

# Plan for your best health

**2019 Aetna Pharmacy Drug Guide**  
Aetna Small Group ACA



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

# 2019 Aetna Small Group ACA Plan

## 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
*ALTERNATIVE MEDICINES* - VITAMINS AND MINERALS.....	22
*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.....	27
*ANALGESICS - OPIOID* - DRUGS FOR PAIN AND FEVER.....	28
*ANDROGENS-ANABOLIC* - HORMONES.....	35
*ANORECTAL AGENTS* - RECTAL PREPARATIONS.....	37
*ANTHELMINTICS* - DRUGS FOR INFECTIONS.....	37
*ANTIANGINAL AGENTS* - DRUGS FOR THE HEART.....	38
*ANTIANSXIETY AGENTS* - DRUGS FOR THE NERVOUS SYSTEM.....	39
*ANTIARRHYTHMICS* - DRUGS FOR THE HEART.....	40
*ANTIASTHMATIC AND BRONCHODILATOR AGENTS* - DRUGS FOR THE LUNGS.....	40
*ANTICOAGULANTS* - DRUGS FOR THE BLOOD.....	46
*ANTICONVULSANTS* - DRUGS FOR THE NERVOUS SYSTEM.....	47
*ANTIDEMENTIA AGENT COMBINATIONS*** - DRUGS FOR THE NERVOUS SYSTEM.....	53
*ANTIDEPRESSANTS* - DRUGS FOR THE NERVOUS SYSTEM.....	53
*ANTIDIABETICS* - HORMONES.....	57
*ANTIDIARRHEALS* - DRUGS FOR THE STOMACH.....	64
*ANTIDOTES AND SPECIFIC ANTAGONISTS* - DRUGS FOR OVERDOSE OR POISONING.....	64
*ANTIDOTES* - DRUGS FOR OVERDOSE OR POISONING.....	65
*ANTIEMETICS* - DRUGS FOR THE STOMACH.....	65
*ANTIFUNGALS* - DRUGS FOR INFECTIONS.....	67
*ANTIHEMOPHILIC PRODUCTS - MONOCLONAL ANTIBODIES*** - DRUGS FOR THE BLOOD.....	68
*ANTIHISTAMINES* - DRUGS FOR THE LUNGS.....	68
*ANTIHYPERLIPIDEMICS* - DRUGS FOR THE HEART.....	69
*ANTIHYPERTENSIVES* - DRUGS FOR THE HEART.....	72
*ANTI-INFECTIVE AGENTS - MISC.* - DRUGS FOR INFECTIONS.....	77
*ANTIMALARIALS* - DRUGS FOR INFECTIONS.....	79
*ANTIMYASTHENIC AGENTS* - DRUGS FOR NERVES AND MUSCLES.....	79
*ANTIMYASTHENIC/CHOLINERGIC AGENTS* - DRUGS FOR NERVES AND MUSCLES.....	80
*ANTIMYCOBACTERIAL AGENTS* - DRUGS FOR INFECTIONS.....	80
*ANTINEOPLASTIC - BCL-2 INHIBITORS*** - DRUGS FOR CANCER.....	81
*ANTINEOPLASTIC - FGFR KINASE INHIBITORS*** - DRUGS FOR CANCER.....	81
*ANTINEOPLASTIC - TROPOMYOSIN RECEPTOR KINASE INHIBITORS*** - DRUGS FOR CANCER.....	81
*ANTINEOPLASTIC - XPO1 INHIBITORS*** - DRUGS FOR CANCER.....	81

*ANTINEOPLASTIC OR PREMALIGNANT LESION AGENT - COMB*** - DRUGS FOR CANCER.....	81
*ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES* - DRUGS FOR CANCER.....	81
*ANTIPARKINSON AGENTS* - DRUGS FOR THE NERVOUS SYSTEM.....	89
*ANTIPSYCHOTICS/ANTIMANIC AGENTS* - DRUGS FOR THE NERVOUS SYSTEM.....	91
*ANTIRETROVIRALS ADJUVANTS*** - DRUGS THAT ALTER METABOLISM.....	95
*ANTISENSE OLIGONUCLEOTIDE (ASO) INHIBITOR AGENTS*** - HORMONES.....	95
*ANTISEPTICS & DISINFECTANTS* - ANTISEPTICS AND DISINFECTANTS.....	95
*ANTIVIRALS* - DRUGS FOR INFECTIONS.....	96
*ANTI-VON WILLEBRAND FACTOR AGENTS*** - DRUGS FOR THE BLOOD.....	102
*ASSORTED CLASSES* - VITAMINS AND MINERALS.....	102
*ATOPIC DERMATITIS - MONOCLONAL ANTIBODIES*** - DRUGS FOR THE LUNGS.....	104
*BETA BLOCKER & ANGIOTENSIN II RECEPTOR ANTAGONIST COMB*** - DRUGS FOR THE HEART.....	104
*BETA BLOCKERS* - DRUGS FOR THE HEART.....	104
*BIGUANIDE-DIABETIC SUPPLIES COMBINATIONS*** - HORMONES.....	106
*BILE ACID SYNTHESIS DISORDER AGENTS*** - DRUGS FOR THE STOMACH.....	106
*BIOLOGICALS MISC* - BIOLOGICAL AGENTS.....	106
*BULK CHEMICALS - NY*** - DRUGS FOR INFECTIONS.....	106
*CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG*** - DRUGS FOR THE NERVOUS SYSTEM.....	106
*CALCIUM CHANNEL BLOCKERS* - DRUGS FOR THE HEART.....	107
*CARDIOTONICS* - DRUGS FOR THE HEART.....	110
*CARDIOVASCULAR AGENTS - MISC.* - DRUGS FOR THE HEART.....	110
*CEPHALOSPORINS* - DRUGS FOR INFECTIONS.....	111
*CHEMICALS*.....	112
*CIC AGENTS - GUANYLATE CYCLASE-C (GC-C) AGONISTS*** - DRUGS FOR THE STOMACH.....	112
*CONTRACEPTIVES* - DRUGS FOR WOMEN.....	112
*CORTICOSTEROIDS* - HORMONES.....	122
*COUGH/COLD/ALLERGY* - DRUGS FOR THE LUNGS.....	124
*CYCLIN-DEPENDENT KINASES (CDK) INHIBITORS*** - DRUGS FOR CANCER.....	126
*CYSTIC FIBROSIS AGENT - COMBINATIONS*** - DRUGS FOR THE LUNGS.....	127
*DERMATOLOGICALS* - DRUGS FOR THE SKIN.....	127
*DIAGNOSTIC PRODUCTS*.....	144
*DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS* - DRUGS FOR NUTRITION.....	150
*DIGESTIVE AIDS* - DRUGS FOR THE STOMACH.....	156
*DIRECT-ACTING P2Y12 INHIBITORS*** - DRUGS FOR THE BLOOD.....	157
*DIURETICS* - DRUGS FOR THE HEART.....	157
*DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)*** - DRUGS FOR THE NERVOUS SYSTEM.....	158
*ENDOCRINE AND METABOLIC AGENTS - MISC.* - HORMONES.....	158
*ESTROGENS* - HORMONES.....	164
*ESTROGEN-SELECTIVE ESTROGEN RECEPTOR MODULATOR COMB*** - HORMONES..	166
*FARNESOID X RECEPTOR (FXR) AGONISTS*** - DRUGS FOR THE LIVER.....	167
*FLUOROQUINOLONES* - DRUGS FOR INFECTIONS.....	167
*GASTROINTESTINAL AGENTS - MISC.* - DRUGS FOR THE STOMACH.....	167
*GENITOURINARY AGENTS - MISCELLANEOUS* - DRUGS FOR THE URINARY SYSTEM	170
*GLYCOPEPTIDES*** - DRUGS FOR INFECTIONS.....	171
*GOUT AGENTS* - DRUGS FOR PAIN AND FEVER.....	172



*HEMATOLOGICAL AGENTS - MISC.* - DRUGS FOR THE BLOOD.....	172
*HEMATOPOIETIC AGENTS* - DRUGS FOR NUTRITION.....	176
*HEMOSTATICS* - DRUGS FOR THE BLOOD.....	178
*HEPATITIS C AGENT - COMBINATIONS*** - DRUGS FOR INFECTIONS.....	179
*HEREDITARY OROTIC ACIDURIA TREATMENT - AGENTS** - DRUGS THAT ALTER METABOLISM.....	179
*HYPNOTICS* - DRUGS FOR THE NERVOUS SYSTEM.....	179
*HYPOPHOSPHATASIA (HPP) AGENTS*** - DRUGS FOR METABOLIC DISEASE.....	181
*IBS AGENT - 5-HT4 RECEPTOR PARTIAL AGONISTS*** - DRUGS FOR THE STOMACH.....	181
*IBS AGENT - MU-OPIOID RECEPTOR AGONISTS*** - DRUGS FOR THE STOMACH.....	181
*IN VITRO/LOCK ANTICOAGULANTS*** - DRUGS FOR THE BLOOD.....	181
*INSULIN-INCRETIN MIMETIC COMBINATIONS*** - HORMONES.....	181
*INTERLEUKIN-5 ANTAGONISTS (IGG1 KAPPA)*** - DRUGS FOR THE LUNGS.....	181
*ISOCITRATE DEHYDROGENASE-1 (IDH1) INHIBITORS*** - DRUGS FOR CANCER.....	181
*ISOCITRATE DEHYDROGENASE-2 (IDH2) INHIBITORS*** - DRUGS FOR CANCER.....	181
*LAXATIVES* - DRUGS FOR THE STOMACH.....	182
*LEPTIN ANALOGUES*** - HORMONES.....	183
*LHRH/GNRH AGONIST ANALOG COMBINATIONS*** - HORMONES.....	184
*LYMPHOCYTE FUNCTION-ASSOCIATED ANTIGEN-1 (LFA-1) ANTAG*** - DRUGS FOR THE EYE.....	184
*MACROLIDES* - DRUGS FOR INFECTIONS.....	184
*MEDICAL DEVICES* - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT.....	185
*MELANOCORTIN RECEPTOR AGONISTS*** - DRUGS FOR THE NERVOUS SYSTEM.....	198
*MIGRAINE PRODUCTS* - DRUGS FOR THE NERVOUS SYSTEM.....	199
*MINERALS & ELECTROLYTES* - DRUGS FOR NUTRITION.....	200
*MONOBACTAMS*** - DRUGS FOR INFECTIONS.....	202
*MOUTH/THROAT/DENTAL AGENTS* - DRUGS FOR THE MOUTH AND THROAT.....	203
*MULTIPLE SCLEROSIS AGENTS - ANTIMETABOLITES*** - DRUGS FOR THE NERVOUS SYSTEM.....	203
*MULTIPLE VITAMINS WITH FOLIC ACID*** - DRUGS FOR NUTRITION.....	204
*MULTIVITAMINS* - DRUGS FOR NUTRITION.....	204
*MUSCULOSKELETAL THERAPY AGENTS* - DRUGS FOR MUSCLES, LIGAMENTS, TENDONS, AND BONES.....	208
*NASAL AGENTS - SYSTEMIC AND TOPICAL* - DRUGS FOR THE NOSE.....	210
*NEPRILYSIN INHIB (ARNI)-ANGIOTENSIN II RECEPT ANTAG COMB*** - DRUGS FOR THE HEART.....	211
*NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS*** - DRUGS FOR THE HEART.....	211
*NEUROMUSCULAR AGENTS* - DRUGS FOR NERVES AND MUSCLES.....	211
*NSAID-VITAMINS AND/OR MINERALS COMBINATIONS*** - DRUGS FOR PAIN AND FEVER.....	211
*NUTRIENTS* - DRUGS FOR NUTRITION.....	211
*OPHTHALMIC AGENTS* - DRUGS FOR THE EYE.....	211
*OPHTHALMIC KINASE INHIBITORS - COMBINATIONS*** - DRUGS FOR THE EYE.....	219
*OPHTHALMIC NERVE GROWTH FACTORS*** - DRUGS FOR THE EYE.....	219
*OPHTHALMIC RHO KINASE INHIBITORS*** - DRUGS FOR THE EYE.....	219
*OREXIN RECEPTOR ANTAGONISTS*** - DRUGS FOR THE NERVOUS SYSTEM.....	219
*OTIC AGENTS* - DRUGS FOR THE EAR.....	219
*OXABOROLE-RELATED ANTIFUNGALS - TOPICAL*** - DRUGS FOR THE SKIN.....	220
*OXYTOCICS* - HORMONES.....	220

*PA ENDONUCLEASE INHIBITORS*** - DRUGS FOR INFECTIONS.....	220
*PASSIVE IMMUNIZING AGENTS - COMBINATIONS*** - BIOLOGICAL AGENTS.....	220
*PASSIVE IMMUNIZING AGENTS* - BIOLOGICAL AGENTS.....	220
*PCSK9 INHIBITORS*** - DRUGS FOR THE HEART.....	221
*PENICILLINS* - DRUGS FOR INFECTIONS.....	221
*PHARMACEUTICAL ADJUVANTS*.....	222
*PHOSPHATIDYLINOSITOL 3-KINASE (PI3K) INHIBITORS*** - DRUGS FOR CANCER.....	222
*PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL*** - DRUGS FOR THE SKIN.....	223
*PHOSPHODIESTERASE 4 (PDE4) INHIBITORS*** - DRUGS FOR PAIN AND FEVER.....	223
*PLASMA KALLIKREIN INHIBITORS - MONOCLONAL ANTIBODIES*** - DRUGS FOR THE HEART.....	223
*POLY (ADP-RIBOSE) POLYMERASE (PARP) INHIBITORS** - DRUGS FOR CANCER.....	223
*POLY (ADP-RIBOSE) POLYMERASE (PARP) INHIBITORS*** - DRUGS FOR CANCER.....	224
*POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS*** - DRUGS FOR THE NERVOUS SYSTEM.....	224
*POTASSIUM REMOVING AGENTS*** - DRUGS FOR NUTRITION.....	224
*PROGESTINS* - HORMONES.....	225
*PROTEASE-ACTIVATED RECEPTOR-1 (PAR-1) ANTAGONISTS*** - DRUGS FOR THE BLOOD.....	225
*PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.* - DRUGS FOR THE NERVOUS SYSTEM.....	225
*PULMONARY FIBROSIS AGENTS - KINASE INHIBITORS*** - DRUGS FOR CANCER.....	230
*PULMONARY FIBROSIS AGENTS*** - DRUGS FOR THE LUNGS.....	230
*PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST*** - DRUGS FOR THE HEART.....	230
*RESPIRATORY AGENTS - MISC.* - DRUGS FOR THE LUNGS.....	230
*SCLEROSTIN INHIBITORS*** - HORMONES.....	230
*SEROTONIN 1A RECEPT AGONIST/SEROTONIN 2A RECEPT ANTAG*** - DRUGS FOR THE NERVOUS SYSTEM.....	231
*SEROTONIN MODULATORS*** - DRUGS FOR THE NERVOUS SYSTEM.....	231
*SGLT2 INHIBITOR - DPP-4 INHIBITOR COMBINATIONS*** - HORMONES.....	231
*SINUS NODE INHIBITORS** - DRUGS FOR THE HEART.....	231
*SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITOR-BIGUANIDE COMB*** - HORMONES.....	231
*SPLEEN TYROSINE KINASE (SYK) INHIBITORS*** - DRUGS FOR THE BLOOD.....	232
*STEROIDS - MOUTH/THROAT/DENTAL*** - DRUGS FOR THE MOUTH AND THROAT....	232
*SULFONAMIDES*.....	232
*TETRACYCLINES* - DRUGS FOR INFECTIONS.....	232
*THYROID AGENTS* - HORMONES.....	234
*TOPICAL ANESTHETIC GASES*** - DRUGS FOR THE SKIN.....	235
*TRANSTHYRETIN STABILIZERS*** - HORMONES.....	235
*TRYPTOPHAN HYDROXYLASE INHIBITORS*** - DRUGS FOR THE STOMACH.....	235
*ULCER DRUGS* - DRUGS FOR THE STOMACH.....	235
*URINARY ANTI-INFECTIVES* - DRUGS FOR THE URINARY SYSTEM.....	238
*URINARY ANTISPASMODICS* - DRUGS FOR THE URINARY SYSTEM.....	238
*VAGINAL PRODUCTS* - DRUGS FOR WOMEN.....	239
*VASOPRESSORS* - DRUGS FOR THE HEART.....	241
*VITAMINS* - DRUGS FOR NUTRITION.....	241

# 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.

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

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

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

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

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

## 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](mailto:CRCoordinator@aetna.com).

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at:

U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, or at 1-800-368-1019, 800-537-7697 (TDD).

**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 naaltsóos bee atah nííígo nanitinígíí bee néého'dólzínígíí béésh bee hane'í bikáá' áají' hólne'. (Navajo)

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

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

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

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

Անվճար լեզվական ծառայություններից 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)





M̄ dyi wuḍu-dù kà kò dḡ bḡ dyi móuñ nì pídyi ní, nìí, dǎ nòbà nìà nì ID káàò kḡε. (Kru-Bassa)

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

ເພື່ອຂໍໃຊ້ການບໍລິການພາສາໂດຍບໍ່ເສຍຄ່າຕໍ່ກັບທ່ານ,  
ໃຫ້ໃຫຫາເປີໂທທີ່ບອກໄວ້ໃນບັດປະຈຳຕົວຂອງທ່ານ. (Laotian)

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

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

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

ដើម្បីទទួលបានសេវាកម្មភាសាដែលឥតគិតថ្លៃសម្រាប់លោកអ្នក សូមហៅទូរស័ព្ទទៅកាន់  
លេខដែលមាននៅលើប័ណ្ណសម្គាល់ខ្លួនរបស់លោកអ្នក។ (Mon-Khmer, Cambodian)

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

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

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

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

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

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

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

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

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

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



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

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

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 Small Group ACA Plan

CURRENT AS OF 12/1/2019

### 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

**LGC** = Lowest Generic Copay Applies

**MPG** = PG tier applies to members residing in Massachusetts.

**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.

**OTC** = Covered OTC

**PA** = Prior Authorization

**QL** = Quantity Limit

**SP Pharmacy** = You may pay higher out of pocket costs and may be required to get these products at an Aetna Specialty Pharmacy network provider, like Aetna Specialty Pharmacy.

Specialty products are limited to a 30 day supply.

**ST** = Step Therapy

### Drug 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.

**NC** = Not Covered

**NP** = Non Preferred

**NPS** = Non Preferred Specialty

**PB** = Preferred Brand

**PG** = Preferred Generic

**PS** = Preferred Specialty

**lowercase italics** = Generic drugs

**UPPERCASE** = Brand name drugs

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

UF11 = Covered at preferred tier with no PA, no ST for members residing in Illinois  
 UN6 = Prior Authorization does not apply to members residing in Pennsylvania and Washington

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>*5-HT4 RECEPTOR AGONISTS*** - DRUGS FOR THE STOMACH</b>		
MOTEGRITY ORAL TABLET 1 MG, 2 MG ( <i>prucalopride succinate</i> )	NC	
<b>*ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS* - DRUGS FOR THE NERVOUS SYSTEM</b>		
ADDERALL ORAL TABLET 10 MG, 12.5 MG, 15 MG, 20 MG, 30 MG, 5 MG, 7.5 MG ( <i>amphetamine-dextroamphetamine</i> )	NC	
ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 5 MG ( <i>amphetamine-dextroamphetamine</i> )	NC	
ADHANSIA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 25 MG, 35 MG, 45 MG, 55 MG, 70 MG, 85 MG ( <i>methylphenidate hcl</i> )	NC	
ADZENYS ER ORAL SUSPENSION EXTENDED RELEASE 1.25 MG/ML ( <i>amphetamine</i> )	NC	
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> )	NC	
<i>amphetamine sulfate oral tablet 10 mg, 5 mg</i>	NP	QL (4 tablets per 1 day)
<i>amphetamine-dextroamphet er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>	PG	PA; ST; 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>	PG	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> )	NC	#
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>	PG	PA; QL (1 tablet per 1 day)
<i>armodafinil oral tablet 50 mg</i>	PG	PA; QL (2 tablets per 1 day)
<i>atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg, 40 mg, 60 mg</i>	NP	QL (2 capsules per 1 day)

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>atomoxetine hcl oral capsule 100 mg, 80 mg</i>	NP	QL (1 capsule per 1 day)
BELVIQ ORAL TABLET 10 MG ( <i>lorcaserin hcl</i> )	NP	PA; ST; QL (2 tablets per 1 day)
<i>caffeine citrate oral solution 20 mg/ml, 60 mg/3ml</i>	NC	
<i>clonidine hcl er oral tablet extended release 12 hour 0.1 mg</i>	NP	QL (4 tabs per 1 day)
CONCERTA ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG, 36 MG, 54 MG ( <i>methylphenidate hcl</i> )	NC	
COTEMPLA XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE 17.3 MG, 25.9 MG, 8.6 MG ( <i>methylphenidate</i> )	NC	
DAYTRANA TRANSDERMAL PATCH 10 MG/9HR, 15 MG/9HR, 20 MG/9HR, 30 MG/9HR ( <i>methylphenidate</i> )	NP	PA; ST; #; QL (1 patch per 1 day)
DESOXYN ORAL TABLET 5 MG ( <i>methamphetamine hcl</i> )	NC	
DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 5 MG ( <i>dextroamphetamine sulfate</i> )	NC	
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	NP	PA; ST; QL (2 capsules per 1 day)
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 25 mg, 35 mg</i>	NP	PA; ST; QL (2 capsules per 1 Day)
<i>dexmethylphenidate hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	PG	QL (4 tablets per 1 day)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg</i>	NP	QL (3 caps per 1 day)
<i>dextroamphetamine sulfate oral solution 5 mg/5ml</i>	PG	PA; QL (40 ML per 1 day)
<i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i>	NP	QL (4 tabs per 1 day)
DYANAVEL XR ORAL SUSPENSION EXTENDED RELEASE 2.5 MG/ML ( <i>amphetamine</i> )	NC	
EVEKEO ODT ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 20 MG, 5 MG ( <i>amphetamine sulfate</i> )	NC	
EVEKEO ORAL TABLET 10 MG, 5 MG ( <i>amphetamine sulfate</i> )	NC	
FOCALIN ORAL TABLET 10 MG, 2.5 MG, 5 MG ( <i>dexmethylphenidate hcl</i> )	NC	
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> )	NC	
<i>guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg</i>	NP	QL (1 tablet per 1 day)

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INTUNIV ORAL TABLET EXTENDED RELEASE 24 HOUR 1 MG, 2 MG, 3 MG, 4 MG ( <i>guanfacine hcl</i> )	NC	
JORNAY PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 20 MG, 40 MG, 60 MG, 80 MG ( <i>methylphenidate hcl</i> )	NC	
KAPVAY ORAL TABLET EXTENDED RELEASE 12 HOUR 0.1 MG ( <i>clonidine hcl</i> )	NC	
<i>methylphenidate hcl</i> (Metadate Er Oral Tablet Extended Release 20 Mg)	PG	QL (3 tabs per 1 day)
<i>methamphetamine hcl oral tablet 5 mg</i>	NP	PA; ST; QL (4 tabs per 1 day)
METHYLIN ORAL SOLUTION 10 MG/5ML, 5 MG/5ML ( <i>methylphenidate hcl</i> )	NC	
<i>methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	NP	QL (1 cap per 1 day)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 60 mg</i>	NP	QL (1 capsule per 1 Day)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 20 mg, 30 mg, 40 mg</i>	NP	QL (1 cap per 1 day)
<i>methylphenidate hcl er oral tablet extended release 10 mg</i>	PG	QL (3 tablets per 1 day)
<i>methylphenidate hcl er oral tablet extended release 18 mg, 27 mg, 54 mg</i>	PG	QL (2 tablets per 1 day)
<i>methylphenidate hcl er oral tablet extended release 20 mg</i>	PG	QL (3 tabs per 1 day)
<i>methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 54 mg</i>	PG	QL (2 tablets per 1 day)
<i>methylphenidate hcl er oral tablet extended release 24 hour 36 mg</i>	PG	QL (4 tablets per 1 day)
<i>methylphenidate hcl er oral tablet extended release 36 mg</i>	PG	QL (4 tablets per 1 day)
<i>methylphenidate hcl er oral tablet extended release 72 mg</i>	PG	QL (1 tablet per 1 Day)
<i>methylphenidate hcl oral solution 10 mg/5ml</i>	NP	QL (30 ML per 1 day)
<i>methylphenidate hcl oral solution 5 mg/5ml</i>	NP	QL (60 ML per 1 day)
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	PG	QL (6 tablets per 1 day)
<i>methylphenidate hcl oral tablet chewable 10 mg, 2.5 mg, 5 mg</i>	NP	QL (6 tablets per 1 Day)
<i>modafinil oral tablet 100 mg, 200 mg</i>	NP	PA; ST; QL (2 tabs per 1 day)
MYDAYIS ORAL CAPSULE EXTENDED RELEASE 24 HOUR 12.5 MG, 25 MG, 37.5 MG, 50 MG ( <i>amphetamine-dextroamphetamine</i> )	NC	#

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NUVIGIL ORAL TABLET 150 MG, 200 MG, 250 MG, 50 MG ( <i>armodafinil</i> )	NC	
<i>phendimetrazine tartrate oral tablet 35 mg</i>	PG	QL (6 tablets per 1 day)
<i>phentermine hcl oral capsule 15 mg</i>	PG	QL (2 tablets per 1 day)
<i>phentermine hcl oral capsule 30 mg, 37.5 mg</i>	PG	QL (1 tablet per 1 day)
PROCENTRA ORAL SOLUTION 5 MG/5ML ( <i>dextroamphetamine sulfate</i> )	NC	
PROVIGIL ORAL TABLET 100 MG, 200 MG ( <i>modafinil</i> )	NC	
QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 20 MG, 30 MG, 40 MG ( <i>methylphenidate hcl</i> )	NC	
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED 25 MG/5ML ( <i>methylphenidate hcl</i> )	NP	PA; ST; #; QL (1 bottle per 1 fill)
RELEXXII ORAL TABLET EXTENDED RELEASE 72 MG ( <i>methylphenidate hcl</i> )	NP	QL (1 tablet per 1 Day)
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 30 MG, 40 MG ( <i>methylphenidate hcl</i> )	NC	
RITALIN ORAL TABLET 10 MG, 20 MG, 5 MG ( <i>methylphenidate hcl</i> )	NC	
STRATTERA ORAL CAPSULE 10 MG, 100 MG, 18 MG, 25 MG, 40 MG, 60 MG, 80 MG ( <i>atomoxetine hcl</i> )	NC	
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG ( <i>lisdexamfetamine dimesylate</i> )	NP	PA; ST; 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> )	NP	PA; ST; QL (2 tablets per 1 day)
<i>dextroamphetamine sulfate (Zenzedi Oral Tablet 10 Mg, 5 Mg)</i>	NP	QL (4 tablets per 1 day)
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG ( <i>dextroamphetamine sulfate</i> )	NC	
<b>*AGENTS FOR NARCOTIC WITHDRAWAL*** - DRUGS FOR ADDICTION</b>		
LUCEMYRA ORAL TABLET 0.18 MG ( <i>lofexidine hcl</i> )	NP	UF11; QL (192 tablets per 3 courses in 1 years)
<b>*AGENTS FOR OPIOID WITHDRAWAL*** - DRUGS FOR ADDICTION</b>		
LUCEMYRA ORAL TABLET 0.18 MG ( <i>lofexidine hcl</i> )	NP	UF11; QL (192 tablets per 3 courses in 1 years)

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>*ALTERNATIVE MEDICINES* - VITAMINS AND MINERALS</b>		
<i>hm green tea complex oral tablet 150 mg</i>	NC	
<i>hm melatonin-lemon balm oral tablet 5-500 mg-mcg</i>	NC	
<b>*AMEBICIDES* - DRUGS FOR INFECTIONS</b>		
SOLOSEC ORAL PACKET 2 GM ( <i>secnidazole</i> )	NC	
<b>*AMINO ACIDS*** - DRUGS FOR NUTRITION</b>		
ENDARI ORAL PACKET 5 GM ( <i>glutamine (sickle cell)</i> )	NC	
<b>*AMINOGLYCOSIDES* - DRUGS FOR INFECTIONS</b>		
ARIKAYCE INHALATION SUSPENSION 590 MG/8.4ML ( <i>amikacin sulfate liposome</i> )	NC	
BETHKIS INHALATION NEBULIZATION SOLUTION 300 MG/4ML ( <i>tobramycin</i> )	NC	
KITABIS PAK INHALATION NEBULIZATION SOLUTION 300 MG/5ML ( <i>tobramycin</i> )	NC	
<i>neomycin sulfate oral tablet 500 mg</i>	PG	
<i>paromomycin sulfate oral capsule 250 mg</i>	NP	
TOBI INHALATION NEBULIZATION SOLUTION 300 MG/5ML ( <i>tobramycin</i> )	NC	
TOBI PODHALER INHALATION CAPSULE 28 MG ( <i>tobramycin</i> )	NC	
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	PG	SP Pharmacy; QL (56 vials per 1 fill)
<b>*AMINOMETHYLCYCLINES*** - DRUGS FOR INFECTIONS</b>		
NUZYRA ORAL TABLET 150 MG ( <i>omadacycline tosylate</i> )	NC	
<b>*ANALGESICS - ANTI-INFLAMMATORY* - DRUGS FOR PAIN AND FEVER</b>		
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML ( <i>tocilizumab</i> )	NPS	PA; ST; NPL; SP Pharmacy; QL (4 pens per 1 month)
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML ( <i>tocilizumab</i> )	NPS	PA; ST; SP Pharmacy; QL (1 syringe per 1 month)
ANAPROX DS ORAL TABLET 550 MG ( <i>naproxen sodium</i> )	NC	
ARAVA ORAL TABLET 10 MG, 20 MG ( <i>leflunomide</i> )	NC	
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG ( <i>rilonacept</i> )	NPS	PA; SP Pharmacy

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ARTHROTEC ORAL TABLET DELAYED RELEASE 50-0.2 MG, 75-0.2 MG ( <i>diclofenac-misoprostol</i> )	NC	
CELEBREX ORAL CAPSULE 100 MG, 200 MG, 400 MG, 50 MG ( <i>celecoxib</i> )	NC	
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	NP	ST; QL (2 capsules per 1 day)
DAYPRO ORAL TABLET 600 MG ( <i>oxaprozin</i> )	NC	
<i>diclofenac potassium oral tablet 50 mg</i>	NP	
<i>diclofenac sodium er oral tablet extended release 24 hour 100 mg</i>	NP	
<i>diclofenac sodium oral tablet delayed release 25 mg, 50 mg</i>	PG	
<i>diclofenac sodium oral tablet delayed release 75 mg</i>	PG	LGC
<i>diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg</i>	NP	
DUEXIS ORAL TABLET 800-26.6 MG ( <i>ibuprofen-famotidine</i> )	NC	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG, 500 MG ( <i>naproxen</i> )	NC	
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML ( <i>etanercept</i> )	PS	PA; ST; SP Pharmacy; QL (8 injections per 1 month)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML ( <i>etanercept</i> )	PS	PA; ST; SP Pharmacy; QL (8 syringes per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML ( <i>etanercept</i> )	PS	PA; ST; SP Pharmacy; QL (4 syringes per 28 days)
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG ( <i>etanercept</i> )	PS	PA; ST; QL (8 injections per 28 days)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML ( <i>etanercept</i> )	PS	PA; ST; SP Pharmacy; QL (4 syringes per 28 days)
<i>etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg</i>	PG	
<i>etodolac oral capsule 200 mg, 300 mg</i>	PG	
<i>etodolac oral tablet 400 mg, 500 mg</i>	PG	
FELDENE ORAL CAPSULE 10 MG, 20 MG ( <i>piroxicam</i> )	NC	
<i>fenoprofen calcium oral capsule 200 mg, 400 mg</i>	NP	
<i>fenoprofen calcium oral tablet 600 mg</i>	NP	
FENORTHO ORAL CAPSULE 200 MG ( <i>fenoprofen calcium</i> )	NC	

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>flurbiprofen oral tablet 100 mg, 50 mg</i>	PG	
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML ( <i>adalimumab</i> )	NPS	PA; ST; SP Pharmacy; QL (6 injections per 28 days)
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML ( <i>adalimumab</i> )	NPS	PA; ST; SP Pharmacy; QL (3 syringes per 1 month)
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML ( <i>adalimumab</i> )	NPS	PA; ST; SP Pharmacy; QL (2 syringes per 1 month)
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML ( <i>adalimumab</i> )	NPS	PA; ST; SP Pharmacy; QL (6 syringes per 1 month)
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML ( <i>adalimumab</i> )	NPS	PA; ST; SP Pharmacy; QL (6 injections per 28 days)
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML ( <i>adalimumab</i> )	NPS	PA; ST; SP Pharmacy; QL (6 injections per 28 days)
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML ( <i>adalimumab</i> )	NPS	PA; ST; SP Pharmacy; QL (1 kit per 1 month)
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML ( <i>adalimumab</i> )	NPS	PA; ST; SP Pharmacy; QL (6 injections per 28 days)
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML ( <i>adalimumab</i> )	NPS	PA; ST; SP Pharmacy; QL (1 kit per 1 month)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML ( <i>adalimumab</i> )	NPS	PA; ST; SP Pharmacy; QL (2 syringes per 1 month)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML ( <i>adalimumab</i> )	NPS	PA; ST; SP Pharmacy; QL (2 injections per 28 days)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML ( <i>adalimumab</i> )	NPS	PA; ST; SP Pharmacy; QL (6 syringes per 1 month)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML ( <i>adalimumab</i> )	NPS	PA; ST; SP Pharmacy; QL (6 injections per 28 days)
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	PG	LGC
ILARIS SUBCUTANEOUS SOLUTION 150 MG/ML ( <i>canakinumab</i> )	NPS	PA; SP Pharmacy
INDOCIN ORAL SUSPENSION 25 MG/5ML ( <i>indomethacin</i> )	NP	
INDOCIN RECTAL SUPPOSITORY 50 MG ( <i>indomethacin</i> )	NP	
<i>indomethacin er oral capsule extended release 75 mg</i>	NP	

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>indomethacin oral capsule 25 mg, 50 mg</i>	PG	QL (3 capsules per 1 day)
<i>ketoprofen er oral capsule extended release 24 hour 200 mg</i>	NC	
<i>ketorolac tromethamine oral tablet 10 mg</i>	NP	QL (20 tablets per 5 days)
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/1.14ML, 200 MG/1.14ML ( <i>sarilumab</i> )	NC	
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/1.14ML, 200 MG/1.14ML ( <i>sarilumab</i> )	NC	
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML ( <i>anakinra</i> )	NPS	PA; ST; SP Pharmacy; QL (1 syringe per 1 day)
<i>leflunomide oral tablet 10 mg, 20 mg</i>	PG	QL (1 tab per 1 day)
LODINE ORAL TABLET 400 MG ( <i>etodolac</i> )	NC	
<i>meclofenamate sodium oral capsule 100 mg, 50 mg</i>	NP	
<i>mefenamic acid oral capsule 250 mg</i>	NP	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	PG	LGC
MOBIC ORAL TABLET 15 MG, 7.5 MG ( <i>meloxicam</i> )	NC	
<i>nabumetone oral tablet 500 mg, 750 mg</i>	PG	
NALFON ORAL CAPSULE 400 MG ( <i>fenoprofen calcium</i> )	NC	
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG, 750 MG ( <i>naproxen sodium</i> )	NC	
NAPROSYN ORAL SUSPENSION 125 MG/5ML ( <i>naproxen</i> )	NC	
NAPROSYN ORAL TABLET 500 MG ( <i>naproxen</i> )	NC	
<i>naproxen dr oral tablet delayed release 375 mg, 500 mg</i>	PG	
<i>naproxen oral suspension 125 mg/5ml</i>	NP	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	PG	LGC
<i>naproxen sodium er oral tablet extended release 24 hour 375 mg, 500 mg</i>	NC	
<i>naproxen sodium oral tablet 275 mg</i>	PG	
<i>naproxen sodium oral tablet 550 mg</i>	PG	LGC
OLUMIANT ORAL TABLET 2 MG ( <i>baricitinib</i> )	NPS	PA; ST; SP Pharmacy; QL (1 tablet per 1 Day)
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML ( <i>abatacept</i> )	NPS	PA; ST; SP Pharmacy; QL (4 syringes per 1 month)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML ( <i>abatacept</i> )	NPS	PA; ST; SP Pharmacy; QL (4 syringes per 28 days)

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML, 87.5 MG/0.7ML ( <i>abatacept</i> )	NPS	PA; ST; SP Pharmacy; QL (4 syringes per 1 month)
OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML ( <i>methotrexate (anti-rheumatic)</i> )	NC	
<i>oxaprozin oral tablet 600 mg</i>	PG	
<i>piroxicam oral capsule 10 mg, 20 mg</i>	PG	
PONSTEL ORAL CAPSULE 250 MG ( <i>mefenamic acid</i> )	NC	
QMIIZ ODT ORAL TABLET DISPERSIBLE 15 MG, 7.5 MG ( <i>meloxicam</i> )	NC	
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML ( <i>methotrexate (anti-rheumatic)</i> )	NC	
RELAFEN DS ORAL TABLET 1000 MG ( <i>nabumetone</i> )	NC	
RIDAURA ORAL CAPSULE 3 MG ( <i>auranofin</i> )	NP	
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 50 MG/0.5ML ( <i>golimumab</i> )	PS	PA; ST; SP Pharmacy; QL (1 pen per 1 fill)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML ( <i>golimumab</i> )	PS	PA; ST; SP Pharmacy; QL (1 pen per 1 fill)
SPRIX NASAL SOLUTION 15.75 MG/SPRAY ( <i>ketorolac tromethamine</i> )	NC	#
<i>sulindac oral tablet 150 mg, 200 mg</i>	PG	
TIVORBEX ORAL CAPSULE 20 MG, 40 MG ( <i>indomethacin</i> )	NC	
<i>tolmetin sodium oral capsule 400 mg</i>	NP	
<i>tolmetin sodium oral tablet 200 mg, 600 mg</i>	NP	
VIMOVO ORAL TABLET DELAYED RELEASE 375-20 MG, 500-20 MG ( <i>naproxen-esomeprazole</i> )	NC	
VIVLODEX ORAL CAPSULE 10 MG, 5 MG ( <i>meloxicam</i> )	NC	#
XELJANZ ORAL TABLET 10 MG ( <i>tofacitinib citrate</i> )	PS	PA; ST; SP Pharmacy; QL (2 tablets per 1 Day)
XELJANZ ORAL TABLET 5 MG ( <i>tofacitinib citrate</i> )	PS	PA; ST; SP Pharmacy; QL (2 tabs per 1 day)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG ( <i>tofacitinib citrate</i> )	PS	PA; ST; SP Pharmacy; QL (1 tablet per 1 day)

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZIPSOR ORAL CAPSULE 25 MG ( <i>diclofenac potassium</i> )	NC	
ZORVOLEX ORAL CAPSULE 18 MG, 35 MG ( <i>diclofenac</i> )	NC	
<b>*ANALGESICS - NONNARCOTIC* - DRUGS FOR PAIN AND FEVER</b>		
ALLZITAL ORAL TABLET 25-325 MG ( <i>butalbital-acetaminophen</i> )	NC	
<i>aspirin low dose oral tablet chewable 81 mg</i>	CE	N2 (Not Covered); AL
<i>aspirin oral tablet chewable 81 mg</i>	CE	N2 (Not Covered); AL
<i>aspirin oral tablet delayed release 81 mg</i>	CE	N2 (Not Covered); AL
<i>bayer low dose oral tablet chewable 81 mg</i>	CE	N2 (Not Covered); AL
<i>bayer low dose oral tablet delayed release 81 mg</i>	CE	N2 (Not Covered); AL
BUFFERIN LOW DOSE ORAL TABLET 81 MG ( <i>aspirin buf( cacarb-mgcarb-mgo)</i> )	CE	N2 (Not Covered); AL
<i>butalbital-acetaminophen (Bupap Oral Tablet 50-300 Mg)</i>	NP	
<i>butalbital-acetaminophen oral capsule 50-300 mg</i>	NC	
<i>butalbital-acetaminophen oral tablet 50-300 mg, 50-325 mg</i>	NP	
<i>butalbital-apap-caffeine oral capsule 50-300-40 mg, 50-325-40 mg</i>	NP	
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	PG	
<i>butalbital-asa-caffeine oral capsule 50-325-40 mg</i>	PG	
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	PG	
<i>childrens aspirin oral tablet chewable 81 mg</i>	CE	N2 (Not Covered); AL
<i>choline-mag trisalicylate oral liquid 500 mg/5ml</i>	NP	
<i>diflunisal oral tablet 500 mg</i>	NP	
<i>duraxin oral capsule 300-200-20 mg</i>	NP	
<i>ecotrin low strength oral tablet delayed release 81 mg</i>	CE	N2 (Not Covered); AL
<i>butalbital-apap-caffeine (Esgic Oral Capsule 50-325-40 Mg)</i>	NP	
ESGIC ORAL TABLET 50-325-40 MG ( <i>butalbital-apap-caffeine</i> )	NC	
FIORICET ORAL CAPSULE 50-300-40 MG ( <i>butalbital-apap-caffeine</i> )	NC	
FIORINAL ORAL CAPSULE 50-325-40 MG ( <i>butalbital-aspirin-caffeine</i> )	NC	
<i>salsalate oral tablet 500 mg</i>	NP	
<i>st joseph aspirin oral tablet delayed release 81 mg</i>	CE	N2 (Not Covered); AL

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>tencon oral tablet 50-325 mg</i>	NC	
VANATOL LQ ORAL SOLUTION 50-325-40 MG/15ML ( <i>butalbital-apap-caffeine</i> )	NC	
<i>butalbital-apap-caffeine</i> (Zebutal Oral Capsule 50-325-40 Mg)	NP	
<b>*ANALGESICS - OPIOID* - DRUGS FOR PAIN AND FEVER</b>		
ABSTRAL SUBLINGUAL TABLET SUBLINGUAL 100 MCG, 200 MCG, 300 MCG, 400 MCG, 600 MCG, 800 MCG ( <i>fentanyl citrate</i> )	NC	#
<i>acetaminophen-codeine #2 oral tablet 300-15 mg</i>	PG	PA; QL (13 tablets per 1 day)
<i>acetaminophen-codeine #3 oral tablet 300-30 mg</i>	PG	PA; QL (12 tablets per 1 day)
<i>acetaminophen-codeine #4 oral tablet 300-60 mg</i>	PG	PA; QL (10 tablets per 1 day)
<i>acetaminophen-codeine oral solution 120-12 mg/5ml</i>	PG	PA; QL (150 MLS per 1 day)
<i>acetaminophen-codeine oral tablet 300-15 mg</i>	PG	PA; QL (13 tablets per 1 day)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	PG	PA; QL (10 tablets per 1 day)
ACTIQ BUCCAL LOZENGE ON A HANDLE 1200 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG ( <i>fentanyl citrate</i> )	NC	
APADAZ ORAL TABLET 4.08-325 MG, 6.12-325 MG, 8.16-325 MG ( <i>benzhydrocodone-acetaminophen</i> )	NC	
<i>apap-caff-dihydrocodeine oral capsule 320.5-30-16 mg</i>	NP	PA; QL (10 capsules per 1 day)
<i>apap-caff-dihydrocodeine oral tablet 325-30-16 mg</i>	NC	
ARYMO ER ORAL TABLET EXTENDED RELEASE ABUSE-DETERRENT 15 MG, 30 MG, 60 MG ( <i>morphine sulfate</i> )	NC	
<i>butalbital-asa-caff-codeine</i> (Ascomp-Codeine Oral Capsule 50-325-40-30 Mg)	PG	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> )	NC	
<i>benzhydrocodone-acetaminophen oral tablet 4.08-325 mg, 6.12-325 mg, 8.16-325 mg</i>	PG	PA; QL (12 tablets daily per 7 days)

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BUNAVAIL BUCCAL FILM 2.1-0.3 MG ( <i>buprenorphine hcl-naloxone hcl</i> )	NP	ST; UF11; QL (6 films per 1 day)
BUNAVAIL BUCCAL FILM 4.2-0.7 MG ( <i>buprenorphine hcl-naloxone hcl</i> )	NP	ST; UF11; QL (3 films per 1 day)
BUNAVAIL BUCCAL FILM 6.3-1 MG ( <i>buprenorphine hcl-naloxone hcl</i> )	NP	ST; UF11; QL (2 films per 1 day)
<i>buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg</i>	PG	UF11; QL (3 tablets per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg</i>	PG	QL (3 films per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual film 8-2 mg</i>	PG	UF11; QL (3 films per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg</i>	PG	UF11; QL (3 tabs per 1 day)
<i>buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr, 20 mcg/hr, 5 mcg/hr, 7.5 mcg/hr</i>	PG	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>	PG	PA; QL (6 capsules per 1 day)
<i>butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg</i>	PG	PA; QL (6 capsules per 1 day)
<i>butorphanol tartrate nasal solution 10 mg/ml</i>	NP	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> )	NC	
<i>codeine sulfate oral tablet 15 mg</i>	PG	PA; QL (24 tablets per 1 day)
<i>codeine sulfate oral tablet 30 mg</i>	PG	PA; QL (12 tablets per 1 day)
<i>codeine sulfate oral tablet 60 mg</i>	PG	PA; QL (6 tablets per 1 day)
CONZIP ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG ( <i>tramadol hcl</i> )	NC	
DEMEROL ORAL TABLET 100 MG ( <i>meperidine hcl</i> )	NC	
DILAUDID ORAL LIQUID 1 MG/ML ( <i>hydromorphone hcl</i> )	NC	
DILAUDID ORAL TABLET 2 MG, 4 MG, 8 MG ( <i>hydromorphone hcl</i> )	NC	
DOLOPHINE ORAL TABLET 10 MG, 5 MG ( <i>methadone hcl</i> )	NC	

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DURAGESIC-100 TRANSDERMAL PATCH 72 HOUR 100 MCG/HR ( <i>fentanyl</i> )	NC	
DURAGESIC-12 TRANSDERMAL PATCH 72 HOUR 12 MCG/HR ( <i>fentanyl</i> )	NC	
DURAGESIC-25 TRANSDERMAL PATCH 72 HOUR 25 MCG/HR ( <i>fentanyl</i> )	NC	
DURAGESIC-50 TRANSDERMAL PATCH 72 HOUR 50 MCG/HR ( <i>fentanyl</i> )	NC	
DURAGESIC-75 TRANSDERMAL PATCH 72 HOUR 75 MCG/HR ( <i>fentanyl</i> )	NC	
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)	PG	PA; QL (6 tablets per 1 day)
<i>oxycodone-acetaminophen</i> (Endocet Oral Tablet 2.5-325 Mg)	PG	PA; QL (12 tablets per 1 day)
<i>oxycodone-acetaminophen</i> (Endocet Oral Tablet 5-325 Mg)	PG	PA; QL (12 tablets per 1 day)
<i>oxycodone-acetaminophen</i> (Endocet Oral Tablet 7.5-325 Mg)	PG	PA; QL (8 tablets per 1 day)
EXALGO ORAL TABLET ER 24 HOUR ABUSE-DETERRENT 12 MG, 16 MG, 32 MG, 8 MG ( <i>hydromorphone hcl</i> )	NC	
<i>fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	NP	PA; ST; QL (120 lozenges per 30 days)
<i>fentanyl citrate buccal tablet 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	NP	PA; QL (120 tablets per 30 days)
<i>fentanyl transdermal patch 72 hour 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</i>	NP	PA; QL (10 patches per 30 days)
FENTORA BUCCAL TABLET 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG ( <i>fentanyl citrate</i> )	NC	#
FIORICET/CODEINE ORAL CAPSULE 50-300-40-30 MG ( <i>butalbital-apap-caff-cod</i> )	NC	
FIORINAL/CODEINE #3 ORAL CAPSULE 50-325-40-30 MG ( <i>butalbital-asa-caff-codeine</i> )	NC	

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml</i>	NP	PA; QL (180 MLS per 1 day)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg</i>	NP	PA; QL (9 tablets per 1 day)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg</i>	PG	PA; QL (9 tablets per 1 day)
<i>hydrocodone-acetaminophen oral tablet 2.5-325 mg, 5-300 mg, 7.5-300 mg</i>	NP	PA; QL (12 tablets per 1 day)
<i>hydrocodone-acetaminophen oral tablet 5-325 mg, 7.5-325 mg</i>	PG	PA; QL (12 tablets per 1 day)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	NP	PA; QL (5 tablets per 1 day)
<i>hydromorphone hcl er oral tablet er 24 hour abuse-deterrent 12 mg, 16 mg, 32 mg, 8 mg</i>	NP	PA; QL (1 tablet per 1 day)
<i>hydromorphone hcl oral liquid 1 mg/ml</i>	NC	
<i>hydromorphone hcl oral tablet 2 mg</i>	PG	PA; QL (11 tablets per 1 day)
<i>hydromorphone hcl oral tablet 4 mg</i>	PG	PA; QL (5 tablets per 1 day)
<i>hydromorphone hcl oral tablet 8 mg</i>	PG	PA; QL (2 tablets per 1 day)
<i>hydromorphone hcl rectal suppository 3 mg</i>	PG	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> )	NC	
<i>hydrocodone-ibuprofen (Ibudone Oral Tablet 5-200 Mg)</i>	NP	PA; QL (5 tablets per 1 day)
KADIAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 100 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG ( <i>morphine sulfate</i> )	NC	
KADIAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG, 40 MG ( <i>morphine sulfate</i> )	NP	PA; ST; QL (1 capsule per 1 day)
LAZANDA NASAL SOLUTION 100 MCG/ACT, 300 MCG/ACT, 400 MCG/ACT ( <i>fentanyl citrate</i> )	NC	
<i>levorphanol tartrate oral tablet 2 mg, 3 mg</i>	NP	PA; QL (4 tablets per 1 day)
<i>hydrocodone-acetaminophen (Lorcet Hd Oral Tablet 10-325 Mg)</i>	PG	PA; QL (9 tablets per 1 day)
<i>hydrocodone-acetaminophen (Lorcet Oral Tablet 5-325 Mg)</i>	PG	PA; QL (12 tablets per 1 day)

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>hydrocodone-acetaminophen</i> (Lorcet Plus Oral Tablet 7.5-325 Mg)	PG	PA; QL (12 tablets per 1 day)
LORTAB ORAL ELIXIR 10-300 MG/15ML ( <i>hydrocodone-acetaminophen</i> )	NC	
<i>meperidine hcl oral solution 50 mg/5ml</i>	NC	
<i>meperidine hcl oral tablet 100 mg</i>	NP	PA; QL (9 tablets per 1 day)
<i>meperidine hcl oral tablet 50 mg</i>	NP	PA; QL (18 tablets per 1 day)
<i>methadone hcl</i> (Methadone Hcl Intensol Oral Concentrate 10 Mg/ML)	PG	PA; UN6; UF11; QL (3 MLS per 1 day)
<i>methadone hcl oral concentrate 10 mg/ml</i>	PG	PA; UN6; UF11; QL (3 MLS per 1 day)
<i>methadone hcl oral solution 10 mg/5ml</i>	PG	PA; UN6; UF11; QL (15 MLS per 1 day)
<i>methadone hcl oral solution 5 mg/5ml</i>	PG	PA; UN6; UF11; QL (30 MLS per 1 day)
<i>methadone hcl oral tablet 10 mg</i>	PG	PA; UN6; UF11; QL (3 tablets per 1 day)
<i>methadone hcl oral tablet 5 mg</i>	PG	PA; UN6; UF11; QL (6 tablets per 1 day)
METHADOSE ORAL CONCENTRATE 10 MG/ML ( <i>methadone hcl</i> )	NC	
<i>methadone hcl</i> (Methadose Oral Tablet Soluble 40 Mg)	PG	PA; UN6; UF11
METHADOSE SUGAR-FREE ORAL CONCENTRATE 10 MG/ML ( <i>methadone hcl</i> )	NC	
MORPHABOND ER ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 100 MG, 15 MG, 30 MG, 60 MG ( <i>morphine sulfate</i> )	NC	
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>	NP	PA; QL (4.5 MLS 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>	NP	PA; ST; 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>	NP	PA; ST; QL (1 capsule per 1 day)
<i>morphine sulfate er oral tablet extended release 100 mg, 200 mg, 60 mg</i>	PG	PA; QL (2 tablets per 1 day)
<i>morphine sulfate er oral tablet extended release 15 mg, 30 mg</i>	PG	PA; QL (3 tablets per 1 day)
<i>morphine sulfate oral solution 10 mg/5ml</i>	NP	PA; QL (45 MLS per 1 day)

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>morphine sulfate oral solution 20 mg/5ml</i>	NP	PA; QL (22.5 MLS per 1 day)
<i>morphine sulfate oral tablet 15 mg</i>	PG	PA; QL (6 tablets per 1 day)
<i>morphine sulfate oral tablet 30 mg</i>	PG	PA; QL (3 tablets per 1 day)
<i>morphine sulfate rectal suppository 10 mg, 5 mg</i>	NP	PA; QL (6 suppositories per 1 day)
<i>morphine sulfate rectal suppository 20 mg</i>	NP	PA; QL (4 suppositories per 1 day)
<i>morphine sulfate rectal suppository 30 mg</i>	NP	PA; QL (3 suppositories per 1 day)
MS CONTIN ORAL TABLET EXTENDED RELEASE 100 MG, 15 MG, 200 MG, 30 MG, 60 MG ( <i>morphine sulfate</i> )	NC	
<i>nalocet oral tablet 2.5-300 mg</i>	NC	
NORCO ORAL TABLET 10-325 MG, 5-325 MG, 7.5-325 MG ( <i>hydrocodone-acetaminophen</i> )	NC	
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG ( <i>tapentadol hcl</i> )	NP	PA; ST; QL (2 tablets per 1 day)
NUCYNTA ORAL TABLET 100 MG ( <i>tapentadol hcl</i> )	NP	PA; ST; QL (2 tablets per 1 day)
NUCYNTA ORAL TABLET 50 MG ( <i>tapentadol hcl</i> )	NP	PA; ST; QL (4 tablets per 1 day)
NUCYNTA ORAL TABLET 75 MG ( <i>tapentadol hcl</i> )	NP	PA; ST; QL (3 tablets per 1 day)
OPANA ER ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 5 MG, 7.5 MG ( <i>oxymorphone hcl</i> )	NP	PA; ST; QL (2 tablets per 1 day)
OPANA ORAL TABLET 10 MG, 5 MG ( <i>oxymorphone hcl</i> )	NC	
OXAYDO ORAL TABLET ABUSE-DETERRENT 5 MG ( <i>oxycodone hcl</i> )	NP	PA; MPG; QL (6 tablets per 1 day)
OXAYDO ORAL TABLET ABUSE-DETERRENT 7.5 MG ( <i>oxycodone hcl</i> )	NP	PA; MPG; QL (8 tablets per 1 day)
<i>oxycodone hcl oral capsule 5 mg</i>	PG	PA; QL (6 capsules per 1 day)
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>	NP	PA; QL (3 MLS per 1 day)
<i>oxycodone hcl oral solution 5 mg/5ml</i>	NP	PA; QL (60 MLS per 1 day)
<i>oxycodone hcl oral tablet 10 mg, 5 mg</i>	PG	PA; QL (6 tablets per 1 day)
<i>oxycodone hcl oral tablet 15 mg</i>	PG	PA; QL (4 tablets per 1 day)

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>oxycodone hcl oral tablet 20 mg</i>	PG	PA; QL (3 tablets per 1 day)
<i>oxycodone hcl oral tablet 30 mg</i>	PG	PA; QL (2 tablets per 1 day)
<i>oxycodone-acetaminophen oral solution 5-325 mg/5ml</i>	NC	
<i>oxycodone-acetaminophen oral tablet 10-325 mg</i>	PG	PA; QL (6 tablets per 1 day)
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</i>	PG	PA; QL (12 tablets per 1 day)
<i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i>	PG	PA; QL (8 tablets per 1 day)
<i>oxycodone-aspirin oral tablet 4.8355-325 mg</i>	NP	PA; QL (12 tablets per 1 day)
<i>oxycodone-ibuprofen oral tablet 5-400 mg</i>	PG	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> )	NC	
<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>	NP	PA; ST; QL (2 tablets per 1 day)
<i>oxymorphone hcl oral tablet 10 mg</i>	NP	PA; ST; QL (3 tablets per 1 day)
<i>oxymorphone hcl oral tablet 5 mg</i>	NP	PA; ST; QL (6 tablets per 1 day)
<i>pentazocine-naloxone hcl oral tablet 50-0.5 mg</i>	NP	PA; QL (5 tablets per 1 day)
PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG ( <i>oxycodone-acetaminophen</i> )	NC	
PRIMLEV ORAL TABLET 10-300 MG, 5-300 MG, 7.5-300 MG ( <i>oxycodone-acetaminophen</i> )	NC	
ROXICODONE ORAL TABLET 15 MG, 30 MG, 5 MG ( <i>oxycodone hcl</i> )	NC	
ROXYBOND ORAL TABLET ABUSE-DETERRENT 15 MG, 30 MG, 5 MG ( <i>oxycodone hcl</i> )	NC	
SUBLOCADE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.5ML, 300 MG/1.5ML ( <i>buprenorphine</i> )	NC	
SUBOXONE SUBLINGUAL FILM 12-3 MG, 2-0.5 MG, 4-1 MG, 8-2 MG ( <i>buprenorphine hcl-naloxone hcl</i> )	NP	UF11; 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> )	NC	

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>tramadol hcl er (biphasic) oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg</i>	NP	PA; ST; 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>	NC	
<i>tramadol hcl er oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg</i>	NP	PA; ST; QL (1 tablet per 1 day)
<i>tramadol hcl oral tablet 50 mg</i>	PG	PA; QL (8 tablets per 1 day)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	NP	PA; QL (8 tablets per 1 day)
TREZIX ORAL CAPSULE 320.5-30-16 MG ( <i>apap-caff-dihydrocodeine</i> )	NC	
TYLENOL WITH CODEINE #3 ORAL TABLET 300-30 MG ( <i>acetaminophen-codeine</i> )	NC	
TYLENOL WITH CODEINE #4 ORAL TABLET 300-60 MG ( <i>acetaminophen-codeine</i> )	NC	
ULTRACET ORAL TABLET 37.5-325 MG ( <i>tramadol-acetaminophen</i> )	NC	
ULTRAM ORAL TABLET 50 MG ( <i>tramadol hcl</i> )	NC	
VERDROCET ORAL TABLET 2.5-325 MG ( <i>hydrocodone-acetaminophen</i> )	NP	PA; QL (12 tablets per 1 day)
<i>hydrocodone-acetaminophen</i> (Vicodin Es Oral Tablet 7.5-300 Mg)	NP	PA; QL (12 tablets per 1 day)
<i>hydrocodone-acetaminophen</i> (Vicodin Hp Oral Tablet 10-300 Mg)	NP	PA; QL (9 tablets per 1 day)
<i>hydrocodone-acetaminophen</i> (Vicodin Oral Tablet 5-300 Mg)	NP	PA; QL (12 tablets per 1 day)
XODOL ORAL TABLET 5-300 MG, 7.5-300 MG ( <i>hydrocodone-acetaminophen</i> )	NC	
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 13.5 MG, 18 MG, 27 MG, 36 MG, 9 MG ( <i>oxycodone</i> )	PB	PA; QL (2 tablets per 1 day)
ZOHYDRO ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG ( <i>hydrocodone bitartrate</i> )	NC	#
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG, 8.6-2.1 MG ( <i>buprenorphine hcl-naloxone hcl</i> )	NC	#
<b>*ANDROGENS-ANABOLIC* - HORMONES</b>		
ANADROL-50 ORAL TABLET 50 MG ( <i>oxymetholone</i> )	NP	

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24HR, 4 MG/24HR ( <i>testosterone</i> )	NC	
ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%) ( <i>testosterone</i> )	NC	
ANDROGEL TRANSDERMAL GEL 20.25 MG/1.25GM (1.62%), 25 MG/2.5GM (1%), 40.5 MG/2.5GM (1.62%), 50 MG/5GM (1%) ( <i>testosterone</i> )	NC	
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	PG	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML, 200 MG/ML ( <i>testosterone cypionate</i> )	NC	
FORTESTA TRANSDERMAL GEL 10 MG/ACT (2%) ( <i>testosterone</i> )	NC	
METHITEST ORAL TABLET 10 MG	NP	
<i>methyltestosterone oral capsule 10 mg</i>	PG	
NATESTO NASAL GEL 5.5 MG/ACT ( <i>testosterone</i> )	NC	
OXANDRIN ORAL TABLET 10 MG ( <i>oxandrolone</i> )	NC	
<i>oxandrolone oral tablet 10 mg, 2.5 mg</i>	PG	
TESTIM TRANSDERMAL GEL 50 MG/5GM (1%) ( <i>testosterone</i> )	NC	
TESTOPEL IMPLANT PELLETT 75 MG ( <i>testosterone</i> )	NP	PA
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i>	PG	
<i>testosterone enanthate intramuscular solution 200 mg/ml</i>	NP	
<i>testosterone transdermal gel 10 mg/lact (2%)</i>	PG	PA; QL (60 grams per 1 fill)
<i>testosterone transdermal gel 12.5 mg/lact (1%), 50 mg/5gm (1%)</i>	PG	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>	PG	QL (5 grams per 1 day)
<i>testosterone transdermal gel 25 mg/2.5gm (1%)</i>	PG	PA; QL (2.5 grams per 1 Day)
<i>testosterone transdermal solution 30 mg/lact</i>	PG	PA; QL (6 milliliters per 1 Day)
VOGELXO PUMP TRANSDERMAL GEL 12.5 MG/ACT (1%) ( <i>testosterone</i> )	NC	
VOGELXO TRANSDERMAL GEL 50 MG/5GM (1%) ( <i>testosterone</i> )	NC	

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XYOSTED SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/0.5ML, 50 MG/0.5ML, 75 MG/0.5ML ( <i>testosterone enanthate</i> )	NC	
<b>*ANORECTAL AGENTS* - RECTAL PREPARATIONS</b>		
ANALPRAM-HC RECTAL CREAM 1-1 % ( <i>hydrocortisone ace-pramoxine</i> )	NC	
ANALPRAM-HC RECTAL LOTION 2.5-1 % ( <i>hydrocortisone ace-pramoxine</i> )	NC	
ANUSOL-HC RECTAL CREAM 2.5 % ( <i>hydrocortisone</i> )	NC	
<i>hydrocortisone</i> (Colocort Rectal Enema 100 Mg/60Ml)	PG	
CORTENEMA RECTAL ENEMA 100 MG/60ML ( <i>hydrocortisone</i> )	NC	
CORTIFOAM RECTAL FOAM 10 % ( <i>hydrocortisone acetate</i> )	NP	QL (30 grams per 30 days)
<i>hydrocortisone ace-pramoxine rectal cream 1-1 %</i>	NP	
<i>hydrocortisone rectal cream 1 %, 2.5 %</i>	PG	
<i>hydrocortisone rectal enema 100 mg/60ml</i>	PG	
<i>pramcort rectal cream 1-1 %</i>	NP	
PROCTOCORT RECTAL CREAM 1 % ( <i>hydrocortisone</i> )	NC	
PROCTOFOAM HC RECTAL FOAM 1-1 % ( <i>hydrocortisone ace-pramoxine</i> )	NP	QL (20 grams per 30 days)
<i>hydrocortisone</i> (Procto-Med Hc Rectal Cream 2.5 %)	PG	
<i>hydrocortisone</i> (Procto-Pak Rectal Cream 1 %)	PG	
<i>hydrocortisone</i> (Proctosol Hc Rectal Cream 2.5 %)	PG	
<i>hydrocortisone</i> (Proctozone-Hc Rectal Cream 2.5 %)	PG	
RECTIV RECTAL OINTMENT 0.4 % ( <i>nitroglycerin</i> )	NP	QL (30 grams per 1 fill)
UCERIS RECTAL FOAM 2 MG/ACT ( <i>budesonide</i> )	NC	#
<b>*ANTHELMINTICS* - DRUGS FOR INFECTIONS</b>		
<i>albendazole oral tablet 200 mg</i>	NC	
<i>benznidazole oral tablet 100 mg, 12.5 mg</i>	NC	
BILTRICIDE ORAL TABLET 600 MG ( <i>praziquantel</i> )	NP	
EMVERM ORAL TABLET CHEWABLE 100 MG ( <i>mebendazole</i> )	NP	QL (6 tablets per 3 days)
<i>ivermectin oral tablet 3 mg</i>	PG	
<i>praziquantel oral tablet 600 mg</i>	PG	

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>*ANTIANGINAL AGENTS* - DRUGS FOR THE HEART</b>		
DILATRATE-SR ORAL CAPSULE EXTENDED RELEASE 40 MG ( <i>isosorbide dinitrate</i> )	NP	
GONITRO SUBLINGUAL PACKET 400 MCG ( <i>nitroglycerin</i> )	NC	
ISORDIL TITRADOSE ORAL TABLET 40 MG ( <i>isosorbide dinitrate</i> )	NP	
ISORDIL TITRADOSE ORAL TABLET 5 MG ( <i>isosorbide dinitrate</i> )	NC	
<i>isosorbide dinitrate er oral tablet extended release 40 mg</i>	PG	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	PG	
<i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg</i>	PG	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	PG	
<i>nitroglycerin</i> (Minitran Transdermal Patch 24 Hour 0.1 Mg/Hr, 0.2 Mg/Hr, 0.4 Mg/Hr, 0.6 Mg/Hr)	PG	
NITRO-BID TRANSDERMAL OINTMENT 2% ( <i>nitroglycerin</i> )	NP	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR ( <i>nitroglycerin</i> )	NC	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR ( <i>nitroglycerin</i> )	NP	
<i>nitroglycerin er oral capsule extended release 2.5 mg, 6.5 mg, 9 mg</i>	NP	
<i>nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg</i>	PG	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	PG	
<i>nitroglycerin translingual solution 0.4 mg/spray</i>	NP	
NITROLINGUAL TRANSLINGUAL SOLUTION 0.4 MG/SPRAY ( <i>nitroglycerin</i> )	NC	
NITROMIST TRANSLINGUAL AEROSOL SOLUTION 400 MCG/SPRAY ( <i>nitroglycerin</i> )	NC	
NITROSTAT SUBLINGUAL TABLET SUBLINGUAL 0.3 MG, 0.4 MG, 0.6 MG ( <i>nitroglycerin</i> )	NC	
<i>nitroglycerin</i> (Nitro-Time Oral Capsule Extended Release 2.5 Mg)	NP	
<i>nitro-time oral capsule extended release 6.5 mg, 9 mg</i>	NP	

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RANEXA ORAL TABLET EXTENDED RELEASE 12 HOUR 1000 MG, 500 MG ( <i>ranolazine</i> )	NC	
<i>ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg</i>	PG	QL (2 tablets per 1 day)
<b>*ANTI-ANXIETY AGENTS* - DRUGS FOR THE NERVOUS SYSTEM</b>		
<i>alprazolam er oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg</i>	NP	QL (2 tabs per 1 day)
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML ( <i>alprazolam</i> )	NP	
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	PG	
<i>alprazolam oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	NP	
<i>alprazolam xr oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg</i>	NP	QL (2 tabs per 1 day)
ATIVAN ORAL TABLET 0.5 MG, 1 MG, 2 MG ( <i>lorazepam</i> )	NC	
<i>buspirone hcl oral tablet 10 mg, 5 mg</i>	PG	LGC
<i>buspirone hcl oral tablet 15 mg, 30 mg, 7.5 mg</i>	NP	
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	PG	
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	NP	
<i>diazepam (Diazepam Intensol Oral Concentrate 5 Mg/ML)</i>	PG	
<i>diazepam oral concentrate 5 mg/ml</i>	PG	
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	PG	
<i>hydroxyzine hcl oral syrup 10 mg/5ml</i>	PG	LGC
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	PG	
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	PG	
<i>lorazepam (Lorazepam Intensol Oral Concentrate 2 Mg/ML)</i>	NC	
<i>lorazepam oral concentrate 2 mg/ml</i>	NC	
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	PG	
<i>meprobamate oral tablet 200 mg, 400 mg</i>	NP	
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	NP	
TRANXENE-T ORAL TABLET 7.5 MG ( <i>clorazepate dipotassium</i> )	NC	
VALIUM ORAL TABLET 10 MG, 2 MG, 5 MG ( <i>diazepam</i> )	NC	
VISTARIL ORAL CAPSULE 25 MG, 50 MG ( <i>hydroxyzine pamoate</i> )	NC	

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XANAX ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG ( <i>alprazolam</i> )	NC	
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 2 MG, 3 MG ( <i>alprazolam</i> )	NC	
<b>*ANTIARRHYTHMICS* - DRUGS FOR THE HEART</b>		
<i>amiodarone hcl oral tablet 100 mg, 200 mg, 400 mg</i>	PG	
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	NP	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	NP	
<i>flecainide acetate oral tablet 100 mg, 150 mg, 50 mg</i>	PG	
<i>mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg</i>	NP	
MULTAQ ORAL TABLET 400 MG ( <i>dronedarone hcl</i> )	NP	QL (2 tabs per 1 day)
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 150 MG ( <i>disopyramide phosphate</i> )	NP	
NORPACE ORAL CAPSULE 100 MG, 150 MG ( <i>disopyramide phosphate</i> )	NC	
<i>amiodarone hcl</i> (Pacerone Oral Tablet 100 Mg, 200 Mg, 400 Mg)	PG	
<i>propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg</i>	NP	QL (2 caps per 1 day)
<i>propafenone hcl oral tablet 150 mg, 225 mg, 300 mg</i>	PG	
<i>quinidine gluconate er oral tablet extended release 324 mg</i>	NP	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	NP	
RYTHMOL SR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 225 MG, 325 MG, 425 MG ( <i>propafenone hcl</i> )	NC	
TIKOSYN ORAL CAPSULE 125 MCG, 250 MCG, 500 MCG ( <i>dofetilide</i> )	NC	
<b>*ANTIASTHMATIC AND BRONCHODILATOR AGENTS* - DRUGS FOR THE LUNGS</b>		
ACCOLATE ORAL TABLET 10 MG, 20 MG ( <i>zafirlukast</i> )	NC	
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/DOSE ( <i>fluticasone-salmeterol</i> )	NC	
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 250-50 MCG/DOSE ( <i>fluticasone-salmeterol</i> )	NP	ST; QL (1 diskus per 1 month)

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 500-50 MCG/DOSE ( <i>fluticasone-salmeterol</i> )	NP	ST; QL (2 inhalers per 1 month)
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT ( <i>fluticasone-salmeterol</i> )	NP	ST; QL (1 inhaler per 1 month)
AIRDUO RESPICLICK 113/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT ( <i>fluticasone-salmeterol</i> )	NC	
AIRDUO RESPICLICK 232/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 232-14 MCG/ACT ( <i>fluticasone-salmeterol</i> )	NC	
AIRDUO RESPICLICK 55/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 55-14 MCG/ACT ( <i>fluticasone-salmeterol</i> )	NC	
<i>albuterol sulfate er oral tablet extended release 12 hour 4 mg, 8 mg</i>	PG	
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</i>	PG	
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, (5 mg/ml) 0.5%</i>	NP	
<i>albuterol sulfate inhalation nebulization solution 0.63 mg/3ml, 1.25 mg/3ml</i>	PG	
<i>albuterol sulfate oral syrup 2 mg/5ml</i>	PG	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	PG	
ALVESCO INHALATION AEROSOL SOLUTION 160 MCG/ACT, 80 MCG/ACT ( <i>ciclesonide</i> )	NP	ST; QL (1 inhaler per 1 month)
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/INH ( <i>umeclidinium-vilanterol</i> )	PB	QL (1 kit per 1 fill)
ARCAPTA NEOHALER INHALATION CAPSULE 75 MCG ( <i>indacaterol maleate</i> )	NP	PA; ST; QL (1 cap per 1 day)
ARMONAIR RESPICLICK 113 INHALATION AEROSOL POWDER BREATH ACTIVATED 113 MCG/ACT ( <i>fluticasone propionate (inhal)</i> )	NC	
ARMONAIR RESPICLICK 232 INHALATION AEROSOL POWDER BREATH ACTIVATED 232 MCG/ACT ( <i>fluticasone propionate (inhal)</i> )	NC	

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ARMONAIR RESPICLICK 55 INHALATION AEROSOL POWDER BREATH ACTIVATED 55 MCG/ACT <i>(fluticasone propionate (inhal))</i>	NC	
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT <i>(fluticasone furoate)</i>	NC	
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH <i>(mometasone furoate)</i>	NP	ST; #; QL (1 inhaler per 1 month)
ASMANEX (14 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH <i>(mometasone furoate)</i>	NP	ST; #; 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>	NP	ST; #; QL (1 inhaler per 1 month)
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH <i>(mometasone furoate)</i>	NP	ST; #; QL (1 inhaler per 1 month)
ASMANEX (7 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/INH <i>(mometasone furoate)</i>	NP	ST; #; QL (1 inhaler per 1 month)
ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT <i>(mometasone furoate)</i>	NP	ST; QL (1 inhaler per 1 month)
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT <i>(ipratropium bromide hfa)</i>	NP	QL (2 inhalers per 1 month)
BEVESPI AEROSPHERE INHALATION AEROSOL 9-4.8 MCG/ACT <i>(glycopyrrolate-formoterol)</i>	NC	
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/INH, 200-25 MCG/INH <i>(fluticasone furoate-vilanterol)</i>	NP	ST; QL (2 blisters per 1 day)
BROVANA INHALATION NEBULIZATION SOLUTION 15 MCG/2ML <i>(arformoterol tartrate)</i>	NP	PA; ST; QL (60 vials per 1 fill)
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml</i>	NP	PA; QL (4 ml per 1 day)
<i>budesonide inhalation suspension 1 mg/2ml</i>	NP	PA; QL (4 ml per 1 day); AL
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT <i>(ipratropium-albuterol)</i>	NP	QL (2 inhalers per 1 month)
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>	PG	
DALIRESP ORAL TABLET 250 MCG <i>(roflumilast)</i>	NP	PA; ST; #; QL (1 tablet per 1 Day)

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DALIRESP ORAL TABLET 500 MCG ( <i>roflumilast</i> )	NP	PA; ST; #; QL (1 tab per 1 day)
<i>dyphylline-guaifenesin</i> (Difil-G Forte Oral Liquid 100-100 Mg/5MI)	NC	
DUAKLIR PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400-12 MCG/ACT ( <i>aclidinium br-formoterol fum</i> )	NC	
DULERA INHALATION AEROSOL 100-5 MCG/ACT, 200-5 MCG/ACT ( <i>mometasone furo-formoterol fum</i> )	PB	#; QL (1 inhaler per 1 fill)
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15ML ( <i>theophylline</i> )	NP	
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/BLIST, 250 MCG/BLIST, 50 MCG/BLIST ( <i>fluticasone propionate (inhal)</i> )	NP	ST; #; QL (2 blisters per 1 day)
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT, 44 MCG/ACT ( <i>fluticasone propionate hfa</i> )	NP	ST; #; QL (1 inhaler per 1 month)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	PG	QL (2 inhalations per 1 day)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcglact, 232-14 mcglact, 55-14 mcglact</i>	PG	QL (1 inhaler per 30 days)
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>	PG	
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	NP	
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml</i>	NP	
<i>levalbuterol tartrate inhalation aerosol 45 mcglact</i>	NP	ST; QL (2 inhalers per 1 fill)
LONHALA MAGNAIR REFILL KIT INHALATION SOLUTION 25 MCG/ML ( <i>glycopyrrolate</i> )	NC	
LONHALA MAGNAIR STARTER KIT INHALATION SOLUTION 25 MCG/ML ( <i>glycopyrrolate</i> )	NC	
<i>metaproterenol sulfate oral syrup 10 mg/5ml</i>	PG	
<i>metaproterenol sulfate oral tablet 10 mg, 20 mg</i>	PG	
<i>montelukast sodium oral packet 4 mg</i>	PG	QL (1 pack per 1 day)
<i>montelukast sodium oral tablet 10 mg</i>	PG	QL (1 tab per 1 day)
<i>montelukast sodium oral tablet chewable 4 mg, 5 mg</i>	PG	QL (1 tab per 1 day)

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PERFORMIST INHALATION NEBULIZATION SOLUTION 20 MCG/2ML ( <i>formoterol fumarate</i> )	NP	PA; QL (60 vials per 1 fill)
PROAIR DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 108 MCG/ACT ( <i>albuterol sulfate</i> )	NC	
PROAIR HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT ( <i>albuterol sulfate</i> )	NC	
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT ( <i>albuterol sulfate</i> )	NC	
PROVENTIL HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT ( <i>albuterol sulfate</i> )	NC	
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT, 90 MCG/ACT ( <i>budesonide</i> )	NP	PA; ST; QL (1 inhaler per 1 month)
PULMICORT INHALATION SUSPENSION 0.25 MG/2ML, 0.5 MG/2ML, 1 MG/2ML ( <i>budesonide</i> )	NC	
QVAR INHALATION AEROSOL SOLUTION 40 MCG/ACT, 80 MCG/ACT ( <i>beclomethasone dipropionate</i> )	PB	QL (1 inhaler per 1 month)
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> )	NC	
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/DOSE ( <i>salmeterol xinafoate</i> )	NP	QL (1 box per 1 fill)
SINGULAIR ORAL PACKET 4 MG ( <i>montelukast sodium</i> )	NC	
SINGULAIR ORAL TABLET 10 MG ( <i>montelukast sodium</i> )	NC	
SINGULAIR ORAL TABLET CHEWABLE 4 MG, 5 MG ( <i>montelukast sodium</i> )	NC	
SPIRIVA HANDIHALER INHALATION CAPSULE 18 MCG ( <i>tiotropium bromide monohydrate</i> )	NP	ST; QL (1 capsule per 1 day)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT ( <i>tiotropium bromide monohydrate</i> )	NP	ST; QL (1 inhaler per 30 days)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT ( <i>tiotropium bromide monohydrate</i> )	NP	ST; QL (1 inhaler per 1 month)

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT ( <i>tiotropium bromide-olodaterol</i> )	NP	ST; QL (1 inhaler per 1 month)
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT ( <i>olodaterol hcl</i> )	NP	PA; ST; QL (1 inhaler per 30 days)
SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT ( <i>budesonide-formoterol fumarate</i> )	NP	ST; QL (1 inhaler per 1 fill)
<i>terbutaline sulfate oral tablet 2.5 mg, 5 mg</i>	PG	
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG ( <i>theophylline</i> )	NP	
<i>theochron oral tablet extended release 12 hour 100 mg, 200 mg</i>	PG	
<i>theophylline (Theochron Oral Tablet Extended Release 12 Hour 300 Mg)</i>	PG	
<i>theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg, 450 mg</i>	PG	
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>	PG	
<i>theophylline oral solution 80 mg/15ml</i>	NP	
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/INH ( <i>fluticasone-umeclidin-vilant</i> )	NC	
TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT ( <i>aclidinium bromide</i> )	NP	PA; ST; QL (1 inhaler per 1 fill)
UTIBRON NEOHALER INHALATION CAPSULE 27.5-15.6 MCG ( <i>indacaterol-glycopyrrolate</i> )	NC	
VENTOLIN HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT ( <i>albuterol sulfate</i> )	PB	
<i>fluticasone-salmeterol (Wixela Inhub Inhalation Aerosol Powder Breath Activated 100-50 Mcg/Dose, 250-50 Mcg/Dose, 500-50 Mcg/Dose)</i>	PG	QL (2 inhalations per 1 day)
XOPENEX CONCENTRATE INHALATION NEBULIZATION SOLUTION 1.25 MG/0.5ML ( <i>levalbuterol hcl</i> )	NC	
XOPENEX HFA INHALATION AEROSOL 45 MCG/ACT ( <i>levalbuterol tartrate</i> )	NC	

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XOPENEX INHALATION NEBULIZATION SOLUTION 0.31 MG/3ML, 0.63 MG/3ML, 1.25 MG/3ML ( <i>levalbuterol hcl</i> )	NC	
YUPELRI INHALATION SOLUTION 175 MCG/3ML ( <i>revedfenacin</i> )	NC	
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	PG	QL (2 tablets per 1 day)
<i>zileuton er oral tablet extended release 12 hour 600 mg</i>	NP	QL (4 tablets per 1 day)
ZYFLO CR ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG ( <i>zileuton</i> )	NC	
ZYFLO ORAL TABLET 600 MG ( <i>zileuton</i> )	NP	QL (4 tablets per 1 day)
<b>*ANTICOAGULANTS* - DRUGS FOR THE BLOOD</b>		
ANTICOAGULANT COMPOUND IN VITRO SOLUTION ( <i>anticoag cit phos dex soln</i> )	NP	
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> )	NC	
BEVYXXA ORAL CAPSULE 40 MG, 80 MG ( <i>betrixaban maleate</i> )	NC	
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> )	NC	
ELIQUIS ORAL TABLET 2.5 MG, 5 MG ( <i>apixaban</i> )	NP	ST
ELIQUIS STARTER PACK ORAL TABLET 5 MG ( <i>apixaban</i> )	NP	ST; QL (1 pack per 365 Days)
<i>enoxaparin sodium injection solution 300 mg/3ml</i>	PG	QL (2 syringes per 1 day)
<i>enoxaparin sodium subcutaneous solution 100 mg/ml, 120 mg/0.8ml, 150 mg/ml, 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml</i>	PG	QL (2 syringes per 1 day)
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml</i>	NP	QL (2 syringes per 1 day)
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> )	NP	QL (2 syringes per 1 day)
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	PG	
<i>heparin sodium (porcine) pf injection solution 5000 unit/0.5ml</i>	PG	
<i>heparin sodium (porcine) pf injection solution 5000 unit/ml</i>	NC	

