

Plan for your best health

Aetna Standard Plan
The University of Virginia Health Plan

Health benefits and health insurance plans are offered, administered and/or underwritten by Aetna Health Inc., Aetna Health Insurance Company of New York, Aetna HealthAssurance Pennsylvania Inc., Aetna Health Insurance Company and/or Aetna Life Insurance Company (Aetna). In Florida, by Aetna Health Inc. and/or Aetna Life Insurance Company. In Utah and Wyoming by Aetna Health of Utah Inc. and Aetna Life Insurance Company. In Maryland, by Aetna Health Inc., 151 Farmington Avenue, Hartford, CT 06156. Each insurer has sole financial responsibility for its own products. Aetna is part of the CVS Health family of companies.

2023 Pharmacy Drug Guide - Aetna Standard Plan

Table of Contents

INFORMATIONAL SECTION.....	4
ANALGESICS - DRUGS TO TREAT PAIN AND INFLAMMATION.....	14
ANESTHETICS - DRUGS FOR NUMBING.....	24
ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS.....	24
ANTINEOPLASTIC AGENTS - DRUGS TO TREAT CANCER.....	37
CARDIOVASCULAR - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS.....	47
CENTRAL NERVOUS SYSTEM - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS.....	62
ENDOCRINE AND METABOLIC - DRUGS TO TREAT DIABETES AND REGULATE HORMONES.....	90
GASTROINTESTINAL - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS.....	167
GENITOURINARY - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS...	176
HEMATOLOGIC - DRUGS TO TREAT BLOOD DISORDERS.....	179
IMMUNOLOGIC AGENTS - DRUGS TO TREAT DISORDERS OF THE IMMUNE SYSTEM.....	186
MEDICAL DEVICES.....	197
NUTRITIONAL/SUPPLEMENTS - VITAMINS AND SUPPLEMENTS.....	197
OPHTHALMIC - DRUGS TO TREAT EYE CONDITIONS.....	208
OTHER.....	215
RESPIRATORY - DRUGS TO TREAT BREATHING DISORDERS.....	216
TOPICAL - DRUGS TO TREAT EAR AND SKIN CONDITIONS.....	224

How to use this guide

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

Your plan includes

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

What you can expect to pay

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

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

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

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

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

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

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

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

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

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

Have more questions about your pharmacy benefits?

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

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

Specialty Pharmacy Network

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

How to get started with a specialty pharmacy

All specialty medications except Limited Distribution Drugs (LDD) must be filled through the UVA Specialty Pharmacy. Contact them at 1-434-297-5500. Specialty drugs are limited to a 30-day supply.

For Limited Distribution Drugs (LDD) that cannot be filled through the UVA Specialty Pharmacy, order your prescriptions through CVS Specialty Pharmacy.

- **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: 1-800-323-2445**
 - 3. Phone: 1-800-237-2767**

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

CVS Caremark Mail Service Pharmacy™

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

Get started right away

You can submit your order using one of these options:

- 1. Online** — Visit your secure member website and sign in to your account. There you can add or remove your prescriptions.
- 2. Phone** — Call us toll-free, 24/7 at **1-888-792-3862**. If you need the help of a telephone device for the hard of hearing, 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.
- Our home delivery pharmacy may save you money. For more information, visit the website on your member ID card and log in to your account.

What are generic drugs?

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

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

What is precertification?

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

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

What are quantity limits?

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

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

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

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

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

How can your provider request a medical exception?

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

Pharmacy and Therapeutics (P&T) committee

The services of an independent National Pharmacy and Therapeutics Committee (“P&T Committee”) are utilized to approve safe and clinically effective drug therapies.

The P&T Committee is an external advisory body of clinical professionals from across the United States. The P&T Committee’s voting members include physicians, pharmacists, a pharmacoeconomist and a medical ethicist, all of whom have a broad background of clinical and academic expertise regarding prescription drugs.

Voting members of the P&T Committee are not employees of CVS Caremark and must disclose any financial relationship or conflicts of interest with any pharmaceutical manufacturers.

Can the formulary change during the year?

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

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

Commercial 1557 Nondiscrimination Notice

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

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

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

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

Civil Rights Coordinator,
P.O. Box 14462, Lexington, KY 40512 (CA HMO customers: PO Box 24030 Fresno, CA 93779),
1-800-648-7817, TTY: 711,
Fax: 859-425-3379 (CA HMO customers: 860-262-7705),
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).

TTY: 711

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

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

如欲使用免費語言服務，請致電您 ID 卡上的電話號碼 (Chinese)

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

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

T'áá ni nizaad k'ehjí bee níká a' doowól doo bááh ílínígóó naaltsos bee atah nííígo nanitinígíí bee néého' dólzinígíí béésh bee hane'í bikáá' áají' hólne'. (Navajo)

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

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

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

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

Անվճար լեզվախոս ծառայություններին օգտվելու համար զանգահարեք ձեր ինքնուրույն (ID) քարտի վրա նշված հեռախոսահամարով: (Armenian)

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

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

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

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

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

Para un hago' i setbision lengguâhi ni dibâtde para hâgu, âgang i numiru gi iyo-mu kard aidentifikasion. (Chamorro)

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

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

ເພື່ອຂໍໃຊ້ການບໍລິການພາສາໂດຍບໍ່ເສຍຄ່າຕໍ່ກັບທ່ານ,
ໃຫ້ໂທຫາເບີໂທທີ່ບອກໄວ້ໃນບັດປະຈຳຕົວຂອງທ່ານ. (Laotian)

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

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

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

ដើម្បីទទួលបានសេវាកម្មភាសាដែលឥតគិតថ្លៃសម្រាប់លោកអ្នក សូមហៅទូរស័ព្ទទៅកាន់
លេខដែលមាននៅលើប័ណ្ណសម្គាល់ខ្លួនរបស់លោកអ្នក។ (Mon-Khmer, Cambodian)

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

Të kɔɔr yin wĕēr de thokic ke cĭn wĕu kɔr keek tĕnɔŋ yĭn. Ke cɔl kɔc ye kɔc kuɔny nĕ nɔmba de abac tō
nĕ ID kard du kōu. (Nilotic-Dinka)

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

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

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

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

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

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

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

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

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

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

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

Health benefits and health insurance plans are offered, administered and/or underwritten by Aetna Health Inc., Aetna Health Insurance Company of New York, Aetna Health Assurance Pennsylvania Inc., Aetna Health Insurance company and/or Aetna Life Insurance Company (Aetna). In Florida, by Aetna Health Inc. and/or Aetna Life Insurance Company. In Utah and Wyoming by Aetna Health of Utah Inc. and Aetna Life Insurance Company. In Maryland, by Aetna Health Inc., 151 Farmington Avenue, Hartford, CT 06156. Each insurer has sole financial responsibility for its own products. Pharmacy benefits are administered through an affiliated pharmacy benefit manager, CVS Caremark. Aetna is part of the CVS Health family of companies. Not all health services are covered. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. To check coverage and copay information for a specific medicine, log into your member website. For questions, please call the toll-free number on the back of your member ID card.

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

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

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

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

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

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

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

Prescription Drug Name	Drug Tier	Drug Notes
Drug Tier CE = Copay Exception: Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy. Certain limitations may apply. G = Generics GSP = Generic Specialty NF = Non-formulary, not covered unless exception request granted NPB = Non-Preferred Brands NPSP = Non-Preferred Specialty PB = Preferred Brands PSP = Preferred Specialty		
Drug Notes 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. IBC = Indication Based Coverage LGC = Lowest Generic Copay Applies N8 = Drug Specific Coverage SPC = Select Plan Coverage: Only available for select plans. Refer to member plan documents for coverage.		
lowercase italics = Generic drugs UPPERCASE = Brand name drugs		
ANALGESICS - DRUGS TO TREAT PAIN AND INFLAMMATION		
COX-2 INHIBITORS		
CELEBREX ORAL CAPSULE 100 MG, 200 MG, 400 MG, 50 MG (<i>celecoxib</i>)	NF	
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	G	
GOUT		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	G	
<i>colchicine oral capsule 0.6 mg</i>	G	
<i>colchicine oral tablet 0.6 mg</i>	G	
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>	G	
COLCRYS ORAL TABLET 0.6 MG (<i>colchicine</i>)	NF	
<i>febuxostat oral tablet 40 mg, 80 mg</i>	G	
KRYSTEXXA INTRAVENOUS SOLUTION 8 MG/ML (<i>pegloticase</i>)	NPSP	
MITIGARE ORAL CAPSULE 0.6 MG (<i>colchicine</i>)	PB	
<i>probenecid oral tablet 500 mg</i>	G	
ULORIC ORAL TABLET 40 MG, 80 MG (<i>febuxostat</i>)	NF	
ZYLOPRIM ORAL TABLET 100 MG, 300 MG (<i>allopurinol</i>)	NPB	
MISCELLANEOUS		
PRIALT INTRATHECAL SOLUTION 100 MCG/ML, 500 MCG/20ML, 500 MCG/5ML (<i>ziconotide acetate</i>)	NPSP	

Prescription Drug Name	Drug Tier	Drug Notes
NON-OPIOID ANALGESICS		
ALLZITAL ORAL TABLET 25-325 MG (<i>butalbital-acetaminophen</i>)	NF	
<i>butalbital-apap-caffeine</i> (Bac Oral Tablet 50-325-40 Mg)	G	
<i>butalbital-acetaminophen</i> (Bupap Oral Tablet 50-300 Mg)	NF	
<i>butalbital-acetaminophen oral capsule 50-300 mg</i>	NF	
<i>butalbital-acetaminophen oral tablet 50-300 mg</i>	NF	
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	G	
<i>butalbital-apap-caffeine oral capsule 50-300-40 mg, 50-325-40 mg</i>	NF	
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	G	
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	G	
<i>butalbital-apap-caffeine</i> (Esgic Oral Capsule 50-325-40 Mg)	NF	
ESGIC ORAL TABLET 50-325-40 MG (<i>butalbital-apap-caffeine</i>)	NPB	
FIORICET ORAL CAPSULE 50-300-40 MG (<i>butalbital-apap-caffeine</i>)	NF	
TENCON ORAL TABLET 50-325 MG (<i>butalbital-acetaminophen</i>)	G	
VTOL LQ ORAL SOLUTION 50-325-40 MG/15ML (<i>butalbital-apap-caffeine</i>)	NF	
<i>butalbital-apap-caffeine</i> (Zebutal Oral Capsule 50-325-40 Mg)	NF	
NSAIDS		
ANJESO INTRAVENOUS INJECTABLE 30 MG/ML (<i>meloxicam</i>)	NF	
CALDOLOR INTRAVENOUS SOLUTION 800 MG/200ML (<i>ibuprofen</i>)	NPB	
CAMBIA ORAL PACKET 50 MG (<i>diclofenac potassium(migraine)</i>)	NF	
DAYPRO ORAL TABLET 600 MG (<i>oxaprozin</i>)	NPB	
<i>dfs dr/lms/menthlcap pak combination kit 75 mg</i>	NF	
<i>diclofenac potassium oral capsule 25 mg</i>	NF	
<i>diclofenac potassium oral tablet 25 mg</i>	NF	
<i>diclofenac potassium oral tablet 50 mg</i>	G	
<i>diclofenac sodium er oral tablet extended release 24 hour 100 mg</i>	G	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
<i>diclofenac sodium external solution 2 %</i>	NF	
<i>diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg</i>	G	
<i>etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg</i>	G	
<i>etodolac oral capsule 200 mg, 300 mg</i>	G	
<i>etodolac oral tablet 400 mg, 500 mg</i>	G	
<i>fenoprofen calcium oral capsule 200 mg, 400 mg</i>	NF	
<i>fenoprofen calcium oral tablet 600 mg</i>	NF	
<i>flurbiprofen oral tablet 100 mg, 50 mg</i>	G	
<i>ibuprofen (Ibu Oral Tablet 400 Mg, 600 Mg, 800 Mg)</i>	G	
<i>ibuprofen oral suspension 100 mg/5ml</i>	G	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	G	
INDOCIN ORAL SUSPENSION 25 MG/5ML (<i>indomethacin</i>)	NF	
INDOCIN RECTAL SUPPOSITORY 50 MG (<i>indomethacin</i>)	NF	
<i>indomethacin er oral capsule extended release 75 mg</i>	G	
<i>indomethacin oral capsule 20 mg</i>	NF	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	G	
<i>ketoprofen er oral capsule extended release 24 hour 200 mg</i>	NF	
<i>ketoprofen oral capsule 25 mg</i>	NF	
<i>ketorolac tromethamine oral tablet 10 mg</i>	G	
LODINE ORAL TABLET 400 MG (<i>etodolac</i>)	NF	
<i>diclofenac potassium (Lofena Oral Tablet 25 Mg)</i>	NF	
<i>meclofenamate sodium oral capsule 100 mg, 50 mg</i>	G	
<i>mefenamic acid oral capsule 250 mg</i>	NF	
<i>meloxicam oral capsule 10 mg, 5 mg</i>	NF	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	G	
MOBIC ORAL TABLET 15 MG, 7.5 MG (<i>meloxicam</i>)	NPB	
<i>nabumetone oral tablet 500 mg, 750 mg</i>	G	
NALFON ORAL CAPSULE 400 MG (<i>fenoprofen calcium</i>)	NPB	
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG, 750 MG (<i>naproxen sodium</i>)	NF	
<i>naproxen oral suspension 125 mg/5ml</i>	NF	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	G	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month

01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
<i>naproxen oral tablet delayed release 375 mg, 500 mg</i>	G	
<i>naproxen sodium er oral tablet extended release 24 hour 375 mg, 500 mg, 750 mg</i>	NF	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	G	
NUDROXIPAK DSDR-50 COMBINATION KIT 50 MG (<i>diclofenac sodium-liniment</i>)	NF	
NUDROXIPAK DSDR-75 COMBINATION KIT 75 MG (<i>diclofenac sodium-liniment</i>)	NF	
NUDROXIPAK E-400 COMBINATION KIT 400 MG (<i>etodolac-liniment</i>)	NF	
NUDROXIPAK I-800 COMBINATION KIT 800 MG (<i>ibuprofen-liniment</i>)	NF	
NUDROXIPAK M-15 COMBINATION KIT 15 MG (<i>meloxicam-liniment</i>)	NF	
NUDROXIPAK N-500 COMBINATION KIT 500 MG (<i>nabumetone-liniment</i>)	NF	
<i>oxaprozin oral tablet 600 mg</i>	G	
<i>piroxicam oral capsule 10 mg, 20 mg</i>	G	
SPRIX NASAL SOLUTION 15.75 MG/SPRAY (<i>ketorolac tromethamine</i>)	NF	
<i>sulindac oral tablet 150 mg, 200 mg</i>	G	
TIVORBEX ORAL CAPSULE 20 MG (<i>indomethacin</i>)	NF	
ZIPSOR ORAL CAPSULE 25 MG (<i>diclofenac potassium</i>)	NPB	
ZORVOLEX ORAL CAPSULE 18 MG, 35 MG (<i>diclofenac</i>)	NF	
NSAIDS, COMBINATIONS		
ARTHROTEC ORAL TABLET DELAYED RELEASE 50-0.2 MG, 75-0.2 MG (<i>diclofenac-misoprostol</i>)	NF	
<i>diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg</i>	G	
DUEXIS ORAL TABLET 800-26.6 MG (<i>ibuprofen-famotidine</i>)	NPB	
<i>diclofenac sodium-capsaicin</i> (Inflammacin Combination Therapy Pack 75 & 0.025 Mg-%)	NF	
INFLATHERM COMBINATION THERAPY PACK 75 & 3-3 MG & % (<i>diclofenac-menthol-camphor</i>)	NF	
<i>diclofenac sodium-capsaicin</i> (Nudiclo Tabpak Combination Therapy Pack 75 & 0.025 Mg-%)	NF	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
NUDROXIPAK COMBINATION THERAPY PACK 200 MG (<i>celecoxib-capsaic-men-methsal</i>)	NF	
PREVIDOLRX ANALGESIC COMBINATION THERAPY PACK 75-20-0.025 MG-MG-% (<i>diclofenac-omeprazole-capsicum</i>)	NF	
READYSHARP ANESTH + KETOROLAC INJECTION KIT 15 & 0.5 & 1 MG/ML-%-% (<i>ketorolac & bupivacaine & lido</i>)	NF	
TORONOVA II SUIK COMBINATION KIT 30 MG/ML (<i>ketorolac trometh & anesthetic</i>)	NF	
TORONOVA SUIK COMBINATION KIT 30 MG/ML (<i>ketorolac trometh & anesthetic</i>)	NF	
VIMOVO ORAL TABLET DELAYED RELEASE 375-20 MG, 500-20 MG (<i>naproxen-esomeprazole</i>)	NPB	
OPIOID ANALGESICS		
<i>acetaminophen-codeine #3 oral tablet 300-30 mg</i>	G	
<i>acetaminophen-codeine oral solution 120-12 mg/5ml</i>	G	
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-60 mg</i>	G	
ACTIQ BUCCAL LOZENGE ON A HANDLE 1200 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG (<i>fentanyl citrate</i>)	NPB	
APADAZ ORAL TABLET 4.08-325 MG, 6.12-325 MG, 8.16-325 MG (<i>benzhydrocodone-acetaminophen</i>)	NF	
<i>apap-caff-dihydrocodeine oral capsule 320.5-30-16 mg</i>	G	
<i>butalbital-asa-caff-codeine (Ascomp-Codeine Oral Capsule 50-325-40-30 Mg)</i>	G	
<i>butalbital-apap-caff-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg</i>	G	
<i>butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg</i>	G	
<i>butorphanol tartrate nasal solution 10 mg/ml</i>	G	
<i>codeine sulfate oral tablet 60 mg</i>	NPB	
CONZIP ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG (<i>tramadol hcl</i>)	NPB	
DILAUDID INJECTION SOLUTION 1 MG/ML, 2 MG/ML (<i>hydromorphone hcl</i>)	NF	
DILAUDID ORAL LIQUID 1 MG/ML (<i>hydromorphone hcl</i>)	NPB	
DILAUDID ORAL TABLET 2 MG, 4 MG, 8 MG (<i>hydromorphone hcl</i>)	NPB	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month

01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
DSUVIA SUBLINGUAL TABLET SUBLINGUAL 30 MCG (<i>sufentanil citrate</i>)	NPB	
<i>oxycodone-acetaminophen</i> (Endocet Oral Tablet 10-325 Mg, 2.5-325 Mg, 5-325 Mg, 7.5-325 Mg)	G	
<i>fentanyl citrate (pf) injection solution 50 mcg/ml</i>	G	
<i>fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	G	
<i>fentanyl citrate buccal tablet 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	G	
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hr, 50 mcg/hr, 62.5 mcg/hr, 75 mcg/hr, 87.5 mcg/hr</i>	G	
FENTORA BUCCAL TABLET 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG (<i>fentanyl citrate</i>)	NPB	
<i>hydrocodone-acetaminophen oral solution 5-217 mg/10ml</i>	G	
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	G	
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	G	
<i>hydromorphone hcl er oral tablet extended release 24 hour 12 mg, 16 mg, 32 mg, 8 mg</i>	G	
<i>hydromorphone hcl injection solution 1 mg/ml</i>	NPB	
<i>hydromorphone hcl oral liquid 1 mg/ml</i>	G	
<i>hydromorphone hcl oral tablet 2 mg, 4 mg, 8 mg</i>	G	
<i>hydromorphone hcl rectal suppository 3 mg</i>	NPB	
HYSINGLA ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT 100 MG, 120 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG (<i>hydrocodone bitartrate</i>)	NF	
LAZANDA NASAL SOLUTION 100 MCG/ACT, 400 MCG/ACT (<i>fentanyl citrate</i>)	NF	
<i>levorphanol tartrate oral tablet 2 mg, 3 mg</i>	NF	
LORTAB ORAL ELIXIR 10-300 MG/15ML (<i>hydrocodone-acetaminophen</i>)	NPB	
<i>meperidine hcl oral solution 50 mg/5ml</i>	G	
<i>meperidine hcl oral tablet 50 mg</i>	G	
<i>methadone hcl</i> (Methadone Hcl Intensol Oral Concentrate 10 Mg/MI)	G	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month

01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
<i>methadone hcl oral concentrate 10 mg/ml</i>	G	
<i>methadone hcl oral solution 10 mg/5ml, 5 mg/5ml</i>	G	
<i>methadone hcl oral tablet 10 mg, 5 mg</i>	G	
<i>methadone hcl oral tablet soluble 40 mg</i>	G	
<i>methadone hcl solution 10 mg/ml injection 10 mg/ml</i>	G	
<i>methadone hcl solution 10 mg/ml injection 10 mg/ml</i>	NPB	
<i>methadone hcl-nacl intravenous solution prefilled syringe 1-0.9 mg/ml-%</i>	NPB	
METHADOSE ORAL CONCENTRATE 10 MG/ML (<i>methadone hcl</i>)	NPB	
<i>methadone hcl (Methadose Oral Tablet Soluble 40 Mg)</i>	G	
METHADOSE SUGAR-FREE ORAL CONCENTRATE 10 MG/ML (<i>methadone hcl</i>)	NPB	
<i>morphine sulfate (concentrate) oral solution 20 mg/ml</i>	G	
<i>morphine sulfate er beads oral capsule extended release 24 hour 120 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i>	G	
<i>morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>	G	
<i>morphine sulfate er oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	G	
<i>morphine sulfate oral solution 10 mg/5ml, 20 mg/5ml</i>	G	
<i>morphine sulfate oral tablet 15 mg, 30 mg</i>	G	
<i>morphine sulfate rectal suppository 10 mg, 20 mg, 30 mg, 5 mg</i>	G	
MS CONTIN ORAL TABLET EXTENDED RELEASE 100 MG, 15 MG, 200 MG, 30 MG, 60 MG (<i>morphine sulfate</i>)	NPB	
<i>nalocet oral tablet 2.5-300 mg</i>	NF	
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG (<i>tapentadol hcl</i>)	NF	
NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG (<i>tapentadol hcl</i>)	NF	
OLINVYK INTRAVENOUS SOLUTION 1 MG/ML, 2 MG/2ML, 30 MG/30ML (<i>oliceridine fumarate</i>)	NF	
OXAYDO ORAL TABLET 5 MG, 7.5 MG (<i>oxycodone hcl</i>)	NF	
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent 10 mg, 20 mg, 40 mg, 80 mg</i>	NPB	
<i>oxycodone hcl oral capsule 5 mg</i>	G	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month

01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>	G	
<i>oxycodone hcl oral solution 5 mg/5ml</i>	G	
<i>oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	G	
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	G	
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG (<i>oxycodone hcl</i>)	NF	
<i>oxymorphone hcl er oral tablet extended release 12 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg</i>	NF	
<i>oxymorphone hcl oral tablet 10 mg, 5 mg</i>	G	
PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG (<i>oxycodone-acetaminophen</i>)	NF	
ROXICODONE ORAL TABLET 15 MG, 30 MG (<i>oxycodone hcl</i>)	NPB	
ROXYBOND ORAL TABLET ABUSE-DETERRENT 15 MG, 30 MG, 5 MG (<i>oxycodone hcl</i>)	NF	
SUBSYS SUBLINGUAL LIQUID 100 MCG, 1200 (600 X 2) MCG, 1600 (800 X 2) MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG (<i>fentanyl</i>)	NF	
<i>tramadol hcl er (biphasic) oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg</i>	G	
<i>tramadol hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg</i>	NF	
<i>tramadol hcl er oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg</i>	G	
<i>tramadol hcl oral solution 5 mg/ml</i>	NF	
<i>tramadol hcl oral tablet 100 mg</i>	NF	
<i>tramadol hcl oral tablet 50 mg</i>	G	
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	G	
TREZIX ORAL CAPSULE 320.5-30-16 MG (<i>apap-caff-dihydrocodeine</i>)	G	
ULTRACET ORAL TABLET 37.5-325 MG (<i>tramadol-acetaminophen</i>)	NPB	
ULTRAM ORAL TABLET 50 MG (<i>tramadol hcl</i>)	NPB	
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 13.5 MG, 18 MG, 27 MG, 36 MG, 9 MG (<i>oxycodone</i>)	PB	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
OPIOID PARTIAL AGONISTS		
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG (<i>buprenorphine hcl</i>)	PB	
<i>buprenorphine transdermal patch weekly 10 mcg/1hr, 15 mcg/1hr, 20 mcg/1hr, 5 mcg/1hr, 7.5 mcg/1hr</i>	G	
BUTRANS TRANSDERMAL PATCH WEEKLY 10 MCG/HR, 15 MCG/HR, 20 MCG/HR, 5 MCG/HR, 7.5 MCG/HR (<i>buprenorphine</i>)	NF	
<i>pentazocine-naloxone hcl oral tablet 50-0.5 mg</i>	G	
SUBLOCADE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.5ML, 300 MG/1.5ML (<i>buprenorphine</i>)	NPB	
SALICYLATES		
<i>aspirin adult low dose oral tablet delayed release 81 mg</i>	CE	
<i>aspirin ec low strength oral tablet delayed release 81 mg</i>	CE	
<i>aspirin low dose oral tablet chewable 81 mg</i>	CE	
<i>aspirin low dose oral tablet delayed release 81 mg</i>	CE	
<i>aspirin oral tablet chewable 81 mg</i>	CE	
<i>aspirin oral tablet delayed release 81 mg</i>	CE	
ASPIR-LOW ORAL TABLET DELAYED RELEASE 81 MG (<i>aspirin</i>)	CE	
BAYER ASPIRIN EC LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG (<i>aspirin</i>)	CE	
BAYER LOW DOSE ORAL TABLET CHEWABLE 81 MG (<i>aspirin</i>)	CE	
BAYER LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG (<i>aspirin</i>)	CE	
<i>childrens aspirin oral tablet chewable 81 mg</i>	CE	
<i>cvs aspirin low dose oral tablet delayed release 81 mg</i>	CE	
<i>cvs aspirin low strength oral tablet delayed release 81 mg</i>	CE	
<i>diflunisal oral tablet 500 mg</i>	G	
<i>eql aspirin low dose oral tablet chewable 81 mg</i>	CE	
<i>gnp adult aspirin low strength oral tablet chewable 81 mg</i>	CE	
<i>gnp aspirin oral tablet delayed release 81 mg</i>	CE	
<i>goodsense aspirin low dose oral tablet delayed release 81 mg</i>	CE	
<i>h-e-b aspirin oral tablet delayed release 81 mg</i>	CE	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month

01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
<i>hm aspirin oral tablet chewable 81 mg</i>	CE	
<i>kls aspirin low dose oral tablet delayed release 81 mg</i>	CE	
<i>kp aspirin oral tablet delayed release 81 mg</i>	CE	
<i>px aspirin oral tablet chewable 81 mg</i>	CE	
<i>px enteric aspirin oral tablet delayed release 81 mg</i>	CE	
<i>qc childrens aspirin oral tablet chewable 81 mg</i>	CE	
<i>ra aspirin adult low dose oral tablet chewable 81 mg</i>	CE	
<i>ra aspirin childrens oral tablet chewable 81 mg</i>	CE	
<i>ra aspirin ec adult low st oral tablet delayed release 81 mg</i>	CE	
<i>salsalate oral tablet 500 mg, 750 mg</i>	G	
<i>sb childrens aspirin oral tablet chewable 81 mg</i>	CE	
<i>sm aspirin adult low strength oral tablet chewable 81 mg</i>	CE	
<i>sm aspirin adult low strength oral tablet delayed release 81 mg</i>	CE	
<i>sm childrens aspirin oral tablet chewable 81 mg</i>	CE	
ST JOSEPH LOW DOSE ORAL TABLET CHEWABLE 81 MG (<i>aspirin</i>)	CE	
VISCOSUPPLEMENTS		
DUROLANE INTRA-ARTICULAR PREFILLED SYRINGE 60 MG/3ML (<i>sodium hyaluronate (viscosup)</i>)	PSP	
EUFLEXXA INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML (<i>sodium hyaluronate (viscosup)</i>)	PSP	
GEL-ONE INTRA-ARTICULAR PREFILLED SYRINGE 30 MG/3ML (<i>cross-linked hyaluronate</i>)	NF	
GELSYN-3 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 16.8 MG/2ML (<i>sodium hyaluronate (viscosup)</i>)	PSP	
GENVISC 850 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML (<i>sodium hyaluronate (viscosup)</i>)	NF	
HYALGAN INTRA-ARTICULAR SOLUTION 20 MG/2ML (<i>sodium hyaluronate (viscosup)</i>)	NF	
HYALGAN INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML (<i>sodium hyaluronate (viscosup)</i>)	NF	
HYMOVIS INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 24 MG/3ML (<i>hyaluronan</i>)	NF	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
MONOVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 88 MG/4ML (<i>hyaluronan</i>)	NF	
ORTHOVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 30 MG/2ML (<i>hyaluronan</i>)	NF	
SUPARTZ FX INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML (<i>sodium hyaluronate</i> (<i>viscosup</i>))	PSP	
SYNOJOYNT INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML (<i>sodium hyaluronate</i> (<i>viscosup</i>))	NF	
SYNVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 16 MG/2ML (<i>hylan</i>)	NF	
SYNVISC ONE INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 48 MG/6ML (<i>hylan</i>)	NF	
TRILURON INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML (<i>sodium hyaluronate</i> (<i>viscosup</i>))	NF	
TRIVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML (<i>sodium hyaluronate</i> (<i>viscosup</i>))	NF	
VISCO-3 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML (<i>sodium hyaluronate</i> (<i>viscosup</i>))	NF	
ANESTHETICS - DRUGS FOR NUMBING		
LOCAL ANESTHETICS		
<i>bupivacaine hcl injection solution 0.125 %</i>	NPB	
<i>lidomark 2/5 injection kit 2 %</i>	NPB	
XARACOLL IMPLANT IMPLANT 3 X 100 MG (<i>bupivacaine hcl</i>)	NF	
ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS		
ANTHELMINTICS - DRUGS FOR WORM INFECTION		
<i>albendazole oral tablet 200 mg</i>	G	
<i>benznidazole oral tablet 100 mg, 12.5 mg</i>	NPB	
EMVERM ORAL TABLET CHEWABLE 100 MG (<i>mebendazole</i>)	PB	
<i>ivermectin oral tablet 3 mg</i>	G	
<i>praziquantel oral tablet 600 mg</i>	G	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month

01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
ANTI-BACTERIALS - MISCELLANEOUS		
ARIKAYCE INHALATION SUSPENSION 590 MG/8.4ML (amikacin sulfate liposome)	NPSP	
BACTRIM DS ORAL TABLET 800-160 MG (sulfamethoxazole-trimethoprim)	NPB	
BACTRIM ORAL TABLET 400-80 MG (sulfamethoxazole-trimethoprim)	NPB	
MONUROL ORAL PACKET 3 GM (fosfomycin tromethamine)	NPB	
neomycin sulfate oral tablet 500 mg	G	
paromomycin sulfate oral capsule 250 mg	G	
sulfadiazine oral tablet 500 mg	NPB	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	G	
sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg	G	
sulfamethoxazole-trimethoprim (Sulfatrim Pediatric Oral Suspension 200-40 Mg/5MI)	G	
tinidazole oral tablet 250 mg, 500 mg	G	
ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS		
BREXAFEMME ORAL TABLET 150 MG (ibrexafungerp citrate)	NPB	
CRESEMBA ORAL CAPSULE 186 MG (isavuconazonium sulfate)	NF	
fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml	G	
fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg	G	
flucytosine oral capsule 250 mg	G	
flucytosine oral capsule 500 mg	NF	
griseofulvin microsize oral suspension 125 mg/5ml	G	
griseofulvin microsize oral tablet 500 mg	G	
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	G	
itraconazole oral capsule 100 mg	G	
itraconazole oral solution 10 mg/ml	G	
ketoconazole oral tablet 200 mg	G	
NOXAFIL INTRAVENOUS SOLUTION 300 MG/16.7ML (posaconazole)	NF	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month

01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
NOXAFIL ORAL SUSPENSION 40 MG/ML (<i>posaconazole</i>)	NF	
NOXAFIL ORAL TABLET DELAYED RELEASE 100 MG (<i>posaconazole</i>)	NF	
<i>nystatin oral tablet 500000 unit</i>	G	
<i>posaconazole oral tablet delayed release 100 mg</i>	NF	
<i>terbinafine hcl oral tablet 250 mg</i>	G	
<i>tolsura oral capsule 65 mg</i>	NF	
VIVJOA ORAL CAPSULE THERAPY PACK 150 MG (<i>oteseconazole</i>)	NPSP	
<i>voriconazole oral suspension reconstituted 40 mg/ml</i>	G	
<i>voriconazole oral tablet 200 mg, 50 mg</i>	G	
ANTIMALARIALS - DRUGS TO TREAT MALARIA		
ARAKODA ORAL TABLET 100 MG (<i>tafenoquine succinate</i>)	NF	
<i>atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg</i>	G	
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	G	
COARTEM ORAL TABLET 20-120 MG (<i>artemether-lumefantrine</i>)	NPB	
KRINTAFEL ORAL TABLET 150 MG (<i>tafenoquine succinate</i>)	NF	
<i>mefloquine hcl oral tablet 250 mg</i>	G	
<i>primaquine phosphate oral tablet 26.3 (15 base) mg</i>	NPB	
<i>quinine sulfate oral capsule 324 mg</i>	G	
ANTIRETROVIRAL AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION		
<i>abacavir sulfate oral solution 20 mg/ml</i>	GSP	
<i>abacavir sulfate oral tablet 300 mg</i>	GSP	
APTIVUS ORAL CAPSULE 250 MG (<i>tipranavir</i>)	NF	
<i>atazanavir sulfate oral capsule 150 mg, 200 mg, 300 mg</i>	GSP	
EDURANT ORAL TABLET 25 MG (<i>rilpivirine hcl</i>)	PSP	
<i>efavirenz oral capsule 200 mg, 50 mg</i>	GSP	
<i>efavirenz oral tablet 600 mg</i>	GSP	
EMTRIVA ORAL CAPSULE 200 MG (<i>emtricitabine</i>)	PSP	
EMTRIVA ORAL SOLUTION 10 MG/ML (<i>emtricitabine</i>)	PSP	
<i>fosamprenavir calcium oral tablet 700 mg</i>	GSP	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month

01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG (<i>enfuvirtide</i>)	PSP	
INTELENCE ORAL TABLET 100 MG, 200 MG, 25 MG (<i>etravirine</i>)	PSP	
ISENTRESS HD ORAL TABLET 600 MG (<i>raltegravir potassium</i>)	PSP	
ISENTRESS ORAL PACKET 100 MG (<i>raltegravir potassium</i>)	PSP	
ISENTRESS ORAL TABLET 400 MG (<i>raltegravir potassium</i>)	PSP	
ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG (<i>raltegravir potassium</i>)	PSP	
<i>lamivudine oral solution 10 mg/ml</i>	GSP	
<i>lamivudine oral tablet 150 mg, 300 mg</i>	GSP	
LEXIVA ORAL SUSPENSION 50 MG/ML (<i>fosamprenavir calcium</i>)	NF	
LEXIVA ORAL TABLET 700 MG (<i>fosamprenavir calcium</i>)	NF	
<i>nevirapine er oral tablet extended release 24 hour 100 mg, 400 mg</i>	GSP	
<i>nevirapine oral suspension 50 mg/5ml</i>	GSP	
<i>nevirapine oral tablet 200 mg</i>	GSP	
NORVIR ORAL PACKET 100 MG (<i>ritonavir</i>)	PSP	
NORVIR ORAL SOLUTION 80 MG/ML (<i>ritonavir</i>)	PSP	
PIFELTRO ORAL TABLET 100 MG (<i>doravirine</i>)	NF	
PREZISTA ORAL SUSPENSION 100 MG/ML (<i>darunavir</i>)	PSP	
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG (<i>darunavir</i>)	PSP	
REYATAZ ORAL CAPSULE 200 MG, 300 MG (<i>atazanavir sulfate</i>)	NPSP	
REYATAZ ORAL PACKET 50 MG (<i>atazanavir sulfate</i>)	NPSP	
<i>ritonavir oral tablet 100 mg</i>	GSP	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG (<i>fostemsavir tromethamine</i>)	NPSP	
SELZENTRY ORAL SOLUTION 20 MG/ML (<i>maraviroc</i>)	NPSP	
SELZENTRY ORAL TABLET 150 MG, 25 MG, 300 MG, 75 MG (<i>maraviroc</i>)	NPSP	
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>	GSP	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	GSP	
TIVICAY ORAL TABLET 10 MG, 25 MG, 50 MG (<i>dolutegravir sodium</i>)	PSP	
TIVICAY PD ORAL TABLET SOLUBLE 5 MG (<i>dolutegravir sodium</i>)	PSP	
TYBOST ORAL TABLET 150 MG (<i>cobicistat</i>)	NPSP	
VIRACEPT ORAL TABLET 250 MG, 625 MG (<i>nelfinavir mesylate</i>)	NF	
VIREAD ORAL POWDER 40 MG/GM (<i>tenofovir disoproxil fumarate</i>)	NPSP	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG, 300 MG (<i>tenofovir disoproxil fumarate</i>)	NPSP	
<i>zidovudine oral capsule 100 mg</i>	GSP	
<i>zidovudine oral syrup 50 mg/5ml</i>	GSP	
<i>zidovudine oral tablet 300 mg</i>	GSP	
ANTIRETROVIRAL COMBINATION AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION		
<i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i>	GSP	
ATRIPLA ORAL TABLET 600-200-300 MG (<i>efavirenz-emtricitab-tenofovir</i>)	NF	
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG (<i>bictegravir-emtricitab-tenofov</i>)	PSP	
CIMDUO ORAL TABLET 300-300 MG (<i>lamivudine-tenofovir</i>)	PSP	
COMPLERA ORAL TABLET 200-25-300 MG (<i>emtricitab-rilpivir-tenofovir</i>)	NF	
DELSTRIGO ORAL TABLET 100-300-300 MG (<i>doravirin-lamivudin-tenofov df</i>)	NF	
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG (<i>emtricitabine-tenofovir af</i>)	PSP	
DOVATO ORAL TABLET 50-300 MG (<i>dolutegravir-lamivudine</i>)	PSP	
<i>emtricitabine-tenofovir df oral tablet 200-300 mg</i>	CE	
EVOTAZ ORAL TABLET 300-150 MG (<i>atazanavir-cobicistat</i>)	PSP	
GENVOYA ORAL TABLET 150-150-200-10 MG (<i>elviteg-cobic-emtricit-tenofaf</i>)	PSP	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month

01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
JULUCA ORAL TABLET 50-25 MG (<i>dolutegravir-rilpivirine</i>)	NPSP	
KALETRA ORAL TABLET 100-25 MG, 200-50 MG (<i>lopinavir-ritonavir</i>)	NPSP	
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	GSP	
<i>lopinavir-ritonavir oral solution 400-100 mg/5ml</i>	GSP	
ODEFSEY ORAL TABLET 200-25-25 MG (<i>emtricitabine-rilpivir-tenofovir af</i>)	PSP	
PREZCOBIX ORAL TABLET 800-150 MG (<i>darunavir-cobicistat</i>)	PSP	
STRIBILD ORAL TABLET 150-150-200-300 MG (<i>elvitegravir-cobic-emtricit-tenofovir df</i>)	NF	
SYMFI LO ORAL TABLET 400-300-300 MG (<i>efavirenz-lamivudine-tenofovir</i>)	NPSP	
SYMFI ORAL TABLET 600-300-300 MG (<i>efavirenz-lamivudine-tenofovir</i>)	NPSP	
SYMTUZA ORAL TABLET 800-150-200-10 MG (<i>darunavir-cobic-emtricit-tenofovir</i>)	PSP	
TRIUMEQ ORAL TABLET 600-50-300 MG (<i>abacavir-dolutegravir-lamivudine</i>)	PSP	
TRIUMEQ PD ORAL TABLET SOLUBLE 60-5-30 MG (<i>abacavir-dolutegravir-lamivudine</i>)	PSP	
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG (<i>emtricitabine-tenofovir df</i>)	NF	
ANTITUBERCULAR AGENTS - DRUGS TO TREAT TUBERCULOSIS		
<i>cycloserine oral capsule 250 mg</i>	G	
<i>ethambutol hcl oral tablet 100 mg, 400 mg</i>	G	
<i>isoniazid oral syrup 50 mg/5ml</i>	G	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	G	
PASER ORAL PACKET 4 GM (<i>aminosalicylic acid</i>)	NPB	
<i>pretomanid oral tablet 200 mg</i>	NPB	
PRIFTIN ORAL TABLET 150 MG (<i>rifapentine</i>)	NPB	
<i>pyrazinamide oral tablet 500 mg</i>	G	
<i>rifabutin oral capsule 150 mg</i>	G	
<i>rifampin oral capsule 150 mg, 300 mg</i>	G	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
RIFAMPIN+SYRSPEND SF ORAL SUSPENSION 25 MG/ML (<i>rifampin</i>)	NF	
SIRTURO ORAL TABLET 20 MG (<i>bedaquiline fumarate</i>)	NPB	
TRECTOR ORAL TABLET 250 MG (<i>ethionamide</i>)	NPB	
ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS		
<i>acyclovir oral capsule 200 mg</i>	G	
<i>acyclovir oral suspension 200 mg/5ml</i>	G	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	G	
<i>adefovir dipivoxil oral tablet 10 mg</i>	GSP	
BARACLUDE ORAL SOLUTION 0.05 MG/ML (<i>entecavir</i>)	PSP	
BARACLUDE ORAL TABLET 0.5 MG, 1 MG (<i>entecavir</i>)	NF	
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	GSP	
EPIVIR HBV ORAL SOLUTION 5 MG/ML (<i>lamivudine</i>)	NF	
EPIVIR HBV ORAL TABLET 100 MG (<i>lamivudine</i>)	NF	
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	G	
<i>favipiravir oral tablet 200 mg</i>	NPB	
HEPSERA ORAL TABLET 10 MG (<i>adefovir dipivoxil</i>)	NF	
<i>lamivudine oral tablet 100 mg</i>	GSP	
<i>oseltamivir phosphate oral capsule 30 mg, 45 mg, 75 mg</i>	G	
<i>oseltamivir phosphate oral suspension reconstituted 6 mg/ml</i>	G	
PREVYMIS ORAL TABLET 240 MG, 480 MG (<i>letermovir</i>)	NPB	
RAPIVAB INTRAVENOUS SOLUTION 200 MG/20ML (<i>peramivir</i>)	NPB	
<i>ribavirin inhalation solution reconstituted 6 gm</i>	G	
<i>rimantadine hcl oral tablet 100 mg</i>	G	
SITAVIG BUCCAL TABLET 50 MG (<i>acyclovir</i>)	NPB	
TPOXX INTRAVENOUS SOLUTION 200 MG/20ML (<i>tecovirimat</i>)	NPB	
TPOXX ORAL CAPSULE 200 MG (<i>tecovirimat</i>)	NPB	
<i>valacyclovir hcl oral tablet 1 gm, 500 mg</i>	G	
VALCYTE ORAL SOLUTION RECONSTITUTED 50 MG/ML (<i>valganciclovir hcl</i>)	NF	
VALCYTE ORAL TABLET 450 MG (<i>valganciclovir hcl</i>)	NF	
<i>valganciclovir hcl oral solution reconstituted 50 mg/ml</i>	G	
<i>valganciclovir hcl oral tablet 450 mg</i>	G	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month

01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
VALTREX ORAL TABLET 1 GM, 500 MG (<i>valacyclovir hcl</i>)	NF	
VEMLIDY ORAL TABLET 25 MG (<i>tenofovir alafenamide fumarate</i>)	PSP	
XERESE EXTERNAL CREAM 5-1 % (<i>acyclovir-hydrocortisone</i>)	NPB	
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG (<i>baloxavir marboxil</i>)	NF	
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG (<i>baloxavir marboxil</i>)	NF	
ZOVIRAX ORAL SUSPENSION 200 MG/5ML (<i>acyclovir</i>)	NPB	
CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS		
<i>cefaclor er oral tablet extended release 12 hour 500 mg</i>	NPB	
<i>cefaclor oral capsule 250 mg, 500 mg</i>	G	
<i>cefaclor oral suspension reconstituted 125 mg/5ml, 250 mg/5ml, 375 mg/5ml</i>	G	
<i>cefadroxil oral capsule 500 mg</i>	G	
<i>cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml</i>	G	
<i>cefadroxil oral tablet 1 gm</i>	G	
<i>cefazolin sodium injection solution reconstituted 2 gm</i>	NPB	
<i>cefdinir oral capsule 300 mg</i>	G	
<i>cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	G	
<i>cefixime oral capsule 400 mg</i>	G	
<i>cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	G	
<i>cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml</i>	G	
<i>cefpodoxime proxetil oral tablet 100 mg, 200 mg</i>	G	
<i>cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	G	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	G	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	G	
<i>cephalexin oral capsule 250 mg, 500 mg, 750 mg</i>	G	
<i>cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	G	
<i>cephalexin oral tablet 250 mg, 500 mg</i>	G	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month

01/01/2023

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

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month

01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
ZITHROMAX ORAL PACKET 1 GM (<i>azithromycin</i>)	NPB	
ZITHROMAX ORAL SUSPENSION RECONSTITUTED 100 MG/5ML, 200 MG/5ML (<i>azithromycin</i>)	NPB	
ZITHROMAX ORAL TABLET 250 MG, 500 MG (<i>azithromycin</i>)	NPB	
ZITHROMAX TRI-PAK ORAL TABLET 500 MG (<i>azithromycin</i>)	NPB	
ZITHROMAX Z-PAK ORAL TABLET 250 MG (<i>azithromycin</i>)	NPB	
FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS		
BAXDELA ORAL TABLET 450 MG (<i>delafloxacin meglumine</i>)	NPB	
CIPRO ORAL SUSPENSION RECONSTITUTED 250 MG/5ML (5%) (<i>ciprofloxacin</i>)	NPB	
<i>ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg</i>	G	
<i>levofloxacin oral solution 25 mg/ml</i>	G	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	G	
<i>moxifloxacin hcl oral tablet 400 mg</i>	G	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	G	
HEPATITIS C		
EPCLUSA ORAL PACKET 150-37.5 MG, 200-50 MG (<i>sofosbuvir-velpatasvir</i>)	PSP	IBC (Preferred for all genotypes)
EPCLUSA ORAL TABLET 200-50 MG, 400-100 MG (<i>sofosbuvir-velpatasvir</i>)	PSP	IBC (Preferred for all genotypes)
HARVONI ORAL PACKET 33.75-150 MG, 45-200 MG (<i>ledipasvir-sofosbuvir</i>)	PSP	
HARVONI ORAL TABLET 45-200 MG, 90-400 MG (<i>ledipasvir-sofosbuvir</i>)	PSP	IBC (Preferred for genotypes 1,4,5,6)
<i>ledipasvir-sofosbuvir oral tablet 90-400 mg</i>	NF	
MAVYRET ORAL PACKET 50-20 MG (<i>glecaprevir-pibrentasvir</i>)	NF	
MAVYRET ORAL TABLET 100-40 MG (<i>glecaprevir-pibrentasvir</i>)	NF	
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML (<i>peginterferon alfa-2a</i>)	NF	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML (<i>peginterferon alfa-2a</i>)	NF	
<i>ribavirin oral capsule 200 mg</i>	GSP	
<i>ribavirin oral tablet 200 mg</i>	GSP	
<i>sofosbuvir-velpatasvir oral tablet 400-100 mg</i>	NF	
SOVALDI ORAL PACKET 150 MG, 200 MG (<i>sofosbuvir</i>)	NPSP	
SOVALDI ORAL TABLET 200 MG, 400 MG (<i>sofosbuvir</i>)	NPSP	
VIEKIRA PAK ORAL TABLET THERAPY PACK 12.5-75-50 & 250 MG (<i>ombitas-paritapre-ritona-dasab</i>)	NF	
VOSEVI ORAL TABLET 400-100-100 MG (<i>sofosbuvir-velpatasvir-voxilaprevir</i>)	PSP	IBC (Preferred for all genotypes)
ZEPATIER ORAL TABLET 50-100 MG (<i>elbasvir-grazoprevir</i>)	NF	
MISCELLANEOUS		
ALINIA ORAL SUSPENSION RECONSTITUTED 100 MG/5ML (<i>nitazoxanide</i>)	NPB	
ALINIA ORAL TABLET 500 MG (<i>nitazoxanide</i>)	NPB	
<i>atovaquone oral suspension 750 mg/5ml</i>	G	
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	G	
<i>clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml</i>	G	
<i>dapsone oral tablet 100 mg, 25 mg</i>	G	
DARAPRIM ORAL TABLET 25 MG (<i>pyrimethamine</i>)	NF	
FIRST-METRONIDAZOLE ORAL SUSPENSION RECONSTITUTED 50 MG/ML (<i>metronidazole benzoate</i>)	NF	
FIRVANQ ORAL SOLUTION RECONSTITUTED 25 MG/ML, 50 MG/ML (<i>vancomycin hcl</i>)	NF	
LAMPIT ORAL TABLET 120 MG, 30 MG (<i>nifurtimox</i>)	NPB	
<i>linezolid oral suspension reconstituted 100 mg/5ml</i>	G	
<i>linezolid oral tablet 600 mg</i>	G	
MACRODANTIN ORAL CAPSULE 100 MG, 25 MG, 50 MG (<i>nitrofurantoin macrocrystal</i>)	NF	
<i>methenamine hippurate oral tablet 1 gm</i>	G	
<i>methenamine mandelate oral tablet 0.5 gm, 1 gm</i>	G	
METRONIDAZOLE BENZO+SYRSPEND ORAL SUSPENSION RECONSTITUTED 50 MG/ML (<i>metronidazole benzoate</i>)	NF	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month

01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
<i>metronidazole oral capsule 375 mg</i>	G	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	G	
NEBUPENT INHALATION SOLUTION RECONSTITUTED 300 MG (<i>pentamidine isethionate</i>)	NPB	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>	G	
<i>nitrofurantoin monohyd macro oral capsule 100 mg</i>	G	
<i>nitrofurantoin oral suspension 25 mg/5ml</i>	G	
<i>pyrimethamine oral tablet 25 mg</i>	G	
SIVEXTRO ORAL TABLET 200 MG (<i>tedizolid phosphate</i>)	NPB	
SOLOSEC ORAL PACKET 2 GM (<i>secnidazole</i>)	NF	
<i>trimethoprim oral tablet 100 mg</i>	G	
<i>vancomycin hcl intravenous solution 1250 mg/250ml, 1750 mg/350ml, 500 mg/100ml, 750 mg/150ml</i>	NPB	
<i>vancomycin hcl intravenous solution reconstituted 100 gm</i>	NPB	
<i>vancomycin hcl oral capsule 125 mg, 250 mg</i>	G	
VANCOMYCIN+SYRSPEND SF ORAL SUSPENSION 50 MG/ML (<i>vancomycin hcl</i>)	NF	
XIFAXAN ORAL TABLET 200 MG (<i>rifaximin</i>)	NPB	
XIFAXAN ORAL TABLET 550 MG (<i>rifaximin</i>)	PB	
PENICILLINS - DRUGS TO TREAT INFECTIONS		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	G	
<i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>	G	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	G	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	G	
<i>amoxicillin-pot clavulanate er oral tablet extended release 12 hour 1000-62.5 mg</i>	G	
<i>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml</i>	G	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	G	
<i>amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg</i>	G	
<i>ampicillin oral capsule 500 mg</i>	G	
<i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i>	G	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
<i>nafcillin sodium intravenous solution reconstituted 10 gm</i>	G	
<i>penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml</i>	G	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	G	
PFIZERPEN INJECTION SOLUTION RECONSTITUTED 20000000 UNIT, 5000000 UNIT (<i>penicillin g potassium</i>)	NF	
TETRACYCLINES - DRUGS TO TREAT INFECTIONS		
ACTICLATE ORAL TABLET 150 MG, 75 MG (<i>doxycycline hyclate</i>)	NF	
<i>avidoxy oral tablet 100 mg</i>	G	
<i>minocycline hcl</i> (Coremino Oral Tablet Extended Release 24 Hour 135 Mg, 45 Mg, 90 Mg)	NF	
<i>demeclocycline hcl oral tablet 150 mg, 300 mg</i>	G	
DORYX MPC ORAL TABLET DELAYED RELEASE 120 MG, 60 MG (<i>doxycycline hyclate</i>)	NF	
DORYX ORAL TABLET DELAYED RELEASE 200 MG, 50 MG, 80 MG (<i>doxycycline hyclate</i>)	NF	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	G	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	G	
<i>doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg</i>	NF	
<i>doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg, 80 mg</i>	NF	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	G	
<i>doxycycline monohydrate oral capsule 150 mg, 75 mg</i>	NF	
<i>doxycycline monohydrate oral suspension reconstituted 25 mg/5ml</i>	G	
<i>doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	G	
MINOCIN ORAL CAPSULE 100 MG (<i>minocycline hcl</i>)	NF	
<i>minocycline hcl er oral capsule extended release 24 hour 135 mg, 45 mg, 90 mg</i>	NF	
<i>minocycline hcl er oral tablet extended release 24 hour 105 mg, 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg</i>	NF	
<i>minocycline hcl oral capsule 100 mg, 50 mg, 75 mg</i>	G	
<i>minocycline hcl oral tablet 100 mg, 50 mg, 75 mg</i>	G	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month

01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
MINOLIRA ORAL TABLET EXTENDED RELEASE 24 HOUR 105 MG, 135 MG (<i>minocycline hcl</i>)	NF	
<i>doxycycline monohydrate</i> (Mondoxyne NI Oral Capsule 100 Mg)	G	
NUZYRA ORAL TABLET 150 MG (<i>omadacycline tosylate</i>)	NPB	
SEYSARA ORAL TABLET 100 MG, 150 MG, 60 MG (<i>sarecycline hcl</i>)	NF	
<i>doxycycline hyclate</i> (Targadox Oral Tablet 50 Mg)	NF	
<i>tetracycline hcl oral capsule 250 mg, 500 mg</i>	G	
VIBRAMYCIN ORAL SYRUP 50 MG/5ML (<i>doxycycline calcium</i>)	PB	
XIMINO ORAL CAPSULE EXTENDED RELEASE 24 HOUR 135 MG, 45 MG, 90 MG (<i>minocycline hcl</i>)	NF	
ANTINEOPLASTIC AGENTS - DRUGS TO TREAT CANCER		
ALKYLATING AGENTS		
<i>cyclophosphamide intravenous solution 1 gm/5ml, 500 mg/2.5ml</i>	NPSP	
<i>cyclophosphamide intravenous solution 2 gm/10ml</i>	NPB	
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	G	
EMCYT ORAL CAPSULE 140 MG (<i>estramustine phosphate sodium</i>)	PB	
EVOMELA INTRAVENOUS SOLUTION RECONSTITUTED 50 MG (<i>melphalan hcl</i>)	NF	
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG (<i>lomustine</i>)	NPSP	
GLIADEL WAFER IMPLANT WAFER 7.7 MG (<i>carmustine in polifeprosan</i>)	NPB	
LEUKERAN ORAL TABLET 2 MG (<i>chlorambucil</i>)	PB	
MATULANE ORAL CAPSULE 50 MG (<i>procarbazine hcl</i>)	PSP	
<i>melphalan oral tablet 2 mg</i>	G	
MYLERAN ORAL TABLET 2 MG (<i>busulfan</i>)	PB	
TEMODAR INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>temozolomide</i>)	NPSP	
TEMODAR ORAL CAPSULE 250 MG (<i>temozolomide</i>)	NPSP	
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>	GSP	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
ZEPZELCA INTRAVENOUS SOLUTION RECONSTITUTED 4 MG (<i>lurbinectedin</i>)	NF	
ANTIMETABOLITES		
ALIMTA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 500 MG (<i>pemetrexed disodium</i>)	NF	
<i>capecitabine oral tablet 150 mg, 500 mg</i>	GSP	
INFUGEM INTRAVENOUS SOLUTION 1200-0.9 MG/120ML-%, 1300-0.9 MG/130ML-%, 1400-0.9 MG/140ML-%, 1500-0.9 MG/150ML-%, 1600-0.9 MG/160ML-%, 1700-0.9 MG/170ML-%, 1800-0.9 MG/180ML-%, 1900-0.9 MG/190ML-%, 2000-0.9 MG/200ML-%, 2200-0.9 MG/220ML-% (<i>gemcitabine hcl-nacl</i>)	NF	
INQOVI ORAL TABLET 35-100 MG (<i>decitabine-cedazuridine</i>)	NPSP	
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG (<i>trifluridine-tipiracil</i>)	PSP	
<i>mercaptopurine oral tablet 50 mg</i>	G	
<i>methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml</i>	GSP	
<i>methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml</i>	GSP	
<i>methotrexate sodium injection solution reconstituted 1 gm</i>	GSP	
ONUREG ORAL TABLET 200 MG, 300 MG (<i>azacitidine</i>)	NPSP	
PURIXAN ORAL SUSPENSION 2000 MG/100ML (<i>mercaptopurine</i>)	NPSP	
TABLOID ORAL TABLET 40 MG (<i>thioguanine</i>)	PB	
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG (<i>methotrexate sodium</i>)	PB	
XELODA ORAL TABLET 150 MG, 500 MG (<i>capecitabine</i>)	NPSP	
ANTIMITOTIC, TAXOIDS		
ABRAXANE INTRAVENOUS SUSPENSION RECONSTITUTED 100 MG (<i>paclitaxel protein-bound part</i>)	NPSP	
ANTINEOPLASTIC, BCL-2 INHIBITORS		
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG (<i>venetoclax</i>)	NPSP	
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG (<i>venetoclax</i>)	NPSP	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month

01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
BIOLOGIC RESPONSE MODIFIERS		
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML (<i>ropeginterferon alfa-2b-njft</i>)	NPSP	
DAURISMO ORAL TABLET 100 MG, 25 MG (<i>glasdegib maleate</i>)	NF	
ENHERTU INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>fam-trastuzumab deruxtecanxki</i>)	NF	
ERIVEDGE ORAL CAPSULE 150 MG (<i>vismodegib</i>)	PSP	
JEMPERLI INTRAVENOUS SOLUTION 500 MG/10ML (<i>dostarlimab-gxly</i>)	NF	
LIBTAYO INTRAVENOUS SOLUTION 350 MG/7ML (<i>cemiplimab-rwlc</i>)	NPSP	
OPDIVO INTRAVENOUS SOLUTION 120 MG/12ML (<i>nivolumab</i>)	NPSP	
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG (<i>pomalidomide</i>)	NPSP	
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG (<i>lenalidomide</i>)	PSP	
RIABNI INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML (<i>rituximab-arrx</i>)	NF	
RITUXAN INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML (<i>rituximab</i>)	NF	
RUXIENCE INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML (<i>rituximab-pvvr</i>)	PSP	
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG (<i>thalidomide</i>)	PSP	
TICE BCG INTRAVESICAL SUSPENSION RECONSTITUTED 50 MG (<i>bcg live</i>)	NPB	
TIVDAK INTRAVENOUS SOLUTION RECONSTITUTED 40 MG (<i>tisotumab vedotin-tftv</i>)	NPSP	
TRUXIMA INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML (<i>rituximab-abbs</i>)	NF	
HORMONAL ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate oral tablet 250 mg</i>	GSP	
<i>anastrozole oral tablet 1 mg</i>	CE	
<i>bicalutamide oral tablet 50 mg</i>	G	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
ELIGARD SUBCUTANEOUS KIT 30 MG (<i>leuprolide acetate (4 month)</i>)	PSP	
ERLEADA ORAL TABLET 60 MG (<i>apalutamide</i>)	PSP	
<i>exemestane oral tablet 25 mg</i>	CE	
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG/VIAL (<i>degarelix acetate</i>)	PSP	
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG (<i>degarelix acetate</i>)	PSP	
<i>flutamide oral capsule 125 mg</i>	G	
<i>letrozole oral tablet 2.5 mg</i>	G	
<i>leuprolide acetate injection kit 1 mg/0.2ml</i>	GSP	
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG, 7.5 MG (<i>leuprolide acetate</i>)	NF	
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 22.5 MG (<i>leuprolide acetate (3 month)</i>)	NF	
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30 MG (<i>leuprolide acetate (4 month)</i>)	NF	
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45 MG (<i>leuprolide acetate (6 month)</i>)	NF	
LYSODREN ORAL TABLET 500 MG (<i>mitotane</i>)	PSP	
<i>megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml</i>	G	
<i>megestrol acetate oral tablet 20 mg, 40 mg</i>	G	
NILANDRON ORAL TABLET 150 MG (<i>nilutamide</i>)	NF	
<i>nilutamide oral tablet 150 mg</i>	G	
NUBEQA ORAL TABLET 300 MG (<i>darolutamide</i>)	PSP	
SOLTAMOX ORAL SOLUTION 10 MG/5ML (<i>tamoxifen citrate</i>)	NPB	
<i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>	CE	
<i>toremifene citrate oral tablet 60 mg</i>	G	
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 22.5 MG, 3.75 MG (<i>triptorelin pamoate</i>)	NF	
XTANDI ORAL CAPSULE 40 MG (<i>enzalutamide</i>)	PSP	
XTANDI ORAL TABLET 40 MG, 80 MG (<i>enzalutamide</i>)	PSP	
YONSA ORAL TABLET 125 MG (<i>abiraterone acetate</i>)	PSP	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month

01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG (<i>goserelin acetate</i>)	NF	
ZYTIGA ORAL TABLET 250 MG, 500 MG (<i>abiraterone acetate</i>)	NF	
KINASE INHIBITORS		
AFINITOR DISPERZ ORAL TABLET SOLUBLE 2 MG, 3 MG, 5 MG (<i>everolimus</i>)	NF	
AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG (<i>everolimus</i>)	NF	
ALECENSA ORAL CAPSULE 150 MG (<i>alectinib hcl</i>)	PSP	
ALIQOPA INTRAVENOUS SOLUTION RECONSTITUTED 60 MG (<i>copanlisib hcl</i>)	NF	
ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG (<i>brigatinib</i>)	PSP	
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG (<i>brigatinib</i>)	PSP	
AVASTIN INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML (<i>bevacizumab</i>)	NF	
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG (<i>avapritinib</i>)	NF	
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG (<i>erdafitinib</i>)	NPSP	
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG (<i>bosutinib</i>)	PSP	
BRAFTOVI ORAL CAPSULE 75 MG (<i>encorafenib</i>)	PSP	
BRUKINSA ORAL CAPSULE 80 MG (<i>zanubrutinib</i>)	PSP	
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG (<i>cabozantinib s-malate</i>)	PSP	
CALQUENCE ORAL CAPSULE 100 MG (<i>acalabrutinib</i>)	PSP	
CALQUENCE ORAL TABLET 100 MG (<i>acalabrutinib maleate</i>)	PSP	
CAPRELSA ORAL TABLET 100 MG, 300 MG (<i>vandetanib</i>)	NPSP	
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG (<i>cabozantinib s-malate</i>)	NPSP	
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG (<i>cabozantinib s-malate</i>)	NPSP	
COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG (<i>cabozantinib s-malate</i>)	NPSP	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
COPIKTRA ORAL CAPSULE 15 MG (<i>duvelisib</i>)	PB	
COPIKTRA ORAL CAPSULE 25 MG (<i>duvelisib</i>)	PSP	
COTELLIC ORAL TABLET 20 MG (<i>cobimetinib fumarate</i>)	PSP	
<i>erlotinib hcl oral tablet 100 mg, 150 mg, 25 mg</i>	GSP	
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG (<i>tivozanib hcl</i>)	NF	
GAVRETO ORAL CAPSULE 100 MG (<i>pralsetinib</i>)	PSP	
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG (<i>afatinib dimaleate</i>)	NPSP	
GLEEVEC ORAL TABLET 100 MG, 400 MG (<i>imatinib mesylate</i>)	NF	
HERCEPTIN INTRAVENOUS SOLUTION RECONSTITUTED 150 MG (<i>trastuzumab</i>)	NF	
HERZUMA INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG (<i>trastuzumab-pkrb</i>)	NF	
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG (<i>palbociclib</i>)	PSP	
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG (<i>palbociclib</i>)	PSP	
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG (<i>ponatinib hcl</i>)	NF	
<i>imatinib mesylate oral tablet 100 mg, 400 mg</i>	GSP	
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG (<i>ibrutinib</i>)	PSP	
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG (<i>ibrutinib</i>)	PSP	
INLYTA ORAL TABLET 1 MG, 5 MG (<i>axitinib</i>)	PSP	
INREBIC ORAL CAPSULE 100 MG (<i>fedratinib hcl</i>)	NF	
IRESSA ORAL TABLET 250 MG (<i>gefitinib</i>)	PSP	
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG (<i>ruxolitinib phosphate</i>)	NPSP	
KANJINTI INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG (<i>trastuzumab-anns</i>)	PSP	
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK 200 MG (<i>ribociclib succinate</i>)	PSP	
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG (<i>ribociclib succinate</i>)	PSP	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month

01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG (<i>ribociclib succinate</i>)	PSP	
KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG (<i>ribociclib-letrozole</i>)	PSP	
KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG (<i>ribociclib-letrozole</i>)	PSP	
KISQALI FEMARA(200 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG (<i>ribociclib-letrozole</i>)	PSP	
KOSELUGO ORAL CAPSULE 10 MG, 25 MG (<i>selumetinib sulfate</i>)	PSP	
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG (<i>lenvatinib mesylate</i>)	PSP	
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG (<i>lenvatinib mesylate</i>)	PSP	
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG (<i>lenvatinib mesylate</i>)	PSP	
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG (<i>lenvatinib mesylate</i>)	PSP	
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG (<i>lenvatinib mesylate</i>)	PSP	
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG (<i>lenvatinib mesylate</i>)	PSP	
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG (<i>lenvatinib mesylate</i>)	PSP	
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG (<i>lenvatinib mesylate</i>)	PSP	
LORBRENA ORAL TABLET 100 MG, 25 MG (<i>lorlatinib</i>)	NPSP	
MEKINIST ORAL TABLET 0.5 MG, 2 MG (<i>trametinib dimethyl sulfoxide</i>)	NF	
MEKTOVI ORAL TABLET 15 MG (<i>binimetinib</i>)	PSP	
MVASI INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML (<i>bevacizumab-awwb</i>)	NF	
NERLYNX ORAL TABLET 40 MG (<i>neratinib maleate</i>)	NPSP	
NEXAVAR ORAL TABLET 200 MG (<i>sorafenib tosylate</i>)	PSP	
OGIVRI INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG (<i>trastuzumab-dkst</i>)	NF	
ONTRUZANT INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG (<i>trastuzumab-dttb</i>)	NF	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month

01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG (<i>pemigatinib</i>)	NF	
PERJETA INTRAVENOUS SOLUTION 420 MG/14ML (<i>pertuzumab</i>)	PSP	
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 MG (<i>alpelisib</i>)	NPSP	
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50 MG (<i>alpelisib</i>)	NPSP	
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150 MG (<i>alpelisib</i>)	NPSP	
QINLOCK ORAL TABLET 50 MG (<i>ripretinib</i>)	NF	
RETEVMO ORAL CAPSULE 40 MG, 80 MG (<i>selpercatinib</i>)	PSP	
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG (<i>entrectinib</i>)	PSP	
RYDAPT ORAL CAPSULE 25 MG (<i>midostaurin</i>)	PSP	
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG (<i>dasatinib</i>)	PSP	
STIVARGA ORAL TABLET 40 MG (<i>regorafenib</i>)	PSP	
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG (<i>sunitinib malate</i>)	NF	
TABRECTA ORAL TABLET 150 MG, 200 MG (<i>capmatinib hcl</i>)	NF	
TAFINLAR ORAL CAPSULE 50 MG, 75 MG (<i>dabrafenib mesylate</i>)	NF	
TAGRISSE ORAL TABLET 40 MG, 80 MG (<i>osimertinib mesylate</i>)	PSP	
TARCEVA ORAL TABLET 100 MG, 150 MG, 25 MG (<i>erlotinib hcl</i>)	NPSP	
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG (<i>nilotinib hcl</i>)	NF	
TEPMETKO ORAL TABLET 225 MG (<i>tepotinib hcl</i>)	NF	
TRAZIMERA INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG (<i>trastuzumab-qyyp</i>)	PSP	
TUKYSA ORAL TABLET 150 MG, 50 MG (<i>tucatinib</i>)	NPSP	
TURALIO ORAL CAPSULE 200 MG (<i>pexidartinib hcl</i>)	NF	
TYKERB ORAL TABLET 250 MG (<i>lapatinib ditosylate</i>)	NPSP	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month

01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (<i>abemaciclib</i>)	NPSP	
VITRAKVI ORAL CAPSULE 100 MG, 25 MG (<i>larotrectinib sulfate</i>)	PSP	
VITRAKVI ORAL SOLUTION 20 MG/ML (<i>larotrectinib sulfate</i>)	PSP	
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG (<i>dacomitinib</i>)	NF	
VOTRIENT ORAL TABLET 200 MG (<i>pazopanib hcl</i>)	NF	
XALKORI ORAL CAPSULE 200 MG, 250 MG (<i>crizotinib</i>)	NF	
XOSPATA ORAL TABLET 40 MG (<i>gilteritinib fumarate</i>)	PSP	
ZELBORAF ORAL TABLET 240 MG (<i>vemurafenib</i>)	PSP	
ZIRABEV INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML (<i>bevacizumab-bvzr</i>)	PSP	
ZYDELIG ORAL TABLET 100 MG, 150 MG (<i>idelalisib</i>)	PSP	
ZYKADIA ORAL TABLET 150 MG (<i>ceritinib</i>)	PSP	
MISCELLANEOUS		
ASPARLAS INTRAVENOUS SOLUTION 3750 UNIT/5ML (<i>calaspargase pegol-mknl</i>)	NPSP	
BELEODAQ INTRAVENOUS SOLUTION RECONSTITUTED 500 MG (<i>belinostat</i>)	NPSP	
<i>bexarotene oral capsule 75 mg</i>	GSP	
<i>hydroxyurea oral capsule 500 mg</i>	G	
IDHIFA ORAL TABLET 100 MG, 50 MG (<i>enasidenib mesylate</i>)	NPSP	
LUMAKRAS ORAL TABLET 120 MG (<i>sotorasib</i>)	NPSP	
LYNPARZA ORAL TABLET 100 MG, 150 MG (<i>olaparib</i>)	PSP	
ODOMZO ORAL CAPSULE 200 MG (<i>sonidegib phosphate</i>)	PSP	
ONCASPAR INJECTION SOLUTION 750 UNIT/ML (<i>pegaspargase</i>)	NPSP	
<i>romidepsin intravenous solution 27.5 mg/5.5ml</i>	NPSP	
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG (<i>rucaparib camsylate</i>)	NF	
RYLAZE INTRAMUSCULAR SOLUTION 10 MG/0.5ML (<i>asparaginase erwinia chry-rywn</i>)	NPSP	
SYNRIBO SUBCUTANEOUS SOLUTION RECONSTITUTED 3.5 MG (<i>omacetaxine mepesuccinate</i>)	NPSP	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
TALZENNA ORAL CAPSULE 0.25 MG, 0.5 MG, 0.75 MG, 1 MG (<i>talazoparib tosylate</i>)	NF	
TARGRETIN ORAL CAPSULE 75 MG (<i>bexarotene</i>)	NPSP	
TAZVERIK ORAL TABLET 200 MG (<i>tazemetostat hbr</i>)	NF	
TIBSOVO ORAL TABLET 250 MG (<i>ivosidenib</i>)	NPSP	
<i>tretinoin oral capsule 10 mg</i>	G	
VISTOGARD ORAL PACKET 10 GM (<i>uridine triacetate</i>)	PSP	
XOFIGO INTRAVENOUS SOLUTION 30 MCCI/ML (<i>radium ra 223 dichloride</i>)	NF	
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG (<i>selinexor</i>)	NPSP	
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG (<i>selinexor</i>)	NPSP	
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG (<i>selinexor</i>)	NPSP	
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG (<i>selinexor</i>)	NPSP	
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG (<i>selinexor</i>)	NPSP	
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG (<i>selinexor</i>)	NPSP	
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG (<i>selinexor</i>)	NPSP	
ZEJULA ORAL CAPSULE 100 MG (<i>niraparib tosylate</i>)	PSP	
ZOLINZA ORAL CAPSULE 100 MG (<i>vorinostat</i>)	PSP	
PLATINUM-BASED AGENTS		
PARAPLATIN INTRAVENOUS SOLUTION 1000 MG/100ML (<i>carboplatin</i>)	NPSP	
PROTEASOME INHIBITORS		
<i>bortezomib injection solution 3.5 mg/1.4ml</i>	NF	
<i>bortezomib injection solution reconstituted 1 mg, 2.5 mg</i>	NF	
<i>bortezomib intravenous solution reconstituted 3.5 mg</i>	NF	
KYPROLIS INTRAVENOUS SOLUTION RECONSTITUTED 10 MG, 30 MG, 60 MG (<i>carfilzomib</i>)	NF	
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG (<i>ixazomib citrate</i>)	PSP	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month

01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
VELCADE INJECTION SOLUTION RECONSTITUTED 3.5 MG (<i>bortezomib</i>)	NPSP	
PROTECTIVE AGENTS		
KHAPZORY INTRAVENOUS SOLUTION RECONSTITUTED 175 MG, 300 MG (<i>levoleucovorin</i>)	NF	
<i>leucovorin calcium injection solution 100 mg/10ml</i>	NPB	
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	G	
MESNEX ORAL TABLET 400 MG (<i>mesna</i>)	NPB	
TOTECT INTRAVENOUS SOLUTION RECONSTITUTED 500 MG (<i>dexrazoxane hcl</i>)	NF	
TOPOISOMERASE INHIBITORS		
<i>etoposide oral capsule 50 mg</i>	G	
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG (<i>topotecan hcl</i>)	NPSP	
ONIVYDE INTRAVENOUS INJECTABLE 43 MG/10ML (<i>irinotecan hcl liposome</i>)	NPSP	
CARDIOVASCULAR - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS		
ACE INHIBITOR COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
ACCURETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG (<i>quinapril-hydrochlorothiazide</i>)	NPB	
<i>amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	G	LGC
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	G	LGC
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	G	LGC
<i>fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg</i>	G	LGC
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	G	LGC
PRESTALIA ORAL TABLET 14-10 MG, 3.5-2.5 MG, 7-5 MG (<i>perindopril arg-amlodipine</i>)	NF	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	G	LGC
<i>trandolapril-verapamil hcl er oral tablet extended release 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i>	NPB	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
ZESTORETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG (<i>lisinopril-hydrochlorothiazide</i>)	NF	
ACE INHIBITORS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
<i>benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	G	LGC
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	G	LGC
<i>enalapril maleate oral solution 1 mg/ml</i>	G	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	G	LGC
EPANED ORAL SOLUTION 1 MG/ML (<i>enalapril maleate</i>)	NF	
<i>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i>	G	LGC
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	G	LGC
<i>lisinopril oral tablet 30 mg, 40 mg</i>	G	
<i>moexipril hcl oral tablet 15 mg, 7.5 mg</i>	G	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	G	LGC
QBRELIS ORAL SOLUTION 1 MG/ML (<i>lisinopril</i>)	NPB	
<i>quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	G	LGC
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	G	LGC
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	G	LGC
VASOTEC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG (<i>enalapril maleate</i>)	NPB	
ALDOSTERONE RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
<i>eplerenone oral tablet 25 mg, 50 mg</i>	G	
ALPHA BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG (<i>doxazosin mesylate</i>)	NPB	
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	G	
<i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>	G	
<i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	G	LGC
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
<i>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	G	LGC

Prescription Drug Name	Drug Tier	Drug Notes
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	G	LGC
ATACAND HCT ORAL TABLET 16-12.5 MG, 32-12.5 MG, 32-25 MG (<i>candesartan cilexetil-hctz</i>)	NF	
AZOR ORAL TABLET 10-20 MG, 10-40 MG, 5-20 MG, 5-40 MG (<i>amlodipine-olmesartan</i>)	NF	
BENICAR HCT ORAL TABLET 20-12.5 MG, 40-12.5 MG, 40-25 MG (<i>olmesartan medoxomil-hctz</i>)	NF	
<i>candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	G	LGC
DIOVAN HCT ORAL TABLET 160-12.5 MG, 160-25 MG, 320-12.5 MG, 320-25 MG, 80-12.5 MG (<i>valsartan-hydrochlorothiazide</i>)	NF	
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG (<i>azilsartan-chlorthalidone</i>)	NF	
EXFORGE HCT ORAL TABLET 10-160-12.5 MG, 10-160-25 MG, 10-320-25 MG, 5-160-12.5 MG, 5-160-25 MG (<i>amlodipine-valsartan-hctz</i>)	NF	
EXFORGE ORAL TABLET 10-160 MG, 10-320 MG, 5-160 MG, 5-320 MG (<i>amlodipine besylate-valsartan</i>)	NF	
HYZAAR ORAL TABLET 100-12.5 MG, 100-25 MG, 50-12.5 MG (<i>losartan potassium-hctz</i>)	NF	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	G	LGC
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	G	LGC
MICARDIS HCT ORAL TABLET 40-12.5 MG, 80-12.5 MG, 80-25 MG (<i>telmisartan-hctz</i>)	NF	
<i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	G	LGC
<i>olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	G	LGC
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	G	LGC
<i>telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	G	LGC
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	G	LGC

