G	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	G	
ANAFRANIL ORAL CAPSULE 25 MG, 50 MG, 75 MG (<i>clomipramine hcl</i>)	NPB	
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR 174 MG, 348 MG, 522 MG (<i>bupropion hbr</i>)	NPB	ST; QL (1 tab per 1 Day)
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg</i>	G	QL (2 tab per 1 Day)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg</i>	G	QL (1 tab per 1 Day)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 450 mg</i>	G	QL (1 tablet per 1 day)
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	G	QL (6 tab per 1 Day)
CELEXA ORAL TABLET 10 MG, 20 MG, 40 MG (<i>citalopram hydrobromide</i>)	NPB	QL (1 tab per 1 Day)
<i>citalopram hydrobromide oral solution 10 mg/5ml</i>	G	
<i>citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg</i>	G	QL (1 tab per 1 Day)
<i>clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg</i>	G	
CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES 20 MG (<i>duloxetine hcl</i>)	NPB	QL (2 caps per 1 day)
CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES 30 MG (<i>duloxetine hcl</i>)	NPB	QL (2 capsules per 1 day)
CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES 60 MG (<i>duloxetine hcl</i>)	NPB	QL (1 caps per 1 day)
<i>desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	G	
<i>desvenlafaxine er oral tablet extended release 24 hour 100 mg, 50 mg</i>	NPB	PA; ST
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i>	G	PA; QL (1 tablet per 1 Day)
<i>doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	G	
<i>doxepin hcl oral concentrate 10 mg/ml</i>	G	
<i>duloxetine hcl oral capsule delayed release particles 20 mg</i>	G	QL (2 caps per 1 Day)

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>duloxetine hcl oral capsule delayed release particles 30 mg</i>	G	QL (2 capsules per 1 day)
<i>duloxetine hcl oral capsule delayed release particles 40 mg</i>	G	QL (1 capsule per 1 day)
<i>duloxetine hcl oral capsule delayed release particles 60 mg</i>	G	QL (1 caps per 1 Day)
EFFEXOR XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 150 MG (<i>venlafaxine hcl</i>)	NPB	QL (2 caps per 1 Day)
EFFEXOR XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 37.5 MG, 75 MG (<i>venlafaxine hcl</i>)	NPB	QL (1 caps per 1 Day)
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR (<i>selegiline</i>)	NPB	#; QL (1 patch per 1 Day)
<i>escitalopram oxalate oral solution 5 mg/5ml</i>	G	QL (20 ml per 1 Day)
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	G	QL (1 tab per 1 Day)
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG (<i>levomilnacipran hcl</i>)	NPB	PA; ST; QL (1 capsule per 1 day)
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG (<i>levomilnacipran hcl</i>)	NPB	PA; ST; QL (1 titration pack per 28 days)
<i>fluoxetine hcl oral capsule 10 mg</i>	G	QL (1 caps per 1 Day)
<i>fluoxetine hcl oral capsule 20 mg</i>	G	QL (4 caps per 1 Day)
<i>fluoxetine hcl oral capsule 40 mg</i>	G	QL (2 caps per 1 Day)
<i>fluoxetine hcl oral capsule delayed release 90 mg</i>	G	QL (1 caps per 7 Days)
<i>fluoxetine hcl oral solution 20 mg/5ml</i>	G	QL (10 ml per 1 Day)
<i>fluoxetine hcl oral tablet 10 mg</i>	G	QL (1 tab per 1 Day)
<i>fluoxetine hcl oral tablet 20 mg</i>	G	QL (4 tab per 1 Day)
<i>fluoxetine hcl oral tablet 60 mg</i>	NPB	QL (1 tab per 1 Day)
<i>fluvoxamine maleate er oral capsule extended release 24 hour 100 mg, 150 mg</i>	G	QL (2 caps per 1 Day)
<i>fluvoxamine maleate oral tablet 100 mg</i>	G	QL (3 tab per 1 Day)
<i>fluvoxamine maleate oral tablet 25 mg, 50 mg</i>	G	QL (1 tab per 1 Day)
FORFIVO XL ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG (<i>bupropion hcl</i>)	NPB	QL (1 tab per 1 Day)
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	G	
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	G	
KHEDEZLA ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 50 MG (<i>desvenlafaxine</i>)	NPB	PA; ST; QL (1 tablet per 1 day)

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LEXAPRO ORAL TABLET 10 MG, 20 MG, 5 MG (escitalopram oxalate)	NPB	ST; QL (1 tab per 1 Day)
maprotiline hcl oral tablet 25 mg	G	QL (1 tablet per 1 day)
maprotiline hcl oral tablet 50 mg	G	QL (2 tablets per 1 day)
maprotiline hcl oral tablet 75 mg	G	QL (3 tablets per 1 day)
MARPLAN ORAL TABLET 10 MG (isocarboxazid)	NPB	
mirtazapine oral tablet 15 mg, 30 mg, 45 mg	G	QL (1 tab per 1 Day)
mirtazapine oral tablet 7.5 mg	G	QL (1 tablet per 1 day)
mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg	G	QL (1 tab per 1 Day)
NARDIL ORAL TABLET 15 MG (phenelzine sulfate)	NPB	
nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 50 mg	G	ST
nefazodone hcl oral tablet 250 mg	NPB	ST
NORPRAMIN ORAL TABLET 10 MG, 25 MG (desipramine hcl)	NPB	
nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg	G	
nortriptyline hcl oral solution 10 mg/5ml	G	
PAMELOR ORAL CAPSULE 10 MG, 25 MG, 50 MG, 75 MG (nortriptyline hcl)	NPB	
PARNATE ORAL TABLET 10 MG (tranylcypromine sulfate)	NPB	
paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg, 37.5 mg	G	QL (2 tab per 1 Day)
paroxetine hcl oral tablet 10 mg, 20 mg	G	QL (1 tab per 1 Day)
paroxetine hcl oral tablet 30 mg, 40 mg	G	QL (2 tab per 1 Day)
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5 MG, 25 MG, 37.5 MG (paroxetine hcl)	NPB	QL (2 tab per 1 Day)
PAXIL ORAL SUSPENSION 10 MG/5ML (paroxetine hcl)	NPB	QL (30 pen per 1 Day)
PAXIL ORAL TABLET 10 MG, 20 MG (paroxetine hcl)	NPB	QL (1 tab per 1 Day)
PAXIL ORAL TABLET 30 MG, 40 MG (paroxetine hcl)	NPB	QL (2 tab per 1 Day)
PEXEVA ORAL TABLET 10 MG, 20 MG (paroxetine mesylate)	NPB	ST; QL (1 tab per 1 Day)
PEXEVA ORAL TABLET 30 MG, 40 MG (paroxetine mesylate)	NPB	ST; QL (2 tab per 1 Day)
phenelzine sulfate oral tablet 15 mg	G	
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 50 MG (desvenlafaxine succinate)	NPB	PA; ST; QL (1 tab per 1 day)

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG (<i>desvenlafaxine succinate</i>)	NPB	PA; ST; QL (1 tablet per 1 day)
<i>protriptyline hcl oral tablet 10 mg, 5 mg</i>	G	
PROZAC ORAL CAPSULE 10 MG (<i>fluoxetine hcl</i>)	NPB	QL (1 caps per 1 Day)
PROZAC ORAL CAPSULE 20 MG (<i>fluoxetine hcl</i>)	NPB	QL (4 caps per 1 Day)
PROZAC ORAL CAPSULE 40 MG (<i>fluoxetine hcl</i>)	NPB	QL (2 caps per 1 Day)
REMERON ORAL TABLET 15 MG, 30 MG (<i>mirtazapine</i>)	NPB	QL (1 tablet per 1 Day)
REMERON SOLTAB ORAL TABLET DISPERSIBLE 15 MG, 30 MG, 45 MG (<i>mirtazapine</i>)	NPB	QL (1 tablet per 1 Day)
<i>sertraline hcl oral concentrate 20 mg/ml</i>	G	QL (10 ml per 1 Day)
<i>sertraline hcl oral tablet 100 mg</i>	G	QL (2 tab per 1 Day)
<i>sertraline hcl oral tablet 25 mg</i>	G	QL (1 tab per 1 Day)
<i>sertraline hcl oral tablet 50 mg</i>	G	QL (45 tab per 30 Days)
SURMONTIL ORAL CAPSULE 100 MG, 25 MG, 50 MG (<i>trimipramine maleate</i>)	NPB	
<i>tranylcypromine sulfate oral tablet 10 mg</i>	G	
<i>trazodone hcl oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	G	
<i>trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg</i>	G	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG (<i>vortioxetine hbr</i>)	NPB	PA; ST; QL (1 tablet per 1 Day)
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg</i>	G	QL (2 caps per 1 Day)
<i>venlafaxine hcl er oral capsule extended release 24 hour 37.5 mg, 75 mg</i>	G	QL (1 caps per 1 Day)
<i>venlafaxine hcl er oral tablet extended release 24 hour 150 mg</i>	NPB	QL (2 tablets per 1 Day)
<i>venlafaxine hcl er oral tablet extended release 24 hour 225 mg</i>	G	QL (1 tablet per 1 day)
<i>venlafaxine hcl er oral tablet extended release 24 hour 37.5 mg</i>	NPB	QL (1 tablet per 1 day)
<i>venlafaxine hcl er oral tablet extended release 24 hour 75 mg</i>	NPB	QL (1 tablet per 1 Day)
<i>venlafaxine hcl oral tablet 100 mg, 25 mg</i>	G	QL (3 tab per 1 Day)
<i>venlafaxine hcl oral tablet 37.5 mg</i>	G	QL (4 tab per 1 Day)
<i>venlafaxine hcl oral tablet 50 mg</i>	G	QL (6 tab per 1 Day)
<i>venlafaxine hcl oral tablet 75 mg</i>	G	QL (5 tab per 1 Day)
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG (<i>vilazodone hcl</i>)	NPB	ST; #; QL (1 tab per 1 day)
VIIBRYD STARTER PACK ORAL KIT 10 & 20 MG (<i>vilazodone hcl</i>)	NPB	ST; #

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 150 MG, 200 MG (<i>bupropion hcl</i>)	NPB	QL (2 tab per 1 Day)
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 300 MG (<i>bupropion hcl</i>)	NPB	ST; QL (1 tab per 1 day)
ZOLOFT ORAL TABLET 100 MG (<i>sertraline hcl</i>)	NPB	QL (2 tab per 1 Day)
ZOLOFT ORAL TABLET 25 MG (<i>sertraline hcl</i>)	NPB	QL (1 tab per 1 Day)
ZOLOFT ORAL TABLET 50 MG (<i>sertraline hcl</i>)	NPB	QL (45 tab per 30 Days)
ANTIDIABETICS - HORMONES		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	G	
ACTOPLUS MET ORAL TABLET 15-500 MG, 15-850 MG (<i>pioglitazone hcl-metformin hcl</i>)	NPB	
ACTOS ORAL TABLET 15 MG, 30 MG, 45 MG (<i>pioglitazone hcl</i>)	NPB	
ADLYXIN STARTER PACK SUBCUTANEOUS PEN-INJECTOR KIT 10 & 20 MCG/0.2ML (<i>lixisenatide</i>)	NPB	PA; ST; QL (1 kit per 365 Days)
ADLYXIN SUBCUTANEOUS SOLUTION PEN-INJECTOR 20 MCG/0.2ML (<i>lixisenatide</i>)	NPB	PA; ST; QL (2 pens per 28 Days)
ADMELOG SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin lispro</i>)	NPB	ST
ADMELOG SUBCUTANEOUS SOLUTION 100 UNIT/ML (<i>insulin lispro</i>)	NPB	ST
AFREZZA INHALATION POWDER 12 UNIT, 4 & 8 & 12 UNIT, 4 UNIT, 8 UNIT, 90 X 4 UNIT & 90X8 UNIT, 90 X 8 UNIT & 90X12 UNIT (<i>insulin regular human</i>)	NPB	PA
<i>alogliptin benzoate oral tablet 12.5 mg, 25 mg, 6.25 mg</i>	G	QL (1 tablet per 1 Day)
<i>alogliptin-metformin hcl oral tablet 12.5-1000 mg, 12.5-500 mg</i>	G	QL (2 tablets per 1 Day)
<i>alogliptin-pioglitazone oral tablet 12.5-15 mg, 12.5-30 mg, 12.5-45 mg, 25-15 mg, 25-30 mg, 25-45 mg</i>	G	QL (1 tablet per 1 Day)
AMARYL ORAL TABLET 1 MG, 2 MG, 4 MG (<i>glimepiride</i>)	NPB	
APIDRA INJECTION SOLUTION 100 UNIT/ML (<i>insulin glulisine</i>)	NPB	ST
APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin glulisine</i>)	NPB	ST
AVANDIA ORAL TABLET 2 MG, 4 MG (<i>rosiglitazone maleate</i>)	NPB	

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BASAGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin glargine</i>)	NPB	
BD GLUCOSE ORAL TABLET CHEWABLE 5 GM (<i>dextrose (diabetic use)</i>)	NPB	
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85ML (<i>exenatide</i>)	NPB	PA; ST; QL (4 pens per 1 month)
BYDUREON SUBCUTANEOUS PEN-INJECTOR 2 MG (<i>exenatide</i>)	NPB	PA; ST; QL (4 pens per 1 month)
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MCG/0.04ML (<i>exenatide</i>)	NPB	PA; ST; #; QL (1 pen per 30 Days)
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MCG/0.02ML (<i>exenatide</i>)	NPB	PA; ST; #; QL (1 pen per 30 Days)
<i>cvs glucose bits oral tablet chewable 1 gm</i>	NPB	
<i>cvs glucose oral gel 15 gm/38gm, 40 %</i>	G	
<i>cvs glucose oral tablet chewable 4 gm, 4-6 gm-mg</i>	NPB	
<i>cvs glucose shot oral liquid 15 gm/59ml</i>	G	
CYCLOSET ORAL TABLET 0.8 MG (<i>bromocriptine mesylate</i>)	NPB	QL (6 tablets per 1 day)
DEX4 GLUCOSE ORAL LIQUID 15 GM/59ML (<i>dextrose (diabetic use)</i>)	NPB	
DEX4 NATURALS ORAL TABLET CHEWABLE 4-6 GM-MG (<i>glucose-vitamin c</i>)	NPB	
DEX4 ORAL TABLET CHEWABLE 4-6 GM-MG (<i>glucose-vitamin c</i>)	NPB	
DEX4 POUCH PACK ORAL TABLET CHEWABLE 4-6 GM-MG (<i>glucose-vitamin c</i>)	NPB	
DEX4 QUICK DISSOLVE GLUCOSE ORAL TABLET CHEWABLE 4 GM (<i>dextrose (diabetic use)</i>)	NPB	
DUETACT ORAL TABLET 30-2 MG, 30-4 MG (<i>pioglitazone hcl-glimepiride</i>)	NPB	
FARXIGA ORAL TABLET 10 MG, 5 MG (<i>dapagliflozin propanediol</i>)	PB	QL (1 tablet per 1 Day)
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin aspart (w/niacinamide)</i>)	NPB	ST
FIASP SUBCUTANEOUS SOLUTION 100 UNIT/ML (<i>insulin aspart (w/niacinamide)</i>)	NPB	ST

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FORTAMET ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG (<i>metformin hcl</i>)	NPB	PA; ST; QL (2 tablets per 1 day)
FORTAMET ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG (<i>metformin hcl</i>)	NPB	PA; ST; QL (3 tablets per 1 day)
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	G	
<i>glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	G	
<i>glipizide oral tablet 10 mg, 5 mg</i>	G	
<i>glipizide xl oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	G	
<i>glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	G	
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED 1 MG (<i>glucagon hcl (rdna)</i>)	NPB	
GLUCAGON EMERGENCY INJECTION KIT 1 MG (<i>glucagon (rdna)</i>)	PB	QL (2 kits per 1 month)
GLUCO BURST ORAL GEL 40 % (<i>dextrose (diabetic use)</i>)	G	
GLUCOPHAGE ORAL TABLET 1000 MG, 500 MG, 850 MG (<i>metformin hcl</i>)	NPB	
GLUCOPHAGE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG, 750 MG (<i>metformin hcl</i>)	NPB	
<i>glucose oral gel 40 %</i>	G	
<i>glucose oral tablet chewable 4 gm, 4-6 gm-mg</i>	NPB	
GLUCOTROL ORAL TABLET 10 MG, 5 MG (<i>glipizide</i>)	NPB	
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 2.5 MG, 5 MG (<i>glipizide</i>)	NPB	
GLUMETZA ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG (<i>metformin hcl</i>)	NPB	PA; ST; QL (2 tablets per 1 day)
GLUMETZA ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG (<i>metformin hcl</i>)	NPB	PA; ST; QL (3 tablets per 1 day)
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>	G	
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	G	
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	G	
GLYNASE ORAL TABLET 1.5 MG, 3 MG, 6 MG (<i>glyburide micronized</i>)	NPB	

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GLYSET ORAL TABLET 100 MG, 25 MG, 50 MG (<i>miglitol</i>)	NPB	
<i>gnp glucose oral tablet chewable 4 gm, 4-6 gm-mg</i>	NPB	
<i>gnp quick dissolve glucose oral tablet chewable 4 gm</i>	NPB	
<i>hm glucose oral tablet chewable 4-6 gm-mg</i>	NPB	
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML (<i>insulin lispro</i>)	PB	
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (50-50) 100 UNIT/ML (<i>insulin lispro prot & lispro</i>)	PB	
HUMALOG MIX 50/50 SUBCUTANEOUS SUSPENSION (50-50) 100 UNIT/ML (<i>insulin lispro prot & lispro</i>)	PB	
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML (<i>insulin lispro prot & lispro</i>)	PB	
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION (75-25) 100 UNIT/ML (<i>insulin lispro prot & lispro</i>)	PB	
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (<i>insulin nph isophane & regular</i>)	PB	
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION (70- 30) 100 UNIT/ML (<i>insulin nph isophane & regular</i>)	PB	
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML (<i>insulin nph human (isophane)</i>)	PB	
HUMULIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML (<i>insulin nph human (isophane)</i>)	PB	
HUMULIN R INJECTION SOLUTION 100 UNIT/ML (<i>insulin regular human</i>)	PB	
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML (<i>insulin regular human</i>)	PB	
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML (<i>insulin regular human</i>)	PB	
<i>hy-vee glucose oral tablet chewable 4-6 gm-mg</i>	NPB	
<i>insulin lispro subcutaneous solution 100 unit/ml</i>	G	
<i>insulin lispro subcutaneous solution pen-injector 100 unit/ml</i>	G	

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INVOKANA ORAL TABLET 100 MG, 300 MG (<i>canagliflozin</i>)	PB	QL (1 tablet per 1 day)
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG (<i>sitagliptin-metformin hcl</i>)	PB	QL (2 tablets per 1 day)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-500 MG (<i>sitagliptin-metformin hcl</i>)	PB	QL (1 tablet per 1 day)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG (<i>sitagliptin-metformin hcl</i>)	PB	QL (2 tablets per 1 day)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG (<i>sitagliptin phosphate</i>)	PB	QL (1 tablet per 1 day)
JARDIANCE ORAL TABLET 10 MG, 25 MG (<i>empagliflozin</i>)	PB	QL (1 tablet per 1 day)
JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG (<i>linagliptin-metformin hcl</i>)	PB	QL (2 tablets per 1 day)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG (<i>linagliptin-metformin hcl</i>)	PB	QL (2 tablets per 1 Day)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG (<i>linagliptin-metformin hcl</i>)	PB	QL (1 tablet per 1 Day)
KAZANO ORAL TABLET 12.5-1000 MG, 12.5-500 MG (<i>alogliptin-metformin hcl</i>)	NPB	ST; QL (2 tablets per 1 Day)
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG (<i>saxagliptin-metformin</i>)	NPB	ST; QL (2 tablets per 1 day)
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG, 5-500 MG (<i>saxagliptin- metformin</i>)	NPB	ST; QL (1 tablet per 1 day)
KORLYM ORAL TABLET 300 MG (<i>mifepristone</i>)	NPSP	PA; SP; QL (4 tablets per 1 Day)
<i>kroger glucose oral tablet chewable 4-6 gm-mg</i>	NPB	
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin glargine</i>)	PB	
LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML (<i>insulin glargine</i>)	PB	
<i>leader glucose oral tablet chewable 4-6 gm-mg</i>	NPB	
<i>leader quick dissolve glucose oral tablet chewable 4 gm</i>	NPB	
LEVEMIR FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin detemir</i>)	PB	

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LEVEMIR SUBCUTANEOUS SOLUTION 100 UNIT/ML (<i>insulin detemir</i>)	PB	
<i>longs glucose oral tablet chewable 4-6 gm-mg</i>	NPB	
<i>meijer glucose oral tablet chewable 4-6 gm-mg</i>	NPB	
<i>metformin hcl er (mod) oral tablet extended release 24 hour 1000 mg</i>	G	PA; QL (2 tablets per 1 day)
<i>metformin hcl er (mod) oral tablet extended release 24 hour 500 mg</i>	G	PA; QL (3 tablets per 1 day)
<i>metformin hcl er (osm) oral tablet extended release 24 hour 1000 mg</i>	G	PA; QL (2 tablets per 1 day)
<i>metformin hcl er (osm) oral tablet extended release 24 hour 500 mg</i>	G	PA; QL (3 tablets per 1 day)
<i>metformin hcl er oral tablet extended release 24 hour 500 mg, 750 mg</i>	G	
<i>metformin hcl oral solution 500 mg/5ml</i>	G	
<i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg</i>	G	
<i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>	G	
<i>nateglinide oral tablet 120 mg, 60 mg</i>	G	
NESINA ORAL TABLET 12.5 MG, 25 MG, 6.25 MG (<i>alogliptin benzoate</i>)	NPB	ST; QL (1 tablet per 1 Day)
NOVOLIN 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (<i>insulin nph isophane & regular</i>)	NPB	ST
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (<i>insulin nph isophane & regular</i>)	NPB	ST
NOVOLIN N RELION SUBCUTANEOUS SUSPENSION 100 UNIT/ML (<i>insulin nph human (isophane)</i>)	NPB	ST
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML (<i>insulin nph human (isophane)</i>)	NPB	ST
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML (<i>insulin regular human</i>)	NPB	ST
NOVOLIN R RELION INJECTION SOLUTION 100 UNIT/ML (<i>insulin regular human</i>)	NPB	ST
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin aspart</i>)	NPB	ST
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (<i>insulin aspart prot & aspart</i>)	NPB	ST

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (<i>insulin aspart prot & aspart</i>)	NPB	ST
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML (<i>insulin aspart</i>)	NPB	ST
NOVOLOG SUBCUTANEOUS SOLUTION 100 UNIT/ML (<i>insulin aspart</i>)	NPB	ST
ONGLYZA ORAL TABLET 2.5 MG, 5 MG (<i>saxagliptin hcl</i>)	NPB	ST; QL (1 tablet per 1 day)
OSENI ORAL TABLET 12.5-15 MG, 12.5-30 MG, 12.5-45 MG, 25-15 MG, 25-30 MG, 25-45 MG (<i>alogliptin-pioglitazone</i>)	NPB	ST; QL (1 tablet per 1 Day)
OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.25 OR 0.5 MG/DOSE (<i>semaglutide</i>)	PB	PA; ST; QL (1 pen per 28 days)
OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 1 MG/DOSE (<i>semaglutide</i>)	PB	PA; ST; QL (2 pens per 28 days)
<i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i>	G	
<i>pioglitazone hcl-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	G	
<i>pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg</i>	G	
PRANDIN ORAL TABLET 1 MG, 2 MG (<i>repaglinide</i>)	NPB	
PRECOSE ORAL TABLET 100 MG, 25 MG, 50 MG (<i>acarbose</i>)	NPB	
<i>preferred plus glucose oral tablet chewable 4-6 gm-mg</i>	NPB	
PROGLYCEM ORAL SUSPENSION 50 MG/ML (<i>diazoxide</i>)	NPB	
<i>px glucose oral tablet chewable 4-6 gm-mg</i>	NPB	
<i>ra glucose oral gel 40 %</i>	G	
<i>ra glucose oral tablet chewable 4-6 gm-mg, 6-4 mg-gm</i>	NPB	
RA TRUEPLUS GLUCOSE ORAL GEL 15 GM/32ML (<i>dextrose (diabetic use)</i>)	NPB	
RELION GLUCOSE DRINK ORAL LIQUID 15 GM/59ML (<i>dextrose (diabetic use)</i>)	G	
RELION GLUCOSE ORAL GEL 15 GM/38GM (<i>dextrose (diabetic use)</i>)	G	
RELION GLUCOSE ORAL TABLET CHEWABLE 4-6 GM-MG (<i>glucose-vitamin c</i>)	NPB	
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	G	
<i>repaglinide-metformin hcl oral tablet 1-500 mg, 2-500 mg</i>	G	
RIOMET ORAL SOLUTION 500 MG/5ML (<i>metformin hcl</i>)	NPB	

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>sm glucose oral tablet chewable 4 gm, 4-6 gm-mg</i>	NPB	
SMART SENSE GLUCOSE ORAL TABLET CHEWABLE 4-6 GM-MG (<i>glucose-vitamin c</i>)	NPB	
STARLIX ORAL TABLET 120 MG, 60 MG (<i>nateglinide</i>)	NPB	
STEGLATRO ORAL TABLET 15 MG (<i>ertugliflozin l-pyroglytamicae</i>)	NPB	ST; QL (1 tablet per 1 Day)
STEGLATRO ORAL TABLET 5 MG (<i>ertugliflozin l-pyroglytamicae</i>)	NPB	ST; QL (2 tablets per 1 Day)
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML (<i>pramlintide acetate</i>)	PB	PA; #
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML (<i>pramlintide acetate</i>)	PB	PA; #
<i>tgt glucose oral tablet chewable 4-6 gm-mg</i>	NPB	
<i>tolbutamide oral tablet 500 mg</i>	G	
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML (<i>insulin glargine</i>)	PB	
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML (<i>insulin glargine</i>)	PB	
TRADJENTA ORAL TABLET 5 MG (<i>linagliptin</i>)	PB	QL (1 tablet per 1 day)
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML (<i>insulin degludec</i>)	PB	
TRESIBA SUBCUTANEOUS SOLUTION 100 UNIT/ML (<i>insulin degludec</i>)	PB	
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML (<i>dulaglutide</i>)	PB	PA; ST; QL (4 pens (2 ml) per 28 days)
<i>up & up glucose oral tablet chewable 4-6 gm-mg</i>	NPB	
<i>value plus glucose oral gel 40 %</i>	G	
<i>value plus glucose oral tablet chewable 4-6 gm-mg</i>	NPB	
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML (<i>liraglutide</i>)	PB	PA; ST; QL (3 pens per 30 days)
<i>walgreens glucose oral tablet chewable 4 gm, 4-6 gm-mg</i>	NPB	
ANTIDIARRHEALS - DRUGS FOR THE STOMACH		
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	G	
LOMOTIL ORAL TABLET 2.5-0.025 MG (<i>diphenoxylate-atropine</i>)	NPB	

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MOTOFEN ORAL TABLET 1-0.025 MG (<i>difenoxin-atropine</i>)	NPB	
MYTESI ORAL TABLET DELAYED RELEASE 125 MG (<i>crofelemer</i>)	NPB	PA; ST; QL (2 tablets per 1 Day)
ANTIDOTES AND SPECIFIC ANTAGONISTS - DRUGS FOR OVERDOSE OR POISONING		
<i>deferoxamine mesylate injection solution reconstituted 2 gm, 500 mg</i>	PSP	SP
DESFERAL INJECTION SOLUTION RECONSTITUTED 500 MG (<i>deferoxamine mesylate</i>)	NPSP	SP
RADIOGARDASE ORAL CAPSULE 0.5 GM (<i>prussian blue insoluble</i>)	PB	
VISTOGARD ORAL PACKET 10 GM (<i>uridine triacetate</i>)	PSP	SP; QL (20 packs per 1 prescription)
ANTIDOTES - DRUGS FOR OVERDOSE OR POISONING		
CHEMET ORAL CAPSULE 100 MG (<i>succimer</i>)	PB	
<i>deferasirox oral tablet soluble 125 mg, 250 mg, 500 mg</i>	PSP	PA; SP
<i>deferoxamine mesylate injection solution reconstituted 2 gm, 500 mg</i>	PSP	SP
DESFERAL INJECTION SOLUTION RECONSTITUTED 500 MG (<i>deferoxamine mesylate</i>)	NPSP	SP
EXJADE ORAL TABLET SOLUBLE 125 MG, 250 MG, 500 MG (<i>deferasirox</i>)	NPSP	PA; #; SP
FERRIPROX ORAL SOLUTION 100 MG/ML (<i>deferiprone</i>)	NPSP	PA
FERRIPROX ORAL TABLET 500 MG (<i>deferiprone</i>)	NPSP	PA; #; SP
JADENU ORAL TABLET 180 MG, 360 MG, 90 MG (<i>deferasirox</i>)	NPSP	PA; #; SP
JADENU SPRINKLE ORAL PACKET 180 MG, 360 MG, 90 MG (<i>deferasirox</i>)	NPSP	PA; #; SP
<i>naltrexone hcl oral tablet 50 mg</i>	G	
NARCAN NASAL LIQUID 4 MG/0.1ML (<i>naloxone hcl</i>)	PB	#; QL (4 sprays per 30 days and a 30 day supply per fills)
RADIOGARDASE ORAL CAPSULE 0.5 GM (<i>prussian blue insoluble</i>)	PB	
VISTOGARD ORAL PACKET 10 GM (<i>uridine triacetate</i>)	PSP	SP; QL (20 packs per 1 prescription)

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG (<i>naltrexone</i>)	NPB	
ANTIEMETICS - DRUGS FOR THE STOMACH		
AKYNZEO ORAL CAPSULE 300-0.5 MG (<i>netupitant-palonosetron</i>)	NPB	PA; ST; QL (2 capsules per 1 month)
ANZEMET ORAL TABLET 100 MG, 50 MG (<i>dolasetron mesylate</i>)	NPB	QL (5 tab per 30 Days)
<i>aprepitant oral capsule 125 mg, 40 mg, 80 mg</i>	G	QL (5 capsules per 30 Days)
<i>aprepitant oral capsule 80 & 125 mg</i>	G	QL (9 capsules per 30 Days)
BONJESTA ORAL TABLET EXTENDED RELEASE 20-20 MG (<i>doxylamine-pyridoxine</i>)	NPB	PA; ST; QL (2 tablets per 1 Day)
CESAMET ORAL CAPSULE 1 MG (<i>nabilone</i>)	NPB	QL (20 caps per 30 Days)
DICLEGIS ORAL TABLET DELAYED RELEASE 10-10 MG (<i>doxylamine-pyridoxine</i>)	NPB	PA; #; QL (4 tab per 1 day)
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	G	PA; QL (2 capsules per 1 day)
EMEND ORAL CAPSULE 125 MG, 40 MG (<i>aprepitant</i>)	NPB	QL (5 caps per 30 Days)
EMEND ORAL CAPSULE 80 MG (<i>aprepitant</i>)	NPB	QL (5 capsules per 30 days)
EMEND ORAL SUSPENSION RECONSTITUTED 125 MG (<i>aprepitant</i>)	PB	#
<i>granisetron hcl oral tablet 1 mg</i>	G	
MARINOL ORAL CAPSULE 10 MG, 2.5 MG, 5 MG (<i>dronabinol</i>)	NPB	PA; QL (2 capsules per 1 day)
<i>ondansetron hcl oral solution 4 mg/5ml</i>	G	
<i>ondansetron hcl oral tablet 24 mg, 4 mg, 8 mg</i>	G	
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>	G	
SANCUSO TRANSDERMAL PATCH 3.1 MG/24HR (<i>granisetron</i>)	NPB	QL (1 patch per 21 Days)
SYNDROS ORAL SOLUTION 5 MG/ML (<i>dronabinol</i>)	NPB	PA; #; QL (4 bottles per 1 month)
TIGAN ORAL CAPSULE 300 MG (<i>trimethobenzamide hcl</i>)	NPB	
<i>trimethobenzamide hcl oral capsule 300 mg</i>	G	
VARUBI ORAL TABLET 90 MG (<i>rolapitant hcl</i>)	NPB	QL (4 tablets per 28 days)
ZOFRAN ORAL TABLET 4 MG, 8 MG (<i>ondansetron hcl</i>)	NPB	
ZUPLENZ ORAL FILM 4 MG, 8 MG (<i>ondansetron</i>)	NPB	QL (12 pack per 30 Days)

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTIFUNGALS - DRUGS FOR INFECTIONS		
ANCOBON ORAL CAPSULE 250 MG, 500 MG (<i>flucytosine</i>)	NPB	ST
<i>bio-statin oral capsule 1000000 unit, 500000 unit</i>	NPB	
<i>bio-statin oral powder</i>	G	
CRESEMBA ORAL CAPSULE 186 MG (<i>isavuconazonium sulfate</i>)	NPB	
DIFLUCAN ORAL SUSPENSION RECONSTITUTED 10 MG/ML, 40 MG/ML (<i>fluconazole</i>)	NPB	
DIFLUCAN ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (<i>fluconazole</i>)	NPB	
<i>fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml</i>	G	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	G	
<i>flucytosine oral capsule 250 mg, 500 mg</i>	G	
<i>griseofulvin microsize oral suspension 125 mg/5ml</i>	G	
<i>griseofulvin microsize oral tablet 500 mg</i>	G	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	G	
<i>itraconazole oral capsule 100 mg</i>	G	
<i>itraconazole oral solution 10 mg/ml</i>	G	
<i>ketoconazole oral tablet 200 mg</i>	G	
LAMISIL ORAL TABLET 250 MG (<i>terbinafine hcl</i>)	NPB	
NOXAFIL INTRAVENOUS SOLUTION 300 MG/16.7ML (<i>posaconazole</i>)	NPB	
NOXAFIL ORAL SUSPENSION 40 MG/ML (<i>posaconazole</i>)	NPB	#
NOXAFIL ORAL TABLET DELAYED RELEASE 100 MG (<i>posaconazole</i>)	NPB	#
<i>nystatin oral tablet 500000 unit</i>	G	
SPORANOX ORAL CAPSULE 100 MG (<i>itraconazole</i>)	NPB	
SPORANOX ORAL SOLUTION 10 MG/ML (<i>itraconazole</i>)	NPB	
SPORANOX PULSEPAK ORAL CAPSULE 100 MG (<i>itraconazole</i>)	NPB	
<i>terbinafine hcl oral tablet 250 mg</i>	G	
<i>tolsura oral capsule 65 mg</i>	NPB	ST
VFEND ORAL SUSPENSION RECONSTITUTED 40 MG/ML (<i>voriconazole</i>)	NPB	
VFEND ORAL TABLET 200 MG, 50 MG (<i>voriconazole</i>)	NPB	

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>voriconazole oral suspension reconstituted 40 mg/ml</i>	G	
<i>voriconazole oral tablet 200 mg, 50 mg</i>	G	
*ANTIHEMOPHILIC PRODUCTS - MONOCLONAL ANTIBODIES*** - DRUGS FOR THE BLOOD		
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 150 MG/ML, 30 MG/ML, 60 MG/0.4ML (<i>emicizumab-kxwh</i>)	NPSP	PA; NPL; SP
ANTIHISTAMINES - DRUGS FOR THE LUNGS		
<i>carbinoxamine maleate oral solution 4 mg/5ml</i>	G	
<i>carbinoxamine maleate oral tablet 4 mg</i>	G	
<i>carbinoxamine maleate oral tablet 6 mg</i>	G	PA; ST; QL (4 tablets per 1 day)
CLARINEX ORAL SYRUP 0.5 MG/ML (<i>desloratadine</i>)	NPB	QL (10 ml per 1 Day)
CLARINEX ORAL TABLET 5 MG (<i>desloratadine</i>)	NPB	QL (1 tab per 1 Day)
<i>clemastine fumarate oral tablet 2.68 mg</i>	G	
<i>cyproheptadine hcl oral syrup 2 mg/5ml</i>	G	
<i>cyproheptadine hcl oral tablet 4 mg</i>	G	
<i>desloratadine oral tablet 5 mg</i>	G	QL (1 tab per 1 Day)
<i>desloratadine oral tablet dispersible 2.5 mg, 5 mg</i>	G	QL (1 tab per 1 Day)
KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE 4 MG/5ML (<i>carbinoxamine maleate</i>)	NPB	ST
<i>loratadine oral tablet chewable 5 mg</i>	G	
PHENADOZ RECTAL SUPPOSITORY 12.5 MG (<i>promethazine hcl</i>)	G	PA; AL
<i>promethazine hcl</i> (Phenadoz Rectal Suppository 25 Mg)	G	PA; AL
<i>promethazine hcl oral solution 6.25 mg/5ml</i>	G	AL
<i>promethazine hcl oral syrup 6.25 mg/5ml</i>	G	AL
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>	G	AL
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	G	AL
<i>promethazine hcl</i> (Promethegan Rectal Suppository 12.5 Mg)	G	PA; AL
PROMETHEGAN RECTAL SUPPOSITORY 25 MG (<i>promethazine hcl</i>)	G	PA; AL
<i>promethazine hcl</i> (Promethegan Rectal Suppository 50 Mg)	NPB	PA; AL
<i>carbinoxamine maleate</i> (Ryvent Oral Tablet 6 Mg)	NPB	PA; ST; QL (4 tablets per 1 Day)

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTIHYPERLIPIDEMICS - DRUGS FOR THE HEART		
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HOUR 20 MG, 60 MG (<i>lovastatin</i>)	NPB	#; QL (1 tab per 1 Day)
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HOUR 40 MG (<i>lovastatin</i>)	NPB	#; QL (2 tab per 1 Day)
ANTARA ORAL CAPSULE 30 MG, 90 MG (<i>fenofibrate micronized</i>)	NPB	#; QL (1 capsule per 1 day)
<i>atorvastatin calcium oral tablet 10 mg, 20 mg</i>	CE	N2 (G); QL (1 tab per 1 Day); AL
<i>atorvastatin calcium oral tablet 40 mg, 80 mg</i>	G	QL (1 tab per 1 Day)
<i>cholestyramine light oral packet 4 gm</i>	G	
<i>cholestyramine light oral powder 4 gm/dose</i>	G	
<i>cholestyramine oral packet 4 gm</i>	G	
<i>cholestyramine oral powder 4 gm/dose</i>	G	
<i>colesevelam hcl oral packet 3.75 gm</i>	G	
<i>colesevelam hcl oral tablet 625 mg</i>	G	
COLESTID FLAVORED ORAL PACKET 5 GM (<i>colestipol hcl</i>)	NPB	
COLESTID ORAL PACKET 5 GM (<i>colestipol hcl</i>)	NPB	
COLESTID ORAL TABLET 1 GM (<i>colestipol hcl</i>)	NPB	
<i>colestipol hcl oral granules 5 gm</i>	G	
<i>colestipol hcl oral packet 5 gm</i>	G	
<i>colestipol hcl oral tablet 1 gm</i>	G	
CRESTOR ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG (<i>rosuvastatin calcium</i>)	NPB	ST; QL (1 tab per 1 Day)
<i>ezetimibe oral tablet 10 mg</i>	G	QL (1 tablet per 1 Day)
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	G	QL (1 tablet per 1 Day)
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i>	G	QL (1 capsule per 1 day)
<i>fenofibrate oral capsule 150 mg, 50 mg</i>	G	QL (1 capsule per 1 day)
<i>fenofibrate oral tablet 120 mg, 145 mg, 160 mg, 40 mg, 48 mg, 54 mg</i>	G	QL (1 tablet per 1 day)
<i>fenofibric acid oral capsule delayed release 135 mg, 45 mg</i>	G	
FENOGLIDE ORAL TABLET 120 MG, 40 MG (<i>fenofibrate</i>)	NPB	ST; QL (1 tablet per 1 day)

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>flolipid oral suspension 20 mg/5ml</i>	NPB	PA; ST; QL (5 milliliters per 1 Day)
<i>flolipid oral suspension 40 mg/5ml</i>	NPB	PA; ST; QL (10 milliliters per 1 Day)
<i>fluvastatin sodium er oral tablet extended release 24 hour 80 mg</i>	G	QL (1 tablet per 1 day)
<i>fluvastatin sodium oral capsule 20 mg, 40 mg</i>	G	QL (2 caps per 1 Day)
<i>gemfibrozil oral tablet 600 mg</i>	G	
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 5 MG, 60 MG (<i>lomitapide mesylate</i>)	NPSP	PA; ST; SP; QL (1 capsule per 1 day)
KYNAMRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML (<i>mipomersen sodium</i>)	NPSP	PA; ST; SP; QL (4 injections per 28 days)
LESCOL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 80 MG (<i>fluvastatin sodium</i>)	NPB	QL (1 tab per 1 day)
LIPITOR ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG (<i>atorvastatin calcium</i>)	NPB	ST; QL (1 tab per 1 day)
LIPOFEN ORAL CAPSULE 150 MG, 50 MG (<i>fenofibrate</i>)	NPB	QL (1 capsule per 1 day)
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG (<i>pitavastatin calcium</i>)	NPB	ST; QL (1 tab per 1 day)
LOPID ORAL TABLET 600 MG (<i>gemfibrozil</i>)	NPB	
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	G	QL (2 tab per 1 Day)
LOVAZA ORAL CAPSULE 1 GM (<i>omega-3-acid ethyl esters</i>)	NPB	QL (4 capsules per 1 day)
<i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg</i>	G	
NIACOR ORAL TABLET 500 MG (<i>niacin (antihyperlipidemic)</i>)	NPB	
NIASPAN ORAL TABLET EXTENDED RELEASE 1000 MG, 500 MG, 750 MG (<i>niacin (antihyperlipidemic)</i>)	NPB	
<i>omega-3-acid ethyl esters oral capsule 1 gm</i>	G	QL (4 capsules per 1 day)
PRAVACHOL ORAL TABLET 20 MG, 40 MG, 80 MG (<i>pravastatin sodium</i>)	NPB	QL (1 tab per 1 Day)
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	G	QL (1 tab per 1 Day)
<i>cholestyramine light (Prevalite Oral Packet 4 Gm)</i>	G	
<i>cholestyramine light (Prevalite Oral Powder 4 Gm/Dose)</i>	G	
QUESTRAN LIGHT ORAL POWDER 4 GM/DOSE (<i>cholestyramine light</i>)	NPB	
QUESTRAN ORAL PACKET 4 GM (<i>cholestyramine</i>)	NPB	

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
QUESTRAN ORAL POWDER 4 GM/DOSE (cholestyramine)	NPB	
rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg	G	QL (1 tablet per 1 Day)
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	CE	N2 (G); QL (1 tab per 1 Day); AL
simvastatin oral tablet 80 mg	G	QL (1 tab per 1 Day)
TRICOR ORAL TABLET 145 MG, 48 MG (fenofibrate)	NPB	QL (1 tablet per 1 day)
TRIGLIDE ORAL TABLET 160 MG (fenofibrate)	NPB	QL (1 tablet per 1 day)
TRILIPIX ORAL CAPSULE DELAYED RELEASE 135 MG, 45 MG (choline fenofibrate)	NPB	
VASCEPA ORAL CAPSULE 0.5 GM (icosapent ethyl)	PB	QL (8 capsules per 1 day)
VASCEPA ORAL CAPSULE 1 GM (icosapent ethyl)	PB	QL (4 capsules per 1 day)
VYTORIN ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG (ezetimibe-simvastatin)	NPB	ST; QL (1 tab per 1 Day)
WELCHOL ORAL PACKET 3.75 GM (colesevelam hcl)	NPB	ST
WELCHOL ORAL TABLET 625 MG (colesevelam hcl)	NPB	ST
ZETIA ORAL TABLET 10 MG (ezetimibe)	NPB	ST; QL (1 tab per 1 day)
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG, 80 MG (simvastatin)	NPB	QL (1 tab per 1 Day)
ZYPITAMAG ORAL TABLET 1 MG, 2 MG, 4 MG (pitavastatin magnesium)	NPB	ST; QL (1 tablet per 1 Day)
ANTIHYPERTENSIVES - DRUGS FOR THE HEART		
ACCUPRIL ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG (quinapril hcl)	NPB	
ACCURETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG (quinapril-hydrochlorothiazide)	NPB	
aliskiren fumarate oral tablet 150 mg, 300 mg	G	QL (1 tablet per 1 day)
ALTACE ORAL CAPSULE 1.25 MG, 10 MG, 2.5 MG, 5 MG (ramipril)	NPB	
amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg	G	
amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	G	QL (1 tablet per 1 day)
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	G	QL (1 tablet per 1 Day)
amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg	G	QL (1 tablet per 1 day)

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ATACAND HCT ORAL TABLET 16-12.5 MG (<i>candesartan cilexetil-hctz</i>)	NPB	QL (2 tab per 1 Day)
ATACAND HCT ORAL TABLET 32-12.5 MG, 32-25 MG (<i>candesartan cilexetil-hctz</i>)	NPB	QL (1 tablet per 1 day)
ATACAND ORAL TABLET 16 MG, 4 MG, 8 MG (<i>candesartan cilexetil</i>)	NPB	QL (2 tab per 1 Day)
ATACAND ORAL TABLET 32 MG (<i>candesartan cilexetil</i>)	NPB	QL (1 tablet per 1 day)
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	G	
AVALIDE ORAL TABLET 150-12.5 MG (<i>irbesartan-hydrochlorothiazide</i>)	NPB	QL (1 tab per 1 Day)
AVALIDE ORAL TABLET 300-12.5 MG (<i>irbesartan-hydrochlorothiazide</i>)	NPB	QL (1 tablet per 1 day)
AVAPRO ORAL TABLET 150 MG, 75 MG (<i>irbesartan</i>)	NPB	QL (1 tab per 1 Day)
AVAPRO ORAL TABLET 300 MG (<i>irbesartan</i>)	NPB	QL (1 tablet per 1 day)
AZOR ORAL TABLET 10-20 MG, 10-40 MG, 5-20 MG, 5-40 MG (<i>amlodipine-olmesartan</i>)	NPB	ST; QL (1 tablet per 1 Day)
<i>benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	G	
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	G	
BENICAR HCT ORAL TABLET 20-12.5 MG (<i>olmesartan medoxomil-hctz</i>)	NPB	QL (1 tab per 1 day)
BENICAR HCT ORAL TABLET 40-12.5 MG, 40-25 MG (<i>olmesartan medoxomil-hctz</i>)	NPB	QL (1 tablet per 1 day)
BENICAR ORAL TABLET 20 MG, 5 MG (<i>olmesartan medoxomil</i>)	NPB	QL (1 tablet per 1 Day)
BENICAR ORAL TABLET 40 MG (<i>olmesartan medoxomil</i>)	NPB	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	G	
<i>candesartan cilexetil oral tablet 16 mg, 4 mg, 8 mg</i>	G	QL (2 tab per 1 Day)
<i>candesartan cilexetil oral tablet 32 mg</i>	G	QL (1 tablet per 1 day)
<i>candesartan cilexetil-hctz oral tablet 16-12.5 mg</i>	G	QL (2 tab per 1 Day)
<i>candesartan cilexetil-hctz oral tablet 32-12.5 mg, 32-25 mg</i>	G	QL (1 tablet per 1 day)
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	G	
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG, 8 MG (<i>doxazosin mesylate</i>)	NPB	
CATAPRES ORAL TABLET 0.1 MG, 0.2 MG, 0.3 MG (<i>clonidine hcl</i>)	NPB	

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CATAPRES-TTS-1 TRANSDERMAL PATCH WEEKLY 0.1 MG/24HR (<i>clonidine</i>)	NPB	
CATAPRES-TTS-2 TRANSDERMAL PATCH WEEKLY 0.2 MG/24HR (<i>clonidine</i>)	NPB	
CATAPRES-TTS-3 TRANSDERMAL PATCH WEEKLY 0.3 MG/24HR (<i>clonidine</i>)	NPB	
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	G	
COZAAR ORAL TABLET 100 MG (<i>losartan potassium</i>)	NPB	
COZAAR ORAL TABLET 25 MG, 50 MG (<i>losartan potassium</i>)	NPB	QL (2 tab per 1 Day)
DEMSEER ORAL CAPSULE 250 MG (<i>metyrosine</i>)	NPSP	ST; SP
DIBENZYLINE ORAL CAPSULE 10 MG (<i>phenoxybenzamine hcl</i>)	NPSP	ST; QL (12 capsules per 1 day)
DIOVAN HCT ORAL TABLET 160-12.5 MG, 160-25 MG, 80-12.5 MG (<i>valsartan-hydrochlorothiazide</i>)	NPB	QL (1 tab per 1 Day)
DIOVAN HCT ORAL TABLET 320-12.5 MG, 320-25 MG (<i>valsartan-hydrochlorothiazide</i>)	NPB	QL (1 tablet per 1 day)
DIOVAN ORAL TABLET 160 MG, 40 MG, 80 MG (<i>valsartan</i>)	NPB	QL (2 tab per 1 Day)
DIOVAN ORAL TABLET 320 MG (<i>valsartan</i>)	NPB	
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	G	
DUTOPROL ORAL TABLET EXTENDED RELEASE 24 HOUR 100-12.5 MG (<i>metoprolol-hydrochlorothiazide</i>)	NPB	ST; QL (2 tablets per 1 day)
DUTOPROL ORAL TABLET EXTENDED RELEASE 24 HOUR 25-12.5 MG, 50-12.5 MG (<i>metoprolol-hydrochlorothiazide</i>)	NPB	ST; QL (1 tablet per 1 day)
EDARBI ORAL TABLET 40 MG, 80 MG (<i>azilsartan medoxomil</i>)	NPB	QL (1 tablet per 1 Day)
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG (<i>azilsartan-chlorthalidone</i>)	NPB	QL (1 tablet per 1 Day)
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	G	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	G	
EPANED ORAL SOLUTION 1 MG/ML (<i>enalapril maleate</i>)	NPB	PA; #; QL (1 bottle per 30 days)
<i>eplerenone oral tablet 25 mg, 50 mg</i>	G	
<i>eprosartan mesylate oral tablet 600 mg</i>	G	QL (1 tablet per 1 day)

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EXFORGE HCT ORAL TABLET 10-160-12.5 MG, 10-160-25 MG, 10-320-25 MG, 5-160-12.5 MG, 5-160-25 MG (amlodipine-valsartan-hctz)	NPB	QL (1 tab per 1 Day)
EXFORGE ORAL TABLET 10-160 MG, 10-320 MG, 5-160 MG, 5-320 MG (amlodipine besylate-valsartan)	NPB	QL (1 tab per 1 Day)
fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg	G	
fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg	G	
guanfacine hcl oral tablet 1 mg, 2 mg	G	
hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg	G	
HYZAAR ORAL TABLET 100-12.5 MG, 100-25 MG, 50-12.5 MG (losartan potassium-hctz)	NPB	
INSPIRA ORAL TABLET 25 MG, 50 MG (eplerenone)	NPB	
irbesartan oral tablet 150 mg, 75 mg	G	QL (1 tab per 1 Day)
irbesartan oral tablet 300 mg	G	QL (1 tablet per 1 day)
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg	G	QL (1 tab per 1 Day)
irbesartan-hydrochlorothiazide oral tablet 300-12.5 mg	G	
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	G	
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	G	
LOPRESSOR HCT ORAL TABLET 50-25 MG (metoprolol-hydrochlorothiazide)	NPB	
losartan potassium oral tablet 100 mg	G	
losartan potassium oral tablet 25 mg, 50 mg	G	QL (2 tab per 1 Day)
losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	G	
LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG (benazepril-hydrochlorothiazide)	NPB	
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG (benazepril hcl)	NPB	
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG (amlodipine besy-benazepril hcl)	NPB	
MAVIK ORAL TABLET 4 MG (trandolapril)	NPB	
methyldopa oral tablet 250 mg, 500 mg	G	
metoprolol-hctz er oral tablet extended release 24 hour 100-12.5 mg	G	ST; QL (2 tablets per 1 day)
metoprolol-hctz er oral tablet extended release 24 hour 25-12.5 mg, 50-12.5 mg	G	ST; QL (1 tablet per 1 day)

2019 Aetna Commercial Plan (Self Insured)

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08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	G	
MICARDIS HCT ORAL TABLET 40-12.5 MG, 80-12.5 MG, 80-25 MG (<i>telmisartan-hctz</i>)	NPB	QL (1 tablet per 1 day)
MICARDIS ORAL TABLET 20 MG, 40 MG (<i>telmisartan</i>)	NPB	QL (1 tablet per 1 Day)
MICARDIS ORAL TABLET 80 MG (<i>telmisartan</i>)	NPB	QL (1 tablet per 1 day)
MINIPRESS ORAL CAPSULE 1 MG, 2 MG, 5 MG (<i>prazosin hcl</i>)	NPB	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	G	
<i>moexipril hcl oral tablet 15 mg, 7.5 mg</i>	G	
<i>olmesartan medoxomil oral tablet 20 mg, 5 mg</i>	G	QL (1 tablet per 1 Day)
<i>olmesartan medoxomil oral tablet 40 mg</i>	G	
<i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	G	QL (1 tablet per 1 Day)
<i>olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	G	QL (1 tablet per 1 Day)
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	G	
<i>phenoxybenzamine hcl oral capsule 10 mg</i>	PSP	QL (12 capsules per 1 day)
<i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>	G	
PRESTALIA ORAL TABLET 14-10 MG, 3.5-2.5 MG, 7-5 MG (<i>perindopril arg-amlodipine</i>)	NPB	#
PRINIVIL ORAL TABLET 10 MG, 20 MG, 5 MG (<i>lisinopril</i>)	NPB	
QBRELIS ORAL SOLUTION 1 MG/ML (<i>lisinopril</i>)	NPB	PA
<i>quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	G	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	G	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	G	
TARKA ORAL TABLET EXTENDED RELEASE 2-180 MG, 2-240 MG, 4-240 MG (<i>trandolapril-verapamil hcl</i>)	NPB	
TEKTURNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG (<i>aliskiren-hydrochlorothiazide</i>)	NPB	ST; QL (1 tablet per 1 Day)
TEKTURNA HCT ORAL TABLET 300-12.5 MG, 300-25 MG (<i>aliskiren-hydrochlorothiazide</i>)	NPB	ST; QL (1 tablet per 1 day)
TEKTURNA ORAL TABLET 150 MG, 300 MG (<i>aliskiren fumarate</i>)	NPB	ST; #; QL (1 tablet per 1 Day)
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	G	QL (1 tablet per 1 Day)

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	G	QL (1 tablet per 1 Day)
TENORETIC 100 ORAL TABLET 100-25 MG (<i>atenolol-chlorthalidone</i>)	NPB	
TENORETIC 50 ORAL TABLET 50-25 MG (<i>atenolol-chlorthalidone</i>)	NPB	
<i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	G	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	G	
<i>trandolapril-verapamil hcl er oral tablet extended release 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i>	G	
TRIBENZOR ORAL TABLET 20-5-12.5 MG, 40-10-12.5 MG, 40-10-25 MG, 40-5-12.5 MG, 40-5-25 MG (<i>olmesartan-amlodipine-hctz</i>)	NPB	ST; QL (1 tab per 1 Day)
TWYNSTA ORAL TABLET 40-10 MG, 40-5 MG, 80-10 MG, 80-5 MG (<i>telmisartan-amlodipine</i>)	NPB	
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	G	
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 80-12.5 mg</i>	G	QL (1 tab per 1 Day)
<i>valsartan-hydrochlorothiazide oral tablet 320-12.5 mg, 320-25 mg</i>	G	QL (1 tablet per 1 day)
VASERETIC ORAL TABLET 10-25 MG (<i>enalapril-hydrochlorothiazide</i>)	NPB	
VASOTEC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG (<i>enalapril maleate</i>)	NPB	ST
VECAMYL ORAL TABLET 2.5 MG (<i>mecamylamine hcl</i>)	NPSB	PA; ST; SP; QL (10 tablets per 1 Day)
ZESTORETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG (<i>lisinopril-hydrochlorothiazide</i>)	NPB	
ZESTRIL ORAL TABLET 10 MG, 2.5 MG, 20 MG, 30 MG, 40 MG, 5 MG (<i>lisinopril</i>)	NPB	
ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG, 5-6.25 MG (<i>bisoprolol-hydrochlorothiazide</i>)	NPB	
ANTI-INFECTIVE AGENTS - MISC. - DRUGS FOR INFECTIONS		
AEMCOLO ORAL TABLET DELAYED RELEASE 194 MG (<i>rifamycin sodium</i>)	NPB	QL (12 tablets per 1 fill)
ALINIA ORAL SUSPENSION RECONSTITUTED 100 MG/5ML (<i>nitazoxanide</i>)	NPB	#; QL (180 ml per 3 days)
ALINIA ORAL TABLET 500 MG (<i>nitazoxanide</i>)	NPB	#; QL (6 tablets per 3 days)

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BACTRIM DS ORAL TABLET 800-160 MG (<i>sulfamethoxazole-trimethoprim</i>)	NPB	
BACTRIM ORAL TABLET 400-80 MG (<i>sulfamethoxazole-trimethoprim</i>)	NPB	
CLEOCIN ORAL CAPSULE 150 MG, 300 MG (<i>clindamycin hcl</i>)	NPB	
CLEOCIN ORAL SOLUTION RECONSTITUTED 75 MG/5ML (<i>clindamycin palmitate hcl</i>)	NPB	
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	G	
<i>clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml</i>	G	
COLY-MYCIN M INJECTION SOLUTION RECONSTITUTED 150 MG (<i>colistimethate sodium</i>)	NPSP	SP
<i>dapsone oral tablet 100 mg, 25 mg</i>	G	
FLAGYL ORAL TABLET 250 MG, 500 MG (<i>metronidazole</i>)	NPB	
IMPAVIDO ORAL CAPSULE 50 MG (<i>miltefosine</i>)	NPB	PA; QL (84 capsules per 28 Days)
<i>linezolid oral suspension reconstituted 100 mg/5ml</i>	G	
<i>linezolid oral tablet 600 mg</i>	G	
MEPRON ORAL SUSPENSION 750 MG/5ML (<i>atovaquone</i>)	NPB	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	G	
NEBUPENT INHALATION SOLUTION RECONSTITUTED 300 MG (<i>pentamidine isethionate</i>)	PB	
PRIMSOL ORAL SOLUTION 50 MG/5ML (<i>trimethoprim hcl</i>)	NPB	
SIVEXTRO ORAL TABLET 200 MG (<i>tedizolid phosphate</i>)	NPB	QL (6 tablets per 1 fill)
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	G	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg</i>	G	
<i>sulfamethoxazole-trimethoprim (Sulfatrim Pediatric Oral Suspension 200-40 Mg/5MI)</i>	G	
<i>tinidazole oral tablet 250 mg, 500 mg</i>	G	
<i>trimethoprim oral tablet 100 mg</i>	G	
XIFAXAN ORAL TABLET 200 MG (<i>rifaximin</i>)	NPB	QL (9 tablets per 1 fill)
XIFAXAN ORAL TABLET 550 MG (<i>rifaximin</i>)	PB	PA; QL (3 tablets per 1 Day)
ZYVOX ORAL SUSPENSION RECONSTITUTED 100 MG/5ML (<i>linezolid</i>)	PB	

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZYVOX ORAL TABLET 600 MG (<i>linezolid</i>)	NPB	
ANTIMALARIALS - DRUGS FOR INFECTIONS		
ARAKODA ORAL TABLET 100 MG (<i>tafenoquine succinate</i>)	NPB	
<i>atovaquone-proguanil hcl oral tablet 250-100 mg</i>	G	PA
<i>atovaquone-proguanil hcl oral tablet 62.5-25 mg</i>	G	
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	G	
COARTEM ORAL TABLET 20-120 MG (<i>artemether-lumefantrine</i>)	NPB	
DARAPRIM ORAL TABLET 25 MG (<i>pyrimethamine</i>)	PB	
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	G	
KRINTAFEL ORAL TABLET 150 MG (<i>tafenoquine succinate</i>)	NPB	
MALARONE ORAL TABLET 250-100 MG, 62.5-25 MG (<i>atovaquone-proguanil hcl</i>)	NPB	PA
<i>mefloquine hcl oral tablet 250 mg</i>	G	PA
PLAQUENIL ORAL TABLET 200 MG (<i>hydroxychloroquine sulfate</i>)	NPB	
QUALAQUIN ORAL CAPSULE 324 MG (<i>quinine sulfate</i>)	NPB	
<i>quinine sulfate oral capsule 324 mg</i>	G	
ANTIMYASTHENIC AGENTS - DRUGS FOR NERVES AND MUSCLES		
FIRDAPSE ORAL TABLET 10 MG (<i>amifampridine phosphate</i>)	NPSP	PA; SP; QL (8 tablets per 1 day)
MESTINON ORAL SYRUP 60 MG/5ML (<i>pyridostigmine bromide</i>)	PB	
MESTINON ORAL TABLET 60 MG (<i>pyridostigmine bromide</i>)	NPB	
MESTINON ORAL TABLET EXTENDED RELEASE 180 MG (<i>pyridostigmine bromide</i>)	PB	
<i>pyridostigmine bromide er oral tablet extended release 180 mg</i>	G	
<i>pyridostigmine bromide oral solution 60 mg/5ml</i>	G	
<i>pyridostigmine bromide oral tablet 60 mg</i>	G	
ANTIMYASTHENIC/CHOLINERGIC AGENTS - DRUGS FOR NERVES AND MUSCLES		
FIRDAPSE ORAL TABLET 10 MG (<i>amifampridine phosphate</i>)	NPSP	PA; SP; QL (8 tablets per 1 day)

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MESTINON ORAL SYRUP 60 MG/5ML (<i>pyridostigmine bromide</i>)	PB	
MESTINON ORAL TABLET 60 MG (<i>pyridostigmine bromide</i>)	NPB	
MESTINON ORAL TABLET EXTENDED RELEASE 180 MG (<i>pyridostigmine bromide</i>)	PB	
<i>pyridostigmine bromide er oral tablet extended release 180 mg</i>	G	
<i>pyridostigmine bromide oral solution 60 mg/5ml</i>	G	
<i>pyridostigmine bromide oral tablet 60 mg</i>	G	
ANTIMYCOBACTERIAL AGENTS - DRUGS FOR INFECTIONS		
<i>ethambutol hcl oral tablet 100 mg, 400 mg</i>	G	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	G	
MYAMBUTOL ORAL TABLET 100 MG, 400 MG (<i>ethambutol hcl</i>)	NPB	
PASER ORAL PACKET 4 GM (<i>aminosalicylic acid</i>)	NPB	
PRIFTIN ORAL TABLET 150 MG (<i>rifapentine</i>)	NPB	
<i>pyrazinamide oral tablet 500 mg</i>	G	
<i>rifabutin oral capsule 150 mg</i>	G	
RIFADIN ORAL CAPSULE 150 MG, 300 MG (<i>rifampin</i>)	NPB	
RIFAMATE ORAL CAPSULE 150-300 MG (<i>isoniazid-rifampin</i>)	NPB	
<i>rifampin oral capsule 150 mg, 300 mg</i>	G	
RIFATER ORAL TABLET 50-120-300 MG (<i>isoniazid-rifamp-pyrazinamide</i>)	NPB	
SIRTURO ORAL TABLET 100 MG (<i>bedaquiline fumarate</i>)	NPSP	PA; SP; QL (68 tablets per 30 Days)
TRECTOR ORAL TABLET 250 MG (<i>ethionamide</i>)	NPB	
*ANTINEOPLASTIC - BCL-2 INHIBITORS*** - DRUGS FOR CANCER		
VENCLEXTA ORAL TABLET 10 MG (<i>venetoclax</i>)	CE	PA; SP; N2 (NPSP); QL (40 tablets per 1 day)
VENCLEXTA ORAL TABLET 100 MG (<i>venetoclax</i>)	CE	PA; SP; N2 (NPSP); QL (6 tablets per 1 day)
VENCLEXTA ORAL TABLET 50 MG (<i>venetoclax</i>)	CE	PA; SP; N2 (NPSP); QL (8 tablets per 1 day)

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG (<i>venetoclax</i>)	CE	PA; SP; N2 (NPSP); QL (1 pack per 28 days)
*ANTINEOPLASTIC - FGFR KINASE INHIBITORS*** - DRUGS FOR CANCER		
BALVERSA ORAL TABLET 3 MG (<i>erdafitinib</i>)	NPSP	PA; SP; QL (3 tablets per 1 day)
BALVERSA ORAL TABLET 4 MG (<i>erdafitinib</i>)	NPSP	PA; SP; QL (2 tablets per 1 day)
BALVERSA ORAL TABLET 5 MG (<i>erdafitinib</i>)	NPSP	PA; SP; QL (1 tablet per 1 day)
*ANTINEOPLASTIC - TROPOMYOSIN RECEPTOR KINASE INHIBITORS*** - DRUGS FOR CANCER		
VITRAKVI ORAL CAPSULE 100 MG (<i>larotrectinib sulfate</i>)	CE	PA; SP; N2 (NPSP); QL (2 capsules per 1 day)
VITRAKVI ORAL CAPSULE 25 MG (<i>larotrectinib sulfate</i>)	CE	PA; SP; N2 (NPSP); QL (6 capsules per 1 day)
VITRAKVI ORAL SOLUTION 20 MG/ML (<i>larotrectinib sulfate</i>)	CE	PA; SP; N2 (NPSP); QL (10 ml per 1 day)
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - DRUGS FOR CANCER		
<i>abiraterone acetate oral tablet 250 mg</i>	CE	PA; SP; N2 (PSP); QL (1 tablet per 1 day)
ACTIMMUNE SUBCUTANEOUS SOLUTION 2000000 UNIT/0.5ML (<i>interferon gamma-1b</i>)	NPSP	PA; SP
AFINITOR DISPERZ ORAL TABLET SOLUBLE 2 MG, 3 MG, 5 MG (<i>everolimus</i>)	CE	PA; SP; N2 (NPSP); QL (1 tablet per 1 day)
AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG (<i>everolimus</i>)	CE	PA; #; SP; N2 (NPSP); QL (1 tablet per 1 day)
ALECENSA ORAL CAPSULE 150 MG (<i>alectinib hcl</i>)	CE	PA; SP; N2 (NPSP); QL (8 capsules per 1 Day)
ALFERON N INJECTION SOLUTION 5000000 UNIT/ML (<i>interferon alfa-n3</i>)	NPSP	SP
ALKERAN ORAL TABLET 2 MG (<i>melfhalan</i>)	CE	ST; N2 (NPB)
ALUNBRIG ORAL TABLET 180 MG, 90 MG (<i>brigatinib</i>)	CE	PA; SP; N2 (NPSP); QL (1 tablet per 1 day)
ALUNBRIG ORAL TABLET 30 MG (<i>brigatinib</i>)	CE	PA; SP; N2 (NPSP); QL (4 tablets per 1 day)

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG (<i>brigatinib</i>)	CE	PA; SP; N2 (NPSP); QL (1 tablet per 1 day)
<i>anastrozole oral tablet 1 mg</i>	CE	N2 (G)
ARIMIDEX ORAL TABLET 1 MG (<i>anastrozole</i>)	CE	N2 (NPB)
AROMASIN ORAL TABLET 25 MG (<i>exemestane</i>)	CE	N2 (NPB)
<i>bexarotene oral capsule 75 mg</i>	CE	PA; SP; N2 (PSP)
<i>bicalutamide oral tablet 50 mg</i>	CE	N2 (G)
BOSULIF ORAL TABLET 100 MG (<i>bosutinib</i>)	CE	PA; ST; SP; N2 (NPSP); QL (4 tablets per 1 day)
BOSULIF ORAL TABLET 400 MG, 500 MG (<i>bosutinib</i>)	CE	PA; ST; SP; N2 (NPSP); QL (1 tablet per 1 day)
BRAFTOVI ORAL CAPSULE 75 MG (<i>encorafenib</i>)	CE	PA; SP; N2 (NPSP); QL (6 tablets per 1 Day)
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG (<i>cabozantinib s-malate</i>)	CE	PA; SP; N2 (PSP); QL (1 tablet per 1 Day)
CALQUENCE ORAL CAPSULE 100 MG (<i>acalabrutinib</i>)	CE	PA; SP; N2 (NPSP); QL (2 capsules per 1 Day)
<i>capecitabine oral tablet 150 mg, 500 mg</i>	CE	PA; SP; N2 (G); QL (30 days supply per 1 prescription)
CAPRELSA ORAL TABLET 100 MG (<i>vandetanib</i>)	CE	PA; SP; N2 (NPSP); QL (2 tablets per 1 day)
CAPRELSA ORAL TABLET 300 MG (<i>vandetanib</i>)	CE	PA; SP; N2 (NPSP); QL (1 tablet per 1 day)
CASODEX ORAL TABLET 50 MG (<i>bicalutamide</i>)	CE	N2 (NPB)
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 1 X 80 & 1 X 20 MG (<i>cabozantinib s-malate</i>)	CE	PA; SP; N2 (NPSP); QL (2 capsules per 1 day)
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 1 X 80 & 3 X 20 MG (<i>cabozantinib s-malate</i>)	CE	PA; SP; N2 (NPSP); QL (4 capsules per 1 day)
COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG (<i>cabozantinib s-malate</i>)	CE	PA; SP; N2 (NPSP); QL (3 capsules per 1 day)
COTELLIC ORAL TABLET 20 MG (<i>cobimetinib fumarate</i>)	CE	PA; SP; N2 (NPSP); QL (63 tablets per 28 days)
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	CE	N2 (G)
DAURISMO ORAL TABLET 100 MG (<i>glasdegib maleate</i>)	CE	PA; SP; N2 (NPSP); QL (1 tablet per 1 day)
DAURISMO ORAL TABLET 25 MG (<i>glasdegib maleate</i>)	CE	PA; SP; N2 (NPSP); QL (2 tablets per 1 day)

2019 Aetna Commercial Plan (Self Insured)

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08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ELIGARD SUBCUTANEOUS KIT 22.5 MG (<i>leuprolide acetate (3 month)</i>)	NPSP	PA; SP
ELIGARD SUBCUTANEOUS KIT 30 MG (<i>leuprolide acetate (4 month)</i>)	NPSP	PA; SP
ELIGARD SUBCUTANEOUS KIT 45 MG (<i>leuprolide acetate (6 month)</i>)	NPSP	PA; SP
ELIGARD SUBCUTANEOUS KIT 7.5 MG (<i>leuprolide acetate</i>)	NPSP	PA; SP
EMCYT ORAL CAPSULE 140 MG (<i>estramustine phosphate sodium</i>)	CE	N2 (PB)
ERIVEDGE ORAL CAPSULE 150 MG (<i>vismodegib</i>)	CE	PA; SP; N2 (NPSP); QL (1 capsule per 1 Day)
ERLEADA ORAL TABLET 60 MG (<i>apalutamide</i>)	CE	PA; SP; N2 (NPSP); QL (4 tablets per 1 Day)
<i>erlotinib hcl oral tablet 100 mg, 150 mg</i>	CE	PA; SP; N2 (PSP); QL (1 tablet per 1 day)
<i>erlotinib hcl oral tablet 25 mg</i>	CE	PA; SP; N2 (PSP); QL (2 tablets per 1 day)
<i>etoposide oral capsule 50 mg</i>	CE	N2 (G)
<i>exemestane oral tablet 25 mg</i>	CE	N2 (G)
FARESTON ORAL TABLET 60 MG (<i>toremifene citrate</i>)	CE	ST; N2 (NPB)
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG (<i>panobinostat lactate</i>)	CE	PA; SP; N2 (NPSP); QL (12 capsules per 30 days)
FASLODEX INTRAMUSCULAR SOLUTION 250 MG/5ML (<i>fulvestrant</i>)	NPSP	PA; #; SP
FEMARA ORAL TABLET 2.5 MG (<i>letrozole</i>)	CE	N2 (NPB)
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG, 80 MG (<i>degarelix acetate</i>)	NPSP	PA; SP
<i>flutamide oral capsule 125 mg</i>	CE	N2 (G)
<i>fulvestrant intramuscular solution 250 mg/5ml</i>	PSP	PA; SP
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG (<i>afatinib dimaleate</i>)	CE	PA; SP; N2 (NPSP); QL (1 tablet per 1 day)
GLEEVEC ORAL TABLET 100 MG (<i>imatinib mesylate</i>)	CE	PA; ST; SP; N2 (NPSP); QL (3 tablets per 1 day)
GLEEVEC ORAL TABLET 400 MG (<i>imatinib mesylate</i>)	CE	PA; ST; SP; N2 (NPSP); QL (2 tablets per 1 day)
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG (<i>lomustine</i>)	CE	PA; N2 (NPB)

