

Plan for your best health

Standard Opt Out Plan - Aetna

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 Assurance Pennsylvania Inc., Aetna Health Insurance company and/or Aetna Life Insurance Company (Aetna). In Florida, by Aetna Health Inc. and/or Aetna Life Insurance Company. In Utah and Wyoming by Aetna Health of Utah Inc. and Aetna Life Insurance Company. In Maryland, by Aetna Health Inc., 151 Farmington Avenue, Hartford, CT 06156. Each insurer has sole financial responsibility for its own products. Pharmacy benefits are administered by an affiliated pharmacy benefit manager, CVS Caremark. Aetna is part of the CVS Health family of companies.

Table of Contents

INFORMATIONAL SECTION.....4
ANALGESICS - DRUGS TO TREAT PAIN AND INFLAMMATION.....13
ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS.....26
ANTINEOPLASTIC AGENTS - DRUGS TO TREAT CANCER.....38
CARDIOVASCULAR - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS.....49
CENTRAL NERVOUS SYSTEM - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS.....61
ENDOCRINE AND METABOLIC - DRUGS TO TREAT DIABETES AND REGULATE
HORMONES.....88
GASTROINTESTINAL - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS.....124
GENITOURINARY - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS...131
HEMATOLOGIC - DRUGS TO TREAT BLOOD DISORDERS.....134
IMMUNOLOGIC AGENTS - DRUGS TO TREAT DISORDERS OF THE IMMUNE SYSTEM....141
NUTRITIONAL/SUPPLEMENTS - VITAMINS AND SUPPLEMENTS.....154
OPHTHALMIC - DRUGS TO TREAT EYE CONDITIONS.....156
RESPIRATORY - DRUGS TO TREAT BREATHING DISORDERS.....160
TOPICAL - DRUGS TO TREAT EAR AND SKIN CONDITIONS.....169

How to use this guide

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

Your plan includes

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

What you can expect to pay

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

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

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

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

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

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

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

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

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

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

Have more questions about your pharmacy benefits?

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

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

Specialty Pharmacy Network

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

How to get started with a specialty pharmacy

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

- **To transfer your prescription**, just call us toll-free at [1-866-353-1892](tel:1-866-353-1892) (TTY: [711](tel:1-866-353-1892)).
- **For a new prescription**, your doctor can send it to us in one of four ways:
 - 1. Electronically:** Through e-prescribe
 - 2. Fax:** [1-800-323-2445](tel:1-800-323-2445)
 - 3. Phone:** [1-800-237-2767](tel:1-800-237-2767) (TTY: [711](tel:1-800-237-2767))

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

CVS Caremark Mail Service Pharmacy™

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

Get started right away

You can submit your order using one of these options:

- 1. Online** — Visit your secure member website and sign in to your account. There you can add or remove your prescriptions.
- 2. Phone** — Call us toll-free, 24/7 at [1-888-792-3862](tel:1-888-792-3862) (TTY: [711](tel:1-888-792-3862)). If you need the help of a telephone device for the hard of hearing, call [1-877-833-2779](tel:1-877-833-2779) (TTY: [711](tel: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](tel:1-877-270-3317). Make sure they include your member ID number, date of birth and mailing address on the fax cover sheet. Only a doctor may fax a prescription.

Frequently asked questions

How can I save on prescriptions?

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

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

What are generic drugs?

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

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

What is precertification/prior authorization (PA)?

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 (ST)?

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

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

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

What are quantity limits (QL)?

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

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

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

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

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

How can your provider request a medical exception?

- Submit their request through our secure provider website on www.availity.com.
- Call the Aetna Pharmacy Precertification Unit: Non-Specialty **1-800-294-5979 (TTY: 711)** or Specialty **1-866-814-5506 (TTY: 711)**.
- Fax the completed request form to: Non-Specialty **1-888-836-0730** or Specialty **1-866-249-6155**.
- Mail the completed request form to: Medical Exception to Pharmacy Prior Authorization Unit
1300 East Campbell Road
Richardson, TX 75081

Pharmacy and Therapeutics (P&T) committee

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

Can the formulary change during the year?

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

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

Commercial 1557 Nondiscrimination Notice

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

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

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

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

Civil Rights Coordinator,

P.O. Box 14462, Lexington, KY 40512 (CA HMO customers: PO Box 24030 Fresno, CA 93779),

1-800-648-7817 (TTY: 711),

Fax: 859-425-3379 (CA HMO customers: 860-262-7705),

CRCordinator@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 (TTY: 711)**, **1-800-537-7697 (TDD) (TTY: 711)**.

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

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

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

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

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 Assurance Pennsylvania Inc., Aetna Health Insurance company and/or Aetna Life Insurance Company (Aetna). In Florida, by Aetna Health Inc. and/or Aetna Life Insurance Company. In Utah and Wyoming by Aetna Health of Utah Inc. and Aetna Life Insurance Company. In Maryland, by Aetna Health Inc., 151 Farmington Avenue, Hartford, CT 06156. Pharmacy benefits are administered through an affiliated pharmacy benefit manager, CVS Caremark. Aetna is part of the CVS Health family of companies.

Not all health services are covered. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. To check coverage and copay information for a specific medicine, log into your member website. For questions, please call the toll-free number on the back of your member ID card.

The drugs on the Pharmacy Drug Guide (formulary), Formulary Exclusions, Precertification, and Quantity Limit Lists are subject to change. The quantity limits and step therapy drug coverage review programs are not available in all service areas. However, these programs are available to self-funded plans.

Information is subject to change. In accordance with state law or insurer policies, changes to drug coverage are not effective for commercial fully insured plans (including HMOs) in Louisiana, New York, Texas, and in most circumstances Connecticut and Vermont, until the plans' renewal date.

In accordance with state law, certain fully insured commercial California members (except Federal Employee Health Benefit Plan members) who obtained approval from an Aetna plan for coverage of drugs that are later added to the Preauthorization or Step Therapy Lists or removed from the Pharmacy Drug Guide will continue to have those drugs covered, for as long as the treating in-network provider continues prescribing them, provided that the drug is appropriately prescribed and is considered safe and effective for treating the enrollee's medical condition. Aetna reserves the right to periodically request clinical information from your provider to assess your medical condition and the appropriateness of your ongoing treatment. Failure to provide clinical information could result in subsequent denial of coverage for this medication.

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

In accordance with state law, commercial fully insured (including HMO) members in Connecticut, Louisiana, New Mexico and Texas (except Federal Employee Health Benefit Plan members) who are receiving coverage for drugs that are added or removed from the Pharmacy Drug Guide and Specialty Drug List will continue to have those drugs covered at the same benefit level until their plan's renewal date. In Texas, preauthorization approval is known as "preservice utilization review." It is not "verification" as defined by Texas law. Preauthorization means a determination that healthcare services proposed to be provided to a patient are medically necessary and appropriate.

In certain states, including Arkansas, Colorado, Connecticut, Delaware, Georgia, Illinois, Louisiana, Maryland, Minnesota, North Dakota, Pennsylvania and Texas, step therapy programs do not apply to fully insured members utilizing prescription drugs for the treatment of stage-four advanced, metastatic cancer.

This document contains trademarks or registered trademarks of CVS Pharmacy, Inc. or one of its affiliates; it may also contain references to products that are trademarks or registered trademarks of entities not affiliated with CVS Health.

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

Coverage Requirements and Limits

AL = Age Limit

IBC = Indication Based Coverage

LGC = Lowest Generic Copay

N10 = Drug Coverage for Student Health members.

N7 = Drug tier when CE does not apply

N8 = Drug Specific Coverage

PA = Prior Authorization

QL = Quantity Limit

Select OTC = Select OTC

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

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

ST = Step Therapy

STX = Safer and/or more effective treatments are available

Drug Tier

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

G = Generic

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

NPB = Non-Preferred Brands

NPSP = Non-Preferred Specialty

PB = Preferred Brand

PSP = Preferred Specialty

lowercase *italics* = Generic drugs

UPPERCASE = Brand name drugs

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|--|-----------|----------------------------------|
| ANALGESICS - DRUGS TO TREAT PAIN AND INFLAMMATION | | |
| COX-2 INHIBITORS | | |
| <i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i> | G | |
| GOUT | | |
| <i>allopurinol oral tablet 100 mg, 300 mg</i> | G | |
| <i>colchicine oral capsule 0.6 mg</i> | G | |
| <i>colchicine oral tablet 0.6 mg</i> | G | |
| <i>colchicine-probenecid oral tablet 0.5-500 mg</i> | G | |
| <i>febuxostat oral tablet 40 mg, 80 mg</i> | G | |
| KRYSTEXXA INTRAVENOUS SOLUTION 8 MG/ML (<i>pegloticase</i>) | NPSP | PA |
| <i>probenecid oral tablet 500 mg</i> | G | |

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

12/01/2023

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|-----------|-----------------------------------|
| MISCELLANEOUS | | |
| PRIALT INTRATHECAL SOLUTION 100 MCG/ML, 500 MCG/20ML, 500 MCG/5ML (<i>ziconotide acetate</i>) | NPSP | |
| NON-OPIOID ANALGESICS | | |
| ALLZITAL ORAL TABLET 25-325 MG (<i>butalbital-acetaminophen</i>) | NPB | STX; QL (96 TABLETS per 25 days) |
| <i>butalbital-apap-caffeine</i> (Bac Oral Tablet 50-325-40 Mg) | G | STX; QL (48 tablets per 25 days) |
| <i>butalbital-acetaminophen</i> (Bupap Oral Tablet 50-300 Mg) | NF | |
| <i>butalbital-acetaminophen oral capsule 50-300 mg</i> | NF | |
| <i>butalbital-acetaminophen oral tablet 50-325 mg</i> | G | STX; QL (48 TABLETS per 25 DAYS) |
| <i>butalbital-apap-caffeine oral capsule 50-300-40 mg, 50-325-40 mg</i> | G | STX; QL (48 CAPSULES per 25 DAYS) |
| <i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i> | G | STX; QL (48 TABLETS per 25 days) |
| <i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i> | G | STX; QL (48 CAPSULES per 25 DAYS) |
| ESGIC ORAL TABLET 50-325-40 MG (<i>butalbital-apap-caffeine</i>) | NPB | STX; QL (48 TABLETS per 25 days) |
| FIORICET ORAL CAPSULE 50-300-40 MG (<i>butalbital-apap-caffeine</i>) | NPB | STX; QL (48 CAPSULES per 25 DAYS) |
| NSAIDS | | |
| ANAPROX DS ORAL TABLET 550 MG (<i>naproxen sodium</i>) | PB | |
| <i>diclofenac potassium oral capsule 25 mg</i> | NF | |
| <i>diclofenac potassium oral tablet 25 mg</i> | NF | |
| <i>diclofenac potassium oral tablet 50 mg</i> | G | |
| <i>diclofenac potassium(migraine) oral packet 50 mg</i> | NF | |
| <i>diclofenac sodium er oral tablet extended release 24 hour 100 mg</i> | G | |
| <i>diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg</i> | G | |
| <i>etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg</i> | G | |
| <i>etodolac oral capsule 200 mg, 300 mg</i> | G | |
| <i>etodolac oral tablet 400 mg, 500 mg</i> | G | |
| <i>fenoprofen calcium oral capsule 200 mg</i> | NF | |

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

12/01/2023

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|-----------|--|
| <i>fenoprofen calcium oral capsule 400 mg</i> | G | N8 (Listing does not include certain NDCs) |
| <i>fenoprofen calcium oral tablet 600 mg</i> | NF | N10 (Generic tier applies to members residing in Connecticut.) |
| <i>flurbiprofen oral tablet 100 mg, 50 mg</i> | G | |
| <i>ibuprofen (Ibu Oral Tablet 600 Mg)</i> | G | |
| <i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i> | G | |
| INDOCIN ORAL SUSPENSION 25 MG/5ML (<i>indomethacin</i>) | NF | |
| <i>indomethacin oral capsule 25 mg, 50 mg</i> | G | STX |
| <i>indomethacin rectal suppository 50 mg</i> | NF | |
| <i>ketoprofen er oral capsule extended release 24 hour 200 mg</i> | NF | |
| <i>ketoprofen oral capsule 25 mg</i> | NF | |
| <i>ketoprofen oral capsule 50 mg</i> | G | |
| <i>ketorolac tromethamine oral tablet 10 mg</i> | G | QL (20 TABLETS per 25 DAYS) |
| <i>diclofenac potassium (Lofena Oral Tablet 25 Mg)</i> | NF | |
| <i>meclofenamate sodium oral capsule 100 mg, 50 mg</i> | G | |
| <i>mefenamic acid oral capsule 250 mg</i> | G | N8 (Listing does not include certain NDCs) |
| <i>meloxicam oral capsule 10 mg, 5 mg</i> | NF | |
| <i>meloxicam oral tablet 15 mg, 7.5 mg</i> | G | |
| <i>nabumetone oral tablet 500 mg, 750 mg</i> | G | |
| NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG (<i>naproxen sodium</i>) | NF | |
| NAPROSYN ORAL TABLET 500 MG (<i>naproxen</i>) | NPB | |
| <i>naproxen oral suspension 125 mg/5ml</i> | NF | |
| <i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i> | G | |
| <i>naproxen oral tablet delayed release 375 mg, 500 mg</i> | G | |
| <i>naproxen sodium er oral tablet extended release 24 hour 375 mg, 500 mg</i> | NF | |
| <i>naproxen sodium oral tablet 275 mg, 550 mg</i> | G | |
| <i>oxaprozin oral tablet 600 mg</i> | G | |
| <i>piroxicam oral capsule 10 mg, 20 mg</i> | G | |

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

12/01/2023

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|-----------|---|
| SPRIX NASAL SOLUTION 15.75 MG/SPRAY (<i>ketorolac tromethamine</i>) | NF | |
| <i>sulindac oral tablet 150 mg, 200 mg</i> | G | |
| ZORVOLEX ORAL CAPSULE 18 MG, 35 MG (<i>diclofenac</i>) | NF | |
| NSAIDS, COMBINATIONS | | |
| <i>diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg</i> | G | |
| <i>naproxen-esomeprazole mg oral tablet delayed release 375-20 mg, 500-20 mg</i> | NF | |
| OPIOID ANALGESICS | | |
| <i>acetaminophen-codeine oral solution 120-12 mg/5ml</i> | G | N8 (Subject to initial limit); QL (2700 ML per 25 days) |
| <i>acetaminophen-codeine oral tablet 300-15 mg</i> | G | N8 (Subject to initial limit); QL (400 TABLETS per 25 DAYS) |
| <i>acetaminophen-codeine oral tablet 300-30 mg</i> | G | N8 (Subject to initial limit); QL (360 TABLETS per 25 Days) |
| <i>acetaminophen-codeine oral tablet 300-60 mg</i> | G | N8 (Subject to initial limit); QL (180 TABLETS per 25 Days) |
| APADAZ ORAL TABLET 4.08-325 MG, 6.12-325 MG, 8.16-325 MG (<i>benzhydrocodone-acetaminophen</i>) | NPB | STX; N8 (Subject to initial limit.); QL (168 TABLETS per 25 days) |
| <i>apap-caff-dihydrocodeine oral capsule 320.5-30-16 mg</i> | G | N8 (Subject to initial limit); QL (300 CAPSULES per 25 days) |
| <i>benzhydrocodone-acetaminophen oral tablet 4.08-325 mg, 6.12-325 mg, 8.16-325 mg</i> | NPB | STX; N8 (Subject to initial limit.); QL (168 TABLETS per 25 days) |
| <i>butalbital-apap-caff-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg</i> | G | STX; QL (48 CAPSULES per 25 DAYS) |
| <i>butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg</i> | G | STX; QL (48 CAPSULES per 25 DAYS) |
| <i>butorphanol tartrate nasal solution 10 mg/ml</i> | G | QL (2 BOTTLES per 25 DAYS) |
| <i>codeine sulfate oral tablet 30 mg</i> | G | N8 (Subject to initial limit); QL (42 TABLETS per 25 days) |

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

12/01/2023

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|-----------|---|
| <i>codeine sulfate oral tablet 60 mg</i> | NPB | N8 (Subject to initial limit); QL (42 TABLETS per 25 days) |
| CONZIP ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG (<i>tramadol hcl</i>) | NPB | ST; QL (30 CAPSULES per 25 DAYS) |
| CONZIP ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG, 300 MG (<i>tramadol hcl</i>) | NPB | ST |
| DILAUDID ORAL LIQUID 1 MG/ML (<i>hydromorphone hcl</i>) | NPB | N8 (Subject to initial limit); QL (480 ML per 25 days) |
| DILAUDID ORAL TABLET 2 MG (<i>hydromorphone hcl</i>) | NPB | N8 (Subject to initial limit); QL (180 TABLETS per 25 days) |
| DILAUDID ORAL TABLET 4 MG (<i>hydromorphone hcl</i>) | NPB | N8 (Subject to initial limit); QL (120 TABLETS per 25 days) |
| DILAUDID ORAL TABLET 8 MG (<i>hydromorphone hcl</i>) | NPB | N8 (Subject to initial limit); QL (60 TABLETS per 25 days) |
| <i>fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i> | G | PA; QL (120 LOZENGE ON A HANDLE per 25 days) |
| <i>fentanyl citrate buccal tablet 100 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i> | G | PA; QL (120 TABLETS per 25 DAYS) |
| <i>fentanyl transdermal patch 72 hour 100 mcg/hr, 50 mcg/hr, 62.5 mcg/hr, 75 mcg/hr, 87.5 mcg/hr</i> | G | ST |
| <i>fentanyl transdermal patch 72 hour 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hr</i> | G | ST; QL (10 PATCHES per 25 DAYS) |
| FENTORA BUCCAL TABLET 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG (<i>fentanyl citrate</i>) | NPB | PA; QL (120 TABLETS per 25 days) |
| FIORICET/CODEINE ORAL CAPSULE 50-300-40-30 MG (<i>butalbital-apap-caff-cod</i>) | NPB | STX; QL (48 CAPSULES per 25 DAYS) |
| <i>hydrocodone bitartrate er oral capsule extended release 12 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg</i> | G | ST; QL (60 CAPSULES per 25 days) |
| <i>hydrocodone bitartrate er oral capsule extended release 12 hour 50 mg</i> | G | ST |
| <i>hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent 100 mg, 120 mg</i> | G | ST |
| <i>hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i> | G | ST; QL (30 TABLETS per 25 DAYS) |

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

12/01/2023

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|--|-----------|---|
| <i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml</i> | G | N8 (Subject to initial limit); QL (2700 ML per 25 days) |
| <i>hydrocodone-acetaminophen oral tablet 10-300 mg, 7.5-300 mg</i> | G | N8 (Subject to initial limit); QL (180 TABLETS per 25 DAYS) |
| <i>hydrocodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg</i> | G | N8 (Subject to initial limit); QL (180 TABLETS per 25 days) |
| <i>hydrocodone-acetaminophen oral tablet 5-300 mg</i> | G | N8 (Subject to initial limit); QL (240 TABLETS per 25 DAYS) |
| <i>hydrocodone-acetaminophen oral tablet 5-325 mg</i> | G | N8 (Subject to initial limit); QL (240 TABLETS per 25 days) |
| <i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i> | G | N8 (Subject to initial limit); QL (50 TABLETS per 25 days) |
| <i>hydromorphone hcl er oral tablet extended release 24 hour 12 mg, 16 mg, 8 mg</i> | G | ST; QL (30 TABLETS per 25 DAYS) |
| <i>hydromorphone hcl er oral tablet extended release 24 hour 32 mg</i> | G | ST |
| <i>hydromorphone hcl oral liquid 1 mg/ml</i> | G | N8 (Subject to initial limit); QL (480 ML per 25 days) |
| <i>hydromorphone hcl oral tablet 2 mg</i> | G | N8 (Subject to initial limit); QL (180 TABLETS per 25 days) |
| <i>hydromorphone hcl oral tablet 4 mg</i> | G | N8 (Subject to initial limit); QL (120 TABLETS per 25 days) |
| <i>hydromorphone hcl oral tablet 8 mg</i> | G | N8 (Subject to initial limit); QL (60 TABLETS per 25 days) |
| HYSINGLA ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT 100 MG, 120 MG (<i>hydrocodone bitartrate</i>) | NPB | ST |
| HYSINGLA ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT 20 MG, 30 MG, 40 MG, 60 MG, 80 MG (<i>hydrocodone bitartrate</i>) | NPB | ST; QL (30 TABLETS per 25 days) |
| <i>levorphanol tartrate oral tablet 2 mg, 3 mg</i> | NF | |
| <i>meperidine hcl oral solution 50 mg/5ml</i> | G | N8 (Subject to initial limit); QL (90 ML per 25 days) |

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

12/01/2023

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|--|-----------|---|
| <i>meperidine hcl oral tablet 50 mg</i> | G | N8 (Subject to initial limit); QL (18 TABLETS per 25 days) |
| <i>methadone hcl (Methadone Hcl Intensol Oral Concentrate 10 Mg/ML)</i> | G | ST; QL (45 ML per 25 days) |
| <i>methadone hcl oral concentrate 10 mg/ml</i> | G | QL (30 ML per 25 DAYs) |
| <i>methadone hcl oral solution 10 mg/5ml</i> | G | ST; QL (225 ML per 25 days) |
| <i>methadone hcl oral solution 5 mg/5ml</i> | G | ST; QL (450 ML per 25 DAYs) |
| <i>methadone hcl oral tablet 10 mg</i> | G | ST; QL (30 TABLETS per 25 days) |
| <i>methadone hcl oral tablet 5 mg</i> | G | ST; QL (90 TABLETS per 25 DAYs) |
| <i>methadone hcl oral tablet soluble 40 mg</i> | G | QL (9 TABLETS per 25 DAYs) |
| METHADOSE ORAL CONCENTRATE 10 MG/ML (<i>methadone hcl</i>) | NPB | QL (30 ML per 25 DAYs) |
| METHADOSE SUGAR-FREE ORAL CONCENTRATE 10 MG/ML (<i>methadone hcl</i>) | NPB | QL (30 ML per 25 DAYs) |
| <i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i> | G | N8 (Subject to initial limit); QL (135 ML per 25 days) |
| <i>morphine sulfate er beads oral capsule extended release 24 hour 120 mg</i> | G | ST |
| <i>morphine sulfate er beads oral capsule extended release 24 hour 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i> | G | ST; QL (30 CAPSULES per 25 DAYs) |
| <i>morphine sulfate er oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg</i> | G | ST; QL (60 CAPSULES per 25 days) |
| <i>morphine sulfate er oral capsule extended release 24 hour 100 mg</i> | G | ST |
| <i>morphine sulfate er oral capsule extended release 24 hour 50 mg, 60 mg, 80 mg</i> | G | ST; QL (30 CAPSULES per 25 days) |
| <i>morphine sulfate er oral tablet extended release 100 mg, 200 mg, 60 mg</i> | G | ST |
| <i>morphine sulfate er oral tablet extended release 15 mg, 30 mg</i> | G | ST; QL (90 TABLETS per 25 DAYs) |
| <i>morphine sulfate oral solution 10 mg/5ml</i> | G | N8 (Subject to initial limit); QL (900 ML per 25 days) |

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

12/01/2023

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|--|-----------|---|
| <i>morphine sulfate oral solution 20 mg/5ml</i> | G | N8 (Subject to initial limit); QL (675 ML per 25 days) |
| <i>morphine sulfate oral tablet 15 mg</i> | G | N8 (Subject to initial limit); QL (180 TABLETS per 25 days) |
| <i>morphine sulfate oral tablet 30 mg</i> | G | N8 (Subject to initial limit); QL (90 TABLETS per 25 days) |
| MS CONTIN ORAL TABLET EXTENDED RELEASE 100 MG, 200 MG, 60 MG (<i>morphine sulfate</i>) | NPB | ST |
| MS CONTIN ORAL TABLET EXTENDED RELEASE 15 MG, 30 MG (<i>morphine sulfate</i>) | NPB | ST; QL (90 TABLETS per 25 DAYS) |
| <i>nalocet oral tablet 2.5-300 mg</i> | NPB | N8 (Subject to initial limit); QL (360 TABLETS per 25 days) |
| NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 50 MG (<i>tapentadol hcl</i>) | PB | ST; QL (60 TABLETS per 25 days) |
| NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR 150 MG, 200 MG, 250 MG (<i>tapentadol hcl</i>) | PB | ST |
| NUCYNTA ORAL TABLET 100 MG (<i>tapentadol hcl</i>) | PB | N8 (Subject to initial limit); QL (60 TABLETS per 25 days) |
| NUCYNTA ORAL TABLET 50 MG (<i>tapentadol hcl</i>) | PB | N8 (Subject to initial limit); QL (120 TABLETS per 25 days) |
| NUCYNTA ORAL TABLET 75 MG (<i>tapentadol hcl</i>) | PB | N8 (Subject to initial limit); QL (90 TABLETS per 25 days) |
| OXAYDO ORAL TABLET 5 MG, 7.5 MG (<i>oxycodone hcl</i>) | NPB | N8 (Subject to initial limit); QL (180 TABLETS per 25 Days) |
| <i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent 10 mg, 20 mg</i> | G | ST; QL (60 TABLETS per 25 days) |
| <i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent 40 mg, 80 mg</i> | G | ST |
| <i>oxycodone hcl oral capsule 5 mg</i> | G | N8 (Subject to initial limit); QL (180 CAPSULES per 25 days) |
| <i>oxycodone hcl oral concentrate 100 mg/5ml</i> | G | N8 (Subject to initial limit); QL (90 ML per 25 days) |

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

12/01/2023

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|------------------|--|
| <i>oxycodone hcl oral solution 5 mg/5ml</i> | G | N8 (Subject to initial limit); QL (900 ML per 25 days) |
| <i>oxycodone hcl oral tablet 10 mg, 5 mg</i> | G | N8 (Subject to initial limit); QL (180 TABLETS per 25 days) |
| <i>oxycodone hcl oral tablet 15 mg</i> | G | N8 (Subject to initial limit); QL (120 TABLETS per 25 days) |
| <i>oxycodone hcl oral tablet 20 mg</i> | G | N8 (Subject to initial limit); QL (90 TABLETS per 25 days) |
| <i>oxycodone hcl oral tablet 30 mg</i> | G | N8 (Subject to initial limit); QL (60 TABLETS per 25 days) |
| <i>oxycodone-acetaminophen oral solution 10-300 mg/5ml</i> | NPB | N8 (Subject to initial limit); QL (900 ML per 25 days) |
| <i>oxycodone-acetaminophen oral solution 5-325 mg/5ml</i> | G | N8 (Subject to initial limit); QL (1800 ML per 25 days) |
| <i>oxycodone-acetaminophen oral tablet 10-300 mg</i> | NPB | ST; N8 (Subject to initial limit); QL (180 TABLETS per 25 days) |
| <i>oxycodone-acetaminophen oral tablet 10-325 mg</i> | G | N8 (Subject to initial limit); QL (180 TABLETS per 25 days) |
| <i>oxycodone-acetaminophen oral tablet 2.5-300 mg</i> | NPB | N8 (Subject to initial limit); QL (360 TABLETS per 25 days) |
| <i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</i> | G | N8 (Subject to initial limit); QL (360 TABLETS per 25 days) |
| <i>oxycodone-acetaminophen oral tablet 5-300 mg</i> | NPB | ST; N8 (Subject to initial limit); QL (360 TABLETS per 25 days) |
| <i>oxycodone-acetaminophen oral tablet 7.5-300 mg</i> | NPB | ST; N8 (Subject to initial limit); QL (240 TABLETS per 25 days) |
| <i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i> | G | N8 (Subject to initial limit); QL (240 TABLETS per 25 days) |

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

12/01/2023

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|--|-----------|---|
| OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 15 MG, 20 MG, 30 MG (<i>oxycodone hcl</i>) | NPB | ST; QL (60 TABLETS per 25 days) |
| OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 40 MG, 60 MG, 80 MG (<i>oxycodone hcl</i>) | NPB | ST |
| <i>oxymorphone hcl er oral tablet extended release 12 hour 10 mg, 15 mg, 5 mg, 7.5 mg</i> | G | ST; QL (60 TABLETS per 25 days) |
| <i>oxymorphone hcl er oral tablet extended release 12 hour 20 mg, 30 mg, 40 mg</i> | G | ST |
| <i>oxymorphone hcl oral tablet 10 mg</i> | G | N8 (Subject to initial limit); QL (90 TABLETS per 25 days) |
| <i>oxymorphone hcl oral tablet 5 mg</i> | G | N8 (Subject to initial limit); QL (180 TABLETS per 25 days) |
| PERCOCET ORAL TABLET 10-325 MG (<i>oxycodone-acetaminophen</i>) | NPB | N8 (Subject to initial limit); QL (180 TABLETS per 25 days) |
| PERCOCET ORAL TABLET 2.5-325 MG, 5-325 MG (<i>oxycodone-acetaminophen</i>) | NPB | N8 (Subject to initial limit); QL (360 TABLETS per 25 days) |
| PERCOCET ORAL TABLET 7.5-325 MG (<i>oxycodone-acetaminophen</i>) | NPB | N8 (Subject to initial limit); QL (240 TABLETS per 25 days) |
| PROLATE ORAL SOLUTION 10-300 MG/5ML (<i>oxycodone-acetaminophen</i>) | NPB | N8 (Subject to initial limit); QL (900 ML per 25 DAYS) |
| PROLATE ORAL TABLET 10-300 MG (<i>oxycodone-acetaminophen</i>) | NPB | ST; N8 (Subject to initial limit); QL (180 TABLETS per 25 days) |
| PROLATE ORAL TABLET 5-300 MG (<i>oxycodone-acetaminophen</i>) | NPB | ST; N8 (Subject to initial limit); QL (360 TABLETS per 25 days) |
| PROLATE ORAL TABLET 7.5-300 MG (<i>oxycodone-acetaminophen</i>) | NPB | ST; N8 (Subject to initial limit); QL (240 TABLETS per 25 days) |
| QDOLO ORAL SOLUTION 5 MG/ML (<i>tramadol hcl</i>) | NPB | N8 (Subject to initial limit); QL (1800 ML per 25 DAYs) |
| ROXICODONE ORAL TABLET 15 MG (<i>oxycodone hcl</i>) | NPB | N8 (Subject to initial limit); QL (120 TABLETS per 25 days) |

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

12/01/2023

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|--|-----------|---|
| ROXICODONE ORAL TABLET 30 MG (<i>oxycodone hcl</i>) | NPB | N8 (Subject to initial limit); QL (60 TABLETS per 25 days) |
| ROXYBOND ORAL TABLET ABUSE-DETERRENT 15 MG (<i>oxycodone hcl</i>) | NPB | N8 (Subject to initial limit); QL (120 TABLETS per 25 DAYS) |
| ROXYBOND ORAL TABLET ABUSE-DETERRENT 30 MG (<i>oxycodone hcl</i>) | NPB | N8 (Subject to initial limit); QL (60 TABLETS per 25 DAYS) |
| ROXYBOND ORAL TABLET ABUSE-DETERRENT 5 MG (<i>oxycodone hcl</i>) | NPB | N8 (Subject to initial limit); QL (180 TABLETS per 25 DAYS) |
| SEGLENTIS ORAL TABLET 56-44 MG (<i>celecoxib-tramadol hcl</i>) | NPB | N8 (Subject to initial limit); QL (120 TABLETS per 25 DAYS) |
| SUBSYS SUBLINGUAL LIQUID 800 MCG (<i>fentanyl</i>) | NPB | PA; QL (120 LIQUID per 25 days) |
| <i>tramadol hcl (er biphasic) oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg</i> | NF | |
| <i>tramadol hcl (er biphasic) oral tablet extended release 24 hour 100 mg</i> | G | ST; QL (30 TABLETS per 25 days) |
| <i>tramadol hcl (er biphasic) oral tablet extended release 24 hour 200 mg, 300 mg</i> | G | ST |
| <i>tramadol hcl er oral tablet extended release 24 hour 100 mg</i> | G | ST; QL (30 TABLETS per 25 days) |
| <i>tramadol hcl er oral tablet extended release 24 hour 200 mg, 300 mg</i> | G | ST |
| <i>tramadol hcl oral tablet 100 mg</i> | NF | |
| <i>tramadol hcl oral tablet 50 mg</i> | G | N8 (Subject to initial limit); QL (180 TABLETS per 25 days) |
| <i>tramadol hcl solution 5 mg/ml oral</i> | G | N8 (Subject to initial limit); QL (1800 ML per 25 Days) |
| <i>tramadol hcl solution 5 mg/ml oral</i> | NPB | N8 (Subject to initial limit); QL (1800 ML per 25 Days) |
| <i>tramadol-acetaminophen oral tablet 37.5-325 mg</i> | G | N8 (Subject to initial limit); QL (40 TABLETS per 25 days) |

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

12/01/2023

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|--|-----------|--|
| XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 13.5 MG, 18 MG, 27 MG, 9 MG (<i>oxycodone</i>) | PB | ST; QL (60 CAPSULES per 25 days) |
| XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 36 MG (<i>oxycodone</i>) | PB | ST |
| OPIOID PARTIAL AGONISTS | | |
| BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 75 MCG (<i>buprenorphine hcl</i>) | PB | ST; QL (60 FILMS per 25 DAYs) |
| BELBUCA BUCCAL FILM 600 MCG, 750 MCG, 900 MCG (<i>buprenorphine hcl</i>) | PB | ST |
| <i>buprenorphine transdermal patch weekly 10 mcg/hr, 5 mcg/hr, 7.5 mcg/hr</i> | G | ST; QL (4 PATCHES per 25 DAYs) |
| <i>buprenorphine transdermal patch weekly 15 mcg/hr, 20 mcg/hr</i> | G | ST |
| BUTRANS TRANSDERMAL PATCH WEEKLY 10 MCG/HR, 5 MCG/HR, 7.5 MCG/HR (<i>buprenorphine</i>) | NPB | ST; QL (4 PATCH WEEKLY per 25 days) |
| BUTRANS TRANSDERMAL PATCH WEEKLY 15 MCG/HR, 20 MCG/HR (<i>buprenorphine</i>) | NPB | ST |
| <i>pentazocine-naloxone hcl oral tablet 50-0.5 mg</i> | G | STX; N8 (Subject to initial limit.); QL (120 TABLETS per 25 days) |
| SUBLOCADE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.5ML, 300 MG/1.5ML (<i>buprenorphine</i>) | PSP | |
| SALICYLATES | | |
| <i>aspirin childrens oral tablet chewable 81 mg</i> | CE | N7 (Not Covered); QL (100 TABLETS per 30 DAYs); AL (Min 12 Years and Max 59 Years) |
| <i>aspirin oral tablet delayed release 81 mg</i> | CE | N7 (Not Covered); QL (100 TABLETS per 30 Days); AL (Min 12 Years and Max 59 Years) |
| <i>diflunisal oral tablet 500 mg</i> | G | |
| VISCOSUPPLEMENTS | | |
| DUROLANE INTRA-ARTICULAR PREFILLED SYRINGE 60 MG/3ML (<i>sodium hyaluronate (viscosup)</i>) | PSP | PA |
| EUFLEXXA INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML (<i>sodium hyaluronate (viscosup)</i>) | PSP | PA |

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

12/01/2023

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

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna
The formulary is updated the first week of each month.
12/01/2023

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|--|-----------|----------------------------------|
| ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS | | |
| ANTHELMINTICS - DRUGS FOR WORM INFECTION | | |
| <i>albendazole oral tablet 200 mg</i> | G | QL (336 TABLETS per 365 DAYS) |
| BILTRICIDE ORAL TABLET 600 MG (<i>praziquantel</i>) | NPB | QL (24 TABLETS per 365 DAYS) |
| EMVERM ORAL TABLET CHEWABLE 100 MG (<i>mebendazole</i>) | PB | QL (12 TABLETS per 365 DAYS) |
| <i>ivermectin oral tablet 3 mg</i> | G | |
| <i>praziquantel oral tablet 600 mg</i> | G | QL (24 TABLETS per 365 DAYS) |
| ANTI-BACTERIALS - MISCELLANEOUS | | |
| ARIKAYCE INHALATION SUSPENSION 590 MG/8.4ML (<i>amikacin sulfate liposome</i>) | NPSP | PA |
| <i>neomycin sulfate oral tablet 500 mg</i> | G | |
| <i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i> | G | |
| <i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i> | G | |
| <i>tinidazole oral tablet 250 mg, 500 mg</i> | G | |
| ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS | | |
| <i>fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml</i> | G | |
| <i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i> | G | |
| <i>flucytosine oral capsule 500 mg</i> | NF | |
| <i>griseofulvin microsize oral suspension 125 mg/5ml</i> | G | |
| <i>griseofulvin microsize oral tablet 500 mg</i> | G | |
| <i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i> | G | |
| <i>itraconazole oral capsule 100 mg</i> | G | |
| <i>itraconazole oral solution 10 mg/ml</i> | G | |
| <i>ketoconazole oral tablet 200 mg</i> | G | STX |
| <i>nystatin oral tablet 500000 unit</i> | G | |
| <i>posaconazole oral tablet delayed release 100 mg</i> | NF | |
| <i>terbinafine hcl oral tablet 250 mg</i> | G | |
| VFEND ORAL SUSPENSION RECONSTITUTED 40 MG/ML (<i>voriconazole</i>) | PB | |
| VFEND ORAL TABLET 200 MG, 50 MG (<i>voriconazole</i>) | PB | |

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

12/01/2023

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|--|-----------|----------------------------------|
| <i>voriconazole oral suspension reconstituted 40 mg/ml</i> | G | |
| <i>voriconazole oral tablet 200 mg, 50 mg</i> | G | |
| ANTIMALARIALS - DRUGS TO TREAT MALARIA | | |
| <i>atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg</i> | G | |
| <i>chloroquine phosphate oral tablet 250 mg, 500 mg</i> | G | |
| MALARONE ORAL TABLET 250-100 MG, 62.5-25 MG (<i>atovaquone-proguanil hcl</i>) | PB | |
| <i>mefloquine hcl oral tablet 250 mg</i> | G | |
| <i>primaquine phosphate oral tablet 26.3 (15 base) mg</i> | G | |
| <i>quinine sulfate oral capsule 324 mg</i> | G | |
| ANTIRETROVIRAL AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION | | |
| <i>abacavir sulfate oral solution 20 mg/ml</i> | G | QL (900 ML per 30 DAYs) |
| <i>abacavir sulfate oral tablet 300 mg</i> | G | QL (60 TABLETS per 30 DAYs) |
| APTIVUS ORAL CAPSULE 250 MG (<i>tipranavir</i>) | NF | |
| <i>atazanavir sulfate oral capsule 150 mg, 300 mg</i> | G | QL (30 CAPSULES per 30 DAYs) |
| <i>atazanavir sulfate oral capsule 200 mg</i> | G | QL (60 CAPSULES per 30 DAYs) |
| <i>darunavir oral tablet 600 mg</i> | G | QL (60 TABLETS per 30 DAYs) |
| <i>darunavir oral tablet 800 mg</i> | G | QL (30 TABLETS per 30 DAYs) |
| EDURANT ORAL TABLET 25 MG (<i>rilpivirine hcl</i>) | PB | QL (60 TABLETS per 30 DAYs) |
| <i>efavirenz oral capsule 200 mg, 50 mg</i> | G | QL (90 CAPSULES per 30 DAYs) |
| <i>efavirenz oral tablet 600 mg</i> | G | QL (30 TABLETS per 30 days) |
| <i>emtricitabine oral capsule 200 mg</i> | G | QL (30 TABLETS per 30 DAYs) |
| EMTRIVA ORAL CAPSULE 200 MG (<i>emtricitabine</i>) | PB | QL (30 CAPSULES per 30 DAYs) |
| EMTRIVA ORAL SOLUTION 10 MG/ML (<i>emtricitabine</i>) | PB | QL (680 ML per 28 DAYs) |
| EPIVIR ORAL SOLUTION 10 MG/ML (<i>lamivudine</i>) | NPB | QL (900 mls per 30 days) |
| EPIVIR ORAL TABLET 150 MG (<i>lamivudine</i>) | NPB | QL (60 tablets per 30 days) |

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

12/01/2023

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|-----------|--|
| EPIVIR ORAL TABLET 300 MG (<i>lamivudine</i>) | NPB | QL (30 tablets per 30 days) |
| <i>etravirine oral tablet 100 mg</i> | G | QL (120 TABLETS per 30 DAYs) |
| <i>etravirine oral tablet 200 mg</i> | G | QL (60 TABLETS per 30 DAYs) |
| <i>fosamprenavir calcium oral tablet 700 mg</i> | G | QL (120 TABLETS per 30 DAYs) |
| FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG (<i>enfuvirtide</i>) | PSP | PA; QL (60 SOLUTION RECONSTITUTED per 30 days) |
| INTELENCE ORAL TABLET 100 MG, 25 MG (<i>etravirine</i>) | PB | QL (120 TABLETS per 30 DAYs) |
| INTELENCE ORAL TABLET 200 MG (<i>etravirine</i>) | PB | QL (60 TABLETS per 30 DAYs) |
| ISENTRESS HD ORAL TABLET 600 MG (<i>raltegravir potassium</i>) | PB | QL (60 TABLETS per 30 DAYs) |
| ISENTRESS ORAL PACKET 100 MG (<i>raltegravir potassium</i>) | PB | QL (60 PACKETS per 30 days) |
| ISENTRESS ORAL TABLET 400 MG (<i>raltegravir potassium</i>) | PB | QL (120 TABLETS per 30 DAYs) |
| ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG (<i>raltegravir potassium</i>) | PB | QL (180 TABLETS per 30 DAYs) |
| <i>lamivudine oral solution 10 mg/ml</i> | G | QL (900 ML per 30 DAYs) |
| <i>lamivudine oral tablet 150 mg</i> | G | QL (60 TABLETS per 30 DAYs) |
| <i>lamivudine oral tablet 300 mg</i> | G | QL (30 TABLETS per 30 DAYs) |
| LEXIVA ORAL SUSPENSION 50 MG/ML (<i>fosamprenavir calcium</i>) | NF | |
| LEXIVA ORAL TABLET 700 MG (<i>fosamprenavir calcium</i>) | NF | |
| <i>maraviroc oral tablet 150 mg</i> | G | QL (60 TABLETS per 30 DAYs) |
| <i>maraviroc oral tablet 300 mg</i> | G | QL (120 TABLETS per 30 DAYs) |
| <i>nevirapine er oral tablet extended release 24 hour 400 mg</i> | G | QL (30 TABLETS per 30 DAYs) |
| <i>nevirapine oral suspension 50 mg/5ml</i> | G | QL (1200 ML per 30 days) |

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

12/01/2023

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|-----------|----------------------------------|
| <i>nevirapine oral tablet 200 mg</i> | G | QL (60 TABLETS per 30 DAYS) |
| NORVIR ORAL PACKET 100 MG (<i>ritonavir</i>) | PB | QL (360 PACKETS per 30 DAYS) |
| NORVIR ORAL TABLET 100 MG (<i>ritonavir</i>) | PB | QL (360 TABLETS per 30 days) |
| PIFELTRO ORAL TABLET 100 MG (<i>doravirine</i>) | NF | |
| PREZISTA ORAL SUSPENSION 100 MG/ML (<i>darunavir</i>) | PB | QL (400 ML per 30 DAYS) |
| PREZISTA ORAL TABLET 150 MG (<i>darunavir</i>) | PB | QL (180 TABLETS per 30 DAYS) |
| PREZISTA ORAL TABLET 600 MG (<i>darunavir</i>) | PB | QL (60 TABLETS per 30 DAYS) |
| PREZISTA ORAL TABLET 75 MG (<i>darunavir</i>) | PB | QL (300 TABLETS per 30 DAYS) |
| PREZISTA ORAL TABLET 800 MG (<i>darunavir</i>) | PB | QL (30 TABLETS per 30 DAYS) |
| RETROVIR ORAL CAPSULE 100 MG (<i>zidovudine</i>) | NPB | QL (180 CAPSULES per 30 DAYS) |
| RETROVIR ORAL SYRUP 50 MG/5ML (<i>zidovudine</i>) | NPB | QL (1800 ML per 30 DAYS) |
| REYATAZ ORAL CAPSULE 200 MG (<i>atazanavir sulfate</i>) | NPB | QL (60 CAPSULES per 30 days) |
| REYATAZ ORAL CAPSULE 300 MG (<i>atazanavir sulfate</i>) | NPB | QL (30 CAPSULES per 30 days) |
| REYATAZ ORAL PACKET 50 MG (<i>atazanavir sulfate</i>) | NPB | QL (180 PACKET per 30 days) |
| <i>ritonavir oral tablet 100 mg</i> | G | QL (360 TABLETS per 30 DAYS) |
| RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG (<i>fostemsavir tromethamine</i>) | NPB | QL (60 TABLETS per 30 days) |
| SELZENTRY ORAL SOLUTION 20 MG/ML (<i>maraviroc</i>) | NF | |
| SELZENTRY ORAL TABLET 150 MG, 25 MG, 300 MG, 75 MG (<i>maraviroc</i>) | NF | |
| SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG, 5 X 300 MG (<i>lenacapavir sodium</i>) | NF | |
| SUNLENCA SUBCUTANEOUS SOLUTION 463.5 MG/1.5ML (<i>lenacapavir sodium</i>) | NF | |
| SUSTIVA ORAL TABLET 600 MG (<i>efavirenz</i>) | NPB | QL (30 TABLETS per 30 DAYS) |

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

12/01/2023

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|--|-----------|----------------------------------|
| <i>tenofovir disoproxil fumarate oral tablet 300 mg</i> | G | QL (30 TABLETS per 30 DAYS) |
| TIVICAY ORAL TABLET 10 MG (<i>dolutegravir sodium</i>) | PB | QL (240 TABLETS per 30 days) |
| TIVICAY ORAL TABLET 25 MG, 50 MG (<i>dolutegravir sodium</i>) | PB | QL (60 TABLETS per 30 DAYS) |
| TIVICAY PD ORAL TABLET SOLUBLE 5 MG (<i>dolutegravir sodium</i>) | PB | QL (360 TABLETS per 30 days) |
| TYBOST ORAL TABLET 150 MG (<i>cobicistat</i>) | NPB | QL (30 TABLETS per 30 DAYS) |
| VIRACEPT ORAL TABLET 250 MG, 625 MG (<i>nelfinavir mesylate</i>) | NF | |
| VIREAD ORAL POWDER 40 MG/GM (<i>tenofovir disoproxil fumarate</i>) | NPB | QL (240 GM per 30 days) |
| VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG, 300 MG (<i>tenofovir disoproxil fumarate</i>) | NPB | QL (30 TABLETS per 30 days) |
| ZIAGEN ORAL SOLUTION 20 MG/ML (<i>abacavir sulfate</i>) | NPB | QL (900 mls per 30 days) |
| ZIAGEN ORAL TABLET 300 MG (<i>abacavir sulfate</i>) | NPB | QL (60 tablets per 30 days) |
| <i>zidovudine oral capsule 100 mg</i> | G | QL (180 CAPSULES per 30 days) |
| <i>zidovudine oral syrup 50 mg/5ml</i> | G | QL (1800 ML per 30 DAYS) |
| <i>zidovudine oral tablet 300 mg</i> | G | QL (60 TABLETS per 30 days) |
| ANTIRETROVIRAL COMBINATION AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION | | |
| <i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i> | G | QL (30 TABLETS per 30 days) |
| BIKTARVY ORAL TABLET 30-120-15 MG (<i>bictegravir-emtricitab-tenofov</i>) | PB | QL (30 TABLETS per 30 days) |
| BIKTARVY ORAL TABLET 50-200-25 MG (<i>bictegravir-emtricitab-tenofov</i>) | PB | QL (30 TABLETS per 30 DAYS) |
| CIMDUO ORAL TABLET 300-300 MG (<i>lamivudine-tenofovir</i>) | PB | QL (30 TABLETS per 30 DAYS) |
| COMBIVIR ORAL TABLET 150-300 MG (<i>lamivudine-zidovudine</i>) | NPB | QL (60 tablets per 30 days) |
| COMPLERA ORAL TABLET 200-25-300 MG (<i>emtricitab-rilpivir-tenofovir</i>) | NF | |

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

12/01/2023

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|-----------|---|
| DELSTRIGO ORAL TABLET 100-300-300 MG (<i>doravirin-lamivudin-tenofov df</i>) | NF | |
| DESCOVY ORAL TABLET 120-15 MG, 200-25 MG (<i>emtricitabine-tenofov af</i>) | PB | QL (30 TABLETS per 30 DAYs) |
| DOVATO ORAL TABLET 50-300 MG (<i>dolutegravir-lamivudine</i>) | PB | QL (30 TABLETS per 30 days) |
| <i>efavirenz-emtricitab-tenofo df oral tablet 600-200-300 mg</i> | G | QL (30 TABLETS per 30 Days) |
| <i>efavirenz-lamivudine-tenofov oral tablet 400-300-300 mg, 600-300-300 mg</i> | G | QL (30 TABLETS per 30 DAYs) |
| <i>emtricitabine-tenofov df oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i> | G | QL (30 TABLETS per 30 DAYs) |
| <i>emtricitabine-tenofov df oral tablet 200-300 mg</i> | CE | N7 (G); N8 (\$0 copay applies for pre-exposure prophylaxis only); QL (30 TABLETS per 30 days) |
| EPZICOM ORAL TABLET 600-300 MG (<i>abacavir sulfate-lamivudine</i>) | NPB | QL (30 TABLETS per 30 DAYs) |
| EVOTAZ ORAL TABLET 300-150 MG (<i>atazanavir-cobicistat</i>) | PB | QL (30 TABLETS per 30 DAYs) |
| GENVOYA ORAL TABLET 150-150-200-10 MG (<i>elviteg-cobic-emtricit-tenofaf</i>) | PB | QL (30 TABLETS per 30 DAYs) |
| JULUCA ORAL TABLET 50-25 MG (<i>dolutegravir-rilpivirine</i>) | NPB | QL (30 TABLETS per 30 DAYs) |
| KALETRA ORAL SOLUTION 400-100 MG/5ML (<i>lopinavir-ritonavir</i>) | NPB | QL (480 ML per 30 days) |
| KALETRA ORAL TABLET 100-25 MG (<i>lopinavir-ritonavir</i>) | NPB | QL (300 TABLETS per 30 days) |
| KALETRA ORAL TABLET 200-50 MG (<i>lopinavir-ritonavir</i>) | NPB | QL (120 TABLETS per 30 days) |
| <i>lamivudine-zidovudine oral tablet 150-300 mg</i> | G | QL (60 TABLETS per 30 DAYs) |
| <i>lopinavir-ritonavir oral solution 400-100 mg/5ml</i> | G | QL (480 ML per 30 days) |
| <i>lopinavir-ritonavir oral tablet 100-25 mg</i> | G | QL (300 TABLETS per 30 days) |
| <i>lopinavir-ritonavir oral tablet 200-50 mg</i> | G | QL (120 TABLETS per 30 DAYs) |
| ODEFSEY ORAL TABLET 200-25-25 MG (<i>emtricitab-rilpivir-tenofov af</i>) | PB | QL (30 TABLETS per 30 DAYs) |

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

12/01/2023

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|--|-----------|----------------------------------|
| PREZCOBIX ORAL TABLET 800-150 MG (<i>darunavir-cobicistat</i>) | PB | QL (30 TABLETS per 30 DAYS) |
| STRIBILD ORAL TABLET 150-150-200-300 MG (<i>elviteg-cobic-emtricit-tenofdf</i>) | NF | |
| SYMFI LO ORAL TABLET 400-300-300 MG (<i>efavirenz-lamivudine-tenofovir</i>) | NPB | QL (30 TABLETS per 30 days) |
| SYMFI ORAL TABLET 600-300-300 MG (<i>efavirenz-lamivudine-tenofovir</i>) | NPB | QL (30 TABLETS per 30 days) |
| SYMTUZA ORAL TABLET 800-150-200-10 MG (<i>darun-cobic-emtricit-tenofaf</i>) | PB | QL (30 TABLETS per 30 days) |
| TRIUMEQ ORAL TABLET 600-50-300 MG (<i>abacavir-dolutegravir-lamivud</i>) | PB | QL (30 TABLETS per 30 DAYS) |
| TRIUMEQ PD ORAL TABLET SOLUBLE 60-5-30 MG (<i>abacavir-dolutegravir-lamivud</i>) | PB | QL (180 TABLETS per 30 days) |
| TRIZIVIR ORAL TABLET 300-150-300 MG (<i>abacavir-lamivudine-zidovudine</i>) | NPB | QL (60 TABLETS per 30 DAYS) |
| TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG (<i>emtricitabine-tenofovir df</i>) | NF | |
| ANTITUBERCULAR AGENTS - DRUGS TO TREAT TUBERCULOSIS | | |
| <i>cycloserine oral capsule 250 mg</i> | G | |
| <i>ethambutol hcl oral tablet 100 mg, 400 mg</i> | G | |
| <i>isoniazid oral syrup 50 mg/5ml</i> | G | |
| <i>isoniazid oral tablet 100 mg, 300 mg</i> | G | |
| MYAMBUTOL ORAL TABLET 400 MG (<i>ethambutol hcl</i>) | PB | |
| <i>pyrazinamide oral tablet 500 mg</i> | G | |
| <i>rifabutin oral capsule 150 mg</i> | G | |
| <i>rifampin oral capsule 150 mg, 300 mg</i> | G | |
| SIRTURO ORAL TABLET 100 MG, 20 MG (<i>bedaquiline fumarate</i>) | NPSP | PA |
| ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS | | |
| <i>acyclovir oral capsule 200 mg</i> | G | |
| <i>acyclovir oral suspension 200 mg/5ml</i> | G | |
| <i>acyclovir oral tablet 400 mg, 800 mg</i> | G | |
| <i>adefovir dipivoxil oral tablet 10 mg</i> | G | |
| BARACLUDE ORAL SOLUTION 0.05 MG/ML (<i>entecavir</i>) | NPSP | PA; QL (630 ML per 30 days) |

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

12/01/2023

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|--|-----------|----------------------------------|
| BARACLUDE ORAL TABLET 0.5 MG, 1 MG (<i>entecavir</i>) | NF | |
| <i>cidofovir intravenous solution 75 mg/ml</i> | G | |
| <i>entecavir oral tablet 0.5 mg, 1 mg</i> | G | QL (30 TABLETS per 30 days) |
| <i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i> | G | |
| <i>ganciclovir sodium intravenous solution reconstituted 500 mg</i> | G | |
| <i>lamivudine oral tablet 100 mg</i> | G | |
| LIVTENCITY ORAL TABLET 200 MG (<i>maribavir</i>) | NPSP | PA; QL (120 TABLETS per 30 days) |
| <i>oseltamivir phosphate oral capsule 30 mg, 45 mg, 75 mg</i> | G | |
| <i>oseltamivir phosphate oral suspension reconstituted 6 mg/ml</i> | G | |
| PREVYMIS ORAL TABLET 240 MG, 480 MG (<i>letermovir</i>) | NPB | QL (1 TABLET per 1 DAY) |
| RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT (<i>zanamivir</i>) | PB | |
| <i>rimantadine hcl oral tablet 100 mg</i> | G | |
| <i>valacyclovir hcl oral tablet 1 gm, 500 mg</i> | G | |
| VALCYTE ORAL SOLUTION RECONSTITUTED 50 MG/ML (<i>valganciclovir hcl</i>) | NPB | PA; QL (1000 ML per 30 days) |
| VALCYTE ORAL TABLET 450 MG (<i>valganciclovir hcl</i>) | NPB | PA; QL (120 TABLETS per 30 days) |
| <i>valganciclovir hcl oral solution reconstituted 50 mg/ml</i> | G | PA; QL (1000 ML per 30 days) |
| <i>valganciclovir hcl oral tablet 450 mg</i> | G | PA; QL (120 TABLETS per 30 days) |
| VEMLIDY ORAL TABLET 25 MG (<i>tenofovir alafenamide fumarate</i>) | NF | |
| CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS | | |
| <i>cefaclor oral capsule 250 mg, 500 mg</i> | G | |
| <i>cefaclor oral suspension reconstituted 250 mg/5ml</i> | G | |
| <i>cefadroxil oral capsule 500 mg</i> | G | |
| <i>cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml</i> | G | |
| <i>cefadroxil oral tablet 1 gm</i> | G | |
| <i>cefдинир oral capsule 300 mg</i> | G | |
| <i>cefдинир oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i> | G | |
| <i>cefixime oral capsule 400 mg</i> | G | |

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

12/01/2023

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|-----------|----------------------------------|
| <i>cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i> | G | |
| <i>cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml</i> | G | |
| <i>cefpodoxime proxetil oral tablet 100 mg, 200 mg</i> | G | |
| <i>cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i> | G | |
| <i>cefprozil oral tablet 250 mg, 500 mg</i> | G | |
| <i>cefuroxime axetil oral tablet 250 mg, 500 mg</i> | G | |
| <i>cephalexin oral capsule 250 mg, 500 mg, 750 mg</i> | G | |
| <i>cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i> | G | |
| <i>cephalexin oral tablet 250 mg, 500 mg</i> | G | |
| ERYTHROMYCINS/MACROLIDES - DRUGS TO TREAT INFECTIONS | | |
| <i>azithromycin oral packet 1 gm</i> | G | |
| <i>azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i> | G | |
| <i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i> | G | |
| <i>clarithromycin er oral tablet extended release 24 hour 500 mg</i> | G | |
| <i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i> | G | |
| <i>clarithromycin oral tablet 250 mg, 500 mg</i> | G | |
| DIFICID ORAL SUSPENSION RECONSTITUTED 40 MG/ML (<i>fidaxomicin</i>) | PB | |
| DIFICID ORAL TABLET 200 MG (<i>fidaxomicin</i>) | PB | |
| E.E.S. GRANULES ORAL SUSPENSION RECONSTITUTED 200 MG/5ML (<i>erythromycin ethylsuccinate</i>) | NF | |
| ERYPED 200 ORAL SUSPENSION RECONSTITUTED 200 MG/5ML (<i>erythromycin ethylsuccinate</i>) | NF | |
| ERYPED 400 ORAL SUSPENSION RECONSTITUTED 400 MG/5ML (<i>erythromycin ethylsuccinate</i>) | NF | |
| <i>erythromycin base (Ery-Tab Oral Tablet Delayed Release 250 Mg, 333 Mg, 500 Mg)</i> | G | |
| ERYTHROCIN STEARATE ORAL TABLET 250 MG (<i>erythromycin stearate</i>) | G | |
| <i>erythromycin base oral capsule delayed release particles 250 mg</i> | G | |
| <i>erythromycin base oral tablet 250 mg, 500 mg</i> | G | |

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

12/01/2023

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|--|-----------|--|
| <i>erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml, 400 mg/5ml</i> | G | |
| <i>erythromycin ethylsuccinate oral tablet 400 mg</i> | G | |
| FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS | | |
| <i>ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg</i> | G | |
| <i>levofloxacin oral solution 25 mg/ml</i> | G | |
| <i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i> | G | |
| <i>moxifloxacin hcl oral tablet 400 mg</i> | G | |
| HEPATITIS C | | |
| EPCLUSA ORAL PACKET 150-37.5 MG, 200-50 MG (<i>sofosbuvir-velpatasvir</i>) | PSP | PA; IBC (Preferred for all genotypes); QL (28 PELLETS per 28 DAYs) |
| EPCLUSA ORAL TABLET 200-50 MG (<i>sofosbuvir-velpatasvir</i>) | PSP | PA; IBC (Preferred for all genotypes); QL (28 TABLETS per 28 DAYs) |
| EPCLUSA ORAL TABLET 400-100 MG (<i>sofosbuvir-velpatasvir</i>) | PSP | PA; IBC (Preferred for all genotypes); QL (28 TABLETS per 28 days) |
| HARVONI ORAL PACKET 33.75-150 MG, 45-200 MG (<i>ledipasvir-sofosbuvir</i>) | PSP | PA; QL (28 PACKET per 28 DAYs) |
| HARVONI ORAL TABLET 45-200 MG, 90-400 MG (<i>ledipasvir-sofosbuvir</i>) | PSP | PA; IBC (Preferred for genotypes 1,4,5,6); QL (28 TABLETS per 28 days) |
| <i>ledipasvir-sofosbuvir oral tablet 90-400 mg</i> | NF | |
| MAVYRET ORAL PACKET 50-20 MG (<i>glecaprevir-pibrentasvir</i>) | NF | |
| MAVYRET ORAL TABLET 100-40 MG (<i>glecaprevir-pibrentasvir</i>) | NF | |
| PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML (<i>peginterferon alfa-2a</i>) | NF | |
| PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML (<i>peginterferon alfa-2a</i>) | NF | |
| <i>ribavirin oral capsule 200 mg</i> | G | PA |
| <i>ribavirin oral tablet 200 mg</i> | G | PA |
| <i>sofosbuvir-velpatasvir oral tablet 400-100 mg</i> | NF | |
| SOVALDI ORAL PACKET 150 MG, 200 MG (<i>sofosbuvir</i>) | NPSP | PA; QL (28 PELLETS per 28 days) |

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

12/01/2023

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|--|-----------|--|
| SOVALDI ORAL TABLET 200 MG, 400 MG (<i>sofosbuvir</i>) | NPSP | PA; QL (28 TABLETS per 28 days) |
| VOSEVI ORAL TABLET 400-100-100 MG (<i>sofosbuv-velpatasv-voxilaprev</i>) | PSP | PA; IBC (Preferred for all genotypes); QL (28 TABLETS per 28 days) |
| ZEPATIER ORAL TABLET 50-100 MG (<i>elbasvir-grazoprevir</i>) | NF | |
| MISCELLANEOUS | | |
| ALINIA ORAL SUSPENSION RECONSTITUTED 100 MG/5ML (<i>nitazoxanide</i>) | NPB | QL (540 ML per 25 DAYs); AL (Min 1 Years) |
| ALINIA ORAL TABLET 500 MG (<i>nitazoxanide</i>) | NPB | QL (20 TABLETS per 25 DAYs); AL (Min 12 Years) |
| <i>atovaquone oral suspension 750 mg/5ml</i> | G | |
| CLEOCIN ORAL CAPSULE 150 MG, 300 MG, 75 MG (<i>clindamycin hcl</i>) | PB | |
| CLEOCIN ORAL SOLUTION RECONSTITUTED 75 MG/5ML (<i>clindamycin palmitate hcl</i>) | PB | |
| <i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i> | G | |
| <i>clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml</i> | G | |
| <i>colistimethate sodium (cba) injection solution reconstituted 150 mg</i> | G | |
| <i>dapsone oral tablet 100 mg, 25 mg</i> | G | |
| FIRVANQ ORAL SOLUTION RECONSTITUTED 25 MG/ML, 50 MG/ML (<i>vancomycin hcl</i>) | NPB | QL (450 ML per 10 DAYs) |
| <i>linezolid oral suspension reconstituted 100 mg/5ml</i> | G | |
| <i>linezolid oral tablet 600 mg</i> | G | |
| MACROBID ORAL CAPSULE 100 MG (<i>nitrofurantoin monohyd macro</i>) | PB | |
| MACRODANTIN ORAL CAPSULE 100 MG, 25 MG, 50 MG (<i>nitrofurantoin macrocrystal</i>) | NF | |
| <i>methenamine hippurate oral tablet 1 gm</i> | G | |
| <i>methenamine mandelate oral tablet 0.5 gm, 1 gm</i> | G | |
| <i>metronidazole oral capsule 375 mg</i> | G | |
| <i>metronidazole oral tablet 250 mg, 500 mg</i> | G | |
| <i>nitazoxanide oral tablet 500 mg</i> | G | QL (20 TABLETS per 25 DAYs); AL (Min 12 Years) |
| <i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i> | G | |

