Plan for your best health

2022 Aetna Pharmacy Drug Guide

High Value Plan

aetna®

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ANALGESICS

§ NSAIDs

diclofenac
diflunisal
etodolac
flurbiprofen
ibuprofen
ketoprofen 50 mg, 75 mg
ketorolac
meloxicam tabs
nabumetone
naproxen tabs
oxaprozin
piroxicam
sulindac
tolmetin

VISCOSUPPLEMENTS

DUROLANE **PA, SP**
EUFLEXXA **PA, SP**
GELSYN-3 **PA, SP**
SUPARTZ FX **PA, SP**

ANTI-INFECTIVES

ANTIBACTERIALS

§ CEPHALOSPORINS

cefadroxil
cefdinir
cefpodoxime
cefprozil
cefuroxime
cephalexin

§ ERYTHROMYCINS / MACROLIDES

azithromycin
clarithromycin
clarithromycin ext-rel
erythromycins
DIFICID **PA**

§ FLUOROQUINOLONES

ciprofloxacin
levofloxacin
moxifloxacin

§ PENICILLINS

amoxicillin
amoxicillin-clavulanate
amoxicillin-clavulanate ext-rel
ampicillin
dicloxacillin
penicillin VK

§ TETRACYCLINES

doxycycline hyclate caps
doxycycline hyclate tabs 20 mg, 100 mg
doxycycline monohydrate susp
minocycline
tetracycline

§ ANTIFUNGALS

clotrimazole troches
fluconazole
griseofulvin microsize
itraconazole
nystatin
terbinafine tablet
voriconazole **PA**

ANTIVIRALS

§ HEPATITIS C AGENTS

ribavirin **PA, SP**
EPCLUSA (genotypes 1, 2, 3, 4, 5, 6) **PA, SP, QL**
HARVONI (genotypes 1, 4, 5, 6) **PA, SP, QL**
VOSEVI ***, PA, SP, QL**

§ HERPES AGENTS

acyclovir
famciclovir
valacyclovir

§ INFLUENZA AGENTS

oseltamivir **QL, PA**

§ MISCELLANEOUS

atovaquone
clindamycin
ivermectin
linezolid **PA**
linezolid inj **PA**
metronidazole
nitrofurantoin ext-rel
nitrofurantoin macrocrystals
praziquantel
rifabutin
sulfamethoxazole-trimethoprim
vancomycin **QL**
EMVERM

CARDIOVASCULAR

§ ACE INHIBITORS

captopril
enalapril
lisinopril
perindopril
ramipril
trandolapril

§ ACE INHIBITOR / CALCIUM CHANNEL BLOCKER COMBINATIONS

amlodipine-benazepril

§ ACE INHIBITOR / DIURETIC COMBINATIONS

enalapril-hydrochlorothiazide
lisinopril-hydrochlorothiazide

§ ANGIOTENSIN II RECEPTOR ANTAGONISTS / DIURETIC COMBINATIONS

irbesartan / irbesartan-hydrochlorothiazide
losartan / losartan-hydrochlorothiazide
olmesartan / olmesartan-hydrochlorothiazide
valsartan / valsartan-hydrochlorothiazide

§ ANTIARRHYTHMICS

acebutolol
amiodarone
disopyramide
dofetilide **PA, SP**
flecainide
ibutilide
propafenone
propafenone ext-rel
sotalol
NORPACE CR

ANTILIPEMICS

§ BILE ACID RESINS

cholestyramine
colestipol

§ FIBRATES

fenofibrate (except fenofibrate capsule 50 mg, 130 mg; fenofibrate tablet 40 mg, 120 mg)
gemfibrozil

§ HMG-CoA REDUCTASE INHIBITORS

atorvastatin
pravastatin
rosuvastatin
simvastatin

§ NIACINS

niacin ext-rel

OMEGA-3 FATTY ACIDS

VASCEPA

PCSK9 INHIBITORS

PRALUENT **PA, SP, QL**

§ BETA-BLOCKERS

atenolol
bisoprolol
carvedilol
labetalol
metoprolol succinate ext-rel
metoprolol tartrate 25 mg, 50 mg, 100 mg
nadolol
pindolol
propranolol
propranolol ext-rel

§ BETA-BLOCKER / DIURETIC COMBINATIONS

atenolol-chlorthalidone
bisoprolol-hydrochlorothiazide
metoprolol-hydrochlorothiazide
propranolol-hydrochlorothiazide