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG (<i>topotecan hcl</i>)	CE	PA; SP; N2 (NPSP); QL (30 days maximum per 1 fill)
HYDREA ORAL CAPSULE 500 MG (<i>hydroxyurea</i>)	CE	N2 (NPB)
<i>hydroxyurea oral capsule 500 mg</i>	CE	N2 (G)
ICLUSIG ORAL TABLET 15 MG (<i>ponatinib hcl</i>)	CE	PA; SP; N2 (NPSP); QL (2 tablets per 1 day)
ICLUSIG ORAL TABLET 45 MG (<i>ponatinib hcl</i>)	CE	PA; SP; N2 (NPSP); QL (1 tablet per 1 day)
<i>imatinib mesylate oral tablet 100 mg</i>	CE	PA; SP; N2 (G); QL (3 tablets per 1 day)
<i>imatinib mesylate oral tablet 400 mg</i>	CE	PA; SP; N2 (G); QL (2 tablets per 1 day)
IMBRUVICA ORAL CAPSULE 140 MG (<i>ibrutinib</i>)	CE	PA; SP; N2 (NPSP); QL (4 capsules per 1 day)
IMBRUVICA ORAL CAPSULE 70 MG (<i>ibrutinib</i>)	CE	PA; SP; N2 (NPSP); QL (1 capsule per 1 day)
IMBRUVICA ORAL TABLET 140 MG (<i>ibrutinib</i>)	CE	PA; SP; N2 (NPSP); QL (1 tablet per 1 day)
IMBRUVICA ORAL TABLET 280 MG, 420 MG, 560 MG (<i>ibrutinib</i>)	CE	PA; SP; N2 (NPSP); QL (1 tablet per 1 Day)
INLYTA ORAL TABLET 1 MG (<i>axitinib</i>)	CE	PA; SP; N2 (NPSP); QL (6 tablets per 1 day)
INLYTA ORAL TABLET 5 MG (<i>axitinib</i>)	CE	PA; SP; N2 (NPSP); QL (4 tablets per 1 day)
INTRON A INJECTION SOLUTION 10000000 UNIT/ML, 6000000 UNIT/ML (<i>interferon alfa-2b</i>)	PSP	PA; SP
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT, 18000000 UNIT, 50000000 UNIT (<i>interferon alfa-2b</i>)	PSP	PA; SP
IRESSA ORAL TABLET 250 MG (<i>gefitinib</i>)	CE	PA; N2 (NPSP); QL (1 tablet per 1 day)
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG (<i>ruxolitinib phosphate</i>)	CE	PA; SP; N2 (NPSP); QL (2 tablets per 1 Day)
KISQALI FEMARA 200 DOSE ORAL TABLET THERAPY PACK 200 & 2.5 MG (<i>ribociclib-letrozole</i>)	CE	PA; SP; N2 (NPSP); QL (1 box per 1 month)
KISQALI FEMARA 400 DOSE ORAL TABLET THERAPY PACK 200 & 2.5 MG (<i>ribociclib-letrozole</i>)	CE	PA; SP; N2 (NPSP); QL (1 box per 1 month)

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KISQALI FEMARA 600 DOSE ORAL TABLET THERAPY PACK 200 & 2.5 MG (<i>ribociclib-letrozole</i>)	CE	PA; SP; N2 (NPSP); QL (1 box per 1 month)
LENVIMA 10 MG DAILY DOSE ORAL CAPSULE THERAPY PACK 10 MG (<i>lenvatinib mesylate</i>)	CE	PA; SP; N2 (NPSP); QL (1 capsule per 1 day)
LENVIMA 12 MG DAILY DOSE ORAL CAPSULE THERAPY PACK 3 X 4 MG (<i>lenvatinib mesylate</i>)	CE	PA; SP; N2 (NPSP); QL (3 capsules per 1 day)
LENVIMA 14 MG DAILY DOSE ORAL CAPSULE THERAPY PACK 10 & 4 MG (<i>lenvatinib mesylate</i>)	CE	PA; SP; N2 (NPSP); QL (2 capsules per 1 day)
LENVIMA 18 MG DAILY DOSE ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG (<i>lenvatinib mesylate</i>)	CE	PA; SP; N2 (NPSP); QL (3 capsules per 1 day)
LENVIMA 20 MG DAILY DOSE ORAL CAPSULE THERAPY PACK 2 X 10 MG (<i>lenvatinib mesylate</i>)	CE	PA; SP; N2 (NPSP); QL (2 capsules per 1 day)
LENVIMA 24 MG DAILY DOSE ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG (<i>lenvatinib mesylate</i>)	CE	PA; SP; N2 (NPSP); QL (3 capsules per 1 day)
LENVIMA 4 MG DAILY DOSE ORAL CAPSULE THERAPY PACK 4 MG (<i>lenvatinib mesylate</i>)	CE	PA; SP; N2 (NPSP); QL (1 capsule per 1 day)
LENVIMA 8 MG DAILY DOSE ORAL CAPSULE THERAPY PACK 2 X 4 MG (<i>lenvatinib mesylate</i>)	CE	PA; SP; N2 (NPSP); QL (2 capsules per 1 day)
<i>letrozole oral tablet 2.5 mg</i>	CE	N2 (G)
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	CE	N2 (G)
LEUKERAN ORAL TABLET 2 MG (<i>chlorambucil</i>)	CE	N2 (PB)
<i>leuprolide acetate injection kit 1 mg/0.2ml</i>	G	PA; SP
LONSURF ORAL TABLET 15-6.14 MG (<i>trifluridine-tipiracil</i>)	CE	PA; N2 (NPSP); QL (100 tablets per 28 days)
LONSURF ORAL TABLET 20-8.19 MG (<i>trifluridine-tipiracil</i>)	CE	PA; N2 (NPSP); QL (80 tablets per 28 days)
LORBRENA ORAL TABLET 100 MG (<i>lorlatinib</i>)	CE	PA; SP; N2 (NPSP); QL (1 tablet per 1 day)
LORBRENA ORAL TABLET 25 MG (<i>lorlatinib</i>)	CE	PA; SP; N2 (NPSP); QL (3 tablets per 1 day)
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG, 7.5 MG (<i>leuprolide acetate</i>)	PSP	PA; #; SP
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 22.5 MG (<i>leuprolide acetate (3 month)</i>)	PSP	PA; #; SP
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30 MG (<i>leuprolide acetate (4 month)</i>)	PSP	PA; #; SP
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45 MG (<i>leuprolide acetate (6 month)</i>)	PSP	PA; #; SP

2019 Aetna Commercial Plan (Self Insured)

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08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LYSODREN ORAL TABLET 500 MG (<i>mitotane</i>)	CE	N2 (NPB)
MATULANE ORAL CAPSULE 50 MG (<i>procarbazine hcl</i>)	CE	N2 (PB)
<i>megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml</i>	CE	N2 (G)
<i>megestrol acetate oral tablet 20 mg, 40 mg</i>	CE	N2 (G)
MEKINIST ORAL TABLET 0.5 MG (<i>trametinib dimethyl sulfoxide</i>)	CE	PA; SP; N2 (NPSP); QL (3 tablets per 1 day)
MEKINIST ORAL TABLET 2 MG (<i>trametinib dimethyl sulfoxide</i>)	CE	PA; SP; N2 (NPSP); QL (1 tablet per 1 day)
MEKTOVI ORAL TABLET 15 MG (<i>binimetinib</i>)	CE	PA; SP; N2 (NPSP); QL (6 tablets per 1 Day)
<i>melphalan oral tablet 2 mg</i>	CE	N2 (G)
<i>mercaptopurine oral tablet 50 mg</i>	CE	N2 (G)
MESNEX ORAL TABLET 400 MG (<i>mesna</i>)	CE	N2 (NPB)
<i>methotrexate oral tablet 2.5 mg</i>	CE	N2 (G)
<i>methotrexate sodium oral tablet 2.5 mg</i>	CE	N2 (G)
MYLERAN ORAL TABLET 2 MG (<i>busulfan</i>)	CE	N2 (PB)
NERLYNX ORAL TABLET 40 MG (<i>neratinib maleate</i>)	CE	PA; SP; N2 (NPSP); QL (6 tablets per 1 Day)
NEXAVAR ORAL TABLET 200 MG (<i>sorafenib tosylate</i>)	CE	PA; SP; N2 (NPSP); QL (4 tablets per 1 day)
NILANDRON ORAL TABLET 150 MG (<i>nilutamide</i>)	CE	N2 (NPB)
<i>nilutamide oral tablet 150 mg</i>	CE	N2 (G)
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG (<i>ixazomib citrate</i>)	CE	PA; N2 (NPSP); QL (3 capsules per 28 Days)
ODOMZO ORAL CAPSULE 200 MG (<i>sonidegib phosphate</i>)	CE	PA; N2 (NPSP); QL (1 capsule per 1 day)
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG (<i>pomalidomide</i>)	CE	PA; #; SP; N2 (NPSP); QL (21 capsules per 1 month)
PURIXAN ORAL SUSPENSION 2000 MG/100ML (<i>mercaptopurine</i>)	CE	PA; ST; SP; N2 (NPSP); QL (100 ml per 30 days)
RYDAPT ORAL CAPSULE 25 MG (<i>midostaurin</i>)	CE	PA; SP; N2 (NPSP); QL (8 capsules per 1 day)
SOLTAMOX ORAL SOLUTION 10 MG/5ML (<i>tamoxifen citrate</i>)	CE	#; N2 (NPB)
SPRYCEL ORAL TABLET 100 MG, 140 MG, 80 MG (<i>dasatinib</i>)	CE	PA; ST; SP; N2 (NPSP); QL (1 tablet per 1 day)

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SPRYCEL ORAL TABLET 20 MG (<i>dasatinib</i>)	CE	PA; ST; SP; N2 (NPSP); QL (3 tablets per 1 day)
SPRYCEL ORAL TABLET 50 MG, 70 MG (<i>dasatinib</i>)	CE	PA; ST; SP; N2 (NPSP); QL (2 tablets per 1 day)
STIVARGA ORAL TABLET 40 MG (<i>regorafenib</i>)	CE	PA; SP; N2 (NPSP); QL (84 tablets per 1 month)
SUTENT ORAL CAPSULE 12.5 MG (<i>sunitinib malate</i>)	CE	PA; SP; N2 (PSP); QL (4 capsules per 1 day)
SUTENT ORAL CAPSULE 25 MG (<i>sunitinib malate</i>)	CE	PA; SP; N2 (PSP); QL (2 capsules per 1 day)
SUTENT ORAL CAPSULE 37.5 MG, 50 MG (<i>sunitinib malate</i>)	CE	PA; SP; N2 (PSP); QL (1 capsule per 1 day)
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG, 600 MCG (<i>peginterferon alfa-2b</i>)	NPSP	PA; SP; QL (4 injections per 1 month)
TABLOID ORAL TABLET 40 MG (<i>thioguanine</i>)	CE	N2 (PB)
TAFINLAR ORAL CAPSULE 50 MG, 75 MG (<i>dabrafenib mesylate</i>)	CE	PA; SP; N2 (NPSP); QL (4 capsules per 1 day)
TAGRISSE ORAL TABLET 40 MG, 80 MG (<i>osimertinib mesylate</i>)	CE	PA; SP; N2 (NPSP); QL (1 TABLET per 1 day)
<i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>	CE	N2 (G); AL
TARCEVA ORAL TABLET 100 MG, 150 MG (<i>erlotinib hcl</i>)	CE	PA; #; SP; N2 (NPSP); QL (1 tablet per 1 day)
TARCEVA ORAL TABLET 25 MG (<i>erlotinib hcl</i>)	CE	PA; #; SP; N2 (NPSP); QL (2 tablets per 1 day)
TARGRETIN ORAL CAPSULE 75 MG (<i>bexarotene</i>)	CE	PA; ST; SP; N2 (NPSP)
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG (<i>nilotinib hcl</i>)	CE	PA; ST; SP; N2 (NPSP); QL (4 capsules per 1 day)
TEMODAR ORAL CAPSULE 100 MG, 140 MG, 180 MG, 20 MG, 250 MG, 5 MG (<i>temozolomide</i>)	CE	PA; ST; SP; N2 (NPSP); QL (30 days maximum per 1 fill)
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>	CE	PA; SP; N2 (G); QL (30 days maximum per 1 fill)
<i>toremifene citrate oral tablet 60 mg</i>	CE	N2 (G)
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 22.5 MG, 3.75 MG (<i>triptorelin pamoate</i>)	NPSP	PA; #; SP
<i>tretinoin oral capsule 10 mg</i>	CE	SP; N2 (G); QL (30 days maximum per 1 fill)

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG (<i>methotrexate sodium</i>)	CE	N2 (NPB)
TYKERB ORAL TABLET 250 MG (<i>lapatinib ditosylate</i>)	CE	PA; SP; N2 (NPSP); QL (6 tablets per 1 day)
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG (<i>dacomitinib</i>)	CE	PA; SP; N2 (NPSP); QL (1 tablet per 1 Day)
VOTRIENT ORAL TABLET 200 MG (<i>pazopanib hcl</i>)	CE	PA; SP; N2 (NPSP); QL (4 tablets per 1 day)
XALKORI ORAL CAPSULE 200 MG, 250 MG (<i>crizotinib</i>)	CE	PA; SP; N2 (NPSP); QL (2 capsules per 1 Day)
XATMEP ORAL SOLUTION 2.5 MG/ML (<i>methotrexate</i>)	CE	PA; N2 (NPB)
XELODA ORAL TABLET 150 MG, 500 MG (<i>capecitabine</i>)	CE	PA; ST; SP; N2 (NPSP); QL (30 days maximum per 1 fill)
XOSPATA ORAL TABLET 40 MG (<i>gilteritinib fumarate</i>)	CE	PA; SP; N2 (NPSP); QL (3 tablets per 1 day)
XTANDI ORAL CAPSULE 40 MG (<i>enzalutamide</i>)	CE	PA; ST; SP; N2 (NPSP); QL (4 capsules per 1 day)
YONSA ORAL TABLET 125 MG (<i>abiraterone acetate</i>)	CE	PA; ST; SP; N2 (NPSP); QL (4 tablets per 1 Day)
ZELBORAF ORAL TABLET 240 MG (<i>vemurafenib</i>)	CE	PA; SP; N2 (NPSP); QL (8 tablets per 1 Day)
ZOLINZA ORAL CAPSULE 100 MG (<i>vorinostat</i>)	CE	PA; SP; N2 (NPSP); QL (4 capsules per 1 day)
ZYKADIA ORAL CAPSULE 150 MG (<i>ceritinib</i>)	CE	PA; SP; N2 (NPSP); QL (3 capsules per 1 day)
ZYKADIA ORAL TABLET 150 MG (<i>ceritinib</i>)	CE	PA; SP; N2 (NPSP); QL (3 tablets per 1 day)
ZYTIGA ORAL TABLET 250 MG (<i>abiraterone acetate</i>)	CE	PA; ST; SP; N2 (NPSP); QL (4 tablets per 1 Day)
ZYTIGA ORAL TABLET 500 MG (<i>abiraterone acetate</i>)	CE	PA; #; SP; N2 (PSP); QL (2 tablets per 1 day)
ANTIPARKINSON AGENTS - DRUGS FOR THE NERVOUS SYSTEM		
<i>amantadine hcl oral capsule 100 mg</i>	G	
<i>amantadine hcl oral syrup 50 mg/5ml</i>	G	
AZILECT ORAL TABLET 0.5 MG, 1 MG (<i>rasagiline mesylate</i>)	NPB	QL (1 tablet per 1 day)
<i>benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg</i>	G	

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>bromocriptine mesylate oral capsule 5 mg</i>	G	
<i>bromocriptine mesylate oral tablet 2.5 mg</i>	G	
<i>carbidopa-levodopa er oral tablet extended release 50-200 mg</i>	G	
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	G	
<i>carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg</i>	G	
COMTAN ORAL TABLET 200 MG (<i>entacapone</i>)	NPB	
DUOPA ENTERAL SUSPENSION 4.63-20 MG/ML (<i>carbidopa-levodopa</i>)	NPSP	PA; ST
<i>entacapone oral tablet 200 mg</i>	G	
GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 137 MG, 68.5 MG (<i>amantadine hcl</i>)	NPB	PA; ST; QL (2 capsules per 1 Day)
INBRIJA INHALATION CAPSULE 42 MG (<i>levodopa</i>)	NPSP	PA; ST; SP; QL (10 capsules per 1 day)
MIRAPEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 0.375 MG, 0.75 MG, 1.5 MG, 2.25 MG, 3 MG, 3.75 MG, 4.5 MG (<i>pramipexole dihydrochloride</i>)	NPB	QL (1 tablet per 1 day)
MIRAPEX ORAL TABLET 0.125 MG, 0.25 MG, 0.5 MG, 0.75 MG, 1 MG, 1.5 MG (<i>pramipexole dihydrochloride</i>)	NPB	
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR (<i>rotigotine</i>)	NPB	#; QL (1 patch per 1 day)
OSMOLEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 129 MG, 193 MG, 258 MG (<i>amantadine hcl</i>)	NPB	PA; ST; QL (1 tablet per 1 day)
PARLODEL ORAL CAPSULE 5 MG (<i>bromocriptine mesylate</i>)	NPB	
PARLODEL ORAL TABLET 2.5 MG (<i>bromocriptine mesylate</i>)	NPB	
<i>pramipexole dihydrochloride er oral tablet extended release 24 hour 0.375 mg, 0.75 mg, 1.5 mg, 3 mg</i>	G	
<i>pramipexole dihydrochloride er oral tablet extended release 24 hour 2.25 mg, 3.75 mg, 4.5 mg</i>	G	QL (1 tablet per 1 day)
<i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	G	
<i>rasagiline mesylate oral tablet 0.5 mg, 1 mg</i>	G	QL (1 tablet per 1 Day)
REQUIP ORAL TABLET 0.5 MG (<i>ropinirole hcl</i>)	NPB	

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
REQUIP XL ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG (<i>ropinirole hcl</i>)	NPB	QL (1 tablet per 1 day)
<i>ropinirole hcl er oral tablet extended release 24 hour 12 mg</i>	G	QL (2 tablets per 1 day)
<i>ropinirole hcl er oral tablet extended release 24 hour 2 mg, 4 mg, 6 mg, 8 mg</i>	G	QL (1 tablet per 1 day)
<i>ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	G	
RYTARY ORAL CAPSULE EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG (<i>carbidopa-levodopa</i>)	NPB	#
<i>selegiline hcl oral capsule 5 mg</i>	G	
<i>selegiline hcl oral tablet 5 mg</i>	G	
SINEMET CR ORAL TABLET EXTENDED RELEASE 25-100 MG, 50-200 MG (<i>carbidopa-levodopa</i>)	NPB	
SINEMET ORAL TABLET 10-100 MG, 25-100 MG, 25-250 MG (<i>carbidopa-levodopa</i>)	NPB	
STALEVO 100 ORAL TABLET 25-100-200 MG (<i>carbidopa-levodopa-entacapone</i>)	NPB	
STALEVO 125 ORAL TABLET 31.25-125-200 MG (<i>carbidopa-levodopa-entacapone</i>)	NPB	
STALEVO 150 ORAL TABLET 37.5-150-200 MG (<i>carbidopa-levodopa-entacapone</i>)	NPB	
STALEVO 200 ORAL TABLET 50-200-200 MG (<i>carbidopa-levodopa-entacapone</i>)	NPB	
STALEVO 50 ORAL TABLET 12.5-50-200 MG (<i>carbidopa-levodopa-entacapone</i>)	NPB	
STALEVO 75 ORAL TABLET 18.75-75-200 MG (<i>carbidopa-levodopa-entacapone</i>)	NPB	
TASMAR ORAL TABLET 100 MG (<i>tolcapone</i>)	NPB	
<i>tolcapone oral tablet 100 mg</i>	G	
<i>trihexyphenidyl hcl oral elixir 0.4 mg/ml</i>	G	
<i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i>	G	
XADAGO ORAL TABLET 100 MG, 50 MG (<i>safinamide mesylate</i>)	NPB	PA; ST; QL (1 tablet per 1 Day)
ZELAPAR ORAL TABLET DISPERSIBLE 1.25 MG (<i>selegiline hcl</i>)	NPB	ST; QL (2 tablets per 1 day)

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTIPSYCHOTICS/ANTIMANIC AGENTS - DRUGS FOR THE NERVOUS SYSTEM		
ABILIFY ORAL TABLET 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG (<i>aripiprazole</i>)	NPB	PA; ST; QL (1 tab per 1 day)
<i>aripiprazole oral solution 1 mg/ml</i>	G	QL (30 ml per 1 day)
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	G	QL (1 tablet per 1 day)
<i>aripiprazole oral tablet dispersible 10 mg, 15 mg</i>	G	QL (1 tablet per 1 day)
<i>chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	G	
<i>clozapine oral tablet 100 mg</i>	G	QL (9 tab per 1 Day)
<i>clozapine oral tablet 200 mg</i>	G	QL (4 tablets per 1 day)
<i>clozapine oral tablet 25 mg, 50 mg</i>	G	QL (3 tab per 1 Day)
<i>clozapine oral tablet dispersible 100 mg</i>	G	QL (9 tablets per 1 day)
<i>clozapine oral tablet dispersible 12.5 mg</i>	G	QL (1 tablet per 1 day)
<i>clozapine oral tablet dispersible 150 mg</i>	G	QL (6 tablets per 1 day)
<i>clozapine oral tablet dispersible 200 mg</i>	G	QL (4 tablets per 1 day)
<i>clozapine oral tablet dispersible 25 mg</i>	G	QL (3 tablets per 1 day)
CLOZARIL ORAL TABLET 100 MG (<i>clozapine</i>)	NPB	PA; ST; QL (9 tab per 1 Day)
CLOZARIL ORAL TABLET 25 MG (<i>clozapine</i>)	NPB	PA; ST; QL (3 tab per 1 Day)
<i>prochlorperazine (Compro Rectal Suppository 25 Mg)</i>	G	
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG (<i>carbamazepine (antipsychotic)</i>)	NPB	
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG (<i>iloperidone</i>)	NPB	ST; QL (2 tab per 1 day)
FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6 MG (<i>iloperidone</i>)	NPB	ST; QL (8 tab per 30 Days)
FAZACLO ORAL TABLET DISPERSIBLE 100 MG (<i>clozapine</i>)	NPB	PA; ST; QL (9 tab per 1 Day)
FAZACLO ORAL TABLET DISPERSIBLE 12.5 MG (<i>clozapine</i>)	NPB	PA; ST; QL (1 tab per 1 Day)
FAZACLO ORAL TABLET DISPERSIBLE 150 MG (<i>clozapine</i>)	NPB	PA; ST; QL (6 tab per 1 Day)
FAZACLO ORAL TABLET DISPERSIBLE 200 MG (<i>clozapine</i>)	NPB	PA; ST; QL (4 tab per 1 Day)

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FAZACLO ORAL TABLET DISPERSIBLE 25 MG (clozapine)	NPB	PA; ST; QL (3 tab per 1 Day)
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	G	
GEODON ORAL CAPSULE 20 MG, 40 MG, 60 MG, 80 MG (ziprasidone hcl)	NPB	PA; ST; QL (2 caps per 1 day)
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	G	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	G	
INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR 1.5 MG, 3 MG, 6 MG (paliperidone)	NPB	PA; ST; QL (2 tab per 1 day)
INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR 9 MG (paliperidone)	NPB	PA; ST; QL (1 tab per 1 day)
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG (lurasidone hcl)	PB	ST; #; QL (1 tab per 1 Day)
LATUDA ORAL TABLET 80 MG (lurasidone hcl)	PB	ST; #; QL (2 tab per 1 Day)
<i>lithium carbonate er oral tablet extended release 300 mg, 450 mg</i>	G	
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	G	
<i>lithium carbonate oral tablet 300 mg</i>	G	
LITHOBID ORAL TABLET EXTENDED RELEASE 300 MG (lithium carbonate)	NPB	
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	G	
NUPLAZID ORAL CAPSULE 34 MG (pimavanserin tartrate)	NPSP	PA; SP; QL (1 capsule per 1 Day)
NUPLAZID ORAL TABLET 10 MG (pimavanserin tartrate)	NPSP	PA; SP; QL (1 tablet per 1 Day)
<i>olanzapine oral tablet 10 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>	G	QL (1 tab per 1 Day)
<i>olanzapine oral tablet 2.5 mg</i>	G	QL (2 tab per 1 Day)
<i>olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg</i>	G	QL (1 tab per 1 Day)
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 6 mg</i>	G	QL (2 capsules per 1 day)
<i>paliperidone er oral tablet extended release 24 hour 9 mg</i>	G	QL (1 tablet per 1 day)
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	G	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	G	
<i>prochlorperazine rectal suppository 25 mg</i>	G	
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg</i>	G	QL (1 tablet per 1 Day)

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg</i>	G	QL (2 tablets per 1 Day)
<i>quetiapine fumarate er oral tablet extended release 24 hour 50 mg</i>	G	QL (2 tablets per 1 day)
<i>quetiapine fumarate oral tablet 100 mg, 50 mg</i>	G	QL (3 tab per 1 Day)
<i>quetiapine fumarate oral tablet 200 mg</i>	G	QL (4 tab per 1 Day)
<i>quetiapine fumarate oral tablet 25 mg</i>	G	QL (6 tab per 1 Day)
<i>quetiapine fumarate oral tablet 300 mg, 400 mg</i>	G	QL (2 tab per 1 Day)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (<i>brexpiprazole</i>)	NPB	ST; QL (1 tablet per 1 day)
RISPERDAL ORAL SOLUTION 1 MG/ML (<i>risperidone</i>)	NPB	PA; ST
RISPERDAL ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG (<i>risperidone</i>)	NPB	PA; ST; QL (2 tab per 1 day)
RISPERDAL ORAL TABLET 4 MG (<i>risperidone</i>)	NPB	PA; ST; QL (4 tab per 1 day)
<i>risperidone oral solution 1 mg/ml</i>	G	
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	G	QL (2 tab per 1 Day)
<i>risperidone oral tablet 4 mg</i>	G	QL (4 tab per 1 Day)
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	G	QL (2 tab per 1 Day)
<i>risperidone oral tablet dispersible 4 mg</i>	G	QL (4 tab per 1 Day)
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG, 5 MG (<i>asenapine maleate</i>)	NPB	PA; ST; #; QL (2 tab per 1 day)
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 2.5 MG (<i>asenapine maleate</i>)	NPB	PA; ST; #; QL (2 tablets per 1 day)
SEROQUEL ORAL TABLET 100 MG, 50 MG (<i>quetiapine fumarate</i>)	NPB	PA; ST; QL (3 tab per 1 day)
SEROQUEL ORAL TABLET 200 MG (<i>quetiapine fumarate</i>)	NPB	PA; ST; QL (4 tab per 1 day)
SEROQUEL ORAL TABLET 25 MG (<i>quetiapine fumarate</i>)	NPB	PA; ST; QL (6 tab per 1 day)
SEROQUEL ORAL TABLET 300 MG, 400 MG (<i>quetiapine fumarate</i>)	NPB	PA; ST; QL (2 tab per 1 day)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 200 MG (<i>quetiapine fumarate</i>)	NPB	PA; ST; QL (1 tab per 1 Day)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 300 MG, 400 MG (<i>quetiapine fumarate</i>)	NPB	PA; ST; QL (2 tab per 1 Day)

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50 MG (<i>quetiapine fumarate</i>)	NPB	PA; ST; QL (2 tablets per 1 day)
<i>thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	G	
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	G	
<i>trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	G	
VERSACLOZ ORAL SUSPENSION 50 MG/ML (<i>clozapine</i>)	NPB	PA; ST
VRAYLAR ORAL CAPSULE 1.5 MG (<i>cariprazine hcl</i>)	NPB	PA; ST; QL (4 capsules per 1 day)
VRAYLAR ORAL CAPSULE 3 MG (<i>cariprazine hcl</i>)	NPB	PA; ST; QL (2 capsules per 1 day)
VRAYLAR ORAL CAPSULE 4.5 MG, 6 MG (<i>cariprazine hcl</i>)	NPB	PA; ST; QL (1 capsule per 1 day)
VRAYLAR ORAL CAPSULE THERAPY PACK 1.5 & 3 MG (<i>cariprazine hcl</i>)	NPB	PA; ST
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	G	QL (2 caps per 1 Day)
ZYPREXA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG, 7.5 MG (<i>olanzapine</i>)	NPB	PA; ST; QL (1 tab per 1 day)
ZYPREXA ORAL TABLET 2.5 MG (<i>olanzapine</i>)	NPB	PA; ST; QL (2 tab per 1 day)
ZYPREXA ZYDIS ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 20 MG, 5 MG (<i>olanzapine</i>)	NPB	PA; ST; QL (1 tab per 1 day)
*ANTIRETROVIRALS ADJUVANTS*** - DRUGS THAT ALTER METABOLISM		
TYBOST ORAL TABLET 150 MG (<i>cobicistat</i>)	NPB	QL (1 tablet per 1 day)
*ANTISENSE OLIGONUCLEOTIDE (ASO) INHIBITOR AGENTS*** - HORMONES		
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML (<i>inotersen sodium</i>)	NPSP	PA; NPL; SP; QL (4 injections per 1 month)
ANTISEPTICS & DISINFECTANTS - ANTISEPTICS AND DISINFECTANTS		
KERR TRIPLE DYE SWABS EXTERNAL SWAB (<i>triple dye</i>)	NPB	
ANTIVIRALS - DRUGS FOR INFECTIONS		
<i>abacavir sulfate oral solution 20 mg/ml</i>	G	QL (4 bottles per 30 days)
<i>abacavir sulfate oral tablet 300 mg</i>	G	QL (2 tablets per 1 day)
<i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i>	G	QL (1 tablet per 1 day)
<i>abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg</i>	G	QL (2 tablets per 1 day)

2019 Aetna Commercial Plan (Self Insured)

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08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>acyclovir oral capsule 200 mg</i>	G	
<i>acyclovir oral suspension 200 mg/5ml</i>	G	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	G	
<i>adefovir dipivoxil oral tablet 10 mg</i>	G	SP
APTIVUS ORAL CAPSULE 250 MG (<i>tipranavir</i>)	PB	#; QL (4 capsules per 1 day)
APTIVUS ORAL SOLUTION 100 MG/ML (<i>tipranavir</i>)	PB	#; QL (4 bottles per 30 days)
<i>atazanavir sulfate oral capsule 150 mg, 300 mg</i>	G	QL (1 capsule per 1 day)
<i>atazanavir sulfate oral capsule 200 mg</i>	G	QL (2 capsules per 1 day)
ATRIPLA ORAL TABLET 600-200-300 MG (<i>efavirenz-emtricitab-tenofovir</i>)	PB	QL (1 tablet per 1 day)
BARACLUDE ORAL SOLUTION 0.05 MG/ML (<i>entecavir</i>)	NPSP	SP
BARACLUDE ORAL TABLET 0.5 MG, 1 MG (<i>entecavir</i>)	NPSP	SP
BIKTARVY ORAL TABLET 50-200-25 MG (<i>bictegravir-emtricitab-tenofov</i>)	PB	QL (1 tablet per 1 day)
<i>cidofovir intravenous solution 75 mg/ml</i>	PSP	SP
CIMDUO ORAL TABLET 300-300 MG (<i>lamivudine-tenofovir</i>)	NPB	QL (1 tablet per 1 Day)
COMBIVIR ORAL TABLET 150-300 MG (<i>lamivudine-zidovudine</i>)	NPB	QL (2 tablets per 1 day)
COMPLERA ORAL TABLET 200-25-300 MG (<i>emtricitab-rilpivir-tenofovir</i>)	PB	QL (1 tablet per 1 day)
CRIXIVAN ORAL CAPSULE 200 MG (<i>indinavir sulfate</i>)	NPB	QL (15 capsules per 1 day)
CRIXIVAN ORAL CAPSULE 400 MG (<i>indinavir sulfate</i>)	NPB	QL (6 capsules per 1 day)
CYTOVENE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG (<i>ganciclovir sodium</i>)	NPSP	SP
DAKLINZA ORAL TABLET 30 MG, 60 MG (<i>daclatasvir dihydrochloride</i>)	NPSP	PA; ST; NPL; SP; QL (1 tablet per 1 day)
DELSTRIGO ORAL TABLET 100-300-300 MG (<i>doravirin-lamivudin-tenofov df</i>)	NPB	PA; ST; QL (1 tablet per 1 Day)
DESCOVY ORAL TABLET 200-25 MG (<i>emtricitabine-tenofovir af</i>)	NPB	QL (1 tablet per 1 Day)
<i>didanosine oral capsule delayed release 200 mg, 250 mg, 400 mg</i>	G	QL (1 capsule per 1 day)
DOVATO ORAL TABLET 50-300 MG (<i>dolutegravir-lamivudine</i>)	NPB	QL (2 tablets per 1 day)
EDURANT ORAL TABLET 25 MG (<i>rilpivirine hcl</i>)	NPB	QL (1 tablet per 1 day)
<i>efavirenz oral capsule 200 mg, 50 mg</i>	G	QL (3 capsules per 1 day)

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>efavirenz oral tablet 600 mg</i>	G	QL (1 tablet per 1 day)
EMTRIVA ORAL CAPSULE 200 MG (<i>emtricitabine</i>)	PB	QL (1 capsule per 1 day)
EMTRIVA ORAL SOLUTION 10 MG/ML (<i>emtricitabine</i>)	PB	QL (4 bottles per 30 days)
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	G	SP
EPIVIR HBV ORAL SOLUTION 5 MG/ML (<i>lamivudine</i>)	PB	#
EPIVIR HBV ORAL TABLET 100 MG (<i>lamivudine</i>)	NPB	
EPIVIR ORAL SOLUTION 10 MG/ML (<i>lamivudine</i>)	NPB	QL (4 bottles per 30 days)
EPIVIR ORAL TABLET 150 MG (<i>lamivudine</i>)	NPB	QL (2 tablets per 1 day)
EPIVIR ORAL TABLET 300 MG (<i>lamivudine</i>)	NPB	QL (1 tablet per 1 day)
EPZICOM ORAL TABLET 600-300 MG (<i>abacavir sulfate-lamivudine</i>)	NPB	QL (1 tablet per 1 day)
EVOTAZ ORAL TABLET 300-150 MG (<i>atazanavir-cobicistat</i>)	NPB	QL (1 tablet per 1 day)
<i>famciclovir oral tablet 125 mg, 250 mg</i>	G	QL (60 tab per 30 Days)
<i>famciclovir oral tablet 500 mg</i>	G	QL (21 tab per 30 Days)
FLUMADINE ORAL TABLET 100 MG (<i>rimantadine hcl</i>)	NPB	
<i>fosamprenavir calcium oral tablet 700 mg</i>	G	QL (4 tablets per 1 day)
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG (<i>enfuvirtide</i>)	NPSP	PA; #; SP; QL (2 vials per 1 day)
<i>ganciclovir sodium intravenous solution reconstituted 500 mg</i>	PSP	SP
GENVOYA ORAL TABLET 150-150-200-10 MG (<i>elviteg-cobic-emtricit-tenofaf</i>)	NPB	PA; ST; QL (1 tablet per 1 day)
HEPSERA ORAL TABLET 10 MG (<i>adefovir dipivoxil</i>)	NPSP	SP
INTELENCE ORAL TABLET 100 MG, 25 MG (<i>etravirine</i>)	NPB	QL (4 tablets per 1 day)
INTELENCE ORAL TABLET 200 MG (<i>etravirine</i>)	NPB	QL (2 tablets per 1 day)
INVIRASE ORAL TABLET 500 MG (<i>saquinavir mesylate</i>)	NPB	QL (4 tablets per 1 day)
ISENTRESS HD ORAL TABLET 600 MG (<i>raltegravir potassium</i>)	PB	QL (2 tablets per 1 Day)
ISENTRESS ORAL PACKET 100 MG (<i>raltegravir potassium</i>)	PB	QL (2 packets per 1 day)
ISENTRESS ORAL TABLET 400 MG (<i>raltegravir potassium</i>)	PB	QL (4 tablets per 1 day)
ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG (<i>raltegravir potassium</i>)	PB	QL (6 tablets per 1 day)
JULUCA ORAL TABLET 50-25 MG (<i>dolutegravir-rilpivirine</i>)	NPB	ST; QL (1 tablet per 1 day)

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KALETRA ORAL SOLUTION 400-100 MG/5ML (<i>lopinavir-ritonavir</i>)	NPB	QL (3 bottles per 30 days)
KALETRA ORAL TABLET 100-25 MG (<i>lopinavir-ritonavir</i>)	NPB	#; QL (8 tablets per 1 day)
KALETRA ORAL TABLET 200-50 MG (<i>lopinavir-ritonavir</i>)	NPB	#; QL (4 tablets per 1 day)
<i>lamivudine oral solution 10 mg/ml</i>	G	QL (4 bottles per 30 days)
<i>lamivudine oral tablet 100 mg</i>	G	
<i>lamivudine oral tablet 150 mg</i>	G	QL (2 tablets per 1 day)
<i>lamivudine oral tablet 300 mg</i>	G	QL (1 tablet per 1 day)
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	G	QL (2 tablets per 1 day)
LEXIVA ORAL SUSPENSION 50 MG/ML (<i>fosamprenavir calcium</i>)	PB	#; QL (8 bottles per 30 days)
LEXIVA ORAL TABLET 700 MG (<i>fosamprenavir calcium</i>)	NPB	QL (4 tablets per 1 day)
<i>lopinavir-ritonavir oral solution 400-100 mg/5ml</i>	G	QL (3 bottles per 30 days)
<i>nevirapine er oral tablet extended release 24 hour 100 mg</i>	G	QL (3 tablets per 1 day)
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	G	QL (1 tablet per 1 day)
<i>nevirapine oral suspension 50 mg/5ml</i>	G	QL (5 bottles per 30 days)
<i>nevirapine oral tablet 200 mg</i>	G	QL (2 tablets per 1 day)
NORVIR ORAL PACKET 100 MG (<i>ritonavir</i>)	PB	QL (12 packets per 1 day)
NORVIR ORAL SOLUTION 80 MG/ML (<i>ritonavir</i>)	PB	#; QL (2 bottles per 30 days)
NORVIR ORAL TABLET 100 MG (<i>ritonavir</i>)	NPB	QL (12 tablets per 1 day)
ODEFSEY ORAL TABLET 200-25-25 MG (<i>emtricitabine-rilpivir-tenofovir af</i>)	NPB	QL (1 tablet per 1 Day)
<i>oseltamivir phosphate oral capsule 30 mg, 45 mg, 75 mg</i>	G	QL (20 capsules per 365 Days)
<i>oseltamivir phosphate oral suspension reconstituted 6 mg/ml</i>	G	QL (480 MLS per 365 Days)
PEGASYS PROCLICK SUBCUTANEOUS SOLUTION 180 MCG/0.5ML (<i>peginterferon alfa-2a</i>)	PSP	PA; SP
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/0.5ML, 180 MCG/ML (<i>peginterferon alfa-2a</i>)	PSP	PA; SP
PIFELTRO ORAL TABLET 100 MG (<i>doravirine</i>)	NPB	QL (1 tablet per 1 day)
PREVYMIS ORAL TABLET 240 MG, 480 MG (<i>letermovir</i>)	NPSP	PA; SP; QL (1 tablet per 1 day)
PREZCOBIX ORAL TABLET 800-150 MG (<i>darunavir-cobicistat</i>)	PB	QL (1 tablet per 1 day)
PREZISTA ORAL SUSPENSION 100 MG/ML (<i>darunavir ethanolate</i>)	PB	QL (2 bottles per 30 days)

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PREZISTA ORAL TABLET 150 MG (<i>darunavir ethanolate</i>)	PB	QL (6 tablets per 1 day)
PREZISTA ORAL TABLET 600 MG (<i>darunavir ethanolate</i>)	PB	QL (2 tablets per 1 day)
PREZISTA ORAL TABLET 75 MG (<i>darunavir ethanolate</i>)	PB	QL (10 tablets per 1 day)
PREZISTA ORAL TABLET 800 MG (<i>darunavir ethanolate</i>)	PB	QL (1 tablet per 1 day)
REBETOL ORAL SOLUTION 40 MG/ML (<i>ribavirin</i>)	NPSP	SP
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/BLISTER (<i>zanamivir</i>)	NPB	QL (2 EA per 365 Days)
RESCRIPTOR ORAL TABLET 200 MG (<i>delavirdine mesylate</i>)	NPB	#; QL (15 tablets per 1 day)
RETROVIR ORAL CAPSULE 100 MG (<i>zidovudine</i>)	NPB	QL (6 capsules per 1 day)
RETROVIR ORAL SYRUP 50 MG/5ML (<i>zidovudine</i>)	NPB	QL (8 bottles per 30 days)
REYATAZ ORAL CAPSULE 150 MG, 300 MG (<i>atazanavir sulfate</i>)	NPB	QL (1 capsule per 1 day)
REYATAZ ORAL CAPSULE 200 MG (<i>atazanavir sulfate</i>)	NPB	QL (2 capsules per 1 day)
REYATAZ ORAL PACKET 50 MG (<i>atazanavir sulfate</i>)	PB	#; QL (6 packets per 1 day)
<i>ribavirin</i> (Ribasphere Oral Capsule 200 Mg)	G	SP
<i>ribavirin</i> (Ribasphere Oral Tablet 200 Mg)	G	SP
<i>ribasphere oral tablet 400 mg</i>	G	SP
<i>ribasphere oral tablet 600 mg</i>	NPSP	SP
<i>ribasphere ribapak oral tablet 400 mg, 600 mg</i>	G	SP
<i>ribavirin oral capsule 200 mg</i>	G	SP
<i>ribavirin oral tablet 200 mg</i>	G	SP
<i>rimantadine hcl oral tablet 100 mg</i>	G	
<i>ritonavir oral tablet 100 mg</i>	G	QL (12 tablets per 1 day)
SELZENTRY ORAL SOLUTION 20 MG/ML (<i>maraviroc</i>)	NPB	QL (8 bottles per 1 month)
SELZENTRY ORAL TABLET 150 MG (<i>maraviroc</i>)	NPB	QL (2 tablets per 1 day)
SELZENTRY ORAL TABLET 25 MG (<i>maraviroc</i>)	NPB	QL (8 tablets per 1 Day)
SELZENTRY ORAL TABLET 300 MG (<i>maraviroc</i>)	NPB	QL (4 tablets per 1 day)
SELZENTRY ORAL TABLET 75 MG (<i>maraviroc</i>)	NPB	QL (2 tablets per 1 Day)
SITAVIG BUCCAL TABLET 50 MG (<i>acyclovir</i>)	NPB	ST
SOVALDI ORAL TABLET 400 MG (<i>sofosbuvir</i>)	PSP	PA; NPL; SP; QL (1 tablet per 1 day)
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>	G	QL (2 capsules per 1 day)

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
STRIBILD ORAL TABLET 150-150-200-300 MG (<i>elvitegravir-cobic-emtricit-tenofdf</i>)	NPB	PA; ST; QL (1 tablet per 1 day)
SUSTIVA ORAL CAPSULE 200 MG, 50 MG (<i>efavirenz</i>)	NPB	QL (3 capsules per 1 day)
SUSTIVA ORAL TABLET 600 MG (<i>efavirenz</i>)	NPB	QL (1 tablet per 1 day)
SYMFI LO ORAL TABLET 400-300-300 MG (<i>efavirenz-lamivudine-tenofovir</i>)	NPB	#; QL (1 tablet per 1 day)
SYMFI ORAL TABLET 600-300-300 MG (<i>efavirenz-lamivudine-tenofovir</i>)	NPB	#; QL (1 tablet per 1 day)
SYMTUZA ORAL TABLET 800-150-200-10 MG (<i>darun-cobic-emtricit-tenofaf</i>)	NPB	PA; ST; QL (1 tablet per 1 day)
TAMIFLU ORAL CAPSULE 30 MG, 45 MG, 75 MG (<i>oseltamivir phosphate</i>)	NPB	QL (20 capsules per 365 days)
TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML (<i>oseltamivir phosphate</i>)	NPB	QL (180 MLS per 1 fill)
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	G	QL (1 tablet per 1 day)
TIVICAY ORAL TABLET 10 MG, 25 MG, 50 MG (<i>dolutegravir sodium</i>)	PB	QL (2 tablets per 1 day)
TRIUMEQ ORAL TABLET 600-50-300 MG (<i>abacavir-dolutegravir-lamivud</i>)	PB	QL (1 tablet per 1 day)
TRIZIVIR ORAL TABLET 300-150-300 MG (<i>abacavir-lamivudine-zidovudine</i>)	NPB	QL (2 tablets per 1 day)
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG (<i>emtricitabine-tenofovir df</i>)	PB	QL (1 tablet per 1 day)
<i>valacyclovir hcl oral tablet 1 gm, 500 mg</i>	G	
VALCYTE ORAL SOLUTION RECONSTITUTED 50 MG/ML (<i>valganciclovir hcl</i>)	NPSP	PA; SP; QL (1000 mls per 30 days)
VALCYTE ORAL TABLET 450 MG (<i>valganciclovir hcl</i>)	NPSP	PA; SP; QL (102 tablets per 30 days)
<i>valganciclovir hcl oral solution reconstituted 50 mg/ml</i>	G	PA; SP; QL (1000 milliliters per 30 days)
<i>valganciclovir hcl oral tablet 450 mg</i>	G	PA; SP; QL (102 tablets per 30 days)
VALTRESX ORAL TABLET 1 GM, 500 MG (<i>valacyclovir hcl</i>)	NPB	ST
VEMLIDY ORAL TABLET 25 MG (<i>tenofovir alafenamide fumarate</i>)	NPSP	PA; ST; SP; QL (1 tablet per 1 day)
VIDEX EC ORAL CAPSULE DELAYED RELEASE 125 MG, 200 MG, 250 MG, 400 MG (<i>didanosine</i>)	NPB	QL (1 capsule per 1 day)

2019 Aetna Commercial Plan (Self Insured)

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08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VIDEX ORAL SOLUTION RECONSTITUTED 2 GM (<i>didanosine</i>)	PB	QL (12 bottles per 30 days)
VIRACEPT ORAL TABLET 250 MG (<i>nelfinavir mesylate</i>)	NPB	QL (10 tablets per 1 day)
VIRACEPT ORAL TABLET 625 MG (<i>nelfinavir mesylate</i>)	NPB	QL (4 tablets per 1 day)
VIRAMUNE ORAL SUSPENSION 50 MG/5ML (<i>nevirapine</i>)	NPB	QL (5 bottles per 30 days)
VIRAMUNE ORAL TABLET 200 MG (<i>nevirapine</i>)	NPB	QL (2 tablets per 1 day)
VIRAMUNE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 400 MG (<i>nevirapine</i>)	NPB	QL (1 tablet per 1 day)
VIRAZOLE INHALATION SOLUTION RECONSTITUTED 6 GM (<i>ribavirin</i>)	NPB	
VIREAD ORAL POWDER 40 MG/GM (<i>tenofovir disoproxil fumarate</i>)	PB	#; QL (4 bottles per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG (<i>tenofovir disoproxil fumarate</i>)	PB	#; QL (1 tablet per 1 day)
VIREAD ORAL TABLET 300 MG (<i>tenofovir disoproxil fumarate</i>)	NPB	QL (1 tablet per 1 day)
ZERIT ORAL CAPSULE 30 MG, 40 MG (<i>stavudine</i>)	NPB	QL (2 capsules per 1 day)
ZIAGEN ORAL SOLUTION 20 MG/ML (<i>abacavir sulfate</i>)	NPB	QL (4 bottles per 30 days)
ZIAGEN ORAL TABLET 300 MG (<i>abacavir sulfate</i>)	NPB	QL (2 tablets per 1 day)
<i>zidovudine oral capsule 100 mg</i>	G	QL (6 capsules per 1 day)
<i>zidovudine oral syrup 50 mg/5ml</i>	G	QL (8 bottles per 30 days)
<i>zidovudine oral tablet 300 mg</i>	G	QL (2 tablets per 1 day)
ZOVIRAX ORAL CAPSULE 200 MG (<i>acyclovir</i>)	NPB	
ZOVIRAX ORAL SUSPENSION 200 MG/5ML (<i>acyclovir</i>)	NPB	
ZOVIRAX ORAL TABLET 800 MG (<i>acyclovir</i>)	NPB	
*ANTI-VON WILLEBRAND FACTOR AGENTS*** - DRUGS FOR THE BLOOD		
CABLIVI INJECTION KIT 11 MG (<i>caplacizumab-yhdp</i>)	NPSP	PA; NPL; SP; QL (1 vial per day, 2 courses (58 day supply) per 1 lifetime)
ASSORTED CLASSES - VITAMINS AND MINERALS		
<i>sterile water for irrigation</i> (Argyle Sterile Water Irrigation Solution)	G	
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 5 MG (<i>tacrolimus</i>)	NPSP	#; SP

2019 Aetna Commercial Plan (Self Insured)

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08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ATGAM INTRAVENOUS INJECTABLE 50 MG/ML (<i>lymphocyte,anti-thymo imm glob</i>)	NPSP	SP
AZASAN ORAL TABLET 100 MG, 75 MG (<i>azathioprine</i>)	NPB	
<i>azathioprine oral tablet 50 mg</i>	G	
BENLYSTA INTRAVENOUS SOLUTION RECONSTITUTED 120 MG, 400 MG (<i>belimumab</i>)	NPSP	PA; ST; SP
BENLYSTA SUBCUTANEOUS SOLUTION AUTO- INJECTOR 200 MG/ML (<i>belimumab</i>)	NPSP	PA; ST; SP; QL (4 injections per 1 month)
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML (<i>belimumab</i>)	NPSP	PA; ST; SP; QL (4 injections per 1 month)
CELLCEPT ORAL CAPSULE 250 MG (<i>mycophenolate mofetil</i>)	NPSP	SP
CELLCEPT ORAL SUSPENSION RECONSTITUTED 200 MG/ML (<i>mycophenolate mofetil</i>)	NPSP	SP
CELLCEPT ORAL TABLET 500 MG (<i>mycophenolate mofetil</i>)	NPSP	SP
CUPRIMINE ORAL CAPSULE 250 MG (<i>penicillamine</i>)	NPSP	PA; #
<i>cyclosporine intravenous solution 50 mg/ml</i>	PSP	SP
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	G	
<i>cyclosporine modified oral solution 100 mg/ml</i>	G	
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	G	
DEPEN TITRATABS ORAL TABLET 250 MG (<i>penicillamine</i>)	NPSP	PA; SP
<i>d-penammine oral tablet 125 mg</i>	NPSP	PA; SP
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.75 MG, 1 MG, 4 MG (<i>tacrolimus</i>)	NPSP	
<i>cyclosporine modified (Gengraf Oral Capsule 100 Mg, 25 Mg)</i>	G	
<i>cyclosporine modified (Gengraf Oral Solution 100 Mg/MI)</i>	G	
IMURAN ORAL TABLET 50 MG (<i>azathioprine</i>)	NPB	
KIONEX ORAL SUSPENSION 15 GM/60ML (<i>sodium polystyrene sulfonate</i>)	G	
<i>lactated ringers irrigation solution</i>	G	
LOKELMA ORAL PACKET 10 GM, 5 GM (<i>sodium zirconium cyclosilicate</i>)	NPB	PA; ST
<i>mycophenolate mofetil oral capsule 250 mg</i>	G	SP
<i>mycophenolate mofetil oral suspension reconstituted 200 mg/ml</i>	G	SP

2019 Aetna Commercial Plan (Self Insured)

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08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>mycophenolate mofetil oral tablet 500 mg</i>	G	SP
<i>mycophenolate sodium oral tablet delayed release 180 mg, 360 mg</i>	G	SP
MYFORTIC ORAL TABLET DELAYED RELEASE 180 MG, 360 MG (<i>mycophenolate sodium</i>)	NPSP	SP
NEORAL ORAL CAPSULE 100 MG, 25 MG (<i>cyclosporine modified</i>)	NPSP	SP
NEORAL ORAL SOLUTION 100 MG/ML (<i>cyclosporine modified</i>)	NPSP	SP
NULOJIX INTRAVENOUS SOLUTION RECONSTITUTED 250 MG (<i>belatacept</i>)	NPSP	SP
PHYSIOLYTE IRRIGATION SOLUTION (<i>irrigation solns physiological</i>)	G	
PHYSIOSOL IRRIGATION IRRIGATION SOLUTION (<i>irrigation solns physiological</i>)	G	
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML (<i>tacrolimus</i>)	NPSP	SP
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG (<i>tacrolimus</i>)	NPSP	SP
PROGRAF ORAL PACKET 0.2 MG, 1 MG (<i>tacrolimus</i>)	NPSP	SP
RAPAMUNE ORAL SOLUTION 1 MG/ML (<i>sirolimus</i>)	NPSP	SP
RAPAMUNE ORAL TABLET 0.5 MG, 1 MG, 2 MG (<i>sirolimus</i>)	NPSP	SP
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG (<i>lenalidomide</i>)	NPSP	PA; #; SP; QL (1 capsule per 1 day)
<i>ringers irrigation irrigation solution</i>	G	
SANDIMMUNE INTRAVENOUS SOLUTION 50 MG/ML (<i>cyclosporine</i>)	NPSP	SP
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG (<i>cyclosporine</i>)	NPSP	SP
SANDIMMUNE ORAL SOLUTION 100 MG/ML (<i>cyclosporine</i>)	NPSP	SP
SIMULECT INTRAVENOUS SOLUTION RECONSTITUTED 10 MG, 20 MG (<i>basiliximab</i>)	NPSP	SP
<i>sirolimus oral solution 1 mg/ml</i>	PSP	SP
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	G	SP
<i>sodium polystyrene sulfonate oral powder</i>	G	

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

100

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>sodium polystyrene sulfonate oral suspension 15 gm/60ml</i>	G	
<i>sodium polystyrene sulfonate rectal suspension 30 gm/120ml, 50 gm/200ml</i>	G	
<i>sodium polystyrene sulfonate (Sps Oral Suspension 15 Gm/60Ml)</i>	NPB	
<i>sterile water for irrigation irrigation solution</i>	G	
SYPRINE ORAL CAPSULE 250 MG (<i>trientine hcl</i>)	NPSP	PA; SP
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	G	SP
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG (<i>thalidomide</i>)	NPSP	PA; #; SP
THYMOGLOBULIN INTRAVENOUS SOLUTION RECONSTITUTED 25 MG (<i>anti-thymocyte glob (rabbit)</i>)	NPSP	SP
<i>ringers irrigation (Tis-U-Sol Irrigation Solution)</i>	G	
<i>trientine hcl oral capsule 250 mg</i>	PSP	PA; SP
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM (<i>patiromer sorbitex calcium</i>)	NPB	PA; ST; QL (1 packet per 1 Day)
XIAFLEX INJECTION SOLUTION RECONSTITUTED 0.9 MG (<i>collagenase clostrid histolyt</i>)	PSP	SP
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG, 1 MG (<i>everolimus</i>)	NPSP	#; SP
*ATOPIC DERMATITIS - MONOCLONAL ANTIBODIES*** - DRUGS FOR THE SKIN		
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML (<i>dupilumab</i>)	NPSP	PA; NPL; SP; QL (2 injections per 1 month)
BETA BLOCKERS - DRUGS FOR THE HEART		
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>	G	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	G	
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG (<i>sotalol hcl af</i>)	NPB	
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG (<i>sotalol hcl</i>)	NPB	
<i>betaxolol hcl oral tablet 10 mg, 20 mg</i>	G	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	G	
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 5 MG (<i>nebivolol hcl</i>)	PB	QL (1 tablet per 1 day)
BYSTOLIC ORAL TABLET 20 MG (<i>nebivolol hcl</i>)	PB	QL (2 tablets per 1 day)
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	G	

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg</i>	G	QL (1 capsule per 1 day)
COREG CR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 40 MG, 80 MG (<i>carvedilol phosphate</i>)	NPB	
COREG ORAL TABLET 12.5 MG, 25 MG, 3.125 MG, 6.25 MG (<i>carvedilol</i>)	NPB	
CORGARD ORAL TABLET 20 MG, 40 MG, 80 MG (<i>nadolol</i>)	NPB	
HEMANGEOL ORAL SOLUTION 4.28 MG/ML (<i>propranolol hcl</i>)	NPB	PA
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 160 MG, 60 MG, 80 MG (<i>propranolol hcl</i>)	NPB	ST
INDERAL XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG (<i>propranolol hcl sr beads</i>)	NPB	
KAPSPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 200 MG, 25 MG, 50 MG (<i>metoprolol succinate</i>)	NPB	
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	G	
LOPRESSOR ORAL TABLET 100 MG, 50 MG (<i>metoprolol tartrate</i>)	NPB	
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 50 mg</i>	G	QL (1.5 tablets per 1 day)
<i>metoprolol succinate er oral tablet extended release 24 hour 200 mg</i>	G	QL (2 tablets per 1 day)
<i>metoprolol succinate er oral tablet extended release 24 hour 25 mg</i>	G	QL (1 tablet per 1 day)
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	G	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	G	
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg</i>	G	
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	G	
<i>sotalol hcl</i> (Sorine Oral Tablet 120 Mg, 160 Mg, 240 Mg, 80 Mg)	G	
<i>sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg</i>	G	
<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	G	
SOTYLIZE ORAL SOLUTION 5 MG/ML (<i>sotalol hcl</i>)	NPB	

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TENORMIN ORAL TABLET 100 MG, 25 MG, 50 MG (<i>atenolol</i>)	NPB	
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 50 MG (<i>metoprolol succinate</i>)	NPB	
*BILE ACID SYNTHESIS DISORDER AGENTS*** - DRUGS FOR THE STOMACH		
CHOLBAM ORAL CAPSULE 250 MG, 50 MG (<i>cholic acid</i>)	NPSP	PA
BIOLOGICALS MISC - BIOLOGICAL AGENTS		
ADAGEN INTRAMUSCULAR SOLUTION 250 UNIT/ML (<i>pegademase bovine</i>)	NPSP	SP
GRASTEK SUBLINGUAL TABLET SUBLINGUAL 2800 BAU (<i>timothy grass pollen allergen</i>)	PB	PA; ST; QL (1 tablet per 1 day)
RAGWITEK SUBLINGUAL TABLET SUBLINGUAL 12 AMB A 1-U (<i>short ragweed pollen ext</i>)	NPB	PA; ST; QL (1 tablet per 1 day)
*CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG*** - DRUGS FOR THE NERVOUS SYSTEM		
AIMOVIG 140 DOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 70 MG/ML (<i>erenumab-aooe</i>)	PB	PA; ST; QL (2 pens per 28 days)
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML (<i>erenumab-aooe</i>)	PB	PA; ST; QL (1 pen per 1 month)
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 70 MG/ML (<i>erenumab-aooe</i>)	PB	PA; ST; QL (1 pen per 28 days)
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 225 MG/1.5ML (<i>fremanezumab-vfrm</i>)	PB	PA; ST; QL (1 injection per 1 month)
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML (<i>galcanezumab-gnlm</i>)	PB	PA; ST; QL (1 injection per 1 month)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML (<i>galcanezumab-gnlm</i>)	PB	PA; ST; QL (1 injection per 1 month)
CALCIUM CHANNEL BLOCKERS - DRUGS FOR THE HEART		
ADALAT CC ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 60 MG, 90 MG (<i>nifedipine</i>)	NPB	
<i>nifedipine er</i> (Afeditab Cr Oral Tablet Extended Release 24 Hour 30 Mg, 60 Mg)	G	
<i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>	G	
CALAN ORAL TABLET 120 MG (<i>verapamil hcl</i>)	NPB	

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CALAN SR ORAL TABLET EXTENDED RELEASE 120 MG, 180 MG, 240 MG (<i>verapamil hcl</i>)	NPB	
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 360 MG (<i>diltiazem hcl coated beads</i>)	NPB	ST
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (<i>diltiazem hcl coated beads</i>)	NPB	
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG (<i>diltiazem hcl</i>)	NPB	
<i>diltiazem hcl er coated beads</i> (Cartia Xt Oral Capsule Extended Release 24 Hour 120 Mg)	G	
<i>diltiazem hcl er coated beads</i> (Cartia Xt Oral Capsule Extended Release 24 Hour 180 Mg, 240 Mg, 300 Mg)	G	
<i>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	G	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	G	
<i>diltiazem hcl er coated beads oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	G	
<i>diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i>	G	
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	G	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	G	
<i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	G	
<i>felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	G	
ISOPTIN SR ORAL TABLET EXTENDED RELEASE 240 MG (<i>verapamil hcl</i>)	NPB	
<i>diltiazem hcl er coated beads</i> (Matzim La Oral Tablet Extended Release 24 Hour 180 Mg, 240 Mg, 300 Mg, 360 Mg, 420 Mg)	G	
<i>nicardipine hcl oral capsule 20 mg, 30 mg</i>	G	
<i>nifedipine er osmotic release</i> (Nifedical XI Oral Tablet Extended Release 24 Hour 60 Mg)	G	
<i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	G	

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	G	
<i>nifedipine oral capsule 10 mg, 20 mg</i>	G	
<i>nimodipine oral capsule 30 mg</i>	G	
<i>nisoldipine er oral tablet extended release 24 hour 17 mg, 34 mg, 8.5 mg</i>	G	
NORVASC ORAL TABLET 10 MG, 2.5 MG, 5 MG (<i>amlodipine besylate</i>)	NPB	
NYMALIZE ORAL SOLUTION 60 MG/20ML (<i>nimodipine</i>)	NPB	#; QL (2520 ML per 21 days)
PROCARDIA ORAL CAPSULE 10 MG (<i>nifedipine</i>)	NPB	
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 60 MG, 90 MG (<i>nifedipine</i>)	NPB	
SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 34 MG, 8.5 MG (<i>nisoldipine</i>)	NPB	
<i>diltiazem hcl er beads</i> (Taztia Xt Oral Capsule Extended Release 24 Hour 120 Mg, 180 Mg, 240 Mg, 300 Mg, 360 Mg)	G	
TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (<i>diltiazem hcl er beads</i>)	NPB	
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg</i>	G	
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	G	
<i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>	G	
VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 360 MG (<i>verapamil hcl</i>)	NPB	
VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG (<i>verapamil hcl</i>)	NPB	
CARDIOTONICS - DRUGS FOR THE HEART		
<i>digoxin</i> (Digox Oral Tablet 125 Mcg, 250 Mcg)	G	
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	G	
LANOXIN ORAL TABLET 125 MCG, 187.5 MCG, 250 MCG, 62.5 MCG (<i>digoxin</i>)	NPB	
CARDIOVASCULAR AGENTS - MISC. - DRUGS FOR THE HEART		
ADCIRCA ORAL TABLET 20 MG (<i>tadalafil (pah)</i>)	NPSP	PA; ST; NPL; SP; QL (2 tablets per 1 Day)

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG (<i>riociguat</i>)	NPSP	PA; ST; NPL; SP; QL (3 tablets per 1 Day)
<i>tadalafil (pah)</i> (Alyq Oral Tablet 20 Mg)	PSP	PA; NPL; SP; QL (2 tablets per 1 day)
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	PSP	PA; NPL; SP
BIDIL ORAL TABLET 20-37.5 MG (<i>isosorb dinitrate-hydralazine</i>)	NPB	
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	PSP	PA; NPL; SP
CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 5-10 MG (<i>amlodipine-atorvastatin</i>)	NPB	QL (1 tablet per 1 day)
CAVERJECT IMPULSE INTRACAVERNOSAL KIT 10 MCG, 20 MCG (<i>alprostadil (vasodilator)</i>)	NPB	PA
CAVERJECT INTRACAVERNOSAL SOLUTION RECONSTITUTED 20 MCG, 40 MCG (<i>alprostadil (vasodilator)</i>)	NPB	PA
EDEX INTRACAVERNOSAL KIT 10 MCG, 20 MCG, 40 MCG (<i>alprostadil (vasodilator)</i>)	NPB	PA
<i>epoprostenol sodium intravenous solution reconstituted 0.5 mg, 1.5 mg</i>	G	PA; NPL; SP
FLOLAN INTRAVENOUS SOLUTION RECONSTITUTED 0.5 MG, 1.5 MG (<i>epoprostenol sodium</i>)	NPSP	PA; NPL; SP
LETAIRIS ORAL TABLET 10 MG, 5 MG (<i>ambrisentan</i>)	PSP	PA; NPL; #; SP
OPSUMIT ORAL TABLET 10 MG (<i>macitentan</i>)	PSP	PA; NPL; SP; QL (1 tablet per 1 Day)
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG (<i>treprostinil diolamine</i>)	NPSP	PA; ST; NPL; SP
ORENITRAM ORAL TABLET EXTENDED RELEASE 5 MG (<i>treprostinil diolamine</i>)	NPSP	PA; NPL; SP
REVATIO INTRAVENOUS SOLUTION 10 MG/12.5ML (<i>sildenafil citrate</i>)	NPSP	PA; ST; NPL; SP
REVATIO ORAL SUSPENSION RECONSTITUTED 10 MG/ML (<i>sildenafil citrate</i>)	NPSP	PA; ST; NPL; #; SP; QL (224 ml per 1 fill)
REVATIO ORAL TABLET 20 MG (<i>sildenafil citrate</i>)	NPSP	PA; ST; NPL; SP; QL (3 tablets per 1 Day)
<i>sildenafil citrate oral tablet 20 mg</i>	G	PA; NPL; SP; QL (1 tablet per 1 Day)
<i>tadalafil (pah) oral tablet 20 mg</i>	PSP	PA; NPL; SP; QL (2 tablets per 1 day)

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

106

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	G	PA; QL (1 tablet per 1 day)
TRACLEER ORAL TABLET 125 MG, 62.5 MG (<i>bosentan</i>)	PSP	PA; NPL; #; SP
TRACLEER ORAL TABLET SOLUBLE 32 MG (<i>bosentan</i>)	PSP	PA; NPL; SP
<i>treprostinil injection solution 100 mg/20ml, 20 mg/20ml, 200 mg/20ml, 50 mg/20ml</i>	PSP	PA; NPL; SP
TYVASO INHALATION SOLUTION 0.6 MG/ML (<i>treprostinil</i>)	NPSP	PA; ST; NPL; SP
TYVASO REFILL INHALATION SOLUTION 0.6 MG/ML (<i>treprostinil</i>)	NPSP	PA; ST; NPL; SP
TYVASO STARTER INHALATION SOLUTION 0.6 MG/ML (<i>treprostinil</i>)	NPSP	PA; ST; NPL; SP
VELETRI INTRAVENOUS SOLUTION RECONSTITUTED 0.5 MG, 1.5 MG (<i>epoprostenol sodium</i>)	NPSP	PA; NPL; #; SP
VENTAVIS INHALATION SOLUTION 10 MCG/ML, 20 MCG/ML (<i>iloprost</i>)	NPSP	PA; ST; NPL; SP
CEPHALOSPORINS - DRUGS FOR INFECTIONS		
<i>cefaclor oral capsule 250 mg, 500 mg</i>	G	
<i>cefadroxil oral capsule 500 mg</i>	G	
<i>cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml</i>	G	
<i>cefadroxil oral tablet 1 gm</i>	G	
<i>cefdinir oral capsule 300 mg</i>	G	
<i>cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	G	
<i>cefixime oral capsule 400 mg</i>	G	
<i>cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	G	
<i>cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml</i>	G	
<i>cefpodoxime proxetil oral tablet 100 mg, 200 mg</i>	G	
<i>cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	G	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	G	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	G	
<i>cephalexin oral capsule 250 mg, 500 mg, 750 mg</i>	G	
<i>cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	G	
KEFLEX ORAL CAPSULE 250 MG, 500 MG, 750 MG (<i>cephalexin</i>)	NPB	

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SPECTRACEF ORAL TABLET 400 MG (<i>cefditoren pivoxil</i>)	NPB	
SUPRAX ORAL CAPSULE 400 MG (<i>cefixime</i>)	NPB	#
SUPRAX ORAL SUSPENSION RECONSTITUTED 100 MG/5ML, 200 MG/5ML, 500 MG/5ML (<i>cefixime</i>)	NPB	
SUPRAX ORAL TABLET CHEWABLE 100 MG, 200 MG (<i>cefixime</i>)	NPB	#
*CIC AGENTS - GUANYLATE CYCLASE-C (GC-C) AGONISTS*** - DRUGS FOR THE STOMACH		
TRULANCE ORAL TABLET 3 MG (<i>plecanatide</i>)	PB	QL (1 tablet per 1 Day)
CONTRACEPTIVES - DRUGS FOR WOMEN		
AFIRMELLE ORAL TABLET 0.1-20 MG-MCG (<i>levonorgestrel-ethinyl estrad</i>)	CE	N2 (G)
ALTAVERA ORAL TABLET 0.15-30 MG-MCG (<i>levonorgestrel-ethinyl estrad</i>)	CE	N2 (G)
<i>alyacen 1/35 oral tablet 1-35 mg-mcg</i>	CE	N2 (G)
<i>alyacen 7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	G	
<i>levonorgest-eth estrad 91-day (Amethia Lo Oral Tablet 0.1-0.02 & 0.01 Mg)</i>	G	
AMETHIA ORAL TABLET 0.15-0.03 & 0.01 MG (<i>levonorgest-eth estrad 91-day</i>)	G	
APRI ORAL TABLET 0.15-30 MG-MCG (<i>desogestrel-ethinyl estradiol</i>)	CE	N2 (G)
ARANELLE ORAL TABLET 0.5/1/0.5-35 MG-MCG (<i>norethin-eth estrad triphasic</i>)	CE	N2 (G)
AUBRA EQ ORAL TABLET 0.1-20 MG-MCG (<i>levonorgestrel-ethinyl estrad</i>)	CE	N2 (G)
<i>levonorgestrel-ethinyl estrad (Aubra Oral Tablet 0.1-20 Mg-Mcg)</i>	G	
AUROVELA 1.5/30 ORAL TABLET 1.5-30 MG-MCG (<i>norethindrone acet-ethinyl est</i>)	CE	N2 (G)
AUROVELA 1/20 ORAL TABLET 1-20 MG-MCG (<i>norethindrone acet-ethinyl est</i>)	CE	N2 (G)
AUROVELA 24 FE ORAL TABLET 1-20 MG-MCG(24) (<i>norethin ace-eth estrad-fe</i>)	CE	N2 (G)
<i>norethin ace-eth estrad-fe (Aurovela Fe 1/20 Oral Tablet 1-20 Mg-Mcg)</i>	CE	N2 (G)
AVIANE ORAL TABLET 0.1-20 MG-MCG (<i>levonorgestrel-ethinyl estrad</i>)	CE	N2 (G)