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

12/01/2023

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|-----------|--|
| <i>nitrofurantoin monohydrate macro oral capsule 100 mg</i> | G | |
| <i>nitrofurantoin oral suspension 25 mg/5ml</i> | G | N8 (Listing does not include certain NDCs) |
| <i>pentamidine isethionate inhalation solution reconstituted 300 mg</i> | G | |
| <i>pyrimethamine oral tablet 25 mg</i> | G | |
| VANCOCIN ORAL CAPSULE 125 MG (<i>vancomycin hcl</i>) | PB | QL (80 CAPSULES per 10 Days) |
| VANCOCIN ORAL CAPSULE 250 MG (<i>vancomycin hcl</i>) | PB | QL (80 capsules per 10 days) |
| <i>vancomycin hcl oral capsule 125 mg, 250 mg</i> | G | QL (80 CAPSULES per 10 DAYs) |
| <i>vancomycin hcl oral solution reconstituted 50 mg/ml</i> | G | QL (450 ML per 10 DAYs) |
| XIFAXAN ORAL TABLET 550 MG (<i>rifaximin</i>) | PB | |
| PENICILLINS - DRUGS TO TREAT INFECTIONS | | |
| <i>amoxicillin oral capsule 250 mg, 500 mg</i> | G | |
| <i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i> | G | |
| <i>amoxicillin oral tablet 500 mg, 875 mg</i> | G | |
| <i>amoxicillin oral tablet chewable 125 mg, 250 mg</i> | G | |
| <i>amoxicillin-pot clavulanate er oral tablet extended release 12 hour 1000-62.5 mg</i> | G | |
| <i>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml</i> | G | |
| <i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i> | G | |
| <i>amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg</i> | G | |
| <i>ampicillin oral capsule 500 mg</i> | G | |
| <i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i> | G | |
| <i>penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml</i> | G | |
| <i>penicillin v potassium oral tablet 250 mg, 500 mg</i> | G | |
| TETRACYCLINES - DRUGS TO TREAT INFECTIONS | | |
| <i>demeclocycline hcl oral tablet 150 mg, 300 mg</i> | G | |
| <i>doxycycline hyclate oral capsule 100 mg, 50 mg</i> | G | |
| <i>doxycycline hyclate oral tablet 100 mg, 20 mg</i> | G | |

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna
The formulary is updated the first week of each month.
12/01/2023

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|--|-----------|----------------------------------|
| <i>doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg</i> | NF | |
| <i>doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg, 80 mg</i> | NF | |
| <i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i> | G | |
| <i>doxycycline monohydrate oral capsule 150 mg, 75 mg</i> | NF | |
| <i>doxycycline monohydrate oral suspension reconstituted 25 mg/5ml</i> | G | |
| <i>doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i> | G | |
| <i>minocycline hcl er oral capsule extended release 24 hour 135 mg, 45 mg, 90 mg</i> | NF | |
| <i>minocycline hcl er oral tablet extended release 24 hour 105 mg, 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg</i> | NF | |
| <i>minocycline hcl oral capsule 100 mg, 50 mg, 75 mg</i> | G | |
| <i>minocycline hcl oral tablet 100 mg, 50 mg, 75 mg</i> | G | |
| NUZYRA ORAL TABLET 150 MG (<i>omadacycline tosylate</i>) | NPSP | |
| <i>doxycycline hyclate (Targadox Oral Tablet 50 Mg)</i> | NF | |
| <i>tetracycline hcl oral capsule 250 mg, 500 mg</i> | G | |
| VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED 25 MG/5ML (<i>doxycycline monohydrate</i>) | PB | |
| ANTINEOPLASTIC AGENTS - DRUGS TO TREAT CANCER | | |
| ALKYLATING AGENTS | | |
| <i>cyclophosphamide oral capsule 25 mg, 50 mg</i> | CE | N7 (G) |
| EMCYT ORAL CAPSULE 140 MG (<i>estramustine phosphate sodium</i>) | CE | N7 (PB) |
| GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG (<i>lomustine</i>) | CE | N7 (NPSP) |
| LEUKERAN ORAL TABLET 2 MG (<i>chlorambucil</i>) | CE | N7 (PB) |
| MATULANE ORAL CAPSULE 50 MG (<i>procarbazine hcl</i>) | CE | N7 (PSP) |
| <i>melphalan oral tablet 2 mg</i> | CE | N7 (G) |
| MYLERAN ORAL TABLET 2 MG (<i>busulfan</i>) | CE | N7 (PB) |
| <i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i> | CE | PA; N7 (G) |
| ANTIMETABOLITES | | |
| <i>capecitabine oral tablet 150 mg, 500 mg</i> | CE | PA; N7 (G) |

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

12/01/2023

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|--|-----------|---|
| INQOVI ORAL TABLET 35-100 MG (<i>decitabine-cedazuridine</i>) | CE | PA; N7 (NPSP); QL (5 TABLETS per 28 days) |
| LONSURF ORAL TABLET 15-6.14 MG (<i>trifluridine-tipiracil</i>) | CE | PA; N7 (PSP); QL (100 TABLETS per 30 days) |
| LONSURF ORAL TABLET 20-8.19 MG (<i>trifluridine-tipiracil</i>) | CE | PA; N7 (PSP); QL (80 TABLETS per 30 days) |
| <i>mercaptopurine oral tablet 50 mg</i> | CE | N7 (G) |
| <i>methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml</i> | G | |
| <i>methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml</i> | G | |
| <i>methotrexate sodium injection solution reconstituted 1 gm</i> | G | |
| ONUREG ORAL TABLET 200 MG, 300 MG (<i>azacitidine</i>) | CE | PA; N7 (NPSP); QL (14 TABLETS per 28 days) |
| PURIXAN ORAL SUSPENSION 2000 MG/100ML (<i>mercaptopurine</i>) | CE | PA; N7 (NPSP) |
| TABLOID ORAL TABLET 40 MG (<i>thioguanine</i>) | CE | N7 (PB) |
| TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG (<i>methotrexate sodium</i>) | CE | N7 (PB) |
| XATMEP ORAL SOLUTION 2.5 MG/ML (<i>methotrexate</i>) | CE | N7 (NPSP) |
| XELODA ORAL TABLET 150 MG, 500 MG (<i>capecitabine</i>) | CE | PA; ST; N7 (NPSP) |
| ANTINEOPLASTIC, BCL-2 INHIBITORS | | |
| VENCLEXTA ORAL TABLET 10 MG, 50 MG (<i>venetoclax</i>) | CE | PA; N7 (NPSP); QL (120 TABLETS per 30 days) |
| VENCLEXTA ORAL TABLET 100 MG (<i>venetoclax</i>) | CE | PA; N7 (NPSP); QL (180 TABLETS per 30 days) |
| VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG (<i>venetoclax</i>) | CE | PA; N7 (NPSP); QL (1 TABLET THERAPY PACK per 28 days) |
| BIOLOGIC RESPONSE MODIFIERS | | |
| BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML (<i>ropeginterferon alfa-2b-njft</i>) | NPSP | PA; QL (2 SYRINGES per 28 days) |
| DAURISMO ORAL TABLET 100 MG, 25 MG (<i>glasdegib maleate</i>) | CE | N7 (NF) |
| ERIVEDGE ORAL CAPSULE 150 MG (<i>vismodegib</i>) | CE | PA; N7 (PSP); QL (30 CAPSULES per 30 days) |
| POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG (<i>pomalidomide</i>) | CE | PA; N7 (NPSP); QL (21 CAPSULES per 28 days) |

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna
The formulary is updated the first week of each month.
12/01/2023

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|-----------|--|
| REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG (<i>lenalidomide</i>) | CE | PA; N7 (PSP); QL (28 CAPSULES per 28 days) |
| REVLIMID ORAL CAPSULE 20 MG, 25 MG (<i>lenalidomide</i>) | CE | PA; N7 (PSP); QL (21 CAPSULES per 28 days) |
| THALOMID ORAL CAPSULE 100 MG, 50 MG (<i>thalidomide</i>) | PSP | PA; QL (28 CAPSULES per 28 days) |
| THALOMID ORAL CAPSULE 150 MG, 200 MG (<i>thalidomide</i>) | PSP | PA; QL (56 CAPSULES per 28 days) |
| HORMONAL ANTINEOPLASTIC AGENTS | | |
| <i>abiraterone acetate oral tablet 250 mg</i> | CE | PA; N7 (PSP); QL (120 TABLETS per 30 days) |
| <i>abiraterone acetate oral tablet 500 mg</i> | CE | PA; N7 (PSP); QL (60 TABLETS per 30 DAYS) |
| AKEEGA ORAL TABLET 100-500 MG, 50-500 MG (<i>niraparib-abiraterone acetate</i>) | CE | N7 (NF) |
| <i>anastrozole oral tablet 1 mg</i> | CE | N7 (G); AL (Min 35 Years) |
| ARIMIDEX ORAL TABLET 1 MG (<i>anastrozole</i>) | CE | N7 (PB) |
| AROMASIN ORAL TABLET 25 MG (<i>exemestane</i>) | CE | N7 (PB) |
| <i>bicalutamide oral tablet 50 mg</i> | CE | N7 (G) |
| ELIGARD SUBCUTANEOUS KIT 22.5 MG (<i>leuprolide acetate (3 month)</i>) | PSP | PA |
| ELIGARD SUBCUTANEOUS KIT 30 MG (<i>leuprolide acetate (4 month)</i>) | PSP | PA |
| ELIGARD SUBCUTANEOUS KIT 45 MG (<i>leuprolide acetate (6 month)</i>) | PSP | PA |
| ELIGARD SUBCUTANEOUS KIT 7.5 MG (<i>leuprolide acetate</i>) | PSP | PA |
| ERLEADA ORAL TABLET 240 MG (<i>apalutamide</i>) | CE | PA; N7 (PSP); QL (30 TABLETS per 30 DAYS) |
| ERLEADA ORAL TABLET 60 MG (<i>apalutamide</i>) | CE | PA; N7 (PSP); QL (120 TABLETS per 30 days) |
| <i>exemestane oral tablet 25 mg</i> | CE | N7 (G); AL (Min 35 Years) |
| FASLODEX INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 250 MG/5ML (<i>fulvestrant</i>) | NPSP | PA |
| FEMARA ORAL TABLET 2.5 MG (<i>letrozole</i>) | CE | N7 (PB) |
| FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG/VIAL (<i>degarelix acetate</i>) | NF | |

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

12/01/2023

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|-----------|---|
| FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG (<i>degarelix acetate</i>) | NF | |
| <i>fulvestrant intramuscular solution prefilled syringe 250 mg/5ml</i> | PSP | PA |
| <i>letrozole oral tablet 2.5 mg</i> | CE | N7 (G) |
| <i>leuprolide acetate injection kit 1 mg/0.2ml</i> | PSP | PA |
| LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG (<i>leuprolide acetate</i>) | NPSP | PA |
| LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 7.5 MG (<i>leuprolide acetate</i>) | NF | |
| LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG (<i>leuprolide acetate (3 month)</i>) | NPSP | PA |
| LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 22.5 MG (<i>leuprolide acetate (3 month)</i>) | NF | |
| LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30 MG (<i>leuprolide acetate (4 month)</i>) | NF | |
| LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45 MG (<i>leuprolide acetate (6 month)</i>) | NF | |
| LYSODREN ORAL TABLET 500 MG (<i>mitotane</i>) | CE | N7 (PSP) |
| <i>megestrol acetate oral suspension 40 mg/ml</i> | CE | N7 (G) |
| <i>megestrol acetate oral tablet 20 mg, 40 mg</i> | CE | N7 (G) |
| NILANDRON ORAL TABLET 150 MG (<i>nilutamide</i>) | CE | N7 (NF) |
| <i>nilutamide oral tablet 150 mg</i> | CE | N7 (G) |
| NUBEQA ORAL TABLET 300 MG (<i>darolutamide</i>) | CE | PA; N7 (PSP); QL (120 TABLETS per 30 days) |
| ORGOVYX ORAL TABLET 120 MG (<i>relugolix</i>) | CE | PA; N7 (NPSP); QL (30 TABLETS per 30 days) |
| ORSERDU ORAL TABLET 345 MG, 86 MG (<i>elacestrant hydrochloride</i>) | CE | N7 (NF) |
| <i>tamoxifen citrate oral tablet 10 mg, 20 mg</i> | CE | N7 (G); AL (Min 35 Years) |
| <i>toremifene citrate oral tablet 60 mg</i> | CE | N7 (G) |
| TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 22.5 MG, 3.75 MG (<i>triptorelin pamoate</i>) | NF | |
| XTANDI ORAL CAPSULE 40 MG (<i>enzalutamide</i>) | CE | PA; N7 (PSP); QL (120 CAPSULES per 30 days) |
| XTANDI ORAL TABLET 40 MG (<i>enzalutamide</i>) | CE | PA; N7 (PSP); QL (120 TABLETS per 30 DAYS) |

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna
The formulary is updated the first week of each month.
12/01/2023

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|-----------|---|
| XTANDI ORAL TABLET 80 MG (<i>enzalutamide</i>) | CE | PA; N7 (PSP); QL (60 TABLETS per 30 DAYs) |
| YONSA ORAL TABLET 125 MG (<i>abiraterone acetate micronized</i>) | CE | PA; N7 (PSP); QL (120 TABLETS per 30 days) |
| ZYTIGA ORAL TABLET 250 MG, 500 MG (<i>abiraterone acetate</i>) | CE | N7 (NF) |
| KINASE INHIBITORS | | |
| AFINITOR DISPERZ ORAL TABLET SOLUBLE 2 MG, 3 MG, 5 MG (<i>everolimus</i>) | CE | N7 (Not Covered) |
| AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG (<i>everolimus</i>) | CE | N7 (NF) |
| ALECENSA ORAL CAPSULE 150 MG (<i>alectinib hcl</i>) | CE | PA; N7 (PSP); QL (240 CAPSULES per 30 days) |
| ALUNBRIG ORAL TABLET 180 MG, 90 MG (<i>brigatinib</i>) | CE | PA; N7 (PSP); QL (30 TABLETS per 30 days) |
| ALUNBRIG ORAL TABLET 30 MG (<i>brigatinib</i>) | CE | PA; N7 (PSP); QL (120 TABLETS per 30 days) |
| ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG (<i>brigatinib</i>) | CE | PA; N7 (PSP); QL (30 TABLETS per 30 days) |
| AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG (<i>avapritinib</i>) | CE | N7 (NF) |
| BALVERSA ORAL TABLET 3 MG (<i>erdafitinib</i>) | CE | PA; N7 (NPSP); QL (84 TABLETS per 28 DAYs) |
| BALVERSA ORAL TABLET 4 MG (<i>erdafitinib</i>) | CE | PA; N7 (NPSP); QL (56 TABLETS per 28 DAYs) |
| BALVERSA ORAL TABLET 5 MG (<i>erdafitinib</i>) | CE | PA; N7 (NPSP); QL (28 TABLETS per 28 DAYs) |
| BOSULIF ORAL TABLET 100 MG (<i>bosutinib</i>) | CE | PA; N7 (PSP); QL (90 TABLETS per 30 days) |
| BOSULIF ORAL TABLET 400 MG, 500 MG (<i>bosutinib</i>) | CE | PA; N7 (PSP); QL (30 TABLETS per 30 days) |
| BRAFTOVI ORAL CAPSULE 75 MG (<i>encorafenib</i>) | CE | PA; N7 (PSP); QL (180 CAPSULES per 30 days) |
| BRUKINSA ORAL CAPSULE 80 MG (<i>zanubrutinib</i>) | CE | PA; N7 (PSP); QL (120 CAPSULES per 30 days) |
| CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG (<i>cabozantinib s-malate</i>) | CE | PA; N7 (PSP); QL (30 TABLETS per 30 days) |

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

12/01/2023

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|--|-----------|--|
| CALQUENCE ORAL TABLET 100 MG (<i>acalabrutinib maleate</i>) | CE | PA; N7 (PSP); QL (60 TABLETS per 30 days) |
| CAPRELSA ORAL TABLET 100 MG (<i>vandetanib</i>) | CE | PA; N7 (NPSP); QL (60 TABLETS per 30 days) |
| CAPRELSA ORAL TABLET 300 MG (<i>vandetanib</i>) | CE | PA; N7 (NPSP); QL (30 TABLETS per 30 days) |
| COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG (<i>cabozantinib s-malate</i>) | CE | PA; N7 (NPSP); QL (56 CAPSULES per 28 days) |
| COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG (<i>cabozantinib s-malate</i>) | CE | PA; N7 (NPSP); QL (112 CAPSULES per 28 days) |
| COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG (<i>cabozantinib s-malate</i>) | CE | PA; N7 (NPSP); QL (1 KIT per 28 days) |
| COPIKTRA ORAL CAPSULE 15 MG, 25 MG (<i>duvelisib</i>) | CE | PA; N7 (PSP); QL (56 CAPSULES per 28 days) |
| COTELLIC ORAL TABLET 20 MG (<i>cobimetinib fumarate</i>) | CE | PA; N7 (PSP); QL (63 TABLETS per 21 days) |
| <i>erlotinib hcl oral tablet 100 mg, 150 mg</i> | CE | PA; N7 (PSP); QL (30 TABLETS per 30 DAYs) |
| <i>erlotinib hcl oral tablet 25 mg</i> | CE | PA; N7 (PSP); QL (60 TABLETS per 30 days) |
| <i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i> | CE | PA; N7 (PSP); QL (30 TABLETS per 30 DAYs) |
| <i>everolimus oral tablet soluble 2 mg, 5 mg</i> | CE | PA; N7 (PSP); QL (60 TABLETS per 30 DAYs) |
| <i>everolimus oral tablet soluble 3 mg</i> | CE | PA; N7 (PSP); QL (90 TABLETS per 30 DAYs) |
| EXKIVITY ORAL CAPSULE 40 MG (<i>mobocertinib succinate</i>) | CE | N7 (NF) |
| FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG (<i>tivozanib hcl</i>) | CE | N7 (NF) |
| GAVRETO ORAL CAPSULE 100 MG (<i>pralsetinib</i>) | CE | PA; N7 (PSP); QL (120 CAPSULES per 30 days) |
| <i>gefitinib oral tablet 250 mg</i> | CE | PA; N7 (PSP); QL (30 TABLETS per 30 DAYs) |
| GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG (<i>afatinib dimaleate</i>) | CE | PA; N7 (NPSP); QL (30 TABLETS per 30 days) |
| GLEEVEC ORAL TABLET 100 MG, 400 MG (<i>imatinib mesylate</i>) | CE | N7 (NF) |

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna
The formulary is updated the first week of each month.
12/01/2023

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|-----------|--|
| IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG (<i>palbociclib</i>) | CE | PA; N7 (PSP); QL (21 CAPSULES per 28 days) |
| IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG (<i>palbociclib</i>) | CE | PA; N7 (PSP); QL (21 TABLETS per 28 days) |
| ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG (<i>ponatinib hcl</i>) | CE | N7 (NF) |
| <i>imatinib mesylate oral tablet 100 mg</i> | CE | PA; N7 (G); QL (120 TABLETS per 30 days) |
| <i>imatinib mesylate oral tablet 400 mg</i> | CE | PA; N7 (G); QL (60 TABLETS per 30 days) |
| IMBRUVICA ORAL CAPSULE 140 MG (<i>ibrutinib</i>) | CE | PA; N7 (PSP); QL (90 CAPSULES per 30 days) |
| IMBRUVICA ORAL CAPSULE 70 MG (<i>ibrutinib</i>) | CE | PA; N7 (PSP); QL (30 CAPSULES per 30 days) |
| IMBRUVICA ORAL SUSPENSION 70 MG/ML (<i>ibrutinib</i>) | CE | PA; N7 (PSP); QL (216 ML per 36 DAYS) |
| IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG (<i>ibrutinib</i>) | CE | PA; N7 (PSP); QL (30 TABLETS per 30 days) |
| INLYTA ORAL TABLET 1 MG (<i>axitinib</i>) | CE | PA; N7 (PSP); QL (240 TABLETS per 30 days) |
| INLYTA ORAL TABLET 5 MG (<i>axitinib</i>) | CE | PA; N7 (PSP); QL (120 TABLETS per 30 days) |
| INREBIC ORAL CAPSULE 100 MG (<i>fedratinib hcl</i>) | CE | N7 (NF) |
| IRESSA ORAL TABLET 250 MG (<i>gefitinib</i>) | CE | PA; N7 (PSP); QL (30 TABLETS per 30 days) |
| JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG (<i>ruxolitinib phosphate</i>) | CE | PA; N7 (NPSP); QL (60 TABLETS per 30 days) |
| JAYPIRCA ORAL TABLET 100 MG, 50 MG (<i>pirtobrutinib</i>) | CE | N7 (NF) |
| KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK 200 MG (<i>ribociclib succinate</i>) | CE | PA; N7 (PSP); QL (63 TABLETS per 28 days) |
| KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG (<i>ribociclib succinate</i>) | CE | PA; N7 (PSP); QL (63 TABLETS per 28 days) |
| KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG (<i>ribociclib succinate</i>) | CE | PA; N7 (PSP); QL (63 TABLETS per 28 days) |
| KISQALI FEMARA (200 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG (<i>ribociclib-letrozole</i>) | CE | PA; N7 (PSP); QL (49 TABLETS per 28 days) |
| KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG (<i>ribociclib-letrozole</i>) | CE | PA; N7 (PSP); QL (70 TABLETS per 28 days) |

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

12/01/2023

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|--|-----------|---|
| KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG (<i>ribociclib-letrozole</i>) | CE | PA; N7 (PSP); QL (91 TABLETS per 28 days) |
| KOSELUGO ORAL CAPSULE 10 MG (<i>selumetinib sulfate</i>) | CE | PA; N7 (PSP); QL (240 CAPSULES per 30 days) |
| KOSELUGO ORAL CAPSULE 25 MG (<i>selumetinib sulfate</i>) | CE | PA; N7 (PSP); QL (120 CAPSULES per 30 days) |
| <i>lapatinib ditosylate oral tablet 250 mg</i> | CE | PA; N7 (PSP); QL (180 TABLETS per 30 DAYS) |
| LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG (<i>lenvatinib mesylate</i>) | CE | PA; N7 (PSP); QL (30 CAPSULES per 30 days) |
| LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG (<i>lenvatinib mesylate</i>) | CE | PA; N7 (PSP); QL (90 CAPSULES per 30 days) |
| LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG (<i>lenvatinib mesylate</i>) | CE | PA; N7 (PSP); QL (60 CAPSULES per 30 days) |
| LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG (<i>lenvatinib mesylate</i>) | CE | PA; N7 (PSP); QL (90 CAPSULES per 30 days) |
| LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG (<i>lenvatinib mesylate</i>) | CE | PA; N7 (PSP); QL (60 CAPSULES per 30 days) |
| LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG (<i>lenvatinib mesylate</i>) | CE | PA; N7 (PSP); QL (90 CAPSULES per 30 days) |
| LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG (<i>lenvatinib mesylate</i>) | CE | PA; N7 (PSP); QL (30 CAPSULES per 30 days) |
| LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG (<i>lenvatinib mesylate</i>) | CE | PA; N7 (PSP); QL (60 CAPSULES per 30 days) |
| LORBRENA ORAL TABLET 100 MG (<i>lorlatinib</i>) | CE | PA; N7 (NPSP); QL (30 TABLETS per 30 days) |
| LORBRENA ORAL TABLET 25 MG (<i>lorlatinib</i>) | CE | PA; N7 (NPSP); QL (90 TABLETS per 30 days) |
| LYTGOBI (12 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG (<i>futibatinib</i>) | CE | N7 (NF) |
| LYTGOBI (16 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG (<i>futibatinib</i>) | CE | N7 (NF) |
| LYTGOBI (20 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG (<i>futibatinib</i>) | CE | N7 (NF) |
| MEKINIST ORAL SOLUTION RECONSTITUTED 0.05 MG/ML (<i>trametinib dimethyl sulfoxide</i>) | CE | N7 (NF) |
| MEKINIST ORAL TABLET 0.5 MG (<i>trametinib dimethyl sulfoxide</i>) | CE | N7 (NF) |

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna
The formulary is updated the first week of each month.
12/01/2023

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|--|-----------|---|
| MEKINIST ORAL TABLET 2 MG (<i>trametinib dimethyl sulfoxide</i>) | CE | N7 (Not Covered) |
| MEKTOVI ORAL TABLET 15 MG (<i>binimetinib</i>) | CE | PA; N7 (PSP); QL (180 TABLETS per 30 days) |
| NERLYNX ORAL TABLET 40 MG (<i>neratinib maleate</i>) | CE | PA; N7 (NPSP); QL (180 TABLETS per 30 days) |
| NEXAVAR ORAL TABLET 200 MG (<i>sorafenib tosylate</i>) | CE | PA; N7 (PSP); QL (120 TABLETS per 30 days) |
| OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG (<i>mometotinib dihydrochloride</i>) | NF | |
| PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG (<i>pemigatinib</i>) | CE | N7 (NF) |
| PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 MG (<i>alpelisib</i>) | CE | PA; N7 (NPSP); QL (28 TABLETS per 28 days) |
| PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50 MG (<i>alpelisib</i>) | CE | PA; N7 (NPSP); QL (56 TABLETS per 28 days) |
| PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150 MG (<i>alpelisib</i>) | CE | PA; N7 (NPSP); QL (56 TABLETS per 28 days) |
| QINLOCK ORAL TABLET 50 MG (<i>ripretinib</i>) | CE | N7 (NF) |
| RETEVMO ORAL CAPSULE 40 MG (<i>selpercatinib</i>) | CE | PA; N7 (PSP); QL (60 TABLETS per 30 days) |
| RETEVMO ORAL CAPSULE 80 MG (<i>selpercatinib</i>) | CE | PA; N7 (PSP); QL (120 TABLETS per 30 days) |
| ROZLYTREK ORAL CAPSULE 100 MG (<i>entrectinib</i>) | CE | PA; N7 (PSP); QL (30 CAPSULES per 30 days) |
| ROZLYTREK ORAL CAPSULE 200 MG (<i>entrectinib</i>) | CE | PA; N7 (PSP); QL (90 CAPSULES per 30 days) |
| RYDAPT ORAL CAPSULE 25 MG (<i>midostaurin</i>) | CE | PA; N7 (PSP); QL (224 CAPSULES per 28 days) |
| SCEMBLIX ORAL TABLET 20 MG, 40 MG (<i>asciminib hcl</i>) | CE | N7 (NF) |
| <i>sorafenib tosylate oral tablet 200 mg</i> | CE | PA; N7 (PSP); QL (120 TABLETS per 30 DAYs) |
| SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 70 MG, 80 MG (<i>dasatinib</i>) | CE | PA; N7 (PSP); QL (30 TABLETS per 30 days) |
| SPRYCEL ORAL TABLET 20 MG (<i>dasatinib</i>) | CE | PA; N7 (PSP); QL (90 TABLETS per 30 days) |
| STIVARGA ORAL TABLET 40 MG (<i>regorafenib</i>) | CE | PA; N7 (PSP); QL (84 TABLETS per 28 days) |

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

12/01/2023

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|--|-----------|--|
| <i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i> | CE | PA; N7 (PSP); QL (30 CAPSULES per 30 DAYs) |
| SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG (<i>sunitinib malate</i>) | CE | N7 (NF) |
| TABRECTA ORAL TABLET 150 MG, 200 MG (<i>capmatinib hcl</i>) | CE | N7 (NF) |
| TAFINLAR ORAL CAPSULE 50 MG, 75 MG (<i>dabrafenib mesylate</i>) | CE | N7 (Not Covered) |
| TAFINLAR ORAL TABLET SOLUBLE 10 MG (<i>dabrafenib mesylate</i>) | CE | N7 (NF) |
| TAGRISSE ORAL TABLET 40 MG, 80 MG (<i>osimertinib mesylate</i>) | CE | PA; N7 (PSP); QL (30 TABLETS per 30 days) |
| TARCEVA ORAL TABLET 100 MG, 150 MG (<i>erlotinib hcl</i>) | CE | PA; N7 (NPSP); QL (30 TABLETS per 30 days) |
| TARCEVA ORAL TABLET 25 MG (<i>erlotinib hcl</i>) | CE | PA; N7 (NPSP); QL (60 TABLETS per 30 days) |
| TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG (<i>nilotinib hcl</i>) | CE | N7 (NF) |
| TEPMETKO ORAL TABLET 225 MG (<i>tepotinib hcl</i>) | CE | N7 (NF) |
| TUKYSA ORAL TABLET 150 MG, 50 MG (<i>tucatinib</i>) | CE | PA; N7 (NPSP); QL (120 TABLETS per 30 days) |
| TURALIO ORAL CAPSULE 125 MG (<i>pexidartinib hcl</i>) | CE | N7 (NF) |
| TYKERB ORAL TABLET 250 MG (<i>lapatinib ditosylate</i>) | CE | PA; N7 (NPSP); QL (180 TABLETS per 30 days) |
| VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG (<i>quizartinib dihydrochloride</i>) | CE | N7 (NF) |
| VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (<i>abemaciclib</i>) | CE | PA; N7 (NPSP); QL (56 TABLETS per 28 days) |
| VITRAKVI ORAL CAPSULE 100 MG (<i>larotrectinib sulfate</i>) | CE | PA; N7 (PSP); QL (60 CAPSULES per 30 days) |
| VITRAKVI ORAL CAPSULE 25 MG (<i>larotrectinib sulfate</i>) | CE | PA; N7 (PSP); QL (180 CAPSULES per 30 days) |
| VITRAKVI ORAL SOLUTION 20 MG/ML (<i>larotrectinib sulfate</i>) | CE | PA; N7 (PSP); QL (300 ML per 30 days) |
| VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG (<i>dacomitinib</i>) | CE | N7 (NF) |
| VONJO ORAL CAPSULE 100 MG (<i>pacritinib citrate</i>) | CE | PA; N7 (NPSP); QL (120 CAPSULES per 30 days) |

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna
The formulary is updated the first week of each month.
12/01/2023

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|-----------|---|
| VOTRIENT ORAL TABLET 200 MG (<i>pazopanib hcl</i>) | CE | N7 (NF) |
| XALKORI ORAL CAPSULE 200 MG, 250 MG (<i>crizotinib</i>) | CE | N7 (NF) |
| XOSPATA ORAL TABLET 40 MG (<i>gilteritinib fumarate</i>) | CE | PA; N7 (PSP); QL (90 TABLETS per 30 days) |
| ZELBORAF ORAL TABLET 240 MG (<i>vemurafenib</i>) | CE | PA; N7 (PSP); QL (240 TABLETS per 30 days) |
| ZYDELIG ORAL TABLET 100 MG, 150 MG (<i>idelalisib</i>) | CE | PA; N7 (PSP); QL (60 TABLETS per 30 days) |
| ZYKADIA ORAL TABLET 150 MG (<i>ceritinib</i>) | CE | PA; N7 (PSP); QL (90 TABLETS per 30 days) |
| MISCELLANEOUS | | |
| <i>bexarotene oral capsule 75 mg</i> | CE | PA; N7 (PSP) |
| HYDREA ORAL CAPSULE 500 MG (<i>hydroxyurea</i>) | CE | N7 (PB) |
| <i>hydroxyurea oral capsule 500 mg</i> | CE | N7 (G) |
| IDHIFA ORAL TABLET 100 MG, 50 MG (<i>enasidenib mesylate</i>) | CE | PA; N7 (NPSP); QL (30 TABLETS per 30 days) |
| KRAZATI ORAL TABLET 200 MG (<i>adagrasib</i>) | CE | PA; N7 (NPSP); QL (180 TABLETS per 30 days) |
| LUMAKRAS ORAL TABLET 120 MG (<i>sotorasib</i>) | CE | PA; N7 (NPSP); QL (240 TABLETS per 30 days) |
| LUMAKRAS ORAL TABLET 320 MG (<i>sotorasib</i>) | CE | PA; N7 (NPSP); QL (90 TABLETS per 30 DAYS) |
| LYNPARZA ORAL TABLET 100 MG, 150 MG (<i>olaparib</i>) | CE | PA; N7 (PSP); QL (120 TABLETS per 30 days) |
| ODOMZO ORAL CAPSULE 200 MG (<i>sonidegib phosphate</i>) | CE | PA; N7 (PSP); QL (30 CAPSULES per 30 days) |
| REZLIDHIA ORAL CAPSULE 150 MG (<i>olutasidenib</i>) | CE | N7 (NF) |
| RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG (<i>rucaparib camsylate</i>) | CE | N7 (NF) |
| SYNRIBO SUBCUTANEOUS SOLUTION RECONSTITUTED 3.5 MG (<i>omacetaxine mepesuccinate</i>) | NPSP | PA |
| TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG (<i>talazoparib tosylate</i>) | CE | N7 (NF) |
| TARGRETIN ORAL CAPSULE 75 MG (<i>bexarotene</i>) | CE | N7 (NF) |
| TAZVERIK ORAL TABLET 200 MG (<i>tazemetostat hbr</i>) | CE | N7 (NF) |
| TIBSOVO ORAL TABLET 250 MG (<i>ivosidenib</i>) | CE | PA; N7 (NPSP); QL (60 TABLETS per 30 days) |

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

12/01/2023

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|-----------|---|
| <i>tretinoin oral capsule 10 mg</i> | CE | N7 (G) |
| VISTOGARD ORAL PACKET 10 GM (<i>uridine triacetate</i>) | PSP | QL (20 PACKETS per 5 DAYs) |
| WELIREG ORAL TABLET 40 MG (<i>belzutifan</i>) | CE | N7 (NF) |
| XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG (<i>selinexor</i>) | CE | PA; N7 (NPSP); QL (8 TABLETS per 28 days) |
| XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG (<i>selinexor</i>) | CE | PA; N7 (NPSP); QL (4 TABLETS per 28 days) |
| XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG (<i>selinexor</i>) | CE | PA; N7 (NPSP); QL (8 TABLETS per 28 days) |
| XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG (<i>selinexor</i>) | CE | PA; N7 (NPSP); QL (4 TABLETS per 28 days) |
| XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG (<i>selinexor</i>) | CE | PA; N7 (NPSP); QL (24 TABLETS per 28 days) |
| XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG (<i>selinexor</i>) | CE | PA; N7 (NPSP); QL (8 TABLETS per 28 days) |
| XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG (<i>selinexor</i>) | CE | PA; N7 (NPSP); QL (32 TABLETS per 28 days) |
| ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG (<i>niraparib tosylate</i>) | CE | PA; N7 (PSP); QL (30 TABLETS per 30 DAYs) |
| ZOLINZA ORAL CAPSULE 100 MG (<i>vorinostat</i>) | CE | PA; N7 (PSP); QL (120 CAPSULES per 30 days) |
| PROTEASOME INHIBITORS | | |
| NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG (<i>ixazomib citrate</i>) | CE | PA; N7 (PSP); QL (3 CAPSULES per 28 days) |
| PROTECTIVE AGENTS | | |
| <i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i> | CE | N7 (G) |
| TOPOISOMERASE INHIBITORS | | |
| <i>etoposide oral capsule 50 mg</i> | CE | N7 (G) |
| HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG (<i>topotecan hcl</i>) | CE | PA; N7 (NPSP) |
| CARDIOVASCULAR - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS | | |
| ACE INHIBITOR COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE | | |
| <i>amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i> | G | LGC |

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna
The formulary is updated the first week of each month.
12/01/2023

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|--|-----------|----------------------------------|
| <i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i> | G | LGC |
| <i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i> | G | LGC |
| <i>fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg</i> | G | LGC |
| <i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> | G | LGC |
| LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG (<i>amlodipine besy-benazepril hcl</i>) | PB | |
| <i>quinapril-hydrochlorothiazide oral tablet 20-12.5 mg, 20-25 mg</i> | G | LGC |
| <i>trandolapril-verapamil hcl er oral tablet extended release 1-240 mg</i> | G | |
| ACE INHIBITORS - DRUGS TO TREAT HIGH BLOOD PRESSURE | | |
| <i>benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> | G | LGC |
| <i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i> | G | LGC |
| <i>enalapril maleate oral solution 1 mg/ml</i> | G | |
| <i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i> | G | LGC |
| <i>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i> | G | LGC |
| <i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i> | G | LGC |
| <i>moexipril hcl oral tablet 15 mg, 7.5 mg</i> | G | |
| <i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i> | G | |
| <i>quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> | G | LGC |
| <i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i> | G | LGC |
| <i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i> | G | LGC |
| ALDOSTERONE RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE | | |
| <i>eplerenone oral tablet 25 mg, 50 mg</i> | G | |
| INSPIRA ORAL TABLET 25 MG, 50 MG (<i>eplerenone</i>) | PB | |
| ALPHA BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE | | |
| <i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i> | G | |
| <i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i> | G | |
| <i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i> | G | LGC |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|-----------|----------------------------------|
| ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE | | |
| <i>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i> | G | LGC |
| <i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i> | G | |
| <i>amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i> | G | |
| <i>candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i> | G | |
| <i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i> | G | LGC |
| <i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i> | G | LGC |
| <i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i> | G | |
| <i>olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i> | G | |
| <i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i> | G | |
| <i>telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i> | G | |
| <i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i> | G | LGC |
| ANGIOTENSIN II RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE | | |
| <i>candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i> | G | LGC |
| <i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i> | G | LGC |
| <i>losartan potassium oral tablet 100 mg, 25 mg, 50 mg</i> | G | LGC |
| <i>olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg</i> | G | |
| <i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i> | G | LGC |
| <i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i> | G | LGC |
| ANTIARRHYTHMICS - DRUGS TO CONTROL HEART RHYTHM | | |
| <i>amiodarone hcl oral tablet 100 mg, 200 mg, 400 mg</i> | G | |
| BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG (sotalol hcl af) | NF | |

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna
The formulary is updated the first week of each month.
12/01/2023

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|-----------|----------------------------------|
| BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG (<i>sotalol hcl</i>) | NF | |
| <i>disopyramide phosphate oral capsule 100 mg, 150 mg</i> | G | |
| <i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i> | PSP | PA |
| <i>flecainide acetate oral tablet 100 mg, 150 mg, 50 mg</i> | G | |
| MULTAQ ORAL TABLET 400 MG (<i>dronedarone hcl</i>) | PB | |
| NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 150 MG (<i>disopyramide phosphate</i>) | PB | |
| <i>propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg</i> | G | |
| <i>propafenone hcl oral tablet 150 mg, 225 mg, 300 mg</i> | G | |
| RYTHMOL SR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 225 MG, 325 MG, 425 MG (<i>propafenone hcl</i>) | PB | |
| <i>sotalol hcl (af) oral tablet 120 mg</i> | G | LGC |
| <i>sotalol hcl (af) oral tablet 160 mg, 80 mg</i> | G | |
| <i>sotalol hcl oral tablet 120 mg, 80 mg</i> | G | LGC |
| <i>sotalol hcl oral tablet 160 mg, 240 mg</i> | G | |
| TIKOSYN ORAL CAPSULE 125 MCG, 250 MCG, 500 MCG (<i>dofetilide</i>) | NPSP | PA; ST |
| ANTILIPEMICS, ACL INHIBITORS/COMBINATIONS - DRUGS TO TREAT HIGH CHOLESTEROL | | |
| NEXLETOL ORAL TABLET 180 MG (<i>bempedoic acid</i>) | PB | |
| NEXLIZET ORAL TABLET 180-10 MG (<i>bempedoic acid-ezetimibe</i>) | PB | |
| ANTILIPEMICS, BILE ACID RESINS - DRUGS TO TREAT HIGH CHOLESTEROL | | |
| <i>cholestyramine light oral packet 4 gm</i> | G | |
| <i>cholestyramine light oral powder 4 gm/dose</i> | G | |
| <i>cholestyramine oral packet 4 gm</i> | G | |
| <i>cholestyramine oral powder 4 gm/dose</i> | G | |
| <i>colesevelam hcl oral packet 3.75 gm</i> | G | |
| <i>colesevelam hcl oral tablet 625 mg</i> | G | |
| <i>colestipol hcl oral granules 5 gm</i> | G | |
| <i>colestipol hcl oral packet 5 gm</i> | G | |
| <i>colestipol hcl oral tablet 1 gm</i> | G | |

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

12/01/2023

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|-----------|---|
| ANTILIPEMICS, CHOLESTEROL ABSORPTION INHIBITOR - DRUGS TO TREAT HIGH CHOLESTEROL | | |
| <i>ezetimibe oral tablet 10 mg</i> | G | |
| ANTILIPEMICS, FIBRATES - DRUGS TO TREAT HIGH CHOLESTEROL | | |
| <i>fenofibrate micronized oral capsule 130 mg, 90 mg</i> | NF | |
| <i>fenofibrate micronized oral capsule 134 mg, 43 mg, 67 mg</i> | G | |
| <i>fenofibrate oral capsule 150 mg, 200 mg</i> | G | |
| <i>fenofibrate oral capsule 50 mg</i> | NF | |
| <i>fenofibrate oral tablet 120 mg, 40 mg</i> | NF | |
| <i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i> | G | |
| <i>fenofibric acid oral capsule delayed release 135 mg, 45 mg</i> | G | |
| <i>fenofibric acid oral tablet 105 mg, 35 mg</i> | G | |
| FENOGLIDE ORAL TABLET 120 MG (<i>fenofibrate</i>) | NF | |
| <i>gemfibrozil oral tablet 600 mg</i> | G | LGC |
| ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS - DRUGS TO TREAT HIGH CHOLESTEROL | | |
| <i>atorvastatin calcium oral tablet 10 mg, 20 mg</i> | CE | LGC; N7 (G); AL (Min 40 Years and Max 75 Years) |
| <i>atorvastatin calcium oral tablet 40 mg, 80 mg</i> | G | LGC; N8 (Exception process available for \$0 copay for members age 40 through 75 when medically necessary for primary prevention of cardiovascular disease) |
| <i>fluvastatin sodium er oral tablet extended release 24 hour 80 mg</i> | G | |
| <i>fluvastatin sodium oral capsule 20 mg, 40 mg</i> | G | |
| <i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i> | G | LGC |
| <i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i> | G | LGC |
| <i>rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> | G | LGC |
| <i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> | CE | LGC; N7 (G); AL (Min 40 Years and Max 75 Years) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|--|-----------|---|
| <i>simvastatin oral tablet 80 mg</i> | G | LGC; N8 (Exception process available for \$0 copay for members age 40 through 75 when medically necessary for primary prevention of cardiovascular disease) |
| ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS/COMBINATIONS - DRUGS TO TREAT HIGH CHOLESTEROL | | |
| <i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i> | G | |
| ANTILIPEMICS, MISCELLANEOUS - DRUGS TO TREAT HIGH CHOLESTEROL | | |
| JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG (<i>lomitapide mesylate</i>) | NF | |
| <i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg</i> | G | |
| NIACOR ORAL TABLET 500 MG (<i>niacin (antihyperlipidemic)</i>) | NF | |
| ANTILIPEMICS, OMEGA-3 FATTY ACIDS - DRUGS TO TREAT HIGH CHOLESTEROL | | |
| <i>icosapent ethyl oral capsule 0.5 gm, 1 gm</i> | G | |
| <i>omega-3-acid ethyl esters oral capsule 1 gm</i> | G | |
| VASCEPA ORAL CAPSULE 0.5 GM, 1 GM (<i>icosapent ethyl</i>) | PB | |
| ANTILIPEMICS, PCSK9 INHIBITORS - DRUGS TO TREAT HIGH CHOLESTEROL | | |
| PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 75 MG/ML (<i>alirocumab</i>) | NF | |
| REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML (<i>evolocumab</i>) | PSP | PA; QL (1 CARTRIDGE per 28 days) |
| REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML (<i>evolocumab</i>) | PSP | PA; QL (3 SYRINGES per 28 days) |
| REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML (<i>evolocumab</i>) | PSP | PA; QL (3 PENS per 28 days) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|--|-----------|----------------------------------|
| BETA-BLOCKER/DIURETIC COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS | | |
| <i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i> | G | |
| <i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i> | G | LGC |
| <i>metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i> | G | |
| BETA-BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS | | |
| <i>acebutolol hcl oral capsule 200 mg, 400 mg</i> | G | |
| <i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i> | G | LGC |
| <i>betaxolol hcl oral tablet 10 mg, 20 mg</i> | G | |
| <i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i> | G | |
| <i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i> | G | LGC |
| <i>carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg</i> | G | |
| <i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i> | G | |
| <i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i> | G | LGC |
| <i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i> | G | LGC |
| <i>metoprolol tartrate oral tablet 37.5 mg, 75 mg</i> | G | |
| <i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i> | G | |
| <i>nebivolol hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i> | G | |
| <i>pindolol oral tablet 10 mg, 5 mg</i> | G | |
| <i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg</i> | G | |
| <i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i> | G | |
| <i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i> | G | LGC |
| <i>propranolol hcl oral tablet 60 mg</i> | G | |
| <i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i> | G | |
| CALCIUM CHANNEL BLOCKER/ANTILIPEMIC COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS | | |
| <i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i> | G | |

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

12/01/2023

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|--|-----------|----------------------------------|
| CALCIUM CHANNEL BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS | | |
| <i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i> | G | LGC |
| <i>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i> | G | |
| <i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i> | G | |
| <i>diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i> | G | |
| <i>diltiazem hcl er oral tablet extended release 24 hour 120 mg</i> | G | |
| <i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i> | G | LGC |
| <i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i> | G | |
| <i>felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i> | G | |
| <i>isradipine oral capsule 2.5 mg, 5 mg</i> | G | |
| <i>diltiazem hcl (Matzim La Oral Tablet Extended Release 24 Hour 180 Mg, 240 Mg, 300 Mg, 360 Mg, 420 Mg)</i> | G | |
| <i>nicardipine hcl oral capsule 20 mg, 30 mg</i> | G | |
| <i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i> | G | |
| <i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i> | G | |
| <i>nimodipine oral capsule 30 mg</i> | G | |
| <i>nisoldipine er oral tablet extended release 24 hour 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg</i> | G | |
| <i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg</i> | G | |
| <i>verapamil hcl er oral tablet extended release 120 mg</i> | G | LGC |
| <i>verapamil hcl er oral tablet extended release 180 mg, 240 mg</i> | G | |
| <i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i> | G | LGC |
| DIGITALIS GLYCOSIDES - DRUGS TO TREAT HEART CONDITIONS | | |
| <i>digoxin oral solution 0.05 mg/ml</i> | G | |
| <i>digoxin oral tablet 125 mcg, 250 mcg, 62.5 mcg</i> | G | |
| LANOXIN ORAL TABLET 125 MCG, 250 MCG (digoxin) | NF | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|-----------|----------------------------------|
| DIRECT RENIN INHIBITORS/COMBINATIONS - DRUGS TO TREAT HEART CONDITIONS | | |
| <i>aliskiren fumarate oral tablet 150 mg, 300 mg</i> | G | |
| DIURETICS - DRUGS TO TREAT HEART CONDITIONS | | |
| <i>acetazolamide er oral capsule extended release 12 hour 500 mg</i> | G | |
| <i>acetazolamide oral tablet 125 mg, 250 mg</i> | G | |
| ALDACTONE ORAL TABLET 100 MG, 25 MG, 50 MG (<i>spironolactone</i>) | PB | |
| <i>amiloride hcl oral tablet 5 mg</i> | G | |
| <i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i> | G | LGC |
| <i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i> | G | |
| <i>chlorthalidone oral tablet 25 mg, 50 mg</i> | G | |
| <i>dichlorphenamide oral tablet 50 mg</i> | PSP | PA; QL (120 TABLETS per 30 DAYs) |
| DYRENIUM ORAL CAPSULE 100 MG, 50 MG (<i>triamterene</i>) | NF | |
| <i>ethacrynic acid oral tablet 25 mg</i> | G | |
| <i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i> | G | LGC |
| <i>hydrochlorothiazide oral capsule 12.5 mg</i> | G | LGC |
| <i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i> | G | LGC |
| <i>indapamide oral tablet 1.25 mg, 2.5 mg</i> | G | |
| KEVEYIS ORAL TABLET 50 MG (<i>dichlorphenamide</i>) | NPSP | PA; QL (120 TABLETS per 30 days) |
| <i>methazolamide oral tablet 25 mg, 50 mg</i> | G | |
| <i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i> | G | |
| <i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i> | G | LGC |
| <i>spironolactone-hctz oral tablet 25-25 mg</i> | G | |
| <i>toremide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i> | G | |
| <i>triamterene oral capsule 100 mg, 50 mg</i> | G | |
| <i>triamterene-hctz oral capsule 37.5-25 mg</i> | G | LGC |
| <i>triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg</i> | G | LGC |
| HEART FAILURE | | |
| BIDIL ORAL TABLET 20-37.5 MG (<i>isosorb dinitrate-hydralazine</i>) | PB | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|--|-----------|-----------------------------------|
| CORLANOR ORAL TABLET 5 MG, 7.5 MG (<i>ivabradine hcl</i>) | PB | |
| ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG (<i>sacubitril-valsartan</i>) | PB | |
| <i>isosorb dinitrate-hydralazine oral tablet 20-37.5 mg</i> | G | |
| VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG (<i>vericiguat</i>) | PB | |
| MISCELLANEOUS | | |
| CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG (<i>mavacamten</i>) | NPSP | PA; QL (30 CAPSULES per 30 days) |
| CATAPRES-TTS-1 TRANSDERMAL PATCH WEEKLY 0.1 MG/24HR (<i>clonidine</i>) | PB | |
| CATAPRES-TTS-2 TRANSDERMAL PATCH WEEKLY 0.2 MG/24HR (<i>clonidine</i>) | PB | |
| CATAPRES-TTS-3 TRANSDERMAL PATCH WEEKLY 0.3 MG/24HR (<i>clonidine</i>) | PB | |
| <i>clonidine hcl er oral tablet extended release 24 hour 0.17 mg</i> | G | |
| <i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i> | G | LGC |
| <i>clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr</i> | G | |
| DIBENZYLINE ORAL CAPSULE 10 MG (<i>phenoxybenzamine hcl</i>) | NPB | |
| <i>droxidopa oral capsule 100 mg</i> | PSP | PA; QL (90 CAPSULES per 30 DAYs) |
| <i>droxidopa oral capsule 200 mg, 300 mg</i> | PSP | PA; QL (180 CAPSULES per 30 DAYs) |
| <i>guanfacine hcl oral tablet 1 mg, 2 mg</i> | G | |
| <i>hydralazine hcl oral tablet 10 mg, 100 mg, 50 mg</i> | G | |
| <i>hydralazine hcl oral tablet 25 mg</i> | G | LGC |
| <i>metirosine oral capsule 250 mg</i> | G | |
| <i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i> | G | |
| <i>minoxidil oral tablet 10 mg, 2.5 mg</i> | G | |
| NORTHERA ORAL CAPSULE 100 MG, 200 MG, 300 MG (<i>droxidopa</i>) | NF | |
| <i>phenoxybenzamine hcl oral capsule 10 mg</i> | G | |
| <i>ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg</i> | G | |

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

12/01/2023

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|-----------|----------------------------------|
| VECAMYL ORAL TABLET 2.5 MG (<i>mecamylamine hcl</i>) | NPB | PA |
| VYNDAMAX ORAL CAPSULE 61 MG (<i>tafamidis</i>) | NPSP | PA; QL (30 CAPSULES per 30 days) |
| VYNDAQEL ORAL CAPSULE 20 MG (<i>tafamidis meglumine (cardiac)</i>) | NF | |
| NITRATES - DRUGS TO TREAT HEART CONDITIONS | | |
| <i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i> | G | |
| <i>isosorbide dinitrate oral tablet 40 mg</i> | NF | |
| <i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg</i> | G | |
| <i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i> | G | |
| NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.3 MG/HR, 0.4 MG/HR, 0.6 MG/HR, 0.8 MG/HR (<i>nitroglycerin</i>) | PB | |
| <i>nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg</i> | G | |
| <i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i> | G | |
| <i>nitroglycerin translingual solution 0.4 mg/spray</i> | G | |
| PULMONARY ARTERIAL HYPERTENSION - DRUGS TO TREAT PULMONARY HYPERTENSION | | |
| ADCIRCA ORAL TABLET 20 MG (<i>tadalafil (pah)</i>) | NF | |
| ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG (<i>riociguat</i>) | PSP | PA; QL (90 TABLETS per 30 days) |
| <i>tadalafil (pah) (Alyq Oral Tablet 20 Mg)</i> | PSP | PA; QL (60 TABLETS per 30 DAYS) |
| <i>ambrisentan oral tablet 10 mg, 5 mg</i> | PSP | PA; QL (30 TABLETS per 30 DAYS) |
| <i>bosentan oral tablet 125 mg</i> | PSP | PA; QL (60 TABLETS per 30 days) |
| <i>bosentan oral tablet 62.5 mg</i> | PSP | PA; QL (60 TABLETS per 30 DAYS) |
| <i>epoprostenol sodium intravenous solution reconstituted 0.5 mg, 1.5 mg</i> | PSP | PA |
| FLOLAN INTRAVENOUS SOLUTION RECONSTITUTED 0.5 MG, 1.5 MG (<i>epoprostenol sodium</i>) | NPSP | PA |
| LETAIRIS ORAL TABLET 10 MG, 5 MG (<i>ambrisentan</i>) | NF | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|-----------|----------------------------------|
| LIQREV ORAL SUSPENSION 10 MG/ML (<i>sildenafil citrate</i>) | NF | |
| OPSUMIT ORAL TABLET 10 MG (<i>macitentan</i>) | PSP | PA; QL (30 TABLETS per 30 days) |
| ORENITRAM MONTH 1 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG (<i>treprostinil diolamine</i>) | PSP | PA |
| ORENITRAM MONTH 2 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG (<i>treprostinil diolamine</i>) | PSP | PA |
| ORENITRAM MONTH 3 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 & 1 MG (<i>treprostinil diolamine</i>) | PSP | PA |
| ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG (<i>treprostinil diolamine</i>) | PSP | PA |
| REMODULIN INJECTION SOLUTION 100 MG/20ML, 20 MG/20ML, 200 MG/20ML, 50 MG/20ML (<i>treprostinil</i>) | NF | |
| REVATIO ORAL SUSPENSION RECONSTITUTED 10 MG/ML (<i>sildenafil citrate</i>) | NF | |
| REVATIO ORAL TABLET 20 MG (<i>sildenafil citrate</i>) | NF | |
| <i>sildenafil citrate oral suspension reconstituted 10 mg/ml</i> | PSP | PA; QL (784 ML per 30 days) |
| <i>sildenafil citrate oral tablet 20 mg</i> | G | PA; QL (360 TABLETS per 30 days) |
| <i>tadalafil (pah) oral tablet 20 mg</i> | PSP | PA; QL (60 TABLETS per 30 days) |
| TADLIQ ORAL SUSPENSION 20 MG/5ML (<i>tadalafil (pah)</i>) | NPSP | PA; QL (300 ML per 30 days) |
| TRACLEER ORAL TABLET 125 MG, 62.5 MG (<i>bosentan</i>) | NF | |
| TRACLEER ORAL TABLET SOLUBLE 32 MG (<i>bosentan</i>) | NF | |
| <i>treprostinil injection solution 100 mg/20ml, 20 mg/20ml, 200 mg/20ml, 50 mg/20ml</i> | PSP | PA |
| TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG (<i>treprostinil</i>) | NF | |
| TYVASO DPI TITRATION KIT INHALATION POWDER 112 X 16MCG & 84 X 32MCG, 16 & 32 & 48 MCG (<i>treprostinil</i>) | NF | |

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

12/01/2023

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|-----------|--|
| TYVASO INHALATION SOLUTION 0.6 MG/ML (<i>treprostinil</i>) | NPSP | PA; QL (28 ML per 28 days) |
| TYVASO REFILL INHALATION SOLUTION 0.6 MG/ML (<i>treprostinil</i>) | NPSP | PA; QL (28 ML per 28 days) |
| TYVASO STARTER INHALATION SOLUTION 0.6 MG/ML (<i>treprostinil</i>) | NPSP | PA; QL (28 ML per 28 days) |
| UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 400 MCG, 600 MCG, 800 MCG (<i>selexipag</i>) | PSP | PA; QL (60 TABLETS per 30 days) |
| UPTRAVI ORAL TABLET 200 MCG (<i>selexipag</i>) | PSP | PA; QL (140 TABLETS per 28 days) |
| UPTRAVI ORAL TABLET THERAPY PACK 200 & 800 MCG (<i>selexipag</i>) | PSP | PA; QL (1 TABLET THERAPY PACK per 28 days) |
| VELETRI INTRAVENOUS SOLUTION RECONSTITUTED 0.5 MG, 1.5 MG (<i>epoprostenol sodium</i>) | NPSP | PA |
| VENTAVIS INHALATION SOLUTION 10 MCG/ML, 20 MCG/ML (<i>iloprost</i>) | NPSP | PA; QL (270 ML per 30 days) |
| CENTRAL NERVOUS SYSTEM - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS | | |
| ALCOHOL DETERRENTS | | |
| <i>acamprosate calcium oral tablet delayed release 333 mg</i> | G | |
| <i>disulfiram oral tablet 250 mg, 500 mg</i> | G | |
| ANTI-ANXIETY - DRUGS TO TREAT ANXIETY | | |
| <i>alprazolam er oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg</i> | G | QL (150 TABLETS per 25 DAYS) |
| <i>alprazolam er oral tablet extended release 24 hour 3 mg</i> | G | QL (90 TABLETS per 25 DAYS) |
| ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML (<i>alprazolam</i>) | NPB | QL (300 ML per 25 days) |
| <i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i> | G | QL (150 TABLETS per 25 days) |
| <i>alprazolam oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg</i> | G | QL (150 TABLETS per 25 days) |
| ANAFRANIL ORAL CAPSULE 25 MG, 50 MG, 75 MG (<i>clomipramine hcl</i>) | PB | |
| ATIVAN ORAL TABLET 0.5 MG, 1 MG, 2 MG (<i>lorazepam</i>) | NPB | QL (150 TABLETS per 25 days) |

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna
The formulary is updated the first week of each month.
12/01/2023

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|-----------|----------------------------------|
| <i>bupirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i> | G | |
| <i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i> | G | QL (360 CAPSULES per 25 DAYs) |
| <i>clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg</i> | G | |
| <i>fluvoxamine maleate er oral capsule extended release 24 hour 100 mg, 150 mg</i> | G | |
| <i>fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg</i> | G | |
| <i>lorazepam (Lorazepam Intensol Oral Concentrate 2 Mg/ML)</i> | G | QL (150 ML per 25 DAYs) |
| <i>lorazepam oral tablet 0.5 mg, 1 mg</i> | G | QL (150 TABLETS per 25 days) |
| <i>lorazepam oral tablet 2 mg</i> | G | QL (150 TABLETS per 25 DAYs) |
| LOREEV XR ORAL CAPSULE ER 24 HOUR SPRINKLE 1 MG, 1.5 MG, 2 MG (<i>lorazepam</i>) | NPB | QL (150 CAPSULES per 25 DAYs) |
| LOREEV XR ORAL CAPSULE ER 24 HOUR SPRINKLE 3 MG (<i>lorazepam</i>) | NPB | QL (90 CAPSULES per 25 DAYs) |
| <i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i> | G | QL (120 CAPSULES per 25 DAYs) |
| XANAX ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG (<i>alprazolam</i>) | NPB | QL (150 TABLETS per 25 days) |
| XANAX XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 2 MG (<i>alprazolam</i>) | NPB | QL (150 TABLETS per 25 DAYs) |
| XANAX XR ORAL TABLET EXTENDED RELEASE 24 HOUR 3 MG (<i>alprazolam</i>) | NPB | QL (90 TABLETS per 25 DAYs) |
| ANTIDEMENTIA - DRUGS TO TREAT DEMENTIA AND MEMORY LOSS | | |
| <i>donepezil hcl oral tablet 10 mg, 23 mg, 5 mg</i> | G | |
| <i>donepezil hcl oral tablet dispersible 10 mg, 5 mg</i> | G | |
| <i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg</i> | G | |
| <i>galantamine hydrobromide oral solution 4 mg/ml</i> | G | |
| <i>galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg</i> | G | |
| <i>memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg</i> | G | |
| <i>memantine hcl oral solution 2 mg/ml</i> | G | |
| <i>memantine hcl oral tablet 10 mg, 28 x 5 mg & 21 x 10 mg, 5 mg</i> | G | |

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

12/01/2023

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|-----------|----------------------------------|
| NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK 7 & 14 & 21 & 28 -10 MG (<i>memantine hcl-donepezil hcl</i>) | PB | |
| NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG (<i>memantine hcl-donepezil hcl</i>) | PB | |
| <i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i> | G | |
| <i>rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr</i> | G | |
| ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION | | |
| <i>amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i> | G | |
| <i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i> | G | |
| <i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg</i> | G | |
| <i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg</i> | G | |
| <i>bupropion hcl er (xl) oral tablet extended release 24 hour 450 mg</i> | NF | |
| <i>bupropion hcl oral tablet 100 mg, 75 mg</i> | G | |
| <i>citalopram hydrobromide oral solution 10 mg/5ml</i> | G | |
| <i>citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg</i> | G | LGC |
| <i>desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i> | G | |
| <i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i> | G | |
| <i>doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i> | G | |
| <i>doxepin hcl oral concentrate 10 mg/ml</i> | G | |
| <i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 40 mg, 60 mg</i> | G | |
| <i>escitalopram oxalate oral solution 5 mg/5ml</i> | G | |
| <i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i> | G | |
| FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG (<i>levomilnacipran hcl</i>) | PB | |
| FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG (<i>levomilnacipran hcl</i>) | PB | |