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
IPRIVASK SUBCUTANEOUS SOLUTION RECONSTITUTED 15 MG ( <i>desirudin</i> )	NC	
<i>warfarin sodium</i> (Jantoven Oral Tablet 1 Mg, 10 Mg, 2 Mg, 2.5 Mg, 3 Mg, 4 Mg, 5 Mg, 6 Mg, 7.5 Mg)	PG	LGC
LOVENOX INJECTION SOLUTION 300 MG/3ML ( <i>enoxaparin sodium</i> )	NC	
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> )	NC	
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG ( <i>dabigatran etexilate mesylate</i> )	NP	
SAVAYSA ORAL TABLET 15 MG, 30 MG, 60 MG ( <i>edoxaban tosylate</i> )	NC	
TRICITRASOL IN VITRO CONCENTRATE 46.7 % ( <i>anticoagulant sodium citrate</i> )	NP	
<i>warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	PG	LGC
XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG ( <i>rivaroxaban</i> )	NP	
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG ( <i>rivaroxaban</i> )	NP	
<b>*ANTICONVULSANTS* - DRUGS FOR THE NERVOUS SYSTEM</b>		
APTIOM ORAL TABLET 200 MG ( <i>eslicarbazepine acetate</i> )	NP	QL (6 tablets per 1 day)
APTIOM ORAL TABLET 400 MG, 800 MG ( <i>eslicarbazepine acetate</i> )	NP	QL (1 tablet per 1 day)
APTIOM ORAL TABLET 600 MG ( <i>eslicarbazepine acetate</i> )	NP	QL (2 tablets per 1 day)
BANZEL ORAL SUSPENSION 40 MG/ML ( <i>rufinamide</i> )	NP	
BANZEL ORAL TABLET 200 MG, 400 MG ( <i>rufinamide</i> )	NP	QL (8 tabs per 1 day)
BRIVIACT ORAL SOLUTION 10 MG/ML ( <i>brivaracetam</i> )	NC	
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG ( <i>brivaracetam</i> )	NC	
<i>carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg</i>	PG	
<i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg</i>	PG	
<i>carbamazepine oral suspension 100 mg/5ml</i>	PG	
<i>carbamazepine oral tablet 200 mg</i>	PG	LGC

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>carbamazepine oral tablet chewable 100 mg</i>	PG	
CARBATROL ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG ( <i>carbamazepine</i> )	NC	
CELONTIN ORAL CAPSULE 300 MG ( <i>methsuximide</i> )	NP	
<i>clobazam oral suspension 2.5 mg/ml</i>	PG	
<i>clobazam oral tablet 10 mg, 20 mg</i>	PG	QL (2 tablets per 1 day)
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	PG	
<i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	NP	
DEPAKENE ORAL CAPSULE 250 MG ( <i>valproic acid</i> )	NC	
DEPAKENE ORAL SOLUTION 250 MG/5ML ( <i>valproate sodium</i> )	NC	
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 250 MG, 500 MG ( <i>divalproex sodium</i> )	NC	
DEPAKOTE ORAL TABLET DELAYED RELEASE 125 MG, 250 MG, 500 MG ( <i>divalproex sodium</i> )	NC	
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE 125 MG ( <i>divalproex sodium</i> )	NC	
DIACOMIT ORAL CAPSULE 250 MG, 500 MG ( <i>stiripentol</i> )	NPS	PA; SP Pharmacy; QL (6 capsules per 1 day)
DIACOMIT ORAL PACKET 250 MG, 500 MG ( <i>stiripentol</i> )	NPS	PA; SP Pharmacy; QL (6 packets per 1 day)
DIASTAT ACUDIAL RECTAL GEL 10 MG, 20 MG ( <i>diazepam</i> )	NC	
DIASTAT PEDIATRIC RECTAL GEL 2.5 MG ( <i>diazepam</i> )	NC	
<i>diazepam rectal gel 10 mg, 2.5 mg, 20 mg</i>	NP	QL (1 pack per 1 fill)
DILANTIN INFATABS ORAL TABLET CHEWABLE 50 MG ( <i>phenytoin</i> )	NC	
DILANTIN ORAL CAPSULE 100 MG ( <i>phenytoin sodium extended</i> )	NC	
DILANTIN ORAL CAPSULE 30 MG ( <i>phenytoin sodium extended</i> )	NP	
DILANTIN ORAL SUSPENSION 125 MG/5ML ( <i>phenytoin</i> )	NC	
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>	PG	
<i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>	PG	

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>	PG	
EPIDIOLEX ORAL SOLUTION 100 MG/ML ( <i>cannabidiol</i> )	NPS	PA; ST; SP Pharmacy; QL (20 ml per 1 day)
<i>carbamazepine (Epiol Oral Tablet 200 Mg)</i>	PG	LGC
<i>ethosuximide oral capsule 250 mg</i>	PG	
<i>ethosuximide oral solution 250 mg/5ml</i>	PG	
<i>felbamate oral suspension 600 mg/5ml</i>	NP	
<i>felbamate oral tablet 400 mg, 600 mg</i>	NP	
FELBATOL ORAL SUSPENSION 600 MG/5ML ( <i>felbamate</i> )	NC	
FELBATOL ORAL TABLET 400 MG, 600 MG ( <i>felbamate</i> )	NC	
FYCOMPA ORAL SUSPENSION 0.5 MG/ML ( <i>perampanel</i> )	NP	
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG ( <i>perampanel</i> )	NP	QL (1 tab per 1 day)
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	PG	QL (6 caps per 1 day)
<i>gabapentin oral solution 250 mg/5ml, 300 mg/6ml</i>	PG	QL (40 ml per 1 day)
<i>gabapentin oral tablet 600 mg, 800 mg</i>	PG	QL (6 tabs per 1 day)
GABITRIL ORAL TABLET 12 MG, 16 MG, 2 MG, 4 MG ( <i>tiagabine hcl</i> )	NC	
KEPPRA ORAL SOLUTION 100 MG/ML ( <i>levetiracetam</i> )	NC	
KEPPRA ORAL TABLET 1000 MG, 250 MG, 500 MG, 750 MG ( <i>levetiracetam</i> )	NC	
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG, 750 MG ( <i>levetiracetam</i> )	NC	
KLONOPIN ORAL TABLET 0.5 MG, 1 MG, 2 MG ( <i>clonazepam</i> )	NC	
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> )	NC	
LAMICTAL ODT ORAL TABLET DISPERSIBLE 100 MG, 200 MG, 25 MG, 50 MG ( <i>lamotrigine</i> )	NC	
LAMICTAL ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG ( <i>lamotrigine</i> )	NC	
LAMICTAL ORAL TABLET CHEWABLE 25 MG, 5 MG ( <i>lamotrigine</i> )	NC	
LAMICTAL XR ORAL KIT 21 X 25 MG & 7 X 50 MG, 25 & 50 & 100 MG, 50 & 100 & 200 MG ( <i>lamotrigine</i> )	NP	

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 250 MG, 300 MG, 50 MG ( <i>lamotrigine</i> )	NC	
<i>lamotrigine er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i>	NP	QL (1 tab per 1 day)
<i>lamotrigine er oral tablet extended release 24 hour 200 mg</i>	NP	QL (3 tabs per 1 day)
<i>lamotrigine er oral tablet extended release 24 hour 250 mg, 300 mg</i>	NP	QL (2 tablets per 1 day)
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	PG	
<i>lamotrigine oral tablet chewable 25 mg, 5 mg</i>	NP	
<i>lamotrigine oral tablet dispersible 100 mg, 200 mg</i>	NP	QL (2 tablets per 1 day)
<i>lamotrigine oral tablet dispersible 25 mg</i>	NP	QL (6 tablets per 1 day)
<i>lamotrigine oral tablet dispersible 50 mg</i>	NP	QL (3 tablets per 1 day)
<i>lamotrigine starter kit-blue oral kit 35 x 25 mg</i>	NP	
<i>lamotrigine starter kit-green oral kit 84 x 25 mg &amp; 14x100 mg</i>	NP	
<i>lamotrigine starter kit-orange oral kit 42 x 25 mg &amp; 7 x 100 mg</i>	NP	
<i>levetiracetam er oral tablet extended release 24 hour 500 mg</i>	NP	QL (6 tabs per 1 day)
<i>levetiracetam er oral tablet extended release 24 hour 750 mg</i>	NP	QL (4 tabs per 1 day)
<i>levetiracetam oral solution 100 mg/ml</i>	PG	
<i>levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg</i>	PG	
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG ( <i>pregabalin</i> )	NC	#
LYRICA ORAL SOLUTION 20 MG/ML ( <i>pregabalin</i> )	NC	#
MYSOLINE ORAL TABLET 250 MG, 50 MG ( <i>primidone</i> )	NC	
NAYZILAM NASAL SOLUTION 5 MG/0.1ML ( <i>midazolam (anticonvulsant)</i> )	NC	
NEURONTIN ORAL CAPSULE 100 MG, 300 MG, 400 MG ( <i>gabapentin</i> )	NC	
NEURONTIN ORAL SOLUTION 250 MG/5ML ( <i>gabapentin</i> )	NC	
NEURONTIN ORAL TABLET 600 MG, 800 MG ( <i>gabapentin</i> )	NC	
ONFI ORAL SUSPENSION 2.5 MG/ML ( <i>clobazam</i> )	NC	
ONFI ORAL TABLET 10 MG, 20 MG ( <i>clobazam</i> )	NC	
<i>oxcarbazepine oral suspension 300 mg/5ml</i>	PG	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	PG	

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 300 MG ( <i>oxcarbazepine</i> )	NP	ST; QL (2 tabs per 1 day)
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 600 MG ( <i>oxcarbazepine</i> )	NP	ST; QL (4 tabs per 1 day)
PEGANONE ORAL TABLET 250 MG ( <i>ethotoin</i> )	NP	
PHENYTEK ORAL CAPSULE 200 MG, 300 MG ( <i>phenytoin sodium extended</i> )	NC	
<i>phenytoin</i> (Phenytoin Infatabs Oral Tablet Chewable 50 Mg)	PG	
<i>phenytoin oral suspension 125 mg/5ml</i>	PG	
<i>phenytoin oral tablet chewable 50 mg</i>	PG	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	PG	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	PG	PA; QL (3 capsules per 1 day)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	PG	PA; QL (2 capsules per 1 day)
<i>pregabalin oral solution 20 mg/ml</i>	PG	PA; QL (30 ML per 1 day)
<i>primidone oral tablet 250 mg, 50 mg</i>	PG	
QUDEXY XR ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 150 MG, 200 MG, 25 MG, 50 MG ( <i>topiramate</i> )	NC	
<i>levetiracetam</i> (Roweepra Oral Tablet 500 Mg)	PG	
SABRIL ORAL PACKET 500 MG ( <i>vigabatrin</i> )	NC	
SABRIL ORAL TABLET 500 MG ( <i>vigabatrin</i> )	NPS	PA; SP Pharmacy; QL (6 tablets per 1 day)
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG, 250 MG, 500 MG, 750 MG ( <i>levetiracetam</i> )	NC	
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG ( <i>clobazam</i> )	NC	
TEGRETOL ORAL SUSPENSION 100 MG/5ML ( <i>carbamazepine</i> )	NC	
TEGRETOL ORAL TABLET 200 MG ( <i>carbamazepine</i> )	NC	
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 400 MG ( <i>carbamazepine</i> )	NC	
<i>tiagabine hcl oral tablet 12 mg</i>	NP	QL (4 tablets per 1 Day)
<i>tiagabine hcl oral tablet 16 mg</i>	NP	QL (3 tablets per 1 Day)
<i>tiagabine hcl oral tablet 2 mg</i>	NP	QL (1 tablet per 1 day)

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>tiagabine hcl oral tablet 4 mg</i>	NP	QL (4 tablets per 1 day)
TOPAMAX ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG ( <i>topiramate</i> )	NC	
TOPAMAX SPRINKLE ORAL CAPSULE SPRINKLE 15 MG, 25 MG ( <i>topiramate</i> )	NC	
<i>topiramate er oral capsule er 24 hour sprinkle 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i>	NC	
<i>topiramate oral capsule sprinkle 15 mg, 25 mg</i>	NP	QL (4 caps per 1 day)
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	PG	
TRILEPTAL ORAL SUSPENSION 300 MG/5ML ( <i>oxcarbazepine</i> )	NC	
TRILEPTAL ORAL TABLET 150 MG, 300 MG, 600 MG ( <i>oxcarbazepine</i> )	NC	
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 50 MG ( <i>topiramate</i> )	NC	#
<i>valproate sodium intravenous solution 100 mg/ml, 500 mg/5ml</i>	PG	
<i>valproate sodium oral solution 250 mg/5ml</i>	PG	
<i>valproic acid oral capsule 250 mg</i>	PG	
<i>valproic acid oral solution 250 mg/5ml</i>	PG	
<i>vigabatrin oral packet 500 mg</i>	PS	PA; SP Pharmacy; QL (6 packets per 1 Day)
<i>vigabatrin oral tablet 500 mg</i>	PS	PA; SP Pharmacy; QL (6 tablets per 1 day)
<i>vigabatrin (Vigadrone Oral Packet 500 Mg)</i>	PS	PA; SP Pharmacy; QL (6 packets per 1 Day)
VIMPAT ORAL SOLUTION 10 MG/ML ( <i>lacosamide</i> )	NC	#
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG ( <i>lacosamide</i> )	NP	#; QL (2 tabs per 1 day)
ZARONTIN ORAL CAPSULE 250 MG ( <i>ethosuximide</i> )	NC	
ZARONTIN ORAL SOLUTION 250 MG/5ML ( <i>ethosuximide</i> )	NC	
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG ( <i>zonisamide</i> )	NC	
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	PG	

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>*ANTIDEMENTIA AGENT COMBINATIONS*** - DRUGS FOR THE NERVOUS SYSTEM</b>		
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK 7 & 14 & 21 & 28 -10 MG ( <i>memantine hcl-donepezil hcl</i> )	PB	PA
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG ( <i>memantine hcl-donepezil hcl</i> )	PB	PA
<b>*ANTIDEPRESSANTS* - DRUGS FOR THE NERVOUS SYSTEM</b>		
<i>amitriptyline hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg, 75 mg</i>	PG	LGC
<i>amitriptyline hcl oral tablet 150 mg</i>	PG	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	PG	
ANAFRANIL ORAL CAPSULE 25 MG, 50 MG, 75 MG ( <i>clomipramine hcl</i> )	NC	
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR 174 MG, 348 MG, 522 MG ( <i>bupropion hbr</i> )	NC	
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg</i>	PG	QL (2 tabs per 1 day)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg</i>	PG	QL (1 tab per 1 day)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 450 mg</i>	NC	
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	PG	QL (6 tabs per 1 day)
CELEXA ORAL TABLET 10 MG, 20 MG, 40 MG ( <i>citalopram hydrobromide</i> )	NC	
<i>citalopram hydrobromide oral solution 10 mg/5ml</i>	NP	
<i>citalopram hydrobromide oral tablet 10 mg, 20 mg</i>	PG	LGC; QL (1 tab per 1 day)
<i>citalopram hydrobromide oral tablet 40 mg</i>	PG	LGC; QL (1 tabs per 1 day)
<i>clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg</i>	NP	
CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES 20 MG, 30 MG, 60 MG ( <i>duloxetine hcl</i> )	NC	
<i>desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	NP	
<i>desvenlafaxine er oral tablet extended release 24 hour 100 mg, 50 mg</i>	NC	
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i>	NP	PA; QL (1 tablet per 1 Day)

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	PG	
<i>doxepin hcl oral concentrate 10 mg/ml</i>	PG	
<i>duloxetine hcl oral capsule delayed release particles 20 mg</i>	PG	QL (2 tabs per 1 day)
<i>duloxetine hcl oral capsule delayed release particles 30 mg, 40 mg</i>	PG	QL (1 capsule per 1 day)
<i>duloxetine hcl oral capsule delayed release particles 60 mg</i>	PG	QL (1 tabs per 1 day)
EFFEXOR XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 150 MG, 37.5 MG, 75 MG ( <i>venlafaxine hcl</i> )	NC	
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR ( <i>selegiline</i> )	NP	PA; #; QL (1 patch per 1 day)
<i>escitalopram oxalate oral solution 5 mg/5ml</i>	NP	
<i>escitalopram oxalate oral tablet 10 mg</i>	NP	QL (1.5 tablets per 1 day)
<i>escitalopram oxalate oral tablet 20 mg, 5 mg</i>	NP	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> )	NP	ST; QL (1 cap per 1 day)
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG ( <i>levomilnacipran hcl</i> )	NP	ST; QL (1 capsule per 1 Day)
<i>fluoxetine hcl oral capsule 10 mg</i>	PG	QL (1 cap per 1 day)
<i>fluoxetine hcl oral capsule 20 mg</i>	PG	QL (4 caps per 1 day)
<i>fluoxetine hcl oral capsule 40 mg</i>	PG	QL (2 caps per 1 day)
<i>fluoxetine hcl oral capsule delayed release 90 mg</i>	NP	QL (4 caps per 1 month)
<i>fluoxetine hcl oral solution 20 mg/5ml</i>	NP	
<i>fluoxetine hcl oral tablet 10 mg</i>	PG	QL (1 tab per 1 day)
<i>fluoxetine hcl oral tablet 20 mg</i>	PG	QL (4 tabs per 1 day)
<i>fluoxetine hcl oral tablet 60 mg</i>	PG	QL (1 tablet per 1 day)
<i>fluvoxamine maleate er oral capsule extended release 24 hour 100 mg, 150 mg</i>	NC	
<i>fluvoxamine maleate oral tablet 100 mg</i>	NP	QL (3 tabs per 1 day)
<i>fluvoxamine maleate oral tablet 25 mg, 50 mg</i>	NP	QL (1 tab per 1 day)
FORFIVO XL ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG ( <i>bupropion hcl</i> )	NC	
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	PG	
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	NP	

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

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

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>protriptyline hcl oral tablet 10 mg, 5 mg</i>	NP	
PROZAC ORAL CAPSULE 10 MG, 20 MG, 40 MG ( <i>fluoxetine hcl</i> )	NC	
REMERON ORAL TABLET 15 MG, 30 MG, 45 MG ( <i>mirtazapine</i> )	NC	
REMERON SOLTAB ORAL TABLET DISPERSIBLE 15 MG, 30 MG, 45 MG ( <i>mirtazapine</i> )	NC	
<i>sertraline hcl oral concentrate 20 mg/ml</i>	NP	
<i>sertraline hcl oral tablet 100 mg</i>	PG	LGC; QL (2 tabs per 1 day)
<i>sertraline hcl oral tablet 25 mg</i>	PG	LGC; QL (1 tab per 1 day)
<i>sertraline hcl oral tablet 50 mg</i>	PG	LGC; QL (1.5 tag per 1 day)
SURMONTIL ORAL CAPSULE 100 MG, 25 MG, 50 MG ( <i>trimipramine maleate</i> )	NC	
TOFRANIL ORAL TABLET 10 MG, 25 MG, 50 MG ( <i>imipramine hcl</i> )	NC	
<i>tranylcypromine sulfate oral tablet 10 mg</i>	NP	
<i>trazodone hcl oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	PG	
<i>trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg</i>	NP	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG ( <i>vortioxetine hbr</i> )	NP	PA; ST; QL (1 tablet per 1 Day)
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg</i>	PG	QL (2 cap per 1 day)
<i>venlafaxine hcl er oral capsule extended release 24 hour 37.5 mg, 75 mg</i>	PG	QL (1 cap per 1 day)
<i>venlafaxine hcl er oral tablet extended release 24 hour 150 mg</i>	NP	QL (2 tablets per 1 day)
<i>venlafaxine hcl er oral tablet extended release 24 hour 225 mg, 37.5 mg, 75 mg</i>	NP	QL (1 tablet per 1 day)
<i>venlafaxine hcl oral tablet 100 mg, 25 mg</i>	PG	QL (3 tabs per 1 day)
<i>venlafaxine hcl oral tablet 37.5 mg</i>	PG	QL (4 tabs per 1 day)
<i>venlafaxine hcl oral tablet 50 mg</i>	PG	QL (6 tabs per 1 day)
<i>venlafaxine hcl oral tablet 75 mg</i>	PG	QL (5 tabs per 1 day)
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG ( <i>vilazodone hcl</i> )	NP	#; QL (1 tab per 1 day)
VIIBRYD STARTER PACK ORAL KIT 10 & 20 MG ( <i>vilazodone hcl</i> )	NP	ST; #
WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 150 MG, 200 MG ( <i>bupropion hcl</i> )	NC	

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 300 MG ( <i>bupropion hcl</i> )	NC	
ZOLOFT ORAL CONCENTRATE 20 MG/ML ( <i>sertraline hcl</i> )	NC	
ZOLOFT ORAL TABLET 100 MG, 25 MG, 50 MG ( <i>sertraline hcl</i> )	NC	
<b>*ANTIDIABETICS* - HORMONES</b>		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	PG	
ACTOPLUS MET ORAL TABLET 15-500 MG, 15-850 MG ( <i>pioglitazone hcl-metformin hcl</i> )	NC	
ACTOPLUS MET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 15-1000 MG, 30-1000 MG ( <i>pioglitazone hcl-metformin hcl</i> )	NP	ST; QL (1 tablet per 1 day)
ACTOS ORAL TABLET 15 MG, 30 MG, 45 MG ( <i>pioglitazone hcl</i> )	NC	
ADLYXIN STARTER PACK SUBCUTANEOUS PEN-INJECTOR KIT 10 & 20 MCG/0.2ML ( <i>lixisenatide</i> )	NC	
ADLYXIN SUBCUTANEOUS SOLUTION PEN-INJECTOR 20 MCG/0.2ML ( <i>lixisenatide</i> )	NC	
ADMELOG SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML ( <i>insulin lispro</i> )	NC	
ADMELOG SUBCUTANEOUS SOLUTION 100 UNIT/ML ( <i>insulin lispro</i> )	NC	
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> )	NC	
<i>alogliptin benzoate oral tablet 12.5 mg, 25 mg, 6.25 mg</i>	NP	QL (1 tablet per 1 day)
<i>alogliptin-metformin hcl oral tablet 12.5-1000 mg, 12.5-500 mg</i>	NP	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>	NP	QL (1 tablet per 1 day)
AMARYL ORAL TABLET 1 MG, 2 MG, 4 MG ( <i>glimepiride</i> )	NC	
APIDRA INJECTION SOLUTION 100 UNIT/ML ( <i>insulin glulisine</i> )	NP	ST
APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML ( <i>insulin glulisine</i> )	NP	ST
AVANDIA ORAL TABLET 2 MG, 4 MG ( <i>rosiglitazone maleate</i> )	NP	QL (1 tab per 1 day)

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE ( <i>glucagon</i> )	NC	
BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE ( <i>glucagon</i> )	NC	
BASAGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML ( <i>insulin glargine</i> )	NC	
BD GLUCOSE ORAL TABLET CHEWABLE 5 GM ( <i>dextrose (diabetic use)</i> )	NP	
BYDUREON BCISE SUBCUTANEOUS AUTO- INJECTOR 2 MG/0.85ML ( <i>exenatide</i> )	NP	PA; ST; QL (4 pens per 1 month)
BYDUREON SUBCUTANEOUS PEN-INJECTOR 2 MG ( <i>exenatide</i> )	NP	PA; ST; QL (4 pens per 1 month)
BYDUREON SUBCUTANEOUS SUSPENSION RECONSTITUTED ER 2 MG ( <i>exenatide</i> )	NP	PA; ST; QL (4 pens per 1 month)
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MCG/0.04ML ( <i>exenatide</i> )	NP	PA; ST; #; QL (1 pen per 1 fill)
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MCG/0.02ML ( <i>exenatide</i> )	NP	PA; ST; #; QL (1 pen per 1 fill)
<i>chlorpropamide oral tablet 100 mg</i>	PG	LGC
<i>chlorpropamide oral tablet 250 mg</i>	PG	
CYCLOSET ORAL TABLET 0.8 MG ( <i>bromocriptine mesylate</i> )	NP	QL (6 tabs per 1 day)
DEX4 GLUCOSE GO-POUCH ORAL GEL 15 GM/33GM ( <i>dextrose (diabetic use)</i> )	NP	
DEX4 GLUCOSE ORAL LIQUID 15 GM/59ML ( <i>dextrose (diabetic use)</i> )	NP	
DEX4 QUICK DISSOLVE GLUCOSE ORAL TABLET CHEWABLE 4 GM ( <i>dextrose (diabetic use)</i> )	NP	
DUETACT ORAL TABLET 30-2 MG, 30-4 MG ( <i>pioglitazone hcl-glimepiride</i> )	NC	
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> )	NP	ST
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML ( <i>insulin aspart (w/niacinamide)</i> )	NP	ST

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FIASP SUBCUTANEOUS SOLUTION 100 UNIT/ML ( <i>insulin aspart (w/niacinamide)</i> )	NP	ST
FORTAMET ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG, 500 MG ( <i>metformin hcl</i> )	NC	
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	PG	LGC
<i>glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	PG	
<i>glipizide oral tablet 10 mg, 5 mg</i>	PG	LGC
<i>glipizide xl oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	PG	
<i>glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	PG	
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED 1 MG ( <i>glucagon hcl (rdna)</i> )	NP	QL (1 kit per 1 fill)
GLUCAGON EMERGENCY INJECTION KIT 1 MG ( <i>glucagon (rdna)</i> )	NP	QL (2 kits per 1 month)
GLUCO BURST ORAL GEL 40 % ( <i>dextrose (diabetic use)</i> )	PG	
GLUCOPHAGE ORAL TABLET 1000 MG, 500 MG, 850 MG ( <i>metformin hcl</i> )	NC	
GLUCOPHAGE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG, 750 MG ( <i>metformin hcl</i> )	NC	
<i>glucose oral gel 40 %</i>	PG	
<i>glucose oral liquid 15 gm/59ml</i>	PG	
<i>glucose oral tablet chewable 4 gm</i>	PG	
GLUCOTROL ORAL TABLET 10 MG, 5 MG ( <i>glipizide</i> )	NC	
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 2.5 MG, 5 MG ( <i>glipizide</i> )	NC	
GLUCOVANCE ORAL TABLET 2.5-500 MG, 5-500 MG ( <i>glyburide-metformin</i> )	NC	
GLUMETZA ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG, 500 MG ( <i>metformin hcl</i> )	NC	
<i>glyburide micronized oral tablet 1.5 mg</i>	PG	
<i>glyburide micronized oral tablet 3 mg, 6 mg</i>	PG	LGC
<i>glyburide oral tablet 1.25 mg</i>	PG	
<i>glyburide oral tablet 2.5 mg, 5 mg</i>	PG	LGC
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	PG	

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GLYNASE ORAL TABLET 1.5 MG, 3 MG, 6 MG ( <i>glyburide micronized</i> )	NC	
GLYSET ORAL TABLET 100 MG, 25 MG, 50 MG ( <i>miglitol</i> )	NC	
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.5 MG/0.1ML, 1 MG/0.2ML ( <i>glucagon</i> )	NC	
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 &amp; lispro</i> )	PB	
HUMALOG MIX 50/50 SUBCUTANEOUS SUSPENSION (50-50) 100 UNIT/ML ( <i>insulin lispro prot &amp; lispro</i> )	PB	
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML ( <i>insulin lispro prot &amp; lispro</i> )	PB	
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION (75-25) 100 UNIT/ML ( <i>insulin lispro prot &amp; lispro</i> )	PB	
HUMALOG SUBCUTANEOUS SOLUTION 100 UNIT/ML ( <i>insulin lispro</i> )	PB	
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML ( <i>insulin lispro</i> )	PB	
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML ( <i>insulin nph isophane &amp; regular</i> )	PB	
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION (70- 30) 100 UNIT/ML ( <i>insulin nph isophane &amp; 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	

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML ( <i>insulin regular human</i> )	PB	
INSTA-GLUCOSE ORAL GEL 77.4 % ( <i>dextrose (diabetic use)</i> )	NP	
<i>insulin lispro subcutaneous solution 100 unit/ml</i>	PG	
<i>insulin lispro subcutaneous solution pen-injector 100 unit/ml</i>	PG	
INVOKANA ORAL TABLET 100 MG, 300 MG ( <i>canagliflozin</i> )	NP	QL (1 tab per 1 day)
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG ( <i>sitagliptin-metformin hcl</i> )	PB	QL (2 tabs 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 tab per 1 day)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG ( <i>sitagliptin-metformin hcl</i> )	PB	QL (2 tabs 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> )	NP	QL (1 tab 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 tabs 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> )	NC	
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG ( <i>saxagliptin-metformin</i> )	NP	ST; QL (2 tabs per 1 day)
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG, 5-500 MG ( <i>saxagliptin-metformin</i> )	NP	ST; QL (1 tab per 1 day)
KORLYM ORAL TABLET 300 MG ( <i>mifepristone</i> )	NPS	PA; SP Pharmacy; QL (4 tabs per 1 day)
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML ( <i>insulin glargine</i> )	NP	ST
LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML ( <i>insulin glargine</i> )	NP	ST

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019



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

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML ( <i>insulin aspart prot &amp; aspart</i> )	NP	ST
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML ( <i>insulin aspart</i> )	NP	ST
NOVOLOG SUBCUTANEOUS SOLUTION 100 UNIT/ML ( <i>insulin aspart</i> )	NP	ST
ONGLYZA ORAL TABLET 2.5 MG, 5 MG ( <i>saxagliptin hcl</i> )	NP	ST; QL (1 tab 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> )	NC	
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML ( <i>semaglutide</i> )	NC	
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML ( <i>semaglutide</i> )	NC	
<i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i>	PG	QL (1 tab per 1 day)
<i>pioglitazone hcl-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	PG	QL (1 tab per 1 day)
<i>pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg</i>	PG	QL (1 tablet per 1 day)
PRANDIN ORAL TABLET 1 MG, 2 MG ( <i>repaglinide</i> )	NC	
PRECOSE ORAL TABLET 100 MG, 25 MG, 50 MG ( <i>acarbose</i> )	NC	
PROGLYCEM ORAL SUSPENSION 50 MG/ML ( <i>diazoxide</i> )	NP	
RELION GLUCOSE DRINK ORAL LIQUID 15 GM/59ML ( <i>dextrose (diabetic use)</i> )	PG	
RELION GLUCOSE ORAL GEL 15 GM/38GM ( <i>dextrose (diabetic use)</i> )	PG	
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	NP	
<i>repaglinide-metformin hcl oral tablet 1-500 mg, 2-500 mg</i>	NP	QL (2 tablets per 1 day)
RIOMET ORAL SOLUTION 500 MG/5ML ( <i>metformin hcl</i> )	NC	
STARLIX ORAL TABLET 120 MG, 60 MG ( <i>nateglinide</i> )	NC	
STEGLATRO ORAL TABLET 15 MG, 5 MG ( <i>ertugliflozin l-pyroglytamidac</i> )	NC	
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML ( <i>pramlintide acetate</i> )	NP	PA; #; QL (4 pens per 1 month)
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML ( <i>pramlintide acetate</i> )	NP	PA; #
<i>tolazamide oral tablet 250 mg, 500 mg</i>	PG	

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>tolbutamide oral tablet 500 mg</i>	PG	
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML ( <i>insulin glargine</i> )	NC	
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML ( <i>insulin glargine</i> )	NC	
TRADJENTA ORAL TABLET 5 MG ( <i>linagliptin</i> )	PB	QL (1 tab per 1 day)
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML ( <i>insulin degludec</i> )	NP	ST
TRESIBA SUBCUTANEOUS SOLUTION 100 UNIT/ML ( <i>insulin degludec</i> )	NP	ST
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML ( <i>dulaglutide</i> )	NP	PA; ST; QL (4 injections per 30 days)
<i>value plus glucose oral gel 40 %</i>	PG	
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML ( <i>liraglutide</i> )	NP	PA; ST; QL (9 ML per 1 month)
<b>*ANTIDIARRHEALS* - DRUGS FOR THE STOMACH</b>		
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml</i>	PG	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	PG	
LOMOTIL ORAL TABLET 2.5-0.025 MG ( <i>diphenoxylate-atropine</i> )	NC	
<i>loperamide hcl oral tablet 2 mg</i>	NP	
MOTOFEN ORAL TABLET 1-0.025 MG ( <i>difenoxin-atropine</i> )	NP	
MYTESI ORAL TABLET DELAYED RELEASE 125 MG ( <i>crofelemer</i> )	NP	PA; ST; QL (2 tablets per 1 Day)
<i>opium oral tincture 10 mg/ml (1%)</i>	NP	
<i>paregoric oral tincture 2 mg/5ml</i>	NP	
<b>*ANTIDOTES AND SPECIFIC ANTAGONISTS* - DRUGS FOR OVERDOSE OR POISONING</b>		
DESFERAL INJECTION SOLUTION RECONSTITUTED 500 MG ( <i>deferoxamine mesylate</i> )	NC	
RADIOGARDASE ORAL CAPSULE 0.5 GM ( <i>prussian blue insoluble</i> )	NC	
VISTOGARD ORAL PACKET 10 GM ( <i>uridine triacetate</i> )	PS	QL (20 packets per 1 prescription)

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>*ANTIDOTES* - DRUGS FOR OVERDOSE OR POISONING</b>		
CHEMET ORAL CAPSULE 100 MG ( <i>succimer</i> )	NP	
<i>deferasirox oral tablet soluble 125 mg, 250 mg, 500 mg</i>	PS	PA; SP Pharmacy
DESFERAL INJECTION SOLUTION RECONSTITUTED 500 MG ( <i>deferoxamine mesylate</i> )	NC	
EVZIO INJECTION SOLUTION AUTO-INJECTOR 0.4 MG/0.4ML ( <i>naloxone hcl</i> )	NP	ST; UF11
EVZIO INJECTION SOLUTION AUTO-INJECTOR 2 MG/0.4ML ( <i>naloxone hcl</i> )	NP	ST; #; UF11
EXJADE ORAL TABLET SOLUBLE 125 MG, 250 MG, 500 MG ( <i>deferasirox</i> )	NPS	PA; SP Pharmacy
FERRIPROX ORAL SOLUTION 100 MG/ML ( <i>deferiprone</i> )	NPS	PA
FERRIPROX ORAL TABLET 1000 MG ( <i>deferiprone</i> )	NPS	PA; SP Pharmacy
FERRIPROX ORAL TABLET 500 MG ( <i>deferiprone</i> )	NPS	PA; #; SP Pharmacy
JADENU ORAL TABLET 180 MG, 360 MG, 90 MG ( <i>deferasirox</i> )	NC	#
JADENU SPRINKLE ORAL PACKET 180 MG, 360 MG, 90 MG ( <i>deferasirox</i> )	NC	#
<i>naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml</i>	PG	
<i>naloxone hcl injection solution cartridge 0.4 mg/ml</i>	PG	UF11
<i>naloxone hcl injection solution prefilled syringe 2 mg/2ml</i>	PG	UF11
<i>naltrexone hcl oral tablet 50 mg</i>	PG	UF11
NARCAN NASAL LIQUID 4 MG/0.1ML ( <i>naloxone hcl</i> )	PB	#; UF11
RADIOGARDASE ORAL CAPSULE 0.5 GM ( <i>prussian blue insoluble</i> )	NC	
VISTOGARD ORAL PACKET 10 GM ( <i>uridine triacetate</i> )	PS	QL (20 packets per 1 prescription)
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG ( <i>naltrexone</i> )	NP	UF11
<b>*ANTIEMETICS* - DRUGS FOR THE STOMACH</b>		
AKYNZEO ORAL CAPSULE 300-0.5 MG ( <i>netupitant-palonosetron</i> )	NP	PA; ST; QL (2 capsules per 1 month)
ANZEMET ORAL TABLET 100 MG, 50 MG ( <i>dolasetron mesylate</i> )	NP	QL (10 tabs per 1 fill)
<i>aprepitant oral capsule 125 mg, 40 mg, 80 mg</i>	PG	QL (5 capsules per 30 days)
<i>aprepitant oral capsule 80 &amp; 125 mg</i>	PG	QL (9 capsules per 30 days)

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BONJESTA ORAL TABLET EXTENDED RELEASE 20-20 MG ( <i>doxylamine-pyridoxine</i> )	NC	
CESAMET ORAL CAPSULE 1 MG ( <i>nabilone</i> )	NP	QL (2 caps per 1 day)
DICLEGIS ORAL TABLET DELAYED RELEASE 10-10 MG ( <i>doxylamine-pyridoxine</i> )	NC	#
<i>doxylamine-pyridoxine oral tablet delayed release 10-10 mg</i>	NC	
DRAMAMINE LESS DROWSY ORAL TABLET 25 MG ( <i>meclizine hcl</i> )	PG	OTC
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	NP	PA; ST; QL (2 caps per 1 day)
EMEND ORAL CAPSULE 125 MG, 40 MG, 80 MG ( <i>aprepitant</i> )	NC	
EMEND ORAL SUSPENSION RECONSTITUTED 125 MG ( <i>aprepitant</i> )	PB	#
<i>granisetron hcl oral tablet 1 mg</i>	NP	
MARINOL ORAL CAPSULE 10 MG, 2.5 MG, 5 MG ( <i>dronabinol</i> )	NC	
<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>	PG	OTC
<i>ondansetron hcl oral solution 4 mg/5ml</i>	PG	
<i>ondansetron hcl oral tablet 24 mg, 4 mg, 8 mg</i>	PG	
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>	PG	
SANCUSO TRANSDERMAL PATCH 3.1 MG/24HR ( <i>granisetron</i> )	NP	QL (1 patch per 1 fill)
<i>scopolamine transdermal patch 72 hour 1 mg/3days</i>	NP	
SYNDROS ORAL SOLUTION 5 MG/ML ( <i>dronabinol</i> )	NC	#
TIGAN ORAL CAPSULE 300 MG ( <i>trimethobenzamide hcl</i> )	NC	
TRANSDERM-SCOP (1.5 MG) TRANSDERMAL PATCH 72 HOUR 1 MG/3DAYS ( <i>scopolamine base</i> )	NC	
<i>trimethobenzamide hcl oral capsule 300 mg</i>	PG	
VARUBI ORAL TABLET 90 MG ( <i>rolapitant hcl</i> )	NC	
ZOFRAN ODT ORAL TABLET DISPERSIBLE 4 MG, 8 MG ( <i>ondansetron</i> )	NC	
ZOFRAN ORAL SOLUTION 4 MG/5ML ( <i>ondansetron hcl</i> )	NC	
ZOFRAN ORAL TABLET 4 MG, 8 MG ( <i>ondansetron hcl</i> )	NC	
ZUPLENZ ORAL FILM 4 MG, 8 MG ( <i>ondansetron</i> )	NC	

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>*ANTIFUNGALS* - DRUGS FOR INFECTIONS</b>		
ANCOBON ORAL CAPSULE 250 MG, 500 MG ( <i>flucytosine</i> )	NC	
<i>bio-statin oral capsule 1000000 unit, 500000 unit</i>	NC	
<i>bio-statin oral powder</i>	PG	
CRESEMBA ORAL CAPSULE 186 MG ( <i>isavuconazonium sulfate</i> )	NP	
DIFLUCAN ORAL SUSPENSION RECONSTITUTED 10 MG/ML, 40 MG/ML ( <i>fluconazole</i> )	NC	
DIFLUCAN ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG ( <i>fluconazole</i> )	NC	
<i>fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml</i>	PG	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	PG	
<i>flucytosine oral capsule 250 mg, 500 mg</i>	NP	
<i>griseofulvin microsize oral suspension 125 mg/5ml</i>	NP	
<i>griseofulvin microsize oral tablet 500 mg</i>	NP	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	NP	
<i>itraconazole oral capsule 100 mg</i>	NP	PA; ST; QL (4 capsules per 1 day)
<i>itraconazole oral solution 10 mg/ml</i>	NP	
<i>ketoconazole oral tablet 200 mg</i>	NP	QL (2 tabs per 1 day)
LAMISIL ORAL TABLET 250 MG ( <i>terbinafine hcl</i> )	NC	
NOXAFIL ORAL SUSPENSION 40 MG/ML ( <i>posaconazole</i> )	NP	PA; ST; #
NOXAFIL ORAL TABLET DELAYED RELEASE 100 MG ( <i>posaconazole</i> )	NC	#
<i>nystatin oral tablet 500000 unit</i>	PG	
ONMEL ORAL TABLET 200 MG ( <i>itraconazole</i> )	NC	
<i>posaconazole oral tablet delayed release 100 mg</i>	NC	
SPORANOX ORAL CAPSULE 100 MG ( <i>itraconazole</i> )	NC	
SPORANOX ORAL SOLUTION 10 MG/ML ( <i>itraconazole</i> )	NC	
SPORANOX PULSEPAK ORAL CAPSULE 100 MG ( <i>itraconazole</i> )	NC	
<i>terbinafine hcl oral tablet 250 mg</i>	PG	
<i>tolsura oral capsule 65 mg</i>	NC	
VFEND ORAL SUSPENSION RECONSTITUTED 40 MG/ML ( <i>voriconazole</i> )	NC	

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VFEND ORAL TABLET 200 MG, 50 MG ( <i>voriconazole</i> )	NC	
<i>voriconazole oral suspension reconstituted 40 mg/ml</i>	NC	
<i>voriconazole oral tablet 200 mg, 50 mg</i>	NP	PA
<b>*ANTIHEMOPHILIC PRODUCTS - MONOCLONAL ANTIBODIES*** - DRUGS FOR THE BLOOD</b>		
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 150 MG/ML, 30 MG/ML, 60 MG/0.4ML ( <i>emicizumab-kxwh</i> )	NC	
<b>*ANTIHISTAMINES* - DRUGS FOR THE LUNGS</b>		
ALAVERT ORAL TABLET DISPERSIBLE 10 MG ( <i>loratadine</i> )	PG	OTC
ALLEGRA ALLERGY CHILDRENS ORAL SUSPENSION 30 MG/5ML ( <i>fexofenadine hcl</i> )	PG	OTC
ALLEGRA ALLERGY CHILDRENS ORAL TABLET DISPERSIBLE 30 MG ( <i>fexofenadine hcl</i> )	PG	OTC
ALLEGRA ALLERGY ORAL TABLET 180 MG, 60 MG ( <i>fexofenadine hcl</i> )	PG	OTC
<i>brompheniramine tannate oral tablet chewable 12 mg</i>	NC	
<i>carbinoxamine maleate oral solution 4 mg/5ml</i>	PG	
<i>carbinoxamine maleate oral tablet 4 mg</i>	PG	
<i>carbinoxamine maleate oral tablet 6 mg</i>	NC	
<i>cetirizine hcl oral tablet 10 mg, 5 mg</i>	PG	LGC; OTC
<i>cetirizine hcl oral tablet chewable 10 mg, 5 mg</i>	PG	OTC
CLARINEX ORAL SYRUP 0.5 MG/ML ( <i>desloratadine</i> )	NC	
CLARINEX ORAL TABLET 5 MG ( <i>desloratadine</i> )	NC	
CLARITIN CHILDRENS ORAL TABLET CHEWABLE 5 MG ( <i>loratadine</i> )	PG	OTC
CLARITIN ORAL SYRUP 5 MG/5ML ( <i>loratadine</i> )	PG	OTC
CLARITIN ORAL TABLET 10 MG ( <i>loratadine</i> )	PG	OTC
CLARITIN ORAL TABLET CHEWABLE 5 MG ( <i>loratadine</i> )	PG	OTC
CLARITIN REDITABS ORAL TABLET DISPERSIBLE 10 MG, 5 MG ( <i>loratadine</i> )	PG	OTC
<i>clemastine fumarate oral tablet 1.34 mg</i>	PG	
<i>clemastine fumarate oral tablet 2.68 mg</i>	PG	OTC
<i>cyproheptadine hcl oral syrup 2 mg/5ml</i>	PG	

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>cyproheptadine hcl oral tablet 4 mg</i>	PG	
<i>desloratadine oral tablet 5 mg</i>	NP	ST; QL (1 tablet per 1 day)
<i>desloratadine oral tablet dispersible 2.5 mg</i>	NP	ST; QL (1 tablet per 1 day)
<i>desloratadine oral tablet dispersible 5 mg</i>	NP	ST
<i>fexofenadine hcl childrens oral suspension 30 mg/5ml</i>	PG	OTC
<i>fexofenadine hcl oral tablet 180 mg, 60 mg</i>	PG	OTC
KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE 4 MG/5ML ( <i>carbinoxamine maleate</i> )	NC	
<i>loratadine childrens oral syrup 5 mg/5ml</i>	PG	LGC; OTC
<i>loratadine oral tablet 10 mg</i>	PG	LGC; OTC
<i>loratadine oral tablet chewable 5 mg</i>	PG	OTC
MUCINEX ALLERGY ORAL TABLET 180 MG ( <i>fexofenadine hcl</i> )	PG	OTC
<i>promethazine hcl</i> (Phenadoz Rectal Suppository 12.5 Mg, 25 Mg)	NP	
<i>promethazine hcl oral solution 6.25 mg/5ml</i>	PG	
<i>promethazine hcl oral syrup 6.25 mg/5ml</i>	PG	
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>	PG	
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg, 50 mg</i>	NP	
<i>promethazine hcl</i> (Promethegan Rectal Suppository 12.5 Mg, 25 Mg, 50 Mg)	NP	
RYCLORA ORAL SYRUP 2 MG/5ML ( <i>dexchlorpheniramine maleate</i> )	NC	
RYVENT ORAL TABLET 6 MG ( <i>carbinoxamine maleate</i> )	NC	
XYZAL ALLERGY 24HR CHILDRENS ORAL SOLUTION 2.5 MG/5ML ( <i>levocetirizine dihydrochloride</i> )	PG	OTC
XYZAL ALLERGY 24HR ORAL TABLET 5 MG ( <i>levocetirizine dihydrochloride</i> )	PG	OTC
ZYRTEC ALLERGY ORAL CAPSULE 10 MG ( <i>cetirizine hcl</i> )	PG	OTC
ZYRTEC ALLERGY ORAL TABLET 10 MG ( <i>cetirizine hcl</i> )	PG	OTC
<b>*ANTIHYPERLIPIDEMICS* - DRUGS FOR THE HEART</b>		
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HOUR 20 MG, 40 MG, 60 MG ( <i>lovastatin</i> )	NP	ST; #; QL (2 tabs per 1 day)

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTARA ORAL CAPSULE 30 MG, 90 MG ( <i>fenofibrate micronized</i> )	NC	#
<i>atorvastatin calcium oral tablet 10 mg</i>	CE	N2 (PG); QL (1 tab per 1 day); AL
<i>atorvastatin calcium oral tablet 20 mg</i>	CE	N2 (PG); QL (1 tablet per 1 day); AL
<i>atorvastatin calcium oral tablet 40 mg, 80 mg</i>	PG	QL (1 tab per 1 day)
<i>cholestyramine light oral packet 4 gm</i>	PG	
<i>cholestyramine light oral powder 4 gm/dose</i>	PG	
<i>cholestyramine oral packet 4 gm</i>	PG	
<i>cholestyramine oral powder 4 gm/dose</i>	PG	
<i>colesevelam hcl oral packet 3.75 gm</i>	PG	
<i>colesevelam hcl oral tablet 625 mg</i>	PG	
COLESTID FLAVORED ORAL GRANULES 5 GM ( <i>colestipol hcl</i> )	NC	
COLESTID FLAVORED ORAL PACKET 5 GM ( <i>colestipol hcl</i> )	NC	
COLESTID ORAL GRANULES 5 GM ( <i>colestipol hcl</i> )	NC	
COLESTID ORAL PACKET 5 GM ( <i>colestipol hcl</i> )	NC	
COLESTID ORAL TABLET 1 GM ( <i>colestipol hcl</i> )	NC	
<i>colestipol hcl oral granules 5 gm</i>	PG	
<i>colestipol hcl oral packet 5 gm</i>	PG	
<i>colestipol hcl oral tablet 1 gm</i>	PG	
CRESTOR ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG ( <i>rosuvastatin calcium</i> )	NC	
EZALLOR SPRINKLE ORAL CAPSULE SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG ( <i>rosuvastatin calcium</i> )	NC	
<i>ezetimibe oral tablet 10 mg</i>	NP	QL (1 tablet per 1 Day)
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	NP	ST; QL (1 tablet per 1 day)
<i>fenofibrate micronized oral capsule 130 mg, 43 mg</i>	NP	QL (1 cap per 1 day)
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>	PG	QL (1 cap per 1 day)
<i>fenofibrate oral capsule 150 mg, 50 mg</i>	PG	QL (1 capsule per 1 day)
<i>fenofibrate oral tablet 120 mg, 40 mg</i>	NC	
<i>fenofibrate oral tablet 145 mg, 48 mg</i>	NP	QL (1 tab per 1 day)
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	PG	QL (1 tab per 1 day)

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>fenofibric acid oral capsule delayed release 135 mg, 45 mg</i>	NC	
<i>fenofibric acid oral tablet 105 mg, 35 mg</i>	NP	QL (1 tablet per 1 day)
FENOGLIDE ORAL TABLET 120 MG, 40 MG ( <i>fenofibrate</i> )	NC	
FIBRICOR ORAL TABLET 105 MG, 35 MG ( <i>fenofibric acid</i> )	NC	
<i>flolipid oral suspension 20 mg/5ml, 40 mg/5ml</i>	NC	
<i>fluvastatin sodium er oral tablet extended release 24 hour 80 mg</i>	NP	QL (1 tablet per 1 day)
<i>fluvastatin sodium oral capsule 20 mg, 40 mg</i>	PG	QL (2 caps per 1 day)
<i>gemfibrozil oral tablet 600 mg</i>	PG	LGC
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 5 MG, 60 MG ( <i>lomitapide mesylate</i> )	NPS	PA; ST; SP Pharmacy; QL (1 capsule per 1 day)
KYNAMRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML ( <i>mipomersen sodium</i> )	NC	
LESCOL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 80 MG ( <i>fluvastatin sodium</i> )	NC	
LIPITOR ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG ( <i>atorvastatin calcium</i> )	NC	
LIPOFEN ORAL CAPSULE 150 MG, 50 MG ( <i>fenofibrate</i> )	NC	
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG ( <i>pitavastatin calcium</i> )	NP	ST; QL (1 tab per 1 day)
LOPID ORAL TABLET 600 MG ( <i>gemfibrozil</i> )	NC	
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	PG	LGC; QL (2 tabs per 1 day)
LOVAZA ORAL CAPSULE 1 GM ( <i>omega-3-acid ethyl esters</i> )	NC	
MEVACOR ORAL TABLET 40 MG ( <i>lovastatin</i> )	NC	
<i>niacin (antihyperlipidemic) oral tablet 500 mg</i>	NP	
<i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg</i>	PG	
NIACOR ORAL TABLET 500 MG ( <i>niacin (antihyperlipidemic)</i> )	NC	
NIASPAN ORAL TABLET EXTENDED RELEASE 1000 MG, 500 MG, 750 MG ( <i>niacin (antihyperlipidemic)</i> )	NC	
<i>omega-3-acid ethyl esters oral capsule 1 gm</i>	NP	QL (4 tabs per 1 day)
PRAVACHOL ORAL TABLET 20 MG, 40 MG, 80 MG ( <i>pravastatin sodium</i> )	NC	
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	PG	LGC; QL (1 tab per 1 day)

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>cholestyramine light</i> (Prevalite Oral Packet 4 Gm)	PG	
<i>cholestyramine light</i> (Prevalite Oral Powder 4 Gm/Dose)	PG	
QUESTRAN LIGHT ORAL POWDER 4 GM/DOSE ( <i>cholestyramine light</i> )	NC	
QUESTRAN ORAL PACKET 4 GM ( <i>cholestyramine</i> )	NC	
QUESTRAN ORAL POWDER 4 GM/DOSE ( <i>cholestyramine</i> )	NC	
<i>rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	NP	ST; QL (1 tablets per 1 day)
<i>simvastatin oral tablet 10 mg, 5 mg</i>	CE	LGC; N2 (PG); QL (1 tab per 1 day); AL
<i>simvastatin oral tablet 20 mg, 40 mg</i>	CE	LGC; N2 (PG); QL (1 tablet per 1 day); AL
<i>simvastatin oral tablet 80 mg</i>	PG	LGC; QL (1 tab per 1 day)
TRICOR ORAL TABLET 145 MG, 48 MG ( <i>fenofibrate</i> )	NC	
TRIGLIDE ORAL TABLET 160 MG ( <i>fenofibrate</i> )	NC	
TRILIPIX ORAL CAPSULE DELAYED RELEASE 135 MG, 45 MG ( <i>choline fenofibrate</i> )	NC	
VASCEPA ORAL CAPSULE 0.5 GM, 1 GM ( <i>icosapent ethyl</i> )	NC	
VYTORIN ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG ( <i>ezetimibe-simvastatin</i> )	NC	
WELCHOL ORAL PACKET 3.75 GM ( <i>colesevelam hcl</i> )	NP	
WELCHOL ORAL TABLET 625 MG ( <i>colesevelam hcl</i> )	NP	
ZETIA ORAL TABLET 10 MG ( <i>ezetimibe</i> )	NC	
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG, 80 MG ( <i>simvastatin</i> )	NC	
ZYPITAMAG ORAL TABLET 1 MG, 2 MG, 4 MG ( <i>pitavastatin magnesium</i> )	NC	
<b>*ANTIHYPERTENSIVES* - DRUGS FOR THE HEART</b>		
ACCUPRIL ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG ( <i>quinapril hcl</i> )	NC	
ACCURETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG ( <i>quinapril-hydrochlorothiazide</i> )	NC	
<i>aliskiren fumarate oral tablet 150 mg, 300 mg</i>	NP	QL (1 tablet per 1 day)
ALTACE ORAL CAPSULE 1.25 MG, 10 MG, 2.5 MG, 5 MG ( <i>ramipril</i> )	NC	

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	PG	
<i>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	NP	QL (1 tablet per 1 day)
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	NP	QL (1 tablet per 1 Day)
<i>amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>	NP	QL (1 tablet per 1 Day)
ATACAND HCT ORAL TABLET 16-12.5 MG, 32-12.5 MG, 32-25 MG ( <i>candesartan cilexetil-hctz</i> )	NC	
ATACAND ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG ( <i>candesartan cilexetil</i> )	NC	
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	PG	LGC
AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG ( <i>irbesartan-hydrochlorothiazide</i> )	NC	
AVAPRO ORAL TABLET 150 MG, 300 MG, 75 MG ( <i>irbesartan</i> )	NC	
AZOR ORAL TABLET 10-20 MG, 10-40 MG, 5-20 MG, 5-40 MG ( <i>amlodipine-olmesartan</i> )	NC	
<i>benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	PG	LGC
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	PG	
BENICAR HCT ORAL TABLET 20-12.5 MG, 40-12.5 MG, 40-25 MG ( <i>olmesartan medoxomil-hctz</i> )	NC	
BENICAR ORAL TABLET 20 MG, 40 MG, 5 MG ( <i>olmesartan medoxomil</i> )	NC	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	PG	LGC
<i>candesartan cilexetil oral tablet 16 mg, 4 mg, 8 mg</i>	NP	QL (1 tab per 1 day)
<i>candesartan cilexetil oral tablet 32 mg</i>	NP	QL (1 tablet per 1 day)
<i>candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	NP	QL (1 tab per 1 day)
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	NP	
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	PG	
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG, 8 MG ( <i>doxazosin mesylate</i> )	NC	

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CATAPRES ORAL TABLET 0.1 MG, 0.2 MG, 0.3 MG ( <i>clonidine hcl</i> )	NC	
CATAPRES-TTS-1 TRANSDERMAL PATCH WEEKLY 0.1 MG/24HR ( <i>clonidine</i> )	NC	
CATAPRES-TTS-2 TRANSDERMAL PATCH WEEKLY 0.2 MG/24HR ( <i>clonidine</i> )	NC	
CATAPRES-TTS-3 TRANSDERMAL PATCH WEEKLY 0.3 MG/24HR ( <i>clonidine</i> )	NC	
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	PG	LGC
<i>clonidine hcl transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr</i>	NP	
CORZIDE ORAL TABLET 40-5 MG, 80-5 MG ( <i>nadolol-bendroflumethiazide</i> )	NC	
COZAAR ORAL TABLET 100 MG, 25 MG, 50 MG ( <i>losartan potassium</i> )	NC	
DEMSER ORAL CAPSULE 250 MG ( <i>metyrosine</i> )	NPS	ST; SP Pharmacy
DIBENZYLINE ORAL CAPSULE 10 MG ( <i>phenoxybenzamine hcl</i> )	NC	
DIOVAN HCT ORAL TABLET 160-12.5 MG, 160-25 MG, 320-12.5 MG, 320-25 MG, 80-12.5 MG ( <i>valsartan-hydrochlorothiazide</i> )	NC	
DIOVAN ORAL TABLET 160 MG, 320 MG, 40 MG, 80 MG ( <i>valsartan</i> )	NC	
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	PG	
EDARBI ORAL TABLET 40 MG, 80 MG ( <i>azilsartan medoxomil</i> )	NP	ST; QL (1 tab per 1 day)
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG ( <i>azilsartan-chlorthalidone</i> )	NP	ST; QL (1 tab per 1 day)
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	PG	LGC
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	PG	LGC
EPANED ORAL SOLUTION 1 MG/ML ( <i>enalapril maleate</i> )	NP	#; QL (5 ml per 1 day)
<i>eplerenone oral tablet 25 mg, 50 mg</i>	NP	
<i>eprosartan mesylate oral tablet 600 mg</i>	NP	QL (1 tab per 1 day)
EXFORGE HCT ORAL TABLET 10-160-12.5 MG, 10-160- 25 MG, 10-320-25 MG, 5-160-12.5 MG, 5-160-25 MG ( <i>amlodipine-valsartan-hctz</i> )	NC	
EXFORGE ORAL TABLET 10-160 MG, 10-320 MG, 5-160 MG, 5-320 MG ( <i>amlodipine besylate-valsartan</i> )	NC	

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i>	PG	
<i>fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg</i>	PG	
<i>guanfacine hcl oral tablet 1 mg, 2 mg</i>	PG	
<i>hydralazine hcl oral tablet 10 mg, 100 mg, 50 mg</i>	PG	
<i>hydralazine hcl oral tablet 25 mg</i>	PG	LGC
HYZAAR ORAL TABLET 100-12.5 MG, 100-25 MG, 50-12.5 MG ( <i>losartan potassium-hctz</i> )	NC	
INSPIRA ORAL TABLET 25 MG, 50 MG ( <i>eplerenone</i> )	NC	
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	PG	QL (1 tab per 1 day)
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	PG	QL (1 tab per 1 day)
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	PG	LGC
<i>lisinopril oral tablet 30 mg, 40 mg</i>	PG	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	PG	LGC
LOPRESSOR HCT ORAL TABLET 50-25 MG ( <i>metoprolol-hydrochlorothiazide</i> )	NC	
<i>losartan potassium oral tablet 100 mg</i>	PG	LGC
<i>losartan potassium oral tablet 25 mg, 50 mg</i>	PG	LGC; QL (2 tablets per 1 day)
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	PG	LGC
LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG ( <i>benazepril-hydrochlorothiazide</i> )	NC	
LOTENSIN ORAL TABLET 20 MG, 40 MG ( <i>benazepril hcl</i> )	NC	
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG ( <i>amlodipine besy-benazepril hcl</i> )	NC	
<i>methyldopa oral tablet 250 mg, 500 mg</i>	PG	
<i>methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg</i>	NP	
<i>metoprolol-hctz er oral tablet extended release 24 hour 100-12.5 mg, 25-12.5 mg, 50-12.5 mg</i>	NC	
<i>metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	PG	
MICARDIS HCT ORAL TABLET 40-12.5 MG, 80-12.5 MG, 80-25 MG ( <i>telmisartan-hctz</i> )	NC	

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

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

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TENORETIC 100 ORAL TABLET 100-25 MG ( <i>atenolol-chlorthalidone</i> )	NC	
TENORETIC 50 ORAL TABLET 50-25 MG ( <i>atenolol-chlorthalidone</i> )	NC	
<i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	PG	LGC
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	PG	
<i>trandolapril-verapamil hcl er oral tablet extended release 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i>	NP	
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> )	NC	
TWYNSTA ORAL TABLET 40-10 MG, 40-5 MG, 80-10 MG, 80-5 MG ( <i>telmisartan-amlodipine</i> )	NC	
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	NP	QL (1 tablet per 1 day)
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	NP	QL (1 tab per 1 day)
VASERETIC ORAL TABLET 10-25 MG ( <i>enalapril-hydrochlorothiazide</i> )	NC	
VASOTEC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG ( <i>enalapril maleate</i> )	NC	
VECAMYL ORAL TABLET 2.5 MG ( <i>mecamylamine hcl</i> )	NC	
ZESTORETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG ( <i>lisinopril-hydrochlorothiazide</i> )	NC	
ZESTRIL ORAL TABLET 10 MG, 2.5 MG, 20 MG, 30 MG, 40 MG, 5 MG ( <i>lisinopril</i> )	NC	
ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG, 5-6.25 MG ( <i>bisoprolol-hydrochlorothiazide</i> )	NC	
<b>*ANTI-INFECTIVE AGENTS - MISC.* - DRUGS FOR INFECTIONS</b>		
AEMCOLO ORAL TABLET DELAYED RELEASE 194 MG ( <i>rifamycin sodium</i> )	NP	QL (12 tablets per 1 fill)
ALINIA ORAL SUSPENSION RECONSTITUTED 100 MG/5ML ( <i>nitazoxanide</i> )	NP	#: QL (180 ml per 3 days)
ALINIA ORAL TABLET 500 MG ( <i>nitazoxanide</i> )	NP	#: QL (6 tablets per 3 days)
<i>atovaquone oral suspension 750 mg/5ml</i>	NP	
BACTRIM DS ORAL TABLET 800-160 MG ( <i>sulfamethoxazole-trimethoprim</i> )	NC	

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BACTRIM ORAL TABLET 400-80 MG ( <i>sulfamethoxazole-trimethoprim</i> )	NC	
CLEOCIN ORAL CAPSULE 150 MG, 300 MG, 75 MG ( <i>clindamycin hcl</i> )	NC	
CLEOCIN ORAL SOLUTION RECONSTITUTED 75 MG/5ML ( <i>clindamycin palmitate hcl</i> )	NC	
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	PG	
<i>clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml</i>	PG	
<i>dapsone oral tablet 100 mg, 25 mg</i>	PG	
FLAGYL ORAL CAPSULE 375 MG ( <i>metronidazole</i> )	NC	
FLAGYL ORAL TABLET 250 MG, 500 MG ( <i>metronidazole</i> )	NC	
IMPAVIDO ORAL CAPSULE 50 MG ( <i>miltefosine</i> )	NP	PA; QL (3 capsules per 1 day)
<i>linezolid oral suspension reconstituted 100 mg/5ml</i>	PG	QL (150 ml per 1 fill)
<i>linezolid oral tablet 600 mg</i>	PG	QL (28 tablets per 1 fill)
METRONIDAZOLE BENZO+SYRSPEND ORAL SUSPENSION RECONSTITUTED 50 MG/ML ( <i>metronidazole benzoate</i> )	NC	
<i>metronidazole oral capsule 375 mg</i>	NP	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	PG	
NEBUPENT INHALATION SOLUTION RECONSTITUTED 300 MG ( <i>pentamidine isethionate</i> )	NP	
PRIMSOL ORAL SOLUTION 50 MG/5ML ( <i>trimethoprim hcl</i> )	NP	
SIVEXTRO ORAL TABLET 200 MG ( <i>tedizolid phosphate</i> )	NP	ST; QL (6 tabs per 1 fill)
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	PG	LGC
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg</i>	PG	LGC
<i>sulfamethoxazole-trimethoprim oral tablet 800-160 mg</i>	PG	
<i>sulfamethoxazole-trimethoprim (Sulfatrim Pediatric Oral Suspension 200-40 Mg/5MI)</i>	PG	
TINDAMAX ORAL TABLET 500 MG ( <i>tinidazole</i> )	NC	
<i>tinidazole oral tablet 250 mg, 500 mg</i>	NP	
<i>trimethoprim oral tablet 100 mg</i>	PG	
<i>trimpex oral solution 50 mg/5ml</i>	NP	
XIFAXAN ORAL TABLET 200 MG ( <i>rifaximin</i> )	NP	QL (9 tabs per 1 fill)
XIFAXAN ORAL TABLET 550 MG ( <i>rifaximin</i> )	NP	PA; QL (3 tablets per 1 day)

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZYVOX ORAL SUSPENSION RECONSTITUTED 100 MG/5ML ( <i>linezolid</i> )	NC	
ZYVOX ORAL TABLET 600 MG ( <i>linezolid</i> )	NC	
<b>*ANTIMALARIALS* - DRUGS FOR INFECTIONS</b>		
ARAKODA ORAL TABLET 100 MG ( <i>tafenoquine succinate</i> )	NP	
<i>atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg</i>	NP	
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	PG	
COARTEM ORAL TABLET 20-120 MG ( <i>artemether-lumefantrine</i> )	NP	
DARAPRIM ORAL TABLET 25 MG ( <i>pyrimethamine</i> )	NP	
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	PG	
KRINTAFEL ORAL TABLET 150 MG ( <i>tafenoquine succinate</i> )	NP	
MALARONE ORAL TABLET 250-100 MG, 62.5-25 MG ( <i>atovaquone-proguanil hcl</i> )	NC	
<i>mefloquine hcl oral tablet 250 mg</i>	NP	
PLAQUENIL ORAL TABLET 200 MG ( <i>hydroxychloroquine sulfate</i> )	NC	
<i>primaquine phosphate oral tablet 26.3 mg</i>	NP	
QUALAQUIN ORAL CAPSULE 324 MG ( <i>quinine sulfate</i> )	NC	
<i>quinine sulfate oral capsule 324 mg</i>	NP	
<b>*ANTIMYASTHENIC AGENTS* - DRUGS FOR NERVES AND MUSCLES</b>		
FIRDAPSE ORAL TABLET 10 MG ( <i>amifampridine phosphate</i> )	NPS	PA; SP Pharmacy; QL (8 tablets per 1 day)
<i>guanidine hcl oral tablet 125 mg</i>	NP	
MESTINON ORAL SYRUP 60 MG/5ML ( <i>pyridostigmine bromide</i> )	NP	
MESTINON ORAL TABLET 60 MG ( <i>pyridostigmine bromide</i> )	NC	
MESTINON ORAL TABLET EXTENDED RELEASE 180 MG ( <i>pyridostigmine bromide</i> )	NC	
<i>pyridostigmine bromide er oral tablet extended release 180 mg</i>	PG	
<i>pyridostigmine bromide oral solution 60 mg/5ml</i>	PG	
<i>pyridostigmine bromide oral tablet 30 mg, 60 mg</i>	PG	

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RUZURGI ORAL TABLET 10 MG ( <i>amifampridine</i> )	NC	
<b>*ANTIMYASTHENIC/CHOLINERGIC AGENTS* - DRUGS FOR NERVES AND MUSCLES</b>		
FIRDAPSE ORAL TABLET 10 MG ( <i>amifampridine phosphate</i> )	NPS	PA; SP Pharmacy; QL (8 tablets per 1 day)
<i>guanidine hcl oral tablet 125 mg</i>	NP	
MESTINON ORAL SYRUP 60 MG/5ML ( <i>pyridostigmine bromide</i> )	NP	
MESTINON ORAL TABLET 60 MG ( <i>pyridostigmine bromide</i> )	NC	
MESTINON ORAL TABLET EXTENDED RELEASE 180 MG ( <i>pyridostigmine bromide</i> )	NC	
<i>pyridostigmine bromide er oral tablet extended release 180 mg</i>	PG	
<i>pyridostigmine bromide oral solution 60 mg/5ml</i>	PG	
<i>pyridostigmine bromide oral tablet 30 mg, 60 mg</i>	PG	
RUZURGI ORAL TABLET 10 MG ( <i>amifampridine</i> )	NC	
<b>*ANTIMYCOBACTERIAL AGENTS* - DRUGS FOR INFECTIONS</b>		
<i>cycloserine oral capsule 250 mg</i>	NP	
<i>ethambutol hcl oral tablet 100 mg, 400 mg</i>	PG	
<i>isoniazid oral syrup 50 mg/5ml</i>	PG	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	PG	
MYAMBUTOL ORAL TABLET 100 MG, 400 MG ( <i>ethambutol hcl</i> )	NC	
MYCOBUTIN ORAL CAPSULE 150 MG ( <i>rifabutin</i> )	NC	
PASER ORAL PACKET 4 GM ( <i>aminosalicylic acid</i> )	NP	
PRIFTIN ORAL TABLET 150 MG ( <i>rifapentine</i> )	NP	
<i>pyrazinamide oral tablet 500 mg</i>	NP	
<i>rifabutin oral capsule 150 mg</i>	NP	
RIFADIN ORAL CAPSULE 150 MG ( <i>rifampin</i> )	NC	
RIFAMATE ORAL CAPSULE 150-300 MG ( <i>isoniazid-rifampin</i> )	NP	
<i>rifampin oral capsule 150 mg, 300 mg</i>	PG	
RIFAMPIN+SYRSPEND SF PH4 ORAL SUSPENSION 25 MG/ML ( <i>rifampin</i> )	NC	

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RIFATER ORAL TABLET 50-120-300 MG ( <i>isoniazid-rifamp-pyrazinamide</i> )	NP	
SIRTURO ORAL TABLET 100 MG ( <i>bedaquiline fumarate</i> )	NPS	PA; SP Pharmacy; QL (188 tabs per 365 days)
TRECTOR ORAL TABLET 250 MG ( <i>ethionamide</i> )	NP	
<b>*ANTINEOPLASTIC - BCL-2 INHIBITORS*** - DRUGS FOR CANCER</b>		
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG ( <i>venetoclax</i> )	CE	N2 (Not Covered)
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG ( <i>venetoclax</i> )	CE	N2 (Not Covered)
<b>*ANTINEOPLASTIC - FGFR KINASE INHIBITORS*** - DRUGS FOR CANCER</b>		
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG ( <i>erdafitinib</i> )	CE	N2 (Not Covered)
<b>*ANTINEOPLASTIC - TROPOMYOSIN RECEPTOR KINASE INHIBITORS*** - DRUGS FOR CANCER</b>		
VITRAKVI ORAL CAPSULE 100 MG, 25 MG ( <i>larotrectinib sulfate</i> )	CE	N2 (Not Covered)
VITRAKVI ORAL SOLUTION 20 MG/ML ( <i>larotrectinib sulfate</i> )	CE	N2 (Not Covered)
<b>*ANTINEOPLASTIC - XPO1 INHIBITORS*** - DRUGS FOR CANCER</b>		
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG ( <i>selinexor</i> )	CE	PA; SP Pharmacy; N2 (NC); QL (16 tablets per 28 days)
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG ( <i>selinexor</i> )	CE	PA; SP Pharmacy; N2 (NC); QL (16 tablets per 28 days)
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG ( <i>selinexor</i> )	CE	PA; SP Pharmacy; N2 (NC); QL (16 tablets per 28 days)
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG ( <i>selinexor</i> )	CE	PA; SP Pharmacy; N2 (NC); QL (16 tablets per 28 days)
<b>*ANTINEOPLASTIC OR PREMALIGNANT LESION AGENT - COMB*** - DRUGS FOR CANCER</b>		
<i>hyalucil-4 transdermal cream 2-4 %</i>	NC	
<b>*ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES* - DRUGS FOR CANCER</b>		
<i>abiraterone acetate oral tablet 250 mg</i>	CE	PA; SP Pharmacy; N2 (PG); QL (4 tablets per 1 day)

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ACTIMMUNE SUBCUTANEOUS SOLUTION 2000000 UNIT/0.5ML ( <i>interferon gamma-1b</i> )	NPS	PA; SP Pharmacy
AFINITOR DISPERZ ORAL TABLET SOLUBLE 2 MG, 5 MG ( <i>everolimus</i> )	CE	N2 (Not Covered); QL (2 tablets per 1 day)
AFINITOR DISPERZ ORAL TABLET SOLUBLE 3 MG ( <i>everolimus</i> )	CE	N2 (Not Covered); QL (3 tablets per 1 day)
AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG ( <i>everolimus</i> )	CE	PA; #; SP Pharmacy; N2 (NPS); QL (1 tab per 1 day)
ALECENSA ORAL CAPSULE 150 MG ( <i>alectinib hcl</i> )	CE	N2 (Not Covered)
ALFERON N INJECTION SOLUTION 5000000 UNIT/ML ( <i>interferon alfa-n3</i> )	NC	
ALKERAN ORAL TABLET 2 MG ( <i>melfhalan</i> )	CE	N2 (Not Covered)
ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG ( <i>brigatinib</i> )	CE	N2 (Not Covered)
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG ( <i>brigatinib</i> )	CE	N2 (Not Covered)
<i>anastrozole oral tablet 1 mg</i>	CE	N2 (PG)
ARIMIDEX ORAL TABLET 1 MG ( <i>anastrozole</i> )	CE	N2 (Not Covered)
AROMASIN ORAL TABLET 25 MG ( <i>exemestane</i> )	CE	N2 (Not Covered)
<i>bexarotene oral capsule 75 mg</i>	CE	PA; SP Pharmacy; N2 (PS)
<i>bicalutamide oral tablet 50 mg</i>	CE	N2 (NP); QL (1 tab per 1 day)
BOSULIF ORAL TABLET 100 MG ( <i>bosutinib</i> )	CE	PA; ST; SP Pharmacy; N2 (NPS); QL (4 tablets per 1 day)
BOSULIF ORAL TABLET 400 MG ( <i>bosutinib</i> )	CE	PA; ST; SP Pharmacy; N2 (NPS); QL (1 tablet per 1 day)
BOSULIF ORAL TABLET 500 MG ( <i>bosutinib</i> )	CE	PA; ST; SP Pharmacy; N2 (NPS); QL (1 tab per 1 day)
BRAFTOVI ORAL CAPSULE 50 MG, 75 MG ( <i>encorafenib</i> )	CE	N2 (Not Covered)
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG ( <i>cabozantinib s-malate</i> )	CE	N2 (Not Covered)
CALQUENCE ORAL CAPSULE 100 MG ( <i>acalabrutinib</i> )	CE	N2 (Not Covered)
<i>capecitabine oral tablet 150 mg, 500 mg</i>	CE	PA; SP Pharmacy; N2 (PG)
CAPRELSA ORAL TABLET 100 MG ( <i>vandetanib</i> )	CE	PA; SP Pharmacy; N2 (NPS); QL (2 tabs per 1 day)

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CAPRELSA ORAL TABLET 300 MG ( <i>vandetanib</i> )	CE	PA; SP Pharmacy; N2 (NPS); QL (1 tab per 1 day)
CASODEX ORAL TABLET 50 MG ( <i>bicalutamide</i> )	CE	N2 (Not Covered)
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 1 X 80 & 1 X 20 MG ( <i>cabozantinib s-malate</i> )	CE	PA; SP Pharmacy; N2 (NPS); 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 Pharmacy; N2 (NPS); QL (4 capsules per 1 day)
COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG ( <i>cabozantinib s-malate</i> )	CE	PA; SP Pharmacy; N2 (NPS); QL (3 capsules per 1 day)
COTELLIC ORAL TABLET 20 MG ( <i>cobimetinib fumarate</i> )	CE	N2 (Not Covered)
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	CE	N2 (PG)
DAURISMO ORAL TABLET 100 MG, 25 MG ( <i>glasdegib maleate</i> )	CE	N2 (Not Covered)
ELIGARD SUBCUTANEOUS KIT 22.5 MG ( <i>leuprolide acetate (3 month)</i> )	NPS	PA; SP Pharmacy
ELIGARD SUBCUTANEOUS KIT 30 MG ( <i>leuprolide acetate (4 month)</i> )	NPS	PA; SP Pharmacy
ELIGARD SUBCUTANEOUS KIT 45 MG ( <i>leuprolide acetate (6 month)</i> )	NPS	PA; SP Pharmacy
ELIGARD SUBCUTANEOUS KIT 7.5 MG ( <i>leuprolide acetate</i> )	NPS	PA; SP Pharmacy
EMCYT ORAL CAPSULE 140 MG ( <i>estramustine phosphate sodium</i> )	CE	N2 (NP)
ERIVEDGE ORAL CAPSULE 150 MG ( <i>vismodegib</i> )	CE	PA; SP Pharmacy; N2 (NPS); QL (1 cap per 1 day)
ERLEADA ORAL TABLET 60 MG ( <i>apalutamide</i> )	CE	N2 (Not Covered)
<i>erlotinib hcl oral tablet 100 mg, 150 mg</i>	CE	PA; N2 (PG); QL (1 tablet per 1 day)
<i>erlotinib hcl oral tablet 25 mg</i>	CE	PA; N2 (PG); QL (2 tablets per 1 day)
<i>etoposide oral capsule 50 mg</i>	CE	N2 (PG)
<i>exemestane oral tablet 25 mg</i>	CE	N2 (NP)
FARESTON ORAL TABLET 60 MG ( <i>toremifene citrate</i> )	CE	N2 (Not Covered)
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG ( <i>panobinostat lactate</i> )	CE	N2 (Not Covered)

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FEMARA ORAL TABLET 2.5 MG ( <i>letrozole</i> )	CE	N2 (Not Covered)
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG, 80 MG ( <i>degarelix acetate</i> )	NPS	PA; SP Pharmacy
<i>flutamide oral capsule 125 mg</i>	CE	N2 (PG)
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG ( <i>afatinib dimaleate</i> )	CE	PA; SP Pharmacy; N2 (NPS); QL (1 tab per 1 day)
GLEEVEC ORAL TABLET 100 MG, 400 MG ( <i>imatinib mesylate</i> )	CE	N2 (Not Covered)
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG ( <i>lomustine</i> )	CE	PA; N2 (PB)
GLEOSTINE ORAL CAPSULE 5 MG ( <i>lomustine</i> )	PB	PA
HEXALEN ORAL CAPSULE 50 MG ( <i>altretamine</i> )	NPS	
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG ( <i>topotecan hcl</i> )	CE	PA; SP Pharmacy; N2 (NPS)
HYDREA ORAL CAPSULE 500 MG ( <i>hydroxyurea</i> )	CE	N2 (Not Covered)
<i>hydroxyurea oral capsule 500 mg</i>	CE	N2 (PG)
ICLUSIG ORAL TABLET 15 MG ( <i>ponatinib hcl</i> )	CE	PA; SP Pharmacy; N2 (NPS); QL (2 tabs per 1 day)
ICLUSIG ORAL TABLET 45 MG ( <i>ponatinib hcl</i> )	CE	PA; SP Pharmacy; N2 (NPS); QL (1 tab per 1 day)
<i>imatinib mesylate oral tablet 100 mg</i>	CE	PA; SP Pharmacy; N2 (PG); QL (3 tablets per 1 day)
<i>imatinib mesylate oral tablet 400 mg</i>	CE	PA; SP Pharmacy; N2 (PG); QL (2 tablets per 1 day)
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG ( <i>ibrutinib</i> )	CE	N2 (Not Covered)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG ( <i>ibrutinib</i> )	CE	N2 (Not Covered)
INLYTA ORAL TABLET 1 MG, 5 MG ( <i>axitinib</i> )	CE	PA; SP Pharmacy; N2 (NPS); QL (4 tabs per 1 day)
INREBIC ORAL CAPSULE 100 MG ( <i>fedratinib hcl</i> )	CE	SP Pharmacy; N2 (NPS); QL (4 capsules per 1 day)
INTRON A INJECTION SOLUTION 10000000 UNIT/ML, 6000000 UNIT/ML ( <i>interferon alfa-2b</i> )	NP	PA; SP Pharmacy
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT, 18000000 UNIT, 50000000 UNIT ( <i>interferon alfa-2b</i> )	NP	PA; SP Pharmacy
IRESSA ORAL TABLET 250 MG ( <i>gefitinib</i> )	CE	N2 (Not Covered)

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
JAKAFI ORAL TABLET 10 MG ( <i>ruxolitinib phosphate</i> )	CE	PA; SP Pharmacy; N2 (NPS); QL (2 tablets per 1 day)
JAKAFI ORAL TABLET 15 MG, 20 MG, 25 MG, 5 MG ( <i>ruxolitinib phosphate</i> )	CE	PA; SP Pharmacy; N2 (NPS); QL (2 tabs per 1 day)
KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG ( <i>ribociclib-letrozole</i> )	CE	N2 (Not Covered)
KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG ( <i>ribociclib-letrozole</i> )	CE	N2 (Not Covered)
KISQALI FEMARA(200 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG ( <i>ribociclib-letrozole</i> )	CE	N2 (Not Covered)
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG ( <i>lenvatinib mesylate</i> )	CE	N2 (Not Covered)
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG ( <i>lenvatinib mesylate</i> )	CE	N2 (Not Covered)
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG ( <i>lenvatinib mesylate</i> )	CE	N2 (Not Covered)
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG ( <i>lenvatinib mesylate</i> )	CE	N2 (Not Covered)
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG ( <i>lenvatinib mesylate</i> )	CE	N2 (Not Covered)
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG ( <i>lenvatinib mesylate</i> )	CE	N2 (Not Covered)
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG ( <i>lenvatinib mesylate</i> )	CE	N2 (Not Covered)
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG ( <i>lenvatinib mesylate</i> )	CE	N2 (Not Covered)
<i>letrozole oral tablet 2.5 mg</i>	CE	N2 (NP)
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	CE	N2 (PG)
LEUKERAN ORAL TABLET 2 MG ( <i>chlorambucil</i> )	CE	N2 (NPS)
<i>leuprolide acetate injection kit 1 mg/0.2ml</i>	PS	PA; SP Pharmacy
LONSURF ORAL TABLET 15-6.14 MG ( <i>trifluridine-tipiracil</i> )	CE	PA; SP Pharmacy; N2 (NPS); QL (100 tablets per 28 days)
LONSURF ORAL TABLET 20-8.19 MG ( <i>trifluridine-tipiracil</i> )	CE	PA; SP Pharmacy; N2 (NPS); QL (80 tablets per 28 days)
LORBRENA ORAL TABLET 100 MG, 25 MG ( <i>lorlatinib</i> )	CE	N2 (Not Covered)