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>levonorgestrel-ethinyl estrad</i> (Ayuna Oral Tablet 0.15-30 Mg-Mcg)	CE	N2 (G)
AZURETTE ORAL TABLET 0.15-0.02/0.01 MG (21/5) (<i>desogestrel-ethinyl estradiol</i>)	CE	N2 (G)
BALCOLTRA ORAL TABLET 0.1-20 MG-MCG(21) (<i>levonorgest-eth estrad-fe bisg</i>)	NPB	
BALZIVA ORAL TABLET 0.4-35 MG-MCG (<i>norethindrone-eth estradiol</i>)	CE	N2 (G)
BEYAZ ORAL TABLET 3-0.02-0.451 MG (<i>drospiren-eth estrad-levomefol</i>)	NPB	
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	CE	N2 (G)
CAMILA ORAL TABLET 0.35 MG (<i>norethindrone</i>)	G	
CAMRESE LO ORAL TABLET 0.1-0.02 & 0.01 MG (<i>levonorgest-eth estrad 91-day</i>)	G	
<i>levonorgest-eth estrad 91-day</i> (Camrese Oral Tablet 0.15-0.03 &0.01 Mg)	G	
CAZIAN ORAL TABLET 0.1/0.125/0.15 -0.025 MG (<i>desogestrel-ethinyl estradiol</i>)	CE	N2 (G)
CESIA ORAL TABLET 0.1/0.125/0.15 -0.025 MG (<i>desogestrel-ethinyl estradiol</i>)	CE	N2 (G)
CHATEAL EQ ORAL TABLET 0.15-30 MG-MCG (<i>levonorgestrel-ethinyl estrad</i>)	CE	N2 (G)
CHATEAL ORAL TABLET 0.15-30 MG-MCG (<i>levonorgestrel-ethinyl estrad</i>)	CE	N2 (G)
CRYSSELLE-28 ORAL TABLET 0.3-30 MG-MCG (<i>norgestrel-ethinyl estradiol</i>)	CE	N2 (G)
CYCLAFEM 1/35 ORAL TABLET 1-35 MG-MCG (<i>norethindrone-eth estradiol</i>)	CE	N2 (G)
CYCLAFEM 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG (<i>norethin-eth estrad triphasic</i>)	G	
DASETTA 1/35 ORAL TABLET 1-35 MG-MCG (<i>norethindrone-eth estradiol</i>)	CE	N2 (G)
DASETTA 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG (<i>norethin-eth estrad triphasic</i>)	G	
DAYSEE ORAL TABLET 0.15-0.03 &0.01 MG (<i>levonorgest-eth estrad 91-day</i>)	G	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML (<i>medroxyprogesterone acetate</i>)	NPB	

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5), 0.15-30 mg-mcg</i>	G	
<i>drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg</i>	CE	N2 (G)
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i>	G	
ELINEST ORAL TABLET 0.3-30 MG-MCG (<i>norgestrel-ethinyl estradiol</i>)	CE	N2 (G)
ELLA ORAL TABLET 30 MG (<i>ulipristal acetate</i>)	CE	#; N2 (NPB)
EMOQUETTE ORAL TABLET 0.15-30 MG-MCG (<i>desogestrel-ethinyl estradiol</i>)	CE	N2 (G)
ENPRESSE-28 ORAL TABLET (<i>levonorg-eth estrad triphasic</i>)	CE	N2 (G)
ENSKYCE ORAL TABLET 0.15-30 MG-MCG (<i>desogestrel-ethinyl estradiol</i>)	CE	N2 (G)
ERRIN ORAL TABLET 0.35 MG (<i>norethindrone</i>)	G	
<i>norgestimate-eth estradiol (Estarylla Oral Tablet 0.25-35 Mg-Mcg)</i>	G	
ESTROSTEP FE ORAL TABLET 1-20/1-30/1-35 MG-MCG (<i>norethindron-ethinyl estrad-fe</i>)	NPB	
FALMINA ORAL TABLET 0.1-20 MG-MCG (<i>levonorgestrel-ethinyl estrad</i>)	CE	N2 (G)
<i>levonorgest-eth est & eth est (Fayosim Oral Tablet 42-21-21-7 Days)</i>	CE	N2 (G)
GENERESS FE ORAL TABLET CHEWABLE 0.8-25 MG-MCG (<i>norethin-eth estradiol-fe</i>)	NPB	#
<i>drospirenone-ethinyl estradiol (Gianvi Oral Tablet 3-0.02 Mg)</i>	G	
<i>norethin ace-eth estrad-fe (Hailey 24 Fe Oral Tablet 1-20 Mg-Mcg(24))</i>	CE	N2 (G)
HEATHER ORAL TABLET 0.35 MG (<i>norethindrone</i>)	G	
<i>levonorgest-eth estrad 91-day (Introvale Oral Tablet 0.15-0.03 Mg)</i>	G	QL (2 tab per 1 Day)
ISIBLOOM ORAL TABLET 0.15-30 MG-MCG (<i>desogestrel-ethinyl estradiol</i>)	CE	N2 (G)
JASMIEL ORAL TABLET 3-0.02 MG (<i>drospirenone-ethinyl estradiol</i>)	CE	N2 (G)
JENCYCLA ORAL TABLET 0.35 MG (<i>norethindrone</i>)	G	
JOLESSA ORAL TABLET 0.15-0.03 MG (<i>levonorgest-eth estrad 91-day</i>)	G	QL (2 tab per 1 Day)

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

110

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
JOLIVETTE ORAL TABLET 0.35 MG (<i>norethindrone</i>)	G	
JUNEL 1.5/30 ORAL TABLET 1.5-30 MG-MCG (<i>norethindrone acet-ethinyl est</i>)	CE	N2 (G)
JUNEL 1/20 ORAL TABLET 1-20 MG-MCG (<i>norethindrone acet-ethinyl est</i>)	CE	N2 (G)
JUNEL FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG (<i>norethin ace-eth estrad-fe</i>)	CE	N2 (G)
JUNEL FE 1/20 ORAL TABLET 1-20 MG-MCG (<i>norethin ace-eth estrad-fe</i>)	CE	N2 (G)
KARIVA ORAL TABLET 0.15-0.02/0.01 MG (21/5) (<i>desogestrel-ethinyl estradiol</i>)	CE	N2 (G)
<i>ethynodiol diac-eth estradiol</i> (Kelnor 1/35 Oral Tablet 1-35 Mg-Mcg)	CE	N2 (G)
KURVELO ORAL TABLET 0.15-30 MG-MCG (<i>levonorgestrel-ethinyl estrad</i>)	CE	N2 (G)
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 19.5 MG (<i>levonorgestrel</i>)	CE	N2 (NPB)
LARIN 1/20 ORAL TABLET 1-20 MG-MCG (<i>norethindrone acet-ethinyl est</i>)	G	
LARIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG (<i>norethin ace-eth estrad-fe</i>)	G	
LARIN FE 1/20 ORAL TABLET 1-20 MG-MCG (<i>norethin ace-eth estrad-fe</i>)	G	QL (2 tab per 1 Day)
LEENA ORAL TABLET 0.5/1/0.5-35 MG-MCG (<i>norethin-eth estrad triphasic</i>)	CE	N2 (G)
LESSINA ORAL TABLET 0.1-20 MG-MCG (<i>levonorgestrel-ethinyl estrad</i>)	CE	N2 (G)
LEVONEST ORAL TABLET (<i>levonorg-eth estrad triphasic</i>)	CE	N2 (G)
<i>levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 mg</i>	G	QL (2 tab per 1 Day)
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg</i>	G	
<i>levonorgestrel-ethinyl estrad oral tablet 0.15-30 mg-mcg</i>	CE	N2 (G)
LEVORA 0.15/30 (28) ORAL TABLET 0.15-30 MG-MCG (<i>levonorgestrel-ethinyl estrad</i>)	CE	N2 (G)
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG / 10 MCG (<i>norethin-eth estrad-fe biphas</i>)	NPB	
LOESTRIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG (<i>norethindrone acet-ethinyl est</i>)	NPB	

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LOESTRIN 1/20 (21) ORAL TABLET 1-20 MG-MCG (<i>norethindrone acet-ethinyl est</i>)	NPB	
LORYNA ORAL TABLET 3-0.02 MG (<i>drospirenone-ethinyl estradiol</i>)	G	
LOSEASONIQUE ORAL TABLET 0.1-0.02 & 0.01 MG (<i>levonorgest-eth estrad 91-day</i>)	NPB	QL (90 days maximum per 1 fill)
LOW-OGESTREL ORAL TABLET 0.3-30 MG-MCG (<i>norgestrel-ethinyl estradiol</i>)	CE	N2 (G)
LO-ZUMANDIMINE ORAL TABLET 3-0.02 MG (<i>drospirenone-ethinyl estradiol</i>)	CE	N2 (G)
LUTERA ORAL TABLET 0.1-20 MG-MCG (<i>levonorgestrel-ethinyl estrad</i>)	CE	N2 (G)
<i>norethindrone</i> (Lyza Oral Tablet 0.35 Mg)	G	
<i>marlissa oral tablet 0.15-30 mg-mcg</i>	CE	N2 (G)
<i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>	CE	N2 (G)
<i>norethindrone acet-ethinyl est</i> (Mibelas 24 Fe Oral Tablet Chewable 1-20 Mg-Mcg(24))	G	
MICROGESTIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG (<i>norethindrone acet-ethinyl est</i>)	CE	N2 (G)
<i>norethindrone acet-ethinyl est</i> (Microgestin 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N2 (G)
MICROGESTIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG (<i>norethin ace-eth estrad-fe</i>)	CE	N2 (G)
MICROGESTIN FE 1/20 ORAL TABLET 1-20 MG-MCG (<i>norethin ace-eth estrad-fe</i>)	CE	N2 (G); QL (1.5 tablets per 1 Day)
MINASTRIN 24 FE ORAL TABLET CHEWABLE 1-20 MG-MCG(24) (<i>norethin ace-eth estrad-fe</i>)	NPB	
MIRCETTE ORAL TABLET 0.15-0.02/0.01 MG (21/5) (<i>desogestrel-ethinyl estradiol</i>)	NPB	
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/24HR (<i>levonorgestrel</i>)	CE	#; N2 (NPB)
MONO-LINYAH ORAL TABLET 0.25-35 MG-MCG (<i>norgestimate-eth estradiol</i>)	G	
MONONESSA ORAL TABLET 0.25-35 MG-MCG (<i>norgestimate-eth estradiol</i>)	G	
NATAZIA ORAL TABLET 3/2-2/2-3/1 MG (<i>estradiol valerate-dienogest</i>)	NPB	

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG (<i>norethindrone-eth estradiol</i>)	CE	N2 (G)
NECON 1/35 (28) ORAL TABLET 1-35 MG-MCG (<i>norethindrone-eth estradiol</i>)	CE	N2 (G)
NEXPLANON SUBCUTANEOUS IMPLANT 68 MG (<i>etonogestrel</i>)	CE	N2 (NPB)
NORA-BE ORAL TABLET 0.35 MG (<i>norethindrone</i>)	G	
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg(24)</i>	CE	N2 (G)
<i>norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)</i>	G	
<i>norethindrone oral tablet 0.35 mg</i>	G	
<i>norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg, 0.8-25 mg-mcg</i>	CE	N2 (G)
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	G	
<i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	G	
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG (<i>norethindrone-eth estradiol</i>)	CE	N2 (G)
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG (<i>norethindrone-eth estradiol</i>)	CE	N2 (G)
NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG (<i>norethindrone-eth estradiol</i>)	CE	N2 (G)
NORTREL 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG (<i>norethin-eth estrad triphasic</i>)	G	
NUVARING VAGINAL RING 0.12-0.015 MG/24HR (<i>etonogestrel-ethinyl estradiol</i>)	PB	#
OCELLA ORAL TABLET 3-0.03 MG (<i>drospirenone-ethinyl estradiol</i>)	G	
ORSYTHIA ORAL TABLET 0.1-20 MG-MCG (<i>levonorgestrel-ethinyl estrad</i>)	CE	N2 (G)
ORTHO MICRONOR ORAL TABLET 0.35 MG (<i>norethindrone</i>)	NPB	
ORTHO TRI-CYCLEN LO ORAL TABLET 0.18/0.215/0.25 MG-25 MCG (<i>norgestim-eth estrad triphasic</i>)	NPB	
ORTHO-NOVUM 1/35 (28) ORAL TABLET 1-35 MG-MCG (<i>norethindrone-eth estradiol</i>)	NPB	
ORTHO-NOVUM 7/7/7 (28) ORAL TABLET 0.5/0.75/1-35 MG-MCG (<i>norethin-eth estrad triphasic</i>)	NPB	

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PHILITH ORAL TABLET 0.4-35 MG-MCG (<i>norethindrone-eth estradiol</i>)	CE	N2 (G)
<i>desogestrel-ethinyl estradiol</i> (Pimtreea Oral Tablet 0.15-0.02/0.01 Mg (21/5))	G	
PIRMELLA 1/35 ORAL TABLET 1-35 MG-MCG (<i>norethindrone-eth estradiol</i>)	G	
PIRMELLA 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG (<i>norethin-eth estrad triphasic</i>)	G	
PORTIA-28 ORAL TABLET 0.15-30 MG-MCG (<i>levonorgestrel-ethinyl estrad</i>)	CE	N2 (G)
PREVIFEM ORAL TABLET 0.25-35 MG-MCG (<i>norgestimate-eth estradiol</i>)	G	
QUARTETTE ORAL TABLET 42-21-21-7 DAYS (<i>levonorgest-eth estrad 91-day</i>)	NPB	
RECLIPSEN ORAL TABLET 0.15-30 MG-MCG (<i>desogestrel-ethinyl estradiol</i>)	CE	N2 (G)
RIVELSA ORAL TABLET 42-21-21-7 DAYS (<i>levonorgest-eth estrad 91-day</i>)	CE	N2 (G)
SAFYRAL ORAL TABLET 3-0.03-0.451 MG (<i>drospiren-eth estrad-levomefol</i>)	NPB	
SEASONIQUE ORAL TABLET 0.15-0.03 & 0.01 MG (<i>levonorgest-eth estrad 91-day</i>)	NPB	QL (90 days maximum per 1 fill)
SIMLIYA ORAL TABLET 0.15-0.02/0.01 MG (21/5) (<i>desogestrel-ethinyl estradiol</i>)	CE	N2 (G)
SIMPESSE ORAL TABLET 0.15-0.03 & 0.01 MG (<i>levonorgest-eth estrad 91-day</i>)	CE	N2 (G)
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 13.5 MG (<i>levonorgestrel</i>)	NPB	
<i>desogestrel-ethinyl estradiol</i> (Solia Oral Tablet 0.15-30 Mg-Mcg)	G	
SPRINTEC 28 ORAL TABLET 0.25-35 MG-MCG (<i>norgestimate-eth estradiol</i>)	G	
SRONYX ORAL TABLET 0.1-20 MG-MCG (<i>levonorgestrel-ethinyl estrad</i>)	CE	N2 (G)
SYEDA ORAL TABLET 3-0.03 MG (<i>drospirenone-ethinyl estradiol</i>)	G	
TARINA 24 FE ORAL TABLET 1-20 MG-MCG(24) (<i>norethin ace-eth estrad-fe</i>)	CE	N2 (G)

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TAYTULLA ORAL CAPSULE 1-20 MG-MCG(24) (<i>norethin ace-eth estrad-fe</i>)	NPB	#
TILIA FE ORAL TABLET 1-20/1-30/1-35 MG-MCG (<i>norethindron-ethinyl estrad-fe</i>)	CE	N2 (G); QL (1.5 tablets per 1 Day)
TRI FEMYNOR ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (<i>norgestim-eth estrad triphasic</i>)	CE	N2 (G)
TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (<i>norgestim-eth estrad triphasic</i>)	CE	N2 (G)
TRI-LEGEST FE ORAL TABLET 1-20/1-30/1-35 MG-MCG (<i>norethindron-ethinyl estrad-fe</i>)	CE	N2 (G); QL (1.5 tablets per 1 Day)
<i>norgestim-eth estrad triphasic</i> (Tri-Linyah Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	G	
TRI-MILI ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (<i>norgestim-eth estrad triphasic</i>)	CE	N2 (G)
TRINESSA (28) ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (<i>norgestim-eth estrad triphasic</i>)	G	
TRI-PREVIFEM ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (<i>norgestim-eth estrad triphasic</i>)	G	
TRI-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (<i>norgestim-eth estrad triphasic</i>)	G	
<i>levonorg-eth estrad triphasic</i> (Trivora (28) Oral Tablet)	CE	N2 (G)
<i>norgestim-eth estrad triphasic</i> (Tri-Vylibra Lo Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	CE	N2 (G)
TULANA ORAL TABLET 0.35 MG (<i>norethindrone</i>)	CE	N2 (G)
<i>drospiren-eth estrad-levomefol</i> (Tydemy Oral Tablet 3-0.03-0.451 Mg)	CE	N2 (G)
VELIVET ORAL TABLET 0.1/0.125/0.15 -0.025 MG (<i>desogestrel-ethinyl estradiol</i>)	CE	N2 (G)
<i>viorele oral tablet 0.15-0.02/0.01 mg (21/5)</i>	CE	N2 (G)
VYFEMLA ORAL TABLET 0.4-35 MG-MCG (<i>norethindrone-eth estradiol</i>)	G	
WERA ORAL TABLET 0.5-35 MG-MCG (<i>norethindrone-eth estradiol</i>)	CE	N2 (G)
<i>norethin-eth estradiol-fe</i> (Wymzya Fe Oral Tablet Chewable 0.4-35 Mg-Mcg)	CE	N2 (G)
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24HR (<i>norelgestromin-eth estradiol</i>)	CE	N2 (G); QL (3 patches per 1 month)

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
YASMIN 28 ORAL TABLET 3-0.03 MG (<i>drospirenone-ethinyl estradiol</i>)	NPB	
YAZ ORAL TABLET 3-0.02 MG (<i>drospirenone-ethinyl estradiol</i>)	NPB	
<i>drospirenone-ethinyl estradiol</i> (Zarah Oral Tablet 3-0.03 Mg)	G	
ZOVIA 1/35E (28) ORAL TABLET 1-35 MG-MCG (<i>ethynodiol diac-eth estradiol</i>)	CE	N2 (G)
ZUMANDIMINE ORAL TABLET 3-0.03 MG (<i>drospirenone-ethinyl estradiol</i>)	CE	N2 (G)
CORTICOSTEROIDS - HORMONES		
<i>budesonide er oral tablet extended release 24 hour 9 mg</i>	G	PA; QL (1 tablet per 1 Day)
<i>budesonide oral capsule delayed release particles 3 mg</i>	G	QL (3 capsules per 1 Day)
CORTEF ORAL TABLET 10 MG, 20 MG, 5 MG (<i>hydrocortisone</i>)	NPB	
DEXAMETHASONE INTENSOL ORAL CONCENTRATE 1 MG/ML (<i>dexamethasone</i>)	NPB	
<i>dexamethasone oral elixir 0.5 mg/5ml</i>	G	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1.5 mg, 4 mg, 6 mg</i>	G	
<i>dexamethasone oral tablet therapy pack 1.5 mg (21), 1.5 mg (35), 1.5 mg (51)</i>	G	
DXEVO 11-DAY ORAL TABLET THERAPY PACK 1.5 MG (<i>dexamethasone</i>)	NPB	ST
EMFLAZA ORAL SUSPENSION 22.75 MG/ML (<i>deflazacort</i>)	NPSP	PA; NPL; SP
EMFLAZA ORAL TABLET 18 MG, 30 MG, 36 MG, 6 MG (<i>deflazacort</i>)	NPSP	PA; NPL; SP; QL (2 tablets per 1 Day)
ENTOCORT EC ORAL CAPSULE DELAYED RELEASE PARTICLES 3 MG (<i>budesonide</i>)	NPB	ST; QL (3 capsules per 1 Day)
<i>fludrocortisone acetate oral tablet 0.1 mg</i>	G	
<i>dexamethasone</i> (Hidex 6-Day Oral Tablet Therapy Pack 1.5 Mg (21))	G	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	G	
MEDROL ORAL TABLET 16 MG, 2 MG, 32 MG, 4 MG (<i>methylprednisolone</i>)	NPB	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	G	
MILLIPRED ORAL TABLET 5 MG (<i>prednisolone</i>)	NPB	

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

116

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ORAPRED ODT ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 30 MG (<i>prednisolone sodium phosphate</i>)	NPB	
<i>prednisolone oral solution 15 mg/5ml</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, 6.7 (5 base) mg/5ml</i>	G	
<i>prednisolone sodium phosphate oral tablet dispersible 10 mg, 15 mg, 30 mg</i>	G	
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML (<i>prednisone</i>)	NPB	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg</i>	G	
RAYOS ORAL TABLET DELAYED RELEASE 1 MG, 2 MG, 5 MG (<i>prednisone</i>)	NPB	ST
TAPERDEX 12-DAY ORAL TABLET THERAPY PACK 1.5 MG (49) (<i>dexamethasone</i>)	NPB	PA; ST
TAPERDEX 7-DAY ORAL TABLET THERAPY PACK 1.5 MG (27) (<i>dexamethasone</i>)	NPB	ST
UCERIS ORAL TABLET EXTENDED RELEASE 24 HOUR 9 MG (<i>budesonide</i>)	NPB	PA; QL (1 tab per 1 Day)
COUGH/COLD/ALLERGY - DRUGS FOR THE LUNGS		
<i>acetylcysteine inhalation solution 10 %, 20 %</i>	G	
<i>benzonatate oral capsule 100 mg, 200 mg</i>	G	
<i>benzonatate oral capsule 150 mg</i>	G	ST
<i>pseudoeph-bromphen-dm (Bromfed Dm Oral Syrup 30-2-10 Mg/5Ml)</i>	G	
CLARINEX-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR 2.5-120 MG (<i>desloratadine-pseudoephedrine</i>)	NPB	QL (2 tab per 1 Day)
GILPHEX TR ORAL TABLET 10-388 MG (<i>phenylephrine-guaifenesin</i>)	NPB	
GILTUSS TR ORAL TABLET 10-28-388 MG (<i>phenylephrine-dm-gg</i>)	NPB	
<i>guaifenesin-codeine oral syrup 100-10 mg/5ml</i>	G	
HISTEX-AC ORAL SYRUP 10-2.5-10 MG/5ML (<i>phenyleph-triprolidine-codeine</i>)	NPB	
<i>hydrocod polst-cpm polst er oral suspension extended release 10-8 mg/5ml</i>	G	QL (120 MLS per 1 fill)

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5ml</i>	G	
<i>hydrocodone-homatropine oral tablet 5-1.5 mg</i>	G	
<i>hydromet oral syrup 5-1.5 mg/5ml</i>	G	
HYPERSAL INHALATION NEBULIZATION SOLUTION 3.5 % (<i>sodium chloride</i>)	NPB	
<i>sodium chloride</i> (Nebusal Inhalation Nebulization Solution 3 %)	G	
NEBUSAL INHALATION NEBULIZATION SOLUTION 6 % (<i>sodium chloride</i>)	NPB	
NEOTUSS PLUS ORAL LIQUID 7.5-4-30 MG/5ML (<i>phenylephrine-chlorphen-dm</i>)	NPB	
<i>promethazine vc oral syrup 6.25-5 mg/5ml</i>	G	
<i>promethazine vc/codeine oral syrup 6.25-5-10 mg/5ml</i>	G	
<i>promethazine-codeine oral syrup 6.25-10 mg/5ml</i>	G	
<i>promethazine-dm oral syrup 6.25-15 mg/5ml</i>	G	
<i>promethazine-phenylephrine oral syrup 6.25-5 mg/5ml</i>	G	
<i>pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml</i>	G	
<i>sodium chloride</i> (Pulmosal Inhalation Nebulization Solution 7 %)	G	
SEMPREX-D ORAL CAPSULE 8-60 MG (<i>acrivastine-pseudoephedrine</i>)	NPB	QL (4 caps per 1 Day)
<i>sodium chloride inhalation nebulization solution 10 %, 3 %, 7 %</i>	G	
SSKI ORAL SOLUTION 1 GM/ML (<i>potassium iodide</i> (<i>expectorant</i>))	NPB	
TESSALON PERLES ORAL CAPSULE 100 MG (<i>benzonatate</i>)	NPB	
TUSSICAPS ORAL CAPSULE EXTENDED RELEASE 12 HOUR 10-8 MG (<i>hydrocod polst-chlorphen polst</i>)	NPB	PA; QL (2 capsules per day, max 20 per 30 days)
TUSSIONEX PENNKINETIC ER ORAL SUSPENSION EXTENDED RELEASE 10-8 MG/5ML (<i>hydrocod polst-chlorphen polst</i>)	NPB	QL (120 MLS per 1 fill)
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HOUR 54.3-8 MG (<i>chlorpheniramine-codeine</i>)	NPB	PA; QL (2 tablets per day max 20 tablets per 30 days)
*CYCLIN-DEPENDENT KINASES (CDK) INHIBITORS*** - DRUGS FOR CANCER		
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG (<i>palbociclib</i>)	CE	PA; SP; N2 (NPSP); QL (21 capsules per 28 days)

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (<i>abemaciclib</i>)	CE	PA; SP; N2 (NPSP); QL (2 tablets per 1 Day)
*CYSTIC FIBROSIS AGENT - COMBINATIONS*** - DRUGS FOR THE LUNGS		
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG (<i>lumacaftor-ivacaftor</i>)	NPSP	PA; SP; QL (2 packets per 1 day)
ORKAMBI ORAL TABLET 100-125 MG (<i>lumacaftor-ivacaftor</i>)	NPSP	PA; QL (4 tablets per 1 Day)
ORKAMBI ORAL TABLET 200-125 MG (<i>lumacaftor-ivacaftor</i>)	NPSP	PA; QL (4 tablets per 1 day)
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG (<i>tezacaftor-ivacaftor</i>)	NPSP	PA; SP; QL (2 tablets per 1 Day)
DERMATOLOGICALS - DRUGS FOR THE SKIN		
ABSORICA ORAL CAPSULE 10 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG (<i>isotretinoin</i>)	NPB	PA; QL (2 capsules per 1 day)
ACANYA EXTERNAL GEL 1.2-2.5 % (<i>clindamycin phos-benzoyl perox</i>)	NPB	
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	G	QL (2 capsules per 1 day)
<i>acyclovir external cream 5 %</i>	G	
<i>acyclovir external ointment 5 %</i>	G	
ACZONE EXTERNAL GEL 5 % (<i>dapsone</i>)	NPB	QL (60 gm per 30 days)
ACZONE EXTERNAL GEL 7.5 % (<i>dapsone</i>)	NPB	#; QL (60 gm per 30 days)
<i>adapalene external cream 0.1 %</i>	G	PA; AL
<i>adapalene external gel 0.3 %</i>	G	PA; AL
<i>adapalene external lotion 0.1 %</i>	G	PA; AL
<i>adapalene external pad 0.1 %</i>	G	QL (1 pad per 1 day)
<i>adapalene external solution 0.1 %</i>	G	QL (2 ml per 1 day)
<i>adapalene-benzoyl peroxide external gel 0.1-2.5 %</i>	G	PA; AL
<i>aif #2 drug preparation kit external cream</i>	NPB	
AKTIPAK EXTERNAL PACKET 5-3 % (<i>benzoyl peroxide-erythromycin</i>)	NPB	QL (2 packets per 1 day)
<i>alclometasone dipropionate external cream 0.05 %</i>	G	
<i>alclometasone dipropionate external ointment 0.05 %</i>	G	
ALDARA EXTERNAL CREAM 5 % (<i>imiquimod</i>)	NPB	QL (1 packet per 1 day)
ALTABAX EXTERNAL OINTMENT 1 % (<i>retapamulin</i>)	NPB	

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ALTRENO EXTERNAL LOTION 0.05 % (<i>tretinoin</i>)	NPB	PA; ST; QL (1 tube per 1 month)
<i>amcinonide external cream 0.1 %</i>	G	
AMELUZ EXTERNAL GEL 10 % (<i>aminolevulinic acid hcl</i>)	NPB	#
<i>isotretinoin</i> (Amnesteem Oral Capsule 10 Mg)	G	PA; QL (2 capsules per 1 day)
AMNESTEEM ORAL CAPSULE 20 MG, 40 MG (<i>isotretinoin</i>)	G	PA; QL (2 capsules per 1 day)
ANACAINE EXTERNAL OINTMENT 10 % (<i>benzocaine</i>)	NPB	
APEXICON E EXTERNAL CREAM 0.05 % (<i>diflorasone diacet emoll base</i>)	NPB	ST; QL (60 grams per 30 days)
ATRALIN EXTERNAL GEL 0.05 % (<i>tretinoin</i>)	NPB	PA; ST; AL
<i>sulfacetamide sodium-sulfur</i> (Avar Cleanser Emulsion 10-5 % External 10-5 %)	G	
<i>tretinoin</i> (Avita External Cream 0.025 %)	G	PA; AL
<i>tretinoin</i> (Avita External Gel 0.025 %)	G	PA; AL
<i>azelaic acid external gel 15 %</i>	G	
AZELEX EXTERNAL CREAM 20 % (<i>azelaic acid</i>)	NPB	
BENZAACLIN EXTERNAL GEL 1-5 % (<i>clindamycin phos-benzoyl perox</i>)	NPB	
BENZAACLIN WITH PUMP EXTERNAL GEL 1-5 % (<i>clindamycin phos-benzoyl perox</i>)	NPB	
BENZAMYCIN EXTERNAL GEL 5-3 % (<i>benzoyl peroxide-erythromycin</i>)	NPB	
BENZIQ EXTERNAL GEL 5.25 % (<i>benzoyl peroxide</i>)	NPB	
BENZIQ LS EXTERNAL GEL 2.75 % (<i>benzoyl peroxide</i>)	NPB	
<i>benzoyl peroxide-erythromycin external gel 5-3 %</i>	NPB	
<i>betamethasone dipropionate aug external cream 0.05 %</i>	G	
<i>betamethasone dipropionate aug external gel 0.05 %</i>	G	QL (100 grams per 30 days)
<i>betamethasone dipropionate aug external lotion 0.05 %</i>	G	QL (120 grams per 30 days)
<i>betamethasone dipropionate aug external ointment 0.05 %</i>	G	QL (100 grams per 30 days)
<i>betamethasone dipropionate external cream 0.05 %</i>	G	QL (120 grams per 1 month)
<i>betamethasone dipropionate external lotion 0.05 %</i>	G	
<i>betamethasone dipropionate external ointment 0.05 %</i>	G	QL (120 grams per 1 month)
<i>betamethasone valerate external cream 0.1 %</i>	G	
<i>betamethasone valerate external foam 0.12 %</i>	G	

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

120

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>betamethasone valerate external lotion 0.1 %</i>	G	
<i>betamethasone valerate external ointment 0.1 %</i>	G	QL (120 grams per 1 month)
BRYHALI EXTERNAL LOTION 0.01 % (<i>halobetasol propionate</i>)	NPB	ST; QL (60 grams per 1 month)
<i>calcipotriene external cream 0.005 %</i>	G	QL (120 grams per 1 month)
<i>calcipotriene external ointment 0.005 %</i>	G	
<i>calcipotriene external solution 0.005 %</i>	G	
<i>calcipotriene-betameth diprop external ointment 0.005-0.064 %</i>	G	QL (60 gm per 30 days)
<i>calcipotriene (Calcitrene External Ointment 0.005 %)</i>	G	
CAPEX EXTERNAL SHAMPOO 0.01 % (<i>fluocinolone acetonide</i>)	NPB	ST; QL (120 ml per 30 days)
CARAC EXTERNAL CREAM 0.5 % (<i>fluorouracil</i>)	NPB	ST
CENTANY EXTERNAL OINTMENT 2 % (<i>mupirocin</i>)	NPB	QL (60 grams per 30 days)
<i>ciclopirox (Ciclodan External Solution 8 %)</i>	G	
<i>ciclopirox external gel 0.77 %</i>	G	
<i>ciclopirox external shampoo 1 %</i>	G	
<i>ciclopirox external solution 8 %</i>	G	
<i>ciclopirox olamine external cream 0.77 %</i>	G	
<i>ciclopirox olamine external suspension 0.77 %</i>	G	
CLARAVIS ORAL CAPSULE 10 MG (<i>isotretinoin</i>)	G	PA; QL (2 capsules per 1 day)
CLEOCIN-T EXTERNAL GEL 1 % (<i>clindamycin phosphate</i>)	NPB	
CLEOCIN-T EXTERNAL LOTION 1 % (<i>clindamycin phosphate</i>)	NPB	
CLEOCIN-T EXTERNAL SWAB 1 % (<i>clindamycin phosphate</i>)	NPB	
CLINDACIN ETZ EXTERNAL SWAB 1 % (<i>clindamycin phosphate</i>)	G	
<i>clindamycin phosphate (Clindacin-P External Swab 1 %)</i>	G	
CLINDAGEL EXTERNAL GEL 1 % (<i>clindamycin phosphate</i>)	NPB	
<i>clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-5 %</i>	G	
<i>clindamycin phosphate external foam 1 %</i>	G	
<i>clindamycin phosphate external gel 1 %</i>	G	
<i>clindamycin phosphate external lotion 1 %</i>	G	

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>clindamycin phosphate external solution 1 %</i>	G	QL (2 ml per 1 day)
<i>clindamycin phosphate external swab 1 %</i>	G	
<i>clindamycin-tretinoin external gel 1.2-0.025 %</i>	G	PA; AL
<i>clobetasol propionate e external cream 0.05 %</i>	G	QL (120 grams per 30 days)
<i>clobetasol propionate emulsion external foam 0.05 %</i>	G	QL (100 grams per 30 days)
<i>clobetasol propionate external cream 0.05 %</i>	G	QL (120 grams per 30 days)
<i>clobetasol propionate external foam 0.05 %</i>	G	QL (100 grams per 30 days)
<i>clobetasol propionate external gel 0.05 %</i>	G	QL (120 grams per 30 days)
<i>clobetasol propionate external liquid 0.05 %</i>	G	QL (125 ML per 30 days)
<i>clobetasol propionate external lotion 0.05 %</i>	G	QL (236 grams per 30 days)
<i>clobetasol propionate external ointment 0.05 %</i>	G	QL (120 grams per 30 days)
<i>clobetasol propionate external shampoo 0.05 %</i>	G	QL (236 grams per 30 days)
<i>clobetasol propionate external solution 0.05 %</i>	G	QL (100 grams per 30 days)
CLOBEX EXTERNAL LOTION 0.05 % (<i>clobetasol propionate</i>)	NPB	ST; QL (236 grams per 30 days)
CLOBEX EXTERNAL SHAMPOO 0.05 % (<i>clobetasol propionate</i>)	NPB	ST; QL (236 grams per 30 days)
CLOBEX SPRAY EXTERNAL LIQUID 0.05 % (<i>clobetasol propionate</i>)	NPB	QL (125 grams per 30 days)
<i>clobetasol propionate</i> (Clodan External Shampoo 0.05 %)	G	QL (236 ML per 30 days)
CLODERM EXTERNAL CREAM 0.1 % (<i>clocortolone pivalate</i>)	NPB	ST
CLODERM PUMP EXTERNAL CREAM 0.1 % (<i>clocortolone pivalate</i>)	NPB	ST
<i>clotrimazole-betamethasone external cream 1-0.05 %</i>	G	QL (45 grams per 1 month)
<i>clotrimazole-betamethasone external lotion 1-0.05 %</i>	G	
CONDYLOX EXTERNAL GEL 0.5 % (<i>podofilox</i>)	NPB	
CORDRAN EXTERNAL CREAM 0.05 % (<i>flurandrenolide</i>)	NPB	QL (4 grams per 1 day)
CORDRAN EXTERNAL LOTION 0.05 % (<i>flurandrenolide</i>)	NPB	QL (4 grams per 1 day)
CORDRAN EXTERNAL OINTMENT 0.05 % (<i>flurandrenolide</i>)	NPB	QL (60 gm per 30 days)
CORDRAN EXTERNAL TAPE 4 MCG/SQCM (<i>flurandrenolide</i>)	NPB	#; QL (1 roll per 30 days)
CORTANE-B EXTERNAL LOTION 10-10-1 MG/ML (<i>he-pramoxine-chloroxylenol</i>)	NPB	

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CORTISPORIN EXTERNAL CREAM 3.5-10000-0.5 (<i>neomycin-polymyxin-hc</i>)	PB	
CORTISPORIN EXTERNAL OINTMENT 1 % (<i>bacit-poly-neo hc</i>)	PB	
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (<i>secukinumab</i>)	NPSP	PA; ST; SP
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>secukinumab</i>)	NPSP	PA; ST; SP
CROTAN EXTERNAL LOTION 10 % (<i>crotamiton</i>)	G	
CUTIVATE EXTERNAL LOTION 0.05 % (<i>fluticasone propionate</i>)	NPB	ST
<i>dapsone external gel 5 %</i>	G	QL (60 grams per 30 Days)
DENAVIR EXTERNAL CREAM 1 % (<i>penciclovir</i>)	NPB	#
DERMA-SMOOTH/FS BODY EXTERNAL OIL 0.01 % (<i>fluocinolone acetonide</i>)	NPB	
DERMA-SMOOTH/FS SCALP EXTERNAL OIL 0.01 % (<i>fluocinolone acetonide</i>)	NPB	
DESONATE EXTERNAL GEL 0.05 % (<i>desonide</i>)	NPB	ST; #
<i>desonide external cream 0.05 %</i>	G	
<i>desonide external lotion 0.05 %</i>	G	
<i>desonide external ointment 0.05 %</i>	G	
DESOWEN EXTERNAL CREAM 0.05 % (<i>desonide</i>)	NPB	
<i>desoximetasone external cream 0.25 %</i>	G	
<i>desoximetasone external gel 0.05 %</i>	G	
<i>desoximetasone external liquid 0.25 %</i>	G	
<i>desoximetasone external ointment 0.25 %</i>	G	QL (120 grams per 1 month)
<i>diclofenac epolamine transdermal patch 1.3 %</i>	G	QL (2 patches per 1 day)
<i>diclofenac sodium transdermal gel 1 %</i>	G	QL (200 grams per 30 days)
<i>diclofenac sodium transdermal gel 3 %</i>	G	PA; QL (100 grams per 30 days)
<i>diclofenac sodium transdermal solution 1.5 %</i>	G	QL (10 ml per 1 day)
DIFFERIN EXTERNAL CREAM 0.1 % (<i>adapalene</i>)	NPB	PA; AL
DIFFERIN EXTERNAL GEL 0.3 % (<i>adapalene</i>)	NPB	PA; AL
DIFFERIN EXTERNAL LOTION 0.1 % (<i>adapalene</i>)	NPB	PA; AL
<i>diflorasone diacetate external cream 0.05 %</i>	G	QL (60 grams per 30 days)
<i>diflorasone diacetate external ointment 0.05 %</i>	G	QL (60 grams per 30 days)

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DIPROLENE AF EXTERNAL CREAM 0.05 % (betamethasone dipropionate aug)	NPB	
DIPROLENE EXTERNAL OINTMENT 0.05 % (betamethasone dipropionate aug)	NPB	QL (100 grams per 30 days)
DOVONEX EXTERNAL CREAM 0.005 % (calcipotriene)	NPB	QL (120 grams per 1 month)
doxepin hcl external cream 5 %	G	QL (45 grams per 30 days)
doxycycline oral capsule delayed release 40 mg	G	QL (1 capsule per 1 day); AL
DUAC EXTERNAL GEL 1.2-5 % (clindamycin-benzoyl per (refr))	NPB	
DUOBRII EXTERNAL LOTION 0.01-0.045 % (halobetasol prop-tazarotene)	NPB	ST; QL (1 tube per 1 month)
econazole nitrate external cream 1 %	G	QL (85 grams per 30 days)
ECOZA EXTERNAL FOAM 1 % (econazole nitrate)	NPB	QL (1 bottle per 1 month)
EFUDEX EXTERNAL CREAM 5 % (fluorouracil)	NPB	ST
ELIDEL EXTERNAL CREAM 1 % (pimecrolimus)	NPB	PA; ST
ELIMITE EXTERNAL CREAM 5 % (permethrin)	NPB	
ELOCON EXTERNAL CREAM 0.1 % (mometasone furoate)	NPB	
ENSTILAR EXTERNAL FOAM 0.005-0.064 % (calcipotriene-betameth diprop)	NPB	QL (60 gm per 30 days)
EPIDUO EXTERNAL GEL 0.1-2.5 % (adapalene-benzoyl peroxide)	PB	PA; ST; AL
EPIDUO FORTE EXTERNAL GEL 0.3-2.5 % (adapalene- benzoyl peroxide)	PB	PA; #; AL
EPIFOAM EXTERNAL FOAM 1-1 % (pramoxine-hc)	NPB	
ERTACZO EXTERNAL CREAM 2 % (sertaconazole nitrate)	NPB	ST; QL (60 gm per 30 days)
ery external pad 2 %	G	
ERYGEL EXTERNAL GEL 2 % (erythromycin)	NPB	
erythromycin external pad 2 %	G	
erythromycin external solution 2 %	G	
EURAX EXTERNAL CREAM 10 % (crotamiton)	NPB	
EURAX EXTERNAL LOTION 10 % (crotamiton)	NPB	
EVOCLIN EXTERNAL FOAM 1 % (clindamycin phosphate)	NPB	
EXELDERM EXTERNAL CREAM 1 % (sulconazole nitrate)	NPB	ST; QL (60 gm per 30 days)

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

124

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EXELDERM EXTERNAL SOLUTION 1 % (<i>sulconazole nitrate</i>)	NPB	ST; QL (60 ml per 30 days)
EXTINA EXTERNAL FOAM 2 % (<i>ketconazole</i>)	NPB	ST; QL (50 gm per 30 days)
FABIOR EXTERNAL FOAM 0.1 % (<i>tazarotene</i>)	NPB	PA; AL
FINACEA EXTERNAL FOAM 15 % (<i>azelaic acid</i>)	NPB	
FINACEA EXTERNAL GEL 15 % (<i>azelaic acid</i>)	NPB	
FLECTOR TRANSDERMAL PATCH 1.3 % (<i>diclofenac epolamine</i>)	NPB	#; QL (2 patch per 1 Day)
<i>fluocinolone acetonide body external oil 0.01 %</i>	G	
<i>fluocinolone acetonide external cream 0.01 %, 0.025 %</i>	G	
<i>fluocinolone acetonide external ointment 0.025 %</i>	G	
<i>fluocinolone acetonide external solution 0.01 %</i>	G	
<i>fluocinolone acetonide scalp external oil 0.01 %</i>	G	
<i>fluocinonide external cream 0.05 %, 0.1 %</i>	G	QL (120 grams per 30 days)
<i>fluocinonide external gel 0.05 %</i>	G	QL (120 grams per 30 days)
<i>fluocinonide external ointment 0.05 %</i>	G	QL (120 grams per 30 days)
<i>fluocinonide external solution 0.05 %</i>	G	QL (120 grams per 30 days)
FLUOROPLEX EXTERNAL CREAM 1 % (<i>fluorouracil</i>)	NPB	ST
<i>fluorouracil external cream 0.5 %, 5 %</i>	G	
<i>fluorouracil external solution 2 %, 5 %</i>	G	
<i>flurandrenolide external cream 0.05 %</i>	G	QL (60 gm per 30 days)
<i>flurandrenolide external lotion 0.05 %</i>	G	QL (4 grams per 1 day)
<i>flurandrenolide external ointment 0.05 %</i>	G	QL (60 gm per 30 days)
<i>fluticasone propionate external cream 0.05 %</i>	G	ST
<i>fluticasone propionate external lotion 0.05 %</i>	G	
<i>fluticasone propionate external ointment 0.005 %</i>	G	
GEBAUERS PAIN EASE EXTERNAL AEROSOL (<i>pentafluoroprop-tetrafluoroeth</i>)	NPB	
GEBAUERS SPRAY AND STRETCH EXTERNAL AEROSOL (<i>pentafluoroprop-tetrafluoroeth</i>)	NPB	
<i>gentamicin sulfate external cream 0.1 %</i>	G	
<i>gentamicin sulfate external ointment 0.1 %</i>	G	
<i>halobetasol propionate external cream 0.05 %</i>	G	QL (50 grams per 30 days)
<i>halobetasol propionate external foam 0.05 %</i>	G	ST; QL (1 can per 1 month)
<i>halobetasol propionate external ointment 0.05 %</i>	G	QL (50 grams per 30 days)

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HALOG EXTERNAL CREAM 0.1 % (<i>halcinonide</i>)	NPB	
HALOG EXTERNAL OINTMENT 0.1 % (<i>halcinonide</i>)	NPB	
<i>hydrocortisone butyr lipo base external cream 0.1 %</i>	G	
<i>hydrocortisone butyrate external cream 0.1 %</i>	G	
<i>hydrocortisone butyrate external lotion 0.1 %</i>	G	
<i>hydrocortisone butyrate external ointment 0.1 %</i>	G	
<i>hydrocortisone butyrate external solution 0.1 %</i>	G	
<i>hydrocortisone external cream 2.5 %</i>	G	
<i>hydrocortisone external lotion 2.5 %</i>	G	
<i>hydrocortisone external ointment 2.5 %</i>	G	
<i>hydrocortisone valerate external cream 0.2 %</i>	G	
<i>hydrocortisone valerate external ointment 0.2 %</i>	G	
ILUMYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>tildrakizumab-asmn</i>)	NPSP	PA; ST; NPL; SP; QL (1 syringe per 84 days)
<i>imiquimod external cream 5 %</i>	G	QL (1 packet per 1 day)
<i>imiquimod pump external cream 3.75 %</i>	G	QL (1 pump per 1 month)
IMPOYZ EXTERNAL CREAM 0.025 % (<i>clobetasol propionate</i>)	NPB	ST; QL (4 grams per 1 day)
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	G	PA; QL (2 capsules per 1 Day)
JUBLIA EXTERNAL SOLUTION 10 % (<i>efinaconazole</i>)	NPB	QL (4 ml per 1 month)
KENALOG EXTERNAL AEROSOL SOLUTION 0.147 MG/GM (<i>triamcinolone acetonide</i>)	NPB	ST; QL (100 grams per 30 days)
<i>ketoconazole external cream 2 %</i>	G	QL (2 grams per 1 day)
<i>ketoconazole external foam 2 %</i>	G	QL (50 gm per 30 days)
<i>ketoconazole external shampoo 2 %</i>	G	
KLARON EXTERNAL LOTION 10 % (<i>sulfacetamide sodium (acne)</i>)	NPB	
<i>lavare wound wash external gel</i>	NPB	
LEVULAN KERASTICK EXTERNAL SOLUTION RECONSTITUTED 20 % (<i>aminolevulinic acid hcl</i>)	NPB	QL (1 stick per 30 days)
LEXETTE EXTERNAL FOAM 0.05 % (<i>halobetasol propionate</i>)	NPB	ST; QL (1 can per 1 month)
<i>lidocaine external ointment 5 %</i>	G	PA; QL (50 grams per 30 days)

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

126

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>lidocaine external patch 5 %</i>	G	PA; QL (3 patches per 1 day)
<i>lidocaine hcl external solution 4 %</i>	G	PA; QL (50 ml per 30 days)
<i>lidocaine pak external ointment 5 %</i>	G	PA; QL (50 grams per 30 days)
<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>	G	PA; QL (30 grams per 30 days)
<i>lidocaine-tetracaine external cream 7-7 %</i>	G	PA; QL (30 grams per 30 days)
LIDODERM EXTERNAL PATCH 5 % (<i>lidocaine</i>)	G	PA; ST; QL (3 patches per 1 day)
<i>lindane external shampoo 1 %</i>	G	
LOCOID EXTERNAL CREAM 0.1 % (<i>hydrocortisone butyrate</i>)	NPB	ST
LOCOID EXTERNAL LOTION 0.1 % (<i>hydrocortisone butyrate</i>)	NPB	ST
LOCOID EXTERNAL SOLUTION 0.1 % (<i>hydrocortisone butyrate</i>)	NPB	ST
LOCOID LIPOCREAM EXTERNAL CREAM 0.1 % (<i>hydrocortisone butyr lipo base</i>)	NPB	ST
LOPROX EXTERNAL SHAMPOO 1 % (<i>ciclopirox</i>)	NPB	
LOTRISONE EXTERNAL CREAM 1-0.05 % (<i>clotrimazole-betamethasone</i>)	NPB	QL (45 grams per 1 month)
<i>luliconazole external cream 1 %</i>	G	QL (60 grams per 30 Days)
LUXIQ EXTERNAL FOAM 0.12 % (<i>betamethasone valerate</i>)	NPB	ST
LUZU EXTERNAL CREAM 1 % (<i>luliconazole</i>)	NPB	ST; QL (60 gm per 30 days)
<i>malathion external lotion 0.5 %</i>	G	
METROCREAM EXTERNAL CREAM 0.75 % (<i>metronidazole</i>)	NPB	
METROGEL EXTERNAL GEL 1 % (<i>metronidazole</i>)	NPB	
METROLOTION EXTERNAL LOTION 0.75 % (<i>metronidazole</i>)	NPB	
<i>metronidazole external cream 0.75 %</i>	G	
<i>metronidazole external gel 0.75 %, 1 %</i>	G	
<i>metronidazole external lotion 0.75 %</i>	G	
<i>miconazole-zinc oxide-petrolat external ointment 0.25-15-81.35 %</i>	G	

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MICORT-HC EXTERNAL CREAM 2.5 % (<i>hydrocortisone acetate</i>)	NPB	ST
MIRVASO EXTERNAL GEL 0.33 % (<i>brimonidine tartrate</i>)	NPB	PA; ST
<i>mometasone furoate external cream 0.1 %</i>	G	
<i>mometasone furoate external ointment 0.1 %</i>	G	
<i>mometasone furoate external solution 0.1 %</i>	G	
<i>mupirocin calcium external cream 2 %</i>	G	QL (60 grams per 30 days)
<i>mupirocin external ointment 2 %</i>	G	QL (60 grams per 30 days)
MYORISAN ORAL CAPSULE 10 MG, 20 MG, 40 MG (<i>isotretinoin</i>)	G	PA; QL (2 capsules per 1 day)
<i>isotretinoin</i> (Myorisan Oral Capsule 30 Mg)	G	PA; QL (2 capsules per 1 Day)
<i>naftifine hcl external cream 1 %</i>	G	
<i>naftifine hcl external cream 2 %</i>	G	QL (60 gm per 30 days)
NAFTIN EXTERNAL CREAM 2 % (<i>naftifine hcl</i>)	NPB	ST; QL (60 gm per 30 days)
NAFTIN EXTERNAL GEL 1 % (<i>naftifine hcl</i>)	NPB	ST; QL (60 gm per 30 days)
NAFTIN EXTERNAL GEL 2 % (<i>naftifine hcl</i>)	NPB	ST; #; QL (60 gm per 30 days)
NATROBA EXTERNAL SUSPENSION 0.9 % (<i>spinosad</i>)	NPB	
<i>clindamycin phos-benzoyl perox</i> (Neuac External Gel 1.2-5 %)	G	
NIZORAL EXTERNAL SHAMPOO 2 % (<i>ketconazole</i>)	NPB	
<i>flurandrenolide</i> (Nolix External Lotion 0.05 %)	G	QL (4 grams per 1 day)
NORITATE EXTERNAL CREAM 1 % (<i>metronidazole</i>)	NPB	
<i>nystatin</i> (Nyamyc External Powder 100000 Unit/Gm)	G	
<i>nystatin external cream 100000 unit/gm</i>	G	
<i>nystatin external ointment 100000 unit/gm</i>	G	
<i>nystatin external powder 100000 unit/gm</i>	G	
<i>nystatin-triamcinolone external cream 100000-0.1 unit/gm-%</i>	G	QL (60 grams per 1 month)
<i>nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%</i>	G	
NYSTOP EXTERNAL POWDER 100000 UNIT/GM (<i>nystatin</i>)	G	
OLUX EXTERNAL FOAM 0.05 % (<i>clobetasol propionate</i>)	NPB	ST; QL (100 grams per 30 days)
OLUX-E EXTERNAL FOAM 0.05 % (<i>clobetasol propionate emulsion</i>)	NPB	ST; QL (100 grams per 30 days)

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ONEXTON EXTERNAL GEL 1.2-3.75 % (<i>clindamycin phosphoyl perox</i>)	NPB	#
ORACEA ORAL CAPSULE DELAYED RELEASE 40 MG (<i>doxycycline</i>)	PB	QL (1 capsule per 1 day); AL
OVIDE EXTERNAL LOTION 0.5 % (<i>malathion</i>)	NPB	
<i>oxiconazole nitrate external cream 1 %</i>	G	QL (60 gm per 30 days)
OXISTAT EXTERNAL CREAM 1 % (<i>oxiconazole nitrate</i>)	NPB	ST; QL (60 gm per 30 days)
OXISTAT EXTERNAL LOTION 1 % (<i>oxiconazole nitrate</i>)	NPB	ST; QL (60 ml per 30 days)
OXSORALEN ULTRA ORAL CAPSULE 10 MG (<i>methoxsalen rapid</i>)	NPB	
PANDEL EXTERNAL CREAM 0.1 % (<i>hydrocortisone probutate</i>)	NPB	
PANRETIN EXTERNAL GEL 0.1 % (<i>alitretinoin</i>)	PB	
PENLAC EXTERNAL SOLUTION 8 % (<i>ciclopirox</i>)	NPB	
PENNSAID TRANSDERMAL SOLUTION 2 % (<i>diclofenac sodium</i>)	NPB	ST; QL (4 ml per 1 Day)
<i>permethrin external cream 5 %</i>	G	
PICATO EXTERNAL GEL 0.015 %, 0.05 % (<i>ingenol mebutate</i>)	PB	QL (1 tube per 60 days)
<i>pimecrolimus external cream 1 %</i>	G	PA
PLIAGLIS EXTERNAL CREAM 7-7 % (<i>lidocaine-tetracaine</i>)	NPB	PA; QL (30 grams per 30 days)
<i>podofilox external solution 0.5 %</i>	G	
PRAMOSONE EXTERNAL CREAM 1-1 % (<i>pramoxine-hc</i>)	NPB	
PRAMOSONE EXTERNAL LOTION 1-1 %, 1-2.5 % (<i>pramoxine-hc</i>)	NPB	
PRAMOSONE EXTERNAL OINTMENT 1-1 %, 1-2.5 % (<i>pramoxine-hc</i>)	NPB	
<i>prednicarbate external cream 0.1 %</i>	G	
<i>prednicarbate external ointment 0.1 %</i>	G	
PROTOPIC EXTERNAL OINTMENT 0.03 %, 0.1 % (<i>tacrolimus</i>)	NPB	PA; ST
PRUDOXIN EXTERNAL CREAM 5 % (<i>doxepin hcl (antipruritic)</i>)	NPB	QL (45 grams per 30 days)
<i>psorcon external cream 0.05 %</i>	NPB	QL (60 grams per 30 days)
QBREXZA EXTERNAL PAD 2.4 % (<i>glycopyrronium tosylate</i>)	NPB	PA; ST; QL (1 pad per 1 Day)

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
QUTENZA (2 PATCH) EXTERNAL KIT 8 % (<i>capsaicin-cleansing gel</i>)	NPB	
QUTENZA EXTERNAL KIT 8 % (<i>capsaicin-cleansing gel</i>)	NPB	
REGENECARE EXTERNAL GEL 2 % (<i>lidocaine-collagen-aloe vera</i>)	NPB	
REGRANEX EXTERNAL GEL 0.01 % (<i>becaplermin</i>)	NPB	PA; QL (30 grams per 30 days)
RETIN-A EXTERNAL CREAM 0.025 %, 0.05 %, 0.1 % (<i>tretinoin</i>)	NPB	PA; ST; AL
RETIN-A EXTERNAL GEL 0.01 %, 0.025 % (<i>tretinoin</i>)	NPB	PA; ST; AL
RETIN-A MICRO EXTERNAL GEL 0.04 %, 0.1 % (<i>tretinoin microsphere</i>)	NPB	PA; ST; AL
RETIN-A MICRO PUMP EXTERNAL GEL 0.04 %, 0.06 %, 0.1 % (<i>tretinoin microsphere</i>)	NPB	PA; ST; AL
RETIN-A MICRO PUMP EXTERNAL GEL 0.08 % (<i>tretinoin microsphere</i>)	PB	PA; ST; AL
RHOFADE EXTERNAL CREAM 1 % (<i>oxymetazoline hcl</i>)	NPB	QL (4 tubes per 1 year)
<i>metronidazole</i> (Rosadan External Cream 0.75 %)	G	
<i>metronidazole</i> (Rosadan External Gel 0.75 %)	G	
SALVAX DUO PLUS EXTERNAL KIT 6 & 35 % (<i>salicylic acid-urea in lactac</i>)	NPB	
SANTYL EXTERNAL OINTMENT 250 UNIT/GM (<i>collagenase</i>)	NPB	QL (60 grams per 30 days)
<i>selenium sulfide external lotion 2.5 %</i>	G	
SERNIVO EXTERNAL EMULSION 0.05 % (<i>betamethasone dipropionate</i>)	NPB	ST; QL (120 ml per 30 days)
SILIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 210 MG/1.5ML (<i>brodalumab</i>)	NPSP	PA; ST; NPL; SP; QL (2 injections per 1 month)
SILVADENE EXTERNAL CREAM 1 % (<i>silver sulfadiazine</i>)	NPB	
<i>silver sulfadiazine external cream 1 %</i>	G	
SKLICE EXTERNAL LOTION 0.5 % (<i>ivermectin</i>)	NPB	#
SKYRIZI 150 DOSE SUBCUTANEOUS PREFILLED SYRINGE KIT 75 MG/0.83ML (<i>risankizumab-rzaa</i>)	NPSP	PA; ST; NPL; SP; QL (2 injections per 84 days)
SOOLANTRA EXTERNAL CREAM 1 % (<i>ivermectin</i>)	NPB	
SORIATANE ORAL CAPSULE 10 MG, 25 MG (<i>acitretin</i>)	NPB	QL (2 capsules per 1 day)
SORILUX EXTERNAL FOAM 0.005 % (<i>calcipotriene</i>)	NPB	ST; QL (60 gm per 30 days)
<i>silver sulfadiazine</i> (Ssd External Cream 1 %)	G	

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML (<i>ustekinumab</i>)	PSP	PA; ST; SP; QL (2 vials per 90 days)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML (<i>ustekinumab</i>)	PSP	PA; ST; SP; QL (2 syringes per 90 days)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML (<i>ustekinumab</i>)	PSP	PA; ST; SP; QL (2 syringes per 60 days)
<i>sulfacetamide sodium (acne) external lotion 10 %</i>	G	
<i>sulfacetamide sodium-sulfur emulsion 10-5 % external 10-5 %</i>	G	
<i>sulfacetamide sodium-sulfur suspension 10-5 % external 10-5 %</i>	G	
SULFAMYLON EXTERNAL CREAM 85 MG/GM (<i>mafenide acetate</i>)	NPB	
SULFAMYLON EXTERNAL PACKET 5 % (<i>mafenide acetate</i>)	NPB	
SYNALAR EXTERNAL CREAM 0.025 % (<i>fluocinolone acetonide</i>)	NPB	
SYNALAR EXTERNAL OINTMENT 0.025 % (<i>fluocinolone acetonide</i>)	NPB	
SYNALAR EXTERNAL SOLUTION 0.01 % (<i>fluocinolone acetonide</i>)	NPB	
SYNERA EXTERNAL PATCH 70-70 MG (<i>lidocaine-tetracaine</i>)	NPB	QL (10 patches per 30 days)
TACLONEX EXTERNAL OINTMENT 0.005-0.064 % (<i>calcipotriene-betameth diprop</i>)	NPB	ST; QL (60 gm per 30 days)
TACLONEX EXTERNAL SUSPENSION 0.005-0.064 % (<i>calcipotriene-betameth diprop</i>)	NPB	#; QL (60 gm per 30 days)
<i>tacrolimus external ointment 0.03 %, 0.1 %</i>	G	PA; ST
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/ML (<i>ixekizumab</i>)	NPSP	PA; ST; NPL; SP; QL (1 syringe per 1 month)
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/ML (<i>ixekizumab</i>)	NPSP	PA; ST; NPL; SP; QL (1 syringe per 1 month)
TARGRETIN EXTERNAL GEL 1 % (<i>bexarotene</i>)	PSP	SP
<i>tazarotene external cream 0.1 %</i>	G	PA; AL
TAZORAC EXTERNAL CREAM 0.05 %, 0.1 % (<i>tazarotene</i>)	NPB	PA; AL
TAZORAC EXTERNAL GEL 0.05 %, 0.1 % (<i>tazarotene</i>)	NPB	PA; AL
TEMOVATE EXTERNAL CREAM 0.05 % (<i>clobetasol propionate</i>)	NPB	QL (120 grams per 30 days)

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TEMOVATE EXTERNAL OINTMENT 0.05 % (<i>clobetasol propionate</i>)	NPB	QL (120 grams per 30 days)
TEXACORT EXTERNAL SOLUTION 2.5 % (<i>hydrocortisone</i>)	NPB	
THERMAZENE EXTERNAL CREAM 1 % (<i>silver sulfadiazine</i>)	G	
TOLAK EXTERNAL CREAM 4 % (<i>fluorouracil</i>)	PB	#
TOPICORT EXTERNAL CREAM 0.05 %, 0.25 % (<i>desoximetasone</i>)	NPB	
TOPICORT EXTERNAL GEL 0.05 % (<i>desoximetasone</i>)	NPB	
TOPICORT EXTERNAL OINTMENT 0.05 % (<i>desoximetasone</i>)	NPB	
TOPICORT EXTERNAL OINTMENT 0.25 % (<i>desoximetasone</i>)	NPB	QL (120 grams per 1 month)
TOPICORT SPRAY EXTERNAL LIQUID 0.25 % (<i>desoximetasone</i>)	NPB	
TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 MG/ML (<i>guselkumab</i>)	PSP	PA; ST; NPL; SP; QL (1 injection per 8 weeks)
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>guselkumab</i>)	PSP	PA; ST; NPL; SP; QL (1 injection per 2 monthss)
<i>tretinoin external cream 0.025 %, 0.05 %, 0.1 %</i>	G	PA; AL
<i>tretinoin external gel 0.01 %, 0.025 %, 0.05 %</i>	G	PA; AL
<i>tretinoin microsphere external gel 0.04 %, 0.1 %</i>	G	PA; AL
<i>tretinoin microsphere pump external gel 0.04 %, 0.1 %</i>	G	PA; AL
<i>triamcinolone acetonide external aerosol solution 0.147 mg/gm</i>	G	QL (100 grams per 30 days)
<i>triamcinolone acetonide external cream 0.025 %, 0.5 %</i>	G	
<i>triamcinolone acetonide external cream 0.1 %</i>	G	QL (60 grams per 1 month)
<i>triamcinolone acetonide external lotion 0.025 %, 0.1 %</i>	G	
<i>triamcinolone acetonide external ointment 0.025 %, 0.5 %</i>	G	
<i>triamcinolone acetonide external ointment 0.1 %</i>	G	QL (60 grams per 1 month)
<i>triamcinolone acetonide (Triderm External Cream 0.1 %)</i>	G	QL (60 grams per 1 month)
<i>triamcinolone acetonide (Triderm External Cream 0.5 %)</i>	G	
ULESFIA EXTERNAL LOTION 5 % (<i>benzyl alcohol</i>)	NPB	#
ULTRAVATE EXTERNAL CREAM 0.05 % (<i>halobetasol propionate</i>)	NPB	QL (50 grams per 30 days)

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

132

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ULTRAVATE EXTERNAL LOTION 0.05 % (<i>halobetasol propionate</i>)	NPB	QL (120 grams per 30 days)
ULTRAVATE EXTERNAL OINTMENT 0.05 % (<i>halobetasol propionate</i>)	NPB	QL (50 grams per 30 days)
VALCHLOR EXTERNAL GEL 0.016 % (<i>mechlorethamine hcl (topical)</i>)	NPSP	PA; SP; QL (4 gm per 1 day)
VANOS EXTERNAL CREAM 0.1 % (<i>fluocinonide</i>)	NPB	QL (120 grams per 30 days)
<i>benzoyl perox-hydrocortisone</i> (Vanoxide-Hc External Lotion 5-0.5 %)	NPB	
VECTICAL EXTERNAL OINTMENT 3 MCG/GM (<i>calcitriol</i>)	NPB	
VELTIN EXTERNAL GEL 1.2-0.025 % (<i>clindamycin-tretinoin</i>)	NPB	PA; AL
VERDESO EXTERNAL FOAM 0.05 % (<i>desonide</i>)	NPB	ST; QL (100 gm per 30 days)
VEREGEN EXTERNAL OINTMENT 15 % (<i>sinecatechins</i>)	NPB	
VOLTAREN TRANSDERMAL GEL 1 % (<i>diclofenac sodium</i>)	NPB	ST; QL (200 grams per 30 days)
VUSION EXTERNAL OINTMENT 0.25-15-81.35 % (<i>miconazole-zinc oxide-petrolat</i>)	NPB	
XEPI EXTERNAL CREAM 1 % (<i>ozenoxacin</i>)	NPB	QL (1 tube per 1 month)
XERAC AC EXTERNAL SOLUTION 6.25 % (<i>aluminum chloride in alcohol</i>)	PB	
XERESE EXTERNAL CREAM 5-1 % (<i>acyclovir-hydrocortisone</i>)	NPB	
XOLEGEL EXTERNAL GEL 2 % (<i>ketoconazole</i>)	NPB	ST; QL (50 gm per 30 days)
ZENATANE ORAL CAPSULE 10 MG, 30 MG (<i>isotretinoin</i>)	G	PA; QL (2 capsules per 1 day)
<i>isotretinoin</i> (Zenatane Oral Capsule 20 Mg, 40 Mg)	G	PA; QL (2 capsules per 1 day)
ZIANA EXTERNAL GEL 1.2-0.025 % (<i>clindamycin-tretinoin</i>)	NPB	PA; AL
ZONALON EXTERNAL CREAM 5 % (<i>doxepin hcl (antipruritic)</i>)	NPB	QL (45 grams per 30 days)
ZOVIRAX EXTERNAL CREAM 5 % (<i>acyclovir</i>)	NPB	ST; #
ZOVIRAX EXTERNAL OINTMENT 5 % (<i>acyclovir</i>)	NPB	ST
ZYCLARA EXTERNAL CREAM 3.75 % (<i>imiquimod</i>)	NPB	QL (1 packet per 1 day)

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZYCLARA PUMP EXTERNAL CREAM 2.5 %, 3.75 % (<i>imiquimod</i>)	NPB	QL (1 pump per 1 month)
DIAGNOSTIC PRODUCTS		
ACCU-CHEK AVIVA PLUS IN VITRO STRIP (<i>glucose blood</i>)	NPB	ST; QL (300 strips per 30 Days)
ACCU-CHEK COMPACT PLUS IN VITRO STRIP (<i>glucose blood</i>)	NPB	ST; QL (300 EA per 30 Days)
ACCU-CHEK SMARTVIEW IN VITRO STRIP (<i>glucose blood</i>)	NPB	ST; QL (300 EA per 30 Days)
ACCUTREND GLUCOSE IN VITRO STRIP (<i>glucose blood</i>)	NPB	ST; QL (300 EA per 30 Days)
<i>active-medicated spec collect combination kit</i>	NPB	
ADVANCE INTUITION TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	ST; QL (300 EA per 30 Days)
ADVANCE MICRO-DRAW TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	ST; QL (300 EA per 30 Days)
ADVOCATE REDI-CODE IN VITRO STRIP (<i>glucose blood</i>)	NPB	ST; QL (300 EA per 30 Days)
ADVOCATE REDI-CODE+ TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	ST; QL (300 EA per 30 Days)
ADVOCATE TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	ST; QL (300 EA per 30 Days)
AGAMATRIX AMP TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	ST; QL (300 EA per 30 Days)
AGAMATRIX JAZZ TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	ST; QL (300 EA per 30 Days)
AGAMATRIX KEYNOTE TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	ST; QL (300 EA per 30 Days)
AGAMATRIX PRESTO TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	ST; QL (300 EA per 30 Days)
ASSURE 3 TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	ST; QL (300 EA per 30 Days)
ASSURE 4 TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	ST; QL (300 EA per 30 Days)
ASSURE II CHECK IN VITRO STRIP (<i>glucose blood</i>)	NPB	ST; QL (300 EA per 30 Days)
ASSURE II IN VITRO STRIP (<i>glucose blood</i>)	NPB	ST; QL (300 EA per 30 Days)

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ASSURE PLATINUM IN VITRO STRIP (<i>glucose blood</i>)	NPB	ST; QL (300 EA per 30 Days)
ASSURE PRO TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	ST; QL (300 EA per 30 Days)
BIOSCANNER GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	ST; QL (300 EA per 30 Days)
<i>blood glucose test in vitro strip</i>	NPB	ST; QL (300 EA per 30 Days)
CAREONE BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	ST; QL (300 EA per 30 Days)
CARESENS N GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	ST; QL (300 EA per 30 Days)
CHEMSTRIP 10 MD IN VITRO STRIP (<i>multiple urine tests</i>)	NPB	
CHEMSTRIP 10/SG IN VITRO STRIP (<i>multiple urine tests</i>)	NPB	
CHEMSTRIP 2 GP IN VITRO STRIP (<i>multiple urine tests</i>)	NPB	
CHEMSTRIP 5 OB IN VITRO STRIP (<i>multiple urine tests</i>)	NPB	
CHEMSTRIP 7 IN VITRO STRIP (<i>multiple urine tests</i>)	NPB	
CHEMSTRIP 9 IN VITRO STRIP (<i>multiple urine tests</i>)	NPB	
CHEMSTRIP K IN VITRO STRIP (<i>acetone (urine) test</i>)	NPB	
CHEMSTRIP MICRAL IN VITRO STRIP (<i>albumin (urine) test</i>)	NPB	
CHEMSTRIP UGK IN VITRO STRIP (<i>urine glucose-ketones test</i>)	NPB	
CLEVER CHEK AUTO-CODE TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	ST; QL (300 EA per 30 Days)
CLEVER CHEK AUTO-CODE VOICE IN VITRO STRIP (<i>glucose blood</i>)	NPB	ST; QL (300 EA per 30 Days)
CLEVER CHEK TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	ST; QL (300 EA per 30 Days)
CLEVER CHOICE AUTO-CODE TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	ST; QL (300 EA per 30 Days)
CLEVER CHOICE MICRO TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	ST; QL (300 EA per 30 Days)
CVS KETONE CARE IN VITRO STRIP (<i>urine glucose-ketones test</i>)	NPB	
CYSTOGRAFIN-DILUTE URETHRAL SOLUTION 18 % (<i>diatrizoate meglumine</i>)	NPB	