§ CALCIUM CHANNEL BLOCKERS

amlodipine
diltiazem ext-rel

felodipine ext-rel
isradipine
nicardipine
nifedipine ext-rel
verapamil ext-rel

§ DIGITALIS GLYCOSIDES
digoxin
digoxin ped elixir

§ DIURETICS
amiloride
amiloride-hydrochlorothiazide
bumetanide
chlorthalidone
furosemide
hydrochlorothiazide
indapamide
metolazone
spironolactone-hydrochlorothiazide
torsemide
triamterene-hydrochlorothiazide

HEART FAILURE
CORLANOR
ENTRESTO

§ NITRATES
isosorbide dinitrate 5 mg, 10 mg, 20 mg, 30 mg
isosorbide mononitrate
isosorbide mononitrate ext-rel
nitroglycerin sublingual
nitroglycerin transdermal

§ MISCELLANEOUS
hydralazine
methyldopa
midodrine
ranolazine ext-rel

CENTRAL NERVOUS SYSTEM

ANTIANXIETY

§ BENZODIAZEPINES
alprazolam **QL**
alprazolam orally disintegrating tablet **QL**
clorazepate **QL**
diazepam **QL**
lorazepam **QL**
oxazepam **QL**

§ MISCELLANEOUS
buspirone
fluvoxamine

ANTIDEPRESSANTS

§ SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIs)
citalopram
escitalopram
fluoxetine caps, solution
fluoxetine tabs 10 mg, 20 mg
paroxetine HCl ext-rel
paroxetine HCl tabs
sertraline

§ SEROTONIN NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIs)
desvenlafaxine succinate ext-rel
duloxetine
venlafaxine
venlafaxine ext-rel

§ MISCELLANEOUS AGENTS
bupropion
bupropion ext-rel 150 mg, 300 mg
mirtazapine
mirtazapine orally disintegrating tablet
trazodone

HYPNOTICS

§ NONBENZODIAZEPINES
ramelteon **QL, PA**
zaleplon **QL, PA**
zolpidem **QL, PA**
zolpidem ext-rel **QL, PA**

§ TRICYCLICS
doxepin

MIGRAINE

MONOCLONAL ANTIBODIES
AJOVY **ST, PA, QL**
EMGALITY **ST, PA, QL**

§ SELECTIVE SEROTONIN AGONISTS
naratriptan **QL, PA**
rizatriptan **QL, PA**
rizatriptan orally disintegrating tabs **QL, PA**
sumatriptan **QL, PA**
zolmitriptan orally disintegrating tabs **QL, PA**
zolmitriptan tabs **QL, PA**

§ MULTIPLE SCLEROSIS AGENTS
dimethyl fumarate delayed-rel **PA, SP, QL**
glatiramer **PA, SP, QL**
AUBAGIO **PA, SP, QL**
AVONEX **PA, SP, QL**
BETASERON **PA, SP, QL**
COPAXONE **PA, SP, QL**
GILENYA **PA, SP, QL**
KESIMPTA **PA, SP, QL**
MAYZENT **PA, SP, QL**
OCREVUS **PA, SP, QL**
REBIF **PA, SP, QL**
PA, SP, QL
VUMERITY **PA, SP, QL**
ZEPOSIA **PA, SP, QL**

ENDOCRINE AND METABOLIC

ANTIDIABETICS

AMYLIN ANALOGS
SYMLINPEN **ST, PA**

§ BIGUANIDES
metformin
metformin ext-rel *(except generics for FORTAMET and GLUMETZA)*

§ BIGUANIDE / SULFONYLUREA COMBINATIONS
glipizide-metformin

DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS
JANUVIA **ST, PA**

DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITOR / BIGUANIDE COMBINATIONS
JANUMET **ST, PA**
JANUMET XR **ST, PA**

INCRETIN MIMETIC AGENTS
OZEMPIC **ST, PA, QL**
RYBELSUS **ST, PA, QL**
TRULICITY **ST, PA, QL**
VICTOZA **ST, PA, QL**

INCRETIN MIMETIC AGENT / INSULIN COMBINATIONS
SOLIQUA **ST, PA**

INSULINS
BASAGLAR
FIASP
HUMULIN R U-500
LEVEMIR
NOVOLIN
NOVOLOG
NOVOLOG MIX
TRESIBA

§ INSULIN SENSITIZERS
pioglitazone

§ INSULIN SENSITIZER / BIGUANIDE COMBINATIONS
pioglitazone-metformin

§ INSULIN SENSITIZER / SULFONYLUREA COMBINATIONS
pioglitazone-glimepiride

SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS
FARXIGA **ST, PA**
JARDIANCE **ST, PA**

SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITOR / BIGUANIDE COMBINATIONS
SYNJARDY **ST, PA**
SYNJARDY XR **ST, PA**
XIGDUO XR **ST, PA**

SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITOR / DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITOR COMBINATIONS
GLYXAMBI **ST, PA**

SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITOR / DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITOR / BIGUANIDE COMBINATIONS
TRIJARDY XR **ST, PA**

§ SULFONYLUREAS
glimepiride
glipizide
glipizide ext-rel

SUPPLIES
ACCU-CHEK AVIVA PLUS STRIPS AND KITS [1]
ACCU-CHEK COMPACT PLUS STRIPS AND KITS [1]
ACCU-CHEK GUIDE STRIPS AND KITS [1]
ACCU-CHEK SMARTVIEW STRIPS AND KITS [1]
BD INSULIN SYRINGES AND NEEDLES
DEXCOM CONTINUOUS GLUCOSE MONITORING SYSTEM
LANCETS
ONETOUCH ULTRA STRIPS AND KITS [1]
ONETOUCH VERIO STRIPS AND KITS [1]
V-GO INSULIN INFUSION PUMP

CALCIUM REGULATORS

§ BISPHOSPHONATES
alendronate
ibandronate
risedronate

PARATHYROID HORMONES
FORTEO **PA, SP, QL**
TYMLOS **PA, SP, QL**

MISCELLANEOUS
PROLIA **PA, SP, QL**

CONTRACEPTIVES

MONOPHASIC

§ 20 mcg Estrogen
ethinyl estradiol-drospirenone
ethinyl estradiol-levonorgestrel
ethinyl estradiol-norethindrone acetate
ethinyl estradiol-norethindrone acetate and iron

§ 25 mcg Estrogen
ethinyl estradiol-norethindrone acetate and iron

§ 30 mcg Estrogen
ethinyl estradiol-desogestrel
ethinyl estradiol-drospirenone
ethinyl estradiol-levonorgestrel
ethinyl estradiol-norethindrone acetate
ethinyl estradiol-norethindrone

acetate and iron
ethinyl estradiol-norgestrel

§ 35 mcg Estrogen
ethinyl estradiol-ethynodiol diacetate
ethinyl estradiol-norethindrone
ethinyl estradiol-norgestimate

§ 50 mcg Estrogen
ethinyl estradiol-ethynodiol diacetate

§ BIPHASIC
ethinyl estradiol-desogestrel

§ TRIPHASIC
ethinyl estradiol-desogestrel
ethinyl estradiol-levonorgestrel
ethinyl estradiol-norethindrone
ethinyl estradiol-norgestimate

§ EXTENDED CYCLE
ethinyl estradiol-levonorgestrel

§ PROGESTIN ONLY
norethindrone

EMERGENCY CONTRACEPTION
ELLA

§ INJECTABLE
medroxyprogesterone acetate 150 mg/mL

PROGESTIN INTRAUTERINE DEVICES
KYLEENA
MIRENA
SKYLA

§ TRANSDERMAL
norelgestromin/ethinyl estradiol - Xulane

§ VAGINAL
etonogestrel/ethinyl estradiol
ANNOVERA

HUMAN GROWTH HORMONES
NORDITROPIN PA, SP

MENOPAUSAL SYMPTOM AGENTS
§ ORAL
estradiol
estradiol-norethindrone
ethinyl estradiol-norethindrone acetate

§ TRANSDERMAL
estradiol
CLIMARA PRO

§ VAGINAL
estradiol vaginal crm
IMVEXXY
VAGIFEM

§ PHOSPHATE BINDER AGENTS
calcium acetate
sevelamer carbonate

PROGESTINS
§ ORAL
medroxyprogesterone
norethindrone acetate
progesterone, micronized