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month

01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
ANGIOTENSIN II RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
ATACAND ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG (<i>candesartan cilexetil</i>)	NF	
BENICAR ORAL TABLET 20 MG, 40 MG, 5 MG (<i>olmesartan medoxomil</i>)	NF	
<i>candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	G	LGC
COZAAR ORAL TABLET 100 MG, 25 MG, 50 MG (<i>losartan potassium</i>)	NF	
DIOVAN ORAL TABLET 160 MG, 320 MG, 40 MG, 80 MG (<i>valsartan</i>)	NF	
EDARBI ORAL TABLET 40 MG, 80 MG (<i>azilsartan medoxomil</i>)	NF	
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	G	LGC
<i>losartan potassium oral tablet 100 mg, 25 mg, 50 mg</i>	G	LGC
MICARDIS ORAL TABLET 20 MG, 40 MG, 80 MG (<i>telmisartan</i>)	NF	
<i>olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg</i>	G	LGC
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	G	LGC
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	G	LGC
ANTIARRHYTHMICS - DRUGS TO CONTROL HEART RHYTHM		
<i>amiodarone hcl oral tablet 100 mg, 200 mg, 400 mg</i>	G	
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG (<i>sotalol hcl af</i>)	NF	
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG (<i>sotalol hcl</i>)	NF	
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	G	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	GSP	
<i>flecainide acetate oral tablet 100 mg, 150 mg, 50 mg</i>	G	
<i>mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg</i>	G	
MULTAQ ORAL TABLET 400 MG (<i>dronedarone hcl</i>)	NF	
NEXTERONE INTRAVENOUS SOLUTION 150-4.21 MG/100ML-%, 360-4.14 MG/200ML-% (<i>amiodarone hcl in dextrose</i>)	NF	
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 150 MG (<i>disopyramide phosphate</i>)	PB	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month

01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
NORPACE ORAL CAPSULE 100 MG, 150 MG (disopyramide phosphate)	NF	
amiodarone hcl (Pacerone Oral Tablet 100 Mg, 200 Mg, 400 Mg)	G	
propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg	G	
propafenone hcl oral tablet 150 mg, 225 mg, 300 mg	G	
quinidine gluconate er oral tablet extended release 324 mg	G	
quinidine sulfate oral tablet 200 mg, 300 mg	G	
sotalol hcl (Sorine Oral Tablet 120 Mg, 80 Mg)	G	LGC
sotalol hcl (Sorine Oral Tablet 160 Mg, 240 Mg)	G	
sotalol hcl (af) oral tablet 120 mg	G	LGC
sotalol hcl (af) oral tablet 160 mg, 80 mg	G	
sotalol hcl oral tablet 120 mg, 80 mg	G	LGC
sotalol hcl oral tablet 160 mg, 240 mg	G	
SOTYLIZE ORAL SOLUTION 5 MG/ML (sotalol hcl)	NPB	
TIKOSYN ORAL CAPSULE 125 MCG, 250 MCG, 500 MCG (dofetilide)	NPSP	
ANTILIPEMICS, ACL INHIBITORS/COMBINATIONS - DRUGS TO TREAT HIGH CHOLESTEROL		
NEXLETOL ORAL TABLET 180 MG (bempedoic acid)	PB	
NEXLIZET ORAL TABLET 180-10 MG (bempedoic acid-ezetimibe)	PB	
ANTILIPEMICS, BILE ACID RESINS - DRUGS TO TREAT HIGH CHOLESTEROL		
cholestyramine light oral packet 4 gm	G	
cholestyramine light oral powder 4 gm/dose	G	
cholestyramine oral packet 4 gm	G	
cholestyramine oral powder 4 gm/dose	G	
colesevelam hcl oral packet 3.75 gm	G	
colesevelam hcl oral tablet 625 mg	G	
colestipol hcl oral granules 5 gm	G	
colestipol hcl oral packet 5 gm	G	
colestipol hcl oral tablet 1 gm	G	
cholestyramine light (Prevalite Oral Packet 4 Gm)	G	
cholestyramine light (Prevalite Oral Powder 4 Gm/Dose)	G	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
ANTILIPEMICS, CHOLESTEROL ABSORPTION INHIBITOR - DRUGS TO TREAT HIGH CHOLESTEROL		
<i>ezetimibe oral tablet 10 mg</i>	G	
ZETIA ORAL TABLET 10 MG (<i>ezetimibe</i>)	NF	
ANTILIPEMICS, FIBRATES - DRUGS TO TREAT HIGH CHOLESTEROL		
ANTARA ORAL CAPSULE 30 MG, 90 MG (<i>fenofibrate micronized</i>)	NPB	
<i>fenofibrate micronized oral capsule 130 mg</i>	NF	
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 30 mg, 43 mg, 67 mg, 90 mg</i>	G	
<i>fenofibrate oral capsule 150 mg</i>	G	
<i>fenofibrate oral capsule 50 mg</i>	NF	
<i>fenofibrate oral tablet 120 mg, 40 mg</i>	NF	
<i>fenofibrate oral tablet 145 mg, 48 mg, 54 mg</i>	G	
<i>fenofibrate oral tablet 160 mg</i>	NPB	
<i>fenofibric acid oral capsule delayed release 135 mg, 45 mg</i>	G	
<i>fenofibric acid oral tablet 105 mg</i>	G	
FENOGLIDE ORAL TABLET 120 MG (<i>fenofibrate</i>)	NF	
FIBRICOR ORAL TABLET 105 MG, 35 MG (<i>fenofibric acid</i>)	NPB	
<i>gemfibrozil oral tablet 600 mg</i>	G	LGC
LIPOFEN ORAL CAPSULE 150 MG, 50 MG (<i>fenofibrate</i>)	NPB	
TRICOR ORAL TABLET 145 MG, 48 MG (<i>fenofibrate</i>)	NF	
ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS - DRUGS TO TREAT HIGH CHOLESTEROL		
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HOUR 20 MG, 40 MG, 60 MG (<i>lovastatin</i>)	NF	
<i>atorvastatin calcium oral tablet 10 mg, 20 mg</i>	CE	LGC
<i>atorvastatin calcium oral tablet 40 mg, 80 mg</i>	G	LGC
CRESTOR ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG (<i>rosuvastatin calcium</i>)	NF	
EZALLOR SPRINKLE ORAL CAPSULE SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG (<i>rosuvastatin calcium</i>)	NF	
<i>flolipid oral suspension 20 mg/5ml, 40 mg/5ml</i>	NF	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month

01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
<i>fluvastatin sodium er oral tablet extended release 24 hour 80 mg</i>	G	
<i>fluvastatin sodium oral capsule 20 mg, 40 mg</i>	G	
LESCOL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 80 MG (<i>fluvastatin sodium</i>)	NF	
LIPITOR ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG (<i>atorvastatin calcium</i>)	NF	
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG (<i>pitavastatin calcium</i>)	NF	
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	G	LGC
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	G	LGC
<i>rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	G	LGC
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	CE	LGC
<i>simvastatin oral tablet 80 mg</i>	G	LGC
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG (<i>simvastatin</i>)	NPB	
ZYPITAMAG ORAL TABLET 2 MG, 4 MG (<i>pitavastatin magnesium</i>)	NF	
ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS/COMBINATIONS - DRUGS TO TREAT HIGH CHOLESTEROL		
<i>ezetimibe-rosuvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-5 mg</i>	NF	
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	G	
ROSZET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-5 MG (<i>ezetimibe-rosuvastatin</i>)	NF	
VYTORIN ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG (<i>ezetimibe-simvastatin</i>)	NPB	
ANTILIPEMICS, MISCELLANEOUS - DRUGS TO TREAT HIGH CHOLESTEROL		
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG (<i>lomitapide mesylate</i>)	NF	
<i>niacin (antihyperlipidemic) oral tablet 500 mg</i>	NF	
<i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg</i>	G	
NIACOR ORAL TABLET 500 MG (<i>niacin (antihyperlipidemic)</i>)	NF	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
ANTILIPEMICS, OMEGA-3 FATTY ACIDS - DRUGS TO TREAT HIGH CHOLESTEROL		
<i>icosapent ethyl oral capsule 1 gm</i>	NF	
LOVAZA ORAL CAPSULE 1 GM (<i>omega-3-acid ethyl esters</i>)	NPB	
<i>omega-3-acid ethyl esters oral capsule 1 gm</i>	G	
VASCEPA ORAL CAPSULE 0.5 GM (<i>icosapent ethyl</i>)	PB	
VASCEPA ORAL CAPSULE 1 GM (<i>icosapent ethyl</i>)	PB	N8 (Listing does not include certain NDCs)
ANTILIPEMICS, PCSK9 INHIBITORS - DRUGS TO TREAT HIGH CHOLESTEROL		
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 75 MG/ML (<i>alirocumab</i>)	PSP	
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML (<i>evolocumab</i>)	NF	
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML (<i>evolocumab</i>)	NF	
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML (<i>evolocumab</i>)	NF	
BETA-BLOCKER/DIURETIC COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	G	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	G	LGC
DUTOPROL ORAL TABLET EXTENDED RELEASE 24 HOUR 50-12.5 MG (<i>metoprolol-hydrochlorothiazide</i>)	NF	
<i>metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	G	
BETA-BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>	G	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	G	LGC
ATENOLOL+SYRSPEND SF ORAL SUSPENSION 1 MG/ML (<i>atenolol</i>)	NF	
<i>betaxolol hcl oral tablet 10 mg, 20 mg</i>	G	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	G	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month

01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG (nebivolol hcl)	NPB	
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	G	LGC
carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg	G	
COREG CR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 40 MG, 80 MG (carvedilol phosphate)	NF	
COREG ORAL TABLET 12.5 MG, 25 MG, 3.125 MG, 6.25 MG (carvedilol)	NPB	
CORGARD ORAL TABLET 20 MG, 40 MG, 80 MG (nadolol)	NPB	
HEMANGEOL ORAL SOLUTION 4.28 MG/ML (propranolol hcl)	NPB	
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 160 MG, 60 MG, 80 MG (propranolol hcl)	NF	
INDERAL XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG (propranolol hcl sr beads)	NF	
INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG (propranolol hcl sr beads)	NF	
KAPSPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 200 MG, 25 MG, 50 MG (metoprolol succinate)	NF	
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg	G	
LOPRESSOR ORAL TABLET 100 MG, 50 MG (metoprolol tartrate)	NPB	
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg	G	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	G	LGC
metoprolol tartrate oral tablet 37.5 mg, 75 mg	G	
nadolol oral tablet 20 mg, 40 mg, 80 mg	G	
nebivolol hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	G	
pindolol oral tablet 10 mg, 5 mg	G	
propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg	G	
propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml	G	
propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 80 mg	G	LGC

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
<i>propranolol hcl oral tablet 60 mg</i>	G	
TENORMIN ORAL TABLET 100 MG, 25 MG, 50 MG (<i>atenolol</i>)	NPB	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	G	
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 50 MG (<i>metoprolol succinate</i>)	NF	
CALCIUM CHANNEL BLOCKER/ANTILIPEMIC COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	G	LGC
CALCIUM CHANNEL BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
AMLODIPINE BES+SYRSPEND SF ORAL SUSPENSION 1 MG/ML (<i>amlodipine besylate</i>)	NF	
<i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>	G	LGC
CALAN SR ORAL TABLET EXTENDED RELEASE 120 MG, 180 MG, 240 MG (<i>verapamil hcl</i>)	NPB	
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG (<i>diltiazem hcl coated beads</i>)	NF	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (<i>diltiazem hcl coated beads</i>)	NF	
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG (<i>diltiazem hcl</i>)	NF	
<i>diltiazem hcl coated beads</i> (Cartia Xt Oral Capsule Extended Release 24 Hour 120 Mg, 180 Mg, 240 Mg, 300 Mg)	G	
CONJUPRI ORAL TABLET 2.5 MG, 5 MG (<i>levamlodipine maleate</i>)	NF	
<i>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	G	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	G	
<i>diltiazem hcl er coated beads oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	NF	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month

01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
<i>diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i>	G	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	G	LGC
<i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	G	
<i>felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	G	
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	G	
KATERZIA ORAL SUSPENSION 1 MG/ML (amlodipine benzoate)	NF	
<i>diltiazem hcl coated beads (Matzim La Oral Tablet Extended Release 24 Hour 180 Mg, 240 Mg, 300 Mg, 360 Mg, 420 Mg)</i>	NF	
<i>nicardipine hcl oral capsule 20 mg, 30 mg</i>	G	
<i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	G	
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	G	
<i>nifedipine oral capsule 10 mg, 20 mg</i>	G	
<i>nimodipine oral capsule 30 mg</i>	G	
<i>nisoldipine er oral tablet extended release 24 hour 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg</i>	G	
NORVASC ORAL TABLET 10 MG, 2.5 MG, 5 MG (amlodipine besylate)	NF	
NYMALIZE ORAL SOLUTION 6 MG/ML (nimodipine)	NPB	
<i>diltiazem hcl er beads (Taztia Xt Oral Capsule Extended Release 24 Hour 120 Mg, 180 Mg, 240 Mg, 300 Mg, 360 Mg)</i>	G	
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg</i>	G	
<i>verapamil hcl er oral tablet extended release 120 mg</i>	G	LGC
<i>verapamil hcl er oral tablet extended release 180 mg, 240 mg</i>	G	
<i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>	G	LGC
DIGITALIS GLYCOSIDES - DRUGS TO TREAT HEART CONDITIONS		
<i>digoxin (Digitek Oral Tablet 125 Mcg, 250 Mcg)</i>	G	
<i>digoxin (Digox Oral Tablet 125 Mcg, 250 Mcg)</i>	G	
<i>digoxin oral solution 0.05 mg/ml</i>	G	
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	G	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
LANOXIN ORAL TABLET 125 MCG, 250 MCG (<i>digoxin</i>)	NF	
LANOXIN ORAL TABLET 62.5 MCG (<i>digoxin</i>)	NPB	
DIRECT RENIN INHIBITORS/COMBINATIONS - DRUGS TO TREAT HEART CONDITIONS		
<i>aliskiren fumarate oral tablet 150 mg, 300 mg</i>	G	
TEKTURN HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG (<i>aliskiren-hydrochlorothiazide</i>)	PB	
TEKTURN ORAL TABLET 150 MG, 300 MG (<i>aliskiren fumarate</i>)	NPB	
DIURETICS - DRUGS TO TREAT HEART CONDITIONS		
<i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>	G	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	G	
ALDACTAZIDE ORAL TABLET 50-50 MG (<i>spironolactone-hctz</i>)	NPB	
<i>amiloride hcl oral tablet 5 mg</i>	G	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	G	LGC
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	G	
CAROSPIR ORAL SUSPENSION 25 MG/5ML (<i>spironolactone</i>)	NF	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	G	
DIURIL ORAL SUSPENSION 250 MG/5ML (<i>chlorothiazide</i>)	NPB	
DYRENIUM ORAL CAPSULE 100 MG, 50 MG (<i>triamterene</i>)	NF	
<i>ethacrynic acid oral tablet 25 mg</i>	G	
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	G	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	G	LGC
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	G	LGC
<i>hydrochlorothiazide oral tablet 12.5 mg</i>	G	
<i>hydrochlorothiazide oral tablet 25 mg, 50 mg</i>	G	LGC
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	G	
KEVEYIS ORAL TABLET 50 MG (<i>dichlorphenamide</i>)	NPSP	
<i>methazolamide oral tablet 25 mg, 50 mg</i>	G	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	G	
<i>spironolactone oral tablet 100 mg, 50 mg</i>	G	
<i>spironolactone oral tablet 25 mg</i>	G	LGC

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month

01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
<i>spironolactone-hctz oral tablet 25-25 mg</i>	G	
<i>toremide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	G	
<i>triamterene oral capsule 100 mg, 50 mg</i>	G	
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	G	LGC
<i>triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg</i>	G	LGC
HEART FAILURE		
BIDIL ORAL TABLET 20-37.5 MG (<i>isosorb dinitrate-hydralazine</i>)	PB	
CORLANOR ORAL SOLUTION 5 MG/5ML (<i>ivabradine hcl</i>)	NPB	
CORLANOR ORAL TABLET 5 MG, 7.5 MG (<i>ivabradine hcl</i>)	PB	
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG (<i>sacubitril-valsartan</i>)	PB	
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG (<i>vericiguat</i>)	PB	
VYNDAMAX ORAL CAPSULE 61 MG (<i>tafamidis</i>)	NPSP	
VYND AQEL ORAL CAPSULE 20 MG (<i>tafamidis meglumine (cardiac)</i>)	NF	
MISCELLANEOUS		
AKOVAZ INTRAVENOUS SOLUTION 50 MG/ML (<i>ephedrine sulfate (pressors)</i>)	NF	
BIORPHEN INTRAVENOUS SOLUTION 0.5 MG/5ML (<i>phenylephrine hcl (pressors)</i>)	NF	
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG (<i>mavacamten</i>)	NPSP	
CATAPRES-TTS-1 TRANSDERMAL PATCH WEEKLY 0.1 MG/24HR (<i>clonidine</i>)	PB	
CATAPRES-TTS-2 TRANSDERMAL PATCH WEEKLY 0.2 MG/24HR (<i>clonidine</i>)	PB	
CATAPRES-TTS-3 TRANSDERMAL PATCH WEEKLY 0.3 MG/24HR (<i>clonidine</i>)	PB	
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	G	LGC
<i>clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr</i>	G	
DEMSER ORAL CAPSULE 250 MG (<i>metyrosine</i>)	NPB	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
EMERPHED INTRAVENOUS SOLUTION 5 MG/ML (ephedrine sulfate (pressors))	NF	
epinephrine injection solution prefilled syringe 0.2 mg/0.2ml	NPB	
epinephrine injection solution prefilled syringe 1 mg/10ml	NF	
epinephrine intravenous solution 1 mg/10ml	NPB	
epinephrine intravenous solution prefilled syringe 0.1 mg/10ml, 1 mg/10ml	NPB	
GIAPREZA INTRAVENOUS SOLUTION 2.5 MG/ML (angiotensin ii acetate)	NF	
guanfacine hcl oral tablet 1 mg, 2 mg	G	
hydralazine hcl oral tablet 10 mg, 100 mg, 50 mg	G	
hydralazine hcl oral tablet 25 mg	G	LGC
midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg	G	
minoxidil oral tablet 10 mg, 2.5 mg	G	
NIPRIDE RTU INTRAVENOUS SOLUTION 20-0.9 MG/100ML-%, 50-0.9 MG/100ML-% (nitroprusside sodium- nacl)	NF	
NORTHERA ORAL CAPSULE 100 MG, 200 MG, 300 MG (droxidopa)	NF	
phenoxybenzamine hcl oral capsule 10 mg	G	
phenylephrine hcl (pressors) intravenous solution 0.8 mg/10ml	NPB	
phenylephrine hcl intravenous solution 1 mg/10ml	NPB	
ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg	G	
VECAMYL ORAL TABLET 2.5 MG (mecamylamine hcl)	NPB	
NITRATES - DRUGS TO TREAT HEART CONDITIONS		
GONITRO SUBLINGUAL PACKET 400 MCG (nitroglycerin)	NF	
ISORDIL TITRADOSE ORAL TABLET 40 MG, 5 MG (isosorbide dinitrate)	NPB	
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	G	
isosorbide dinitrate oral tablet 40 mg	NF	
isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg	G	
isosorbide mononitrate oral tablet 10 mg, 20 mg	G	
NITRO-BID TRANSDERMAL OINTMENT 2 % (nitroglycerin)	NPB	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month

01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR (<i>nitroglycerin</i>)	PB	
<i>nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg</i>	G	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	G	
<i>nitroglycerin translingual solution 0.4 mg/spray</i>	G	
NITROLINGUAL TRANSLINGUAL SOLUTION 0.4 MG/SPRAY (<i>nitroglycerin</i>)	NPB	
NITROMIST TRANSLINGUAL AEROSOL SOLUTION 400 MCG/SPRAY (<i>nitroglycerin</i>)	NPB	
PULMONARY ARTERIAL HYPERTENSION - DRUGS TO TREAT PULMONARY HYPERTENSION		
ADCIRCA ORAL TABLET 20 MG (<i>tadalafil (pah)</i>)	NF	
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG (<i>riociguat</i>)	PSP	
<i>tadalafil (pah)</i> (Alyq Oral Tablet 20 Mg)	GSP	
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	GSP	
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	GSP	
<i>epoprostenol sodium intravenous solution reconstituted 0.5 mg, 1.5 mg</i>	GSP	
FLOLAN INTRAVENOUS SOLUTION RECONSTITUTED 0.5 MG, 1.5 MG (<i>epoprostenol sodium</i>)	NPSP	
LETAIRIS ORAL TABLET 10 MG, 5 MG (<i>ambrisentan</i>)	NF	
OPSUMIT ORAL TABLET 10 MG (<i>macitentan</i>)	PSP	
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG (<i>treprostinil diolamine</i>)	PSP	
REMODULIN INJECTION SOLUTION 100 MG/20ML, 20 MG/20ML, 200 MG/20ML, 50 MG/20ML (<i>treprostinil</i>)	NF	
REVATIO INTRAVENOUS SOLUTION 10 MG/12.5ML (<i>sildenafil citrate</i>)	NF	
REVATIO ORAL SUSPENSION RECONSTITUTED 10 MG/ML (<i>sildenafil citrate</i>)	NF	
REVATIO ORAL TABLET 20 MG (<i>sildenafil citrate</i>)	NF	
<i>sildenafil citrate oral suspension reconstituted 10 mg/ml</i>	GSP	
<i>sildenafil citrate oral tablet 20 mg</i>	GSP	
<i>tadalafil (pah) oral tablet 20 mg</i>	GSP	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
TRACLEER ORAL TABLET 125 MG, 62.5 MG (<i>bosentan</i>)	NF	
TRACLEER ORAL TABLET SOLUBLE 32 MG (<i>bosentan</i>)	NF	
<i>treprostinil injection solution 100 mg/20ml, 20 mg/20ml, 200 mg/20ml, 50 mg/20ml</i>	GSP	
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 112 X 32MCG & 112 X48MCG, 16 MCG, 32 MCG, 48 MCG, 64 MCG (<i>treprostinil</i>)	NPSP	
TYVASO DPI TITRATION KIT INHALATION POWDER 112 X 16MCG & 84 X 32MCG, 16 & 32 & 48 MCG (<i>treprostinil</i>)	NPSP	
TYVASO INHALATION SOLUTION 0.6 MG/ML (<i>treprostinil</i>)	NPSP	
TYVASO REFILL INHALATION SOLUTION 0.6 MG/ML (<i>treprostinil</i>)	NPSP	
TYVASO STARTER INHALATION SOLUTION 0.6 MG/ML (<i>treprostinil</i>)	NPSP	
UPTRAVI INTRAVENOUS SOLUTION RECONSTITUTED 1800 MCG (<i>selexipag</i>)	PSP	
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG (<i>selexipag</i>)	PSP	
UPTRAVI ORAL TABLET THERAPY PACK 200 & 800 MCG (<i>selexipag</i>)	PSP	
VELETRI INTRAVENOUS SOLUTION RECONSTITUTED 0.5 MG, 1.5 MG (<i>epoprostenol sodium</i>)	NPSP	
VENTAVIS INHALATION SOLUTION 10 MCG/ML, 20 MCG/ML (<i>iloprost</i>)	NPSP	
CENTRAL NERVOUS SYSTEM - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS		
ALCOHOL DETERRENTS		
<i>acamprosate calcium oral tablet delayed release 333 mg</i>	G	
<i>disulfiram oral tablet 250 mg, 500 mg</i>	G	
ANTI-ANXIETY - DRUGS TO TREAT ANXIETY		
<i>alprazolam er oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg</i>	G	
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML (<i>alprazolam</i>)	NPB	
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	G	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month

01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
<i>alprazolam oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	G	
<i>alprazolam xr oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg</i>	G	
ATIVAN INJECTION SOLUTION 2 MG/ML, 4 MG/ML (lorazepam)	NF	
ATIVAN ORAL TABLET 0.5 MG, 1 MG, 2 MG (lorazepam)	NF	
<i>buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	G	
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	G	
<i>clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg</i>	G	
<i>fluvoxamine maleate er oral capsule extended release 24 hour 100 mg, 150 mg</i>	G	
<i>fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg</i>	G	
<i>lorazepam oral concentrate 2 mg/ml</i>	G	
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	G	
LOREEV XR ORAL CAPSULE ER 24 HOUR SPRINKLE 1 MG, 1.5 MG, 2 MG, 3 MG (lorazepam)	NF	
<i>meprobamate oral tablet 200 mg, 400 mg</i>	G	
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	G	
XANAX ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG (alprazolam)	NF	
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 2 MG, 3 MG (alprazolam)	NF	
ANTICONVULSANTS - DRUGS TO TREAT SEIZURES		
APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG (<i>eslicarbazepine acetate</i>)	PB	
BANZEL ORAL SUSPENSION 40 MG/ML (<i>rufinamide</i>)	NF	
BANZEL ORAL TABLET 200 MG, 400 MG (<i>rufinamide</i>)	NPB	
BRIVIACT INTRAVENOUS SOLUTION 50 MG/5ML (<i>brivaracetam</i>)	NPB	
BRIVIACT ORAL SOLUTION 10 MG/ML (<i>brivaracetam</i>)	NPB	
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG (<i>brivaracetam</i>)	NPB	
<i>carbamazepine er oral capsule extended release 12 hour 100 mg, 300 mg</i>	G	
<i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg</i>	G	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
<i>carbamazepine oral suspension 100 mg/5ml</i>	G	
<i>carbamazepine oral tablet 200 mg</i>	G	
<i>carbamazepine oral tablet chewable 100 mg</i>	G	
CELONTIN ORAL CAPSULE 300 MG (<i>methsuximide</i>)	NPB	
<i>clobazam oral suspension 2.5 mg/ml</i>	G	
<i>clobazam oral tablet 10 mg, 20 mg</i>	G	
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	G	
<i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	G	
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	G	
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 250 MG, 500 MG (<i>divalproex sodium</i>)	NPB	
DEPAKOTE ORAL TABLET DELAYED RELEASE 125 MG, 500 MG (<i>divalproex sodium</i>)	NPB	
DIACOMIT ORAL CAPSULE 250 MG, 500 MG (<i>stiripentol</i>)	NPSP	
DIACOMIT ORAL PACKET 250 MG, 500 MG (<i>stiripentol</i>)	NPSP	
DIASTAT ACUDIAL RECTAL GEL 10 MG, 20 MG (<i>diazepam</i>)	NPB	
DIASTAT PEDIATRIC RECTAL GEL 2.5 MG (<i>diazepam</i>)	NPB	
<i>diazepam oral concentrate 5 mg/ml</i>	G	
<i>diazepam oral solution 5 mg/5ml</i>	G	
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	G	
<i>diazepam rectal gel 10 mg, 2.5 mg, 20 mg</i>	G	
DILANTIN ORAL CAPSULE 30 MG (<i>phenytoin sodium extended</i>)	NPB	
DILANTIN ORAL SUSPENSION 125 MG/5ML (<i>phenytoin</i>)	NPB	
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>	G	
<i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>	G	
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>	G	
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG, 1500 MG (<i>levetiracetam</i>)	NF	
EPIDIOLEX ORAL SOLUTION 100 MG/ML (<i>cannabidiol</i>)	NPSP	
<i>carbamazepine (Epitol Oral Tablet 200 Mg)</i>	G	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month

01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
<i>ethosuximide oral capsule 250 mg</i>	G	
<i>ethosuximide oral solution 250 mg/5ml</i>	G	
FANATREX FUSEPAQ ORAL SUSPENSION 25 MG/ML (<i>gabapentin</i>)	NF	
<i>felbamate oral suspension 600 mg/5ml</i>	G	
<i>felbamate oral tablet 400 mg, 600 mg</i>	G	
FINTEPLA ORAL SOLUTION 2.2 MG/ML (<i>fenfluramine hcl</i>)	NPSP	
FYCOMPA ORAL SUSPENSION 0.5 MG/ML (<i>perampanel</i>)	PB	
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG (<i>perampanel</i>)	PB	
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	G	
<i>gabapentin oral solution 250 mg/5ml, 300 mg/6ml</i>	G	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	G	
KEPPRA INTRAVENOUS SOLUTION 500 MG/5ML (<i>levetiracetam</i>)	NF	
KEPPRA ORAL SOLUTION 100 MG/ML (<i>levetiracetam</i>)	NF	
KEPPRA ORAL TABLET 1000 MG, 250 MG, 500 MG, 750 MG (<i>levetiracetam</i>)	NF	
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG, 750 MG (<i>levetiracetam</i>)	NF	
KLONOPIN ORAL TABLET 0.5 MG, 1 MG, 2 MG (<i>clonazepam</i>)	NPB	
LAMICTAL ODT ORAL KIT 21 X 25 MG & 7 X 50 MG, 25 & 50 & 100 MG, 42 X 50 MG & 14X100 MG (<i>lamotrigine</i>)	NF	
LAMICTAL ODT ORAL TABLET DISPERSIBLE 100 MG, 200 MG, 25 MG, 50 MG (<i>lamotrigine</i>)	NF	
LAMICTAL ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG (<i>lamotrigine</i>)	NF	
LAMICTAL ORAL TABLET CHEWABLE 25 MG, 5 MG (<i>lamotrigine</i>)	NF	
LAMICTAL STARTER ORAL KIT 35 X 25 MG, 42 X 25 MG & 7 X 100 MG, 84 X 25 MG & 14X100 MG (<i>lamotrigine</i>)	NF	
LAMICTAL XR ORAL KIT 21 X 25 MG & 7 X 50 MG, 25 & 50 & 100 MG, 50 & 100 & 200 MG (<i>lamotrigine</i>)	NF	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 250 MG, 300 MG, 50 MG (<i>lamotrigine</i>)	NF	
<i>lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	G	
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	G	
<i>lamotrigine oral tablet chewable 25 mg, 5 mg</i>	G	
<i>lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg</i>	G	
<i>lamotrigine starter kit-blue oral kit 35 x 25 mg</i>	G	
<i>lamotrigine starter kit-green oral kit 84 x 25 mg & 14x100 mg</i>	G	
<i>lamotrigine starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg</i>	G	
<i>levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg</i>	G	
<i>levetiracetam in nacl intravenous solution 250 mg/50ml</i>	NPB	
<i>levetiracetam oral solution 100 mg/ml</i>	G	
<i>levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg</i>	G	
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG (<i>pregabalin</i>)	NF	
LYRICA ORAL SOLUTION 20 MG/ML (<i>pregabalin</i>)	NF	
NAYZILAM NASAL SOLUTION 5 MG/0.1ML (<i>midazolam (anticonvulsant)</i>)	PB	
NEURONTIN ORAL SOLUTION 250 MG/5ML (<i>gabapentin</i>)	NPB	
ONFI ORAL SUSPENSION 2.5 MG/ML (<i>clobazam</i>)	NF	
ONFI ORAL TABLET 10 MG, 20 MG (<i>clobazam</i>)	NF	
<i>oxcarbazepine oral suspension 300 mg/5ml</i>	G	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	G	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 300 MG, 600 MG (<i>oxcarbazepine</i>)	PB	
<i>phenobarbital oral elixir 20 mg/5ml</i>	G	
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	G	
<i>phenytoin oral suspension 125 mg/5ml</i>	G	
<i>phenytoin oral tablet chewable 50 mg</i>	G	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	G	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month

01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i>	G	
<i>pregabalin oral solution 20 mg/ml</i>	G	
<i>primidone oral tablet 250 mg, 50 mg</i>	G	
<i>levetiracetam (Roweepra Oral Tablet 500 Mg)</i>	G	
<i>rufinamide oral suspension 40 mg/ml</i>	G	
SABRIL ORAL PACKET 500 MG (<i>vigabatrin</i>)	NF	
SABRIL ORAL TABLET 500 MG (<i>vigabatrin</i>)	NF	
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG, 250 MG, 500 MG, 750 MG (<i>levetiracetam</i>)	NF	
<i>lamotrigine (Subvenite Oral Tablet 100 Mg, 150 Mg, 200 Mg, 25 Mg)</i>	G	
<i>lamotrigine (Subvenite Starter Kit-Blue Oral Kit 35 X 25 Mg)</i>	G	
<i>lamotrigine (Subvenite Starter Kit-Green Oral Kit 84 X 25 Mg & 14X100 Mg)</i>	G	
<i>lamotrigine (Subvenite Starter Kit-Orange Oral Kit 42 X 25 Mg & 7 X 100 Mg)</i>	G	
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG (<i>clobazam</i>)	NF	
<i>tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	G	
<i>topiramate er oral capsule er 24 hour sprinkle 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i>	NF	
<i>topiramate oral capsule sprinkle 15 mg, 25 mg</i>	G	
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	G	
TRILEPTAL ORAL SUSPENSION 300 MG/5ML (<i>oxcarbazepine</i>)	NPB	
TRILEPTAL ORAL TABLET 150 MG, 300 MG, 600 MG (<i>oxcarbazepine</i>)	NPB	
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 50 MG (<i>topiramate</i>)	PB	
VALIUM ORAL TABLET 10 MG, 2 MG, 5 MG (<i>diazepam</i>)	NPB	
<i>valproic acid oral capsule 250 mg</i>	G	
<i>valproic acid oral solution 250 mg/5ml</i>	G	
VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML (<i>diazepam</i>)	PB	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 7.5 MG/0.1ML (<i>diazepam</i>)	PB	
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 10 MG/0.1ML (<i>diazepam</i>)	PB	
VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML (<i>diazepam</i>)	PB	
<i>vigabatrin oral packet 500 mg</i>	GSP	
<i>vigabatrin oral tablet 500 mg</i>	GSP	
<i>vigabatrin (Vigadrone Oral Packet 500 Mg)</i>	GSP	
VIMPAT ORAL SOLUTION 10 MG/ML (<i>lacosamide</i>)	PB	
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (<i>lacosamide</i>)	PB	
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG (<i>cenobamate</i>)	PB	
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK 150 & 200 MG (<i>cenobamate</i>)	PB	
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (<i>cenobamate</i>)	PB	
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG, 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG (<i>cenobamate</i>)	PB	
ZARONTIN ORAL SOLUTION 250 MG/5ML (<i>ethosuximide</i>)	NPB	
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG (<i>zonisamide</i>)	NF	
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	G	
ANTIDEMENTIA - DRUGS TO TREAT DEMENTIA AND MEMORY LOSS		
<i>donepezil hcl oral tablet 10 mg, 23 mg, 5 mg</i>	G	
<i>donepezil hcl oral tablet dispersible 10 mg, 5 mg</i>	G	
<i>ergoloid mesylates oral tablet 1 mg</i>	G	
<i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg</i>	G	
<i>galantamine hydrobromide oral solution 4 mg/ml</i>	G	
<i>galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg</i>	G	
<i>memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg</i>	G	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month

01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
<i>memantine hcl oral solution 10 mg/5ml, 2 mg/ml</i>	G	
<i>memantine hcl oral tablet 10 mg, 28 x 5 mg & 21 x 10 mg, 5 mg</i>	G	
NAMENDA ORAL TABLET 10 MG, 5 MG (<i>memantine hcl</i>)	NPB	
NAMENDA TITRATION PAK ORAL TABLET 28 X 5 MG & 21 X 10 MG (<i>memantine hcl</i>)	NPB	
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK 7 & 14 & 21 & 28 -10 MG (<i>memantine hcl-donepezil hcl</i>)	PB	
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG (<i>memantine hcl-donepezil hcl</i>)	PB	
RAZADYNE ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 16 MG, 24 MG, 8 MG (<i>galantamine hydrobromide</i>)	NPB	
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	G	
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr</i>	G	
ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION		
<i>amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	G	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	G	
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR 174 MG, 348 MG, 522 MG (<i>bupropion hbr</i>)	NPB	
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg</i>	G	
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg</i>	G	
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 450 mg</i>	NF	
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	G	
<i>citalopram hydrobromide oral capsule 30 mg</i>	NF	
<i>citalopram hydrobromide oral solution 10 mg/5ml</i>	G	
<i>citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg</i>	G	LGC
CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES 20 MG, 30 MG, 60 MG (<i>duloxetine hcl</i>)	NF	
<i>desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	G	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
<i>desvenlafaxine er tablet extended release 24 hour 100 mg oral 100 mg</i>	G	
<i>desvenlafaxine er tablet extended release 24 hour 100 mg oral 100 mg</i>	NPB	
<i>desvenlafaxine er tablet extended release 24 hour 50 mg oral 50 mg</i>	G	
<i>desvenlafaxine er tablet extended release 24 hour 50 mg oral 50 mg</i>	NPB	
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i>	G	
<i>doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	G	
<i>doxepin hcl oral concentrate 10 mg/ml</i>	G	
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 40 mg, 60 mg</i>	G	
EFFEXOR XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 150 MG, 37.5 MG, 75 MG (<i>venlafaxine hcl</i>)	NF	
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR (<i>selegiline</i>)	NPB	
<i>escitalopram oxalate oral solution 5 mg/5ml</i>	G	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	G	
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG (<i>levomilnacipran hcl</i>)	NPB	
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG (<i>levomilnacipran hcl</i>)	NPB	
<i>fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg</i>	G	LGC
<i>fluoxetine hcl oral capsule delayed release 90 mg</i>	G	
<i>fluoxetine hcl oral solution 20 mg/5ml</i>	G	
<i>fluoxetine hcl oral tablet 10 mg, 20 mg</i>	G	
<i>fluoxetine hcl oral tablet 60 mg</i>	NF	
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	G	
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	G	
LEXAPRO ORAL TABLET 10 MG, 20 MG, 5 MG (<i>escitalopram oxalate</i>)	NF	
MARPLAN ORAL TABLET 10 MG (<i>isocarboxazid</i>)	NPB	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month

01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	G	
<i>mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg</i>	G	
<i>nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	G	
<i>nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	G	
<i>nortriptyline hcl oral solution 10 mg/5ml</i>	G	
<i>paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg</i>	G	
<i>paroxetine hcl er oral tablet extended release 24 hour 37.5 mg</i>	NF	
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	G	LGC
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5 MG, 25 MG, 37.5 MG (<i>paroxetine hcl</i>)	NF	
PAXIL ORAL SUSPENSION 10 MG/5ML (<i>paroxetine hcl</i>)	NF	
PAXIL ORAL TABLET 10 MG, 20 MG, 30 MG, 40 MG (<i>paroxetine hcl</i>)	NF	
PEXEVA ORAL TABLET 10 MG, 20 MG, 30 MG (<i>paroxetine mesylate</i>)	NF	
<i>phenelzine sulfate oral tablet 15 mg</i>	G	
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 25 MG, 50 MG (<i>desvenlafaxine succinate</i>)	NF	
<i>protriptyline hcl oral tablet 10 mg, 5 mg</i>	G	
PROZAC ORAL CAPSULE 10 MG, 20 MG, 40 MG (<i>fluoxetine hcl</i>)	NF	
REMERON ORAL TABLET 15 MG, 30 MG (<i>mirtazapine</i>)	NPB	
REMERON SOLTAB ORAL TABLET DISPERSIBLE 15 MG, 30 MG, 45 MG (<i>mirtazapine</i>)	NPB	
<i>sertraline hcl oral concentrate 20 mg/ml</i>	G	
<i>sertraline hcl oral tablet 100 mg, 25 mg, 50 mg</i>	G	LGC
SPRAVATO (56 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE (<i>esketamine hcl</i>)	NPB	
SPRAVATO (84 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE (<i>esketamine hcl</i>)	NPB	
<i>tranyleypromine sulfate oral tablet 10 mg</i>	G	
<i>trazodone hcl oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	G	
<i>trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg</i>	G	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG (<i>vortioxetine hbr</i>)	PB	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg</i>	G	
<i>venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 37.5 mg, 75 mg</i>	NF	
<i>venlafaxine hcl er oral tablet extended release 24 hour 225 mg</i>	G	
<i>venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	G	
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG (<i>vilazodone hcl</i>)	NF	
VIIBRYD STARTER PACK ORAL KIT 10 & 20 MG (<i>vilazodone hcl</i>)	NF	
ZOLOFT ORAL CONCENTRATE 20 MG/ML (<i>sertraline hcl</i>)	NF	
ZOLOFT ORAL TABLET 100 MG, 25 MG, 50 MG (<i>sertraline hcl</i>)	NF	
ANTIPARKINSONIAN AGENTS - DRUGS TO TREAT PARKINSONS DISEASE		
<i>amantadine hcl oral capsule 100 mg</i>	G	
<i>amantadine hcl oral tablet 100 mg</i>	G	
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE 30 MG/3ML (<i>apomorphine hcl</i>)	NF	
<i>benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg</i>	G	
<i>bromocriptine mesylate oral capsule 5 mg</i>	G	
<i>bromocriptine mesylate oral tablet 2.5 mg</i>	G	
<i>carbidopa oral tablet 25 mg</i>	G	
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	G	
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	G	
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	NPB	
COMTAN ORAL TABLET 200 MG (<i>entacapone</i>)	NPB	
DUOPA ENTERAL SUSPENSION 4.63-20 MG/ML (<i>carbidopa-levodopa</i>)	NPSP	
<i>entacapone oral tablet 200 mg</i>	G	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month

01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 137 MG, 68.5 MG (<i>amantadine hcl</i>)	NF	
INBRIJA INHALATION CAPSULE 42 MG (<i>levodopa</i>)	PSP	
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG (<i>apomorphine hcl</i>)	PSP	
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR (<i>rotigotine</i>)	PB	
NOURIANZ ORAL TABLET 20 MG, 40 MG (<i>istradefylline</i>)	NF	
OSMOLEX ER ORAL TABLET ER 24 HOUR THERAPY PACK 129 & 193 MG (<i>amantadine hcl</i>)	NF	
OSMOLEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 129 MG, 193 MG (<i>amantadine hcl</i>)	NF	
<i>pramipexole dihydrochloride er oral tablet extended release 24 hour 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg</i>	G	
<i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	G	
<i>rasagiline mesylate oral tablet 0.5 mg, 1 mg</i>	G	
<i>ropinirole hcl er oral tablet extended release 24 hour 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	G	
<i>ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	G	
RYTARY ORAL CAPSULE EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG (<i>carbidopa-levodopa</i>)	PB	
<i>selegiline hcl oral capsule 5 mg</i>	G	
<i>selegiline hcl oral tablet 5 mg</i>	G	
SINEMET ORAL TABLET 10-100 MG, 25-100 MG (<i>carbidopa-levodopa</i>)	NPB	
STALEVO 100 ORAL TABLET 25-100-200 MG (<i>carbidopa-levodopa-entacapone</i>)	NPB	
STALEVO 125 ORAL TABLET 31.25-125-200 MG (<i>carbidopa-levodopa-entacapone</i>)	NPB	
STALEVO 150 ORAL TABLET 37.5-150-200 MG (<i>carbidopa-levodopa-entacapone</i>)	NPB	
STALEVO 200 ORAL TABLET 50-200-200 MG (<i>carbidopa-levodopa-entacapone</i>)	NPB	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
STALEVO 50 ORAL TABLET 12.5-50-200 MG (<i>carbidopa-levodopa-entacapone</i>)	NPB	
STALEVO 75 ORAL TABLET 18.75-75-200 MG (<i>carbidopa-levodopa-entacapone</i>)	NPB	
<i>tolcapone oral tablet 100 mg</i>	G	
<i>trihexyphenidyl hcl oral solution 0.4 mg/ml</i>	G	
<i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i>	G	
XADAGO ORAL TABLET 100 MG, 50 MG (<i>safinamide mesylate</i>)	NF	
ZELAPAR ORAL TABLET DISPERSIBLE 1.25 MG (<i>selegiline hcl</i>)	NPB	
ANTIPSYCHOTICS - DRUGS TO TREAT PSYCHOSES		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG (<i>aripiprazole</i>)	PB	
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG (<i>aripiprazole</i>)	PB	
ABILIFY ORAL TABLET 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG (<i>aripiprazole</i>)	NF	
ADASUVE INHALATION AEROSOL POWDER BREATH ACTIVATED 10 MG (<i>loxapine</i>)	NPB	
<i>aripiprazole oral solution 1 mg/ml</i>	G	
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	G	
<i>aripiprazole oral tablet dispersible 10 mg, 15 mg</i>	G	
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE 675 MG/2.4ML (<i>aripiprazole lauroxil</i>)	NPB	
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML, 441 MG/1.6ML, 662 MG/2.4ML, 882 MG/3.2ML (<i>aripiprazole lauroxil</i>)	NPB	
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG (<i>lumateperone tosylate</i>)	PB	
<i>chlorpromazine hcl injection solution 25 mg/ml, 50 mg/2ml</i>	NPB	
<i>chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	G	
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	G	
<i>clozapine oral tablet dispersible 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i>	G	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month

01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
CLOZARIL ORAL TABLET 200 MG, 50 MG (<i>clozapine</i>)	NPB	
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG (<i>carbamazepine</i> (<i>antipsychotic</i>))	NPB	
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG (<i>iloperidone</i>)	NF	
FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6 MG (<i>iloperidone</i>)	NF	
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	G	
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	G	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	G	
<i>fluphenazine hcl oral elixir 2.5 mg/5ml</i>	G	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	G	
GEODON INTRAMUSCULAR SOLUTION RECONSTITUTED 20 MG (<i>ziprasidone mesylate</i>)	NPB	
GEODON ORAL CAPSULE 20 MG, 40 MG, 60 MG, 80 MG (<i>ziprasidone hcl</i>)	NPB	
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>	G	
<i>haloperidol lactate injection solution 5 mg/ml</i>	G	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	G	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	G	
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 39 MG/0.25ML, 78 MG/0.5ML (<i>paliperidone palmitate</i>)	NPB	
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML, 410 MG/1.32ML, 546 MG/1.75ML, 819 MG/2.63ML (<i>paliperidone palmitate</i>)	NF	
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG (<i>lurasidone hcl</i>)	PB	
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	G	
NUPLAZID ORAL CAPSULE 34 MG (<i>pimavanserin tartrate</i>)	NPSP	
NUPLAZID ORAL TABLET 10 MG (<i>pimavanserin tartrate</i>)	NPSP	
<i>olanzapine intramuscular solution reconstituted 10 mg</i>	G	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	G	
<i>olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg</i>	G	
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 6 mg, 9 mg</i>	G	
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	G	
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG (<i>risperidone</i>)	PB	
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	G	
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	G	
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (<i>brexpiprazole</i>)	NPB	
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG, 25 MG, 37.5 MG, 50 MG (<i>risperidone microspheres</i>)	NPB	
<i>risperidone oral solution 1 mg/ml</i>	G	
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	G	
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	G	
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG, 2.5 MG, 5 MG (<i>asenapine maleate</i>)	NPB	
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR, 7.6 MG/24HR (<i>asenapine</i>)	NF	
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 200 MG, 300 MG, 400 MG, 50 MG (<i>quetiapine fumarate</i>)	NF	
<i>thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	G	
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	G	
<i>trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	G	
VERSACLOZ ORAL SUSPENSION 50 MG/ML (<i>clozapine</i>)	NPB	
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG (<i>cariprazine hcl</i>)	PB	
VRAYLAR ORAL CAPSULE THERAPY PACK 1.5 & 3 MG (<i>cariprazine hcl</i>)	PB	
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	G	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month

01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG, 300 MG, 405 MG (<i>olanzapine pamoate</i>)	NPB	
ATTENTION DEFICIT HYPERACTIVITY DISORDER - DRUGS TO TREAT ADHD		
ADDERALL ORAL TABLET 10 MG, 12.5 MG, 15 MG, 20 MG, 30 MG, 5 MG, 7.5 MG (<i>amphetamine-dextroamphetamine</i>)	NF	
ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 5 MG (<i>amphetamine-dextroamphetamine</i>)	NF	
ADHANSIA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 25 MG, 35 MG, 45 MG, 55 MG, 70 MG, 85 MG (<i>methylphenidate hcl</i>)	NF	
ADZENYS XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE 12.5 MG, 15.7 MG, 18.8 MG, 3.1 MG, 6.3 MG, 9.4 MG (<i>amphetamine</i>)	NF	
<i>amphetamine sulfate oral tablet 10 mg, 5 mg</i>	G	
<i>amphetamine-dextroamphetamine oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>	G	
<i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	G	
APTENSIO XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG (<i>methylphenidate hcl</i>)	NF	
<i>atomoxetine hcl oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>	G	
AZSTARYS ORAL CAPSULE 26.1-5.2 MG, 39.2-7.8 MG, 52.3-10.4 MG (<i>serdexmethylphen-dexmethylphen</i>)	PB	
<i>clonidine hcl er oral tablet extended release 12 hour 0.1 mg</i>	G	
CONCERTA ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG, 36 MG, 54 MG (<i>methylphenidate hcl</i>)	NF	
COTEMPLA XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE 17.3 MG, 25.9 MG, 8.6 MG (<i>methylphenidate</i>)	NF	
DAYTRANA TRANSDERMAL PATCH 10 MG/9HR, 15 MG/9HR, 20 MG/9HR, 30 MG/9HR (<i>methylphenidate</i>)	NF	
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i>	G	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
<i>dexmethylphenidate hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	G	
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg</i>	G	
<i>dextroamphetamine sulfate oral solution 5 mg/5ml</i>	G	
<i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i>	G	
DYANAVEL XR ORAL SUSPENSION EXTENDED RELEASE 2.5 MG/ML (<i>amphetamine</i>)	NPB	
DYANAVEL XR ORAL TABLET CHEWABLE EXTENDED RELEASE 10 MG, 15 MG, 20 MG, 5 MG (<i>amphetamine</i>)	NPB	
EVEKEO ODT ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 20 MG, 5 MG (<i>amphetamine sulfate</i>)	NF	
EVEKEO ORAL TABLET 10 MG, 5 MG (<i>amphetamine sulfate</i>)	NF	
FOCALIN XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG, 5 MG (<i>dexmethylphenidate hcl</i>)	NF	
<i>guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg</i>	G	
INTUNIV ORAL TABLET EXTENDED RELEASE 24 HOUR 1 MG, 2 MG, 3 MG, 4 MG (<i>guanfacine hcl</i>)	NF	
JORNAY PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 20 MG, 40 MG, 60 MG, 80 MG (<i>methylphenidate hcl</i>)	PB	
KAPVAY ORAL TABLET EXTENDED RELEASE 12 HOUR 0.1 MG (<i>clonidine hcl</i>)	NPB	
<i>methamphetamine hcl oral tablet 5 mg</i>	G	
<i>methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	G	
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg, 60 mg</i>	G	
<i>methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg</i>	G	
<i>methylphenidate hcl er (osm) oral tablet extended release 72 mg</i>	NPB	
<i>methylphenidate hcl er oral tablet extended release 10 mg, 20 mg</i>	G	
<i>methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 36 mg, 54 mg</i>	NF	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month

01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
<i>methylphenidate hcl oral solution 10 mg/5ml, 5 mg/5ml</i>	G	
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	G	
<i>methylphenidate hcl oral tablet chewable 10 mg, 2.5 mg, 5 mg</i>	G	
MYDAYIS ORAL CAPSULE EXTENDED RELEASE 24 HOUR 12.5 MG, 25 MG, 37.5 MG, 50 MG (<i>amphetamine-dextroamphetamine</i>)	PB	
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 150 MG, 200 MG (<i>viloxazine hcl</i>)	PB	
QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 20 MG, 30 MG, 40 MG (<i>methylphenidate hcl</i>)	NF	
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER 25 MG/5ML (<i>methylphenidate hcl</i>)	NF	
RELEXXII ORAL TABLET EXTENDED RELEASE 72 MG (<i>methylphenidate hcl</i>)	NF	
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG (<i>lisdexamfetamine dimesylate</i>)	PB	
VYVANSE ORAL TABLET CHEWABLE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG (<i>lisdexamfetamine dimesylate</i>)	PB	
<i>dextroamphetamine sulfate</i> (Zenedi Oral Tablet 10 Mg, 15 Mg, 20 Mg, 30 Mg, 5 Mg)	G	
ZENZEDI ORAL TABLET 2.5 MG, 7.5 MG (<i>dextroamphetamine sulfate</i>)	G	
FIBROMYALGIA		
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG (<i>milnacipran hcl</i>)	NPB	
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG (<i>milnacipran hcl</i>)	NPB	
HYPNOTICS - DRUGS TO TREAT INSOMNIA		
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG (<i>suvorexant</i>)	PB	
DAYVIGO ORAL TABLET 10 MG, 5 MG (<i>lemborexant</i>)	PB	
<i>doxepin hcl oral tablet 3 mg, 6 mg</i>	G	
EDLUAR SUBLINGUAL TABLET SUBLINGUAL 10 MG, 5 MG (<i>zolpidem tartrate</i>)	NF	
<i>estazolam oral tablet 1 mg, 2 mg</i>	G	
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	G	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
<i>flurazepam hcl oral capsule 15 mg, 30 mg</i>	G	
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML (<i>tasimelton</i>)	NPSP	
HETLIOZ ORAL CAPSULE 20 MG (<i>tasimelton</i>)	NPSP	
LUNESTA ORAL TABLET 1 MG, 2 MG, 3 MG (<i>eszopiclone</i>)	NF	
<i>midazolam hcl (pf) injection solution 5 mg/5ml</i>	G	
<i>midazolam hcl oral syrup 2 mg/ml</i>	G	
MIDAZOLAM+SYRSPEND SF ORAL SUSPENSION 1 MG/ML (<i>midazolam</i>)	NF	
<i>quazepam oral tablet 15 mg</i>	NF	
<i>ramelteon oral tablet 8 mg</i>	G	
ROZEREM ORAL TABLET 8 MG (<i>ramelteon</i>)	NF	
SILENOR ORAL TABLET 3 MG, 6 MG (<i>doxepin hcl</i>)	NF	
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg</i>	G	
<i>triazolam oral tablet 0.125 mg, 0.25 mg</i>	G	
<i>zaleplon oral capsule 10 mg, 5 mg</i>	G	
<i>zolpidem tartrate er oral tablet extended release 12.5 mg, 6.25 mg</i>	G	
<i>zolpidem tartrate oral tablet 10 mg, 5 mg</i>	G	
<i>zolpidem tartrate sublingual tablet sublingual 1.75 mg, 3.5 mg</i>	NF	
ZOLPIMIST ORAL SOLUTION 5 MG/ACT (<i>zolpidem tartrate</i>)	NF	
MIGRAINE - DRUGS TO TREAT SEVERE HEADACHES		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO- INJECTOR 140 MG/ML, 70 MG/ML (<i>erenumab-aooe</i>)	PB	
AJOVY SUBCUTANEOUS SOLUTION AUTO- INJECTOR 225 MG/1.5ML (<i>fremanezumab-vfrm</i>)	PB	
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 225 MG/1.5ML (<i>fremanezumab-vfrm</i>)	PB	
<i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i>	G	
CAFERGOT ORAL TABLET 1-100 MG (<i>ergotamine- caffeine</i>)	NF	
<i>dihydroergotamine mesylate injection solution 1 mg/ml</i>	G	
<i>dihydroergotamine mesylate nasal solution 4 mg/ml</i>	NF	
<i>eletriptan hydrobromide oral tablet 20 mg, 40 mg</i>	G	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month

01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>galcanezumab-gnlm</i>)	PB	
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML (<i>galcanezumab-gnlm</i>)	PB	
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML (<i>galcanezumab-gnlm</i>)	PB	
ERGOMAR SUBLINGUAL TABLET SUBLINGUAL 2 MG (<i>ergotamine tartrate</i>)	NPB	
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	NF	
<i>frovatriptan succinate oral tablet 2.5 mg</i>	G	
MAXALT ORAL TABLET 10 MG (<i>rizatriptan benzoate</i>)	NF	
MAXALT-MLT ORAL TABLET DISPERSIBLE 10 MG (<i>rizatriptan benzoate</i>)	NF	
MIGERGOT RECTAL SUPPOSITORY 2-100 MG (<i>ergotamine-caffeine</i>)	NF	
MIGRANAL NASAL SOLUTION 4 MG/ML (<i>dihydroergotamine mesylate</i>)	NPB	
<i>naratriptan hcl oral tablet 1 mg, 2.5 mg</i>	G	
NURTEC ORAL TABLET DISPERSIBLE 75 MG (<i>rimegepant sulfate</i>)	PB	
ONZETRA XSAIL NASAL EXHALER POWDER 11 MG/NOSEPC (<i>sumatriptan succinate</i>)	PB	
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG (<i>atogepant</i>)	PB	
REYVOW ORAL TABLET 100 MG, 50 MG (<i>lasmiditan succinate</i>)	NPB	
<i>rizatriptan benzoate oral tablet 10 mg, 5 mg</i>	G	
<i>rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg</i>	G	
<i>sumatriptan nasal solution 20 mg/lact, 5 mg/lact</i>	G	
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	G	
<i>sumatriptan succinate refill subcutaneous solution cartridge 4 mg/0.5ml, 6 mg/0.5ml</i>	G	
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	G	
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml</i>	G	
<i>sumatriptan-naproxen sodium oral tablet 85-500 mg</i>	NF	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month

01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
TOSYMRA NASAL SOLUTION 10 MG/ACT (<i>sumatriptan</i>)	NF	
TREXIMET ORAL TABLET 85-500 MG (<i>sumatriptan-naproxen sodium</i>)	NF	
TRUDHESA NASAL AEROSOL SOLUTION 0.725 MG/ACT (<i>dihydroergotamine mesylate hfa</i>)	NPB	
UBRELVY ORAL TABLET 100 MG, 50 MG (<i>ubrogepant</i>)	PB	
VYEPTI INTRAVENOUS SOLUTION 100 MG/ML (<i>eptinezumab-jjmr</i>)	NF	
ZEMBRACE SYMTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 3 MG/0.5ML (<i>sumatriptan succinate</i>)	PB	
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	G	
<i>zolmitriptan oral tablet dispersible 2.5 mg, 5 mg</i>	G	
ZOMIG NASAL SOLUTION 2.5 MG, 5 MG (<i>zolmitriptan</i>)	PB	
MISCELLANEOUS		
EVRYSDI ORAL SOLUTION RECONSTITUTED 0.75 MG/ML (<i>risdiplam</i>)	NPSP	
EXSERVAN ORAL FILM 50 MG (<i>riluzole</i>)	NF	
FIRDAPSE ORAL TABLET 10 MG (<i>amifampridine phosphate</i>)	NPSP	
<i>lithium carbonate er oral tablet extended release 300 mg, 450 mg</i>	G	
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	G	
<i>lithium carbonate oral tablet 300 mg</i>	G	
MESTINON ORAL SOLUTION 60 MG/5ML (<i>pyridostigmine bromide</i>)	NPB	
MESTINON ORAL TABLET 60 MG (<i>pyridostigmine bromide</i>)	NPB	
<i>pyridostigmine bromide er oral tablet extended release 180 mg</i>	G	
<i>pyridostigmine bromide oral solution 60 mg/5ml</i>	G	
<i>pyridostigmine bromide oral tablet 60 mg</i>	G	
RADICAVA ORS ORAL SUSPENSION 105 MG/5ML (<i>edaravone</i>)	NPSP	
RADICAVA ORS STARTER KIT ORAL SUSPENSION 105 MG/5ML (<i>edaravone</i>)	NPSP	
<i>riluzole oral tablet 50 mg</i>	G	
TIGLUTIK ORAL SUSPENSION 50 MG/10ML (<i>riluzole</i>)	NF	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month

01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
MOVEMENT DISORDERS		
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG (<i>deutetrabenazine</i>)	PSP	
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG (<i>valbenazine tosylate</i>)	PSP	
INGREZZA ORAL CAPSULE THERAPY PACK 40 & 80 MG (<i>valbenazine tosylate</i>)	PSP	
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>	GSP	
XENAZINE ORAL TABLET 12.5 MG, 25 MG (<i>tetrabenazine</i>)	NF	
MULTIPLE SCLEROSIS AGENTS - DRUGS TO TREAT MULTIPLE SCLEROSIS		
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HOUR 10 MG (<i>dalfampridine</i>)	NPSP	
AUBAGIO ORAL TABLET 14 MG, 7 MG (<i>teriflunomide</i>)	PSP	
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML (<i>interferon beta-1a</i>)	PSP	
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML (<i>interferon beta-1a</i>)	PSP	
BAFIERTAM ORAL CAPSULE DELAYED RELEASE 95 MG (<i>monomethyl fumarate</i>)	NF	
BETASERON SUBCUTANEOUS KIT 0.3 MG (<i>interferon beta-1b</i>)	PSP	
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML, 40 MG/ML (<i>glatiramer acetate</i>)	PSP	
<i>dalfampridine er oral tablet extended release 12 hour 10 mg</i>	GSP	
<i>dimethyl fumarate oral capsule delayed release 120 mg, 240 mg</i>	GSP	
<i>dimethyl fumarate starter pack oral 120 & 240 mg</i>	GSP	
EXTAVIA SUBCUTANEOUS KIT 0.3 MG (<i>interferon beta- 1b</i>)	NF	
GILENYA ORAL CAPSULE 0.5 MG (<i>fingolimod hcl</i>)	PSP	
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml, 40 mg/ml</i>	GSP	
<i>glatiramer acetate (Glatopa Subcutaneous Solution Prefilled Syringe 20 Mg/MI, 40 Mg/MI)</i>	GSP	
KESIMPTA SUBCUTANEOUS SOLUTION AUTO- INJECTOR 20 MG/0.4ML (<i>ofatumumab</i>)	PSP	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
LEMTRADA INTRAVENOUS SOLUTION 12 MG/1.2ML (<i>alemtuzumab</i>)	NF	
MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK 10 MG (<i>cladribine</i>)	NPSP	
MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK 10 MG (<i>cladribine</i>)	NPSP	
MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK 10 MG (<i>cladribine</i>)	NPSP	
MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK 10 MG (<i>cladribine</i>)	NPSP	
MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK 10 MG (<i>cladribine</i>)	NPSP	
MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK 10 MG (<i>cladribine</i>)	NPSP	
MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK 10 MG (<i>cladribine</i>)	NPSP	
MAYZENT ORAL TABLET 0.25 MG, 1 MG, 2 MG (<i>siponimod fumarate</i>)	PSP	
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 0.25 MG, 12 X 0.25 MG (<i>siponimod fumarate</i>)	PSP	
OCREVUS INTRAVENOUS SOLUTION 300 MG/10ML (<i>ocrelizumab</i>)	PSP	
PLEGRIDY INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML (<i>peginterferon beta-1a</i>)	NPSP	
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PEN-INJECTOR 63 & 94 MCG/0.5ML (<i>peginterferon beta-1a</i>)	NPSP	
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 63 & 94 MCG/0.5ML (<i>peginterferon beta-1a</i>)	NPSP	
PLEGRIDY SUBCUTANEOUS SOLUTION PEN- INJECTOR 125 MCG/0.5ML (<i>peginterferon beta-1a</i>)	NPSP	
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML (<i>peginterferon beta-1a</i>)	NPSP	
PONVORY ORAL TABLET 20 MG (<i>ponesimod</i>)	NPSP	
PONVORY STARTER PACK ORAL TABLET THERAPY PACK 2-3-4-5-6-7-8-9 & 10 MG (<i>ponesimod</i>)	NPSP	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month

01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML, 44 MCG/0.5ML (<i>interferon beta-1a</i>)	PSP	
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG (<i>interferon beta-1a</i>)	PSP	
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML, 44 MCG/0.5ML (<i>interferon beta-1a</i>)	PSP	
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG (<i>interferon beta-1a</i>)	PSP	
TECFIDERA ORAL 120 & 240 MG (<i>dimethyl fumarate</i>)	NF	
TECFIDERA ORAL CAPSULE DELAYED RELEASE 120 MG, 240 MG (<i>dimethyl fumarate</i>)	NF	
TYSABRI INTRAVENOUS CONCENTRATE 300 MG/15ML (<i>natalizumab</i>)	PSP	
VUMERITY ORAL CAPSULE DELAYED RELEASE 231 MG (<i>diroximel fumarate</i>)	PSP	
ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK 4 X 0.23MG & 3 X 0.46MG (<i>ozanimod hcl</i>)	PSP	IBC (Preferred agent for Ulcerative Colitis)
ZEPOSIA ORAL CAPSULE 0.92 MG (<i>ozanimod hcl</i>)	PSP	IBC (Preferred agent for Ulcerative Colitis)
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG & 0.92MG (<i>ozanimod hcl</i>)	PSP	IBC (Preferred agent for Ulcerative Colitis)
MUSCULOSKELETAL THERAPY AGENTS		
AMRIX ORAL CAPSULE EXTENDED RELEASE 24 HOUR 15 MG, 30 MG (<i>cyclobenzaprine hcl</i>)	NF	
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	G	
<i>carisoprodol oral tablet 250 mg</i>	NF	
<i>carisoprodol oral tablet 350 mg</i>	G	
<i>chlorzoxazone oral tablet 250 mg, 375 mg, 500 mg, 750 mg</i>	NF	
<i>cyclobenzaprine hcl er oral capsule extended release 24 hour 15 mg, 30 mg</i>	NF	
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	G	
<i>cyclobenzaprine hcl oral tablet 7.5 mg</i>	NF	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
CYCLOPHENE RAPIDPAQ TRANSDERMAL CREAM 5% (<i>cyclobenzaprine hcl</i>)	NF	
<i>dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg</i>	G	
DYSPORT INTRAMUSCULAR SOLUTION RECONSTITUTED 300 UNIT, 500 UNIT (<i>abobotulinumtoxina</i>)	NPSP	
<i>cyclobenzaprine hcl</i> (Fexmid Oral Tablet 7.5 Mg)	NF	
<i>chlorzoxazone</i> (Lorzone Oral Tablet 375 Mg, 750 Mg)	NF	
METAXALL CP COMBINATION KIT 800 & 0.025 MG & % (<i>metaxalone-capsaicin</i>)	NF	
<i>metaxalone oral tablet 400 mg</i>	NF	
<i>metaxalone oral tablet 800 mg</i>	G	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	NF	
<i>norgesic forte oral tablet 50-770-60 mg</i>	NF	
<i>orphenadrine citrate er oral tablet extended release 12 hour 100 mg</i>	G	
<i>orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg</i>	NF	
<i>orphenadrine-aspirin-caffeine</i> (Orphengesic Forte Oral Tablet 50-770-60 Mg)	NF	
TABRADOL FUSEPAQ ORAL SUSPENSION 1 MG/ML (<i>cyclobenzaprine hcl-msm</i>)	NF	
TABRADOL RAPIDPAQ ORAL SUSPENSION 1 MG/ML (<i>cyclobenzaprine hcl-msm</i>)	NF	
<i>tizanidine hcl oral capsule 2 mg, 4 mg, 6 mg</i>	G	
<i>tizanidine hcl oral tablet 2 mg, 4 mg</i>	G	
<i>carisoprodol</i> (Vanadom Oral Tablet 350 Mg)	NF	
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT, 200 UNIT, 50 UNIT (<i>incobotulinumtoxina</i>)	NPSP	
ZANAFLEX ORAL CAPSULE 2 MG, 4 MG (<i>tizanidine hcl</i>)	NPB	
ZANAFLEX ORAL TABLET 4 MG (<i>tizanidine hcl</i>)	NPB	
NARCOLEPSY/CATAPLEXY - DRUGS FOR SLEEP DISORDERS		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>	G	
<i>modafinil oral tablet 100 mg, 200 mg</i>	G	
NUVIGIL ORAL TABLET 150 MG, 200 MG, 250 MG, 50 MG (<i>armodafinil</i>)	NF	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month

01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
PROVIGIL ORAL TABLET 100 MG, 200 MG (<i>modafinil</i>)	NF	
SUNOSI ORAL TABLET 150 MG, 75 MG (<i>solriamfetol hcl</i>)	PB	
WAKIX ORAL TABLET 17.8 MG, 4.45 MG (<i>pitolisant hcl</i>)	PSP	
XYREM ORAL SOLUTION 500 MG/ML (<i>sodium oxybate</i>)	NPSP	
XYWAV ORAL SOLUTION 500 MG/ML (<i>ca, mg, k, and na oxybates</i>)	PSP	
OPIOID AGONIST/ANTAGONIST		
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg</i>	G	
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg</i>	G	
SUBOXONE SUBLINGUAL FILM 12-3 MG, 2-0.5 MG, 4-1 MG, 8-2 MG (<i>buprenorphine hcl-naloxone hcl</i>)	NF	
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG, 8.6-2.1 MG (<i>buprenorphine hcl-naloxone hcl</i>)	PB	
OPIOID ANTAGONIST		
KLOXXADO NASAL LIQUID 8 MG/0.1ML (<i>naloxone hcl</i>)	NPB	
<i>naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml</i>	G	
<i>naloxone hcl injection solution cartridge 0.4 mg/ml</i>	G	
<i>naloxone hcl injection solution prefilled syringe 2 mg/2ml</i>	G	
<i>naloxone hcl nasal liquid 4 mg/0.1ml</i>	G	
<i>naltrexone hcl oral tablet 50 mg</i>	G	
NARCAN NASAL LIQUID 4 MG/0.1ML (<i>naloxone hcl</i>)	NPB	
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG (<i>naltrexone</i>)	NPSP	
OPIOID PARTIAL AGONISTS		
<i>buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg</i>	G	
POSTHERPETIC NEURALGIA (PHN)		
GRALISE ORAL TABLET 300 MG, 600 MG (<i>gabapentin (once-daily)</i>)	PB	
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG, 600 MG (<i>gabapentin enacarbil</i>)	NF	
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR 165 MG, 330 MG, 82.5 MG (<i>pregabalin</i>)	NF	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
PSYCHOTHERAPEUTIC-MISC		
<i>chlordiazepoxide-amitriptyline oral tablet 10-25 mg, 5-12.5 mg</i>	G	
<i>fluoxetine hcl (pmdd) oral tablet 10 mg, 20 mg</i>	NF	
LUCEMYRA ORAL TABLET 0.18 MG (<i>lofexidine hcl</i>)	NF	
NUEDEXTA ORAL CAPSULE 20-10 MG (<i>dextromethorphan-quinidine</i>)	NF	
<i>olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i>	G	
<i>paroxetine mesylate oral capsule 7.5 mg</i>	NF	
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	G	
<i>pimozide oral tablet 1 mg, 2 mg</i>	G	
VYLEESI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1.75 MG/0.3ML (<i>bremelanotide acetate</i>)	NF	
SMOKING DETERRENTS		
<i>apo-varenicline oral tablet 0.5 mg, 1 mg</i>	CE	
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i>	CE	
<i>cvs nicotine mouth/throat gum 2 mg, 4 mg</i>	CE	
<i>cvs nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>	CE	
<i>cvs nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>	CE	
<i>cvs nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr</i>	CE	
<i>eq nicotine mouth/throat lozenge 4 mg</i>	CE	
<i>eq nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>	CE	
<i>eq nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>	CE	
<i>eq nicotine step 3 transdermal patch 24 hour 7 mg/24hr</i>	CE	
<i>eq nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr</i>	CE	
<i>eql nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>	CE	
<i>gnp nicotine mini mouth/throat lozenge 2 mg</i>	CE	
<i>gnp nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>	CE	
<i>gnp nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>	CE	
<i>gnp nicotine transdermal patch 24 hour 14 mg/24hr, 7 mg/24hr</i>	CE	
<i>goodsense nicotine mouth/throat gum 4 mg</i>	CE	
<i>goodsense nicotine mouth/throat lozenge 4 mg</i>	CE	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month

01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
HABITROL TRANSDERMAL PATCH 24 HOUR 21 MG/24HR (<i>nicotine</i>)	CE	
<i>hm nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>	CE	
<i>hm nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>	CE	
<i>hm nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr</i>	CE	
KLS QUIT2 MOUTH/THROAT GUM 2 MG (<i>nicotine polacrilex</i>)	CE	
KLS QUIT2 MOUTH/THROAT LOZENGE 2 MG (<i>nicotine polacrilex</i>)	CE	
KLS QUIT4 MOUTH/THROAT GUM 4 MG (<i>nicotine polacrilex</i>)	CE	
KLS QUIT4 MOUTH/THROAT LOZENGE 4 MG (<i>nicotine polacrilex</i>)	CE	
NICORELIEF MOUTH/THROAT GUM 2 MG (<i>nicotine polacrilex</i>)	CE	
<i>nicotine mini mouth/throat lozenge 2 mg</i>	CE	
<i>nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>	CE	
<i>nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>	CE	
<i>nicotine step 1 transdermal patch 24 hour 21 mg/24hr</i>	CE	
<i>nicotine step 2 transdermal patch 24 hour 14 mg/24hr</i>	CE	
<i>nicotine step 3 transdermal patch 24 hour 7 mg/24hr</i>	CE	
<i>nicotine transdermal kit 21-14-7 mg/24hr</i>	CE	
<i>nicotine transdermal patch 24 hour 21 mg/24hr</i>	CE	
NICOTROL INHALATION INHALER 10 MG (<i>nicotine</i>)	CE	
NICOTROL NS NASAL SOLUTION 10 MG/ML (<i>nicotine</i>)	CE	
<i>ra mini nicotine mouth/throat lozenge 2 mg, 4 mg</i>	CE	
<i>ra nicotine mouth/throat gum 2 mg, 4 mg</i>	CE	
<i>ra nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr</i>	CE	
<i>sm nicotine mouth/throat gum 4 mg</i>	CE	
<i>sm nicotine mouth/throat lozenge 2 mg</i>	CE	
<i>sm nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>	CE	
<i>sm nicotine polacrilex mouth/throat lozenge 4 mg</i>	CE	
<i>sm nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr</i>	CE	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
THRIVE MOUTH/THROAT GUM 2 MG (<i>nicotine polacrilex</i>)	CE	
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i>	CE	
<i>varenicline tartrate oral tablet therapy pack 0.5 mg x 11 & 1 mg x 42</i>	CE	
ENDOCRINE AND METABOLIC - DRUGS TO TREAT DIABETES AND REGULATE HORMONES		
ACROMEGALY - DRUGS TO TREAT CONDITIONS THAT CAUSE EXCESSIVE GROWTH		
<i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	GSP	
<i>octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	GSP	
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML (<i>octreotide acetate</i>)	NPSP	
SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT 10 MG, 20 MG, 30 MG (<i>octreotide acetate</i>)	NF	
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 120 MG/0.5ML, 60 MG/0.2ML, 90 MG/0.3ML (<i>lanreotide acetate</i>)	PSP	
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG (<i>pegvisomant</i>)	NF	
ANDROGENS - DRUGS TO REGULATE MALE HORMONES		
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24HR, 4 MG/24HR (<i>testosterone</i>)	PB	
ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%) (<i>testosterone</i>)	NF	
ANDROGEL TRANSDERMAL GEL 25 MG/2.5GM (1%) (<i>testosterone</i>)	NF	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML, 200 MG/ML (<i>testosterone cypionate</i>)	NPB	
<i>ec-rx testosterone transdermal cream 0.2 %, 0.4 %, 10 %, 20 %</i>	NF	
FORTESTA TRANSDERMAL GEL 10 MG/ACT (2%) (<i>testosterone</i>)	NF	
INTRAROSA VAGINAL INSERT 6.5 MG (<i>prasterone</i>)	NF	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month

01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
JATENZO ORAL CAPSULE 158 MG, 198 MG, 237 MG (<i>testosterone undecanoate</i>)	NF	
<i>methitest oral tablet 10 mg</i>	NPB	
<i>methyltestosterone oral capsule 10 mg</i>	G	
NATESTO NASAL GEL 5.5 MG/ACT (<i>testosterone</i>)	PB	
<i>oxandrolone oral tablet 10 mg, 2.5 mg</i>	G	
TESTIM TRANSDERMAL GEL 50 MG/5GM (1%) (<i>testosterone</i>)	NF	
TESTONE CIK INTRAMUSCULAR KIT 200 MG/ML (<i>testosterone cypionate</i>)	NF	
TESTOPEL IMPLANT PELLETT 75 MG (<i>testosterone</i>)	NPB	
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i>	G	
<i>testosterone enanthate intramuscular solution 200 mg/ml</i>	G	
<i>testosterone gel 12.5 mg/lact (1%) transdermal 12.5 mg/lact (1%)</i>	G	
<i>testosterone gel 12.5 mg/lact (1%) transdermal 12.5 mg/lact (1%)</i>	NF	
<i>testosterone gel 50 mg/5gm (1%) transdermal 50 mg/5gm (1%)</i>	G	
<i>testosterone gel 50 mg/5gm (1%) transdermal 50 mg/5gm (1%)</i>	NF	
<i>testosterone transdermal gel 1.62 %, 10 mg/lact (2%), 20.25 mg/1.25gm (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%)</i>	G	
<i>testosterone transdermal solution 30 mg/lact</i>	G	
VOGELXO GEL 50 MG/5GM (1%) TRANSDERMAL 50 MG/5GM (1%) (<i>testosterone</i>)	NF	
VOGELXO PUMP TRANSDERMAL GEL 12.5 MG/ACT (1%) (<i>testosterone</i>)	NF	
VOGELXO TRANSDERMAL GEL 50 MG/5GM (1%) (<i>testosterone</i>)	NF	
XYOSTED SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/0.5ML, 50 MG/0.5ML, 75 MG/0.5ML (<i>testosterone enanthate</i>)	NF	
ANTIDIABETICS, ALPHA-GLUCOSIDASE INHIBITORS		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	G	
<i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>	G	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
ANTIDIABETICS, AMYLIN ANALOGS		
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML (<i>pramlintide acetate</i>)	PB	
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML (<i>pramlintide acetate</i>)	PB	
ANTIDIABETICS, BIGUANIDE		
GLUMETZA ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG, 500 MG (<i>metformin hcl</i>)	NF	
<i>metformin hcl er (mod) oral tablet extended release 24 hour 1000 mg, 500 mg</i>	NF	
<i>metformin hcl er (osm) oral tablet extended release 24 hour 1000 mg, 500 mg</i>	NF	
<i>metformin hcl er oral tablet extended release 24 hour 500 mg</i>	G	LGC
<i>metformin hcl er oral tablet extended release 24 hour 750 mg</i>	G	
<i>metformin hcl oral solution 500 mg/5ml</i>	G	
<i>metformin hcl oral tablet 1000 mg, 500 mg</i>	G	LGC
<i>metformin hcl oral tablet 850 mg</i>	CE	LGC
RIOMET ORAL SOLUTION 500 MG/5ML (<i>metformin hcl</i>)	NF	
ANTIDIABETICS, BIGUANIDE/ SULFONYLUREA COMBINATIONS		
<i>glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	G	LGC
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	G	LGC
ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 INHIBITORS		
<i>alogliptin benzoate oral tablet 12.5 mg, 25 mg, 6.25 mg</i>	NF	
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG (<i>sitagliptin phosphate</i>)	PB	
NESINA ORAL TABLET 12.5 MG, 25 MG, 6.25 MG (<i>alogliptin benzoate</i>)	NF	
ONGLYZA ORAL TABLET 2.5 MG, 5 MG (<i>saxagliptin hcl</i>)	NF	
TRADJENTA ORAL TABLET 5 MG (<i>linagliptin</i>)	NF	
ANTIDIABETICS, DOPAMINE RECEPTOR AGONISTS		
CYCLOSET ORAL TABLET 0.8 MG (<i>bromocriptine mesylate</i>)	NPB	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month

