

Plan for your best health

2018 Aetna Pharmacy Drug Guide Aetna Premier Plus Plan



How to use this guide

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

Your plan includes

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

What you can expect to pay

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

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

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

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

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

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

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

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

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

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

Have more questions about your pharmacy benefits?

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

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

Aetna Specialty Pharmacy

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

How to get started with Aetna Specialty Pharmacy

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

- **To transfer your prescription**, just call us toll-free at **1-866-353-1892**.
- **For a new prescription**, your doctor can send it to us in one of four ways:

1. Electronically: Through e-prescribe

2. Fax: 1-866-FAX-ASRX (1-866-329-2779)

3. Mail:

Aetna Specialty Pharmacy
503 Sunport Lane
Orlando, FL 32809

4. Phone: 1-866-782-ASRX (1-866-782-2779),
option 2

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

Aetna Rx Home Delivery

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

Get started right away

You can submit your order using one of these options:

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

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

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

Frequently asked questions

How can I save on prescriptions?

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

- Ask your doctor to consider prescribing drugs that are on the Pharmacy Drug Guide (formulary).
- Ask your doctor to consider prescribing generic drugs instead of brand-name drugs.
- Check to see if your plan includes our home delivery pharmacy service. Depending upon your plan, our home delivery service may save you money. For more information, visit the website on your member ID card and log in to your account.
- Remind your doctor to check your plan to make sure you get maximum coverage.

What are generic drugs?

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

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

What is precertification?

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

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

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

What is step therapy?

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

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

If you don't try the appropriate alternative drug first, you may need to pay full cost for the brand-name version.

What are quantity limits?

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

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

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

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

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

How can your provider request a medical exception?

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

How is the formulary (drug list) developed?

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

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

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

Can the formulary change during the year?

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

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

Commercial 1557 Nondiscrimination Notice

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

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

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

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

Civil Rights Coordinator,

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

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

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

CRCoordinator@aetna.com.

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

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

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

TTY: 711

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

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

如欲使用免費語言服務，請致電您 ID 卡上的電話號碼 (Chinese)

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

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

T'áá ni nizaad k'ehjí bee níká a'doowoł doo bááh ílínígóó naaltsoos bee atah níłíigo nanitinígíí bee néého'dółzinígíí béésh bee hane'í bikáá' áají' hólne'. (Navajo)

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

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

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

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

Անվճար լեզվական ծառայություններին օգտվելու համար զանգահարեք ձեր ինքնության (ID) քարտի վրա նշված հեռախոսահամարով: (Armenian)

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

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

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

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

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

Para un hago' i setbision lengguåhi ni dibåtde para hågu, ågang i numiru gi iyo-mu kard aidentifikasion. (Chamorro)

M dyi wuḍu-dù kà kò dò bě dyi móuń nì pídýi ní, nìí, dǎ nòbà nǎ nì ID káàò kǝ. (Kru-Bassa)

بۆ دەسپێر اگەشتن بە خزمەتگوزاری زمان بەی تێچوون بۆ تۆ، پەيوەندی بکە بە ژمارەى سەر ئای دى (ID) کارتی خۆت.
(Kurdish)

ເພື່ອຂໍ້ໃຊ້ການບໍລິການພາສາໂດຍບໍ່ເສຍຄ່າຕໍ່ກັບທ່ານ,
ໃຫ້ໂທຫາເບີໂທທົບອກໄວ້ໃນບັດປະຈຳຕົວຂອງທ່ານ. (Laotian)

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

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

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

ដើម្បីទទួលបានសេវាកម្មភាសាដែលឥតគិតថ្លៃសម្រាប់លោកអ្នក សូមហៅទូរស័ព្ទទៅកាន់
លេខដែលមាននៅលើប័ណ្ណសម្គាល់ខ្លួនរបស់លោកអ្នក។ (Mon-Khmer, Cambodian)

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

Tě kɔɔr yīn wěēr de thokic ke cīn wēu kɔr keek tēnɔŋ yīn. Ke cɔl kɔc ye kɔc kuɔny nē nɔmba de abac tō
nē ID kard du kōu. (Nilotic-Dinka)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



Table of Contents

ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	17
*AGENTS FOR NARCOTIC WITHDRAWAL***	18
*AGENTS FOR OPIOID WITHDRAWAL***	18
AMEBICIDES	18
*AMINO ACIDS***	18
AMINOGLYCOSIDES	18
ANALGESICS - ANTI-INFLAMMATORY	19
ANALGESICS - NONNARCOTIC	22
ANALGESICS - OPIOID	22
ANDROGENS-ANABOLIC	26
ANORECTAL AGENTS	27
ANTHELMINTICS	28
ANTIANGINAL AGENTS	28
ANTIANKXIETY AGENTS	28
ANTIARRHYTHMICS	29
ANTIASTHMATIC AND BRONCHODILATOR AGENTS	30
ANTICOAGULANTS	32
ANTICONSULSANTS	33
*ANTIDEMENTIA AGENT COMBINATIONS***	35
ANTIDEPRESSANTS	35
ANTIDIABETICS	37
ANTIDIARRHEALS	43
ANTIDOTES AND SPECIFIC ANTAGONISTS	43
ANTIDOTES	43
ANTIEMETICS	44
ANTIFUNGALS	44
*ANTIHEMOPHILIC PRODUCTS - MONOCLONAL ANTIBODIES***	45
ANTIHISTAMINES	45
ANTIHYPERLIPIDEMICS	46
ANTIHYPERTENSIVES	48
ANTI-INFECTIVE AGENTS - MISC.	51
ANTIMALARIALS	52
ANTIMYASTHENIC AGENTS	52
ANTIMYASTHENIC/CHOLINERGIC AGENTS	52
ANTIMYCOBACTERIAL AGENTS	53
*ANTINEOPLASTIC - BCL-2 INHIBITORS***	53
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	53
ANTIPARKINSON AGENTS	57
ANTIPSYCHOTICS/ANTIMANIC AGENTS	58
*ANTIRETROVIRALS ADJUVANTS***	59
ANTISEPTICS & DISINFECTANTS	59
ANTIVIRALS	60
ASSORTED CLASSES	63
*ATOPIC DERMATITIS - MONOCLONAL ANTIBODIES***	65
*BETA BLOCKER & ANGIOTENSIN II RECEPTOR ANTAGONIST COMB***	65
BETA BLOCKERS	65
*BILE ACID SYNTHESIS DISORDER AGENTS***	66

BIOLOGICALS MISC	66
*CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG***	66
CALCIUM CHANNEL BLOCKERS	66
CARDIOTONICS	68
CARDIOVASCULAR AGENTS - MISC.	68
CEPHALOSPORINS	69
CHEMICALS	69
*CIC AGENTS - GUANYLATE CYCLASE-C (GC-C) AGONISTS***	69
CONTRACEPTIVES	69
CORTICOSTEROIDS	74
COUGH/COLD/ALLERGY	75
*CYCLIN-DEPENDENT KINASES (CDK) INHIBITORS***	77
*CYSTIC FIBROSIS AGENT - COMBINATIONS***	77
DERMATOLOGICALS	77
DIAGNOSTIC PRODUCTS	86
DIGESTIVE AIDS	92
*DIRECT-ACTING P2Y12 INHIBITORS***	92
DIURETICS	92
ENDOCRINE AND METABOLIC AGENTS - MISC.	93
ESTROGENS	97
*ESTROGEN-SELECTIVE ESTROGEN RECEPTOR MODULATOR COMB***	98
*FARNESOID X RECEPTOR (FXR) AGONISTS***	98
FLUOROQUINOLONES	98
GASTROINTESTINAL AGENTS - MISC.	99
GENERAL ANESTHETICS	100
GENITOURINARY AGENTS - MISCELLANEOUS	101
*GLYCOPEPTIDES***	102
GOUT AGENTS	102
HEMATOLOGICAL AGENTS - MISC.	102
HEMATOPOIETIC AGENTS	104
HEMOSTATICS	106
*HEPATITIS C AGENT - COMBINATIONS***	106
*HEREDITARY OROTIC ACIDURIA TREATMENT - AGENTS**	106
HYPNOTICS	106
*HYPOPHOSPHATASIA (HPP) AGENTS***	107
*IBS AGENT - MU-OPIOID RECEPTOR AGONISTS***	107
*IN VITRO/LOCK ANTICOAGULANTS***	107
*INSULIN-INCRETIN MIMETIC COMBINATIONS***	107
*INTEGRIN RECEPTOR ANTAGONISTS***	107
*INTERLEUKIN ANTAGONISTS***	107
*INTERLEUKIN-5 ANTAGONISTS (IGG1 KAPPA)***	108
*INTERLEUKIN-5 ANTAGONISTS (IGG4 KAPPA)***	108
*ISOCITRATE DEHYDROGENASE-1 (IDH1) INHIBITORS***	108
*ISOCITRATE DEHYDROGENASE-2 (IDH2) INHIBITORS***	108
LAXATIVES	108
*LEPTIN ANALOGUES***	109
*LHRH/GNRH AGONIST ANALOG COMBINATIONS***	109
*LYMPHOCYTE FUNCTION-ASSOCIATED ANTIGEN-1 (LFA-1) ANTAG***	109
*LYSOSOMAL ACID LIPASE (LAL) DEFICIENCY - AGENTS***	109
MACROLIDES	109

MEDICAL DEVICES	110
MIGRAINE PRODUCTS	124
MINERALS & ELECTROLYTES	125
*MONOBACTAMS***	127
MOUTH/THROAT/DENTAL AGENTS	127
*MUCOPOLYSACCHARIDOSIS IV (MPS IV) - AGENTS***	127
*MULTIPLE VITAMINS W/ MINERALS & FLUORIDE-IRON-FOLIC ACID***	127
*MULTIPLE VITAMINS WITH FOLIC ACID***	128
MULTIVITAMINS	128
MUSCULOSKELETAL THERAPY AGENTS	132
NASAL AGENTS - SYSTEMIC AND TOPICAL	133
*NEPRILYSIN INHIB (ARNI)-ANGIOTENSIN II RECEPT ANTAG COMB***	134
*NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS***	134
NEUROMUSCULAR AGENTS	134
OPHTHALMIC AGENTS	134
*OPHTHALMIC RHO KINASE INHIBITORS***	139
*OREXIN RECEPTOR ANTAGONISTS***	139
OTIC AGENTS	139
*OXABOROLE-RELATED ANTIFUNGALS - TOPICAL***	140
OXYTOCICS	140
*PASSIVE IMMUNIZING AGENTS - COMBINATIONS***	140
PASSIVE IMMUNIZING AGENTS	140
*PCSK9 INHIBITORS***	141
PENICILLINS	141
PHARMACEUTICAL ADJUVANTS	142
*PHOSPHATIDYLINOSITOL 3-KINASE (PI3K) INHIBITORS***	142
*PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL***	142
*PHOSPHODIESTERASE 4 (PDE4) INHIBITORS***	142
*PLASMA KALLIKREIN INHIBITORS - MONOCLONAL ANTIBODIES***	142
*POLY (ADP-RIBOSE) POLYMERASE (PARP) INHIBITORS**	143
*POLY (ADP-RIBOSE) POLYMERASE (PARP) INHIBITORS***	143
*POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS***	143
*POTASSIUM REMOVING AGENTS***	143
*PRENATAL MV & MINERALS W/FA WITHOUT IRON***	143
PROGESTINS	143
*PROTEASE-ACTIVATED RECEPTOR-1 (PAR-1) ANTAGONISTS***	144
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	144
*PULMONARY FIBROSIS AGENTS - KINASE INHIBITORS***	146
*PULMONARY FIBROSIS AGENTS***	146
*PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST***	146
RESPIRATORY AGENTS - MISC.	147
*SEROTONIN MODULATORS***	147
*SGLT2 INHIBITOR - DPP-4 INHIBITOR COMBINATIONS***	147
*SINUS NODE INHIBITORS**	147
*SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITOR-BIGUANIDE COMB***	147
*SPLEEN TYROSINE KINASE (SYK) INHIBITORS***	148
SULFONAMIDES	148
TETRACYCLINES	148
THYROID AGENTS	149
*TOPICAL ANESTHETIC GASES***	149

*TRYPTOPHAN HYDROXYLASE INHIBITORS***	150
ULCER DRUGS	150
URINARY ANTI-INFECTIVES	151
URINARY ANTISPASMODICS	152
VAGINAL PRODUCTS	152
VASOPRESSORS	153
VITAMINS	153

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Status

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

G = Generic

NPB = Non-Preferred Brand

NPSP = Non-Preferred Specialty

PB = Preferred Brand

PSP = Preferred Specialty

Drug Details

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

AL = Age Limit

LGC = Lowest Generic Copay Applies

MPG = PG tier applies to members residing in Massachusetts.

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

PA = Prior Authorization

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

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.

SP = You may pay higher out of pocket costs and may be required to get these products at an Aetna Specialty Pharmacy network provider, like Aetna Specialty Pharmacy. Specialty products are limited to a 30 day supply.

Drug Name	Drug Status	Drug Details
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS		
ADDERALL	NPB	QL
ADDERALL XR	NPB	QL
ADZENYS ER	NPB	QL
ADZENYS XR-ODT	NPB	QL
<i>amphetamine sulfate</i>	G	QL
<i>amphetamine-dextroamphet er</i>	G	QL
<i>amphetamine-dextroamphetamine</i>	G	QL
APTENSIO XR	NPB	#; QL
<i>armodafinil</i>	G	
<i>atomoxetine hcl</i>	G	QL
<i>caffeine citrate oral</i>	G	
<i>clonidine hcl er</i>	G	QL
CONCERTA	NPB	QL
COTEMPLA XR-ODT	NPB	QL
DAYTRANA	NPB	#; QL
DESOXYN	NPB	QL
DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR	NPB	QL
<i>dexmethylphenidate hcl</i>	G	QL
<i>dexmethylphenidate hcl er</i>	G	QL
<i>dextroamphetamine sulfate er</i>	G	QL
<i>dextroamphetamine sulfate oral</i>	G	QL
DYANAVEL XR	NPB	QL
EVEKEO	NPB	QL
FOCALIN	NPB	QL
FOCALIN XR	NPB	QL
<i>guanfacine hcl er</i>	G	QL
INTUNIV	NPB	QL
KAPVAY ORAL TABLET EXTENDED RELEASE 12 HOUR	NPB	QL
METADATE ER ORAL TABLET EXTENDED RELEASE 20 MG	G	QL
<i>methamphetamine hcl</i>	G	QL
METHYLIN ORAL SOLUTION	NPB	QL

2018 Aetna Premier Plus Plan

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
<i>methylphenidate hcl er</i>	G	QL
<i>methylphenidate hcl er (cd)</i>	G	QL
<i>methylphenidate hcl er (la)</i>	G	QL
<i>methylphenidate hcl oral</i>	G	QL
<i>modafinil</i>	G	
MYDAYIS	NPB	QL
NUVIGIL	NPB	
PROCENTRA	NPB	QL
PROVIGIL	NPB	
QUILLICHEW ER	NPB	QL
QUILLIVANT XR	NPB	#; QL
RELEXXII	G	QL
RITALIN	NPB	QL
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 30 MG, 40 MG	NPB	QL
STRATTERA	NPB	QL
VYVANSE	PB	QL
ZENZEDI ORAL TABLET 10 MG, 5 MG	G	QL
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG	NPB	QL
*AGENTS FOR NARCOTIC WITHDRAWAL***		
LUCEMYRA	NPB	
*AGENTS FOR OPIOID WITHDRAWAL***		
LUCEMYRA	NPB	
AMEBICIDES		
SOLOSEC	NPB	
*AMINO ACIDS***		
ENDARI	NPB	
AMINOGLYCOSIDES		
ARIKAYCE	NPSP	PA; SP
BETHKIS	NPSP	SP
<i>neomycin sulfate oral</i>	G	
<i>paromomycin sulfate oral</i>	G	

2018 Aetna Premier Plus Plan

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
TOBI	NPSP	SP
TOBI PODHALER	PSP	SP
<i>tobramycin inhalation</i>	PSP	SP
ANALGESICS - ANTI-INFLAMMATORY		
ACTEMRA	NPSP	PA; SP
ANAPROX DS	NPB	
ARCALYST	NPSP	PA; SP
ARTHROTEC ORAL TABLET DELAYED RELEASE	NPB	
CELEBREX	NPB	
<i>celecoxib oral</i>	G	
DAYPRO	NPB	
<i>diclofenac potassium</i>	G	
<i>diclofenac sodium er</i>	G	
<i>diclofenac sodium oral tablet delayed release 25 mg, 50 mg</i>	G	
<i>diclofenac sodium oral tablet delayed release 75 mg</i>	G	LGC
<i>diclofenac-misoprostol oral tablet delayed release</i>	G	
DUEXIS	NPB	
EC-NAPROSYN	NPB	
ENBREL MINI	PSP	PA; SP
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	PSP	PA; SP
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	PSP	PA; SP
<i>etodolac er</i>	G	
<i>etodolac oral</i>	G	
FELDENE	NPB	
<i>fenoprofen calcium oral</i>	G	
<i>flurbiprofen oral</i>	G	
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML, 80 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML	NPSP	PA; SP

2018 Aetna Premier Plus Plan

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT	NPSP	PA; SP
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	NPSP	PA; SP
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	NPSP	SP
HUMIRA PEN-PS/UV STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	NPSP	PA; SP
HUMIRA PEN-PS/UV STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML	NPSP	SP
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT	NPSP	PA; SP
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	G	LGC
ILARIS SUBCUTANEOUS SOLUTION	PSP	PA; SP
INDOCIN ORAL	NPB	
INDOCIN RECTAL	NPB	
<i>indomethacin er</i>	G	
<i>indomethacin oral</i>	G	
<i>ketoprofen er</i>	G	
<i>ketorolac tromethamine oral</i>	G	
KEVZARA	NPSP	PA; SP
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	NPSP	PA; SP
<i>leflunomide oral</i>	G	
LODINE	NPB	
<i>meclofenamate sodium oral</i>	G	
<i>mefenamic acid oral</i>	G	
<i>meloxicam oral tablet</i>	G	LGC
MOBIC ORAL TABLET	NPB	
<i>nabumetone oral</i>	G	
NALFON ORAL CAPSULE 400 MG	NPB	
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG, 750 MG	NPB	

2018 Aetna Premier Plus Plan

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
NAPROSYN ORAL SUSPENSION	NPB	
NAPROSYN ORAL TABLET 250 MG, 500 MG	NPB	
<i>naproxen dr</i>	G	
<i>naproxen oral suspension</i>	G	
<i>naproxen oral tablet</i>	G	LGC
<i>naproxen sodium er</i>	G	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	G	
OLUMIANT	NPSP	PA; SP
ORENCIA CLICKJECT	NPSP	PA; SP
ORENCIA INTRAVENOUS	NPSP	PA; SP
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	NPSP	PA; SP
OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	PSP	SP
OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR 12.5 MG/0.4ML	PSP	
<i>oxaprozin</i>	G	
<i>piroxicam oral</i>	G	
PONSTEL	NPB	
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	PSP	SP
RIDAURA	NPB	
SIMPONI ARIA	PSP	PA; SP
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	PSP	PA; SP
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	PSP	PA; SP
SPRIX	NPB	#
<i>sulindac oral</i>	G	
TIVORBEX	NPB	
<i>tolmetin sodium</i>	G	

2018 Aetna Premier Plus Plan

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
VIMOVO	NPB	
VIVLODEX	NPB	#
XELJANZ	PSP	PA; SP
XELJANZ XR	PSP	PA; SP
ZIPSOR	NPB	
ZORVOLEX	NPB	
ANALGESICS - NONNARCOTIC		
ALLZITAL	NPB	
<i>aspirin oral tablet chewable</i>	CE	
<i>aspirin oral tablet delayed release 81 mg</i>	CE	
BUPAP ORAL TABLET 50-300 MG	NPB	
<i>butalbital-acetaminophen oral capsule</i>	G	
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	G	
<i>butalbital-apap-caffeine oral capsule</i>	G	
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	G	
<i>butalbital-asa-caffeine</i>	G	
<i>choline-mag trisalicylate</i>	G	
<i>diflunisal oral</i>	G	
<i>duraxin</i>	NPB	
ESGIC ORAL TABLET	NPB	
FIORICET ORAL CAPSULE	NPB	
FIORINAL	NPB	
MINIPRIN LOW DOSE	CE	
PRIALT	NPSP	SP
<i>salsalate oral</i>	G	
ST JOSEPH ASPIRIN ORAL TABLET DELAYED RELEASE	CE	
TENCON ORAL TABLET 50-325 MG	NPB	
VANATOL LQ	NPB	
ZEBUTAL ORAL CAPSULE 50-325-40 MG	G	
ANALGESICS - OPIOID		
ABSTRAL	NPB	PA; #; QL
<i>acetaminophen-codeine</i>	G	PA; QL
<i>acetaminophen-codeine #2</i>	G	PA; QL

2018 Aetna Premier Plus Plan

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
<i>acetaminophen-codeine #3</i>	G	PA; QL
<i>acetaminophen-codeine #4</i>	G	PA; QL
ACTIQ	NPB	PA; QL
<i>apap-caff-dihydrocodeine oral capsule</i>	G	PA; QL
<i>apap-caff-dihydrocodeine oral tablet 325-30-16 mg</i>	G	PA; QL
ARYMO ER	NPB	PA; MPG; QL
ASCOMP-CODEINE	G	PA; QL
BELBUCA	NPB	PA; QL
BUNAVAIL	NPB	QL
<i>buprenorphine</i>	G	PA; QL
<i>buprenorphine hcl sublingual</i>	G	QL
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual</i>	G	QL
<i>butalbital-apap-caff-cod</i>	G	PA; QL
<i>butalbital-asa-caff-codeine</i>	G	PA; QL
<i>butorphanol tartrate nasal</i>	G	PA; QL
BUTRANS	NPB	PA; QL
<i>codeine sulfate oral tablet</i>	G	PA; QL
CONZIP	NPB	PA; QL
DILAUDID ORAL	NPB	PA; QL
DOLOPHINE	NPB	PA; PPA; QL
DURAGESIC-100	NPB	PA; QL
DURAGESIC-12	NPB	PA; QL
DURAGESIC-25	NPB	PA; QL
DURAGESIC-50	NPB	PA; QL
DURAGESIC-75	NPB	PA; QL
EMBEDA ORAL CAPSULE EXTENDED RELEASE 100-4 MG	PB	PA; QL
EMBEDA ORAL CAPSULE EXTENDED RELEASE 20-0.8 MG, 30-1.2 MG, 50-2 MG, 60-2.4 MG, 80-3.2 MG	PB	PA; MPG; QL
ENDOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	G	PA; QL
EXALGO ORAL TABLET ER 24 HOUR ABUSE-DETERRENT	NPB	PA; QL

2018 Aetna Premier Plus Plan

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
<i>fentanyl</i>	G	PA; QL
<i>fentanyl citrate buccal</i>	G	PA; QL
FENTORA BUCCAL TABLET 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	NPB	PA; #; QL
FIORICET/CODEINE ORAL CAPSULE 50-300-40-30 MG	NPB	PA; QL
FIORINAL/CODEINE #3	NPB	PA; QL
<i>hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml</i>	G	PA; QL
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 2.5-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	G	PA; QL
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	G	PA; QL
<i>hydromorphone hcl er</i>	G	PA; QL
<i>hydromorphone hcl oral</i>	G	PA; QL
<i>hydromorphone hcl rectal</i>	G	PA; QL
HYSINGLA ER	PB	PA; #; QL
IBUDONE ORAL TABLET 10-200 MG	NPB	PA; QL
IBUDONE ORAL TABLET 5-200 MG	G	PA; QL
KADIAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 100 MG, 20 MG, 200 MG, 30 MG, 40 MG, 50 MG, 60 MG, 80 MG	NPB	PA; QL
LAZANDA	NPB	PA; QL
<i>levorphanol tartrate oral</i>	G	PA; QL
LORCET	G	PA; QL
LORCET HD	G	PA; QL
LORCET PLUS ORAL TABLET 7.5-325 MG	G	PA; QL
LORTAB ORAL ELIXIR 10-300 MG/15ML	NPB	PA; QL
<i>meperidine hcl oral</i>	G	PA; QL
METHADONE HCL INTENSOL	G	PA; PPA; QL
<i>methadone hcl oral concentrate</i>	G	PA; PPA; QL
<i>methadone hcl oral solution</i>	G	PA; PPA; QL
<i>methadone hcl oral tablet</i>	G	PA; PPA; QL
METHADOSE ORAL CONCENTRATE 10 MG/ML	NPB	PA; PPA; QL

2018 Aetna Premier Plus Plan

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
METHADOSE SUGAR-FREE	NPB	PA; PPA; QL
MORPHABOND ER	NPB	PA; MPG; QL
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml</i>	G	PA; QL
<i>morphine sulfate er beads</i>	G	PA; QL
<i>morphine sulfate er oral capsule extended release 24 hour</i>	G	PA; QL
<i>morphine sulfate er oral tablet extended release</i>	G	PA; QL
<i>morphine sulfate oral</i>	G	PA; QL
<i>morphine sulfate rectal</i>	G	PA; QL
MS CONTIN ORAL TABLET EXTENDED RELEASE	NPB	PA; QL
<i>nalocet</i>	NPB	PA; QL
NORCO	NPB	PA; QL
NUCYNTA	PB	PA; QL
NUCYNTA ER	PB	PA; QL
OPANA ORAL	NPB	PA; QL
OXAYDO	PB	PA; MPG; QL
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent</i>	G	PA; QL
<i>oxycodone hcl oral capsule</i>	G	PA; QL
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>	G	PA; QL
<i>oxycodone hcl oral solution</i>	G	PA; QL
<i>oxycodone hcl oral tablet</i>	G	PA; QL
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	G	PA; QL
<i>oxycodone-aspirin oral tablet 4.8355-325 mg</i>	G	PA; QL
<i>oxycodone-ibuprofen</i>	G	PA; QL
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT	PB	PA; QL
<i>oxymorphone hcl</i>	G	PA; QL
<i>oxymorphone hcl er</i>	G	PA; QL
<i>pentazocine-naloxone hcl</i>	G	PA; QL
PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	NPB	PA; QL
PRIMLEV	NPB	PA; QL

2018 Aetna Premier Plus Plan

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
ROXICODONE ORAL TABLET	NPB	PA; QL
ROXYBOND	NPB	PA; MPG; QL
SUBOXONE SUBLINGUAL FILM	NPB	#; QL
SUBSYS	NPB	PA; QL
<i>tramadol hcl er</i>	G	PA; QL
<i>tramadol hcl er (biphasic) oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg</i>	G	PA; QL
<i>tramadol hcl oral</i>	G	PA; QL
<i>tramadol-acetaminophen</i>	G	PA; QL
TREZIX ORAL CAPSULE 320.5-30-16 MG	NPB	PA; QL
TYLENOL WITH CODEINE #3	NPB	PA; QL
TYLENOL WITH CODEINE #4	NPB	PA; QL
ULTRACET	NPB	PA; QL
ULTRAM	NPB	PA; QL
VERDROCET	G	PA; QL
VICODIN ES ORAL TABLET 7.5-300 MG	G	PA; QL
VICODIN HP ORAL TABLET 10-300 MG	G	PA; QL
VICODIN ORAL TABLET 5-300 MG	G	PA; QL
XODOL ORAL TABLET 5-300 MG, 7.5-300 MG	NPB	PA; QL
XTAMPZA ER	NPB	PA; QL
ZOXYDOL ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT	NPB	PA; #; QL
ZUBSOLV	NPB	#; QL
ANDROGENS-ANABOLIC		
ANADROL-50	NPB	
ANDRODERM TRANSDERMAL PATCH 24 HOUR	NPB	
ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%)	NPB	#
ANDROGEL TRANSDERMAL GEL 20.25 MG/1.25GM (1.62%), 40.5 MG/2.5GM (1.62%)	NPB	#
ANDROGEL TRANSDERMAL GEL 25 MG/2.5GM (1%), 50 MG/5GM (1%)	NPB	
<i>danazol oral</i>	G	

2018 Aetna Premier Plus Plan

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
FORTESTA	NPB	
<i>methitest</i>	NPB	
<i>methyltestosterone oral</i>	G	
NATESTO	NPB	
OXANDRIN ORAL TABLET 10 MG	NPB	
<i>oxandrolone oral</i>	G	
STRIANT	NPB	#
TESTIM	NPB	
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i>	G	
<i>testosterone enanthate intramuscular solution</i>	G	
<i>testosterone transdermal gel 10 mg/lact (2%), 12.5 mg/lact (1%), 20.25 mg/1.25gm (1.62%), 20.25 mg/lact (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)</i>	G	
<i>testosterone transdermal solution</i>	G	
VOGELXO PUMP	NPB	
VOGELXO TRANSDERMAL GEL 50 MG/5GM (1%)	NPB	
ANORECTAL AGENTS		
ANUSOL-HC RECTAL CREAM	NPB	
COLOCORT	G	
CORTENEMA	NPB	
CORTIFOAM	NPB	
<i>hydrocortisone ace-pramoxine rectal cream 1-1 %</i>	G	
<i>hydrocortisone rectal enema</i>	G	
<i>pramcort rectal</i>	G	
PROCTOCARE-HC	G	
PROCTOFOAM HC	NPB	
PROCTO-PAK	G	
PROCTOSOL HC	G	
PROCTOZONE-HC RECTAL	G	
RECTIV	NPB	
UCERIS RECTAL	NPB	#

2018 Aetna Premier Plus Plan

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
ANTHELMINTICS		
<i>albendazole oral</i>	G	
ALBENZA	NPB	
<i>benznidazole</i>	NPB	
BILTRICIDE	NPB	
EMVERM	NPB	
<i>ivermectin oral</i>	G	
<i>praziquantel oral</i>	G	
STROMECTOL	NPB	
ANTIANGINAL AGENTS		
DILATRATE-SR	NPB	
GONITRO	NPB	
ISORDIL TITRADOSE	NPB	
<i>isosorbide dinitrate er</i>	G	
<i>isosorbide dinitrate oral</i>	G	
<i>isosorbide mononitrate</i>	G	
<i>isosorbide mononitrate er</i>	G	
MINITRAN	G	
NITRO-BID	NPB	
NITRO-DUR	NPB	
<i>nitroglycerin er oral capsule extended release 9 mg</i>	G	
<i>nitroglycerin sublingual</i>	G	
<i>nitroglycerin transdermal patch 24 hour</i>	G	
<i>nitroglycerin translingual solution</i>	G	
NITROLINGUAL	NPB	
NITROMIST	NPB	
NITROSTAT	NPB	
NITRO-TIME ORAL CAPSULE EXTENDED RELEASE 9 MG	G	
RANEXA	PB	#
ANTIANXIETY AGENTS		
<i>alprazolam er</i>	G	
ALPRAZOLAM INTENSOL	NPB	
<i>alprazolam oral</i>	G	

2018 Aetna Premier Plus Plan

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
<i>alprazolam xr</i>	G	
ATIVAN ORAL	NPB	
<i>buspirone hcl oral tablet 10 mg, 5 mg</i>	G	LGC
<i>buspirone hcl oral tablet 15 mg, 30 mg, 7.5 mg</i>	G	
<i>chlordiazepoxide hcl</i>	G	
<i>clorazepate dipotassium</i>	G	
DIAZEPAM INTENSOL	G	
<i>diazepam oral solution 5 mg/5ml</i>	G	
<i>diazepam oral tablet</i>	G	
<i>hydroxyzine hcl oral syrup</i>	G	
<i>hydroxyzine hcl oral tablet</i>	G	
<i>hydroxyzine pamoate</i>	G	
LORAZEPAM INTENSOL	G	
<i>lorazepam oral tablet</i>	G	
<i>meprobamate</i>	G	
<i>oxazepam</i>	G	
TRANXENE-T ORAL TABLET 7.5 MG	NPB	
VALIUM	NPB	
VISTARIL	NPB	
XANAX	NPB	
XANAX XR	NPB	
ANTIARRHYTHMICS		
<i>amiodarone hcl oral</i>	G	
<i>disopyramide phosphate oral</i>	G	
<i>dofetilide</i>	G	
<i>flecainide acetate</i>	G	
<i>mexiletine hcl oral</i>	G	
MULTAQ	PB	
NORPACE	NPB	
NORPACE CR	NPB	
PACERONE ORAL TABLET 100 MG, 200 MG, 400 MG	G	
<i>propafenone hcl</i>	G	
<i>propafenone hcl er</i>	G	
<i>quinidine gluconate er</i>	G	

2018 Aetna Premier Plus Plan

The formulary is updated the first week of each month.

12/01/2018

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

2018 Aetna Premier Plus Plan

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
DIFIL-G FORTE	G	
DULERA	PB	
ELIXOPHYLLIN	NPB	
FLOVENT DISKUS	PB	#
FLOVENT HFA	PB	#
<i>fluticasone-salmeterol</i>	G	
INCRUSE ELLIPTA	PB	
<i>ipratropium bromide inhalation</i>	G	
<i>ipratropium-albuterol</i>	G	
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml</i>	G	
LONHALA MAGNAIR REFILL KIT	NPB	
LONHALA MAGNAIR STARTER KIT	NPB	
<i>metaproterenol sulfate oral</i>	G	
<i>montelukast sodium oral</i>	G	
PERFOROMIST	NPB	
PROAIR HFA	PB	#
PROAIR RESPICLICK	PB	
PROVENTIL HFA	NPB	#
PULMICORT	NPB	
PULMICORT FLEXHALER	NPB	
QVAR REDHALER	PB	
SEEBRI NEOHALER	NPB	
SEREVENT DISKUS	PB	
SINGULAIR	NPB	
SPIRIVA HANDIHALER	PB	
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT	PB	
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT	PB	
STRIVERDI RESPIMAT	NPB	
SYMBICORT	PB	
<i>terbutaline sulfate oral</i>	G	
THEO-24	PB	

2018 Aetna Premier Plus Plan

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
THEOCHRON ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG	G	
<i>theophylline</i>	G	
<i>theophylline er</i>	G	
TRELEGY ELLIPTA	PB	
TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED	NPB	
UTIBRON NEOHALER	NPB	
VENTOLIN HFA	PB	
XOLAIR	PSP	PA; SP
XOPENEX	NPB	
XOPENEX CONCENTRATE	NPB	
XOPENEX HFA	NPB	
<i>zafirlukast</i>	G	
<i>zileuton er</i>	G	
ZYFLO	NPB	
ZYFLO CR	NPB	
ANTICOAGULANTS		
<i>acd formula a</i>	NPB	
<i>acd formula b</i>	NPB	
ACD-A NOCLOT-50	NPB	
ANTICOAGULANT COMPOUND	NPB	
ARIXTRA	NPB	
BEVYXXA	NPB	
COUMADIN ORAL	NPB	
ELIQUIS	PB	
ELIQUIS STARTER PACK	PB	
<i>enoxaparin sodium</i>	G	
<i>fondaparinux sodium</i>	G	
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML, 95000 UNIT/3.8ML	NPB	

2018 Aetna Premier Plus Plan

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
<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</i>	G	
JANTOVEN	G	
LOVENOX	NPB	
PRADAXA	PB	
SAVAYSA	NPB	
<i>warfarin sodium oral</i>	G	LGC
XARELTO	PB	
XARELTO STARTER PACK	PB	
ANTICONVULSANTS		
APTIOM	NPB	
BANZEL	NPB	
BRIVIACT ORAL TABLET	NPB	
<i>carbamazepine er</i>	G	
<i>carbamazepine oral</i>	G	
CARBATROL	PB	
CELONTIN	PB	
<i>clonazepam oral</i>	G	
DEPAKENE ORAL CAPSULE	NPB	
DEPAKENE ORAL SOLUTION	NPB	
DEPAKOTE	NPB	
DEPAKOTE ER	NPB	
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE	NPB	
DIASTAT ACUDIAL	PB	
DIASTAT PEDIATRIC	PB	
DILANTIN	PB	
DILANTIN INFATABS	PB	
<i>divalproex sodium er oral tablet extended release 24 hour</i>	G	
<i>divalproex sodium oral capsule delayed release sprinkle</i>	G	
<i>divalproex sodium oral tablet delayed release</i>	G	

2018 Aetna Premier Plus Plan

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
EPIDIOLEX	NPSP	PA; SP
EPITOL	G	
<i>ethosuximide oral</i>	G	
<i>felbamate</i>	G	
FELBATOL	NPB	
FYCOMPA	NPB	
<i>gabapentin oral capsule</i>	G	
<i>gabapentin oral solution 250 mg/5ml</i>	G	
<i>gabapentin oral tablet</i>	G	
GABITRIL	NPB	
KEPPRA	NPB	
KEPPRA XR	NPB	
KLONOPIN	NPB	
LAMICTAL ODT	NPB	
LAMICTAL ORAL TABLET	NPB	
LAMICTAL ORAL TABLET CHEWABLE 25 MG, 5 MG	NPB	
LAMICTAL STARTER	NPB	
LAMICTAL XR	NPB	
<i>lamotrigine er</i>	G	
<i>lamotrigine oral tablet</i>	G	
<i>lamotrigine oral tablet chewable</i>	G	
<i>lamotrigine oral tablet dispersible</i>	G	
<i>lamotrigine starter kit-blue</i>	G	
<i>lamotrigine starter kit-green</i>	G	
<i>lamotrigine starter kit-orange</i>	G	
<i>levetiracetam er</i>	G	
<i>levetiracetam oral</i>	G	
LYRICA	PB	#
MYSOLINE	NPB	
NEURONTIN	NPB	
ONFI ORAL SUSPENSION	NPB	#
ONFI ORAL TABLET 10 MG, 20 MG	NPB	#
<i>oxcarbazepine</i>	G	
OXTELLAR XR	NPB	

2018 Aetna Premier Plus Plan

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
PEGANONE	NPB	
PHENYTEK	PB	
PHENYTOIN INFATABS	G	
<i>phenytoin oral suspension 125 mg/5ml</i>	G	
<i>phenytoin oral tablet chewable</i>	G	
<i>phenytoin sodium extended</i>	G	
<i>primidone oral</i>	G	
QUDEXY XR	NPB	
SABRIL ORAL PACKET	NPSP	PA; SP
SABRIL ORAL TABLET	NPSP	PA; #; SP
SPRITAM	NPB	
TEGRETOL ORAL SUSPENSION	PB	
TEGRETOL ORAL TABLET	PB	
TEGRETOL-XR	NPB	
<i>tiagabine hcl</i>	G	
TOPAMAX	NPB	
TOPAMAX SPRINKLE	NPB	
<i>topiramate oral</i>	G	
TRILEPTAL	NPB	
TROKENDI XR	NPB	#
<i>valproate sodium oral solution</i>	G	
<i>valproic acid oral capsule</i>	G	
<i>valproic acid oral solution</i>	G	
<i>vigabatrin</i>	PSP	PA; SP
VIGADRONE	PSP	PA; SP
VIMPAT ORAL	NPB	#
ZARONTIN	NPB	
ZONEGRAN	NPB	
<i>zonisamide oral</i>	G	
*ANTIDEMENTIA AGENT COMBINATIONS***		
NAMZARIC	PB	
ANTIDEPRESSANTS		
<i>amitriptyline hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg, 75 mg</i>	G	LGC

2018 Aetna Premier Plus Plan

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
<i>amitriptyline hcl oral tablet 150 mg</i>	G	
<i>amoxapine</i>	G	
ANAFRANIL	NPB	
APLENZIN	NPB	
<i>bupropion hcl er (sr)</i>	G	
<i>bupropion hcl er (xl)</i>	G	
<i>bupropion hcl oral</i>	G	
CELEXA ORAL TABLET	NPB	
<i>citalopram hydrobromide oral solution</i>	G	
<i>citalopram hydrobromide oral tablet</i>	G	LGC
<i>clomipramine hcl oral</i>	G	
CYMBALTA	NPB	
<i>desipramine hcl oral</i>	G	
<i>desvenlafaxine er</i>	G	
<i>desvenlafaxine succinate er</i>	G	
<i>doxepin hcl oral</i>	G	
<i>duloxetine hcl oral</i>	G	
EFFEXOR XR	NPB	
EMSAM	NPB	#
<i>escitalopram oxalate</i>	G	
FETZIMA	NPB	
FETZIMA TITRATION	NPB	
<i>fluoxetine hcl oral</i>	G	
<i>fluvoxamine maleate</i>	G	
<i>fluvoxamine maleate er</i>	G	
FORFIVO XL	NPB	#
<i>imipramine hcl oral</i>	G	
<i>imipramine pamoate</i>	G	
KHEDEZLA	NPB	
LEXAPRO ORAL TABLET	NPB	
<i>maprotiline hcl</i>	G	
MARPLAN	NPB	
<i>mirtazapine oral</i>	G	
NARDIL	NPB	
<i>nefazodone hcl</i>	G	

2018 Aetna Premier Plus Plan

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
NORPRAMIN ORAL TABLET 10 MG, 25 MG	NPB	
<i>nortriptyline hcl oral capsule 10 mg, 25 mg</i>	G	LGC
<i>nortriptyline hcl oral capsule 50 mg, 75 mg</i>	G	
<i>nortriptyline hcl oral solution</i>	G	
PAMELOR ORAL CAPSULE	NPB	
PARNATE	NPB	
<i>paroxetine hcl er</i>	G	
<i>paroxetine hcl oral tablet</i>	G	LGC
PAXIL	NPB	
PAXIL CR	NPB	
PEXEVA	NPB	
<i>phenelzine sulfate oral</i>	G	
PRISTIQ	NPB	
<i>protriptyline hcl</i>	G	
PROZAC ORAL CAPSULE	NPB	
REMERON ORAL TABLET 15 MG, 30 MG	NPB	
REMERON SOLTAB	NPB	
<i>sertraline hcl oral concentrate</i>	G	
<i>sertraline hcl oral tablet</i>	G	LGC
SURMONTIL	NPB	
<i>tranylecypromine sulfate</i>	G	
<i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg</i>	G	LGC
<i>trazodone hcl oral tablet 300 mg</i>	G	
<i>trimipramine maleate oral</i>	G	
TRINTELLIX	NPB	
<i>venlafaxine hcl</i>	G	
<i>venlafaxine hcl er</i>	G	
VIIBRYD ORAL TABLET	NPB	
VIIBRYD STARTER PACK	NPB	
WELLBUTRIN SR	NPB	
WELLBUTRIN XL	NPB	
ZOLOFT ORAL TABLET	NPB	
ANTIDIABETICS		
<i>acarbose</i>	G	

2018 Aetna Premier Plus Plan

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
ACTOPLUS MET	NPB	
ACTOPLUS MET XR	NPB	
ACTOS	NPB	
ADLYXIN	NPB	
ADLYXIN STARTER PACK	NPB	
ADMELOG	NPB	
ADMELOG SOLOSTAR	NPB	
AFREZZA INHALATION POWDER 12 UNIT, 4 & 8 & 12 UNIT, 4 (90) & 8 (90) UNIT, 4 UNIT, 8 UNIT	NPB	
<i>alogliptin benzoate</i>	G	
<i>alogliptin-metformin hcl</i>	G	
<i>alogliptin-pioglitazone</i>	G	
AMARYL	NPB	
APIDRA	NPB	
APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	NPB	
AVANDIA ORAL TABLET 2 MG, 4 MG	NPB	
BASAGLAR KWIKPEN	NPB	
BD GLUCOSE	NPB	
BYDUREON BCISE	NPB	
BYDUREON SUBCUTANEOUS PEN-INJECTOR	NPB	
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	NPB	#
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	NPB	#
<i>chlorpropamide oral tablet 100 mg</i>	G	
<i>cvs glucose bits</i>	NPB	
<i>cvs glucose oral gel</i>	G	
<i>cvs glucose oral tablet chewable</i>	NPB	
<i>cvs glucose shot oral liquid 15 gm/59ml</i>	G	
CYCLOSET	NPB	
DEX4 GLUCOSE ORAL LIQUID	NPB	
DEX4 NATURALS	NPB	

2018 Aetna Premier Plus Plan

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
DEX4 ORAL TABLET CHEWABLE 4-6 GM-MG	NPB	
DEX4 POUCH PACK	NPB	
DEX4 QUICK DISSOLVE GLUCOSE	NPB	
DUETACT	NPB	
FARXIGA	NPB	
FIASP	NPB	
FIASP FLEXTOUCH	NPB	
FORTAMET	NPB	
<i>glimepiride</i>	G	LGC
<i>glipizide er oral tablet extended release 24 hour 10 mg, 5 mg</i>	G	LGC
<i>glipizide er oral tablet extended release 24 hour 2.5 mg</i>	G	
<i>glipizide oral</i>	G	LGC
<i>glipizide xl</i>	G	
<i>glipizide-metformin hcl</i>	G	
GLUCAGEN HYPOKIT	NPB	
GLUCAGON EMERGENCY	PB	
GLUCO BURST ORAL GEL	G	
GLUCOPHAGE	NPB	
GLUCOPHAGE XR	NPB	
<i>glucose oral gel 40 %</i>	G	
<i>glucose oral tablet chewable</i>	G	
GLUCOTROL	NPB	
GLUCOTROL XL	NPB	
GLUMETZA	NPB	
<i>glyburide micronized oral tablet 1.5 mg</i>	G	
<i>glyburide micronized oral tablet 3 mg, 6 mg</i>	G	LGC
<i>glyburide oral tablet 1.25 mg</i>	G	
<i>glyburide oral tablet 2.5 mg, 5 mg</i>	G	LGC
<i>glyburide-metformin</i>	G	
GLYNASE	NPB	
GLYSET	NPB	
<i>gnp glucose oral tablet chewable</i>	NPB	