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

12/01/2023

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|--|-----------|----------------------------------|
| <i>fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg</i> | G | LGC |
| <i>fluoxetine hcl oral capsule delayed release 90 mg</i> | G | |
| <i>fluoxetine hcl oral solution 20 mg/5ml</i> | G | |
| <i>fluoxetine hcl oral tablet 10 mg, 20 mg</i> | G | |
| <i>fluoxetine hcl oral tablet 60 mg</i> | NF | |
| <i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i> | G | |
| <i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i> | G | |
| <i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i> | G | |
| <i>mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg</i> | G | |
| NARDIL ORAL TABLET 15 MG (<i>phenelzine sulfate</i>) | PB | |
| NORPRAMIN ORAL TABLET 10 MG, 25 MG (<i>desipramine hcl</i>) | PB | |
| <i>nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i> | G | |
| <i>nortriptyline hcl oral solution 10 mg/5ml</i> | G | |
| PAMELOR ORAL CAPSULE 10 MG, 25 MG, 50 MG, 75 MG (<i>nortriptyline hcl</i>) | PB | |
| PARNATE ORAL TABLET 10 MG (<i>tranylcypromine sulfate</i>) | PB | |
| <i>paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg, 37.5 mg</i> | G | |
| <i>paroxetine hcl oral suspension 10 mg/5ml</i> | G | |
| <i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i> | G | LGC |
| <i>phenelzine sulfate oral tablet 15 mg</i> | G | |
| <i>protriptyline hcl oral tablet 10 mg, 5 mg</i> | G | |
| <i>sertraline hcl oral concentrate 20 mg/ml</i> | G | |
| <i>sertraline hcl oral tablet 100 mg, 25 mg, 50 mg</i> | G | LGC |
| SPRAVATO (56 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE (<i>esketamine hcl</i>) | NPSP | PA |
| SPRAVATO (84 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE (<i>esketamine hcl</i>) | NPSP | PA |
| <i>tranylcypromine sulfate oral tablet 10 mg</i> | G | |
| <i>trazodone hcl oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i> | G | |
| <i>trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg</i> | G | |
| TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG (<i>vortioxetine hbr</i>) | PB | |

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

12/01/2023

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|-----------|-----------------------------------|
| <i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg</i> | G | |
| <i>venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 225 mg, 37.5 mg, 75 mg</i> | G | |
| <i>venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i> | G | |
| VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG (<i>vilazodone hcl</i>) | PB | |
| VIIBRYD STARTER PACK ORAL KIT 10 & 20 MG (<i>vilazodone hcl</i>) | PB | |
| <i>vilazodone hcl oral tablet 10 mg, 20 mg, 40 mg</i> | G | |
| ANTIPARKINSONIAN AGENTS - DRUGS TO TREAT PARKINSONS DISEASE | | |
| <i>amantadine hcl oral capsule 100 mg</i> | G | |
| <i>amantadine hcl oral solution 50 mg/5ml</i> | G | |
| <i>amantadine hcl oral tablet 100 mg</i> | G | |
| APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE 30 MG/3ML (<i>apomorphine hcl</i>) | NF | |
| <i>apomorphine hcl subcutaneous solution cartridge 30 mg/3ml</i> | NF | |
| <i>benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg</i> | G | |
| <i>bromocriptine mesylate oral capsule 5 mg</i> | G | |
| <i>bromocriptine mesylate oral tablet 2.5 mg</i> | G | |
| <i>carbidopa oral tablet 25 mg</i> | G | |
| <i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i> | G | |
| <i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i> | G | |
| <i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i> | G | |
| DUOPA ENTERAL SUSPENSION 4.63-20 MG/ML (<i>carbidopa-levodopa</i>) | NPSP | PA |
| <i>entacapone oral tablet 200 mg</i> | G | |
| INBRIJA INHALATION CAPSULE 42 MG (<i>levodopa</i>) | PSP | PA; QL (300 CAPSULES per 30 days) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|--|-----------|----------------------------------|
| NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR (<i>rotigotine</i>) | PB | |
| NOURIANZ ORAL TABLET 20 MG, 40 MG (<i>istradefylline</i>) | NPSP | |
| <i>pramipexole dihydrochloride er oral tablet extended release 24 hour 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg</i> | G | |
| <i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i> | G | |
| <i>rasagiline mesylate oral tablet 0.5 mg, 1 mg</i> | G | |
| <i>ropinirole hcl er oral tablet extended release 24 hour 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i> | G | |
| <i>ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i> | G | |
| 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>) | PB | |
| <i>selegiline hcl oral capsule 5 mg</i> | G | |
| <i>selegiline hcl oral tablet 5 mg</i> | G | |
| <i>trihexyphenidyl hcl oral solution 0.4 mg/ml</i> | G | |
| <i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i> | G | |
| ANTIPSYCHOTICS - DRUGS TO TREAT PSYCHOSES | | |
| ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 720 MG/2.4ML, 960 MG/3.2ML (<i>aripiprazole</i>) | NPB | |
| ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG (<i>aripiprazole</i>) | PB | |
| ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG (<i>aripiprazole</i>) | PB | |
| <i>aripiprazole oral solution 1 mg/ml</i> | G | |
| <i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i> | G | |
| <i>aripiprazole oral tablet dispersible 10 mg, 15 mg</i> | G | |
| ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE 675 MG/2.4ML (<i>aripiprazole lauroxil</i>) | PB | |
| ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML, 441 MG/1.6ML, 662 MG/2.4ML, 882 MG/3.2ML (<i>aripiprazole lauroxil</i>) | PB | |
| <i>asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg</i> | G | |

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

12/01/2023

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|-----------|----------------------------------|
| <i>chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i> | G | |
| <i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i> | G | |
| <i>clozapine oral tablet dispersible 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i> | G | |
| FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG (<i>iloperidone</i>) | NF | |
| FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6 MG (<i>iloperidone</i>) | NF | |
| <i>fluphenazine hcl oral concentrate 5 mg/ml</i> | G | |
| <i>fluphenazine hcl oral elixir 2.5 mg/5ml</i> | G | |
| <i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i> | G | |
| <i>haloperidol lactate oral concentrate 2 mg/ml</i> | G | |
| <i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i> | G | |
| <i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i> | G | |
| <i>lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg, 80 mg</i> | G | |
| NUPLAZID ORAL CAPSULE 34 MG (<i>pimavanserin tartrate</i>) | NPSP | PA; QL (30 CAPSULES per 30 days) |
| NUPLAZID ORAL TABLET 10 MG (<i>pimavanserin tartrate</i>) | NPSP | PA; QL (30 TABLETS per 30 days) |
| <i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i> | G | |
| <i>olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg</i> | G | |
| <i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 6 mg, 9 mg</i> | G | |
| <i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i> | G | |
| <i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i> | G | |
| <i>quetiapine fumarate oral tablet 100 mg, 150 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i> | G | |
| RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG, 25 MG, 37.5 MG, 50 MG (<i>risperidone microspheres</i>) | PB | |
| <i>risperidone oral solution 1 mg/ml</i> | G | |
| <i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i> | G | |
| <i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i> | G | |

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

12/01/2023

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|--|-----------|----------------------------------|
| <i>thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i> | G | |
| <i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i> | G | |
| <i>trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i> | G | |
| VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG (<i>cariprazine hcl</i>) | PB | |
| VRAYLAR ORAL CAPSULE THERAPY PACK 1.5 & 3 MG (<i>cariprazine hcl</i>) | PB | |
| <i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i> | G | |
| <i>ziprasidone mesylate intramuscular solution reconstituted 20 mg</i> | G | |
| ANTISEIZURE AGENTS - DRUGS TO TREAT SEIZURES | | |
| <i>carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg</i> | G | |
| <i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg</i> | G | |
| <i>carbamazepine oral suspension 100 mg/5ml</i> | G | |
| <i>carbamazepine oral tablet 200 mg</i> | G | |
| <i>carbamazepine oral tablet chewable 100 mg</i> | G | |
| <i>clobazam oral suspension 2.5 mg/ml</i> | G | |
| <i>clobazam oral tablet 10 mg, 20 mg</i> | G | |
| <i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i> | G | QL (300 TABLETS per 25 days) |
| <i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i> | G | QL (300 TABLETS per 25 days) |
| <i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i> | G | QL (180 TABLETS per 25 days) |
| DIACOMIT ORAL CAPSULE 250 MG, 500 MG (<i>stiripentol</i>) | NF | |
| DIACOMIT ORAL PACKET 250 MG, 500 MG (<i>stiripentol</i>) | NF | |
| <i>diazepam (Diazepam Intensol Oral Concentrate 5 Mg/ML)</i> | G | QL (240 ML per 25 days) |
| <i>diazepam oral solution 5 mg/5ml</i> | G | QL (1200 ML per 25 days) |
| <i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i> | G | QL (120 TABLETS per 25 days) |
| <i>diazepam rectal gel 10 mg, 2.5 mg, 20 mg</i> | G | |
| <i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i> | G | |

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

12/01/2023

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|-----------|----------------------------------|
| <i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i> | G | |
| <i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i> | G | |
| EPIDIOLEX ORAL SOLUTION 100 MG/ML (<i>cannabidiol</i>) | NPSP | PA; QL (800 ML per 30 days) |
| <i>ethosuximide oral capsule 250 mg</i> | G | |
| <i>ethosuximide oral solution 250 mg/5ml</i> | G | |
| <i>felbamate oral suspension 600 mg/5ml</i> | G | |
| <i>felbamate oral tablet 400 mg, 600 mg</i> | G | |
| FINTEPLA ORAL SOLUTION 2.2 MG/ML (<i>fenfluramine hcl</i>) | NF | |
| FYCOMPA ORAL SUSPENSION 0.5 MG/ML (<i>perampanel</i>) | PB | |
| FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG (<i>perampanel</i>) | PB | |
| <i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i> | G | |
| <i>gabapentin oral solution 250 mg/5ml, 300 mg/6ml</i> | G | |
| <i>gabapentin oral tablet 600 mg, 800 mg</i> | G | |
| KLONOPIN ORAL TABLET 0.5 MG, 1 MG, 2 MG (<i>clonazepam</i>) | NPB | QL (300 TABLETS per 25 days) |
| <i>lacosamide oral solution 10 mg/ml</i> | G | |
| <i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i> | G | |
| <i>lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i> | G | |
| <i>lamotrigine oral kit 25 & 50 & 100 mg</i> | G | |
| <i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i> | G | |
| <i>lamotrigine oral tablet chewable 25 mg, 5 mg</i> | G | |
| <i>lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg</i> | G | |
| <i>lamotrigine starter kit-blue oral kit 35 x 25 mg</i> | G | |
| <i>lamotrigine starter kit-green oral kit 84 x 25 mg & 14x100 mg</i> | G | |
| <i>lamotrigine starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg</i> | G | |
| <i>levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg</i> | G | |
| <i>levetiracetam oral solution 100 mg/ml</i> | G | |
| <i>levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg</i> | G | |

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

12/01/2023

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|-----------|----------------------------------|
| LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG (<i>pregabalin</i>) | NPB | |
| LYRICA ORAL SOLUTION 20 MG/ML (<i>pregabalin</i>) | NPB | |
| NAYZILAM NASAL SOLUTION 5 MG/0.1ML (<i>midazolam (anticonvulsant)</i>) | NPB | QL (10 SOLUTION per 25 days) |
| NEURONTIN ORAL CAPSULE 100 MG, 300 MG, 400 MG (<i>gabapentin</i>) | NPB | |
| NEURONTIN ORAL SOLUTION 250 MG/5ML (<i>gabapentin</i>) | NPB | |
| NEURONTIN ORAL TABLET 600 MG, 800 MG (<i>gabapentin</i>) | NPB | |
| <i>oxcarbazepine oral suspension 300 mg/5ml</i> | G | |
| <i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i> | G | |
| OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 300 MG, 600 MG (<i>oxcarbazepine</i>) | PB | |
| <i>phenobarbital oral elixir 20 mg/5ml</i> | G | |
| <i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i> | G | |
| <i>phenytoin oral suspension 125 mg/5ml</i> | G | |
| <i>phenytoin oral tablet chewable 50 mg</i> | G | |
| <i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i> | G | |
| <i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i> | G | |
| <i>pregabalin oral solution 20 mg/ml</i> | G | |
| <i>primidone oral tablet 125 mg, 250 mg, 50 mg</i> | G | |
| <i>rufinamide oral suspension 40 mg/ml</i> | G | |
| SABRIL ORAL PACKET 500 MG (<i>vigabatrin</i>) | NF | |
| SABRIL ORAL TABLET 500 MG (<i>vigabatrin</i>) | NF | |
| <i>tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i> | G | |
| <i>topiramate er oral capsule er 24 hour sprinkle 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i> | NF | |
| <i>topiramate er oral capsule extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i> | G | |
| <i>topiramate oral capsule sprinkle 15 mg, 25 mg</i> | G | |
| <i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i> | G | |

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

12/01/2023

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|--|-----------|--|
| TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 50 MG (<i>topiramate</i>) | PB | |
| VALIUM ORAL TABLET 10 MG, 2 MG, 5 MG (<i>diazepam</i>) | NPB | QL (120 TABLETS per 25 days) |
| <i>valproic acid oral capsule 250 mg</i> | G | |
| <i>valproic acid oral solution 250 mg/5ml</i> | G | |
| VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML (<i>diazepam</i>) | NPB | QL (10 BLISTER per 25 days) |
| VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 7.5 MG/0.1ML (<i>diazepam</i>) | NPB | QL (10 BLISTER per 25 days) |
| VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 10 MG/0.1ML (<i>diazepam</i>) | NPB | QL (10 BLISTER per 25 days) |
| VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML (<i>diazepam</i>) | NPB | QL (10 BLISTER per 25 days) |
| <i>vigabatrin oral packet 500 mg</i> | PSP | PA; QL (180 PACKETS per 30 days) |
| <i>vigabatrin oral tablet 500 mg</i> | PSP | PA; N8 (Listing does not include certain NDCs); QL (180 TABLETS per 30 days) |
| <i>vigabatrin (Vigadrone Oral Packet 500 Mg)</i> | PSP | PA; QL (180 PACKETS per 30 days) |
| XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG (<i>cenobamate</i>) | PB | |
| XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK 150 & 200 MG (<i>cenobamate</i>) | PB | |
| XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (<i>cenobamate</i>) | PB | |
| XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG, 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG (<i>cenobamate</i>) | PB | |
| ZONEGRAN ORAL CAPSULE 100 MG, 25 MG (<i>zonisamide</i>) | NF | |
| <i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i> | G | |
| ZTALMY ORAL SUSPENSION 50 MG/ML (<i>ganaxolone</i>) | NF | |

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna
The formulary is updated the first week of each month.
12/01/2023

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|-----------|-----------------------------------|
| ATTENTION DEFICIT HYPERACTIVITY DISORDER - DRUGS TO TREAT ADHD | | |
| ADDERALL ORAL TABLET 10 MG, 12.5 MG, 5 MG, 7.5 MG (<i>amphetamine-dextroamphetamine</i>) | NPB | QL (90 TABLETS per 25 DAYS) |
| ADDERALL ORAL TABLET 15 MG, 20 MG (<i>amphetamine-dextroamphetamine</i>) | NPB | QL (60 TABLETS per 25 DAYS) |
| ADDERALL ORAL TABLET 30 MG (<i>amphetamine-dextroamphetamine</i>) | NPB | QL (30 TABLETS per 25 DAYS) |
| ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 5 MG (<i>amphetamine-dextroamphetamine</i>) | NPB | QL (90 CAPSULES per 25 DAYS) |
| ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 15 MG, 20 MG, 25 MG, 30 MG (<i>amphetamine-dextroamphetamine</i>) | NPB | QL (30 CAPSULES per 25 DAYS) |
| ADZENYS XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE 12.5 MG, 15.7 MG, 18.8 MG (<i>amphetamine</i>) | NPB | QL (30 TABLETS per 25 DAYS) |
| ADZENYS XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE 3.1 MG, 6.3 MG, 9.4 MG (<i>amphetamine</i>) | NPB | QL (60 TABLETS per 25 DAYS) |
| <i>amphetamine sulfate oral tablet 10 mg, 5 mg</i> | G | STX; QL (120 TABLETS per 25 days) |
| <i>amphetamine-dextroamphetamine oral capsule extended release 24 hour 10 mg, 5 mg</i> | G | QL (90 CAPSULES per 25 days) |
| <i>amphetamine-dextroamphetamine oral capsule extended release 24 hour 15 mg, 20 mg, 25 mg, 30 mg</i> | G | QL (30 CAPSULES per 25 days) |
| <i>amphetamine-dextroamphetamine oral tablet 10 mg</i> | G | QL (90 TABLETS per 25 DAYS) |
| <i>amphetamine-dextroamphetamine oral tablet 12.5 mg, 5 mg, 7.5 mg</i> | G | QL (90 TABLETS per 25 days) |
| <i>amphetamine-dextroamphetamine oral tablet 15 mg</i> | G | QL (60 TABLETS per 25 days) |
| <i>amphetamine-dextroamphetamine oral tablet 20 mg</i> | G | QL (60 TABLETS per 25 DAYS) |
| <i>amphetamine-dextroamphetamine oral tablet 30 mg</i> | G | QL (30 TABLETS per 25 DAYS) |
| <i>amphetamine-dextroamphetamine 3-bead er oral capsule extended release 24 hour 12.5 mg, 25 mg</i> | G | QL (60 CAPSULES per 25 days) |

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

12/01/2023

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|--|-----------|----------------------------------|
| <i>amphet-dextroamphet 3-bead er oral capsule extended release 24 hour 37.5 mg, 50 mg</i> | G | QL (30 CAPSULES per 25 days) |
| APTENSIO XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 30 MG (<i>methylphenidate hcl</i>) | NPB | QL (60 CAPSULES per 25 DAYs) |
| APTENSIO XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 40 MG, 50 MG, 60 MG (<i>methylphenidate hcl</i>) | NPB | QL (30 CAPSULES per 25 DAYs) |
| <i>atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg</i> | G | QL (120 CAPSULES per 25 DAYs) |
| <i>atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg</i> | G | QL (30 CAPSULES per 25 DAYs) |
| <i>atomoxetine hcl oral capsule 40 mg</i> | G | QL (60 CAPSULES per 25 DAYs) |
| AZSTARYS ORAL CAPSULE 26.1-5.2 MG, 39.2-7.8 MG, 52.3-10.4 MG (<i>serdexmethylphen-dexmethylphen</i>) | PB | QL (30 CAPSULES per 25 days) |
| CONCERTA ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG, 36 MG (<i>methylphenidate hcl</i>) | NPB | QL (60 TABLETS per 25 DAYs) |
| CONCERTA ORAL TABLET EXTENDED RELEASE 54 MG (<i>methylphenidate hcl</i>) | NPB | QL (30 TABLETS per 25 DAYs) |
| COTEMPLA XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE 17.3 MG, 25.9 MG, 8.6 MG (<i>methylphenidate</i>) | NPB | QL (60 TABLETS per 25 DAYs) |
| DAYTRANA TRANSDERMAL PATCH 10 MG/9HR, 15 MG/9HR, 20 MG/9HR, 30 MG/9HR (<i>methylphenidate</i>) | NPB | QL (30 PATCHES per 25 DAYs) |
| DESOXYN ORAL TABLET 5 MG (<i>methamphetamine hcl</i>) | NPB | QL (150 TABLETS per 25 days) |
| DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG (<i>dextroamphetamine sulfate</i>) | NPB | QL (120 CAPSULES per 25 DAYs) |
| <i>dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 5 mg</i> | G | QL (60 CAPSULES per 25 DAYs) |
| <i>dexmethylphenidate hcl er oral capsule extended release 24 hour 25 mg, 30 mg, 35 mg, 40 mg</i> | G | QL (30 CAPSULES per 25 DAYs) |
| <i>dexmethylphenidate hcl oral tablet 10 mg</i> | G | QL (60 TABLETS per 25 days) |
| <i>dexmethylphenidate hcl oral tablet 2.5 mg, 5 mg</i> | G | QL (120 TABLETS per 25 days) |
| <i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 5 mg</i> | G | QL (120 CAPSULES per 25 days) |

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

12/01/2023

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|-----------|-----------------------------------|
| <i>dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg</i> | G | QL (60 CAPSULES per 25 days) |
| <i>dextroamphetamine sulfate oral solution 5 mg/5ml</i> | G | QL (1200 ML per 25 DAYs) |
| <i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i> | G | QL (120 TABLETS per 25 DAYs) |
| DYANAVEL XR ORAL SUSPENSION EXTENDED RELEASE 2.5 MG/ML (<i>amphetamine</i>) | NPB | QL (240 ML per 25 days) |
| DYANAVEL XR ORAL TABLET CHEWABLE EXTENDED RELEASE 10 MG, 5 MG (<i>amphetamine</i>) | NPB | QL (60 TABLETS per 25 DAYs) |
| DYANAVEL XR ORAL TABLET CHEWABLE EXTENDED RELEASE 15 MG, 20 MG (<i>amphetamine</i>) | NPB | QL (30 TABLETS per 25 DAYs) |
| EVEKEO ODT ORAL TABLET DISPERSIBLE 10 MG, 5 MG (<i>amphetamine sulfate</i>) | NPB | QL (120 TABLETS per 25 days) |
| EVEKEO ODT ORAL TABLET DISPERSIBLE 15 MG, 20 MG (<i>amphetamine sulfate</i>) | NPB | QL (60 TABLETS per 25 days) |
| EVEKEO ORAL TABLET 10 MG, 5 MG (<i>amphetamine sulfate</i>) | NPB | STX; QL (120 TABLETS per 25 days) |
| FOCALIN ORAL TABLET 10 MG (<i>dexmethylphenidate hcl</i>) | NPB | QL (60 TABLETS per 25 DAYs) |
| FOCALIN ORAL TABLET 2.5 MG, 5 MG (<i>dexmethylphenidate hcl</i>) | NPB | QL (120 TABLETS per 25 DAYs) |
| FOCALIN XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 5 MG (<i>dexmethylphenidate hcl</i>) | NPB | QL (60 CAPSULES per 25 DAYs) |
| FOCALIN XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 25 MG, 30 MG, 35 MG, 40 MG (<i>dexmethylphenidate hcl</i>) | NPB | QL (30 CAPSULES per 25 DAYs) |
| <i>guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg</i> | G | |
| JORNAY PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 60 MG, 80 MG (<i>methylphenidate hcl</i>) | NPB | QL (30 CAPSULES per 25 DAYs) |
| JORNAY PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 20 MG, 40 MG (<i>methylphenidate hcl</i>) | NPB | QL (60 CAPSULES per 25 DAYs) |
| <i>methamphetamine hcl oral tablet 5 mg</i> | G | STX; QL (150 TABLETS per 25 DAYs) |
| METHYLIN ORAL SOLUTION 10 MG/5ML (<i>methylphenidate hcl</i>) | NPB | QL (900 ML per 25 DAYs) |
| METHYLIN ORAL SOLUTION 5 MG/5ML (<i>methylphenidate hcl</i>) | NPB | QL (1800 ML per 25 DAYs) |

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

12/01/2023

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|-----------|----------------------------------|
| <i>methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg</i> | G | QL (60 CAPSULES per 25 DAYs) |
| <i>methylphenidate hcl er (cd) oral capsule extended release 40 mg, 50 mg, 60 mg</i> | G | QL (30 CAPSULES per 25 DAYs) |
| <i>methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg</i> | G | QL (60 CAPSULES per 25 DAYs) |
| <i>methylphenidate hcl er (la) oral capsule extended release 24 hour 20 mg, 30 mg</i> | G | QL (60 CAPSULES per 25 days) |
| <i>methylphenidate hcl er (la) oral capsule extended release 24 hour 40 mg, 60 mg</i> | G | QL (30 CAPSULES per 25 days) |
| <i>methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg</i> | G | QL (60 TABLETS per 25 days) |
| <i>methylphenidate hcl er (osm) oral tablet extended release 45 mg, 63 mg, 72 mg</i> | NPB | QL (30 TABLETS per 25 days) |
| <i>methylphenidate hcl er (osm) oral tablet extended release 54 mg</i> | G | QL (30 TABLETS per 25 days) |
| <i>methylphenidate hcl er (xr) oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 30 mg</i> | G | QL (60 CAPSULES per 25 DAYs) |
| <i>methylphenidate hcl er (xr) oral capsule extended release 24 hour 40 mg, 50 mg, 60 mg</i> | G | QL (30 CAPSULES per 25 DAYs) |
| <i>methylphenidate hcl er oral tablet extended release 10 mg, 20 mg</i> | G | QL (90 TABLETS per 25 DAYs) |
| <i>methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 36 mg</i> | G | QL (60 TABLETS per 25 DAYs) |
| <i>methylphenidate hcl er oral tablet extended release 24 hour 54 mg</i> | G | QL (30 TABLETS per 25 DAYs) |
| <i>methylphenidate hcl oral solution 10 mg/5ml</i> | G | QL (900 ML per 25 DAYs) |
| <i>methylphenidate hcl oral solution 5 mg/5ml</i> | G | QL (1800 ML per 25 DAYs) |
| <i>methylphenidate hcl oral tablet 10 mg, 5 mg</i> | G | QL (180 TABLETS per 25 DAYs) |
| <i>methylphenidate hcl oral tablet 20 mg</i> | G | QL (90 TABLETS per 25 DAYs) |
| <i>methylphenidate hcl oral tablet chewable 10 mg, 2.5 mg, 5 mg</i> | G | QL (180 TABLETS per 25 DAYs) |
| <i>methylphenidate transdermal patch 10 mg/9hr, 15 mg/9hr, 20 mg/9hr, 30 mg/9hr</i> | G | QL (30 PATCHES per 25 DAYs) |
| MYDAYIS ORAL CAPSULE EXTENDED RELEASE 24 HOUR 12.5 MG, 25 MG (<i>amphetamine-dextroamphetamine</i>) | PB | QL (60 CAPSULES per 25 DAYs) |

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna
The formulary is updated the first week of each month.
12/01/2023

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|-----------|----------------------------------|
| MYDAYIS ORAL CAPSULE EXTENDED RELEASE 24 HOUR 37.5 MG, 50 MG (<i>amphetamine-dextroamphetamine</i>) | PB | QL (30 CAPSULES per 25 DAYS) |
| <i>dextroamphetamine sulfate</i> (Procentra Oral Solution 5 Mg/5MI) | G | QL (1200 ML per 25 days) |
| QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 150 MG, 200 MG (<i>viloxazine hcl</i>) | PB | QL (90 CAPSULES per 25 days) |
| QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 20 MG, 30 MG (<i>methylphenidate hcl</i>) | NPB | QL (60 TABLETS per 25 DAYS) |
| QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 40 MG (<i>methylphenidate hcl</i>) | NPB | QL (30 TABLETS per 25 DAYS) |
| QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER 25 MG/5ML (<i>methylphenidate hcl</i>) | NPB | QL (360 ML per 25 days) |
| RELEXXII ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG (<i>methylphenidate hcl</i>) | NPB | QL (30 TABLETS per 25 days) |
| RELEXXII ORAL TABLET EXTENDED RELEASE 72 MG (<i>methylphenidate hcl</i>) | NPB | QL (30 TABLETS per 25 DAYS) |
| RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 30 MG (<i>methylphenidate hcl</i>) | NPB | QL (60 CAPSULES per 25 DAYS) |
| RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 40 MG (<i>methylphenidate hcl</i>) | NPB | QL (30 CAPSULES per 25 DAYS) |
| RITALIN ORAL TABLET 10 MG, 5 MG (<i>methylphenidate hcl</i>) | NPB | QL (180 TABLETS per 25 DAYS) |
| RITALIN ORAL TABLET 20 MG (<i>methylphenidate hcl</i>) | NPB | QL (90 TABLETS per 25 DAYS) |
| STRATTERA ORAL CAPSULE 10 MG, 18 MG, 25 MG (<i>atomoxetine hcl</i>) | NPB | QL (120 CAPSULES per 25 DAYS) |
| STRATTERA ORAL CAPSULE 100 MG, 60 MG, 80 MG (<i>atomoxetine hcl</i>) | NPB | QL (30 CAPSULES per 25 DAYS) |
| STRATTERA ORAL CAPSULE 40 MG (<i>atomoxetine hcl</i>) | NPB | QL (60 CAPSULES per 25 DAYS) |
| VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG (<i>lisdexamfetamine dimesylate</i>) | PB | QL (60 CAPSULES per 25 DAYS) |
| VYVANSE ORAL CAPSULE 40 MG, 50 MG, 60 MG, 70 MG (<i>lisdexamfetamine dimesylate</i>) | PB | QL (30 CAPSULES per 25 DAYS) |
| VYVANSE ORAL TABLET CHEWABLE 10 MG, 20 MG, 30 MG (<i>lisdexamfetamine dimesylate</i>) | PB | QL (60 TABLETS per 25 DAYS) |
| VYVANSE ORAL TABLET CHEWABLE 40 MG, 50 MG, 60 MG (<i>lisdexamfetamine dimesylate</i>) | PB | QL (30 TABLETS per 25 DAYS) |

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

12/01/2023

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|--|-----------|----------------------------------|
| XELSTRYM TRANSDERMAL PATCH 13.5 MG/9HR, 18 MG/9HR, 4.5 MG/9HR, 9 MG/9HR (<i>dextroamphetamine</i>) | NPB | QL (30 PATCHES per 25 DAYS) |
| <i>dextroamphetamine sulfate</i> (Zenedi Oral Tablet 15 Mg, 20 Mg) | G | QL (60 TABLETS per 25 days) |
| ZENZEDI ORAL TABLET 2.5 MG, 7.5 MG (<i>dextroamphetamine sulfate</i>) | G | QL (120 TABLETS per 25 days) |
| <i>dextroamphetamine sulfate</i> (Zenedi Oral Tablet 30 Mg) | G | QL (30 TABLETS per 25 days) |
| FIBROMYALGIA | | |
| SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG (<i>milnacipran hcl</i>) | PB | |
| SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG (<i>milnacipran hcl</i>) | PB | |
| HYPNOTICS - DRUGS TO TREAT INSOMNIA | | |
| BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG (<i>suvorexant</i>) | PB | |
| DAYVIGO ORAL TABLET 10 MG, 5 MG (<i>lemborexant</i>) | PB | |
| <i>doxepin hcl oral tablet 3 mg, 6 mg</i> | G | |
| <i>estazolam oral tablet 1 mg, 2 mg</i> | G | |
| <i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i> | G | |
| HETLIOZ LQ ORAL SUSPENSION 4 MG/ML (<i>tasimelteon</i>) | NPSP | PA; QL (5 ML per 1 day) |
| HETLIOZ ORAL CAPSULE 20 MG (<i>tasimelteon</i>) | NPSP | PA; QL (30 CAPSULES per 30 days) |
| <i>midazolam hcl oral syrup 2 mg/ml</i> | G | |
| <i>quazepam oral tablet 15 mg</i> | NF | |
| QUVIVIQ ORAL TABLET 25 MG, 50 MG (<i>daridorexant hcl</i>) | PB | |
| <i>ramelteon oral tablet 8 mg</i> | G | |
| <i>tasimelteon oral capsule 20 mg</i> | PSP | PA; QL (30 CAPSULES per 30 DAYS) |
| <i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg</i> | G | |
| <i>triazolam oral tablet 0.125 mg, 0.25 mg</i> | G | |
| <i>zaleplon oral capsule 10 mg, 5 mg</i> | G | |
| <i>zolpidem tartrate er oral tablet extended release 12.5 mg, 6.25 mg</i> | G | |
| <i>zolpidem tartrate oral tablet 10 mg, 5 mg</i> | G | |

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

12/01/2023

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|-----------|----------------------------------|
| <i>zolpidem tartrate sublingual tablet sublingual 1.75 mg, 3.5 mg</i> | NF | |
| MIGRAINE - DRUGS TO TREAT SEVERE HEADACHES | | |
| AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML (<i>erenumab-aooe</i>) | PB | |
| AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 225 MG/1.5ML (<i>fremanezumab-vfrm</i>) | PB | |
| AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 225 MG/1.5ML (<i>fremanezumab-vfrm</i>) | PB | |
| <i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i> | G | |
| <i>dihydroergotamine mesylate injection solution 1 mg/ml</i> | G | |
| <i>dihydroergotamine mesylate nasal solution 4 mg/ml</i> | NF | |
| <i>eletriptan hydrobromide oral tablet 20 mg, 40 mg</i> | G | |
| EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>galcanezumab-gnlm</i>) | PB | |
| EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML (<i>galcanezumab-gnlm</i>) | PB | |
| EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML (<i>galcanezumab-gnlm</i>) | PB | |
| <i>ergotamine-caffeine oral tablet 1-100 mg</i> | NF | |
| <i>frovatriptan succinate oral tablet 2.5 mg</i> | G | |
| MIGERGOT RECTAL SUPPOSITORY 2-100 MG (<i>ergotamine-caffeine</i>) | NF | |
| MIGRANAL NASAL SOLUTION 4 MG/ML (<i>dihydroergotamine mesylate</i>) | NPB | QL (8 ML per 25 days) |
| <i>naratriptan hcl oral tablet 1 mg, 2.5 mg</i> | G | |
| NURTEC ORAL TABLET DISPERSIBLE 75 MG (<i>rimegepant sulfate</i>) | PB | |
| ONZETRA XSAIL NASAL EXHALER POWDER 11 MG/NOSEPC (<i>sumatriptan succinate</i>) | PB | |
| QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG (<i>atogepant</i>) | PB | |
| <i>rizatriptan benzoate oral tablet 10 mg, 5 mg</i> | G | |
| <i>rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg</i> | G | |
| <i>sumatriptan nasal solution 20 mg/lact, 5 mg/lact</i> | G | |
| <i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i> | G | |

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

12/01/2023

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|-----------|----------------------------------|
| <i>sumatriptan succinate refill subcutaneous solution cartridge 4 mg/0.5ml, 6 mg/0.5ml</i> | G | |
| <i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i> | G | |
| <i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml</i> | G | |
| <i>sumatriptan-naproxen sodium oral tablet 85-500 mg</i> | NF | |
| TREXIMET ORAL TABLET 85-500 MG (<i>sumatriptan-naproxen sodium</i>) | NF | |
| TRUDHESA NASAL AEROSOL SOLUTION 0.725 MG/ACT (<i>dihydroergotamine mesylate hfa</i>) | NPB | QL (3 PACKAGES per 25 DAYS) |
| UBRELVY ORAL TABLET 100 MG, 50 MG (<i>ubrogepant</i>) | PB | |
| ZEMBRACE SYMTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 3 MG/0.5ML (<i>sumatriptan succinate</i>) | PB | |
| <i>zolmitriptan nasal solution 5 mg</i> | G | |
| <i>zolmitriptan oral tablet 2.5 mg, 5 mg</i> | G | |
| <i>zolmitriptan oral tablet dispersible 2.5 mg, 5 mg</i> | G | |
| MISCELLANEOUS | | |
| DAYBUE ORAL SOLUTION 200 MG/ML (<i>trofinetide</i>) | NPSP | PA; QL (3600 ML per 30 days) |
| EVRYSDI ORAL SOLUTION RECONSTITUTED 0.75 MG/ML (<i>risdiplam</i>) | NPSP | PA; QL (2 BOTTLES per 24 days) |
| FIRDAPSE ORAL TABLET 10 MG (<i>amifampridine phosphate</i>) | NPSP | PA; QL (240 TABLETS per 30 DAYS) |
| <i>lithium carbonate er oral tablet extended release 300 mg, 450 mg</i> | G | |
| <i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i> | G | |
| <i>lithium carbonate oral tablet 300 mg</i> | G | |
| LITHOBID ORAL TABLET EXTENDED RELEASE 300 MG (<i>lithium carbonate</i>) | PB | |
| <i>pyridostigmine bromide er oral tablet extended release 180 mg</i> | G | |
| <i>pyridostigmine bromide oral solution 60 mg/5ml</i> | G | |
| <i>pyridostigmine bromide oral tablet 30 mg, 60 mg</i> | G | |
| RADICAVA ORS ORAL SUSPENSION 105 MG/5ML (<i>edaravone</i>) | NPSP | PA; QL (50 ML per 28 DAYS) |
| RADICAVA ORS STARTER KIT ORAL SUSPENSION 105 MG/5ML (<i>edaravone</i>) | NPSP | PA; QL (70 ML per 28 DAYS) |

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

12/01/2023

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|-----------|---|
| RELYVRIO ORAL PACKET 3-1 GM (<i>phenylbutyrate- taurursodiol</i>) | NF | |
| <i>riluzole oral tablet 50 mg</i> | G | |
| SKYCLARYS ORAL CAPSULE 50 MG (<i>omaveloxolone</i>) | NF | |
| MOVEMENT DISORDERS | | |
| AUSTEDO ORAL TABLET 12 MG, 9 MG (<i>deutetrabenazine</i>) | PSP | PA; QL (120 TABLETS per 30 days) |
| AUSTEDO ORAL TABLET 6 MG (<i>deutetrabenazine</i>) | PSP | PA; QL (60 TABLETS per 30 days) |
| AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG (<i>deutetrabenazine</i>) | PSP | PA; QL (120 TABLETS per 30 DAYS) |
| AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 24 MG (<i>deutetrabenazine</i>) | PSP | PA; QL (60 TABLETS per 30 DAYS) |
| AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 6 MG (<i>deutetrabenazine</i>) | PSP | PA; QL (90 TABLETS per 30 DAYS) |
| AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 6 & 12 & 24 MG (<i>deutetrabenazine</i>) | PSP | PA; QL (42 TABLETS per 28 DAYS) |
| INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG (<i>valbenazine tosylate</i>) | PSP | PA; QL (30 CAPSULES per 30 days) |
| INGREZZA ORAL CAPSULE THERAPY PACK 40 & 80 MG (<i>valbenazine tosylate</i>) | PSP | PA; QL (1 CAPSULE THERAPY PACK per 28 days) |
| <i>tetrabenazine oral tablet 12.5 mg</i> | PSP | PA; QL (240 TABLETS per 30 days) |
| <i>tetrabenazine oral tablet 25 mg</i> | PSP | PA; QL (120 TABLETS per 30 days) |
| XENAZINE ORAL TABLET 12.5 MG, 25 MG (<i>tetrabenazine</i>) | NF | |
| MULTIPLE SCLEROSIS AGENTS - DRUGS TO TREAT MULTIPLE SCLEROSIS | | |
| AMPYRA ORAL TABLET EXTENDED RELEASE 12 HOUR 10 MG (<i>dalfampridine</i>) | NPSP | PA; ST; QL (60 TABLETS per 30 days) |
| AUBAGIO ORAL TABLET 14 MG, 7 MG (<i>teriflunomide</i>) | NF | |
| AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML (<i>interferon beta-1a</i>) | PSP | PA; QL (4 SYRINGES per 28 days) |
| AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML (<i>interferon beta-1a</i>) | PSP | PA; QL (4 SYRINGES per 28 days) |

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

12/01/2023

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|--|-----------|------------------------------------|
| BAFIERTAM ORAL CAPSULE DELAYED RELEASE 95 MG (<i>monomethyl fumarate</i>) | NF | |
| BETASERON SUBCUTANEOUS KIT 0.3 MG (<i>interferon beta-1b</i>) | PSP | PA; QL (14 INJECTIONS per 28 days) |
| COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML (<i>glatiramer acetate</i>) | PSP | PA; QL (30 ML per 30 days) |
| COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML (<i>glatiramer acetate</i>) | PSP | PA; QL (12 ML per 28 days) |
| <i>dalfampridine er oral tablet extended release 12 hour 10 mg</i> | PSP | PA; QL (60 TABLETS per 30 days) |
| <i>dimethyl fumarate oral capsule delayed release 120 mg</i> | PSP | PA; QL (14 CAPSULES per 28 DAYS) |
| <i>dimethyl fumarate oral capsule delayed release 240 mg</i> | PSP | PA; QL (60 CAPSULES per 30 DAYS) |
| <i>dimethyl fumarate starter pack oral capsule delayed release therapy pack 120 & 240 mg</i> | PSP | PA; QL (1 KIT per 30 days) |
| EXTAVIA SUBCUTANEOUS KIT 0.3 MG (<i>interferon beta-1b</i>) | NF | |
| <i>fingolimod hcl oral capsule 0.5 mg</i> | PSP | PA; QL (30 CAPSULES per 30 DAYS) |
| GILENYA ORAL CAPSULE 0.25 MG, 0.5 MG (<i>fingolimod hcl</i>) | NF | |
| <i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml</i> | PSP | PA; QL (30 ML per 30 days) |
| <i>glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml</i> | PSP | PA; QL (12 ML per 28 days) |
| <i>glatiramer acetate (Glatopa Subcutaneous Solution Prefilled Syringe 20 Mg/ML)</i> | PSP | PA; QL (30 ML per 30 days) |
| <i>glatiramer acetate (Glatopa Subcutaneous Solution Prefilled Syringe 40 Mg/ML)</i> | PSP | PA; QL (12 ML per 28 days) |
| KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML (<i>ofatumumab</i>) | PSP | PA; QL (1 PEN per 28 days) |
| MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK 10 MG (<i>cladribine</i>) | NPSP | PA; QL (20 TABLETS per 270 days) |
| MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK 10 MG (<i>cladribine</i>) | NPSP | PA; QL (20 TABLETS per 270 days) |
| MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK 10 MG (<i>cladribine</i>) | NPSP | PA; QL (20 TABLETS per 270 days) |

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna
The formulary is updated the first week of each month.
12/01/2023

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|--|-----------|-----------------------------------|
| MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK 10 MG (<i>cladribine</i>) | NPSP | PA; QL (20 TABLETS per 270 days) |
| MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK 10 MG (<i>cladribine</i>) | NPSP | PA; QL (20 TABLETS per 270 days) |
| MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK 10 MG (<i>cladribine</i>) | NPSP | PA; QL (20 TABLETS per 270 days) |
| MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK 10 MG (<i>cladribine</i>) | NPSP | PA; QL (20 TABLETS per 270 days) |
| MAYZENT ORAL TABLET 0.25 MG (<i>siponimod fumarate</i>) | PSP | PA; QL (12 TABLETS per 5 days) |
| MAYZENT ORAL TABLET 1 MG (<i>siponimod fumarate</i>) | PSP | PA; QL (30 TABLETS per 30 days) |
| MAYZENT ORAL TABLET 2 MG (<i>siponimod fumarate</i>) | PSP | PA; QL (30 TABLETS per 30 DAYS) |
| MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG (<i>siponimod fumarate</i>) | PSP | PA; QL (12 TABLETS per 5 Days) |
| MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG (<i>siponimod fumarate</i>) | PSP | PA; QL (7 TABLETS per 4 days) |
| PLEGRIDY INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML (<i>peginterferon beta-1a</i>) | NPSP | PA; QL (2 INJECTIONS per 28 days) |
| PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PEN-INJECTOR 63 & 94 MCG/0.5ML (<i>peginterferon beta-1a</i>) | NPSP | PA; QL (2 INJECTIONS per 28 days) |
| PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 63 & 94 MCG/0.5ML (<i>peginterferon beta-1a</i>) | NPSP | PA; QL (2 INJECTIONS per 28 days) |
| PLEGRIDY SUBCUTANEOUS SOLUTION PEN-INJECTOR 125 MCG/0.5ML (<i>peginterferon beta-1a</i>) | NPSP | PA; QL (2 INJECTIONS per 28 days) |
| PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML (<i>peginterferon beta-1a</i>) | NPSP | PA; QL (2 INJECTIONS per 28 days) |
| PONVORY ORAL TABLET 20 MG (<i>ponesimod</i>) | NPSP | PA; QL (30 TABLETS per 30 days) |
| PONVORY STARTER PACK ORAL TABLET THERAPY PACK 2-3-4-5-6-7-8-9 & 10 MG (<i>ponesimod</i>) | NPSP | PA; QL (14 TABLETS per 14 days) |
| REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML, 44 MCG/0.5ML (<i>interferon beta-1a</i>) | PSP | PA; QL (12 PENS per 28 days) |

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

12/01/2023

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|--|-----------|--|
| REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG (<i>interferon beta-1a</i>) | PSP | PA; QL (1 ML per 28 days) |
| REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML, 44 MCG/0.5ML (<i>interferon beta-1a</i>) | PSP | PA; QL (12 SYRINGES per 28 DAYS) |
| REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG (<i>interferon beta-1a</i>) | PSP | PA; QL (1 ML per 28 days) |
| TASCENSO ODT ORAL TABLET DISPERSIBLE 0.25 MG, 0.5 MG (<i>fingolimod lauryl sulfate</i>) | NF | |
| TECFIDERA ORAL CAPSULE DELAYED RELEASE 120 MG, 240 MG (<i>dimethyl fumarate</i>) | NF | |
| TECFIDERA ORAL CAPSULE DELAYED RELEASE THERAPY PACK 120 & 240 MG (<i>dimethyl fumarate</i>) | NF | |
| <i>teriflunomide oral tablet 14 mg, 7 mg</i> | PSP | PA; QL (30 TABLETS per 30 DAYS) |
| TYSABRI INTRAVENOUS CONCENTRATE 300 MG/15ML (<i>natalizumab</i>) | PSP | PA; QL (1 ML per 28 days) |
| VUMERITY ORAL CAPSULE DELAYED RELEASE 231 MG (<i>diroximel fumarate</i>) | PSP | PA; QL (120 CAPSULES per 30 days) |
| ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK 4 X 0.23MG & 3 X 0.46MG (<i>ozanimod hcl</i>) | PSP | PA; ST; IBC (Preferred agent for Ulcerative Colitis); QL (1 PACK per 7 days) |
| ZEPOSIA ORAL CAPSULE 0.92 MG (<i>ozanimod hcl</i>) | PSP | PA; ST; IBC (Preferred agent for Ulcerative Colitis); QL (30 CAPSULES per 30 days) |
| ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG 0.92MG(21) (<i>ozanimod hcl</i>) | PSP | PA; ST; IBC (Preferred agent for Ulcerative Colitis); QL (1 KIT per 28 days) |
| MUSCULOSKELETAL THERAPY AGENTS | | |
| <i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i> | G | |
| BOTOX INJECTION SOLUTION RECONSTITUTED 100 UNIT, 200 UNIT (<i>onabotulinumtoxinA</i>) | NF | |
| <i>carisoprodol oral tablet 250 mg</i> | NF | |
| <i>carisoprodol oral tablet 350 mg</i> | G | QL (84 TABLETS per 28 DAYS) |
| <i>chlorzoxazone oral tablet 250 mg, 375 mg, 750 mg</i> | NF | |

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna
The formulary is updated the first week of each month.
12/01/2023

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|--|-----------|--|
| <i>chlorzoxazone oral tablet 500 mg</i> | G | N8 (Listing does not include certain NDCs) |
| <i>cyclobenzaprine hcl er oral capsule extended release 24 hour 15 mg, 30 mg</i> | NF | |
| <i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i> | G | |
| <i>cyclobenzaprine hcl oral tablet 7.5 mg</i> | NF | |
| DANTRIUM ORAL CAPSULE 25 MG (<i>dantrolene sodium</i>) | PB | |
| <i>dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg</i> | G | |
| DYSPORT INTRAMUSCULAR SOLUTION RECONSTITUTED 300 UNIT, 500 UNIT (<i>abobotulinumtoxinA</i>) | NPSP | PA |
| LYVISPAH ORAL PACKET 10 MG, 20 MG, 5 MG (<i>baclofen</i>) | PB | |
| <i>metaxalone oral tablet 400 mg</i> | NF | |
| <i>metaxalone oral tablet 800 mg</i> | G | |
| <i>methocarbamol oral tablet 500 mg, 750 mg</i> | G | N8 (Listing does not include certain NDCs) |
| <i>norgesic forte oral tablet 50-770-60 mg</i> | NF | |
| <i>orphenadrine-aspirin-caffeine</i> (Norgesic Oral Tablet 25-385-30 Mg) | NF | |
| <i>orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg</i> | NF | |
| <i>orphenadrine-aspirin-caffeine</i> (Orphengesic Forte Oral Tablet 50-770-60 Mg) | NF | |
| SOHONOS ORAL CAPSULE 1 MG, 1.5 MG, 10 MG, 2.5 MG, 5 MG (<i>palovarotene</i>) | NF | |
| SOMA ORAL TABLET 250 MG, 350 MG (<i>carisoprodol</i>) | NPB | QL (84 TABLETS per 28 DAYS) |
| <i>tizanidine hcl oral capsule 2 mg, 4 mg, 6 mg</i> | G | |
| <i>tizanidine hcl oral tablet 2 mg, 4 mg</i> | G | |
| XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT, 200 UNIT, 50 UNIT (<i>incobotulinumtoxinA</i>) | NPSP | PA |
| NARCOLEPSY/CATAPLEXY - DRUGS FOR SLEEP DISORDERS | | |
| <i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i> | G | |
| LUMRYZ ORAL PACKET 4.5 GM, 6 GM, 7.5 GM, 9 GM (<i>sodium oxybate</i>) | NPSP | PA; QL (30 PACKETS per 30 days) |

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

12/01/2023

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|--|-----------|-------------------------------------|
| <i>modafinil oral tablet 100 mg, 200 mg</i> | G | |
| <i>sodium oxybate oral solution 500 mg/ml</i> | NF | |
| SUNOSI ORAL TABLET 150 MG, 75 MG (<i>solriamfetol hcl</i>) | PB | |
| WAKIX ORAL TABLET 17.8 MG, 4.45 MG (<i>pitolisant hcl</i>) | PSP | PA; QL (60 TABLETS per 30 days) |
| XYREM ORAL SOLUTION 500 MG/ML (<i>sodium oxybate</i>) | NPSP | PA; QL (540 ML per 30 days) |
| XYWAV ORAL SOLUTION 500 MG/ML (<i>ca, mg, k, and na oxybates</i>) | PSP | PA; QL (540 ML per 30 days) |
| OPIOID AGONIST/ANTAGONIST | | |
| <i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg</i> | G | QL (60 FILM per 25 days) |
| <i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg</i> | G | QL (90 FILM per 25 days) |
| <i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg</i> | CE | N7 (G); QL (90 TABLETS per 25 DAYs) |
| SUBOXONE SUBLINGUAL FILM 12-3 MG (<i>buprenorphine hcl-naloxone hcl</i>) | NPB | QL (60 FILMS per 25 DAYs) |
| SUBOXONE SUBLINGUAL FILM 2-0.5 MG, 4-1 MG, 8-2 MG (<i>buprenorphine hcl-naloxone hcl</i>) | NPB | QL (90 FILM per 25 days) |
| ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG, 1.4-0.36 MG, 2.9-0.71 MG, 5.7-1.4 MG (<i>buprenorphine hcl-naloxone hcl</i>) | PB | QL (90 TABLETS per 25 DAYs) |
| ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 11.4-2.9 MG (<i>buprenorphine hcl-naloxone hcl</i>) | PB | QL (30 TABLETS per 25 DAYs) |
| ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 8.6-2.1 MG (<i>buprenorphine hcl-naloxone hcl</i>) | PB | QL (60 TABLETS per 25 DAYs) |
| OPIOID ANTAGONIST | | |
| KLOXXADO NASAL LIQUID 8 MG/0.1ML (<i>naloxone hcl</i>) | PB | QL (4 SPRAYS per 25 days) |
| <i>naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml</i> | G | |
| <i>naloxone hcl injection solution cartridge 0.4 mg/ml</i> | G | |
| <i>naloxone hcl injection solution prefilled syringe 2 mg/2ml</i> | G | |
| <i>naloxone hcl nasal liquid 4 mg/0.1ml</i> | G | QL (4 SPRAYS per 25 days) |
| <i>naltrexone hcl oral tablet 50 mg</i> | CE | N7 (G) |
| NARCAN NASAL LIQUID 4 MG/0.1ML (<i>naloxone hcl</i>) | NPB | QL (4 SPRAYS per 25 days) |
| OPVEE NASAL SOLUTION 2.7 MG/0.1ML (<i>nalmefene hcl</i>) | NPB | |
| VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG (<i>naltrexone</i>) | NPSP | QL (380 MG per 28 days) |

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

12/01/2023

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|-----------|---|
| ZIMHI INJECTION SOLUTION PREFILLED SYRINGE 5 MG/0.5ML (<i>naloxone hcl</i>) | NPB | QL (4 SYRINGES per 25 days) |
| OPIOID PARTIAL AGONISTS | | |
| <i>buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg</i> | CE | N7 (G); QL (90 TABLETS per 25 DAYS) |
| POSTHERPETIC NEURALGIA (PHN) | | |
| GRALISE ORAL TABLET 300 MG, 450 MG, 600 MG, 750 MG, 900 MG (<i>gabapentin (once-daily)</i>) | PB | |
| <i>pregabalin er oral tablet extended release 24 hour 165 mg, 330 mg, 82.5 mg</i> | G | |
| PSYCHOTHERAPEUTIC-MISC | | |
| ADDYI ORAL TABLET 100 MG (<i>flibanserin</i>) | NPB | SPC |
| <i>chlordiazepoxide-amitriptyline oral tablet 10-25 mg, 5-12.5 mg</i> | G | |
| <i>fluoxetine hcl (pmd) oral tablet 10 mg, 20 mg</i> | NF | |
| NUEDEXTA ORAL CAPSULE 20-10 MG (<i>dextromethorphan-quinidine</i>) | PB | |
| <i>paroxetine mesylate oral capsule 7.5 mg</i> | NF | |
| <i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i> | G | |
| <i>pimozide oral tablet 1 mg, 2 mg</i> | G | |
| VYLEESI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1.75 MG/0.3ML (<i>bremelanotide acetate</i>) | NPB | SPC |
| SMOKING DETERRENTS | | |
| <i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i> | CE | N7 (G); N8 (\$0 copay limited to 2 treatment cycles/year); QL (2 TREATMENT CYCLES per 365 days) |
| <i>cvs nicotine mouth/throat gum 4 mg</i> | CE | N7 (G); N8 (\$0 limited to 2 treatment cycles/year); QL (2 treatment cycles per 365 days) |
| <i>cvs nicotine polacrilex mouth/throat gum 2 mg</i> | CE | N7 (G); N8 (\$0 copay limited to 2 treatment cycles/year); QL (2 TREATMENT CYCLES per 365 days) |

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

12/01/2023

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|--|-----------|--|
| <i>cvs nicotine polacrilex mouth/throat gum 4 mg</i> | CE | N7 (Not Covered); N8 (\$0 limited to 2 treatment cycles/year); QL (2 treatment cycles per 365 days) |
| <i>cvs nicotine polacrilex mouth/throat lozenge 2 mg</i> | CE | N7 (G); N8 (\$0 copay limited to 2 treatment cycles/year); QL (2 TREATMENT CYCLES per 365 days) |
| <i>cvs nicotine polacrilex mouth/throat lozenge 4 mg</i> | CE | N7 (G); N8 (\$0 copay limited to 2 treatment cycles/year); QL (2 TREATMENT CYCLES per 365 DAYS) |
| <i>cvs nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr</i> | CE | N7 (G); N8 (\$0 copay limited to 2 treatment cycles/year); QL (2 TREATMENT CYCLES per 365 DAYS) |
| <i>cvs nicotine transdermal patch 24 hour 7 mg/24hr</i> | CE | N7 (G); N8 (\$0 copay limited to 2 treatment cycles/year); QL (2 TREATMENT CYCLES per 365 days) |
| NICOTROL INHALATION INHALER 10 MG (<i>nicotine</i>) | CE | N7 (NPB); N8 (\$0 copay limited to 2 treatment cycles/year); QL (168 DAYS OF TREATMENT per 365 days) |
| NICOTROL NS NASAL SOLUTION 10 MG/ML (<i>nicotine</i>) | CE | N7 (NPB); N8 (\$0 copay limited to 2 treatment cycles/year); QL (168 DAYS OF TREATMENT per 365 days) |
| <i>varenicline tartrate (starter) oral tablet therapy pack 0.5 mg x 11 & 1 mg x 42</i> | CE | N7 (G); N8 (\$0 limited to 2 treatment cycles/year); QL (2 TREATMENT CYCLES per 365 Days) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|-----------|---|
| <i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i> | CE | N7 (G); N8 (\$0 limited to 2 treatment cycles/year); QL (2 TREATMENT CYCLES per 365 days) |
| ENDOCRINE AND METABOLIC - DRUGS TO TREAT DIABETES AND REGULATE HORMONES | | |
| ACROMEGALY - DRUGS TO TREAT CONDITIONS THAT CAUSE EXCESSIVE GROWTH | | |
| <i>lanreotide acetate subcutaneous solution 120 mg/0.5ml</i> | NF | |
| MYCAPSSA ORAL CAPSULE DELAYED RELEASE 20 MG (<i>octreotide acetate</i>) | NF | |
| <i>octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml, 500 mcg/ml</i> | G | PA; QL (90 ML per 30 days) |
| <i>octreotide acetate injection solution 1000 mcg/ml</i> | G | PA; QL (45 ML per 30 days) |
| <i>octreotide acetate injection solution 200 mcg/ml</i> | G | PA; QL (225 ML per 30 days) |
| <i>octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml, 500 mcg/ml</i> | G | PA; QL (90 ML per 30 days) |
| SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML (<i>octreotide acetate</i>) | NPSP | PA; QL (90 ML per 30 DAYS) |
| SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT 10 MG, 20 MG, 30 MG (<i>octreotide acetate</i>) | NF | |
| SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 120 MG/0.5ML, 60 MG/0.2ML, 90 MG/0.3ML (<i>lanreotide acetate</i>) | PSP | PA; QL (1 INJECTION per 28 days) |
| SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG (<i>pegvisomant</i>) | NF | |
| ANDROGENS - DRUGS TO REGULATE MALE HORMONES | | |
| ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24HR, 4 MG/24HR (<i>testosterone</i>) | NPB | PA |
| ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%) (<i>testosterone</i>) | NPB | PA |
| AVEED INTRAMUSCULAR SOLUTION 750 MG/3ML (<i>testosterone undecanoate</i>) | NPSP | PA |
| FORTESTA TRANSDERMAL GEL 10 MG/ACT (2%) (<i>testosterone</i>) | NPB | PA |

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

12/01/2023

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|--|-----------|----------------------------------|
| JATENZO ORAL CAPSULE 158 MG, 198 MG, 237 MG (<i>testosterone undecanoate</i>) | NPB | PA |
| KYZATREX ORAL CAPSULE 100 MG, 150 MG, 200 MG (<i>testosterone undecanoate</i>) | NPB | PA |
| <i>methitest oral tablet 10 mg</i> | NPB | PA; STX |
| <i>methyltestosterone oral capsule 10 mg</i> | G | PA; STX |
| NATESTO NASAL GEL 5.5 MG/ACT (<i>testosterone</i>) | PB | PA |
| TESTIM TRANSDERMAL GEL 50 MG/5GM (1%) (<i>testosterone</i>) | NPB | PA |
| <i>testosterone cypionate injection solution 200 mg/ml</i> | NPB | PA |
| <i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i> | G | PA |
| <i>testosterone enanthate intramuscular solution 200 mg/ml</i> | G | PA |
| <i>testosterone transdermal gel 1.62 %, 10 mg/lact (2%), 12.5 mg/lact (1%), 20.25 mg/1.25gm (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)</i> | G | PA |
| <i>testosterone transdermal gel 20.25 mg/lact (1.62%)</i> | G | |
| <i>testosterone transdermal solution 30 mg/lact</i> | G | PA |
| TLANDO ORAL CAPSULE 112.5 MG (<i>testosterone undecanoate</i>) | NPB | PA |
| VOGELXO PUMP TRANSDERMAL GEL 12.5 MG/ACT (1%) (<i>testosterone</i>) | NPB | PA |
| VOGELXO TRANSDERMAL GEL 50 MG/5GM (1%) (<i>testosterone</i>) | NPB | PA |
| XYOSTED SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/0.5ML, 50 MG/0.5ML, 75 MG/0.5ML (<i>testosterone enanthate</i>) | NPB | PA |
| ANTIDIABETICS, ALPHA-GLUCOSIDASE INHIBITORS | | |
| <i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i> | G | |
| <i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i> | G | |
| ANTIDIABETICS, AMYLIN ANALOGS | | |
| SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML (<i>pramlintide acetate</i>) | PB | |
| SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML (<i>pramlintide acetate</i>) | PB | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|-----------|---|
| ANTIDIABETICS, BIGUANIDE | | |
| GLUMETZA ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG, 500 MG (<i>metformin hcl</i>) | NF | |
| <i>metformin hcl er (mod) oral tablet extended release 24 hour 1000 mg, 500 mg</i> | NF | |
| <i>metformin hcl er (osm) oral tablet extended release 24 hour 1000 mg, 500 mg</i> | NF | |
| <i>metformin hcl er oral tablet extended release 24 hour 500 mg</i> | G | LGC |
| <i>metformin hcl er oral tablet extended release 24 hour 750 mg</i> | G | |
| <i>metformin hcl oral tablet 1000 mg, 500 mg</i> | G | LGC |
| <i>metformin hcl oral tablet 850 mg</i> | CE | LGC; N7 (G); AL (Min 35 Years and Max 70 Years) |
| ANTIDIABETICS, BIGUANIDE/ SULFONYLUREA COMBINATIONS | | |
| <i>glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i> | G | LGC |
| ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 INHIBITORS | | |
| <i>alogliptin benzoate oral tablet 12.5 mg, 25 mg, 6.25 mg</i> | G | |
| JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG (<i>sitagliptin phosphate</i>) | PB | |
| TRADJENTA ORAL TABLET 5 MG (<i>linagliptin</i>) | PB | |
| ANTIDIABETICS, DPP-4 INHIBITOR COMBINATIONS | | |
| <i>alogliptin-metformin hcl oral tablet 12.5-1000 mg, 12.5-500 mg</i> | G | |
| <i>alogliptin-pioglitazone oral tablet 12.5-30 mg, 25-15 mg, 25-30 mg, 25-45 mg</i> | G | |
| JANUMET ORAL TABLET 50-1000 MG, 50-500 MG (<i>sitagliptin-metformin hcl</i>) | PB | |
| JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-1000 MG, 50-500 MG (<i>sitagliptin-metformin hcl</i>) | PB | |
| JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG (<i>linagliptin-metformin hcl</i>) | PB | |
| JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG (<i>linagliptin-metformin hcl</i>) | PB | |