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG, 7.5 MG ( <i>leuprolide acetate</i> )	NPS	PA; #; SP Pharmacy
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 22.5 MG ( <i>leuprolide acetate (3 month)</i> )	NPS	PA; #; SP Pharmacy
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30 MG ( <i>leuprolide acetate (4 month)</i> )	NPS	PA; #; SP Pharmacy
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45 MG ( <i>leuprolide acetate (6 month)</i> )	NPS	PA; #; SP Pharmacy
LYSODREN ORAL TABLET 500 MG ( <i>mitotane</i> )	CE	N2 (NP)
MATULANE ORAL CAPSULE 50 MG ( <i>procarbazine hcl</i> )	CE	N2 (NPS)
<i>megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml</i>	CE	N2 (PG)
<i>megestrol acetate oral tablet 20 mg, 40 mg</i>	CE	N2 (PG)
MEKINIST ORAL TABLET 0.5 MG ( <i>trametinib dimethyl sulfoxide</i> )	CE	PA; SP Pharmacy; N2 (NPS); QL (3 tabs per 1 day)
MEKINIST ORAL TABLET 2 MG ( <i>trametinib dimethyl sulfoxide</i> )	CE	PA; SP Pharmacy; N2 (NPS); QL (1 tab per 1 day)
MEKTOVI ORAL TABLET 15 MG ( <i>binimetinib</i> )	CE	N2 (Not Covered)
<i>melphalan oral tablet 2 mg</i>	CE	N2 (NP)
<i>mercaptopurine oral tablet 50 mg</i>	CE	N2 (PG)
MESNEX ORAL TABLET 400 MG ( <i>mesna</i> )	CE	N2 (PB)
<i>methotrexate oral tablet 2.5 mg</i>	CE	N2 (PG)
<i>methotrexate sodium injection solution reconstituted 1 gm</i>	PG	
<i>methotrexate sodium oral tablet 2.5 mg</i>	CE	N2 (PG)
MYLERAN ORAL TABLET 2 MG ( <i>busulfan</i> )	CE	N2 (NP)
NERLYNX ORAL TABLET 40 MG ( <i>neratinib maleate</i> )	CE	N2 (Not Covered)
NEXAVAR ORAL TABLET 200 MG ( <i>sorafenib tosylate</i> )	CE	PA; SP Pharmacy; N2 (NPS); QL (4 tabs per 1 day)
NILANDRON ORAL TABLET 150 MG ( <i>nilutamide</i> )	CE	N2 (Not Covered)
<i>nilutamide oral tablet 150 mg</i>	CE	N2 (NP)
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG ( <i>ixazomib citrate</i> )	CE	N2 (Not Covered)
NUBEQA ORAL TABLET 300 MG ( <i>darolutamide</i> )	CE	N2 (NPS)
ODOMZO ORAL CAPSULE 200 MG ( <i>sonidegib phosphate</i> )	CE	PA; N2 (NPS); QL (1 capsule per 1 day)
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG ( <i>pomalidomide</i> )	CE	PA; #; SP Pharmacy; N2 (NPS); QL (1 cap per 1 day)

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PURIXAN ORAL SUSPENSION 2000 MG/100ML ( <i>mercaptopurine</i> )	CE	PA; ST; SP Pharmacy; N2 (NPS)
RYDAPT ORAL CAPSULE 25 MG ( <i>midostaurin</i> )	CE	N2 (Not Covered)
SOLTAMOX ORAL SOLUTION 10 MG/5ML ( <i>tamoxifen citrate</i> )	CE	#; N2 (Not Covered)
SPRYCEL ORAL TABLET 100 MG, 140 MG ( <i>dasatinib</i> )	CE	PA; ST; SP Pharmacy; N2 (NPS); QL (1 tab per 1 day)
SPRYCEL ORAL TABLET 20 MG, 50 MG, 70 MG, 80 MG ( <i>dasatinib</i> )	CE	PA; ST; SP Pharmacy; N2 (NPS); QL (2 tabs per 1 day)
STIVARGA ORAL TABLET 40 MG ( <i>regorafenib</i> )	CE	PA; SP Pharmacy; N2 (NPS); QL (4 tabs per 1 day)
SUTENT ORAL CAPSULE 12.5 MG ( <i>sunitinib malate</i> )	CE	PA; SP Pharmacy; N2 (PB); QL (4 capsules per 1 day)
SUTENT ORAL CAPSULE 25 MG ( <i>sunitinib malate</i> )	CE	PA; SP Pharmacy; N2 (PB); QL (2 capsules per 1 day)
SUTENT ORAL CAPSULE 37.5 MG, 50 MG ( <i>sunitinib malate</i> )	CE	PA; SP Pharmacy; N2 (PB); QL (1 cap per 1 day)
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG, 600 MCG ( <i>peginterferon alfa-2b</i> )	NPS	PA; SP Pharmacy
TABLOID ORAL TABLET 40 MG ( <i>thioguanine</i> )	CE	N2 (NP)
TAFINLAR ORAL CAPSULE 50 MG, 75 MG ( <i>dabrafenib mesylate</i> )	CE	PA; SP Pharmacy; N2 (NPS); QL (4 caps per 1 day)
TAGRISSE ORAL TABLET 40 MG, 80 MG ( <i>osimertinib mesylate</i> )	CE	N2 (Not Covered)
<i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>	CE	N2 (PG); AL
TARCEVA ORAL TABLET 100 MG, 150 MG ( <i>erlotinib hcl</i> )	CE	SP Pharmacy; N2 (Not Covered)
TARCEVA ORAL TABLET 25 MG ( <i>erlotinib hcl</i> )	CE	SP Pharmacy; N2 (Not Covered); QL (2 tablets per 1 day)
TARGRETIN ORAL CAPSULE 75 MG ( <i>bexarotene</i> )	CE	N2 (Not Covered)
TASIGNA ORAL CAPSULE 150 MG, 200 MG ( <i>nilotinib hcl</i> )	CE	PA; ST; SP Pharmacy; N2 (NPS); QL (4 caps per 1 day)
TASIGNA ORAL CAPSULE 50 MG ( <i>nilotinib hcl</i> )	CE	PA; ST; SP Pharmacy; N2 (NPS); QL (4 capsules per 1 Day)

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TEMODAR ORAL CAPSULE 100 MG, 140 MG, 180 MG, 20 MG, 250 MG, 5 MG ( <i>temozolomide</i> )	CE	N2 (Not Covered)
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>	CE	PA; SP Pharmacy; N2 (PG)
<i>toremifene citrate oral tablet 60 mg</i>	CE	N2 (PG)
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 22.5 MG, 3.75 MG ( <i>triptorelin pamoate</i> )	NPS	PA; #; SP Pharmacy
<i>tretinoin oral capsule 10 mg</i>	CE	SP Pharmacy; N2 (PG)
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG ( <i>methotrexate sodium</i> )	CE	N2 (NP)
TYKERB ORAL TABLET 250 MG ( <i>lapatinib ditosylate</i> )	CE	PA; #; SP Pharmacy; N2 (NPS)
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG ( <i>dacomitinib</i> )	CE	N2 (Not Covered)
VOTRIENT ORAL TABLET 200 MG ( <i>pazopanib hcl</i> )	CE	PA; SP Pharmacy; N2 (NPS); QL (4 tabs per 1 day)
XALKORI ORAL CAPSULE 200 MG, 250 MG ( <i>crizotinib</i> )	CE	PA; SP Pharmacy; N2 (NPS); QL (2 caps per 1 day)
XATMEP ORAL SOLUTION 2.5 MG/ML ( <i>methotrexate</i> )	CE	PA; N2 (NP)
XELODA ORAL TABLET 150 MG, 500 MG ( <i>capecitabine</i> )	CE	N2 (Not Covered)
XOSPATA ORAL TABLET 40 MG ( <i>gilteritinib fumarate</i> )	CE	N2 (Not Covered)
XTANDI ORAL CAPSULE 40 MG ( <i>enzalutamide</i> )	CE	PA; ST; SP Pharmacy; N2 (NPS); QL (4 caps per 1 day)
YONSA ORAL TABLET 125 MG ( <i>abiraterone acetate</i> )	CE	N2 (Not Covered)
ZELBORAF ORAL TABLET 240 MG ( <i>vemurafenib</i> )	CE	PA; SP Pharmacy; N2 (NPS); QL (8 tabs per 1 day)
ZOLINZA ORAL CAPSULE 100 MG ( <i>vorinostat</i> )	CE	PA; SP Pharmacy; N2 (NPS); QL (4 caps per 1 day)
ZYKADIA ORAL CAPSULE 150 MG ( <i>ceritinib</i> )	CE	PA; SP Pharmacy; N2 (NPS); QL (5 capsules per 1 day)
ZYKADIA ORAL TABLET 150 MG ( <i>ceritinib</i> )	CE	PA; SP Pharmacy; N2 (NPS); QL (3 tablets per 1 day)

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZYTIGA ORAL TABLET 250 MG ( <i>abiraterone acetate</i> )	CE	N2 (Not Covered)
ZYTIGA ORAL TABLET 500 MG ( <i>abiraterone acetate</i> )	CE	PA; #; N2 (PB); QL (2 tablets per 1 day)
<b>*ANTIPARKINSON AGENTS* - DRUGS FOR THE NERVOUS SYSTEM</b>		
<i>amantadine hcl oral capsule 100 mg</i>	PG	
<i>amantadine hcl oral syrup 50 mg/5ml</i>	PG	
<i>amantadine hcl oral tablet 100 mg</i>	PG	
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE 30 MG/3ML ( <i>apomorphine hcl</i> )	NPS	
AZILECT ORAL TABLET 0.5 MG, 1 MG ( <i>rasagiline mesylate</i> )	NC	
<i>benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg</i>	PG	LGC
<i>bromocriptine mesylate oral capsule 5 mg</i>	PG	
<i>bromocriptine mesylate oral tablet 2.5 mg</i>	PG	
<i>carbidopa oral tablet 25 mg</i>	NP	
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	PG	
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	PG	
<i>carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg</i>	PG	
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	NP	
COMTAN ORAL TABLET 200 MG ( <i>entacapone</i> )	NC	
DUOPA ENTERAL SUSPENSION 4.63-20 MG/ML ( <i>carbidopa-levodopa</i> )	NC	
ELDEPRYL ORAL CAPSULE 5 MG ( <i>selegiline hcl</i> )	NC	
<i>entacapone oral tablet 200 mg</i>	NP	
GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 137 MG, 68.5 MG ( <i>amantadine hcl</i> )	NC	
INBRIJA INHALATION CAPSULE 42 MG ( <i>levodopa</i> )	NC	
LODOSYN ORAL TABLET 25 MG ( <i>carbidopa</i> )	NC	
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> )	NC	

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MIRAPEX ORAL TABLET 0.125 MG, 0.25 MG, 0.5 MG, 0.75 MG, 1 MG, 1.5 MG ( <i>pramipexole dihydrochloride</i> )	NC	
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> )	NP	ST; #; QL (1 patch per 1 day)
OSMOLEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 129 MG, 193 MG, 258 MG ( <i>amantadine hcl</i> )	NC	
PARLODEL ORAL CAPSULE 5 MG ( <i>bromocriptine mesylate</i> )	NC	
PARLODEL ORAL TABLET 2.5 MG ( <i>bromocriptine mesylate</i> )	NC	
<i>pramipexole dihydrochloride er oral tablet extended release 24 hour 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg</i>	NP	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>	PG	
<i>rasagiline mesylate oral tablet 0.5 mg, 1 mg</i>	NP	QL (1 tablet per 1 Day)
REQUIP ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG, 5 MG ( <i>ropinirole hcl</i> )	NC	
REQUIP XL ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 2 MG, 4 MG, 6 MG, 8 MG ( <i>ropinirole hcl</i> )	NC	
<i>ropinirole hcl er oral tablet extended release 24 hour 12 mg</i>	NP	QL (2 tabs per 1 day)
<i>ropinirole hcl er oral tablet extended release 24 hour 2 mg, 4 mg, 6 mg, 8 mg</i>	NP	QL (1 tab 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>	PG	
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> )	NC	#
<i>selegiline hcl oral capsule 5 mg</i>	PG	
<i>selegiline hcl oral tablet 5 mg</i>	PG	
SINEMET CR ORAL TABLET EXTENDED RELEASE 25-100 MG, 50-200 MG ( <i>carbidopa-levodopa</i> )	NC	
SINEMET ORAL TABLET 10-100 MG, 25-100 MG, 25-250 MG ( <i>carbidopa-levodopa</i> )	NC	
STALEVO 100 ORAL TABLET 25-100-200 MG ( <i>carbidopa-levodopa-entacapone</i> )	NC	
STALEVO 125 ORAL TABLET 31.25-125-200 MG ( <i>carbidopa-levodopa-entacapone</i> )	NC	

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
STALEVO 150 ORAL TABLET 37.5-150-200 MG ( <i>carbidopa-levodopa-entacapone</i> )	NC	
STALEVO 200 ORAL TABLET 50-200-200 MG ( <i>carbidopa-levodopa-entacapone</i> )	NC	
STALEVO 50 ORAL TABLET 12.5-50-200 MG ( <i>carbidopa-levodopa-entacapone</i> )	NC	
STALEVO 75 ORAL TABLET 18.75-75-200 MG ( <i>carbidopa-levodopa-entacapone</i> )	NC	
TASMAR ORAL TABLET 100 MG ( <i>tolcapone</i> )	NC	
<i>tolcapone oral tablet 100 mg</i>	NP	
<i>trihexyphenidyl hcl oral elixir 0.4 mg/ml</i>	PG	
<i>trihexyphenidyl hcl oral tablet 2 mg</i>	PG	LGC
<i>trihexyphenidyl hcl oral tablet 5 mg</i>	PG	
XADAGO ORAL TABLET 100 MG, 50 MG ( <i>safinamide mesylate</i> )	NC	
ZELAPAR ORAL TABLET DISPERSIBLE 1.25 MG ( <i>selegiline hcl</i> )	NP	ST; QL (2 tabs per 1 day)
<b>*ANTIPSYCHOTICS/ANTIMANIC AGENTS* - DRUGS FOR THE NERVOUS SYSTEM</b>		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG ( <i>aripiprazole</i> )	NP	
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG ( <i>aripiprazole</i> )	NP	
ABILIFY ORAL TABLET 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG ( <i>aripiprazole</i> )	NC	
<i>aripiprazole oral solution 1 mg/ml</i>	PG	QL (30 ml per 1 day)
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	PG	QL (1 tablet per 1 day)
<i>aripiprazole oral tablet dispersible 10 mg, 15 mg</i>	PG	QL (1 tablet per 1 day)
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE 675 MG/2.4ML ( <i>aripiprazole lauroxil</i> )	PB	
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML, 441 MG/1.6ML, 662 MG/2.4ML, 882 MG/3.2ML ( <i>aripiprazole lauroxil</i> )	NP	
<i>chlorpromazine hcl injection solution 25 mg/ml, 50 mg/2ml</i>	NP	
<i>chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	NP	

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>clozapine oral tablet 100 mg</i>	PG	QL (9 tabs per 1 day)
<i>clozapine oral tablet 200 mg</i>	PG	QL (4 tabs per 1 day)
<i>clozapine oral tablet 25 mg, 50 mg</i>	PG	QL (3 tabs per 1 day)
<i>clozapine oral tablet dispersible 100 mg</i>	NP	QL (9 tabs per 1 day)
<i>clozapine oral tablet dispersible 12.5 mg</i>	NP	QL (1 tab per 1 day)
<i>clozapine oral tablet dispersible 150 mg</i>	NP	QL (6 tablets per 1 day)
<i>clozapine oral tablet dispersible 200 mg</i>	NP	QL (4 tablets per 1 day)
<i>clozapine oral tablet dispersible 25 mg</i>	NP	QL (3 tabs per 1 day)
CLOZARIL ORAL TABLET 100 MG, 25 MG ( <i>clozapine</i> )	NC	
<i>prochlorperazine</i> (Compro Rectal Suppository 25 Mg)	PG	
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG ( <i>carbamazepine</i> ( <i>antipsychotic</i> ))	NP	
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG ( <i>iloperidone</i> )	NP	ST; QL (2 tabs per 1 day)
FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6 MG ( <i>iloperidone</i> )	NP	ST
FAZACLO ORAL TABLET DISPERSIBLE 100 MG, 12.5 MG, 150 MG, 200 MG, 25 MG ( <i>clozapine</i> )	NC	
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	PG	
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	PG	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	NP	
<i>fluphenazine hcl oral elixir 2.5 mg/5ml</i>	NP	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	PG	
GEODON INTRAMUSCULAR SOLUTION RECONSTITUTED 20 MG ( <i>ziprasidone mesylate</i> )	NC	
GEODON ORAL CAPSULE 20 MG, 40 MG, 60 MG, 80 MG ( <i>ziprasidone hcl</i> )	NC	
HALDOL DECANOATE INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/ML ( <i>haloperidol decanoate</i> )	NP	
HALDOL INJECTION SOLUTION 5 MG/ML ( <i>haloperidol lactate</i> )	NP	
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>	PG	
<i>haloperidol lactate injection solution 5 mg/ml</i>	PG	

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	NC	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	PG	
INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR 1.5 MG, 3 MG, 6 MG, 9 MG ( <i>paliperidone</i> )	NC	
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 39 MG/0.25ML, 78 MG/0.5ML ( <i>paliperidone palmitate</i> )	NP	
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.875ML, 410 MG/1.315ML, 546 MG/1.75ML, 819 MG/2.625ML ( <i>paliperidone palmitate</i> )	NC	
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG ( <i>lurasidone hcl</i> )	NP	ST; #; QL (1 tab per 1 day)
LATUDA ORAL TABLET 60 MG ( <i>lurasidone hcl</i> )	NP	ST; #
LATUDA ORAL TABLET 80 MG ( <i>lurasidone hcl</i> )	NP	ST; #; QL (2 tablets per 1 day)
<i>lithium carbonate er oral tablet extended release 300 mg, 450 mg</i>	PG	
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	PG	
<i>lithium carbonate oral tablet 300 mg</i>	PG	
<i>lithium oral solution 8 meq/5ml</i>	PG	
LITHOBID ORAL TABLET EXTENDED RELEASE 300 MG ( <i>lithium carbonate</i> )	NC	
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	PG	
NUPLAZID ORAL CAPSULE 34 MG ( <i>pimavanserin tartrate</i> )	NC	
NUPLAZID ORAL TABLET 10 MG, 17 MG ( <i>pimavanserin tartrate</i> )	NC	
<i>olanzapine intramuscular solution reconstituted 10 mg</i>	PG	
<i>olanzapine oral tablet 10 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>	NP	QL (1 tab per 1 day)
<i>olanzapine oral tablet 2.5 mg</i>	NP	QL (2 tabs per 1 day)
<i>olanzapine oral tablet dispersible 10 mg</i>	NP	QL (1 tablet per 1 day)
<i>olanzapine oral tablet dispersible 15 mg, 20 mg, 5 mg</i>	NP	QL (1 tab per 1 day)
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 6 mg</i>	NP	QL (2 tablets per 1 day)
<i>paliperidone er oral tablet extended release 24 hour 9 mg</i>	NP	QL (1 tablets per 1 day)

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	PG	
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG ( <i>risperidone</i> )	NC	
<i>prochlorperazine edisylate injection solution 10 mg/2ml, 50 mg/10ml</i>	PG	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	PG	
<i>prochlorperazine rectal suppository 25 mg</i>	PG	
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg</i>	NP	QL (1 tablet per 1 Day)
<i>quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg</i>	NP	QL (2 tablets per 1 Day)
<i>quetiapine fumarate oral tablet 100 mg, 50 mg</i>	PG	QL (3 tabs per 1 day)
<i>quetiapine fumarate oral tablet 200 mg</i>	PG	QL (4 tabs per 1 day)
<i>quetiapine fumarate oral tablet 25 mg</i>	PG	QL (6 tabs per 1 day)
<i>quetiapine fumarate oral tablet 300 mg, 400 mg</i>	PG	QL (2 tabs per 1 day)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG ( <i>brexipiprazole</i> )	NP	PA; ST; QL (1 tablet per 1 day)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED 12.5 MG, 25 MG, 37.5 MG, 50 MG ( <i>risperidone microspheres</i> )	NP	
RISPERDAL ORAL SOLUTION 1 MG/ML ( <i>risperidone</i> )	NC	
RISPERDAL ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG ( <i>risperidone</i> )	NC	
<i>risperidone (Risperidone M-Tab Oral Tablet Dispersible 0.5 Mg, 1 Mg, 2 Mg)</i>	NP	QL (2 tabs per 1 day)
<i>risperidone oral solution 1 mg/ml</i>	PG	
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	PG	QL (2 tabs per 1 day)
<i>risperidone oral tablet 3 mg</i>	PG	QL (3 tabs per 1 day)
<i>risperidone oral tablet 4 mg</i>	PG	QL (4 tabs per 1 day)
<i>risperidone oral tablet dispersible 0.25 mg</i>	NP	
<i>risperidone oral tablet dispersible 0.5 mg, 1 mg, 2 mg</i>	NP	QL (2 tabs per 1 day)
<i>risperidone oral tablet dispersible 3 mg</i>	NP	QL (3 tabs per 1 day)
<i>risperidone oral tablet dispersible 4 mg</i>	NP	QL (4 tabs per 1 day)
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG, 2.5 MG, 5 MG ( <i>asenapine maleate</i> )	NP	ST; #; QL (2 tablets per 1 day)

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SEROQUEL ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 400 MG, 50 MG ( <i>quetiapine fumarate</i> )	NC	
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 200 MG, 300 MG, 400 MG, 50 MG ( <i>quetiapine fumarate</i> )	NC	
<i>thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	PG	
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	PG	
<i>trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	PG	
VERSACLOZ ORAL SUSPENSION 50 MG/ML ( <i>clozapine</i> )	NC	
VRAYLAR ORAL CAPSULE 1.5 MG ( <i>cariprazine hcl</i> )	NP	PA; ST; QL (4 capsule per 1 day)
VRAYLAR ORAL CAPSULE 3 MG ( <i>cariprazine hcl</i> )	NP	PA; ST; QL (2 capsule per 1 day)
VRAYLAR ORAL CAPSULE 4.5 MG, 6 MG ( <i>cariprazine hcl</i> )	NP	PA; ST; QL (1 capsule per 1 day)
VRAYLAR ORAL CAPSULE THERAPY PACK 1.5 & 3 MG ( <i>cariprazine hcl</i> )	NP	PA; ST
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	PG	QL (2 caps per 1 day)
ZYPREXA INTRAMUSCULAR SOLUTION RECONSTITUTED 10 MG ( <i>olanzapine</i> )	NP	
ZYPREXA ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG, 5 MG, 7.5 MG ( <i>olanzapine</i> )	NC	
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG, 300 MG, 405 MG ( <i>olanzapine pamoate</i> )	NP	
ZYPREXA ZYDIS ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 20 MG, 5 MG ( <i>olanzapine</i> )	NC	
<b>*ANTIRETROVIRALS ADJUVANTS*** - DRUGS THAT ALTER METABOLISM</b>		
TYBOST ORAL TABLET 150 MG ( <i>cobicistat</i> )	NP	QL (1 tablet per 1 day)
<b>*ANTISENSE OLIGONUCLEOTIDE (ASO) INHIBITOR AGENTS*** - HORMONES</b>		
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML ( <i>inotersen sodium</i> )	NPS	PA; NPL; SP Pharmacy; QL (4 injections per 1 month)
<b>*ANTISEPTICS &amp; DISINFECTANTS* - ANTISEPTICS AND DISINFECTANTS</b>		
BUCALSEP EXTERNAL SOLUTION ( <i>antiseptic products, misc.</i> )	NC	

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>chlorhexidine gluconate solution 20 %</i>	NC	
<i>hydrogen peroxide solution 30 %</i>	NC	
<b>*ANTIVIRALS* - DRUGS FOR INFECTIONS</b>		
<i>abacavir sulfate oral solution 20 mg/ml</i>	PG	
<i>abacavir sulfate oral tablet 300 mg</i>	PG	
<i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i>	PG	
<i>abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg</i>	PG	
<i>acyclovir oral capsule 200 mg</i>	PG	LGC
<i>acyclovir oral suspension 200 mg/5ml</i>	PG	
<i>acyclovir oral tablet 400 mg</i>	PG	LGC
<i>acyclovir oral tablet 800 mg</i>	PG	
<i>adefovir dipivoxil oral tablet 10 mg</i>	PG	QL (1 tablet per 1 day)
APTIVUS ORAL CAPSULE 250 MG ( <i>tipranavir</i> )	NP	#
APTIVUS ORAL SOLUTION 100 MG/ML ( <i>tipranavir</i> )	NP	#
<i>atazanavir sulfate oral capsule 150 mg, 300 mg</i>	PG	QL (1 capsule per 1 day)
<i>atazanavir sulfate oral capsule 200 mg</i>	PG	QL (2 capsules per 1 day)
ATRIPLA ORAL TABLET 600-200-300 MG ( <i>efavirenz-emtricitab-tenofovir</i> )	NP	#; QL (1 tablet per 1 day)
BARACLUDE ORAL SOLUTION 0.05 MG/ML ( <i>entecavir</i> )	NPS	SP Pharmacy
BARACLUDE ORAL TABLET 0.5 MG, 1 MG ( <i>entecavir</i> )	NC	
BIKTARVY ORAL TABLET 50-200-25 MG ( <i>bictegravir-emtricitab-tenofov</i> )	NP	PA
CIMDUO ORAL TABLET 300-300 MG ( <i>lamivudine-tenofovir</i> )	NP	QL (1 tablet per 1 Day)
COMBIVIR ORAL TABLET 150-300 MG ( <i>lamivudine-zidovudine</i> )	NC	
COMPLERA ORAL TABLET 200-25-300 MG ( <i>emtricitab-rilpivir-tenofovir</i> )	NP	QL (1 tab per 1 day)
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG ( <i>indinavir sulfate</i> )	NP	
DAKLINZA ORAL TABLET 30 MG, 60 MG, 90 MG ( <i>daclatasvir dihydrochloride</i> )	NPS	PA; ST; SP Pharmacy; QL (1 tablet per 1 day)
DELSTRIGO ORAL TABLET 100-300-300 MG ( <i>doravirin-lamivudin-tenofov df</i> )	NP	PA; QL (1 tablet per 1 day)
DESCOVY ORAL TABLET 200-25 MG ( <i>emtricitabine-tenofovir af</i> )	PB	QL (1 tablet per 1 day)

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>didanosine oral capsule delayed release 200 mg, 250 mg, 400 mg</i>	PG	
DOVATO ORAL TABLET 50-300 MG ( <i>dolutegravir-lamivudine</i> )	NP	QL (2 tablets per 1 day)
EDURANT ORAL TABLET 25 MG ( <i>rilpivirine hcl</i> )	NP	QL (1 tab per 1 day)
<i>efavirenz oral capsule 200 mg, 50 mg</i>	PG	
<i>efavirenz oral tablet 600 mg</i>	PG	
EMTRIVA ORAL CAPSULE 200 MG ( <i>emtricitabine</i> )	NP	QL (1 cap per 1 day)
EMTRIVA ORAL SOLUTION 10 MG/ML ( <i>emtricitabine</i> )	NP	
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	PS	QL (1 tablet per 1 day)
EPIVIR HBV ORAL SOLUTION 5 MG/ML ( <i>lamivudine</i> )	PB	#; SP Pharmacy
EPIVIR HBV ORAL TABLET 100 MG ( <i>lamivudine</i> )	NC	
EPIVIR ORAL SOLUTION 10 MG/ML ( <i>lamivudine</i> )	NC	
EPIVIR ORAL TABLET 150 MG, 300 MG ( <i>lamivudine</i> )	NC	
EPZICOM ORAL TABLET 600-300 MG ( <i>abacavir sulfate-lamivudine</i> )	NC	
EVOTAZ ORAL TABLET 300-150 MG ( <i>atazanavir-cobicistat</i> )	NP	
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	NP	QL (21 tabs per 1 fill)
FLUMADINE ORAL TABLET 100 MG ( <i>rimantadine hcl</i> )	NC	
<i>fosamprenavir calcium oral tablet 700 mg</i>	PG	
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG ( <i>enfuvirtide</i> )	NPS	#; SP Pharmacy
GENVOYA ORAL TABLET 150-150-200-10 MG ( <i>elviteg-cobic-emtricit-tenofaf</i> )	NPS	PA; QL (1 tablet per 1 Day)
HEPSERA ORAL TABLET 10 MG ( <i>adefovir dipivoxil</i> )	NC	
INTELENCE ORAL TABLET 100 MG, 25 MG ( <i>etravirine</i> )	NP	QL (4 tabs per 1 day)
INTELENCE ORAL TABLET 200 MG ( <i>etravirine</i> )	NP	QL (2 tabs per 1 day)
INVIRASE ORAL CAPSULE 200 MG ( <i>saquinavir mesylate</i> )	NP	
INVIRASE ORAL TABLET 500 MG ( <i>saquinavir mesylate</i> )	NP	
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	
ISENTRESS ORAL TABLET 400 MG ( <i>raltegravir potassium</i> )	PB	QL (2 tabs per 1 day)

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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> )	NP	ST; QL (1 tablet per 1 day)
KALETRA ORAL SOLUTION 400-100 MG/5ML ( <i>lopinavir-ritonavir</i> )	NC	
KALETRA ORAL TABLET 100-25 MG, 200-50 MG ( <i>lopinavir-ritonavir</i> )	NP	#
<i>lamivudine oral solution 10 mg/ml</i>	PG	
<i>lamivudine oral tablet 100 mg, 150 mg, 300 mg</i>	PG	
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	PG	
LEXIVA ORAL SUSPENSION 50 MG/ML ( <i>fosamprenavir calcium</i> )	NP	#
LEXIVA ORAL TABLET 700 MG ( <i>fosamprenavir calcium</i> )	NC	
<i>lopinavir-ritonavir oral solution 400-100 mg/5ml</i>	PG	
MODERIBA 1200 DOSE PACK ORAL TABLET 600 MG ( <i>ribavirin</i> )	NP	SP Pharmacy
MODERIBA 800 DOSE PACK ORAL TABLET 400 MG ( <i>ribavirin</i> )	NP	SP Pharmacy
<i>ribavirin (Moderiba Oral Tablet 200 Mg)</i>	PG	SP Pharmacy
<i>nevirapine er oral tablet extended release 24 hour 100 mg</i>	PG	QL (3 tablets per 1 day)
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	PG	QL (1 tab per 1 day)
<i>nevirapine oral tablet 200 mg</i>	PG	
NORVIR ORAL CAPSULE 100 MG ( <i>ritonavir</i> )	NC	#
NORVIR ORAL PACKET 100 MG ( <i>ritonavir</i> )	NP	
NORVIR ORAL SOLUTION 80 MG/ML ( <i>ritonavir</i> )	NP	#
NORVIR ORAL TABLET 100 MG ( <i>ritonavir</i> )	NC	
ODEFSEY ORAL TABLET 200-25-25 MG ( <i>emtricitabine-rilpivir-tenofovir af</i> )	NP	QL (1 tablet per 1 day)
<i>oseltamivir phosphate oral capsule 30 mg, 45 mg, 75 mg</i>	PG	QL (20 capsules per 365 Days)
<i>oseltamivir phosphate oral suspension reconstituted 6 mg/ml</i>	PG	QL (480 MLS per 365 Days)
PEGASYS PROCLICK SUBCUTANEOUS SOLUTION 135 MCG/0.5ML, 180 MCG/0.5ML ( <i>peginterferon alfa-2a</i> )	PB	PA; SP Pharmacy
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/0.5ML, 180 MCG/ML ( <i>peginterferon alfa-2a</i> )	PB	PA; SP Pharmacy

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PIFELTRO ORAL TABLET 100 MG ( <i>doravirine</i> )	NP	
PREVYMIS ORAL TABLET 240 MG, 480 MG ( <i>letermovir</i> )	NC	
PREZCOBIX ORAL TABLET 800-150 MG ( <i>darunavir-cobicistat</i> )	NP	
PREZISTA ORAL SUSPENSION 100 MG/ML ( <i>darunavir ethanolate</i> )	NP	QL (2 bottles per 30 days)
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG ( <i>darunavir ethanolate</i> )	NP	QL (2 tabs per 1 day)
PREZISTA ORAL TABLET 800 MG ( <i>darunavir ethanolate</i> )	NP	QL (1 tab per 1 day)
REBETOL ORAL CAPSULE 200 MG ( <i>ribavirin</i> )	NC	
REBETOL ORAL SOLUTION 40 MG/ML ( <i>ribavirin</i> )	PB	SP Pharmacy
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/BLISTER ( <i>zanamivir</i> )	NP	QL (20 inhalations per 1 fill)
RESCRIPTOR ORAL TABLET 100 MG, 200 MG ( <i>delavirdine mesylate</i> )	NP	
RETROVIR ORAL CAPSULE 100 MG ( <i>zidovudine</i> )	NC	
RETROVIR ORAL SYRUP 50 MG/5ML ( <i>zidovudine</i> )	NC	
REYATAZ ORAL CAPSULE 150 MG, 200 MG, 300 MG ( <i>atazanavir sulfate</i> )	NC	
REYATAZ ORAL PACKET 50 MG ( <i>atazanavir sulfate</i> )	NP	#
<i>ribavirin</i> (Ribasphere Oral Capsule 200 Mg)	PG	SP Pharmacy
<i>ribavirin</i> (Ribasphere Oral Tablet 200 Mg)	PG	SP Pharmacy
<i>ribasphere oral tablet 400 mg, 600 mg</i>	NP	SP Pharmacy
RIBASPHERE RIBAPAK ORAL TABLET 400 MG, 600 MG ( <i>ribavirin</i> )	NP	SP Pharmacy
<i>ribavirin oral capsule 200 mg</i>	PG	SP Pharmacy
<i>ribavirin oral tablet 200 mg</i>	PG	SP Pharmacy
<i>rimantadine hcl oral tablet 100 mg</i>	NP	
<i>ritonavir oral tablet 100 mg</i>	PG	
SELZENTRY ORAL SOLUTION 20 MG/ML ( <i>maraviroc</i> )	NP	QL (8 bottles per 1 month)
SELZENTRY ORAL TABLET 150 MG ( <i>maraviroc</i> )	NP	QL (2 tabs per 1 day)
SELZENTRY ORAL TABLET 25 MG ( <i>maraviroc</i> )	NP	QL (8 tablets per 1 Day)
SELZENTRY ORAL TABLET 300 MG ( <i>maraviroc</i> )	NP	
SELZENTRY ORAL TABLET 75 MG ( <i>maraviroc</i> )	NP	QL (2 tablets per 1 Day)
SITAVIG BUCCAL TABLET 50 MG ( <i>acyclovir</i> )	NC	

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SOVALDI ORAL TABLET 400 MG ( <i>sofosbuvir</i> )	PS	PA; SP Pharmacy; QL (1 tab per 1 day)
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>	PG	
STRIBILD ORAL TABLET 150-150-200-300 MG ( <i>elviteg-cobic-emtricit-tenofdf</i> )	NPS	PA; QL (1 tab per 1 day)
SUSTIVA ORAL CAPSULE 200 MG, 50 MG ( <i>efavirenz</i> )	NC	
SUSTIVA ORAL TABLET 600 MG ( <i>efavirenz</i> )	NC	
SYMFI LO ORAL TABLET 400-300-300 MG ( <i>efavirenz-lamivudine-tenofovir</i> )	NP	#
SYMFI ORAL TABLET 600-300-300 MG ( <i>efavirenz-lamivudine-tenofovir</i> )	NP	#
SYMTUZA ORAL TABLET 800-150-200-10 MG ( <i>darun-cobic-emtricit-tenofaf</i> )	NP	PA
TAMIFLU ORAL CAPSULE 30 MG, 45 MG, 75 MG ( <i>oseltamivir phosphate</i> )	NC	
TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML ( <i>oseltamivir phosphate</i> )	NC	
TEMIXYS ORAL TABLET 300-300 MG ( <i>lamivudine-tenofovir</i> )	NP	QL (1 tablet per 1 day)
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	PG	QL (1 tablet per 1 day)
TIVICAY ORAL TABLET 10 MG, 25 MG ( <i>dolutegravir sodium</i> )	PB	QL (2 tablets per 1 day)
TIVICAY ORAL TABLET 50 MG ( <i>dolutegravir sodium</i> )	PB	QL (2 tabs 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> )	NC	
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG ( <i>emtricitabine-tenofovir df</i> )	NP	
TRUVADA ORAL TABLET 200-300 MG ( <i>emtricitabine-tenofovir df</i> )	NP	#
<i>valacyclovir hcl oral tablet 1 gm, 500 mg</i>	PG	
VALCYTE ORAL TABLET 450 MG ( <i>valganciclovir hcl</i> )	NC	
<i>valganciclovir hcl oral solution reconstituted 50 mg/ml</i>	PS	PA; SP Pharmacy; QL (1000 milliliters per 30 days)
<i>valganciclovir hcl oral tablet 450 mg</i>	PS	PA; SP Pharmacy; QL (102 tablets per 30 days)

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

100

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VALTREX ORAL TABLET 1 GM, 500 MG ( <i>valacyclovir hcl</i> )	NC	
VEMLIDY ORAL TABLET 25 MG ( <i>tenofovir alafenamide fumarate</i> )	NPS	PA; SP Pharmacy; QL (1 tablet per 1 day)
VIDEX EC ORAL CAPSULE DELAYED RELEASE 125 MG, 200 MG, 250 MG, 400 MG ( <i>didanosine</i> )	NC	
VIDEX ORAL SOLUTION RECONSTITUTED 2 GM, 4 GM ( <i>didanosine</i> )	NP	
VIRACEPT ORAL TABLET 250 MG, 625 MG ( <i>nelfinavir mesylate</i> )	NP	
VIRAMUNE ORAL SUSPENSION 50 MG/5ML ( <i>nevirapine</i> )	NC	
VIRAMUNE ORAL TABLET 200 MG ( <i>nevirapine</i> )	NC	
VIRAMUNE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 400 MG ( <i>nevirapine</i> )	NC	
VIREAD ORAL POWDER 40 MG/GM ( <i>tenofovir disoproxil fumarate</i> )	NP	#
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG ( <i>tenofovir disoproxil fumarate</i> )	NP	#; QL (1 tab per 1 day)
VIREAD ORAL TABLET 300 MG ( <i>tenofovir disoproxil fumarate</i> )	NC	
ZERIT ORAL CAPSULE 15 MG, 20 MG, 30 MG, 40 MG ( <i>stavudine</i> )	NC	
ZERIT ORAL SOLUTION RECONSTITUTED 1 MG/ML ( <i>stavudine</i> )	NC	
ZIAGEN ORAL SOLUTION 20 MG/ML ( <i>abacavir sulfate</i> )	NC	
ZIAGEN ORAL TABLET 300 MG ( <i>abacavir sulfate</i> )	NC	
<i>zidovudine oral capsule 100 mg</i>	PG	
<i>zidovudine oral syrup 50 mg/5ml</i>	PG	
<i>zidovudine oral tablet 300 mg</i>	PG	
ZOVIRAX ORAL CAPSULE 200 MG ( <i>acyclovir</i> )	NC	
ZOVIRAX ORAL SUSPENSION 200 MG/5ML ( <i>acyclovir</i> )	NC	
ZOVIRAX ORAL TABLET 400 MG, 800 MG ( <i>acyclovir</i> )	NC	

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>*ANTI-VON WILLEBRAND FACTOR AGENTS*** - DRUGS FOR THE BLOOD</b>		
CABLIVI INJECTION KIT 11 MG ( <i>caplacizumab-yhdp</i> )	NPS	PA; NPL; SP Pharmacy; QL (1 vial per day, 2 courses (58 day supply) per 1 lifetime)
<b>*ASSORTED CLASSES* - VITAMINS AND MINERALS</b>		
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 5 MG ( <i>tacrolimus</i> )	NC	#
AZASAN ORAL TABLET 100 MG, 75 MG ( <i>azathioprine</i> )	NPS	
<i>azathioprine oral tablet 50 mg</i>	PG	
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML ( <i>belimumab</i> )	NPS	PA; ST; SP Pharmacy; QL (4 injections per 1 month)
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML ( <i>belimumab</i> )	NPS	PA; ST; SP Pharmacy; QL (4 injections per 1 month)
CELLCEPT ORAL CAPSULE 250 MG ( <i>mycophenolate mofetil</i> )	NC	
CELLCEPT ORAL TABLET 500 MG ( <i>mycophenolate mofetil</i> )	NC	
CUPRIMINE ORAL CAPSULE 250 MG ( <i>penicillamine</i> )	NC	
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	PG	
<i>cyclosporine modified oral solution 100 mg/ml</i>	PG	SP Pharmacy
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	PG	
DEPEN TITRATABS ORAL TABLET 250 MG ( <i>penicillamine</i> )	PS	PA; SP Pharmacy
<i>d-penammine oral tablet 125 mg</i>	PS	PA; SP Pharmacy
ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.75 MG, 1 MG, 4 MG ( <i>tacrolimus</i> )	NC	
<i>cyclosporine modified</i> (Gengraf Oral Capsule 100 Mg, 25 Mg)	PG	SP Pharmacy
<i>cyclosporine modified</i> (Gengraf Oral Solution 100 Mg/ML)	PG	SP Pharmacy
IMURAN ORAL TABLET 50 MG ( <i>azathioprine</i> )	NC	
<i>sodium polystyrene sulfonate</i> (Kionex Oral Suspension 15 Gm/60ML)	PG	
LOKELMA ORAL PACKET 10 GM, 5 GM ( <i>sodium zirconium cyclosilicate</i> )	NC	
<i>mycophenolate mofetil oral capsule 250 mg</i>	PG	
<i>mycophenolate mofetil oral suspension reconstituted 200 mg/ml</i>	PG	
<i>mycophenolate mofetil oral tablet 500 mg</i>	PG	

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>mycophenolate sodium oral tablet delayed release 180 mg, 360 mg</i>	PG	
MYFORTIC ORAL TABLET DELAYED RELEASE 180 MG, 360 MG ( <i>mycophenolate sodium</i> )	NC	
NEORAL ORAL CAPSULE 100 MG, 25 MG ( <i>cyclosporine modified</i> )	NC	
NEORAL ORAL SOLUTION 100 MG/ML ( <i>cyclosporine modified</i> )	NC	
<i>penicillamine oral capsule 250 mg</i>	PS	PA; SP Pharmacy
<i>irrigation solns physiological</i> (Physiolyte Irrigation Solution)	NP	
<i>irrigation solns physiological</i> (Physiosol Irrigation Irrigation Solution)	NP	
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG ( <i>tacrolimus</i> )	NC	
PROGRAF ORAL PACKET 0.2 MG, 1 MG ( <i>tacrolimus</i> )	NC	
RAPAMUNE ORAL SOLUTION 1 MG/ML ( <i>sirolimus</i> )	NPS	SP Pharmacy
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG ( <i>lenalidomide</i> )	NPS	PA; #; SP Pharmacy; QL (1 cap per 1 day)
<i>ringers irrigation irrigation solution</i>	NP	
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG ( <i>cyclosporine</i> )	NC	
SANDIMMUNE ORAL SOLUTION 100 MG/ML ( <i>cyclosporine</i> )	NC	
<i>sirolimus oral solution 1 mg/ml</i>	PS	SP Pharmacy
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	PG	
<i>skin tag remover external liquid</i>	NC	
<i>sodium polystyrene sulfonate oral powder</i>	PG	
<i>sodium polystyrene sulfonate oral suspension 15 gm/60ml</i>	PG	
<i>sodium polystyrene sulfonate rectal suspension 30 gm/120ml, 50 gm/200ml</i>	PG	
<i>sodium polystyrene sulfonate</i> (Sps Oral Suspension 15 Gm/60Ml)	PG	
SYPRINE ORAL CAPSULE 250 MG ( <i>trientine hcl</i> )	NC	
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	PG	
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG ( <i>thalidomide</i> )	PB	PA; #; SP Pharmacy

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
THYMOGLOBULIN INTRAVENOUS SOLUTION RECONSTITUTED 25 MG ( <i>anti-thymocyte glob (rabbit)</i> )	NPS	SP Pharmacy
<i>ringers irrigation (Tis-U-Sol Irrigation Solution)</i>	NP	
<i>trientine hcl oral capsule 250 mg</i>	PS	PA; SP Pharmacy
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM ( <i>patiromer sorbitex calcium</i> )	NP	PA; QL (1 packet per 1 day)
XIAFLEX INJECTION SOLUTION RECONSTITUTED 0.9 MG ( <i>collagenase clostrid histolyt</i> )	NPS	PA; SP Pharmacy
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG ( <i>everolimus</i> )	NPS	#
ZORTRESS ORAL TABLET 1 MG ( <i>everolimus</i> )	NPS	#; SP Pharmacy
<b>*ATOPIC DERMATITIS - MONOCLONAL ANTIBODIES*** - DRUGS FOR THE LUNGS</b>		
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML ( <i>dupilumab</i> )	NC	
<b>*BETA BLOCKER &amp; ANGIOTENSIN II RECEPTOR ANTAGONIST COMB*** - DRUGS FOR THE HEART</b>		
BYVALSON ORAL TABLET 5-80 MG ( <i>nebivolol-valsartan</i> )	NC	
<b>*BETA BLOCKERS* - DRUGS FOR THE HEART</b>		
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>	PG	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	PG	LGC
ATENOLOL+SYRSPEND SF PH4 ORAL SUSPENSION 1 MG/ML ( <i>atenolol</i> )	NC	
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG ( <i>sotalol hcl af</i> )	NC	
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG ( <i>sotalol hcl</i> )	NC	
<i>betaxolol hcl oral tablet 10 mg, 20 mg</i>	PG	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	PG	LGC
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 5 MG ( <i>nebivolol hcl</i> )	NP	QL (1 tab per 1 day)
BYSTOLIC ORAL TABLET 20 MG ( <i>nebivolol hcl</i> )	NP	QL (2 tabs per 1 day)
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	PG	LGC
<i>carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg</i>	PG	ST; 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> )	NC	

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

104

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

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>sotalol hcl (af) oral tablet 120 mg</i>	PG	LGC
<i>sotalol hcl (af) oral tablet 160 mg, 80 mg</i>	PG	
<i>sotalol hcl oral tablet 120 mg, 80 mg</i>	PG	LGC
<i>sotalol hcl oral tablet 160 mg, 240 mg</i>	PG	
SOTYLIZE ORAL SOLUTION 5 MG/ML ( <i>sotalol hcl</i> )	NC	
TENORMIN ORAL TABLET 100 MG, 25 MG, 50 MG ( <i>atenolol</i> )	NC	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	NP	
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 50 MG ( <i>metoprolol succinate</i> )	NC	
<b>*BIGUANIDE-DIABETIC SUPPLIES COMBINATIONS*** - HORMONES</b>		
D-CARE DM2 COMBINATION KIT 500 MG ( <i>metformin hcl-diagnostic test</i> )	NC	
<b>*BILE ACID SYNTHESIS DISORDER AGENTS*** - DRUGS FOR THE STOMACH</b>		
CHOLBAM ORAL CAPSULE 250 MG, 50 MG ( <i>cholic acid</i> )	NC	
<b>*BIOLOGICALS MISC* - BIOLOGICAL AGENTS</b>		
ADAGEN INTRAMUSCULAR SOLUTION 250 UNIT/ML ( <i>pegademase bovine</i> )	NPS	PA; SP Pharmacy
GRASTEK SUBLINGUAL TABLET SUBLINGUAL 2800 BAU ( <i>timothy grass pollen allergen</i> )	NP	PA; ST
<b>*BULK CHEMICALS - NY*** - DRUGS FOR INFECTIONS</b>		
<i>nystatin powder</i>	PG	
<b>*CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG*** - DRUGS FOR THE NERVOUS SYSTEM</b>		
AIMOVIG (140 MG DOSE) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 70 MG/ML ( <i>erenumab-aooe</i> )	NP	PA; ST; QL (2 pens per 1 month)
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML ( <i>erenumab-aooe</i> )	NP	PA; ST; QL (1 pen per 1 month)
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 70 MG/ML ( <i>erenumab-aooe</i> )	NP	PA; ST; QL (2 pens per 1 month)
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 225 MG/1.5ML ( <i>fremanezumab-vfrm</i> )	NP	PA; ST; QL (1 injection per 1 month)

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

106

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML ( <i>galcanezumab-gnlm</i> )	NC	
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML ( <i>galcanezumab-gnlm</i> )	NP	PA; ST; QL (1 injection per 1 month)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML ( <i>galcanezumab-gnlm</i> )	NP	PA; ST; QL (1 injection per 1 month)
<b>*CALCIUM CHANNEL BLOCKERS* - DRUGS FOR THE HEART</b>		
ADALAT CC ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 60 MG, 90 MG ( <i>nifedipine</i> )	NC	
<i>nifedipine</i> (Afeditab Cr Oral Tablet Extended Release 24 Hour 30 Mg)	PG	QL (1 tab per 1 day)
<i>nifedipine</i> (Afeditab Cr Oral Tablet Extended Release 24 Hour 60 Mg)	PG	QL (2 tabs per 1 day)
AMLODIPINE BES+SYRSPEND SF ORAL SUSPENSION 1 MG/ML ( <i>amlodipine besylate</i> )	NC	
<i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>	PG	LGC
CALAN ORAL TABLET 120 MG, 80 MG ( <i>verapamil hcl</i> )	NC	
CALAN SR ORAL TABLET EXTENDED RELEASE 120 MG, 180 MG, 240 MG ( <i>verapamil hcl</i> )	NC	
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 360 MG ( <i>diltiazem hcl coated beads</i> )	NC	
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> )	NC	
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG ( <i>diltiazem hcl</i> )	NC	
<i>diltiazem hcl coated beads</i> (Cartia Xt Oral Capsule Extended Release 24 Hour 120 Mg, 180 Mg, 300 Mg)	PG	QL (1 cap per 1 day)
<i>diltiazem hcl coated beads</i> (Cartia Xt Oral Capsule Extended Release 24 Hour 240 Mg)	PG	QL (2 caps per 1 day)
<i>diltiazem cd oral capsule extended release 24 hour 120 mg, 180 mg, 300 mg</i>	PG	QL (1 capsule per 1 day)
<i>diltiazem cd oral capsule extended release 24 hour 240 mg</i>	PG	QL (2 capsules per 1 day)
<i>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 300 mg, 360 mg</i>	PG	QL (1 cap per 1 day)

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>diltiazem hcl er beads oral capsule extended release 24 hour 240 mg</i>	PG	QL (2 caps per 1 day)
<i>diltiazem hcl er beads oral capsule extended release 24 hour 420 mg</i>	PG	QL (1 capsule per 1 day)
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 300 mg, 360 mg</i>	PG	QL (1 cap per 1 day)
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 240 mg</i>	PG	QL (2 cap per 1 day)
<i>diltiazem hcl er coated beads oral tablet extended release 24 hour 180 mg, 300 mg, 360 mg</i>	PG	QL (1 tablet per 1 day)
<i>diltiazem hcl er coated beads oral tablet extended release 24 hour 240 mg</i>	PG	QL (2 tablets per 1 day)
<i>diltiazem hcl er coated beads oral tablet extended release 24 hour 420 mg</i>	PG	
<i>diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i>	PG	
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg</i>	PG	
<i>diltiazem hcl er oral capsule extended release 24 hour 240 mg</i>	PG	QL (2 cap per 1 day)
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	PG	LGC
<i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg</i>	PG	
<i>dilt-xr oral capsule extended release 24 hour 240 mg</i>	PG	QL (2 capsules per 1 day)
<i>felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	PG	QL (1 tab per 1 day)
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	PG	
<b>KATERZIA ORAL SUSPENSION 1 MG/ML (amlodipine benzoate)</b>	NC	
<i>diltiazem hcl coated beads (Matzim La Oral Tablet Extended Release 24 Hour 180 Mg, 300 Mg, 360 Mg)</i>	PG	QL (1 tab per 1 day)
<i>diltiazem hcl coated beads (Matzim La Oral Tablet Extended Release 24 Hour 240 Mg)</i>	PG	QL (2 tab per 1 day)
<i>diltiazem hcl coated beads (Matzim La Oral Tablet Extended Release 24 Hour 420 Mg)</i>	PG	
<i>nicardipine hcl oral capsule 20 mg, 30 mg</i>	NP	
<i>nifedipine (Nifedical XI Oral Tablet Extended Release 24 Hour 60 Mg)</i>	PG	QL (2 tabs per 1 day)
<i>nifedipine er oral tablet extended release 24 hour 30 mg, 90 mg</i>	PG	QL (1 tab per 1 day)

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>nifedipine er oral tablet extended release 24 hour 60 mg</i>	PG	QL (2 tabs per 1 day)
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 90 mg</i>	PG	QL (1 tab per 1 day)
<i>nifedipine er osmotic release oral tablet extended release 24 hour 60 mg</i>	PG	QL (2 tabs per 1 day)
<i>nifedipine oral capsule 10 mg, 20 mg</i>	PG	
<i>nimodipine oral capsule 30 mg</i>	NP	
<i>nisoldipine er oral tablet extended release 24 hour 17 mg, 20 mg, 34 mg, 40 mg, 8.5 mg</i>	PG	QL (1 tab per 1 day)
<i>nisoldipine er oral tablet extended release 24 hour 25.5 mg</i>	PG	
<i>nisoldipine er oral tablet extended release 24 hour 30 mg</i>	PG	QL (2 tabs per 1 day)
NORVASC ORAL TABLET 10 MG, 2.5 MG, 5 MG ( <i>amlodipine besylate</i> )	NC	
NYMALIZE ORAL SOLUTION 60 MG/20ML ( <i>nimodipine</i> )	NC	#
PROCARDIA ORAL CAPSULE 10 MG ( <i>nifedipine</i> )	NC	
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 60 MG, 90 MG ( <i>nifedipine</i> )	NC	
SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 34 MG, 8.5 MG ( <i>nisoldipine</i> )	NC	
<i>diltiazem hcl er beads</i> (Taztia Xt Oral Capsule Extended Release 24 Hour 120 Mg, 180 Mg, 300 Mg, 360 Mg)	PG	QL (1 cap per 1 day)
<i>diltiazem hcl er beads</i> (Taztia Xt Oral Capsule Extended Release 24 Hour 240 Mg)	PG	QL (2 caps per 1 day)
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> )	NC	
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 300 mg</i>	PG	QL (1 cap per 1 day)
<i>verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg</i>	PG	
<i>verapamil hcl er oral capsule extended release 24 hour 200 mg</i>	PG	QL (2 caps per 1 day)
<i>verapamil hcl er oral tablet extended release 120 mg</i>	PG	LGC
<i>verapamil hcl er oral tablet extended release 180 mg, 240 mg</i>	PG	
<i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>	PG	LGC
VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 360 MG ( <i>verapamil hcl</i> )	NC	

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG ( <i>verapamil hcl</i> )	NC	
<b>*CARDIOTONICS* - DRUGS FOR THE HEART</b>		
<i>digoxin</i> (Digitek Oral Tablet 125 Mcg, 250 Mcg)	PG	
<i>digoxin</i> (Digox Oral Tablet 125 Mcg, 250 Mcg)	PG	
<i>digoxin oral solution 0.05 mg/ml</i>	NP	
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	PG	
LANOXIN ORAL TABLET 125 MCG, 187.5 MCG, 250 MCG, 62.5 MCG ( <i>digoxin</i> )	NC	
<b>*CARDIOVASCULAR AGENTS - MISC.* - DRUGS FOR THE HEART</b>		
ADCIRCA ORAL TABLET 20 MG ( <i>tadalafil (pah)</i> )	NPS	PA; ST; SP Pharmacy; QL (2 tabs per 1 day)
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG ( <i>riociguat</i> )	NPS	PA; ST; SP Pharmacy; QL (3 tabs per 1 day)
<i>tadalafil (pah)</i> (Alyq Oral Tablet 20 Mg)	PS	PA; NPL; SP Pharmacy; QL (2 tablets per 1 day)
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	PS	PA; NPL; SP Pharmacy
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	NC	
BIDIL ORAL TABLET 20-37.5 MG ( <i>isosorb dinitrate-hydralazine</i> )	NP	#
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	PS	PA; NPL; SP Pharmacy
CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG ( <i>amlodipine-atorvastatin</i> )	NC	
<i>epoprostenol sodium intravenous solution reconstituted 0.5 mg, 1.5 mg</i>	PG	PA; SP Pharmacy
FLOLAN INTRAVENOUS SOLUTION RECONSTITUTED 0.5 MG, 1.5 MG ( <i>epoprostenol sodium</i> )	NC	
LETAIRIS ORAL TABLET 10 MG, 5 MG ( <i>ambrisentan</i> )	PS	PA; SP Pharmacy
OPSUMIT ORAL TABLET 10 MG ( <i>macitentan</i> )	PS	PA; SP Pharmacy; QL (2 tablets per 1 day)
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG ( <i>treprostinil diolamine</i> )	NPS	PA; SP Pharmacy

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

110

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
REMODULIN INJECTION SOLUTION 1 MG/ML, 10 MG/ML, 2.5 MG/ML, 5 MG/ML ( <i>treprostinil sodium</i> )	NPS	PA; #; SP Pharmacy
REVATIO ORAL SUSPENSION RECONSTITUTED 10 MG/ML ( <i>sildenafil citrate</i> )	NC	#
REVATIO ORAL TABLET 20 MG ( <i>sildenafil citrate</i> )	NC	
<i>sildenafil citrate oral tablet 20 mg</i>	PG	PA; SP Pharmacy; QL (3 tabs per 1 day)
<i>tadalafil (pah) oral tablet 20 mg</i>	PS	PA; SP Pharmacy; QL (2 tablets per 1 day)
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	PG	PA; QL (1 tablet per 1 day)
TRACLEER ORAL TABLET 125 MG, 62.5 MG ( <i>bosentan</i> )	NC	
TRACLEER ORAL TABLET SOLUBLE 32 MG ( <i>bosentan</i> )	NC	
<i>treprostinil injection solution 100 mg/20ml, 20 mg/20ml, 200 mg/20ml, 50 mg/20ml</i>	PS	PA; NPL; SP Pharmacy
TYVASO INHALATION SOLUTION 0.6 MG/ML ( <i>treprostinil</i> )	NC	
TYVASO REFILL INHALATION SOLUTION 0.6 MG/ML ( <i>treprostinil</i> )	NC	
TYVASO STARTER INHALATION SOLUTION 0.6 MG/ML ( <i>treprostinil</i> )	NC	
VELETRI INTRAVENOUS SOLUTION RECONSTITUTED 0.5 MG, 1.5 MG ( <i>epoprostenol sodium</i> )	NC	#
VENTAVIS INHALATION SOLUTION 10 MCG/ML, 20 MCG/ML ( <i>iloprost</i> )	NPS	PA; SP Pharmacy
<b>*CEPHALOSPORINS* - DRUGS FOR INFECTIONS</b>		
<i>cefaclor er oral tablet extended release 12 hour 500 mg</i>	PG	
<i>cefaclor oral capsule 250 mg, 500 mg</i>	PG	
<i>cefaclor oral suspension reconstituted 125 mg/5ml, 250 mg/5ml, 375 mg/5ml</i>	NP	
<i>cefadroxil oral capsule 500 mg</i>	PG	
<i>cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml</i>	PG	
<i>cefadroxil oral tablet 1 gm</i>	PG	
<i>cefдинir oral capsule 300 mg</i>	PG	
<i>cefдинir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	PG	
<i>cefditoren pivoxil oral tablet 200 mg, 400 mg</i>	NP	
<i>cefixime oral capsule 400 mg</i>	NP	

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	NP	
<i>cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml</i>	NP	
<i>cefpodoxime proxetil oral tablet 100 mg, 200 mg</i>	NP	
<i>cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	PG	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	PG	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	PG	
<i>cephalexin oral capsule 250 mg, 500 mg, 750 mg</i>	PG	
<i>cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	PG	
<i>cephalexin oral tablet 250 mg, 500 mg</i>	PG	
DAXBIA ORAL CAPSULE 333 MG ( <i>cephalexin</i> )	NC	
KEFLEX ORAL CAPSULE 250 MG, 500 MG, 750 MG ( <i>cephalexin</i> )	NC	
SPECTRACEF ORAL TABLET 400 MG ( <i>cefditoren pivoxil</i> )	NC	
SUPRAX ORAL CAPSULE 400 MG ( <i>cefixime</i> )	NP	
SUPRAX ORAL SUSPENSION RECONSTITUTED 100 MG/5ML, 200 MG/5ML, 500 MG/5ML ( <i>cefixime</i> )	NC	
SUPRAX ORAL TABLET CHEWABLE 100 MG, 200 MG ( <i>cefixime</i> )	NP	#
<b>*CHEMICALS*</b>		
<i>arnica liquid</i>	NC	
<i>thioguanine powder</i>	PG	
<b>*CIC AGENTS - GUANYLATE CYCLASE-C (GC-C) AGONISTS*** - DRUGS FOR THE STOMACH</b>		
TRULANCE ORAL TABLET 3 MG ( <i>plecanatide</i> )	NC	
<b>*CONTRACEPTIVES* - DRUGS FOR WOMEN</b>		
<i>levonorgestrel-ethinyl estrad (Afirmelle Oral Tablet 0.1-20 Mg-Mcg)</i>	CE	N2 (PG)
AFTERA ORAL TABLET 1.5 MG ( <i>levonorgestrel</i> )	CE	N2 (Not Covered)
<i>levonorgestrel-ethinyl estrad (Altavera Oral Tablet 0.15-30 Mg-Mcg)</i>	CE	N2 (PG)
<i>alyacen 1/35 oral tablet 1-35 mg-mcg</i>	CE	N2 (PG)
<i>alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	CE	N2 (PG)
<i>levonorgest-eth estrad 91-day (Amethia Lo Oral Tablet 0.1-0.02 &amp; 0.01 Mg)</i>	CE	N2 (PG)

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

112

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>levonorgest-eth estrad 91-day</i> (Amethia Oral Tablet 0.15-0.03 &0.01 Mg)	CE	N2 (PG)
ANNOVERA VAGINAL RING 0.013-0.15 MG/24HR ( <i>segesterone-ethinyl estradiol</i> )	CE	N2 (NC); QL (1 ring per 365 days)
<i>desogestrel-ethinyl estradiol</i> (Apri Oral Tablet 0.15-30 Mg-Mcg)	CE	N2 (PG)
<i>norethin-eth estrad triphasic</i> (Aranelle Oral Tablet 0.5/1/0.5-35 Mg-Mcg)	CE	N2 (PG)
<i>levonorgest-eth estrad 91-day</i> (Ashlyna Oral Tablet 0.15-0.03 &0.01 Mg)	CE	N2 (PG)
<i>levonorgestrel-ethinyl estrad</i> (Aubra Eq Oral Tablet 0.1-20 Mg-Mcg)	CE	N2 (PG)
<i>levonorgestrel-ethinyl estrad</i> (Aubra Oral Tablet 0.1-20 Mg-Mcg)	CE	N2 (PG)
<i>norethindrone acet-ethinyl est</i> (Aurovela 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N2 (PG)
<i>norethindrone acet-ethinyl est</i> (Aurovela 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N2 (PG)
<i>norethin ace-eth estrad-fe</i> (Aurovela 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	CE	N2 (PG)
<i>norethin ace-eth estrad-fe</i> (Aurovela Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N2 (PG)
<i>levonorgestrel-ethinyl estrad</i> (Aviane Oral Tablet 0.1-20 Mg-Mcg)	CE	N2 (PG)
<i>levonorgestrel-ethinyl estrad</i> (Ayuna Oral Tablet 0.15-30 Mg-Mcg)	CE	N2 (PG)
<i>desogestrel-ethinyl estradiol</i> (Azurette Oral Tablet 0.15-0.02/0.01 Mg (21/5))	CE	N2 (PG)
BALCOLTRA ORAL TABLET 0.1-20 MG-MCG(21) ( <i>levonorgest-eth estrad-fe bisg</i> )	NP	
<i>norethindrone-eth estradiol</i> (Balziva Oral Tablet 0.4-35 Mg-Mcg)	CE	N2 (PG)
<i>desogestrel-ethinyl estradiol</i> (Bekyree Oral Tablet 0.15-0.02/0.01 Mg (21/5))	CE	N2 (PG)
BEYAZ ORAL TABLET 3-0.02-0.451 MG ( <i>drospiren-eth estrad-levomefol</i> )	NP	
<i>norethin ace-eth estrad-fe</i> (Blisovi 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	CE	N2 (PG)

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>norethin ace-eth estrad-fe</i> (Blisovi Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N2 (PG)
<i>norethin ace-eth estrad-fe</i> (Blisovi Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N2 (PG)
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	CE	N2 (PG)
<i>norethindrone</i> (Camila Oral Tablet 0.35 Mg)	CE	N2 (PG)
<i>levonorgest-eth estrad 91-day</i> (Camrese Lo Oral Tablet 0.1-0.02 & 0.01 Mg)	CE	N2 (PG)
<i>levonorgest-eth estrad 91-day</i> (Camrese Oral Tablet 0.15-0.03 &0.01 Mg)	CE	N2 (PG)
<i>desogestrel-ethinyl estradiol</i> (Caziant Oral Tablet 0.1/0.125/0.15 -0.025 Mg)	CE	N2 (PG)
<i>desogestrel-ethinyl estradiol</i> (Cesia Oral Tablet 0.1/0.125/0.15 - 0.025 Mg)	CE	N2 (PG)
<i>levonorgestrel-ethinyl estrad</i> (Chateal Eq Oral Tablet 0.15-30 Mg-Mcg)	CE	N2 (PG)
<i>levonorgestrel-ethinyl estrad</i> (Chateal Oral Tablet 0.15-30 Mg-Mcg)	CE	N2 (PG)
<i>norgestrel-ethinyl estradiol</i> (Cryselle-28 Oral Tablet 0.3-30 Mg-Mcg)	CE	N2 (PG)
<i>norethindrone-eth estradiol</i> (Cyclafem 1/35 Oral Tablet 1-35 Mg-Mcg)	CE	N2 (PG)
<i>norethin-eth estrad triphasic</i> (Cyclafem 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	CE	N2 (PG)
<i>desogestrel-ethinyl estradiol</i> (Cyred Oral Tablet 0.15-30 Mg-Mcg)	CE	N2 (PG)
<i>norethindrone-eth estradiol</i> (Dasetta 1/35 Oral Tablet 1-35 Mg-Mcg)	CE	N2 (PG)
<i>norethin-eth estrad triphasic</i> (Dasetta 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	CE	N2 (PG)
<i>levonorgest-eth estrad 91-day</i> (Daysee Oral Tablet 0.15-0.03 &0.01 Mg)	CE	N2 (PG)
<i>norethindrone</i> (Deblitane Oral Tablet 0.35 Mg)	CE	N2 (PG)
<i>levonorgestrel-ethinyl estrad</i> (Delyla Oral Tablet 0.1-20 Mg-Mcg)	CE	N2 (PG)
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5), 0.15-30 mg-mcg</i>	CE	N2 (PG)
<i>drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg</i>	CE	N2 (PG)

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

114

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	CE	N2 (PG)
ECONTRA EZ ORAL TABLET 1.5 MG ( <i>levonorgestrel</i> )	CE	N2 (Not Covered)
<i>norgestrel-ethinyl estradiol</i> (Elinest Oral Tablet 0.3-30 Mg-Mcg)	CE	N2 (PG)
ELLA ORAL TABLET 30 MG ( <i>ulipristal acetate</i> )	CE	#; N2 (NP)
<i>desogestrel-ethinyl estradiol</i> (Emoquette Oral Tablet 0.15-30 Mg-Mcg)	CE	N2 (PG)
<i>levonorg-eth estrad triphasic</i> (Enpresse-28 Oral Tablet 50-30/75-40/ 125-30 Mcg)	CE	N2 (PG)
<i>desogestrel-ethinyl estradiol</i> (Enskyce Oral Tablet 0.15-30 Mg-Mcg)	CE	N2 (PG)
<i>norethindrone</i> (Errin Oral Tablet 0.35 Mg)	CE	N2 (PG)
<i>norgestimate-eth estradiol</i> (Estarylla Oral Tablet 0.25-35 Mg-Mcg)	CE	N2 (PG)
<i>ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg</i>	CE	N2 (PG)
FALESSA ORAL KIT 20-1-0.1 MCG-MG ( <i>levonorgestrel-eth estrad &amp; fa</i> )	NP	
<i>levonorgestrel-ethinyl estrad</i> (Falmina Oral Tablet 0.1-20 Mg-Mcg)	CE	N2 (PG)
<i>levonorgest-eth estrad 91-day</i> (Fayosim Oral Tablet 42-21-21-7 Days)	CE	N2 (PG)
<i>norgestimate-eth estradiol</i> (Femynor Oral Tablet 0.25-35 Mg-Mcg)	CE	N2 (PG)
<i>drospirenone-ethinyl estradiol</i> (Gianvi Oral Tablet 3-0.02 Mg)	CE	N2 (PG)
<i>norethin ace-eth estrad-fe</i> (Gildess Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N2 (PG)
<i>norethin ace-eth estrad-fe</i> (Gildess Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N2 (PG)
<i>norethin ace-eth estrad-fe</i> (Hailey 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	CE	N2 (PG)
<i>norethindrone</i> (Heather Oral Tablet 0.35 Mg)	CE	N2 (PG)
<i>levonorgest-eth estrad 91-day</i> (Introvale Oral Tablet 0.15-0.03 Mg)	CE	N2 (PG)
<i>desogestrel-ethinyl estradiol</i> (Isibloom Oral Tablet 0.15-30 Mg-Mcg)	CE	N2 (PG)
<i>drospirenone-ethinyl estradiol</i> (Jasmiel Oral Tablet 3-0.02 Mg)	CE	N2 (PG)
<i>norethindrone</i> (Jencycla Oral Tablet 0.35 Mg)	CE	N2 (PG)

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>levonorgest-eth estrad 91-day</i> (Jolessa Oral Tablet 0.15-0.03 Mg)	CE	N2 (PG)
<i>norethindrone</i> (Jolivette Oral Tablet 0.35 Mg)	CE	N2 (PG)
<i>desogestrel-ethinyl estradiol</i> (Juleber Oral Tablet 0.15-30 Mg-Mcg)	CE	N2 (PG)
<i>norethindrone acet-ethinyl est</i> (Junel 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N2 (PG)
<i>norethindrone acet-ethinyl est</i> (Junel 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N2 (PG)
<i>norethin ace-eth estrad-fe</i> (Junel Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N2 (PG)
<i>norethin ace-eth estrad-fe</i> (Junel Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N2 (PG)
<i>norethin ace-eth estrad-fe</i> (Junel Fe 24 Oral Tablet 1-20 Mg-Mcg(24))	CE	N2 (PG)
<i>norethin-eth estradiol-fe</i> (Kaitlib Fe Oral Tablet Chewable 0.8-25 Mg-Mcg)	CE	N2 (PG)
<i>desogestrel-ethinyl estradiol</i> (Kariva Oral Tablet 0.15-0.02/0.01 Mg (21/5))	CE	N2 (PG)
<i>ethynodiol diac-eth estradiol</i> (Kelnor 1/35 Oral Tablet 1-35 Mg-Mcg)	CE	N2 (PG)
<i>levonorgestrel-ethinyl estrad</i> (Kurvelo Oral Tablet 0.15-30 Mg-Mcg)	CE	N2 (PG)
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 19.5 MG ( <i>levonorgestrel</i> )	CE	N2 (NP)
<i>norethindrone acet-ethinyl est</i> (Larin 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N2 (PG)
<i>norethindrone acet-ethinyl est</i> (Larin 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N2 (PG)
<i>norethin ace-eth estrad-fe</i> (Larin 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	CE	N2 (PG)
<i>norethin ace-eth estrad-fe</i> (Larin Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N2 (PG)
<i>norethin ace-eth estrad-fe</i> (Larin Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N2 (PG)
<i>levonorgestrel-ethinyl estrad</i> (Larissia Oral Tablet 0.1-20 Mg-Mcg)	CE	N2 (PG)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>norethin-eth estradiol-fe</i> (Layolis Fe Oral Tablet Chewable 0.8-25 Mg-Mcg)	CE	N2 (PG)
<i>norethin-eth estrad triphasic</i> (Leena Oral Tablet 0.5/1/0.5-35 Mg-Mcg)	CE	N2 (PG)
<i>levonorgestrel-ethinyl estrad</i> (Lessina Oral Tablet 0.1-20 Mg-Mcg)	CE	N2 (PG)
<i>levonorg-eth estrad triphasic</i> (Levonest Oral Tablet 50-30/75-40/ 125-30 Mcg)	CE	N2 (PG)
<i>levonorgest-eth estrad 91-day oral tablet 0.1-0.02 &amp; 0.01 mg, 0.15-0.03 &amp; 0.01 mg, 0.15-0.03 mg</i>	CE	N2 (PG)
<i>levonorgestrel oral tablet 1.5 mg</i>	CE	N2 (Not Covered)
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg, 90-20 mcg</i>	CE	N2 (PG)
<i>levonorg-eth estrad triphasic oral tablet</i>	CE	N2 (PG)
<i>levonorgestrel-ethinyl estrad</i> (Levora 0.15/30 (28) Oral Tablet 0.15-30 Mg-Mcg)	CE	N2 (PG)
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 19.5 MCG/DAY ( <i>levonorgestrel</i> )	CE	N2 (NP)
LOESTRIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG ( <i>norethindrone acet-ethinyl est</i> )	NP	
LOESTRIN 1/20 (21) ORAL TABLET 1-20 MG-MCG ( <i>norethindrone acet-ethinyl est</i> )	NP	
<i>drospirenone-ethinyl estradiol</i> (Loryna Oral Tablet 3-0.02 Mg)	CE	N2 (PG)
<i>norgestrel-ethinyl estradiol</i> (Low-Ogestrel Oral Tablet 0.3-30 Mg-Mcg)	CE	N2 (PG)
<i>drospirenone-ethinyl estradiol</i> (Lo-Zumandimine Oral Tablet 3-0.02 Mg)	CE	N2 (PG)
<i>levonorgestrel-ethinyl estrad</i> (Lutera Oral Tablet 0.1-20 Mg-Mcg)	CE	N2 (PG)
<i>norethindrone</i> (Lyza Oral Tablet 0.35 Mg)	CE	N2 (PG)
<i>marlissa oral tablet 0.15-30 mg-mcg</i>	CE	N2 (PG)
<i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>	CE	N2 (PG)
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml</i>	CE	N2 (PG); QL (1 syringe per 90 days)
<i>norethin ace-eth estrad-fe</i> (Mibelas 24 Fe Oral Tablet Chewable 1-20 Mg-Mcg(24))	CE	N2 (PG)

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>norethindrone acet-ethinyl est</i> (Microgestin 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N2 (PG)
<i>norethindrone acet-ethinyl est</i> (Microgestin 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N2 (PG)
<i>norethin ace-eth estrad-fe</i> (Microgestin Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N2 (PG)
<i>norethin ace-eth estrad-fe</i> (Microgestin Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N2 (PG)
MINASTRIN 24 FE ORAL TABLET CHEWABLE 1-20 MG-MCG(24) ( <i>norethin ace-eth estrad-fe</i> )	NP	
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/24HR ( <i>levonorgestrel</i> )	CE	#; N2 (NP)
<i>norgestimate-eth estradiol</i> (Mono-Linyah Oral Tablet 0.25-35 Mg-Mcg)	CE	N2 (PG)
<i>norgestimate-eth estradiol</i> (Mononessa Oral Tablet 0.25-35 Mg-Mcg)	CE	N2 (PG)
<i>my way oral tablet 1.5 mg</i>	CE	N2 (Not Covered)
<i>levonorg-eth estrad triphasic</i> (Myzilra Oral Tablet 50-30/75-40/125-30 Mcg)	CE	N2 (PG)
<i>norethindrone-eth estradiol</i> (Necon 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg)	CE	N2 (PG)
<i>norethindrone-eth estradiol</i> (Necon 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	CE	N2 (PG)
<i>norethin-eth estrad triphasic</i> (Necon 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	CE	N2 (PG)
NEXPLANON SUBCUTANEOUS IMPLANT 68 MG ( <i>etonogestrel</i> )	CE	N2 (NP)
<i>next choice one dose oral tablet 1.5 mg</i>	CE	N2 (Not Covered)
<i>drospirenone-ethinyl estradiol</i> (Nikki Oral Tablet 3-0.02 Mg)	CE	N2 (PG)
<i>norethindrone</i> (Nora-Be Oral Tablet 0.35 Mg)	CE	N2 (PG)
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1-20 mg-mcg(24)</i>	CE	N2 (PG)
<i>norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)</i>	CE	N2 (PG)
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg</i>	CE	N2 (PG)
<i>norethindrone oral tablet 0.35 mg</i>	CE	N2 (PG)
<i>norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg, 0.8-25 mg-mcg</i>	CE	N2 (PG)

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

118

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	CE	N2 (PG)
<i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg</i>	CE	N2 (PG)
<i>norethindrone (Norlyroc Oral Tablet 0.35 Mg)</i>	CE	N2 (PG)
<i>norethindrone-eth estradiol (Nortrel 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg)</i>	CE	N2 (PG)
<i>norethindrone-eth estradiol (Nortrel 1/35 (21) Oral Tablet 1-35 Mg-Mcg)</i>	CE	N2 (PG)
<i>norethindrone-eth estradiol (Nortrel 1/35 (28) Oral Tablet 1-35 Mg-Mcg)</i>	CE	N2 (PG)
<i>norethin-eth estrad triphasic (Nortrel 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)</i>	CE	N2 (PG)
NUVARING VAGINAL RING 0.12-0.015 MG/24HR ( <i>etonogestrel-ethinyl estradiol</i> )	CE	#; N2 (NP)
<i>drospirenone-ethinyl estradiol (Ocella Oral Tablet 3-0.03 Mg)</i>	CE	N2 (PG)
<i>ogestrel oral tablet 0.5-50 mg-mcg</i>	CE	N2 (PG)
OPCICON ONE-STEP ORAL TABLET 1.5 MG ( <i>levonorgestrel</i> )	CE	N2 (Not Covered)
OPTION 2 ORAL TABLET 1.5 MG ( <i>levonorgestrel</i> )	CE	N2 (Not Covered)
<i>levonorgestrel-ethinyl estrad (Orsythia Oral Tablet 0.1-20 Mg-Mcg)</i>	CE	N2 (PG)
ORTHO-NOVUM 7/7/7 (28) ORAL TABLET 0.5/0.75/1-35 MG-MCG ( <i>norethin-eth estrad triphasic</i> )	NP	
PARAGARD INTRAUTERINE COPPER INTRAUTERINE INTRAUTERINE DEVICE ( <i>copper</i> )	CE	N2 (NP)
<i>norethindrone-eth estradiol (Philith Oral Tablet 0.4-35 Mg-Mcg)</i>	CE	N2 (PG)
<i>desogestrel-ethinyl estradiol (Pimtrea Oral Tablet 0.15-0.02/0.01 Mg (21/5))</i>	CE	N2 (PG)
<i>norethindrone-eth estradiol (Pirmella 1/35 Oral Tablet 1-35 Mg-Mcg)</i>	CE	N2 (PG)
<i>norethin-eth estrad triphasic (Pirmella 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)</i>	CE	N2 (PG)
<i>levonorgestrel-ethinyl estrad (Portia-28 Oral Tablet 0.15-30 Mg-Mcg)</i>	CE	N2 (PG)
<i>norgestimate-eth estradiol (Previfem Oral Tablet 0.25-35 Mg-Mcg)</i>	CE	N2 (PG)

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
QUARTETTE ORAL TABLET 42-21-21-7 DAYS ( <i>levonorgest-eth estrad 91-day</i> )	NP	
<i>levonorgest-eth estrad 91-day</i> (Quasense Oral Tablet 0.15-0.03 Mg)	CE	N2 (PG)
<i>drospiren-eth estrad-levomefol</i> (Rajani Oral Tablet 3-0.02-0.451 Mg)	CE	N2 (PG)
REACT ORAL TABLET 1.5 MG ( <i>levonorgestrel</i> )	CE	N2 (Not Covered)
<i>desogestrel-ethinyl estradiol</i> (Reclipsen Oral Tablet 0.15-30 Mg-Mcg)	CE	N2 (PG)
<i>levonorgest-eth estrad 91-day</i> (Rivelsa Oral Tablet 42-21-21-7 Days)	CE	N2 (PG)
SAFYRAL ORAL TABLET 3-0.03-0.451 MG ( <i>drospiren-eth estrad-levomefol</i> )	NP	
<i>levonorgest-eth estrad 91-day</i> (Setlakin Oral Tablet 0.15-0.03 Mg)	CE	N2 (PG)
<i>norethindrone</i> (Sharobel Oral Tablet 0.35 Mg)	CE	N2 (PG)
<i>desogestrel-ethinyl estradiol</i> (Simliya Oral Tablet 0.15-0.02/0.01 Mg (21/5))	CE	N2 (PG)
<i>levonorgest-eth estrad 91-day</i> (Simpesse Oral Tablet 0.15-0.03 & 0.01 Mg)	CE	N2 (PG)
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 13.5 MG ( <i>levonorgestrel</i> )	CE	N2 (NP)
SLYND ORAL TABLET 4 MG ( <i>drospirenone</i> )	CE	N2 (NC)
<i>desogestrel-ethinyl estradiol</i> (Solia Oral Tablet 0.15-30 Mg-Mcg)	CE	N2 (PG)
<i>norgestimate-eth estradiol</i> (Sprintec 28 Oral Tablet 0.25-35 Mg-Mcg)	CE	N2 (PG)
<i>levonorgestrel-ethinyl estrad</i> (Sronyx Oral Tablet 0.1-20 Mg-Mcg)	CE	N2 (PG)
<i>drospirenone-ethinyl estradiol</i> (Syeda Oral Tablet 3-0.03 Mg)	CE	N2 (PG)
<i>take action oral tablet 1.5 mg</i>	CE	N2 (Not Covered)
<i>norethin ace-eth estrad-fe</i> (Tarina 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	CE	N2 (PG)
<i>norethin ace-eth estrad-fe</i> (Tarina Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N2 (PG)
<i>norethindron-ethinyl estrad-fe</i> (Tilia Fe Oral Tablet 1-20/1-30/1-35 Mg-Mcg)	CE	N2 (PG)