2018 Aetna Premier Plus Plan

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
<i>gnp quick dissolve glucose</i>	NPB	
<i>hm glucose</i>	NPB	
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	PB	
HUMALOG MIX 50/50	PB	
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	PB	
HUMALOG MIX 75/25	PB	
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	PB	
HUMULIN 70/30	PB	
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	PB	
HUMULIN N	PB	
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	PB	
HUMULIN R	PB	
HUMULIN R U-500 (CONCENTRATED)	PB	
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	PB	
<i>hy-vee glucose</i>	NPB	
INVOKANA	PB	
JANUMET	PB	
JANUMET XR	PB	
JANUVIA	PB	
JARDIANCE	PB	
JENTADUETO	PB	
JENTADUETO XR	PB	
KAZANO	NPB	
KOMBIGLYZE XR	PB	
KORLYM	NPSP	PA; SP

2018 Aetna Premier Plus Plan

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
<i>kroger glucose oral tablet chewable</i>	NPB	
LANTUS	PB	
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	PB	
<i>leader glucose</i>	NPB	
<i>leader quick dissolve glucose</i>	NPB	
LEVEMIR	PB	
LEVEMIR FLEXTOUCH	PB	
<i>longs glucose oral tablet chewable 4-6 gm-mg</i>	NPB	
<i>meijer glucose oral tablet chewable 4-6 gm-mg</i>	NPB	
<i>metformin hcl er (mod)</i>	G	
<i>metformin hcl er (osm) oral tablet extended release 24 hour 1000 mg, 500 mg</i>	G	
<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 solution</i>	G	
<i>metformin hcl oral tablet</i>	G	LGC
<i>miglitol</i>	G	
<i>nateglinide</i>	G	
NESINA	NPB	
NOVOLIN 70/30	NPB	
NOVOLIN 70/30 RELION	NPB	
NOVOLIN N	NPB	
NOVOLIN N RELION	NPB	
NOVOLIN R	NPB	
NOVOLIN R RELION	NPB	
NOVOLOG	NPB	
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	NPB	
NOVOLOG MIX 70/30	NPB	
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	NPB	

2018 Aetna Premier Plus Plan

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE	NPB	
ONGLYZA	PB	
OSENI	NPB	
OZEMPIC	NPB	
<i>pioglitazone hcl</i>	G	
<i>pioglitazone hcl-glimepiride</i>	G	
<i>pioglitazone hcl-metformin hcl</i>	G	
PRANDIN ORAL TABLET 1 MG, 2 MG	NPB	
PRECOSE	NPB	
<i>preferred plus glucose</i>	NPB	
PROGLYCEM	NPB	
<i>px glucose</i>	NPB	
<i>ra glucose oral gel</i>	G	
<i>ra glucose oral tablet chewable</i>	NPB	
RA TRUEPLUS GLUCOSE	NPB	
RELION GLUCOSE DRINK	G	
RELION GLUCOSE ORAL GEL	G	
RELION GLUCOSE ORAL TABLET CHEWABLE	NPB	
<i>repaglinide</i>	G	
<i>repaglinide-metformin hcl</i>	G	
RIOMET	NPB	
<i>sm glucose</i>	NPB	
SMART SENSE GLUCOSE	NPB	
STARLIX	NPB	
STEGLATRO	NPB	
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR	PB	#
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR	PB	#
<i>tgt glucose oral tablet chewable 4-6 gm-mg</i>	NPB	
<i>tolazamide oral tablet 250 mg</i>	G	
<i>tolbutamide</i>	G	
TOUJEO MAX SOLOSTAR	PB	
TOUJEO SOLOSTAR	PB	

2018 Aetna Premier Plus Plan

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
TRADJENTA	PB	
TRESIBA FLEXTOUCH	PB	
TRULICITY	PB	
<i>up & up glucose</i>	NPB	
<i>value plus glucose oral gel</i>	G	
<i>value plus glucose oral tablet chewable</i>	NPB	
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR	PB	
<i>walgreens glucose</i>	NPB	
ANTIDIARRHEALS		
<i>diphenatol</i>	G	
<i>diphenoxylate-atropine oral tablet</i>	G	
LOMOTIL ORAL TABLET	NPB	
MOTOFEN	NPB	
MYTESI	NPB	
<i>opium</i>	G	
ANTIDOTES AND SPECIFIC ANTAGONISTS		
<i>deferoxamine mesylate</i>	PSP	SP
DESFERAL INJECTION SOLUTION RECONSTITUTED 500 MG	NPSP	SP
RADIOGARDASE	PB	
VISTOGARD	PSP	SP
ANTIDOTES		
CHEMET	PB	
<i>deferoxamine mesylate</i>	PSP	SP
DESFERAL INJECTION SOLUTION RECONSTITUTED 500 MG	NPSP	SP
EVZIO INJECTION SOLUTION AUTO- INJECTOR 2 MG/0.4ML	NPB	QL
EXJADE	NPSP	PA; #; SP
FERRIPROX ORAL SOLUTION	NPSP	PA
FERRIPROX ORAL TABLET	NPSP	PA; #; SP
JADENU	NPSP	PA; #; SP
JADENU SPRINKLE	NPSP	PA; #; SP
<i>naltrexone hcl oral</i>	G	

2018 Aetna Premier Plus Plan

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
NARCAN	PB	#
RADIOGARDASE	PB	
VISTOGARD	PSP	SP
VIVITROL	NPB	
ANTIEMETICS		
AKYNZEO ORAL	NPB	
ANZEMET ORAL	NPB	
<i>aprepitant</i>	G	
BONJESTA	NPB	
CESAMET	NPB	
DICLEGIS	NPB	#
<i>dronabinol</i>	G	
EMEND ORAL CAPSULE 125 MG, 40 MG, 80 MG	NPB	
EMEND ORAL SUSPENSION RECONSTITUTED	PB	#
<i>granisetron hcl oral</i>	G	
MARINOL	NPB	
<i>ondansetron</i>	G	
<i>ondansetron hcl oral</i>	G	
SANCUSO	NPB	
SYNDROS	NPB	#
TIGAN ORAL	NPB	
TRANSDERM-SCOP (1.5 MG)	NPB	
<i>trimethobenzamide hcl oral</i>	G	
VARUBI ORAL	NPB	
ZOFRAN ORAL	NPB	
ZUPLENZ	NPB	
ANTIFUNGALS		
<i>bio-statin oral capsule</i>	NPB	
<i>bio-statin oral powder</i>	G	
CRESEMBA ORAL	NPB	
DIFLUCAN	NPB	
<i>fluconazole oral</i>	G	
<i>flucytosine oral</i>	G	

2018 Aetna Premier Plus Plan

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
<i>griseofulvin microsize oral</i>	G	
<i>griseofulvin ultramicrosize</i>	G	
<i>itraconazole oral</i>	G	
<i>ketoconazole oral</i>	G	
LAMISIL ORAL TABLET	NPB	
NOXAFIL ORAL SUSPENSION	NPB	
NOXAFIL ORAL TABLET DELAYED RELEASE	NPB	#
<i>nystatin oral tablet</i>	G	
SPORANOX	NPB	
SPORANOX PULSEPAK	NPB	
<i>terbinafine hcl oral</i>	G	
VFEND	NPB	
<i>voriconazole oral</i>	G	
*ANTIHEMOPHILIC PRODUCTS - MONOCLONAL ANTIBODIES***		
HEMLIBRA	NPSP	PA; SP
ANTIHISTAMINES		
ALAVERT ORAL TABLET DISPERSIBLE	G	Select OTC
ALLEGRA ALLERGY	G	Select OTC
ALLEGRA ALLERGY CHILDRENS ORAL SUSPENSION	G	Select OTC
ALLEGRA ALLERGY CHILDRENS ORAL TABLET DISPERSIBLE	G	Select OTC
<i>allergy 24hour indoor/outdoor</i>	G	Select OTC
<i>allergy relief oral tablet dispersible</i>	G	Select OTC
<i>carbinoxamine maleate oral solution</i>	G	
<i>carbinoxamine maleate oral tablet</i>	G	
<i>cetirizine hcl oral tablet</i>	G	Select OTC
<i>cetirizine hcl oral tablet chewable</i>	G	Select OTC
<i>childrens loratadine</i>	G	Select OTC
CLARINEX	NPB	
CLARITIN	G	Select OTC
CLARITIN REDITABS	G	Select OTC
<i>clemastine fumarate oral tablet 2.68 mg</i>	G	
<i>cypheptadine hcl oral</i>	G	

2018 Aetna Premier Plus Plan

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
<i>desloratadine</i>	G	
<i>fexofenadine hcl childrens</i>	G	Select OTC
<i>fexofenadine hcl oral tablet 180 mg, 60 mg</i>	G	Select OTC
KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE	NPB	
<i>loratadine childrens oral solution</i>	G	Select OTC
<i>loratadine childrens oral syrup</i>	G	Select OTC
<i>loratadine oral solution</i>	G	Select OTC
<i>loratadine oral tablet</i>	G	LGC; Select OTC
<i>loratadine oral tablet chewable</i>	G	Select OTC
PHENADOZ	G	AL
<i>promethazine hcl oral</i>	G	AL
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	G	AL
<i>promethazine hcl rectal suppository 50 mg</i>	G	
PROMETHEGAN	G	AL
RYVENT	NPB	
XYZAL ALLERGY 24HR	G	Select OTC
XYZAL ALLERGY 24HR CHILDRENS	G	Select OTC
ZYRTEC ALLERGY ORAL CAPSULE	G	Select OTC
ZYRTEC ALLERGY ORAL TABLET	G	Select OTC
ANTIHYPERLIPIDEMICS		
ALTOPREV	NPB	#
ANTARA ORAL CAPSULE 30 MG, 90 MG	NPB	#
<i>atorvastatin calcium oral tablet 10 mg</i>	CE	
<i>atorvastatin calcium oral tablet 20 mg, 40 mg, 80 mg</i>	G	
<i>cholestyramine light</i>	G	
<i>cholestyramine oral</i>	G	
<i>colesevelam hcl</i>	G	
COLESTID FLAVORED ORAL PACKET	NPB	
COLESTID ORAL PACKET	NPB	
COLESTID ORAL TABLET	NPB	
<i>colestipol hcl</i>	G	
CRESTOR	NPB	

2018 Aetna Premier Plus Plan

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
<i>ezetimibe</i>	G	
<i>ezetimibe-simvastatin</i>	G	
<i>fenofibrate micronized</i>	G	
<i>fenofibrate oral tablet</i>	G	
<i>fenofibric acid oral capsule delayed release</i>	G	
FENOGLIDE	NPB	
FIBRICOR	NPB	
<i>flolipid</i>	NPB	
<i>fluvastatin sodium</i>	G	
<i>fluvastatin sodium er</i>	G	
<i>gemfibrozil oral</i>	G	LGC
JUXTAPID	NPSP	PA; SP
KYNAMRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	NPSP	PA; SP
LESCOL ORAL CAPSULE 20 MG	NPB	
LESCOL XL	NPB	
LIPITOR	NPB	
LIPOFEN	NPB	
LIVALO	NPB	
LOPID	NPB	
<i>lovastatin</i>	G	LGC
LOVAZA	NPB	
MEVACOR ORAL TABLET 40 MG	NPB	
<i>niacin er (antihyperlipidemic)</i>	G	
NIACOR	NPB	
NIASPAN	NPB	
<i>omega-3-acid ethyl esters</i>	G	
PRAVACHOL ORAL TABLET 20 MG, 40 MG, 80 MG	NPB	
<i>pravastatin sodium</i>	G	
PREVALITE	G	
QUESTRAN	NPB	
QUESTRAN LIGHT ORAL POWDER	NPB	
<i>rosuvastatin calcium</i>	G	
<i>simvastatin oral tablet 10 mg, 5 mg</i>	CE	LGC

2018 Aetna Premier Plus Plan

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
<i>simvastatin oral tablet 20 mg, 40 mg, 80 mg</i>	G	LGC
TRICOR	NPB	
TRIGLIDE ORAL TABLET 160 MG	NPB	
TRILIPIX	NPB	
VASCEPA	PB	
VYTORIN	NPB	
WELCHOL	NPB	#
ZETIA	NPB	
ZOCOR	NPB	
ZYPITAMAG	NPB	
ANTIHYPERTENSIVES		
ACCUPRIL	NPB	
ACCURETIC	NPB	
ALTACE ORAL CAPSULE	NPB	
<i>amlodipine besy-benazepril hcl</i>	G	
<i>amlodipine besylate-valsartan</i>	G	
<i>amlodipine-olmesartan</i>	G	
<i>amlodipine-valsartan-hctz</i>	G	
ATACAND	NPB	
ATACAND HCT	NPB	
<i>atenolol-chlorthalidone</i>	G	
AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG	NPB	
AVAPRO	NPB	
AZOR	NPB	
<i>benazepril hcl oral</i>	G	LGC
<i>benazepril-hydrochlorothiazide</i>	G	
BENICAR	NPB	
BENICAR HCT	NPB	
<i>bisoprolol-hydrochlorothiazide</i>	G	LGC
<i>candesartan cilexetil</i>	G	
<i>candesartan cilexetil-hctz</i>	G	
<i>captopril oral</i>	G	
CARDURA	NPB	
CATAPRES	NPB	

2018 Aetna Premier Plus Plan

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
CATAPRES-TTS-1	NPB	
CATAPRES-TTS-2	NPB	
CATAPRES-TTS-3	NPB	
<i>clonidine hcl oral</i>	G	LGC
CORZIDE	NPB	
COZAAR ORAL TABLET 25 MG, 50 MG	NPB	
DEMSER	NPSP	SP
DIBENZYLINE	NPSP	
DIOVAN	NPB	
DIOVAN HCT	NPB	
<i>doxazosin mesylate oral</i>	G	
DUTOPROL	NPB	
EDARBI	NPB	
EDARBYCLOR	NPB	
<i>enalapril maleate oral</i>	G	LGC
<i>enalapril-hydrochlorothiazide</i>	G	LGC
EPANED ORAL SOLUTION	NPB	#
<i>eplerenone</i>	G	
<i>eprosartan mesylate</i>	G	
EXFORGE	NPB	
EXFORGE HCT	NPB	
<i>fosinopril sodium</i>	G	
<i>fosinopril sodium-hctz</i>	G	
<i>guanfacine hcl oral</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
HYZAAR	NPB	
INSPIRA	NPB	
<i>irbesartan</i>	G	
<i>irbesartan-hydrochlorothiazide</i>	G	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	G	LGC
<i>lisinopril oral tablet 30 mg, 40 mg</i>	G	
<i>lisinopril-hydrochlorothiazide</i>	G	LGC
LOPRESSOR HCT ORAL TABLET 50-25 MG	NPB	

2018 Aetna Premier Plus Plan

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
<i>losartan potassium</i>	G	LGC
<i>losartan potassium-hctz</i>	G	LGC
LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	NPB	
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	NPB	
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG	NPB	
MAVIK ORAL TABLET 4 MG	NPB	
<i>methyldopa oral</i>	G	
<i>metoprolol-hctz er</i>	NPB	
<i>metoprolol-hydrochlorothiazide</i>	G	
MICARDIS	NPB	
MICARDIS HCT	NPB	
MINIPRESS	NPB	
<i>minoxidil oral</i>	G	
<i>moexipril hcl</i>	G	
<i>moexipril-hydrochlorothiazide</i>	G	
<i>nadolol-bendroflumethiazide oral tablet 40-5 mg</i>	G	
<i>olmesartan medoxomil oral</i>	G	
<i>olmesartan medoxomil-hctz</i>	G	
<i>olmesartan-amlodipine-hctz</i>	G	
<i>perindopril erbumine</i>	G	
<i>phenoxybenzamine hcl oral</i>	PSP	
<i>prazosin hcl oral</i>	G	
PRESTALIA	NPB	#
PRINIVIL	NPB	
QBRELIS	NPB	
<i>quinapril hcl</i>	G	
<i>quinapril-hydrochlorothiazide</i>	G	
<i>ramipril</i>	G	
TARKA ORAL TABLET EXTENDED RELEASE 2-180 MG, 2-240 MG, 4-240 MG	NPB	
TEKTURNIA	NPB	#
TEKTURNIA HCT	NPB	
<i>telmisartan</i>	G	

2018 Aetna Premier Plus Plan

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
<i>telmisartan-hctz</i>	G	
TENORETIC 100	NPB	
TENORETIC 50	NPB	
<i>terazosin hcl oral</i>	G	LGC
<i>trandolapril</i>	G	
<i>trandolapril-verapamil hcl er</i>	G	
TRIBENZOR	NPB	
<i>valsartan</i>	G	
<i>valsartan-hydrochlorothiazide</i>	G	
VASERETIC	NPB	
VASOTEC	NPB	
VECAMYL	NPSP	PA; SP
ZESTORETIC	NPB	
ZESTRIL	NPB	
ZIAC	NPB	
ANTI-INFECTIVE AGENTS - MISC.		
ALINIA	NPB	#
BACTRIM	NPB	
BACTRIM DS	NPB	
CLEOCIN ORAL CAPSULE 150 MG, 300 MG	NPB	
CLEOCIN ORAL SOLUTION RECONSTITUTED	NPB	
<i>clindamycin hcl oral</i>	G	
<i>clindamycin palmitate hcl</i>	G	
COLY-MYCIN M	NPSP	SP
<i>dapsone oral</i>	G	
FLAGYL ORAL TABLET	NPB	
IMPAVIDO	NPB	
<i>linezolid oral</i>	G	
MEPRON	NPB	
<i>metronidazole oral tablet</i>	G	
NEBUPENT	PB	
PRIMSOL	NPB	
SIVEXTRO ORAL	NPB	

2018 Aetna Premier Plus Plan

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	G	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg</i>	G	LGC
<i>sulfamethoxazole-trimethoprim oral tablet 800-160 mg</i>	G	
SULFATRIM PEDIATRIC	G	
TINDAMAX ORAL TABLET 500 MG	NPB	
<i>tinidazole oral</i>	G	
<i>trimethoprim oral</i>	G	
<i>trimpex</i>	NPB	
XIFAXAN ORAL TABLET 200 MG	NPB	
XIFAXAN ORAL TABLET 550 MG	PB	
ZYVOX ORAL	NPB	
ANTIMALARIALS		
<i>atovaquone-proguanil hcl oral tablet 250-100 mg</i>	G	
<i>chloroquine phosphate oral</i>	G	
COARTEM	NPB	
DARAPRIM	PB	
<i>hydroxychloroquine sulfate oral</i>	G	
MALARONE	NPB	
<i>mefloquine hcl</i>	G	
PLAQUENIL	NPB	
<i>primaquine phosphate oral</i>	G	
QUALAQUIN	NPB	
<i>quinine sulfate oral</i>	G	
ANTIMYASTHENIC AGENTS		
<i>guanidine hcl oral</i>	G	
MESTINON	NPB	
<i>pyridostigmine bromide er</i>	G	
<i>pyridostigmine bromide oral</i>	G	
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
<i>guanidine hcl oral</i>	G	
MESTINON	NPB	
<i>pyridostigmine bromide er</i>	G	

2018 Aetna Premier Plus Plan

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
<i>pyridostigmine bromide oral</i>	G	
ANTIMYCOBACTERIAL AGENTS		
<i>cycloserine oral</i>	G	
<i>ethambutol hcl oral</i>	G	
<i>isoniazid oral tablet</i>	G	
MYAMBUTOL	NPB	
PASER	NPB	
PRIFTIN	NPB	
<i>pyrazinamide oral</i>	G	
<i>rifabutin</i>	G	
RIFADIN ORAL	NPB	
RIFAMATE	NPB	
<i>rifampin oral</i>	G	
RIFATER	NPB	
SIRTURO	NPSP	PA; SP
TRECATOR	NPB	
*ANTINEOPLASTIC - BCL-2 INHIBITORS***		
VENCLEXTA	NPSP	PA; SP
VENCLEXTA STARTING PACK	NPSP	PA; SP
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
ACTIMMUNE	NPSP	PA; SP
AFINITOR	NPSP	PA; SP
AFINITOR DISPERZ	NPSP	PA; SP
ALECENSA	NPSP	PA; SP
ALFERON N	NPSP	SP
ALKERAN ORAL	NPB	
ALUNBRIG	NPSP	PA; SP
<i>anastrozole oral</i>	G	
ARIMIDEX	NPB	
AROMASIN	NPB	
<i>bexarotene</i>	PSP	PA; SP
<i>bicalutamide</i>	G	
BOSULIF	NPSP	PA; SP

2018 Aetna Premier Plus Plan

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
BRAFTOVI	NPSP	PA; SP
CABOMETYX	PSP	PA; SP
CALQUENCE	NPSP	PA; SP
<i>capecitabine</i>	G	PA; SP
CAPRELSA	NPSP	PA; SP
CASODEX	NPB	
COMETRIQ (100 MG DAILY DOSE)	NPSP	PA; SP
COMETRIQ (140 MG DAILY DOSE)	NPSP	PA; SP
COMETRIQ (60 MG DAILY DOSE)	NPSP	PA; SP
COTELLIC	NPSP	PA; SP
<i>cyclophosphamide oral capsule</i>	G	
ELIGARD	NPSP	PA; SP
EMCYT	PB	
ERIVEDGE	NPSP	PA; SP
ERLEADA	NPSP	PA; SP
<i>etoposide oral</i>	G	
<i>exemestane</i>	G	
FARESTON	NPB	
FARYDAK	NPSP	PA; SP
FASLODEX INTRAMUSCULAR SOLUTION 250 MG/5ML	NPSP	PA; #; SP
FEMARA	NPB	
FIRMAGON	NPSP	PA; SP
<i>flutamide</i>	G	
GILOTRIF	NPSP	PA; SP
GLEEVEC	NPSP	PA; SP
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	NPB	
HYCAMTIN ORAL	NPSP	PA; SP
<i>hydroxyurea oral</i>	G	
ICLUSIG	NPSP	PA; SP
<i>imatinib mesylate</i>	G	PA; SP
IMBRUVICA	NPSP	PA; SP
INLYTA	NPSP	PA; SP
INTRON A	PSP	PA; SP

2018 Aetna Premier Plus Plan

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
IRESSA	NPSP	PA
JAKAFI	NPSP	PA; SP
KISQALI FEMARA 200 DOSE	NPSP	PA; SP
KISQALI FEMARA 400 DOSE	NPSP	PA; SP
KISQALI FEMARA 600 DOSE	NPSP	PA; SP
LENVIMA 10 MG DAILY DOSE	NPSP	PA; SP
LENVIMA 12 MG DAILY DOSE	NPSP	PA; SP
LENVIMA 14 MG DAILY DOSE	NPSP	PA; SP
LENVIMA 18 MG DAILY DOSE	NPSP	PA; SP
LENVIMA 20 MG DAILY DOSE	NPSP	PA; SP
LENVIMA 24 MG DAILY DOSE	NPSP	PA; SP
LENVIMA 4 MG DAILY DOSE	NPSP	PA; SP
LENVIMA 8 MG DAILY DOSE	NPSP	PA; SP
<i>letrozole oral</i>	G	
<i>leucovorin calcium oral tablet 25 mg, 5 mg</i>	G	
LEUKERAN	PB	
<i>leuprolide acetate injection</i>	G	PA; SP
LONSURF	NPSP	PA
LUPRON DEPOT (1-MONTH)	PSP	PA; #; SP
LUPRON DEPOT (3-MONTH)	PSP	PA; #; SP
LUPRON DEPOT (4-MONTH)	PSP	PA; #; SP
LUPRON DEPOT (6-MONTH)	PSP	PA; #; SP
LYSODREN	NPB	
MATULANE	PB	
<i>megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml</i>	G	
<i>megestrol acetate oral tablet</i>	G	
MEKINIST	NPSP	PA; SP
MEKTOVI	NPSP	PA; SP
<i>melphalan</i>	G	
<i>mercaptopurine oral</i>	G	
MESNEX ORAL	NPB	
<i>methotrexate oral</i>	G	
MYLERAN	PB	
NERLYNX	NPSP	PA; SP

2018 Aetna Premier Plus Plan

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
NEXAVAR	NPSP	PA; SP
NILANDRON	PB	
<i>nilutamide</i>	G	
NINLARO	NPSP	PA
ODOMZO	NPSP	PA
POMALYST	NPSP	PA; SP
PURIXAN	NPSP	PA; SP
RYDAPT	NPSP	PA; SP
SOLTAMOX	NPB	#
SPRYCEL	NPSP	PA; SP
STIVARGA	NPSP	PA; SP
SUTENT	PSP	PA; SP
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG, 600 MCG	NPSP	PA; SP
TABLOID	PB	
TAFINLAR	NPSP	PA; SP
TAGRISSO	NPSP	PA; SP
<i>tamoxifen citrate oral</i>	CE	
TARCEVA	PSP	PA; #; SP
TARGRETIN ORAL	NPSP	PA; SP
TASIGNA	NPSP	PA; SP
TEMODAR ORAL	NPSP	PA; SP
<i>temozolomide</i>	G	PA; SP
TRELSTAR MIXJECT	NPSP	PA; #; SP
<i>tretinoin oral</i>	G	SP
TREXALL	NPB	
TYKERB	NPSP	PA; SP
VANTAS	NPSP	PA; SP
VIZIMPRO	NPSP	PA; SP
VOTRIENT	NPSP	PA; SP
XALKORI	NPSP	PA; SP
XATMEP	NPB	
XELODA	NPSP	PA; SP
XTANDI	NPSP	PA; SP
YONSA	NPSP	PA; SP

2018 Aetna Premier Plus Plan

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
ZELBORAF	NPSP	PA; SP
ZOLADEx	NPSP	PA; SP
ZOLINZA	NPSP	PA; SP
ZYKADIA	NPSP	PA; SP
ZYTIGA	PSP	PA; #; SP
ANTIPARKINSON AGENTS		
<i>amantadine hcl oral capsule</i>	G	
<i>amantadine hcl oral syrup</i>	G	
AZILECT	NPB	
<i>benztropine mesylate oral</i>	G	LGC
<i>bromocriptine mesylate oral</i>	G	
<i>carbidopa oral</i>	G	
<i>carbidopa-levodopa</i>	G	
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	G	
<i>carbidopa-levodopa-entacapone</i>	G	
COMTAN	NPB	
DUOPA ENTERAL	NPSP	PA
<i>entacapone</i>	G	
GOCOVRI	NPB	
LODOSYN	NPB	
MIRAPEX	NPB	
MIRAPEX ER	NPB	
NEUPRO	NPB	#
OSMOLEX ER	NPB	PA
PARLODEL ORAL CAPSULE	NPB	
<i>pramipexole dihydrochloride</i>	G	
<i>pramipexole dihydrochloride er</i>	G	
<i>rasagiline mesylate oral</i>	G	
REQUIP ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 4 MG, 5 MG	NPB	
REQUIP XL	NPB	
<i>ropinirole hcl</i>	G	
<i>ropinirole hcl er</i>	G	
RYTARY	NPB	#

2018 Aetna Premier Plus Plan

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
<i>selegiline hcl oral</i>	G	
SINEMET	NPB	
SINEMET CR	NPB	
STALEVO 100	NPB	
STALEVO 125	NPB	
STALEVO 150	NPB	
STALEVO 200	NPB	
STALEVO 50	NPB	
STALEVO 75	NPB	
TASMAR ORAL TABLET 100 MG	NPB	
<i>tolcapone</i>	G	
<i>trihexyphenidyl hcl oral elixir</i>	G	
<i>trihexyphenidyl hcl oral tablet 2 mg</i>	G	LGC
<i>trihexyphenidyl hcl oral tablet 5 mg</i>	G	
XADAGO	NPB	
ZELAPAR	NPB	
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
ABILIFY ORAL TABLET	NPB	
<i>aripiprazole</i>	G	
<i>chlorpromazine hcl oral</i>	G	
<i>clozapine</i>	G	
CLOZARIL	NPB	
COMPRO	G	
EQUETRO	NPB	
FANAPT	NPB	
FANAPT TITRATION PACK	NPB	
FAZACLO	NPB	
<i>fluphenazine hcl oral tablet</i>	G	
GEODON ORAL	NPB	
<i>haloperidol lactate oral</i>	G	
<i>haloperidol oral</i>	G	
INVEGA	NPB	
LATUDA	PB	#
<i>lithium</i>	G	

2018 Aetna Premier Plus Plan

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
<i>lithium carbonate er</i>	G	
<i>lithium carbonate oral</i>	G	
LITHOBID	NPB	
<i>loxapine succinate oral</i>	G	
NUPLAZID	NPSP	PA; SP
<i>olanzapine oral</i>	G	
<i>paliperidone er</i>	G	
<i>perphenazine oral</i>	G	
<i>prochlorperazine</i>	G	
<i>prochlorperazine maleate oral</i>	G	
<i>quetiapine fumarate</i>	G	
<i>quetiapine fumarate er</i>	G	
REXULTI	NPB	
RISPERDAL	NPB	
<i>risperidone</i>	G	
RISPERIDONE M-TAB ORAL TABLET DISPERSIBLE 0.5 MG, 1 MG, 2 MG	G	
SAPHRIS	NPB	#
SEROQUEL	NPB	
SEROQUEL XR	NPB	
<i>thioridazine hcl oral</i>	G	
<i>thiothixene oral</i>	G	
<i>trifluoperazine hcl oral</i>	G	
VERSACLOZ	NPB	
VRAYLAR	NPB	
<i>ziprasidone hcl</i>	G	
ZYPREXA ORAL	NPB	
ZYPREXA ZYDIS	NPB	
*ANTIRETROVIRALS ADJUVANTS***		
TYBOST	NPB	
ANTISEPTICS & DISINFECTANTS		
BUCALSEP EXTERNAL SOLUTION	NPB	
FORMADON	G	
<i>formaldehyde external solution 10 %</i>	G	
FORMA-RAY	NPB	

2018 Aetna Premier Plus Plan

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
KERR TRIPLE DYE SWABS	NPB	
ANTIVIRALS		
<i>abacavir sulfate</i>	G	
<i>abacavir sulfate-lamivudine</i>	G	
<i>abacavir-lamivudine-zidovudine</i>	G	
<i>acyclovir oral capsule</i>	G	LGC
<i>acyclovir oral suspension</i>	G	
<i>acyclovir oral tablet 400 mg</i>	G	LGC
<i>acyclovir oral tablet 800 mg</i>	G	
<i>adefovir dipivoxil</i>	G	SP
APTIVUS	PB	
<i>atazanavir sulfate</i>	G	
ATRIPLA	PB	
BARACLUDE	NPSP	SP
BIKTARVY	NPB	
<i>cidofovir intravenous</i>	PSP	SP
CIMDUO	NPB	
COMBIVIR	NPB	
COMPLERA	PB	
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	NPB	
CYTOVENE	NPSP	SP
DAKLINZA	NPSP	PA; SP
DELSTRIGO	NPB	
DESCOVY	NPB	LGC
<i>didanosine oral capsule delayed release 200 mg, 250 mg, 400 mg</i>	G	
EDURANT	NPB	
<i>efavirenz</i>	G	
EMTRIVA	PB	
<i>entecavir</i>	G	SP
EPIVIR	NPB	
EPIVIR HBV ORAL SOLUTION	PB	#
EPIVIR HBV ORAL TABLET	PB	
EPZICOM	NPB	

2018 Aetna Premier Plus Plan

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
EVOTAZ	NPB	
<i>famciclovir oral</i>	G	
FLUMADINE	NPB	
<i>fosamprenavir calcium</i>	G	
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	NPSP	PA; #; SP
<i>ganciclovir sodium intravenous solution reconstituted</i>	PSP	SP
GENVOYA	NPB	
HEPSERA	NPSP	SP
INTELENCE	NPB	
INVIRASE	NPB	
ISENTRESS	PB	
ISENTRESS HD	PB	
JULUCA	NPB	
KALETRA ORAL SOLUTION	NPB	
KALETRA ORAL TABLET	PB	#
<i>lamivudine</i>	G	
<i>lamivudine-zidovudine</i>	G	
LEXIVA ORAL SUSPENSION	PB	#
LEXIVA ORAL TABLET	NPB	#
<i>lopinavir-ritonavir</i>	G	
MODERIBA 1200 DOSE PACK	NPSP	SP
MODERIBA 800 DOSE PACK	NPSP	SP
<i>moderiba oral tablet 200 mg</i>	G	SP
<i>nevirapine er</i>	G	
<i>nevirapine oral tablet</i>	G	
NORVIR ORAL PACKET	PB	
NORVIR ORAL SOLUTION	PB	#
NORVIR ORAL TABLET	NPB	
ODEFSEY	NPB	
<i>oseltamivir phosphate oral</i>	G	
PEGASYS PROCLICK	PSP	PA; SP
PEGASYS SUBCUTANEOUS SOLUTION	PSP	PA; SP
PIFELTRO	NPB	

2018 Aetna Premier Plus Plan

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
PREVYMIS ORAL	NPSP	PA; SP
PREZCOBIX	PB	
PREZISTA ORAL SUSPENSION	PB	
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	PB	
REBETOL	NPSP	SP
RELENZA DISKHALER	NPB	
RESCRIPTOR	NPB	
RETROVIR ORAL CAPSULE	NPB	
RETROVIR ORAL SYRUP	NPB	
REYATAZ ORAL CAPSULE 150 MG, 200 MG, 300 MG	NPB	
REYATAZ ORAL PACKET	PB	#
<i>ribasphere</i>	G	SP
<i>ribasphere ribapak oral tablet 400 mg, 600 mg</i>	G	SP
<i>ribavirin oral capsule</i>	G	SP
<i>ribavirin oral tablet 200 mg</i>	G	SP
<i>rimantadine hcl</i>	G	
<i>ritonavir</i>	G	
SELZENTRY	NPB	
SOVALDI	PSP	PA; SP
<i>stavudine oral capsule</i>	G	
STRIBILD	NPB	
SUSTIVA	NPB	
SYMFI	NPB	
SYMFI LO	NPB	
SYMTUZA	NPB	
TAMIFLU ORAL CAPSULE	NPB	
TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML	NPB	
<i>tenofovir disoproxil fumarate</i>	G	
TIVICAY	PB	
TRIUMEQ	PB	
TRIZIVIR	NPB	
TRUVADA	PB	

2018 Aetna Premier Plus Plan

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
<i>valacyclovir hcl oral</i>	G	
VALCYTE	NPSP	PA; SP
<i>valganciclovir hcl oral solution reconstituted</i>	G	PA
<i>valganciclovir hcl oral tablet</i>	G	PA; SP
VALTREX	NPB	
VEMLIDY	NPSP	PA; SP
VIDEX	PB	
VIDEX EC	NPB	
VIRACEPT ORAL TABLET	NPB	
VIRAMUNE	NPB	
VIRAMUNE XR	NPB	
VIREAD ORAL POWDER	PB	#
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	PB	#
VIREAD ORAL TABLET 300 MG	NPB	
ZERIT ORAL CAPSULE	NPB	
ZIAGEN	NPB	
<i>zidovudine</i>	G	
ZOVIRAX ORAL CAPSULE	NPB	
ZOVIRAX ORAL SUSPENSION	NPB	
ZOVIRAX ORAL TABLET 800 MG	NPB	
ASSORTED CLASSES		
ARGYLE STERILE WATER	G	
ASTAGRAF XL	NPSP	#; SP
ATGAM	NPSP	SP
AZASAN	NPB	
<i>azathioprine oral</i>	G	
BENLYSTA	NPSP	PA; SP
CELLCEPT	NPSP	SP
CUPRIMINE ORAL CAPSULE 250 MG	NPSP	PA; #
<i>cyclosporine intravenous</i>	PSP	SP
<i>cyclosporine modified</i>	G	
<i>cyclosporine oral capsule</i>	G	
DEPEN TITRATABS	PSP	PA
ENVARUSUS XR	NPSP	

2018 Aetna Premier Plus Plan

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
<i>gengraf oral capsule 100 mg, 25 mg</i>	G	
<i>gengraf oral solution</i>	G	
IMURAN	NPB	
KIONEX ORAL SUSPENSION	G	
<i>lactated ringers irrigation</i>	G	
LOKELMA	NPB	
<i>mycophenolate mofetil</i>	G	SP
<i>mycophenolate sodium</i>	G	SP
MYFORTIC	NPSP	SP
NEORAL	NPSP	SP
NULOJIX	NPSP	SP
PHYSIOLYTE	G	
PHYSIOSOL IRRIGATION	G	
PROGRAF	NPSP	SP
RAPAMUNE	NPSP	SP
REVLIMID	NPSP	PA; SP
<i>ringers irrigation</i>	G	
SANDIMMUNE	NPSP	SP
SIMULECT	NPSP	SP
<i>sirolimus oral</i>	G	SP
<i>sodium polystyrene sulfonate oral</i>	G	
<i>sodium polystyrene sulfonate rectal</i>	G	
SPS	G	
<i>sterile water for irrigation</i>	G	
SYPRINE	NPSP	PA; SP
<i>tacrolimus oral</i>	G	SP
THALOMID	NPSP	PA; #; SP
THYMOGLOBULIN	NPSP	SP
TIS-U-SOL	G	
<i>trientine hcl</i>	PSP	PA; SP
VELTASSA	NPB	
XIAFLEX	PSP	SP
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG	NPSP	#; SP

2018 Aetna Premier Plus Plan

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
*ATOPIC DERMATITIS - MONOCLONAL ANTIBODIES***		
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	NPSP	PA; SP
*BETA BLOCKER & ANGIOTENSIN II RECEPTOR ANTAGONIST COMB***		
BYVALSON	PB	
BETA BLOCKERS		
<i>acebutolol hcl oral</i>	G	
<i>atenolol oral</i>	G	LGC
BETAPACE AF	NPB	
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG	NPB	
<i>betaxolol hcl oral</i>	G	
<i>bisoprolol fumarate</i>	G	
BYSTOLIC	PB	
<i>carvedilol</i>	G	LGC
<i>carvedilol phosphate er</i>	G	
COREG	NPB	
COREG CR	NPB	
CORGARD	NPB	
HEMANGEOL	NPB	
INDERAL LA	NPB	
INDERAL XL	NPB	
INNOPRAN XL	NPB	
KAPSPARGO SPRINKLE	NPB	
<i>labetalol hcl oral</i>	G	
LOPRESSOR ORAL	NPB	
<i>metoprolol succinate er</i>	G	
<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>pindolol</i>	G	
<i>propranolol hcl er</i>	G	

2018 Aetna Premier Plus Plan

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
<i>propranolol hcl oral solution</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	
SORINE	G	
<i>sotalol hcl (af) oral tablet 120 mg</i>	G	LGC
<i>sotalol hcl (af) oral tablet 160 mg, 80 mg</i>	G	
<i>sotalol hcl oral tablet 120 mg, 80 mg</i>	G	LGC
<i>sotalol hcl oral tablet 160 mg, 240 mg</i>	G	
SOTYLIZE	NPB	
TENORMIN	NPB	
<i>timolol maleate oral</i>	G	
TOPROL XL	NPB	
*BILE ACID SYNTHESIS DISORDER AGENTS***		
CHOLBAM	NPSP	PA
BIOLOGICALS MISC		
ADAGEN	NPSP	SP
*CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG***		
AIMOVIG	NPB	
AIMOVIG 140 DOSE	NPB	
AJOVY	NPB	
EMGALITY	NPB	
CALCIUM CHANNEL BLOCKERS		
ADALAT CC	NPB	
AFEDITAB CR	G	
<i>amlodipine besylate oral</i>	G	LGC
CALAN ORAL TABLET 120 MG, 80 MG	NPB	
CALAN SR	NPB	
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 360 MG	NPB	
CARDIZEM LA	NPB	
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	NPB	

2018 Aetna Premier Plus Plan

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
CARTIA XT	G	
<i>diltiazem hcl er beads</i>	G	
<i>diltiazem hcl er coated beads</i>	G	
<i>diltiazem hcl er oral capsule extended release 12 hour</i>	G	
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	G	
<i>diltiazem hcl oral</i>	G	LGC
<i>dilt-xr</i>	G	
<i>felodipine er</i>	G	
ISOPTIN SR ORAL TABLET EXTENDED RELEASE 240 MG	NPB	
<i>isradipine</i>	G	
MATZIM LA	G	
<i>nicardipine hcl oral</i>	G	
NIFEDICAL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 60 MG	G	
<i>nifedipine er</i>	G	
<i>nifedipine er osmotic release</i>	G	
<i>nifedipine oral</i>	G	
<i>nimodipine oral</i>	G	
<i>nisoldipine er oral tablet extended release 24 hour 17 mg, 34 mg, 8.5 mg</i>	G	
NORVASC	NPB	
NYMALIZE ORAL SOLUTION 60 MG/20ML	NPB	
PROCARDIA	NPB	
PROCARDIA XL	NPB	
SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 34 MG, 8.5 MG	NPB	
TAZTIA XT	G	
TIAZAC	NPB	
<i>verapamil hcl er oral capsule extended release 24 hour</i>	G	
<i>verapamil hcl er oral tablet extended release 120 mg</i>	G	LGC

2018 Aetna Premier Plus Plan

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
<i>verapamil hcl er oral tablet extended release 180 mg, 240 mg</i>	G	
<i>verapamil hcl oral</i>	G	LGC
VERELAN	NPB	
VERELAN PM	NPB	
CARDIOTONICS		
DIGITEK	G	
DIGOX	G	
<i>digoxin oral tablet</i>	G	
LANOXIN ORAL	NPB	
CARDIOVASCULAR AGENTS - MISC.		
ADCIRCA	NPSP	PA; #; SP
ADEMPAS	NPSP	PA; SP
BIDIL	NPB	
<i>epoprostenol sodium</i>	G	PA; SP
FLOLAN	NPSP	PA; SP
LETAIRIS	PSP	PA; #; SP
OPSUMIT	PSP	PA; SP
ORENITRAM	NPSP	PA; SP
REMODULIN	NPSP	PA; #; SP
REVATIO INTRAVENOUS	NPSP	PA; SP
REVATIO ORAL SUSPENSION RECONSTITUTED	NPSP	PA; #; SP
REVATIO ORAL TABLET	NPSP	PA; SP
<i>sildenafil citrate oral tablet 20 mg</i>	G	PA; SP
<i>tadalafil (pah)</i>	PSP	PA; SP
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	G	
TRACLEER ORAL TABLET	PSP	PA; #; SP
TRACLEER ORAL TABLET SOLUBLE	PSP	PA; SP
TYVASO	NPSP	PA; SP
TYVASO REFILL	NPSP	PA; SP
TYVASO STARTER	NPSP	PA; SP
VELETRI	NPSP	PA; #; SP
VENTAVIS	NPSP	PA; SP

2018 Aetna Premier Plus Plan

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
CEPHALOSPORINS		
<i>cefaclor</i>	G	
<i>cefaclor er</i>	G	
<i>cefadroxil</i>	G	
<i>cefdinir</i>	G	
<i>cefditoren pivoxil</i>	G	
<i>cefixime</i>	G	
<i>cefpodoxime proxetil</i>	G	
<i>cefprozil</i>	G	
<i>cefuroxime axetil oral tablet</i>	G	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	G	LGC
<i>cephalexin oral capsule 750 mg</i>	G	
<i>cephalexin oral suspension reconstituted</i>	G	
<i>cephalexin oral tablet</i>	G	
KEFLEX	NPB	
SPECTRACEF ORAL TABLET 400 MG	NPB	
SUPRAX ORAL CAPSULE	NPB	#
SUPRAX ORAL SUSPENSION RECONSTITUTED	NPB	
SUPRAX ORAL TABLET CHEWABLE	NPB	#
CHEMICALS		
<i>ethosuximide</i>	G	
<i>hydroxyzine hcl</i>	G	
*CIC AGENTS - GUANYLATE CYCLASE-C (GC-C) AGONISTS***		
TRULANCE	PB	
CONTRACEPTIVES		
ALTAVERA	CE	
<i>alyacen 1/35</i>	CE	
<i>alyacen 7/7/7</i>	G	
AMETHIA	G	
AMETHIA LO	G	
APRI	CE	
ARANELLE	CE	
AUBRA	G	

