

2025

Aetna[®] Assure Premier Plus (HMO D-SNP) List of Covered Drugs (Formulary)

**PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION
ABOUT THE DRUGS WE COVER IN THIS PLAN.**

Formulary ID Number: 25101 Version 9

This formulary was updated on 10/01/2024. For more recent information or other questions, please contact us at **1-844-362-0934** or for TTY users: **711**, 8 a.m. to 8 p.m., E.T., 7 days a week, or visit [AetnaBetterHealth.com/New-Jersey-hmosnp/drug-formulary](https://www.aetna.com/BetterHealth.com/New-Jersey-hmosnp/drug-formulary)



Introduction

This document is called the *List of Covered Drugs* (also known as the Drug List). It tells you which prescription drugs and over-the-counter (OTC) drugs and items are covered by Aetna Assure Premier Plus (HMO D-SNP). The Drug List also tells you if there are any special rules or restrictions on any drugs covered by Aetna Assure Premier Plus (HMO D-SNP). Key terms and their definitions appear in the last chapter of the *Evidence of Coverage*.

Table of Contents

A. Disclaimers.....	3
B. Frequently Asked Questions (FAQ).....	7
B1. What prescription drugs are on the <i>List of Covered Drugs</i> ? (We call the <i>List of Covered Drugs</i> the “Drug List” for short.).....	7
B2. Does the Drug List ever change?	7
B3. What happens when there is a change to the Drug List?	8
B4. Are there any restrictions or limits on drug coverage or any required actions to take to get certain drugs?	9
B5. How will I know if the drug I want has limits or if there are required actions to take to get the drug?.....	9
B6. What happens if Aetna® Assure Premier Plus (HMO D-SNP) changes their rules about how they cover some drugs (for example, prior authorization, quantity limits, and/or step therapy restrictions)	9
B7. How can I find a drug on the Drug List?	10
B8. What if the drug I want to take is not on the Drug List?.....	10
B9. What if I am a new Aetna® Assure Premier Plus (HMO D-SNP) member and can’t find my drug on the Drug List or have a problem getting my drug?.....	10
B10. Can I ask for an exception to cover my drug?.....	11
B11. How can I ask for an exception?	11
B12. How long does it take to get an exception?.....	11
B13. What are generic drugs?.....	12
B14. What are original biological products and how are they related to biosimilars?	12
B15. What are over-the-counter (OTC) drugs?	12
B16. Does Aetna Assure Premier Plus (HMO D-SNP) cover non-drug OTC products?.....	12

If you have questions, call Aetna Assure Premier Plus (HMO D-SNP) at 1-844-362-0934 (TTY: 711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/New-Jersey-hmosnp/drug-formulary](https://www.aetna.com/better-health/new-jersey-hmosnp/drug-formulary)



B17. Can I get my drugs through Mail-Order/Long-Term Supply?..... 12

B18. What is my copay? 13

C. Overview of the *List of Covered Drugs* 14

 C1. List of Drugs by Drug Type..... 15

D. Index of Covered Drugs.....110



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A. Disclaimers

This is a list of drugs that members can get in Aetna® Assure Premier Plus (HMO D-SNP).


- ❖ Aetna Assure Premier Plus (HMO D-SNP) is a Fully Integrated Dual Eligible Special Needs Plan with a Medicare contract and a contract with the New Jersey Medicaid program. Enrollment in Aetna Assure Premier Plus depends on contract renewal. See Evidence of Coverage for a complete description of plan benefits, exclusions, limitations, and conditions of coverage.
- ❖ Aetna Assure Premier Plus (HMO D-SNP) es un plan totalmente integrado de necesidades especiales de doble elegibilidad con un contrato de Medicare y un contrato con el programa de Medicaid de New Jersey. La inscripción en Aetna Assure Premier Plus depende de la renovación del contrato.
- ❖ When joining this plan: You must use in-network providers, DME (Durable Medical Equipment) suppliers, and pharmacies. You will be enrolled automatically into Medicaid (NJ FamilyCare) coverage under our plan, and disenrolled from any Medicaid (NJ FamilyCare) plan you are currently enrolled in. All of your Medicaid-covered services, items, and medications will then be covered under our plan, and you must get them from in-network providers. You will be enrolled automatically into Part D coverage under our plan, and you will be automatically disenrolled from any other Medicare Part D or creditable coverage plan in which you are currently enrolled. You must understand and follow our plan's rules on referrals.
- ❖ You can always check Aetna Assure Premier Plus (HMO D-SNP)'s up-to-date List of Covered Drugs online at [AetnaBetterHealth.com/New-Jersey-hmosnp/drug-formulary](https://www.aetna.com/better-health/new-jersey-hmosnp/drug-formulary) or call Member Services at the number listed at the bottom of this page.
- ❖ If you speak a language other than English, free language assistance services are available. Visit our website at [AetnaBetterHealth.com/New-Jersey-hmosnp](https://www.aetna.com/better-health/new-jersey-hmosnp) or call 1-844-362-0934 (TTY: **711**), 8 a.m. to 8 p.m., 7 days a week.
- ❖ Si habla un idioma que no sea inglés, se encuentran disponibles servicios gratuitos de asistencia de idiomas. Visite nuestro sitio web o llame al número de teléfono que figura en este documento. (Spanish)
- ❖ 如果您使用英文以外的語言，我們將提供免費的語言協助服務。請瀏覽我們的網站或撥打本文件中所列的電話號碼。(Traditional Chinese)
- ❖ Kung hindi Ingles ang wikang inyong sinasalita, may maaari kayong kuning mga libreng serbisyo ng tulong sa wika. Bisitahin ang aming website o tawagan ang numero ng telepono na nakalista sa dokumentong ito. (Tagalog)
- ❖ Si vous parlez une autre langue que l'anglais, des services d'assistance linguistique gratuits vous sont proposés. Visitez notre site Internet ou appelez le numéro indiqué dans ce document. (French)
- ❖ Nếu quý vị nói một ngôn ngữ khác với Tiếng Anh, chúng tôi có dịch vụ hỗ trợ ngôn ngữ miễn phí. Xin vào trang mạng của chúng tôi hoặc gọi số điện thoại ghi trong tài liệu này. (Vietnamese)
- ❖ Wenn Sie eine andere Sprache als Englisch sprechen, stehen Ihnen kostenlose Sprachdienste zur Verfügung. Besuchen Sie unsere Website oder rufen Sie die Telefonnummer in diesem Dokument an. (German)
- ❖ 영어가 아닌 언어를 쓰시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 저희 웹사이트를 방문하시거나 본 문서에 기재된 전화번호로 연락해 주십시오. (Korean)
- ❖ Если вы не владеете английским и говорите на другом языке, вам могут предоставить бесплатную языковую помощь. Посетите наш веб-сайт или позвоните по номеру, указанному в данном документе. (Russian)

If you have questions, call Aetna Assure Premier Plus (HMO D-SNP) at **1-844-362-0934 (TTY: 711)**, 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. **For more information**, visit [AetnaBetterHealth.com/New-Jersey-hmosnp/drug-formulary](https://www.aetna.com/better-health/new-jersey-hmosnp/drug-formulary)



❖ إذا كنت تتحدث لغة غير الإنجليزية، فإن خدمات المساعدة اللغوية المجانية متاحة. تفضل بزيارة موقعنا على الويب أو اتصل برقم الهاتف المدرج في هذا المستند. (Arabic)

- ❖ अगर आप अंग्रेजी के अलावा कोई अन्य भाषा बोलते हैं, तो मुफ्त भाषा सहायता सेवाएं उपलब्ध हैं। हमारी वेबसाइट पर जाएं या इस दस्तावेज़ में दिए गए फोन नंबर पर कॉल करें। (Hindi)
- ❖ Nel caso Lei parlasse una lingua diversa dall'inglese, sono disponibili servizi di assistenza linguistica gratuiti. Visiti il nostro sito web oppure chiami il numero di telefono elencato in questo documento. (Italian)
- ❖ Caso você seja falante de um idioma diferente do inglês, serviços gratuitos de assistência a idiomas estão disponíveis. Acesse nosso site ou ligue para o número de telefone presente neste documento. (Portuguese)
- ❖ Si ou pale yon lòt lang ki pa Anglè, wap jwenn sèvis asistans pou lang gratis ki disponib. Vizite sitwèb nou an oswa rele nan nimewo telefòn ki make nan dokiman sa a. (Haitian Creole)
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- ❖ যদি আপনি ইংরেজী ব্যতীত অন্য কোনো ভাষায় কথা বলেনতাহলে বিনামূল্যের দোভাষীর পরিষেবা উপলব্ধ আছে।আমাদের ওয়েবসাইট দেখুন এবং এই নথিতে তালিকাভুক্ত ফোন নম্বরে ফোন করুন। (Bengali)
- ❖ បើលោកអ្នកនិយាយភាសាផ្សេងក្រៅពីភាសាអង់គ្លេស សេវាកម្មជំនួយផ្នែកភាសាមានផ្តល់ជូនដោយឥតគិតថ្លៃ ។ សូមចូលមើលគេហទំព័ររបស់យើងខ្ញុំ ឬហៅទៅកាន់លេខទូរស័ព្ទដែលមានរាយនៅក្នុងឯកសារនេះ ។ (Khmer)
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- ❖ Na ye jam thuɔŋdēt tēnē thoŋ ɛ Dɪŋlɪth, ke kuɔɔny luilooi ɛ thok ɛ path aa tō thɪn. Nem yōt tēn internet tēdē ke yī cɔl akuēn cōtmec cī gat thin nē athör du yic. (Dinka)
- ❖ Als u een andere taal spreekt dan Engels, is er gratis taalondersteuning beschikbaar. Bezoek onze website of bel naar het telefoonnummer in dit document. (Dutch)
- ❖ Εάν ομιλείτε άλλη γλώσσα εκτός της Αγγλικής, υπάρχουν δωρεάν υπηρεσίες στη γλώσσα σας. Επισκεφθείτε την ιστοσελίδα μας ή καλέστε τον αριθμό τηλεφώνου που αναγράφεται στο παρόν έγγραφο. (Greek)
- ❖ જો તમે અંગ્રેજી સિવાયની ભાષા બોલતા હો તો મફત ભાષાકીય સહાયતા સેવાઓ ઉપલબ્ધ છે. અમારી વેબસાઇટની મુલાકાત લો અથવા દસ્તાવેજમાં સૂચીબદ્ધ કરવામાં આવેલ ફોન નંબર પર કૉલ કરો. (Gujarati)
- ❖ Yog hais tias koj hais ib hom lus uas tsis yog lus Askiv, muaj cov kev pab cuam txhais lus dawb pub rau koj. Mus saib peb lub website los yog hu rau tus xov tooj sau teev tseg nyob rau hauv daim ntawv no. (Hmong)

 **If you have questions**, call Aetna Assure Premier Plus (HMO D-SNP) at **1-844-362-0934 (TTY: 711)**, 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. **For more information**, visit [AetnaBetterHealth.com/New-Jersey-hmosnp/drug-formulary](https://www.aetna.com/BetterHealth.com/New-Jersey-hmosnp/drug-formulary)

- ❖ You can get this document for free in other formats, such as large print, braille, or audio. Call Member Services at 1-844-362-0934 (TTY: **711**), 8:00 a.m. to 8:00 p.m., 7 days a week. The call is free.
- ❖ You can get this document for free in other formats, such as large print, braille, or audio. Call **1-844-362-0934** (TTY: **711**), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free.
- ❖ If you wish to make a request to receive materials in a language other than English or in an alternate format, you can call Aetna Assure Premier Plus (HMO D-SNP) Member Services at **1-844-362-0934** (TTY: **711**), 8 a.m. to 8 p.m., E.T., 7 days a week. We will continue to send you these materials in the language and/or format you choose until you tell us otherwise (this is known as a standing request).



If you have questions, call Aetna Assure Premier Plus (HMO D-SNP) at **1-844-362-0934** (TTY: **711**), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. **For more information**, visit [AetnaBetterHealth.com/New-Jersey-hmosnp/drug-formulary](https://www.aetna.com/BetterHealth.com/New-Jersey-hmosnp/drug-formulary)

B. Frequently Asked Questions (FAQ)

Find answers to questions you have about this List of Covered Drugs. You can read all of the FAQ to learn more or look for a question and answer.

B1. What prescription drugs are on the *List of Covered Drugs*? (We call the *List of Covered Drugs* the “Drug List” for short.)

The drugs on the Drug List that starts in section C1 are the drugs covered by Aetna® Assure Premier Plus (HMO D-SNP). These drugs are available at pharmacies within our network. A pharmacy is in our network if we have an agreement with them to work with us and provide you services. We refer to these pharmacies as “network pharmacies.”

- Aetna Assure Premier Plus (HMO D-SNP) will cover all medically necessary drugs on the Drug List if:
 - your doctor or other prescriber says you need them to get better or stay healthy, **and**
 - you fill the prescription at an Aetna Assure Premier Plus (HMO D-SNP) network pharmacy.
- Aetna Better Health Premier Plan may have additional steps to access certain drugs. Refer to question B4 for more information.

You can also find an up-to-date list of drugs we cover on our website at [AetnaBetterHealth.com/New-Jersey-hmosnp/drug-formulary](https://www.aetna.com/memberservices/new-jersey-hmosnp/drug-formulary) or call Member Services at 1-844-362-0934 (TTY: [711](tel:711)).

B2. Does the Drug List ever change?

Yes, and Aetna Assure Premier Plus (HMO D-SNP) must follow Medicare and Medicaid rules when making changes. We may add or remove drugs on the Drug List during the year.

We may also change our rules about drugs. For example, we could:

- Decide to require or not require prior authorization for a drug. (Prior authorization is permission from Aetna Assure Premier Plus (HMO D-SNP) before you can get a drug.)
- Add or change the amount of a drug you can get (called quantity limits).
- Add or change step therapy restrictions on a drug. (Step therapy means you must try one drug before we will cover another drug.)

For more information on these drug rules, refer to question B4.

If you are taking a drug that was covered at the **beginning** of the year, we will generally not remove or change coverage of that drug **during the rest of the year** unless:

- a new, cheaper drug comes on the market that works as well as a drug on the Drug List now, **or**
- we learn that a drug is not safe, **or**
- a drug is removed from the market.

If you have questions, call Aetna Assure Premier Plus (HMO D-SNP) at 1-844-362-0934 (TTY: [711](tel:711)), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. **For more information**, visit [AetnaBetterHealth.com/New-Jersey-hmosnp/drug-formulary](https://www.aetna.com/memberservices/new-jersey-hmosnp/drug-formulary)



Questions B3 and B6 have more information on what happens when the Drug List changes.

- You can always check Aetna® Assure Premier Plus (HMO D-SNP)'s current Drug List online at [AetnaBetterHealth.com/New-Jersey-hmosnp/drug-formulary](https://www.aetna.com/better-health/new-jersey-hmosnp/drug-formulary). Updates to the Drug List are posted on the website monthly.
- You can also call Member Services at 1-844-362-0934 (TTY: 711) to check the current Drug List.

B3. What happens when there is a change to the Drug List?

Some changes to the Drug List will happen **immediately**. For example:

- **Substitutions of certain new versions of drugs.** We may immediately remove the drugs from the Drug List if we replace them with certain new versions of that drug. When we add a new version of a drug, we may also decide to keep the brand name drug or original biological product on the list but change its coverage rules or limits.
 - We may not tell you before we make this change, but we will send you information about the specific change we made once it happens.
 - We can make these changes only if the drug we are adding:
 - is a new generic version of a brand name drug, or
 - is a certain new biosimilar version of original biological products on the Drug List (for example, adding an interchangeable biosimilar that can be substituted for an original biological product without a new prescription).
 - Some of these drug types may be new to you. For more information, refer to Section B14.
 - You or your provider can ask for an exception from these changes. We will send you a notice with the steps you can take to ask for an exception. Refer to questions B10-B12 for more information on exceptions.
- **A drug is taken off the market.** If the Food and Drug Administration (FDA) says a drug you are taking is not safe or effective or the drug's manufacturer takes a drug off the market, we may immediately take it off the Drug List. If you are taking the drug, we will send you a notice after we make the change.
- Please contact your doctor if a drug you are taking is removed from the drug list.

We may make other changes that affect the drugs you take. We will tell you in advance about these other changes to the Drug List. These changes might happen if:

- The FDA provides new guidance or there are new clinical guidelines about a drug.
- We remove a brand name drug from the *Drug List* when adding a generic drug is not new to the market **or**
 - we remove an original biological product when adding a biosimilar, or
 - we change the coverage rules or limits for the brand name drug.

When these changes happen, we will:

- Tell you at least 30 days before we make the change to the Drug List or
- Let you know and give you a 30-day supply of the drug after you ask for a refill.



If you have questions, call Aetna Assure Premier Plus (HMO D-SNP) at 1-844-362-0934 (TTY: 711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. **For more information**, visit [AetnaBetterHealth.com/New-Jersey-hmosnp/drug-formulary](https://www.aetna.com/better-health/new-jersey-hmosnp/drug-formulary)

This will give you time to talk to your doctor or other prescriber. They can help you decide:

- if there is a similar drug on the Drug List you can take instead or
- whether to ask for an exception from these changes. To learn more about exceptions, refer to questions B10-B12 for more information.

B4. Are there any restrictions or limits on drug coverage or any required actions to take to get certain drugs?

Yes. Some drugs have coverage rules or have limits on the amount you can get. In some cases, you, your doctor, or other prescriber must do something before you can get the drug. For example:

- **Prior approval (or prior authorization):** For some drugs, you, your doctor, or other prescriber must get authorization from Aetna® Assure Premier Plus (HMO D-SNP) before you fill your prescription. Prior authorization is different from a referral. Aetna Assure Premier Plus (HMO D-SNP) may not cover the drug if you do not get authorization.
- **Quantity limits:** Sometimes Aetna Assure Premier Plus (HMO D-SNP) limits the amount of a drug you can get.
- **Step therapy:** Sometimes Aetna Assure Premier Plus (HMO D-SNP) requires you to do step therapy. This means you will have to try drugs in a certain order for your medical condition. You might have to try one drug before we will cover another drug. If your prescriber thinks the first drug doesn't work for you, then we will cover the second.

You can find out if your drug has any additional requirements or limits by looking in the key/legend in section C. You can also get more information by visiting our website at [AetnaBetterHealth.com/New-Jersey-hmosnp/drug-formulary](https://www.aetna.com/better-health/new-jersey-hmosnp/drug-formulary). We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy.

You can ask for an exception to these limits. This will give you time to talk to your doctor or other prescriber. They can help you decide if there is a similar drug on the Drug List you can take instead or whether to ask for an exception. Refer to questions B10-B12 for more information about exceptions.

B5. How will I know if the drug I want has limits or if there are required actions to take to get the drug?

The List of Drugs by drug type has a column labeled "Necessary actions, restrictions, or limits on use."

B6. What happens if Aetna® Assure Premier Plus (HMO D-SNP) changes their rules about how they cover some drugs (for example, prior authorization, quantity limits, and/or step therapy restrictions)?

In some cases, we will tell you in advance if we add or change prior authorization, quantity limits, and/or step therapy restrictions on a drug. Refer to question B3 for more information about this advance notice and situations where we may not be able to tell you in advance when our rules about drugs on the Drug List change.

If you have questions, call Aetna Assure Premier Plus (HMO D-SNP) at **1-844-362-0934 (TTY: 711)**, 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. **For more information**, visit [AetnaBetterHealth.com/New-Jersey-hmosnp/drug-formulary](https://www.aetna.com/better-health/new-jersey-hmosnp/drug-formulary)



B7. How can I find a drug on the Drug List?

There are two ways to find a drug:

- You can search alphabetically by the drug's name, **or**
- You can search by drug type.

To search **alphabetically**, use the Index of Covered Drugs section. You can find it on page 110. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list. The Index of Covered Drugs is an alphabetical list of all of the drugs included in the Drug List. Brand name drugs and generic drugs as well as over-the-counter (OTC) drugs are listed in the index.

To search **by drug type**, find the section labeled "List of Drugs by Drug Type" on page 15. The drugs in this section are grouped into categories by type. For example, if you are taking a medicine for an infection, you should look in the "Anti-infectives" category. That is where you will find drugs that treat infections.

B8. What if the drug I want to take is not on the Drug List?

If you don't find your drug on the Drug List, call Member Services at **1-844-362-0934 (TTY: 711)** and ask about it. If you learn that Aetna® Assure Premier Plus (HMO D-SNP) will not cover the drug, you can do one of these things:

- Ask Member Services for a list of drugs like the one you want to take. Then show the list to your doctor or other prescriber. They can prescribe a drug on the Drug List that is like the one you want to take. **Or**
- You can ask the health plan to make an exception to cover your drug. Refer to questions B10-B12 for more information about exceptions.

B9. What if I am a new Aetna® Assure Premier Plus (HMO D-SNP) member and can't find my drug on the Drug List or have a problem getting my drug?

We can help. We may cover a temporary 30-day supply of your drug during the first 90 days you are a member of Aetna Assure Premier Plus (HMO D-SNP). This will give you time to talk to your doctor or other prescriber. They can help you decide if there is a similar drug on the Drug List you can take instead, or whether to ask for an exception.

If your prescription is written for fewer days, we will allow multiple refills to provide up to a maximum of 30 days of medication.

We will cover a 30-day supply of your drug if:

- you are taking a drug that is not on our Drug List, **or**
- health plan rules do not let you get the amount ordered by your prescriber, **or**
- the drug requires prior authorization by Aetna Assure Premier Plus (HMO D-SNP), **or**
- you are taking a drug that is part of a step therapy restriction.



If you have questions, call Aetna Assure Premier Plus (HMO D-SNP) at **1-844-362-0934 (TTY: 711)**, 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. **For more information**, visit [AetnaBetterHealth.com/New-Jersey-hmosnp/drug-formulary](https://www.aetna.com/better-health/new-jersey-hmosnp/drug-formulary)

If you are taking a drug that Aetna Assure Premier Plus (HMO D-SNP) does not consider to be a Part D drug, you have the right to get a one-time, 72-hour supply of the drug.

If you are in a nursing home or other long-term care facility and need a drug that is not on the Drug List or if you cannot easily get the drug you need, we can help. If you have been in the plan for more than 90 days, live in a long-term care facility, and need a supply right away:

- We will cover one 31-day supply of the drug you need (unless you have a prescription for fewer days), whether or not you are a new Aetna® Assure Premier Plus (HMO D-SNP) member.
- This is in addition to the temporary supply during the first 90 days you are a member of Aetna Assure Premier Plus (HMO D-SNP).

Current members with a change in level of care

If you experience a change in your setting of care (such as being discharged or admitted to a nursing home or other long-term care facility), your provider or pharmacy can request a one-time prescription override. This one-time override will provide you with temporary coverage (up to a 30-day supply) for the applicable drug(s).

B10. Can I ask for an exception to cover my drug?

Yes. You can ask Aetna Assure Premier Plus (HMO D-SNP) to make an exception to cover a drug that is not on the Drug List.

You can also ask us to change the rules on your drug.

- For example, Aetna Assure Premier Plus (HMO D-SNP) may limit the amount of a drug we will cover. If your drug has a limit, you can ask us to change the limit and cover more.
- Other examples: You can ask us to drop step therapy restrictions or prior authorization requirements.

B11. How can I ask for an exception?

To ask for an exception, call Member Services. A Member Services representative will work with you and your provider to help you ask for an exception. You can also read Chapter 9 of the *Evidence of Coverage* to learn more about exceptions.

B12. How long does it take to get an exception?

After we get a statement from your prescriber supporting your request for an exception, we will give you a decision within 72 hours.

To send your statement, you or your prescriber may call Aetna® Assure Premier Plus (HMO D-SNP) Member Services at **1-844-362-0934 (TTY: 711)**, 8 a.m. to 8 p.m., E.T., 7 days a week for assistance. You may fax us the statement to 1-844-814-2260.

If you or your prescriber think your health may be harmed if you have to wait 72 hours for a decision, you can ask for an expedited exception. This is a faster decision. If your prescriber supports your request, we will give you a decision within 24 hours of getting your prescriber's supporting statement.

If you have questions, call Aetna Assure Premier Plus (HMO D-SNP) at **1-844-362-0934 (TTY: 711)**, 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. **For more information**, visit [AetnaBetterHealth.com/New-Jersey-hmosnp/drug-formulary](https://www.aetna.com/betterhealth/new-jersey-hmosnp/drug-formulary)



B13. What are generic drugs?

Generic drugs are made up of the same active ingredients as brand name drugs. They usually cost less than the brand name drug and generally work just as well. They usually don't have well-known names. Generic drugs are approved by the Food and Drug Administration (FDA). There are generic drugs available for many brand name drugs. Generic drugs usually can be substituted for brand name drugs at the pharmacy without a new prescription.

Aetna Assure Premier Plus (HMO D-SNP) covers both brand name drugs and generic drugs.

B14. What are original biological products and how are they related to biosimilars?

When we refer to drugs, this could mean a drug or a biological product. Biological products are drugs that are more complex than typical drugs. Since biological products are more complex than typical drugs, instead of having a generic form, they have forms that are called biosimilars. Generally, biosimilars work just as well as the original biological product and may cost less. There are biosimilar alternatives for some original biological products. Some biosimilars are interchangeable biosimilars and, depending on state laws, may be substituted for the original biological product at the pharmacy without needing a new prescription, just like generic drugs can be substituted for brand name drugs.

For more information on drug types, refer to Chapter 5 of the *Evidence of Coverage*.

B15. What are over-the-counter (OTC) drugs?

OTC stands for "over-the-counter." Aetna® Assure Premier Plus (HMO D-SNP) offers some OTC drugs through the NJ FamilyCare (Medicaid) portion of the plan's coverage at no cost to you. You need a prescription for OTC drugs to be covered. These OTC drugs are listed in this Drug List in section C1.

B16. Does Aetna Assure Premier Plus (HMO D-SNP) cover non-drug OTC products?