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DIASTIX IN VITRO STRIP (<i>glucose urine test-glucose ox</i>)	NPB	
<i>diatrue plus test in vitro strip</i>	NPB	ST; QL (300 EA per 30 Days)
DUO-CARE TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	ST; QL (300 EA per 30 Days)
<i>easy plus ii glucose test in vitro strip</i>	NPB	ST; QL (300 EA per 30 Days)
EASY STEP TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	ST; QL (300 EA per 30 Days)
<i>easy talk blood glucose test in vitro strip</i>	NPB	ST; QL (300 EA per 30 Days)
EASY TOUCH TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	ST; QL (300 EA per 30 Days)
<i>easy trak blood glucose test in vitro strip</i>	NPB	ST; QL (300 EA per 30 Days)
EASYGLUCO IN VITRO STRIP (<i>glucose blood</i>)	NPB	ST; QL (300 EA per 30 Days)
EASYMAX 15 TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	ST; QL (300 EA per 30 Days)
EASYMAX TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	ST; QL (300 EA per 30 Days)
<i>easyplus blood glucose test in vitro strip</i>	NPB	ST; QL (300 EA per 30 Days)
EASYPRO BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	ST; QL (300 EA per 30 Days)
EASYPRO PLUS IN VITRO STRIP (<i>glucose blood</i>)	NPB	ST; QL (300 EA per 30 Days)
<i>element compact test in vitro strip</i>	NPB	ST; QL (300 EA per 30 Days)
ELEMENT TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	ST; QL (300 EA per 30 Days)
EMBRACE BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	ST; QL (300 EA per 30 Days)
EMBRACE EVO BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	ST; QL (300 EA per 30 Days)
EMBRACE PRO GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	ST; QL (300 EA per 30 Days)

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EVENCARE + BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	ST; QL (300 EA per 30 Days)
EVENCARE BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	ST; QL (300 EA per 30 Days)
EVENCARE G2 TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	ST; QL (300 EA per 30 Days)
EVENCARE G3 TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	ST; QL (300 EA per 30 Days)
EVOLUTION AUTOCODE IN VITRO STRIP (<i>glucose blood</i>)	NPB	ST; QL (300 EA per 30 Days)
EZ SMART BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	ST; QL (300 EA per 30 Days)
EZ SMART PLUS GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	ST; QL (300 EA per 30 Days)
E-Z-HD ORAL SUSPENSION RECONSTITUTED 98 % (<i>barium sulfate</i>)	NPB	
E-Z-PAQUE ORAL SUSPENSION RECONSTITUTED 96 % (<i>barium sulfate</i>)	NPB	
FIFTY50 GLUCOSE TEST 2.0 IN VITRO STRIP (<i>glucose blood</i>)	NPB	ST; QL (300 EA per 30 Days)
FORA D15G BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	ST; QL (300 EA per 30 Days)
FORA D20 BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	ST; QL (300 EA per 30 Days)
FORA G20 BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	ST; QL (300 EA per 30 Days)
FORA G30/PREM V10 GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	ST; QL (300 EA per 30 Days)
FORA GD20 TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	ST; QL (300 EA per 30 Days)
FORA V10 BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	ST; QL (300 EA per 30 Days)
FORA V12 BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	ST; QL (300 EA per 30 Days)
FORA V20 BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	ST; QL (300 EA per 30 Days)
FORA V30A BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	ST; QL (300 EA per 30 Days)

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FORACARE GD40 TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	ST; QL (300 EA per 30 Days)
FORACARE PREMIUM V10 TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	ST; QL (300 EA per 30 Days)
FORACARE TEST N GO TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	ST; QL (300 EA per 30 Days)
FREESTYLE INSULINX TEST IN VITRO STRIP (<i>glucose blood</i>)	PB	QL (300 strips per 30 days)
FREESTYLE LITE TEST IN VITRO STRIP (<i>glucose blood</i>)	PB	QL (300 strips per 30 days)
FREESTYLE TEST IN VITRO STRIP (<i>glucose blood</i>)	PB	QL (300 strips per 30 days)
<i>ge100 blood glucose test in vitro strip</i>	NPB	ST; QL (300 EA per 30 Days)
GENSTRIP 50 IN VITRO STRIP (<i>glucose blood</i>)	NPB	ST; QL (300 strips per 30 days)
GLUCO PERFECT 3 TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	ST; QL (300 EA per 30 Days)
GLUCOCARD 01 SENSOR PLUS IN VITRO STRIP (<i>glucose blood</i>)	NPB	ST; QL (300 EA per 30 Days)
GLUCOCARD EXPRESSION TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	ST; QL (300 EA per 30 Days)
GLUCOCARD SHINE TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	ST; QL (300 strips per 30 days)
GLUCOCARD VITAL TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	ST; QL (300 EA per 30 Days)
GLUCOCARD X-SENSOR IN VITRO STRIP (<i>glucose blood</i>)	NPB	ST; QL (300 EA per 30 Days)
GLUCOCOM TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	ST; QL (300 EA per 30 Days)
GLUCONAVII BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	ST; QL (300 EA per 30 Days)
INFINITY BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	ST; QL (300 EA per 30 Days)
KETO-DIASTIX IN VITRO STRIP (<i>urine glucose-ketones test</i>)	NPB	
KETOSTIX IN VITRO STRIP (<i>acetone (urine) test</i>)	NPB	
<i>kroger blood glucose test in vitro strip</i>	NPB	ST; QL (300 EA per 30 Days)

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>kroger premium glucose test in vitro strip</i>	NPB	ST; QL (300 EA per 30 Days)
<i>kroger test in vitro strip</i>	NPB	ST; QL (300 EA per 30 Days)
LIBERTY NEXT GENERATION TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	ST; QL (300 EA per 30 Days)
<i>liberty test in vitro strip</i>	NPB	ST; QL (300 EA per 30 Days)
LIQUID E-Z-PAQUE ORAL SUSPENSION 60 % (<i>barium sulfate</i>)	NPB	
<i>meijer blood glucose test in vitro strip</i>	NPB	ST; QL (300 EA per 30 Days)
<i>meijer premium glucose test in vitro strip</i>	NPB	ST; QL (300 EA per 30 Days)
MEIJER TRUETEST TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	ST; QL (300 EA per 30 Days)
MEIJER TRUETRACK TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	ST; QL (300 EA per 30 Days)
MICRODOT TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	ST; QL (300 EA per 30 Days)
MYGLUCOHEALTH TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	ST; QL (300 EA per 30 Days)
NEUTEK 2TEK TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	ST; QL (300 EA per 30 Days)
NOVA MAX GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	ST; QL (300 EA per 30 Days)
ON CALL EXPRESS BLOOD GLUCOSE IN VITRO STRIP (<i>glucose blood</i>)	NPB	ST; QL (300 EA per 30 Days)
ON CALL PLUS BLOOD GLUCOSE IN VITRO STRIP (<i>glucose blood</i>)	NPB	ST; QL (300 EA per 30 Days)
ON CALL VIVID BLOOD GLUCOSE IN VITRO STRIP (<i>glucose blood</i>)	NPB	ST; QL (300 EA per 30 Days)
ONETOUCH ULTRA BLUE IN VITRO STRIP (<i>glucose blood</i>)	PB	QL (300 EA per 30 Days)
ONETOUCH VERIO IN VITRO STRIP (<i>glucose blood</i>)	PB	QL (300 EA per 30 Days)
OPTUMRX BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	ST; QL (300 EA per 30 Days)

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PHARMACIST CHOICE AUTOCODE IN VITRO STRIP (<i>glucose blood</i>)	NPB	ST; QL (300 EA per 30 Days)
POCKETCHEM EZ TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	ST; QL (300 EA per 30 Days)
PRECISION PCX IN VITRO STRIP (<i>glucose blood</i>)	PB	QL (300 EA per 30 Days)
PRECISION PCX PLUS TEST IN VITRO STRIP (<i>glucose blood</i>)	PB	QL (300 EA per 30 Days)
PRECISION POINT OF CARE TEST IN VITRO STRIP (<i>glucose blood</i>)	PB	QL (300 EA per 30 Days)
PRECISION QID TEST IN VITRO STRIP (<i>glucose blood</i>)	PB	QL (300 EA per 30 Days)
PRECISION SOF-TACT TEST IN VITRO STRIP (<i>glucose blood</i>)	PB	QL (300 EA per 30 Days)
PRECISION XTRA BLOOD GLUCOSE IN VITRO STRIP (<i>glucose blood</i>)	PB	QL (300 strips per 30 days)
PRECISION XTRA KETONE IN VITRO STRIP (<i>ketone blood test</i>)	PB	
PRODIGY NO CODING BLOOD GLUC IN VITRO STRIP (<i>glucose blood</i>)	NPB	ST; QL (300 EA per 30 Days)
PTS PANELS GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	ST; QL (300 EA per 30 Days)
QUICKTEK TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	ST; QL (300 EA per 30 Days)
QUINTET AC BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	ST; QL (300 EA per 30 Days)
QUINTET BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	ST; QL (300 EA per 30 Days)
RA TRUETEST TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	ST; QL (300 EA per 30 Days)
REFUAH PLUS BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	ST; QL (300 EA per 30 Days)
RELION KETONE IN VITRO STRIP (<i>acetone (urine) test</i>)	NPB	
REVEAL BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	ST; QL (300 EA per 30 Days)
REXALL BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	ST; QL (300 EA per 30 Days)
RIGHTEST GS100 BLOOD GLUCOSE IN VITRO STRIP (<i>glucose blood</i>)	NPB	ST; QL (300 EA per 30 Days)

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RIGHTEST GS300 BLOOD GLUCOSE IN VITRO STRIP <i>(glucose blood)</i>	NPB	ST; QL (300 EA per 30 Days)
RIGHTEST GS550 BLOOD GLUCOSE IN VITRO STRIP <i>(glucose blood)</i>	NPB	ST; QL (300 EA per 30 Days)
SITZMARKS ORAL CAPSULE <i>(barium sulfate)</i>	NPB	
SMART SENSE PREMIUM TEST IN VITRO STRIP <i>(glucose blood)</i>	NPB	ST; QL (300 EA per 30 Days)
SMART SENSE VALUE TEST IN VITRO STRIP <i>(glucose blood)</i>	NPB	ST; QL (300 EA per 30 Days)
SMARTEST BLOOD GLUCOSE TEST IN VITRO STRIP <i>(glucose blood)</i>	NPB	ST; QL (300 EA per 30 Days)
SOLUS V2 TEST IN VITRO STRIP <i>(glucose blood)</i>	NPB	ST; QL (300 EA per 30 Days)
SUPREME TEST IN VITRO STRIP <i>(glucose blood)</i>	NPB	ST; QL (300 EA per 30 Days)
SURE EDGE TEST IN VITRO STRIP <i>(glucose blood)</i>	NPB	ST; QL (300 EA per 30 Days)
SURECHEK BLOOD GLUCOSE TEST IN VITRO STRIP <i>(glucose blood)</i>	NPB	ST; QL (300 EA per 30 Days)
SURE-TEST EASYPLUS MINI TEST IN VITRO STRIP <i>(glucose blood)</i>	NPB	ST; QL (300 EA per 30 Days)
TELCARE BLOOD GLUCOSE TEST IN VITRO STRIP <i>(glucose blood)</i>	NPB	ST; QL (300 EA per 30 Days)
<i>tgt blood glucose test in vitro strip</i>	NPB	ST; QL (300 EA per 30 Days)
THYROGEN INTRAMUSCULAR SOLUTION RECONSTITUTED 1.1 MG <i>(thyrotropin alfa)</i>	PSP	SP
TRUETEST TEST IN VITRO STRIP <i>(glucose blood)</i>	NPB	ST; QL (300 EA per 30 Days)
TRUETRACK TEST IN VITRO STRIP <i>(glucose blood)</i>	NPB	ST; QL (300 EA per 30 Days)
ULTIMA TEST IN VITRO STRIP <i>(glucose blood)</i>	NPB	ST; QL (300 EA per 30 Days)
ULTRATRAK PRO TEST IN VITRO STRIP <i>(glucose blood)</i>	NPB	ST; QL (300 EA per 30 Days)
ULTRATRAK ULTIMATE TEST IN VITRO STRIP <i>(glucose blood)</i>	NPB	ST; QL (300 EA per 30 Days)

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
UNISTRIP1 GENERIC IN VITRO STRIP (<i>glucose blood</i>)	NPB	ST; QL (300 EA per 30 Days)
VARIBAR PUDDING ORAL PASTE 40 % (<i>barium sulfate</i>)	NPB	
VICTORY AGM-4000 TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	ST; QL (300 EA per 30 Days)
VOCAL POINT BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	ST; QL (300 EA per 30 Days)
WAVESENSE PRESTO IN VITRO STRIP (<i>glucose blood</i>)	NPB	ST; QL (300 EA per 30 Days)
DIGESTIVE AIDS - DRUGS FOR THE STOMACH		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000 UNIT, 6000 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	PB	
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500 UNIT, 16800 UNIT, 21000 UNIT, 2600 UNIT, 4200 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	NPB	ST
PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES 16000 UNIT, 24000-86250 UNIT, 4000 UNIT, 8000 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	NPB	ST
SUCRAID ORAL SOLUTION 8500 UNIT/ML (<i>sacrosidase</i>)	NPSP	SP
VIOKACE ORAL TABLET 10440 UNIT, 20880 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	NPB	ST
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-14000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	PB	
*DIRECT-ACTING P2Y12 INHIBITORS*** - DRUGS FOR THE BLOOD		
BRILINTA ORAL TABLET 60 MG (<i>ticagrelor</i>)	PB	QL (2 tablets per 1 day)
BRILINTA ORAL TABLET 90 MG (<i>ticagrelor</i>)	PB	QL (2 tab per 1 Day)
DIURETICS - DRUGS FOR THE HEART		
<i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>	G	
<i>acetazolamide oral tablet 250 mg</i>	G	
ALDACTAZIDE ORAL TABLET 25-25 MG, 50-50 MG (<i>spironolactone-hctz</i>)	NPB	

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ALDACTONE ORAL TABLET 100 MG, 25 MG, 50 MG (<i>spironolactone</i>)	NPB	
<i>amiloride hcl oral tablet 5 mg</i>	G	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	G	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	G	
CAROSPIR ORAL SUSPENSION 25 MG/5ML (<i>spironolactone</i>)	NPB	PA; ST; QL (80 milliliters per 1 Day)
<i>chlorothiazide oral tablet 500 mg</i>	G	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	G	
DEMADEX ORAL TABLET 10 MG (<i>torseamide</i>)	NPB	
DIURIL ORAL SUSPENSION 250 MG/5ML (<i>chlorothiazide</i>)	NPB	
DYAZIDE ORAL CAPSULE 37.5-25 MG (<i>triamterene-hctz</i>)	NPB	
DYRENIUM ORAL CAPSULE 100 MG, 50 MG (<i>triamterene</i>)	NPB	
EDECIN ORAL TABLET 25 MG (<i>ethacrynic acid</i>)	NPB	
<i>ethacrynic acid oral tablet 25 mg</i>	G	
<i>furosemide oral solution 10 mg/ml</i>	G	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	G	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	G	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	G	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	G	
KEVEYIS ORAL TABLET 50 MG (<i>dichlorphenamide</i>)	NPSP	PA; QL (4 tablets per 1 day)
LASIX ORAL TABLET 20 MG, 40 MG, 80 MG (<i>furosemide</i>)	NPB	
MAXZIDE ORAL TABLET 75-50 MG (<i>triamterene-hctz</i>)	NPB	
MAXZIDE-25 ORAL TABLET 37.5-25 MG (<i>triamterene-hctz</i>)	NPB	
<i>methazolamide oral tablet 25 mg, 50 mg</i>	G	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	G	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	G	
<i>spironolactone-hctz oral tablet 25-25 mg</i>	G	
<i>torseamide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	G	
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	G	
<i>triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg</i>	G	

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ENDOCRINE AND METABOLIC AGENTS - MISC. - HORMONES		
ACTONEL ORAL TABLET 150 MG (<i>risedronate sodium</i>)	NPB	QL (1 tablet per 30 Days)
ACTONEL ORAL TABLET 30 MG, 5 MG (<i>risedronate sodium</i>)	NPB	QL (1 tablet per 1 day)
ACTONEL ORAL TABLET 35 MG (<i>risedronate sodium</i>)	NPB	QL (1 tab per 7 Days)
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5ML (<i>laronidase</i>)	PSP	PA; NPL; SP
<i>alendronate sodium oral tablet 10 mg, 40 mg, 5 mg</i>	G	QL (1 tablet per 1 day)
<i>alendronate sodium oral tablet 35 mg</i>	G	QL (8 tablets per 1 month)
<i>alendronate sodium oral tablet 70 mg</i>	G	QL (1 tab per 7 Days)
AMMONUL INTRAVENOUS SOLUTION 10-10 % (<i>sod benz-sod phenylacet</i>)	NPSP	SP
AELVIA ORAL TABLET DELAYED RELEASE 35 MG (<i>risedronate sodium</i>)	NPB	ST; QL (1 tab per 7 Days)
BINOSTO ORAL TABLET EFFERVESCENT 70 MG (<i>alendronate sodium</i>)	NPB	ST; QL (1 tab per 7 Days)
BONIVA INTRAVENOUS SOLUTION 3 MG/3ML (<i>ibandronate sodium</i>)	NPSP	SP
BONIVA ORAL TABLET 150 MG (<i>ibandronate sodium</i>)	NPB	ST; QL (1 tab per 30 Days)
BUPHENYL ORAL POWDER 3 GM/TSP (<i>sodium phenylbutyrate</i>)	NPSP	PA; SP
BUPHENYL ORAL TABLET 500 MG (<i>sodium phenylbutyrate</i>)	NPSP	PA; SP
<i>cabergoline oral tablet 0.5 mg</i>	G	
<i>calcitonin (salmon) nasal solution 200 unit/lact</i>	G	QL (1 bottle per 1 month)
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	G	
<i>calcitriol oral solution 1 mcg/ml</i>	G	
CARBAGLU ORAL TABLET 200 MG (<i>carglumic acid</i>)	NPSP	PA; #; SP
CARNITOR ORAL SOLUTION 1 GM/10ML (<i>levocarnitine</i>)	NPB	
CARNITOR ORAL TABLET 330 MG (<i>levocarnitine</i>)	NPB	
CARNITOR SF ORAL SOLUTION 1 GM/10ML (<i>levocarnitine</i>)	NPB	
CYSTADANE ORAL POWDER (<i>betaine</i>)	PSP	PA; SP
DDAVP NASAL SOLUTION 0.01 % (<i>desmopressin acetate spray</i>)	NPB	

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

144

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DDAVP ORAL TABLET 0.1 MG, 0.2 MG (<i>desmopressin acetate</i>)	NPB	
DDAVP RHINAL TUBE NASAL SOLUTION 0.01 % (<i>desmopressin ace refrigerated</i>)	NPB	
<i>desmopressin ace spray refrig nasal solution 0.01 %</i>	G	
<i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i>	G	
<i>desmopressin acetate spray nasal solution 0.01 %</i>	G	
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	G	QL (1 capsule per 1 day)
ELAPRASE INTRAVENOUS SOLUTION 6 MG/3ML (<i>idursulfase</i>)	PSP	PA; NPL; SP
EVISTA ORAL TABLET 60 MG (<i>raloxifene hcl</i>)	PB	
FABRAZYME INTRAVENOUS SOLUTION RECONSTITUTED 35 MG, 5 MG (<i>agalsidase beta</i>)	PSP	PA; NPL; SP
FORTEO SUBCUTANEOUS SOLUTION 600 MCG/2.4ML (<i>teriparatide (recombinant)</i>)	NPSP	PA; ST; NPL; #; SP
FOSAMAX ORAL TABLET 70 MG (<i>alendronate sodium</i>)	NPB	QL (1 tab per 7 Days)
FOSAMAX PLUS D ORAL TABLET 70-2800 MG-UNIT, 70-5600 MG-UNIT (<i>alendronate-cholecalciferol</i>)	NPB	#; QL (1 tab per 7 Days)
GALAFOLD ORAL CAPSULE 123 MG (<i>migalastat hcl</i>)	NPSP	PA; NPL; SP; QL (14 capsules per 28 days)
GENOTROPIN MINIQUICK SUBCUTANEOUS SOLUTION RECONSTITUTED 0.2 MG, 0.4 MG, 0.6 MG, 0.8 MG, 1 MG, 1.2 MG, 1.4 MG, 1.6 MG, 1.8 MG, 2 MG (<i>somatropin</i>)	NPSP	PA; ST; NPL; SP
GENOTROPIN SUBCUTANEOUS SOLUTION RECONSTITUTED 12 MG, 5 MG (<i>somatropin</i>)	NPSP	PA; ST; NPL; SP
HP ACTHAR INJECTION GEL 80 UNIT/ML (<i>corticotropin</i>)	NPSP	PA; NPL; SP
HUMATROPE INJECTION SOLUTION RECONSTITUTED 12 MG, 24 MG, 5 MG, 6 MG (<i>somatropin</i>)	NPSP	PA; ST; NPL; SP
<i>ibandronate sodium intravenous solution 3 mg/3ml</i>	PSP	SP
<i>ibandronate sodium oral tablet 150 mg</i>	G	QL (1 tab per 30 Days)
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML (<i>mecasermin</i>)	PSP	PA; NPL; SP
JYNARQUE ORAL TABLET THERAPY PACK 45 & 15 MG, 60 & 30 MG, 90 & 30 MG (<i>tolvaptan</i>)	PSP	PA; SP

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KUVAN ORAL PACKET 100 MG, 500 MG (<i>sapropterin dihydrochloride</i>)	PSP	PA; #; SP
KUVAN ORAL TABLET SOLUBLE 100 MG (<i>sapropterin dihydrochloride</i>)	PSP	PA; #; SP
<i>levocarnitine oral solution 1 gml/10ml</i>	G	
<i>levocarnitine oral tablet 330 mg</i>	G	
LUMIZYME INTRAVENOUS SOLUTION RECONSTITUTED 50 MG (<i>alglucosidase alfa</i>)	NPSP	PA; NPL; SP
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG (<i>leuprolide acetate</i>)	PSP	PA; #; SP
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG (PED), 30 MG (PED) (<i>leuprolide acetate (3 month)</i>)	PSP	PA; #; SP
MIACALCIN INJECTION SOLUTION 200 UNIT/ML (<i>calcitonin (salmon)</i>)	NPB	
MIACALCIN NASAL SOLUTION 200 UNIT/ACT (<i>calcitonin (salmon)</i>)	NPB	ST; QL (1 bottle per 1 month)
NAGLAZYME INTRAVENOUS SOLUTION 1 MG/ML (<i>galsulfase</i>)	PSP	PA; NPL; SP
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG, 25 MCG, 50 MCG, 75 MCG (<i>parathyroid hormone (recomb)</i>)	NPSP	PA; NPL; QL (2 cartridges per 28 days)
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG (<i>nitisinone</i>)	NPSP	PA; SP
NOCDURNA SUBLINGUAL TABLET SUBLINGUAL 27.7 MCG, 55.3 MCG (<i>desmopressin acetate</i>)	NPB	PA; QL (1 tablet per 1 day)
NOCTIVA NASAL EMULSION 1.66 MCG/0.1ML (<i>desmopressin acetate</i>)	NPB	QL (1 bottle per 30 Days); AL
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION 10 MG/1.5ML, 15 MG/1.5ML, 30 MG/3ML, 5 MG/1.5ML (<i>somatropin</i>)	NPSP	PA; ST; NPL; SP
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION 10 MG/2ML (<i>somatropin</i>)	NPSP	PA; ST; NPL; SP
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION 20 MG/2ML (<i>somatropin</i>)	NPSP	PA; ST; NPL; SP
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION 5 MG/2ML (<i>somatropin</i>)	NPSP	PA; ST; NPL; SP
<i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	G	PA; SP

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

146

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OMNITROPE SUBCUTANEOUS SOLUTION 10 MG/1.5ML, 5 MG/1.5ML (<i>somatropin</i>)	PSP	PA; NPL; SP
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG (<i>somatropin</i>)	PSP	PA; NPL; SP
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 5 MG (<i>nitisinone</i>)	PSP	PA; SP
ORFADIN ORAL CAPSULE 20 MG (<i>nitisinone</i>)	PSP	PA
ORFADIN ORAL SUSPENSION 4 MG/ML (<i>nitisinone</i>)	PSP	PA; SP
ORLISSA ORAL TABLET 150 MG (<i>elagolix sodium</i>)	NPSP	PA; SP; QL (1 tablet/day per 730 lifetime days)
ORLISSA ORAL TABLET 200 MG (<i>elagolix sodium</i>)	NPSP	PA; SP; QL (2 tablets/day per 180 lifetime days)
OSPHENA ORAL TABLET 60 MG (<i>ospemifene</i>)	NPB	QL (1 tablet per 1 day)
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML, 2.5 MG/0.5ML, 20 MG/ML (<i>pegvaliase-pqpz</i>)	NPSP	PA; ST; SP; QL (1 syringe per 1 day)
<i>pamidronate disodium intravenous solution 30 mg/10ml, 6 mg/ml, 90 mg/10ml</i>	PSP	SP
<i>pamidronate disodium intravenous solution reconstituted 30 mg, 90 mg</i>	PSP	SP
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	G	QL (1 capsule per 1 day)
<i>raloxifene hcl oral tablet 60 mg</i>	CE	N2 (G)
RAVICTI ORAL LIQUID 1.1 GM/ML (<i>glycerol phenylbutyrate</i>)	NPSP	PA; ST; SP
RAYALDEE ORAL CAPSULE EXTENDED RELEASE 30 MCG (<i>calcifediol</i>)	NPB	PA; ST; QL (1 capsule per 1 Day)
RECLAST INTRAVENOUS SOLUTION 5 MG/100ML (<i>zoledronic acid</i>)	NPSP	SP; QL (1 bottle per 365 Days)
<i>risedronate sodium oral tablet 150 mg</i>	G	QL (1 tablet per 30 days)
<i>risedronate sodium oral tablet 30 mg, 5 mg</i>	G	QL (1 tablet per 1 day)
<i>risedronate sodium oral tablet 35 mg</i>	G	QL (4 tablets per 28 days)
<i>risedronate sodium oral tablet delayed release 35 mg</i>	G	
ROCALTROL ORAL CAPSULE 0.25 MCG, 0.5 MCG (<i>calcitriol</i>)	NPB	
ROCALTROL ORAL SOLUTION 1 MCG/ML (<i>calcitriol</i>)	NPB	
SAIZEN INJECTION SOLUTION RECONSTITUTED 5 MG, 8.8 MG (<i>somatropin (non-refrigerated)</i>)	NPSP	PA; ST; NPL; SP

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SAMSCA ORAL TABLET 15 MG, 30 MG (<i>tolvaptan</i>)	PSP	PA; #; SP
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML (<i>octreotide acetate</i>)	NPSP	PA; SP
SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT 10 MG, 20 MG, 30 MG (<i>octreotide acetate</i>)	NPSP	PA; #; SP
SENSIPAR ORAL TABLET 30 MG, 60 MG, 90 MG (<i>cinacalcet hcl</i>)	NPB	PA; QL (2 tablets per 1 day)
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG (<i>somatropin (non-refrigerated)</i>)	NPSP	PA; NPL; SP
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 10 MG, 30 MG (<i>pasireotide pamoate</i>)	NPSP	PA; SP; QL (1 vial per 28 days)
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 20 MG, 40 MG, 60 MG (<i>pasireotide pamoate</i>)	NPSP	PA; SP; QL (1 injection per 28 days)
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML (<i>pasireotide diaspartate</i>)	NPSP	PA; SP; QL (2 ampules per 1 day)
<i>sod benz-sod phenylacet intravenous solution 10-10 %</i>	G	
<i>sodium phenylbutyrate oral powder 3 gmltsp</i>	PSP	PA; SP
<i>sodium phenylbutyrate oral tablet 500 mg</i>	PSP	PA; SP
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 120 MG/0.5ML, 60 MG/0.2ML, 90 MG/0.3ML (<i>lanreotide acetate</i>)	NPSP	PA; #; SP
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG (<i>pegvisomant</i>)	NPSP	PA; #; SP
STIMATE NASAL SOLUTION 1.5 MG/ML (<i>desmopressin acetate</i>)	NPB	PA; AL
SYNAREL NASAL SOLUTION 2 MG/ML (<i>nafarelin acetate</i>)	NPSP	PA; SP
TRIPTODUR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 22.5 MG (<i>triptorelin pamoate</i>)	NPSP	PA; SP
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML (<i>abaloparatide</i>)	PSP	PA; ST; NPL; SP; QL (1 pen per 1 month)
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7ML (<i>denosumab</i>)	NPSP	PA; ST; NPL; SP
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG (<i>paricalcitol</i>)	NPB	ST; QL (1 capsule per 1 day)

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>zoledronic acid intravenous concentrate 4 mg/5ml</i>	PSP	SP; QL (1 vial per 21 Days)
<i>zoledronic acid intravenous solution 4 mg/100ml</i>	PSP	SP; QL (1 100 ml bottle per 7 days)
<i>zoledronic acid intravenous solution 5 mg/100ml</i>	PSP	SP; QL (1 100 ml bottle per 7 Days)
ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 5 MG (<i>somatropin</i>)	NPSP	PA; ST; NPL
ZORBTIVE SUBCUTANEOUS SOLUTION RECONSTITUTED 8.8 MG (<i>somatropin (non-refrigerated)</i>)	NPSP	PA; NPL; SP
ESTROGENS - HORMONES		
ACTIVELLA ORAL TABLET 0.5-0.1 MG, 1-0.5 MG (<i>estradiol-norethindrone acet</i>)	NPB	QL (1 tablet per 1 day)
ALORA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (<i>estradiol</i>)	NPB	QL (8 patch per 30 Days)
ANGELIQ ORAL TABLET 0.25-0.5 MG (<i>drospirenone-estradiol</i>)	NPB	QL (1 tablet per 1 day)
ANGELIQ ORAL TABLET 0.5-1 MG (<i>drospirenone-estradiol</i>)	NPB	QL (1 tbalet per 1 day)
BIJUVA ORAL CAPSULE 1-100 MG (<i>estradiol-progesterone</i>)	NPB	QL (1 capsule per 1 day)
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/DAY (<i>estradiol-levonorgestrel</i>)	NPB	#; QL (1 patch per 7 Days)
CLIMARA TRANSDERMAL PATCH WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.06 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (<i>estradiol</i>)	NPB	QL (1 patch per 7 Days)
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY 0.05-0.14 MG/DAY, 0.05-0.25 MG/DAY (<i>estradiol-norethindrone acet</i>)	NPB	QL (8 patch per 30 Days)
DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 1 MG/GM (<i>estradiol</i>)	NPB	
DIVIGEL TRANSDERMAL GEL 0.75 MG/0.75GM (<i>estradiol</i>)	NPB	QL (1 packet per 1 day)
ELESTRIN TRANSDERMAL GEL 0.52 MG/0.87 GM (0.06%) (<i>estradiol</i>)	NPB	QL (52 grams per 30 days)
ESTRACE ORAL TABLET 0.5 MG, 1 MG, 2 MG (<i>estradiol</i>)	NPB	
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	G	

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	G	QL (8 patches per 28 Days)
<i>estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	G	QL (4 patches per 28 days)
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	G	
ESTROGEL TRANSDERMAL GEL 0.75 MG/1.25 GM (0.06%) (<i>estradiol</i>)	NPB	QL (1 pump per 1 fill)
EVAMIST TRANSDERMAL SOLUTION 1.53 MG/SPRAY (<i>estradiol</i>)	NPB	QL (2 bottles per 1 fill)
FEMHRT LOW DOSE ORAL TABLET 0.5-2.5 MG-MCG (<i>norethindrone-eth estradiol</i>)	NPB	QL (1 tablet per 1 day)
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG (<i>esterified estrogens</i>)	NPB	
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24HR (<i>estradiol</i>)	NPB	#; QL (4 patches per 28 days)
<i>estradiol-norethindrone acet (Mimvey Oral Tablet 1-0.5 Mg)</i>	G	QL (1 tablet per 1 day)
MINIVELLE TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (<i>estradiol</i>)	NPB	QL (8 patches per 1 month)
<i>norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	G	QL (1 tablet per 1 day)
PREFEST ORAL TABLET 1/1-0.09 MG (15/15) (<i>estradiol-norgestimate</i>)	NPB	QL (1 tablet per 1 day)
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG (<i>estrogens conjugated</i>)	PB	
PREMPHASE ORAL TABLET 0.625-5 MG (<i>conj estrog-medroxyprogest ace</i>)	PB	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG (<i>conj estrog-medroxyprogest ace</i>)	PB	
VIVELLE-DOT TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (<i>estradiol</i>)	NPB	ST; QL (8 patch per 30 Days)
*ESTROGEN-SELECTIVE ESTROGEN RECEPTOR MODULATOR COMB*** - HORMONES		
DUAVEE ORAL TABLET 0.45-20 MG (<i>conj estrogens-bazedoxifene</i>)	PB	QL (1 tab per 1 day)

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*FARNESOID X RECEPTOR (FXR) AGONISTS*** - DRUGS FOR THE LIVER		
OCALIVA ORAL TABLET 5 MG (<i>obeticholic acid</i>)	NPSP	PA; ST; SP; QL (1 tablet per 1 day)
FLUOROQUINOLONES - DRUGS FOR INFECTIONS		
AVELOX ORAL TABLET 400 MG (<i>moxifloxacin hcl</i>)	NPB	
BAXDELA ORAL TABLET 450 MG (<i>delafloxacin meglumine</i>)	NPB	PA; QL (28 tablets per 1 fill)
CIPRO ORAL SUSPENSION RECONSTITUTED 250 MG/5ML (5%), 500 MG/5ML (10%) (<i>ciprofloxacin</i>)	NPB	
CIPRO ORAL TABLET 250 MG, 500 MG (<i>ciprofloxacin hcl</i>)	NPB	
<i>ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg</i>	G	
<i>ciprofloxacin oral suspension reconstituted 500 mg/5ml (10%)</i>	G	
LEVAQUIN ORAL TABLET 250 MG, 500 MG, 750 MG (<i>levofloxacin</i>)	NPB	
<i>levofloxacin oral solution 25 mg/ml</i>	G	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	G	
<i>moxifloxacin hcl oral tablet 400 mg</i>	G	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	G	
GASTROINTESTINAL AGENTS - MISC. - DRUGS FOR THE STOMACH		
ACTIGALL ORAL CAPSULE 300 MG (<i>ursodiol</i>)	NPB	
<i>alosetron hcl oral tablet 0.5 mg, 1 mg</i>	G	PA; ST
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG (<i>lubiprostone</i>)	NPB	ST; QL (2 capsules per 1 day)
APRISO ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.375 GM (<i>mesalamine</i>)	PB	#; QL (4 caps per 1 Day)
ASACOL HD ORAL TABLET DELAYED RELEASE 800 MG (<i>mesalamine</i>)	NPB	ST; QL (6 tab per 1 Day)
AURYXIA ORAL TABLET 1 GM 210 MG(Fe) (<i>ferric citrate</i>)	NPB	
AZULFIDINE EN-TABS ORAL TABLET DELAYED RELEASE 500 MG (<i>sulfasalazine</i>)	NPB	ST; QL (8 tab per 1 day)
AZULFIDINE ORAL TABLET 500 MG (<i>sulfasalazine</i>)	NPB	ST; QL (8 tab per 1 day)
<i>balsalazide disodium oral capsule 750 mg</i>	G	QL (9 caps per 1 Day)
<i>calcium acetate (phos binder) oral tablet 667 mg</i>	G	

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CANASA RECTAL SUPPOSITORY 1000 MG (<i>mesalamine</i>)	NPB	QL (1 suppository per 1 day)
CHENODAL ORAL TABLET 250 MG (<i>chenodiol</i>)	NPB	
CIMZIA PREFILLED SUBCUTANEOUS KIT 2 X 200 MG/ML (<i>certolizumab pegol</i>)	NPSP	PA; ST; NPL; SP
CIMZIA STARTER KIT SUBCUTANEOUS KIT 6 X 200 MG/ML (<i>certolizumab pegol</i>)	NPSP	PA; ST; NPL; SP
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG (<i>certolizumab pegol</i>)	NPSP	PA; ST; NPL; SP
COLAZAL ORAL CAPSULE 750 MG (<i>balsalazide disodium</i>)	NPB	ST; QL (9 caps per 1 day)
<i>cromolyn sodium oral concentrate 100 mg/5ml</i>	G	
DELZICOL ORAL CAPSULE DELAYED RELEASE 400 MG (<i>mesalamine</i>)	NPB	#; QL (12 capsules per 1 day)
DIPENTUM ORAL CAPSULE 250 MG (<i>olsalazine sodium</i>)	NPB	ST; QL (4 caps per 1 day)
<i>enulose oral solution 10 gm/15ml</i>	G	
FOSRENOL ORAL PACKET 1000 MG, 750 MG (<i>lanthanum carbonate</i>)	PB	
FOSRENOL ORAL TABLET CHEWABLE 1000 MG, 500 MG, 750 MG (<i>lanthanum carbonate</i>)	NPB	
GASTROCROM ORAL CONCENTRATE 100 MG/5ML (<i>cromolyn sodium</i>)	NPB	
GATTEX SUBCUTANEOUS KIT 5 MG (<i>teduglutide (rdna)</i>)	NPSP	PA; NPL; SP; QL (1 box per 1 fill)
<i>generlac oral solution 10 gm/15ml</i>	G	
INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>infliximab-dyyb</i>)	PSP	PA; ST; NPL; SP
<i>lactulose encephalopathy oral solution 10 gm/15ml</i>	G	
<i>lanthanum carbonate oral tablet chewable 1000 mg, 500 mg, 750 mg</i>	G	
LIALDA ORAL TABLET DELAYED RELEASE 1.2 GM (<i>mesalamine</i>)	NPB	ST; QL (4 tab per 1 Day)
LINZESS ORAL CAPSULE 145 MCG, 290 MCG (<i>linaclotide</i>)	PB	QL (1 capsule per 1 day)
LINZESS ORAL CAPSULE 72 MCG (<i>linaclotide</i>)	PB	QL (1 capsule per 1 Day)
LOTRONEX ORAL TABLET 0.5 MG, 1 MG (<i>alosetron hcl</i>)	NPB	PA; ST
<i>mesalamine oral capsule delayed release 400 mg</i>	G	QL (12 capsules per 1 day)
<i>mesalamine oral tablet delayed release 1.2 gm</i>	G	QL (4 tablets per 1 Day)

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>mesalamine oral tablet delayed release 800 mg</i>	G	QL (6 tablets per 1 day)
<i>mesalamine rectal enema 4 gm</i>	G	
<i>mesalamine rectal suppository 1000 mg</i>	G	QL (1 suppository per 1 day)
<i>metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml</i>	G	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	G	
<i>metoclopramide hcl oral tablet dispersible 10 mg, 5 mg</i>	G	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG (<i>naloxegol oxalate</i>)	PB	QL (1 tablet per 1 day)
PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG (<i>mesalamine</i>)	PB	QL (16 caps per 1 Day)
PENTASA ORAL CAPSULE EXTENDED RELEASE 500 MG (<i>mesalamine</i>)	PB	QL (8 caps per 1 Day)
PHOSLO ORAL CAPSULE 667 MG (<i>calcium acetate (phos binder)</i>)	NPB	
PHOSLYRA ORAL SOLUTION 667 MG/5ML (<i>calcium acetate (phos binder)</i>)	PB	
REGLAN ORAL TABLET 10 MG, 5 MG (<i>metoclopramide hcl</i>)	NPB	
RELISTOR ORAL TABLET 150 MG (<i>methylnaltrexone bromide</i>)	NPB	PA; #; QL (3 tablets per 1 Day)
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML (<i>methylnaltrexone bromide</i>)	PB	QL (0.6 ml per 1 day)
RELISTOR SUBCUTANEOUS SOLUTION 8 MG/0.4ML (<i>methylnaltrexone bromide</i>)	PB	QL (0.4 ml per 1 day)
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>infliximab</i>)	PSP	PA; ST; NPL; SP
RENAGEL ORAL TABLET 800 MG (<i>sevelamer hcl</i>)	NPB	#
RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>infliximab-abda</i>)	PSP	PA; ST; NPL; SP
RENVELA ORAL PACKET 0.8 GM, 2.4 GM (<i>sevelamer carbonate</i>)	NPB	
RENVELA ORAL TABLET 800 MG (<i>sevelamer carbonate</i>)	NPB	
<i>sevelamer carbonate oral packet 0.8 gm, 2.4 gm</i>	G	
<i>sevelamer carbonate oral tablet 800 mg</i>	G	
<i>sevelamer hcl oral tablet 400 mg, 800 mg</i>	G	
SFROWASA RECTAL ENEMA 4 GM/60ML (<i>mesalamine</i>)	NPB	

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>sulfasalazine oral tablet 500 mg</i>	G	QL (8 tab per 1 Day)
<i>sulfasalazine oral tablet delayed release 500 mg</i>	G	QL (8 tab per 1 Day)
<i>sulfasalazine (Sulfazine Oral Tablet 500 Mg)</i>	G	QL (8 tab per 1 Day)
SYMPROIC ORAL TABLET 0.2 MG (<i>naldemedine tosylate</i>)	NPB	PA; ST; QL (1 tablet per 1 Day)
URSO 250 ORAL TABLET 250 MG (<i>ursodiol</i>)	NPB	
URSO FORTE ORAL TABLET 500 MG (<i>ursodiol</i>)	NPB	
<i>ursodiol oral capsule 300 mg</i>	G	
<i>ursodiol oral tablet 250 mg, 500 mg</i>	G	
VELPHORO ORAL TABLET CHEWABLE 500 MG (<i>sucroferric oxyhydroxide</i>)	NPB	#
GENERAL ANESTHETICS - DRUGS FOR PAIN AND FEVER		
FORANE INHALATION SOLUTION (<i>isoflurane</i>)	NPB	
<i>isoflurane inhalation solution</i>	G	
<i>sevoflurane inhalation solution</i>	G	
<i>isoflurane (Terrell Inhalation Solution)</i>	G	
ULTANE INHALATION SOLUTION (<i>sevoflurane</i>)	NPB	
GENITOURINARY AGENTS - MISCELLANEOUS - DRUGS FOR THE URINARY SYSTEM		
<i>acetic acid irrigation solution 0.25 %</i>	G	
<i>alfuzosin hcl er oral tablet extended release 24 hour 10 mg</i>	G	QL (1 tablet per 1 day)
<i>aminoacetic acid irrigation solution 1.5 %</i>	G	
ARGYLE STERILE SALINE IRRIGATION SOLUTION 0.9 % (<i>sodium chloride (gu irrigant)</i>)	G	
AVODART ORAL CAPSULE 0.5 MG (<i>dutasteride</i>)	NPB	QL (1 capsule per 1 day)
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG (<i>doxazosin mesylate</i>)	NPB	QL (1 tablet per 1 day)
<i>sodium chloride (Curity Sterile Saline Irrigation Solution 0.9 %)</i>	G	
CYSTAGON ORAL CAPSULE 150 MG, 50 MG (<i>cysteamine bitartrate</i>)	NPB	
<i>cytra k crystals oral packet 3300-1002 mg</i>	G	
CYTRA-3 ORAL SYRUP 550-500-334 MG/5ML (<i>pot & sod cit-cit ac</i>)	NPB	
<i>dutasteride oral capsule 0.5 mg</i>	G	QL (1 capsule per 1 day)

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg</i>	G	
ELMIRON ORAL CAPSULE 100 MG (<i>pentosan polysulfate sodium</i>)	PB	QL (90 capsules per 30 days)
<i>finasteride oral tablet 5 mg</i>	G	PA
FLOMAX ORAL CAPSULE 0.4 MG (<i>tamsulosin hcl</i>)	NPB	
<i>glycine irrigation solution 1.5 %</i>	G	
<i>glycine urologic irrigation solution 1.5 %</i>	G	
JALYN ORAL CAPSULE 0.5-0.4 MG (<i>dutasteride-tamsulosin hcl</i>)	NPB	
K-PHOS NO 2 ORAL TABLET 305-700 MG (<i>pot & sod ac phosphates</i>)	NPB	
LITHOSTAT ORAL TABLET 250 MG (<i>acetohydroxamic acid</i>)	NPB	
<i>neomycin-polymyxin b gu irrigation solution 40-200000</i>	G	
ORACIT ORAL SOLUTION 490-640 MG/5ML (<i>sod citrate-citric acid</i>)	NPB	
PROCYSBI ORAL CAPSULE DELAYED RELEASE 25 MG (<i>cysteamine bitartrate</i>)	NPSP	PA; ST; SP; QL (4 capsules per 1 Day)
PROCYSBI ORAL CAPSULE DELAYED RELEASE 75 MG (<i>cysteamine bitartrate</i>)	NPSP	PA; ST; SP; QL (25 capsules per 1 Day)
PROSCAR ORAL TABLET 5 MG (<i>finasteride</i>)	NPB	PA
RAPAFLO ORAL CAPSULE 4 MG, 8 MG (<i>silodosin</i>)	NPB	
RENACIDIN IRRIGATION SOLUTION (<i>citric ac-gluconolact-mg carb</i>)	NPB	
RESECTISOL IRRIGATION SOLUTION 5 % (<i>mannitol (gu irrigant)</i>)	NPB	
<i>silodosin oral capsule 4 mg, 8 mg</i>	G	
<i>sodium chloride irrigation solution 0.9 %</i>	G	
<i>tamsulosin hcl oral capsule 0.4 mg</i>	G	
TARON-CRYSTALS ORAL PACKET 3300-1002 MG (<i>potassium citrate-citric acid</i>)	G	
THIOLA ORAL TABLET 100 MG (<i>tiopronin</i>)	NPSP	PA
UROCIT-K 10 ORAL TABLET EXTENDED RELEASE 10 MEQ (1080 MG) (<i>potassium citrate</i>)	NPB	
UROCIT-K 5 ORAL TABLET EXTENDED RELEASE 5 MEQ (540 MG) (<i>potassium citrate</i>)	NPB	

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
UROXATRAL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG (<i>alfuzosin hcl</i>)	NPB	QL (1 tablet per 1 day)
*GLYCOPEPTIDES*** - DRUGS FOR INFECTIONS		
FIRVANQ ORAL SOLUTION RECONSTITUTED 25 MG/ML (<i>vancomycin hcl</i>)	NPB	
VANCOCIN HCL ORAL CAPSULE 125 MG, 250 MG (<i>vancomycin hcl</i>)	NPB	
<i>vancomycin hcl oral capsule 125 mg, 250 mg</i>	G	
GOUT AGENTS - DRUGS FOR PAIN AND FEVER		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	G	
<i>colchicine oral tablet 0.6 mg</i>	G	
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>	G	
COLCRYS ORAL TABLET 0.6 MG (<i>colchicine</i>)	NPB	ST; QL (2 tablets per 1 day)
KRYSTEXXA INTRAVENOUS SOLUTION 8 MG/ML (<i>pegloticase</i>)	NPSP	PA; ST; NPL; SP
MITIGARE ORAL CAPSULE 0.6 MG (<i>colchicine</i>)	PB	QL (2 capsules per 1 day)
<i>probenecid oral tablet 500 mg</i>	G	
ULORIC ORAL TABLET 40 MG, 80 MG (<i>febuxostat</i>)	NPB	ST; #; QL (1 tablet per 1 day)
ZYLOPRIM ORAL TABLET 100 MG, 300 MG (<i>allopurinol</i>)	NPB	ST
HEMATOLOGICAL AGENTS - MISC. - DRUGS FOR THE BLOOD		
ADVATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (<i>antihemophilic factor rahf-pfm</i>)	PSP	PA; NPL; SP
ADYNOVATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT, 750 UNIT	NPSP	PA; NPL
ADYNOVATE INTRAVENOUS SOLUTION RECONSTITUTED 3000 UNIT	NPSP	PA; NPL; SP
AFSTYLA INTRAVENOUS KIT 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 500 UNIT (<i>antihemophil fact single chain</i>)	NPSP	PA; NPL; SP
AGGRENOX ORAL CAPSULE EXTENDED RELEASE 12 HOUR 25-200 MG (<i>aspirin-dipyridamole</i>)	NPB	
AGRYLIN ORAL CAPSULE 0.5 MG (<i>anagrelide hcl</i>)	NPB	

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ALPHANATE/VWF COMPLEX/HUMAN INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT (<i>antihemophilic factor-vwf</i>)	NPSP	PA; NPL; SP
ALPHANINE SD INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT (<i>coagulation factor ix</i>)	NPSP	PA; NPL; SP
ALPROLIX INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (<i>coagulation factor ix (rfixfc)</i>)	NPSP	PA; NPL; SP
<i>anagrelide hcl oral capsule 0.5 mg, 1 mg</i>	G	
<i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i>	G	
BENEFIX INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (<i>coagulation factor ix (recomb)</i>)	PSP	PA; NPL; SP
BERINERT INTRAVENOUS KIT 500 UNIT (<i>c1 esterase inhibitor (human)</i>)	NPSP	PA; ST; NPL; SP; QL (1 vial per 1 month)
BRILINTA ORAL TABLET 60 MG (<i>ticagrelor</i>)	PB	QL (2 tablets per 1 day)
BRILINTA ORAL TABLET 90 MG (<i>ticagrelor</i>)	PB	QL (2 tab per 1 Day)
<i>cilostazol oral tablet 100 mg, 50 mg</i>	G	
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT (<i>c1 esterase inhibitor (human)</i>)	NPSP	PA; ST; NPL; SP; QL (17 vials per 30 days)
<i>clopidogrel bisulfate oral tablet 300 mg</i>	G	
<i>clopidogrel bisulfate oral tablet 75 mg</i>	G	QL (1 tablet per 1 day)
COAGADEX INTRAVENOUS SOLUTION RECONSTITUTED 250 UNIT, 500 UNIT (<i>coagulation factor x (human)</i>)	NPSP	PA; NPL
CORIFACT INTRAVENOUS KIT 1000-1600 UNIT (<i>factor xiii concentrate human</i>)	NPSP	PA; NPL; SP
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	G	
DURLAZA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 162.5 MG (<i>aspirin</i>)	NPB	
EFFIENT ORAL TABLET 10 MG, 5 MG (<i>prasugrel hcl</i>)	NPB	PA; QL (1 tab per 1 Day)

2019 Aetna Commercial Plan (Self Insured)

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08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ELOCTATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT, 5000 UNIT, 6000 UNIT, 750 UNIT (<i>antihemophilic factor rfviiiifc</i>)	NPSP	PA; NPL; SP
FIBRYGA INTRAVENOUS SOLUTION RECONSTITUTED (<i>fibrinogen concentrate (human)</i>)	PSP	PA; NPL; SP
FIRAZYR SUBCUTANEOUS SOLUTION 30 MG/3ML (<i>icatibant acetate</i>)	PSP	PA; ST; NPL; #; SP; QL (6 syringes per 1 month)
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT, 3000 UNIT (<i>c1 esterase inhibitor (human)</i>)	PSP	PA; ST; NPL; SP; QL (16 kits per 1 month)
HELIXATE FS INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (<i>antihemophilic factor (recomb)</i>)	NPSP	PA; NPL; SP
HEMOFIL M INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1700 UNIT, 250 UNIT, 500 UNIT (<i>antihemophilic factor</i>)	NPSP	PA; NPL; SP
HUMATE-P INTRAVENOUS SOLUTION RECONSTITUTED 1000-2400 UNIT, 250-600 UNIT, 500-1200 UNIT (<i>antihemophilic factor-vwf</i>)	NPSP	PA; NPL; SP
IDELVION INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3500 UNIT, 500 UNIT (<i>coagulation factor ix (rix-fp)</i>)	NPSP	PA; NPL; SP
IXINITY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (<i>coagulation factor ix (recomb)</i>)	NPSP	PA; NPL
JIVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT (<i>antihemophilic factor recomb peg-auct</i>)	NPSP	PA; NPL; SP
KALBITOR SUBCUTANEOUS SOLUTION 10 MG/ML (<i>ecallantide</i>)	NPSP	PA; ST; NPL; SP; QL (12 vials per 1 month)
KCENTRA INTRAVENOUS KIT 1000 UNIT, 500 UNIT (<i>prothrombin complex conc human</i>)	NPSP	PA; NPL; SP
KOATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 250 UNIT, 500 UNIT (<i>antihemophilic factor</i>)	NPSP	PA; NPL
KOATE-DVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 250 UNIT, 500 UNIT (<i>antihemophilic factor</i>)	NPSP	PA; NPL; SP

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KOGENATE FS INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (<i>antihemophilic factor (recomb)</i>)	NPSP	PA; NPL; SP
KOVALTRY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (<i>antihemophilic factor (recomb)</i>)	NPSP	PA; NPL; SP
MONONINE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT (<i>coagulation factor ix</i>)	PSP	PA; NPL; SP
NOVOEIGHT INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (<i>antihemophilic factor (recomb)</i>)	NPSP	PA; NPL; SP
NOVOSEVEN RT INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 2 MG, 5 MG, 8 MG (<i>coagulation factor viia recomb</i>)	PSP	PA; NPL; SP
NUWIQ INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (<i>antihemophil fact (bdd-rfviii)</i>)	NPSP	PA; NPL; SP
NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (<i>antihemophil fact (bdd-rfviii)</i>)	NPSP	PA; NPL; SP
<i>pentoxifylline er oral tablet extended release 400 mg</i>	G	
PLAVIX ORAL TABLET 75 MG (<i>clopidogrel bisulfate</i>)	NPB	QL (1 tablet per 1 day)
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i>	G	PA; QL (1 tablet per 1 day)
PROFILNINE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 500 UNIT (<i>factor ix complex</i>)	NPSP	SP
PROFILNINE SD INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT (<i>factor ix complex</i>)	NPSP	PA; SP
REBINYN INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 500 UNIT (<i>coagulation factor ix glycopeg</i>)	NPSP	PA; NPL; SP
RECOMBINATE INTRAVENOUS SOLUTION RECONSTITUTED 1241-1800 UNIT, 1801-2400 UNIT, 220-400 UNIT, 401-800 UNIT, 801-1240 UNIT (<i>antihemophilic factor (recomb)</i>)	NPSP	PA; NPL; SP
RIASTAP INTRAVENOUS SOLUTION RECONSTITUTED (<i>fibrinogen concentrate (human)</i>)	PSP	PA; NPL; SP

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RIXUBIS INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	NPSP	PA; NPL; SP
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED 2100 UNIT (<i>c1 esterase inhibitor (recomb)</i>)	NPSP	PA; NPL; SP; QL (8 vials per 1 month)
TRETEN INTRAVENOUS SOLUTION RECONSTITUTED 2000-3125 UNIT (<i>coagulation factor xiii a-sub</i>)	NPSP	PA; NPL; SP
VONVENDI INTRAVENOUS SOLUTION RECONSTITUTED 1300 UNIT, 650 UNIT (<i>von willebrand factor (recomb)</i>)	NPSP	PA
WILATE INTRAVENOUS KIT 1000-1000 UNIT, 500-500 UNIT (<i>antihemophilic factor-vwf</i>)	NPSP	PA; NPL; SP
XYNTHA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT (<i>antihemophilic factor rahf-paf</i>)	NPSP	PA; NPL; SP
XYNTHA SOLOFUSE INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (<i>antihemophilic factor rahf-paf</i>)	NPSP	PA; NPL; SP
YOSPRALA ORAL TABLET DELAYED RELEASE 325- 40 MG, 81-40 MG (<i>aspirin-omeprazole</i>)	NPB	PA; ST; QL (1 tablet per 1 Day)
HEMATOPOIETIC AGENTS - DRUGS FOR NUTRITION		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML (<i>darbepoetin alfa</i>)	PSP	PA; NPL; SP
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, 500 MCG/ML, 60 MCG/0.3ML (<i>darbepoetin alfa</i>)	PSP	PA; NPL; SP
CERDELGA ORAL CAPSULE 84 MG (<i>eliglustat tartrate</i>)	PSP	PA; SP
CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT (<i>imiglucerase</i>)	PSP	PA; NPL; SP
DOPTELET ORAL TABLET 20 MG (<i>avatrombopag maleate</i>)	NPSP	PA; SP; QL (3 /day for 5 days per 30 days)
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG (<i>hydroxyurea</i>)	NPB	
ELELYSO INTRAVENOUS SOLUTION RECONSTITUTED 200 UNIT (<i>taliglucerase alfa</i>)	NPSP	PA; NPL; SP

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

160

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML (<i>epoetin alfa</i>)	NPSP	PA; ST; NPL; SP
FER-IN-SOL ORAL SOLUTION 75 (15 FE) MG/ML (<i>ferrous sulfate</i>)	CE	
FERREX 150 FORTE PLUS ORAL CAPSULE 50-100 MG (<i>fe-succ ac-c-thre ac-b12-fa</i>)	NPB	
FERRLECIT INTRAVENOUS SOLUTION 12.5 MG/ML (<i>na ferric gluc cplx in sucrose</i>)	NPSP	SP
<i>ferrous sulfate oral solution 75 (15 fe) mg/ml</i>	CE	
<i>folic acid oral tablet 1 mg, 400 mcg, 800 mcg</i>	CE	N2 (Not Covered)
FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (<i>pegfilgrastim-jmdb</i>)	PSP	PA; NPL; SP
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML, 480 MCG/1.6ML (<i>tbo-filgrastim</i>)	NPSP	PA; ST; NPL; SP
GRANIX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (<i>tbo-filgrastim</i>)	NPSP	PA; ST; NPL; SP
IFEREX 150 FORTE ORAL CAPSULE 150-25-1 MG-MCG-MG (<i>iron polysacch cplx-b12-fa</i>)	G	
<i>miglustat oral capsule 100 mg</i>	PSP	PA; SP
MIRCERA INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.3ML, 150 MCG/0.3ML, 200 MCG/0.3ML, 30 MCG/0.3ML, 50 MCG/0.3ML, 75 MCG/0.3ML (<i>methoxy peg-epoetin beta</i>)	NPSP	PA; NPL
MULPLETA ORAL TABLET 3 MG (<i>lusutrombopag</i>)	NPSP	PA; SP; QL (1 /day for 7 days per 30 days)
<i>myferon 150 forte oral capsule 150-25-1 mg-mcg-mg</i>	G	
<i>na ferric gluc cplx in sucrose intravenous solution 12.5 mg/ml</i>	PSP	SP
NASCOBAL NASAL SOLUTION 500 MCG/0.1ML (<i>cyanocobalamin</i>)	NPB	ST
NEULASTA ONPRO SUBCUTANEOUS PREFILLED SYRINGE KIT 6 MG/0.6ML (<i>pegfilgrastim</i>)	NPSP	PA; ST; SP
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (<i>pegfilgrastim</i>)	NPSP	PA; ST; NPL; SP
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML (<i>filgrastim</i>)	NPSP	PA; ST; NPL; SP

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (<i>filgrastim</i>)	NPSP	PA; ST; NPL
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML (<i>filgrastim-aafi</i>)	PSP	PA; NPL; SP
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (<i>filgrastim-aafi</i>)	PSP	PA; NPL; SP
NPLATE SUBCUTANEOUS SOLUTION RECONSTITUTED 250 MCG, 500 MCG (<i>romiplostim</i>)	NPSP	PA; SP
<i>poly-iron 150 forte oral capsule 150-25-1 mg-mcg-mg</i>	G	
<i>polysaccharide iron forte oral capsule 150-25-1 mg-mcg-mg</i>	G	
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML (<i>epoetin alfa</i>)	NPSP	PA; ST; NPL; SP
PROMACTA ORAL PACKET 12.5 MG (<i>eltrombopag olamine</i>)	NPSP	PA; SP; QL (1 packet per 1 day)
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG (<i>eltrombopag olamine</i>)	NPSP	PA; SP
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML (<i>epoetin alfa-epbx</i>)	PSP	PA; NPL; SP
SIKLOS ORAL TABLET 100 MG, 1000 MG (<i>hydroxyurea</i>)	NPB	PA
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (<i>pegfilgrastim-cbqv</i>)	PSP	PA; NPL; SP
VENOFER INTRAVENOUS SOLUTION 20 MG/ML (<i>iron sucrose</i>)	NPSP	SP
VPRIV INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT (<i>velaglucerase alfa</i>)	PSP	PA; NPL; SP
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (<i>filgrastim-sndz</i>)	PSP	PA; NPL
ZAVESCA ORAL CAPSULE 100 MG (<i>miglustat</i>)	NPSP	PA; SP
HEMOSTATICS - DRUGS FOR THE BLOOD		
AMICAR ORAL SOLUTION 0.25 GM/ML (<i>aminocaproic acid</i>)	NPB	
AMICAR ORAL TABLET 1000 MG, 500 MG (<i>aminocaproic acid</i>)	PB	
<i>aminocaproic acid oral tablet 1000 mg, 500 mg</i>	G	

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

162

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ARTISS EXTERNAL SOLUTION (<i>fibrin sealant component</i>)	NPB	
LYSTEDA ORAL TABLET 650 MG (<i>tranexamic acid</i>)	NPB	QL (30 tablets per 30 Days)
TISSEEL VHSD EXTERNAL SOLUTION (<i>fibrin sealant component</i>)	NPB	
<i>tranexamic acid oral tablet 650 mg</i>	G	QL (30 tablets per 1 fill)
*HEPATITIS C AGENT - COMBINATIONS*** - DRUGS FOR INFECTIONS		
EPCLUSA ORAL TABLET 400-100 MG (<i>sofosbuvir-velpatasvir</i>)	PSP	PA; NPL; #; SP; QL (1 tablet per 1 day)
HARVONI ORAL TABLET 90-400 MG (<i>ledipasvir-sofosbuvir</i>)	PSP	PA; NPL; #; SP
<i>ledipasvir-sofosbuvir oral tablet 90-400 mg</i>	PSP	PA; NPL; SP
MAVYRET ORAL TABLET 100-40 MG (<i>glecaprevir-pibrentasvir</i>)	PSP	PA; NPL; SP; QL (3 tablets per 1 day)
<i>sofosbuvir-velpatasvir oral tablet 400-100 mg</i>	PSP	PA; NPL; SP; QL (1 tablet per 1 day)
VIEKIRA PAK ORAL TABLET THERAPY PACK 12.5-75-50 & 250 MG (<i>ombitas-paritapre-ritona-dasab</i>)	NPSP	PA; ST; NPL; SP
VOSEVI ORAL TABLET 400-100-100 MG (<i>sofosbuvir-velpatasvir-voxilaprev</i>)	PSP	PA; NPL; SP; QL (1 tablet per 1 Day)
ZEPATIER ORAL TABLET 50-100 MG (<i>elbasvir-grazoprevir</i>)	NPSP	PA; NPL; SP; QL (1 tablet per 1 Day)
*HEREDITARY OROTIC ACIDURIA TREATMENT - AGENTS** - DRUGS THAT ALTER METABOLISM		
XURIDEN ORAL PACKET 2 GM (<i>uridine triacetate</i>)	PSP	PA; SP; QL (4 packets per 1 Day)
HYPNOTICS - DRUGS FOR THE NERVOUS SYSTEM		
AMBIEN CR ORAL TABLET EXTENDED RELEASE 12.5 MG, 6.25 MG (<i>zolpidem tartrate</i>)	NPB	QL (1 tablet per 1 Day)
AMBIEN ORAL TABLET 10 MG (<i>zolpidem tartrate</i>)	NPB	QL (1 tablet per 1 Day)
AMBIEN ORAL TABLET 5 MG (<i>zolpidem tartrate</i>)	NPB	QL (2 tablets per 1 Day)
BUTISOL SODIUM ORAL TABLET 30 MG (<i>butabarbital sodium</i>)	NPB	
DORAL ORAL TABLET 15 MG (<i>quazepam</i>)	NPB	
EDLUAR SUBLINGUAL TABLET SUBLINGUAL 10 MG, 5 MG (<i>zolpidem tartrate</i>)	NPB	ST; QL (1 tab per 1 Day)
<i>estazolam oral tablet 1 mg, 2 mg</i>	G	

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	G	QL (1 tablet per 1 day)
<i>flurazepam hcl oral capsule 15 mg, 30 mg</i>	G	
HALCION ORAL TABLET 0.25 MG (<i>triazolam</i>)	NPB	
HETLIOZ ORAL CAPSULE 20 MG (<i>tasimelteon</i>)	NPSP	PA; SP; QL (1 capsule per 1 day)
INTERMEZZO SUBLINGUAL TABLET SUBLINGUAL 1.75 MG, 3.5 MG (<i>zolpidem tartrate</i>)	NPB	ST; QL (1 tab per 1 Day)
LUNESTA ORAL TABLET 1 MG, 2 MG, 3 MG (<i>eszopiclone</i>)	NPB	QL (1 tablet per 1 day)
<i>midazolam hcl oral syrup 2 mg/ml</i>	G	
<i>phenobarbital oral elixir 20 mg/5ml</i>	G	
<i>phenobarbital oral solution 20 mg/5ml</i>	G	
<i>phenobarbital oral tablet 16.2 mg, 32.4 mg</i>	G	
RESTORIL ORAL CAPSULE 15 MG, 30 MG (<i>temazepam</i>)	NPB	
RESTORIL ORAL CAPSULE 22.5 MG, 7.5 MG (<i>temazepam</i>)	NPB	QL (1 capsule per 1 day)
ROZEREM ORAL TABLET 8 MG (<i>ramelteon</i>)	NPB	ST; #; QL (1 tab per 1 Day)
SECONAL ORAL CAPSULE 100 MG (<i>secobarbital sodium</i>)	NPB	
SILENOR ORAL TABLET 3 MG, 6 MG (<i>doxepin hcl</i>)	NPB	ST; #; QL (1 tab per 1 Day)
<i>temazepam oral capsule 15 mg, 30 mg</i>	G	
<i>temazepam oral capsule 22.5 mg, 7.5 mg</i>	G	QL (1 capsule per 1 day)
<i>triazolam oral tablet 0.125 mg, 0.25 mg</i>	G	
<i>zaleplon oral capsule 10 mg</i>	G	QL (2 caps per 1 Day)
<i>zaleplon oral capsule 5 mg</i>	G	QL (4 caps per 1 Day)
<i>zolpidem tartrate er oral tablet extended release 12.5 mg, 6.25 mg</i>	G	QL (1 tab per 1 Day)
<i>zolpidem tartrate oral tablet 10 mg</i>	G	QL (1 tab per 1 Day)
<i>zolpidem tartrate oral tablet 5 mg</i>	G	QL (2 tab per 1 Day)
<i>zolpidem tartrate sublingual tablet sublingual 1.75 mg, 3.5 mg</i>	G	QL (1 tablet per 1 Day)
ZOLPIMIST ORAL SOLUTION 5 MG/ACT (<i>zolpidem tartrate</i>)	NPB	ST; #; QL (1 bottle per 30 Days)
*HYPOPHOSPHATASIA (HPP) AGENTS*** - DRUGS FOR METABOLIC DISEASE		
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45ML, 28 MG/0.7ML, 40 MG/ML, 80 MG/0.8ML (<i>asfotase alfa</i>)	NPSP	PA; NPL; SP

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*IBS AGENT - MU-OPIOID RECEPTOR AGONISTS*** - DRUGS FOR THE STOMACH		
VIBERZI ORAL TABLET 100 MG, 75 MG (<i>eluxadoline</i>)	PB	PA; QL (2 tablets per 1 Day)
*IN VITRO/LOCK ANTICOAGULANTS*** - DRUGS FOR THE BLOOD		
<i>acd formula a in vitro solution 0.73-2.45-2.2 gm/100ml</i>	NPB	
<i>acd formula b in vitro solution 440-1.47-1.32</i>	NPB	
ACD-A NOCLOT-50 IN VITRO SOLUTION 0.73-2.45-2.2 GM/100ML (<i>anticoagulant cit dext soln a</i>)	NPB	
<i>anticoagulant cit dext soln a in vitro solution 0.8-2.45-2.2 gm/100ml</i>	NPB	
ANTICOAGULANT COMPOUND IN VITRO SOLUTION (<i>anticoag cit phos dex soln</i>)	NPB	
*INSULIN-INCRETIN MIMETIC COMBINATIONS*** - HORMONES		
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML (<i>insulin glargine-lixisenatide</i>)	PB	ST; QL (5 pens per 1 month)
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML (<i>insulin degludec-liraglutide</i>)	PB	ST; QL (5 pens per 1 month)
*INTEGRIN RECEPTOR ANTAGONISTS*** - DRUGS FOR THE STOMACH		
ENTYVIO INTRAVENOUS SOLUTION RECONSTITUTED 300 MG (<i>vedolizumab</i>)	PSP	PA; ST; NPL; SP
*INTERLEUKIN ANTAGONISTS*** - DRUGS FOR THE STOMACH		
STELARA INTRAVENOUS SOLUTION 130 MG/26ML (<i>ustekinumab</i>)	PSP	PA; ST; NPL
*INTERLEUKIN-4 ALPHA ANTAGONISTS*** - DRUGS FOR THE LUNGS		
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML (<i>dupilumab (asthma)</i>)	NPSP	PA; NPL; SP; QL (2 injections per 1 month)
*INTERLEUKIN-5 ANTAGONISTS (IGG1 KAPPA)*** - DRUGS FOR THE LUNGS		
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG (<i>mepolizumab</i>)	NPSP	PA; NPL; SP; QL (1 injection per 28 days)

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*INTERLEUKIN-5 ANTAGONISTS (IGG4 KAPPA)*** - DRUGS FOR THE LUNGS		
CINQAIR INTRAVENOUS SOLUTION 100 MG/10ML (reslizumab)	NPSP	PA; NPL; SP
*ISOCITRATE DEHYDROGENASE-1 (IDH1) INHIBITORS*** - DRUGS FOR CANCER		
TIBSOVO ORAL TABLET 250 MG (ivosidenib)	CE	PA; SP; N2 (NPSP); QL (2 tablets per 1 Day)
*ISOCITRATE DEHYDROGENASE-2 (IDH2) INHIBITORS*** - DRUGS FOR CANCER		
IDHIFA ORAL TABLET 100 MG, 50 MG (enasidenib mesylate)	CE	PA; SP; N2 (NPSP); QL (1 tablet per 1 Day)
LAXATIVES - DRUGS FOR THE STOMACH		
CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM - GM/160ML (sod picosulfate-mag ox-cit acid)	CE	N2 (NPB); AL
constulose oral solution 10 gm/15ml	G	
gavilax oral packet	CE	N2 (Not Covered); AL
peg 3350/electrolytes (Gavilyte-C Oral Solution Reconstituted 240 Gm)	G	
peg-3350/electrolytes (Gavilyte-G Oral Solution Reconstituted 236 Gm)	G	
GAVILYTE-H ORAL KIT 5-210 MG-GM (bisacodyl-peg-kcl-nabicar-nacl)	CE	N2 (G); AL
GAVILYTE-N WITH FLAVOR PACK ORAL SOLUTION RECONSTITUTED 420 GM (peg 3350-kcl-na bicarb-nacl)	G	
GOLYTELY ORAL SOLUTION RECONSTITUTED 227.1 GM, 236 GM (peg 3350-kcl-nabcb-nacl-nasulf)	NPB	
KRISTALOSE ORAL PACKET 10 GM, 20 GM (lactulose)	NPB	QL (60 packets per 30 days)
lactulose oral packet 10 gm	G	QL (2 packets per 1 Day)
lactulose oral solution 10 gm/15ml, 20 gm/30ml	G	
MIRALAX ORAL POWDER (polyethylene glycol 3350)	CE	N2 (Not Covered); AL
MOVIPREP ORAL SOLUTION RECONSTITUTED 100 GM (peg-kcl-nacl-nasulf-na asc-c)	CE	#; N2 (NPB); AL
NULYTELY WITH FLAVOR PACKS ORAL SOLUTION RECONSTITUTED 420 GM (peg 3350-kcl-na bicarb-nacl)	NPB	
OSMOPREP ORAL TABLET 1.102-0.398 GM (sod phos mono-sod phos dibasic)	CE	#; N2 (NPB); AL