01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
ANTIDIABETICS, DPP-4 INHIBITOR COMBINATIONS		
<i>alogliptin-metformin hcl oral tablet 12.5-1000 mg, 12.5-500 mg</i>	NF	
<i>alogliptin-pioglitazone oral tablet 12.5-30 mg, 12.5-45 mg, 25-15 mg, 25-30 mg, 25-45 mg</i>	NF	
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG (<i>sitagliptin-metformin hcl</i>)	PB	
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-1000 MG, 50-500 MG (<i>sitagliptin-metformin hcl</i>)	PB	
JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG (<i>linagliptin-metformin hcl</i>)	NF	
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG (<i>linagliptin- metformin hcl</i>)	NF	
KAZANO ORAL TABLET 12.5-1000 MG, 12.5-500 MG (<i>alogliptin-metformin hcl</i>)	NF	
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG, 5-500 MG (<i>saxagliptin-metformin</i>)	NF	
OSENI ORAL TABLET 12.5-15 MG, 12.5-30 MG, 12.5-45 MG, 25-15 MG, 25-30 MG, 25-45 MG (<i>alogliptin- pioglitazone</i>)	NF	
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 12.5-2.5-1000 MG, 25-5-1000 MG, 5-2.5-1000 MG (<i>empagliflozin-linagliptin-metformin</i>)	PB	
ANTIDIABETICS, INCRETIN MIMETIC AGENTS		
ADLYXIN STARTER PACK SUBCUTANEOUS PEN- INJECTOR KIT 10 & 20 MCG/0.2ML (<i>lixisenatide</i>)	NF	
ADLYXIN SUBCUTANEOUS SOLUTION PEN- INJECTOR 20 MCG/0.2ML (<i>lixisenatide</i>)	NF	
BYDUREON BCISE SUBCUTANEOUS AUTO- INJECTOR 2 MG/0.85ML (<i>exenatide</i>)	NF	
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MCG/0.04ML (<i>exenatide</i>)	NF	
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MCG/0.02ML (<i>exenatide</i>)	NF	
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML (<i>semaglutide</i>)	PB	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML (<i>semaglutide</i>)	PB	
OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 8 MG/3ML (<i>semaglutide</i>)	PB	
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG (<i>semaglutide</i>)	PB	
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML (<i>dulaglutide</i>)	PB	
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML (<i>liraglutide</i>)	PB	
ANTIDIABETICS, INCRETIN MIMETIC COMBINATION AGENTS		
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML (<i>insulin glargine-lixisenatide</i>)	PB	
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML (<i>insulin degludec-liraglutide</i>)	PB	
ANTIDIABETICS, INSULIN		
ADMELOG INJECTION SOLUTION 100 UNIT/ML (<i>insulin lispro</i>)	NF	
AFREZZA INHALATION POWDER 12 UNIT, 4 UNIT, 8 UNIT, 90 X 4 UNIT & 90X8 UNIT, 90 X 8 UNIT & 90X12 UNIT (<i>insulin regular human</i>)	NF	
APIDRA INJECTION SOLUTION 100 UNIT/ML (<i>insulin glulisine</i>)	NF	
APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin glulisine</i>)	NF	
BASAGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin glargine</i>)	PB	
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin aspart (w/niacinamide)</i>)	PB	
FIASP INJECTION SOLUTION 100 UNIT/ML (<i>insulin aspart (w/niacinamide)</i>)	PB	
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML (<i>insulin aspart (w/niacinamide)</i>)	PB	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month

01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
HUMALOG INJECTION SOLUTION 100 UNIT/ML (<i>insulin lispro</i>)	NF	
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 UNIT/ML (<i>insulin lispro</i>)	NF	
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (50-50) 100 UNIT/ML (<i>insulin lispro prot & lispro</i>)	NF	
HUMALOG MIX 50/50 SUBCUTANEOUS SUSPENSION (50-50) 100 UNIT/ML (<i>insulin lispro prot & lispro</i>)	NF	
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML (<i>insulin lispro prot & lispro</i>)	NF	
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION (75-25) 100 UNIT/ML (<i>insulin lispro prot & lispro</i>)	NF	
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML (<i>insulin lispro</i>)	NF	
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (<i>insulin nph isophane & regular</i>)	NF	
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION (70- 30) 100 UNIT/ML (<i>insulin nph isophane & regular</i>)	NF	
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML (<i>insulin nph human (isophane)</i>)	NF	
HUMULIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML (<i>insulin nph human (isophane)</i>)	NF	
HUMULIN R INJECTION SOLUTION 100 UNIT/ML (<i>insulin regular human</i>)	NF	
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML (<i>insulin regular human</i>)	PB	
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML (<i>insulin regular human</i>)	PB	
<i>insulin glargine solostar subcutaneous solution pen-injector 100 unit/ml</i>	NF	
<i>insulin glargine subcutaneous solution 100 unit/ml</i>	NF	
<i>insulin glargine-yfgn subcutaneous solution 100 unit/ml</i>	NF	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
<i>insulin glargine-yfgn subcutaneous solution pen-injector 100 unit/ml</i>	NF	
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin glargine</i>)	NF	
LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML (<i>insulin glargine</i>)	NF	
LEVEMIR FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin detemir</i>)	PB	
LEVEMIR SUBCUTANEOUS SOLUTION 100 UNIT/ML (<i>insulin detemir</i>)	PB	
MYXREDLIN INTRAVENOUS SOLUTION 100-0.9 UT/100ML-% (<i>insulin regular (human) in nacl</i>)	NF	
NOVOLIN 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (<i>insulin nph isophane & regular</i>)	NF	
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (<i>insulin nph isophane & regular</i>)	PB	
NOVOLIN 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (<i>insulin nph isophane & regular</i>)	NF	
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (<i>insulin nph isophane & regular</i>)	PB	
NOVOLIN N FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML (<i>insulin nph human (isophane)</i>)	NF	
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML (<i>insulin nph human (isophane)</i>)	PB	
NOVOLIN N RELION SUBCUTANEOUS SUSPENSION 100 UNIT/ML (<i>insulin nph human (isophane)</i>)	NF	
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML (<i>insulin nph human (isophane)</i>)	PB	
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin regular human</i>)	PB	
NOVOLIN R FLEXPEN RELION INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin regular human</i>)	NF	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month

01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML (<i>insulin regular human</i>)	PB	
NOVOLIN R RELION INJECTION SOLUTION 100 UNIT/ML (<i>insulin regular human</i>)	NF	
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin aspart</i>)	PB	
NOVOLOG INJECTION SOLUTION 100 UNIT/ML (<i>insulin aspart</i>)	PB	
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (<i>insulin aspart prot & aspart</i>)	PB	
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (<i>insulin aspart prot & aspart</i>)	PB	
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML (<i>insulin aspart</i>)	PB	
SEMGLEE (YFGN) SUBCUTANEOUS SOLUTION 100 UNIT/ML (<i>insulin glargine-yfgn</i>)	NF	
SEMGLEE (YFGN) SUBCUTANEOUS SOLUTION PEN- INJECTOR 100 UNIT/ML (<i>insulin glargine-yfgn</i>)	NF	
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML (<i>insulin glargine</i>)	PB	
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML (<i>insulin glargine</i>)	PB	
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML (<i>insulin degludec</i>)	PB	
TRESIBA SUBCUTANEOUS SOLUTION 100 UNIT/ML (<i>insulin degludec</i>)	PB	
ANTIDIABETICS, INSULIN SENSITIZER		
ACTOS ORAL TABLET 15 MG, 30 MG, 45 MG (<i>pioglitazone hcl</i>)	NF	
<i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i>	G	LGC
ANTIDIABETICS, INSULIN SENSITIZER/BIGUANIDE COMBINATION		
<i>pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg</i>	G	LGC

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
ANTIDIABETICS, INSULIN SENSITIZER/SULFONYLUREA COMBINATION		
<i>pioglitazone hcl-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	G	
ANTIDIABETICS, MEGLITINIDE		
<i>nateglinide oral tablet 120 mg, 60 mg</i>	G	LGC
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	G	LGC
ANTIDIABETICS, MISCELLANEOUS		
KORLYM ORAL TABLET 300 MG (<i>mifepristone</i>)	NF	
ANTIDIABETICS, SODIUM-GLUC CO-TRANSPOR2 INHIB (SGLT2)/DPP-4 INHIBITOR COMBINATIONS		
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG (<i>empagliflozin-linagliptin</i>)	PB	
QTERN ORAL TABLET 10-5 MG, 5-5 MG (<i>dapagliflozin-saxagliptin</i>)	NF	
STEGLUJAN ORAL TABLET 15-100 MG, 5-100 MG (<i>ertugliflozin-sitagliptin</i>)	NF	
ANTIDIABETICS, SODIUM-GLUC CO-TRANSPOR2 INHIB (SGTL2) COMBINATIONS		
INVOKAMET ORAL TABLET 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG (<i>canagliflozin-metformin hcl</i>)	NF	
INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG (<i>canagliflozin-metformin hcl</i>)	NF	
SEGLUROMET ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 7.5-1000 MG, 7.5-500 MG (<i>ertugliflozin-metformin hcl</i>)	NF	
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG (<i>empagliflozin-metformin hcl</i>)	PB	
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 25-1000 MG, 5-1000 MG (<i>empagliflozin-metformin hcl</i>)	PB	
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 2.5-1000 MG, 5-1000 MG, 5-500 MG (<i>dapagliflozin-metformin hcl</i>)	PB	
ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER2 (SGLT2) INHIBITORS		
FARXIGA ORAL TABLET 10 MG, 5 MG (<i>dapagliflozin propanediol</i>)	PB	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month

01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
INVOKANA ORAL TABLET 100 MG, 300 MG (<i>canagliflozin</i>)	NF	
JARDIANCE ORAL TABLET 10 MG, 25 MG (<i>empagliflozin</i>)	PB	
STEGLATRO ORAL TABLET 15 MG, 5 MG (<i>ertugliflozin l-pyroglutamicac</i>)	NF	
ANTIDIABETICS, SULFONYLUREA		
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	G	LGC
<i>glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	G	LGC
<i>glipizide oral tablet 10 mg, 5 mg</i>	G	LGC
<i>glipizide xl oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	G	LGC
<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, 2.5 mg, 5 mg</i>	G	LGC
ANTI OBESITY		
ADIPEX-P ORAL CAPSULE 37.5 MG (<i>phentermine hcl</i>)	NPB	
ADIPEX-P ORAL TABLET 37.5 MG (<i>phentermine hcl</i>)	NPB	
CONTRAVE ORAL TABLET EXTENDED RELEASE 12 HOUR 8-90 MG (<i>naltrexone-bupropion hcl</i>)	NF	SPC
LOMAIRA ORAL TABLET 8 MG (<i>phentermine hcl</i>)	NF	
QSYMIA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 11.25-69 MG, 15-92 MG, 3.75-23 MG, 7.5-46 MG (<i>phentermine-topiramate</i>)	PB	
SAXENDA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML (<i>liraglutide -weight management</i>)	PB	
WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.25 MG/0.5ML, 0.5 MG/0.5ML, 1 MG/0.5ML, 1.7 MG/0.75ML, 2.4 MG/0.75ML (<i>semaglutide-weight management</i>)	PB	
XENICAL ORAL CAPSULE 120 MG (<i>orlistat</i>)	NF	
BISPHOSPHONATES - DRUGS TO TREAT BONE LOSS		
<i>alendronate sodium oral solution 70 mg/75ml</i>	G	
<i>alendronate sodium oral tablet 10 mg, 35 mg, 5 mg, 70 mg</i>	G	
BINOSTO ORAL TABLET EFFERVESCENT 70 MG (<i>alendronate sodium</i>)	NPB	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
FOSAMAX ORAL TABLET 70 MG (<i>alendronate sodium</i>)	NPB	
FOSAMAX PLUS D ORAL TABLET 70-2800 MG-UNIT, 70-5600 MG-UNIT (<i>alendronate-cholecalciferol</i>)	NPB	
<i>ibandronate sodium oral tablet 150 mg</i>	G	
RECLAST INTRAVENOUS SOLUTION 5 MG/100ML (<i>zoledronic acid</i>)	NPSP	
<i>risedronate sodium oral tablet 150 mg, 30 mg, 35 mg, 5 mg</i>	G	
<i>risedronate sodium oral tablet delayed release 35 mg</i>	G	
<i>zoledronic acid intravenous concentrate 4 mg/5ml</i>	GSP	
<i>zoledronic acid intravenous solution 5 mg/100ml</i>	GSP	
CALCIUM RECEPTOR AGONISTS		
<i>cinacalcet hcl oral tablet 30 mg, 60 mg, 90 mg</i>	GSP	
PARSABIV INTRAVENOUS SOLUTION 10 MG/2ML, 2.5 MG/0.5ML, 5 MG/ML (<i>etelcalcetide hcl</i>)	NF	
SENSIPAR ORAL TABLET 30 MG, 60 MG, 90 MG (<i>cinacalcet hcl</i>)	NPSP	
CARNITINE DEFICIENCY AGENTS		
CARNITOR ORAL SOLUTION 1 GM/10ML (<i>levocarnitine</i>)	NF	
CARNITOR ORAL TABLET 330 MG (<i>levocarnitine</i>)	NF	
CARNITOR SF ORAL SOLUTION 1 GM/10ML (<i>levocarnitine</i>)	NF	
<i>levocarnitine oral solution 1 gml/10ml</i>	G	
<i>levocarnitine oral tablet 330 mg</i>	G	
CHELATING AGENTS		
CHEMET ORAL CAPSULE 100 MG (<i>succimer</i>)	NPB	
CUPRIMINE ORAL CAPSULE 250 MG (<i>penicillamine</i>)	NF	
<i>deferasirox oral tablet soluble 125 mg, 250 mg, 500 mg</i>	GSP	
<i>deferoxamine mesylate injection solution reconstituted 2 gm, 500 mg</i>	GSP	
DEPEN TITRATABS ORAL TABLET 250 MG (<i>penicillamine</i>)	NPSP	
DESFERAL INJECTION SOLUTION RECONSTITUTED 500 MG (<i>deferoxamine mesylate</i>)	NF	
EXJADE ORAL TABLET SOLUBLE 125 MG, 250 MG, 500 MG (<i>deferasirox</i>)	NF	
FERRIPROX ORAL SOLUTION 100 MG/ML (<i>deferiprone</i>)	NF	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month

01/01/2023

100

Prescription Drug Name	Drug Tier	Drug Notes
FERRIPROX ORAL TABLET 1000 MG, 500 MG (<i>deferiprone</i>)	NF	
FERRIPROX TWICE-A-DAY ORAL TABLET 1000 MG (<i>deferiprone</i>)	NF	
JADENU ORAL TABLET 180 MG, 360 MG, 90 MG (<i>deferasirox</i>)	NF	
JADENU SPRINKLE ORAL PACKET 180 MG, 360 MG, 90 MG (<i>deferasirox</i>)	NF	
LOKELMA ORAL PACKET 10 GM, 5 GM (<i>sodium zirconium cyclosilicate</i>)	PB	
<i>penicillamine oral capsule 250 mg</i>	GSP	
<i>sodium polystyrene sulfonate oral powder</i>	G	
SPS ORAL SUSPENSION 15 GM/60ML (<i>sodium polystyrene sulfonate</i>)	G	
SYPRINE ORAL CAPSULE 250 MG (<i>trientine hcl</i>)	NF	
<i>trientine hcl oral capsule 250 mg</i>	GSP	
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM (<i>patiromer sorbitex calcium</i>)	PB	
CONTRACEPTIVES - PRODUCTS FOR BIRTH CONTROL		
<i>levonorgestrel-ethinyl estrad</i> (Afirmelle Oral Tablet 0.1-20 Mg- Mcg)	CE	
AFTERA ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	CE	
<i>levonorgestrel-ethinyl estrad</i> (Altavera Oral Tablet 0.15-30 Mg- Mcg)	CE	
<i>alyacen 1/35 oral tablet 1-35 mg-mcg</i>	CE	
<i>alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	CE	
<i>levonorgest-eth estrad 91-day</i> (Amethia Oral Tablet 0.15-0.03 &0.01 Mg)	CE	
<i>levonorgestrel-ethinyl estrad</i> (Amethyst Oral Tablet 90-20 Mcg)	CE	
ANNOVERA VAGINAL RING 0.013-0.15 MG/24HR (<i>segesterone-ethinyl estradiol</i>)	CE	
<i>desogestrel-ethinyl estradiol</i> (Aprri Oral Tablet 0.15-30 Mg- Mcg)	CE	
<i>norethin-eth estrad triphasic</i> (Aranelle Oral Tablet 0.5/1/0.5-35 Mg-Mcg)	CE	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
<i>levonorgest-eth estrad 91-day</i> (Ashlyna Oral Tablet 0.15-0.03 & 0.01 Mg)	CE	
<i>levonorgestrel-ethinyl estrad</i> (Aubra Eq Oral Tablet 0.1-20 Mg-Mcg)	CE	
<i>levonorgestrel-ethinyl estrad</i> (Aubra Oral Tablet 0.1-20 Mg-Mcg)	CE	
<i>norethindrone acet-ethinyl est</i> (Aurovela 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	
<i>norethindrone acet-ethinyl est</i> (Aurovela 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	
<i>norethin ace-eth estrad-fe</i> (Aurovela 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	CE	
<i>norethin ace-eth estrad-fe</i> (Aurovela Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	
<i>norethin ace-eth estrad-fe</i> (Aurovela Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	
<i>levonorgestrel-ethinyl estrad</i> (Aviane Oral Tablet 0.1-20 Mg-Mcg)	CE	
<i>levonorgestrel-ethinyl estrad</i> (Ayuna Oral Tablet 0.15-30 Mg-Mcg)	CE	
<i>desogestrel-ethinyl estradiol</i> (Azurette Oral Tablet 0.15-0.02/0.01 Mg (21/5))	CE	
BALCOLTRA ORAL TABLET 0.1-20 MG-MCG(21) (<i>levonorgest-eth estrad-fe bisg</i>)	CE	
<i>norethindrone-eth estradiol</i> (Balziva Oral Tablet 0.4-35 Mg-Mcg)	CE	
BEYAZ ORAL TABLET 3-0.02-0.451 MG (<i>drospiren-eth estrad-levomefol</i>)	NF	
<i>norethin ace-eth estrad-fe</i> (Blisovi 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	CE	
<i>norethin ace-eth estrad-fe</i> (Blisovi Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	
<i>norethin ace-eth estrad-fe</i> (Blisovi Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	CE	
<i>norethindrone</i> (Camila Oral Tablet 0.35 Mg)	CE	
<i>levonorgest-eth estrad 91-day</i> (Camrese Lo Oral Tablet 0.1-0.02 & 0.01 Mg)	CE	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month

01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
<i>levonorgest-eth estrad 91-day</i> (Camrese Oral Tablet 0.15-0.03 & 0.01 Mg)	CE	
CAYA VAGINAL DIAPHRAGM (<i>diaphragm arc-spring</i>)	CE	
<i>norethin ace-eth estrad-fe</i> (Charlotte 24 Fe Oral Tablet Chewable 1-20 Mg-Mcg(24))	CE	
<i>levonorgestrel-ethinyl estrad</i> (Chateal Eq Oral Tablet 0.15-30 Mg-Mcg)	CE	
<i>levonorgestrel-ethinyl estrad</i> (Chateal Oral Tablet 0.15-30 Mg-Mcg)	CE	
<i>condoms</i>	CE	
<i>norgestrel-ethinyl estradiol</i> (Cryselle-28 Oral Tablet 0.3-30 Mg-Mcg)	CE	
<i>desogestrel-ethinyl estradiol</i> (Cyred Eq Oral Tablet 0.15-30 Mg-Mcg)	CE	
<i>desogestrel-ethinyl estradiol</i> (Cyred Oral Tablet 0.15-30 Mg-Mcg)	CE	
<i>norethindrone-eth estradiol</i> (Dasetta 1/35 Oral Tablet 1-35 Mg-Mcg)	CE	
<i>norethin-eth estrad triphasic</i> (Dasetta 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	CE	
<i>levonorgest-eth estrad 91-day</i> (Daysee Oral Tablet 0.15-0.03 & 0.01 Mg)	CE	
<i>norethindrone</i> (Deblitane Oral Tablet 0.35 Mg)	CE	
<i>levonorgestrel-ethinyl estrad</i> (Delyla Oral Tablet 0.1-20 Mg-Mcg)	CE	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML (<i>medroxyprogesterone acetate</i>)	CE	
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg</i> (21/5)	CE	
<i>levonorgestrel-ethinyl estrad</i> (Dolishale Oral Tablet 90-20 Mcg)	CE	
<i>drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg, 3-0.03-0.451 mg</i>	CE	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	CE	
ECONTRA EZ ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	CE	
ECONTRA ONE-STEP ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	CE	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
<i>norgestrel-ethinyl estradiol</i> (Elinest Oral Tablet 0.3-30 Mg-Mcg)	CE	
ELLA ORAL TABLET 30 MG (<i>ulipristal acetate</i>)	CE	
<i>etonogestrel-ethinyl estradiol</i> (Eluryng Vaginal Ring 0.12-0.015 Mg/24Hr)	CE	
<i>desogestrel-ethinyl estradiol</i> (Emoquette Oral Tablet 0.15-30 Mg-Mcg)	CE	
<i>levonorg-eth estrad triphasic</i> (Enpresse-28 Oral Tablet 50-30/75-40/ 125-30 Mcg)	CE	
<i>desogestrel-ethinyl estradiol</i> (Enskyce Oral Tablet 0.15-30 Mg-Mcg)	CE	
<i>norethindrone</i> (Errin Oral Tablet 0.35 Mg)	CE	
<i>norgestimate-eth estradiol</i> (Estarylla Oral Tablet 0.25-35 Mg-Mcg)	CE	
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	CE	
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr</i>	CE	
<i>levonorgestrel-ethinyl estrad</i> (Falmina Oral Tablet 0.1-20 Mg-Mcg)	CE	
<i>levonorgest-eth estrad 91-day</i> (Fayosim Oral Tablet 42-21-21-7 Days)	CE	
FC2 FEMALE CONDOM (<i>condoms - female</i>)	CE	
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM (<i>cervical caps</i>)	CE	
<i>norgestimate-eth estradiol</i> (Femynor Oral Tablet 0.25-35 Mg-Mcg)	CE	
<i>norethin ace-eth estrad-fe</i> (Gemmyly Oral Capsule 1-20 Mg-Mcg(24))	CE	
<i>norethindrone acet-ethinyl est</i> (Hailey 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	
<i>norethin ace-eth estrad-fe</i> (Hailey 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	CE	
<i>norethin ace-eth estrad-fe</i> (Hailey Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	
<i>norethin ace-eth estrad-fe</i> (Hailey Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	
<i>norethindrone</i> (Heather Oral Tablet 0.35 Mg)	CE	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month

01/01/2023

104

Prescription Drug Name	Drug Tier	Drug Notes
<i>levonorgest-eth estrad 91-day</i> (Iclevia Oral Tablet 0.15-0.03 Mg)	CE	
<i>norethindrone</i> (Incassia Oral Tablet 0.35 Mg)	CE	
<i>levonorgest-eth estrad 91-day</i> (Introvale Oral Tablet 0.15-0.03 Mg)	CE	
<i>desogestrel-ethinyl estradiol</i> (Isibloom Oral Tablet 0.15-30 Mg-Mcg)	CE	
<i>levonorgest-eth estrad 91-day</i> (Jaimiess Oral Tablet 0.15-0.03 &0.01 Mg)	CE	
<i>drospirenone-ethinyl estradiol</i> (Jasmiel Oral Tablet 3-0.02 Mg)	CE	
<i>norethindrone</i> (Jencycla Oral Tablet 0.35 Mg)	CE	
<i>levonorgest-eth estrad 91-day</i> (Jolessa Oral Tablet 0.15-0.03 Mg)	CE	
<i>desogestrel-ethinyl estradiol</i> (Juleber Oral Tablet 0.15-30 Mg-Mcg)	CE	
<i>norethindrone acet-ethinyl est</i> (Junel 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	
<i>norethindrone acet-ethinyl est</i> (Junel 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	
<i>norethin ace-eth estrad-fe</i> (Junel Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	
<i>norethin ace-eth estrad-fe</i> (Junel Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	
<i>norethin ace-eth estrad-fe</i> (Junel Fe 24 Oral Tablet 1-20 Mg-Mcg(24))	CE	
<i>norethin-eth estradiol-fe</i> (Kaitlib Fe Oral Tablet Chewable 0.8-25 Mg-Mcg)	CE	
<i>desogestrel-ethinyl estradiol</i> (Kalliga Oral Tablet 0.15-30 Mg-Mcg)	CE	
<i>desogestrel-ethinyl estradiol</i> (Kariva Oral Tablet 0.15-0.02/0.01 Mg (21/5))	CE	
<i>ethynodiol diac-eth estradiol</i> (Kelnor 1/35 Oral Tablet 1-35 Mg-Mcg)	CE	
<i>ethynodiol diac-eth estradiol</i> (Kelnor 1/50 Oral Tablet 1-50 Mg-Mcg)	CE	
<i>levonorgestrel-ethinyl estrad</i> (Kurvelo Oral Tablet 0.15-30 Mg-Mcg)	CE	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month

01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 19.5 MG (<i>levonorgestrel</i>)	CE	
<i>norethindrone acet-ethinyl est</i> (Larin 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	
<i>norethindrone acet-ethinyl est</i> (Larin 1/20 Oral Tablet 1-20 Mg- Mcg)	CE	
<i>norethin ace-eth estrad-fe</i> (Larin 24 Fe Oral Tablet 1-20 Mg- Mcg(24))	CE	
<i>norethin ace-eth estrad-fe</i> (Larin Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	
<i>norethin ace-eth estrad-fe</i> (Larin Fe 1/20 Oral Tablet 1-20 Mg- Mcg)	CE	
<i>norethin-eth estradiol-fe</i> (Layolis Fe Oral Tablet Chewable 0.8- 25 Mg-Mcg)	CE	
<i>norethin-eth estrad triphasic</i> (Leena Oral Tablet 0.5/1/0.5-35 Mg-Mcg)	CE	
<i>levonorgestrel-ethinyl estrad</i> (Lessina Oral Tablet 0.1-20 Mg- Mcg)	CE	
<i>levonorg-eth estrad triphasic</i> (Levonest Oral Tablet 50-30/75- 40/ 125-30 Mcg)	CE	
<i>levonorgest-eth est & eth est oral tablet 42-21-21-7 days</i>	CE	
<i>levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 & 0.01 mg, 0.15-0.03 mg</i>	CE	
<i>levonorgestrel oral tablet 1.5 mg</i>	CE	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg, 90-20 mcg</i>	CE	
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>	CE	
<i>levonorgestrel-ethinyl estrad</i> (Levora 0.15/30 (28) Oral Tablet 0.15-30 Mg-Mcg)	CE	
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY (<i>levonorgestrel</i>)	CE	
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG / 10 MCG (<i>norethin-eth estrad-fe biphas</i>)	CE	
<i>norethindrone acet-ethinyl est</i> (Loestrin 1.5/30 (21) Oral Tablet 1.5-30 Mg-Mcg)	CE	
<i>norethindrone acet-ethinyl est</i> (Loestrin 1/20 (21) Oral Tablet 1- 20 Mg-Mcg)	CE	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month

01/01/2023

106

Prescription Drug Name	Drug Tier	Drug Notes
<i>norethin ace-eth estrad-fe</i> (Loestrin Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	
<i>norethin ace-eth estrad-fe</i> (Loestrin Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	
<i>levonorgest-eth estrad 91-day</i> (Lojaimiess Oral Tablet 0.1-0.02 & 0.01 Mg)	CE	
<i>drospirenone-ethinyl estradiol</i> (Loryna Oral Tablet 3-0.02 Mg)	CE	
<i>norgestrel-ethinyl estradiol</i> (Low-Ogestrel Oral Tablet 0.3-30 Mg-Mcg)	CE	
<i>drospirenone-ethinyl estradiol</i> (Lo-Zumandimine Oral Tablet 3-0.02 Mg)	CE	
<i>levonorgestrel-ethinyl estrad</i> (Lutera Oral Tablet 0.1-20 Mg-Mcg)	CE	
<i>norethindrone</i> (Lyleq Oral Tablet 0.35 Mg)	CE	
<i>norethindrone</i> (Lyza Oral Tablet 0.35 Mg)	CE	
<i>marlissa oral tablet 0.15-30 mg-mcg</i>	CE	
<i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>	CE	
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml</i>	CE	
<i>norethin ace-eth estrad-fe</i> (Merzee Oral Capsule 1-20 Mg-Mcg(24))	CE	
<i>norethindrone acet-ethinyl est</i> (Microgestin 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	
<i>norethindrone acet-ethinyl est</i> (Microgestin 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	
<i>norethin ace-eth estrad-fe</i> (Microgestin 24 Fe Oral Tablet 1-20 Mg-Mcg)	CE	
<i>norethin ace-eth estrad-fe</i> (Microgestin Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	
<i>norethin ace-eth estrad-fe</i> (Microgestin Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	
<i>norgestimate-eth estradiol</i> (Mili Oral Tablet 0.25-35 Mg-Mcg)	CE	
MINASTRIN 24 FE ORAL TABLET CHEWABLE 1-20 MG-MCG(24) (<i>norethin ace-eth estrad-fe</i>)	NF	
MIRCETTE ORAL TABLET 0.15-0.02/0.01 MG (21/5) (<i>desogestrel-ethinyl estradiol</i>)	NPB	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month

01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/DAY (<i>levonorgestrel</i>)	CE	
<i>norgestimate-eth estradiol</i> (Mono-Linyah Oral Tablet 0.25-35 Mg-Mcg)	CE	
MY CHOICE ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	CE	
MY WAY ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	CE	
NATAZIA ORAL TABLET 3/2-2/2-3/1 MG (<i>estradiol valerate-dienogest</i>)	CE	
<i>norethindrone-eth estradiol</i> (Necon 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg)	CE	
<i>norethindrone-eth estradiol</i> (Necon 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	CE	
NEW DAY ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	CE	
NEXPLANON SUBCUTANEOUS IMPLANT 68 MG (<i>etonogestrel</i>)	CE	
NEXTSTELLIS ORAL TABLET 3-14.2 MG (<i>drospirenone-estetrol</i>)	CE	
<i>drospirenone-ethinyl estradiol</i> (Nikki Oral Tablet 3-0.02 Mg)	CE	
<i>norethindrone</i> (Nora-Be Oral Tablet 0.35 Mg)	CE	
<i>norethin ace-eth estrad-fe oral capsule 1-20 mg-mcg (24)</i>	CE	
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	CE	
<i>norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg (24)</i>	CE	
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	CE	
<i>norethindrone oral tablet 0.35 mg</i>	CE	
<i>norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg, 0.8-25 mg-mcg</i>	CE	
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	CE	
<i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg</i>	CE	
<i>norethindrone</i> (Norlyda Oral Tablet 0.35 Mg)	CE	
<i>norethindrone</i> (Norlyroc Oral Tablet 0.35 Mg)	CE	
<i>norethindrone-eth estradiol</i> (Nortrel 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg)	CE	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month

01/01/2023

108

Prescription Drug Name	Drug Tier	Drug Notes
<i>norethindrone-eth estradiol</i> (Nortrel 1/35 (21) Oral Tablet 1-35 Mg-Mcg)	CE	
<i>norethindrone-eth estradiol</i> (Nortrel 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	CE	
<i>norethin-eth estrad triphasic</i> (Nortrel 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	CE	
NUVARING VAGINAL RING 0.12-0.015 MG/24HR (<i>etonogestrel-ethinyl estradiol</i>)	CE	
<i>norethin-eth estrad triphasic</i> (Nylia 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	CE	
<i>norgestimate-eth estradiol</i> (Nymyo Oral Tablet 0.25-35 Mg-Mcg)	CE	
<i>drospirenone-ethinyl estradiol</i> (Ocella Oral Tablet 3-0.03 Mg)	CE	
OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM (<i>diaphragms</i>)	CE	
OPCICON ONE-STEP ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	CE	
OPTION 2 ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	CE	
<i>levonorgestrel-ethinyl estrad</i> (Orsythia Oral Tablet 0.1-20 Mg-Mcg)	CE	
ORTHO TRI-CYCLEN LO ORAL TABLET 0.18/0.215/0.25 MG-25 MCG (<i>norgestim-eth estrad triphasic</i>)	NF	
PARAGARD INTRAUTERINE COPPER INTRAUTERINE INTRAUTERINE DEVICE (<i>copper</i>)	CE	
<i>norethindrone-eth estradiol</i> (Philith Oral Tablet 0.4-35 Mg-Mcg)	CE	
<i>desogestrel-ethinyl estradiol</i> (Pimtrea Oral Tablet 0.15-0.02/0.01 Mg (21/5))	CE	
<i>norethindrone-eth estradiol</i> (Pirmella 1/35 Oral Tablet 1-35 Mg-Mcg)	CE	
<i>norethin-eth estrad triphasic</i> (Pirmella 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	CE	
<i>levonorgestrel-ethinyl estrad</i> (Portia-28 Oral Tablet 0.15-30 Mg-Mcg)	CE	
REACT ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	CE	
<i>desogestrel-ethinyl estradiol</i> (Reclipsen Oral Tablet 0.15-30 Mg-Mcg)	CE	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month

01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
<i>levonorgest-eth estrad 91-day</i> (Rivelsa Oral Tablet 42-21-21-7 Days)	CE	
SAFYRAL ORAL TABLET 3-0.03-0.451 MG (<i>drospiren-eth estrad-levomefol</i>)	NPB	
SEASONIQUE ORAL TABLET 0.15-0.03 &0.01 MG (<i>levonorgest-eth estrad 91-day</i>)	NF	
<i>levonorgest-eth estrad 91-day</i> (Setlakin Oral Tablet 0.15-0.03 Mg)	CE	
<i>norethindrone</i> (Sharobel Oral Tablet 0.35 Mg)	CE	
<i>desogestrel-ethinyl estradiol</i> (Simliya Oral Tablet 0.15-0.02/0.01 Mg (21/5))	CE	
<i>levonorgest-eth estrad 91-day</i> (Simpesse Oral Tablet 0.15-0.03 &0.01 Mg)	CE	
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 13.5 MG (<i>levonorgestrel</i>)	CE	
SLYND ORAL TABLET 4 MG (<i>drospirenone</i>)	CE	
<i>desogestrel-ethinyl estradiol</i> (Solia Oral Tablet 0.15-30 Mg-Mcg)	CE	
<i>norgestimate-eth estradiol</i> (Sprintec 28 Oral Tablet 0.25-35 Mg-Mcg)	CE	
<i>levonorgestrel-ethinyl estrad</i> (Sronyx Oral Tablet 0.1-20 Mg-Mcg)	CE	
<i>drospirenone-ethinyl estradiol</i> (Syeda Oral Tablet 3-0.03 Mg)	CE	
TAKE ACTION ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	CE	
<i>norethin ace-eth estrad-fe</i> (Tarina 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	CE	
<i>norethin ace-eth estrad-fe</i> (Tarina Fe 1/20 Eq Oral Tablet 1-20 Mg-Mcg)	CE	
<i>norethin ace-eth estrad-fe</i> (Tarina Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	
<i>norethin ace-eth estrad-fe</i> (Taysofy Oral Capsule 1-20 Mg-Mcg(24))	CE	
TAYTULLA ORAL CAPSULE 1-20 MG-MCG(24) (<i>norethin ace-eth estrad-fe</i>)	NF	
<i>norethindron-ethinyl estrad-fe</i> (Tilia Fe Oral Tablet 1-20/1-30/1-35 Mg-Mcg)	CE	
<i>norgestim-eth estrad triphasic</i> (Tri Femynor Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month

01/01/2023

110

Prescription Drug Name	Drug Tier	Drug Notes
<i>norgestim-eth estrad triphasic</i> (Tri-Estarylla Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	
<i>norethindron-ethinyl estrad-fe</i> (Tri-Legest Fe Oral Tablet 1-20/1-30/1-35 Mg-Mcg)	CE	
<i>norgestim-eth estrad triphasic</i> (Tri-Linyah Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	
<i>norgestim-eth estrad triphasic</i> (Tri-Lo-Estarylla Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	CE	
<i>norgestim-eth estrad triphasic</i> (Tri-Lo-Marzia Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	CE	
<i>norgestim-eth estrad triphasic</i> (Tri-Lo-Mili Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	CE	
<i>norgestim-eth estrad triphasic</i> (Tri-Lo-Sprintec Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	CE	
<i>norgestim-eth estrad triphasic</i> (Tri-Mili Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	
<i>norgestim-eth estrad triphasic</i> (Trinessa (28) Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	
<i>norgestim-eth estrad triphasic</i> (Tri-Nymyo Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	
<i>norgestim-eth estrad triphasic</i> (Tri-Sprintec Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	
<i>levonorg-eth estrad triphasic</i> (Trivora (28) Oral Tablet 50-30/75-40/ 125-30 Mcg)	CE	
<i>norgestim-eth estrad triphasic</i> (Tri-Vylibra Lo Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	CE	
<i>norgestim-eth estrad triphasic</i> (Tri-Vylibra Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24HR (<i>levonorgestrel-eth estradiol</i>)	CE	
TYBLUME ORAL TABLET CHEWABLE 0.1-20 MG-MCG (<i>levonorgestrel-ethinyl estrad</i>)	CE	
<i>drospiren-eth estrad-levomefol</i> (Tydemy Oral Tablet 3-0.03-0.451 Mg)	CE	
VELIVET ORAL TABLET 0.1/0.125/0.15 -0.025 MG (<i>desogestrel-ethinyl estradiol</i>)	CE	
<i>drospirenone-ethinyl estradiol</i> (Vestura Oral Tablet 3-0.02 Mg)	CE	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
<i>levonorgestrel-ethinyl estrad</i> (Vienna Oral Tablet 0.1-20 Mg-Mcg)	CE	
<i>viorele oral tablet 0.15-0.02/0.01 mg (21/5)</i>	CE	
<i>desogestrel-ethinyl estradiol</i> (Volnea Oral Tablet 0.15-0.02/0.01 Mg (21/5))	CE	
<i>norethindrone-eth estradiol</i> (Vyfemla Oral Tablet 0.4-35 Mg-Mcg)	CE	
<i>norgestimate-eth estradiol</i> (Vylibra Oral Tablet 0.25-35 Mg-Mcg)	CE	
<i>norethindrone-eth estradiol</i> (Wera Oral Tablet 0.5-35 Mg-Mcg)	CE	
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	CE	
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	CE	
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	CE	
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	CE	
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	CE	
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	CE	
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	CE	
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	CE	
<i>norethin-eth estradiol-fe</i> (Wymzya Fe Oral Tablet Chewable 0.4-35 Mg-Mcg)	CE	
<i>norelgestromin-eth estradiol</i> (Xulane Transdermal Patch Weekly 150-35 Mcg/24Hr)	CE	
YASMIN 28 ORAL TABLET 3-0.03 MG (<i>drospirenone-ethinyl estradiol</i>)	NF	
YAZ ORAL TABLET 3-0.02 MG (<i>drospirenone-ethinyl estradiol</i>)	NF	
<i>norelgestromin-eth estradiol</i> (Zafemy Transdermal Patch Weekly 150-35 Mcg/24Hr)	CE	
<i>ethynodiol diac-eth estradiol</i> (Zovia 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	CE	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month

01/01/2023

112

Prescription Drug Name	Drug Tier	Drug Notes
<i>drospirenone-ethinyl estradiol</i> (Zumandimine Oral Tablet 3-0.03 Mg)	CE	
CORTISOL SYNTHESIS INHIBITORS		
ISTURISA ORAL TABLET 1 MG, 10 MG, 5 MG (<i>osilodrostat phosphate</i>)	NF	
DIABETIC SUPPLIES		
12-PANEL POC TOXICOLOGY SYSTEM IN VITRO KIT (<i>drug assay (urine)</i>)	NPB	
<i>1st tier unifine pentips 29g x 12mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm , 32g x 6 mm , 33g x 4 mm</i>	NF	
<i>1st tier unifine pentips plus 29g x 12mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm , 33g x 4 mm</i>	NF	
<i>1st tier unilet comfortouch</i>	PB	
ABOUTTIME PEN NEEDLE 30G X 8 MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM (<i>insulin pen needle</i>)	NF	
ACCU-CHEK AVIVA PLUS IN VITRO STRIP (<i>glucose blood</i>)	PB	
ACCU-CHEK AVIVA PLUS KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	PB	
ACCU-CHEK FASTCLIX LANCET KIT (<i>lancets misc.</i>)	NPB	
ACCU-CHEK FASTCLIX LANCETS (<i>lancets</i>)	PB	
ACCU-CHEK GUIDE IN VITRO STRIP (<i>glucose blood</i>)	PB	
ACCU-CHEK GUIDE KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	PB	
ACCU-CHEK GUIDE ME KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	PB	
ACCU-CHEK LINKASSIST (<i>insulin pump accessories</i>)	NPB	
ACCU-CHEK PLASTIC CARTRIDGE (<i>insulin infusion pump supplies</i>)	NPB	
ACCU-CHEK SAFE-T PRO LANCETS (<i>lancets</i>)	PB	
ACCU-CHEK SMARTVIEW IN VITRO STRIP (<i>glucose blood</i>)	PB	
ACCU-CHEK SOFTCLIX LANCET DEV KIT (<i>lancets misc.</i>)	NPB	
ACCU-CHEK SOFTCLIX LANCETS (<i>lancets</i>)	PB	
ACCU-CHEK ULTRAFLEX INF SET (<i>insulin infusion pump supplies</i>)	NPB	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
ACCU-CHEK ULTRAFLEX-1 INF SET (<i>insulin infusion pump supplies</i>)	NPB	
ACCUTREND GLUCOSE IN VITRO STRIP (<i>glucose blood</i>)	NF	
<i>acti-lance 28g</i>	PB	
<i>acti-lance lite lancets 28g</i>	PB	
<i>acti-lance special lancets 17g</i>	PB	
<i>acti-lance universal 23g</i>	PB	
<i>adjustable lancing device</i>	NPB	
ADVANCE INTUITION METER DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
ADVANCE INTUITION MONITOR KIT (<i>blood glucose monitoring suppl</i>)	NF	
ADVANCE INTUITION TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
ADVANCE MICRO-DRAW METER DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
ADVANCE MICRO-DRAW TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
ADVOCATE BLOOD GLUCOSE MONITOR DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
ADVOCATE BLOOD GLUCOSE SYSTEM KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
ADVOCATE INSULIN PEN NEEDLES 29G X 12.7MM , 31G X 5 MM , 31G X 8 MM , 33G X 4 MM (<i>insulin pen needle</i>)	NF	
ADVOCATE INSULIN SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	NF	
ADVOCATE LANCETS 30G (<i>lancets</i>)	PB	
ADVOCATE LANCING DEVICE (<i>lancet devices</i>)	NPB	
ADVOCATE RAPID-SAFE LANCING (<i>lancet devices</i>)	NPB	
ADVOCATE REDI-CODE DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
ADVOCATE REDI-CODE IN VITRO STRIP (<i>glucose blood</i>)	NF	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month

01/01/2023

114

Prescription Drug Name	Drug Tier	Drug Notes
ADVOCATE REDI-CODE KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
ADVOCATE REDI-CODE+ DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
ADVOCATE REDI-CODE+ TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
ADVOCATE SAFETY LANCETS (<i>lancets</i>)	PB	
ADVOCATE SAFETY LANCETS 26G (<i>lancets</i>)	PB	
ADVOCATE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
AGAMATRIX AMP DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
AGAMATRIX AMP TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
AGAMATRIX CONTROL LEVEL 2 IN VITRO SOLUTION (<i>blood glucose calibration</i>)	NPB	
AGAMATRIX CONTROL LEVEL 4 IN VITRO SOLUTION (<i>blood glucose calibration</i>)	NPB	
AGAMATRIX JAZZ TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
AGAMATRIX JAZZ WIRELESS 2 KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
AGAMATRIX KEYNOTE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
AGAMATRIX PRESTO KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
AGAMATRIX PRESTO PRO METER DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
AGAMATRIX PRESTO TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
AGAMATRIX ULTRA-THIN LANCETS (<i>lancets</i>)	PB	
<i>aimsco twist lancets 32g</i>	PB	
AIMSCO TWIST LANCETS 33G (<i>lancets</i>)	PB	
AQUALANCE LANCETS 30G (<i>lancets</i>)	PB	
ASSURE 3 METER KIT (<i>blood glucose monitoring suppl</i>)	NF	
ASSURE 3 TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
ASSURE 4 METER DEVICE (<i>blood glucose monitoring suppl</i>)	NF	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
ASSURE 4 TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
<i>assure comfort lancets 28g</i>	PB	
ASSURE ID INSULIN SAFETY SYR 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML (<i>insulin syringe-needle u-100</i>)	NF	
ASSURE ID SAFETY PEN NEEDLES 30G X 8 MM (<i>insulin pen needle</i>)	NF	
ASSURE II CHECK IN VITRO STRIP (<i>glucose blood</i>)	NF	
ASSURE II IN VITRO STRIP (<i>glucose blood</i>)	NF	
ASSURE PLATINUM IN VITRO STRIP (<i>glucose blood</i>)	NF	
ASSURE PLATINUM METER DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
ASSURE PRISM MULTI TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
ASSURE PRO BLOOD GLUCOSE METER DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
ASSURE PRO TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
<i>aum mini insulin pen needle 32g x 4 mm , 32g x 5 mm , 32g x 6 mm , 32g x 8 mm , 33g x 4 mm , 33g x 5 mm , 33g x 6 mm</i>	NF	
AUM READYGARD DUO PEN NEEDLE 32G X 4 MM (<i>insulin pen needle</i>)	NF	
AUM SAFETY PEN NEEDLE 31G X 4 MM , 31G X 5 MM (<i>insulin pen needle</i>)	NF	
<i>aurora lancet super thin 30g</i>	PB	
<i>aurora lancet thin 23g</i>	PB	
<i>aurora pen needles 29g x 12mm , 31g x 6 mm , 31g x 8 mm</i>	NF	
<i>aurora unifine pentips 31g x 5 mm , 32g x 4 mm</i>	NF	
AUTO-LANCET (<i>lancet devices</i>)	NPB	
AUTO-LANCET MINI (<i>lancet devices</i>)	NPB	
AUTOLET II CLINISAFE KIT (<i>lancets misc.</i>)	NPB	
AUTOLET LANCING DEVICE (<i>lancet devices</i>)	NPB	
AUTOLET LITE CLINISAFE KIT (<i>lancets misc.</i>)	NPB	
AUTOLET LITE STARTER PACK KIT (<i>lancets misc.</i>)	NPB	
AUTOLET MINI (<i>lancet devices</i>)	NPB	
AUTOLET PLATFORMS (<i>lancets misc.</i>)	PB	
AUTOLET PLUS (<i>lancet devices</i>)	NPB	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month

01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
AUTOSOFT 30 INFUSION SET (<i>insulin infusion pump supplies</i>)	NPB	
AUTOSOFT 90 INFUSION SET (<i>insulin infusion pump supplies</i>)	NPB	
AUTOSOFT XC INFUSION SET (<i>insulin infusion pump supplies</i>)	NPB	
BD AUTOSHIELD 29G X 5MM , 29G X 8MM (<i>insulin pen needle</i>)	PB	
BD AUTOSHIELD DUO 30G X 5 MM (<i>insulin pen needle</i>)	PB	
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" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML (<i>insulin syringe-needle u-100</i>)	PB	
BD INSULIN SYRINGE MICROFINE 27G X 5/8" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML (<i>insulin syringe-needle u-100</i>)	PB	
BD INSULIN SYRINGE U/F 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	PB	
BD INSULIN SYRINGE U-100 1 ML (<i>insulin syringes (disposable)</i>)	PB	
BD INSULIN SYRINGE U-500 31G X 6MM 0.5 ML (<i>insulin syringe/needle u-500</i>)	PB	
BD INSULIN SYRINGE ULTRAFINE 31G X 5/16" 0.5 ML (<i>insulin syringe-needle u-100</i>)	PB	
BD LANCET ULTRAFINE 30G (<i>lancets</i>)	PB	
BD LANCET ULTRAFINE 33G (<i>lancets</i>)	PB	
BD LATITUDE DIABETES KIT (<i>blood glucose monitoring suppl</i>)	NF	
BD LOGIC BLOOD GLUCOSE MONITOR KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
BD MICROTAINER LANCETS (<i>lancets</i>)	PB	
BD PEN NEEDLE MICRO U/F 32G X 6 MM (<i>insulin pen needle</i>)	PB	
BD PEN NEEDLE MINI U/F 31G X 5 MM (<i>insulin pen needle</i>)	PB	
BD PEN NEEDLE NANO 2ND GEN 32G X 4 MM (<i>insulin pen needle</i>)	PB	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month

01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
BD PEN NEEDLE NANO U/F 32G X 4 MM (<i>insulin pen needle</i>)	PB	
BD PEN NEEDLE ORIGINAL U/F 29G X 12.7MM (<i>insulin pen needle</i>)	PB	
BD PEN NEEDLE SHORT U/F 31G X 8 MM (<i>insulin pen needle</i>)	PB	
BD SAFETYGLIDE INSULIN SYRINGE 30G X 5/16" 0.5 ML, 31G X 15/64" 0.3 ML (<i>insulin syringe-needle u-100</i>)	PB	
BD VEO INSULIN SYR U/F 1/2UNIT 31G X 15/64" 0.3 ML (<i>insulin syringe-needle u-100</i>)	PB	
BD VEO INSULIN SYRINGE U/F 31G X 15/64" 0.3 ML (<i>insulin syringe-needle u-100</i>)	PB	
BIOTEL CARE BLOOD GLUCOSE KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
BIOTEL CARE BLOOD GLUCOSE SYST KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
<i>blood glucose monitor system kit w/device</i>	NF	
<i>blood glucose system pak kit</i>	NF	
<i>blood glucose test in vitro strip</i>	NF	
BLULINK CONTROL HIGH & LOW IN VITRO LIQUID (<i>blood glucose calibration</i>)	NPB	
CARDIOCOM LANCING DEVICE (<i>lancet devices</i>)	NPB	
CAREFINE PEN NEEDLES 29G X 12MM , 30G X 8 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM (<i>insulin pen needle</i>)	NF	
<i>careone advanced lancing dev</i>	NPB	
CAREONE BLOOD GLUCOSE SYSTEM KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
CAREONE BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
<i>careone insulin syringe 30g x 1/2" 0.3 ml, 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>	NF	
CAREONE LANCET SUPER THIN 30G (<i>lancets</i>)	PB	
<i>careone lancet thin 23g</i>	PB	
<i>careone unifine pentips 29g x 12mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm</i>	NF	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month

01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
<i>careone unifine pentips plus 29g x 12mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm , 33g x 4 mm</i>	NF	
CARESENS LANCETS (<i>lancets</i>)	PB	
CARESENS N GLUCOSE SYSTEM DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
CARESENS N GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
CARESENS N VOICE SYSTEM DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
CARETOUCH CONTROL SOL LEVEL 2 IN VITRO LIQUID (<i>blood glucose calibration</i>)	NPB	
CARETOUCH INSULIN SYRINGE 28G X 5/16" 1 ML, 29G X 5/16" 1 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	NF	
CARETOUCH LANCING/EJECTOR (<i>lancet devices</i>)	NPB	
CARETOUCH MONITOR SYSTEM KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
CARETOUCH PEN NEEDLES 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM (<i>insulin pen needle</i>)	NF	
CARETOUCH SAFETY LANCETS (<i>lancets</i>)	PB	
CARETOUCH SAFETY LANCETS 26G (<i>lancets</i>)	PB	
CARETOUCH TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
CARETOUCH TWIST LANCETS 28G (<i>lancets</i>)	PB	
CARETOUCH TWIST LANCETS 30G (<i>lancets</i>)	PB	
CARETOUCH TWIST LANCETS 33G (<i>lancets</i>)	PB	
CHEMSTRIP K IN VITRO STRIP (<i>acetone (urine) test</i>)	NPB	
CHEMSTRIP UGK IN VITRO STRIP (<i>urine glucose-ketones test</i>)	NPB	
CLEANLET LANCETS 28G (<i>lancets</i>)	PB	
CLEVER CHEK AUTO-CODE SYSTEM DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
CLEVER CHEK AUTO-CODE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
CLEVER CHEK AUTO-CODE VOICE DEVICE (<i>blood glucose monitoring suppl</i>)	NF	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
CLEVER CHEK AUTO-CODE VOICE IN VITRO STRIP (<i>glucose blood</i>)	NF	
CLEVER CHEK LANCETS (<i>lancets</i>)	PB	
CLEVER CHEK SYSTEM KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
CLEVER CHEK TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
CLEVER CHOICE AUTO-CODE SYSTEM DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
CLEVER CHOICE AUTO-CODE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
CLEVER CHOICE COMFORT EZ 29G X 12MM , 33G X 4 MM (<i>insulin pen needle</i>)	NF	
CLEVER CHOICE LANCETS 21G (<i>lancets</i>)	PB	
CLEVER CHOICE LANCETS 23G (<i>lancets</i>)	PB	
CLEVER CHOICE LANCETS 28G (<i>lancets</i>)	PB	
CLEVER CHOICE MICRO SYSTEM KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
CLEVER CHOICE MICRO TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
CLEVER CHOICE MINI SYSTEM DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
CLEVER CHOICE NO CODING IN VITRO STRIP (<i>glucose blood</i>)	NF	
CLEVER CHOICE TALK SYSTEM DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
CLEVER CHOICE TALK SYSTEM IN VITRO STRIP (<i>glucose blood</i>)	NF	
CLICKFINE PEN NEEDLES 31G X 5 MM (<i>insulin pen needle</i>)	NF	
<i>clickfine pen needles 31g x 6 mm , 31g x 8 mm , 32g x 4 mm</i>	NF	
COAGUCHEK LANCETS (<i>lancets</i>)	PB	
COMFORT ASSIST INSULIN SYRINGE 31G X 5/16" 0.3 ML (<i>insulin syringe-needle u-100</i>)	NF	
<i>comfort assured lancets 28g</i>	PB	
<i>comfort assured lancets 33g</i>	PB	

Prescription Drug Name	Drug Tier	Drug Notes
COMFORT EZ INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	NF	
COMFORT EZ MICRO PEN NEEDLES 32G X 4 MM (<i>insulin pen needle</i>)	NF	
COMFORT EZ PEN NEEDLES 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 32G X 8 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM , 33G X 8 MM (<i>insulin pen needle</i>)	NF	
COMFORT EZ SHORT PEN NEEDLES 31G X 8 MM (<i>insulin pen needle</i>)	NF	
<i>comfort lancets</i>	PB	
COMFORT TOUCH INSULIN PEN NEED 31G X 4 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 32G X 8 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM (<i>insulin pen needle</i>)	NF	
COMFORT TOUCH LANCETS 31G (<i>lancets</i>)	PB	
COMFORT TOUCH PLUS LANCETS 30G (<i>lancets</i>)	PB	
CONTOUR MONITOR DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
CONTOUR NEXT EZ KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
CONTOUR NEXT GEN MONITOR KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
CONTOUR NEXT LINK KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
CONTOUR NEXT MONITOR KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
CONTOUR NEXT ONE KIT (<i>blood glucose monitoring suppl</i>)	NF	
CONTOUR NEXT TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
CONTOUR TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
COOL BLOOD GLUCOSE TEST STRIPS IN VITRO STRIP (<i>glucose blood</i>)	NF	
COOL MONITOR DEVICE (<i>blood glucose monitoring suppl</i>)	NF	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
COOL MONITOR KIT KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
CVS ADVANCED GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
CVS BLOOD GLUCOSE METER KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
<i>cvs glucose meter test strips in vitro strip</i>	NF	
CVS KETONE CARE IN VITRO STRIP (<i>urine glucose-ketones test</i>)	NPB	
<i>cvs lancets 21g</i>	PB	
<i>cvs lancets micro thin 33g</i>	PB	
<i>cvs lancets original</i>	PB	
<i>cvs lancets thin 26g</i>	PB	
<i>cvs lancets ultra thin 30g</i>	PB	
<i>cvs lancets ultra-thin 30g</i>	PB	
<i>cvs lancing device</i>	NPB	
<i>cvs ultra thin lancets</i>	PB	
D-CARE BLOOD GLUCOSE IN VITRO STRIP (<i>glucose blood</i>)	NF	
D-CARE GLUCOMETER KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
DEXCOM G6 RECEIVER DEVICE (<i>continuous blood gluc receiver</i>)	PB	
DEXCOM G6 SENSOR (<i>continuous blood gluc sensor</i>)	PB	
DEXCOM G6 TRANSMITTER (<i>continuous blood gluc transmit</i>)	PB	
DIASTIX IN VITRO STRIP (<i>glucose urine test-glucose ox</i>)	NPB	
DIATHRIVE BLOOD GLUCOSE METER DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
DIATHRIVE BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
DIATHRIVE GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
DIATHRIVE LANCET ULTRA THIN 30 (<i>lancets</i>)	PB	
DIATHRIVE LANCETS (<i>lancets</i>)	PB	
DIATHRIVE LANCING DEVICE (<i>lancet devices</i>)	NPB	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month

01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
DIATHRIVE PEN NEEDLE 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM (<i>insulin pen needle</i>)	NF	
DIATHRIVE+ GLUCOSE MONITOR DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
DIATHRIVE+ GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
<i>diatrue plus blood glucose device</i>	NF	
<i>diatrue plus test in vitro strip</i>	NF	
DROPLET GENTEEL LANCING DEVICE (<i>lancet devices</i>)	NPB	
DROPLET INSULIN SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 15/64" 0.3 ML, 30G X 15/64" 0.5 ML, 30G X 15/64" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	NF	
DROPLET LANCETS ULTRA THIN 30G (<i>lancets</i>)	PB	
DROPLET LANCING DEVICE (<i>lancet devices</i>)	NPB	
DROPLET MICRON 34G X 3.5 MM (<i>insulin pen needle</i>)	NF	
DROPLET PEN NEEDLES 29G X 10MM , 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 32G X 8 MM (<i>insulin pen needle</i>)	NF	
DROPLET PERSONAL LANCETS 30G (<i>lancets</i>)	PB	
<i>dropsafe safety pen needles 31g x 5 mm , 31g x 6 mm , 31g x 8 mm</i>	NF	
<i>drug mart lancets thin 26g</i>	PB	
DRUG MART ON-THE-GO LANCET 30G (<i>lancets</i>)	PB	
<i>drug mart unifine pentips 29g x 12mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm</i>	NF	
<i>drug mart unifine pentips plus 32g x 4 mm</i>	NF	
DUO-CARE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
<i>easy comfort insulin syringe 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml, 32g x 5/16" 0.5 ml, 32g x 5/16" 1 ml</i>	NF	
<i>easy comfort lancets</i>	PB	
<i>easy comfort lancets twist top</i>	PB	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
<i>easy comfort pen needles 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm , 33g x 4 mm , 33g x 5 mm , 33g x 6 mm</i>	NF	
<i>easy glide pen needles 33g x 4 mm</i>	NF	
<i>easy mini eject lancing device</i>	NPB	
<i>easy mini lancing device</i>	NPB	
<i>easy plus ii glucose system device</i>	NF	
<i>easy plus ii glucose test in vitro strip</i>	NF	
EASY STEP GLUCOSE MONITOR DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
EASY STEP TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
<i>easy talk blood glucose system device</i>	NF	
<i>easy talk blood glucose test in vitro strip</i>	NF	
<i>easy talk plus ii test strips in vitro strip</i>	NF	
EASY TOUCH FLIPLOCK INSULIN SY 29G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 1 ML, 31G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	NF	
EASY TOUCH GLUCOSE SYSTEM KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
EASY TOUCH INSULIN SAFETY SYR 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML (<i>insulin syringe-needle u-100</i>)	NF	
EASY TOUCH INSULIN SYRINGE 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 27G X 5/8" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	NF	
EASY TOUCH LANCETS 21G (<i>lancets</i>)	PB	
EASY TOUCH LANCETS 23G (<i>lancets</i>)	PB	
EASY TOUCH LANCETS 28G (<i>lancets</i>)	PB	
EASY TOUCH LANCETS 30G (<i>lancets</i>)	PB	
EASY TOUCH LANCETS 32G (<i>lancets</i>)	PB	
EASY TOUCH LANCING DEVICE (<i>lancet devices</i>)	NPB	
EASY TOUCH PEN NEEDLES 29G X 12MM , 30G X 8 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM (<i>insulin pen needle</i>)	NF	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month

01/01/2023

124

Prescription Drug Name	Drug Tier	Drug Notes
EASY TOUCH SAFETY PEN NEEDLES 29G X 5MM , 29G X 8MM , 30G X 8 MM (<i>insulin pen needle</i>)	NF	
EASY TOUCH SHEATHLOCK SYRINGE 29G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 1 ML, 31G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	NF	
EASY TOUCH TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
<i>easy trak blood glucose system device</i>	NF	
<i>easy trak blood glucose test in vitro strip</i>	NF	
<i>easy trak ii blood glucose sys device</i>	NF	
<i>easy trak ii glucose test in vitro strip</i>	NF	
EASYGLUCO IN VITRO STRIP (<i>glucose blood</i>)	NF	
EASYGLUCO KIT (<i>blood glucose monitoring suppl</i>)	NF	
EASYMAX 15 LEVEL 2-3 CONTROL IN VITRO LIQUID (<i>blood glucose calibration</i>)	NPB	
EASYMAX 15 TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
EASYMAX CONTROL NORMAL/HIGH IN VITRO LIQUID (<i>blood glucose calibration</i>)	NPB	
EASYMAX NG BLOOD GLUCOSE DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
EASYMAX NG BLOOD GLUCOSE KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
EASYMAX TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
EASYMAX V BLOOD GLUCOSE DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
EASYPRO BLOOD GLUCOSE MONITOR KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
EASYPRO BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
EASYPRO PLUS IN VITRO STRIP (<i>glucose blood</i>)	NF	
EASYPRO PLUS KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
ELEMENT AUTOCODE SYSTEM KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
<i>element compact glucose system device</i>	NF	
<i>element compact test in vitro strip</i>	NF	
<i>element compact v glucose sys device</i>	NF	
ELEMENT PLUS DEVICE (<i>blood glucose monitoring suppl</i>)	NF	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
ELEMENT TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
EMBRACE BLOOD GLUCOSE MONITOR DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
EMBRACE BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
EMBRACE EVO BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
EMBRACE EVO GLUCOSE MONITOR DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
EMBRACE EVO GLUCOSE MONITORING KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
EMBRACE LANCETS ULTRA THIN 30G (<i>lancets</i>)	PB	
EMBRACE PRESSURE ACTIVATED 21G (<i>lancets</i>)	PB	
EMBRACE PRESSURE ACTIVATED 28G (<i>lancets</i>)	PB	
EMBRACE PRO GLUCOSE METER DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
EMBRACE PRO GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
EMBRACE TALK BLOOD GLUCOSE DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
EMBRACE TALK GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
EMBRACE TALK MONITORING SYSTEM KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
ENLITE GLUCOSE SENSOR (<i>continuous blood gluc sensor</i>)	NF	
ENLITE SERTER (<i>insulin infusion pump supplies</i>)	NPB	
<i>eq blood glucose test in vitro strip</i>	NF	
<i>eq color lancets 21g</i>	PB	
<i>eq color lancets micro 33g</i>	PB	
<i>eq insulin syringe 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>	NF	
<i>eq super thin lancets 30g</i>	PB	
<i>eq thin lancets 26g</i>	PB	
EVERSENSE SENSOR/HOLDER (<i>continuous blood gluc sensor</i>)	NF	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month

01/01/2023

126

Prescription Drug Name	Drug Tier	Drug Notes
EVERSENSE SMART TRANSMITTER (<i>continuous blood gluc transmit</i>)	NF	
EVOLUTION AUTOCODE DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
EVOLUTION AUTOCODE IN VITRO STRIP (<i>glucose blood</i>)	NF	
EXEL COMFORT POINT INSULIN SYR 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	NF	
EXEL COMFORT POINT PEN NEEDLE 29G X 12MM , 31G X 4 MM , 31G X 6 MM , 31G X 8 MM (<i>insulin pen needle</i>)	NF	
E-Z JECT LANCET MICRO-THIN 33G (<i>lancets</i>)	PB	
E-Z JECT LANCET SUPER THIN 30G (<i>lancets</i>)	PB	
E-Z JECT LANCETS (<i>lancets</i>)	PB	
E-Z JECT LANCETS 21G (<i>lancets</i>)	PB	
E-Z JECT LANCETS THIN 26G (<i>lancets</i>)	PB	
EZ-LETS LANCETS 21G (<i>lancets</i>)	PB	
EZ-LETS LANCETS 26G (<i>lancets</i>)	PB	
EZ-LETS LANCETS 28G (<i>lancets</i>)	PB	
EZ-LETS LANCETS 30G (<i>lancets</i>)	PB	
FIFTY50 GLUCOSE METER 2.0 KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
FIFTY50 GLUCOSE TEST 2.0 IN VITRO STRIP (<i>glucose blood</i>)	NF	
FIFTY50 PEN NEEDLES 31G X 5 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM (<i>insulin pen needle</i>)	NF	
FIFTY50 SUPERIOR COMFORT SYR 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	NF	
FIFTY50 UNILET LANCETS 33G (<i>lancets</i>)	PB	
FINGERSTIX LANCETS (<i>lancets</i>)	PB	
FORA 6 CONNECT IN VITRO STRIP (<i>glucose blood</i>)	NF	
FORA BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
FORA D15G BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
FORA D20 BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
FORA D40/G31 BLOOD GLUCOSE IN VITRO STRIP (<i>glucose blood</i>)	NF	
FORA G20 BLOOD GLUCOSE SYSTEM KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
FORA G20 BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
FORA G30/PREM V10 GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
FORA G30A BLOOD GLUCOSE SYSTEM DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
FORA GD20 BLOOD GLUCOSE SYSTEM DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
FORA GD20 TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
FORA GD50 BLOOD GLUCOSE SYSTEM DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
FORA GD50 BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
FORA GTEL BLOOD GLUCOSE SYSTEM DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
FORA GTEL BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
FORA GTEL BLOOD KETONE TEST IN VITRO STRIP (<i>ketone blood test</i>)	NPB	
FORA LANCETS (<i>lancets</i>)	PB	
FORA LANCING DEVICE (<i>lancet devices</i>)	NPB	
FORA PREMIUM V10 BLE SYSTEM DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
FORA TEST N' GO MONITOR DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
FORA TN'G ADVANCE PRO IN VITRO STRIP (<i>glucose blood</i>)	NF	
FORA TN'G VOICE KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month

01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
FORA TN'G/TN'G VOICE IN VITRO STRIP (<i>glucose blood</i>)	NF	
FORA V10 BLOOD GLUCOSE SYSTEM DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
FORA V10 BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
FORA V10/V12/D10/D20 TEST KIT (<i>blood glucose monitoring suppl</i>)	NF	
FORA V12 BLOOD GLUCOSE SYSTEM DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
FORA V12 BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
FORA V20 BLOOD GLUCOSE SYSTEM DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
FORA V20 BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
FORA V30A BLOOD GLUCOSE SYSTEM DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
FORA V30A BLOOD GLUCOSE SYSTEM KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
FORA V30A BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
FORACARE GD40 MONITOR DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
FORACARE GD40 TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
FORACARE PREMIUM V10 DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
FORACARE PREMIUM V10 TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
FORACARE TEST N GO MONITOR DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
FORACARE TEST N GO TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
FORTISCARE T1 GLUCOSE SYSTEM DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
FORTISCARE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
<i>freds pharmacy autolet lancing</i>	NPB	
<i>freds pharmacy unifine pentip+ 31g x 5 mm , 31g x 8 mm</i>	NF	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
<i>freds pharmacy unifine pentips 32g x 4 mm</i>	NF	
FREESTYLE FREEDOM LITE KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
FREESTYLE INSULINX TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
FREESTYLE LIBRE 14 DAY READER DEVICE (<i>continuous blood gluc receiver</i>)	NF	
FREESTYLE LIBRE 14 DAY SENSOR (<i>continuous blood gluc sensor</i>)	NF	
FREESTYLE LIBRE 2 READER DEVICE (<i>continuous blood gluc receiver</i>)	NF	
FREESTYLE LIBRE 2 SENSOR (<i>continuous blood gluc sensor</i>)	NF	
<i>freestyle libre 3 sensor</i>	NF	
FREESTYLE LIBRE READER DEVICE (<i>continuous blood gluc receiver</i>)	NF	
FREESTYLE LITE DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
FREESTYLE LITE KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
FREESTYLE LITE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
FREESTYLE PRECISION NEO SYSTEM KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
FREESTYLE PRECISION NEO TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
FREESTYLE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
FREESTYLE UNISTICK II LANCETS (<i>lancets</i>)	PB	
<i>ge100 blood glucose system device</i>	NF	
<i>ge100 blood glucose system kit w/device</i>	NF	
<i>ge100 blood glucose test in vitro strip</i>	NF	
GENTEEL BUTTERFLY TOUCH LANCET (<i>lancets</i>)	PB	
GENTEEL CONTACT TIPS (BLUE) (<i>lancets misc.</i>)	PB	
GENTEEL CONTACT TIPS (CLEAR) (<i>lancets misc.</i>)	PB	
GENTEEL CONTACT TIPS (GREEN) (<i>lancets misc.</i>)	PB	
GENTEEL CONTACT TIPS (ORANGE) (<i>lancets misc.</i>)	PB	
GENTEEL CONTACT TIPS (RAINBOW) (<i>lancets misc.</i>)	PB	
GENTEEL CONTACT TIPS (VIOLET) (<i>lancets misc.</i>)	PB	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month

01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
GENTEEL CONTACT TIPS (YELLOW) (<i>lancets misc.</i>)	PB	
GENTEEL LANCING KIT (BLUE) KIT (<i>lancets misc.</i>)	NPB	
GENTEEL NOZZLES (<i>lancets misc.</i>)	PB	
GENTEEL PLUS LANCING (BLACK) (<i>lancet devices</i>)	NPB	
GENTEEL PLUS LANCING (PURPLE) (<i>lancet devices</i>)	NPB	
GENTEEL PLUS LANCING (WHITE) (<i>lancet devices</i>)	NPB	
GENTEEL PLUS LANCING DEV(BLUE) (<i>lancet devices</i>)	NPB	
GENTEEL PLUS LANCING DEV(PINK) (<i>lancet devices</i>)	NPB	
GENTLE-LET GP LANCETS (<i>lancets</i>)	PB	
GENTLE-LET LANCETS (<i>lancets</i>)	PB	
GENTLE-LET PLATFORMS (<i>lancets misc.</i>)	PB	
GENULTIMATE TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	
<i>ght blood glucose monitor kit w/device</i>	NF	
<i>ght test in vitro strip</i>	NF	
<i>global ease inject pen needles 29g x 12mm , 31g x 5 mm , 31g x 8 mm , 32g x 4 mm</i>	NF	
<i>global easy glide insulin syr 31g x 15/64" 0.3 ml, 31g x 15/64" 0.5 ml, 31g x 15/64" 1 ml, 31g x 5/16" 0.3 ml</i>	NF	
<i>global easy glide pen needles 32g x 4 mm</i>	NF	
<i>global inject ease insulin syr 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml, 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 1/2" 0.3 ml, 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>	NF	
<i>global inject ease lancets 28g</i>	PB	
<i>global inject ease lancets 30g</i>	PB	
<i>global insulin syringes 30g x 1/2" 0.3 ml, 30g x 5/16" 0.3 ml</i>	NF	
<i>global lancing device</i>	NPB	
GLUCO PERFECT 3 METER DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
GLUCO PERFECT 3 TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
GLUCOCARD 01 BLOOD GLUCOSE DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
GLUCOCARD 01 BLOOD GLUCOSE KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
GLUCOCARD 01 SENSOR PLUS IN VITRO STRIP (<i>glucose blood</i>)	NF	
GLUCOCARD 01-MINI GLUCOSE KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
GLUCOCARD EXPRESSION MONITOR KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
GLUCOCARD EXPRESSION TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
GLUCOCARD SHINE CONNEX KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
GLUCOCARD SHINE EXPRESS KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
GLUCOCARD SHINE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
GLUCOCARD SHINE XL DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
GLUCOCARD VITAL MONITOR KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
GLUCOCARD VITAL TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
GLUCOCARD X-METER KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
GLUCOCARD X-SENSOR IN VITRO STRIP (<i>glucose blood</i>)	NF	
GLUCOCOM BLOOD GLUCOSE MONITOR DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
GLUCOCOM LANCETS 28G (<i>lancets</i>)	PB	
GLUCOCOM LANCETS 30G (<i>lancets</i>)	PB	
GLUCOCOM LANCETS 33G (<i>lancets</i>)	PB	
GLUCOCOM MONITOR KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
GLUCOCOM TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
GLUCONAVII BLOOD GLUCOSE SYS KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
GLUCONAVII BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month

01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
GLUCOPRO INSULIN SYRINGE 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	NF	
GLUCOPRO SYR RES 3ML 22GX3/8" (<i>insulin infusion pump supplies</i>)	NPB	
<i>glucose meter test in vitro strip</i>	NF	
<i>gnp clickfine pen needles 31g x 6 mm , 31g x 8 mm</i>	NF	
GNP EASY TOUCH CONT HIGH/LOW IN VITRO LIQUID (<i>blood glucose calibration</i>)	NPB	
GNP EASY TOUCH GLUCOSE METER DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
<i>gnp easy touch glucose test in vitro strip</i>	NF	
<i>gnp insulin syringe 28g x 1/2" 0.5 ml, 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>	NF	
<i>gnp insulin syringes 28gx1/2" 28g x 1/2" 1 ml</i>	NF	
<i>gnp insulin syringes 29gx1/2" 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml</i>	NF	
<i>gnp insulin syringes 30g x 5/16" 1 ml</i>	NF	
<i>gnp insulin syringes 30gx5/16" 30g x 5/16" 0.3 ml</i>	NF	
<i>gnp insulin syringes 31gx5/16" 31g x 5/16" 0.3 ml</i>	NF	
<i>gnp lancets 21g</i>	PB	
<i>gnp lancets thin 26g</i>	PB	
<i>gnp sterile lancets 28g</i>	PB	
<i>gnp sterile lancets 30g</i>	PB	
<i>gnp sterile lancets 33g</i>	PB	
GNP TRUE METRIX AIR METER KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
GNP TRUE METRIX GLUCOSE METER KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
GNP TRUE METRIX GLUCOSE STRIPS IN VITRO STRIP (<i>glucose blood</i>)	NF	
GNP TRUETRACK SMART SYSTEM IN VITRO STRIP (<i>glucose blood</i>)	NF	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month

01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
GNP TRUETRACK TEST STRIPS IN VITRO STRIP (glucose blood)	NF	
<i>gnp ulticare pen needles 31g x 5 mm , 31g x 8 mm , 32g x 4 mm , 32g x 6 mm</i>	NF	
GNP ULTIGUARD SAFEPACK NEEDLE 31G X 5 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM (insulin pen needle)	NF	
<i>gnp ultra com insulin syringe 28g x 1/2" 1 ml</i>	NF	
GOJJI LANCING DEVICE/CLEAR CAP (lancet devices)	NPB	
GOJJI STERILE LANCETS (lancets)	PB	
<i>goodsense blood glucose in vitro strip</i>	NF	
<i>goodsense blood glucose kit w/device</i>	NF	
<i>goodsense clickfine pen needle 31g x 5 mm</i>	NF	
<i>goodsense lancets 26g univ</i>	PB	
<i>goodsense lancets 30g univ</i>	PB	
<i>goodsense lancets 33g</i>	NPB	
<i>goodsense lancets 33g univ</i>	PB	
<i>goodsense lancing device</i>	NPB	
GOODSENSE PEN NEEDLE PENFINE 31G X 5 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM (insulin pen needle)	NF	
GUARDIAN LINK 3 TRANSMITTER (continuous blood gluc transmit)	NF	
GUARDIAN REAL-TIME CHARGER (continuous glucose monitor sup)	NPB	
GUARDIAN REAL-TIME REPLACE PED DEVICE (continuous blood gluc receiver)	NF	
GUARDIAN REAL-TIME TEST PLUG (continuous glucose monitor sup)	NPB	
GUARDIAN SENSOR (3) (continuous blood gluc sensor)	NF	
HEALTH CARE LANCING DEVICE (lancet devices)	NPB	
<i>healthwise insulin syr/needle 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>	NF	
<i>healthwise micron pen needles 32g x 4 mm</i>	NF	
<i>healthwise mini pen needles 31g x 6 mm</i>	NF	
<i>healthwise pen needles 29g x 12mm</i>	NF	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month