Yes. Aetna Assure Premier Plus (HMO D-SNP) covers some non-drug OTC products when they are prescribed for you by your provider. These non-drug OTC products are listed in this Drug List in section C1.

Examples of non-drug OTC products include condoms. There is no cost sharing or copays.

B17. Can I get my drugs through Mail-Order/Long-Term Supply?

Yes. For certain kinds of drugs, you can use CVS Caremark® Mail Service Pharmacy. Generally, the drugs available through mail order are drugs that you take on a regular basis, for a chronic or long-term medical condition.

- Mail-Order Program. We offer a mail-order program that allows you to get up to a 100-day supply of your prescription drugs sent directly to your home.
- Long-Term Supply. We offer a way to get a long-term supply of "maintenance" drugs on our plan's Drug List. (Maintenance drugs are drugs that you take on a regular basis, for a chronic or long-term medical condition.)

For more information about getting drugs through mail-order or long-term supply, please call Member Services at **1-844-362-0934 (TTY: 711)**.



If you have questions, call Aetna Assure Premier Plus (HMO D-SNP) at **1-844-362-0934 (TTY: 711)**, 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. **For more information**, visit [AetnaBetterHealth.com/New-Jersey-hmosnp/drug-formulary](https://www.aetna.com/better-health/new-jersey-hmosnp/drug-formulary)

B18. What is my copay?

Aetna® Assure Premier Plus (HMO D-SNP) members have no copay for prescription and over-the-counter (OTC) drugs and non-drug products as long as the member follows the plan's rules. Refer to questions B14 and B15 for more information about OTC drugs and non-drug products.

Tiers are groups of drugs on our Drug List.

- Tier 1 Generic drugs have a \$0 copay
- Tier 1 Brand name drugs have a \$0 copay

OTCs have a \$0 copay.

If you have questions, call Member Services at **1-844-362-0934 (TTY: 711)**.

If you have questions, call Aetna Assure Premier Plus (HMO D-SNP) at **1-844-362-0934 (TTY: 711)**, 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. **For more information**, visit **[AetnaBetterHealth.com/New-Jersey-hmosnp/drug-formulary](https://www.aetna.com/better-health/new-jersey-hmosnp/drug-formulary)**



C. Overview of the *List of Covered Drugs*

The *List of Covered Drugs* gives you information about the drugs covered by Aetna® Assure Premier Plus (HMO D-SNP). If you have trouble finding your drug in the list, turn to the Index of Covered Drugs that begins in section D. The index alphabetically lists all drugs covered by Aetna Assure Premier Plus (HMO D-SNP).

The information in the Requirements/Limits column tells you if our plan has any special requirements for coverage of your drug. The following abbreviations are used:

QL: Quantity Limits: For certain drugs, our plan limits the amount of the drug that we will cover.
PA: Prior Authorization: Our plan requires you or your provider to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescriptions. If you don't get approval, we may not cover the drug.
ST: Step Therapy: In some cases, our plan requires you to first try certain drugs to treat your medical condition, before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.
LD: Limited Distribution: The drug manufacturer may limit the number of pharmacies that can stock and dispense this medication.
MO: Mail-Order Delivery: Generally, the drugs available through mail order are drugs that you take on a regular basis, for a chronic or long-term medical condition.
B/D: Drugs that may be covered under Medicare Part B or Part D depending on the circumstance. These drugs require prior authorization to determine coverage under Part B or Part D. Information may need to be provided that describes the use or the place where the drug is received to determine coverage.
EA: Each
ML: Milliliter
ACS: Available at CVS Specialty Pharmacy. These drugs are for complex medical conditions and may require special handling and/or close monitoring. They are available through CVS Specialty Pharmacy Services or other specialty pharmacies in the network. You may not be able to get them at your local pharmacy.
HRM: High Risk Medication. According to medical experts, these drugs may cause adverse side effects if you are 65 years of age or older. If you are taking one of these drugs, ask your doctor if there are safer options available.
OTC: Over-the-Counter. Aetna® Assure Premier Plus (HMO D-SNP) offers some OTC drugs through the NJ FamilyCare (Medicaid) portion of the plan's coverage at no cost to you. You need a prescription for OTC drugs to be covered.



If you have questions, call Aetna Assure Premier Plus (HMO D-SNP) at 1-844-362-0934 (TTY: 711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/New-Jersey-hmosnp/drug-formulary](https://www.aetna.com/better-health/new-jersey-hmosnp/drug-formulary)

C1. List of Drugs by Drug Type

The drugs in this section are grouped into categories by type. For example, if you are taking a medicine for an infection, you should look in the “Anti-infectives” category. That is where you will find drugs that treat infection.

The first column of the table lists the name of the drug. Generic drugs are listed in lower-case italics (e.g., *amoxicillin*), brand name drugs are capitalized (e.g., SYNTHROID), and OTC drugs and products are listed in lower case (e.g., acetaminophen tablet). The information in the “Necessary actions, restrictions or limits on use” column tells you if Aetna® Assure Premier Plus (HMO D-SNP) has any rules for covering your drug.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANALGESICS		
GOUT		
<i>allopurinol tablet 100mg, 300mg</i>	\$0 (Tier 1)	MO
<i>colchicine tablet 0.6mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i>febuxostat</i>	\$0 (Tier 1)	ST MO
<i>probenecid</i>	\$0 (Tier 1)	MO
<i>probenecid/colchicine</i>	\$0 (Tier 1)	MO
MISCELLANEOUS		
<i>lidocaine hcl injection 0.5%, 1.5%, 2%, 4%</i>	\$0 (Tier 1)	
<i>lidocaine hydrochloride injection 0.5%, 1%, 1.5%, 2%, 4%</i>	\$0 (Tier 1)	
NSAIDS		
<i>celecoxib capsule 400mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>celecoxib capsule 100mg, 200mg, 50mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>diclofenac potassium tablet 50mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i>diclofenac sodium dr</i>	\$0 (Tier 1)	MO
<i>diclofenac sodium er</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>diclofenac sodium/misoprostol tablet delayed release 50mg; 200mcg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i>diclofenac sodium/misoprostol tablet delayed release 75mg; 200mcg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>diflunisal</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>ec-naproxen tablet delayed release 375mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days)
<i>ec-naproxen tablet delayed release 500mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>etodolac er tablet extended release 24 hour 600mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>etodolac er tablet extended release 24 hour 400mg, 500mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>etodolac capsule 300mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO

If you have questions, call Aetna Assure Premier Plus (HMO D-SNP) at **1-844-362-0934 (TTY: 711)**, 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/New-Jersey-hmosnp/drug-formulary](https://www.aetna.com/better-health/new-jersey-hmosnp/drug-formulary)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>etodolac capsule 200mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>etodolac tablet 500mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>etodolac tablet 400mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
FENOPROFEN CALCIUM CAPSULE 400MG	\$0 (Tier 1)	QL (240 EA per 30 days) MO
<i>fenopropfen calcium tablet 600mg</i>	\$0 (Tier 1)	QL (150 EA per 30 days) MO
<i>flurbiprofen tablet 100mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>ibu</i>	\$0 (Tier 1)	MO
<i>ibuprofen tablet</i>	\$0 (Tier 1)	MO
<i>ibuprofen suspension</i>	\$0 (Tier 1)	MO
<i>ketoprofen er</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>ketorolac tromethamine tablet 10mg</i>	\$0 (Tier 1)	QL (20 EA per 30 days) PA MO
<i>meloxicam tablet</i>	\$0 (Tier 1)	MO
<i>nabumetone</i>	\$0 (Tier 1)	MO
<i>naproxen dr tablet delayed release 375mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i>naproxen dr tablet delayed release 500mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>naproxen sodium tablet</i>	\$0 (Tier 1)	MO
<i>naproxen tablet</i>	\$0 (Tier 1)	MO
<i>naproxen tablet delayed release</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>naproxen suspension</i>	\$0 (Tier 1)	QL (1800 ML per 30 days) PA MO
<i>oxaprozin</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>piroxicam capsule 20mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>piroxicam capsule 10mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>sulindac</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
OPIOID ANALGESICS, LONG-ACTING		
<i>buprenorphine transdermal patch</i>	\$0 (Tier 1)	QL (4 EA per 28 days) PA MO
<i>fentanyl transdermal patch</i>	\$0 (Tier 1)	QL (10 EA per 30 days) PA MO
<i>hydrocodone bitartrate er tablet er 24 hour abuse-deterrent (generic Hysingla ER)</i>	\$0 (Tier 1)	QL (30 EA per 30 days) PA MO
METHADONE HCL INJECTION	\$0 (Tier 1)	PA
<i>methadone hcl oral solution</i>	\$0 (Tier 1)	QL (450 ML per 30 days) PA MO
<i>methadone hcl tablet</i>	\$0 (Tier 1)	QL (90 EA per 30 days) PA MO
<i>methadone hcl oral concentrate 10mg/ml</i>	\$0 (Tier 1)	QL (90 ML per 30 days) PA MO
<i>morphine sulfate er tablet extended release (generic MS Contin) 30mg, 60mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>morphine sulfate er tablet extended release (generic MS Contin)100mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO



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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>morphine sulfate er tablet extended release (generic MS Contin) 15mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
MORPHINE SULFATE/SODIUM CHLORIDE	\$0 (Tier 1)	B/D
<i>tramadol hcl er tablet extended release 24 hour</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO; HRM
<i>tramadol hydrochloride er tablet extended release 24 hour</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO; HRM
OPIOID ANALGESICS, SHORT-ACTING		
<i>acetaminophen/codeine tablet</i>	\$0 (Tier 1)	QL (180 EA per 30 days) MO
<i>acetaminophen/codeine solution 120mg/5ml; 12mg/5ml</i>	\$0 (Tier 1)	QL (2700 ML per 30 days) MO
<i>butorphanol tartrate nasal solution</i>	\$0 (Tier 1)	QL (5 ML per 30 days) MO
<i>butorphanol tartrate injection 1mg/ml</i>	\$0 (Tier 1)	
<i>butorphanol tartrate injection 2mg/ml</i>	\$0 (Tier 1)	MO
CODEINE SULFATE TABLET	\$0 (Tier 1)	QL (180 EA per 30 days) MO
<i>endocet</i>	\$0 (Tier 1)	QL (180 EA per 30 days)
<i>fentanyl citrate oral transmucosal lozenge on a handle 200mcg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) PA MO
<i>fentanyl citrate oral transmucosal lozenge on a handle 1200mcg, 1600mcg, 400mcg, 600mcg, 800mcg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) PA MO
<i>hydrocodone bitartrate/acetaminophen tablet</i>	\$0 (Tier 1)	QL (180 EA per 30 days) MO
<i>hydrocodone bitartrate/acetaminophen solution</i>	\$0 (Tier 1)	QL (2700 ML per 30 days) MO
<i>hydrocodone/acetaminophen tablet 7.5mg; 325mg</i>	\$0 (Tier 1)	QL (180 EA per 30 days) MO
<i>hydrocodone/ibuprofen</i>	\$0 (Tier 1)	QL (150 EA per 30 days) MO
<i>hydromorphone hcl tablet</i>	\$0 (Tier 1)	QL (180 EA per 30 days) MO
<i>hydromorphone hcl liquid</i>	\$0 (Tier 1)	QL (600 ML per 30 days) MO
HYDROMORPHONE HYDROCHLORIDE INJECTION 0.25MG/0.5ML	\$0 (Tier 1)	B/D
<i>morphine sulfate tablet</i>	\$0 (Tier 1)	QL (180 EA per 30 days) MO
MORPHINE SULFATE INJECTION 10MG/ML (IV VIAL AND IV PF CARPUJECT), 2MG/ML (IM OR IV PF CARPUJECT, IM OR IV PF VIAL, AND IM OR IV PREFILLED SYRINGE), 4MG/ML (IV VIAL AND IV PF CARPUJECT), 50MG/ML (IV OR IM PF VIAL), 5MG/ML (IV OR IM PF VIAL), 8MG/ML (IV VIAL AND IV PF CARPUJECT)	\$0 (Tier 1)	B/D

If you have questions, call Aetna Assure Premier Plus (HMO D-SNP) at **1-844-362-0934 (TTY: 711)**, 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/New-Jersey-hmosnp/drug-formulary](https://www.aetna.com/better-health/new-jersey-hmosnp/drug-formulary)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>morphine sulfate inj 0.5mg/ml pf vial, 10mg/ml im or iv pf vial, 4mg/ml im or iv pf vial and im or iv pf prefilled syringe, 50mg/ml iv vial, 8mg/ml im or iv pf vial</i>	\$0 (Tier 1)	B/D
<i>morphine sulfate injection 1mg/ml</i>	\$0 (Tier 1)	B/D MO
<i>morphine sulfate oral solution 10mg/5ml, 20mg/5ml</i>	\$0 (Tier 1)	QL (900 ML per 30 days) MO
<i>morphine sulfate oral solution 100mg/5ml</i>	\$0 (Tier 1)	QL (180 ML per 30 days) MO
<i>oxycodone hcl</i>	\$0 (Tier 1)	QL (180 EA per 30 days) MO
<i>oxycodone hydrochloride capsule</i>	\$0 (Tier 1)	QL (180 EA per 30 days) MO
<i>oxycodone hydrochloride solution</i>	\$0 (Tier 1)	QL (900 ML per 30 days) MO
<i>oxycodone hydrochloride concentrate</i>	\$0 (Tier 1)	QL (180 ML per 30 days) MO
<i>oxycodone hydrochloride tablet 30mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i>oxycodone hydrochloride tablet 10mg, 15mg, 20mg, 5mg</i>	\$0 (Tier 1)	QL (180 EA per 30 days) MO
<i>oxycodone/acetaminophen tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	\$0 (Tier 1)	QL (180 EA per 30 days) MO
<i>tramadol hydrochloride tablet 50mg</i>	\$0 (Tier 1)	QL (240 EA per 30 days) MO; HRM
<i>tramadol hydrochloride/acetaminophen</i>	\$0 (Tier 1)	QL (240 EA per 30 days) MO; HRM
ANTI-INFECTIVES		
ANTI-INFECTIVES - MISCELLANEOUS		
<i>albendazole</i>	\$0 (Tier 1)	MO
<i>amikacin sulfate</i>	\$0 (Tier 1)	MO
ARIKAYCE	\$0 (Tier 1)	PA; LD
<i>atovaquone</i>	\$0 (Tier 1)	PA MO
<i>aztreonam</i>	\$0 (Tier 1)	MO
CAYSTON	\$0 (Tier 1)	PA; ACS LD
<i>chloramphenicol sodium succinate</i>	\$0 (Tier 1)	
<i>clindamycin hcl</i>	\$0 (Tier 1)	MO
<i>clindamycin hydrochloride</i>	\$0 (Tier 1)	MO
<i>clindamycin palmitate hcl solution 75mg/5ml</i>	\$0 (Tier 1)	MO
<i>clindamycin phosphate/dextrose</i>	\$0 (Tier 1)	
<i>clindamycin phosphate injection 9000mg/60ml, 900mg/6ml</i>	\$0 (Tier 1)	
<i>clindamycin phosphate injection 600mg/4ml</i>	\$0 (Tier 1)	MO
CLINDAMYCIN/SODIUM CHLORIDE	\$0 (Tier 1)	
<i>colistimethate sodium</i>	\$0 (Tier 1)	PA MO
<i>dapsone tablet 100mg, 25mg</i>	\$0 (Tier 1)	MO



If you have questions, call Aetna Assure Premier Plus (HMO D-SNP) at **1-844-362-0934 (TTY: 711)**, 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. **For more information**, visit [AetnaBetterHealth.com/New-Jersey-hmosnp/drug-formulary](https://www.aetna.com/better-health/new-jersey-hmosnp/drug-formulary)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
DAPTOMYCIN/SODIUM CHLORIDE	\$0 (Tier 1)	
DAPTOMYCIN INJECTION 350MG	\$0 (Tier 1)	
<i>daptomycin injection 500mg</i>	\$0 (Tier 1)	
EMVERM	\$0 (Tier 1)	QL (12 EA per 365 days) MO
<i>ertapenem</i>	\$0 (Tier 1)	MO
<i>ertapenem sodium</i>	\$0 (Tier 1)	MO
<i>gentamicin sulfate pediatric injection 10mg/ml</i>	\$0 (Tier 1)	MO
<i>gentamicin sulfate/0.9% sodium chloride injection 1.2mg/ml; 0.9%, 1mg/ml; 0.9%, 2mg/ml; 0.9%</i>	\$0 (Tier 1)	
<i>gentamicin sulfate/0.9% sodium chloride injection 1.6mg/ml; 0.9%</i>	\$0 (Tier 1)	MO
<i>gentamicin sulfate injection 40mg/ml</i>	\$0 (Tier 1)	MO
<i>imipenem/cilastatin</i>	\$0 (Tier 1)	MO
IMPAVIDO	\$0 (Tier 1)	QL (84 EA per 28 days) PA MO
<i>isotonic gentamicin</i>	\$0 (Tier 1)	
<i>ivermectin tablet 3mg</i>	\$0 (Tier 1)	QL (12 EA per 90 days) PA MO
<i>linezolid tablet</i>	\$0 (Tier 1)	QL (56 EA per 28 days) PA MO
<i>linezolid suspension reconstituted</i>	\$0 (Tier 1)	QL (1800 ML per 30 days) PA MO
LINEZOLID IN SODIUM CHLORIDE INJECTION 600MG/300ML; 0.9%	\$0 (Tier 1)	PA
<i>linezolid injection 600mg/300ml</i>	\$0 (Tier 1)	PA
<i>meropenem</i>	\$0 (Tier 1)	MO
<i>methenamine hippurate</i>	\$0 (Tier 1)	MO
<i>methenamine mandelate</i>	\$0 (Tier 1)	MO
<i>metronidazole capsule 375mg</i>	\$0 (Tier 1)	MO
<i>metronidazole injection 500mg/100ml</i>	\$0 (Tier 1)	
<i>metronidazole tablet 250mg, 500mg</i>	\$0 (Tier 1)	MO
<i>neomycin sulfate</i>	\$0 (Tier 1)	MO
<i>nitazoxanide</i>	\$0 (Tier 1)	QL (6 EA per 30 days) MO
<i>nitrofurantoin macrocrystals capsule 100mg, 50mg</i>	\$0 (Tier 1)	MO
<i>nitrofurantoin macrocrystals capsule 25mg</i>	\$0 (Tier 1)	MO
<i>nitrofurantoin monohydrate/macrocrystals capsule 100mg</i>	\$0 (Tier 1)	MO
<i>pentamidine isethionate inhalation solution reconstituted</i>	\$0 (Tier 1)	B/D MO
<i>pentamidine isethionate injection</i>	\$0 (Tier 1)	MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>praziquantel</i>	\$0 (Tier 1)	MO
<i>pyrimethamine</i>	\$0 (Tier 1)	QL (90 EA per 30 days) PA MO
SIVEXTRO INJECTION	\$0 (Tier 1)	
SIVEXTRO TABLET	\$0 (Tier 1)	MO
<i>streptomycin sulfate</i>	\$0 (Tier 1)	MO
<i>sulfadiazine</i>	\$0 (Tier 1)	MO
<i>sulfamethoxazole/trimethoprim ds</i>	\$0 (Tier 1)	MO
<i>sulfamethoxazole/trimethoprim suspension, tablet</i>	\$0 (Tier 1)	MO
<i>sulfamethoxazole/trimethoprim injection</i>	\$0 (Tier 1)	MO
<i>tinidazole</i>	\$0 (Tier 1)	MO
TOBI PODHALER	\$0 (Tier 1)	QL (224 EA per 56 days) PA; ACS LD
<i>tobramycin sulfate injection 10mg/ml, 40mg/ml</i>	\$0 (Tier 1)	
<i>tobramycin sulfate injection 1.2gm/30ml, 80mg/2ml</i>	\$0 (Tier 1)	MO
<i>tobramycin sulfate injection 1.2gm</i>	\$0 (Tier 1)	
<i>tobramycin nebulization solution 300mg/5ml</i>	\$0 (Tier 1)	QL (280 ML per 56 days) PA; ACS
<i>trimethoprim</i>	\$0 (Tier 1)	MO
VANCOMYCIN	\$0 (Tier 1)	
VANCOMYCIN HCL INJECTION 0.9%; 1GM/200ML	\$0 (Tier 1)	
<i>vancomycin hcl injection 100gm, 10gm</i>	\$0 (Tier 1)	
<i>vancomycin hydrochloride capsule 125mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i>vancomycin hydrochloride capsule 250mg</i>	\$0 (Tier 1)	QL (240 EA per 30 days) MO
VANCOMYCIN HYDROCHLORIDE INJECTION 1000MG/200ML, 1250MG/250ML, 1500MG/300ML, 1750MG/350ML, 500MG/100ML, 750MG/150ML	\$0 (Tier 1)	
<i>vancomycin hydrochloride injection 1.25gm, 1.5gm, 1.75gm, 1gm, 2gm, 5gm, 750mg</i>	\$0 (Tier 1)	
<i>vancomycin hydrochloride injection 500mg</i>	\$0 (Tier 1)	MO
ANTIFUNGALS		
ABELCET	\$0 (Tier 1)	B/D
<i>amphotericin b</i>	\$0 (Tier 1)	B/D MO
<i>amphotericin b liposome</i>	\$0 (Tier 1)	B/D MO
<i>caspofungin acetate</i>	\$0 (Tier 1)	
<i>fluconazole</i>	\$0 (Tier 1)	MO



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<i>fluconazole in sodium chloride injection 200mg; 100ml, 400mg; 100ml</i>	\$0 (Tier 1)	
<i>fluconazole/sodium chloride injection 100mg/50ml</i>	\$0 (Tier 1)	
<i>flucytosine</i>	\$0 (Tier 1)	PA MO
<i>griseofulvin microsize</i>	\$0 (Tier 1)	MO
<i>griseofulvin ultramicrosize</i>	\$0 (Tier 1)	MO
<i>itraconazole capsule</i>	\$0 (Tier 1)	PA MO
<i>ketoconazole tablet 200mg</i>	\$0 (Tier 1)	PA MO
<i>micafungin</i>	\$0 (Tier 1)	
<i>mycamine injection 50mg</i>	\$0 (Tier 1)	MO
<i>nystatin tablet 500000unit</i>	\$0 (Tier 1)	MO
<i>posaconazole suspension</i>	\$0 (Tier 1)	QL (630 ML per 30 days) PA MO
<i>posaconazole dr</i>	\$0 (Tier 1)	QL (93 EA per 30 days) PA MO
<i>terbinafine hcl tablet 250mg</i>	\$0 (Tier 1)	QL (90 EA per 365 days) MO
<i>voriconazole injection</i>	\$0 (Tier 1)	PA
<i>voriconazole suspension reconstituted</i>	\$0 (Tier 1)	PA MO
<i>voriconazole tablet 200mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i>voriconazole tablet 50mg</i>	\$0 (Tier 1)	QL (480 EA per 30 days) MO
ANTIMALARIALS		
<i>atovaquone/proguanil hcl</i>	\$0 (Tier 1)	MO
<i>chloroquine phosphate</i>	\$0 (Tier 1)	MO
COARTEM	\$0 (Tier 1)	MO
<i>mefloquine hcl</i>	\$0 (Tier 1)	MO
<i>primaquine phosphate</i>	\$0 (Tier 1)	
<i>quinine sulfate</i>	\$0 (Tier 1)	PA MO
ANTIRETROVIRAL AGENTS		
<i>abacavir</i>	\$0 (Tier 1)	MO
APTIVUS	\$0 (Tier 1)	MO
<i>atazanavir</i>	\$0 (Tier 1)	MO
<i>atazanavir sulfate</i>	\$0 (Tier 1)	MO
<i>darunavir tablet 800mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>darunavir tablet 600mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
EDURANT	\$0 (Tier 1)	MO
<i>efavirenz tablet 600mg</i>	\$0 (Tier 1)	MO
<i>emtricitabine</i>	\$0 (Tier 1)	MO
EMTRIVA ORAL SOLUTION	\$0 (Tier 1)	MO

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<i>etravirine</i>	\$0 (Tier 1)	MO
<i>fosamprenavir calcium</i>	\$0 (Tier 1)	MO
FUZEON	\$0 (Tier 1)	MO; LD
INTELENCE TABLET 25MG	\$0 (Tier 1)	
ISENTRESS HD	\$0 (Tier 1)	MO
ISENTRESS PACKET, TABLET	\$0 (Tier 1)	MO
ISENTRESS TABLET CHEWABLE 25MG	\$0 (Tier 1)	MO
ISENTRESS TABLET CHEWABLE 100MG	\$0 (Tier 1)	MO
<i>lamivudine solution 10mg/ml</i>	\$0 (Tier 1)	MO
<i>lamivudine tablet 150mg, 300mg</i>	\$0 (Tier 1)	MO
<i>maraviroc</i>	\$0 (Tier 1)	MO
<i>nevirapine er</i>	\$0 (Tier 1)	MO
<i>nevirapine tablet</i>	\$0 (Tier 1)	MO
<i>nevirapine suspension</i>	\$0 (Tier 1)	MO
NORVIR PACKET	\$0 (Tier 1)	MO
PIFELTRO	\$0 (Tier 1)	MO
PREZISTA SUSPENSION	\$0 (Tier 1)	QL (400 ML per 30 days) MO
PREZISTA TABLET 75MG	\$0 (Tier 1)	QL (480 EA per 30 days) MO
PREZISTA TABLET 150MG	\$0 (Tier 1)	QL (240 EA per 30 days) MO
REYATAZ PACKET	\$0 (Tier 1)	MO
<i>ritonavir</i>	\$0 (Tier 1)	MO
RUKOBIA	\$0 (Tier 1)	MO
SELZENTRY SOLUTION	\$0 (Tier 1)	MO
SELZENTRY TABLET 25MG	\$0 (Tier 1)	
SELZENTRY TABLET 75MG	\$0 (Tier 1)	
SUNLENCA INJECTION	\$0 (Tier 1)	QL (3 ML per 180 days) MO; LD
SUNLENCA TABLET THERAPY PACK (5 TAB PACK) 300MG	\$0 (Tier 1)	QL (10 EA per 365 days) MO; LD
SUNLENCA TABLET THERAPY PACK (4 TAB PACK) 300MG	\$0 (Tier 1)	QL (8 EA per 365 days) MO; LD
<i>tenofovir disoproxil fumarate</i>	\$0 (Tier 1)	MO
TIVICAY PD	\$0 (Tier 1)	MO
TIVICAY TABLET 10MG	\$0 (Tier 1)	MO
TIVICAY TABLET 25MG, 50MG	\$0 (Tier 1)	MO
TROGARZO	\$0 (Tier 1)	MO; LD
TYBOST	\$0 (Tier 1)	MO