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>peg 3350 oral packet</i>	CE	N2 (Not Covered); AL
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm</i>	G	
<i>peg-3350/electrolytes oral solution reconstituted 236 gm</i>	G	
PEG-PREP ORAL KIT 5-210 MG-GM (<i>bisacodyl-peg-kcl-nabicar-nacl</i>)	CE	N2 (G); AL
PLENVU ORAL SOLUTION RECONSTITUTED 140 GM (<i>peg-kcl-nacl-nasulf-na asc-c</i>)	CE	N2 (NPB); AL
<i>polyethylene glycol 3350 oral powder</i>	CE	N2 (Not Covered); AL
PREPOPIK ORAL PACKET 10-3.5-12 MG-GM-GM (<i>sod picosulfate-mag ox-cit acid</i>)	CE	#; N2 (NPB); AL
SUPREP BOWEL PREP KIT ORAL SOLUTION 17.5-3.13-1.6 GM/177ML (<i>na sulfate-k sulfate-mg sulf</i>)	CE	N2 (NPB); AL
<i>peg 3350-kcl-na bicarb-nacl</i> (Trilyte Oral Solution Reconstituted 420 Gm)	CE	N2 (G); AL
*LEPTIN ANALOGUES*** - HORMONES		
MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED 11.3 MG (<i>metreleptin</i>)	PSP	PA; NPL; SP; QL (15 vials per 30 days)
*LHRH/GNRH AGONIST ANALOG COMBINATIONS*** - HORMONES		
LUPANETA PACK COMBINATION KIT 11.25 & 5 MG, 3.75 & 5 MG (<i>leuprolide & norethindrone</i>)	NPSP	PA; SP
*LYMPHOCYTE FUNCTION-ASSOCIATED ANTIGEN-1 (LFA-1) ANTAG*** - DRUGS FOR THE EYE		
XIIDRA OPHTHALMIC SOLUTION 5 % (<i>lifitegrast</i>)	PB	
*LYSOSOMAL ACID LIPASE (LAL) DEFICIENCY - AGENTS*** - DRUGS FOR METABOLIC DISEASE		
KANUMA INTRAVENOUS SOLUTION 20 MG/10ML (<i>sebelipase alfa</i>)	PSP	PA; NPL; SP
MACROLIDES - DRUGS FOR INFECTIONS		
<i>azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	G	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	G	
<i>clarithromycin er oral tablet extended release 24 hour 500 mg</i>	G	
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	G	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	G	
DIFICID ORAL TABLET 200 MG (<i>fidaxomicin</i>)	NPB	QL (20 tab per 30 Days)

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
E.E.S. 400 ORAL TABLET 400 MG (<i>erythromycin ethylsuccinate</i>)	NPB	
E.E.S. GRANULES ORAL SUSPENSION RECONSTITUTED 200 MG/5ML (<i>erythromycin ethylsuccinate</i>)	NPB	
ERYPED 200 ORAL SUSPENSION RECONSTITUTED 200 MG/5ML (<i>erythromycin ethylsuccinate</i>)	NPB	
ERYPED 400 ORAL SUSPENSION RECONSTITUTED 400 MG/5ML (<i>erythromycin ethylsuccinate</i>)	NPB	
ERY-TAB ORAL TABLET DELAYED RELEASE 250 MG, 333 MG, 500 MG (<i>erythromycin base</i>)	NPB	
ERYTHROCIN STEARATE ORAL TABLET 250 MG (<i>erythromycin stearate</i>)	NPB	
<i>erythromycin base oral capsule delayed release particles 250 mg</i>	G	
<i>erythromycin ethylsuccinate oral suspension reconstituted 400 mg/5ml</i>	G	
ZITHROMAX ORAL PACKET 1 GM (<i>azithromycin</i>)	NPB	
ZITHROMAX ORAL SUSPENSION RECONSTITUTED 100 MG/5ML, 200 MG/5ML (<i>azithromycin</i>)	NPB	
ZITHROMAX ORAL TABLET 250 MG, 500 MG, 600 MG (<i>azithromycin</i>)	NPB	
ZITHROMAX TRI-PAK ORAL TABLET 500 MG (<i>azithromycin</i>)	NPB	
ZITHROMAX Z-PAK ORAL TABLET 250 MG (<i>azithromycin</i>)	NPB	
MEDICAL DEVICES - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
<i>1st tier unifine pentips 29g x 12mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm</i>	NPB	
<i>1st tier unifine pentips plus 29g x 12mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm</i>	NPB	
ACCU-CHEK AVIVA IN VITRO SOLUTION (<i>blood glucose calibration</i>)	NPB	
ACCU-CHEK COMPACT PLUS CONTROL IN VITRO SOLUTION (<i>blood glucose calibration</i>)	NPB	
ACCU-CHEK FASTCLIX LANCET KIT (<i>lancets misc.</i>)	NPB	
ACCU-CHEK MULTICLIX LANCET DEV KIT (<i>lancets misc.</i>)	NPB	

2019 Aetna Commercial Plan (Self Insured)

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08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ACCU-CHEK MULTICLIX LANCETS (<i>lancets</i>)	NPB	
ACCU-CHEK SMARTVIEW CONTROL IN VITRO LIQUID (<i>blood glucose calibration</i>)	NPB	
ACCU-CHEK SOFTCLIX LANCET DEV KIT (<i>lancets misc.</i>)	NPB	
ACCUTREND GLUCOSE CONTROL IN VITRO SOLUTION (<i>blood glucose calibration</i>)	NPB	
ACE AEROSOL CLOUD ENHANCER (<i>respiratory therapy supplies</i>)	NPB	
ACTIVITY POUCH (<i>respiratory therapy supplies</i>)	NPB	
<i>adjustable lancing device</i>	NPB	
<i>adult mask</i>	NPB	
<i>adult mask large</i>	NPB	
ADVANCE INTUITION CONTROL IN VITRO LIQUID NORMAL (<i>blood glucose calibration</i>)	NPB	
ADVANCE MICRO-DRAW CONTROL IN VITRO LIQUID (<i>blood glucose calibration</i>)	NPB	
ADVANCE MICRO-DRAW NORMAL IN VITRO LIQUID (<i>blood glucose calibration</i>)	NPB	
ADVOCATE CONTROL SOLUTION IN VITRO LIQUID HIGH , LOW (<i>blood glucose calibration</i>)	NPB	
ADVOCATE INSULIN PEN NEEDLES 31G X 5 MM , 31G X 8 MM (<i>insulin pen needle</i>)	NPB	
ADVOCATE INSULIN SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	NPB	
ADVOCATE LANCING DEVICE (<i>lancet devices</i>)	NPB	
ADVOCATE RAPID-SAFE LANCING (<i>lancet devices</i>)	NPB	
ADVOCATE REDI-CODE+ CONTROL IN VITRO SOLUTION HIGH , LOW (<i>blood glucose calibration</i>)	NPB	
AEROTRACH PLUS (<i>respiratory therapy supplies</i>)	NPB	
AGAMATRIX CONTROL IN VITRO SOLUTION , HIGH , NORMAL (<i>blood glucose calibration</i>)	NPB	
ALCOH-GLOVE CONTOURED WIPE PAD (<i>alcohol swabs</i>)	NPB	
<i>alcohol pads pad 70 %</i>	NPB	

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>alcohol prep pad 70 %</i>	NPB	
<i>alcohol swabs pad , 70 %</i>	NPB	
<i>alcohol wipes pad 70 %</i>	NPB	
ALL FLOW 1000 PFT FILTER (<i>respiratory therapy supplies</i>)	NPB	
<i>alternate site lancing device</i>	NPB	
<i>aqua lance adjustable lancing device</i>	NPB	
ASSURE 3 CONTROL IN VITRO LIQUID (<i>blood glucose calibration</i>)	NPB	
ASSURE 4 CONTROL LEVEL 1 & 2 IN VITRO LIQUID (<i>blood glucose calibration</i>)	NPB	
ASSURE DOSE CONTROL IN VITRO SOLUTION NORMAL (<i>blood glucose calibration</i>)	NPB	
ASSURE DOSE NORM/HIGH CONTROL IN VITRO SOLUTION (<i>blood glucose calibration</i>)	NPB	
ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML (<i>insulin syringe-needle u-100</i>)	NPB	
ASSURE II CONTROL IN VITRO LIQUID (<i>blood glucose calibration</i>)	NPB	
ASSURE II CONTROL LEVEL 1 & 2 IN VITRO LIQUID (<i>blood glucose calibration</i>)	NPB	
ASSURE PRO CONTROL LEVEL 1 & 2 IN VITRO LIQUID (<i>blood glucose calibration</i>)	NPB	
<i>aurora pen needles 29g x 12mm , 31g x 6 mm , 31g x 8 mm</i>	NPB	
<i>aurora unifine pentips 31g x 5 mm , 32g x 4 mm</i>	NPB	
AUTOJECT 2 (<i>injection device</i>)	NPB	
AUTO-LANCET (<i>lancet devices</i>)	NPB	
AUTO-LANCET MINI (<i>lancet devices</i>)	NPB	
AUTOLET II CLINISAFE KIT (<i>lancets misc.</i>)	NPB	
AUTOLET LANCING DEVICE (<i>lancet devices</i>)	NPB	
AUTOLET LITE CLINISAFE KIT (<i>lancets misc.</i>)	NPB	
AUTOLET LITE STARTER PACK KIT (<i>lancets misc.</i>)	NPB	
AUTOLET MINI (<i>lancet devices</i>)	NPB	
AUTOLET PLATFORMS (<i>lancets misc.</i>)	NPB	
BD AUTOSHIELD 29G X 5MM , 29G X 8MM (<i>insulin pen needle</i>)	PB	
BD AUTOSHIELD DUO 30G X 5 MM (<i>insulin pen needle</i>)	PB	

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BD INSULIN SYR ULTRAFINE II 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	PB	
BD INSULIN SYRINGE 25G X 1" 1 ML, 25G X 5/8" 1 ML, 26G X 1/2" 1 ML, 27.5G X 5/8" 2 ML, 27G X 1/2" 1 ML (<i>insulin syringe-needle u-100</i>)	PB	
BD INSULIN SYRINGE 29G X 1/2" 1 ML (<i>insulin syringe-needle u-100</i>)	NPB	
BD INSULIN SYRINGE MICROFINE 27G X 5/8" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML (<i>insulin syringe-needle u-100</i>)	PB	
BD INSULIN SYRINGE U/F 30G X 1/2" 1 ML (<i>insulin syringe-needle u-100</i>)	PB	
BD INSULIN SYRINGE U/F 31G X 5/16" 0.3 ML (<i>insulin syringe-needle u-100</i>)	NPB	
BD INSULIN SYRINGE U-100 1 ML (<i>insulin syringes (disposable)</i>)	NPB	
BD INSULIN SYRINGE ULTRAFINE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 31G X 5/16" 0.5 ML (<i>insulin syringe-needle u-100</i>)	PB	
BD LANCET ULTRAFINE 30G (<i>lancets</i>)	NPB	
BD LANCET ULTRAFINE 33G (<i>lancets</i>)	NPB	
BD MICROTAINER LANCETS (<i>lancets</i>)	NPB	
BD PEN (<i>injection device for insulin</i>)	PB	
BD PEN MINI (<i>injection device for insulin</i>)	PB	
BD PEN NEEDLE MINI U/F 31G X 5 MM (<i>insulin pen needle</i>)	PB	
BD PEN NEEDLE NANO U/F 32G X 4 MM (<i>insulin pen needle</i>)	PB	
BD PEN NEEDLE ORIGINAL U/F 29G X 12.7MM (<i>insulin pen needle</i>)	PB	
BD PEN NEEDLE SHORT U/F 31G X 8 MM (<i>insulin pen needle</i>)	PB	
BD SAFETYGLIDE INSULIN SYRINGE 30G X 5/16" 0.5 ML, 31G X 5/16" 0.3 ML (<i>insulin syringe-needle u-100</i>)	PB	
BD SAFETY-LOK INSULIN SYRINGE 29G X 1/2" 1 ML (<i>insulin syringe-needle u-100</i>)	PB	
BD SWAB SINGLE USE REGULAR PAD (<i>alcohol swabs</i>)	NPB	

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BD SWABS SINGLE USE BUTTERFLY PAD (<i>alcohol swabs</i>)	NPB	
CARDIOCOM LANCING DEVICE (<i>lancet devices</i>)	NPB	
<i>careone advanced lancing dev</i>	NPB	
<i>careone unifine pentips 29g x 12mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm</i>	NPB	
<i>careone unifine pentips plus 29g x 12mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm</i>	NPB	
CARESENS CONTROL A IN VITRO SOLUTION (<i>blood glucose calibration</i>)	NPB	
CLEVER CHOICE GLUCOSE CONTROL IN VITRO LIQUID HIGH , LOW (<i>blood glucose calibration</i>)	NPB	
<i>clickfine pen needles 31g x 6 mm , 31g x 8 mm , 32g x 4 mm</i>	NPB	
<i>co monitor replacement pieces</i>	NPB	
COMFORT EZ INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	NPB	
COMFORT EZ INSULIN SYRINGE 30G X 1/2" 0.3 ML, 30G X 1/2" 1 ML (<i>insulin syringe-needle u-100</i>)	PB	
COMFORT EZ PEN NEEDLES 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM (<i>insulin pen needle</i>)	NPB	
<i>control in vitro solution normal</i>	NPB	
CURITY ALCOHOL PREPS PAD 70 % (<i>alcohol swabs</i>)	NPB	
CURITY ALCOHOL SWABS PAD (<i>alcohol swabs</i>)	NPB	
<i>cvs lancing device</i>	NPB	
<i>diatrue control level 1 in vitro solution low</i>	NPB	
<i>diatrue control level 2 in vitro solution normal</i>	NPB	
<i>diatrue control level 3 in vitro solution high</i>	NPB	
DROPLET LANCING DEVICE (<i>lancet devices</i>)	NPB	
DRUG MART LANCING DEVICE (<i>lancet devices</i>)	NPB	
<i>drug mart unifine pentips 29g x 12mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm</i>	NPB	
DUO-CARE CONTROL SOLUTION IN VITRO LIQUID (<i>blood glucose calibration</i>)	NPB	
<i>easy comfort insulin syringe 30g x 1/2" 1 ml</i>	PB	

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>easy comfort pen needles 31g x 5 mm , 31g x 8 mm</i>	NPB	
<i>easy mini lancing device</i>	NPB	
<i>easy plus ii control in vitro solution high , low</i>	NPB	
EASY STEP CONTROL IN VITRO SOLUTION HIGH , LOW , NORMAL (<i>blood glucose calibration</i>)	NPB	
<i>easy talk control in vitro solution high , low , normal</i>	NPB	
EASY TOUCH ALCOHOL PREP MEDIUM PAD 70 % (<i>alcohol swabs</i>)	NPB	
EASY TOUCH CONTROL HIGH & LOW IN VITRO SOLUTION (<i>blood glucose calibration</i>)	NPB	
EASY TOUCH INSULIN SAFETY SYR 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.5 ML (<i>insulin syringe-needle u-100</i>)	NPB	
EASY TOUCH INSULIN SAFETY SYR 30G X 1/2" 1 ML (<i>insulin syringe-needle u-100</i>)	PB	
EASY TOUCH INSULIN SYRINGE 27G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 1 ML (<i>insulin syringe-needle u-100</i>)	PB	
EASY TOUCH INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	NPB	
EASY TOUCH LANCING DEVICE (<i>lancet devices</i>)	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 (<i>insulin pen needle</i>)	NPB	
<i>easy trak control in vitro solution high , low , normal</i>	NPB	
EASYGLUCO CONTROL IN VITRO SOLUTION HIGH , LOW , NORMAL (<i>blood glucose calibration</i>)	NPB	
EASYMAX 15 LEVEL 1 CONTROL IN VITRO SOLUTION (<i>blood glucose calibration</i>)	NPB	
EASYMAX 15 LEVEL 2 CONTROL IN VITRO SOLUTION (<i>blood glucose calibration</i>)	NPB	
EASYMAX CONTROL IN VITRO SOLUTION HIGH , LOW , NORMAL (<i>blood glucose calibration</i>)	NPB	
EFLOW SCF AEROSOL HEAD (<i>respiratory therapy supplies</i>)	NPB	
<i>element compact control 2 in vitro solution</i>	NPB	

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>element compact control 3 in vitro solution</i>	NPB	
ELEMENT CONTROL IN VITRO LIQUID HIGH , LOW , NORMAL (<i>blood glucose calibration</i>)	NPB	
ELITE DC AUTO ADAPTER (<i>respiratory therapy supplies</i>)	NPB	
<i>elite-thin insulin syringe 28g x 5/16" 0.5 ml, 28g x 5/16" 1 ml, 29g x 5/16" 0.5 ml, 29g x 5/16" 1 ml</i>	NPB	
EMBRACE CONTROL IN VITRO SOLUTION LOW (<i>blood glucose calibration</i>)	NPB	
EVENCARE CONTROL LOW/HIGH IN VITRO LIQUID (<i>blood glucose calibration</i>)	NPB	
EVENCARE G2 LOW/HIGH CONTROL IN VITRO SOLUTION (<i>blood glucose calibration</i>)	NPB	
EVENCARE G3 LOW/HIGH CONTROL IN VITRO SOLUTION (<i>blood glucose calibration</i>)	NPB	
EVOLUTION CONTROL IN VITRO SOLUTION NORMAL (<i>blood glucose calibration</i>)	NPB	
FC FEMALE CONDOM (<i>condoms - female</i>)	CE	N2 (Not Covered)
FC2 FEMALE CONDOM (<i>condoms - female</i>)	CE	N2 (Not Covered)
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM (<i>cervical caps</i>)	CE	N2 (NPB)
FIFTY50 ALCOHOL PREP PAD 70 % (<i>alcohol swabs</i>)	NPB	
FIFTY50 PEN NEEDLES 31G X 5 MM , 31G X 8 MM (<i>insulin pen needle</i>)	NPB	
FIFTY50 SUPERIOR COMFORT SYR 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	NPB	
<i>filter air pp</i>	NPB	
FORA CONTROL IN VITRO SOLUTION HIGH , LOW , NORMAL (<i>blood glucose calibration</i>)	NPB	
FORA LANCING DEVICE (<i>lancet devices</i>)	NPB	
FORACARE GDH CONTROL IN VITRO SOLUTION HIGH , LOW , NORMAL (<i>blood glucose calibration</i>)	NPB	
<i>freds pharmacy autolet lancing</i>	NPB	
<i>freds pharmacy unifine pentip+ 31g x 5 mm , 31g x 8 mm</i>	NPB	
<i>freds pharmacy unifine pentips 32g x 4 mm</i>	NPB	
FREESTYLE CONTROL SOLUTION IN VITRO LIQUID (<i>blood glucose calibration</i>)	NPB	

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FREESTYLE LANCETS (<i>lancets</i>)	NPB	
FREESTYLE PRECISION INS SYR 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	NPB	
<i>full kit nebulizer set</i>	NPB	
<i>ge100 control in vitro solution normal</i>	NPB	
GENTLE-LET PLATFORMS (<i>lancets misc.</i>)	NPB	
<i>global alcohol prep ease pad 70 %</i>	NPB	
<i>global ease inject pen needles 29g x 12mm , 31g x 5 mm , 31g x 8 mm , 32g x 4 mm</i>	NPB	
<i>global inject ease insulin syr 30g x 1/2" 0.3 ml, 30g x 1/2" 1 ml</i>	PB	
<i>global lancing device</i>	NPB	
GLUCOCARD 01 CONTROL IN VITRO LIQUID (<i>blood glucose calibration</i>)	NPB	
GLUCOCARD 01 CONTROL IN VITRO SOLUTION NORMAL (<i>blood glucose calibration</i>)	NPB	
GLUCOCARD EXPRESSION CONTROL IN VITRO SOLUTION (<i>blood glucose calibration</i>)	NPB	
GLUCOCARD SHINE CONTROL IN VITRO SOLUTION (<i>blood glucose calibration</i>)	NPB	
GLUCOCARD X-SENSOR CONTROL IN VITRO SOLUTION NORMAL (<i>blood glucose calibration</i>)	NPB	
GLUCOCOM CONTROL IN VITRO LIQUID HIGH , NORMAL (<i>blood glucose calibration</i>)	NPB	
GLUCOPRO INSULIN SYRINGE 30G X 1/2" 0.3 ML, 30G X 1/2" 1 ML (<i>insulin syringe-needle u-100</i>)	PB	
GLUCOPRO INSULIN SYRINGE 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	NPB	
<i>glucose control in vitro solution , normal</i>	NPB	
<i>gnp alcohol swabs pad 70 %</i>	NPB	
<i>gnp clickfine pen needles 31g x 6 mm , 31g x 8 mm</i>	NPB	
HEALTH CARE LANCING DEVICE (<i>lancet devices</i>)	NPB	
<i>healthwise mini pen needles 31g x 6 mm</i>	NPB	
<i>healthwise pen needles 29g x 12mm</i>	NPB	
<i>healthwise short pen needles 31g x 8 mm</i>	NPB	

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>healthwise unifine pentips 32g x 4 mm</i>	NPB	
<i>healthy accents lancing device</i>	NPB	
<i>healthy accents unifine pentip 29g x 12mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm</i>	NPB	
<i>h-e-b incontrol adv lancing</i>	NPB	
<i>h-e-b incontrol pen needles 29g x 12mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm</i>	NPB	
HM ULTICARE INSULIN SYRINGE 31G X 5/16" 0.3 ML (<i>insulin syringe-needle u-100</i>)	NPB	
HYPOLANCE AST LANCING KIT (<i>lancets misc.</i>)	NPB	
INFINITY CONTROL IN VITRO SOLUTION HIGH , LOW , NORMAL (<i>blood glucose calibration</i>)	NPB	
INNOSPIRE REPLACEMENT FILTER (<i>respiratory therapy supplies</i>)	NPB	
INSPIREASE RESERVOIR BAGS (<i>spacer/aero-hold chamber bags</i>)	NPB	
<i>insulin syringe 27g x 1/2" 0.5 ml, 27g x 1/2" 1 ml, 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml, 29g x 1" 0.3 ml, 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>	G	
<i>insulin syringeneedle 27g x 1/2" 0.5 ml, 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml</i>	G	
<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 32G X 6 MM , 32G X 8 MM (<i>insulin pen needle</i>)	NPB	
INSUPEN ULTRAFIN 29G X 12MM , 30G X 8 MM , 31G X 6 MM , 31G X 8 MM (<i>insulin pen needle</i>)	NPB	
J-TIP KIT W/VIAL ADAPTERS KIT (<i>injection device</i>)	NPB	
<i>kmart valu insulin syringe 29g u-100 0.5 ml, u-100 1 ml</i>	NPB	
<i>kmart valu insulin syringe 30g u-100 0.3 ml, u-100 0.5 ml, u-100 1 ml</i>	NPB	
<i>kroger lancing device</i>	NPB	
<i>kroger pen needles 29g x 12mm , 31g x 6 mm , 31g x 8 mm</i>	NPB	
<i>lancet device</i>	NPB	

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>lancets</i>	G	
LANCETS ULTRA THIN (<i>lancets</i>)	NPB	
<i>lancing device</i>	NPB	
<i>leader advanced lancing device</i>	NPB	
LEADER UNIFINE PENTIPS 31G X 5 MM , 32G X 4 MM (<i>insulin pen needle</i>)	NPB	
LEADER UNIFINE PENTIPS PLUS 31G X 5 MM , 31G X 8 MM , 32G X 4 MM (<i>insulin pen needle</i>)	NPB	
LIBERTY GLUCOSE CONTROL IN VITRO LIQUID NORMAL (<i>blood glucose calibration</i>)	NPB	
LIBERTY GLUCOSE CONTROL IN VITRO SOLUTION HIGH , NORMAL (<i>blood glucose calibration</i>)	NPB	
LIBERTY GLUCOSE CONTROL MID IN VITRO SOLUTION (<i>blood glucose calibration</i>)	NPB	
LIBERTY MINI LANCING DEVICE (<i>lancet devices</i>)	NPB	
LITE TOUCH LANCING PEN (<i>lancet devices</i>)	NPB	
LITETOUCH INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	NPB	
LITETOUCH MASK LARGE (<i>respiratory therapy supplies</i>)	NPB	
LITETOUCH MASK MEDIUM (<i>respiratory therapy supplies</i>)	NPB	
LITETOUCH MASK SMALL (<i>respiratory therapy supplies</i>)	NPB	
LITETOUCH PEN NEEDLES 29G X 12.7MM , 31G X 6 MM , 31G X 8 MM (<i>insulin pen needle</i>)	NPB	
<i>live better adv lancing device</i>	NPB	
MAGELLAN INSULIN SAFETY SYR 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	NPB	
MAXI-COMFORT INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML (<i>insulin syringe-needle u-100</i>)	NPB	
<i>medicine shoppe pen needles 29g x 12mm , 31g x 6 mm , 31g x 8 mm</i>	NPB	
MEDISENSE GLUCOSE KETONE CONTR IN VITRO LIQUID (<i>blood glucose calibration</i>)	NPB	

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MEDISENSE HI/MID/LOW CONTROL IN VITRO LIQUID (<i>blood glucose calibration</i>)	NPB	
MEDISENSE HIGH/LOW CONTROL IN VITRO LIQUID (<i>blood glucose calibration</i>)	NPB	
MEDISENSE MID CONTROL IN VITRO LIQUID (<i>blood glucose calibration</i>)	NPB	
<i>meijer alcohol swabs pad 70 %</i>	NPB	
<i>meijer pen needles 29g x 12mm , 31g x 6 mm , 31g x 8 mm</i>	NPB	
MICRODOT CONTROL HIGH/LOW IN VITRO SOLUTION (<i>blood glucose calibration</i>)	NPB	
MICROLET LANCETS (<i>lancets</i>)	NPB	
<i>mini lancing device</i>	NPB	
MINIELITE RECHARGEABLE BATTERY (<i>respiratory therapy supplies</i>)	NPB	
MONOJECT INSULIN SYRINGE 25G X 5/8" 1 ML, 27G X 1/2" 1 ML (<i>insulin syringe-needle u-100</i>)	PB	
MONOJECT INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	NPB	
MONOJECT INSULIN SYRINGE U-100 1 ML (<i>insulin syringes (disposable)</i>)	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 (<i>insulin syringe-needle u-100</i>)	NPB	
<i>multi-lancet device</i>	NPB	
MYGLUCOHEALTH CONTROL IN VITRO SOLUTION (<i>blood glucose calibration</i>)	NPB	
<i>nebulizer air tube/plugs</i>	NPB	
<i>nebulizer mask pediatric</i>	NPB	
NEUTEK 2TEK CONTROL IN VITRO SOLUTION (<i>blood glucose calibration</i>)	NPB	
NORDIPEN 5 INJECTION DEVICE (<i>injection device</i>)	NPB	
NORDIPEN DELIVERY SYSTEM (<i>injection device</i>)	NPB	
NOVA MAX PLUS GLU/KET CONTROL IN VITRO LIQUID (<i>blood glucose calibration</i>)	NPB	

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

178

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NOVA SUREFLEX LANCING DEVICE (<i>lancet devices</i>)	NPB	
NOVOFINE 32G X 6 MM (<i>insulin pen needle</i>)	NPB	
NOVOFINE AUTOCOVERT 30G X 8 MM (<i>insulin pen needle</i>)	NPB	
NOVOTWIST 32G X 5 MM (<i>insulin pen needle</i>)	NPB	
OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM (<i>diaphragms</i>)	NPB	QL (1 diaphragm per 1 year)
ON CALL EXPRESS GLUCOSE CONTR IN VITRO SOLUTION (<i>blood glucose calibration</i>)	NPB	
ON CALL LANCING DEVICE (<i>lancet devices</i>)	NPB	
ON CALL PLUS GLUCOSE CONTROL IN VITRO SOLUTION (<i>blood glucose calibration</i>)	NPB	
ON CALL PLUS LANCING DEVICE (<i>lancet devices</i>)	NPB	
ON CALL VIVID GLUCOSE CONTROL IN VITRO SOLUTION (<i>blood glucose calibration</i>)	NPB	
ONETOUCH DELICA LANCING DEV (<i>lancet devices</i>)	NPB	
ONETOUCH SURESOFT LANCING DEV (<i>lancets misc.</i>)	NPB	
ONETOUCH ULTRA CONTROL IN VITRO SOLUTION (<i>blood glucose calibration</i>)	NPB	
ONETOUCH VERIO IN VITRO SOLUTION , HIGH (<i>blood glucose calibration</i>)	NPB	
OPTUMRX GLUCOSE CONTROL IN VITRO SOLUTION (<i>blood glucose calibration</i>)	NPB	
PARI ALTERA NEBULIZER HANDSET (<i>respiratory therapy supplies</i>)	NPB	
PARI BABY CONVERSION KIT (<i>respiratory therapy supplies</i>)	NPB	
PARI ERAPID NEBULIZER HANDSET (<i>respiratory therapy supplies</i>)	NPB	
PARI EXPIRATORY FILTER SET DEVICE (<i>respiratory therapy supplies</i>)	NPB	
PARI MASK SET (<i>respiratory therapy supplies</i>)	NPB	
PARI SOFT PLASTIC ADULT MASK (<i>respiratory therapy supplies</i>)	NPB	
PARI SOFT PLASTIC PED MASK (<i>respiratory therapy supplies</i>)	NPB	

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>pc unifine pentips 29g x 12mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm</i>	NPB	
<i>pen needles 1/2" 29g x 12mm</i>	G	
<i>pen needles 29g x 12mm , 30g x 5 mm , 30g x 8 mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm , 32g x 5 mm , 32g x 6 mm</i>	G	
<i>pen needles 3/16" 31g x 5 mm</i>	G	
<i>pen needles 5/16" 30g x 8 mm , 31g x 8 mm</i>	G	
PENLET II BLOOD SAMPLER KIT (<i>lancets misc.</i>)	NPB	
PENLET II REPLACEMENT CAP (<i>lancets misc.</i>)	NPB	
PFLEX (<i>respiratory therapy supplies</i>)	NPB	
PHARMACIST CHOICE ALCOHOL PAD (<i>alcohol swabs</i>)	NPB	
<i>pillow mask/adult</i>	NPB	
<i>pillow mask/child</i>	NPB	
<i>pillow mask/pediatric</i>	NPB	
POCKETCHEM EZ CONTROL IN VITRO SOLUTION (<i>blood glucose calibration</i>)	NPB	
PRECISION GLUCOSE CONTROL IN VITRO LIQUID (<i>blood glucose calibration</i>)	NPB	
PRECISION GLUCOSE CONTROL SOLN IN VITRO SOLUTION (<i>blood glucose calibration</i>)	NPB	
PRECISION GLUCOSE KETONE CONTR IN VITRO LIQUID (<i>blood glucose calibration</i>)	NPB	
PRECISION GLUCOSE/KETONE CONTR IN VITRO LIQUID (<i>blood glucose calibration</i>)	NPB	
PRECISION SUREDOSE PLUS SYR 29G X 1/2" 0.3 ML, 29G X 1/2" 1 ML (<i>insulin syringe-needle u-100</i>)	NPB	
PRECISION SURE-DOSE SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 30G X 3/8" 0.5 ML, 30G X 5/16" 0.3 ML (<i>insulin syringe-needle u-100</i>)	NPB	
<i>preferred plus unifine pentips 29g x 12mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm</i>	NPB	
PRODIGY CONTROL SOLUTION IN VITRO SOLUTION HIGH , LOW (<i>blood glucose calibration</i>)	NPB	
PRODIGY INSULIN SYRINGE 28G X 1/2" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML (<i>insulin syringe-needle u-100</i>)	NPB	

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRODIGY LANCING DEVICE (<i>lancet devices</i>)	NPB	
PSS SELECT PLATFORMS (<i>lancets misc.</i>)	NPB	
<i>px advanced lancing device</i>	NPB	
<i>px extra short pen needles 31g x 6 mm</i>	NPB	
<i>px lancet auto injector</i>	NPB	
<i>px pen needle 29g x 12mm , 31g x 8 mm</i>	NPB	
<i>px shortlength pen needles 31g x 8 mm</i>	NPB	
<i>qc advanced lancing device</i>	NPB	
<i>qc alcohol swabs pad 70 %</i>	NPB	
<i>qc pen needles 29g x 12mm , 31g x 6 mm , 31g x 8 mm</i>	NPB	
<i>qc unifine pentips 32g x 4 mm</i>	NPB	
QUICKTEK CONTROL SOLUTION IN VITRO LIQUID (<i>blood glucose calibration</i>)	NPB	
QUINTET CONTROL HIGH/NORMAL IN VITRO SOLUTION (<i>blood glucose calibration</i>)	NPB	
<i>ra alcohol swabs pad 70 %</i>	NPB	
<i>ra lancing device</i>	NPB	
<i>ra pen needles 31g x 5 mm , 31g x 8 mm</i>	NPB	
<i>reality swabs pad</i>	NPB	
REFUAH PLUS GLUCOSE CONTROL IN VITRO SOLUTION (<i>blood glucose calibration</i>)	NPB	
RELION ALCOHOL SWABS PAD , 70 % (<i>alcohol swabs</i>)	NPB	
RELI-ON INSULIN SYRINGE 29G 0.3 ML, 29G 0.5 ML, 29G X 1/2" 1 ML, 30G 0.3 ML, 30G 0.5 ML, 30G 1 ML (<i>insulin syringe-needle u-100</i>)	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 (<i>insulin syringe-needle u- 100</i>)	NPB	
RELION LANCING DEVICE (<i>lancet devices</i>)	NPB	
RELION MINI PEN NEEDLES 31G X 6 MM (<i>insulin pen needle</i>)	NPB	
RELION PEN NEEDLES 29G X 12MM , 31G X 8 MM , 32G X 4 MM (<i>insulin pen needle</i>)	NPB	
RELION SHORT PEN NEEDLES 31G X 8 MM (<i>insulin pen needle</i>)	NPB	

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>replacement air filter</i>	NPB	
RIGHTEST ALTERNATE SITE ADAPT (<i>lancets misc.</i>)	NPB	
RIGHTEST GC300 CONTROL IN VITRO LIQUID HIGH , NORMAL (<i>blood glucose calibration</i>)	NPB	
RIGHTEST GD500 LANCING DEVICE (<i>lancet devices</i>)	NPB	
SAFESNAP INSULIN SYRINGE 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML (<i>insulin syringe-needle u-100</i>)	NPB	
<i>sb alcohol prep pad 70 %</i>	NPB	
<i>select-lite devicelancets kit</i>	G	
<i>select-lite lancing device</i>	NPB	
SHOPKO ALCOHOL SWABS PAD 70 % (<i>alcohol swabs</i>)	NPB	
SHOPKO AUTOLET LANCING DEVICE (<i>lancet devices</i>)	NPB	
SHOPKO UNIFINE PENTIPS 29G X 12MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM (<i>insulin pen needle</i>)	NPB	
SIDESTREAM ADULT FACE MASK (<i>respiratory therapy supplies</i>)	NPB	
SIDESTREAM PEDIATRIC FACE MASK (<i>respiratory therapy supplies</i>)	NPB	
<i>silicone mask/adult</i>	NPB	
<i>silicone mask/infant</i>	NPB	
<i>silicone mask/pediatric</i>	NPB	
SIMPLE DIAGNOSTICS LANCING DEV (<i>lancet devices</i>)	NPB	
<i>sm alcohol prep pad , 70 %</i>	NPB	
SMART DIABETES VANTAGE LANCING (<i>lancet devices</i>)	NPB	
SMARTEST CONTROL MEDIUM IN VITRO SOLUTION (<i>blood glucose calibration</i>)	NPB	
SOLARTEK GLUCOSE CONTROL IN VITRO LIQUID (<i>blood glucose calibration</i>)	NPB	
SOLUS V2 CONTROL IN VITRO SOLUTION HIGH , LOW (<i>blood glucose calibration</i>)	NPB	
SOLUS V2 LANCING DEVICE (<i>lancet devices</i>)	NPB	
STERILANCE PA (<i>lancets misc.</i>)	NPB	
<i>supreme ii high/low control in vitro liquid</i>	NPB	
<i>sure comfort alcohol prep pad 70 %</i>	NPB	
<i>sure comfort insulin syringe 30g x 1/2" 0.3 ml, 30g x 1/2" 1 ml</i>	PB	

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>sure comfort lancing pen</i>	NPB	
<i>sure comfort pen needles 29g x 12.7mm , 30g x 8 mm , 31g x 5 mm , 31g x 8 mm , 32g x 4 mm</i>	NPB	
SURE-FINE PEN NEEDLES 29G X 12.7MM , 31G X 5 MM , 31G X 8 MM (<i>insulin pen needle</i>)	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, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	NPB	
SURE-PEN (<i>lancet devices</i>)	NPB	
SURE-PREP ALCOHOL PREP PAD 70 % (<i>alcohol swabs</i>)	NPB	
SURESTEP GLUCOSE CONTROL IN VITRO SOLUTION (<i>blood glucose calibration</i>)	NPB	
SURESTEP PRO HIGH GLUCOSE IN VITRO LIQUID (<i>blood glucose calibration</i>)	NPB	
SURESTEP PRO LOW GLUCOSE IN VITRO LIQUID (<i>blood glucose calibration</i>)	NPB	
SURESTEP PRO NORMAL GLUCOSE IN VITRO LIQUID (<i>blood glucose calibration</i>)	NPB	
TAI DOC CONTROL IN VITRO SOLUTION NORMAL (<i>blood glucose calibration</i>)	NPB	
TELCARE GLUCOSE CONTROL IN VITRO SOLUTION (<i>blood glucose calibration</i>)	NPB	
<i>tgt alcohol swabs pad 70 %</i>	NPB	
<i>tgt lancing device</i>	NPB	
THRESHOLD IMT (<i>respiratory therapy supplies</i>)	NPB	
<i>today's health lancing device</i>	NPB	
<i>today's health mini pen needles 31g x 6 mm</i>	NPB	
<i>today's health pen needles 29g x 12mm</i>	NPB	
<i>today's health short pen needle 31g x 8 mm</i>	NPB	
<i>topcare clickfine pen needles 31g x 6 mm , 31g x 8 mm</i>	NPB	
TRUECONTROL GLUCOSE CONT LEV 0 IN VITRO LIQUID (<i>blood glucose calibration</i>)	NPB	
TRUECONTROL GLUCOSE CONT LEV 1 IN VITRO LIQUID (<i>blood glucose calibration</i>)	NPB	
TRUEDRAW LANCING DEVICE (<i>lancet devices</i>)	NPB	

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRUEPLUS INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	NPB	
TRUEPLUS LANCETS 30G (<i>lancets</i>)	NPB	
TRUZONE PEAK FLOW METER DEVICE (<i>peak flow meter</i>)	NPB	
ULTICARE INSULIN SAFETY SYR 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML (<i>insulin syringe-needle u-100</i>)	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 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	NPB	
ULTICARE INSULIN SYRINGE 30G X 1/2" 0.3 ML, 30G X 1/2" 1 ML (<i>insulin syringe-needle u-100</i>)	PB	
ULTICARE MICRO PEN NEEDLES 32G X 4 MM (<i>insulin pen needle</i>)	NPB	
ULTICARE MINI PEN NEEDLES 31G X 6 MM (<i>insulin pen needle</i>)	NPB	
ULTICARE PEN NEEDLES 29G X 12.7MM , 29G X 12MM (<i>insulin pen needle</i>)	NPB	
ULTICARE SHORT PEN NEEDLES 31G X 8 MM (<i>insulin pen needle</i>)	NPB	
ULTI-LANCE AUTOMATIC (<i>lancet devices</i>)	NPB	
ultilet alcohol swabs pad	NPB	
ULTILET INSULIN SYRINGE SHORT 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	NPB	
ULTRALANCE (<i>lancets misc.</i>)	NPB	
ULTRA-THIN II INS SYR SHORT 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	NPB	
ULTRA-THIN II INSULIN SYRINGE 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML (<i>insulin syringe-needle u-100</i>)	NPB	
ULTRA-THIN II MINI PEN NEEDLE 31G X 5 MM (<i>insulin pen needle</i>)	NPB	

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ULTRA-THIN II PEN NEEDLE SHORT 31G X 8 MM (<i>insulin pen needle</i>)	NPB	
ULTRA-THIN II PEN NEEDLES 29G X 12.7MM (<i>insulin pen needle</i>)	NPB	
ULTRATRAK PRO CONTROL IN VITRO SOLUTION , NORMAL (<i>blood glucose calibration</i>)	NPB	
ULTRATRAK ULTIMATE CONTROL IN VITRO SOLUTION (<i>blood glucose calibration</i>)	NPB	
UNIFINE PENTIPS 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM (<i>insulin pen needle</i>)	NPB	
<i>unifine pentips plus 32g x 4 mm</i>	NPB	
UNISTIK 1 (<i>lancets misc.</i>)	NPB	
UNISTIK 2 (<i>lancets misc.</i>)	NPB	
UNISTIK 2 COMFORT (<i>lancets misc.</i>)	NPB	
UNISTIK 2 EXTRA (<i>lancets misc.</i>)	NPB	
UNISTIK 2 NEONATAL (<i>lancets misc.</i>)	NPB	
UNISTIK 2 NORMAL (<i>lancets misc.</i>)	NPB	
UNISTIK 2 SUPER (<i>lancets misc.</i>)	NPB	
UNISTIK 3 (<i>lancets misc.</i>)	NPB	
UNISTIK 3 COMFORT (<i>lancets misc.</i>)	NPB	
UNISTIK 3 EXTRA (<i>lancets misc.</i>)	NPB	
UNISTIK 3 NEONATAL (<i>lancets misc.</i>)	NPB	
UNISTIK 3 NORMAL (<i>lancets misc.</i>)	NPB	
UNISTIK CZT COMFORT (<i>lancets misc.</i>)	NPB	
UNISTIK CZT NORMAL (<i>lancets misc.</i>)	NPB	
UNISTRIP CONTROL IN VITRO SOLUTION HIGH , LOW (<i>blood glucose calibration</i>)	NPB	
<i>value plus lancing device</i>	NPB	
<i>valumark pen needles 29g x 12mm , 31g x 6 mm , 31g x 8 mm</i>	NPB	
VANISHPOINT INSULIN SYRINGE 29G X 1/2" 1 ML, 30G X 3/16" 0.5 ML, 30G X 3/16" 1 ML (<i>insulin syringe-needle u-100</i>)	NPB	
VICTORY CONTROL LEVEL 1/2 IN VITRO SOLUTION (<i>blood glucose calibration</i>)	NPB	
VIDA MIA AUTOLET LANCING DEV (<i>lancet devices</i>)	NPB	

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VIDA MIA UNIFINE PENTIPS 29G X 12MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM (<i>insulin pen needle</i>)	NPB	
WEBCOL ALCOHOL PREP LARGE PAD 70 % (<i>alcohol swabs</i>)	NPB	
WEBCOL ALCOHOL PREP MEDIUM PAD 70 % (<i>alcohol swabs</i>)	NPB	
<i>wegmans unifine pentips plus 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm</i>	NPB	
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	CE	N2 (NPB); QL (1 diaphragm per 1 year)
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	CE	N2 (NPB); QL (1 diaphragm per 1 year)
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	CE	N2 (NPB); QL (1 diaphragm per 1 year)
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	CE	N2 (NPB); QL (1 diaphragm per 1 year)
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	CE	N2 (NPB); QL (1 diaphragm per 1 year)
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	CE	N2 (NPB); QL (1 diaphragm per 1 year)
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	CE	N2 (NPB); QL (1 diaphragm per 1 year)
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	CE	N2 (NPB); QL (1 diaphragm per 1 year)
WINDMILL TRAINER (<i>respiratory therapy supplies</i>)	NPB	
MIGRAINE PRODUCTS - DRUGS FOR THE NERVOUS SYSTEM		
<i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i>	G	QL (6 tablets per 30 days)
AMERGE ORAL TABLET 1 MG, 2.5 MG (<i>naratriptan hcl</i>)	NPB	QL (9 tablets per 30 days)
CAFERGOT ORAL TABLET 1-100 MG (<i>ergotamine-caffeine</i>)	NPB	
CAMBIA ORAL PACKET 50 MG (<i>diclofenac potassium</i>)	NPB	ST; QL (9 pack per 30 Days)
D.H.E. 45 INJECTION SOLUTION 1 MG/ML (<i>dihydroergotamine mesylate</i>)	NPB	
<i>dihydroergotamine mesylate injection solution 1 mg/ml</i>	G	
<i>dihydroergotamine mesylate nasal solution 4 mg/ml</i>	G	ST; QL (8 vials per 30 days)
<i>eletriptan hydrobromide oral tablet 20 mg, 40 mg</i>	G	QL (6 tablets per 30 Days)

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

186

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ERGOMAR SUBLINGUAL TABLET SUBLINGUAL 2 MG (<i>ergotamine tartrate</i>)	NPB	
FROVA ORAL TABLET 2.5 MG (<i>frovatriptan succinate</i>)	NPB	QL (9 tablets per 30 days)
<i>frovatriptan succinate oral tablet 2.5 mg</i>	G	QL (9 tablets per 30 days)
IMITREX NASAL SOLUTION 20 MG/ACT, 5 MG/ACT (<i>sumatriptan</i>)	NPB	QL (6 sprays per 30 days)
IMITREX ORAL TABLET 100 MG, 25 MG, 50 MG (<i>sumatriptan succinate</i>)	NPB	QL (9 tablets per 30 days)
IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE 4 MG/0.5ML, 6 MG/0.5ML (<i>sumatriptan succinate</i>)	NPB	QL (10 carts/30 days per 48 max in 365 days)
IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO-INJECTOR 4 MG/0.5ML, 6 MG/0.5ML (<i>sumatriptan succinate</i>)	NPB	QL (10 carts/30 days per 48 max in 365 days)
IMITREX SUBCUTANEOUS SOLUTION 6 MG/0.5ML (<i>sumatriptan succinate</i>)	NPB	QL (10 vials/30days per 48 max in 365 days)
MAXALT ORAL TABLET 10 MG (<i>rizatriptan benzoate</i>)	NPB	QL (12 tablets per 30 days)
MAXALT-MLT ORAL TABLET DISPERSIBLE 10 MG, 5 MG (<i>rizatriptan benzoate</i>)	NPB	QL (9 tablets per 30 days)
MIGERGOT RECTAL SUPPOSITORY 2-100 MG (<i>ergotamine-caffeine</i>)	NPB	ST
MIGRANAL NASAL SOLUTION 4 MG/ML (<i>dihydroergotamine mesylate</i>)	NPB	ST; QL (1 pack per 30 days)
<i>naratriptan hcl oral tablet 1 mg, 2.5 mg</i>	G	QL (9 tablets per 30 days)
ONZETRA XSAIL NASAL EXHALER POWDER 11 MG/NOSEPC (<i>sumatriptan succinate</i>)	NPB	ST; QL (1 kit per 30 Days)
RELPAZ ORAL TABLET 20 MG, 40 MG (<i>eletriptan hydrobromide</i>)	NPB	ST; QL (6 tablets per 30 days)
<i>rizatriptan benzoate oral tablet 10 mg, 5 mg</i>	G	QL (12 tablets per 30 days)
<i>rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg</i>	G	QL (9 tablets per 30 days)
<i>sumatriptan nasal solution 20 mg/lact, 5 mg/lact</i>	G	QL (6 sprays per 30 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	G	QL (9 tablets per 30 days)
<i>sumatriptan succinate refill subcutaneous solution cartridge 4 mg/0.5ml, 6 mg/0.5ml</i>	G	QL (10 carts/30 days per 48 max in 365 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	G	QL (10 vials/30days per 48 max in 365 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml</i>	G	QL (10 carts/30 days per 48 max in 365 days)

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>sumatriptan-naproxen sodium oral tablet 85-500 mg</i>	G	QL (9 tablets per 30 Days)
TREXIMET ORAL TABLET 85-500 MG (<i>sumatriptan-naproxen sodium</i>)	NPB	ST; QL (9 tab per 30 Days)
ZEMBRACE SYMTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 3 MG/0.5ML (<i>sumatriptan succinate</i>)	NPB	ST; QL (8 syringes per 1 month)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	G	QL (6 tablets per 30 days)
<i>zolmitriptan oral tablet dispersible 2.5 mg, 5 mg</i>	G	QL (6 tablets per 30 days)
ZOMIG NASAL SOLUTION 2.5 MG, 5 MG (<i>zolmitriptan</i>)	NPB	QL (6 sprays per 30 days)
ZOMIG ORAL TABLET 2.5 MG, 5 MG (<i>zolmitriptan</i>)	NPB	QL (6 tablets per 30 days)
ZOMIG ZMT ORAL TABLET DISPERSIBLE 2.5 MG, 5 MG (<i>zolmitriptan</i>)	NPB	QL (6 tablets per 30 days)
MINERALS & ELECTROLYTES - DRUGS FOR NUTRITION		
CALCIFOL ORAL WAFER 1342-1.6 MG (<i>ca carb-fa-d-b6-b12-boron-mg</i>)	NPB	
<i>calcium-folic acid plus d oral wafer 1342-1 mg</i>	NPB	
EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ (<i>potassium bicarb-citric acid</i>)	NPB	
EFFER-K ORAL TABLET EFFERVESCENT 25 MEQ (<i>potassium bicarbonate</i>)	G	
FLUORABON ORAL SOLUTION 0.55 (0.25 F) MG/0.6ML (<i>sodium fluoride</i>)	CE	N2 (NPB); AL
<i>fluoritab oral solution 0.275 (0.125 f) mg/drop</i>	G	
<i>fluoritab oral tablet chewable 0.55 (0.25 f) mg</i>	G	
<i>fluoritab oral tablet chewable 1.1 (0.5 f) mg, 2.2 (1 f) mg</i>	CE	N2 (G); AL
FLURA-DROPS ORAL SOLUTION 0.55 (0.25 F) MG/DROP (<i>sodium fluoride</i>)	CE	N2 (NPB); AL
GALZIN ORAL CAPSULE 25 MG, 50 MG (<i>zinc acetate (oral)</i>)	NPB	
<i>potassium chloride er (Klor-Con 10 Oral Tablet Extended Release 10 Meq)</i>	G	
<i>potassium chloride crys er (Klor-Con M10 Oral Tablet Extended Release 10 Meq)</i>	G	
KLOR-CON M15 ORAL TABLET EXTENDED RELEASE 15 MEQ (<i>potassium chloride crys er</i>)	NPB	

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>potassium chloride crys er</i> (Klor-Con M20 Oral Tablet Extended Release 20 Meq)	G	
<i>potassium chloride</i> (Klor-Con Oral Packet 20 Meq)	G	QL (5 packs per 1 day)
<i>potassium chloride er</i> (Klor-Con Oral Tablet Extended Release 8 Meq)	G	
<i>potassium bicarbonate</i> (Klor-Con/Ef Oral Tablet Effervescent 25 Meq)	G	
K-PHOS ORAL TABLET 500 MG (<i>potassium phosphate monobasic</i>)	NPB	
K-PRIME ORAL TABLET EFFERVESCENT 25 MEQ (<i>potassium bicarbonate</i>)	G	
<i>sodium fluoride</i> (Ludent Oral Tablet Chewable 0.55 (0.25 F) Mg, 1.1 (0.5 F) Mg)	CE	N2 (G); AL
LUDENT ORAL TABLET CHEWABLE 2.2 (1 F) MG (<i>sodium fluoride</i>)	CE	N2 (G); AL
NAFRINSE DROPS ORAL SOLUTION 0.275 (0.125 F) MG/DROP (<i>sodium fluoride</i>)	G	
<i>sodium fluoride</i> (Nafrinse Oral Tablet Chewable 2.2 (1 F) Mg)	G	
<i>phosphorous</i> (Phospha 250 Neutral Oral Tablet 155-852-130 Mg)	G	
<i>pot bicarb-pot chloride oral tablet effervescent 25 meq</i>	G	
<i>potassium bicarbonate oral tablet effervescent 25 meq</i>	G	
<i>potassium chloride crys er oral tablet extended release 10 meq, 20 meq</i>	G	
<i>potassium chloride er oral capsule extended release 10 meq, 8 meq</i>	G	
<i>potassium chloride er oral tablet extended release 10 meq, 8 meq</i>	G	
<i>potassium chloride oral packet 20 meq</i>	G	QL (5 packs per 1 day)
<i>potassium chloride oral solution 20 meq/15ml (10%)</i>	G	
<i>sodium fluoride oral solution 1.1 (0.5 f) mg/ml</i>	CE	N2 (G); AL
<i>sodium fluoride oral tablet 2.2 (1 f) mg</i>	CE	N2 (G); AL
<i>sodium fluoride oral tablet chewable 0.55 (0.25 f) mg, 1.1 (0.5 f) mg, 2.2 (1 f) mg</i>	CE	N2 (G); AL
*MIXED ALLERGENIC EXTRACTS*** - BIOLOGICAL AGENTS		
ODACTRA SUBLINGUAL TABLET SUBLINGUAL 12 SQ-HDM (<i>dust mite mixed allergen ext</i>)	NPB	PA; ST; QL (1 tablet per 1 day)

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ORALAIR ADULT SAMPLE KIT SUBLINGUAL TABLET SUBLINGUAL 300 IR (<i>grass mix pollens allergen ext</i>)	NPB	PA; ST; QL (1 tablet per 1 day)
ORALAIR ADULT STARTER PACK SUBLINGUAL TABLET SUBLINGUAL 300 IR (<i>grass mix pollens allergen ext</i>)	NPB	PA; ST; QL (1 tablet per 1 day)
ORALAIR CHILDRENS SAMPLE KIT SUBLINGUAL THERAPY PACK 3 X 100 IR & 6 X 300 IR (<i>grass mix pollens allergen ext</i>)	NPB	PA; ST; QL (1 tablet per 1 day)
ORALAIR CHILDRENS STARTER PACK SUBLINGUAL TABLET SUBLINGUAL 100 IR (<i>grass mix pollens allergen ext</i>)	NPB	PA; ST; QL (1 tablet per 1 day)
ORALAIR SUBLINGUAL TABLET SUBLINGUAL 300 IR (<i>grass mix pollens allergen ext</i>)	NPB	PA; ST; QL (1 tablet per 1 day)
*MONOBACTAMS*** - DRUGS FOR INFECTIONS		
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG (<i>aztreonam lysine</i>)	NPSP	SP; QL (84 ml per 56 days)
MOUTH/THROAT/DENTAL AGENTS - DRUGS FOR THE MOUTH AND THROAT		
<i>cevimeline hcl oral capsule 30 mg</i>	G	
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	G	
<i>clotrimazole mouth/throat lozenge 10 mg</i>	G	
<i>clotrimazole mouth/throat troche 10 mg</i>	G	
DENTA 5000 PLUS DENTAL CREAM 1.1 % (<i>sodium fluoride</i>)	CE	N2 (Not Covered); AL
EVOXAC ORAL CAPSULE 30 MG (<i>cevimeline hcl</i>)	NPB	
NAFRINSE DAILY ACIDULATED MOUTH/THROAT SOLUTION RECONSTITUTED 1 MG/5ML (<i>sodium fluoride-phosphoric acid</i>)	CE	N2 (Not Covered); AL
NAFRINSE DAILY/NEUTRAL MOUTH/THROAT SOLUTION RECONSTITUTED 0.05 % (<i>sodium fluoride</i>)	CE	N2 (Not Covered); AL
NAFRINSE WEEKLY MOUTH/THROAT SOLUTION RECONSTITUTED 0.2 % (<i>sodium fluoride</i>)	CE	N2 (Not Covered); AL
<i>nystatin mouth/throat suspension 100000 unit/ml</i>	G	
<i>triamcinolone acetonide (Oralone Mouth/Throat Paste 0.1 %)</i>	G	
ORAMAGICRX MOUTH/THROAT SUSPENSION RECONSTITUTED (<i>oral wound care products</i>)	NPB	
ORAVIG BUCCAL TABLET 50 MG (<i>miconazole</i>)	NPB	QL (14 tab per 30 Days)

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

190

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PERIDEX MOUTH/THROAT SOLUTION 0.12 % (chlorhexidine gluconate)	NPB	
pilocarpine hcl oral tablet 5 mg, 7.5 mg	G	
PREVIDENT 5000 PLUS DENTAL CREAM 1.1 % (sodium fluoride)	CE	N2 (Not Covered); AL
SALAGEN ORAL TABLET 5 MG, 7.5 MG (pilocarpine hcl)	NPB	
SALICEPT MOUTH/THROAT SUSPENSION RECONSTITUTED (oral wound care products)	NPB	
sf 5000 plus dental cream 1.1 %	CE	N2 (Not Covered); AL
triamcinolone acetonide mouth/throat paste 0.1 %	G	
*MUCOPOLYSACCHARIDOSIS IV (MPS IV) - AGENTS*** - DRUGS FOR METABOLIC DISEASE		
VIMIZIM INTRAVENOUS SOLUTION 5 MG/5ML (elosulfase alfa)	PSP	PA; NPL; SP
*MULTIPLE SCLEROSIS AGENTS - ANTIMETABOLITES*** - DRUGS FOR THE NERVOUS SYSTEM		
MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK 10 MG (cladribine)	NPSP	PA; ST; NPL; SP; QL (10 tablets per fill, 4 fills per 1 lifetime)
MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK 10 MG (cladribine)	NPSP	PA; ST; NPL; SP; QL (4 tablets per fill, 4 fills per 1 lifetime)
MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK 10 MG (cladribine)	NPSP	PA; ST; NPL; SP; QL (5 tablets per fill, 4 fills per 1 lifetime)
MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK 10 MG (cladribine)	NPSP	PA; ST; NPL; SP; QL (6 tablets per fill, 4 fills per 1 lifetime)
MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK 10 MG (cladribine)	NPSP	PA; ST; NPL; SP; QL (7 tablets per fill, 4 fills per 1 lifetime)
MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK 10 MG (cladribine)	NPSP	PA; ST; NPL; SP; QL (8 tablets per fill, 4 fills per 1 lifetime)
MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK 10 MG (cladribine)	NPSP	PA; ST; NPL; SP; QL (9 tablets per fill, 4 fills per 1 lifetime)

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*MULTIPLE VITAMINS W/ MINERALS & FLUORIDE-IRON-FOLIC ACID*** - DRUGS FOR NUTRITION		
QUFLORA FE ORAL TABLET CHEWABLE 0.25 MG (<i>multi vit-min-fluoride-fe-fa</i>)	NPB	
*MULTIPLE VITAMINS WITH FOLIC ACID*** - DRUGS FOR NUTRITION		
<i>folika-v oral tablet 1 mg</i>	NPB	
GENICIN VITA-Q ORAL TABLET 1 MG (<i>multiple vitamins with fa</i>)	NPB	
MULTIVITAMINS - DRUGS FOR NUTRITION		
<i>advanced amlpm oral</i>	NPB	
ATABEX EC ORAL TABLET DELAYED RELEASE 29-1 MG (<i>prenatal vit-dss-fe cbn-fa</i>)	NPB	
<i>azesco oral tablet 13-1 mg</i>	NPB	
BAL-CARE DHA ORAL 27-1 & 430 MG (<i>prenat-fepoly-fered-fa-omega 3</i>)	NPB	
CITRANATAL 90 DHA ORAL 90-1 & 300 MG (<i>prenat w/o a-fecbgl-dss-fa-dha</i>)	NPB	
CITRANATAL B-CALM ORAL 20-1 MG & 2 X 25 MG (<i>prenat w/o a fecbnfeglu-fa &b6</i>)	NPB	
CITRANATAL BLOOM ORAL TABLET 90-1 MG (<i>prenatal-dss-fecb-fegl-fa</i>)	NPB	
CITRANATAL DHA ORAL 27-1 & 250 MG (<i>prenat w/o a-fecbgl-dss-fa-dha</i>)	NPB	
CITRANATAL HARMONY ORAL CAPSULE 27-1-260 MG (<i>prenat-fefmcb-dss-fa-dha w/o a</i>)	NPB	
CITRANATAL MEDLEY ORAL CAPSULE 27-1-200 MG (<i>prenat-fecb-fefum-fa-dha w/o a</i>)	NPB	
CITRANATAL RX ORAL TABLET 27-1 MG (<i>prenat w/o a-fecb-fegl-dss-fa</i>)	NPB	
<i>c-nate dha oral capsule 28-1-200 mg</i>	NPB	
<i>completenate oral tablet chewable 29-1 mg</i>	NPB	
CO-NATAL FA ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	NPB	
CONCEPT DHA ORAL CAPSULE 53.5-38-1 MG (<i>prenat-fefum-fepo-fa-omega 3</i>)	NPB	
CONCEPT OB ORAL CAPSULE 130-92.4-1 MG (<i>prenat w/o a vit-fefum-fepo-fa</i>)	NPB	

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CORVITA ORAL TABLET 1.25 MG (<i>multiple vitamins-minerals-fa</i>)	G	
DIALYVITE 3000 ORAL TABLET 3 MG (<i>b complex-c-biotin-e-min-fa</i>)	NPB	
DIALYVITE 5000 ORAL TABLET 5 MG (<i>b complex-c-biotin-e-min-fa</i>)	NPB	
DIALYVITE ORAL TABLET (<i>b complex-c-folic acid</i>)	G	
DIALYVITE SUPREME D ORAL TABLET 3 MG (<i>multiple vitamins-minerals-fa</i>)	NPB	
DIALYVITE/ZINC ORAL TABLET (<i>b complex-c-zn-folic acid</i>)	NPB	
DUET DHA 400 ORAL 25-1 & 400 MG (<i>prenat-fepoly-fered-fa-omega 3</i>)	NPB	
DUET DHA BALANCED ORAL 25-1 & 267 MG (<i>prenat-fepoly-fered-fa-omega 3</i>)	NPB	
ELITE-OB ORAL TABLET 50-1.25 MG (<i>prenatal vit-iron carbonyl-fa</i>)	NPB	
ESCAVITE ORAL TABLET CHEWABLE 0.25-7.5 MG (<i>ped multivitamins-fl-iron</i>)	NPB	
FOLBEE PLUS CZ ORAL TABLET 5 MG (<i>b-complex-c-biotin-minerals-fa</i>)	NPB	
<i>folbee plus oral tablet</i>	G	
FOLGARD OS ORAL TABLET 500-1.1 MG (<i>multiple vit-min-calcium-fa</i>)	NPB	
FOLIVANE-OB ORAL CAPSULE 130-92.4-1 MG (<i>prenat wlo a vit-fefum-fepo-fa</i>)	NPB	
INATAL GT ORAL TABLET (<i>prenatal vit-dss-fe cbn-fa</i>)	NPB	
MARNATAL-F ORAL CAPSULE 60-1 MG (<i>prenat wlo a-fe poly cmplx-fa</i>)	NPB	
<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>multi-vitamin/fluoride/iron oral solution 0.25-10 mg/ml</i>	NPB	
<i>multivitamins/fluoride oral tablet chewable 0.5 mg</i>	G	
Mvc-Fluoride Oral Tablet Chewable 0.25 Mg (<i>pediatric multivitamins-fl</i>)	G	
MVC-FLUORIDE ORAL TABLET CHEWABLE 0.5 MG, 1 MG (<i>pediatric multivitamins-fl</i>)	G	

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MYNATAL ADVANCE ORAL TABLET (<i>prenatal vit-dss-fe cbn-fa</i>)	G	
MYNATAL ORAL CAPSULE (<i>prenatal multivit-min-fe-fa</i>)	NPB	
MYNATAL ORAL TABLET 90-1 MG (<i>prenatal vit-dss-fe cbn-fa</i>)	G	
<i>mynatal plus oral tablet</i>	G	
<i>mynatal-z oral tablet</i>	G	
NATACHEW ORAL TABLET CHEWABLE 28-1 MG (<i>prenatal vit-fe fum-fe bisg-fa</i>)	NPB	
NATALVIT ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	NPB	
NATELLE ONE ORAL CAPSULE 28-1-250 MG (<i>prenat wlo a-fe fum-fa-omega 3</i>)	NPB	
NEEVO DHA ORAL CAPSULE 27-1.13 MG (<i>prenat wloa-fefum-methf-omegas</i>)	NPB	
NEPHPLEX RX ORAL TABLET (<i>b complex-c-zn-folic acid</i>)	NPB	
NEPHRONEX ORAL TABLET (<i>b complex-c-folic acid</i>)	G	
NESTABS DHA ORAL 32-1 MG (<i>prenat-wloa-fe bisgly-fa-omega</i>)	NPB	
NESTABS ONE ORAL CAPSULE 38-1-225 MG (<i>prenat-fe-methylfol-dha wlo a</i>)	NPB	
NESTABS ORAL TABLET 32-1 MG (<i>prenat-fe bisgly-fa-wlo vit a</i>)	NPB	
NEXA PLUS ORAL CAPSULE 29-1.25-350 MG (<i>prenat-fefum-doc-fa-dha wlo a</i>)	NPB	
NICOMIDE ORAL TABLET 750-27-2-0.5 MG (<i>niacinamide-zn-cu-methfo-se-cr</i>)	NPB	
NUTRIVIT ORAL LIQUID (<i>b complex-lysine-min-fe-fa</i>)	NPB	
OB COMPLETE ORAL TABLET 50-1.25 MG (<i>prenatal vit-iron carbonyl-fa</i>)	NPB	
OB COMPLETE PETITE ORAL CAPSULE 35-5-1-200 MG (<i>prenat-fecbn-feaspgl-fa-omega</i>)	NPB	
OB COMPLETE PREMIER ORAL TABLET 30-20-1 MG (<i>prenatal-fe cbn-fe asp gly-fa</i>)	NPB	
OB COMPLETE/DHA ORAL CAPSULE 30-10-1-200 MG (<i>prenat-fecbn-feaspgl-fa-omega</i>)	NPB	
O-CAL PRENATAL ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	NPB	

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

194

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OCUVEL ORAL CAPSULE 0.5 MG (<i>multiple vitamins-minerals-fa</i>)	NPB	
<i>pnv-dha oral capsule 27-0.6-0.4-300 mg</i>	NPB	
<i>pnv-dha+docusate oral capsule 27-1.25-300 mg</i>	NPB	
<i>pnv-omega oral capsule 28-0.6-0.4-340 mg</i>	NPB	
<i>pnv-select oral tablet 27-0.6-0.4 mg</i>	NPB	
POLY-VI-FLOR ORAL SUSPENSION 0.25 MG/ML (<i>pediatric multivitamins-fl</i>)	NPB	
POLY-VI-FLOR ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG (<i>pediatric multivitamins-fl</i>)	NPB	
POLY-VI-FLOR/IRON ORAL SUSPENSION 0.25-7 MG/ML (<i>ped multivitamins-fl-iron</i>)	NPB	
POLY-VI-FLOR/IRON ORAL TABLET CHEWABLE 0.5-10 MG (<i>ped multivitamins-fl-iron</i>)	NPB	
<i>polyvitamin/fluoride oral solution 0.25 mg/ml</i>	G	
<i>poly-vitamin/fluoride oral solution 0.5 mg/ml</i>	G	
<i>polyvitamin/fluoride oral tablet chewable 0.5 mg</i>	G	
PR NATAL 400 ORAL 29-1-200 & 400 MG (<i>prenat-febis-fepro-fa-ca-omega</i>)	NPB	
<i>prenal pearl oral capsule extended release 30-1.4-200 mg</i>	NPB	
<i>prenaissance oral capsule 29-1.25-325 mg</i>	NPB	
<i>prenaissance plus oral capsule 28-1-250 mg</i>	NPB	
PRENATA ORAL TABLET CHEWABLE 29-1 MG (<i>prenatal w/o a vit-fe fum-fa</i>)	NPB	
PRENATABS RX ORAL TABLET 29-1 MG (<i>prenatal vit-iron carbonyl-fa</i>)	NPB	
<i>prenatal 19 oral tablet , 29-1 mg</i>	NPB	
<i>prenatal 19 oral tablet chewable , 29-1 mg</i>	NPB	
<i>prenatal plus iron oral tablet 29-1 mg</i>	NPB	
PRENATAL-U ORAL CAPSULE 106.5-1 MG (<i>prenatal w/o a vit-fe fum-fa</i>)	NPB	
PRENATE AM ORAL TABLET 1 MG (<i>prenatal ca-b6-b12-fa-ginger</i>)	NPB	
PRENATE ENHANCE ORAL CAPSULE 28-0.6-0.4-400 MG (<i>prenat w/o a-fe-methfol-fa-dha</i>)	NPB	
PRENATE MINI ORAL CAPSULE 18-0.6-0.4-350 MG (<i>prenat-fecbn-feasp-meth-fa-dha</i>)	NPB	

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRENATE ORAL TABLET CHEWABLE 0.6-0.4 MG (<i>prenat mv-min-methylfolate-fa</i>)	NPB	
PRENATE RESTORE ORAL CAPSULE 27-0.6-0.4-400 MG (<i>prenat wlo a-fe-methfol-fa-dha</i>)	NPB	
PRIMACARE ORAL CAPSULE 30-1-470 MG (<i>pren-fe-meth-fa-omeg wlo a</i>)	NPB	
PROVIDA OB ORAL CAPSULE 20-20-1.25 MG (<i>prenat wlo a vit-fefum-fepo-fa</i>)	NPB	
QUFLORA FE PEDIATRIC ORAL LIQUID 0.25-9.5 MG/ML (<i>ped multivitamins-fl-iron</i>)	NPB	
QUFLORA PEDIATRIC ORAL SOLUTION 0.25 MG/ML, 0.5 MG/ML (<i>pediatric multivitamins-fl</i>)	NPB	
QUFLORA PEDIATRIC ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG (<i>pediatric multivitamins-fl</i>)	NPB	
RENATABS ORAL TABLET 1 MG (<i>b complex-c-biotin-e-fa</i>)	NPB	
RENATABS WITH IRON ORAL 1 & 100 MG (<i>b complex-c-biotin-e-fa-fe cbn</i>)	NPB	
<i>rena-vite rx oral tablet 1 mg</i>	G	
R-NATAL OB ORAL CAPSULE 20-1-320 MG (<i>prenatal-fe cbn-fa-dha wlo a</i>)	NPB	
SELECT-OB ORAL TABLET CHEWABLE 29-1 MG (<i>prenatal vit-fe psac cmplx-fa</i>)	NPB	
<i>se-natal 19 oral tablet 29-1 mg</i>	NPB	
<i>se-natal 19 oral tablet chewable 29-1 mg</i>	NPB	
STROVITE FORTE ORAL SYRUP (<i>multiple vitamins-minerals-fa</i>)	PB	
TARON-BC ORAL 20-1 MG & 2 X 25 MG (<i>prenatal wlo vit a-fecbn-fa-b6</i>)	NPB	
TARON-C DHA ORAL CAPSULE 53.5-38-1 MG (<i>prenat-fefum-fepo-fa-omega 3</i>)	NPB	
TARON-PREX ORAL CAPSULE 30-1.2-265 MG (<i>prenat-fefum-dss-fa-dha wlo a</i>)	NPB	
TL G-FOL OS ORAL TABLET 500-1.1 MG (<i>multiple vit-min-calcium-fa</i>)	NPB	
<i>tl-care dha oral capsule 27-1-500 mg</i>	NPB	
<i>tl-fluorivite oral tablet chewable 0.25-7.5 mg</i>	NPB	
<i>tl-select oral capsule 29-1.25-325 mg</i>	NPB	