01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
<i>healthwise short pen needles 31g x 5 mm , 31g x 8 mm</i>	NF	
<i>healthwise unifine pentips 32g x 4 mm</i>	NF	
<i>healthy accents lancing device</i>	NPB	
<i>healthy accents unifine pentip 29g x 12mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm</i>	NF	
<i>healthy accents unilet lancets</i>	PB	
<i>h-e-b incontrol adv lancing</i>	NPB	
<i>h-e-b incontrol lancets 28g</i>	PB	
<i>h-e-b incontrol lancets 30g</i>	PB	
<i>h-e-b incontrol lancets 33g</i>	PB	
<i>h-e-b incontrol pen needles 29g x 12mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm</i>	NF	
H-E-B INCONTROL UNIFINE PENTIP 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 33G X 4 MM (<i>insulin pen needle</i>)	NF	
HM EMBRACE TALK SYSTEM KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
HM ULTICARE INSULIN SYRINGE 30G X 1/2" 1 ML, 31G X 5/16" 0.3 ML (<i>insulin syringe-needle u-100</i>)	NF	
HM ULTICARE MINI PEN NEEDLES 31G X 5 MM (<i>insulin pen needle</i>)	NF	
HM ULTICARE SHORT PEN NEEDLES 31G X 8 MM (<i>insulin pen needle</i>)	NF	
HW EMBRACE PRO GLUCOSE METER DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
HW EMBRACE PRO GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
HW EMBRACE TALK BLOOD GLUCOSE DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
HW EMBRACE TALK GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
HY-VEE LANCETS (<i>lancets</i>)	PB	
<i>hy-vee thin lancets</i>	PB	
IGLUCOSE MONITORING SYSTEM KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
IGLUCOSE TEST STRIPS IN VITRO STRIP (<i>glucose blood</i>)	NF	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month

01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
IN TOUCH BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
IN TOUCH DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
IN TOUCH LANCING DEVICE (<i>lancet devices</i>)	NPB	
IN TOUCH STERILE LANCETS 30G (<i>lancets</i>)	PB	
INCONTROL ULTICARE PEN NEEDLES 31G X 6 MM , 31G X 8 MM , 32G X 4 MM (<i>insulin pen needle</i>)	NF	
INFINITY BLOOD GLUCOSE SYSTEM KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
INFINITY BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
INFINITY VOICE IN VITRO STRIP (<i>glucose blood</i>)	NF	
INFINITY VOICE KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
<i>insulin syringe 27g x 1/2" 0.5 ml, 27g x 1/2" 1 ml, 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml, 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>	NF	
<i>insulin syringeneedle 27g x 1/2" 0.5 ml, 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml</i>	NF	
<i>insulin syringe-needle u-100 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 1/4" 0.3 ml, 31g x 1/4" 0.5 ml, 31g x 1/4" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>	NF	
<i>insupen pen needles 29g x 12mm , 31g x 5 mm , 31g x 8 mm , 32g x 4 mm , 33g x 4 mm</i>	NF	
INSUPEN SENSITIVE 32G X 6 MM , 32G X 8 MM (<i>insulin pen needle</i>)	NF	
INSUPEN ULTRAFIN 30G X 8 MM , 31G X 6 MM , 31G X 8 MM (<i>insulin pen needle</i>)	NF	
KETO-DIASTIX IN VITRO STRIP (<i>urine glucose-ketones test</i>)	NPB	
<i>ketone test in vitro strip</i>	NPB	
KETOSTIX IN VITRO STRIP (<i>acetone (urine) test</i>)	NPB	
<i>kinney lancets</i>	PB	
<i>kinney thin lancets</i>	PB	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month

01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
<i>kinray insulin syringe 29g x 1/2" 0.5 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>	NF	
<i>kmart valu insulin syringe 29g u-100 0.5 ml, u-100 1 ml</i>	NF	
<i>kmart valu insulin syringe 30g u-100 0.3 ml, u-100 0.5 ml, u-100 1 ml</i>	NF	
KROGER AUTOLET LANCING DEVICE (lancet devices)	NPB	
<i>croger blood glucose kit w/device</i>	NF	
<i>croger blood glucose test in vitro strip</i>	NF	
<i>croger insulin syringe 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>	NF	
<i>croger lancets</i>	PB	
<i>croger lancets super thin</i>	PB	
<i>croger lancets thin</i>	PB	
<i>croger pen needles 29g x 12mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm , 33g x 4 mm</i>	NF	
<i>croger premium blood glucose kit w/device</i>	NF	
<i>croger premium glucose test in vitro strip</i>	NF	
<i>lancet device</i>	NPB	
<i>lancet device with ejector</i>	NPB	
<i>lancet transporter case</i>	PB	
<i>lancets</i>	PB	
<i>lancets 30g</i>	PB	
<i>lancets 33g</i>	PB	
<i>lancets micro thin 33g</i>	PB	
<i>lancets thin</i>	PB	
<i>lancets ultra thin 30g</i>	PB	
<i>lancing device</i>	NPB	
LANZO (lancet devices)	NPB	
<i>leader insulin syringe 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml, 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>	NF	
LEADER UNIFINE PENTIPS 31G X 5 MM , 32G X 4 MM (insulin pen needle)	NF	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
LEADER UNIFINE PENTIPS PLUS 31G X 5 MM , 31G X 8 MM , 32G X 4 MM (<i>insulin pen needle</i>)	NF	
<i>liberty blood glucose meter device</i>	NF	
LIBERTY NEXT GENERATION TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
LIBERTY NXT GENERATION MONITOR DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
<i>liberty test in vitro strip</i>	NF	
LIFESCAN UNISTIK 2 (<i>lancets</i>)	PB	
LIFESCAN UNISTIK II LANCETS (<i>lancets</i>)	PB	
<i>lite touch lancets</i>	PB	
LITE TOUCH LANCING PEN (<i>lancet devices</i>)	NPB	
LITETOUCH INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	NF	
LITETOUCH LANCETS (<i>lancets</i>)	PB	
LITETOUCH PEN NEEDLES 29G X 12.7MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM (<i>insulin pen needle</i>)	NF	
<i>live better adv lancing device</i>	NPB	
<i>live better lancet ultra thin</i>	PB	
<i>longs insulin syringe 31g x 5/16" 0.5 ml</i>	NF	
<i>longs lancets standard</i>	PB	
<i>longs lancets thin</i>	PB	
<i>longs lancets ultra thin</i>	PB	
MAGELLAN INSULIN SAFETY SYR 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	NF	
MARATHON MEDICAL PENTIPS 29G X 12MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM (<i>insulin pen needle</i>)	NF	
MAXICOMFORT II PEN NEEDLE 31G X 6 MM (<i>insulin pen needle</i>)	NF	
MAXI-COMFORT INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML (<i>insulin syringe-needle u-100</i>)	NF	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month

01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
MAXI-COMFORT SAFETY PEN NEEDLE 29G X 5MM , 29G X 8MM (<i>insulin pen needle</i>)	NF	
MAXICOMFORT SYR 27G X 1/2" 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML (<i>insulin syringe-needle u-100</i>)	NF	
<i>medic insulin syringe 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml</i>	NF	
<i>medichoic safety lancet extra</i>	PB	
<i>medicine shoppe pen needles 29g x 12mm , 31g x 6 mm , 31g x 8 mm</i>	NF	
MEDLANCE PLUS EXTRA 21G (<i>lancets</i>)	PB	
MEDLANCE PLUS LANCETS (<i>lancets</i>)	PB	
MEDLANCE PLUS LITE 25G (<i>lancets</i>)	PB	
MEDLANCE PLUS SPECIAL 0.8MM (<i>lancets</i>)	PB	
MEDLANCE PLUS SUPERLITE 30G (<i>lancets</i>)	PB	
MEDLANCE PLUS UNIVERSAL 21G (<i>lancets</i>)	PB	
<i>meijer blood glucose kit w/device</i>	NF	
<i>meijer blood glucose test in vitro strip</i>	NF	
<i>meijer essential blood glucose kit w/device</i>	NF	
<i>meijer essential glucose test in vitro strip</i>	NF	
MEIJER LANCETS THIN (<i>lancets</i>)	PB	
MEIJER LANCETS UNIVERSAL 21G (<i>lancets</i>)	PB	
MEIJER LANCETS UNIVERSAL 30G (<i>lancets</i>)	PB	
MEIJER LANCETS UNIVERSAL 33G (<i>lancets</i>)	PB	
<i>meijer pen needles 29g x 12mm , 31g x 6 mm , 31g x 8 mm</i>	NF	
<i>meijer premium blood glucose kit w/device</i>	NF	
<i>meijer premium glucose test in vitro strip</i>	NF	
MEIJER SUPER THIN LANCETS (<i>lancets</i>)	PB	
MEIJER TRUE2GO BLOOD GLUCOSE KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
MEIJER TRUERESULT GLUCOSE SYS KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
MEIJER TRUETEST TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
MEIJER TRUETRACK GLUCOSE SYS KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
MEIJER TRUETRACK TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
MICRODOT BLOOD GLUCOSE SYSTEM KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
MICRODOT TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
MICROLET LANCETS (<i>lancets</i>)	PB	
MICROLET NEXT LANCING DEVICE (<i>lancet devices</i>)	NPB	
<i>mini lancing device</i>	NPB	
MINILINK REAL-TIME TRANSMITTER (<i>continuous blood gluc transmit</i>)	NF	
MINIMED 630G GUARDIAN PRESS (<i>continuous blood gluc transmit</i>)	NPB	
MINIMED PUMP RESERVOIR 3ML (<i>insulin infusion pump supplies</i>)	NPB	
MINIMED RESERVOIR 1.8ML (<i>insulin infusion pump supplies</i>)	NPB	
MINIMED RESERVOIR 3ML (<i>insulin infusion pump supplies</i>)	NPB	
MM EASY TOUCH GLUCOSE IN VITRO STRIP (<i>glucose blood</i>)	NF	
MM EASY TOUCH GLUCOSE METER KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
<i>mm insulin syringe/needle 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>	NF	
MM PEN NEEDLES 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM (<i>insulin pen needle</i>)	NF	
MONOJECT INSULIN SYRINGE 25G X 5/8" 1 ML, 27G X 1/2" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	NF	
MONOJECT INSULIN SYRINGE U-100 1 ML (<i>insulin syringes (disposable)</i>)	NF	
MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML (<i>insulin syringe-needle u-100</i>)	NF	
MONOLET LANCETS (<i>lancets</i>)	PB	
MONOLET OPD LANCETS (<i>lancets</i>)	PB	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month

01/01/2023

140

Prescription Drug Name	Drug Tier	Drug Notes
MONOLETTOR SAFETY LANCETS (<i>lancets</i>)	PB	
<i>mpd safety lancet 21g</i>	PB	
<i>mpd safety lancet 23g</i>	PB	
<i>mpd safety lancet 28g</i>	PB	
<i>mpd safety lancet 30g</i>	PB	
<i>ms insulin syringe 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>	NF	
MULTI-LANCET DEVICE 2 KIT (<i>lancets misc.</i>)	NPB	
MYGLUCOHEALTH BLOOD GLUCOSE KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
MYGLUCOHEALTH LANCETS 30G (<i>lancets</i>)	PB	
MYGLUCOHEALTH TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
NEUTEK 2TEK TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
NOVA MAX BLOOD GLUCOSE SYSTEM DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
NOVA MAX BLOOD GLUCOSE SYSTEM KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
NOVA MAX GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
NOVA MAX PLUS KETONE TEST IN VITRO STRIP (<i>ketone blood test</i>)	NPB	
NOVA SAFETY LANCETS 23G (<i>lancets</i>)	PB	
NOVA SAFETY LANCETS 28G (<i>lancets</i>)	PB	
NOVA SUREFLEX LANCETS (<i>lancets</i>)	PB	
NOVA SUREFLEX LANCING DEVICE (<i>lancet devices</i>)	NPB	
NOVOFINE AUTOCOVER PEN NEEDLE 30G X 8 MM (<i>insulin pen needle</i>)	NF	
NOVOFINE PEN NEEDLE 32G X 6 MM (<i>insulin pen needle</i>)	NF	
NOVOFINE PLUS PEN NEEDLE 32G X 4 MM (<i>insulin pen needle</i>)	NF	
OMNIPOD 5 G6 INTRO (GEN 5) KIT (<i>insulin disposable pump</i>)	PB	
OMNIPOD 5 G6 POD (GEN 5) (<i>insulin disposable pump</i>)	PB	
OMNIPOD CLASSIC PDM (GEN 3) KIT (<i>insulin disposable pump</i>)	PB	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
OMNIPOD DASH INTRO (GEN 4) KIT (<i>insulin disposable pump</i>)	PB	
OMNIPOD DASH PODS (GEN 4) (<i>insulin disposable pump</i>)	PB	
<i>one drop blood glucose monitor kit w/device</i>	NF	
<i>one drop test in vitro strip</i>	NF	
ONETOUCH CLUB LANCETS FINE PT (<i>lancets</i>)	PB	
ONETOUCH DELICA LANCETS 30G (<i>lancets</i>)	PB	
ONETOUCH DELICA LANCETS 33G (<i>lancets</i>)	PB	
ONETOUCH DELICA LANCING DEV (<i>lancet devices</i>)	NPB	
ONETOUCH DELICA PLUS LANCET30G (<i>lancets</i>)	PB	
ONETOUCH DELICA PLUS LANCET33G (<i>lancets</i>)	PB	
ONETOUCH DELICA PLUS LANCING (<i>lancet devices</i>)	NPB	
ONETOUCH DELICA SAFETY LANCING (<i>lancet devices</i>)	NPB	
ONETOUCH SOLUTIONS STARTER KIT KIT W/ WELL DEVICE (<i>blood glucose monitoring suppl</i>)	PB	
ONETOUCH SURESOFT LANCING DEV (<i>lancets misc.</i>)	NPB	
ONETOUCH ULTRA IN VITRO STRIP (<i>glucose blood</i>)	PB	
ONETOUCH ULTRASOFT LANCETS (<i>lancets</i>)	PB	
ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	PB	
ONETOUCH VERIO IN VITRO STRIP (<i>glucose blood</i>)	PB	
ONETOUCH VERIO KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	PB	
ONETOUCH VERIO REFLECT KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	PB	
OPTIUMEZ TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
PARADIGM PUMP RESERVOIR 1.8ML (<i>insulin infusion pump supplies</i>)	NPB	
PARADIGM PUMP RESERVOIR 3ML (<i>insulin infusion pump supplies</i>)	NPB	
PARADIGM REAL-TIME TRANSMITTER (<i>continuous blood gluc transmit</i>)	NF	
PARADIGM SILHOUETTE COMBO 23" (<i>insulin infusion pump supplies</i>)	NPB	
<i>pc lancets super thin 30g</i>	PB	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month

01/01/2023

142

Prescription Drug Name	Drug Tier	Drug Notes
<i>pc unifine pentips 29g x 12mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm</i>	NF	
<i>pen needles 29g x 12mm , 30g x 5 mm , 30g x 8 mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm , 32g x 5 mm , 32g x 6 mm</i>	NF	
<i>pen needles 5/16" 31g x 8 mm</i>	NF	
PENLET II BLOOD SAMPLER KIT (<i>lancets misc.</i>)	NPB	
PENLET II REPLACEMENT CAP (<i>lancets misc.</i>)	PB	
PENTIPS 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM (<i>insulin pen needle</i>)	NF	
PERFECT LANCETS 28G (<i>lancets</i>)	PB	
PERFECT LANCETS 30G (<i>lancets</i>)	PB	
<i>ph strips in vitro diagnostic test</i>	NPB	
PHARMACIST CHOICE AUTOCODE IN VITRO STRIP (<i>glucose blood</i>)	NF	
PHARMACIST CHOICE AUTOCODE SYS KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
PHARMACIST CHOICE LANCETS (<i>lancets</i>)	PB	
PHARMACIST CHOICE MINI SYSTEM DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
<i>pharmacist choice no coding in vitro strip</i>	NF	
PHARMACY COUNTER LANCETS (<i>lancets</i>)	PB	
<i>pip lancets 28g</i>	PB	
<i>pip lancets 30g</i>	PB	
POCKETCHEM EZ SYSTEM KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
POCKETCHEM EZ TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
PRECISION SURE-DOSE SYRINGE 30G X 5/16" 0.3 ML (<i>insulin syringe-needle u-100</i>)	NF	
PRECISION XTRA BLOOD GLUCOSE IN VITRO STRIP (<i>glucose blood</i>)	NF	
PRECISION XTRA KETONE IN VITRO STRIP (<i>ketone blood test</i>)	NPB	
PRECISION XTRA KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
<i>preferred plus insulin syringe 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml, 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml</i>	NF	
<i>preferred plus lancets colored</i>	PB	
<i>preferred plus lancets thin</i>	PB	
<i>preferred plus unifine pentips 29g x 12mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm</i>	NF	
<i>premium blood glucose test in vitro strip</i>	NF	
PREVENT DROPSAFE PEN NEEDLES 31G X 6 MM , 31G X 8 MM (<i>insulin pen needle</i>)	NF	
PREVENT SAFETY PEN NEEDLES 31G X 6 MM , 31G X 8 MM (<i>insulin pen needle</i>)	NF	
PRO COMFORT INSULIN SYRINGE 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	NF	
<i>pro comfort lancets 30g</i>	PB	
<i>pro comfort lancets 31g</i>	PB	
<i>pro comfort pen needles 31g x 8 mm , 32g x 4 mm , 32g x 5 mm , 32g x 6 mm</i>	NF	
<i>pro voice v8 glucose system device</i>	NF	
<i>pro voice v8/v9 glucose in vitro strip</i>	NF	
<i>pro voice v9 glucose system device</i>	NF	
PRODIGY AUTOCODE BLOOD GLUCOSE DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
PRODIGY AUTOCODE BLOOD GLUCOSE KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
PRODIGY INSULIN SYRINGE 28G X 1/2" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML (<i>insulin syringe-needle u-100</i>)	NF	
PRODIGY LANCETS 28G (<i>lancets</i>)	PB	
PRODIGY LANCING DEVICE (<i>lancet devices</i>)	NPB	
PRODIGY NO CODING BLOOD GLUC IN VITRO STRIP (<i>glucose blood</i>)	NF	
PRODIGY POCKET BLOOD GLUCOSE KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
PRODIGY SAFETY LANCETS 26G (<i>lancets</i>)	PB	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month

01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
PRODIGY VOICE BLOOD GLUCOSE KIT W/DEVICE (blood glucose monitoring suppl)	NF	
PSS SELECT GP LANCETS (lancets)	PB	
PSS SELECT PLATFORMS (lancets misc.)	PB	
PSS SELECT SAFETY LANCETS (lancets)	PB	
PTS PANELS EGLU TEST IN VITRO STRIP (glucose blood)	NF	
pure comfort lancets 30g	PB	
px extra short pen needles 31g x 6 mm	NF	
px insulin syringe 30g x 1/2" 0.5 ml	NF	
px lancet auto injector	NPB	
px lancets microthin 33g	PB	
px lancets ultra thin	PB	
px mini pen needles 31g x 5 mm	NF	
px pen needle 29g x 12mm , 31g x 8 mm	NF	
px shortlength pen needles 31g x 8 mm	NF	
qc advanced lancing device	NPB	
qc lancets super thin 30g	PB	
qc lancets ultra thin	PB	
qc pen needles 29g x 12mm , 31g x 6 mm , 31g x 8 mm	NF	
qc unifine pentips 32g x 4 mm	NF	
qc unilet lancets 28g	PB	
qc unilet lancets micro thin	PB	
QUICKTEK KIT (blood glucose monitoring suppl)	NF	
QUICKTEK TEST IN VITRO STRIP (glucose blood)	NF	
QUICKTEK/METER KIT (blood glucose monitoring suppl)	NF	
QUINTET AC BLOOD GLUCOSE DEVICE (blood glucose monitoring suppl)	NF	
QUINTET AC BLOOD GLUCOSE TEST IN VITRO STRIP (glucose blood)	NF	
QUINTET BLOOD GLUCOSE SYSTEM DEVICE (blood glucose monitoring suppl)	NF	
QUINTET BLOOD GLUCOSE TEST IN VITRO STRIP (glucose blood)	NF	
RA E-ZJECT LANCETS 28G (lancets)	PB	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
RA E-ZJECT LANCETS THIN 26G (<i>lancets</i>)	PB	
RA E-ZJECT LANCETS THIN 28G (<i>lancets</i>)	PB	
RA E-ZJECT LANCETS ULTRA THIN (<i>lancets</i>)	PB	
<i>ra insulin syringe 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml</i>	NF	
<i>ra pen needles 31g x 5 mm , 31g x 8 mm</i>	NF	
READYLANCE SAFETY LANCETS (<i>lancets</i>)	PB	
<i>reality insulin syringe 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml</i>	NF	
<i>reality lancets</i>	PB	
<i>reality trigger lancets</i>	PB	
REFUAH PLUS BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
REFUAH PLUS MONITORING SYSTEM KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
RELION ALL-IN-ONE DEVICE (<i>blood gluc meter disp-strips</i>)	NF	
RELION BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
RELION CONFIRM GLUCOSE MONITOR KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
RELION CONFIRM/MICRO TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
RELION INSULIN SYRINGE 29G X 1/2" 0.5 ML, 31G X 15/64" 0.3 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	NF	
RELION INSULIN SYRINGE 31G X 15/64" 0.5 ML (<i>insulin syringe-needle u-100</i>)	PB	
RELION KETONE TEST IN VITRO STRIP (<i>acetone (urine) test</i>)	NPB	
RELION LANCET DEVICES 30G (<i>lancet devices</i>)	NPB	
RELION LANCETS MICRO-THIN 33G (<i>lancets</i>)	PB	
RELION LANCETS THIN 26G (<i>lancets</i>)	PB	
RELION LANCETS ULTRA-THIN 30G (<i>lancets</i>)	PB	
RELION LANCING DEVICE (<i>lancet devices</i>)	NPB	
RELION LANCING DEVICE KIT (<i>lancets misc.</i>)	NPB	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month

01/01/2023

146

Prescription Drug Name	Drug Tier	Drug Notes
RELION MICRO KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
RELION MINI PEN NEEDLES 31G X 6 MM (<i>insulin pen needle</i>)	NF	
RELION PEN NEEDLES 29G X 12MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM (<i>insulin pen needle</i>)	NF	
RELION PREMIER BLU MONITOR DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
RELION PREMIER COMPACT SYSTEM KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
RELION PREMIER VOICE MONITOR DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
RELION PRIME MONITOR DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
RELION PRIME TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
RELION SHORT PEN NEEDLES 31G X 8 MM (<i>insulin pen needle</i>)	NF	
RELION TRUE MET AIR GLUC METER KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
RELION TRUE METRIX TEST STRIPS IN VITRO STRIP (<i>glucose blood</i>)	NF	
RELION ULTIMA GLUCOSE SYSTEM KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
RELION ULTIMA TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
RELION ULTRA THIN LANCETS 30G (<i>lancets</i>)	PB	
RELION ULTRA THIN PLUS LANCETS (<i>lancets</i>)	PB	
REXALL BLOOD GLUCOSE SYSTEM KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
REXALL BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
RIGHTEST ALTERNATE SITE ADAPT (<i>lancets misc.</i>)	PB	
RIGHTEST GD500 LANCING DEVICE (<i>lancet devices</i>)	NPB	
RIGHTEST GL300 LANCETS (<i>lancets</i>)	PB	
RIGHTEST GM100 BLOOD GLUCOSE KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
RIGHTEST GM300 BLOOD GLUCOSE KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month

01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
RIGHTEST GM550 BLOOD GLUCOSE KIT W/DEVICE (blood glucose monitoring suppl)	NF	
RIGHTEST GS100 BLOOD GLUCOSE IN VITRO STRIP (glucose blood)	NF	
RIGHTEST GS300 BLOOD GLUCOSE IN VITRO STRIP (glucose blood)	NF	
RIGHTEST GS550 BLOOD GLUCOSE IN VITRO STRIP (glucose blood)	NF	
RIGHTEST GT333 BLOOD GLUCOSE DEVICE (blood glucose monitoring suppl)	NF	
RIGHTEST GT333 BLOOD GLUCOSE IN VITRO STRIP (glucose blood)	NF	
SAFE-T-LANCE (lancets)	PB	
SAFE-T-LANCE PLUS (lancets)	PB	
safety lancet 30g/pressure act	PB	
safety pen needles 30g x 5 mm , 30g x 8 mm	NF	
saps health twist top lancets	NPB	
saps twist top lancets	PB	
saps scare twist top lancets	PB	
sb insulin syringe 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 1 ml	NF	
sb lancets thin	PB	
sb lancets ultra thin	PB	
SECURESAFE SAFETY PEN NEEDLES 30G X 8 MM (insulin pen needle)	NF	
select-lite lancing device	NPB	
SHOPKO AUTOLET LANCING DEVICE (lancet devices)	NPB	
SHOPKO UNIFINE PENTIPS 29G X 12MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM (insulin pen needle)	NF	
SHOPKO UNIFINE PENTIPS PLUS 29G X 12MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM (insulin pen needle)	NF	
SIMPLE DIAGNOSTICS LANCING DEV (lancet devices)	NPB	
SINGLE-LET (lancets)	PB	
sm lancets 33g	PB	
SM TRUEDRAW LANCING DEVICE (lancet devices)	NPB	
SMART DIABETES VANTAGE LANCING (lancet devices)	NPB	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month

01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
SMART SENSE COLOR LANCETS 33G (<i>lancets</i>)	PB	
SMART SENSE PREMIUM SYSTEM KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
SMART SENSE PREMIUM TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
SMART SENSE STANDARD LANCETS (<i>lancets</i>)	PB	
SMART SENSE SUPER THIN LANCETS (<i>lancets</i>)	PB	
SMART SENSE THIN LANCETS 26G (<i>lancets</i>)	PB	
SMART SENSE VALUE GLUCOSE SYS KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
SMART SENSE VALUE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
SMARTEST BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
SMARTEST EJECT DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
SMARTEST EJECT STARTER KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
SMARTEST LANCETS 28G (<i>lancets</i>)	PB	
SMARTEST PERSONA STARTER KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
SMARTEST PRONTO STARTER KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
SMARTEST PROTEGE DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
SMARTEST PROTEGE STARTER KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
SOLUS V2 BLOOD GLUCOSE SYSTEM DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
SOLUS V2 BLOOD GLUCOSE SYSTEM KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
SOLUS V2 LANCETS 28G (<i>lancets</i>)	PB	
SOLUS V2 LANCING DEVICE (<i>lancet devices</i>)	NPB	
SOLUS V2 TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
SOLUS V2 TWIST LANCETS 30G (<i>lancets</i>)	PB	
STERILANCE PA (<i>lancets misc.</i>)	PB	
STERILANCE TL (<i>lancets</i>)	PB	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
<i>super thin lancets</i>	PB	
SUPREME TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
<i>sure comfort insulin syringe 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml, 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 1/2" 0.3 ml, 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 1/4" 0.3 ml, 31g x 1/4" 0.5 ml, 31g x 1/4" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>	NF	
<i>sure comfort lancets 18g</i>	PB	
<i>sure comfort lancets 21g</i>	PB	
<i>sure comfort lancets 23g</i>	PB	
<i>sure comfort lancets 30g</i>	PB	
<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 6 mm , 31g x 8 mm , 32g x 4 mm , 32g x 6 mm</i>	NF	
SURELITE LANCETS (<i>lancets</i>)	PB	
T:FLEX T:LOCK CARTRIDGE 4.8ML (<i>insulin infusion pump supplies</i>)	NPB	
<i>techlite insulin syringe 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 31g x 15/64" 0.3 ml, 31g x 15/64" 0.5 ml, 31g x 15/64" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>	NF	
TECHLITE PEN NEEDLES 29G X 10MM , 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM , 32G X 8 MM (<i>insulin pen needle</i>)	NF	
<i>tgt blood glucose monitoring kit w/device</i>	NF	
<i>tgt blood glucose test in vitro strip</i>	NF	
<i>tgt lancet micro thin 33g</i>	PB	
<i>tgt lancet thin 26g</i>	PB	
<i>tgt lancet ultra thin 30g</i>	PB	
<i>tgt lancing device</i>	NPB	
THINLETS GP LANCETS (<i>lancets</i>)	PB	
<i>todays health mini pen needles 31g x 6 mm</i>	NF	
<i>todays health pen needles 29g x 12mm</i>	NF	
<i>todays health short pen needle 31g x 8 mm</i>	NF	
<i>topcare clickfine pen needles 31g x 6 mm , 31g x 8 mm</i>	NF	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month

01/01/2023

150

Prescription Drug Name	Drug Tier	Drug Notes
<i>topcare lancets micro-thin 33g</i>	PB	
<i>topcare ultra comfort ins syr 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>	NF	
TOXICOLOGY MED COLLECTION SYS IN VITRO KIT (<i>drug assay (urine)</i>)	NPB	
<i>travel lancets</i>	PB	
TRAVEL LANCETS ADVANCED 28G (<i>lancets</i>)	PB	
<i>true comfort insulin syringe 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>	NF	
<i>true comfort pen needles 31g x 5 mm , 31g x 6 mm , 32g x 4 mm</i>	NF	
<i>true comfort pro insulin syr 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml, 32g x 5/16" 0.5 ml</i>	NF	
<i>true comfort pro pen needles 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm , 32g x 5 mm , 32g x 6 mm , 33g x 4 mm , 33g x 5 mm , 33g x 6 mm</i>	NF	
<i>true comfort twist top lancets</i>	PB	
TRUE FOCUS BLOOD GLUCOSE METER DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
<i>true focus blood glucose strip in vitro strip</i>	NF	
TRUE METRIX AIR GLUCOSE METER KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
TRUE METRIX BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
TRUE METRIX GO GLUCOSE METER KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
TRUE METRIX METER DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
TRUE METRIX METER KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
TRUEPLUS 5-BEVEL PEN NEEDLES 29G X 12.7MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM (<i>insulin pen needle</i>)	NF	
TRUEPLUS INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	NF	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month

01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
TRUEPLUS LANCETS 26G (<i>lancets</i>)	PB	
TRUEPLUS LANCETS 28G (<i>lancets</i>)	PB	
TRUEPLUS LANCETS 30G (<i>lancets</i>)	PB	
TRUEPLUS LANCETS 33G (<i>lancets</i>)	PB	
TRUEPLUS PEN NEEDLES 31G X 6 MM (<i>insulin pen needle</i>)	NF	
TRUEPLUS SAFETY LANCETS 28G (<i>lancets</i>)	PB	
TRUERESULT BLOOD GLUCOSE KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
TRUETEST TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
TRUETRACK BLOOD GLUCOSE DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
TRUETRACK BLOOD GLUCOSE KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
TRUETRACK SMART SYSTEM KIT (<i>blood glucose monitoring suppl</i>)	NF	
TRUETRACK TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
TRUSTEEL INFUSION SET (<i>insulin infusion pump supplies</i>)	NPB	
ULTICARE INSULIN SAFETY SYR 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML (<i>insulin syringe-needle u-100</i>)	NF	
ULTICARE INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 1/4" 0.3 ML, 31G X 1/4" 0.5 ML, 31G X 1/4" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	NF	
ULTICARE MICRO PEN NEEDLES 31G X 6 MM , 31G X 8 MM , 32G X 4 MM (<i>insulin pen needle</i>)	NF	
ULTICARE MINI PEN NEEDLES 30G X 5 MM , 31G X 6 MM , 32G X 6 MM (<i>insulin pen needle</i>)	NF	
ULTICARE PEN NEEDLES 29G X 12.7MM , 31G X 5 MM (<i>insulin pen needle</i>)	NF	
ULTICARE SHORT PEN NEEDLES 30G X 8 MM , 31G X 8 MM (<i>insulin pen needle</i>)	NF	
<i>ultiguard safepack pen needle 29g x 12.7mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm , 32g x 6 mm</i>	NF	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month

01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
ULTIGUARD SAFEPACK SYR/NEEDLE 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	NF	
ULTI-LANCE AUTOMATIC (<i>lancet devices</i>)	NPB	
ULTILET CLASSIC LANCETS (<i>lancets</i>)	PB	
ULTILET LANCETS (<i>lancets</i>)	PB	
ULTILET PEN NEEDLE 29G X 12.7MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM (<i>insulin pen needle</i>)	NF	
ULTILET SAFETY LANCETS (<i>lancets</i>)	PB	
ULTILET SAFETY LANCETS 23G (<i>lancets</i>)	PB	
<i>ultra comfort insulin syringe 30g x 5/16" 0.3 ml</i>	NF	
ULTRA FLO INSULIN PEN NEEDLES 31G X 5 MM , 31G X 8 MM , 32G X 4 MM , 33G X 4 MM (<i>insulin pen needle</i>)	NF	
ULTRA FLO INSULIN SYR 1/2 UNIT 30G X 1/2" 0.3 ML, 30G X 5/16" 0.3 ML, 31G X 5/16" 0.3 ML (<i>insulin syringe-needle u-100</i>)	NF	
ULTRA FLO INSULIN SYRINGE 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	NF	
<i>ultra thin lancets 31g</i>	PB	
ULTRA THIN PEN NEEDLES 32G X 4 MM (<i>insulin pen needle</i>)	NF	
<i>ultracare insulin syringe 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>	NF	
<i>ultra-care lancets 30g</i>	PB	
<i>ultracare pen needles 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm , 32g x 5 mm , 32g x 6 mm , 33g x 4 mm</i>	NF	
ULTRA-THIN II AUTO LANCET (<i>lancets</i>)	PB	
ULTRA-THIN II INS SYR SHORT 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	NF	
ULTRA-THIN II INSULIN SYRINGE 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML (<i>insulin syringe-needle u-100</i>)	NF	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
ULTRA-THIN II LANCETS (<i>lancets</i>)	PB	
ULTRA-THIN II MINI PEN NEEDLE 31G X 5 MM (<i>insulin pen needle</i>)	NF	
ULTRA-THIN II PEN NEEDLE SHORT 31G X 8 MM (<i>insulin pen needle</i>)	NF	
ULTRA-THIN II PEN NEEDLES 29G X 12.7MM (<i>insulin pen needle</i>)	NF	
UNIFINE PENTIPS 29G X 12MM , 30G X 5 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM , 33G X 4 MM (<i>insulin pen needle</i>)	NF	
UNIFINE PENTIPS PLUS 29G X 12MM , 30G X 5 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 33G X 4 MM (<i>insulin pen needle</i>)	NF	
UNIFINE SAFECONTROL PEN NEEDLE 30G X 5 MM , 30G X 8 MM , 32G X 4 MM (<i>insulin pen needle</i>)	NF	
UNIFINE ULTRA PEN NEEDLE 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM (<i>insulin pen needle</i>)	NF	
UNILET COMFORTOUCH LANCET (<i>lancets</i>)	PB	
UNILET EXCELITE (<i>lancets</i>)	PB	
UNILET EXCELITE II (<i>lancets</i>)	PB	
UNILET G.P. LANCET (<i>lancets</i>)	PB	
UNILET G.P. SUPERLITE LANCET (<i>lancets</i>)	PB	
UNILET GP 28 ULTRA THIN (<i>lancets</i>)	PB	
UNILET LANCET (<i>lancets</i>)	PB	
UNILET MICRO-THIN 33G (<i>lancets</i>)	PB	
UNILET SUPERLITE LANCET (<i>lancets</i>)	PB	
UNILET SUPER-THIN 30G (<i>lancets</i>)	PB	
UNILET ULTRA-THIN 28G (<i>lancets</i>)	PB	
UNISTIK 1 (<i>lancets misc.</i>)	PB	
UNISTIK 2 (<i>lancets misc.</i>)	PB	
UNISTIK 2 COMFORT (<i>lancets misc.</i>)	PB	
UNISTIK 2 EXTRA (<i>lancets misc.</i>)	PB	
UNISTIK 2 NEONATAL (<i>lancets misc.</i>)	PB	
UNISTIK 2 NORMAL (<i>lancets misc.</i>)	PB	
UNISTIK 2 SUPER (<i>lancets misc.</i>)	PB	
UNISTIK 3 (<i>lancets misc.</i>)	PB	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month

01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
UNISTIK 3 COMFORT (<i>lancets misc.</i>)	PB	
UNISTIK 3 EXTRA (<i>lancets misc.</i>)	PB	
UNISTIK 3 GENTLE (<i>lancets</i>)	PB	
UNISTIK 3 NEONATAL (<i>lancets misc.</i>)	PB	
UNISTIK 3 NORMAL (<i>lancets misc.</i>)	PB	
UNISTIK CZT COMFORT (<i>lancets misc.</i>)	PB	
UNISTIK CZT NORMAL (<i>lancets misc.</i>)	PB	
UNISTIK NORMAL (<i>lancets misc.</i>)	PB	
UNISTIK PRO SAFETY LANCET (<i>lancets</i>)	PB	
UNISTIK SAFETY LANCETS 28G (<i>lancets</i>)	PB	
UNISTIK SAFETY LANCETS 30G (<i>lancets</i>)	PB	
UNISTIK TOUCH SAFETY LANC 21G (<i>lancets</i>)	PB	
UNISTIK TOUCH SAFETY LANC 23G (<i>lancets</i>)	PB	
UNISTIK TOUCH SAFETY LANC 28G (<i>lancets</i>)	PB	
UNISTIK TOUCH SAFETY LANC 30G (<i>lancets</i>)	PB	
UNISTRIP1 GENERIC IN VITRO STRIP (<i>glucose blood</i>)	NF	
UNIVERSAL 1 LANCETS THIN 26G (<i>lancets</i>)	PB	
UNIVERSAL 1 LANCETS THIN 33G (<i>lancets</i>)	PB	
UNIVERSAL 1 LANCETS ULTRA THIN (<i>lancets</i>)	PB	
value health insulin syringe 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml	NF	
value plus lancet standard 21g	PB	
value plus lancets super thin	PB	
valumark lancet ultra thin 28g	PB	
valumark pen needles 29g x 12mm , 31g x 6 mm , 31g x 8 mm	NF	
VANISHPOINT INSULIN SYRINGE 29G X 1/2" 1 ML, 29G X 5/16" 1 ML, 30G X 1/2" 0.5 ML, 30G X 3/16" 0.5 ML, 30G X 3/16" 1 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	NF	
VARISOFT INFUSION SET (<i>insulin infusion pump supplies</i>)	NPB	
verasens blood glucose meter device	NF	
verasens blood glucose system kit w/device	NF	
verasens blood glucose test in vitro strip	NF	
V-GO 20 KIT (<i>insulin disposable pump</i>)	PB	
V-GO 30 KIT (<i>insulin disposable pump</i>)	PB	
V-GO 40 KIT (<i>insulin disposable pump</i>)	PB	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
VIDA MIA UNIFINE PENTIPS 29G X 12MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM (<i>insulin pen needle</i>)	NF	
VIVAGUARD INO CONTROL SOLUTION IN VITRO LIQUID (<i>blood glucose calibration</i>)	NPB	
VIVAGUARD INO GLUCOSE METER DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
VIVAGUARD INO SMART GLUC METER DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
VIVAGUARD INO TEST STRIPS IN VITRO STRIP (<i>glucose blood</i>)	NF	
VIVAGUARD LANCETS (<i>lancets</i>)	PB	
VIVAGUARD LANCING DEVICE (<i>lancet devices</i>)	NPB	
<i>vp insulin syringe 29g x 1/2" 0.3 ml</i>	NF	
<i>walgreens adv travel lancets</i>	PB	
WALGREENS LANCETS (<i>lancets</i>)	PB	
<i>walgreens lancets micro thin</i>	PB	
<i>walgreens lancets super thin</i>	PB	
WALGREENS THIN LANCETS (<i>lancets</i>)	PB	
WALGREENS ULTRA THIN LANCETS (<i>lancets</i>)	PB	
WAVESENSE AMP KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
<i>wegmans unifine pentips plus 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm</i>	NF	
<i>zevrx insulin syringe 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml</i>	NF	
<i>zevrx pen needles 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm</i>	NF	
<i>zevrx twist top lancets 30g</i>	PB	
ENDOMETRIOSIS		
CETROTIDE SUBCUTANEOUS KIT 0.25 MG (<i>cetorelix acetate</i>)	PSP	SPC
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	G	
ORILISSA ORAL TABLET 150 MG, 200 MG (<i>elagolix sodium</i>)	PB	
ENZYME REPLACEMENTS - DRUGS FOR REPLACEMENT, MODIFICATION, TREATMENT		
<i>betaine oral powder</i>	G	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month

01/01/2023

156

Prescription Drug Name	Drug Tier	Drug Notes
BUPHENYL ORAL POWDER 3 GM/TSP (<i>sodium phenylbutyrate</i>)	NF	
BUPHENYL ORAL TABLET 500 MG (<i>sodium phenylbutyrate</i>)	NF	
CARBAGLU ORAL TABLET SOLUBLE 200 MG (<i>carglumic acid</i>)	NPSP	
<i>carglumic acid oral tablet soluble 200 mg</i>	NPSP	
CERDELGA ORAL CAPSULE 84 MG (<i>eliglustat tartrate</i>)	PSP	
CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT (<i>imiglucerase</i>)	PSP	
CYSTADANE ORAL POWDER (<i>betaine</i>)	NPSP	
CYSTAGON ORAL CAPSULE 150 MG, 50 MG (<i>cysteamine bitartrate</i>)	PSP	
ELELYSO INTRAVENOUS SOLUTION RECONSTITUTED 200 UNIT (<i>taliglucerase alfa</i>)	NF	
KUVAN ORAL PACKET 100 MG, 500 MG (<i>sapropterin dihydrochloride</i>)	NF	
KUVAN ORAL TABLET 100 MG (<i>sapropterin dihydrochloride</i>)	NF	
<i>miglustat oral capsule 100 mg</i>	GSP	
MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED 11.3 MG (<i>metreleptin</i>)	NPSP	
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG (<i>nitisinone</i>)	PSP	
ORFADIN ORAL SUSPENSION 4 MG/ML (<i>nitisinone</i>)	PSP	
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML, 2.5 MG/0.5ML, 20 MG/ML (<i>pegvaliase-pqpz</i>)	NF	
RAVICTI ORAL LIQUID 1.1 GM/ML (<i>glycerol phenylbutyrate</i>)	NF	
<i>sodium phenylbutyrate oral powder 3 gmltsp</i>	GSP	
<i>sodium phenylbutyrate oral tablet 500 mg</i>	GSP	
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45ML, 28 MG/0.7ML, 40 MG/ML, 80 MG/0.8ML (<i>asfotase alfa</i>)	NPSP	
VPRIV INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT (<i>velaglucerase alfa</i>)	NPSP	
ZAVESCA ORAL CAPSULE 100 MG (<i>miglustat</i>)	NPSP	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES		
ALORA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (<i>estradiol</i>)	NPB	
<i>estradiol-norethindrone acet</i> (Amabelz Oral Tablet 0.5-0.1 Mg, 1-0.5 Mg)	G	
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG (<i>drospirenone-estradiol</i>)	NPB	
BIJUVA ORAL CAPSULE 1-100 MG (<i>estradiol-progesterone</i>)	NPB	
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/DAY (<i>estradiol-levonorgestrel</i>)	PB	
CLIMARA TRANSDERMAL PATCH WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.06 MG/24HR, 0.075 MG/24HR (<i>estradiol</i>)	NPB	
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY 0.05-0.14 MG/DAY, 0.05-0.25 MG/DAY (<i>estradiol-norethindrone acet</i>)	PB	
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML (<i>estradiol valerate</i>)	NPB	
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML (<i>estradiol cypionate</i>)	NPB	
DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM, 1 MG/GM, 1.25 MG/1.25GM (<i>estradiol</i>)	PB	
<i>estradiol</i> (Dotti Transdermal Patch Twice Weekly 0.025 Mg/24Hr, 0.0375 Mg/24Hr, 0.05 Mg/24Hr, 0.075 Mg/24Hr, 0.1 Mg/24Hr)	G	
DUAVEE ORAL TABLET 0.45-20 MG (<i>conj estrogens-bazedoxifene</i>)	PB	
<i>ec-rx estradiol transdermal cream 0.4 %, 0.6 %</i>	NF	
ELESTRIN TRANSDERMAL GEL 0.52 MG/0.87 GM (0.06%) (<i>estradiol</i>)	NPB	
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	G	
<i>estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	G	
<i>estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	G	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month

01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
<i>estradiol vaginal cream 0.1 mg/gm</i>	G	
<i>estradiol vaginal tablet 10 mcg</i>	G	
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	G	
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	G	
ESTRING VAGINAL RING 2 MG (<i>estradiol</i>)	NF	
ESTROGEL TRANSDERMAL GEL 0.75 MG/1.25 GM (0.06%) (<i>estradiol</i>)	NPB	
EVAMIST TRANSDERMAL SOLUTION 1.53 MG/SPRAY (<i>estradiol</i>)	PB	
<i>norethindrone-eth estradiol</i> (Fyavolv Oral Tablet 0.5-2.5 Mg-Mcg, 1-5 Mg-Mcg)	G	
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG (<i>estradiol</i>)	PB	
IMVEXXY STARTER PACK VAGINAL INSERT 10 MCG, 4 MCG (<i>estradiol</i>)	PB	
<i>norethindrone-eth estradiol</i> (Jinteli Oral Tablet 1-5 Mg-Mcg)	G	
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG (<i>esterified estrogens</i>)	NF	
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24HR (<i>estradiol</i>)	NPB	
<i>estradiol-norethindrone acet</i> (Mimvey Oral Tablet 1-0.5 Mg)	G	
MINIVELLE TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (<i>estradiol</i>)	NF	
MYFEMBREE ORAL TABLET 40-1-0.5 MG (<i>relugolix-estradiol-norethind</i>)	PB	
<i>norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	G	
ORIAHNN ORAL CAPSULE THERAPY PACK 300-1-0.5 & 300 MG (<i>elagolix-estradiol-norethind</i>)	PB	
PREFEST ORAL TABLET 1/1-0.09 MG (15/15) (<i>estradiol-norgestimate</i>)	NPB	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG (<i>estrogens conjugated</i>)	NF	
PREMARIN VAGINAL CREAM 0.625 MG/GM (<i>estrogens, conjugated</i>)	NF	
PREMPHASE ORAL TABLET 0.625-5 MG (<i>conj estrog-medroxyprogest ace</i>)	PB	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month

01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG (<i>conj estrog-medroxyprogesterone</i>)	PB	
VAGIFEM VAGINAL TABLET 10 MCG (<i>estradiol</i>)	PB	
VIVELLE-DOT TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (<i>estradiol</i>)	NF	
<i>estradiol</i> (Yuvafem Vaginal Tablet 10 Mcg)	G	
FERTILITY REGULATORS		
<i>clomiphene citrate oral tablet 50 mg</i>	G	SPC
FOLLISTIM AQ SUBCUTANEOUS SOLUTION 300 UNT/0.36ML, 600 UNT/0.72ML, 900 UNT/1.08ML (<i>follitropin beta</i>)	NF	
<i>ganirelix acetate subcutaneous solution prefilled syringe 250 mcg/0.5ml</i>	NPSP	
GONAL-F INJECTION SOLUTION RECONSTITUTED 1050 UNIT, 450 UNIT (<i>follitropin alfa</i>)	PSP	SPC
GONAL-F RFF REDIJECT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/0.5ML, 450 UNIT/0.75ML, 900 UNIT/1.5ML (<i>follitropin alfa</i>)	PSP	
GONAL-F RFF SUBCUTANEOUS SOLUTION RECONSTITUTED 75 UNIT (<i>follitropin alfa</i>)	PSP	SPC
MENOPUR SUBCUTANEOUS SOLUTION RECONSTITUTED 75 UNIT (<i>menotropins</i>)	PSP	SPC
OVIDREL SUBCUTANEOUS INJECTABLE 250 MCG/0.5ML (<i>choriogonadotropin alfa</i>)	PSP	SPC
GLUCOCORTICOIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE		
ALKINDI SPRINKLE ORAL CAPSULE SPRINKLE 0.5 MG, 1 MG, 2 MG, 5 MG (<i>hydrocortisone</i>)	NF	
<i>dexamethasone (1a) injection suspension 8 mg/ml</i>	NF	
DEXAMETHASONE INTENSOL ORAL CONCENTRATE 1 MG/ML (<i>dexamethasone</i>)	NPB	
<i>dexamethasone oral elixir 0.5 mg/5ml</i>	G	
<i>dexamethasone oral solution 0.5 mg/5ml</i>	G	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	G	
<i>dexamethasone oral tablet therapy pack 1.5 mg (21), 1.5 mg (35), 1.5 mg (51)</i>	G	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month

01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
DEXONTO 0.4% IONTOPHORESIS SOLUTION 20 MG/5ML (<i>dexamethasone sodium phosphate</i>)	NF	
DXEVO 11-DAY ORAL TABLET THERAPY PACK 1.5 MG (<i>dexamethasone</i>)	NF	
EMFLAZA ORAL SUSPENSION 22.75 MG/ML (<i>deflazacort</i>)	NF	
EMFLAZA ORAL TABLET 18 MG, 30 MG, 36 MG, 6 MG (<i>deflazacort</i>)	NF	
<i>fludrocortisone acetate oral tablet 0.1 mg</i>	G	
<i>dexamethasone (Hidex 6-Day Oral Tablet Therapy Pack 1.5 Mg (21))</i>	G	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	G	
MEDROL ORAL TABLET 2 MG (<i>methylprednisolone</i>)	NPB	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	G	
<i>methylprednisolone oral tablet therapy pack 4 mg</i>	G	
MILLIPRED ORAL TABLET 5 MG (<i>prednisolone</i>)	NF	
ORAPRED ODT ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 30 MG (<i>prednisolone sodium phosphate</i>)	NPB	
<i>prednisolone oral solution 15 mg/5ml</i>	G	
<i>prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml</i>	NF	
<i>prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml</i>	G	
<i>prednisolone sodium phosphate oral tablet dispersible 10 mg, 15 mg, 30 mg</i>	G	
PREDNISON INTENSOL ORAL CONCENTRATE 5 MG/ML (<i>prednisone</i>)	NPB	
<i>prednisone oral solution 5 mg/5ml</i>	G	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	G	
<i>prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)</i>	G	
RAYOS ORAL TABLET DELAYED RELEASE 1 MG, 2 MG, 5 MG (<i>prednisone</i>)	NF	
TAPERDEX 12-DAY ORAL TABLET THERAPY PACK 1.5 MG (49) (<i>dexamethasone</i>)	NF	
<i>dexamethasone (Taperdex 6-Day Oral Tablet Therapy Pack 1.5 Mg, 1.5 Mg (21))</i>	NF	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
TAPERDEX 7-DAY ORAL TABLET THERAPY PACK 1.5 MG (27) (<i>dexamethasone</i>)	NF	
GLUCOSE ELEVATING AGENTS - DRUGS TO TREAT LOW BLOOD SUGAR		
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE (<i>glucagon</i>)	PB	
BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE (<i>glucagon</i>)	PB	
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED 1 MG (<i>glucagon hcl (rdna)</i>)	NF	
<i>glucagon emergency injection kit 1 mg</i>	NF	
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML (<i>glucagon</i>)	PB	
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML (<i>glucagon</i>)	PB	
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.5 MG/0.1ML, 1 MG/0.2ML (<i>glucagon</i>)	PB	
PROGLYCEM ORAL SUSPENSION 50 MG/ML (<i>diazoxide</i>)	NPB	
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO- INJECTOR 0.6 MG/0.6ML (<i>dasiglucagon hcl</i>)	PB	
ZEGALOGUE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.6 MG/0.6ML (<i>dasiglucagon hcl</i>)	PB	
GROWTH IMPROVEMENT AGENTS - DRUGS TO PROMOTE GROWTH		
VOXZOGO SUBCUTANEOUS SOLUTION RECONSTITUTED 0.4 MG, 0.56 MG, 1.2 MG (<i>vosoritide</i>)	NPSP	
HEREDITARY TYROSINEMIA TYPE 1 AGENTS - DRUGS FOR REPLACEMENT, MODIFICATION, TREATMENT		
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG (<i>nitisinone</i>)	NF	
HUMAN GROWTH HORMONES - DRUGS TO REGULATE PITUITARY HORMONES		
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE 0.2 MG, 0.4 MG, 0.6 MG, 0.8 MG, 1 MG, 1.2 MG, 1.4 MG, 1.6 MG, 1.8 MG, 2 MG (<i>somatropin</i>)	NF	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month

01/01/2023

162

Prescription Drug Name	Drug Tier	Drug Notes
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG, 5 MG (<i>somatropin</i>)	NF	
HUMATROPE INJECTION CARTRIDGE 12 MG, 24 MG, 6 MG (<i>somatropin</i>)	NF	
NORDIPEN 5 INJECTION DEVICE (<i>injection device</i>)	NF	
NORDIPEN DELIVERY SYSTEM (<i>injection device</i>)	NF	
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 30 MG/3ML, 5 MG/1.5ML (<i>somatropin</i>)	PSP	
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/2ML (<i>somatropin</i>)	NF	
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR 20 MG/2ML (<i>somatropin</i>)	NF	
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MG/2ML (<i>somatropin</i>)	NF	
OMNITROPE PEN 10 INJ DEVICE (<i>injection device</i>)	NF	
OMNITROPE PEN 5 INJ DEVICE (<i>injection device</i>)	NF	
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 10 MG/1.5ML, 5 MG/1.5ML (<i>somatropin</i>)	NF	
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG (<i>somatropin</i>)	NF	
SAIZEN INJECTION SOLUTION RECONSTITUTED 5 MG, 8.8 MG (<i>somatropin (non-refrigerated)</i>)	NF	
SAIZENPREP INJECTION SOLUTION RECONSTITUTED 8.8 MG (<i>somatropin (non-refrigerated)</i>)	NF	
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG (<i>somatropin (non-refrigerated)</i>)	NPSP	
ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 5 MG (<i>somatropin</i>)	NF	
ZORBTIVE SUBCUTANEOUS SOLUTION RECONSTITUTED 8.8 MG (<i>somatropin (non-refrigerated)</i>)	NPSP	
LUTEINIZING HORMONE-RELEASING HORMONE (LHRH) AGONISTS		
FENSOLVI (6 MONTH) SUBCUTANEOUS KIT 45 MG (<i>leuprolide acetate (6 month)</i>)	PSP	
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG (<i>leuprolide acetate</i>)	PSP	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG (PED), 30 MG (PED) (<i>leuprolide acetate (3 month)</i>)	PSP	
SYNAREL NASAL SOLUTION 2 MG/ML (<i>nafarelin acetate</i>)	NPB	
TRIPTODUR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 22.5 MG (<i>triptorelin pamoate</i>)	PSP	
MINERALOCORTICOID RECEPTOR ANTAGONISTS - DRUGS TO TREAT CHRONIC KIDNEY DISEASE ASSOCIATED WITH TYPE 2 DIABETES		
KERENDIA ORAL TABLET 10 MG, 20 MG (<i>finerenone</i>)	PB	
MISCELLANEOUS		
ACTHAR INJECTION GEL 80 UNIT/ML (<i>corticotropin</i>)	NPSP	
<i>cabergoline oral tablet 0.5 mg</i>	G	
<i>calcitonin (salmon) nasal solution 200 unit/lact</i>	G	
EVENITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 105 MG/1.17ML (<i>romosozumab-aqqg</i>)	NF	
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 600 MCG/2.4ML (<i>teriparatide (recombinant)</i>)	PSP	
GALAFOLD ORAL CAPSULE 123 MG (<i>migalastat hcl</i>)	NPSP	
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML (<i>mecasermin</i>)	NPSP	
JYNARQUE ORAL TABLET 15 MG, 30 MG (<i>tolvaptan</i>)	NPSP	
JYNARQUE ORAL TABLET THERAPY PACK 15 MG, 30 & 15 MG, 45 & 15 MG, 60 & 30 MG, 90 & 30 MG (<i>tolvaptan</i>)	NPSP	
<i>methylergonovine maleate (Methergine Oral Tablet 0.2 Mg)</i>	G	
<i>methylergonovine maleate oral tablet 0.2 mg</i>	G	
MIACALCIN INJECTION SOLUTION 200 UNIT/ML (<i>calcitonin (salmon)</i>)	NF	
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG, 25 MCG, 50 MCG, 75 MCG (<i>parathyroid hormone (recomb)</i>)	NPSP	
OSPHENA ORAL TABLET 60 MG (<i>ospemifene</i>)	NF	
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML (<i>denosumab</i>)	PSP	
<i>raloxifene hcl oral tablet 60 mg</i>	CE	
SAMSCA ORAL TABLET 15 MG, 30 MG (<i>tolvaptan</i>)	NPSP	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month

01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 10 MG, 20 MG, 30 MG, 40 MG, 60 MG (<i>pasireotide pamoate</i>)	NPSP	
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML (<i>pasireotide diaspartate</i>)	NPSP	
SUPPRELIN LA SUBCUTANEOUS KIT 50 MG (<i>histrelin acetate (cpp)</i>)	PSP	
<i>teriparatide (recombinant) subcutaneous solution pen-injector 620 mcg/2.48ml</i>	NF	
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML (<i>abaloparatide</i>)	PSP	
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7ML (<i>denosumab</i>)	NPSP	
XURIDEN ORAL PACKET 2 GM (<i>uridine triacetate</i>)	NPSP	
ZOKINVY ORAL CAPSULE 50 MG, 75 MG (<i>lonafarnib</i>)	NPSP	
PHOSPHATE BINDER AGENTS - DRUGS TO REGULATE CALCIUM AND PHOSPHORUS LEVELS		
AURYXIA ORAL TABLET 1 GM 210 MG(Fe) (<i>ferric citrate</i>)	PB	
<i>calcium acetate (phos binder) oral capsule 667 mg</i>	G	
<i>calcium acetate (phos binder) oral tablet 667 mg</i>	G	
FOSRENOL ORAL PACKET 1000 MG, 750 MG (<i>lanthanum carbonate</i>)	NF	
FOSRENOL ORAL TABLET CHEWABLE 1000 MG, 500 MG, 750 MG (<i>lanthanum carbonate</i>)	NF	
<i>lanthanum carbonate oral tablet chewable 1000 mg, 500 mg, 750 mg</i>	NF	
PHOSLYRA ORAL SOLUTION 667 MG/5ML (<i>calcium acetate (phos binder)</i>)	PB	
<i>sevelamer carbonate oral packet 0.8 gm, 2.4 gm</i>	G	
<i>sevelamer carbonate oral tablet 800 mg</i>	G	
<i>sevelamer hcl oral tablet 400 mg, 800 mg</i>	G	
VELPHORO ORAL TABLET CHEWABLE 500 MG (<i>sucroferric oxyhydroxide</i>)	PB	
POLYNEUROPATHY		
AMVUTTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML (<i>vutrisiran sodium</i>)	NF	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML (<i>inotersen sodium</i>)	PSP	
PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES		
CRINONE VAGINAL GEL 4 %, 8 % (<i>progesterone</i>)	PB	
<i>ec-rx progesterone transdermal cream 10 %, 20 %</i>	NF	
<i>hydroxyprogesterone caproate intramuscular oil 250 mg/ml</i>	GSP	
MAKENA INTRAMUSCULAR OIL 250 MG/ML (<i>hydroxyprogesterone caproate</i>)	NPSP	
MAKENA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 275 MG/1.1ML (<i>hydroxyprogesterone caproate</i>)	NPSP	
<i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i>	G	
<i>megestrol acetate oral suspension 625 mg/5ml</i>	G	
<i>norethindrone acetate oral tablet 5 mg</i>	G	
<i>progesterone intramuscular oil 50 mg/ml</i>	G	
<i>progesterone oral capsule 100 mg, 200 mg</i>	G	
PROMETRIUM ORAL CAPSULE 100 MG, 200 MG (<i>progesterone</i>)	NF	
PROVERA ORAL TABLET 10 MG (<i>medroxyprogesterone acetate</i>)	NPB	
THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS		
ARMOUR THYROID ORAL TABLET 180 MG, 240 MG, 300 MG (<i>thyroid</i>)	NPB	
CYTOMEL ORAL TABLET 25 MCG, 5 MCG, 50 MCG (<i>liothyronine sodium</i>)	NF	
<i>levothyroxine sodium</i> (Euthyrox Oral Tablet 100 Mcg, 112 Mcg, 125 Mcg, 137 Mcg, 150 Mcg, 175 Mcg, 200 Mcg, 25 Mcg, 50 Mcg, 75 Mcg, 88 Mcg)	G	
<i>levothyroxine sodium</i> (Levo-T Oral Tablet 100 Mcg, 112 Mcg, 125 Mcg, 137 Mcg, 150 Mcg, 175 Mcg, 200 Mcg, 25 Mcg, 300 Mcg, 50 Mcg, 75 Mcg, 88 Mcg)	G	
<i>levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	G	
<i>levothyroxine sodium</i> (Levoxyl Oral Tablet 100 Mcg, 112 Mcg, 125 Mcg, 137 Mcg, 150 Mcg, 175 Mcg, 200 Mcg, 25 Mcg, 50 Mcg, 75 Mcg, 88 Mcg)	G	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month

01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
<i>liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg</i>	G	
<i>methimazole oral tablet 10 mg, 5 mg</i>	G	
<i>thyroid</i> (Np Thyroid Oral Tablet 120 Mg, 15 Mg, 30 Mg, 60 Mg, 90 Mg)	G	
<i>propylthiouracil oral tablet 50 mg</i>	G	
TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG (<i>levothyroxine sodium</i>)	NF	
TIROSINT-SOL ORAL SOLUTION 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 37.5 MCG/ML, 44 MCG/ML, 50 MCG/ML, 62.5 MCG/ML, 75 MCG/ML, 88 MCG/ML (<i>levothyroxine sodium</i>)	NF	
<i>levothyroxine sodium</i> (Unithroid Oral Tablet 100 Mcg, 112 Mcg, 125 Mcg, 137 Mcg, 150 Mcg, 175 Mcg, 200 Mcg, 25 Mcg, 300 Mcg, 50 Mcg, 75 Mcg, 88 Mcg)	G	
VASOPRESSINS - DRUGS TO REGULATE PITUITARY HORMONES		
DDAVP ORAL TABLET 0.1 MG, 0.2 MG (<i>desmopressin acetate</i>)	NPB	
<i>desmopressin ace spray refrig nasal solution 0.01 %</i>	G	
<i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i>	G	
<i>desmopressin acetate spray nasal solution 0.01 %</i>	G	
NOCDURNA SUBLINGUAL TABLET SUBLINGUAL 27.7 MCG, 55.3 MCG (<i>desmopressin acetate</i>)	NPB	
STIMATE NASAL SOLUTION 1.5 MG/ML (<i>desmopressin acetate</i>)	NPSP	
VASOSTRICT INTRAVENOUS SOLUTION 0.2 UNIT/ML, 0.4 UNIT/ML (<i>vasopressin</i>)	NPB	
VITAMINS - VITAMINS AND SUPPLEMENTS		
RAYALDEE ORAL CAPSULE EXTENDED RELEASE 30 MCG (<i>calcifediol</i>)	NPB	
GASTROINTESTINAL - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS		
ANTICHOLINERGICS		
CUVPOSA ORAL SOLUTION 1 MG/5ML (<i>glycopyrrolate</i>)	NPB	
<i>dicyclomine hcl oral capsule 10 mg</i>	G	
<i>dicyclomine hcl oral solution 10 mg/5ml</i>	G	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
<i>dicyclomine hcl oral tablet 20 mg</i>	G	
<i>ed-spaz oral tablet dispersible 0.125 mg</i>	G	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	G	
<i>glycopyrrolate oral tablet 1.5 mg</i>	NF	
GLYRX-PF INJECTION SOLUTION 0.2 MG/ML, 0.4 MG/2ML (<i>glycopyrrolate</i>)	NF	
<i>hyoscyamine sulfate er oral tablet extended release 12 hour 0.375 mg</i>	NF	
<i>hyoscyamine sulfate oral elixir 0.125 mg/5ml</i>	G	
<i>hyoscyamine sulfate oral solution 0.125 mg/ml</i>	G	
<i>hyoscyamine sulfate oral tablet 0.125 mg</i>	G	
<i>hyoscyamine sulfate oral tablet dispersible 0.125 mg</i>	G	
<i>hyoscyamine sulfate sublingual tablet sublingual 0.125 mg</i>	G	
LEVVID ORAL TABLET EXTENDED RELEASE 12 HOUR 0.375 MG (<i>hyoscyamine sulfate</i>)	NPB	
<i>methscopolamine bromide oral tablet 2.5 mg, 5 mg</i>	G	
<i>hyoscyamine sulfate (Nulev Oral Tablet Dispersible 0.125 Mg)</i>	G	
<i>oscimin oral tablet 0.125 mg</i>	G	
<i>oscimin sublingual tablet sublingual 0.125 mg</i>	G	
ANTIDIARRHEALS		
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml</i>	G	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	G	
LACTEROL ORAL CAPSULE (<i>probiotic product</i>)	NF	
<i>loperamide hcl oral capsule 2 mg</i>	G	
MOTOFEN ORAL TABLET 1-0.025 MG (<i>difenoxin-atropine</i>)	NF	
MYTESI ORAL TABLET DELAYED RELEASE 125 MG (<i>crofelemer</i>)	NF	
<i>opium oral tincture 10 mg/ml (1%)</i>	G	
VSL#3 DS ORAL PACKET (<i>probiotic product</i>)	NPB	
<i>zelaac oral capsule</i>	NF	
ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING		
AKYNZEO INTRAVENOUS SOLUTION 235-0.25 MG/20ML (<i>fosnetupitant-palonosetron</i>)	NPB	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month

01/01/2023

168

Prescription Drug Name	Drug Tier	Drug Notes
AKYNZEO INTRAVENOUS SOLUTION RECONSTITUTED 235-0.25 MG (<i>fosnetupitant-palonosetron</i>)	NPB	
AKYNZEO ORAL CAPSULE 300-0.5 MG (<i>netupitant-palonosetron</i>)	NPB	
ANZEMET ORAL TABLET 50 MG (<i>dolasetron mesylate</i>)	NPB	
<i>aprepitant oral capsule 125 mg, 40 mg, 80 & 125 mg, 80 mg</i>	G	
BONJESTA ORAL TABLET EXTENDED RELEASE 20-20 MG (<i>doxylamine-pyridoxine</i>)	NPB	
CINVANTI INTRAVENOUS EMULSION 130 MG/18ML (<i>aprepitant</i>)	NF	
<i>prochlorperazine (Compro Rectal Suppository 25 Mg)</i>	G	
DICLEGIS ORAL TABLET DELAYED RELEASE 10-10 MG (<i>doxylamine-pyridoxine</i>)	NPB	
<i>doxylamine-pyridoxine oral tablet delayed release 10-10 mg</i>	G	
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	G	
EMEND INTRAVENOUS SOLUTION RECONSTITUTED 150 MG (<i>fosaprepitant dimeglumine</i>)	NPB	
EMEND ORAL CAPSULE 80 MG (<i>aprepitant</i>)	NPB	
EMEND ORAL SUSPENSION RECONSTITUTED 125 MG/5ML (<i>aprepitant</i>)	NPB	
EMEND TRI-PACK ORAL CAPSULE 80 & 125 MG (<i>aprepitant</i>)	NPB	
<i>granisetron hcl oral tablet 1 mg</i>	G	
MARINOL ORAL CAPSULE 2.5 MG (<i>dronabinol</i>)	NPB	
<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>	G	
<i>metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml</i>	G	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	G	
<i>metoclopramide hcl oral tablet dispersible 5 mg</i>	G	
<i>ondansetron hcl oral solution 4 mg/5ml</i>	G	
<i>ondansetron hcl oral tablet 24 mg, 4 mg, 8 mg</i>	G	
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>	G	
<i>prochlorperazine edisylate injection solution 10 mg/2ml</i>	G	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	G	
<i>prochlorperazine rectal suppository 25 mg</i>	G	
<i>promethazine hcl oral syrup 6.25 mg/5ml</i>	G	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>	G	
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	G	
<i>promethazine hcl (Promethegan Rectal Suppository 12.5 Mg, 25 Mg)</i>	G	
PROMETHEGAN RECTAL SUPPOSITORY 50 MG (<i>promethazine hcl</i>)	G	
SANCUSO TRANSDERMAL PATCH 3.1 MG/24HR (<i>granisetron</i>)	PB	
<i>scopolamine transdermal patch 72 hour 1 mg/3days</i>	G	
SUSTOL SUBCUTANEOUS PREFILLED SYRINGE 10 MG/0.4ML (<i>granisetron</i>)	NF	
SYNDROS ORAL SOLUTION 5 MG/ML (<i>dronabinol</i>)	NF	
TRANSDERM-SCOP TRANSDERMAL PATCH 72 HOUR 1 MG/3DAYS (<i>scopolamine base</i>)	NF	
<i>trimethobenzamide hcl oral capsule 300 mg</i>	G	
VARUBI (180 MG DOSE) ORAL TABLET THERAPY PACK 2 X 90 MG (<i>rolapitant hcl</i>)	NPB	
ANTISPASMODICS - DRUGS FOR MUSCLE SPASM		
<i>belladonna alkaloids-opium rectal suppository 16.2-30 mg, 16.2-60 mg</i>	NPB	
<i>chlordiazepoxide-clidinium oral capsule 5-2.5 mg</i>	NF	
LIBRAX ORAL CAPSULE 5-2.5 MG (<i>chlordiazepoxide-clidinium</i>)	NF	
H2-RECEPTOR ANTAGONISTS - DRUGS FOR ULCERS AND STOMACH ACID		
<i>cimetidine hcl oral solution 300 mg/5ml</i>	G	
<i>cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg</i>	G	
<i>eq famotidine max st oral tablet 20 mg</i>	G	
<i>famotidine oral suspension reconstituted 40 mg/5ml</i>	G	
<i>famotidine oral tablet 20 mg, 40 mg</i>	G	
<i>nizatidine oral capsule 150 mg, 300 mg</i>	G	
INFLAMMATORY BOWEL DISEASE - BOWEL, INTESTINE, AND STOMACH CONDITION DRUGS		
APRISO ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.375 GM (<i>mesalamine</i>)	NPB	
ASACOL HD ORAL TABLET DELAYED RELEASE 800 MG (<i>mesalamine</i>)	NF	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month

01/01/2023

170

Prescription Drug Name	Drug Tier	Drug Notes
AZULFIDINE EN-TABS ORAL TABLET DELAYED RELEASE 500 MG (<i>sulfasalazine</i>)	NPB	
AZULFIDINE ORAL TABLET 500 MG (<i>sulfasalazine</i>)	NPB	
<i>balsalazide disodium oral capsule 750 mg</i>	G	
<i>budesonide er oral tablet extended release 24 hour 9 mg</i>	NF	
<i>budesonide oral capsule delayed release particles 3 mg</i>	G	
COLAZAL ORAL CAPSULE 750 MG (<i>balsalazide disodium</i>)	NF	
CORTIFOAM EXTERNAL FOAM 10 % (<i>hydrocortisone acetate</i>)	PB	
DELZICOL ORAL CAPSULE DELAYED RELEASE 400 MG (<i>mesalamine</i>)	NF	
DIPENTUM ORAL CAPSULE 250 MG (<i>olsalazine sodium</i>)	NPB	
<i>hydrocortisone rectal enema 100 mg/60ml</i>	G	
LIALDA ORAL TABLET DELAYED RELEASE 1.2 GM (<i>mesalamine</i>)	NF	
<i>mesalamine er oral capsule extended release 24 hour 0.375 gm</i>	G	
<i>mesalamine oral capsule delayed release 400 mg</i>	G	
<i>mesalamine oral tablet delayed release 1.2 gm, 800 mg</i>	G	
<i>mesalamine rectal enema 4 gm</i>	G	
<i>mesalamine rectal suppository 1000 mg</i>	G	
<i>mesalamine-cleanser rectal kit 4 gm</i>	G	
ORTIKOS ORAL CAPSULE EXTENDED RELEASE 24 HOUR 6 MG, 9 MG (<i>budesonide</i>)	NF	
PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG, 500 MG (<i>mesalamine</i>)	NF	
SFROWASA RECTAL ENEMA 4 GM/60ML (<i>mesalamine</i>)	NPB	
<i>sulfasalazine oral tablet 500 mg</i>	G	
<i>sulfasalazine oral tablet delayed release 500 mg</i>	G	
UCERIS ORAL TABLET EXTENDED RELEASE 24 HOUR 9 MG (<i>budesonide</i>)	PB	
UCERIS RECTAL FOAM 2 MG/ACT (<i>budesonide</i>)	NPB	
IRRITABLE BOWEL SYNDROME		
TRULANCE ORAL TABLET 3 MG (<i>plecanatide</i>)	NPB	
VIBERZI ORAL TABLET 100 MG, 75 MG (<i>eluxadoline</i>)	PB	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
IRRITABLE BOWEL SYNDROME WITH CONSTIPATION		
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG (lubiprostone)	NF	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG (linaclotide)	PB	
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	G	
IRRITABLE BOWEL SYNDROME WITH DIARRHEA		
<i>alosetron hcl oral tablet 0.5 mg, 1 mg</i>	G	
LOTRONEX ORAL TABLET 0.5 MG, 1 MG (alosetron hcl)	NPB	
LAXATIVES - DRUGS FOR CONSTIPATION		
CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM - GM/160ML (sod picosulfate-mag ox-cit acid)	CE	
<i>constulose oral solution 10 gm/15ml</i>	G	
<i>enulose oral solution 10 gm/15ml</i>	G	
<i>generlac oral solution 10 gm/15ml</i>	G	
GIALAX ORAL KIT (polyethylene glycol 3350)	NF	
GOLYTELY ORAL SOLUTION RECONSTITUTED 236 GM (peg 3350-kcl-nabcb-nacl-nasulf)	NF	
KRISTALOSE ORAL PACKET 10 GM, 20 GM (lactulose)	NPB	
<i>lactulose encephalopathy oral solution 10 gm/15ml</i>	G	
<i>lactulose oral packet 10 gm</i>	NF	
<i>lactulose oral solution 10 gm/15ml, 20 gm/30ml</i>	G	
MOVIPREP ORAL SOLUTION RECONSTITUTED 100 GM (peg-kcl-nacl-nasulf-na asc-c)	NF	
<i>na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml</i>	CE	
OSMOPREP ORAL TABLET 1.102-0.398 GM (sod phos mono-sod phos dibasic)	NF	
<i>peg-3350/electrolytes/lascorbat oral solution reconstituted 100 gm</i>	CE	
<i>peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted 100 gm</i>	CE	
PEG-PREP ORAL KIT 5-210 MG-GM (bisacodyl-peg-kcl- nabicar-nacl)	CE	
PLENVU ORAL SOLUTION RECONSTITUTED 140 GM (peg-kcl-nacl-nasulf-na asc-c)	CE	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month

01/01/2023

172

Prescription Drug Name	Drug Tier	Drug Notes
SUPREP BOWEL PREP KIT ORAL SOLUTION 17.5-3.13-1.6 GM/177ML (<i>na sulfate-k sulfate-mg sulf</i>)	NF	
SUTAB ORAL TABLET 1479-225-188 MG (<i>sodium sulfate-mag sulfate-kcl</i>)	CE	
MISCELLANEOUS		
CARAFATE ORAL SUSPENSION 1 GM/10ML (<i>sucralfate</i>)	NF	
CARAFATE ORAL TABLET 1 GM (<i>sucralfate</i>)	NF	
CHENODAL ORAL TABLET 250 MG (<i>chenodiol</i>)	NPSP	
CHOLBAM ORAL CAPSULE 250 MG, 50 MG (<i>cholic acid</i>)	NPSP	
<i>cromolyn sodium oral concentrate 100 mg/5ml</i>	G	
ENTEREG ORAL CAPSULE 12 MG (<i>alvimopan</i>)	NPB	
GATTEX SUBCUTANEOUS KIT 5 MG (<i>teduglutide (rdna)</i>)	NPSP	
LIVMARLI ORAL SOLUTION 9.5 MG/ML (<i>maralixibat chloride</i>)	NPSP	
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	G	
MOTEGRITY ORAL TABLET 1 MG, 2 MG (<i>prucalopride succinate</i>)	NF	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG (<i>naloxegol oxalate</i>)	NF	
OALIVA ORAL TABLET 10 MG, 5 MG (<i>obeticholic acid</i>)	NPSP	
RELISTOR ORAL TABLET 150 MG (<i>methylnaltrexone bromide</i>)	NPB	
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML (<i>methylnaltrexone bromide</i>)	NPB	
RELTONE ORAL CAPSULE 200 MG, 400 MG (<i>ursodiol</i>)	NF	
SUCRAID ORAL SOLUTION 8500 UNIT/ML (<i>sacrosidase</i>)	NPSP	
<i>sucralfate oral suspension 1 gm/10ml</i>	NF	
<i>sucralfate oral tablet 1 gm</i>	G	
SYMPROIC ORAL TABLET 0.2 MG (<i>naldemedine tosylate</i>)	PB	
<i>ursodiol oral capsule 200 mg, 400 mg</i>	NF	
<i>ursodiol oral capsule 300 mg</i>	G	
<i>ursodiol oral tablet 250 mg, 500 mg</i>	G	
URSODIOL+SYRSPEND SF ORAL SUSPENSION 30 MG/ML (<i>ursodiol</i>)	NF	
XERMELO ORAL TABLET 250 MG (<i>telotristat etiprate</i>)	NPSP	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
PANCREATIC ENZYMES		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	PB	
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500-35500 UNIT, 16800-56800 UNIT, 21000-54700 UNIT, 2600-8800 UNIT, 37000-97300 UNIT, 4200-14200 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	NPB	
PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES 16000-57500 UNIT, 24000-86250 UNIT, 4000-14375 UNIT, 8000-28750 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	NPB	
VIOKACE ORAL TABLET 10440-39150 UNIT, 20880-78300 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	PB	
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	PB	
PROTON PUMP INHIBITORS - DRUGS FOR ULCERS AND STOMACH ACID		
ACIPHEX ORAL TABLET DELAYED RELEASE 20 MG (<i>rabeprazole sodium</i>)	NF	
DEXILANT ORAL CAPSULE DELAYED RELEASE 30 MG, 60 MG (<i>dexlansoprazole</i>)	NF	
<i>dexlansoprazole oral capsule delayed release 30 mg, 60 mg</i>	NF	
<i>esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg</i>	G	
<i>lansoprazole oral capsule delayed release 15 mg, 30 mg</i>	G	
<i>lansoprazole oral tablet delayed release dispersible 15 mg, 30 mg</i>	NF	
NEXIUM ORAL CAPSULE DELAYED RELEASE 20 MG, 40 MG (<i>esomeprazole magnesium</i>)	NF	
NEXIUM ORAL PACKET 10 MG, 2.5 MG, 20 MG, 40 MG, 5 MG (<i>esomeprazole magnesium</i>)	NF	
<i>omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg</i>	G	
<i>omeprazole-sodium bicarbonate oral capsule 20-1100 mg, 40-1100 mg</i>	NF	
<i>omeprazole-sodium bicarbonate oral packet 20-1680 mg, 40-1680 mg</i>	NF	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month