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VIRACEPT	\$0 (Tier 1)	MO
VIREAD POWDER, TABLET 150MG, 200MG, 250MG	\$0 (Tier 1)	MO
<i>zidovudine capsule, syrup</i>	\$0 (Tier 1)	MO
<i>zidovudine tablet</i>	\$0 (Tier 1)	MO
ANTIRETROVIRAL COMBINATION AGENTS		
<i>abacavir sulfate/lamivudine</i>	\$0 (Tier 1)	MO
BIKTARVY	\$0 (Tier 1)	MO
CIMDUO	\$0 (Tier 1)	MO
COMPLERA	\$0 (Tier 1)	MO
DELSTRIGO	\$0 (Tier 1)	MO
DESCOVY	\$0 (Tier 1)	MO
DOVATO	\$0 (Tier 1)	MO
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	\$0 (Tier 1)	MO
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	\$0 (Tier 1)	MO
<i>emtricitabine/tenofovir disoproxil fumarate tablet 200mg; 300mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>emtricitabine/tenofovir disoproxil fumarate tablet 100mg; 150mg, 133mg; 200mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>emtricitabine/tenofovir disoproxil tablet 167mg; 250mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
EVOTAZ	\$0 (Tier 1)	MO
GENVOYA	\$0 (Tier 1)	MO
JULUCA	\$0 (Tier 1)	MO
<i>lamivudine/zidovudine</i>	\$0 (Tier 1)	MO
<i>lopinavir/ritonavir</i>	\$0 (Tier 1)	MO
ODEFSEY	\$0 (Tier 1)	MO
PREZCOBIX	\$0 (Tier 1)	MO
STRIBILD	\$0 (Tier 1)	MO
SYMTUZA	\$0 (Tier 1)	MO
TRIUMEQ	\$0 (Tier 1)	MO
TRIUMEQ PD	\$0 (Tier 1)	MO
ANTITUBERCULAR AGENTS		
<i>cycloserine</i>	\$0 (Tier 1)	MO
<i>ethambutol hydrochloride</i>	\$0 (Tier 1)	MO

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<i>isoniazid tablet</i>	\$0 (Tier 1)	MO
<i>isoniazid injection</i>	\$0 (Tier 1)	
<i>isoniazid syrup</i>	\$0 (Tier 1)	MO
PRETOMANID	\$0 (Tier 1)	QL (30 EA per 30 days) PA
PRIFTIN	\$0 (Tier 1)	MO
<i>pyrazinamide</i>	\$0 (Tier 1)	MO
<i>rifabutin</i>	\$0 (Tier 1)	MO
<i>rifampin capsule</i>	\$0 (Tier 1)	MO
<i>rifampin injection</i>	\$0 (Tier 1)	
SIRTURO	\$0 (Tier 1)	PA; ACS LD
TRECTOR	\$0 (Tier 1)	MO
ANTIVIRALS		
<i>acyclovir capsule, suspension, tablet</i>	\$0 (Tier 1)	MO
<i>acyclovir sodium injection</i>	\$0 (Tier 1)	B/D
<i>adefovir dipivoxil</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
BARACLUDE ORAL SOLUTION	\$0 (Tier 1)	QL (630 ML per 30 days) MO
<i>entecavir</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
EPCLUSA	\$0 (Tier 1)	PA; ACS
<i>famciclovir tablet 500mg</i>	\$0 (Tier 1)	QL (21 EA per 30 days) MO
<i>famciclovir tablet 125mg, 250mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>ganciclovir</i>	\$0 (Tier 1)	B/D
HARVONI	\$0 (Tier 1)	PA; ACS
<i>lamivudine tablet 100mg</i>	\$0 (Tier 1)	MO
LIVTENCITY	\$0 (Tier 1)	QL (336 EA per 28 days) PA; LD
MAVYRET	\$0 (Tier 1)	PA; ACS
<i>oseltamivir phosphate capsule 30mg</i>	\$0 (Tier 1)	QL (168 EA per 365 days) MO
<i>oseltamivir phosphate capsule 45mg, 75mg</i>	\$0 (Tier 1)	QL (84 EA per 365 days) MO
<i>oseltamivir phosphate suspension reconstituted</i>	\$0 (Tier 1)	QL (1080 ML per 365 days) MO
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	\$0 (Tier 1)	QL (40 EA per 180 days)
PAXLOVID TABLET THERAPY PACK 300MG; 100MG	\$0 (Tier 1)	QL (60 EA per 180 days)
PEGASYS	\$0 (Tier 1)	PA; ACS
PREVYMIS TABLET	\$0 (Tier 1)	QL (28 EA per 28 days) PA MO
RELENZA DISKHALER	\$0 (Tier 1)	QL (120 EA per 365 days) MO
<i>ribavirin capsule</i>	\$0 (Tier 1)	ACS



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<i>ribavirin tablet</i>	\$0 (Tier 1)	ACS
<i>rimantadine hydrochloride</i>	\$0 (Tier 1)	MO
<i>valacyclovir hydrochloride</i>	\$0 (Tier 1)	MO
<i>valganciclovir hydrochloride oral solution</i>	\$0 (Tier 1)	MO
<i>valganciclovir tablet 450mg</i>	\$0 (Tier 1)	MO
VOSEVI	\$0 (Tier 1)	PA; ACS
CEPHALOSPORINS		
CEFACTOR ER	\$0 (Tier 1)	MO
<i>cefaclor suspension reconstituted</i>	\$0 (Tier 1)	
<i>cefaclor capsule</i>	\$0 (Tier 1)	MO
<i>cefadroxil</i>	\$0 (Tier 1)	MO
CEFAZOLIN SODIUM INJECTION 1GM/50ML; 4%	\$0 (Tier 1)	
CEFAZOLIN SODIUM INJECTION 100GM, 300GM	\$0 (Tier 1)	
<i>cefazolin sodium intravenous injection 1gm</i>	\$0 (Tier 1)	
<i>cefazolin sodium injection 10gm (intravenous only), 1gm (intramuscular or intravenous), 500mg (intramuscular or intravenous)</i>	\$0 (Tier 1)	MO
CEFAZOLIN INJECTION 2GM/100ML; 4%	\$0 (Tier 1)	
CEFAZOLIN INTRAVENOUS SINGLE DOSE VIAL INJECTION 2GM, 3GM	\$0 (Tier 1)	
<i>cefazolin intramuscular or intravenous injection 3gm</i>	\$0 (Tier 1)	
<i>cefazolin intramuscular or intravenous injection 2gm</i>	\$0 (Tier 1)	MO
<i>cefdinir</i>	\$0 (Tier 1)	MO
<i>cefepime injection 1gm, 2gm</i>	\$0 (Tier 1)	MO
<i>cefixime capsule</i>	\$0 (Tier 1)	MO
<i>cefixime suspension reconstituted</i>	\$0 (Tier 1)	MO
<i>cefotetan injection 1gm/10ml, 2gm/20ml</i>	\$0 (Tier 1)	
<i>cefoxitin sodium injection 1gm, 10gm, 2gm</i>	\$0 (Tier 1)	
<i>cefpodoxime proxetil</i>	\$0 (Tier 1)	MO
<i>cefprozil</i>	\$0 (Tier 1)	MO
<i>ceftazidime injection 6gm</i>	\$0 (Tier 1)	
<i>ceftazidime injection 1gm, 2gm</i>	\$0 (Tier 1)	MO
<i>ceftriaxone in iso-osmotic dextrose</i>	\$0 (Tier 1)	

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CEFTRIAXONE SODIUM INJECTION 100GM	\$0 (Tier 1)	
<i>ceftriaxone sodium intravenous injection 1gm</i>	\$0 (Tier 1)	
<i>ceftriaxone sodium injection 10gm (intravenous only), 1gm (intramuscular or intravenous), 250mg (intramuscular or intravenous), 2gm (intramuscular or intravenous), 500mg (intramuscular or intravenous)</i>	\$0 (Tier 1)	MO
<i>cefuroxime axetil tablet</i>	\$0 (Tier 1)	MO
<i>cefuroxime sodium injection 1.5gm</i>	\$0 (Tier 1)	
<i>cefuroxime sodium injection 750mg</i>	\$0 (Tier 1)	MO
<i>cephalexin capsule 250mg, 500mg</i>	\$0 (Tier 1)	MO
<i>cephalexin capsule 750mg</i>	\$0 (Tier 1)	MO
<i>cephalexin suspension reconstituted, tablet tazicef</i>	\$0 (Tier 1)	MO
TEFLARO	\$0 (Tier 1)	
ERYTHROMYCINS/MACROLIDES		
AZITHROMYCIN PACKET	\$0 (Tier 1)	MO
<i>azithromycin tablet</i>	\$0 (Tier 1)	MO
<i>azithromycin suspension reconstituted</i>	\$0 (Tier 1)	MO
<i>azithromycin injection</i>	\$0 (Tier 1)	MO
<i>clarithromycin er</i>	\$0 (Tier 1)	MO
<i>clarithromycin tablet</i>	\$0 (Tier 1)	MO
<i>clarithromycin suspension reconstituted</i>	\$0 (Tier 1)	MO
DIFICID SUSPENSION RECONSTITUTED	\$0 (Tier 1)	
DIFICID TABLET	\$0 (Tier 1)	MO
<i>erythromycin base</i>	\$0 (Tier 1)	MO
<i>erythromycin dr</i>	\$0 (Tier 1)	MO
<i>erythromycin ethylsuccinate tablet</i>	\$0 (Tier 1)	MO
<i>erythromycin lactobionate</i>	\$0 (Tier 1)	
<i>erythromycin capsule delayed release particles 250mg</i>	\$0 (Tier 1)	MO
FLUOROQUINOLONES		
<i>ciprofloxacin hcl tablet 100mg, 750mg</i>	\$0 (Tier 1)	MO
<i>ciprofloxacin hydrochloride tablet 250mg, 500mg</i>	\$0 (Tier 1)	MO
<i>ciprofloxacin i.v.-in d5w injection 200mg/100ml; 5%</i>	\$0 (Tier 1)	
<i>ciprofloxacin i.v.-in d5w injection 400mg/200ml; 5%</i>	\$0 (Tier 1)	MO



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<i>levofloxacin in d5w</i>	\$0 (Tier 1)	
<i>levofloxacin injection 25mg/ml</i>	\$0 (Tier 1)	
<i>levofloxacin oral solution 25mg/ml</i>	\$0 (Tier 1)	MO
<i>levofloxacin tablet 250mg, 500mg, 750mg</i>	\$0 (Tier 1)	MO
<i>moxifloxacin hydrochloride/sodium hydrochloride</i>	\$0 (Tier 1)	
<i>moxifloxacin hydrochloride injection 400mg/250ml</i>	\$0 (Tier 1)	
<i>moxifloxacin hydrochloride tablet 400mg</i>	\$0 (Tier 1)	MO
PENICILLINS		
<i>amoxicillin/clavulanate potassium er</i>	\$0 (Tier 1)	MO
<i>amoxicillin/clavulanate potassium suspension reconstituted 200mg/5ml; 28.5mg/5ml, 400mg/5ml; 57mg/5ml, 600mg/5ml; 42.9mg/5ml</i>	\$0 (Tier 1)	MO
<i>amoxicillin/clavulanate potassium suspension reconstituted 250mg/5ml; 62.5mg/5ml</i>	\$0 (Tier 1)	MO
<i>amoxicillin/clavulanate potassium tablet chewable 200mg; 28.5mg</i>	\$0 (Tier 1)	MO
<i>amoxicillin/clavulanate potassium tablet chewable 400mg; 57mg</i>	\$0 (Tier 1)	MO
<i>amoxicillin/clavulanate potassium tablet 500mg; 125mg, 875mg; 125mg</i>	\$0 (Tier 1)	MO
<i>amoxicillin/clavulanate potassium tablet 250mg; 125mg</i>	\$0 (Tier 1)	MO
<i>amoxicillin capsule, tablet chewable, tablet</i>	\$0 (Tier 1)	MO
<i>amoxicillin suspension reconstituted 125mg/5ml, 200mg/5ml, 250mg/5ml</i>	\$0 (Tier 1)	MO
<i>amoxicillin suspension reconstituted 400mg/5ml</i>	\$0 (Tier 1)	MO
<i>ampicillin capsule</i>	\$0 (Tier 1)	MO
<i>ampicillin sodium injection 10gm, 125mg, 1gm i.v., 250mg, 2gm i.v.</i>	\$0 (Tier 1)	
<i>ampicillin sodium injection 1gm, 2gm, 500mg</i>	\$0 (Tier 1)	MO
<i>ampicillin-sulbactam</i>	\$0 (Tier 1)	
<i>ampicillin/sulbactam</i>	\$0 (Tier 1)	
BICILLIN L-A	\$0 (Tier 1)	MO
<i>dicloxacillin sodium</i>	\$0 (Tier 1)	MO
EXTENCILLINE	\$0 (Tier 1)	
LENTOCILIN	\$0 (Tier 1)	
<i>nafcillin sodium injection 1gm</i>	\$0 (Tier 1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>nafcillin sodium injection 2gm</i>	\$0 (Tier 1)	MO
<i>nafcillin sodium injection 10gm</i>	\$0 (Tier 1)	
<i>oxacillin sodium injection 10gm, 1gm, 2gm</i>	\$0 (Tier 1)	
<i>penicillin g potassium</i>	\$0 (Tier 1)	MO
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE	\$0 (Tier 1)	
<i>penicillin g sodium</i>	\$0 (Tier 1)	
<i>penicillin v potassium tablet</i>	\$0 (Tier 1)	MO
<i>penicillin v potassium solution reconstituted</i>	\$0 (Tier 1)	MO
<i>piperacillin sodium/tazobactam sodium</i>	\$0 (Tier 1)	
TETRACYCLINES		
<i>doxy 100 injection</i>	\$0 (Tier 1)	MO
<i>doxycycline hyclate capsule 100mg, 50mg, tablet 100mg, 20mg</i>	\$0 (Tier 1)	MO
<i>doxycycline hyclate injection</i>	\$0 (Tier 1)	MO
<i>doxycycline monohydrate capsule 50mg</i>	\$0 (Tier 1)	MO
<i>doxycycline monohydrate capsule 100mg, 150mg, 75mg</i>	\$0 (Tier 1)	MO
<i>doxycycline monohydrate tablet 100mg, 50mg, 75mg</i>	\$0 (Tier 1)	MO
<i>doxycycline monohydrate tablet 150mg</i>	\$0 (Tier 1)	MO
<i>doxycycline suspension reconstituted 25mg/5ml</i>	\$0 (Tier 1)	MO
<i>minocycline hcl capsule</i>	\$0 (Tier 1)	MO
<i>minocycline hcl tablet</i>	\$0 (Tier 1)	ST MO
<i>minocycline hydrochloride capsule</i>	\$0 (Tier 1)	MO
<i>mondoxyne nl</i>	\$0 (Tier 1)	
NUZYRA	\$0 (Tier 1)	ACS LD
<i>tetracycline hydrochloride capsule</i>	\$0 (Tier 1)	MO
<i>tigecycline</i>	\$0 (Tier 1)	
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
CYCLOPHOSPHAMIDE TABLET	\$0 (Tier 1)	PA
<i>cyclophosphamide capsule</i>	\$0 (Tier 1)	PA MO
GLEOSTINE CAPSULE 10MG, 40MG	\$0 (Tier 1)	ACS
GLEOSTINE CAPSULE 100MG	\$0 (Tier 1)	ACS
LEUKERAN	\$0 (Tier 1)	MO



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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTIMETABOLITES		
INQOVI	\$0 (Tier 1)	QL (5 EA per 28 days) PA; ACS LD
LONSURF	\$0 (Tier 1)	PA; ACS LD
<i>mercaptopurine</i>	\$0 (Tier 1)	MO
<i>methotrexate sodium injection pf 50mg/2ml</i>	\$0 (Tier 1)	MO
<i>methotrexate sodium injection 1gm/40ml</i>	\$0 (Tier 1)	
<i>methotrexate sodium injection 250mg/10ml, 50mg/2ml</i>	\$0 (Tier 1)	MO
<i>methotrexate sodium injection 1gm</i>	\$0 (Tier 1)	
ONUREG	\$0 (Tier 1)	QL (14 EA per 28 days) PA; ACS LD
PURIXAN	\$0 (Tier 1)	ACS LD
TABLOID	\$0 (Tier 1)	MO
HORMONAL ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate</i>	\$0 (Tier 1)	PA; ACS
AKEEGA	\$0 (Tier 1)	QL (60 EA per 30 days) PA; LD
<i>anastrozole</i>	\$0 (Tier 1)	MO
<i>bicalutamide</i>	\$0 (Tier 1)	MO
ELIGARD	\$0 (Tier 1)	PA; ACS
EMCYT	\$0 (Tier 1)	MO
ERLEADA	\$0 (Tier 1)	PA; ACS LD
<i>exemestane</i>	\$0 (Tier 1)	MO
FIRMAGON INJECTION 80MG	\$0 (Tier 1)	PA; ACS
FIRMAGON INJECTION 120MG/VIAL	\$0 (Tier 1)	PA; ACS
<i>letrozole</i>	\$0 (Tier 1)	MO
<i>leuprolide acetate injection 1mg/0.2ml</i>	\$0 (Tier 1)	PA; ACS
LUPRON DEPOT (1-MONTH) INJECTION 3.75MG	\$0 (Tier 1)	PA; ACS
LUPRON DEPOT (3-MONTH) INJECTION 11.25MG	\$0 (Tier 1)	PA; ACS
LYSODREN	\$0 (Tier 1)	LD
<i>megestrol acetate tablet 20mg, 40mg</i>	\$0 (Tier 1)	MO
<i>nilutamide</i>	\$0 (Tier 1)	MO
NUBEQA	\$0 (Tier 1)	PA; ACS LD
ORGOVYX	\$0 (Tier 1)	PA; LD
ORSERDU TABLET 345MG	\$0 (Tier 1)	QL (30 EA per 30 days) PA; LD

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ORSERDU TABLET 86MG	\$0 (Tier 1)	QL (90 EA per 30 days) PA; LD
SOLTAMOX	\$0 (Tier 1)	MO
<i>tamoxifen citrate</i>	\$0 (Tier 1)	MO
<i>toremifene citrate</i>	\$0 (Tier 1)	PA MO
XTANDI	\$0 (Tier 1)	PA; ACS LD
IMMUNOMODULATORS		
<i>lenalidomide capsule 20mg, 25mg</i>	\$0 (Tier 1)	QL (21 EA per 28 days) PA; ACS LD
<i>lenalidomide capsule 10mg, 15mg, 2.5mg, 5mg</i>	\$0 (Tier 1)	QL (28 EA per 28 days) PA; ACS LD
POMALYST	\$0 (Tier 1)	QL (21 EA per 28 days) PA; ACS LD
THALOMID CAPSULE 100MG	\$0 (Tier 1)	QL (112 EA per 28 days) PA; ACS LD
THALOMID CAPSULE 50MG	\$0 (Tier 1)	QL (224 EA per 28 days) PA; ACS LD
THALOMID CAPSULE 150MG, 200MG	\$0 (Tier 1)	QL (56 EA per 28 days) PA; ACS LD
MISCELLANEOUS		
ASPARLAS	\$0 (Tier 1)	PA; ACS LD
BESREMI	\$0 (Tier 1)	QL (2 ML per 28 days) PA; LD
<i>bexarotene capsule 75mg</i>	\$0 (Tier 1)	PA; ACS
<i>hydroxyurea</i>	\$0 (Tier 1)	MO
IWILFIN	\$0 (Tier 1)	QL (240 EA per 30 days) PA; LD
MATULANE	\$0 (Tier 1)	LD
ONCASPAR	\$0 (Tier 1)	PA; LD
<i>tretinoin capsule 10mg</i>	\$0 (Tier 1)	MO
WELIREG	\$0 (Tier 1)	QL (90 EA per 30 days) PA; LD
MOLECULAR TARGET AGENTS		
ALECENSA	\$0 (Tier 1)	QL (240 EA per 30 days) PA; ACS LD
ALUNBRIG TABLET THERAPY PACK	\$0 (Tier 1)	PA; LD
ALUNBRIG TABLET 30MG	\$0 (Tier 1)	QL (120 EA per 30 days) PA; LD
ALUNBRIG TABLET 180MG, 90MG	\$0 (Tier 1)	QL (30 EA per 30 days) PA; LD
AUGTYRO	\$0 (Tier 1)	QL (240 EA per 30 days) PA; ACS LD
AYVAKIT	\$0 (Tier 1)	QL (30 EA per 30 days) PA; LD



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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
BALVERSA TABLET 5MG	\$0 (Tier 1)	QL (28 EA per 28 days) PA; ACS LD
BALVERSA TABLET 4MG	\$0 (Tier 1)	QL (56 EA per 28 days) PA; ACS LD
BALVERSA TABLET 3MG	\$0 (Tier 1)	QL (84 EA per 28 days) PA; ACS LD
BOSULIF CAPSULE 100MG	\$0 (Tier 1)	QL (150 EA per 25 days) PA; ACS
BOSULIF CAPSULE 50MG	\$0 (Tier 1)	QL (360 EA per 30 days) PA; ACS
BOSULIF TABLET 100MG	\$0 (Tier 1)	QL (180 EA per 30 days) PA; ACS
BOSULIF TABLET 400MG, 500MG	\$0 (Tier 1)	QL (30 EA per 30 days) PA; ACS
BRAFTOVI CAPSULE 75MG	\$0 (Tier 1)	QL (180 EA per 30 days) PA; ACS LD
BRUKINSA	\$0 (Tier 1)	QL (120 EA per 30 days) PA; LD
CABOMETYX	\$0 (Tier 1)	QL (30 EA per 30 days) PA; ACS LD
CALQUENCE	\$0 (Tier 1)	QL (60 EA per 30 days) PA; LD
CAPRELSA TABLET 300MG	\$0 (Tier 1)	QL (30 EA per 30 days) PA; LD
CAPRELSA TABLET 100MG	\$0 (Tier 1)	QL (60 EA per 30 days) PA; LD
COMETRIQ KIT 140MG DAILY	\$0 (Tier 1)	QL (112 EA per 28 days) PA; ACS LD
COMETRIQ KIT 100MG DAILY	\$0 (Tier 1)	QL (56 EA per 28 days) PA; ACS LD
COMETRIQ KIT 60MG DAILY	\$0 (Tier 1)	QL (84 EA per 28 days) PA; ACS LD
COPIKTRA	\$0 (Tier 1)	QL (56 EA per 28 days) PA; ACS LD
COTELLIC	\$0 (Tier 1)	QL (63 EA per 28 days) PA; ACS LD
DAURISMO TABLET 100MG	\$0 (Tier 1)	QL (30 EA per 30 days) PA; ACS LD
DAURISMO TABLET 25MG	\$0 (Tier 1)	QL (60 EA per 30 days) PA; ACS LD
ERIVEDGE	\$0 (Tier 1)	PA; ACS LD
<i>erlotinib hydrochloride tablet 100mg, 150mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) PA; ACS
<i>erlotinib hydrochloride tablet 25mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) PA; ACS
<i>everolimus tablet soluble 2mg</i>	\$0 (Tier 1)	QL (150 EA per 30 days) PA; ACS
<i>everolimus tablet soluble 5mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) PA; ACS
<i>everolimus tablet soluble 3mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) PA; ACS

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<i>everolimus tablet 10mg, 2.5mg, 5mg, 7.5mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) PA; ACS
EXKIVITY	\$0 (Tier 1)	QL (120 EA per 30 days) PA; LD
FOTIVDA	\$0 (Tier 1)	QL (21 EA per 28 days) PA; LD
FRUZAQLA CAPSULE 5MG	\$0 (Tier 1)	QL (21 EA per 28 days) PA; LD
FRUZAQLA CAPSULE 1MG	\$0 (Tier 1)	QL (84 EA per 28 days) PA; LD
GAVRETO	\$0 (Tier 1)	QL (120 EA per 30 days) PA; ACS LD
<i>gefitinib</i>	\$0 (Tier 1)	QL (60 EA per 30 days) PA; ACS
GILOTRIF	\$0 (Tier 1)	QL (30 EA per 30 days) PA; LD
IBRANCE	\$0 (Tier 1)	QL (21 EA per 28 days) PA; ACS LD
ICLUSIG TABLET 10MG, 30MG	\$0 (Tier 1)	PA; LD
ICLUSIG TABLET 15MG, 45MG	\$0 (Tier 1)	QL (30 EA per 30 days) PA; LD
IDHIFA	\$0 (Tier 1)	QL (30 EA per 30 days) PA; ACS LD
<i>imatinib mesylate tablet 400mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) PA; ACS
<i>imatinib mesylate tablet 100mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) PA; ACS
IMBRUVICA SUSPENSION	\$0 (Tier 1)	QL (216 ML per 27 days) PA; LD
IMBRUVICA TABLET	\$0 (Tier 1)	QL (30 EA per 30 days) PA; LD
IMBRUVICA CAPSULE 70MG	\$0 (Tier 1)	QL (30 EA per 30 days) PA; LD
IMBRUVICA CAPSULE 140MG	\$0 (Tier 1)	QL (90 EA per 30 days) PA; LD
INLYTA TABLET 5MG	\$0 (Tier 1)	QL (120 EA per 30 days) PA; ACS LD
INLYTA TABLET 1MG	\$0 (Tier 1)	QL (180 EA per 30 days) PA; ACS LD
INREBIC	\$0 (Tier 1)	QL (120 EA per 30 days) PA; ACS LD
JAKAFI	\$0 (Tier 1)	QL (60 EA per 30 days) PA; ACS LD
JAYPIRCA TABLET 50MG	\$0 (Tier 1)	QL (30 EA per 30 days) PA; ACS LD
JAYPIRCA TABLET 100MG	\$0 (Tier 1)	QL (60 EA per 30 days) PA; ACS LD
KISQALI	\$0 (Tier 1)	PA; ACS
KISQALI FEMARA 200 DOSE	\$0 (Tier 1)	PA; ACS
KISQALI FEMARA 400 DOSE	\$0 (Tier 1)	PA; ACS
KISQALI FEMARA 600 DOSE	\$0 (Tier 1)	PA; ACS
KOSELUGO	\$0 (Tier 1)	PA; LD