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

196

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRICARE PRENATAL DHA ONE ORAL CAPSULE 27-1-500 MG (<i>prenatal-fefum-fa-dss-fish oil</i>)	NPB	
TRINATE ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	NPB	
TRISTART ONE ORAL CAPSULE 35-1-215 MG (<i>prenat wlo a-fecbn-meth-fa-dha</i>)	NPB	
<i>tri-tabs dha oral 32-1 mg</i>	NPB	
TRIVEEN-DUO DHA ORAL 29-1-200 & 400 MG (<i>prenat-febis-fepro-fa-ca-omega</i>)	NPB	
TRI-VI-FLOR ORAL SUSPENSION 0.25 MG/ML, 0.5 MG/ML (<i>ped vit a-c-d-methylfolate-fl</i>)	NPB	
<i>tri-vi-floro oral suspension 0.25 mg/ml, 0.5 mg/ml</i>	NPB	
<i>tri-vitamin/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml</i>	G	
UDAMIN SP ORAL TABLET 1 MG (<i>multiple vitamins-minerals-fa</i>)	NPB	
<i>vena-bal dha oral 27-1 & 430 mg</i>	NPB	
VINATE DHA RF ORAL CAPSULE 27-1.13 MG (<i>prenat wloa-fefum-methf-omegas</i>)	NPB	
VINATE II ORAL TABLET 29-1 MG (<i>prenatal vit wl fe bisg-fa</i>)	NPB	
VINATE M ORAL TABLET 27-1 MG (<i>prenatal vit-sel-fe fum-fa</i>)	NPB	
<i>virt-pn dha oral capsule 27-0.6-0.4-300 mg</i>	NPB	
<i>virt-pn plus oral capsule 28-0.6-0.4-340 mg</i>	NPB	
VITAFOL FE+ ORAL CAPSULE THERAPY PACK 90-1-200 & 50 MG (<i>prenat-fepoly-metf-fa-dha-dss</i>)	NPB	
VITAFOL GUMMIES ORAL TABLET CHEWABLE 3.33-0.333-34.8 MG (<i>prenatal vit-fe phos-fa-omega</i>)	NPB	
VITAFOL STRIPS ORAL FILM 1 MG (<i>prenatal-b6-b12-d3-folic acid</i>)	NPB	
VITAFOL-NANO ORAL TABLET 18-0.6-0.4 MG (<i>prenatal-fe fum-methf-fa wlo a</i>)	NPB	
VITAFOL-OB ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	NPB	
VITAFOL-OB+DHA ORAL 65-1 & 250 MG (<i>prenatal mv-min-fe fum-fa-dha</i>)	NPB	
VITAFOL-ONE ORAL CAPSULE 29-1-200 MG (<i>prenatal vit-fepoly-fa-dha</i>)	NPB	

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VITAL-D RX ORAL TABLET 1 MG (<i>b complex-c-biotin-d-zinc-fa</i>)	NPB	
VITAMEDMD ONE RX/QUATREFOLIC ORAL CAPSULE 30-0.6-0.4-200 MG (<i>prenat w/o a-fe-methfol-fa-dha</i>)	NPB	
<i>vitamins acd-fluoride oral solution 0.25 mg/ml</i>	G	
VITAPEARL ORAL CAPSULE EXTENDED RELEASE 30-1.4-200 MG (<i>prenat-fefum-fered-fa-dha w/oa</i>)	NPB	
VIVA DHA ORAL CAPSULE 28-1-200 MG (<i>prenatal vit-fe fum-fa-omega</i>)	NPB	
<i>vol-care rx oral tablet 1 mg</i>	G	
<i>vol-nate oral tablet 28-1 mg</i>	NPB	
<i>vol-tab rx oral tablet 29-1 mg</i>	NPB	
<i>vp-heme ob + dha oral 28-6-1 & 203 mg</i>	NPB	
<i>vp-pnv-dha oral capsule 28-1-215.8 mg</i>	NPB	
ZATEAN-PN DHA ORAL CAPSULE 27-0.6-0.4-300 MG (<i>prenat w/o a-fe-methfol-fa-dha</i>)	NPB	
ZATEAN-PN PLUS ORAL CAPSULE 28-0.6-0.4-340 MG (<i>prenat w/o a-fe-methf-fa-omega</i>)	NPB	
MUSCULOSKELETAL THERAPY AGENTS - DRUGS FOR MUSCLES, LIGAMENTS, TENDONS, AND BONES		
AMRIX ORAL CAPSULE EXTENDED RELEASE 24 HOUR 15 MG, 30 MG (<i>cyclobenzaprine hcl</i>)	NPB	#
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	G	
<i>carisoprodol oral tablet 350 mg</i>	G	
<i>carisoprodol-aspirin oral tablet 200-325 mg</i>	G	
<i>carisoprodol-aspirin-codeine oral tablet 200-325-16 mg</i>	G	
<i>chlorzoxazone oral tablet 250 mg, 500 mg</i>	G	
<i>cyclobenzaprine hcl er oral capsule extended release 24 hour 15 mg, 30 mg</i>	G	
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg, 7.5 mg</i>	G	
DANTRIUM ORAL CAPSULE 25 MG, 50 MG (<i>dantrolene sodium</i>)	NPB	
<i>dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg</i>	G	
DUROLANE INTRA-ARTICULAR PREFILLED SYRINGE 60 MG/3ML (<i>sodium hyaluronate (viscosup)</i>)	NPSP	PA; ST; NPL; SP

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

198

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EUFLEXXA INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML (<i>sodium hyaluronate (viscosup)</i>)	PSP	PA; NPL; SP
FEXMID ORAL TABLET 7.5 MG (<i>cyclobenzaprine hcl</i>)	NPB	ST
GEL-ONE INTRA-ARTICULAR PREFILLED SYRINGE 30 MG/3ML (<i>cross-linked hyaluronate</i>)	NPSP	PA; ST; NPL; SP
GELSYN-3 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 16.8 MG/2ML (<i>sodium hyaluronate (viscosup)</i>)	NPSP	PA; ST; NPL
HYALGAN INTRA-ARTICULAR SOLUTION 20 MG/2ML (<i>sodium hyaluronate (viscosup)</i>)	NPSP	PA; ST; NPL; SP
HYALGAN INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML (<i>sodium hyaluronate (viscosup)</i>)	NPSP	PA; ST; NPL; SP
HYMOVIS INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 24 MG/3ML (<i>hyaluronan</i>)	NPSP	PA; ST; NPL; SP
LORZONE ORAL TABLET 375 MG, 750 MG (<i>chlorzoxazone</i>)	NPB	
<i>metaxalone oral tablet 400 mg</i>	G	ST
<i>metaxalone oral tablet 800 mg</i>	G	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	G	
MONOVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 88 MG/4ML (<i>hyaluronan</i>)	PSP	PA; NPL; SP
<i>norgesic forte oral tablet 50-770-60 mg</i>	NPB	PA; ST; QL (4 tablets per 1 day)
<i>orphenadrine citrate er oral tablet extended release 12 hour 100 mg</i>	G	
ORTHOVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 30 MG/2ML (<i>hyaluronan</i>)	PSP	PA; NPL; SP
ROBAXIN ORAL TABLET 500 MG (<i>methocarbamol</i>)	NPB	
ROBAXIN-750 ORAL TABLET 750 MG (<i>methocarbamol</i>)	NPB	
SKELAXIN ORAL TABLET 800 MG (<i>metaxalone</i>)	NPB	
SOMA ORAL TABLET 250 MG, 350 MG (<i>carisoprodol</i>)	NPB	
SYNVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 16 MG/2ML (<i>hylan</i>)	NPSP	PA; ST; NPL; SP
SYNVISC ONE INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 48 MG/6ML (<i>hylan</i>)	NPSP	PA; ST; NPL; SP
<i>tizanidine hcl oral capsule 2 mg, 4 mg, 6 mg</i>	G	

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>tizanidine hcl oral tablet 2 mg, 4 mg</i>	G	
TRIVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML (<i>sodium hyaluronate (viscosup)</i>)	NPSP	PA; ST; NPL; SP
VISCO-3 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML (<i>sodium hyaluronate (viscosup)</i>)	NPSP	PA; ST; NPL; SP
ZANAFLEX ORAL CAPSULE 2 MG, 4 MG, 6 MG (<i>tizanidine hcl</i>)	NPB	
ZANAFLEX ORAL TABLET 4 MG (<i>tizanidine hcl</i>)	NPB	
NASAL AGENTS - SYSTEMIC AND TOPICAL - DRUGS FOR THE NOSE		
ADRENALIN NASAL SOLUTION 0.1 % (<i>epinephrine hcl (nasal)</i>)	NPB	
ASTEPRO NASAL SOLUTION 0.15 % (<i>azelastine hcl</i>)	NPB	
<i>azelastine hcl nasal solution 0.1 %, 0.15 %</i>	G	
BECONASE AQ NASAL SUSPENSION 42 MCG/SPRAY (<i>beclomethasone diprop monohyd</i>)	NPB	ST
DYMISTA NASAL SUSPENSION 137-50 MCG/ACT (<i>azelastine-fluticasone</i>)	PB	
<i>flunisolide nasal solution 25 mcg/lact (0.025%)</i>	G	
<i>ipratropium bromide nasal solution 0.03 %, 0.06 %</i>	G	
<i>mometasone furoate nasal suspension 50 mcg/lact</i>	G	
NASONEX NASAL SUSPENSION 50 MCG/ACT (<i>mometasone furoate</i>)	NPB	ST
<i>olopatadine hcl nasal solution 0.6 %</i>	G	
OMNARIS NASAL SUSPENSION 50 MCG/ACT (<i>ciclesonide</i>)	NPB	ST; #
PATANASE NASAL SOLUTION 0.6 % (<i>olopatadine hcl</i>)	NPB	
QNASL CHILDRENS NASAL AEROSOL SOLUTION 40 MCG/ACT (<i>beclomethasone diprop (nasal)</i>)	NPB	
QNASL NASAL AEROSOL SOLUTION 80 MCG/ACT (<i>beclomethasone diprop (nasal)</i>)	NPB	
XHANCE NASAL EXHALER SUSPENSION 93 MCG/ACT (<i>fluticasone propionate</i>)	NPB	PA; ST; QL (1 spray bottle per 30 Days)
ZETONNA NASAL AEROSOL SOLUTION 37 MCG/ACT (<i>ciclesonide</i>)	NPB	ST

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

200

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*NEPRILYSIN INHIB (ARNI)-ANGIOTENSIN II RECEPT ANTAG COMB*** - DRUGS FOR THE HEART		
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG (<i>sacubitril-valsartan</i>)	PB	PA; QL (2 tablets per 1 day)
*NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS*** - DRUGS FOR THE HEART		
NORTHERA ORAL CAPSULE 100 MG (<i>droxidopa</i>)	NPSP	PA; ST; SP; QL (3 capsules per 1 day)
NORTHERA ORAL CAPSULE 200 MG, 300 MG (<i>droxidopa</i>)	NPSP	PA; ST; SP; QL (6 capsules per 1 day)
NEUROMUSCULAR AGENTS - DRUGS FOR NERVES AND MUSCLES		
BOTOX INJECTION SOLUTION RECONSTITUTED 100 UNIT, 200 UNIT (<i>onabotulinumtoxin</i>)	PSP	PA; ST; NPL; SP
DYSPORT INTRAMUSCULAR SOLUTION RECONSTITUTED 300 UNIT, 500 UNIT (<i>abobotulinumtoxin</i>)	NPSP	PA; NPL; SP
RILUTEK ORAL TABLET 50 MG (<i>riluzole</i>)	NPB	PA
<i>riluzole oral tablet 50 mg</i>	G	PA
TIGLUTIK ORAL SUSPENSION 50 MG/10ML (<i>riluzole</i>)	NPB	PA; QL (20 ml per 1 Day)
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT, 200 UNIT, 50 UNIT (<i>incobotulinumtoxin</i>)	NPSP	PA; NPL; SP
OPHTHALMIC AGENTS - DRUGS FOR THE EYE		
ACULAR LS OPHTHALMIC SOLUTION 0.4 % (<i>ketorolac tromethamine</i>)	NPB	
ACULAR OPHTHALMIC SOLUTION 0.5 % (<i>ketorolac tromethamine</i>)	NPB	
ACUVAIL OPHTHALMIC SOLUTION 0.45 % (<i>ketorolac tromethamine</i>)	NPB	
ALCAINE OPHTHALMIC SOLUTION 0.5 % (<i>proparacaine hcl</i>)	NPB	
ALOCRIAL OPHTHALMIC SOLUTION 2 % (<i>nedocromil sodium</i>)	NPB	
ALOMIDE OPHTHALMIC SOLUTION 0.1 % (<i>lodoxamide tromethamine</i>)	NPB	
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 % (<i>brimonidine tartrate</i>)	PB	

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 % (brimonidine tartrate)	NPB	
ALREX OPHTHALMIC SUSPENSION 0.2 % (loteprednol etabonate)	PB	
phenylephrine hcl (Altafrin Ophthalmic Solution 10 %, 2.5 %)	G	
apraclonidine hcl ophthalmic solution 0.5 %	G	
atropine sulfate ophthalmic solution 1 %	G	
AZASITE OPHTHALMIC SOLUTION 1 % (azithromycin)	PB	#
azelastine hcl ophthalmic solution 0.05 %	G	
AZOPT OPHTHALMIC SUSPENSION 1 % (brinzolamide)	PB	
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	G	
bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %	G	
BEPREVE OPHTHALMIC SOLUTION 1.5 % (bepotastine besilate)	NPB	#
BESIVANCE OPHTHALMIC SUSPENSION 0.6 % (besifloxacin hcl)	NPB	
BETADINE OPHTHALMIC PREP OPHTHALMIC SOLUTION 5 % (povidone-iodine)	NPB	
betaxolol hcl ophthalmic solution 0.5 %	G	
BETIMOL OPHTHALMIC SOLUTION 0.25 %, 0.5 % (timolol hemihydrate)	PB	
BETOPTIC-S OPHTHALMIC SUSPENSION 0.25 % (betaxolol hcl)	NPB	
bimatoprost ophthalmic solution 0.03 %	G	
BLEPHAMIDE OPHTHALMIC SUSPENSION 10-0.2 % (sulfacetamide-prednisolone)	NPB	
BLEPHAMIDE S.O.P. OPHTHALMIC OINTMENT 10-0.2 % (sulfacetamide-prednisolone)	NPB	
brimonidine tartrate ophthalmic solution 0.15 %, 0.2 %	G	
bromfenac sodium (once-daily) ophthalmic solution 0.09 %	G	
BROMSITE OPHTHALMIC SOLUTION 0.075 % (bromfenac sodium)	NPB	
carteolol hcl ophthalmic solution 1 %	G	
CEQUA OPHTHALMIC SOLUTION 0.09 % (cyclosporine)	NPB	ST
CILOXAN OPHTHALMIC OINTMENT 0.3 % (ciprofloxacin hcl)	NPB	

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

202

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CILOXAN OPHTHALMIC SOLUTION 0.3 % (<i>ciprofloxacin hcl</i>)	NPB	
<i>ciprofloxacin hcl ophthalmic solution 0.3 %</i>	G	
COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 % (<i>brimonidine tartrate-timolol</i>)	PB	
COSOPT OPHTHALMIC SOLUTION 22.3-6.8 MG/ML (<i>dorzolamide hcl-timolol mal</i>)	NPB	
COSOPT PF OPHTHALMIC SOLUTION 22.3-6.8 MG/ML (<i>dorzolamide hcl-timolol mal</i>)	NPB	
<i>cromolyn sodium ophthalmic solution 4 %</i>	G	
CYCLOGYL OPHTHALMIC SOLUTION 0.5 %, 2 % (<i>cyclopentolate hcl</i>)	NPB	
CYCLOMYDRIL OPHTHALMIC SOLUTION 0.2-1 % (<i>cyclopentolate-phenylephrine</i>)	NPB	
<i>cyclopentolate hcl ophthalmic solution 0.5 %, 1 %, 2 %</i>	G	
CYSTARAN OPHTHALMIC SOLUTION 0.44 % (<i>cysteamine hcl</i>)	NPSP	PA; #; SP; QL (4 bottles per 1 month)
<i>dexamethasone sodium phosphate ophthalmic solution 0.1 %</i>	G	
<i>diclofenac sodium ophthalmic solution 0.1 %</i>	G	
<i>dorzolamide hcl ophthalmic solution 2 %</i>	G	
<i>dorzolamide hcl-timolol mal ophthalmic solution 22.3-6.8 mg/ml</i>	G	
<i>dorzolamide hcl-timolol mal pf ophthalmic solution 22.3-6.8 mg/ml</i>	G	
DUREZOL OPHTHALMIC EMULSION 0.05 % (<i>difluprednate</i>)	PB	#
<i>epinastine hcl ophthalmic solution 0.05 %</i>	G	
<i>erythromycin ophthalmic ointment 5 mg/gm</i>	G	
EYLEA INTRAVITREAL SOLUTION 2 MG/0.05ML (<i>aflibercept</i>)	NPSP	PA; NPL; SP
FLAREX OPHTHALMIC SUSPENSION 0.1 % (<i>fluorometholone acetate</i>)	NPB	
<i>fluorometholone ophthalmic suspension 0.1 %</i>	G	
FLURA-SAFE OPHTHALMIC SOLUTION 0.35-0.4 % (<i>fluorexon-benoxinate</i>)	NPB	
<i>flurbiprofen sodium ophthalmic solution 0.03 %</i>	G	
FML FORTE OPHTHALMIC SUSPENSION 0.25 % (<i>fluorometholone</i>)	NPB	

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FML LIQUIFILM OPHTHALMIC SUSPENSION 0.1 % (fluorometholone)	NPB	
FML OPHTHALMIC OINTMENT 0.1 % (fluorometholone)	NPB	
gatifloxacin ophthalmic solution 0.5 %	G	
GELFILM OPHTHALMIC FILM (gelatin adsorbable)	NPB	
GENTAK OPHTHALMIC OINTMENT 0.3 % (gentamicin sulfate)	G	
gentamicin sulfate ophthalmic solution 0.3 %	G	
homatropine hbr (Homatropaire Ophthalmic Solution 5 %)	G	
homatropine hbr ophthalmic solution 5 %	G	
ILEVRO OPHTHALMIC SUSPENSION 0.3 % (nepafenac)	NPB	
INVELTYS OPHTHALMIC SUSPENSION 1 % (loteprednol etabonate)	NPB	
IOPIDINE OPHTHALMIC SOLUTION 1 % (apraclonidine hcl)	NPB	
ISTALOL OPHTHALMIC SOLUTION 0.5 % (timolol maleate)	NPB	
JETREA INTRAVITREAL SOLUTION 0.375 MG/0.3ML (ocriplasmin)	NPSP	PA; SP
ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %	G	
LACRISERT OPHTHALMIC INSERT 5 MG (artificial tear insert)	NPB	
LASTACFT OPHTHALMIC SOLUTION 0.25 % (alcaftadine)	NPB	
latanoprost ophthalmic solution 0.005 %	G	
levobunolol hcl ophthalmic solution 0.5 %	G	
levofloxacin ophthalmic solution 0.5 %	G	
LOTEMAX OPHTHALMIC GEL 0.5 % (loteprednol etabonate)	PB	#
LOTEMAX OPHTHALMIC OINTMENT 0.5 % (loteprednol etabonate)	PB	
LOTEMAX OPHTHALMIC SUSPENSION 0.5 % (loteprednol etabonate)	NPB	#
LOTEMAX SM OPHTHALMIC GEL 0.38 % (loteprednol etabonate)	PB	#
loteprednol etabonate ophthalmic suspension 0.5 %	G	

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

204

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LUCENTIS INTRAVITREAL SOLUTION PREFILLED SYRINGE 0.3 MG/0.05ML, 0.5 MG/0.05ML (<i>ranibizumab</i>)	NPSP	PA; NPL; SP
LUMIGAN OPHTHALMIC SOLUTION 0.01 % (<i>bimatoprost</i>)	PB	
MACUGEN INTRAOCULAR SOLUTION 0.3 MG (<i>pegaptanib sodium</i>)	NPSP	PA; NPL; SP
MAXIDEX OPHTHALMIC SUSPENSION 0.1 % (<i>dexamethasone</i>)	NPB	
MAXITROL OPHTHALMIC OINTMENT 3.5-10000-0.1 (<i>neomycin-polymyxin-dexameth</i>)	NPB	
MAXITROL OPHTHALMIC SUSPENSION 3.5-10000-0.1 (<i>neomycin-polymyxin-dexameth</i>)	NPB	
MOXEZA OPHTHALMIC SOLUTION 0.5 % (<i>moxifloxacin hcl</i>)	NPB	#
MYDRIACYL OPHTHALMIC SOLUTION 1 % (<i>tropicamide</i>)	NPB	
NATACYN OPHTHALMIC SUSPENSION 5 % (<i>natamycin</i>)	NPB	
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>	G	
<i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i>	G	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 0.1 %, 3.5-10000-0.1</i>	G	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	G	
<i>bacitra-neomycin-polymyxin-hc (Neo-Polycin Hc Ophthalmic Ointment 1 %)</i>	G	
<i>neomycin-bacitracin zn-polymyx (Neo-Polycin Ophthalmic Ointment 3.5-400-10000)</i>	G	
NEVANAC OPHTHALMIC SUSPENSION 0.1 % (<i>nepafenac</i>)	NPB	
OCUFLOX OPHTHALMIC SOLUTION 0.3 % (<i>ofloxacin</i>)	NPB	
<i>ofloxacin ophthalmic solution 0.3 %</i>	G	
<i>olopatadine hcl ophthalmic solution 0.1 %, 0.2 %</i>	G	
PAREMYD OPHTHALMIC SOLUTION 1-0.25 % (<i>hydroxyamphetamine-tropicamide</i>)	NPB	

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PATADAY OPHTHALMIC SOLUTION 0.2 % (<i>olopatadine hcl</i>)	NPB	
PATANOL OPHTHALMIC SOLUTION 0.1 % (<i>olopatadine hcl</i>)	NPB	
PAZEO OPHTHALMIC SOLUTION 0.7 % (<i>olopatadine hcl</i>)	NPB	
<i>phenylephrine hcl ophthalmic solution 10 %, 2.5 %</i>	G	
PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED 0.125 % (<i>echothiophate iodide</i>)	PB	
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	G	
<i>bacitracin-polymyxin b (Polycin Ophthalmic Ointment 500-10000 Unit/Gm)</i>	G	
<i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>	G	
POLYTRIM OPHTHALMIC SOLUTION 10000-0.1 UNIT/ML-% (<i>polymyxin b-trimethoprim</i>)	NPB	
PRED FORTE OPHTHALMIC SUSPENSION 1 % (<i>prednisolone acetate</i>)	NPB	
PRED MILD OPHTHALMIC SUSPENSION 0.12 % (<i>prednisolone acetate</i>)	NPB	
PRED-G OPHTHALMIC SUSPENSION 0.3-1 % (<i>gentamicin-prednisolone acet</i>)	NPB	
PRED-G S.O.P. OPHTHALMIC OINTMENT 0.3-0.6 % (<i>gentamicin-prednisolone acet</i>)	NPB	
<i>prednisolone acetate ophthalmic suspension 1 %</i>	G	
PROLENSA OPHTHALMIC SOLUTION 0.07 % (<i>bromfenac sodium</i>)	NPB	
<i>proparacaine hcl ophthalmic solution 0.5 %</i>	G	
RESTASIS OPHTHALMIC EMULSION 0.05 % (<i>cyclosporine</i>)	PB	#
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 % (<i>brinzolamide-brimonidine</i>)	NPB	
<i>sulfacetamide sodium ophthalmic solution 10 %</i>	G	
<i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>	G	
<i>timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %</i>	G	
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %, 0.5 % (daily)</i>	G	

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.25 %, 0.5 % (<i>timolol maleate</i>)	NPB	
TIMOPTIC OPHTHALMIC SOLUTION 0.25 %, 0.5 % (<i>timolol maleate</i>)	NPB	
TIMOPTIC-XE OPHTHALMIC GEL FORMING SOLUTION 0.5 % (<i>timolol maleate</i>)	NPB	
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 % (<i>tobramycin-dexamethasone</i>)	NPB	
TOBRADEX OPHTHALMIC SUSPENSION 0.3-0.1 % (<i>tobramycin-dexamethasone</i>)	NPB	
TOBRADEX ST OPHTHALMIC SUSPENSION 0.3-0.05 % (<i>tobramycin-dexamethasone</i>)	NPB	
<i>tobramycin ophthalmic solution 0.3 %</i>	G	
<i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %</i>	G	
TOBREX OPHTHALMIC OINTMENT 0.3 % (<i>tobramycin</i>)	NPB	
TOBREX OPHTHALMIC SOLUTION 0.3 % (<i>tobramycin</i>)	NPB	
TRAVATAN Z OPHTHALMIC SOLUTION 0.004 % (<i>travoprost</i>)	PB	#
<i>trifluridine ophthalmic solution 1 %</i>	G	
<i>tropicamide ophthalmic solution 0.5 %, 1 %</i>	G	
TRUSOPT OPHTHALMIC SOLUTION 2 % (<i>dorzolamide hcl</i>)	NPB	
VIGAMOX OPHTHALMIC SOLUTION 0.5 % (<i>moxifloxacin hcl</i>)	NPB	
VISUDYNE INTRAVENOUS SOLUTION RECONSTITUTED 15 MG (<i>verteporfin</i>)	NPSP	PA; #; SP
VYZULTA OPHTHALMIC SOLUTION 0.024 % (<i>latanoprostene bunod</i>)	NPB	ST
XALATAN OPHTHALMIC SOLUTION 0.005 % (<i>latanoprost</i>)	NPB	ST
XELPROS OPHTHALMIC EMULSION 0.005 % (<i>latanoprost</i>)	NPB	PA; ST
ZIOPTAN OPHTHALMIC SOLUTION 0.0015 % (<i>tafluprost</i>)	NPB	
ZIRGAN OPHTHALMIC GEL 0.15 % (<i>ganciclovir</i>)	NPB	#
ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 % (<i>loteprednol-tobramycin</i>)	NPB	

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZYMAXID OPHTHALMIC SOLUTION 0.5 % (<i>gatifloxacin</i>)	NPB	
*OPHTHALMIC KINASE INHIBITORS - COMBINATIONS*** - DRUGS FOR THE EYE		
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 % (<i>netarsudil-latanoprost</i>)	NPB	ST
*OPHTHALMIC NERVE GROWTH FACTORS*** - DRUGS FOR THE EYE		
OXERVATE OPHTHALMIC SOLUTION 0.002 % (<i>cenegermin-bkbj</i>)	NPSP	PA; SP; QL (2 ml per 1 day and 112 ml per lifetime)
*OPHTHALMIC RHO KINASE INHIBITORS*** - DRUGS FOR THE EYE		
RHOPRESSA OPHTHALMIC SOLUTION 0.02 % (<i>netarsudil dimesylate</i>)	NPB	ST
*OREXIN RECEPTOR ANTAGONISTS*** - DRUGS FOR THE NERVOUS SYSTEM		
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG (<i>suvorexant</i>)	NPB	ST; QL (1 tablet per 1 day)
OTIC AGENTS - DRUGS FOR THE EAR		
<i>hydrocortisone-acetic acid</i> (Acetasol Hc Otic Solution 2-1 %)	G	
<i>acetic acid otic solution 2 %</i>	G	
<i>antibiotic ear otic solution 3.5-10000-1</i>	G	
CETRAXAL OTIC SOLUTION 0.2 % (<i>ciprofloxacin hcl</i>)	NPB	
CIPRO HC OTIC SUSPENSION 0.2-1 % (<i>ciprofloxacin-hydrocortisone</i>)	NPB	#
CIPRODEX OTIC SUSPENSION 0.3-0.1 % (<i>ciprofloxacin-dexamethasone</i>)	PB	#
COLY-MYCIN S OTIC SUSPENSION 3.3-3-10-0.5 MG/ML (<i>neomycin-colist-hc-thonzonium</i>)	NPB	
DERMOTIC OTIC OIL 0.01 % (<i>fluocinolone acetonide</i>)	NPB	
FLOXIN OTIC OTIC SOLUTION 0.3 % (<i>ofloxacin</i>)	NPB	
<i>fluocinolone acetonide otic oil 0.01 %</i>	G	
<i>hydrocortisone-acetic acid otic solution 1-2 %</i>	G	
<i>neomycin-polymyxin-hc otic solution 1 %, 3.5-10000-1</i>	G	
<i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i>	G	
<i>ofloxacin otic solution 0.3 %</i>	G	

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

208

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OTOVEL OTIC SOLUTION 0.3-0.025 % (<i>ciprofloxacin-fluocinolone</i>)	NPB	
*OXABOROLE-RELATED ANTIFUNGALS - TOPICAL*** - DRUGS FOR THE SKIN		
KERYDIN EXTERNAL SOLUTION 5 % (<i>tavaborole</i>)	NPB	
OXYTOCICS - HORMONES		
CERVIDIL VAGINAL INSERT 10 MG (<i>dinoprostone</i>)	NPB	
<i>methylergonovine maleate</i> (Methergine Oral Tablet 0.2 Mg)	G	QL (28 tablets per 7 days)
PREPIDIL VAGINAL GEL 0.5 MG/3GM (<i>dinoprostone</i>)	NPB	
PROSTIN E2 VAGINAL SUPPOSITORY 20 MG (<i>dinoprostone</i>)	NPB	
*PA ENDONUCLEASE INHIBITORS*** - DRUGS FOR INFECTIONS		
XOFLUZA ORAL TABLET THERAPY PACK 2 X 20 MG, 2 X 40 MG (<i>baloxavir marboxil</i>)	NPB	QL (4 tablets per 365 days)
*PASSIVE IMMUNIZING AGENTS - COMBINATIONS*** - BIOLOGICAL AGENTS		
HYQVIA SUBCUTANEOUS KIT 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML (<i>immune globulin-hyaluronidase</i>)	NPSP	PA; ST; NPL; SP
PASSIVE IMMUNIZING AGENTS - BIOLOGICAL AGENTS		
BIVIGAM INTRAVENOUS SOLUTION 5 GM/50ML (<i>immune globulin (human)</i>)	NPSP	PA; ST; NPL; SP
CARIMUNE NF INTRAVENOUS SOLUTION RECONSTITUTED 12 GM, 6 GM (<i>immune globulin (human)</i>)	NPSP	PA; ST; NPL; SP
CUTAQUIG SUBCUTANEOUS SOLUTION 1 GM/6ML, 1.65 GM/10ML, 2 GM/12ML, 3.3 GM/20ML, 4 GM/24ML, 8 GM/48ML (<i>immune globulin (human)-hipp</i>)	NPSP	PA; ST; NPL; SP
CUVITRU SUBCUTANEOUS SOLUTION 1 GM/5ML, 2 GM/10ML, 4 GM/20ML, 8 GM/40ML (<i>immune globulin (human)</i>)	NPSP	PA; ST; NPL
CYTOGAM INTRAVENOUS INJECTABLE 50 MG/ML (<i>cytomegalovirus immune glob</i>)	PSP	SP
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 0.5 GM/10ML, 10 GM/100ML, 10 GM/200ML, 2.5 GM/50ML, 20 GM/200ML, 20 GM/400ML, 5 GM/100ML, 5 GM/50ML (<i>immune globulin (human)</i>)	PSP	PA; NPL; SP

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GAMASTAN S/D INTRAMUSCULAR INJECTABLE (<i>immune globulin (human)</i>)	NPSP	SP
GAMMAGARD INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML (<i>immune globulin (human)</i>)	NPSP	PA; ST; NPL; SP
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED 10 GM, 5 GM (<i>immune globulin (human)</i>)	NPSP	PA; ST; NPL; SP
GAMMAKED INJECTION SOLUTION 10 GM/100ML, 20 GM/200ML, 5 GM/50ML (<i>immune globulin (human)</i>)	NPSP	PA; ST; NPL; SP
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/200ML, 20 GM/400ML, 5 GM/100ML (<i>immune globulin (human)</i>)	PSP	PA; NPL; SP
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML (<i>immune globulin (human)</i>)	PSP	PA; NPL; SP
HEPAGAM B INJECTION SOLUTION (<i>hepatitis b immune globulin</i>)	PSP	
HIZENTRA SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML (<i>immune globulin (human)</i>)	PSP	PA; NPL; SP
HYPERHEP B S/D INTRAMUSCULAR SOLUTION (<i>hepatitis b immune globulin</i>)	NPSP	SP
HYPERRAB INJECTION SOLUTION 1500 UNIT/5ML, 300 UNIT/ML (<i>rabies immune globulin</i>)	NPSP	SP
HYPERRHO S/D INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 1500 UNIT, 250 UNIT (<i>rho d immune globulin</i>)	NPSP	SP
HYPERTET S/D INTRAMUSCULAR INJECTABLE 250 UNIT/ML (<i>tetanus immune globulin</i>)	PSP	SP
MICRHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 250 UNIT (<i>rho d immune globulin</i>)	NPSP	SP
NABI-HB INTRAMUSCULAR SOLUTION (<i>hepatitis b immune globulin</i>)	NPSP	SP
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 10 GM/100ML, 10 GM/200ML, 2 GM/20ML, 2.5 GM/50ML, 20 GM/200ML, 25 GM/500ML, 5 GM/100ML, 5 GM/50ML (<i>immune globulin (human)</i>)	PSP	PA; NPL; SP

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

210

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PANZYGA INTRAVENOUS SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML (<i>immune globulin (human)-ifas</i>)	NPSP	PA; ST; NPL; SP
PRIVIGEN INTRAVENOUS SOLUTION 10 GM/100ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML (<i>immune globulin (human)</i>)	NPSP	PA; ST; NPL; SP
RHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 1500 UNIT (<i>rho d immune globulin</i>)	NPSP	SP
RHOPHYLAC INJECTION SOLUTION PREFILLED SYRINGE 1500 UNIT/2ML (<i>rho d immune globulin</i>)	PSP	SP
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5ML (<i>palivizumab</i>)	PSP	PA; NPL; SP
WINRHO SDF INJECTION SOLUTION 1500 UNIT/1.3ML, 15000 UNIT/13ML, 2500 UNIT/2.2ML, 5000 UNIT/4.4ML (<i>rho d immune globulin</i>)	NPSP	SP
*PCSK9 INHIBITORS*** - DRUGS FOR THE HEART		
PRALUENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 150 MG/ML, 75 MG/ML (<i>alirocumab</i>)	PSP	PA; ST; NPL; QL (2 syringes per 28 days)
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML (<i>evolocumab</i>)	PSP	PA; ST; NPL; QL (1 syringe per 1 month)
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML (<i>evolocumab</i>)	PSP	PA; ST; NPL; QL (2 syringes per 28 days)
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML (<i>evolocumab</i>)	PSP	PA; ST; NPL; QL (2 syringes per 28 days)
*PEDIATRIC MULTIPLE VITAMINS W/FLUORIDE-IRON-ZINC*** - DRUGS FOR NUTRITION		
TEXAVITE LQ ORAL LIQUID 0.25-7-3 MG/ML (<i>ped multivitamins-fl-iron-zinc</i>)	CE	
PENICILLINS - DRUGS FOR INFECTIONS		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	G	
<i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>	G	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	G	
<i>amoxicillin-pot clavulanate er oral tablet extended release 12 hour 1000-62.5 mg</i>	G	
<i>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml</i>	G	

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	G	
<i>amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg</i>	G	
<i>ampicillin oral capsule 500 mg</i>	G	
AUGMENTIN ES-600 ORAL SUSPENSION RECONSTITUTED 600-42.9 MG/5ML (<i>amoxicillin-pot clavulanate</i>)	NPB	
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML (<i>amoxicillin-pot clavulanate</i>)	PB	
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 250-62.5 MG/5ML (<i>amoxicillin-pot clavulanate</i>)	NPB	
AUGMENTIN ORAL TABLET 500-125 MG (<i>amoxicillin-pot clavulanate</i>)	NPB	
<i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i>	G	
<i>penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml</i>	G	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	G	
PHARMACEUTICAL ADJUVANTS		
PCCA ACACIA SYRUP BASE ORAL SYRUP (<i>acacia syrup</i>)	NPB	
<i>polyethylene glycol 3350 powder</i>	G	
*PHOSPHATIDYLINOSITOL 3-KINASE (PI3K) INHIBITORS*** - DRUGS FOR CANCER		
COPIKTRA ORAL CAPSULE 15 MG, 25 MG (<i>duvelisib</i>)	CE	PA; SP; N2 (NPSP); QL (2 capsules per 1 day)
ZYDELIG ORAL TABLET 100 MG, 150 MG (<i>idelalisib</i>)	CE	PA; SP; N2 (NPSP); QL (2 tablets per 1 day)
*PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL*** - DRUGS FOR THE SKIN		
EUCRISA EXTERNAL OINTMENT 2% (<i>crisaborole</i>)	NPB	PA; ST; QL (60 grams per 1 month)
*PHOSPHODIESTERASE 4 (PDE4) INHIBITORS*** - DRUGS FOR PAIN AND FEVER		
OTEZLA ORAL TABLET 30 MG (<i>apremilast</i>)	PSP	PA; ST; NPL; SP; QL (2 tablets per 1 day)
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG (<i>apremilast</i>)	PSP	PA; ST; NPL; SP; QL (1 pack per 1 year)

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

212

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*PLASMA KALLIKREIN INHIBITORS - MONOCLONAL ANTIBODIES*** - DRUGS FOR THE HEART		
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML (<i>lanadelumab-flyo</i>)	NPSP	PA; NPL; SP; QL (2 vials per 28 days)
*POLY (ADP-RIBOSE) POLYMERASE (PARP) INHIBITORS** - DRUGS FOR CANCER		
LYNPARZA ORAL TABLET 100 MG, 150 MG (<i>olaparib</i>)	CE	PA; SP; N2 (NPSP); QL (4 tablets per 1 day)
RUBRACA ORAL TABLET 200 MG, 300 MG (<i>rucaparib camsylate</i>)	CE	PA; N2 (NPSP); QL (4 tablets per 1 Day)
RUBRACA ORAL TABLET 250 MG (<i>rucaparib camsylate</i>)	CE	PA; SP; N2 (NPSP); QL (4 tablets per 1 Day)
TALZENNA ORAL CAPSULE 0.25 MG (<i>talazoparib tosylate</i>)	CE	PA; SP; N2 (NPSP); QL (3 capsules per 1 day)
TALZENNA ORAL CAPSULE 1 MG (<i>talazoparib tosylate</i>)	CE	PA; SP; N2 (NPSP); QL (1 capsule per 1 day)
ZEJULA ORAL CAPSULE 100 MG (<i>niraparib tosylate</i>)	CE	PA; SP; N2 (NPSP); QL (3 capsules per 1 Day)
*POLY (ADP-RIBOSE) POLYMERASE (PARP) INHIBITORS*** - DRUGS FOR CANCER		
LYNPARZA ORAL TABLET 100 MG, 150 MG (<i>olaparib</i>)	CE	PA; SP; N2 (NPSP); QL (4 tablets per 1 day)
RUBRACA ORAL TABLET 200 MG, 300 MG (<i>rucaparib camsylate</i>)	CE	PA; N2 (NPSP); QL (4 tablets per 1 Day)
RUBRACA ORAL TABLET 250 MG (<i>rucaparib camsylate</i>)	CE	PA; SP; N2 (NPSP); QL (4 tablets per 1 Day)
TALZENNA ORAL CAPSULE 0.25 MG (<i>talazoparib tosylate</i>)	CE	PA; SP; N2 (NPSP); QL (3 capsules per 1 day)
TALZENNA ORAL CAPSULE 1 MG (<i>talazoparib tosylate</i>)	CE	PA; SP; N2 (NPSP); QL (1 capsule per 1 day)
ZEJULA ORAL CAPSULE 100 MG (<i>niraparib tosylate</i>)	CE	PA; SP; N2 (NPSP); QL (3 capsules per 1 Day)
*POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS*** - DRUGS FOR THE NERVOUS SYSTEM		
GRALISE ORAL TABLET 300 MG (<i>gabapentin (once-daily)</i>)	NPB	ST; QL (5 tab per 1 day)
GRALISE ORAL TABLET 600 MG (<i>gabapentin (once-daily)</i>)	NPB	ST; QL (3 tab per 1 day)

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GRALISE STARTER ORAL 300 & 600 MG (<i>gabapentin (once-daily)</i>)	NPB	ST; QL (1 pack per 365 Days)
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR 165 MG, 82.5 MG (<i>pregabalin</i>)	PB	QL (3 tablets per 1 day)
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR 330 MG (<i>pregabalin</i>)	PB	QL (2 tablets per 1 day)
*POTASSIUM REMOVING AGENTS*** - DRUGS FOR NUTRITION		
KIONEX ORAL SUSPENSION 15 GM/60ML (<i>sodium polystyrene sulfonate</i>)	G	
LOKELMA ORAL PACKET 10 GM, 5 GM (<i>sodium zirconium cyclosilicate</i>)	NPB	PA; ST
<i>sodium polystyrene sulfonate oral powder</i>	G	
<i>sodium polystyrene sulfonate oral suspension 15 gml/60ml</i>	G	
<i>sodium polystyrene sulfonate rectal suspension 30 gml/120ml, 50 gml/200ml</i>	G	
<i>sodium polystyrene sulfonate (Sps Oral Suspension 15 Gm/60Ml)</i>	NPB	
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM (<i>patiromer sorbitex calcium</i>)	NPB	PA; ST; QL (1 packet per 1 Day)
*PRENATAL MV & MINERALS W/FA WITHOUT IRON*** - DRUGS FOR NUTRITION		
PRENATE ORAL TABLET CHEWABLE 0.6-0.4 MG (<i>prenat mv-min-methylfolate-fa</i>)	NPB	
PROGESTINS - HORMONES		
AYGESTIN ORAL TABLET 5 MG (<i>norethindrone acetate</i>)	NPB	
<i>hydroxyprogesterone caproate intramuscular oil 250 mg/ml</i>	PSP	PA; NPL; SP; QL (5 vials per 1 year)
MAKENA INTRAMUSCULAR OIL 250 MG/ML (<i>hydroxyprogesterone caproate</i>)	NPSP	PA; NPL; SP; QL (5 vials per 365 Days)
MAKENA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 275 MG/1.1ML (<i>hydroxyprogesterone caproate</i>)	NPSP	PA; ST; NPL; SP; QL (21 SYRINGES per 365 Days)
<i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i>	G	
MEGACE ES ORAL SUSPENSION 625 MG/5ML (<i>megestrol acetate</i>)	CE	N2 (NPB)
<i>megestrol acetate oral suspension 625 mg/5ml</i>	CE	N2 (G)
<i>norethindrone acetate oral tablet 5 mg</i>	G	

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

214

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>progesterone intramuscular oil 50 mg/ml</i>	G	
<i>progesterone micronized oral capsule 100 mg, 200 mg</i>	G	
PROMETRIUM ORAL CAPSULE 100 MG, 200 MG (<i>progesterone micronized</i>)	NPB	
PROVERA ORAL TABLET 10 MG, 2.5 MG, 5 MG (<i>medroxyprogesterone acetate</i>)	NPB	
*PROTEASE-ACTIVATED RECEPTOR-1 (PAR-1) ANTAGONISTS*** - DRUGS FOR THE BLOOD		
ZONTIVITY ORAL TABLET 2.08 MG (<i>vorapaxar sulfate</i>)	NPB	PA; QL (1 tablet per 1 Day)
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - DRUGS FOR THE NERVOUS SYSTEM		
<i>acamprosate calcium oral tablet delayed release 333 mg</i>	G	
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HOUR 10 MG (<i>dalfampridine</i>)	NPSP	PA; SP; QL (2 tablets per 1 Day)
ANTABUSE ORAL TABLET 250 MG, 500 MG (<i>disulfiram</i>)	NPB	
ARICEPT ORAL TABLET 10 MG, 23 MG, 5 MG (<i>donepezil hcl</i>)	NPB	
AUBAGIO ORAL TABLET 14 MG, 7 MG (<i>teriflunomide</i>)	PSP	PA; NPL; SP; QL (1 tablet per 1 Day)
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG (<i>deutetrabenazine</i>)	NPSP	PA; ST; SP; QL (4 tablets per 1 day)
AVONEX INTRAMUSCULAR KIT 30 MCG (<i>interferon beta-1a</i>)	PSP	PA; NPL; SP; QL (1 box per 1 month)
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML (<i>interferon beta-1a</i>)	PSP	PA; NPL; SP; QL (1 box per 1 month)
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML (<i>interferon beta-1a</i>)	PSP	PA; NPL; SP; QL (1 box per 1 month)
BETASERON SUBCUTANEOUS KIT 0.3 MG (<i>interferon beta-1b</i>)	PSP	PA; NPL; SP; QL (1 box per 1 month)
BRISDELLE ORAL CAPSULE 7.5 MG (<i>paroxetine mesylate</i>)	NPB	PA; ST; QL (1 capsule per 1 day)
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i>	CE	N2 (G); QL (180 day supply per 365 days)
CHANTIX CONTINUING MONTH PAK ORAL TABLET 1 MG (<i>varenicline tartrate</i>)	CE	#; N2 (Not Covered); QL (180 day supply per 365 days)

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CHANTIX ORAL TABLET 0.5 MG, 1 MG (<i>varenicline tartrate</i>)	CE	#: N2 (Not Covered); QL (180 day supply per 365 days)
CHANTIX STARTING MONTH PAK ORAL TABLET 0.5 MG X 11 & 1 MG X 42 (<i>varenicline tartrate</i>)	CE	#: N2 (Not Covered); QL (180 day supply per 365 days)
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML (<i>glatiramer acetate</i>)	PSP	PA; NPL; SP; QL (1 syringe per 1 day)
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML (<i>glatiramer acetate</i>)	PSP	PA; NPL; SP; QL (12 syringes per 28 days)
<i>dalfampridine er oral tablet extended release 12 hour 10 mg</i>	PSP	PA; SP; QL (2 tablets per 1 day)
<i>disulfiram oral tablet 250 mg, 500 mg</i>	G	
<i>donepezil hcl oral tablet 10 mg, 23 mg, 5 mg</i>	G	
<i>donepezil hcl oral tablet dispersible 10 mg, 5 mg</i>	G	
EXELON TRANSDERMAL PATCH 24 HOUR 13.3 MG/24HR, 4.6 MG/24HR, 9.5 MG/24HR (<i>rivastigmine</i>)	NPB	
EXTAVIA SUBCUTANEOUS KIT 0.3 MG (<i>interferon beta-1b</i>)	NPSP	PA; ST; NPL; SP; QL (1 box per 1 month)
<i>fluoxetine hcl (pmdd) oral capsule 10 mg, 20 mg</i>	G	
<i>fluoxetine hcl (pmdd) oral tablet 10 mg, 20 mg</i>	G	
<i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg</i>	G	
<i>galantamine hydrobromide oral solution 4 mg/ml</i>	G	
<i>galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg</i>	G	
GILENYA ORAL CAPSULE 0.25 MG, 0.5 MG (<i>fingolimod hcl</i>)	PSP	PA; NPL; #: SP; QL (1 capsule per 1 day)
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml</i>	PSP	PA; NPL; SP; QL (1 syringe per 1 day)
<i>glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml</i>	PSP	PA; NPL; SP; QL (12 syringes per 28 days)
<i>glatiramer acetate (Glatopa Subcutaneous Solution Prefilled Syringe 20 Mg/ML)</i>	PSP	PA; NPL; SP; QL (1 syringe per 1 day)
<i>glatiramer acetate (Glatopa Subcutaneous Solution Prefilled Syringe 40 Mg/ML)</i>	PSP	PA; NPL; SP; QL (12 syringes per 28 days)
GRALISE ORAL TABLET 300 MG (<i>gabapentin (once-daily)</i>)	NPB	ST; QL (5 tab per 1 day)

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

216

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GRALISE ORAL TABLET 600 MG (<i>gabapentin (once-daily)</i>)	NPB	ST; QL (3 tab per 1 day)
GRALISE STARTER ORAL 300 & 600 MG (<i>gabapentin (once-daily)</i>)	NPB	ST; QL (1 pack per 365 Days)
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG, 600 MG (<i>gabapentin enacarbil</i>)	NPB	PA; ST
INGREZZA ORAL CAPSULE 40 MG (<i>valbenazine tosylate</i>)	NPSP	PA; SP; QL (1 capsule per 1 day)
INGREZZA ORAL CAPSULE 80 MG (<i>valbenazine tosylate</i>)	NPSP	PA; SP; QL (1 capsule per 1 Day)
INGREZZA ORAL CAPSULE THERAPY PACK 40 & 80 MG (<i>valbenazine tosylate</i>)	NPSP	PA; SP; QL (1 capsule per 1 day)
LEMTRADA INTRAVENOUS SOLUTION 12 MG/1.2ML (<i>alemtuzumab</i>)	PSP	PA; NPL; SP; QL (6 ml (5 vials) per 365 days)
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR 165 MG, 82.5 MG (<i>pregabalin</i>)	PB	QL (3 tablets per 1 day)
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR 330 MG (<i>pregabalin</i>)	PB	QL (2 tablets per 1 day)
MAYZENT ORAL TABLET 0.25 MG (<i>siponimod fumarate</i>)	NPSP	PA; ST; NPL; SP; QL (5 tablets per 1 day)
MAYZENT ORAL TABLET 2 MG (<i>siponimod fumarate</i>)	NPSP	PA; ST; NPL; SP; QL (1 tablet per 1 day)
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 0.25 MG (<i>siponimod fumarate</i>)	NPSP	PA; ST; NPL; SP; QL (5 tablets per 1 day)
<i>memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg</i>	G	
<i>memantine hcl oral tablet 10 mg, 5 (28)-10 (21) mg, 5 mg</i>	G	
NAMENDA ORAL TABLET 10 MG, 5 MG (<i>memantine hcl</i>)	NPB	
NAMENDA TITRATION PAK ORAL TABLET 5 (28)-10 (21) MG (<i>memantine hcl</i>)	NPB	
NAMENDA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14 MG, 21 MG, 28 MG, 7 MG (<i>memantine hcl</i>)	NPB	ST
NAMENDA XR TITRATION PACK ORAL CAPSULE EXTENDED RELEASE 24 HOUR 7 & 14 & 21 & 28 MG (<i>memantine hcl</i>)	NPB	#
NICODERM CQ TRANSDERMAL PATCH 24 HOUR 14 MG/24HR, 21 MG/24HR, 7 MG/24HR (<i>nicotine</i>)	CE	QL (1 patch per 1 day)

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>	CE	N2 (Not Covered); QL (180 day supply per 365 days)
<i>nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>	CE	N2 (Not Covered); QL (180 day supply per 365 days)
<i>nicotine transdermal kit 21-14-7 mg/24hr</i>	CE	N2 (Not Covered); QL (180 day supply per 365 days)
<i>nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr</i>	CE	N2 (Not Covered); QL (180 day supply per 365 days)
NICOTROL INHALATION INHALER 10 MG (<i>nicotine</i>)	CE	N2 (Not Covered); QL (180 day supply per 365 days)
NICOTROL NS NASAL SOLUTION 10 MG/ML (<i>nicotine</i>)	CE	N2 (Not Covered); QL (180 day supply per 365 days)
NUEDEXTA ORAL CAPSULE 20-10 MG (<i>dextromethorphan-quinidine</i>)	PB	PA; QL (2 capsules per 1 Day)
<i>olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i>	G	QL (1 caps per 1 Day)
<i>paroxetine mesylate oral capsule 7.5 mg</i>	G	PA; QL (1 capsule per 1 Day)
<i>pimozide oral tablet 1 mg, 2 mg</i>	G	
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PEN-INJECTOR 63 & 94 MCG/0.5ML (<i>peginterferon beta-1a</i>)	PSP	PA; NPL; SP; QL (1 box per 1 month)
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 63 & 94 MCG/0.5ML (<i>peginterferon beta-1a</i>)	PSP	PA; NPL; SP; QL (1 box per 1 month)
PLEGRIDY SUBCUTANEOUS SOLUTION PEN-INJECTOR 125 MCG/0.5ML (<i>peginterferon beta-1a</i>)	PSP	PA; NPL; SP; QL (1 box per 1 month)
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML (<i>peginterferon beta-1a</i>)	PSP	PA; NPL; SP; QL (1 box per 1 month)
RAZADYNE ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 16 MG, 24 MG, 8 MG (<i>galantamine hydrobromide</i>)	NPB	
RAZADYNE ORAL TABLET 12 MG, 4 MG, 8 MG (<i>galantamine hydrobromide</i>)	NPB	
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML, 44 MCG/0.5ML (<i>interferon beta-1a</i>)	PSP	PA; NPL; SP

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

218

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG (<i>interferon beta-1a</i>)	PSP	PA; NPL; SP
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML, 44 MCG/0.5ML (<i>interferon beta-1a</i>)	PSP	PA; NPL; SP
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG (<i>interferon beta-1a</i>)	PSP	PA; NPL; SP
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	G	
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr</i>	G	
SARAFEM ORAL TABLET 10 MG, 20 MG (<i>fluoxetine hcl (pmd)</i>)	NPB	
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG (<i>milnacipran hcl</i>)	NPB	QL (2 tab per 1 Day)
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG (<i>milnacipran hcl</i>)	NPB	QL (2 tablets per 1 day)
SYMBYAX ORAL CAPSULE 12-50 MG, 6-25 MG, 6-50 MG (<i>olanzapine-fluoxetine hcl</i>)	NPB	QL (1 caps per 1 Day)
SYMBYAX ORAL CAPSULE 3-25 MG (<i>olanzapine-fluoxetine hcl</i>)	NPB	QL (1 capsule per 1 day)
TECFIDERA ORAL 120 & 240 MG (<i>dimethyl fumarate</i>)	PSP	PA; NPL; SP; QL (2 capsules per 1 day)
TECFIDERA ORAL CAPSULE DELAYED RELEASE 120 MG (<i>dimethyl fumarate</i>)	PSP	PA; NPL; SP; QL (14 capsules per 30 days)
TECFIDERA ORAL CAPSULE DELAYED RELEASE 240 MG (<i>dimethyl fumarate</i>)	PSP	PA; NPL; SP; QL (2 capsules per 1 day)
<i>tetrabenazine oral tablet 12.5 mg</i>	PSP	PA; QL (8 tablets per 1 day)
<i>tetrabenazine oral tablet 25 mg</i>	PSP	PA; QL (4 tablets per 1 day)
TYSABRI INTRAVENOUS CONCENTRATE 300 MG/15ML (<i>natalizumab</i>)	NPSP	PA; ST; NPL; SP; QL (1 vial per 1 month)
XENAZINE ORAL TABLET 12.5 MG (<i>tetrabenazine</i>)	NPSP	PA; ST; SP; QL (8 tablets per 1 Day)
XENAZINE ORAL TABLET 25 MG (<i>tetrabenazine</i>)	NPSP	PA; ST; SP; QL (4 tablets per 1 Day)
XYREM ORAL SOLUTION 500 MG/ML (<i>sodium oxybate</i>)	NPSP	PA; SP; QL (18 ml per 1 Day)

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZYBAN ORAL TABLET EXTENDED RELEASE 12 HOUR 150 MG (<i>bupropion hcl (smoking deter)</i>)	NPB	QL (2 tablets per 1 day)
*PULMONARY FIBROSIS AGENTS - KINASE INHIBITORS*** - DRUGS FOR CANCER		
OFEV ORAL CAPSULE 100 MG, 150 MG (<i>nintedanib esylate</i>)	NPSP	PA; SP; QL (2 capsules per 1 day)
*PULMONARY FIBROSIS AGENTS*** - DRUGS FOR THE LUNGS		
ESBRIET ORAL CAPSULE 267 MG (<i>pirfenidone</i>)	NPSP	PA; SP; QL (9 capsules per 1 day)
ESBRIET ORAL TABLET 267 MG (<i>pirfenidone</i>)	NPSP	PA; SP; QL (9 tablets per 1 Day)
ESBRIET ORAL TABLET 801 MG (<i>pirfenidone</i>)	NPSP	PA; SP; QL (3 tablets per 1 Day)
*PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST*** - DRUGS FOR THE HEART		
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 400 MCG, 600 MCG, 800 MCG (<i>selexipag</i>)	NPSP	PA; NPL; SP; QL (2 tablets per 1 day)
UPTRAVI ORAL TABLET 200 MCG (<i>selexipag</i>)	NPSP	PA; NPL; SP
UPTRAVI ORAL TABLET THERAPY PACK 200 & 800 MCG (<i>selexipag</i>)	NPSP	PA; NPL; SP
RESPIRATORY AGENTS - MISC. - DRUGS FOR THE LUNGS		
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 500 MG (<i>alpha1-proteinase inhibitor</i>)	NPSP	PA; NPL; SP
GLASSIA INTRAVENOUS SOLUTION 1000 MG/50ML (<i>alpha1-proteinase inhibitor</i>)	NPSP	PA; NPL; SP
KALYDECO ORAL PACKET 25 MG, 50 MG, 75 MG (<i>ivacaftor</i>)	NPSP	PA; SP; QL (2 packets per 1 day)
KALYDECO ORAL TABLET 150 MG (<i>ivacaftor</i>)	NPSP	PA; SP; QL (2 packets per 1 Day)
PROLASTIN-C INTRAVENOUS SOLUTION 1000 MG/20ML (<i>alpha1-proteinase inhibitor</i>)	NPSP	PA; NPL; SP
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG (<i>alpha1-proteinase inhibitor</i>)	NPSP	PA; NPL; SP
PULMOZYME INHALATION SOLUTION 1 MG/ML (<i>dornase alfa</i>)	PSP	PA; SP

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

220

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SCLEROSOL INTRAPLEURAL INTRAPLEURAL AEROSOL POWDER 4 GM (<i>talc</i>)	NPB	
STERILE TALC POWDER INTRAPLEURAL SUSPENSION RECONSTITUTED 5 GM (<i>talc</i>)	NPB	
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG (<i>alpha1-proteinase inhibitor</i>)	NPSP	PA; NPL; SP
*SCLEROSTIN INHIBITORS*** - HORMONES		
EVENITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 105 MG/1.17ML (<i>romosozumab-aqqg</i>)	NPSP	PA; ST; NPL; SP; QL (2 syringes per month, 24 per per 1 lifetime)
*SEROTONIN MODULATORS*** - DRUGS FOR THE NERVOUS SYSTEM		
<i>nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	G	ST
<i>nefazodone hcl oral tablet 250 mg</i>	NPB	ST
<i>trazodone hcl oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	G	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG (<i>vortioxetine hbr</i>)	NPB	PA; ST; QL (1 tablet per 1 Day)
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG (<i>vilazodone hcl</i>)	NPB	ST; #; QL (1 tab per 1 day)
VIIBRYD STARTER PACK ORAL KIT 10 & 20 MG (<i>vilazodone hcl</i>)	NPB	ST; #
*SGLT2 INHIBITOR - DPP-4 INHIBITOR COMBINATIONS*** - HORMONES		
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG (<i>empagliflozin-linagliptin</i>)	PB	QL (1 tablet per 1 day)
QTERN ORAL TABLET 10-5 MG (<i>dapagliflozin-saxagliptin</i>)	NPB	ST; QL (1 tablet per 1 Day)
STEGLUJAN ORAL TABLET 15-100 MG, 5-100 MG (<i>ertugliflozin-sitagliptin</i>)	NPB	ST; QL (1 tablet per 1 Day)
*SINUS NODE INHIBITORS** - DRUGS FOR THE HEART		
CORLANOR ORAL TABLET 5 MG, 7.5 MG (<i>ivabradine hcl</i>)	NPB	PA; ST; QL (2 tablets per 1 day)
*SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITOR-BIGUANIDE COMB*** - HORMONES		
INVOKAMET ORAL TABLET 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG (<i>canagliflozin-metformin hcl</i>)	PB	QL (1 tablets per 1 day)

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG (<i>canagliflozin-metformin hcl</i>)	PB	QL (2 tablets per 1 day)
SEGLUROMET ORAL TABLET 2.5-1000 MG, 7.5-1000 MG, 7.5-500 MG (<i>ertugliflozin-metformin hcl</i>)	NPB	ST; QL (2 tablets per 1 Day)
SEGLUROMET ORAL TABLET 2.5-500 MG (<i>ertugliflozin-metformin hcl</i>)	NPB	ST; QL (4 tablets per 1 Day)
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG (<i>empagliflozin-metformin hcl</i>)	PB	QL (2 tablets per 1 day)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 5-1000 MG (<i>empagliflozin-metformin hcl</i>)	PB	QL (2 tablets per 1 day)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 25-1000 MG (<i>empagliflozin-metformin hcl</i>)	PB	QL (1 tablet per 1 Day)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 5-500 MG (<i>dapagliflozin-metformin hcl</i>)	PB	
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG (<i>dapagliflozin-metformin hcl</i>)	PB	QL (2 tablets per 1 Day)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG (<i>dapagliflozin-metformin hcl</i>)	PB	QL (2 tablets per 1 day)
*SPLEEN TYROSINE KINASE (SYK) INHIBITORS*** - DRUGS FOR THE BLOOD		
TAVALISSE ORAL TABLET 100 MG, 150 MG (<i>fostamatinib disodium</i>)	NPSP	PA; SP; QL (2 tablets per 1 day)
*STEROIDS - MOUTH/THROAT/DENTAL*** - DRUGS FOR THE MOUTH AND THROAT		
<i>triamcinolone acetonide</i> (Oralene Mouth/Throat Paste 0.1 %)	G	
<i>triamcinolone acetonide mouth/throat paste 0.1 %</i>	G	
TETRACYCLINES - DRUGS FOR INFECTIONS		
ACTICLATE ORAL TABLET 150 MG, 75 MG (<i>doxycycline hyclate</i>)	NPB	AL
<i>avidoxy oral tablet 100 mg</i>	G	
<i>minocycline hcl er</i> (Coremino Oral Tablet Extended Release 24 Hour 135 Mg, 45 Mg, 90 Mg)	G	
<i>demeclocycline hcl oral tablet 150 mg, 300 mg</i>	G	
DORYX MPC ORAL TABLET DELAYED RELEASE 120 MG (<i>doxycycline hyclate</i>)	NPB	#

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

222

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DORYX ORAL TABLET DELAYED RELEASE 200 MG, 50 MG (<i>doxycycline hyclate</i>)	NPB	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	G	
<i>doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 50 mg, 75 mg</i>	G	
<i>doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg, 80 mg</i>	G	
<i>doxycycline monohydrate oral capsule 100 mg, 150 mg, 50 mg</i>	G	
<i>doxycycline monohydrate oral capsule 75 mg</i>	G	QL (2 capsules per 1 day)
<i>doxycycline monohydrate oral suspension reconstituted 25 mg/5ml</i>	G	
<i>doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	G	
MINOCIN ORAL CAPSULE 100 MG, 50 MG (<i>minocycline hcl</i>)	NPB	
<i>minocycline hcl er oral tablet extended release 24 hour 105 mg, 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg</i>	G	
<i>minocycline hcl oral capsule 100 mg, 50 mg, 75 mg</i>	G	
<i>minocycline hcl oral tablet 100 mg, 50 mg, 75 mg</i>	G	
MINOLIRA ORAL TABLET EXTENDED RELEASE 24 HOUR 105 MG, 135 MG (<i>minocycline hcl</i>)	NPB	ST
MORGIDOX COMBINATION KIT 2 X 100 MG (<i>doxycycline hyclate-cleanser</i>)	NPB	
<i>doxycycline hyclate (Morgidox Oral Capsule 100 Mg)</i>	G	
NUTRIDOX ORAL KIT 75 MG (<i>doxycycline monohydroxy-omega 3-e</i>)	NPB	
SEYSARA ORAL TABLET 100 MG, 150 MG, 60 MG (<i>sarecycline hcl</i>)	NPB	ST
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HOUR 105 MG, 55 MG, 80 MG (<i>minocycline hcl</i>)	NPB	#
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HOUR 115 MG, 65 MG (<i>minocycline hcl</i>)	NPB	
TARGADOX ORAL TABLET 50 MG (<i>doxycycline hyclate</i>)	NPB	
<i>tetracycline hcl oral capsule 250 mg, 500 mg</i>	G	
VIBRAMYCIN ORAL CAPSULE 100 MG (<i>doxycycline hyclate</i>)	NPB	

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED 25 MG/5ML (<i>doxycycline monohydrate</i>)	NPB	
VIBRAMYCIN ORAL SYRUP 50 MG/5ML (<i>doxycycline calcium</i>)	NPB	
XIMINO ORAL CAPSULE EXTENDED RELEASE 24 HOUR 135 MG, 45 MG, 90 MG (<i>minocycline hcl</i>)	NPB	ST
THYROID AGENTS - HORMONES		
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 300 MG (<i>thyroid</i>)	NPB	
CYTOMEL ORAL TABLET 25 MCG, 5 MCG, 50 MCG (<i>liothyronine sodium</i>)	NPB	
<i>levothyroxine sodium</i> (Euthyrox Oral Tablet 88 Mcg)	G	
<i>levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	G	
<i>levothyroxine sodium</i> (Levoxyl Oral Tablet 100 Mcg, 137 Mcg, 150 Mcg, 25 Mcg, 50 Mcg)	G	
LEVOXYL ORAL TABLET 112 MCG, 125 MCG, 175 MCG, 200 MCG, 75 MCG, 88 MCG (<i>levothyroxine sodium</i>)	G	
<i>liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg</i>	G	
<i>methimazole oral tablet 10 mg, 5 mg</i>	G	
NATURE-THROID ORAL TABLET 113.75 MG, 130 MG, 146.25 MG, 16.25 MG, 162.5 MG, 195 MG, 260 MG, 32.5 MG, 325 MG, 48.75 MG, 65 MG, 81.25 MG, 97.5 MG (<i>thyroid</i>)	NPB	
<i>np thyroid oral tablet 30 mg, 60 mg, 90 mg</i>	G	
<i>propylthiouracil oral tablet 50 mg</i>	G	
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG (<i>levothyroxine sodium</i>)	NPB	
TAPAZOLE ORAL TABLET 10 MG, 5 MG (<i>methimazole</i>)	NPB	
TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG (<i>levothyroxine sodium</i>)	NPB	#

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TIROSINT-SOL ORAL SOLUTION 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 50 MCG/ML, 75 MCG/ML, 88 MCG/ML (<i>levothyroxine sodium</i>)	NPB	#
UNITHROID ORAL TABLET 100 MCG, 137 MCG, 150 MCG, 25 MCG, 50 MCG, 88 MCG (<i>levothyroxine sodium</i>)	G	
<i>levothyroxine sodium</i> (Unithroid Oral Tablet 112 Mcg, 125 Mcg, 175 Mcg, 200 Mcg, 300 Mcg, 75 Mcg)	G	
WESTHROID ORAL TABLET 130 MG, 195 MG, 32.5 MG, 65 MG, 97.5 MG (<i>thyroid</i>)	NPB	
WP THYROID ORAL TABLET 113.75 MG, 130 MG, 16.25 MG, 32.5 MG, 48.75 MG, 65 MG, 97.5 MG (<i>thyroid</i>)	NPB	
*TOPICAL ANESTHETIC GASES*** - DRUGS FOR THE SKIN		
GEBAUERS PAIN EASE EXTERNAL AEROSOL (<i>pentafluoroprop-tetrafluoroeth</i>)	NPB	
GEBAUERS SPRAY AND STRETCH EXTERNAL AEROSOL (<i>pentafluoroprop-tetrafluoroeth</i>)	NPB	
*TRYPTOPHAN HYDROXYLASE INHIBITORS*** - DRUGS FOR THE STOMACH		
XERMELO ORAL TABLET 250 MG (<i>telotristat etiprate</i>)	NPSP	PA; SP; QL (3 tablets per 1 Day)
ULCER DRUGS - DRUGS FOR THE STOMACH		
ACIPHEX ORAL TABLET DELAYED RELEASE 20 MG (<i>rabeprazole sodium</i>)	NPB	PA; ST; QL (1 tablet per day, 90 day supply per 365 days)
ACIPHEX SPRINKLE ORAL CAPSULE SPRINKLE 10 MG, 5 MG (<i>rabeprazole sodium</i>)	NPB	PA; ST; #; QL (1 capsule per day, 90 day supply per 365 days)
<i>amoxicill-clarithro-lansopraz oral</i>	G	
CARAFATE ORAL SUSPENSION 1 GM/10ML (<i>sucrafate</i>)	NPB	
CARAFATE ORAL TABLET 1 GM (<i>sucrafate</i>)	NPB	
<i>cimetidine hcl oral solution 300 mg/5ml</i>	G	
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	G	
CUVPOSA ORAL SOLUTION 1 MG/5ML (<i>glycopyrrolate</i>)	NPB	#
CYTOTEC ORAL TABLET 100 MCG, 200 MCG (<i>misoprostol</i>)	NPB	

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DEXILANT ORAL CAPSULE DELAYED RELEASE 30 MG, 60 MG (<i>dexlansoprazole</i>)	PB	PA; #; QL (1 capsule per day, 90 day supply per 365 days)
<i>dicyclomine hcl oral capsule 10 mg</i>	G	
<i>dicyclomine hcl oral tablet 20 mg</i>	G	
<i>esomeprazole magnesium oral capsule delayed release 40 mg</i>	G	PA; QL (1 capsule per day, 90 day supply per 365 days)
<i>esomeprazole strontium oral capsule delayed release 49.3 mg</i>	NPB	PA; QL (1 capsule per day, 90 day supply per 365 days)
<i>famotidine oral suspension reconstituted 40 mg/5ml</i>	G	
<i>famotidine oral tablet 40 mg</i>	G	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	G	
<i>lansoprazole oral capsule delayed release 30 mg</i>	G	PA; QL (1 capsule per day, 90 day supply per 365 days)
<i>lansoprazole oral tablet dispersible 15 mg, 30 mg</i>	G	PA; QL (1 tablet per day, 90 day supply per 365 days)
LIBRAX ORAL CAPSULE 5-2.5 MG (<i>chlordiazepoxide-clidinium</i>)	NPB	PA
<i>methscopolamine bromide oral tablet 2.5 mg, 5 mg</i>	G	
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	G	
NEXIUM ORAL CAPSULE DELAYED RELEASE 40 MG (<i>esomeprazole magnesium</i>)	NPB	PA; ST; QL (1 capsule per day, 90 day supply per 365 days)
NEXIUM ORAL PACKET 10 MG, 2.5 MG, 20 MG, 40 MG, 5 MG (<i>esomeprazole magnesium</i>)	NPB	PA; #; QL (1 packet per day, 90 day supply per 365 days)
<i>nizatidine oral capsule 150 mg, 300 mg</i>	G	
<i>nizatidine oral solution 15 mg/ml</i>	G	
OMECLAMOX-PAK ORAL 500-500-20 MG (<i>amoxicillin-clarithro-omeprazole</i>)	PB	
<i>omeprazole-sodium bicarbonate</i> (Omeppi Oral Capsule 40-1100 Mg)	G	PA; QL (1 capsule per day, 90 day supply per 365 days)
<i>omeprazole oral capsule delayed release 10 mg, 40 mg</i>	G	PA; QL (1 capsule per day, 90 day supply per 365 days)
<i>omeprazole-sodium bicarbonate oral capsule 40-1100 mg</i>	G	PA; QL (1 capsule per day, 90 day supply per 365 days)
<i>omeprazole-sodium bicarbonate oral packet 20-1680 mg, 40-1680 mg</i>	G	PA; QL (1 packet per day, 90 day supply per 365 days)