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

12/01/2023

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|-----------|----------------------------------|
| TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 12.5-2.5-1000 MG, 25-5-1000 MG, 5-2.5-1000 MG (<i>empagliflozin-linagliptin-metformin</i>) | PB | |
| ANTIDIABETICS, INCRETIN MIMETIC AGENTS | | |
| MOUNJARO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML (<i>tirzepatide</i>) | PB | |
| OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML (<i>semaglutide</i>) | PB | |
| OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML (<i>semaglutide</i>) | PB | |
| OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 8 MG/3ML (<i>semaglutide</i>) | PB | |
| RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG (<i>semaglutide</i>) | PB | |
| TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML (<i>dulaglutide</i>) | PB | |
| VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML (<i>liraglutide</i>) | PB | |
| ANTIDIABETICS, INCRETIN MIMETIC COMBINATION AGENTS | | |
| SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML (<i>insulin glargine-lixisenatide</i>) | PB | |
| XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML (<i>insulin degludec-liraglutide</i>) | PB | |
| ANTIDIABETICS, INSULIN | | |
| BASAGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin glargine</i>) | PB | |
| FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin aspart (w/niacinamide)</i>) | PB | |
| FIASP INJECTION SOLUTION 100 UNIT/ML (<i>insulin aspart (w/niacinamide)</i>) | PB | |
| FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML (<i>insulin aspart (w/niacinamide)</i>) | PB | |

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna
The formulary is updated the first week of each month.
12/01/2023

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|--|-----------|----------------------------------|
| HUMALOG INJECTION SOLUTION 100 UNIT/ML (<i>insulin lispro</i>) | PB | |
| HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin lispro</i>) | NPB | |
| HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML (<i>insulin lispro</i>) | PB | |
| HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (50-50) 100 UNIT/ML (<i>insulin lispro prot & lispro</i>) | PB | |
| HUMALOG MIX 50/50 SUBCUTANEOUS SUSPENSION (50-50) 100 UNIT/ML (<i>insulin lispro prot & lispro</i>) | PB | |
| HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML (<i>insulin lispro prot & lispro</i>) | PB | |
| HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION (75-25) 100 UNIT/ML (<i>insulin lispro prot & lispro</i>) | PB | |
| HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML (<i>insulin lispro</i>) | PB | |
| HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (<i>insulin nph isophane & regular</i>) | PB | |
| HUMULIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (<i>insulin nph isophane & regular</i>) | PB | |
| HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML (<i>insulin nph human (isophane)</i>) | PB | |
| HUMULIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML (<i>insulin nph human (isophane)</i>) | PB | |
| HUMULIN R INJECTION SOLUTION 100 UNIT/ML (<i>insulin regular human</i>) | PB | |
| HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML (<i>insulin regular human</i>) | PB | |
| HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML (<i>insulin regular human</i>) | PB | |
| <i>insulin asp prot & asp flexpen subcutaneous suspension pen-injector (70-30) 100 unit/ml</i> | PB | |

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

12/01/2023

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

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna
The formulary is updated the first week of each month.
12/01/2023

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|-----------|----------------------------------|
| NOVOLIN R INJECTION SOLUTION 100 UNIT/ML (<i>insulin regular human</i>) | PB | |
| NOVOLOG 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (<i>insulin aspart prot & aspart</i>) | NPB | |
| NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin aspart</i>) | PB | |
| NOVOLOG INJECTION SOLUTION 100 UNIT/ML (<i>insulin aspart</i>) | PB | |
| NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (<i>insulin aspart prot & aspart</i>) | PB | |
| NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (<i>insulin aspart prot & aspart</i>) | PB | |
| NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML (<i>insulin aspart</i>) | PB | |
| TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML (<i>insulin glargine</i>) | PB | |
| TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML (<i>insulin glargine</i>) | PB | |
| TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML (<i>insulin degludec</i>) | PB | |
| TRESIBA SUBCUTANEOUS SOLUTION 100 UNIT/ML (<i>insulin degludec</i>) | PB | |
| ANTIDIABETICS, INSULIN SENSITIZER | | |
| <i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i> | G | LGC |
| ANTIDIABETICS, INSULIN SENSITIZER/BIGUANIDE COMBINATION | | |
| <i>pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg</i> | G | |
| ANTIDIABETICS, INSULIN SENSITIZER/SULFONYLUREA COMBINATION | | |
| <i>pioglitazone hcl-glimepiride oral tablet 30-2 mg, 30-4 mg</i> | G | |
| ANTIDIABETICS, MEGLITINIDE | | |
| <i>nateglinide oral tablet 120 mg, 60 mg</i> | G | LGC |
| <i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i> | G | |

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

12/01/2023

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|--|-----------|----------------------------------|
| ANTIDIABETICS, MISCELLANEOUS | | |
| KORLYM ORAL TABLET 300 MG (<i>mifepristone</i>) | NF | |
| ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITOR COMBINATIONS | | |
| INVOKAMET ORAL TABLET 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG (<i>canagliflozin-metformin hcl</i>) | PB | |
| INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG (<i>canagliflozin-metformin hcl</i>) | PB | |
| SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG (<i>empagliflozin-metformin hcl</i>) | PB | |
| SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 25-1000 MG, 5-1000 MG (<i>empagliflozin-metformin hcl</i>) | PB | |
| XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 2.5-1000 MG, 5-1000 MG, 5-500 MG (<i>dapagliflozin prop-metformin</i>) | PB | |
| ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITOR/DPP-4 INHIBITOR COMBINATIONS | | |
| GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG (<i>empagliflozin-linagliptin</i>) | PB | |
| QTERN ORAL TABLET 10-5 MG, 5-5 MG (<i>dapagliflozin-saxagliptin</i>) | PB | |
| ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITORS | | |
| FARXIGA ORAL TABLET 10 MG, 5 MG (<i>dapagliflozin propanediol</i>) | PB | |
| INVOKANA ORAL TABLET 100 MG, 300 MG (<i>canagliflozin</i>) | PB | |
| JARDIANCE ORAL TABLET 10 MG, 25 MG (<i>empagliflozin</i>) | PB | |
| ANTIDIABETICS, SULFONYLUREA | | |
| <i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i> | G | LGC |
| <i>glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i> | G | LGC |
| <i>glipizide oral tablet 10 mg, 5 mg</i> | G | LGC |

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna
The formulary is updated the first week of each month.
12/01/2023

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|-----------|----------------------------------|
| <i>glipizide xl oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i> | G | LGC |
| ANTI-OBESITY | | |
| <i>benzphetamine hcl oral tablet 50 mg</i> | G | SPC |
| CONTRAVE ORAL TABLET EXTENDED RELEASE 12 HOUR 8-90 MG (<i>naltrexone-bupropion hcl</i>) | NPB | SPC |
| <i>diethylpropion hcl er oral tablet extended release 24 hour 75 mg</i> | G | SPC |
| <i>diethylpropion hcl oral tablet 25 mg</i> | G | SPC |
| <i>orlistat oral capsule 120 mg</i> | G | SPC |
| <i>phendimetrazine tartrate oral tablet 35 mg</i> | G | SPC |
| <i>phentermine hcl oral capsule 15 mg, 30 mg, 37.5 mg</i> | G | SPC |
| <i>phentermine hcl oral tablet 37.5 mg</i> | G | SPC |
| QSYMIA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 11.25-69 MG, 15-92 MG, 3.75-23 MG, 7.5-46 MG (<i>phentermine-topiramate</i>) | PB | SPC |
| SAXENDA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML (<i>liraglutide -weight management</i>) | PB | SPC |
| WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.25 MG/0.5ML, 0.5 MG/0.5ML, 1 MG/0.5ML, 1.7 MG/0.75ML, 2.4 MG/0.75ML (<i>semaglutide-weight management</i>) | PB | SPC |
| BISPHOSPHONATES - DRUGS TO TREAT BONE LOSS | | |
| <i>alendronate sodium oral solution 70 mg/75ml</i> | G | |
| <i>alendronate sodium oral tablet 10 mg, 35 mg, 5 mg, 70 mg</i> | G | |
| <i>ibandronate sodium intravenous solution 3 mg/3ml</i> | G | |
| <i>ibandronate sodium oral tablet 150 mg</i> | G | |
| <i>pamidronate disodium intravenous solution 30 mg/10ml, 90 mg/10ml</i> | G | |
| <i>pamidronate disodium intravenous solution 6 mg/ml</i> | NPSP | |
| RECLAST INTRAVENOUS SOLUTION 5 MG/100ML (<i>zoledronic acid</i>) | NPSP | PA |
| <i>risedronate sodium oral tablet 150 mg, 30 mg, 35 mg, 5 mg</i> | G | |
| <i>risedronate sodium oral tablet delayed release 35 mg</i> | G | |
| <i>zoledronic acid intravenous concentrate 4 mg/5ml</i> | G | PA |
| <i>zoledronic acid intravenous solution 4 mg/100ml</i> | NPSP | PA |
| <i>zoledronic acid intravenous solution 5 mg/100ml</i> | G | PA |

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

12/01/2023

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|-----------|----------------------------------|
| <i>zoledronic acid solution 4 mg/100ml intravenous</i> | PSP | PA |
| <i>zoledronic acid solution 4 mg/100ml intravenous</i> | NPSP | PA |
| CALCIUM RECEPTOR AGONISTS | | |
| <i>cinacalcet hcl oral tablet 30 mg, 60 mg</i> | PSP | PA; QL (60 TABLETS per 30 days) |
| <i>cinacalcet hcl oral tablet 90 mg</i> | PSP | PA; QL (120 TABLETS per 30 days) |
| PARSABIV INTRAVENOUS SOLUTION 10 MG/2ML, 2.5 MG/0.5ML, 5 MG/ML (<i>etelcalcetide hcl</i>) | NF | |
| SENSIPAR ORAL TABLET 30 MG, 60 MG (<i>cinacalcet hcl</i>) | NPSP | PA; QL (60 TABLETS per 30 days) |
| SENSIPAR ORAL TABLET 90 MG (<i>cinacalcet hcl</i>) | NPSP | PA; QL (120 TABLETS per 30 days) |
| CARNITINE DEFICIENCY AGENTS | | |
| CARNITOR ORAL SOLUTION 1 GM/10ML (<i>levocarnitine</i>) | NF | |
| CARNITOR ORAL TABLET 330 MG (<i>levocarnitine</i>) | NF | |
| CARNITOR SF ORAL SOLUTION 1 GM/10ML (<i>levocarnitine</i>) | NF | |
| <i>levocarnitine oral solution 1 gml/10ml</i> | G | |
| <i>levocarnitine oral tablet 330 mg</i> | G | |
| CHELATING AGENTS | | |
| CUPRIMINE ORAL CAPSULE 250 MG (<i>penicillamine</i>) | NF | |
| CUVRIOR ORAL TABLET 300 MG (<i>trientine tetrahydrochloride</i>) | NF | |
| <i>deferasirox granules oral packet 180 mg, 360 mg, 90 mg</i> | PSP | PA |
| <i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i> | PSP | PA |
| <i>deferasirox oral tablet soluble 125 mg, 250 mg, 500 mg</i> | PSP | PA |
| <i>deferiprone oral tablet 1000 mg, 500 mg</i> | PSP | PA |
| <i>deferoxamine mesylate injection solution reconstituted 2 gm, 500 mg</i> | NPSP | PA |
| DESFERAL INJECTION SOLUTION RECONSTITUTED 500 MG (<i>deferoxamine mesylate</i>) | NF | |
| EXJADE ORAL TABLET SOLUBLE 125 MG, 250 MG, 500 MG (<i>deferasirox</i>) | NF | |
| FERRIPROX ORAL SOLUTION 100 MG/ML (<i>deferiprone</i>) | NF | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|-----------|--------------------------------------|
| FERRIPROX ORAL TABLET 1000 MG, 500 MG (<i>deferiprone</i>) | NF | |
| FERRIPROX TWICE-A-DAY ORAL TABLET 1000 MG (<i>deferiprone</i>) | NF | |
| JADENU ORAL TABLET 180 MG, 360 MG, 90 MG (<i>deferasirox</i>) | NF | |
| JADENU SPRINKLE ORAL PACKET 180 MG, 360 MG, 90 MG (<i>deferasirox</i>) | NF | |
| LOKELMA ORAL PACKET 10 GM, 5 GM (<i>sodium zirconium cyclosilicate</i>) | PB | |
| <i>penicillamine oral capsule 250 mg</i> | PSP | |
| <i>penicillamine oral tablet 250 mg</i> | G | |
| <i>sodium polystyrene sulfonate oral powder</i> | G | |
| SPS ORAL SUSPENSION 15 GM/60ML (<i>sodium polystyrene sulfonate</i>) | G | |
| SYPRINE ORAL CAPSULE 250 MG (<i>trientine hcl</i>) | NF | |
| <i>trientine hcl oral capsule 250 mg, 500 mg</i> | PSP | |
| VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM (<i>patiomer sorbitex calcium</i>) | PB | |
| CONTRACEPTIVES - PRODUCTS FOR BIRTH CONTROL | | |
| <i>levonorgestrel-ethinyl estrad (Afirmelle Oral Tablet 0.1-20 Mg- Mcg)</i> | CE | N7 (G) |
| AFTERA ORAL TABLET 1.5 MG (<i>levonorgestrel</i>) | CE | N7 (Not Covered) |
| AFTERPILL ORAL TABLET 1.5 MG (<i>levonorgestrel</i>) | CE | N7 (Not Covered) |
| <i>levonorgestrel-ethinyl estrad (Altavera Oral Tablet 0.15-30 Mg- Mcg)</i> | CE | N7 (G) |
| <i>alyacen 1/35 oral tablet 1-35 mg-mcg</i> | CE | N7 (G) |
| <i>alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i> | CE | N7 (G) |
| <i>levonorgest-eth estrad 91-day (Amethia Oral Tablet 0.15-0.03 &0.01 Mg)</i> | CE | N7 (G) |
| <i>levonorgestrel-ethinyl estrad (Amethyst Oral Tablet 90-20 Mcg)</i> | CE | N7 (G) |
| ANNOVERA VAGINAL RING 0.013-0.15 MG/24HR (<i>segesterone-ethinyl estradiol</i>) | CE | N7 (PB); QL (1 RING per 300 days) |
| <i>desogestrel-ethinyl estradiol (Apri Oral Tablet 0.15-30 Mg- Mcg)</i> | CE | N7 (G) |

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

12/01/2023

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|--|-----------|----------------------------------|
| <i>norethin-eth estrad triphasic</i> (Aranelle Oral Tablet 0.5/1/0.5-35 Mg-Mcg) | CE | N7 (G) |
| <i>levonorgest-eth estrad 91-day</i> (Ashlyna Oral Tablet 0.15-0.03 &0.01 Mg) | CE | N7 (G) |
| <i>levonorgestrel-ethinyl estrad</i> (Aubra Eq Oral Tablet 0.1-20 Mg-Mcg) | CE | N7 (G) |
| <i>norethindrone acet-ethinyl est</i> (Aurovela 1.5/30 Oral Tablet 1.5-30 Mg-Mcg) | CE | N7 (G) |
| <i>norethindrone acet-ethinyl est</i> (Aurovela 1/20 Oral Tablet 1-20 Mg-Mcg) | CE | N7 (G) |
| <i>norethin ace-eth estrad-fe</i> (Aurovela 24 Fe Oral Tablet 1-20 Mg-Mcg(24)) | CE | N7 (G) |
| <i>norethin ace-eth estrad-fe</i> (Aurovela Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg) | CE | N7 (G) |
| <i>norethin ace-eth estrad-fe</i> (Aurovela Fe 1/20 Oral Tablet 1-20 Mg-Mcg) | CE | N7 (G) |
| <i>levonorgestrel-ethinyl estrad</i> (Aviane Oral Tablet 0.1-20 Mg-Mcg) | CE | N7 (G) |
| <i>levonorgestrel-ethinyl estrad</i> (Ayuna Oral Tablet 0.15-30 Mg-Mcg) | CE | N7 (G) |
| <i>desogestrel-ethinyl estradiol</i> (Azurette Oral Tablet 0.15-0.02/0.01 Mg (21/5)) | CE | N7 (G) |
| <i>norethindrone-eth estradiol</i> (Balziva Oral Tablet 0.4-35 Mg-Mcg) | CE | N7 (G) |
| <i>norethin ace-eth estrad-fe</i> (Blisovi 24 Fe Oral Tablet 1-20 Mg-Mcg(24)) | CE | N7 (G) |
| <i>norethin ace-eth estrad-fe</i> (Blisovi Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg) | CE | N7 (G) |
| <i>norethin ace-eth estrad-fe</i> (Blisovi Fe 1/20 Oral Tablet 1-20 Mg-Mcg) | CE | N7 (G) |
| <i>briellyn oral tablet 0.4-35 mg-mcg</i> | CE | N7 (G) |
| <i>norethindrone</i> (Camila Oral Tablet 0.35 Mg) | CE | N7 (G) |
| <i>levonorgest-eth estrad 91-day</i> (Camrese Lo Oral Tablet 0.1-0.02 & 0.01 Mg) | CE | N7 (G) |
| <i>levonorgest-eth estrad 91-day</i> (Camrese Oral Tablet 0.15-0.03 &0.01 Mg) | CE | N7 (G) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|--|-----------|---|
| CAYA VAGINAL DIAPHRAGM (<i>diaphragm arc-spring</i>) | CE | N7 (NPB); QL (1 DIAPHRAGM per 300 days) |
| <i>norethin ace-eth estrad-fe</i> (Charlotte 24 Fe Oral Tablet Chewable 1-20 Mg-Mcg(24)) | CE | N7 (G) |
| <i>levonorgestrel-ethinyl estrad</i> (Chateal Eq Oral Tablet 0.15-30 Mg-Mcg) | CE | N7 (G) |
| <i>condoms</i> | CE | N7 (Not Covered); QL (12 CONDOMS per 25 DAYs) |
| <i>norgestrel-ethinyl estradiol</i> (Cryselle-28 Oral Tablet 0.3-30 Mg-Mcg) | CE | N7 (G) |
| CURAE ORAL TABLET 1.5 MG (<i>levonorgestrel</i>) | CE | N7 (Not Covered) |
| <i>desogestrel-ethinyl estradiol</i> (Cyred Eq Oral Tablet 0.15-30 Mg-Mcg) | CE | N7 (G) |
| <i>norethindrone-eth estradiol</i> (Dasetta 1/35 Oral Tablet 1-35 Mg-Mcg) | CE | N7 (G) |
| <i>norethin-eth estrad triphasic</i> (Dasetta 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg) | CE | N7 (G) |
| <i>levonorgest-eth estrad 91-day</i> (Daysee Oral Tablet 0.15-0.03 & 0.01 Mg) | CE | N7 (G) |
| <i>norethindrone</i> (Deblitane Oral Tablet 0.35 Mg) | CE | N7 (G) |
| <i>levonorgestrel-ethinyl estrad</i> (Delyla Oral Tablet 0.1-20 Mg-Mcg) | CE | N7 (G) |
| DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML (<i>medroxyprogesterone acetate</i>) | PB | |
| DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 150 MG/ML (<i>medroxyprogesterone acetate</i>) | PB | |
| DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML (<i>medroxyprogesterone acetate</i>) | CE | N7 (PB); QL (4 ML per 300 days) |
| <i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)</i> | CE | N7 (G) |
| <i>levonorgestrel-ethinyl estrad</i> (Dolishale Oral Tablet 90-20 Mcg) | CE | N7 (G) |
| <i>drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg, 3-0.03-0.451 mg</i> | CE | N7 (G) |
| <i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i> | CE | N7 (G) |

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

12/01/2023

100

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|--|-----------|--------------------------------------|
| ECONTRA ONE-STEP ORAL TABLET 1.5 MG (<i>levonorgestrel</i>) | CE | N7 (Not Covered) |
| <i>norgestrel-ethinyl estradiol</i> (Elinest Oral Tablet 0.3-30 Mg-Mcg) | CE | N7 (G) |
| ELLA ORAL TABLET 30 MG (<i>ulipristal acetate</i>) | CE | N7 (NPB) |
| <i>etonogestrel-ethinyl estradiol</i> (Eluryng Vaginal Ring 0.12-0.015 Mg/24Hr) | G | N7 (G); QL (13 RING per 300 days) |
| <i>levonorg-eth estrad triphasic</i> (Enpresse-28 Oral Tablet 50-30/75-40/ 125-30 Mcg) | CE | N7 (G) |
| <i>desogestrel-ethinyl estradiol</i> (Enskyce Oral Tablet 0.15-30 Mg-Mcg) | CE | N7 (G) |
| <i>norethindrone</i> (Errin Oral Tablet 0.35 Mg) | CE | N7 (G) |
| <i>norgestimate-eth estradiol</i> (Estarylla Oral Tablet 0.25-35 Mg-Mcg) | CE | N7 (G) |
| <i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i> | CE | N7 (G) |
| <i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr</i> | CE | N7 (G); QL (13 RING per 300 days) |
| <i>levonorgestrel-ethinyl estrad</i> (Falmina Oral Tablet 0.1-20 Mg-Mcg) | CE | N7 (G) |
| FC2 FEMALE CONDOM (<i>condoms - female</i>) | CE | N7 (NPB) |
| FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM (<i>cervical caps</i>) | CE | N7 (NPB); QL (1 DEVICE per 300 days) |
| <i>norethin ace-eth estrad-fe</i> (Finzala Oral Tablet Chewable 1-20 Mg-Mcg(24)) | CE | N7 (G) |
| <i>norethin ace-eth estrad-fe</i> (Gemmyly Oral Capsule 1-20 Mg-Mcg(24)) | CE | N7 (G) |
| <i>norethindrone acet-ethinyl est</i> (Hailey 1.5/30 Oral Tablet 1.5-30 Mg-Mcg) | CE | N7 (G) |
| <i>norethin ace-eth estrad-fe</i> (Hailey 24 Fe Oral Tablet 1-20 Mg-Mcg(24)) | CE | N7 (G) |
| <i>norethin ace-eth estrad-fe</i> (Hailey Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg) | CE | N7 (G) |
| <i>norethin ace-eth estrad-fe</i> (Hailey Fe 1/20 Oral Tablet 1-20 Mg-Mcg) | CE | N7 (G) |
| <i>etonogestrel-ethinyl estradiol</i> (Haloette Vaginal Ring 0.12-0.015 Mg/24Hr) | CE | N7 (G) |
| <i>norethindrone</i> (Heather Oral Tablet 0.35 Mg) | CE | N7 (G) |

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

12/01/2023

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|--|-----------|----------------------------------|
| HER STYLE ORAL TABLET 1.5 MG (<i>levonorgestrel</i>) | CE | N7 (Not Covered) |
| <i>levonorgest-eth estrad 91-day</i> (Iclevia Oral Tablet 0.15-0.03 Mg) | CE | N7 (G) |
| <i>norethindrone</i> (Incassia Oral Tablet 0.35 Mg) | CE | N7 (G) |
| <i>levonorgest-eth estrad 91-day</i> (Introvale Oral Tablet 0.15-0.03 Mg) | CE | N7 (G) |
| <i>desogestrel-ethinyl estradiol</i> (Isibloom Oral Tablet 0.15-30 Mg-Mcg) | CE | N7 (G) |
| <i>levonorgest-eth estrad 91-day</i> (Jaimiess Oral Tablet 0.15-0.03 & 0.01 Mg) | CE | N7 (G) |
| <i>drospirenone-ethinyl estradiol</i> (Jasmiel Oral Tablet 3-0.02 Mg) | CE | N7 (G) |
| <i>norethindrone</i> (Jencycla Oral Tablet 0.35 Mg) | CE | N7 (G) |
| <i>levonorgest-eth estrad 91-day</i> (Jolessa Oral Tablet 0.15-0.03 Mg) | CE | N7 (G) |
| <i>levonorgest-eth estrad-fe bisg</i> (Joyeaux Oral Tablet 0.1-20 Mg-Mcg(21)) | G | N7 (G) |
| <i>desogestrel-ethinyl estradiol</i> (Juleber Oral Tablet 0.15-30 Mg-Mcg) | CE | N7 (G) |
| <i>norethindrone acet-ethinyl est</i> (Junel 1.5/30 Oral Tablet 1.5-30 Mg-Mcg) | CE | N7 (G) |
| <i>norethindrone acet-ethinyl est</i> (Junel 1/20 Oral Tablet 1-20 Mg-Mcg) | CE | N7 (G) |
| <i>norethin ace-eth estrad-fe</i> (Junel Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg) | CE | N7 (G) |
| <i>norethin ace-eth estrad-fe</i> (Junel Fe 1/20 Oral Tablet 1-20 Mg-Mcg) | CE | N7 (G) |
| <i>norethin ace-eth estrad-fe</i> (Junel Fe 24 Oral Tablet 1-20 Mg-Mcg(24)) | CE | N7 (G) |
| <i>norethin-eth estradiol-fe</i> (Kaitlib Fe Oral Tablet Chewable 0.8-25 Mg-Mcg) | CE | N7 (G) |
| <i>desogestrel-ethinyl estradiol</i> (Kalliga Oral Tablet 0.15-30 Mg-Mcg) | CE | N7 (G) |
| <i>desogestrel-ethinyl estradiol</i> (Kariva Oral Tablet 0.15-0.02/0.01 Mg (21/5)) | CE | N7 (G) |
| <i>ethynodiol diac-eth estradiol</i> (Kelnor 1/35 Oral Tablet 1-35 Mg-Mcg) | CE | N7 (G) |
| <i>ethynodiol diac-eth estradiol</i> (Kelnor 1/50 Oral Tablet 1-50 Mg-Mcg) | CE | N7 (G) |

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

12/01/2023

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|--|-----------|--|
| <i>levonorgestrel-ethinyl estrad</i> (Kurvelo Oral Tablet 0.15-30 Mg-Mcg) | CE | N7 (G) |
| KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 19.5 MG (<i>levonorgestrel</i>) | CE | N7 (PB); QL (1 INTRAUTERINE DEVICE per 300 days) |
| <i>norethindrone acet-ethinyl est</i> (Larin 1.5/30 Oral Tablet 1.5-30 Mg-Mcg) | CE | N7 (G) |
| <i>norethindrone acet-ethinyl est</i> (Larin 1/20 Oral Tablet 1-20 Mg-Mcg) | CE | N7 (G) |
| <i>norethin ace-eth estrad-fe</i> (Larin 24 Fe Oral Tablet 1-20 Mg-Mcg(24)) | CE | N7 (G) |
| <i>norethin ace-eth estrad-fe</i> (Larin Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg) | CE | N7 (G) |
| <i>norethin ace-eth estrad-fe</i> (Larin Fe 1/20 Oral Tablet 1-20 Mg-Mcg) | CE | N7 (G) |
| <i>norethin-eth estradiol-fe</i> (Layolis Fe Oral Tablet Chewable 0.8-25 Mg-Mcg) | CE | N7 (G) |
| <i>norethin-eth estrad triphasic</i> (Leena Oral Tablet 0.5/1/0.5-35 Mg-Mcg) | CE | N7 (G) |
| <i>levonorgestrel-ethinyl estrad</i> (Lessina Oral Tablet 0.1-20 Mg-Mcg) | CE | N7 (G) |
| <i>levonorg-eth estrad triphasic</i> (Levonest Oral Tablet 50-30/75-40/ 125-30 Mcg) | CE | N7 (G) |
| <i>levonorgest-eth est & eth est oral tablet 42-21-21-7 days</i> | CE | N7 (G) |
| <i>levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 & 0.01 mg, 0.15-0.03 mg</i> | CE | N7 (G) |
| <i>levonorgestrel oral tablet 1.5 mg</i> | CE | N7 (Not Covered) |
| <i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg, 90-20 mcg</i> | CE | N7 (G) |
| <i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i> | CE | N7 (G) |
| <i>levonorgestrel-ethinyl estrad</i> (Levora 0.15/30 (28) Oral Tablet 0.15-30 Mg-Mcg) | CE | N7 (G) |
| LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY (<i>levonorgestrel</i>) | CE | N7 (NF) |
| LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG / 10 MCG (<i>norethin-eth estrad-fe biphas</i>) | CE | N7 (PB) |

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna
The formulary is updated the first week of each month.
12/01/2023

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|-----------|----------------------------------|
| <i>norethindrone acet-ethinyl est</i> (Loestrin 1.5/30 (21) Oral Tablet 1.5-30 Mg-Mcg) | CE | N7 (G) |
| <i>norethindrone acet-ethinyl est</i> (Loestrin 1/20 (21) Oral Tablet 1-20 Mg-Mcg) | CE | N7 (G) |
| <i>norethin ace-eth estrad-fe</i> (Loestrin Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg) | CE | N7 (G) |
| <i>norethin ace-eth estrad-fe</i> (Loestrin Fe 1/20 Oral Tablet 1-20 Mg-Mcg) | CE | N7 (G) |
| <i>levonorgest-eth estrad 91-day</i> (Lojaimiess Oral Tablet 0.1-0.02 & 0.01 Mg) | CE | N7 (G) |
| <i>drospirenone-ethinyl estradiol</i> (Loryna Oral Tablet 3-0.02 Mg) | CE | N7 (G) |
| <i>norgestrel-ethinyl estradiol</i> (Low-Ogestrel Oral Tablet 0.3-30 Mg-Mcg) | CE | N7 (G) |
| <i>drospirenone-ethinyl estradiol</i> (Lo-Zumandimine Oral Tablet 3-0.02 Mg) | CE | N7 (G) |
| <i>levonorgestrel-ethinyl estrad</i> (Lutera Oral Tablet 0.1-20 Mg-Mcg) | CE | N7 (G) |
| <i>norethindrone</i> (Lyleq Oral Tablet 0.35 Mg) | CE | N7 (G) |
| <i>norethindrone</i> (Lyza Oral Tablet 0.35 Mg) | CE | N7 (G) |
| <i>marlissa oral tablet 0.15-30 mg-mcg</i> | CE | N7 (G) |
| <i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i> | CE | N7 (G); QL (4 ML per 300 days) |
| <i>medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml</i> | CE | N7 (G); QL (4 ML per 300 days) |
| <i>norethin ace-eth estrad-fe</i> (Merzee Oral Capsule 1-20 Mg-Mcg(24)) | CE | N7 (G) |
| <i>norethin ace-eth estrad-fe</i> (Mibelas 24 Fe Oral Tablet Chewable 1-20 Mg-Mcg(24)) | CE | N7 (G) |
| <i>norethindrone acet-ethinyl est</i> (Microgestin 1.5/30 Oral Tablet 1.5-30 Mg-Mcg) | CE | N7 (G) |
| <i>norethindrone acet-ethinyl est</i> (Microgestin 1/20 Oral Tablet 1-20 Mg-Mcg) | CE | N7 (G) |
| <i>norethin ace-eth estrad-fe</i> (Microgestin 24 Fe Oral Tablet 1-20 Mg-Mcg) | CE | N7 (G) |
| <i>norethin ace-eth estrad-fe</i> (Microgestin Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg) | CE | N7 (G) |
| <i>norethin ace-eth estrad-fe</i> (Microgestin Fe 1/20 Oral Tablet 1-20 Mg-Mcg) | CE | N7 (G) |

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

12/01/2023

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|--|-----------|--|
| <i>norgestimate-eth estradiol</i> (Mili Oral Tablet 0.25-35 Mg-Mcg) | CE | N7 (G) |
| MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/DAY (<i>levonorgestrel</i>) | CE | N7 (PB); QL (1 INTRAUTERINE DEVICE per 300 Days) |
| <i>norgestimate-eth estradiol</i> (Mono-Linyah Oral Tablet 0.25-35 Mg-Mcg) | CE | N7 (G) |
| MY CHOICE ORAL TABLET 1.5 MG (<i>levonorgestrel</i>) | CE | N7 (Not Covered) |
| MY WAY ORAL TABLET 1.5 MG (<i>levonorgestrel</i>) | CE | N7 (Not Covered) |
| NATAZIA ORAL TABLET 3/2-2/2-3/1 MG (<i>estradiol valerate-dienogest</i>) | CE | N7 (PB) |
| <i>norethindrone-eth estradiol</i> (Necon 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg) | CE | N7 (G) |
| NEW DAY ORAL TABLET 1.5 MG (<i>levonorgestrel</i>) | CE | N7 (Not Covered) |
| NEXPLANON SUBCUTANEOUS IMPLANT 68 MG (<i>etonogestrel</i>) | CE | N7 (NPB); QL (1 IMPLANT per 300 days) |
| NEXTSTELLIS ORAL TABLET 3-14.2 MG (<i>drospirenone-estetrol</i>) | CE | N7 (NPB) |
| <i>drospirenone-ethinyl estradiol</i> (Nikki Oral Tablet 3-0.02 Mg) | CE | N7 (G) |
| <i>norethindrone</i> (Nora-Be Oral Tablet 0.35 Mg) | CE | N7 (G) |
| <i>norethin ace-eth estrad-fe oral capsule 1-20 mg-mcg</i> (24) | CE | N7 (G) |
| <i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i> | CE | N7 (G) |
| <i>norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg</i> (24) | CE | N7 (G) |
| <i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i> | CE | N7 (G) |
| <i>norethindrone oral tablet 0.35 mg</i> | CE | N7 (G) |
| <i>norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg</i> | CE | N7 (G) |
| <i>norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg, 0.8-25 mg-mcg</i> | CE | N7 (G) |
| <i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i> | CE | N7 (G) |
| <i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg</i> | CE | N7 (G) |
| <i>norethindrone</i> (Norlyroc Oral Tablet 0.35 Mg) | CE | N7 (G) |
| <i>norethindrone-eth estradiol</i> (Nortrel 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg) | CE | N7 (G) |

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna
The formulary is updated the first week of each month.
12/01/2023

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|--|-----------|---|
| <i>norethindrone-eth estradiol</i> (Nortrel 1/35 (21) Oral Tablet 1-35 Mg-Mcg) | CE | N7 (G) |
| <i>norethin-eth estrad triphasic</i> (Nortrel 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg) | CE | N7 (G) |
| NUVARING VAGINAL RING 0.12-0.015 MG/24HR (<i>etonogestrel-ethinyl estradiol</i>) | NPB | QL (13 RING per 300 days) |
| <i>norethindrone-eth estradiol</i> (Nylia 1/35 Oral Tablet 1-35 Mg-Mcg) | CE | N7 (G) |
| <i>norethin-eth estrad triphasic</i> (Nylia 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg) | CE | N7 (G) |
| <i>norgestimate-eth estradiol</i> (Nymyo Oral Tablet 0.25-35 Mg-Mcg) | CE | N7 (G) |
| <i>drospirenone-ethinyl estradiol</i> (Ocella Oral Tablet 3-0.03 Mg) | CE | N7 (G) |
| OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM (<i>diaphragms</i>) | CE | N7 (NPB); QL (1 DIAPHRAGM per 300 days) |
| OPCICON ONE-STEP ORAL TABLET 1.5 MG (<i>levonorgestrel</i>) | CE | N7 (Not Covered) |
| OPTION 2 ORAL TABLET 1.5 MG (<i>levonorgestrel</i>) | CE | N7 (Not Covered) |
| PARAGARD INTRAUTERINE COPPER INTRAUTERINE INTRAUTERINE DEVICE (<i>copper</i>) | CE | N7 (NPB); QL (1 INTRAUTERINE DEVICE per 300 days) |
| <i>norethindrone-eth estradiol</i> (Philith Oral Tablet 0.4-35 Mg-Mcg) | CE | N7 (G) |
| <i>desogestrel-ethinyl estradiol</i> (Pimtrea Oral Tablet 0.15-0.02/0.01 Mg (21/5)) | CE | N7 (G) |
| <i>norethin-eth estrad triphasic</i> (Pirmella 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg) | CE | N7 (G) |
| <i>levonorgestrel-ethinyl estrad</i> (Portia-28 Oral Tablet 0.15-30 Mg-Mcg) | CE | N7 (G) |
| REACT ORAL TABLET 1.5 MG (<i>levonorgestrel</i>) | CE | N7 (Not Covered) |
| <i>desogestrel-ethinyl estradiol</i> (Reclipsen Oral Tablet 0.15-30 Mg-Mcg) | CE | N7 (G) |
| <i>levonorgest-eth estrad 91-day</i> (Rivelsa Oral Tablet 42-21-21-7 Days) | CE | N7 (G) |
| <i>levonorgest-eth estrad 91-day</i> (Setlakin Oral Tablet 0.15-0.03 Mg) | CE | N7 (G) |
| <i>norethindrone</i> (Sharobel Oral Tablet 0.35 Mg) | CE | N7 (G) |

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

12/01/2023

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|--|-----------|--|
| <i>desogestrel-ethinyl estradiol</i> (Simliya Oral Tablet 0.15-0.02/0.01 Mg (21/5)) | CE | N7 (G) |
| <i>levonorgest-eth estrad 91-day</i> (Simpesse Oral Tablet 0.15-0.03 & 0.01 Mg) | CE | N7 (G) |
| SKYLA INTRAUTERINE INTRAUTERINE DEVICE 13.5 MG (<i>levonorgestrel</i>) | CE | N7 (PB); QL (1 INTRAUTERINE DEVICE per 300 days) |
| SLYND ORAL TABLET 4 MG (<i>drospirenone</i>) | CE | N7 (NPB) |
| <i>norgestimate-eth estradiol</i> (Sprintec 28 Oral Tablet 0.25-35 Mg-Mcg) | CE | N7 (G) |
| <i>levonorgestrel-ethinyl estrad</i> (Sronyx Oral Tablet 0.1-20 Mg-Mcg) | CE | N7 (G) |
| <i>drospirenone-ethinyl estradiol</i> (Syeda Oral Tablet 3-0.03 Mg) | CE | N7 (G) |
| TAKE ACTION ORAL TABLET 1.5 MG (<i>levonorgestrel</i>) | CE | N7 (Not Covered) |
| <i>norethin ace-eth estrad-fe</i> (Tarina 24 Fe Oral Tablet 1-20 Mg-Mcg(24)) | CE | N7 (G) |
| <i>norethin ace-eth estrad-fe</i> (Tarina Fe 1/20 Eq Oral Tablet 1-20 Mg-Mcg) | CE | N7 (G) |
| <i>norethin ace-eth estrad-fe</i> (Taysofy Oral Capsule 1-20 Mg-Mcg(24)) | CE | N7 (G) |
| <i>norethindron-ethinyl estrad-fe</i> (Tilia Fe Oral Tablet 1-20/1-30/1-35 Mg-Mcg) | CE | N7 (G) |
| <i>norgestim-eth estrad triphasic</i> (Tri-Estarylla Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg) | CE | N7 (G) |
| <i>norethindron-ethinyl estrad-fe</i> (Tri-Legest Fe Oral Tablet 1-20/1-30/1-35 Mg-Mcg) | CE | N7 (G) |
| <i>norgestim-eth estrad triphasic</i> (Tri-Linyah Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg) | CE | N7 (G) |
| <i>norgestim-eth estrad triphasic</i> (Tri-Lo-Estarylla Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg) | CE | N7 (G) |
| <i>norgestim-eth estrad triphasic</i> (Tri-Lo-Marzia Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg) | CE | N7 (G) |
| <i>norgestim-eth estrad triphasic</i> (Tri-Lo-Mili Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg) | CE | N7 (G) |
| <i>norgestim-eth estrad triphasic</i> (Tri-Lo-Sprintec Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg) | CE | N7 (G) |
| <i>norgestim-eth estrad triphasic</i> (Tri-Mili Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg) | CE | N7 (G) |

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna
The formulary is updated the first week of each month.
12/01/2023

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|--|-----------|---|
| <i>norgestim-eth estrad triphasic</i> (Tri-Nymyo Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg) | CE | N7 (G) |
| <i>norgestim-eth estrad triphasic</i> (Tri-Sprintec Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg) | CE | N7 (G) |
| <i>levonorg-eth estrad triphasic</i> (Trivora (28) Oral Tablet 50-30/75-40/ 125-30 Mcg) | CE | N7 (G) |
| <i>norgestim-eth estrad triphasic</i> (Tri-Vylibra Lo Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg) | CE | N7 (G) |
| <i>norgestim-eth estrad triphasic</i> (Tri-Vylibra Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg) | CE | N7 (G) |
| TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24HR (<i>levonorgestrel-eth estradiol</i>) | CE | N7 (NPB) |
| TYBLUME ORAL TABLET CHEWABLE 0.1-20 MG-MCG (<i>levonorgestrel-ethinyl estrad</i>) | CE | N7 (NPB) |
| <i>drospiren-eth estrad-levomefol</i> (Tydemy Oral Tablet 3-0.03-0.451 Mg) | CE | N7 (G) |
| VELIVET ORAL TABLET 0.1/0.125/0.15 -0.025 MG (<i>desogestrel-ethinyl estradiol</i>) | CE | N7 (G) |
| <i>drospirenone-ethinyl estradiol</i> (Vestura Oral Tablet 3-0.02 Mg) | CE | N7 (G) |
| <i>levonorgestrel-ethinyl estrad</i> (Vienva Oral Tablet 0.1-20 Mg-Mcg) | CE | N7 (G) |
| <i>viorele oral tablet 0.15-0.02/0.01 mg (21/5)</i> | CE | N7 (G) |
| <i>desogestrel-ethinyl estradiol</i> (Volnea Oral Tablet 0.15-0.02/0.01 Mg (21/5)) | CE | N7 (G) |
| <i>norethindrone-eth estradiol</i> (Vyfemla Oral Tablet 0.4-35 Mg-Mcg) | CE | N7 (G) |
| <i>norgestimate-eth estradiol</i> (Vylibra Oral Tablet 0.25-35 Mg-Mcg) | CE | N7 (G) |
| <i>norethindrone-eth estradiol</i> (Wera Oral Tablet 0.5-35 Mg-Mcg) | CE | N7 (G) |
| WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>) | CE | N7 (NPB); QL (1 DIAPHRAGM per 300 days) |
| WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>) | CE | N7 (NPB); QL (1 DIAPHRAGM per 300 days) |
| WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>) | CE | N7 (NPB); QL (1 DIAPHRAGM per 300 days) |

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

12/01/2023

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|-----------|---|
| WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>) | CE | N7 (NPB); QL (1 DIAPHRAGM per 300 days) |
| WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>) | CE | N7 (NPB); QL (1 DIAPHRAGM per 300 days) |
| WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>) | CE | N7 (NPB); QL (1 DIAPHRAGM per 300 days) |
| WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>) | CE | N7 (NPB); QL (1 DIAPHRAGM per 300 days) |
| WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>) | CE | N7 (NPB); QL (1 DIAPHRAGM per 300 days) |
| <i>norethin-eth estradiol-fe</i> (Wymzya Fe Oral Tablet Chewable 0.4-35 Mg-Mcg) | CE | N7 (G) |
| <i>norelgestromin-eth estradiol</i> (Xulane Transdermal Patch Weekly 150-35 Mcg/24Hr) | CE | N7 (G) |
| <i>norelgestromin-eth estradiol</i> (Zafemy Transdermal Patch Weekly 150-35 Mcg/24Hr) | CE | N7 (G) |
| <i>ethynodiol diac-eth estradiol</i> (Zovia 1/35 (28) Oral Tablet 1-35 Mg-Mcg) | CE | N7 (G) |
| <i>drospirenone-ethinyl estradiol</i> (Zumandimine Oral Tablet 3-0.03 Mg) | CE | N7 (G) |
| CORTISOL SYNTHESIS INHIBITORS | | |
| ISTURISA ORAL TABLET 1 MG, 5 MG (<i>osilodrostat phosphate</i>) | NF | |
| RECORLEV ORAL TABLET 150 MG (<i>levoketoconazole</i>) | NF | |
| DIABETIC SUPPLIES | | |
| ACCU-CHEK AVIVA PLUS IN VITRO STRIP (<i>glucose blood</i>) | PB | QL (150 TEST STRIPS per 25 days) |
| ACCU-CHEK FASTCLIX LANCETS (<i>lancets</i>) | PB | |
| ACCU-CHEK GUIDE IN VITRO STRIP (<i>glucose blood</i>) | PB | QL (150 TEST STRIPS per 25 days) |
| ACCU-CHEK SMARTVIEW IN VITRO STRIP (<i>glucose blood</i>) | PB | QL (150 TEST STRIPS per 25 days) |
| ACCU-CHEK SOFTCLIX LANCETS (<i>lancets</i>) | PB | |

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna
The formulary is updated the first week of each month.
12/01/2023

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|-----------|---|
| ACCUTREND GLUCOSE IN VITRO STRIP (<i>glucose blood</i>) | NPB | QL (150 TEST STRIPS per 25 days) |
| ADVANCE MICRO-DRAW TEST IN VITRO STRIP (<i>glucose blood</i>) | NPB | QL (150 TEST STRIPS per 25 days) |
| <i>alcohol swabs pad</i> | NPB | |
| ASSURE LANCE LANCETS (<i>lancets</i>) | PB | |
| BD INSULIN SYRINGE U-500 31G X 6MM 0.5 ML (<i>insulin syringe/needle u-500</i>) | PB | N8 (BD syringes and needles are the only preferred options) |
| BD MICROTAINER LANCETS (<i>lancets</i>) | PB | |
| BD PEN NEEDLE MICRO U/F 32G X 6 MM (<i>insulin pen needle</i>) | PB | N8 (BD syringes and needles are the only preferred options) |
| BD PEN NEEDLE MINI U/F 31G X 5 MM (<i>insulin pen needle</i>) | PB | N8 (BD syringes and needles are the only preferred options) |
| BD PEN NEEDLE NANO 2ND GEN 32G X 4 MM (<i>insulin pen needle</i>) | PB | N8 (BD syringes and needles are the only preferred options) |
| BD PEN NEEDLE NANO U/F 32G X 4 MM (<i>insulin pen needle</i>) | PB | N8 (BD syringes and needles are the only preferred options) |
| BD PEN NEEDLE ORIGINAL U/F 29G X 12.7MM (<i>insulin pen needle</i>) | PB | N8 (BD syringes and needles are the only preferred options) |
| BD PEN NEEDLE SHORT U/F 31G X 8 MM (<i>insulin pen needle</i>) | PB | N8 (BD syringes and needles are the only preferred options) |
| CAREONE LANCET SUPER THIN 30G (<i>lancets</i>) | PB | |
| CARESENS LANCETS (<i>lancets</i>) | PB | |
| CARETOUCH TEST IN VITRO STRIP (<i>glucose blood</i>) | NPB | QL (150 TEST STRIPS per 25 days) |
| COAGUCHEK LANCETS (<i>lancets</i>) | PB | |
| <i>comfort assured lancets 28g</i> | PB | |
| <i>comfort assured lancets 33g</i> | PB | |
| COMFORT TOUCH LANCETS 31G (<i>lancets</i>) | PB | |
| COMFORT TOUCH PLUS LANCETS 30G (<i>lancets</i>) | PB | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|-----------|----------------------------------|
| CONTOUR NEXT TEST IN VITRO STRIP (<i>glucose blood</i>) | NPB | QL (150 TEST STRIPS per 25 days) |
| CONTOUR TEST IN VITRO STRIP (<i>glucose blood</i>) | NPB | QL (150 TEST STRIPS per 25 days) |
| CVS ADVANCED GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>) | NPB | QL (150 TEST STRIPS per 25 days) |
| D-CARE BLOOD GLUCOSE IN VITRO STRIP (<i>glucose blood</i>) | NPB | QL (150 TEST STRIPS per 25 days) |
| DEXCOM G6 RECEIVER DEVICE (<i>continuous blood gluc receiver</i>) | PB | |
| DEXCOM G6 SENSOR (<i>continuous blood gluc sensor</i>) | PB | QL (3 SENSORS per 25 days) |
| DEXCOM G6 TRANSMITTER (<i>continuous blood gluc transmit</i>) | PB | |
| DEXCOM G7 RECEIVER DEVICE (<i>continuous blood gluc receiver</i>) | PB | |
| DEXCOM G7 SENSOR (<i>continuous blood gluc sensor</i>) | PB | QL (3 SENSORS per 25 days) |
| DROPLET PERSONAL LANCETS 30G (<i>lancets</i>) | PB | |
| EASY TOUCH LANCETS 21G (<i>lancets</i>) | PB | |
| EASY TOUCH LANCETS 23G (<i>lancets</i>) | PB | |
| EASY TOUCH LANCETS 26G (<i>lancets</i>) | PB | |
| EASY TOUCH LANCETS 28G (<i>lancets</i>) | PB | |
| EASY TOUCH LANCETS 28G/TWIST (<i>lancets</i>) | PB | |
| EASY TOUCH LANCETS 30G (<i>lancets</i>) | PB | |
| EASY TOUCH LANCETS 32G (<i>lancets</i>) | PB | |
| EASY TOUCH LANCETS 32G/TWIST (<i>lancets</i>) | PB | |
| EASY TOUCH LANCING DEVICE (<i>lancet devices</i>) | NPB | |
| EASY TOUCH SAFETY LANCETS 21G (<i>lancets</i>) | PB | |
| EASY TOUCH SAFETY LANCETS 23G (<i>lancets</i>) | PB | |
| EASY TOUCH SAFETY LANCETS 26G (<i>lancets</i>) | PB | |
| EASY TOUCH SAFETY LANCETS 28G (<i>lancets</i>) | PB | |
| EASY TOUCH TEST IN VITRO STRIP (<i>glucose blood</i>) | NPB | QL (150 TEST STRIPS per 25 days) |
| EASYMAX 15 TEST IN VITRO STRIP (<i>glucose blood</i>) | NPB | QL (150 TEST STRIPS per 25 days) |

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna
The formulary is updated the first week of each month.
12/01/2023

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|-----------|----------------------------------|
| EASYMAX TEST IN VITRO STRIP (<i>glucose blood</i>) | NPB | QL (150 TEST STRIPS per 25 days) |
| EMBRACE BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>) | NPB | QL (150 TEST STRIPS per 25 days) |
| EMBRACE WAVE BLOOD GLUCOSE IN VITRO STRIP (<i>glucose blood</i>) | NPB | QL (150 TEST STRIPS per 25 days) |
| ENLITE GLUCOSE SENSOR (<i>continuous blood gluc sensor</i>) | NPB | QL (5 SENSORS per 25 DAYs) |
| <i>eq blood glucose test in vitro strip</i> | NPB | QL (150 TEST STRIPS per 25 days) |
| EVERSENSE SENSOR/HOLDER (<i>continuous blood gluc sensor</i>) | NPB | QL (1 SENSOR per 75 DAYs) |
| FINGERSTIX LANCETS (<i>lancets</i>) | PB | |
| FORA 6 CONNECT/GTEL TEST IN VITRO STRIP (<i>glucose blood</i>) | NPB | QL (150 TEST STRIPS per 25 DAYs) |
| FORTISCARE TEST IN VITRO STRIP (<i>glucose blood</i>) | NPB | QL (150 TEST STRIPS per 25 days) |
| FREESTYLE LANCETS (<i>lancets</i>) | PB | |
| FREESTYLE LIBRE 14 DAY SENSOR (<i>continuous blood gluc sensor</i>) | PB | QL (2 SENSORS per 21 days) |
| FREESTYLE LIBRE 2 SENSOR (<i>continuous blood gluc sensor</i>) | PB | QL (2 SENSORS per 21 DAYs) |
| <i>freestyle libre 3 sensor</i> | PB | QL (2 SENSORS per 21 days) |
| FREESTYLE LIBRE READER DEVICE (<i>continuous blood gluc receiver</i>) | PB | |
| FREESTYLE PRECISION NEO TEST IN VITRO STRIP (<i>glucose blood</i>) | NPB | QL (150 TEST STRIPS per 25 days) |
| <i>glucose control in vitro solution</i> | NPB | |
| GOJJI BLOOD TEST STRIP/LANCETS IN VITRO STRIP (<i>glucose blood</i>) | NPB | QL (150 TEST STRIPS per 25 days) |
| GUARDIAN 4 GLUCOSE SENSOR (<i>continuous blood gluc sensor</i>) | NPB | QL (5 SENSORS per 21 DAYs) |
| GUARDIAN 4 TRANSMITTER (<i>continuous blood gluc transmit</i>) | NPB | |
| GUARDIAN SENSOR (3) (<i>continuous blood gluc sensor</i>) | NPB | QL (5 SENSORS per 21 DAYs) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|--|-----------|----------------------------------|
| <i>guardian sensor 3</i> | NPB | QL (5 SENSORS per 21 DAYS) |
| <i>lancets super thin 28g</i> | PB | |
| LANCETS ULTRA THIN (<i>lancets</i>) | PB | |
| <i>lancets ultra thin 30g</i> | PB | |
| <i>liberty test in vitro strip</i> | NPB | QL (150 TEST STRIPS per 25 days) |
| <i>lite touch lancets</i> | PB | |
| LITETOUCH LANCETS (<i>lancets</i>) | PB | |
| MICRODOT TEST IN VITRO STRIP (<i>glucose blood</i>) | NPB | QL (150 TEST STRIPS per 25 days) |
| MICROLET LANCETS (<i>lancets</i>) | PB | |
| NEUTEK 2TEK TEST IN VITRO STRIP (<i>glucose blood</i>) | NPB | QL (150 TEST STRIPS per 25 days) |
| OMNIPOD 5 G6 INTRO (GEN 5) KIT (<i>insulin disposable pump</i>) | PB | |
| OMNIPOD 5 G6 POD (GEN 5) (<i>insulin disposable pump</i>) | PB | |
| OMNIPOD CLASSIC PODS (GEN 3) (<i>insulin disposable pump</i>) | PB | |
| OMNIPOD DASH INTRO (GEN 4) KIT (<i>insulin disposable pump</i>) | PB | |
| OMNIPOD DASH PDM (GEN 4) KIT (<i>insulin disposable pump</i>) | PB | |
| OMNIPOD DASH PODS (GEN 4) (<i>insulin disposable pump</i>) | PB | |
| OMNIPOD GO KIT 10 UNIT/24HR, 15 UNIT/24HR, 20 UNIT/24HR, 25 UNIT/24HR, 30 UNIT/24HR, 35 UNIT/24HR, 40 UNIT/24HR (<i>insulin disposable pump</i>) | NPB | |
| ONETOUCH DELICA PLUS LANCET30G (<i>lancets</i>) | PB | |
| ONETOUCH DELICA PLUS LANCET33G (<i>lancets</i>) | PB | |
| ONETOUCH ULTRA IN VITRO STRIP (<i>glucose blood</i>) | PB | QL (150 TEST STRIPS per 25 days) |
| ONETOUCH ULTRASOFT 2 LANCETS (<i>lancets</i>) | PB | |
| ONETOUCH VERIO IN VITRO STRIP (<i>glucose blood</i>) | PB | QL (150 TEST STRIPS per 25 days) |
| OPTIUMEZ TEST IN VITRO STRIP (<i>glucose blood</i>) | NPB | QL (150 TEST STRIPS per 25 days) |
| PRECISION THINS GP LANCETS (<i>lancets</i>) | PB | |

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

12/01/2023

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|-----------|----------------------------------|
| PRECISION XTRA BLOOD GLUCOSE IN VITRO STRIP <i>(glucose blood)</i> | NPB | QL (150 TEST STRIPS per 25 days) |
| <i>premium blood glucose test in vitro strip</i> | NPB | QL (150 TEST STRIPS per 25 days) |
| QUINTET AC BLOOD GLUCOSE TEST IN VITRO STRIP <i>(glucose blood)</i> | NPB | QL (150 TEST STRIPS per 25 days) |
| QUINTET BLOOD GLUCOSE TEST IN VITRO STRIP <i>(glucose blood)</i> | NPB | QL (150 TEST STRIPS per 25 days) |
| RELION ULTIMA TEST IN VITRO STRIP <i>(glucose blood)</i> | NPB | QL (150 TEST STRIPS per 25 days) |
| <i>sapscare twist top lancets</i> | PB | |
| SIMPLE DIAGNOSTICS LANCING DEV <i>(lancet devices)</i> | NPB | |
| <i>super thin lancets</i> | PB | |
| SUPREME TEST IN VITRO STRIP <i>(glucose blood)</i> | NPB | QL (150 TEST STRIPS per 25 days) |
| <i>true focus blood glucose strip in vitro strip</i> | NPB | QL (150 TEST STRIPS per 25 days) |
| TRUE METRIX BLOOD GLUCOSE TEST IN VITRO STRIP <i>(glucose blood)</i> | NPB | QL (150 TEST STRIPS per 25 days) |
| TRUEPLUS LANCETS 26G <i>(lancets)</i> | PB | |
| TRUEPLUS LANCETS 30G <i>(lancets)</i> | PB | |
| TRUEPLUS SAFETY LANCETS 28G <i>(lancets)</i> | PB | |
| TRUETEST TEST IN VITRO STRIP <i>(glucose blood)</i> | NPB | QL (150 TEST STRIPS per 25 days) |
| TRUETRACK TEST IN VITRO STRIP <i>(glucose blood)</i> | NPB | QL (150 TEST STRIPS per 25 days) |
| UNISTRIP1 GENERIC IN VITRO STRIP <i>(glucose blood)</i> | NPB | QL (150 TEST STRIPS per 25 days) |
| V-GO 20 KIT 20 UNIT/24HR <i>(insulin disposable pump)</i> | PB | |
| V-GO 30 KIT 30 UNIT/24HR <i>(insulin disposable pump)</i> | PB | |
| V-GO 40 KIT 40 UNIT/24HR <i>(insulin disposable pump)</i> | PB | |
| ENDOMETRIOSIS | | |
| <i>danazol oral capsule 100 mg, 200 mg, 50 mg</i> | G | |
| ORILISSA ORAL TABLET 150 MG, 200 MG <i>(elagolix sodium)</i> | PB | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|-----------|--|
| ENZYME REPLACEMENTS - DRUGS FOR REPLACEMENT, MODIFICATION, TREATMENT | | |
| ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5ML (<i>laronidase</i>) | NPSP | PA |
| <i>betaine oral powder</i> | PSP | PA |
| BUPHENYL ORAL POWDER 3 GM/TSP (<i>sodium phenylbutyrate</i>) | NF | |
| BUPHENYL ORAL TABLET 500 MG (<i>sodium phenylbutyrate</i>) | NF | |
| CARBAGLU ORAL TABLET SOLUBLE 200 MG (<i>carglumic acid</i>) | NF | |
| <i>carglumic acid oral tablet soluble 200 mg</i> | PSP | PA |
| CERDELGA ORAL CAPSULE 84 MG (<i>eliglustat tartrate</i>) | PSP | PA; QL (56 CAPSULES per 28 days) |
| CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT (<i>imiglucerase</i>) | PSP | PA; QL (15 VIALS per 14 days) |
| CYSTADANE ORAL POWDER (<i>betaine</i>) | NF | |
| CYSTAGON ORAL CAPSULE 150 MG, 50 MG (<i>cysteamine bitartrate</i>) | PSP | PA |
| ELAPRASE INTRAVENOUS SOLUTION 6 MG/3ML (<i>idursulfase</i>) | NPSP | PA |
| ELELYSO INTRAVENOUS SOLUTION RECONSTITUTED 200 UNIT (<i>taliglucerase alfa</i>) | NF | |
| FABRAZYME INTRAVENOUS SOLUTION RECONSTITUTED 35 MG, 5 MG (<i>agalsidase beta</i>) | NPSP | PA |
| KANUMA INTRAVENOUS SOLUTION 20 MG/10ML (<i>sebelipase alfa</i>) | NPSP | PA |
| KUVAN ORAL PACKET 100 MG, 500 MG (<i>sapropterin dihydrochloride</i>) | NF | |
| KUVAN ORAL TABLET 100 MG (<i>sapropterin dihydrochloride</i>) | NF | |
| LUMIZYME INTRAVENOUS SOLUTION RECONSTITUTED 50 MG (<i>alglucosidase alfa</i>) | NPSP | PA |
| <i>miglustat oral capsule 100 mg</i> | PSP | PA; QL (90 CAPSULES per 30 days) |
| MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED 11.3 MG (<i>metreleptin</i>) | NPSP | PA; QL (30 SOLUTION RECONSTITUTED per 30 days) |

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

12/01/2023

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|-----------|--|
| NAGLAZYME INTRAVENOUS SOLUTION 1 MG/ML (<i>galsulfase</i>) | NPSP | PA |
| OLPRUVA (2 GM DOSE) ORAL THERAPY PACK 2 GM (<i>sodium phenylbutyrate</i>) | NF | |
| OLPRUVA (3 GM DOSE) ORAL THERAPY PACK 3 GM (<i>sodium phenylbutyrate</i>) | NF | |
| OLPRUVA (4 GM DOSE) ORAL THERAPY PACK 2 & 2 GM (<i>sodium phenylbutyrate</i>) | NF | |
| OLPRUVA (5 GM DOSE) ORAL THERAPY PACK 2 & 3 GM (<i>sodium phenylbutyrate</i>) | NF | |
| OLPRUVA (6 GM DOSE) ORAL THERAPY PACK 3 & 3 GM (<i>sodium phenylbutyrate</i>) | NF | |
| OLPRUVA (6.67 GM DOSE) ORAL THERAPY PACK 3 & 3.67 GM (<i>sodium phenylbutyrate</i>) | NF | |
| OPFOLDA ORAL CAPSULE 65 MG (<i>miglustat (gaa deficiency)</i>) | NF | |
| PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML, 2.5 MG/0.5ML, 20 MG/ML (<i>pegvaliase-pqpz</i>) | NF | |
| PHEBURANE ORAL PELLETT 483 MG/GM (<i>sodium phenylbutyrate</i>) | NPSP | PA; QL (672 G per 30 DAYs) |
| RAVICTI ORAL LIQUID 1.1 GM/ML (<i>glycerol phenylbutyrate</i>) | NF | |
| <i>sapropterin dihydrochloride oral packet 100 mg, 500 mg</i> | PSP | PA |
| <i>sapropterin dihydrochloride oral tablet 100 mg</i> | PSP | PA |
| <i>sodium phenylbutyrate oral powder 3 gml tsp</i> | PSP | PA; QL (798 G per 30 days) |
| <i>sodium phenylbutyrate oral tablet 500 mg</i> | PSP | PA; QL (1200 TABLETS per 30 days) |
| STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45ML, 28 MG/0.7ML, 40 MG/ML, 80 MG/0.8ML (<i>asfotase alfa</i>) | NPSP | PA |
| VIMIZIM INTRAVENOUS SOLUTION 5 MG/5ML (<i>elosulfase alfa</i>) | NPSP | PA |
| VPRIV INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT (<i>velaglucerase alfa</i>) | NPSP | PA; QL (15 SOLUTION RECONSTITUTED per 14 days) |
| ZAVESCA ORAL CAPSULE 100 MG (<i>miglustat</i>) | NPSP | PA; QL (90 CAPSULES per 30 days) |