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

120

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>norgestim-eth estrad triphasic</i> (Tri Femynor Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	N2 (PG)
<i>norgestim-eth estrad triphasic</i> (Tri-Estarylla Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	N2 (PG)
<i>norethindron-ethinyl estrad-fe</i> (Tri-Legest Fe Oral Tablet 1-20/1-30/1-35 Mg-Mcg)	CE	N2 (PG)
<i>norgestim-eth estrad triphasic</i> (Tri-Linyah Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	N2 (PG)
<i>norgestim-eth estrad triphasic</i> (Tri-Lo-Estarylla Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	CE	N2 (PG)
<i>norgestim-eth estrad triphasic</i> (Tri-Lo-Marzia Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	CE	N2 (PG)
<i>norgestim-eth estrad triphasic</i> (Tri-Lo-Sprintec Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	CE	N2 (PG)
<i>norgestim-eth estrad triphasic</i> (Tri-Mili Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	N2 (PG)
<i>norgestim-eth estrad triphasic</i> (Trinessa (28) Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	N2 (PG)
<i>norgestim-eth estrad triphasic</i> (Trinessa Lo Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	CE	N2 (PG)
TRI-NORINYL (28) ORAL TABLET 0.5/1/0.5-35 MG-MCG ( <i>norethin-eth estrad triphasic</i> )	NP	
<i>norgestim-eth estrad triphasic</i> (Tri-Previfem Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	N2 (PG)
<i>norgestim-eth estrad triphasic</i> (Tri-Sprintec Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	N2 (PG)
<i>levonorg-eth estrad triphasic</i> (Trivora (28) Oral Tablet 50-30/75-40/ 125-30 Mcg)	CE	N2 (PG)
<i>norgestim-eth estrad triphasic</i> (Tri-Vylibra Lo Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	CE	N2 (PG)
<i>norethindrone</i> (Tulana Oral Tablet 0.35 Mg)	CE	N2 (PG)
<i>drospiren-eth estrad-levomefol</i> (Tydemy Oral Tablet 3-0.03-0.451 Mg)	CE	N2 (PG)
<i>desogestrel-ethinyl estradiol</i> (Velivet Oral Tablet 0.1/0.125/0.15-0.025 Mg)	CE	N2 (PG)
<i>drospirenone-ethinyl estradiol</i> (Vestura Oral Tablet 3-0.02 Mg)	CE	N2 (PG)
<i>levonorgestrel-ethinyl estrad</i> (Vienva Oral Tablet 0.1-20 Mg-Mcg)	CE	N2 (PG)

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>viorele oral tablet 0.15-0.02/0.01 mg (21/5)</i>	CE	N2 (PG)
<i>norethindrone-eth estradiol (Vyfemla Oral Tablet 0.4-35 Mg-Mcg)</i>	CE	N2 (PG)
<i>norethindrone-eth estradiol (Wera Oral Tablet 0.5-35 Mg-Mcg)</i>	CE	N2 (PG)
<i>norethin-eth estradiol-fe (Wymzya Fe Oral Tablet Chewable 0.4-35 Mg-Mcg)</i>	CE	N2 (PG)
<i>xulane transdermal patch weekly 150-35 mcg/24hr</i>	CE	N2 (PG)
<i>drospirenone-ethinyl estradiol (Zarah Oral Tablet 3-0.03 Mg)</i>	CE	N2 (PG)
<i>norethindrone-eth estradiol (Zenchent Oral Tablet 0.4-35 Mg-Mcg)</i>	CE	N2 (PG)
<i>ethynodiol diac-eth estradiol (Zovia 1/35E (28) Oral Tablet 1-35 Mg-Mcg)</i>	CE	N2 (PG)
<i>drospirenone-ethinyl estradiol (Zumandimine Oral Tablet 3-0.03 Mg)</i>	CE	N2 (PG)
<b>*CORTICOSTEROIDS* - HORMONES</b>		
<i>budesonide er oral tablet extended release 24 hour 9 mg</i>	PG	QL (1 tablet per 1 day)
<i>budesonide oral capsule delayed release particles 3 mg</i>	NP	
CORTEF ORAL TABLET 10 MG, 20 MG, 5 MG (hydrocortisone)	NC	
<i>cortisone acetate oral tablet 25 mg</i>	NP	
<i>prednisone (Deltasone Oral Tablet 20 Mg)</i>	PG	
DEXAMETHASONE INTENSOL ORAL CONCENTRATE 1 MG/ML ( <i>dexamethasone</i> )	NP	
<i>dexamethasone oral elixir 0.5 mg/5ml</i>	PG	
<i>dexamethasone oral solution 0.5 mg/5ml</i>	PG	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	PG	
<i>dexamethasone oral tablet therapy pack 1.5 mg (21), 1.5 mg (35), 1.5 mg (51)</i>	PG	
<i>dexamethasone (Dexpak 10 Day Oral Tablet Therapy Pack 1.5 Mg (35))</i>	NC	
<i>dexamethasone (Dexpak 13 Day Oral Tablet Therapy Pack 1.5 Mg (51))</i>	NC	
<i>dexamethasone (Dexpak 6 Day Oral Tablet Therapy Pack 1.5 Mg (21))</i>	NC	
DMT SUIK COMBINATION KIT 10 MG/ML ( <i>dexameth sod phos &amp; anesthetic</i> )	NC	

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

122

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DXEVO 11-DAY ORAL TABLET THERAPY PACK 1.5 MG ( <i>dexamethasone</i> )	NC	
EMFLAZA ORAL SUSPENSION 22.75 MG/ML ( <i>deflazacort</i> )	NC	
EMFLAZA ORAL TABLET 18 MG, 30 MG, 36 MG, 6 MG ( <i>deflazacort</i> )	NC	
ENTOCORT EC ORAL CAPSULE DELAYED RELEASE PARTICLES 3 MG ( <i>budesonide</i> )	NC	
<i>fludrocortisone acetate oral tablet 0.1 mg</i>	PG	
<i>dexamethasone (Hidex 6-Day Oral Tablet Therapy Pack 1.5 Mg (21))</i>	PG	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	PG	
MEDROL ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG ( <i>methylprednisolone</i> )	NC	
MEDROL ORAL TABLET 2 MG ( <i>methylprednisolone</i> )	NP	
MEDROL ORAL TABLET THERAPY PACK 4 MG ( <i>methylprednisolone</i> )	NC	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	PG	
<i>methylprednisolone oral tablet therapy pack 4 mg</i>	PG	
MILLIPRED DP 12-DAY ORAL TABLET THERAPY PACK 5 MG (48) ( <i>prednisolone</i> )	NP	
MILLIPRED DP ORAL TABLET THERAPY PACK 5 MG (21), 5 MG (48) ( <i>prednisolone</i> )	NP	
MILLIPRED ORAL SOLUTION 10 MG/5ML ( <i>prednisolone sodium phosphate</i> )	NC	
MILLIPRED ORAL TABLET 5 MG ( <i>prednisolone</i> )	PB	
ORAPRED ODT ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 30 MG ( <i>prednisolone sodium phosphate</i> )	NC	
<i>prednisolone oral solution 15 mg/5ml</i>	PG	
<i>prednisolone oral syrup 15 mg/5ml</i>	PG	
<i>prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml, 25 mg/5ml</i>	NP	
<i>prednisolone sodium phosphate oral solution 15 mg/5ml, 6.7 (5 base) mg/5ml</i>	PG	
<i>prednisolone sodium phosphate oral tablet dispersible 10 mg, 15 mg, 30 mg</i>	NP	

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML ( <i>prednisone</i> )	NP	
<i>prednisone oral solution 5 mg/5ml</i>	PG	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg</i>	PG	LGC
<i>prednisone oral tablet 50 mg</i>	PG	
<i>prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)</i>	PG	
TAPERDEX 12-DAY ORAL TABLET THERAPY PACK 1.5 MG (49) ( <i>dexamethasone</i> )	NC	
<i>dexamethasone (Taperdex 6-Day Oral Tablet Therapy Pack 1.5 Mg (21))</i>	NC	
TAPERDEX 7-DAY ORAL TABLET THERAPY PACK 1.5 MG (27) ( <i>dexamethasone</i> )	NC	
UCERIS ORAL TABLET EXTENDED RELEASE 24 HOUR 9 MG ( <i>budesonide</i> )	NC	
VERIPRED 20 ORAL SOLUTION 20 MG/5ML ( <i>prednisolone sodium phosphate</i> )	NC	
<b>*COUGH/COLD/ALLERGY* - DRUGS FOR THE LUNGS</b>		
<i>acetylcysteine inhalation solution 10 %, 20 %</i>	PG	
<i>alavert allergy/sinus oral tablet extended release 12 hour 5-120 mg</i>	PG	OTC
ALLEGRA-D ALLERGY & CONGESTION ORAL TABLET EXTENDED RELEASE 12 HOUR 60-120 MG ( <i>fexofenadine-pseudoephedrine</i> )	PG	OTC
ALLEGRA-D ALLERGY & CONGESTION ORAL TABLET EXTENDED RELEASE 24 HOUR 180-240 MG ( <i>fexofenadine-pseudoephedrine</i> )	PG	OTC
<i>benzonatate oral capsule 100 mg, 150 mg, 200 mg</i>	PG	
<i>pseudoeph-bromphen-dm (Bromfed Dm Oral Syrup 30-2-10 Mg/5Ml)</i>	NP	
CARBAPHEN 12 ORAL LIQUID 10-4-27.5 MG/5ML ( <i>phenyleph-chlorphen-carbetapen</i> )	NC	
CARBAPHEN 12 PED ORAL SUSPENSION 2.5-1.25-7.5 MG/ML ( <i>phenyleph-chlorphen-carbetapen</i> )	NC	
<i>cetirizine-pseudoephedrine er oral tablet extended release 12 hour 5-120 mg</i>	PG	OTC

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

124

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CLARINEX-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR 2.5-120 MG ( <i>desloratadine-pseudoephedrine</i> )	NC	
CLARITIN-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG ( <i>loratadine-pseudoephedrine</i> )	PG	OTC
CLARITIN-D 24 HOUR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-240 MG ( <i>loratadine-pseudoephedrine</i> )	PG	OTC
CODAR AR ORAL LIQUID 2-8 MG/5ML ( <i>chlorpheniramine-codeine</i> )	NC	
<i>fexofenadine-pseudoephed er oral tablet extended release 12 hour 60-120 mg</i>	PG	OTC
<i>fexofenadine-pseudoephed er oral tablet extended release 24 hour 180-240 mg</i>	PG	OTC
<i>hydrocod polst-cpm polst er oral suspension extended release 10-8 mg/5ml</i>	NP	QL (120 mls per 1 fill)
<i>hydrocodone-guaifenesin oral solution 2.5-200 mg/5ml</i>	NP	PA; QL (60 ml per 1 day over 5 days in a 30 day period)
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5ml</i>	PG	
<i>hydrocodone-homatropine oral tablet 5-1.5 mg</i>	PG	
<i>hydromet oral syrup 5-1.5 mg/5ml</i>	PG	
HYPERSAL INHALATION NEBULIZATION SOLUTION 3.5 %, 7 % ( <i>sodium chloride</i> )	NC	
<i>loratadine-d 12hr oral tablet extended release 12 hour 5-120 mg</i>	PG	OTC
<i>loratadine-d 24hr oral tablet extended release 24 hour 10-240 mg</i>	PG	OTC
<i>sodium chloride (Nebusal Inhalation Nebulization Solution 3 %)</i>	NP	OTC
NEBUSAL INHALATION NEBULIZATION SOLUTION 6 % ( <i>sodium chloride</i> )	NC	
NEOTUSS PLUS ORAL LIQUID 7.5-4-30 MG/5ML ( <i>phenylephrine-chlorphen-dm</i> )	NC	
<i>promethazine vc oral syrup 6.25-5 mg/5ml</i>	NC	
<i>promethazine vclcodeine oral syrup 6.25-5-10 mg/5ml</i>	PG	
<i>promethazine-dm oral syrup 6.25-15 mg/5ml</i>	PG	
<i>promethazine-phenylephrine oral syrup 6.25-5 mg/5ml</i>	NC	
<i>pseudoeph-chlorphen-hydrocod oral solution 60-4-5 mg/5ml</i>	NP	

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>sodium chloride</i> (Pulmosal Inhalation Nebulization Solution 7 %)	NP	
RELHIST ORAL TABLET CHEWABLE 6-15 MG ( <i>bromphen tann-phenyleph tann</i> )	NC	
SEMPREX-D ORAL CAPSULE 8-60 MG ( <i>acrivastine-pseudoephedrine</i> )	NP	
<i>sodium chloride inhalation nebulization solution 0.9 %, 10 %, 7 %</i>	NP	
<i>sodium chloride inhalation nebulization solution 3 %</i>	NP	OTC
SSKI ORAL SOLUTION 1 GM/ML ( <i>potassium iodide</i> ( <i>expectorant</i> ))	NP	
TESSALON PERLES ORAL CAPSULE 100 MG ( <i>benzonatate</i> )	NC	
TUSSICAPS ORAL CAPSULE EXTENDED RELEASE 12 HOUR 10-8 MG ( <i>hydrocod polst-chlorphen polst</i> )	NP	PA; QL (20 caps per 1 fill)
TUSSICAPS ORAL CAPSULE EXTENDED RELEASE 12 HOUR 5-4 MG ( <i>hydrocod polst-chlorphen polst</i> )	NP	QL (20 caps per 1 fill)
TUSSIONEX PENNKINETIC ER ORAL SUSPENSION EXTENDED RELEASE 10-8 MG/5ML ( <i>hydrocod polst-chlorphen polst</i> )	NC	
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HOUR 54.3-8 MG ( <i>chlorpheniramine-codeine</i> )	NP	PA; QL (2 tablets per day max 20 tablets per 30 days)
TUZISTRA XR ORAL SUSPENSION EXTENDED RELEASE 14.7-2.8 MG/5ML ( <i>codeine polst-chlorphen polst</i> )	NC	
ZYRTEC-D ALLERGY & CONGESTION ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG ( <i>cetirizine-pseudoephedrine</i> )	PG	OTC
<b>*CYCLIN-DEPENDENT KINASES (CDK) INHIBITORS*** - DRUGS FOR CANCER</b>		
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG ( <i>palbociclib</i> )	CE	PA; SP Pharmacy; N2 (NPS); QL (21 capsules per 28 days)
KISQALI 200 DOSE ORAL TABLET 200 MG ( <i>ribociclib succinate</i> )	CE	N2 (Not Covered)
KISQALI 400 DOSE ORAL TABLET 200 MG ( <i>ribociclib succinate</i> )	CE	N2 (Not Covered)
KISQALI 600 DOSE ORAL TABLET 200 MG ( <i>ribociclib succinate</i> )	CE	N2 (Not Covered)

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

126

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG ( <i>abemaciclib</i> )	CE	N2 (Not Covered)
<b>*CYSTIC FIBROSIS AGENT - COMBINATIONS*** - DRUGS FOR THE LUNGS</b>		
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG ( <i>lumacaftor-ivacaftor</i> )	NPS	PA; SP Pharmacy; QL (2 packets per 1 day)
ORKAMBI ORAL TABLET 100-125 MG ( <i>lumacaftor-ivacaftor</i> )	NPS	PA; QL (4 tablets per 1 Day)
ORKAMBI ORAL TABLET 200-125 MG ( <i>lumacaftor-ivacaftor</i> )	NPS	PA; QL (4 tablets per 1 day)
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG ( <i>tezacaftor-ivacaftor</i> )	NPS	PA; SP Pharmacy; QL (2 tablets per 1 Day)
SYMDEKO ORAL TABLET THERAPY PACK 50-75 & 75 MG ( <i>tezacaftor-ivacaftor</i> )	NPS	PA; SP Pharmacy; QL (2 tablets per 1 day)
<b>*DERMATOLOGICALS* - DRUGS FOR THE SKIN</b>		
ABREVA EXTERNAL CREAM 10 % ( <i>docosanol</i> )	PG	OTC
ABSORICA ORAL CAPSULE 10 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG ( <i>isotretinoin</i> )	NC	#
ACANYA EXTERNAL GEL 1.2-2.5 % ( <i>clindamycin phospho-benzoyl perox</i> )	NC	
<i>acitretin oral capsule 10 mg, 25 mg</i>	NP	QL (2 caps per 1 day)
<i>acitretin oral capsule 17.5 mg</i>	NP	QL (2 capsules per 1 day)
<i>acyclovir external cream 5 %</i>	NC	
<i>acyclovir external ointment 5 %</i>	NC	
ACZONE EXTERNAL GEL 7.5 % ( <i>dapsone</i> )	NP	#; QL (60 grams per 30 days)
<i>adapalene external cream 0.1 %</i>	NP	PA; AL
<i>adapalene external gel 0.3 %</i>	NP	PA; ST; AL
<i>adapalene external lotion 0.1 %</i>	NP	PA; ST; AL
<i>adapalene external pad 0.1 %</i>	NC	
<i>adapalene external solution 0.1 %</i>	NP	PA; QL (2 ml per 1 day); AL
<i>adapalene-benzoyl peroxide external gel 0.1-2.5 %</i>	NP	PA; AL
AKTIPAK EXTERNAL PACKET 5-3 % ( <i>benzoyl peroxide-erythromycin</i> )	NP	
ALA SCALP EXTERNAL LOTION 2 % ( <i>hydrocortisone</i> )	NC	
<i>ala-cort external cream 2.5 %</i>	NC	

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>alclometasone dipropionate external cream 0.05 %</i>	PG	
<i>alclometasone dipropionate external ointment 0.05 %</i>	PG	
ALDARA EXTERNAL CREAM 5 % ( <i>imiquimod</i> )	NC	
ALTABAX EXTERNAL OINTMENT 1 % ( <i>retapamulin</i> )	NP	
ALTRENO EXTERNAL LOTION 0.05 % ( <i>tretinoin</i> )	NC	
<i>amcinonide external cream 0.1 %</i>	NP	ST
<i>amcinonide external lotion 0.1 %</i>	NP	ST
<i>amcinonide external ointment 0.1 %</i>	NP	
AMELUZ EXTERNAL GEL 10 % ( <i>aminolevulinic acid hcl</i> )	NP	#
<i>ammonium lactate external lotion 12 %</i>	PG	OTC
<i>isotretinoin</i> (Amnesteem Oral Capsule 10 Mg, 20 Mg, 40 Mg)	NP	PA; ST; QL (2 capsules per 1 day)
APEXICON E EXTERNAL CREAM 0.05 % ( <i>diflorasone diacet emoll base</i> )	NP	
ATRALIN EXTERNAL GEL 0.05 % ( <i>tretinoin</i> )	NC	
<i>sulfacetamide sodium-sulfur</i> (Avar Cleanser External Emulsion 10-5 %)	NP	
AVAR LS CLEANSER EXTERNAL LIQUID 10-2 % ( <i>sulfacetamide sodium-sulfur</i> )	NC	
<i>sulfacetamide sodium-sulfur</i> (Avar-E Emollient External Cream 10-5 %)	NP	
<i>sulfacetamide sodium-sulfur</i> (Avar-E Green External Cream 10-5 %)	NP	
AVAR-E LS EXTERNAL CREAM 10-2 % ( <i>sulfacetamide sodium-sulfur</i> )	NC	
<i>tretinoin</i> (Avita External Cream 0.025 %)	PG	PA; AL
<i>tretinoin</i> (Avita External Gel 0.025 %)	PG	PA
<i>azelaic acid external gel 15 %</i>	NP	
AZELEX EXTERNAL CREAM 20 % ( <i>azelaic acid</i> )	NP	
BACTROBAN EXTERNAL CREAM 2 % ( <i>mupirocin calcium</i> )	NC	
BENZAC AC WASH EXTERNAL LIQUID 5 % ( <i>benzoyl peroxide</i> )	NC	
BENZAACLIN EXTERNAL GEL 1-5 % ( <i>clindamycin phos-benzoyl perox</i> )	NC	

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BENZAACLIN WITH PUMP EXTERNAL GEL 1-5 % (clindamycin phos-benzoyl perox)	NC	
BENZAMYCIN EXTERNAL GEL 5-3 % (benzoyl peroxide-erythromycin)	NC	
BENZEFOAMULTRA EXTERNAL FOAM 9.8 % (benzoyl peroxide)	NC	
benzoyl peroxide (Benzepro Creamy Wash External Liquid 7 %)	NC	
benzoyl peroxide (Benzepro Foaming Cloths External 6 %)	NC	
benzoyl peroxide (Benzepro Short Contact External Foam 9.8 %)	NC	
BENZIQL EXTERNAL GEL 5.25 % (benzoyl peroxide)	NC	
BENZIQLS EXTERNAL GEL 2.75 % (benzoyl peroxide)	NC	
benzoyl peroxide external foam 9.8 %	NC	
benzoyl peroxide-erythromycin external gel 5-3 %	NP	
betamethasone dipropionate aug external cream 0.05 %	NP	
betamethasone dipropionate aug external gel 0.05 %	NP	QL (100 grams per 30 days)
betamethasone dipropionate aug external lotion 0.05 %	NP	QL (120 grams per 30 days)
betamethasone dipropionate aug external ointment 0.05 %	NP	QL (100 grams per 30 days)
betamethasone dipropionate external cream 0.05 %	PG	
betamethasone dipropionate external lotion 0.05 %	PG	
betamethasone dipropionate external ointment 0.05 %	PG	
betamethasone valerate external cream 0.1 %	NP	ST
betamethasone valerate external foam 0.12 %	NP	
betamethasone valerate external lotion 0.1 %	NP	ST
betamethasone valerate external ointment 0.1 %	NP	ST
bp 10-1 external emulsion 10-1 %	NP	
bp cleansing wash external emulsion 10-4 %	NC	
bp foam external foam 9.8 %	NC	
bpo foaming cloths external 6 %	NC	
BRYHALI EXTERNAL LOTION 0.01 % (halobetasol propionate)	NC	
calcipotriene external cream 0.005 %	NP	ST
calcipotriene external ointment 0.005 %	NP	ST
calcipotriene external solution 0.005 %	NP	ST

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>calcipotriene-betameth diprop external ointment 0.005-0.064 %</i>	NP	ST; QL (60 grams per 30 days)
<i>calcipotriene (Calcitrene External Ointment 0.005 %)</i>	NP	ST
<i>calcitriol external ointment 3 mcg/gm</i>	NP	
CAPEX EXTERNAL SHAMPOO 0.01 % ( <i>fluocinolone acetonide</i> )	NP	QL (120 ml per 30 days)
CARAC EXTERNAL CREAM 0.5 % ( <i>fluorouracil</i> )	NC	
CENTANY EXTERNAL OINTMENT 2 % ( <i>mupirocin</i> )	NC	
<i>ciclopirox olamine (Ciclodan External Cream 0.77 %)</i>	NP	
<i>ciclopirox (Ciclodan External Solution 8 %)</i>	PG	PA
<i>ciclopirox external gel 0.77 %</i>	NP	
<i>ciclopirox external shampoo 1 %</i>	NP	
<i>ciclopirox external solution 8 %</i>	PG	PA
<i>ciclopirox olamine external cream 0.77 %</i>	NP	
<i>ciclopirox olamine external suspension 0.77 %</i>	PG	
<i>isotretinoin (Claravis Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)</i>	NP	PA; ST; QL (2 capsules per 1 day)
CLEOCIN-T EXTERNAL GEL 1 % ( <i>clindamycin phosphate</i> )	NC	
CLEOCIN-T EXTERNAL LOTION 1 % ( <i>clindamycin phosphate</i> )	NC	
CLEOCIN-T EXTERNAL SOLUTION 1 % ( <i>clindamycin phosphate</i> )	NC	
CLEOCIN-T EXTERNAL SWAB 1 % ( <i>clindamycin phosphate</i> )	NC	
<i>clindamycin phosphate (Clindacin Etz External Swab 1 %)</i>	NP	
<i>clindamycin phosphate (Clindacin-P External Swab 1 %)</i>	NP	
CLINDAGEL EXTERNAL GEL 1 % ( <i>clindamycin phosphate</i> )	NC	
<i>clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-5 %</i>	NP	
<i>clindamycin phosphate external foam 1 %</i>	NP	
<i>clindamycin phosphate external gel 1 %</i>	NP	
<i>clindamycin phosphate external lotion 1 %</i>	NP	
<i>clindamycin phosphate external solution 1 %</i>	NP	
<i>clindamycin phosphate external swab 1 %</i>	NP	
<i>clindamycin-tretinoin external gel 1.2-0.025 %</i>	PG	PA; AL

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>clobetasol propionate e external cream 0.05 %</i>	NP	ST; QL (120 grams per 30 days)
<i>clobetasol propionate emulsion external foam 0.05 %</i>	NP	QL (100 grams per 30 days)
<i>clobetasol propionate external cream 0.05 %</i>	NP	ST; QL (120 grams per 30 days)
<i>clobetasol propionate external foam 0.05 %</i>	NP	QL (100 grams per 30 days)
<i>clobetasol propionate external gel 0.05 %</i>	NP	ST; QL (120 grams per 30 days)
<i>clobetasol propionate external liquid 0.05 %</i>	NP	QL (125 ml per 30 days)
<i>clobetasol propionate external lotion 0.05 %</i>	NP	ST; QL (236 ml per 30 days)
<i>clobetasol propionate external ointment 0.05 %</i>	NP	ST; QL (120 grams per 30 days)
<i>clobetasol propionate external shampoo 0.05 %</i>	NP	QL (236 ml per 30 days)
<i>clobetasol propionate external solution 0.05 %</i>	NP	ST; QL (100 grams per 30 days)
CLOBEX EXTERNAL LOTION 0.05 % ( <i>clobetasol propionate</i> )	NC	
CLOBEX EXTERNAL SHAMPOO 0.05 % ( <i>clobetasol propionate</i> )	NC	
CLOBEX SPRAY EXTERNAL LIQUID 0.05 % ( <i>clobetasol propionate</i> )	NC	
<i>clocortolone pivalate external cream 0.1 %</i>	NP	
<i>clocortolone pivalate pump external cream 0.1 %</i>	NP	
<i>clobetasol propionate (Clodan External Shampoo 0.05 %)</i>	NP	QL (236 ml per 30 days)
CLODERM EXTERNAL CREAM 0.1 % ( <i>clocortolone pivalate</i> )	NC	
CLODERM PUMP EXTERNAL CREAM 0.1 % ( <i>clocortolone pivalate</i> )	NC	
<i>clotrimazole-betamethasone external cream 1-0.05 %</i>	PG	
<i>clotrimazole-betamethasone external lotion 1-0.05 %</i>	PG	
CONDYLOX EXTERNAL GEL 0.5 % ( <i>podofilox</i> )	NP	
CORDRAN EXTERNAL CREAM 0.05 % ( <i>flurandrenolide</i> )	NC	
CORDRAN EXTERNAL LOTION 0.05 % ( <i>flurandrenolide</i> )	NC	
CORDRAN EXTERNAL OINTMENT 0.05 % ( <i>flurandrenolide</i> )	NC	
CORDRAN EXTERNAL TAPE 4 MCG/SQCM ( <i>flurandrenolide</i> )	NP	#; QL (1 roll per 1 fill)

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>clobetasol propionate</i> (Cormax Scalp Application External Solution 0.05 %)	NP	ST; QL (100 ml per 30 days)
CORTISPORIN EXTERNAL CREAM 3.5-10000-0.5 ( <i>neomycin-polymyxin-hc</i> )	NP	
CORTISPORIN EXTERNAL OINTMENT 1 % ( <i>bacit-poly-neo hc</i> )	NP	
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML ( <i>secukinumab</i> )	NC	
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML ( <i>secukinumab</i> )	NC	
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML ( <i>secukinumab</i> )	NC	
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML ( <i>secukinumab</i> )	NC	
<i>crotamiton</i> (Crotan External Lotion 10 %)	PG	
CUTIVATE EXTERNAL LOTION 0.05 % ( <i>fluticasone propionate</i> )	NC	
<i>dapsone external gel</i> 5 %	NP	QL (60 grams per 30 Days)
DENAVIR EXTERNAL CREAM 1 % ( <i>penciclovir</i> )	NP	ST; #
DERMA-SMOOTH/FS BODY EXTERNAL OIL 0.01 % ( <i>fluocinolone acetonide</i> )	NC	
DERMA-SMOOTH/FS SCALP EXTERNAL OIL 0.01 % ( <i>fluocinolone acetonide</i> )	NC	
DESONATE EXTERNAL GEL 0.05 % ( <i>desonide</i> )	NC	#
<i>desonide external cream</i> 0.05 %	NP	ST
<i>desonide external lotion</i> 0.05 %	NP	ST
<i>desonide external ointment</i> 0.05 %	NP	ST
DESOWEN EXTERNAL CREAM 0.05 % ( <i>desonide</i> )	NC	
DESOWEN EXTERNAL LOTION 0.05 % ( <i>desonide</i> )	NC	
<i>desoximetasone external cream</i> 0.05 %, 0.25 %	NP	ST
<i>desoximetasone external gel</i> 0.05 %	NP	ST
<i>desoximetasone external liquid</i> 0.25 %	NC	
<i>desoximetasone external ointment</i> 0.05 %, 0.25 %	NP	ST
<i>diclofenac epolamine transdermal patch</i> 1.3 %	PG	QL (2 patches per 1 day)
<i>diclofenac sodium transdermal gel</i> 1 %	NP	QL (200 grams per 30 days)

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

132

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>diclofenac sodium transdermal gel 3 %</i>	NC	
<i>diclofenac sodium transdermal solution 1.5 %</i>	NC	
DIFFERIN EXTERNAL CREAM 0.1 % ( <i>adapalene</i> )	NC	
DIFFERIN EXTERNAL GEL 0.1 % ( <i>adapalene</i> )	PG	PA; OTC; AL
DIFFERIN EXTERNAL GEL 0.3 % ( <i>adapalene</i> )	NC	
DIFFERIN EXTERNAL LOTION 0.1 % ( <i>adapalene</i> )	NC	
<i>diflorasone diacetate external cream 0.05 %</i>	NP	ST
<i>diflorasone diacetate external ointment 0.05 %</i>	NP	ST
DIPROLENE AF EXTERNAL CREAM 0.05 % ( <i>betamethasone dipropionate aug</i> )	NC	
DIPROLENE EXTERNAL LOTION 0.05 % ( <i>betamethasone dipropionate aug</i> )	NC	
DIPROLENE EXTERNAL OINTMENT 0.05 % ( <i>betamethasone dipropionate aug</i> )	NC	
<i>docosanol external cream 10 %</i>	PG	OTC
DOLOTRANZ EXTERNAL KIT 2.5-2.5 & 4 % ( <i>lidocaine-prilocaine</i> )	NC	
DOVONEX EXTERNAL CREAM 0.005 % ( <i>calcipotriene</i> )	NC	
<i>doxepin hcl external cream 5 %</i>	NP	QL (1.5 grams per 1 day)
DRITHO-CREME HP EXTERNAL CREAM 1 % ( <i>anthralin</i> )	NP	
<i>ds prep pak combination therapy pack 1 &amp; 0.13 %</i>	NC	
DUAC EXTERNAL GEL 1.2-5 % ( <i>clindamycin-benzoyl per (refr)</i> )	NC	
DUOBRII EXTERNAL LOTION 0.01-0.045 % ( <i>halobetasol prop-tazarotene</i> )	NP	
<i>econazole nitrate external cream 1 %</i>	NP	QL (85 grams per 30 days)
ECOZA EXTERNAL FOAM 1 % ( <i>econazole nitrate</i> )	NC	
EFUDEX EXTERNAL CREAM 5 % ( <i>fluorouracil</i> )	NC	
ELIDEL EXTERNAL CREAM 1 % ( <i>pimecrolimus</i> )	NC	
ELIMITE EXTERNAL CREAM 5 % ( <i>permethrin</i> )	NC	
ELOCON EXTERNAL CREAM 0.1 % ( <i>mometasone furoate</i> )	NC	
ELOCON EXTERNAL OINTMENT 0.1 % ( <i>mometasone furoate</i> )	NC	
ENSTILAR EXTERNAL FOAM 0.005-0.064 % ( <i>calcipotriene-betameth diprop</i> )	NC	

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EPIDUO EXTERNAL GEL 0.1-2.5 % ( <i>adapalene-benzoyl peroxide</i> )	NC	
EPIDUO FORTE EXTERNAL GEL 0.3-2.5 % ( <i>adapalene-benzoyl peroxide</i> )	NP	PA; ST; #; AL
EPIFOAM EXTERNAL FOAM 1-1 % ( <i>pramoxine-hc</i> )	NP	
ERTACZO EXTERNAL CREAM 2 % ( <i>sertaconazole nitrate</i> )	NP	QL (60 grams per 30 days)
<i>ery external pad 2 %</i>	PG	
<i>erythromycin external gel 2 %</i>	NP	
<i>erythromycin external pad 2 %</i>	PG	
<i>erythromycin external solution 2 %</i>	PG	
<i>ethyl chloride external aerosol</i>	NP	
EURAX EXTERNAL CREAM 10 % ( <i>crotamiton</i> )	NP	
EURAX EXTERNAL LOTION 10 % ( <i>crotamiton</i> )	NP	
EVOCLIN EXTERNAL FOAM 1 % ( <i>clindamycin phosphate</i> )	NC	
EXELDERM EXTERNAL CREAM 1 % ( <i>sulconazole nitrate</i> )	NP	QL (60 grams per 30 days)
EXELDERM EXTERNAL SOLUTION 1 % ( <i>sulconazole nitrate</i> )	NP	QL (60 ml per 30 days)
EXODERM EXTERNAL LOTION 25-1 % ( <i>sod thiosulfate-salicylic acid</i> )	NC	
EXTINA EXTERNAL FOAM 2 % ( <i>ketoconazole</i> )	NC	
FABIOR EXTERNAL FOAM 0.1 % ( <i>tazarotene</i> )	NC	
FINACEA EXTERNAL FOAM 15 % ( <i>azelaic acid</i> )	NP	
FINACEA EXTERNAL GEL 15 % ( <i>azelaic acid</i> )	NC	
FLECTOR TRANSDERMAL PATCH 1.3 % ( <i>diclofenac epolamine</i> )	NC	
<i>fluocinolone acetonide body external oil 0.01 %</i>	NP	
<i>fluocinolone acetonide external cream 0.01 %, 0.025 %</i>	NP	ST
<i>fluocinolone acetonide external ointment 0.025 %</i>	NP	ST
<i>fluocinolone acetonide external solution 0.01 %</i>	NP	
<i>fluocinolone acetonide scalp external oil 0.01 %</i>	NP	
<i>fluocinonide emulsified base external cream 0.05 %</i>	PG	QL (4 grams per 1 day)
<i>fluocinonide external cream 0.05 %</i>	NP	ST; LGC; QL (120 grams per 30 days)
<i>fluocinonide external cream 0.1 %</i>	NP	ST; QL (120 grams per 30 days)

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>fluocinonide external gel 0.05 %</i>	NP	ST; QL (120 grams per 30 days)
<i>fluocinonide external ointment 0.05 %</i>	NP	ST; QL (120 grams per 30 days)
<i>fluocinonide external solution 0.05 %</i>	PG	QL (120 grams per 30 days)
<b>FLUOROPLEX EXTERNAL CREAM 1 % (fluorouracil)</b>	NP	
<i>fluorouracil external cream 0.5 %, 5 %</i>	PG	
<i>fluorouracil external solution 2 %, 5 %</i>	PG	
<i>flurandrenolide external cream 0.05 %</i>	NP	
<i>flurandrenolide external lotion 0.05 %</i>	NP	
<i>flurandrenolide external ointment 0.05 %</i>	NC	
<i>fluticasone propionate external cream 0.05 %</i>	NP	ST
<i>fluticasone propionate external lotion 0.05 %</i>	NP	
<i>fluticasone propionate external ointment 0.005 %</i>	NP	
<i>gentamicin sulfate external cream 0.1 %</i>	PG	LGC
<i>gentamicin sulfate external ointment 0.1 %</i>	PG	LGC
<i>halcinonide external cream 0.1 %</i>	NP	
<i>halobetasol propionate external cream 0.05 %</i>	NP	ST; QL (50 grams per 30 days)
<i>halobetasol propionate external foam 0.05 %</i>	NC	
<i>halobetasol propionate external ointment 0.05 %</i>	NP	ST; QL (50 grams per 30 days)
<b>HALOG EXTERNAL CREAM 0.1 % (halcinonide)</b>	NP	
<b>HALOG EXTERNAL OINTMENT 0.1 % (halcinonide)</b>	NP	
<i>hydrocortisone butyr lipo base external cream 0.1 %</i>	NP	
<i>hydrocortisone butyrate external cream 0.1 %</i>	NP	
<i>hydrocortisone butyrate external lotion 0.1 %</i>	NC	
<i>hydrocortisone butyrate external ointment 0.1 %</i>	NP	
<i>hydrocortisone butyrate external solution 0.1 %</i>	NP	
<i>hydrocortisone external ointment 2.5 %</i>	PG	
<i>hydrocortisone valerate external cream 0.2 %</i>	NP	
<i>hydrocortisone valerate external ointment 0.2 %</i>	NP	
<b>ILUMYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (tildrakizumab-asmn)</b>	NC	

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>imiquimod external cream 5 %</i>	NP	QL (48 packets per 365 days)
<i>imiquimod pump external cream 3.75 %</i>	NC	
IMPOYZ EXTERNAL CREAM 0.025 % ( <i>clobetasol propionate</i> )	NC	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	NP	PA; ST; QL (2 capsules per 1 day)
JUBLIA EXTERNAL SOLUTION 10 % ( <i>efinaconazole</i> )	NP	PA; ST
KENALOG EXTERNAL AEROSOL SOLUTION 0.147 MG/GM ( <i>triamcinolone acetonide</i> )	NC	
KERALYT EXTERNAL GEL 6 % ( <i>salicylic acid</i> )	NC	
<i>ketoconazole external cream 2 %</i>	PG	
<i>ketoconazole external foam 2 %</i>	NP	QL (50 grams per 30 days)
<i>ketoconazole external shampoo 2 %</i>	PG	
KLARON EXTERNAL LOTION 10 % ( <i>sulfacetamide sodium (acne)</i> )	NC	
<i>diclofenac sodium (Klofensaid Ii Transdermal Solution 1.5 %)</i>	NC	
<i>lactic acid external lotion 10 %</i>	PG	
LEVULAN KERASTICK EXTERNAL SOLUTION RECONSTITUTED 20 % ( <i>aminolevulinic acid hcl</i> )	NP	QL (1 stick per 30 days)
LEXETTE EXTERNAL FOAM 0.05 % ( <i>halobetasol propionate</i> )	NC	
<i>lidocaine external ointment 5 %</i>	NP	PA; QL (50 grams per 30 days)
<i>lidocaine external patch 5 %</i>	NC	
<i>lidocaine hcl external solution 4 %</i>	NC	
<i>lidocaine pak external ointment 5 %</i>	NP	QL (90 grams per 1 month)
<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>	PG	PA; QL (30 grams per 30 days)
<i>lidocaine-tetracaine external cream 7-7 %</i>	NC	
LIDODERM EXTERNAL PATCH 5 % ( <i>lidocaine</i> )	NC	
LIDOTREX EXTERNAL GEL 2 % ( <i>lidocaine-collagen-aloe vera</i> )	NC	
<i>lindane external shampoo 1 %</i>	PG	
LOCOID EXTERNAL CREAM 0.1 % ( <i>hydrocortisone butyrate</i> )	NC	

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

136

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LOCOID EXTERNAL LOTION 0.1 % ( <i>hydrocortisone butyrate</i> )	NC	
LOCOID EXTERNAL SOLUTION 0.1 % ( <i>hydrocortisone butyrate</i> )	NC	
LOCOID LIPOCREAM EXTERNAL CREAM 0.1 % ( <i>hydrocortisone butyr lipo base</i> )	NC	
LOPROX EXTERNAL CREAM 0.77 % ( <i>ciclopirox olamine</i> )	NC	
LOPROX EXTERNAL SHAMPOO 1 % ( <i>ciclopirox</i> )	NC	
LOPROX EXTERNAL SUSPENSION 0.77 % ( <i>ciclopirox olamine</i> )	NC	
LOTRISONE EXTERNAL CREAM 1-0.05 % ( <i>clotrimazole-betamethasone</i> )	NC	
<i>luliconazole external cream 1 %</i>	PG	
LUXIQ EXTERNAL FOAM 0.12 % ( <i>betamethasone valerate</i> )	NC	
LUZU EXTERNAL CREAM 1 % ( <i>luliconazole</i> )	NC	
<i>malathion external lotion 0.5 %</i>	NP	
MENTAX EXTERNAL CREAM 1 % ( <i>butenafine hcl</i> )	NP	
<i>methoxsalen oral capsule 10 mg</i>	NP	
<i>methoxsalen rapid oral capsule 10 mg</i>	NP	
METROCREAM EXTERNAL CREAM 0.75 % ( <i>metronidazole</i> )	NC	
METROGEL EXTERNAL GEL 1 % ( <i>metronidazole</i> )	NC	
METROLOTION EXTERNAL LOTION 0.75 % ( <i>metronidazole</i> )	NC	
<i>metronidazole external cream 0.75 %</i>	NP	
<i>metronidazole external gel 0.75 %, 1 %</i>	NP	
<i>metronidazole external lotion 0.75 %</i>	PG	
<i>miconazole-zinc oxide-petrolat external ointment 0.25-15-81.35 %</i>	NC	
MICORT-HC EXTERNAL CREAM 2.5 % ( <i>hydrocortisone acetate</i> )	NC	
MIRVASO EXTERNAL GEL 0.33 % ( <i>brimonidine tartrate</i> )	NP	PA; ST
<i>mometasone furoate external cream 0.1 %</i>	NP	ST
<i>mometasone furoate external ointment 0.1 %</i>	NP	ST
<i>mometasone furoate external solution 0.1 %</i>	PG	
<i>mupirocin calcium external cream 2 %</i>	NP	QL (60 grams per 30 days)

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>mupirocin external ointment 2 %</i>	PG	QL (60 grams per 30 days)
<i>isotretinoin</i> (Myorisan Oral Capsule 10 Mg, 20 Mg, 40 Mg)	NP	PA; ST; QL (2 capsules per 1 day)
<i>isotretinoin</i> (Myorisan Oral Capsule 30 Mg)	NP	PA; ST; QL (2 capsules per 1 day)
<i>naftifine hcl external cream 1 %</i>	NP	ST
<i>naftifine hcl external cream 2 %</i>	NP	ST; QL (60 grams per 30 days)
NAFTIN EXTERNAL CREAM 2 % ( <i>naftifine hcl</i> )	NC	
NAFTIN EXTERNAL GEL 1 % ( <i>naftifine hcl</i> )	NP	ST; QL (60 grams per 30 days)
NAFTIN EXTERNAL GEL 2 % ( <i>naftifine hcl</i> )	NP	ST; #; QL (60 grams per 30 days)
NATROBA EXTERNAL SUSPENSION 0.9 % ( <i>spinosad</i> )	NC	
NEO-SYNALAR EXTERNAL CREAM 0.5-0.025 % ( <i>neomycin-fluocinolone</i> )	NP	
<i>clindamycin-benzoyl per (refr)</i> (Neuac External Gel 1.2-5 %)	NP	
NIZORAL EXTERNAL SHAMPOO 2 % ( <i>ketconazole</i> )	NC	
NORITATE EXTERNAL CREAM 1 % ( <i>metronidazole</i> )	NC	
NUCORT EXTERNAL LOTION 2 % ( <i>hydrocortisone acetate</i> )	NC	
<i>nystatin</i> (Nyamyc External Powder 100000 Unit/Gm)	PG	
<i>nystatin external cream 100000 unit/gm</i>	PG	
<i>nystatin external ointment 100000 unit/gm</i>	PG	
<i>nystatin external powder 100000 unit/gm</i>	PG	
<i>nystatin-triamcinolone external cream 100000-0.1 unit/gm-%</i>	NP	
<i>nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%</i>	NP	
<i>nystatin</i> (Nystop External Powder 100000 Unit/Gm)	PG	
OLUX EXTERNAL FOAM 0.05 % ( <i>clobetasol propionate</i> )	NC	
OLUX-E EXTERNAL FOAM 0.05 % ( <i>clobetasol propionate emulsion</i> )	NC	
ONEXTON EXTERNAL GEL 1.2-3.75 % ( <i>clindamycin phos-benzoyl perox</i> )	NC	#
ORACEA ORAL CAPSULE DELAYED RELEASE 40 MG ( <i>doxycycline</i> )	NC	

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

138

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OVACE PLUS EXTERNAL CREAM 10 % ( <i>sulfacetamide sodium</i> )	NP	
OVACE PLUS EXTERNAL LOTION 9.8 % ( <i>sulfacetamide sodium</i> )	NC	
OVACE PLUS EXTERNAL SHAMPOO 10 % ( <i>sulfacetamide sodium</i> )	NC	
OVACE PLUS WASH EXTERNAL GEL 10 % ( <i>sulfacetamide sodium</i> )	NC	
OVACE PLUS WASH EXTERNAL LIQUID 10 % ( <i>sulfacetamide sodium</i> )	NC	
OVACE WASH EXTERNAL LIQUID 10 % ( <i>sulfacetamide sodium</i> )	NC	
OVIDE EXTERNAL LOTION 0.5 % ( <i>malathion</i> )	NC	
<i>oxiconazole nitrate external cream 1 %</i>	NP	QL (60 grams per 30 days)
OXISTAT EXTERNAL CREAM 1 % ( <i>oxiconazole nitrate</i> )	NC	
OXISTAT EXTERNAL LOTION 1 % ( <i>oxiconazole nitrate</i> )	NP	QL (60 ml per 30 days)
OXSORALEN ULTRA ORAL CAPSULE 10 MG ( <i>methoxsalen rapid</i> )	NC	
PANDEL EXTERNAL CREAM 0.1 % ( <i>hydrocortisone probutate</i> )	NC	
PANRETIN EXTERNAL GEL 0.1 % ( <i>alitretinoin</i> )	NP	
PENLAC EXTERNAL SOLUTION 8 % ( <i>ciclopirox</i> )	NC	
PENNSAID TRANSDERMAL SOLUTION 2 % ( <i>diclofenac sodium</i> )	NC	
<i>permethrin external cream 5 %</i>	NP	
PICATO EXTERNAL GEL 0.015 %, 0.05 % ( <i>ingenol mebutate</i> )	NP	QL (1 box per 1 fill)
<i>pimecrolimus external cream 1 %</i>	NP	PA; ST
PLEXION CLEANSER EXTERNAL LIQUID 9.8-4.8 % ( <i>sulfacetamide sodium-sulfur</i> )	NC	
PLEXION CLEANSING CLOTH EXTERNAL PAD 9.8-4.8 % ( <i>sulfacetamide sodium-sulfur</i> )	NC	
PLEXION EXTERNAL CREAM 9.8-4.8 % ( <i>sulfacetamide sodium-sulfur</i> )	NC	
PLEXION EXTERNAL LOTION 9.8-4.8 % ( <i>sulfacetamide sodium-sulfur</i> )	NC	
PLIXDA EXTERNAL PAD 0.1 % ( <i>adapalene</i> )	NC	

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>podocon external solution 25 %</i>	NC	
<i>podofilox external solution 0.5 %</i>	PG	
PRAMOSONE EXTERNAL CREAM 1-1 % ( <i>pramoxine-hc</i> )	NC	
PRAMOSONE EXTERNAL LOTION 1-1 %, 1-2.5 % ( <i>pramoxine-hc</i> )	NP	
<i>prednicarbate external cream 0.1 %</i>	NP	
<i>prednicarbate external ointment 0.1 %</i>	NP	
<i>premium lidocaine external ointment 5 %</i>	NP	PA; QL (90 grams per 1 month)
PROTOPIC EXTERNAL OINTMENT 0.03 %, 0.1 % ( <i>tacrolimus</i> )	NC	
<i>psorcon external cream 0.05 %</i>	NC	
QBREXZA EXTERNAL PAD 2.4 % ( <i>glycopyrronium tosylate</i> )	NP	PA; ST; QL (1 pad per 1 Day)
RECURA EXTERNAL CREAM ( <i>misc antifungal combo products</i> )	NC	
REGRANEX EXTERNAL GEL 0.01 % ( <i>becaplermin</i> )	NP	QL (30 grams per 30 days)
RETIN-A EXTERNAL CREAM 0.025 %, 0.05 %, 0.1 % ( <i>tretinoin</i> )	NC	
RETIN-A EXTERNAL GEL 0.01 %, 0.025 % ( <i>tretinoin</i> )	NC	
RETIN-A MICRO EXTERNAL GEL 0.04 %, 0.1 % ( <i>tretinoin microsphere</i> )	NC	
RETIN-A MICRO PUMP EXTERNAL GEL 0.04 %, 0.06 %, 0.08 %, 0.1 % ( <i>tretinoin microsphere</i> )	NC	
RHOFADE EXTERNAL CREAM 1 % ( <i>oxymetazoline hcl</i> )	NC	
RIAX EXTERNAL FOAM 5.5 %, 9.5 % ( <i>benzoyl peroxide</i> )	NC	
<i>metronidazole (Rosadan External Cream 0.75 %)</i>	NP	
<i>metronidazole (Rosadan External Gel 0.75 %)</i>	NP	
<i>sulfacetamide sodium-sulfur (Rosanil Cleanser External Emulsion 10-5 %)</i>	NP	
SALEX EXTERNAL SHAMPOO 6 % ( <i>salicylic acid</i> )	NC	
<i>salicylic acid external cream 6 %</i>	NP	
<i>salicylic acid external liquid 27.5 %</i>	NC	
<i>salicylic acid external lotion 6 %</i>	NC	
<i>salicylic acid external shampoo 6 %</i>	NP	
<i>salitech forte external lotion 6 %</i>	NC	

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

140

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SANTYL EXTERNAL OINTMENT 250 UNIT/GM ( <i>collagenase</i> )	NP	QL (60 grams per 30 days)
<i>sulfacetamide sodium</i> (Seb-Prev Wash External Liquid 10 %)	NP	
<i>selenium sulfide external shampoo</i> 2.25 %	NC	
SERNIVO EXTERNAL EMULSION 0.05 % ( <i>betamethasone dipropionate</i> )	NC	
SILIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 210 MG/1.5ML ( <i>brodalumab</i> )	NC	
SILVADENE EXTERNAL CREAM 1 % ( <i>silver sulfadiazine</i> )	NC	
<i>silver nitrate external ointment</i> 10 %	NP	
<i>silver nitrate external solution</i> 0.5 %, 10 %, 25 %, 50 %	NP	
<i>silver sulfadiazine external cream</i> 1 %	PG	
SKLICE EXTERNAL LOTION 0.5 % ( <i>ivermectin</i> )	NP	#
SKYRIZI (150 MG DOSE) SUBCUTANEOUS PREFILLED SYRINGE KIT 75 MG/0.83ML ( <i>risankizumab-rzaa</i> )	NC	
<i>sodium sulfacetamide external shampoo</i> 10 %	NP	
SODIUM SULFACETAMIDE WASH EXTERNAL LIQUID 10 %	NP	
SOOLANTRA EXTERNAL CREAM 1 % ( <i>ivermectin</i> )	NC	#
SORIATANE ORAL CAPSULE 10 MG, 17.5 MG, 25 MG ( <i>acitretin</i> )	NC	
SORILUX EXTERNAL FOAM 0.005 % ( <i>calcipotriene</i> )	NC	
<i>spinosad external suspension</i> 0.9 %	NP	
<i>silver sulfadiazine</i> (Ssd External Cream 1 %)	PG	
<i>sss 10-5 external cream</i> 10-5 %	NP	
<i>sss 10-5 external foam</i> 10-5 %	NC	
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML ( <i>ustekinumab</i> )	PS	PA; ST; SP Pharmacy; QL (2 vials per 90 days)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML ( <i>ustekinumab</i> )	PS	PA; ST; SP Pharmacy; QL (2 syringes per 90 days)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML ( <i>ustekinumab</i> )	PS	PA; ST; SP Pharmacy; QL (2 syringes per 60 days)
<i>sulfacetamide sodium</i> ( <i>acne</i> ) <i>external lotion</i> 10 %	PG	
<i>sulfacetamide sodium external gel</i> 10 % ( <i>cleans</i> )	NP	
<i>sulfacetamide sodium external liquid</i> 10 %	NP	

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>sulfacetamide sodium-sulfur external liquid 9-4 %, 9-4.5 %</i>	NP	
<i>sulfacetamide sodium-sulfur external suspension 10-5 %, 8-4 %</i>	NP	
<i>sulfacetamide-sulfur in urea external emulsion 10-5 %</i>	NP	
<i>sulfacetamide sodium-sulfur (Sulfacleanse 8/4 External Suspension 8-4 %)</i>	NP	
SULFAMYLON EXTERNAL CREAM 85 MG/GM ( <i>mafenide acetate</i> )	NP	
SULFAMYLON EXTERNAL PACKET 5 % ( <i>mafenide acetate</i> )	NP	
<i>sulfurated lime external solution</i>	NC	
SUMAXIN EXTERNAL PAD 10-4 % ( <i>sulfacetamide sodium-sulfur</i> )	NC	
SUMAXIN TS EXTERNAL SUSPENSION 8-4 % ( <i>sulfacetamide sodium-sulfur</i> )	NC	
SYNALAR EXTERNAL CREAM 0.025 % ( <i>fluocinolone acetonide</i> )	NC	
SYNALAR EXTERNAL OINTMENT 0.025 % ( <i>fluocinolone acetonide</i> )	NC	
SYNALAR EXTERNAL SOLUTION 0.01 % ( <i>fluocinolone acetonide</i> )	NC	
SYNERA EXTERNAL PATCH 70-70 MG ( <i>lidocaine-tetracaine</i> )	NP	QL (10 patches per 30 days)
TACLONEX EXTERNAL OINTMENT 0.005-0.064 % ( <i>calcipotriene-betameth diprop</i> )	NC	
TACLONEX EXTERNAL SUSPENSION 0.005-0.064 % ( <i>calcipotriene-betameth diprop</i> )	NP	ST; #; QL (60 grams per 30 days)
<i>tacrolimus external ointment 0.03 %, 0.1 %</i>	NP	ST
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/ML ( <i>ixekizumab</i> )	NC	
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/ML ( <i>ixekizumab</i> )	NC	
TARGRETIN EXTERNAL GEL 1 % ( <i>bexarotene</i> )	NPS	PA; SP Pharmacy
<i>tazarotene external cream 0.1 %</i>	NP	PA; ST; AL
TAZORAC EXTERNAL CREAM 0.05 % ( <i>tazarotene</i> )	NP	PA; ST; AL
TAZORAC EXTERNAL CREAM 0.1 % ( <i>tazarotene</i> )	NC	
TAZORAC EXTERNAL GEL 0.05 %, 0.1 % ( <i>tazarotene</i> )	NP	PA; ST; AL

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

142

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TEMOVATE EXTERNAL CREAM 0.05 % ( <i>clobetasol propionate</i> )	NC	
TEMOVATE EXTERNAL OINTMENT 0.05 % ( <i>clobetasol propionate</i> )	NC	
TEXACORT EXTERNAL SOLUTION 2.5 % ( <i>hydrocortisone</i> )	NP	
TOLAK EXTERNAL CREAM 4 % ( <i>fluorouracil</i> )	NC	#
TOPICORT EXTERNAL CREAM 0.05 %, 0.25 % ( <i>desoximetasone</i> )	NC	
TOPICORT EXTERNAL GEL 0.05 % ( <i>desoximetasone</i> )	NC	
TOPICORT EXTERNAL OINTMENT 0.05 %, 0.25 % ( <i>desoximetasone</i> )	NC	
TOPICORT SPRAY EXTERNAL LIQUID 0.25 % ( <i>desoximetasone</i> )	NC	
TRANZAREL EXTERNAL GEL 4 % ( <i>lidocaine hcl</i> )	NC	
TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 MG/ML ( <i>guselkumab</i> )	NC	
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML ( <i>guselkumab</i> )	NC	
<i>tretinoin external cream 0.025 %, 0.05 %, 0.1 %</i>	PG	PA; AL
<i>tretinoin external gel 0.01 %</i>	PG	PA; AL
<i>tretinoin external gel 0.025 %</i>	PG	PA
<i>tretinoin external gel 0.05 %</i>	NP	PA; AL
<i>tretinoin microsphere external gel 0.04 %, 0.1 %</i>	NC	
<i>tretinoin microsphere pump external gel 0.04 %, 0.1 %</i>	NC	
<i>triamcinolone acetonide external aerosol solution 0.147 mg/gm</i>	PG	
<i>triamcinolone acetonide external cream 0.025 %, 0.1 %, 0.5 %</i>	PG	LGC
<i>triamcinolone acetonide external lotion 0.025 %, 0.1 %</i>	PG	
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>	PG	LGC
<i>triamcinolone acetonide (Triderm External Cream 0.1 %)</i>	PG	LGC
<i>triamcinolone acetonide (Triderm External Cream 0.5 %)</i>	PG	
TRIDESILON EXTERNAL CREAM 0.05 % ( <i>desonide</i> )	NC	
ULESFIA EXTERNAL LOTION 5 % ( <i>benzyl alcohol</i> )	NP	#; QL (3 bottles per 1 fill)
ULTRAVATE EXTERNAL CREAM 0.05 % ( <i>halobetasol propionate</i> )	NC	

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ULTRAVATE EXTERNAL LOTION 0.05 % ( <i>halobetasol propionate</i> )	NC	#
ULTRAVATE EXTERNAL OINTMENT 0.05 % ( <i>halobetasol propionate</i> )	NC	
VALCHLOR EXTERNAL GEL 0.016 % ( <i>mechlorethamine hcl (topical)</i> )	NC	#
VANOS EXTERNAL CREAM 0.1 % ( <i>fluocinonide</i> )	NC	
<i>benzoyl perox-hydrocortisone</i> (Vanoxide-Hc External Lotion 5-0.5 %)	NC	
VECTICAL EXTERNAL OINTMENT 3 MCG/GM ( <i>calcitriol</i> )	NC	
VERDESO EXTERNAL FOAM 0.05 % ( <i>desonide</i> )	NP	QL (100 grams per 30 days)
VEREGEN EXTERNAL OINTMENT 15 % ( <i>sinecatechins</i> )	NP	
VIRASAL EXTERNAL LIQUID 27.5 % ( <i>salicylic acid</i> )	NC	
VOLTAREN TRANSDERMAL GEL 1 % ( <i>diclofenac sodium</i> )	NC	
XEPI EXTERNAL CREAM 1 % ( <i>ozenoxacin</i> )	NC	
XERAC AC EXTERNAL SOLUTION 6.25 % ( <i>aluminum chloride in alcohol</i> )	PB	
XERESE EXTERNAL CREAM 5-1 % ( <i>acyclovir-hydrocortisone</i> )	NP	
XOLEGEL EXTERNAL GEL 2 % ( <i>ketoconazole</i> )	NP	QL (50 grams per 30 days)
<i>zaclir cleansing external lotion</i> 8 %	NC	
<i>isotretinoin</i> (Zenatane Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	NP	PA; ST; QL (2 capsules per 1 day)
ZOVIRAX EXTERNAL CREAM 5 % ( <i>acyclovir</i> )	NC	
ZOVIRAX EXTERNAL OINTMENT 5 % ( <i>acyclovir</i> )	NC	
ZYCLARA EXTERNAL CREAM 3.75 % ( <i>imiquimod</i> )	NC	
ZYCLARA PUMP EXTERNAL CREAM 2.5 %, 3.75 % ( <i>imiquimod</i> )	NC	
<b>*DIAGNOSTIC PRODUCTS*</b>		
ACCU-CHEK AVIVA PLUS IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 30 days)
ACCU-CHEK COMPACT PLUS IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 30 days)
ACCU-CHEK SMARTVIEW IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 30 days)

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

144

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ACCUTREND GLUCOSE IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 30 days)
ADVANCE INTUITION TEST IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 30 days)
ADVOCATE REDI-CODE IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 30 days)
ADVOCATE REDI-CODE+ TEST IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 30 days)
ADVOCATE TEST IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 30 days)
AGAMATRIX AMP TEST IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 30 days)
AGAMATRIX JAZZ TEST IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 30 days)
AGAMATRIX KEYNOTE TEST IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 30 days)
AGAMATRIX PRESTO TEST IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 30 days)
ASSURE 3 TEST IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 30 days)
ASSURE 4 TEST IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 30 days)
ASSURE PLATINUM IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 30 days)
ASSURE PRO TEST IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 30 days)
BAYER BREEZE 2 TEST IN VITRO DISK ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 30 days)
BAYER CONTOUR TEST IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 30 days)
CARESENS N GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 30 days)
CHEMSTRIP 10 MD IN VITRO STRIP ( <i>multiple urine tests</i> )	NP	
CHEMSTRIP 10/SG IN VITRO STRIP ( <i>multiple urine tests</i> )	NP	
CHEMSTRIP 2 GP IN VITRO STRIP ( <i>multiple urine tests</i> )	NP	
CHEMSTRIP 5 OB IN VITRO STRIP ( <i>multiple urine tests</i> )	NP	
CHEMSTRIP 7 IN VITRO STRIP ( <i>multiple urine tests</i> )	NP	
CHEMSTRIP 9 IN VITRO STRIP ( <i>multiple urine tests</i> )	NP	

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CHEMSTRIP K IN VITRO STRIP ( <i>acetone (urine) test</i> )	NP	
CHEMSTRIP UGK IN VITRO STRIP ( <i>urine glucose-ketones test</i> )	NP	
CLEVER CHEK AUTO-CODE TEST IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 30 days)
CLEVER CHEK AUTO-CODE VOICE IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 30 days)
CLEVER CHEK TEST IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 30 days)
CLEVER CHOICE AUTO-CODE TEST IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 30 days)
CLEVER CHOICE MICRO TEST IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 30 days)
EASY PLUS II GLUCOSE TEST IN VITRO STRIP	NP	PA; QL (300 strips per 1 month)
EASY STEP TEST IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 30 days)
EASY TALK BLOOD GLUCOSE TEST IN VITRO STRIP	NP	PA; QL (300 strips per 30 days)
EASY TOUCH TEST IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 30 days)
EASY TRAK BLOOD GLUCOSE TEST IN VITRO STRIP	NP	PA; QL (300 strips per 30 days)
EASYGLUCO IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 30 days)
EASYMAX 15 TEST IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 30 days)
EASYMAX TEST IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 30 days)
EASYPLUS BLOOD GLUCOSE TEST IN VITRO STRIP	NP	PA; QL (300 strips per 30 days)
EASYPRO PLUS IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 30 days)
ELEMENT TEST IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 30 days)
EMBRACE BLOOD GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 30 days)

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EVENCARE + BLOOD GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 1 month)
EVENCARE BLOOD GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 30 days)
EVENCARE G2 TEST IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 30 days)
EVENCARE G3 TEST IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 30 days)
EVOLUTION AUTOCODE IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 30 days)
EZ SMART BLOOD GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 30 days)
EZ SMART PLUS GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 30 days)
FIFTY50 GLUCOSE TEST 2.0 IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 30 days)
FORA D15G BLOOD GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 30 days)
FORA D20 BLOOD GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 30 days)
FORA G20 BLOOD GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 30 days)
FORA G30/PREM V10 GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 30 days)
FORA GD20 TEST IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 30 days)
FORA V10 BLOOD GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 30 days)
FORA V12 BLOOD GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 30 days)
FORA V20 BLOOD GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 30 days)
FORA V30A BLOOD GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 30 days)
FORACARE GD40 TEST IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 30 days)
FORACARE PREMIUM V10 TEST IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 30 days)

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
GE100 BLOOD GLUCOSE TEST IN VITRO STRIP	NP	PA; QL (300 strips per 30 days)
GLUCAGEN DIAGNOSTIC INJECTION SOLUTION RECONSTITUTED 1 MG ( <i>glucagon hcl rdna (diagnostic)</i> )	NP	QL (1 kit per 1 fill)
GLUCOCARD 01 SENSOR PLUS IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 30 days)
GLUCOCARD EXPRESSION TEST IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 30 days)
GLUCOCARD VITAL TEST IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 30 days)
GLUCOCARD X-SENSOR IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 30 days)
GLUCOCOM TEST IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 30 days)
INFINITY BLOOD GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 30 days)
KETOCARE IN VITRO STRIP ( <i>acetone (urine) test</i> )	NP	
KETO-DIASTIX IN VITRO STRIP ( <i>urine glucose-ketones test</i> )	NP	
KETOSTIX IN VITRO STRIP ( <i>acetone (urine) test</i> )	NP	
LIBERTY NEXT GENERATION TEST IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 30 days)
LIBERTY TEST IN VITRO STRIP	NP	PA; QL (300 strips per 30 days)
MICRODOT TEST IN VITRO STRIP ( <i>glucose blood</i> )	NP	QL (300 strips per 30 days)
MYGLUCOHEALTH TEST IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 30 days)
NEUTEK 2TEK TEST IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 30 days)
NOVA MAX GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 30 days)
ON CALL PLUS BLOOD GLUCOSE IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 30 days)

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

148

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ON CALL VIVID BLOOD GLUCOSE IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 30 days)
ONETOUCH ULTRA BLUE IN VITRO STRIP ( <i>glucose blood</i> )	PB	QL (300 strips per 30 days)
ONETOUCH VERIO IN VITRO STRIP ( <i>glucose blood</i> )	PB	QL (300 strips per 30 days)
PHARMACIST CHOICE AUTOCODE IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 1 month)
POCKETCHEM EZ TEST IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 30 days)
PRECISION PCX IN VITRO STRIP ( <i>glucose blood</i> )	PB	QL (300 strips per 30 days)
PRECISION PCX PLUS TEST IN VITRO STRIP ( <i>glucose blood</i> )	PB	QL (300 strips per 30 days)
PRECISION POINT OF CARE TEST IN VITRO STRIP ( <i>glucose blood</i> )	PB	QL (300 strips per 30 days)
PRECISION QID TEST IN VITRO STRIP ( <i>glucose blood</i> )	PB	QL (300 strips per 30 days)
PRECISION SOF-TACT TEST IN VITRO STRIP ( <i>glucose blood</i> )	PB	QL (300 strips per 30 days)
PRECISION XTRA BLOOD GLUCOSE IN VITRO STRIP ( <i>glucose blood</i> )	PB	QL (300 strips per 30 days)
PRODIGY NO CODING BLOOD GLUC IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 30 days)
REFUAH PLUS BLOOD GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 1 month)
RELION KETONE IN VITRO STRIP ( <i>acetone (urine) test</i> )	NP	
REVEAL BLOOD GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 1 month)
RIGHTEST GS100 BLOOD GLUCOSE IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 1 month)
RIGHTEST GS300 BLOOD GLUCOSE IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 1 month)
RIGHTEST GS550 BLOOD GLUCOSE IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 1 month)
SMARTEST BLOOD GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 30 days)
SOLUS V2 TEST IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 30 days)
SURE EDGE TEST IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 30 days)

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SURECHEK BLOOD GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 30 days)
SURE-TEST EASYPLUS MINI TEST IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 30 days)
TELCARE BLOOD GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 30 days)
TRUETEST TEST IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 30 days)
TRUETRACK TEST IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 30 days)
ULTIMA TEST IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 30 days)
ULTRATRAK PRO TEST IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 30 days)
ULTRATRAK ULTIMATE TEST IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 30 days)
VICTORY AGM-4000 TEST IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 30 days)
VOCAL POINT BLOOD GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 30 days)
WAVESENSE PRESTO IN VITRO STRIP ( <i>glucose blood</i> )	NP	PA; QL (300 strips per 1 month)
<b>*DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS* - DRUGS FOR NUTRITION</b>		
APPTRIM ORAL CAPSULE ( <i>dietary manage prod - diet aid</i> )	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
APPTRIM-D ORAL CAPSULE ( <i>dietary manage prod - diet aid</i> )	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
AVAILNEX ORAL TABLET CHEWABLE 750 MG ( <i>carbocysteine</i> )	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
AXONA ORAL PACKET ( <i>dietary management product</i> )	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

150

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CARDIOTEK RX ORAL TABLET ( <i>fa-b6-b12-arginine-blackpepper</i> )	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
CEREFOLIN NAC ORAL TABLET 6-2-600 MG ( <i>methylfol-methylcob-acetylcyst</i> )	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
CEREFOLIN NAC ORAL TABLET 6-90.314-2-600 MG ( <i>methylfol-algae-b12-acetylcyst</i> )	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
CEREFOLIN ORAL TABLET 6-1-50-5 MG ( <i>l-methylfolate-b12-b6-b2</i> )	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
DEPLIN 15 ORAL CAPSULE 15-90.314 MG ( <i>l-methylfolate-algae</i> )	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
DEPLIN 7.5 ORAL CAPSULE 7.5-90.314 MG ( <i>l-methylfolate-algae</i> )	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
ENLYTE ORAL CAPSULE ( <i>dietary management product</i> )	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
ENTERAGAM ORAL PACKET 5 GM ( <i>sbilprotein isolate</i> )	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
FOLBIC ORAL TABLET 2.5-25-2 MG ( <i>fa-pyridoxine-cyanocobalamin</i> )	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 1
FOLBIC RF ORAL TABLET 1.13-25-2 MG ( <i>l-methylfolate-b6-b12</i> )	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FOLTANX ORAL TABLET 3-35-2 MG ( <i>l-methylfolate-b6-b12</i> )	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
FOLTANX RF ORAL CAPSULE 3-90.314-2-35 MG ( <i>l-methylfolate-algae-b12-b6</i> )	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
FOLTX ORAL TABLET 1.13-25-2 MG ( <i>l-methylfolate-b6-b12</i> )	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
FOSTEUM ORAL CAPSULE 27-20-200 MG-MG-UNIT ( <i>genistein-zn chelate-vit d</i> )	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
FOSTEUM PLUS ORAL CAPSULE ( <i>dietary management product</i> )	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
FOVEX ORAL CAPSULE ( <i>dietary management product</i> )	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
GABADONE ORAL CAPSULE ( <i>dietary management product</i> )	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
HYPERTENSA ORAL CAPSULE ( <i>dietary management product</i> )	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
KIDS PROTEIN ORGANIC SHAKE ORAL LIQUID ( <i>nutritional supplements</i> )	NC	
LIMBREL ORAL CAPSULE 250 MG, 500 MG ( <i>flavocoxid</i> )	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

152

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LIMBREL250 ORAL CAPSULE 250-50 MG ( <i>flavocoxid-cit zn bisglcinate</i> )	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
LIMBREL500 ORAL CAPSULE 500-50 MG ( <i>flavocoxid-cit zn bisglcinate</i> )	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
LIPICHOL 540 ORAL CAPSULE ( <i>dietary management product</i> )	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
LISTER-V ORAL CAPSULE ( <i>dietary management product</i> )	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
<i>l-methylfolate ca me-cbl nac oral tablet 6-90.314-2-600 mg</i>	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
<i>l-methylfolate calcium oral tablet 15 mg, 7.5 mg</i>	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 1
<i>l-methylfolate forte oral capsule 15-90.314 mg, 7.5-90.314 mg</i>	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
<i>l-methylfolate oral tablet 15 mg, 7.5 mg</i>	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 1
<i>l-methylfolate-algae-b12-b6 oral capsule 3-90.314-2-35 mg</i>	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 1
<i>l-methylfolate-b6-b12 oral tablet 3-35-2 mg</i>	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 1

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>l-methyl-mc nac oral tablet 6-2-600 mg</i>	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
<i>l-methyl-mc oral tablet 6-1-50-5 mg</i>	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
MACUTEK ORAL TABLET DISPERSIBLE ( <i>dietary management product</i> )	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
METAFOLBIC ORAL TABLET 6-1-50-5 MG ( <i>l-methylfolate-b12-b6-b2</i> )	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
METAFOLBIC PLUS ORAL TABLET 6-2-600 MG ( <i>methylfol-methylcob-acetylcyst</i> )	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
METAFOLBIC PLUS RF ORAL TABLET 6-90.314-2-600 MG ( <i>methylfol-algae-b12-acetylcyst</i> )	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
METANX ORAL CAPSULE 3-90.314-2-35 MG ( <i>l-methylfolate-algae-b12-b6</i> )	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
ORGANIC NUTRITION SHAKE ORAL LIQUID ( <i>nutritional supplements</i> )	NC	
PERCURA ORAL CAPSULE ( <i>dietary management product</i> )	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
PROTEOLIN DS ORAL TABLET ( <i>dietary management product</i> )	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

154

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PROTEOLIN ORAL TABLET ( <i>dietary management product</i> )	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
PULMONA ORAL CAPSULE ( <i>dietary management product</i> )	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
SENTRA AM ORAL CAPSULE ( <i>dietary management product</i> )	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
SENTRA PM ORAL CAPSULE ( <i>dietary management product</i> )	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
THERAMINE ORAL CAPSULE ( <i>dietary management product</i> )	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
THERAMINE PLUS ORAL PACKET ( <i>dietary management product</i> )	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
TREPADONE ORAL CAPSULE ( <i>dietary management product</i> )	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
VASCAZEN ORAL CAPSULE 1 GM ( <i>omega-3-acid eth est (dietary)</i> )	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
VASCULERA ORAL TABLET ( <i>dietary management product</i> )	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
VAYACOG ORAL CAPSULE 100-19.5-6.5 MG ( <i>phosphatidylserine-dha-epa</i> )	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VAYARIN ORAL CAPSULE 75-21.5-8.5 MG ( <i>phosphatidylserine-dha-epa</i> )	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
VAYAROL ORAL CAPSULE 630-232.5-92.5 MG ( <i>phytosterol esters-dha-epa</i> )	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
VITAL HP 1.0 CAL ORAL LIQUID ( <i>nutritional supplements</i> )	NC	
<i>vp-gstn oral capsule 27-20-200 mg-mg-unit</i>	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
VSL#3 JUNIOR ORAL PACKET ( <i>dietary management product</i> )	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
VSL#3 ORAL PACKET ( <i>dietary management product</i> )	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; Tier 3
ZYTAZE ORAL CAPSULE 25-500 MG ( <i>zinc citrate-phytase</i> )	NC	Only covered in states: CT,DE, IN, KY, LA and TX and excluded elsewhere.; TIER 3
<b>*DIGESTIVE AIDS* - DRUGS FOR THE STOMACH</b>		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000 UNIT, 6000 UNIT ( <i>pancrelipase (lip-prot-amyl)</i> )	NP	PA; ST
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500 UNIT, 16800 UNIT, 21000 UNIT, 2600 UNIT, 4200 UNIT ( <i>pancrelipase (lip-prot-amyl)</i> )	NP	PA; ST
PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES 16000 UNIT, 24000-86250 UNIT, 4000 UNIT, 8000 UNIT ( <i>pancrelipase (lip-prot-amyl)</i> )	NP	PA; ST
SUCRAID ORAL SOLUTION 8500 UNIT/ML ( <i>sacrosidase</i> )	NPS	SP Pharmacy
VIKACE ORAL TABLET 10440 UNIT, 20880 UNIT ( <i>pancrelipase (lip-prot-amyl)</i> )	NP	PA; ST

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

156

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-14000 UNIT, 40000-126000 UNIT ( <i>pancrelipase (lip-prot-amyl)</i> )	PB	
<b>*DIRECT-ACTING P2Y12 INHIBITORS*** - DRUGS FOR THE BLOOD</b>		
BRILINTA ORAL TABLET 60 MG ( <i>ticagrelor</i> )	NP	QL (2 tablets per 1 day)
BRILINTA ORAL TABLET 90 MG ( <i>ticagrelor</i> )	NP	QL (2 tabs per 1 day)
<b>*DIURETICS* - DRUGS FOR THE HEART</b>		
<i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>	PG	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	PG	
ALDACTAZIDE ORAL TABLET 25-25 MG ( <i>spironolactone-hctz</i> )	NC	
ALDACTAZIDE ORAL TABLET 50-50 MG ( <i>spironolactone-hctz</i> )	NP	
ALDACTONE ORAL TABLET 100 MG, 25 MG, 50 MG ( <i>spironolactone</i> )	NC	
<i>amiloride hcl oral tablet 5 mg</i>	PG	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	PG	LGC
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	PG	
BUMEX ORAL TABLET 0.5 MG, 1 MG, 2 MG ( <i>bumetanide</i> )	NC	
CAROSPIR ORAL SUSPENSION 25 MG/5ML ( <i>spironolactone</i> )	NC	
<i>chlorothiazide oral tablet 250 mg, 500 mg</i>	PG	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	PG	
DEMADEX ORAL TABLET 10 MG, 20 MG ( <i>torseamide</i> )	NC	
DIURIL ORAL SUSPENSION 250 MG/5ML ( <i>chlorothiazide</i> )	NP	
DYAZIDE ORAL CAPSULE 37.5-25 MG ( <i>triamterene-hctz</i> )	NC	
DYRENIUM ORAL CAPSULE 100 MG, 50 MG ( <i>triamterene</i> )	NP	
EDECRIN ORAL TABLET 25 MG ( <i>ethacrynic acid</i> )	NC	
<i>ethacrynic acid oral tablet 25 mg</i>	NP	
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	NP	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	PG	LGC

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	PG	LGC
<i>hydrochlorothiazide oral tablet 12.5 mg</i>	PG	
<i>hydrochlorothiazide oral tablet 25 mg, 50 mg</i>	PG	LGC
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	PG	
KEVEYIS ORAL TABLET 50 MG ( <i>dichlorphenamide</i> )	NC	
LASIX ORAL TABLET 20 MG, 40 MG, 80 MG ( <i>furosemide</i> )	NC	
MAXZIDE ORAL TABLET 75-50 MG ( <i>triamterene-hctz</i> )	NC	
MAXZIDE-25 ORAL TABLET 37.5-25 MG ( <i>triamterene-hctz</i> )	NC	
<i>methazolamide oral tablet 25 mg, 50 mg</i>	PG	
<i>methyclothiazide oral tablet 5 mg</i>	PG	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	PG	
MICROZIDE ORAL CAPSULE 12.5 MG ( <i>hydrochlorothiazide</i> )	NC	
<i>spironolactone oral tablet 100 mg, 50 mg</i>	PG	
<i>spironolactone oral tablet 25 mg</i>	PG	LGC
<i>spironolactone-hctz oral tablet 25-25 mg</i>	PG	
<i>toremide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	PG	
<i>triamterene oral capsule 100 mg, 50 mg</i>	NP	
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	PG	LGC
<i>triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg</i>	PG	LGC
<b>*DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)*** - DRUGS FOR THE NERVOUS SYSTEM</b>		
SUNOSI ORAL TABLET 150 MG, 75 MG ( <i>solriamfetol hcl</i> )	NC	
<b>*ENDOCRINE AND METABOLIC AGENTS - MISC.* - HORMONES</b>		
ACTHAR INJECTION GEL 80 UNIT/ML ( <i>corticotropin</i> )	NC	
ACTONEL ORAL TABLET 150 MG, 30 MG, 35 MG, 5 MG ( <i>risedronate sodium</i> )	NC	
<i>alendronate sodium oral solution 70 mg/75ml</i>	NC	
<i>alendronate sodium oral tablet 10 mg</i>	PG	QL (1 tablets per 1 day)
<i>alendronate sodium oral tablet 35 mg</i>	PG	QL (8 tablets per 1 month)
<i>alendronate sodium oral tablet 40 mg, 5 mg</i>	PG	QL (1 tab per 1 day)
<i>alendronate sodium oral tablet 70 mg</i>	PG	QL (4 tabs per 1 month)

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

158

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ATELVIA ORAL TABLET DELAYED RELEASE 35 MG ( <i>risedronate sodium</i> )	NC	
BINOSTO ORAL TABLET EFFERVESCENT 70 MG ( <i>alendronate sodium</i> )	NC	
BONIVA ORAL TABLET 150 MG ( <i>ibandronate sodium</i> )	NC	
BRAVELLE INJECTION SOLUTION RECONSTITUTED 75 UNIT ( <i>urofollitropin purified</i> )	NC	PA; Only covered in states: CT,IL, KS, NC, WV and WI and excluded elsewhere.; TIER 5; SP Pharmacy
BUPHENYL ORAL POWDER 3 GM/TSP ( <i>sodium phenylbutyrate</i> )	NC	
BUPHENYL ORAL TABLET 500 MG ( <i>sodium phenylbutyrate</i> )	NC	SP Pharmacy
<i>cabergoline oral tablet 0.5 mg</i>	PG	
<i>calcitonin (salmon) nasal solution 200 unit/lact</i>	NP	ST; QL (1 bottle per 1 fill)
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	PG	
<i>calcitriol oral solution 1 mcg/ml</i>	PG	
CARBAGLU ORAL TABLET 200 MG ( <i>carglumic acid</i> )	NPS	PA; #; SP Pharmacy
CARNITOR ORAL SOLUTION 1 GM/10ML ( <i>levocarnitine</i> )	NC	
CARNITOR SF ORAL SOLUTION 1 GM/10ML ( <i>levocarnitine</i> )	NC	
CETROTIDE SUBCUTANEOUS KIT 0.25 MG ( <i>cetrotorelix acetate</i> )	NC	PA; #; Only covered in states: CT,IL, KS, NC, WV and WI and excluded elsewhere.; TIER 5; SP Pharmacy
<i>chorionic gonadotropin intramuscular solution reconstituted 10000 unit</i>	PS	PA; SP Pharmacy
<i>clomiphene citrate oral tablet 50 mg</i>	NC	Only covered in states: CT,IL, KS, NC, WV and WI and excluded elsewhere.; TIER 3
CYSTADANE ORAL POWDER ( <i>betaine</i> )	NPS	PA; SP Pharmacy
DDAVP NASAL SOLUTION 0.01 % ( <i>desmopressin acetate spray</i> )	NC	
DDAVP ORAL TABLET 0.1 MG, 0.2 MG ( <i>desmopressin acetate</i> )	NC	