2018 Aetna Premier Plus Plan

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
AUBRA EQ	CE	
AVIANE	CE	
AZURETTE	CE	
BALCOLTRA	NPB	
BALZIVA	CE	
BEYAZ	NPB	
<i>briellyn</i>	CE	
CAMILA	G	
CAMRESE	G	
CAMRESE LO	G	
CAZIAN	CE	
CESIA	CE	
CHATEAL	CE	
CHATEAL EQ	CE	
CRYSELLE-28	CE	
CYCLAFEM 1/35	CE	
CYCLAFEM 7/7/7	G	
DASETTA 1/35	CE	
DASETTA 7/7/7	G	
DAYSEE	G	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	NPB	
<i>desogestrel-ethinyl estradiol</i>	G	
<i>drospiren-eth estrad-levomefol oral tablet 3- 0.02-0.451 mg</i>	CE	
<i>drospirenone-ethinyl estradiol</i>	G	
ELINEST	CE	
ELLA	CE	#
EMOQUETTE	CE	
ENPRESSE-28	CE	
ENSKYCE ORAL TABLET 0.15-30 MG- MCG	CE	
ERRIN	G	
ESTARYLLA	G	
ESTROSTEP FE	NPB	

2018 Aetna Premier Plus Plan

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
FALMINA	CE	
FAYOSIM	CE	
GENERESS FE	NPB	
GIANVI	G	
GILDESS FE 1.5/30	CE	QL
GILDESS FE 1/20	CE	QL
HEATHER	G	
INTROVALE	G	
ISIBLOOM	CE	
JENCYCLA	G	
JOLESSA	G	
JOLIVETTE	G	
JUNEL 1.5/30	CE	
JUNEL 1/20	CE	
JUNEL FE 1.5/30	CE	
JUNEL FE 1/20	CE	
KARIVA	CE	
KELNOR 1/35	CE	
KURVELO	CE	
KYLEENA	CE	
LARIN 1/20	G	
LARIN FE 1.5/30	G	
LARIN FE 1/20	G	
LEENA	CE	
LESSINA	CE	
LEVONEST	CE	
<i>levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 mg</i>	G	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg</i>	G	
<i>levonorgestrel-ethinyl estrad oral tablet 0.15-30 mg-mcg</i>	CE	
LEVORA 0.15/30 (28)	CE	
LO LOESTRIN FE	NPB	
LOESTRIN 1.5/30 (21)	NPB	

2018 Aetna Premier Plus Plan

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
LOESTRIN 1/20 (21)	NPB	
LORYNA	G	
LOSEASONIQUE	NPB	
LOW-OGESTREL	CE	
LUTERA	CE	
LYZA	G	
<i>marlissa</i>	CE	
<i>medroxyprogesterone acetate intramuscular suspension</i>	CE	
MIBELAS 24 FE	G	
MICROGESTIN 1.5/30	CE	
MICROGESTIN 1/20	CE	
MICROGESTIN FE 1.5/30	CE	
MICROGESTIN FE 1/20	CE	
MINASTRIN 24 FE	NPB	
MIRCETTE	NPB	
MIRENA (52 MG)	CE	#
MONO-LINYAH	G	
MONONESSA	G	
MYZILRA	CE	
NATAZIA	NPB	
NECON 0.5/35 (28)	CE	
NECON 1/35 (28)	CE	QL
NEXPLANON	CE	
NEXT CHOICE ONE DOSE	CE	
NIKKI	G	
NORA-BE	G	
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg (24)</i>	CE	
<i>norethin ace-eth estrad-fe oral tablet chewable</i>	G	
<i>norethindrone oral</i>	G	
<i>norethin-eth estradiol-fe</i>	CE	
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	G	
<i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	G	

2018 Aetna Premier Plus Plan

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
NORTREL 0.5/35 (28)	CE	
NORTREL 1/35 (21)	CE	
NORTREL 1/35 (28)	CE	
NORTREL 7/7/7	G	
NUVARING	PB	#
OCELLA	G	
ORSYTHIA	CE	
ORTHO MICRONOR	NPB	
ORTHO TRI-CYCLEN (28)	NPB	
ORTHO TRI-CYCLEN LO	NPB	
ORTHO-CYCLEN (28)	NPB	
ORTHO-NOVUM 1/35 (28)	NPB	
ORTHO-NOVUM 7/7/7 (28)	NPB	
PHILITH	G	
PIMTREA	G	
PIRMELLA 1/35	G	
PIRMELLA 7/7/7	G	
PORTIA-28	CE	
PREVIFEM	G	
QUARTETTE	NPB	
QUASENSE	G	
RAJANI	CE	
RECLIPSEN	CE	
RIVELSA	CE	
SAFYRAL	NPB	
SEASONIQUE	NPB	
SKYLA	NPB	
SOLIA	G	
SPRINTEC 28	G	
SRONYX	CE	
SYEDA	G	
TAYTULLA	NPB	#
TILIA FE	CE	
TRI FEMYNOR	CE	
TRI-ESTARYLLA	G	

2018 Aetna Premier Plus Plan

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
TRI-LEGEST FE	CE	
TRI-LINYAH	G	
TRI-MILI	CE	
TRINESSA (28)	G	
TRI-NORINYL (28)	NPB	
TRI-PREVIFEM	G	
TRI-SPRINTEC	G	
TRIVORA (28)	CE	
TULANA	CE	
TYDEMY	CE	
VELIVET	CE	
VESTURA	G	
<i>viorele</i>	CE	
VYFEMLA	G	
WERA	CE	
WYMZYA FE	CE	
XULANE	CE	
YASMIN 28	NPB	
YAZ	NPB	
ZARAH	G	
ZOVIA 1/35E (28)	CE	
CORTICOSTEROIDS		
<i>budesonide er oral tablet extended release 24 hour</i>	G	
<i>budesonide oral</i>	G	
CORTEF	NPB	
<i>cortisone acetate oral</i>	G	
DEXAMETHASONE INTENSOL	NPB	
<i>dexamethasone oral elixir</i>	G	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1.5 mg, 4 mg, 6 mg</i>	G	
<i>dexamethasone oral tablet therapy pack</i>	G	
DEXTAK 10 DAY ORAL TABLET THERAPY PACK	NPB	
DEXTAK 13 DAY ORAL TABLET THERAPY PACK	NPB	

2018 Aetna Premier Plus Plan

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
DEXPAK 6 DAY ORAL TABLET THERAPY PACK	NPB	
EMFLAZA	NPSP	PA; SP
ENTOCORT EC ORAL CAPSULE DELAYED RELEASE PARTICLES	NPB	
<i>fludrocortisone acetate oral</i>	G	
<i>hydrocortisone oral</i>	G	
MEDROL	NPB	
<i>methylprednisolone oral</i>	G	
MILLIPRED	NPB	
ORAPRED ODT	NPB	
<i>prednisolone oral solution</i>	G	
<i>prednisolone oral syrup 15 mg/5ml</i>	G	
<i>prednisolone sodium phosphate oral solution 10 mg/5ml, 15 mg/5ml, 20 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml</i>	G	
<i>prednisolone sodium phosphate oral tablet dispersible</i>	G	
PREDNISONE INTENSOL	NPB	
<i>prednisone oral solution</i>	G	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg</i>	G	LGC
<i>prednisone oral tablet 50 mg</i>	G	
<i>prednisone oral tablet therapy pack</i>	G	
RAYOS	NPB	
TAPERDEX 12-DAY	NPB	
TAPERDEX 6-DAY	NPB	
UCERIS ORAL	NPB	#
VERIPRED 20	NPB	
COUGH/COLD/ALLERGY		
<i>acetylcysteine inhalation</i>	G	
ALAVERT ALLERGY/SINUS	G	Select OTC
ALLEGRA-D ALLERGY & CONGESTION	G	Select OTC
<i>benzonatate</i>	G	
CARBAPHEN 12 ORAL LIQUID	NPB	

2018 Aetna Premier Plus Plan

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
CARBAPHEN 12 PED ORAL SUSPENSION 2.5-1.25-7.5 MG/ML	NPB	
<i>cetirizine-pseudoephedrine er</i>	G	Select OTC
CLARINEX-D 12 HOUR	NPB	
CLARITIN-D 12 HOUR	G	Select OTC
CLARITIN-D 24 HOUR	G	Select OTC
<i>fexofenadine-pseudoephed er oral tablet extended release 24 hour</i>	G	Select OTC
<i>hydrocod polst-cpm polst er oral suspension extended release</i>	G	
<i>hydrocodone-homatropine</i>	G	
<i>hydromet</i>	G	
HYPERSAL INHALATION NEBULIZATION SOLUTION 3.5 %	NPB	
<i>loratadine-d 12hr</i>	G	Select OTC
<i>loratadine-d 24hr</i>	G	Select OTC
NEBUSAL INHALATION NEBULIZATION SOLUTION 3 %	G	
NEBUSAL INHALATION NEBULIZATION SOLUTION 6 %	NPB	
NEOTUSS PLUS	NPB	
<i>promethazine-dm</i>	G	AL
PULMOSAL	G	
SEMPREX-D	NPB	
<i>sodium chloride inhalation nebulization solution 10 %, 3 %, 7 %</i>	G	
SSKI	NPB	
TESSALON PERLES	NPB	
TUSSICAPS ORAL CAPSULE EXTENDED RELEASE 12 HOUR 10-8 MG	NPB	
TUSSIONEX PENNKINETIC ER ORAL SUSPENSION EXTENDED RELEASE	NPB	
TUZISTRA XR ORAL SUSPENSION EXTENDED RELEASE	NPB	
ZYRTEC-D ALLERGY & CONGESTION	G	Select OTC

2018 Aetna Premier Plus Plan

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
*CYCLIN-DEPENDENT KINASES (CDK) INHIBITORS***		
IBRANCE	NPSP	PA; SP
KISQALI 200 DOSE	NPSP	PA; SP
KISQALI 400 DOSE	NPSP	PA; SP
KISQALI 600 DOSE	NPSP	PA; SP
VERZENIO	NPSP	PA; SP
*CYSTIC FIBROSIS AGENT - COMBINATIONS***		
ORKAMBI ORAL PACKET	NPSP	PA; SP
ORKAMBI ORAL TABLET	NPSP	PA
SYMDEKO	NPSP	PA; SP
DERMATOLOGICALS		
ABREVA	G	Select OTC
ABSORICA	NPB	PA; QL
ACANYA	NPB	#
<i>acitretin</i>	G	
<i>acyclovir external</i>	G	
ACZONE EXTERNAL GEL 5 %	NPB	
ACZONE EXTERNAL GEL 7.5 %	NPB	#
<i>adapalene external cream</i>	G	PA; AL
<i>adapalene external gel 0.3 %</i>	G	PA; AL
<i>adapalene external lotion</i>	G	PA; AL
<i>adapalene external solution</i>	G	
<i>adapalene-benzoyl peroxide</i>	G	PA; AL
<i>aif #2 drug preparation kit</i>	NPB	
AKTIPAK	NPB	
<i>alclometasone dipropionate</i>	G	
ALDARA	NPB	
ALTABAX	NPB	
ALTRENO	NPB	
<i>amcinonide external cream</i>	G	
AMELUZ	NPB	#
AMNESTEEM	G	PA; QL
ANACAINE	NPB	

2018 Aetna Premier Plus Plan

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
APEXICON E	NPB	
ATRALIN	NPB	AL
AVITA	G	AL
AZELEX	NPB	
BACTROBAN EXTERNAL CREAM	NPB	
BENZACLIN	NPB	
BENZACLIN WITH PUMP	NPB	
BENZAMYCIN	NPB	
BENZEPRO SHORT CONTACT	G	
BENZIQ	NPB	
BENZIQ LS	NPB	
<i>benzoyl peroxide external foam 9.8 %</i>	G	
<i>benzoyl peroxide-erythromycin</i>	G	
<i>betamethasone dipropionate aug</i>	G	
<i>betamethasone dipropionate external</i>	G	
<i>betamethasone valerate external</i>	G	
<i>bp cleansing wash</i>	NPB	
<i>bp foam external foam 9.8 %</i>	G	
<i>bpo foaming cloths external 6 %</i>	G	
<i>calcipotriene external</i>	G	
CALCITRENE	G	
CAPEX	NPB	
CARAC	NPB	
CENTANY	NPB	
CICLODAN EXTERNAL SOLUTION	G	
<i>ciclopirox</i>	G	
<i>ciclopirox olamine external</i>	G	
CLARAVIS	G	PA; QL
CLEOCIN-T	NPB	
CLINDACIN ETZ EXTERNAL SWAB	G	
CLINDACIN-P	G	
CLINDAGEL	NPB	
<i>clindamycin phos-benzoyl perox</i>	G	
<i>clindamycin phosphate external</i>	G	
<i>clindamycin-tretinoin</i>	G	PA; AL

2018 Aetna Premier Plus Plan

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
<i>clobetasol propionate e</i>	G	
<i>clobetasol propionate emulsion</i>	G	
<i>clobetasol propionate external cream</i>	G	
<i>clobetasol propionate external foam</i>	G	
<i>clobetasol propionate external gel</i>	G	
<i>clobetasol propionate external lotion</i>	G	
<i>clobetasol propionate external ointment</i>	G	
<i>clobetasol propionate external shampoo</i>	G	
<i>clobetasol propionate external solution</i>	G	
CLOBEX	NPB	
CLOBEX SPRAY	NPB	
<i>clocortolone pivalate</i>	G	
CLODERM	NPB	
<i>clotrimazole-betamethasone</i>	G	
CONDYLOX EXTERNAL GEL	NPB	
CORDRAN EXTERNAL LOTION	NPB	
CORDRAN EXTERNAL TAPE	NPB	#
CORTANE-B EXTERNAL	NPB	
CORTISPORIN EXTERNAL	PB	
COSENTYX	NPSP	PA; SP
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO- INJECTOR 150 MG/ML	NPSP	PA; SP
CROTAN	G	
CUTIVATE EXTERNAL LOTION	NPB	
<i>dapsone external</i>	G	
DENAVIR	NPB	
DERMA-SMOOTH/FS BODY	NPB	
DERMA-SMOOTH/FS SCALP	NPB	
DERMASORB XM	NPB	
DERMAZENE	G	
DESONATE	NPB	#
<i>desonide external</i>	G	
DESOWEN EXTERNAL CREAM	NPB	
DESOWEN EXTERNAL LOTION	NPB	

2018 Aetna Premier Plus Plan

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
<i>desoximetasone external cream 0.25 %</i>	G	
<i>desoximetasone external gel</i>	G	
<i>desoximetasone external liquid</i>	G	
<i>desoximetasone external ointment 0.25 %</i>	G	
<i>diclofenac sodium transdermal gel 1 %</i>	G	QL
<i>diclofenac sodium transdermal gel 3 %</i>	G	PA; QL
DIFFERIN EXTERNAL CREAM	NPB	PA; AL
DIFFERIN EXTERNAL GEL 0.1 %	G	PA; Select OTC; AL
DIFFERIN EXTERNAL GEL 0.3 %	NPB	PA; AL
DIFFERIN EXTERNAL LOTION	NPB	PA; AL
<i>diflorasone diacetate external ointment</i>	G	
DIPROLENE	NPB	
DIPROLENE AF	NPB	
DOVONEX EXTERNAL CREAM	NPB	
<i>doxepin hcl external</i>	G	QL
<i>doxycycline</i>	G	
DRITHO-CREME HP	NPB	
DUAC	NPB	
<i>econazole nitrate external</i>	G	
ECOZA	NPB	
EFUDEX EXTERNAL CREAM	NPB	
ELIDEL	PB	#
ELIMITE	NPB	
ELOCON EXTERNAL CREAM	NPB	
ELOCON EXTERNAL OINTMENT	NPB	
ENSTILAR	NPB	
EPIDUO	PB	PA; AL
EPIDUO FORTE	PB	PA; #; AL
EPIFOAM	NPB	
ERTACZO	NPB	
<i>ery</i>	G	
ERYGEL	NPB	
<i>erythromycin external pad</i>	G	
<i>erythromycin external solution</i>	G	
EURAX	NPB	

2018 Aetna Premier Plus Plan

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
EVOCLIN	NPB	
EXELDERM	NPB	
EXODERM EXTERNAL LOTION	NPB	
EXTINA	NPB	
FABIOR	NPB	PA; AL
FINACEA EXTERNAL FOAM	NPB	
FINACEA EXTERNAL GEL	NPB	#
FLECTOR	PB	#
<i>fluocinolone acetonide body</i>	G	
<i>fluocinolone acetonide external</i>	G	
<i>fluocinolone acetonide scalp</i>	G	
<i>fluocinonide external cream 0.05 %</i>	G	
<i>fluocinonide external gel</i>	G	
<i>fluocinonide external ointment</i>	G	
<i>fluocinonide external solution</i>	G	
FLUOROPLEX	NPB	
<i>fluorouracil external</i>	G	
<i>flurandrenolide</i>	G	
<i>fluticasone propionate external</i>	G	
GEBAUERS PAIN EASE	NPB	
GEBAUERS SPRAY AND STRETCH	NPB	
<i>gentamicin sulfate external</i>	G	
GORDOFILM	NPB	
<i>halobetasol propionate</i>	G	
HALOG	NPB	
<i>hydrocortisone butyr lipo base</i>	G	
<i>hydrocortisone butyrate external</i>	G	
<i>hydrocortisone external cream 2.5 %</i>	G	
<i>hydrocortisone external lotion 2.5 %</i>	G	
<i>hydrocortisone external ointment 2.5 %</i>	G	
<i>hydrocortisone valerate</i>	G	
ILUMYA	NPSP	PA; SP
<i>imiquimod external</i>	G	
<i>imiquimod pump</i>	G	
IMPOYZ	NPB	

2018 Aetna Premier Plus Plan

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
<i>isotretinoin oral</i>	G	PA; QL
JUBLIA	NPB	
KENALOG EXTERNAL	NPB	
<i>ketoconazole external cream</i>	G	
<i>ketoconazole external shampoo</i>	G	
KLARON	NPB	
<i>lactic acid external lotion</i>	G	
<i>lavare wound wash</i>	NPB	
LEVULAN KERASTICK	NPB	
<i>lidocaine external ointment</i>	G	PA; QL
<i>lidocaine external patch 5 %</i>	G	
<i>lidocaine hcl external solution</i>	G	
<i>lidocaine-prilocaine external cream</i>	G	QL
LIDODERM	NPB	
<i>lindane external shampoo</i>	G	
LOCOID EXTERNAL CREAM	NPB	
LOCOID EXTERNAL LOTION	NPB	
LOCOID EXTERNAL SOLUTION	NPB	
LOCOID LIPOCREAM	NPB	
LOPROX EXTERNAL SHAMPOO	NPB	
LOTRISONE EXTERNAL CREAM	NPB	
<i>luliconazole</i>	G	
LUXIQ	NPB	
LUZU	NPB	
<i>malathion external</i>	G	
METROCREAM	NPB	
METROGEL EXTERNAL GEL	NPB	
METROLOTION	NPB	
<i>metronidazole external</i>	G	
MICORT-HC	NPB	
MIRVASO	NPB	
<i>mometasone furoate external</i>	G	
<i>mupirocin calcium</i>	G	
<i>mupirocin external</i>	G	
MYORISAN	G	PA; QL

2018 Aetna Premier Plus Plan

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
<i>naftifine hcl</i>	G	
NAFTIN EXTERNAL CREAM 2 %	NPB	
NAFTIN EXTERNAL GEL 1 %	NPB	
NAFTIN EXTERNAL GEL 2 %	NPB	#
NATROBA	NPB	
NEO-SYNALAR EXTERNAL CREAM	NPB	
NEUAC EXTERNAL GEL	G	
NIZORAL	NPB	
NORITATE	NPB	
NUCORT	NPB	
NYAMYC	G	
<i>nystatin external</i>	G	
<i>nystatin-triamcinolone</i>	G	
NYSTOP	G	
OLUX	NPB	
OLUX-E	NPB	
ONEXTON	NPB	#
ORACEA	PB	AL
OVACE PLUS EXTERNAL CREAM	NPB	
OVACE PLUS EXTERNAL SHAMPOO	NPB	
OVACE PLUS WASH	NPB	
OVACE WASH	NPB	
OVIDE	NPB	
<i>oxiconazole nitrate</i>	G	
OXISTAT	NPB	
OXSORALEN ULTRA	NPB	
PANDEL	NPB	
PANRETIN	PB	
PENLAC	NPB	
PENNSAID TRANSDERMAL SOLUTION 2 %	NPB	
<i>permethrin external cream</i>	G	
PICATO	PB	
PLIXDA	NPB	
<i>podocon</i>	NPB	

2018 Aetna Premier Plus Plan

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
<i>podofilox external</i>	G	
PRAMOSONE EXTERNAL CREAM 1-1 %	NPB	
PRAMOSONE EXTERNAL LOTION	NPB	
<i>prednicarbate</i>	G	
PROTOPIC	PB	
PRUDOXIN	G	QL
QBREXZA	NPB	
QUTENZA	NPB	
QUTENZA (2 PATCH)	NPB	
REGENECARE	NPB	
REGRANEX	NPB	
RETIN-A	NPB	AL
RETIN-A MICRO	NPB	AL
RETIN-A MICRO PUMP EXTERNAL GEL 0.04 %, 0.06 %, 0.1 %	NPB	AL
RETIN-A MICRO PUMP EXTERNAL GEL 0.08 %	PB	AL
RHOFADE	NPB	
RIAX	NPB	
ROSADAN EXTERNAL CREAM	G	
ROSADAN EXTERNAL GEL	G	
<i>salicylic acid external cream</i>	G	
<i>salicylic acid external liquid 27.5 %</i>	G	
<i>salicylic acid external lotion</i>	G	
<i>salicylic acid external shampoo</i>	G	
<i>salicylic acid wart remover</i>	G	
SANTYL	NPB	
<i>selenium sulfide external lotion</i>	G	
SERNIVO	NPB	
SILIQ	NPSP	PA; SP
SILVADENE	NPB	
<i>silver sulfadiazine external</i>	G	
SKLICE	NPB	
<i>sodium sulfacetamide external shampoo</i>	G	
<i>sodium sulfacetamide wash</i>	NPB	

2018 Aetna Premier Plus Plan

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
SOOLANTRA	NPB	
SORIATANE ORAL CAPSULE 10 MG, 25 MG	NPB	
SORILUX	NPB	
SSD	G	
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	PSP	PA; SP
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	PSP	PA; SP
<i>sulfacetamide sodium (acne)</i>	G	
<i>sulfacetamide sodium external gel</i>	G	
<i>sulfacetamide sodium external liquid</i>	G	
SULFAMYLON	NPB	
SYNALAR	NPB	
SYNERA	NPB	
TACLONEX EXTERNAL OINTMENT	NPB	
TACLONEX EXTERNAL SUSPENSION	NPB	#
<i>tacrolimus external</i>	G	
TALTZ	NPSP	PA; SP
TARGRETIN EXTERNAL	PSP	SP
<i>tazarotene external</i>	G	AL
TAZORAC	NPB	AL
TEMOVATE EXTERNAL CREAM	NPB	
TEMOVATE EXTERNAL OINTMENT	NPB	
TEXACORT	NPB	
THERMAZENE	G	
TOLAK	NPB	#
TOPICORT EXTERNAL CREAM	NPB	
TOPICORT EXTERNAL GEL	NPB	
TOPICORT EXTERNAL OINTMENT	NPB	
TOPICORT SPRAY	NPB	
TREMFYA	PSP	PA; SP
<i>tretinoin external</i>	G	AL
<i>tretinoin microsphere</i>	G	AL
<i>tretinoin microsphere pump</i>	G	AL

2018 Aetna Premier Plus Plan

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
<i>triamcinolone acetonide external aerosol solution</i>	G	
<i>triamcinolone acetonide external cream</i>	G	LGC
<i>triamcinolone acetonide external lotion</i>	G	
<i>triamcinolone acetonide external ointment</i>	G	LGC
TRIDERM EXTERNAL CREAM	G	
ULESFIA	NPB	#
ULTRAVATE	NPB	
VALCHLOR	NPSP	PA; SP
VANOXIDE-HC	NPB	
VECTICAL	NPB	
VELTIN	NPB	PA; AL
VERDESO	NPB	
VEREGEN	NPB	
VOLTAREN TRANSDERMAL	PB	QL
VUSION	NPB	
VYTONE	NPB	
XEPI	NPB	
XERAC AC	PB	
XERESE	NPB	
XOLEGEL	NPB	
<i>zaclir cleansing external lotion 8 %</i>	NPB	
ZENATANE	G	PA; QL
ZIANA	PB	PA; AL
ZONALON	NPB	QL
ZOVIRAX EXTERNAL	NPB	
ZTLIDO	NPB	
ZYCLARA	NPB	#
ZYCLARA PUMP EXTERNAL CREAM 2.5 %	NPB	
ZYCLARA PUMP EXTERNAL CREAM 3.75 %	NPB	#
DIAGNOSTIC PRODUCTS		
ACCU-CHEK AVIVA PLUS IN VITRO	NPB	
ACCU-CHEK COMPACT PLUS	NPB	

2018 Aetna Premier Plus Plan

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
ACCU-CHEK SMARTVIEW	NPB	
ACCUTREND GLUCOSE	NPB	
<i>active-medicated spec collect</i>	NPB	
ADVANCE INTUITION TEST	NPB	
ADVANCE MICRO-DRAW TEST	NPB	
ADVOCATE REDI-CODE IN VITRO	NPB	
ADVOCATE REDI-CODE+ TEST	NPB	
ADVOCATE TEST	NPB	
AGAMATRIX AMP TEST	NPB	
AGAMATRIX JAZZ TEST	NPB	
AGAMATRIX KEYNOTE TEST	NPB	
AGAMATRIX PRESTO TEST	NPB	
ASSURE 3 TEST	NPB	
ASSURE 4 TEST	NPB	
ASSURE II	NPB	
ASSURE II CHECK	NPB	
ASSURE PLATINUM	NPB	
ASSURE PRISM MULTI TEST	NPB	
ASSURE PRO TEST	NPB	
BAYER BREEZE 2 TEST	NPB	
BAYER CONTOUR TEST	NPB	
BIOSCANNER GLUCOSE TEST	NPB	
<i>blood glucose test</i>	NPB	
CAREONE BLOOD GLUCOSE TEST	NPB	
CARESENS N GLUCOSE TEST	NPB	
CHEMSTRIP 10 MD	NPB	
CHEMSTRIP 10/SG	NPB	
CHEMSTRIP 2 GP	NPB	
CHEMSTRIP 5 OB	NPB	
CHEMSTRIP 7	NPB	
CHEMSTRIP 9	NPB	
CHEMSTRIP K	NPB	
CHEMSTRIP MICRAL	NPB	
CHEMSTRIP UGK	NPB	
CLEVER CHEK AUTO-CODE TEST	NPB	

2018 Aetna Premier Plus Plan

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
CLEVER CHEK AUTO-CODE VOICE IN VITRO	NPB	
CLEVER CHEK TEST	NPB	
CLEVER CHOICE AUTO-CODE TEST	NPB	
CLEVER CHOICE MICRO TEST	NPB	
COOL BLOOD GLUCOSE TEST STRIPS	NPB	
CVS ADVANCED GLUCOSE TEST	NPB	
CVS KETONE CARE	NPB	
CYSTOGRAFIN-DILUTE	NPB	
DIASTIX	NPB	
<i>diatrue plus test</i>	NPB	
DUO-CARE TEST	NPB	
<i>easy plus ii glucose test</i>	NPB	
EASY STEP TEST	NPB	
<i>easy talk blood glucose test</i>	NPB	
EASY TOUCH TEST	NPB	
<i>easy trak blood glucose test</i>	NPB	
EASYGLUCO IN VITRO	NPB	
EASYGLUCO PLUS IN VITRO	NPB	
EASYMAX 15 TEST	NPB	
EASYMAX TEST	NPB	
<i>easyplus blood glucose test</i>	NPB	
EASYPRO BLOOD GLUCOSE TEST	NPB	
EASYPRO PLUS IN VITRO	NPB	
<i>element compact test</i>	NPB	
ELEMENT TEST	NPB	
EMBRACE BLOOD GLUCOSE TEST	NPB	
EMBRACE EVO BLOOD GLUCOSE TEST	NPB	
EMBRACE PRO GLUCOSE TEST	NPB	
ENTERO VU ORAL SUSPENSION 24 %	NPB	
EVENCARE + BLOOD GLUCOSE TEST	NPB	
EVENCARE BLOOD GLUCOSE TEST	NPB	
EVENCARE G2 TEST	NPB	
EVENCARE G3 TEST	NPB	
EVENCARE MINI GLUCOSE TEST	NPB	

2018 Aetna Premier Plus Plan

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
EVOLUTION AUTOCODE IN VITRO	NPB	
EZ SMART BLOOD GLUCOSE TEST	NPB	
EZ SMART PLUS GLUCOSE TEST	NPB	
E-Z-CAT DRY	NPB	
E-Z-DISK	NPB	
E-Z-HD	NPB	
E-Z-PAQUE	NPB	
E-Z-PASTE	NPB	
FIFTY50 GLUCOSE TEST 2.0	NPB	
FORA D15G BLOOD GLUCOSE TEST	NPB	
FORA D20 BLOOD GLUCOSE TEST	NPB	
FORA D40/G31 BLOOD GLUCOSE	NPB	
FORA G20 BLOOD GLUCOSE TEST	NPB	
FORA G30/PREM V10 GLUCOSE TEST	NPB	
FORA GD20 TEST	NPB	
FORA GD50 BLOOD GLUCOSE TEST	NPB	
FORA TN'G/TN'G VOICE	NPB	
FORA V10 BLOOD GLUCOSE TEST	NPB	
FORA V12 BLOOD GLUCOSE TEST	NPB	
FORA V20 BLOOD GLUCOSE TEST	NPB	
FORA V30A BLOOD GLUCOSE TEST	NPB	
FORACARE GD40 TEST	NPB	
FORACARE PREMIUM V10 TEST	NPB	
FORACARE TEST N GO TEST	NPB	
FORTISCARE TEST	NPB	
FREESTYLE INSULINX TEST	PB	
FREESTYLE LITE TEST	PB	
FREESTYLE TEST	PB	
GASTROGRAFIN	NPB	
<i>ge100 blood glucose test</i>	NPB	
GENSTRIP 50	NPB	
<i>ght test</i>	NPB	
GLUCO PERFECT 3 TEST	NPB	
GLUCOCARD 01 SENSOR PLUS	NPB	
GLUCOCARD EXPRESSION TEST	NPB	

2018 Aetna Premier Plus Plan

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
GLUCOCARD SHINE TEST	NPB	
GLUCOCARD VITAL TEST	NPB	
GLUCOCARD X-SENSOR	NPB	
GLUCOCOM TEST	NPB	
GLUCONAVII BLOOD GLUCOSE TEST	NPB	
IN TOUCH BLOOD GLUCOSE TEST	NPB	
INFINITY BLOOD GLUCOSE TEST	NPB	
KETOCARE	NPB	
KETO-DIASTIX	NPB	
KETOSTIX	NPB	
<i>kroger blood glucose test</i>	NPB	
<i>kroger premium glucose test</i>	NPB	
<i>kroger test</i>	NPB	
LIBERTY NEXT GENERATION TEST	NPB	
<i>liberty test</i>	NPB	
LIQUID E-Z-PAQUE	NPB	
LIQUID POLIBAR PLUS	NPB	
MD-GASTROVIEW	G	
<i>meijer blood glucose test</i>	NPB	
<i>meijer premium glucose test</i>	NPB	
MEIJER TRUETEST TEST	NPB	
MEIJER TRUETRACK TEST	NPB	
METOPIRONE	NPB	
MICRODOT TEST	NPB	
MYGLUCOHEALTH TEST	NPB	
NEUTEK 2TEK TEST	NPB	
NOVA MAX GLUCOSE TEST	NPB	
ON CALL EXPRESS BLOOD GLUCOSE	NPB	
ON CALL PLUS BLOOD GLUCOSE	NPB	
ON CALL VIVID BLOOD GLUCOSE	NPB	
ONETOUCH ULTRA BLUE	PB	
ONETOUCH VERIO IN VITRO STRIP	PB	
OPTUMRX BLOOD GLUCOSE TEST	NPB	
PHARMACIST CHOICE AUTOCODE	NPB	
POCKETCHEM EZ TEST	NPB	

2018 Aetna Premier Plus Plan

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
PRECISION PCX	PB	
PRECISION PCX PLUS TEST	PB	
PRECISION POINT OF CARE TEST	PB	
PRECISION QID TEST	PB	
PRECISION SOF-TACT TEST	PB	
PRECISION XTRA BLOOD GLUCOSE	PB	
PRECISION XTRA KETONE	PB	
<i>premium blood glucose test</i>	G	
PRODIGY NO CODING BLOOD GLUC	NPB	
PROVOCHOLINE	NPB	
PTS PANELS GLUCOSE TEST	NPB	
QUICKTEK TEST	NPB	
QUINTET AC BLOOD GLUCOSE TEST	NPB	
QUINTET BLOOD GLUCOSE TEST	NPB	
RA TRUETEST TEST	NPB	
READI-CAT 2 ORAL	NPB	
REFUAH PLUS BLOOD GLUCOSE TEST	NPB	
RELION KETONE	NPB	
REVEAL BLOOD GLUCOSE TEST	NPB	
REXALL BLOOD GLUCOSE TEST	NPB	
RIGHTEST GS100 BLOOD GLUCOSE	NPB	
RIGHTEST GS300 BLOOD GLUCOSE	NPB	
RIGHTEST GS550 BLOOD GLUCOSE	NPB	
SITZMARKS	NPB	
SMART SENSE PREMIUM TEST	NPB	
SMART SENSE VALUE TEST	NPB	
SMARTTEST BLOOD GLUCOSE TEST	NPB	
SOLUS V2 TEST	NPB	
SUPREME TEST	NPB	
SURE EDGE TEST	NPB	
SURECHEK BLOOD GLUCOSE TEST	NPB	
SURE-TEST EASYPLUS MINI TEST	NPB	
TAGITOL V	NPB	
TELCARE BLOOD GLUCOSE TEST	NPB	
<i>tgt blood glucose test</i>	NPB	

2018 Aetna Premier Plus Plan

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
THYROGEN	PSP	SP
TRUE METRIX BLOOD GLUCOSE TEST	NPB	
TRUETEST TEST	NPB	
TRUETRACK TEST	NPB	
ULTIMA TEST	NPB	
ULTRATRAK PRO TEST	NPB	
ULTRATRAK ULTIMATE TEST	NPB	
UNISTRIPI1 GENERIC	NPB	
VARIBAR HONEY	NPB	
VARIBAR NECTAR	NPB	
VARIBAR PUDDING	NPB	
VARIBAR THIN HONEY	NPB	
VARIBAR THIN LIQUID	NPB	
VICTORY AGM-4000 TEST	NPB	
VOCAL POINT BLOOD GLUCOSE TEST	NPB	
VOLUMEN	NPB	
WAVESENSE PRESTO	NPB	
DIGESTIVE AIDS		
CREON	PB	
PANCREAZE	NPB	
PERTZYE	NPB	
SUCRAID	NPSP	SP
VIKACE	NPB	
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-14000 UNIT, 40000- 126000 UNIT, 5000-24000 UNIT	PB	
*DIRECT-ACTING P2Y12 INHIBITORS***		
BRILINTA	PB	
DIURETICS		
<i>acetazolamide er</i>	G	
<i>acetazolamide oral tablet 250 mg</i>	G	
ALDACTAZIDE	NPB	
ALDACTONE	NPB	
<i>amiloride hcl oral</i>	G	

2018 Aetna Premier Plus Plan

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
<i>amiloride-hydrochlorothiazide</i>	G	LGC
<i>bumetanide oral</i>	G	
CAROSPIR	NPB	
<i>chlorothiazide oral</i>	G	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	G	
DEMADEX ORAL TABLET 10 MG, 20 MG	NPB	
DIURIL	NPB	
DYAZIDE	NPB	
DYRENIUM	NPB	
EDECRIN	NPB	
<i>ethacrynic acid oral</i>	G	
<i>furosemide oral solution 10 mg/ml</i>	G	
<i>furosemide oral tablet</i>	G	LGC
<i>hydrochlorothiazide oral capsule</i>	G	LGC
<i>hydrochlorothiazide oral tablet 12.5 mg</i>	G	
<i>hydrochlorothiazide oral tablet 25 mg, 50 mg</i>	G	LGC
<i>indapamide oral</i>	G	
KEVEYIS	NPSP	PA
LASIX	NPB	
MAXZIDE	NPB	
MAXZIDE-25	NPB	
<i>methazolamide oral</i>	G	
<i>methyclothiazide oral</i>	G	
<i>metolazone</i>	G	
MICROZIDE	NPB	
<i>spironolactone oral tablet 100 mg, 50 mg</i>	G	
<i>spironolactone oral tablet 25 mg</i>	G	LGC
<i>spironolactone-hctz</i>	G	
<i>torsemide oral</i>	G	
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	G	LGC
<i>triamterene-hctz oral tablet</i>	G	LGC
ENDOCRINE AND METABOLIC AGENTS - MISC.		
ACTONEL ORAL TABLET 150 MG, 30 MG, 35 MG, 5 MG	NPB	

2018 Aetna Premier Plus Plan

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
ALDURAZYME	PSP	PA; SP
<i>alendronate sodium oral solution</i>	G	
<i>alendronate sodium oral tablet 10 mg, 35 mg, 5 mg</i>	G	
<i>alendronate sodium oral tablet 70 mg</i>	G	LGC
AMMONUL	NPSP	SP
ATELVIA	PB	
BINOSTO	NPB	
BONIVA INTRAVENOUS	NPSP	SP
BONIVA ORAL TABLET 150 MG	NPB	
BRAVELLE	PSP	PA; SP
BUPHENYL ORAL POWDER 3 GM/TSP	NPSP	PA; SP
BUPHENYL ORAL TABLET	NPSP	PA; SP
<i>cabergoline</i>	G	
<i>calcitonin (salmon)</i>	G	
<i>calcitriol oral</i>	G	
CARBAGLU	NPSP	PA; #; SP
CARNITOR ORAL SOLUTION	NPB	
CARNITOR SF	NPB	
CETROTIDE SUBCUTANEOUS KIT 0.25 MG	NPSP	PA; #; SP
<i>chorionic gonadotropin intramuscular</i>	G	PA; SP
CYSTADANE	PSP	PA; SP
DDAVP NASAL	NPB	AL
DDAVP ORAL	NPB	
<i>desmopressin ace spray refrig</i>	G	AL
<i>desmopressin acetate oral</i>	G	
<i>desmopressin acetate spray</i>	G	AL
<i>doxercalciferol oral</i>	G	
ELAPRASE	PSP	PA; SP
<i>etidronate disodium</i>	G	
EVISTA	NPB	
FABRAZYME	PSP	PA; SP
FOLLISTIM AQ SUBCUTANEOUS	NPSP	PA; SP

2018 Aetna Premier Plus Plan

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
FORTEO SUBCUTANEOUS SOLUTION 600 MCG/2.4ML	NPSP	PA; #; SP
FOSAMAX ORAL TABLET 70 MG	NPB	
FOSAMAX PLUS D	NPB	
GALAFOLD	NPSP	SP
<i>ganirelix acetate</i>	NPSP	PA; SP
GENOTROPIN	NPSP	PA; SP
GENOTROPIN MINIQUEL	NPSP	PA; SP
GONAL-F	PSP	PA; SP
GONAL-F RFF	PSP	PA; SP
GONAL-F RFF REDIRECT	PSP	PA; SP
HP ACTHAR	NPSP	PA; SP
HUMATROPE	NPSP	PA; SP
<i>ibandronate sodium intravenous solution 3 mg/3ml</i>	PSP	SP
<i>ibandronate sodium oral</i>	G	
INCRELEX	PSP	PA; SP
JYNARQUE	PSP	PA; SP
KUVAN	PSP	PA; SP
<i>levocarnitine oral solution</i>	G	
LUMIZYME	NPSP	PA; SP
LUPRON DEPOT-PED (1-MONTH)	PSP	PA; #; SP
LUPRON DEPOT-PED (3-MONTH)	PSP	PA; #; SP
MENOPUR	PSP	PA; SP
MIACALCIN NASAL	NPB	
NAGLAZYME	PSP	PA; SP
NATPARA	NPSP	PA
NITYR	NPSP	PA; SP
NOCDURNA	NPB	
NOCTIVA	PB	
NORDITROPIN FLEXPOR SUBCUTANEOUS SOLUTION 10 MG/1.5ML, 15 MG/1.5ML, 5 MG/1.5ML	NPSP	PA; SP
<i>novarel intramuscular solution reconstituted 10000 unit</i>	G	PA; SP
NUTROPIN AQ NUSPIN 10	NPSP	PA; SP

2018 Aetna Premier Plus Plan

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
NUTROPIN AQ NUSPIN 20	NPSP	PA; SP
NUTROPIN AQ NUSPIN 5	NPSP	PA; SP
<i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	G	PA; SP
OMNITROPE	PSP	PA; SP
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 5 MG	PSP	PA; SP
ORFADIN ORAL CAPSULE 20 MG	PSP	PA
ORFADIN ORAL SUSPENSION	PSP	PA; SP
ORILISSA	NPSP	PA; SP
OSPHENA	NPB	
OVIDREL	NPSP	PA; SP
PALYNZIQ	NPSP	PA; SP
<i>pamidronate disodium</i>	PSP	SP
<i>paricalcitol oral</i>	G	
<i>pregnyl</i>	G	PA; SP
PROLIA	NPSP	PA; SP
<i>raloxifene hcl</i>	CE	
RAVICTI	NPSP	PA; SP
RAYALDEE	NPB	
RECLAST	NPSP	SP
<i>risedronate sodium oral tablet 150 mg, 30 mg, 35 mg, 5 mg</i>	G	
<i>risedronate sodium oral tablet delayed release</i>	G	
ROCALTROL	NPB	
SAIZEN	NPSP	PA; SP
SAMSCA	PSP	PA; #; SP
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML	NPSP	PA; SP
SANDOSTATIN LAR DEPOT	NPSP	PA; #; SP
SENSIPAR	NPB	#
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG	NPSP	PA; SP
SIGNIFOR	NPSP	PA; SP

2018 Aetna Premier Plus Plan

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	NPSP	PA; SP
<i>sod benz-sod phenylacet</i>	G	
<i>sodium phenylbutyrate oral powder 3 gml/tsp</i>	PSP	PA; SP
<i>sodium phenylbutyrate oral tablet</i>	PSP	PA; SP
SOMATULINE DEPOT	NPSP	PA; #; SP
SOMAVERT	NPSP	PA; #; SP
STIMATE	NPB	AL
SUPPRELIN LA	PSP	PA; SP
SYNAREL	NPSP	PA; SP
TRIPTODUR	NPSP	PA; SP
TYMLOS	PSP	PA; SP
XGEVA	NPSP	PA; SP
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	NPB	
<i>zoledronic acid intravenous concentrate</i>	PSP	SP
<i>zoledronic acid intravenous solution</i>	PSP	SP
ZOMACTON	NPSP	PA
ZOMETA	NPSP	SP
ZORBTIVE	NPSP	PA; SP
ESTROGENS		
ACTIVELLA	NPB	
ALORA	NPB	
AMABELZ	G	
ANGELIQ	NPB	
CLIMARA	NPB	
CLIMARA PRO	NPB	#
COMBIPATCH	NPB	
DIVIGEL	NPB	
ELESTRIN	NPB	
ESTRACE ORAL	NPB	
<i>estradiol oral</i>	G	LGC
<i>estradiol transdermal</i>	G	
<i>estradiol-norethindrone acet</i>	G	
ESTROGEL	NPB	

2018 Aetna Premier Plus Plan

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
EVAMIST	NPB	
FEMHRT LOW DOSE	NPB	
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	NPB	
MENOSTAR	NPB	#
MIMVEY	G	
MIMVEY LO	G	
MINIVELLE	NPB	#
<i>norethindrone-eth estradiol</i>	G	
PREFEST	NPB	
PREMARIN ORAL	PB	
PREMPHASE	PB	
PREMPRO	PB	
VIVELLE-DOT	PB	
*ESTROGEN-SELECTIVE ESTROGEN RECEPTOR MODULATOR COMB***		
DUAVEE	PB	
*FARNESOID X RECEPTOR (FXR) AGONISTS***		
OICALIVA ORAL TABLET 5 MG	NPSP	PA; SP
FLUOROQUINOLONES		
AVELOX ORAL	NPB	
BAXDELA ORAL	NPB	
CIPRO ORAL SUSPENSION RECONSTITUTED	NPB	AL
CIPRO ORAL TABLET 250 MG, 500 MG	NPB	AL
CIPRO XR	NPB	AL
<i>ciprofloxacin hcl oral tablet 100 mg, 750 mg</i>	G	AL
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i>	G	LGC; AL
<i>ciprofloxacin oral suspension reconstituted 500 mg/5ml (10%)</i>	G	
<i>ciprofloxacin-ciproflox hcl er</i>	G	AL
LEVAQUIN ORAL TABLET	NPB	AL
<i>levofloxacin oral</i>	G	AL
<i>moxifloxacin hcl oral</i>	G	
<i>ofloxacin oral tablet 300 mg</i>	G	