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

12/01/2023

116

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|-----------|----------------------------------|
| ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES | | |
| <i>estradiol-norethindrone acet</i> (Amabelz Oral Tablet 0.5-0.1 Mg, 1-0.5 Mg) | G | |
| CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/DAY (<i>estradiol-levonorgestrel</i>) | PB | |
| COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY 0.05-0.14 MG/DAY, 0.05-0.25 MG/DAY (<i>estradiol-norethindrone acet</i>) | PB | |
| DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM, 1 MG/GM, 1.25 MG/1.25GM (<i>estradiol</i>) | PB | |
| DUAVEE ORAL TABLET 0.45-20 MG (<i>conj estrogens-bazedoxifene</i>) | PB | N10 (PA applies) |
| <i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i> | G | |
| <i>estradiol transdermal gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/0.75gm, 1 mg/gm, 1.25 mg/1.25gm</i> | G | |
| <i>estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i> | G | |
| <i>estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i> | G | |
| <i>estradiol vaginal cream 0.1 mg/gm</i> | G | |
| <i>estradiol vaginal tablet 10 mcg</i> | G | |
| <i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i> | G | |
| <i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg</i> | G | |
| EVAMIST TRANSDERMAL SOLUTION 1.53 MG/SPRAY (<i>estradiol</i>) | PB | |
| <i>norethindrone-eth estradiol</i> (Fyavolv Oral Tablet 0.5-2.5 Mg-Mcg, 1-5 Mg-Mcg) | G | |
| <i>norethindrone-eth estradiol</i> (Jinteli Oral Tablet 1-5 Mg-Mcg) | G | |
| <i>estradiol-norethindrone acet</i> (Mimvey Oral Tablet 1-0.5 Mg) | G | |
| MYFEMBREE ORAL TABLET 40-1-0.5 MG (<i>relugolix-estradiol-norethind</i>) | PB | |
| ORIAHNN ORAL CAPSULE THERAPY PACK 300-1-0.5 & 300 MG (<i>elagolix-estradiol-norethind</i>) | PB | |
| PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG (<i>estrogens conjugated</i>) | PB | |

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna
The formulary is updated the first week of each month.
12/01/2023

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|-----------|----------------------------------|
| PREMARIN VAGINAL CREAM 0.625 MG/GM (<i>estrogens, conjugated</i>) | PB | |
| PREMPHASE ORAL TABLET 0.625-5 MG (<i>conj estrog-medroxyprogest ace</i>) | PB | |
| PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG (<i>conj estrog-medroxyprogest ace</i>) | PB | |
| FERTILITY REGULATORS | | |
| CETROTIDE SUBCUTANEOUS KIT 0.25 MG (<i>cetorelix acetate</i>) | PSP | PA; SPC |
| <i>chorionic gonadotropin intramuscular solution reconstituted 10000 unit</i> | NF | |
| CLOMID ORAL TABLET 50 MG (<i>clomiphene citrate</i>) | G | SPC |
| FOLLISTIM AQ SUBCUTANEOUS SOLUTION 300 UNT/0.36ML, 600 UNT/0.72ML, 900 UNT/1.08ML (<i>follitropin beta</i>) | NF | |
| <i>ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous</i> | NPSP | PA; SPC |
| <i>ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous</i> | PSP | PA; SPC |
| GONAL-F INJECTION SOLUTION RECONSTITUTED 1050 UNIT, 450 UNIT (<i>follitropin alfa</i>) | PSP | PA; SPC |
| GONAL-F RFF REDIJECT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/0.5ML, 450 UNIT/0.75ML, 900 UNIT/1.5ML (<i>follitropin alfa</i>) | PSP | PA; SPC |
| GONAL-F RFF SUBCUTANEOUS SOLUTION RECONSTITUTED 75 UNIT (<i>follitropin alfa</i>) | PSP | PA; SPC |
| MENOPUR SUBCUTANEOUS SOLUTION RECONSTITUTED 75 UNIT (<i>menotropins</i>) | PSP | PA; SPC |
| NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED 10000 UNIT, 5000 UNIT (<i>chorionic gonadotropin</i>) | NF | |
| OVIDREL SUBCUTANEOUS INJECTABLE 250 MCG/0.5ML (<i>choriogonadotropin alfa</i>) | PSP | PA; SPC |
| PREGNYL INTRAMUSCULAR SOLUTION RECONSTITUTED 10000 UNIT (<i>chorionic gonadotropin</i>) | NF | |
| GLUCOCORTICOIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE | | |
| ALKINDI SPRINKLE ORAL CAPSULE SPRINKLE 0.5 MG, 1 MG, 2 MG, 5 MG (<i>hydrocortisone</i>) | NPB | |

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

12/01/2023

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|--|-----------|----------------------------------|
| <i>dexamethasone oral elixir 0.5 mg/5ml</i> | G | |
| <i>dexamethasone oral solution 0.5 mg/5ml</i> | G | |
| <i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i> | G | |
| <i>dexamethasone oral tablet therapy pack 1.5 mg (21), 1.5 mg (35), 1.5 mg (51)</i> | G | |
| EMFLAZA ORAL SUSPENSION 22.75 MG/ML (<i>deflazacort</i>) | NF | |
| EMFLAZA ORAL TABLET 18 MG, 30 MG, 36 MG, 6 MG (<i>deflazacort</i>) | NF | |
| <i>fludrocortisone acetate oral tablet 0.1 mg</i> | G | |
| <i>dexamethasone (Hidex 6-Day Oral Tablet Therapy Pack 1.5 Mg (21))</i> | G | |
| <i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i> | G | |
| <i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i> | G | |
| <i>methylprednisolone oral tablet therapy pack 4 mg</i> | G | |
| <i>prednisolone oral solution 15 mg/5ml</i> | G | |
| <i>prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml</i> | NF | |
| <i>prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml</i> | G | |
| <i>prednisolone sodium phosphate oral tablet dispersible 10 mg, 15 mg, 30 mg</i> | G | |
| <i>prednisone oral solution 5 mg/5ml</i> | G | |
| <i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i> | G | |
| <i>prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)</i> | G | |
| TAPERDEX 12-DAY ORAL TABLET THERAPY PACK 1.5 MG (49) (<i>dexamethasone</i>) | G | |
| <i>dexamethasone (Taperdex 6-Day Oral Tablet Therapy Pack 1.5 Mg, 1.5 Mg (21))</i> | NF | |
| TAPERDEX 7-DAY ORAL TABLET THERAPY PACK 1.5 MG (27) (<i>dexamethasone</i>) | G | |
| GLUCOSE ELEVATING AGENTS - DRUGS TO TREAT LOW BLOOD SUGAR | | |
| BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE (<i>glucagon</i>) | PB | |

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna
The formulary is updated the first week of each month.
12/01/2023

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|-----------|----------------------------------|
| BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE (<i>glucagon</i>) | PB | |
| BD GLUCOSE ORAL TABLET CHEWABLE 5 GM (<i>dextrose (diabetic use)</i>) | NPB | |
| <i>diazoxide oral suspension 50 mg/ml</i> | G | |
| GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED 1 MG (<i>glucagon hcl (rdna)</i>) | PB | |
| <i>glucagon emergency injection kit 1 mg</i> | G | |
| <i>glucose oral tablet chewable 4 gm</i> | NPB | |
| <i>gnp glucose gummies oral tablet chewable 2 gm</i> | G | |
| GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML (<i>glucagon</i>) | PB | |
| GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML (<i>glucagon</i>) | PB | |
| GVOKE KIT SUBCUTANEOUS SOLUTION 1 MG/0.2ML (<i>glucagon</i>) | PB | |
| GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.5 MG/0.1ML, 1 MG/0.2ML (<i>glucagon</i>) | PB | |
| ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO- INJECTOR 0.6 MG/0.6ML (<i>dasiglucagon hcl</i>) | PB | |
| ZEGALOGUE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.6 MG/0.6ML (<i>dasiglucagon hcl</i>) | PB | |
| GROWTH IMPROVEMENT AGENTS - DRUGS TO PROMOTE GROWTH | | |
| VOXZOGO SUBCUTANEOUS SOLUTION RECONSTITUTED 0.4 MG, 0.56 MG, 1.2 MG (<i>vosoritide</i>) | NPSP | PA; QL (30 VIALS per 30 days) |
| HEREDITARY TYROSINEMIA TYPE 1 AGENTS - DRUGS FOR REPLACEMENT, MODIFICATION, TREATMENT | | |
| <i>nitisinone oral capsule 10 mg, 2 mg, 5 mg</i> | PSP | PA |
| NITYR ORAL TABLET 10 MG, 2 MG, 5 MG (<i>nitisinone</i>) | NF | |
| ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG (<i>nitisinone</i>) | PSP | PA |
| ORFADIN ORAL SUSPENSION 4 MG/ML (<i>nitisinone</i>) | PSP | PA |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|--|-----------|----------------------------------|
| HUMAN GROWTH HORMONES - DRUGS TO REGULATE PITUITARY HORMONES | | |
| GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE 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>) | PSP | PA |
| GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG, 5 MG (<i>somatropin</i>) | PSP | PA |
| HUMATROPE INJECTION CARTRIDGE 12 MG, 24 MG, 6 MG (<i>somatropin</i>) | NF | |
| NGENLA SUBCUTANEOUS SOLUTION PEN-INJECTOR 24 MG/1.2ML, 60 MG/1.2ML (<i>somatrogon-ghla</i>) | NF | |
| NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 30 MG/3ML, 5 MG/1.5ML (<i>somatropin</i>) | PSP | PA |
| NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/2ML (<i>somatropin</i>) | NF | |
| NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR 20 MG/2ML (<i>somatropin</i>) | NF | |
| NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MG/2ML (<i>somatropin</i>) | NF | |
| OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 10 MG/1.5ML, 5 MG/1.5ML (<i>somatropin</i>) | NF | |
| OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG (<i>somatropin</i>) | NF | |
| SAIZEN INJECTION SOLUTION RECONSTITUTED 5 MG, 8.8 MG (<i>somatropin (non-refrigerated)</i>) | NF | |
| SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG (<i>somatropin (non-refrigerated)</i>) | NPSP | PA |
| SKYTROFA SUBCUTANEOUS CARTRIDGE 11 MG, 13.3 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG, 7.6 MG, 9.1 MG (<i>lonapegsomatropin-tcgd</i>) | NF | |
| SOGROYA SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 5 MG/1.5ML (<i>somapacitan-beco</i>) | PSP | PA; QL (4 PENS per 28 days) |
| ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 5 MG (<i>somatropin</i>) | NF | |
| ZORBTIVE SUBCUTANEOUS SOLUTION RECONSTITUTED 8.8 MG (<i>somatropin (non-refrigerated)</i>) | NPSP | PA |

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna
The formulary is updated the first week of each month.
12/01/2023

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|-----------|----------------------------------|
| LUTEINIZING HORMONE-RELEASING HORMONE (LHRH) AGONISTS | | |
| FENSOLVI (6 MONTH) SUBCUTANEOUS KIT 45 MG (<i>leuprolide acetate (6 month)</i>) | PSP | PA |
| LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG (<i>leuprolide acetate</i>) | PSP | PA |
| LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG (PED), 30 MG (<i>leuprolide acetate (3 month)</i>) | PSP | PA |
| SYNAREL NASAL SOLUTION 2 MG/ML (<i>nafarelin acetate</i>) | NPB | PA |
| TRIPTODUR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 22.5 MG (<i>triptorelin pamoate</i>) | PSP | PA |
| MINERALOCORTICOID RECEPTOR ANTAGONISTS - DRUGS TO TREAT CHRONIC KIDNEY DISEASE ASSOCIATED WITH TYPE 2 DIABETES | | |
| KERENDIA ORAL TABLET 10 MG, 20 MG (<i>finerenone</i>) | PB | |
| MISCELLANEOUS | | |
| ACTHAR INJECTION GEL 80 UNIT/ML (<i>corticotropin</i>) | NPSP | PA; QL (35 ML per 21 days) |
| <i>cabergoline oral tablet 0.5 mg</i> | G | |
| <i>calcitonin (salmon) nasal solution 200 unit/lact</i> | G | |
| CORTROPHIN INJECTION GEL 80 UNIT/ML (<i>corticotropin</i>) | NPSP | PA; QL (35 ML per 21 days) |
| EVENITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 105 MG/1.17ML (<i>romosozumab-aqqg</i>) | NF | |
| FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 600 MCG/2.4ML (<i>teriparatide (recombinant)</i>) | PSP | PA; QL (1 PEN per 28 Days) |
| GALAFOLD ORAL CAPSULE 123 MG (<i>migalastat hcl</i>) | NPSP | PA; QL (14 CAPSULES per 28 days) |
| IMCIVREE SUBCUTANEOUS SOLUTION 10 MG/ML (<i>setmelanotide acetate</i>) | NF | |
| INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML (<i>mecasermin</i>) | NPSP | PA |
| JYNARQUE ORAL TABLET 15 MG, 30 MG (<i>tolvaptan</i>) | NF | |
| JYNARQUE ORAL TABLET THERAPY PACK 15 MG, 30 & 15 MG, 45 & 15 MG, 60 & 30 MG, 90 & 30 MG (<i>tolvaptan</i>) | NF | |
| <i>methylergonovine maleate (Methergine Oral Tablet 0.2 Mg)</i> | G | QL (4 TABLETS per 1 day) |
| <i>methylergonovine maleate oral tablet 0.2 mg</i> | G | QL (4 TABLETS per 1 day) |

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

12/01/2023

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|-----------|-----------------------------------|
| OSPHENA ORAL TABLET 60 MG (<i>ospemifene</i>) | PB | N10 (PA applies) |
| PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML (<i>denosumab</i>) | PSP | PA; QL (60 ML per 168 days) |
| <i>raloxifene hcl oral tablet 60 mg</i> | CE | N7 (G); AL (Min 35 Years) |
| SAMSCA ORAL TABLET 15 MG, 30 MG (<i>tolvaptan</i>) | NPSP | PA |
| SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 10 MG, 20 MG, 30 MG, 40 MG, 60 MG (<i>pasireotide pamoate</i>) | NF | |
| SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML (<i>pasireotide diaspartate</i>) | NPSP | PA; QL (60 ML per 30 days) |
| <i>teriparatide (recombinant) subcutaneous solution pen-injector 620 mcg/2.48ml</i> | NF | |
| <i>tolvaptan oral tablet 15 mg, 30 mg</i> | PSP | PA |
| TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML (<i>abaloparatide</i>) | PSP | PA; QL (1 PEN per 30 DAYs) |
| VIJOICE ORAL TABLET THERAPY PACK 125 MG, 200 & 50 MG, 50 MG (<i>alpelisib</i>) | NF | |
| XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7ML (<i>denosumab</i>) | NPSP | PA |
| XURIDEN ORAL PACKET 2 GM (<i>uridine triacetate</i>) | NPSP | QL (4 PACKETS per 1 DAY) |
| ZOKINVY ORAL CAPSULE 50 MG, 75 MG (<i>lonafarnib</i>) | NPSP | PA; QL (120 CAPSULES per 30 days) |
| PHOSPHATE BINDER AGENTS - DRUGS TO REGULATE CALCIUM AND PHOSPHORUS LEVELS | | |
| AURYXIA ORAL TABLET 1 GM 210 MG(FE) (<i>ferric citrate</i>) | PB | |
| <i>calcium acetate (phos binder) oral capsule 667 mg</i> | G | |
| <i>lanthanum carbonate oral tablet chewable 1000 mg, 500 mg, 750 mg</i> | NF | |
| <i>sevelamer carbonate oral packet 0.8 gm, 2.4 gm</i> | G | |
| <i>sevelamer carbonate oral tablet 800 mg</i> | G | |
| <i>sevelamer hcl oral tablet 400 mg, 800 mg</i> | G | |
| VELPHORO ORAL TABLET CHEWABLE 500 MG (<i>sucroferric oxyhydroxide</i>) | PB | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|--|-----------|----------------------------------|
| POLYNEUROPATHY | | |
| TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML (<i>inotersen sodium</i>) | PSP | PA; QL (4 syringes per 28 days) |
| PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES | | |
| CRINONE VAGINAL GEL 4 %, 8 % (<i>progesterone</i>) | PB | |
| <i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i> | G | |
| <i>megestrol acetate oral suspension 625 mg/5ml</i> | CE | N7 (G) |
| <i>norethindrone acetate oral tablet 5 mg</i> | G | |
| <i>progesterone oral capsule 100 mg, 200 mg</i> | G | |
| PROMETRIUM ORAL CAPSULE 100 MG, 200 MG (<i>progesterone</i>) | NF | |
| THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS | | |
| <i>levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i> | G | |
| <i>liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg</i> | G | |
| <i>methimazole oral tablet 10 mg, 5 mg</i> | G | |
| <i>propylthiouracil oral tablet 50 mg</i> | G | |
| SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG (<i>levothyroxine sodium</i>) | PB | |
| VASOPRESSINS - DRUGS TO REGULATE PITUITARY HORMONES | | |
| <i>desmopressin ace spray refrig nasal solution 0.01 %</i> | G | |
| <i>desmopressin acetate nasal solution 1.5 mg/ml</i> | NPSP | PA |
| <i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i> | G | |
| <i>desmopressin acetate spray nasal solution 0.01 %</i> | G | |
| GASTROINTESTINAL - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS | | |
| ANTICHOLINERGICS | | |
| <i>dicyclomine hcl oral capsule 10 mg</i> | G | |
| <i>dicyclomine hcl oral tablet 20 mg</i> | G | |
| GLYCATE ORAL TABLET 1.5 MG (<i>glycopyrrolate</i>) | NF | |

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

12/01/2023

124

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|--|-----------|----------------------------------|
| <i>glycopyrrolate oral solution 1 mg/5ml</i> | G | |
| <i>glycopyrrolate oral tablet 1 mg, 2 mg</i> | G | |
| <i>glycopyrrolate oral tablet 1.5 mg</i> | NF | |
| <i>methscopolamine bromide oral tablet 2.5 mg, 5 mg</i> | G | |
| ANTIDIARRHEALS | | |
| <i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml</i> | G | |
| <i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i> | G | |
| LOMOTIL ORAL TABLET 2.5-0.025 MG (<i>diphenoxylate-atropine</i>) | PB | |
| MYTESI ORAL TABLET DELAYED RELEASE 125 MG (<i>crofelemer</i>) | NF | |
| ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING | | |
| <i>aprepitant oral capsule 125 mg, 40 mg, 80 & 125 mg, 80 mg</i> | G | |
| <i>prochlorperazine (Compro Rectal Suppository 25 Mg)</i> | G | |
| <i>doxylamine-pyridoxine oral tablet delayed release 10-10 mg</i> | G | |
| <i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i> | G | |
| <i>granisetron hcl oral tablet 1 mg</i> | G | |
| <i>metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml</i> | G | |
| <i>metoclopramide hcl oral tablet 10 mg, 5 mg</i> | G | |
| <i>metoclopramide hcl oral tablet dispersible 5 mg</i> | G | |
| <i>ondansetron hcl oral solution 4 mg/5ml</i> | G | |
| <i>ondansetron hcl oral tablet 24 mg, 4 mg, 8 mg</i> | G | |
| <i>ondansetron oral tablet dispersible 4 mg, 8 mg</i> | G | |
| <i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i> | G | |
| <i>promethazine hcl oral syrup 6.25 mg/5ml</i> | G | |
| <i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i> | G | |
| <i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i> | G | |
| PROMETHEGAN RECTAL SUPPOSITORY 50 MG (<i>promethazine hcl</i>) | G | |
| SANCUSO TRANSDERMAL PATCH 3.1 MG/24HR (<i>granisetron</i>) | PB | |
| <i>scopolamine transdermal patch 72 hour 1 mg/3days</i> | G | |
| <i>trimethobenzamide hcl oral capsule 300 mg</i> | G | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|-----------|--|
| VARUBI (180 MG DOSE) ORAL TABLET THERAPY PACK 2 X 90 MG (<i>rolapitant hcl</i>) | PB | |
| ANTISPASMODICS - DRUGS FOR MUSCLE SPASM | | |
| <i>chlordiazepoxide-clidinium oral capsule 5-2.5 mg</i> | G | N8 (Listing does not include certain NDCs) |
| H2-RECEPTOR ANTAGONISTS - DRUGS FOR ULCERS AND STOMACH ACID | | |
| <i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i> | G | |
| <i>famotidine oral tablet 40 mg</i> | G | |
| <i>nizatidine oral capsule 150 mg, 300 mg</i> | G | |
| INFLAMMATORY BOWEL DISEASE - BOWEL, INTESTINE, AND STOMACH CONDITION DRUGS | | |
| APRISO ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.375 GM (<i>mesalamine</i>) | NPB | |
| <i>balsalazide disodium oral capsule 750 mg</i> | G | |
| <i>budesonide er oral tablet extended release 24 hour 9 mg</i> | G | |
| <i>budesonide oral capsule delayed release particles 3 mg</i> | G | |
| COLAZAL ORAL CAPSULE 750 MG (<i>balsalazide disodium</i>) | NF | |
| CORTIFOAM EXTERNAL FOAM 10 % (<i>hydrocortisone acetate</i>) | PB | |
| <i>mesalamine er oral capsule extended release 24 hour 0.375 gm</i> | G | |
| <i>mesalamine oral capsule delayed release 400 mg</i> | G | |
| <i>mesalamine oral tablet delayed release 1.2 gm, 800 mg</i> | G | |
| <i>mesalamine rectal enema 4 gm</i> | G | |
| <i>mesalamine rectal suppository 1000 mg</i> | G | |
| PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG, 500 MG (<i>mesalamine</i>) | PB | |
| <i>sulfasalazine oral tablet 500 mg</i> | G | |
| <i>sulfasalazine oral tablet delayed release 500 mg</i> | G | |
| IRRITABLE BOWEL SYNDROME WITH CONSTIPATION | | |
| LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG (<i>linaclotide</i>) | PB | |
| <i>lubiprostone oral capsule 24 mcg, 8 mcg</i> | G | |
| IRRITABLE BOWEL SYNDROME WITH DIARRHEA | | |
| <i>alosetron hcl oral tablet 0.5 mg, 1 mg</i> | G | |

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

12/01/2023

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|-----------|--|
| VIBERZI ORAL TABLET 100 MG, 75 MG (<i>eluxadoline</i>) | PB | |
| LAXATIVES - DRUGS FOR CONSTIPATION | | |
| CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM - GM/160ML, 10-3.5-12 MG-GM -GM/175ML (<i>sod picosulfate-mag ox-cit acd</i>) | CE | N7 (NPB); N8 (\$0 copay for members age 45 through 75); AL (Min 45 Years and Max 75 Years) |
| <i>enulose oral solution 10 gm/15ml</i> | G | |
| GAVILYTE-C ORAL SOLUTION RECONSTITUTED 240 GM (<i>peg 3350-kcl-nabcb-nacl-nasulf</i>) | G | |
| <i>peg 3350-kcl-nabcb-nacl-nasulf</i> (Gavilyte-G Oral Solution Reconstituted 236 Gm) | G | |
| KRISTALOSE ORAL PACKET 10 GM (<i>lactulose</i>) | NPB | |
| <i>lactulose oral packet 10 gm</i> | NF | |
| <i>lactulose oral solution 10 gm/15ml</i> | G | |
| MOVIPREP ORAL SOLUTION RECONSTITUTED 100 GM (<i>peg-kcl-nacl-nasulf-na asc-c</i>) | NPB | |
| <i>na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml</i> | CE | N7 (G); N8 (\$0 copay for members age 45 through 75); AL (Min 45 Years and Max 75 Years) |
| <i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm</i> | G | |
| <i>peg-3350/electrolytes oral solution reconstituted 236 gm</i> | G | |
| <i>peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted 100 gm</i> | CE | N7 (NF) |
| PEG-PREP ORAL KIT 5-210 MG-GM (<i>bisacodyl-peg-kcl-nabicar-nacl</i>) | CE | N7 (NPB); N8 (\$0 copay for members age 45 through 75); AL (Min 45 Years and Max 75 Years) |
| PLENVU ORAL SOLUTION RECONSTITUTED 140 GM (<i>peg-kcl-nacl-nasulf-na asc-c</i>) | CE | N7 (NPB); N8 (\$0 copay for members age 45 through 75); AL (Min 45 Years and Max 75 Years) |
| SUFLAVE ORAL SOLUTION RECONSTITUTED 178.7 GM (<i>peg 3350-kcl-nacl-nasulf-mgsul</i>) | CE | N7 (NPB); N8 (\$0 copay for members age 45 through 75); AL (Min 45 Years and Max 75 Years) |
| SUPREP BOWEL PREP KIT ORAL SOLUTION 17.5-3.13-1.6 GM/177ML (<i>na sulfate-k sulfate-mg sulf</i>) | PB | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|-----------|--|
| SUTAB ORAL TABLET 1479-225-188 MG (<i>sodium sulfate-mag sulfate-kcl</i>) | CE | N7 (NPB); N8 (\$0 copay for members age 45 through 75); AL (Min 45 Years and Max 75 Years) |
| MISCELLANEOUS | | |
| BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE 200 MCG, 600 MCG (<i>odevixibat</i>) | NF | |
| BYLVAY ORAL CAPSULE 1200 MCG, 400 MCG (<i>odevixibat</i>) | NF | |
| CHENODAL ORAL TABLET 250 MG (<i>chenodiol</i>) | NPSP | PA |
| CHOLBAM ORAL CAPSULE 250 MG, 50 MG (<i>cholic acid</i>) | NPSP | PA |
| CYTOTEC ORAL TABLET 100 MCG, 200 MCG (<i>misoprostol</i>) | PB | |
| GATTEX SUBCUTANEOUS KIT 5 MG (<i>teduglutide (rdna)</i>) | NPSP | PA; QL (1 KIT per 30 days) |
| LIVMARLI ORAL SOLUTION 9.5 MG/ML (<i>maralixibat chloride</i>) | NPSP | PA; QL (90 ML per 30 days) |
| <i>misoprostol oral tablet 100 mcg, 200 mcg</i> | G | |
| MOVANTIK ORAL TABLET 12.5 MG, 25 MG (<i>naloxegol oxalate</i>) | PB | |
| OCALIVA ORAL TABLET 10 MG, 5 MG (<i>obeticholic acid</i>) | NPSP | PA; QL (30 TABLETS per 30 days) |
| SUCRAID ORAL SOLUTION 8500 UNIT/ML (<i>sacrosidase</i>) | NPSP | |
| <i>sucralfate oral suspension 1 gm/10ml</i> | NF | |
| <i>sucralfate oral tablet 1 gm</i> | G | |
| SYMPROIC ORAL TABLET 0.2 MG (<i>naldemedine tosylate</i>) | PB | |
| URSO 250 ORAL TABLET 250 MG (<i>ursodiol</i>) | PB | |
| URSO FORTE ORAL TABLET 500 MG (<i>ursodiol</i>) | PB | |
| <i>ursodiol oral capsule 300 mg</i> | G | |
| <i>ursodiol oral tablet 250 mg, 500 mg</i> | G | |
| VOWST ORAL CAPSULE (<i>fecal microb spores, live-brpk</i>) | NPSP | PA; QL (12 CAPSULES per 30 DAYS) |
| XERMELO ORAL TABLET 250 MG (<i>telotristat etiprate</i>) | NPSP | PA; QL (90 TABLETS per 30 days) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|-----------|---|
| PANCREATIC ENZYMES | | |
| CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT (<i>pancrelipase (lip-prot-amyl)</i>) | PB | |
| VIOKACE ORAL TABLET 10440-39150 UNIT, 20880-78300 UNIT (<i>pancrelipase (lip-prot-amyl)</i>) | PB | |
| ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT (<i>pancrelipase (lip-prot-amyl)</i>) | PB | |
| PROTON PUMP INHIBITORS - DRUGS FOR ULCERS AND STOMACH ACID | | |
| ACIPHEX ORAL TABLET DELAYED RELEASE 20 MG (<i>rabeprazole sodium</i>) | NPB | QL (90 TABLETS per 365 days) |
| DEXILANT ORAL CAPSULE DELAYED RELEASE 30 MG, 60 MG (<i>dexlansoprazole</i>) | NPB | QL (90 CAPSULES per 365 days) |
| <i>dexlansoprazole oral capsule delayed release 30 mg, 60 mg</i> | G | QL (90 CAPSULES per 365 DAYs) |
| <i>esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg</i> | G | QL (90 CAPSULES per 365 DAYs) |
| <i>esomeprazole magnesium oral packet 10 mg, 20 mg, 40 mg</i> | G | QL (90 PACKET per 365 days) |
| <i>esomeprazole magnesium oral tablet delayed release 20 mg</i> | G | Select OTC; QL (90 TABLETS per 365 DAYs) |
| KONVOMEF ORAL SUSPENSION RECONSTITUTED 2-84 MG/ML (<i>omeprazole-sodium bicarbonate</i>) | NPB | QL (1800 ML per 365 DAYs) |
| <i>lansoprazole oral capsule delayed release 30 mg</i> | G | QL (90 CAPSULES per 365 DAYs) |
| <i>lansoprazole oral tablet delayed release dispersible 30 mg</i> | NF | |
| NEXIUM 24HR ORAL TABLET DELAYED RELEASE 20 MG (<i>esomeprazole magnesium</i>) | G | Select OTC; QL (90 tablets per 365 days) |
| NEXIUM ORAL CAPSULE DELAYED RELEASE 40 MG (<i>esomeprazole magnesium</i>) | NPB | QL (90 CAPSULES per 365 DAYs) |
| NEXIUM ORAL PACKET 10 MG, 2.5 MG, 20 MG, 40 MG, 5 MG (<i>esomeprazole magnesium</i>) | NPB | QL (90 PACKETS per 365 DAYs) |
| <i>omeprazole magnesium oral capsule delayed release 20.6 (20 base) mg</i> | G | Select OTC; QL (90 CAPSULES per 365 days) |

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

12/01/2023

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|--|-----------|---|
| <i>omeprazole magnesium oral tablet delayed release 20 mg</i> | G | Select OTC; QL (90 TABLETS per 365 DAYs) |
| <i>omeprazole oral capsule delayed release 10 mg, 40 mg</i> | G | QL (90 CAPSULES per 365 days) |
| <i>omeprazole oral capsule delayed release 20 mg</i> | G | Select OTC; QL (90 CAPSULES per 365 days) |
| <i>omeprazole-sodium bicarbonate oral capsule 20-1100 mg</i> | G | QL (90 CAPSULES per 365 DAYs) |
| <i>omeprazole-sodium bicarbonate oral capsule 40-1100 mg</i> | NF | |
| <i>omeprazole-sodium bicarbonate oral packet 20-1680 mg, 40-1680 mg</i> | NF | |
| <i>pantoprazole sodium oral packet 40 mg</i> | NF | |
| <i>pantoprazole sodium oral tablet delayed release 20 mg, 40 mg</i> | G | QL (90 TABLETS per 365 days) |
| PREVACID ORAL CAPSULE DELAYED RELEASE 30 MG (<i>lansoprazole</i>) | NPB | QL (90 CAPSULES per 365 DAYs) |
| PREVACID SOLUTAB ORAL TABLET DELAYED RELEASE DISPERSIBLE 30 MG (<i>lansoprazole</i>) | NPB | QL (90 TABLETS per 365 DAYs) |
| PRILOSEC ORAL PACKET 10 MG, 2.5 MG (<i>omeprazole magnesium</i>) | NF | |
| PRILOSEC OTC ORAL TABLET DELAYED RELEASE 20 MG (<i>omeprazole magnesium</i>) | G | Select OTC; QL (90 TABLETS per 365 DAYs) |
| PROTONIX ORAL PACKET 40 MG (<i>pantoprazole sodium</i>) | NPB | QL (90 PACKETS per 365 DAYs) |
| PROTONIX ORAL TABLET DELAYED RELEASE 20 MG, 40 MG (<i>pantoprazole sodium</i>) | NPB | QL (90 TABLETS per 365 DAYs) |
| <i>qc lansoprazole oral capsule delayed release 15 mg</i> | G | Select OTC; QL (90 CAPSULES per 365 DAYs) |
| <i>ra omeprazole oral tablet delayed release 20 mg</i> | G | Select OTC; QL (90 TABLETS per 365 days) |
| <i>rabeprazole sodium oral capsule sprinkle 10 mg</i> | NPB | QL (90 CAPSULES per 365 DAYs) |
| <i>rabeprazole sodium oral tablet delayed release 20 mg</i> | G | QL (90 TABLETS per 365 days) |
| ZEGERID ORAL CAPSULE 40-1100 MG (<i>omeprazole-sodium bicarbonate</i>) | NF | |
| ZEGERID ORAL PACKET 20-1680 MG, 40-1680 MG (<i>omeprazole-sodium bicarbonate</i>) | NF | |

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

12/01/2023

130

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|-----------|----------------------------------|
| RECTAL, CORTICOSTEROIDS | | |
| ANUSOL-HC EXTERNAL CREAM 2.5 % (<i>hydrocortisone</i>) | PB | |
| <i>hydrocortisone (perianal) external cream 2.5 %</i> | G | |
| PROCTOFOAM HC EXTERNAL FOAM 1-1 % (<i>hydrocortisone ace-pramoxine</i>) | PB | |
| <i>hydrocortisone (Proctozone-Hc External Cream 2.5 %)</i> | G | |
| ULCER THERAPY COMBINATIONS | | |
| <i>amoxicill-clarithro-lansopraz oral therapy pack 500 & 500 & 30 mg</i> | G | |
| <i>bismuth/metronidaz/tetracyclin oral capsule 140-125-125 mg</i> | G | |
| PYLERA ORAL CAPSULE 140-125-125 MG (<i>bis subcit-metronid-tetracyc</i>) | PB | |
| TALICIA ORAL CAPSULE DELAYED RELEASE 250-12.5-10 MG (<i>amoxicill-rifabutin-omeprazole</i>) | PB | |
| GENITOURINARY - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS | | |
| BENIGN PROSTATIC HYPERPLASIA - DRUGS TO TREAT ENLARGED PROSTATE | | |
| <i>alfuzosin hcl er oral tablet extended release 24 hour 10 mg</i> | G | |
| <i>dutasteride oral capsule 0.5 mg</i> | G | |
| <i>dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg</i> | G | |
| <i>finasteride oral tablet 5 mg</i> | G | |
| <i>silodosin oral capsule 4 mg, 8 mg</i> | G | |
| <i>tamsulosin hcl oral capsule 0.4 mg</i> | G | |
| UROXATRAL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG (<i>alfuzosin hcl</i>) | NF | |
| CONTRACEPTIVES - PRODUCTS FOR BIRTH CONTROL | | |
| ENCARE VAGINAL SUPPOSITORY 100 MG (<i>nonoxynol-9</i>) | CE | N7 (Not Covered) |
| OPTIONS GYNOL II CONTRACEPTIVE VAGINAL GEL 3 % (<i>nonoxynol-9</i>) | CE | N7 (Not Covered) |
| PHEXXI VAGINAL GEL 1.8-1-0.4 % (<i>lactic ac-citric ac-pot bitart</i>) | CE | N7 (NPB) |
| TODAY SPONGE VAGINAL 1000 MG (<i>nonoxynol-9</i>) | CE | N7 (Not Covered) |
| VCF VAGINAL CONTRACEPTIVE VAGINAL FILM 28 % (<i>nonoxynol-9</i>) | CE | N7 (Not Covered) |

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

12/01/2023

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|-----------|----------------------------------|
| VCF VAGINAL CONTRACEPTIVE VAGINAL GEL 4 % (<i>nonoxynol-9</i>) | CE | N7 (Not Covered) |
| ERECTILE DYSFUNCTION | | |
| <i>bi-mix intracavernosal solution reconstituted 150-5 mg</i> | NPB | SPC |
| CAVERJECT IMPULSE INTRACAVERNOSAL KIT 10 MCG, 20 MCG (<i>alprostadil (vasodilator)</i>) | NPB | SPC |
| CAVERJECT INTRACAVERNOSAL SOLUTION RECONSTITUTED 40 MCG (<i>alprostadil (vasodilator)</i>) | NPB | SPC |
| CIALIS ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG (<i>tadalafil</i>) | NPB | SPC |
| EDEX INTRACAVERNOSAL KIT 10 MCG, 20 MCG, 40 MCG (<i>alprostadil (vasodilator)</i>) | NPB | SPC |
| MUSE URETHRAL PELLETT 1000 MCG, 250 MCG, 500 MCG (<i>alprostadil (vasodilator)</i>) | PB | SPC |
| <i>quad-mix intracavernosal solution reconstituted 150-10-0.1-1 mg</i> | NPB | SPC |
| <i>sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg</i> | G | SPC |
| STENDRA ORAL TABLET 100 MG, 200 MG, 50 MG (<i>avanafil</i>) | NF | |
| <i>super bi-mix intracavernosal solution reconstituted 150-10 mg</i> | NPB | SPC |
| <i>super quad-mix intracavernosal solution reconstituted 150-20-0.2-2 mg</i> | NPB | SPC |
| <i>super tri-mix intracavernosal solution reconstituted 150-10-100 mg-mg-mcg</i> | NPB | SPC |
| <i>tadalafil oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i> | G | SPC |
| <i>vardenafil hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i> | G | SPC |
| <i>vardenafil hcl oral tablet dispersible 10 mg</i> | G | SPC |
| VIAGRA ORAL TABLET 100 MG, 25 MG, 50 MG (<i>sildenafil citrate</i>) | NPB | SPC |
| MISCELLANEOUS | | |
| <i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i> | G | |
| ELMIRON ORAL CAPSULE 100 MG (<i>pentosan polysulfate sodium</i>) | NPB | QL (90 CAPSULES per 25 days) |
| FILSPARI ORAL TABLET 200 MG, 400 MG (<i>sparsentan</i>) | NF | |
| <i>pot & sod cit-cit ac oral solution 550-500-334 mg/5ml</i> | G | |
| <i>potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)</i> | G | |

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

12/01/2023

132

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|--|-----------|----------------------------------|
| PROCYSBI ORAL CAPSULE DELAYED RELEASE 25 MG, 75 MG (<i>cysteamine bitartrate</i>) | NF | |
| PROCYSBI ORAL PACKET 300 MG, 75 MG (<i>cysteamine bitartrate</i>) | NF | |
| TARPEYO ORAL CAPSULE DELAYED RELEASE 4 MG (<i>budesonide</i>) | NF | |
| THIOLA EC ORAL TABLET DELAYED RELEASE 100 MG, 300 MG (<i>tiopronin</i>) | NF | |
| THIOLA ORAL TABLET 100 MG (<i>tiopronin</i>) | NF | |
| <i>tiopronin oral tablet 100 mg</i> | PSP | PA |
| UROCIT-K 10 ORAL TABLET EXTENDED RELEASE 10 MEQ (1080 MG) (<i>potassium citrate</i>) | PB | |
| UROCIT-K 15 ORAL TABLET EXTENDED RELEASE 15 MEQ (1620 MG) (<i>potassium citrate</i>) | PB | |
| UROCIT-K 5 ORAL TABLET EXTENDED RELEASE 5 MEQ (540 MG) (<i>potassium citrate</i>) | PB | |
| PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES | | |
| ENDOMETRIN VAGINAL INSERT 100 MG (<i>progesterone</i>) | PB | |
| URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE | | |
| <i>darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg, 7.5 mg</i> | G | |
| <i>fesoterodine fumarate er oral tablet extended release 24 hour 4 mg, 8 mg</i> | G | |
| <i>flavoxate hcl oral tablet 100 mg</i> | G | |
| MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER 8 MG/ML (<i>mirabegron</i>) | PB | |
| MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG (<i>mirabegron</i>) | PB | |
| <i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg</i> | G | |
| <i>oxybutynin chloride oral solution 5 mg/5ml</i> | G | |
| <i>oxybutynin chloride oral tablet 5 mg</i> | G | |
| <i>solifenacin succinate oral tablet 10 mg, 5 mg</i> | G | |
| <i>tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg</i> | G | |

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

12/01/2023

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|-----------|----------------------------------|
| <i>tolterodine tartrate oral tablet 1 mg, 2 mg</i> | G | |
| <i>trospium chloride er oral capsule extended release 24 hour 60 mg</i> | G | |
| <i>trospium chloride oral tablet 20 mg</i> | G | |
| VAGINAL ANTI-INFECTIVES - DRUGS TO TREAT VAGINAL INFECTIONS | | |
| CLEOCIN VAGINAL CREAM 2 % (clindamycin phosphate) | PB | |
| <i>clindamycin phosphate vaginal cream 2 %</i> | G | |
| <i>metronidazole vaginal gel 0.75 %</i> | G | |
| <i>miconazole 3 vaginal suppository 200 mg</i> | G | |
| <i>terconazole vaginal cream 0.4 %, 0.8 %</i> | G | |
| <i>terconazole vaginal suppository 80 mg</i> | G | |
| HEMATOLOGIC - DRUGS TO TREAT BLOOD DISORDERS | | |
| ANTICOAGULANTS - BLOOD THINNERS | | |
| ARIXTRA SUBCUTANEOUS SOLUTION 10 MG/0.8ML, 2.5 MG/0.5ML, 5 MG/0.4ML, 7.5 MG/0.6ML (fondaparinux sodium) | PB | |
| <i>dabigatran etexilate mesylate oral capsule 150 mg, 75 mg</i> | G | |
| ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG (apixaban) | PB | |
| ELIQUIS ORAL TABLET 2.5 MG, 5 MG (apixaban) | PB | |
| <i>enoxaparin sodium injection solution 300 mg/3ml</i> | G | |
| <i>enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 120 mg/0.8ml, 150 mg/ml, 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml</i> | G | |
| <i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml</i> | G | |
| FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/4ML, 95000 UNIT/3.8ML (dalteparin sodium) | PB | |
| FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 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 (dalteparin sodium) | PB | |
| <i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i> | G | |
| <i>heparin sodium (porcine) pf injection solution 5000 unit/0.5ml</i> | G | |

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

12/01/2023

134

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|-----------|----------------------------------|
| <i>warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i> | G | LGC |
| XARELTO ORAL SUSPENSION RECONSTITUTED 1 MG/ML (<i>rivaroxaban</i>) | PB | |
| XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG (<i>rivaroxaban</i>) | PB | |
| XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG (<i>rivaroxaban</i>) | PB | |
| BLEEDING DISORDERS AGENTS | | |
| ALPHANATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT (<i>antihemophilic factor-vwf</i>) | NPSP | PA |
| CABLIVI INJECTION KIT 11 MG (<i>caplacizumab-yhdp</i>) | NF | |
| COAGADEX INTRAVENOUS SOLUTION RECONSTITUTED 250 UNIT, 500 UNIT (<i>coagulation factor x (human)</i>) | NPSP | PA |
| CORIFACT INTRAVENOUS KIT 1000-1600 UNIT (<i>factor xiii concentrate human</i>) | NPSP | PA |
| FEIBA INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2500 UNIT, 500 UNIT (<i>antiinhibitor coagulant cmplx</i>) | NF | |
| FIBRYGA INTRAVENOUS SOLUTION RECONSTITUTED (<i>fibrinogen concentrate (human)</i>) | NPSP | PA |
| HUMATE-P INTRAVENOUS SOLUTION RECONSTITUTED 1000-2400 UNIT, 250-600 UNIT, 500-1200 UNIT (<i>antihemophilic factor-vwf</i>) | NPSP | PA |
| KCENTRA INTRAVENOUS KIT 1000 UNIT, 500 UNIT (<i>prothrombin complex conc human</i>) | NPSP | PA |
| NOVOSEVEN RT INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 2 MG, 5 MG, 8 MG (<i>coagulation factor viia recomb</i>) | PSP | PA |
| RIASTAP INTRAVENOUS SOLUTION RECONSTITUTED (<i>fibrinogen concentrate (human)</i>) | NPSP | PA |
| SEVENFACT INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 5 MG (<i>coagulation factor viia-jncw</i>) | PSP | PA |
| TRETEN INTRAVENOUS SOLUTION RECONSTITUTED 2500 UNIT (<i>coagulation factor xiii a-sub</i>) | NPSP | PA |

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna
The formulary is updated the first week of each month.
12/01/2023

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|-----------|----------------------------------|
| VONVENDI INTRAVENOUS SOLUTION RECONSTITUTED 1300 UNIT, 650 UNIT (<i>von willebrand factor (recomb)</i>) | NF | |
| WILATE INTRAVENOUS KIT 1000-1000 UNIT, 500-500 UNIT (<i>antihemophilic factor-vwf</i>) | NPSP | PA |
| HEMATOPOIETIC GROWTH FACTORS | | |
| ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML (<i>darbepoetin alfa</i>) | PSP | PA |
| ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 25 MCG/0.42ML, 300 MCG/0.6ML, 40 MCG/0.4ML, 500 MCG/ML, 60 MCG/0.3ML (<i>darbepoetin alfa</i>) | PSP | PA |
| DOPTELET ORAL TABLET 20 MG (<i>avatrombopag maleate</i>) | PSP | PA; QL (60 TABLETS per 30 days) |
| EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML (<i>epoetin alfa</i>) | NF | |
| FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (<i>pegfilgrastim-jmdb</i>) | NF | |
| FYLNETRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (<i>pegfilgrastim-pbbk</i>) | PSP | PA; QL (2 SYRINGES per 28 days) |
| GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML, 480 MCG/1.6ML (<i>tbo-filgrastim</i>) | NF | |
| GRANIX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (<i>tbo-filgrastim</i>) | NF | |
| JESDUVROQ ORAL TABLET 1 MG, 2 MG, 4 MG, 6 MG, 8 MG (<i>daprodustat</i>) | NF | |
| LEUKINE INJECTION SOLUTION RECONSTITUTED 250 MCG (<i>sargramostim</i>) | NF | |
| MIRCERA INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.3ML, 120 MCG/0.3ML, 150 MCG/0.3ML, 200 MCG/0.3ML, 30 MCG/0.3ML, 50 MCG/0.3ML, 75 MCG/0.3ML (<i>methoxy peg-epoetin beta</i>) | NF | |
| MULPLETA ORAL TABLET 3 MG (<i>lusutrombopag</i>) | NPSP | PA; QL (7 TABLETS per 14 days) |
| NEULASTA ONPRO SUBCUTANEOUS PREFILLED SYRINGE KIT 6 MG/0.6ML (<i>pegfilgrastim</i>) | NF | |

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

12/01/2023

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|--|-----------|----------------------------------|
| NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (<i>pegfilgrastim</i>) | NF | |
| NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML (<i>filgrastim</i>) | NF | |
| NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (<i>filgrastim</i>) | NF | |
| NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML (<i>filgrastim-aafi</i>) | PSP | PA |
| NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (<i>filgrastim-aafi</i>) | PSP | PA |
| NPLATE SUBCUTANEOUS SOLUTION RECONSTITUTED 125 MCG, 250 MCG, 500 MCG (<i>romiplostim</i>) | NF | |
| NYVEPRIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (<i>pegfilgrastim-apgf</i>) | PSP | PA; QL (2 SYRINGES per 28 days) |
| 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>) | PSP | PA |
| PROMACTA ORAL PACKET 12.5 MG (<i>eltrombopag olamine</i>) | PSP | PA; QL (120 PACKETS per 30 days) |
| PROMACTA ORAL PACKET 25 MG (<i>eltrombopag olamine</i>) | PSP | PA; QL (180 PACKETS per 30 days) |
| PROMACTA ORAL TABLET 12.5 MG, 25 MG (<i>eltrombopag olamine</i>) | PSP | PA; QL (30 TABLETS per 30 days) |
| PROMACTA ORAL TABLET 50 MG, 75 MG (<i>eltrombopag olamine</i>) | PSP | PA; QL (60 TABLETS per 30 days) |
| RELEUKO INJECTION SOLUTION 300 MCG/ML (<i>filgrastim-ayow</i>) | NF | |
| <i>releuko injection solution 480 mcg/1.6ml</i> | NF | |
| <i>releuko subcutaneous solution prefilled syringe 300 mcg/0.5ml, 480 mcg/0.8ml</i> | NF | |
| RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML (<i>epoetin alfa-epbx</i>) | PSP | PA |
| ROLVEDON SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 13.2 MG/0.6ML (<i>eflapegrastim-xnst</i>) | NF | |

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

12/01/2023

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|--|-----------|--------------------------------------|
| STIMUFEND SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (<i>pegfilgrastim-fpgk</i>) | NF | |
| UDENYCA SUBCUTANEOUS SOLUTION AUTO- INJECTOR 6 MG/0.6ML (<i>pegfilgrastim-cbqv</i>) | NF | |
| UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (<i>pegfilgrastim-cbqv</i>) | NF | |
| ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (<i>filgrastim- sndz</i>) | NF | |
| ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (<i>pegfilgrastim-bmez</i>) | PSP | PA; QL (2 INJECTIONS per 28 days) |
| HEMOPHILIA A AGENTS | | |
| ADVATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (<i>antihemophil factor (rahf-pfm)</i>) | PSP | PA |
| <i>adynovate intravenous solution reconstituted 1000 unit, 1500 unit, 2000 unit, 250 unit, 3000 unit, 500 unit, 750 unit</i> | PSP | PA |
| AFSTYLA INTRAVENOUS KIT 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 500 UNIT (<i>antihemophil fact single chain</i>) | PSP | PA |
| ALTUVIIIIO INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (<i>antihem fact fc-vwf-xten- ehtl</i>) | NF | |
| ELOCTATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT, 5000 UNIT, 6000 UNIT, 750 UNIT (<i>antihem fact (bdd-rfviiiifc)</i>) | PSP | PA |
| ESPEROCT INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT (<i>antihemoph fact rcmb gpeg-exei</i>) | PSP | PA |
| HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 150 MG/ML, 30 MG/ML, 60 MG/0.4ML (<i>emicizumab-kxwh</i>) | NPSP | PA |
| HEMOPIL M INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1700 UNIT, 250 UNIT, 500 UNIT (<i>antihemophilic factor</i>) | NPSP | PA |

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

12/01/2023

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|--|-----------|----------------------------------|
| JIVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT (<i>ahf (bdd-rfviii peg-aucl)</i>) | PSP | PA |
| KOATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 250 UNIT, 500 UNIT (<i>antihemophilic factor</i>) | NPSP | PA |
| KOATE-DVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 500 UNIT (<i>antihemophilic factor</i>) | NPSP | PA |
| KOGENATE FS INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (<i>antihem factor recomb (rfviii)</i>) | PSP | PA |
| KOVALTRY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (<i>antihemophil factor (rahf-pfm)</i>) | PSP | PA |
| NOVOEIGHT INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (<i>antihemophil fact bd truncated</i>) | PSP | PA |
| NUWIQ INTRAVENOUS KIT 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (<i>antihem fact (bdd-rfviii,sim)</i>) | PSP | PA |
| NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (<i>antihem fact (bdd-rfviii,sim)</i>) | PSP | PA |
| <i>obizur intravenous solution reconstituted 500 unit</i> | NPSP | PA |
| RECOMBINATE INTRAVENOUS SOLUTION RECONSTITUTED 1241-1800 UNIT, 1801-2400 UNIT, 220-400 UNIT, 401-800 UNIT, 801-1240 UNIT (<i>antihem factor recomb (rfviii)</i>) | NPSP | PA |
| XYNTHA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT (<i>antihem fact (bdd-rfviii,mor)</i>) | PSP | PA |
| XYNTHA SOLOFUSE INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (<i>antihem fact (bdd-rfviii,mor)</i>) | PSP | PA |
| HEMOPHILIA B AGENTS | | |
| ALPHANINE SD INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT (<i>coagulation factor ix</i>) | NPSP | PA |

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna
The formulary is updated the first week of each month.
12/01/2023

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|--|-----------|-----------------------------------|
| ALPROLIX INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (<i>coagulation factor ix (rfixfc)</i>) | PSP | PA |
| BENEFIX INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (<i>coagulation factor ix (recomb)</i>) | NF | |
| IDELVION INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3500 UNIT, 500 UNIT (<i>coagulation factor ix (rix-fp)</i>) | NPSP | PA |
| IXINITY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (<i>coagulation factor ix (recomb)</i>) | NF | |
| PROFILNINE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT (<i>factor ix complex</i>) | NPSP | PA |
| REBINYN INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT (<i>coagulation factor ix glycopeg</i>) | PSP | PA |
| <i>rixubis intravenous solution reconstituted 1000 unit, 2000 unit, 250 unit, 3000 unit, 500 unit</i> | NF | |
| MISCELLANEOUS | | |
| AGRYLIN ORAL CAPSULE 0.5 MG (<i>anagrelide hcl</i>) | PB | |
| <i>aminocaproic acid oral solution 0.25 g/ml</i> | G | |
| <i>aminocaproic acid oral tablet 1000 mg, 500 mg</i> | G | |
| <i>anagrelide hcl oral capsule 0.5 mg, 1 mg</i> | G | |
| <i>cilostazol oral tablet 100 mg, 50 mg</i> | G | |
| <i>pentoxifylline er oral tablet extended release 400 mg</i> | G | |
| PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG (<i>mitapivat sulfate</i>) | NF | |
| PYRUKYND TAPER PACK ORAL TABLET THERAPY PACK 5 MG, 7 X 20 MG & 7 X 5 MG, 7 X 50 MG & 7 X 20 MG (<i>mitapivat sulfate</i>) | NF | |
| TAVALISSE ORAL TABLET 100 MG, 150 MG (<i>fostamatinib disodium</i>) | PSP | PA; QL (60 TABLETS per 30 days) |
| TAVNEOS ORAL CAPSULE 10 MG (<i>avacopan</i>) | NPSP | PA; QL (180 CAPSULES per 30 days) |
| <i>tranexamic acid oral tablet 650 mg</i> | G | |

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

12/01/2023

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|-----------|--|
| PAROXYSMAL NOCTURNAL HEMOGLOBINURIA (PNH) AGENTS | | |
| EMPAVELI SUBCUTANEOUS SOLUTION 1080 MG/20ML (<i>pegcetacoplan</i>) | PSP | PA; QL (10 VIALS per 30 days) |
| PLATELET AGGREGATION INHIBITORS - BLOOD THINNERS | | |
| <i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i> | G | |
| BRILINTA ORAL TABLET 60 MG, 90 MG (<i>ticagrelor</i>) | PB | |
| <i>clopidogrel bisulfate oral tablet 300 mg, 75 mg</i> | G | |
| <i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i> | G | |
| <i>prasugrel hcl oral tablet 10 mg, 5 mg</i> | G | |
| SICKLE CELL DISEASE | | |
| ENDARI ORAL PACKET 5 GM (<i>glutamine (sickle cell)</i>) | PSP | PA; QL (180 PACKETS per 30 days) |
| OXBRYTA ORAL TABLET 300 MG, 500 MG (<i>voxelotor</i>) | NF | |
| OXBRYTA ORAL TABLET SOLUBLE 300 MG (<i>voxelotor</i>) | NF | |
| SIKLOS ORAL TABLET 100 MG, 1000 MG (<i>hydroxyurea</i>) | PB | |
| IMMUNOLOGIC AGENTS - DRUGS TO TREAT DISORDERS OF THE IMMUNE SYSTEM | | |
| ALLERGENIC EXTRACTS | | |
| GRASTEK SUBLINGUAL TABLET SUBLINGUAL 2800 BAU (<i>timothy grass pollen allergen</i>) | PB | |
| ORALAIR SUBLINGUAL TABLET SUBLINGUAL 300 IR (<i>grass mix pollens allergen ext</i>) | PSP | PA |
| RAGWITEK SUBLINGUAL TABLET SUBLINGUAL 12 AMB A 1-U (<i>short ragweed pollen ext</i>) | PB | |
| AUTOIMMUNE AGENTS (PHYSICIAN-ADMINISTERED) | | |
| ACTEMRA INTRAVENOUS SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML (<i>tocilizumab</i>) | NF | |
| AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>infliximab-axxq</i>) | NF | |
| ENTYVIO INTRAVENOUS SOLUTION RECONSTITUTED 300 MG (<i>vedolizumab</i>) | NF | IBC (Available as NPSP with PA for Ulcerative Colitis) |

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna
The formulary is updated the first week of each month.
12/01/2023

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|--|-----------|---|
| ILUMYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>tildrakizumab-asmn</i>) | PSP | PA; QL (1 SYRINGE per 90 days) |
| INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>infliximab-dyyb</i>) | NF | |
| <i>infliximab intravenous solution reconstituted 100 mg</i> | NF | |
| ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED 250 MG (<i>abatacept</i>) | NF | |
| REMICADE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>infliximab</i>) | PSP | PA; QL (5 VIALS per 42 days) |
| RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>infliximab-abda</i>) | NF | |
| SIMPONI ARIA INTRAVENOUS SOLUTION 50 MG/4ML (<i>golimumab</i>) | PSP | PA; QL (200 MG per 56 days) |
| AUTOIMMUNE AGENTS (SELF-ADMINISTERED) | | |
| ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML (<i>tocilizumab</i>) | NF | |
| ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML (<i>tocilizumab</i>) | NF | |
| <i>adalimumab-adaz subcutaneous solution auto-injector 40 mg/0.4ml</i> | PSP | PA; ST; QL (4 PENS per 28 days) |
| <i>adalimumab-adaz subcutaneous solution prefilled syringe 40 mg/0.4ml</i> | PSP | PA; ST; QL (4 SYRINGES per 28 days) |
| <i>adalimumab-adbm subcutaneous auto-injector kit 40 mg/0.8ml</i> | NF | |
| <i>adalimumab-adbm subcutaneous prefilled syringe kit 10 mg/0.2ml, 20 mg/0.4ml, 40 mg/0.8ml</i> | NF | |
| <i>adalimumab-fkjp subcutaneous auto-injector kit 40 mg/0.8ml</i> | NF | |
| <i>adalimumab-fkjp subcutaneous prefilled syringe kit 20 mg/0.4ml, 40 mg/0.8ml</i> | NF | |
| AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML (<i>adalimumab-atto</i>) | NPSP | PA; N8 (Listing does not include certain NDCs); QL (4 PENS per 28 DAYS) |
| AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.2ML (<i>adalimumab-atto</i>) | NPSP | PA; QL (2 INJECTIONS per 28 days) |
| AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab-atto</i>) | NPSP | PA; QL (4 INJECTIONS per 28 DAYS) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|-----------|--|
| CIMZIA STARTER KIT SUBCUTANEOUS PREFILLED SYRINGE KIT 6 X 200 MG/ML (<i>certolizumab pegol</i>) | PSP | PA; ST; IBC (Preferred agent for Non-radiographical Axial Spondyloarthritis and preferred agent for Ankylosing Spondylitis, Crohn's, Psoriasis, Psoriatic Arthritis, and Rheumatoid Arthritis after the failure of two preferred agents.); QL (1 KIT per 28 days) |
| CIMZIA SUBCUTANEOUS PREFILLED SYRINGE KIT 2 X 200 MG/ML (<i>certolizumab pegol</i>) | PSP | PA; ST; IBC (Preferred agent for Non-radiographical Axial Spondyloarthritis and preferred agent for Ankylosing Spondylitis, Crohn's, Psoriasis, Psoriatic Arthritis, and Rheumatoid Arthritis after the failure of two preferred agents.); QL (2 KITS per 28 Days) |
| COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>secukinumab</i>) | PSP | PA; ST; IBC (Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis and Non-radiographical Axial Spondyloarthritis. Not covered for Psoriasis); QL (2 SYRINGES per 28 days) |
| COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (<i>secukinumab</i>) | PSP | PA; ST; IBC (Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis and Non-radiographical Axial Spondyloarthritis. Not covered for Psoriasis); QL (2 PENS per 28 days) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|-----------|---|
| COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (<i>secukinumab</i>) | PSP | PA; ST; IBC (Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis and Non-radiographical Axial Spondyloarthritis. Not covered for Psoriasis); QL (1 PEN per 28 days) |
| COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML (<i>secukinumab</i>) | PSP | PA; ST; IBC (Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis and Non-radiographical Axial Spondyloarthritis. Not covered for Psoriasis); QL (1 SYRINGE per 28 days) |
| COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML (<i>secukinumab</i>) | PSP | PA; ST; IBC (Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis and Non-radiographical Axial Spondyloarthritis. Not covered for Psoriasis); QL (1 PEN per 28 days) |
| CYLTEZO SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (<i>adalimumab-adbm</i>) | NF | |
| CYLTEZO SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab-adbm</i>) | NF | |
| ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML (<i>etanercept</i>) | PSP | PA; ST; IBC (Preferred agent for all conditions except Psoriasis); QL (4 CARTRIDGES per 28 days) |
| ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML (<i>etanercept</i>) | PSP | PA; ST; IBC (Preferred agent for all conditions except Psoriasis); QL (8 VIALS per 28 days) |
| ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML (<i>etanercept</i>) | PSP | PA; ST; IBC (Preferred agent for all conditions except Psoriasis); QL (8 SYRINGES per 28 days) |

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

12/01/2023

144

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|--|-----------|--|
| ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML (<i>etanercept</i>) | PSP | PA; ST; IBC (Preferred agent for all conditions except Psoriasis); QL (4 SYRINGES per 28 days) |
| ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML (<i>etanercept</i>) | PSP | PA; ST; IBC (Preferred agent for all conditions except Psoriasis); QL (4 SYRINGES per 28 days) |
| ENTYVIO SUBCUTANEOUS SOLUTION PEN-INJECTOR 108 MG/0.68ML (<i>vedolizumab</i>) | NF | |
| HADLIMA PUSH TOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab-bwwd</i>) | NF | |
| HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab-bwwd</i>) | NF | |
| HULIO SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (<i>adalimumab-fkjp</i>) | NF | |
| HULIO SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab-fkjp</i>) | NF | |
| HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML (<i>adalimumab</i>) | PSP | PA; ST; QL (1 KIT per 28 days) |
| HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML (<i>adalimumab</i>) | PSP | PA; ST; QL (4 INJECTIONS per 28 days) |
| HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML (<i>adalimumab</i>) | PSP | PA; ST; QL (4 PENS per 28 DAYS) |
| HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML (<i>adalimumab</i>) | PSP | PA; ST; QL (1 kit per 28 days) |
| HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML, 80 MG/0.8ML (<i>adalimumab</i>) | PSP | PA; ST; QL (1 KIT per 28 days) |
| HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML (<i>adalimumab</i>) | PSP | PA; ST; QL (1 KIT per 28 days) |
| HUMIRA PEN-PSOR/UEVIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML (<i>adalimumab</i>) | PSP | PA; ST; QL (1 KIT per 28 days) |
| HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML (<i>adalimumab</i>) | PSP | PA; ST; QL (2 INJECTIONS per 28 days) |