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

226

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>pantoprazole sodium oral tablet delayed release 20 mg, 40 mg</i>	G	PA; QL (1 tablet per day, 90 day supply per 365 days)
PEPCID ORAL TABLET 40 MG (<i>famotidine</i>)	NPB	
PREVACID ORAL CAPSULE DELAYED RELEASE 30 MG (<i>lansoprazole</i>)	NPB	PA; ST; QL (1 capsule per day, 90 day supply per 365 days)
PREVACID SOLUTAB ORAL TABLET DISPERSIBLE 15 MG, 30 MG (<i>lansoprazole</i>)	NPB	PA; ST; QL (1 tablet per day, 90 day supply per 365 days)
PRILOSEC ORAL PACKET 10 MG, 2.5 MG (<i>omeprazole magnesium</i>)	NPB	PA; ST; #; QL (1 packet per day, 90 day supply per 365 days)
PROTONIX ORAL PACKET 40 MG (<i>pantoprazole sodium</i>)	NPB	PA; QL (1 packet per day, 90 day supply per 365 days)
PROTONIX ORAL TABLET DELAYED RELEASE 20 MG, 40 MG (<i>pantoprazole sodium</i>)	NPB	PA; ST; QL (1 tablet per day, 90 day supply per 365 days)
PYLERA ORAL CAPSULE 140-125-125 MG (<i>bis subcit-metronid-tetracyc</i>)	PB	#
<i>rabeprazole sodium oral tablet delayed release 20 mg</i>	G	PA; QL (1 capsule per day, 90 day supply per 365 days)
<i>ranitidine hcl oral capsule 300 mg</i>	G	
<i>ranitidine hcl oral syrup 15 mg/ml, 150 mg/10ml, 75 mg/5ml</i>	G	
<i>ranitidine hcl oral tablet 300 mg</i>	G	
<i>sucralfate oral tablet 1 gm</i>	G	
ZEGERID ORAL CAPSULE 40-1100 MG (<i>omeprazole-sodium bicarbonate</i>)	NPB	PA; ST; QL (1 capsule per day, 90 day supply per 365 days)
ZEGERID ORAL PACKET 20-1680 MG, 40-1680 MG (<i>omeprazole-sodium bicarbonate</i>)	NPB	PA; ST; QL (1 packet per day, 90 day supply per 365 days)
URINARY ANTI-INFECTIVES - DRUGS FOR THE URINARY SYSTEM		
FURADANTIN ORAL SUSPENSION 25 MG/5ML (<i>nitrofurantoin</i>)	NPB	
HIPREX ORAL TABLET 1 GM (<i>methenamine hippurate</i>)	NPB	
MACROBID ORAL CAPSULE 100 MG (<i>nitrofurantoin monohydrate macro</i>)	NPB	

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MACRODANTIN ORAL CAPSULE 100 MG, 25 MG, 50 MG (<i>nitrofurantoin macrocrystal</i>)	NPB	
<i>methenamine hippurate oral tablet 1 gm</i>	G	
<i>methenamine mandelate oral tablet 1 gm</i>	G	
MONUROL ORAL PACKET 3 GM (<i>fosfomycin tromethamine</i>)	NPB	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	G	
<i>nitrofurantoin monohyd macro oral capsule 100 mg</i>	G	
<i>nitrofurantoin oral suspension 25 mg/5ml</i>	G	
URINARY ANTISPASMODICS - DRUGS FOR THE URINARY SYSTEM		
<i>bethanechol chloride oral tablet 25 mg</i>	G	
<i>darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg, 7.5 mg</i>	G	QL (1 tablet per 1 day)
DETROL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 2 MG, 4 MG (<i>tolterodine tartrate</i>)	NPB	ST; QL (1 capsule per 1 day)
DETROL ORAL TABLET 1 MG, 2 MG (<i>tolterodine tartrate</i>)	NPB	ST
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 5 MG (<i>oxybutynin chloride</i>)	NPB	ST; QL (1 tablet per 1 day)
ENABLEX ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 7.5 MG (<i>darifenacin hydrobromide</i>)	NPB	ST; QL (1 tablet per 1 day)
GELNIQUE PUMP TRANSDERMAL GEL 10 % (<i>oxybutynin chloride</i>)	NPB	ST; #
GELNIQUE TRANSDERMAL GEL 10 % (<i>oxybutynin chloride</i>)	NPB	ST; #
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG (<i>mirabegron</i>)	PB	QL (1 tablet per 1 day)
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg</i>	G	QL (1 tablet per 1 day)
<i>oxybutynin chloride oral tablet 5 mg</i>	G	QL (4 tablets per 1 day)
<i>solifenacin succinate oral tablet 10 mg, 5 mg</i>	G	QL (1 tablet per 1 day)
<i>tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg</i>	G	QL (1 capsule per 1 day)
<i>tolterodine tartrate oral tablet 1 mg, 2 mg</i>	G	
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG (<i>fesoterodine fumarate</i>)	NPB	ST; #; QL (1 tablet per 1 day)

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

228

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>tropium chloride er oral capsule extended release 24 hour 60 mg</i>	G	QL (1 capsule per 1 day)
<i>tropium chloride oral tablet 20 mg</i>	G	QL (2 tablets per 1 day)
URECHOLINE ORAL TABLET 10 MG, 25 MG, 5 MG, 50 MG (<i>bethanechol chloride</i>)	NPB	
VESICARE ORAL TABLET 10 MG, 5 MG (<i>solifenacin succinate</i>)	NPB	ST; #; QL (1 tablet per 1 day)
VAGINAL PRODUCTS - DRUGS FOR WOMEN		
AVC VAGINAL VAGINAL CREAM 15 % (<i>sulfanilamide</i>)	NPB	
CLEOCIN VAGINAL CREAM 2 % (<i>clindamycin phosphate</i>)	NPB	
CLEOCIN VAGINAL SUPPOSITORY 100 MG (<i>clindamycin phosphate</i>)	NPB	
<i>clindamycin phosphate vaginal cream 2 %</i>	G	
CLINDESSE VAGINAL CREAM 2 % (<i>clindamycin phosphate (1 dose)</i>)	NPB	
CRINONE VAGINAL GEL 4 %, 8 % (<i>progesterone</i>)	PB	
ENCARE VAGINAL SUPPOSITORY 100 MG (<i>nonoxynol-9</i>)	NPB	
ENDOMETRIN VAGINAL INSERT 100 MG (<i>progesterone</i>)	PB	#
ESTRACE VAGINAL CREAM 0.1 MG/GM (<i>estradiol</i>)	NPB	
<i>estradiol vaginal cream 0.1 mg/gm</i>	G	
<i>estradiol vaginal tablet 10 mcg</i>	G	
ESTRING VAGINAL RING 2 MG (<i>estradiol</i>)	NPB	
FEMRING VAGINAL RING 0.05 MG/24HR, 0.1 MG/24HR (<i>estradiol acetate</i>)	NPB	#
GYNAZOLE-1 VAGINAL CREAM 2 % (<i>butoconazole nitrate (1 dose)</i>)	NPB	
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG (<i>estradiol</i>)	NPB	ST
IMVEXXY STARTER PACK VAGINAL INSERT 10 MCG, 4 MCG (<i>estradiol</i>)	NPB	ST
INTRAROSA VAGINAL INSERT 6.5 MG (<i>prasterone</i>)	NPB	QL (1 insert per 1 day)
METROGEL-VAGINAL VAGINAL GEL 0.75 % (<i>metronidazole</i>)	NPB	
<i>metronidazole vaginal gel 0.75 %</i>	G	
NUVESSA VAGINAL GEL 1.3 % (<i>metronidazole</i>)	NPB	

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OPTIONS CONCEPTROL VAGINAL GEL 4 % (<i>nonoxynol-9</i>)	NPB	
OPTIONS GYNOL II CONTRACEPTIVE VAGINAL GEL 3 % (<i>nonoxynol-9</i>)	NPB	
PREMARIN VAGINAL CREAM 0.625 MG/GM (<i>estrogens, conjugated</i>)	PB	
SHUR-SEAL CONTRACEPTIVE VAGINAL GEL 2 % (<i>nonoxynol-9</i>)	NPB	
TERAZOL 7 VAGINAL CREAM 0.4 % (<i>terconazole</i>)	NPB	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	G	
<i>terconazole vaginal suppository 80 mg</i>	G	
TODAY SPONGE VAGINAL 1000 MG (<i>nonoxynol-9</i>)	CE	N2 (Not Covered)
VAGIFEM VAGINAL TABLET 10 MCG (<i>estradiol</i>)	NPB	
<i>metronidazole (Vandazole Vaginal Gel 0.75 %)</i>	G	
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM 28 % (<i>nonoxynol-9</i>)	CE	N2 (Not Covered)
VCF VAGINAL CONTRACEPTIVE VAGINAL FOAM 12.5 % (<i>nonoxynol-9</i>)	NPB	
<i>estradiol (Yuvaferm Vaginal Tablet 10 Mcg)</i>	G	
VASOPRESSORS - DRUGS FOR THE HEART		
ADYPHREN AMP II INJECTION KIT 1 MG/ML (<i>epinephrine</i>)	NPB	QL (4 injections per 30 Days)
ADYPHREN II INJECTION KIT 1 MG/ML (<i>epinephrine</i>)	NPB	QL (4 injections per 30 days)
ADYPHREN INJECTION KIT 1 MG/ML (<i>epinephrine</i>)	NPB	QL (4 injections per 30 days)
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.1 MG/0.1ML, 0.15 MG/0.15ML, 0.3 MG/0.3ML (<i>epinephrine</i>)	NPB	PA; ST; QL (4 pens per 1 month)
<i>epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	G	QL (4 injections per 30 days)
EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML (<i>epinephrine</i>)	NPB	#; QL (4 injections per 30 days)
EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.3ML (<i>epinephrine</i>)	NPB	#; QL (4 injections per 30 days)
EPISNAP INJECTION KIT 1 MG/ML (<i>epinephrine</i>)	NPB	QL (4 injections per 30 days)
<i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	G	
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.3 MG/0.3ML (<i>epinephrine</i>)	NPB	QL (4 injections per 30 days)

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

230

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VITAMINS - DRUGS FOR NUTRITION		
DRISDOL ORAL CAPSULE 50000 UNIT (<i>ergocalciferol</i>)	NPB	
<i>ergocal oral capsule 2500 unit</i>	NPB	
<i>ergocalciferol oral capsule 50000 unit</i>	G	
MEPHYTON ORAL TABLET 5 MG (<i>phytonadione</i>)	NPB	QL (25 tablets per 30 days)
<i>niacin er oral tablet extended release 750 mg</i>	G	
<i>phytonadione oral tablet 5 mg</i>	G	QL (25 tablets per 30 days)
<i>vitamin d (ergocalciferol) oral capsule 50000 unit</i>	G	

2019 Aetna Commercial Plan (Self Insured)

The formulary is updated the first week of each month.

08/01/2019

Index

- 1st tier unifine pentips* 168
1st tier unifine pentips plus 168
abacavir sulfate 92
abacavir sulfate-lamivudine 92
abacavir-lamivudine-zidovudine 92
ABILIFY 89
abiraterone acetate 79
ABSORICA 119
ABSTRAL 27
acamprosate calcium 215
ACANYA 119
acarbose 56
ACCOLATE 40
ACCU-CHEK AVIVA 168
ACCU-CHEK AVIVA PLUS
..... 134
ACCU-CHEK COMPACT
PLUS 134
ACCU-CHEK COMPACT
PLUS CONTROL 168
ACCU-CHEK FASTCLIX
LANCET 168
ACCU-CHEK MULTICLIX
LANCET DEV 168
ACCU-CHEK MULTICLIX
LANCETS 169
ACCU-CHEK
SMARTVIEW 134
ACCU-CHEK
SMARTVIEW CONTROL .. 169
ACCU-CHEK SOFTCLIX
LANCET DEV 169
ACCUPRIL 70
ACCURETIC 70
ACCUTREND GLUCOSE .. 134
ACCUTREND GLUCOSE
CONTROL 169
acd formula a 45, 165
acd formula b 45, 165
ACD-A NOCLOT-50 45, 165
ACE AEROSOL CLOUD
ENHANCER 169
acebutolol hcl 101
acetaminophen-codeine 27, 28
acetaminophen-codeine #2 27
acetaminophen-codeine #3 27
acetaminophen-codeine #4 27
Acetasol Hc 208
acetazolamide 142
acetazolamide er 142
acetic acid 154, 208
acetylcysteine 117
ACIPHEX 225
ACIPHEX SPRINKLE 225
acitretin 119
ACTEMRA 22
ACTEMRA ACTPEN 22
ACTICLATE 222
ACTIGALL 151
ACTIMMUNE 79
ACTIQ 28
ACTIVELLA 149
active-medicated spec collect. 134
ACTIVITY POUCH 169
ACTONEL 144
ACTOPLUS MET 56
ACTOS 56
ACULAR 201
ACULAR LS 201
ACUVAIL 201
acyclovir 93, 119
ACZONE 119
ADAGEN 103
ADALAT CC 103
adapalene 119
adapalene-benzoyl peroxide ... 119
ADCIRCA 105
ADDERALL 18
ADDERALL XR 18
adefovir dipivoxil 93
ADEMPAS 106
adjustable lancing device 169
ADLYXIN 56
ADLYXIN STARTER
PACK 56
ADMELOG 56
ADMELOG SOLOSTAR 56
ADRENALIN 200
adult mask 169
adult mask large 169
ADVAIR DISKUS 40
ADVAIR HFA 40
ADVANCE INTUITION
CONTROL 169
ADVANCE INTUITION
TEST 134
ADVANCE MICRO-DRAW
CONTROL 169
ADVANCE MICRO-DRAW
NORMAL 169
ADVANCE MICRO-DRAW
TEST 134
advanced amlpm 192
ADVATE 156
ADVOCATE CONTROL
SOLUTION 169
ADVOCATE INSULIN PEN
NEEDLES 169
ADVOCATE INSULIN
SYRINGE 169
ADVOCATE LANCING
DEVICE 169
ADVOCATE RAPID-SAFE
LANCING 169
ADVOCATE REDI-CODE .. 134
ADVOCATE REDI-CODE+
CONTROL 169
ADVOCATE REDI-CODE+
TEST 134
ADVOCATE TEST 134
ADYNOVATE 156
ADYPHREN 230
ADYPHREN AMP II 230
ADYPHREN II 230
ADZENYS ER 18
ADZENYS XR-ODT 18
AEMCOLO 75
AEROTRACH PLUS 169
Afeditab Cr 103
AFINITOR 79
AFINITOR DISPERZ 79
AFIRMELLE 108
AFREZZA 56
AFSTYLA 156
AGAMATRIX AMP TEST .. 134
AGAMATRIX CONTROL .. 169
AGAMATRIX JAZZ TEST .. 134
AGAMATRIX KEYNOTE
TEST 134
AGAMATRIX PRESTO
TEST 134
AGGRENOLX 156
AGRYLIN 156
aif #2 drug preparation kit 119
AIMOVIG 103
AIMOVIG 140 DOSE 103

AIRDUO RESPICLICK 113/14.....	40	<i>alprazolam er</i>	38	<i>amphetamine-dextroamphet er.</i>	18
AIRDUO RESPICLICK 232/14.....	40	ALPRAZOLAM INTENSOL	38	<i>amphetamine-</i>	
AIRDUO RESPICLICK 55/14.....	40	<i>alprazolam xr</i>	39	<i>dextroamphetamine</i>	18
AJOVY.....	103	ALPROLIX.....	157	<i>ampicillin</i>	212
AKTIPAK.....	119	ALREX.....	202	AMPYRA.....	215
AKYNZEO.....	65	ALTABAX.....	119	AMRIX.....	198
<i>albendazole</i>	37	ALTACE.....	70	ANACAINE.....	120
ALBENZA.....	37	Altafrin.....	202	ANADROL-50.....	35
<i>albuterol sulfate</i>	41	ALTAVERA.....	108	ANAFRANIL.....	52
<i>albuterol sulfate er</i>	40	<i>alternate site lancing device</i>	170	<i>anagrelide hcl</i>	157
<i>albuterol sulfate hfa</i>	41	ALTOPREV.....	68	ANAPROX DS.....	22
ALCAINE.....	201	ALTRENO.....	120	<i>anastrozole</i>	80
<i>alclometasone dipropionate</i>	119	ALUNBRIG.....	79, 80	ANCOBON.....	66
ALCOH-GLOVE		ALVESCO.....	41	ANDRODERM.....	35
CONTOURED WIPE.....	169	<i>alyacen 1/35</i>	108	ANDROGEL.....	35, 36
<i>alcohol pads</i>	169	<i>alyacen 7/7/7</i>	108	ANDROGEL PUMP.....	35
<i>alcohol prep</i>	170	Alyq.....	106	ANGELIQ.....	149
<i>alcohol swabs</i>	170	<i>amantadine hcl</i>	86	ANORO ELLIPTA.....	41
<i>alcohol wipes</i>	170	AMARYL.....	56	ANTABUSE.....	215
ALDACTAZIDE.....	142	AMBIEN.....	163	ANTARA.....	68
ALDACTONE.....	143	AMBIEN CR.....	163	<i>antibiotic ear</i>	208
ALDARA.....	119	<i>ambrisentan</i>	106	<i>anticoagulant cit dext soln a</i>	
ALDURAZYME.....	144	<i>amcinonide</i>	120	.....	45, 165
ALECENSA.....	79	AMELUZ.....	120	ANTICOAGULANT	
<i>alendronate sodium</i>	144	AMERGE.....	186	COMPOUND.....	45, 165
ALFERON N.....	79	AMETHIA.....	108	ANUSOL-HC.....	36
<i>alfuzosin hcl er</i>	154	Amethia Lo.....	108	ANZEMET.....	65
ALINIA.....	75	AMICAR.....	162	APADAZ.....	28
<i>aliskiren fumarate</i>	70	<i>amiloride hcl</i>	143	<i>apap-caff-dihydrocodeine</i>	28
ALKERAN.....	79	<i>amiloride-hydrochlorothiazide</i>	143	APEXICON E.....	120
ALL FLOW 1000 PFT		<i>aminoacetic acid</i>	154	APIDRA.....	56
FILTER.....	170	<i>aminocaproic acid</i>	162	APIDRA SOLOSTAR.....	56
<i>allopurinol</i>	156	<i>amiodarone hcl</i>	39	APLENZIN.....	52
ALLZITAL.....	26	AMITIZA.....	151	<i>apraclonidine hcl</i>	202
<i>almotriptan malate</i>	186	<i>amitriptyline hcl</i>	52	<i>aprepitant</i>	65
ALOCRI.....	201	<i>amlodipine besy-benazepril hcl</i> ..	70	APRI.....	108
<i>alogliptin benzoate</i>	56	<i>amlodipine besylate</i>	103	APRISO.....	151
<i>alogliptin-metformin hcl</i>	56	<i>amlodipine besylate-valsartan</i> ...	70	APTENSIO XR.....	18
<i>alogliptin-pioglitazone</i>	56	<i>amlodipine-olmesartan</i>	70	APTIOM.....	46
ALOMIDE.....	201	<i>amlodipine-valsartan-hctz</i>	70	APTIVUS.....	93
ALORA.....	149	AMMONUL.....	144	<i>aqua lance adjustable lancing</i> ..	170
<i>alosetron hcl</i>	151	Amnesteem.....	120	ARAKODA.....	77
ALPHAGAN P.....	201, 202	AMNESTEEM.....	120	ARALAST NP.....	220
ALPHANATE/VWF		<i>amoxapine</i>	52	ARANELLE.....	108
COMPLEX/HUMAN.....	157	<i>amoxicill-clarithro-lansopraz</i> ..	225	ARANESP (ALBUMIN	
ALPHANINE SD.....	157	<i>amoxicillin</i>	211	FREE).....	160
<i>alprazolam</i>	39	<i>amoxicillin-pot clavulanate</i>		ARAVA.....	22
		.....	211, 212	ARCALYST.....	22
		<i>amoxicillin-pot clavulanate er</i> ..	211	ARCAPTA NEOHALER.....	41
		<i>amphetamine sulfate</i>	18		

ARGYLE STERILE SALINE.....	154	ASTEPRO.....	200	<i>avidoxy</i>	222
Argyle Sterile Water.....	98	ATABEX EC.....	192	Avita.....	120
ARICEPT.....	215	ATACAND.....	71	AVODART.....	154
ARIKAYCE.....	22	ATACAND HCT.....	71	AVONEX.....	215
ARIMIDEX.....	80	<i>atazanavir sulfate</i>	93	AVONEX PEN.....	215
<i>aripiprazole</i>	89	ATELVIA.....	144	AVONEX PREFILLED.....	215
ARIXTRA.....	45	<i>atenolol</i>	101	AYGESTIN.....	214
<i>armodafinil</i>	18	<i>atenolol-chlorthalidone</i>	71	Ayuna.....	109
ARMOUR THYROID.....	224	ATGAM.....	99	AZASAN.....	99
ARNUITY ELLIPTA.....	41	ATIVAN.....	39	AZASITE.....	202
AROMASIN.....	80	<i>atomoxetine hcl</i>	18	<i>azathioprine</i>	99
ARTHROTEC.....	22	<i>atorvastatin calcium</i>	68	<i>azelaic acid</i>	120
ARTISS.....	163	<i>atovaquone-proguanil hcl</i>	77	<i>azelastine hcl</i>	200, 202
ARYMO ER.....	28	ATRALIN.....	120	AZELEX.....	120
ASACOL HD.....	151	ATRIPLA.....	93	<i>azesco</i>	192
Ascomp-Codeine.....	28	<i>atropine sulfate</i>	202	AZILECT.....	86
ASMANEX 120 METERED DOSES.....	41	ATROVENT HFA.....	41	<i>azithromycin</i>	167
ASMANEX 14 METERED DOSES.....	41	AUBAGIO.....	215	AZOPT.....	202
ASMANEX 30 METERED DOSES.....	41	Aubra.....	108	AZOR.....	71
ASMANEX 60 METERED DOSES.....	41	AUBRA EQ.....	108	AZULFIDINE.....	151
ASMANEX 7 METERED DOSES.....	41	AUGMENTIN.....	212	AZULFIDINE EN-TABS....	151
ASMANEX HFA.....	41	AUGMENTIN ES-600.....	212	AZURETTE.....	109
<i>aspirin</i>	26	<i>aurora pen needles</i>	170	<i>bacitracin-polymyxin b</i>	202
<i>aspirin-dipyridamole er</i>	157	<i>aurora unifine pentips</i>	170	<i>bacitra-neomycin-polymyxin-he</i>	202
ASSURE 3 CONTROL.....	170	AUROVELA 1.5/30.....	108	<i>baclofen</i>	198
ASSURE 3 TEST.....	134	AUROVELA 1/20.....	108	BACTRIM.....	76
ASSURE 4 CONTROL LEVEL 1 & 2.....	170	AUROVELA 24 FE.....	108	BACTRIM DS.....	76
ASSURE 4 TEST.....	134	Aurovela Fe 1/20.....	108	BAL-CARE DHA.....	192
ASSURE DOSE CONTROL.....	170	AURYXIA.....	151	BALCOLTRA.....	109
ASSURE DOSE NORM/HIGH CONTROL..	170	AUSTEDO.....	215	<i>balsalazide disodium</i>	151
ASSURE ID INSULIN SAFETY SYR.....	170	AUTOJECT 2.....	170	BALVERSA.....	79
ASSURE II.....	134	AUTO-LANCET.....	170	BALZIVA.....	109
ASSURE II CHECK.....	134	AUTO-LANCET MINI.....	170	BANZEL.....	46
ASSURE II CONTROL.....	170	AUTOLET II CLINISAFE..	170	BARACLUDGE.....	93
ASSURE II CONTROL LEVEL 1 & 2.....	170	AUTOLET LANCING DEVICE.....	170	BASAGLAR KWIKPEN.....	57
ASSURE PLATINUM.....	135	AUTOLET LITE CLINISAFE.....	170	BAXDELA.....	151
ASSURE PRO CONTROL LEVEL 1 & 2.....	170	AUTOLET LITE STARTER PACK.....	170	BD AUTOSHIELD.....	170
ASSURE PRO TEST.....	135	AUTOLET MINI.....	170	BD AUTOSHIELD DUO....	170
ASTAGRAF XL.....	98	AUTOLET PLATFORMS... ..	170	BD GLUCOSE.....	57
		AUVI-Q.....	230	BD INSULIN SYR	
		AVALIDE.....	71	ULTRAFINE II.....	171
		AVANDIA.....	56	BD INSULIN SYRINGE....	171
		AVAPRO.....	71	BD INSULIN SYRINGE MICROFINE.....	171
		Avar Cleanser.....	120	BD INSULIN SYRINGE U/F.....	171
		AVC VAGINAL.....	229	BD INSULIN SYRINGE ULTRAFINE.....	171
		AVELOX.....	151		
		AVIANE.....	108		

BD LANCET ULTRAFINE 30G.....	171	<i>betamethasone dipropionate</i>	120	BRYHALI.....	121
BD LANCET ULTRAFINE 33G.....	171	<i>betamethasone dipropionate</i> <i>aug</i>	120	<i>budesonide</i>	42, 116
BD MICROTAINER LANCETS.....	171	<i>betamethasone valerate</i> ...	120, 121	<i>budesonide er</i>	116
BD PEN.....	171	BETAPACE.....	101	<i>bumetanide</i>	143
BD PEN MINI.....	171	BETAPACE AF.....	101	BUNAVAIL.....	28
BD PEN NEEDLE MINI U/F.....	171	BETASERON.....	215	Bupap.....	26
BD PEN NEEDLE NANO U/F.....	171	<i>betaxolol hcl</i>	101, 202	BUPHENYL.....	144
BD PEN NEEDLE ORIGINAL U/F.....	171	<i>bethanechol chloride</i>	228	<i>buprenorphine</i>	28
BD PEN NEEDLE SHORT U/F.....	171	BETHKIS.....	22	<i>buprenorphine hcl</i>	28
BD SAFETYGLIDE INSULIN SYRINGE.....	171	BETIMOL.....	202	<i>buprenorphine hcl-naloxone hcl</i>	28
BD SAFETY-LOK INSULIN SYRINGE.....	171	BETOPTIC-S.....	202	<i>bupropion hcl</i>	52
BD SWAB SINGLE USE REGULAR.....	171	BEVESPI AEROSPHERE.....	41	<i>bupropion hcl er (smoking det)</i>	215
BD SWABS SINGLE USE BUTTERFLY.....	172	BEVYXXA.....	45	<i>bupropion hcl er (sr)</i>	52
BECONASE AQ.....	200	<i>bexarotene</i>	80	<i>bupropion hcl er (xl)</i>	52
BELBUCA.....	28	BEYAZ.....	109	<i>buspirone hcl</i>	39
BELSOMRA.....	208	<i>bicalutamide</i>	80	<i>butalbital-acetaminophen</i>	26
<i>benazepril hcl</i>	71	BIDIL.....	106	<i>butalbital-apap-caff-cod</i>	28
<i>benazepril-hydrochlorothiazide</i>	71	BIJUVA.....	149	<i>butalbital-apap-caffeine</i>	26, 27
BENEFIX.....	157	BIKTARVY.....	93	<i>butalbital-asa-caff-codeine</i>	28
BENICAR.....	71	BILTRICIDE.....	37	<i>butalbital-asa-caffeine</i>	27
BENICAR HCT.....	71	<i>bimatoprost</i>	202	BUTISOL SODIUM.....	163
BENLYSTA.....	99	BINOSTO.....	144	<i>butorphanol tartrate</i>	29
BENZAACLIN.....	120	BIOSCANNER GLUCOSE TEST.....	135	BUTRANS.....	29
BENZAACLIN WITH PUMP.....	120	<i>bio-statin</i>	66	BYDUREON.....	57
BENZAMYCIN.....	120	<i>bisoprolol fumarate</i>	101	BYDUREON BCISE.....	57
<i>benzhydrocodone-</i> <i>acetaminophen</i>	28	<i>bisoprolol-hydrochlorothiazide</i>	71	BYETTA 10 MCG PEN.....	57
BENZIQU.....	120	BIVIGAM.....	209	BYETTA 5 MCG PEN.....	57
BENZIQU LS.....	120	BLEPHAMIDE.....	202	BYSTOLIC.....	101
<i>benznidazole</i>	37	BLEPHAMIDE S.O.P.....	202	<i>cabergoline</i>	144
<i>benzonatate</i>	117	<i>blood glucose test</i>	135	CABLIVI.....	98
<i>benzoyl peroxide-erythromycin</i>	120	BONIVA.....	144	CABOMETYX.....	80
<i>benztropine mesylate</i>	86	BONJESTA.....	65	CADUET.....	106
BEPREVE.....	202	<i>bosentan</i>	106	CAFERGOT.....	186
BERINERT.....	157	BOSULIF.....	80	<i>caffeine citrate</i>	18
BESIVANCE.....	202	BOTOX.....	201	CALAN.....	103
BETADINE OPHTHALMIC PREP.....	202	BRAFTOVI.....	80	CALAN SR.....	104
		BREO ELLIPTA.....	42	CALCIFOL.....	188
		<i>briellyn</i>	109	<i>calcipotriene</i>	121
		BRILINTA.....	142, 157	<i>calcipotriene-betameth diprop</i>	121
		<i>brimonidine tartrate</i>	202	<i>calcitonin (salmon)</i>	144
		BRISDELLE.....	215	Calcitrene.....	121
		BRIVIACT.....	46	<i>calcitriol</i>	144
		Bromfed Dm.....	117	<i>calcium acetate (phos binder)</i>	151
		<i>bromfenac sodium (once-daily)</i>	202	<i>calcium-folic acid plus d</i>	188
		<i>bromocriptine mesylate</i>	87	CALQUENCE.....	80
		BROMSITE.....	202	CAMBIA.....	186
		BROVANA.....	42	CAMILA.....	109
				Camrese.....	109
				CAMRESE LO.....	109

CANASA.....	152	CAZANT.....	109	<i>cholestyramine light</i>	68
<i>candesartan cilexetil</i>	71	<i>cefaclor</i>	107	<i>choline-mag trisalicylate</i>	27
<i>candesartan cilexetil-hctz</i>	71	<i>cefadroxil</i>	107	Ciclodan.....	121
<i>capecitabine</i>	80	<i>cefdinir</i>	107	<i>ciclopirox</i>	121
CAPEX.....	121	<i>cefixime</i>	107	<i>ciclopirox olamine</i>	121
CAPRELSA.....	80	<i>cefpodoxime proxetil</i>	107	<i>cidofovir</i>	93
<i>captopril</i>	71	<i>cefprozil</i>	107	<i>cilostazol</i>	157
CARAC.....	121	<i>cefuroxime axetil</i>	107	CILOXAN.....	202, 203
CARAFATE.....	225	CELEBREX.....	22	CIMDUO.....	93
CARBAGLU.....	144	<i>celecoxib</i>	23	<i>cimetidine</i>	225
<i>carbamazepine</i>	47	CELEXA.....	52	<i>cimetidine hcl</i>	225
<i>carbamazepine er</i>	46	CELLCEPT.....	99	CIMZIA.....	152
CARBATROL.....	47	CELONTIN.....	47	CIMZIA PREFILLED.....	152
<i>carbidopa-levodopa</i>	87	CENTANY.....	121	CIMZIA STARTER KIT.....	152
<i>carbidopa-levodopa er</i>	87	<i>cephalexin</i>	107	CINQAIR.....	166
<i>carbinoxamine maleate</i>	67	CEQUA.....	202	CINRYZE.....	157
CARDIOCOM LANCING DEVICE.....	172	CERDELGA.....	160	CIPRO.....	151
CARDIZEM.....	104	CEREZYME.....	160	CIPRO HC.....	208
CARDIZEM CD.....	104	CERVIDIL.....	209	CIPRODEX.....	208
CARDIZEM LA.....	104	CESAMET.....	65	<i>ciprofloxacin</i>	151
CARDURA.....	71	CESIA.....	109	<i>ciprofloxacin hcl</i>	151, 203
CARDURA XL.....	154	CETRAXAL.....	208	<i>citalopram hydrobromide</i>	52
<i>careone advanced lancing dev.</i> ..	172	<i>cevimeline hcl</i>	190	CITRANATAL 90 DHA.....	192
CAREONE BLOOD GLUCOSE TEST.....	135	CHANTIX.....	216	CITRANATAL B-CALM....	192
<i>careone unifine pentips</i>	172	CHANTIX CONTINUING MONTH PAK.....	215	CITRANATAL BLOOM....	192
<i>careone unifine pentips plus</i>	172	CHANTIX STARTING MONTH PAK.....	216	CITRANATAL DHA.....	192
CARESENS CONTROL A..	172	CHATEAL.....	109	CITRANATAL HARMONY	192
CARESENS N GLUCOSE TEST.....	135	CHATEAL EQ.....	109	CITRANATAL MEDLEY..	192
CARIMUNE NF.....	209	CHEMET.....	64	CITRANATAL RX.....	192
<i>carisoprodol</i>	198	CHEMSTRIP 10 MD.....	135	CLARAVIS.....	121
<i>carisoprodol-aspirin</i>	198	CHEMSTRIP 10/SG.....	135	CLARINEX.....	67
<i>carisoprodol-aspirin-codeine</i> ...	198	CHEMSTRIP 2 GP.....	135	CLARINEX-D 12 HOUR....	117
CARNITOR.....	144	CHEMSTRIP 5 OB.....	135	<i>clarithromycin</i>	167
CARNITOR SF.....	144	CHEMSTRIP 7.....	135	<i>clarithromycin er</i>	167
CAROSPIR.....	143	CHEMSTRIP 9.....	135	<i>clemastine fumarate</i>	67
<i>carteolol hcl</i>	202	CHEMSTRIP K.....	135	CLENPIQ.....	166
Cartia Xt.....	104	CHEMSTRIP MICRAL.....	135	CLEOCIN.....	76, 229
<i>carvedilol</i>	101	CHEMSTRIP UGK.....	135	CLEOCIN-T.....	121
<i>carvedilol phosphate er</i>	102	CHENODAL.....	152	CLEVER CHEK AUTO- CODE TEST.....	135
CASODEX.....	80	<i>chlordiazepoxide hcl</i>	39	CLEVER CHEK AUTO- CODE VOICE.....	135
CATAPRES.....	71	<i>chlorhexidine gluconate</i>	190	CLEVER CHEK TEST.....	135
CATAPRES-TTS-1.....	72	<i>chloroquine phosphate</i>	77	CLEVER CHOICE AUTO- CODE TEST.....	135
CATAPRES-TTS-2.....	72	<i>chlorothiazide</i>	143	CLEVER CHOICE GLUCOSE CONTROL.....	172
CATAPRES-TTS-3.....	72	<i>chlorpromazine hcl</i>	89	CLEVER CHOICE MICRO TEST.....	135
CAVERJECT.....	106	<i>chlorthalidone</i>	143		
CAVERJECT IMPULSE.....	106	<i>chlorzoxazone</i>	198		
CAYSTON.....	190	CHOLBAM.....	103		
		<i>cholestyramine</i>	68		

<i>clickfine pen needles</i>	172	COMBIPATCH.....	149	CRESEMBA.....	66
CLIMARA.....	149	COMBIVENT RESPIMAT....	42	CRESTOR.....	68
CLIMARA PRO.....	149	COMBIVIR.....	93	CRINONE.....	229
CLINDACIN ETZ.....	121	COMETRIQ (100 MG		CRIXIVAN.....	93
Clindacin-P.....	121	DAILY DOSE).....	80	<i>cromolyn sodium</i>	42, 152, 203
CLINDAGEL.....	121	COMETRIQ (140 MG		CROTAN.....	123
<i>clindamycin hcl</i>	76	DAILY DOSE).....	80	CRYSELLE-28.....	109
<i>clindamycin palmitate hcl</i>	76	COMETRIQ (60 MG DAILY		CUPRIMINE.....	99
<i>clindamycin phos-benzoyl</i>		DOSE).....	80	CURITY ALCOHOL PREPS	
<i>perox</i>	121	COMFORT EZ INSULIN		.....	172
<i>clindamycin phosphate</i>		SYRINGE.....	172	CURITY ALCOHOL	
.....	121, 122, 229	COMFORT EZ PEN		SWABS.....	172
<i>clindamycin-tretinoin</i>	122	NEEDLES.....	172	Curity Sterile Saline.....	154
CLINDESSE.....	229	COMPLERA.....	93	CUTAQUIG.....	209
<i>clobazam</i>	47	<i>completenate</i>	192	CUTIVATE.....	123
<i>clobetasol propionate</i>	122	Compro.....	89	CUVITRU.....	209
<i>clobetasol propionate e</i>	122	COMTAN.....	87	CUVPOSA.....	225
<i>clobetasol propionate emulsion</i>	122	CO-NATAL FA.....	192	<i>cvs glucose</i>	57
CLOBEX.....	122	CONCEPT DHA.....	192	<i>cvs glucose bits</i>	57
CLOBEX SPRAY.....	122	CONCEPT OB.....	192	<i>cvs glucose shot</i>	57
Clodan.....	122	CONCERTA.....	18	CVS KETONE CARE.....	135
CLODERM.....	122	CONDYLOX.....	122	<i>cvs lancing device</i>	172
CLODERM PUMP.....	122	<i>constulose</i>	166	CYCLAFEM 1/35.....	109
<i>clomipramine hcl</i>	52	<i>control</i>	172	CYCLAFEM 7/7/7.....	109
<i>clonazepam</i>	47	CONZIP.....	29	<i>cyclobenzaprine hcl</i>	198
<i>clonidine hcl</i>	72	COPAXONE.....	216	<i>cyclobenzaprine hcl er</i>	198
<i>clonidine hcl er</i>	18	COPIKTRA.....	212	CYCLOGYL.....	203
<i>clopidogrel bisulfate</i>	157	CORDRAN.....	122	CYCLOMYDRIL.....	203
<i>clorazepate dipotassium</i>	39	COREG.....	102	<i>cyclopentolate hcl</i>	203
<i>clotrimazole</i>	190	COREG CR.....	102	<i>cyclophosphamide</i>	80
<i>clotrimazole-betamethasone</i>	122	Coremino.....	222	CYCLOSET.....	57
<i>clozapine</i>	89	CORGARD.....	102	<i>cyclosporine</i>	99
CLOZARIL.....	89	CORIFACT.....	157	<i>cyclosporine modified</i>	99
<i>c-nate dha</i>	192	CORLANOR.....	221	CYMBALTA.....	52
<i>co monitor replacement pieces</i>	172	CORTANE-B.....	122	<i>cyproheptadine hcl</i>	67
COAGADEX.....	157	CORTEF.....	116	CYSTADANE.....	144
COARTEM.....	77	CORTENEMA.....	37	CYSTAGON.....	154
<i>codeine sulfate</i>	29	CORTIFOAM.....	37	CYSTARAN.....	203
COLAZAL.....	152	CORTISPORIN.....	123	CYSTOGRAFIN-DILUTE..	135
<i>colchicine</i>	156	CORVITA.....	193	CYTOGAM.....	209
<i>colchicine-probenecid</i>	156	COSENTYX.....	123	CYTOMEL.....	224
COLCRYS.....	156	COSENTYX		CYTOTEC.....	225
<i>colesevelam hcl</i>	68	SENSOREADY PEN.....	123	CYTOVENE.....	93
COLESTID.....	68	COSOPT.....	203	<i>cytra k crystals</i>	154
COLESTID FLAVORED.....	68	COSOPT PF.....	203	CYTRA-3.....	154
<i>colestipol hcl</i>	68	COTELLIC.....	80	D.H.E. 45.....	186
Colocort.....	36	COTEMPLA XR-ODT.....	19	DAKLINZA.....	93
COLY-MYCIN M.....	76	COUMADIN.....	45	<i>dalfampridine er</i>	216
COLY-MYCIN S.....	208	COZAAR.....	72	DALIRESP.....	42
COMBIGAN.....	203	CREON.....	142	<i>danazol</i>	36

DANTRIUM.....	198	DEX4 GLUCOSE.....	57	DILANTIN.....	47
<i>dantrolene sodium</i>	198	DEX4 NATURALS.....	57	DILANTIN INFATABS.....	47
<i>dapsone</i>	76, 123	DEX4 POUCH PACK.....	57	DILATRATE-SR.....	37
DARAPRIM.....	77	DEX4 QUICK DISSOLVE		DILAUDID.....	29
<i>darifenacin hydrobromide er</i> ...	228	GLUCOSE.....	57	<i>diltiazem hcl</i>	104
DASETTA 1/35.....	109	<i>dexamethasone</i>	116	<i>diltiazem hcl er</i>	104
DASETTA 7/7/7.....	109	DEXAMETHASONE		<i>diltiazem hcl er beads</i>	104
DAURISMO.....	80	INTENSOL.....	116	<i>diltiazem hcl er coated beads</i> ...	104
DAYPRO.....	23	<i>dexamethasone sodium</i>		<i>dilt-xr</i>	104
DAYSEE.....	109	<i>phosphate</i>	203	DIOVAN.....	72
DAYTRANA.....	19	DEXEDRINE.....	19	DIOVAN HCT.....	72
DDAVP.....	144, 145	DEXILANT.....	226	DIPENTUM.....	152
DDAVP RHINAL TUBE.....	145	<i>dexmethylphenidate hcl</i>	19	<i>diphenoxylate-atropine</i>	63
<i>deferasirox</i>	64	<i>dexmethylphenidate hcl er</i>	19	DIPROLENE.....	124
<i>deferoxamine mesylate</i>	64	<i>dextroamphetamine sulfate</i>	19	DIPROLENE AF.....	124
DELSTRIGO.....	93	<i>dextroamphetamine sulfate er</i> ...	19	<i>dipyridamole</i>	157
DELZICOL.....	152	DIACOMIT.....	47	<i>disopyramide phosphate</i>	39
DEMADEX.....	143	DIALYVITE.....	193	<i>disulfiram</i>	216
<i>demeclocycline hcl</i>	222	DIALYVITE 3000.....	193	DITROPAN XL.....	228
DEMSEER.....	72	DIALYVITE 5000.....	193	DIURIL.....	143
DENAVIR.....	123	DIALYVITE SUPREME D.....	193	<i>divalproex sodium</i>	47
DENTA 5000 PLUS.....	190	DIALYVITE/ZINC.....	193	<i>divalproex sodium er</i>	47
DEPAKENE.....	47	DIASTAT ACUDIAL.....	47	DIVIGEL.....	149
DEPAKOTE.....	47	DIASTAT PEDIATRIC.....	47	<i>dofetilide</i>	39
DEPAKOTE ER.....	47	DIASTIX.....	136	DOLOPHINE.....	29
DEPEN TITRATABS.....	99	<i>diatrue control level 1</i>	172	<i>donepezil hcl</i>	216
DEPO-PROVERA.....	109	<i>diatrue control level 2</i>	172	DOPTelet.....	160
DERMA-SMOOTH/FS		<i>diatrue control level 3</i>	172	DORAL.....	163
BODY.....	123	<i>diatrue plus test</i>	136	DORYX.....	223
DERMA-SMOOTH/FS		<i>diazepam</i>	39	DORYX MPC.....	222
SCALP.....	123	<i>Diazepam Intensol</i>	39	<i>dorzolamide hcl</i>	203
DERMOTIC.....	208	DIBENZYLINE.....	72	<i>dorzolamide hcl-timolol mal</i> ...	203
DESCOVY.....	93	DICLEGIS.....	65	<i>dorzolamide hcl-timolol mal pf</i>	203
DESFERAL.....	64	<i>diclofenac epolamine</i>	123	DOVATO.....	93
<i>desipramine hcl</i>	52	<i>diclofenac potassium</i>	23	DOVONEX.....	124
<i>desloratadine</i>	67	<i>diclofenac sodium</i>	23, 123, 203	<i>doxazosin mesylate</i>	72
<i>desmopressin ace spray refrig</i>	145	<i>diclofenac sodium er</i>	23	<i>doxepin hcl</i>	52, 124
<i>desmopressin acetate</i>	145	<i>diclofenac-misoprostol</i>	23	<i>doxercalciferol</i>	145
<i>desmopressin acetate spray</i>	145	<i>dicloxacillin sodium</i>	212	<i>doxycycline</i>	124
<i>desogestrel-ethinyl estradiol</i> ...	110	<i>dicyclomine hcl</i>	226	<i>doxycycline hyclate</i>	223
DESONATE.....	123	<i>didanosine</i>	93	<i>doxycycline monohydrate</i>	223
<i>desonide</i>	123	DIFFERIN.....	123	<i>d-penammine</i>	99
DESOWEN.....	123	DIFICID.....	167	DRISDOL.....	231
<i>desoximetasone</i>	123	DIFIL-G FORTE.....	42	<i>dronabinol</i>	65
DESXYN.....	19	<i>diflorasone diacetate</i>	123	DROPLET LANCING	
<i>desvenlafaxine er</i>	52	DIFLUCAN.....	66	DEVICE.....	172
<i>desvenlafaxine succinate er</i>	52	<i>diflunisal</i>	27	<i>drospiren-eth estrad-levomefol</i>	110
DETROL.....	228	Digox.....	105	<i>drospirenone-ethinyl estradiol</i>	110
DETROL LA.....	228	<i>digoxin</i>	105	DROXIA.....	160
DEX4.....	57	<i>dihydroergotamine mesylate</i> ...	186		

DRUG MART LANCING	EASY TOUCH INSULIN	ELIMITE.....	124
DEVICE.....	SAFETY SYR.....	ELINEST.....	110
<i>drug mart unifine pentips</i>	EASY TOUCH INSULIN	ELIQUIS.....	45
DUAC.....	SYRINGE.....	ELIQUIS STARTER PACK..	45
DUAVEE.....	EASY TOUCH LANCING	ELITE DC AUTO	
DUET DHA 400.....	DEVICE.....	ADAPTER.....	174
DUET DHA BALANCED...	EASY TOUCH PEN	ELITE-OB.....	193
DUETACT.....	NEEDLES.....	<i>elite-thin insulin syringe</i>	174
DUEXIS.....	EASY TOUCH TEST.....	ELIXOPHYLLIN.....	42
DULERA.....	<i>easy trak blood glucose test</i>	ELLA.....	110
<i>duloxetine hcl</i>	<i>easy trak control</i>	ELMIRON.....	155
DUOBRII.....	EASYGLUCO.....	ELOCON.....	124
DUO-CARE CONTROL	EASYGLUCO CONTROL..	ELOCTATE.....	158
SOLUTION.....	EASYMAX 15 LEVEL 1	EMBEDA.....	29
DUO-CARE TEST.....	CONTROL.....	EMBRACE BLOOD	
DUOPA.....	EASYMAX 15 LEVEL 2	GLUCOSE TEST.....	136
DUPIXENT.....	CONTROL.....	EMBRACE CONTROL.....	174
DURAGESIC-100.....	EASYMAX 15 TEST.....	EMBRACE EVO BLOOD	
DURAGESIC-12.....	EASYMAX CONTROL.....	GLUCOSE TEST.....	136
DURAGESIC-25.....	EASYMAX TEST.....	EMBRACE PRO GLUCOSE	
DURAGESIC-50.....	<i>easyplus blood glucose test</i>	TEST.....	136
DURAGESIC-75.....	EASYPRO BLOOD	EMCYT.....	81
<i>duraxin</i>	GLUCOSE TEST.....	EMEND.....	65
DUREZOL.....	EASYPRO PLUS.....	EMFLAZA.....	116
DURLAZA.....	<i>econazole nitrate</i>	EMGALITY.....	103
DUROLANE.....	ECOZA.....	EMOQUETTE.....	110
<i>dutasteride</i>	EDARBI.....	EMSAM.....	53
<i>dutasteride-tamsulosin hcl</i>	EDARBYCLOR.....	EMTRIVA.....	94
DUTOPROL.....	EDECIN.....	EMVERM.....	37
DXEVO 11-DAY.....	EDEX.....	ENABLEX.....	228
DYANAVEL XR.....	EDLUAR.....	<i>enalapril maleate</i>	72
DYAZIDE.....	EDURANT.....	<i>enalapril-hydrochlorothiazide</i> ...	72
DYMISTA.....	<i>efavirenz</i>	ENBREL.....	23
DYRENIUM.....	EFFER-K.....	ENBREL MINI.....	23
DYSPORT.....	EFFEXOR XR.....	ENBREL SURECLICK.....	23
E.E.S. 400.....	EFFIENT.....	ENCARE.....	229
E.E.S. GRANULES.....	EFLOW SCF AEROSOL	ENDARI.....	22
<i>easy comfort insulin syringe</i>	HEAD.....	Endocet.....	29, 30
<i>easy comfort pen needles</i>	EFUDEX.....	ENDOMETRIN.....	229
<i>easy mini lancing device</i>	ELAPRASE.....	<i>enoxaparin sodium</i>	45
<i>easy plus ii control</i>	ELELYSO.....	ENPRESSE-28.....	110
<i>easy plus ii glucose test</i>	<i>element compact control 2</i>	ENSKYCE.....	110
EASY STEP CONTROL.....	<i>element compact control 3</i>	ENSTILAR.....	124
EASY STEP TEST.....	<i>element compact test</i>	<i>entacapone</i>	87
<i>easy talk blood glucose test</i>	ELEMENT CONTROL.....	<i>entecavir</i>	94
<i>easy talk control</i>	ELEMENT TEST.....	ENTOCORT EC.....	116
EASY TOUCH ALCOHOL	ELESTRIN.....	ENTRESTO.....	201
PREP MEDIUM.....	<i>eletriptan hydrobromide</i>	ENTYVIO.....	165
EASY TOUCH CONTROL	ELIDEL.....	<i>enulose</i>	152
HIGH & LOW.....	ELIGARD.....	ENVARUSUS XR.....	99

EPANED.....	72	ESTROGEL.....	150	E-Z-PAQUE.....	137
EPCLUSA.....	163	ESTROSTEP FE.....	110	FABIOR.....	125
EPIDIOLEX.....	47	<i>eszopiclone</i>	164	FABRAZYME.....	145
EPIDUO.....	124	<i>ethacrynic acid</i>	143	FALMINA.....	110
EPIDUO FORTE.....	124	<i>ethambutol hcl</i>	78	<i>famciclovir</i>	94
EPIFOAM.....	124	<i>ethosuximide</i>	47	<i>famotidine</i>	226
<i>epinastine hcl</i>	203	<i>etodolac</i>	23	FANAPT.....	89
<i>epinephrine</i>	230	<i>etodolac er</i>	23	FANAPT TITRATION	
EPIPEN 2-PAK.....	230	<i>etoposide</i>	81	PACK.....	89
EPIPEN JR 2-PAK.....	230	EUCRISA.....	212	FARESTON.....	81
EPISNAP.....	230	EUFLEXXA.....	199	FARXIGA.....	57
Epitol.....	47	EURAX.....	124	FARYDAK.....	81
EPIVIR.....	94	Euthyrox.....	224	FASLODEX.....	81
EPIVIR HBV.....	94	EVAMIST.....	150	Fayosim.....	110
<i>eplerenone</i>	72	EVEKEO.....	19	FAZACLO.....	89, 90
EPOGEN.....	161	EVENCARE + BLOOD		FC FEMALE CONDOM....	174
<i>epoprostenol sodium</i>	106	GLUCOSE TEST.....	137	FC2 FEMALE CONDOM...	174
<i>eprosartan mesylate</i>	72	EVENCARE BLOOD		<i>felbamate</i>	48
EPZICOM.....	94	GLUCOSE TEST.....	137	FELBATOL.....	48
EQUETRO.....	89	EVENCARE CONTROL		FELDENE.....	23
<i>ergocal</i>	231	LOW/HIGH.....	174	<i>felodipine er</i>	104
<i>ergocalciferol</i>	231	EVENCARE G2		FEMARA.....	81
ERGOMAR.....	187	LOW/HIGH CONTROL.....	174	FEMCAP.....	174
ERIVEDGE.....	81	EVENCARE G2 TEST.....	137	FEMHRT LOW DOSE.....	150
ERLEADA.....	81	EVENCARE G3		FEMRING.....	229
<i>erlotinib hcl</i>	81	LOW/HIGH CONTROL.....	174	<i>fenofibrate</i>	68
ERRIN.....	110	EVENCARE G3 TEST.....	137	<i>fenofibrate micronized</i>	68
ERTACZO.....	124	EVENITY.....	221	<i>fenofibric acid</i>	68
<i>ery</i>	124	EVISTA.....	145	FENOGLIDE.....	68
ERYGEL.....	124	EVOCLIN.....	124	<i>fenoprofen calcium</i>	23
ERYPED 200.....	168	EVOLUTION AUTOCODE	137	FENORTHO.....	23
ERYPED 400.....	168	EVOLUTION CONTROL...	174	<i>fentanyl</i>	30
ERY-TAB.....	168	EVOTAZ.....	94	<i>fentanyl citrate</i>	30
ERYTHROCIN STEARATE		EVOXAC.....	190	FENTORA.....	30
.....	168	EXELDERM.....	124, 125	FER-IN-SOL.....	161
<i>erythromycin</i>	124, 203	EXELON.....	216	FERREX 150 FORTE PLUS	161
<i>erythromycin base</i>	168	<i>exemestane</i>	81	FERRIPROX.....	64
<i>erythromycin ethylsuccinate</i>	168	EXFORGE.....	73	FERRLECIT.....	161
ESBRIET.....	220	EXFORGE HCT.....	73	<i>ferrous sulfate</i>	161
ESCAVITE.....	193	EXJADE.....	64	FETZIMA.....	53
<i>escitalopram oxalate</i>	53	EXTAVIA.....	216	FETZIMA TITRATION.....	53
ESGIC.....	27	EXTINA.....	125	FEXMID.....	199
<i>esomeprazole magnesium</i>	226	EYLEA.....	203	FIASP.....	57
<i>esomeprazole strontium</i>	226	EZ SMART BLOOD		FIASP FLEXTOUCH.....	57
Estarylla.....	110	GLUCOSE TEST.....	137	FIBRYGA.....	158
<i>estazolam</i>	163	EZ SMART PLUS		FIFTY50 ALCOHOL PREP	174
ESTRACE.....	149, 229	GLUCOSE TEST.....	137	FIFTY50 GLUCOSE TEST	
<i>estradiol</i>	149, 150, 229	<i>ezetimibe</i>	68	2.0.....	137
<i>estradiol-norethindrone acet</i> ...	150	<i>ezetimibe-simvastatin</i>	68	FIFTY50 PEN NEEDLES...	174
ESTRING.....	229	E-Z-HD.....	137		

FIFTY50 SUPERIOR	<i>fluvastatin sodium</i>	69	<i>fosinopril sodium</i>	73
COMFORT SYR.....	<i>fluvastatin sodium er</i>	69	<i>fosinopril sodium-hctz</i>	73
<i>filter air pp</i>	<i>fluvoxamine maleate</i>	53	FOSRENOL.....	152
FINACEA.....	<i>fluvoxamine maleate er</i>	53	FRAGMIN.....	46
<i>finasteride</i>	FML.....	204	<i>freds pharmacy autolet lancng</i>	174
FIORICET.....	FML FORTE.....	203	<i>freds pharmacy unifine pentip+</i>	174
FIORICET/CODEINE.....	FML LIQUIFILM.....	204	.....	174
FIORINAL.....	FOCALIN.....	19	<i>freds pharmacy unifine pentips</i>	174
FIORINAL/CODEINE #3.....	FOCALIN XR.....	19	FREESTYLE CONTROL	
FIRAZYR.....	<i>folbee plus</i>	193	SOLUTION.....	174
FIRDAPSE.....	FOLBEE PLUS CZ.....	193	FREESTYLE INSULINX	
FIRMAGON.....	FOLGARD OS.....	193	TEST.....	138
FIRVANQ.....	<i>folic acid</i>	161	FREESTYLE LANCETS.....	175
FLAGYL.....	<i>folika-v</i>	192	FREESTYLE LITE TEST...	138
FLAREX.....	FOLIVANE-OB.....	193	FREESTYLE PRECISION	
FLEBOGAMMA DIF.....	<i>fondaparinux sodium</i>	46	INS SYR.....	175
<i>flecainide acetate</i>	FORA CONTROL.....	174	FREESTYLE TEST.....	138
FLECTOR.....	FORA D15G BLOOD		FROVA.....	187
FLOLAN.....	GLUCOSE TEST.....	137	<i>frovatriptan succinate</i>	187
<i>flolipid</i>	FORA D20 BLOOD		<i>full kit nebulizer set</i>	175
FLOMAX.....	GLUCOSE TEST.....	137	FULPHILA.....	161
FLOVENT DISKUS.....	FORA G20 BLOOD		<i>fulvestrant</i>	81
FLOVENT HFA.....	GLUCOSE TEST.....	137	FURADANTIN.....	227
FLOXIN OTIC.....	FORA G30/PREM V10		<i>furosemide</i>	143
<i>fluconazole</i>	GLUCOSE TEST.....	137	FUZEON.....	94
<i>flucytosine</i>	FORA GD20 TEST.....	137	FYCOMPA.....	48
<i>fludrocortisone acetate</i>	FORA LANCING DEVICE	174	<i>gabapentin</i>	48
FLUMADINE.....	FORA V10 BLOOD		GABITRIL.....	48
<i>flunisolide</i>	GLUCOSE TEST.....	137	GALAFOLD.....	145
<i>fluocinolone acetonide</i>	FORA V12 BLOOD		<i>galantamine hydrobromide</i>	216
<i>fluocinolone acetonide body</i>	GLUCOSE TEST.....	137	<i>galantamine hydrobromide er</i> ..	216
<i>fluocinolone acetonide scalp</i>	FORA V20 BLOOD		GALZIN.....	188
<i>fluocinonide</i>	GLUCOSE TEST.....	137	GAMASTAN S/D.....	210
FLUORABON.....	FORA V30A BLOOD		GAMMAGARD.....	210
<i>fluoritab</i>	GLUCOSE TEST.....	137	GAMMAGARD S/D LESS	
<i>fluorometholone</i>	FORACARE GD40 TEST...	138	IGA.....	210
FLUROPLEX.....	FORACARE GDH		GAMMAKED.....	210
<i>fluorouracil</i>	CONTROL.....	174	GAMMAPLEX.....	210
<i>fluoxetine hcl</i>	FORACARE PREMIUM		GAMUNEX-C.....	210
<i>fluoxetine hcl (pmdd)</i>	V10 TEST.....	138	<i>ganciclovir sodium</i>	94
<i>fluphenazine hcl</i>	FORACARE TEST N GO		GASTROCROM.....	152
FLURA-DROPS.....	TEST.....	138	<i>gatifloxacin</i>	204
<i>flurandrenolide</i>	FORANE.....	154	GATTEX.....	152
FLURA-SAFE.....	FORFIVO XL.....	53	<i>gavilax</i>	166
<i>flurazepam hcl</i>	FORTAMET.....	58	Gavilyte-C.....	166
<i>flurbiprofen</i>	FORTEO.....	145	Gavilyte-G.....	166
<i>flurbiprofen sodium</i>	FORTESTA.....	36	GAVILYTE-H.....	166
<i>flutamide</i>	FOSAMAX.....	145	GAVILYTE-N WITH	
<i>fluticasone propionate</i>	FOSAMAX PLUS D.....	145	FLAVOR PACK.....	166
<i>fluticasone-salmeterol</i>	<i>fosamprenavir calcium</i>	94	<i>ge100 blood glucose test</i>	138

<i>ge100 control</i>	175	GLUCOCARD 01	GRASTEK.....	103
GEBAUERS PAIN EASE		CONTROL.....	<i>griseofulvin microsize</i>	66
.....	125, 225	GLUCOCARD 01 SENSOR	<i>griseofulvin ultramicrosize</i>	66
GEBAUERS SPRAY AND		PLUS.....	<i>guaifenesin-codeine</i>	117
STRETCH.....	125, 225	GLUCOCARD	<i>guanfacine hcl</i>	73
GELFILM.....	204	EXPRESSION CONTROL..	<i>guanfacine hcl er</i>	19
GELNIQUE.....	228	GLUCOCARD	GYNAZOLE-1.....	229
GELNIQUE PUMP.....	228	EXPRESSION TEST.....	HAEGARDA.....	158
GEL-ONE.....	199	GLUCOCARD SHINE	Hailey 24 Fe.....	110
GELSYN-3.....	199	CONTROL.....	HALCION.....	164
<i>gemfibrozil</i>	69	GLUCOCARD SHINE	<i>halobetasol propionate</i>	125
GENERESS FE.....	110	TEST.....	HALOG.....	126
<i>generlac</i>	152	GLUCOCARD VITAL	<i>haloperidol</i>	90
Gengraf.....	99	TEST.....	<i>haloperidol lactate</i>	90
GENICIN VITA-Q.....	192	GLUCOCARD X-SENSOR..	HARVONI.....	163
GENOTROPIN.....	145	GLUCOCARD X-SENSOR	HEALTH CARE LANCING	
GENOTROPIN		CONTROL.....	DEVICE.....	175
MINIQUICK.....	145	GLUCOCOM CONTROL...	<i>healthwise mini pen needles</i>	175
GENSTRIP 50.....	138	GLUCOCOM TEST.....	<i>healthwise pen needles</i>	175
GENTAK.....	204	GLUCONAVII BLOOD	<i>healthwise short pen needles</i>	175
<i>gentamicin sulfate</i>	125, 204	GLUCOSE TEST.....	<i>healthwise unifine pentips</i>	176
GENTLE-LET		GLUCOPHAGE.....	<i>healthy accents lancing device</i> ..	176
PLATFORMS.....	175	GLUCOPHAGE XR.....	<i>healthy accents unifine pentip</i> ..	176
GENVOYA.....	94	GLUCOPRO INSULIN	HEATHER.....	110
GEODON.....	90	SYRINGE.....	<i>h-e-b incontrol adv lancing</i>	176
Gianvi.....	110	<i>glucose</i>	<i>h-e-b incontrol pen needles</i>	176
GILENYA.....	216	<i>glucose control</i>	HELIXATE FS.....	158
GILOTRIF.....	81	GLUCOTROL.....	HEMANGEOL.....	102
GILPHEX TR.....	117	GLUCOTROL XL.....	HEMLIBRA.....	67
GILTUSS TR.....	117	GLUMETZA.....	HEMOPIL M.....	158
GLASSIA.....	220	<i>glyburide</i>	HEPAGAM B.....	210
<i>glatiramer acetate</i>	216	<i>glyburide micronized</i>	<i>heparin sodium (porcine)</i>	46
Glatopa.....	216	<i>glyburide-metformin</i>	<i>heparin sodium (porcine) pf</i>	46
GLEEVEC.....	81	<i>glycine</i>	HEPSERA.....	94
GLEOSTINE.....	81	<i>glycine urologic</i>	HETLIOZ.....	164
<i>glimepiride</i>	58	<i>glycopyrrolate</i>	Hidex 6-Day.....	116
<i>glipizide</i>	58	GLYNASE.....	HIPREX.....	227
<i>glipizide er</i>	58	GLYSET.....	HISTEX-AC.....	117
<i>glipizide xl</i>	58	GLYXAMBI.....	HIZENTRA.....	210
<i>glipizide-metformin hcl</i>	58	<i>gnp alcohol swabs</i>	<i>hm glucose</i>	59
<i>global alcohol prep ease</i>	175	<i>gnp clickfine pen needles</i>	HM ULTICARE INSULIN	
<i>global ease inject pen needles</i> ..	175	<i>gnp glucose</i>	SYRINGE.....	176
<i>global inject ease insulin syr</i>	175	<i>gnp quick dissolve glucose</i>	Homatropaire.....	204
<i>global lancing device</i>	175	GOCOVRI.....	<i>homatropine hbr</i>	204
GLUCAGEN HYPOKIT.....	58	GOLYTELY.....	HORIZANT.....	217
GLUCAGON		GONITRO.....	HP ACTHAR.....	145
EMERGENCY.....	58	GRALISE.....	HUMALOG KWIKPEN.....	59
GLUCO BURST.....	58	GRALISE STARTER...	HUMALOG MIX 50/50.....	59
GLUCO PERFECT 3 TEST..	138	<i>granisetron hcl</i>	HUMALOG MIX 50/50	
		GRANIX.....	KWIKPEN.....	59

HUMALOG MIX 75/25.....	59	HYPERSAL.....	118	INFLECTRA.....	152
HUMALOG MIX 75/25		HYPERTET S/D.....	210	INGREZZA.....	217
KWIKPEN.....	59	HYPOLANCE AST		INLYTA.....	82
HUMATE-P.....	158	LANCING.....	176	INNOSPIRE	
HUMATROPE.....	145	HYQVIA.....	209	REPLACEMENT FILTER..	176
HUMIRA.....	24	HYSINGLA ER.....	30	INSPIREASE RESERVOIR	
HUMIRA PEDIATRIC		<i>hy-vee glucose</i>	59	BAGS.....	176
CROHNS START.....	23	HYZAAR.....	73	INSPRA.....	73
HUMIRA PEN.....	23	<i>ibandronate sodium</i>	145	<i>insulin lispro</i>	59
HUMIRA PEN-CD/UC/HS		IBRANCE.....	118	<i>insulin syringe</i>	176
STARTER.....	23, 24	IBUDONE.....	30	<i>insulin syringe/needle</i>	176
HUMIRA PEN-		<i>ibuprofen</i>	24	<i>insulin syringe-needle u-100</i>	176
PS/UV/ADOL HS START.....	24	ICLUSIG.....	82	<i>insupen pen needles</i>	176
HUMULIN 70/30.....	59	IDELVION.....	158	INSUPEN SENSITIVE.....	176
HUMULIN 70/30		IDHIFA.....	166	INSUPEN ULTRAFIN.....	176
KWIKPEN.....	59	IFEREX 150 FORTE.....	161	INTELENCE.....	94
HUMULIN N.....	59	ILARIS.....	24	INTERMEZZO.....	164
HUMULIN N KWIKPEN.....	59	ILEVRO.....	204	INTRAROSA.....	229
HUMULIN R.....	59	ILUMYA.....	126	INTRON A.....	82
HUMULIN R U-500		<i>imatinib mesylate</i>	82	Introvale.....	110
(CONCENTRATED).....	59	IMBRUVICA.....	82	INTUNIV.....	19
HUMULIN R U-500		<i>imipramine hcl</i>	53	INVEGA.....	90
KWIKPEN.....	59	<i>imipramine pamoate</i>	53	INVELTYS.....	204
HYALGAN.....	199	<i>imiquimod</i>	126	INVIRASE.....	94
HYCAMTIN.....	82	<i>imiquimod pump</i>	126	INVOKAMET.....	221
<i>hydralazine hcl</i>	73	IMITREX.....	187	INVOKAMET XR.....	222
HYDREA.....	82	IMITREX STATDOSE		INVOKANA.....	60
<i>hydrochlorothiazide</i>	143	REFILL.....	187	IOPIDINE.....	204
<i>hydrocod polst-cpm polst er</i>	117	IMITREX STATDOSE		<i>ipratropium bromide</i>	42, 200
<i>hydrocodone-acetaminophen</i>	30	SYSTEM.....	187	<i>ipratropium-albuterol</i>	42
<i>hydrocodone-homatropine</i>	118	IMPAVIDO.....	76	<i>irbesartan</i>	73
<i>hydrocodone-ibuprofen</i>	30	IMPOYZ.....	126	<i>irbesartan-hydrochlorothiazide</i> . 73	
<i>hydrocortisone</i>	37, 116, 126	IMURAN.....	99	IRESSA.....	82
<i>hydrocortisone ace-pramoxine</i> ..	37	IMVEXXY		ISENTRESS.....	94
<i>hydrocortisone butyr lipo base</i>	126	MAINTENANCE PACK.....	229	ISENTRESS HD.....	94
<i>hydrocortisone butyrate</i>	126	IMVEXXY STARTER		ISIBLOOM.....	110
<i>hydrocortisone valerate</i>	126	PACK.....	229	<i>isoflurane</i>	154
<i>hydrocortisone-acetic acid</i>	208	INATAL GT.....	193	<i>isoniazid</i>	78
<i>hydromet</i>	118	INBRIJA.....	87	ISOPTIN SR.....	104
<i>hydromorphone hcl</i>	30	INCRELEX.....	145	ISORDIL TITRADOSE.....	38
<i>hydromorphone hcl er</i>	30	INCRUSE ELLIPTA.....	42	<i>isosorbide dinitrate</i>	38
<i>hydroxychloroquine sulfate</i>	77	<i>indapamide</i>	143	<i>isosorbide dinitrate er</i>	38
<i>hydroxyprogesterone caproate</i>	214	INDERAL LA.....	102	<i>isosorbide mononitrate</i>	38
<i>hydroxyurea</i>	82	INDERAL XL.....	102	<i>isosorbide mononitrate er</i>	38
<i>hydroxyzine hcl</i>	39	INDOCIN.....	24	<i>isotretinoin</i>	126
<i>hydroxyzine pamoate</i>	39	<i>indomethacin</i>	24	ISTALOL.....	204
HYMOVIS.....	199	<i>indomethacin er</i>	24	<i>itraconazole</i>	66
HYPERHEP B S/D.....	210	INFINITY BLOOD		<i>ivermectin</i>	37
HYPERRAB.....	210	GLUCOSE TEST.....	138	IXINITY.....	158
HYPERRHO S/D.....	210	INFINITY CONTROL.....	176	JADENU.....	64