2018 Aetna Premier Plus Plan

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
<i>ofloxacin oral tablet 400 mg</i>	G	AL
GASTROINTESTINAL AGENTS - MISC.		
ACTIGALL	NPB	
<i>alosetron hcl</i>	G	
AMITIZA	NPB	
APRISO	PB	#
AURYXIA	NPB	
AZULFIDINE	NPB	
AZULFIDINE EN-TABS	NPB	
<i>balsalazide disodium</i>	G	
CANASA	PB	#
CHENODAL	NPB	
CIMZIA PREFILLED	NPSP	PA; SP
CIMZIA STARTER KIT	NPSP	PA; SP
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	NPSP	PA; SP
COLAZAL	NPB	
<i>cromolyn sodium oral</i>	G	
DELZICOL	PB	#
DIPENTUM	NPB	
<i>enulose</i>	G	LGC
FOSRENOL ORAL PACKET	PB	
FOSRENOL ORAL TABLET CHEWABLE 1000 MG, 500 MG, 750 MG	NPB	
GASTROCROM	NPB	
GATTEX	NPSP	PA; SP
<i>generlac</i>	G	
INFLECTRA	PSP	PA; SP
<i>lactulose encephalopathy</i>	G	
<i>lanthanum carbonate</i>	G	
LIALDA	PB	
LINZESS	PB	
LOTRONEX	NPB	
<i>mesalamine oral</i>	G	
<i>mesalamine rectal</i>	G	

2018 Aetna Premier Plus Plan

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
<i>metoclopramide hcl oral solution 10 mg/10ml</i>	G	
<i>metoclopramide hcl oral solution 5 mg/5ml</i>	G	LGC
<i>metoclopramide hcl oral tablet 10 mg</i>	G	LGC
<i>metoclopramide hcl oral tablet 5 mg</i>	G	
<i>metoclopramide hcl oral tablet dispersible</i>	G	
MOVANTIK	PB	
PENTASA	PB	
PHOSLO	NPB	
PHOSLYRA	PB	
REGLAN ORAL	NPB	
RELISTOR ORAL	PB	#
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML	PB	
REMICADE	PSP	PA; SP
RENAGEL ORAL TABLET 800 MG	NPB	#
RENFLEXIS	PSP	PA; SP
RENVELA	PB	
<i>sevelamer carbonate</i>	G	
SFROWASA	NPB	
<i>sulfasalazine oral</i>	G	
SULFAZINE	G	
SYMPROIC	NPB	
URSO 250	NPB	
URSO FORTE	NPB	
<i>ursodiol oral</i>	G	
VELPHORO	NPB	#
GENERAL ANESTHETICS		
FORANE	NPB	
<i>isoflurane</i>	G	
<i>sevoflurane</i>	G	
SUPRANE	NPB	
TERRELL	G	
ULTANE	NPB	

2018 Aetna Premier Plus Plan

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
GENITOURINARY AGENTS - MISCELLANEOUS		
<i>acetic acid irrigation</i>	G	
<i>alfuzosin hcl er</i>	G	
<i>aminoacetic acid</i>	G	
ARGYLE STERILE SALINE	G	
AVODART	NPB	
CARDURA XL	NPB	
CURITY STERILE SALINE	G	
CYSTAGON	NPB	
<i>cytra k crystals</i>	G	
CYTRA-3	NPB	
<i>dutasteride oral</i>	G	
<i>dutasteride-tamsulosin hcl</i>	G	
ELMIRON	PB	
<i>finasteride oral tablet 5 mg</i>	G	
FLOMAX	NPB	
<i>glycine irrigation</i>	G	
<i>glycine urologic</i>	G	
JALYN	NPB	
K-PHOS NO 2	NPB	
LITHOSTAT	NPB	
<i>neomycin-polymyxin b gu</i>	G	
ORACIT	NPB	
PHENAZO ORAL TABLET 200 MG	G	
<i>phenazopyridine hcl oral tablet 100 mg, 200 mg</i>	G	
PROCYSBI	NPSP	PA; SP
PROSCAR	NPB	
RAPAFLO	PB	#
RENACIDIN	NPB	
RESECTISOL	NPB	
<i>sodium chloride irrigation solution 0.9 %</i>	G	
<i>tamsulosin hcl</i>	G	LGC
TARON-CRYSTALS	G	
THIOLA	NPSP	PA

2018 Aetna Premier Plus Plan

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
UROCIT-K 10	NPB	
UROCIT-K 5	NPB	
UROXATRAL	NPB	
*GLYCOPEPTIDES***		
FIRST-VANCOMYCIN 25	NPB	
FIRST-VANCOMYCIN 50	NPB	
FIRVANQ ORAL SOLUTION RECONSTITUTED 25 MG/ML	NPB	
VANCOCIN HCL	NPB	
<i>vancomycin hcl oral</i>	G	
GOUT AGENTS		
<i>allopurinol oral</i>	G	LGC
<i>colchicine oral tablet</i>	G	
<i>colchicine-probenecid</i>	G	
COLCRYS	NPB	
DUZALLO	NPB	
KRYSTEXXA	NPSP	PA; SP
MITIGARE	PB	
<i>probenecid oral</i>	G	
ULORIC	NPB	
ZURAMPIC	NPB	
ZYLOPRIM	NPB	
HEMATOLOGICAL AGENTS - MISC.		
ADVATE	PSP	PA; SP
ADYNOVATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT, 750 UNIT	NPSP	PA
ADYNOVATE INTRAVENOUS SOLUTION RECONSTITUTED 3000 UNIT	NPSP	PA; SP
AFSTYLA	NPSP	PA; SP
AGGRENOX	NPB	
AGRYLIN	NPB	
ALPHANATE/VWF COMPLEX/HUMAN	NPSP	PA; SP
ALPHANINE SD	NPSP	PA; SP
ALPROLIX	NPSP	PA; SP

2018 Aetna Premier Plus Plan

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
<i>anagrelide hcl</i>	G	
<i>aspirin-dipyridamole er</i>	G	
BEBULIN	NPSP	PA; SP
BENEFIX INTRAVENOUS KIT	PSP	PA; SP
BERINERT	NPSP	PA; SP
BRILINTA	PB	
<i>cilostazol</i>	G	
CINRYZE	NPSP	PA; SP
<i>clopidogrel bisulfate oral</i>	G	
COAGADEX	NPSP	PA
CORIFACT	NPSP	PA; SP
<i>dipyridamole oral</i>	G	
DURLAZA	NPB	
EFFIENT	NPB	
ELOCTATE	NPSP	PA; SP
FEIBA	PSP	PA; SP
FIBRYGA	PSP	PA; SP
FIRAZYR	PSP	PA; #; SP
HAEGARDA	PSP	PA; SP
HELIXATE FS	NPSP	PA; SP
HEMOFIL M INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1700 UNIT, 250 UNIT, 500 UNIT	NPSP	PA; SP
HUMATE-P INTRAVENOUS SOLUTION RECONSTITUTED 1000-2400 UNIT, 250- 600 UNIT, 500-1200 UNIT	NPSP	PA; SP
IDELVION	NPSP	PA; SP
IXINITY	NPSP	PA
JIVI	NPSP	PA; SP
KALBITOR	NPSP	PA; SP
KCENTRA	NPSP	PA; SP
KOATE	NPSP	PA
KOATE-DVI	NPSP	PA; SP
KOGENATE FS	NPSP	PA; SP
KOVALTRY	NPSP	PA; SP

2018 Aetna Premier Plus Plan

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
MONOCLATE-P INTRAVENOUS KIT 1000 UNIT	PSP	PA; SP
MONONINE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT	PSP	PA; SP
NOVOEIGHT	NPSP	PA; SP
NOVOSEVEN RT	PSP	PA; SP
NUWIQ	NPSP	PA; SP
<i>pentoxifylline er</i>	G	
PLAVIX	NPB	
<i>prasugrel hcl</i>	G	
PROFILNINE SD	NPSP	PA; SP
REBINYN	NPSP	PA; SP
RECOMBINATE	NPSP	PA; SP
RIASTAP	PSP	PA; SP
RIXUBIS	NPSP	PA; SP
RUCONEST	NPSP	PA; SP
TRETTEN	NPSP	PA; SP
VONVENDI	NPSP	PA
WILATE INTRAVENOUS KIT	NPSP	PA; SP
XYNTHA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT	NPSP	PA; SP
XYNTHA SOLOFUSE	NPSP	PA; SP
YOSPRALA	NPB	
HEMATOPOIETIC AGENTS		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML	PSP	PA; SP
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 25 MCG/0.42ML, 300 MCG/0.6ML, 40 MCG/0.4ML, 500 MCG/ML, 60 MCG/0.3ML	PSP	PA; SP
CERDELGA	PSP	PA; SP
CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT	PSP	PA; SP

2018 Aetna Premier Plus Plan

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
DOPTelet ORAL TABLET 20 MG	NPSP	PA; SP
DROXIA	NPB	
ELELYSO	NPSP	PA; SP
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	NPSP	PA; SP
FERREX 150 FORTE PLUS	NPB	
FERRLECIT	NPSP	SP
<i>folic acid oral tablet 1 mg</i>	CE	LGC
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	CE	
FULPHILA	PSP	PA; SP
GRANIX	NPSP	PA; SP
LEUKINE INTRAVENOUS	NPSP	PA; SP
<i>miglustat</i>	PSP	PA; SP
MIRCERA INJECTION SOLUTION PREFILLED SYRINGE	NPSP	PA
MULPLETA	NPSP	PA; SP
<i>na ferric gluc cplx in sucrose</i>	PSP	SP
NASCOBAL	NPB	
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	PSP	PA
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	NPSP	PA; SP
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE	NPSP	PA
NIVESTYM	PSP	PA; SP
NPLATE	NPSP	PA; SP
PROCRIT	PSP	PA; SP
PROMACTA	NPSP	PA; SP
RETACRIT	PSP	PA; SP
SIKLOS	NPB	PA
VENOFER	NPSP	SP
VPRIV	PSP	PA; SP
ZARXIO	PSP	PA
ZAVESCA	NPSP	PA; #; SP

2018 Aetna Premier Plus Plan

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
HEMOSTATICS		
AMICAR ORAL SOLUTION	NPB	
AMICAR ORAL TABLET	PB	
ARTISS EXTERNAL SOLUTION	NPB	
LYSTEDA	NPB	
<i>monsels ferric subsulfate external</i>	NPB	
TISSEEL VH	NPB	
TISSEEL VHSD	NPB	
<i>tranexamic acid oral</i>	G	
*HEPATITIS C AGENT - COMBINATIONS***		
EPCLUSA	PSP	PA; #; SP
HARVONI	PSP	PA; #; SP
MAVYRET	NPSP	PA; SP
TECHNIVIE	NPSP	PA
VIEKIRA PAK	NPSP	PA; SP
VIEKIRA XR	NPSP	PA
VOSEVI	PSP	PA; SP
ZEPATIER	PSP	PA; SP
*HEREDITARY OROTIC ACIDURIA TREATMENT - AGENTS**		
XURIDEN	PSP	PA; SP
HYPNOTICS		
AMBIEN	NPB	
AMBIEN CR	NPB	
BUTISOL SODIUM ORAL TABLET 30 MG	NPB	
DORAL	NPB	
EDLUAR	NPB	
<i>estazolam</i>	G	
<i>eszopiclone</i>	G	
<i>flurazepam hcl</i>	G	
HALCION	NPB	
HETLIOZ	NPSP	PA; SP
INTERMEZZO	NPB	
LUNESTA	NPB	

2018 Aetna Premier Plus Plan

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
<i>midazolam hcl oral</i>	G	
<i>phenobarbital oral elixir</i>	G	
<i>phenobarbital oral solution</i>	G	
<i>phenobarbital oral tablet 16.2 mg, 32.4 mg</i>	G	
RESTORIL	NPB	
ROZEREM	NPB	#
SECONAL	NPB	
SILENOR	NPB	#
<i>temazepam</i>	G	
<i>triazolam</i>	G	
<i>zaleplon</i>	G	
<i>zolpidem tartrate</i>	G	
<i>zolpidem tartrate er</i>	G	
ZOLPIMIST	NPB	#
*HYPOPHOSPHATASIA (HPP) AGENTS***		
STRENSIQ	NPSP	PA; SP
*IBS AGENT - MU-OPIOID RECEPTOR AGONISTS***		
VIBERZI	PB	
*IN VITRO/LOCK ANTICOAGULANTS***		
<i>acd formula a</i>	NPB	
<i>acd formula b</i>	NPB	
ACD-A NOCLOT-50	NPB	
ANTICOAGULANT COMPOUND	NPB	
*INSULIN-INCRETIN MIMETIC COMBINATIONS***		
SOLQUA	PB	
XULTOPHY	PB	
*INTEGRIN RECEPTOR ANTAGONISTS***		
ENTYVIO	PSP	PA; SP
*INTERLEUKIN ANTAGONISTS***		
STELARA INTRAVENOUS	PSP	PA

2018 Aetna Premier Plus Plan

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
*INTERLEUKIN-5 ANTAGONISTS (IGG1 KAPPA)***		
NUCALA	NPSP	PA; SP
*INTERLEUKIN-5 ANTAGONISTS (IGG4 KAPPA)***		
CINQAIR	NPSP	PA; SP
*ISOCITRATE DEHYDROGENASE-1 (IDH1) INHIBITORS***		
TIBSOVO	NPSP	PA; SP
*ISOCITRATE DEHYDROGENASE-2 (IDH2) INHIBITORS***		
IDHIFA	NPSP	PA; SP
LAXATIVES		
CLENPIQ	CE	
<i>constulose</i>	G	
<i>gavilax oral packet</i>	CE	
GAVILYTE-C	G	
GAVILYTE-G	G	
GAVILYTE-H	CE	
GAVILYTE-N WITH FLAVOR PACK	G	
GOLYTELY	NPB	
KRISTALOSE	NPB	
<i>lactulose oral packet</i>	G	
<i>lactulose oral solution 10 gm/15ml</i>	G	LGC
<i>lactulose oral solution 20 gm/30ml</i>	G	
MIRALAX	CE	
MOVIPREP	CE	#
NULYTELY WITH FLAVOR PACKS	NPB	
OSMOPREP	CE	#
<i>peg 3350 oral packet</i>	CE	
<i>peg 3350/electrolytes</i>	CE	
<i>peg 3350-kcl-na bicarb-nacl</i>	G	
<i>peg-3350/electrolytes</i>	G	
PEG-PREP	CE	
PLENVU	CE	
<i>polyethylene glycol 3350 oral powder</i>	CE	

2018 Aetna Premier Plus Plan

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
PREPOPIK	CE	#
SUPREP BOWEL PREP KIT	CE	
TRILYTE	CE	
*LEPTIN ANALOGUES***		
MYALEPT	PSP	PA; SP
*LHRH/GNRH AGONIST ANALOG COMBINATIONS***		
LUPANETA PACK	NPSP	PA; SP
*LYMPHOCYTE FUNCTION-ASSOCIATED ANTIGEN-1 (LFA-1) ANTAG***		
XIIDRA	PB	
*LYSOSOMAL ACID LIPASE (LAL) DEFICIENCY - AGENTS***		
KANUMA	PSP	PA; SP
MACROLIDES		
<i>azithromycin oral packet</i>	G	
<i>azithromycin oral suspension reconstituted</i>	G	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	G	
BIAXIN ORAL TABLET 500 MG	NPB	
<i>clarithromycin er</i>	G	
<i>clarithromycin oral</i>	G	
DIFICID	NPB	
E.E.S. 400 ORAL TABLET	NPB	
E.E.S. GRANULES	NPB	
ERYPED 200	NPB	
ERYPED 400	NPB	
ERY-TAB	NPB	
ERYTHROCIN STEARATE ORAL TABLET 250 MG	NPB	
<i>erythromycin base oral capsule delayed release particles</i>	G	
<i>erythromycin base oral tablet</i>	G	
<i>erythromycin ethylsuccinate oral tablet</i>	G	
<i>erythromycin stearate oral tablet 250 mg</i>	G	

2018 Aetna Premier Plus Plan

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
ZITHROMAX ORAL	NPB	
ZITHROMAX TRI-PAK	NPB	
ZITHROMAX Z-PAK	NPB	
MEDICAL DEVICES		
<i>1st tier unifine pentips</i>	NPB	
<i>1st tier unifine pentips plus</i>	NPB	
ACCU-CHEK AVIVA IN VITRO SOLUTION	NPB	
ACCU-CHEK COMPACT PLUS CONTROL	NPB	
ACCU-CHEK FASTCLIX LANCET	NPB	
ACCU-CHEK MULTICLIX LANCET DEV	NPB	
ACCU-CHEK MULTICLIX LANCETS	NPB	
ACCU-CHEK SMARTVIEW CONTROL	NPB	
ACCU-CHEK SOFTCLIX LANCET DEV KIT	NPB	
ACCUTREND GLUCOSE CONTROL	NPB	
ACE AEROSOL CLOUD ENHANCER	NPB	
ACTIVITY POUCH	NPB	
ADAPTER PED DISPOSABLE	NPB	
<i>adjustable lancing device</i>	G	
<i>adult aerosol mask</i>	NPB	
<i>adult mask</i>	NPB	
<i>adult mask large</i>	NPB	
ADVANCE INTUITION CONTROL	NPB	
ADVANCE MICRO-DRAW CONTROL	NPB	
ADVANCE MICRO-DRAW NORMAL	NPB	
ADVOCATE CONTROL SOLUTION	NPB	
ADVOCATE INSULIN PEN NEEDLES 31G X 5 MM , 31G X 8 MM	NPB	
ADVOCATE INSULIN SYRINGE	NPB	
ADVOCATE LANCING DEVICE	NPB	
ADVOCATE RAPID-SAFE LANCING	NPB	
ADVOCATE REDI-CODE+ CONTROL	NPB	
AEROTRACH PLUS	NPB	
AGAMATRIX CONTROL	NPB	

2018 Aetna Premier Plus Plan

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
AIRS PEDIATRIC AEROSOL MASK	NPB	
AIRZONE PEAK FLOW METER	NPB	
ALCOH-GLOVE CONTOURED WIPE	NPB	
<i>alcohol pads</i>	NPB	
<i>alcohol prep pad 70 %</i>	NPB	
<i>alcohol swabs pad</i>	G	
<i>alcohol swabs pad 70 %</i>	NPB	
<i>alcohol wipes pad 70 %</i>	NPB	
ALL FLOW 1000 PFT FILTER	NPB	
<i>alternate site lancing device</i>	G	
<i>aqua lance adjustable lancing</i>	NPB	
ASSESS FULL RANGE PEAK METER	NPB	
ASSESS LOW RANGE PEAK METER	NPB	
ASSESS PEAK FLOW METER	NPB	
ASSURE 3 CONTROL	NPB	
ASSURE 4 CONTROL LEVEL 1 & 2	NPB	
ASSURE DOSE CONTROL	NPB	
ASSURE DOSE NORM/HIGH CONTROL	NPB	
ASSURE ID INSULIN SAFETY SYR	NPB	
ASSURE II CONTROL	NPB	
ASSURE II CONTROL LEVEL 1 & 2	NPB	
ASSURE PRO CONTROL LEVEL 1 & 2	NPB	
ASTHMA CHECK METER-ZONE SYSTEM	NPB	
ASTHMAMENTOR	NPB	
<i>aurora pen needles</i>	NPB	
<i>aurora unifine pentips</i>	NPB	
AUTOJECT 2	NPB	
AUTO-LANCET	NPB	
AUTO-LANCET MINI	NPB	
AUTOLET II CLINISAFE	NPB	
AUTOLET LANCING DEVICE	NPB	
AUTOLET LITE CLINISAFE	NPB	
AUTOLET LITE STARTER PACK	NPB	
AUTOLET MINI	NPB	

2018 Aetna Premier Plus Plan

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
AUTOLET PLATFORMS	NPB	
BAYER BREEZE 2 CONTROL	NPB	
BAYER CONTOUR	NPB	
BAYER MICROLET 2 LANCING DEVIC	NPB	
BAYER MICROLET LANCETS	NPB	
BD AUTOSHIELD 29G X 5MM , 29G X 8MM	PB	
BD AUTOSHIELD DUO	PB	
BD INSULIN SYR ULTRAFINE II	PB	
BD INSULIN SYRINGE 25G X 1" 1 ML, 25G X 5/8" 1 ML, 26G X 1/2" 1 ML, 27.5G X 5/8" 2 ML, 27G X 1/2" 1 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.5 ML, 31G X 5/16" 0.3 ML, U-100 1 ML	PB	
BD INSULIN SYRINGE HALF-UNIT	PB	
BD INSULIN SYRINGE MICROFINE 27G X 5/8" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML	PB	
BD INSULIN SYRINGE U/F 30G X 1/2" 1 ML, 31G X 5/16" 0.3 ML	PB	
BD INSULIN SYRINGE ULTRAFINE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	PB	
BD LANCET ULTRAFINE 30G	NPB	
BD LANCET ULTRAFINE 33G	NPB	
BD MICROTAINER LANCETS	NPB	
BD PEN	PB	
BD PEN MINI	PB	
BD PEN NEEDLE MINI U/F	PB	
BD PEN NEEDLE NANO U/F	PB	
BD PEN NEEDLE SHORT U/F	PB	
BD PEN NEEDLE ULTRAFINE	PB	
BD SAFETYGLIDE INSULIN SYRINGE 30G X 5/16" 0.5 ML	PB	
BD SAFETY-LOK INSULIN SYRINGE	PB	
BD SWAB SINGLE USE REGULAR	NPB	

2018 Aetna Premier Plus Plan

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
BD SWABS SINGLE USE BUTTERFLY	NPB	
BUBBLES THE FISH II PEDI MASK	NPB	
CARDIOCOM LANCING DEVICE	NPB	
<i>careone advanced lancing dev</i>	NPB	
<i>careone unifine pentips</i>	NPB	
<i>careone unifine pentips plus</i>	NPB	
CARESENS CONTROL A	NPB	
CLEVER CHOICE GLUCOSE CONTROL	NPB	
<i>clickfine pen needles</i>	NPB	
<i>co monitor replacement pieces</i>	NPB	
COMFORT EZ INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	NPB	
COMFORT EZ PEN NEEDLES 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	NPB	
<i>control</i>	NPB	
CURITY ALCOHOL PREPS	NPB	
CURITY ALCOHOL SWABS	NPB	
<i>cvs lancing device</i>	NPB	
<i>diatrue control level 1</i>	NPB	
<i>diatrue control level 2</i>	NPB	
<i>diatrue control level 3</i>	NPB	
DROPLET LANCING DEVICE	NPB	
DRUG MART LANCING DEVICE	NPB	
<i>drug mart unifine pentips</i>	NPB	
DUO-CARE CONTROL SOLUTION	NPB	
<i>easy comfort insulin syringe 30g x 1/2" 1 ml</i>	PB	
<i>easy comfort pen needles 31g x 5 mm , 31g x 8 mm</i>	NPB	
<i>easy mini lancing device</i>	NPB	
<i>easy plus ii control</i>	NPB	
EASY STEP CONTROL	NPB	

2018 Aetna Premier Plus Plan

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
<i>easy talk control</i>	NPB	
EASY TOUCH ALCOHOL PREP MEDIUM	NPB	
EASY TOUCH CONTROL HIGH & LOW	NPB	
EASY TOUCH INSULIN SAFETY SYR	NPB	
EASY TOUCH INSULIN SYRINGE 27G X 1/2" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	NPB	
EASY TOUCH LANCING DEVICE	NPB	
EASY TOUCH PEN NEEDLES 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 5 MM , 32G X 6 MM	NPB	
<i>easy trak control</i>	NPB	
EASYGLUCO CONTROL	NPB	
EASYMAX 15 LEVEL 1 CONTROL	NPB	
EASYMAX 15 LEVEL 2 CONTROL	NPB	
EASYMAX CONTROL	NPB	
EFLOW SCF AEROSOL HEAD	NPB	
<i>element compact control 2</i>	NPB	
<i>element compact control 3</i>	NPB	
ELEMENT CONTROL	NPB	
ELITE DC AUTO ADAPTER	NPB	
<i>elite-thin insulin syringe 28g x 5/16" 0.5 ml, 28g x 5/16" 1 ml, 29g x 5/16" 0.5 ml, 29g x 5/16" 1 ml</i>	NPB	
EMBRACE CONTROL	NPB	
EVENCARE CONTROL LOW/HIGH	NPB	
EVENCARE G2 LOW/HIGH CONTROL	NPB	
EVENCARE G3 LOW/HIGH CONTROL	NPB	
EVOLUTION CONTROL	NPB	
FC FEMALE CONDOM	CE	
FC2 FEMALE CONDOM	CE	
FEMCAP	CE	
FIFTY50 ALCOHOL PREP	NPB	

2018 Aetna Premier Plus Plan

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
FIFTY50 PEN NEEDLES 31G X 5 MM , 31G X 8 MM	NPB	
FIFTY50 SUPERIOR COMFORT SYR	NPB	
<i>filter air pp</i>	NPB	
FORA CONTROL	NPB	
FORA LANCING DEVICE	NPB	
FORACARE GDH CONTROL	NPB	
<i>freds pharmacy autolet lancing</i>	NPB	
<i>freds pharmacy unifine pentip+</i>	NPB	
<i>freds pharmacy unifine pentips</i>	NPB	
FREESTYLE CONTROL SOLUTION	NPB	
FREESTYLE LANCETS	NPB	
FREESTYLE PRECISION INS SYR	NPB	
<i>full kit nebulizer set</i>	NPB	
<i>ge100 control</i>	NPB	
GENTLE-LET PLATFORMS	NPB	
<i>global alcohol prep ease</i>	NPB	
<i>global ease inject pen needles</i>	NPB	
<i>global inject ease insulin syr 30g x 1/2" 0.3 ml, 30g x 1/2" 1 ml</i>	NPB	
<i>global lancing device</i>	NPB	
GLUCOCARD 01 CONTROL	NPB	
GLUCOCARD EXPRESSION CONTROL	NPB	
GLUCOCARD SHINE CONTROL	NPB	
GLUCOCARD X-SENSOR CONTROL	NPB	
GLUCOCOM CONTROL	NPB	
GLUCOPRO INSULIN SYRINGE 30G X 1/2" 0.3 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	NPB	
<i>glucose control</i>	NPB	
<i>gnp alcohol swabs pad 70 %</i>	NPB	
<i>gnp clickfine pen needles</i>	NPB	
HEALTH CARE LANCING DEVICE	NPB	
<i>healthwise mini pen needles</i>	NPB	

2018 Aetna Premier Plus Plan

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
<i>healthwise pen needles</i>	NPB	
<i>healthwise short pen needles</i>	NPB	
<i>healthwise unifine pentips</i>	NPB	
<i>healthy accents lancing device</i>	NPB	
<i>healthy accents unifine pentip</i>	NPB	
<i>h-e-b incontrol adv lancing</i>	NPB	
<i>h-e-b incontrol pen needles</i>	NPB	
HYPOLANCE AST LANCING	NPB	
INFINITY CONTROL	NPB	
<i>inject-ease</i>	NPB	
INJECT-EASE AUTOMATIC INJECTOR	NPB	
INNOSPIRE REPLACEMENT FILTER	NPB	
INSPIREASE RESERVOIR BAGS	NPB	
<i>insulin syringe</i>	G	
<i>insulin syringe/needle</i>	G	
<i>insulin syringe-needle u-100 31g x 1/4" 0.3 ml, 31g x 1/4" 0.5 ml, 31g x 1/4" 1 ml</i>	G	
<i>insupen pen needles 32g x 4 mm</i>	NPB	
INSUPEN SENSITIVE	NPB	
INSUPEN ULTRAFIN	NPB	
J-TIP KIT W/VIAL ADAPTERS	NPB	
<i>kmart valu insulin syringe 29g</i>	NPB	
<i>kmart valu insulin syringe 30g</i>	NPB	
KOKO PEAK PRO MOUTHPIECE	NPB	
<i>kroger lancing device</i>	NPB	
<i>kroger pen needles</i>	NPB	
<i>lancet device</i>	G	
<i>lancets</i>	G	
LANCETS ULTRA THIN	NPB	
<i>lancing device</i>	G	
<i>leader advanced lancing device</i>	NPB	
LEADER UNIFINE PENTIPS	NPB	
LEADER UNIFINE PENTIPS PLUS	NPB	
LIBERTY GLUCOSE CONTROL IN VITRO LIQUID	NPB	

2018 Aetna Premier Plus Plan

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
LIBERTY GLUCOSE CONTROL IN VITRO SOLUTION HIGH , NORMAL	NPB	
LIBERTY GLUCOSE CONTROL MID	NPB	
LIBERTY MINI LANCING DEVICE	NPB	
LITE TOUCH LANCING PEN	NPB	
LITE TOUCH PEN NEEDLES	NPB	
LITETOUCH INSULIN SYRINGE	NPB	
LITETOUCH MASK LARGE	NPB	
LITETOUCH MASK MEDIUM	NPB	
LITETOUCH MASK SMALL	NPB	
LITETOUCH PEN NEEDLES	NPB	
<i>live better adv lancing device</i>	NPB	
MAGELLAN INSULIN SAFETY SYR	NPB	
MASK VORTEX	NPB	
MAXI-COMFORT INSULIN SYRINGE	NPB	
<i>medicine shoppe pen needles</i>	NPB	
MEDISENSE GLUCOSE KETONE CONTR	NPB	
MEDISENSE HI/MID/LOW CONTROL	NPB	
MEDISENSE HIGH/LOW CONTROL	NPB	
MEDISENSE MID CONTROL	NPB	
<i>meijer alcohol swabs</i>	NPB	
<i>meijer pen needles</i>	NPB	
MICRODOT CONTROL HIGH/LOW	NPB	
MICROELITE BATTERY	NPB	
MICROELITE FILTER REPLACEMENTS	NPB	
MICROLET LANCETS	NPB	
MICROLIFE DIGITAL PEAK FLOW	NPB	
<i>mini lancing device</i>	NPB	
MINI WRIGHT PEAK FLOW METER	NPB	
MINIELITE FILTER REPLACEMENTS	NPB	
MINIELITE RECHARGEABLE BATTERY	NPB	
MONOJECT INSULIN SYRINGE	NPB	

2018 Aetna Premier Plus Plan

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML	NPB	
MONOJECTOR END CAPS	NPB	
MONOJECTOR OPD END CAPS	NPB	
<i>multi-lancet device</i>	G	
MYGLUCOHEALTH CONTROL	NPB	
<i>nebulizer air tube/plugs</i>	NPB	
<i>nebulizer mask pediatric</i>	NPB	
NEUTEK 2TEK CONTROL	NPB	
NORDIPEN 5 INJECTION DEVICE	NPB	
NORDIPEN DELIVERY SYSTEM	NPB	
<i>nose clip</i>	NPB	
NOVA MAX PLUS GLU/KET CONTROL	NPB	
NOVA SUREFLEX LANCING DEVICE	NPB	
NOVOFINE 32G X 6 MM	NPB	
NOVOFINE AUTOCOVER	NPB	
NOVOTWIST 32G X 5 MM	NPB	
OMNIFLEX DIAPHRAGM	NPB	
ON CALL EXPRESS GLUCOSE CONTR	NPB	
ON CALL LANCING DEVICE	NPB	
ON CALL PLUS GLUCOSE CONTROL	NPB	
ON CALL PLUS LANCING DEVICE	NPB	
ON CALL VIVID GLUCOSE CONTROL	NPB	
ONE FLOW TESTER	NPB	
ONETOUCH DELICA LANCING DEV	NPB	
ONETOUCH SURESOFT LANCING DEV	NPB	
ONETOUCH ULTRA CONTROL	NPB	
ONETOUCH VERIO IN VITRO SOLUTION	NPB	
OPTUMRX GLUCOSE CONTROL	NPB	
PANDA MASK LARGE	NPB	
PANDA MASK MEDIUM	NPB	

2018 Aetna Premier Plus Plan

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
PANDA MASK SMALL	NPB	
PARI ALTERA NEBULIZER HANDSET	NPB	
PARI BABY CONVERSION KIT	NPB	
PARI ERAPID NEBULIZER HANDSET	NPB	
PARI EXPIRATORY FILTER SET	NPB	
PARI MASK SET	NPB	
PARI SOFT PLASTIC ADULT MASK	NPB	
PARI SOFT PLASTIC PED MASK	NPB	
<i>pc unifine pentips</i>	NPB	
PEAK AIR PEAK FLOW METER	NPB	
<i>pediatric mouthpiece</i>	NPB	
PEDIATRIC PANDA MASK	NPB	
<i>pen needles</i>	G	
<i>pen needles 1/2"</i>	G	
<i>pen needles 3/16"</i>	G	
<i>pen needles 5/16"</i>	G	
PENLET II BLOOD SAMPLER	NPB	
PENLET II REPLACEMENT CAP	NPB	
PERSONAL BEST FULL RANGE	NPB	
PERSONAL BEST LOW RANGE	NPB	
PFLEX	NPB	
PHARMACIST CHOICE ALCOHOL	NPB	
PIKO 1	NPB	
<i>pillow mask/adult</i>	NPB	
<i>pillow mask/child</i>	NPB	
<i>pillow mask/pediatric</i>	NPB	
POCKET PEAK FLOW METER	NPB	
POCKETCHEM EZ CONTROL	NPB	
POCKETPEAK PEAK FLOW METER	NPB	
PRECISION GLUCOSE CONTROL	NPB	
PRECISION GLUCOSE CONTROL SOLN	NPB	
PRECISION GLUCOSE KETONE CONTR	NPB	
PRECISION GLUCOSE/KETONE CONTR	NPB	
PRECISION SUREDOSE PLUS SYR	NPB	
PRECISION SURE-DOSE SYRINGE	NPB	

2018 Aetna Premier Plus Plan

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
<i>preferred plus unifine pentips</i>	NPB	
PRODIGY CONTROL SOLUTION	NPB	
PRODIGY INSULIN SYRINGE	NPB	
PRODIGY LANCING DEVICE	NPB	
PSS SELECT PLATFORMS	NPB	
<i>px advanced lancing device</i>	NPB	
<i>px extra short pen needles</i>	NPB	
<i>px lancet auto injector</i>	NPB	
<i>px pen needle</i>	NPB	
<i>px shortlength pen needles</i>	NPB	
<i>qc advanced lancing device</i>	NPB	
<i>qc alcohol swabs</i>	NPB	
<i>qc pen needles</i>	NPB	
<i>qc unifine pentips</i>	NPB	
QUICKTEK CONTROL SOLUTION	NPB	
QUINTET CONTROL HIGH/NORMAL	NPB	
<i>ra alcohol swabs</i>	NPB	
<i>ra lancing device</i>	NPB	
<i>ra pen needles</i>	NPB	
<i>reality swabs</i>	NPB	
REFUAH PLUS GLUCOSE CONTROL	NPB	
RELION ALCOHOL SWABS	NPB	
RELI-ON INSULIN SYRINGE	NPB	
RELION INSULIN SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	NPB	
RELION LANCING DEVICE	NPB	
RELION MINI PEN NEEDLES	NPB	
RELION PEN NEEDLES 29G X 12MM , 31G X 8 MM , 32G X 4 MM	NPB	
RELION SHORT PEN NEEDLES	NPB	
<i>replacement air filter</i>	NPB	
<i>replacement filters</i>	NPB	
RIGHTEST ALTERNATE SITE ADAPT	NPB	

2018 Aetna Premier Plus Plan

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
RIGHTEST GC300 CONTROL	NPB	
RIGHTEST GD500 LANCING DEVICE	NPB	
SAFESNAP INSULIN SYRINGE	NPB	
SAFETY-GLIDE SYRINGE	PB	
SAMI THE SEAL FILTERS	NPB	
<i>sb alcohol prep</i>	NPB	
<i>select-lite devicellancets</i>	G	
<i>select-lite lancing device</i>	NPB	
SHOPKO ALCOHOL SWABS	NPB	
SHOPKO AUTOLET LANCING DEVICE	NPB	
SHOPKO UNIFINE PENTIPS	NPB	
SIDESTREAM ADULT FACE MASK	NPB	
SIDESTREAM PEDIATRIC FACE MASK	NPB	
SIDESTREAM PLS ADULT FACE MASK	NPB	
<i>silicone maskladult</i>	NPB	
<i>silicone masklinfant</i>	NPB	
<i>silicone masklpediatric</i>	NPB	
SIMPLE DIAGNOSTICS LANCING DEV	NPB	
<i>sm alcohol prep</i>	NPB	
SMART DIABETES VANTAGE LANCING	NPB	
SMARTTEST CONTROL MEDIUM	NPB	
SOLARTEK GLUCOSE CONTROL	NPB	
SOLUS V2 CONTROL	NPB	
SOLUS V2 LANCING DEVICE	NPB	
STERILANCE PA	NPB	
<i>supreme ii highllow control</i>	NPB	
<i>sure comfort alcohol prep</i>	NPB	
<i>sure comfort insulin syringe 30g x 1/2" 0.3 ml, 30g x 1/2" 1 ml</i>	NPB	
<i>sure comfort lancing pen</i>	NPB	
<i>sure comfort pen needles 29g x 12.7mm , 30g x 8 mm , 31g x 5 mm , 31g x 8 mm , 32g x 4 mm</i>	NPB	
SURE-FINE PEN NEEDLES	NPB	
SURE-JECT INSULIN SYRINGE	NPB	
SURE-PEN	NPB	

2018 Aetna Premier Plus Plan

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
SURE-PREP ALCOHOL PREP	NPB	
SURESTEP GLUCOSE CONTROL	NPB	
SURESTEP PRO HIGH GLUCOSE	NPB	
SURESTEP PRO LOW GLUCOSE	NPB	
SURESTEP PRO NORMAL GLUCOSE	NPB	
TAI DOC CONTROL	NPB	
TELCARE GLUCOSE CONTROL	NPB	
<i>tgt alcohol swabs</i>	NPB	
<i>tgt lancing device</i>	NPB	
THRESHOLD IMT	NPB	
<i>todays health lancing device</i>	NPB	
<i>todays health mini pen needles</i>	NPB	
<i>todays health pen needles</i>	NPB	
<i>todays health short pen needle</i>	NPB	
<i>topcare clickfine pen needles</i>	NPB	
TRUECONTROL GLUCOSE CONT LEV 0	NPB	
TRUECONTROL GLUCOSE CONT LEV 1	NPB	
TRUEDRAW LANCING DEVICE	NPB	
TRUEPLUS INSULIN SYRINGE	NPB	
TRUEPLUS LANCETS 30G	NPB	
TRUZONE PEAK FLOW METER	NPB	
<i>tubing/wing tip</i>	NPB	
ULTICARE INSULIN SAFETY SYR	NPB	
ULTICARE INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	NPB	
ULTICARE MICRO PEN NEEDLES 32G X 4 MM	NPB	
ULTICARE MINI PEN NEEDLES	NPB	
ULTICARE PEN NEEDLES 29G X 12.7MM, 29G X 12MM	NPB	
ULTICARE SHORT PEN NEEDLES	NPB	

2018 Aetna Premier Plus Plan

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
ULTI-LANCE AUTOMATIC	NPB	
ULTILET INSULIN SYRINGE SHORT 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML	NPB	
ULTRALANCE	NPB	
ULTRA-THIN II INS SYR SHORT	NPB	
ULTRA-THIN II INSULIN SYRINGE	NPB	
ULTRA-THIN II MINI PEN NEEDLE	NPB	
ULTRA-THIN II PEN NEEDLE SHORT	NPB	
ULTRA-THIN II PEN NEEDLES	NPB	
ULTRATRAK PRO CONTROL	NPB	
ULTRATRAK ULTIMATE CONTROL	NPB	
UNIFINE PENTIPS 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	NPB	
<i>unifine pentips plus 32g x 4 mm</i>	NPB	
UNISTIK 1	NPB	
UNISTIK 2	NPB	
UNISTIK 2 COMFORT	NPB	
UNISTIK 2 EXTRA	NPB	
UNISTIK 2 NEONATAL	NPB	
UNISTIK 2 NORMAL	NPB	
UNISTIK 2 SUPER	NPB	
UNISTIK 3	NPB	
UNISTIK 3 COMFORT	NPB	
UNISTIK 3 EXTRA	NPB	
UNISTIK 3 NEONATAL	NPB	
UNISTIK 3 NORMAL	NPB	
UNISTIK CZT COMFORT	NPB	
UNISTIK CZT NORMAL	NPB	
UNISTRIP CONTROL	NPB	
<i>value plus lancing device</i>	NPB	
<i>valumark pen needles</i>	NPB	
VANISHPOINT INSULIN SYRINGE 29G X 1/2" 1 ML, 30G X 3/16" 0.5 ML, 30G X 3/16" 1 ML	NPB	

2018 Aetna Premier Plus Plan

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
VICTORY CONTROL LEVEL 1/2	NPB	
VIDA MIA AUTOLET LANCING DEV	NPB	
VIDA MIA UNIFINE PENTIPS	NPB	
WEBCOL ALCOHOL PREP LARGE	NPB	
WEBCOL ALCOHOL PREP MEDIUM	NPB	
<i>wegmans unifine pentips plus</i>	NPB	
WIDE-SEAL DIAPHRAGM 60	CE	
WIDE-SEAL DIAPHRAGM 65	CE	
WIDE-SEAL DIAPHRAGM 70	CE	
WIDE-SEAL DIAPHRAGM 75	CE	
WIDE-SEAL DIAPHRAGM 80	CE	
WIDE-SEAL DIAPHRAGM 85	CE	
WIDE-SEAL DIAPHRAGM 90	CE	
WIDE-SEAL DIAPHRAGM 95	CE	
WINDMILL TRAINER	NPB	
MIGRAINE PRODUCTS		
<i>almotriptan malate</i>	G	
AMERGE	NPB	
CAFERGOT	NPB	
CAMBIA	NPB	
D.H.E. 45	NPB	
<i>dihydroergotamine mesylate injection</i>	G	
<i>eletriptan hydrobromide</i>	G	
ERGOMAR	NPB	
FROVA	NPB	
<i>frovatriptan succinate</i>	G	
IMITREX NASAL	NPB	
IMITREX ORAL	NPB	
IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE	NPB	QL
IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO- INJECTOR	NPB	QL
IMITREX SUBCUTANEOUS	NPB	QL
MAXALT ORAL TABLET 10 MG	NPB	

2018 Aetna Premier Plus Plan

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
MAXALT-MLT	NPB	
MIGERGOT	NPB	
MIGRANAL	NPB	
<i>naratriptan hcl</i>	G	
ONZETRA XSAIL	NPB	
RELPAK	NPB	
<i>rizatriptan benzoate</i>	G	
<i>sumatriptan nasal</i>	G	
<i>sumatriptan succinate oral</i>	G	
<i>sumatriptan succinate refill subcutaneous solution cartridge</i>	G	QL
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	G	QL
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml</i>	G	QL
<i>sumatriptan-naproxen sodium</i>	G	
TREXIMET ORAL TABLET 10-60 MG	NPB	#
TREXIMET ORAL TABLET 85-500 MG	NPB	
ZEMBRACE SYMTOUCH	NPB	QL
<i>zolmitriptan oral</i>	G	
ZOMIG	NPB	
ZOMIG ZMT	NPB	
MINERALS & ELECTROLYTES		
CALCIFOL	NPB	
<i>calcium-folic acid plus d</i>	NPB	
EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ	NPB	
EFFER-K ORAL TABLET EFFERVESCENT 25 MEQ	G	
<i>effervescent pot chloride</i>	G	
FLUORABON	CE	
<i>fluoritab oral solution</i>	G	
<i>fluoritab oral tablet chewable 0.55 (0.25 f) mg</i>	G	
<i>fluoritab oral tablet chewable 1.1 (0.5 f) mg, 2.2 (1 f) mg</i>	CE	

2018 Aetna Premier Plus Plan

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
FLURA-DROPS ORAL SOLUTION 0.55 (0.25 F) MG/DROP	CE	
GALZIN	NPB	
<i>k-effervescent</i>	G	
KLOR-CON 10	G	
KLOR-CON M10	G	
KLOR-CON M15	NPB	
KLOR-CON M20	G	
KLOR-CON ORAL TABLET EXTENDED RELEASE	G	LGC
KLOR-CON/EF	G	
K-PHOS	NPB	
K-PRIME	G	
<i>k-vescent oral tablet effervescent</i>	G	
LUDENT	CE	
MICRO-K	NPB	
NAFRINSE	G	
NAFRINSE DROPS	G	
PHOSPHA 250 NEUTRAL	G	
<i>pot bicarb-pot chloride</i>	G	
<i>potassium bicarbonate oral</i>	G	
<i>potassium chloride crys er oral tablet extended release 10 meq</i>	G	LGC
<i>potassium chloride crys er oral tablet extended release 20 meq</i>	G	
<i>potassium chloride er oral capsule extended release 10 meq</i>	G	LGC
<i>potassium chloride er oral capsule extended release 8 meq</i>	G	
<i>potassium chloride er oral tablet extended release 10 meq, 8 meq</i>	G	
<i>potassium chloride oral packet</i>	G	
<i>potassium chloride oral solution 20 meq/15ml (10%)</i>	G	LGC
<i>sodium fluoride oral solution</i>	CE	
<i>sodium fluoride oral tablet 2.2 (1 f) mg</i>	CE	