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

12/01/2023

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|-----------|---|
| HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab</i>) | PSP | PA; ST; QL (4 INJECTIONS per 28 days) |
| HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML (<i>adalimumab-adaz</i>) | PSP | PA; ST; QL (4 PENS per 28 days) |
| HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML (<i>adalimumab-adaz</i>) | PSP | PA; ST |
| HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML (<i>adalimumab-adaz</i>) | PSP | PA; ST; QL (2 PENS per 28 days) |
| HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1 ML (<i>adalimumab-adaz</i>) | PSP | PA; ST; QL (2 SYRINGES per 28 days) |
| HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.2ML, 40 MG/0.4ML (<i>adalimumab-adaz</i>) | PSP | PA; ST; QL (4 SYRINGES per 28 days) |
| HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML (<i>adalimumab-adaz</i>) | PSP | PA; ST |
| HYRIMOZ-PED CROHNS STARTER SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML (<i>adalimumab-adaz</i>) | PSP | PA; ST; QL (1 KIT per 28 days) |
| HYRIMOZ-PLAQUE PSORIASIS START SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML & 40MG/0.4ML (<i>adalimumab-adaz</i>) | PSP | PA; ST; QL (1 KIT per 28 days) |
| IDACIO SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (<i>adalimumab-aacf</i>) | NF | |
| IDACIO SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML (<i>adalimumab-aacf</i>) | NF | |
| KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/1.14ML, 200 MG/1.14ML (<i>sarilumab</i>) | PSP | PA; ST; IBC (Preferred agent for Rheumatoid Arthritis); QL (2 PENS per 28 days) |
| KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/1.14ML, 200 MG/1.14ML (<i>sarilumab</i>) | PSP | PA; ST; IBC (Preferred agent for Rheumatoid Arthritis); QL (2 SYRINGES per 28 days) |
| KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML (<i>anakinra</i>) | NF | |
| LITFULO ORAL CAPSULE 50 MG (<i>ritlecitinib tosylate</i>) | NPSP | PA; QL (28 CAPSULES per 28 DAYS) |
| OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG (<i>baricitinib</i>) | NF | |

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

12/01/2023

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|--|-----------|--|
| ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML (<i>abatacept</i>) | PSP | PA; ST; IBC (Preferred agent for Rheumatoid Arthritis. Not covered for other conditions); QL (4 SYRINGES per 28 days) |
| ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML, 50 MG/0.4ML, 87.5 MG/0.7ML (<i>abatacept</i>) | PSP | PA; ST; IBC (Preferred agent for Rheumatoid Arthritis. Not covered for other conditions); QL (4 SYRINGES per 28 days) |
| OTEZLA ORAL TABLET 30 MG (<i>apremilast</i>) | PSP | PA; IBC (Preferred agent for Psoriasis and Psoriatic Arthritis); QL (60 TABLETS per 30 days) |
| OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG (<i>apremilast</i>) | PSP | PA; IBC (Preferred agent for Psoriasis and Psoriatic Arthritis); QL (55 TABLETS per 28 days) |
| RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG (<i>upadacitinib</i>) | PSP | PA; IBC (Preferred agent for Rheumatoid Arthritis, Psoriatic Arthritis, Atopic Dermatitis, Ankylosing Spondylitis, Ulcerative Colitis, Non-radiographical Axial Spondyloarthritis, and Crohn's Disease); QL (30 TABLETS per 30 days) |
| RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG (<i>upadacitinib</i>) | PSP | PA; IBC (Preferred agent for Atopic Dermatitis, Ulcerative Colitis, and Crohn's Disease); QL (30 TABLETS per 30 days) |
| RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 45 MG (<i>upadacitinib</i>) | PSP | PA; IBC (Preferred agent for Ulcerative Colitis and Crohn's Disease); QL (1 FILL per 1 INDUCTION PERIOD) |
| SILIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 210 MG/1.5ML (<i>brodalumab</i>) | NF | |
| SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 50 MG/0.5ML (<i>golimumab</i>) | NF | |

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna
The formulary is updated the first week of each month.
12/01/2023

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|-----------|---|
| SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML (<i>golimumab</i>) | NF | |
| SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (<i>risankizumab-rzaa</i>) | PSP | PA; IBC (Preferred agent for Psoriasis and Psoriatic Arthritis); QL (1 SYRINGE per 84 days) |
| SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML (<i>risankizumab-rzaa</i>) | PSP | PA; IBC (Preferred agent for Crohn's Disease); QL (1 CARTRIDGE per 56 DAYS) |
| SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360 MG/2.4ML (<i>risankizumab-rzaa</i>) | PSP | PA; IBC (Preferred agent for Crohn's Disease); QL (1 CARTRIDGE per 56 days) |
| SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>risankizumab-rzaa</i>) | PSP | PA; IBC (Preferred agent for Psoriasis and Psoriatic Arthritis); QL (1 SYRINGE per 84 days) |
| SOTYKTU ORAL TABLET 6 MG (<i>deucravacitinib</i>) | PSP | PA; IBC (Preferred agent for Psoriasis); QL (30 TABLETS per 30 DAYS) |
| STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML (<i>ustekinumab</i>) | PSP | PA; IBC (Preferred agent for Crohn's Disease, Psoriasis, Psoriatic Arthritis, Ulcerative Colitis); QL (1 SYRINGE per 84 days) |
| STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML (<i>ustekinumab</i>) | PSP | PA; IBC (Preferred agent for Crohn's Disease, Psoriasis, Psoriatic Arthritis, Ulcerative Colitis); QL (1 SYRINGE per 84 days) |
| STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML (<i>ustekinumab</i>) | PSP | PA; IBC (Preferred agent for Crohn's Disease, Psoriasis, Psoriatic Arthritis, Ulcerative Colitis); QL (1 SYRINGE per 56 days) |

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

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|--|-----------|--|
| XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG (<i>tofacitinib citrate</i>) | PSP | PA; ST; IBC (Preferred agent for Rheumatoid Arthritis, Ulcerative Colitis. Not covered for Psoriatic Arthritis, Ankylosing Spondylitis); QL (30 TABLETS per 30 days) |
| YUFLYMA 1-PEN KIT SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML (<i>adalimumab-aaty</i>) | NF | |
| YUFLYMA 2-SYRINGE KIT SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML (<i>adalimumab-aaty</i>) | NF | |
| YUSIMRY SUBCUTANEOUS SOLUTION PEN-INJECTOR 40 MG/0.8ML (<i>adalimumab-aqvh</i>) | NF | |
| DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS) - DRUGS TO TREAT RHEUMATOID ARTHRITIS | | |
| ARAVA ORAL TABLET 10 MG, 20 MG (<i>leflunomide</i>) | PB | |
| <i>hydroxychloroquine sulfate oral tablet 200 mg</i> | G | |
| <i>leflunomide oral tablet 10 mg, 20 mg</i> | G | |
| <i>methotrexate sodium oral tablet 2.5 mg</i> | CE | N7 (G) |
| OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML (<i>methotrexate (anti-rheumatic)</i>) | NF | |
| PLAQUENIL ORAL TABLET 200 MG (<i>hydroxychloroquine sulfate</i>) | PB | |
| RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML (<i>methotrexate (anti-rheumatic)</i>) | PSP | PA; QL (4 ML per 28 days) |
| HEREDITARY ANGIOEDEMA | | |
| BERINERT INTRAVENOUS KIT 500 UNIT (<i>c1 esterase inhibitor (human)</i>) | NF | |
| CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT (<i>c1 esterase inhibitor (human)</i>) | NF | |
| FIRAZYR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/3ML (<i>icatibant acetate</i>) | NF | |

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

12/01/2023

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|--|-----------|----------------------------------|
| HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT, 3000 UNIT (<i>c1 esterase inhibitor (human)</i>) | NPSP | PA; QL (20 VIALS per 30 days) |
| <i>icatibant acetate subcutaneous solution prefilled syringe 30 mg/3ml</i> | PSP | PA; QL (45 SYRINGES per 90 days) |
| KALBITOR SUBCUTANEOUS SOLUTION 10 MG/ML (<i>ecallantide</i>) | NPSP | PA; QL (30 ML per 90 days) |
| ORLADEYO ORAL CAPSULE 110 MG, 150 MG (<i>berotralstat hcl</i>) | PSP | PA; QL (28 CAPSULES per 28 days) |
| RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED 2100 UNIT (<i>c1 esterase inhibitor (recomb)</i>) | PSP | PA; QL (60 VIALS per 90 days) |
| TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML (<i>lanadelumab-flyo</i>) | PSP | PA; QL (2 ML per 28 days) |
| TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML (<i>lanadelumab-flyo</i>) | PSP | PA; QL (2 SYRINGES per 28 DAYs) |
| IMMUNOGLOBULIN | | |
| ASCENIV INTRAVENOUS SOLUTION 5 GM/50ML (<i>immune globulin (human)-sira</i>) | NF | |
| BIVIGAM INTRAVENOUS SOLUTION 10 GM/100ML, 5 GM/50ML (<i>immune globulin (human)</i>) | NPSP | PA |
| CUTAQUIG SUBCUTANEOUS SOLUTION 1 GM/6ML, 1.65 GM/10ML, 2 GM/12ML, 3.3 GM/20ML, 4 GM/24ML, 8 GM/48ML (<i>immune globulin (human)-hipp</i>) | PSP | PA |
| CUVITRU SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML, 8 GM/40ML (<i>immune globulin (human)</i>) | NF | |
| FLEBOGAMMA DIF INTRAVENOUS SOLUTION 0.5 GM/10ML, 10 GM/100ML, 10 GM/200ML, 2.5 GM/50ML, 20 GM/200ML, 20 GM/400ML, 5 GM/100ML, 5 GM/50ML (<i>immune globulin (human)</i>) | NPSP | PA |
| GAMMAGARD INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML (<i>immune globulin (human)</i>) | NPSP | PA |
| GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED 10 GM, 5 GM (<i>immune globulin (human)</i>) | NPSP | PA |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|--|-----------|----------------------------------|
| GAMMAKED INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 20 GM/200ML, 5 GM/50ML (<i>immune globulin (human)</i>) | NPSP | PA |
| GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 20 GM/400ML, 5 GM/100ML, 5 GM/50ML (<i>immune globulin (human)</i>) | NPSP | PA |
| GAMUNEX-C INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML (<i>immune globulin (human)</i>) | NPSP | PA |
| HIZENTRA SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML (<i>immune globulin (human)</i>) | NPSP | PA |
| HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 GM/5ML, 2 GM/10ML, 4 GM/20ML (<i>immune globulin (human)</i>) | NPSP | PA |
| HYPERRHO S/D INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 1500 UNIT, 250 UNIT (<i>rho d immune globulin</i>) | NPSP | |
| HYPERTET INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 250 UNIT/ML (<i>tetanus immune globulin</i>) | NPSP | |
| HYQVIA SUBCUTANEOUS KIT 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML (<i>immune globulin-hyaluronidase</i>) | NF | |
| IMOGAM RABIES-HT INJECTION SOLUTION 300 UNIT/2ML (<i>rabies immune globulin</i>) | NPSP | |
| <i>kedrab injection solution 1500 unit/10ml, 300 unit/2ml</i> | NPSP | |
| MICRHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 250 UNIT (<i>rho d immune globulin</i>) | NPSP | |
| OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 10 GM/100ML, 10 GM/200ML, 2 GM/20ML, 2.5 GM/50ML, 20 GM/200ML, 30 GM/300ML, 5 GM/100ML, 5 GM/50ML (<i>immune globulin (human)</i>) | NPSP | PA |
| PANZYGA INTRAVENOUS SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML (<i>immune globulin (human)-ifas</i>) | NF | |
| PRIVIGEN INTRAVENOUS SOLUTION 10 GM/100ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML (<i>immune globulin (human)</i>) | NPSP | PA |

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

12/01/2023

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|-----------|---|
| RHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 1500 UNIT (<i>rho d immune globulin</i>) | NPSP | |
| RHOPHYLAC INJECTION SOLUTION PREFILLED SYRINGE 1500 UNIT/2ML (<i>rho d immune globulin</i>) | NPSP | |
| VARIZIG INTRAMUSCULAR SOLUTION 125 UNIT/1.2ML (<i>varicella-zoster immune glob</i>) | NPSP | |
| WINRHO SDF INJECTION SOLUTION 1500 UNIT/1.3ML, 15000 UNIT/13ML, 2500 UNIT/2.2ML, 5000 UNIT/4.4ML (<i>rho d immune globulin</i>) | NPSP | |
| XEMBIFY SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML (<i>immune globulin (human)-klhw</i>) | NF | |
| IMMUNOMODULATORS | | |
| ACTIMMUNE SUBCUTANEOUS SOLUTION 2000000 UNIT/0.5ML (<i>interferon gamma-1b</i>) | NPSP | PA |
| ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG (<i>rilonacept</i>) | NF | |
| JOENJA ORAL TABLET 70 MG (<i>leniolisib phosphate</i>) | NF | |
| IMMUNOSUPPRESSANTS | | |
| <i>azathioprine oral tablet 100 mg, 50 mg, 75 mg</i> | G | |
| BENLYSTA INTRAVENOUS SOLUTION RECONSTITUTED 120 MG, 400 MG (<i>belimumab</i>) | NPSP | PA; QL (4 SOLUTION RECONSTITUTED per 28 days) |
| BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML (<i>belimumab</i>) | NPSP | PA; QL (4 INJECTIONS per 28 days) |
| BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML (<i>belimumab</i>) | NPSP | PA; QL (4 INJECTIONS per 28 days) |
| <i>cyclosporine intravenous solution 50 mg/ml</i> | G | |
| <i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i> | G | |
| <i>cyclosporine modified oral solution 100 mg/ml</i> | G | |
| <i>cyclosporine oral capsule 100 mg, 25 mg</i> | G | |
| ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML (<i>satralizumab-mwge</i>) | PSP | PA; QL (1 SYRINGE per 28 days) |
| <i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i> | G | |
| <i>cyclosporine modified (Gengraf Oral Capsule 100 Mg, 25 Mg)</i> | G | |
| <i>cyclosporine modified (Gengraf Oral Solution 100 Mg/ML)</i> | G | |

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna
The formulary is updated the first week of each month.
12/01/2023

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|--|-----------|----------------------------------|
| IMURAN ORAL TABLET 50 MG (<i>azathioprine</i>) | PB | |
| LUPKYNIS ORAL CAPSULE 7.9 MG (<i>voclosporin</i>) | NF | |
| <i>mycophenolate mofetil oral capsule 250 mg</i> | G | |
| <i>mycophenolate mofetil oral suspension reconstituted 200 mg/ml</i> | G | |
| <i>mycophenolate mofetil oral tablet 500 mg</i> | G | |
| <i>mycophenolate sodium oral tablet delayed release 180 mg, 360 mg</i> | G | |
| NEORAL ORAL CAPSULE 100 MG, 25 MG (<i>cyclosporine modified</i>) | NPSP | |
| NEORAL ORAL SOLUTION 100 MG/ML (<i>cyclosporine modified</i>) | NPSP | |
| PROGRAF INTRAVENOUS SOLUTION 5 MG/ML (<i>tacrolimus</i>) | NPSP | |
| REZUROCK ORAL TABLET 200 MG (<i>belumosudil mesylate</i>) | NF | |
| SANDIMMUNE INTRAVENOUS SOLUTION 50 MG/ML (<i>cyclosporine</i>) | NPSP | |
| SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG (<i>cyclosporine</i>) | NPSP | |
| SANDIMMUNE ORAL SOLUTION 100 MG/ML (<i>cyclosporine</i>) | NPSP | |
| <i>sirolimus oral solution 1 mg/ml</i> | G | |
| <i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i> | G | |
| <i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i> | G | |
| MISCELLANEOUS | | |
| ILARIS SUBCUTANEOUS SOLUTION 150 MG/ML (<i>canakinumab</i>) | PSP | PA |
| SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5ML (<i>palivizumab</i>) | NPSP | PA |
| NUTRITIONAL/SUPPLEMENTS - VITAMINS AND SUPPLEMENTS | | |
| ELECTROLYTES | | |
| <i>potassium chloride</i> (Klor-Con 10 Oral Tablet Extended Release 10 Meq) | G | |
| <i>potassium chloride crys er</i> (Klor-Con M10 Oral Tablet Extended Release 10 Meq) | G | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|--|-----------|------------------------------------|
| <i>potassium chloride crys er</i> (Klor-Con M15 Oral Tablet Extended Release 15 Meq) | G | |
| <i>potassium chloride crys er</i> (Klor-Con M20 Oral Tablet Extended Release 20 Meq) | G | |
| <i>potassium chloride</i> (Klor-Con Oral Packet 20 Meq) | G | |
| <i>potassium chloride</i> (Klor-Con Oral Tablet Extended Release 8 Meq) | G | |
| K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ (<i>potassium chloride</i>) | PB | |
| <i>potassium chloride crys er oral tablet extended release 10 meq, 20 meq</i> | G | |
| <i>potassium chloride er oral capsule extended release 10 meq, 8 meq</i> | G | |
| <i>potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq</i> | G | |
| <i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</i> | G | |
| <i>sodium fluoride oral solution 1.1 (0.5 f) mg/ml</i> | CE | N7 (Not Covered); AL (Max 5 Years) |
| <i>sodium fluoride oral tablet 1.1 (0.5 f) mg</i> | CE | N7 (Not Covered); AL (Max 5 Years) |
| <i>sodium fluoride oral tablet 2.2 (1 f) mg</i> | G | |
| <i>sodium fluoride oral tablet chewable 0.55 (0.25 f) mg, 1.1 (0.5 f) mg</i> | CE | N7 (Not Covered); AL (Max 5 Years) |
| <i>sodium fluoride oral tablet chewable 2.2 (1 f) mg</i> | G | |
| PRENATAL VITAMINS | | |
| <i>azesco oral tablet 13-1 mg</i> | NF | |
| INATAL GT ORAL TABLET (<i>prenatal vit-dss-fe cbn-fa</i>) | G | |
| <i>pny-dha oral capsule 27-0.6-0.4-300 mg</i> | G | |
| TRINATE ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>) | G | |
| <i>zalvit oral tablet 13-1 mg</i> | NF | |
| VITAMINS - VITAMINS AND SUPPLEMENTS | | |
| <i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i> | G | |
| <i>calcitriol oral solution 1 mcg/ml</i> | G | |
| <i>cyanocobalamin injection solution 1000 mcg/ml</i> | G | |
| <i>b complex-c-folic acid</i> (Dexifol Oral Tablet 5 Mg) | NF | |

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna
The formulary is updated the first week of each month.
12/01/2023

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|--|-----------|--|
| <i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i> | G | |
| FA-8 ORAL CAPSULE 0.8 MG (<i>folic acid</i>) | CE | N7 (Not Covered); QL (100 CAPSULES per 30 DAYS); AL (Max 55 Years) |
| <i>folbee plus oral tablet</i> | G | |
| <i>folic acid oral tablet 400 mcg</i> | CE | N7 (Not Covered); QL (100 tablets per 30 days); AL (Max 55 Years) |
| <i>folic acid oral tablet 800 mcg</i> | CE | N7 (Not Covered); QL (100 TABLETS per 30 DAYS); AL (Max 55 Years) |
| <i>na ferric gluc cplx in sucrose intravenous solution 12.5 mg/ml</i> | G | |
| NICOMIDE ORAL TABLET 750-27-2-0.5 MG (<i>niacinamide-zn-cu-methfo-se-cr</i>) | NF | |
| <i>nicotinamide oral tablet 750-27-2-0.5 mg</i> | G | |
| <i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i> | G | |
| <i>phytonadione oral tablet 5 mg</i> | G | |
| <i>reno caps oral capsule 1 mg</i> | G | Select OTC |
| ROCALTROL ORAL CAPSULE 0.25 MCG, 0.5 MCG (<i>calcitriol</i>) | PB | |
| ROCALTROL ORAL SOLUTION 1 MCG/ML (<i>calcitriol</i>) | PB | |
| VENOFER INTRAVENOUS SOLUTION 20 MG/ML (<i>iron sucrose</i>) | NPSP | |
| <i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)</i> | G | |
| ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG (<i>paricalcitol</i>) | PB | |
| OPHTHALMIC - DRUGS TO TREAT EYE CONDITIONS | | |
| ANTIALLERGICS - DRUGS TO TREAT ALLERGIES | | |
| <i>azelastine hcl ophthalmic solution 0.05 %</i> | G | |
| <i>bepotastine besilate ophthalmic solution 1.5 %</i> | G | |
| <i>cromolyn sodium ophthalmic solution 4 %</i> | G | |
| <i>epinastine hcl ophthalmic solution 0.05 %</i> | G | |
| <i>ketotifen fumarate ophthalmic solution 0.025 %, 0.035 %</i> | G | Select OTC |
| ZADITOR OPHTHALMIC SOLUTION 0.035 % (<i>ketotifen fumarate</i>) | G | Select OTC |
| ZERVIAE OPHTHALMIC SOLUTION 0.24 % (<i>cetirizine hcl</i>) | PB | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|--|-----------|----------------------------------|
| ANTIGLAUCOMA - DRUGS TO TREAT GLAUCOMA | | |
| ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %, 0.15 % (brimonidine tartrate) | PB | |
| betaxolol hcl ophthalmic solution 0.5 % | G | |
| BETIMOL OPHTHALMIC SOLUTION 0.25 %, 0.5 % (timolol hemihydrate) | PB | |
| BETOPTIC-S OPHTHALMIC SUSPENSION 0.25 % (betaxolol hcl) | PB | |
| bimatoprost ophthalmic solution 0.03 % | G | |
| brimonidine tartrate ophthalmic solution 0.1 %, 0.15 %, 0.2 % | G | |
| brimonidine tartrate-timolol ophthalmic solution 0.2-0.5 % | G | |
| brinzolamide ophthalmic suspension 1 % | G | |
| carteolol hcl ophthalmic solution 1 % | G | |
| dorzolamide hcl ophthalmic solution 2 % | G | |
| dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 % | G | |
| dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 % | G | |
| latanoprost ophthalmic solution 0.005 % | G | |
| levobunolol hcl ophthalmic solution 0.5 % | G | |
| LUMIGAN OPHTHALMIC SOLUTION 0.01 % (bimatoprost) | PB | |
| pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 % | G | |
| RHOPRESSA OPHTHALMIC SOLUTION 0.02 % (netarsudil dimesylate) | PB | |
| ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 % (netarsudil-latanoprost) | PB | |
| SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 % (brinzolamide-brimonidine) | PB | |
| tafluprost (pf) ophthalmic solution 0.0015 % | G | |
| timolol maleate (once-daily) ophthalmic solution 0.5 % | G | |
| timolol maleate (Timolol Maleate OcuDose Ophthalmic Solution 0.5 %) | G | |
| timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 % | G | |
| timolol maleate ophthalmic solution 0.25 %, 0.5 % | G | |
| timolol maleate pf ophthalmic solution 0.25 % | G | |
| travoprost (bak free) ophthalmic solution 0.004 % | G | |

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna
The formulary is updated the first week of each month.
12/01/2023

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|--|-----------|----------------------------------|
| ZIOPTAN OPHTHALMIC SOLUTION 0.0015 % (tafluprost) | PB | |
| ANTI-INFECTIVE/ANTI-INFLAMMATORY - DRUGS TO TREAT INFECTIONS AND INFLAMMATION | | |
| neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1 | G | |
| neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1 | G | |
| sulfacetamide-prednisolone ophthalmic solution 10-0.23 % | G | |
| TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 % (tobramycin-dexamethasone) | PB | |
| TOBRADEX ST OPHTHALMIC SUSPENSION 0.3-0.05 % (tobramycin-dexamethasone) | PB | |
| tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 % | G | |
| ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 % (loteprednol-tobramycin) | NPB | |
| ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS | | |
| bacitracin ophthalmic ointment 500 unit/gm | G | |
| bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm | G | |
| BESIVANCE OPHTHALMIC SUSPENSION 0.6 % (besifloxacin hcl) | PB | |
| CILOXAN OPHTHALMIC OINTMENT 0.3 % (ciprofloxacin hcl) | PB | |
| ciprofloxacin hcl ophthalmic solution 0.3 % | G | |
| erythromycin ophthalmic ointment 5 mg/gm | G | |
| gatifloxacin ophthalmic solution 0.5 % | G | |
| gentamicin sulfate ophthalmic solution 0.3 % | G | |
| moxifloxacin hcl (2x day) ophthalmic solution 0.5 % | G | |
| moxifloxacin hcl ophthalmic solution 0.5 % | G | |
| ofloxacin ophthalmic solution 0.3 % | G | |
| polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-% | G | |
| sulfacetamide sodium ophthalmic ointment 10 % | G | |
| sulfacetamide sodium ophthalmic solution 10 % | G | |
| tobramycin ophthalmic solution 0.3 % | G | |
| trifluridine ophthalmic solution 1 % | G | |

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

12/01/2023

158

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|--|-----------|----------------------------------|
| ANTI-INFLAMMATORIES - DRUGS TO TREAT INFLAMMATION | | |
| ACUVAIL OPHTHALMIC SOLUTION 0.45 % (<i>ketorolac tromethamine</i>) | PB | |
| <i>bromfenac sodium (once-daily) ophthalmic solution 0.09 %</i> | G | |
| <i>dexamethasone sodium phosphate ophthalmic solution 0.1 %</i> | G | |
| <i>diclofenac sodium ophthalmic solution 0.1 %</i> | G | |
| <i>difluprednate ophthalmic emulsion 0.05 %</i> | G | |
| FLAREX OPHTHALMIC SUSPENSION 0.1 % (<i>fluorometholone acetate</i>) | NPB | |
| <i>fluorometholone ophthalmic suspension 0.1 %</i> | G | |
| <i>flurbiprofen sodium ophthalmic solution 0.03 %</i> | G | |
| FML FORTE OPHTHALMIC SUSPENSION 0.25 % (<i>fluorometholone</i>) | PB | |
| FML LIQUIFILM OPHTHALMIC SUSPENSION 0.1 % (<i>fluorometholone</i>) | NF | |
| ILEVRO OPHTHALMIC SUSPENSION 0.3 % (<i>nepafenac</i>) | PB | |
| <i>ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %</i> | G | |
| <i>loteprednol etabonate ophthalmic gel 0.5 %</i> | G | |
| <i>loteprednol etabonate ophthalmic suspension 0.5 %</i> | G | |
| MAXIDEX OPHTHALMIC SUSPENSION 0.1 % (<i>dexamethasone</i>) | PB | |
| NEVANAC OPHTHALMIC SUSPENSION 0.1 % (<i>nepafenac</i>) | PB | |
| PRED FORTE OPHTHALMIC SUSPENSION 1 % (<i>prednisolone acetate</i>) | NF | |
| PRED MILD OPHTHALMIC SUSPENSION 0.12 % (<i>prednisolone acetate</i>) | PB | |
| <i>prednisolone acetate ophthalmic suspension 1 %</i> | G | |
| DRY EYE DISEASE | | |
| <i>cyclosporine ophthalmic emulsion 0.05 %</i> | G | |
| RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 % (<i>cyclosporine</i>) | PB | |
| RESTASIS OPHTHALMIC EMULSION 0.05 % (<i>cyclosporine</i>) | PB | |
| XIIDRA OPHTHALMIC SOLUTION 5 % (<i>lifitegrast</i>) | PB | |

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna
The formulary is updated the first week of each month.
12/01/2023

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|-----------|----------------------------------|
| MISCELLANEOUS | | |
| <i>atropine sulfate ophthalmic solution 1 %</i> | G | |
| CYSTADROPS OPHTHALMIC SOLUTION 0.37 % (<i>cysteamine hcl</i>) | NF | |
| CYSTARAN OPHTHALMIC SOLUTION 0.44 % (<i>cysteamine hcl</i>) | NPSP | PA; QL (4 BOTTLES per 28 days) |
| OXERVATE OPHTHALMIC SOLUTION 0.002 % (<i>cenegermin-bkbj</i>) | NPSP | PA; QL (2 ML per 7 DAYs) |
| <i>tropicamide ophthalmic solution 0.5 %, 1 %</i> | G | |
| VISUDYNE INTRAVENOUS SOLUTION RECONSTITUTED 15 MG (<i>verteporfin</i>) | NPSP | PA |
| RETINAL DISORDERS | | |
| BYOOVIZ INTRAVITREAL SOLUTION 0.5 MG/0.05ML (<i>ranibizumab-nuna</i>) | NF | |
| CIMERLI INTRAVITREAL SOLUTION 0.3 MG/0.05ML, 0.5 MG/0.05ML (<i>ranibizumab-eqrn</i>) | NF | |
| EYLEA INTRAVITREAL SOLUTION 2 MG/0.05ML (<i>aflibercept</i>) | PSP | PA |
| EYLEA INTRAVITREAL SOLUTION PREFILLED SYRINGE 2 MG/0.05ML (<i>aflibercept</i>) | PSP | PA |
| LUCENTIS INTRAVITREAL SOLUTION PREFILLED SYRINGE 0.3 MG/0.05ML, 0.5 MG/0.05ML (<i>ranibizumab</i>) | PSP | PA |
| RESPIRATORY - DRUGS TO TREAT BREATHING DISORDERS | | |
| ALPHA-1 ANTITRYPSIN DEFICIENCY AGENTS - DRUGS FOR REPLACEMENT, MODIFICATION, TREATMENT | | |
| ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 500 MG (<i>alpha1-proteinase inhibitor</i>) | NF | |
| GLASSIA INTRAVENOUS SOLUTION 1000 MG/50ML (<i>alpha1-proteinase inhibitor</i>) | NF | |
| PROLASTIN-C INTRAVENOUS SOLUTION 1000 MG/20ML (<i>alpha1-proteinase inhibitor</i>) | PSP | PA |
| PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG (<i>alpha1-proteinase inhibitor</i>) | PSP | PA |
| ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG (<i>alpha1-proteinase inhibitor</i>) | PSP | PA |

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

12/01/2023

160

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|-----------|----------------------------------|
| ANAPHYLAXIS TREATMENT AGENTS | | |
| AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.1 MG/0.1ML, 0.15 MG/0.15ML, 0.3 MG/0.3ML (<i>epinephrine</i>) | PB | QL (4 INJECTIONS per 25 days) |
| <i>epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.15 mg/0.3ml, 0.3 mg/0.3ml</i> | G | QL (4 INJECTIONS per 25 DAYs) |
| EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML (<i>epinephrine</i>) | PB | QL (4 INJECTIONS per 25 DAYs) |
| EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.3ML (<i>epinephrine</i>) | PB | QL (4 INJECTIONS per 25 DAYs) |
| SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.15 MG/0.3ML, 0.3 MG/0.3ML (<i>epinephrine</i>) | NPB | QL (4 SYRINGES per 25 days) |
| ANTICHOLINERGIC/BETA AGONIST COMBINATIONS - DRUGS TO TREAT COPD | | |
| ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT (<i>umeclidinium-vilanterol</i>) | PB | |
| BEVESPI AEROSPHERE INHALATION AEROSOL 9-4.8 MCG/ACT (<i>glycopyrrolate-formoterol</i>) | PB | |
| BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT (<i>budeson-glycopyrrol-formoterol</i>) | PB | |
| COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT (<i>ipratropium-albuterol</i>) | NPB | |
| <i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcglact, 232-14 mcglact, 55-14 mcglact</i> | G | |
| <i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i> | G | |
| STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT (<i>tiotropium bromide-olodaterol</i>) | PB | |
| ANTICHOLINERGIC/BETA AGONIST/STEROID COMBINATIONS - DRUGS TO TREAT ASTHMA AND COPD | | |
| TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT (<i>fluticasone-umeclidin-vilant</i>) | PB | |
| ANTICHOLINERGICS | | |
| ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT (<i>ipratropium bromide hfa</i>) | PB | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|--|-----------|----------------------------------|
| INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT (<i>umeclidinium bromide</i>) | PB | |
| <i>ipratropium bromide inhalation solution 0.02 %</i> | G | |
| <i>ipratropium bromide nasal solution 0.03 %, 0.06 %</i> | G | |
| SPIRIVA HANDIHALER INHALATION CAPSULE 18 MCG (<i>tiotropium bromide monohydrate</i>) | PB | |
| SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT (<i>tiotropium bromide monohydrate</i>) | PB | |
| YUPELRI INHALATION SOLUTION 175 MCG/3ML (<i>revefenacin</i>) | PB | |
| ANTIHISTAMINE COMBINATIONS | | |
| <i>azelastine-fluticasone nasal suspension 137-50 mcglact</i> | G | |
| ANTIHISTAMINES - DRUGS TO TREAT ALLERGIES | | |
| ALLEGRA ALLERGY CHILDRENS ORAL SUSPENSION 30 MG/5ML (<i>fexofenadine hcl</i>) | G | Select OTC |
| ALLEGRA ALLERGY CHILDRENS ORAL TABLET DISPERSIBLE 30 MG (<i>fexofenadine hcl</i>) | G | Select OTC |
| ALLEGRA ALLERGY ORAL TABLET 180 MG, 60 MG (<i>fexofenadine hcl</i>) | G | Select OTC |
| <i>allergy rel child (cetirizine) oral tablet dispersible 10 mg</i> | G | Select OTC |
| <i>allergy relief (cetirizine) oral capsule 10 mg</i> | G | |
| <i>azelastine hcl nasal solution 0.1 %</i> | G | |
| <i>carbinoxamine maleate oral tablet 4 mg</i> | G | |
| <i>carbinoxamine maleate oral tablet 6 mg</i> | NF | |
| <i>cetirizine hcl allergy child oral solution 5 mg/5ml</i> | G | Select OTC |
| <i>cetirizine hcl oral tablet 10 mg, 5 mg</i> | G | Select OTC |
| <i>cetirizine hcl oral tablet chewable 10 mg, 5 mg</i> | G | Select OTC |
| CLARITIN ALLERGY CHILDRENS ORAL SOLUTION 5 MG/5ML (<i>loratadine</i>) | G | Select OTC |
| CLARITIN ORAL CAPSULE 10 MG (<i>loratadine</i>) | G | Select OTC |
| CLARITIN ORAL TABLET 10 MG (<i>loratadine</i>) | G | Select OTC |
| CLARITIN ORAL TABLET CHEWABLE 10 MG (<i>loratadine</i>) | G | LGC; Select OTC |
| CLARITIN ORAL TABLET CHEWABLE 5 MG (<i>loratadine</i>) | G | Select OTC |

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

12/01/2023

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|--|-----------|----------------------------------|
| CLARITIN REDITABS ORAL TABLET DISPERSIBLE 10 MG, 5 MG (<i>loratadine</i>) | G | Select OTC |
| <i>cvs allergy relief childrens oral suspension 30 mg/5ml</i> | G | Select OTC |
| <i>cyproheptadine hcl oral syrup 2 mg/5ml</i> | G | |
| <i>cyproheptadine hcl oral tablet 4 mg</i> | G | |
| <i>desloratadine oral tablet 5 mg</i> | G | |
| <i>desloratadine oral tablet dispersible 2.5 mg, 5 mg</i> | G | |
| <i>eq loratadine childrens oral tablet chewable 5 mg</i> | G | Select OTC |
| <i>fexofenadine hcl oral tablet 180 mg</i> | G | Select OTC |
| <i>hydroxyzine hcl oral syrup 10 mg/5ml</i> | G | |
| <i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i> | G | |
| <i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i> | G | |
| <i>kp fexofenadine hcl oral tablet 60 mg</i> | G | Select OTC |
| <i>levocetirizine dihydrochloride oral tablet 5 mg</i> | G | Select OTC |
| <i>loratadine oral capsule 10 mg</i> | G | Select OTC |
| <i>loratadine oral tablet 10 mg</i> | G | Select OTC |
| <i>olopatadine hcl nasal solution 0.6 %</i> | G | |
| RYCLORA ORAL SOLUTION 2 MG/5ML (<i>dexchlorpheniramine maleate</i>) | NF | |
| <i>sm loratadine allergy relief oral tablet dispersible 10 mg</i> | G | Select OTC |
| <i>sm loratadine oral solution 5 mg/5ml</i> | G | Select OTC |
| XYZAL ALLERGY 24HR ORAL TABLET 5 MG (<i>levocetirizine dihydrochloride</i>) | G | Select OTC |
| ZYRTEC ALLERGY CHILDRENS ORAL TABLET DISPERSIBLE 10 MG (<i>cetirizine hcl</i>) | G | Select OTC |
| ZYRTEC ALLERGY ORAL CAPSULE 10 MG (<i>cetirizine hcl</i>) | G | Select OTC |
| ZYRTEC ALLERGY ORAL TABLET 10 MG (<i>cetirizine hcl</i>) | G | Select OTC |
| ZYRTEC CHILDRENS ALLERGY ORAL SOLUTION 1 MG/ML (<i>cetirizine hcl</i>) | G | Select OTC |
| ZYRTEC CHILDRENS ALLERGY ORAL TABLET CHEWABLE 2.5 MG (<i>cetirizine hcl</i>) | G | LGC; Select OTC |

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna
The formulary is updated the first week of each month.
12/01/2023

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|--|-----------|----------------------------------|
| BETA AGONISTS - DRUGS TO TREAT ASTHMA AND COPD | | |
| <i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/lact</i> | G | |
| <i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml</i> | G | |
| <i>albuterol sulfate oral syrup 2 mg/5ml</i> | G | |
| <i>albuterol sulfate oral tablet 2 mg, 4 mg</i> | G | |
| <i>formoterol fumarate inhalation nebulization solution 20 mcg/2ml</i> | G | |
| <i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml</i> | G | |
| <i>levalbuterol tartrate inhalation aerosol 45 mcg/lact</i> | G | |
| PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT (<i>albuterol sulfate</i>) | NPB | |
| SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT (<i>salmeterol xinafoate</i>) | PB | |
| STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT (<i>olodaterol hcl</i>) | PB | |
| <i>terbutaline sulfate oral tablet 2.5 mg, 5 mg</i> | G | |
| COLD/COUGH | | |
| ALLEGRA-D ALLERGY & CONGESTION ORAL TABLET EXTENDED RELEASE 12 HOUR 60-120 MG (<i>fexofenadine-pseudoephedrine</i>) | G | Select OTC |
| ALLEGRA-D ALLERGY & CONGESTION ORAL TABLET EXTENDED RELEASE 24 HOUR 180-240 MG (<i>fexofenadine-pseudoephedrine</i>) | G | Select OTC |
| <i>benzonatate oral capsule 100 mg, 150 mg, 200 mg</i> | G | |
| <i>cetirizine-pseudoephedrine er oral tablet extended release 12 hour 5-120 mg</i> | G | Select OTC |
| CLARITIN-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG (<i>loratadine-pseudoephedrine</i>) | G | Select OTC |
| CLARITIN-D 24 HOUR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-240 MG (<i>loratadine-pseudoephedrine</i>) | G | Select OTC |
| <i>coditussin ac oral liquid 200-10 mg/5ml</i> | G | Select OTC; QL (60 ML per 1 day) |

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

12/01/2023

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|-----------|----------------------------------|
| <i>fexofenadine-pseudoephed er oral tablet extended release 12 hour 60-120 mg</i> | G | Select OTC |
| <i>fexofenadine-pseudoephed er oral tablet extended release 24 hour 180-240 mg</i> | G | Select OTC |
| HYCODAN ORAL SOLUTION 5-1.5 MG/5ML (<i>hydrocodone bit-homatrop mbr</i>) | NPB | QL (30 ML per 1 day) |
| HYCODAN ORAL TABLET 5-1.5 MG (<i>hydrocodone bit-homatrop mbr</i>) | NPB | QL (6 TABLETS per 1 DAY) |
| <i>hydrocod poli-chlorphe poli er oral suspension extended release 10-8 mg/5ml</i> | G | |
| <i>hydrocodone bit-homatrop mbr oral solution 5-1.5 mg/5ml</i> | G | QL (30 ML per 1 day) |
| <i>hydrocodone bit-homatrop mbr oral tablet 5-1.5 mg</i> | G | QL (6 TABLETS per 1 day) |
| <i>loratadine-d 24hr oral tablet extended release 24 hour 10-240 mg</i> | G | Select OTC |
| <i>promethazine vc oral syrup 6.25-5 mg/5ml</i> | G | |
| <i>promethazine vc/codeine oral syrup 6.25-5-10 mg/5ml</i> | G | QL (30 ML per 1 DAY) |
| <i>promethazine-codeine oral solution 6.25-10 mg/5ml</i> | G | QL (30 ML per 1 DAY) |
| <i>promethazine-dm oral syrup 6.25-15 mg/5ml</i> | G | |
| <i>sm loratadine d 12hr oral tablet extended release 12 hour 5-120 mg</i> | G | Select OTC |
| TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HOUR 54.3-8 MG (<i>chlorpheniramine-codeine</i>) | NPB | QL (2 TABLETS per 1 DAY) |
| ZYRTEC-D ALLERGY & CONGESTION ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG (<i>cetirizine-pseudoephedrine</i>) | G | Select OTC |
| CYSTIC FIBROSIS | | |
| BETHKIS INHALATION NEBULIZATION SOLUTION 300 MG/4ML (<i>tobramycin</i>) | NF | |
| BRONCHITOL INHALATION CAPSULE 40 MG (<i>mannitol (cystic fibrosis)</i>) | NF | |
| CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG (<i>aztreonam lysine</i>) | NF | |
| KALYDECO ORAL PACKET 13.4 MG (<i>ivacaftor</i>) | NPSP | PA; QL (56 PACKETS per 28 DAYs) |
| KALYDECO ORAL PACKET 25 MG, 50 MG, 75 MG (<i>ivacaftor</i>) | NPSP | PA; QL (56 PACKET per 28 days) |
| KALYDECO ORAL PACKET 5.8 MG (<i>ivacaftor</i>) | NPSP | PA; QL (56 PACKETS per 28 Days) |

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

12/01/2023

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|-----------|----------------------------------|
| KALYDECO ORAL TABLET 150 MG (<i>ivacaftor</i>) | NPSP | PA; QL (1 carton per 28 days) |
| KITABIS PAK INHALATION NEBULIZATION SOLUTION 300 MG/5ML (<i>tobramycin</i>) | NF | |
| ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG (<i>lumacaftor-ivacaftor</i>) | NPSP | PA; QL (56 PACKET per 28 days) |
| ORKAMBI ORAL PACKET 75-94 MG (<i>lumacaftor-ivacaftor</i>) | NPSP | PA; QL (56 PACKETS per 28 DAYS) |
| ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG (<i>lumacaftor-ivacaftor</i>) | NPSP | PA; QL (112 TABLETS per 28 days) |
| PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML (<i>dornase alfa</i>) | NPSP | PA; QL (150 ML per 30 Days) |
| SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG, 50-75 & 75 MG (<i>tezacaftor-ivacaftor</i>) | NPSP | PA; QL (56 TABLETS per 28 days) |
| TOBI INHALATION NEBULIZATION SOLUTION 300 MG/5ML (<i>tobramycin</i>) | NF | |
| TOBI PODHALER INHALATION CAPSULE 28 MG (<i>tobramycin</i>) | NF | |
| <i>tobramycin inhalation nebulization solution 300 mg/4ml</i> | PSP | PA; QL (224 ML per 28 DAYs) |
| <i>tobramycin inhalation nebulization solution 300 mg/5ml</i> | PSP | PA; QL (280 ML per 28 days) |
| TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG, 50-25-37.5 & 75 MG (<i>elexacaftor-tezacaftor-ivacafti</i>) | NPSP | PA; QL (84 TABLETS per 28 days) |
| TRIKAFTA ORAL THERAPY PACK 100-50-75 & 75 MG, 80-40-60 & 59.5 MG (<i>elexacaftor-tezacaftor-ivacafti</i>) | NPSP | PA; QL (56 PACKETS per 28 days) |
| LEUKOTRIENE MODIFIERS | | |
| <i>zileuton er oral tablet extended release 12 hour 600 mg</i> | NF | |
| LEUKOTRIENE RECEPTOR ANTAGONISTS - DRUGS TO TREAT ASTHMA AND ALLERGIES | | |
| <i>montelukast sodium oral packet 4 mg</i> | G | |
| <i>montelukast sodium oral tablet 10 mg</i> | G | |
| <i>montelukast sodium oral tablet chewable 4 mg, 5 mg</i> | G | |
| <i>zafirlukast oral tablet 10 mg, 20 mg</i> | G | |
| MAST CELL STABILIZERS - DRUGS TO TREAT ALLERGIES | | |
| <i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i> | G | |

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

12/01/2023

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|--|-----------|-----------------------------------|
| MISCELLANEOUS | | |
| <i>acetylcysteine inhalation solution 10 %, 20 %</i> | G | |
| <i>roflumilast oral tablet 250 mcg, 500 mcg</i> | G | |
| <i>sodium chloride inhalation nebulization solution 10 %, 3 %</i> | G | |
| NASAL STEROIDS - DRUGS TO TREAT ALLERGIES | | |
| <i>budesonide nasal suspension 32 mcg/lact</i> | G | Select OTC |
| FLONASE ALLERGY RELIEF NASAL SUSPENSION 50 MCG/ACT (<i>fluticasone propionate</i>) | G | Select OTC |
| <i>flunisolide nasal solution 25 mcg/lact (0.025%)</i> | G | |
| <i>fluticasone propionate nasal suspension 50 mcg/lact</i> | G | Select OTC |
| NASACORT ALLERGY 24HR NASAL AEROSOL 55 MCG/ACT (<i>triamcinolone acetonide</i>) | G | Select OTC |
| <i>triamcinolone acetonide nasal aerosol 55 mcg/lact</i> | G | Select OTC |
| PULMONARY FIBROSIS AGENTS | | |
| ESBRIET ORAL CAPSULE 267 MG (<i>pirfenidone</i>) | NF | |
| ESBRIET ORAL TABLET 267 MG, 801 MG (<i>pirfenidone</i>) | NF | |
| OFEV ORAL CAPSULE 100 MG, 150 MG (<i>nintedanib esylate</i>) | PSP | PA; QL (60 CAPSULES per 30 days) |
| <i>pirfenidone oral capsule 267 mg</i> | PSP | PA; QL (270 CAPSULES per 30 DAYs) |
| <i>pirfenidone oral tablet 267 mg</i> | PSP | PA; QL (270 TABLETS per 30 Days) |
| <i>pirfenidone oral tablet 534 mg</i> | NF | |
| <i>pirfenidone oral tablet 801 mg</i> | PSP | PA; QL (90 TABLETS per 30 Days) |
| SEVERE ASTHMA AGENTS | | |
| FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/ML (<i>benralizumab</i>) | PSP | PA; QL (1 ML per 56 DAYs) |
| FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/ML (<i>benralizumab</i>) | PSP | PA; QL (1 ML per 56 days) |
| NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (<i>mepolizumab</i>) | PSP | PA; QL (3 ML per 28 days) |
| NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>mepolizumab</i>) | PSP | PA; QL (3 ML per 28 days) |
| NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML (<i>mepolizumab</i>) | PSP | PA; QL (1 SYRINGE per 28 DAYs) |

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna
The formulary is updated the first week of each month.
12/01/2023

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|-----------|----------------------------------|
| NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG (<i>mepolizumab</i>) | NF | |
| TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 210 MG/1.91ML (<i>tezepelumab-ekko</i>) | PSP | PA; QL (1 PEN per 28 days) |
| XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>omalizumab</i>) | PSP | PA; QL (8 SYRINGES per 28 days) |
| XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML (<i>omalizumab</i>) | PSP | PA; QL (2 ML per 28 days) |
| XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG (<i>omalizumab</i>) | PSP | PA; QL (8 VIALS per 28 days) |
| STEROID INHALANTS - DRUGS TO TREAT ASTHMA | | |
| ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT (<i>fluticasone furoate</i>) | PB | |
| <i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml</i> | G | |
| FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 250 MCG/ACT, 50 MCG/ACT (<i>fluticasone propionate (inhal)</i>) | PB | |
| FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT, 44 MCG/ACT (<i>fluticasone propionate hfa</i>) | PB | |
| PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT, 90 MCG/ACT (<i>budesonide</i>) | PB | |
| QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT (<i>beclomethasone diprop hfa</i>) | PB | |
| STEROID/BETA-AGONIST COMBINATIONS - DRUGS TO TREAT ASTHMA AND COPD | | |
| ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT (<i>fluticasone-salmeterol</i>) | PB | |
| ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT (<i>fluticasone-salmeterol</i>) | PB | |
| AIRSUPRA INHALATION AEROSOL 90-80 MCG/ACT (<i>albuterol-budesonide</i>) | PB | |

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

12/01/2023

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|-----------|-----------------------------------|
| BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT, 50-25 MCG/INH (<i>fluticasone furoate-vilanterol</i>) | PB | |
| <i>budesonide-formoterol fumarate inhalation aerosol 160-4.5 mcglact, 80-4.5 mcglact</i> | G | |
| <i>fluticasone-salmeterol inhalation aerosol 115-21 mcglact, 230-21 mcglact, 45-21 mcglact</i> | G | |
| <i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcglact, 250-50 mcglact, 500-50 mcglact</i> | G | |
| SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT (<i>budesonide-formoterol fumarate</i>) | PB | |
| <i>fluticasone-salmeterol (Wixela Inhub Inhalation Aerosol Powder Breath Activated 100-50 Mcg/Act, 250-50 Mcg/Act, 500-50 Mcg/Act)</i> | G | |
| XANTHINES - DRUGS TO TREAT COPD | | |
| THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG (<i>theophylline</i>) | NF | |
| <i>theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg, 450 mg</i> | G | |
| <i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i> | G | |
| <i>theophylline oral elixir 80 mg/15ml</i> | G | |
| <i>theophylline oral solution 80 mg/15ml</i> | G | |
| TOPICAL - DRUGS TO TREAT EAR AND SKIN CONDITIONS | | |
| DERMATOLOGY, ACNE | | |
| ABSORICA LD ORAL CAPSULE 16 MG, 24 MG, 32 MG, 8 MG (<i>isotretinoin micronized</i>) | NPB | PA |
| ABSORICA ORAL CAPSULE 10 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG (<i>isotretinoin</i>) | PB | PA |
| ACANYA EXTERNAL GEL 1.2-2.5 % (<i>clindamycin phos-benzoyl perox</i>) | NPB | |
| <i>isotretinoin (Accutane Oral Capsule 20 Mg, 30 Mg, 40 Mg)</i> | G | PA |
| <i>adapalene external cream 0.1 %</i> | G | PA; AL (Max 35 Years) |
| <i>adapalene external gel 0.1 %</i> | G | PA; Select OTC; AL (Max 35 Years) |
| <i>adapalene external gel 0.3 %</i> | G | PA; AL (Max 35 Years) |

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

12/01/2023

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|--|-----------|--|
| <i>adapalene external pad 0.1 %</i> | NF | |
| <i>adapalene-benzoyl peroxide external gel 0.1-2.5 %, 0.3-2.5 %</i> | G | PA; AL (Max 35 Years) |
| AKLIEF EXTERNAL CREAM 0.005 % (<i>trifarotene</i>) | PB | |
| <i>isotretinoin</i> (Amnesteem Oral Capsule 10 Mg, 20 Mg, 40 Mg) | G | PA |
| ARAZLO EXTERNAL LOTION 0.045 % (<i>tazarotene</i>) | PB | PA; AL (Max 35 Years) |
| <i>benzoyl peroxide-erythromycin external gel 5-3 %</i> | G | |
| <i>isotretinoin</i> (Claravis Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg) | G | PA |
| <i>clindamycin phosphate</i> (Clindacin-P External Swab 1 %) | G | |
| <i>clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-3.75 %, 1.2-5 %</i> | G | |
| <i>clindamycin phosphate external foam 1 %</i> | G | |
| <i>clindamycin phosphate external gel 1 %</i> | G | N8 (Listing does not include certain NDCs) |
| <i>clindamycin phosphate external lotion 1 %</i> | G | |
| <i>clindamycin phosphate external solution 1 %</i> | G | |
| <i>clindamycin-tretinoin external gel 1.2-0.025 %</i> | G | PA; AL (Max 35 Years) |
| <i>dapsone external gel 5 %, 7.5 %</i> | G | |
| DIFFERIN EXTERNAL GEL 0.1 % (<i>adapalene</i>) | G | PA; Select OTC; AL (Max 35 Years) |
| EPIDUO EXTERNAL GEL 0.1-2.5 % (<i>adapalene-benzoyl peroxide</i>) | PB | PA; AL (Max 35 Years) |
| EPIDUO FORTE EXTERNAL GEL 0.3-2.5 % (<i>adapalene-benzoyl peroxide</i>) | PB | PA; AL (Max 35 Years) |
| <i>ery external pad 2 %</i> | G | |
| <i>erythromycin external solution 2 %</i> | G | |
| <i>isotretinoin oral capsule 10 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg</i> | G | PA |
| ONEXTON EXTERNAL GEL 1.2-3.75 % (<i>clindamycin phos-benzoyl perox</i>) | PB | |
| RETIN-A MICRO EXTERNAL GEL 0.04 %, 0.1 % (<i>tretinoin microsphere</i>) | NPB | PA; AL (Max 35 Years) |
| RETIN-A MICRO PUMP EXTERNAL GEL 0.04 %, 0.06 %, 0.08 %, 0.1 % (<i>tretinoin microsphere</i>) | NPB | PA; AL (Max 35 Years) |
| <i>sulfacetamide sodium (acne) external lotion 10 %</i> | G | |
| <i>tretinoin external cream 0.025 %, 0.05 %, 0.1 %</i> | G | PA; AL (Max 35 Years) |

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

12/01/2023

170

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|-----------|----------------------------------|
| <i>tretinoin external gel 0.01 %, 0.025 %, 0.05 %</i> | G | PA; AL (Max 35 Years) |
| <i>tretinoin microsphere external gel 0.04 %, 0.1 %</i> | G | PA; AL (Max 35 Years) |
| <i>tretinoin microsphere pump external gel 0.08 %</i> | G | PA; AL (Max 35 Years) |
| TWYNEO EXTERNAL CREAM 0.1-3 % (<i>tretinoin-benzoyl peroxide</i>) | PB | |
| WINLEVI EXTERNAL CREAM 1 % (<i>clascoterone</i>) | PB | |
| <i>isotretinoin</i> (Zenatane Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg) | G | PA |
| ZIANA EXTERNAL GEL 1.2-0.025 % (<i>clindamycin-tretinoin</i>) | NPB | PA; AL (Max 35 Years) |
| DERMATOLOGY, ACTINIC KERATOSIS | | |
| <i>fluorouracil external cream 0.5 %, 5 %</i> | G | |
| <i>fluorouracil external solution 2 %, 5 %</i> | G | |
| <i>imiquimod external cream 5 %</i> | G | |
| <i>imiquimod pump external cream 3.75 %</i> | G | |
| ZYCLARA EXTERNAL CREAM 3.75 % (<i>imiquimod</i>) | PB | |
| ZYCLARA PUMP EXTERNAL CREAM 2.5 %, 3.75 % (<i>imiquimod</i>) | PB | |
| DERMATOLOGY, ANTIBIOTICS | | |
| <i>gentamicin sulfate external cream 0.1 %</i> | G | |
| <i>gentamicin sulfate external ointment 0.1 %</i> | G | |
| <i>mafenide acetate external packet 5 %</i> | G | |
| <i>mupirocin calcium external cream 2 %</i> | NF | |
| <i>mupirocin external ointment 2 %</i> | G | |
| NEO-SYNALAR EXTERNAL CREAM 0.5-0.025 % (<i>neomycin-fluocinolone</i>) | NF | |
| SILVADENE EXTERNAL CREAM 1 % (<i>silver sulfadiazine</i>) | PB | |
| <i>silver sulfadiazine external cream 1 %</i> | G | |
| <i>silver sulfadiazine</i> (Ssd External Cream 1 %) | G | |
| DERMATOLOGY, ANTIFUNGALS | | |
| <i>ciclopirox external gel 0.77 %</i> | G | |
| <i>ciclopirox external shampoo 1 %</i> | G | |
| <i>ciclopirox external solution 8 %</i> | G | STX |
| <i>ciclopirox olamine external cream 0.77 %</i> | G | |
| <i>ciclopirox olamine external suspension 0.77 %</i> | G | |

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

12/01/2023

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|-----------|---|
| <i>clotrimazole-betamethasone external cream 1-0.05 %</i> | G | STX; QL (60 GM per 25 days) |
| <i>clotrimazole-betamethasone external lotion 1-0.05 %</i> | G | STX; QL (60 ML per 25 days) |
| <i>econazole nitrate external cream 1 %</i> | G | |
| EXELDERM EXTERNAL CREAM 1 % (<i>sulconazole nitrate</i>) | NPB | QL (60 GRAMS per 25 days) |
| EXELDERM EXTERNAL SOLUTION 1 % (<i>sulconazole nitrate</i>) | NPB | QL (60 ML per 25 days) |
| JUBLIA EXTERNAL SOLUTION 10 % (<i>efinaconazole</i>) | NPB | QL (4 ML per 21 days) |
| <i>ketconazole external cream 2 %</i> | G | |
| <i>ketconazole external foam 2 %</i> | NF | |
| <i>luliconazole external cream 1 %</i> | NF | |
| <i>miconazole-zinc oxide-petrolat external ointment 0.25-15-81.35 %</i> | G | |
| <i>naftifine hcl external cream 1 %, 2 %</i> | G | |
| <i>naftifine hcl external gel 2 %</i> | G | |
| NAFTIN EXTERNAL GEL 1 %, 2 % (<i>naftifine hcl</i>) | PB | |
| <i>nystatin external cream 100000 unit/gm</i> | G | |
| <i>nystatin external ointment 100000 unit/gm</i> | G | |
| <i>nystatin-triamcinolone external cream 100000-0.1 unit/gm-%</i> | G | STX; QL (60 GM per 25 days) |
| <i>nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%</i> | G | STX; QL (60 GM per 25 DAYS) |
| <i>oxiconazole nitrate external cream 1 %</i> | G | N8 (Listing does not include certain NDCs); QL (60 G per 25 days) |
| OXISTAT EXTERNAL CREAM 1 % (<i>oxiconazole nitrate</i>) | NPB | QL (60 G per 25 days) |
| OXISTAT EXTERNAL LOTION 1 % (<i>oxiconazole nitrate</i>) | NPB | QL (60 ML per 25 days) |
| <i>sulconazole nitrate external cream 1 %</i> | G | QL (60 GRAMS per 25 days) |
| <i>sulconazole nitrate external solution 1 %</i> | G | QL (60 ML per 25 days) |
| <i>tavaborole external solution 5 %</i> | NF | |
| DERMATOLOGY, ANTIPRURITIC | | |
| <i>doxepin hcl external cream 5 %</i> | NF | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|--|-----------|----------------------------------|
| PRUDOXIN EXTERNAL CREAM 5 % (<i>doxepin hcl</i> (<i>antipruritic</i>)) | NPB | QL (45 G per 25 days) |
| ZONALON EXTERNAL CREAM 5 % (<i>doxepin hcl</i> (<i>antipruritic</i>)) | NPB | QL (45 G per 25 days) |
| DERMATOLOGY, ANTIPSORIATICS | | |
| <i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i> | G | |
| <i>calcipotriene external cream 0.005 %</i> | NF | |
| <i>calcipotriene external foam 0.005 %</i> | G | QL (60 G per 25 days) |
| <i>calcipotriene external ointment 0.005 %</i> | G | |
| <i>calcipotriene external solution 0.005 %</i> | G | |
| <i>calcitriol external ointment 3 mcg/gm</i> | NF | |
| <i>methoxsalen rapid oral capsule 10 mg</i> | G | |
| SORILUX EXTERNAL FOAM 0.005 % (<i>calcipotriene</i>) | NPB | QL (60 GM per 25 days) |
| <i>tazarotene external cream 0.1 %</i> | G | PA; AL (Max 35 Years) |
| <i>tazarotene external gel 0.05 %, 0.1 %</i> | G | |
| VECTICAL EXTERNAL OINTMENT 3 MCG/GM (<i>calcitriol</i>) | NF | |
| VTAMA EXTERNAL CREAM 1 % (<i>tapinarof</i>) | PB | |
| ZORYVE EXTERNAL CREAM 0.3 % (<i>roflumilast</i>) | PB | |
| DERMATOLOGY, ANTISEBORRHEICS | | |
| <i>ketconazole external shampoo 2 %</i> | G | |
| DERMATOLOGY, ATOPIC DERMATITIS | | |
| ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>tralokinumab-ldrm</i>) | PSP | PA; QL (4 SYRINGES per 28 days) |
| CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG (<i>abrocitinib</i>) | PSP | PA; QL (30 TABLETS per 30 days) |
| DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 MG/1.14ML (<i>dupilumab</i>) | PSP | PA; QL (2 PENS per 28 Days) |
| DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 MG/2ML (<i>dupilumab</i>) | PSP | PA; QL (4 PENS per 28 Days) |
| DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML (<i>dupilumab</i>) | PSP | PA; QL (2 SYRINGES per 28 Days) |
| DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML (<i>dupilumab</i>) | PSP | PA; QL (4 SYRINGES per 28 Days) |
| DERMATOLOGY, CORTICOSTEROIDS | | |
| <i>alclometasone dipropionate external cream 0.05 %</i> | G | QL (120 GM per 25 DAYs) |

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

12/01/2023

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

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

12/01/2023

174

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|-----------|----------------------------------|
| CLOBEX EXTERNAL SHAMPOO 0.05 % (<i>clobetasol propionate</i>) | PB | QL (120 ML per 25 days) |
| CLOBEX SPRAY EXTERNAL LIQUID 0.05 % (<i>clobetasol propionate</i>) | NPB | QL (120 ML per 25 DAYs) |
| <i>clocortolone pivalate external cream 0.1 %</i> | NF | |
| CLODERM EXTERNAL CREAM 0.1 % (<i>clocortolone pivalate</i>) | NPB | QL (120 GRAMS per 25 days) |
| CORDRAN EXTERNAL CREAM 0.05 % (<i>flurandrenolide</i>) | NPB | QL (120 GM per 25 DAYs) |
| CORDRAN EXTERNAL LOTION 0.05 % (<i>flurandrenolide</i>) | NPB | QL (120 ML per 25 DAYs) |
| CORDRAN EXTERNAL TAPE 4 MCG/SQCM (<i>flurandrenolide</i>) | NPB | QL (1 TAPE per 25 DAYs) |
| DERMA-SMOOTH/FS BODY EXTERNAL OIL 0.01 % (<i>fluocinolone acetonide</i>) | PB | QL (120 ML per 25 days) |
| DERMA-SMOOTH/FS SCALP EXTERNAL OIL 0.01 % (<i>fluocinolone acetonide</i>) | PB | QL (120 ML per 25 days) |
| <i>desonide external cream 0.05 %</i> | G | QL (120 GM per 25 DAYs) |
| <i>desonide external gel 0.05 %</i> | NF | |
| <i>desonide external lotion 0.05 %</i> | G | QL (120 ML per 25 days) |
| <i>desonide external ointment 0.05 %</i> | G | QL (120 GM per 25 DAYs) |
| DESOWEN EXTERNAL CREAM 0.05 % (<i>desonide</i>) | NPB | QL (120 G per 25 days) |
| <i>desoximetasone external cream 0.05 %, 0.25 %</i> | G | QL (120 GM per 25 DAYs) |
| <i>desoximetasone external gel 0.05 %</i> | G | QL (120 GM per 25 DAYs) |
| <i>desoximetasone external liquid 0.25 %</i> | G | QL (120 ML per 25 days) |
| <i>desoximetasone external ointment 0.05 %</i> | NF | |
| <i>desoximetasone external ointment 0.25 %</i> | G | QL (120 GM per 25 DAYs) |
| <i>diflorasone diacetate external cream 0.05 %</i> | NF | |
| <i>diflorasone diacetate external ointment 0.05 %</i> | NF | |
| DIPROLENE EXTERNAL OINTMENT 0.05 % (<i>betamethasone dipropionate aug</i>) | NPB | QL (120 G per 25 days) |
| DUOBRII EXTERNAL LOTION 0.01-0.045 % (<i>halobetasol prop-tazarotene</i>) | PB | |
| ENSTILAR EXTERNAL FOAM 0.005-0.064 % (<i>calcipotriene-betameth diprop</i>) | PB | |
| <i>fluocinolone acetonide body external oil 0.01 %</i> | G | QL (120 ML per 25 days) |
| <i>fluocinolone acetonide external cream 0.01 %, 0.025 %</i> | G | QL (120 GM per 25 DAYs) |
| <i>fluocinolone acetonide external ointment 0.025 %</i> | G | QL (120 GM per 25 DAYs) |