VAGINAL
ENDOMETRIN

§ SELECTIVE ESTROGEN RECEPTOR MODULATORS
raloxifene

§ THYROID SUPPLEMENTS
levothyroxine
liothyronine

GASTROINTESTINAL

§ H_2 RECEPTOR ANTAGONISTS
cimetidine
famotidine

§ PROTON PUMP INHIBITORS
lansoprazole delayed-rel
lansoprazole delayed-rel orally disintegrating tabs
omeprazole delayed-rel
pantoprazole delayed-rel tabs

GENITOURINARY

§ BENIGN PROSTATIC HYPERPLASIA
alfuzosin ext-rel
doxazosin
finasteride
tamsulosin
terazosin

§ URINARY ANTISPASMODICS
oxybutynin
oxybutynin ext-rel
tolterodine
trospium

§ VAGINAL ANTI-INFECTIVES
clindamycin cream
metronidazole
terconazole

HEMATOLOGIC

ANTICOAGULANTS
§ INJECTABLE
enoxaparin

§ ORAL
warfarin
XARELTO

§ PLATELET AGGREGATION INHIBITORS
clopidogrel
dipyridamole
dipyridamole ext-rel/aspirin
prasugrel

IMMUNOLOGIC AGENTS

AUTOIMMUNE AGENTS (PHYSICIAN-ADMINISTERED)
REMICADE PA, SP, QL
SIMPONI ARIA PA, SP, QL
STELARA INTRAVENOUS PA, SP, QL

AUTOIMMUNE AGENTS (SELF-ADMINISTERED)
ANKYLOSING SPONDYLITIS
COSENTYX PA, SP, QL
ENBREL PA, SP, QL
HUMIRA PA, SP, QL

CROHN'S DISEASE
HUMIRA PA, SP, QL
STELARA SUBCUTANEOUS #, PA, SP, QL

#After failure of HUMIRA

NON-RADIOGRAPHIC AXIAL SPONDYLOARTHRITIS
CIMZIA PREFILLED SYRINGE PA, SP, QL
COSENTYX PA, SP, QL

PSORIASIS
HUMIRA PA, SP, QL
OTEZLA PA, SP, QL
SKYRIZI PA, SP, QL
STELARA SUBCUTANEOUS PA, SP, QL
TALTZ PA, SP, QL
TREMFYA PA, SP, QL

PSORIATIC ARTHRITIS
COSENTYX PA, SP, QL
ENBREL PA, SP, QL
HUMIRA PA, SP, QL
OTEZLA PA, SP, QL
STELARA SUBCUTANEOUS PA, SP, QL
TREMFYA PA, SP, QL

RHEUMATOID ARTHRITIS
ENBREL PA, SP, QL
HUMIRA PA, SP, QL
KEVZARA PA, SP, QL
ORENCIA CLICKJECT PA, SP, QL
ORENCIA SUBCUTANEOUS PA, SP, QL
RINVOQ PA, SP, QL
XELJANZ PA, SP, QL
XELJANZ XR PA, SP, QL

ULCERATIVE COLITIS
HUMIRA PA, SP, QL
STELARA SUBCUTANEOUS #, PA, SP, QL
XELJANZ #, PA, SP, QL
XELJANZ XR #, PA, SP, QL
ZEPOSIA #, PA, SP, QL

#After failure of HUMIRA

ALL OTHER CONDITIONS
ENBREL PA, SP, QL
HUMIRA PA, SP, QL

RESPIRATORY

§ ANAPHYLAXIS TREATMENT AGENTS
epinephrine auto-injector QL, PA
EPIPEN QL, PA
EPIPEN JR QL, PA
SYMJEPI QL, PA

§ ANTICHOLINERGICS
ipratropium inhalation solution QL
SPIRIVA QL
YUPELRI QL

ANTICHOLINERGIC / BETA AGONIST COMBINATIONS
§ SHORT ACTING
ipratropium-albuterol inhalation solution QL

LONG ACTING
ANORO ELLIPTA QL
BEVESPI AEROSPHERE QL

BETA AGONISTS, INHALANTS
§ SHORT ACTING
albuterol inhalation solution QL
albuterol sulfate CFC-free aerosol QL
levalbuterol nebulizer solution concentrate QL
levalbuterol tartrate CFC-free aerosol QL