2018 Aetna Premier Plus Plan

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
<i>sodium fluoride oral tablet chewable 0.55 (0.25 f) mg</i>	CE	LGC
<i>sodium fluoride oral tablet chewable 1.1 (0.5 f) mg, 2.2 (1 f) mg</i>	CE	
*MONOBACTAMS***		
CAYSTON	NPSP	SP
MOUTH/THROAT/DENTAL AGENTS		
<i>cevimeline hcl</i>	G	
<i>chlorhexidine gluconate mouth/throat</i>	G	
<i>clotrimazole mouth/throat</i>	G	
DEBACTEROL	NPB	
DENTA 5000 PLUS	G	
EVOXAC	NPB	
<i>lidocaine viscous</i>	G	
NAFRINSE DAILY ACIDULATED	NPB	
NAFRINSE DAILY/NEUTRAL	NPB	
NAFRINSE WEEKLY	NPB	
<i>nystatin mouth/throat</i>	G	
ORALONE	G	
ORAMAGICRX	NPB	
ORAVIG	NPB	
PERIDEX	NPB	
<i>pilocarpine hcl oral</i>	G	
SALAGEN	NPB	
SALICEPT MOUTH/THROAT SUSPENSION RECONSTITUTED	NPB	
<i>sf 5000 plus</i>	G	
<i>triamcinolone acetonide mouth/throat</i>	G	
*MUCOPOLYSACCHARIDOSIS IV (MPS IV) - AGENTS***		
VIMIZIM	PSP	PA; SP
*MULTIPLE VITAMINS W/ MINERALS & FLUORIDE-IRON-FOLIC ACID***		
QUFLORA FE	NPB	

2018 Aetna Premier Plus Plan

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
*MULTIPLE VITAMINS WITH FOLIC ACID**		
<i>folika-v</i>	NPB	
MULTIVITAMINS		
<i>advanced amlpm</i>	NPB	
ATABEX EC	NPB	
BAL-CARE DHA	NPB	
CITRANATAL 90 DHA ORAL 90-1 & 300 MG	NPB	
CITRANATAL B-CALM	NPB	
CITRANATAL BLOOM	NPB	
CITRANATAL DHA	NPB	
CITRANATAL HARMONY ORAL CAPSULE 27-1-260 MG	NPB	
CITRANATAL MEDLEY	NPB	
CITRANATAL RX	NPB	
<i>c-nate dha</i>	NPB	
<i>completenate</i>	G	
CO-NATAL FA	G	
CONCEPT DHA	NPB	
CONCEPT OB	NPB	
CORVITA	G	
DIALYVITE	G	
DIALYVITE 3000	NPB	
DIALYVITE 5000	NPB	
DIALYVITE SUPREME D	NPB	
DIALYVITE/ZINC	NPB	
DUET DHA 400	NPB	
DUET DHA BALANCED ORAL 25-1 & 267 MG	NPB	
ELITE-OB	G	
ESCAVITE	NPB	
<i>folbee plus</i>	G	
FOLBEE PLUS CZ	NPB	
FOLGARD OS	NPB	
FOLIVANE-OB	NPB	

2018 Aetna Premier Plus Plan

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
<i>hemenatal ob</i>	NPB	
<i>hemenatal ob + dha</i>	NPB	
INATAL GT	G	
MARNATAL-F	NPB	
<i>multi vit/fl</i>	G	
<i>multiple vitamins/fluoride</i>	G	
<i>multi-vit/fluoride oral solution 0.25 mg/ml</i>	G	
<i>multi-vitamin/fluoride oral solution 0.25 mg/ml</i>	G	
<i>multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg</i>	NPB	
<i>multi-vitamin/fluoride/iron</i>	G	
<i>multivitamins/fluoride oral tablet chewable 0.5 mg</i>	G	
<i>mult-vitamin/fluoride</i>	G	
MVC-FLUORIDE	G	
MYNATAL ADVANCE	G	
MYNATAL ORAL TABLET	G	
<i>mynatal plus</i>	G	
<i>mynatal-z</i>	G	
NATACHEW ORAL TABLET CHEWABLE 28-1 MG	NPB	
NATALVIT	NPB	
NATELLE ONE ORAL CAPSULE 28-1-250 MG	NPB	
NEEVO DHA ORAL CAPSULE 27-1.13 MG	NPB	
NEPHPLEX RX	NPB	
NEPHRONEX ORAL TABLET	G	
NESTABS	NPB	
NESTABS ABC	NPB	
NESTABS DHA	NPB	
NESTABS ONE	NPB	
NEXA PLUS	NPB	
NICOMIDE ORAL TABLET 750-27-2-0.5 MG	NPB	
NUTRIVIT	NPB	
OB COMPLETE GOLD	NPB	

2018 Aetna Premier Plus Plan

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
OB COMPLETE ORAL TABLET	NPB	
OB COMPLETE PETITE	NPB	
OB COMPLETE PREMIER	NPB	
OB COMPLETE/DHA	NPB	
O-CAL PRENATAL	NPB	
OCUVEL ORAL CAPSULE 0.5 MG	NPB	
<i>pnv ob+dha</i>	NPB	
<i>pnv-dha</i>	G	
<i>pnv-dha+docusate</i>	NPB	
<i>pnv-omega</i>	NPB	
<i>pnv-select</i>	G	
POLY-VI-FLOR	NPB	
POLY-VI-FLOR/IRON	NPB	
<i>polyvitamin/fluoride oral solution 0.25 mg/ml</i>	G	
<i>poly-vitamin/fluoride oral solution 0.5 mg/ml</i>	G	
<i>polyvitamin/fluoride oral tablet chewable</i>	G	
PR NATAL 400	G	
<i>prenal pearl</i>	NPB	
<i>prenaissance</i>	NPB	
<i>prenaissance plus</i>	NPB	
PRENATA	NPB	
PRENATABS RX	G	
<i>prenatal 19 oral tablet</i>	G	
<i>prenatal 19 oral tablet 29-1 mg</i>	NPB	
<i>prenatal 19 oral tablet chewable</i>	G	
<i>prenatal 19 oral tablet chewable 29-1 mg</i>	NPB	
<i>prenatal plus iron</i>	NPB	
PRENATAL-U	NPB	
PRENATE	NPB	
PRENATE AM	NPB	
PRENATE ENHANCE	NPB	
PRENATE MINI ORAL CAPSULE 18-0.6-0.4-350 MG	NPB	
PRENATE RESTORE	NPB	
PRIMACARE ORAL CAPSULE	NPB	

2018 Aetna Premier Plus Plan

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
PROVIDA OB	NPB	
<i>purefe ob plus</i>	NPB	
QUFLORA FE PEDIATRIC	NPB	
QUFLORA PEDIATRIC	NPB	
RENATABS	NPB	
RENATABS WITH IRON	NPB	
<i>rena-vite rx</i>	G	
R-NATAL OB	NPB	
SELECT-OB ORAL TABLET CHEWABLE 29-1 MG	NPB	
<i>se-natal 19</i>	G	
STROVITE FORTE ORAL SYRUP	PB	
TARON-BC	NPB	
TARON-C DHA	NPB	
TARON-PREX	NPB	
TL G-FOL OS	NPB	
<i>tl-care dha</i>	NPB	
<i>tl-fluorivite</i>	NPB	
<i>tl-select</i>	NPB	
TRICARE PRENATAL COMPLEAT	NPB	
TRICARE PRENATAL DHA ONE	NPB	
TRINATE	NPB	
TRISTART ONE	NPB	
<i>tri-tabs dha</i>	NPB	
TRIVEEN-DUO DHA	NPB	
TRI-VI-FLOR	NPB	
<i>tri-vi-floro</i>	NPB	
<i>tri-vitamin/fluoride</i>	G	
<i>vena-bal dha</i>	NPB	
VINATE DHA RF	NPB	
VINATE II	G	
VINATE M	NPB	
<i>virt-pn</i>	NPB	
<i>virt-pn dha</i>	NPB	
<i>virt-pn plus</i>	NPB	

2018 Aetna Premier Plus Plan

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
VITAFOL FE+	NPB	
VITAFOL GUMMIES	NPB	
VITAFOL-NANO	NPB	
VITAFOL-OB	NPB	
VITAFOL-OB+DHA	NPB	
VITAFOL-ONE	NPB	
VITAL-D RX	NPB	
VITAMEDMD ONE RX/QUATREFOLIC	NPB	
<i>vitamin b-complex 100</i>	G	
<i>vitamins acd-fluoride</i>	G	
VITAPEARL	NPB	
VIVA DHA	NPB	
<i>vol-care rx</i>	G	
<i>vol-nate</i>	NPB	
<i>vol-tab rx</i>	NPB	
<i>vp-heme ob + dha</i>	NPB	
<i>vp-pnv-dha</i>	NPB	
ZATEAN-PN DHA	NPB	
ZATEAN-PN PLUS	NPB	
MUSCULOSKELETAL THERAPY AGENTS		
AMRIX	NPB	#
<i>baclofen oral tablet 10 mg</i>	G	LGC
<i>baclofen oral tablet 20 mg, 5 mg</i>	G	
<i>carisoprodol oral tablet 350 mg</i>	G	
<i>carisoprodol-aspirin</i>	G	
<i>carisoprodol-aspirin-codeine</i>	G	
<i>chlorzoxazone oral</i>	G	
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	G	LGC
<i>cyclobenzaprine hcl oral tablet 7.5 mg</i>	G	
DANTRIUM ORAL CAPSULE 25 MG, 50 MG	NPB	
<i>dantrolene sodium oral</i>	G	
DUROLANE INTRA-ARTICULAR	NPSP	PA; SP

2018 Aetna Premier Plus Plan

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
EUFLEXXA INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	PSP	PA; SP
FEXMID	NPB	
GEL-ONE INTRA-ARTICULAR PREFILLED SYRINGE	NPSP	PA; SP
GELSYN-3	NPSP	PA
HYALGAN	NPSP	PA; SP
HYMOVIS	NPSP	PA; SP
LORZONE	NPB	
<i>metaxalone</i>	G	
<i>methocarbamol oral</i>	G	
MONOVISC	PSP	PA; SP
<i>orphenadrine citrate er</i>	G	
ORTHOVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	PSP	PA; SP
ROBAXIN ORAL	NPB	
ROBAXIN-750	NPB	
SKELAXIN	NPB	
SOMA	NPB	
SYNVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	NPSP	PA; SP
SYNVISC ONE INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	NPSP	PA; SP
<i>tizanidine hcl oral</i>	G	
TRIVISC	NPSP	PA; SP
ZANAFLEX	NPB	
NASAL AGENTS - SYSTEMIC AND TOPICAL		
ADRENALIN NASAL	NPB	
ASTEPRO NASAL SOLUTION 0.15 %	NPB	
<i>azelastine hcl nasal solution 0.1 %, 0.15 %</i>	G	
BACTROBAN NASAL	NPB	
BECONASE AQ	NPB	
<i>budesonide nasal</i>	G	Select OTC
DYMISTA	NPB	
FLONASE ALLERGY RELIEF	G	Select OTC

2018 Aetna Premier Plus Plan

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
<i>flunisolide nasal solution 25 mcg/lact (0.025%)</i>	G	
<i>fluticasone propionate nasal</i>	G	Select OTC
<i>ipratropium bromide nasal</i>	G	
<i>mometasone furoate nasal</i>	G	
NASACORT ALLERGY 24HR	G	Select OTC
NASACORT ALLERGY 24HR CHILDREN	G	Select OTC
NASONEX	NPB	
<i>olopatadine hcl nasal</i>	G	
OMNARIS	NPB	#
PATANASE	NPB	
QNASL	NPB	
QNASL CHILDRENS	NPB	
RHINOCORT ALLERGY	G	Select OTC
<i>triamcinolone acetonide nasal aerosol</i>	G	Select OTC
XHANCE	NPB	
ZETONNA	NPB	
*NEPRILYSIN INHIB (ARNI)- ANGIOTENSIN II RECEPT ANTAG COMB***		
ENTRESTO	PB	
*NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS***		
NORTHERA	NPSP	PA; SP
NEUROMUSCULAR AGENTS		
BOTOX	PSP	PA; SP
DYSPORT	NPSP	PA; SP
RILUTEK	NPB	
<i>riluzole</i>	G	
TIGLUTIK	NPB	
XEOMIN	NPSP	PA; SP
OPHTHALMIC AGENTS		
ACULAR	NPB	
ACULAR LS	NPB	
ACUVAIL	NPB	
ALAWAY	G	Select OTC

2018 Aetna Premier Plus Plan

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
ALAWAY CHILDRENS ALLERGY	G	Select OTC
ALCAINE	NPB	
<i>allergy eye drops</i>	G	
ALOCRIAL	NPB	
ALOMIDE	NPB	
ALPHAGAN P	PB	
ALREX	PB	
ALTACAINE	G	
ALTAFLUOR	G	
ALTAFRIN OPHTHALMIC SOLUTION 10 %, 2.5 %	G	
<i>apraclonidine hcl</i>	G	
<i>atropine sulfate ophthalmic solution</i>	G	
AZASITE	PB	#
<i>azelastine hcl ophthalmic</i>	G	
AZOPT	PB	
<i>bacitracin ophthalmic</i>	G	
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	G	
<i>bacitra-neomycin-polymyxin-hc</i>	G	
BEPREVE	NPB	#
BESIVANCE	NPB	
BETADINE OPHTHALMIC PREP	NPB	
BETAGAN	NPB	
<i>betaxolol hcl ophthalmic</i>	G	
BETIMOL	PB	
BETOPTIC-S	NPB	
<i>bimatoprost ophthalmic</i>	G	
BIO GLO	G	
BLEPHAMIDE	NPB	
BLEPHAMIDE S.O.P.	NPB	
<i>brimonidine tartrate ophthalmic</i>	G	
<i>bromfenac sodium (once-daily)</i>	G	
BROMSITE	NPB	
<i>carteolol hcl</i>	G	

2018 Aetna Premier Plus Plan

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
CILOXAN	NPB	
<i>ciprofloxacin hcl ophthalmic</i>	G	
CLARITIN EYE	G	
COMBIGAN	PB	
COSOPT	NPB	
COSOPT PF	NPB	#
<i>cromolyn sodium ophthalmic</i>	G	
<i>cvs allergy eye drops</i>	G	
CYCLOGYL OPHTHALMIC SOLUTION 0.5 %, 2 %	NPB	
CYCLOMYDRIL	NPB	
<i>cyclopentolate hcl ophthalmic</i>	G	
CYSTARAN	NPSP	PA; #; SP
<i>dexamethasone sodium phosphate ophthalmic</i>	G	
<i>diclofenac sodium ophthalmic</i>	G	
<i>dorzolamide hcl ophthalmic</i>	G	
<i>dorzolamide hcl-timolol mal</i>	G	
<i>dorzolamide hcl-timolol mal pf</i>	G	
DUREZOL	PB	#
ELESTAT	NPB	
EMADINE	NPB	
<i>epinastine hcl</i>	G	
<i>erythromycin ophthalmic</i>	G	
<i>eye itch relief</i>	G	
EYLEA INTRAVITREAL	NPSP	PA; SP
FLAREX	NPB	
<i>fluorescein-benoxinate</i>	G	
FLUOR-I-STRIPS A.T.	G	
<i>fluorometholone ophthalmic</i>	G	
FLURA-SAFE	NPB	
<i>flurbiprofen sodium</i>	G	
FML	NPB	
FML FORTE	NPB	
FML LIQUIFILM	NPB	
FUL-GLO OPHTHALMIC STRIP 0.6 MG	NPB	

2018 Aetna Premier Plus Plan

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
FUL-GLO OPHTHALMIC STRIP 1 MG	G	
<i>gatifloxacin ophthalmic</i>	G	
GELFILM OPHTHALMIC	NPB	
GENTAK OPHTHALMIC OINTMENT	NPB	
<i>gentamicin sulfate ophthalmic solution</i>	G	
HOMATROPAIRE	G	
<i>homatropine hbr ophthalmic</i>	G	
ILEVRO	NPB	
INVELTYS	NPB	
IOPIDINE	NPB	
ISTALOL	NPB	
<i>ketorolac tromethamine ophthalmic</i>	G	
<i>ketotifen fumarate ophthalmic</i>	G	Select OTC
LACRISERT	NPB	
LASTACFT	NPB	
<i>latanoprost ophthalmic</i>	G	
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	G	
<i>levofloxacin ophthalmic</i>	G	
LOTEMAX OPHTHALMIC GEL	PB	#
LOTEMAX OPHTHALMIC OINTMENT	PB	
LOTEMAX OPHTHALMIC SUSPENSION	PB	
LUCENTIS INTRAVITREAL SOLUTION PREFILLED SYRINGE	NPSP	PA; SP
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	PB	
MACUGEN	NPSP	PA; SP
MAXIDEX	NPB	
MAXITROL	NPB	
<i>metipranolol</i>	G	
MOXEZA	NPB	#
MYDRIACYL	NPB	
NATACYN	NPB	
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>	G	
<i>neomycin-polymyxin-dexameth</i>	G	

2018 Aetna Premier Plus Plan

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	G	
NEO-POLYCIN	G	
NEO-POLYCIN HC	G	
NEOSPORIN	NPB	
NEVANAC	NPB	
OCUFLOX	NPB	
<i>ofloxacin ophthalmic</i>	G	
<i>olopatadine hcl ophthalmic</i>	G	
OMNIPRED	NPB	
PAREMYD	NPB	
PATADAY	PB	
PATANOL	NPB	
PAZEO	PB	
<i>phenylephrine hcl ophthalmic solution 10 %, 2.5 %</i>	G	
PHOSPHOLINE IODIDE	PB	
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	G	
POLYCIN	G	
<i>polymyxin b-trimethoprim</i>	G	
POLYTRIM	NPB	
PRED FORTE	NPB	
PRED MILD	NPB	
PRED-G	NPB	
PRED-G S.O.P.	NPB	
<i>prednisolone acetate ophthalmic</i>	G	
<i>prednisolone sodium phosphate ophthalmic</i>	G	
PROLENSA	NPB	
<i>proparacaine hcl ophthalmic</i>	G	
RESTASIS	PB	#
RESTASIS MULTIDOSE	PB	#
SIMBRINZA	NPB	
<i>sulfacetamide sodium ophthalmic solution</i>	G	
<i>sulfacetamide-prednisolone ophthalmic solution</i>	G	

2018 Aetna Premier Plus Plan

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
TETCAINE	G	
<i>tetracaine hcl ophthalmic</i>	G	
TETRAVISC	G	
TETRAVISC FORTE	G	
<i>timolol maleate ophthalmic</i>	G	
TIMOPTIC	NPB	
TIMOPTIC OCUDOSE	NPB	
TIMOPTIC-XE OPHTHALMIC GEL FORMING SOLUTION 0.5 %	NPB	
TOBRADEX	NPB	
TOBRADEX ST	NPB	
<i>tobramycin ophthalmic</i>	G	
<i>tobramycin-dexamethasone</i>	G	
TOBREX	NPB	
TRAVATAN Z	PB	#
<i>trifluridine ophthalmic</i>	G	
<i>tropicamide ophthalmic</i>	G	
TRUSOPT	NPB	
VIGAMOX	NPB	
VIROPTIC	NPB	
VISUDYNE	NPSP	PA; #; SP
VYZULTA	NPB	
XALATAN	NPB	
ZADITOR	G	Select OTC
ZIOPTAN	NPB	
ZIRGAN	NPB	#
ZYLET	NPB	
ZYMAXID	NPB	
*OPHTHALMIC RHO KINASE INHIBITORS***		
RHOPRESSA	NPB	
*OREXIN RECEPTOR ANTAGONISTS***		
BELSOMRA	NPB	
OTIC AGENTS		
ACETASOL HC	G	

2018 Aetna Premier Plus Plan

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
<i>acetic acid otic</i>	G	
<i>antibiotic ear</i>	G	
CETRAXAL	NPB	
CIPRO HC	NPB	#
CIPRODEX	PB	#
COLY-MYCIN S	NPB	
DERMOTIC	NPB	
FLOXIN OTIC	NPB	
<i>fluocinolone acetonide otic</i>	G	
<i>hydrocortisone-acetic acid</i>	G	
<i>neomycin-polymyxin-hc otic</i>	G	
<i>ofloxacin otic</i>	G	
OTIPRIO	NPB	
OTOVEL	NPB	
*OXABOROLE-RELATED ANTIFUNGALS - TOPICAL***		
KERYDIN	NPB	
OXYTOCICS		
CERVIDIL	NPB	
METHERGINE ORAL	G	
PREPIDIL	NPB	
PROSTIN E2	NPB	
*PASSIVE IMMUNIZING AGENTS - COMBINATIONS***		
HYQVIA	NPSP	PA; SP
PASSIVE IMMUNIZING AGENTS		
BIVIGAM	NPSP	PA; SP
CARIMUNE NF INTRAVENOUS SOLUTION RECONSTITUTED 12 GM, 6 GM	NPSP	PA; SP
CUVITRU	NPSP	PA
CYTOGAM	PSP	SP
FLEBOGAMMA DIF	PSP	PA; SP
GAMASTAN S/D INTRAMUSCULAR INJECTABLE	NPSP	SP
GAMMAGARD	NPSP	PA; SP

2018 Aetna Premier Plus Plan

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
GAMMAGARD S/D LESS IGA	NPSP	PA; SP
GAMMAKED	NPSP	PA; SP
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/200ML, 20 GM/400ML, 5 GM/100ML	PSP	PA; SP
GAMUNEX-C	PSP	PA; SP
HEPAGAM B	PSP	
HIZENTRA SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML	PSP	PA; SP
HYPERHEP B S/D	NPSP	SP
HYPERRAB	NPSP	SP
HYPERRHO S/D INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	NPSP	SP
HYPERTET S/D	PSP	SP
MICRHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	NPSP	SP
NABI-HB	NPSP	SP
OCTAGAM	PSP	PA; SP
PANZYGA	NPSP	PA; SP
PRIVIGEN	NPSP	PA; SP
RHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	NPSP	SP
RHOPHYLAC INJECTION SOLUTION PREFILLED SYRINGE	PSP	SP
SYNAGIS	PSP	PA; SP
WINRHO SDF	NPSP	SP
*PCSK9 INHIBITORS***		
PRALUENT SUBCUTANEOUS SOLUTION PEN-INJECTOR	PSP	PA
REPATHA	PSP	PA
REPATHA PUSHTRONEX SYSTEM	PSP	PA
REPATHA SURECLICK	PSP	PA
PENICILLINS		
<i>amoxicillin oral capsule</i>	G	LGC

2018 Aetna Premier Plus Plan

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
<i>amoxicillin oral suspension reconstituted</i>	G	LGC
<i>amoxicillin oral tablet</i>	G	
<i>amoxicillin-pot clavulanate er</i>	G	
<i>amoxicillin-pot clavulanate oral</i>	G	
<i>ampicillin oral capsule 500 mg</i>	G	
AUGMENTIN ES-600	PB	
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML, 250-62.5 MG/5ML	PB	
AUGMENTIN ORAL TABLET 500-125 MG, 875-125 MG	NPB	
AUGMENTIN XR	NPB	
<i>dicloxacillin sodium</i>	G	
MOXATAG	NPB	
<i>penicillin v potassium oral solution reconstituted 125 mg/5ml</i>	G	LGC
<i>penicillin v potassium oral solution reconstituted 250 mg/5ml</i>	G	
<i>penicillin v potassium oral tablet 250 mg</i>	G	LGC
<i>penicillin v potassium oral tablet 500 mg</i>	G	
PHARMACEUTICAL ADJUVANTS		
PCCA ACACIA SYRUP BASE	NPB	
*PHOSPHATIDYLINOSITOL 3-KINASE (PI3K) INHIBITORS***		
COPIKTRA	NPSP	PA; SP
ZYDELIG	NPSP	PA; SP
*PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL***		
EUCRISA	NPB	
*PHOSPHODIESTERASE 4 (PDE4) INHIBITORS***		
OTEZLA ORAL TABLET	PSP	PA; SP
OTEZLA ORAL TABLET THERAPY PACK	PSP	PA; SP
*PLASMA KALLIKREIN INHIBITORS - MONOCLONAL ANTIBODIES***		
TAKHZYRO	NPSP	PA; SP

2018 Aetna Premier Plus Plan

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
*POLY (ADP-RIBOSE) POLYMERASE (PARP) INHIBITORS**		
LYNPARZA ORAL TABLET	NPSP	PA; SP
RUBRACA ORAL TABLET 200 MG, 300 MG	NPSP	PA
RUBRACA ORAL TABLET 250 MG	NPSP	PA; SP
TALZENNA	NPSP	PA; SP
ZEJULA	NPSP	PA; SP
*POLY (ADP-RIBOSE) POLYMERASE (PARP) INHIBITORS***		
LYNPARZA ORAL TABLET	NPSP	PA; SP
RUBRACA ORAL TABLET 200 MG, 300 MG	NPSP	PA
RUBRACA ORAL TABLET 250 MG	NPSP	PA; SP
TALZENNA	NPSP	PA; SP
ZEJULA	NPSP	PA; SP
*POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS***		
GRALISE	NPB	
GRALISE STARTER	NPB	
LYRICA CR	PB	
*POTASSIUM REMOVING AGENTS***		
KIONEX ORAL SUSPENSION	G	
LOKELMA	NPB	
<i>sodium polystyrene sulfonate oral</i>	G	
<i>sodium polystyrene sulfonate rectal</i>	G	
SPS	G	
VELTASSA	NPB	
*PRENATAL MV & MINERALS W/FA WITHOUT IRON***		
PRENATE	NPB	
PROGESTINS		
AYGESTIN	NPB	
<i>hydroxyprogesterone caproate intramuscular oil</i>	PSP	PA; SP
MAKENA INTRAMUSCULAR	NPSP	PA; #; SP
MAKENA SUBCUTANEOUS	NPSP	PA; SP

2018 Aetna Premier Plus Plan

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
<i>medroxyprogesterone acetate oral</i>	G	LGC
MEGACE ES	NPB	
<i>megestrol acetate oral suspension 625 mg/5ml</i>	G	
<i>norethindrone acetate oral</i>	G	
<i>progesterone intramuscular</i>	G	
<i>progesterone micronized oral</i>	G	
PROMETRIUM	NPB	
PROVERA	NPB	
*PROTEASE-ACTIVATED RECEPTOR-1 (PAR-1) ANTAGONISTS***		
ZONTIVITY	NPB	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
<i>acamprosate calcium</i>	G	
AMPYRA	NPSP	PA; #; SP
ANTABUSE	NPB	
ARICEPT	NPB	
AUBAGIO	PSP	PA; SP
AUSTEDO	NPSP	PA; SP
AVONEX	PSP	PA; SP
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	PSP	PA; SP
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	PSP	PA; SP
BETASERON SUBCUTANEOUS KIT	PSP	PA; SP
BRISDELLE	NPB	
<i>bupropion hcl er (smoking det)</i>	CE	
CHANTIX	CE	
CHANTIX CONTINUING MONTH PAK	CE	
CHANTIX STARTING MONTH PAK	CE	
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	NPSP	PA; SP
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	PSP	PA; SP

2018 Aetna Premier Plus Plan

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
<i>dalfampridine er</i>	PSP	PA; SP
<i>disulfiram oral</i>	G	
<i>donepezil hcl</i>	G	
<i>ergoloid mesylates oral</i>	G	
EXELON TRANSDERMAL	NPB	
EXTAVIA SUBCUTANEOUS KIT	NPSP	PA; SP
<i>fluoxetine hcl (pmdd)</i>	G	
<i>galantamine hydrobromide</i>	G	
<i>galantamine hydrobromide er</i>	G	
GILENYA ORAL CAPSULE 0.25 MG	PSP	PA; SP
GILENYA ORAL CAPSULE 0.5 MG	PSP	PA; #; SP
<i>glatiramer acetate</i>	PSP	PA; SP
GLATOPA	PSP	PA; SP
GRALISE	NPB	
GRALISE STARTER	NPB	
HORIZANT ORAL TABLET EXTENDED RELEASE	NPB	
INGREZZA	NPSP	PA; SP
LEMTRADA	PSP	PA; SP
LYRICA CR	PB	
<i>memantine hcl er</i>	G	
<i>memantine hcl oral tablet</i>	G	
NAMENDA ORAL TABLET	NPB	
NAMENDA TITRATION PAK	NPB	
NAMENDA XR	PB	
NAMENDA XR TITRATION PACK	PB	#
<i>nicotine</i>	CE	
<i>nicotine polacrilex mouth/throat</i>	CE	
NICOTROL	CE	
NICOTROL NS	CE	
NUEDEXTA	PB	
<i>olanzapine-fluoxetine hcl</i>	G	
ORAP	NPB	
<i>paroxetine mesylate</i>	G	
<i>pimozide</i>	G	

2018 Aetna Premier Plus Plan

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
PLEGRIDY	PSP	PA; SP
PLEGRIDY STARTER PACK	PSP	PA; SP
RAZADYNE ER	NPB	
RAZADYNE ORAL TABLET	NPB	
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	PSP	PA; SP
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	PSP	PA; SP
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	PSP	PA; SP
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	PSP	PA; SP
<i>rivastigmine</i>	G	
<i>rivastigmine tartrate</i>	G	
SARAFEM ORAL TABLET 10 MG, 20 MG	NPB	
SAVELLA	PB	
SAVELLA TITRATION PACK	PB	
SYMBYAX	NPB	
TECFIDERA	PSP	PA; SP
<i>tetrabenazine</i>	PSP	PA
TYSABRI	NPSP	PA; SP
XENAZINE	NPSP	PA; SP
XYREM	NPSP	PA; SP
ZYBAN	NPB	
*PULMONARY FIBROSIS AGENTS - KINASE INHIBITORS***		
OFEV	NPSP	PA; SP
*PULMONARY FIBROSIS AGENTS***		
ESBRIET	NPSP	PA; SP
*PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST***		
UPTRAVI	NPSP	PA; SP

2018 Aetna Premier Plus Plan

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
RESPIRATORY AGENTS - MISC.		
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 500 MG	NPSP	PA; SP
GLASSIA	NPSP	PA; SP
KALYDECO	NPSP	PA; SP
PROLASTIN-C INTRAVENOUS SOLUTION	NPSP	PA; SP
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	NPSP	PA; SP
PULMOZYME	PSP	PA; SP
SCLEROSOL INTRAPLEURAL	NPB	
STERILE TALC POWDER	NPB	
ZEMAIRA	NPSP	PA; SP
*SEROTONIN MODULATORS***		
<i>nefazodone hcl</i>	G	
<i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg</i>	G	LGC
<i>trazodone hcl oral tablet 300 mg</i>	G	
TRINTELLIX	NPB	
VIIBRYD ORAL TABLET	NPB	
VIIBRYD STARTER PACK	NPB	
*SGLT2 INHIBITOR - DPP-4 INHIBITOR COMBINATIONS***		
GLYXAMBI	PB	
QTERN	NPB	
STEGLUJAN	NPB	
*SINUS NODE INHIBITORS**		
CORLANOR	NPB	
*SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITOR-BIGUANIDE COMB***		
INVOKAMET	PB	
INVOKAMET XR	PB	
SEGLUROMET	NPB	
SYNJARDY	PB	
SYNJARDY XR	PB	
XIGDUO XR	NPB	

2018 Aetna Premier Plus Plan

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
*SPLEEN TYROSINE KINASE (SYK) INHIBITORS***		
TAVALISSE	NPSP	PA; SP
SULFONAMIDES		
<i>sulfadiazine oral</i>	G	
TETRACYCLINES		
ACTICLATE	NPB	
<i>avidoxy</i>	G	AL
COREMINO	G	
<i>demeclocycline hcl oral</i>	G	AL
DORYX MPC	NPB	
DORYX ORAL TABLET DELAYED RELEASE 200 MG	NPB	AL
DORYX ORAL TABLET DELAYED RELEASE 50 MG	NPB	
<i>doxycycline hyclate oral capsule</i>	G	AL
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	G	AL
<i>doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg</i>	G	
<i>doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 75 mg</i>	G	AL
<i>doxycycline hyclate oral tablet delayed release 200 mg, 50 mg</i>	G	
<i>doxycycline monohydrate oral</i>	G	AL
MINOCIN ORAL CAPSULE 100 MG, 50 MG	NPB	AL
<i>minocycline hcl er oral tablet extended release 24 hour 115 mg, 65 mg</i>	G	
<i>minocycline hcl er oral tablet extended release 24 hour 135 mg, 45 mg, 90 mg</i>	G	AL
<i>minocycline hcl oral</i>	G	AL
MINOLIRA	NPB	
MORGIDOX ORAL CAPSULE 100 MG	G	AL
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HOUR 105 MG, 55 MG, 80 MG	NPB	#

2018 Aetna Premier Plus Plan

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HOUR 115 MG, 65 MG	NPB	
TARGADOX	NPB	
<i>tetracycline hcl oral</i>	G	
VIBRAMYCIN	NPB	AL
XIMINO	NPB	
THYROID AGENTS		
ARMOUR THYROID ORAL TABLET 120 MG	G	
ARMOUR THYROID ORAL TABLET 15 MG, 180 MG, 240 MG, 300 MG	NPB	
CYTOMEL	NPB	
<i>levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	G	LGC
<i>levothyroxine sodium oral tablet 300 mcg</i>	G	
LEVOXYL	G	
<i>liothyronine sodium oral</i>	G	
<i>methimazole oral</i>	G	
NATURE-THROID	NPB	
<i>np thyroid oral tablet 30 mg, 60 mg, 90 mg</i>	G	
<i>propylthiouracil oral</i>	G	
SYNTHROID	NPB	
TAPAZOLE	NPB	
TIROSINT	NPB	
UNITHROID	G	
UNITHROID DIRECT	G	
WESTHROID ORAL TABLET 130 MG, 195 MG, 32.5 MG, 65 MG, 97.5 MG	NPB	
WP THYROID ORAL TABLET 113.75 MG, 130 MG, 16.25 MG, 32.5 MG, 48.75 MG, 65 MG, 97.5 MG	NPB	
*TOPICAL ANESTHETIC GASES***		
GEBAUERS PAIN EASE	NPB	
GEBAUERS SPRAY AND STRETCH	NPB	

2018 Aetna Premier Plus Plan

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
*TRYPTOPHAN HYDROXYLASE INHIBITORS***		
XERMELO	NPSP	PA; SP
ULCER DRUGS		
ACIPHEX	NPB	
ACIPHEX SPRINKLE	NPB	#
<i>amoxicill-clarithro-lansopraz</i>	G	
CARAFATE	NPB	
<i>cimetidine hcl oral</i>	G	
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	G	
CUVPOSA	NPB	#
CYTOTEC	NPB	
DEXILANT	PB	
<i>dicyclomine hcl oral capsule</i>	G	LGC
<i>dicyclomine hcl oral tablet</i>	G	LGC
<i>esomeprazole magnesium oral capsule delayed release 20 mg</i>	G	Select OTC
<i>esomeprazole magnesium oral capsule delayed release 40 mg</i>	G	
<i>esomeprazole strontium oral capsule delayed release 49.3 mg</i>	NPB	
<i>famotidine oral suspension reconstituted</i>	G	
<i>famotidine oral tablet 40 mg</i>	G	LGC
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	G	
<i>kp omeprazole magnesium</i>	G	
<i>lansoprazole oral capsule delayed release 15 mg</i>	G	Select OTC
<i>lansoprazole oral capsule delayed release 30 mg</i>	G	
<i>lansoprazole oral tablet dispersible</i>	G	
LIBRAX	NPB	
<i>methscopolamine bromide oral</i>	G	
<i>misoprostol oral</i>	G	
NEXIUM 24HR	G	Select OTC
NEXIUM ORAL CAPSULE DELAYED RELEASE 40 MG	NPB	
NEXIUM ORAL PACKET	NPB	#
<i>nizatidine</i>	G	

2018 Aetna Premier Plus Plan

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
OMECLAMOX-PAK	PB	
<i>omeprazole magnesium</i>	G	Select OTC
<i>omeprazole oral capsule delayed release 10 mg, 40 mg</i>	G	
<i>omeprazole oral tablet delayed release</i>	G	Select OTC
<i>omeprazole-sodium bicarbonate oral capsule 20-1100 mg</i>	G	Select OTC
<i>omeprazole-sodium bicarbonate oral capsule 40-1100 mg</i>	G	
<i>omeprazole-sodium bicarbonate oral packet</i>	G	
<i>pantoprazole sodium oral</i>	G	
PEPCID ORAL SUSPENSION RECONSTITUTED	NPB	
PEPCID ORAL TABLET 40 MG	NPB	
PREVACID 24HR	G	Select OTC
PREVACID ORAL CAPSULE DELAYED RELEASE 30 MG	NPB	
PREVACID SOLUTAB	NPB	
PREVPAC	NPB	
PRILOSEC ORAL PACKET	NPB	#
PRILOSEC OTC	G	Select OTC
PROTONIX ORAL	NPB	
PYLERA	PB	#
<i>rabeprazole sodium</i>	G	
<i>ranitidine hcl oral capsule 300 mg</i>	G	
<i>ranitidine hcl oral syrup</i>	G	
<i>ranitidine hcl oral tablet 300 mg</i>	G	LGC
<i>sucralfate oral tablet</i>	G	
ZEGERID ORAL CAPSULE 40-1100 MG	NPB	
ZEGERID ORAL PACKET	NPB	
ZEGERID OTC	G	Select OTC
URINARY ANTI-INFECTIVES		
FURADANTIN	NPB	
HIPREX	NPB	
MACROBID	NPB	
MACRODANTIN	NPB	

2018 Aetna Premier Plus Plan

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
<i>methenamine hippurate</i>	G	
<i>methenamine mandelate oral tablet 1 gm</i>	G	
MONUROL	NPB	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	G	
<i>nitrofurantoin monohyd macro</i>	G	
<i>nitrofurantoin oral suspension</i>	G	
URINARY ANTISPASMODICS		
<i>bethanechol chloride oral tablet 25 mg</i>	G	
<i>darifenacin hydrobromide er</i>	G	
DETROL	NPB	
DETROL LA	NPB	
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 5 MG	NPB	
ENABLEX	NPB	
<i>flavoxate hcl</i>	G	
MYRBETRIQ	PB	
<i>oxybutynin chloride oral tablet</i>	G	LGC
OXYTROL FOR WOMEN	G	#; Select OTC
<i>tolterodine tartrate er</i>	G	
TOVIAZ	NPB	
<i>trospium chloride er</i>	G	
VESICARE	PB	#
VAGINAL PRODUCTS		
AVC VAGINAL	NPB	
CLEOCIN VAGINAL	NPB	
<i>clindamycin phosphate vaginal</i>	G	
CLINDESSE	NPB	
CRINONE	PB	
ENDOMETRIN	PB	#
ESTRACE VAGINAL	NPB	
<i>estradiol vaginal</i>	G	
ESTRING	NPB	
FEM PH	NPB	

2018 Aetna Premier Plus Plan

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
FEMRING	NPB	#
GYNAZOLE-1	NPB	
IMVEXXY MAINTENANCE PACK	NPB	
IMVEXXY STARTER PACK	NPB	
INTRAROSA	NPB	
METROGEL-VAGINAL	NPB	
<i>metronidazole vaginal</i>	G	
NUVESSA	NPB	
PREMARIN VAGINAL	PB	
RELAGARD	NPB	
TERAZOL 7	NPB	
<i>terconazole</i>	G	
TODAY SPONGE	CE	
VAGIFEM VAGINAL TABLET 10 MCG	NPB	
VANDAZOLE	G	
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM	CE	
YUVAFEM	G	
VASOPRESSORS		
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR	NPB	
<i>epinephrine injection solution auto-injector</i>	G	
EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR	PB	#
EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR	PB	#
<i>midodrine hcl</i>	G	
VITAMINS		
<i>delta d3</i>	CE	
DRISDOL ORAL CAPSULE	NPB	
D-VI-SOL	CE	
<i>ergocal</i>	NPB	
<i>ergocalciferol oral capsule</i>	G	
MEPHYTON	PB	
<i>niacin er oral tablet extended release 1000 mg, 250 mg, 750 mg</i>	G	

2018 Aetna Premier Plus Plan

The formulary is updated the first week of each month.

12/01/2018

Drug Name	Drug Status	Drug Details
<i>phytonadione injection solution 1 mg/0.5ml</i>	G	
<i>phytonadione oral</i>	G	
<i>vitamin d (ergocalciferol) oral capsule 50000 unit</i>	G	
<i>vitamin d2 oral tablet 400 unit</i>	CE	
<i>vitamin d3 oral capsule 1000 unit, 400 unit</i>	CE	
<i>vitamin d3 oral liquid 400 unit/ml</i>	CE	
<i>vitamin d3 oral tablet 1000 unit, 400 unit</i>	CE	
<i>vitamin d3 oral tablet chewable 400 unit</i>	CE	
<i>vitamin k1 injection solution 1 mg/0.5ml</i>	G	

2018 Aetna Premier Plus Plan

The formulary is updated the first week of each month.

12/01/2018

2018 Aetna Premier Plus Plan

The formulary is updated the first week of each month.