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

12/01/2023

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|--|-----------|----------------------------------|
| <i>fluocinolone acetonide external solution 0.01 %</i> | G | QL (120 ML per 25 days) |
| <i>fluocinolone acetonide scalp external oil 0.01 %</i> | G | QL (120 ML per 25 days) |
| <i>fluocinonide emulsified base external cream 0.05 %</i> | G | QL (120 GM per 25 DAYs) |
| <i>fluocinonide external cream 0.05 %</i> | G | QL (120 GM per 25 DAYs) |
| <i>fluocinonide external cream 0.1 %</i> | NF | |
| <i>fluocinonide external gel 0.05 %</i> | G | QL (120 GM per 25 DAYs) |
| <i>fluocinonide external ointment 0.05 %</i> | G | QL (120 GM per 25 DAYs) |
| <i>fluocinonide external solution 0.05 %</i> | G | QL (120 ML per 25 days) |
| <i>flurandrenolide external cream 0.05 %</i> | NF | |
| <i>flurandrenolide external lotion 0.05 %</i> | NF | |
| <i>fluticasone propionate external cream 0.05 %</i> | G | QL (120 GM per 25 DAYs) |
| <i>fluticasone propionate external lotion 0.05 %</i> | G | QL (120 ML per 25 days) |
| <i>fluticasone propionate external ointment 0.005 %</i> | G | QL (120 GM per 25 DAYs) |
| <i>halcinonide external cream 0.1 %</i> | NF | |
| <i>halobetasol propionate external cream 0.05 %</i> | G | QL (120 GM per 25 DAYs) |
| <i>halobetasol propionate external foam 0.05 %</i> | NPB | QL (120 G per 25 days) |
| <i>halobetasol propionate external ointment 0.05 %</i> | G | QL (120 GM per 25 DAYs) |
| HALOG EXTERNAL CREAM 0.1 % (<i>halcinonide</i>) | NPB | QL (120 GRAMS per 25 days) |
| HALOG EXTERNAL OINTMENT 0.1 % (<i>halcinonide</i>) | NPB | QL (120 GRAMS per 25 days) |
| HALOG EXTERNAL SOLUTION 0.1 % (<i>halcinonide</i>) | NPB | QL (120 ML per 25 days) |
| <i>hydrocortisone butyr lipo base external cream 0.1 %</i> | NF | |
| <i>hydrocortisone butyrate external cream 0.1 %</i> | G | QL (120 GM per 25 DAYs) |
| <i>hydrocortisone butyrate external lotion 0.1 %</i> | NF | |
| <i>hydrocortisone butyrate external ointment 0.1 %</i> | G | QL (120 GM per 25 DAYs) |
| <i>hydrocortisone butyrate external solution 0.1 %</i> | G | QL (120 ML per 25 days) |
| <i>hydrocortisone external cream 2.5 %</i> | G | QL (120 GM per 25 days) |
| <i>hydrocortisone external lotion 2.5 %</i> | G | QL (120 ML per 25 days) |
| <i>hydrocortisone external ointment 2.5 %</i> | G | QL (120 GM per 25 days) |
| <i>hydrocortisone valerate external cream 0.2 %</i> | G | QL (120 G per 25 days) |
| <i>hydrocortisone valerate external ointment 0.2 %</i> | G | QL (120 G per 25 days) |
| IMPOYZ EXTERNAL CREAM 0.025 % (<i>clobetasol propionate</i>) | NPB | QL (120 GRAMS per 25 days) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|--|-----------|----------------------------------|
| KENALOG EXTERNAL AEROSOL SOLUTION 0.147 MG/GM (<i>triamcinolone acetonide</i>) | NPB | QL (120 GM per 25 DAYs) |
| LEXETTE EXTERNAL FOAM 0.05 % (<i>halobetasol propionate</i>) | NPB | QL (120 G per 25 days) |
| LOCOID EXTERNAL LOTION 0.1 % (<i>hydrocortisone butyrate</i>) | NPB | QL (120 ML per 25 DAYs) |
| LOCOID LIPOCREAM EXTERNAL CREAM 0.1 % (<i>hydrocortisone butyr lipo base</i>) | NPB | QL (120 GM per 25 DAYs) |
| <i>mometasone furoate external cream 0.1 %</i> | G | QL (120 GM per 25 DAYs) |
| <i>mometasone furoate external ointment 0.1 %</i> | G | QL (120 GM per 25 DAYs) |
| <i>mometasone furoate external solution 0.1 %</i> | G | QL (120 ML per 25 DAYs) |
| OLUX-E EXTERNAL FOAM 0.05 % (<i>clobetasol propionate emulsion</i>) | NPB | QL (120 GRAMS per 25 days) |
| PANDEL EXTERNAL CREAM 0.1 % (<i>hydrocortisone probutate</i>) | NPB | QL (120 G per 25 days) |
| SERNIVO EXTERNAL EMULSION 0.05 % (<i>betamethasone dipropionate</i>) | NPB | STX; QL (120 ML per 25 DAYs) |
| SYNALAR EXTERNAL CREAM 0.025 % (<i>fluocinolone acetonide</i>) | NPB | QL (120 GM per 25 DAYs) |
| SYNALAR EXTERNAL OINTMENT 0.025 % (<i>fluocinolone acetonide</i>) | NPB | QL (120 GM per 25 DAYs) |
| SYNALAR EXTERNAL SOLUTION 0.01 % (<i>fluocinolone acetonide</i>) | NPB | QL (120 ML per 25 days) |
| TEXACORT EXTERNAL SOLUTION 2.5 % (<i>hydrocortisone</i>) | PB | QL (120 ML per 25 days) |
| TOPICORT EXTERNAL CREAM 0.05 %, 0.25 % (<i>desoximetasone</i>) | NPB | QL (120 GM per 25 DAYs) |
| TOPICORT EXTERNAL GEL 0.05 % (<i>desoximetasone</i>) | NPB | QL (120 GM per 25 DAYs) |
| TOPICORT EXTERNAL OINTMENT 0.05 %, 0.25 % (<i>desoximetasone</i>) | NPB | QL (120 GM per 25 DAYs) |
| TOPICORT SPRAY EXTERNAL LIQUID 0.25 % (<i>desoximetasone</i>) | NPB | QL (120 ML per 25 DAYs) |
| <i>clobetasol propionate emulsion (Tovet External Foam 0.05 %)</i> | NF | |
| <i>triamcinolone acetonide external aerosol solution 0.147 mg/gm</i> | NF | |
| <i>triamcinolone acetonide external cream 0.025 %, 0.1 %, 0.5 %</i> | G | QL (120 GM per 25 DAYs) |
| <i>triamcinolone acetonide external lotion 0.025 %, 0.1 %</i> | G | QL (120 ML per 25 DAYs) |
| <i>triamcinolone acetonide external ointment 0.025 %, 0.1 %</i> | G | QL (120 GM per 25 DAYs) |

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

12/01/2023

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|-----------|----------------------------------|
| <i>triamcinolone acetonide external ointment 0.5 %</i> | G | QL (120 G per 25 days) |
| ULTRAVATE EXTERNAL LOTION 0.05 % (<i>halobetasol propionate</i>) | NPB | QL (120 ML per 25 DAYs) |
| VANOS EXTERNAL CREAM 0.1 % (<i>fluocinonide</i>) | NPB | QL (120 GM per 25 DAYs) |
| VERDESO EXTERNAL FOAM 0.05 % (<i>desonide</i>) | NPB | QL (120 GM per 25 DAYs) |
| DERMATOLOGY, LOCAL ANESTHETICS | | |
| <i>lidocaine external ointment 5 %</i> | G | QL (50 GM per 25 DAYs) |
| <i>lidocaine external patch 5 %</i> | G | QL (90 PATCH per 25 days) |
| <i>lidocaine hcl external solution 4 %</i> | G | QL (50 ML per 25 DAYs) |
| <i>lidocaine-prilocaine external cream 2.5-2.5 %</i> | G | QL (30 G per 25 days) |
| LIDODERM EXTERNAL PATCH 5 % (<i>lidocaine</i>) | PB | QL (90 PATCH per 25 days) |
| PLIAGLIS EXTERNAL CREAM 7-7 % (<i>lidocaine-tetracaine</i>) | NF | |
| DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE | | |
| ABREVA EXTERNAL CREAM 10 % (<i>docosanol</i>) | G | Select OTC |
| <i>acyclovir external cream 5 %</i> | NF | |
| <i>acyclovir external ointment 5 %</i> | G | |
| ALFERON N INJECTION SOLUTION 5000000 UNIT/ML (<i>interferon alfa-n3</i>) | NPSP | |
| <i>bexarotene external gel 1 %</i> | PSP | PA |
| CONDYLOX EXTERNAL GEL 0.5 % (<i>podofilox</i>) | PB | |
| <i>diclofenac epolamine external patch 1.3 %</i> | G | STX; QL (30 PATCHES per 25 Days) |
| <i>diclofenac sodium external gel 3 %</i> | G | PA; QL (100 G per 25 days) |
| <i>diclofenac sodium external solution 1.5 %</i> | G | |
| <i>diclofenac sodium external solution 2 %</i> | NF | |
| <i>docosanol external cream 10 %</i> | G | Select OTC |
| EUCRISA EXTERNAL OINTMENT 2 % (<i>crisaborole</i>) | PB | |
| FLECTOR EXTERNAL PATCH 1.3 % (<i>diclofenac epolamine</i>) | NPB | STX; QL (30 PATCHES per 25 days) |
| LEVULAN KERASTICK EXTERNAL SOLUTION RECONSTITUTED 20 % (<i>aminolevulinic acid hcl</i>) | NPSP | QL (1 STICK per 25 DAYs) |
| LICART EXTERNAL PATCH 24 HOUR 1.3 % (<i>diclofenac epolamine</i>) | NPB | STX; QL (15 PATCHES per 25 Days) |
| <i>pimecrolimus external cream 1 %</i> | G | |

2023 Pharmacy Drug Guide - Standard Opt Out Plan - Aetna

The formulary is updated the first week of each month.

12/01/2023

178

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|--|-----------|----------------------------------|
| <i>podofilox external solution 0.5 %</i> | G | |
| <i>tacrolimus external ointment 0.03 %, 0.1 %</i> | G | |
| TARGRETIN EXTERNAL GEL 1 % (<i>bexarotene</i>) | NF | |
| VALCHLOR EXTERNAL GEL 0.016 % (<i>mechlorethamine hcl (topical)</i>) | NPSP | PA; QL (2 GM per 30 days) |
| DERMATOLOGY, ROSACEA | | |
| <i>azelaic acid external gel 15 %</i> | G | |
| <i>doxycycline oral capsule delayed release 40 mg</i> | G | |
| FINACEA EXTERNAL FOAM 15 % (<i>azelaic acid</i>) | PB | |
| <i>ivermectin external cream 1 %</i> | G | |
| <i>metronidazole external cream 0.75 %</i> | G | |
| <i>metronidazole external gel 0.75 %, 1 %</i> | G | |
| <i>metronidazole external lotion 0.75 %</i> | G | |
| RHOFADE EXTERNAL CREAM 1 % (<i>oxymetazoline hcl</i>) | PB | |
| SOOLANTRA EXTERNAL CREAM 1 % (<i>ivermectin</i>) | PB | |
| DERMATOLOGY, SCABICIDES AND PEDICULICIDES | | |
| CROTAN EXTERNAL LOTION 10 % (<i>crotamiton</i>) | G | |
| <i>malathion external lotion 0.5 %</i> | G | |
| OVIDE EXTERNAL LOTION 0.5 % (<i>malathion</i>) | PB | |
| <i>permethrin external cream 5 %</i> | G | |
| <i>spinosad external suspension 0.9 %</i> | G | |
| DERMATOLOGY, WOUND CARE AGENTS | | |
| <i>acetic acid irrigation solution 0.25 %</i> | G | |
| MOUTH/THROAT/DENTAL AGENTS | | |
| <i>cevimeline hcl oral capsule 30 mg</i> | G | |
| <i>chlorhexidine gluconate mouth/throat solution 0.12 %</i> | G | |
| <i>clotrimazole mouth/throat troche 10 mg</i> | G | |
| EVOXAC ORAL CAPSULE 30 MG (<i>cevimeline hcl</i>) | PB | |
| <i>lidocaine viscous hcl mouth/throat solution 2 %</i> | G | |
| <i>nystatin mouth/throat suspension 100000 unit/ml</i> | G | |
| <i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i> | G | |
| SALAGEN ORAL TABLET 5 MG, 7.5 MG (<i>pilocarpine hcl</i>) | PB | |
| <i>triamcinolone acetonide mouth/throat paste 0.1 %</i> | G | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|--|-----------|----------------------------------|
| OTIC - DRUGS TO TREAT CONDITIONS OF THE EAR | | |
| <i>acetic acid otic solution 2 %</i> | G | |
| <i>ciprofloxacin hcl otic solution 0.2 %</i> | G | |
| <i>ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %</i> | G | |
| <i>ciprofloxacin-fluocinolone pf otic solution 0.3-0.025 %</i> | NF | |
| <i>fluocinolone acetonide otic oil 0.01 %</i> | G | |
| <i>hydrocortisone-acetic acid otic solution 1-2 %</i> | G | |
| <i>neomycin-polymyxin-hc otic solution 1 %</i> | G | |
| <i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i> | G | |
| <i>ofloxacin otic solution 0.3 %</i> | G | |

Index

| | | | | | |
|--|----------|---|----------|---|--------|
| <i>abacavir sulfate</i> | 27 | ADVAIR HFA..... | 168 | ALPHANINE SD..... | 139 |
| <i>abacavir sulfate-lamivudine</i> | 30 | ADVANCE MICRO-DRAW | | <i>alprazolam</i> | 61 |
| ABILIFY ASIMTUFII..... | 66 | TEST..... | 110 | <i>alprazolam er</i> | 61 |
| ABILIFY MAINTENA..... | 66 | ADVATE..... | 138 | ALPRAZOLAM INTENSOL | 61 |
| <i>abiraterone acetate</i> | 40 | <i>adynovate</i> | 138 | ALPROLIX..... | 140 |
| ABREVA..... | 178 | ADZENYS XR-ODT..... | 72 | Altavera..... | 98 |
| ABSORICA..... | 169 | AFINITOR..... | 42 | ALTUVIIIIO..... | 138 |
| ABSORICA LD..... | 169 | AFINITOR DISPERZ..... | 42 | ALUNBRIG..... | 42 |
| <i>acamprosate calcium</i> | 61 | Afirmelle..... | 98 | <i>alyacen 1/35</i> | 98 |
| ACANYA..... | 169 | AFSTYLA..... | 138 | <i>alyacen 7/7/7</i> | 98 |
| <i>acarbose</i> | 89 | AFTERA..... | 98 | Alyq..... | 59 |
| ACCU-CHEK AVIVA PLUS | | AFTERPILL..... | 98 | Amabelz..... | 117 |
| ..... | 109 | AGRYLIN..... | 140 | <i>amantadine hcl</i> | 65 |
| ACCU-CHEK FASTCLIX | | AIMOVIG..... | 78 | <i>ambrisentan</i> | 59 |
| LANCETS..... | 109 | AIRSUPRA..... | 168 | <i>amcinonide</i> | 174 |
| ACCU-CHEK GUIDE..... | 109 | AJOVY..... | 78 | Amethia..... | 98 |
| ACCU-CHEK | | AKEEGA..... | 40 | Amethyst..... | 98 |
| SMARTVIEW..... | 109 | AKLIEF..... | 170 | <i>amiloride hcl</i> | 57 |
| ACCU-CHEK SOFTCLIX | | <i>albendazole</i> | 26 | <i>amiloride-hydrochlorothiazide</i> .. | 57 |
| LANCETS..... | 109 | <i>albuterol sulfate</i> | 164 | <i>aminocaproic acid</i> | 140 |
| Accutane..... | 169 | <i>albuterol sulfate hfa</i> | 164 | <i>amiodarone hcl</i> | 51 |
| ACCUTREND GLUCOSE.. | 110 | <i>alclometasone dipropionate</i> | | <i>amitriptyline hcl</i> | 63 |
| <i>acebutolol hcl</i> | 55 | ..... | 173, 174 | AMJEVITA..... | 142 |
| <i>acetaminophen-codeine</i> | 16 | <i>alcohol swabs</i> | 110 | <i>amlodipine besy-benazepril hcl</i> .. | 49 |
| <i>acetazolamide</i> | 57 | ALDACTONE..... | 57 | <i>amlodipine besylate</i> | 56 |
| <i>acetazolamide er</i> | 57 | ALDURAZYME..... | 115 | <i>amlodipine besylate-valsartan</i> ... | 51 |
| <i>acetic acid</i> | 179, 180 | ALECENSA..... | 42 | <i>amlodipine-atorvastatin</i> | 55 |
| <i>acetylcysteine</i> | 167 | <i>alendronate sodium</i> | 96 | <i>amlodipine-olmesartan</i> | 51 |
| ACIPHEX..... | 129 | ALFERON N..... | 178 | <i>amlodipine-valsartan-hctz</i> | 51 |
| <i>acitretin</i> | 173 | <i>alfuzosin hcl er</i> | 131 | Amnesteem..... | 170 |
| ACTEMRA..... | 141, 142 | ALINIA..... | 36 | <i>amoxapine</i> | 63 |
| ACTEMRA ACTPEN..... | 142 | <i>aliskiren fumarate</i> | 57 | <i>amoxicill-clarithro-lansopraz</i> .. | 131 |
| ACTHAR..... | 122 | ALKINDI SPRINKLE..... | 118 | <i>amoxicillin</i> | 37 |
| ACTIMMUNE..... | 153 | ALLEGRA ALLERGY..... | 162 | <i>amoxicillin-pot clavulanate</i> | 37 |
| ACUVAIL..... | 159 | ALLEGRA ALLERGY | | <i>amoxicillin-pot clavulanate er</i> ... | 37 |
| <i>acyclovir</i> | 32, 178 | CHILDRENS..... | 162 | <i>amphetamine sulfate</i> | 72 |
| <i>adalimumab-adaz</i> | 142 | ALLEGRA-D ALLERGY & | | <i>amphetamine-dextroamphet er</i> .. | 72 |
| <i>adalimumab-adbm</i> | 142 | CONGESTION..... | 164 | <i>amphetamine-</i> | |
| <i>adalimumab-fkjp</i> | 142 | <i>allergy rel child (cetirizine)</i> ... | 162 | <i>dextroamphetamine</i> | 72 |
| <i>adapalene</i> | 169, 170 | <i>allergy relief (cetirizine)</i> | 162 | <i>amphet-dextroamphet 3-bead</i> | |
| <i>adapalene-benzoyl peroxide</i> | 170 | <i>allopurinol</i> | 13 | <i>er</i> | 72, 73 |
| ADBRY..... | 173 | ALLZITAL..... | 14 | <i>ampicillin</i> | 37 |
| ADCIRCA..... | 59 | <i>almotriptan malate</i> | 78 | AMPYRA..... | 80 |
| ADDERALL..... | 72 | <i>alogliptin benzoate</i> | 90 | ANAFRANIL..... | 61 |
| ADDERALL XR..... | 72 | <i>alogliptin-metformin hcl</i> | 90 | <i>anagrelide hcl</i> | 140 |
| ADDYI..... | 86 | <i>alogliptin-pioglitazone</i> | 90 | ANAPROX DS..... | 14 |
| <i>adefovir dipivoxil</i> | 32 | <i>alose tron hcl</i> | 126 | <i>anastrozole</i> | 40 |
| ADEMPAS..... | 59 | ALPHAGAN P..... | 157 | ANDRODERM..... | 88 |
| ADVAIR DISKUS..... | 168 | ALPHANATE..... | 135 | ANDROGEL PUMP..... | 88 |

| | | | | | |
|--|-----|-------------------------------------|----------|--|---------|
| ANNOVERA..... | 98 | Aurovela 1/20..... | 99 | BD PEN NEEDLE | |
| ANORO ELLIPTA..... | 161 | Aurovela 24 Fe..... | 99 | ORIGINAL U/F..... | 110 |
| ANUSOL-HC..... | 131 | Aurovela Fe 1.5/30..... | 99 | BD PEN NEEDLE SHORT | |
| APADAZ..... | 16 | Aurovela Fe 1/20..... | 99 | U/F..... | 110 |
| <i>apap-cafff-dihydrocodeine</i> | 16 | AURYXIA..... | 123 | BELBUCA..... | 24 |
| APEXICON E..... | 174 | AUSTEDO..... | 80 | BELSOMRA..... | 77 |
| APOKYN..... | 65 | AUSTEDO XR..... | 80 | <i>benazepril hcl</i> | 50 |
| <i>apomorphine hcl</i> | 65 | AUSTEDO XR PATIENT | | <i>benazepril-hydrochlorothiazide</i> .. | 50 |
| <i>aprepitant</i> | 125 | TITRATION..... | 80 | BENEFIX..... | 140 |
| Apri..... | 98 | AUVI-Q..... | 161 | BENLYSTA..... | 153 |
| APRISO..... | 126 | AVEED..... | 88 | <i>benzhydrocodone-</i> | |
| APTENSIO XR..... | 73 | Aviane..... | 99 | <i>acetaminophen</i> | 16 |
| APTIVUS..... | 27 | AVONEX PEN..... | 80 | <i>benzonatate</i> | 164 |
| ARALAST NP..... | 160 | AVONEX PREFILLED..... | 80 | <i>benzoyl peroxide-erythromycin</i> | |
| Aranelle..... | 99 | AVSOLA..... | 141 | ..... | 170 |
| ARANESP (ALBUMIN | | Ayuna..... | 99 | <i>benzphetamine hcl</i> | 96 |
| FREE)..... | 136 | AYVAKIT..... | 42 | <i>benztropine mesylate</i> | 65 |
| ARAVA..... | 150 | <i>azathioprine</i> | 153 | <i>bepotastine besilate</i> | 156 |
| ARAZLO..... | 170 | <i>azelaic acid</i> | 179 | BERINERT..... | 150 |
| ARCALYST..... | 153 | <i>azelastine hcl</i> | 156, 162 | BESIVANCE..... | 158 |
| ARIKAYCE..... | 26 | <i>azelastine-fluticasone</i> | 162 | BESREMI..... | 39 |
| ARIMIDEX..... | 40 | <i>azesco</i> | 155 | <i>betaine</i> | 115 |
| <i>aripiprazole</i> | 66 | <i>azithromycin</i> | 34 | <i>betamethasone dipropionate</i> | 174 |
| ARISTADA..... | 66 | AZSTARYS..... | 73 | <i>betamethasone dipropionate</i> | |
| ARISTADA INITIO..... | 66 | Azurette..... | 99 | <i>aug</i> | 174 |
| ARIXTRA..... | 134 | Bac..... | 14 | <i>betamethasone valerate</i> | 174 |
| <i>armodafinil</i> | 84 | <i>bacitracin</i> | 158 | BETAPACE..... | 52 |
| ARNUITY ELLIPTA..... | 168 | <i>bacitracin-polymyxin b</i> | 158 | BETAPACE AF..... | 51 |
| AROMASIN..... | 40 | <i>baclofen</i> | 83 | BETASERON..... | 81 |
| ASCENIV..... | 151 | BAFIERTAM..... | 81 | <i>betaxolol hcl</i> | 55, 157 |
| <i>asenapine maleate</i> | 66 | <i>balsalazide disodium</i> | 126 | <i>bethanechol chloride</i> | 132 |
| Ashlyna..... | 99 | BALVERSA..... | 42 | BETHKIS..... | 165 |
| <i>aspirin</i> | 24 | Balziva..... | 99 | BETIMOL..... | 157 |
| <i>aspirin childrens</i> | 24 | BAQSIMI ONE PACK..... | 119 | BETOPTIC-S..... | 157 |
| <i>aspirin-dipyridamole er</i> | 141 | BAQSIMI TWO PACK..... | 120 | BEVESPI AEROSPHERE.... | 161 |
| ASSURE LANCE | | BARACLUDGE..... | 32, 33 | <i>bexarotene</i> | 48, 178 |
| LANCETS..... | 110 | BASAGLAR KWIKPEN..... | 91 | <i>bicalutamide</i> | 40 |
| <i>atazanavir sulfate</i> | 27 | BD GLUCOSE..... | 120 | BIDIL..... | 57 |
| <i>atenolol</i> | 55 | BD INSULIN SYRINGE U- | | BIKTARVY..... | 30 |
| <i>atenolol-chlorthalidone</i> | 55 | 500..... | 110 | BILTRICIDE..... | 26 |
| ATIVAN..... | 61 | BD MICROTAINER | | <i>bimatoprost</i> | 157 |
| <i>atomoxetine hcl</i> | 73 | LANCETS..... | 110 | <i>bi-mix</i> | 132 |
| <i>atorvastatin calcium</i> | 53 | BD PEN NEEDLE MICRO | | <i>bismuth/metronidazol/tetracyclin</i> | |
| <i>atovaquone</i> | 36 | U/F..... | 110 | ..... | 131 |
| <i>atovaquone-proguanil hcl</i> | 27 | BD PEN NEEDLE MINI | | <i>bisoprolol fumarate</i> | 55 |
| <i>atropine sulfate</i> | 160 | U/F..... | 110 | <i>bisoprolol-hydrochlorothiazide</i> .. | 55 |
| ATROVENT HFA..... | 161 | BD PEN NEEDLE NANO | | BIVIGAM..... | 151 |
| AUBAGIO..... | 80 | 2ND GEN..... | 110 | Blisovi 24 Fe..... | 99 |
| Aubra Eq..... | 99 | BD PEN NEEDLE NANO | | Blisovi Fe 1.5/30..... | 99 |
| Aurovela 1.5/30..... | 99 | U/F..... | 110 | Blisovi Fe 1/20..... | 99 |

| | | | | | |
|--|---------------|---|--------|--|--------------|
| <i>bosentan</i> | 59 | CALQUENCE..... | 43 | <i>cetirizine-pseudoephedrine er.</i> | 164 |
| BOSULIF..... | 42 | Camila..... | 99 | CETROTIDE..... | 118 |
| BOTOX..... | 83 | Camrese..... | 99 | <i>cevimeline hcl</i> | 179 |
| BRAFTOVI..... | 42 | Camrese Lo..... | 99 | Charlotte 24 Fe..... | 100 |
| BREO ELLIPTA..... | 169 | CAMZYOS..... | 58 | Chateal Eq..... | 100 |
| BREZTRI AEROSPHERE.. | 161 | <i>candesartan cilexetil</i> | 51 | CHENODAL..... | 128 |
| <i>briellyn</i> | 99 | <i>candesartan cilexetil-hetz</i> | 51 | <i>chlordiazepoxide hcl</i> | 62 |
| BRILINTA..... | 141 | <i>capecitabine</i> | 38 | <i>chlordiazepoxide-amitriptyline</i> .. | 86 |
| <i>brimonidine tartrate</i> | 157 | CAPEX..... | 174 | <i>chlordiazepoxide-clidinium</i> | 126 |
| <i>brimonidine tartrate-timolol</i> | 157 | CAPRELSA..... | 43 | <i>chlorhexidine gluconate</i> | 179 |
| <i>brinzolamide</i> | 157 | <i>captopril</i> | 50 | <i>chloroquine phosphate</i> | 27 |
| <i>bromfenac sodium (once-daily)</i> | | CARBAGLU..... | 115 | <i>chlorpromazine hcl</i> | 67 |
| ..... | 159 | <i>carbamazepine</i> | 68 | <i>chlorthalidone</i> | 57 |
| <i>bromocriptine mesylate</i> | 65 | <i>carbamazepine er</i> | 68 | <i>chlorzoxazone</i> | 83, 84 |
| BRONCHITOL..... | 165 | <i>carbidopa</i> | 65 | CHOLBAM..... | 128 |
| BRUKINSA..... | 42 | <i>carbidopa-levodopa</i> | 65 | <i>cholestyramine</i> | 52 |
| BRYHALI..... | 174 | <i>carbidopa-levodopa er</i> | 65 | <i>cholestyramine light</i> | 52 |
| <i>budesonide</i> | 126, 167, 168 | <i>carbidopa-levodopa-entacapone</i> | 65 | <i>chorionic gonadotropin</i> | 118 |
| <i>budesonide er</i> | 126 | <i>carbinoxamine maleate</i> | 162 | CIALIS..... | 132 |
| <i>budesonide-formoterol</i> | | CAREONE LANCET | | CIBINQO..... | 173 |
| <i>fumarate</i> | 169 | SUPER THIN 30G..... | 110 | <i>ciclopirox</i> | 171 |
| <i>bumetanide</i> | 57 | CARESENS LANCETS..... | 110 | <i>ciclopirox olamine</i> | 171 |
| Bupap..... | 14 | CARETOUCH TEST..... | 110 | <i>cidofovir</i> | 33 |
| BUPHENYL..... | 115 | <i>carglumic acid</i> | 115 | <i>cilostazol</i> | 140 |
| <i>buprenorphine</i> | 24 | <i>carisoprodol</i> | 83 | CILOXAN..... | 158 |
| <i>buprenorphine hcl</i> | 86 | CARNITOR..... | 97 | CIMDUO..... | 30 |
| <i>buprenorphine hcl-naloxone hcl</i> .. | 85 | CARNITOR SF..... | 97 | CIMERLI..... | 160 |
| <i>bupropion hcl</i> | 63 | <i>carteolol hcl</i> | 157 | <i>cimetidine</i> | 126 |
| <i>bupropion hcl er (smoking det)</i> .. | 86 | <i>carvedilol</i> | 55 | CIMZIA..... | 143 |
| <i>bupropion hcl er (sr)</i> | 63 | <i>carvedilol phosphate er</i> | 55 | CIMZIA STARTER KIT..... | 143 |
| <i>bupropion hcl er (xl)</i> | 63 | CATAPRES-TTS-1..... | 58 | <i>cinacalcet hcl</i> | 97 |
| <i>bupirone hcl</i> | 62 | CATAPRES-TTS-2..... | 58 | CINRYZE..... | 150 |
| <i>butalbital-acetaminophen</i> | 14 | CATAPRES-TTS-3..... | 58 | <i>ciprofloxacin hcl</i> | 35, 158, 180 |
| <i>butalbital-apap-caff-cod</i> | 16 | CAVERJECT..... | 132 | <i>ciprofloxacin-dexamethasone</i> .. | 180 |
| <i>butalbital-apap-caffeine</i> | 14 | CAVERJECT IMPULSE..... | 132 | <i>ciprofloxacin-fluocinolone pf.</i> | 180 |
| <i>butalbital-asa-caff-codeine</i> | 16 | CAYA..... | 100 | <i>citalopram hydrobromide</i> | 63 |
| <i>butalbital-aspirin-caffeine</i> | 14 | CAYSTON..... | 165 | Claravis..... | 170 |
| <i>butorphanol tartrate</i> | 16 | <i>cefaclor</i> | 33 | <i>clarithromycin</i> | 34 |
| BUTRANS..... | 24 | <i>cefadroxil</i> | 33 | <i>clarithromycin er</i> | 34 |
| BYLVAY..... | 128 | <i>cefdinir</i> | 33 | CLARITIN..... | 162 |
| BYLVAY (PELLETS)..... | 128 | <i>cefixime</i> | 33, 34 | CLARITIN ALLERGY | |
| BYOOVIZ..... | 160 | <i>cefpodoxime proxetil</i> | 34 | CHILDRENS..... | 162 |
| <i>cabergoline</i> | 122 | <i>cefprozil</i> | 34 | CLARITIN REDITABS..... | 163 |
| CABLIVI..... | 135 | <i>cefuroxime axetil</i> | 34 | CLARITIN-D 12 HOUR..... | 164 |
| CABOMETYX..... | 42 | <i>celecoxib</i> | 13 | CLARITIN-D 24 HOUR..... | 164 |
| <i>calcipotriene</i> | 173 | <i>cephalexin</i> | 34 | CLENPIQ..... | 127 |
| <i>calcipotriene-betameth diprop</i> .. | 174 | CERDELGA..... | 115 | CLEOCIN..... | 36, 134 |
| <i>calcitonin (salmon)</i> | 122 | CEREZYME..... | 115 | CLIMARA PRO..... | 117 |
| <i>calcitriol</i> | 155, 173 | <i>cetirizine hcl</i> | 162 | Clindacin-P..... | 170 |
| <i>calcium acetate (phos binder)</i> .. | 123 | <i>cetirizine hcl allergy child</i> | 162 | <i>clindamycin hcl</i> | 36 |

| | | | | | |
|---|----------|---|----------|---|---------|
| <i>clindamycin palmitate hcl</i> | 36 | Compro | 125 | CYSTADANE..... | 115 |
| <i>clindamycin phos-benzoyl</i> | | CONCERTA..... | 73 | CYSTADROPS..... | 160 |
| <i>perox</i> | 170 | <i>condoms</i> | 100 | CYSTAGON..... | 115 |
| <i>clindamycin phosphate</i> | 134, 170 | CONDYLOX..... | 178 | CYSTARAN..... | 160 |
| <i>clindamycin-tretinoin</i> | 170 | CONTOUR NEXT TEST..... | 111 | CYTOTEC..... | 128 |
| <i>clobazam</i> | 68 | CONTOUR TEST..... | 111 | <i>dabigatran etexilate mesylate</i> .. | 134 |
| <i>clobetasol propionate</i> | 174 | CONTRAVE..... | 96 | <i>dalfampridine er</i> | 81 |
| <i>clobetasol propionate e</i> | 174 | CONZIP..... | 17 | <i>danazol</i> | 114 |
| <i>clobetasol propionate emulsion</i> | 174 | COPAXONE..... | 81 | DANTRIUM..... | 84 |
| CLOBEX..... | 174, 175 | COPIKTRA..... | 43 | <i>dantrolene sodium</i> | 84 |
| CLOBEX SPRAY..... | 175 | CORDRAN..... | 175 | <i>dapsone</i> | 36, 170 |
| <i>clocortolone pivalate</i> | 175 | CORIFACT..... | 135 | <i>darifenacin hydrobromide er</i> ... | 133 |
| CLODERM..... | 175 | CORLANOR..... | 58 | <i>darunavir</i> | 27 |
| CLOMID..... | 118 | CORTIFOAM..... | 126 | Dasetta 1/35..... | 100 |
| <i>clomipramine hcl</i> | 62 | CORTROPHIN..... | 122 | Dasetta 7/7/7..... | 100 |
| <i>clonazepam</i> | 68 | COSENTYX..... | 144 | DAURISMO..... | 39 |
| <i>clonidine</i> | 58 | COSENTYX (300 MG | | DAYBUE..... | 79 |
| <i>clonidine hcl</i> | 58 | DOSE)..... | 143 | Daysee..... | 100 |
| <i>clonidine hcl er</i> | 58 | COSENTYX | | DAYTRANA..... | 73 |
| <i>clopidogrel bisulfate</i> | 141 | SENSOREADY (300 MG)... | 143 | DAYVIGO..... | 77 |
| <i>clorazepate dipotassium</i> | 68 | COSENTYX | | D-CARE BLOOD | |
| <i>clotrimazole</i> | 179 | SENSOREADY PEN..... | 144 | GLUCOSE..... | 111 |
| <i>clotrimazole-betamethasone</i> ... | 172 | COSENTYX UNOREADY.. | 144 | Deblitane..... | 100 |
| <i>clozapine</i> | 67 | COTELLIC..... | 43 | <i>deferasirox</i> | 97 |
| COAGADEX..... | 135 | COTEMPLA XR-ODT..... | 73 | <i>deferasirox granules</i> | 97 |
| COAGUCHEK LANCETS.. | 110 | CREON..... | 129 | <i>deferiprone</i> | 97 |
| <i>codeine sulfate</i> | 16, 17 | CRINONE..... | 124 | <i>deferoxamine mesylate</i> | 97 |
| <i>coditussin ac</i> | 164 | <i>cromolyn sodium</i> | 156, 166 | DELSTRIGO..... | 31 |
| COLAZAL..... | 126 | CROTAN..... | 179 | Delyla..... | 100 |
| <i>colchicine</i> | 13 | Cryselle-28..... | 100 | <i>demeclocycline hcl</i> | 37 |
| <i>colchicine-probenecid</i> | 13 | CUPRIMINE..... | 97 | DEPO-PROVERA..... | 100 |
| <i>colesevelam hcl</i> | 52 | CURAE..... | 100 | DEPO-SUBQ PROVERA | |
| <i>colestipol hcl</i> | 52 | CUTAQUIG..... | 151 | 104..... | 100 |
| <i>colistimethate sodium (cba)</i> | 36 | CUVITRU..... | 151 | DERMA-SMOOTH/FS | |
| COMBIPATCH..... | 117 | CUVRIOR..... | 97 | BODY..... | 175 |
| COMBIVENT RESPIMAT.. | 161 | CVS ADVANCED | | DERMA-SMOOTH/FS | |
| COMBIVIR..... | 30 | GLUCOSE TEST..... | 111 | SCALP..... | 175 |
| COMETRIQ (100 MG | | <i>cvs allergy relief childrens</i> | 163 | DESCOVY..... | 31 |
| DAILY DOSE)..... | 43 | <i>cvs nicotine</i> | 86, 87 | DESFERAL..... | 97 |
| COMETRIQ (140 MG | | <i>cvs nicotine polacrilex</i> | 86, 87 | <i>desipramine hcl</i> | 63 |
| DAILY DOSE)..... | 43 | <i>cyanocobalamin</i> | 155 | <i>desloratadine</i> | 163 |
| COMETRIQ (60 MG DAILY | | <i>cyclobenzaprine hcl</i> | 84 | <i>desmopressin ace spray refrig</i> .. | 124 |
| DOSE)..... | 43 | <i>cyclobenzaprine hcl er</i> | 84 | <i>desmopressin acetate</i> | 124 |
| <i>comfort assured lancets 28g</i> | 110 | <i>cyclophosphamide</i> | 38 | <i>desmopressin acetate spray</i> | 124 |
| <i>comfort assured lancets 33g</i> | 110 | <i>cycloserine</i> | 32 | <i>desogestrel-ethinyl estradiol</i> | 100 |
| COMFORT TOUCH | | <i>cyclosporine</i> | 153, 159 | <i>desonide</i> | 175 |
| LANCETS 31G..... | 110 | <i>cyclosporine modified</i> | 153 | DESOWEN..... | 175 |
| COMFORT TOUCH PLUS | | CYLTEZO..... | 144 | <i>desoximetasone</i> | 175 |
| LANCETS 30G..... | 110 | <i>cyproheptadine hcl</i> | 163 | DESOXYN..... | 73 |
| COMPLERA..... | 30 | Cyred Eq..... | 100 | <i>desvenlafaxine succinate er</i> | 63 |

| | | | | | |
|---|--------------|---|-------------|---|-----|
| <i>dexamethasone</i> | 119 | <i>diphenoxylate-atropine</i> | 125 | EASY TOUCH LANCETS | |
| <i>dexamethasone sodium</i> | | DIPROLENE | 175 | 28G/TWIST | 111 |
| <i>phosphate</i> | 159 | <i>dipyridamole</i> | 141 | EASY TOUCH LANCETS | |
| DEXCOM G6 RECEIVER .. | 111 | <i>disopyramide phosphate</i> | 52 | 30G | 111 |
| DEXCOM G6 SENSOR | 111 | <i>disulfiram</i> | 61 | EASY TOUCH LANCETS | |
| DEXCOM G6 | | <i>divalproex sodium</i> | 69 | 32G | 111 |
| TRANSMITTER | 111 | <i>divalproex sodium er</i> | 68 | EASY TOUCH LANCETS | |
| DEXCOM G7 RECEIVER .. | 111 | DIVIGEL | 117 | 32G/TWIST | 111 |
| DEXCOM G7 SENSOR | 111 | <i>docosanol</i> | 178 | EASY TOUCH LANCING | |
| DEXEDRINE | 73 | <i>dofetilide</i> | 52 | DEVICE | 111 |
| Dexifol | 155 | Dolishale | 100 | EASY TOUCH SAFETY | |
| DEXILANT | 129 | <i>donepezil hcl</i> | 62 | LANCETS 21G | 111 |
| <i>dexlansoprazole</i> | 129 | DOPTELET | 136 | EASY TOUCH SAFETY | |
| <i>dexmethylphenidate hcl</i> | 73 | <i>dorzolamide hcl</i> | 157 | LANCETS 23G | 111 |
| <i>dexmethylphenidate hcl er</i> | 73 | <i>dorzolamide hcl-timolol mal</i> | 157 | EASY TOUCH SAFETY | |
| <i>dextroamphetamine sulfate</i> | 74 | <i>dorzolamide hcl-timolol mal pf</i> | 157 | LANCETS 26G | 111 |
| <i>dextroamphetamine sulfate er</i> | | DOVATO | 31 | EASY TOUCH SAFETY | |
| ..... | 73, 74 | <i>doxazosin mesylate</i> | 50 | LANCETS 28G | 111 |
| DIACOMIT | 68 | <i>doxepin hcl</i> | 63, 77, 172 | EASY TOUCH TEST | 111 |
| <i>diazepam</i> | 68 | <i>doxercalciferol</i> | 156 | EASYMAX 15 TEST | 111 |
| Diazepam Intensol | 68 | <i>doxycycline</i> | 179 | EASYMAX TEST | 112 |
| <i>diazoxide</i> | 120 | <i>doxycycline hyclate</i> | 37, 38 | <i>econazole nitrate</i> | 172 |
| DIBENZYLINE | 58 | <i>doxycycline monohydrate</i> | 38 | ECONTRA ONE-STEP | 101 |
| <i>dichlorphenamide</i> | 57 | <i>doxylamine-pyridoxine</i> | 125 | EDEX | 132 |
| <i>diclofenac epolamine</i> | 178 | <i>dronabinol</i> | 125 | EDURANT | 27 |
| <i>diclofenac potassium</i> | 14 | DROPLET PERSONAL | | <i>efavirenz</i> | 27 |
| <i>diclofenac</i> | | LANCETS 30G | 111 | <i>efavirenz-emtricitab-tenofo df</i> | 31 |
| <i>potassium(migraine)</i> | 14 | <i>drospiren-eth estrad-levomefol</i> | 100 | <i>efavirenz-lamivudine-tenofovir</i> | 31 |
| <i>diclofenac sodium</i> | 14, 159, 178 | <i>drospirenone-ethinyl estradiol</i> | 100 | ELAPRASE | 115 |
| <i>diclofenac sodium er</i> | 14 | <i>droxidopa</i> | 58 | ELELYSO | 115 |
| <i>diclofenac-misoprostol</i> | 16 | DUAVEE | 117 | <i>eletriptan hydrobromide</i> | 78 |
| <i>dicloxacillin sodium</i> | 37 | <i>duloxetine hcl</i> | 63 | ELIGARD | 40 |
| <i>dicyclomine hcl</i> | 124 | DUOBRII | 175 | Elinest | 101 |
| <i>diethylpropion hcl</i> | 96 | DUOPA | 65 | ELIQUIS | 134 |
| <i>diethylpropion hcl er</i> | 96 | DUPIXENT | 173 | ELIQUIS DVT/PE | |
| DIFFERIN | 170 | DUROLANE | 24 | STARTER PACK | 134 |
| DIFICID | 34 | <i>dutasteride</i> | 131 | ELLA | 101 |
| <i>diflorasone diacetate</i> | 175 | <i>dutasteride-tamsulosin hcl</i> | 131 | ELMIRON | 132 |
| <i>diflunisal</i> | 24 | DYANAVEL XR | 74 | ELOCTATE | 138 |
| <i>difluprednate</i> | 159 | DYRENIUM | 57 | Eluryng | 101 |
| <i>digoxin</i> | 56 | DYSPORT | 84 | EMBRACE BLOOD | |
| <i>dihydroergotamine mesylate</i> | 78 | E.E.S. GRANULES | 34 | GLUCOSE TEST | 112 |
| DILAUDID | 17 | EASY TOUCH LANCETS | | EMBRACE WAVE BLOOD | |
| <i>diltiazem hcl</i> | 56 | 21G | 111 | GLUCOSE | 112 |
| <i>diltiazem hcl er</i> | 56 | EASY TOUCH LANCETS | | EMCYT | 38 |
| <i>diltiazem hcl er beads</i> | 56 | 23G | 111 | EMFLAZA | 119 |
| <i>diltiazem hcl er coated beads</i> | 56 | EASY TOUCH LANCETS | | EMGALITY | 78 |
| <i>dilt-xr</i> | 56 | 26G | 111 | EMGALITY (300 MG | |
| <i>dimethyl fumarate</i> | 81 | EASY TOUCH LANCETS | | DOSE) | 78 |
| <i>dimethyl fumarate starter pack</i> | 81 | 28G | 111 | EMPAVELI | 141 |

| | | | | | |
|---|----------|--|---------|---|--------|
| <i>emtricitabine</i> | 27 | <i>erythromycin base</i> | 34 | FARXIGA..... | 95 |
| <i>emtricitabine-tenofovir df</i> | 31 | <i>erythromycin ethylsuccinate</i> | 35 | FASENRA..... | 167 |
| EMTRIVA..... | 27 | ESBRIET..... | 167 | FASENRA PEN..... | 167 |
| EMVERM..... | 26 | <i>escitalopram oxalate</i> | 63 | FASLODEX..... | 40 |
| <i>enalapril maleate</i> | 50 | ESGIC..... | 14 | FC2 FEMALE CONDOM... 101 | |
| <i>enalapril-hydrochlorothiazide</i> ... 50 | | <i>esomeprazole magnesium</i> | 129 | <i>febuxostat</i> | 13 |
| ENBREL..... | 144, 145 | ESPEROCT..... | 138 | FEIBA..... | 135 |
| ENBREL MINI..... | 144 | Estarylla..... | 101 | <i>felbamate</i> | 69 |
| ENBREL SURECLICK..... | 145 | <i>estazolam</i> | 77 | <i>felodipine er</i> | 56 |
| ENCARE..... | 131 | <i>estradiol</i> | 117 | FEMARA..... | 40 |
| ENDARI..... | 141 | <i>estradiol valerate</i> | 117 | FEMCAP..... | 101 |
| ENDOMETRIN..... | 133 | <i>estradiol-norethindrone acet</i> ... 117 | | <i>fenofibrate</i> | 53 |
| ENLITE GLUCOSE | | <i>eszopiclone</i> | 77 | <i>fenofibrate micronized</i> | 53 |
| SENSOR..... | 112 | <i>ethacrynic acid</i> | 57 | <i>fenofibric acid</i> | 53 |
| <i>enoxaparin sodium</i> | 134 | <i>ethambutol hcl</i> | 32 | FENOGLIDE..... | 53 |
| Enpresse-28..... | 101 | <i>ethosuximide</i> | 69 | <i>fenopropfen calcium</i> | 14, 15 |
| Enskyce..... | 101 | <i>ethynodiol diac-eth estradiol</i> ... 101 | | FENSOLVI (6 MONTH)..... | 122 |
| ENSPRYNG..... | 153 | <i>etodolac</i> | 14 | <i>fentanyl</i> | 17 |
| ENSTILAR..... | 175 | <i>etodolac er</i> | 14 | <i>fentanyl citrate</i> | 17 |
| <i>entacapone</i> | 65 | <i>etonogestrel-ethinyl estradiol</i> .. 101 | | FENTORA..... | 17 |
| <i>entecavir</i> | 33 | <i>etoposide</i> | 49 | FERRIPROX..... | 97, 98 |
| ENTRESTO..... | 58 | <i>etravirine</i> | 28 | FERRIPROX TWICE-A- DAY..... | 98 |
| ENTYVIO..... | 141, 145 | EUCRISA..... | 178 | <i>fesoterodine fumarate er</i> | 133 |
| <i>enulose</i> | 127 | EUFLEXXA..... | 24 | FETZIMA..... | 63 |
| EPCLUSA..... | 35 | EVAMIST..... | 117 | FETZIMA TITRATION..... | 63 |
| EPIDIOLEX..... | 69 | EVEKEO..... | 74 | <i>fexofenadine hcl</i> | 163 |
| EPIDUO..... | 170 | EVEKEO ODT..... | 74 | <i>fexofenadine-pseudoephed er</i> .. 165 | |
| EPIDUO FORTE..... | 170 | EVENITY..... | 122 | FIASP..... | 91 |
| <i>epinastine hcl</i> | 156 | <i>everolimus</i> | 43, 153 | FIASP FLEXTOUCH..... | 91 |
| <i>epinephrine</i> | 161 | EVERSENSE | | FIASP PENFILL..... | 91 |
| EPIPEN 2-PAK..... | 161 | SENSOR/HOLDER..... | 112 | FIBRYGA..... | 135 |
| EPIPEN JR 2-PAK..... | 161 | EVOTAZ..... | 31 | FILSPARI..... | 132 |
| EPIVIR..... | 27, 28 | EVOXAC..... | 179 | FINACEA..... | 179 |
| <i>eplerenone</i> | 50 | EVRYSDI..... | 79 | <i>finasteride</i> | 131 |
| EPOGEN..... | 136 | EXELDERM..... | 172 | FINGERSTIX LANCETS... 112 | |
| <i>epoprostenol sodium</i> | 59 | <i>exemestane</i> | 40 | <i>fingolimod hcl</i> | 81 |
| EPZICOM..... | 31 | EXJADE..... | 97 | FINTEPLA..... | 69 |
| <i>eq blood glucose test</i> | 112 | EXKIVITY..... | 43 | Finzala..... | 101 |
| <i>eq loratadine childrens</i> | 163 | EXTAVIA..... | 81 | FIORICET..... | 14 |
| <i>ergotamine-caffeine</i> | 78 | EYLEA..... | 160 | FIORICET/CODEINE..... | 17 |
| ERIVEDGE..... | 39 | <i>ezetimibe</i> | 53 | FIRAZYR..... | 150 |
| ERLEADA..... | 40 | <i>ezetimibe-simvastatin</i> | 54 | FIRDAPSE..... | 79 |
| <i>erlotinib hcl</i> | 43 | FA-8..... | 156 | FIRMAGON..... | 41 |
| Errin..... | 101 | FABRAZYME..... | 115 | FIRMAGON (240 MG DOSE)..... | 40 |
| <i>ery</i> | 170 | Falmina..... | 101 | FIRVANQ..... | 36 |
| ERYPED 200..... | 34 | <i>famciclovir</i> | 33 | FLAREX..... | 159 |
| ERYPED 400..... | 34 | <i>famotidine</i> | 126 | <i>flavoxate hcl</i> | 133 |
| Ery-Tab..... | 34 | FANAPT..... | 67 | FLEBOGAMMA DIF..... | 151 |
| ERYTHROCIN STEARATE 34 | | FANAPT TITRATION | | | |
| <i>erythromycin</i> | 158, 170 | PACK..... | 67 | | |

| | | | | | |
|--|---------------|--|----------|--|-----|
| <i>flecainide acetate</i> | 52 | FREESTYLE LANCETS..... | 112 | <i>glatiramer acetate</i> | 81 |
| FLECTOR..... | 178 | FREESTYLE LIBRE 14 | | Glatopa..... | 81 |
| FLOLAN..... | 59 | DAY SENSOR..... | 112 | GLEEVEC..... | 43 |
| FLONASE ALLERGY | | FREESTYLE LIBRE 2 | | GLEOSTINE..... | 38 |
| RELIEF..... | 167 | SENSOR..... | 112 | <i>glimepiride</i> | 95 |
| FLOVENT DISKUS..... | 168 | <i>freestyle libre 3 sensor</i> | 112 | <i>glipizide</i> | 95 |
| FLOVENT HFA..... | 168 | FREESTYLE LIBRE | | <i>glipizide er</i> | 95 |
| <i>fluconazole</i> | 26 | READER..... | 112 | <i>glipizide xl</i> | 96 |
| <i>flucytosine</i> | 26 | FREESTYLE PRECISION | | <i>glipizide-metformin hcl</i> | 90 |
| <i>fludrocortisone acetate</i> | 119 | NEO TEST..... | 112 | GLUCAGEN HYPOKIT..... | 120 |
| <i>flunisolide</i> | 167 | <i>frovatriptan succinate</i> | 78 | <i>glucagon emergency</i> | 120 |
| <i>fluocinolone acetonide</i> | | FULPHILA..... | 136 | <i>glucose</i> | 120 |
| ..... | 175, 176, 180 | <i>fulvestrant</i> | 41 | <i>glucose control</i> | 112 |
| <i>fluocinolone acetonide body</i> | 175 | <i>furosemide</i> | 57 | GLUMETZA..... | 90 |
| <i>fluocinolone acetonide scalp</i> | 176 | FUZEON..... | 28 | GLYCATE..... | 124 |
| <i>fluocinonide</i> | 176 | Fyavolv..... | 117 | <i>glycopyrrolate</i> | 125 |
| <i>fluocinonide emulsified base</i> | 176 | FYCOMPA..... | 69 | GLYXAMBI..... | 95 |
| <i>fluorometholone</i> | 159 | FYLNETRA..... | 136 | <i>gnp glucose gummies</i> | 120 |
| <i>fluorouracil</i> | 171 | <i>gabapentin</i> | 69 | GOJJI BLOOD TEST | |
| <i>fluoxetine hcl</i> | 64 | GALAFOLD..... | 122 | STRIP/LANCETS..... | 112 |
| <i>fluoxetine hcl (pmdd)</i> | 86 | <i>galantamine hydrobromide</i> | 62 | GONAL-F..... | 118 |
| <i>fluphenazine hcl</i> | 67 | <i>galantamine hydrobromide er</i> ... | 62 | GONAL-F RFF..... | 118 |
| <i>flurandrenolide</i> | 176 | GAMMAGARD..... | 151 | GONAL-F RFF REDIJECT | 118 |
| <i>flurbiprofen</i> | 15 | GAMMAGARD S/D LESS | | GRALISE..... | 86 |
| <i>flurbiprofen sodium</i> | 159 | IGA..... | 151 | <i>granisetron hcl</i> | 125 |
| <i>fluticasone propionate</i> | 167, 176 | GAMMAKED..... | 152 | GRANIX..... | 136 |
| <i>fluticasone-salmeterol</i> | 161, 169 | GAMMAPLEX..... | 152 | GRASTEK..... | 141 |
| <i>fluvastatin sodium</i> | 53 | GAMUNEX-C..... | 152 | <i>griseofulvin microsize</i> | 26 |
| <i>fluvastatin sodium er</i> | 53 | <i>ganciclovir sodium</i> | 33 | <i>griseofulvin ultramicrosize</i> | 26 |
| <i>fluvoxamine maleate</i> | 62 | <i>ganirelix acetate</i> | 118 | <i>guanfacine hcl</i> | 58 |
| <i>fluvoxamine maleate er</i> | 62 | <i>gatifloxacin</i> | 158 | <i>guanfacine hcl er</i> | 74 |
| FML FORTE..... | 159 | GATTEX..... | 128 | GUARDIAN 4 GLUCOSE | |
| FML LIQUIFILM..... | 159 | GAVILYTE-C..... | 127 | SENSOR..... | 112 |
| FOCALIN..... | 74 | Gavilyte-G..... | 127 | GUARDIAN 4 | |
| FOCALIN XR..... | 74 | GAVRETO..... | 43 | TRANSMITTER..... | 112 |
| <i>folbee plus</i> | 156 | <i>gefitinib</i> | 43 | GUARDIAN SENSOR (3).. | 112 |
| <i>folic acid</i> | 156 | GEL-ONE..... | 25 | <i>guardian sensor 3</i> | 113 |
| FOLLISTIM AQ..... | 118 | GELSYN-3..... | 25 | GVOKE HYPOPEN 1- | |
| <i>fondaparinux sodium</i> | 134 | <i>gemfibrozil</i> | 53 | PACK..... | 120 |
| FORA 6 CONNECT/GTEL | | Gemmily..... | 101 | GVOKE HYPOPEN 2- | |
| TEST..... | 112 | Gengraf..... | 153 | PACK..... | 120 |
| <i>formoterol fumarate</i> | 164 | GENOTROPIN..... | 121 | GVOKE KIT..... | 120 |
| FORTEO..... | 122 | GENOTROPIN | | GVOKE PFS..... | 120 |
| FORTESTA..... | 88 | MINIQUICK..... | 121 | HADLIMA..... | 145 |
| FORTISCARE TEST..... | 112 | <i>gentamicin sulfate</i> | 158, 171 | HADLIMA PUSHTOUCH.. | 145 |
| <i>fosamprenavir calcium</i> | 28 | GENVISC 850..... | 25 | HAEGARDA..... | 151 |
| <i>fosinopril sodium</i> | 50 | GENVOYA..... | 31 | Hailey 1.5/30..... | 101 |
| <i>fosinopril sodium-hctz</i> | 50 | GILENYA..... | 81 | Hailey 24 Fe..... | 101 |
| FOTIVDA..... | 43 | GILOTRIF..... | 43 | Hailey Fe 1.5/30..... | 101 |
| FRAGMIN..... | 134 | GLASSIA..... | 160 | Hailey Fe 1/20..... | 101 |

| | | | | | |
|---------------------------------------|----------|--|----------|---|-----|
| <i>halcinonide</i> | 176 | HYALGAN..... | 25 | IMCIVREE..... | 122 |
| <i>halobetasol propionate</i> | 176 | HYCAMTIN..... | 49 | <i>imipramine hcl</i> | 64 |
| Haloette..... | 101 | HYCODAN..... | 165 | <i>imipramine pamoate</i> | 64 |
| HALOG..... | 176 | <i>hydralazine hcl</i> | 58 | <i>imiquimod</i> | 171 |
| <i>haloperidol</i> | 67 | HYDREA..... | 48 | <i>imiquimod pump</i> | 171 |
| <i>haloperidol lactate</i> | 67 | <i>hydrochlorothiazide</i> | 57 | IMOGAM RABIES-HT..... | 152 |
| HARVONI..... | 35 | <i>hydrocod poli-chlorphe poli er</i> | 165 | IMPOYZ..... | 176 |
| Heather..... | 101 | <i>hydrocodone bitartrate er</i> | 17 | IMURAN..... | 154 |
| HEMLIBRA..... | 138 | <i>hydrocodone bit-homatrop mbr</i> | 165 | INATAL GT..... | 155 |
| HEMOFIL M..... | 138 | <i>hydrocodone-acetaminophen</i> | 18 | INBRIJA..... | 65 |
| <i>heparin sodium (porcine)</i> | 134 | <i>hydrocodone-ibuprofen</i> | 18 | Incassia..... | 102 |
| <i>heparin sodium (porcine) pf...</i> | 134 | <i>hydrocortisone</i> | 119, 176 | INCRELEX..... | 122 |
| HER STYLE..... | 102 | <i>hydrocortisone (perianal)</i> | 131 | INCRUSE ELLIPTA..... | 162 |
| HETLIOZ..... | 77 | <i>hydrocortisone butyr lipo base</i> | 176 | <i>indapamide</i> | 57 |
| HETLIOZ LQ..... | 77 | <i>hydrocortisone butyrate</i> | 176 | INDOCIN..... | 15 |
| Hidex 6-Day..... | 119 | <i>hydrocortisone valerate</i> | 176 | <i>indomethacin</i> | 15 |
| HIZENTRA..... | 152 | <i>hydrocortisone-acetic acid</i> | 180 | INFLECTRA..... | 142 |
| HULIO..... | 145 | <i>hydromorphone hcl</i> | 18 | <i>infliximab</i> | 142 |
| HUMALOG..... | 92 | <i>hydromorphone hcl er</i> | 18 | INGREZZA..... | 80 |
| HUMALOG JUNIOR | | <i>hydroxychloroquine sulfate</i> | 150 | INLYTA..... | 44 |
| KWIKPEN..... | 92 | <i>hydroxyurea</i> | 48 | INQOVI..... | 39 |
| HUMALOG KWIKPEN..... | 92 | <i>hydroxyzine hcl</i> | 163 | INREBIC..... | 44 |
| HUMALOG MIX 50/50..... | 92 | <i>hydroxyzine pamoate</i> | 163 | INSPIRA..... | 50 |
| HUMALOG MIX 50/50 | | HYMOVIS..... | 25 | <i>insulin asp prot & asp flexpen...</i> | 92 |
| KWIKPEN..... | 92 | HYPERRHO S/D..... | 152 | <i>insulin aspart</i> | 93 |
| HUMALOG MIX 75/25..... | 92 | HYPERTET..... | 152 | <i>insulin aspart flexpen</i> | 93 |
| HUMALOG MIX 75/25 | | HYQVIA..... | 152 | <i>insulin aspart penfill</i> | 93 |
| KWIKPEN..... | 92 | HYRIMOZ..... | 146 | <i>insulin aspart prot & aspart</i> | 93 |
| HUMATE-P..... | 135 | HYRIMOZ-PED CROHNS | | <i>insulin lispro</i> | 93 |
| HUMATROPE..... | 121 | STARTER..... | 146 | <i>insulin lispro (1 unit dial)</i> | 93 |
| HUMIRA..... | 145, 146 | HYRIMOZ-PLAQUE | | <i>insulin lispro junior kwikpen</i> | 93 |
| HUMIRA PEDIATRIC | | PSORIASIS START..... | 146 | <i>insulin lispro prot & lispro</i> | 93 |
| CROHNS START..... | 145 | HYSINGLA ER..... | 18 | INTELENCE..... | 28 |
| HUMIRA PEN..... | 145 | <i>ibandronate sodium</i> | 96 | Introvale..... | 102 |
| HUMIRA PEN-CD/UC/HS | | IBRANCE..... | 44 | INVOKAMET..... | 95 |
| STARTER..... | 145 | Ibu..... | 15 | INVOKAMET XR..... | 95 |
| HUMIRA PEN- | | <i>ibuprofen</i> | 15 | INVOKANA..... | 95 |
| PS/UV/ADOL HS START.... | 145 | <i>icatibant acetate</i> | 151 | <i>ipratropium bromide</i> | 162 |
| HUMIRA PEN- | | Iclevia..... | 102 | <i>ipratropium-albuterol</i> | 161 |
| PSOR/UEVIT STARTER.... | 145 | ICLUSIG..... | 44 | <i>irbesartan</i> | 51 |
| HUMULIN 70/30..... | 92 | <i>icosapent ethyl</i> | 54 | <i>irbesartan-hydrochlorothiazide</i> | 51 |
| HUMULIN 70/30 | | IDACIO..... | 146 | IRESSA..... | 44 |
| KWIKPEN..... | 92 | IDELVION..... | 140 | ISENTRESS..... | 28 |
| HUMULIN N..... | 92 | IDHIFA..... | 48 | ISENTRESS HD..... | 28 |
| HUMULIN N KWIKPEN..... | 92 | ILARIS..... | 154 | Isibloom..... | 102 |
| HUMULIN R..... | 92 | ILEVRO..... | 159 | <i>isoniazid</i> | 32 |
| HUMULIN R U-500 | | ILUMYA..... | 142 | <i>isosorb dinitrate-hydralazine</i> | 58 |
| (CONCENTRATED)..... | 92 | <i>imatinib mesylate</i> | 44 | <i>isosorbide dinitrate</i> | 59 |
| HUMULIN R U-500 | | IMBRUVICA..... | 44 | <i>isosorbide mononitrate</i> | 59 |
| KWIKPEN..... | 92 | | | <i>isosorbide mononitrate er</i> | 59 |