JADENU SPRINKLE.....	64	KETOSTIX.....	138	LAMICTAL ODT.....	48
JAKAFI.....	82	KEVEYIS.....	143	LAMICTAL STARTER.....	48
JALYN.....	155	KEVZARA.....	24	LAMICTAL XR.....	49
Jantoven.....	46	KHEDEZLA.....	53	LAMISIL.....	66
JANUMET.....	60	KINERET.....	24	<i>lamivudine</i>	95
JANUMET XR.....	60	KIONEX.....	99, 214	<i>lamivudine-zidovudine</i>	95
JANUVIA.....	60	KISQALI FEMARA 200		<i>lamotrigine</i>	49
JARDIANCE.....	60	DOSE.....	82	<i>lamotrigine er</i>	49
JASMIEL.....	110	KISQALI FEMARA 400		<i>lamotrigine starter kit-blue</i>	49
JENCYCLA.....	110	DOSE.....	82	<i>lamotrigine starter kit-green</i>	49
JENTADUETO.....	60	KISQALI FEMARA 600		<i>lamotrigine starter kit-orange</i> ...	49
JENTADUETO XR.....	60	DOSE.....	83	<i>lancet device</i>	176
JETREA.....	204	KLARON.....	126	<i>lancets</i>	177
JIVI.....	158	KLONOPIN.....	48	LANCETS ULTRA THIN..	177
JOLESSA.....	110	Klor-Con.....	189	<i>lancing device</i>	177
JOLIVETTE.....	111	Klor-Con 10.....	188	LANOXIN.....	105
JORNAY PM.....	19	Klor-Con M10.....	188	<i>lansoprazole</i>	226
J-TIP KIT W/VIAL		KLOR-CON M15.....	188	<i>lanthanum carbonate</i>	152
ADAPTERS.....	176	Klor-Con M20.....	189	LANTUS.....	60
JUBLIA.....	126	Klor-Con/Ef.....	189	LANTUS SOLOSTAR.....	60
JULUCA.....	94	<i>kmart valu insulin syringe 29g</i> ..	176	LARIN 1/20.....	111
JUNEL 1.5/30.....	111	<i>kmart valu insulin syringe 30g</i> ..	176	LARIN FE 1.5/30.....	111
JUNEL 1/20.....	111	KOATE.....	158	LARIN FE 1/20.....	111
JUNEL FE 1.5/30.....	111	KOATE-DVI.....	158	LASIX.....	143
JUNEL FE 1/20.....	111	KOGENATE FS.....	159	LASTACAPT.....	204
JUXTAPID.....	69	KOMBIGLYZE XR.....	60	<i>latanoprost</i>	204
JYNARQUE.....	145	KORLYM.....	60	LATUDA.....	90
KADIAN.....	30	KOVALTRY.....	159	<i>lavare wound wash</i>	126
KALBITOR.....	158	K-PHOS.....	189	LAZANDA.....	31
KALETRA.....	95	K-PHOS NO 2.....	155	<i>leader advanced lancing device</i> ..	177
KALYDECO.....	220	K-PRIME.....	189	<i>leader glucose</i>	60
KANUMA.....	167	KRINTAFEL.....	77	<i>leader quick dissolve glucose</i>	60
KAPSPARGO SPRINKLE..	102	KRISTALOSE.....	166	LEADER UNIFINE	
KAPVAY.....	19	<i>croger blood glucose test</i>	138	PENTIPS.....	177
KARBINAL ER.....	67	<i>croger glucose</i>	60	LEADER UNIFINE	
KARIVA.....	111	<i>croger lancing device</i>	176	PENTIPS PLUS.....	177
KAZANO.....	60	<i>croger pen needles</i>	176	<i>ledipasvir-sofosbuvir</i>	163
KCENTRA.....	158	<i>croger premium glucose test</i> ...	139	LEENA.....	111
KEFLEX.....	107	<i>croger test</i>	139	<i>leflunomide</i>	24
Kelnor 1/35.....	111	KRYSTEXXA.....	156	LEMTRADA.....	217
KENALOG.....	126	KURVELO.....	111	LENVIMA 10 MG DAILY	
KEPPRA.....	48	KUVAN.....	146	DOSE.....	83
KEPPRA XR.....	48	KYLEENA.....	111	LENVIMA 12 MG DAILY	
KERR TRIPLE DYE		KYNAMRO.....	69	DOSE.....	83
SWABS.....	92	<i>labetalol hcl</i>	102	LENVIMA 14 MG DAILY	
KERYDIN.....	209	LACRISERT.....	204	DOSE.....	83
<i>ketoconazole</i>	66, 126	<i>lactated ringers</i>	99	LENVIMA 18 MG DAILY	
KETO-DIASTIX.....	138	<i>lactulose</i>	166	DOSE.....	83
<i>ketoprofen er</i>	24	<i>lactulose encephalopathy</i>	152	LENVIMA 20 MG DAILY	
<i>ketorolac tromethamine</i>	24, 204	LAMICTAL.....	48	DOSE.....	83

LENVIMA 24 MG DAILY	LIDODERM.....	127	Lorcet.....	31
DOSE.....	<i>lindane</i>	127	Lorcet Hd.....	31
LENVIMA 4 MG DAILY	<i>linezolid</i>	76	Lorcet Plus.....	31
DOSE.....	LINZESS.....	152	LORTAB.....	31
LENVIMA 8 MG DAILY	<i>liothyronine sodium</i>	224	LORYNA.....	112
DOSE.....	LIPITOR.....	69	LORZONE.....	199
LESCOL XL.....	LIPOFEN.....	69	<i>losartan potassium</i>	73
LESSINA.....	LIQUID E-Z-PAQUE.....	139	<i>losartan potassium-hctz</i>	73
LETAIRIS.....	<i>lisinopril</i>	73	LOSEASONIQUE.....	112
<i>letrozole</i>	<i>lisinopril-hydrochlorothiazide</i> ...	73	LOTEMAX.....	204
<i>leucovorin calcium</i>	LITE TOUCH LANCING		LOTEMAX SM.....	204
LEUKERAN.....	PEN.....	177	LOTENSIN.....	73
<i>leuprolide acetate</i>	LITETOUCH INSULIN		LOTENSIN HCT.....	73
<i>levabuterol hcl</i>	SYRINGE.....	177	<i>loteprednol etabonate</i>	204
LEVAQUIN.....	LITETOUCH MASK		LOTREL.....	73
LEVEMIR.....	LARGE.....	177	LOTRISONE.....	127
LEVEMIR FLEXTOUCH....	LITETOUCH MASK		LOTRONEX.....	152
<i>levetiracetam</i>	MEDIUM.....	177	<i>lovastatin</i>	69
<i>levetiracetam er</i>	LITETOUCH MASK		LOVAZA.....	69
<i>levobunolol hcl</i>	SMALL.....	177	LOVENOX.....	46
<i>levocarnitine</i>	LITETOUCH PEN		LOW-OGESTREL.....	112
<i>levofloxacin</i>	NEEDLES.....	177	<i>loxapine succinate</i>	90
LEVONEST.....	<i>lithium carbonate</i>	90	LO-ZUMANDIMINE.....	112
<i>levonorgest-eth estrad 91-day</i> ..	<i>lithium carbonate er</i>	90	LUCEMYRA.....	21
<i>levonorgestrel-ethinyl estrad</i> ...	LITHOBID.....	90	LUCENTIS.....	205
LEVORA 0.15/30 (28).....	LITHOSTAT.....	155	Ludent.....	189
<i>levorphanol tartrate</i>	LIVALO.....	69	LUDENT.....	189
<i>levothyroxine sodium</i>	<i>live better adv lancing device</i> ...	177	<i>luliconazole</i>	127
Levoxyl.....	LO LOESTRIN FE.....	111	LUMIGAN.....	205
LEVOXYL.....	LOCOID.....	127	LUMIZYME.....	146
LEVULAN KERASTICK....	LOCOID LIPOCREAM.....	127	LUNESTA.....	164
LEXAPRO.....	LOESTRIN 1.5/30 (21).....	111	LUPANETA PACK.....	167
LEXETTE.....	LOESTRIN 1/20 (21).....	112	LUPRON DEPOT (1-	
LEXIVA.....	LOKELMA.....	99, 214	MONTH).....	83
LIALDA.....	LOMOTIL.....	63	LUPRON DEPOT (3-	
LIBERTY GLUCOSE	<i>longs glucose</i>	61	MONTH).....	83
CONTROL.....	LONHALA MAGNAIR		LUPRON DEPOT (4-	
LIBERTY GLUCOSE	REFILL KIT.....	42	MONTH).....	83
CONTROL MID.....	LONHALA MAGNAIR		LUPRON DEPOT (6-	
LIBERTY MINI LANCING	STARTER KIT.....	43	MONTH).....	83
DEVICE.....	LONSURF.....	83	LUPRON DEPOT-PED (1-	
LIBERTY NEXT	LOPID.....	69	MONTH).....	146
GENERATION TEST.....	<i>lopinavir-ritonavir</i>	95	LUPRON DEPOT-PED (3-	
<i>liberty test</i>	LOPRESSOR.....	102	MONTH).....	146
LIBRAX.....	LOPRESSOR HCT.....	73	LUTERA.....	112
<i>lidocaine</i>	LOPROX.....	127	LUXIQ.....	127
<i>lidocaine hcl</i>	<i>loratadine</i>	67	LUZU.....	127
<i>lidocaine pak</i>	<i>lorazepam</i>	39	LYNPARZA.....	213
<i>lidocaine-prilocaine</i>	Lorazepam Intensol.....	39	LYRICA.....	49
<i>lidocaine-tetracaine</i>	LORBRENA.....	83	LYRICA CR.....	214, 217

LYSODREN.....	84	<i>medroxyprogesterone acetate</i>	<i>methotrexate</i>	84
LYSTEDA.....	163	.....	<i>methotrexate sodium</i>	84
Lyza.....	112	<i>mefenamic acid</i>	<i>methscopolamine bromide</i>	226
MACROBID.....	227	<i>mefloquine hcl</i>	<i>methyl dopa</i>	73
MACRODANTIN.....	228	MEGACE ES.....	METHYLIN.....	20
MACUGEN.....	205	<i>megestrol acetate</i>	<i>methylphenidate hcl</i>	20
MAGELLAN INSULIN		<i>meijer alcohol swabs</i>	<i>methylphenidate hcl er</i>	20
SAFETY SYR.....	177	<i>meijer blood glucose test</i>	<i>methylphenidate hcl er (cd)</i>	20
MAKENA.....	214	<i>meijer glucose</i>	<i>methylphenidate hcl er (la)</i>	20
MALARONE.....	77	<i>meijer pen needles</i>	<i>methylprednisolone</i>	116
<i>malathion</i>	127	<i>meijer premium glucose test</i>	<i>methyltestosterone</i>	36
<i>maprotiline hcl</i>	54	MEIJER TRUETEST TEST	<i>metoclopramide hcl</i>	153
MARINOL.....	65	MEIJER TRUETRACK	<i>metolazone</i>	143
<i>marlissa</i>	112	TEST.....	<i>metoprolol succinate er</i>	102
MARNATAL-F.....	193	MEKINIST.....	<i>metoprolol tartrate</i>	102
MARPLAN.....	54	MEKTOVI.....	<i>metoprolol-hctz er</i>	73
MATULANE.....	84	<i>meloxicam</i>	<i>metoprolol-hydrochlorothiazide</i>	74
Matzim La.....	104	<i>melphalan</i>	METROCREAM.....	127
MAVENCLAD (10 TABS)...	191	<i>memantine hcl</i>	METROGEL.....	127
MAVENCLAD (4 TABS)....	191	<i>memantine hcl er</i>	METROGEL-VAGINAL....	229
MAVENCLAD (5 TABS)....	191	MENEST.....	METROLOTION.....	127
MAVENCLAD (6 TABS)....	191	MENOSTAR.....	<i>metronidazole</i>	76, 127, 229
MAVENCLAD (7 TABS)....	191	<i>meperidine hcl</i>	<i>mexiletine hcl</i>	39
MAVENCLAD (8 TABS)....	191	MEPHYTON.....	MIACALCIN.....	146
MAVENCLAD (9 TABS)....	191	<i>meprobamate</i>	Mibelas 24 Fe.....	112
MAVIK.....	73	MEPRON.....	MICARDIS.....	74
MAVYRET.....	163	<i>mercaptopurine</i>	MICARDIS HCT.....	74
MAXALT.....	187	<i>mesalamine</i>	<i>miconazole-zinc oxide-petrolat</i>	127
MAXALT-MLT.....	187	MESNEX.....	MICORT-HC.....	128
MAXI-COMFORT		MESTINON.....	MICRHOGAM ULTRA-	
INSULIN SYRINGE.....	177	Metadate Er.....	FILTERED PLUS.....	210
MAXIDEX.....	205	<i>metaproterenol sulfate</i>	MICRODOT CONTROL	
MAXITROL.....	205	<i>metaxalone</i>	HIGH/LOW.....	178
MAXZIDE.....	143	<i>metformin hcl</i>	MICRODOT TEST.....	139
MAXZIDE-25.....	143	<i>metformin hcl er</i>	MICROGESTIN 1.5/30.....	112
MAYZENT.....	217	<i>metformin hcl er (mod)</i>	Microgestin 1/20.....	112
MAYZENT STARTER		<i>metformin hcl er (osm)</i>	MICROGESTIN FE 1.5/30..	112
PACK.....	217	<i>methadone hcl</i>	MICROGESTIN FE 1/20....	112
<i>medicine shoppe pen needles</i>	177	Methadone Hcl Intensol.....	MICROLET LANCETS.....	178
MEDISENSE GLUCOSE		METHADOSE.....	<i>midazolam hcl</i>	164
KETONE CONTR.....	177	METHADOSE SUGAR-	<i>midodrine hcl</i>	230
MEDISENSE HI/MID/LOW		FREE.....	MIGERGOT.....	187
CONTROL.....	178	<i>methamphetamine hcl</i>	<i>miglitol</i>	61
MEDISENSE HIGH/LOW		<i>methazolamide</i>	<i>miglustat</i>	161
CONTROL.....	178	<i>methenamine hippurate</i>	MIGRANAL.....	187
MEDISENSE MID		<i>methenamine mandelate</i>	MILLIPRED.....	116
CONTROL.....	178	Methergine.....	Mimvey.....	150
MEDROL.....	116	<i>methimazole</i>	MINASTRIN 24 FE.....	112
		<i>methitest</i>	<i>mini lancing device</i>	178
		<i>methocarbamol</i>		
		.....		199

MINIELITE	MS CONTIN.....	32	<i>naltrexone hcl</i>	64
RECHARGEABLE	MULPLETA.....	161	NAMENDA.....	217
BATTERY.....	MULTAQ.....	39	NAMENDA TITRATION	
MINIPRESS.....	<i>multi-lancet device</i>	178	PAK.....	217
MINIPRIN LOW DOSE.....	<i>multivitamin/fluoride</i>	193	NAMENDA XR.....	217
Minitran.....	<i>multi-vitamin/fluoride</i>	193	NAMENDA XR	
MINIVELLE.....	<i>multi-vitamin/fluoride/iron</i>	193	TITRATION PACK.....	217
MINOCIN.....	<i>multivitamins/fluoride</i>	193	NAMZARIC.....	51
<i>minocycline hcl</i>	<i>mupirocin</i>	128	NAPRELAN.....	24
<i>minocycline hcl er</i>	<i>mupirocin calcium</i>	128	NAPROSYN.....	25
MINOLIRA.....	Mvc-Fluoride.....	193	<i>naproxen</i>	25
<i>minoxidil</i>	MVC-FLUORIDE.....	193	<i>naproxen dr</i>	25
MIRALAX.....	MYALEPT.....	167	<i>naproxen sodium</i>	25
MIRAPEX.....	MYAMBUTOL.....	78	<i>naproxen sodium er</i>	25
MIRAPEX ER.....	<i>mycophenolate mofetil</i>	99, 100	<i>naratriptan hcl</i>	187
MIRCERA.....	<i>mycophenolate sodium</i>	100	NARCAN.....	64
MIRCETTE.....	MYDAYIS.....	20	NARDIL.....	54
MIRENA (52 MG).....	MYDRIACYL.....	205	NASCOBAL.....	161
<i>mirtazapine</i>	<i>myferon 150 forte</i>	161	NASONEX.....	200
MIRVASO.....	MYFORTIC.....	100	NATACHEW.....	194
<i>misoprostol</i>	MYGLUCOHEALTH		NATACYN.....	205
MITIGARE.....	CONTROL.....	178	NATALVIT.....	194
MOBIC.....	MYGLUCOHEALTH TEST		NATAZIA.....	112
<i>modafinil</i>.....	.....	139	<i>nateglinide</i>	61
<i>moexipril hcl</i>	MYLERAN.....	84	NATELLE ONE.....	194
<i>mometasone furoate</i>	MYNATAL.....	194	NATESTO.....	36
MONOJECT INSULIN	MYNATAL ADVANCE.....	194	NATPARA.....	146
SYRINGE.....	<i>mynatal plus</i>	194	NATROBA.....	128
MONOJECT ULTRA	<i>mynatal-z</i>	194	NATURE-THROID.....	224
COMFORT SYRINGE.....	MYORISAN.....	128	<i>nebulizer air tubelplugs</i>	178
MONO-LINYAH.....	Myorisan.....	128	<i>nebulizer mask pediatric</i>	178
MONONESSA.....	MYRBETRIQ.....	228	NEBUPENT.....	76
MONONINE.....	MYSOLINE.....	49	Nebusal.....	118
MONOVISC.....	MYTESI.....	64	NEBUSAL.....	118
<i>montelukast sodium</i>	<i>na ferric gluc cplx in sucrose</i> ..	161	NECON 0.5/35 (28).....	113
MONUROL.....	NABI-HB.....	210	NECON 1/35 (28).....	113
MORGIDOX.....	<i>nabumetone</i>	24	NEEVO DHA.....	194
Morgidox.....	<i>nadolol</i>	102	<i>nefazodone hcl</i>	54, 221
MORPHABOND ER.....	Nafrinse.....	189	<i>neomycin sulfate</i>	22
<i>morphine sulfate</i>	NAFRINSE DAILY		<i>neomycin-bacitracin zn-</i>	
<i>morphine sulfate (concentrate)</i>	ACIDULATED.....	190	<i>polymyx</i>	205
.....	NAFRINSE		<i>neomycin-polymyxin b gu</i>	155
<i>morphine sulfate er</i>	DAILY/NEUTRAL.....	190	<i>neomycin-polymyxin-dexameth</i>	
<i>morphine sulfate er beads</i>	NAFRINSE DROPS.....	189	.....	205
MOTEGRITY.....	NAFRINSE WEEKLY.....	190	<i>neomycin-polymyxin-</i>	
MOTOFEN.....	<i>naftifine hcl</i>	128	<i>gramicidin</i>	205
MOVANTIK.....	NAFTIN.....	128	<i>neomycin-polymyxin-hc</i>	208
MOVIPREP.....	NAGLAZYME.....	146	Neo-Polycin.....	205
MOXEZA.....	NALFON.....	24	Neo-Polycin Hc.....	205
<i>moxifloxacin hcl</i>	<i>nalocet</i>	32	NEORAL.....	100

NEOTUSS PLUS.....	118	NITROLINGUAL.....	38	NOVOLIN R.....	61
NEPHPLEX RX.....	194	NITROMIST.....	38	NOVOLIN R RELION.....	61
NEPHRONEX.....	194	NITROSTAT.....	38	NOVOLOG.....	62
NERLYNX.....	84	NITYR.....	146	NOVOLOG FLEXPEN.....	61
NESINA.....	61	NIVESTYM.....	162	NOVOLOG MIX 70/30.....	62
NESTABS.....	194	<i>nizatidine</i>	226	NOVOLOG MIX 70/30 FLEXPEN.....	61
NESTABS DHA.....	194	NIZORAL.....	128	NOVOLOG PENFILL.....	62
NESTABS ONE.....	194	NOCDURNA.....	146	NOVOSEVEN RT.....	159
Neuac.....	128	NOCTIVA.....	146	NOVOTWIST.....	179
NEULASTA.....	161	Nolix.....	128	NOXAFIL.....	66
NEULASTA ONPRO.....	161	NORA-BE.....	113	<i>np thyroid</i>	224
NEUPOGEN.....	161, 162	NORCO.....	32	NPLATE.....	162
NEUPRO.....	87	NORDIPEN 5 INJECTION DEVICE.....	178	NUCALA.....	165
NEURONTIN.....	49	NORDIPEN DELIVERY SYSTEM.....	178	NUCYNTA.....	32
NEUTEK 2TEK CONTROL	178	NORDITROPIN FLEXPRO.....	146	NUCYNTA ER.....	32
NEUTEK 2TEK TEST.....	139	<i>norethin ace-eth estrad-fe</i>	113	NUEDEXTA.....	218
NEVANAC.....	205	<i>norethindrone</i>	113	NULOJIX.....	100
<i>nevirapine</i>	95	<i>norethindrone acetate</i>	214	NULYTELY WITH FLAVOR PACKS.....	166
<i>nevirapine er</i>	95	<i>norethindrone-eth estradiol</i>	150	NUPLAZID.....	90
NEXA PLUS.....	194	<i>norethin-eth estradiol-fe</i>	113	NUTRIDOX.....	223
NEXAVAR.....	84	<i>norgesic forte</i>	199	NUTRIVIT.....	194
NEXIUM.....	226	<i>norgestimate-eth estradiol</i>	113	NUTROPIN AQ NUSPIN 10	146
NEXPLANON.....	113	<i>norgestim-eth estrad triphasic</i>	113	NUTROPIN AQ NUSPIN 20	146
<i>niacin er</i>	231	NORITATE.....	128	NUTROPIN AQ NUSPIN 5.....	146
<i>niacin er (antihyperlipidemic)</i> ..	69	NORPACE.....	40	NUVARING.....	113
NIACOR.....	69	NORPACE CR.....	40	NUVESSA.....	229
NIASPAN.....	69	NORPRAMIN.....	54	NUVIGIL.....	20
<i>nicardipine hcl</i>	104	NORTHERA.....	201	NUWIQ.....	159
NICODERM CQ.....	217	NORTREL 0.5/35 (28).....	113	NUZYRA.....	22
NICOMIDE.....	194	NORTREL 1/35 (21).....	113	Nyamyc.....	128
<i>nicotine</i>	218	NORTREL 1/35 (28).....	113	NYMALIZE.....	105
<i>nicotine polacrilex</i>	218	NORTREL 7/7/7.....	113	<i>nystatin</i>	66, 128, 190
NICOTROL.....	218	<i>nortriptyline hcl</i>	54	<i>nystatin-triamcinolone</i>	128
NICOTROL NS.....	218	NORVASC.....	105	NYSTOP.....	128
Nifedical XI.....	104	NORVIR.....	95	OB COMPLETE.....	194
<i>nifedipine</i>	105	NOVA MAX GLUCOSE TEST.....	139	OB COMPLETE PETITE....	194
<i>nifedipine er</i>	104	NOVA MAX PLUS GLU/KET CONTROL.....	178	OB COMPLETE PREMIER	194
<i>nifedipine er osmotic release</i> ...	105	NOVA SUREFLEX LANCING DEVICE.....	179	OB COMPLETE/DHA.....	194
NILANDRON.....	84	NOVOEIGHT.....	159	O-CAL PRENATAL.....	194
<i>nilutamide</i>	84	NOVOFINE.....	179	OCALIVA.....	151
<i>nimodipine</i>	105	NOVOFINE AUTOCOVER.....	179	OCELLA.....	113
NINLARO.....	84	NOVOLIN 70/30.....	61	OCTAGAM.....	210
<i>nisoldipine er</i>	105	NOVOLIN 70/30 RELION....	61	<i>octreotide acetate</i>	146
NITRO-BID.....	38	NOVOLIN N.....	61	OCUFLOX.....	205
NITRO-DUR.....	38	NOVOLIN N RELION.....	61	OCUVEL.....	195
<i>nitrofurantoin</i>	228			ODACTRA.....	189
<i>nitrofurantoin macrocrystal</i>	228				
<i>nitrofurantoin monohyd macro</i>	228				
<i>nitroglycerin</i>	38				

ODEFSEY.....	95	ONFI.....	49, 50	<i>oxaprozin</i>	25
ODOMZO.....	84	ONGLYZA.....	62	OXAYDO.....	33
OFEV.....	220	ONZETRA XSAIL.....	187	<i>oxazepam</i>	39
<i>ofloxacin</i>	151, 205, 208	OPANA.....	32, 33	<i>oxcarbazepine</i>	50
<i>olanzapine</i>	90	OPSUMIT.....	106	OXERVATE.....	208
<i>olanzapine-fluoxetine hcl</i>	218	OPTIONS CONCEPTROL..	230	<i>oxiconazole nitrate</i>	129
<i>olmesartan medoxomil</i>	74	OPTIONS GYNOL II		OXISTAT.....	129
<i>olmesartan medoxomil-hctz</i>	74	CONTRACEPTIVE.....	230	OXSORALEN ULTRA.....	129
<i>olmesartan-amlodipine-hctz</i>	74	OPTUMRX BLOOD		OXTELLAR XR.....	50
<i>olopatadine hcl</i>	200, 205	GLUCOSE TEST.....	139	<i>oxybutynin chloride</i>	228
OLUMIANT.....	25	OPTUMRX GLUCOSE		<i>oxybutynin chloride er</i>	228
OLUX.....	128	CONTROL.....	179	<i>oxycodone hcl</i>	33
OLUX-E.....	128	ORACEA.....	129	<i>oxycodone hcl er</i>	33
OMECLAMOX-PAK.....	226	ORACIT.....	155	<i>oxycodone-acetaminophen</i>	33
<i>omega-3-acid ethyl esters</i>	69	ORALAIR.....	190	<i>oxycodone-aspirin</i>	33
Omeppi.....	226	ORALAIR ADULT		<i>oxycodone-ibuprofen</i>	33
<i>omeprazole</i>	226	SAMPLE KIT.....	190	OXYCONTIN.....	33
<i>omeprazole-sodium</i>		ORALAIR ADULT		<i>oxymorphone hcl</i>	33
<i>bicarbonate</i>	226	STARTER PACK.....	190	<i>oxymorphone hcl er</i>	33
OMNARIS.....	200	ORALAIR CHILDRENS		OZEMPIC.....	62
OMNIFLEX DIAPHRAGM	179	SAMPLE KIT.....	190	Pacerone.....	40
OMNITROPE.....	147	ORALAIR CHILDRENS		<i>paliperidone er</i>	90
ON CALL EXPRESS		STARTER PACK.....	190	PALYNZIQ.....	147
BLOOD GLUCOSE.....	139	Oralone.....	190, 222	PAMELOR.....	54
ON CALL EXPRESS		ORAMAGICRX.....	190	<i>pamidronate disodium</i>	147
GLUCOSE CONTR.....	179	ORAPRED ODT.....	117	PANCREAZE.....	142
ON CALL LANCING		ORAVIG.....	190	PANDEL.....	129
DEVICE.....	179	ORENCIA.....	25	PANRETIN.....	129
ON CALL PLUS BLOOD		ORENCIA CLICKJECT.....	25	<i>pantoprazole sodium</i>	227
GLUCOSE.....	139	ORENITRAM.....	106	PANZYGA.....	211
ON CALL PLUS GLUCOSE		ORFADIN.....	147	PAREMYD.....	205
CONTROL.....	179	ORILISSA.....	147	PARI ALTERA	
ON CALL PLUS LANCING		ORKAMBI.....	119	NEBULIZER HANDSET ...	179
DEVICE.....	179	<i>orphenadrine citrate er</i>	199	PARI BABY CONVERSION	
ON CALL VIVID BLOOD		ORSYTHIA.....	113	KIT.....	179
GLUCOSE.....	139	ORTHO MICRONOR.....	113	PARI ERAPID	
ON CALL VIVID		ORTHO TRI-CYCLEN LO. 113		NEBULIZER HANDSET ...	179
GLUCOSE CONTROL.....	179	ORTHO-NOVUM 1/35 (28). 113		PARI EXPIRATORY	
<i>ondansetron</i>	65	ORTHO-NOVUM 7/7/7 (28) 113		FILTER SET.....	179
<i>ondansetron hcl</i>	65	ORTHOVISC.....	199	PARI MASK SET.....	179
ONETOUCH DELICA		<i>oseltamivir phosphate</i>	95	PARI SOFT PLASTIC	
LANCING DEV.....	179	OSENI.....	62	ADULT MASK.....	179
ONETOUCH SURESOFT		OSMOLEX ER.....	87	PARI SOFT PLASTIC PED	
LANCING DEV.....	179	OSMOPREP.....	166	MASK.....	179
ONETOUCH ULTRA		OSPHENA.....	147	<i>paricalcitol</i>	147
BLUE.....	139	OTEZLA.....	212	PARLODEL.....	87
ONETOUCH ULTRA		OTOVEL.....	209	PARNATE.....	54
CONTROL.....	179	OTREXUP.....	25	<i>paromomycin sulfate</i>	22
ONETOUCH VERIO... 139, 179		OVIDE.....	129	<i>paroxetine hcl</i>	54
ONEXTON.....	129	<i>oxandrolone</i>	36	<i>paroxetine hcl er</i>	54

<i>paroxetine mesylate</i>	218	<i>phenoxybenzamine hcl</i>	74	POLY-VI-FLOR.....	195
PASER.....	78	<i>phenylephrine hcl</i>	206	POLY-VI-FLOR/IRON.....	195
PATADAY.....	206	PHENYTEK.....	50	<i>polyvitamin/fluoride</i>	195
PATANASE.....	200	<i>phenytoin</i>	50	<i>poly-vitamin/fluoride</i>	195
PATANOL.....	206	Phenytoin Infatabs.....	50	POMALYST.....	84
PAXIL.....	54	<i>phenytoin sodium extended</i>	50	PONSTEL.....	25
PAXIL CR.....	54	PHILITH.....	114	PORTIA-28.....	114
PAZEO.....	206	PHOSLO.....	153	<i>pot bicarb-pot chloride</i>	189
<i>pc unifine pentips</i>	180	PHOSLYRA.....	153	<i>potassium bicarbonate</i>	189
PCCA ACACIA SYRUP		Phospha 250 Neutral.....	189	<i>potassium chloride</i>	189
BASE.....	212	PHOSPHOLINE IODIDE...206		<i>potassium chloride crys er</i>	189
<i>peg 3350</i>	167	PHYSIOLYTE.....	100	<i>potassium chloride er</i>	189
<i>peg 3350-kcl-na bicarb-nacl</i>	167	PHYSIOSOL IRRIGATION100		PR NATAL 400.....	195
<i>peg-3350/electrolytes</i>	167	<i>phytonadione</i>	231	PRADAXA.....	46
PEGANONE.....	50	PICATO.....	129	PRALUENT.....	211
PEGASYS.....	95	PIFELTRO.....	95	<i>pramcort</i>	37
PEGASYS PROCLICK.....	95	<i>pillow mask/adult</i>	180	<i>pramipexole dihydrochloride</i>	87
PEG-PREP.....	167	<i>pillow mask/child</i>	180	<i>pramipexole dihydrochloride er</i> ..	87
<i>pen needles</i>	180	<i>pillow mask/pediatric</i>	180	PRAMOSONE.....	129
<i>pen needles 1/2"</i>	180	<i>pilocarpine hcl</i>	191, 206	PRANDIN.....	62
<i>pen needles 3/16"</i>	180	<i>pimecrolimus</i>	129	<i>prasugrel hcl</i>	159
<i>pen needles 5/16"</i>	180	<i>pimozide</i>	218	PRAVACHOL.....	69
<i>penicillin v potassium</i>	212	Pimtrea.....	114	<i>pravastatin sodium</i>	69
PENLAC.....	129	<i>pioglitazone hcl</i>	62	<i>praziquantel</i>	37
PENLET II BLOOD		<i>pioglitazone hcl-glimepiride</i>	62	<i>prazosin hcl</i>	74
SAMPLER.....	180	<i>pioglitazone hcl-metformin hcl</i> ..	62	PRECISION GLUCOSE	
PENLET II		PIRMELLA 1/35.....	114	CONTROL.....	180
REPLACEMENT CAP.....	180	PIRMELLA 7/7/7.....	114	PRECISION GLUCOSE	
PENNSAID.....	129	<i>piroxicam</i>	25	CONTROL SOLN.....	180
PENTASA.....	153	PLAQUENIL.....	77	PRECISION GLUCOSE	
<i>pentazocine-naloxone hcl</i>	33	PLAVIX.....	159	KETONE CONTR.....	180
<i>pentoxifylline er</i>	159	PLEGRIDY.....	218	PRECISION	
PEPCID.....	227	PLEGRIDY STARTER		GLUCOSE/KETONE	
PERCOCET.....	33, 34	PACK.....	218	CONTR.....	180
PERFOROMIST.....	43	PLENVU.....	167	PRECISION PCX.....	140
PERIDEX.....	191	PLIAGLIS.....	129	PRECISION PCX PLUS	
<i>perindopril erbumine</i>	74	<i>pnv-dha</i>	195	TEST.....	140
<i>permethrin</i>	129	<i>pnv-dha+docusate</i>	195	PRECISION POINT OF	
<i>perphenazine</i>	90	<i>pnv-omega</i>	195	CARE TEST.....	140
PERTZYE.....	142	<i>pnv-select</i>	195	PRECISION QID TEST.....	140
PEXEVA.....	54	POCKETCHEM EZ		PRECISION SOF-TACT	
PFLEX.....	180	CONTROL.....	180	TEST.....	140
PHARMACIST CHOICE		POCKETCHEM EZ TEST...140		PRECISION SUREDOSE	
ALCOHOL.....	180	<i>podofilox</i>	129	PLUS SYR.....	180
PHARMACIST CHOICE		Polycin.....	206	PRECISION SURE-DOSE	
AUTOCODE.....	140	<i>polyethylene glycol 3350</i> ..	167, 212	SYRINGE.....	180
PHENADOZ.....	67	<i>poly-iron 150 forte</i>	162	PRECISION XTRA BLOOD	
Phenadoz.....	67	<i>polymyxin b-trimethoprim</i>	206	GLUCOSE.....	140
<i>phenelzine sulfate</i>	54	<i>polysaccharide iron forte</i>	162	PRECISION XTRA	
<i>phenobarbital</i>	164	POLYTRIM.....	206	KETONE.....	140

PRECOSE.....	62	PRIVIGEN.....	211	<i>propylthiouracil</i>	224
PRED FORTE.....	206	PROAIR HFA.....	43	PROSCAR.....	155
PRED MILD.....	206	PROAIR RESPICLICK.....	43	PROSTIN E2.....	209
PRED-G.....	206	<i>probenecid</i>	156	PROTONIX.....	227
PRED-G S.O.P.....	206	PROBUPHINE IMPLANT		PROTOPIC.....	129
<i>prednicarbate</i>	129	KIT.....	34	<i>protriptyline hcl</i>	55
<i>prednisolone</i>	117	PROCARDIA.....	105	PROVENTIL HFA.....	43
<i>prednisolone acetate</i>	206	PROCARDIA XL.....	105	PROVERA.....	215
<i>prednisolone sodium phosphate</i>	117	PROCENTRA.....	20	PROVIDA OB.....	196
<i>prednisone</i>	117	<i>prochlorperazine</i>	90	PROVIGIL.....	21
PREDNISONONE INTENSOL	117	<i>prochlorperazine maleate</i>	90	PROZAC.....	55
<i>preferred plus glucose</i>	62	PROCRT.....	162	PRUDOXIN.....	129
<i>preferred plus unifine pentips</i> ..	180	PROCTOCARE-HC.....	37	<i>pseudoeph-bromphen-dm</i>	118
PREFEST.....	150	PROCTOCORT.....	37	<i>psorcon</i>	129
PREMARIN.....	150, 230	PROCTOFOAM HC.....	37	PSS SELECT PLATFORMS	181
PREMPHASE.....	150	Procto-Pak.....	37	PTS PANELS GLUCOSE	
PREMPRO.....	150	Proctosol Hc.....	37	TEST.....	140
<i>prenal pearl</i>	195	PROCTOZONE-HC.....	37	PULMICORT.....	43
<i>prenaissance</i>	195	PROCYSBI.....	155	PULMICORT	
<i>prenaissance plus</i>	195	PRODIGY CONTROL		FLEXHALER.....	43
PRENATA.....	195	SOLUTION.....	180	Pulmosal.....	118
PRENATABS RX.....	195	PRODIGY INSULIN		PULMOZYME.....	220
<i>prenatal 19</i>	195	SYRINGE.....	180	PURIXAN.....	84
<i>prenatal plus iron</i>	195	PRODIGY LANCING		<i>px advanced lancing device</i>	181
PRENATAL-U.....	195	DEVICE.....	181	<i>px extra short pen needles</i>	181
PRENATE.....	196, 214	PRODIGY NO CODING		<i>px glucose</i>	62
PRENATE AM.....	195	BLOOD GLUC.....	140	<i>px lancet auto injector</i>	181
PRENATE ENHANCE.....	195	PROFILNINE.....	159	<i>px pen needle</i>	181
PRENATE MINI.....	195	PROFILNINE SD.....	159	<i>px shortlength pen needles</i>	181
PRENATE RESTORE.....	196	<i>progesterone</i>	215	PYLERA.....	227
PREPIDIL.....	209	<i>progesterone micronized</i>	215	<i>pyrazinamide</i>	78
PREPOPIK.....	167	PROGLYCEM.....	62	<i>pyridostigmine bromide</i>	77, 78
PRESTALIA.....	74	PROGRAF.....	100	<i>pyridostigmine bromide er</i> ...77, 78	
PREVACID.....	227	PROLASTIN-C.....	220	QBRELIS.....	74
PREVACID SOLUTAB.....	227	PROLENSA.....	206	QBREXZA.....	129
Prevalite.....	69	PROMACTA.....	162	<i>qc advanced lancing device</i>	181
PREVIDENT 5000 PLUS.....	191	<i>promethazine hcl</i>	67	<i>qc alcohol swabs</i>	181
PREVIFEM.....	114	<i>promethazine vc</i>	118	<i>qc pen needles</i>	181
PREVYMIS.....	95	<i>promethazine vclcodeine</i>	118	<i>qc unifine pentips</i>	181
PREZCOBIX.....	95	<i>promethazine-codeine</i>	118	QMIIZ ODT.....	25
PREZISTA.....	95, 96	<i>promethazine-dm</i>	118	QNASL.....	200
PRIALT.....	27	<i>promethazine-phenylephrine</i> ... 118		QNASL CHILDRENS.....	200
PRIFTIN.....	78	Promethegan.....	67	QTERN.....	221
PRILOSEC.....	227	PROMETHEGAN.....	67	QUALAQUIN.....	77
PRIMACARE.....	196	PROMETRIUM.....	215	QUARTETTE.....	114
<i>primidone</i>	50	<i>propafenone hcl</i>	40	QUDEXY XR.....	50
PRIMLEV.....	34	<i>propafenone hcl er</i>	40	QUESTRAN.....	69, 70
PRIMSOL.....	76	<i>proparacaine hcl</i>	206	QUESTRAN LIGHT.....	69
PRINIVIL.....	74	<i>propranolol hcl</i>	102	<i>quetiapine fumarate</i>	91
PRISTIQ.....	54, 55	<i>propranolol hcl er</i>	102	<i>quetiapine fumarate er</i>	90, 91

QUFLORA FE.....	192	REBIF REBIDOSE		REPATHA PUSHTRONEX	
QUFLORA FE PEDIATRIC		TITRATION PACK.....	219	SYSTEM.....	211
.....	196	REBIF TITRATION PACK	219	REPATHA SURECLICK....	211
QUFLORA PEDIATRIC....	196	REBINYN.....	159	<i>replacement air filter</i>	182
QUICKTEK CONTROL		RECLAST.....	147	REQUIP.....	87
SOLUTION.....	181	RECLIPSEN.....	114	REQUIP XL.....	88
QUICKTEK TEST.....	140	RECOMBINATE.....	159	RESCRIPTOR.....	96
QUILLICHEW ER.....	21	RECTIV.....	37	RESECTISOL.....	155
QUILLIVANT XR.....	21	REFUAH PLUS BLOOD		RESTASIS.....	206
<i>quinapril hcl</i>	74	GLUCOSE TEST.....	140	RESTORIL.....	164
<i>quinapril-hydrochlorothiazide</i> ...	74	REFUAH PLUS GLUCOSE		RETACRIT.....	162
<i>quinidine gluconate er</i>	40	CONTROL.....	181	RETIN-A.....	130
<i>quinidine sulfate</i>	40	REGENECARE.....	130	RETIN-A MICRO.....	130
<i>quinine sulfate</i>	77	REGLAN.....	153	RETIN-A MICRO PUMP...	130
QUINTET AC BLOOD		REGRANEX.....	130	RETROVIR.....	96
GLUCOSE TEST.....	140	RELENZA DISKHALER....	96	REVATIO.....	106
QUINTET BLOOD		RELEXXII.....	21	REVEAL BLOOD	
GLUCOSE TEST.....	140	RELION ALCOHOL		GLUCOSE TEST.....	140
QUINTET CONTROL		SWABS.....	181	REVLIMID.....	100
HIGH/NORMAL.....	181	RELION GLUCOSE.....	62	REXALL BLOOD	
QUTENZA.....	130	RELION GLUCOSE		GLUCOSE TEST.....	140
QUTENZA (2 PATCH).....	130	DRINK.....	62	REXULTI.....	91
QVAR REDIHALER.....	43	RELION INSULIN		REYATAZ.....	96
<i>ra alcohol swabs</i>	181	SYRINGE.....	181	RHOFADE.....	130
<i>ra glucose</i>	62	RELI-ON INSULIN		RHOGAM ULTRA-	
<i>ra lancing device</i>	181	SYRINGE.....	181	FILTERED PLUS.....	211
<i>ra pen needles</i>	181	RELION KETONE.....	140	RHOPHYLAC.....	211
RA TRUEPLUS GLUCOSE..	62	RELION LANCING		RHOPRESSA.....	208
RA TRUETEST TEST.....	140	DEVICE.....	181	RIASTAP.....	159
<i>rabeprazole sodium</i>	227	RELION MINI PEN		Ribasphere.....	96
RADIOGARDASE.....	64	NEEDLES.....	181	<i>ribasphere</i>	96
RAGWITEK.....	103	RELION PEN NEEDLES...	181	<i>ribasphere ribapak</i>	96
<i>raloxifene hcl</i>	147	RELION SHORT PEN		<i>ribavirin</i>	96
<i>ramipril</i>	74	NEEDLES.....	181	RIDAURA.....	25
RANEXA.....	38	RELISTOR.....	153	<i>rifabutin</i>	78
<i>ranitidine hcl</i>	227	RELPAK.....	187	RIFADIN.....	78
<i>ranolazine er</i>	38	REMERON.....	55	RIFAMATE.....	78
RAPAFLO.....	155	REMERON SOLTAB.....	55	<i>rifampin</i>	78
RAPAMUNE.....	100	REMICADE.....	153	RIFATER.....	78
<i>rasagiline mesylate</i>	87	RENACIDIN.....	155	RIGHTEST ALTERNATE	
RASUVO.....	25	RENAGEL.....	153	SITE ADAPT.....	182
RAVICTI.....	147	RENATABS.....	196	RIGHTEST GC300	
RAYALDEE.....	147	RENATABS WITH IRON...	196	CONTROL.....	182
RAYOS.....	117	<i>rena-vite rx</i>	196	RIGHTEST GD500	
RAZADYNE.....	218	RENFLEXIS.....	153	LANCING DEVICE.....	182
RAZADYNE ER.....	218	REVELA.....	153	RIGHTEST GS100 BLOOD	
<i>reality swabs</i>	181	<i>repaglinide</i>	62	GLUCOSE.....	140
REBETOL.....	96	<i>repaglinide-metformin hcl</i>	62	RIGHTEST GS300 BLOOD	
REBIF.....	219	REPATHA.....	211	GLUCOSE.....	141
REBIF REBIDOSE.....	218				

RIGHTEST GS550 BLOOD	SANDOSTATIN LAR	SIGNIFOR LAR.....	148
GLUCOSE.....	DEPOT.....	SIKLOS.....	162
RILUTEK.....	SANTYL.....	<i>sildenafil citrate</i>	106
<i>riluzole</i>	SAPHRIS.....	SILENOR.....	164
<i>rimantadine hcl</i>	SARAFEM.....	<i>silicone mask/adult</i>	182
<i>ringers irrigation</i>	SAVAYSA.....	<i>silicone mask/infant</i>	182
RIOMET.....	SAVELLA.....	<i>silicone mask/pediatric</i>	182
<i>risedronate sodium</i>	SAVELLA TITRATION	SILIQ.....	130
RISPERDAL.....	PACK.....	<i>silodosin</i>	155
<i>risperidone</i>	<i>sb alcohol prep</i>	SILVADENE.....	130
RITALIN.....	SCLEROSOL	<i>silver sulfadiazine</i>	130
RITALIN LA.....	INTRAPLEURAL.....	SIMBRINZA.....	206
<i>ritonavir</i>	SEASONIQUE.....	SIMLIYA.....	114
<i>rivastigmine</i>	SECONAL.....	SIMPESSE.....	114
<i>rivastigmine tartrate</i>	SEEBRI NEOHALER.....	SIMPLE DIAGNOSTICS	
RIVELSA.....	SEGLUROMET.....	LANCING DEV.....	182
RIXUBIS.....	<i>select-lite devicellancets</i>	SIMPONI.....	26
<i>rizatriptan benzoate</i>	<i>select-lite lancing device</i>	SIMPONI ARIA.....	25
R-NATAL OB.....	SELECT-OB.....	SIMULECT.....	100
ROBAXIN.....	<i>selegiline hcl</i>	<i>simvastatin</i>	70
ROBAXIN-750.....	<i>selenium sulfide</i>	SINEMET.....	88
ROCALTROL.....	SELZENTRY.....	SINEMET CR.....	88
ROCKLATAN.....	SEMPREX-D.....	SINGULAIR.....	43
<i>ropinirole hcl</i>	<i>se-natal 19</i>	<i>sirolimus</i>	100
<i>ropinirole hcl er</i>	SENSIPAR.....	SIRTURO.....	78
Rosadan.....	SEREVENT DISKUS.....	SITAVIG.....	96
<i>rosuvastatin calcium</i>	SERNIVO.....	SITZMARKS.....	141
ROXICODONE.....	SEROQUEL.....	SIVEXTRO.....	76
ROXYBOND.....	SEROQUEL XR.....	SKELAXIN.....	199
ROZEREM.....	SEROSTIM.....	SKLICE.....	130
RUBRACA.....	<i>sertraline hcl</i>	SKYLA.....	114
RUCONEST.....	<i>sevelamer carbonate</i>	SKYRIZI 150 DOSE.....	130
RYDAPT.....	<i>sevelamer hcl</i>	<i>sm alcohol prep</i>	182
RYTARY.....	<i>sevoflurane</i>	<i>sm glucose</i>	63
RYTHMOL SR.....	SEYSARA.....	SMART DIABETES	
Ryvent.....	<i>sf 5000 plus</i>	VANTAGE LANCING.....	182
SABRIL.....	SFROWASA.....	SMART SENSE GLUCOSE..	63
SAFESNAP INSULIN	SHOPKO ALCOHOL	SMART SENSE PREMIUM	
SYRINGE.....	SWABS.....	TEST.....	141
SAFYRAL.....	SHOPKO AUTOLET	SMART SENSE VALUE	
SAIZEN.....	LANCING DEVICE.....	TEST.....	141
SALAGEN.....	SHOPKO UNIFINE	SMARTEST BLOOD	
SALICEPT.....	PENTIPS.....	GLUCOSE TEST.....	141
<i>salsalate</i>	SHUR-SEAL	SMARTEST CONTROL	
SALVAX DUO PLUS.....	CONTRACEPTIVE.....	MEDIUM.....	182
SAMSCA.....	SIDESTREAM ADULT	<i>sod benz-sod phenylacet</i>	148
SANCUSO.....	FACE MASK.....	<i>sodium chloride</i>	118, 155
SANDIMMUNE.....	SIDESTREAM PEDIATRIC	<i>sodium fluoride</i>	189
SANDOSTATIN.....	FACE MASK.....	<i>sodium phenylbutyrate</i>	148
	SIGNIFOR.....		

<i>sodium polystyrene sulfonate</i>	STEGLUJAN.....	221	SURE-PEN.....	183
..... 100, 101, 214	STELARA.....	131, 165	SURE-PREP ALCOHOL	
<i>sofosbuvir-velpatasvir</i>	STERILANCE PA.....	182	PREP.....	183
SOLARTEK GLUCOSE	STERILE TALC POWDER.....	221	SURESTEP GLUCOSE	
CONTROL.....	<i>sterile water for irrigation</i>	101	CONTROL.....	183
Solia.....	STIMATE.....	148	SURESTEP PRO HIGH	
<i>solifenacin succinate</i>	STIOLTO RESPIMAT.....	44	GLUCOSE.....	183
SOLIQUA.....	STIVARGA.....	85	SURESTEP PRO LOW	
SOLODYN.....	STRATTERA.....	21	GLUCOSE.....	183
SOLOSEC.....	STRENSIQ.....	164	SURESTEP PRO NORMAL	
SOLTAMOX.....	STRIANT.....	36	GLUCOSE.....	183
SOLUS V2 CONTROL.....	STRIBILD.....	97	SURE-TEST EASYPLUS	
SOLUS V2 LANCING	STRIVERDI RESPIMAT.....	44	MINI TEST.....	141
DEVICE.....	STROMECTOL.....	37	SURMONTIL.....	55
SOLUS V2 TEST.....	STROVITE FORTE.....	196	SUSTIVA.....	97
SOMA.....	SUBOXONE.....	34	SUTENT.....	85
SOMATULINE DEPOT.....	SUBSYS.....	34	SYEDA.....	114
SOMAVERT.....	SUCRAID.....	142	SYLATRON.....	85
SOOLANTRA.....	<i>sucralfate</i>	227	SYMBICORT.....	44
SORIATANE.....	SULAR.....	105	SYMBYAX.....	219
SORILUX.....	<i>sulfacetamide sodium</i>	206	SYMDEKO.....	119
Sorine.....	<i>sulfacetamide sodium (acne)</i> ..	131	SYMFI.....	97
<i>sotalol hcl</i>	<i>sulfacetamide sodium-sulfur</i>	131	SYMFI LO.....	97
<i>sotalol hcl (af)</i>	<i>sulfacetamide-prednisolone</i>	206	SYMJEPI.....	230
SOTYLIZE.....	<i>sulfamethoxazole-trimethoprim</i>	76	SYMLINPEN 120.....	63
SOVALDI.....	SULFAMYLON.....	131	SYMLINPEN 60.....	63
SPECTRACEF.....	<i>sulfasalazine</i>	154	SYMPAZAN.....	50
SPIRIVA HANDIHALER.....	Sulfatrim Pediatric.....	76	SYMPROIC.....	154
SPIRIVA RESPIMAT.....	Sulfazine.....	154	SYMTUZA.....	97
<i>spironolactone</i>	<i>sulindac</i>	26	SYNAGIS.....	211
<i>spironolactone-hctz</i>	<i>sumatriptan</i>	187	SYNALAR.....	131
SPORANOX.....	<i>sumatriptan succinate</i>	187	SYNAREL.....	148
SPORANOX PULSEPAK.....	<i>sumatriptan succinate refill</i>	187	SYNDROS.....	65
SPRINTEC 28.....	<i>sumatriptan-naproxen sodium</i>	188	SYNERA.....	131
SPRIX.....	SUPRAX.....	108	SYNJARDY.....	222
SPRYCEL.....	<i>supreme ii high/low control</i>	182	SYNJARDY XR.....	222
Sps.....	SUPREME TEST.....	141	SYNTHROID.....	224
SRONYX.....	SUPREP BOWEL PREP KIT		SYNVISC.....	199
Ssd.....	.....	167	SYNVISC ONE.....	199
SSKI.....	<i>sure comfort alcohol prep</i>	182	SYPRINE.....	101
ST JOSEPH ASPIRIN.....	<i>sure comfort insulin syringe</i>	182	TABLOID.....	85
STALEVO 100.....	<i>sure comfort lancings pen</i>	183	TACLONEX.....	131
STALEVO 125.....	<i>sure comfort pen needles</i>	183	<i>tacrolimus</i>	101, 131
STALEVO 150.....	SURE EDGE TEST.....	141	<i>tadalafil</i>	107
STALEVO 200.....	SURECHEK BLOOD		<i>tadalafil (pah)</i>	106
STALEVO 50.....	GLUCOSE TEST.....	141	TAFINLAR.....	85
STALEVO 75.....	SURE-FINE PEN		TAGRISSO.....	85
STARLIX.....	NEEDLES.....	183	TAI DOC CONTROL.....	183
<i>stavudine</i>	SURE-JECT INSULIN		TAKHZYRO.....	213
STEGLATRO.....	SYRINGE.....	183	TALTZ.....	131

TALZENNA.....	213	TESSALON PERLES.....	118	TOBRADEX.....	207
TAMIFLU.....	97	TESTIM.....	36	TOBRADEX ST.....	207
<i>tamoxifen citrate</i>	85	<i>testosterone</i>	36	<i>tobramycin</i>	22, 207
<i>tamsulosin hcl</i>	155	<i>testosterone cypionate</i>	36	<i>tobramycin-dexamethasone</i>	207
TAPAZOLE.....	224	<i>testosterone enanthate</i>	36	TOBREX.....	207
TAPERDEX 12-DAY.....	117	<i>tetrabenazine</i>	219	TODAY SPONGE.....	230
TAPERDEX 7-DAY.....	117	<i>tetracycline hcl</i>	223	<i>today's health lancing device</i>	183
TARCEVA.....	85	TEXACORT.....	132	<i>today's health mini pen needles</i>	183
TARGADOX.....	223	TEXAVITE LQ.....	211	<i>today's health pen needles</i>	183
TARGRETIN.....	85, 131	<i>tgt alcohol swabs</i>	183	<i>today's health short pen needle</i>	183
TARINA 24 FE.....	114	<i>tgt blood glucose test</i>	141	TOLAK.....	132
TARKA.....	74	<i>tgt glucose</i>	63	<i>tolbutamide</i>	63
TARON-BC.....	196	<i>tgt lancing device</i>	183	<i>tolcapone</i>	88
TARON-C DHA.....	196	THALOMID.....	101	<i>tolmetin sodium</i>	26
TARON-CRYSTALS.....	155	THEO-24.....	44	<i>tolsura</i>	66
TARON-PREX.....	196	Theochron.....	44	<i>tolterodine tartrate</i>	228
TASIGNA.....	85	<i>theophylline</i>	44	<i>tolterodine tartrate er</i>	228
TASMAR.....	88	<i>theophylline er</i>	44	TOPAMAX.....	50
TAVALISSE.....	222	THERMAZENE.....	132	TOPAMAX SPRINKLE.....	50
TAYTULLA.....	115	THIOLA.....	155	<i>topcare clickfine pen needles</i> ...	183
<i>tazarotene</i>	131	<i>thioridazine hcl</i>	92	TOPICORT.....	132
TAZORAC.....	131	<i>thiothixene</i>	92	TOPICORT SPRAY.....	132
Taztia Xt.....	105	THRESHOLD IMT.....	183	<i>topiramate</i>	51
TECFIDERA.....	219	THYMOGLOBULIN.....	101	TOPROL XL.....	103
TEGRETOL.....	50	THYROGEN.....	141	<i>toremifene citrate</i>	85
TEGRETOL-XR.....	50	<i>tiagabine hcl</i>	50	<i>toremide</i>	143
TEGSEDI.....	92	TIAZAC.....	105	TOUJEO MAX SOLOSTAR.....	63
TEKTRUNA.....	74	TIBSOVO.....	166	TOUJEO SOLOSTAR.....	63
TEKTRUNA HCT.....	74	TIGAN.....	65	TOVIAZ.....	228
TELCARE BLOOD		TIGLUTIK.....	201	TRACLEER.....	107
GLUCOSE TEST.....	141	TIKOSYN.....	40	TRADJENTA.....	63
TELCARE GLUCOSE		TILIA FE.....	115	<i>tramadol hcl</i>	34
CONTROL.....	183	<i>timolol maleate</i>	206	<i>tramadol hcl er</i>	34
<i>telmisartan</i>	74	TIMOPTIC.....	207	<i>tramadol hcl er (biphasic)</i>	34
<i>telmisartan-hctz</i>	75	TIMOPTIC OCUDOSE.....	207	<i>tramadol-acetaminophen</i>	34
<i>temazepam</i>	164	TIMOPTIC-XE.....	207	<i>trandolapril</i>	75
TEMODAR.....	85	<i>tinidazole</i>	76	<i>trandolapril-verapamil hcl er</i>	75
TEMOVATE.....	131, 132	TIROSINT.....	224	<i>tranexamic acid</i>	163
<i>temozolomide</i>	85	TIROSINT-SOL.....	225	TRANXENE-T.....	39
TENCON.....	27	TISSEEL VHSD.....	163	<i>tranylcypromine sulfate</i>	55
<i>tenofovir disoproxil fumarate</i>	97	Tis-U-Sol.....	101	TRAVATAN Z.....	207
TENORETIC 100.....	75	TIVICAY.....	97	<i>trazodone hcl</i>	55, 221
TENORETIC 50.....	75	TIVORBEX.....	26	TRECATOR.....	78
TENORMIN.....	103	<i>tizanidine hcl</i>	199, 200	TRELEGY ELLIPTA.....	44
TERAZOL 7.....	230	TL G-FOL OS.....	196	TRELSTAR MIXJECT.....	85
<i>terazosin hcl</i>	75	<i>tl-care dha</i>	196	TREMFYA.....	132
<i>terbinafine hcl</i>	66	<i>tl-fluorivite</i>	196	<i>treprostinil</i>	107
<i>terbutaline sulfate</i>	44	<i>tl-select</i>	196	TRESIBA.....	63
<i>terconazole</i>	230	TOBI.....	22	TRESIBA FLEXTOUCH.....	63
Terrell.....	154	TOBI PODHALER.....	22	<i>tretinoin</i>	85, 132

<i>tretinoin microsphere</i>	132	<i>trosipium chloride</i>	229	ULTICARE MINI PEN
<i>tretinoin microsphere pump</i>	132	<i>trosipium chloride er</i>	229	NEEDLES.....
TRETTEN.....	160	TRUECONTROL		184
TREXALL.....	86	GLUCOSE CONT LEV 0.....	183	ULTICARE PEN NEEDLES
TREXIMET.....	188	TRUECONTROL		.....184
TREZIX.....	34	GLUCOSE CONT LEV 1.....	183	ULTICARE SHORT PEN
TRI FEMYNOR.....	115	TRUEDRAW LANCING		NEEDLES.....
<i>triamcinolone acetonide</i>		DEVICE.....	183	184
.....	132, 191, 222	TRUEPLUS INSULIN		ULTI-LANCE
<i>triamterene-hctz</i>	143	SYRINGE.....	184	AUTOMATIC.....
<i>triazolam</i>	164	TRUEPLUS LANCETS 30G	184	184
TRIBENZOR.....	75	TRUETEST TEST.....	141	<i>ultilet alcohol swabs</i>
TRICARE PRENATAL		TRUETRACK TEST.....	141	184
DHA ONE.....	197	TRULANCE.....	108	ULTILET INSULIN
TRICOR.....	70	TRULICITY.....	63	SYRINGE SHORT.....
Triderm.....	132	TRUSOPT.....	207	184
<i>trientine hcl</i>	101	TRUVADA.....	97	ULTIMA TEST.....
TRI-ESTARYLLA.....	115	TRUZONE PEAK FLOW		141
<i>trifluoperazine hcl</i>	92	METER.....	184	ULTRACET.....
<i>trifluridine</i>	207	TUDORZA PRESSAIR.....	44	35
TRIGLIDE.....	70	TULANA.....	115	ULTRALANCE.....
<i>trihexyphenidyl hcl</i>	88	TUSSICAPS.....	118	184
TRI-LEGEST FE.....	115	TUSSIONEX		ULTRAM.....
TRILEPTAL.....	51	PENNKINETIC ER.....	118	35
Tri-Linyah.....	115	TUXARIN ER.....	118	ULTRA-THIN II INS SYR
TRILIPIX.....	70	TWYNSTA.....	75	SHORT.....
Trilyte.....	167	TYBOST.....	92	184
<i>trimethobenzamide hcl</i>	65	Tydemy.....	115	ULTRA-THIN II INSULIN
<i>trimethoprim</i>	76	TYKERB.....	86	SYRINGE.....
TRI-MILI.....	115	TYLENOL WITH		184
<i>trimipramine maleate</i>	55	CODEINE #3.....	34	ULTRA-THIN II MINI PEN
TRINATE.....	197	TYLENOL WITH		NEEDLE.....
TRINESSA (28).....	115	CODEINE #4.....	34	184
TRINTELLIX.....	55, 221	TYMLOS.....	148	ULTRA-THIN II PEN
TRI-PREVIFEM.....	115	TYSABRI.....	219	NEEDLE SHORT.....
TRIPTODUR.....	148	TYVASO.....	107	185
TRI-SPRINTEC.....	115	TYVASO REFILL.....	107	ULTRA-THIN II PEN
TRISTART ONE.....	197	TYVASO STARTER.....	107	NEEDLES.....
<i>tri-tabs dha</i>	197	UCERIS.....	37, 117	185
TRIUMEQ.....	97	UDAMIN SP.....	197	ULTRATRAK PRO
TRIVEEN-DUO DHA.....	197	UDENYCA.....	162	CONTROL.....
TRI-VI-FLOR.....	197	ULESFIA.....	132	185
<i>tri-vi-floro</i>	197	ULORIC.....	156	ULTRATRAK PRO TEST..
TRIVISC.....	200	ULTANE.....	154	141
<i>tri-vitamin/fluoride</i>	197	ULTICARE INSULIN		ULTRATRAK ULTIMATE
Trivora (28).....	115	SAFETY SYR.....	184	CONTROL.....
Tri-Vylibra Lo.....	115	ULTICARE INSULIN		185
TRIZIVIR.....	97	SYRINGE.....	184	TEST.....
TROKENDI XR.....	51	ULTICARE MICRO PEN		141
<i>tropicamide</i>	207	NEEDLES.....	184	ULTRAVATE.....
				132, 133
				UNIFINE PENTIPS.....
				185
				<i>unifine pentips plus</i>
				185
				UNISTIK 1.....
				185
				UNISTIK 2.....
				185
				UNISTIK 2 COMFORT.....
				185
				UNISTIK 2 EXTRA.....
				185
				UNISTIK 2 NEONATAL....
				185
				UNISTIK 2 NORMAL.....
				185
				UNISTIK 2 SUPER.....
				185
				UNISTIK 3.....
				185
				UNISTIK 3 COMFORT.....
				185
				UNISTIK 3 EXTRA.....
				185
				UNISTIK 3 NEONATAL....
				185
				UNISTIK 3 NORMAL.....
				185
				UNISTIK CZT COMFORT..
				185
				UNISTIK CZT NORMAL...
				185
				UNISTRIP CONTROL.....
				185

UNISTRIP1 GENERIC.....	142	VENCLEXTA.....	78	VIRAMUNE XR.....	98
UNITHROID.....	225	VENCLEXTA STARTING		VIRAZOLE.....	98
Unithroid.....	225	PACK.....	79	VIREAD.....	98
<i>up & up glucose</i>	63	<i>venlafaxine hcl</i>	55	<i>virt-pn dha</i>	197
UPTRAVI.....	220	<i>venlafaxine hcl er</i>	55	<i>virt-pn plus</i>	197
URECHOLINE.....	229	VENOFER.....	162	VISCO-3.....	200
UROCIT-K 10.....	155	VENTAVIS.....	107	VISTARIL.....	39
UROCIT-K 5.....	155	VENTOLIN HFA.....	44	VISTOGARD.....	64
UROXATRAL.....	156	<i>verapamil hcl</i>	105	VISUDYNE.....	207
URSO 250.....	154	<i>verapamil hcl er</i>	105	VITAFOL FE+.....	197
URSO FORTE.....	154	VERDESO.....	133	VITAFOL GUMMIES.....	197
<i>ursodiol</i>	154	VEREGEN.....	133	VITAFOL STRIPS.....	197
UTIBRON NEOHALER.....	44	VERELAN.....	105	VITAFOL-NANO.....	197
VAGIFEM.....	230	VERELAN PM.....	105	VITAFOL-OB.....	197
<i>valacyclovir hcl</i>	97	VERSACLOZ.....	92	VITAFOL-OB+DHA.....	197
VALCHLOR.....	133	VERZENIO.....	119	VITAFOL-ONE.....	197
VALCYTE.....	97	VESICARE.....	229	VITAL-D RX.....	198
<i>valganciclovir hcl</i>	97	VFEND.....	66	VITAMEDMD ONE	
VALIUM.....	39	VIBERZI.....	165	RX/QUATREFOLIC.....	198
<i>valproic acid</i>	51	VIBRAMYCIN.....	223, 224	<i>vitamin d (ergocalciferol)</i>	231
<i>valsartan</i>	75	Vicodin.....	35	<i>vitamins acd-fluoride</i>	198
<i>valsartan-hydrochlorothiazide</i>	75	Vicodin Es.....	35	VITAPEARL.....	198
VALTREX.....	97	Vicodin Hp.....	35	VITRAKVI.....	79
<i>value plus glucose</i>	63	VICTORY AGM-4000 TEST	142	VIVA DHA.....	198
<i>value plus lancng device</i>	185	VICTORY CONTROL		VIVELLE-DOT.....	150
<i>valumark pen needles</i>	185	LEVEL 1/2.....	185	VIVITROL.....	65
VANATOL LQ.....	27	VICTOZA.....	63	VIVLODEX.....	26
VANCOCIN HCL.....	156	VIDA MIA AUTOLET		VIZIMPRO.....	86
<i>vancomycin hcl</i>	156	LANCING DEV.....	185	VOCAL POINT BLOOD	
Vandazole.....	230	VIDA MIA UNIFINE		GLUCOSE TEST.....	142
VANISHPOINT INSULIN		PENTIPS.....	186	VOGELXO.....	36
SYRINGE.....	185	VIDEX.....	98	VOGELXO PUMP.....	36
VANOS.....	133	VIDEX EC.....	97	<i>vol-care rx</i>	198
Vanoxide-Hc.....	133	VIEKIRA PAK.....	163	<i>vol-nate</i>	198
VARIBAR PUDDING.....	142	<i>vigabatrin</i>	51	<i>vol-tab rx</i>	198
VARUBI.....	65	Vigadrone.....	51	VOLTAREN.....	133
VASCEPA.....	70	VIGAMOX.....	207	VONVENDI.....	160
VASERETIC.....	75	VIIBRYD.....	55, 221	<i>voriconazole</i>	67
VASOTEC.....	75	VIIBRYD STARTER PACK		VOSEVI.....	163
VCF VAGINAL		.....	55, 221	VOTRIENT.....	86
CONTRACEPTIVE.....	230	VIMIZIM.....	191	<i>vp-heme ob + dha</i>	198
VECAMYL.....	75	VIMOVO.....	26	<i>vp-pnv-dha</i>	198
VECTICAL.....	133	VIMPAT.....	51	VPRIV.....	162
VELETRI.....	107	VINATE DHA RF.....	197	VRAYLAR.....	92
VELIVET.....	115	VINATE II.....	197	VUSION.....	133
VELPHORO.....	154	VINATE M.....	197	VYFEMLA.....	115
VELTASSA.....	101, 214	VIOKACE.....	142	VYTORIN.....	70
VELTIN.....	133	<i>viorele</i>	115	VYVANSE.....	21
VEMLIDY.....	97	VIRACEPT.....	98	VYZULTA.....	207
<i>vena-bal dha</i>	197	VIRAMUNE.....	98	<i>walgreens glucose</i>	63

<i>warfarin sodium</i>	46	XERAC AC.....	133	ZEMPLAR.....	148
WAVESENSE PRESTO.....	142	XERESE.....	133	ZENATANE.....	133
WEBCOL ALCOHOL PREP LARGE.....	186	XERMELO.....	225	Zenatane.....	133
WEBCOL ALCOHOL PREP MEDIUM.....	186	XGEVA.....	148	ZENPEP.....	142
<i>wegmans unifine pentips plus</i> ..	186	XHANCE.....	200	Zenzedi.....	21
WELCHOL.....	70	XIAFLEX.....	101	ZENZEDI.....	21
WELLBUTRIN SR.....	56	XIFAXAN.....	76	ZEPATIER.....	163
WELLBUTRIN XL.....	56	XIGDUO XR.....	222	ZERIT.....	98
WERA.....	115	XIIDRA.....	167	ZESTORETIC.....	75
WESTHROID.....	225	XIMINO.....	224	ZESTRIL.....	75
WIDE-SEAL DIAPHRAGM 60.....	186	XODOL.....	35	ZETIA.....	70
WIDE-SEAL DIAPHRAGM 65.....	186	XOFLUZA.....	209	ZETONNA.....	200
WIDE-SEAL DIAPHRAGM 70.....	186	XOLAIR.....	44	ZIAC.....	75
WIDE-SEAL DIAPHRAGM 75.....	186	XOLEGEL.....	133	ZIAGEN.....	98
WIDE-SEAL DIAPHRAGM 80.....	186	XOPENEX.....	45	ZIANA.....	133
WIDE-SEAL DIAPHRAGM 85.....	186	XOPENEX CONCENTRATE.....	45	<i>zidovudine</i>	98
WIDE-SEAL DIAPHRAGM 90.....	186	XOPENEX HFA.....	45	<i>zileuton er</i>	45
WIDE-SEAL DIAPHRAGM 95.....	186	XOSPATA.....	86	ZIOPTAN.....	207
WILATE.....	160	XTAMPZA ER.....	35	<i>ziprasidone hcl</i>	92
WINDMILL TRAINER.....	186	XTANDI.....	86	ZIPSOR.....	26
WINRHIO SDF.....	211	XULANE.....	115	ZIRGAN.....	207
Wixela Inhub.....	44	XULTOPHY.....	165	ZITHROMAX.....	168
WP THYROID.....	225	XURIDEN.....	163	ZITHROMAX TRI-PAK.....	168
Wymzya Fe.....	115	XYNTHA.....	160	ZITHROMAX Z-PAK.....	168
XADAGO.....	88	XYNTHA SOLOFUSE.....	160	ZOCOR.....	70
XALATAN.....	207	XYOSTED.....	36	ZOFRAN.....	65
XALKORI.....	86	XYREM.....	219	ZOHYDRO ER.....	35
XANAX.....	39	YASMIN 28.....	116	<i>zoledronic acid</i>	149
XANAX XR.....	39	YAZ.....	116	ZOLINZA.....	86
XARELTO.....	46	YONSA.....	86	<i>zolmitriptan</i>	188
XARELTO STARTER PACK.....	46	YOSPRALA.....	160	ZOLOFT.....	56
XATMEP.....	86	YUPELRI.....	45	<i>zolpidem tartrate</i>	164
XELJANZ.....	26	Yuvaferm.....	230	<i>zolpidem tartrate er</i>	164
XELJANZ XR.....	26	<i>zafirlukast</i>	45	ZOLPIMIST.....	164
XELODA.....	86	<i>zaleplon</i>	164	ZOMACTON.....	149
XELPROS.....	207	ZANAFLEX.....	200	ZOMIG.....	188
XENAZINE.....	219	Zarah.....	116	ZOMIG ZMT.....	188
XEOMIN.....	201	ZARONTIN.....	51	ZONALON.....	133
XEPI.....	133	ZARXIO.....	162	ZONEGRAN.....	51
		ZATEAN-PN DHA.....	198	<i>zonisamide</i>	51
		ZATEAN-PN PLUS.....	198	ZONTIVITY.....	215
		ZAVESCA.....	162	ZORBTIVE.....	149
		Zebutal.....	27	ZORTRESS.....	101
		ZEGERID.....	227	ZORVOLEX.....	26
		ZEJULA.....	213	ZOVIA 1/35E (28).....	116
		ZELAPAR.....	88	ZOVIRAX.....	98, 133
		ZELBORAF.....	86	ZUBSOLV.....	35
		ZEMAIRA.....	221	ZUMANDIMINE.....	116
		ZEMBRACE SYMTOUCH.....	188	ZUPLENZ.....	65
				ZYBAN.....	220

ZYCLARA.....	133
ZYCLARA PUMP.....	134
ZYDELIG.....	212
ZYFLO.....	45
ZYKADIA.....	86
ZYLET.....	207
ZYLOPRIM.....	156
ZYMAXID.....	208
ZYPITAMAG.....	70
ZYPREXA.....	92
ZYPREXA ZYDIS.....	92
ZYTIGA.....	86
ZYVOX.....	76, 77