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DDAVP RHINAL TUBE NASAL SOLUTION 0.01 % ( <i>desmopressin ace refrigerated</i> )	NC	
<i>desmopressin ace spray refrig nasal solution 0.01 %</i>	NP	
<i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i>	PG	
<i>desmopressin acetate spray nasal solution 0.01 %</i>	NP	
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	PG	SP Pharmacy; QL (1 capsule per 1 day)
<i>etidronate disodium oral tablet 200 mg, 400 mg</i>	NP	
EVISTA ORAL TABLET 60 MG ( <i>raloxifene hcl</i> )	NC	
FOLLISTIM AQ SUBCUTANEOUS SOLUTION 300 UNT/0.36ML, 600 UNT/0.72ML, 900 UNT/1.08ML ( <i>follitropin beta</i> )	NC	PA; ST; Only covered in states: CT,IL, KS, NC, WV and WI and excluded elsewhere.; TIER 5; SP Pharmacy
FORTEO SUBCUTANEOUS SOLUTION 600 MCG/2.4ML ( <i>teriparatide (recombinant)</i> )	NPS	PA; ST; #; SP Pharmacy
FOSAMAX ORAL TABLET 70 MG ( <i>alendronate sodium</i> )	NC	
FOSAMAX PLUS D ORAL TABLET 70-2800 MG-UNIT, 70-5600 MG-UNIT ( <i>alendronate-cholecalciferol</i> )	NP	ST; QL (4 tabs per 1 month)
GALAFOLD ORAL CAPSULE 123 MG ( <i>migalastat hcl</i> )	NPS	PA; SP Pharmacy; QL (14 capsules per 28 days)
<i>ganirelix acetate subcutaneous solution 250 mcg/0.5ml</i>	NC	PA; #; Only covered in states: CT,IL, KS, NC, WV and WI and excluded elsewhere.; TIER 5; SP Pharmacy
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> )	NPS	PA; ST; SP Pharmacy
GENOTROPIN SUBCUTANEOUS SOLUTION RECONSTITUTED 12 MG, 5 MG ( <i>somatropin</i> )	NPS	PA; ST; SP Pharmacy
GONAL-F INJECTION SOLUTION RECONSTITUTED 1050 UNIT, 450 UNIT ( <i>follitropin alfa</i> )	PS	PA; Only covered in states: CT,IL, KS, NC, WV and WI and excluded elsewhere.; TIER 5; SP Pharmacy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GONAL-F RFF REDIJECT SUBCUTANEOUS SOLUTION 300 UNIT/0.5ML, 450 UNT/0.75ML, 900 UNIT/1.5ML ( <i>follitropin alfa</i> )	PS	PA; Only covered in states: CT,IL, KS, NC, WV and WI and excluded elsewhere.; TIER 5; SP Pharmacy
GONAL-F RFF SUBCUTANEOUS SOLUTION RECONSTITUTED 75 UNIT ( <i>follitropin alfa</i> )	PS	PA; Only covered in states: CT,IL, KS, NC, WV and WI and excluded elsewhere.; TIER 5; SP Pharmacy
HUMATROPE INJECTION SOLUTION RECONSTITUTED 12 MG, 24 MG, 5 MG, 6 MG ( <i>somatropin</i> )	NPS	PA; ST; SP Pharmacy
<i>ibandronate sodium oral tablet 150 mg</i>	NP	PA; ST; QL (1 tab per 1 month)
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML ( <i>mecasermin</i> )	NPS	PA; SP Pharmacy
JYNARQUE ORAL TABLET THERAPY PACK 45 & 15 MG, 60 & 30 MG, 90 & 30 MG ( <i>tolvaptan</i> )	PS	PA; SP Pharmacy
KUVAN ORAL PACKET 100 MG, 500 MG ( <i>sapropterin dihydrochloride</i> )	NPS	PA; #; SP Pharmacy
KUVAN ORAL TABLET SOLUBLE 100 MG ( <i>sapropterin dihydrochloride</i> )	NPS	PA; #; SP Pharmacy
<i>levocarnitine oral solution 1 gml/10ml</i>	PG	
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG ( <i>leuprolide acetate</i> )	NPS	PA; #; SP Pharmacy
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG (PED), 30 MG (PED) ( <i>leuprolide acetate (3 month)</i> )	NPS	PA; #; SP Pharmacy
MENOPUR SUBCUTANEOUS SOLUTION RECONSTITUTED 75 UNIT ( <i>menotropins</i> )	NC	PA; Only covered in states: CT,IL, KS, NC, WV and WI and excluded elsewhere.; TIER 5; SP Pharmacy
MIACALCIN NASAL SOLUTION 200 UNIT/ACT ( <i>calcitonin (salmon)</i> )	NC	
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG, 25 MCG, 50 MCG, 75 MCG ( <i>parathyroid hormone (recomb)</i> )	NC	
<i>nitisinone oral capsule 10 mg, 2 mg, 5 mg</i>	PS	PA; SP Pharmacy
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG ( <i>nitisinone</i> )	NC	
NOCDURNA SUBLINGUAL TABLET SUBLINGUAL 27.7 MCG, 55.3 MCG ( <i>desmopressin acetate</i> )	NP	PA; QL (1 tablet per 1 Day)

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NOCTIVA NASAL EMULSION 0.83 MCG/0.1ML, 1.66 MCG/0.1ML ( <i>desmopressin acetate</i> )	PB	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> )	NPS	PA; ST; SP Pharmacy
<i>novarel intramuscular solution reconstituted 10000 unit</i>	PS	PA; Only covered in states: CT,IL, KS, NC, WV and WI and excluded elsewhere.; TIER 5; SP Pharmacy
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION 10 MG/2ML ( <i>somatropin</i> )	NPS	PA; ST; SP Pharmacy
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION 20 MG/2ML ( <i>somatropin</i> )	NPS	PA; ST; SP Pharmacy
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION 5 MG/2ML ( <i>somatropin</i> )	NPS	PA; ST; SP Pharmacy
<i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	PS	PA; SP Pharmacy
OMNITROPE SUBCUTANEOUS SOLUTION 10 MG/1.5ML, 5 MG/1.5ML ( <i>somatropin</i> )	PS	PA; SP Pharmacy
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG ( <i>somatropin</i> )	PS	PA; SP Pharmacy
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 5 MG ( <i>nitisinone</i> )	NPS	PA; SP Pharmacy
ORFADIN ORAL CAPSULE 20 MG ( <i>nitisinone</i> )	NPS	PA
ORFADIN ORAL SUSPENSION 4 MG/ML ( <i>nitisinone</i> )	NPS	PA; SP Pharmacy
ORLISSA ORAL TABLET 150 MG ( <i>elagolix sodium</i> )	NPS	PA; SP Pharmacy; QL (1 tablet/day per 730 lifetime days)
ORLISSA ORAL TABLET 200 MG ( <i>elagolix sodium</i> )	NPS	PA; SP Pharmacy; QL (2 tablets/day per 180 lifetime days)
OSPHENA ORAL TABLET 60 MG ( <i>ospemifene</i> )	NP	PA; ST; QL (1 tablet per 1 day)
OVIDREL SUBCUTANEOUS INJECTABLE 250 MCG/0.5ML ( <i>choriogonadotropin alfa</i> )	NC	PA; Only covered in states: CT,IL, KS, NC, WV and WI and excluded elsewhere.; TIER 5; SP Pharmacy

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

162

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML, 2.5 MG/0.5ML, 20 MG/ML ( <i>pegvaliase-pqpz</i> )	NPS	PA; SP Pharmacy; QL (1 syringe per 1 Day)
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	PG	SP Pharmacy; QL (1 capsule per 1 day)
PREGNYL INTRAMUSCULAR SOLUTION RECONSTITUTED 10000 UNIT ( <i>chorionic gonadotropin</i> )	PS	PA; Only covered in states: CT,IL, KS, NC, WV and WI and excluded elsewhere.; TIER 5; SP Pharmacy
PROLIA SUBCUTANEOUS SOLUTION 60 MG/ML ( <i>denosumab</i> )	NPS	PA; ST; SP Pharmacy
<i>raloxifene hcl oral tablet 60 mg</i>	CE	N2 (PG)
RAVICTI ORAL LIQUID 1.1 GM/ML ( <i>glycerol phenylbutyrate</i> )	NPS	PA; ST; SP Pharmacy; QL (20 bottles per 30 days)
RAYALDEE ORAL CAPSULE EXTENDED RELEASE 30 MCG ( <i>calcifediol</i> )	NP	QL (1 capsule per 1 day)
<i>risedronate sodium oral tablet 150 mg</i>	NP	ST; QL (1 tablet per 28 days)
<i>risedronate sodium oral tablet 30 mg, 5 mg</i>	NP	ST; QL (1 tablet per 1 day)
<i>risedronate sodium oral tablet 35 mg</i>	NP	ST; QL (4 tablets per 28 days)
<i>risedronate sodium oral tablet delayed release 35 mg</i>	NP	ST; QL (4 tablets per 28 days)
ROCALTROL ORAL CAPSULE 0.25 MCG, 0.5 MCG ( <i>calcitriol</i> )	NC	
ROCALTROL ORAL SOLUTION 1 MCG/ML ( <i>calcitriol</i> )	NC	
SAIZEN INJECTION SOLUTION RECONSTITUTED 5 MG, 8.8 MG ( <i>somatropin (non-refrigerated)</i> )	NPS	PA; ST; SP Pharmacy
SAMSCA ORAL TABLET 15 MG ( <i>tolvaptan</i> )	NPS	PA; #; SP Pharmacy; QL (1 tab per 1 day)
SAMSCA ORAL TABLET 30 MG ( <i>tolvaptan</i> )	NPS	PA; #; SP Pharmacy; QL (2 tabs per 1 day)
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML ( <i>octreotide acetate</i> )	NC	
SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT 10 MG, 20 MG, 30 MG ( <i>octreotide acetate</i> )	NC	#
SENSIPAR ORAL TABLET 30 MG, 60 MG, 90 MG ( <i>cinacalcet hcl</i> )	NP	PA; SP Pharmacy; QL (2 tablets per 1 day)

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG ( <i>somatropin (non-refrigerated)</i> )	NPS	PA; ST; SP Pharmacy
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 10 MG, 20 MG, 30 MG, 40 MG, 60 MG ( <i>pasireotide pamoate</i> )	NC	
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML ( <i>pasireotide diaspargate</i> )	NPS	PA; SP Pharmacy; QL (2 amps per 1 day)
<i>sodium phenylbutyrate oral powder 3 gmltsp</i>	PS	PA; SP Pharmacy; QL (20 grams per 1 day)
<i>sodium phenylbutyrate oral tablet 500 mg</i>	PS	PA; SP Pharmacy; QL (40 tablets per 1 day)
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 120 MG/0.5ML, 60 MG/0.2ML, 90 MG/0.3ML ( <i>lanreotide acetate</i> )	NPS	PA; #; SP Pharmacy
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG ( <i>pegvisomant</i> )	NPS	PA; #; SP Pharmacy
STIMATE NASAL SOLUTION 1.5 MG/ML ( <i>desmopressin acetate</i> )	NP	PA
SUPPRELIN LA SUBCUTANEOUS KIT 50 MG ( <i>histrelin acetate (cpp)</i> )	NC	PA; SP Pharmacy
SYNAREL NASAL SOLUTION 2 MG/ML ( <i>nafarelin acetate</i> )	NPS	PA; SP Pharmacy
TRIPTODUR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 22.5 MG ( <i>triptorelin pamoate</i> )	NPS	PA; SP Pharmacy
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML ( <i>abaloparatide</i> )	PS	PA; ST; SP Pharmacy; QL (1 injection per 1 month)
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7ML ( <i>denosumab</i> )	NPS	PA; ST; SP Pharmacy
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG ( <i>paricalcitol</i> )	NC	
ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 5 MG ( <i>somatropin</i> )	NPS	PA; ST; SP Pharmacy
ZORBTIVE SUBCUTANEOUS SOLUTION RECONSTITUTED 8.8 MG ( <i>somatropin (non-refrigerated)</i> )	NPS	PA; ST; SP Pharmacy
<b>*ESTROGENS* - HORMONES</b>		
ACTIVELLA ORAL TABLET 0.5-0.1 MG, 1-0.5 MG ( <i>estradiol-norethindrone acet</i> )	NC	

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

164

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ALORA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR ( <i>estradiol</i> )	NC	
<i>estradiol-norethindrone acet</i> (Amabelz Oral Tablet 0.5-0.1 Mg, 1-0.5 Mg)	NP	QL (1 tablet per 1 day)
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG ( <i>drospirenone-estradiol</i> )	NP	
BIEST/PROGESTERONE TRANSDERMAL CREAM ( <i>estradiol-estriol-progesterone</i> )	NC	
BIJUVA ORAL CAPSULE 1-100 MG ( <i>estradiol-progesterone</i> )	NC	
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/DAY ( <i>estradiol-levonorgestrel</i> )	NP	#; QL (1 box per 1 fill)
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> )	NC	
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY 0.05-0.14 MG/DAY, 0.05-0.25 MG/DAY ( <i>estradiol-norethindrone acet</i> )	NP	QL (8 patch per 1 month)
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML, 20 MG/ML, 40 MG/ML ( <i>estradiol valerate</i> )	NC	
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML ( <i>estradiol cypionate</i> )	NC	
DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM, 1 MG/GM ( <i>estradiol</i> )	NP	QL (1 packet per 1 day)
ELESTRIN TRANSDERMAL GEL 0.52 MG/0.87 GM (0.06%) ( <i>estradiol</i> )	NP	QL (52 gm per 30 days)
ESTRACE ORAL TABLET 0.5 MG, 1 MG, 2 MG ( <i>estradiol</i> )	NC	
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	PG	LGC
<i>estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	PG	QL (8 patches per 1 month)
<i>estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	PG	QL (4 patches per 28 days)
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	NC	
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg</i>	NP	QL (1 tab per 1 day)
<i>estradiol-norethindrone acet oral tablet 1-0.5 mg</i>	NP	QL (1 EA per 1 day)

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ESTROGEL TRANSDERMAL GEL 0.75 MG/1.25 GM (0.06%) ( <i>estradiol</i> )	NP	QL (50 grams per 1 fill)
<i>estropipate oral tablet 0.75 mg</i>	PG	
EVAMIST TRANSDERMAL SOLUTION 1.53 MG/SPRAY ( <i>estradiol</i> )	NP	QL (2 bottles per 1 month)
<i>norethindrone-eth estradiol</i> (Fyavolv Oral Tablet 0.5-2.5 Mg-Mcg, 1-5 Mg-Mcg)	NP	
<i>jevantique lo oral tablet 0.5-2.5 mg-mcg</i>	NP	
<i>norethindrone-eth estradiol</i> (Jinteli Oral Tablet 1-5 Mg-Mcg)	NP	
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG ( <i>esterified estrogens</i> )	NP	
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24HR ( <i>estradiol</i> )	NP	#; QL (4 patches per 28 days)
<i>estradiol-norethindrone acet</i> (Mimvey Lo Oral Tablet 0.5-0.1 Mg)	NP	QL (1 tablet per 1 day)
<i>estradiol-norethindrone acet</i> (Mimvey Oral Tablet 1-0.5 Mg)	NP	QL (1 tab 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> )	NC	
<i>norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	NP	
PREFEST ORAL TABLET 1/1-0.09 MG (15/15) ( <i>estradiol-norgestimate</i> )	NP	QL (1 tab 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> )	NP	
PREMPHASE ORAL TABLET 0.625-5 MG ( <i>conj estrogen-medroxyprogesterone ace</i> )	NP	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG ( <i>conj estrogen-medroxyprogesterone ace</i> )	NP	
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> )	NC	
<b>*ESTROGEN-SELECTIVE ESTROGEN RECEPTOR MODULATOR COMB*** - HORMONES</b>		
DUAVEE ORAL TABLET 0.45-20 MG ( <i>conj estrogens-bazedoxifene</i> )	NP	PA; ST; QL (1 tab per 1 day)

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

166

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>*FARNESOID X RECEPTOR (FXR) AGONISTS*** - DRUGS FOR THE LIVER</b>		
OCALIVA ORAL TABLET 10 MG, 5 MG ( <i>obeticholic acid</i> )	NC	
<b>*FLUOROQUINOLONES* - DRUGS FOR INFECTIONS</b>		
AVELOX ORAL TABLET 400 MG ( <i>moxifloxacin hcl</i> )	NC	
BAXDELA ORAL TABLET 450 MG ( <i>delafloxacin meglumine</i> )	NC	
CIPRO ORAL SUSPENSION RECONSTITUTED 250 MG/5ML (5%), 500 MG/5ML (10%) ( <i>ciprofloxacin</i> )	NC	
CIPRO ORAL TABLET 250 MG, 500 MG ( <i>ciprofloxacin hcl</i> )	NC	
CIPRO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG, 500 MG ( <i>ciprofloxacin-ciproflox hcl</i> )	NC	
<i>ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg</i>	PG	
<i>ciprofloxacin oral suspension reconstituted 500 mg/5ml (10%)</i>	PG	
<i>ciprofloxacin-ciproflox hcl er oral tablet extended release 24 hour 1000 mg, 500 mg</i>	NP	
LEVAQUIN ORAL TABLET 250 MG, 500 MG, 750 MG ( <i>levofloxacin</i> )	NC	
<i>levofloxacin oral solution 25 mg/ml</i>	PG	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	PG	
<i>moxifloxacin hcl oral tablet 400 mg</i>	NP	
<i>ofloxacin oral tablet 300 mg</i>	PG	QL (28 tablets per 1 fill)
<i>ofloxacin oral tablet 400 mg</i>	PG	
<b>*GASTROINTESTINAL AGENTS - MISC.* - DRUGS FOR THE STOMACH</b>		
ACTIGALL ORAL CAPSULE 300 MG ( <i>ursodiol</i> )	NC	
<i>alosetron hcl oral tablet 0.5 mg, 1 mg</i>	NP	ST
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG ( <i>lubiprostone</i> )	NP	ST; QL (2 caps 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> )	NC	
AURYXIA ORAL TABLET 1 GM 210 MG(Fe) ( <i>ferric citrate</i> )	NC	
AZULFIDINE EN-TABS ORAL TABLET DELAYED RELEASE 500 MG ( <i>sulfasalazine</i> )	NC	

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AZULFIDINE ORAL TABLET 500 MG ( <i>sulfasalazine</i> )	NC	
<i>balsalazide disodium oral capsule 750 mg</i>	PG	QL (9 caps per 1 day)
<i>calcium acetate (phos binder) oral capsule 667 mg</i>	PG	
<i>calcium acetate (phos binder) oral tablet 667 mg</i>	PG	
CALPHRON ORAL TABLET 667 MG ( <i>calcium acetate (phos binder)</i> )	PG	
CANASA RECTAL SUPPOSITORY 1000 MG ( <i>mesalamine</i> )	NP	ST; QL (1 suppository per 1 day)
CHENODAL ORAL TABLET 250 MG ( <i>chenodiol</i> )	NPS	PA
CIMZIA PREFILLED SUBCUTANEOUS KIT 2 X 200 MG/ML ( <i>certolizumab pegol</i> )	NPS	PA; ST; SP Pharmacy; QL (1 kit per 1 month)
CIMZIA STARTER KIT SUBCUTANEOUS KIT 6 X 200 MG/ML ( <i>certolizumab pegol</i> )	NPS	PA; ST; SP Pharmacy; QL (1 kit per 1 year)
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG ( <i>certolizumab pegol</i> )	NPS	PA; ST; SP Pharmacy; QL (1 kit per 1 month)
COLAZAL ORAL CAPSULE 750 MG ( <i>balsalazide disodium</i> )	NC	
<i>cromolyn sodium oral concentrate 100 mg/5ml</i>	NP	
DELZICOL ORAL CAPSULE DELAYED RELEASE 400 MG ( <i>mesalamine</i> )	NC	
DIPENTUM ORAL CAPSULE 250 MG ( <i>olsalazine sodium</i> )	NP	ST; QL (4 caps per 1 day)
<i>emulose oral solution 10 gm/15ml</i>	PG	LGC
FOSRENOL ORAL PACKET 1000 MG, 750 MG ( <i>lanthanum carbonate</i> )	NP	
FOSRENOL ORAL TABLET CHEWABLE 1000 MG, 500 MG, 750 MG ( <i>lanthanum carbonate</i> )	NC	
GASTROCROM ORAL CONCENTRATE 100 MG/5ML ( <i>cromolyn sodium</i> )	NC	
GATTEX SUBCUTANEOUS KIT 5 MG ( <i>teduglutide (rdna)</i> )	NPS	PA; SP Pharmacy; QL (1 box per 30 fillss)
<i>generlac oral solution 10 gm/15ml</i>	PG	LGC
GIAZO ORAL TABLET 1.1 GM ( <i>balsalazide disodium</i> )	NP	ST; #; QL (6 tabs per 1 day)
<i>lactulose encephalopathy oral solution 10 gm/15ml</i>	PG	LGC
<i>lanthanum carbonate oral tablet chewable 1000 mg, 500 mg, 750 mg</i>	PG	
LIALDA ORAL TABLET DELAYED RELEASE 1.2 GM ( <i>mesalamine</i> )	NC	

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LINZESS ORAL CAPSULE 145 MCG, 290 MCG ( <i>linaclotide</i> )	NP	ST; QL (1 cap per 1 day)
LINZESS ORAL CAPSULE 72 MCG ( <i>linaclotide</i> )	NP	ST
LOTRONEX ORAL TABLET 0.5 MG, 1 MG ( <i>alosetron hcl</i> )	NC	
<i>mesalamine oral capsule delayed release 400 mg</i>	NP	QL (12 capsules per 1 Day)
<i>mesalamine oral tablet delayed release 1.2 gm</i>	NP	QL (4 tablets per 1 Day)
<i>mesalamine oral tablet delayed release 800 mg</i>	NP	QL (6 tablets per 1 day)
<i>mesalamine rectal suppository 1000 mg</i>	PG	QL (1 suppository per 1 day)
<i>metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml</i>	PG	LGC
<i>metoclopramide hcl oral tablet 10 mg</i>	PG	LGC
<i>metoclopramide hcl oral tablet 5 mg</i>	PG	
<i>metoclopramide hcl oral tablet dispersible 10 mg, 5 mg</i>	PG	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG ( <i>naloxegol oxalate</i> )	NC	
PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG ( <i>mesalamine</i> )	NP	ST; QL (16 caps per 1 day)
PENTASA ORAL CAPSULE EXTENDED RELEASE 500 MG ( <i>mesalamine</i> )	NP	ST; QL (8 caps per 1 day)
PHOSLYRA ORAL SOLUTION 667 MG/5ML ( <i>calcium acetate (phos binder)</i> )	NP	
REGLAN ORAL TABLET 10 MG, 5 MG ( <i>metoclopramide hcl</i> )	NC	
RELISTOR ORAL TABLET 150 MG ( <i>methylnaltrexone bromide</i> )	NC	#
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML ( <i>methylnaltrexone bromide</i> )	NP	PA; QL (0.6 ml per 1 day)
RELISTOR SUBCUTANEOUS SOLUTION 8 MG/0.4ML ( <i>methylnaltrexone bromide</i> )	NP	PA; QL (0.4 ml per 1 day)
RENAGEL ORAL TABLET 800 MG ( <i>sevelamer hcl</i> )	NC	
RENVELA ORAL PACKET 0.8 GM, 2.4 GM ( <i>sevelamer carbonate</i> )	NC	
RENVELA ORAL TABLET 800 MG ( <i>sevelamer carbonate</i> )	NP	
<i>sevelamer carbonate oral packet 0.8 gm, 2.4 gm</i>	NP	
<i>sevelamer carbonate oral tablet 800 mg</i>	NP	
<i>sevelamer hcl oral tablet 400 mg, 800 mg</i>	PG	

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SFROWASA RECTAL ENEMA 4 GM/60ML ( <i>mesalamine</i> )	NC	
<i>sulfasalazine oral tablet 500 mg</i>	PG	QL (8 tabs per 1 day)
<i>sulfasalazine oral tablet delayed release 500 mg</i>	PG	QL (8 tabs per 1 day)
<i>sulfasalazine</i> (Sulfazine Oral Tablet 500 Mg)	PG	QL (8 tabs per 1 day)
SYMPROIC ORAL TABLET 0.2 MG ( <i>naldemedine tosylate</i> )	NC	
URSO 250 ORAL TABLET 250 MG ( <i>ursodiol</i> )	NC	
URSO FORTE ORAL TABLET 500 MG ( <i>ursodiol</i> )	NC	
<i>ursodiol oral capsule 300 mg</i>	PG	
<i>ursodiol oral tablet 250 mg, 500 mg</i>	NP	
VELPHORO ORAL TABLET CHEWABLE 500 MG ( <i>sucroferric oxyhydroxide</i> )	NP	#
<b>*GENITOURINARY AGENTS - MISCELLANEOUS* - DRUGS FOR THE URINARY SYSTEM</b>		
<i>acetic acid irrigation solution 0.25 %</i>	NP	
<i>alfuzosin hcl er oral tablet extended release 24 hour 10 mg</i>	NP	QL (1 tab per 1 day)
<i>sodium chloride (gu irrigant)</i> (Argyle Sterile Saline Irrigation Solution 0.9 %)	PG	
AVODART ORAL CAPSULE 0.5 MG ( <i>dutasteride</i> )	NC	
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG ( <i>doxazosin mesylate</i> )	NP	QL (1 tab per 1 day)
<i>sodium chloride (gu irrigant)</i> (Curity Sterile Saline Irrigation Solution 0.9 %)	PG	
CYSTAGON ORAL CAPSULE 150 MG, 50 MG ( <i>cysteamine bitartrate</i> )	PS	PA; SP Pharmacy
<i>cytra k crystals oral packet 3300-1002 mg</i>	NP	
<i>dutasteride oral capsule 0.5 mg</i>	NP	ST; QL (1 capsule per 1 day)
<i>dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg</i>	NC	
ELMIRON ORAL CAPSULE 100 MG ( <i>pentosan polysulfate sodium</i> )	NP	QL (3 capsules per 1 day)
<i>finasteride oral tablet 5 mg</i>	PG	
FLOMAX ORAL CAPSULE 0.4 MG ( <i>tamsulosin hcl</i> )	NC	
JALYN ORAL CAPSULE 0.5-0.4 MG ( <i>dutasteride-tamsulosin hcl</i> )	NC	
K-PHOS NO 2 ORAL TABLET 305-700 MG ( <i>pot &amp; sod ac phosphates</i> )	NP	

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

170

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LITHOSTAT ORAL TABLET 250 MG ( <i>acetohydroxamic acid</i> )	NP	
<i>neomycin-polymyxin b gu irrigation solution 40-200000</i>	NP	
ORACIT ORAL SOLUTION 490-640 MG/5ML ( <i>sod citrate-citric acid</i> )	NP	
<i>phenazopyridine hcl</i> (Phenazo Oral Tablet 200 Mg)	PG	
<i>potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)</i>	PG	
<i>potassium citrate-citric acid oral solution 1100-334 mg/5ml</i>	NP	
PROCYSBI ORAL CAPSULE DELAYED RELEASE 25 MG, 75 MG ( <i>cysteamine bitartrate</i> )	NC	
PROSCAR ORAL TABLET 5 MG ( <i>finasteride</i> )	NC	
RAPAFLO ORAL CAPSULE 4 MG, 8 MG ( <i>silodosin</i> )	NP	
RENACIDIN IRRIGATION SOLUTION ( <i>citric ac-gluconolact-mg carb</i> )	NP	
<i>silodosin oral capsule 4 mg, 8 mg</i>	PG	
<i>sod citrate-citric acid oral solution 500-334 mg/5ml</i>	NP	
<i>sodium chloride irrigation solution 0.9 %</i>	PG	
<i>sorbitol-mannitol irrigation solution 2.7-0.54 gml/100ml</i>	NP	
<i>tamsulosin hcl oral capsule 0.4 mg</i>	PG	
<i>potassium citrate-citric acid</i> (Taron-Crystals Oral Packet 3300-1002 Mg)	NP	
THIOLA EC ORAL TABLET DELAYED RELEASE 100 MG, 300 MG ( <i>tiopronin</i> )	NPS	PA; SP Pharmacy
THIOLA ORAL TABLET 100 MG ( <i>tiopronin</i> )	NPS	PA; ST
<i>tricitrates oral solution 550-500-334 mg/5ml</i>	PG	
UROCIT-K 10 ORAL TABLET EXTENDED RELEASE 10 MEQ (1080 MG) ( <i>potassium citrate</i> )	NC	
UROCIT-K 15 ORAL TABLET EXTENDED RELEASE 15 MEQ (1620 MG) ( <i>potassium citrate</i> )	NC	
UROCIT-K 5 ORAL TABLET EXTENDED RELEASE 5 MEQ (540 MG) ( <i>potassium citrate</i> )	NC	
UROXATRAL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG ( <i>alfuzosin hcl</i> )	NC	
<b>*GLYCOPEPTIDES*** - DRUGS FOR INFECTIONS</b>		
FIRVANQ ORAL SOLUTION RECONSTITUTED 25 MG/ML ( <i>vancomycin hcl</i> )	NP	

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VANCOCIN HCL ORAL CAPSULE 125 MG, 250 MG ( <i>vancomycin hcl</i> )	NC	
<i>vancomycin hcl oral capsule 125 mg, 250 mg</i>	NP	
<b>*GOUT AGENTS* - DRUGS FOR PAIN AND FEVER</b>		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	PG	LGC
<i>colchicine oral capsule 0.6 mg</i>	NC	
<i>colchicine oral tablet 0.6 mg</i>	NP	QL (2 tablets per 1 day)
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>	PG	
COLCRYS ORAL TABLET 0.6 MG ( <i>colchicine</i> )	NC	
DUZALLO ORAL TABLET 200-200 MG, 200-300 MG ( <i>lesinurad-allopurinol</i> )	NC	
<i>febuxostat oral tablet 40 mg, 80 mg</i>	NP	ST; QL (1 tablet per 1 day)
MITIGARE ORAL CAPSULE 0.6 MG ( <i>colchicine</i> )	NC	
<i>probenecid oral tablet 500 mg</i>	PG	
ULORIC ORAL TABLET 40 MG, 80 MG ( <i>febuxostat</i> )	NC	#
ZURAMPIC ORAL TABLET 200 MG ( <i>lesinurad</i> )	NC	
ZYLOPRIM ORAL TABLET 100 MG, 300 MG ( <i>allopurinol</i> )	NC	
<b>*HEMATOLOGICAL AGENTS - MISC.* - DRUGS FOR THE BLOOD</b>		
ADVATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT ( <i>antihemophilic factor rahf-pfm</i> )	NPS	PA; SP Pharmacy
ADYNOVATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT, 750 UNIT	NC	
AFSTYLA INTRAVENOUS KIT 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 500 UNIT ( <i>antihemophil fact single chain</i> )	NC	
AGGRENOX ORAL CAPSULE EXTENDED RELEASE 12 HOUR 25-200 MG ( <i>aspirin-dipyridamole</i> )	NC	
AGRYLIN ORAL CAPSULE 0.5 MG ( <i>anagrelide hcl</i> )	NC	
ALPHANATE/VWF COMPLEX/HUMAN INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT ( <i>antihemophilic factor-vwf</i> )	NC	

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

172

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ALPHANINE SD INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT ( <i>coagulation factor ix</i> )	NPS	PA; SP Pharmacy
ALPROLIX INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT ( <i>coagulation factor ix (rfixfc)</i> )	NC	
<i>anagrelide hcl oral capsule 0.5 mg, 1 mg</i>	NP	
<i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i>	PG	
<i>aspirin-omeprazole oral tablet delayed release 325-40 mg, 81-40 mg</i>	NC	
BEBULIN INTRAVENOUS SOLUTION RECONSTITUTED 200-1200 UNIT ( <i>factor ix complex</i> )	NC	
BENEFIX INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT ( <i>coagulation factor ix (recomb)</i> )	NC	
BRILINTA ORAL TABLET 60 MG ( <i>ticagrelor</i> )	NP	QL (2 tablets per 1 day)
BRILINTA ORAL TABLET 90 MG ( <i>ticagrelor</i> )	NP	QL (2 tabs per 1 day)
<i>cilostazol oral tablet 100 mg, 50 mg</i>	NP	
<i>clopidogrel bisulfate oral tablet 300 mg</i>	PG	QL (1 tab per 1 fill)
<i>clopidogrel bisulfate oral tablet 75 mg</i>	PG	QL (1 tab per 1 day)
COAGADEX INTRAVENOUS SOLUTION RECONSTITUTED 250 UNIT, 500 UNIT ( <i>coagulation factor x (human)</i> )	NC	
CORIFACT INTRAVENOUS KIT 1000-1600 UNIT ( <i>factor xiii concentrate human</i> )	NC	
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	PG	
DURLAZA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 162.5 MG ( <i>aspirin</i> )	NC	
EFFIENT ORAL TABLET 10 MG, 5 MG ( <i>prasugrel hcl</i> )	NC	
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> )	NC	
FEIBA INTRAVENOUS SOLUTION RECONSTITUTED ( <i>antiinhibitor coagulant cmplx</i> )	NC	
FIBRYGA INTRAVENOUS SOLUTION RECONSTITUTED ( <i>fibrinogen concentrate (human)</i> )	NC	

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FIRAZYR SUBCUTANEOUS SOLUTION 30 MG/3ML ( <i>icatibant acetate</i> )	NC	#
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT, 3000 UNIT ( <i>c1 esterase inhibitor (human)</i> )	PS	PA; ST; SP Pharmacy; 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> )	NPS	PA; SP Pharmacy
HEMOFIL M INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1700 UNIT, 250 UNIT, 500 UNIT ( <i>antihemophilic factor</i> )	NC	
HUMATE-P INTRAVENOUS SOLUTION RECONSTITUTED 1000-2400 UNIT, 250-600 UNIT, 500-1200 UNIT ( <i>antihemophilic factor-vwf</i> )	NC	
<i>icatibant acetate subcutaneous solution 30 mg/3ml</i>	PS	PA; NPL; SP Pharmacy; QL (6 syringes per 1 month)
IDELVION INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3500 UNIT, 500 UNIT ( <i>coagulation factor ix (rix-fp)</i> )	NC	
IXINITY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT ( <i>coagulation factor ix (recomb)</i> )	NC	
JIVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT ( <i>antihemoph fact rcmb peg-auct</i> )	NC	
KALBITOR SUBCUTANEOUS SOLUTION 10 MG/ML ( <i>ecallantide</i> )	NC	
KCENTRA INTRAVENOUS KIT 1000 UNIT, 500 UNIT ( <i>prothrombin complex conc human</i> )	NC	
KOATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 250 UNIT, 500 UNIT ( <i>antihemophilic factor</i> )	NC	
KOATE-DVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 250 UNIT, 500 UNIT ( <i>antihemophilic factor</i> )	NC	
KOGENATE FS BIO-SET INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 3000 UNIT ( <i>antihemophilic factor (recomb)</i> )	NPS	PA; SP Pharmacy

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

174

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> )	NPS	PA; SP Pharmacy
KOVALTRY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT ( <i>antihemophilic factor (recomb)</i> )	NC	
MONOCLATE-P INTRAVENOUS KIT 1000 UNIT, 1500 UNIT ( <i>antihemophilic factor</i> )	NC	
MONONINE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT ( <i>coagulation factor ix</i> )	NC	
NOVOEIGHT INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT ( <i>antihemophilic factor (recomb)</i> )	NC	
NOVOSEVEN RT INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 2 MG, 5 MG, 8 MG ( <i>coagulation factor viia recomb</i> )	NC	
NUWIQ INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT ( <i>antihemophil fact (bdd-rfviii)</i> )	NC	
NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT ( <i>antihemophil fact (bdd-rfviii)</i> )	NC	
<i>obizur intravenous solution reconstituted 500 unit</i>	NC	
<i>pentoxifylline er oral tablet extended release 400 mg</i>	PG	
PLAVIX ORAL TABLET 300 MG, 75 MG ( <i>clopidogrel bisulfate</i> )	NC	
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i>	NP	PA; QL (1 tablet per 1 Day)
PROFILNINE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT ( <i>factor ix complex</i> )	NC	
PROFILNINE SD INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT ( <i>factor ix complex</i> )	NC	
REBINYN INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 500 UNIT ( <i>coagulation factor ix glycopeg</i> )	NC	

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RECOMBINATE INTRAVENOUS SOLUTION RECONSTITUTED 1241-1800 UNIT, 1801-2400 UNIT, 220-400 UNIT, 401-800 UNIT, 801-1240 UNIT ( <i>antihemophilic factor (recomb)</i> )	NC	
RIASTAP INTRAVENOUS SOLUTION RECONSTITUTED ( <i>fibrinogen concentrate (human)</i> )	NC	
<i>rixubis intravenous solution reconstituted 1000 unit, 2000 unit, 250 unit, 3000 unit, 500 unit</i>	NC	
<i>ticlopidine hcl oral tablet 250 mg</i>	PG	
TRETEN INTRAVENOUS SOLUTION RECONSTITUTED 2000-3125 UNIT ( <i>coagulation factor xiii a-sub</i> )	NC	
VONVENDI INTRAVENOUS SOLUTION RECONSTITUTED 1300 UNIT, 650 UNIT ( <i>von willebrand factor (recomb)</i> )	NC	
WILATE INTRAVENOUS KIT 1000-1000 UNIT, 500-500 UNIT ( <i>antihemophilic factor-vwf</i> )	NPS	PA; SP Pharmacy
XYNTHA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT ( <i>antihemophilic factor rahf-paf</i> )	NC	
XYNTHA SOLOFUSE INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT ( <i>antihemophilic factor rahf-paf</i> )	NC	
YOSPRALA ORAL TABLET DELAYED RELEASE 325-40 MG, 81-40 MG ( <i>aspirin-omeprazole</i> )	NC	
<b>*HEMATOPOIETIC AGENTS* - DRUGS FOR NUTRITION</b>		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML ( <i>darbepoetin alfa</i> )	PS	PA; SP Pharmacy
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML ( <i>darbepoetin alfa</i> )	PS	PA
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> )	PS	PA; SP Pharmacy
CERDELGA ORAL CAPSULE 84 MG ( <i>eliglustat tartrate</i> )	PS	PA; SP Pharmacy; QL (2 caps per 1 day)
<i>cyanocobalamin injection solution 1000 mcg/ml</i>	PG	

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

176

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DOPTELET ORAL TABLET 20 MG ( <i>avatrombopag maleate</i> )	NPS	PA; SP Pharmacy; QL (3 /day for 5 days per 30 days)
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG ( <i>hydroxyurea</i> )	NP	
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML ( <i>epoetin alfa</i> )	NPS	PA; SP Pharmacy
<i>folic acid oral capsule 0.8 mg, 20 mg, 5 mg</i>	CE	N2 (Not Covered)
<i>folic acid oral tablet 1 mg</i>	CE	LGC; N2 (Not Covered)
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	CE	N2 (Not Covered)
FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML ( <i>pegfilgrastim-jmdb</i> )	PS	PA; SP Pharmacy
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML, 480 MCG/1.6ML ( <i>tbo-filgrastim</i> )	NC	
GRANIX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML ( <i>tbo-filgrastim</i> )	NC	
<i>miglustat oral capsule 100 mg</i>	PS	PA; ST; SP Pharmacy; QL (3 capsules per 1 Day)
MIRCERA INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.3ML, 200 MCG/0.3ML, 50 MCG/0.3ML, 75 MCG/0.3ML ( <i>methoxy peg-epoetin beta</i> )	NPS	PA
MIRCERA INJECTION SOLUTION PREFILLED SYRINGE 150 MCG/0.3ML, 30 MCG/0.3ML ( <i>methoxy peg-epoetin beta</i> )	NPS	PA; SP Pharmacy
MOZOBIL SUBCUTANEOUS SOLUTION 24 MG/1.2ML ( <i>plerixafor</i> )	NPS	PA
MULPLETA ORAL TABLET 3 MG ( <i>lusutrombopag</i> )	NPS	PA; SP Pharmacy; QL (1 /day for 7 days per 30 days)
NASCOBAL NASAL SOLUTION 500 MCG/0.1ML ( <i>cyanocobalamin</i> )	NC	
NEULASTA ONPRO SUBCUTANEOUS PREFILLED SYRINGE KIT 6 MG/0.6ML ( <i>pegfilgrastim</i> )	PS	PA
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML ( <i>pegfilgrastim</i> )	PS	PA
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML ( <i>filgrastim</i> )	NPS	PA; ST; SP Pharmacy
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML ( <i>filgrastim</i> )	NPS	PA; ST

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML ( <i>filgrastim-aafi</i> )	PS	PA; NPL; SP Pharmacy
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML ( <i>filgrastim-aafi</i> )	PS	PA; SP Pharmacy
NPLATE SUBCUTANEOUS SOLUTION RECONSTITUTED 250 MCG, 500 MCG ( <i>romiplostim</i> )	NPS	PA; SP Pharmacy
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> )	PS	PA; SP Pharmacy
PROMACTA ORAL PACKET 12.5 MG ( <i>eltrombopag olamine</i> )	NPS	PA; SP Pharmacy; QL (1 packet per 1 day)
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG ( <i>eltrombopag olamine</i> )	NPS	PA; SP Pharmacy; QL (1 tab per 1 day)
PROMACTA ORAL TABLET 75 MG ( <i>eltrombopag olamine</i> )	NPS	PA; SP Pharmacy; QL (1 tablet per 1 day)
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML ( <i>epoetin alfa-epbx</i> )	PS	PA; SP Pharmacy
SIKLOS ORAL TABLET 100 MG, 1000 MG ( <i>hydroxyurea</i> )	NP	PA
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML ( <i>pegfilgrastim-cbqv</i> )	PS	PA; NPL; SP Pharmacy
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML ( <i>filgrastim-sndz</i> )	PS	PA
ZAVESCA ORAL CAPSULE 100 MG ( <i>miglustat</i> )	NPS	PA; ST; SP Pharmacy; QL (3 caps per 1 day)
<b>*HEMOSTATICS* - DRUGS FOR THE BLOOD</b>		
AMICAR ORAL SOLUTION 0.25 GM/ML ( <i>aminocaproic acid</i> )	NC	
AMICAR ORAL TABLET 1000 MG ( <i>aminocaproic acid</i> )	PB	
AMICAR ORAL TABLET 500 MG ( <i>aminocaproic acid</i> )	NC	
<i>aminocaproic acid oral solution 0.25 g/ml</i>	NC	
<i>aminocaproic acid oral tablet 1000 mg, 500 mg</i>	PG	
LYSTEDA ORAL TABLET 650 MG ( <i>tranexamic acid</i> )	NC	
<i>monsels ferric subsulfate external solution</i>	NC	
<i>tranexamic acid oral tablet 650 mg</i>	PG	QL (30 tablet per 1 fill)

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

178

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>*HEPATITIS C AGENT - COMBINATIONS*** - DRUGS FOR INFECTIONS</b>		
EPCLUSA ORAL TABLET 400-100 MG ( <i>sofosbuvir-velpatasvir</i> )	PS	PA; NPL; SP Pharmacy; QL (1 tablet per 1 day)
HARVONI ORAL TABLET 90-400 MG ( <i>ledipasvir-sofosbuvir</i> )	PS	PA; NPL; SP Pharmacy
<i>ledipasvir-sofosbuvir oral tablet 90-400 mg</i>	NC	
MAVYRET ORAL TABLET 100-40 MG ( <i>glecaprevir-pibrentasvir</i> )	NPS	PA; ST; SP Pharmacy; QL (3 tablets per 1 Day)
<i>sofosbuvir-velpatasvir oral tablet 400-100 mg</i>	NC	
TECHNIVIE ORAL TABLET 12.5-75-50 MG ( <i>ombitasvir-paritaprev-ritonavir</i> )	NPS	PA; ST; QL (2 tablets per 1 day)
VIEKIRA PAK ORAL TABLET THERAPY PACK 12.5-75-50 & 250 MG ( <i>ombitas-paritapre-ritona-dasab</i> )	NPS	PA; ST; SP Pharmacy; QL (1 Pak per 28 days)
VIEKIRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 200-8.33-50- 33.33 MG ( <i>ombitas-paritapre-ritona-dasab</i> )	NPS	PA; ST; QL (3 tablets per 1 day)
VOSEVI ORAL TABLET 400-100-100 MG ( <i>sofosbuv-velpatasv-voxilaprev</i> )	PS	PA; SP Pharmacy; QL (1 tablet per 1 Day)
ZEPATIER ORAL TABLET 50-100 MG ( <i>elbasvir-grazoprevir</i> )	PS	PA; SP Pharmacy; QL (1 tablet per 1 day)
<b>*HEREDITARY OROTIC ACIDURIA TREATMENT - AGENTS** - DRUGS THAT ALTER METABOLISM</b>		
XURIDEN ORAL PACKET 2 GM ( <i>uridine triacetate</i> )	NPS	PA; SP Pharmacy; QL (4 packets per 1 day)
<b>*HYPNOTICS* - DRUGS FOR THE NERVOUS SYSTEM</b>		
AMBIEN CR ORAL TABLET EXTENDED RELEASE 12.5 MG, 6.25 MG ( <i>zolpidem tartrate</i> )	NC	
AMBIEN ORAL TABLET 10 MG, 5 MG ( <i>zolpidem tartrate</i> )	NC	
BUTISOL SODIUM ORAL TABLET 30 MG ( <i>butabarbital sodium</i> )	NP	
DORAL ORAL TABLET 15 MG ( <i>quazepam</i> )	NC	
EDLUAR SUBLINGUAL TABLET SUBLINGUAL 10 MG, 5 MG ( <i>zolpidem tartrate</i> )	NC	
<i>estazolam oral tablet 1 mg, 2 mg</i>	NP	
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	NP	QL (1 tab per 1 day)
<i>flurazepam hcl oral capsule 15 mg, 30 mg</i>	PG	

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HALCION ORAL TABLET 0.25 MG ( <i>triazolam</i> )	NC	
HETLIOZ ORAL CAPSULE 20 MG ( <i>tasimelteon</i> )	NPS	PA; SP Pharmacy; QL (1 capsule per 1 day)
INTERMEZZO SUBLINGUAL TABLET SUBLINGUAL 1.75 MG, 3.5 MG ( <i>zolpidem tartrate</i> )	NC	
LUNESTA ORAL TABLET 1 MG, 2 MG, 3 MG ( <i>eszopiclone</i> )	NC	
<i>midazolam hcl oral syrup 2 mg/ml</i>	NP	
MIDAZOLAM+SYRSPEND SF PH4 ORAL SUSPENSION 1 MG/ML ( <i>midazolam</i> )	NC	
<i>phenobarbital oral elixir 20 mg/5ml</i>	PG	
<i>phenobarbital oral solution 20 mg/5ml</i>	PG	
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	PG	
<i>quazepam oral tablet 15 mg</i>	NP	
<i>ramelteon oral tablet 8 mg</i>	NC	
RESTORIL ORAL CAPSULE 15 MG, 22.5 MG, 30 MG, 7.5 MG ( <i>temazepam</i> )	NC	
ROZEREM ORAL TABLET 8 MG ( <i>ramelteon</i> )	NC	#
SECONAL ORAL CAPSULE 100 MG ( <i>secobarbital sodium</i> )	NP	
SILENOR ORAL TABLET 3 MG, 6 MG ( <i>doxepin hcl</i> )	NP	ST; #; QL (1 tablet per 1 day)
SONATA ORAL CAPSULE 10 MG, 5 MG ( <i>zaleplon</i> )	NC	
<i>temazepam oral capsule 15 mg, 30 mg</i>	PG	
<i>temazepam oral capsule 22.5 mg, 7.5 mg</i>	PG	QL (1 cap per 1 day)
<i>triazolam oral tablet 0.125 mg, 0.25 mg</i>	NP	
<i>zaleplon oral capsule 10 mg, 5 mg</i>	PG	QL (1 capsule per 1 day)
<i>zolpidem tartrate er oral tablet extended release 12.5 mg, 6.25 mg</i>	NP	PA; ST; QL (1 tab per 1 day)
<i>zolpidem tartrate oral tablet 10 mg, 5 mg</i>	PG	QL (2 tabs per 1 day)
<i>zolpidem tartrate sublingual tablet sublingual 1.75 mg, 3.5 mg</i>	NC	
ZOLPIMIST ORAL SOLUTION 5 MG/ACT ( <i>zolpidem tartrate</i> )	NC	#

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

180

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>*HYPOPHOSPHATASIA (HPP) AGENTS*** - DRUGS FOR METABOLIC DISEASE</b>		
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45ML, 28 MG/0.7ML, 40 MG/ML, 80 MG/0.8ML ( <i>asfotase alfa</i> )	NC	
<b>*IBS AGENT - 5-HT4 RECEPTOR PARTIAL AGONISTS*** - DRUGS FOR THE STOMACH</b>		
ZELNORM ORAL TABLET 6 MG ( <i>tegaserod maleate</i> )	NC	
<b>*IBS AGENT - MU-OPIOID RECEPTOR AGONISTS*** - DRUGS FOR THE STOMACH</b>		
VIBERZI ORAL TABLET 100 MG, 75 MG ( <i>eluxadoline</i> )	NC	
<b>*IN VITRO/LOCK ANTICOAGULANTS*** - DRUGS FOR THE BLOOD</b>		
ANTICOAGULANT COMPOUND IN VITRO SOLUTION ( <i>anticoag cit phos dex soln</i> )	NP	
TRICITRASOL IN VITRO CONCENTRATE 46.7 % ( <i>anticoagulant sodium citrate</i> )	NP	
<b>*INSULIN-INCRETIN MIMETIC COMBINATIONS*** - HORMONES</b>		
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML ( <i>insulin glargine-lixisenatide</i> )	NC	
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML ( <i>insulin degludec-liraglutide</i> )	NC	
<b>*INTERLEUKIN-5 ANTAGONISTS (IGG1 KAPPA)*** - DRUGS FOR THE LUNGS</b>		
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML ( <i>mepolizumab</i> )	NC	
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML ( <i>mepolizumab</i> )	NC	
<b>*ISOCITRATE DEHYDROGENASE-1 (IDH1) INHIBITORS*** - DRUGS FOR CANCER</b>		
TIBSOVO ORAL TABLET 250 MG ( <i>ivosidenib</i> )	CE	N2 (Not Covered)
<b>*ISOCITRATE DEHYDROGENASE-2 (IDH2) INHIBITORS*** - DRUGS FOR CANCER</b>		
IDHIFA ORAL TABLET 100 MG, 50 MG ( <i>enasidenib mesylate</i> )	CE	N2 (Not Covered)

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>*LAXATIVES* - DRUGS FOR THE STOMACH</b>		
<i>alophen oral tablet delayed release 5 mg</i>	CE	N2 (Not Covered); AL
<i>bisacodyl ec oral tablet delayed release 5 mg</i>	CE	N2 (Not Covered); AL
<i>bisacodyl powder</i>	CE	N2 (Not Covered); AL
<i>bisacodyl rectal suppository 10 mg</i>	CE	N2 (Not Covered); AL
<i>citrate of magnesia oral solution , 1.745 gm/30ml</i>	CE	N2 (Not Covered); AL
CITROMA ORAL SOLUTION 1.745 GM/30ML ( <i>magnesium citrate</i> )	CE	N2 (Not Covered); AL
CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM - GM/160ML ( <i>sod picosulfate-mag ox-cit acid</i> )	CE	N2 (NP); AL
COLYTE WITH FLAVOR PACKS ORAL SOLUTION RECONSTITUTED 240 GM ( <i>peg 3350-kcl-nabcb-nacl-nasulf</i> )	CE	N2 (NP); AL
<i>constulose oral solution 10 gm/15ml</i>	PG	LGC
CORRECTOL ORAL TABLET DELAYED RELEASE 5 MG ( <i>bisacodyl</i> )	CE	N2 (Not Covered); AL
DULCOLAX ORAL TABLET DELAYED RELEASE 5 MG ( <i>bisacodyl</i> )	CE	N2 (Not Covered); AL
DULCOLAX RECTAL SUPPOSITORY 10 MG ( <i>bisacodyl</i> )	CE	N2 (Not Covered); AL
FLEET BISACODYL RECTAL ENEMA 10 MG/30ML ( <i>bisacodyl</i> )	CE	N2 (Not Covered); AL
FLEET ENEMA RECTAL ENEMA 7-19 GM/118ML ( <i>sodium phosphates</i> )	CE	N2 (Not Covered); AL
FLEET PEDIATRIC RECTAL ENEMA 3.5-9.5 GM/59ML ( <i>sodium phosphates</i> )	CE	N2 (Not Covered); AL
<i>peg 3350-kcl-nabcb-nacl-nasulf</i> (Gavilyte-C Oral Solution Reconstituted 240 Gm)	CE	N2 (PG); AL
<i>peg 3350-kcl-nabcb-nacl-nasulf</i> (Gavilyte-G Oral Solution Reconstituted 236 Gm)	CE	N2 (PG); AL
<i>bisacodyl-peg-kcl-nabicar-nacl</i> (Gavilyte-H Oral Kit 5-210 Mg- Gm)	CE	N2 (PG); AL
<i>peg 3350-kcl-na bicarb-nacl</i> (Gavilyte-N With Flavor Pack Oral Solution Reconstituted 420 Gm)	CE	N2 (PG); AL
GOLYTELY ORAL SOLUTION RECONSTITUTED 227.1 GM, 236 GM ( <i>peg 3350-kcl-nabcb-nacl-nasulf</i> )	CE	N2 (NP); AL
KRISTALOSE ORAL PACKET 10 GM, 20 GM ( <i>lactulose</i> )	NP	QL (60 packets per 30 days)
<i>lactulose oral packet 10 gm</i>	NP	QL (2 packets per 1 day)
<i>lactulose oral solution 10 gm/15ml, 20 gm/30ml</i>	PG	LGC

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

182

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>magnesium citrate oral solution 1.745 gm/30ml</i>	CE	N2 (Not Covered); AL
MIRALAX ORAL PACKET ( <i>polyethylene glycol 3350</i> )	CE	N2 (Not Covered); AL
MIRALAX ORAL POWDER ( <i>polyethylene glycol 3350</i> )	CE	N2 (Not Covered); AL
MOVIPREP ORAL SOLUTION RECONSTITUTED 100 GM ( <i>peg-kcl-nacl-nasulf-na asc-c</i> )	CE	#; N2 (NP); AL
NULYTELY WITH FLAVOR PACKS ORAL SOLUTION RECONSTITUTED 420 GM ( <i>peg 3350-kcl-na bicarb-nacl</i> )	CE	N2 (NP); AL
OSMOPREP ORAL TABLET 1.102-0.398 GM ( <i>sod phos mono-sod phos dibasic</i> )	CE	#; N2 (NP); AL
PCP 100 COMBINATION KIT ( <i>mgcit-bisacod-pet-peg-metoclop</i> )	CE	N2 (NP); AL
<i>peg 3350 oral packet</i>	CE	N2 (Not Covered); AL
<i>peg 3350 oral powder</i>	CE	N2 (Not Covered); AL
<i>peg 3350/electrolytes oral solution reconstituted 240 gm</i>	CE	N2 (PG); AL
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm</i>	CE	N2 (PG); AL
<i>peg-3350/electrolytes oral solution reconstituted 236 gm</i>	CE	N2 (PG); AL
<i>bisacodyl-peg-kcl-nabicar-nacl</i> (Peg-Prep Oral Kit 5-210 Mg-Gm)	CE	N2 (PG); AL
<i>phosphate laxative oral solution 0.9-2.4 gm/5ml</i>	CE	N2 (Not Covered); AL
PLENVU ORAL SOLUTION RECONSTITUTED 140 GM ( <i>peg-kcl-nacl-nasulf-na asc-c</i> )	CE	N2 (NP); AL
<i>polyethylene glycol 3350 oral packet</i>	CE	N2 (Not Covered); 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 (NP); AL
<i>saline laxative oral solution 0.9-2.4 gm/5ml</i>	CE	N2 (Not Covered); AL
SMOOTH LAX ORAL PACKET ( <i>polyethylene glycol 3350</i> )	CE	N2 (Not Covered); 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 (NP); AL
<i>peg 3350-kcl-na bicarb-nacl</i> (Trilyte Oral Solution Reconstituted 420 Gm)	CE	N2 (PG); AL
<b>*LEPTIN ANALOGUES*** - HORMONES</b>		
MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED 11.3 MG ( <i>metreleptin</i> )	NPS	PA; QL (15 vials per 30 days)

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>*LHRH/GNRH AGONIST ANALOG COMBINATIONS*** - HORMONES</b>		
LUPANETA PACK COMBINATION KIT 11.25 & 5 MG, 3.75 & 5 MG ( <i>leuprolide &amp; norethindrone</i> )	NPS	PA; SP Pharmacy
<b>*LYMPHOCYTE FUNCTION-ASSOCIATED ANTIGEN-1 (LFA-1) ANTAG*** - DRUGS FOR THE EYE</b>		
XIIDRA OPHTHALMIC SOLUTION 5 % ( <i>lifitegrast</i> )	NP	
<b>*MACROLIDES* - DRUGS FOR INFECTIONS</b>		
<i>azithromycin oral packet 1 gm</i>	PG	
<i>azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	PG	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	PG	
BIAXIN ORAL TABLET 500 MG ( <i>clarithromycin</i> )	NC	
<i>clarithromycin er oral tablet extended release 24 hour 500 mg</i>	PG	
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	PG	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	PG	
DIFICID ORAL TABLET 200 MG ( <i>fidaxomicin</i> )	NP	PA; ST; QL (20 tabs per 1 fill)
E.E.S. GRANULES ORAL SUSPENSION RECONSTITUTED 200 MG/5ML ( <i>erythromycin ethylsuccinate</i> )	NP	
ERYPED 200 ORAL SUSPENSION RECONSTITUTED 200 MG/5ML ( <i>erythromycin ethylsuccinate</i> )	NP	
ERYPED 400 ORAL SUSPENSION RECONSTITUTED 400 MG/5ML ( <i>erythromycin ethylsuccinate</i> )	NP	
<i>erythromycin base (Ery-Tab Oral Tablet Delayed Release 250 Mg, 333 Mg, 500 Mg)</i>	PG	
ERYTHROCIN STEARATE ORAL TABLET 250 MG ( <i>erythromycin stearate</i> )	NC	
<i>erythromycin base oral capsule delayed release particles 250 mg</i>	PG	
<i>erythromycin base oral tablet 250 mg, 500 mg</i>	PG	
<i>erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml, 400 mg/5ml</i>	PG	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	PG	
<i>erythromycin stearate oral tablet 250 mg</i>	PG	
ZITHROMAX ORAL PACKET 1 GM ( <i>azithromycin</i> )	NC	

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

184

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZITHROMAX ORAL SUSPENSION RECONSTITUTED 100 MG/5ML, 200 MG/5ML ( <i>azithromycin</i> )	NC	
ZITHROMAX ORAL TABLET 250 MG, 500 MG, 600 MG ( <i>azithromycin</i> )	NC	
ZITHROMAX TRI-PAK ORAL TABLET 500 MG ( <i>azithromycin</i> )	NC	
ZITHROMAX Z-PAK ORAL TABLET 250 MG ( <i>azithromycin</i> )	NC	
<b>*MEDICAL DEVICES* - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT</b>		
1ST TIER UNIFINE PENTIPS 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	NP	
1ST TIER UNIFINE PENTIPS PLUS 31G X 8 MM	NP	
1ST TIER UNILET COMFORTOUCH	NP	
ACCU-CHEK FASTCLIX LANCETS ( <i>lancets</i> )	NP	
ACCU-CHEK MULTICLIX LANCETS ( <i>lancets</i> )	NP	
ACCU-CHEK SAFE-T PRO LANCETS ( <i>lancets</i> )	NP	
ACCU-CHEK SOFT TOUCH LANCETS ( <i>lancets</i> )	NP	
ACCU-CHEK SOFTCLIX LANCET DEV KIT ( <i>lancets misc.</i> )	NP	QL (1 device per 1 year)
ACCU-CHEK SOFTCLIX LANCETS ( <i>lancets</i> )	NP	
ACTI-LANCE 28G	NP	
ACTI-LANCE LITE LANCETS 28G	NP	
ACTI-LANCE SPECIAL LANCETS 17G	NP	
ACTI-LANCE UNIVERSAL 23G	NP	
<i>adjustable lancing device</i>	PG	
ADVOCATE INSULIN PEN NEEDLES 31G X 5 MM , 31G X 8 MM ( <i>insulin pen needle</i> )	NP	
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> )	NP	
ADVOCATE LANCETS ( <i>lancets</i> )	NP	
ADVOCATE RAPID-SAFE LANCING ( <i>lancet devices</i> )	NP	
ADVOCATE SAFETY LANCETS ( <i>lancets</i> )	NP	
AGAMATRIX ULTRA-THIN LANCETS ( <i>lancets</i> )	NP	

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>alcohol swabs pad</i>	PG	
<i>alternate site lancing device</i>	PG	
ASSURE COMFORT LANCETS 28G	NP	
ASSURE COMFORT LANCETS 30G	NP	
ASSURE HAEMOLANCE PLUS HIGH ( <i>lancets</i> )	NP	
ASSURE HAEMOLANCE PLUS LOW ( <i>lancets</i> )	NP	
ASSURE HAEMOLANCE PLUS MICRO ( <i>lancets</i> )	NP	
ASSURE HAEMOLANCE PLUS NORMAL ( <i>lancets</i> )	NP	
ASSURE HAEMOLANCE PLUS PED ( <i>lancets</i> )	NP	
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> )	NP	
ASSURE LANCE LANCETS ( <i>lancets</i> )	NP	
ASSURE LANCETS ( <i>lancets</i> )	NP	
AURORA LANCET SUPER THIN 30G	NP	
AURORA LANCET THIN 23G	NP	
AURORA PEN NEEDLES 29G X 12MM , 31G X 6 MM , 31G X 8 MM	NP	
AURORA UNIFINE PENTIPS 31G X 5 MM , 32G X 4 MM	NP	
BAYER MICROLET LANCETS ( <i>lancets</i> )	NP	
BD AUTOSHIELD 29G X 5MM , 29G X 8MM ( <i>insulin pen needle</i> )	PB	
BD INSULIN SYR ULTRAFINE II 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, 27G X 1/2" 1 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.5 ML ( <i>insulin syringe-needle u-100</i> )	PB	
BD INSULIN SYRINGE HALF-UNIT 31G X 5/16" 0.3 ML ( <i>insulin syringe-needle u-100</i> )	PB	
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, 31G X 5/16" 0.3 ML ( <i>insulin syringe-needle u-100</i> )	PB	
BD INSULIN SYRINGE U-100 1 ML ( <i>insulin syringes (disposable)</i> )	PB	

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

186

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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, 30G X 1/2" 0.5 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML ( <i>insulin syringe-needle u-100</i> )	PB	
BD INTEGRA NEEDLE 25G X 5/8" ( <i>needle (disp)</i> )	NC	
BD LANCET ULTRAFINE 30G ( <i>lancets</i> )	PB	
BD LANCET ULTRAFINE 33G ( <i>lancets</i> )	PB	
BD MICROTAINER LANCETS ( <i>lancets</i> )	PB	
BD PEN NEEDLE 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	
BULLSEYE MINI SAFETY LANCETS	NP	
CAREFINE PEN NEEDLES 31G X 6 MM ( <i>insulin pen needle</i> )	NP	
CAREONE LANCET THIN 23G	NP	
CAREONE LANCET ULTRA THIN 28G	NP	
CAREONE UNIFINE PENTIPS 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	NP	
CLEVER CHEK LANCETS ( <i>lancets</i> )	NP	
CLICKFINE PEN NEEDLES 31G X 6 MM , 31G X 8 MM	NP	
COMFORT ASSURED LANCETS 28G	NP	
COMFORT ASSURED LANCETS 33G	NP	
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 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML ( <i>insulin syringe-needle u-100</i> )	NP	

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
COMFORT EZ PEN NEEDLES 31G X 5 MM , 31G X 6 MM , 31G X 8 MM ( <i>insulin pen needle</i> )	NP	
COMFORT LANCETS	NP	
DROPLET LANCETS ULTRA THIN 30G ( <i>lancets</i> )	NP	
EASY COMFORT INSULIN SYRINGE 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML	NP	
EASY COMFORT LANCETS	NP	
EASY TOUCH INSULIN SAFETY SYR 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 1 ML ( <i>insulin syringe-needle u-100</i> )	NP	
EASY TOUCH 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 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML ( <i>insulin syringe-needle u-100</i> )	NP	
EASY TOUCH LANCETS 21G ( <i>lancets</i> )	NP	
EASY TOUCH LANCETS 23G ( <i>lancets</i> )	NP	
EASY TOUCH LANCETS 26G ( <i>lancets</i> )	NP	
EASY TOUCH LANCETS 28G ( <i>lancets</i> )	NP	
EASY TOUCH LANCETS 28G/TWIST ( <i>lancets</i> )	NP	
EASY TOUCH LANCETS 30G ( <i>lancets</i> )	NP	
EASY TOUCH LANCETS 30G/TWIST ( <i>lancets</i> )	NP	
EASY TOUCH LANCETS 32G ( <i>lancets</i> )	NP	
EASY TOUCH LANCETS 32G/TWIST ( <i>lancets</i> )	NP	
EASY TOUCH LANCETS 33G/TWIST ( <i>lancets</i> )	NP	
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> )	NP	
EASY TOUCH SAFETY LANCETS 21G ( <i>lancets</i> )	NP	
EASY TOUCH SAFETY LANCETS 23G ( <i>lancets</i> )	NP	
EASY TOUCH SAFETY LANCETS 26G ( <i>lancets</i> )	NP	
EASY TOUCH SAFETY LANCETS 28G ( <i>lancets</i> )	NP	
EASY TWIST & CAP LANCETS ( <i>lancets</i> )	NP	
<i>elite-thin insulin syringe 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 29g x 5/16" 0.5 ml, 29g x 5/16" 1 ml</i>	NP	

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

188

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EXEL COMFORT POINT INSULIN SYR 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 ( <i>insulin syringe-needle u-100</i> )	NP	
E-Z JECT LANCET MICRO-THIN 33G ( <i>lancets</i> )	NP	
E-Z JECT LANCET SUPER THIN 30G ( <i>lancets</i> )	NP	
E-Z JECT LANCETS ( <i>lancets</i> )	NP	
E-Z JECT LANCETS 21G ( <i>lancets</i> )	NP	
E-Z JECT LANCETS THIN 26G ( <i>lancets</i> )	NP	
EZ SMART BLOOD GLUCOSE LANCETS ( <i>lancets</i> )	NP	
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 (NP)
FIFTY50 PEN NEEDLES 31G X 5 MM ( <i>insulin pen needle</i> )	NP	
FIFTY50 SAFETY SEAL LANCETS ( <i>lancets</i> )	NP	
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> )	NP	
FINE 30 ( <i>lancets</i> )	NP	
FINGERSTIX LANCETS ( <i>lancets</i> )	NP	
FORA LANCETS ( <i>lancets</i> )	NP	
FREESTYLE LANCETS ( <i>lancets</i> )	PB	
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> )	NP	
FREESTYLE UNISTICK II LANCETS ( <i>lancets</i> )	PB	
GLOBAL EASE INJECT PEN NEEDLES 29G X 12MM , 31G X 5 MM , 31G X 8 MM	NP	
GLOBAL INJECT EASE INSULIN SYR 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	NP	
GLOBAL INJECT EASE LANCETS 28G	NP	
GLOBAL INJECT EASE LANCETS 30G	NP	

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GLUCOCOM LANCETS 28G ( <i>lancets</i> )	NP	
GLUCOCOM LANCETS 30G ( <i>lancets</i> )	NP	
GLUCOCOM LANCETS 33G ( <i>lancets</i> )	NP	
GLUCOPRO INSULIN SYRINGE 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML ( <i>insulin syringe-needle u-100</i> )	NP	
HAEMOLANCE ( <i>lancets</i> )	NP	
HAEMOLANCE LOW FLOW LANCETS ( <i>lancets</i> )	NP	
HAEMOLANCE PLUS ( <i>lancets</i> )	NP	
HAEMOLANCE PLUS HIGH FLOW ( <i>lancets</i> )	NP	
HAEMOLANCE PLUS LOW FLOW ( <i>lancets</i> )	NP	
HAEMOLANCE PLUS MAX FLOW ( <i>lancets</i> )	NP	
HAEMOLANCE PLUS PEDIATRIC FLOW ( <i>lancets</i> )	NP	
HEALTHWISE MINI PEN NEEDLES 31G X 6 MM	NP	
HEALTHWISE PEN NEEDLES 29G X 12MM	NP	
HEALTHWISE SHORT PEN NEEDLES 31G X 8 MM	NP	
HEALTHWISE UNIFINE PENTIPS 32G X 4 MM	NP	
HEALTHY ACCENTS UNIFINE PENTIP 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM	NP	
HEALTHY ACCENTS UNILET LANCETS	NP	
HM ULTICARE INSULIN SYRINGE 31G X 5/16" 0.3 ML ( <i>insulin syringe-needle u-100</i> )	NP	
<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>	PG	
<i>insulin syringeneedle 27g x 1/2" 0.5 ml, 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml</i>	PG	
<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>	PG	
INSUPEN PEN NEEDLES 32G X 4 MM	NP	
INSUPEN SENSITIVE 32G X 6 MM , 32G X 8 MM ( <i>insulin pen needle</i> )	NP	

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

190

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INSUPEN ULTRAFIN 29G X 12MM , 30G X 8 MM , 31G X 6 MM , 31G X 8 MM ( <i>insulin pen needle</i> )	NP	
KINNEY LANCETS	NP	
KINNEY THIN LANCETS	NP	
<i>kinray insulin syringe 29g x 1/2" 0.5 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>	NP	
<i>lancet device</i>	PG	
<i>lancet transporter case</i>	PG	
<i>lancets</i>	PG	
<i>lancets 28g</i>	PG	
<i>lancets 30g</i>	PG	
<i>lancets thin</i>	PG	
LANCETS ULTRA FINE ( <i>lancets</i> )	NP	
LANCETS ULTRA THIN ( <i>lancets</i> )	NP	
LANCETS ULTRA THIN 30G	NP	
<i>lancing device</i>	PG	
LEADER 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" 1 ML	NP	
<i>leader insulin syringe 30g x 5/16" 0.5 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>	NP	
LEADER UNIFINE PENTIPS 31G X 5 MM , 32G X 4 MM ( <i>insulin pen needle</i> )	NP	
LITE TOUCH LANCETS	NP	
LITE TOUCH PEN NEEDLES 31G X 5 MM ( <i>insulin pen needle</i> )	NP	
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> )	NP	
LITETOUCH PEN NEEDLES 29G X 12.7MM , 31G X 8 MM ( <i>insulin pen needle</i> )	NP	
LIVE BETTER LANCET SUPER THIN	NP	
LIVE BETTER LANCET ULTRA THIN	NP	
<i>longs insulin syringe 31g x 5/16" 0.5 ml</i>	NP	
LONGS LANCETS STANDARD	NP	

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LONGS LANCETS THIN	NP	
LONGS LANCETS ULTRA THIN	NP	
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> )	NP	
MAXI-COMFORT INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML ( <i>insulin syringe-needle u-100</i> )	NP	
MEDISENSE THIN LANCETS ( <i>lancets</i> )	PB	
MEDLANCE EXTRA 21G ( <i>lancets</i> )	NP	
MEDLANCE LITE 25G ( <i>lancets</i> )	NP	
MEDLANCE PLUS EXTRA 21G ( <i>lancets</i> )	NP	
MEDLANCE PLUS LANCETS ( <i>lancets</i> )	NP	
MEDLANCE PLUS LITE 25G ( <i>lancets</i> )	NP	
MEDLANCE PLUS SUPERLITE 30G ( <i>lancets</i> )	NP	
MEDLANCE PLUS UNIVERSAL 21G ( <i>lancets</i> )	NP	
MEDLANCE UNIVERSAL 21G ( <i>lancets</i> )	NP	
MICROLET LANCETS ( <i>lancets</i> )	NP	
MONOJECT INSULIN SYRINGE 25G X 5/8" 1 ML, 27G X 1/2" 1 ML, 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> )	NP	
MONOJECT INSULIN SYRINGE U-100 1 ML ( <i>insulin syringes (disposable)</i> )	NP	
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> )	NP	
MONOLET LANCETS ( <i>lancets</i> )	NP	
<i>ms insulin syringe 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>	NP	
<i>multi-lancet device</i>	PG	
MYGLUCOHEALTH LANCETS 30G ( <i>lancets</i> )	NP	
NOVA SAFETY LANCETS 23G ( <i>lancets</i> )	NP	
NOVA SAFETY LANCETS 28G ( <i>lancets</i> )	NP	

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

192

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NOVA SUREFLEX LANCETS ( <i>lancets</i> )	NP	
NOVOFINE 32G X 6 MM ( <i>insulin pen needle</i> )	NP	
NOVOFINE AUTOCOVER 30G X 8 MM ( <i>insulin pen needle</i> )	NP	
NOVOTWIST 32G X 5 MM ( <i>insulin pen needle</i> )	NP	
ON CALL LANCETS ( <i>lancets</i> )	NP	
ON CALL PLUS LANCETS ( <i>lancets</i> )	NP	
ONETOUCH CLUB LANCETS FINE PT ( <i>lancets</i> )	NP	
ONETOUCH DELICA LANCETS 33G ( <i>lancets</i> )	NP	
ONETOUCH DELICA LANCETS FINE ( <i>lancets</i> )	NP	
ONETOUCH DELICA LANCING DEV ( <i>lancet devices</i> )	NP	
ONETOUCH FINEPOINT LANCETS ( <i>lancets</i> )	NP	
ONETOUCH SURESOFT LANCING DEV ( <i>lancets misc.</i> )	NP	
ONETOUCH ULTRASOFT LANCETS ( <i>lancets</i> )	NP	
<i>pen needles 1/2" 29g x 12mm</i>	PG	
<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>	PG	
<i>pen needles 3/16" 31g x 5 mm</i>	PG	
<i>pen needles 5/16" 30g x 8 mm , 31g x 8 mm</i>	PG	
PHARMACIST CHOICE LANCETS ( <i>lancets</i> )	NP	
PRECISION SUREDOSE PLUS SYR 29G X 1/2" 0.3 ML, 29G X 1/2" 1 ML ( <i>insulin syringe-needle u-100</i> )	NP	
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> )	NP	
PREFERRED PLUS 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	NP	
PREFERRED PLUS LANCETS COLORED	NP	
PREFERRED PLUS LANCETS THIN	NP	
PREFERRED PLUS UNIFINE PENTIPS 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	NP	
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> )	NP	

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRODIGY LANCETS 28G ( <i>lancets</i> )	NP	
PRODIGY TWIST TOP LANCETS 28G ( <i>lancets</i> )	NP	
<i>reality insulin syringe 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml</i>	NP	
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> )	NP	
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> )	NP	
RELION LANCETS STANDARD 21G ( <i>lancets</i> )	NP	
RELION LANCETS THIN 26G ( <i>lancets</i> )	NP	
RELION LANCETS ULTRA-THIN 30G ( <i>lancets</i> )	NP	
RELION MINI PEN NEEDLES 31G X 6 MM ( <i>insulin pen needle</i> )	NP	
RELION PEN NEEDLES 29G X 12MM , 31G X 8 MM , 32G X 4 MM ( <i>insulin pen needle</i> )	NP	
RELION SHORT PEN NEEDLES 31G X 8 MM ( <i>insulin pen needle</i> )	NP	
RELION ULTRA THIN LANCETS 30G ( <i>lancets</i> )	NP	
RELION ULTRA THIN PLUS LANCETS ( <i>lancets</i> )	NP	
RIGHTEST GL300 LANCETS ( <i>lancets</i> )	NP	
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> )	NP	
<i>safety lancet 21gl/pressure act</i>	PG	
<i>safety lancet 28gl/pressure act</i>	PG	
SAFETY LANCETS ( <i>lancets</i> )	NP	
SAFETY LANCETS 21G ( <i>lancets</i> )	NP	
<i>safety lancets 28g</i>	PG	
SAFETY LET LANCETS ( <i>lancets</i> )	NP	
SAFETY SEAL LANCETS ( <i>lancets</i> )	NP	
SAFETY-GLIDE SYRINGE 29G X 1/2" 0.3 ML ( <i>insulin syringe-needle u-100</i> )	PB	
SHOPKO UNIFINE PENTIPS 29G X 12MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM ( <i>insulin pen needle</i> )	NP	

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

194

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SHOPKO UNILET LANCETS 28G ( <i>lancets</i> )	NP	
SHOPKO UNILET LANCETS 30G ( <i>lancets</i> )	NP	
SINGLE-LET ( <i>lancets</i> )	NP	
SMART SENSE COLOR LANCETS 33G ( <i>lancets</i> )	NP	
SMART SENSE STANDARD LANCETS ( <i>lancets</i> )	NP	
SMART SENSE SUPER THIN LANCETS ( <i>lancets</i> )	NP	
SMART SENSE THIN LANCETS 26G ( <i>lancets</i> )	NP	
SMARTEST LANCETS 28G ( <i>lancets</i> )	NP	
SOLUS V2 LANCETS 28G ( <i>lancets</i> )	NP	
SOLUS V2 TWIST LANCETS 30G ( <i>lancets</i> )	NP	
STERILANCE PA ( <i>lancets misc.</i> )	NP	
STERILANCE TL ( <i>lancets</i> )	NP	
SUPER THIN LANCETS	NP	
SURE COMFORT INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	NP	
SURE COMFORT LANCETS 28G	NP	
SURE COMFORT LANCETS 30G	NP	
SURE COMFORT PEN NEEDLES 29G X 12.7MM , 31G X 5 MM , 31G X 8 MM	NP	
SURE-FINE PEN NEEDLES 29G X 12.7MM , 31G X 5 MM , 31G X 8 MM ( <i>insulin pen needle</i> )	NP	
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 ( <i>insulin syringe-needle u-100</i> )	NP	
SURE-LANCE FLAT LANCETS ( <i>lancets</i> )	NP	
SURE-LANCE THIN LANCETS 28G ( <i>lancets</i> )	NP	
SURE-LANCE ULTRA THIN LANCETS ( <i>lancets</i> )	NP	
SURE-TOUCH LANCETS UNIVERSAL ( <i>lancets</i> )	NP	
TECHLITE AST LANCETS ( <i>lancets</i> )	NP	
TECHLITE LANCETS ( <i>lancets</i> )	NP	
TECHLITE LANCETS 30G ( <i>lancets</i> )	NP	

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TOPCARE CLICKFINE PEN NEEDLES 31G X 6 MM , 31G X 8 MM	NP	
TOPCARE ULTRA COMFORT INS 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, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	NP	
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> )	NP	
TRUEPLUS LANCETS 28G ( <i>lancets</i> )	NP	
TRUEPLUS LANCETS 30G ( <i>lancets</i> )	NP	
TRUEPLUS LANCETS 33G ( <i>lancets</i> )	NP	
TRUEPLUS SAFETY LANCETS 28G ( <i>lancets</i> )	NP	
ULTICARE INSULIN SAFETY SYR 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML ( <i>insulin syringe-needle u-100</i> )	NP	
ULTICARE INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML ( <i>insulin syringe-needle u-100</i> )	NP	
ULTICARE MICRO PEN NEEDLES 32G X 4 MM ( <i>insulin pen needle</i> )	NP	
ULTICARE MINI PEN NEEDLES 31G X 6 MM ( <i>insulin pen needle</i> )	NP	
ULTICARE PEN NEEDLES 29G X 12.7MM , 29G X 12MM ( <i>insulin pen needle</i> )	NP	
ULTICARE SHORT PEN NEEDLES 31G X 8 MM ( <i>insulin pen needle</i> )	NP	
ULTILET CLASSIC LANCETS ( <i>lancets</i> )	NP	
ULTILET LANCETS ( <i>lancets</i> )	NP	
ULTILET SAFETY LANCETS 23G ( <i>lancets</i> )	NP	
ULTRA COMFORT INSULIN SYRINGE 30G X 5/16" 0.3 ML	NP	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ULTRA-COMFORT INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 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	NP	
ULTRALANCE ( <i>lancets misc.</i> )	NP	
ULTRA-THIN II AUTO LANCET ( <i>lancets</i> )	NP	
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> )	NP	
ULTRA-THIN II INSULIN SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML ( <i>insulin syringe-needle u-100</i> )	NP	
ULTRA-THIN II LANCETS ( <i>lancets</i> )	NP	
ULTRA-THIN II MINI PEN NEEDLE 31G X 5 MM ( <i>insulin pen needle</i> )	NP	
ULTRA-THIN II PEN NEEDLE SHORT 31G X 8 MM ( <i>insulin pen needle</i> )	NP	
ULTRA-THIN II PEN NEEDLES 29G X 12.7MM ( <i>insulin pen needle</i> )	NP	
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> )	NP	
UNILET COMFORTOUCH LANCET ( <i>lancets</i> )	NP	
UNILET EXCELITE ( <i>lancets</i> )	NP	
UNILET EXCELITE II ( <i>lancets</i> )	NP	
UNILET G.P. LANCET ( <i>lancets</i> )	NP	
UNILET G.P. SUPERLITE LANCET ( <i>lancets</i> )	NP	
UNILET GP 28 ULTRA THIN ( <i>lancets</i> )	NP	
UNILET LANCET ( <i>lancets</i> )	NP	
UNILET SUPERLITE LANCET ( <i>lancets</i> )	NP	
UNISTIK 3 COMFORT ( <i>lancets misc.</i> )	NP	
UNISTIK 3 EXTRA ( <i>lancets misc.</i> )	NP	
UNISTIK 3 NORMAL ( <i>lancets misc.</i> )	NP	
UNISTIK CZT COMFORT ( <i>lancets misc.</i> )	NP	
UNISTIK CZT NORMAL ( <i>lancets misc.</i> )	NP	
UNIVERSAL 1 LANCETS THIN 26G ( <i>lancets</i> )	NP	

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
UNIVERSAL 1 LANCETS ULTRA THIN ( <i>lancets</i> )	NP	
VALUE HEALTH INSULIN SYRINGE 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML	NP	
VALUE PLUS LANCET STANDARD 21G	NP	
VALUE PLUS LANCETS SUPER THIN	NP	
VALUE PLUS LANCETS THIN 26G	NP	
VALUMARK LANCET SUPER THIN 30G	NP	
VALUMARK LANCET ULTRA THIN 28G	NP	
VALUMARK PEN NEEDLES 29G X 12MM , 31G X 6 MM , 31G X 8 MM	NP	
VANISHPOINT INSULIN SYRINGE 29G X 1/2" 1 ML, 30G X 1/2" 0.5 ML ( <i>insulin syringe-needle u-100</i> )	NP	
VIDA MIA UNIFINE PENTIPS 29G X 12MM , 31G X 6 MM , 31G X 8 MM ( <i>insulin pen needle</i> )	NP	
VIDA MIA UNILET LANCETS 28G ( <i>lancets</i> )	NP	
VIDA MIA UNILET LANCETS 30G ( <i>lancets</i> )	NP	
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 2 % ( <i>diaphragm wide seal</i> )	CE	N2 (NP); QL (1 diaphragm per 1 year)
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 2 % ( <i>diaphragm wide seal</i> )	CE	N2 (NP); QL (1 diaphragm per 1 year)
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 2 % ( <i>diaphragm wide seal</i> )	CE	N2 (NP); QL (1 diaphragm per 1 year)
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 2 % ( <i>diaphragm wide seal</i> )	CE	N2 (NP); QL (1 diaphragm per 1 year)
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 2 % ( <i>diaphragm wide seal</i> )	CE	N2 (NP); QL (1 diaphragm per 1 year)
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 2 % ( <i>diaphragm wide seal</i> )	CE	N2 (NP); QL (1 diaphragm per 1 year)
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 2 % ( <i>diaphragm wide seal</i> )	CE	N2 (NP); QL (1 diaphragm per 1 year)
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 2 % ( <i>diaphragm wide seal</i> )	CE	N2 (NP); QL (1 diaphragm per 1 year)
<b>*MELANOCORTIN RECEPTOR AGONISTS*** - DRUGS FOR THE NERVOUS SYSTEM</b>		
VYLEESI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1.75 MG/0.3ML ( <i>bremelanotide acetate</i> )	NC	