01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
<i>pantoprazole sodium oral packet 40 mg</i>	NF	
<i>pantoprazole sodium oral tablet delayed release 20 mg, 40 mg</i>	G	
PREVACID ORAL CAPSULE DELAYED RELEASE 30 MG (<i>lansoprazole</i>)	NF	
PREVACID SOLUTAB ORAL TABLET DELAYED RELEASE DISPERSIBLE 15 MG, 30 MG (<i>lansoprazole</i>)	NF	
PRILOSEC ORAL PACKET 10 MG, 2.5 MG (<i>omeprazole magnesium</i>)	NF	
PROTONIX ORAL PACKET 40 MG (<i>pantoprazole sodium</i>)	NF	
PROTONIX ORAL TABLET DELAYED RELEASE 20 MG, 40 MG (<i>pantoprazole sodium</i>)	NF	
<i>rabeprazole sodium oral capsule sprinkle 10 mg</i>	NPB	
<i>rabeprazole sodium oral tablet delayed release 20 mg</i>	G	
ZEGERID ORAL CAPSULE 20-1100 MG, 40-1100 MG (<i>omeprazole-sodium bicarbonate</i>)	NF	
ZEGERID ORAL PACKET 20-1680 MG, 40-1680 MG (<i>omeprazole-sodium bicarbonate</i>)	NF	
RECTAL, CORTICOSTEROIDS		
<i>hydrocortisone (perianal) external cream 1 %, 2.5 %</i>	G	
<i>hydrocortisone ace-pramoxine external cream 1-1 %</i>	G	
PROCORT EXTERNAL CREAM 1.85-1.15 % (<i>hydrocortisone ace-pramoxine</i>)	NPB	
PROCTOFOAM HC EXTERNAL FOAM 1-1 % (<i>hydrocortisone ace-pramoxine</i>)	PB	
<i>hydrocortisone (Procto-Med Hc External Cream 2.5 %)</i>	G	
<i>hydrocortisone (Procto-Pak External Cream 1 %)</i>	G	
<i>hydrocortisone (Proctozone-Hc External Cream 2.5 %)</i>	G	
ULCER THERAPY COMBINATIONS		
<i>amoxicill-clarithro-lansopraz oral</i>	G	
OMECLAMOX-PAK ORAL 500-500-20 MG (<i>amoxicill-clarithro-omeprazole</i>)	NPB	
PYLERA ORAL CAPSULE 140-125-125 MG (<i>bis subcit-metronid-tetracyc</i>)	PB	
TALICIA ORAL CAPSULE DELAYED RELEASE 250-12.5-10 MG (<i>amoxicill-rifabutin-omeprazole</i>)	PB	
VOQUEZNA DUAL PAK ORAL THERAPY PACK 500-20 MG (<i>amoxicillin-vonoprazan</i>)	NPB	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
VOQUEZNA TRIPLE PAK ORAL THERAPY PACK 500-500-20 MG (<i>amoxicill-clarithro-vonoprazan</i>)	NPB	
GENITOURINARY - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS		
BENIGN PROSTATIC HYPERPLASIA - DRUGS TO TREAT ENLARGED PROSTATE		
<i>alfuzosin hcl er oral tablet extended release 24 hour 10 mg</i>	G	
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG (<i>doxazosin mesylate</i>)	NPB	
<i>dutasteride oral capsule 0.5 mg</i>	G	
<i>dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg</i>	G	
<i>finasteride oral tablet 5 mg</i>	G	
JALYN ORAL CAPSULE 0.5-0.4 MG (<i>dutasteride-tamsulosin hcl</i>)	NF	
PROSCAR ORAL TABLET 5 MG (<i>finasteride</i>)	NPB	
RAPAFLO ORAL CAPSULE 4 MG, 8 MG (<i>silodosin</i>)	NF	
<i>silodosin oral capsule 4 mg, 8 mg</i>	G	
<i>tamsulosin hcl oral capsule 0.4 mg</i>	G	
UROXATRAL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG (<i>alfuzosin hcl</i>)	NF	
CONTRACEPTIVES - PRODUCTS FOR BIRTH CONTROL		
ENCARE VAGINAL SUPPOSITORY 100 MG (<i>nonoxynol-9</i>)	CE	
OPTIONS GYNOL II CONTRACEPTIVE VAGINAL GEL 3 % (<i>nonoxynol-9</i>)	CE	
PHEXXI VAGINAL GEL 1.8-1-0.4 % (<i>lactic ac-citric ac-pot bitart</i>)	CE	
SHUR-SEAL CONTRACEPTIVE VAGINAL GEL 2 % (<i>nonoxynol-9</i>)	CE	
TODAY SPONGE VAGINAL 1000 MG (<i>nonoxynol-9</i>)	CE	
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM 28 % (<i>nonoxynol-9</i>)	CE	
VCF VAGINAL CONTRACEPTIVE VAGINAL FOAM 12.5 % (<i>nonoxynol-9</i>)	CE	
VCF VAGINAL CONTRACEPTIVE VAGINAL GEL 4 % (<i>nonoxynol-9</i>)	CE	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month

01/01/2023

176

Prescription Drug Name	Drug Tier	Drug Notes
ERECTILE DYSFUNCTION		
<i>bi-mix intracavernosal solution reconstituted 150-5 mg</i>	NF	SPC
CIALIS ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG (<i>tadalafil</i>)	NF	SPC
<i>quad-mix intracavernosal solution reconstituted 150-10-0.1-1 mg</i>	NF	
STENDRA ORAL TABLET 100 MG, 200 MG, 50 MG (<i>avanafil</i>)	NF	SPC
<i>super bi-mix intracavernosal solution reconstituted 150-10 mg</i>	NF	SPC
<i>super quad-mix intracavernosal solution reconstituted 150-20-0.2-2 mg</i>	NF	SPC
<i>super tri-mix intracavernosal solution reconstituted 150-10-100 mg-mg-mcg</i>	NF	SPC
<i>tri-mix intracavernosal solution reconstituted 150-5-50 mg-mg-mcg</i>	NF	
VIAGRA ORAL TABLET 100 MG, 25 MG, 50 MG (<i>sildenafil citrate</i>)	NF	SPC
ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES		
FEMRING VAGINAL RING 0.05 MG/24HR, 0.1 MG/24HR (<i>estradiol acetate</i>)	NF	
MISCELLANEOUS		
<i>cytra k crystals oral packet 3300-1002 mg</i>	G	
ELMIRON ORAL CAPSULE 100 MG (<i>pentosan polysulfate sodium</i>)	NF	
LITHOSTAT ORAL TABLET 250 MG (<i>acetohydroxamic acid</i>)	NF	
ORACIT ORAL SOLUTION 490-640 MG/5ML (<i>sod citrate-citric acid</i>)	NPB	
<i>phenazopyridine hcl (Phenazo Oral Tablet 200 Mg)</i>	G	
<i>pot & sod cit-cit ac oral solution 550-500-334 mg/5ml</i>	G	
<i>potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)</i>	G	
<i>potassium citrate-citric acid oral solution 1100-334 mg/5ml</i>	G	
PROCYSBI ORAL CAPSULE DELAYED RELEASE 25 MG, 75 MG (<i>cysteamine bitartrate</i>)	NF	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month

01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
PROCYSBI ORAL PACKET 300 MG, 75 MG (<i>cysteamine bitartrate</i>)	NF	
RIMSO-50 INTRAVESICAL SOLUTION 50 % (<i>dimethyl sulfoxide</i>)	NF	
<i>sod citrate-citric acid oral solution 500-334 mg/5ml</i>	G	
THIOLA EC ORAL TABLET DELAYED RELEASE 100 MG, 300 MG (<i>tiopronin</i>)	NF	
THIOLA ORAL TABLET 100 MG (<i>tiopronin</i>)	NF	
<i>tricitrates oral solution 550-500-334 mg/5ml</i>	G	
PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES		
ENDOMETRIN VAGINAL INSERT 100 MG (<i>progesterone</i>)	PB	
URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	G	
<i>darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg, 7.5 mg</i>	G	
DETROL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 2 MG, 4 MG (<i>tolterodine tartrate</i>)	NF	
<i>flavoxate hcl oral tablet 100 mg</i>	G	
GELNIQUE TRANSDERMAL GEL 10 % (<i>oxybutynin chloride</i>)	NPB	
GEMTESA ORAL TABLET 75 MG (<i>vibegron</i>)	PB	
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER 8 MG/ML (<i>mirabegron</i>)	NF	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG (<i>mirabegron</i>)	NF	
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg</i>	G	
<i>oxybutynin chloride oral syrup 5 mg/5ml</i>	G	
<i>oxybutynin chloride oral tablet 5 mg</i>	G	
OXYTROL FOR WOMEN TRANSDERMAL PATCH TWICE WEEKLY 3.9 MG/24HR (<i>oxybutynin</i>)	NF	
OXYTROL TRANSDERMAL PATCH TWICE WEEKLY 3.9 MG/24HR (<i>oxybutynin</i>)	NF	
<i>solifenacin succinate oral tablet 10 mg, 5 mg</i>	G	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month

01/01/2023

178

Prescription Drug Name	Drug Tier	Drug Notes
<i>tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg</i>	G	
<i>tolterodine tartrate oral tablet 1 mg, 2 mg</i>	G	
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG (<i>fesoterodine fumarate</i>)	NF	
<i>trospium chloride er oral capsule extended release 24 hour 60 mg</i>	G	
<i>trospium chloride oral tablet 20 mg</i>	G	
VESICARE LS ORAL SUSPENSION 5 MG/5ML (<i>solifenacin succinate</i>)	NPB	
VAGINAL ANTI-INFECTIVES - DRUGS TO TREAT VAGINAL INFECTIONS		
CLEOCIN VAGINAL SUPPOSITORY 100 MG (<i>clindamycin phosphate</i>)	NPB	
<i>clindamycin phosphate vaginal cream 2 %</i>	G	
CLINDESSE VAGINAL CREAM 2 % (<i>clindamycin phosphate (1 dose)</i>)	NPB	
GYNAZOLE-1 VAGINAL CREAM 2 % (<i>butoconazole nitrate (1 dose)</i>)	NPB	
<i>metronidazole vaginal gel 0.75 %</i>	G	
<i>miconazole 3 vaginal suppository 200 mg</i>	G	
NUVESSA VAGINAL GEL 1.3 % (<i>metronidazole</i>)	NF	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	G	
<i>terconazole vaginal suppository 80 mg</i>	G	
HEMATOLOGIC - DRUGS TO TREAT BLOOD DISORDERS		
ANTICOAGULANTS - BLOOD THINNERS		
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG (<i>apixaban</i>)	PB	
ELIQUIS ORAL TABLET 2.5 MG, 5 MG (<i>apixaban</i>)	PB	
<i>enoxaparin sodium injection solution 300 mg/3ml</i>	G	
<i>enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 120 mg/0.8ml, 150 mg/ml, 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml</i>	G	
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml</i>	G	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
FRAGMIN SUBCUTANEOUS SOLUTION 95000 UNIT/3.8ML (<i>dalteparin sodium</i>)	PB	
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNIT/0.72ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML (<i>dalteparin sodium</i>)	PB	
<i>heparin sod (porcine) in d5w intravenous solution 100 unit/ml, 25000-5 ut/500ml-%</i>	NF	
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	G	
<i>heparin sodium (porcine) pf injection solution 5000 unit/0.5ml</i>	G	
<i>hepmed combination kit 100&0.9&2.5-2.5 ut/ml&%</i>	NF	
<i>warfarin sodium (Jantoven Oral Tablet 1 Mg, 10 Mg, 2 Mg, 2.5 Mg, 3 Mg, 4 Mg, 5 Mg, 6 Mg, 7.5 Mg)</i>	G	LGC
LOVENOX INJECTION SOLUTION 300 MG/3ML (<i>enoxaparin sodium</i>)	NPB	
LOVENOX INJECTION SOLUTION PREFILLED SYRINGE 100 MG/ML, 120 MG/0.8ML, 150 MG/ML, 30 MG/0.3ML, 40 MG/0.4ML, 60 MG/0.6ML, 80 MG/0.8ML (<i>enoxaparin sodium</i>)	NPB	
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG (<i>dabigatran etexilate mesylate</i>)	NF	
SAVAYSA ORAL TABLET 15 MG, 30 MG, 60 MG (<i>edoxaban tosylate</i>)	NF	
<i>warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	G	LGC
XARELTO ORAL SUSPENSION RECONSTITUTED 1 MG/ML (<i>rivaroxaban</i>)	PB	
XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG (<i>rivaroxaban</i>)	PB	
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG (<i>rivaroxaban</i>)	PB	
BLEEDING DISORDERS AGENTS		
ALPHANATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT (<i>antihemophilic factor-vwf</i>)	NPSP	
CABLIVI INJECTION KIT 11 MG (<i>caplacizumab-yhdp</i>)	NF	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month

01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
COAGADEX INTRAVENOUS SOLUTION RECONSTITUTED 250 UNIT, 500 UNIT (<i>coagulation factor x (human)</i>)	NPSP	
FEIBA INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2500 UNIT, 500 UNIT (<i>antiinhibitor coagulant cmplx</i>)	NF	
HUMATE-P INTRAVENOUS SOLUTION RECONSTITUTED 1000-2400 UNIT, 250-600 UNIT, 500-1200 UNIT (<i>antihemophilic factor-vwf</i>)	NPSP	
NOVOSEVEN RT INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 2 MG, 5 MG, 8 MG (<i>coagulation factor viia recomb</i>)	PSP	
SEVENFACT INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 5 MG (<i>coagulation factor viia-jncw</i>)	PSP	
VONVENDI INTRAVENOUS SOLUTION RECONSTITUTED 1300 UNIT, 650 UNIT (<i>von willebrand factor (recomb)</i>)	NF	
WILATE INTRAVENOUS KIT 1000-1000 UNIT, 500-500 UNIT (<i>antihemophilic factor-vwf</i>)	NPSP	
HEMATOPOIETIC GROWTH FACTORS		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML (<i>darbepoetin alfa</i>)	NF	
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 25 MCG/0.42ML, 300 MCG/0.6ML, 40 MCG/0.4ML, 500 MCG/ML, 60 MCG/0.3ML (<i>darbepoetin alfa</i>)	NF	
DOPTELET ORAL TABLET 20 MG (<i>avatrombopag maleate</i>)	PSP	
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML (<i>epoetin alfa</i>)	NF	
FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (<i>pegfilgrastim-jmdb</i>)	NF	
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML, 480 MCG/1.6ML (<i>tbo-filgrastim</i>)	NF	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
GRANIX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (<i>tbo-filgrastim</i>)	NF	
LEUKINE INJECTION SOLUTION RECONSTITUTED 250 MCG (<i>sargramostim</i>)	NF	
MIRCERA INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.3ML, 150 MCG/0.3ML, 200 MCG/0.3ML, 30 MCG/0.3ML, 50 MCG/0.3ML, 75 MCG/0.3ML (<i>methoxy peg-epoetin beta</i>)	NF	
MULPLETA ORAL TABLET 3 MG (<i>lusutrombopag</i>)	NPSP	
NEULASTA ONPRO SUBCUTANEOUS PREFILLED SYRINGE KIT 6 MG/0.6ML (<i>pegfilgrastim</i>)	NF	
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (<i>pegfilgrastim</i>)	NF	
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML (<i>filgrastim</i>)	NF	
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (<i>filgrastim</i>)	NF	
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML (<i>filgrastim-aafi</i>)	PSP	
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (<i>filgrastim-aafi</i>)	PSP	
NPLATE SUBCUTANEOUS SOLUTION RECONSTITUTED 125 MCG, 250 MCG, 500 MCG (<i>romiplostim</i>)	NF	
NYVEPRIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (<i>pegfilgrastim-apgf</i>)	NF	
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML (<i>epoetin alfa</i>)	NF	
PROMACTA ORAL PACKET 12.5 MG, 25 MG (<i>eltrombopag olamine</i>)	PSP	
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG (<i>eltrombopag olamine</i>)	PSP	
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML (<i>epoetin alfa-epbx</i>)	PSP	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month

01/01/2023

182

Prescription Drug Name	Drug Tier	Drug Notes
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (<i>pegfilgrastim-cbqv</i>)	NF	
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (<i>filgrastim-sndz</i>)	NF	
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (<i>pegfilgrastim-bmez</i>)	PSP	
HEMOPHILIA A AGENTS		
ADVATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (<i>antihemophil factor (rahf-pfm)</i>)	PSP	
<i>adynovate intravenous solution reconstituted 1000 unit, 1500 unit, 2000 unit, 250 unit, 3000 unit, 500 unit, 750 unit</i>	PSP	
AFSTYLA INTRAVENOUS KIT 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 500 UNIT (<i>antihemophil fact single chain</i>)	PSP	
ELOCTATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT, 5000 UNIT, 6000 UNIT, 750 UNIT (<i>antihem fact (bdd-rfviiiifc)</i>)	PSP	
ESPEROCT INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT (<i>antihemoph fact rcmb gpeg-exei</i>)	PSP	
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 150 MG/ML, 30 MG/ML, 60 MG/0.4ML (<i>emicizumab-kxwh</i>)	NPSP	
HEMOFIL M INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1700 UNIT, 250 UNIT, 500 UNIT (<i>antihemophilic factor</i>)	NPSP	
JIVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT (<i>ahf (bdd-rfviii peg-aucl)</i>)	PSP	
KOATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 250 UNIT, 500 UNIT (<i>antihemophilic factor</i>)	NPSP	
KOATE-DVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 500 UNIT (<i>antihemophilic factor</i>)	NPSP	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
KOGENATE FS INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (<i>antihem factor recomb (rfviii)</i>)	PSP	
KOVALTRY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (<i>antihemophil factor (rahf-pfm)</i>)	PSP	
NOVOEIGHT INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (<i>antihemophil fact bd truncated</i>)	PSP	
NUWIQ INTRAVENOUS KIT 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (<i>antihem fact (bdd-rfviii,sim)</i>)	PSP	
NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (<i>antihem fact (bdd-rfviii,sim)</i>)	PSP	
<i>obizur intravenous solution reconstituted 500 unit</i>	NF	
RECOMBINATE INTRAVENOUS SOLUTION RECONSTITUTED 1241-1800 UNIT, 1801-2400 UNIT, 220-400 UNIT, 401-800 UNIT, 801-1240 UNIT (<i>antihem factor recomb (rfviii)</i>)	NPSP	
XYNTHA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT (<i>antihem fact (bdd-rfviii,mor)</i>)	PSP	
XYNTHA SOLOFUSE INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (<i>antihem fact (bdd-rfviii,mor)</i>)	PSP	
HEMOPHILIA B AGENTS		
ALPHANINE SD INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT (<i>coagulation factor ix</i>)	NPSP	
ALPROLIX INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (<i>coagulation factor ix (rfixfc)</i>)	PSP	
BENEFIX INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (<i>coagulation factor ix (recomb)</i>)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
IDELVION INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3500 UNIT, 500 UNIT (<i>coagulation factor ix (rix-fp)</i>)	NPSP	
IXINITY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (<i>coagulation factor ix (recomb)</i>)	NF	
PROFILNINE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT (<i>factor ix complex</i>)	NPSP	
REBINYN INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 500 UNIT (<i>coagulation factor ix glycopeg</i>)	PSP	
<i>rixubis intravenous solution reconstituted 1000 unit, 2000 unit, 250 unit, 3000 unit, 500 unit</i>	NF	
MISCELLANEOUS		
AMICAR ORAL SOLUTION 0.25 GM/ML (<i>aminocaproic acid</i>)	NF	
<i>aminocaproic acid oral tablet 1000 mg, 500 mg</i>	G	
<i>anagrelide hcl oral capsule 0.5 mg, 1 mg</i>	G	
<i>cilostazol oral tablet 100 mg, 50 mg</i>	G	
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG (<i>hydroxyurea</i>)	NPB	
ENDARI ORAL PACKET 5 GM (<i>glutamine (sickle cell)</i>)	PSP	
OXBRYTA ORAL TABLET 500 MG (<i>voxelotor</i>)	NF	
OXBRYTA ORAL TABLET SOLUBLE 300 MG (<i>voxelotor</i>)	NF	
<i>pentoxifylline er oral tablet extended release 400 mg</i>	G	
SIKLOS ORAL TABLET 100 MG, 1000 MG (<i>hydroxyurea</i>)	PB	
TAVALISSE ORAL TABLET 100 MG, 150 MG (<i>fostamatinib disodium</i>)	PSP	
TAVNEOS ORAL CAPSULE 10 MG (<i>avacopan</i>)	NPSP	
<i>tranexamic acid oral tablet 650 mg</i>	G	
PAROXYSMAL NOCTURNAL HEMOGLOBINURIA (PNH) AGENTS		
EMPAVELI SUBCUTANEOUS SOLUTION 1080 MG/20ML (<i>pegcetacoplan</i>)	PSP	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
PLATELET AGGREGATION INHIBITORS - BLOOD THINNERS		
<i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i>	G	
BRILINTA ORAL TABLET 60 MG, 90 MG (<i>ticagrelor</i>)	PB	
<i>clopidogrel bisulfate oral tablet 300 mg, 75 mg</i>	G	
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	G	
EFFIENT ORAL TABLET 10 MG, 5 MG (<i>prasugrel hcl</i>)	NPB	
PLAVIX ORAL TABLET 75 MG (<i>clopidogrel bisulfate</i>)	NF	
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i>	G	
YOSPRALA ORAL TABLET DELAYED RELEASE 325-40 MG, 81-40 MG (<i>aspirin-omeprazole</i>)	NF	
ZONTIVITY ORAL TABLET 2.08 MG (<i>vorapaxar sulfite</i>)	NF	
VITAMINS - VITAMINS AND SUPPLEMENTS		
NASCOBAL NASAL SOLUTION 500 MCG/0.1ML (<i>cyanocobalamin</i>)	NPB	
IMMUNOLOGIC AGENTS - DRUGS TO TREAT DISORDERS OF THE IMMUNE SYSTEM		
ALLERGENIC EXTRACTS		
GRASTEK SUBLINGUAL TABLET SUBLINGUAL 2800 BAU (<i>timothy grass pollen allergen</i>)	PB	
ODACTRA SUBLINGUAL TABLET SUBLINGUAL 12 SQ-HDM (<i>dust mite mixed allergen ext</i>)	NPB	
ORALAIR SUBLINGUAL TABLET SUBLINGUAL 300 IR (<i>grass mix pollens allergen ext</i>)	PB	
PALFORZIA (12 MG DAILY DOSE) ORAL 2 X 1 MG & 10 MG (<i>peanut powder-dnfp</i>)	NF	
PALFORZIA (120 MG DAILY DOSE) ORAL 20 MG & 100 MG (<i>peanut powder-dnfp</i>)	NF	
PALFORZIA (160 MG DAILY DOSE) ORAL 3 X 20 MG & 100 MG (<i>peanut powder-dnfp</i>)	NF	
PALFORZIA (20 MG DAILY DOSE) ORAL 20 MG (<i>peanut powder-dnfp</i>)	NF	
PALFORZIA (200 MG DAILY DOSE) ORAL 2 X 100 MG (<i>peanut powder-dnfp</i>)	NF	
PALFORZIA (240 MG DAILY DOSE) ORAL 2 X 20 MG & 2 X 100 MG (<i>peanut powder-dnfp</i>)	NF	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month

01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
PALFORZIA (3 MG DAILY DOSE) ORAL 3 X 1 MG (peanut powder-dnfp)	NF	
PALFORZIA (300 MG MAINTENANCE) ORAL PACKET 300 MG (peanut powder-dnfp)	NF	
PALFORZIA (300 MG TITRATION) ORAL PACKET 300 MG (peanut powder-dnfp)	NF	
PALFORZIA (40 MG DAILY DOSE) ORAL 2 X 20 MG (peanut powder-dnfp)	NF	
PALFORZIA (6 MG DAILY DOSE) ORAL 6 X 1 MG (peanut powder-dnfp)	NF	
PALFORZIA (80 MG DAILY DOSE) ORAL 4 X 20 MG (peanut powder-dnfp)	NF	
PALFORZIA INITIAL ESCALATION ORAL 0.5 & 1 & 1.5 & 3 & 6 MG (peanut powder-dnfp)	NF	
RAGWITEK SUBLINGUAL TABLET SUBLINGUAL 12 AMB A 1-U (short ragweed pollen ext)	PB	
sorrelldock mix subcutaneous solution 1:20	NF	
AUTOIMMUNE AGENTS (PHYSICIAN- ADMINISTERED)		
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML (tocilizumab)	NF	
AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (infliximab-axxq)	NF	
ENTYVIO INTRAVENOUS SOLUTION RECONSTITUTED 300 MG (vedolizumab)	NF	IBC (Available as NPSP with PA for Ulcerative Colitis)
INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (infliximab-dyyb)	NF	
ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED 250 MG (abatacept)	NF	
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (infliximab)	PSP	
RENFLIXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (infliximab-abda)	NF	
SIMPONI ARIA INTRAVENOUS SOLUTION 50 MG/4ML (golimumab)	PSP	
SKYRIZI INTRAVENOUS SOLUTION 600 MG/10ML (risankizumab-rzaa)	PSP	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
STELARA INTRAVENOUS SOLUTION 130 MG/26ML (<i>ustekinumab</i>)	PSP	
AUTOIMMUNE AGENTS (SELF-ADMINISTERED)		
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML (<i>tocilizumab</i>)	NF	
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML (<i>tocilizumab</i>)	NF	
CIMZIA PREFILLED SUBCUTANEOUS PREFILLED SYRINGE KIT 2 X 200 MG/ML (<i>certolizumab pegol</i>)	PSP	IBC (Preferred agent for Non-radiographical Axial Spondyloarthritis and preferred agent for Ankylosing Spondylitis, Crohn's, Psoriasis, Psoriatic Arthritis, and Rheumatoid Arthritis after the failure of two preferred agents.)
CIMZIA STARTER KIT SUBCUTANEOUS PREFILLED SYRINGE KIT 6 X 200 MG/ML (<i>certolizumab pegol</i>)	PSP	IBC (Preferred agent for Non-radiographical Axial Spondyloarthritis and preferred agent for Ankylosing Spondylitis, Crohn's, Psoriasis, Psoriatic Arthritis, and Rheumatoid Arthritis after the failure of two preferred agents.)
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG (<i>certolizumab pegol</i>)	NF	
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>secukinumab</i>)	PSP	IBC (Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis and Non-radiographical Axial Spondyloarthritis. Not covered for Psoriasis)
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (<i>secukinumab</i>)	PSP	IBC (Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis and Non-radiographical Axial Spondyloarthritis. Not covered for Psoriasis)

Prescription Drug Name	Drug Tier	Drug Notes
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (<i>secukinumab</i>)	PSP	IBC (Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis and Non-radiographical Axial Spondyloarthritis. Not covered for Psoriasis)
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML (<i>secukinumab</i>)	PSP	IBC (Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis and Non-radiographical Axial Spondyloarthritis. Not covered for Psoriasis)
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML (<i>etanercept</i>)	PSP	IBC (Preferred agent for all conditions except Psoriasis)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML (<i>etanercept</i>)	PSP	IBC (Preferred agent for all conditions except Psoriasis)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML (<i>etanercept</i>)	PSP	IBC (Preferred agent for all conditions except Psoriasis)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML (<i>etanercept</i>)	PSP	IBC (Preferred agent for all conditions except Psoriasis)
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML (<i>adalimumab</i>)	PSP	
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 80 MG/0.8ML (<i>adalimumab</i>)	PSP	
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML, 80 MG/0.8ML (<i>adalimumab</i>)	PSP	
HUMIRA PEN-PEDIATRIC UC START SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML (<i>adalimumab</i>)	PSP	
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML (<i>adalimumab</i>)	PSP	
HUMIRA PEN-PSOR/UEIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML (<i>adalimumab</i>)	PSP	
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab</i>)	PSP	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/1.14ML, 200 MG/1.14ML (<i>sarilumab</i>)	PSP	IBC (Preferred agent for Rheumatoid Arthritis)
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/1.14ML, 200 MG/1.14ML (<i>sarilumab</i>)	PSP	IBC (Preferred agent for Rheumatoid Arthritis)
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML (<i>anakinra</i>)	NF	
OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG (<i>baricitinib</i>)	NF	
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML (<i>abatacept</i>)	PSP	IBC (Preferred agent for Rheumatoid Arthritis. Not covered for other conditions)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML, 50 MG/0.4ML, 87.5 MG/0.7ML (<i>abatacept</i>)	PSP	IBC (Preferred agent for Rheumatoid Arthritis. Not covered for other conditions)
OTEZLA ORAL TABLET 30 MG (<i>apremilast</i>)	PSP	IBC (Preferred agent for Psoriasis and Psoriatic Arthritis)
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG (<i>apremilast</i>)	PSP	IBC (Preferred agent for Psoriasis and Psoriatic Arthritis)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG (<i>upadacitinib</i>)	PSP	IBC (Preferred agent for Rheumatoid Arthritis, Psoriatic Arthritis, Atopic Dermatitis, Ankylosing Spondylitis, Ulcerative Colitis)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG (<i>upadacitinib</i>)	PSP	IBC (Preferred agent for Atopic Dermatitis, Ulcerative Colitis)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 45 MG (<i>upadacitinib</i>)	PSP	IBC (Preferred agent for Ulcerative Colitis)
SILIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 210 MG/1.5ML (<i>brodalumab</i>)	NF	
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 50 MG/0.5ML (<i>golimumab</i>)	NF	
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML (<i>golimumab</i>)	NF	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month

01/01/2023

190

Prescription Drug Name	Drug Tier	Drug Notes
SKYRIZI (150 MG DOSE) SUBCUTANEOUS PREFILLED SYRINGE KIT 75 MG/0.83ML (<i>risankizumab-rzaa</i>)	PSP	IBC (Preferred agent for Psoriasis and Psoriatic Arthritis)
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (<i>risankizumab-rzaa</i>)	PSP	IBC (Preferred agent for Psoriasis and Psoriatic Arthritis)
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360 MG/2.4ML (<i>risankizumab-rzaa</i>)	PSP	
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>risankizumab-rzaa</i>)	PSP	IBC (Preferred agent for Psoriasis and Psoriatic Arthritis)
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML (<i>ustekinumab</i>)	PSP	IBC (Preferred agent for Crohn's Disease, Psoriasis, Psoriatic Arthritis, Ulcerative Colitis)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML (<i>ustekinumab</i>)	PSP	IBC (Preferred agent for Crohn's Disease, Psoriasis, Psoriatic Arthritis, Ulcerative Colitis)
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/ML (<i>ixekizumab</i>)	PSP	IBC (Preferred agent for Psoriasis. Not covered for Psoriatic Arthritis, Non-Radiographic Axial Spondyloarthritis or Ankylosing Spondylitis)
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/ML (<i>ixekizumab</i>)	PSP	IBC (Preferred agent for Psoriasis. Not covered for Psoriatic Arthritis, Non-Radiographic Axial Spondyloarthritis or Ankylosing Spondylitis)
TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 MG/ML (<i>guselkumab</i>)	PSP	IBC (Preferred agent for Psoriasis and Psoriatic Arthritis)
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>guselkumab</i>)	PSP	IBC (Preferred agent for Psoriasis and Psoriatic Arthritis)

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
XELJANZ ORAL SOLUTION 1 MG/ML (<i>tofacitinib citrate</i>)	PSP	IBC (Preferred agent for Rheumatoid Arthritis, Ulcerative Colitis. Not covered for Psoriatic Arthritis, Ankylosing Spondylitis)
XELJANZ ORAL TABLET 10 MG, 5 MG (<i>tofacitinib citrate</i>)	PSP	IBC (Preferred agent for Rheumatoid Arthritis, Ulcerative Colitis. Not covered for Psoriatic Arthritis, Ankylosing Spondylitis)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG (<i>tofacitinib citrate</i>)	PSP	IBC (Preferred agent for Rheumatoid Arthritis, Ulcerative Colitis. Not covered for Psoriatic Arthritis, Ankylosing Spondylitis)
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDs) - DRUGS TO TREAT RHEUMATOID ARTHRITIS		
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	G	
<i>leflunomide oral tablet 10 mg, 20 mg</i>	G	
<i>methotrexate sodium oral tablet 2.5 mg</i>	G	
OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML (<i>methotrexate (anti-rheumatic)</i>)	NF	
PLAQUENIL ORAL TABLET 200 MG (<i>hydroxychloroquine sulfate</i>)	PB	
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML (<i>methotrexate (anti-rheumatic)</i>)	PSP	
REDITREX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.4ML, 12.5 MG/0.5ML, 15 MG/0.6ML, 17.5 MG/0.7ML, 20 MG/0.8ML, 22.5 MG/0.9ML, 25 MG/ML, 7.5 MG/0.3ML (<i>methotrexate (anti-rheumatic)</i>)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
HEREDITARY ANGIOEDEMA		
BERINERT INTRAVENOUS KIT 500 UNIT (<i>c1 esterase inhibitor (human)</i>)	NF	
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT (<i>c1 esterase inhibitor (human)</i>)	NF	
FIRAZYR SUBCUTANEOUS SOLUTION 30 MG/3ML (<i>icatibant acetate</i>)	NF	
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT, 3000 UNIT (<i>c1 esterase inhibitor (human)</i>)	NPSP	
<i>icatibant acetate subcutaneous solution 30 mg/3ml</i>	GSP	
ORLADEYO ORAL CAPSULE 110 MG, 150 MG (<i>berotralstat hcl</i>)	PSP	
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED 2100 UNIT (<i>c1 esterase inhibitor (recomb)</i>)	PSP	
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML (<i>lanadelumab-flyo</i>)	PSP	
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML (<i>lanadelumab-flyo</i>)	PSP	
IMMUNOGLOBULIN		
ASCENIV INTRAVENOUS SOLUTION 5 GM/50ML (<i>immune globulin (human)-sira</i>)	NF	
BIVIGAM INTRAVENOUS SOLUTION 10 GM/100ML, 5 GM/50ML (<i>immune globulin (human)</i>)	NPSP	
CUTAQUIG SUBCUTANEOUS SOLUTION 1 GM/6ML, 1.65 GM/10ML, 2 GM/12ML, 3.3 GM/20ML, 4 GM/24ML, 8 GM/48ML (<i>immune globulin (human)-hipp</i>)	PSP	
CUVITRU SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML, 8 GM/40ML (<i>immune globulin (human)</i>)	NF	
CYTOGAM INTRAVENOUS INJECTABLE 50 MG/ML (<i>cytomegalovirus immune glob</i>)	NPSP	
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 0.5 GM/10ML, 10 GM/100ML, 10 GM/200ML, 2.5 GM/50ML, 20 GM/200ML, 20 GM/400ML, 5 GM/100ML, 5 GM/50ML (<i>immune globulin (human)</i>)	NPSP	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
GAMMAGARD INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML (<i>immune globulin (human)</i>)	NPSP	
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED 10 GM, 5 GM (<i>immune globulin (human)</i>)	NPSP	
GAMMAKED INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 20 GM/200ML, 5 GM/50ML (<i>immune globulin (human)</i>)	NPSP	
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 20 GM/400ML, 5 GM/100ML, 5 GM/50ML (<i>immune globulin (human)</i>)	NPSP	
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML (<i>immune globulin (human)</i>)	NPSP	
HEPAGAM B INJECTION SOLUTION 312 UNIT/ML (<i>hepatitis b immune globulin</i>)	NPSP	
HIZENTRA SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML (<i>immune globulin (human)</i>)	NPSP	
HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 GM/5ML, 2 GM/10ML, 4 GM/20ML (<i>immune globulin (human)</i>)	NPSP	
HYPERRAB INJECTION SOLUTION 900 UNIT/3ML (<i>rabies immune globulin</i>)	NF	
HYQVIA SUBCUTANEOUS KIT 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML (<i>immune globulin-hyaluronidase</i>)	NF	
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 10 GM/100ML, 10 GM/200ML, 2 GM/20ML, 2.5 GM/50ML, 20 GM/200ML, 5 GM/100ML, 5 GM/50ML (<i>immune globulin (human)</i>)	NPSP	
OCTAGAM INTRAVENOUS SOLUTION 30 GM/300ML (<i>immune globulin (human)</i>)	NPB	
PANZYGA INTRAVENOUS SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML (<i>immune globulin (human)-ifas</i>)	NF	
PRIVIGEN INTRAVENOUS SOLUTION 10 GM/100ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML (<i>immune globulin (human)</i>)	NPSP	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month

01/01/2023

194

Prescription Drug Name	Drug Tier	Drug Notes
RHOPHYLAC INJECTION SOLUTION PREFILLED SYRINGE 1500 UNIT/2ML (<i>rho d immune globulin</i>)	NPSP	
WINRHO SDF INJECTION SOLUTION 15000 UNIT/13ML, 2500 UNIT/2.2ML, 5000 UNIT/4.4ML (<i>rho d immune globulin</i>)	NPSP	
XEMBIFY SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML (<i>immune globulin (human)-klhw</i>)	NF	
IMMUNOMODULATORS		
ACTIMMUNE SUBCUTANEOUS SOLUTION 2000000 UNIT/0.5ML (<i>interferon gamma-1b</i>)	NPSP	
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG (<i>rilonacept</i>)	NF	
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT, 50000000 UNIT (<i>interferon alfa-2b</i>)	NPSP	
IMMUNOSUPPRESSANTS		
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 5 MG (<i>tacrolimus</i>)	NPSP	
<i>azathioprine (Azasan Oral Tablet 100 Mg, 75 Mg)</i>	G	
<i>azathioprine oral tablet 50 mg</i>	G	
BENLYSTA INTRAVENOUS SOLUTION RECONSTITUTED 120 MG, 400 MG (<i>belimumab</i>)	NPSP	
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML (<i>belimumab</i>)	NPSP	
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML (<i>belimumab</i>)	NPSP	
CELLCEPT INTRAVENOUS INTRAVENOUS SOLUTION RECONSTITUTED 500 MG (<i>mycophenolate mofetil hcl</i>)	NPSP	
CELLCEPT ORAL CAPSULE 250 MG (<i>mycophenolate mofetil</i>)	NPSP	
CELLCEPT ORAL SUSPENSION RECONSTITUTED 200 MG/ML (<i>mycophenolate mofetil</i>)	NPSP	
CELLCEPT ORAL TABLET 500 MG (<i>mycophenolate mofetil</i>)	NPSP	
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	GSP	
<i>cyclosporine modified oral solution 100 mg/ml</i>	GSP	
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	GSP	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML (<i>satralizumab-mwge</i>)	PSP	
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.75 MG, 1 MG, 4 MG (<i>tacrolimus</i>)	NPSP	
GAMIFANT INTRAVENOUS SOLUTION 10 MG/2ML, 100 MG/20ML, 50 MG/10ML (<i>emapalumab-lzsg</i>)	NPSP	
<i>cyclosporine modified</i> (Gengraf Oral Capsule 100 Mg, 25 Mg)	GSP	
<i>cyclosporine modified</i> (Gengraf Oral Solution 100 Mg/ML)	GSP	
<i>mycophenolate mofetil oral capsule 250 mg</i>	GSP	
<i>mycophenolate mofetil oral suspension reconstituted 200 mg/ml</i>	GSP	
<i>mycophenolate mofetil oral tablet 500 mg</i>	GSP	
<i>mycophenolate sodium oral tablet delayed release 180 mg, 360 mg</i>	GSP	
MYFORTIC ORAL TABLET DELAYED RELEASE 180 MG, 360 MG (<i>mycophenolate sodium</i>)	NPSP	
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG (<i>tacrolimus</i>)	NPSP	
PROGRAF ORAL PACKET 0.2 MG, 1 MG (<i>tacrolimus</i>)	NPSP	
RAPAMUNE ORAL SOLUTION 1 MG/ML (<i>sirolimus</i>)	NPSP	
RAPAMUNE ORAL TABLET 0.5 MG, 1 MG, 2 MG (<i>sirolimus</i>)	NPSP	
REZUROCK ORAL TABLET 200 MG (<i>belumosudil mesylate</i>)	NF	
SANDIMMUNE ORAL SOLUTION 100 MG/ML (<i>cyclosporine</i>)	NPSP	
<i>sirolimus oral solution 1 mg/ml</i>	GSP	
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	GSP	
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	GSP	
UPLIZNA INTRAVENOUS SOLUTION 100 MG/10ML (<i>inebilizumab-cdon</i>)	NF	
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG, 1 MG (<i>everolimus</i>)	NPSP	
MISCELLANEOUS		
ILARIS SUBCUTANEOUS SOLUTION 150 MG/ML (<i>canakinumab</i>)	PSP	
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5ML (<i>palivizumab</i>)	NPSP	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month

01/01/2023

196

Prescription Drug Name	Drug Tier	Drug Notes
MEDICAL DEVICES		
THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS		
<i>d-xylose powder</i>	NPB	
GLEOLAN ORAL SOLUTION RECONSTITUTED 1.5 GM (<i>aminolevulinic acid hcl</i>)	NPB	
NUTRITIONAL/SUPPLEMENTS - VITAMINS AND SUPPLEMENTS		
ELECTROLYTES		
<i>potassium bicarbonate</i> (Effer-K Oral Tablet Effervescent 25 Meq)	G	
<i>fluoritab oral solution 0.275 (0.125 f) mg/drop</i>	CE	
<i>potassium chloride</i> (Klor-Con 10 Oral Tablet Extended Release 10 Meq)	G	
<i>potassium chloride crys er</i> (Klor-Con M10 Oral Tablet Extended Release 10 Meq)	G	
<i>potassium chloride crys er</i> (Klor-Con M15 Oral Tablet Extended Release 15 Meq)	G	
<i>potassium chloride crys er</i> (Klor-Con M20 Oral Tablet Extended Release 20 Meq)	G	
<i>potassium chloride</i> (Klor-Con Oral Packet 20 Meq)	G	
<i>potassium chloride</i> (Klor-Con Oral Tablet Extended Release 8 Meq)	G	
<i>potassium bicarbonate</i> (Klor-Con/Ef Oral Tablet Effervescent 25 Meq)	G	
K-PHOS ORAL TABLET 500 MG (<i>potassium phosphate monobasic</i>)	NPB	
<i>potassium bicarbonate</i> (K-Prime Oral Tablet Effervescent 25 Meq)	G	
K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ (<i>potassium chloride</i>)	PB	
<i>sodium fluoride</i> (Nafrinse Drops Oral Solution 0.275 (0.125 F) Mg/Drop)	CE	
<i>k phos mono-sod phos di & mono</i> (Phospha 250 Neutral Oral Tablet 155-852-130 Mg)	G	
<i>phosphorous oral tablet 155-852-130 mg</i>	G	
<i>k phos mono-sod phos di & mono</i> (Phospho-Trin 250 Neutral Oral Tablet 155-852-130 Mg)	G	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
<i>potassium chloride crys er oral tablet extended release 10 meq, 20 meq</i>	G	
<i>potassium chloride er oral capsule extended release 10 meq, 8 meq</i>	G	
<i>potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq</i>	G	
<i>potassium chloride oral packet 20 meq</i>	G	
<i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	G	
<i>sodium fluoride oral solution 1.1 (0.5 f) mg/ml</i>	CE	
<i>sodium fluoride oral tablet 1.1 (0.5 f) mg</i>	CE	
<i>sodium fluoride oral tablet chewable 0.55 (0.25 f) mg, 1.1 (0.5 f) mg</i>	CE	
PRENATAL VITAMINS		
ATABEX EC ORAL TABLET DELAYED RELEASE 29-1 MG (<i>prenatal vit-dss-fe cbn-fa</i>)	NF	
ATABEX OB ORAL TABLET 29-1 MG (<i>prenatal vit wl fe bisg-fa</i>)	NF	
azesco oral tablet 13-1 mg	NF	
cadeau dha oral capsule 29-0.4-0.8-375 mg	NF	
CITRANATAL 90 DHA ORAL 90-1 & 300 MG (<i>prenat w/o a-fecbgl-dss-fa-dha</i>)	NF	
CITRANATAL ASSURE ORAL 35-1 & 300 MG (<i>prenat w/o a-fecbgl-dss-fa-dha</i>)	NF	
CITRANATAL B-CALM ORAL 20-1 MG & 2 X 25 MG (<i>prenat w/o a fecbnfeglu-fa &b6</i>)	NF	
CITRANATAL BLOOM ORAL TABLET 90-1 MG (<i>prenatal-dss-fecb-fegl-fa</i>)	NF	
CITRANATAL DHA ORAL 27-1 & 250 MG (<i>prenat w/o a-fecbgl-dss-fa-dha</i>)	NF	
CITRANATAL HARMONY ORAL CAPSULE 27-1-260 MG (<i>prenat-fefmcb-dss-fa-dha w/o a</i>)	NF	
<i>c-nate dha oral capsule 28-1-200 mg</i>	NF	
<i>complete natal dha oral 29-1-200 & 200 mg</i>	NF	
<i>completenate oral tablet chewable 29-1 mg</i>	NF	
CO-NATAL FA ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	NF	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month

01/01/2023

198

Prescription Drug Name	Drug Tier	Drug Notes
CONCEPT DHA ORAL CAPSULE 53.5-38-1 MG (<i>prenat- fefum-fepo-fa-omega 3</i>)	NF	
CONCEPT OB ORAL CAPSULE 130-92.4-1 MG (<i>prenat wlo a vit-fefum-fepo-fa</i>)	NF	
<i>cvs prenatal gummy oral tablet chewable 0.4-25 mg</i>	NF	
DERMACINRX PRETRATE ORAL TABLET 1 MG (<i>prenatal multivit-min-fe-fa</i>)	NF	
DUET DHA 400 ORAL 25-1 & 400 MG (<i>prenat-fepoly-fered- fa-omega 3</i>)	NF	
DUET DHA BALANCED ORAL 25-1 & 267 MG (<i>prenat- fepoly-fered-fa-omega 3</i>)	NF	
ENBRACE HR ORAL CAPSULE (<i>prenat vit-fe gly cys-fa- omega</i>)	NF	
FOLIVANE-OB ORAL CAPSULE 85-1 MG (<i>prenat wlo a vit-fefum-fepo-fa</i>)	NF	
INATAL GT ORAL TABLET (<i>prenatal vit-dss-fe cbn-fa</i>)	G	
<i>jenliva prenatal/postnatal oral capsule 1 mg</i>	NF	
<i>kosher prenatal plus iron oral tablet 30-1 mg</i>	NF	
<i>m-natal plus oral tablet 27-1 mg</i>	NF	
<i>multi-mac oral tablet 15-0.75-1 mg</i>	NF	
NATACHEW ORAL TABLET CHEWABLE 28-1 MG (<i>prenatal vit-fe fum-fe bisg-fa</i>)	NF	
NATALVIT ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	NF	
NEEVO DHA ORAL CAPSULE 27-1.13 MG (<i>prenat wloa- fefum-methf-omegas</i>)	NF	
<i>neonatal + dha oral 29-1 & 200 mg</i>	NF	
<i>neonatal 19 oral tablet 1 mg</i>	NF	
<i>neonatal complete oral tablet 27-1 mg, 29-1 mg</i>	NF	
<i>neonatal fe oral tablet 90-1 mg</i>	NF	
NEONATAL PLUS ORAL TABLET 27-1 MG (<i>prenatal vit- fe fumarate-fa</i>)	NF	
NESTABS DHA ORAL 32-1 MG (<i>prenat-wloa-fe bisgly-fa- omega</i>)	NF	
NESTABS ONE ORAL CAPSULE 38-1-225 MG (<i>prenat-fe- methylfol-dha wlo a</i>)	NF	
NESTABS ORAL TABLET 32-1 MG (<i>prenat-fe bisgly-fa-wlo vit a</i>)	NF	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month

01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
NIVA-PLUS ORAL TABLET 27-1 MG (<i>prenatal vit-fe fumarate-fa</i>)	NF	
OB COMPLETE ONE ORAL CAPSULE 50-1-476 MG (<i>prenat-fecbn-feaspgl-fa-fish</i>)	NF	
OB COMPLETE ORAL TABLET 50-1.25 MG (<i>prenatal vit-iron carbonyl-fa</i>)	NF	
OB COMPLETE PETITE ORAL CAPSULE 35-5-1-200 MG (<i>prenat-fecbn-feaspgl-fa-omega</i>)	NF	
OB COMPLETE PREMIER ORAL TABLET 30-20-1 MG (<i>prenatal-fe cbn-fe asp gly-fa</i>)	NF	
OB COMPLETE/DHA ORAL CAPSULE 30-10-1-200 MG (<i>prenat-fecbn-feaspgl-fa-omega</i>)	NF	
OBSTETRIX DHA ORAL 29-1 & 387 MG (<i>prenatal-fecbn-fa-dss-omega 3</i>)	NF	
OBSTETRIX EC ORAL TABLET 29-1 MG (<i>prenatal vit-dss-fe cbn-fa</i>)	NF	
OBSTETRIX ONE ORAL CAPSULE 38-1-225 MG (<i>prenat-fe-methyl-dss-dha w/o a</i>)	NF	
ONE A DAY PRENATAL ORAL TABLET CHEWABLE 0.4-25 MG (<i>prenatal mv & min w/f a-dha</i>)	NF	
<i>one vite womens plus oral tablet 27-1 mg</i>	NF	
ONE-A-DAY WOMENS PRENATAL 1 ORAL CAPSULE 28-0.8-235 MG (<i>prenat-fe carbonyl-fa-omega 3</i>)	NF	
<i>pnv tabs 20-1 oral tablet 20-1 mg</i>	NF	
<i>pnv-dha oral capsule 27-0.6-0.4-300 mg</i>	G	
<i>pnv-dha+docusate oral capsule 27-1.25-300 mg</i>	NF	
<i>pnv-omega oral capsule 28-0.6-0.4-340 mg</i>	NF	
<i>pnv-select oral tablet 27-0.6-0.4 mg</i>	G	
<i>pregen dha oral capsule 28-1-35 mg</i>	NF	
<i>pregenna oral tablet 20-1 mg</i>	NF	
PREMESISRX ORAL TABLET 1 MG (<i>prenatal ca-b6-b12-fa-ginger</i>)	NF	
<i>prena 1 true oral 30-1.4 & 300 mg</i>	NF	
<i>prenal oral tablet chewable 1.4 mg</i>	NF	
<i>prenal pearl oral capsule extended release 30-1.4-200 mg</i>	NF	
<i>prenaissance oral capsule 29-1.25-325 mg</i>	NF	
<i>prenaissance plus oral capsule 28-1-250 mg</i>	NF	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month

01/01/2023

200

Prescription Drug Name	Drug Tier	Drug Notes
PRENATABS RX ORAL TABLET 29-1 MG (<i>prenatal vit-iron carbonyl-fa</i>)	G	
<i>prenatal + complete multi oral therapy pack 0.267 & 373 mg</i>	NF	
<i>prenatal 19 oral tablet</i>	NPB	
<i>prenatal 19 oral tablet 29-1 mg</i>	NF	
<i>prenatal 19 oral tablet chewable</i>	G	
<i>prenatal 19 oral tablet chewable 29-1 mg</i>	NF	
<i>prenatal gummies/dha & fa oral tablet chewable 0.4-32.5 mg</i>	NF	
<i>prenatal multi +dha oral capsule 27-0.8-200 mg</i>	NF	
<i>prenatal oral tablet 27-1 mg</i>	NF	
<i>prenatal plus oral tablet 27-1 mg</i>	NF	
<i>prenatal vitamin plus low iron oral tablet 27-1 mg</i>	NF	
PRENATAL-U ORAL CAPSULE 106.5-1 MG (<i>prenatal w/o a vit-fe fum-fa</i>)	NF	
PRENATE AM ORAL TABLET 1 MG (<i>prenatal ca-b6-b12-fa-ginger</i>)	NF	
PRENATE DHA ORAL CAPSULE 18-0.6-0.4-300 MG (<i>prenat-feasp-meth-fa-dha w/o a</i>)	NF	
PRENATE ELITE ORAL TABLET 20-0.6-0.4 MG (<i>prenatal-feaspgly-methylfol-fa</i>)	NF	
PRENATE ENHANCE ORAL CAPSULE 28-0.6-0.4-400 MG (<i>prenat w/o a-fe-methfol-fa-dha</i>)	NF	
PRENATE ESSENTIAL ORAL CAPSULE 18-0.6-0.4-300 MG (<i>prenat-feasp-meth-fa-dha w/o a</i>)	NF	
PRENATE MINI ORAL CAPSULE 18-0.6-0.4-350 MG (<i>prenat-fecbn-feasp-meth-fa-dha</i>)	NF	
PRENATE ORAL TABLET CHEWABLE 0.6-0.4 MG (<i>prenat mv-min-methylfolate-fa</i>)	NF	
PRENATE PIXIE ORAL CAPSULE 10-0.6-0.4-200 MG (<i>prenat-feasp-meth-fa-dha w/o a</i>)	NF	
PRENATE RESTORE ORAL CAPSULE 27-0.6-0.4-400 MG (<i>prenat w/o a-fe-methfol-fa-dha</i>)	NF	
PRENATRIX ORAL TABLET 27-1 MG (<i>prenatal vit-fe fumarate-fa</i>)	NF	
PRENATRYL ORAL TABLET 27-1 MG (<i>prenatal vit-fe fumarate-fa</i>)	NF	
<i>prenatvite complete oral tablet 1 mg</i>	NF	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month

01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
<i>prenatvite plus oral tablet 1 mg</i>	NF	
<i>prenatvite rx oral tablet 0.8 mg</i>	NF	
PRIMACARE ORAL CAPSULE 30-1-470 MG (<i>pren-fe-meth-fa-omeg wlo a</i>)	NF	
PROVIDA OB ORAL CAPSULE 20-20-1.25 MG (<i>prenat wlo a vit-fefum-fepo-fa</i>)	NF	
<i>relnate dha oral capsule 28-1-200 mg</i>	NF	
SELECT-OB ORAL TABLET CHEWABLE 29-0.6-0.4 MG (<i>prenat vit-fepoly-methylfol-fa</i>)	NF	
SELECT-OB ORAL TABLET CHEWABLE 29-1 MG (<i>prenatal vit-fe psac cmplx-fa</i>)	NF	
SELECT-OB+DHA ORAL 29-1 & 250 MG (<i>prenatal vit-fepoly-fa-dha</i>)	NF	
<i>se-natal 19 oral tablet 29-1 mg</i>	NF	
<i>se-natal 19 oral tablet chewable 29-1 mg</i>	NF	
TARON-C DHA ORAL CAPSULE 35-1 MG (<i>prenat-fefum-fepo-fa-omega 3</i>)	NF	
THERANATAL ONE ORAL CAPSULE 27-1-300 MG (<i>prenatal-fefum-fa-dha wlo a</i>)	NF	
<i>thrivite rx oral tablet 29-1 mg</i>	NF	
TRICARE ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	NF	
<i>trinatal rx 1 oral tablet 60-1 mg</i>	NF	
TRINATE ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	G	
<i>tristart dha oral capsule 31-0.6-0.4-200 mg</i>	NF	
TRISTART FREE ORAL CAPSULE 33-1 MG (<i>prenat wlo a-fecbn-meth-fa-dha</i>)	NF	
TRISTART ONE ORAL CAPSULE 35-1-215 MG (<i>prenat wlo a-fecbn-meth-fa-dha</i>)	NF	
VINATE DHA RF ORAL CAPSULE 27-1.13 MG (<i>prenat wloa-fefum-methf-omegas</i>)	NF	
VINATE II ORAL TABLET 29-1 MG (<i>prenatal vit wl fe bisg-fa</i>)	NF	
VINATE ONE ORAL TABLET 60-1 MG (<i>prenatal vit-fe fumarate-fa</i>)	NF	
<i>virt-nate dha oral capsule 28-1-200 mg</i>	NF	
<i>virt-pn dha oral capsule 27-0.6-0.4-300 mg</i>	NF	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month

01/01/2023

202

Prescription Drug Name	Drug Tier	Drug Notes
VITAFOL FE+ ORAL CAPSULE 90-0.6-0.4-200 MG (<i>prenat-fe poly-methfol-fa-dha</i>)	NF	
VITAFOL GUMMIES ORAL TABLET CHEWABLE 3.33-0.333-34.8 MG (<i>prenatal vit-fe phos-fa-omega</i>)	NF	
VITAFOL STRIPS ORAL FILM 1 MG (<i>prenatal-b6-b12-d3-folic acid</i>)	NF	
VITAFOL ULTRA ORAL CAPSULE 29-0.6-0.4-200 MG (<i>prenat-fe poly-methfol-fa-dha</i>)	NF	
VITAFOL-NANO ORAL TABLET 18-0.6-0.4 MG (<i>prenatal-fe fum-methf-fa wlo a</i>)	NF	
VITAFOL-OB ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	NF	
VITAFOL-OB+DHA ORAL 65-1 & 250 MG (<i>prenatal mv-min-fe fum-fa-dha</i>)	NF	
VITAFOL-ONE ORAL CAPSULE 29-1-200 MG (<i>prenatal vit-fepoly-fa-dha</i>)	NF	
VITAMEDMD REDICHEW RX ORAL TABLET CHEWABLE 1.4 MG (<i>prenat-b2-b6-b12-d3-fa</i>)	NF	
VITAPEARL ORAL CAPSULE EXTENDED RELEASE 30-1.4-200 MG (<i>prenat-fefum-fered-fa-dha wloa</i>)	NF	
VITATHELY WITH GINGER ORAL TABLET 27-1 MG (<i>prenatal vit-fe fumarate-fa</i>)	NF	
VITATRUE ORAL 30-1.4 & 300 MG (<i>prenat-fechel-fa-dha wlo vit a</i>)	NF	
VIVA DHA ORAL CAPSULE 28-1-200 MG (<i>prenatal vit-fe fum-fa-omega</i>)	NF	
<i>wescap-c dha oral capsule 53.5-38-1 mg</i>	NF	
<i>wescap-pn dha oral capsule 27-0.6-0.4-300 mg</i>	NF	
<i>wesnate dha oral capsule 28-1-200 mg</i>	NF	
<i>westab plus oral tablet 27-1 mg</i>	NF	
<i>westgel dha oral capsule 31-0.6-0.4-200 mg</i>	NF	
<i>zalvit oral tablet 13-1 mg</i>	NF	
ZATEAN-PN DHA ORAL CAPSULE 27-0.6-0.4-300 MG (<i>prenat wlo a-fe-methfol-fa-dha</i>)	NF	
<i>ziphex oral tablet 13-1 mg</i>	NF	
VITAMINS - VITAMINS AND SUPPLEMENTS		
<i>active fe oral tablet 75-1.25 mg</i>	NPB	
<i>activite oral tablet 1 mg</i>	NF	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
<i>adclf (0.5mg/ml) oral solution 0.5 mg/ml</i>	G	
<i>folic acid-vit b6-vit b12 (Airavite Oral Tablet 2.5-25-1 Mg)</i>	G	
AMLADEX ORAL TABLET (<i>multiple vitamin</i>)	NF	
ASCOR INTRAVENOUS SOLUTION 25000 MG/50ML (<i>ascorbic acid</i>)	NF	
ASTAMED MYO ORAL CAPSULE (<i>astaxanthin-tocotrienol-zn-d3</i>)	NF	
<i>b-6 folic acid oral capsule 8.333-100-1 mg</i>	NPB	
<i>biocel oral tablet</i>	G	
<i>bp vit 3 oral capsule 1 mg</i>	NPB	
<i>b-plex oral tablet</i>	G	
<i>b-plex plus oral tablet</i>	G	
CALCIFOL ORAL WAFER 1342-1.6 MG (<i>ca carb-fa-d-b6-b12-boron-mg</i>)	NPB	
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	G	
<i>calcitriol oral solution 1 mcg/ml</i>	G	
CENFOL ORAL TABLET 2.3-24.5-2 MG (<i>folic acid-vit b6-vit b12</i>)	NPB	
CIFEREX ORAL CAPSULE 1-3775 MG-UNIT (<i>folic acid-cholecalciferol</i>)	NPB	
CORVITE 150 ORAL TABLET (<i>iron combinations</i>)	NPB	
<i>corvite fe oral tablet</i>	NPB	
<i>cvs folic acid oral tablet 800 mcg</i>	CE	
<i>cyanocobalamin injection solution 1000 mcg/ml</i>	G	
<i>b complex-c-folic acid (Dexifol Oral Tablet 5 Mg)</i>	NF	
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	G	
DRISDOL ORAL CAPSULE 1.25 MG (50000 UT) (<i>ergocalciferol</i>)	NPB	
ELFOLATE PLUS ORAL TABLET 3-35-2 MG (<i>l-methylfolate-b6-b12</i>)	NF	
<i>ergocalciferol oral capsule 1.25 mg (50000 ut)</i>	G	
FA-8 ORAL CAPSULE 0.8 MG (<i>folic acid</i>)	CE	
<i>fabb oral tablet 2.2-25-1 mg</i>	G	
<i>fa-vitamin b-6-vitamin b-12 oral tablet 2.2-25-0.5 mg</i>	G	
<i>ferocon oral capsule</i>	G	
<i>ferotrinsic oral capsule</i>	G	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month

01/01/2023

204

Prescription Drug Name	Drug Tier	Drug Notes
<i>fe fum-fa-b cmp-c-zn-mg-mn-cu</i> (Ferrocite Plus Oral Tablet 106-1 Mg)	G	
FLORIVA ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG (<i>ped multiple vit-minerals-fl</i>)	NPB	
FLORIVA PLUS ORAL SOLUTION 0.25 MG/ML (<i>pediatric multivitamins-fl</i>)	NPB	
<i>folagent dha oral capsule</i>	NF	
<i>folbee oral tablet 2.5-25-1 mg</i>	G	
<i>folbee plus oral tablet</i>	G	
<i>folic acid injection solution 5 mg/ml</i>	G	
<i>folic acid oral capsule 0.8 mg</i>	CE	
FOLI-D ORAL TABLET 1-2000 MG-UNIT (<i>folic acid-cholecalciferol</i>)	NF	
<i>folite oral tablet</i>	NF	
<i>folplex 2.2 oral tablet 2.2-25-0.5 mg</i>	G	
<i>foltrin oral capsule</i>	G	
<i>folic acid-cholecalciferol</i> (Folvite-D Oral Tablet 1-3775 Mg-Unit)	NF	
FOSTEUM ORAL CAPSULE 27-20-200 MG-MG-UNIT (<i>genistein-zn chelate-vit d</i>)	NF	
FOSTEUM PLUS ORAL CAPSULE (<i>dietary management product</i>)	NF	
FUSION PLUS ORAL CAPSULE (<i>iron-fa-b cmp-c-biot-probiotic</i>)	NPB	
GENICIN VITA-D ORAL TABLET 1-3775 MG-UNIT (<i>folic acid-cholecalciferol</i>)	NF	
GENICIN VITA-Q ORAL TABLET (<i>multiple vitamin</i>)	NF	
<i>b complex-c-folic acid</i> (Genicin Vita-S Oral Tablet 1 Mg)	NF	
<i>hematinic plus vit/minerals oral tablet 106-1 mg</i>	G	
HEMOCYTE PLUS ORAL CAPSULE 106-1 MG (<i>fe fum-fa-b cmp-c-zn-mg-mn-cu</i>)	NPB	
<i>hylavite oral tablet</i>	NF	
ICAR-C PLUS ORAL TABLET 100-250-0.025-1 MG (<i>iron-vit c-vit b12-folic acid</i>)	NF	
<i>iron polysacch cmplx-b12-fa</i> (Iferec 150 Forte Oral Capsule 150-25-1 Mg-Mcg-Mg)	G	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
INFUVITE ADULT INTRAVENOUS INJECTABLE (multiple vitamin)	NPB	
INFUVITE PEDIATRIC INTRAVENOUS SOLUTION (pediatric multiple vitamins)	NPB	
INJECTAFER INTRAVENOUS SOLUTION 100 MG/2ML (ferric carboxymaltose)	NPB	
INTEGRA PLUS ORAL CAPSULE (fefum-fepoly-fa-b cmp-c-biot)	NPB	
fefum-fepo-fa-b cmp-c-zn-mn-cu (K-Tan Plus Oral Capsule 162-115.2-1 Mg)	G	
LDL CARE ORAL POWDER (dietary management product)	NF	
multiple vitamins-minerals (Lysiplex Plus Oral Tablet)	G	
MULTIGEN FOLIC ORAL TABLET 70-150-2-1 MG (fe asp gly-succ-c-thre-b12-fa)	NPB	
MULTIGEN ORAL TABLET 70 MG (fe-succ-c-thre-b12-des stomach)	NPB	
MULTIGEN PLUS ORAL TABLET 50-101-1 MG (feasp-fefum -suc-c-thre-b12-fa)	NPB	
multi-pro oral capsule	NF	
multi-vit/iron/fluoride oral solution 0.25-10 mg/ml	G	
multivitamin/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml	G	
multi-vitamin/fluoride oral solution 0.5 mg/ml	G	
multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg	G	
multi-vitamin/fluoride/iron oral solution 0.25-10 mg/ml	G	
neoke bhb oral powder	NF	
b complex-c-folic acid (Nephronex Oral Tablet)	G	
NICADAN ORAL TABLET (multiple vitamins-minerals)	NF	
NICAPRIN ORAL TABLET (dietary management product)	NF	
NICAZEL FORTE ORAL TABLET (multiple vitamins-minerals)	NF	
NICAZEL ORAL TABLET (multiple vitamins-minerals)	NF	
NICOMIDE ORAL TABLET 750-27-2-0.5 MG (niacinamide-zn-cu-methfo-se-cr)	NF	
nicotinamide oral tablet 750-27-2-0.5 mg	NF	
NUFERA ORAL TABLET (iron combinations)	NPB	
folic acid-vit b6-vit b12 (Nufol Oral Tablet 2.5-25-1 Mg)	G	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month

01/01/2023

206

Prescription Drug Name	Drug Tier	Drug Notes
NUTRICAP ORAL TABLET (<i>multiple vitamins-minerals</i>)	NPB	
<i>multiple vitamins-minerals</i> (Nutrifac Zx Oral Tablet)	G	
<i>onevite oral tablet</i>	NPB	
<i>ortho df oral capsule 1-3775 mg-unit</i>	NF	
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	G	
<i>phytonadione injection solution 1 mg/0.5ml, 10 mg/ml</i>	G	
<i>phytonadione oral tablet 5 mg</i>	G	
<i>poly-iron 150 forte oral capsule 150-25-1 mg-mcg-mg</i>	G	
<i>polysaccharide iron forte oral capsule 150-25-1 mg-mcg-mg</i>	G	
POLY-VI-FLOR ORAL SUSPENSION 0.25 MG/ML (<i>pediatric multivitamins-fl</i>)	NPB	
POLY-VI-FLOR ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG (<i>pediatric multivitamins-fl</i>)	NPB	
POLY-VI-FLOR/IRON ORAL SUSPENSION 0.25-7 MG/ML (<i>ped multivitamins-fl-iron</i>)	NPB	
POLY-VI-FLOR/IRON ORAL TABLET CHEWABLE 0.5- 10 MG (<i>ped multivitamins-fl-iron</i>)	NPB	
<i>pro-critic oral packet</i>	NPB	
<i>pyridoxine hcl injection solution 100 mg/ml</i>	G	
QUFLORA FE ORAL TABLET CHEWABLE 0.25 MG (<i>multi vit-min-fluoride-fe-fa</i>)	NF	
QUFLORA FE PEDIATRIC ORAL LIQUID 0.25-9.5 MG/ML (<i>ped multivitamins-fl-iron</i>)	NF	
QUFLORA GUMMIES ORAL TABLET CHEWABLE 0.125 MG (<i>pediatric multivitamins-fl</i>)	NF	
QUFLORA PEDIATRIC ORAL SOLUTION 0.25 MG/ML, 0.5 MG/ML (<i>pediatric multivitamins-fl</i>)	NPB	
QUFLORA PEDIATRIC ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG (<i>pediatric multivitamins-fl</i>)	NPB	
<i>reno caps oral capsule 1 mg</i>	G	
RHEUMATE ORAL CAPSULE (<i>dietary management product</i>)	NF	
<i>sm folic acid oral tablet 400 mcg</i>	CE	
STROVITE FORTE ORAL SYRUP (<i>multiple vitamins- minerals</i>)	NPB	
TALIVA ORAL CAPSULE 1 MG (<i>fa-b6-b12-omega 3- phytosterols</i>)	NF	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
TOBAKIENT ORAL CAPSULE (<i>dietary management product</i>)	NF	
<i>fe fumarate-b12-vit c-fa-ifc</i> (Tricon Oral Capsule)	G	
<i>tri-vite/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml</i>	G	
<i>tronvite oral tablet 1 mg</i>	NF	
UDAMIN SP ORAL TABLET (<i>multiple vitamins-minerals</i>)	NPB	
VASCULERA ORAL TABLET (<i>dietary management product</i>)	NF	
<i>vb6 p5p oral powder</i>	NF	
<i>v-c forte oral capsule</i>	G	
<i>multiple vitamins-minerals</i> (Vic-Forte Oral Capsule)	G	
<i>virt-caps oral capsule 1 mg</i>	G	
<i>folic acid-vit b6-vit b12</i> (Virt-Gard Oral Tablet 2.2-25-1 Mg)	G	
<i>multiple vitamins-minerals</i> (Vita S Forte Oral Tablet)	G	
<i>multiple vitamins-minerals</i> (Vitacel Oral Tablet)	G	
VITAMEZ ORAL CAPSULE 1 MG (<i>fa-b6-b12-omega 3-phytosterols</i>)	NPB	
<i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)</i>	G	
<i>vitamin k1 injection solution 1 mg/0.5ml, 10 mg/ml</i>	G	
<i>vita-min oral capsule</i>	G	
<i>vitamins acd-fluoride oral solution 0.25 mg/ml</i>	G	
<i>vitasure oral tablet 1 mg</i>	NF	
<i>vp-vite rx oral tablet 1 mg</i>	G	
<i>westab max oral tablet 2.5-25-2 mg</i>	NPB	
<i>xvite oral tablet 1 mg</i>	NF	
<i>xyzbac oral tablet</i>	NF	
<i>yl folic acid oral tablet 400 mcg</i>	CE	
OPHTHALMIC - DRUGS TO TREAT EYE CONDITIONS		
ANTIALLERGICS - DRUGS TO TREAT ALLERGIES		
ALOCRILOPHthalmic SOLUTION 2 % (<i>nedocromil sodium</i>)	NPB	
ALOMIDE OPHthalmic SOLUTION 0.1 % (<i>lodoxamide tromethamine</i>)	NPB	
<i>azelastine hcl ophthalmic solution 0.05 %</i>	G	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month

01/01/2023

208

Prescription Drug Name	Drug Tier	Drug Notes
BEPREVE OPHTHALMIC SOLUTION 1.5 % (<i>bepotastine besilate</i>)	NF	
<i>cromolyn sodium ophthalmic solution 4 %</i>	G	
<i>epinastine hcl ophthalmic solution 0.05 %</i>	G	
<i>olopatadine hcl ophthalmic solution 0.1 %, 0.2 %</i>	G	
ZERVIAE OPHTHALMIC SOLUTION 0.24 % (<i>cetirizine hcl</i>)	NF	
ANTIGLAUCOMA - DRUGS TO TREAT GLAUCOMA		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 % (<i>brimonidine tartrate</i>)	PB	
<i>apraclonidine hcl ophthalmic solution 0.5 %</i>	G	
AZOPT OPHTHALMIC SUSPENSION 1 % (<i>brinzolamide</i>)	NPB	
<i>betaxolol hcl ophthalmic solution 0.5 %</i>	G	
BETIMOL OPHTHALMIC SOLUTION 0.25 %, 0.5 % (<i>timolol hemihydrate</i>)	NF	
BETOPTIC-S OPHTHALMIC SUSPENSION 0.25 % (<i>betaxolol hcl</i>)	PB	
<i>bimatoprost ophthalmic solution 0.03 %</i>	NF	
<i>brimonidine tartrate ophthalmic solution 0.15 %, 0.2 %</i>	G	
<i>brinzolamide ophthalmic suspension 1 %</i>	G	
<i>carteolol hcl ophthalmic solution 1 %</i>	G	
COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 % (<i>brimonidine tartrate-timolol</i>)	PB	
COSOPT OPHTHALMIC SOLUTION 22.3-6.8 MG/ML (<i>dorzolamide hcl-timolol mal</i>)	NPB	
<i>dorzolamide hcl ophthalmic solution 2 %</i>	NPB	
<i>dorzolamide hcl solution 2 % ophthalmic 2 %</i>	NPB	
<i>dorzolamide hcl solution 2 % ophthalmic 2 %</i>	G	
<i>dorzolamide hcl-timolol mal ophthalmic solution 22.3-6.8 mg/ml</i>	G	
<i>dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %</i>	G	
DURYSTA INTRAOCULAR IMPLANT 10 MCG (<i>bimatoprost</i>)	NF	
IOPIDINE OPHTHALMIC SOLUTION 1 % (<i>apraclonidine hcl</i>)	NPB	
<i>latanoprost ophthalmic solution 0.005 %</i>	G	
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	G	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
LUMIGAN OPHTHALMIC SOLUTION 0.01 % (<i>bimatoprost</i>)	PB	
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	G	
RHOPRESSA OPHTHALMIC SOLUTION 0.02 % (<i>netarsudil dimesylate</i>)	PB	
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 % (<i>netarsudil-latanoprost</i>)	NF	
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 % (<i>brinzolamide-brimonidine</i>)	PB	
<i>timolol maleate (once-daily) ophthalmic solution 0.5 %</i>	G	
<i>timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %</i>	G	
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i>	G	
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.25 %, 0.5 % (<i>timolol maleate</i>)	NF	
TIMOPTIC OPHTHALMIC SOLUTION 0.25 %, 0.5 % (<i>timolol maleate</i>)	NPB	
TRAVATAN Z OPHTHALMIC SOLUTION 0.004 % (<i>travoprost</i>)	NF	
<i>travoprost (bak free) ophthalmic solution 0.004 %</i>	G	
TRUSOPT OPHTHALMIC SOLUTION 2 % (<i>dorzolamide hcl</i>)	NPB	
VYZULTA OPHTHALMIC SOLUTION 0.024 % (<i>latanoprostene bunod</i>)	NPB	
XALATAN OPHTHALMIC SOLUTION 0.005 % (<i>latanoprost</i>)	NPB	
XELPROS OPHTHALMIC EMULSION 0.005 % (<i>latanoprost</i>)	NF	
ZIOPTAN OPHTHALMIC SOLUTION 0.0015 % (<i>tafluprost</i>)	PB	
ANTI-INFECTIVE/ANTI-INFLAMMATORY - DRUGS TO TREAT INFECTIONS AND INFLAMMATION		
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %</i>	G	
BLEPHAMIDE S.O.P. OPHTHALMIC OINTMENT 10-0.2 % (<i>sulfacetamide-prednisolone</i>)	NPB	
<i>double pm ophthalmic solution reconstituted 1-0.5 %</i>	NF	
MAXITROL OPHTHALMIC OINTMENT 3.5-10000-0.1 (<i>neomycin-polymyxin-dexameth</i>)	NPB	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month