| | | | | | |
|---------------------------|----------|---|--------------|---|-----|
| <i>isotretinoin</i> | 170 | KESIMPTA..... | 81 | <i>lamotrigine starter kit-green</i> | 69 |
| <i>isradipine</i> | 56 | <i>ketoconazole</i> | 26, 172, 173 | <i>lamotrigine starter kit-orange</i> ... | 69 |
| ISTURISA..... | 109 | <i>ketoprofen</i> | 15 | <i>lancets super thin 28g</i> | 113 |
| <i>itraconazole</i> | 26 | <i>ketoprofen er</i> | 15 | LANCETS ULTRA THIN... 113 | |
| <i>ivermectin</i> | 26, 179 | <i>ketorolac tromethamine</i> | 15, 159 | <i>lancets ultra thin 30g</i> | 113 |
| IXINITY..... | 140 | <i>ketotifen fumarate</i> | 156 | LANOXIN..... | 56 |
| JADENU..... | 98 | KEVEYIS..... | 57 | <i>lanreotide acetate</i> | 88 |
| JADENU SPRINKLE..... | 98 | KEVZARA..... | 146 | <i>lansoprazole</i> | 129 |
| Jaimiess..... | 102 | KINERET..... | 146 | <i>lanthanum carbonate</i> | 123 |
| JAKAFI..... | 44 | KISQALI (200 MG DOSE).... | 44 | LANTUS..... | 93 |
| JANUMET..... | 90 | KISQALI (400 MG DOSE).... | 44 | LANTUS SOLOSTAR..... | 93 |
| JANUMET XR..... | 90 | KISQALI (600 MG DOSE).... | 44 | <i>lapatinib ditosylate</i> | 45 |
| JANUVIA..... | 90 | KISQALI FEMARA (200 | | Larin 1.5/30..... | 103 |
| JARDIANCE..... | 95 | MG DOSE)..... | 44 | Larin 1/20..... | 103 |
| Jasmiel..... | 102 | KISQALI FEMARA (400 | | Larin 24 Fe..... | 103 |
| JATENZO..... | 89 | MG DOSE)..... | 44 | Larin Fe 1.5/30..... | 103 |
| JAYPIRCA..... | 44 | KISQALI FEMARA (600 | | Larin Fe 1/20..... | 103 |
| Jencycla..... | 102 | MG DOSE)..... | 45 | <i>latanoprost</i> | 157 |
| JENTADUETO..... | 90 | KITABIS PAK..... | 166 | Layolis Fe..... | 103 |
| JENTADUETO XR..... | 90 | KLONOPIN..... | 69 | <i>ledipasvir-sofosbuvir</i> | 35 |
| JESDUVROQ..... | 136 | Klor-Con..... | 155 | Leena..... | 103 |
| Jinteli..... | 117 | Klor-Con 10..... | 154 | <i>leflunomide</i> | 150 |
| JIVI..... | 139 | Klor-Con M10..... | 154 | LENVIMA (10 MG DAILY | |
| JOENJA..... | 153 | Klor-Con M15..... | 155 | DOSE)..... | 45 |
| Jolessa..... | 102 | Klor-Con M20..... | 155 | LENVIMA (12 MG DAILY | |
| JORNAY PM..... | 74 | KLOXXADO..... | 85 | DOSE)..... | 45 |
| Joyeaux..... | 102 | KOATE..... | 139 | LENVIMA (14 MG DAILY | |
| JUBLIA..... | 172 | KOATE-DVI..... | 139 | DOSE)..... | 45 |
| Juleber..... | 102 | KOGENATE FS..... | 139 | LENVIMA (18 MG DAILY | |
| JULUCA..... | 31 | KONVOMEF..... | 129 | DOSE)..... | 45 |
| Junel 1.5/30..... | 102 | KORLYM..... | 95 | LENVIMA (20 MG DAILY | |
| Junel 1/20..... | 102 | KOSELUGO..... | 45 | DOSE)..... | 45 |
| Junel Fe 1.5/30..... | 102 | KOVALTRY..... | 139 | LENVIMA (24 MG DAILY | |
| Junel Fe 1/20..... | 102 | <i>kp fexofenadine hcl</i> | 163 | DOSE)..... | 45 |
| Junel Fe 24..... | 102 | KRAZATI..... | 48 | LENVIMA (4 MG DAILY | |
| JUXTAPID..... | 54 | KRISTALOSE..... | 127 | DOSE)..... | 45 |
| JYNARQUE..... | 122 | KRYSTEXXA..... | 13 | LENVIMA (8 MG DAILY | |
| Kaitlib Fe..... | 102 | K-TAB..... | 155 | DOSE)..... | 45 |
| KALBITOR..... | 151 | Kurvelo..... | 103 | Lessina..... | 103 |
| KALETRA..... | 31 | KUVAN..... | 115 | LETAIRIS..... | 59 |
| Kalliga..... | 102 | KYLEENA..... | 103 | <i>letrozole</i> | 41 |
| KALYDECO..... | 165, 166 | KYZATREX..... | 89 | <i>leucovorin calcium</i> | 49 |
| KANUMA..... | 115 | <i>labetalol hcl</i> | 55 | LEUKERAN..... | 38 |
| Kariva..... | 102 | <i>lacosamide</i> | 69 | LEUKINE..... | 136 |
| KCENTRA..... | 135 | <i>lactulose</i> | 127 | <i>leuprolide acetate</i> | 41 |
| <i>kedrab</i> | 152 | <i>lamivudine</i> | 28, 33 | <i>levabuterol hcl</i> | 164 |
| Kelnor 1/35..... | 102 | <i>lamivudine-zidovudine</i> | 31 | <i>levabuterol tartrate</i> | 164 |
| Kelnor 1/50..... | 102 | <i>lamotrigine</i> | 69 | LEVEMIR..... | 93 |
| KENALOG..... | 177 | <i>lamotrigine er</i> | 69 | LEVEMIR FLEXPEN..... | 93 |
| KERENDIA..... | 122 | <i>lamotrigine starter kit-blue</i> | 69 | <i>levetiracetam</i> | 69 |

| | | | | | |
|---|-----|--------------------------------------|-----|-------------------------------------|----------|
| <i>levetiracetam er</i> | 69 | LONSURF..... | 39 | LYUMJEV KWIKPEN..... | 93 |
| <i>levobunolol hcl</i> | 157 | <i>lopinavir-ritonavir</i> | 31 | LYVISPAH..... | 84 |
| <i>levocarnitine</i> | 97 | <i>loratadine</i> | 163 | Lyza..... | 104 |
| <i>levocetirizine dihydrochloride</i> .. | 163 | <i>loratadine-d 24hr</i> | 165 | MACROBID..... | 36 |
| <i>levofloxacin</i> | 35 | <i>lorazepam</i> | 62 | MACRODANTIN..... | 36 |
| Levonest..... | 103 | Lorazepam Intensol..... | 62 | <i>mafenide acetate</i> | 171 |
| <i>levonorgest-eth est & eth est</i> | 103 | LORBRENA..... | 45 | MALARONE..... | 27 |
| <i>levonorgest-eth estrad 91-day</i> .. | 103 | LOREEV XR..... | 62 | <i>malathion</i> | 179 |
| <i>levonorgestrel</i> | 103 | Loryna..... | 104 | <i>maraviroc</i> | 28 |
| <i>levonorgestrel-ethinyl estrad</i> ... | 103 | <i>losartan potassium</i> | 51 | <i>marlissa</i> | 104 |
| <i>levonorg-eth estrad triphasic</i> ... | 103 | <i>losartan potassium-hctz</i> | 51 | MATULANE..... | 38 |
| Levora 0.15/30 (28)..... | 103 | <i>loteprednol etabonate</i> | 159 | Matzim La..... | 56 |
| <i>levorphanol tartrate</i> | 18 | LOTREL..... | 50 | MAVENCLAD (10 TABS)..... | 81 |
| <i>levothyroxine sodium</i> | 124 | <i>lovastatin</i> | 53 | MAVENCLAD (4 TABS)..... | 81 |
| LEVULAN KERASTICK.... | 178 | Low-Ogestrel..... | 104 | MAVENCLAD (5 TABS)..... | 81 |
| LEXETTE..... | 177 | <i>loxapine succinate</i> | 67 | MAVENCLAD (6 TABS)..... | 82 |
| LEXIVA..... | 28 | Lo-Zumandimine..... | 104 | MAVENCLAD (7 TABS)..... | 82 |
| <i>liberty test</i> | 113 | <i>lubiprostone</i> | 126 | MAVENCLAD (8 TABS)..... | 82 |
| LICART..... | 178 | LUCENTIS..... | 160 | MAVENCLAD (9 TABS)..... | 82 |
| <i>lidocaine</i> | 178 | <i>luliconazole</i> | 172 | MAVYRET..... | 35 |
| <i>lidocaine hcl</i> | 178 | LUMAKRAS..... | 48 | MAXIDEX..... | 159 |
| <i>lidocaine viscous hcl</i> | 179 | LUMIGAN..... | 157 | MAYZENT..... | 82 |
| <i>lidocaine-prilocaine</i> | 178 | LUMIZYME..... | 115 | MAYZENT STARTER | |
| LIDODERM..... | 178 | LUMRYZ..... | 84 | PACK..... | 82 |
| LILETTA (52 MG)..... | 103 | LUPKYNIS..... | 154 | <i>meclofenamate sodium</i> | 15 |
| <i>linezolid</i> | 36 | LUPRON DEPOT (1- | | <i>medroxyprogesterone acetate</i> | |
| LINZESS..... | 126 | MONTH)..... | 41 | ..... | 104, 124 |
| <i>liothyronine sodium</i> | 124 | LUPRON DEPOT (3- | | <i>mefenamic acid</i> | 15 |
| LIQREV..... | 60 | MONTH)..... | 41 | <i>mefloquine hcl</i> | 27 |
| <i>lisinopril</i> | 50 | LUPRON DEPOT (4- | | <i>megestrol acetate</i> | 41, 124 |
| <i>lisinopril-hydrochlorothiazide</i> ... | 50 | MONTH)..... | 41 | MEKINIST..... | 45, 46 |
| <i>lite touch lancets</i> | 113 | LUPRON DEPOT (6- | | MEKTOVI..... | 46 |
| LITETOUCH LANCETS..... | 113 | MONTH)..... | 41 | <i>meloxicam</i> | 15 |
| LITFULO..... | 146 | LUPRON DEPOT-PED (1- | | <i>melphalan</i> | 38 |
| <i>lithium carbonate</i> | 79 | MONTH)..... | 122 | <i>memantine hcl</i> | 62 |
| <i>lithium carbonate er</i> | 79 | LUPRON DEPOT-PED (3- | | <i>memantine hcl er</i> | 62 |
| LITHOBID..... | 79 | MONTH)..... | 122 | MENOPUR..... | 118 |
| LIVMARLI..... | 128 | <i>lurasidone hcl</i> | 67 | <i>meperidine hcl</i> | 18, 19 |
| LIVTENCITY..... | 33 | Lutera..... | 104 | <i>mercaptopurine</i> | 39 |
| LO LOESTRIN FE..... | 103 | Lyleq..... | 104 | Merzee..... | 104 |
| LOCOID..... | 177 | LYNPARZA..... | 48 | <i>mesalamine</i> | 126 |
| LOCOID LIPOCREAM..... | 177 | LYRICA..... | 70 | <i>mesalamine er</i> | 126 |
| Loestrin 1.5/30 (21)..... | 104 | LYSODREN..... | 41 | <i>metaxalone</i> | 84 |
| Loestrin 1/20 (21)..... | 104 | LYTGOBI (12 MG DAILY | | <i>metformin hcl</i> | 90 |
| Loestrin Fe 1.5/30..... | 104 | DOSE)..... | 45 | <i>metformin hcl er</i> | 90 |
| Loestrin Fe 1/20..... | 104 | LYTGOBI (16 MG DAILY | | <i>metformin hcl er (mod)</i> | 90 |
| Lofena..... | 15 | DOSE)..... | 45 | <i>metformin hcl er (osm)</i> | 90 |
| Lojaimiess..... | 104 | LYTGOBI (20 MG DAILY | | <i>methadone hcl</i> | 19 |
| LOKELMA..... | 98 | DOSE)..... | 45 | Methadone Hcl Intensol..... | 19 |
| LOMOTIL..... | 125 | LYUMJEV..... | 93 | METHADOSE..... | 19 |

| | | | | | |
|---|--------------|---|---------|---|--------|
| METHADOSE SUGAR-FREE..... | 19 | Mili..... | 105 | <i>naloxone hcl</i> | 85 |
| <i>methamphetamine hcl</i> | 74 | Mimvey..... | 117 | <i>naltrexone hcl</i> | 85 |
| <i>methazolamide</i> | 57 | <i>minocycline hcl</i> | 38 | NAMZARIC..... | 63 |
| <i>methenamine hippurate</i> | 36 | <i>minocycline hcl er</i> | 38 | NAPRELAN..... | 15 |
| <i>methenamine mandelate</i> | 36 | <i>minoxidil</i> | 58 | NAPROSYN..... | 15 |
| Methergine..... | 122 | MIRCERA..... | 136 | <i>naproxen</i> | 15 |
| <i>methimazole</i> | 124 | MIRENA (52 MG)..... | 105 | <i>naproxen sodium</i> | 15 |
| <i>methitest</i> | 89 | <i>mirtazapine</i> | 64 | <i>naproxen sodium er</i> | 15 |
| <i>methocarbamol</i> | 84 | <i>misoprostol</i> | 128 | <i>naproxen-esomeprazole mg</i> | 16 |
| <i>methotrexate sodium</i> | 39, 150 | <i>modafinil</i> | 85 | <i>naratriptan hcl</i> | 78 |
| <i>methotrexate sodium (pf)</i> | 39 | <i>moexipril hcl</i> | 50 | NARCAN..... | 85 |
| <i>methoxsalen rapid</i> | 173 | <i>mometasone furoate</i> | 177 | NARDIL..... | 64 |
| <i>methscopolamine bromide</i> | 125 | Mono-Linyah..... | 105 | NASACORT ALLERGY | |
| <i>methylergonovine maleate</i> | 122 | MONOVISC..... | 25 | 24HR..... | 167 |
| METHYLIN..... | 74 | <i>montelukast sodium</i> | 166 | NATAZIA..... | 105 |
| <i>methylphenidate</i> | 75 | <i>morphine sulfate</i> | 19, 20 | <i>nateglinide</i> | 94 |
| <i>methylphenidate hcl</i> | 75 | <i>morphine sulfate (concentrate)</i> | 19 | NATESTO..... | 89 |
| <i>methylphenidate hcl er</i> | 75 | <i>morphine sulfate er</i> | 19 | NAYZILAM..... | 70 |
| <i>methylphenidate hcl er (cd)</i> | 75 | <i>morphine sulfate er beads</i> | 19 | <i>nebivolol hcl</i> | 55 |
| <i>methylphenidate hcl er (la)</i> | 75 | MOUNJARO..... | 91 | Necon 0.5/35 (28)..... | 105 |
| <i>methylphenidate hcl er (osm)</i> | 75 | MOVANTIK..... | 128 | <i>neomycin sulfate</i> | 26 |
| <i>methylphenidate hcl er (xr)</i> | 75 | MOVIPREP..... | 127 | <i>neomycin-polymyxin-dexameth</i> | |
| <i>methylprednisolone</i> | 119 | <i>moxifloxacin hcl</i> | 35, 158 | ..... | 158 |
| <i>methyltestosterone</i> | 89 | <i>moxifloxacin hcl (2x day)</i> | 158 | <i>neomycin-polymyxin-hc</i> | 180 |
| <i>metoclopramide hcl</i> | 125 | MS CONTIN..... | 20 | NEORAL..... | 154 |
| <i>metolazone</i> | 57 | MULPLETA..... | 136 | NEO-SYNALAR..... | 171 |
| <i>metoprolol succinate er</i> | 55 | MULTAQ..... | 52 | NERLYNX..... | 46 |
| <i>metoprolol tartrate</i> | 55 | <i>mupirocin</i> | 171 | NEULASTA..... | 137 |
| <i>metoprolol-hydrochlorothiazide</i> | 55 | <i>mupirocin calcium</i> | 171 | NEULASTA ONPRO..... | 136 |
| <i>metronidazole</i> | 36, 134, 179 | MUSE..... | 132 | NEUPOGEN..... | 137 |
| <i>metirosine</i> | 58 | MY CHOICE..... | 105 | NEUPRO..... | 66 |
| Mibelas 24 Fe..... | 104 | MY WAY..... | 105 | NEURONTIN..... | 70 |
| <i>miconazole 3</i> | 134 | MYALEPT..... | 115 | NEUTEK 2TEK TEST..... | 113 |
| <i>miconazole-zinc oxide-petrolat</i> | 172 | MYAMBUTOL..... | 32 | NEVANAC..... | 159 |
| MICRHOGAM ULTRA-FILTERED PLUS..... | 152 | MYCAPSSA..... | 88 | <i>nevirapine</i> | 28, 29 |
| MICRODOT TEST..... | 113 | <i>mycophenolate mofetil</i> | 154 | <i>nevirapine er</i> | 28 |
| Microgestin 1.5/30..... | 104 | <i>mycophenolate sodium</i> | 154 | NEW DAY..... | 105 |
| Microgestin 1/20..... | 104 | MYDAYIS..... | 75, 76 | NEXAVAR..... | 46 |
| Microgestin 24 Fe..... | 104 | MYFEMBREE..... | 117 | NEXIUM..... | 129 |
| Microgestin Fe 1.5/30..... | 104 | MYLERAN..... | 38 | NEXIUM 24HR..... | 129 |
| Microgestin Fe 1/20..... | 104 | MYRBETRIQ..... | 133 | NEXLETOL..... | 52 |
| MICROLET LANCETS..... | 113 | MYTESI..... | 125 | NEXLIZET..... | 52 |
| <i>midazolam hcl</i> | 77 | <i>na ferric gluc cplx in sucrose</i> | 156 | NEXPLANON..... | 105 |
| <i>midodrine hcl</i> | 58 | <i>na sulfate-k sulfate-mg sulf</i> | 127 | NEXTSTELLIS..... | 105 |
| MIGERGOT..... | 78 | <i>nabumetone</i> | 15 | NGENLA..... | 121 |
| <i>miglitol</i> | 89 | <i>nadolol</i> | 55 | <i>niacin er (antihyperlipidemic)</i> | 54 |
| <i>mighustat</i> | 115 | <i>naftifine hcl</i> | 172 | NIACOR..... | 54 |
| MIGRANAL..... | 78 | NAFTIN..... | 172 | <i>nicardipine hcl</i> | 56 |
| | | NAGLAZYME..... | 116 | NICOMIDE..... | 156 |
| | | <i>nalocet</i> | 20 | <i>nicotinamide</i> | 156 |

| | | | | | |
|---|-----|---|--------------|--|----------|
| NICOTROL..... | 87 | NOVOLOG..... | 94 | OLPRUVA (6 GM DOSE)... | 116 |
| NICOTROL NS..... | 87 | NOVOLOG 70/30 FLEXPEN | | OLPRUVA (6.67 GM DOSE) | |
| <i>nifedipine er</i> | 56 | RELION..... | 94 | ..... | 116 |
| <i>nifedipine er osmotic release</i> | 56 | NOVOLOG FLEXPEN..... | 94 | OLUMIANT..... | 146 |
| Nikki..... | 105 | NOVOLOG MIX 70/30..... | 94 | OLUX-E..... | 177 |
| NILANDRON..... | 41 | NOVOLOG MIX 70/30 | | <i>omega-3-acid ethyl esters</i> | 54 |
| <i>nilutamide</i> | 41 | FLEXPEN..... | 94 | <i>omeprazole</i> | 130 |
| <i>nimodipine</i> | 56 | NOVOLOG PENFILL..... | 94 | <i>omeprazole magnesium</i> ... | 129, 130 |
| NINLARO..... | 49 | NOVOSEVEN RT..... | 135 | <i>omeprazole-sodium</i> | |
| <i>nisoldipine er</i> | 56 | NPLATE..... | 137 | <i>bicarbonate</i> | 130 |
| <i>nitazoxanide</i> | 36 | NUBEQA..... | 41 | OMNIFLEX DIAPHRAGM | 106 |
| <i>nitisinone</i> | 120 | NUCALA..... | 167, 168 | OMNIPOD 5 G6 INTRO | |
| NITRO-DUR..... | 59 | NUCYNTA..... | 20 | (GEN 5)..... | 113 |
| <i>nitrofurantoin</i> | 37 | NUCYNTA ER..... | 20 | OMNIPOD 5 G6 POD (GEN | |
| <i>nitrofurantoin macrocrystal</i> | 36 | NUEDEXTA..... | 86 | 5)..... | 113 |
| <i>nitrofurantoin monohyd macro</i> | 37 | NUPLAZID..... | 67 | OMNIPOD CLASSIC PODS | |
| <i>nitroglycerin</i> | 59 | NURTEC..... | 78 | (GEN 3)..... | 113 |
| NITYR..... | 120 | NUTROPIN AQ NUSPIN 10 | | OMNIPOD DASH INTRO | |
| NIVESTYM..... | 137 | ..... | 121 | (GEN 4)..... | 113 |
| <i>nizatidine</i> | 126 | NUTROPIN AQ NUSPIN 20 | | OMNIPOD DASH PDM | |
| Nora-Be..... | 105 | ..... | 121 | (GEN 4)..... | 113 |
| NORDITROPIN FLEXPRO | 121 | NUTROPIN AQ NUSPIN 5 | 121 | OMNIPOD DASH PODS | |
| <i>norethin ace-eth estrad-fe</i> | 105 | NUVARING..... | 106 | (GEN 4)..... | 113 |
| <i>norethindrone</i> | 105 | NUWIQ..... | 139 | OMNIPOD GO..... | 113 |
| <i>norethindrone acetate</i> | 124 | NUZYRA..... | 38 | OMNITROPE..... | 121 |
| <i>norethindrone acet-ethinyl est</i> | 105 | Nylia 1/35..... | 106 | <i>ondansetron</i> | 125 |
| <i>norethindron-ethinyl estrad-fe</i> | 105 | Nylia 7/7/7..... | 106 | <i>ondansetron hcl</i> | 125 |
| <i>norethin-eth estradiol-fe</i> | 105 | Nymyo..... | 106 | ONETOUCH DELICA | |
| Norgesic..... | 84 | <i>nystatin</i> | 26, 172, 179 | PLUS LANCET30G..... | 113 |
| <i>norgesic forte</i> | 84 | <i>nystatin-triamcinolone</i> | 172 | ONETOUCH DELICA | |
| <i>norgestimate-eth estradiol</i> | 105 | NYVEPRIA..... | 137 | PLUS LANCET33G..... | 113 |
| <i>norgestim-eth estrad triphasic</i> | 105 | <i>obizur</i> | 139 | ONETOUCH ULTRA..... | 113 |
| Norlyroc..... | 105 | OICALIVA..... | 128 | ONETOUCH ULTRASOFT | |
| NORPACE CR..... | 52 | Ocella..... | 106 | 2 LANCETS..... | 113 |
| NORPRAMIN..... | 64 | OCTAGAM..... | 152 | ONETOUCH VERIO..... | 113 |
| NORTHERA..... | 58 | <i>octreotide acetate</i> | 88 | ONEXTON..... | 170 |
| Nortrel 0.5/35 (28)..... | 105 | ODEFSEY..... | 31 | ONUREG..... | 39 |
| Nortrel 1/35 (21)..... | 106 | ODOMZO..... | 48 | ONZETRA XSAIL..... | 78 |
| Nortrel 7/7/7..... | 106 | OFEV..... | 167 | OPCICON ONE-STEP..... | 106 |
| <i>nortriptyline hcl</i> | 64 | <i>ofloxacin</i> | 158, 180 | OPFOLDA..... | 116 |
| NORVIR..... | 29 | OJJAARA..... | 46 | OPSUMIT..... | 60 |
| NOURIANZ..... | 66 | <i>olanzapine</i> | 67 | OPTION 2..... | 106 |
| NOVAREL..... | 118 | <i>olmesartan medoxomil</i> | 51 | OPTIONS GYNOL II | |
| NOVOEIGHT..... | 139 | <i>olmesartan medoxomil-hctz</i> | 51 | CONTRACEPTIVE..... | 131 |
| NOVOLIN 70/30..... | 93 | <i>olmesartan-amlodipine-hctz</i> | 51 | OPTIUMEZ TEST..... | 113 |
| NOVOLIN 70/30 FLEXPEN.. | 93 | <i>olopatadine hcl</i> | 163 | OPVEE..... | 85 |
| NOVOLIN N..... | 93 | OLPRUVA (2 GM DOSE)... | 116 | ORALAIR..... | 141 |
| NOVOLIN N FLEXPEN..... | 93 | OLPRUVA (3 GM DOSE)... | 116 | ORENCIA..... | 142, 147 |
| NOVOLIN R..... | 94 | OLPRUVA (4 GM DOSE)... | 116 | ORENCIA CLICKJECT..... | 147 |
| NOVOLIN R FLEXPEN..... | 93 | OLPRUVA (5 GM DOSE)... | 116 | ORENITRAM..... | 60 |

| | | | | | |
|--|--------|---|----------|--|----------|
| ORENITRAM MONTH 1..... | 60 | <i>paricalcitol</i> | 156 | Pirmella 7/7/7..... | 106 |
| ORENITRAM MONTH 2..... | 60 | PARNATE..... | 64 | <i>piroxicam</i> | 15 |
| ORENITRAM MONTH 3..... | 60 | <i>paroxetine hcl</i> | 64 | PLAQUENIL..... | 150 |
| ORFADIN..... | 120 | <i>paroxetine hcl er</i> | 64 | PLEGRIDY..... | 82 |
| ORGOVYX..... | 41 | <i>paroxetine mesylate</i> | 86 | PLEGRIDY STARTER | |
| ORIAHNN..... | 117 | PARSABIV..... | 97 | PACK..... | 82 |
| ORILISSA..... | 114 | <i>peg 3350-kcl-na bicarb-nacl</i> | 127 | PLENVU..... | 127 |
| ORKAMBI..... | 166 | <i>peg-3350/electrolytes</i> | 127 | PLIAGLIS..... | 178 |
| ORLADEYO..... | 151 | PEGASYS..... | 35 | <i>pnv-dha</i> | 155 |
| <i>orlistat</i> | 96 | <i>peg-kcl-nacl-nasulf-na asc-c</i> | 127 | <i>podofilox</i> | 179 |
| <i>orphenadrine-aspirin-caffeine</i> ... | 84 | PEG-PREP..... | 127 | <i>polymyxin b-trimethoprim</i> | 158 |
| Orphengesic Forte..... | 84 | PEMAZYRE..... | 46 | POMALYST..... | 39 |
| ORSERDU..... | 41 | <i>penicillamine</i> | 98 | PONVORY..... | 82 |
| ORTHOVISC..... | 25 | <i>penicillin v potassium</i> | 37 | PONVORY STARTER | |
| <i>oseltamivir phosphate</i> | 33 | <i>pentamidine isethionate</i> | 37 | PACK..... | 82 |
| OSPHENA..... | 123 | PENTASA..... | 126 | Portia-28..... | 106 |
| OTEZLA..... | 147 | <i>pentazocine-naloxone hcl</i> | 24 | <i>posaconazole</i> | 26 |
| OTREXUP..... | 150 | <i>pentoxifylline er</i> | 140 | <i>pot & sod cit-cit ac</i> | 132 |
| OVIDE..... | 179 | PERCOCET..... | 22 | <i>potassium chloride</i> | 155 |
| OVIDREL..... | 118 | <i>perindopril erbumine</i> | 50 | <i>potassium chloride crys er</i> | 155 |
| <i>oxaprozin</i> | 15 | <i>permethrin</i> | 179 | <i>potassium chloride er</i> | 155 |
| OXAYDO..... | 20 | <i>perphenazine</i> | 67 | <i>potassium citrate er</i> | 132 |
| <i>oxazepam</i> | 62 | <i>perphenazine-amitriptyline</i> | 86 | PRALUENT..... | 54 |
| OXBRYTA..... | 141 | PHEBURANE..... | 116 | <i>pramipexole dihydrochloride</i> | 66 |
| <i>oxcarbazepine</i> | 70 | <i>phendimetrazine tartrate</i> | 96 | <i>pramipexole dihydrochloride er</i> .. | 66 |
| OXERVATE..... | 160 | <i>phenelzine sulfate</i> | 64 | <i>prasugrel hcl</i> | 141 |
| <i>oxiconazole nitrate</i> | 172 | <i>phenobarbital</i> | 70 | <i>pravastatin sodium</i> | 53 |
| OXISTAT..... | 172 | <i>phenoxybenzamine hcl</i> | 58 | <i>praziquantel</i> | 26 |
| OXTELLAR XR..... | 70 | <i>phentermine hcl</i> | 96 | <i>prazosin hcl</i> | 50 |
| <i>oxybutynin chloride</i> | 133 | <i>phenytoin</i> | 70 | PRECISION THINS GP | |
| <i>oxybutynin chloride er</i> | 133 | <i>phenytoin sodium extended</i> | 70 | LANCETS..... | 113 |
| <i>oxycodone hcl</i> | 20, 21 | PHEXXI..... | 131 | PRECISION XTRA BLOOD | |
| <i>oxycodone hcl er</i> | 20 | Philith..... | 106 | GLUCOSE..... | 114 |
| <i>oxycodone-acetaminophen</i> | 21 | <i>phytonadione</i> | 156 | PRED FORTE..... | 159 |
| OXYCONTIN..... | 22 | PIFELTRO..... | 29 | PRED MILD..... | 159 |
| <i>oxymorphone hcl</i> | 22 | <i>pilocarpine hcl</i> | 157, 179 | <i>prednisolone</i> | 119 |
| <i>oxymorphone hcl er</i> | 22 | <i>pimecrolimus</i> | 178 | <i>prednisolone acetate</i> | 159 |
| OZEMPIC (0.25 OR 0.5 | | <i>pimozide</i> | 86 | <i>prednisolone sodium phosphate</i> .. | 119 |
| MG/DOSE)..... | 91 | Pimtrea..... | 106 | <i>prednisone</i> | 119 |
| OZEMPIC (1 MG/DOSE)..... | 91 | <i>pindolol</i> | 55 | <i>pregabalin</i> | 70 |
| OZEMPIC (2 MG/DOSE)..... | 91 | <i>pioglitazone hcl</i> | 94 | <i>pregabalin er</i> | 86 |
| <i>paliperidone er</i> | 67 | <i>pioglitazone hcl-glimepiride</i> | 94 | PREGNYL..... | 118 |
| PALYNZIQ..... | 116 | <i>pioglitazone hcl-metformin hcl</i> .. | 94 | PREMARIN..... | 117, 118 |
| PAMELOR..... | 64 | PIQRAY (200 MG DAILY | | <i>premium blood glucose test</i> | 114 |
| <i>pamidronate disodium</i> | 96 | DOSE)..... | 46 | PREMPHASE..... | 118 |
| PANDEL..... | 177 | PIQRAY (250 MG DAILY | | PREMPRO..... | 118 |
| <i>pantoprazole sodium</i> | 130 | DOSE)..... | 46 | PREVACID..... | 130 |
| PANZYGA..... | 152 | PIQRAY (300 MG DAILY | | PREVACID SOLUTAB..... | 130 |
| PARAGARD | | DOSE)..... | 46 | PREVYMIS..... | 33 |
| INTRAUTERINE COPPER | 106 | <i>pirfenidone</i> | 167 | PREZCOBIX..... | 32 |

| | | | | | |
|--|-----|--|-----|------------------------------------|-----|
| PREZISTA..... | 29 | QDOLO..... | 22 | RELYVRIO..... | 80 |
| PRIALT..... | 14 | QELBREE..... | 76 | REMICADE..... | 142 |
| PRILOSEC..... | 130 | QINLOCK..... | 46 | REMODULIN..... | 60 |
| PRILOSEC OTC..... | 130 | QSYMIA..... | 96 | RENFLEXIS..... | 142 |
| <i>primaquine phosphate</i> | 27 | QTERN..... | 95 | <i>reno caps</i> | 156 |
| <i>primidone</i> | 70 | <i>quad-mix</i> | 132 | <i>repaglinide</i> | 94 |
| PRIVIGEN..... | 152 | <i>quazepam</i> | 77 | REPATHA..... | 54 |
| PROAIR RESPICLICK..... | 164 | <i>quetiapine fumarate</i> | 67 | REPATHA PUSHTRONEX | |
| <i>probenecid</i> | 13 | <i>quetiapine fumarate er</i> | 67 | SYSTEM..... | 54 |
| Procentra..... | 76 | QUILLICHEW ER..... | 76 | REPATHA SURECLICK..... | 54 |
| <i>prochlorperazine maleate</i> | 125 | QUILLIVANT XR..... | 76 | RESTASIS..... | 159 |
| PROCRIT..... | 137 | <i>quinapril hcl</i> | 50 | RESTASIS MULTIDOSE.... | 159 |
| PROCTOFOAM HC..... | 131 | <i>quinapril-hydrochlorothiazide</i> ... | 50 | RETACRIT..... | 137 |
| Proctozone-Hc..... | 131 | <i>quinine sulfate</i> | 27 | RETEVMO..... | 46 |
| PROCYSBI..... | 133 | QUINTET AC BLOOD | | RETIN-A MICRO..... | 170 |
| PROFILNINE..... | 140 | GLUCOSE TEST..... | 114 | RETIN-A MICRO PUMP.... | 170 |
| <i>progesterone</i> | 124 | QUINTET BLOOD | | RETROVIR..... | 29 |
| PROGRAF..... | 154 | GLUCOSE TEST..... | 114 | REVATIO..... | 60 |
| PROLASTIN-C..... | 160 | QULIPTA..... | 78 | REVLIMID..... | 40 |
| PROLATE..... | 22 | QUVIVIQ..... | 77 | REYATAZ..... | 29 |
| PROLIA..... | 123 | QVAR REDHALER..... | 168 | REZLIDHIA..... | 48 |
| PROMACTA..... | 137 | <i>ra omeprazole</i> | 130 | REZUROCK..... | 154 |
| <i>promethazine hcl</i> | 125 | <i>rabeprazole sodium</i> | 130 | RHOFADE..... | 179 |
| <i>promethazine vc</i> | 165 | RADICAVA ORS..... | 79 | RHOGAM ULTRA- | |
| <i>promethazine vclcodeine</i> | 165 | RADICAVA ORS | | FILTERED PLUS..... | 153 |
| <i>promethazine-codeine</i> | 165 | STARTER KIT..... | 79 | RHOPHYLAC..... | 153 |
| <i>promethazine-dm</i> | 165 | RAGWITEK..... | 141 | RHOPRESSA..... | 157 |
| PROMETHEGAN..... | 125 | <i>raloxifene hcl</i> | 123 | RIASTAP..... | 135 |
| PROMETRIUM..... | 124 | <i>ramelteon</i> | 77 | <i>ribavirin</i> | 35 |
| <i>propafenone hcl</i> | 52 | <i>ramipril</i> | 50 | <i>rifabutin</i> | 32 |
| <i>propafenone hcl er</i> | 52 | <i>ranolazine er</i> | 58 | <i>rifampin</i> | 32 |
| <i>propranolol hcl</i> | 55 | <i>rasagiline mesylate</i> | 66 | <i>riluzole</i> | 80 |
| <i>propranolol hcl er</i> | 55 | RASUVO..... | 150 | <i>rimantadine hcl</i> | 33 |
| <i>propylthiouracil</i> | 124 | RAVICTI..... | 116 | RINVOQ..... | 147 |
| PROTONIX..... | 130 | REACT..... | 106 | <i>risedronate sodium</i> | 96 |
| <i>protriptyline hcl</i> | 64 | REBIF..... | 83 | RISPERDAL CONSTA..... | 67 |
| PRUDOXIN..... | 173 | REBIF REBIDOSE..... | 82 | <i>risperidone</i> | 67 |
| PULMICORT | | REBIF REBIDOSE | | RITALIN..... | 76 |
| FLEXHALER..... | 168 | TITRATION PACK..... | 83 | RITALIN LA..... | 76 |
| PULMOZYME..... | 166 | REBIF TITRATION PACK.. | 83 | <i>ritonavir</i> | 29 |
| PURIXAN..... | 39 | REBINYN..... | 140 | <i>rivastigmine</i> | 63 |
| PYLERA..... | 131 | RECLAST..... | 96 | <i>rivastigmine tartrate</i> | 63 |
| <i>pyrazinamide</i> | 32 | Reclipsen..... | 106 | Rivelsa..... | 106 |
| <i>pyridostigmine bromide</i> | 79 | RECOMBINATE..... | 139 | <i>rixubis</i> | 140 |
| <i>pyridostigmine bromide er</i> | 79 | RECORLEV..... | 109 | <i>rizatriptan benzoate</i> | 78 |
| <i>pyrimethamine</i> | 37 | RELENZA DISKHALER..... | 33 | ROCALTROL..... | 156 |
| PYRUKYND..... | 140 | RELEUKO..... | 137 | ROCKLATAN..... | 157 |
| PYRUKYND TAPER | | <i>releuko</i> | 137 | <i>roflumilast</i> | 167 |
| PACK..... | 140 | RELEXXII..... | 76 | ROLVEDON..... | 137 |
| <i>qc lansoprazole</i> | 130 | RELION ULTIMA TEST.... | 114 | <i>ropinirole hcl</i> | 66 |

| | | | | | |
|---|---------|--|----------|---|--------|
| <i>ropinirole hcl er</i> | 66 | SILVADENE..... | 171 | SPRYCEL..... | 46 |
| <i>rosuvastatin calcium</i> | 53 | <i>silver sulfadiazine</i> | 171 | SPS..... | 98 |
| ROXICODONE..... | 22, 23 | SIMBRINZA..... | 157 | Sronyx..... | 107 |
| ROXYBOND..... | 23 | Simliya..... | 107 | Ssd..... | 171 |
| ROZLYTREK..... | 46 | Simpesse..... | 107 | STELARA..... | 148 |
| RUBRACA..... | 48 | SIMPLE DIAGNOSTICS | | STENDRA..... | 132 |
| RUCONEST..... | 151 | LANCING DEV..... | 114 | STIMUFEND..... | 138 |
| <i>rufinamide</i> | 70 | SIMPONI..... | 147, 148 | STIOLTO RESPIMAT..... | 161 |
| RUKOBIA..... | 29 | SIMPONI ARIA..... | 142 | STIVARGA..... | 46 |
| RYBELSUS..... | 91 | <i>simvastatin</i> | 53, 54 | STRATTERA..... | 76 |
| RYCLORA..... | 163 | <i>sirolimus</i> | 154 | STRENSIQ..... | 116 |
| RYDAPT..... | 46 | SIRTURO..... | 32 | STRIBILD..... | 32 |
| RYTARY..... | 66 | SKYCLARYS..... | 80 | STRIVERDI RESPIMAT.... | 164 |
| RYTHMOL SR..... | 52 | SKYLA..... | 107 | SUBLOCADE..... | 24 |
| SABRIL..... | 70 | SKYRIZI..... | 148 | SUBOXONE..... | 85 |
| SAIZEN..... | 121 | SKYRIZI PEN..... | 148 | SUBSYS..... | 23 |
| SALAGEN..... | 179 | SKYTROFA..... | 121 | SUCRAID..... | 128 |
| SAMSCA..... | 123 | SLYND..... | 107 | <i>sucralfate</i> | 128 |
| SANCUSO..... | 125 | <i>sm loratadine</i> | 163 | SUFLAVE..... | 127 |
| SANDIMMUNE..... | 154 | <i>sm loratadine allergy relief</i> | 163 | <i>sulconazole nitrate</i> | 172 |
| SANDOSTATIN..... | 88 | <i>sm loratadine d 12hr</i> | 165 | <i>sulfacetamide sodium</i> | 158 |
| SANDOSTATIN LAR | | <i>sodium chloride</i> | 167 | <i>sulfacetamide sodium (acne)</i> .. | 170 |
| DEPOT..... | 88 | <i>sodium fluoride</i> | 155 | <i>sulfacetamide-prednisolone</i> | 158 |
| <i>sapropterin dihydrochloride</i> | 116 | <i>sodium oxybate</i> | 85 | <i>sulfamethoxazole-trimethoprim</i> | 26 |
| <i>sapscare twist top lancets</i> | 114 | <i>sodium phenylbutyrate</i> | 116 | <i>sulfasalazine</i> | 126 |
| SAVELLA..... | 77 | <i>sodium polystyrene sulfonate</i> | 98 | <i>sulindac</i> | 16 |
| SAVELLA TITRATION | | <i>sofosbuvir-velpatasvir</i> | 35 | <i>sumatriptan</i> | 78 |
| PACK..... | 77 | SOGROYA..... | 121 | <i>sumatriptan succinate</i> | 78, 79 |
| SAXENDA..... | 96 | SOHONOS..... | 84 | <i>sumatriptan succinate refill</i> | 79 |
| SCSEMBLIX..... | 46 | <i>solifenacin succinate</i> | 133 | <i>sumatriptan-naproxen sodium</i> ... | 79 |
| <i>scopolamine</i> | 125 | SOLQUA..... | 91 | <i>sunitinib malate</i> | 47 |
| SEGLENTIS..... | 23 | SOMA..... | 84 | SUNLENCA..... | 29 |
| <i>selegiline hcl</i> | 66 | SOMATULINE DEPOT..... | 88 | SUNOSI..... | 85 |
| SELZENTRY..... | 29 | SOMAVERT..... | 88 | SUPARTZ FX..... | 25 |
| SENSIPAR..... | 97 | SOOLANTRA..... | 179 | <i>super bi-mix</i> | 132 |
| SEREVENT DISKUS..... | 164 | <i>sorafenib tosylate</i> | 46 | <i>super quad-mix</i> | 132 |
| SERNIVO..... | 177 | SORILUX..... | 173 | <i>super thin lancets</i> | 114 |
| SEROSTIM..... | 121 | <i>sotalol hcl</i> | 52 | <i>super tri-mix</i> | 132 |
| <i>sertraline hcl</i> | 64 | <i>sotalol hcl (af)</i> | 52 | SUPREME TEST..... | 114 |
| Setlakin..... | 106 | SOTYKTU..... | 148 | SUPREP BOWEL PREP KIT | |
| <i>sevelamer carbonate</i> | 123 | SOVALDI..... | 35, 36 | ..... | 127 |
| <i>sevelamer hcl</i> | 123 | <i>spinosad</i> | 179 | SUSTIVA..... | 29 |
| SEVENFACT..... | 135 | SPIRIVA HANDIHALER... | 162 | SUTAB..... | 128 |
| Sharobel..... | 106 | SPIRIVA RESPIMAT..... | 162 | SUTENT..... | 47 |
| SIGNIFOR..... | 123 | <i>spironolactone</i> | 57 | Syeda..... | 107 |
| SIGNIFOR LAR..... | 123 | <i>spironolactone-hctz</i> | 57 | SYMBICORT..... | 169 |
| SIKLOS..... | 141 | SPRAVATO (56 MG DOSE). | 64 | SYMDEKO..... | 166 |
| <i>sildenafil citrate</i> | 60, 132 | SPRAVATO (84 MG DOSE). | 64 | SYMFI..... | 32 |
| SILIQ..... | 147 | Sprintec 28..... | 107 | SYMFI LO..... | 32 |
| <i>silodosin</i> | 131 | SPRIX..... | 16 | SYMJEPI..... | 161 |

| | | | | | |
|--------------------------------|----------|---|----------|---|--------------------|
| SYMLINPEN 120..... | 89 | TEGSEDI..... | 124 | TODAY SPONGE..... | 131 |
| SYMLINPEN 60..... | 89 | <i>telmisartan</i> | 51 | <i>tolterodine tartrate</i> | 134 |
| SYMPROIC..... | 128 | <i>telmisartan-amlodipine</i> | 51 | <i>tolterodine tartrate er</i> | 133 |
| SYMTUZA..... | 32 | <i>telmisartan-hctz</i> | 51 | <i>tolvaptan</i> | 123 |
| SYNAGIS..... | 154 | <i>temazepam</i> | 77 | TOPICORT..... | 177 |
| SYNALAR..... | 177 | <i>temozolomide</i> | 38 | TOPICORT SPRAY..... | 177 |
| SYNAREL..... | 122 | <i>tenofovir disoproxil fumarate</i> | 30 | <i>topiramate</i> | 70 |
| SYNJARDY..... | 95 | TEPMETKO..... | 47 | <i>topiramate er</i> | 70 |
| SYNJARDY XR..... | 95 | <i>terazosin hcl</i> | 50 | <i>toremifene citrate</i> | 41 |
| SYNOJOYNT..... | 25 | <i>terbinafine hcl</i> | 26 | <i>torseamide</i> | 57 |
| SYNRIBO..... | 48 | <i>terbutaline sulfate</i> | 164 | TOUJEO MAX SOLOSTAR..... | 94 |
| SYNTHROID..... | 124 | <i>terconazole</i> | 134 | TOUJEO SOLOSTAR..... | 94 |
| SYNVISC..... | 25 | <i>teriflunomide</i> | 83 | Tovet..... | 177 |
| SYNVISC ONE..... | 25 | <i>teriparatide (recombinant)</i> | 123 | TRACLEER..... | 60 |
| SYPRINE..... | 98 | TESTIM..... | 89 | TRADJENTA..... | 90 |
| TABLOID..... | 39 | <i>testosterone</i> | 89 | <i>tramadol hcl</i> | 23 |
| TABRECTA..... | 47 | <i>testosterone cypionate</i> | 89 | <i>tramadol hcl (er biphasic)</i> | 23 |
| <i>tacrolimus</i> | 154, 179 | <i>testosterone enanthate</i> | 89 | <i>tramadol hcl er</i> | 23 |
| <i>tadalafil</i> | 132 | <i>tetrabenazine</i> | 80 | <i>tramadol-acetaminophen</i> | 23 |
| <i>tadalafil (pah)</i> | 60 | <i>tetracycline hcl</i> | 38 | <i>trandolapril</i> | 50 |
| TADLIQ..... | 60 | TEXACORT..... | 177 | <i>trandolapril-verapamil hcl er</i> | 50 |
| TAFINLAR..... | 47 | TEZSPIRE..... | 168 | <i>tranexamic acid</i> | 140 |
| <i>tafluprost (pf)</i> | 157 | THALOMID..... | 40 | <i>tranylcypramine sulfate</i> | 64 |
| TAGRISSE..... | 47 | THEO-24..... | 169 | <i>travoprost (bak free)</i> | 157 |
| TAKE ACTION..... | 107 | <i>theophylline</i> | 169 | <i>trazodone hcl</i> | 64 |
| TAKHZYRO..... | 151 | <i>theophylline er</i> | 169 | TRELEGY ELLIPTA..... | 161 |
| TALICIA..... | 131 | THIOLA..... | 133 | TRELSTAR MIXJECT..... | 41 |
| TALTZ..... | 149 | THIOLA EC..... | 133 | TREMFYA..... | 149 |
| TALZENNA..... | 48 | <i>thioridazine hcl</i> | 68 | <i>treprostinil</i> | 60 |
| <i>tamoxifen citrate</i> | 41 | <i>thiothixene</i> | 68 | TRESIBA..... | 94 |
| <i>tamsulosin hcl</i> | 131 | <i>tiagabine hcl</i> | 70 | TRESIBA FLEXTOUCH..... | 94 |
| TAPERDEX 12-DAY..... | 119 | TIBSOVO..... | 48 | <i>tretinoin</i> | 49, 170, 171 |
| Taperdex 6-Day..... | 119 | TIKOSYN..... | 52 | <i>tretinoin microsphere</i> | 171 |
| TAPERDEX 7-DAY..... | 119 | Tilia Fe..... | 107 | <i>tretinoin microsphere pump</i> | 171 |
| TARCEVA..... | 47 | <i>timolol maleate</i> | 55, 157 | TRETTEN..... | 135 |
| Targadox..... | 38 | <i>timolol maleate (once-daily)</i> .. | 157 | TREXALL..... | 39 |
| TARGRETIN..... | 48, 179 | Timolol Maleate OcuDose..... | 157 | TREXIMET..... | 79 |
| Tarina 24 Fe..... | 107 | <i>timolol maleate pf</i> | 157 | <i>triamcinolone acetonide</i> | 167, 177, 178, 179 |
| Tarina Fe 1/20 Eq..... | 107 | <i>tinidazole</i> | 26 | <i>triamterene</i> | 57 |
| TARPEYO..... | 133 | <i>tiopronin</i> | 133 | <i>triamterene-hctz</i> | 57 |
| TASCENSO ODT..... | 83 | TIVICAY..... | 30 | <i>triazolam</i> | 77 |
| TASIGNA..... | 47 | TIVICAY PD..... | 30 | <i>trientine hcl</i> | 98 |
| <i>tasimelteon</i> | 77 | <i>tizanidine hcl</i> | 84 | Tri-Estarylla..... | 107 |
| <i>tavaborole</i> | 172 | TLANDO..... | 89 | <i>trifluoperazine hcl</i> | 68 |
| TAVALISSE..... | 140 | TOBI..... | 166 | <i>trifluridine</i> | 158 |
| TAVNEOS..... | 140 | TOBI PODHALER..... | 166 | <i>trihexyphenidyl hcl</i> | 66 |
| Taysofy..... | 107 | TOBRADEX..... | 158 | TRIJARDY XR..... | 91 |
| <i>tazarotene</i> | 173 | TOBRADEX ST..... | 158 | TRIKAFTA..... | 166 |
| TAZVERIK..... | 48 | <i>tobramycin</i> | 158, 166 | Tri-Legest Fe..... | 107 |
| TECFIDERA..... | 83 | <i>tobramycin-dexamethasone</i> | 158 | | |

| | | | | | |
|--|-----|--|----------|---|-----|
| Tri-Linyah..... | 107 | TYVASO DPI | | VENCLEXTA STARTING | |
| Tri-Lo-Estarylla..... | 107 | MAINTENANCE KIT..... | 60 | PACK..... | 39 |
| Tri-Lo-Marzia..... | 107 | TYVASO DPI TITRATION | | <i>venlafaxine hcl</i> | 65 |
| Tri-Lo-Mili..... | 107 | KIT..... | 60 | <i>venlafaxine hcl er</i> | 65 |
| Tri-Lo-Sprintec..... | 107 | TYVASO REFILL..... | 61 | VENOFER..... | 156 |
| TRILURON..... | 25 | TYVASO STARTER..... | 61 | VENTAVIS..... | 61 |
| <i>trimethobenzamide hcl</i> | 125 | UBRELVY..... | 79 | <i>verapamil hcl</i> | 56 |
| Tri-Mili..... | 107 | UDENYCA..... | 138 | <i>verapamil hcl er</i> | 56 |
| <i>trimipramine maleate</i> | 64 | ULTRAVATE..... | 178 | VERDESO..... | 178 |
| TRINATE..... | 155 | UNISTRIP1 GENERIC..... | 114 | VERQUVO..... | 58 |
| TRINTELLIX..... | 64 | UPTRAVI..... | 61 | VERZENIO..... | 47 |
| Tri-Nymyo..... | 108 | UROCIT-K 10..... | 133 | Vestura..... | 108 |
| TRIPTODUR..... | 122 | UROCIT-K 15..... | 133 | VFEND..... | 26 |
| Tri-Sprintec..... | 108 | UROCIT-K 5..... | 133 | V-GO 20..... | 114 |
| TRIUMEQ..... | 32 | UROXATRAL..... | 131 | V-GO 30..... | 114 |
| TRIUMEQ PD..... | 32 | URSO 250..... | 128 | V-GO 40..... | 114 |
| TRIVISC..... | 25 | URSO FORTE..... | 128 | VIAGRA..... | 132 |
| Trivora (28)..... | 108 | <i>ursodiol</i> | 128 | VIBERZI..... | 127 |
| Tri-Vylibra..... | 108 | <i>valacyclovir hcl</i> | 33 | VIBRAMYCIN..... | 38 |
| Tri-Vylibra Lo..... | 108 | VALCHLOR..... | 179 | VICTOZA..... | 91 |
| TRIZIVIR..... | 32 | VALCYTE..... | 33 | Vienna..... | 108 |
| TROKENDI XR..... | 71 | <i>valganciclovir hcl</i> | 33 | <i>vigabatrin</i> | 71 |
| <i>tropicamide</i> | 160 | VALIUM..... | 71 | Vigadrone..... | 71 |
| <i>tropium chloride</i> | 134 | <i>valproic acid</i> | 71 | VIIBRYD..... | 65 |
| <i>tropium chloride er</i> | 134 | <i>valsartan</i> | 51 | VIIBRYD STARTER PACK..... | 65 |
| TRUDHESA..... | 79 | <i>valsartan-hydrochlorothiazide</i> | 51 | VIJOICE..... | 123 |
| <i>true focus blood glucose strip</i> .. | 114 | VALTOCO 10 MG DOSE..... | 71 | <i>vilazodone hcl</i> | 65 |
| TRUE METRIX BLOOD | | VALTOCO 15 MG DOSE..... | 71 | VIMIZIM..... | 116 |
| GLUCOSE TEST..... | 114 | VALTOCO 20 MG DOSE..... | 71 | VIOKACE..... | 129 |
| TRUEPLUS LANCETS 26G114 | | VALTOCO 5 MG DOSE..... | 71 | <i>viorele</i> | 108 |
| TRUEPLUS LANCETS 30G114 | | VANCOCIN..... | 37 | VIRACEPT..... | 30 |
| TRUEPLUS SAFETY | | <i>vancomycin hcl</i> | 37 | VIREAD..... | 30 |
| LANCETS 28G..... | 114 | VANFLYTA..... | 47 | VISCO-3..... | 25 |
| TRUETEST TEST..... | 114 | VANOS..... | 178 | VISTOGARD..... | 49 |
| TRUETRACK TEST..... | 114 | <i>varденаfil hcl</i> | 132 | VISUDYNE..... | 160 |
| TRULICITY..... | 91 | <i>varenicline tartrate</i> | 88 | <i>vitamin d (ergocalciferol)</i> | 156 |
| TRUVADA..... | 32 | <i>varenicline tartrate (starter)</i> | 87 | VITRAKVI..... | 47 |
| TUKYSA..... | 47 | VARIZIG..... | 153 | VIVITROL..... | 85 |
| TURALIO..... | 47 | VARUBI (180 MG DOSE)..... | 126 | VIZIMPRO..... | 47 |
| TUXARIN ER..... | 165 | VASCEPA..... | 54 | VOGELXO..... | 89 |
| TWIRLA..... | 108 | VCF VAGINAL | | VOGELXO PUMP..... | 89 |
| TWYNEO..... | 171 | CONTRACEPTIVE..... | 131, 132 | Volnea..... | 108 |
| TYBLUME..... | 108 | VECAMYL..... | 59 | VONJO..... | 47 |
| TYBOST..... | 30 | VECTICAL..... | 173 | VONVENDI..... | 136 |
| Tydemy..... | 108 | VELETRI..... | 61 | <i>voriconazole</i> | 27 |
| TYKERB..... | 47 | VELIVET..... | 108 | VOSEVI..... | 36 |
| TYMLOS..... | 123 | VELPHORO..... | 123 | VOTRIENT..... | 48 |
| TYSABRI..... | 83 | VELTASSA..... | 98 | VOWST..... | 128 |
| TYVASO..... | 61 | VEMLIDY..... | 33 | VOXZOGO..... | 120 |
| | | VENCLEXTA..... | 39 | VPRIV..... | 116 |

| | | | | | |
|------------------------------|-----|--------------------------|--------|-----------------------------------|--------|
| VRAYLAR..... | 68 | XELSTRYM..... | 77 | ZEGERID..... | 130 |
| VTAMA..... | 173 | XEMBIFY..... | 153 | ZEJULA..... | 49 |
| VUMERITY..... | 83 | XENAZINE..... | 80 | ZELBORAF..... | 48 |
| Vyfemla..... | 108 | XEOMIN..... | 84 | ZEMAIRA..... | 160 |
| VYLEESI..... | 86 | XERMELO..... | 128 | ZEMBRACE SYMTOUCH... | 79 |
| Vylibra..... | 108 | XGEVA..... | 123 | ZEMPLAR..... | 156 |
| VYNDAMAX..... | 59 | XIFAXAN..... | 37 | Zenatane..... | 171 |
| VYNDAQEL..... | 59 | XIGDUO XR..... | 95 | ZENPEP..... | 129 |
| VYVANSE..... | 76 | XIIDRA..... | 159 | Zenzedi..... | 77 |
| WAKIX..... | 85 | XOLAIR..... | 168 | ZENZEDI..... | 77 |
| <i>warfarin sodium</i> | 135 | XOSPATA..... | 48 | ZEPATIER..... | 36 |
| WEGOVY..... | 96 | XPOVIO (100 MG ONCE | | ZEPOSIA..... | 83 |
| WELIREG..... | 49 | WEEKLY)..... | 49 | ZEPOSIA 7-DAY STARTER | |
| Wera..... | 108 | XPOVIO (40 MG ONCE | | PACK..... | 83 |
| WIDE-SEAL DIAPHRAGM | | WEEKLY)..... | 49 | ZEPOSIA STARTER KIT.... | 83 |
| 60..... | 108 | XPOVIO (40 MG TWICE | | ZERVIAE..... | 156 |
| WIDE-SEAL DIAPHRAGM | | WEEKLY)..... | 49 | ZIAGEN..... | 30 |
| 65..... | 108 | XPOVIO (60 MG ONCE | | ZIANA..... | 171 |
| WIDE-SEAL DIAPHRAGM | | WEEKLY)..... | 49 | <i>zidovudine</i> | 30 |
| 70..... | 108 | XPOVIO (60 MG TWICE | | ZIEXTENZO..... | 138 |
| WIDE-SEAL DIAPHRAGM | | WEEKLY)..... | 49 | <i>zileuton er</i> | 166 |
| 75..... | 109 | XPOVIO (80 MG ONCE | | ZIMHI..... | 86 |
| WIDE-SEAL DIAPHRAGM | | WEEKLY)..... | 49 | ZIOPTAN..... | 158 |
| 80..... | 109 | XPOVIO (80 MG TWICE | | <i>ziprasidone hcl</i> | 68 |
| WIDE-SEAL DIAPHRAGM | | WEEKLY)..... | 49 | <i>ziprasidone mesylate</i> | 68 |
| 85..... | 109 | XTAMPZA ER..... | 24 | ZOKINVY..... | 123 |
| WIDE-SEAL DIAPHRAGM | | XTANDI..... | 41, 42 | <i>zoledronic acid</i> | 96, 97 |
| 90..... | 109 | Xulane..... | 109 | ZOLINZA..... | 49 |
| WIDE-SEAL DIAPHRAGM | | XULTOPHY..... | 91 | <i>zolmitriptan</i> | 79 |
| 95..... | 109 | XURIDEN..... | 123 | <i>zolpidem tartrate</i> | 77, 78 |
| WILATE..... | 136 | XYNTHA..... | 139 | <i>zolpidem tartrate er</i> | 77 |
| WINLEVI..... | 171 | XYNTHA SOLOFUSE..... | 139 | ZOMACTON..... | 121 |
| WINRHO SDF..... | 153 | XYOSTED..... | 89 | ZONALON..... | 173 |
| Wixela Inhub..... | 169 | XYREM..... | 85 | ZONEGRAN..... | 71 |
| Wymzya Fe..... | 109 | XYWAV..... | 85 | <i>zonisamide</i> | 71 |
| XALKORI..... | 48 | XYZAL ALLERGY 24HR... | 163 | ZORBTIVE..... | 121 |
| XANAX..... | 62 | YONSA..... | 42 | ZORVOLEX..... | 16 |
| XANAX XR..... | 62 | YUFLYMA 1-PEN KIT..... | 150 | ZORYVE..... | 173 |
| XARELTO..... | 135 | YUFLYMA 2-SYRINGE | | Zovia 1/35 (28)..... | 109 |
| XARELTO STARTER | | KIT..... | 150 | ZTALMY..... | 71 |
| PACK..... | 135 | YUPELRI..... | 162 | ZUBSOLV..... | 85 |
| XATMEP..... | 39 | YUSIMRY..... | 150 | Zumandimine..... | 109 |
| XCOPRI..... | 71 | ZADITOR..... | 156 | ZYCLARA..... | 171 |
| XCOPRI (250 MG DAILY | | Zafemy..... | 109 | ZYCLARA PUMP..... | 171 |
| DOSE)..... | 71 | <i>zafirlukast</i> | 166 | ZYDELIG..... | 48 |
| XCOPRI (350 MG DAILY | | <i>zaleplon</i> | 77 | ZYKADIA..... | 48 |
| DOSE)..... | 71 | <i>zalvit</i> | 155 | ZYLET..... | 158 |
| XELJANZ..... | 149 | ZARXIO..... | 138 | ZYRTEC ALLERGY..... | 163 |
| XELJANZ XR..... | 150 | ZAVESCA..... | 116 | ZYRTEC ALLERGY | |
| XELODA..... | 39 | ZEGALOGUE..... | 120 | CHILDRENS..... | 163 |

| | |
|---------------------------------------|-----|
| ZYRTEC CHILDRENS ALLERGY | 163 |
| ZYRTEC-D ALLERGY & CONGESTION..... | 165 |
| ZYTIGA..... | 42 |