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

198

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>*MIGRAINE PRODUCTS* - DRUGS FOR THE NERVOUS SYSTEM</b>		
<i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i>	NP	ST; QL (6 tablets per 30 days)
AMERGE ORAL TABLET 1 MG, 2.5 MG ( <i>naratriptan hcl</i> )	NC	
CAMBIA ORAL PACKET 50 MG ( <i>diclofenac potassium</i> )	NC	
D.H.E. 45 INJECTION SOLUTION 1 MG/ML ( <i>dihydroergotamine mesylate</i> )	NC	
<i>dihydroergotamine mesylate injection solution 1 mg/ml</i>	NP	
<i>dihydroergotamine mesylate nasal solution 4 mg/ml</i>	NP	ST; QL (8 vials per 1 fill)
<i>eletriptan hydrobromide oral tablet 20 mg, 40 mg</i>	NP	ST; QL (6 tablets per 30 Days)
ERGOMAR SUBLINGUAL TABLET SUBLINGUAL 2 MG ( <i>ergotamine tartrate</i> )	NP	
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	NP	
FROVA ORAL TABLET 2.5 MG ( <i>frovatriptan succinate</i> )	NC	
<i>frovatriptan succinate oral tablet 2.5 mg</i>	NP	ST; QL (9 tablets per 30 days)
IMITREX NASAL SOLUTION 20 MG/ACT, 5 MG/ACT ( <i>sumatriptan</i> )	NC	
IMITREX ORAL TABLET 100 MG, 25 MG, 50 MG ( <i>sumatriptan succinate</i> )	NC	
IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE 4 MG/0.5ML, 6 MG/0.5ML ( <i>sumatriptan succinate</i> )	NC	
IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO-INJECTOR 4 MG/0.5ML, 6 MG/0.5ML ( <i>sumatriptan succinate</i> )	NC	
IMITREX SUBCUTANEOUS SOLUTION 6 MG/0.5ML ( <i>sumatriptan succinate</i> )	NC	
MAXALT ORAL TABLET 10 MG ( <i>rizatriptan benzoate</i> )	NC	
MAXALT-MLT ORAL TABLET DISPERSIBLE 10 MG, 5 MG ( <i>rizatriptan benzoate</i> )	NC	
MIGERGOT RECTAL SUPPOSITORY 2-100 MG ( <i>ergotamine-caffeine</i> )	NP	
MIGRANAL NASAL SOLUTION 4 MG/ML ( <i>dihydroergotamine mesylate</i> )	NC	
<i>naratriptan hcl oral tablet 1 mg, 2.5 mg</i>	PG	QL (9 tablets per 30 days)

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ONZETRA XSAIL NASAL EXHALER POWDER 11 MG/NOSEPC ( <i>sumatriptan succinate</i> )	NC	
RELPAK ORAL TABLET 20 MG, 40 MG ( <i>eletriptan hydrobromide</i> )	NC	
<i>rizatriptan benzoate oral tablet 10 mg, 5 mg</i>	PG	QL (12 tablets per 30 days)
<i>rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg</i>	PG	QL (9 tablets per 30 days)
<i>sumatriptan nasal solution 20 mg/lact, 5 mg/lact</i>	NP	QL (6 sprays per 30 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	PG	QL (9 tablets per 30 days)
<i>sumatriptan succinate refill subcutaneous solution cartridge 4 mg/0.5ml, 6 mg/0.5ml</i>	NP	QL (10 carts/30 days per 48 max in 365 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	NP	QL (10 vials/30 days per 48 max in 365 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml</i>	NP	QL (10 carts/30 days per 48 max in 365 days)
<i>sumatriptan-naproxen sodium oral tablet 85-500 mg</i>	NC	
TOSYMRA NASAL SOLUTION 10 MG/ACT ( <i>sumatriptan</i> )	NC	
TREXIMET ORAL TABLET 10-60 MG ( <i>sumatriptan-naproxen sodium</i> )	NC	#
TREXIMET ORAL TABLET 85-500 MG ( <i>sumatriptan-naproxen sodium</i> )	NC	
ZEMBRACE SYMTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 3 MG/0.5ML ( <i>sumatriptan succinate</i> )	NC	
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	NP	ST; QL (6 tablets per 30 days)
<i>zolmitriptan oral tablet dispersible 2.5 mg, 5 mg</i>	NP	ST; QL (6 tablets per 30 days)
ZOMIG NASAL SOLUTION 2.5 MG, 5 MG ( <i>zolmitriptan</i> )	NP	ST; QL (6 sprays per 30 days)
ZOMIG ORAL TABLET 2.5 MG, 5 MG ( <i>zolmitriptan</i> )	NC	
ZOMIG ZMT ORAL TABLET DISPERSIBLE 2.5 MG, 5 MG ( <i>zolmitriptan</i> )	NC	
<b>*MINERALS &amp; ELECTROLYTES* - DRUGS FOR NUTRITION</b>		
<i>av-phos 250 neutral oral tablet 155-852-130 mg</i>	PG	
CALCIFOL ORAL WAFER 1342-1.6 MG ( <i>ca carb-fa-d-b6-b12-boron-mg</i> )	NC	

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

200

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>calcium-folic acid plus d oral wafer 1342-1 mg</i>	NC	
EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ ( <i>potassium bicarb-citric acid</i> )	NP	
<i>potassium bicarbonate</i> (Effer-K Oral Tablet Effervescent 25 Meq)	NP	
<i>effervescent pot chloride oral tablet effervescent 25 meq</i>	PG	
FLUORABON ORAL SOLUTION 0.55 (0.25 F) MG/0.6ML ( <i>sodium fluoride</i> )	CE	N2 (NP); AL
<i>fluoritab oral solution 0.275 (0.125 f) mg/drop</i>	CE	N2 (PG); AL
<i>fluoritab oral tablet chewable 0.55 (0.25 f) mg</i>	CE	LGC; N2 (PG); AL
<i>fluoritab oral tablet chewable 1.1 (0.5 f) mg, 2.2 (1 f) mg</i>	CE	N2 (PG); AL
FLURA-DROPS ORAL SOLUTION 0.55 (0.25 F) MG/DROP ( <i>sodium fluoride</i> )	CE	N2 (NP); AL
GALZIN ORAL CAPSULE 25 MG, 50 MG ( <i>zinc acetate (oral)</i> )	NP	
<i>iodine strong oral solution 5 %</i>	NC	
<i>k-effervescent oral tablet effervescent 25 meq</i>	NP	
<i>potassium chloride</i> (Klor-Con 10 Oral Tablet Extended Release 10 Meq)	PG	
<i>potassium chloride crys er</i> (Klor-Con M10 Oral Tablet Extended Release 10 Meq)	PG	
KLOR-CON M15 ORAL TABLET EXTENDED RELEASE 15 MEQ ( <i>potassium chloride crys er</i> )	NP	
<i>potassium chloride crys er</i> (Klor-Con M20 Oral Tablet Extended Release 20 Meq)	PG	
<i>potassium chloride</i> (Klor-Con Oral Tablet Extended Release 8 Meq)	PG	
<i>potassium chloride</i> (Klor-Con Sprinkle Oral Capsule Extended Release 10 Meq, 8 Meq)	PG	
<i>potassium bicarbonate</i> (Klor-Con/Ef Oral Tablet Effervescent 25 Meq)	NP	
K-PHOS ORAL TABLET 500 MG ( <i>potassium phosphate monobasic</i> )	NP	
K-PHOS-NEUTRAL ORAL TABLET 155-852-130 MG ( <i>k phos mono-sod phos di &amp; mono</i> )	NC	
<i>potassium bicarbonate</i> (K-Prime Oral Tablet Effervescent 25 Meq)	NP	

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ, 20 MEQ, 8 MEQ ( <i>potassium chloride</i> )	NC	
<i>k-vescent oral tablet effervescent 25 meq</i>	NP	
<i>sodium fluoride</i> (Ludent Oral Tablet Chewable 0.55 (0.25 F) Mg)	CE	LGC; N2 (PG); AL
<i>sodium fluoride</i> (Ludent Oral Tablet Chewable 1.1 (0.5 F) Mg, 2.2 (1 F) Mg)	CE	N2 (PG); AL
MAGNEBIND 400 ORAL TABLET 400-200-1 MG ( <i>magnesium-calcium-folic acid</i> )	NC	
MICRO-K ORAL CAPSULE EXTENDED RELEASE 10 MEQ, 8 MEQ ( <i>potassium chloride</i> )	NC	
<i>sodium fluoride</i> (Nafrinse Oral Tablet Chewable 2.2 (1 F) Mg)	CE	N2 (PG); AL
<i>k phos mono-sod phos di &amp; mono</i> (Phospha 250 Neutral Oral Tablet 155-852-130 Mg)	PG	
<i>pot bicarb-pot chloride oral tablet effervescent 25 meq</i>	PG	
<i>potassium bicarbonate oral tablet effervescent 25 meq</i>	NP	
<i>potassium chloride crys er oral tablet extended release 10 meq, 20 meq</i>	PG	
<i>potassium chloride er oral capsule extended release 10 meq, 8 meq</i>	PG	
<i>potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq</i>	PG	
<i>potassium chloride oral packet 20 meq</i>	NP	
<i>potassium chloride oral solution 20 meq/15ml (10%)</i>	NP	
<i>potassium chloride oral solution 40 meq/15ml (20%)</i>	NC	
<i>potassium phosphate-nacl intravenous solution 15 mmoll/100ml</i>	NC	
<i>sodium fluoride oral solution 1.1 (0.5 f) mg/ml</i>	CE	N2 (PG); AL
<i>sodium fluoride oral tablet 1.1 (0.5 f) mg, 2.2 (1 f) mg</i>	CE	N2 (PG); AL
<i>sodium fluoride oral tablet chewable 0.55 (0.25 f) mg</i>	CE	LGC; N2 (PG); AL
<i>sodium fluoride oral tablet chewable 1.1 (0.5 f) mg, 2.2 (1 f) mg</i>	CE	N2 (PG); AL
<i>virt-phos 250 neutral oral tablet 155-852-130 mg</i>	PG	
<b>*MONOBACTAMS*** - DRUGS FOR INFECTIONS</b>		
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG ( <i>aztreonam lysine</i> )	NPS	SP Pharmacy

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

202

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>*MOUTH/THROAT/DENTAL AGENTS* - DRUGS FOR THE MOUTH AND THROAT</b>		
<i>sodium fluoride</i> (Cavarest Dental Gel 1.1 %)	CE	N2 (Not Covered); AL
<i>cevimeline hcl oral capsule 30 mg</i>	NP	QL (3 capsules per 1 day)
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	PG	
<i>sodium fluoride</i> (Clinpro 5000 Dental Paste 1.1 %)	CE	N2 (Not Covered); AL
<i>clotrimazole mouth/throat lozenge 10 mg</i>	PG	
<i>clotrimazole mouth/throat troche 10 mg</i>	PG	
DEBACTEROL MOUTH/THROAT SOLUTION 30-50 % ( <i>sulfuric acid-sulf phenolics</i> )	NP	
<i>sodium fluoride</i> (Denta 5000 Plus Dental Cream 1.1 %)	CE	N2 (Not Covered); AL
<i>sodium fluoride</i> (Dentagel Dental Gel 1.1 %)	CE	N2 (Not Covered); AL
EVOXAC ORAL CAPSULE 30 MG ( <i>cevimeline hcl</i> )	NC	
<i>lidocaine viscous mouth/throat solution 2 %</i>	PG	
<i>neutral sodium fluoride mouth/throat solution 0.2 %</i>	CE	N2 (Not Covered); AL
<i>nystatin mouth/throat suspension 100000 unit/ml</i>	PG	
<i>triamcinolone acetonide</i> (Oralene Mouth/Throat Paste 0.1 %)	PG	
ORAVIG BUCCAL TABLET 50 MG ( <i>miconazole</i> )	NP	ST; QL (14 tabs per 1 fill)
<i>chlorhexidine gluconate</i> (Paroex Mouth/Throat Solution 0.12 %)	PG	
PERIDEX MOUTH/THROAT SOLUTION 0.12 % ( <i>chlorhexidine gluconate</i> )	NC	
<i>chlorhexidine gluconate</i> (Periogard Mouth/Throat Solution 0.12 %)	PG	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	PG	
SALAGEN ORAL TABLET 5 MG, 7.5 MG ( <i>pilocarpine hcl</i> )	NC	
<i>sf 5000 plus dental cream 1.1 %</i>	CE	N2 (Not Covered); AL
<i>sf dental gel 1.1 %</i>	CE	N2 (Not Covered); AL
<i>triamcinolone acetonide mouth/throat paste 0.1 %</i>	PG	
<b>*MULTIPLE SCLEROSIS AGENTS - ANTIMETABOLITES*** - DRUGS FOR THE NERVOUS SYSTEM</b>		
MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK 10 MG ( <i>cladribine</i> )	NC	
MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK 10 MG ( <i>cladribine</i> )	NC	

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK 10 MG ( <i>cladribine</i> )	NC	
MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK 10 MG ( <i>cladribine</i> )	NC	
MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK 10 MG ( <i>cladribine</i> )	NC	
MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK 10 MG ( <i>cladribine</i> )	NC	
MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK 10 MG ( <i>cladribine</i> )	NC	
<b>*MULTIPLE VITAMINS WITH FOLIC ACID*** - DRUGS FOR NUTRITION</b>		
GENICIN VITA-Q ORAL TABLET 1 MG ( <i>multiple vitamins with fa</i> )	NC	
<b>*MULTIVITAMINS* - DRUGS FOR NUTRITION</b>		
<i>azesco oral tablet 13-1 mg</i>	NC	
BAL-CARE DHA ORAL 27-1 & 430 MG ( <i>prenat-fepoly-fered-fa-omega 3</i> )	NP	
CITRANATAL 90 DHA ORAL 90-1 & 300 MG ( <i>prenat w/o a-febgl-dss-fa-dha</i> )	NP	
CITRANATAL ASSURE ORAL 35-1 & 300 MG ( <i>prenat w/o a-febgl-dss-fa-dha</i> )	NP	
CITRANATAL B-CALM ORAL 20-1 MG & 2 X 25 MG ( <i>prenat w/o a febnfeglu-fa &amp; b6</i> )	NP	
CITRANATAL MEDLEY ORAL CAPSULE 27-1-200 MG ( <i>prenat-feb-fefum-fa-dha w/o a</i> )	NP	
CITRANATAL RX ORAL TABLET 27-1 MG ( <i>prenat w/o a-feb-fegl-dss-fa</i> )	NP	
<i>completenate oral tablet chewable 29-1 mg</i>	PG	
<i>co-natal fa oral tablet</i>	PG	
CONCEPT DHA ORAL CAPSULE 53.5-38-1 MG ( <i>prenat-fefum-fepo-fa-omega 3</i> )	NP	
CONCEPT OB ORAL CAPSULE 130-92.4-1 MG ( <i>prenat w/o a vit-fefum-fepo-fa</i> )	NP	
DUET DHA BALANCED ORAL 25-1 & 267 MG ( <i>prenat-fepoly-fered-fa-omega 3</i> )	NP	
<i>elite-ob oral tablet 50-1.25 mg</i>	PG	

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

204

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FOLIVANE-OB ORAL CAPSULE 130-92.4-1 MG ( <i>prenat w/o a vit-fefum-fepo-fa</i> )	NP	
<i>hemenatal ob + dha oral 28-6-1 &amp; 203 mg</i>	NP	
<i>hemenatal ob oral tablet 28-6-1 mg</i>	NP	
INATAL GT ORAL TABLET ( <i>prenatal vit-dss-fe cbn-fa</i> )	PG	
<i>multi-vit/fluoride oral solution 0.25 mg/ml</i>	PG	
<i>multi-vitamin/fluoride oral solution 0.25 mg/ml</i>	PG	
<i>multivitamin/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml</i>	PG	
<i>multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg</i>	PG	
<i>multivitamins/fluoride oral tablet chewable 0.5 mg</i>	PG	
<i>pediatric multivitamins-fl (Mvc-Fluoride Oral Tablet Chewable 0.25 Mg, 0.5 Mg, 1 Mg)</i>	PG	
<i>m-vit oral tablet</i>	PG	
<i>mynatal advance oral tablet</i>	PG	
<i>mynatal oral tablet 90-1 mg</i>	PG	
<i>mynatal plus oral tablet</i>	PG	
<i>mynatal-z oral tablet</i>	PG	
NATACHEW ORAL TABLET CHEWABLE 28-1 MG ( <i>prenatal vit-fe fum-fe bisg-fa</i> )	NP	
NATALVIT ORAL TABLET ( <i>prenatal vit-fe fumarate-fa</i> )	NP	
NATELLE ONE ORAL CAPSULE 28-1-250 MG ( <i>prenat w/o a-fe fum-fa-omega 3</i> )	NP	
NESTABS DHA ORAL 32-1 MG ( <i>prenat-wloa-fe bisgly-fa-omega</i> )	NP	
NESTABS ORAL TABLET 32-1 MG ( <i>prenat-fe bisgly-fa-wlo vit a</i> )	NP	
NEWGEN ORAL TABLET 32-1 MG ( <i>prenat-fe bisgly-fa-wlo vit a</i> )	NP	
NEXA PLUS ORAL CAPSULE 29-1.25-350 MG ( <i>prenat-fefum-doc-fa-dha wlo a</i> )	NP	
OB COMPLETE GOLD ORAL CAPSULE 27.5-1-200 MG ( <i>prenat w/o a-fecbn-meth-fa-dha</i> )	NP	
OB COMPLETE ONE ORAL CAPSULE 50-1-476 MG ( <i>prenat-fecbn-feaspgl-fa-fish</i> )	NP	
OB COMPLETE ORAL TABLET 50-1.25 MG ( <i>prenatal vit-iron carbonyl-fa</i> )	NP	

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OB COMPLETE PREMIER ORAL TABLET 30-20-1 MG ( <i>prenatal-fe cbn-fe asp gly-fa</i> )	NP	
OB COMPLETE/DHA ORAL CAPSULE 30-10-1-200 MG ( <i>prenat-fecbn-feaspgl-fa-omega</i> )	NP	
O-CAL FA ORAL TABLET 27-1 MG ( <i>prenatal vit-fe fumarate-fa</i> )	NP	
O-CAL PRENATAL ORAL TABLET ( <i>prenatal vit-fe fumarate-fa</i> )	NP	
OCUVEL ORAL CAPSULE 0.5 MG ( <i>multiple vitamins-minerals-fa</i> )	NP	
PNV FOLIC ACID + IRON ORAL TABLET 27-1 MG <i>pnv prenatal plus multivitamin oral tablet 27-1 mg</i>	NP	
<i>pnv-dha oral capsule 27-0.6-0.4-300 mg</i>	PG	
PNV-DHA+DOCUSATE ORAL CAPSULE 27-1.25-300 MG	NP	
PNV-OMEGA ORAL CAPSULE 28-0.6-0.4-340 MG <i>pnv-select oral tablet 27-0.6-0.4 mg</i>	PG	
POLY-VI-FLOR ORAL SUSPENSION 0.25 MG/ML ( <i>pediatric multivitamins-fl</i> )	NP	
POLY-VI-FLOR ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG ( <i>pediatric multivitamins-fl</i> )	NP	
<i>pr natal 400 oral 29-1-200 &amp; 400 mg</i>	PG	
<i>pr natal 430 ec oral 29-1-200 &amp; 430 mg (dr)</i>	PG	
<i>pr natal 430 oral 29-1-200 &amp; 430 mg</i>	PG	
PREFERA OB ORAL TABLET 34-1 MG ( <i>prenatal vit-fepoly-fehempo-fa</i> )	NP	
PREFERAOB ONE ORAL CAPSULE 22-6-1-200 MG ( <i>prenat fepoly-fehempo-fa-dha</i> )	NP	
<i>pregenna oral tablet 20-1 mg</i>	NC	
PRENAISSANCE ORAL CAPSULE 29-1.25-325 MG	NP	
PRENAISSANCE PLUS ORAL CAPSULE 28-1-250 MG	NP	
PRENATA ORAL TABLET CHEWABLE 29-1 MG ( <i>prenatal w/o a vit-fe fum-fa</i> )	NP	
<i>prenatabs rx oral tablet 29-1 mg</i>	PG	
<i>prenatal 19 oral tablet</i>	PG	
<i>prenatal 19 oral tablet chewable</i>	PG	

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

206

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>prenatal low iron oral tablet 27-1 mg</i>	PG	
PRENATAL PLUS IRON ORAL TABLET 29-1 MG	NP	
PRENATAL-U ORAL CAPSULE 106.5-1 MG ( <i>prenatal w/o a vit-fe fum-fa</i> )	NP	
<i>pretab oral tablet 29-1 mg</i>	NP	
PRIMACARE ORAL CAPSULE 30-1-470 MG ( <i>pren-fe-meth-fa-omeg w/o a</i> )	NP	
QUFLORA FE PEDIATRIC ORAL LIQUID 0.25-9.5 MG/ML ( <i>ped multivitamins-fl-iron</i> )	NP	
RELNATE DHA ORAL CAPSULE 28-1-200 MG	NP	
SELECT-OB ORAL TABLET CHEWABLE 29-1 MG ( <i>prenatal vit-fe psac cmlx-fa</i> )	NP	
<i>se-natal 19 oral tablet 29-1 mg</i>	PG	
<i>se-natal 19 oral tablet chewable 29-1 mg</i>	PG	
SYNAGEX ORAL CAPSULE 1.25 MG ( <i>multiple vitamins-minerals-fa</i> )	NP	
TARON-BC ORAL 20-1 MG & 2 X 25 MG ( <i>prenatal w/o vit a-fecbn-fa-b6</i> )	NP	
TARON-C DHA ORAL CAPSULE 53.5-38-1 MG ( <i>prenat-fefum-fepo-fa-omega 3</i> )	NP	
TARON-PREX ORAL CAPSULE 30-1.2-265 MG ( <i>prenat-fefum-dss-fa-dha w/o a</i> )	NP	
<i>tl-care dha oral capsule 27-1-500 mg</i>	NP	
TL-SELECT ORAL CAPSULE 29-1.25-325 MG	NP	
<i>tricare oral tablet</i>	PG	
TRICARE PRENATAL DHA ONE ORAL CAPSULE 27-1-500 MG ( <i>prenatal-fefum-fa-dss-fish oil</i> )	NP	
<i>trinatal rx 1 oral tablet 60-1 mg</i>	PG	
TRINATE ORAL TABLET ( <i>prenatal vit-fe fumarate-fa</i> )	NP	
<i>trinaz oral tablet 12-1 mg</i>	NC	
<i>tristart dha oral capsule 31-0.6-0.4-200 mg</i>	NP	
TRISTART ONE ORAL CAPSULE 35-1-215 MG ( <i>prenat w/o a-fecbn-meth-fa-dha</i> )	NP	
<i>tri-tabs dha oral 32-1 mg</i>	NP	
TRIVEEN-DUO DHA ORAL 29-1-200 & 400 MG ( <i>prenat-febis-fepro-fa-ca-omega</i> )	NP	

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRI-VI-FLOR ORAL SUSPENSION 0.25 MG/ML, 0.5 MG/ML ( <i>ped vit a-c-d-methylfolate-fl</i> )	NP	
TRI-VI-FLORO ORAL SUSPENSION 0.25 MG/ML, 0.5 MG/ML	NP	
<i>ultimatecare one oral capsule 27-1 mg</i>	PG	
VENA-BAL DHA ORAL 27-1 & 430 MG	NP	
<i>vinate ii oral tablet 29-1 mg</i>	PG	
<i>vinate one oral tablet 60-1 mg</i>	PG	
VIRT-PN DHA ORAL CAPSULE 27-0.6-0.4-300 MG	NP	
VIRT-PN ORAL TABLET 27-0.6-0.4 MG	NP	
<i>virt-pn plus oral capsule 28-0.6-0.4-340 mg</i>	NP	
VITAFOL ORAL TABLET ( <i>iron-vitamins</i> )	NC	
VITAFOL STRIPS ORAL FILM 1 MG ( <i>prenatal-b6-b12-d3-folic acid</i> )	NC	
VITAFOL-OB ORAL TABLET ( <i>prenatal vit-fe fumarate-fa</i> )	NP	
VITAFOL-ONE ORAL CAPSULE 29-1-200 MG ( <i>prenatal vit-fepoly-fa-dha</i> )	NP	
VITAMEDMD ONE RX/QUATREFOLIC ORAL CAPSULE 30-0.6-0.4-200 MG ( <i>prenat w/o a-fe-methfol-fa-dha</i> )	NP	
VIVA DHA ORAL CAPSULE 28-1-200 MG ( <i>prenatal vit-fe fum-fa-omega</i> )	NP	
VOL-NATE ORAL TABLET 28-1 MG	NP	
VOL-PLUS ORAL TABLET 27-1 MG	NP	
VOL-TAB RX ORAL TABLET 29-1 MG	NP	
<i>vp-heme ob + dha oral 28-6-1 &amp; 203 mg</i>	NP	
VP-PNV-DHA ORAL CAPSULE 28-1-215.8 MG	NP	
ZATEAN-PN DHA ORAL CAPSULE 27-0.6-0.4-300 MG ( <i>prenat w/o a-fe-methfol-fa-dha</i> )	NP	
ZATEAN-PN PLUS ORAL CAPSULE 28-0.6-0.4-340 MG ( <i>prenat w/o a-fe-methf-fa-omega</i> )	NP	
<b>*MUSCULOSKELETAL THERAPY AGENTS* - DRUGS FOR MUSCLES, LIGAMENTS, TENDONS, AND BONES</b>		
AMRIX ORAL CAPSULE EXTENDED RELEASE 24 HOUR 15 MG, 30 MG ( <i>cyclobenzaprine hcl</i> )	NC	
<i>baclofen oral tablet 10 mg</i>	PG	LGC

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

208

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>baclofen oral tablet 20 mg, 5 mg</i>	PG	
<i>carisoprodol oral tablet 250 mg</i>	NC	
<i>carisoprodol oral tablet 350 mg</i>	NP	
<i>carisoprodol-aspirin oral tablet 200-325 mg</i>	NP	
<i>carisoprodol-aspirin-codeine oral tablet 200-325-16 mg</i>	NP	
<i>chlorzoxazone oral tablet 250 mg, 375 mg, 750 mg</i>	NC	
<i>chlorzoxazone oral tablet 500 mg</i>	NP	
<i>cyclobenzaprine hcl er oral capsule extended release 24 hour 15 mg, 30 mg</i>	NP	
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	PG	LGC
<i>cyclobenzaprine hcl oral tablet 7.5 mg</i>	NP	
DANTRIUM ORAL CAPSULE 25 MG, 50 MG ( <i>dantrolene sodium</i> )	NC	
<i>dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg</i>	PG	
DUROLANE INTRA-ARTICULAR PREFILLED SYRINGE 60 MG/3ML ( <i>sodium hyaluronate (viscosup)</i> )	NC	
FEXMID ORAL TABLET 7.5 MG ( <i>cyclobenzaprine hcl</i> )	NC	
LORZONE ORAL TABLET 375 MG, 750 MG ( <i>chlorzoxazone</i> )	NC	
<i>metaxalone (Metaxall Oral Tablet 800 Mg)</i>	NP	
<i>metaxalone oral tablet 400 mg, 800 mg</i>	NP	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	PG	
<i>norgesic forte oral tablet 50-770-60 mg</i>	NC	
<i>orphenadrine citrate er oral tablet extended release 12 hour 100 mg</i>	NP	
ROBAXIN ORAL TABLET 500 MG ( <i>methocarbamol</i> )	NC	
ROBAXIN-750 ORAL TABLET 750 MG ( <i>methocarbamol</i> )	NC	
SKELAXIN ORAL TABLET 800 MG ( <i>metaxalone</i> )	NC	
<i>sodium hyaluronate intra-articular solution prefilled syringe 20 mg/2ml</i>	NC	
SOMA ORAL TABLET 250 MG, 350 MG ( <i>carisoprodol</i> )	NC	
<i>tizanidine hcl oral capsule 2 mg, 4 mg, 6 mg</i>	NC	
<i>tizanidine hcl oral tablet 2 mg, 4 mg</i>	PG	
ZANAFLEX ORAL CAPSULE 2 MG, 4 MG, 6 MG ( <i>tizanidine hcl</i> )	NC	

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZANAFLEX ORAL TABLET 4 MG ( <i>tizanidine hcl</i> )	NC	
<b>*NASAL AGENTS - SYSTEMIC AND TOPICAL* - DRUGS FOR THE NOSE</b>		
ADRENALIN NASAL SOLUTION 0.1 % ( <i>epinephrine hcl (nasal)</i> )	NP	
<i>azelastine hcl nasal solution 0.1 %, 0.15 %</i>	PG	
BACTROBAN NASAL NASAL OINTMENT 2 % ( <i>mupirocin calcium</i> )	NP	
BECONASE AQ NASAL SUSPENSION 42 MCG/SPRAY ( <i>beclomethasone diprop monohyd</i> )	NP	ST
DYMISTA NASAL SUSPENSION 137-50 MCG/ACT ( <i>azelastine-fluticasone</i> )	NC	
FLONASE ALLERGY RELIEF NASAL SUSPENSION 50 MCG/ACT ( <i>fluticasone propionate</i> )	PG	OTC
<i>flunisolide nasal solution 25 mcglact (0.025%)</i>	PG	
<i>fluticasone propionate nasal suspension 50 mcglact</i>	PG	OTC
<i>ipratropium bromide nasal solution 0.03 %, 0.06 %</i>	NP	QL (1 bottle per 1 fill)
<i>mometasone furoate nasal suspension 50 mcglact</i>	NP	
NASACORT ALLERGY 24HR NASAL AEROSOL 55 MCG/ACT ( <i>triamcinolone acetanide</i> )	PG	OTC; QL (1 bottle per 1 month)
NASONEX NASAL SUSPENSION 50 MCG/ACT ( <i>mometasone furoate</i> )	NC	
<i>olopatadine hcl nasal solution 0.6 %</i>	NP	
OMNARIS NASAL SUSPENSION 50 MCG/ACT ( <i>ciclesonide</i> )	NP	ST; #
PATANASE NASAL SOLUTION 0.6 % ( <i>olopatadine hcl</i> )	NC	
QNASL CHILDRENS NASAL AEROSOL SOLUTION 40 MCG/ACT ( <i>beclomethasone diprop (nasal)</i> )	NP	ST
QNASL NASAL AEROSOL SOLUTION 80 MCG/ACT ( <i>beclomethasone diprop (nasal)</i> )	NP	ST
RHINOCORT ALLERGY NASAL SUSPENSION 32 MCG/ACT ( <i>budesonide</i> )	PG	OTC
<i>triamcinolone acetanide nasal aerosol 55 mcglact</i>	PG	ST; OTC; QL (1 bottle per 1 month)
XHANCE NASAL EXHALER SUSPENSION 93 MCG/ACT ( <i>fluticasone propionate</i> )	NC	

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

210

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZETONNA NASAL AEROSOL SOLUTION 37 MCG/ACT (ciclesonide)	NP	ST
<b>*NEPRILYSIN INHIB (ARNI)-ANGIOTENSIN II RECEPT ANTAG COMB*** - DRUGS FOR THE HEART</b>		
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG (sacubitril-valsartan)	NC	
<b>*NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS*** - DRUGS FOR THE HEART</b>		
NORTHERA ORAL CAPSULE 100 MG, 200 MG, 300 MG (droxidopa)	NC	
<b>*NEUROMUSCULAR AGENTS* - DRUGS FOR NERVES AND MUSCLES</b>		
RILUTEK ORAL TABLET 50 MG (riluzole)	NC	
<i>riluzole oral tablet 50 mg</i>	PG	PA
TIGLUTIK ORAL SUSPENSION 50 MG/10ML (riluzole)	NC	
<b>*NSAID-VITAMINS AND/OR MINERALS COMBINATIONS*** - DRUGS FOR PAIN AND FEVER</b>		
<i>equapax/libuprofen/minrex oral therapy pack 800 mg</i>	NC	
<b>*NUTRIENTS* - DRUGS FOR NUTRITION</b>		
CARDIOVID PLUS ORAL CAPSULE (dha-epa-vit b6-b12-folic acid)	NC	
<i>g-levocarnitine slf oral solution 1 gml/10ml</i>	NP	
<i>levocarnitine (dietary) oral tablet 330 mg</i>	NP	
<i>levocarnitine-b5-taurine oral liquid 1000-10-150 mg/15ml</i>	NC	
<b>*OPHTHALMIC AGENTS* - DRUGS FOR THE EYE</b>		
ACULAR LS OPHTHALMIC SOLUTION 0.4 % (ketorolac tromethamine)	NC	
ACULAR OPHTHALMIC SOLUTION 0.5 % (ketorolac tromethamine)	NC	
ACUVAIL OPHTHALMIC SOLUTION 0.45 % (ketorolac tromethamine)	NP	
<i>alaway ophthalmic solution 0.025 %</i>	PG	LGC; OTC
ALOCRILOPHTHALMIC SOLUTION 2 % (nedocromil sodium)	NP	
ALOMIDE OPHTHALMIC SOLUTION 0.1 % (lodoxamide tromethamine)	NP	

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 % (brimonidine tartrate)	NP	
ALREX OPHTHALMIC SUSPENSION 0.2 % (loteprednol etabonate)	NP	
tetracaine hcl (Altacaine Ophthalmic Solution 0.5 %)	NP	
fluorescein-benoxinate (Altafluor Ophthalmic Solution 0.25-0.4 %)	NP	
phenylephrine hcl (Altafrin Ophthalmic Solution 10 %, 2.5 %)	NP	
apraclonidine hcl ophthalmic solution 0.5 %	NP	
atropine sulfate ophthalmic ointment 1 %	PG	
atropine sulfate ophthalmic solution 1 %	NC	
AZASITE OPHTHALMIC SOLUTION 1 % (azithromycin)	NP	#
azelastine hcl ophthalmic solution 0.05 %	PG	
AZOPT OPHTHALMIC SUSPENSION 1 % (brinzolamide)	NP	
bacitracin ophthalmic ointment 500 unit/gm	NP	
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	PG	
bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %	NP	
BEPREVE OPHTHALMIC SOLUTION 1.5 % (bepotastine besilate)	NP	#
BESIVANCE OPHTHALMIC SUSPENSION 0.6 % (besifloxacin hcl)	NP	
BETADINE OPHTHALMIC PREP OPHTHALMIC SOLUTION 5 % (povidone-iodine)	NP	
BETAGAN OPHTHALMIC SOLUTION 0.5 % (levobunolol hcl)	NC	
betaxolol hcl ophthalmic solution 0.5 %	PG	
BETIMOL OPHTHALMIC SOLUTION 0.25 %, 0.5 % (timolol hemihydrate)	NP	
BETOPTIC-S OPHTHALMIC SUSPENSION 0.25 % (betaxolol hcl)	NP	
bimatoprost ophthalmic solution 0.03 %	NP	ST
fluorescein sodium (Bio Glo Ophthalmic Strip 1 Mg)	NP	
BLEPH-10 OPHTHALMIC SOLUTION 10 % (sulfacetamide sodium)	NC	
BLEPHAMIDE OPHTHALMIC SUSPENSION 10-0.2 % (sulfacetamide-prednisolone)	NP	

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

212

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BLEPHAMIDE S.O.P. OPHTHALMIC OINTMENT 10-0.2 % ( <i>sulfacetamide-prednisolone</i> )	NP	
<i>brimonidine tartrate ophthalmic solution 0.15 %, 0.2 %</i>	NP	
<i>bromfenac sodium (once-daily) ophthalmic solution 0.09 %</i>	NP	
BROMSITE OPHTHALMIC SOLUTION 0.075 % ( <i>bromfenac sodium</i> )	NC	
<i>carteolol hcl ophthalmic solution 1 %</i>	NP	
CEQUA OPHTHALMIC SOLUTION 0.09 % ( <i>cyclosporine</i> )	NC	
CILOXAN OPHTHALMIC OINTMENT 0.3 % ( <i>ciprofloxacin hcl</i> )	NP	
CILOXAN OPHTHALMIC SOLUTION 0.3 % ( <i>ciprofloxacin hcl</i> )	NC	
<i>ciprofloxacin hcl ophthalmic solution 0.3 %</i>	PG	
CLARITIN EYE OPHTHALMIC SOLUTION 0.025 % ( <i>ketotifen fumarate</i> )	PG	OTC
COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 % ( <i>brimonidine tartrate-timolol</i> )	NP	
COSOPT OPHTHALMIC SOLUTION 22.3-6.8 MG/ML ( <i>dorzolamide hcl-timolol mal</i> )	NC	
COSOPT PF OPHTHALMIC SOLUTION 22.3-6.8 MG/ML ( <i>dorzolamide hcl-timolol mal</i> )	NP	ST
<i>cromolyn sodium ophthalmic solution 4 %</i>	PG	
CYCLOGYL OPHTHALMIC SOLUTION 0.5 %, 1 %, 2 % ( <i>cyclopentolate hcl</i> )	NC	
CYCLOMYDRIL OPHTHALMIC SOLUTION 0.2-1 % ( <i>cyclopentolate-phenylephrine</i> )	NP	
<i>cyclopentolate hcl ophthalmic solution 0.5 %</i>	NP	
<i>cyclopentolate hcl ophthalmic solution 1 %, 2 %</i>	PG	
CYSTARAN OPHTHALMIC SOLUTION 0.44 % ( <i>cysteamine hcl</i> )	NPS	PA; #; SP Pharmacy; QL (4 bottles per 1 month)
<i>dexamethasone sodium phosphate ophthalmic solution 0.1 %</i>	PG	
<i>diclofenac sodium ophthalmic solution 0.1 %</i>	NP	
<i>dorzolamide hcl ophthalmic solution 2 %</i>	PG	
<i>dorzolamide hcl-timolol mal ophthalmic solution 22.3-6.8 mg/ml</i>	PG	
<i>dorzolamide hcl-timolol mal pf ophthalmic solution 22.3-6.8 mg/ml</i>	PG	
<i>double pm ophthalmic solution reconstituted 1-0.5 %</i>	NC	

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DUREZOL OPHTHALMIC EMULSION 0.05 % (difluprednate)	NP	#
ELESTAT OPHTHALMIC SOLUTION 0.05 % (epinastine hcl)	NC	
EMADINE OPHTHALMIC SOLUTION 0.05 % (emedastine difumarate)	NP	
epinastine hcl ophthalmic solution 0.05 %	PG	
erythromycin ophthalmic ointment 5 mg/gm	PG	
EYLEA INTRAVITREAL SOLUTION 2 MG/0.05ML (aflibercept)	NPS	PA; SP Pharmacy
FLAREX OPHTHALMIC SUSPENSION 0.1 % (fluorometholone acetate)	NP	
fluorescein-benoxinate ophthalmic solution 0.25-0.4 %	NP	
fluorescein sodium (Fluor-I-Strips A.T. Ophthalmic Strip 1 Mg)	NP	
fluorometholone ophthalmic suspension 0.1 %	NP	
FLURA-SAFE OPHTHALMIC SOLUTION 0.35-0.4 % (fluorexon-benoxinate)	NC	
flurbiprofen sodium ophthalmic solution 0.03 %	PG	
FML FORTE OPHTHALMIC SUSPENSION 0.25 % (fluorometholone)	NP	
FML OPHTHALMIC OINTMENT 0.1 % (fluorometholone)	NP	
FUL-GLO OPHTHALMIC STRIP 0.6 MG (fluorescein sodium)	NC	
fluorescein sodium (Ful-Glo Ophthalmic Strip 1 Mg)	NP	
gatifloxacin ophthalmic solution 0.5 %	NP	
GELFILM OPHTHALMIC FILM (gelatin adsorbable)	NC	
gentak ophthalmic ointment 0.3 %	NP	
gentamicin sulfate ophthalmic solution 0.3 %	PG	
homatropine hbr (Homatropaire Ophthalmic Solution 5 %)	PG	
homatropine hbr ophthalmic solution 5 %	PG	
ILEVRO OPHTHALMIC SUSPENSION 0.3 % (nepafenac)	NP	
INVELTYS OPHTHALMIC SUSPENSION 1 % (loteprednol etabonate)	NP	
IOPIDINE OPHTHALMIC SOLUTION 0.5 % (apraclonidine hcl)	NC	

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

214

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
IOPIDINE OPHTHALMIC SOLUTION 1 % ( <i>apraclonidine hcl</i> )	NP	
ISOPTO CARPINE OPHTHALMIC SOLUTION 1 %, 2 %, 4 % ( <i>pilocarpine hcl</i> )	NC	
ISTALOL OPHTHALMIC SOLUTION 0.5 % ( <i>timolol maleate</i> )	NC	
<i>ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %</i>	PG	
<i>ketotifen fumarate ophthalmic solution 0.025 %</i>	PG	LGC
LACRISERT OPHTHALMIC INSERT 5 MG ( <i>artificial tear insert</i> )	NP	
LASTACFT OPHTHALMIC SOLUTION 0.25 % ( <i>alcaftadine</i> )	NP	
<i>latanoprost ophthalmic solution 0.005 %</i>	PG	
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	PG	
<i>levofloxacin ophthalmic solution 0.5 %</i>	NP	
LOTEMAX OPHTHALMIC GEL 0.5 % ( <i>loteprednol etabonate</i> )	NP	#
LOTEMAX OPHTHALMIC OINTMENT 0.5 % ( <i>loteprednol etabonate</i> )	NP	
LOTEMAX OPHTHALMIC SUSPENSION 0.5 % ( <i>loteprednol etabonate</i> )	NC	#
LOTEMAX SM OPHTHALMIC GEL 0.38 % ( <i>loteprednol etabonate</i> )	NP	#
<i>loteprednol etabonate ophthalmic suspension 0.5 %</i>	PG	
LUCENTIS INTRAVITREAL SOLUTION PREFILLED SYRINGE 0.3 MG/0.05ML ( <i>ranibizumab</i> )	NP	PA
LUMIGAN OPHTHALMIC SOLUTION 0.01 % ( <i>bimatoprost</i> )	NP	ST
MAXIDEX OPHTHALMIC SUSPENSION 0.1 % ( <i>dexamethasone</i> )	NP	
MAXITROL OPHTHALMIC OINTMENT 3.5-10000-0.1 ( <i>neomycin-polymyxin-dexameth</i> )	NC	
MAXITROL OPHTHALMIC SUSPENSION 3.5-10000-0.1 ( <i>neomycin-polymyxin-dexameth</i> )	NC	
<i>metipranolol ophthalmic solution 0.3 %</i>	NP	
MOXEZA OPHTHALMIC SOLUTION 0.5 % ( <i>moxifloxacin hcl</i> )	NP	#

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>moxifloxacin hcl ophthalmic solution 0.5 %</i>	NP	
MYDRIACYL OPHTHALMIC SOLUTION 1 % ( <i>tropicamide</i> )	NC	
NATACYN OPHTHALMIC SUSPENSION 5 % ( <i>natamycin</i> )	NP	
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>	NP	
<i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i>	PG	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	PG	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	PG	
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>	NP	
<i>bacitracin-polymyx-neo-hc</i> (Neo-Polycin Hc Ophthalmic Ointment 1 %)	NP	
<i>neomycin-bacitracin zn-polymyx</i> (Neo-Polycin Ophthalmic Ointment 3.5-400-10000)	NP	
NEOSPORIN OPHTHALMIC SOLUTION 1.75-10000-.025 ( <i>neomycin-polymyxin-gramicidin</i> )	NC	
NEVANAC OPHTHALMIC SUSPENSION 0.1 % ( <i>nepafenac</i> )	NP	
OCUFLOX OPHTHALMIC SOLUTION 0.3 % ( <i>ofloxacin</i> )	NC	
<i>ofloxacin ophthalmic solution 0.3 %</i>	NP	
<i>olopatadine hcl ophthalmic solution 0.1 %, 0.2 %</i>	PG	
PAREMYD OPHTHALMIC SOLUTION 1-0.25 % ( <i>hydroxyamphetamine-tropicamide</i> )	NP	
PATADAY OPHTHALMIC SOLUTION 0.2 % ( <i>olopatadine hcl</i> )	NC	
PATANOL OPHTHALMIC SOLUTION 0.1 % ( <i>olopatadine hcl</i> )	NC	
PAZEO OPHTHALMIC SOLUTION 0.7 % ( <i>olopatadine hcl</i> )	NC	
<i>phenylephrine hcl ophthalmic solution 10 %, 2.5 %</i>	NP	
PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED 0.125 % ( <i>echothiophate iodide</i> )	NP	
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	NP	

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

216

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>bacitracin-polymyxin b</i> (Polycin Ophthalmic Ointment 500-10000 Unit/Gm)	PG	
<i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>	PG	
POLYTRIM OPHTHALMIC SOLUTION 10000-0.1 UNIT/ML-% ( <i>polymyxin b-trimethoprim</i> )	NC	
PRED MILD OPHTHALMIC SUSPENSION 0.12 % ( <i>prednisolone acetate</i> )	NP	
PRED-G OPHTHALMIC SUSPENSION 0.3-1 % ( <i>gentamicin-prednisolone acet</i> )	NP	
PRED-G S.O.P. OPHTHALMIC OINTMENT 0.3-0.6 % ( <i>gentamicin-prednisolone acet</i> )	NP	
<i>prednisolone acetate ophthalmic suspension 1 %</i>	PG	
<i>prednisolone sodium phosphate ophthalmic solution 1 %</i>	PG	
PROLENSA OPHTHALMIC SOLUTION 0.07 % ( <i>bromfenac sodium</i> )	NC	
<i>proparacaine hcl ophthalmic solution 0.5 %</i>	PG	
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 % ( <i>cyclosporine</i> )	NP	#
RESTASIS OPHTHALMIC EMULSION 0.05 % ( <i>cyclosporine</i> )	NP	#
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 % ( <i>brinzolamide-brimonidine</i> )	NP	
<i>sulfacetamide sodium ophthalmic ointment 10 %</i>	PG	
<i>sulfacetamide sodium ophthalmic solution 10 %</i>	PG	
<i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>	PG	
<i>tetracaine hcl</i> (Tetacaine Ophthalmic Solution 0.5 %)	NP	
<i>tetracaine hcl ophthalmic solution 0.5 %</i>	NP	
<i>tetracaine hcl</i> (Tetravisc Forte Ophthalmic Solution 0.5 %)	NP	
<i>tetracaine hcl</i> (Tetravisc Ophthalmic Solution 0.5 %)	NP	
<i>timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %</i>	NP	
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i>	PG	
<i>timolol maleate ophthalmic solution 0.5 % (daily)</i>	NP	
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.25 %, 0.5 % ( <i>timolol maleate</i> )	NP	
TIMOPTIC OPHTHALMIC SOLUTION 0.25 %, 0.5 % ( <i>timolol maleate</i> )	NC	

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TIMOPTIC-XE OPHTHALMIC GEL FORMING SOLUTION 0.25 %, 0.5 % ( <i>timolol maleate</i> )	NC	
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 % ( <i>tobramycin-dexamethasone</i> )	NP	
TOBRADEX OPHTHALMIC SUSPENSION 0.3-0.1 % ( <i>tobramycin-dexamethasone</i> )	NC	
TOBRADEX ST OPHTHALMIC SUSPENSION 0.3-0.05 % ( <i>tobramycin-dexamethasone</i> )	NC	
<i>tobramycin ophthalmic solution 0.3 %</i>	PG	
<i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %</i>	NP	
TOBEX OPHTHALMIC OINTMENT 0.3 % ( <i>tobramycin</i> )	NP	
TOBEX OPHTHALMIC SOLUTION 0.3 % ( <i>tobramycin</i> )	NC	
TRAVATAN Z OPHTHALMIC SOLUTION 0.004 % ( <i>travoprost</i> )	PB	#
<i>trifluridine ophthalmic solution 1 %</i>	NP	
<i>tropicamide ophthalmic solution 0.5 %, 1 %</i>	NP	
TRUSOPT OPHTHALMIC SOLUTION 2 % ( <i>dorzolamide hcl</i> )	NC	
VIGAMOX OPHTHALMIC SOLUTION 0.5 % ( <i>moxifloxacin hcl</i> )	NC	
VIROPTIC OPHTHALMIC SOLUTION 1 % ( <i>trifluridine</i> )	NC	
VYZULTA OPHTHALMIC SOLUTION 0.024 % ( <i>latanoprostene bunod</i> )	NC	
XALATAN OPHTHALMIC SOLUTION 0.005 % ( <i>latanoprost</i> )	NC	
XELPROS OPHTHALMIC EMULSION 0.005 % ( <i>latanoprost</i> )	NP	PA; ST
ZADITOR OPHTHALMIC SOLUTION 0.025 % ( <i>ketotifen fumarate</i> )	PG	LGC; OTC
ZIOPTAN OPHTHALMIC SOLUTION 0.0015 % ( <i>tafluprost</i> )	NP	ST
ZIRGAN OPHTHALMIC GEL 0.15 % ( <i>ganciclovir</i> )	NP	#
ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 % ( <i>loteprednol-tobramycin</i> )	NP	
ZYMAXID OPHTHALMIC SOLUTION 0.5 % ( <i>gatifloxacin</i> )	NC	

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

218

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

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OTIPRIO INTRATYMPANIC SUSPENSION 6 % ( <i>ciprofloxacin</i> )	NC	
OTOVEL OTIC SOLUTION 0.3-0.025 % ( <i>ciprofloxacin-fluocinolone</i> )	NP	
PRAMOTIC OTIC LIQUID 1-0.1 % ( <i>pramoxine-chloroxylonol</i> )	NC	
<b>*OXABOROLE-RELATED ANTIFUNGALS - TOPICAL*** - DRUGS FOR THE SKIN</b>		
KERYDIN EXTERNAL SOLUTION 5 % ( <i>tavaborole</i> )	NP	PA; ST
<b>*OXYTOCICS* - HORMONES</b>		
CERVIDIL VAGINAL INSERT 10 MG ( <i>dinoprostone</i> )	NC	
<i>methylergonovine maleate</i> (Methergine Oral Tablet 0.2 Mg)	PG	QL (28 tablets per 7 days)
PREPIDIL VAGINAL GEL 0.5 MG/3GM ( <i>dinoprostone</i> )	NP	
PROSTIN E2 VAGINAL SUPPOSITORY 20 MG ( <i>dinoprostone</i> )	NP	
<b>*PA ENDONUCLEASE INHIBITORS*** - DRUGS FOR INFECTIONS</b>		
XOFLUZA ORAL TABLET THERAPY PACK 2 X 20 MG, 2 X 40 MG ( <i>baloxavir marboxil</i> )	NP	QL (4 tablets per 365 days)
<b>*PASSIVE IMMUNIZING AGENTS - COMBINATIONS*** - BIOLOGICAL AGENTS</b>		
HYQVIA SUBCUTANEOUS KIT 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML ( <i>immune globulin-hyaluronidase</i> )	NPS	PA; ST; SP Pharmacy
<b>*PASSIVE IMMUNIZING AGENTS* - BIOLOGICAL AGENTS</b>		
CARIMUNE NF INTRAVENOUS SOLUTION RECONSTITUTED 12 GM, 6 GM ( <i>immune globulin (human)</i> )	NC	
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> )	NC	
CUVITRU SUBCUTANEOUS SOLUTION 1 GM/5ML, 2 GM/10ML, 4 GM/20ML, 8 GM/40ML ( <i>immune globulin (human)</i> )	NPS	PA; ST; SP Pharmacy
CUVITRU SUBCUTANEOUS SOLUTION 10 GM/50ML ( <i>immune globulin (human)</i> )	NC	

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

220

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GAMASTAN S/D INTRAMUSCULAR INJECTABLE ( <i>immune globulin (human)</i> )	NC	
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> )	NC	
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED 10 GM, 5 GM ( <i>immune globulin (human)</i> )	NC	
GAMMAKED INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 5 GM/50ML ( <i>immune globulin (human)</i> )	NC	
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> )	PS	PA
HIZENTRA SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML ( <i>immune globulin (human)</i> )	PS	PA
HYPERRAB INJECTION SOLUTION 1500 UNIT/5ML, 300 UNIT/ML ( <i>rabies immune globulin</i> )	NC	
OCTAGAM INTRAVENOUS SOLUTION 30 GM/300ML ( <i>immune globulin (human)</i> )	NPS	PA; NPL
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> )	NC	
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5ML ( <i>palivizumab</i> )	PS	PA; SP Pharmacy
<b>*PCSK9 INHIBITORS*** - DRUGS FOR THE HEART</b>		
PRALUENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 150 MG/ML, 75 MG/ML ( <i>alirocumab</i> )	PS	PA; ST; QL (2 syringes per 28 days)
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML ( <i>evolocumab</i> )	PS	PA; ST; QL (1 syringe per 1 month)
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML ( <i>evolocumab</i> )	PS	PA; ST; QL (2 injections per 28 days)
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML ( <i>evolocumab</i> )	PS	PA; ST; QL (2 injections per 28 days)
<b>*PENICILLINS* - DRUGS FOR INFECTIONS</b>		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	PG	
<i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>	PG	

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	PG	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	PG	
<i>amoxicillin-pot clavulanate er oral tablet extended release 12 hour 1000-62.5 mg</i>	PG	
<i>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml</i>	PG	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	PG	
<i>amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg</i>	PG	
<i>ampicillin oral capsule 500 mg</i>	PG	
AUGMENTIN ES-600 ORAL SUSPENSION RECONSTITUTED 600-42.9 MG/5ML ( <i>amoxicillin-pot clavulanate</i> )	NC	
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML, 250-62.5 MG/5ML ( <i>amoxicillin-pot clavulanate</i> )	NC	
AUGMENTIN ORAL TABLET 500-125 MG, 875-125 MG ( <i>amoxicillin-pot clavulanate</i> )	NC	
AUGMENTIN XR ORAL TABLET EXTENDED RELEASE 12 HOUR 1000-62.5 MG ( <i>amoxicillin-pot clavulanate</i> )	NC	
<i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i>	PG	
MOXATAG ORAL TABLET EXTENDED RELEASE 24 HOUR 775 MG ( <i>amoxicillin</i> )	NC	
<i>penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml</i>	PG	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	PG	
<b>*PHARMACEUTICAL ADJUVANTS*</b>		
<i>mouth wash-gp oral liquid</i>	NC	
<i>mouthwash-af oral liquid</i>	NC	
<i>mouthwash-om oral liquid</i>	NC	
<i>polyethylene glycol 3350 powder</i>	PG	
<b>*PHOSPHATIDYLINOSITOL 3-KINASE (PI3K) INHIBITORS*** - DRUGS FOR CANCER</b>		
COPIKTRA ORAL CAPSULE 15 MG, 25 MG ( <i>duvelisib</i> )	CE	N2 (Not Covered)

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

222

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 MG ( <i>alpelisib</i> )	CE	N2 (NC); QL (1 tablet per 1 day)
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50 MG ( <i>alpelisib</i> )	CE	N2 (NC); QL (2 tablets per 1 day)
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150 MG ( <i>alpelisib</i> )	CE	N2 (NC); QL (2 tablets per 1 day)
ZYDELIG ORAL TABLET 100 MG, 150 MG ( <i>idelalisib</i> )	CE	PA; SP Pharmacy; N2 (NPS); QL (2 tablets per 1 day)
<b>*PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL*** - DRUGS FOR THE SKIN</b>		
EUCRISA EXTERNAL OINTMENT 2 % ( <i>crisaborole</i> )	NC	
<b>*PHOSPHODIESTERASE 4 (PDE4) INHIBITORS*** - DRUGS FOR PAIN AND FEVER</b>		
OTEZLA ORAL TABLET 30 MG ( <i>apremilast</i> )	PS	PA; ST; SP Pharmacy; QL (2 tablets per 1 day)
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG ( <i>apremilast</i> )	PS	PA; ST; SP Pharmacy; QL (1 pack per 1 year)
<b>*PLASMA KALLIKREIN INHIBITORS - MONOCLONAL ANTIBODIES*** - DRUGS FOR THE HEART</b>		
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML ( <i>lanadelumab-flyo</i> )	NC	
<b>*POLY (ADP-RIBOSE) POLYMERASE (PARP) INHIBITORS** - DRUGS FOR CANCER</b>		
LYNPARZA ORAL CAPSULE 50 MG ( <i>olaparib</i> )	NC	
LYNPARZA ORAL TABLET 100 MG, 150 MG ( <i>olaparib</i> )	CE	N2 (Not Covered)
RUBRACA ORAL TABLET 200 MG, 300 MG ( <i>rucaparib camsylate</i> )	CE	PA; SP Pharmacy; N2 (NPS); QL (4 tablets per 1 day)
RUBRACA ORAL TABLET 250 MG ( <i>rucaparib camsylate</i> )	CE	PA; SP Pharmacy; N2 (NPS); QL (4 tablets per 1 Day)
TALZENNA ORAL CAPSULE 0.25 MG, 1 MG ( <i>talazoparib tosylate</i> )	CE	N2 (Not Covered)
ZEJULA ORAL CAPSULE 100 MG ( <i>niraparib tosylate</i> )	CE	PA; SP Pharmacy; N2 (NPS); QL (3 capsules per 1 day)

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>*POLY (ADP-RIBOSE) POLYMERASE (PARP) INHIBITORS*** - DRUGS FOR CANCER</b>		
LYNPARZA ORAL CAPSULE 50 MG ( <i>olaparib</i> )	NC	
LYNPARZA ORAL TABLET 100 MG, 150 MG ( <i>olaparib</i> )	CE	N2 (Not Covered)
RUBRACA ORAL TABLET 200 MG, 300 MG ( <i>rucaparib camsylate</i> )	CE	PA; SP Pharmacy; N2 (NPS); QL (4 tablets per 1 day)
RUBRACA ORAL TABLET 250 MG ( <i>rucaparib camsylate</i> )	CE	PA; SP Pharmacy; N2 (NPS); QL (4 tablets per 1 Day)
TALZENNA ORAL CAPSULE 0.25 MG, 1 MG ( <i>talazoparib tosylate</i> )	CE	N2 (Not Covered)
ZEJULA ORAL CAPSULE 100 MG ( <i>niraparib tosylate</i> )	CE	PA; SP Pharmacy; N2 (NPS); QL (3 capsules per 1 day)
<b>*POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS*** - DRUGS FOR THE NERVOUS SYSTEM</b>		
GRALISE ORAL TABLET 300 MG ( <i>gabapentin (once-daily)</i> )	NP	ST; QL (1 tab per 1 day)
GRALISE ORAL TABLET 600 MG ( <i>gabapentin (once-daily)</i> )	NP	ST; QL (3 tabs per 1 day)
GRALISE STARTER ORAL 300 & 600 MG ( <i>gabapentin (once-daily)</i> )	NP	ST; QL (1 pack per 1 fill)
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR 165 MG, 82.5 MG ( <i>pregabalin</i> )	NP	PA; ST; QL (3 tablets per 1 Day)
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR 330 MG ( <i>pregabalin</i> )	NP	PA; ST; QL (2 tablets per 1 Day)
<b>*POTASSIUM REMOVING AGENTS*** - DRUGS FOR NUTRITION</b>		
<i>sodium polystyrene sulfonate</i> (Kionex Oral Suspension 15 Gm/60Ml)	PG	
LOKELMA ORAL PACKET 10 GM, 5 GM ( <i>sodium zirconium cyclosilicate</i> )	NC	
<i>sodium polystyrene sulfonate oral powder</i>	PG	
<i>sodium polystyrene sulfonate oral suspension 15 gm/60ml</i>	PG	
<i>sodium polystyrene sulfonate rectal suspension 30 gm/120ml, 50 gm/200ml</i>	PG	

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

224

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>sodium polystyrene sulfonate</i> (Sps Oral Suspension 15 Gm/60Ml)	PG	
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM ( <i>patiromer sorbitex calcium</i> )	NP	PA; QL (1 packet per 1 day)
<b>*PROGESTINS* - HORMONES</b>		
AYGESTIN ORAL TABLET 5 MG ( <i>norethindrone acetate</i> )	NC	
<i>hydroxyprogesterone caproate intramuscular oil 250 mg/ml</i>	PS	PA; SP Pharmacy; QL (5 vials per 1 year)
MAKENA INTRAMUSCULAR OIL 250 MG/ML ( <i>hydroxyprogesterone caproate</i> )	NC	
MAKENA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 275 MG/1.1ML ( <i>hydroxyprogesterone caproate</i> )	NP	PA; QL (21 syringes per 365 Days)
<i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i>	PG	LGC
MEGACE ES ORAL SUSPENSION 625 MG/5ML ( <i>megestrol acetate</i> )	CE	N2 (Not Covered)
<i>megestrol acetate oral suspension 625 mg/5ml</i>	CE	N2 (NP)
<i>norethindrone acetate oral tablet 5 mg</i>	PG	
<i>progesterone intramuscular oil 50 mg/ml</i>	NC	
<i>progesterone micronized oral capsule 100 mg, 200 mg</i>	PG	QL (2 capsules per 1 day)
PROMETRIUM ORAL CAPSULE 100 MG, 200 MG ( <i>progesterone micronized</i> )	NC	
PROVERA ORAL TABLET 10 MG, 2.5 MG, 5 MG ( <i>medroxyprogesterone acetate</i> )	NC	
<b>*PROTEASE-ACTIVATED RECEPTOR-1 (PAR-1) ANTAGONISTS*** - DRUGS FOR THE BLOOD</b>		
ZONTIVITY ORAL TABLET 2.08 MG ( <i>vorapaxar sulfate</i> )	NP	PA; QL (1 tab per 1 day)
<b>*PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.* - DRUGS FOR THE NERVOUS SYSTEM</b>		
<i>acamprosate calcium oral tablet delayed release 333 mg</i>	NP	QL (6 tabs per 1 day)
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HOUR 10 MG ( <i>dalfampridine</i> )	NC	
ANTABUSE ORAL TABLET 250 MG, 500 MG ( <i>disulfiram</i> )	NC	
ARICEPT ORAL TABLET 10 MG, 23 MG, 5 MG ( <i>donepezil hcl</i> )	NC	
AUBAGIO ORAL TABLET 14 MG, 7 MG ( <i>teriflunomide</i> )	NPS	PA; ST; SP Pharmacy; QL (1 tab per 1 day)

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG ( <i>deutetrabenazine</i> )	NC	
AVONEX INTRAMUSCULAR KIT 30 MCG ( <i>interferon beta-1a</i> )	NPS	PA; ST; SP Pharmacy; QL (1 kit per 30 days)
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML ( <i>interferon beta-1a</i> )	NPS	PA; ST; SP Pharmacy; QL (4 pens per 28 days)
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML ( <i>interferon beta-1a</i> )	NPS	PA; ST; SP Pharmacy; QL (4 syringes per 28 days)
BETASERON SUBCUTANEOUS KIT 0.3 MG ( <i>interferon beta-1b</i> )	NPS	PA; ST; SP Pharmacy; QL (1 kit per 1 month)
BRISDELLE ORAL CAPSULE 7.5 MG ( <i>paroxetine mesylate</i> )	NC	
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i>	CE	N2 (PG); QL (180 day supply per 365 days)
CHANTIX CONTINUING MONTH PAK ORAL TABLET 1 MG ( <i>varenicline tartrate</i> )	CE	#; N2 (NP); QL (180 day supply per 365 days)
CHANTIX ORAL TABLET 0.5 MG, 1 MG ( <i>varenicline tartrate</i> )	CE	#; N2 (NP); 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 (NP); QL (180 day supply per 365 days)
<i>chlordiazepoxide-amitriptyline oral tablet 10-25 mg, 5-12.5 mg</i>	NP	
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML, 40 MG/ML ( <i>glatiramer acetate</i> )	PS	PA; NPL; SP Pharmacy
<i>dalfampridine er oral tablet extended release 12 hour 10 mg</i>	PS	PA; SP Pharmacy; QL (2 tablets per 1 day)
<i>disulfiram oral tablet 250 mg, 500 mg</i>	PG	
<i>donepezil hcl oral tablet 10 mg, 5 mg</i>	PG	PA
<i>donepezil hcl oral tablet 23 mg</i>	NP	PA; ST
<i>donepezil hcl oral tablet dispersible 10 mg, 5 mg</i>	PG	PA
<i>ergoloid mesylates oral tablet 1 mg</i>	NP	
EXELON TRANSDERMAL PATCH 24 HOUR 13.3 MG/24HR, 4.6 MG/24HR, 9.5 MG/24HR ( <i>rivastigmine</i> )	NC	
EXTAVIA SUBCUTANEOUS KIT 0.3 MG ( <i>interferon beta-1b</i> )	NPS	PA; ST; SP Pharmacy; QL (1 kit per 1 month)
<i>fluoxetine hcl (pmdd) oral capsule 10 mg, 20 mg</i>	PG	LGC
<i>fluoxetine hcl (pmdd) oral tablet 10 mg, 20 mg</i>	NP	

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

226

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg</i>	NP	PA
<i>galantamine hydrobromide oral solution 4 mg/ml</i>	NP	PA
<i>galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg</i>	NP	PA
GILENYA ORAL CAPSULE 0.25 MG, 0.5 MG ( <i> fingolimod hcl</i> )	PS	PA; #; SP Pharmacy; QL (1 capsule per 1 day)
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml, 40 mg/ml</i>	PG	PA; SP Pharmacy
<i>glatiramer acetate</i> (Glatopa Subcutaneous Solution Prefilled Syringe 20 Mg/ML, 40 Mg/ML)	PG	PA; SP Pharmacy
GRALISE ORAL TABLET 300 MG ( <i>gabapentin (once-daily)</i> )	NP	ST; QL (1 tab per 1 day)
GRALISE ORAL TABLET 600 MG ( <i>gabapentin (once-daily)</i> )	NP	ST; QL (3 tabs per 1 day)
GRALISE STARTER ORAL 300 & 600 MG ( <i>gabapentin (once-daily)</i> )	NP	ST; QL (1 pack per 1 fill)
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG ( <i>gabapentin enacarbil</i> )	NP	ST; QL (1 tablet per 1 day)
HORIZANT ORAL TABLET EXTENDED RELEASE 600 MG ( <i>gabapentin enacarbil</i> )	NP	ST; QL (1 tablet per 2 days)
INGREZZA ORAL CAPSULE 40 MG, 80 MG ( <i>valbenazine tosylate</i> )	NPS	PA; SP Pharmacy; QL (1 capsule per 1 day)
INGREZZA ORAL CAPSULE THERAPY PACK 40 & 80 MG ( <i>valbenazine tosylate</i> )	NC	
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR 165 MG, 82.5 MG ( <i>pregabalin</i> )	NP	PA; ST; QL (3 tablets per 1 Day)
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR 330 MG ( <i>pregabalin</i> )	NP	PA; ST; QL (2 tablets per 1 Day)
MAYZENT ORAL TABLET 0.25 MG, 2 MG ( <i>siponimod fumarate</i> )	NC	
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 0.25 MG ( <i>siponimod fumarate</i> )	NC	
<i>memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg</i>	PG	PA
<i>memantine hcl oral solution 2 mg/ml</i>	PG	PA
<i>memantine hcl oral tablet 10 mg, 28 x 5 mg &amp; 21 x 10 mg, 5 mg</i>	PG	PA
NAMENDA ORAL TABLET 10 MG, 5 MG ( <i>memantine hcl</i> )	NC	

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NAMENDA TITRATION PAK ORAL TABLET 28 X 5 MG & 21 X 10 MG ( <i>memantine hcl</i> )	NC	
NAMENDA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14 MG, 21 MG, 28 MG, 7 MG ( <i>memantine hcl</i> )	NP	PA
NAMENDA XR TITRATION PACK ORAL CAPSULE EXTENDED RELEASE 24 HOUR 7 & 14 & 21 & 28 MG ( <i>memantine hcl</i> )	NP	PA; #
<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 (NP); QL (180 day supply per 365 days)
NICOTROL NS NASAL SOLUTION 10 MG/ML ( <i>nicotine</i> )	CE	N2 (NP); QL (180 day supply per 365 days)
NUEDEXTA ORAL CAPSULE 20-10 MG ( <i>dextromethorphan-quinidine</i> )	NP	PA; QL (2 caps per 1 day)
<i>olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 6-25 mg, 6-50 mg</i>	NP	QL (1 capsule per 1 day)
<i>olanzapine-fluoxetine hcl oral capsule 3-25 mg</i>	NP	
ORAP ORAL TABLET 1 MG, 2 MG ( <i>pimozide</i> )	NC	
<i>paroxetine mesylate oral capsule 7.5 mg</i>	NC	
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	NP	
<i>pimozide oral tablet 1 mg, 2 mg</i>	NP	
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PEN-INJECTOR 63 & 94 MCG/0.5ML ( <i>peginterferon beta-1a</i> )	NPS	PA; ST; SP Pharmacy; QL (1 kit per 365 days)
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 63 & 94 MCG/0.5ML ( <i>peginterferon beta-1a</i> )	NPS	PA; ST; SP Pharmacy; QL (2 syringes per 28 days)
PLEGRIDY SUBCUTANEOUS SOLUTION PEN-INJECTOR 125 MCG/0.5ML ( <i>peginterferon beta-1a</i> )	NPS	PA; ST; SP Pharmacy; QL (2 syringes per 28 days)

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

228



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML ( <i>peginterferon beta-1a</i> )	NPS	PA; ST; SP Pharmacy; QL (2 syringes per 28 days)
RAZADYNE ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 16 MG, 24 MG, 8 MG ( <i>galantamine hydrobromide</i> )	NC	
RAZADYNE ORAL TABLET 12 MG, 4 MG, 8 MG ( <i>galantamine hydrobromide</i> )	NC	
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML, 44 MCG/0.5ML ( <i>interferon beta-1a</i> )	PS	PA; SP Pharmacy; QL (12 syringes per 28 days)
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG ( <i>interferon beta-1a</i> )	PS	PA; SP Pharmacy; QL (1 titration pack per 1 month)
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML, 44 MCG/0.5ML ( <i>interferon beta-1a</i> )	PS	PA; SP Pharmacy; QL (12 syringes per 28 days)
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG ( <i>interferon beta-1a</i> )	PS	PA; SP Pharmacy; QL (1 titration pack per 1 month)
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	NP	PA
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr</i>	NP	PA
SARAFEM ORAL TABLET 10 MG, 20 MG ( <i>fluoxetine hcl (pmd)</i> )	NC	
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG ( <i>milnacipran hcl</i> )	NP	PA; ST; QL (2 tabs per 1 day)
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG ( <i>milnacipran hcl</i> )	NP	PA; ST; QL (2 tablets per 1 day)
SYMBYAX ORAL CAPSULE 12-25 MG, 12-50 MG, 3-25 MG, 6-25 MG, 6-50 MG ( <i>olanzapine-fluoxetine hcl</i> )	NC	
TECFIDERA ORAL 120 & 240 MG ( <i>dimethyl fumarate</i> )	NPS	PA; ST; #; SP Pharmacy; QL (2 caps per 1 day)
TECFIDERA ORAL CAPSULE DELAYED RELEASE 120 MG, 240 MG ( <i>dimethyl fumarate</i> )	NPS	PA; ST; #; SP Pharmacy; QL (2 caps per 1 day)
<i>tetrabenazine oral tablet 12.5 mg</i>	PS	PA; QL (8 tablets per 1 day)
<i>tetrabenazine oral tablet 25 mg</i>	PS	PA; QL (4 tablets per 1 day)
THRIVE MOUTH/THROAT GUM 2 MG ( <i>nicotine polacrilex</i> )	CE	N2 (Not Covered); QL (180 day supply per 365 days)

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XENAZINE ORAL TABLET 12.5 MG, 25 MG ( <i>tetrabenazine</i> )	NC	
XYREM ORAL SOLUTION 500 MG/ML ( <i>sodium oxybate</i> )	NPS	PA; SP Pharmacy
<b>*PULMONARY FIBROSIS AGENTS - KINASE INHIBITORS*** - DRUGS FOR CANCER</b>		
OFEV ORAL CAPSULE 100 MG, 150 MG ( <i>nintedanib esylate</i> )	NC	
<b>*PULMONARY FIBROSIS AGENTS*** - DRUGS FOR THE LUNGS</b>		
ESBRIET ORAL CAPSULE 267 MG ( <i>pirfenidone</i> )	PS	PA; SP Pharmacy; QL (9 capsules per 1 day)
ESBRIET ORAL TABLET 267 MG ( <i>pirfenidone</i> )	PS	PA; SP Pharmacy; QL (9 tablets per 1 day)
ESBRIET ORAL TABLET 801 MG ( <i>pirfenidone</i> )	PS	PA; SP Pharmacy; QL (3 tablets per 1 day)
<b>*PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST*** - DRUGS FOR THE HEART</b>		
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG ( <i>selexipag</i> )	NC	
UPTRAVI ORAL TABLET THERAPY PACK 200 & 800 MCG ( <i>selexipag</i> )	NC	
<b>*RESPIRATORY AGENTS - MISC.* - DRUGS FOR THE LUNGS</b>		
KALYDECO ORAL PACKET 25 MG, 50 MG, 75 MG ( <i>ivacaftor</i> )	NPS	PA; SP Pharmacy; QL (2 packets per 1 day)
KALYDECO ORAL TABLET 150 MG ( <i>ivacaftor</i> )	NPS	PA; SP Pharmacy; QL (2 tabs per 1 day)
PROLASTIN-C INTRAVENOUS SOLUTION 1000 MG/20ML ( <i>alpha1-proteinase inhibitor</i> )	NPS	PA; SP Pharmacy
PULMOZYME INHALATION SOLUTION 1 MG/ML ( <i>dornase alfa</i> )	PS	PA; SP Pharmacy; QL (60 units per 1 fill)
<b>*SCLEROSTIN INHIBITORS*** - HORMONES</b>		
EVENITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 105 MG/1.17ML ( <i>romosozumab-aqqg</i> )	NC	

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

230

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>*SEROTONIN 1A RECEPT AGONIST/SEROTONIN 2A RECEPT ANTAG*** - DRUGS FOR THE NERVOUS SYSTEM</b>		
ADDYI ORAL TABLET 100 MG ( <i>flibanserin</i> )	NP	PA; QL (1 tablet per 1 day)
<b>*SEROTONIN MODULATORS*** - DRUGS FOR THE NERVOUS SYSTEM</b>		
<i>nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	NP	
<i>trazodone hcl oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	PG	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG ( <i>vortioxetine hbr</i> )	NP	PA; ST; QL (1 tablet per 1 Day)
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG ( <i>vilazodone hcl</i> )	NP	#; QL (1 tab per 1 day)
VIIBRYD STARTER PACK ORAL KIT 10 & 20 MG ( <i>vilazodone hcl</i> )	NP	ST; #
<b>*SGLT2 INHIBITOR - DPP-4 INHIBITOR COMBINATIONS*** - HORMONES</b>		
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG ( <i>empagliflozin-linagliptin</i> )	NP	ST; QL (1 tablet per 1 day)
QTERN ORAL TABLET 10-5 MG ( <i>dapagliflozin-saxagliptin</i> )	NC	
QTERN ORAL TABLET 5-5 MG ( <i>dapagliflozin-saxagliptin</i> )	PB	ST; QL (1 tablet per 1 day)
STEGLUJAN ORAL TABLET 15-100 MG, 5-100 MG ( <i>ertugliflozin-sitagliptin</i> )	NC	
<b>*SINUS NODE INHIBITORS** - DRUGS FOR THE HEART</b>		
CORLANOR ORAL SOLUTION 5 MG/5ML ( <i>ivabradine hcl</i> )	NC	
CORLANOR ORAL TABLET 5 MG, 7.5 MG ( <i>ivabradine hcl</i> )	NP	PA; ST; QL (2 tablets per 1 day)
<b>*SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITOR-BIGUANIDE COMB*** - HORMONES</b>		
INVOKAMET ORAL TABLET 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG ( <i>canagliflozin-metformin hcl</i> )	NP	QL (2 tablets per 1 day)
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> )	NP	QL (2 tablets per 1 day)
SEGLUROMET ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 7.5-1000 MG, 7.5-500 MG ( <i>ertugliflozin-metformin hcl</i> )	NC	

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG ( <i>empagliflozin-metformin hcl</i> )	NP	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> )	NP	QL (2 tablets per 1 day)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 25-1000 MG ( <i>empagliflozin-metformin hcl</i> )	NP	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	QL (1 tablet per 1 day)
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)
<b>*SPLEEN TYROSINE KINASE (SYK) INHIBITORS*** - DRUGS FOR THE BLOOD</b>		
TAVALISSE ORAL TABLET 100 MG, 150 MG ( <i>fostamatinib disodium</i> )	NC	
<b>*STEROIDS - MOUTH/THROAT/DENTAL*** - DRUGS FOR THE MOUTH AND THROAT</b>		
<i>triamcinolone acetonide</i> (Oralene Mouth/Throat Paste 0.1 %)	PG	
<i>triamcinolone acetonide mouth/throat paste 0.1 %</i>	PG	
<b>*SULFONAMIDES*</b>		
<i>sulfadiazine oral tablet 500 mg</i>	NP	
<b>*TETRACYCLINES* - DRUGS FOR INFECTIONS</b>		
ACTICLATE ORAL TABLET 150 MG, 75 MG ( <i>doxycycline hyclate</i> )	NC	
<i>avidoxy oral tablet 100 mg</i>	NC	
<i>minocycline hcl</i> (Coremino Oral Tablet Extended Release 24 Hour 135 Mg, 45 Mg, 90 Mg)	NC	
<i>demeclocycline hcl oral tablet 150 mg, 300 mg</i>	NP	
DORYX MPC ORAL TABLET DELAYED RELEASE 120 MG ( <i>doxycycline hyclate</i> )	NC	#
DORYX ORAL TABLET DELAYED RELEASE 200 MG, 50 MG ( <i>doxycycline hyclate</i> )	NC	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	PG	
<i>doxycycline hyclate oral tablet 100 mg</i>	PG	LGC

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>doxycycline hyclate oral tablet 150 mg, 75 mg</i>	NC	
<i>doxycycline hyclate oral tablet 20 mg, 50 mg</i>	PG	
<i>doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg, 80 mg</i>	NC	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	PG	
<i>doxycycline monohydrate oral capsule 150 mg, 75 mg</i>	NC	
<i>doxycycline monohydrate oral suspension reconstituted 25 mg/5ml</i>	NC	
<i>doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	NC	
MINOCIN ORAL CAPSULE 100 MG, 50 MG ( <i>minocycline hcl</i> )	NC	
<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>	NC	
<i>minocycline hcl oral capsule 100 mg, 50 mg, 75 mg</i>	PG	
<i>minocycline hcl oral tablet 100 mg, 50 mg, 75 mg</i>	NC	
MINOLIRA ORAL TABLET EXTENDED RELEASE 24 HOUR 105 MG, 135 MG ( <i>minocycline hcl</i> )	NC	
<i>doxycycline monohydrate (Mondoxyne NI Oral Capsule 100 Mg, 50 Mg)</i>	PG	
<i>doxycycline monohydrate (Mondoxyne NI Oral Capsule 75 Mg)</i>	NC	
<i>doxycycline hyclate (Morgidox Oral Capsule 100 Mg, 50 Mg)</i>	PG	
SEYSARA ORAL TABLET 100 MG, 150 MG, 60 MG ( <i>sarecycline hcl</i> )	NC	
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HOUR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG ( <i>minocycline hcl</i> )	NC	
TARGADOX ORAL TABLET 50 MG ( <i>doxycycline hyclate</i> )	NC	
<i>tetracycline hcl oral capsule 250 mg, 500 mg</i>	PG	LGC
VIBRAMYCIN ORAL CAPSULE 100 MG ( <i>doxycycline hyclate</i> )	NC	
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED 25 MG/5ML ( <i>doxycycline monohydrate</i> )	NC	
VIBRAMYCIN ORAL SYRUP 50 MG/5ML ( <i>doxycycline calcium</i> )	NP	

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XIMINO ORAL CAPSULE EXTENDED RELEASE 24 HOUR 135 MG, 45 MG, 90 MG ( <i>minocycline hcl</i> )	NC	
<b>*THYROID AGENTS* - HORMONES</b>		
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG ( <i>thyroid</i> )	NP	
CYTOMEL ORAL TABLET 25 MCG, 5 MCG, 50 MCG ( <i>liothyronine sodium</i> )	NC	
<i>levothyroxine sodium</i> (Euthyrox Oral Tablet 88 Mcg)	PG	
<i>levothyroxine sodium</i> (Levo-T 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)	PG	
<i>levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	PG	LGC
<i>levothyroxine sodium oral tablet 300 mcg</i>	PG	
<i>levothyroxine sodium</i> (Levoxyl Oral Tablet 100 Mcg, 112 Mcg, 125 Mcg, 137 Mcg, 150 Mcg, 175 Mcg, 200 Mcg, 25 Mcg, 50 Mcg, 75 Mcg, 88 Mcg)	PG	LGC
<i>liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg</i>	PG	
<i>methimazole oral tablet 10 mg, 5 mg</i>	PG	
NATURE-THROID ORAL TABLET 113.75 MG, 130 MG, 146.25 MG, 16.25 MG, 162.5 MG, 195 MG, 260 MG, 32.5 MG, 325 MG, 48.75 MG, 65 MG, 81.25 MG, 97.5 MG ( <i>thyroid</i> )	NP	
<i>np thyroid oral tablet 15 mg, 30 mg, 60 mg, 90 mg</i>	NP	
<i>propylthiouracil oral tablet 50 mg</i>	PG	
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> )	NC	
TAPAZOLE ORAL TABLET 10 MG, 5 MG ( <i>methimazole</i> )	NC	
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> )	NP	#
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> )	NP	#