01/01/2023

210

Prescription Drug Name	Drug Tier	Drug Notes
<i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i>	G	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	G	
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>	G	
<i>bacitracin-polymyx-neo-hc (Neo-Polycin Hc Ophthalmic Ointment 1 %)</i>	G	
PRED-G OPHTHALMIC SUSPENSION 0.3-1 % (<i>gentamicin-prednisolone acet</i>)	NPB	
PRED-G S.O.P. OPHTHALMIC OINTMENT 0.3-0.6 % (<i>gentamicin-prednisolone acet</i>)	NPB	
<i>prednisolone-gatifloxacin ophthalmic suspension 1-0.5 %</i>	NF	
<i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>	G	
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 % (<i>tobramycin-dexamethasone</i>)	PB	
TOBRADEX ST OPHTHALMIC SUSPENSION 0.3-0.05 % (<i>tobramycin-dexamethasone</i>)	NF	
<i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %</i>	G	
<i>triple pmb ophthalmic solution reconstituted 1-0.5-0.09 %</i>	NF	
<i>triple pmk ophthalmic solution reconstituted 1-0.5-0.5 %</i>	NF	
ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 % (<i>loteprednol-tobramycin</i>)	NF	
ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS		
<i>ak-poly-bac ophthalmic ointment 500-10000 unit/gm</i>	G	
AZASITE OPHTHALMIC SOLUTION 1 % (<i>azithromycin</i>)	NF	
<i>bacitracin ophthalmic ointment 500 unit/gm</i>	G	
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	G	
BESIVANCE OPHTHALMIC SUSPENSION 0.6 % (<i>besifloxacin hcl</i>)	PB	
CILOXAN OPHTHALMIC OINTMENT 0.3 % (<i>ciprofloxacin hcl</i>)	NF	
<i>ciprofloxacin hcl ophthalmic solution 0.3 %</i>	G	
<i>erythromycin ophthalmic ointment 5 mg/gm</i>	G	
<i>gatifloxacin ophthalmic solution 0.5 %</i>	G	
GENTAK OPHTHALMIC OINTMENT 0.3 % (<i>gentamicin sulfate</i>)	G	
<i>gentamicin sulfate ophthalmic solution 0.3 %</i>	G	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
KLARITY-A OPHTHALMIC SOLUTION 1 % (azithromycin)	NF	
levofloxacin ophthalmic solution 0.5 %	G	
MITOSOL OPHTHALMIC KIT 0.2 MG (mitomycin)	NPB	
moxifloxacin hcl ophthalmic solution 0.5 %	G	
NATACYN OPHTHALMIC SUSPENSION 5 % (natamycin)	NPB	
neomycin-bacitracin zn-polymyx ophthalmic ointment 3.5-400-10000 , 5-400-10000	G	
neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025	G	
neomycin-bacitracin zn-polymyx (Neo-Polycin Ophthalmic Ointment 3.5-400-10000)	G	
ofloxacin ophthalmic solution 0.3 %	G	
bacitracin-polymyxin b (Polycin Ophthalmic Ointment 500-10000 Unit/Gm)	G	
polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%	G	
sulfacetamide sodium ophthalmic ointment 10 %	G	
sulfacetamide sodium ophthalmic solution 10 %	G	
tobramycin ophthalmic solution 0.3 %	G	
TOBREX OPHTHALMIC OINTMENT 0.3 % (tobramycin)	NPB	
trifluridine ophthalmic solution 1 %	G	
VIGAMOX OPHTHALMIC SOLUTION 0.5 % (moxifloxacin hcl)	NPB	
ZIRGAN OPHTHALMIC GEL 0.15 % (ganciclovir)	NF	
ANTI-INFLAMMATORIES - DRUGS TO TREAT INFLAMMATION		
ACULAR OPHTHALMIC SOLUTION 0.5 % (ketorolac tromethamine)	NPB	
ACUVAIL OPHTHALMIC SOLUTION 0.45 % (ketorolac tromethamine)	NF	
ALREX OPHTHALMIC SUSPENSION 0.2 % (loteprednol etabonate)	NF	
bromfenac sodium (once-daily) ophthalmic solution 0.09 %	G	
BROMSITE OPHTHALMIC SOLUTION 0.075 % (bromfenac sodium)	NF	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month

01/01/2023

212

Prescription Drug Name	Drug Tier	Drug Notes
<i>dexamethasone sodium phosphate ophthalmic solution 0.1 %</i>	G	
DEXTENZA OPHTHALMIC INSERT 0.4 MG (<i>dexamethasone</i>)	NF	
DEXYCU INTRAOCULAR SUSPENSION 9 % (<i>dexamethasone</i>)	NF	
<i>diclofenac sodium ophthalmic solution 0.1 %</i>	G	
<i>difluprednate ophthalmic emulsion 0.05 %</i>	G	
DUREZOL OPHTHALMIC EMULSION 0.05 % (<i>difluprednate</i>)	NPB	
EYSUVIS OPHTHALMIC SUSPENSION 0.25 % (<i>loteprednol etabonate</i>)	NPB	
FLAREX OPHTHALMIC SUSPENSION 0.1 % (<i>fluorometholone acetate</i>)	NF	
<i>fluorometholone ophthalmic suspension 0.1 %</i>	G	
<i>flurbiprofen sodium ophthalmic solution 0.03 %</i>	G	
FML FORTE OPHTHALMIC SUSPENSION 0.25 % (<i>fluorometholone</i>)	NF	
FML LIQUIFILM OPHTHALMIC SUSPENSION 0.1 % (<i>fluorometholone</i>)	NF	
FML OPHTHALMIC OINTMENT 0.1 % (<i>fluorometholone</i>)	NF	
ILEVRO OPHTHALMIC SUSPENSION 0.3 % (<i>nepafenac</i>)	PB	
INVELTYS OPHTHALMIC SUSPENSION 1 % (<i>loteprednol etabonate</i>)	NF	
<i>ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %</i>	G	
KLARITY-L OPHTHALMIC EMULSION 0.2 %, 0.5 % (<i>loteprednol etabonate</i>)	NF	
LOTEMAX OPHTHALMIC GEL 0.5 % (<i>loteprednol etabonate</i>)	NF	
LOTEMAX OPHTHALMIC OINTMENT 0.5 % (<i>loteprednol etabonate</i>)	NF	
LOTEMAX OPHTHALMIC SUSPENSION 0.5 % (<i>loteprednol etabonate</i>)	NF	
LOTEMAX SM OPHTHALMIC GEL 0.38 % (<i>loteprednol etabonate</i>)	NF	
<i>loteprednol etabonate ophthalmic suspension 0.5 %</i>	G	
MAXIDEX OPHTHALMIC SUSPENSION 0.1 % (<i>dexamethasone</i>)	NF	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
NEVANAC OPHTHALMIC SUSPENSION 0.1 % (nepafenac)	NF	
OZURDEX INTRAVITREAL IMPLANT 0.7 MG (dexamethasone)	NPSP	
PRED FORTE OPHTHALMIC SUSPENSION 1 % (prednisolone acetate)	NF	
PRED MILD OPHTHALMIC SUSPENSION 0.12 % (prednisolone acetate)	NF	
prednisolone acetate ophthalmic suspension 1 %	G	
prednisolone acetate p-f ophthalmic suspension 1 %	NPB	
prednisolone sodium phosphate ophthalmic solution 1 %	NPB	
PROLENSA OPHTHALMIC SOLUTION 0.07 % (bromfenac sodium)	PB	
YUTIQ INTRAVITREAL IMPLANT 0.18 MG (fluocinolone acetone)	NF	
DRY EYE DISEASE		
CEQUA OPHTHALMIC SOLUTION 0.09 % (cyclosporine)	NF	
cyclosporine ophthalmic emulsion 0.05 %	NF	
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 % (cyclosporine)	PB	
RESTASIS OPHTHALMIC EMULSION 0.05 % (cyclosporine)	G	
XIIDRA OPHTHALMIC SOLUTION 5 % (lifitegrast)	PB	
MISCELLANEOUS		
AKTEN OPHTHALMIC GEL 3.5 % (lidocaine hcl)	NPB	
tetracaine hcl (Altacaine Ophthalmic Solution 0.5 %)	G	
phenylephrine hcl (Altafrin Ophthalmic Solution 10 %, 2.5 %)	G	
atropine sulfate ophthalmic ointment 1 %	G	
atropine sulfate ophthalmic solution 1 %	NPB	
cyclopentolate hcl ophthalmic solution 0.5 %, 1 %, 2 %	G	
CYCLOSPORINE IN KLARITY OPHTHALMIC EMULSION 0.1 % (cyclosporine)	NF	
CYSTARAN OPHTHALMIC SOLUTION 0.44 % (cysteamine hcl)	NPSP	
ISOPTO ATROPINE OPHTHALMIC SOLUTION 1 % (atropine sulfate)	NPB	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month

01/01/2023

214

Prescription Drug Name	Drug Tier	Drug Notes
LACRISERT OPHTHALMIC INSERT 5 MG (<i>artificial tear insert</i>)	NF	
OXERVATE OPHTHALMIC SOLUTION 0.002 % (<i>cenegermin-bkbj</i>)	NPSP	
<i>phenylephrine hcl ophthalmic solution 10 %, 2.5 %</i>	G	
<i>proparacaine hcl ophthalmic solution 0.5 %</i>	G	
<i>tetracaine hcl ophthalmic solution 0.5 %</i>	G	
<i>tropicamide ophthalmic solution 0.5 %, 1 %</i>	G	
TYRVAYA NASAL SOLUTION 0.03 MG/ACT (<i>varenicline tartrate</i>)	NF	
RETINAL DISORDERS		
BEOVU INTRAVITREAL SOLUTION 6 MG/0.05ML (<i>brolocizumab-dbll</i>)	NF	
BEOVU INTRAVITREAL SOLUTION PREFILLED SYRINGE 6 MG/0.05ML (<i>brolocizumab-dbll</i>)	NF	
EYLEA INTRAVITREAL SOLUTION 2 MG/0.05ML (<i>aflibercept</i>)	PSP	
EYLEA INTRAVITREAL SOLUTION PREFILLED SYRINGE 2 MG/0.05ML (<i>aflibercept</i>)	PSP	
LUCENTIS INTRAVITREAL SOLUTION 0.3 MG/0.05ML, 0.5 MG/0.05ML (<i>ranibizumab</i>)	PSP	
LUCENTIS INTRAVITREAL SOLUTION PREFILLED SYRINGE 0.3 MG/0.05ML, 0.5 MG/0.05ML (<i>ranibizumab</i>)	PSP	
OTHER		
IRRIGATION SOLUTIONS		
<i>water for irrigation, sterile</i> (Argyle Sterile Water Irrigation Solution)	G	
<i>lactated ringers irrigation solution</i>	G	
<i>irrigation solns physiological</i> (Physiolyte Irrigation Solution)	G	
<i>irrigation solns physiological</i> (Physiosol Irrigation Irrigation Solution)	G	
<i>ringers irrigation irrigation solution</i>	G	
<i>sterile water for irrigation irrigation solution</i>	G	
<i>ringers irrigation</i> (Tis-U-Sol Irrigation Solution)	G	
MUSCULOSKELETAL THERAPY AGENTS		
XIAFLEX INJECTION SOLUTION RECONSTITUTED 0.9 MG (<i>collagenase clostrid histolyt</i>)	NPSP	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
RESPIRATORY - DRUGS TO TREAT BREATHING DISORDERS		
ALPHA-1 ANTITRYPSIN DEFICIENCY AGENTS - DRUGS FOR REPLACEMENT, MODIFICATION, TREATMENT		
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 500 MG (<i>alpha1-proteinase inhibitor</i>)	NF	
GLASSIA INTRAVENOUS SOLUTION 1000 MG/50ML (<i>alpha1-proteinase inhibitor</i>)	NF	
PROLASTIN-C INTRAVENOUS SOLUTION 1000 MG/20ML (<i>alpha1-proteinase inhibitor</i>)	PB	
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG (<i>alpha1-proteinase inhibitor</i>)	PSP	
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG (<i>alpha1-proteinase inhibitor</i>)	NF	
ANAPHYLAXIS TREATMENT AGENTS		
ADRENALIN INJECTION SOLUTION 1 MG/ML, 30 MG/30ML (<i>epinephrine</i>)	NF	
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.1 MG/0.1ML, 0.15 MG/0.15ML, 0.3 MG/0.3ML (<i>epinephrine</i>)	PB	
<i>epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	G	
<i>epinephrine professional injection kit 1 mg/ml</i>	NF	
EPINEPHRINESNAP-EMS INJECTION KIT 1 MG/ML (<i>epinephrine</i>)	NF	
EPINEPHRINESNAP-V INJECTION KIT 1 MG/ML (<i>epinephrine</i>)	NF	
EPISNAP INJECTION KIT 1 MG/ML (<i>epinephrine</i>)	NF	
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.15 MG/0.3ML, 0.3 MG/0.3ML (<i>epinephrine</i>)	NF	
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS - DRUGS TO TREAT COPD		
AIRDUO RESPICLICK 113/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT (<i>fluticasone-salmeterol</i>)	NF	
AIRDUO RESPICLICK 232/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 232-14 MCG/ACT (<i>fluticasone-salmeterol</i>)	NF	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month

01/01/2023

216

Prescription Drug Name	Drug Tier	Drug Notes
AIRDUO RESPICLICK 55/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 55-14 MCG/ACT (<i>fluticasone-salmeterol</i>)	NF	
BEVESPI AEROSPHERE INHALATION AEROSOL 9-4.8 MCG/ACT (<i>glycopyrrolate-formoterol</i>)	NF	
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT (<i>budeson-glycopyrrol-formoterol</i>)	NPB	
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT (<i>ipratropium-albuterol</i>)	NPB	
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcglact, 232-14 mcglact, 55-14 mcglact</i>	NF	
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	G	
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT (<i>tiotropium bromide-olodaterol</i>)	PB	
ANTICHOLINERGICS		
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT (<i>ipratropium bromide hfa</i>)	NPB	
<i>ipratropium bromide inhalation solution 0.02 %</i>	G	
<i>ipratropium bromide nasal solution 0.03 %, 0.06 %</i>	G	
LONHALA MAGNAIR REFILL KIT INHALATION SOLUTION 25 MCG/ML (<i>glycopyrrolate</i>)	NF	
LONHALA MAGNAIR STARTER KIT INHALATION SOLUTION 25 MCG/ML (<i>glycopyrrolate</i>)	NF	
SPIRIVA HANDIHALER INHALATION CAPSULE 18 MCG (<i>tiotropium bromide monohydrate</i>)	PB	
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT (<i>tiotropium bromide monohydrate</i>)	PB	
TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT (<i>acridinium bromide</i>)	NF	
YUPELRI INHALATION SOLUTION 175 MCG/3ML (<i>revefenacin</i>)	PB	
ANTI-HISTAMINE COMBINATIONS		
<i>azelastine-fluticasone nasal suspension 137-50 mcglact</i>	G	
DYMISTA NASAL SUSPENSION 137-50 MCG/ACT (<i>azelastine-fluticasone</i>)	NF	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
ANTIHISTAMINES - DRUGS TO TREAT ALLERGIES		
<i>azelastine hcl nasal solution 0.15 %, 137 mcg/spray</i>	G	
<i>carbinoxamine maleate oral solution 4 mg/5ml</i>	G	
<i>carbinoxamine maleate oral tablet 4 mg</i>	G	
<i>carbinoxamine maleate oral tablet 6 mg</i>	NF	
<i>cetirizine hcl oral solution 1 mg/ml</i>	G	
CLARINEX ORAL TABLET 5 MG (<i>desloratadine</i>)	NPB	
<i>clemastine fumarate oral tablet 2.68 mg</i>	G	
<i>cyproheptadine hcl oral syrup 2 mg/5ml</i>	G	
<i>cyproheptadine hcl oral tablet 4 mg</i>	G	
<i>desloratadine oral tablet 5 mg</i>	G	
<i>desloratadine oral tablet dispersible 2.5 mg, 5 mg</i>	G	
<i>diphenhydramine hcl oral elixir 12.5 mg/5ml</i>	G	
<i>hydroxyzine hcl oral syrup 10 mg/5ml</i>	G	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	G	
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	G	
KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE 4 MG/5ML (<i>carbinoxamine maleate</i>)	NPB	
<i>levocetirizine dihydrochloride oral solution 2.5 mg/5ml</i>	G	
<i>levocetirizine dihydrochloride oral tablet 5 mg</i>	G	
<i>olopatadine hcl nasal solution 0.6 %</i>	G	
PATANASE NASAL SOLUTION 0.6 % (<i>olopatadine hcl</i>)	NPB	
RYCLORA ORAL SOLUTION 2 MG/5ML (<i>dexchlorpheniramine maleate</i>)	NF	
RYVENT ORAL TABLET 6 MG (<i>carbinoxamine maleate</i>)	G	
BETA AGONISTS - DRUGS TO TREAT ASTHMA AND COPD		
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/lact</i>	NF	
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml</i>	G	
<i>albuterol sulfate oral syrup 2 mg/5ml</i>	G	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	G	
<i>arformoterol tartrate inhalation nebulization solution 15 mcg/2ml</i>	G	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month

01/01/2023

218

Prescription Drug Name	Drug Tier	Drug Notes
BROVANA INHALATION NEBULIZATION SOLUTION 15 MCG/2ML (<i>arformoterol tartrate</i>)	NPB	
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml</i>	G	
<i>levalbuterol tartrate inhalation aerosol 45 mcg/lact</i>	NPB	
PERFORMIST INHALATION NEBULIZATION SOLUTION 20 MCG/2ML (<i>formoterol fumarate</i>)	PB	
PROAIR DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT (<i>albuterol sulfate (sensor)</i>)	NF	
PROAIR HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT (<i>albuterol sulfate</i>)	NF	
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT (<i>albuterol sulfate</i>)	NF	
PROVENTIL HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT (<i>albuterol sulfate</i>)	NF	
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT (<i>olodaterol hcl</i>)	PB	
<i>terbutaline sulfate oral tablet 2.5 mg, 5 mg</i>	G	
VENTOLIN HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT (<i>albuterol sulfate</i>)	NF	
XOPENEX HFA INHALATION AEROSOL 45 MCG/ACT (<i>levalbuterol tartrate</i>)	NF	
COLD/COUGH		
ADRENALIN NASAL SOLUTION 0.1 % (<i>epinephrine hcl (nasal)</i>)	NPB	
<i>benzonatate capsule 150 mg oral 150 mg</i>	G	
<i>benzonatate capsule 150 mg oral 150 mg</i>	NF	
<i>benzonatate oral capsule 100 mg, 200 mg</i>	G	
CLARINEX-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR 2.5-120 MG (<i>desloratadine-pseudoephedrine</i>)	NPB	
<i>g tussin ac oral solution 100-10 mg/5ml</i>	G	
GILPHEX TR ORAL TABLET 10-388 MG (<i>phenylephrine-guaiifenesin</i>)	NPB	
<i>guaifenesin ac oral syrup 100-10 mg/5ml</i>	G	
<i>guaifenesin-codeine oral solution 100-10 mg/5ml</i>	G	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
<i>hydrocod polst-cpm polst er oral suspension extended release 10-8 mg/5ml</i>	G	
<i>hydrocodone bit-homatrop mbr oral solution 5-1.5 mg/5ml</i>	G	
<i>hydrocodone bit-homatrop mbr oral tablet 5-1.5 mg</i>	G	
<i>hydromet oral solution 5-1.5 mg/5ml</i>	G	
<i>promethazine-codeine oral solution 6.25-10 mg/5ml</i>	G	
<i>promethazine-codeine oral syrup 6.25-10 mg/5ml</i>	G	
<i>promethazine-dm oral syrup 6.25-15 mg/5ml</i>	G	
<i>promethazine-phenyleph-codeine oral syrup 6.25-5-10 mg/5ml</i>	G	
<i>promethazine-phenylephrine oral syrup 6.25-5 mg/5ml</i>	G	
<i>pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml</i>	G	
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HOUR 54.3-8 MG (<i>chlorpheniramine-codeine</i>)	NF	
TUZISTRA XR ORAL SUSPENSION EXTENDED RELEASE 14.7-2.8 MG/5ML (<i>codeine polst-chlorphen polst</i>)	NPB	
<i>virtussin alc oral solution 100-10 mg/5ml</i>	G	
CYSTIC FIBROSIS		
BETHKIS INHALATION NEBULIZATION SOLUTION 300 MG/4ML (<i>tobramycin</i>)	PSP	
BRONCHITOL INHALATION CAPSULE 40 MG (<i>mannitol (cystic fibrosis)</i>)	NF	
BRONCHITOL TOLERANCE TEST INHALATION CAPSULE 40 MG (<i>mannitol (cystic fibrosis)</i>)	NF	
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG (<i>aztreonam lysine</i>)	NF	
KALYDECO ORAL PACKET 25 MG (<i>ivacaftor</i>)	NPSP	
KALYDECO ORAL PACKET 50 MG, 75 MG (<i>ivacaftor</i>)	NPB	
KITABIS PAK INHALATION NEBULIZATION SOLUTION 300 MG/5ML (<i>tobramycin</i>)	NPSP	
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG (<i>lumacaftor-ivacaftor</i>)	NPSP	
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG (<i>lumacaftor-ivacaftor</i>)	NPB	
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML (<i>dornase alfa</i>)	NPSP	
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG, 50-75 & 75 MG (<i>tezacaftor-ivacaftor</i>)	NPSP	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month

01/01/2023

220

Prescription Drug Name	Drug Tier	Drug Notes
TOBI INHALATION NEBULIZATION SOLUTION 300 MG/5ML (<i>tobramycin</i>)	NF	
TOBI PODHALER INHALATION CAPSULE 28 MG (<i>tobramycin</i>)	NF	
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	GSP	
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG, 50-25-37.5 & 75 MG (<i>elxacaftor-tezacaftor-ivacaft</i>)	NPSP	
LEUKOTRIENE MODIFIERS		
<i>zileuton er oral tablet extended release 12 hour 600 mg</i>	NF	
ZYFLO ORAL TABLET 600 MG (<i>zileuton</i>)	NPB	
LEUKOTRIENE RECEPTOR ANTAGONISTS - DRUGS TO TREAT ASTHMA AND ALLERGIES		
<i>montelukast sodium oral packet 4 mg</i>	G	
<i>montelukast sodium oral tablet 10 mg</i>	G	
<i>montelukast sodium oral tablet chewable 4 mg, 5 mg</i>	G	
SINGULAIR ORAL PACKET 4 MG (<i>montelukast sodium</i>)	NF	
SINGULAIR ORAL TABLET 10 MG (<i>montelukast sodium</i>)	NF	
SINGULAIR ORAL TABLET CHEWABLE 4 MG, 5 MG (<i>montelukast sodium</i>)	NF	
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	G	
MAST CELL STABILIZERS - DRUGS TO TREAT ALLERGIES		
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>	G	
MISCELLANEOUS		
<i>acetylcysteine inhalation solution 10 %, 20 %</i>	G	
DALIRESP ORAL TABLET 250 MCG, 500 MCG (<i>roflumilast</i>)	PB	
HYPERSAL INHALATION NEBULIZATION SOLUTION 3.5 % (<i>sodium chloride</i>)	NPB	
<i>sodium chloride inhalation nebulization solution 0.9 %, 10 %, 3 %, 7 %</i>	G	
NASAL STEROIDS - DRUGS TO TREAT ALLERGIES		
BECONASE AQ NASAL SUSPENSION 42 MCG/SPRAY (<i>beclomethasone diprop monohyd</i>)	NF	
<i>flunisolide nasal solution 25 mcg/lact (0.025%)</i>	G	
<i>fluticasone propionate nasal suspension 50 mcg/lact</i>	G	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
<i>mometasone furoate nasal suspension 50 mcg/lact</i>	G	
OMNARIS NASAL SUSPENSION 50 MCG/ACT (<i>ciclesonide</i>)	NF	
QNASL CHILDRENS NASAL AEROSOL SOLUTION 40 MCG/ACT (<i>beclomethasone diprop (nasal)</i>)	NF	
QNASL NASAL AEROSOL SOLUTION 80 MCG/ACT (<i>beclomethasone diprop (nasal)</i>)	NF	
SINUVA NASAL IMPLANT 1350 MCG (<i>mometasone furoate</i>)	NF	
XHANCE NASAL EXHALER SUSPENSION 93 MCG/ACT (<i>fluticasone propionate</i>)	NPB	
ZETONNA NASAL AEROSOL SOLUTION 37 MCG/ACT (<i>ciclesonide</i>)	NF	
PULMONARY FIBROSIS AGENTS		
ESBRIET ORAL CAPSULE 267 MG (<i>pirfenidone</i>)	NF	
ESBRIET ORAL TABLET 267 MG, 801 MG (<i>pirfenidone</i>)	NF	
OFEV ORAL CAPSULE 100 MG, 150 MG (<i>nintedanib esylate</i>)	PSP	
SEVERE ASTHMA AGENTS		
CINQAIR INTRAVENOUS SOLUTION 100 MG/10ML (<i>reslizumab</i>)	NF	
DUPIXENT SOLUTION PEN-INJECTOR 200 MG/1.14ML SUBCUTANEOUS 200 MG/1.14ML (<i>dupilumab</i>)	PSP	
DUPIXENT SOLUTION PEN-INJECTOR 300 MG/2ML SUBCUTANEOUS 300 MG/2ML (<i>dupilumab</i>)	PSP	
DUPIXENT SOLUTION PREFILLED SYRINGE 100 MG/0.67ML SUBCUTANEOUS 100 MG/0.67ML (<i>dupilumab</i>)	PSP	
DUPIXENT SOLUTION PREFILLED SYRINGE 200 MG/1.14ML SUBCUTANEOUS 200 MG/1.14ML (<i>dupilumab</i>)	PSP	
DUPIXENT SOLUTION PREFILLED SYRINGE 300 MG/2ML SUBCUTANEOUS 300 MG/2ML (<i>dupilumab</i>)	PSP	
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/ML (<i>benralizumab</i>)	PSP	
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/ML (<i>benralizumab</i>)	PSP	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month

01/01/2023

222

Prescription Drug Name	Drug Tier	Drug Notes
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (<i>mepolizumab</i>)	PSP	
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 40 MG/0.4ML (<i>mepolizumab</i>)	PSP	
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG (<i>mepolizumab</i>)	NF	
TEZSPIRE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 210 MG/1.91ML (<i>tezepelumab-ekko</i>)	PSP	
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML (<i>omalizumab</i>)	PSP	
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG (<i>omalizumab</i>)	PSP	
STEROID INHALANTS - DRUGS TO TREAT ASTHMA		
ALVESCO INHALATION AEROSOL SOLUTION 160 MCG/ACT, 80 MCG/ACT (<i>ciclesonide</i>)	NF	
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT (<i>fluticasone furoate</i>)	NF	
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT (<i>mometasone furoate</i>)	NF	
ASMANEX (14 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT (<i>mometasone furoate</i>)	NF	
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 220 MCG/ACT (<i>mometasone furoate</i>)	NF	
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT (<i>mometasone furoate</i>)	NF	
ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT (<i>mometasone furoate</i>)	NF	
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml</i>	G	
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 250 MCG/ACT, 50 MCG/ACT (<i>fluticasone propionate (inhal)</i>)	NF	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT, 44 MCG/ACT (<i>fluticasone propionate hfa</i>)	PB	
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT, 90 MCG/ACT (<i>budesonide</i>)	PB	
QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT (<i>beclomethasone diprop hfa</i>)	NF	
STEROID/BETA-AGONIST COMBINATIONS - DRUGS TO TREAT ASTHMA AND COPD		
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT (<i>fluticasone-salmeterol</i>)	PB	
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT (<i>fluticasone-salmeterol</i>)	PB	N8 (Listing does not include certain NDCs)
DULERA INHALATION AEROSOL 100-5 MCG/ACT, 200-5 MCG/ACT, 50-5 MCG/ACT (<i>mometasone furo-formoterol fum</i>)	NF	
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcglact, 250-50 mcglact, 500-50 mcglact</i>	NF	
SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT (<i>budesonide-formoterol fumarate</i>)	PB	
XANTHINES - DRUGS TO TREAT COPD		
<i>theophylline</i> (Elixophyllin Oral Elixir 80 Mg/15MI)	NPB	
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG (<i>theophylline</i>)	NF	
<i>theophylline er oral tablet extended release 12 hour 300 mg, 450 mg</i>	G	
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>	G	
<i>theophylline oral solution 80 mg/15ml</i>	G	
TOPICAL - DRUGS TO TREAT EAR AND SKIN CONDITIONS		
DERMATOLOGY, ACNE		
ABSORICA LD ORAL CAPSULE 16 MG, 24 MG, 32 MG, 8 MG (<i>isotretinoin micronized</i>)	NF	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month

01/01/2023

224

Prescription Drug Name	Drug Tier	Drug Notes
ABSORICA ORAL CAPSULE 10 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG (<i>isotretinoin</i>)	NPB	
ACANYA EXTERNAL GEL 1.2-2.5 % (<i>clindamycin phosphobenzoyl perox</i>)	NF	
ACZONE EXTERNAL GEL 5 %, 7.5 % (<i>dapsone</i>)	NPB	
<i>adainzde external gel 0.3-2.5-1 %</i>	NF	
<i>adainzoxia external gel 0.3-2.5-4 %</i>	NF	
<i>adapalene external cream 0.1 %</i>	G	
<i>adapalene external gel 0.1 %, 0.3 %</i>	G	
<i>adapalene external pad 0.1 %</i>	NF	
<i>adapalene external solution 0.1 %</i>	NF	
<i>adapalene-benzoyl peroxide external gel 0.1-2.5 %</i>	G	
AKLIEF EXTERNAL CREAM 0.005 % (<i>trifarotene</i>)	PB	
ALTRENO EXTERNAL LOTION 0.05 % (<i>tretinoin</i>)	NF	
<i>isotretinoin (Amnesteem Oral Capsule 10 Mg, 20 Mg, 40 Mg)</i>	G	
AMZEEQ EXTERNAL FOAM 4 % (<i>minocycline hcl micronized</i>)	NF	
ARAZLO EXTERNAL LOTION 0.045 % (<i>tazarotene</i>)	PB	
<i>tretinoin (Avita External Cream 0.025 %)</i>	G	
<i>tretinoin (Avita External Gel 0.025 %)</i>	G	
AZELEX EXTERNAL CREAM 20 % (<i>azelaic acid</i>)	NF	
BENZEPRO EXTERNAL 5.8 % (<i>benzoyl peroxide</i>)	NF	
BENZEPRO EXTERNAL FOAM 5.2 %, 9.7 % (<i>benzoyl peroxide</i>)	NF	
<i>benzoyl peroxide (Benzepro External Foam 5.3 %)</i>	G	
BENZEPRO EXTERNAL LIQUID 6.8 % (<i>benzoyl peroxide</i>)	NF	
<i>benzoyl perox-hydrocortisone external lotion 5-0.5 %</i>	G	
<i>benzoyl peroxide external foam 9.8 %</i>	G	
<i>benzoyl peroxide-erythromycin external gel 5-3 %</i>	G	
<i>bp wash external liquid 2.5 %, 7 %</i>	G	
<i>isotretinoin (Claravis Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)</i>	G	
CLENIA PLUS EXTERNAL SUSPENSION 9-4.25 % (<i>sulfacetamide sodium-sulfur</i>)	NF	
<i>clindamycin phosphate (Clindacin Etz External Swab 1 %)</i>	G	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
<i>clindamycin phosphate</i> (Clindacin-P External Swab 1 %)	G	
<i>clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-5 %</i>	G	
<i>clindamycin phosphate external foam 1 %</i>	G	
<i>clindamycin phosphate external gel 1 %</i>	NF	
<i>clindamycin phosphate external lotion 1 %</i>	G	
<i>clindamycin phosphate external solution 1 %</i>	G	
<i>clindamycin phosphate external swab 1 %</i>	G	
<i>clindamycin-tretinoin external gel 1.2-0.025 %</i>	G	
<i>clindavix external kit 1 & 1.8-2 %</i>	NF	
<i>dapsone external gel 5 %</i>	G	
DIFFERIN EXTERNAL LOTION 0.1 % (<i>adapalene</i>)	NF	
EPIDUO FORTE EXTERNAL GEL 0.3-2.5 % (<i>adapalene-benzoyl peroxide</i>)	PB	
<i>ery external pad 2 %</i>	G	
<i>erythromycin external gel 2 %</i>	G	
<i>erythromycin external solution 2 %</i>	G	
FABIOR EXTERNAL FOAM 0.1 % (<i>tazarotene</i>)	NF	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	G	
<i>isotretinoin</i> (Myorisan Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	G	
<i>clindamycin-benzoyl per (refr)</i> (Neuac External Gel 1.2-5 %)	G	
NUCARACLINPAK EXTERNAL KIT 1 % (<i>clindamycin phos- moisturizer</i>)	NF	
NUCARARXPAK EXTERNAL KIT 1-2.5 % (<i>clindamycin-benzoyl per-moist</i>)	NF	
ONEXTON EXTERNAL GEL 1.2-3.75 % (<i>clindamycin phos-benzoyl perox</i>)	PB	
PR BENZOYL PEROXIDE EXTERNAL LIQUID 6.9 % (<i>benzoyl peroxide</i>)	NF	
<i>benzoyl peroxide</i> (Pr Benzoyl Peroxide Wash External Liquid 7 %)	G	
<i>resorcinol-sulfur external lotion 2-5 %</i>	G	
RETIN-A MICRO EXTERNAL GEL 0.04 %, 0.1 % (<i>tretinoin microsphere</i>)	NPB	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month

01/01/2023

226

Prescription Drug Name	Drug Tier	Drug Notes
RETIN-A MICRO PUMP EXTERNAL GEL 0.04 %, 0.06 %, 0.08 %, 0.1 % (<i>tretinoin microsphere</i>)	NPB	
<i>sulfacetamide sodium (acne) external lotion 10 %</i>	G	
<i>sulfacetamide sodium-sulfur external pad 10-4 %</i>	G	
<i>sulfamez wash external emulsion 10-1 %</i>	G	
<i>tretinoin external cream 0.025 %, 0.05 %, 0.1 %</i>	G	
<i>tretinoin external gel 0.01 %, 0.025 %, 0.05 %</i>	G	
<i>tretinoin microsphere external gel 0.04 %, 0.1 %</i>	G	
<i>tretinoin microsphere pump external gel 0.04 %</i>	G	
TWYNEO EXTERNAL CREAM 0.1-3 % (<i>tretinoin-benzoyl peroxide</i>)	PB	
<i>benzoyl perox-hydrocortisone (Vanoxide-Hc External Lotion 5-0.5 %)</i>	NF	
VELTIN EXTERNAL GEL 1.2-0.025 % (<i>clindamycin-tretinoin</i>)	NF	
WINLEVI EXTERNAL CREAM 1 % (<i>clascoterone</i>)	PB	
<i>zaclir cleansing external lotion 8 %</i>	NPB	
<i>isotretinoin (Zenatane Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)</i>	G	
ZIANA EXTERNAL GEL 1.2-0.025 % (<i>clindamycin-tretinoin</i>)	NF	
DERMATOLOGY, ACTINIC KERATOSIS		
CARAC EXTERNAL CREAM 0.5 % (<i>fluorouracil</i>)	NF	
<i>fluorouracil external cream 0.5 %</i>	NF	
<i>fluorouracil external cream 5 %</i>	G	
<i>fluorouracil external solution 2 %, 5 %</i>	G	
<i>imiquimod external cream 5 %</i>	G	
<i>imiquimod pump external cream 3.75 %</i>	G	
KLISYRI EXTERNAL OINTMENT 1 % (<i>tirbanibulin</i>)	NF	
ZYCLARA EXTERNAL CREAM 3.75 % (<i>imiquimod</i>)	PB	
ZYCLARA PUMP EXTERNAL CREAM 2.5 % (<i>imiquimod</i>)	PB	
DERMATOLOGY, ANTIBIOTICS		
ALTABAX EXTERNAL OINTMENT 1 % (<i>retapamulin</i>)	NPB	
CENTANY EXTERNAL OINTMENT 2 % (<i>mupirocin</i>)	NPB	
<i>gentamicin sulfate external cream 0.1 %</i>	G	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
<i>gentamicin sulfate external ointment 0.1 %</i>	G	
<i>mafenide acetate external packet 5 %</i>	G	
<i>mupirocin calcium external cream 2 %</i>	NF	
<i>mupirocin external ointment 2 %</i>	G	
NEO-SYNALAR EXTERNAL CREAM 0.5-0.025 % (<i>neomycin-fluocinolone</i>)	NF	
NEO-SYNALAR EXTERNAL KIT 0.5-0.025 % (<i>neo-fluocinolone & emollient</i>)	NF	
<i>silver sulfadiazine external cream 1 %</i>	G	
<i>silver sulfadiazine (Ssd External Cream 1 %)</i>	G	
SULFAMYLON EXTERNAL CREAM 85 MG/GM (<i>mafenide acetate</i>)	NPB	
XEPI EXTERNAL CREAM 1 % (<i>ozenoxacin</i>)	NPB	
DERMATOLOGY, ANTIFUNGALS		
<i>ciclopirox (Ciclodan External Solution 8 %)</i>	G	
<i>ciclopirox external gel 0.77 %</i>	G	
<i>ciclopirox external shampoo 1 %</i>	G	
<i>ciclopirox external solution 8 %</i>	G	
<i>ciclopirox olamine external cream 0.77 %</i>	G	
<i>ciclopirox olamine external suspension 0.77 %</i>	G	
<i>clotrimazole external cream 1 %</i>	G	
<i>clotrimazole external solution 1 %</i>	G	
<i>clotrimazole-betamethasone external cream 1-0.05 %</i>	G	
<i>clotrimazole-betamethasone external lotion 1-0.05 %</i>	G	
DERMACINRX THERAZOLE PAK EXTERNAL THERAPY PACK 1-0.05 & 20 % (<i>clotrimazole-betameth & zn ox</i>)	NF	
<i>econazole nitrate external cream 1 %</i>	G	
ECOZA EXTERNAL FOAM 1 % (<i>econazole nitrate</i>)	NPB	
ERTACZO EXTERNAL CREAM 2 % (<i>sertaconazole nitrate</i>)	NPB	
EXELDERM EXTERNAL CREAM 1 % (<i>sulconazole nitrate</i>)	NPB	
EXELDERM EXTERNAL SOLUTION 1 % (<i>sulconazole nitrate</i>)	NPB	
EXTINA EXTERNAL FOAM 2 % (<i>ketconazole</i>)	NPB	
<i>fungimez external solution</i>	NF	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month

01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
JUBLIA EXTERNAL SOLUTION 10 % (<i>efinaconazole</i>)	NPB	
KERYDIN EXTERNAL SOLUTION 5 % (<i>tavaborole</i>)	NPB	
<i>ketoconazole external cream 2 %</i>	G	
<i>ketoconazole external foam 2 %</i>	NF	
<i>ketoconazole</i> (Ketodan External Foam 2 %)	NF	
LOPROX EXTERNAL CREAM 0.77 % (<i>ciclopirox olamine</i>)	NF	
LOPROX EXTERNAL KIT 0.77 % (SUSP) (<i>ciclopirox olamine-cleanser</i>)	NF	
LOPROX EXTERNAL SUSPENSION 0.77 % (<i>ciclopirox olamine</i>)	NF	
<i>luliconazole external cream 1 %</i>	NF	
MENTAX EXTERNAL CREAM 1 % (<i>butenafine hcl</i>)	NPB	
<i>miconazole-zinc oxide-petrolat external ointment 0.25-15-81.35 %</i>	G	
<i>naftifine hcl external cream 1 %, 2 %</i>	G	
NAFTIN EXTERNAL GEL 1 %, 2 % (<i>naftifine hcl</i>)	PB	
<i>nystatin</i> (Nyamyc External Powder 100000 Unit/Gm)	G	
<i>nystatin external cream 100000 unit/gm</i>	G	
<i>nystatin external ointment 100000 unit/gm</i>	G	
<i>nystatin external powder 100000 unit/gm</i>	G	
<i>nystatin-triamcinolone external cream 100000-0.1 unit/gm-%</i>	G	
<i>nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%</i>	G	
<i>nystatin</i> (Nystop External Powder 100000 Unit/Gm)	G	
<i>oxiconazole nitrate external cream 1 %</i>	NF	
OXISTAT EXTERNAL LOTION 1 % (<i>oxiconazole nitrate</i>)	NPB	
RECURA EXTERNAL CREAM (<i>misc antifungal combo products</i>)	NF	
<i>sulconazole nitrate external solution 1 %</i>	NPB	
<i>tavaborole external solution 5 %</i>	NF	
VUSION EXTERNAL OINTMENT 0.25-15-81.35 % (<i>miconazole-zinc oxide-petrolat</i>)	NPB	
XOLEGEL EXTERNAL GEL 2 % (<i>ketoconazole</i>)	NF	
DERMATOLOGY, ANTIPRURITIC		
<i>doxepin hcl external cream 5 %</i>	NF	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	G	
<i>calcipotriene external cream 0.005 %</i>	NF	
<i>calcipotriene external foam 0.005 %</i>	NF	
<i>calcipotriene external ointment 0.005 %</i>	G	
<i>calcipotriene external solution 0.005 %</i>	G	
<i>calcipotriene (Calcitrene External Ointment 0.005 %)</i>	G	
<i>calcitriol external ointment 3 mcg/gm</i>	NF	
ILUMYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>tildrakizumab-asmn</i>)	PSP	
<i>methoxsalen rapid oral capsule 10 mg</i>	NPB	
SORILUX EXTERNAL FOAM 0.005 % (<i>calcipotriene</i>)	NF	
<i>tazarotene external cream 0.1 %</i>	G	
TAZORAC EXTERNAL CREAM 0.05 %, 0.1 % (<i>tazarotene</i>)	NF	
TAZORAC EXTERNAL GEL 0.05 %, 0.1 % (<i>tazarotene</i>)	NF	
VECTICAL EXTERNAL OINTMENT 3 MCG/GM (<i>calcitriol</i>)	NF	
WYNZORA EXTERNAL CREAM 0.005-0.064 % (<i>calcipotriene-betameth diprop</i>)	NF	
DERMATOLOGY, ANTISEBORRHEICS		
<i>glycolic acid solution 70 %</i>	NPB	
<i>ketoconazole external shampoo 2 %</i>	G	
OVACE PLUS EXTERNAL FOAM 9.8 % (<i>sulfacetamide sodium</i>)	NF	
<i>selenium sulfide external lotion 2.5 %</i>	G	
<i>sodium sulfacetamide wash external liquid 10 %</i>	NPB	
DERMATOLOGY, ATOPIC DERMATITIS		
ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>tralokinumab-ldrm</i>)	PSP	
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG (<i>abrocitinib</i>)	PSP	
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 MG/1.14ML, 300 MG/2ML (<i>dupilumab</i>)	PSP	
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML, 200 MG/1.14ML, 300 MG/2ML (<i>dupilumab</i>)	PSP	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month

01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
OPZELURA EXTERNAL CREAM 1.5 % (<i>ruxolitinib phosphate</i>)	NPB	
DERMATOLOGY, CORTICOSTEROIDS		
ADVANCED ALLERGY COLLECTION EXTERNAL KIT 2.5 % (<i>hydrocortisone</i>)	NF	
<i>ala-cort external cream 1 %, 2.5 %</i>	G	
<i>alclometasone dipropionate external cream 0.05 %</i>	G	
<i>alclometasone dipropionate external ointment 0.05 %</i>	G	
<i>amcinonide external cream 0.1 %</i>	G	
<i>amcinonide external lotion 0.1 %</i>	G	
<i>amcinonide external ointment 0.1 %</i>	NPB	
APEXICON E EXTERNAL CREAM 0.05 % (<i>diflorasone diacet emoll base</i>)	NF	
<i>betamethasone dipropionate aug external cream 0.05 %</i>	G	
<i>betamethasone dipropionate aug external gel 0.05 %</i>	G	
<i>betamethasone dipropionate aug external lotion 0.05 %</i>	G	
<i>betamethasone dipropionate aug external ointment 0.05 %</i>	G	
<i>betamethasone dipropionate external cream 0.05 %</i>	G	
<i>betamethasone dipropionate external lotion 0.05 %</i>	G	
<i>betamethasone dipropionate external ointment 0.05 %</i>	NF	
<i>betamethasone valerate external cream 0.1 %</i>	G	
<i>betamethasone valerate external foam 0.12 %</i>	G	
<i>betamethasone valerate external lotion 0.1 %</i>	G	
<i>betamethasone valerate external ointment 0.1 %</i>	G	
BRYHALI EXTERNAL LOTION 0.01 % (<i>halobetasol propionate</i>)	PB	
<i>calcipotriene-betameth diprop external ointment 0.005-0.064 %</i>	NF	
<i>calcipotriene-betameth diprop external suspension 0.005-0.064 %</i>	NF	
CAPEX EXTERNAL SHAMPOO 0.01 % (<i>fluocinolone acetonide</i>)	PB	
<i>clobetasol prop emollient base external cream 0.05 %</i>	G	
<i>clobetasol propionate e external cream 0.05 %</i>	G	
<i>clobetasol propionate emulsion external foam 0.05 %</i>	NF	
<i>clobetasol propionate external cream 0.05 %</i>	G	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
<i>clobetasol propionate external foam 0.05 %</i>	G	
<i>clobetasol propionate external gel 0.05 %</i>	G	
<i>clobetasol propionate external liquid 0.05 %</i>	NF	
<i>clobetasol propionate external lotion 0.05 %</i>	G	
<i>clobetasol propionate external ointment 0.05 %</i>	G	
<i>clobetasol propionate external shampoo 0.05 %</i>	G	
<i>clobetasol propionate external solution 0.05 %</i>	G	
CLOBEX SPRAY EXTERNAL LIQUID 0.05 % (<i>clobetasol propionate</i>)	NF	
<i>clocortolone pivalate external cream 0.1 %</i>	NF	
<i>clobetasol propionate</i> (Clodan External Shampoo 0.05 %)	G	
CLODERM EXTERNAL CREAM 0.1 % (<i>clocortolone pivalate</i>)	NPB	
CORDRAN EXTERNAL CREAM 0.025 %, 0.05 % (<i>flurandrenolide</i>)	NF	
CORDRAN EXTERNAL LOTION 0.05 % (<i>flurandrenolide</i>)	NF	
CORDRAN EXTERNAL OINTMENT 0.05 % (<i>flurandrenolide</i>)	NF	
CORDRAN EXTERNAL TAPE 4 MCG/SQCM (<i>flurandrenolide</i>)	NF	
<i>desonide external cream 0.05 %</i>	G	
<i>desonide external gel 0.05 %</i>	NF	
<i>desonide external lotion 0.05 %</i>	G	
<i>desonide external ointment 0.05 %</i>	G	
DESOWEN EXTERNAL CREAM 0.05 % (<i>desonide</i>)	NPB	
<i>desoximetasone external cream 0.05 %, 0.25 %</i>	G	
<i>desoximetasone external gel 0.05 %</i>	G	
<i>desoximetasone external liquid 0.25 %</i>	G	
<i>desoximetasone external ointment 0.05 %</i>	NF	
<i>desoximetasone external ointment 0.25 %</i>	G	
<i>desonide</i> (Desrx External Gel 0.05 %)	NF	
<i>diflorasone diacetate external cream 0.05 %</i>	NF	
<i>diflorasone diacetate external ointment 0.05 %</i>	NF	
DIPROLENE EXTERNAL OINTMENT 0.05 % (<i>betamethasone dipropionate aug</i>)	NPB	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month

01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
DUOBRII EXTERNAL LOTION 0.01-0.045 % (<i>halobetasol prop-tazarotene</i>)	NF	
ENSTILAR EXTERNAL FOAM 0.005-0.064 % (<i>calcipotriene-betameth diprop</i>)	PB	
<i>fluocinolone acetonide body external oil 0.01 %</i>	G	
<i>fluocinolone acetonide external cream 0.01 %, 0.025 %</i>	G	
<i>fluocinolone acetonide external ointment 0.025 %</i>	G	
<i>fluocinolone acetonide external solution 0.01 %</i>	G	
<i>fluocinolone acetonide scalp external oil 0.01 %</i>	G	
<i>fluocinonide emulsified base external cream 0.05 %</i>	G	
<i>fluocinonide external cream 0.05 %</i>	G	
<i>fluocinonide external cream 0.1 %</i>	NF	
<i>fluocinonide external gel 0.05 %</i>	G	
<i>fluocinonide external ointment 0.05 %</i>	G	
<i>fluocinonide external solution 0.05 %</i>	G	
<i>flurandrenolide external cream 0.05 %</i>	NF	
<i>flurandrenolide external lotion 0.05 %</i>	NF	
<i>fluticasone propionate external cream 0.05 %</i>	G	
<i>fluticasone propionate external lotion 0.05 %</i>	G	
<i>fluticasone propionate external ointment 0.005 %</i>	G	
<i>halcinonide external cream 0.1 %</i>	NF	
<i>halobetasol propionate external cream 0.05 %</i>	G	
<i>halobetasol propionate external foam 0.05 %</i>	NF	
<i>halobetasol propionate external ointment 0.05 %</i>	G	
HALOG EXTERNAL CREAM 0.1 % (<i>halcinonide</i>)	NF	
HALOG EXTERNAL OINTMENT 0.1 % (<i>halcinonide</i>)	NF	
HALOG EXTERNAL SOLUTION 0.1 % (<i>halcinonide</i>)	NF	
<i>hydrocortisone butyr lipo base external cream 0.1 %</i>	NF	
<i>hydrocortisone butyrate external cream 0.1 %</i>	NF	
<i>hydrocortisone butyrate external lotion 0.1 %</i>	NF	
<i>hydrocortisone butyrate external ointment 0.1 %</i>	G	
<i>hydrocortisone butyrate external solution 0.1 %</i>	G	
<i>hydrocortisone external cream 1 %, 2.5 %</i>	G	
<i>hydrocortisone external lotion 2.5 %</i>	G	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
<i>hydrocortisone external ointment 1 %, 2.5 %</i>	G	
<i>hydrocortisone valerate external cream 0.2 %</i>	G	
<i>hydrocortisone valerate external ointment 0.2 %</i>	G	
IMPEKLO EXTERNAL LOTION 0.15 MG/ACT (0.05%) (<i>clobetasol propionate</i>)	NF	
IMPOYZ EXTERNAL CREAM 0.025 % (<i>clobetasol propionate</i>)	NF	
LEXETTE EXTERNAL FOAM 0.05 % (<i>halobetasol propionate</i>)	NF	
<i>mometasone furoate external cream 0.1 %</i>	G	
<i>mometasone furoate external ointment 0.1 %</i>	G	
<i>mometasone furoate external solution 0.1 %</i>	G	
OLUX-E EXTERNAL FOAM 0.05 % (<i>clobetasol propionate emulsion</i>)	NF	
PANDEL EXTERNAL CREAM 0.1 % (<i>hydrocortisone probutate</i>)	NPB	
<i>prednicarbate external ointment 0.1 %</i>	G	
SERNIVO EXTERNAL EMULSION 0.05 % (<i>betamethasone dipropionate</i>)	NPB	
SYNALAR EXTERNAL SOLUTION 0.01 % (<i>fluocinolone acetonide</i>)	NPB	
TACLONEX EXTERNAL SUSPENSION 0.005-0.064 % (<i>calcipotriene-betameth diprop</i>)	NPB	
TASOPROL EXTERNAL KIT 0.05 % (<i>clobetasol propionate</i>)	NF	
TEXACORT EXTERNAL SOLUTION 2.5 % (<i>hydrocortisone</i>)	PB	
TOPICORT EXTERNAL CREAM 0.25 % (<i>desoximetasone</i>)	NPB	
TOPICORT EXTERNAL GEL 0.05 % (<i>desoximetasone</i>)	NPB	
TOPICORT EXTERNAL OINTMENT 0.25 % (<i>desoximetasone</i>)	NPB	
<i>clobetasol propionate emulsion (Tovet External Foam 0.05 %)</i>	NF	
<i>triamcinolone acetonide external aerosol solution 0.147 mg/gm</i>	NF	
<i>triamcinolone acetonide external cream 0.025 %, 0.1 %, 0.5 %</i>	G	
<i>triamcinolone acetonide external lotion 0.025 %, 0.1 %</i>	G	
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>	G	
<i>triamcinolone acetonide external ointment 0.05 %</i>	NF	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month

01/01/2023

234

Prescription Drug Name	Drug Tier	Drug Notes
<i>triamcinolone in absorbase external ointment 0.05 %</i>	NF	
<i>triamcinolone acetonide (Trianex External Ointment 0.05 %)</i>	NF	
<i>triamcinolone acetonide (Triderm External Cream 0.1 %, 0.5 %)</i>	G	
TRIDESILON EXTERNAL CREAM 0.05 % (<i>desonide</i>)	NPB	
ULTRAVATE EXTERNAL LOTION 0.05 % (<i>halobetasol propionate</i>)	NF	
VERDESO EXTERNAL FOAM 0.05 % (<i>desonide</i>)	NPB	
DERMATOLOGY, LOCAL ANESTHETICS		
<i>lidocaine hcl (7T Lido External Gel 2 %)</i>	G	
ACCUCAINE COMBINATION KIT 1 % (<i>lido-pentaf-tetrafl-ultrasound</i>)	NF	
<i>aftertest topical pain relief external stick 10 %</i>	NF	
ANACAINE EXTERNAL OINTMENT 10 % (<i>benzocaine</i>)	NPB	
APRIZIO PAK EXTERNAL KIT 2.5-2.5 % (<i>lidocaine-prilocaine-dressing</i>)	NF	
ASTERO EXTERNAL GEL 4 % (<i>lidocaine hcl</i>)	NF	
CADIRAMD EXTERNAL KIT 2.5-2.5 % (<i>lido-prilocaine-blood collect</i>)	NF	
CETACAINE EXTERNAL LIQUID 2-2-14 % (<i>butamben-tetracaine-benzocaine</i>)	NF	
DERMACINRX PHN EXTERNAL THERAPY PACK 5 & 5 % (<i>lidocaine-dimethicone</i>)	NF	
DERMACINRX ZRM EXTERNAL THERAPY PACK 5 % (<i>lidocaine-emollient</i>)	NF	
<i>dermalid external therapy pack 5 %</i>	NF	
<i>gen7t external lotion 3.5 %</i>	NF	
<i>gen7t external patch 3.5 %</i>	NF	
<i>gen7t plus external lotion 3.5-7 %</i>	NF	
<i>gen7t plus external patch 3.5-7 %</i>	NF	
<i>lidocaine hcl (Glydo External Prefilled Syringe 2 %)</i>	G	
L.E.T. EXTERNAL GEL 4-0.05-0.5 % (<i>lido-epinephrine-tetracaine</i>)	NF	
LDO PLUS EXTERNAL GEL 4 % (<i>lidocaine hcl</i>)	NF	
<i>levatio external patch 0.03-5 %</i>	NF	
<i>lidocaine external ointment 5 %</i>	G	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
<i>lidocaine external patch 5 %</i>	G	
<i>lidocaine hcl external solution 4 %</i>	G	
<i>lidocaine hcl urethral/mucosal external gel 2 %</i>	G	
<i>lidocaine hcl urethral/mucosal external prefilled syringe 2 %</i>	G	
<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>	G	
LIDODERM EXTERNAL PATCH 5 % (<i>lidocaine</i>)	PB	
LIDOPURE PATCH EXTERNAL KIT 5 % (<i>lidocaine-adhesive sheets</i>)	NF	
LIDOTHOL EXTERNAL GEL 4.5-5 % (<i>lidocaine-menthol</i>)	NF	
LIDOTHOL EXTERNAL PATCH 4.5-5 % (<i>lidocaine-menthol</i>)	NF	
LIDOTRAL EXTERNAL CREAM 3.88 % (<i>lidocaine hcl</i>)	NF	
LMR PLUS EXTERNAL KIT 5 & 0.5-0.5 % (<i>lidocaine-camphor-menthol</i>)	NF	
<i>paingo kft external kit 2.5-2.5-10-30 %</i>	NF	
PLIAGLIS EXTERNAL CREAM 7-7 % (<i>lidocaine-tetracaine</i>)	NF	
PRAMOX EXTERNAL GEL 1 % (<i>pramoxine hcl</i>)	G	
<i>premium scar external patch 2-4-30 %</i>	NF	
<i>prepiiv supply combination kit 2.5-2.5 & 0.9 %</i>	NF	
QUTENZA (2 PATCH) EXTERNAL KIT 8 % (<i>capsaicin-cleansing gel</i>)	NPSP	
QUTENZA (4 PATCH) EXTERNAL KIT 8 % (<i>capsaicin-cleansing gel</i>)	NPSP	
QUTENZA EXTERNAL KIT 8 % (<i>capsaicin-cleansing gel</i>)	NPSP	
SOOTHEE EXTERNAL PATCH 0.5-0.0375-5-2 % (<i>lido-capsaicin-men-methyl sal</i>)	NF	
SX1 MEDICATED POST-OPERATIVE EXTERNAL KIT 2 % (<i>lidocaine hcl & post-op system</i>)	NF	
SYNERA EXTERNAL PATCH 70-70 MG (<i>lidocaine-tetracaine</i>)	NPB	
VENIPUNCTURE PX1 PHLEBOTOMY EXTERNAL KIT 2 % (<i>lidocaine hcl-blood collection</i>)	NF	
<i>wpr plus wound healing system external therapy pack 4 & 10-30 %</i>	NF	
ZILACAINE PATCH EXTERNAL THERAPY PACK 5 % (<i>lidocaine-silicone</i>)	NF	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month

01/01/2023

236

Prescription Drug Name	Drug Tier	Drug Notes
ZTLIDO EXTERNAL PATCH 1.8 % (<i>lidocaine</i>)	NPB	
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
ACUICYN EXTERNAL SOLUTION (<i>eyelid cleansers</i>)	NF	
<i>acyclovir external cream 5 %</i>	NF	
<i>acyclovir external ointment 5 %</i>	G	
AMELUZ EXTERNAL GEL 10 % (<i>aminolevulinic acid hcl</i>)	NF	
<i>ammonium lactate external cream 12 %</i>	G	
<i>ammonium lactate external lotion 12 %</i>	G	
AVENOVA EXTERNAL SOLUTION 0.01 % (<i>eyelid cleansers</i>)	NF	
<i>bensal hp external ointment 3 %</i>	NF	
CONDYLOX EXTERNAL GEL 0.5 % (<i>podofilox</i>)	PB	
DENAVIR EXTERNAL CREAM 1 % (<i>penciclovir</i>)	NPB	
DERMACINRX CLORHEXACIN EXTERNAL KIT 4 & 2 & 5 % (OINT) (<i>chlorhex-mupir-dimeth-silicone</i>)	NF	
<i>dermacinrx surgical combopak combination kit</i>	NF	
<i>diclofenac epolamine external patch 1.3 %</i>	G	
<i>diclofenac sodium external gel 3 %</i>	G	
<i>diclofenac sodium external solution 1.5 %</i>	G	
<i>diclofenac sodium gel 1 % external (rx) 1 %</i>	G	
<i>diclofenac sodium gel 1 % external (rx) 1 %</i>	NF	
DICLOFONO EXTERNAL GEL 1.6 % (<i>diclofenac sodium</i>)	NF	
ELIDEL EXTERNAL CREAM 1 % (<i>pimecrolimus</i>)	NF	
<i>enovarx-diclofenac sodium external cream 2.5 %</i>	NF	
EUCRISA EXTERNAL OINTMENT 2 % (<i>crisaborole</i>)	PB	
FROTEK EXTERNAL CREAM 10 % (<i>ketoprofen</i>)	NF	
<i>iodine tincture external tincture 2 %</i>	NPB	
KETOPHENE RAPIDPAQ EXTERNAL CREAM 20 % (<i>ketoprofen</i>)	NF	
<i>lactic acid external lotion 10 %</i>	G	
NUSURGEPAK SURGICAL PREP/CARE EXTERNAL KIT 4 & 2 & 5 % (OINT) (<i>chlorhex-mupir-dimeth-silicone</i>)	NF	
PENNSAID EXTERNAL SOLUTION 2 % (<i>diclofenac sodium</i>)	NF	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
<i>pimecrolimus external cream 1 %</i>	G	
<i>podofilox external solution 0.5 %</i>	G	
PROTOPIC EXTERNAL OINTMENT 0.03 %, 0.1 % (<i>tacrolimus</i>)	NPB	
RECTIV RECTAL OINTMENT 0.4 % (<i>nitroglycerin</i>)	NPB	
<i>salimez external cream 6 %</i>	NPB	
<i>salimez forte external cream 10 %</i>	NPB	
SANTYL EXTERNAL OINTMENT 250 UNIT/GM (<i>collagenase</i>)	NPB	
<i>tacrolimus external ointment 0.03 %, 0.1 %</i>	G	
TARGRETIN EXTERNAL GEL 1 % (<i>bexarotene</i>)	NPSP	
VALCHLOR EXTERNAL GEL 0.016 % (<i>mechlorethamine hcl (topical)</i>)	NPSP	
VEREGEN EXTERNAL OINTMENT 15 % (<i>sinecatechins</i>)	NF	
VOLTAREN EXTERNAL GEL 1 % (<i>diclofenac sodium</i>)	NPB	
XALIX EXTERNAL SOLUTION 28 % (<i>salicylic acid</i>)	NF	
XERAC AC EXTERNAL SOLUTION 6.25 % (<i>aluminum chloride in alcohol</i>)	NPB	
DERMATOLOGY, ROSACEA		
<i>azelaic acid external gel 15 %</i>	G	
<i>doxycycline oral capsule delayed release 40 mg</i>	NF	
FINACEA EXTERNAL FOAM 15 % (<i>azelaic acid</i>)	PB	
FINACEA EXTERNAL GEL 15 % (<i>azelaic acid</i>)	NF	
<i>ivermectin external cream 1 %</i>	NF	
<i>metronidazole external cream 0.75 %</i>	G	
<i>metronidazole external gel 0.75 %, 1 %</i>	G	
<i>metronidazole external lotion 0.75 %</i>	G	
MIRVASO EXTERNAL GEL 0.33 % (<i>brimonidine tartrate</i>)	NF	
NORITATE EXTERNAL CREAM 1 % (<i>metronidazole</i>)	NF	
ORACEA ORAL CAPSULE DELAYED RELEASE 40 MG (<i>doxycycline</i>)	PB	
RHOFADE EXTERNAL CREAM 1 % (<i>oxymetazoline hcl</i>)	PB	
<i>metronidazole (Rosadan External Cream 0.75 %)</i>	G	
<i>metronidazole (Rosadan External Gel 0.75 %)</i>	G	
SOOLANTRA EXTERNAL CREAM 1 % (<i>ivermectin</i>)	PB	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month

01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
ZILXI EXTERNAL FOAM 1.5 % (<i>minocycline hcl micronized</i>)	NF	
DERMATOLOGY, SCABICIDES AND PEDICULICIDES		
CROTAN EXTERNAL LOTION 10 % (<i>crotamiton</i>)	G	
<i>lindane external shampoo 1 %</i>	G	
<i>malathion external lotion 0.5 %</i>	G	
<i>permethrin external cream 5 %</i>	G	
<i>spinosad external suspension 0.9 %</i>	G	
<i>sulfurated lime external solution</i>	NPB	
DERMATOLOGY, WOUND CARE AGENTS		
<i>acetic acid irrigation solution 0.25 %</i>	G	
<i>sodium chloride (gu irrigant) (Argyle Sterile Saline Irrigation Solution 0.9 %)</i>	G	
<i>sodium chloride (gu irrigant) (Curity Sterile Saline Irrigation Solution 0.9 %)</i>	G	
<i>glycine irrigation solution 1.5 %</i>	G	
REGANEX EXTERNAL GEL 0.01 % (<i>becaplermin</i>)	NPB	
RENACIDIN IRRIGATION SOLUTION (<i>citric ac-gluconolact-mg carb</i>)	NPB	
<i>sodium chloride irrigation solution 0.9 %</i>	G	
<i>sorbitol irrigation solution 3 %</i>	NPB	
<i>sorbitol-mannitol irrigation solution 2.7-0.54 gml/100ml</i>	NPB	
MOUTH/THROAT/DENTAL AGENTS		
<i>cevimeline hcl oral capsule 30 mg</i>	G	
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	G	
<i>clotrimazole mouth/throat troche 10 mg</i>	G	
EVOXAC ORAL CAPSULE 30 MG (<i>cevimeline hcl</i>)	PB	
<i>lidocaine hcl mouth/throat solution 4 %</i>	G	
<i>lidocaine viscous hcl mouth/throat solution 2 %</i>	G	
<i>nystatin mouth/throat suspension 100000 unit/ml</i>	G	
<i>triamcinolone acetonide (Oralene Mouth/Throat Paste 0.1 %)</i>	G	
ORAVIG BUCCAL TABLET 50 MG (<i>miconazole</i>)	NPB	
<i>chlorhexidine gluconate (Periogard Mouth/Throat Solution 0.12 %)</i>	G	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	G	

2023 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
01/01/2023

Prescription Drug Name	Drug Tier	Drug Notes
PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE 1.1 % (sodium fluoride)	NF	
PREVIDENT 5000 DRY MOUTH DENTAL GEL 1.1 % (sodium fluoride)	NF	
PREVIDENT 5000 ORTHO DEFENSE DENTAL PASTE 1.1 % (sodium fluoride)	NF	
PREVIDENT 5000 PLUS DENTAL CREAM 1.1 % (sodium fluoride)	NF	
PREVIDENT DENTAL GEL 1.1 % (sodium fluoride)	NF	
PREVIDENT MOUTH/THROAT SOLUTION 0.2 % (sodium fluoride)	NF	
SALAGEN ORAL TABLET 5 MG, 7.5 MG (pilocarpine hcl)	PB	
triamcinolone acetonide mouth/throat paste 0.1 %	G	
OTIC - DRUGS TO TREAT CONDITIONS OF THE EAR		
acetic acid otic solution 2 %	G	
CIPRO HC OTIC SUSPENSION 0.2-1 % (ciprofloxacin-hydrocortisone)	NF	
CIPRODEX OTIC SUSPENSION 0.3-0.1 % (ciprofloxacin-dexamethasone)	NF	
ciprofloxacin hcl otic solution 0.2 %	G	
ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %	G	
ciprofloxacin-fluocinolone pf otic solution 0.3-0.025 %	NF	
CORTISPORIN-TC OTIC SUSPENSION 3.3-3-10-0.5 MG/ML (neomycin-colist-hc-thonzonium)	NPB	
fluocinolone acetonide (Flac Otic Oil 0.01 %)	G	
fluocinolone acetonide otic oil 0.01 %	G	
hydrocortisone-acetic acid otic solution 1-2 %	G	
neomycin-polymyxin-hc otic solution 1 %, 3.5-10000-1	G	
neomycin-polymyxin-hc otic suspension 3.5-10000-1	G	
ofloxacin otic solution 0.3 %	G	
OTIPRIO INTRATYMPANIC SUSPENSION 6 % (ciprofloxacin)	NF	
OTOVEL OTIC SOLUTION 0.3-0.025 % (ciprofloxacin-fluocinolone)	NF	

Index

12-PANEL POC TOXICOLOGY SYSTEM.....	113	<i>acetazolamide</i>	58	ADVANCE INTUITION MONITOR.....	114
<i>1st tier unifine pentips</i>	113	<i>acetazolamide er</i>	58	ADVANCE INTUITION TEST.....	114
<i>1st tier unifine pentips plus</i>	113	<i>acetic acid</i>	239, 240	ADVANCE MICRO-DRAW METER.....	114
<i>1st tier unilet comfortouch</i>	113	<i>acetylcysteine</i>	221	ADVANCE MICRO-DRAW TEST.....	114
7T Lido.....	235	ACIPHEX.....	174	ADVANCED ALLERGY COLLECTION.....	231
<i>abacavir sulfate</i>	26	<i>acitretin</i>	230	ADVATE.....	183
<i>abacavir sulfate-lamivudine</i>	28	ACTEMRA.....	187, 188	ADVOCATE BLOOD GLUCOSE MONITOR.....	114
ABILIFY.....	74	ACTEMRA ACTPEN.....	188	ADVOCATE BLOOD GLUCOSE SYSTEM.....	114
ABILIFY MAINTENA.....	74	ACTHAR.....	164	ADVOCATE INSULIN PEN NEEDLES.....	114
<i>abiraterone acetate</i>	39	ACTICLATE.....	36	ADVOCATE INSULIN SYRINGE.....	114
ABOUTTIME PEN NEEDLE.....	113	<i>acti-lance 28g</i>	114	ADVOCATE LANCETS 30G.....	114
ABRAXANE.....	38	<i>acti-lance lite lancets 28g</i>	114	ADVOCATE LANCING DEVICE.....	114
ABSORICA.....	225	<i>acti-lance special lancets 17g</i> ..	114	ADVOCATE RAPID-SAFE LANCING.....	114
ABSORICA LD.....	224	<i>acti-lance universal 23g</i>	114	ADVOCATE REDI-CODE.....	114, 115
<i>acamprosate calcium</i>	62	ACTIMMUNE.....	195	ADVOCATE REDI-CODE+115 TEST.....	115
ACANYA.....	225	ACTIQ.....	18	ADVOCATE SAFETY LANCETS.....	115
<i>acarbose</i>	91	<i>active fe</i>	203	ADVOCATE SAFETY LANCETS 26G.....	115
ACCUCAINE.....	235	<i>activite</i>	203	ADVOCATE TEST.....	115
ACCU-CHEK AVIVA PLUS.....	113	ACTOS.....	97	<i>adynovate</i>	183
ACCU-CHEK FASTCLIX LANCET.....	113	ACUICYN.....	237	ADZENYS XR-ODT.....	77
ACCU-CHEK FASTCLIX LANCETS.....	113	ACULAR.....	212	AFINITOR.....	41
ACCU-CHEK GUIDE.....	113	ACUVAIL.....	212	AFINITOR DISPERZ.....	41
ACCU-CHEK GUIDE ME..	113	<i>acyclovir</i>	30, 237	Afirmelle.....	101
ACCU-CHEK LINKASSIST.....	113	ACZONE.....	225	AFREZZA.....	94
ACCU-CHEK PLASTIC CARTRIDGE.....	113	<i>adainzde</i>	225	AFSTYLA.....	183
ACCU-CHEK SAFE-T PRO LANCETS.....	113	<i>adainzoxia</i>	225	AFTERA.....	101
ACCU-CHEK SMARTVIEW.....	113	<i>adapalene</i>	225	<i>aftertest topical pain relief</i>	235
ACCU-CHEK SOFTCLIX LANCET DEV.....	113	<i>adapalene-benzoyl peroxide</i>	225	AGAMATRIX AMP.....	115
ACCU-CHEK SOFTCLIX LANCETS.....	113	ADASUVE.....	74	AGAMATRIX AMP TEST..	115
ACCU-CHEK ULTRAFLEX INF SET.....	113	ADBRY.....	230	AGAMATRIX CONTROL LEVEL 2.....	115
ACCU-CHEK ULTRAFLEX-1 INF SET...	114	<i>adclf (0.5mg/ml)</i>	204		
ACCURETIC.....	47	ADCIRCA.....	61		
ACCUTREND GLUCOSE..	114	ADDERALL.....	77		
<i>acebutolol hcl</i>	54	ADDERALL XR.....	77		
<i>acetaminophen-codeine</i>	18	<i>adefovir dipivoxil</i>	30		
<i>acetaminophen-codeine #3</i>	18	ADEMPAS.....	61		
		ADHANSIA XR.....	77		
		ADIPEX-P.....	99		
		<i>adjustable lancing device</i>	114		
		ADLYXIN.....	93		
		ADLYXIN STARTER PACK.....	93		
		ADMELOG.....	94		
		ADRENALIN.....	216, 219		
		ADVAIR DISKUS.....	224		
		ADVAIR HFA.....	224		
		ADVANCE INTUITION METER.....	114		

AGAMATRIX CONTROL	<i>alogliptin-metformin hcl</i>	93	<i>amoxicill-clarithro-lansopraz</i> ..	175
LEVEL 4.....	<i>alogliptin-pioglitazone</i>	93	<i>amoxicillin</i>	35
AGAMATRIX JAZZ TEST. 115	ALOMIDE.....	208	<i>amoxicillin-pot clavulanate</i>	35
AGAMATRIX JAZZ	ALORA.....	158	<i>amoxicillin-pot clavulanate er</i> ...	35
WIRELESS 2.....	<i>alose tron hcl</i>	172	<i>amphetamine sulfate</i>	77
AGAMATRIX KEYNOTE	ALPHAGAN P.....	209	<i>amphetamine-dextroamphet er</i> .	77
TEST.....	ALPHANATE.....	180	<i>amphetamine-</i>	
AGAMATRIX PRESTO.....	ALPHANINE SD.....	184	<i>dextroamphetamine</i>	77
AGAMATRIX PRESTO	<i>alprazolam</i>	62, 63	<i>ampicillin</i>	35
PRO METER.....	<i>alprazolam er</i>	62	AMPYRA.....	83
AGAMATRIX PRESTO	ALPRAZOLAM INTENSOL	62	AMRIX.....	85
TEST.....	<i>alprazolam xr</i>	63	AMVUTTRA.....	165
AGAMATRIX ULTRA-	ALPROLIX.....	184	AMZEEQ.....	225
THIN LANCETS.....	ALREX.....	212	ANACAINE.....	235
AIMOVIG.....	ALTABAX.....	227	<i>anagrelide hcl</i>	185
<i>aim sco twist lancets 32g</i>	Altacaine.....	214	<i>anastrozole</i>	39
AIMSCO TWIST LANCETS	Altafrin.....	214	ANDRODERM.....	90
33G.....	Altavera.....	101	ANDROGEL.....	90
Airavite.....	ALTOPREV.....	52	ANDROGEL PUMP.....	90
AIRDUO RESPICLICK	ALTRENO.....	225	ANGELIQ.....	158
113/14.....	ALUNBRIG.....	41	ANJESO.....	15
AIRDUO RESPICLICK	ALVESCO.....	223	ANNOVERA.....	101
232/14.....	<i>alyacen 1/35</i>	101	ANTARA.....	52
AIRDUO RESPICLICK	<i>alyacen 7/7/7</i>	101	ANZEMET.....	169
55/14.....	Alyq.....	61	APADAZ.....	18
AJOVY.....	Amabelz.....	158	<i>apap-caff-dihydrocodeine</i>	18
AKLIEF.....	<i>amantadine hcl</i>	72	APEXICON E.....	231
AKOVAZ.....	<i>ambrisentan</i>	61	APIDRA.....	94
<i>ak-poly-bac</i>	<i>amcinonide</i>	231	APIDRA SOLOSTAR.....	94
AKTEN.....	AMELUZ.....	237	APLENZIN.....	69
AKYNZEO.....	Amethia.....	101	APOKYN.....	72
<i>ala-cort</i>	Amethyst.....	101	<i>apo-varenicline</i>	88
<i>albendazole</i>	AMICAR.....	185	<i>apraclonidine hcl</i>	209
<i>albuterol sulfate</i>	<i>amiloride hcl</i>	58	<i>aprepitant</i>	169
<i>albuterol sulfate hfa</i>	<i>amiloride-hydrochlorothiazide</i> ..	58	Apri.....	101
<i>alclometasone dipropionate</i>	<i>aminocaproic acid</i>	185	APRISO.....	170
ALDACTAZIDE.....	<i>amiodarone hcl</i>	50	APRIZIO PAK.....	235
ALECENSA.....	AMITIZA.....	172	APTENSIO XR.....	77
<i>alendronate sodium</i>	<i>amitriptyline hcl</i>	69	APTIOM.....	63
<i>alfuzosin hcl er</i>	AMLADEX.....	204	APTIVUS.....	26
ALIMTA.....	AMLODIPINE		AQUALANCE LANCETS	
ALINIA.....	BES+SYRSPEND SF.....	56	30G.....	115
ALIQOPA.....	<i>amlodipine besy-benazepril hcl</i> ..	47	ARAKODA.....	26
<i>aliskiren fumarate</i>	<i>amlodipine besylate</i>	56	ARALAST NP.....	216
ALKINDI SPRINKLE.....	<i>amlodipine besylate-valsartan</i> ...	48	Aranelle.....	101
<i>allopurinol</i>	<i>amlodipine-atorvastatin</i>	56	ARANESP (ALBUMIN	
ALLZITAL.....	<i>amlodipine-olmesartan</i>	49	FREE).....	181
<i>almotriptan malate</i>	<i>ammonium lactate</i>	237	ARAZLO.....	225
ALOCRIL.....	Amnesteem.....	225	ARCALYST.....	195
<i>alogliptin benzoate</i>	<i>amoxapine</i>	69	<i>arformoterol tartrate</i>	218