12/01/2018

Index

- 1st tier unfine pentips*..... 110
1st tier unfine pentips plus..... 110
abacavir sulfate..... 60
abacavir sulfate-lamivudine..... 60
abacavir-lamivudine-zidovudine 60
 ABILIFY..... 58
 ABREVA..... 77
 ABSORICA..... 77
 ABSTRAL..... 22
acamprosate calcium..... 144
 ACANYA..... 77
acarbose..... 37
 ACCOLATE..... 30
 ACCU-CHEK AVIVA..... 110
 ACCU-CHEK AVIVA PLUS..... 86
 ACCU-CHEK COMPACT PLUS..... 86
 ACCU-CHEK COMPACT PLUS CONTROL..... 110
 ACCU-CHEK FASTCLIX LANCET..... 110
 ACCU-CHEK MULTICLIX LANCET DEV..... 110
 ACCU-CHEK MULTICLIX LANCETS..... 110
 ACCU-CHEK SMARTVIEW..... 87
 ACCU-CHEK SMARTVIEW CONTROL.. 110
 ACCU-CHEK SOFTCLIX LANCET DEV..... 110
 ACCUPRIL..... 48
 ACCURETIC..... 48
 ACCUTREND GLUCOSE.... 87
 ACCUTREND GLUCOSE CONTROL..... 110
acd formula a..... 32, 107
acd formula b..... 32, 107
 ACD-A NOCLOT-50..... 32, 107
 ACE AEROSOL CLOUD ENHANCER..... 110
acebutolol hcl..... 65
acetaminophen-codeine..... 22
acetaminophen-codeine #2..... 22
acetaminophen-codeine #3..... 23
acetaminophen-codeine #4..... 23
 ACETASOL HC..... 139
acetazolamide..... 92
acetazolamide er..... 92
acetic acid..... 101, 140
acetylcysteine..... 75
 ACIPHEX..... 150
 ACIPHEX SPRINKLE..... 150
acitretin..... 77
 ACTEMRA..... 19
 ACTICLATE..... 148
 ACTIGALL..... 99
 ACTIMMUNE..... 53
 ACTIQ..... 23
 ACTIVELLA..... 97
active-medicated spec collect.... 87
 ACTIVITY POUCH..... 110
 ACTONEL..... 93
 ACTOPLUS MET..... 38
 ACTOPLUS MET XR..... 38
 ACTOS..... 38
 ACULAR..... 134
 ACULAR LS..... 134
 ACUVAIL..... 134
acyclovir..... 60, 77
 ACZONE..... 77
 ADAGEN..... 66
 ADALAT CC..... 66
adapalene..... 77
adapalene-benzoyl peroxide..... 77
 ADAPTER PED DISPOSABLE..... 110
 ADCIRCA..... 68
 ADDERALL..... 17
 ADDERALL XR..... 17
adefovir dipivoxil..... 60
 ADEMPAS..... 68
adjustable lancing device..... 110
 ADLYXIN..... 38
 ADLYXIN STARTER PACK..... 38
 ADMELOG..... 38
 ADMELOG SOLOSTAR..... 38
 ADRENALIN..... 133
adult aerosol mask..... 110
adult mask..... 110
adult mask large..... 110
 ADVAIR DISKUS..... 30
 ADVAIR HFA..... 30
 ADVANCE INTUITION CONTROL..... 110
 ADVANCE INTUITION TEST..... 87
 ADVANCE MICRO-DRAW CONTROL..... 110
 ADVANCE MICRO-DRAW NORMAL..... 110
 ADVANCE MICRO-DRAW TEST..... 87
advanced aml/pm..... 128
 ADVATE..... 102
 ADVOCATE CONTROL SOLUTION..... 110
 ADVOCATE INSULIN PEN NEEDLES..... 110
 ADVOCATE INSULIN SYRINGE..... 110
 ADVOCATE LANCING DEVICE..... 110
 ADVOCATE RAPID-SAFE LANCING..... 110
 ADVOCATE REDI-CODE... 87
 ADVOCATE REDI-CODE+ CONTROL..... 110
 ADVOCATE REDI-CODE+ TEST..... 87
 ADVOCATE TEST..... 87
 ADYNOVATE..... 102
 ADZENYS ER..... 17
 ADZENYS XR-ODT..... 17
 AEROTRACH PLUS..... 110
 AFEDITAB CR..... 66
 AFINITOR..... 53
 AFINITOR DISPERZ..... 53
 AFREZZA..... 38
 AFSTYLA..... 102
 AGAMATRIX AMP TEST.. 87
 AGAMATRIX CONTROL. 110
 AGAMATRIX JAZZ TEST... 87
 AGAMATRIX KEYNOTE TEST..... 87
 AGAMATRIX PRESTO TEST..... 87
 AGGRENOLX..... 102
 AGRYLIN..... 102
aif #2 drug preparation kit..... 77
 AIMOVIG..... 66
 AIMOVIG 140 DOSE..... 66
 AIRDUO RESPICLICK 113/14..... 30
 AIRDUO RESPICLICK 232/14..... 30

AIRDUO RESPICLICK 55/14.....	30	ALOCRIIL.....	135	<i>amlodipine-olmesartan</i>	48
AIRS PEDIATRIC		<i>alogliptin benzoate</i>	38	<i>amlodipine-valsartan-hctz</i>	48
AEROSOL MASK.....	111	<i>alogliptin-metformin hcl</i>	38	AMMONUL.....	94
AIRZONE PEAK FLOW METER.....	111	<i>alogliptin-pioglitazone</i>	38	AMNESTEEM.....	77
AJOVY.....	66	ALOMIDE.....	135	<i>amoxapine</i>	36
AKTIPAK.....	77	ALORA.....	97	<i>amoxicill-clarithro-lansopraz</i> ..	150
AKYNZEO.....	44	<i>alosetron hcl</i>	99	<i>amoxicillin</i>	141, 142
ALAVERT.....	45	ALPHAGAN P.....	135	<i>amoxicillin-pot clavulanate</i>	142
ALAVERT		ALPHANATE/VWF		<i>amoxicillin-pot clavulanate er</i> ..	142
ALLERGY/SINUS.....	75	COMPLEX/HUMAN.....	102	<i>amphetamine sulfate</i>	17
ALAWAY.....	134	ALPHANINE SD.....	102	<i>amphetamine-dextroamphet er</i> ..	17
ALAWAY CHILDRENS		<i>alprazolam</i>	28	<i>amphetamine-</i> <i>dextroamphetamine</i>	17
ALLERGY.....	135	<i>alprazolam er</i>	28	<i>ampicillin</i>	142
<i>albendazole</i>	28	ALPRAZOLAM INTENSOL	28	AMPYRA.....	144
ALBENZA.....	28	<i>alprazolam xr</i>	29	AMRIX.....	132
<i>albuterol sulfate</i>	30	ALPROLIX.....	102	ANACAINE.....	77
<i>albuterol sulfate er</i>	30	ALREX.....	135	ANADROL-50.....	26
ALCAINE.....	135	ALTABAX.....	77	ANAFRANIL.....	36
<i>alclometasone dipropionate</i>	77	ALTACAIN.....	135	<i>anagrelide hcl</i>	103
ALCOH-GLOVE		ALTACE.....	48	ANAPROX DS.....	19
CONTOURED WIPE.....	111	ALTAFLUOR.....	135	<i>anastrozole</i>	53
<i>alcohol pads</i>	111	ALTAFRIN.....	135	ANDRODERM.....	26
<i>alcohol prep</i>	111	ALTAVERA.....	69	ANDROGEL.....	26
<i>alcohol swabs</i>	111	<i>alternate site lancing device</i>	111	ANDROGEL PUMP.....	26
<i>alcohol wipes</i>	111	ALTOPREV.....	46	ANGELIQ.....	97
ALDACTAZIDE.....	92	ALTRENO.....	77	ANORO ELLIPTA.....	30
ALDACTONE.....	92	ALUNBRIG.....	53	ANTABUSE.....	144
ALDARA.....	77	ALVESCO.....	30	ANTARA.....	46
ALDURAZYME.....	94	<i>alyacen 1/35</i>	69	<i>antibiotic ear</i>	140
ALECENSA.....	53	<i>alyacen 7/7/7</i>	69	ANTICOAGULANT COMPOUND.....	32, 107
<i>alendronate sodium</i>	94	AMABELZ.....	97	ANUSOL-HC.....	27
ALFERON N.....	53	<i>amantadine hcl</i>	57	ANZEMET.....	44
<i>alfuzosin hcl er</i>	101	AMARYL.....	38	<i>apap-cafff-dihydrocodeine</i>	23
ALINIA.....	51	AMBIEN.....	106	APEXICON E.....	78
ALKERAN.....	53	AMBIEN CR.....	106	APIDRA.....	38
ALL FLOW 1000 PFT FILTER.....	111	<i>amcinonide</i>	77	APIDRA SOLOSTAR.....	38
ALLEGRA ALLERGY.....	45	AMELUZ.....	77	APLENZIN.....	36
ALLEGRA ALLERGY CHILDRENS.....	45	AMERGE.....	124	<i>apraclonidine hcl</i>	135
ALLEGRA-D ALLERGY & CONGESTION.....	75	AMETHIA.....	69	<i>aprepitant</i>	44
<i>allergy 24hour indoor/outdoor</i> ..	45	AMETHIA LO.....	69	APRI.....	69
<i>allergy eye drops</i>	135	AMICAR.....	106	APRISO.....	99
<i>allergy relief</i>	45	<i>amiloride hcl</i>	92	APTENSIO XR.....	17
<i>allopurinol</i>	102	<i>amiloride-hydrochlorothiazide</i> ..	93	APTIOM.....	33
ALLZITAL.....	22	<i>aminoacetic acid</i>	101	APTIVUS.....	60
<i>almotriptan malate</i>	124	<i>amiodarone hcl</i>	29	<i>aqua lance adjustable lancing</i> ..	111
		AMITIZA.....	99	ARALAST NP.....	147
		<i>amitriptyline hcl</i>	35, 36	ARANELLE.....	69
		<i>amlodipine besy-benazepril hcl</i> ..	48		
		<i>amlodipine besylate</i>	66		
		<i>amlodipine besylate-valsartan</i> ...	48		

ARANESP (ALBUMIN FREE).....	104	ASSURE 4 TEST	87	AUTO-LANCET MINI.....	111
ARCALYST.....	19	ASSURE DOSE CONTROL	111	AUTOLET II CLINISAFE..	111
ARCAPTA NEOHALER.....	30	ASSURE DOSE		AUTOLET LANCING	
ARGYLE STERILE		NORM/HIGH CONTROL..	111	DEVICE.....	111
SALINE.....	101	ASSURE ID INSULIN		AUTOLET LITE	
ARGYLE STERILE		SAFETY SYR.....	111	CLINISAFE.....	111
WATER.....	63	ASSURE II.....	87	AUTOLET LITE STARTER	
ARICEPT.....	144	ASSURE II CHECK.....	87	PACK.....	111
ARIKAYCE.....	18	ASSURE II CONTROL.....	111	AUTOLET MINI.....	111
ARIMIDEX.....	53	ASSURE II CONTROL		AUTOLET PLATFORMS..	112
<i>aripiprazole</i>	58	LEVEL 1 & 2.....	111	AUVI-Q.....	153
ARIXTRA.....	32	ASSURE PLATINUM.....	87	AVALIDE.....	48
<i>armodafinil</i>	17	ASSURE PRISM MULTI		AVANDIA.....	38
ARMONAIR RESPICLICK		TEST.....	87	AVAPRO.....	48
113.....	30	ASSURE PRO CONTROL		AVC VAGINAL.....	152
ARMONAIR RESPICLICK		LEVEL 1 & 2.....	111	AVELOX.....	98
232.....	30	ASSURE PRO TEST	87	AVIANE.....	70
ARMONAIR RESPICLICK		ASTAGRAF XL.....	63	<i>avidoxy</i>	148
55.....	30	ASTEPRO.....	133	AVITA.....	78
ARMOUR THYROID.....	149	ASTHMA CHECK METER-		AVODART.....	101
ARNUITY ELLIPTA.....	30	ZONE SYSTEM.....	111	AVONEX.....	144
AROMASIN.....	53	ASTHMAMENTOR.....	111	AVONEX PEN.....	144
ARTHROTEC.....	19	ATABEX EC.....	128	AVONEX PREFILLED.....	144
ARTISS.....	106	ATACAND.....	48	AYGESTIN.....	143
ARYMO ER.....	23	ATACAND HCT.....	48	AZASAN.....	63
ASCOMP-CODEINE.....	23	<i>atazanavir sulfate</i>	60	AZASITE.....	135
ASMANEX 120 METERED		ATELVIA.....	94	<i>azathioprine</i>	63
DOSES.....	30	<i>atenolol</i>	65	<i>azelastine hcl</i>	133, 135
ASMANEX 14 METERED		<i>atenolol-chlorthalidone</i>	48	AZELEX.....	78
DOSES.....	30	ATGAM.....	63	AZILECT.....	57
ASMANEX 30 METERED		ATIVAN.....	29	<i>azithromycin</i>	109
DOSES.....	30	<i>atomoxetine hcl</i>	17	AZOPT.....	135
ASMANEX 60 METERED		<i>atorvastatin calcium</i>	46	AZOR.....	48
DOSES.....	30	<i>atovaquone-proguanil hcl</i>	52	AZULFIDINE.....	99
ASMANEX 7 METERED		ATRALIN.....	78	AZULFIDINE EN-TABS.....	99
DOSES.....	30	ATRIPLA.....	60	AZURETTE.....	70
ASMANEX HFA.....	30	<i>atropine sulfate</i>	135	<i>bacitracin</i>	135
<i>aspirin</i>	22	ATROVENT HFA.....	30	<i>bacitracin-polymyxin b</i>	135
<i>aspirin-dipyridamole er</i>	103	AUBAGIO.....	144	<i>bacitra-neomycin-polymyxin-</i>	
ASSESS FULL RANGE		AUBRA.....	69	<i>hc</i>	135
PEAK METER.....	111	AUBRA EQ.....	70	<i>baclofen</i>	132
ASSESS LOW RANGE		AUGMENTIN.....	142	BACTRIM.....	51
PEAK METER.....	111	AUGMENTIN ES-600.....	142	BACTRIM DS.....	51
ASSESS PEAK FLOW		AUGMENTIN XR.....	142	BACTROBAN.....	78
METER.....	111	<i>aurora pen needles</i>	111	BACTROBAN NASAL.....	133
ASSURE 3 CONTROL.....	111	<i>aurora unifine pentips</i>	111	BAL-CARE DHA.....	128
ASSURE 3 TEST.....	87	AURYXIA.....	99	BALCOLTRA.....	70
ASSURE 4 CONTROL		AUSTEDO.....	144	<i>balsalazide disodium</i>	99
LEVEL 1 & 2.....	111	AUTOJECT 2.....	111	BALZIVA.....	70
		AUTO-LANCET.....	111	BANZEL.....	33

BARACLUDE.....	60	BEBULIN.....	103	BINOSTO.....	94
BASAGLAR KWIKPEN.....	38	BECONASE AQ.....	133	BIO GLO.....	135
BAXDELA.....	98	BELBUCA.....	23	BIOSCANNER GLUCOSE	
BAYER BREEZE 2		BELSOMRA.....	139	TEST.....	87
CONTROL.....	112	<i>benazepril hcl</i>	48	<i>bio-statin</i>	44
BAYER BREEZE 2 TEST.....	87	<i>benazepril-hydrochlorothiazide</i>	48	<i>bisoprolol fumarate</i>	65
BAYER CONTOUR.....	112	BENEFIX.....	103	<i>bisoprolol-hydrochlorothiazide</i>	48
BAYER CONTOUR TEST....	87	BENICAR.....	48	BIVIGAM.....	140
BAYER MICROLET 2		BENICAR HCT.....	48	BLEPHAMIDE.....	135
LANCING DEVIC.....	112	BENLYSTA.....	63	BLEPHAMIDE S.O.P.....	135
BAYER MICROLET		BENZACLIN.....	78	<i>blood glucose test</i>	87
LANCETS.....	112	BENZACLIN WITH PUMP..	78	BONIVA.....	94
BD AUTOSHIELD.....	112	BENZAMYCIN.....	78	BONJESTA.....	44
BD AUTOSHIELD DUO....	112	BENZEPRO SHORT		BOSULIF.....	53
BD GLUCOSE.....	38	CONTACT.....	78	BOTOX.....	134
BD INSULIN SYR		BENZIQ.....	78	<i>bp cleansing wash</i>	78
ULTRAFINE II.....	112	BENZIQ LS.....	78	<i>bp foam</i>	78
BD INSULIN SYRINGE.....	112	<i>benznidazole</i>	28	<i>bpo foaming cloths</i>	78
BD INSULIN SYRINGE		<i>benzonatate</i>	75	BRAFTOVI.....	54
HALF-UNIT.....	112	<i>benzoyl peroxide</i>	78	BRAVELLE.....	94
BD INSULIN SYRINGE		<i>benzoyl peroxide-erythromycin</i>	78	BREO ELLIPTA.....	30
MICROFINE.....	112	<i>benztropine mesylate</i>	57	<i>briellyn</i>	70
BD INSULIN SYRINGE		BEPREVE.....	135	BRILINTA.....	92, 103
U/F.....	112	BERINERT.....	103	<i>brimonidine tartrate</i>	135
BD INSULIN SYRINGE		BESIVANCE.....	135	BRISDELLE.....	144
ULTRAFINE.....	112	BETADINE OPHTHALMIC		BRIVIACT.....	33
BD LANCET ULTRAFINE		PREP.....	135	<i>bromfenac sodium (once-daily)</i>	
30G.....	112	BETAGAN.....	135	.....	135
BD LANCET ULTRAFINE		<i>betamethasone dipropionate</i>	78	<i>bromocriptine mesylate</i>	57
33G.....	112	<i>betamethasone dipropionate</i>		BROMSITE.....	135
BD MICROTAINER		<i>aug</i>	78	BROVANA.....	30
LANCETS.....	112	<i>betamethasone valerate</i>	78	BUBBLES THE FISH II	
BD PEN.....	112	BETAPACE.....	65	PEDI MASK.....	113
BD PEN MINI.....	112	BETAPACE AF.....	65	BUCALSEP.....	59
BD PEN NEEDLE MINI		BETASERON.....	144	<i>budesonide</i>	30, 74, 133
U/F.....	112	<i>betaxolol hcl</i>	65, 135	<i>budesonide er</i>	74
BD PEN NEEDLE NANO		<i>bethanechol chloride</i>	152	<i>bumetanide</i>	93
U/F.....	112	BETHKIS.....	18	BUNAVAIL.....	23
BD PEN NEEDLE SHORT		BETIMOL.....	135	BUPAP.....	22
U/F.....	112	BETOPTIC-S.....	135	BUPHENYL.....	94
BD PEN NEEDLE		BEVESPI AEROSPHERE.....	30	<i>buprenorphine</i>	23
ULTRAFINE.....	112	BEVYXXA.....	32	<i>buprenorphine hcl</i>	23
BD SAFETYGLIDE		<i>bexarotene</i>	53	<i>buprenorphine hcl-naloxone hcl</i>	23
INSULIN SYRINGE.....	112	BEYAZ.....	70	<i>bupropion hcl</i>	36
BD SAFETY-LOK		BIAXIN.....	109	<i>bupropion hcl er (smoking det)</i>	
INSULIN SYRINGE.....	112	<i>bicalutamide</i>	53	.....	144
BD SWAB SINGLE USE		BIDIL.....	68	<i>bupropion hcl er (sr)</i>	36
REGULAR.....	112	BIKTARVY.....	60	<i>bupropion hcl er (xl)</i>	36
BD SWABS SINGLE USE		BILTRICIDE.....	28	<i>buspiron hcl</i>	29
BUTTERFLY.....	113	<i>bimatoprost</i>	135	<i>butalbital-acetaminophen</i>	22

<i>butalbital-apap-caff-cod</i>	23	CARDIOCOM LANCING		CEREZYME.....	104
<i>butalbital-apap-caffeine</i>	22	DEVICE.....	113	CERVIDIL.....	140
<i>butalbital-asa-caff-codeine</i>	23	CARDIZEM.....	66	CESAMET.....	44
<i>butalbital-asa-caffeine</i>	22	CARDIZEM CD.....	66	CESIA.....	70
BUTISOL SODIUM.....	106	CARDIZEM LA.....	66	<i>cetirizine hcl</i>	45
<i>butorphanol tartrate</i>	23	CARDURA.....	48	<i>cetirizine-pseudoephedrine er</i>	76
BUTRANS.....	23	CARDURA XL.....	101	CETRAXAL.....	140
BYDUREON.....	38	<i>careone advanced lancing dev</i> ..	113	CETROTIDE.....	94
BYDUREON BCISE.....	38	CAREONE BLOOD		<i>cevimeline hcl</i>	127
BYETTA 10 MCG PEN.....	38	GLUCOSE TEST.....	87	CHANTIX.....	144
BYETTA 5 MCG PEN.....	38	<i>careone unifine pentips</i>	113	CHANTIX CONTINUING	
BYSTOLIC.....	65	<i>careone unifine pentips plus</i>	113	MONTH PAK.....	144
BYVALSON.....	65	CARESENS CONTROL A..	113	CHANTIX STARTING	
<i>cabergoline</i>	94	CARESENS N GLUCOSE		MONTH PAK.....	144
CABOMETYX.....	54	TEST.....	87	CHATEAL.....	70
CAFERGOT.....	124	CARIMUNE NF.....	140	CHATEAL EQ.....	70
<i>caffeine citrate</i>	17	<i>carisoprodol</i>	132	CHEMET.....	43
CALAN.....	66	<i>carisoprodol-aspirin</i>	132	CHEMSTRIP 10 MD.....	87
CALAN SR.....	66	<i>carisoprodol-aspirin-codeine</i> ...	132	CHEMSTRIP 10/SG.....	87
CALCIFOL.....	125	CARNITOR.....	94	CHEMSTRIP 2 GP.....	87
<i>calcipotriene</i>	78	CARNITOR SF.....	94	CHEMSTRIP 5 OB.....	87
<i>calcitonin (salmon)</i>	94	CAROSPIR.....	93	CHEMSTRIP 7.....	87
CALCITRENE.....	78	<i>carteolol hcl</i>	135	CHEMSTRIP 9.....	87
<i>calcitriol</i>	94	CARTIA XT.....	67	CHEMSTRIP K.....	87
<i>calcium-folic acid plus d</i>	125	<i>carvedilol</i>	65	CHEMSTRIP MICRAL.....	87
CALQUENCE.....	54	<i>carvedilol phosphate er</i>	65	CHEMSTRIP UGK.....	87
CAMBIA.....	124	CASODEX.....	54	CHENODAL.....	99
CAMILA.....	70	CATAPRES.....	48	<i>childrens loratadine</i>	45
CAMRESE.....	70	CATAPRES-TTS-1.....	49	<i>chlordiazepoxide hcl</i>	29
CAMRESE LO.....	70	CATAPRES-TTS-2.....	49	<i>chlorhexidine gluconate</i>	127
CANASA.....	99	CATAPRES-TTS-3.....	49	<i>chloroquine phosphate</i>	52
<i>candesartan cilexetil</i>	48	CAYSTON.....	127	<i>chlorothiazide</i>	93
<i>candesartan cilexetil-hctz</i>	48	CAZIAN.....	70	<i>chlorpromazine hcl</i>	58
<i>capecitabine</i>	54	<i>cefaclor</i>	69	<i>chlorpropamide</i>	38
CAPEX.....	78	<i>cefaclor er</i>	69	<i>chlorthalidone</i>	93
CAPRELSA.....	54	<i>cefadroxil</i>	69	<i>chlorzoxazone</i>	132
<i>captopril</i>	48	<i>cefdinir</i>	69	CHOLBAM.....	66
CARAC.....	78	<i>cefditoren pivoxil</i>	69	<i>cholestyramine</i>	46
CARAFATE.....	150	<i>cefixime</i>	69	<i>cholestyramine light</i>	46
CARBAGLU.....	94	<i>cefpodoxime proxetil</i>	69	<i>choline-mag trisalicylate</i>	22
<i>carbamazepine</i>	33	<i>cefprozil</i>	69	<i>chorionic gonadotropin</i>	94
<i>carbamazepine er</i>	33	<i>cefuroxime axetil</i>	69	CICLODAN.....	78
CARBAPHEN 12.....	75	CELEBREX.....	19	<i>ciclopirox</i>	78
CARBAPHEN 12 PED.....	76	<i>celecoxib</i>	19	<i>ciclopirox olamine</i>	78
CARBATROL.....	33	CELEXA.....	36	<i>cidofovir</i>	60
<i>carbidopa</i>	57	CELLCEPT.....	63	<i>cilostazol</i>	103
<i>carbidopa-levodopa</i>	57	CELONTIN.....	33	CILOXAN.....	136
<i>carbidopa-levodopa er</i>	57	CENTANY.....	78	CIMDUO.....	60
<i>carbidopa-levodopa-entacapone</i>	57	<i>cephalexin</i>	69	<i>cimetidine</i>	150
<i>carbinoxamine maleate</i>	45	CERDELGA.....	104	<i>cimetidine hcl</i>	150

CIMZIA.....	99	CLINDACIN-P.....	78	COMETRIQ (60 MG DAILY DOSE).....	54
CIMZIA PREFILLED.....	99	CLINDAGEL.....	78	COMFORT EZ INSULIN SYRINGE.....	113
CIMZIA STARTER KIT.....	99	<i>clindamycin hcl</i>	51	COMFORT EZ PEN NEEDLES.....	113
CINQAIR.....	108	<i>clindamycin palmitate hcl</i>	51	COMPLERA.....	60
CINRYZE.....	103	<i>clindamycin phos-benzoyl perox</i>	78	<i>completenate</i>	128
CIPRO.....	98	<i>clindamycin phosphate</i>	78, 152	COMPRO.....	58
CIPRO HC.....	140	<i>clindamycin-tretinoin</i>	78	COMTAN.....	57
CIPRO XR.....	98	CLINDESSE.....	152	CO-NATAL FA.....	128
CIPRODEX.....	140	<i>clobetasol propionate</i>	79	CONCEPT DHA.....	128
<i>ciprofloxacin</i>	98	<i>clobetasol propionate e</i>	79	CONCEPT OB.....	128
<i>ciprofloxacin hcl</i>	98, 136	<i>clobetasol propionate emulsion</i>	79	CONCERTA.....	17
<i>ciprofloxacin-ciproflox hcl er</i>	98	CLOBEX.....	79	CONDYLOX.....	79
<i>citalopram hydrobromide</i>	36	CLOBEX SPRAY.....	79	<i>constulose</i>	108
CITRANATAL 90 DHA.....	128	<i>clocortolone pivalate</i>	79	<i>control</i>	113
CITRANATAL B-CALM....	128	CLODERM.....	79	CONZIP.....	23
CITRANATAL BLOOM.....	128	<i>clomipramine hcl</i>	36	COOL BLOOD GLUCOSE TEST STRIPS.....	88
CITRANATAL DHA.....	128	<i>clonazepam</i>	33	COPAXONE.....	144
CITRANATAL HARMONY.....	128	<i>clonidine hcl</i>	49	COPIKTRA.....	142
CITRANATAL MEDLEY...128		<i>clonidine hcl er</i>	17	CORDRAN.....	79
CITRANATAL RX.....	128	<i>clopidogrel bisulfate</i>	103	COREG.....	65
CLARAVIS.....	78	<i>clorazepate dipotassium</i>	29	COREG CR.....	65
CLARINEX.....	45	<i>clotrimazole</i>	127	COREMINO.....	148
CLARINEX-D 12 HOUR.....	76	<i>clotrimazole-betamethasone</i>	79	CORGARD.....	65
<i>clarithromycin</i>	109	<i>clozapine</i>	58	CORIFACT.....	103
<i>clarithromycin er</i>	109	CLOZARIL.....	58	CORLANOR.....	147
CLARITIN.....	45	<i>c-nate dha</i>	128	CORTANE-B.....	79
CLARITIN EYE.....	136	<i>co monitor replacement pieces</i>	113	CORTEF.....	74
CLARITIN REDITABS.....	45	COAGADEX.....	103	CORTENEMA.....	27
CLARITIN-D 12 HOUR.....	76	COARTEM.....	52	CORTIFOAM.....	27
CLARITIN-D 24 HOUR.....	76	<i>codeine sulfate</i>	23	<i>cortisone acetate</i>	74
<i>clemastine fumarate</i>	45	COLAZAL.....	99	CORTISPORIN.....	79
CLENPIQ.....	108	<i>colchicine</i>	102	CORVITA.....	128
CLEOCIN.....	51, 152	<i>colchicine-probenecid</i>	102	CORZIDE.....	49
CLEOCIN-T.....	78	COLCRYS.....	102	COSENTYX.....	79
CLEVER CHEK AUTO-CODE TEST.....	87	<i>colesevelam hcl</i>	46	COSENTYX SENSOREADY PEN.....	79
CLEVER CHEK AUTO-CODE VOICE.....	88	COLESTID.....	46	COSOPT.....	136
CLEVER CHEK TEST.....	88	COLESTID FLAVORED.....	46	COSOPT PF.....	136
CLEVER CHOICE AUTO-CODE TEST.....	88	<i>colestipol hcl</i>	46	COTELLIC.....	54
CLEVER CHOICE GLUCOSE CONTROL.....	113	COLOCORT.....	27	COTEMPLA XR-ODT.....	17
CLEVER CHOICE MICRO TEST.....	88	COLY-MYCIN M.....	51	COUMADIN.....	32
<i>clickfine pen needles</i>	113	COLY-MYCIN S.....	140	COZAAR.....	49
CLIMARA.....	97	COMBIGAN.....	136	CREON.....	92
CLIMARA PRO.....	97	COMBIPATCH.....	97	CRESEMBA.....	44
CLINDACIN ETZ.....	78	COMBIVENT RESPIMAT....	30	CRESTOR.....	46
		COMBIVIR.....	60	CRINONE.....	152
		COMETRIQ (100 MG DAILY DOSE).....	54		
		COMETRIQ (140 MG DAILY DOSE).....	54		

CRIXIVAN.....	60	DANTRIUM.....	132	DETROL LA.....	152
<i>cromolyn sodium</i>	30, 99, 136	<i>dantrolene sodium</i>	132	DEX4.....	39
CROTAN.....	79	<i>dapsone</i>	51, 79	DEX4 GLUCOSE.....	38
CRYSELLE-28.....	70	DARAPRIM.....	52	DEX4 NATURALS.....	38
CUPRIMINE.....	63	<i>darifenacin hydrobromide er</i> ...	152	DEX4 POUCH PACK.....	39
CURITY ALCOHOL PREPS		DASETTA 1/35.....	70	DEX4 QUICK DISSOLVE	
.....	113	DASETTA 7/7/7.....	70	GLUCOSE.....	39
CURITY ALCOHOL		DAYPRO.....	19	<i>dexamethasone</i>	74
SWABS.....	113	DAYSEE.....	70	DEXAMETHASONE	
CURITY STERILE SALINE		DAYTRANA.....	17	INTENSOL.....	74
.....	101	DDAVP.....	94	<i>dexamethasone sodium</i>	
CUTIVATE.....	79	DEBACTEROL.....	127	<i>phosphate</i>	136
CUVITRU.....	140	<i>deferoxamine mesylate</i>	43	DEXEDRINE.....	17
CUVPOSA.....	150	DELSTRIGO.....	60	DEXILANT.....	150
CVS ADVANCED		<i>delta d3</i>	153	<i>dexmethylphenidate hcl</i>	17
GLUCOSE TEST.....	88	DELZICOL.....	99	<i>dexmethylphenidate hcl er</i>	17
<i>cvs allergy eye drops</i>	136	DEMADEX.....	93	DEXTAK 10 DAY.....	74
<i>cvs glucose</i>	38	<i>demeclocycline hcl</i>	148	DEXTAK 13 DAY.....	74
<i>cvs glucose bits</i>	38	DEMSEER.....	49	DEXTAK 6 DAY.....	75
<i>cvs glucose shot</i>	38	DENAVIR.....	79	<i>dextroamphetamine sulfate</i>	17
CVS KETONE CARE.....	88	DENTA 5000 PLUS.....	127	<i>dextroamphetamine sulfate er</i> ...	17
<i>cvs lancing device</i>	113	DEPAKENE.....	33	DIALYVITE.....	128
CYCLAFEM 1/35.....	70	DEPAKOTE.....	33	DIALYVITE 3000.....	128
CYCLAFEM 7/7/7.....	70	DEPAKOTE ER.....	33	DIALYVITE 5000.....	128
<i>cyclobenzaprine hcl</i>	132	DEPAKOTE SPRINKLES...	33	DIALYVITE SUPREME D.	128
CYCLOGYL.....	136	DEPEN TITRATABS.....	63	DIALYVITE/ZINC.....	128
CYCLOMYDRIL.....	136	DEPO-PROVERA.....	70	DIASTAT ACUDIAL.....	33
<i>cyclopentolate hcl</i>	136	DERMA-SMOOTH/FS		DIASTAT PEDIATRIC.....	33
<i>cyclophosphamide</i>	54	BODY.....	79	DIASTIX.....	88
<i>cycloserine</i>	53	DERMA-SMOOTH/FS		<i>diatruue control level 1</i>	113
CYCLOSET.....	38	SCALP.....	79	<i>diatruue control level 2</i>	113
<i>cyclosporine</i>	63	DERMASORB XM.....	79	<i>diatruue control level 3</i>	113
<i>cyclosporine modified</i>	63	DERMAZENE.....	79	<i>diatruue plus test</i>	88
CYMBALTA.....	36	DERMOTIC.....	140	<i>diazepam</i>	29
<i>cyproheptadine hcl</i>	45	DESCOVY.....	60	DIAZEPAM INTENSOL.....	29
CYSTADANE.....	94	DESFERAL.....	43	DIBENZYLINE.....	49
CYSTAGON.....	101	<i>desipramine hcl</i>	36	DICLEGIS.....	44
CYSTARAN.....	136	<i>desloratadine</i>	46	<i>diclofenac potassium</i>	19
CYSTOGRAFIN-DILUTE...	88	<i>desmopressin ace spray refrig</i> ...	94	<i>diclofenac sodium</i>	19, 80, 136
CYTOGAM.....	140	<i>desmopressin acetate</i>	94	<i>diclofenac sodium er</i>	19
CYTOMEL.....	149	<i>desmopressin acetate spray</i>	94	<i>diclofenac-misoprostol</i>	19
CYTOTEC.....	150	<i>desogestrel-ethinyl estradiol</i>	70	<i>dicloxacillin sodium</i>	142
CYTOVENE.....	60	DESONATE.....	79	<i>dicyclomine hcl</i>	150
<i>cytra k crystals</i>	101	<i>desonide</i>	79	<i>didanosine</i>	60
CYTRA-3.....	101	DESOWEN.....	79	DIFFERIN.....	80
D.H.E. 45.....	124	<i>desoximetasone</i>	80	DIFICID.....	109
DAKLINZA.....	60	DESOXYN.....	17	DIFIL-G FORTE.....	31
<i>dalfampridine er</i>	145	<i>desvenlafaxine er</i>	36	<i>diflorasone diacetate</i>	80
DALIRESP.....	30	<i>desvenlafaxine succinate er</i>	36	DIFLUCAN.....	44
<i>danazol</i>	26	DETROL.....	152	<i>diflunisal</i>	22

DIGITEK.....	68	<i>drospiren-eth estrad-levomefol..</i>	70	EASY TOUCH ALCOHOL	
DIGOX.....	68	<i>drospirenone-ethinyl estradiol...</i>	70	PREP MEDIUM.....	114
<i>digoxin</i>	68	DROXIA.....	105	EASY TOUCH CONTROL	
<i>dihydroergotamine mesylate...</i>	124	DRUG MART LANCING		HIGH & LOW.....	114
DILANTIN.....	33	DEVICE.....	113	EASY TOUCH INSULIN	
DILANTIN INFATABS.....	33	<i>drug mart unifine pentips</i>	113	SAFETY SYR.....	114
DILATRATE-SR.....	28	DUAC.....	80	EASY TOUCH INSULIN	
DILAUDID.....	23	DUAVEE.....	98	SYRINGE.....	114
<i>diltiazem hcl</i>	67	DUET DHA 400.....	128	EASY TOUCH LANCING	
<i>diltiazem hcl er</i>	67	DUET DHA BALANCED...	128	DEVICE.....	114
<i>diltiazem hcl er beads</i>	67	DUETACT.....	39	EASY TOUCH PEN	
<i>diltiazem hcl er coated beads</i>	67	DUEXIS.....	19	NEEDLES.....	114
<i>dilt-xr</i>	67	DULERA.....	31	EASY TOUCH TEST.....	88
DIOVAN.....	49	<i>duloxetine hcl</i>	36	<i>easy trak blood glucose test</i>	88
DIOVAN HCT.....	49	DUO-CARE CONTROL		<i>easy trak control</i>	114
DIPENTUM.....	99	SOLUTION.....	113	EASYGLUCO.....	88
<i>diphenatol</i>	43	DUO-CARE TEST.....	88	EASYGLUCO CONTROL..	114
<i>diphenoxylate-atropine</i>	43	DUOPA.....	57	EASYGLUCO PLUS.....	88
DIPROLENE.....	80	DUPIXENT.....	65	EASYMAX 15 LEVEL 1	
DIPROLENE AF.....	80	DURAGESIC-100.....	23	CONTROL.....	114
<i>dipyridamole</i>	103	DURAGESIC-12.....	23	EASYMAX 15 LEVEL 2	
<i>disopyramide phosphate</i>	29	DURAGESIC-25.....	23	CONTROL.....	114
DISULFIRAM.....	145	DURAGESIC-50.....	23	EASYMAX 15 TEST.....	88
DITROPAN XL.....	152	DURAGESIC-75.....	23	EASYMAX CONTROL.....	114
DIURIL.....	93	<i>duraxin</i>	22	EASYMAX TEST.....	88
<i>divalproex sodium</i>	33	DUREZOL.....	136	<i>easyplus blood glucose test</i>	88
<i>divalproex sodium er</i>	33	DURLAZA.....	103	EASYPRO BLOOD	
DIVIGEL.....	97	DUROLANE.....	132	GLUCOSE TEST.....	88
<i>dofetilide</i>	29	<i>dutasteride</i>	101	EASYPRO PLUS.....	88
DOLOPHINE.....	23	<i>dutasteride-tamsulosin hcl</i>	101	EC-NAPROSYN.....	19
<i>donepezil hcl</i>	145	DUTOPROL.....	49	<i>econazole nitrate</i>	80
DOPTelet.....	105	DUZALLO.....	102	ECOZA.....	80
DORAL.....	106	D-VI-SOL.....	153	EDARBI.....	49
DORYX.....	148	DYANAVEL XR.....	17	EDARBYCLOR.....	49
DORYX MPC.....	148	DYAZIDE.....	93	EDECIN.....	93
<i>dorzolamide hcl</i>	136	DYMISTA.....	133	EDLUAR.....	106
<i>dorzolamide hcl-timolol mal</i>	136	DYRENIUM.....	93	EDURANT.....	60
<i>dorzolamide hcl-timolol mal pf</i>	136	DYSPORT.....	134	<i>efavirenz</i>	60
DOVONEX.....	80	E.E.S. 400.....	109	EFFER-K.....	125
<i>doxazosin mesylate</i>	49	E.E.S. GRANULES.....	109	<i>effervescent pot chloride</i>	125
<i>doxepin hcl</i>	36, 80	<i>easy comfort insulin syringe</i>	113	EFFEXOR XR.....	36
<i>doxercalciferol</i>	94	<i>easy comfort pen needles</i>	113	EFFIENT.....	103
<i>doxycycline</i>	80	<i>easy mini lancing device</i>	113	EFLOW SCF AEROSOL	
<i>doxycycline hyclate</i>	148	<i>easy plus ii control</i>	113	HEAD.....	114
<i>doxycycline monohydrate</i>	148	<i>easy plus ii glucose test</i>	88	EFUDEX.....	80
DRISDOL.....	153	EASY STEP CONTROL.....	113	ELAPRASE.....	94
DRITHO-CREME HP.....	80	EASY STEP TEST.....	88	ELELYSO.....	105
<i>dronabinol</i>	44	<i>easy talk blood glucose test</i>	88	<i>element compact control 2</i>	114
DROPLET LANCING		<i>easy talk control</i>	114	<i>element compact control 3</i>	114
DEVICE.....	113			<i>element compact test</i>	88

ELEMENT CONTROL.....	114	<i>entacapone</i>	57	<i>esomeprazole magnesium</i>	150
ELEMENT TEST.....	88	<i>entecavir</i>	60	<i>esomeprazole strontium</i>	150
ELESTAT.....	136	ENTERO VU.....	88	ESTARYLLA.....	70
ELESTRIN.....	97	ENTOCORT EC.....	75	<i>estazolam</i>	106
<i>eletriptan hydrobromide</i>	124	ENTRESTO.....	134	ESTRACE.....	97, 152
ELIDEL.....	80	ENTYVIO.....	107	<i>estradiol</i>	97, 152
ELIGARD.....	54	<i>enulose</i>	99	<i>estradiol-norethindrone acet</i>	97
ELIMITE.....	80	ENVARUSUS XR.....	63	ESTRING.....	152
ELINEST.....	70	EPANED.....	49	ESTROGEL.....	97
ELIQUIS.....	32	EPCLUSA.....	106	ESTROSTEP FE.....	70
ELIQUIS STARTER PACK..	32	EPIDIOLEX.....	34	<i>eszopiclone</i>	106
ELITE DC AUTO		EPIDUO.....	80	<i>ethacrynic acid</i>	93
ADAPTER.....	114	EPIDUO FORTE.....	80	<i>ethambutol hcl</i>	53
ELITE-OB.....	128	EPIFOAM.....	80	<i>ethosuximide</i>	34, 69
<i>elite-thin insulin syringe</i>	114	<i>epinastine hcl</i>	136	<i>etidronate disodium</i>	94
ELIXOPHYLLIN.....	31	<i>epinephrine</i>	153	<i>etodolac</i>	19
ELLA.....	70	EIPEN 2-PAK.....	153	<i>etodolac er</i>	19
ELMIRON.....	101	EIPEN JR 2-PAK.....	153	<i>etoposide</i>	54
ELOCON.....	80	EPITOL.....	34	EUCRISA.....	142
ELOCTATE.....	103	EPIVIR.....	60	EUFLEXXA.....	133
EMADINE.....	136	EPIVIR HBV.....	60	EURAX.....	80
EMBEDA.....	23	<i>eplerenone</i>	49	EVAMIST.....	98
EMBRACE BLOOD		EPOGEN.....	105	EVEKEO.....	17
GLUCOSE TEST.....	88	<i>epoprostenol sodium</i>	68	EVENCARE + BLOOD	
EMBRACE CONTROL.....	114	<i>eprosartan mesylate</i>	49	GLUCOSE TEST.....	88
EMBRACE EVO BLOOD		EPZICOM.....	60	EVENCARE BLOOD	
GLUCOSE TEST.....	88	EQUETRO.....	58	GLUCOSE TEST.....	88
EMBRACE PRO GLUCOSE		<i>ergocal</i>	153	EVENCARE CONTROL	
TEST.....	88	<i>ergocalciferol</i>	153	LOW/HIGH.....	114
EMCYT.....	54	<i>ergoloid mesylates</i>	145	EVENCARE G2	
EMEND.....	44	ERGOMAR.....	124	LOW/HIGH CONTROL.....	114
EMFLAZA.....	75	ERIVEDGE.....	54	EVENCARE G2 TEST.....	88
EMGALITY.....	66	ERLEADA.....	54	EVENCARE G3	
EMOQUETTE.....	70	ERRIN.....	70	LOW/HIGH CONTROL.....	114
EMSAM.....	36	ERTACZO.....	80	EVENCARE G3 TEST.....	88
EMTRIVA.....	60	<i>ery</i>	80	EVENCARE MINI	
EMVERM.....	28	ERYGEL.....	80	GLUCOSE TEST.....	88
ENABLEX.....	152	ERYPED 200.....	109	EVISTA.....	94
<i>enalapril maleate</i>	49	ERYPED 400.....	109	EVOCLIN.....	81
<i>enalapril-hydrochlorothiazide</i> ...	49	ERY-TAB.....	109	EVOLUTION AUTOCODE..	89
ENBREL.....	19	ERYTHROCIN STEARATE		EVOLUTION CONTROL..	114
ENBREL MINI.....	19	.....	109	EVOTAZ.....	61
ENBREL SURECLICK.....	19	<i>erythromycin</i>	80, 136	EVOXAC.....	127
ENDARI.....	18	<i>erythromycin base</i>	109	EVZIO.....	43
ENDOCET.....	23	<i>erythromycin ethylsuccinate</i>	109	EXALGO.....	23
ENDOMETRIN.....	152	<i>erythromycin stearate</i>	109	EXELDERM.....	81
<i>enoxaparin sodium</i>	32	ESBRIET.....	146	EXELON.....	145
ENPRESSE-28.....	70	ESCAVITE.....	128	<i>exemestane</i>	54
ENSKYCE.....	70	<i>escitalopram oxalate</i>	36	EXFORGE.....	49
ENSTILAR.....	80	ESGIC.....	22	EXFORGE HCT.....	49

EXJADE.....	43	FENTORA.....	24	<i>flunisolide</i>	134
EXODERM.....	81	FERREX 150 FORTE PLUS.....	105	<i>fluocinolone acetonide</i>	81, 140
EXTAVIA.....	145	FERRIPROX.....	43	<i>fluocinolone acetonide body</i>	81
EXTINA.....	81	FERRLECIT.....	105	<i>fluocinolone acetonide scalp</i>	81
<i>eye itch relief</i>	136	FETZIMA.....	36	<i>fluocinonide</i>	81
EYLEA.....	136	FETZIMA TITRATION.....	36	FLUORABON.....	125
EZ SMART BLOOD		FEXMID.....	133	<i>fluorescein-benoxinate</i>	136
GLUCOSE TEST.....	89	<i>fexofenadine hcl</i>	46	FLUOR-I-STRIPS A.T.....	136
EZ SMART PLUS		<i>fexofenadine hcl childrens</i>	46	<i>fluoritab</i>	125
GLUCOSE TEST.....	89	<i>fexofenadine-pseudoephed er</i>	76	<i>fluorometholone</i>	136
E-Z-CAT DRY.....	89	FIASP.....	39	FLUOROPLEX.....	81
E-Z-DISK.....	89	FIASP FLEXTOUCH.....	39	<i>fluorouracil</i>	81
<i>ezetimibe</i>	47	FIBRICOR.....	47	<i>fluoxetine hcl</i>	36
<i>ezetimibe-simvastatin</i>	47	FIBRYGA.....	103	<i>fluoxetine hcl (pmdd)</i>	145
E-Z-HD.....	89	FIFTY50 ALCOHOL PREP.....	114	<i>fluphenazine hcl</i>	58
E-Z-PAQUE.....	89	FIFTY50 GLUCOSE TEST		FLURA-DROPS.....	126
E-Z-PASTE.....	89	2.0.....	89	<i>flurandrenolide</i>	81
FABIOR.....	81	FIFTY50 PEN NEEDLES... ..	115	FLURA-SAFE.....	136
FABRAZYME.....	94	FIFTY50 SUPERIOR		<i>flurazepam hcl</i>	106
FALMINA.....	71	COMFORT SYR.....	115	<i>flurbiprofen</i>	19
<i>famciclovir</i>	61	<i>filter air pp</i>	115	<i>flurbiprofen sodium</i>	136
<i>famotidine</i>	150	FINACEA.....	81	<i>flutamide</i>	54
FANAPT.....	58	<i>finasteride</i>	101	<i>fluticasone propionate</i>	81, 134
FANAPT TITRATION		FIORICET.....	22	<i>fluticasone-salmeterol</i>	31
PACK.....	58	FIORICET/CODEINE.....	24	<i>fluvastatin sodium</i>	47
FARESTON.....	54	FIORINAL.....	22	<i>fluvastatin sodium er</i>	47
FARXIGA.....	39	FIORINAL/CODEINE #3.....	24	<i>fluvoxamine maleate</i>	36
FARYDAK.....	54	FIRAZYR.....	103	<i>fluvoxamine maleate er</i>	36
FASLODEX.....	54	FIRMAGON.....	54	FML.....	136
FAYOSIM.....	71	FIRST-VANCOMYCIN 25..	102	FML FORTE.....	136
FAZACLO.....	58	FIRST-VANCOMYCIN 50..	102	FML LIQUIFILM.....	136
FC FEMALE CONDOM.....	114	FIRVANQ.....	102	FOCALIN.....	17
FC2 FEMALE CONDOM... ..	114	FLAGYL.....	51	FOCALIN XR.....	17
FEIBA.....	103	FLAREX.....	136	<i>folbee plus</i>	128
<i>felbamate</i>	34	<i>flavoxate hcl</i>	152	FOLBEE PLUS CZ.....	128
FELBATOL.....	34	FLEBOGAMMA DIF.....	140	FOLGARD OS.....	128
FELDENE.....	19	<i>flecainide acetate</i>	29	<i>folic acid</i>	105
<i>felodipine er</i>	67	FLECTOR.....	81	<i>folika-v</i>	128
FEM PH.....	152	FLOLAN.....	68	FOLIVANE-OB.....	128
FEMARA.....	54	<i>flolipid</i>	47	FOLLISTIM AQ.....	94
FEMCAP.....	114	FLOMAX.....	101	<i>fondaparinux sodium</i>	32
FEMHRT LOW DOSE.....	98	FLONASE ALLERGY		FORA CONTROL.....	115
FEMRING.....	153	RELIEF.....	133	FORA D15G BLOOD	
<i>fenofibrate</i>	47	FLOVENT DISKUS.....	31	GLUCOSE TEST.....	89
<i>fenofibrate micronized</i>	47	FLOVENT HFA.....	31	FORA D20 BLOOD	
<i>fenofibric acid</i>	47	FLOXIN OTIC.....	140	GLUCOSE TEST.....	89
FENOGLIDE.....	47	<i>fluconazole</i>	44	FORA D40/G31 BLOOD	
<i>fenopropfen calcium</i>	19	<i>flucytosine</i>	44	GLUCOSE.....	89
<i>fentanyl</i>	24	<i>fludrocortisone acetate</i>	75	FORA G20 BLOOD	
<i>fentanyl citrate</i>	24	FLUMADINE.....	61	GLUCOSE TEST.....	89