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>levothyroxine sodium</i> (Unithroid Direct Oral Tablet 100 Mcg, 112 Mcg, 125 Mcg, 150 Mcg, 175 Mcg, 200 Mcg, 25 Mcg, 300 Mcg, 50 Mcg, 75 Mcg, 88 Mcg)	PG	
<i>levothyroxine sodium</i> (Unithroid Oral Tablet 100 Mcg, 112 Mcg, 125 Mcg, 150 Mcg, 175 Mcg, 200 Mcg, 25 Mcg, 50 Mcg, 75 Mcg, 88 Mcg)	PG	LGC
<i>levothyroxine sodium</i> (Unithroid Oral Tablet 137 Mcg)	PG	
<i>levothyroxine sodium</i> (Unithroid Oral Tablet 300 Mcg)	PG	
WESTHROID ORAL TABLET 130 MG, 195 MG, 32.5 MG, 65 MG, 97.5 MG ( <i>thyroid</i> )	NP	
WP THYROID ORAL TABLET 113.75 MG, 130 MG, 16.25 MG, 32.5 MG, 48.75 MG, 65 MG, 81.25 MG, 97.5 MG ( <i>thyroid</i> )	NP	
<b>*TOPICAL ANESTHETIC GASES*** - DRUGS FOR THE SKIN</b>		
<i>ethyl chloride external aerosol</i>	NP	
<b>*TRANSTHYRETIN STABILIZERS*** - HORMONES</b>		
VYNDAQEL ORAL CAPSULE 20 MG ( <i>tafamidis meglumine (cardiac)</i> )	NC	
<b>*TRYPTOPHAN HYDROXYLASE INHIBITORS*** - DRUGS FOR THE STOMACH</b>		
XERMELO ORAL TABLET 250 MG ( <i>telotristat etiprate</i> )	NC	
<b>*ULCER DRUGS* - DRUGS FOR THE STOMACH</b>		
ACIPHEX ORAL TABLET DELAYED RELEASE 20 MG ( <i>rabeprazole sodium</i> )	NC	
ACIPHEX SPRINKLE ORAL CAPSULE SPRINKLE 10 MG, 5 MG ( <i>rabeprazole sodium</i> )	NC	#
<i>belladonna alkaloids-opium rectal suppository 16.2-60 mg</i>	NP	
<i>belladonna-opium rectal suppository 16.2-30 mg</i>	NP	
BENTYL ORAL CAPSULE 10 MG ( <i>dicyclomine hcl</i> )	NC	
CARAFATE ORAL SUSPENSION 1 GM/10ML ( <i>sucralfate</i> )	NP	
CARAFATE ORAL TABLET 1 GM ( <i>sucralfate</i> )	NC	
<i>cimetidine hcl oral solution 300 mg/5ml</i>	PG	
<i>cimetidine oral tablet 200 mg, 300 mg, 400 mg</i>	PG	OTC
<i>cimetidine oral tablet 800 mg</i>	PG	LGC; OTC
CUVPOSA ORAL SOLUTION 1 MG/5ML ( <i>glycopyrrolate</i> )	NP	PA; #

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CYTOTEC ORAL TABLET 100 MCG, 200 MCG ( <i>misoprostol</i> )	NC	
DEXILANT ORAL CAPSULE DELAYED RELEASE 30 MG, 60 MG ( <i>dexlansoprazole</i> )	NP	PA; ST; #; QL (1 capsule per 1 day)
<i>dicyclomine hcl oral capsule 10 mg</i>	PG	LGC
<i>dicyclomine hcl oral solution 10 mg/5ml</i>	PG	
<i>dicyclomine hcl oral tablet 20 mg</i>	PG	LGC
<i>esomeprazole magnesium oral capsule delayed release 40 mg</i>	NP	PA; ST; QL (1 capsule per 1 day)
<i>esomeprazole strontium oral capsule delayed release 49.3 mg</i>	NP	
<i>famotidine oral suspension reconstituted 40 mg/5ml</i>	PG	
<i>famotidine oral tablet 20 mg</i>	PG	LGC; OTC
<i>famotidine oral tablet 40 mg</i>	PG	LGC
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	NP	
<i>lansoprazole oral capsule delayed release 15 mg</i>	PG	QL (2 capsules per 1 day)
<i>lansoprazole oral capsule delayed release 30 mg</i>	NP	QL (1 capsule per 1 day)
<i>lansoprazole oral tablet dispersible 15 mg, 30 mg</i>	NP	QL (1 tablet per 1 Day)
LIBRAX ORAL CAPSULE 5-2.5 MG ( <i>chlordiazepoxide-clidinium</i> )	NC	
<i>methscopolamine bromide oral tablet 2.5 mg, 5 mg</i>	NP	
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	PG	
NEXIUM 24HR ORAL CAPSULE DELAYED RELEASE 20 MG ( <i>esomeprazole magnesium</i> )	PG	OTC; QL (1 capsule per 1 day)
NEXIUM 24HR ORAL TABLET DELAYED RELEASE 20 MG ( <i>esomeprazole magnesium</i> )	PG	OTC; QL (1 tablet per 1 day)
NEXIUM ORAL PACKET 10 MG, 2.5 MG, 20 MG, 40 MG, 5 MG ( <i>esomeprazole magnesium</i> )	NP	PA; ST; #; QL (1 packet per 1 day)
<i>nizatidine oral capsule 150 mg, 300 mg</i>	PG	
<i>nizatidine oral solution 15 mg/ml</i>	PG	
OMECLAMOX-PAK ORAL 500-500-20 MG ( <i>amoxicillin-clarithro-omeprazole</i> )	NC	
<i>omeprazole magnesium oral capsule delayed release 20.6 (20 base) mg</i>	PG	LGC; OTC
<i>omeprazole oral capsule delayed release 10 mg, 40 mg</i>	PG	OTC
<i>omeprazole oral tablet delayed release 20 mg</i>	PG	OTC

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>omeprazole-sodium bicarbonate oral capsule 20-1100 mg, 40-1100 mg</i>	PG	QL (1 capsule per 1 day)
<i>omeprazole-sodium bicarbonate oral packet 20-1680 mg, 40-1680 mg</i>	NC	
<i>pantoprazole sodium oral tablet delayed release 20 mg, 40 mg</i>	PG	
PEPCID ORAL SUSPENSION RECONSTITUTED 40 MG/5ML ( <i>famotidine</i> )	NC	
PEPCID ORAL TABLET 40 MG ( <i>famotidine</i> )	NC	
PREVACID 24HR ORAL CAPSULE DELAYED RELEASE 15 MG ( <i>lansoprazole</i> )	PG	OTC; QL (2 capsules per 1 day)
PREVACID SOLUTAB ORAL TABLET DISPERSIBLE 15 MG, 30 MG ( <i>lansoprazole</i> )	NC	
PREVPAC ORAL ( <i>amoxicill-clarithro-lansopraz</i> )	NC	
PRILOSEC ORAL PACKET 10 MG, 2.5 MG ( <i>omeprazole magnesium</i> )	NC	#
PRILOSEC OTC ORAL TABLET DELAYED RELEASE 20 MG ( <i>omeprazole magnesium</i> )	PG	LGC; OTC
<i>propantheline bromide oral tablet 15 mg</i>	NP	
PROTONIX ORAL PACKET 40 MG ( <i>pantoprazole sodium</i> )	NC	
PROTONIX ORAL TABLET DELAYED RELEASE 20 MG, 40 MG ( <i>pantoprazole sodium</i> )	NC	
PYLERA ORAL CAPSULE 140-125-125 MG ( <i>bis subcit-metronid-tetracyc</i> )	NP	#
<i>rabeprazole sodium oral capsule sprinkle 10 mg</i>	NP	QL (1 capsule per day, 90 day supply per 365 days)
<i>rabeprazole sodium oral tablet delayed release 20 mg</i>	NP	PA; ST; QL (1 tab per 1 day)
<i>ranitidine hcl oral capsule 150 mg, 300 mg</i>	PG	OTC
<i>ranitidine hcl oral syrup 15 mg/ml, 150 mg/10ml, 75 mg/5ml</i>	PG	OTC
<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	PG	LGC; OTC
ROBINUL ORAL TABLET 1 MG ( <i>glycopyrrolate</i> )	NC	
ROBINUL-FORTE ORAL TABLET 2 MG ( <i>glycopyrrolate</i> )	NC	
<i>sucralfate oral suspension 1 gm/10ml</i>	PG	
<i>sucralfate oral tablet 1 gm</i>	PG	
ZANTAC ORAL TABLET 300 MG ( <i>ranitidine hcl</i> )	NC	
ZEGERID ORAL CAPSULE 40-1100 MG ( <i>omeprazole-sodium bicarbonate</i> )	NP	QL (1 capsule per 1 day)

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZEGERID ORAL PACKET 20-1680 MG, 40-1680 MG ( <i>omeprazole-sodium bicarbonate</i> )	NC	
ZEGERID OTC ORAL CAPSULE 20-1100 MG ( <i>omeprazole-sodium bicarbonate</i> )	PG	OTC; QL (1 cap per 1 day)
<b>*URINARY ANTI-INFECTIVES* - DRUGS FOR THE URINARY SYSTEM</b>		
FURADANTIN ORAL SUSPENSION 25 MG/5ML ( <i>nitrofurantoin</i> )	NC	
HIPREX ORAL TABLET 1 GM ( <i>methenamine hippurate</i> )	NC	
MACROBID ORAL CAPSULE 100 MG ( <i>nitrofurantoin monohyd macro</i> )	NC	
MACRODANTIN ORAL CAPSULE 100 MG, 25 MG, 50 MG ( <i>nitrofurantoin macrocrystal</i> )	NC	
<i>methenamine hippurate oral tablet 1 gm</i>	NP	
<i>methenamine mandelate oral tablet 0.5 gm, 1 gm</i>	NP	
MONUROL ORAL PACKET 3 GM ( <i>fosfomycin tromethamine</i> )	NP	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>	PG	
<i>nitrofurantoin monohyd macro oral capsule 100 mg</i>	PG	
<i>nitrofurantoin oral suspension 25 mg/5ml</i>	NP	
<b>*URINARY ANTISPASMODICS* - DRUGS FOR THE URINARY SYSTEM</b>		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	PG	
<i>darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg, 7.5 mg</i>	NP	ST; QL (1 tablet per 1 day)
DETROL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 2 MG, 4 MG ( <i>tolterodine tartrate</i> )	NC	
DETROL ORAL TABLET 1 MG, 2 MG ( <i>tolterodine tartrate</i> )	NC	
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 5 MG ( <i>oxybutynin chloride</i> )	NC	
ENABLEX ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 7.5 MG ( <i>darifenacin hydrobromide</i> )	NC	
<i>flavoxate hcl oral tablet 100 mg</i>	PG	
GELNIQUE PUMP TRANSDERMAL GEL 10 % ( <i>oxybutynin chloride</i> )	NP	ST; #

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

238

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GELNIQUE TRANSDERMAL GEL 10 % ( <i>oxybutynin chloride</i> )	NP	ST; #
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG ( <i>mirabegron</i> )	PB	ST; QL (1 tab per 1 day)
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg</i>	NP	ST; QL (2 tablets per 1 day)
<i>oxybutynin chloride er oral tablet extended release 24 hour 5 mg</i>	NP	ST; QL (1 tablet per 1 day)
<i>oxybutynin chloride oral syrup 5 mg/5ml</i>	PG	
<i>oxybutynin chloride oral tablet 5 mg</i>	PG	LGC; QL (4 tablets per 1 day)
OXYTROL FOR WOMEN TRANSDERMAL PATCH TWICE WEEKLY 3.9 MG/24HR ( <i>oxybutynin</i> )	PG	#; OTC; QL (8 patches per 1 month)
<i>solifenacin succinate oral tablet 10 mg, 5 mg</i>	PG	QL (1 tablet per 1 day)
<i>tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg</i>	NP	ST; QL (1 cap per 1 day)
<i>tolterodine tartrate oral tablet 1 mg, 2 mg</i>	NP	ST
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG ( <i>fesoterodine fumarate</i> )	NP	ST; #; QL (1 tab per 1 day)
<i>trospium chloride er oral capsule extended release 24 hour 60 mg</i>	NP	ST; QL (1 cap per 1 day)
<i>trospium chloride oral tablet 20 mg</i>	PG	QL (2 tabs per 1 day)
URECHOLINE ORAL TABLET 10 MG, 25 MG, 5 MG, 50 MG ( <i>bethanechol chloride</i> )	NC	
VESICARE ORAL TABLET 10 MG, 5 MG ( <i>solifenacin succinate</i> )	NC	#
<b>*VAGINAL PRODUCTS* - DRUGS FOR WOMEN</b>		
AVC VAGINAL VAGINAL CREAM 15 % ( <i>sulfanilamide</i> )	NP	
CLEOCIN VAGINAL CREAM 2 % ( <i>clindamycin phosphate</i> )	NC	
CLEOCIN VAGINAL SUPPOSITORY 100 MG ( <i>clindamycin phosphate</i> )	NP	
<i>clindamycin phosphate vaginal cream 2 %</i>	NP	
CLINDESSE VAGINAL CREAM 2 % ( <i>clindamycin phosphate (1 dose)</i> )	NC	
CRINONE VAGINAL GEL 4 % ( <i>progesterone</i> )	NP	PA
CRINONE VAGINAL GEL 8 % ( <i>progesterone</i> )	NP	PA; ST
ENCARE VAGINAL SUPPOSITORY 100 MG ( <i>nonoxynol-9</i> )	CE	N2 (Not Covered)

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ENDOMETRIN VAGINAL INSERT 100 MG (progesterone)	NP	PA; #
<i>estradiol vaginal cream 0.1 mg/gm</i>	PG	
<i>estradiol vaginal tablet 10 mcg</i>	NP	
ESTRING VAGINAL RING 2 MG ( <i>estradiol</i> )	NP	
FEM PH VAGINAL GEL 0.9-0.025 % ( <i>acetic acid-oxyquinoline</i> )	NP	
FEMRING VAGINAL RING 0.05 MG/24HR, 0.1 MG/24HR ( <i>estradiol acetate</i> )	NP	#; QL (1 ring per 90 days)
GYNAZOLE-1 VAGINAL CREAM 2 % ( <i>butoconazole nitrate (1 dose)</i> )	NP	
IMVEXXY VAGINAL INSERT 10 MCG, 4 MCG ( <i>estradiol</i> )	NC	
INTRAROSA VAGINAL INSERT 6.5 MG ( <i>prasterone</i> )	NC	
METROGEL-VAGINAL VAGINAL GEL 0.75 % ( <i>metronidazole</i> )	NC	
<i>metronidazole vaginal gel 0.75 %</i>	PG	
NUVESSA VAGINAL GEL 1.3 % ( <i>metronidazole</i> )	NC	
OPTIONS CONCEPTROL VAGINAL GEL 4 % ( <i>nonoxynol-9</i> )	CE	N2 (Not Covered)
OPTIONS GYNOL II CONTRACEPTIVE VAGINAL GEL 3 % ( <i>nonoxynol-9</i> )	CE	N2 (Not Covered)
PREMARIN VAGINAL CREAM 0.625 MG/GM ( <i>estrogens, conjugated</i> )	NP	
RELAGARD VAGINAL GEL 0.9-0.025 % ( <i>acetic acid-oxyquinoline</i> )	NP	
SHUR-SEAL CONTRACEPTIVE VAGINAL GEL 2 % ( <i>nonoxynol-9</i> )	CE	N2 (Not Covered)
TERAZOL 7 VAGINAL CREAM 0.4 % ( <i>terconazole</i> )	NC	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	PG	
<i>terconazole vaginal suppository 80 mg</i>	NP	
TODAY SPONGE VAGINAL 1000 MG ( <i>nonoxynol-9</i> )	CE	N2 (Not Covered)
VAGIFEM VAGINAL TABLET 10 MCG ( <i>estradiol</i> )	NC	
<i>metronidazole (Vandazole Vaginal Gel 0.75 %)</i>	PG	
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM 28 % ( <i>nonoxynol-9</i> )	CE	N2 (Not Covered)

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019

240

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VCF VAGINAL CONTRACEPTIVE VAGINAL FOAM 12.5 % ( <i>nonoxynol-9</i> )	CE	N2 (Not Covered)
VCF VAGINAL CONTRACEPTIVE VAGINAL GEL 4 % ( <i>nonoxynol-9</i> )	CE	N2 (Not Covered)
<i>estradiol</i> (Yuvafem Vaginal Tablet 10 Mcg)	NP	
<b>*VASOPRESSORS* - DRUGS FOR THE HEART</b>		
ADYPHREN AMP II INJECTION KIT 1 MG/ML ( <i>epinephrine</i> )	NC	
ADYPHREN AMP INJECTION KIT 1 MG/ML ( <i>epinephrine</i> )	NC	
ADYPHREN II INJECTION KIT 1 MG/ML ( <i>epinephrine</i> )	NC	
ADYPHREN INJECTION KIT 1 MG/ML ( <i>epinephrine</i> )	NC	
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.1 MG/0.1ML, 0.15 MG/0.15ML, 0.3 MG/0.3ML ( <i>epinephrine</i> )	NC	
<i>epinephrine injection solution auto-injector 0.15 mg/0.15ml</i>	PG	QL (1 pack per 1 fill)
<i>epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	PG	QL (8 pens per 1 month)
EPISNAP INJECTION KIT 1 MG/ML ( <i>epinephrine</i> )	NC	
<i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	PG	
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.15 MG/0.3ML ( <i>epinephrine</i> )	NC	
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.3 MG/0.3ML ( <i>epinephrine</i> )	NP	QL (4 syringes per 30 days)
<b>*VITAMINS* - DRUGS FOR NUTRITION</b>		
DECARA ORAL CAPSULE 625 MCG (25000 UT) ( <i>cholecalciferol</i> )	CE	N2 (Not Covered)
<i>ergocal oral capsule 62.5 mcg (2500 ut)</i>	NP	
<i>ergocalciferol oral capsule 1.25 mg (50000 ut)</i>	PG	
<i>hm biotin oral tablet dispersible 10000 mcg</i>	NC	
MEPHYTON ORAL TABLET 5 MG ( <i>phytonadione</i> )	NP	QL (25 tablets per 30 days)
<i>phytonadione oral tablet 5 mg</i>	PG	QL (25 tablets per 30 Days)
<i>vitamin d2 oral tablet 10 mcg (400 unit), 50 mcg (2000 ut)</i>	CE	N2 (Not Covered)
<i>vitamin d3 oral capsule 10 mcg (400 unit), 25 mcg (1000 ut)</i>	CE	N2 (Not Covered)
<i>vitamin d3 oral liquid 400 unit/ml</i>	CE	N2 (Not Covered)
<i>vitamin d3 oral tablet 10 mcg (400 unit), 25 mcg (1000 ut)</i>	CE	N2 (Not Covered)
<i>vitamin d3 oral tablet chewable 10 mcg (400 unit)</i>	CE	N2 (Not Covered)

2019 Aetna Small Group ACA Plan

The formulary is updated the first week of each month.

12/01/2019



## Index

1ST TIER UNIFINE		<i>acetylcysteine</i> .....	124	ADVANCE INTUITION	
PENTIPS.....	185	ACIPHEX.....	235	TEST.....	145
1ST TIER UNIFINE		ACIPHEX SPRINKLE.....	235	ADVATE.....	172
PENTIPS PLUS.....	185	<i>acitretin</i> .....	127	ADVOCATE INSULIN PEN	
1ST TIER UNILET		ACTEMRA.....	22	NEEDLES.....	185
COMFORTOUCH.....	185	ACTEMRA ACTPEN.....	22	ADVOCATE INSULIN	
<i>abacavir sulfate</i> .....	96	ACTHAR.....	158	SYRINGE.....	185
<i>abacavir sulfate-lamivudine</i> .....	96	ACTICLATE.....	232	ADVOCATE LANCETS.....	185
<i>abacavir-lamivudine-zidovudine</i>	96	ACTIGALL.....	167	ADVOCATE RAPID-SAFE	
ABILIFY.....	91	ACTI-LANCE 28G.....	185	LANCING.....	185
ABILIFY MAINTENA.....	91	ACTI-LANCE LITE		ADVOCATE REDI-CODE..	145
<i>abiraterone acetate</i> .....	81	LANCETS 28G.....	185	ADVOCATE REDI-CODE+	
ABREVA.....	127	ACTI-LANCE SPECIAL		TEST.....	145
ABSORICA.....	127	LANCETS 17G.....	185	ADVOCATE SAFETY	
ABSTRAL.....	28	ACTI-LANCE UNIVERSAL		LANCETS.....	185
<i>acamprosate calcium</i> .....	225	23G.....	185	ADVOCATE TEST.....	145
ACANYA.....	127	ACTIMMUNE.....	82	ADYNOVATE.....	172
<i>acarbose</i> .....	57	ACTIQ.....	28	ADYPHREN.....	241
ACCOLATE.....	40	ACTIVELLA.....	164	ADYPHREN AMP.....	241
ACCU-CHEK AVIVA PLUS		ACTONEL.....	158	ADYPHREN AMP II.....	241
.....	144	ACTOPLUS MET.....	57	ADYPHREN II.....	241
ACCU-CHEK COMPACT		ACTOPLUS MET XR.....	57	ADZENYS ER.....	18
PLUS.....	144	ACTOS.....	57	ADZENYS XR-ODT.....	18
ACCU-CHEK FASTCLIX		ACULAR.....	211	AEMCOLO.....	77
LANCETS.....	185	ACULAR LS.....	211	Afeditab Cr.....	107
ACCU-CHEK MULTICLIX		ACUVAIL.....	211	AFINITOR.....	82
LANCETS.....	185	<i>acyclovir</i> .....	96, 127	AFINITOR DISPERZ.....	82
ACCU-CHEK SAFE-T PRO		ACZONE.....	127	Afirmelle.....	112
LANCETS.....	185	ADAGEN.....	106	AFREZZA.....	57
ACCU-CHEK		ADALAT CC.....	107	AFSTYLA.....	172
SMARTVIEW.....	144	<i>adapalene</i> .....	127	AFTERA.....	112
ACCU-CHEK SOFT		<i>adapalene-benzoyl peroxide</i> ....	127	AGAMATRIX AMP TEST..	145
TOUCH LANCETS.....	185	ADCIRCA.....	110	AGAMATRIX JAZZ TEST..	145
ACCU-CHEK SOFTCLIX		ADDERALL.....	18	AGAMATRIX KEYNOTE	
LANCET DEV.....	185	ADDERALL XR.....	18	TEST.....	145
ACCU-CHEK SOFTCLIX		ADDYI.....	231	AGAMATRIX PRESTO	
LANCETS.....	185	<i>adefovir dipivoxil</i> .....	96	TEST.....	145
ACCUPRIL.....	72	ADEMPAS.....	110	AGAMATRIX ULTRA-	
ACCURETIC.....	72	ADHANSIA XR.....	18	THIN LANCETS.....	185
ACCUTREND GLUCOSE..	145	<i>adjustable lancing device</i> .....	185	AGGRENEX.....	172
<i>acebutolol hcl</i> .....	104	ADLYXIN.....	57	AGRYLIN.....	172
<i>acetaminophen-codeine</i> .....	28	ADLYXIN STARTER		AIMOVIG.....	106
<i>acetaminophen-codeine</i> #2.....	28	PACK.....	57	AIMOVIG (140 MG DOSE)..	106
<i>acetaminophen-codeine</i> #3.....	28	ADMELOG.....	57	AIRDUO RESPICLICK	
<i>acetaminophen-codeine</i> #4.....	28	ADMELOG SOLOSTAR.....	57	113/14.....	41
Acetasol Hc.....	219	ADRENALIN.....	210	AIRDUO RESPICLICK	
<i>acetazolamide</i> .....	157	ADVAIR DISKUS.....	40, 41	232/14.....	41
<i>acetazolamide er</i> .....	157	ADVAIR HFA.....	41	AIRDUO RESPICLICK	
<i>acetic acid</i> .....	170, 219			55/14.....	41

AJOVY.....	106	ALTABAX.....	128	<i>ampicillin</i> .....	222
AKTIPAK.....	127	Altacaine.....	212	AMPYRA.....	225
AKYNZEO.....	65	ALTACE.....	72	AMRIX.....	208
ALA SCALP.....	127	Altafluor.....	212	ANADROL-50.....	35
<i>ala-cort</i> .....	127	Altafrin.....	212	ANAFRANIL.....	53
ALAVERT.....	68	Altavera.....	112	<i>anagrelide hcl</i> .....	173
<i>alavert allergy/sinus</i> .....	124	<i>alternate site lancing device</i> ....	186	ANALPRAM-HC.....	37
<i>alaway</i> .....	211	ALTOPREV.....	69	ANAPROX DS.....	22
<i>albendazole</i> .....	37	ALTRENO.....	128	<i>anastrozole</i> .....	82
<i>albuterol sulfate</i> .....	41	ALUNBRIG.....	82	ANCOBON.....	67
<i>albuterol sulfate er</i> .....	41	ALVESCO.....	41	ANDRODERM.....	36
<i>albuterol sulfate hfa</i> .....	41	<i>alyacen 1/35</i> .....	112	ANDROGEL.....	36
<i>alclometasone dipropionate</i> ....	128	<i>alyacen 7/7/7</i> .....	112	ANDROGEL PUMP.....	36
<i>alcohol swabs</i> .....	186	Alyq.....	110	ANGELIQ.....	165
ALDACTAZIDE.....	157	Amabelz.....	165	ANNOVERA.....	113
ALDACTONE.....	157	<i>amantadine hcl</i> .....	89	ANORO ELLIPTA.....	41
ALDARA.....	128	AMARYL.....	57	ANTABUSE.....	225
ALECENSA.....	82	AMBIEN.....	179	ANTARA.....	70
<i>alendronate sodium</i> .....	158	AMBIEN CR.....	179	ANTICOAGULANT	
ALFERON N.....	82	<i>ambrisentan</i> .....	110	COMPOUND.....	46, 181
<i>alfuzosin hcl er</i> .....	170	<i>amcinonide</i> .....	128	ANUSOL-HC.....	37
ALINIA.....	77	AMELUZ.....	128	ANZEMET.....	65
<i>aliskiren fumarate</i> .....	72	AMERGE.....	199	APADAZ.....	28
ALKERAN.....	82	Amethia.....	113	<i>apap-caff-dihydrocodeine</i> .....	28
ALLEGRA ALLERGY.....	68	Amethia Lo.....	112	APEXICON E.....	128
ALLEGRA ALLERGY		AMICAR.....	178	APIDRA.....	57
CHILDRENS.....	68	<i>amiloride hcl</i> .....	157	APIDRA SOLOSTAR.....	57
ALLEGRA-D ALLERGY &		<i>amiloride-hydrochlorothiazide</i>	157	APLENZIN.....	53
CONGESTION.....	124	<i>aminocaproic acid</i> .....	178	APOKYN.....	89
<i>allopurinol</i> .....	172	<i>amiodarone hcl</i> .....	40	APPTRIM.....	150
ALLZITAL.....	27	AMITIZA.....	167	APPTRIM-D.....	150
<i>almotriptan malate</i> .....	199	<i>amitriptyline hcl</i> .....	53	<i>apraclonidine hcl</i> .....	212
ALOCRIIL.....	211	AMLODIPINE		<i>aprepitant</i> .....	65
<i>alogliptin benzoate</i> .....	57	BES+SYRSPEND SF.....	107	Apri.....	113
<i>alogliptin-metformin hcl</i> .....	57	<i>amlodipine besy-benazepril hcl</i> ..	73	APRISO.....	167
<i>alogliptin-pioglitazone</i> .....	57	<i>amlodipine besylate</i> .....	107	APTENSIO XR.....	18
ALOMIDE.....	211	<i>amlodipine besylate-valsartan</i> ...	73	APTIOM.....	47
<i>alophen</i> .....	182	<i>amlodipine-atorvastatin</i> .....	110	APTIVUS.....	96
ALORA.....	165	<i>amlodipine-olmesartan</i> .....	73	ARAKODA.....	79
<i>alose tron hcl</i> .....	167	<i>amlodipine-valsartan-hctz</i> .....	73	Aranelle.....	113
ALPHAGAN P.....	212	<i>ammonium lactate</i> .....	128	ARANESP (ALBUMIN	
ALPHANATE/VWF		Amnesteem.....	128	FREE).....	176
COMPLEX/HUMAN.....	172	<i>amoxapine</i> .....	53	ARAVA.....	22
ALPHANINE SD.....	173	<i>amoxicillin</i> .....	221, 222	ARCALYST.....	22
<i>alprazolam</i> .....	39	<i>amoxicillin-pot clavulanate</i> ....	222	ARCAPTA NEOHALER.....	41
<i>alprazolam er</i> .....	39	<i>amoxicillin-pot clavulanate er</i> ..	222	Argyle Sterile Saline.....	170
ALPRAZOLAM INTENSOL	39	<i>amphetamine sulfate</i> .....	18	ARICEPT.....	225
<i>alprazolam xr</i> .....	39	<i>amphetamine-dextroamphet er</i> ..	18	ARIKAYCE.....	22
ALPROLIX.....	173	<i>amphetamine-</i>		ARIMIDEX.....	82
ALREX.....	212	<i>dextroamphetamine</i> .....	18	<i>aripiprazole</i> .....	91

ARISTADA.....	91	ASSURE ID INSULIN		AVAR LS CLEANSER.....	128
ARISTADA INITIO.....	91	SAFETY SYR.....	186	Avar-E Emollient.....	128
ARIXTRA.....	46	ASSURE LANCE		Avar-E Green.....	128
<i>armodafinil</i> .....	18	LANCETS.....	186	AVAR-E LS.....	128
ARMONAIR RESPICLICK		ASSURE LANCETS.....	186	AVC VAGINAL.....	239
113.....	41	ASSURE PLATINUM.....	145	AVELOX.....	167
ARMONAIR RESPICLICK		ASSURE PRO TEST.....	145	Aviane.....	113
232.....	41	ASTAGRAF XL.....	102	<i>avidoxy</i> .....	232
ARMONAIR RESPICLICK		ATACAND.....	73	Avita.....	128
55.....	42	ATACAND HCT.....	73	AVODART.....	170
ARMOUR THYROID.....	234	<i>atazanavir sulfate</i> .....	96	AVONEX.....	226
<i>arnica</i> .....	112	ATELVIA.....	159	AVONEX PEN.....	226
ARNUITY ELLIPTA.....	42	<i>atenolol</i> .....	104	AVONEX PREFILLED.....	226
AROMASIN.....	82	ATENOLOL+SYRSPEND		<i>av-phos 250 neutral</i> .....	200
ARTHROTEC.....	23	SF PH4.....	104	AXONA.....	150
ARYMO ER.....	28	<i>atenolol-chlorthalidone</i> .....	73	AYGESTIN.....	225
ASACOL HD.....	167	ATIVAN.....	39	Ayuna.....	113
Ascomp-Codeine.....	28	<i>atomoxetine hcl</i> .....	18, 19	AZASAN.....	102
Ashlyna.....	113	<i>atorvastatin calcium</i> .....	70	AZASITE.....	212
ASMANEX (120 METERED		<i>atovaquone</i> .....	77	<i>azathioprine</i> .....	102
DOSES).....	42	<i>atovaquone-proguanil hcl</i> .....	79	<i>azelaic acid</i> .....	128
ASMANEX (14 METERED		ATRALIN.....	128	<i>azelastine hcl</i> .....	210, 212
DOSES).....	42	ATRIPLA.....	96	AZELEX.....	128
ASMANEX (30 METERED		<i>atropine sulfate</i> .....	212	<i>azesco</i> .....	204
DOSES).....	42	ATROVENT HFA.....	42	AZILECT.....	89
ASMANEX (60 METERED		AUBAGIO.....	225	<i>azithromycin</i> .....	184
DOSES).....	42	Aubra.....	113	AZOPT.....	212
ASMANEX (7 METERED		Aubra Eq.....	113	AZOR.....	73
DOSES).....	42	AUGMENTIN.....	222	AZULFIDINE.....	168
ASMANEX HFA.....	42	AUGMENTIN ES-600.....	222	AZULFIDINE EN-TABS...	167
<i>aspirin</i> .....	27	AUGMENTIN XR.....	222	Azurette.....	113
<i>aspirin low dose</i> .....	27	AURORA LANCET SUPER		<i>bacitracin</i> .....	212
<i>aspirin-dipyridamole er</i> .....	173	THIN 30G.....	186	<i>bacitracin-polymyxin b</i> .....	212
<i>aspirin-omeprazole</i> .....	173	AURORA LANCET THIN		<i>bacitra-neomycin-polymyxin-</i>	
ASSURE 3 TEST.....	145	23G.....	186	<i>hc</i> .....	212
ASSURE 4 TEST.....	145	AURORA PEN NEEDLES..	186	<i>baclofen</i> .....	208, 209
ASSURE COMFORT		AURORA UNIFINE		BACTRIM.....	78
LANCETS 28G.....	186	PENTIPS.....	186	BACTRIM DS.....	77
ASSURE COMFORT		Aurovela 1.5/30.....	113	BACTROBAN.....	128
LANCETS 30G.....	186	Aurovela 1/20.....	113	BACTROBAN NASAL.....	210
ASSURE HAEMOLANCE		Aurovela 24 Fe.....	113	BAL-CARE DHA.....	204
PLUS HIGH.....	186	Aurovela Fe 1/20.....	113	BALCOLTRA.....	113
ASSURE HAEMOLANCE		AURYXIA.....	167	<i>balsalazide disodium</i> .....	168
PLUS LOW.....	186	AUSTEDO.....	226	BALVERSA.....	81
ASSURE HAEMOLANCE		AUVI-Q.....	241	Balziva.....	113
PLUS MICRO.....	186	AVAILNEX.....	150	BANZEL.....	47
ASSURE HAEMOLANCE		AVALIDE.....	73	BAQSIMI ONE PACK.....	58
PLUS NORMAL.....	186	AVANDIA.....	57	BAQSIMI TWO PACK.....	58
ASSURE HAEMOLANCE		AVAPRO.....	73	BARACLUDGE.....	96
PLUS PED.....	186	Avar Cleanser.....	128	BASAGLAR KWIKPEN.....	58

BAXDELA.....	167	BENICAR HCT.....	73	BINOSTO.....	159
BAYER BREEZE 2 TEST ...	145	BENLYSTA.....	102	Bio Glo.....	212
BAYER CONTOUR TEST ..	145	BENTYL.....	235	<i>bio-statin</i> .....	67
<i>bayer low dose</i> .....	27	BENZAC AC WASH.....	128	<i>bisacodyl</i> .....	182
BAYER MICROLET		BENZAACLIN.....	128	<i>bisacodyl ec</i> .....	182
LANCETS.....	186	BENZAACLIN WITH PUMP	129	<i>bisoprolol fumarate</i> .....	104
BD AUTOSHIELD.....	186	BENZAMYCIN.....	129	<i>bisoprolol-hydrochlorothiazide</i> ..	73
BD GLUCOSE.....	58	BENZEFOAMULTRA.....	129	BLEPH-10.....	212
BD INSULIN SYR		Benzepro Creamy Wash.....	129	BLEPHAMIDE.....	212
ULTRAFINE II.....	186	Benzepro Foaming Cloths....	129	BLEPHAMIDE S.O.P.....	213
BD INSULIN SYRINGE....	186	Benzepro Short Contact.....	129	Blisovi 24 Fe.....	113
BD INSULIN SYRINGE		<i>benzhydrocodone-</i>		Blisovi Fe 1.5/30.....	114
HALF-UNIT.....	186	<i>acetaminophen</i> .....	28	Blisovi Fe 1/20.....	114
BD INSULIN SYRINGE		BENZIQ.....	129	BONIVA.....	159
MICROFINE.....	186	BENZIQ LS.....	129	BONJESTA.....	66
BD INSULIN SYRINGE		<i>benznidazole</i> .....	37	<i>bosentan</i> .....	110
U/F.....	186	<i>benzonatate</i> .....	124	BOSULIF.....	82
BD INSULIN SYRINGE		<i>benzoyl peroxide</i> .....	129	<i>bp 10-1</i> .....	129
ULTRAFINE.....	187	<i>benzoyl peroxide-erythromycin</i>		<i>bp cleansing wash</i> .....	129
BD INTEGRA NEEDLE....	187	.....	129	<i>bp foam</i> .....	129
BD LANCET ULTRAFINE		<i>benztropine mesylate</i> .....	89	<i>bpo foaming cloths</i> .....	129
30G.....	187	BEPREVE.....	212	BRAFTOVI.....	82
BD LANCET ULTRAFINE		BESIVANCE.....	212	BRAVELLE.....	159
33G.....	187	BETADINE OPHTHALMIC		BREO ELLIPTA.....	42
BD MICROTAINER		PREP.....	212	<i>briellyn</i> .....	114
LANCETS.....	187	BETAGAN.....	212	BRILINTA.....	157, 173
BD PEN NEEDLE MINI		<i>betamethasone dipropionate</i> ...	129	<i>brimonidine tartrate</i> .....	213
U/F.....	187	<i>betamethasone dipropionate</i>		BRISDELLE.....	226
BD PEN NEEDLE NANO		<i>aug</i> .....	129	BRIVIACT.....	47
U/F.....	187	<i>betamethasone valerate</i> .....	129	Bromfed Dm.....	124
BD PEN NEEDLE		BETAPACE.....	104	<i>bromfenac sodium (once-daily)</i>	
ORIGINAL U/F.....	187	BETAPACE AF.....	104	.....	213
BD PEN NEEDLE SHORT		BETASERON.....	226	<i>bromocriptine mesylate</i> .....	89
U/F.....	187	<i>betaxolol hcl</i> .....	104, 212	<i>brompheniramine tannate</i> .....	68
BD SAFETYGLIDE		<i>bethanechol chloride</i> .....	238	BROMSITE.....	213
INSULIN SYRINGE.....	187	BETHKIS.....	22	BROVANA.....	42
BD SAFETY-LOK		BETIMOL.....	212	BRYHALI.....	129
INSULIN SYRINGE.....	187	BETOPTIC-S.....	212	BUCALSEP.....	95
BEBULIN.....	173	BEVESPI AEROSPHERE....	42	<i>budesonide</i> .....	42, 122
BECONASE AQ.....	210	BEVYXXA.....	46	<i>budesonide er</i> .....	122
Bekyree.....	113	<i>bexarotene</i> .....	82	BUFFERIN LOW DOSE.....	27
BELBUCA.....	28	BEYAZ.....	113	BULLSEYE MINI SAFETY	
<i>belladonna alkaloids-opium</i> ....	235	BIAXIN.....	184	LANCETS.....	187
<i>belladonna-opium</i> .....	235	<i>bicalutamide</i> .....	82	<i>bumetanide</i> .....	157
BELSOMRA.....	219	BIDIL.....	110	BUMEX.....	157
BELVIQ.....	19	BIEST/PROGESTERONE...	165	BUNAVAIL.....	29
<i>benazepril hcl</i> .....	73	BIJUVA.....	165	Bupap.....	27
<i>benazepril-hydrochlorothiazide</i> ..	73	BIKTARVY.....	96	BUPHENYL.....	159
BENEFIX.....	173	BILTRICIDE.....	37	<i>buprenorphine</i> .....	29
BENICAR.....	73	<i>bimatoprost</i> .....	212	<i>buprenorphine hcl</i> .....	29



<i>buprenorphine hcl-naloxone hcl</i> .....29	<i>captopril-hydrochlorothiazide</i> ... 73	<i>cefaclor</i> ..... 111
<i>bupropion hcl</i> ..... 53	CARAC.....130	<i>cefaclor er</i> ..... 111
<i>bupropion hcl er (smoking det)</i>	CARAFATE..... 235	<i>cefadroxil</i> ..... 111
.....226	CARBAGLU..... 159	<i>cefdinir</i> .....111
<i>bupropion hcl er (sr)</i> ..... 53	<i>carbamazepine</i> .....47, 48	<i>cefditoren pivoxil</i> .....111
<i>bupropion hcl er (xl)</i> ..... 53	<i>carbamazepine er</i> ..... 47	<i>cefixime</i> ..... 111, 112
<i>bupirone hcl</i> ..... 39	CARBAPHEN 12..... 124	<i>cefpodoxime proxetil</i> ..... 112
<i>butalbital-acetaminophen</i> ..... 27	CARBAPHEN 12 PED.....124	<i>cefprozil</i> ..... 112
<i>butalbital-apap-caff-cod</i> ..... 29	CARBATROL..... 48	<i>cefuroxime axetil</i> .....112
<i>butalbital-apap-caffeine</i> .....27	<i>carbidopa</i> ..... 89	CELEBREX.....23
<i>butalbital-asa-caff-codeine</i> ..... 29	<i>carbidopa-levodopa</i> ..... 89	<i>celecoxib</i> .....23
<i>butalbital-asa-caffeine</i> .....27	<i>carbidopa-levodopa er</i> ..... 89	CELEXA..... 53
<i>butalbital-aspirin-caffeine</i> .....27	<i>carbidopa-levodopa-entacapone</i> 89	CELLCEPT.....102
BUTISOL SODIUM.....179	<i>carbinoxamine maleate</i> .....68	CELONTIN.....48
<i>butorphanol tartrate</i> ..... 29	CARDIOTEK RX..... 151	CENTANY..... 130
BUTRANS..... 29	CARDIOVID PLUS.....211	<i>cephalexin</i> ..... 112
BYDUREON.....58	CARDIZEM..... 107	CEQUA.....213
BYDUREON BCISE.....58	CARDIZEM CD..... 107	CERDELGA.....176
BYETTA 10 MCG PEN..... 58	CARDIZEM LA.....107	CEREFOLIN.....151
BYETTA 5 MCG PEN..... 58	CARDURA..... 73	CEREFOLIN NAC..... 151
BYSTOLIC..... 104	CARDURA XL..... 170	CERVIDIL..... 220
BYVALSON..... 104	CAREFINE PEN NEEDLES	CESAMET.....66
<i>cabergoline</i> ..... 159	.....187	Cesia..... 114
CABLIVI..... 102	CAREONE LANCET THIN	<i>cetirizine hcl</i> ..... 68
CABOMETYX..... 82	23G.....187	<i>cetirizine-pseudoephedrine er.</i> 124
CADUET.....110	CAREONE LANCET	CETRAXAL..... 219
<i>caffeine citrate</i> ..... 19	ULTRA THIN 28G..... 187	CETROTIDE..... 159
CALAN.....107	CAREONE UNIFINE	<i>cevimeline hcl</i> ..... 203
CALAN SR.....107	PENTIPS..... 187	CHANTIX.....226
CALCIFOL.....200	CARESENS N GLUCOSE	CHANTIX CONTINUING
<i>calcipotriene</i> ..... 129	TEST..... 145	MONTH PAK..... 226
<i>calcipotriene-betameth diprop.</i> 130	CARIMUNE NF..... 220	CHANTIX STARTING
<i>calcitonin (salmon)</i> ..... 159	<i>carisoprodol</i> ..... 209	MONTH PAK..... 226
Calcitrene..... 130	<i>carisoprodol-aspirin</i> .....209	Chateal..... 114
<i>calcitriol</i> ..... 130, 159	<i>carisoprodol-aspirin-codeine</i> ... 209	Chateal Eq.....114
<i>calcium acetate (phos binder)</i> .168	CARNITOR..... 159	CHEMET..... 65
<i>calcium-folic acid plus d</i> .....201	CARNITOR SF..... 159	CHEMSTRIP 10 MD..... 145
CALPHRON..... 168	CAROSPIR.....157	CHEMSTRIP 10/SG..... 145
CALQUENCE.....82	<i>carteolol hcl</i> .....213	CHEMSTRIP 2 GP.....145
CAMBIA..... 199	Cartia Xt..... 107	CHEMSTRIP 5 OB.....145
Camila..... 114	<i>carvedilol</i> .....104	CHEMSTRIP 7..... 145
Camrese..... 114	<i>carvedilol phosphate er</i> ..... 104	CHEMSTRIP 9..... 145
Camrese Lo..... 114	CASODEX..... 83	CHEMSTRIP K.....146
CANASA..... 168	CATAPRES..... 74	CHEMSTRIP UGK.....146
<i>candesartan cilexetil</i> ..... 73	CATAPRES-TTS-1..... 74	CHENODAL..... 168
<i>candesartan cilexetil-hctz</i> ..... 73	CATAPRES-TTS-2..... 74	<i>childrens aspirin</i> ..... 27
<i>capecitabine</i> ..... 82	CATAPRES-TTS-3..... 74	<i>chlordiazepoxide hcl</i> ..... 39
CAPEX..... 130	Cavarest..... 203	<i>chlordiazepoxide-amitriptyline</i> 226
CAPRELSA..... 82, 83	CAYSTON.....202	<i>chlorhexidine gluconate</i> .....96, 203
<i>captopril</i> .....73	Caziant..... 114	<i>chloroquine phosphate</i> ..... 79

<i>chlorothiazide</i> .....	157	CLEOCIN-T.....	130	CODAR AR.....	125
<i>chlorpromazine hcl</i> .....	91	CLEVER CHEK AUTO-		<i>codeine sulfate</i> .....	29
<i>chlorpropamide</i> .....	58	CODE TEST.....	146	COLAZAL.....	168
<i>chlorthalidone</i> .....	157	CLEVER CHEK AUTO-		<i>colchicine</i> .....	172
<i>chlorzoxazone</i> .....	209	CODE VOICE.....	146	<i>colchicine-probenecid</i> .....	172
CHOLBAM.....	106	CLEVER CHEK LANCETS	187	COLCRYS.....	172
<i>cholestyramine</i> .....	70	CLEVER CHEK TEST.....	146	<i>colesevelam hcl</i> .....	70
<i>cholestyramine light</i> .....	70	CLEVER CHOICE AUTO-		COLESTID.....	70
<i>choline-mag trisalicylate</i> .....	27	CODE TEST.....	146	COLESTID FLAVORED.....	70
<i>chorionic gonadotropin</i> .....	159	CLEVER CHOICE MICRO		<i>colestipol hcl</i> .....	70
Ciclodan.....	130	TEST.....	146	Colocort.....	37
<i>ciclopirox</i> .....	130	CLICKFINE PEN		COLY-MYCIN S.....	219
<i>ciclopirox olamine</i> .....	130	NEEDLES.....	187	COLYTE WITH FLAVOR	
<i>cilostazol</i> .....	173	CLIMARA.....	165	PACKS.....	182
CILOXAN.....	213	CLIMARA PRO.....	165	COMBIGAN.....	213
CIMDUO.....	96	Clindacin Etz.....	130	COMBIPATCH.....	165
<i>cimetidine</i> .....	235	Clindacin-P.....	130	COMBIVENT RESPIMAT....	42
<i>cimetidine hcl</i> .....	235	CLINDAGEL.....	130	COMBIVIR.....	96
CIMZIA.....	168	<i>clindamycin hcl</i> .....	78	COMETRIQ (100 MG	
CIMZIA PREFILLED.....	168	<i>clindamycin palmitate hcl</i> .....	78	DAILY DOSE).....	83
CIMZIA STARTER KIT.....	168	<i>clindamycin phos-benzoyl</i>		COMETRIQ (140 MG	
CIPRO.....	167	<i>perox</i> .....	130	DAILY DOSE).....	83
CIPRO HC.....	219	<i>clindamycin phosphate</i> ....	130, 239	COMETRIQ (60 MG DAILY	
CIPRO XR.....	167	<i>clindamycin-tretinoin</i> .....	130	DOSE).....	83
CIPRODEX.....	219	CLINDESSE.....	239	COMFORT ASSURED	
<i>ciprofloxacin</i> .....	167	Clinpro 5000.....	203	LANCETS 28G.....	187
<i>ciprofloxacin hcl</i> .....	167, 213, 219	<i>clobazam</i> .....	48	COMFORT ASSURED	
<i>ciprofloxacin-ciproflox hcl er.</i>	167	<i>clobetasol propionate</i> .....	131	LANCETS 33G.....	187
<i>citalopram hydrobromide</i> .....	53	<i>clobetasol propionate e</i> .....	131	COMFORT EZ INSULIN	
CITRANATAL 90 DHA.....	204	<i>clobetasol propionate emulsion</i>	131	SYRINGE.....	187
CITRANATAL ASSURE....	204	CLOBEX.....	131	COMFORT EZ PEN	
CITRANATAL B-CALM....	204	CLOBEX SPRAY.....	131	NEEDLES.....	188
CITRANATAL MEDLEY...204		<i>clocortolone pivalate</i> .....	131	COMFORT LANCETS.....	188
CITRANATAL RX.....	204	<i>clocortolone pivalate pump</i> ....	131	COMPLERA.....	96
<i>citrate of magnesia</i> .....	182	Clodan.....	131	<i>completenate</i> .....	204
CITROMA.....	182	CLODERM.....	131	Compro.....	92
Claravis.....	130	CLODERM PUMP.....	131	COMTAN.....	89
CLARINEX.....	68	<i>clomiphene citrate</i> .....	159	<i>co-natal fa</i> .....	204
CLARINEX-D 12 HOUR....	125	<i>clomipramine hcl</i> .....	53	CONCEPT DHA.....	204
<i>clarithromycin</i> .....	184	<i>clonazepam</i> .....	48	CONCEPT OB.....	204
<i>clarithromycin er</i> .....	184	<i>clonidine hcl</i> .....	74	CONCERTA.....	19
CLARITIN.....	68	<i>clonidine hcl er</i> .....	19	CONDYLOX.....	131
CLARITIN CHILDRENS.....	68	<i>clopidogrel bisulfate</i> .....	173	<i>constulose</i> .....	182
CLARITIN EYE.....	213	<i>clorazepate dipotassium</i> .....	39	CONZIP.....	29
CLARITIN REDITABS.....	68	<i>clotrimazole</i> .....	203	COPAXONE.....	226
CLARITIN-D 12 HOUR.....	125	<i>clotrimazole-betamethasone</i> ....	131	COPIKTRA.....	222
CLARITIN-D 24 HOUR.....	125	<i>clozapine</i> .....	92	CORDRAN.....	131
<i>clemastine fumarate</i> .....	68	CLOZARIL.....	92	COREG.....	105
CLENPIQ.....	182	COAGADEX.....	173	COREG CR.....	104
CLEOCIN.....	78, 239	COARTEM.....	79	Coremino.....	232



CORGARD.....	105	<i>cyclosporine modified</i> .....	102	DEPEN TITRATABS.....	102
CORIFACT.....	173	CYMBALTA.....	53	DEPLIN 15.....	151
CORLANOR.....	231	<i>cyproheptadine hcl</i> .....	68, 69	DEPLIN 7.5.....	151
Cormax Scalp Application....	132	Cyred.....	114	DEPO-ESTRADIOL.....	165
CORRECTOL.....	182	CYSTADANE.....	159	DEPO-TESTOSTERONE.....	36
CORTEF.....	122	CYSTAGON.....	170	DERMA-SMOOTH/FS	
CORTENEMA.....	37	CYSTARAN.....	213	BODY.....	132
CORTIFOAM.....	37	CYTOMEL.....	234	DERMA-SMOOTH/FS	
<i>cortisone acetate</i> .....	122	CYTOTEC.....	236	SCALP.....	132
CORTISPORIN.....	132	<i>cytra k crystals</i> .....	170	DERMOTIC.....	219
CORZIDE.....	74	D.H.E. 45.....	199	DESCOVY.....	96
COSENTYX.....	132	DAKLINZA.....	96	DESFERAL.....	64, 65
COSENTYX (300 MG		<i>dalfampridine er</i> .....	226	<i>desipramine hcl</i> .....	53
DOSE).....	132	DALIRESP.....	42, 43	<i>desloratadine</i> .....	69
COSENTYX		<i>danazol</i> .....	36	<i>desmopressin ace spray refrig.</i>	160
SENSOREADY (300 MG)...	132	DANTRIUM.....	209	<i>desmopressin acetate</i> .....	160
COSENTYX		<i>dantrolene sodium</i> .....	209	<i>desmopressin acetate spray</i> ....	160
SENSOREADY PEN.....	132	<i>dapsone</i> .....	78, 132	<i>desogestrel-ethinyl estradiol</i> ...	114
COSOPT.....	213	DARAPRIM.....	79	DESONATE.....	132
COSOPT PF.....	213	<i>darifenacin hydrobromide er</i> ...	238	<i>desonide</i> .....	132
COTELLIC.....	83	Dasetta 1/35.....	114	DESOWEN.....	132
COTEMPLA XR-ODT.....	19	Dasetta 7/7/7.....	114	<i>desoximetasone</i> .....	132
COUMADIN.....	46	DAURISMO.....	83	DESOXYN.....	19
COZAAR.....	74	DAXBIA.....	112	<i>desvenlafaxine er</i> .....	53
CREON.....	156	DAYPRO.....	23	<i>desvenlafaxine succinate er</i> ....	53
CRESEMBA.....	67	Daysee.....	114	DETROL.....	238
CRESTOR.....	70	DAYTRANA.....	19	DETROL LA.....	238
CRINONE.....	239	D-CARE DM2.....	106	DEX4 GLUCOSE.....	58
CRIXIVAN.....	96	DDAVP.....	159	DEX4 GLUCOSE GO-	
<i>cromolyn sodium</i> .....	42, 168, 213	DDAVP RHINAL TUBE.....	160	POUCH.....	58
Crotan.....	132	DEBACTEROL.....	203	DEX4 QUICK DISSOLVE	
Cryelle-28.....	114	Deblitane.....	114	GLUCOSE.....	58
CUPRIMINE.....	102	DECARA.....	241	<i>dexamethasone</i> .....	122
Curity Sterile Saline.....	170	<i>deferasirox</i> .....	65	DEXAMETHASONE	
CUTAQUIG.....	220	DELESTROGEN.....	165	INTENSOL.....	122
CUTIVATE.....	132	DELSTRIGO.....	96	<i>dexamethasone sodium</i>	
CUVITRU.....	220	Deltasone.....	122	<i>phosphate</i> .....	213
CUVPOSA.....	235	Delyla.....	114	DEXEDRINE.....	19
<i>cyanocobalamin</i> .....	176	DELZICOL.....	168	DEXILANT.....	236
Cyclafem 1/35.....	114	DEMADEX.....	157	<i>dexmethylphenidate hcl</i> .....	19
Cyclafem 7/7/7.....	114	<i>demeclocycline hcl</i> .....	232	<i>dexmethylphenidate hcl er</i> ....	19
<i>cyclobenzaprine hcl</i> .....	209	DEMEROL.....	29	Dexpak 10 Day.....	122
<i>cyclobenzaprine hcl er</i> .....	209	DEMSEER.....	74	Dexpak 13 Day.....	122
CYCLOGYL.....	213	DENAVIR.....	132	Dexpak 6 Day.....	122
CYCLOMYDRIL.....	213	Denta 5000 Plus.....	203	<i>dextroamphetamine sulfate</i> ....	19
<i>cyclopentolate hcl</i> .....	213	Dentagel.....	203	<i>dextroamphetamine sulfate er</i> ...	19
<i>cyclophosphamide</i> .....	83	DEPAKENE.....	48	DIACOMIT.....	48
<i>cycloserine</i> .....	80	DEPAKOTE.....	48	DIASTAT ACUDIAL.....	48
CYCLOSET.....	58	DEPAKOTE ER.....	48	DIASTAT PEDIATRIC.....	48
<i>cyclosporine</i> .....	102	DEPAKOTE SPRINKLES....	48	<i>diazepam</i> .....	39, 48

Diazepam Intensol.....	39	DOLOTRANZ.....	133	<i>dutasteride</i> .....	170
DIBENZYLINE.....	74	<i>donepezil hcl</i> .....	226	<i>dutasteride-tamsulosin hcl</i> .....	170
DICLEGIS.....	66	DOPTelet.....	177	DUZALLO.....	172
<i>diclofenac epolamine</i> .....	132	DORAL.....	179	DXEVO 11-DAY.....	123
<i>diclofenac potassium</i> .....	23	DORYX.....	232	DYANAVEL XR.....	19
<i>diclofenac sodium</i> .....	23, 132, 133, 213	DORYX MPC.....	232	DYAZIDE.....	157
<i>diclofenac sodium er</i> .....	23	<i>dorzolamide hcl</i> .....	213	DYMISTA.....	210
<i>diclofenac-misoprostol</i> .....	23	<i>dorzolamide hcl-timolol mal</i> ....	213	DYRENIUM.....	157
<i>dicloxacillin sodium</i> .....	222	<i>dorzolamide hcl-timolol mal pf</i> 213		E.E.S. GRANULES.....	184
<i>dicyclomine hcl</i> .....	236	<i>double pm</i> .....	213	EASY COMFORT INSULIN SYRINGE.....	188
<i>didanosine</i> .....	97	DOVATO.....	97	EASY COMFORT LANCETS.....	188
DIFFERIN.....	133	DOVONEX.....	133	EASY PLUS II GLUCOSE TEST.....	146
DIFICID.....	184	<i>doxazosin mesylate</i> .....	74	EASY STEP TEST.....	146
Difil-G Forte.....	43	<i>doxepin hcl</i> .....	54, 133	EASY TALK BLOOD GLUCOSE TEST.....	146
<i>diflorasone diacetate</i> .....	133	<i>doxercalciferol</i> .....	160	EASY TOUCH INSULIN SAFETY SYR.....	188
DIFLUCAN.....	67	<i>doxycycline hyclate</i> .....	232, 233	EASY TOUCH INSULIN SYRINGE.....	188
<i>diflunisal</i> .....	27	<i>doxycycline monohydrate</i> .....	233	EASY TOUCH LANCETS 21G.....	188
Digitek.....	110	<i>doxylamine-pyridoxine</i> .....	66	EASY TOUCH LANCETS 23G.....	188
Digox.....	110	<i>d-penamamine</i> .....	102	EASY TOUCH LANCETS 26G.....	188
<i>digoxin</i> .....	110	DRAMAMINE LESS DROWSY.....	66	EASY TOUCH LANCETS 28G.....	188
<i>dihydroergotamine mesylate</i> ...	199	DRITHO-CREME HP.....	133	EASY TOUCH LANCETS 30G.....	188
DILANTIN.....	48	<i>dronabinol</i> .....	66	EASY TOUCH LANCETS 32G.....	188
DILANTIN INFATABS.....	48	DROPLET LANCETS ULTRA THIN 30G.....	188	EASY TOUCH LANCETS 33G/TWIST.....	188
DILATRATE-SR.....	38	<i>drospiren-eth estrad-levomefol</i> 114		EASY TOUCH LANCETS 32G/TWIST.....	188
DILAUDID.....	29	<i>drospirenone-ethinyl estradiol</i> . 115		EASY TOUCH LANCETS 30G/TWIST.....	188
<i>diltiazem cd</i> .....	107	DROXIA.....	177	EASY TOUCH LANCETS 32G/TWIST.....	188
<i>diltiazem hcl</i> .....	108	<i>ds prep pak</i> .....	133	EASY TOUCH LANCETS 33G/TWIST.....	188
<i>diltiazem hcl er</i> .....	108	DUAC.....	133	EASY TOUCH LANCETS 30G.....	188
<i>diltiazem hcl er beads</i> .....	107, 108	DUAKLIR PRESSAIR.....	43	EASY TOUCH LANCETS 32G.....	188
<i>diltiazem hcl er coated beads</i> ... 108		DUAVEE.....	166	EASY TOUCH LANCETS 32G/TWIST.....	188
<i>dilt-xr</i> .....	108	DUET DHA BALANCED... 204		EASY TOUCH LANCETS 32G/TWIST.....	188
DIOVAN.....	74	DUETACT.....	58	EASY TOUCH LANCETS 33G/TWIST.....	188
DIOVAN HCT.....	74	DUEXIS.....	23	EASY TOUCH LANCETS 32G/TWIST.....	188
DIPENTUM.....	168	DULCOLAX.....	182	EASY TOUCH LANCETS 32G/TWIST.....	188
<i>diphenoxylate-atropine</i> .....	64	DULERA.....	43	EASY TOUCH LANCETS 32G/TWIST.....	188
DIPROLENE.....	133	<i>duloxetine hcl</i> .....	54	EASY TOUCH LANCETS 32G/TWIST.....	188
DIPROLENE AF.....	133	DUOBRII.....	133	EASY TOUCH LANCETS 32G/TWIST.....	188
<i>dipyridamole</i> .....	173	DUOPA.....	89	EASY TOUCH LANCETS 32G/TWIST.....	188
<i>disopyramide phosphate</i> .....	40	DUPIXENT.....	104	EASY TOUCH LANCETS 32G/TWIST.....	188
<i>disulfiram</i> .....	226	DURAGESIC-100.....	30	EASY TOUCH LANCETS 32G/TWIST.....	188
DITROPAN XL.....	238	DURAGESIC-12.....	30	EASY TOUCH LANCETS 32G/TWIST.....	188
DIURIL.....	157	DURAGESIC-25.....	30	EASY TOUCH LANCETS 32G/TWIST.....	188
<i>divalproex sodium</i> .....	48, 49	DURAGESIC-50.....	30	EASY TOUCH LANCETS 32G/TWIST.....	188
<i>divalproex sodium er</i> .....	48	DURAGESIC-75.....	30	EASY TOUCH LANCETS 32G/TWIST.....	188
DIVIGEL.....	165	<i>duraxin</i> .....	27	EASY TOUCH LANCETS 32G/TWIST.....	188
DMT SUIK.....	122	DUREZOL.....	214	EASY TOUCH LANCETS 32G/TWIST.....	188
<i>docosanol</i> .....	133	DURLAZA.....	173	EASY TOUCH LANCETS 32G/TWIST.....	188
<i>dofetilide</i> .....	40	DUROLANE.....	209	EASY TOUCH LANCETS 32G/TWIST.....	188
DOLOPHINE.....	29			EASY TOUCH LANCETS 32G/TWIST.....	188

EASY TOUCH SAFETY	EMBRACE BLOOD	EPZICOM..... 97
LANCETS 28G..... 188	GLUCOSE TEST..... 146	<i>equapax/libuprofen/minrex</i> ..... 211
EASY TOUCH TEST..... 146	EMCYT..... 83	EQUETRO..... 92
EASY TRAK BLOOD	EMEND..... 66	<i>ergocal</i> ..... 241
GLUCOSE TEST..... 146	EMFLAZA..... 123	<i>ergocalciferol</i> ..... 241
EASY TWIST & CAP	EMGALITY..... 107	<i>ergoloid mesylates</i> ..... 226
LANCETS..... 188	EMGALITY (300 MG	ERGOMAR..... 199
EASYGLUCO..... 146	DOSE)..... 107	<i>ergotamine-caffeine</i> ..... 199
EASYMAX 15 TEST..... 146	Emoquette..... 115	ERIVEDGE..... 83
EASYMAX TEST..... 146	EMSAM..... 54	ERLEADA..... 83
EASYPLUS BLOOD	EMTRIVA..... 97	<i>erlotinib hcl</i> ..... 83
GLUCOSE TEST..... 146	EMVERM..... 37	Errin..... 115
EASYPRO PLUS..... 146	ENABLEX..... 238	ERTACZO..... 134
EC-NAPROSYN..... 23	<i>enalapril maleate</i> ..... 74	<i>ery</i> ..... 134
<i>econazole nitrate</i> ..... 133	<i>enalapril-hydrochlorothiazide</i> ... 74	ERYPED 200..... 184
ECONTRA EZ..... 115	ENBREL..... 23	ERYPED 400..... 184
<i>ecotrin low strength</i> ..... 27	ENBREL MINI..... 23	Ery-Tab..... 184
ECOZA..... 133	ENBREL SURECLICK..... 23	ERYTHROCIN STEARATE
EDARBI..... 74	ENCARE..... 239	..... 184
EDARBYCLOR..... 74	ENDARI..... 22	<i>erythromycin</i> ..... 134, 214
EDECIN..... 157	Endocet..... 30	<i>erythromycin base</i> ..... 184
EDLUAR..... 179	ENDOMETRIN..... 240	<i>erythromycin ethylsuccinate</i> ... 184
EDURANT..... 97	ENLYTE..... 151	<i>erythromycin stearate</i> ..... 184
<i>efavirenz</i> ..... 97	<i>enoxaparin sodium</i> ..... 46	ESBRIET..... 230
EFFER-K..... 201	Enpresse-28..... 115	<i>escitalopram oxalate</i> ..... 54
Effer-K..... 201	Enskyce..... 115	Esgic..... 27
<i>effervescent pot chloride</i> ..... 201	ENSTILAR..... 133	ESGIC..... 27
EFFEXOR XR..... 54	<i>entacapone</i> ..... 89	<i>esomeprazole magnesium</i> ..... 236
EFFIENT..... 173	<i>entecavir</i> ..... 97	<i>esomeprazole strontium</i> ..... 236
EFUDEX..... 133	ENTERAGAM..... 151	Estarylla..... 115
ELDEPRYL..... 89	ENTOCORT EC..... 123	<i>estazolam</i> ..... 179
ELEMENT TEST..... 146	ENTRESTO..... 211	ESTRACE..... 165
ELESTAT..... 214	<i>enulose</i> ..... 168	<i>estradiol</i> ..... 165, 240
ELESTRIN..... 165	ENVARBUS XR..... 102	<i>estradiol valerate</i> ..... 165
<i>eletriptan hydrobromide</i> ..... 199	EPANED..... 74	<i>estradiol-norethindrone acet</i> ... 165
ELIDEL..... 133	EPCLUSA..... 179	ESTRING..... 240
ELIGARD..... 83	EPIDIOLEX..... 49	ESTROGEL..... 166
ELIMITE..... 133	EPIDUO..... 134	<i>estropipate</i> ..... 166
Elinest..... 115	EPIDUO FORTE..... 134	<i>eszopiclone</i> ..... 179
ELIQUIS..... 46	EPIFOAM..... 134	<i>ethacrynic acid</i> ..... 157
ELIQUIS STARTER PACK.. 46	<i>epinastine hcl</i> ..... 214	<i>ethambutol hcl</i> ..... 80
<i>elite-ob</i> ..... 204	<i>epinephrine</i> ..... 241	<i>ethosuximide</i> ..... 49
<i>elite-thin insulin syringe</i> ..... 188	EPISNAP..... 241	<i>ethyl chloride</i> ..... 134, 235
ELIXOPHYLLIN..... 43	Epitol..... 49	<i>ethynodiol diac-eth estradiol</i> ... 115
ELLA..... 115	EPIVIR..... 97	<i>etidronate disodium</i> ..... 160
ELMIRON..... 170	EPIVIR HBV..... 97	<i>etodolac</i> ..... 23
ELOCON..... 133	<i>eplerenone</i> ..... 74	<i>etodolac er</i> ..... 23
ELOCTATE..... 173	EPOGEN..... 177	<i>etoposide</i> ..... 83
EMADINE..... 214	<i>epoprostenol sodium</i> ..... 110	EUCRISA..... 223
EMBEDA..... 30	<i>eprosartan mesylate</i> ..... 74	EURAX..... 134

Euthyrox.....	234	<i>famciclovir</i> .....	97	FIFTY50 SUPERIOR
EVAMIST.....	166	<i>famotidine</i> .....	236	COMFORT SYR.....
EVEKEO.....	19	FANAPT.....	92	FINACEA.....
EVEKEO ODT.....	19	FANAPT TITRATION		<i>finasteride</i> .....
EVENCARE + BLOOD		PACK.....	92	FINE 30.....
GLUCOSE TEST.....	147	FARESTON.....	83	FINGERSTIX LANCETS... 189
EVENCARE BLOOD		FARXIGA.....	58	FIORICET.....
GLUCOSE TEST.....	147	FARYDAK.....	83	FIORICET/CODEINE.....
EVENCARE G2 TEST.....	147	Fayosim.....	115	FIORINAL.....
EVENCARE G3 TEST.....	147	FAZACLO.....	92	FIORINAL/CODEINE #3....
EVENITY.....	230	FC FEMALE CONDOM....	189	FIRAZYR.....
EVISTA.....	160	FC2 FEMALE CONDOM... 189		FIRDAPSE.....
EVOCLIN.....	134	<i>febuxostat</i> .....	172	FIRMAGON.....
EVOLUTION AUTOCODE	147	FEIBA.....	173	FIRVANQ.....
EVOTAZ.....	97	<i>felbamate</i> .....	49	FLAGYL.....
EVOXAC.....	203	FELBATOL.....	49	FLAREX.....
EVZIO.....	65	FELDENE.....	23	<i>flavoxate hcl</i> .....
EXALGO.....	30	<i>felodipine er</i> .....	108	<i>flecainide acetate</i> .....
EXEL COMFORT POINT		FEM PH.....	240	FLECTOR.....
INSULIN SYR.....	189	FEMARA.....	84	FLEET BISACODYL.....
EXELDERM.....	134	FEMCAP.....	189	FLEET ENEMA.....
EXELON.....	226	FEMRING.....	240	FLEET PEDIATRIC.....
<i>exemestane</i> .....	83	Femynor.....	115	FLOLAN.....
EXFORGE.....	74	<i>fenofibrate</i> .....	70	<i>flolipid</i> .....
EXFORGE HCT.....	74	<i>fenofibrate micronized</i> .....	70	FLOMAX.....
EXJADE.....	65	<i>fenofibric acid</i> .....	71	FLONASE ALLERGY
EXODERM.....	134	FENOGLIDE.....	71	RELIEF.....
EXTAVIA.....	226	<i>fenoprofen calcium</i> .....	23	FLOVENT DISKUS.....
EXTINA.....	134	FENORTHO.....	23	FLOVENT HFA.....
EYLEA.....	214	<i>fentanyl</i> .....	30	FLOXIN OTIC.....
E-Z JECT LANCET		<i>fentanyl citrate</i> .....	30	<i>fluconazole</i> .....
MICRO-THIN 33G.....	189	FENTORA.....	30	<i>flucytosine</i> .....
E-Z JECT LANCET SUPER		FERRIPROX.....	65	<i>fludrocortisone acetate</i> .....
THIN 30G.....	189	FETZIMA.....	54	FLUMADINE.....
E-Z JECT LANCETS.....	189	FETZIMA TITRATION.....	54	<i>flunisolide</i> .....
E-Z JECT LANCETS 21G... 189		FEXMID.....	209	<i>fluocinolone acetonide</i> ....
E-Z JECT LANCETS THIN		<i>fexofenadine hcl</i> .....	69	<i>fluocinolone acetonide body</i> ...
26G.....	189	<i>fexofenadine hcl childrens</i> .....	69	<i>fluocinolone acetonide scalp</i> ...
EZ SMART BLOOD		<i>fexofenadine-pseudoephed er.</i> 125		<i>fluocinonide</i> .....
GLUCOSE LANCETS.....	189	FIASP.....	59	<i>fluocinonide emulsified base</i> ...
EZ SMART BLOOD		FIASP FLEXTOUCH.....	58	FLUORABON.....
GLUCOSE TEST.....	147	FIASP PENFILL.....	58	<i>fluorescein-benoxinate</i> .....
EZ SMART PLUS		FIBRICOR.....	71	Fluor-I-Strips A.T.....
GLUCOSE TEST.....	147	FIBRYGA.....	173	<i>fluoritab</i> .....
EZALLOR SPRINKLE.....	70	FIFTY50 GLUCOSE TEST		<i>fluorometholone</i> .....
<i>ezetimibe</i> .....	70	2.0.....	147	FLUOROPLEX.....
<i>ezetimibe-simvastatin</i> .....	70	FIFTY50 PEN NEEDLES... 189		<i>fluorouracil</i> .....
FABIOR.....	134	FIFTY50 SAFETY SEAL		<i>fluoxetine hcl</i> .....
FALESSA.....	115	LANCETS.....	189	<i>fluoxetine hcl (pmd)</i> .....
Falmina.....	115			<i>fluphenazine decanoate</i> .....