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KRAZATI	\$0 (Tier 1)	QL (180 EA per 30 days) PA; LD
<i>lapatinib ditosylate</i>	\$0 (Tier 1)	QL (180 EA per 30 days) PA; ACS LD
LENVIMA 10 MG DAILY DOSE	\$0 (Tier 1)	PA; ACS LD
LENVIMA 12MG DAILY DOSE	\$0 (Tier 1)	PA; ACS LD
LENVIMA 14 MG DAILY DOSE	\$0 (Tier 1)	PA; ACS LD
LENVIMA 18 MG DAILY DOSE	\$0 (Tier 1)	PA; ACS LD
LENVIMA 20 MG DAILY DOSE	\$0 (Tier 1)	PA; ACS LD
LENVIMA 24 MG DAILY DOSE	\$0 (Tier 1)	PA; ACS LD
LENVIMA 4 MG DAILY DOSE	\$0 (Tier 1)	PA; ACS LD
LENVIMA 8 MG DAILY DOSE	\$0 (Tier 1)	PA; ACS LD
LORBRENA TABLET 100MG	\$0 (Tier 1)	QL (30 EA per 30 days) PA; ACS LD
LORBRENA TABLET 25MG	\$0 (Tier 1)	QL (90 EA per 30 days) PA; ACS LD
LUMAKRAS TABLET 120MG	\$0 (Tier 1)	QL (240 EA per 30 days) PA; ACS LD
LUMAKRAS TABLET 320MG	\$0 (Tier 1)	QL (90 EA per 30 days) PA; ACS LD
LYNPARZA	\$0 (Tier 1)	QL (120 EA per 30 days) PA; ACS LD
LYTGOBI TABLET THERAPY PACK 16MG	\$0 (Tier 1)	QL (112 EA per 28 days) PA; LD
LYTGOBI TABLET THERAPY PACK 20MG	\$0 (Tier 1)	QL (140 EA per 28 days) PA; LD
LYTGOBI TABLET THERAPY PACK 12MG	\$0 (Tier 1)	QL (84 EA per 28 days) PA; LD
MEKINIST SOLUTION RECONSTITUTED	\$0 (Tier 1)	QL (1260 ML per 30 days) PA; ACS LD
MEKINIST TABLET 2MG	\$0 (Tier 1)	QL (30 EA per 30 days) PA; ACS LD
MEKINIST TABLET 0.5MG	\$0 (Tier 1)	QL (90 EA per 30 days) PA; ACS LD
MEKTOVI	\$0 (Tier 1)	QL (180 EA per 30 days) PA; ACS LD
NERLYNX	\$0 (Tier 1)	QL (180 EA per 30 days) PA; ACS LD
NINLARO	\$0 (Tier 1)	PA; ACS
ODOMZO	\$0 (Tier 1)	PA; ACS LD
OGSIVEO TABLET 50MG	\$0 (Tier 1)	QL (180 EA per 30 days) PA; LD
OGSIVEO TABLET 100MG, 150MG	\$0 (Tier 1)	QL (56 EA per 28 days) PA; LD

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OJEMDA TABLET	\$0 (Tier 1)	QL (24 EA per 28 days) PA; LD
OJEMDA SUSPENSION RECONSTITUTED	\$0 (Tier 1)	QL (96 ML per 28 days) PA; LD
OJJAARA	\$0 (Tier 1)	QL (30 EA per 30 days) PA; LD
<i>pazopanib hydrochloride</i>	\$0 (Tier 1)	QL (120 EA per 30 days) PA; ACS
PEMAZYRE	\$0 (Tier 1)	QL (28 EA per 28 days) PA; LD
PIQRAY 200MG DAILY DOSE	\$0 (Tier 1)	QL (28 EA per 28 days) PA; ACS
PIQRAY 250MG DAILY DOSE	\$0 (Tier 1)	QL (56 EA per 28 days) PA; ACS
PIQRAY 300MG DAILY DOSE	\$0 (Tier 1)	QL (56 EA per 28 days) PA; ACS
QINLOCK	\$0 (Tier 1)	QL (90 EA per 30 days) PA; LD
RETEVMO CAPSULE 80MG	\$0 (Tier 1)	QL (120 EA per 30 days) PA; ACS LD
RETEVMO CAPSULE 40MG	\$0 (Tier 1)	QL (180 EA per 30 days) PA; ACS LD
RETEVMO TABLET 120MG, 160MG, 80MG	\$0 (Tier 1)	QL (60 EA per 30 days) PA; ACS LD
RETEVMO TABLET 40MG	\$0 (Tier 1)	QL (90 EA per 30 days) PA; ACS LD
REZLIDHIA	\$0 (Tier 1)	QL (60 EA per 30 days) PA; LD
<i>romidepsin injection 10mg</i>	\$0 (Tier 1)	ACS
ROZLYTREK PACKET	\$0 (Tier 1)	QL (336 EA per 28 days) PA; ACS LD
ROZLYTREK CAPSULE 100MG	\$0 (Tier 1)	QL (180 EA per 30 days) PA; ACS LD
ROZLYTREK CAPSULE 200MG	\$0 (Tier 1)	QL (90 EA per 30 days) PA; ACS LD
RUBRACA	\$0 (Tier 1)	PA; ACS LD
RYDAPT	\$0 (Tier 1)	QL (224 EA per 28 days) PA; ACS
SCEMBLIX TABLET 100MG	\$0 (Tier 1)	QL (120 EA per 30 days) PA; LD
SCEMBLIX TABLET 40MG	\$0 (Tier 1)	QL (300 EA per 30 days) PA; ACS
SCEMBLIX TABLET 20MG	\$0 (Tier 1)	QL (60 EA per 30 days) PA; ACS
<i>sorafenib tosylate</i>	\$0 (Tier 1)	QL (120 EA per 30 days) PA; ACS
SPRYCEL TABLET 100MG, 140MG, 50MG, 70MG, 80MG	\$0 (Tier 1)	QL (30 EA per 30 days) PA; ACS
SPRYCEL TABLET 20MG	\$0 (Tier 1)	QL (90 EA per 30 days) PA; ACS
STIVARGA	\$0 (Tier 1)	QL (84 EA per 28 days) PA; ACS LD
<i>sunitinib malate</i>	\$0 (Tier 1)	QL (30 EA per 30 days) PA; ACS



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TABRECTA	\$0 (Tier 1)	QL (112 EA per 28 days) PA; ACS
TAFINLAR CAPSULE	\$0 (Tier 1)	QL (120 EA per 30 days) PA; ACS LD
TAFINLAR TABLET SOLUBLE	\$0 (Tier 1)	QL (900 EA per 30 days) PA; ACS LD
TAGRISSE	\$0 (Tier 1)	QL (30 EA per 30 days) PA; ACS LD
TALZENNA CAPSULE 0.1MG, 0.35MG, 0.5MG, 0.75MG, 1MG	\$0 (Tier 1)	QL (30 EA per 30 days) PA; ACS LD
TALZENNA CAPSULE 0.25MG	\$0 (Tier 1)	QL (90 EA per 30 days) PA; ACS LD
TASIGNA CAPSULE 150MG, 200MG	\$0 (Tier 1)	QL (112 EA per 28 days) PA; ACS
TASIGNA CAPSULE 50MG	\$0 (Tier 1)	QL (120 EA per 30 days) PA; ACS
TAZVERIK	\$0 (Tier 1)	QL (240 EA per 30 days) PA; LD
TECVAYLI	\$0 (Tier 1)	PA; LD
TEPMETKO	\$0 (Tier 1)	QL (60 EA per 30 days) PA; LD
TIBSOVO	\$0 (Tier 1)	PA; LD
<i>torpenz</i>	\$0 (Tier 1)	QL (30 EA per 30 days) PA
TRUQAP	\$0 (Tier 1)	QL (64 EA per 28 days) PA; LD
TRUXIMA	\$0 (Tier 1)	PA; ACS
TUKYSA TABLET 150MG	\$0 (Tier 1)	QL (120 EA per 30 days) PA; LD
TUKYSA TABLET 50MG	\$0 (Tier 1)	QL (240 EA per 30 days) PA; LD
TURALIO	\$0 (Tier 1)	QL (120 EA per 30 days) PA; LD
VANFLYTA	\$0 (Tier 1)	QL (56 EA per 28 days) PA; LD
VENCLEXTA STARTING PACK	\$0 (Tier 1)	QL (42 EA per 28 days) PA; LD
VENCLEXTA TABLET 10MG	\$0 (Tier 1)	QL (120 EA per 30 days) PA; LD
VENCLEXTA TABLET 50MG	\$0 (Tier 1)	QL (120 EA per 30 days) PA; LD
VENCLEXTA TABLET 100MG	\$0 (Tier 1)	QL (180 EA per 30 days) PA; LD
VERZENIO	\$0 (Tier 1)	PA; ACS LD
VITRAKVI SOLUTION	\$0 (Tier 1)	QL (300 ML per 30 days) PA; ACS LD
VITRAKVI CAPSULE 25MG	\$0 (Tier 1)	QL (180 EA per 30 days) PA; ACS LD
VITRAKVI CAPSULE 100MG	\$0 (Tier 1)	QL (60 EA per 30 days) PA; ACS LD
VIZIMPRO	\$0 (Tier 1)	QL (30 EA per 30 days) PA; ACS LD

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VONJO	\$0 (Tier 1)	QL (120 EA per 30 days) PA; LD
XALKORI CAPSULE	\$0 (Tier 1)	QL (120 EA per 30 days) PA; ACS LD
XALKORI CAPSULE SPRINKLE 50MG	\$0 (Tier 1)	QL (120 EA per 30 days) PA; ACS LD
XALKORI CAPSULE SPRINKLE 150MG	\$0 (Tier 1)	QL (180 EA per 30 days) PA; ACS LD
XALKORI CAPSULE SPRINKLE 20MG	\$0 (Tier 1)	QL (240 EA per 30 days) PA; ACS LD
XOSPATA	\$0 (Tier 1)	PA; ACS LD
XPOVIO 60 MG TWICE WEEKLY	\$0 (Tier 1)	QL (24 EA per 28 days) PA; LD
XPOVIO 80 MG TWICE WEEKLY	\$0 (Tier 1)	QL (32 EA per 28 days) PA; LD
XPOVIO TABLET THERAPY PACK ONCE WEEKLY 40MG, 60MG	\$0 (Tier 1)	QL (4 EA per 28 days) PA; LD
XPOVIO TABLET THERAPY PACK ONCE WEEKLY 80MG, 100MG, TWICE WEEKLY 40MG	\$0 (Tier 1)	QL (8 EA per 28 days) PA; LD
ZEJULA TABLET	\$0 (Tier 1)	QL (30 EA per 30 days) PA; ACS LD
ZELBORAF	\$0 (Tier 1)	QL (240 EA per 30 days) PA; ACS LD
ZIRABEV	\$0 (Tier 1)	PA; ACS LD
ZOLINZA	\$0 (Tier 1)	PA; ACS
ZYDELIG	\$0 (Tier 1)	QL (60 EA per 30 days) PA; ACS LD
ZYKADIA	\$0 (Tier 1)	QL (84 EA per 28 days) PA; ACS LD
PROTECTIVE AGENTS		
<i>leucovorin calcium tablet</i>	\$0 (Tier 1)	MO
MESNEX TABLET	\$0 (Tier 1)	MO
CARDIOVASCULAR		
ACE INHIBITOR COMBINATIONS		
<i>amlodipine besylate/benazepril hydrochloride</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>benazepril hydrochloride/hydrochlorothiazide</i>	\$0 (Tier 1)	MO
<i>captopril/hydrochlorothiazide</i>	\$0 (Tier 1)	MO
<i>enalapril maleate/hydrochlorothiazide</i>	\$0 (Tier 1)	MO
<i>fosinopril sodium/hydrochlorothiazide</i>	\$0 (Tier 1)	MO
<i>lisinopril/hydrochlorothiazide</i>	\$0 (Tier 1)	MO



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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>quinapril/hydrochlorothiazide tablet 12.5mg; 10mg</i>	\$0 (Tier 1)	
<i>quinapril/hydrochlorothiazide tablet 12.5mg; 20mg, 25mg; 20mg</i>	\$0 (Tier 1)	MO
<i>trandolapril/verapamil hcl er</i>	\$0 (Tier 1)	MO
ACE INHIBITORS		
<i>benazepril hcl</i>	\$0 (Tier 1)	MO
<i>benazepril hydrochloride</i>	\$0 (Tier 1)	MO
<i>captopril</i>	\$0 (Tier 1)	MO
<i>enalapril maleate tablet</i>	\$0 (Tier 1)	MO
<i>fosinopril sodium</i>	\$0 (Tier 1)	MO
<i>lisinopril</i>	\$0 (Tier 1)	MO
<i>moexipril hcl</i>	\$0 (Tier 1)	MO
<i>perindopril erbumine</i>	\$0 (Tier 1)	MO
<i>quinapril hydrochloride</i>	\$0 (Tier 1)	MO
<i>ramipril</i>	\$0 (Tier 1)	MO
<i>trandolapril</i>	\$0 (Tier 1)	MO
ALDOSTERONE RECEPTOR ANTAGONISTS		
<i>eplerenone</i>	\$0 (Tier 1)	MO
KERENDIA	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>spironolactone tablet</i>	\$0 (Tier 1)	MO
ALPHA BLOCKERS		
<i>doxazosin mesylate</i>	\$0 (Tier 1)	MO
<i>prazosin hydrochloride</i>	\$0 (Tier 1)	MO
<i>terazosin hcl</i>	\$0 (Tier 1)	MO
<i>terazosin hydrochloride</i>	\$0 (Tier 1)	MO
ANGIOTENSIN II RECEPTOR ANTAGONIST		
COMBINATIONS		
<i>amlodipine besylate/valsartan</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>amlodipine/olmesartan medoxomil</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>amlodipine/valsartan/hydrochlorothiazide</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>candesartan cilexetil/hydrochlorothiazide tablet 32mg; 12.5mg, 32mg; 25mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>candesartan cilexetil/hydrochlorothiazide tablet 16mg; 12.5mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
EDARBYCLOR	\$0 (Tier 1)	QL (30 EA per 30 days) MO
ENTRESTO CAPSULE SPRINKLE	\$0 (Tier 1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ENTRESTO TABLET	\$0 (Tier 1)	MO
<i>irbesartan/hydrochlorothiazide tablet 12.5mg; 300mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>irbesartan/hydrochlorothiazide tablet 12.5mg; 150mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>losartan potassium/hydrochlorothiazide</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>olmesartan medoxomil/amlodipine/hydrochlorothiazide</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>olmesartan medoxomil/hydrochlorothiazide</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>telmisartan/amlodipine</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>telmisartan/hydrochlorothiazide tablet 12.5mg; 40mg, 25mg; 80mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>telmisartan/hydrochlorothiazide tablet 12.5mg; 80mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>valsartan/hydrochlorothiazide</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil tablet 32mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>candesartan cilexetil tablet 16mg, 4mg, 8mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
EDARBI	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>irbesartan</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>losartan potassium tablet 100mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>losartan potassium tablet 25mg, 50mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>olmesartan medoxomil tablet 20mg, 40mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>olmesartan medoxomil tablet 5mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>telmisartan</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>valsartan tablet 320mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>valsartan tablet 160mg, 40mg, 80mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
ANTIARRHYTHMICS		
<i>amiodarone hcl injection</i>	\$0 (Tier 1)	
<i>amiodarone hydrochloride tablet</i>	\$0 (Tier 1)	MO
<i>amiodarone hydrochloride injection</i>	\$0 (Tier 1)	
<i>disopyramide phosphate</i>	\$0 (Tier 1)	PA MO
<i>dofetilide</i>	\$0 (Tier 1)	ACS
<i>flecainide acetate</i>	\$0 (Tier 1)	MO
LIDOCAINE HCL IN D5W	\$0 (Tier 1)	
LIDOCAINE HCL INJECTION 100MG/5ML	\$0 (Tier 1)	



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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>lidocaine hcl injection 100mg/5ml, 50mg/5ml</i>	\$0 (Tier 1)	
MULTAQ	\$0 (Tier 1)	MO
NORPACE CR	\$0 (Tier 1)	MO
<i>pacerone</i>	\$0 (Tier 1)	
<i>propafenone hcl</i>	\$0 (Tier 1)	MO
<i>propafenone hydrochloride</i>	\$0 (Tier 1)	MO
<i>propafenone hydrochloride er</i>	\$0 (Tier 1)	MO
<i>quinidine sulfate</i>	\$0 (Tier 1)	MO
<i>sorine tablet 160mg, 80mg</i>	\$0 (Tier 1)	
<i>sorine tablet 120mg</i>	\$0 (Tier 1)	MO
<i>sotalol hcl</i>	\$0 (Tier 1)	MO
<i>sotalol hydrochloride (af)</i>	\$0 (Tier 1)	MO
ANTILIPEMICS, FIBRATES		
<i>fenofibrate micronized</i>	\$0 (Tier 1)	MO
<i>fenofibrate capsule</i>	\$0 (Tier 1)	MO
<i>fenofibrate tablet 145mg, 160mg, 40mg, 48mg, 54mg</i>	\$0 (Tier 1)	MO
<i>fenofibrate tablet 120mg</i>	\$0 (Tier 1)	MO
<i>fenofibric acid dr</i>	\$0 (Tier 1)	MO
<i>gemfibrozil</i>	\$0 (Tier 1)	MO
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
<i>atorvastatin calcium</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>fluvastatin</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>fluvastatin sodium er</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>lovastatin</i>	\$0 (Tier 1)	MO
<i>pravastatin sodium</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>rosuvastatin calcium</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>simvastatin</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
ANTILIPEMICS, MISCELLANEOUS		
<i>cholestyramine</i>	\$0 (Tier 1)	MO
<i>cholestyramine light</i>	\$0 (Tier 1)	MO
<i>colesevelam hydrochloride</i>	\$0 (Tier 1)	MO
<i>colestipol hcl</i>	\$0 (Tier 1)	MO
<i>ezetimibe</i>	\$0 (Tier 1)	MO
<i>ezetimibe/simvastatin</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO

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NEXLETOL	\$0 (Tier 1)	QL (30 EA per 30 days) MO
NEXLIZET	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>niacin</i>	\$0 (Tier 1)	MO
<i>niacin er tablet extended release 1000mg, 750mg</i>	\$0 (Tier 1)	MO
<i>niacin er tablet extended release 500mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>niacor</i>	\$0 (Tier 1)	MO
<i>omega-3-acid ethyl esters</i>	\$0 (Tier 1)	QL (120 EA per 30 days) PA MO
<i>prevalite</i>	\$0 (Tier 1)	
REPATHA	\$0 (Tier 1)	PA
REPATHA PUSHTRONEX SYSTEM	\$0 (Tier 1)	PA
REPATHA SURECLICK	\$0 (Tier 1)	PA
VASCEPA	\$0 (Tier 1)	MO
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol/chlorthalidone</i>	\$0 (Tier 1)	MO
<i>bisoprolol fumarate/hydrochlorothiazide</i>	\$0 (Tier 1)	MO
<i>metoprolol/hydrochlorothiazide</i>	\$0 (Tier 1)	MO
BETA-BLOCKERS		
<i>acebutolol hydrochloride</i>	\$0 (Tier 1)	MO
<i>atenolol</i>	\$0 (Tier 1)	MO
<i>betaxolol hcl tablet 10mg, 20mg</i>	\$0 (Tier 1)	MO
<i>bisoprolol fumarate</i>	\$0 (Tier 1)	MO
<i>carvedilol phosphate er capsule extended release 24 hour</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>carvedilol tablet</i>	\$0 (Tier 1)	MO
<i>labetalol hydrochloride tablet</i>	\$0 (Tier 1)	MO
<i>labetalol hydrochloride injection</i>	\$0 (Tier 1)	MO
<i>metoprolol succinate er</i>	\$0 (Tier 1)	MO
<i>metoprolol tartrate tablet</i>	\$0 (Tier 1)	MO
<i>metoprolol tartrate injection</i>	\$0 (Tier 1)	
<i>nadolol</i>	\$0 (Tier 1)	MO
<i>nebivolol hydrochloride tablet 10mg, 2.5mg, 5mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>nebivolol hydrochloride tablet 20mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>pindolol</i>	\$0 (Tier 1)	MO
<i>propranolol hcl er</i>	\$0 (Tier 1)	MO
<i>propranolol hcl oral solution, tablet</i>	\$0 (Tier 1)	MO
<i>propranolol hcl injection</i>	\$0 (Tier 1)	



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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>propranolol hydrochloride er</i>	\$0 (Tier 1)	MO
<i>propranolol hydrochloride oral solution, tablet</i>	\$0 (Tier 1)	MO
<i>timolol maleate tablet 10mg, 20mg, 5mg</i>	\$0 (Tier 1)	MO
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine besylate</i>	\$0 (Tier 1)	MO
<i>cartia xt</i>	\$0 (Tier 1)	
<i>dilt-xr</i>	\$0 (Tier 1)	MO
<i>diltiazem hcl cd capsule extended release 24 hour 360mg</i>	\$0 (Tier 1)	MO
<i>diltiazem hcl er</i>	\$0 (Tier 1)	MO
<i>diltiazem hcl tablet</i>	\$0 (Tier 1)	MO
DILTIAZEM HCL INJECTION 100MG	\$0 (Tier 1)	
<i>diltiazem hcl injection 125mg/25ml, 50mg/10ml</i>	\$0 (Tier 1)	
<i>diltiazem hydrochloride er</i>	\$0 (Tier 1)	MO
<i>diltiazem hydrochloride tablet</i>	\$0 (Tier 1)	MO
<i>diltiazem hydrochloride injection</i>	\$0 (Tier 1)	
<i>felodipine er</i>	\$0 (Tier 1)	MO
<i>isradipine</i>	\$0 (Tier 1)	MO
<i>matzim la</i>	\$0 (Tier 1)	MO
<i>nicardipine hcl capsule 20mg, 30mg</i>	\$0 (Tier 1)	MO
<i>nifedipine er tablet extended release 24 hour 30mg (osmotic release), 60mg (osmotic release), 90mg</i>	\$0 (Tier 1)	MO
<i>nifedipine er tablet extended release 24 hour 30mg, 60mg</i>	\$0 (Tier 1)	MO
<i>nisoldipine er</i>	\$0 (Tier 1)	MO
<i>tiadylt er capsule extended release 24 hour 120mg, 180mg, 240mg, 300mg, 360mg</i>	\$0 (Tier 1)	
<i>tiadylt er capsule extended release 24 hour 420mg</i>	\$0 (Tier 1)	MO
<i>verapamil hcl</i>	\$0 (Tier 1)	MO
<i>verapamil hcl er tablet extended release 120mg, 240mg</i>	\$0 (Tier 1)	MO
<i>verapamil hcl er capsule extended release 24 hour 100mg, 120mg, 180mg, 240mg, 300mg</i>	\$0 (Tier 1)	MO
VERAPAMIL HCL SR CAPSULE EXTENDED RELEASE 24 HOUR 360MG	\$0 (Tier 1)	MO
<i>verapamil hcl sr capsule extended release 24 hour 120mg, 180mg, 240mg</i>	\$0 (Tier 1)	MO

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<i>verapamil hcl sr tablet extended release 240mg</i>	\$0 (Tier 1)	MO
<i>verapamil hydrochloride er tablet extended release 180mg</i>	\$0 (Tier 1)	MO
<i>verapamil hydrochloride er capsule extended release 24 hour 200mg</i>	\$0 (Tier 1)	MO
<i>verapamil hydrochloride tablet</i>	\$0 (Tier 1)	MO
<i>verapamil hydrochloride injection</i>	\$0 (Tier 1)	MO
DIURETICS		
<i>acetazolamide er capsule extended release</i>	\$0 (Tier 1)	MO
<i>acetazolamide tablet</i>	\$0 (Tier 1)	MO
<i>amiloride hcl</i>	\$0 (Tier 1)	MO
<i>amiloride/hydrochlorothiazide</i>	\$0 (Tier 1)	MO
<i>bumetanide tablet</i>	\$0 (Tier 1)	MO
<i>bumetanide injection</i>	\$0 (Tier 1)	MO
<i>chlorthalidone</i>	\$0 (Tier 1)	MO
<i>furosemide oral solution, tablet</i>	\$0 (Tier 1)	MO
<i>furosemide injection</i>	\$0 (Tier 1)	MO
<i>hydrochlorothiazide</i>	\$0 (Tier 1)	MO
<i>indapamide</i>	\$0 (Tier 1)	MO
<i>methazolamide</i>	\$0 (Tier 1)	MO
<i>metolazone</i>	\$0 (Tier 1)	MO
<i>spironolactone/hydrochlorothiazide</i>	\$0 (Tier 1)	MO
<i>toremide</i>	\$0 (Tier 1)	MO
<i>triamterene/hydrochlorothiazide</i>	\$0 (Tier 1)	MO
MISCELLANEOUS		
<i>aliskiren</i>	\$0 (Tier 1)	MO
<i>amlodipine besylate/atorvastatin calcium</i>	\$0 (Tier 1)	MO
<i>clonidine hydrochloride tablet</i>	\$0 (Tier 1)	MO
<i>clonidine patch weekly 0.1mg/24hr</i>	\$0 (Tier 1)	QL (8 EA per 28 days) MO
<i>clonidine patch weekly 0.2mg/24hr; 0.3mg/24hr</i>	\$0 (Tier 1)	QL (8 EA per 28 days) MO
CORLANOR SOLUTION	\$0 (Tier 1)	
CORLANOR TABLET	\$0 (Tier 1)	MO
<i>digox tablet 250mcg, 125mcg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
<i>digoxin oral solution</i>	\$0 (Tier 1)	MO
<i>digoxin injection</i>	\$0 (Tier 1)	MO
<i>digoxin tablet 125mcg, 250mcg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO



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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>digoxin tablet 62.5mcg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>droxidopa capsule 100mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) PA; ACS
<i>droxidopa capsule 200mg, 300mg</i>	\$0 (Tier 1)	QL (180 EA per 30 days) PA; ACS
<i>guanfacine hydrochloride</i>	\$0 (Tier 1)	PA MO
<i>hydralazine hcl tablet</i>	\$0 (Tier 1)	MO
<i>hydralazine hcl injection</i>	\$0 (Tier 1)	MO
<i>hydralazine hydrochloride tablet</i>	\$0 (Tier 1)	MO
<i>isosorbide dinitrate/hydralazine hydrochloride</i>	\$0 (Tier 1)	MO
<i>ivabradine hydrochloride</i>	\$0 (Tier 1)	
<i>metyrosine</i>	\$0 (Tier 1)	PA
<i>midodrine hcl</i>	\$0 (Tier 1)	MO
<i>minoxidil</i>	\$0 (Tier 1)	MO
<i>ranolazine er</i>	\$0 (Tier 1)	MO
VERQUVO	\$0 (Tier 1)	PA MO
NITRATES		
<i>isosorbide dinitrate tablet 10mg, 20mg, 30mg, 5mg</i>	\$0 (Tier 1)	MO
<i>isosorbide dinitrate tablet 40mg</i>	\$0 (Tier 1)	MO
<i>isosorbide mononitrate</i>	\$0 (Tier 1)	MO
<i>isosorbide mononitrate er</i>	\$0 (Tier 1)	MO
NITRO-BID	\$0 (Tier 1)	MO
<i>nitroglycerin transdermal</i>	\$0 (Tier 1)	MO
NITROGLYCERIN INJECTION 5MG/ML	\$0 (Tier 1)	
<i>nitroglycerin translingual solution 0.4mg/spray</i>	\$0 (Tier 1)	MO
<i>nitroglycerin tablet sublingual 0.3mg, 0.4mg, 0.6mg</i>	\$0 (Tier 1)	MO
PULMONARY ARTERIAL HYPERTENSION		
<i>ambrisentan</i>	\$0 (Tier 1)	QL (30 EA per 30 days) PA; ACS LD
<i>bosentan tablet 62.5mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) PA; ACS LD
<i>bosentan tablet 125mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) PA; ACS LD
<i>epoprostenol sodium</i>	\$0 (Tier 1)	B/D; ACS LD
OPSUMIT	\$0 (Tier 1)	QL (30 EA per 30 days) PA; ACS LD
<i>sildenafil citrate tablet (generic Revatio)</i>	\$0 (Tier 1)	QL (360 EA per 30 days) PA; ACS
<i>sildenafil injection</i>	\$0 (Tier 1)	QL (1125 ML per 30 days) PA; ACS
<i>tadalafil tablet (generic Adcirca) 20mg</i>	\$0 (Tier 1)	PA; ACS

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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CENTRAL NERVOUS SYSTEM

ANTI-ANXIETY

ALPRAZOLAM INTENSOL	\$0 (Tier 1)	QL (300 ML per 30 days) MO; HRM
<i>alprazolam tablet 0.25mg, 0.5mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO; HRM
<i>alprazolam tablet 1mg, 2mg</i>	\$0 (Tier 1)	QL (150 EA per 30 days) MO; HRM
<i>bupirone hcl</i>	\$0 (Tier 1)	MO
<i>bupirone hydrochloride</i>	\$0 (Tier 1)	MO
<i>chlordiazepoxide hcl</i>	\$0 (Tier 1)	QL (120 EA per 30 days) PA MO; HRM
<i>chlordiazepoxide hydrochloride</i>	\$0 (Tier 1)	QL (120 EA per 30 days) PA MO; HRM
<i>fluvoxamine maleate</i>	\$0 (Tier 1)	MO; HRM
<i>fluvoxamine maleate er</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO; HRM
<i>lorazepam intensol</i>	\$0 (Tier 1)	QL (150 ML per 30 days) MO; HRM
<i>lorazepam injection</i>	\$0 (Tier 1)	QL (150 ML per 30 days) MO; HRM
<i>lorazepam tablet 0.5mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO; HRM
<i>lorazepam tablet 1mg, 2mg</i>	\$0 (Tier 1)	QL (150 EA per 30 days) MO; HRM
<i>oxazepam</i>	\$0 (Tier 1)	QL (120 EA per 30 days) PA MO; HRM

ANTI-DEMENTIA

<i>donepezil hcl tablet disintegrating</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>donepezil hcl tablet 10mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>donepezil hcl tablet 23mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>donepezil hydrochloride</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>galantamine hydrobromide er</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>galantamine hydrobromide solution</i>	\$0 (Tier 1)	QL (200 ML per 30 days) MO
<i>galantamine hydrobromide tablet</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>memantine hcl titration pak</i>	\$0 (Tier 1)	QL (98 EA per 365 days) PA MO
<i>memantine hydrochloride er</i>	\$0 (Tier 1)	PA MO
<i>memantine hydrochloride solution</i>	\$0 (Tier 1)	QL (360 ML per 30 days) PA MO
<i>memantine hydrochloride tablet</i>	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO
NAMZARIC	\$0 (Tier 1)	MO
<i>rivastigmine tartrate capsule</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>rivastigmine transdermal system</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO

ANTI-DEPRESSANTS

<i>amitriptyline hcl</i>	\$0 (Tier 1)	PA MO; HRM
<i>amitriptyline hydrochloride</i>	\$0 (Tier 1)	PA MO; HRM



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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>amoxapine</i>	\$0 (Tier 1)	MO; HRM
AUVELITY	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO
<i>bupropion hcl</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i>bupropion hydrochloride</i>	\$0 (Tier 1)	QL (180 EA per 30 days) MO
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 100mg, 150mg, 200mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>bupropion hydrochloride er (xl) tablet extended release 24 hour 150mg, 300mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>citalopram hydrobromide solution</i>	\$0 (Tier 1)	QL (600 ML per 30 days) MO; HRM
<i>citalopram hydrobromide tablet 10mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO; HRM
<i>citalopram hydrobromide tablet 40mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO; HRM
<i>citalopram hydrobromide tablet 20mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO; HRM
<i>clomipramine hydrochloride</i>	\$0 (Tier 1)	PA MO; HRM
<i>desipramine hydrochloride</i>	\$0 (Tier 1)	PA MO; HRM
<i>desvenlafaxine er tablet (generic Pristiq) extended release 24 hour 100mg, 25mg, 50mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO; HRM
<i>doxepin hcl caps 75mg, concentrate 10mg/ml</i>	\$0 (Tier 1)	PA MO; HRM
<i>doxepin hydrochloride capsule 100mg, 10mg, 150mg, 25mg, 50mg</i>	\$0 (Tier 1)	PA MO; HRM
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 20MG, 30MG, 60MG	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 40MG	\$0 (Tier 1)	QL (90 EA per 30 days) PA MO
<i>duloxetine hcl (generic Irenka) capsule 40mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO; HRM
<i>duloxetine hydrochloride (generic Cymbalta) capsule 20mg, 30mg, 60mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO; HRM
EMSAM	\$0 (Tier 1)	QL (30 EA per 30 days) PA MO
<i>escitalopram oxalate solution</i>	\$0 (Tier 1)	QL (600 ML per 30 days) MO; HRM
<i>escitalopram oxalate tablet 20mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO; HRM
<i>escitalopram oxalate tablet 10mg, 5mg</i>	\$0 (Tier 1)	QL (45 EA per 30 days) MO; HRM
FETZIMA TITRATION PACK	\$0 (Tier 1)	PA MO; HRM
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 120MG, 80MG	\$0 (Tier 1)	QL (30 EA per 30 days) PA MO; HRM
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 20MG, 40MG	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO; HRM
<i>fluoxetine dr capsule delayed release 90mg</i>	\$0 (Tier 1)	QL (4 EA per 28 days) MO; HRM
<i>fluoxetine hydrochloride capsule 20mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO; HRM

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<i>fluoxetine hydrochloride capsule 10mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO; HRM
<i>fluoxetine hydrochloride capsule 40mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO; HRM
<i>fluoxetine hydrochloride solution, tablet (generic Prozac)</i>	\$0 (Tier 1)	MO; HRM
<i>imipramine hcl</i>	\$0 (Tier 1)	PA MO; HRM
<i>imipramine hydrochloride</i>	\$0 (Tier 1)	PA MO; HRM
MARPLAN	\$0 (Tier 1)	QL (180 EA per 30 days) MO
<i>mirtazapine odt</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>mirtazapine tablet 15mg, 30mg, 45mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>mirtazapine tablet 7.5mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>nefazodone hydrochloride</i>	\$0 (Tier 1)	MO
<i>nortriptyline hcl</i>	\$0 (Tier 1)	MO; HRM
<i>nortriptyline hydrochloride</i>	\$0 (Tier 1)	MO; HRM
<i>paroxetine hcl er tablet extended release 24 hour 37.5mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO; HRM
<i>paroxetine hcl er tablet extended release 24 hour 12.5mg, 25mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO; HRM
<i>paroxetine hcl tablet 40mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO; HRM
<i>paroxetine hcl tablet 30mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO; HRM
<i>paroxetine hydrochloride tablet</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO; HRM
<i>paroxetine hydrochloride suspension</i>	\$0 (Tier 1)	QL (900 ML per 30 days) MO; HRM
<i>perphenazine/amitriptyline</i>	\$0 (Tier 1)	PA MO; HRM
<i>phenelzine sulfate</i>	\$0 (Tier 1)	MO
<i>protriptyline hcl</i>	\$0 (Tier 1)	PA MO; HRM
<i>sertraline hcl tablet 50mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO; HRM
<i>sertraline hcl concentrate</i>	\$0 (Tier 1)	QL (300 ML per 30 days) MO; HRM
<i>sertraline hydrochloride tablet 25mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO; HRM
<i>sertraline hydrochloride tablet 100mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO; HRM
<i>tranlycypromine sulfate</i>	\$0 (Tier 1)	MO
<i>trazodone hydrochloride tablet 100mg, 150mg, 50mg</i>	\$0 (Tier 1)	MO
<i>trazodone hydrochloride tablet 300mg</i>	\$0 (Tier 1)	MO
<i>trimipramine maleate capsule 50mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) PA MO; HRM
<i>trimipramine maleate capsule 25mg</i>	\$0 (Tier 1)	QL (240 EA per 30 days) PA MO; HRM



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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>trimipramine maleate capsule 100mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO; HRM
TRINTELLIX	\$0 (Tier 1)	QL (30 EA per 30 days) PA MO
VENLAFAXINE BESYLATE ER TABLET EXTENDED RELEASE 24 HOUR 112.5MG	\$0 (Tier 1)	QL (60 EA per 30 days) MO; HRM
<i>venlafaxine hydrochloride</i>	\$0 (Tier 1)	MO; HRM
<i>venlafaxine hydrochloride er capsule extended release 24 hour 37.5mg, 75mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO; HRM
<i>venlafaxine hydrochloride er capsule extended release 24 hour 150mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO; HRM
<i>vilazodone hydrochloride</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
ZURZUVAE CAPSULE 30MG	\$0 (Tier 1)	QL (14 EA per 14 days) PA; ACS
ZURZUVAE CAPSULE 20MG, 25MG	\$0 (Tier 1)	QL (28 EA per 14 days) PA; ACS
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl solution, tablet</i>	\$0 (Tier 1)	MO
<i>amantadine hcl capsule</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i>benztropine mesylate injection</i>	\$0 (Tier 1)	MO
<i>benztropine mesylate tablet</i>	\$0 (Tier 1)	PA MO; HRM
<i>bromocriptine mesylate</i>	\$0 (Tier 1)	MO
<i>carbidopa</i>	\$0 (Tier 1)	MO
<i>carbidopa/levodopa</i>	\$0 (Tier 1)	MO
<i>carbidopa/levodopa er</i>	\$0 (Tier 1)	MO
<i>carbidopa/levodopa odt</i>	\$0 (Tier 1)	MO
CARBIDOPA/LEVODOPA/ENTACAPONE	\$0 (Tier 1)	MO
<i>entacapone</i>	\$0 (Tier 1)	MO
INBRIJA	\$0 (Tier 1)	QL (300 EA per 30 days) PA; LD
<i>pramipexole dihydrochloride</i>	\$0 (Tier 1)	MO
<i>rasagiline mesylate</i>	\$0 (Tier 1)	MO
<i>ropinirole er tablet extended release 24 hour 6mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i>ropinirole er tablet extended release 24 hour 4mg</i>	\$0 (Tier 1)	QL (150 EA per 30 days) MO
<i>ropinirole er tablet extended release 24 hour 2mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>ropinirole er tablet extended release 24 hour 12mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>ropinirole er tablet extended release 24 hour 8mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>ropinirole hcl</i>	\$0 (Tier 1)	MO
<i>ropinirole hydrochloride</i>	\$0 (Tier 1)	MO
<i>selegiline hcl</i>	\$0 (Tier 1)	MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>trihexyphenidyl hcl oral solution</i>	\$0 (Tier 1)	PA MO; HRM
<i>trihexyphenidyl hydrochloride tablet</i>	\$0 (Tier 1)	PA MO; HRM
ANTIPSYCHOTICS		
<i>aripiprazole odt</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO; HRM
<i>aripiprazole tablet</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO; HRM
<i>aripiprazole solution</i>	\$0 (Tier 1)	QL (900 ML per 30 days) MO; HRM
ARISTADA INITIO	\$0 (Tier 1)	HRM
ARISTADA INJECTION 441MG/1.6ML	\$0 (Tier 1)	QL (1.6 ML per 28 days); HRM
ARISTADA INJECTION 662MG/2.4ML	\$0 (Tier 1)	QL (2.4 ML per 28 days); HRM
ARISTADA INJECTION 882MG/3.2ML	\$0 (Tier 1)	QL (3.2 ML per 28 days); HRM
ARISTADA INJECTION 1064MG/3.9ML	\$0 (Tier 1)	QL (3.9 ML per 56 days); HRM
<i>asenapine maleate sl</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO; HRM
CAPLYTA	\$0 (Tier 1)	QL (30 EA per 30 days) MO; HRM
<i>chlorpromazine hcl tablet</i>	\$0 (Tier 1)	MO; HRM
<i>chlorpromazine hcl injection 50mg/2ml</i>	\$0 (Tier 1)	HRM
<i>chlorpromazine hcl injection 25mg/ml</i>	\$0 (Tier 1)	MO; HRM
<i>chlorpromazine hydrochloride concentrate</i>	\$0 (Tier 1)	HRM
<i>chlorpromazine hydrochloride tablet</i>	\$0 (Tier 1)	MO; HRM
CLOZAPINE ODT TABLET DISINTEGRATING 200MG	\$0 (Tier 1)	QL (120 EA per 30 days) PA; HRM
CLOZAPINE ODT TABLET DISINTEGRATING 150MG	\$0 (Tier 1)	QL (180 EA per 30 days) PA; HRM
<i>clozapine odt tablet disintegrating 12.5mg, 25mg</i>	\$0 (Tier 1)	PA; HRM
<i>clozapine odt tablet disintegrating 100mg</i>	\$0 (Tier 1)	QL (270 EA per 30 days) PA; HRM
<i>clozapine tablet 25mg, 50mg</i>	\$0 (Tier 1)	HRM
<i>clozapine tablet 200mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days); HRM
<i>clozapine tablet 100mg</i>	\$0 (Tier 1)	QL (270 EA per 30 days); HRM
FANAPT	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO; HRM
FANAPT TITRATION PACK	\$0 (Tier 1)	PA MO; HRM
<i>fluphenazine decanoate</i>	\$0 (Tier 1)	MO; HRM
<i>fluphenazine hcl</i>	\$0 (Tier 1)	MO; HRM
<i>fluphenazine hydrochloride elixir, tablet</i>	\$0 (Tier 1)	MO; HRM
<i>fluphenazine hydrochloride injection</i>	\$0 (Tier 1)	MO; HRM
<i>haloperidol decanoate</i>	\$0 (Tier 1)	MO; HRM
<i>haloperidol lactate</i>	\$0 (Tier 1)	MO; HRM



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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>haloperidol tablet</i>	\$0 (Tier 1)	MO; HRM
<i>haloperidol concentrate</i>	\$0 (Tier 1)	MO; HRM
INVEGA HAFYERA INJECTION 1092MG/3.5ML	\$0 (Tier 1)	QL (3.5 ML per 180 days); HRM
INVEGA HAFYERA INJECTION 1560MG/5ML	\$0 (Tier 1)	QL (5 ML per 180 days); HRM
INVEGA SUSTENNA INJECTION 39MG/0.25ML	\$0 (Tier 1)	QL (0.25 ML per 28 days) MO; HRM
INVEGA SUSTENNA INJECTION 78MG/0.5ML	\$0 (Tier 1)	QL (0.5 ML per 28 days) MO; HRM
INVEGA SUSTENNA INJECTION 117MG/0.75ML	\$0 (Tier 1)	QL (0.75 ML per 28 days) MO; HRM
INVEGA SUSTENNA INJECTION 156MG/ML	\$0 (Tier 1)	QL (1 ML per 28 days) MO; HRM
INVEGA SUSTENNA INJECTION 234MG/1.5ML	\$0 (Tier 1)	QL (1.5 ML per 28 days) MO; HRM
INVEGA TRINZA INJECTION 273MG/0.88ML	\$0 (Tier 1)	QL (0.88 ML per 90 days); HRM
INVEGA TRINZA INJECTION 410MG/1.32ML	\$0 (Tier 1)	QL (1.32 ML per 90 days); HRM
INVEGA TRINZA INJECTION 546MG/1.75ML	\$0 (Tier 1)	QL (1.75 ML per 90 days); HRM
INVEGA TRINZA INJECTION 819MG/2.63ML	\$0 (Tier 1)	QL (2.63 ML per 90 days); HRM
<i>loxapine</i>	\$0 (Tier 1)	MO; HRM
<i>lurasidone hydrochloride tablet 120mg, 20mg, 40mg, 60mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO; HRM
<i>lurasidone hydrochloride tablet 80mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO; HRM
<i>molindone hydrochloride tablet 10mg, 5mg</i>	\$0 (Tier 1)	HRM
<i>molindone hydrochloride tablet 25mg</i>	\$0 (Tier 1)	HRM
NUPLAZID	\$0 (Tier 1)	QL (30 EA per 30 days) PA; ACS HRM LD
<i>olanzapine odt</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO; HRM
<i>olanzapine injection</i>	\$0 (Tier 1)	QL (3 EA per 1 days) MO; HRM
<i>olanzapine tablet 10mg, 15mg, 20mg, 7.5mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO; HRM
<i>olanzapine tablet 2.5mg, 5mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO; HRM
<i>paliperidone er tablet extended release 24 hour 1.5mg, 3mg, 9mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO; HRM
<i>paliperidone er tablet extended release 24 hour 6mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO; HRM
<i>perphenazine</i>	\$0 (Tier 1)	MO; HRM
<i>pimozide</i>	\$0 (Tier 1)	MO
<i>quetiapine fumarate er tablet extended release 24 hour 150mg, 200mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) PA MO; HRM
<i>quetiapine fumarate er tablet extended release 24 hour 300mg, 400mg, 50mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO; HRM
<i>quetiapine fumarate tablet 200mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO; HRM

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>quetiapine fumarate tablet 25mg</i>	\$0 (Tier 1)	QL (180 EA per 30 days) MO; HRM
<i>quetiapine fumarate tablet 300mg, 400mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO; HRM
<i>quetiapine fumarate tablet 100mg, 150mg, 50mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO; HRM
REXULTI TABLET 3MG, 4MG	\$0 (Tier 1)	QL (30 EA per 30 days) MO; HRM
REXULTI TABLET 0.25MG, 0.5MG, 1MG, 2MG	\$0 (Tier 1)	QL (60 EA per 30 days) MO; HRM
<i>risperidone er injection 25mg</i>	\$0 (Tier 1)	QL (2 EA per 28 days) MO
<i>risperidone er injection 12.5mg</i>	\$0 (Tier 1)	QL (2 EA per 28 days) MO; HRM
<i>risperidone er injection 37.5mg, 50mg</i>	\$0 (Tier 1)	QL (2 EA per 28 days) MO
<i>risperidone odt tablet disintegrating 0.5mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO; HRM
<i>risperidone odt tablet disintegrating 4mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO; HRM
<i>risperidone odt tablet disintegrating 1mg, 2mg, 3mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO; HRM
<i>risperidone odt tablet disintegrating 0.25mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO; HRM
<i>risperidone solution</i>	\$0 (Tier 1)	QL (480 ML per 30 days) MO; HRM
<i>risperidone tablet 4mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO; HRM
<i>risperidone tablet 1mg, 2mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO; HRM
<i>risperidone tablet 0.25mg, 0.5mg, 3mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO; HRM
SECUADO	\$0 (Tier 1)	QL (30 EA per 30 days) MO; HRM
<i>thioridazine hcl</i>	\$0 (Tier 1)	PA MO; HRM
<i>thiothixene</i>	\$0 (Tier 1)	MO; HRM
<i>trifluoperazine hcl tablet 2mg, 5mg</i>	\$0 (Tier 1)	MO; HRM
<i>trifluoperazine hcl tablet 10mg</i>	\$0 (Tier 1)	MO; HRM
<i>trifluoperazine hydrochloride tablet 1mg</i>	\$0 (Tier 1)	MO; HRM
VERSACLOZ	\$0 (Tier 1)	QL (600 ML per 30 days) PA; HRM
VRAYLAR CAPSULE THERAPY PACK	\$0 (Tier 1)	MO; HRM
VRAYLAR CAPSULE 3MG, 4.5MG, 6MG	\$0 (Tier 1)	QL (30 EA per 30 days) MO; HRM
VRAYLAR CAPSULE 1.5MG	\$0 (Tier 1)	QL (60 EA per 30 days) MO; HRM
<i>ziprasidone hcl capsule</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO; HRM
<i>ziprasidone mesylate injection</i>	\$0 (Tier 1)	QL (6 EA per 3 days) MO; HRM
ZYPREXA RELPREVV INJECTION 210MG	\$0 (Tier 1)	QL (2 EA per 28 days) PA; ACS HRM
ZYPREXA RELPREVV INJECTION 405MG	\$0 (Tier 1)	QL (1 EA per 28 days) PA; ACS HRM
ZYPREXA RELPREVV INJECTION 300MG	\$0 (Tier 1)	QL (2 EA per 28 days) PA; ACS HRM
ANTISEIZURE AGENTS		
APTiom TABLET 200MG, 400MG	\$0 (Tier 1)	QL (30 EA per 30 days) MO
APTiom TABLET 600MG, 800MG	\$0 (Tier 1)	QL (60 EA per 30 days) MO



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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
BRIVIACT TABLET	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO
BRIVIACT INJECTION	\$0 (Tier 1)	QL (600 ML per 30 days) PA
BRIVIACT ORAL SOLUTION	\$0 (Tier 1)	QL (600 ML per 30 days) PA MO
<i>carbamazepine er capsule extended release 12 hour</i>	\$0 (Tier 1)	MO; HRM
<i>carbamazepine er tablet extended release 12 hour 100mg</i>	\$0 (Tier 1)	MO; HRM
<i>carbamazepine er tablet extended release 12 hour 200mg, 400mg</i>	\$0 (Tier 1)	MO; HRM
<i>carbamazepine tablet chewable, tablet</i>	\$0 (Tier 1)	MO; HRM
<i>carbamazepine suspension</i>	\$0 (Tier 1)	MO; HRM
<i>clobazam suspension</i>	\$0 (Tier 1)	QL (480 ML per 30 days) PA MO; HRM
<i>clobazam tablet</i>	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO; HRM
<i>clonazepam odt tablet disintegrating 2mg</i>	\$0 (Tier 1)	QL (300 EA per 30 days) MO
<i>clonazepam odt tablet disintegrating 0.125mg, 0.25mg, 0.5mg, 1mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>clonazepam tablet 2mg</i>	\$0 (Tier 1)	QL (300 EA per 30 days) MO
<i>clonazepam tablet 0.5mg, 1mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>clorazepate dipotassium tablet 15mg</i>	\$0 (Tier 1)	QL (180 EA per 30 days) PA MO; HRM
<i>clorazepate dipotassium tablet 3.75mg, 7.5mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) PA MO; HRM
DIACOMIT CAPSULE 500MG	\$0 (Tier 1)	QL (180 EA per 30 days) PA; LD
DIACOMIT CAPSULE 250MG	\$0 (Tier 1)	QL (360 EA per 30 days) PA; LD
DIACOMIT PACKET 500MG	\$0 (Tier 1)	QL (180 EA per 30 days) PA; LD
DIACOMIT PACKET 250MG	\$0 (Tier 1)	QL (360 EA per 30 days) PA; LD
<i>diazepam intensol</i>	\$0 (Tier 1)	QL (240 ML per 30 days) PA MO; HRM
DIAZEPAM RECTAL GEL	\$0 (Tier 1)	QL (5 EA per 30 days) MO; HRM
<i>diazepam concentrate</i>	\$0 (Tier 1)	QL (240 ML per 30 days) PA MO; HRM
<i>diazepam tablet</i>	\$0 (Tier 1)	QL (120 EA per 30 days) PA MO; HRM
<i>diazepam oral solution</i>	\$0 (Tier 1)	QL (1200 ML per 30 days) PA MO; HRM
<i>diazepam injection</i>	\$0 (Tier 1)	QL (240 ML per 30 days) PA MO; HRM