LONG ACTING
Hand-held Active Inhalation
STRIVERDI RESPIMAT QL

§ Nebulized Passive Inhalation
formoterol inhalation soln QL

§ LEUKOTRIENE MODULATORS
montelukast

§ NASAL STEROIDS
flunisolide
fluticasone

STEROID / BETA AGONIST COMBINATIONS
ADVAIR QL
ADVAIR HFA [2], QL
BREO ELLIPTA [2], QL
SYMBICORT QL

§ STEROID INHALANTS
budesonide inhalation suspension QL, PA
ARNUITY ELLIPTA QL
FLOVENT DISKUS QL
FLOVENT HFA QL
QVAR REDIHALER QL

LEGEND PA: Prior Authorization **PA, QL:** Quantity Limit is applied after Prior Authorization approval QL: Quantity Limit **QL, PA:** If Quantity Limit is exceeded, Prior Authorization may apply SP: Specialty Drug ST: Step Therapy **ST, PA:** If Step Therapy requirements are not met, Prior Authorization may apply

TOPICAL

DERMATOLOGY

§ ACNE

benzoyl peroxide cream, lotion
clindamycin gel, lotion, solution **QL, PA**
erythromycin gel 2% **QL, PA**
erythromycin solution **QL, PA**
erythromycin-benzoyl peroxide
sulfacetamide lotion 10%
tretinoin

OPHTHALMIC

BETA-BLOCKERS

§ Nonselective

timolol maleate

§ Selective

betaxolol solution

§ CARBONIC ANHYDRASE INHIBITORS

dorzolamide

§ CARBONIC ANHYDRASE INHIBITOR / BETA-BLOCKER COMBINATIONS

dorzolamide-timolol maleate

§ PROSTAGLANDINS

latanoprost

§ SYMPATHOMIMETICS

brimonidine 0.15%, 0.2%

§ Generics are available in this class and should be considered the first line of prescribing.

* For use in patients previously treated with an HCV regimen containing an NS5A inhibitor (for genotypes 1-6) or sofosbuvir without an NS5A inhibitor (for genotypes 1a or 3).

[1] A ONETOUCH blood glucose meter may be provided at no charge by the manufacturer to those individuals currently using a meter other than ONETOUCH. For more information on how to obtain a blood glucose meter, call: 1-877-418-4746.

Please note that if your prescription drug benefits plan changes, the information here may no longer apply. Medications on the Aetna Drug Guide, precertification, step-therapy and quantity limits lists are subject to change. Not all health services are covered. Your plan may not cover certain drugs such as infertility, erectile dysfunction, weight loss and smoking cessation. 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. The drugs on the Pharmacy Drug Guide (formulary), Formulary Exclusions, Precertification, and Quantity Limit Lists are subject to change. The quantity limits and step therapy drug coverage review programs are not available in all service areas. However, these programs are available to self-funded plans. 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 Guide (formulary), 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, certain fully insured commercial California members (except Federal Employee Health Benefit Plan members) who obtained approval from an Aetna plan for coverage of drugs that are later added to the Preauthorization or Step Therapy Lists or removed from the Pharmacy Drug Guide will continue to have those drugs covered, for as long as the treating in-network provider continues prescribing them, provided that the drug is appropriately prescribed and is considered safe and effective for treating the enrollee's medical condition. Aetna reserves the right to periodically request clinical information from your provider to assess your medical condition and the appropriateness of your ongoing treatment. Failure to provide clinical information could result in subsequent denial of coverage for this medication. In accordance with state law, fully insured Commercial Connecticut preferred provider organization (PPO) members (except Federal Employee Health Benefit Plan members) who are receiving coverage for drugs that are added to the Precertification or Step-Therapy Lists will continue to have those drugs covered for as long as the prescriber prescribes them, provided the drug is medically necessary and more medically beneficial than other covered drugs. Nothing in this section shall preclude the prescribing provider from prescribing another drug covered by the plan that is medically appropriate for the enrollee, nor shall anything in this section be construed to prohibit generic drug substitutions. In certain states, including Arkansas, Colorado, Connecticut, Delaware, Georgia, Illinois, Louisiana, Maryland, Minnesota, North Dakota, Pennsylvania and Texas, step therapy programs do not apply to fully insured members utilizing prescription drugs for the treatment of stage-four advanced, metastatic cancer. This material is for information only. It contains only a partial, general description of plan benefits or programs and does not constitute a contract. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by location and are subject to change. Providers are independent contractors and are not agents of Aetna. Provider participation may change without notice. Aetna does not provide care or guarantee access to health services. Information is subject to change. CVS Caremark Mail Service Pharmacy is part of the CVS Health family of companies.

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