Argyle Sterile Saline.....	239	ASTAGRAF XL.....	195	AUTOLET PLUS.....	116
Argyle Sterile Water.....	215	ASTAMED MYO.....	204	AUTOSOFT 30 INFUSION	
ARIKAYCE.....	25	ASTERO.....	235	SET.....	117
<i>aripiprazole</i>	74	ATABEX EC.....	198	AUTOSOFT 90 INFUSION	
ARISTADA.....	74	ATABEX OB.....	198	SET.....	117
ARISTADA INITIO.....	74	ATACAND.....	50	AUTOSOFT XC INFUSION	
<i>armodafinil</i>	86	ATACAND HCT.....	49	SET.....	117
ARMOUR THYROID.....	166	<i>atazanavir sulfate</i>	26	AUVI-Q.....	216
ARNUITY ELLIPTA.....	223	<i>atenolol</i>	54	AVASTIN.....	41
ARTHROTEC.....	17	ATENOLOL+SYRSPEND		AVENOVA.....	237
ASACOL HD.....	170	SF.....	54	Aviane.....	102
ASCENIV.....	193	<i>atenolol-chlorthalidone</i>	54	<i>avidoxy</i>	36
Ascomp-Codeine.....	18	ATIVAN.....	63	Avita.....	225
ASCOR.....	204	<i>atomoxetine hcl</i>	77	AVONEX PEN.....	83
Ashlyna.....	102	<i>atorvastatin calcium</i>	52	AVONEX PREFILLED.....	83
ASMANEX (120 METERED		<i>atovaquone</i>	34	AVSOLA.....	187
DOSES).....	223	<i>atovaquone-proguanil hcl</i>	26	Ayuna.....	102
ASMANEX (14 METERED		ATRIPLA.....	28	AYVAKIT.....	41
DOSES).....	223	<i>atropine sulfate</i>	214	Azasan.....	195
ASMANEX (30 METERED		ATROVENT HFA.....	217	AZASITE.....	211
DOSES).....	223	AUBAGIO.....	83	<i>azathioprine</i>	195
ASMANEX (60 METERED		Aubra.....	102	<i>azelaic acid</i>	238
DOSES).....	223	Aubra Eq.....	102	<i>azelastine hcl</i>	208, 218
ASMANEX HFA.....	223	<i>aum mini insulin pen needle</i>	116	<i>azelastine-fluticasone</i>	217
ASPARLAS.....	45	AUM READYGARD DUO		AZELEX.....	225
<i>aspirin</i>	22	PEN NEEDLE.....	116	<i>azesco</i>	198
<i>aspirin adult low dose</i>	22	AUM SAFETY PEN		<i>azithromycin</i>	32
<i>aspirin ec low strength</i>	22	NEEDLE.....	116	AZOPT.....	209
<i>aspirin low dose</i>	22	<i>aurora lancet super thin 30g</i>	116	AZOR.....	49
<i>aspirin-dipyridamole er</i>	186	<i>aurora lancet thin 23g</i>	116	AZSTARYS.....	77
ASPIR-LOW.....	22	<i>aurora pen needles</i>	116	AZULFIDINE.....	171
ASSURE 3 METER.....	115	<i>aurora unifine pentips</i>	116	AZULFIDINE EN-TABS....	171
ASSURE 3 TEST.....	115	Aurovela 1.5/30.....	102	Azurette.....	102
ASSURE 4 METER.....	115	Aurovela 1/20.....	102	<i>b-6 folic acid</i>	204
ASSURE 4 TEST.....	116	Aurovela 24 Fe.....	102	Bac.....	15
<i>assure comfort lancets 28g</i>	116	Aurovela Fe 1.5/30.....	102	<i>bacitracin</i>	211
ASSURE ID INSULIN		Aurovela Fe 1/20.....	102	<i>bacitracin-polymyxin b</i>	211
SAFETY SYR.....	116	AURYXIA.....	165	<i>bacitra-neomycin-polymyxin-</i>	
ASSURE ID SAFETY PEN		AUSTEDO.....	83	<i>hc</i>	210
NEEDLES.....	116	AUTO-LANCET.....	116	<i>baclofen</i>	85
ASSURE II.....	116	AUTO-LANCET MINI.....	116	BACTRIM.....	25
ASSURE II CHECK.....	116	AUTOLET II CLINISAFE..	116	BACTRIM DS.....	25
ASSURE PLATINUM.....	116	AUTOLET LANCING		BAFIERTAM.....	83
ASSURE PLATINUM		DEVICE.....	116	BALCOLTRA.....	102
METER.....	116	AUTOLET LITE		<i>balsalazide disodium</i>	171
ASSURE PRISM MULTI		CLINISAFE.....	116	BALVERSA.....	41
TEST.....	116	AUTOLET LITE STARTER		Balziva.....	102
ASSURE PRO BLOOD		PACK.....	116	BANZEL.....	63
GLUCOSE METER.....	116	AUTOLET MINI.....	116	BAQSIMI ONE PACK.....	162
ASSURE PRO TEST.....	116	AUTOLET PLATFORMS..	116	BAQSIMI TWO PACK.....	162

BARACLUDE.....	30	<i>benazepril-hydrochlorothiazide</i> ..	47	<i>bisoprolol-hydrochlorothiazide</i> ..	54
BASAGLAR KWIKPEN.....	94	BENEFIX.....	184	BIVIGAM.....	193
BAXDELA.....	33	BENICAR.....	50	BLEPHAMIDE S.O.P.....	210
BAYER ASPIRIN EC LOW DOSE.....	22	BENICAR HCT.....	49	Blisovi 24 Fe.....	102
BAYER LOW DOSE.....	22	BENLYSTA.....	195	Blisovi Fe 1.5/30.....	102
BD AUTOSHIELD.....	117	<i>bensal hp</i>	237	Blisovi Fe 1/20.....	102
BD AUTOSHIELD DUO....	117	BENZEPRO.....	225	<i>blood glucose monitor system</i> ..	118
BD INSULIN SYRINGE.....	117	Benzepro.....	225	<i>blood glucose system pak</i>	118
BD INSULIN SYRINGE MICROFINE.....	117	<i>benznidazole</i>	24	<i>blood glucose test</i>	118
BD INSULIN SYRINGE U/F.....	117	<i>benzonatate</i>	219	BLULINK CONTROL HIGH & LOW.....	118
BD INSULIN SYRINGE U-500.....	117	<i>benzoyl perox-hydrocortisone</i> ..	225	BONJESTA.....	169
BD INSULIN SYRINGE ULTRAFINE.....	117	<i>benzoyl peroxide</i>	225	<i>bortezomib</i>	46
BD LANCET ULTRAFINE 30G.....	117	<i>benzoyl peroxide-erythromycin</i>	225	<i>bosentan</i>	61
BD LANCET ULTRAFINE 33G.....	117	<i>benztropine mesylate</i>	72	BOSULIF.....	41
BD LATITUDE DIABETES	117	BEOVU.....	215	<i>bp vit 3</i>	204
BD LOGIC BLOOD GLUCOSE MONITOR.....	117	BEPREVE.....	209	<i>bp wash</i>	225
BD MICROTAINER LANCETS.....	117	BERINERT.....	193	<i>b-plex</i>	204
BD PEN NEEDLE MICRO U/F.....	117	BESIVANCE.....	211	<i>b-plex plus</i>	204
BD PEN NEEDLE MINI U/F.....	117	BESREMI.....	39	BRAFTOVI.....	41
BD PEN NEEDLE NANO 2ND GEN.....	117	<i>betaine</i>	156	BREXAFEMME.....	25
BD PEN NEEDLE NANO U/F.....	118	<i>betamethasone dipropionate</i>	231	BREZTRI AEROSPHERE..	217
BD PEN NEEDLE ORIGINAL U/F.....	118	<i>betamethasone dipropionate aug</i>	231	<i>briellyn</i>	102
BD PEN NEEDLE SHORT U/F.....	118	<i>betamethasone valerate</i>	231	BRILINTA.....	186
BD SAFETYGLIDE INSULIN SYRINGE.....	118	BETAPACE.....	50	<i>brimonidine tartrate</i>	209
BD VEO INSULIN SYR U/F 1/2UNIT.....	118	BETAPACE AF.....	50	<i>brinzolamide</i>	209
BD VEO INSULIN SYRINGE U/F.....	118	BETASERON.....	83	BRIVIACT.....	63
BECONASE AQ.....	221	<i>betaxolol hcl</i>	54, 209	<i>bromfenac sodium (once-daily)</i>	212
BELBUCA.....	22	<i>bethanechol chloride</i>	178	<i>bromocriptine mesylate</i>	72
BELEODAQ.....	45	BETHKIS.....	220	BROMSITE.....	212
<i>belladonna alkaloids-opium</i>	170	BETIMOL.....	209	BRONCHITOL.....	220
BELSOMRA.....	79	BETOPTIC-S.....	209	BRONCHITOL TOLERANCE TEST.....	220
<i>benazepril hcl</i>	48	BEVESPI AEROSPHERE...217		BROVANA.....	219
		<i>bexarotene</i>	45	BRUKINSA.....	41
		BEYAZ.....	102	BRYHALI.....	231
		<i>bicalutamide</i>	39	<i>budesonide</i>	171, 223
		BIDIL.....	59	<i>budesonide er</i>	171
		BIJUVA.....	158	<i>bumetanide</i>	58
		BIKTARVY.....	28	Bupap.....	15
		<i>bimatoprost</i>	209	BUPHENYL.....	157
		<i>bi-mix</i>	177	<i>bupivacaine hcl</i>	24
		BINOSTO.....	99	<i>buprenorphine</i>	22
		<i>biocel</i>	204	<i>buprenorphine hcl</i>	87
		BIORPHEN.....	59	<i>buprenorphine hcl-naloxone hcl</i> ..	87
		BIOTEL CARE BLOOD GLUCOSE.....	118	<i>bupropion hcl</i>	69
		BIOTEL CARE BLOOD GLUCOSE SYST.....	118	<i>bupropion hcl er (smoking det)</i> ..	88
		<i>bisoprolol fumarate</i>	54	<i>bupropion hcl er (sr)</i>	69
				<i>bupropion hcl er (xl)</i>	69

<i>bupirone hcl</i>	63	CARDIOCOM LANCING	CARNITOR.....	100
<i>butalbital-acetaminophen</i>	15	DEVICE.....	CARNITOR SF.....	100
<i>butalbital-apap-caff-cod</i>	18	CARDIZEM.....	CAROSPIR.....	58
<i>butalbital-apap-caffeine</i>	15	CARDIZEM CD.....	<i>carteolol hcl</i>	209
<i>butalbital-asa-caff-codeine</i>	18	CARDIZEM LA.....	Cartia Xt.....	56
<i>butalbital-aspirin-caffeine</i>	15	CARDURA.....	<i>carvedilol</i>	55
<i>butorphanol tartrate</i>	18	CARDURA XL.....	<i>carvedilol phosphate er</i>	55
BUTRANS.....	22	CAREFINE PEN NEEDLES	CATAPRES-TTS-1.....	59
BYDUREON BCISE.....	93	.....	CATAPRES-TTS-2.....	59
BYETTA 10 MCG PEN.....	93	<i>careone advanced lancing dev</i> ..	CATAPRES-TTS-3.....	59
BYETTA 5 MCG PEN.....	93	CAREONE BLOOD	CAYA.....	103
BYSTOLIC.....	55	GLUCOSE SYSTEM.....	CAYSTON.....	220
<i>cabergoline</i>	164	CAREONE BLOOD	<i>cefaclor</i>	31
CABLIVI.....	180	GLUCOSE TEST.....	<i>cefaclor er</i>	31
CABOMETYX.....	41	<i>careone insulin syringe</i>	<i>cefadroxil</i>	31
<i>cadeau dha</i>	198	CAREONE LANCET	<i>cefazolin sodium</i>	31
CADIRAMD.....	235	SUPER THIN 30G.....	<i>cefdinir</i>	31
CAFERGOT.....	80	<i>careone lancet thin 23g</i>	<i>cefixime</i>	31
CALAN SR.....	56	<i>careone unifine pentips</i>	<i>cefpodoxime proxetil</i>	31
CALCIFOL.....	204	<i>careone unifine pentips plus</i>	<i>cefprozil</i>	31
<i>calcipotriene</i>	230	CARESENS LANCETS.....	<i>cefuroxime axetil</i>	31
<i>calcipotriene-betameth diprop</i>	231	CARESENS N GLUCOSE	CELEBREX.....	14
<i>calcitonin (salmon)</i>	164	SYSTEM.....	<i>celecoxib</i>	14
Calcitrene.....	230	CARESENS N GLUCOSE	CELLCEPT.....	195
<i>calcitriol</i>	204, 230	TEST.....	CELLCEPT	
<i>calcium acetate (phos binder)</i>	165	CARESENS N VOICE	INTRAVENOUS.....	195
CALDOLOR.....	15	SYSTEM.....	CELONTIN.....	64
CALQUENCE.....	41	CARETOUCH CONTROL	CENFOL.....	204
CAMBIA.....	15	SOL LEVEL 2.....	CENTANY.....	227
Camila.....	102	CARETOUCH INSULIN	<i>cephalexin</i>	31
Camrese.....	103	SYRINGE.....	CEQUA.....	214
Camrese Lo.....	102	CARETOUCH	CERDELGA.....	157
CAMZYOS.....	59	LANCING/EJECTOR.....	CEREZYME.....	157
<i>candesartan cilexetil</i>	50	CARETOUCH MONITOR	CETACAINE.....	235
<i>candesartan cilexetil-hetz</i>	49	SYSTEM.....	<i>cetirizine hcl</i>	218
<i>capecitabine</i>	38	CARETOUCH PEN	CETROTIDE.....	156
CAPEX.....	231	NEEDLES.....	<i>cevimeline hcl</i>	239
CAPLYTA.....	74	CARETOUCH SAFETY	Charlotte 24 Fe.....	103
CAPRELSA.....	41	LANCETS.....	Chateal.....	103
<i>captopril</i>	48	CARETOUCH SAFETY	Chateal Eq.....	103
CARAC.....	227	LANCETS 26G.....	CHEMET.....	100
CARAFATE.....	173	CARETOUCH TEST.....	CHEMSTRIP K.....	119
CARBAGLU.....	157	CARETOUCH TWIST	CHEMSTRIP UGK.....	119
<i>carbamazepine</i>	64	LANCETS 28G.....	CHENODAL.....	173
<i>carbamazepine er</i>	63	CARETOUCH TWIST	<i>childrens aspirin</i>	22
<i>carbidopa</i>	72	LANCETS 30G.....	<i>chlordiazepoxide hcl</i>	63
<i>carbidopa-levodopa</i>	72	CARETOUCH TWIST	<i>chlordiazepoxide-amitriptyline</i>	88
<i>carbidopa-levodopa er</i>	72	LANCETS 33G.....	<i>chlordiazepoxide-clidinium</i>	170
<i>carbidopa-levodopa-entacapone</i>	72	<i>carglumic acid</i>	<i>chlorhexidine gluconate</i>	239
<i>carbinoxamine maleate</i>	218	<i>carisoprodol</i>	<i>chloroquine phosphate</i>	26

<i>chlorpromazine hcl</i>	74	CLEVER CHEK AUTO-	<i>clobetasol propionate emulsion</i>	231
<i>chlorthalidone</i>	58	CODE SYSTEM.....	CLOBEX SPRAY.....	232
<i>chlorzoxazone</i>	85	CLEVER CHEK AUTO-	<i>clocortolone pivalate</i>	232
CHOLBAM.....	173	CODE TEST.....	Clodan.....	232
<i>cholestyramine</i>	51	CLEVER CHEK AUTO-	CLODERM.....	232
<i>cholestyramine light</i>	51	CODE VOICE.....	<i>clomiphene citrate</i>	160
CIALIS.....	177	CLEVER CHEK LANCETS	<i>clomipramine hcl</i>	63
CIBINQO.....	230	120	<i>clonazepam</i>	64
Ciclodan.....	228	CLEVER CHEK SYSTEM..	<i>clonidine</i>	59
<i>ciclopirox</i>	228	120	<i>clonidine hcl</i>	59
<i>ciclopirox olamine</i>	228	CLEVER CHOICE AUTO-	<i>clonidine hcl er</i>	77
CIFEREX.....	204	CODE SYSTEM.....	<i>clopidogrel bisulfate</i>	186
<i>cilostazol</i>	185	CLEVER CHOICE AUTO-	<i>clorazepate dipotassium</i>	64
CILOXAN.....	211	CODE TEST.....	<i>clotrimazole</i>	228, 239
CIMDUO.....	28	CLEVER CHOICE	<i>clotrimazole-betamethasone</i> ...	228
<i>cimetidine</i>	170	COMFORT EZ.....	<i>clozapine</i>	74
<i>cimetidine hcl</i>	170	CLEVER CHOICE	CLOZARIL.....	75
CIMZIA.....	188	LANCETS 21G.....	<i>c-nate dha</i>	198
CIMZIA PREFILLED.....	188	120	COAGADEX.....	181
CIMZIA STARTER KIT....	188	CLEVER CHOICE	COAGUCHEK LANCETS..	120
<i>cinacalcet hcl</i>	100	LANCETS 23G.....	COARTEM.....	26
CINQAIR.....	222	120	<i>codeine sulfate</i>	18
CINRYZE.....	193	CLEVER CHOICE	COLAZAL.....	171
CINVANTI.....	169	LANCETS 28G.....	<i>colchicine</i>	14
CIPRO.....	33	120	<i>colchicine-probenecid</i>	14
CIPRO HC.....	240	CLEVER CHOICE MICRO	COLCRYS.....	14
CIPRODEX.....	240	SYSTEM.....	<i>colesevelam hcl</i>	51
<i>ciprofloxacin hcl</i>	33, 211, 240	120	<i>colestipol hcl</i>	51
<i>ciprofloxacin-dexamethasone</i> ..	240	CLEVER CHOICE MICRO	COMBIGAN.....	209
<i>ciprofloxacin-fluocinolone pf</i> ..	240	TEST.....	COMBIPATCH.....	158
<i>citalopram hydrobromide</i>	69	120	COMBIVENT RESPIMAT..	217
CITRANATAL 90 DHA.....	198	CLEVER CHOICE MINI	COMETRIQ (100 MG	
CITRANATAL ASSURE....	198	SYSTEM.....	DAILY DOSE).....	41
CITRANATAL B-CALM....	198	120	COMETRIQ (140 MG	
CITRANATAL BLOOM....	198	CLEVER CHOICE NO	DAILY DOSE).....	41
CITRANATAL DHA.....	198	CODING.....	COMETRIQ (60 MG DAILY	
CITRANATAL HARMONY		CLEVER CHOICE TALK	DOSE).....	41
.....	198	SYSTEM.....	COMFORT ASSIST	
Claravis.....	225	120	INSULIN SYRINGE.....	120
CLARINEX.....	218	CLICKFINE PEN	<i>comfort assured lancets 28g</i>	120
CLARINEX-D 12 HOUR....	219	NEEDLES.....	<i>comfort assured lancets 33g</i>	120
<i>clarithromycin</i>	32	120	COMFORT EZ INSULIN	
<i>clarithromycin er</i>	32	<i>clickfine pen needles</i>	SYRINGE.....	121
CLEANLET LANCETS 28G		158	COMFORT EZ MICRO	
.....	119	CLIMARA.....	PEN NEEDLES.....	121
<i>clemastine fumarate</i>	218	158	COMFORT EZ PEN	
CLENIA PLUS.....	225	Clindacin Etz.....	NEEDLES.....	121
CLENPIQ.....	172	225	COMFORT EZ SHORT	
CLEOCIN.....	179	Clindacin-P.....	PEN NEEDLES.....	121
		<i>clindamycin hcl</i>	<i>comfort lancets</i>	121
		<i>clindamycin palmitate hcl</i>		
		<i>clindamycin phos-benzoyl</i>		
		<i>perox</i>		
		226		
		<i>clindamycin phosphate</i>		
		179, 226		
		<i>clindamycin-tretinoin</i>		
		226		
		<i>clindavix</i>		
		226		
		CLINDESSE.....		
		179		
		<i>clobazam</i>		
		64		
		<i>clobetasol prop emollient base</i> ..		
		231		
		<i>clobetasol propionate</i>		
		231, 232		
		<i>clobetasol propionate e</i>		
		231		

COMFORT TOUCH	COSENTYX	CYCLOSPORINE IN
INSULIN PEN NEED..... 121	SENSOREADY (300 MG)... 188	KLARITY..... 214
COMFORT TOUCH	COSENTYX	<i>cyclosporine modified</i> 195
LANCETS 31G..... 121	SENSOREADY PEN..... 189	CYMBALTA..... 69
COMFORT TOUCH PLUS	COSOPT..... 209	<i>cyproheptadine hcl</i> 218
LANCETS 30G..... 121	COTELLIC..... 42	Cyred..... 103
COMPLERA..... 28	COTEMPLA XR-ODT..... 77	Cyred Eq..... 103
<i>complete natal dha</i> 198	COZAAR..... 50	CYSTADANE..... 157
<i>completenate</i> 198	CREON..... 174	CYSTAGON..... 157
Compro..... 169	CRESEMBA..... 25	CYSTARAN..... 214
COMTAN..... 72	CRESTOR..... 52	CYTOGAM..... 193
CO-NATAL FA..... 198	CRINONE..... 166	CYTOMEL..... 166
CONCEPT DHA..... 199	<i>cromolyn sodium</i> 173, 209, 221	<i>cytra k crystals</i> 177
CONCEPT OB..... 199	CROTAN..... 239	<i>dalfampridine er</i> 83
CONCERTA..... 77	Cryselle-28..... 103	DALIRESP..... 221
<i>condoms</i> 103	CUPRIMINE..... 100	<i>danazol</i> 156
CONDYLOX..... 237	Curity Sterile Saline..... 239	<i>dantrolene sodium</i> 86
CONJUPRI..... 56	CUTAQUIG..... 193	<i>dapsone</i> 34, 226
<i>constulose</i> 172	CUVITRU..... 193	DARAPRIM..... 34
CONTOUR MONITOR..... 121	CUVPOSA..... 167	<i>darifenacin hydrobromide er</i> ... 178
CONTOUR NEXT EZ..... 121	CVS ADVANCED	Dasetta 1/35..... 103
CONTOUR NEXT GEN	GLUCOSE TEST..... 122	Dasetta 7/7/7..... 103
MONITOR..... 121	<i>cvs aspirin low dose</i> 22	DAURISMO..... 39
CONTOUR NEXT LINK.... 121	<i>cvs aspirin low strength</i> 22	DAYPRO..... 15
CONTOUR NEXT	CVS BLOOD GLUCOSE	Daysee..... 103
MONITOR..... 121	METER..... 122	DAYTRANA..... 77
CONTOUR NEXT ONE..... 121	<i>cvs folic acid</i> 204	DAYVIGO..... 79
CONTOUR NEXT TEST.... 121	<i>cvs glucose meter test strips</i> 122	D-CARE BLOOD
CONTOUR TEST..... 121	CVS KETONE CARE..... 122	GLUCOSE..... 122
CONTRAVE..... 99	<i>cvs lancets 21g</i> 122	D-CARE GLUCOMETER.. 122
CONZIP..... 18	<i>cvs lancets micro thin 33g</i> 122	DDAVP..... 167
COOL BLOOD GLUCOSE	<i>cvs lancets original</i> 122	Deblitane..... 103
TEST STRIPS..... 121	<i>cvs lancets thin 26g</i> 122	<i>deferasirox</i> 100
COOL MONITOR..... 121	<i>cvs lancets ultra thin 30g</i> 122	<i>deferoxamine mesylate</i> 100
COOL MONITOR KIT..... 122	<i>cvs lancets ultra-thin 30g</i> 122	DELESTROGEN..... 158
COPAXONE..... 83	<i>cvs lancing device</i> 122	DELSTRIGO..... 28
COPIKTRA..... 42	<i>cvs nicotine</i> 88	Delyla..... 103
CORDRAN..... 232	<i>cvs nicotine polacrilex</i> 88	DELZICOL..... 171
COREG..... 55	<i>cvs prenatal gummy</i> 199	<i>demeclocycline hcl</i> 36
COREG CR..... 55	<i>cvs ultra thin lancets</i> 122	DEMSEER..... 59
Coremino..... 36	<i>cyanocobalamin</i> 204	DENAVIR..... 237
CORGARD..... 55	<i>cyclobenzaprine hcl</i> 85	DEPAKOTE..... 64
CORLANOR..... 59	<i>cyclobenzaprine hcl er</i> 85	DEPAKOTE ER..... 64
CORTIFOAM..... 171	<i>cyclopentolate hcl</i> 214	DEPEN TITRATABS..... 100
CORTISPORIN-TC..... 240	CYCLOPHENE RAPIDPAQ 86	DEPO-ESTRADIOL..... 158
CORVITE 150..... 204	<i>cyclophosphamide</i> 37	DEPO-SUBQ PROVERA
<i>corvite fe</i> 204	<i>cycloserine</i> 29	104..... 103
COSENTYX..... 189	CYCLOSET..... 92	DEPO-TESTOSTERONE..... 90
COSENTYX (300 MG	<i>cyclosporine</i> 195, 214	DERMACINRX
DOSE)..... 188		CLORHEXACIN..... 237

DERMACINRX PHN.....	235	DIATHRIVE BLOOD		DIPROLENE.....	232
DERMACINRX		GLUCOSE TEST	122	<i>dipyridamole</i>	186
PRETRATE.....	199	DIATHRIVE GLUCOSE		<i>disopyramide phosphate</i>	50
<i>dermacinrx surgical combopak</i>	237	TEST	122	<i>disulfiram</i>	62
DERMACINRX		DIATHRIVE LANCET		DIURIL.....	58
THERAZOLE PAK.....	228	ULTRA THIN 30.....	122	<i>divalproex sodium</i>	64
DERMACINRX ZRM.....	235	DIATHRIVE LANCETS.....	122	<i>divalproex sodium er</i>	64
<i>dermalid</i>	235	DIATHRIVE LANCING		DIVIGEL.....	158
DESCOVY	28	DEVICE.....	122	<i>dofetilide</i>	50
DESFERAL.....	100	DIATHRIVE PEN NEEDLE		Dolishale.....	103
<i>desipramine hcl</i>	69	.....	123	<i>donepezil hcl</i>	68
<i>desloratadine</i>	218	DIATHRIVE+ GLUCOSE		DOPTelet	181
<i>desmopressin ace spray refrig.</i>	167	MONITOR.....	123	DORYX.....	36
<i>desmopressin acetate</i>	167	DIATHRIVE+ GLUCOSE		DORYX MPC.....	36
<i>desmopressin acetate spray</i>	167	TEST	123	<i>dorzolamide hcl</i>	209
<i>desogestrel-ethinyl estradiol</i>	103	<i>diatruie plus blood glucose</i>	123	<i>dorzolamide hcl-timolol mal</i>	209
<i>desonide</i>	232	<i>diatruie plus test</i>	123	<i>dorzolamide hcl-timolol mal pf</i>	209
DESOWEN.....	232	<i>diazepam</i>	64	Dotti.....	158
<i>desoximetasone</i>	232	DICLEGIS.....	169	<i>double pm</i>	210
Desrx.....	232	<i>diclofenac epolamine</i>	237	DOVATO.....	28
<i>desvenlafaxine er</i>	70	<i>diclofenac potassium</i>	15	<i>doxazosin mesylate</i>	48
<i>desvenlafaxine succinate er</i>	70	<i>diclofenac sodium</i>	16, 213, 237	<i>doxepin hcl</i>	70, 79, 229
DETROL LA.....	178	<i>diclofenac sodium er</i>	15	<i>doxercalciferol</i>	204
<i>dexamethasone</i>	160	<i>diclofenac-misoprostol</i>	17	<i>doxycycline</i>	238
<i>dexamethasone (la)</i>	160	DICLOFONO.....	237	<i>doxycycline hyclate</i>	36
DEXAMETHASONE		<i>dicloxacillin sodium</i>	35	<i>doxycycline monohydrate</i>	36
INTENSOL.....	160	<i>dicyclomine hcl</i>	167, 168	<i>doxylamine-pyridoxine</i>	169
<i>dexamethasone sodium</i>		DIFFERIN.....	226	DRISDOL.....	204
<i>phosphate</i>	213	DIFICID.....	32	<i>dronabinol</i>	169
DEXCOM G6 RECEIVER..	122	<i>diflorasone diacetate</i>	232	DROPLET GENTEEL	
DEXCOM G6 SENSOR.....	122	<i>diflunisal</i>	22	LANCING DEVICE.....	123
DEXCOM G6		<i>difluprednate</i>	213	DROPLET INSULIN	
TRANSMITTER.....	122	Digitek.....	57	SYRINGE.....	123
Dexifol.....	204	Digox.....	57	DROPLET LANCETS	
DEXILANT.....	174	<i>digoxin</i>	57	ULTRA THIN 30G.....	123
<i>dexlansoprazole</i>	174	<i>dihydroergotamine mesylate</i>	80	DROPLET LANCING	
<i>dexmethylphenidate hcl</i>	78	DILANTIN.....	64	DEVICE.....	123
<i>dexmethylphenidate hcl er</i>	77	DILAUDID.....	18	DROPLET MICRON.....	123
DEXONTO 0.4%.....	161	<i>diltiazem hcl</i>	57	DROPLET PEN NEEDLES	123
DEXTENZA.....	213	<i>diltiazem hcl er</i>	57	DROPLET PERSONAL	
<i>dextroamphetamine sulfate</i>	78	<i>diltiazem hcl er beads</i>	56	LANCETS 30G.....	123
<i>dextroamphetamine sulfate er</i> ...	78	<i>diltiazem hcl er coated beads</i>	56	<i>dropsafe safety pen needles</i>	123
DEXYCU.....	213	<i>dilt-xr</i>	57	<i>drospiren-eth estrad-levomefol</i>	103
<i>dfs drlmslmenthlcap pak</i>	15	<i>dimethyl fumarate</i>	83	<i>drospirenone-ethinyl estradiol</i> .	103
DIACOMIT.....	64	<i>dimethyl fumarate starter pack</i> .	83	DROXIA.....	185
DIASTAT ACUDIAL.....	64	DIOVAN.....	50	<i>drug mart lancets thin 26g</i>	123
DIASTAT PEDIATRIC.....	64	DIOVAN HCT.....	49	DRUG MART ON-THE-GO	
DIASTIX.....	122	DIPENTUM.....	171	LANCET 30G.....	123
DIATHRIVE BLOOD		<i>diphenhydramine hcl</i>	218	<i>drug mart unifine pentips</i>	123
GLUCOSE METER.....	122	<i>diphenoxylate-atropine</i>	168	<i>drug mart unifine pentips plus</i> .	123

DSUVIA.....	19	EASY TOUCH LANCETS	Effer-K.....	197
DUAVEE.....	158	23G.....	EFFEXOR XR.....	70
DUET DHA 400.....	199	EASY TOUCH LANCETS	EFFIENT.....	186
DUET DHA BALANCED...	199	28G.....	ELELYSO.....	157
DUEXIS.....	17	EASY TOUCH LANCETS	ELEMENT AUTOCODE	
DULERA.....	224	30G.....	SYSTEM.....	125
<i>duloxetine hcl</i>	70	EASY TOUCH LANCETS	<i>element compact glucose</i>	
DUOBRII.....	233	32G.....	<i>system</i>	125
DUO-CARE TEST.....	123	EASY TOUCH LANCING	<i>element compact test</i>	125
DUOPA.....	72	DEVICE.....	<i>element compact v glucose sys</i> ..	125
DUPIXENT.....	222, 230	EASY TOUCH PEN	ELEMENT PLUS.....	125
DUREZOL.....	213	NEEDLES.....	ELEMENT TEST.....	126
DUROLANE.....	23	EASY TOUCH SAFETY	ELEPSIA XR.....	64
DURYSTA.....	209	PEN NEEDLES.....	ELESTRIN.....	158
<i>dutasteride</i>	176	EASY TOUCH	<i>eletriptan hydrobromide</i>	80
<i>dutasteride-tamsulosin hcl</i>	176	SHEATHLOCK SYRINGE.	ELFOLATE PLUS.....	204
DUTOPROL.....	54	EASY TOUCH TEST.....	ELIDEL.....	237
DXEVO 11-DAY.....	161	<i>easy trak blood glucose system</i>	ELIGARD.....	40
<i>d-xylose</i>	197	<i>easy trak blood glucose test</i>	Elinest.....	104
DYANAVAL XR.....	78	<i>easy trak ii blood glucose sys</i> ..	ELIQUIS.....	179
DYMISTA.....	217	<i>easy trak ii glucose test</i>	ELIQUIS DVT/PE	
DYRENIUM.....	58	EASYGLUCO.....	STARTER PACK.....	179
DYSPORT.....	86	EASYMAX 15 LEVEL 2-3	Elixophyllin.....	224
E.E.S. 400.....	32	CONTROL.....	ELLA.....	104
E.E.S. GRANULES.....	32	EASYMAX 15 TEST.....	ELMIRON.....	177
<i>easy comfort insulin syringe</i>	123	EASYMAX CONTROL	ELOCTATE.....	183
<i>easy comfort lancets</i>	123	NORMAL/HIGH.....	Eluryng.....	104
<i>easy comfort lancets twist top</i> ..	123	EASYMAX NG BLOOD	EMBRACE BLOOD	
<i>easy comfort pen needles</i>	124	GLUCOSE.....	GLUCOSE MONITOR.....	126
<i>easy glide pen needles</i>	124	EASYMAX TEST.....	EMBRACE BLOOD	
<i>easy mini eject lancing device</i> ..	124	EASYMAX V BLOOD	GLUCOSE TEST.....	126
<i>easy mini lancing device</i>	124	GLUCOSE.....	EMBRACE EVO BLOOD	
<i>easy plus ii glucose system</i>	124	EASYPRO BLOOD	GLUCOSE TEST.....	126
<i>easy plus ii glucose test</i>	124	GLUCOSE MONITOR.....	EMBRACE EVO GLUCOSE	
EASY STEP GLUCOSE		EASYPRO BLOOD	MONITOR.....	126
MONITOR.....	124	GLUCOSE TEST.....	EMBRACE EVO GLUCOSE	
EASY STEP TEST.....	124	EASYPRO PLUS.....	MONITORING.....	126
<i>easy talk blood glucose system</i>	124	<i>econazole nitrate</i>	EMBRACE LANCETS	
<i>easy talk blood glucose test</i>	124	ECONTRA EZ.....	ULTRA THIN 30G.....	126
<i>easy talk plus ii test strips</i>	124	ECONTRA ONE-STEP.....	EMBRACE PRESSURE	
EASY TOUCH FLIPLOCK		ECOZA.....	ACTIVATED 21G.....	126
INSULIN SY.....	124	<i>ec-rx estradiol</i>	EMBRACE PRESSURE	
EASY TOUCH GLUCOSE		<i>ec-rx progesterone</i>	ACTIVATED 28G.....	126
SYSTEM.....	124	<i>ec-rx testosterone</i>	EMBRACE PRO GLUCOSE	
EASY TOUCH INSULIN		EDARBI.....	METER.....	126
SAFETY SYR.....	124	EDARBYCLOR.....	EMBRACE PRO GLUCOSE	
EASY TOUCH INSULIN		EDLUAR.....	TEST.....	126
SYRINGE.....	124	<i>ed-spaz</i>	EMBRACE TALK BLOOD	
EASY TOUCH LANCETS		EDURANT.....	GLUCOSE.....	126
21G.....	124	<i>efavirenz</i>		

EMBRACE TALK		<i>epinephrine</i> 60, 216	<i>estradiol-norethindrone acet</i> ... 159
GLUCOSE TEST..... 126		<i>epinephrine professional</i>.....216	ESTRING..... 159
EMBRACE TALK		EPINEPHRINESNAP-EMS 216	ESTROGEL..... 159
MONITORING SYSTEM... 126		EPINEPHRINESNAP-V.....216	<i>eszopiclone</i> 79
EMCYT..... 37		EPISNAP..... 216	<i>ethacrynic acid</i> 58
EMEND.....169		Epitol..... 64	<i>ethambutol hcl</i>.....29
EMEND TRI-PACK..... 169		EPIVIR HBV..... 30	<i>ethosuximide</i> 65
EMERPHED..... 60		<i>eplerenone</i> 48	<i>ethynodiol diac-eth estradiol</i> ... 104
EMFLAZA..... 161		EPOGEN..... 181	<i>etodolac</i> 16
EMGALITY..... 81		<i>epoprostenol sodium</i> 61	<i>etodolac er</i> 16
EMGALITY (300 MG		<i>eq blood glucose test</i> 126	<i>etonogestrel-ethinyl estradiol</i> .. 104
DOSE).....81		<i>eq famotidine max st</i> 170	<i>etoposide</i> 47
Emoquette..... 104		<i>eq nicotine</i> 88	EUCRISA..... 237
EMPAVELI..... 185		<i>eq nicotine polacrilex</i> 88	EUFLEXXA..... 23
EMSAM.....70		<i>eq nicotine step 3</i> 88	Euthyrox..... 166
<i>emtricitabine-tenofovir df</i> 28		<i>eq aspirin low dose</i> 22	EVAMIST..... 159
EMTRIVA..... 26		<i>eq color lancets 21g</i> 126	EVEKEO..... 78
EMVERM..... 24		<i>eq color lancets micro 33g</i> 126	EVEKEO ODT..... 78
<i>enalapril maleate</i> 48		<i>eq insulin syringe</i> 126	EVENITY..... 164
<i>enalapril-hydrochlorothiazide</i> ... 47		<i>eq nicotine polacrilex</i> 88	EVERSENSE
ENBRACE HR..... 199		<i>eq super thin lancets 30g</i> 126	SENSOR/HOLDER..... 126
ENBREL..... 189		<i>eq thin lancets 26g</i> 126	EVERSENSE SMART
ENBREL MINI..... 189		EQUETRO..... 75	TRANSMITTER..... 127
ENBREL SURECLICK..... 189		<i>ergocalciferol</i> 204	EVOLUTION AUTOCODE 127
ENCARE..... 176		<i>ergoloid mesylates</i> 68	EVOMELA..... 37
ENDARI..... 185		ERGOMAR..... 81	EVOTAZ..... 28
Endocet..... 19		<i>ergotamine-caffeine</i> 81	EVOXAC..... 239
ENDOMETRIN..... 178		ERIVEDGE..... 39	EVRYSDI..... 82
ENHERTU..... 39		ERLEADA..... 40	EXEL COMFORT POINT
ENLITE GLUCOSE		<i>erlotinib hcl</i> 42	INSULIN SYR..... 127
SENSOR..... 126		Errin..... 104	EXEL COMFORT POINT
ENLITE SERTER..... 126		ERTACZO..... 228	PEN NEEDLE..... 127
<i>enoxaparin sodium</i> 237		<i>ery</i> 226	EXELDERM..... 228
Enpresse-28..... 104		ERYPED 200..... 32	<i>exemestane</i> 40
Enskyce..... 104		ERYPED 400..... 32	EXFORGE..... 49
ENSPRYNG..... 196		Ery-Tab..... 32	EXFORGE HCT..... 49
ENSTILAR..... 233		ERYTHROCIN STEARATE 32	EXJADE..... 100
<i>entacapone</i> 72		<i>erythromycin</i> 32, 211, 226	EXSERVAN..... 82
<i>entecavir</i> 30		<i>erythromycin base</i> 32	EXTAVIA..... 83
ENTEREG..... 173		<i>erythromycin ethylsuccinate</i> 32	EXTINA..... 228
ENTRESTO..... 59		ESBRIET..... 222	EYLEA..... 215
ENTYVIO..... 187		<i>escitalopram oxalate</i> 70	EYSUVIS..... 213
<i>enulose</i> 172		Esgic..... 15	E-Z JECT LANCET
ENVARUSUS XR..... 196		ESGIC..... 15	MICRO-THIN 33G..... 127
EPANED..... 48		<i>esomeprazole magnesium</i> 174	E-Z JECT LANCET SUPER
EPCLUSA..... 33		ESPEROCT..... 183	THIN 30G..... 127
EPIDIOLEX..... 64		Estarylla..... 104	E-Z JECT LANCETS..... 127
EPIDUO FORTE..... 226		<i>estazolam</i> 79	E-Z JECT LANCETS 21G... 127
<i>epinastine hcl</i> 209		<i>estradiol</i> 158, 159	E-Z JECT LANCETS THIN
		<i>estradiol valerate</i> 159	26G..... 127

EZALLOR SPRINKLE.....	52	Fexmid.....	86	<i>fluoxetine hcl (pmdd)</i>	88
<i>ezetimibe</i>	52	FIASP.....	94	<i>fluphenazine decanoate</i>	75
<i>ezetimibe-rosuvastatin</i>	53	FIASP FLEXTOUCH.....	94	<i>fluphenazine hcl</i>	75
<i>ezetimibe-simvastatin</i>	53	FIASP PENFILL.....	94	<i>flurandrenolide</i>	233
EZ-LETS LANCETS 21G....	127	FIBRICOR.....	52	<i>flurazepam hcl</i>	80
EZ-LETS LANCETS 26G....	127	FIFTY50 GLUCOSE		<i>flurbiprofen</i>	16
EZ-LETS LANCETS 28G....	127	METER 2.0.....	127	<i>flurbiprofen sodium</i>	213
EZ-LETS LANCETS 30G....	127	FIFTY50 GLUCOSE TEST		<i>flutamide</i>	40
FA-8.....	204	2.0.....	127	<i>fluticasone propionate</i>	221, 233
<i>fabb</i>	204	FIFTY50 PEN NEEDLES...	127	<i>fluticasone-salmeterol</i>	217, 224
FABIOR.....	226	FIFTY50 SUPERIOR		<i>fluvastatin sodium</i>	53
Falmina.....	104	COMFORT SYR.....	127	<i>fluvastatin sodium er</i>	53
<i>famciclovir</i>	30	FIFTY50 UNILET		<i>fluvoxamine maleate</i>	63
<i>famotidine</i>	170	LANCETS 33G.....	127	<i>fluvoxamine maleate er</i>	63
FANAPT.....	75	FINACEA.....	238	FML.....	213
FANAPT TITRATION		<i>finasteride</i>	176	FML FORTE.....	213
PACK.....	75	FINGERSTIX LANCETS...	127	FML LIQUIFILM.....	213
FANATREX FUSEPAQ.....	65	FINTEPLA.....	65	FOCALIN XR.....	78
FARXIGA.....	98	FIORICET.....	15	<i>folagent dha</i>	205
FASENRA.....	222	FIRAZYR.....	193	<i>folbee</i>	205
FASENRA PEN.....	222	FIRDAPSE.....	82	<i>folbee plus</i>	205
<i>favipiravir</i>	30	FIRMAGON.....	40	<i>folic acid</i>	205
<i>fa-vitamin b-6-vitamin b-12</i>	204	FIRMAGON (240 MG		FOLI-D.....	205
Fayosim.....	104	DOSE).....	40	<i>folite</i>	205
FC2 FEMALE CONDOM...	104	FIRST-METRONIDAZOLE.	34	FOLIVANE-OB.....	199
<i>febuxostat</i>	14	FIRVANQ.....	34	FOLLISTIM AQ.....	160
FEIBA.....	181	Flac.....	240	<i>folplex 2.2</i>	205
<i>felbamate</i>	65	FLAREX.....	213	<i>foltrin</i>	205
<i>felodipine er</i>	57	<i>flavoxate hcl</i>	178	Folvite-D.....	205
FEMCAP.....	104	FLEBOGAMMA DIF.....	193	<i>fondaparinux sodium</i>	179
FEMRING.....	177	<i>flecainide acetate</i>	50	FORA 6 CONNECT.....	127
Femynor.....	104	FLOLAN.....	61	FORA BLOOD GLUCOSE	
<i>fenofibrate</i>	52	<i>flolipid</i>	52	TEST.....	127
<i>fenofibrate micronized</i>	52	FLORIVA.....	205	FORA D15G BLOOD	
<i>fenofibric acid</i>	52	FLORIVA PLUS.....	205	GLUCOSE TEST.....	128
FENOGLIDE.....	52	FLOVENT DISKUS.....	223	FORA D20 BLOOD	
<i>fenopropfen calcium</i>	16	FLOVENT HFA.....	224	GLUCOSE TEST.....	128
FENSOLVI (6 MONTH).....	163	<i>fluconazole</i>	25	FORA D40/G31 BLOOD	
<i>fentanyl</i>	19	<i>flucytosine</i>	25	GLUCOSE.....	128
<i>fentanyl citrate</i>	19	<i>fludrocortisone acetate</i>	161	FORA G20 BLOOD	
<i>fentanyl citrate (pf)</i>	19	<i>flunisolide</i>	221	GLUCOSE SYSTEM.....	128
FENTORA.....	19	<i>fluocinolone acetonide</i>	233, 240	FORA G20 BLOOD	
<i>ferocon</i>	204	<i>fluocinolone acetonide body</i>	233	GLUCOSE TEST.....	128
<i>ferotinsic</i>	204	<i>fluocinolone acetonide scalp</i>	233	FORA G30/PREM V10	
FERRIPROX.....	100, 101	<i>fluocinonide</i>	233	GLUCOSE TEST.....	128
FERRIPROX TWICE-A-		<i>fluocinonide emulsified base</i>	233	FORA G30A BLOOD	
DAY.....	101	<i>fluoritab</i>	197	GLUCOSE SYSTEM.....	128
Ferrocite Plus.....	205	<i>fluorometholone</i>	213	FORA GD20 BLOOD	
FETZIMA.....	70	<i>fluorouracil</i>	227	GLUCOSE SYSTEM.....	128
FETZIMA TITRATION.....	70	<i>fluoxetine hcl</i>	70	FORA GD20 TEST.....	128

FORA GD50 BLOOD GLUCOSE SYSTEM.....	128	FORTESTA.....	90	FYCOMPA.....	65
FORA GD50 BLOOD GLUCOSE TEST.....	128	FORTISCARE T1 GLUCOSE SYSTEM.....	129	<i>g tussin ac</i>	219
FORA GTEL BLOOD GLUCOSE SYSTEM.....	128	FORTISCARE TEST.....	129	<i>gabapentin</i>	65
FORA GTEL BLOOD GLUCOSE TEST.....	128	FOSAMAX.....	100	GALAFOLD.....	164
FORA GTEL BLOOD KETONE TEST.....	128	FOSAMAX PLUS D.....	100	<i>galantamine hydrobromide</i>	68
FORA LANCETS.....	128	<i>fosamprenavir calcium</i>	26	<i>galantamine hydrobromide er...</i>	68
FORA LANCING DEVICE	128	<i>fosinopril sodium</i>	48	GAMIFANT.....	196
FORA PREMIUM V10 BLE SYSTEM.....	128	<i>fosinopril sodium-hctz</i>	47	GAMMAGARD.....	194
FORA TEST N' GO MONITOR.....	128	FOSRENOL.....	165	GAMMAGARD S/D LESS	
FORA TN'G ADVANCE PRO.....	128	FOSTEUM.....	205	IGA.....	194
FORA TN'G VOICE.....	128	FOSTEUM PLUS.....	205	GAMMAKED.....	194
FORA TN'G/TN'G VOICE..	129	FOTIVDA.....	42	GAMMAPLEX.....	194
FORA V10 BLOOD GLUCOSE SYSTEM.....	129	FRAGMIN.....	180	GAMUNEX-C.....	194
FORA V10 BLOOD GLUCOSE TEST.....	129	<i>freds pharmacy autolet lancng</i>	129	<i>ganirelix acetate</i>	160
FORA V10/V12/D10/D20 TEST.....	129	<i>freds pharmacy unifine pentip+</i>	129	<i>gatifloxacin</i>	211
FORA V12 BLOOD GLUCOSE SYSTEM.....	129	<i>freds pharmacy unifine pentips</i>	130	GATTEX.....	173
FORA V12 BLOOD GLUCOSE TEST.....	129	FREESTYLE FREEDOM LITE.....	130	GAVRETO.....	42
FORA V20 BLOOD GLUCOSE SYSTEM.....	129	FREESTYLE INSULINX TEST.....	130	<i>ge100 blood glucose system</i>	130
FORA V20 BLOOD GLUCOSE TEST.....	129	FREESTYLE LIBRE 14 DAY READER.....	130	<i>ge100 blood glucose test</i>	130
FORA V30A BLOOD GLUCOSE SYSTEM.....	129	FREESTYLE LIBRE 14 DAY SENSOR.....	130	GELNIQUE.....	178
FORA V30A BLOOD GLUCOSE TEST.....	129	FREESTYLE LIBRE 2 READER.....	130	GEL-ONE.....	23
FORACARE GD40 MONITOR.....	129	FREESTYLE LIBRE 2 SENSOR.....	130	GELSYN-3.....	23
FORACARE GD40 TEST...	129	<i>freestyle libre 3 sensor</i>	130	<i>gemfibrozil</i>	52
FORACARE PREMIUM V10.....	129	FREESTYLE LIBRE READER.....	130	Gemmily.....	104
FORACARE PREMIUM V10 TEST.....	129	FREESTYLE LITE.....	130	GEMTESA.....	178
FORACARE TEST N GO MONITOR.....	129	FREESTYLE LITE TEST...	130	<i>gen7t</i>	235
FORACARE TEST N GO TEST.....	129	FREESTYLE PRECISION NEO SYSTEM.....	130	<i>gen7t plus</i>	235
FORTEO.....	164	FREESTYLE PRECISION NEO TEST.....	130	<i>generlac</i>	172
		FREESTYLE TEST.....	130	Gengraf.....	196
		FREESTYLE UNISTICK II LANCETS.....	130	GENICIN VITA-D.....	205
		FROTEK.....	237	GENICIN VITA-Q.....	205
		<i>frovatriptan succinate</i>	81	Genicin Vita-S.....	205
		FULPHILA.....	181	GENOTROPIN.....	163
		<i>fungimez</i>	228	GENOTROPIN MINIQUICK.....	162
		<i>furosemide</i>	58	GENTAK.....	211
		FUSION PLUS.....	205	<i>gentamicin sulfate</i>	211, 227, 228
		FUZEON.....	27	GENTEEL BUTTERFLY TOUCH LANCET.....	130
		Fyavolv.....	159	GENTEEL CONTACT TIPS (BLUE).....	130
				GENTEEL CONTACT TIPS (CLEAR).....	130
				GENTEEL CONTACT TIPS (GREEN).....	130
				GENTEEL CONTACT TIPS (ORANGE).....	130
				GENTEEL CONTACT TIPS (RAINBOW).....	130

GENTEEL CONTACT TIPS (VIOLET).....	130	<i>global inject ease lancets 30g..</i>	131	GLUMETZA.....	92
GENTEEL CONTACT TIPS (YELLOW).....	131	<i>global insulin syringes</i>	131	<i>glyburide</i>	99
GENTEEL LANCING KIT (BLUE).....	131	<i>global lancing device</i>	131	<i>glyburide micronized</i>	99
GENTEEL NOZZLES.....	131	GLUCAGEN HYPOKIT.....	162	<i>glyburide-metformin</i>	92
GENTEEL PLUS LANCING (BLACK).....	131	<i>glucagon emergency</i>	162	<i>glycine</i>	239
GENTEEL PLUS LANCING (PURPLE).....	131	GLUCO PERFECT 3 METER.....	131	<i>glycolic acid</i>	230
GENTEEL PLUS LANCING (WHITE).....	131	GLUCO PERFECT 3 TEST.....	131	<i>glycopyrrolate</i>	168
GENTEEL PLUS LANCING DEV(BLUE).....	131	GLUCOCARD 01 BLOOD GLUCOSE.....	131	Glydo.....	235
GENTEEL PLUS LANCING DEV(PINK).....	131	GLUCOCARD 01 SENSOR PLUS.....	132	GLYRX-PF.....	168
GENTLE-LET GP LANCETS.....	131	GLUCOCARD 01-MINI GLUCOSE.....	132	GLYXAMBI.....	98
GENTLE-LET LANCETS... GENTLE-LET PLATFORMS.....	131	GLUCOCARD EXPRESSION MONITOR..	132	<i>gnp adult aspirin low strength...</i>	22
GENULTIMATE TEST.....	131	GLUCOCARD EXPRESSION TEST.....	132	<i>gnp aspirin</i>	22
GENVISC 850.....	23	GLUCOCARD SHINE CONNEX.....	132	<i>gnp clickfine pen needles</i>	133
GENVOYA.....	28	GLUCOCARD SHINE EXPRESS.....	132	GNP EASY TOUCH CONT HIGH/LOW.....	133
GEODON.....	75	GLUCOCARD SHINE TEST.....	132	GNP EASY TOUCH GLUCOSE METER.....	133
<i>ght blood glucose monitor</i>	131	GLUCOCARD SHINE XL..	132	<i>gnp easy touch glucose test</i>	133
<i>ght test</i>	131	GLUCOCARD VITAL MONITOR.....	132	<i>gnp insulin syringe</i>	133
GIALAX.....	172	GLUCOCARD VITAL TEST.....	132	<i>gnp insulin syringes</i>	133
GIAPREZA.....	60	GLUCOCARD X-METER..	132	<i>gnp insulin syringes 28gx1/2" ..</i>	133
GILENYA.....	83	GLUCOCARD X-SENSOR..	132	<i>gnp insulin syringes 29gx1/2" ..</i>	133
GILOTRIF.....	42	GLUCOCOM BLOOD GLUCOSE MONITOR.....	132	<i>gnp insulin syringes 30gx5/16"</i>	133
GILPHEX TR.....	219	GLUCOCARD VITAL MONITOR.....	132	<i>gnp insulin syringes 31gx5/16"</i>	133
GLASSIA.....	216	GLUCOCARD VITAL TEST.....	132	<i>gnp lancets 21g</i>	133
<i>glatiramer acetate</i>	83	GLUCOCARD X-METER..	132	<i>gnp lancets thin 26g</i>	133
Glatopa.....	83	GLUCOCARD X-SENSOR..	132	<i>gnp nicotine</i>	88
GLEEVEC.....	42	GLUCOCARD X-SENSOR..	132	<i>gnp nicotine mini</i>	88
GLEOLAN.....	197	GLUCOCOM BLOOD GLUCOSE MONITOR.....	132	<i>gnp nicotine polacrilex</i>	88
GLEOSTINE.....	37	GLUCOCOM LANCETS 28G.....	132	<i>gnp sterile lancets 28g</i>	133
GLIADEL WAFER.....	37	GLUCOCOM LANCETS 30G.....	132	<i>gnp sterile lancets 30g</i>	133
<i>glimepiride</i>	99	GLUCOCOM LANCETS 33G.....	132	<i>gnp sterile lancets 33g</i>	133
<i>glipizide</i>	99	GLUCOCOM MONITOR... GLUCOCOM TEST.....	132	GNP TRUE METRIX AIR METER.....	133
<i>glipizide er</i>	99	GLUCONAVII BLOOD GLUCOSE SYS.....	132	GNP TRUE METRIX GLUCOSE METER.....	133
<i>glipizide xl</i>	99	GLUCONAVII BLOOD GLUCOSE TEST.....	132	GNP TRUE METRIX GLUCOSE STRIPS.....	133
<i>glipizide-metformin hcl</i>	92	GLUCONAVII BLOOD GLUCOSE TEST.....	132	GNP TRUETRACK SMART SYSTEM.....	133
<i>global ease inject pen needles</i> ..	131	GLUCOPRO INSULIN SYRINGE.....	133	GNP TRUETRACK TEST STRIPS.....	134
<i>global easy glide insulin syr</i>	131	GLUCOPRO INSULIN SYRINGE.....	133	<i>gnp ulticare pen needles</i>	134
<i>global easy glide pen needles</i> ...	131	GLUCOPRO SYR RES 3ML 22GX3/8".....	133	GNP ULTIGUARD SAFEPACK NEEDLE.....	134
<i>global inject ease insulin syr</i> ...	131	<i>glucose meter test</i>	133	<i>gnp ultra com insulin syringe</i> ... GOCOVRI.....	134
<i>global inject ease lancets 28g</i> ..	131			GOJJI LANCING DEVICE/CLEAR CAP.....	134
				GOJJI STERILE LANCETS	134

GOLYTELY.....	172	<i>haloperidol</i>	75	HM ULTICARE SHORT	
GONAL-F.....	160	<i>haloperidol decanoate</i>	75	PEN NEEDLES.....	135
GONAL-F RFF.....	160	<i>haloperidol lactate</i>	75	HORIZANT.....	87
GONAL-F RFF REDIJECT	160	HARVONI.....	33	HUMALOG.....	95
GONITRO.....	60	HEALTH CARE LANCING		HUMALOG KWIKPEN.....	95
<i>goodsense aspirin low dose</i>	22	DEVICE.....	134	HUMALOG MIX 50/50.....	95
<i>goodsense blood glucose</i>	134	<i>healthwise insulin syrl/needle</i> ...	134	HUMALOG MIX 50/50	
<i>goodsense clickfine pen needle</i>	134	<i>healthwise micron pen needles</i>	134	KWIKPEN.....	95
<i>goodsense lancets 26g univ</i>	134	<i>healthwise mini pen needles</i>	134	HUMALOG MIX 75/25.....	95
<i>goodsense lancets 30g univ</i>	134	<i>healthwise pen needles</i>	134	HUMALOG MIX 75/25	
<i>goodsense lancets 33g</i>	134	<i>healthwise short pen needles</i>	135	KWIKPEN.....	95
<i>goodsense lancets 33g univ</i>	134	<i>healthwise unifine pentips</i>	135	HUMATE-P.....	181
<i>goodsense lancing device</i>	134	<i>healthy accents lancing device</i>	135	HUMATROPE.....	163
<i>goodsense nicotine</i>	88	<i>healthy accents unifine pentip</i>	135	HUMIRA.....	189
GOODSENSE PEN		<i>healthy accents unilet lancets</i> ..	135	HUMIRA PEDIATRIC	
NEEDLE PENFINE.....	134	Heather.....	104	CROHNS START.....	189
GRALISE.....	87	<i>h-e-b aspirin</i>	22	HUMIRA PEN.....	189
<i>granisetron hcl</i>	169	<i>h-e-b incontrol adv lancing</i>	135	HUMIRA PEN-CD/UC/HS	
GRANIX.....	181, 182	<i>h-e-b incontrol lancets 28g</i>	135	STARTER.....	189
GRASTEK.....	186	<i>h-e-b incontrol lancets 30g</i>	135	HUMIRA PEN-PEDIATRIC	
<i>griseofulvin microsize</i>	25	<i>h-e-b incontrol lancets 33g</i>	135	UC START.....	189
<i>griseofulvin ultramicrosize</i>	25	<i>h-e-b incontrol pen needles</i>	135	HUMIRA PEN-	
<i>guaiaatussin ac</i>	219	H-E-B INCONTROL		PS/UV/ADOL HS START....	189
<i>guaifenesin-codeine</i>	219	UNIFINE PENTIP.....	135	HUMIRA PEN-	
<i>guanfacine hcl</i>	60	HEMANGEOL.....	55	PSOR/UEVIT STARTER....	189
<i>guanfacine hcl er</i>	78	<i>hematinic plus vitlminerals</i>	205	HUMULIN 70/30.....	95
GUARDIAN LINK 3		HEMLIBRA.....	183	HUMULIN 70/30	
TRANSMITTER.....	134	HEMOCYTE PLUS.....	205	KWIKPEN.....	95
GUARDIAN REAL-TIME		HEMOFIL M.....	183	HUMULIN N.....	95
CHARGER.....	134	HEPAGAM B.....	194	HUMULIN N KWIKPEN.....	95
GUARDIAN REAL-TIME		<i>heparin sod (porcine) in d5w</i> ..	180	HUMULIN R.....	95
REPLACE PED.....	134	<i>heparin sodium (porcine)</i>	180	HUMULIN R U-500	
GUARDIAN REAL-TIME		<i>heparin sodium (porcine) pf</i> ...	180	(CONCENTRATED).....	95
TEST PLUG.....	134	<i>hepmed</i>	180	HUMULIN R U-500	
GUARDIAN SENSOR (3)...	134	HEPSERA.....	30	KWIKPEN.....	95
GVOKE HYPOPEN 1-		HERCEPTIN.....	42	HW EMBRACE PRO	
PACK.....	162	HERZUMA.....	42	GLUCOSE METER.....	135
GVOKE HYPOPEN 2-		HETLIOZ.....	80	HW EMBRACE PRO	
PACK.....	162	HETLIOZ LQ.....	80	GLUCOSE TEST.....	135
GVOKE PFS.....	162	Hidex 6-Day.....	161	HW EMBRACE TALK	
GYNAZOLE-1.....	179	HIZENTRA.....	194	BLOOD GLUCOSE.....	135
HABITROL.....	89	<i>hm aspirin</i>	23	HW EMBRACE TALK	
HAEGARDA.....	193	HM EMBRACE TALK		GLUCOSE TEST.....	135
Hailey 1.5/30.....	104	SYSTEM.....	135	HYALGAN.....	23
Hailey 24 Fe.....	104	<i>hm nicotine</i>	89	HYCAMTIN.....	47
Hailey Fe 1.5/30.....	104	<i>hm nicotine polacrilex</i>	89	<i>hydralazine hcl</i>	60
Hailey Fe 1/20.....	104	HM ULTICARE INSULIN		<i>hydrochlorothiazide</i>	58
<i>halcinonide</i>	233	SYRINGE.....	135	<i>hydrocod polst-cpm polst er</i>	220
<i>halobetasol propionate</i>	233	HM ULTICARE MINI PEN			
HALOG.....	233	NEEDLES.....	135		

<i>hydrocodone bit-homatrop mbr</i>	220	<i>imipramine hcl</i>	70	<i>insulin syringe/needle</i>	136
<i>hydrocodone-acetaminophen</i>	19	<i>imipramine pamoate</i>	70	<i>insulin syringe-needle u-100</i>	136
<i>hydrocodone-ibuprofen</i>	19	<i>imiquimod</i>	227	<i>insupen pen needles</i>	136
<i>hydrocortisone</i> . 161, 171, 233, 234		<i>imiquimod pump</i>	227	INSUPEN SENSITIVE.....	136
<i>hydrocortisone (perianal)</i>	175	IMPEKLO.....	234	INSUPEN ULTRAFIN.....	136
<i>hydrocortisone ace-pramoxine</i>	175	IMPOYZ.....	234	INTEGRA PLUS.....	206
<i>hydrocortisone butyr lipo base</i>	233	IMVEXXY		INTELENCE.....	27
<i>hydrocortisone butyrate</i>	233	MAINTENANCE PACK.....	159	INTRAROSA.....	90
<i>hydrocortisone valerate</i>	234	IMVEXXY STARTER		INTRON A.....	195
<i>hydrocortisone-acetic acid</i>	240	PACK.....	159	Introvale.....	105
<i>hydromet</i>	220	IN TOUCH.....	136	INTUNIV.....	78
<i>hydromorphone hcl</i>	19	IN TOUCH BLOOD		INVEGA SUSTENNA.....	75
<i>hydromorphone hcl er</i>	19	GLUCOSE TEST.....	136	INVEGA TRINZA.....	75
<i>hydroxychloroquine sulfate</i>	192	IN TOUCH LANCING		INVELTYS.....	213
<i>hydroxyprogesterone caproate</i>	166	DEVICE.....	136	INVOKAMET.....	98
<i>hydroxyurea</i>	45	IN TOUCH STERILE		INVOKAMET XR.....	98
<i>hydroxyzine hcl</i>	218	LANCETS 30G.....	136	INVOKANA.....	99
<i>hydroxyzine pamoate</i>	218	INATAL GT.....	199	<i>iodine tincture</i>	237
<i>hylavite</i>	205	INBRIJA.....	73	IOPIDINE.....	209
HYMOVIS.....	23	Incassia.....	105	<i>ipratropium bromide</i>	217
<i>hyoscyamine sulfate</i>	168	INCONTROL ULTICARE		<i>ipratropium-albuterol</i>	217
<i>hyoscyamine sulfate er</i>	168	PEN NEEDLES.....	136	<i>irbesartan</i>	50
HYPERRAB.....	194	INCRELEX.....	164	<i>irbesartan-hydrochlorothiazide</i> . 49	
HYPERSAL.....	221	<i>indapamide</i>	58	IRESSA.....	42
HYQVIA.....	194	INDERAL LA.....	55	ISENTRESS.....	27
HYSINGLA ER.....	19	INDERAL XL.....	55	ISENTRESS HD.....	27
HY-VEE LANCETS.....	135	INDOCIN.....	16	Isibloom.....	105
<i>hy-vee thin lancets</i>	135	<i>indomethacin</i>	16	<i>isoniazid</i>	29
HYZAAR.....	49	<i>indomethacin er</i>	16	ISOPTO ATROPINE.....	214
<i>ibandronate sodium</i>	100	INFINITY BLOOD		ISORDIL TITRADOSE.....	60
IBRANCE.....	42	GLUCOSE SYSTEM.....	136	<i>isosorbide dinitrate</i>	60
Ibu.....	16	INFINITY BLOOD		<i>isosorbide mononitrate</i>	60
<i>ibuprofen</i>	16	GLUCOSE TEST.....	136	<i>isosorbide mononitrate er</i>	60
ICAR-C PLUS.....	205	INFINITY VOICE.....	136	<i>isotretinoin</i>	226
<i>icatibant acetate</i>	193	Inflamacin.....	17	<i>isradipine</i>	57
Iclevia.....	105	INFLATHERM.....	17	ISTURISA.....	113
ICLUSIG.....	42	INFLECTRA.....	187	<i>itraconazole</i>	25
<i>icosapent ethyl</i>	54	INFUGEM.....	38	<i>ivermectin</i>	24, 238
IDELVION.....	185	INFUVITE ADULT.....	206	IXINITY.....	185
IDHIFA.....	45	INFUVITE PEDIATRIC.....	206	JADENU.....	101
Iferex 150 Forte.....	205	INGREZZA.....	83	JADENU SPRINKLE.....	101
IGLUCOSE MONITORING		INJECTAFER.....	206	Jaimiess.....	105
SYSTEM.....	135	INLYTA.....	42	JAKAFI.....	42
IGLUCOSE TEST STRIPS..	135	INNOPRAN XL.....	55	JALYN.....	176
ILARIS.....	196	INQOVI.....	38	Jantoven.....	180
ILEVRO.....	213	INREBIC.....	42	JANUMET.....	93
ILUMYA.....	230	<i>insulin glargine</i>	95	JANUMET XR.....	93
<i>imatinib mesylate</i>	42	<i>insulin glargine solostar</i>	95	JANUVIA.....	92
IMBRUVICA.....	42	<i>insulin glargine-yfgn</i>	95, 96	JARDIANCE.....	99
		<i>insulin syringe</i>	136	Jasmiel.....	105

JATENZO.....	91	KINERET.....	190	<i> Kroger lancets thin.....</i>	137
JEMPERLI.....	39	<i> kinney lancets.....</i>	136	<i> kroger pen needles.....</i>	137
Jencycla.....	105	<i> kinney thin lancets.....</i>	136	<i> kroger premium blood glucose.....</i>	137
<i> jenliva prenatal/postnatal.....</i>	199	<i> kinray insulin syringe.....</i>	137	<i> kroger premium glucose test... </i>	137
JENTADUETO.....	93	KISQALI (200 MG DOSE)....	42	KRYSTEXXA.....	14
JENTADUETO XR.....	93	KISQALI (400 MG DOSE)....	42	K-TAB.....	197
Jinteli.....	159	KISQALI (600 MG DOSE)....	43	K-Tan Plus.....	206
JIVI.....	183	KISQALI FEMARA (400		Kurvelo.....	105
Jolessa.....	105	MG DOSE).....	43	KUVAN.....	157
JORNAY PM.....	78	KISQALI FEMARA (600		KYLEENA.....	106
JUBLIA.....	229	MG DOSE).....	43	KYNMOBI.....	73
Juleber.....	105	KISQALI FEMARA(200		KYPROLIS.....	46
JULUCA.....	29	MG DOSE).....	43	L.E.T.....	235
Junel 1.5/30.....	105	KITABIS PAK.....	220	<i> labetalol hcl.....</i>	55
Junel 1/20.....	105	KLARITY-A.....	212	LACRISERT.....	215
Junel Fe 1.5/30.....	105	KLARITY-L.....	213	<i> lactated ringers.....</i>	215
Junel Fe 1/20.....	105	KLISYRI.....	227	LACTEROL.....	168
Junel Fe 24.....	105	KLONOPIN.....	65	<i> lactic acid.....</i>	237
JUXTAPID.....	53	Klor-Con.....	197	<i> lactulose.....</i>	172
JYNARQUE.....	164	Klor-Con 10.....	197	<i> lactulose encephalopathy.....</i>	172
Kaitlib Fe.....	105	Klor-Con M10.....	197	LAMICTAL.....	65
KALETRA.....	29	Klor-Con M15.....	197	LAMICTAL ODT.....	65
Kalliga.....	105	Klor-Con M20.....	197	LAMICTAL STARTER.....	65
KALYDECO.....	220	Klor-Con/Ef.....	197	LAMICTAL XR.....	65, 66
KANJINTI.....	42	KLOXXADO.....	87	<i> lamivudine.....</i>	27, 30
KAPSPARGO SPRINKLE....	55	<i> kls aspirin low dose.....</i>	23	<i> lamivudine-zidovudine.....</i>	29
KAPVAY.....	78	KLS QUIT2.....	89	<i> lamotrigine.....</i>	66
KARBINAL ER.....	218	KLS QUIT4.....	89	<i> lamotrigine er.....</i>	66
Kariva.....	105	<i> kmart valu insulin syringe 29g.....</i>	137	<i> lamotrigine starter kit-blue.....</i>	66
KATERZIA.....	57	<i> kmart valu insulin syringe 30g.....</i>	137	<i> lamotrigine starter kit-green....</i>	66
KAZANO.....	93	KOATE.....	183	<i> lamotrigine starter kit-orange... </i>	66
Kelnor 1/35.....	105	KOATE-DVI.....	183	LAMPIT.....	34
Kelnor 1/50.....	105	KOGENATE FS.....	184	<i> lancet device.....</i>	137
KEPPRA.....	65	KOMBIGLYZE XR.....	93	<i> lancet device with ejector.....</i>	137
KEPPRA XR.....	65	KORLYM.....	98	<i> lancet transporter case.....</i>	137
KERENDIA.....	164	KOSELUGO.....	43	<i> lancets.....</i>	137
KERYDIN.....	229	<i> kosher prenatal plus iron.....</i>	199	<i> lancets 30g.....</i>	137
KESIMPTA.....	83	KOVALTRY.....	184	<i> lancets 33g.....</i>	137
<i> ketoconazole.....</i>	25, 229, 230	<i> kp aspirin.....</i>	23	<i> lancets micro thin 33g.....</i>	137
Ketodan.....	229	K-PHOS.....	197	<i> lancets thin.....</i>	137
KETO-DIASTIX.....	136	K-Prime.....	197	<i> lancets ultra thin 30g.....</i>	137
<i> ketone test.....</i>	136	KRINTAFEL.....	26	<i> lancing device.....</i>	137
KETOPHENE RAPIDPAQ.....	237	KRISTALOSE.....	172	LANOXIN.....	58
<i> ketoprofen.....</i>	16	KROGER AUTOLET.....		<i> lansoprazole.....</i>	174
<i> ketoprofen er.....</i>	16	LANCING DEVICE.....	137	<i> lanthanum carbonate.....</i>	165
<i> ketorolac tromethamine....</i>	16, 213	<i> kroger blood glucose.....</i>	137	LANTUS.....	96
KETOSTIX.....	136	<i> kroger blood glucose test.....</i>	137	LANTUS SOLOSTAR.....	96
KEVEYIS.....	58	<i> kroger insulin syringe.....</i>	137	LANZO.....	137
KEVZARA.....	190	<i> kroger lancets.....</i>	137	Larin 1.5/30.....	106
KHAPZORY.....	47	<i> kroger lancets super thin.....</i>	137	Larin 1/20.....	106

Larin 24 Fe.....	106	<i>levetiracetam in nacl</i>	66	<i>lite touch lancets</i>	138
Larin Fe 1.5/30.....	106	<i>levobunolol hcl</i>	209	LITE TOUCH LANCING	
Larin Fe 1/20.....	106	<i>levocarnitine</i>	100	PEN.....	138
<i>latanoprost</i>	209	<i>levocetirizine dihydrochloride</i> ..	218	LITETOUCH INSULIN	
LATUDA.....	75	<i>levofloxacin</i>	33, 212	SYRINGE.....	138
Layolis Fe.....	106	Levonest.....	106	LITETOUCH LANCETS.....	138
LAZANDA.....	19	<i>levonorgest-eth est & eth est</i>	106	LITETOUCH PEN	
LDL CARE.....	206	<i>levonorgest-eth estrad 91-day</i> ..	106	NEEDLES.....	138
LDO PLUS.....	235	<i>levonorgestrel</i>	106	<i>lithium carbonate</i>	82
<i>leader insulin syringe</i>	137	<i>levonorgestrel-ethinyl estrad</i> ...	106	<i>lithium carbonate er</i>	82
LEADER UNIFINE		<i>levonorg-eth estrad triphasic</i> ...	106	LITHOSTAT.....	177
PENTIPS.....	137	Levora 0.15/30 (28).....	106	LIVALO.....	53
LEADER UNIFINE		<i>levorphanol tartrate</i>	19	<i>live better adv lancing device</i> ...	138
PENTIPS PLUS.....	138	Levo-T.....	166	<i>live better lancet ultra thin</i>	138
<i>ledipasvir-sofosbuvir</i>	33	<i>levothyroxine sodium</i>	166	LIVMARLI.....	173
Leena.....	106	Levoxyl.....	166	LMR PLUS.....	236
<i>leflunomide</i>	192	LEXAPRO.....	70	LO LOESTRIN FE.....	106
LEMTRADA.....	84	LEXETTE.....	234	LODINE.....	16
LENVIMA (10 MG DAILY		LEXIVA.....	27	Loestrin 1.5/30 (21).....	106
DOSE).....	43	LIALDA.....	171	Loestrin 1/20 (21).....	106
LENVIMA (12 MG DAILY		<i>liberty blood glucose meter</i>	138	Loestrin Fe 1.5/30.....	107
DOSE).....	43	LIBERTY NEXT		Loestrin Fe 1/20.....	107
LENVIMA (14 MG DAILY		GENERATION TEST.....	138	Lofena.....	16
DOSE).....	43	LIBERTY NXT		Lojaimiess.....	107
LENVIMA (18 MG DAILY		GENERATION MONITOR	138	LOKELMA.....	101
DOSE).....	43	<i>liberty test</i>	138	LOMAIRA.....	99
LENVIMA (20 MG DAILY		LIBRAX.....	170	<i>longs insulin syringe</i>	138
DOSE).....	43	LIBTAYO.....	39	<i>longs lancets standard</i>	138
LENVIMA (24 MG DAILY		<i>lidocaine</i>	235, 236	<i>longs lancets thin</i>	138
DOSE).....	43	<i>lidocaine hcl</i>	236, 239	<i>longs lancets ultra thin</i>	138
LENVIMA (4 MG DAILY		<i>lidocaine hcl urethrallmucosal</i> ..	236	LONHALA MAGNAIR	
DOSE).....	43	<i>lidocaine viscous hcl</i>	239	REFILL KIT.....	217
LENVIMA (8 MG DAILY		<i>lidocaine-prilocaine</i>	236	LONHALA MAGNAIR	
DOSE).....	43	LIDODERM.....	236	STARTER KIT.....	217
LESCOL XL.....	53	<i>lidomark 2/5</i>	24	LONSURF.....	38
Lessina.....	106	LIDOPURE PATCH.....	236	<i>loperamide hcl</i>	168
LETAIRIS.....	61	LIDOTHOL.....	236	<i>lopinavir-ritonavir</i>	29
<i>letrozole</i>	40	LIDOTRAL.....	236	LOPRESSOR.....	55
<i>leucovorin calcium</i>	47	LIFESCAN UNISTIK 2.....	138	LOPROX.....	229
LEUKERAN.....	37	LIFESCAN UNISTIK II		<i>lorazepam</i>	63
LEUKINE.....	182	LANCETS.....	138	LORBRENA.....	43
<i>leuprolide acetate</i>	40	LILETTA (52 MG).....	106	LOREEV XR.....	63
<i>levalbuterol hcl</i>	219	<i>lindane</i>	239	LORTAB.....	19
<i>levalbuterol tartrate</i>	219	<i>linezolid</i>	34	Loryna.....	107
<i>levatio</i>	235	LINZESS.....	172	Lorzone.....	86
LEVBID.....	168	<i>liothyronine sodium</i>	167	<i>losartan potassium</i>	50
LEVEMIR.....	96	LIPITOR.....	53	<i>losartan potassium-hctz</i>	49
LEVEMIR FLEXTOUCH.....	96	LIPOFEN.....	52	LOTEMAX.....	213
<i>levetiracetam</i>	66	<i>lisinopril</i>	48	LOTEMAX SM.....	213
<i>levetiracetam er</i>	66	<i>lisinopril-hydrochlorothiazide</i> ...	47	<i>loteprednol etabonate</i>	213