FORA G30/PREM V10	FREESTYLE TEST	89	GENOTROPIN	
GLUCOSE TEST	FROVA	124	MINIQUICK	95
FORA GD20 TEST	<i>frovatriptan succinate</i>	124	GENSTRIP 50	89
FORA GD50 BLOOD	FUL-GLO	136, 137	GENTAK	137
GLUCOSE TEST	<i>full kit nebulizer set</i>	115	<i>gentamicin sulfate</i>	81, 137
FORA LANCING DEVICE	FULPHILA	105	GENTLE-LET	
FORA TN'G/TN'G VOICE....	FURADANTIN	151	PLATFORMS	115
FORA V10 BLOOD	<i>furosemide</i>	93	GENVOYA	61
GLUCOSE TEST	FUZEON	61	GEODON	58
FORA V12 BLOOD	FYCOMPA	34	<i>ght test</i>	89
GLUCOSE TEST	<i>gabapentin</i>	34	GIANVI	71
FORA V20 BLOOD	GABITRIL	34	GILDESS FE 1.5/30	71
GLUCOSE TEST	GALAFOLD	95	GILDESS FE 1/20	71
FORA V30A BLOOD	<i>galantamine hydrobromide</i>	145	GILENYA	145
GLUCOSE TEST	<i>galantamine hydrobromide er</i>	145	GILOTRIF	54
FORACARE GD40 TEST	GALZIN	126	GLASSIA	147
FORACARE GDH	GAMASTAN S/D	140	<i>glatiramer acetate</i>	145
CONTROL	GAMMAGARD	140	GLATOPA	145
FORACARE PREMIUM	GAMMAGARD S/D LESS		GLEEVEC	54
V10 TEST	IGA	141	GLEOSTINE	54
FORACARE TEST N GO	GAMMAKED	141	<i>glimepiride</i>	39
TEST	GAMMAPLEX	141	<i>glipizide</i>	39
FORANE	GAMUNEX-C	141	<i>glipizide er</i>	39
FORFIVO XL	<i>ganciclovir sodium</i>	61	<i>glipizide xl</i>	39
FORMADON	<i>ganirelix acetate</i>	95	<i>glipizide-metformin hcl</i>	39
<i>formaldehyde</i>	GASTROCROM	99	<i>global alcohol prep ease</i>	115
FORMA-RAY	GASTROGRAFIN	89	<i>global ease inject pen needles</i> ..	115
FORTAMET	<i>gatifloxacin</i>	137	<i>global inject ease insulin syr</i>	115
FORTEO	GATTEX	99	<i>global lancing device</i>	115
FORTESTA	<i>gavilax</i>	108	GLUCAGEN HYPOKIT	39
FORTISCARE TEST	GAVILYTE-C	108	GLUCAGON	
FOSAMAX	GAVILYTE-G	108	EMERGENCY	39
FOSAMAX PLUS D	GAVILYTE-H	108	GLUCO BURST	39
<i>fosamprenavir calcium</i>	GAVILYTE-N WITH		GLUCO PERFECT 3 TEST ..	89
<i>fosinopril sodium</i>	FLAVOR PACK	108	GLUCOCARD 01	
<i>fosinopril sodium-hctz</i>	<i>ge100 blood glucose test</i>	89	CONTROL	115
FOSRENOL	<i>ge100 control</i>	115	GLUCOCARD 01 SENSOR	
FRAGMIN	GEBAUERS PAIN EASE		PLUS	89
<i>freds pharmacy autolet lancing</i> 115	 81, 149		GLUCOCARD	
<i>freds pharmacy unifine pentip+</i>	GEBAUERS SPRAY AND		EXPRESSION CONTROL ..	115
..... 115	STRETCH	81, 149	GLUCOCARD	
<i>freds pharmacy unifine pentips</i> 115	GELFILM	137	EXPRESSION TEST	89
FREESTYLE CONTROL	GEL-ONE	133	GLUCOCARD SHINE	
SOLUTION	GELSYN-3	133	CONTROL	115
FREESTYLE INSULINX	<i>gemfibrozil</i>	47	GLUCOCARD SHINE	
TEST	GENERESS FE	71	TEST	90
FREESTYLE LANCETS	<i>generlac</i>	99	GLUCOCARD VITAL	
FREESTYLE LITE TEST	<i>gengraf</i>	64	TEST	90
FREESTYLE PRECISION	GENOTROPIN	95	GLUCOCARD X-SENSOR ..	90
INS SYR				

GLUCOCARD X-SENSOR	<i>haloperidol lactate</i>	58	HUMULIN 70/30	
CONTROL.....	HARVONI.....	106	KWIKPEN.....	40
GLUCOCOM CONTROL... 115	HEALTH CARE LANCING		HUMULIN N.....	40
GLUCOCOM TEST.....	DEVICE.....	115	HUMULIN N KWIKPEN....	40
GLUCONAVII BLOOD	<i>healthwise mini pen needles</i>	115	HUMULIN R.....	40
GLUCOSE TEST.....	<i>healthwise pen needles</i>	116	HUMULIN R U-500	
GLUCOPHAGE.....	<i>healthwise short pen needles</i>	116	(CONCENTRATED).....	40
GLUCOPHAGE XR.....	<i>healthwise unifine pentips</i>	116	HUMULIN R U-500	
GLUCOPRO INSULIN	<i>healthy accents lancing device</i> ..	116	KWIKPEN.....	40
SYRINGE.....	<i>healthy accents unifine pentip</i> ..	116	HYALGAN.....	133
<i>glucose</i>	HEATHER.....	71	HYCAMTIN.....	54
<i>glucose control</i>	<i>h-e-b incontrol adv lancing</i>	116	<i>hydralazine hcl</i>	49
GLUCOTROL.....	<i>h-e-b incontrol pen needles</i>	116	<i>hydrochlorothiazide</i>	93
GLUCOTROL XL.....	HELIXATE FS.....	103	<i>hydrocod polst-cpm polst er</i>	76
GLUMETZA.....	HEMANGEOL.....	65	<i>hydrocodone-acetaminophen</i>	24
<i>glyburide</i>	<i>hemenatal ob</i>	129	<i>hydrocodone-homatropine</i>	76
<i>glyburide micronized</i>	<i>hemenatal ob + dha</i>	129	<i>hydrocodone-ibuprofen</i>	24
<i>glyburide-metformin</i>	HEMLIBRA.....	45	<i>hydrocortisone</i>	27, 75, 81
<i>glycine</i>	HEMOFIL M.....	103	<i>hydrocortisone ace-pramoxine</i> ..	27
<i>glycine urologic</i>	HEPAGAM B.....	141	<i>hydrocortisone butyr lipo base</i> ..	81
<i>glycopyrrolate</i>	<i>heparin sodium (porcine)</i>	33	<i>hydrocortisone butyrate</i>	81
GLYNASE.....	<i>heparin sodium (porcine) pf</i>	33	<i>hydrocortisone valerate</i>	81
GLYSET.....	HEPSERA.....	61	<i>hydrocortisone-acetic acid</i>	140
GLYXAMBI.....	HETLIOZ.....	106	<i>hydromet</i>	76
<i>gnp alcohol swabs</i>	HIPREX.....	151	<i>hydromorphone hcl</i>	24
<i>gnp clickfine pen needles</i>	HIZENTRA.....	141	<i>hydromorphone hcl er</i>	24
<i>gnp glucose</i>	<i>hm glucose</i>	40	<i>hydroxychloroquine sulfate</i>	52
<i>gnp quick dissolve glucose</i>	HOMATROPAIRE.....	137	<i>hydroxyprogesterone caproate</i>	143
GOCOVRI.....	<i>homatropine hbr</i>	137	<i>hydroxyurea</i>	54
GOLYTELY.....	HORIZANT.....	145	<i>hydroxyzine hcl</i>	29, 69
GONAL-F.....	HP ACTHAR.....	95	<i>hydroxyzine pamoate</i>	29
GONAL-F RFF.....	HUMALOG KWIKPEN.....	40	HYMOVIS.....	133
GONAL-F RFF REDIJECT..	HUMALOG MIX 50/50.....	40	HYPERHEP B S/D.....	141
GONITRO.....	HUMALOG MIX 50/50		HYPERRAB.....	141
GORDOFILM.....	KWIKPEN.....	40	HYPERRHO S/D.....	141
GRALISE.....	HUMALOG MIX 75/25.....	40	HYPERSAL.....	76
GRALISE STARTER... 143, 145	HUMALOG MIX 75/25		HYPERTET S/D.....	141
<i>granisetron hcl</i>	KWIKPEN.....	40	HYPOLANCE AST	
GRANIX.....	HUMATE-P.....	103	LANCING.....	116
<i>griseofulvin microsize</i>	HUMATROPE.....	95	HYQVIA.....	140
<i>griseofulvin ultramicrosize</i>	HUMIRA.....	20	HYSINGLA ER.....	24
<i>guanfacine hcl</i>	HUMIRA PEDIATRIC		<i>hy-vee glucose</i>	40
<i>guanfacine hcl er</i>	CROHNS START.....	19	HYZAAR.....	49
<i>guanidine hcl</i>	HUMIRA PEN.....	20	<i>ibandronate sodium</i>	95
GYNAZOLE-1.....	HUMIRA PEN-CD/UC/HS		IBRANCE.....	77
HAEGARDA.....	STARTER.....	20	IBUDONE.....	24
HALCION.....	HUMIRA PEN-PS/UV		<i>ibuprofen</i>	20
<i>halobetasol propionate</i>	STARTER.....	20	ICLUSIG.....	54
HALOG.....	HUMULIN 70/30.....	40	IDELVION.....	103
<i>haloperidol</i>			IDHIFA.....	108

ILARIS.....	20	<i>insupen pen needles</i>	116	JIVI.....	103
ILEVRO.....	137	INSUPEN SENSITIVE.....	116	JOLESSA.....	71
ILUMYA.....	81	INSUPEN ULTRAFIN.....	116	JOLIVETTE.....	71
<i>imatinib mesylate</i>	54	INTELENCE.....	61	J-TIP KIT W/VIAL	
IMBRUVICA.....	54	INTERMEZZO.....	106	ADAPTERS.....	116
<i>imipramine hcl</i>	36	INTRAROSA.....	153	JUBLIA.....	82
<i>imipramine pamoate</i>	36	INTRON A.....	54	JULUCA.....	61
<i>imiquimod</i>	81	INTROVALE.....	71	JUNEL 1.5/30.....	71
<i>imiquimod pump</i>	81	INTUNIV.....	17	JUNEL 1/20.....	71
IMITREX.....	124	INVEGA.....	58	JUNEL FE 1.5/30.....	71
IMITREX STATDOSE		INVELTYS.....	137	JUNEL FE 1/20.....	71
REFILL.....	124	INVIRASE.....	61	JUXTAPID.....	47
IMITREX STATDOSE		INVOKAMET.....	147	JYNARQUE.....	95
SYSTEM.....	124	INVOKAMET XR.....	147	KADIAN.....	24
IMPAVIDO.....	51	INVOKANA.....	40	KALBITOR.....	103
IMPOYZ.....	81	IOPIDINE.....	137	KALETRA.....	61
IMURAN.....	64	<i>ipratropium bromide</i>	31, 134	KALYDECO.....	147
IMVEXXY		<i>ipratropium-albuterol</i>	31	KANUMA.....	109
MAINTENANCE PACK....	153	<i>irbesartan</i>	49	KAPSPARGO SPRINKLE....	65
IMVEXXY STARTER		<i>irbesartan-hydrochlorothiazide</i> ..	49	KAPVAY.....	17
PACK.....	153	IRESSA.....	55	KARBINAL ER.....	46
IN TOUCH BLOOD		ISENTRESS.....	61	KARIVA.....	71
GLUCOSE TEST.....	90	ISENTRESS HD.....	61	KAZANO.....	40
INATAL GT.....	129	ISIBLOOM.....	71	KCENTRA.....	103
INCRELEX.....	95	<i>isoflurane</i>	100	<i>k-effervescent</i>	126
INCRUSE ELLIPTA.....	31	<i>isoniazid</i>	53	KEFLEX.....	69
<i>indapamide</i>	93	ISOPTIN SR.....	67	KELNOR 1/35.....	71
INDERAL LA.....	65	ISORDIL TITRADOSE.....	28	KENALOG.....	82
INDERAL XL.....	65	<i>isosorbide dinitrate</i>	28	KEPPRA.....	34
INDOCIN.....	20	<i>isosorbide dinitrate er</i>	28	KEPPRA XR.....	34
<i>indomethacin</i>	20	<i>isosorbide mononitrate</i>	28	KERR TRIPLE DYE	
<i>indomethacin er</i>	20	<i>isosorbide mononitrate er</i>	28	SWABS.....	60
INFINITY BLOOD		<i>isotretinoin</i>	82	KERYDIN.....	140
GLUCOSE TEST.....	90	<i>isradipine</i>	67	KETOCARE.....	90
INFINITY CONTROL.....	116	ISTALOL.....	137	<i>ketoconazole</i>	45, 82
INFLECTRA.....	99	<i>itraconazole</i>	45	KETO-DIASTIX.....	90
INGREZZA.....	145	<i>ivermectin</i>	28	<i>ketoprofen er</i>	20
<i>inject-ease</i>	116	IXINITY.....	103	<i>ketorolac tromethamine</i>	20, 137
INJECT-EASE		JADENU.....	43	KETOSTIX.....	90
AUTOMATIC INJECTOR..	116	JADENU SPRINKLE.....	43	<i>ketotifen fumarate</i>	137
INLYTA.....	54	JAKAFI.....	55	KEVEYIS.....	93
INNOPRAN XL.....	65	JALYN.....	101	KEVZARA.....	20
INNOSPIRE		JANTOVEN.....	33	KHEDEZLA.....	36
REPLACEMENT FILTER..	116	JANUMET.....	40	KINERET.....	20
INSPIREASE RESERVOIR		JANUMET XR.....	40	KIONEX.....	64, 143
BAGS.....	116	JANUVIA.....	40	KISQALI 200 DOSE.....	77
INSPIRA.....	49	JARDIANCE.....	40	KISQALI 400 DOSE.....	77
<i>insulin syringe</i>	116	JENCYCLA.....	71	KISQALI 600 DOSE.....	77
<i>insulin syringe/needle</i>	116	JENTADUETO.....	40	KISQALI FEMARA 200	
<i>insulin syringe-needle u-100</i>	116	JENTADUETO XR.....	40	DOSE.....	55

KISQALI FEMARA 400	<i>lamivudine</i>	61	LENVIMA 8 MG DAILY	
DOSE.....	<i>lamivudine-zidovudine</i>	61	DOSE.....	55
KISQALI FEMARA 600	<i>lamotrigine</i>	34	LESCOL.....	47
DOSE.....	<i>lamotrigine er</i>	34	LESCOL XL.....	47
KLARON.....	<i>lamotrigine starter kit-blue</i>	34	LESSINA.....	71
KLONOPIN.....	<i>lamotrigine starter kit-green</i>	34	LETAIRIS.....	68
KLOR-CON.....	<i>lamotrigine starter kit-orange</i> ...	34	<i>letrozole</i>	55
KLOR-CON 10.....	<i>lancet device</i>	116	<i>leucovorin calcium</i>	55
KLOR-CON M10.....	<i>lancets</i>	116	LEUKERAN.....	55
KLOR-CON M15.....	LANCETS ULTRA THIN...	116	LEUKINE.....	105
KLOR-CON M20.....	<i>lancing device</i>	116	<i>leuprolide acetate</i>	55
KLOR-CON/EF.....	LANOXIN.....	68	<i>levalbuterol hcl</i>	31
<i>kmart valu insulin syringe 29g</i> ..	<i>lansoprazole</i>	150	LEVAQUIN.....	98
<i>kmart valu insulin syringe 30g</i> ..	<i>lanthanum carbonate</i>	99	LEVEMIR.....	41
KOATE.....	LANTUS.....	41	LEVEMIR FLEXTOUCH....	41
KOATE-DVI.....	LANTUS SOLOSTAR.....	41	<i>levetiracetam</i>	34
KOGENATE FS.....	LARIN 1/20.....	71	<i>levetiracetam er</i>	34
KOKO PEAK PRO	LARIN FE 1.5/30.....	71	<i>levobunolol hcl</i>	137
MOUTHPIECE.....	LARIN FE 1/20.....	71	<i>levocarnitine</i>	95
KOMBIGLYZE XR.....	LASIX.....	93	<i>levofloxacin</i>	98, 137
KORLYM.....	LASTACFT.....	137	LEVONEST.....	71
KOVALTRY.....	<i>latanoprost</i>	137	<i>levonorgest-eth estrad 91-day</i> ...	71
<i>kp omeprazole magnesium</i>	LATUDA.....	58	<i>levonorgestrel-ethinyl estrad</i>	71
K-PHOS.....	<i>lavare wound wash</i>	82	LEVORA 0.15/30 (28).....	71
K-PHOS NO 2.....	LAZANDA.....	24	<i>levorphanol tartrate</i>	24
K-PRIME.....	<i>leader advanced lancing device</i>	116	<i>levothyroxine sodium</i>	149
KRISTALOSE.....	<i>leader glucose</i>	41	LEVOXYL.....	149
<i>kruger blood glucose test</i>	<i>leader quick dissolve glucose</i>	41	LEVULAN KERASTICK.....	82
<i>kruger glucose</i>	LEADER UNIFINE		LEXAPRO.....	36
<i>kruger lancing device</i>	PENTIPS.....	116	LEXIVA.....	61
<i>kruger pen needles</i>	LEADER UNIFINE		LIALDA.....	99
<i>kruger premium glucose test</i>	PENTIPS PLUS.....	116	LIBERTY GLUCOSE	
<i>kruger test</i>	LEENA.....	71	CONTROL.....	116, 117
KRYSTEXXA.....	<i>leflunomide</i>	20	LIBERTY GLUCOSE	
KURVELO.....	LEMTRADA.....	145	CONTROL MID.....	117
KUVAN.....	LENVIMA 10 MG DAILY		LIBERTY MINI LANCING	
<i>k-vescent</i>	DOSE.....	55	DEVICE.....	117
KYLEENA.....	LENVIMA 12 MG DAILY		LIBERTY NEXT	
KYNAMRO.....	DOSE.....	55	GENERATION TEST.....	90
<i>labetalol hcl</i>	LENVIMA 14 MG DAILY		<i>liberty test</i>	90
LACRISERT.....	DOSE.....	55	LIBRAX.....	150
<i>lactated ringers</i>	LENVIMA 18 MG DAILY		<i>lidocaine</i>	82
<i>lactic acid</i>	DOSE.....	55	<i>lidocaine hcl</i>	82
<i>lactulose</i>	LENVIMA 20 MG DAILY		<i>lidocaine viscous</i>	127
<i>lactulose encephalopathy</i>	DOSE.....	55	<i>lidocaine-prilocaine</i>	82
LAMICTAL.....	LENVIMA 24 MG DAILY		LIDODERM.....	82
LAMICTAL ODT.....	DOSE.....	55	<i>lindane</i>	82
LAMICTAL STARTER.....	LENVIMA 4 MG DAILY		<i>linezolid</i>	51
LAMICTAL XR.....	DOSE.....	55	LINZESS.....	99
LAMISIL.....			<i>liothyronine sodium</i>	149

LIPITOR.....	47	loratadine-d 24hr.....	76	LYSTEDA.....	106
LIPOFEN.....	47	lorazepam.....	29	LYZA.....	72
LIQUID E-Z-PAQUE.....	90	LORAZEPAM INTENSOL...	29	MACROBID.....	151
LIQUID POLIBAR PLUS....	90	LORCET.....	24	MACRODANTIN.....	151
<i>lisinopril</i>	49	LORCET HD.....	24	MACUGEN.....	137
<i>lisinopril-hydrochlorothiazide</i> ...	49	LORCET PLUS.....	24	MAGELLAN INSULIN	
LITE TOUCH LANCING		LORTAB.....	24	SAFETY SYR.....	117
PEN.....	117	LORYNA.....	72	MAKENA.....	143
LITE TOUCH PEN		LORZONE.....	133	MALARONE.....	52
NEEDLES.....	117	<i>losartan potassium</i>	50	<i>malathion</i>	82
LITETOUCH INSULIN		<i>losartan potassium-hctz</i>	50	<i>maprotiline hcl</i>	36
SYRINGE.....	117	LOSEASONIQUE.....	72	MARINOL.....	44
LITETOUCH MASK		LOTEMAX.....	137	<i>marlissa</i>	72
LARGE.....	117	LOTENSIN.....	50	MARNATAL-F.....	129
LITETOUCH MASK		LOTENSIN HCT.....	50	MARPLAN.....	36
MEDIUM.....	117	LOTREL.....	50	MASK VORTEX.....	117
LITETOUCH MASK		LOTRISONE.....	82	MATULANE.....	55
SMALL.....	117	LOTRONEX.....	99	MATZIM LA.....	67
LITETOUCH PEN		<i>lovastatin</i>	47	MAVIK.....	50
NEEDLES.....	117	LOVAZA.....	47	MAVYRET.....	106
<i>lithium</i>	58	LOVENOX.....	33	MAXALT.....	124
<i>lithium carbonate</i>	59	LOW-OGESTREL.....	72	MAXALT-MLT.....	125
<i>lithium carbonate er</i>	59	<i>loxapine succinate</i>	59	MAXI-COMFORT	
LITHOBID.....	59	LUCEMYRA.....	18	INSULIN SYRINGE.....	117
LITHOSTAT.....	101	LUCENTIS.....	137	MAXIDEX.....	137
LIVALO.....	47	LUDENT.....	126	MAXITROL.....	137
<i>live better adv lancing device</i> ...	117	<i>luliconazole</i>	82	MAXZIDE.....	93
LO LOESTRIN FE.....	71	LUMIGAN.....	137	MAXZIDE-25.....	93
LOCOID.....	82	LUMIZYME.....	95	MD-GASTROVIEW.....	90
LOCOID LIPOCREAM.....	82	LUNESTA.....	106	<i>meclofenamate sodium</i>	20
LODINE.....	20	LUPANETA PACK.....	109	<i>medicine shoppe pen needles</i>	117
LODOSYN.....	57	LUPRON DEPOT (1-		MEDISENSE GLUCOSE	
LOESTRIN 1.5/30 (21).....	71	MONTH).....	55	KETONE CONTR.....	117
LOESTRIN 1/20 (21).....	72	LUPRON DEPOT (3-		MEDISENSE HI/MID/LOW	
LOKELMA.....	64, 143	MONTH).....	55	CONTROL.....	117
LOMOTIL.....	43	LUPRON DEPOT (4-		MEDISENSE HIGH/LOW	
<i>longs glucose</i>	41	MONTH).....	55	CONTROL.....	117
LONHALA MAGNAIR		LUPRON DEPOT (6-		MEDISENSE MID	
REFILL KIT.....	31	MONTH).....	55	CONTROL.....	117
LONHALA MAGNAIR		LUPRON DEPOT-PED (1-		MEDROL.....	75
STARTER KIT.....	31	MONTH).....	95	<i>medroxyprogesterone acetate</i>	
LONSURF.....	55	LUPRON DEPOT-PED (3-		.....	72, 144
LOPID.....	47	MONTH).....	95	<i>mefenamic acid</i>	20
<i>lopinavir-ritonavir</i>	61	LUTERA.....	72	<i>mefloquine hcl</i>	52
LOPRESSOR.....	65	LUXIQ.....	82	MEGACE ES.....	144
LOPRESSOR HCT.....	49	LUZU.....	82	<i>megestrol acetate</i>	55, 144
LOPROX.....	82	LYNPARZA.....	143	<i>meijer alcohol swabs</i>	117
<i>loratadine</i>	46	LYRICA.....	34	<i>meijer blood glucose test</i>	90
<i>loratadine childrens</i>	46	LYRICA CR.....	143, 145	<i>meijer glucose</i>	41
<i>loratadine-d 12hr</i>	76	LYSODREN.....	55	<i>meijer pen needles</i>	117

<i>meijer premium glucose test</i>	90	<i>methylphenidate hcl er (la)</i>	18	<i>mini lancing device</i>	117
MEIJER TRUETEST TEST..	90	<i>methylprednisolone</i>	75	MINI WRIGHT PEAK	
MEIJER TRUETRACK		<i>methyltestosterone</i>	27	FLOW METER.....	117
TEST.....	90	<i>metipranolol</i>	137	MINIELITE FILTER	
MEKINIST.....	55	<i>metoclopramide hcl</i>	100	REPLACEMENTS.....	117
MEKTOVI.....	55	<i>metolazone</i>	93	MINIELITE	
<i>meloxicam</i>	20	METOPIRONA.....	90	RECHARGEABLE	
<i>melphalan</i>	55	<i>metoprolol succinate er</i>	65	BATTERY.....	117
<i>memantine hcl</i>	145	<i>metoprolol tartrate</i>	65	MINIPRESS.....	50
<i>memantine hcl er</i>	145	<i>metoprolol-hctz er</i>	50	MINIPRIN LOW DOSE.....	22
MENEST.....	98	<i>metoprolol-hydrochlorothiazide</i>	50	MINITRAN.....	28
MENOPUR.....	95	METROCREAM.....	82	MINIVELLE.....	98
MENOSTAR.....	98	METROGEL.....	82	MINOCIN.....	148
<i>meperidine hcl</i>	24	METROGEL-VAGINAL.....	153	<i>minocycline hcl</i>	148
MEPHYTON.....	153	METROLOTION.....	82	<i>minocycline hcl er</i>	148
<i>meprobamate</i>	29	<i>metronidazole</i>	51, 82, 153	MINOLIRA.....	148
MEPRON.....	51	MEVACOR.....	47	<i>minoxidil</i>	50
<i>mercaptopurine</i>	55	<i>mexiletine hcl</i>	29	MIRALAX.....	108
<i>mesalamine</i>	99	MIACALCIN.....	95	MIRAPEX.....	57
MESNEX.....	55	MIBELAS 24 FE.....	72	MIRAPEX ER.....	57
MESTINON.....	52	MICARDIS.....	50	MIRCERA.....	105
METADATE ER.....	17	MICARDIS HCT.....	50	MIRCETTE.....	72
<i>metaproterenol sulfate</i>	31	MICORT-HC.....	82	MIRENA (52 MG).....	72
<i>metaxalone</i>	133	MICRHOGAM ULTRA-		<i>mirtazapine</i>	36
<i>metformin hcl</i>	41	FILTERED PLUS.....	141	MIRVASO.....	82
<i>metformin hcl er</i>	41	MICRODOT CONTROL		<i>misoprostol</i>	150
<i>metformin hcl er (mod)</i>	41	HIGH/LOW.....	117	MITIGARE.....	102
<i>metformin hcl er (osm)</i>	41	MICRODOT TEST.....	90	MOBIC.....	20
<i>methadone hcl</i>	24	MICROELITE BATTERY..	117	<i>modafinil</i>	18
METHADONE HCL		MICROELITE FILTER		<i>moderiba</i>	61
INTENSOL.....	24	REPLACEMENTS.....	117	MODERIBA 1200 DOSE	
METHADOSE.....	24	MICROGESTIN 1.5/30.....	72	PACK.....	61
METHADOSE SUGAR-		MICROGESTIN 1/20.....	72	MODERIBA 800 DOSE	
FREE.....	25	MICROGESTIN FE 1.5/30....	72	PACK.....	61
<i>methamphetamine hcl</i>	17	MICROGESTIN FE 1/20.....	72	<i>moexipril hcl</i>	50
<i>methazolamide</i>	93	MICRO-K.....	126	<i>moexipril-hydrochlorothiazide</i> ..	50
<i>methenamine hippurate</i>	152	MICROLET LANCETS.....	117	<i>mometasone furoate</i>	82, 134
<i>methenamine mandelate</i>	152	MICROLIFE DIGITAL		MONOCLATE-P.....	104
METHERGINE.....	140	PEAK FLOW.....	117	MONOJECT INSULIN	
<i>methimazole</i>	149	MICROZIDE.....	93	SYRINGE.....	117
<i>methitest</i>	27	<i>midazolam hcl</i>	107	MONOJECT ULTRA	
<i>methocarbamol</i>	133	<i>midodrine hcl</i>	153	COMFORT SYRINGE.....	118
<i>methotrexate</i>	55	MIGERGOT.....	125	MONOJECTOR END CAPS	
<i>methscopolamine bromide</i>	150	<i>miglitol</i>	41	.....	118
<i>methyclothiazide</i>	93	<i>miglustat</i>	105	MONOJECTOR OPD END	
<i>methyl dopa</i>	50	MIGRANAL.....	125	CAPS.....	118
METHYLIN.....	17	MILLIPRED.....	75	MONO-LINYAH.....	72
<i>methylphenidate hcl</i>	18	MIMVEY.....	98	MONONESSA.....	72
<i>methylphenidate hcl er</i>	18	MIMVEY LO.....	98	MONONINE.....	104
<i>methylphenidate hcl er (cd)</i>	18	MINASTRIN 24 FE.....	72	MONOVISC.....	133

<i>monsels ferric subsulfate</i>	106	<i>na ferric gluc cplx in sucrose</i> ...	105	<i>nebulizer air tubelplugs</i>	118
<i>montelukast sodium</i>	31	NABI-HB	141	<i>nebulizer mask pediatric</i>	118
MONUROL	152	<i>nabumetone</i>	20	NEBUPENT	51
MORGIDOX	148	<i>nadolol</i>	65	NEBUSAL	76
MORPHABOND ER	25	<i>nadolol-bendroflumethiazide</i>	50	NECON 0.5/35 (28)	72
<i>morphine sulfate</i>	25	NAFRINSE	126	NECON 1/35 (28)	72
<i>morphine sulfate (concentrate)</i> .25		NAFRINSE DAILY		NEEVO DHA	129
<i>morphine sulfate er</i>	25	ACIDULATED	127	<i>nefazodone hcl</i>	36, 147
<i>morphine sulfate er beads</i>	25	NAFRINSE		<i>neomycin sulfate</i>	18
MOTOFEN	43	DAILY/NEUTRAL	127	<i>neomycin-bacitracin zn-</i>	
MOVANTIK	100	NAFRINSE DROPS	126	<i>polymyx</i>	137
MOVIPREP	108	NAFRINSE WEEKLY	127	<i>neomycin-polymyxin b gu</i>	101
MOXATAG	142	<i>naftifine hcl</i>	83	<i>neomycin-polymyxin-dexameth</i>	
MOXEZA	137	NAFTIN	83	.....	137
<i>moxifloxacin hcl</i>	98	NAGLAZYME	95	<i>neomycin-polymyxin-</i>	
MS CONTIN	25	NALFON	20	<i>gramicidin</i>	138
MULPLETA	105	<i>nalocet</i>	25	<i>neomycin-polymyxin-hc</i>	140
MULTAQ	29	<i>naltrexone hcl</i>	43	NEO-POLYCIN	138
<i>multi vit/fl</i>	129	NAMENDA	145	NEO-POLYCIN HC	138
<i>multi-lancet device</i>	118	NAMENDA TITRATION		NEORAL	64
<i>multiple vitamins/fluoride</i>	129	PAK	145	NEOSPORIN	138
<i>multi-vit/fluoride</i>	129	NAMENDA XR	145	NEO-SYNALAR	83
<i>multivitamin/fluoride</i>	129	NAMENDA XR		NEOTUSS PLUS	76
<i>multi-vitamin/fluoride</i>	129	TITRATION PACK	145	NEPHPLEX RX	129
<i>multi-vitamin/fluoride/iron</i>	129	NAMZARIC	35	NEPHRONEX	129
<i>multivitamins/fluoride</i>	129	NAPRELAN	20	NERLYNX	55
<i>mult-vitamin/fluoride</i>	129	NAPROSYN	21	NESINA	41
<i>mupirocin</i>	82	<i>naproxen</i>	21	NESTABS	129
<i>mupirocin calcium</i>	82	<i>naproxen dr</i>	21	NESTABS ABC	129
MVC-FLUORIDE	129	<i>naproxen sodium</i>	21	NESTABS DHA	129
MYALEPT	109	<i>naproxen sodium er</i>	21	NESTABS ONE	129
MYAMBUTOL	53	<i>naratriptan hcl</i>	125	NEUAC	83
<i>mycophenolate mofetil</i>	64	NARCAN	44	NEULASTA	105
<i>mycophenolate sodium</i>	64	NARDIL	36	NEUPOGEN	105
MYDAYIS	18	NASACORT ALLERGY		NEUPRO	57
MYDRIACYL	137	24HR	134	NEURONTIN	34
MYFORTIC	64	NASACORT ALLERGY		NEUTEK 2TEK CONTROL	
MYGLUCOHEALTH		24HR CHILDREN	134	.....	118
CONTROL	118	NASCOBAL	105	NEUTEK 2TEK TEST	90
MYGLUCOHEALTH TEST	90	NASONEX	134	NEVANAC	138
MYLERAN	55	NATACHEW	129	<i>nevirapine</i>	61
MYNATAL	129	NATACYN	137	<i>nevirapine er</i>	61
MYNATAL ADVANCE	129	NATALVIT	129	NEXA PLUS	129
<i>mynatal plus</i>	129	NATAZIA	72	NEXAVAR	56
<i>mynatal-z</i>	129	<i>nateglinide</i>	41	NEXIUM	150
MYORISAN	82	NATELLE ONE	129	NEXIUM 24HR	150
MYRBETRIQ	152	NATESTO	27	NEXPLANON	72
MYSOLINE	34	NATPARA	95	NEXT CHOICE ONE DOSE	72
MYTESI	43	NATROBA	83	<i>niacin er</i>	153
MYZILRA	72	NATURE-THROID	149	<i>niacin er (antihyperlipidemic)</i> ..	47

NIACOR.....	47	NORPACE.....	29	NUTROPIN AQ NUSPIN 20	96
NIASPAN.....	47	NORPACE CR.....	29	NUTROPIN AQ NUSPIN 5..	96
<i>nicardipine hcl</i>	67	NORPRAMIN.....	37	NUVARING.....	73
NICOMIDE.....	129	NORTHERA.....	134	NUVESSA.....	153
<i>nicotine</i>	145	NORTREL 0.5/35 (28).....	73	NUVIGIL.....	18
<i>nicotine polacrilex</i>	145	NORTREL 1/35 (21).....	73	NUWIQ.....	104
NICOTROL.....	145	NORTREL 1/35 (28).....	73	NYAMYC.....	83
NICOTROL NS.....	145	NORTREL 7/7/7.....	73	NYMALIZE.....	67
NIFEDICAL XL.....	67	<i>nortriptyline hcl</i>	37	<i>nystatin</i>	45, 83, 127
<i>nifedipine</i>	67	NORVASC.....	67	<i>nystatin-triamcinolone</i>	83
<i>nifedipine er</i>	67	NORVIR.....	61	NYSTOP.....	83
<i>nifedipine er osmotic release</i>	67	<i>nose clip</i>	118	OB COMPLETE.....	130
NIKKI.....	72	NOVA MAX GLUCOSE		OB COMPLETE GOLD.....	129
NILANDRON.....	56	TEST.....	90	OB COMPLETE PETITE....	130
<i>nilutamide</i>	56	NOVA MAX PLUS		OB COMPLETE PREMIER	130
<i>nimodipine</i>	67	GLU/KET CONTROL.....	118	OB COMPLETE/DHA.....	130
NINLARO.....	56	NOVA SUREFLEX		O-CAL PRENATAL.....	130
<i>nisoldipine er</i>	67	LANCING DEVICE.....	118	OCAIVA.....	98
NITRO-BID.....	28	<i>novarel</i>	95	OCELLA.....	73
NITRO-DUR.....	28	NOVOEIGHT.....	104	OCTAGAM.....	141
<i>nitrofurantoin</i>	152	NOVOFINE.....	118	<i>octreotide acetate</i>	96
<i>nitrofurantoin macrocrystal</i>	152	NOVOFINE AUTOCOVER	118	OCUFLOX.....	138
<i>nitrofurantoin monohyd macro</i>	152	NOVOLIN 70/30.....	41	OCUVEL.....	130
<i>nitroglycerin</i>	28	NOVOLIN 70/30 RELION....	41	ODEFSEY.....	61
<i>nitroglycerin er</i>	28	NOVOLIN N.....	41	ODOMZO.....	56
NITROLINGUAL.....	28	NOVOLIN N RELION.....	41	OFEV.....	146
NITROMIST.....	28	NOVOLIN R.....	41	<i>ofloxacin</i>	98, 99, 138, 140
NITROSTAT.....	28	NOVOLIN R RELION.....	41	<i>olanzapine</i>	59
NITRO-TIME.....	28	NOVOLOG.....	41	<i>olanzapine-fluoxetine hcl</i>	145
NITYR.....	95	NOVOLOG FLEXPEN.....	41	<i>olmesartan medoxomil</i>	50
NIVESTYM.....	105	NOVOLOG MIX 70/30.....	41	<i>olmesartan medoxomil-hctz</i>	50
<i>nizatidine</i>	150	NOVOLOG MIX 70/30		<i>olmesartan-amlodipine-hctz</i>	50
NIZORAL.....	83	FLEXPEN.....	41	<i>olopatadine hcl</i>	134, 138
NOC DURNA.....	95	NOVOLOG PENFILL.....	42	OLUMIANT.....	21
NOCTIVA.....	95	NOVOSEVEN RT.....	104	OLUX.....	83
NORA-BE.....	72	NOVOTWIST.....	118	OLUX-E.....	83
NORCO.....	25	NOXAFIL.....	45	OMECLAMOX-PAK.....	151
NORDIPEN 5 INJECTION		<i>np thyroid</i>	149	<i>omega-3-acid ethyl esters</i>	47
DEVICE.....	118	NPLATE.....	105	<i>omeprazole</i>	151
NORDIPEN DELIVERY		NUCALA.....	108	<i>omeprazole magnesium</i>	151
SYSTEM.....	118	NUCORT.....	83	<i>omeprazole-sodium</i>	
NORDITROPIN FLEXPRO.	95	NUCYNTA.....	25	<i>bicarbonate</i>	151
<i>norethin ace-eth estrad-fe</i>	72	NUCYNTA ER.....	25	OMNARIS.....	134
<i>norethindrone</i>	72	NUEDEXTA.....	145	OMNIFLEX DIAPHRAGM	118
<i>norethindrone acetate</i>	144	NULOJIX.....	64	OMNIPRED.....	138
<i>norethindrone-eth estradiol</i>	98	NULYTELY WITH		OMNITROPE.....	96
<i>norethin-eth estradiol-fe</i>	72	FLAVOR PACKS.....	108	ON CALL EXPRESS	
<i>norgestimate-eth estradiol</i>	72	NUPLAZID.....	59	BLOOD GLUCOSE.....	90
<i>norgestim-eth estrad triphasic</i> ...72		NUTRIVIT.....	129	ON CALL EXPRESS	
NORITATE.....	83	NUTROPIN AQ NUSPIN 10	95	GLUCOSE CONTR.....	118

ON CALL LANCING DEVICE.....	118	ORTHO MICRONOR.....	73	PANDA MASK SMALL.....	119
ON CALL PLUS BLOOD GLUCOSE.....	90	ORTHO TRI-CYCLEN (28)..	73	PANDEL.....	83
ON CALL PLUS GLUCOSE CONTROL.....	118	ORTHO TRI-CYCLEN LO...	73	PANRETIN.....	83
ON CALL PLUS LANCING DEVICE.....	118	ORTHO-CYCLEN (28).....	73	<i>pantoprazole sodium</i>	151
ON CALL VIVID BLOOD GLUCOSE.....	90	ORTHO-NOVUM 1/35 (28)...	73	PANZYGA.....	141
ON CALL VIVID GLUCOSE CONTROL.....	118	ORTHO-NOVUM 7/7/7 (28)..	73	PAREMYD.....	138
<i>ondansetron</i>	44	ORTHOVISC.....	133	PARI ALTERA NEBULIZER HANDSET....	119
<i>ondansetron hcl</i>	44	<i>oseltamivir phosphate</i>	61	PARI BABY CONVERSION KIT.....	119
ONE FLOW TESTER.....	118	OSENI.....	42	PARI ERAPID NEBULIZER HANDSET....	119
ONETOUCH DELICA LANCING DEV.....	118	OSMOLEX ER.....	57	PARI EXPIRATORY FILTER SET.....	119
ONETOUCH SURESOFT LANCING DEV.....	118	OSMOPREP.....	108	PARI MASK SET.....	119
ONETOUCH ULTRA BLUE.....	90	OSPHENA.....	96	PARI SOFT PLASTIC ADULT MASK.....	119
ONETOUCH ULTRA CONTROL.....	118	OTEZLA.....	142	PARI SOFT PLASTIC PED MASK.....	119
ONETOUCH VERIO.....	90, 118	OTIPRIO.....	140	<i>paricalcitol</i>	96
ONEXTON.....	83	OTOVEL.....	140	PARLODEL.....	57
ONFI.....	34	OTREXUP.....	21	PARNATE.....	37
ONGLYZA.....	42	OVACE PLUS.....	83	<i>paromomycin sulfate</i>	18
ONZETRA XSAIL.....	125	OVACE PLUS WASH.....	83	<i>paroxetine hcl</i>	37
OPANA.....	25	OVACE WASH.....	83	<i>paroxetine hcl er</i>	37
<i>opium</i>	43	OVIDE.....	83	<i>paroxetine mesylate</i>	145
OPSUMIT.....	68	OVIDREL.....	96	PASER.....	53
OPTUMRX BLOOD GLUCOSE TEST.....	90	OXANDRIN.....	27	PATADAY.....	138
OPTUMRX GLUCOSE CONTROL.....	118	<i>oxandrolone</i>	27	PATANASE.....	134
ORACEA.....	83	<i>oxaprozin</i>	21	PATANOL.....	138
ORACIT.....	101	OXAYDO.....	25	PAXIL.....	37
ORALONE.....	127	<i>oxazepam</i>	29	PAXIL CR.....	37
ORAMAGICRX.....	127	<i>oxcarbazepine</i>	34	PAZEO.....	138
ORAP.....	145	<i>oxiconazole nitrate</i>	83	<i>pc unifine pentips</i>	119
ORAPRED ODT.....	75	OXISTAT.....	83	PCCA ACACIA SYRUP BASE.....	142
ORAVIG.....	127	OXSORALEN ULTRA.....	83	PEAK AIR PEAK FLOW METER.....	119
ORENCIA.....	21	OXTELLAR XR.....	34	<i>pediatric mouthpiece</i>	119
ORENCIA CLICKJECT.....	21	<i>oxybutynin chloride</i>	152	PEDIATRIC PANDA MASK.....	119
ORENITRAM.....	68	<i>oxycodone hcl</i>	25	<i>peg 3350</i>	108
ORFADIN.....	96	<i>oxycodone hcl er</i>	25	<i>peg 3350/electrolytes</i>	108
ORILISSA.....	96	<i>oxycodone-acetaminophen</i>	25	<i>peg 3350-kcl-na bicarb-nacl</i>	108
ORKAMBI.....	77	<i>oxycodone-aspirin</i>	25	<i>peg-3350/electrolytes</i>	108
<i>orphenadrine citrate er</i>	133	<i>oxycodone-ibuprofen</i>	25	PEGANONE.....	35
ORSYTHIA.....	73	OXYCONTIN.....	25	PEGASYS.....	61
		<i>oxymorphone hcl</i>	25	PEGASYS PROCLICK.....	61
		<i>oxymorphone hcl er</i>	25	PEG-PREP.....	108
		OXYTROL FOR WOMEN..	152	<i>pen needles</i>	119
		OZEMPIC.....	42		
		PACERONE.....	29		
		<i>paliperidone er</i>	59		
		PALYNZIQ.....	96		
		PAMELOR.....	37		
		<i>pamidronate disodium</i>	96		
		PANCREAZE.....	92		
		PANDA MASK LARGE.....	118		
		PANDA MASK MEDIUM..	118		