<i>fluphenazine hcl</i> .....	92	FORTEO.....	160	Gavilyte-H.....	182
FLURA-DROPS.....	201	FORTESTA.....	36	Gavilyte-N With Flavor Pack	182
<i>flurandrenolide</i> .....	135	FOSAMAX.....	160	GE100 BLOOD GLUCOSE	
FLURA-SAFE.....	214	FOSAMAX PLUS D.....	160	TEST.....	148
<i>flurazepam hcl</i> .....	179	<i>fosamprenavir calcium</i> .....	97	GELFILM.....	214
<i>flurbiprofen</i> .....	24	<i>fosinopril sodium</i> .....	75	GELNIQUE.....	239
<i>flurbiprofen sodium</i> .....	214	<i>fosinopril sodium-hctz</i> .....	75	GELNIQUE PUMP.....	238
<i>flutamide</i> .....	84	FOSRENOL.....	168	<i>gemfibrozil</i> .....	71
<i>fluticasone propionate</i> .....	135, 210	FOSTEUM.....	152	<i>generlac</i> .....	168
<i>fluticasone-salmeterol</i> .....	43	FOSTEUM PLUS.....	152	Gengraf.....	102
<i>fluvastatin sodium</i> .....	71	FOVEX.....	152	GENICIN VITA-Q.....	204
<i>fluvastatin sodium er</i> .....	71	FRAGMIN.....	46	GENOTROPIN.....	160
<i>fluvoxamine maleate</i> .....	54	FREESTYLE INSULINX		GENOTROPIN	
<i>fluvoxamine maleate er</i> .....	54	TEST.....	148	MINIQUICK.....	160
FML.....	214	FREESTYLE LANCETS.....	189	<i>gentak</i> .....	214
FML FORTE.....	214	FREESTYLE LITE TEST...	148	<i>gentamicin sulfate</i> .....	135, 214
FOCALIN.....	19	FREESTYLE PRECISION		GENVOYA.....	97
FOCALIN XR.....	19	INS SYR.....	189	GEODON.....	92
FOLBIC.....	151	FREESTYLE TEST.....	148	Gianvi.....	115
FOLBIC RF.....	151	FREESTYLE UNISTICK II		GIAZO.....	168
<i>folic acid</i> .....	177	LANCETS.....	189	Gildess Fe 1.5/30.....	115
FOLIVANE-OB.....	205	FROVA.....	199	Gildess Fe 1/20.....	115
FOLLISTIM AQ.....	160	<i>frovatriptan succinate</i> .....	199	GILENYA.....	227
FOLTANX.....	152	FUL-GLO.....	214	GILOTRIF.....	84
FOLTANX RF.....	152	Ful-Glo.....	214	<i>glatiramer acetate</i> .....	227
FOLTX.....	152	FULPHILA.....	177	Glatopa.....	227
<i>fondaparinux sodium</i> .....	46	FURADANTIN.....	238	GLEEVEC.....	84
FORA D15G BLOOD		<i>furosemide</i> .....	157	GLEOSTINE.....	84
GLUCOSE TEST.....	147	FUZEON.....	97	<i>g-levocarnitine slf</i> .....	211
FORA D20 BLOOD		Fyavolv.....	166	<i>glimepiride</i> .....	59
GLUCOSE TEST.....	147	FYCOMPA.....	49	<i>glipizide</i> .....	59
FORA G20 BLOOD		GABADONE.....	152	<i>glipizide er</i> .....	59
GLUCOSE TEST.....	147	<i>gabapentin</i> .....	49	<i>glipizide xl</i> .....	59
FORA G30/PREM V10		GABITRIL.....	49	<i>glipizide-metformin hcl</i> .....	59
GLUCOSE TEST.....	147	GALAFOLD.....	160	GLOBAL EASE INJECT	
FORA GD20 TEST.....	147	<i>galantamine hydrobromide</i> .....	227	PEN NEEDLES.....	189
FORA LANCETS.....	189	<i>galantamine hydrobromide er</i> .....	227	GLOBAL INJECT EASE	
FORA V10 BLOOD		GALZIN.....	201	INSULIN SYR.....	189
GLUCOSE TEST.....	147	GAMASTAN S/D.....	221	GLOBAL INJECT EASE	
FORA V12 BLOOD		GAMMAGARD.....	221	LANCETS 28G.....	189
GLUCOSE TEST.....	147	GAMMAGARD S/D LESS		GLOBAL INJECT EASE	
FORA V20 BLOOD		IGA.....	221	LANCETS 30G.....	189
GLUCOSE TEST.....	147	GAMMAKED.....	221	GLUCAGEN	
FORA V30A BLOOD		GAMUNEX-C.....	221	DIAGNOSTIC.....	148
GLUCOSE TEST.....	147	<i>ganirelix acetate</i> .....	160	GLUCAGEN HYPOKIT.....	59
FORACARE GD40 TEST...	147	GASTROCROM.....	168	GLUCAGON	
FORACARE PREMIUM		<i>gatifloxacin</i> .....	214	EMERGENCY.....	59
V10 TEST.....	147	GATTEX.....	168	GLUCO BURST.....	59
FORFIVO XL.....	54	Gavilyte-C.....	182	GLUCOCARD 01 SENSOR	
FORTAMET.....	59	Gavilyte-G.....	182	PLUS.....	148

GLUCOCARD	HAEMOLANCE PLUS.....	190	HM ULTICARE INSULIN
EXPRESSION TEST.....	HAEMOLANCE PLUS		SYRINGE.....
GLUCOCARD VITAL	HIGH FLOW.....	190	Homatropaire.....
TEST.....	HAEMOLANCE PLUS		<i>homatropine hbr</i> .....
GLUCOCARD X-SENSOR.....	LOW FLOW.....	190	HORIZANT.....
GLUCOCOM LANCETS	HAEMOLANCE PLUS		HUMALOG.....
28G.....	MAX FLOW.....	190	HUMALOG KWIKPEN.....
GLUCOCOM LANCETS	HAEMOLANCE PLUS		HUMALOG MIX 50/50.....
30G.....	PEDIATRIC FLOW.....	190	HUMALOG MIX 50/50
GLUCOCOM LANCETS	Hailey 24 Fe.....	115	KWIKPEN.....
33G.....	<i>halcinonide</i> .....	135	HUMALOG MIX 75/25.....
GLUCOCOM TEST.....	HALCION.....	180	HUMALOG MIX 75/25
GLUCOPHAGE.....	HALDOL.....	92	KWIKPEN.....
GLUCOPHAGE XR.....	HALDOL DECANOATE.....	92	HUMATE-P.....
GLUCOPRO INSULIN	<i>halobetasol propionate</i> .....	135	HUMATROPE.....
SYRINGE.....	HALOG.....	135	HUMIRA.....
<i>glucose</i> .....	<i>haloperidol</i> .....	93	HUMIRA PEDIATRIC
GLUCOTROL.....	<i>haloperidol decanoate</i> .....	92	CROHNS START.....
GLUCOTROL XL.....	<i>haloperidol lactate</i> .....	92, 93	HUMIRA PEN.....
GLUCOVANCE.....	HARVONI.....	179	HUMIRA PEN-CD/UC/HS
GLUMETZA.....	HEALTHWISE MINI PEN		STARTER.....
<i>glyburide</i> .....	NEEDLES.....	190	HUMIRA PEN-
<i>glyburide micronized</i> .....	HEALTHWISE PEN		PS/UV/ADOL HS START....
<i>glyburide-metformin</i> .....	NEEDLES.....	190	HUMULIN 70/30.....
<i>glycopyrrolate</i> .....	HEALTHWISE SHORT		HUMULIN 70/30
GLYNASE.....	PEN NEEDLES.....	190	KWIKPEN.....
GLYSET.....	HEALTHWISE UNIFINE		HUMULIN N.....
GLYXAMBI.....	PENTIPS.....	190	HUMULIN N KWIKPEN....
GOCOVRI.....	HEALTHY ACCENTS		HUMULIN R.....
GOLYTELY.....	UNIFINE PENTIP.....	190	HUMULIN R U-500
GONAL-F.....	HEALTHY ACCENTS		(CONCENTRATED).....
GONAL-F RFF.....	UNILET LANCETS.....	190	HUMULIN R U-500
GONAL-F RFF REDIJECT.....	Heather.....	115	KWIKPEN.....
GONITRO.....	HELIXATE FS.....	174	<i>hyalucil-4</i> .....
GRALISE.....	HEMANGEOL.....	105	HYCAMTIN.....
GRALISE STARTER... 224, 227	<i>hemenatal ob</i> .....	205	<i>hydralazine hcl</i> .....
<i>granisetron hcl</i> .....	<i>hemenatal ob + dha</i> .....	205	HYDREA.....
GRANIX.....	HEMLIBRA.....	68	<i>hydrochlorothiazide</i> .....
GRASTEK.....	HEMOFIL M.....	174	<i>hydrocod polst-cpm polst er</i> ...
<i>griseofulvin microsize</i> .....	<i>heparin sodium (porcine)</i> .....	46	<i>hydrocodone-acetaminophen</i> ....
<i>griseofulvin ultramicrosize</i> .....	<i>heparin sodium (porcine) pf</i> ....	46	<i>hydrocodone-guaifenesin</i> .....
<i>guanfacine hcl</i> .....	HEPSERA.....	97	<i>hydrocodone-homatropine</i> .....
<i>guanfacine hcl er</i> .....	HETLIOZ.....	180	<i>hydrocodone-ibuprofen</i> .....
<i>guanidine hcl</i> .....	HEXALEN.....	84	<i>hydrocortisone</i> .....
GVOKE PFS.....	Hidex 6-Day.....	123	37, 123, 135
GYNAZOLE-1.....	HIPREX.....	238	<i>hydrocortisone ace-pramoxine</i> ..
HAEGARDA.....	HIZENTRA.....	221	<i>hydrocortisone butyr lipo base</i>
HAEMOLANCE.....	<i>hm biotin</i> .....	241	<i>hydrocortisone butyrate</i> .....
HAEMOLANCE LOW	<i>hm green tea complex</i> .....	22	<i>hydrocortisone valerate</i> .....
FLOW LANCETS.....	<i>hm melatonin-lemon balm</i> .....	22	<i>hydrocortisone-acetic acid</i> .....
			<i>hydrogen peroxide</i> .....
			96



<i>hydromet</i> .....	125	<i>indomethacin er</i> .....	24	ISTALOL.....	215
<i>hydromorphone hcl</i> .....	31	INFINITY BLOOD		<i>itraconazole</i> .....	67
<i>hydromorphone hcl er</i> .....	31	GLUCOSE TEST.....	148	<i>ivermectin</i> .....	37
<i>hydroxychloroquine sulfate</i> .....	79	INGREZZA.....	227	IXINITY.....	174
<i>hydroxyprogesterone caproate</i>	225	INLYTA.....	84	JADENU.....	65
<i>hydroxyurea</i> .....	84	INNOPRAN XL.....	105	JADENU SPRINKLE.....	65
<i>hydroxyzine hcl</i> .....	39	INREBIC.....	84	JAKAFI.....	85
<i>hydroxyzine pamoate</i> .....	39	INSPRA.....	75	JALYN.....	170
HYPERRAB.....	221	INSTA-GLUCOSE.....	61	Jantoven.....	47
HYPERSAL.....	125	<i>insulin lispro</i> .....	61	JANUMET.....	61
HYPERTENSA.....	152	<i>insulin syringe</i> .....	190	JANUMET XR.....	61
HYQVIA.....	220	<i>insulin syringe/needle</i> .....	190	JANUVIA.....	61
HYSINGLA ER.....	31	<i>insulin syringe-needle u-100</i> ....	190	JARDIANCE.....	61
HYZAAR.....	75	INSUPEN PEN NEEDLES..	190	Jasmiel.....	115
<i>ibandronate sodium</i> .....	161	INSUPEN SENSITIVE.....	190	Jencycla.....	115
IBRANCE.....	126	INSUPEN ULTRAFIN.....	191	JENTADUETO.....	61
IBUDONE.....	31	INTELENCE.....	97	JENTADUETO XR.....	61
Ibudone.....	31	INTERMEZZO.....	180	<i>jevantique lo</i> .....	166
<i>ibuprofen</i> .....	24	INTRAROSA.....	240	Jinteli.....	166
<i>icatibant acetate</i> .....	174	INTRON A.....	84	JIVI.....	174
ICLUSIG.....	84	Introvale.....	115	Jolessa.....	116
IDELVION.....	174	INTUNIV.....	20	Jolivette.....	116
IDHIFA.....	181	INVEGA.....	93	JORNAY PM.....	20
ILARIS.....	24	INVEGA SUSTENNA.....	93	JUBLIA.....	136
ILEVRO.....	214	INVEGA TRINZA.....	93	Juleber.....	116
ILUMYA.....	135	INVELTYS.....	214	JULUCA.....	98
<i>imatinib mesylate</i> .....	84	INVIRASE.....	97	Junel 1.5/30.....	116
IMBRUVICA.....	84	INVOKAMET.....	231	Junel 1/20.....	116
<i>imipramine hcl</i> .....	54	INVOKAMET XR.....	231	Junel Fe 1.5/30.....	116
<i>imipramine pamoate</i> .....	54	INVOKANA.....	61	Junel Fe 1/20.....	116
<i>imiquimod</i> .....	136	<i>iodine strong</i> .....	201	Junel Fe 24.....	116
<i>imiquimod pump</i> .....	136	IOPIDINE.....	214, 215	JUXTAPID.....	71
IMITREX.....	199	<i>ipratropium bromide</i> .....	43, 210	JYNARQUE.....	161
IMITREX STATDOSE		<i>ipratropium-albuterol</i> .....	43	KADIAN.....	31
REFILL.....	199	IPRIVASK.....	47	Kaitlib Fe.....	116
IMITREX STATDOSE		<i>irbesartan</i> .....	75	KALBITOR.....	174
SYSTEM.....	199	<i>irbesartan-hydrochlorothiazide</i> ..	75	KALETRA.....	98
IMPAVIDO.....	78	IRESSA.....	84	KALYDECO.....	230
IMPOYZ.....	136	ISENTRESS.....	97, 98	KAPSPARGO SPRINKLE..	105
IMURAN.....	102	ISENTRESS HD.....	97	KAPVAY.....	20
IMVEXXY.....	240	Isibloom.....	115	KARBINAL ER.....	69
INATAL GT.....	205	<i>isoniazid</i> .....	80	Kariva.....	116
INBRIJA.....	89	ISOPTO CARPINE.....	215	KATERZIA.....	108
INCRELEX.....	161	ISORDIL TITRADOSE.....	38	KAZANO.....	61
INCRUSE ELLIPTA.....	43	<i>isosorbide dinitrate</i> .....	38	KCENTRA.....	174
<i>indapamide</i> .....	158	<i>isosorbide dinitrate er</i> .....	38	<i>k-effervescent</i> .....	201
INDERAL LA.....	105	<i>isosorbide mononitrate</i> .....	38	KEFLEX.....	112
INDERAL XL.....	105	<i>isosorbide mononitrate er</i> .....	38	Kelnor 1/35.....	116
INDOCIN.....	24	<i>isotretinoin</i> .....	136	KENALOG.....	136
<i>indomethacin</i> .....	25	<i>isradipine</i> .....	108	KEPPRA.....	49

KEPPRA XR.....	49	K-Prime.....	201	LATUDA.....	93
KERALYT.....	136	KRINTAFEL.....	79	Layolis Fe.....	117
KERYDIN.....	220	KRISTALOSE.....	182	LAZANDA.....	31
KETOCARE.....	148	K-TAB.....	202	LEADER INSULIN	
<i>ketoconazole</i> .....	67, 136	Kurvelo.....	116	SYRINGE.....	191
KETO-DIASTIX.....	148	KUVAN.....	161	<i>leader insulin syringe</i> .....	191
<i>ketoprofen er</i> .....	25	<i>k-vescent</i> .....	202	<i>leader quick dissolve glucose</i> ....	62
<i>ketorolac tromethamine</i> ....	25, 215	KYLEENA.....	116	LEADER UNIFINE	
KETOSTIX.....	148	KYNAMRO.....	71	PENTIPS.....	191
<i>ketotifen fumarate</i> .....	215	<i>labetalol hcl</i> .....	105	<i>ledipasvir-sofosbuvir</i> .....	179
KEVEYIS.....	158	LACRISERT.....	215	Leena.....	117
KEVZARA.....	25	<i>lactic acid</i> .....	136	<i>leflunomide</i> .....	25
KHEDEZLA.....	55	<i>lactulose</i> .....	182	LENVIMA (10 MG DAILY	
KIDS PROTEIN ORGANIC		<i>lactulose encephalopathy</i> .....	168	DOSE).....	85
SHAKE.....	152	LAMICTAL.....	49	LENVIMA (12 MG DAILY	
KINERET.....	25	LAMICTAL ODT.....	49	DOSE).....	85
KINNEY LANCETS.....	191	LAMICTAL XR.....	49, 50	LENVIMA (14 MG DAILY	
KINNEY THIN LANCETS.....	191	LAMISIL.....	67	DOSE).....	85
<i>kinray insulin syringe</i> .....	191	<i>lamivudine</i> .....	98	LENVIMA (18 MG DAILY	
Kionex.....	102, 224	<i>lamivudine-zidovudine</i> .....	98	DOSE).....	85
KISQALI 200 DOSE.....	126	<i>lamotrigine</i> .....	50	LENVIMA (20 MG DAILY	
KISQALI 400 DOSE.....	126	<i>lamotrigine er</i> .....	50	DOSE).....	85
KISQALI 600 DOSE.....	126	<i>lamotrigine starter kit-blue</i> .....	50	LENVIMA (24 MG DAILY	
KISQALI FEMARA (400		<i>lamotrigine starter kit-green</i> ....	50	DOSE).....	85
MG DOSE).....	85	<i>lamotrigine starter kit-orange</i> ...	50	LENVIMA (4 MG DAILY	
KISQALI FEMARA (600		<i>lancet device</i> .....	191	DOSE).....	85
MG DOSE).....	85	<i>lancet transporter case</i> .....	191	LENVIMA (8 MG DAILY	
KISQALI FEMARA(200		<i>lancets</i> .....	191	DOSE).....	85
MG DOSE).....	85	<i>lancets 28g</i> .....	191	LESCOL XL.....	71
KITABIS PAK.....	22	<i>lancets 30g</i> .....	191	Lessina.....	117
KLARON.....	136	<i>lancets thin</i> .....	191	LETAIRIS.....	110
Klofensaid Ii.....	136	LANCETS ULTRA FINE... 191		<i>letrozole</i> .....	85
KLONOPIN.....	49	LANCETS ULTRA THIN... 191		<i>leucovorin calcium</i> .....	85
Klor-Con.....	201	LANCETS ULTRA THIN		LEUKERAN.....	85
Klor-Con 10.....	201	30G.....	191	<i>leuprolide acetate</i> .....	85
Klor-Con M10.....	201	<i>lancing device</i> .....	191	<i>levabuterol hcl</i> .....	43
KLOR-CON M15.....	201	LANOXIN.....	110	<i>levabuterol tartrate</i> .....	43
Klor-Con M20.....	201	<i>lansoprazole</i> .....	236	LEVAQUIN.....	167
Klor-Con Sprinkle.....	201	<i>lanthanum carbonate</i> .....	168	LEVEMIR.....	62
Klor-Con/Ef.....	201	LANTUS.....	61	LEVEMIR FLEXTOUCH....	62
KOATE.....	174	LANTUS SOLOSTAR.....	61	<i>levetiracetam</i> .....	50
KOATE-DVI.....	174	Larin 1.5/30.....	116	<i>levetiracetam er</i> .....	50
KOGENATE FS.....	175	Larin 1/20.....	116	<i>levobunolol hcl</i> .....	215
KOGENATE FS BIO-SET..	174	Larin 24 Fe.....	116	<i>levocarnitine</i> .....	161
KOMBIGLYZE XR.....	61	Larin Fe 1.5/30.....	116	<i>levocarnitine (dietary)</i> .....	211
KORLYM.....	61	Larin Fe 1/20.....	116	<i>levocarnitine-b5-taurine</i> .....	211
KOVALTRY.....	175	Larissia.....	116	<i>levofloxacin</i> .....	167, 215
K-PHOS.....	201	LASIX.....	158	Levonest.....	117
K-PHOS NO 2.....	170	LASTACAFT.....	215	<i>levonorgest-eth estrad 91-day</i> ..	117
K-PHOS-NEUTRAL.....	201	<i>latanoprost</i> .....	215	<i>levonorgestrel</i> .....	117

<i>levonorgestrel-ethinyl estrad</i> ... 117	LIVALO.....71	LORZONE..... 209
<i>levonorg-eth estrad triphasic</i> ... 117	LIVE BETTER LANCET	<i>losartan potassium</i> .....75
Levora 0.15/30 (28)..... 117	SUPER THIN..... 191	<i>losartan potassium-hctz</i> ..... 75
<i>levorphanol tartrate</i> .....31	LIVE BETTER LANCET	LOTEMAX.....215
Levo-T.....234	ULTRA THIN..... 191	LOTEMAX SM..... 215
<i>levothyroxine sodium</i> .....234	<i>l-methylfolate</i> ..... 153	LOTENSIN..... 75
Levoxyl.....234	<i>l-methylfolate ca me-cbl nac</i> ... 153	LOTENSIN HCT..... 75
LEVULAN KERASTICK....136	<i>l-methylfolate calcium</i> ..... 153	<i>loteprednol etabonate</i> ..... 215
LEXAPRO.....55	<i>l-methylfolate forte</i> .....153	LOTREL.....75
LEXETTE.....136	<i>l-methylfolate-algae-b12-b6</i> ... 153	LOTRISONE.....137
LEXIVA.....98	<i>l-methylfolate-b6-b12</i> ..... 153	LOTRONEX.....169
LIALDA.....168	<i>l-methyl-mc</i> .....154	<i>lovastatin</i> .....71
LIBERTY NEXT	<i>l-methyl-mc nac</i> .....154	LOVAZA.....71
GENERATION TEST.....148	LOCOID.....136, 137	LOVENOX.....47
LIBERTY TEST.....148	LOCOID LIPOCREAM.....137	Low-Ogestrel.....117
LIBRAX.....236	LODINE.....25	<i>loxapine succinate</i> .....93
<i>lidocaine</i> .....136	LODOSYN.....89	Lo-Zumandimine.....117
<i>lidocaine hcl</i> .....136	LOESTRIN 1.5/30 (21).....117	LUCEMYRA.....21
<i>lidocaine pak</i> .....136	LOESTRIN 1/20 (21).....117	LUCENTIS.....215
<i>lidocaine viscous</i> .....203	LOKELMA.....102, 224	Ludent.....202
<i>lidocaine-prilocaine</i> .....136	LOMOTIL.....64	<i>luliconazole</i> .....137
<i>lidocaine-tetracaine</i> .....136	<i>longs insulin syringe</i> .....191	LUMIGAN.....215
LIDODERM.....136	LONGS LANCETS	LUNESTA.....180
LIDOTREX.....136	STANDARD.....191	LUPANETA PACK.....184
LILETTA (52 MG).....117	LONGS LANCETS THIN.. 192	LUPRON DEPOT (1-
LIMBREL.....152	LONGS LANCETS ULTRA	MONTH).....86
LIMBREL250.....153	THIN.....192	LUPRON DEPOT (3-
LIMBREL500.....153	LONHALA MAGNAIR	MONTH).....86
<i>lindane</i> .....136	REFILL KIT.....43	LUPRON DEPOT (4-
<i>linezolid</i> .....78	LONHALA MAGNAIR	MONTH).....86
LINZESS.....169	STARTER KIT.....43	LUPRON DEPOT (6-
<i>liothyronine sodium</i> .....234	LONSURF.....85	MONTH).....86
LIPICHOL 540.....153	<i>loperamide hcl</i> .....64	LUPRON DEPOT-PED (1-
LIPITOR.....71	LOPID.....71	MONTH).....161
LIPOFEN.....71	<i>lopinavir-ritonavir</i> .....98	LUPRON DEPOT-PED (3-
<i>lisinopril</i> .....75	LOPRESSOR.....105	MONTH).....161
<i>lisinopril-hydrochlorothiazide</i> ... 75	LOPRESSOR HCT.....75	Lutera.....117
LISTER-V.....153	LOPROX.....137	LUXIQ.....137
LITE TOUCH LANCETS...191	<i>loratadine</i> .....69	LUZU.....137
LITE TOUCH PEN	<i>loratadine childrens</i> .....69	LYNPARZA.....223, 224
NEEDLES.....191	<i>loratadine-d 12hr</i> .....125	LYRICA.....50
LITETOUCH INSULIN	<i>loratadine-d 24hr</i> .....125	LYRICA CR.....224, 227
SYRINGE.....191	<i>lorazepam</i> .....39	LYSODREN.....86
LITETOUCH PEN	Lorazepam Intensol.....39	LYSTEDA.....178
NEEDLES.....191	LORBRENA.....85	Lyza.....117
<i>lithium</i> .....93	Lorcet.....31	MACROBID.....238
<i>lithium carbonate</i> .....93	Lorcet Hd.....31	MACRODANTIN.....238
<i>lithium carbonate er</i> .....93	Lorcet Plus.....32	MACUTEK.....154
LITHOBID.....93	LORTAB.....32	MAGELLAN INSULIN
LITHOSTAT.....171	Loryna.....117	SAFETY SYR.....192

MAGNEBIND 400.....	202	<i>medroxyprogesterone acetate</i>	<i>methotrexate sodium</i> .....	86
<i>magnesium citrate</i> .....	183	.....	<i>methoxsalen</i> .....	137
MAKENA.....	225	<i>mefenamic acid</i> .....	<i>methoxsalen rapid</i> .....	137
MALARONE.....	79	<i>mefloquine hcl</i> .....	<i>methscopolamine bromide</i> .....	236
<i>malathion</i> .....	137	MEGACE ES.....	<i>methyclothiazide</i> .....	158
<i>maprotiline hcl</i> .....	55	<i>megestrol acetate</i> .....	<i>methylropa</i> .....	75
MARINOL.....	66	MEKINIST.....	<i>methylropa-</i>	
<i>marlissa</i> .....	117	MEKTOVI.....	<i>hydrochlorothiazide</i> .....	75
MARPLAN.....	55	<i>meloxicam</i> .....	METHYLIN.....	20
MATULANE.....	86	<i>melperalan</i> .....	<i>methylphenidate hcl</i> .....	20
Matzim La.....	108	<i>memantine hcl</i> .....	<i>methylphenidate hcl er</i> .....	20
MAVENCLAD (10 TABS)...	203	<i>memantine hcl er</i> .....	<i>methylphenidate hcl er (cd)</i> .....	20
MAVENCLAD (4 TABS).....	203	MENEST.....	<i>methylphenidate hcl er (la)</i> .....	20
MAVENCLAD (5 TABS).....	204	MENOPUR.....	<i>methylprednisolone</i> .....	123
MAVENCLAD (6 TABS).....	204	MENOSTAR.....	<i>methyltestosterone</i> .....	36
MAVENCLAD (7 TABS).....	204	MENTAX.....	<i>metipranolol</i> .....	215
MAVENCLAD (8 TABS).....	204	<i>meperidine hcl</i> .....	<i>metoclopramide hcl</i> .....	169
MAVENCLAD (9 TABS).....	204	MEPHYTON.....	<i>metolazone</i> .....	158
MAVYRET.....	179	<i>meprobamate</i> .....	<i>metoprolol succinate er</i> .....	105
MAXALT.....	199	<i>mercaptopurine</i> .....	<i>metoprolol tartrate</i> .....	105
MAXALT-MLT.....	199	<i>mesalamine</i> .....	<i>metoprolol-hctz er</i> .....	75
MAXI-COMFORT		MESNEX.....	<i>metoprolol-hydrochlorothiazide</i>	75
INSULIN SYRINGE.....	192	MESTINON.....	METROCREAM.....	137
MAXIDEX.....	215	Metadate Er.....	METROGEL.....	137
MAXITROL.....	215	METAFOLEBIC.....	METROGEL-VAGINAL.....	240
MAXZIDE.....	158	METAFOLEBIC PLUS.....	METROLOTION.....	137
MAXZIDE-25.....	158	METAFOLEBIC PLUS RF....	<i>metronidazole</i> .....	78, 137, 240
MAYZENT.....	227	METANX.....	METRONIDAZOLE	
MAYZENT STARTER		<i>metaproterenol sulfate</i> .....	BENZO+SYRSPEND.....	78
PACK.....	227	Metaxall.....	MEVACOR.....	71
<i>meclizine hcl</i> .....	66	<i>metaxalone</i> .....	<i>mexiletine hcl</i> .....	40
<i>meclofenamate sodium</i> .....	25	<i>metformin hcl</i> .....	MIACALCIN.....	161
MEDISENSE THIN		<i>metformin hcl er</i> .....	Mibelas 24 Fe.....	117
LANCETS.....	192	<i>metformin hcl er (mod)</i> .....	MICARDIS.....	76
MEDLANCE EXTRA 21G..	192	<i>metformin hcl er (osm)</i> .....	MICARDIS HCT.....	75
MEDLANCE LITE 25G.....	192	<i>methadone hcl</i> .....	<i>miconazole-zinc oxide-petrolat</i>	137
MEDLANCE PLUS EXTRA		Methadone Hcl Intensol.....	MICORT-HC.....	137
21G.....	192	METHADOSE.....	MICRODOT TEST.....	148
MEDLANCE PLUS		Methadose.....	Microgestin 1.5/30.....	118
LANCETS.....	192	METHADOSE SUGAR-	Microgestin 1/20.....	118
MEDLANCE PLUS LITE		FREE.....	Microgestin Fe 1.5/30.....	118
25G.....	192	<i>methamphetamine hcl</i> .....	Microgestin Fe 1/20.....	118
MEDLANCE PLUS		<i>methazolamide</i> .....	MICRO-K.....	202
SUPERLITE 30G.....	192	<i>methenamine hippurate</i> .....	MICROLET LANCETS.....	192
MEDLANCE PLUS		<i>methenamine mandelate</i> .....	MICROZIDE.....	158
UNIVERSAL 21G.....	192	Methergine.....	<i>midazolam hcl</i> .....	180
MEDLANCE UNIVERSAL		<i>methimazole</i> .....	MIDAZOLAM+SYRSPEN	
21G.....	192	METHITEST.....	D SF PH4.....	180
MEDROL.....	123	<i>methocarbamol</i> .....	<i>midodrine hcl</i> .....	241
		<i>methotrexate</i> .....	MIGERGOT.....	199



<i>miglitol</i> .....	62	MORPHABOND ER.....	32	MYSOLINE.....	50
<i>miglustat</i> .....	177	<i>morphine sulfate</i> .....	32, 33	MYTESI.....	64
MIGRANAL.....	199	<i>morphine sulfate (concentrate)</i> .....	32	Myzilra.....	118
MILLIPRED.....	123	<i>morphine sulfate er</i> .....	32	<i>nabumetone</i> .....	25
MILLIPRED DP.....	123	<i>morphine sulfate er beads</i> .....	32	<i>nadolol</i> .....	105
MILLIPRED DP 12-DAY.....	123	MOTEGRITY.....	18	<i>nadolol-bendroflumethiazide</i> .....	76
Mimvey.....	166	MOTOFEN.....	64	Nafrinse.....	202
Mimvey Lo.....	166	<i>mouth wash-gp</i> .....	222	<i>naftifine hcl</i> .....	138
MINASTRIN 24 FE.....	118	<i>mouthwash-af</i> .....	222	NAFTIN.....	138
MINIPRESS.....	76	<i>mouthwash-om</i> .....	222	NALFON.....	25
Minitran.....	38	MOVANTIK.....	169	<i>nalocet</i> .....	33
MINIVELLE.....	166	MOVIPREP.....	183	<i>naloxone hcl</i> .....	65
MINOCIN.....	233	MOXATAG.....	222	<i>naltrexone hcl</i> .....	65
<i>minocycline hcl</i> .....	233	MOXEZA.....	215	NAMENDA.....	227
<i>minocycline hcl er</i> .....	233	<i>moxifloxacin hcl</i> .....	167, 216	NAMENDA TITRATION	
MINOLIRA.....	233	MOZOBIL.....	177	PAK.....	228
<i>minoxidil</i> .....	76	MS CONTIN.....	33	NAMENDA XR.....	228
MIRALAX.....	183	<i>ms insulin syringe</i> .....	192	NAMENDA XR	
MIRAPEX.....	90	MUCINEX ALLERGY.....	69	TITRATION PACK.....	228
MIRAPEX ER.....	89	MULPLETA.....	177	NAMZARIC.....	53
MIRCERA.....	177	MULTAQ.....	40	NAPRELAN.....	25
MIRENA (52 MG).....	118	<i>multi-lancet device</i> .....	192	NAPROSYN.....	25
<i>mirtazapine</i> .....	55	<i>multi-vit/fluoride</i> .....	205	<i>naproxen</i> .....	25
MIRVASO.....	137	<i>multivitamin/fluoride</i> .....	205	<i>naproxen dr</i> .....	25
<i>misoprostol</i> .....	236	<i>multi-vitamin/fluoride</i> .....	205	<i>naproxen sodium</i> .....	25
MITIGARE.....	172	<i>multivitamins/fluoride</i> .....	205	<i>naproxen sodium er</i> .....	25
MOBIC.....	25	<i>mupirocin</i> .....	138	<i>naratriptan hcl</i> .....	199
<i>modafinil</i> .....	20	<i>mupirocin calcium</i> .....	137	NARCAN.....	65
Moderiba.....	98	Mvc-Fluoride.....	205	NARDIL.....	55
MODERIBA 1200 DOSE		<i>m-vit</i> .....	205	NASACORT ALLERGY	
PACK.....	98	<i>my way</i> .....	118	24HR.....	210
MODERIBA 800 DOSE		MYALEPT.....	183	NASCOBAL.....	177
PACK.....	98	MYAMBUTOL.....	80	NASONEX.....	210
<i>moexipril hcl</i> .....	76	MYCOBUTIN.....	80	NATACHEW.....	205
<i>moexipril-hydrochlorothiazide</i> .....	76	<i>mycophenolate mofetil</i> .....	102	NATACYN.....	216
<i>mometasone furoate</i> .....	137, 210	<i>mycophenolate sodium</i> .....	103	NATALVIT.....	205
Mondoxyne NI.....	233	MYDAYIS.....	20	<i>nateglinide</i> .....	62
MONOCLATE-P.....	175	MYDRIACYL.....	216	NATELLE ONE.....	205
MONOJECT INSULIN		MYFORTIC.....	103	NATESTO.....	36
SYRINGE.....	192	MYGLUCOHEALTH		NATPARA.....	161
MONOJECT ULTRA		LANCETS 30G.....	192	NATROBA.....	138
COMFORT SYRINGE.....	192	MYGLUCOHEALTH TEST		NATURE-THROID.....	234
MONOLET LANCETS.....	192	.....	148	NAYZILAM.....	50
Mono-Linyah.....	118	MYLERAN.....	86	NEBUPENT.....	78
Mononessa.....	118	<i>mynatal</i> .....	205	Nebusal.....	125
MONONINE.....	175	<i>mynatal advance</i> .....	205	NEBUSAL.....	125
<i>monsels ferric subsulfate</i> .....	178	<i>mynatal plus</i> .....	205	Necon 0.5/35 (28).....	118
<i>montelukast sodium</i> .....	43	<i>mynatal-z</i> .....	205	Necon 1/35 (28).....	118
MONUROL.....	238	Myorisan.....	138	Necon 7/7/7.....	118
Morgidox.....	233	MYRBETRIQ.....	239	<i>nefazodone hcl</i> .....	55, 231

<i>neomycin sulfate</i> .....	22	Nikki.....	118	NOVA MAX GLUCOSE	
<i>neomycin-bacitracin zn-</i>		NILANDRON.....	86	TEST.....	148
<i>polymyx</i> .....	216	<i>nilutamide</i> .....	86	NOVA SAFETY LANCETS	
<i>neomycin-polymyxin b gu</i> .....	171	<i>nimodipine</i> .....	109	23G.....	192
<i>neomycin-polymyxin-dexameth</i>		NINLARO.....	86	NOVA SAFETY LANCETS	
.....	216	<i>nisoldipine er</i> .....	109	28G.....	192
<i>neomycin-polymyxin-</i>		<i>nitisinone</i> .....	161	NOVA SUREFLEX	
<i>gramicidin</i> .....	216	NITRO-BID.....	38	LANCETS.....	193
<i>neomycin-polymyxin-hc</i> ..	216, 219	NITRO-DUR.....	38	<i>novarel</i> .....	162
Neo-Polycin.....	216	<i>nitrofurantoin</i> .....	238	NOVOEIGHT.....	175
Neo-Polycin Hc.....	216	<i>nitrofurantoin macrocrystal</i> ....	238	NOVOFINE.....	193
NEORAL.....	103	<i>nitrofurantoin monohyd macro</i>	238	NOVOFINE AUTOCOVER	193
NEOSPORIN.....	216	<i>nitroglycerin</i> .....	38	NOVOLIN 70/30.....	62
NEO-SYNALAR.....	138	<i>nitroglycerin er</i> .....	38	NOVOLIN 70/30 RELION....	62
NEOTUSS PLUS.....	125	NITROLINGUAL.....	38	NOVOLIN N.....	62
NERLYNX.....	86	NITROMIST.....	38	NOVOLIN N RELION.....	62
NESINA.....	62	NITROSTAT.....	38	NOVOLIN R.....	62
NESTABS.....	205	Nitro-Time.....	38	NOVOLIN R RELION.....	62
NESTABS DHA.....	205	<i>nitro-time</i> .....	38	NOVOLOG.....	63
Neuac.....	138	NITYR.....	161	NOVOLOG FLEXPEN.....	62
NEULASTA.....	177	NIVESTYM.....	178	NOVOLOG MIX 70/30.....	63
NEULASTA ONPRO.....	177	<i>nizatidine</i> .....	236	NOVOLOG MIX 70/30	
NEUPOGEN.....	177	NIZORAL.....	138	FLEXPEN.....	62
NEUPRO.....	90	NOCDURNA.....	161	NOVOLOG PENFILL.....	63
NEURONTIN.....	50	NOCTIVA.....	162	NOVOSEVEN RT.....	175
NEUTEK 2TEK TEST.....	148	Nora-Be.....	118	NOVOTWIST.....	193
<i>neutral sodium fluoride</i> .....	203	NORCO.....	33	NOXAFIL.....	67
NEVANAC.....	216	NORDITROPIN FLEXPRO	162	<i>np thyroid</i> .....	234
<i>nevirapine</i> .....	98	<i>norethin ace-eth estrad-fe</i> .....	118	NPLATE.....	178
<i>nevirapine er</i> .....	98	<i>norethindrone</i> .....	118	NUBEQA.....	86
NEWGEN.....	205	<i>norethindrone acetate</i> .....	225	NUCALA.....	181
NEXA PLUS.....	205	<i>norethindrone acet-ethinyl est</i> ..	118	NUCORT.....	138
NEXAVAR.....	86	<i>norethindrone-eth estradiol</i> ....	166	NUCYNTA.....	33
NEXIUM.....	236	<i>norethin-eth estradiol-fe</i> .....	118	NUCYNTA ER.....	33
NEXIUM 24HR.....	236	<i>norgesic forte</i> .....	209	NUEDEXTA.....	228
NEXPLANON.....	118	<i>norgestimate-eth estradiol</i> .....	119	NULYTELY WITH	
<i>next choice one dose</i> .....	118	<i>norgestim-eth estrad triphasic</i> ..	119	FLAVOR PACKS.....	183
<i>niacin (antihyperlipidemic)</i> .....	71	NORITATE.....	138	NUPLAZID.....	93
<i>niacin er (antihyperlipidemic)</i> ..	71	Norlyroc.....	119	NUTROPIN AQ NUSPIN 10	
NIACOR.....	71	NORPACE.....	40	.....	162
NIASPAN.....	71	NORPACE CR.....	40	NUTROPIN AQ NUSPIN 20	
<i>nicardipine hcl</i> .....	108	NORPRAMIN.....	55	.....	162
<i>nicotine</i> .....	228	NORTHERA.....	211	NUTROPIN AQ NUSPIN 5	162
<i>nicotine polacrilex</i> .....	228	Nortrel 0.5/35 (28).....	119	NUVARING.....	119
NICOTROL.....	228	Nortrel 1/35 (21).....	119	NUVESSA.....	240
NICOTROL NS.....	228	Nortrel 1/35 (28).....	119	NUVIGIL.....	21
Nifedical XI.....	108	Nortrel 7/7/7.....	119	NUWIQ.....	175
<i>nifedipine</i> .....	109	<i>nortriptyline hcl</i> .....	55	NUZYRA.....	22
<i>nifedipine er</i> .....	108, 109	NORVASC.....	109	Nyamyc.....	138
<i>nifedipine er osmotic release</i> ...	109	NORVIR.....	98	NYMALIZE.....	109



<i>nystatin</i> .....	67, 106, 138, 203	ONETOUCH DELICA	OSPHENA.....	162
<i>nystatin-triamcinolone</i> .....	138	LANCETS 33G.....	OTEZLA.....	223
Nystop.....	138	ONETOUCH DELICA	OTIPRIO.....	220
OB COMPLETE.....	205	LANCETS FINE.....	OTOVEL.....	220
OB COMPLETE GOLD.....	205	ONETOUCH DELICA	OTREXUP.....	26
OB COMPLETE ONE.....	205	LANCING DEV.....	OVACE PLUS.....	139
OB COMPLETE PREMIER.....	206	ONETOUCH FINEPOINT	OVACE PLUS WASH.....	139
OB COMPLETE/DHA.....	206	LANCETS.....	OVACE WASH.....	139
<i>obizur</i> .....	175	ONETOUCH SURESOFT	OVIDE.....	139
O-CAL FA.....	206	LANCING DEV.....	OVIDREL.....	162
O-CAL PRENATAL.....	206	ONETOUCH ULTRA	OXANDRIN.....	36
OCALIVA.....	167	BLUE.....	<i>oxandrolone</i> .....	36
Ocella.....	119	ONETOUCH ULTRASOFT	<i>oxaprozin</i> .....	26
OCTAGAM.....	221	LANCETS.....	OXAYDO.....	33
<i>octreotide acetate</i> .....	162	ONETOUCH VERIO.....	<i>oxazepam</i> .....	39
OCUFLOX.....	216	ONEXTON.....	<i>oxcarbazepine</i> .....	50
OCUVEL.....	206	ONFI.....	OXERVATE.....	219
ODEFSEY.....	98	ONGLYZA.....	<i>oxiconazole nitrate</i> .....	139
ODOMZO.....	86	ONMEL.....	OXISTAT.....	139
OFEV.....	230	ONZETRA XSAIL.....	OXSORALEN ULTRA.....	139
<i>ofloxacin</i> .....	167, 216, 219	OPANA.....	OXTELLAR XR.....	51
<i>ogestrel</i> .....	119	OPANA ER.....	<i>oxybutynin chloride</i> .....	239
<i>olanzapine</i> .....	93	OPICON ONE-STEP.....	<i>oxybutynin chloride er</i> .....	239
<i>olanzapine-fluoxetine hcl</i> .....	228	<i>opium</i> .....	<i>oxycodone hcl</i> .....	33, 34
<i>olmesartan medoxomil</i> .....	76	OPSUMIT.....	<i>oxycodone-acetaminophen</i> .....	34
<i>olmesartan medoxomil-hctz</i> .....	76	OPTION 2.....	<i>oxycodone-aspirin</i> .....	34
<i>olmesartan-amlodipine-hctz</i> .....	76	OPTIONS CONCEPTROL..	<i>oxycodone-ibuprofen</i> .....	34
<i>olopatadine hcl</i> .....	210, 216	OPTIONS GYNOL II	OXYCONTIN.....	34
OLUMIANT.....	25	CONTRACEPTIVE.....	<i>oxymorphone hcl</i> .....	34
OLUX.....	138	ORACEA.....	<i>oxymorphone hcl er</i> .....	34
OLUX-E.....	138	ORACIT.....	OXYTROL FOR WOMEN..	239
OMECLAMOX-PAK.....	236	Oralone.....	OZEMPIC (0.25 OR 0.5	
<i>omega-3-acid ethyl esters</i> .....	71	ORAP.....	MG/DOSE).....	63
<i>omeprazole</i> .....	236	ORAPRED ODT.....	OZEMPIC (1 MG/DOSE).....	63
<i>omeprazole magnesium</i> .....	236	ORAVIG.....	Pacerone.....	40
<i>omeprazole-sodium</i>		ORENCIA.....	<i>paliperidone er</i> .....	93
<i>bicarbonate</i> .....	237	ORENCIA CLICKJECT.....	PALYNZIQ.....	163
OMNARIS.....	210	ORENITRAM.....	PAMELOR.....	55
OMNITROPE.....	162	ORFADIN.....	PANCREAZE.....	156
ON CALL LANCETS.....	193	ORGANIC NUTRITION	PANDEL.....	139
ON CALL PLUS BLOOD		SHAKE.....	PANRETIN.....	139
GLUCOSE.....	148	ORILISSA.....	<i>pantoprazole sodium</i> .....	237
ON CALL PLUS LANCETS.....	193	ORKAMBI.....	PANZYGA.....	221
ON CALL VIVID BLOOD		<i>orphenadrine citrate er</i> .....	PARAGARD	
GLUCOSE.....	149	Orsythia.....	INTRAUTERINE COPPER.....	119
<i>ondansetron</i> .....	66	ORTHO-NOVUM 7/7/7 (28).....	<i>paregoric</i> .....	64
<i>ondansetron hcl</i> .....	66	<i>oseltamivir phosphate</i> .....	PAREMYD.....	216
ONETOUCH CLUB		OSENI.....	<i>paricalcitol</i> .....	163
LANCETS FINE PT.....	193	OSMOLEX ER.....	PARLODEL.....	90
		OSMOPREP.....	PARNATE.....	55

Paroex.....	203	Phenazo.....	171	<i>pnv prenatal plus multivitamin</i>	206
<i>paromomycin sulfate</i> .....	22	<i>phendimetrazine tartrate</i> .....	21	<i>pnv-dha</i> .....	206
<i>paroxetine hcl</i> .....	55	<i>phenelzine sulfate</i> .....	55	PNV-DHA+DOCUSATE....	206
<i>paroxetine hcl er</i> .....	55	<i>phenobarbital</i> .....	180	PNV-OMEGA.....	206
<i>paroxetine mesylate</i> .....	228	<i>phenoxybenzamine hcl</i> .....	76	<i>pnv-select</i> .....	206
PASER.....	80	<i>phentermine hcl</i> .....	21	POCKETCHEM EZ TEST... 149	
PATADAY.....	216	<i>phenylephrine hcl</i> .....	216	<i>podocon</i> .....	140
PATANASE.....	210	PHENYTEK.....	51	<i>podofilox</i> .....	140
PATANOL.....	216	<i>phenytoin</i> .....	51	Polycin.....	217
PAXIL.....	55	Phenytoin Infatabs.....	51	<i>polyethylene glycol 3350</i> . 183, 222	
PAXIL CR.....	55	<i>phenytoin sodium extended</i> .....	51	<i>polymyxin b-trimethoprim</i> .....	217
PAZEO.....	216	Philith.....	119	POLYTRIM.....	217
PCP 100.....	183	PHOSLYRA.....	169	POLY-VI-FLOR.....	206
<i>peg 3350</i> .....	183	Phospha 250 Neutral.....	202	POMALYST.....	86
<i>peg 3350/electrolytes</i> .....	183	<i>phosphate laxative</i> .....	183	PONSTEL.....	26
<i>peg 3350-kcl-na bicarb-nacl</i> ....	183	PHOSPHOLINE IODIDE...216		Portia-28.....	119
<i>peg-3350/electrolytes</i> .....	183	Physiolyte.....	103	<i>posaconazole</i> .....	67
PEGANONE.....	51	Physiosol Irrigation.....	103	<i>pot bicarb-pot chloride</i> .....	202
PEGASYS.....	98	<i>phytonadione</i> .....	241	<i>potassium bicarbonate</i> .....	202
PEGASYS PROCLICK.....	98	PICATO.....	139	<i>potassium chloride</i> .....	202
Peg-Prep.....	183	PIFELTRO.....	99	<i>potassium chloride crys er</i> .....	202
<i>pen needles</i> .....	193	<i>pilocarpine hcl</i> .....	203, 216	<i>potassium chloride er</i> .....	202
<i>pen needles 1/2"</i> .....	193	<i>pimecrolimus</i> .....	139	<i>potassium citrate er</i> .....	171
<i>pen needles 3/16"</i> .....	193	<i>pimozide</i> .....	228	<i>potassium citrate-citric acid</i> ....	171
<i>pen needles 5/16"</i> .....	193	Pimtrea.....	119	<i>potassium phosphate-nacl</i> .....	202
<i>penicillamine</i> .....	103	<i>pindolol</i> .....	105	<i>pr natal 400</i> .....	206
<i>penicillin v potassium</i> .....	222	<i>pioglitazone hcl</i> .....	63	<i>pr natal 430</i> .....	206
PENLAC.....	139	<i>pioglitazone hcl-glimepiride</i> .....	63	<i>pr natal 430 ec</i> .....	206
PENNSAID.....	139	<i>pioglitazone hcl-metformin hcl</i> ..	63	PRADAXA.....	47
PENTASA.....	169	PIQRAY (200 MG DAILY DOSE).....	223	PRALUENT.....	221
<i>pentazocine-naloxone hcl</i> .....	34	PIQRAY (250 MG DAILY DOSE).....	223	<i>pramcort</i> .....	37
<i>pentoxifylline er</i> .....	175	PIQRAY (300 MG DAILY DOSE).....	223	<i>pramipexole dihydrochloride</i> .....	90
PEPCID.....	237	Pirmella 1/35.....	119	<i>pramipexole dihydrochloride er</i> .90	
PERCOCET.....	34	Pirmella 7/7/7.....	119	PRAMOSONE.....	140
PERCURA.....	154	<i>piroxicam</i> .....	26	PRAMOTIC.....	220
PERFOROMIST.....	44	PLAQUENIL.....	79	PRANDIN.....	63
PERIDEX.....	203	PLAVIX.....	175	<i>prasugrel hcl</i> .....	175
<i>perindopril erbumine</i> .....	76	PLEGRIDY.....	228, 229	PRAVACHOL.....	71
Periogard.....	203	PLEGRIDY STARTER		<i>pravastatin sodium</i> .....	71
<i>permethrin</i> .....	139	PACK.....	228	<i>praziquantel</i> .....	37
<i>perphenazine</i> .....	94	PLENVU.....	183	<i>prazosin hcl</i> .....	76
<i>perphenazine-amitriptyline</i> .....	228	PLEXION.....	139	PRECISION PCX.....	149
PERSERIS.....	94	PLEXION CLEANSER.....	139	PRECISION PCX PLUS	
PERTZYE.....	156	PLEXION CLEANSING		TEST.....	149
PEXEVA.....	55	CLOTH.....	139	PRECISION POINT OF	
PHARMACIST CHOICE		PLIXDA.....	139	CARE TEST.....	149
AUTOCODE.....	149	PNV FOLIC ACID + IRON		PRECISION QID TEST.....	149
PHARMACIST CHOICE				PRECISION SOF-TACT	
LANCETS.....	193			TEST.....	149
Phenadoz.....	69				

PRECISION SUREDOSE	Previfem.....	119	<i>promethazine hcl</i> .....	69
PLUS SYR.....	PREVPAC.....	237	<i>promethazine vc</i> .....	125
PRECISION SURE-DOSE	PREVYMIS.....	99	<i>promethazine vclcodeine</i> .....	125
SYRINGE.....	PREZCOBIX.....	99	<i>promethazine-dm</i> .....	125
PRECISION XTRA BLOOD	PREZISTA.....	99	<i>promethazine-phenylephrine</i> ...	125
GLUCOSE.....	PRIFTIN.....	80	Promethegan.....	69
PRECOSE.....	PRILOSEC.....	237	PROMETRIUM.....	225
PRED MILD.....	PRILOSEC OTC.....	237	<i>propafenone hcl</i> .....	40
PRED-G.....	PRIMACARE.....	207	<i>propafenone hcl er</i> .....	40
PRED-G S.O.P.....	<i>primaquine phosphate</i> .....	79	<i>propantheline bromide</i> .....	237
<i>prednicarbate</i> .....	<i>primidone</i> .....	51	<i>proparacaine hcl</i> .....	217
<i>prednisolone</i> .....	PRIMLEV.....	34	<i>propranolol hcl</i> .....	105
<i>prednisolone acetate</i> .....	PRIMSOL.....	78	<i>propranolol hcl er</i> .....	105
<i>prednisolone sodium phosphate</i>	PRINIVIL.....	76	<i>propranolol-hctz</i> .....	76
.....	PRISTIQ.....	55	<i>propylthiouracil</i> .....	234
<i>prednisone</i> .....	PROAIR DIGIHALER.....	44	PROSCAR.....	171
PREDNISONE INTENSOL	PROAIR HFA.....	44	PROSTIN E2.....	220
124	PROAIR RESPICLICK.....	44	PROTEOLIN.....	155
PREFERA OB.....	<i>probenecid</i> .....	172	PROTEOLIN DS.....	154
PREFERA OB ONE.....	PROCARDIA.....	109	PROTONIX.....	237
206	PROCARDIA XL.....	109	PROTOPIC.....	140
PREFERRED PLUS	PROCENTRA.....	21	<i>protriptyline hcl</i> .....	56
INSULIN SYRINGE.....	<i>prochlorperazine</i> .....	94	PROVENTIL HFA.....	44
193	<i>prochlorperazine edisylate</i> .....	94	PROVERA.....	225
PREFERRED PLUS	<i>prochlorperazine maleate</i> .....	94	PROVIGIL.....	21
LANCETS COLORED.....	PROCRT.....	178	PROZAC.....	56
193	PROCTOCORT.....	37	<i>pseudoeph-chlorphen-hydrocod</i> 125	
PREFERRED PLUS	PROCTOFOAM HC.....	37	<i>psorcon</i> .....	140
LANCETS THIN.....	Procto-Med Hc.....	37	PULMICORT.....	44
193	Procto-Pak.....	37	PULMICORT	
PREFERRED PLUS	Proctosol Hc.....	37	FLEXHALER.....	44
UNIFINE PENTIPS.....	Proctozone-Hc.....	37	PULMONA.....	155
193	PROCYSBI.....	171	Pulmosal.....	126
PREFEST.....	PRODIGY INSULIN		PULMOZYME.....	230
166	SYRINGE.....	193	PURIXAN.....	87
<i>pregabalin</i> .....	PRODIGY LANCETS 28G..	194	PYLERA.....	237
51	PRODIGY NO CODING		<i>pyrazinamide</i> .....	80
<i>pregenna</i> .....	BLOOD GLUC.....	149	<i>pyridostigmine bromide</i> .....	79, 80
206	PRODIGY TWIST TOP		<i>pyridostigmine bromide er</i> ...	79, 80
PREGNYL.....	LANCETS 28G.....	194	QBRELIS.....	76
163	PROFILNINE.....	175	QBREXZA.....	140
PREMARIN.....	PROFILNINE SD.....	175	QMIIZ ODT.....	26
166, 240	<i>progesterone</i> .....	225	QNASL.....	210
<i>premium lidocaine</i> .....	<i>progesterone micronized</i> .....	225	QNASL CHILDRENS.....	210
140	PROGLYCEM.....	63	QTERN.....	231
PREMPHASE.....	PROGRAF.....	103	QUALAQUIN.....	79
166	PROLASTIN-C.....	230	QUARTETTE.....	120
PREMPRO.....	PROLENSA.....	217	Quasense.....	120
166	PROLIA.....	163	<i>quazepam</i> .....	180
PRENAISSANCE.....	PROMACTA.....	178	QUDEXY XR.....	51
206				
PRENAISSANCE PLUS.....				
206				
PRENATA.....				
206				
<i>prenatabs rx</i> .....				
206				
<i>prenatal 19</i> .....				
206				
<i>prenatal low iron</i> .....				
207				
PRENATAL PLUS IRON...				
207				
PRENATAL-U.....				
207				
PREPIDIL.....				
220				
PREPOPIK.....				
183				
PRESTALIA.....				
76				
<i>pretab</i> .....				
207				
PREVACID 24HR.....				
237				
PREVACID SOLUTAB.....				
237				
Prevalite.....				
72				

QUESTRAN.....	72	RELAGARD.....	240	RETIN-A MICRO.....	140
QUESTRAN LIGHT.....	72	RELENZA DISKHALER.....	99	RETIN-A MICRO PUMP....	140
<i>quetiapine fumarate</i> .....	94	RELEXXII.....	21	RETROVIR.....	99
<i>quetiapine fumarate er</i> .....	94	RELHIST.....	126	REVATIO.....	111
QUFLORA FE PEDIATRIC.....	207	RELION GLUCOSE.....	63	REVEAL BLOOD GLUCOSE TEST.....	149
QUILLICHEW ER.....	21	RELION GLUCOSE DRINK.....	63	REVLIMID.....	103
QUILLIVANT XR.....	21	RELION INSULIN SYRINGE.....	194	REXULTI.....	94
<i>quinapril hcl</i> .....	76	RELI-ON INSULIN SYRINGE.....	194	REYATAZ.....	99
<i>quinapril-hydrochlorothiazide</i> ...	76	RELION KETONE.....	149	RHINOCORT ALLERGY..	210
<i>quinidine gluconate er</i> .....	40	RELION LANCETS STANDARD 21G.....	194	RHOFADE.....	140
<i>quinidine sulfate</i> .....	40	RELION LANCETS THIN 26G.....	194	RHOPRESSA.....	219
<i>quinine sulfate</i> .....	79	RELION LANCETS ULTRA-THIN 30G.....	194	RIASTAP.....	176
QVAR.....	44	RELION LANCETS NEEDLES.....	194	RIAX.....	140
QVAR REDIHALER.....	44	RELION MINI PEN NEEDLES.....	194	Ribasphere.....	99
<i>rabeprazole sodium</i> .....	237	RELION PEN NEEDLES... 194		<i>ribasphere</i> .....	99
RADIOGARDASE.....	64, 65	RELION SHORT PEN NEEDLES.....	194	RIBASPHERE RIBAPAK....	99
Rajani.....	120	RELION ULTRA THIN LANCETS 30G.....	194	<i>ribavirin</i> .....	99
<i>raloxifene hcl</i> .....	163	RELION ULTRA THIN PLUS LANCETS.....	194	RIDAURA.....	26
<i>ramelteon</i> .....	180	RELISTOR.....	169	<i>rifabutin</i> .....	80
<i>ramipril</i> .....	76	RELNATE DHA.....	207	RIFADIN.....	80
RANEXA.....	39	RELPAK.....	200	RIFAMATE.....	80
<i>ranitidine hcl</i> .....	237	REMERON.....	56	<i>rifampin</i> .....	80
<i>ranolazine er</i> .....	39	REMODULIN.....	111	RIFAMPIN+SYRSPEND	
RAPAFLO.....	171	RENACIDIN.....	171	SF PH4.....	80
RAPAMUNE.....	103	RENAGEL.....	169	RIFATER.....	81
<i>rasagiline mesylate</i> .....	90	REVELA.....	169	RIGHTEST GL300 LANCETS.....	194
RASUVO.....	26	<i>repaglinide</i> .....	63	RIGHTEST GS100 BLOOD GLUCOSE.....	149
RAVICTI.....	163	<i>repaglinide-metformin hcl</i> .....	63	RIGHTEST GS300 BLOOD GLUCOSE.....	149
RAYALDEE.....	163	REPATHA.....	221	RIGHTEST GS550 BLOOD GLUCOSE.....	149
RAZADYNE.....	229	REPATHA PUSHTRONEX SYSTEM.....	221	RILUTEK.....	211
RAZADYNE ER.....	229	REPATHA SURECLICK... 221		<i>riluzole</i> .....	211
REACT.....	120	REQUIP.....	90	<i>rimantadine hcl</i> .....	99
<i>reality insulin syringe</i> .....	194	REQUIP XL.....	90	<i>ringers irrigation</i> .....	103
REBETOL.....	99	RESCRIPTOR.....	99	RIOMET.....	63
REBIF.....	229	RESTASIS.....	217	<i>risedronate sodium</i> .....	163
REBIF REBIDOSE.....	229	RESTASIS MULTIDOSE... 217		RISPERDAL.....	94
REBIF REBIDOSE TITRATION PACK.....	229	RESTORIL.....	180	RISPERDAL CONSTA.....	94
REBIF TITRATION PACK	229	RETACRIT.....	178	<i>risperidone</i> .....	94
REBINYN.....	175	RETIN-A.....	140	Risperidone M-Tab.....	94
Reclipsen.....	120			RITALIN.....	21
RECOMBINATE.....	176			RITALIN LA.....	21
RECTIV.....	37			<i>ritonavir</i> .....	99
RECURA.....	140			<i>rivastigmine</i> .....	229
REFUAH PLUS BLOOD GLUCOSE TEST.....	149			<i>rivastigmine tartrate</i> .....	229
REGLAN.....	169			Rivelsa.....	120
REGRANEX.....	140				
RELAFEN DS.....	26				



<i>rixubis</i> .....	176	SANTYL.....	141	SILVADENE.....	141
<i>rizatriptan benzoate</i> .....	200	SAPHRIS.....	94	<i>silver nitrate</i> .....	141
ROBAXIN.....	209	SARAFEM.....	229	<i>silver sulfadiazine</i> .....	141
ROBAXIN-750.....	209	SAVAYSA.....	47	SIMBRINZA.....	217
ROBINUL.....	237	SAVELLA.....	229	Simliya.....	120
ROBINUL-FORTE.....	237	SAVELLA TITRATION		Simpesse.....	120
ROCALTROL.....	163	PACK.....	229	SIMPONI.....	26
ROCKLATAN.....	219	<i>scopolamine</i> .....	66	<i>simvastatin</i> .....	72
<i>ropinirole hcl</i> .....	90	Seb-Prev Wash.....	141	SINEMET.....	90
<i>ropinirole hcl er</i> .....	90	SECONAL.....	180	SINEMET CR.....	90
Rosadan.....	140	SEEBRI NEOHALER.....	44	SINGLE-LET.....	195
Rosanil Cleanser.....	140	SEGLUROMET.....	231	SINGULAIR.....	44
<i>rosuvastatin calcium</i> .....	72	SELECT-OB.....	207	<i>sirolimus</i> .....	103
Roweepra.....	51	<i>selegiline hcl</i> .....	90	SIRTURO.....	81
ROXICODONE.....	34	<i>selenium sulfide</i> .....	141	SITAVIG.....	99
ROXYBOND.....	34	SELZENTRY.....	99	SIVEXTRO.....	78
ROZEREM.....	180	SEMPREX-D.....	126	SKELAXIN.....	209
RUBRACA.....	223, 224	<i>se-natal 19</i> .....	207	<i>skin tag remover</i> .....	103
RUZURGI.....	80	SENSIPAR.....	163	SKLICE.....	141
RYCLORA.....	69	SENTRA AM.....	155	SKYLA.....	120
RYDAPT.....	87	SENTRA PM.....	155	SKYRIZI (150 MG DOSE)..	141
RYTARY.....	90	SEREVENT DISKUS.....	44	SLYND.....	120
RYTHMOL SR.....	40	SERNIVO.....	141	SMART SENSE COLOR	
RYVENT.....	69	SEROQUEL.....	95	LANCETS 33G.....	195
SABRIL.....	51	SEROQUEL XR.....	95	SMART SENSE	
SAFESNAP INSULIN		SEROSTIM.....	164	STANDARD LANCETS.....	195
SYRINGE.....	194	<i>sertraline hcl</i> .....	56	SMART SENSE SUPER	
<i>safety lancet 21gl/pressure act.</i>	194	Setlakin.....	120	THIN LANCETS.....	195
<i>safety lancet 28gl/pressure act.</i>	194	<i>sevelamer carbonate</i> .....	169	SMART SENSE THIN	
SAFETY LANCETS.....	194	<i>sevelamer hcl</i> .....	169	LANCETS 26G.....	195
SAFETY LANCETS 21G.....	194	SEYSARA.....	233	SMARTEST BLOOD	
<i>safety lancets 28g</i> .....	194	<i>sf</i> .....	203	GLUCOSE TEST.....	149
SAFETY LET LANCETS....	194	<i>sf 5000 plus</i> .....	203	SMARTEST LANCETS 28G	
SAFETY SEAL LANCETS..	194	SFROWASA.....	170	.....	195
SAFETY-GLIDE SYRINGE		Sharobel.....	120	SMOOTH LAX.....	183
.....	194	SHOPKO UNIFINE		<i>sod citrate-citric acid</i> .....	171
SAFYRAL.....	120	PENTIPS.....	194	<i>sodium chloride</i> .....	126, 171
SAIZEN.....	163	SHOPKO UNILET		<i>sodium fluoride</i> .....	202
SALAGEN.....	203	LANCETS 28G.....	195	<i>sodium hyaluronate</i> .....	209
SALEX.....	140	SHOPKO UNILET		<i>sodium phenylbutyrate</i> .....	164
<i>salicylic acid</i> .....	140	LANCETS 30G.....	195	<i>sodium polystyrene sulfonate</i>	
<i>saline laxative</i> .....	183	SHUR-SEAL		.....	103, 224
<i>salitech forte</i> .....	140	CONTRACEPTIVE.....	240	<i>sodium sulfacetamide</i> .....	141
<i>salsalate</i> .....	27	SIGNIFOR.....	164	SODIUM	
SAMSCA.....	163	SIGNIFOR LAR.....	164	SULFACETAMIDE WASH	141
SANCUSO.....	66	SIKLOS.....	178	<i>sofosbuvir-velpatasvir</i> .....	179
SANDIMMUNE.....	103	<i>sildenafil citrate</i> .....	111	Solia.....	120
SANDOSTATIN.....	163	SILENOR.....	180	<i>solifenacin succinate</i> .....	239
SANDOSTATIN LAR		SILIQ.....	141	SOLIQUA.....	181
DEPOT.....	163	<i>silodosin</i> .....	171	SOLODYN.....	233

SOLOSEC.....	22	STIMATE.....	164	SURE-FINE PEN	
SOLTAMOX.....	87	STIOLTO RESPIMAT.....	45	NEEDLES.....	195
SOLUS V2 LANCETS 28G..	195	STIVARGA.....	87	SURE-JECT INSULIN	
SOLUS V2 TEST.....	149	STRATTERA.....	21	SYRINGE.....	195
SOLUS V2 TWIST		STRENSIQ.....	181	SURE-LANCE FLAT	
LANCETS 30G.....	195	STRIBILD.....	100	LANCETS.....	195
SOMA.....	209	STRIVERDI RESPIMAT.....	45	SURE-LANCE THIN	
SOMATULINE DEPOT.....	164	SUBLOCADE.....	34	LANCETS 28G.....	195
SOMAVERT.....	164	SUBOXONE.....	34	SURE-LANCE ULTRA	
SONATA.....	180	SUBSYS.....	34	THIN LANCETS.....	195
SOOLANTRA.....	141	SUCRAID.....	156	SURE-TEST EASYPLUS	
<i>sorbitol-mannitol</i> .....	171	<i>sucralfate</i> .....	237	MINI TEST.....	150
SORIATANE.....	141	SULAR.....	109	SURE-TOUCH LANCETS	
SORILUX.....	141	<i>sulfacetamide sodium</i> .....	141, 217	UNIVERSAL.....	195
Sorine.....	105	<i>sulfacetamide sodium (acne)</i> ..	141	SURMONTIL.....	56
<i>sotalol hcl</i> .....	106	<i>sulfacetamide sodium-sulfur</i> ...	142	SUSTIVA.....	100
<i>sotalol hcl (af)</i> .....	106	<i>sulfacetamide-prednisolone</i> .....	217	SUTENT.....	87
SOTYLIZE.....	106	<i>sulfacetamide-sulfur in urea</i> ....	142	Syeda.....	120
SOVALDI.....	100	Sulfacleanse 8/4.....	142	SYLATRON.....	87
SPECTRACEF.....	112	<i>sulfadiazine</i> .....	232	SYMBICORT.....	45
<i>spinosad</i> .....	141	<i>sulfamethoxazole-trimethoprim</i>	78	SYMBYAX.....	229
SPIRIVA HANDIHALER.....	44	SULFAMYLON.....	142	SYMDEKO.....	127
SPIRIVA RESPIMAT.....	44	<i>sulfasalazine</i> .....	170	SYMFI.....	100
<i>spironolactone</i> .....	158	Sulfatrim Pediatric.....	78	SYMFI LO.....	100
<i>spironolactone-hetz</i> .....	158	Sulfazine.....	170	SYMJEPI.....	241
SPORANOX.....	67	<i>sulfurated lime</i> .....	142	SYMLINPEN 120.....	63
SPORANOX PULSEPAK.....	67	<i>sulindac</i> .....	26	SYMLINPEN 60.....	63
Sprintec 28.....	120	<i>sumatriptan</i> .....	200	SYMPAZAN.....	51
SPRITAM.....	51	<i>sumatriptan succinate</i> .....	200	SYMPROIC.....	170
SPRIX.....	26	<i>sumatriptan succinate refill</i> ....	200	SYMTUZA.....	100
SPRYCEL.....	87	<i>sumatriptan-naproxen sodium</i> .....	200	SYNAGEX.....	207
Sps.....	103, 225	SUMAXIN.....	142	SYNAGIS.....	221
Sronyx.....	120	SUMAXIN TS.....	142	SYNALAR.....	142
Ssd.....	141	SUNOSI.....	158	SYNAREL.....	164
SSKI.....	126	SUPER THIN LANCETS... ..	195	SYNDROS.....	66
<i>sss 10-5</i> .....	141	SUPPRELIN LA.....	164	SYNERA.....	142
<i>st joseph aspirin</i> .....	27	SUPRAX.....	112	SYNJARDY.....	232
STALEVO 100.....	90	SUPREP BOWEL PREP KIT		SYNJARDY XR.....	232
STALEVO 125.....	90	.....	183	SYNTHROID.....	234
STALEVO 150.....	91	SURE COMFORT		SYPRINE.....	103
STALEVO 200.....	91	INSULIN SYRINGE.....	195	TABLOID.....	87
STALEVO 50.....	91	SURE COMFORT		TACLONEX.....	142
STALEVO 75.....	91	LANCETS 28G.....	195	<i>tacrolimus</i> .....	103, 142
STARLIX.....	63	SURE COMFORT		<i>tadalafil</i> .....	111
<i>stavudine</i> .....	100	LANCETS 30G.....	195	<i>tadalafil (pah)</i> .....	111
STEGLATRO.....	63	SURE COMFORT PEN		TAFINLAR.....	87
STEGLUJAN.....	231	NEEDLES.....	195	TAGRISSO.....	87
STELARA.....	141	SURE EDGE TEST.....	149	<i>take action</i> .....	120
STERILANCE PA.....	195	SURECHEK BLOOD		TAKHZYRO.....	223
STERILANCE TL.....	195	GLUCOSE TEST.....	150	TALTZ.....	142



TALZENNA.....	223, 224	<i>terazosin hcl</i> .....	77	TIVORBEX.....	26
TAMIFLU.....	100	<i>terbinafine hcl</i> .....	67	<i>tizanidine hcl</i> .....	209
<i>tamoxifen citrate</i> .....	87	<i>terbutaline sulfate</i> .....	45	<i>tl-care dha</i> .....	207
<i>tamsulosin hcl</i> .....	171	<i>terconazole</i> .....	240	TL-SELECT.....	207
TAPAZOLE.....	234	TESSALON PERLES.....	126	TOBI.....	22
TAPERDEX 12-DAY.....	124	TESTIM.....	36	TOBI PODHALER.....	22
Taperdex 6-Day.....	124	TESTOPEL.....	36	TOBRADEX.....	218
TAPERDEX 7-DAY.....	124	<i>testosterone</i> .....	36	TOBRADEX ST.....	218
TARCEVA.....	87	<i>testosterone cypionate</i> .....	36	<i>tobramycin</i> .....	22, 218
TARGADOX.....	233	<i>testosterone enanthate</i> .....	36	<i>tobramycin-dexamethasone</i> ....	218
TARGRETIN.....	87, 142	Tetcaine.....	217	TOBREX.....	218
Tarina 24 Fe.....	120	<i>tetrabenazine</i> .....	229	TODAY SPONGE.....	240
Tarina Fe 1/20.....	120	<i>tetracaine hcl</i> .....	217	TOFRANIL.....	56
TARKA.....	76	<i>tetracycline hcl</i> .....	233	TOLAK.....	143
TARON-BC.....	207	Tetravisc.....	217	<i>tolazamide</i> .....	63
TARON-C DHA.....	207	Tetravisc Forte.....	217	<i>tolbutamide</i> .....	64
Taron-Crystals.....	171	TEXACORT.....	143	<i>tolcapone</i> .....	91
TARON-PREX.....	207	THALOMID.....	103	<i>tolmetin sodium</i> .....	26
TASIGNA.....	87	THEO-24.....	45	<i>tolsura</i> .....	67
TASMAR.....	91	<i>theochron</i> .....	45	<i>tolterodine tartrate</i> .....	239
TAVALISSE.....	232	Theochron.....	45	<i>tolterodine tartrate er</i> .....	239
<i>tazarotene</i> .....	142	<i>theophylline</i> .....	45	TOPAMAX.....	52
TAZORAC.....	142	<i>theophylline er</i> .....	45	TOPAMAX SPRINKLE.....	52
Taztia Xt.....	109	THERAMINE.....	155	TOPCARE CLICKFINE	
TECFIDERA.....	229	THERAMINE PLUS.....	155	PEN NEEDLES.....	196
TECHLITE AST LANCETS	195	<i>thioguanine</i> .....	112	TOPCARE ULTRA	
TECHLITE LANCETS.....	195	THIOLA.....	171	COMFORT INS SYR.....	196
TECHLITE LANCETS 30G	195	THIOLA EC.....	171	TOPICORT.....	143
TECHNIVIE.....	179	<i>thioridazine hcl</i> .....	95	TOPICORT SPRAY.....	143
TEGRETOL.....	51	<i>thiothixene</i> .....	95	<i>topiramate</i> .....	52
TEGRETOL-XR.....	51	THRIVE.....	229	<i>topiramate er</i> .....	52
TEGSEDI.....	95	THYMOGLOBULIN.....	104	TOPROL XL.....	106
TEKTURNA.....	76	<i>tiagabine hcl</i> .....	51, 52	<i>toremifene citrate</i> .....	88
TEKTURNA HCT.....	76	TIAZAC.....	109	<i>torsemide</i> .....	158
TELCARE BLOOD		TIBSOVO.....	181	TOSYMRA.....	200
GLUCOSE TEST.....	150	<i>ticlopidine hcl</i> .....	176	TOUJEO MAX SOLOSTAR.	64
<i>telmisartan</i> .....	76	TIGAN.....	66	TOUJEO SOLOSTAR.....	64
<i>telmisartan-amlodipine</i> .....	76	TIGLUTIK.....	211	TOVIAZ.....	239
<i>telmisartan-hctz</i> .....	76	TIKOSYN.....	40	TRACLEER.....	111
<i>temazepam</i> .....	180	Tilia Fe.....	120	TRADJENTA.....	64
TEMIXYS.....	100	<i>timolol maleate</i> .....	106, 217	<i>tramadol hcl</i> .....	35
TEMODAR.....	88	TIMOPTIC.....	217	<i>tramadol hcl er</i> .....	35
TEMOVATE.....	143	TIMOPTIC OCUDOSE.....	217	<i>tramadol hcl er (biphasic)</i> .....	35
<i>temozolomide</i> .....	88	TIMOPTIC-XE.....	218	<i>tramadol-acetaminophen</i> .....	35
<i>tencon</i> .....	28	TINDAMAX.....	78	<i>trandolapril</i> .....	77
<i>tenofovir disoproxil fumarate</i> ..	100	<i>tinidazole</i> .....	78	<i>trandolapril-verapamil hcl er</i> ....	77
TENORETIC 100.....	77	TIROSINT.....	234	<i>tranexamic acid</i> .....	178
TENORETIC 50.....	77	TIROSINT-SOL.....	234	TRANSDERM-SCOP (1.5	
TENORMIN.....	106	Tis-U-Sol.....	104	MG).....	66
TERAZOL 7.....	240	TIVICAY.....	100	TRANXENE-T.....	39

<i>tranilcypromine sulfate</i> .....	56	Tri-Mili.....	121	TYKERB.....	88
TRANZAREL.....	143	<i>trimipramine maleate</i> .....	56	TYLENOL WITH	
TRAVATAN Z.....	218	<i>trimpex</i> .....	78	CODEINE #3.....	35
<i>trazodone hcl</i> .....	56, 231	<i>trinatal rx 1</i> .....	207	TYLENOL WITH	
TRECTOR.....	81	TRINATE.....	207	CODEINE #4.....	35
TRELEGY ELLIPTA.....	45	<i>trinaz</i> .....	207	TYMLOS.....	164
TRELSTAR MIXJECT.....	88	Trinessa (28).....	121	TYVASO.....	111
TREMFYA.....	143	Trinessa Lo.....	121	TYVASO REFILL.....	111
TREPADONE.....	155	TRI-NORINYL (28).....	121	TYVASO STARTER.....	111
<i>treprostinil</i> .....	111	TRINTELLIX.....	56, 231	UCERIS.....	37, 124
TRESIBA.....	64	Tri-Previfem.....	121	UDENYCA.....	178
TRESIBA FLEXTOUCH.....	64	TRIPTODUR.....	164	ULESFIA.....	143
<i>tretinoin</i> .....	88, 143	Tri-Sprintec.....	121	ULORIC.....	172
<i>tretinoin microsphere</i> .....	143	<i>tristart dha</i> .....	207	ULTICARE INSULIN	
<i>tretinoin microsphere pump</i> .....	143	TRISTART ONE.....	207	SAFETY SYR.....	196
TRETTEN.....	176	<i>tri-tabs dha</i> .....	207	ULTICARE INSULIN	
TREXALL.....	88	TRIUMEQ.....	100	SYRINGE.....	196
TREXIMET.....	200	TRIVEEN-DUO DHA.....	207	ULTICARE MICRO PEN	
TREZIX.....	35	TRI-VI-FLOR.....	208	NEEDLES.....	196
Tri Femynor.....	121	TRI-VI-FLORO.....	208	ULTICARE MINI PEN	
<i>triamcinolone acetone</i>		Trivora (28).....	121	NEEDLES.....	196
.....	143, 203, 210, 232	Tri-Vylibra Lo.....	121	ULTICARE PEN NEEDLES	
<i>triamterene</i> .....	158	TRIZIVIR.....	100	.....	196
<i>triamterene-hctz</i> .....	158	TROKENDI XR.....	52	ULTICARE SHORT PEN	
<i>triazolam</i> .....	180	<i>tropicamide</i> .....	218	NEEDLES.....	196
TRIBENZOR.....	77	<i>tropium chloride</i> .....	239	ULTILET CLASSIC	
<i>tricare</i> .....	207	<i>tropium chloride er</i> .....	239	LANCETS.....	196
TRICARE PRENATAL		TRUEPLUS INSULIN		ULTILET LANCETS.....	196
DHA ONE.....	207	SYRINGE.....	196	ULTILET SAFETY	
TRICITRASOL.....	47, 181	TRUEPLUS LANCETS 28G.....	196	LANCETS 23G.....	196
<i>tricitrates</i> .....	171	TRUEPLUS LANCETS 30G.....	196	ULTIMA TEST.....	150
TRICOR.....	72	TRUEPLUS LANCETS 33G.....	196	<i>ultimatecare one</i> .....	208
Triderm.....	143	TRUEPLUS SAFETY		ULTRA COMFORT	
TRIDESILON.....	143	LANCETS 28G.....	196	INSULIN SYRINGE.....	196
<i>trientine hcl</i> .....	104	TRUETEST TEST.....	150	ULTRACET.....	35
Tri-Estarylla.....	121	TRUETRACK TEST.....	150	ULTRA-COMFORT	
<i>trifluoperazine hcl</i> .....	95	TRULANCE.....	112	INSULIN SYRINGE.....	197
<i>trifluridine</i> .....	218	TRULICITY.....	64	ULTRALANCE.....	197
TRIGLIDE.....	72	TRUSOPT.....	218	ULTRAM.....	35
<i>trihexyphenidyl hcl</i> .....	91	TRUVADA.....	100	ULTRA-THIN II AUTO	
Tri-Legest Fe.....	121	TUDORZA PRESSAIR.....	45	LANCET.....	197
TRILEPTAL.....	52	Tulana.....	121	ULTRA-THIN II INS SYR	
Tri-Linyah.....	121	TUSSICAPS.....	126	SHORT.....	197
TRILIPIX.....	72	TUSSIONEX		ULTRA-THIN II INSULIN	
Tri-Lo-Estarylla.....	121	PENNKINETIC ER.....	126	SYRINGE.....	197
Tri-Lo-Marzia.....	121	TUXARIN ER.....	126	ULTRA-THIN II LANCETS	
Tri-Lo-Sprintec.....	121	TUZISTRA XR.....	126	.....	197
Trilyte.....	183	TWYNSTA.....	77	ULTRA-THIN II MINI PEN	
<i>trimethobenzamide hcl</i> .....	66	TYBOST.....	95	NEEDLE.....	197
<i>trimethoprim</i> .....	78	Tydemy.....	121		

ULTRA-THIN II PEN	<i>valsartan</i> .....	77	VENTAVIS.....	111
NEEDLE SHORT .....	<i>valsartan-hydrochlorothiazide</i> ...	77	VENTOLIN HFA.....	45
ULTRA-THIN II PEN	VALTREX.....	101	<i>verapamil hcl</i> .....	109
NEEDLES.....	VALUE HEALTH INSULIN		<i>verapamil hcl er</i> .....	109
ULTRATRAK PRO TEST..	SYRINGE.....	198	VERDESO.....	144
ULTRATRAK ULTIMATE	<i>value plus glucose</i> .....	64	VERDROCET.....	35
TEST.....	VALUE PLUS LANCET		VEREGEN.....	144
ULTRAVATE.....	STANDARD 21G.....	198	VERELAN.....	109
UNIFINE PENTIPS.....	VALUE PLUS LANCETS		VERELAN PM.....	110
UNILET COMFORTOUCH	SUPER THIN.....	198	VERIPRED 20.....	124
LANCET.....	VALUE PLUS LANCETS		VERSACLOZ.....	95
UNILET EXCELITE.....	THIN 26G.....	198	VERZENIO.....	127
UNILET EXCELITE II.....	VALUMARK LANCET		VESICARE.....	239
UNILET G.P. LANCET.....	SUPER THIN 30G.....	198	Vestura.....	121
UNILET G.P. SUPERLITE	VALUMARK LANCET		VFEND.....	67, 68
LANCET.....	ULTRA THIN 28G.....	198	VIBERZI.....	181
UNILET GP 28 ULTRA	VALUMARK PEN		VIBRAMYCIN.....	233
THIN.....	NEEDLES.....	198	Vicodin.....	35
UNILET LANCET.....	VANATOL LQ.....	28	Vicodin Es.....	35
UNILET SUPERLITE	VANCOCIN HCL.....	172	Vicodin Hp.....	35
LANCET.....	<i>vancomycin hcl</i> .....	172	VICTORY AGM-4000 TEST	150
UNISTIK 3 COMFORT.....	Vandazole.....	240	VICTOZA.....	64
UNISTIK 3 EXTRA.....	VANISHPOINT INSULIN		VIDA MIA UNIFINE	
UNISTIK 3 NORMAL.....	SYRINGE.....	198	PENTIPS.....	198
UNISTIK CZT COMFORT.	VANOS.....	144	VIDA MIA UNILET	
UNISTIK CZT NORMAL... Unithroid.....	Vanoxide-Hc.....	144	LANCETS 28G.....	198
235	VARUBI.....	66	VIDA MIA UNILET	
Unithroid Direct.....	VASCAZEN.....	155	LANCETS 30G.....	198
235	VASCEPA.....	72	VIDEX.....	101
UNIVERSAL 1 LANCETS	VASCULERA.....	155	VIDEX EC.....	101
THIN 26G.....	VASERETIC.....	77	VIEKIRA PAK.....	179
197	VASOTEC.....	77	VIEKIRA XR.....	179
UNIVERSAL 1 LANCETS	VAYACOG.....	155	Vienna.....	121
ULTRA THIN.....	VAYARIN.....	156	<i>vigabatrin</i> .....	52
198	VAYAROL.....	156	Vigadrone.....	52
UPTRAVI.....	VCF VAGINAL		VIGAMOX.....	218
230	CONTRACEPTIVE.....	240, 241	VIIBRYD.....	56, 231
URECHOLINE.....	VECAMYL.....	77	VIIBRYD STARTER PACK	
239	VECTICAL.....	144	.....	56, 231
UROCIT-K 10.....	VELETRI.....	111	VIMOVO.....	26
171	Velivet.....	121	VIMPAT.....	52
UROCIT-K 15.....	VELPHORO.....	170	<i>vinate ii</i> .....	208
171	VELTASSA.....	104, 225	<i>vinate one</i> .....	208
UROCIT-K 5.....	VEMLIDY.....	101	VIOKACE.....	156
171	VENA-BAL DHA.....	208	<i>viorele</i> .....	122
UROXATRAL.....	VENCLEXTA.....	81	VIRACEPT.....	101
171	VENCLEXTA STARTING		VIRAMUNE.....	101
URSO 250.....	PACK.....	81	VIRAMUNE XR.....	101
170	<i>venlafaxine hcl</i> .....	56	VIRASAL.....	144
URSO FORTE.....	<i>venlafaxine hcl er</i> .....	56	VIREAD.....	101
170				
<i>ursodiol</i> .....				
170				
UTIBRON NEOHALER.....				
45				
VAGIFEM.....				
240				
<i>valacyclovir hcl</i> .....				
100				
VALCHLOR.....				
144				
VALCYTE.....				
100				
<i>valganciclovir hcl</i> .....				
100				
VALIUM.....				
39				
<i>valproate sodium</i> .....				
52				
<i>valproic acid</i> .....				
52				

VIROPTIC.....	218	WELLBUTRIN XL.....	57	XOLEGEL.....	144
<i>virt-phos 250 neutral</i> .....	202	Wera.....	122	XOPENEX.....	46
VIRT-PN.....	208	WESTHROID.....	235	XOPENEX CONCENTRATE.....	45
VIRT-PN DHA.....	208	WIDE-SEAL DIAPHRAGM 60.....	198	XOPENEX HFA.....	45
<i>virt-pn plus</i> .....	208	WIDE-SEAL DIAPHRAGM 65.....	198	XOSPATA.....	88
VISTARIL.....	39	WIDE-SEAL DIAPHRAGM 70.....	198	XPOVIO (100 MG ONCE WEEKLY).....	81
VISTOGARD.....	64, 65	WIDE-SEAL DIAPHRAGM 75.....	198	XPOVIO (60 MG ONCE WEEKLY).....	81
VITAFOL.....	208	WIDE-SEAL DIAPHRAGM 80.....	198	XPOVIO (80 MG ONCE WEEKLY).....	81
VITAFOL STRIPS.....	208	WIDE-SEAL DIAPHRAGM 85.....	198	XPOVIO (80 MG TWICE WEEKLY).....	81
VITAFOL-OB.....	208	WIDE-SEAL DIAPHRAGM 90.....	198	XTAMPZA ER.....	35
VITAFOL-ONE.....	208	WIDE-SEAL DIAPHRAGM 95.....	198	XTANDI.....	88
VITAL HP 1.0 CAL.....	156	WILATE.....	176	<i>xulane</i> .....	122
VITAMEDMD ONE RX/QUATREFOLIC.....	208	Wixela Inhub.....	45	XULTOPHY.....	181
<i>vitamin d2</i> .....	241	WP THYROID.....	235	XURIDEN.....	179
<i>vitamin d3</i> .....	241	Wymzya Fe.....	122	XYNTHA.....	176
VITRAKVI.....	81	XADAGO.....	91	XYNTHA SOLOFUSE.....	176
VIVA DHA.....	208	XALATAN.....	218	XYOSTED.....	37
VIVELLE-DOT.....	166	XALKORI.....	88	XYREM.....	230
VIVITROL.....	65	XANAX.....	40	XYZAL ALLERGY 24HR....	69
VIVLODEX.....	26	XANAX XR.....	40	XYZAL ALLERGY 24HR CHILDRENS.....	69
VIZIMPRO.....	88	XARELTO.....	47	YONSA.....	88
VOCAL POINT BLOOD GLUCOSE TEST.....	150	XARELTO STARTER PACK.....	47	YOSPRALA.....	176
VOGELXO.....	36	XATMEP.....	88	YUPELRI.....	46
VOGELXO PUMP.....	36	XELJANZ.....	26	Yuvaferm.....	241
VOL-NATE.....	208	XELJANZ XR.....	26	<i>zaclir cleansing</i> .....	144
VOL-PLUS.....	208	XELODA.....	88	ZADITOR.....	218
VOL-TAB RX.....	208	XELPROS.....	218	<i>zafirlukast</i> .....	46
VOLTAREN.....	144	XENAZINE.....	230	<i>zaleplon</i> .....	180
VONVENDI.....	176	XEPI.....	144	ZANAFLEX.....	209, 210
<i>voriconazole</i> .....	68	XERAC AC.....	144	ZANTAC.....	237
VOSEVI.....	179	XERESE.....	144	Zarah.....	122
VOTRIENT.....	88	XERMELO.....	235	ZARONTIN.....	52
<i>vp-gstn</i> .....	156	XGEVA.....	164	ZARXIO.....	178
<i>vp-heme ob + dha</i> .....	208	XHANCE.....	210	ZATEAN-PN DHA.....	208
VP-PNV-DHA.....	208	XIAFLEX.....	104	ZATEAN-PN PLUS.....	208
VRAYLAR.....	95	XIFAXAN.....	78	ZAVESCA.....	178
VSL#3.....	156	XIGDUO XR.....	232	Zebutal.....	28
VSL#3 JUNIOR.....	156	XIIDRA.....	184	ZEGERID.....	237, 238
Vyfemla.....	122	XIMINO.....	234	ZEGERID OTC.....	238
VYLEESI.....	198	XODOL.....	35	ZEJULA.....	223, 224
VYNDAQEL.....	235	XOFLUZA.....	220	ZELAPAR.....	91
VYTORIN.....	72			ZELBORAF.....	88
VYVANSE.....	21			ZELNORM.....	181
VYZULTA.....	218			ZEMBRACE SYMTOUCH.....	200
<i>warfarin sodium</i> .....	47				
WAVESENSE PRESTO.....	150				
WELCHOL.....	72				
WELLBUTRIN SR.....	56				

ZEMPLAR.....	164	ZYDELIG.....	223
Zenatane.....	144	ZYFLO.....	46
Zenchent.....	122	ZYFLO CR.....	46
ZENPEP.....	157	ZYKADIA.....	88
Zenzedi.....	21	ZYLET.....	218
ZENZEDI.....	21	ZYLOPRIM.....	172
ZEPATIER.....	179	ZYMAXID.....	218
ZERIT.....	101	ZYPITAMAG.....	72
ZESTORETIC.....	77	ZYPREXA.....	95
ZESTRIL.....	77	ZYPREXA RELPREVV.....	95
ZETIA.....	72	ZYPREXA ZYDIS.....	95
ZETONNA.....	211	ZYRTEC ALLERGY.....	69
ZIAC.....	77	ZYRTEC-D ALLERGY & CONGESTION.....	126
ZIAGEN.....	101	ZYTAZE.....	156
<i>zidovudine</i> .....	101	ZYTIGA.....	89
<i>zileuton er</i> .....	46	ZYVOX.....	79
ZIOPTAN.....	218		
<i>ziprasidone hcl</i> .....	95		
ZIPSOR.....	27		
ZIRGAN.....	218		
ZITHROMAX.....	184, 185		
ZITHROMAX TRI-PAK.....	185		
ZITHROMAX Z-PAK.....	185		
ZOCOR.....	72		
ZOFRAN.....	66		
ZOFRAN ODT.....	66		
ZOHYDRO ER.....	35		
ZOLINZA.....	88		
<i>zolmitriptan</i> .....	200		
ZOLOFT.....	57		
<i>zolpidem tartrate</i> .....	180		
<i>zolpidem tartrate er</i> .....	180		
ZOLPIMIST.....	180		
ZOMACTON.....	164		
ZOMIG.....	200		
ZOMIG ZMT.....	200		
ZONEGRAN.....	52		
<i>zonisamide</i> .....	52		
ZONTIVITY.....	225		
ZORBTIVE.....	164		
ZORTRESS.....	104		
ZORVOLEX.....	27		
Zovia 1/35E (28).....	122		
ZOVIRAX.....	101, 144		
ZUBSOLV.....	35		
Zumandimine.....	122		
ZUPLENZ.....	66		
ZURAMPIC.....	172		
ZYCLARA.....	144		
ZYCLARA PUMP.....	144		