LOTRONEX.....	172	MAVENCLAD (6 TABS).....	84	MEIJER LANCETS	
<i>lovastatin</i>	53	MAVENCLAD (7 TABS).....	84	UNIVERSAL 30G.....	139
LOVAZA.....	54	MAVENCLAD (8 TABS).....	84	MEIJER LANCETS	
LOVENOX.....	180	MAVENCLAD (9 TABS).....	84	UNIVERSAL 33G.....	139
Low-Ogestrel.....	107	MAVYRET.....	33	<i>meijer pen needles</i>	139
<i>loxapine succinate</i>	75	MAXALT.....	81	<i>meijer premium blood glucose</i> ..	139
Lo-Zumandimine.....	107	MAXALT-MLT.....	81	<i>meijer premium glucose test</i>	139
<i>lubiprostone</i>	172	MAXICOMFORT II PEN		MEIJER SUPER THIN	
LUCEMYRA.....	88	NEEDLE.....	138	LANCETS.....	139
LUCENTIS.....	215	MAXI-COMFORT		MEIJER TRUE2GO	
<i>luliconazole</i>	229	INSULIN SYRINGE.....	138	BLOOD GLUCOSE.....	139
LUMAKRAS.....	45	MAXI-COMFORT SAFETY		MEIJER TRUERESULT	
LUMIGAN.....	210	PEN NEEDLE.....	139	GLUCOSE SYS.....	139
LUNESTA.....	80	MAXICOMFORT SYR 27G		MEIJER TRUETEST TEST	139
LUPRON DEPOT (1-		X 1/2".....	139	MEIJER TRUETRACK	
MONTH).....	40	MAXIDEX.....	213	GLUCOSE SYS.....	139
LUPRON DEPOT (3-		MAXITROL.....	210	MEIJER TRUETRACK	
MONTH).....	40	MAYZENT.....	84	TEST.....	139
LUPRON DEPOT (4-		MAYZENT STARTER		MEKINIST.....	43
MONTH).....	40	PACK.....	84	MEKTOVI.....	43
LUPRON DEPOT (6-		<i>meclizine hcl</i>	169	<i>meloxicam</i>	16
MONTH).....	40	<i>meclofenamate sodium</i>	16	<i>melphalan</i>	37
LUPRON DEPOT-PED (1-		<i>medic insulin syringe</i>	139	<i>memantine hcl</i>	69
MONTH).....	163	<i>medichoic safety lancet extra</i>	139	<i>memantine hcl er</i>	68
LUPRON DEPOT-PED (3-		<i>medicine shoppe pen needles</i>	139	MENEST.....	159
MONTH).....	164	MEDLANCE PLUS EXTRA		MENOPUR.....	160
Lutera.....	107	21G.....	139	MENOSTAR.....	159
Lyleq.....	107	MEDLANCE PLUS		MENTAX.....	229
LYNPARZA.....	45	LANCETS.....	139	<i>meperidine hcl</i>	19
LYRICA.....	66	MEDLANCE PLUS LITE		<i>meprobamate</i>	63
LYRICA CR.....	87	25G.....	139	<i>mercaptapurine</i>	38
Lysiplex Plus.....	206	MEDLANCE PLUS		Merzee.....	107
LYSODREN.....	40	SPECIAL 0.8MM.....	139	<i>mesalamine</i>	171
Lyza.....	107	MEDLANCE PLUS		<i>mesalamine er</i>	171
MACRODANTIN.....	34	SUPERLITE 30G.....	139	<i>mesalamine-cleanser</i>	171
<i>mafenide acetate</i>	228	MEDLANCE PLUS		MESNEX.....	47
MAGELLAN INSULIN		UNIVERSAL 21G.....	139	MESTINON.....	82
SAFETY SYR.....	138	MEDROL.....	161	METAXALL CP.....	86
MAKENA.....	166	<i>medroxyprogesterone acetate</i>		<i>metaxalone</i>	86
<i>malathion</i>	239	.....	107, 166	<i>metformin hcl</i>	92
MARATHON MEDICAL		<i>mefenamic acid</i>	16	<i>metformin hcl er</i>	92
PENTIPS.....	138	<i>mefloquine hcl</i>	26	<i>metformin hcl er (mod)</i>	92
MARINOL.....	169	<i>megestrol acetate</i>	40, 166	<i>metformin hcl er (osm)</i>	92
<i>marlissa</i>	107	<i>meijer blood glucose</i>	139	<i>methadone hcl</i>	20
MARPLAN.....	70	<i>meijer blood glucose test</i>	139	Methadone Hcl Intensol.....	19
MATULANE.....	37	<i>meijer essential blood glucose</i> ..	139	<i>methadone hcl-nacl</i>	20
Matzim La.....	57	<i>meijer essential glucose test</i>	139	METHADOSE.....	20
MAVENCLAD (10 TABS).....	84	MEIJER LANCETS THIN..	139	Methadose.....	20
MAVENCLAD (4 TABS).....	84	MEIJER LANCETS		METHADOSE SUGAR-	
MAVENCLAD (5 TABS).....	84	UNIVERSAL 21G.....	139	FREE.....	20

<i>methamphetamine hcl</i>	78	MIGERGOT.....	81	MONOLET OPD LANCETS	140
<i>methazolamide</i>	58	<i>miglitol</i>	91	.....	140
<i>methenamine hippurate</i>	34	<i>mighustat</i>	157	MONOLETTOR SAFETY	
<i>methenamine mandelate</i>	34	MIGRANAL.....	81	LANCETS.....	141
Methergine.....	164	Mili.....	107	Mono-Linyah.....	108
<i>methimazole</i>	167	MILLIPRED.....	161	MONOVISC.....	24
<i>methitest</i>	91	Mimvey.....	159	<i>montelukast sodium</i>	221
<i>methocarbamol</i>	86	MINASTRIN 24 FE.....	107	MONUROL.....	25
<i>methotrexate sodium</i>	38, 192	<i>mini lancing device</i>	140	<i>morphine sulfate</i>	20
<i>methotrexate sodium (pf)</i>	38	MINILINK REAL-TIME		<i>morphine sulfate (concentrate)</i>	20
<i>methoxsalen rapid</i>	230	TRANSMITTER.....	140	<i>morphine sulfate er</i>	20
<i>methscopolamine bromide</i>	168	MINIMED 630G		<i>morphine sulfate er beads</i>	20
<i>methylergonovine maleate</i>	164	GUARDIAN PRESS.....	140	MOTTEGRITY.....	173
<i>methylphenidate hcl</i>	79	MINIMED PUMP		MOTOFEN.....	168
<i>methylphenidate hcl er</i>	78	RESERVOIR 3ML.....	140	MOVANTIK.....	173
<i>methylphenidate hcl er (cd)</i>	78	MINIMED RESERVOIR		MOVIPREP.....	172
<i>methylphenidate hcl er (la)</i>	78	1.8ML.....	140	<i>moxifloxacin hcl</i>	33, 212
<i>methylphenidate hcl er (osm)</i> ...	78	MINIMED RESERVOIR		<i>mpd safety lancet 21g</i>	141
<i>methylprednisolone</i>	161	3ML.....	140	<i>mpd safety lancet 23g</i>	141
<i>methyltestosterone</i>	91	MINIVELLE.....	159	<i>mpd safety lancet 28g</i>	141
<i>metoclopramide hcl</i>	169	MINOCIN.....	36	<i>mpd safety lancet 30g</i>	141
<i>metolazone</i>	58	<i>minocycline hcl</i>	36	MS CONTIN.....	20
<i>metoprolol succinate er</i>	55	<i>minocycline hcl er</i>	36	<i>ms insulin syringe</i>	141
<i>metoprolol tartrate</i>	55	MINOLIRA.....	37	MULPLETA.....	182
<i>metoprolol-hydrochlorothiazide</i>	54	<i>minoxidil</i>	60	MULTAQ.....	50
<i>metronidazole</i>	35, 179, 238	MIRCERA.....	182	MULTIGEN.....	206
METRONIDAZOLE		MIRCETTE.....	107	MULTIGEN FOLIC.....	206
BENZO+SYRSPEND.....	34	MIRENA (52 MG).....	108	MULTIGEN PLUS.....	206
<i>mexiletine hcl</i>	50	<i>mirtazapine</i>	71	MULTI-LANCET DEVICE	
MIACALCIN.....	164	MIRVASO.....	238	2.....	141
MICARDIS.....	50	<i>misoprostol</i>	173	<i>multi-mac</i>	199
MICARDIS HCT.....	49	MITIGARE.....	14	<i>multipro</i>	206
<i>miconazole 3</i>	179	MITOSOL.....	212	<i>multi-vit/iron/fluoride</i>	206
<i>miconazole-zinc oxide-petrolat</i>	229	MM EASY TOUCH		<i>multivitamin/fluoride</i>	206
MICRODOT BLOOD		GLUCOSE.....	140	<i>multi-vitamin/fluoride</i>	206
GLUCOSE SYSTEM.....	140	MM EASY TOUCH		<i>multi-vitamin/fluorideliron</i>	206
MICRODOT TEST.....	140	GLUCOSE METER.....	140	<i>mupirocin</i>	228
Microgestin 1.5/30.....	107	<i>mm insulin syringeneedle</i>	140	<i>mupirocin calcium</i>	228
Microgestin 1/20.....	107	MM PEN NEEDLES.....	140	MVASI.....	43
Microgestin 24 Fe.....	107	<i>m-natal plus</i>	199	MY CHOICE.....	108
Microgestin Fe 1.5/30.....	107	MOBIC.....	16	MY WAY.....	108
Microgestin Fe 1/20.....	107	<i>modafinil</i>	86	MYALEPT.....	157
MICROLET LANCETS.....	140	<i>moexipril hcl</i>	48	<i>mycophenolate mofetil</i>	196
MICROLET NEXT		<i>mometasone furoate</i>	222, 234	<i>mycophenolate sodium</i>	196
LANCING DEVICE.....	140	Mondoxyne NI.....	37	MYDAYIS.....	79
<i>midazolam hcl</i>	80	MONOJECT INSULIN		MYFEMBREE.....	159
<i>midazolam hcl (pf)</i>	80	SYRINGE.....	140	MYFORTIC.....	196
MIDAZOLAM+SYRSPEN		MONOJECT ULTRA		MYGLUCOHEALTH	
D SF.....	80	COMFORT SYRINGE.....	140	BLOOD GLUCOSE.....	141
<i>midodrine hcl</i>	60	MONOLET LANCETS.....	140		

MYGLUCOHEALTH		
LANCETS 30G.....	141	
MYGLUCOHEALTH TEST		
.....	141	
MYLERAN.....	37	
Myorisan.....	226	
MYRBETRIQ.....	178	
MYTESI.....	168	
MYXREDLIN.....	96	
<i>na sulfate-k sulfate-mg sulf</i>	172	
<i>nabumetone</i>	16	
<i>nadolol</i>	55	
<i>nafcilin sodium</i>	36	
Nafrinse Drops.....	197	
<i>naftifine hcl</i>	229	
NAFTIN.....	229	
NALFON.....	16	
<i>nalocet</i>	20	
<i>naloxone hcl</i>	87	
<i>naltrexone hcl</i>	87	
NAMENDA.....	69	
NAMENDA TITRATION		
PAK.....	69	
NAMZARIC.....	69	
NAPRELAN.....	16	
<i>naproxen</i>	16, 17	
<i>naproxen sodium</i>	17	
<i>naproxen sodium er</i>	17	
<i>naratriptan hcl</i>	81	
NARCAN.....	87	
NASCOBAL.....	186	
NATACHEW.....	199	
NATACYN.....	212	
NATALVIT.....	199	
NATAZIA.....	108	
<i>nateglinide</i>	98	
NATESTO.....	91	
NATPARA.....	164	
NAYZILAM.....	66	
<i>nebivolol hcl</i>	55	
NEBUPENT.....	35	
Necon 0.5/35 (28).....	108	
Necon 1/35 (28).....	108	
NEEVO DHA.....	199	
<i>nefazodone hcl</i>	71	
<i>neoke bhb</i>	206	
<i>neomycin sulfate</i>	25	
<i>neomycin-bacitracin zn-</i>		
<i>polymyx</i>	212	
<i>neomycin-polymyxin-dexameth</i>		
.....	211	
<i>neomycin-polymyxin-</i>		
<i>gramicidin</i>	212	
<i>neomycin-polymyxin-hc</i> ..	211, 240	
<i>neonatal + dha</i>	199	
<i>neonatal 19</i>	199	
<i>neonatal complete</i>	199	
<i>neonatal fe</i>	199	
NEONATAL PLUS.....	199	
Neo-Polycin.....	212	
Neo-Polycin Hc.....	211	
NEO-SYNALAR.....	228	
Nephronex.....	206	
NERLYNX.....	43	
NESINA.....	92	
NESTABS.....	199	
NESTABS DHA.....	199	
NESTABS ONE.....	199	
Neuac.....	226	
NEULASTA.....	182	
NEULASTA ONPRO.....	182	
NEUPOGEN.....	182	
NEUPRO.....	73	
NEURONTIN.....	66	
NEUTEK 2TEK TEST.....	141	
NEVANAC.....	214	
<i>nevirapine</i>	27	
<i>nevirapine er</i>	27	
NEW DAY.....	108	
NEXAVAR.....	43	
NEXIUM.....	174	
NEXLETOL.....	51	
NEXLIZET.....	51	
NEXPLANON.....	108	
NEXTERONE.....	50	
NEXTSTELLIS.....	108	
<i>niacin (antihyperlipidemic)</i>	53	
<i>niacin er (antihyperlipidemic)</i> ..	53	
NIACOR.....	53	
NICADAN.....	206	
NICAPRIN.....	206	
<i>nicardipine hcl</i>	57	
NICAZEL.....	206	
NICAZEL FORTE.....	206	
NICOMIDE.....	206	
NICORELIEF.....	89	
<i>nicotinamide</i>	206	
<i>nicotine</i>	89	
<i>nicotine mini</i>	89	
<i>nicotine polacrilex</i>	89	
<i>nicotine step 1</i>	89	
<i>nicotine step 2</i>	89	
<i>nicotine step 3</i>	89	
NICOTROL.....	89	
NICOTROL NS.....	89	
<i>nifedipine</i>	57	
<i>nifedipine er</i>	57	
<i>nifedipine er osmotic release</i>	57	
Nikki.....	108	
NILANDRON.....	40	
<i>nilutamide</i>	40	
<i>nimodipine</i>	57	
NINLARO.....	46	
NIPRIDE RTU.....	60	
<i>nisoldipine er</i>	57	
NITRO-BID.....	60	
NITRO-DUR.....	61	
<i>nitrofurantoin</i>	35	
<i>nitrofurantoin macrocrystal</i>	35	
<i>nitrofurantoin monohyd macro</i> ..	35	
<i>nitroglycerin</i>	61	
NITROLINGUAL.....	61	
NITROMIST.....	61	
NITYR.....	162	
NIVA-PLUS.....	200	
NIVESTYM.....	182	
<i>nizatidine</i>	170	
NOCDURNA.....	167	
Nora-Be.....	108	
NORDIPEN 5 INJECTION		
DEVICE.....	163	
NORDIPEN DELIVERY		
SYSTEM.....	163	
NORDITROPIN FLEXPRO	163	
<i>norethin ace-eth estrad-fe</i>	108	
<i>norethindrone</i>	108	
<i>norethindrone acetate</i>	166	
<i>norethindrone acet-ethinyl est</i> ..	108	
<i>norethindrone-eth estradiol</i>	159	
<i>norethin-eth estradiol-fe</i>	108	
<i>norgesic forte</i>	86	
<i>norgestimate-eth estradiol</i>	108	
<i>norgestim-eth estrad triphasic</i> ..	108	
NORITATE.....	238	
Norlyda.....	108	
Norlyroc.....	108	
NORPACE.....	51	
NORPACE CR.....	50	
NORTHERA.....	60	

Nortrel 0.5/35 (28).....	108	NOXAFIL.....	25, 26	<i>obizur</i>	184
Nortrel 1/35 (21).....	109	Np Thyroid.....	167	OBSTETRIX DHA.....	200
Nortrel 1/35 (28).....	109	NPLATE.....	182	OBSTETRIX EC.....	200
Nortrel 7/7/7.....	109	NUBEQA.....	40	OBSTETRIX ONE.....	200
<i>nortriptyline hcl</i>	71	NUCALA.....	223	OCALIVA.....	173
NORVASC.....	57	NUCARACLINPAK.....	226	Ocella.....	109
NORVIR.....	27	NUCARARXPAK.....	226	OCREVUS.....	84
NOURIANZ.....	73	NUCYNTA.....	20	OCTAGAM.....	194
NOVA MAX BLOOD GLUCOSE SYSTEM.....	141	NUCYNTA ER.....	20	<i>octreotide acetate</i>	90
NOVA MAX GLUCOSE TEST.....	141	Nudiclo Tabpak.....	17	ODACTRA.....	186
NOVA MAX PLUS KETONE TEST.....	141	NUDROXIPAK.....	18	ODEFSEY.....	29
NOVA SAFETY LANCETS 23G.....	141	NUDROXIPAK DSDR-50....	17	ODOMZO.....	45
NOVA SAFETY LANCETS 28G.....	141	NUDROXIPAK DSDR-75....	17	OFEV.....	222
NOVA SUREFLEX LANCETS.....	141	NUDROXIPAK E-400.....	17	<i>ofloxacin</i>	33, 212, 240
NOVA SUREFLEX LANCING DEVICE.....	141	NUDROXIPAK I-800.....	17	OGIVRI.....	43
NOVOEIGHT.....	184	NUDROXIPAK M-15.....	17	<i>olanzapine</i>	75, 76
NOVOFINE AUTOCOVER PEN NEEDLE.....	141	NUDROXIPAK N-500.....	17	<i>olanzapine-fluoxetine hcl</i>	88
NOVOFINE PEN NEEDLE.....	141	NUEDEXTA.....	88	OLINVYK.....	20
NOVOFINE PLUS PEN NEEDLE.....	141	NUFERA.....	206	<i>olmesartan medoxomil</i>	50
NOVOLIN 70/30.....	96	Nufol.....	206	<i>olmesartan medoxomil-hctz</i>	49
NOVOLIN 70/30 FLEXPEN..	96	Nulev.....	168	<i>olmesartan-amlodipine-hctz</i>	49
NOVOLIN 70/30 FLEXPEN RELION.....	96	NUPLAZID.....	75	<i>olopatadine hcl</i>	209, 218
NOVOLIN 70/30 RELION....	96	NURTEC.....	81	OLUMIANT.....	190
NOVOLIN N.....	96	NUSURGEPAK SURGICAL PREP/CARE....	237	OLUX-E.....	234
NOVOLIN N FLEXPEN.....	96	NUTRICAP.....	207	OMECLAMOX-PAK.....	175
NOVOLIN N FLEXPEN RELION.....	96	Nutrifac Zx.....	207	<i>omega-3-acid ethyl esters</i>	54
NOVOLIN N RELION.....	96	NUTROPIN AQ NUSPIN 10	163	<i>omeprazole</i>	174
NOVOLIN R.....	97	NUTROPIN AQ NUSPIN 20	163	<i>omeprazole-sodium bicarbonate</i>	174
NOVOLIN R FLEXPEN.....	96	NUTROPIN AQ NUSPIN 5	163	OMNARIS.....	222
NOVOLIN R FLEXPEN RELION.....	96	NUVARING.....	109	OMNIFLEX DIAPHRAGM109	
NOVOLIN R RELION.....	96	NUVESSA.....	179	OMNIPOD 5 G6 INTRO (GEN 5).....	141
NOVOLOG.....	97	NUVIGIL.....	86	OMNIPOD 5 G6 POD (GEN 5).....	141
NOVOLOG FLEXPEN.....	97	NUWIQ.....	184	OMNIPOD CLASSIC PDM (GEN 3).....	141
NOVOLOG MIX 70/30.....	97	NUZYRA.....	37	OMNIPOD DASH INTRO (GEN 4).....	142
NOVOLOG MIX 70/30 FLEXPEN.....	97	Nyamyc.....	229	OMNIPOD DASH PODS (GEN 4).....	142
NOVOLOG PENFILL.....	97	Nylia 7/7/7.....	109	OMNITROPE.....	163
NOVOSEVEN RT.....	181	NYMALIZE.....	57	OMNITROPE PEN 10 INJ DEVICE.....	163
		Nymyo.....	109	ONCASPAR.....	45
		<i>nystatin</i>	26, 229, 239	<i>ondansetron</i>	169
		<i>nystatin-triamcinolone</i>	229	<i>ondansetron hcl</i>	169
		Nystop.....	229	ONE A DAY PRENATAL..	200
		NYVEPRIA.....	182		
		OB COMPLETE.....	200		
		OB COMPLETE ONE.....	200		
		OB COMPLETE PETITE....	200		
		OB COMPLETE PREMIER	200		
		OB COMPLETE/DHA.....	200		

<i>one drop blood glucose monitor</i>	OPZELURA.....	231	OXYCONTIN.....	21
.....	ORACEA.....	238	<i>oxymorphone hcl</i>	21
<i>one drop test</i>	ORACIT.....	177	<i>oxymorphone hcl er</i>	21
<i>one vite womens plus</i>	ORALAIR.....	186	OXYTROL.....	178
ONE-A-DAY WOMENS	Oralone.....	239	OXYTROL FOR WOMEN..	178
PRENATAL 1.....	ORAPRED ODT.....	161	OZEMPIC (0.25 OR 0.5	
ONETOUCH CLUB	ORAVIG.....	239	MG/DOSE).....	93
LANCETS FINE PT.....	ORENCIA.....	187, 190	OZEMPIC (1 MG/DOSE).....	94
ONETOUCH DELICA	ORENCIA CLICKJECT.....	190	OZEMPIC (2 MG/DOSE).....	94
LANCETS 30G.....	ORENITRAM.....	61	OZURDEX.....	214
ONETOUCH DELICA	ORFADIN.....	157	Pacerone.....	51
LANCETS 33G.....	ORIAHNN.....	159	<i>paingo kft</i>	236
ONETOUCH DELICA	ORILISSA.....	156	PALFORZIA (12 MG	
LANCING DEV.....	ORKAMBI.....	220	DAILY DOSE).....	186
ONETOUCH DELICA	ORLADEYO.....	193	PALFORZIA (120 MG	
PLUS LANCET30G.....	<i>orphenadrine citrate er</i>	86	DAILY DOSE).....	186
ONETOUCH DELICA	<i>orphenadrine-aspirin-caffeine</i> ...	86	PALFORZIA (160 MG	
PLUS LANCET33G.....	Orphengesic Forte.....	86	DAILY DOSE).....	186
ONETOUCH DELICA	Orsythia.....	109	PALFORZIA (20 MG	
PLUS LANCING.....	<i>ortho df</i>	207	DAILY DOSE).....	186
ONETOUCH DELICA	ORTHO TRI-CYCLEN LO.	109	PALFORZIA (200 MG	
SAFETY LANCING.....	ORTHOVISC.....	24	DAILY DOSE).....	186
ONETOUCH SOLUTIONS	ORTIKOS.....	171	PALFORZIA (240 MG	
STARTER KIT.....	<i>oscimin</i>	168	DAILY DOSE).....	186
ONETOUCH SURESOFT	<i>oseltamivir phosphate</i>	30	PALFORZIA (3 MG DAILY	
LANCING DEV.....	OSENI.....	93	DOSE).....	187
ONETOUCH ULTRA.....	OSMOLEX ER.....	73	PALFORZIA (300 MG	
ONETOUCH ULTRASOFT	OSMOPREP.....	172	MAINTENANCE).....	187
LANCETS.....	OSPHENA.....	164	PALFORZIA (300 MG	
ONETOUCH VERIO.....	OTEZLA.....	190	TITRATION).....	187
ONETOUCH VERIO FLEX	OTIPRIO.....	240	PALFORZIA (40 MG	
SYSTEM.....	OTOVEL.....	240	DAILY DOSE).....	187
ONETOUCH VERIO	OTREXUP.....	192	PALFORZIA (6 MG DAILY	
REFLECT.....	OVACE PLUS.....	230	DOSE).....	187
<i>onevite</i>	OVIDREL.....	160	PALFORZIA (80 MG	
ONEXTON.....	<i>oxandrolone</i>	91	DAILY DOSE).....	187
ONFI.....	<i>oxaprozin</i>	17	PALFORZIA INITIAL	
ONGLYZA.....	OXAYDO.....	20	ESCALATION.....	187
ONIVYDE.....	<i>oxazepam</i>	63	<i>paliperidone er</i>	76
ONTRUZANT.....	OXBRYTA.....	185	PALYNZIQ.....	157
ONUREG.....	<i>oxcarbazepine</i>	66	PANCREAZE.....	174
ONZETRA XSAIL.....	OXERVATE.....	215	PANDEL.....	234
OPCICON ONE-STEP.....	<i>oxiconazole nitrate</i>	229	<i>pantoprazole sodium</i>	175
OPDIVO.....	OXISTAT.....	229	PANZYGA.....	194
<i>opium</i>	OXTELLAR XR.....	66	PARADIGM PUMP	
OPSUMIT.....	<i>oxybutynin chloride</i>	178	RESERVOIR 1.8ML.....	142
OPTION 2.....	<i>oxybutynin chloride er</i>	178	PARADIGM PUMP	
OPTIONS GYNOL II	<i>oxycodone hcl</i>	20, 21	RESERVOIR 3ML.....	142
CONTRACEPTIVE.....	<i>oxycodone hcl er</i>	20	PARADIGM REAL-TIME	
OPTIUMEZ TEST.....	<i>oxycodone-acetaminophen</i>	21	TRANSMITTER.....	142

PARADIGM SILHOUETTE	PHARMACIST CHOICE	PLEGRIDY	84
COMBO 23"	AUTOCODE	PLEGRIDY STARTER	
PARAGARD	PHARMACIST CHOICE	PACK	84
INTRAUTERINE COPPER	AUTOCODE SYS	PLENVU	172
PARAPLATIN	PHARMACIST CHOICE	PLIAGLIS	236
<i>paricalcitol</i>	LANCETS	<i>pnv tabs 20-1</i>	200
<i>paromomycin sulfate</i>	PHARMACIST CHOICE	<i>pnv-dha</i>	200
<i>paroxetine hcl</i>	MINI SYSTEM	<i>pnv-dha+docusate</i>	200
<i>paroxetine hcl er</i>	<i>pharmacist choice no coding</i> ...	<i>pnv-omega</i>	200
<i>paroxetine mesylate</i>	PHARMACY COUNTER	<i>pnv-select</i>	200
PARSABIV	LANCETS	POCKETCHEM EZ	
PASER	Phenazo	SYSTEM	143
PATANASE	<i>phenelzine sulfate</i>	POCKETCHEM EZ TEST ..	143
PAXIL	<i>phenobarbital</i>	<i>podofilox</i>	238
PAXIL CR	<i>phenoxybenzamine hcl</i>	Polycin	212
<i>pc lancets super thin 30g</i>	<i>phenylephrine hcl</i>	<i>poly-iron 150 forte</i>	207
<i>pc unifine pentips</i>	<i>phenylephrine hcl (pressors)</i>	<i>polymyxin b-trimethoprim</i>	212
<i>peg-3350/electrolytes/lascorbat</i>	<i>phenytoin</i>	<i>polysaccharide iron forte</i>	207
PEGASYS	<i>phenytoin sodium extended</i>	POLY-VI-FLOR	207
<i>peg-kcl-nacl-nasulf-na asc-c</i>	PHEXXI	POLY-VI-FLOR/IRON	207
PEG-PREP	Philith	POMALYST	39
PEMAZYRE	PHOSLYRA	PONVORY	84
<i>pen needles</i>	Phospha 250 Neutral	PONVORY STARTER	
<i>pen needles 5/16"</i>	<i>phosphorous</i>	PACK	84
<i>penicillamine</i>	Phospho-Trin 250 Neutral	Portia-28	109
<i>penicillin v potassium</i>	Physiolyte	<i>posaconazole</i>	26
PENLET II BLOOD	Physiosol Irrigation	<i>pot & sod cit-cit ac</i>	177
SAMPLER	<i>phytonadione</i>	<i>potassium chloride</i>	198
PENLET II	PIFELTRO	<i>potassium chloride crys er</i>	198
REPLACEMENT CAP	<i>pilocarpine hcl</i>	<i>potassium chloride er</i>	198
PENNSAID	<i>pimecrolimus</i>	<i>potassium citrate er</i>	177
PENTASA	<i>pimozide</i>	<i>potassium citrate-citric acid</i>	177
<i>pentazocine-naloxone hcl</i>	Pimtrea	PR BENZOYL PEROXIDE ..	226
PENTIPS	<i>pindolol</i>	Pr Benzoyl Peroxide Wash	226
<i>pentoxifylline er</i>	<i>pioglitazone hcl</i>	PRADAXA	180
PERCOCET	<i>pioglitazone hcl-glimepiride</i>	PRALUENT	54
PERFECT LANCETS 28G ..	<i>pioglitazone hcl-metformin hcl</i> ..	<i>pramipexole dihydrochloride</i>	73
PERFECT LANCETS 30G ..	<i>pip lancets 28g</i>	<i>pramipexole dihydrochloride er</i> ..	73
PERFOROMIST	<i>pip lancets 30g</i>	PRAMOX	236
<i>perindopril erbumine</i>	PIQRAY (200 MG DAILY	<i>prasugrel hcl</i>	186
Periogard	DOSE)	<i>pravastatin sodium</i>	53
PERJETA	PIQRAY (250 MG DAILY	<i>praziquantel</i>	24
<i>permethrin</i>	DOSE)	<i>prazosin hcl</i>	48
<i>perphenazine</i>	PIQRAY (300 MG DAILY	PRECISION SURE-DOSE	
<i>perphenazine-amitriptyline</i>	DOSE)	SYRINGE	143
PERSERIS	Pirmella 1/35	PRECISION XTRA	143
PERTZYE	Pirmella 7/7/7	PRECISION XTRA BLOOD	
PEXEVA	<i>piroxicam</i>	GLUCOSE	143
PFIZERPEN	PLAQUENIL	PRECISION XTRA	
<i>ph strips</i>	PLAVIX	KETONE	143

PRED FORTE.....	214	PRENATRIX.....	201	<i>prochlorperazine maleate</i>	169
PRED MILD.....	214	PRENATRYL.....	201	PROCORT.....	175
PRED-G.....	211	<i>prenatvite complete</i>	201	PROCRIT.....	182
PRED-G S.O.P.....	211	<i>prenatvite plus</i>	202	<i>pro-critic</i>	207
<i>prednicarbate</i>	234	<i>prenatvite rx</i>	202	PROCTOFOAM HC.....	175
<i>prednisolone</i>	161	<i>prepiv supply</i>	236	Procto-Med Hc.....	175
<i>prednisolone acetate</i>	214	PRESTALIA.....	47	Procto-Pak.....	175
<i>prednisolone acetate p-f</i>	214	<i>pretomanid</i>	29	Proctozone-Hc.....	175
<i>prednisolone sodium phosphate</i>	161, 214	PREVACID.....	175	PROCYSBI.....	177, 178
<i>prednisolone-gatifloxacin</i>	211	PREVACID SOLUTAB.....	175	PRODIGY AUTOCODE BLOOD GLUCOSE.....	144
<i>prednisone</i>	161	Prevalite.....	51	PRODIGY INSULIN SYRINGE.....	144
PREDNISONE INTENSOL	161	PREVENT DROPSAFE		PRODIGY LANCETS 28G..	144
<i>preferred plus insulin syringe</i> ...	144	PEN NEEDLES.....	144	PRODIGY LANCING DEVICE.....	144
<i>preferred plus lancets colored</i> ..	144	PREVENT SAFETY PEN NEEDLES.....	144	PRODIGY NO CODING BLOOD GLUC.....	144
<i>preferred plus lancets thin</i>	144	PREVIDENT.....	240	PRODIGY POCKET BLOOD GLUCOSE.....	144
<i>preferred plus unifine pentips</i> ..	144	PREVIDENT 5000 BOOSTER PLUS.....	240	PRODIGY SAFETY LANCETS 26G.....	144
PREFEST.....	159	PREVIDENT 5000 DRY MOUTH.....	240	PRODIGY VOICE BLOOD GLUCOSE.....	145
<i>pregabalin</i>	67	PREVIDENT 5000 ORTHO DEFENSE.....	240	PROFILNINE.....	185
<i>pregen dha</i>	200	PREVIDENT 5000 PLUS.....	240	<i>progesterone</i>	166
<i>pregenna</i>	200	PREVIDOLRX ANALGESIC.....	18	PROGLYCEM.....	162
PREMARIN.....	159	PREVYMIS.....	30	PROGRAF.....	196
PREMESISRX.....	200	PREZCOBIX.....	29	PROGRAF.....	196
<i>premium blood glucose test</i>	144	PREZISTA.....	27	PROLASTIN-C.....	216
<i>premium scar</i>	236	PRIALT.....	14	PROLENSA.....	214
PREMPHASE.....	159	PRIFTIN.....	29	PROLIA.....	164
PREMPRO.....	160	PRILOSEC.....	175	PROMACTA.....	182
<i>prena 1 true</i>	200	PRIMACARE.....	202	<i>promethazine hcl</i>	169, 170
<i>prenal</i>	200	<i>primaquine phosphate</i>	26	<i>promethazine-codeine</i>	220
<i>prenal pearl</i>	200	<i>primidone</i>	67	<i>promethazine-dm</i>	220
<i>prenaissance</i>	200	PRISTIQ.....	71	<i>promethazine-phenyleph- codeine</i>	220
<i>prenaissance plus</i>	200	PRIVIGEN.....	194	<i>promethazine-phenylephrine</i> ...	220
PRENATABS RX.....	201	PRO COMFORT INSULIN SYRINGE.....	144	Promethegan.....	170
<i>prenatal</i>	201	<i>pro comfort lancets 30g</i>	144	PROMETHEGAN.....	170
<i>prenatal + complete multi</i>	201	<i>pro comfort lancets 31g</i>	144	PROMETRIUM.....	166
<i>prenatal 19</i>	201	<i>pro comfort pen needles</i>	144	<i>propafenone hcl</i>	51
<i>prenatal gummies/dha & fa</i>	201	<i>pro voice v8 glucose system</i>	144	<i>propafenone hcl er</i>	51
<i>prenatal multi +dha</i>	201	<i>pro voice v8/v9 glucose</i>	144	<i>proparacaine hcl</i>	215
<i>prenatal plus</i>	201	<i>pro voice v9 glucose system</i>	144	<i>propranolol hcl</i>	55, 56
<i>prenatal vitamin plus low iron</i> ..	201	PROAIR DIGIHALER.....	219	<i>propranolol hcl er</i>	55
PRENATAL-U.....	201	PROAIR HFA.....	219	<i>propylthiouracil</i>	167
PRENATE.....	201	PROAIR RESPICLICK.....	219	PROSCAR.....	176
PRENATE AM.....	201	<i>probenecid</i>	14	PROTONIX.....	175
PRENATE DHA.....	201	<i>prochlorperazine</i>	169	PROTOPIC.....	238
PRENATE ELITE.....	201	<i>prochlorperazine edisylate</i>	169		
PRENATE ENHANCE.....	201				
PRENATE ESSENTIAL.....	201				
PRENATE MINI.....	201				
PRENATE PIXIE.....	201				
PRENATE RESTORE.....	201				

<i>protriptyline hcl</i>	71	<i>quetiapine fumarate</i>	76	<i>raloxifene hcl</i>	164
PROVENTIL HFA.....	219	<i>quetiapine fumarate er</i>	76	<i>ramelteon</i>	80
PROVERA.....	166	QUFLORA FE.....	207	<i>ramipril</i>	48
PROVIDA OB.....	202	QUFLORA FE PEDIATRIC		<i>ranolazine er</i>	60
PROVIGIL.....	87	.....	207	RAPAFLO.....	176
PROZAC.....	71	QUFLORA GUMMIES.....	207	RAPAMUNE.....	196
<i>pseudoeph-bromphen-dm</i>	220	QUFLORA PEDIATRIC.....	207	RAPIVAB.....	30
PSS SELECT GP LANCETS	145	QUICKTEK.....	145	<i>rasagiline mesylate</i>	73
PSS SELECT PLATFORMS	145	QUICKTEK TEST.....	145	RASUVO.....	192
PSS SELECT SAFETY		QUICKTEK/METER.....	145	RAVICTI.....	157
LANCETS.....	145	QUILLICHEW ER.....	79	RAYALDEE.....	167
PTS PANELS EGLU TEST.	145	QUILLIVANT XR.....	79	RAYOS.....	161
PULMICORT		<i>quinapril hcl</i>	48	RAZADYNE ER.....	69
FLEXHALER.....	224	<i>quinapril-hydrochlorothiazide</i> ...	47	REACT.....	109
PULMOZYME.....	220	<i>quinidine gluconate er</i>	51	READYLANCE SAFETY	
<i>pure comfort lancets 30g</i>	145	<i>quinidine sulfate</i>	51	LANCETS.....	146
PURIXAN.....	38	<i>quinine sulfate</i>	26	READYSHARP ANESTH +	
<i>px aspirin</i>	23	QUINTET AC BLOOD		KETOROLAC.....	18
<i>px enteric aspirin</i>	23	GLUCOSE.....	145	<i>reality insulin syringe</i>	146
<i>px extra short pen needles</i>	145	QUINTET AC BLOOD		<i>reality lancets</i>	146
<i>px insulin syringe</i>	145	GLUCOSE TEST.....	145	<i>reality trigger lancets</i>	146
<i>px lancet auto injector</i>	145	QUINTET BLOOD		REBIF.....	85
<i>px lancets microthin 33g</i>	145	GLUCOSE SYSTEM.....	145	REBIF REBIDOSE.....	85
<i>px lancets ultra thin</i>	145	QUINTET BLOOD		REBIF REBIDOSE	
<i>px mini pen needles</i>	145	GLUCOSE TEST.....	145	TITRATION PACK.....	85
<i>px pen needle</i>	145	QULIPTA.....	81	REBIF TITRATION PACK..	85
<i>px shortlength pen needles</i>	145	QUTENZA.....	236	REBINYN.....	185
PYLERA.....	175	QUTENZA (2 PATCH).....	236	RECLAST.....	100
<i>pyrazinamide</i>	29	QUTENZA (4 PATCH).....	236	Reclipsen.....	109
<i>pyridostigmine bromide</i>	82	QVAR REDIHALER.....	224	RECOMBINATE.....	184
<i>pyridostigmine bromide er</i>	82	<i>ra aspirin adult low dose</i>	23	RECTIV.....	238
<i>pyridoxine hcl</i>	207	<i>ra aspirin childrens</i>	23	RECURA.....	229
<i>pyrimethamine</i>	35	<i>ra aspirin ec adult low st</i>	23	REDITREX.....	192
QBRELIS.....	48	RA E-ZJECT LANCETS		REFUAH PLUS BLOOD	
<i>qc advanced lancing device</i>	145	28G.....	145	GLUCOSE TEST.....	146
<i>qc childrens aspirin</i>	23	RA E-ZJECT LANCETS		REFUAH PLUS	
<i>qc lancets super thin 30g</i>	145	THIN 26G.....	146	MONITORING SYSTEM...	146
<i>qc lancets ultra thin</i>	145	RA E-ZJECT LANCETS		REGRANEX.....	239
<i>qc pen needles</i>	145	THIN 28G.....	146	RELEXXII.....	79
<i>qc unifine pentips</i>	145	RA E-ZJECT LANCETS		RELION ALL-IN-ONE.....	146
<i>qc unilet lancets 28g</i>	145	ULTRA THIN.....	146	RELION BLOOD	
<i>qc unilet lancets micro thin</i>	145	<i>ra insulin syringe</i>	146	GLUCOSE TEST.....	146
QELBREE.....	79	<i>ra mini nicotine</i>	89	RELION CONFIRM	
QINLOCK.....	44	<i>ra nicotine</i>	89	GLUCOSE MONITOR.....	146
QNASL.....	222	<i>ra pen needles</i>	146	RELION	
QNASL CHILDRENS.....	222	<i>rabeprazole sodium</i>	175	CONFIRM/MICRO TEST...	146
QSYMIA.....	99	RADICAVA ORS.....	82	RELION INSULIN	
QTERN.....	98	RADICAVA ORS		SYRINGE.....	146
<i>quad-mix</i>	177	STARTER KIT.....	82	RELION KETONE TEST...	146
<i>quazepam</i>	80	RAGWITEK.....	187		

RELION LANCET DEVICES 30G.....	146	REPATHA SURECLICK.....	54	RIMSO-50.....	178
RELION LANCETS MICRO-THIN 33G.....	146	<i>resorcinol-sulfur</i>	226	<i>ringers irrigation</i>	215
RELION LANCETS THIN 26G.....	146	RESTASIS.....	214	RINVOQ.....	190
RELION LANCETS ULTRA-THIN 30G.....	146	RESTASIS MULTIDOSE....	214	RIOMET.....	92
RELION LANCING DEVICE.....	146	RETACRIT.....	182	<i>risedronate sodium</i>	100
RELION MICRO.....	147	RETEVMO.....	44	RISPERDAL CONSTA.....	76
RELION MINI PEN NEEDLES.....	147	RETIN-A MICRO.....	226	<i>risperidone</i>	76
RELION PEN NEEDLES....	147	RETIN-A MICRO PUMP...	227	<i>ritonavir</i>	27
RELION PREMIER BLU MONITOR.....	147	REVATIO.....	61	RITUXAN.....	39
RELION PREMIER COMPACT SYSTEM.....	147	REVLIMID.....	39	<i>rivastigmine</i>	69
RELION PREMIER VOICE MONITOR.....	147	REXALL BLOOD GLUCOSE SYSTEM.....	147	<i>rivastigmine tartrate</i>	69
RELION PRIME MONITOR.....	147	REXALL BLOOD GLUCOSE TEST.....	147	Rivelsa.....	110
RELION PRIME TEST.....	147	REXULTI.....	76	<i>rixubis</i>	185
RELION SHORT PEN NEEDLES.....	147	REYATAZ.....	27	<i>rizatriptan benzoate</i>	81
RELION TRUE MET AIR GLUC METER.....	147	REYVOW.....	81	ROCKLATAN.....	210
RELION TRUE METRIX TEST STRIPS.....	147	REZUROCK.....	196	<i>romidepsin</i>	45
RELION ULTIMA GLUCOSE SYSTEM.....	147	RHEUMATE.....	207	<i>ropinirole hcl</i>	73
RELION ULTIMA TEST....	147	RHOFADE.....	238	<i>ropinirole hcl er</i>	73
RELION ULTRA THIN LANCETS 30G.....	147	RHOPHYLAC.....	195	Rosadan.....	238
RELION ULTRA THIN PLUS LANCETS.....	147	RHOPRESSA.....	210	<i>rosuvastatin calcium</i>	53
RELISTOR.....	173	RIABNI.....	39	ROSZET.....	53
<i>relnate dha</i>	202	<i>ribavirin</i>	30, 34	Roweepra.....	67
RELTONE.....	173	<i>rifabutin</i>	29	ROXICODONE.....	21
REMERON.....	71	<i>rifampin</i>	29	ROXYBOND.....	21
REMERON SOLTAB.....	71	RIFAMPIN+SYRSPEND SF.....	30	ROZEREM.....	80
REMICADE.....	187	RIGHTEST ALTERNATE SITE ADAPT.....	147	ROZLYTREK.....	44
REMODULIN.....	61	RIGHTEST GD500 LANCING DEVICE.....	147	RUBRACA.....	45
RENACIDIN.....	239	RIGHTEST GL300 LANCETS.....	147	RUCONEST.....	193
RENFLEXIS.....	187	RIGHTEST GM100 BLOOD GLUCOSE.....	147	<i>rufinamide</i>	67
<i>reno caps</i>	207	RIGHTEST GM300 BLOOD GLUCOSE.....	147	RUKOBIA.....	27
<i>repaglinide</i>	98	RIGHTEST GM550 BLOOD GLUCOSE.....	148	RUXIENCE.....	39
REPATHA.....	54	RIGHTEST GS100 BLOOD GLUCOSE.....	148	RYBELSUS.....	94
REPATHA PUSHTRONEX SYSTEM.....	54	RIGHTEST GS300 BLOOD GLUCOSE.....	148	RYCLORA.....	218
		RIGHTEST GS550 BLOOD GLUCOSE.....	148	RYDAPT.....	44
		RIGHTEST GT333 BLOOD GLUCOSE.....	148	RYLAZE.....	45
		<i>riluzole</i>	82	RYTARY.....	73
		<i>rimantadine hcl</i>	30	RYVENT.....	218
				SABRIL.....	67
				SAFE-T-LANCE.....	148
				SAFE-T-LANCE PLUS.....	148
				<i>safety lancet 30gl/pressure act.</i>	148
				<i>safety pen needles</i>	148
				SAFYRAL.....	110
				SAIZEN.....	163
				SAIZENPREP.....	163
				SALAGEN.....	240
				<i>salimez</i>	238
				<i>salimez forte</i>	238
				<i>salsalate</i>	23
				SAMSCA.....	164

SANCUSO.....	170	SHOPKO UNIFINE		SMART SENSE	
SANDIMMUNE.....	196	PENTIPS PLUS.....	148	STANDARD LANCETS.....	149
SANDOSTATIN.....	90	SHUR-SEAL		SMART SENSE SUPER	
SANDOSTATIN LAR		CONTRACEPTIVE.....	176	THIN LANCETS.....	149
DEPOT.....	90	SIGNIFOR.....	165	SMART SENSE THIN	
SANTYL.....	238	SIGNIFOR LAR.....	165	LANCETS 26G.....	149
SAPHRIS.....	76	SIKLOS.....	185	SMART SENSE VALUE	
<i>saps health twist top lancets....</i>	148	<i>sildenafil citrate.....</i>	61	GLUCOSE SYS.....	149
<i>saps twist top lancets.....</i>	148	SILENOR.....	80	SMART SENSE VALUE	
<i>saps scare twist top lancets.....</i>	148	SILIQ.....	190	TEST.....	149
SAVAYSA.....	180	<i>silodosin.....</i>	176	SMARTEST BLOOD	
SAVELLA.....	79	<i>silver sulfadiazine.....</i>	228	GLUCOSE TEST.....	149
SAVELLA TITRATION		SIMBRINZA.....	210	SMARTEST EJECT.....	149
PACK.....	79	Simliya.....	110	SMARTEST EJECT	
SAXENDA.....	99	Simpease.....	110	STARTER.....	149
<i>sb childrens aspirin.....</i>	23	SIMPLE DIAGNOSTICS		SMARTEST LANCETS 28G	
<i>sb insulin syringe.....</i>	148	LANCING DEV.....	148	.....	149
<i>sb lancets thin.....</i>	148	SIMPONI.....	190	SMARTEST PERSONA	
<i>sb lancets ultra thin.....</i>	148	SIMPONI ARIA.....	187	STARTER.....	149
<i>scopolamine.....</i>	170	<i>simvastatin.....</i>	53	SMARTEST PRONTO	
SEASONIQUE.....	110	SINEMET.....	73	STARTER.....	149
SECUADO.....	76	SINGLE-LET.....	148	SMARTEST PROTEGE.....	149
SECURESAFE SAFETY		SINGULAIR.....	221	SMARTEST PROTEGE	
PEN NEEDLES.....	148	SINUVA.....	222	STARTER.....	149
SEGLUROMET.....	98	<i>sirolimus.....</i>	196	<i>sod citrate-citric acid.....</i>	178
<i>select-lite lancing device.....</i>	148	SIRTURO.....	30	<i>sodium chloride.....</i>	221, 239
SELECT-OB.....	202	SITAVIG.....	30	<i>sodium fluoride.....</i>	198
SELECT-OB+DHA.....	202	SIVEXTRO.....	35	<i>sodium phenylbutyrate.....</i>	157
<i>selegiline hcl.....</i>	73	SKYLA.....	110	<i>sodium polystyrene sulfonate..</i>	101
<i>selenium sulfide.....</i>	230	SKYRIZI.....	187, 191	<i>sodium sulfacetamide wash....</i>	230
SELZENTRY.....	27	SKYRIZI (150 MG DOSE)..	191	<i>sofosbuvir-velpatasvir.....</i>	34
SEMGLEE (YFGN).....	97	SKYRIZI PEN.....	191	Solia.....	110
<i>se-natal 19.....</i>	202	SLYND.....	110	<i>solifenacin succinate.....</i>	178
SENSIPAR.....	100	<i>sm aspirin adult low strength....</i>	23	SOLIQUA.....	94
SERNIVO.....	234	<i>sm childrens aspirin.....</i>	23	SOLOSEC.....	35
SEROQUEL XR.....	76	<i>sm folic acid.....</i>	207	SOLTAMOX.....	40
SEROSTIM.....	163	<i>sm lancets 33g.....</i>	148	SOLUS V2 BLOOD	
<i>sertraline hcl.....</i>	71	<i>sm nicotine.....</i>	89	GLUCOSE SYSTEM.....	149
Setlakin.....	110	<i>sm nicotine polacrilex.....</i>	89	SOLUS V2 LANCETS 28G..	149
<i>sevelamer carbonate.....</i>	165	SM TRUEDRAW		SOLUS V2 LANCING	
<i>sevelamer hcl.....</i>	165	LANCING DEVICE.....	148	DEVICE.....	149
SEVENFACT.....	181	SMART DIABETES		SOLUS V2 TEST.....	149
SEYSARA.....	37	VANTAGE LANCING.....	148	SOLUS V2 TWIST	
SFROWASA.....	171	SMART SENSE COLOR		LANCETS 30G.....	149
Sharobel.....	110	LANCETS 33G.....	149	SOMATULINE DEPOT.....	90
SHOPKO AUTOLET		SMART SENSE PREMIUM		SOMAVERT.....	90
LANCING DEVICE.....	148	SYSTEM.....	149	SOOLANTRA.....	238
SHOPKO UNIFINE		SMART SENSE PREMIUM		SOOTHEE.....	236
PENTIPS.....	148	TEST.....	149	<i>sorbitol.....</i>	239
				<i>sorbitol-mannitol.....</i>	239

SORILUX.....	230	SUCRAID.....	173	SYMLINPEN 60.....	92
Sorine.....	51	<i>sucralfate</i>	173	SYMPAZAN.....	67
<i>sorrelldock mix</i>	187	<i>sulconazole nitrate</i>	229	SYMPROIC.....	173
<i>sotalol hcl</i>	51	<i>sulfacetamide sodium</i>	212	SYMTUZA.....	29
<i>sotalol hcl (af)</i>	51	<i>sulfacetamide sodium (acne)</i> ..	227	SYNAGIS.....	196
SOTYLIZE.....	51	<i>sulfacetamide sodium-sulfur</i>	227	SYNALAR.....	234
SOVALDI.....	34	<i>sulfacetamide-prednisolone</i>	211	SYNAREL.....	164
<i>spinosad</i>	239	<i>sulfadiazine</i>	25	SYNDROS.....	170
SPIRIVA HANDIHALER... 217		<i>sulfamethoxazole-trimethoprim</i>	25	SYNERA.....	236
SPIRIVA RESPIMAT..... 217		<i>sulfamez wash</i>	227	SYNJARDY.....	98
<i>spironolactone</i>	58	SULFAMYLON.....	228	SYNJARDY XR.....	98
<i>spironolactone-hctz</i>	59	<i>sulfasalazine</i>	171	SYNOJOYNT.....	24
SPRAVATO (56 MG DOSE). 71		Sulfatrim Pediatric.....	25	SYNRIBO.....	45
SPRAVATO (84 MG DOSE). 71		<i>sulfurated lime</i>	239	SYNVISC.....	24
Sprintec 28.....	110	<i>sulindac</i>	17	SYNVISC ONE.....	24
SPRITAM.....	67	<i>sumatriptan</i>	81	SYPRINE.....	101
SPRIX.....	17	<i>sumatriptan succinate</i>	81	T:FLEX T:LOCK	
SPRYCEL.....	44	<i>sumatriptan succinate refill</i>	81	CARTRIDGE 4.8ML.....	150
SPS.....	101	<i>sumatriptan-naproxen sodium</i> ...81		TABLOID.....	38
Sronyx.....	110	SUNOSI.....	87	TABRADOL FUSEPAQ.....	86
Ssd.....	228	SUPARTZ FX.....	24	TABRADOL RAPIDPAQ....	86
ST JOSEPH LOW DOSE..... 23		<i>super bi-mix</i>	177	TABRECTA.....	44
STALEVO 100.....	73	<i>super quad-mix</i>	177	TACLONEX.....	234
STALEVO 125.....	73	<i>super thin lancets</i>	150	<i>tacrolimus</i>	196, 238
STALEVO 150.....	73	<i>super tri-mix</i>	177	<i>tadalafil (pah)</i>	61
STALEVO 200.....	73	SUPPRELIN LA.....	165	TAFINLAR.....	44
STALEVO 50.....	74	SUPRAX.....	32	TAGRISSE.....	44
STALEVO 75.....	74	SUPREME TEST.....	150	TAKE ACTION.....	110
<i>stavudine</i>	27	SUPREP BOWEL PREP KIT		TAKHZYRO.....	193
STEGLATRO.....	99	.....	173	TALICIA.....	175
STEGLUJAN.....	98	<i>sure comfort insulin syringe</i>	150	TALIVA.....	207
STELARA.....	188, 191	<i>sure comfort lancets 18g</i>	150	TALTZ.....	191
STENDRA.....	177	<i>sure comfort lancets 21g</i>	150	TALZENNA.....	46
STERILANCE PA.....	149	<i>sure comfort lancets 23g</i>	150	<i>tamoxifen citrate</i>	40
STERILANCE TL.....	149	<i>sure comfort lancets 30g</i>	150	<i>tamsulosin hcl</i>	176
<i>sterile water for irrigation</i>	215	<i>sure comfort lancing pen</i>	150	TAPERDEX 12-DAY.....	161
STIMATE.....	167	<i>sure comfort pen needles</i>	150	Taperdex 6-Day.....	161
STIOLTO RESPIMAT..... 217		SURELITE LANCETS.....	150	TAPERDEX 7-DAY.....	162
STIVARGA.....	44	SUSTOL.....	170	TARCEVA.....	44
STRENSIQ.....	157	SUTAB.....	173	Targadox.....	37
STRIBILD.....	29	SUTENT.....	44	TARGRETIN.....	46, 238
STRIVERDI RESPIMAT... 219		SX1 MEDICATED POST-		Tarina 24 Fe.....	110
STROVITE FORTE.....	207	OPERATIVE.....	236	Tarina Fe 1/20.....	110
SUBLOCADE.....	22	Syeda.....	110	Tarina Fe 1/20 Eq.....	110
SUBOXONE.....	87	SYMBICORT.....	224	TARON-C DHA.....	202
SUBSYS.....	21	SYMDEKO.....	220	TASIGNA.....	44
Subvenite.....	67	SYMFI.....	29	TASOPROL.....	234
Subvenite Starter Kit-Blue.....	67	SYMFI LO.....	29	<i>tavaborole</i>	229
Subvenite Starter Kit-Green....	67	SYMJEPI.....	216	TAVALISSE.....	185
Subvenite Starter Kit-Orange..	67	SYMLINPEN 120.....	92	TAVNEOS.....	185

Taysofy.....	110	THIOLA.....	178	TORONOVA SUIK.....	18
TAYTULLA.....	110	THIOLA EC.....	178	<i>torsemide</i>	59
<i>tazarotene</i>	230	<i>thioridazine hcl</i>	76	TOSYMRA.....	82
TAZORAC.....	230	<i>thiothixene</i>	76	TOTECT.....	47
Taztia Xt.....	57	THRIVE.....	90	TOUJEO MAX SOLOSTAR.....	97
TAZVERIK.....	46	<i>thrivite rx</i>	202	TOUJEO SOLOSTAR.....	97
TECFIDERA.....	85	<i>tiagabine hcl</i>	67	Tovet.....	234
<i>techlite insulin syringe</i>	150	TIBSOVO.....	46	TOVIAZ.....	179
TECHLITE PEN NEEDLES.....	150	TICE BCG.....	39	TOXICOLOGY MED	
TEGSEDI.....	166	TIGLUTIK.....	82	COLLECTION SYS.....	151
TEKTURNA.....	58	TIKOSYN.....	51	TPOXX.....	30
TEKTURNA HCT.....	58	Tilia Fe.....	110	TRACLEER.....	62
<i>telmisartan</i>	50	<i>timolol maleate</i>	56, 210	TRADJENTA.....	92
<i>telmisartan-amlodipine</i>	49	<i>timolol maleate (once-daily)</i> ..	210	<i>tramadol hcl</i>	21
<i>telmisartan-hctz</i>	49	TIMOPTIC.....	210	<i>tramadol hcl er</i>	21
<i>temazepam</i>	80	TIMOPTIC OCUDOSE.....	210	<i>tramadol hcl er (biphasic)</i>	21
TEMODAR.....	37	<i>tinidazole</i>	25	<i>tramadol-acetaminophen</i>	21
<i>temozolomide</i>	37	TIROSINT.....	167	<i>trandolapril</i>	48
TENCON.....	15	TIROSINT-SOL.....	167	<i>trandolapril-verapamil hcl er</i>	47
<i>tenofovir disoproxil fumarate</i>	28	Tis-U-Sol.....	215	<i>tranexamic acid</i>	185
TENORMIN.....	56	TIVDAK.....	39	TRANSDERM-SCOP.....	170
TEPMETKO.....	44	TIVICAY.....	28	<i>tranylcypromine sulfate</i>	71
<i>terazosin hcl</i>	48	TIVICAY PD.....	28	TRAVATAN Z.....	210
<i>terbinafine hcl</i>	26	TIVORBEX.....	17	<i>travel lancets</i>	151
<i>terbutaline sulfate</i>	219	<i>tizanidine hcl</i>	86	TRAVEL LANCETS	
<i>terconazole</i>	179	TOBAKIENT.....	208	ADVANCED 28G.....	151
<i>teriparatide (recombinant)</i>	165	TOBI.....	221	<i>travoprost (bak free)</i>	210
TESTIM.....	91	TOBI PODHALER.....	221	TRAZIMERA.....	44
TESTONE CIK.....	91	TOBRADEX.....	211	<i>trazodone hcl</i>	71
TESTOPEL.....	91	TOBRADEX ST.....	211	TRECTOR.....	30
<i>testosterone</i>	91	<i>tobramycin</i>	212, 221	TRELSTAR MIXJECT.....	40
<i>testosterone cypionate</i>	91	<i>tobramycin-dexamethasone</i>	211	TREMFYA.....	191
<i>testosterone enanthate</i>	91	TOBREX.....	212	<i>treprostinil</i>	62
<i>tetrabenazine</i>	83	TODAY SPONGE.....	176	TRESIBA.....	97
<i>tetracaine hcl</i>	215	<i>today's health mini pen needles</i>	150	TRESIBA FLEXTOUCH.....	97
<i>tetracycline hcl</i>	37	<i>today's health pen needles</i>	150	<i>tretinoin</i>	46, 227
TEXACORT.....	234	<i>today's health short pen needle</i>	150	<i>tretinoin microsphere</i>	227
TEZSPIRE.....	223	<i>tolcapone</i>	74	<i>tretinoin microsphere pump</i>	227
<i>tgt blood glucose monitoring</i> ...	150	<i>tolsura</i>	26	TREXALL.....	38
<i>tgt blood glucose test</i>	150	<i>tolterodine tartrate</i>	179	TREXIMET.....	82
<i>tgt lancet micro thin 33g</i>	150	<i>tolterodine tartrate er</i>	179	TREZIX.....	21
<i>tgt lancet thin 26g</i>	150	<i>topcare clickfine pen needles</i> ...	150	Tri Femynor.....	110
<i>tgt lancet ultra thin 30g</i>	150	<i>topcare lancets micro-thin 33g</i>	151	<i>triamcinolone acetonide</i> ...234,	240
<i>tgt lancing device</i>	150	<i>topcare ultra comfort ins syr</i> ...	151	<i>triamcinolone in absorbase</i>	235
THALOMID.....	39	TOPICORT.....	234	<i>triamterene</i>	59
THEO-24.....	224	<i>topiramate</i>	67	<i>triamterene-hctz</i>	59
<i>theophylline</i>	224	<i>topiramate er</i>	67	Trianax.....	235
<i>theophylline er</i>	224	TOPROL XL.....	56	<i>triazolam</i>	80
THERANATAL ONE.....	202	<i>toremifene citrate</i>	40	TRICARE.....	202
THINLETS GP LANCETS..	150	TORONOVA II SUIK.....	18	<i>tricitrates</i>	178

Tricon.....	208	<i>true comfort pen needles</i>	151	Tydemy.....	111
TRICOR.....	52	<i>true comfort pro insulin syr</i>	151	TYKERB.....	44
Triderm.....	235	<i>true comfort pro pen needles</i> ...	151	TYMLOS.....	165
TRIDESILON.....	235	<i>true comfort twist top lancets</i> ..	151	TYRVAYA.....	215
<i>trientine hcl</i>	101	TRUE FOCUS BLOOD		TYSABRI.....	85
Tri-Estarylla.....	111	GLUCOSE METER.....	151	TYVASO.....	62
<i>trifluoperazine hcl</i>	76	<i>true focus blood glucose strip</i> ..	151	TYVASO DPI	
<i>trifluridine</i>	212	TRUE METRIX AIR		MAINTENANCE KIT.....	62
<i>trihexyphenidyl hcl</i>	74	GLUCOSE METER.....	151	TYVASO DPI TITRATION	
TRIJARDY XR.....	93	TRUE METRIX BLOOD		KIT.....	62
TRIKAFTA.....	221	GLUCOSE TEST.....	151	TYVASO REFILL.....	62
Tri-Legest Fe.....	111	TRUE METRIX GO		TYVASO STARTER.....	62
TRILEPTAL.....	67	GLUCOSE METER.....	151	UBRELVY.....	82
Tri-Linyah.....	111	TRUE METRIX METER....	151	UCERIS.....	171
Tri-Lo-Estarylla.....	111	TRUEPLUS 5-BEVEL PEN		UDAMIN SP.....	208
Tri-Lo-Marzia.....	111	NEEDLES.....	151	UDENYCA.....	183
Tri-Lo-Mili.....	111	TRUEPLUS INSULIN		ULORIC.....	14
Tri-Lo-Sprintec.....	111	SYRINGE.....	151	ULTICARE INSULIN	
TRILURON.....	24	TRUEPLUS LANCETS 26G	152	SAFETY SYR.....	152
<i>trimethobenzamide hcl</i>	170	TRUEPLUS LANCETS 28G	152	ULTICARE INSULIN	
<i>trimethoprim</i>	35	TRUEPLUS LANCETS 30G	152	SYRINGE.....	152
Tri-Mili.....	111	TRUEPLUS LANCETS 33G	152	ULTICARE MICRO PEN	
<i>trimipramine maleate</i>	71	TRUEPLUS PEN NEEDLES		NEEDLES.....	152
<i>tri-mix</i>	177	.....	152	ULTICARE MINI PEN	
<i>trinatal rx 1</i>	202	TRUEPLUS SAFETY		NEEDLES.....	152
TRINATE.....	202	LANCETS 28G.....	152	ULTICARE PEN NEEDLES	
Trinessa (28).....	111	TRUERESULT BLOOD		.....	152
TRINTELLIX.....	71	GLUCOSE.....	152	ULTICARE SHORT PEN	
Tri-Nymyo.....	111	TRUETEST TEST.....	152	NEEDLES.....	152
<i>triple pmb</i>	211	TRUETRACK BLOOD		<i>ultiguard safepack pen needle</i> ..	152
<i>triple pmk</i>	211	GLUCOSE.....	152	ULTIGUARD SAFEPACK	
TRIPTODUR.....	164	TRUETRACK SMART		SYR/NEEDLE.....	153
Tri-Sprintec.....	111	SYSTEM.....	152	ULTI-LANCE	
<i>tristart dha</i>	202	TRUETRACK TEST.....	152	AUTOMATIC.....	153
TRISTART FREE.....	202	TRULANCE.....	171	ULTILET CLASSIC	
TRISTART ONE.....	202	TRULICITY.....	94	LANCETS.....	153
TRIUMEQ.....	29	TRUSOPT.....	210	ULTILET LANCETS.....	153
TRIUMEQ PD.....	29	TRUSTEEL INFUSION		ULTILET PEN NEEDLE....	153
TRIVISC.....	24	SET.....	152	ULTILET SAFETY	
<i>tri-vitelfluoride</i>	208	TRUVADA.....	29	LANCETS.....	153
Trivora (28).....	111	TRUXIMA.....	39	ULTILET SAFETY	
Tri-Vylibra.....	111	TUDORZA PRESSAIR.....	217	LANCETS 23G.....	153
Tri-Vylibra Lo.....	111	TUKYSA.....	44	<i>ultra comfort insulin syringe</i> ...	153
TROKENDI XR.....	67	TURALIO.....	44	ULTRA FLO INSULIN	
<i>tronvite</i>	208	TUXARIN ER.....	220	PEN NEEDLES.....	153
<i>tropicamide</i>	215	TUZISTRA XR.....	220	ULTRA FLO INSULIN	
<i>tropium chloride</i>	179	TWIRLA.....	111	SYR 1/2 UNIT.....	153
<i>tropium chloride er</i>	179	TWYNEO.....	227	ULTRA FLO INSULIN	
TRUDHESA.....	82	TYBLUME.....	111	SYRINGE.....	153
<i>true comfort insulin syringe</i>	151	TYBOST.....	28	<i>ultra thin lancets 31g</i>	153

ULTRA THIN PEN		UNISTIK 2 NEONATAL....	154	VALTOCO 15 MG DOSE.....	68
NEEDLES.....	153	UNISTIK 2 NORMAL.....	154	VALTOCO 20 MG DOSE.....	68
<i>ultracare insulin syringe</i>	153	UNISTIK 2 SUPER.....	154	VALTOCO 5 MG DOSE.....	68
<i>ultra-care lancets 30g</i>	153	UNISTIK 3.....	154	VALTRESX.....	31
<i>ultracare pen needles</i>	153	UNISTIK 3 COMFORT.....	155	<i>value health insulin syringe</i>	155
ULTRACET.....	21	UNISTIK 3 EXTRA.....	155	<i>value plus lancet standard 21g</i>	155
ULTRAM.....	21	UNISTIK 3 GENTLE.....	155	<i>value plus lancets super thin</i>	155
ULTRA-THIN II AUTO		UNISTIK 3 NEONATAL....	155	<i>valumark lancet ultra thin 28g</i>	155
LANCET.....	153	UNISTIK 3 NORMAL.....	155	<i>valumark pen needles</i>	155
ULTRA-THIN II INS SYR		UNISTIK CZT COMFORT.....	155	Vanadom.....	86
SHORT.....	153	UNISTIK CZT NORMAL... ..	155	<i>vancomycin hcl</i>	35
ULTRA-THIN II INSULIN		UNISTIK NORMAL.....	155	VANCOMYCIN+SYRSPEN	
SYRINGE.....	153	UNISTIK PRO SAFETY		D SF.....	35
ULTRA-THIN II LANCETS		LANCET.....	155	VANISHPOINT INSULIN	
.....	154	UNISTIK SAFETY		SYRINGE.....	155
ULTRA-THIN II MINI PEN		LANCETS 28G.....	155	Vanoxide-Hc.....	227
NEEDLE.....	154	UNISTIK SAFETY		<i>varenicline tartrate</i>	90
ULTRA-THIN II PEN		LANCETS 30G.....	155	VARISOFT INFUSION SET	
NEEDLE SHORT.....	154	UNISTIK TOUCH SAFETY		.....	155
ULTRA-THIN II PEN		LANC 21G.....	155	VARUBI (180 MG DOSE)... ..	170
NEEDLES.....	154	UNISTIK TOUCH SAFETY		VASCEPA.....	54
ULTRAVATE.....	235	LANC 23G.....	155	VASCULERA.....	208
UNIFINE PENTIPS.....	154	UNISTIK TOUCH SAFETY		VASOSTRICT.....	167
UNIFINE PENTIPS PLUS..	154	LANC 28G.....	155	VASOTEC.....	48
UNIFINE SAFECONTROL		UNISTIK TOUCH SAFETY		<i>vb6 p5p</i>	208
PEN NEEDLE.....	154	LANC 30G.....	155	<i>v-c forte</i>	208
UNIFINE ULTRA PEN		UNISTRIP1 GENERIC.....	155	VCF VAGINAL	
NEEDLE.....	154	Unithroid.....	167	CONTRACEPTIVE.....	176
UNILET COMFORTOUCH		UNIVERSAL 1 LANCETS		VECAMYL.....	60
LANCET.....	154	THIN 26G.....	155	VECTICAL.....	230
UNILET EXCELITE.....	154	UNIVERSAL 1 LANCETS		VELCADE.....	47
UNILET EXCELITE II.....	154	THIN 33G.....	155	VELETRI.....	62
UNILET G.P. LANCET.....	154	UNIVERSAL 1 LANCETS		VELIVET.....	111
UNILET G.P. SUPERLITE		ULTRA THIN.....	155	VELPHORO.....	165
LANCET.....	154	UPLIZNA.....	196	VELTASSA.....	101
UNILET GP 28 ULTRA		UPTRAVI.....	62	VELTIN.....	227
THIN.....	154	UROXATRAL.....	176	VEMLIDY.....	31
UNILET LANCET.....	154	<i>ursodiol</i>	173	VENCLEXTA.....	38
UNILET MICRO-THIN 33G		URSODIOL+SYRSPEND		VENCLEXTA STARTING	
.....	154	SF.....	173	PACK.....	38
UNILET SUPERLITE		VAGIFEM.....	160	VENIPUNCTURE PX1	
LANCET.....	154	<i>valacyclovir hcl</i>	30	PHLEBOTOMY.....	236
UNILET SUPER-THIN 30G		VALCHLOR.....	238	<i>venlafaxine hcl</i>	72
.....	154	VALCYTE.....	30	<i>venlafaxine hcl er</i>	72
UNILET ULTRA-THIN		<i>valganciclovir hcl</i>	30	VENTAVIS.....	62
28G.....	154	VALIUM.....	67	VENTOLIN HFA.....	219
UNISTIK 1.....	154	<i>valproic acid</i>	67	<i>verapamil hcl</i>	57
UNISTIK 2.....	154	<i>valsartan</i>	50	<i>verapamil hcl er</i>	57
UNISTIK 2 COMFORT.....	154	<i>valsartan-hydrochlorothiazide</i>	49	<i>verasens blood glucose meter</i>	155
UNISTIK 2 EXTRA.....	154	VALTOCO 10 MG DOSE.....	67	<i>verasens blood glucose system</i>	155

<i>verasens blood glucose test</i>	155	VITAFOL-ONE.....	203	Vyfemla.....	112
VERDESO.....	235	VITAMEDMD REDICHEW		VYLEESI.....	88
VEREGEN.....	238	RX.....	203	Vylibra.....	112
VERQUVO.....	59	VITAMEZ.....	208	VYNDAMAX.....	59
VERSACLOZ.....	76	<i>vita-min</i>	208	VYNDAQEL.....	59
VERZENIO.....	45	<i>vitamin d (ergocalciferol)</i>	208	VYTORIN.....	53
VESICARE LS.....	179	<i>vitamin k1</i>	208	VYVANSE.....	79
Vestura.....	111	<i>vitamins acd-fluoride</i>	208	VYZULTA.....	210
V-GO 20.....	155	VITAPEARL.....	203	WAKIX.....	87
V-GO 30.....	155	<i>vitasure</i>	208	<i>walgreens adv travel lancets</i>	156
V-GO 40.....	155	VITATHELY WITH		WALGREENS LANCETS... 156	
VIAGRA.....	177	GINGER.....	203	<i>walgreens lancets micro thin</i> ... 156	
VIBERZI.....	171	VITATRUE.....	203	<i>walgreens lancets super thin</i> ... 156	
VIBRAMYCIN.....	37	VITRAKVI.....	45	WALGREENS THIN	
Vic-Forte.....	208	VIVA DHA.....	203	LANCETS.....	156
VICTOZA.....	94	VIVAGUARD INO		WALGREENS ULTRA	
VIDA MIA UNIFINE		CONTROL SOLUTION.....	156	THIN LANCETS.....	156
PENTIPS.....	156	VIVAGUARD INO		<i>warfarin sodium</i>	180
VIEKIRA PAK.....	34	GLUCOSE METER.....	156	WAVESENSE AMP.....	156
Vienna.....	112	VIVAGUARD INO SMART		<i>wegmans unifine pentips plus</i> .. 156	
<i>vigabatin</i>	68	GLUC METER.....	156	WEGOVY.....	99
Vigadrone.....	68	VIVAGUARD INO TEST		Wera.....	112
VIGAMOX.....	212	STRIPS.....	156	<i>wescap-c dha</i>	203
VIIBRYD.....	72	VIVAGUARD LANCETS... 156		<i>wescap-pn dha</i>	203
VIIBRYD STARTER PACK. 72		VIVAGUARD LANCING		<i>wesnate dha</i>	203
VIMOVO.....	18	DEVICE.....	156	<i>westab max</i>	208
VIMPAT.....	68	VIVELLE-DOT.....	160	<i>westab plus</i>	203
VINATE DHA RF.....	202	VIVITROL.....	87	<i>westgel dha</i>	203
VINATE II.....	202	VIVJOA.....	26	WIDE-SEAL DIAPHRAGM	
VINATE ONE.....	202	VIZIMPRO.....	45	60.....	112
VIOKACE.....	174	VOGELXO.....	91	WIDE-SEAL DIAPHRAGM	
<i>viorele</i>	112	VOGELXO PUMP.....	91	65.....	112
VIRACEPT.....	28	Volnea.....	112	WIDE-SEAL DIAPHRAGM	
VIREAD.....	28	VOLTAREN.....	238	70.....	112
<i>virt-caps</i>	208	VONVENDI.....	181	WIDE-SEAL DIAPHRAGM	
Virt-Gard.....	208	VOQUEZNA DUAL PAK... 175		75.....	112
<i>virt-nate dha</i>	202	VOQUEZNA TRIPLE PAK 176		WIDE-SEAL DIAPHRAGM	
<i>virt-pn dha</i>	202	<i>voriconazole</i>	26	80.....	112
<i>virtussin alc</i>	220	VOSEVI.....	34	WIDE-SEAL DIAPHRAGM	
VISCO-3.....	24	VOTRIENT.....	45	85.....	112
VISTOGARD.....	46	VOXZOGO.....	162	WIDE-SEAL DIAPHRAGM	
Vita S Forte.....	208	<i>vp insulin syringe</i>	156	90.....	112
Vitacel.....	208	VPRIV.....	157	WIDE-SEAL DIAPHRAGM	
VITAFOL FE+.....	203	<i>vp-vite rx</i>	208	95.....	112
VITAFOL GUMMIES.....	203	VRAYLAR.....	76	WILATE.....	181
VITAFOL STRIPS.....	203	VSL#3 DS.....	168	WINLEVI.....	227
VITAFOL ULTRA.....	203	VTOL LQ.....	15	WINRHO SDF.....	195
VITAFOL-NANO.....	203	VUMERITY.....	85	<i>wpr plus wound healing system</i> 236	
VITAFOL-OB.....	203	VUSION.....	229	Wymzya Fe.....	112
VITAFOL-OB+DHA.....	203	VYEPTI.....	82	WYNZORA.....	230

XADAGO.....	74	XPOVIO (60 MG TWICE WEEKLY).....	46	ZEPOSIA.....	85
XALATAN.....	210	XPOVIO (80 MG ONCE WEEKLY).....	46	ZEPOSIA 7-DAY STARTER PACK.....	85
XALIX.....	238	XPOVIO (80 MG TWICE WEEKLY).....	46	ZEPOSIA STARTER KIT....	85
XALKORI.....	45	XTAMPZA ER.....	21	ZEPZELCA.....	38
XANAX.....	63	XTANDI.....	40	ZERVIATE.....	209
XANAX XR.....	63	Xulane.....	112	ZESTORETIC.....	48
XARACOLL.....	24	XULTOPHY.....	94	ZETIA.....	52
XARELTO.....	180	XURIDEN.....	165	ZETONNA.....	222
XARELTO STARTER PACK.....	180	<i>xvite</i>	208	<i>zevrx insulin syringe</i>	156
XCOPRI.....	68	XYNTHA.....	184	<i>zevrx pen needles</i>	156
XCOPRI (250 MG DAILY DOSE).....	68	XYNTHA SOLOFUSE.....	184	<i>zevrx twist top lancets 30g</i>	156
XCOPRI (350 MG DAILY DOSE).....	68	XYOSTED.....	91	ZIANA.....	227
XELJANZ.....	192	XYREM.....	87	<i>zidovudine</i>	28
XELJANZ XR.....	192	XYWAV.....	87	ZIEXTENZO.....	183
XELODA.....	38	<i>xyzbac</i>	208	ZILACAINE PATCH.....	236
XELPROS.....	210	YASMIN 28.....	112	<i>zileuton er</i>	221
XEMBIFY.....	195	YAZ.....	112	ZILXI.....	239
XENAZINE.....	83	<i>yl folic acid</i>	208	ZIOPTAN.....	210
XENICAL.....	99	YONSA.....	40	<i>ziphex</i>	203
XEOMIN.....	86	YOSPRALA.....	186	<i>ziprasidone hcl</i>	76
XEPI.....	228	YUPELRI.....	217	ZIPSOR.....	17
XERAC AC.....	238	YUTIQ.....	214	ZIRABEV.....	45
XERESE.....	31	Yuvaferm.....	160	ZIRGAN.....	212
XERMELO.....	173	<i>zaclir cleansing</i>	227	ZITHROMAX.....	33
XGEVA.....	165	Zafemy.....	112	ZITHROMAX TRI-PAK.....	33
XHANCE.....	222	<i>zafirlukast</i>	221	ZITHROMAX Z-PAK.....	33
XIAFLEX.....	215	<i>zaleplon</i>	80	ZOCOR.....	53
XIFAXAN.....	35	<i>zalvit</i>	203	ZOKINVY.....	165
XIGDUO XR.....	98	ZANAFLEX.....	86	ZOLADEx.....	41
XIIDRA.....	214	ZARONTIN.....	68	<i>zoledronic acid</i>	100
XIMINO.....	37	ZARXIO.....	183	ZOLINZA.....	46
XOFIGO.....	46	ZATEAN-PN DHA.....	203	<i>zolmitriptan</i>	82
XOFLUZA (40 MG DOSE)...	31	ZAVESCA.....	157	ZOLOFT.....	72
XOFLUZA (80 MG DOSE)...	31	Zebutal.....	15	<i>zolpidem tartrate</i>	80
XOLAIR.....	223	ZEGALOGUE.....	162	<i>zolpidem tartrate er</i>	80
XOLEGEL.....	229	ZEGERID.....	175	ZOLPIMIST.....	80
XOPENEX HFA.....	219	ZEJULA.....	46	ZOMACTON.....	163
XOSPATA.....	45	<i>zelac</i>	168	ZOMIG.....	82
XPOVIO (100 MG ONCE WEEKLY).....	46	ZELAPAR.....	74	ZONEGRAN.....	68
XPOVIO (40 MG ONCE WEEKLY).....	46	ZELBORAF.....	45	<i>zonisamide</i>	68
XPOVIO (40 MG TWICE WEEKLY).....	46	ZEMAIRA.....	216	ZONTIVITY.....	186
XPOVIO (60 MG ONCE WEEKLY).....	46	ZEMBRACE SYMTOUCH... 82		ZORBTIVE.....	163
		Zenatane.....	227	ZORTRESS.....	196
		ZENPEP.....	174	ZORVOLEX.....	17
		Zenzedi.....	79	Zovia 1/35 (28).....	112
		ZENZEDI.....	79	ZOVIRAX.....	31
		ZEPATIER.....	34	ZTLIDO.....	237
				ZUBSOLV.....	87
				Zumandimine.....	113

ZYCLARA.....	227
ZYCLARA PUMP.....	227
ZYDELIG.....	45
ZYFLO.....	221
ZYKADIA.....	45
ZYLET.....	211
ZYLOPRIM.....	14
ZYPITAMAG.....	53
ZYPREXA RELPREVV.....	77
ZYTIGA.....	41