<i>pen needles 1/2"</i>	119	PICATO.....	83	<i>potassium chloride</i>	126
<i>pen needles 3/16"</i>	119	PIFELTRO.....	61	<i>potassium chloride crys er</i>	126
<i>pen needles 5/16"</i>	119	PIKO 1.....	119	<i>potassium chloride er</i>	126
<i>penicillin v potassium</i>	142	<i>pillow mask/adult</i>	119	PR NATAL 400.....	130
PENLAC.....	83	<i>pillow mask/child</i>	119	PRADAXA.....	33
PENLET II BLOOD		<i>pillow mask/pediatric</i>	119	PRALUENT.....	141
SAMPLER.....	119	<i>pilocarpine hcl</i>	127, 138	<i>pramcort</i>	27
PENLET II		<i>pimozide</i>	145	<i>pramipexole dihydrochloride</i>	57
REPLACEMENT CAP.....	119	PIMTREA.....	73	<i>pramipexole dihydrochloride er</i>	57
PENNSAID.....	83	<i>pindolol</i>	65	PRAMOSONE.....	84
PENTASA.....	100	<i>pioglitazone hcl</i>	42	PRANDIN.....	42
<i>pentazocine-naloxone hcl</i>	25	<i>pioglitazone hcl-glimepiride</i>	42	<i>prasugrel hcl</i>	104
<i>pentoxifylline er</i>	104	<i>pioglitazone hcl-metformin hcl</i>	42	PRAVACHOL.....	47
PEPCID.....	151	PIRMELLA 1/35.....	73	<i>pravastatin sodium</i>	47
PERCOCET.....	25	PIRMELLA 7/7/7.....	73	<i>praziquantel</i>	28
PERFOROMIST.....	31	<i>piroxicam</i>	21	<i>prazosin hcl</i>	50
PERIDEX.....	127	PLAQUENIL.....	52	PRECISION GLUCOSE	
<i>perindopril erbumine</i>	50	PLAVIX.....	104	CONTROL.....	119
<i>permethrin</i>	83	PLEGRIDY.....	146	PRECISION GLUCOSE	
<i>perphenazine</i>	59	PLEGRIDY STARTER		CONTROL SOLN.....	119
PERSONAL BEST FULL		PACK.....	146	PRECISION GLUCOSE	
RANGE.....	119	PLENVU.....	108	KETONE CONTR.....	119
PERSONAL BEST LOW		PLIXDA.....	83	PRECISION	
RANGE.....	119	<i>pnv ob+dha</i>	130	GLUCOSE/KETONE	
PERTZYE.....	92	<i>pnv-dha</i>	130	CONTR.....	119
PEXEVA.....	37	<i>pnv-dha+docusate</i>	130	PRECISION PCX.....	91
PFLEX.....	119	<i>pnv-omega</i>	130	PRECISION PCX PLUS	
PHARMACIST CHOICE		<i>pnv-select</i>	130	TEST.....	91
ALCOHOL.....	119	POCKET PEAK FLOW		PRECISION POINT OF	
PHARMACIST CHOICE		METER.....	119	CARE TEST.....	91
AUTOCODE.....	90	POCKETCHEM EZ		PRECISION QID TEST.....	91
PHENADOZ.....	46	CONTROL.....	119	PRECISION SOF-TACT	
PHENAZO.....	101	POCKETCHEM EZ TEST.....	90	TEST.....	91
<i>phenazopyridine hcl</i>	101	POCKETPEAK PEAK		PRECISION SUREDOSE	
<i>phenelzine sulfate</i>	37	FLOW METER.....	119	PLUS SYR.....	119
<i>phenobarbital</i>	107	<i>podocon</i>	83	PRECISION SURE-DOSE	
<i>phenoxybenzamine hcl</i>	50	<i>podofilox</i>	84	SYRINGE.....	119
<i>phenylephrine hcl</i>	138	POLYCIN.....	138	PRECISION XTRA BLOOD	
PHENYTEK.....	35	<i>polyethylene glycol 3350</i>	108	GLUCOSE.....	91
<i>phenytoin</i>	35	<i>polymyxin b-trimethoprim</i>	138	PRECISION XTRA	
PHENYTOIN INFATABS....	35	POLYTRIM.....	138	KETONE.....	91
<i>phenytoin sodium extended</i>	35	POLY-VI-FLOR.....	130	PRECOSE.....	42
PHILITH.....	73	POLY-VI-FLOR/IRON.....	130	PRED FORTE.....	138
PHOSLO.....	100	<i>polyvitamin/fluoride</i>	130	PRED MILD.....	138
PHOSLYRA.....	100	<i>poly-vitamin/fluoride</i>	130	PRED-G.....	138
PHOSPHA 250 NEUTRAL..	126	POMALYST.....	56	PRED-G S.O.P.....	138
PHOSPHOLINE IODIDE....	138	PONSTEL.....	21	<i>prednicarbate</i>	84
PHYSIOLYTE.....	64	PORTIA-28.....	73	<i>prednisolone</i>	75
PHYSIOSOL IRRIGATION..	64	<i>pot bicarb-pot chloride</i>	126	<i>prednisolone acetate</i>	138
<i>phytonadione</i>	154	<i>potassium bicarbonate</i>	126		

<i>prednisolone sodium phosphate</i>	75, 138	PROAIR RESPICLICK.....	31	PROVOCHOLINE.....	91
<i>prednisone</i>	75	<i>probenecid</i>	102	PROZAC.....	37
PREDNISON INTENSOL..	75	PROCARDIA.....	67	PRUDOXIN.....	84
<i>preferred plus glucose</i>	42	PROCARDIA XL.....	67	PSS SELECT PLATFORMS	120
<i>preferred plus unifine pentips</i> ..	120	PROCENTRA.....	18	PTS PANELS GLUCOSE	
PREFEST.....	98	<i>prochlorperazine</i>	59	TEST.....	91
<i>pregnyl</i>	96	<i>prochlorperazine maleate</i>	59	PULMICORT.....	31
PREMARIN.....	98, 153	PROCRT.....	105	PULMICORT	
<i>premium blood glucose test</i>	91	PROCTOCARE-HC.....	27	FLEXHALER.....	31
PREMPHASE.....	98	PROCTOFOAM HC.....	27	PULMOSAL.....	76
PREMPRO.....	98	PROCTO-PAK.....	27	PULMOZYME.....	147
<i>prenal pearl</i>	130	PROCTOSOL HC.....	27	<i>purefe ob plus</i>	131
<i>prenaissance</i>	130	PROCTOZONE-HC.....	27	PURIXAN.....	56
<i>prenaissance plus</i>	130	PROCYSBI.....	101	<i>px advanced lancing device</i>	120
PRENATA.....	130	PRODIGY CONTROL		<i>px extra short pen needles</i>	120
PRENATABS RX.....	130	SOLUTION.....	120	<i>px glucose</i>	42
<i>prenatal 19</i>	130	PRODIGY INSULIN		<i>px lancet auto injector</i>	120
<i>prenatal plus iron</i>	130	SYRINGE.....	120	<i>px pen needle</i>	120
PRENATAL-U.....	130	PRODIGY LANCING		<i>px shortlength pen needles</i>	120
PRENATE.....	130, 143	DEVICE.....	120	PYLERA.....	151
PRENATE AM.....	130	PRODIGY NO CODING		<i>pyrazinamide</i>	53
PRENATE ENHANCE.....	130	BLOOD GLUC.....	91	<i>pyridostigmine bromide</i>	52, 53
PRENATE MINI.....	130	PROFILNINE SD.....	104	<i>pyridostigmine bromide er</i>	52
PRENATE RESTORE.....	130	<i>progesterone</i>	144	QBRELIS.....	50
PREPIDIL.....	140	<i>progesterone micronized</i>	144	QBREXZA.....	84
PREPOPIK.....	109	PROGLYCEM.....	42	<i>qc advanced lancing device</i>	120
PRESTALIA.....	50	PROGRAF.....	64	<i>qc alcohol swabs</i>	120
PREVACID.....	151	PROLASTIN-C.....	147	<i>qc pen needles</i>	120
PREVACID 24HR.....	151	PROLENSA.....	138	<i>qc unifine pentips</i>	120
PREVACID SOLUTAB.....	151	PROLIA.....	96	QNASL.....	134
PREVALITE.....	47	PROMACTA.....	105	QNASL CHILDRENS.....	134
PREVIFEM.....	73	<i>promethazine hcl</i>	46	QTERN.....	147
PREVPAC.....	151	<i>promethazine-dm</i>	76	QUALAQUIN.....	52
PREVYMIS.....	62	PROMETHEGAN.....	46	QUARTETTE.....	73
PREZCOBIX.....	62	PROMETRIUM.....	144	QUASENSE.....	73
PREZISTA.....	62	<i>propafenone hcl</i>	29	QUDEXY XR.....	35
PRIALT.....	22	<i>propafenone hcl er</i>	29	QUESTRAN.....	47
PRIFTIN.....	53	<i>proparacaine hcl</i>	138	QUESTRAN LIGHT.....	47
PRIOSEC.....	151	<i>propranolol hcl</i>	66	<i>quetiapine fumarate</i>	59
PRIOSEC OTC.....	151	<i>propranolol hcl er</i>	65	<i>quetiapine fumarate er</i>	59
PRIMACARE.....	130	<i>propylthiouracil</i>	149	QUFLORA FE.....	127
<i>primaquine phosphate</i>	52	PROSCAR.....	101	QUFLORA FE PEDIATRIC	
<i>primidone</i>	35	PROSTIN E2.....	140	.....	131
PRIMLEV.....	25	PROTONIX.....	151	QUFLORA PEDIATRIC.....	131
PRIMSOL.....	51	PROTOPIC.....	84	QUICKTEK CONTROL	
PRINIVIL.....	50	<i>protriptyline hcl</i>	37	SOLUTION.....	120
PRISTIQ.....	37	PROVENTIL HFA.....	31	QUICKTEK TEST.....	91
PRIVIGEN.....	141	PROVERA.....	144	QUILLICHEW ER.....	18
PROAIR HFA.....	31	PROVIDA OB.....	131	QUILLIVANT XR.....	18
		PROVIGIL.....	18	<i>quinapril hcl</i>	50

<i>quinapril-hydrochlorothiazide</i> ...	50	REFUAH PLUS GLUCOSE		RESTASIS.....	138
<i>quinidine gluconate er</i>	29	CONTROL	120	RESTASIS MULTIDOSE	138
<i>quinidine sulfate</i>	30	REGENECARE	84	RESTORIL	107
<i>quinine sulfate</i>	52	REGLAN	100	RETACRIT	105
QUINTET AC BLOOD		REGRANEX	84	RETIN-A	84
GLUCOSE TEST	91	RELAGARD	153	RETIN-A MICRO	84
QUINTET BLOOD		RELENZA DISKHALER	62	RETIN-A MICRO PUMP	84
GLUCOSE TEST	91	RELEXXII	18	RETROVIR	62
QUINTET CONTROL		RELION ALCOHOL		REVATIO	68
HIGH/NORMAL	120	SWABS	120	REVEAL BLOOD	
QUTENZA	84	RELION GLUCOSE	42	GLUCOSE TEST	91
QUTENZA (2 PATCH)	84	RELION GLUCOSE		REVLIMID	64
QVAR REDIHALER	31	DRINK	42	REXALL BLOOD	
<i>ra alcohol swabs</i>	120	RELION INSULIN		GLUCOSE TEST	91
<i>ra glucose</i>	42	SYRINGE	120	REXULTI	59
<i>ra lancing device</i>	120	RELI-ON INSULIN		REYATAZ	62
<i>ra pen needles</i>	120	SYRINGE	120	RHINOCORT ALLERGY ..	134
RA TRUEPLUS GLUCOSE ..	42	RELION KETONE	91	RHOFADE	84
RA TRUETEST TEST	91	RELION LANCING		RHOGAM ULTRA-	
<i>rabeprazole sodium</i>	151	DEVICE	120	FILTERED PLUS	141
RADIOGARDASE	43, 44	RELION MINI PEN		RHOPHYLAC	141
RAJANI	73	NEEDLES	120	RHOPRESSA	139
<i>raloxifene hcl</i>	96	RELION PEN NEEDLES ...	120	RIASTAP	104
<i>ramipril</i>	50	RELION SHORT PEN		RIAX	84
RANEXA	28	NEEDLES	120	<i>ribasphere</i>	62
<i>ranitidine hcl</i>	151	RELISTOR	100	<i>ribasphere ribapak</i>	62
RAPAFLO	101	RELPAK	125	<i>ribavirin</i>	62
RAPAMUNE	64	REMERON	37	RIDAURA	21
<i>rasagiline mesylate</i>	57	REMERON SOLTAB	37	<i>rifabutin</i>	53
RASUVO	21	REMICADE	100	RIFADIN	53
RAVICTI	96	REMODULIN	68	RIFAMATE	53
RAYALDEE	96	RENACIDIN	101	<i>rifampin</i>	53
RAYOS	75	RENAGEL	100	RIFATER	53
RAZADYNE	146	RENATABS	131	RIGHTEST ALTERNATE	
RAZADYNE ER	146	RENATABS WITH IRON ...	131	SITE ADAPT	120
READI-CAT 2	91	<i>rena-vite rx</i>	131	RIGHTEST GC300	
<i>reality swabs</i>	120	RENFLEXIS	100	CONTROL	121
REBETOL	62	RENVELA	100	RIGHTEST GD500	
REBIF	146	<i>repaglinide</i>	42	LANCING DEVICE	121
REBIF REBIDOSE	146	<i>repaglinide-metformin hcl</i>	42	RIGHTEST GS100 BLOOD	
REBIF REBIDOSE		REPATHA	141	GLUCOSE	91
TITRATION PACK	146	REPATHA PUSHTRONEX		RIGHTEST GS300 BLOOD	
REBIF TITRATION PACK	146	SYSTEM	141	GLUCOSE	91
REBINYN	104	REPATHA SURECLICK ...	141	RIGHTEST GS550 BLOOD	
RECLAST	96	<i>replacement air filter</i>	120	GLUCOSE	91
RECLIPSEN	73	<i>replacement filters</i>	120	RILUTEK	134
RECOMBINATE	104	REQUIP	57	<i>riluzole</i>	134
RECTIV	27	REQUIP XL	57	<i>rimantadine hcl</i>	62
REFUAH PLUS BLOOD		RESCRIPTOR	62	<i>ringers irrigation</i>	64
GLUCOSE TEST	91	RESECTISOL	101	RIOMET	42

<i>risedronate sodium</i>	96	SARAFEM.....	146	<i>silicone mask/pediatric</i>	121
RISPERDAL.....	59	SAVAYSA.....	33	SILIQ.....	84
<i>risperidone</i>	59	SAVELLA.....	146	SILVADENE.....	84
RISPERIDONE M-TAB.....	59	SAVELLA TITRATION		<i>silver sulfadiazine</i>	84
RITALIN.....	18	PACK.....	146	SIMBRINZA.....	138
RITALIN LA.....	18	<i>sb alcohol prep</i>	121	SIMPLE DIAGNOSTICS	
<i>ritonavir</i>	62	SCLEROSOL		LANCING DEV.....	121
<i>rivastigmine</i>	146	INTRAPLEURAL.....	147	SIMPONI.....	21
<i>rivastigmine tartrate</i>	146	SEASONIQUE.....	73	SIMPONI ARIA.....	21
RIVELSA.....	73	SECONAL.....	107	SIMULECT.....	64
RIXUBIS.....	104	SEEBRI NEOHALER.....	31	<i>simvastatin</i>	47, 48
<i>rizatriptan benzoate</i>	125	SEGLUROMET.....	147	SINEMET.....	58
R-NATAL OB.....	131	<i>select-lite devicellancets</i>	121	SINEMET CR.....	58
ROBAXIN.....	133	<i>select-lite lancing device</i>	121	SINGULAIR.....	31
ROBAXIN-750.....	133	SELECT-OB.....	131	<i>sirolimus</i>	64
ROCALTROL.....	96	<i>selegiline hcl</i>	58	SIRTURO.....	53
<i>ropinirole hcl</i>	57	<i>selenium sulfide</i>	84	SITZMARKS.....	91
<i>ropinirole hcl er</i>	57	SELZENTRY.....	62	SIVEXTRO.....	51
ROADAN.....	84	SEMPREX-D.....	76	SKELAXIN.....	133
<i>rosuvastatin calcium</i>	47	<i>se-natal 19</i>	131	SKLICE.....	84
ROXICODONE.....	26	SENSIPAR.....	96	SKYLA.....	73
ROXYBOND.....	26	SEREVENT DISKUS.....	31	<i>sm alcohol prep</i>	121
ROZEREM.....	107	SERNIVO.....	84	<i>sm glucose</i>	42
RUBRACA.....	143	SEROQUEL.....	59	SMART DIABETES	
RUCONEST.....	104	SEROQUEL XR.....	59	VANTAGE LANCING.....	121
RYDAPT.....	56	SEROSTIM.....	96	SMART SENSE GLUCOSE..	42
RYTARY.....	57	<i>sertraline hcl</i>	37	SMART SENSE PREMIUM	
RYTHMOL SR.....	30	<i>sevelamer carbonate</i>	100	TEST.....	91
RYVENT.....	46	<i>sevoflurane</i>	100	SMART SENSE VALUE	
SABRIL.....	35	<i>sf 5000 plus</i>	127	TEST.....	91
SAFESNAP INSULIN		SFROWASA.....	100	SMARTTEST BLOOD	
SYRINGE.....	121	SHOPKO ALCOHOL		GLUCOSE TEST.....	91
SAFETY-GLIDE SYRINGE		SWABS.....	121	SMARTTEST CONTROL	
.....	121	SHOPKO AUTOLET		MEDIUM.....	121
SAFYRAL.....	73	LANCING DEVICE.....	121	<i>sod benz-sod phenylacet</i>	97
SAIZEN.....	96	SHOPKO UNIFINE		<i>sodium chloride</i>	76, 101
SALAGEN.....	127	PENTIPS.....	121	<i>sodium fluoride</i>	126, 127
SALICEPT.....	127	SIDESTREAM ADULT		<i>sodium phenylbutyrate</i>	97
<i>salicylic acid</i>	84	FACE MASK.....	121	<i>sodium polystyrene sulfonate</i>	
<i>salicylic acid wart remover</i>	84	SIDESTREAM PEDIATRIC		.....	64, 143
<i>salsalate</i>	22	FACE MASK.....	121	<i>sodium sulfacetamide</i>	84
SAMI THE SEAL FILTERS	121	SIDESTREAM PLS ADULT		<i>sodium sulfacetamide wash</i>	84
SAMSCA.....	96	FACE MASK.....	121	SOLARTEK GLUCOSE	
SANCUSO.....	44	SIGNIFOR.....	96	CONTROL.....	121
SANDIMMUNE.....	64	SIGNIFOR LAR.....	97	SOLIA.....	73
SANDOSTATIN.....	96	SIKLOS.....	105	SOLQUA.....	107
SANDOSTATIN LAR		<i>sildenafil citrate</i>	68	SOLODYN.....	148, 149
DEPOT.....	96	SILENOR.....	107	SOLOSEC.....	18
SANTYL.....	84	<i>silicone mask/adult</i>	121	SOLTAMOX.....	56
SAPHRIS.....	59	<i>silicone mask/infant</i>	121	SOLUS V2 CONTROL.....	121

SOLUS V2 LANCING DEVICE.....	121	STRIBILD.....	62	SURESTEP PRO NORMAL GLUCOSE.....	122
SOLUS V2 TEST.....	91	STRIVERDI RESPIMAT.....	31	SURE-TEST EASYPLUS MINI TEST.....	91
SOMA.....	133	STROMECTOL.....	28	SURMONTIL.....	37
SOMATULINE DEPOT.....	97	STROVITE FORTE.....	131	SUSTIVA.....	62
SOMAVERT.....	97	SUBOXONE.....	26	SUTENT.....	56
SOOLANTRA.....	85	SUBSYS.....	26	SYEDA.....	73
SORIATANE.....	85	SUCRAID.....	92	SYLATRON.....	56
SORILUX.....	85	<i>sucrafate</i>	151	SYMBICORT.....	31
SORINE.....	66	SULAR.....	67	SYMBYAX.....	146
<i>sotalol hcl</i>	66	<i>sulfacetamide sodium</i>	85, 138	SYMDEKO.....	77
<i>sotalol hcl (af)</i>	66	<i>sulfacetamide sodium (acne)</i>	85	SYMFI.....	62
SOTYLIZE.....	66	<i>sulfacetamide-prednisolone</i>	138	SYMFI LO.....	62
SOVALDI.....	62	<i>sulfadiazine</i>	148	SYMLINPEN 120.....	42
SPECTRACEF.....	69	<i>sulfamethoxazole-trimethoprim</i>	52	SYMLINPEN 60.....	42
SPIRIVA HANDIHALER.....	31	SULFAMILYLON.....	85	SYMPROIC.....	100
SPIRIVA RESPIMAT.....	31	<i>sulfasalazine</i>	100	SYMTUZA.....	62
<i>spironolactone</i>	93	SULFAZINE.....	100	SYNAGIS.....	141
<i>spironolactone-hctz</i>	93	<i>sulindac</i>	21	SYNALAR.....	85
SPORANOX.....	45	<i>sumatriptan</i>	125	SYNAREL.....	97
SPORANOX PULSEPAK.....	45	<i>sumatriptan succinate</i>	125	SYNDROS.....	44
SPRINTEC 28.....	73	<i>sumatriptan succinate refill</i>	125	SYNERA.....	85
SPRITAM.....	35	<i>sumatriptan-naproxen sodium</i> .	125	SYNJARDY.....	147
SPRIX.....	21	SUPPRELIN LA.....	97	SYNJARDY XR.....	147
SPRYCEL.....	56	SUPRANE.....	100	SYNTHROID.....	149
SPS.....	64, 143	SUPRAX.....	69	SYNVISC.....	133
SRONYX.....	73	<i>supreme ii high/low control</i>	121	SYNVISC ONE.....	133
SSD.....	85	SUPREME TEST.....	91	SYPRINE.....	64
SSKI.....	76	SUPREP BOWEL PREP KIT.....	109	TABLOID.....	56
ST JOSEPH ASPIRIN.....	22	<i>sure comfort alcohol prep</i>	121	TACLONEX.....	85
STALEVO 100.....	58	<i>sure comfort insulin syringe</i>	121	<i>tacrolimus</i>	64, 85
STALEVO 125.....	58	<i>sure comfort lancng pen</i>	121	<i>tadalafil</i>	68
STALEVO 150.....	58	<i>sure comfort pen needles</i>	121	<i>tadalafil (pah)</i>	68
STALEVO 200.....	58	SURE EDGE TEST.....	91	TAFINLAR.....	56
STALEVO 50.....	58	SURECHEK BLOOD GLUCOSE TEST.....	91	TAGITOL V.....	91
STALEVO 75.....	58	SURE-FINE PEN NEEDLES.....	121	TAGRISSO.....	56
STARLIX.....	42	SURE-JECT INSULIN SYRINGE.....	121	TAI DOC CONTROL.....	122
<i>stavudine</i>	62	SURE-PEN.....	121	TAKHZYRO.....	142
STEGLATRO.....	42	SURE-PREP ALCOHOL PREP.....	122	TALTZ.....	85
STEGLUJAN.....	147	SURESTEP GLUCOSE CONTROL.....	122	TALZENNA.....	143
STELARA.....	85, 107	SURESTEP PRO HIGH GLUCOSE.....	122	TAMIFLU.....	62
STERILANCE PA.....	121	SURESTEP PRO LOW GLUCOSE.....	122	<i>tamoxifen citrate</i>	56
STERILE TALC POWDER.....	147			<i>tamsulosin hcl</i>	101
<i>sterile water for irrigation</i>	64			TAPAZOLE.....	149
STIMATE.....	97			TAPERDEX 12-DAY.....	75
STIOLTO RESPIMAT.....	31			TAPERDEX 6-DAY.....	75
STIVARGA.....	56			TARCEVA.....	56
STRATTERA.....	18			TARGADOX.....	149
STRENSIQ.....	107			TARGRETIN.....	56, 85
STRIANT.....	27				

TARKA.....	50	TEXACORT.....	85	<i>today's health mini pen needles</i>	122
TARON-BC.....	131	<i>tgt alcohol swabs</i>	122	<i>today's health pen needles</i>	122
TARON-C DHA.....	131	<i>tgt blood glucose test</i>	91	<i>today's health short pen needle</i>	122
TARON-CRYSTALS.....	101	<i>tgt glucose</i>	42	TOLAK.....	85
TARON-PREX.....	131	<i>tgt lancing device</i>	122	<i>tolazamide</i>	42
TASIGNA.....	56	THALOMID.....	64	<i>tolbutamide</i>	42
TASMAR.....	58	THEO-24.....	31	<i>tolcapone</i>	58
TAVALISSE.....	148	THEOCHRON.....	32	<i>tolmetin sodium</i>	21
TAYTULLA.....	73	<i>theophylline</i>	32	<i>tolterodine tartrate er</i>	152
<i>tazarotene</i>	85	<i>theophylline er</i>	32	TOPAMAX.....	35
TAZORAC.....	85	THERMAZENE.....	85	TOPAMAX SPRINKLE.....	35
TAZTIA XT.....	67	THIOLA.....	101	<i>topcare clickfine pen needles</i> ...	122
TECFIDERA.....	146	<i>thioridazine hcl</i>	59	TOPICORT.....	85
TECHNIVIE.....	106	<i>thiothixene</i>	59	TOPICORT SPRAY.....	85
TEGRETOL.....	35	THRESHOLD IMT.....	122	<i>topiramate</i>	35
TEGRETOL-XR.....	35	THYMOGLOBULIN.....	64	TOPROL XL.....	66
TEKTURNA.....	50	THYROGEN.....	92	<i>torsemide</i>	93
TEKTURNA HCT.....	50	<i>tiagabine hcl</i>	35	TOUJEO MAX SOLOSTAR.....	42
TELCARE BLOOD		TIAZAC.....	67	TOUJEO SOLOSTAR.....	42
GLUCOSE TEST.....	91	TIBSOVO.....	108	TOVIAZ.....	152
TELCARE GLUCOSE		TIGAN.....	44	TRACLEER.....	68
CONTROL.....	122	TIGLUTIK.....	134	TRADJENTA.....	43
<i>telmisartan</i>	50	TIKOSYN.....	30	<i>tramadol hcl</i>	26
<i>telmisartan-hctz</i>	51	TILIA FE.....	73	<i>tramadol hcl er</i>	26
<i>temazepam</i>	107	<i>timolol maleate</i>	66, 139	<i>tramadol hcl er (biphasic)</i>	26
TEMODAR.....	56	TIMOPTIC.....	139	<i>tramadol-acetaminophen</i>	26
TEMOVATE.....	85	TIMOPTIC OCUDOSE.....	139	<i>trandolapril</i>	51
<i>temozolomide</i>	56	TIMOPTIC-XE.....	139	<i>trandolapril-verapamil hcl er</i>	51
TENCON.....	22	TINDAMAX.....	52	<i>tranexamic acid</i>	106
<i>tenofovir disoproxil fumarate</i>	62	<i>tinidazole</i>	52	TRANSDERM-SCOP (1.5	
TENORETIC 100.....	51	TIROSINT.....	149	MG).....	44
TENORETIC 50.....	51	TISSEEL VH.....	106	TRANXENE-T.....	29
TENORMIN.....	66	TISSEEL VHSD.....	106	<i>translucypromine sulfate</i>	37
TERAZOL 7.....	153	TIS-U-SOL.....	64	TRAVATAN Z.....	139
<i>terazosin hcl</i>	51	TIVICAY.....	62	<i>trazodone hcl</i>	37, 147
<i>terbinafine hcl</i>	45	TIVORBEX.....	21	TRECATOR.....	53
<i>terbutaline sulfate</i>	31	<i>tizanidine hcl</i>	133	TRELEGY ELLIPTA.....	32
<i>terconazole</i>	153	TL G-FOL OS.....	131	TRELSTAR MIXJECT.....	56
TERRELL.....	100	<i>tl-care dha</i>	131	TREMFYA.....	85
TESSALON PERLES.....	76	<i>tl-fluorivite</i>	131	TRESIBA FLEXTOUCH.....	43
TESTIM.....	27	<i>tl-select</i>	131	<i>tretinoin</i>	56, 85
<i>testosterone</i>	27	TOBI.....	19	<i>tretinoin microsphere</i>	85
<i>testosterone cypionate</i>	27	TOBI PODHALER.....	19	<i>tretinoin microsphere pump</i>	85
<i>testosterone enanthate</i>	27	TOBRADEX.....	139	TRETTEN.....	104
TETCAINE.....	139	TOBRADEX ST.....	139	TREXALL.....	56
<i>tetrabenazine</i>	146	<i>tobramycin</i>	19, 139	TREXIMET.....	125
<i>tetracaine hcl</i>	139	<i>tobramycin-dexamethasone</i>	139	TREZIX.....	26
<i>tetracycline hcl</i>	149	TOBREX.....	139	TRI FEMYNOR.....	73
TETRAVISC.....	139	TODAY SPONGE.....	153		
TETRAVISC FORTE.....	139	<i>today's health lancing device</i>	122		

<i>triamcinolone acetonide</i>	86, 127, 134	TRUECONTROL GLUCOSE CONT LEV 0.....	122	ULTICARE PEN NEEDLES.....	122
<i>triamterene-hctz</i>	93	TRUECONTROL GLUCOSE CONT LEV 1.....	122	ULTICARE SHORT PEN NEEDLES.....	122
<i>triazolam</i>	107	TRUEDRAW LANCING DEVICE.....	122	ULTI-LANCE AUTOMATIC.....	123
TRIBENZOR.....	51	TRUEPLUS INSULIN SYRINGE.....	122	ULTILET INSULIN SYRINGE SHORT.....	123
TRICARE PRENATAL COMPLEAT.....	131	TRUEPLUS LANCETS 30G.....	122	ULTIMA TEST.....	92
TRICARE PRENATAL DHA ONE.....	131	TRUETEST TEST.....	92	ULTRACET.....	26
TRICOR.....	48	TRUETRACK TEST.....	92	ULTRALANCE.....	123
TRIDERM.....	86	TRULANCE.....	69	ULTRAM.....	26
<i>trientine hcl</i>	64	TRULICITY.....	43	ULTRA-THIN II INS SYR SHORT.....	123
TRI-ESTARYLLA.....	73	TRUSOPT.....	139	ULTRA-THIN II INSULIN SYRINGE.....	123
<i>trifluoperazine hcl</i>	59	TRUVADA.....	62	ULTRA-THIN II MINI PEN NEEDLE.....	123
<i>trifluridine</i>	139	TRUZONE PEAK FLOW METER.....	122	ULTRA-THIN II PEN NEEDLE SHORT.....	123
TRIGLIDE.....	48	<i>tubing/wing tip</i>	122	ULTRA-THIN II PEN NEEDLES.....	123
<i>trihexyphenidyl hcl</i>	58	TUDORZA PRESSAIR.....	32	ULTRATRAK PRO CONTROL.....	123
TRI-LEGEST FE.....	74	TULANA.....	74	ULTRATRAK PRO TEST....	92
TRILEPTAL.....	35	TUSSICAPS.....	76	ULTRATRAK ULTIMATE CONTROL.....	123
TRI-LINYAH.....	74	TUSSIONEX PENNKINETIC ER.....	76	ULTRATRAK ULTIMATE TEST.....	92
TRILIPIX.....	48	TUZISTRA XR.....	76	ULTRAVATE.....	86
TRILYTE.....	109	TYBOST.....	59	UNIFINE PENTIPS.....	123
<i>trimethobenzamide hcl</i>	44	TYDEMY.....	74	<i>unifine pentips plus</i>	123
<i>trimethoprim</i>	52	TYKERB.....	56	UNISTIK 1.....	123
TRI-MILI.....	74	TYLENOL WITH CODEINE #3.....	26	UNISTIK 2.....	123
<i>trimipramine maleate</i>	37	TYLENOL WITH CODEINE #4.....	26	UNISTIK 2 COMFORT.....	123
<i>trimpex</i>	52	TYMLOS.....	97	UNISTIK 2 EXTRA.....	123
TRINATE.....	131	TYSABRI.....	146	UNISTIK 2 NEONATAL....	123
TRINESSA (28).....	74	TYVASO.....	68	UNISTIK 2 NORMAL.....	123
TRI-NORINYL (28).....	74	TYVASO REFILL.....	68	UNISTIK 2 SUPER.....	123
TRINTELLIX.....	37, 147	TYVASO STARTER.....	68	UNISTIK 3.....	123
TRI-PREVIFEM.....	74	UCERIS.....	27, 75	UNISTIK 3 COMFORT.....	123
TRIPTODUR.....	97	ULESFIA.....	86	UNISTIK 3 EXTRA.....	123
TRI-SPRINTEC.....	74	ULORIC.....	102	UNISTIK 3 NEONATAL....	123
TRISTART ONE.....	131	ULTANE.....	100	UNISTIK 3 NORMAL.....	123
<i>tri-tabs dha</i>	131	ULTICARE INSULIN SAFETY SYR.....	122	UNISTIK CZT COMFORT.....	123
TRIUMEQ.....	62	ULTICARE INSULIN SYRINGE.....	122	UNISTIK CZT NORMAL...	123
TRIVEEN-DUO DHA.....	131	ULTICARE MICRO PEN NEEDLES.....	122	UNISTRIP CONTROL.....	123
TRI-VI-FLOR.....	131	ULTICARE MINI PEN NEEDLES.....	122	UNISTRIP1 GENERIC.....	92
<i>tri-vi-floro</i>	131			UNITHROID.....	149
TRIVISC.....	133			UNITHROID DIRECT.....	149
<i>tri-vitamin/fluoride</i>	131				
TRIVORA (28).....	74				
TRIZIVIR.....	62				
TROKENDI XR.....	35				
<i>tropicamide</i>	139				
<i>tropium chloride er</i>	152				
TRUE METRIX BLOOD GLUCOSE TEST.....	92				

<i>up & up glucose</i>	43	<i>vena-bal dha</i>	131	VINATE M.....	131
UPTRAVI.....	146	VENCLEXTA.....	53	VIOKACE.....	92
UROCIT-K 10.....	102	VENCLEXTA STARTING		<i>viorele</i>	74
UROCIT-K 5.....	102	PACK.....	53	VIRACEPT.....	63
UROXATRAL.....	102	<i>venlafaxine hcl</i>	37	VIRAMUNE.....	63
URSO 250.....	100	<i>venlafaxine hcl er</i>	37	VIRAMUNE XR.....	63
URSO FORTE.....	100	VENOFER.....	105	VIREAD.....	63
<i>ursodiol</i>	100	VENTAVIS.....	68	VIROPTIC.....	139
UTIBRON NEOHALER.....	32	VENTOLIN HFA.....	32	<i>virt-pn</i>	131
VAGIFEM.....	153	<i>verapamil hcl</i>	68	<i>virt-pn dha</i>	131
<i>valacyclovir hcl</i>	63	<i>verapamil hcl er</i>	67, 68	<i>virt-pn plus</i>	131
VALCHLOR.....	86	VERDESO.....	86	VISTARIL.....	29
VALCYTE.....	63	VERDROCET.....	26	VISTOGARD.....	43, 44
<i>valganciclovir hcl</i>	63	VEREGEN.....	86	VISUDYNE.....	139
VALIUM.....	29	VERELAN.....	68	VITAFOL FE+.....	132
<i>valproate sodium</i>	35	VERELAN PM.....	68	VITAFOL GUMMIES.....	132
<i>valproic acid</i>	35	VERIPRED 20.....	75	VITAFOL-NANO.....	132
<i>valsartan</i>	51	VERSACLOZ.....	59	VITAFOL-OB.....	132
<i>valsartan-hydrochlorothiazide</i> ...51		VERZENIO.....	77	VITAFOL-OB+DHA.....	132
VALTREX.....	63	VESICARE.....	152	VITAFOL-ONE.....	132
<i>value plus glucose</i>	43	VESTURA.....	74	VITAL-D RX.....	132
<i>value plus lancing device</i>	123	VFEND.....	45	VITAMEDMD ONE	
<i>valumark pen needles</i>	123	VIBERZI.....	107	RX/QUATREFOLIC.....	132
VANATOL LQ.....	22	VIBRAMYCIN.....	149	<i>vitamin b-complex 100</i>	132
VANCOCIN HCL.....	102	VICODIN.....	26	<i>vitamin d (ergocalciferol)</i>	154
<i>vancomycin hcl</i>	102	VICODIN ES.....	26	<i>vitamin d2</i>	154
VANDAZOLE.....	153	VICODIN HP.....	26	<i>vitamin d3</i>	154
VANISHPOINT INSULIN		VICTORY AGM-4000 TEST.....	92	<i>vitamin k1</i>	154
SYRINGE.....	123	VICTORY CONTROL		<i>vitamins acd-fluoride</i>	132
VANOXIDE-HC.....	86	LEVEL 1/2.....	124	VITAPEARL.....	132
VANTAS.....	56	VICTOZA.....	43	VIVA DHA.....	132
VARIBAR HONEY.....	92	VIDA MIA AUTOLET		VIVELLE-DOT.....	98
VARIBAR NECTAR.....	92	LANCING DEV.....	124	VIVITROL.....	44
VARIBAR PUDDING.....	92	VIDA MIA UNIFINE		VIVLODEX.....	22
VARIBAR THIN HONEY....	92	PENTIPS.....	124	VIZIMPRO.....	56
VARIBAR THIN LIQUID....	92	VIDEX.....	63	VOCAL POINT BLOOD	
VARUBI.....	44	VIDEX EC.....	63	GLUCOSE TEST.....	92
VASCEPA.....	48	VIEKIRA PAK.....	106	VOGELXO.....	27
VASERETIC.....	51	VIEKIRA XR.....	106	VOGELXO PUMP.....	27
VASOTEC.....	51	<i>vigabatrin</i>	35	<i>vol-care rx</i>	132
VCF VAGINAL		VIGADRONE.....	35	<i>vol-nate</i>	132
CONTRACEPTIVE.....	153	VIGAMOX.....	139	<i>vol-tab rx</i>	132
VECAMYL.....	51	VIIBRYD.....	37, 147	VOLTAREN.....	86
VECTICAL.....	86	VIIBRYD STARTER PACK		VOLUMEN.....	92
VELETRI.....	68	.....	37, 147	VONVENDI.....	104
VELIVET.....	74	VIMIZIM.....	127	<i>voriconazole</i>	45
VELPHORO.....	100	VIMOVO.....	22	VOSEVI.....	106
VELTASSA.....	64, 143	VIMPAT.....	35	VOTRIENT.....	56
VELTIN.....	86	VINATE DHA RF.....	131	<i>vp-heme ob + dha</i>	132
VEMLIDY.....	63	VINATE II.....	131	<i>vp-pnv-dha</i>	132

VPRIV.....	105	XATMEP.....	56	ZAVESCA.....	105
VRAYLAR.....	59	XELJANZ.....	22	ZEBUTAL.....	22
VUSION.....	86	XELJANZ XR.....	22	ZEGERID.....	151
VYFEMLA.....	74	XELODA.....	56	ZEGERID OTC.....	151
VYTONE.....	86	XENAZINE.....	146	ZEJULA.....	143
VYTORIN.....	48	XEOMIN.....	134	ZELAPAR.....	58
VYVANSE.....	18	XEPI.....	86	ZELBORAF.....	57
VYZULTA.....	139	XERAC AC.....	86	ZEMAIRA.....	147
<i>walgreens glucose</i>	43	XERESE.....	86	ZEMBRACE SYMTOUCH.....	125
<i>warfarin sodium</i>	33	XERMELO.....	150	ZEMPLAR.....	97
WAVESENSE PRESTO.....	92	XGEVA.....	97	ZENATANE.....	86
WEBCOL ALCOHOL PREP LARGE.....	124	XHANCE.....	134	ZENPEP.....	92
WEBCOL ALCOHOL PREP MEDIUM.....	124	XIAFLEX.....	64	ZENZEDI.....	18
<i>wegmans unifine pentips plus</i> ..	124	XIFAXAN.....	52	ZEPATIER.....	106
WELCHOL.....	48	XIGDUO XR.....	147	ZERIT.....	63
WELLBUTRIN SR.....	37	XIIDRA.....	109	ZESTORETIC.....	51
WELLBUTRIN XL.....	37	XIMINO.....	149	ZESTRIL.....	51
WERA.....	74	XODOL.....	26	ZETIA.....	48
WESTHROID.....	149	XOLAIR.....	32	ZETONNA.....	134
WIDE-SEAL DIAPHRAGM 60.....	124	XOLEGEL.....	86	ZIAC.....	51
WIDE-SEAL DIAPHRAGM 65.....	124	XOPENEX.....	32	ZIAGEN.....	63
WIDE-SEAL DIAPHRAGM 70.....	124	XOPENEX CONCENTRATE.....	32	ZIANA.....	86
WIDE-SEAL DIAPHRAGM 75.....	124	XOPENEX HFA.....	32	<i>zidovudine</i>	63
WIDE-SEAL DIAPHRAGM 80.....	124	XTAMPZA ER.....	26	<i>zileuton er</i>	32
WIDE-SEAL DIAPHRAGM 85.....	124	XTANDI.....	56	ZIOPTAN.....	139
WIDE-SEAL DIAPHRAGM 90.....	124	XULANE.....	74	<i>ziprasidone hcl</i>	59
WIDE-SEAL DIAPHRAGM 95.....	124	XULTOPHY.....	107	ZIPSOR.....	22
WILATE.....	104	XURIDEN.....	106	ZIRGAN.....	139
WINDMILL TRAINER.....	124	XYNTHA.....	104	ZITHROMAX.....	110
WINRHO SDF.....	141	XYNTHA SOLOFUSE.....	104	ZITHROMAX TRI-PAK.....	110
WP THYROID.....	149	XYREM.....	146	ZITHROMAX Z-PAK.....	110
WYMZYA FE.....	74	XYZAL ALLERGY 24HR....	46	ZOCOR.....	48
XADAGO.....	58	XYZAL ALLERGY 24HR CHILDRENS.....	46	ZOFRAN.....	44
XALATAN.....	139	YASMIN 28.....	74	ZOHYDRO ER.....	26
XALKORI.....	56	YAZ.....	74	ZOLADEX.....	57
XANAX.....	29	YONSA.....	56	<i>zoledronic acid</i>	97
XANAX XR.....	29	YOSPRALA.....	104	ZOLINZA.....	57
XARELTO.....	33	YUVAFEM.....	153	<i>zolmitriptan</i>	125
XARELTO STARTER PACK.....	33	<i>zaclir cleansing</i>	86	ZOLOFT.....	37
		ZADITOR.....	139	<i>zolpidem tartrate</i>	107
		<i>zafirlukast</i>	32	<i>zolpidem tartrate er</i>	107
		<i>zaleplon</i>	107	ZOLPIMIST.....	107
		ZANAFLEX.....	133	ZOMACTON.....	97
		ZARAH.....	74	ZOMETA.....	97
		ZARONTIN.....	35	ZOMIG.....	125
		ZARXIO.....	105	ZOMIG ZMT.....	125
		ZATEAN-PN DHA.....	132	ZONALON.....	86
		ZATEAN-PN PLUS.....	132	ZONEGRAN.....	35
				<i>zonisamide</i>	35
				ZONTIVITY.....	144

ZORBTIVE.....	97
ZORTRESS.....	64
ZORVOLEX.....	22
ZOVIA 1/35E (28).....	74
ZOVIRAX.....	63, 86
ZTLIDO.....	86
ZUBSOLV.....	26
ZUPLENZ.....	44
ZURAMPIC.....	102
ZYBAN.....	146
ZYCLARA.....	86
ZYCLARA PUMP.....	86
ZYDELIG.....	142
ZYFLO.....	32
ZYFLO CR.....	32
ZYKADIA.....	57
ZYLET.....	139
ZYLOPRIM.....	102
ZYMAXID.....	139
ZYPITAMAG.....	48
ZYPREXA.....	59
ZYPREXA ZYDIS.....	59
ZYRTEC ALLERGY.....	46
ZYRTEC-D ALLERGY & CONGESTION.....	76
ZYTIGA.....	57
ZYVOX.....	52