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
DILANTIN	\$0 (Tier 1)	MO
DILANTIN INFATABS	\$0 (Tier 1)	MO
DILANTIN-125	\$0 (Tier 1)	MO
<i>divalproex sodium capsule delayed release sprinkle</i>	\$0 (Tier 1)	MO
<i>divalproex sodium dr</i>	\$0 (Tier 1)	MO
<i>divalproex sodium er</i>	\$0 (Tier 1)	MO
EPIDIOLEX	\$0 (Tier 1)	QL (600 ML per 30 days) PA; ACS LD
<i>epitol</i>	\$0 (Tier 1)	HRM
EPRONTIA	\$0 (Tier 1)	QL (480 ML per 30 days) PA MO
<i>ethosuximide capsule</i>	\$0 (Tier 1)	MO
<i>ethosuximide solution</i>	\$0 (Tier 1)	MO
<i>felbamate</i>	\$0 (Tier 1)	MO
FINTEPLA	\$0 (Tier 1)	QL (360 ML per 30 days) PA; LD
<i>fosphenytoin sodium injection 100mg pe/2ml</i>	\$0 (Tier 1)	
<i>fosphenytoin sodium injection 500mg pe/10ml</i>	\$0 (Tier 1)	MO
FYCOMPA SUSPENSION	\$0 (Tier 1)	QL (720 ML per 30 days) PA MO
FYCOMPA TABLET 2MG	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO
FYCOMPA TABLET 10MG, 12MG, 4MG, 6MG, 8MG	\$0 (Tier 1)	QL (30 EA per 30 days) PA MO
<i>gabapentin (generic Neurontin) capsule 100mg</i>	\$0 (Tier 1)	QL (180 EA per 30 days) MO
<i>gabapentin (generic Neurontin) capsule 400mg</i>	\$0 (Tier 1)	QL (270 EA per 30 days) MO
<i>gabapentin (generic Neurontin) capsule 300mg</i>	\$0 (Tier 1)	QL (360 EA per 30 days) MO
<i>gabapentin (generic Neurontin) solution</i>	\$0 (Tier 1)	QL (2160 ML per 30 days) MO
<i>gabapentin (generic Neurontin) tablet 600mg</i>	\$0 (Tier 1)	QL (180 EA per 30 days) MO
<i>gabapentin (generic Neurontin) tablet 800mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>lacosamide oral solution</i>	\$0 (Tier 1)	QL (1200 ML per 30 days) MO
<i>lacosamide injection</i>	\$0 (Tier 1)	
<i>lacosamide tablet 50mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i>lacosamide tablet 100mg, 150mg, 200mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>lamotrigine</i>	\$0 (Tier 1)	MO
<i>lamotrigine er</i>	\$0 (Tier 1)	MO
<i>lamotrigine odt</i>	\$0 (Tier 1)	MO
<i>lamotrigine starter kit/blue</i>	\$0 (Tier 1)	MO
<i>lamotrigine starter kit/green</i>	\$0 (Tier 1)	MO
<i>lamotrigine starter kit/orange</i>	\$0 (Tier 1)	MO



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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>levetiracetam er</i>	\$0 (Tier 1)	MO
<i>levetiracetam/sodium chloride</i>	\$0 (Tier 1)	
<i>levetiracetam oral solution, tablet</i>	\$0 (Tier 1)	MO
<i>levetiracetam injection</i>	\$0 (Tier 1)	
LIBERVANT	\$0 (Tier 1)	QL (10 EA per 30 days) PA
<i>methsuximide</i>	\$0 (Tier 1)	MO
NAYZILAM	\$0 (Tier 1)	QL (10 EA per 30 days) PA MO
<i>oxcarbazepine tablet</i>	\$0 (Tier 1)	MO; HRM
<i>oxcarbazepine suspension</i>	\$0 (Tier 1)	MO; HRM
<i>phenobarbital sodium injection</i>	\$0 (Tier 1)	PA; HRM
<i>phenobarbital tablet</i>	\$0 (Tier 1)	QL (120 EA per 30 days) PA MO; HRM
<i>phenobarbital elixir</i>	\$0 (Tier 1)	QL (1500 ML per 30 days) PA MO; HRM
<i>phenytek</i>	\$0 (Tier 1)	
<i>phenytoin oral suspension, tablet chewable</i>	\$0 (Tier 1)	MO
<i>phenytoin sodium extended release capsule</i>	\$0 (Tier 1)	MO
<i>phenytoin sodium injection</i>	\$0 (Tier 1)	
<i>pregabalin capsule 100mg, 150mg, 25mg, 50mg, 75mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) PA MO
<i>pregabalin capsule 225mg, 300mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO
<i>pregabalin capsule 200mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) PA MO
<i>pregabalin solution</i>	\$0 (Tier 1)	QL (900 ML per 30 days) PA MO
<i>primidone</i>	\$0 (Tier 1)	MO
<i>roweepra</i>	\$0 (Tier 1)	
<i>rufinamide suspension</i>	\$0 (Tier 1)	QL (2760 ML per 30 days) PA MO
<i>rufinamide tablet 200mg</i>	\$0 (Tier 1)	QL (480 EA per 30 days) PA MO
<i>rufinamide tablet 400mg</i>	\$0 (Tier 1)	QL (240 EA per 30 days) PA MO
SPRITAM TABLET DISINTEGRATING SOLUBLE 750MG	\$0 (Tier 1)	QL (120 EA per 30 days) MO
SPRITAM TABLET DISINTEGRATING SOLUBLE 500MG	\$0 (Tier 1)	QL (180 EA per 30 days) MO
SPRITAM TABLET DISINTEGRATING SOLUBLE 250MG	\$0 (Tier 1)	QL (360 EA per 30 days) MO
SPRITAM TABLET DISINTEGRATING SOLUBLE 1000MG	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>subvenite</i>	\$0 (Tier 1)	

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<i>subvenite starter kit/blue</i>	\$0 (Tier 1)	
<i>subvenite starter kit/green</i>	\$0 (Tier 1)	
<i>subvenite starter kit/orange</i>	\$0 (Tier 1)	
SYMPAZAN FILM 5MG	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO; HRM
SYMPAZAN FILM 10MG, 20MG	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO; HRM
<i>tiagabine hydrochloride</i>	\$0 (Tier 1)	MO
<i>topiramate er</i>	\$0 (Tier 1)	MO
<i>topiramate capsule sprinkle</i>	\$0 (Tier 1)	MO
<i>topiramate tablet 100mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i>topiramate tablet 200mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>topiramate tablet 25mg, 50mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>valproate sodium injection</i>	\$0 (Tier 1)	
<i>valproic acid capsule, oral solution</i>	\$0 (Tier 1)	MO
VALTOCO 10 MG DOSE	\$0 (Tier 1)	QL (10 EA per 30 days) PA MO
VALTOCO 15 MG DOSE	\$0 (Tier 1)	QL (10 EA per 30 days) PA MO
VALTOCO 20 MG DOSE	\$0 (Tier 1)	QL (10 EA per 30 days) PA MO
VALTOCO 5 MG DOSE	\$0 (Tier 1)	QL (10 EA per 30 days) PA MO
<i>vigabatrin</i>	\$0 (Tier 1)	QL (180 EA per 30 days) PA; ACS LD
<i>vigadrone</i>	\$0 (Tier 1)	QL (180 EA per 30 days) PA; LD
VIGAFYDE	\$0 (Tier 1)	QL (750 ML per 30 days) PA; LD
<i>vigpoder</i>	\$0 (Tier 1)	QL (180 EA per 30 days) PA; LD
XCOPRI TITRATION PACK 12.5MG; 25MG	\$0 (Tier 1)	QL (28 EA per 28 days) MO
XCOPRI TITRATION PACK 50MG; 100MG, 150MG; 200MG	\$0 (Tier 1)	QL (28 EA per 28 days) MO
XCOPRI MAINTENANCE PACK 100MG; 150MG, 150MG; 200MG	\$0 (Tier 1)	QL (56 EA per 28 days) MO
XCOPRI TABLET 25MG	\$0 (Tier 1)	QL (30 EA per 30 days)
XCOPRI TABLET 100MG, 50MG	\$0 (Tier 1)	QL (30 EA per 30 days) MO
XCOPRI TABLET 150MG, 200MG	\$0 (Tier 1)	QL (60 EA per 30 days) MO
ZONISADE	\$0 (Tier 1)	QL (900 ML per 30 days) PA MO
<i>zonisamide capsule 100mg, 25mg</i>	\$0 (Tier 1)	MO
<i>zonisamide capsule 50mg</i>	\$0 (Tier 1)	MO; HRM
ZTALMY	\$0 (Tier 1)	QL (1100 ML per 30 days) PA; LD



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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
<i>amphetamine/dextroamphetamine capsule extended release 24 hour</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>amphetamine/dextroamphetamine tablet 5mg, 7.5mg, 10mg, 12.5mg, 15mg, 30mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>amphetamine/dextroamphetamine tablet 20mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>atomoxetine hydrochloride capsule 10mg, 25mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i>atomoxetine capsule 18mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i>atomoxetine capsule 100mg, 60mg, 80mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>atomoxetine capsule 40mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>dexmethylphenidate hcl</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>dexmethylphenidate hcl er</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>dexmethylphenidate hydrochloride er</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>dexmethylphenidate hydrochloride capsule extended release 24 hour</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>dexmethylphenidate hydrochloride tablet</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>dextroamphetamine sulfate er</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i>dextroamphetamine sulfate tablet 10mg, 5mg</i>	\$0 (Tier 1)	QL (180 EA per 30 days) MO
<i>dextroamphetamine sulfate solution</i>	\$0 (Tier 1)	QL (1800 ML per 30 days) MO
<i>guanfacine hydrochloride er tablet extended release 24 hour 1mg, 2mg, 4mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) PA MO
<i>guanfacine hydrochloride er tablet extended release 24 hour 3mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO
<i>lisdexamfetamine dimesylate</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride cd</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er (la) capsule extended release 24 hour (generic Ritalin LA) 60mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er capsule extended release 24 hour (generic Ritalin LA) 10mg, 20mg, 40mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er capsule extended release 24 hour (generic Ritalin LA) 30mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>methylphenidate hydrochloride er tablet extended release 24 hour 18mg, 27mg, 36mg, 54mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
<i>methylphenidate hydrochloride er capsule extended release (generic Metadate ER) 40mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
METHYLPHENIDATE HYDROCHLORIDE ER TABLET EXTENDED RELEASE (GENERIC RELEXXII) 45MG, 63MG, 72MG	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er tablet extended release (generic Concerta and Relexxii) 18mg, 27mg, 36mg, 54mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er tablet extended release (generic Metadate ER and Ritalin SR) 10mg, 20mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>methylphenidate hydrochloride tablet</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>methylphenidate hydrochloride tablet chewable</i>	\$0 (Tier 1)	QL (180 EA per 30 days) MO
<i>methylphenidate hydrochloride solution 5mg/5ml</i>	\$0 (Tier 1)	QL (1800 ML per 30 days) MO
<i>methylphenidate hydrochloride solution 10mg/5ml</i>	\$0 (Tier 1)	QL (900 ML per 30 days) MO
<i>zenzedi tablet 10mg, 5mg</i>	\$0 (Tier 1)	QL (180 EA per 30 days)
HYPNOTICS		
DAYVIGO	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>doxepin hydrochloride tablet 3mg, 6mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO; HRM
<i>tasimelteon</i>	\$0 (Tier 1)	QL (30 EA per 30 days) PA; ACS
<i>temazepam</i>	\$0 (Tier 1)	QL (30 EA per 30 days) PA MO; HRM
<i>triazolam</i>	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO; HRM
<i>zaleplon capsule 5mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) PA MO; HRM
<i>zaleplon capsule 10mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO; HRM
<i>zolpidem tartrate tablet</i>	\$0 (Tier 1)	QL (30 EA per 30 days) PA MO; HRM
MIGRAINE		
AIMOVIG	\$0 (Tier 1)	QL (1 ML per 30 days) PA; ACS
<i>dihydroergotamine mesylate injection</i>	\$0 (Tier 1)	PA MO
<i>dihydroergotamine mesylate nasal solution</i>	\$0 (Tier 1)	QL (8 ML per 30 days) PA MO
<i>eletriptan hydrobromide</i>	\$0 (Tier 1)	QL (12 EA per 30 days) MO
<i>ergotamine tartrate/caffeine</i>	\$0 (Tier 1)	QL (40 EA per 28 days) PA MO
<i>naratriptan hcl</i>	\$0 (Tier 1)	QL (9 EA per 30 days) MO
NURTEC	\$0 (Tier 1)	QL (16 EA per 30 days) PA MO
QULIPTA	\$0 (Tier 1)	QL (30 EA per 30 days) PA MO



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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>rizatriptan benzoate</i>	\$0 (Tier 1)	QL (12 EA per 30 days) MO
<i>rizatriptan benzoate odt</i>	\$0 (Tier 1)	QL (12 EA per 30 days) MO
<i>sumatriptan nasal spray</i>	\$0 (Tier 1)	QL (12 EA per 30 days) MO
<i>sumatriptan succinate refill</i>	\$0 (Tier 1)	QL (4 ML per 30 days) MO
<i>sumatriptan succinate injection</i>	\$0 (Tier 1)	QL (4 ML per 30 days) MO
<i>sumatriptan succinate tablet 100mg</i>	\$0 (Tier 1)	QL (12 EA per 30 days) MO
<i>sumatriptan succinate tablet 25mg, 50mg</i>	\$0 (Tier 1)	QL (9 EA per 30 days) MO
UBRELVY	\$0 (Tier 1)	QL (16 EA per 30 days) PA MO
MISCELLANEOUS		
AUSTEDO XR PATIENT TITRATION KIT TABLET EXTENDED RELEASE THERAPY PACK 12MG; 18MG; 24MG; 30MG	\$0 (Tier 1)	QL (56 EA per 365 days) PA; ACS
AUSTEDO XR PATIENT TITRATION KIT TABLET EXTENDED RELEASE THERAPY PACK 6MG; 12MG; 24MG	\$0 (Tier 1)	QL (84 EA per 365 days) PA; ACS
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 12MG	\$0 (Tier 1)	QL (120 EA per 30 days) PA; ACS
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 18MG, 30MG, 36MG, 42MG, 48MG	\$0 (Tier 1)	QL (30 EA per 30 days) PA; ACS
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 24MG	\$0 (Tier 1)	QL (60 EA per 30 days) PA; ACS
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 6MG	\$0 (Tier 1)	QL (90 EA per 30 days) PA; ACS
AUSTEDO TABLET 12MG, 9MG	\$0 (Tier 1)	QL (120 EA per 30 days) PA; ACS LD
AUSTEDO TABLET 6MG	\$0 (Tier 1)	QL (60 EA per 30 days) PA; ACS LD
<i>lithium</i>	\$0 (Tier 1)	MO
<i>lithium carbonate</i>	\$0 (Tier 1)	MO
<i>lithium carbonate er</i>	\$0 (Tier 1)	MO
NUEDEXTA	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO
<i>pregabalin er tablet extended release 24 hour 330mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO
<i>pregabalin er tablet extended release 24 hour 165mg, 82.5mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) PA MO
<i>pyridostigmine bromide tablet</i>	\$0 (Tier 1)	MO
<i>pyridostigmine bromide er</i>	\$0 (Tier 1)	MO

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<i>riluzole</i>	\$0 (Tier 1)	MO
<i>tetrabenazine tablet 25mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) PA; ACS LD
<i>tetrabenazine tablet 12.5mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) PA; ACS LD
MULTIPLE SCLEROSIS AGENTS		
BAFIERTAM	\$0 (Tier 1)	QL (120 EA per 30 days) PA; ACS LD
BETASERON	\$0 (Tier 1)	QL (14 EA per 28 days) PA; ACS
<i>dalfampridine er</i>	\$0 (Tier 1)	PA; ACS
<i>fingolimod hydrochloride</i>	\$0 (Tier 1)	QL (30 EA per 30 days) PA; ACS
<i>glatiramer acetate injection 40mg/ml</i>	\$0 (Tier 1)	QL (12 ML per 28 days) PA; ACS
<i>glatiramer acetate injection 20mg/ml</i>	\$0 (Tier 1)	QL (30 ML per 30 days) PA; ACS
<i>glatopa injection 40mg/ml</i>	\$0 (Tier 1)	QL (12 ML per 28 days) PA; ACS
<i>glatopa injection 20mg/ml</i>	\$0 (Tier 1)	QL (30 ML per 30 days) PA; ACS
KESIMPTA	\$0 (Tier 1)	QL (6.4 ML per 365 days) PA; ACS LD
<i>teriflunomide</i>	\$0 (Tier 1)	QL (30 EA per 30 days) PA; ACS
MUSCULOSKELETAL THERAPY AGENTS		
<i>baclofen tablet 10mg, 20mg, 5mg</i>	\$0 (Tier 1)	MO
<i>baclofen tablet 15mg</i>	\$0 (Tier 1)	MO
<i>chlorzoxazone tablet 500mg</i>	\$0 (Tier 1)	QL (180 EA per 30 days) PA MO
<i>cyclobenzaprine hydrochloride tablet 10mg, 5mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) PA MO; HRM
<i>dantrolene sodium capsule 25mg, 50mg, 100mg</i>	\$0 (Tier 1)	MO
<i>tizanidine hcl</i>	\$0 (Tier 1)	MO
<i>tizanidine hydrochloride</i>	\$0 (Tier 1)	MO
NARCOLEPSY/CATAPLEXY		
<i>armodafinil tablet 150mg, 200mg, 250mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) PA MO
<i>armodafinil tablet 50mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO
<i>modafinil tablet 100mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) PA MO
<i>modafinil tablet 200mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO
SODIUM OXYBATE	\$0 (Tier 1)	QL (540 ML per 30 days) PA; LD
PSYCHOTHERAPEUTIC-MISC		
<i>acamprosate calcium dr</i>	\$0 (Tier 1)	MO
<i>buprenorphine hcl tablet sublingual 2mg, 8mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) PA MO
<i>buprenorphine hcl/naloxone hcl sublingual tablet</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO



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<i>buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>buprenorphine hydrochloride/naloxone hydrochloride film 2mg; 0.5mg, 4mg; 1mg, 8mg; 2mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>bupropion hydrochloride er (sr) tablet (smoking deterrent) extended release 12 hour 150mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>disulfiram</i>	\$0 (Tier 1)	MO
<i>naloxone hcl</i>	\$0 (Tier 1)	MO
<i>naloxone hydrochloride nasal spray</i>	\$0 (Tier 1)	MO
<i>naloxone hydrochloride injection 0.4mg/ml cartridge and prefilled syringe, 2mg/2ml prefilled syringe</i>	\$0 (Tier 1)	
<i>naloxone hydrochloride vial injection 0.4mg/ml</i>	\$0 (Tier 1)	MO
<i>naltrexone hcl</i>	\$0 (Tier 1)	MO
NICOTROL INHALER	\$0 (Tier 1)	MO
NICOTROL NS	\$0 (Tier 1)	QL (360 ML per 365 days) MO
<i>varenicline starting month box</i>	\$0 (Tier 1)	PA MO
<i>varenicline tartrate tablet 1mg, 0.5mg</i>	\$0 (Tier 1)	PA MO
VIVITROL	\$0 (Tier 1)	ACS
ENDOCRINE AND METABOLIC		
ANDROGENS		
<i>danazol</i>	\$0 (Tier 1)	MO
<i>methyltestosterone</i>	\$0 (Tier 1)	PA MO
<i>testosterone cypionate</i>	\$0 (Tier 1)	MO
<i>testosterone enanthate</i>	\$0 (Tier 1)	PA MO
<i>testosterone pump gel 1%</i>	\$0 (Tier 1)	QL (300 GM per 30 days) MO
<i>testosterone pump gel 2% (10mg/act)</i>	\$0 (Tier 1)	QL (120 GM per 30 days) MO
<i>testosterone gel 1% (25mg/2.5gm, 50mg/5gm)</i>	\$0 (Tier 1)	QL (300 GM per 30 days) MO
<i>testosterone topical solution</i>	\$0 (Tier 1)	QL (180 ML per 30 days) MO
ANTIDIABETICS, INSULINS		
ADMELOG	\$0 (Tier 1)	MO
ADMELOG SOLOSTAR	\$0 (Tier 1)	MO
BD ALCOHOL SWABS	\$0 (Tier 1)	PA MO
BD INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"	\$0 (Tier 1)	PA MO
BASAGLAR KWIKPEN	\$0 (Tier 1)	MO

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BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	\$0 (Tier 1)	PA MO
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 1/2"	\$0 (Tier 1)	PA MO
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 5/16"	\$0 (Tier 1)	PA MO
BD PEN	\$0 (Tier 1)	
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 1/2"	\$0 (Tier 1)	PA MO
BD VEO INSULIN SYRINGE ULTRA-FINE/0.3ML/31G X 15/64"	\$0 (Tier 1)	PA MO
CURITY GAUZE PADS 2"X2" 12 PLY	\$0 (Tier 1)	PA MO
FIASP	\$0 (Tier 1)	MO
FIASP FLEXTOUCH	\$0 (Tier 1)	MO
FIASP PENFILL	\$0 (Tier 1)	MO
FIASP PUMPCART	\$0 (Tier 1)	B/D MO
HUMULIN R U-500 (CONCENTRATED)	\$0 (Tier 1)	B/D MO
HUMULIN R U-500 KWIKPEN	\$0 (Tier 1)	MO
LANTUS	\$0 (Tier 1)	MO
LANTUS SOLOSTAR	\$0 (Tier 1)	MO
NOVOLIN 70/30 (BRAND RELION NOT COVERED)	\$0 (Tier 1)	MO
NOVOLIN 70/30 FLEXPEN (BRAND RELION NOT COVERED)	\$0 (Tier 1)	MO
NOVOLIN N (BRAND RELION NOT COVERED)	\$0 (Tier 1)	MO
NOVOLIN N FLEXPEN (BRAND RELION NOT COVERED)	\$0 (Tier 1)	MO
NOVOLIN R (BRAND RELION NOT COVERED)	\$0 (Tier 1)	MO
NOVOLIN R FLEXPEN (BRAND RELION NOT COVERED)	\$0 (Tier 1)	MO
NOVOLOG MIX 70/30 (BRAND RELION NOT COVERED)	\$0 (Tier 1)	MO
NOVOLOG MIX 70/30 PREFILLED FLEXPEN (BRAND RELION NOT COVERED)	\$0 (Tier 1)	MO
SOLIQUA 100/33	\$0 (Tier 1)	QL (15 ML per 25 days) MO
TOUJEO MAX SOLOSTAR	\$0 (Tier 1)	MO
TOUJEO SOLOSTAR	\$0 (Tier 1)	MO



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TRESIBA	\$0 (Tier 1)	MO
TRESIBA FLEXTOUCH	\$0 (Tier 1)	MO
XULTOPHY 100/3.6	\$0 (Tier 1)	QL (15 ML per 30 days) MO
ANTIDIABETICS		
<i>acarbose</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
FARXIGA	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>glimepiride tablet 4mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>glimepiride tablet 1mg, 2mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>glipizide er tablet extended release 24 hour 10mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>glipizide er tablet extended release 24 hour 2.5mg, 5mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>glipizide xl tablet extended release 24 hour 10mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>glipizide xl tablet extended release 24 hour 2.5mg, 5mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>glipizide/metformin hydrochloride tablet 2.5mg; 500mg, 5mg; 500mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i>glipizide/metformin hydrochloride tablet 2.5mg; 250mg</i>	\$0 (Tier 1)	QL (240 EA per 30 days) MO
<i>glipizide tablet 10mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i>glipizide tablet 2.5mg, 5mg</i>	\$0 (Tier 1)	QL (240 EA per 30 days) MO
GLYXAMBI	\$0 (Tier 1)	QL (30 EA per 30 days) MO
JANUMET	\$0 (Tier 1)	QL (60 EA per 30 days) MO
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 100MG	\$0 (Tier 1)	QL (30 EA per 30 days) MO
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 50MG, 500MG; 50MG	\$0 (Tier 1)	QL (60 EA per 30 days) MO
JANUVIA	\$0 (Tier 1)	QL (30 EA per 30 days) MO
JARDIANCE	\$0 (Tier 1)	QL (30 EA per 30 days) MO
JENTADUETO	\$0 (Tier 1)	QL (60 EA per 30 days) MO
JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 5MG; 1000MG	\$0 (Tier 1)	QL (30 EA per 30 days) MO
JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 2.5MG; 1000MG	\$0 (Tier 1)	QL (60 EA per 30 days) MO
LIRAGLUTIDE	\$0 (Tier 1)	QL (9 ML per 30 days) PA
<i>metformin hydrochloride er (generic Glucophage XR) tablet extended release 24 hour 500mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO

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<i>metformin hydrochloride er tablet extended release 24 hour (generic Glucophage XR) 750mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>metformin hydrochloride er (generic Fortamet and Glumetza) tablet extended release 24 hour 500mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) PA MO
<i>metformin hydrochloride tablet 500mg</i>	\$0 (Tier 1)	QL (150 EA per 30 days) MO
<i>metformin hydrochloride tablet 1000mg</i>	\$0 (Tier 1)	QL (75 EA per 30 days) MO
<i>metformin hydrochloride tablet 850mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>miglitol</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
MOUNJARO INJECTION 10MG/0.5ML, 12.5MG/0.5ML, 15MG/0.5ML, 5MG/0.5ML, 7.5MG/0.5ML	\$0 (Tier 1)	QL (2 ML per 28 days) PA
MOUNJARO INJECTION 2.5MG/0.5ML	\$0 (Tier 1)	QL (4 ML per 365 days) PA
<i>nateglinide</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
OZEMPIC	\$0 (Tier 1)	QL (3 ML per 28 days) PA MO
<i>pioglitazone hcl</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>pioglitazone hcl-glimepiride</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>pioglitazone hcl/metformin hcl</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>pioglitazone hydrochloride</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>repaglinide tablet 0.5mg, 1mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i>repaglinide tablet 2mg</i>	\$0 (Tier 1)	QL (240 EA per 30 days) MO
RYBELSUS	\$0 (Tier 1)	QL (30 EA per 30 days) PA MO
SYMLINPEN 120	\$0 (Tier 1)	QL (10.8 ML per 30 days) PA MO
SYMLINPEN 60	\$0 (Tier 1)	QL (6 ML per 30 days) PA MO
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 25MG; 1000MG	\$0 (Tier 1)	QL (30 EA per 30 days) MO
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 1000MG, 12.5MG; 1000MG, 5MG; 1000MG	\$0 (Tier 1)	QL (60 EA per 30 days) MO
SYNJARDY TABLET 5MG; 500MG	\$0 (Tier 1)	QL (120 EA per 30 days) MO
SYNJARDY TABLET 12.5MG; 1000MG, 12.5MG; 500MG, 5MG; 1000MG	\$0 (Tier 1)	QL (60 EA per 30 days) MO
TRADJENTA	\$0 (Tier 1)	QL (30 EA per 30 days) MO
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 5MG; 1000MG, 25MG; 5MG; 1000MG	\$0 (Tier 1)	QL (30 EA per 30 days) MO



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TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 12.5MG; 2.5MG; 1000MG, 5MG; 2.5MG; 1000MG	\$0 (Tier 1)	QL (60 EA per 30 days) MO
TRULICITY	\$0 (Tier 1)	QL (2 ML per 28 days) PA
VICTOZA	\$0 (Tier 1)	QL (9 ML per 30 days) PA MO
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 1000MG, 10MG; 500MG	\$0 (Tier 1)	QL (30 EA per 30 days) MO
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 2.5MG; 1000MG, 5MG; 1000MG, 5MG; 500MG	\$0 (Tier 1)	QL (60 EA per 30 days) MO
CALCIUM REGULATORS		
<i>alendronate sodium solution</i>	\$0 (Tier 1)	MO
<i>alendronate sodium tablet 10mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i>alendronate sodium tablet 35mg, 70mg</i>	\$0 (Tier 1)	QL (4 EA per 28 days) MO
<i>calcitonin-salmon nasal spray</i>	\$0 (Tier 1)	MO
<i>ibandronate sodium tablet</i>	\$0 (Tier 1)	QL (1 EA per 30 days) MO
<i>ibandronate sodium injection</i>	\$0 (Tier 1)	QL (3 ML per 90 days) MO
PAMIDRONATE DISODIUM INJECTION 6MG/ML	\$0 (Tier 1)	
<i>pamidronate disodium injection 30mg/10ml, 90mg/10ml</i>	\$0 (Tier 1)	
PROLIA	\$0 (Tier 1)	QL (1 ML per 180 days); ACS
<i>risedronate sodium dr tablet delayed release 35mg</i>	\$0 (Tier 1)	QL (4 EA per 28 days) MO
<i>risedronate sodium tablet 150mg</i>	\$0 (Tier 1)	QL (1 EA per 28 days) MO
<i>risedronate sodium tablet 30mg, 5mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>risedronate sodium tablet 35mg</i>	\$0 (Tier 1)	QL (4 EA per 28 days) MO
TERIPARATIDE INJECTION 620 MCG/2.48 ML (BRAND BY ALVOGEN)	\$0 (Tier 1)	PA; ACS
XGEVA	\$0 (Tier 1)	PA; ACS
ZOLEDRONIC ACID INJECTION 4MG/100ML	\$0 (Tier 1)	ACS
<i>zoledronic acid injection 4mg/5ml, 5mg/100ml</i>	\$0 (Tier 1)	ACS
CHELATING AGENTS		
CHEMET	\$0 (Tier 1)	MO
<i>deferasirox packet</i>	\$0 (Tier 1)	PA; ACS
<i>deferasirox tablet soluble 125mg</i>	\$0 (Tier 1)	PA; ACS
<i>deferasirox tablet soluble 250mg, 500mg</i>	\$0 (Tier 1)	PA; ACS
<i>deferasirox tablet 90mg</i>	\$0 (Tier 1)	PA; ACS

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<i>deferasirox tablet 180mg, 360mg</i>	\$0 (Tier 1)	PA; ACS
KIONEX	\$0 (Tier 1)	
LOKELMA PACKET 10GM	\$0 (Tier 1)	QL (34 EA per 30 days) MO
LOKELMA PACKET 5GM	\$0 (Tier 1)	QL (96 EA per 30 days) MO
<i>penicillamine tablet</i>	\$0 (Tier 1)	ACS
<i>sodium polystyrene sulfonate oral powder</i>	\$0 (Tier 1)	MO
<i>sps</i>	\$0 (Tier 1)	MO
<i>trientine hydrochloride capsule 500mg</i>	\$0 (Tier 1)	PA
<i>trientine hydrochloride capsule 250mg</i>	\$0 (Tier 1)	PA; ACS
CONTRACEPTIVES		
<i>afirmelle</i>	\$0 (Tier 1)	
<i>altavera</i>	\$0 (Tier 1)	
<i>alyacen 1/35</i>	\$0 (Tier 1)	MO
<i>alyacen 7/7/7</i>	\$0 (Tier 1)	
<i>amethia</i>	\$0 (Tier 1)	
<i>amethyst</i>	\$0 (Tier 1)	
<i>apri</i>	\$0 (Tier 1)	
<i>aranelle</i>	\$0 (Tier 1)	MO
<i>ashlyna</i>	\$0 (Tier 1)	
<i>aubra eq</i>	\$0 (Tier 1)	
<i>aurovela 1.5/30</i>	\$0 (Tier 1)	
<i>aurovela 1/20</i>	\$0 (Tier 1)	
<i>aurovela 24 fe</i>	\$0 (Tier 1)	
<i>aurovela fe 1.5/30</i>	\$0 (Tier 1)	
<i>aurovela fe 1/20</i>	\$0 (Tier 1)	MO
<i>aviane</i>	\$0 (Tier 1)	
<i>ayuna</i>	\$0 (Tier 1)	
<i>azurette</i>	\$0 (Tier 1)	
<i>balziva</i>	\$0 (Tier 1)	
<i>blisovi 24 fe</i>	\$0 (Tier 1)	MO
<i>blisovi fe 1.5/30</i>	\$0 (Tier 1)	MO
<i>blisovi fe 1/20</i>	\$0 (Tier 1)	
<i>briellyn</i>	\$0 (Tier 1)	
<i>camila</i>	\$0 (Tier 1)	MO
CAMRESE	\$0 (Tier 1)	
CAMRESE LO	\$0 (Tier 1)	



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<i>charlotte 24 fe</i>	\$0 (Tier 1)	
<i>chateal eq</i>	\$0 (Tier 1)	
<i>cryselle-28</i>	\$0 (Tier 1)	MO
<i>cyred eq</i>	\$0 (Tier 1)	
<i>dasetta 1/35</i>	\$0 (Tier 1)	
<i>dasetta 7/7/7</i>	\$0 (Tier 1)	
<i>daysee</i>	\$0 (Tier 1)	
<i>deblitane</i>	\$0 (Tier 1)	
<i>delyla</i>	\$0 (Tier 1)	
DEPO-SUBQ PROVERA 104	\$0 (Tier 1)	MO
<i>desogestrel/ethinyl estradiol</i>	\$0 (Tier 1)	MO
<i>dolishale</i>	\$0 (Tier 1)	
<i>drospirenone/ethinyl estradiol</i>	\$0 (Tier 1)	MO
<i>drospirenone/ethinyl estradiol/levomefolate calcium tablet 3mg; 0.03mg; 0.451mg</i>	\$0 (Tier 1)	MO
<i>elinest</i>	\$0 (Tier 1)	
<i>eluryng</i>	\$0 (Tier 1)	
<i>emzahh</i>	\$0 (Tier 1)	
<i>enilloring</i>	\$0 (Tier 1)	
<i>enpresse-28</i>	\$0 (Tier 1)	
<i>enskyce</i>	\$0 (Tier 1)	MO
<i>errin</i>	\$0 (Tier 1)	MO
<i>estarylla</i>	\$0 (Tier 1)	MO
<i>ethynodiol diacetate/ethinyl estradiol</i>	\$0 (Tier 1)	MO
<i>etonogestrel/ethinyl estradiol</i>	\$0 (Tier 1)	MO
<i>falmina</i>	\$0 (Tier 1)	
<i>finzala</i>	\$0 (Tier 1)	
<i>hailey 1.5/30</i>	\$0 (Tier 1)	MO
<i>hailey 24 fe</i>	\$0 (Tier 1)	
<i>hailey fe 1.5/30</i>	\$0 (Tier 1)	
<i>hailey fe 1/20</i>	\$0 (Tier 1)	
<i>haloette</i>	\$0 (Tier 1)	
<i>heather</i>	\$0 (Tier 1)	
<i>iclevia</i>	\$0 (Tier 1)	
<i>incassia</i>	\$0 (Tier 1)	
<i>introvale</i>	\$0 (Tier 1)	

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<i>isibloom</i>	\$0 (Tier 1)	
<i>jaimiess</i>	\$0 (Tier 1)	
<i>jasmiel</i>	\$0 (Tier 1)	
<i>jencycla</i>	\$0 (Tier 1)	
JOLESSA	\$0 (Tier 1)	
<i>juleber</i>	\$0 (Tier 1)	
<i>junel 1.5/30</i>	\$0 (Tier 1)	
<i>junel 1/20</i>	\$0 (Tier 1)	
<i>junel fe 1.5/30</i>	\$0 (Tier 1)	MO
<i>junel fe 1/20</i>	\$0 (Tier 1)	
<i>junel fe 24</i>	\$0 (Tier 1)	
<i>kaitlib fe</i>	\$0 (Tier 1)	MO
<i>kalliga</i>	\$0 (Tier 1)	
<i>kariva</i>	\$0 (Tier 1)	
<i>kelnor 1/35</i>	\$0 (Tier 1)	MO
<i>kelnor 1/50</i>	\$0 (Tier 1)	MO
<i>kurvelo</i>	\$0 (Tier 1)	
<i>larin 1.5/30</i>	\$0 (Tier 1)	
<i>larin 1/20</i>	\$0 (Tier 1)	
<i>larin 24 fe</i>	\$0 (Tier 1)	
<i>larin fe 1.5/30</i>	\$0 (Tier 1)	
<i>larin fe 1/20</i>	\$0 (Tier 1)	
LEENA	\$0 (Tier 1)	
<i>lessina</i>	\$0 (Tier 1)	
<i>levonest</i>	\$0 (Tier 1)	
<i>levonorgestrel and ethinyl estradiol</i>	\$0 (Tier 1)	MO
<i>levonorgestrel/ethinyl estradiol</i>	\$0 (Tier 1)	MO
<i>levora 0.15/30-28</i>	\$0 (Tier 1)	
LILETTA	\$0 (Tier 1)	ACS
<i>lo-zumandimine</i>	\$0 (Tier 1)	MO
<i>loestrin 1.5/30-21</i>	\$0 (Tier 1)	
<i>loestrin 1/20-21</i>	\$0 (Tier 1)	
<i>loestrin fe 1.5/30</i>	\$0 (Tier 1)	
<i>loestrin fe 1/20</i>	\$0 (Tier 1)	
<i>lojaimiess</i>	\$0 (Tier 1)	MO
<i>loryna</i>	\$0 (Tier 1)	



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<i>low-ogestrel</i>	\$0 (Tier 1)	
<i>luteru</i>	\$0 (Tier 1)	MO
<i>lyleq</i>	\$0 (Tier 1)	
<i>lyza</i>	\$0 (Tier 1)	
<i>marlissa</i>	\$0 (Tier 1)	MO
<i>medroxyprogesterone acetate injection 150mg/ml</i>	\$0 (Tier 1)	MO
<i>mibelas 24 fe</i>	\$0 (Tier 1)	
MICROGESTIN 1.5/30	\$0 (Tier 1)	
MICROGESTIN 1/20	\$0 (Tier 1)	
<i>microgestin 24 fe</i>	\$0 (Tier 1)	
MICROGESTIN FE 1.5/30	\$0 (Tier 1)	
MICROGESTIN FE 1/20	\$0 (Tier 1)	
<i>mili</i>	\$0 (Tier 1)	
<i>mono-linyah</i>	\$0 (Tier 1)	
<i>necon 0.5/35-28</i>	\$0 (Tier 1)	
NEXPLANON	\$0 (Tier 1)	ACS
<i>nikki</i>	\$0 (Tier 1)	
NORA-BE	\$0 (Tier 1)	
<i>norelgestromin/ethinyl estradiol</i>	\$0 (Tier 1)	MO
<i>norethindrone & ethinyl estradiol ferrous fumarate</i>	\$0 (Tier 1)	MO
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tablet, tablet chewable</i>	\$0 (Tier 1)	MO
<i>norethindrone acetate/ethinyl estradiol tablet 20mcg; 1mg, 30mcg; 1.5mg</i>	\$0 (Tier 1)	MO
<i>norethindrone tablet 0.35mg</i>	\$0 (Tier 1)	MO
<i>norethindrone/ethinyl estradiol/ferrous fumarate</i>	\$0 (Tier 1)	MO
<i>norgestimate/ethinyl estradiol</i>	\$0 (Tier 1)	MO
<i>norlyda</i>	\$0 (Tier 1)	
<i>norlyroc</i>	\$0 (Tier 1)	
<i>nortrel 0.5/35 (28)</i>	\$0 (Tier 1)	MO
<i>nortrel 1/35 28-day regimen</i>	\$0 (Tier 1)	
<i>nortrel 1/35 21-day regimen</i>	\$0 (Tier 1)	MO
<i>nortrel 7/7/7</i>	\$0 (Tier 1)	
<i>nylia 1/35</i>	\$0 (Tier 1)	
<i>nylia 7/7/7</i>	\$0 (Tier 1)	MO
<i>nymyo</i>	\$0 (Tier 1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
OCELLA	\$0 (Tier 1)	
<i>orsythia</i>	\$0 (Tier 1)	
<i>philith</i>	\$0 (Tier 1)	
<i>pimtrea</i>	\$0 (Tier 1)	
<i>portia-28</i>	\$0 (Tier 1)	
<i>reclipsen</i>	\$0 (Tier 1)	
RIVELSA	\$0 (Tier 1)	
<i>setlakin</i>	\$0 (Tier 1)	
<i>sharobel</i>	\$0 (Tier 1)	
<i>simliya</i>	\$0 (Tier 1)	
<i>simpesse</i>	\$0 (Tier 1)	MO
<i>sprintec 28</i>	\$0 (Tier 1)	
<i>sronyx</i>	\$0 (Tier 1)	MO
<i>syeda</i>	\$0 (Tier 1)	
<i>tarina 24 fe</i>	\$0 (Tier 1)	
<i>tarina fe 1/20 eq</i>	\$0 (Tier 1)	
TILIA FE	\$0 (Tier 1)	
<i>tri femynor</i>	\$0 (Tier 1)	
<i>tri-estarylla</i>	\$0 (Tier 1)	MO
<i>tri-legest fe</i>	\$0 (Tier 1)	MO
<i>tri-linyah</i>	\$0 (Tier 1)	
<i>tri-lo-estarylla</i>	\$0 (Tier 1)	
<i>tri-lo-marzia</i>	\$0 (Tier 1)	
<i>tri-lo-mili</i>	\$0 (Tier 1)	MO
<i>tri-lo-sprintec</i>	\$0 (Tier 1)	
<i>tri-mili</i>	\$0 (Tier 1)	
<i>tri-nymyo</i>	\$0 (Tier 1)	
<i>tri-sprintec</i>	\$0 (Tier 1)	
<i>tri-vylibra</i>	\$0 (Tier 1)	
<i>tri-vylibra lo</i>	\$0 (Tier 1)	
<i>trivora-28</i>	\$0 (Tier 1)	MO
<i>turqoz</i>	\$0 (Tier 1)	
<i>tydemy</i>	\$0 (Tier 1)	
<i>velivet</i>	\$0 (Tier 1)	MO
<i>vestura</i>	\$0 (Tier 1)	
<i>vienna</i>	\$0 (Tier 1)	



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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>viorele</i>	\$0 (Tier 1)	MO
<i>volnea</i>	\$0 (Tier 1)	
<i>vyfemla</i>	\$0 (Tier 1)	MO
<i>vylibra</i>	\$0 (Tier 1)	
<i>wera</i>	\$0 (Tier 1)	
<i>wymzya fe</i>	\$0 (Tier 1)	
<i>xulane</i>	\$0 (Tier 1)	
<i>zafemy</i>	\$0 (Tier 1)	
<i>zovia 1/35</i>	\$0 (Tier 1)	
<i>zumandimine</i>	\$0 (Tier 1)	
ESTROGENS		
<i>amabelz</i>	\$0 (Tier 1)	MO
<i>dotti patch twice weekly 0.025mg/24hr, 0.0375mg/24hr, 0.05mg/24hr, 0.075mg/24hr</i>	\$0 (Tier 1)	QL (8 EA per 28 days)
<i>dotti patch twice weekly 0.1mg/24hr</i>	\$0 (Tier 1)	QL (8 EA per 28 days) MO
DUAVEE	\$0 (Tier 1)	MO
<i>estradiol valerate</i>	\$0 (Tier 1)	MO
<i>estradiol/norethindrone acetate tablet 1mg/0.5mg, 0.5mg/0.1mg</i>	\$0 (Tier 1)	MO
<i>estradiol oral tablet</i>	\$0 (Tier 1)	MO
<i>estradiol vaginal tablet</i>	\$0 (Tier 1)	MO
<i>estradiol patch weekly</i>	\$0 (Tier 1)	QL (4 EA per 28 days) MO
<i>estradiol patch twice weekly</i>	\$0 (Tier 1)	QL (8 EA per 28 days) MO
<i>estradiol vaginal cream</i>	\$0 (Tier 1)	MO
ESTRING	\$0 (Tier 1)	QL (1 EA per 90 days) MO
<i>fyavolv</i>	\$0 (Tier 1)	MO
<i>jinteli</i>	\$0 (Tier 1)	
<i>lyllana</i>	\$0 (Tier 1)	QL (8 EA per 28 days)
<i>mimvey</i>	\$0 (Tier 1)	
<i>norethindrone acetate/ethinyl estradiol tablet 2.5mcg; 0.5mg, 5mcg; 1mg</i>	\$0 (Tier 1)	MO
PREMARIN	\$0 (Tier 1)	MO
PREMPRO	\$0 (Tier 1)	MO
<i>yuvafem</i>	\$0 (Tier 1)	
GLUCOCORTICOIDS		
<i>dexamethasone</i>	\$0 (Tier 1)	MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
DEXAMETHASONE INTENSOL	\$0 (Tier 1)	MO
<i>dexamethasone sodium phosphate injection</i>	\$0 (Tier 1)	MO
<i>100mg/10ml, 10mg/ml, 120mg/30ml, 20mg/5ml, 4mg/ml</i>		
<i>fludrocortisone acetate</i>	\$0 (Tier 1)	MO
<i>hydrocortisone tablet 10mg, 20mg, 5mg</i>	\$0 (Tier 1)	MO
<i>methylprednisolone tablet</i>	\$0 (Tier 1)	B/D MO
<i>methylprednisolone acetate injection</i>	\$0 (Tier 1)	B/D MO
<i>methylprednisolone dose pack</i>	\$0 (Tier 1)	MO
<i>methylprednisolone sodium succinate inj 100mg, 125mg</i>	\$0 (Tier 1)	B/D MO
<i>methylprednisolone sodium succinate injection 40mg</i>	\$0 (Tier 1)	B/D MO
<i>prednisolone solution</i>	\$0 (Tier 1)	B/D MO
<i>prednisolone sodium phosphate oral solution 10mg/5ml, 15mg/5ml, 20mg/5ml</i>	\$0 (Tier 1)	B/D MO
<i>prednisolone sodium phosphate oral solution 25mg/5ml, 5mg/5ml</i>	\$0 (Tier 1)	B/D MO
PREDNISON INTENSOL	\$0 (Tier 1)	B/D MO
<i>prednisone tablet</i>	\$0 (Tier 1)	B/D MO
<i>prednisone tablet therapy pack</i>	\$0 (Tier 1)	MO
<i>prednisone solution</i>	\$0 (Tier 1)	B/D MO
SOLU-CORTEF	\$0 (Tier 1)	MO
<i>triamcinolone acetonide injection 40mg/ml</i>	\$0 (Tier 1)	MO
GLUCOSE ELEVATING AGENTS		
<i>diazoxide</i>	\$0 (Tier 1)	MO
ZEGALOGUE	\$0 (Tier 1)	MO
MISCELLANEOUS		
<i>acetylcysteine injection 200mg/ml</i>	\$0 (Tier 1)	
<i>betaine anhydrous</i>	\$0 (Tier 1)	LD
<i>cabergoline</i>	\$0 (Tier 1)	MO
<i>carglumic acid</i>	\$0 (Tier 1)	PA; LD
CERDELGA	\$0 (Tier 1)	PA; ACS LD
<i>cinacalcet hydrochloride tablet 30mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days); ACS
<i>cinacalcet hydrochloride tablet 90mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days); ACS
<i>cinacalcet hydrochloride tablet 60mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days); ACS
CYSTAGON	\$0 (Tier 1)	PA; ACS LD



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<i>desmopressin acetate tablet</i>	\$0 (Tier 1)	MO
<i>desmopressin acetate nasal solution</i>	\$0 (Tier 1)	MO
<i>desmopressin acetate pf injection 4mcg/ml</i>	\$0 (Tier 1)	MO
<i>desmopressin acetate injection 4mcg/ml</i>	\$0 (Tier 1)	MO
<i>fomepizole</i>	\$0 (Tier 1)	
GENOTROPIN	\$0 (Tier 1)	PA; ACS
GENOTROPIN MINIQUICK INJECTION 0.2MG	\$0 (Tier 1)	PA; ACS
GENOTROPIN MINIQUICK INJECTION 0.4MG, 0.6MG, 0.8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 1MG, 2MG	\$0 (Tier 1)	PA; ACS
INCRELEX	\$0 (Tier 1)	PA; ACS LD
<i>javygtor</i>	\$0 (Tier 1)	PA; LD
LEVOCARNITINE TABLET	\$0 (Tier 1)	MO
<i>levocarnitine injection</i>	\$0 (Tier 1)	
<i>levocarnitine oral solution</i>	\$0 (Tier 1)	MO
LUPRON DEPOT-PED (1-MONTH) INJECTION 11.25MG, 15MG, 7.5MG	\$0 (Tier 1)	PA; ACS
LUPRON DEPOT-PED (3-MONTH) INJECTION 11.25MG, 30MG	\$0 (Tier 1)	PA; ACS
LUPRON DEPOT-PED (6-MONTH) INJECTION 45MG	\$0 (Tier 1)	PA; ACS
<i>methergine</i>	\$0 (Tier 1)	
<i>methylergonovine maleate tablet</i>	\$0 (Tier 1)	MO
<i>mifepristone</i>	\$0 (Tier 1)	PA
<i>nitisinone</i>	\$0 (Tier 1)	PA; ACS
<i>octreotide acetate injection 100mcg/ml, 200mcg/ml, 50mcg/ml</i>	\$0 (Tier 1)	PA; ACS
<i>octreotide acetate injection 1000mcg/ml, 500mcg/ml</i>	\$0 (Tier 1)	PA; ACS
<i>raloxifene hydrochloride</i>	\$0 (Tier 1)	MO
<i>sapropterin dihydrochloride</i>	\$0 (Tier 1)	PA; ACS
SIGNIFOR INJECTION 0.3MG/ML, 0.6MG/ML, 0.9MG/ML	\$0 (Tier 1)	PA; LD
<i>sodium phenylbutyrate</i>	\$0 (Tier 1)	PA; ACS
SOMATULINE DEPOT	\$0 (Tier 1)	PA; ACS LD
SOMAVERT	\$0 (Tier 1)	PA; ACS LD
SYNAREL	\$0 (Tier 1)	MO
VEOZAH	\$0 (Tier 1)	QL (30 EA per 30 days) PA MO

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PROGESTINS		
<i>medroxyprogesterone acetate tablet 10mg, 2.5mg, 5mg</i>	\$0 (Tier 1)	MO
<i>megestrol acetate suspension 40mg/ml</i>	\$0 (Tier 1)	MO
<i>megestrol acetate suspension 625mg/5ml</i>	\$0 (Tier 1)	MO
<i>norethindrone acetate tablet 5mg</i>	\$0 (Tier 1)	MO
<i>progesterone capsule</i>	\$0 (Tier 1)	MO
<i>progesterone injection</i>	\$0 (Tier 1)	MO
THYROID AGENTS		
<i>euthyrox</i>	\$0 (Tier 1)	MO
<i>levo-t</i>	\$0 (Tier 1)	
<i>levothyroxine sodium tablet</i>	\$0 (Tier 1)	MO
LEVOTHYROXINE SODIUM INJECTION 100MCG/ML, 500MCG/5ML	\$0 (Tier 1)	
LEVOTHYROXINE SODIUM INJECTION 100MCG/5ML, 200MCG/5ML	\$0 (Tier 1)	
<i>levoxyl</i>	\$0 (Tier 1)	MO
<i>liothyronine sodium tablet</i>	\$0 (Tier 1)	MO
<i>liothyronine sodium injection</i>	\$0 (Tier 1)	
<i>methimazole</i>	\$0 (Tier 1)	MO
<i>propylthiouracil</i>	\$0 (Tier 1)	MO
SYNTHROID	\$0 (Tier 1)	MO
<i>unithroid</i>	\$0 (Tier 1)	
VITAMIN D ANALOGS		
<i>calcitriol capsule 0.25mcg, 0.5mcg</i>	\$0 (Tier 1)	MO
<i>calcitriol injection 1mcg/ml</i>	\$0 (Tier 1)	
<i>calcitriol oral solution 1mcg/ml</i>	\$0 (Tier 1)	MO
<i>doxercalciferol injection</i>	\$0 (Tier 1)	
<i>paricalcitol</i>	\$0 (Tier 1)	MO
GASTROINTESTINAL		
ANTIEMETICS		
<i>aprepitant capsule therapy pack, 40mg, 80mg</i>	\$0 (Tier 1)	B/D MO
<i>aprepitant capsule 125mg</i>	\$0 (Tier 1)	B/D MO
<i>compro</i>	\$0 (Tier 1)	MO; HRM
DIMENHYDRINATE	\$0 (Tier 1)	
<i>dronabinol</i>	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO



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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
EMEND SUSPENSION RECONSTITUTED	\$0 (Tier 1)	B/D
<i>granisetron hydrochloride tablet</i>	\$0 (Tier 1)	QL (60 EA per 30 days) B/D MO
<i>meclizine hcl</i>	\$0 (Tier 1)	MO; HRM
<i>meclizine hydrochloride</i>	\$0 (Tier 1)	MO
<i>metoclopramide hcl tablet</i>	\$0 (Tier 1)	MO
<i>metoclopramide hcl solution</i>	\$0 (Tier 1)	MO
<i>metoclopramide hydrochloride tablet</i>	\$0 (Tier 1)	MO
<i>metoclopramide hydrochloride injection</i>	\$0 (Tier 1)	MO
<i>metoclopramide odt</i>	\$0 (Tier 1)	MO
<i>ondansetron hcl tablet</i>	\$0 (Tier 1)	B/D
<i>ondansetron hcl solution</i>	\$0 (Tier 1)	QL (900 ML per 30 days) B/D MO
<i>ondansetron hydrochloride tablet</i>	\$0 (Tier 1)	B/D MO
<i>ondansetron hydrochloride injection</i>	\$0 (Tier 1)	MO
<i>ondansetron odt tablet disintegrating 16mg</i>	\$0 (Tier 1)	B/D
<i>ondansetron odt tablet disintegrating 4mg, 8mg</i>	\$0 (Tier 1)	B/D MO
<i>prochlorperazine edisylate injection</i>	\$0 (Tier 1)	MO; HRM
<i>prochlorperazine maleate</i>	\$0 (Tier 1)	MO; HRM
<i>prochlorperazine rectal suppository</i>	\$0 (Tier 1)	MO; HRM
<i>promethazine hcl</i>	\$0 (Tier 1)	PA MO; HRM
<i>promethazine hydrochloride</i>	\$0 (Tier 1)	PA MO; HRM
<i>promethazine hydrochloride plain</i>	\$0 (Tier 1)	PA MO; HRM
<i>promethegan suppository 50mg</i>	\$0 (Tier 1)	PA MO; HRM
<i>promethegan suppository 12.5mg, 25mg</i>	\$0 (Tier 1)	PA; HRM
<i>scopolamine</i>	\$0 (Tier 1)	QL (10 EA per 30 days) PA MO; HRM
<i>trimethobenzamide hydrochloride</i>	\$0 (Tier 1)	PA MO
ANTISPASMODICS		
<i>dicyclomine hcl oral solution</i>	\$0 (Tier 1)	PA MO; HRM
<i>dicyclomine hydrochloride capsule, tablet</i>	\$0 (Tier 1)	PA MO; HRM
<i>dicyclomine hydrochloride injection</i>	\$0 (Tier 1)	PA MO; HRM
<i>glycopyrrolate tablet 1mg, 2mg</i>	\$0 (Tier 1)	MO
<i>glycopyrrolate oral solution</i>	\$0 (Tier 1)	MO
<i>glycopyrrolate injection 0.2mg/ml (preservative free, prefilled syringe), 0.4mg/2ml</i>	\$0 (Tier 1)	
<i>glycopyrrolate injection 0.2mg/ml, 1mg/5ml, 4mg/20ml</i>	\$0 (Tier 1)	MO

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<i>methscopolamine bromide</i>	\$0 (Tier 1)	PA MO
H2-RECEPTOR ANTAGONISTS		
<i>cimetidine tablet</i>	\$0 (Tier 1)	MO
<i>famotidine premixed</i>	\$0 (Tier 1)	
<i>famotidine tablet</i>	\$0 (Tier 1)	MO
<i>famotidine injection</i>	\$0 (Tier 1)	
<i>famotidine suspension reconstituted</i>	\$0 (Tier 1)	MO
<i>nizatidine</i>	\$0 (Tier 1)	MO
INFLAMMATORY BOWEL DISEASE		
<i>balsalazide disodium</i>	\$0 (Tier 1)	MO
<i>budesonide er tablet extended release 24 hour 9mg</i>	\$0 (Tier 1)	MO
<i>budesonide capsule delayed release particles 3mg</i>	\$0 (Tier 1)	MO
<i>hydrocortisone enema 100mg/60ml</i>	\$0 (Tier 1)	MO
<i>mesalamine dr</i>	\$0 (Tier 1)	MO
<i>mesalamine suppository</i>	\$0 (Tier 1)	MO
<i>mesalamine enema, kit</i>	\$0 (Tier 1)	MO
<i>sulfasalazine</i>	\$0 (Tier 1)	MO
LAXATIVES		
CLENPIQ SOLUTION 12GM/160ML; 3.5GM/160ML; 10MG/160ML	\$0 (Tier 1)	
CLENPIQ SOLUTION 12GM/175ML; 3.5GM/175ML; 10MG/175ML	\$0 (Tier 1)	MO
<i>constulose</i>	\$0 (Tier 1)	
<i>enulose</i>	\$0 (Tier 1)	MO
<i>gavilyte-c</i>	\$0 (Tier 1)	MO
<i>gavilyte-g</i>	\$0 (Tier 1)	MO
<i>gavilyte-n/flavor pack</i>	\$0 (Tier 1)	
<i>generlac</i>	\$0 (Tier 1)	
GOLYTELY	\$0 (Tier 1)	MO
KRISTALOSE	\$0 (Tier 1)	PA MO
<i>lactulose solution</i>	\$0 (Tier 1)	MO
<i>peg-3350/electrolytes</i>	\$0 (Tier 1)	MO
<i>peg-3350/nacl/na bicarbonate/kcl</i>	\$0 (Tier 1)	MO
PLENVU	\$0 (Tier 1)	MO
SODIUM SULFATE/POTASSIUM SULFATE/ MAGNESIUM SULFATE	\$0 (Tier 1)	MO



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SUPREP BOWEL PREP KIT	\$0 (Tier 1)	MO
SUTAB	\$0 (Tier 1)	MO
MISCELLANEOUS		
<i>alosetron hydrochloride tablet 0.5mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO
<i>alosetron hydrochloride tablet 1mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO
CREON	\$0 (Tier 1)	MO
<i>cromolyn sodium concentrate 100mg/5ml</i>	\$0 (Tier 1)	MO
<i>diphenoxylate hydrochloride/atropine sulfate tablet</i>	\$0 (Tier 1)	MO; HRM
<i>diphenoxylate/atropine oral solution</i>	\$0 (Tier 1)	MO; HRM
GATTEX	\$0 (Tier 1)	PA; ACS LD
LINZESS	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>loperamide hcl</i>	\$0 (Tier 1)	MO
<i>misoprostol</i>	\$0 (Tier 1)	MO
MOVANTIK TABLET 25MG	\$0 (Tier 1)	QL (30 EA per 30 days) MO
MOVANTIK TABLET 12.5MG	\$0 (Tier 1)	QL (60 EA per 30 days) MO
SUCRALFATE SUSPENSION	\$0 (Tier 1)	MO
<i>sucralfate tablet</i>	\$0 (Tier 1)	MO
<i>ursodiol capsule 300mg</i>	\$0 (Tier 1)	MO
<i>ursodiol tablet 250mg, 500mg</i>	\$0 (Tier 1)	MO
VOWST	\$0 (Tier 1)	PA; LD
XERMELO	\$0 (Tier 1)	QL (84 EA per 28 days) PA; LD
XIFAXAN TABLET 550MG	\$0 (Tier 1)	PA MO
ZENPEP	\$0 (Tier 1)	MO
PROTON PUMP INHIBITORS		
<i>dexlansoprazole</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>esomeprazole magnesium capsule delayed release</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>esomeprazole sodium injection</i>	\$0 (Tier 1)	
<i>lansoprazole capsule delayed release 15mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>lansoprazole capsule delayed release 30mg</i>	\$0 (Tier 1)	QL (42 EA per 30 days) MO
<i>omeprazole</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>omeprazole dr</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>pantoprazole sodium injection</i>	\$0 (Tier 1)	
<i>pantoprazole sodium tablet delayed release 20mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>pantoprazole sodium tablet delayed release 40mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>rabeprazole sodium</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
GENITOURINARY		
<i>BENIGN PROSTATIC HYPERPLASIA</i>		
<i>alfuzosin hcl er</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>dutasteride</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>dutasteride/tamsulosin hydrochloride</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>finasteride tablet 5mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>silodosin</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>tadalafil tablet 5mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) PA MO
<i>tamsulosin hydrochloride</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>MISCELLANEOUS</i>		
<i>acetic acid 0.25% irrigation solution</i>	\$0 (Tier 1)	MO
<i>bethanechol chloride</i>	\$0 (Tier 1)	MO
<i>potassium citrate er tablet extended release 540mg</i>	\$0 (Tier 1)	MO
<i>potassium citrate er tablet extended release 1080mg, 15meq</i>	\$0 (Tier 1)	MO
<i>URINARY ANTISPASMODICS</i>		
<i>fesoterodine fumarate er</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO; HRM
GEMTESA	\$0 (Tier 1)	QL (30 EA per 30 days) MO
MYRBETRIQ TABLET EXTENDED RELEASE 24 HOUR	\$0 (Tier 1)	QL (30 EA per 30 days) MO
MYRBETRIQ SUSPENSION RECONSTITUTED ER	\$0 (Tier 1)	QL (300 ML per 28 days) MO
<i>oxybutynin chloride er tablet extended release 24 hour 5mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO; HRM
<i>oxybutynin chloride er tablet extended release 24 hour 10mg, 15mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO; HRM
<i>oxybutynin chloride tablet 5mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO; HRM
<i>oxybutynin chloride solution</i>	\$0 (Tier 1)	QL (600 ML per 30 days) MO; HRM
<i>solifenacin succinate</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO; HRM
<i>tolterodine tartrate</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO; HRM
<i>tolterodine tartrate er</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO; HRM
<i>trospium chloride</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO; HRM
<i>trospium chloride er</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO; HRM
<i>VAGINAL ANTI-INFECTIVES</i>		
<i>clindamycin phosphate cream 2%</i>	\$0 (Tier 1)	MO
<i>metronidazole vaginal</i>	\$0 (Tier 1)	MO



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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>miconazole 3 vaginal suppository</i>	\$0 (Tier 1)	MO
<i>terconazole vaginal cream</i>	\$0 (Tier 1)	MO
<i>terconazole suppository</i>	\$0 (Tier 1)	MO
HEMATOLOGIC		
<i>ANTICOAGULANTS</i>		
<i>dabigatran etexilate capsule 110mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i>dabigatran etexilate capsule 150mg, 75mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
ELIQUIS STARTER PACK	\$0 (Tier 1)	QL (74 EA per 30 days) MO
ELIQUIS TABLET 2.5MG	\$0 (Tier 1)	QL (60 EA per 30 days) MO
ELIQUIS TABLET 5MG	\$0 (Tier 1)	QL (74 EA per 30 days) MO
<i>enoxaparin sodium</i>	\$0 (Tier 1)	MO
<i>fondaparinux sodium injection 2.5mg/0.5ml</i>	\$0 (Tier 1)	MO
<i>fondaparinux sodium injection 10mg/0.8ml, 5mg/0.4ml, 7.5mg/0.6ml</i>	\$0 (Tier 1)	MO
FRAGMIN INJECTION 10000UNIT/4ML	\$0 (Tier 1)	
FRAGMIN INJECTION 2500UNIT/0.2ML, 95000UNIT/3.8ML	\$0 (Tier 1)	MO
FRAGMIN INJECTION 10000UNIT/ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNIT/0.72ML, 5000UNIT/0.2ML, 7500UNIT/0.3ML	\$0 (Tier 1)	MO
HEPARIN SODIUM/D5W	\$0 (Tier 1)	
HEPARIN SODIUM/DEXTROSE	\$0 (Tier 1)	
HEPARIN SODIUM/NACL 0.45%	\$0 (Tier 1)	
HEPARIN SODIUM/SODIUM CHLORIDE	\$0 (Tier 1)	
HEPARIN SODIUM INJECTION 5000UNIT/0.5ML, 5000UNIT/ML	\$0 (Tier 1)	
<i>heparin sodium injection 10000unit/ml, 1000unit/ml, 20000unit/ml, 5000unit/0.5ml, 5000unit/ml</i>	\$0 (Tier 1)	MO
<i>jantoven</i>	\$0 (Tier 1)	MO
<i>warfarin sodium</i>	\$0 (Tier 1)	MO
XARELTO STARTER PACK	\$0 (Tier 1)	QL (51 EA per 30 days) MO
XARELTO SUSPENSION RECONSTITUTED	\$0 (Tier 1)	QL (620 ML per 30 days) MO
XARELTO TABLET 10MG, 15MG, 20MG	\$0 (Tier 1)	QL (30 EA per 30 days) MO
XARELTO TABLET 2.5MG	\$0 (Tier 1)	QL (60 EA per 30 days) MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
HEMATOPOIETIC GROWTH FACTORS		
PROCRIT INJECTION 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	\$0 (Tier 1)	PA; ACS
PROCRIT INJECTION 20000UNIT/ML, 40000UNIT/ML	\$0 (Tier 1)	PA; ACS
ZARXIO	\$0 (Tier 1)	PA; ACS
MISCELLANEOUS		
ALVAIZ TABLET 54MG, 9MG	\$0 (Tier 1)	QL (60 EA per 30 days) PA; ACS LD
ALVAIZ TABLET 18MG, 36MG	\$0 (Tier 1)	QL (90 EA per 30 days) PA; ACS LD
<i>anagrelide hydrochloride</i>	\$0 (Tier 1)	MO
BERINERT	\$0 (Tier 1)	QL (24 EA per 30 days) PA; ACS LD
<i>cilostazol</i>	\$0 (Tier 1)	MO
DROXIA	\$0 (Tier 1)	MO
ENDARI	\$0 (Tier 1)	PA; ACS LD
HAEGARDA INJECTION 3000UNIT	\$0 (Tier 1)	QL (20 EA per 30 days) PA; ACS LD
HAEGARDA INJECTION 2000UNIT	\$0 (Tier 1)	QL (30 EA per 30 days) PA; ACS LD
<i>icatibant acetate</i>	\$0 (Tier 1)	QL (27 ML per 30 days) PA; ACS
<i>l-glutamine</i>	\$0 (Tier 1)	PA; ACS
<i>pentoxifylline er</i>	\$0 (Tier 1)	MO
<i>sajazir</i>	\$0 (Tier 1)	QL (27 ML per 30 days) PA; LD
TAVNEOS	\$0 (Tier 1)	QL (180 EA per 30 days) PA; LD
<i>tranexamic acid/sodium chloride</i>	\$0 (Tier 1)	
<i>tranexamic acid tablet</i>	\$0 (Tier 1)	MO
<i>tranexamic acid injection</i>	\$0 (Tier 1)	
PLATELET AGGREGATION INHIBITORS		
<i>aspirin/dipyridamole er</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
BRILINTA	\$0 (Tier 1)	MO
<i>clopidogrel tablet 75mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>clopidogrel tablet 300mg</i>	\$0 (Tier 1)	QL (2 EA per 365 days) MO
<i>dipyridamole</i>	\$0 (Tier 1)	PA MO
<i>prasugrel hydrochloride</i>	\$0 (Tier 1)	MO



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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
IMMUNOLOGIC AGENTS		
<i>AUTOIMMUNE AGENTS</i>		
ADALIMUMAB-AACF (2 PEN)	\$0 (Tier 1)	QL (28 EA per 365 days) PA; ACS
ADALIMUMAB-AACF (2 SYRINGE)	\$0 (Tier 1)	QL (28 EA per 365 days) PA
COSENTYX SENSOREADY PEN	\$0 (Tier 1)	QL (32 ML per 365 days) PA; ACS LD
COSENTYX UNOREADY	\$0 (Tier 1)	QL (32 ML per 365 days) PA; ACS LD
COSENTYX INJECTION 125MG/5ML	\$0 (Tier 1)	PA; ACS LD
COSENTYX INJECTION 150MG/ML	\$0 (Tier 1)	QL (32 ML per 365 days) PA; ACS LD
COSENTYX INJECTION 75MG/0.5ML	\$0 (Tier 1)	QL (8 ML per 365 days) PA; ACS LD
DUPIXENT INJECTION 100MG/0.67ML	\$0 (Tier 1)	QL (1.34 ML per 28 days) PA; ACS
DUPIXENT INJECTION 200MG/1.14ML	\$0 (Tier 1)	QL (4.56 ML per 28 days) PA; ACS
DUPIXENT INJECTION 300MG/2ML	\$0 (Tier 1)	QL (8 ML per 28 days) PA; ACS
ENBREL	\$0 (Tier 1)	QL (8 ML per 28 days) PA; ACS
ENBREL MINI	\$0 (Tier 1)	QL (8 ML per 28 days) PA; ACS
ENBREL SURECLICK	\$0 (Tier 1)	QL (8 ML per 28 days) PA; ACS
HUMIRA PEN-CD/UC/HS STARTER	\$0 (Tier 1)	QL (6 EA per 365 days) PA; ACS
HUMIRA PEN-PEDIATRIC UC STARTER PACK (BRAND CORDAVIS NOT COVERED)	\$0 (Tier 1)	QL (8 EA per 365 days) PA; ACS
HUMIRA PEN-PS/UV STARTER	\$0 (Tier 1)	QL (6 EA per 365 days) PA; ACS
HUMIRA PEN INJECTION 80MG/0.8ML	\$0 (Tier 1)	QL (28 EA per 365 days) PA; ACS
HUMIRA PEN INJECTION 40MG/0.4ML (BRAND CORDAVIS NOT COVERED), 40MG/0.8ML	\$0 (Tier 1)	QL (56 EA per 365 days) PA; ACS
HUMIRA INJECTION 10MG/0.1ML (BRAND CORDAVIS NOT COVERED)	\$0 (Tier 1)	QL (26 EA per 365 days) PA; ACS
HUMIRA INJECTION 20MG/0.2ML (BRAND CORDAVIS NOT COVERED)	\$0 (Tier 1)	QL (52 EA per 365 days) PA; ACS
HUMIRA INJECTION 40MG/0.4ML (BRAND CORDAVIS NOT COVERED), 40MG/0.8ML	\$0 (Tier 1)	QL (56 EA per 365 days) PA; ACS
IDACIO (2 PEN)	\$0 (Tier 1)	QL (28 EA per 365 days) PA; ACS
IDACIO (2 SYRINGE)	\$0 (Tier 1)	QL (28 EA per 365 days) PA; ACS
IDACIO STARTER PACKAGE FOR CROHNS DISEASE	\$0 (Tier 1)	PA; ACS

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IDACIO STARTER PACKAGE FOR PLAQUE PSORIASIS	\$0 (Tier 1)	PA; ACS
RINVOQ LQ	\$0 (Tier 1)	QL (360 ML per 30 days) PA; ACS
RINVOQ TABLET EXTENDED RELEASE 24 HOUR 45MG	\$0 (Tier 1)	QL (168 EA per 365 days) PA; ACS
RINVOQ TABLET EXTENDED RELEASE 24 HOUR 15MG, 30MG	\$0 (Tier 1)	QL (30 EA per 30 days) PA; ACS
SKYRIZI PEN	\$0 (Tier 1)	QL (6 ML per 365 days) PA; ACS
SKYRIZI INJECTION 180MG/1.2ML	\$0 (Tier 1)	QL (1.2 ML per 56 days) PA; ACS
SKYRIZI INJECTION 360MG/2.4ML	\$0 (Tier 1)	QL (2.4 ML per 56 days) PA; ACS
SKYRIZI INJECTION 150MG/ML	\$0 (Tier 1)	QL (6 ML per 365 days) PA; ACS
SKYRIZI INJECTION 600MG/10ML	\$0 (Tier 1)	QL (60 ML per 365 days) PA; ACS
SOTYKTU	\$0 (Tier 1)	QL (30 EA per 30 days) PA; ACS LD
STELARA INJECTION 45MG/0.5ML PREFILLED SYRINGE	\$0 (Tier 1)	QL (0.5 ML per 28 days) PA; ACS
STELARA INJECTION 45MG/0.5ML VIAL	\$0 (Tier 1)	QL (0.5 ML per 28 days) PA; ACS LD
STELARA INJECTION 90MG/ML	\$0 (Tier 1)	QL (1 ML per 28 days) PA; ACS
STELARA INJECTION 130MG/26ML	\$0 (Tier 1)	QL (208 ML per 365 days) PA; ACS LD
TREMFYA	\$0 (Tier 1)	QL (1 ML per 28 days) PA; ACS
TYENNE INJECTION 162MG/0.9ML	\$0 (Tier 1)	QL (3.6 ML per 28 days) PA; ACS
TYENNE INJECTION 200MG/10ML, 400MG/20ML, 80MG/4ML	\$0 (Tier 1)	QL (40 ML per 28 days) PA; ACS
VELSIPITY	\$0 (Tier 1)	QL (30 EA per 30 days) PA; ACS
XELJANZ XR	\$0 (Tier 1)	QL (30 EA per 30 days) PA; ACS
XELJANZ SOLUTION	\$0 (Tier 1)	QL (480 ML per 24 days) PA; ACS
XELJANZ TABLET	\$0 (Tier 1)	QL (60 EA per 30 days) PA; ACS
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)		
<i>hydroxychloroquine sulfate tablet 200mg</i>	\$0 (Tier 1)	MO
JYLAMVO	\$0 (Tier 1)	
<i>leflunomide</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>methotrexate sodium tablet 2.5mg</i>	\$0 (Tier 1)	MO
XATMEP	\$0 (Tier 1)	MO



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IMMUNOGLOBULINS		
GAMASTAN	\$0 (Tier 1)	B/D; ACS LD
GAMMAKED	\$0 (Tier 1)	PA; ACS
GAMUNEX-C	\$0 (Tier 1)	PA; ACS
OCTAGAM	\$0 (Tier 1)	PA; ACS
PRIVIGEN	\$0 (Tier 1)	PA; ACS
IMMUNOMODULATORS		
ACTIMMUNE	\$0 (Tier 1)	PA; ACS LD
ARCALYST	\$0 (Tier 1)	PA; ACS LD
IMMUNOSUPPRESSANTS		
ASTAGRAF XL CAPSULE EXTENDED RELEASE 24 HOUR 0.5MG, 1MG	\$0 (Tier 1)	B/D MO
ASTAGRAF XL CAPSULE EXTENDED RELEASE 24 HOUR 5MG	\$0 (Tier 1)	B/D MO
AZATHIOPRINE INJECTION	\$0 (Tier 1)	B/D
<i>azathioprine tablet 50mg</i>	\$0 (Tier 1)	B/D MO
BENLYSTA INJECTION 200MG/ML	\$0 (Tier 1)	PA; ACS LD
<i>cyclosporine capsule, injection</i>	\$0 (Tier 1)	B/D MO
<i>cyclosporine modified</i>	\$0 (Tier 1)	B/D MO
<i>everolimus tablet 0.25mg, 0.5mg, 0.75mg, 1mg</i>	\$0 (Tier 1)	B/D MO
<i>gengraf capsule</i>	\$0 (Tier 1)	B/D
<i>gengraf solution</i>	\$0 (Tier 1)	B/D MO
<i>mycophenolate mofetil capsule, tablet</i>	\$0 (Tier 1)	B/D MO
<i>mycophenolate mofetil injection</i>	\$0 (Tier 1)	B/D MO
<i>mycophenolate mofetil suspension reconstituted</i>	\$0 (Tier 1)	B/D MO
<i>mycophenolic acid dr</i>	\$0 (Tier 1)	B/D MO
NULOJIX	\$0 (Tier 1)	B/D
PROGRAF PACKET	\$0 (Tier 1)	B/D MO
REZUROCK	\$0 (Tier 1)	QL (30 EA per 30 days) PA; LD
SANDIMMUNE ORAL SOLUTION	\$0 (Tier 1)	B/D MO
<i>sirolimus tablet</i>	\$0 (Tier 1)	B/D MO
<i>sirolimus solution</i>	\$0 (Tier 1)	B/D MO
<i>tacrolimus capsule 0.5mg, 1mg, 5mg</i>	\$0 (Tier 1)	B/D MO
VACCINES		
ABRYSVO	\$0 (Tier 1)	
ACTHIB	\$0 (Tier 1)	

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ADACEL	\$0 (Tier 1)	
AREXVY	\$0 (Tier 1)	
BCG VACCINE	\$0 (Tier 1)	
BEXSERO	\$0 (Tier 1)	
BOOSTRIX	\$0 (Tier 1)	
DAPTACEL	\$0 (Tier 1)	
DENGVAXIA	\$0 (Tier 1)	
DIPHTHERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC	\$0 (Tier 1)	
ENGERIX-B	\$0 (Tier 1)	B/D
GARDASIL 9	\$0 (Tier 1)	
HAVRIX	\$0 (Tier 1)	
HEPLISAV-B	\$0 (Tier 1)	B/D
HIBERIX	\$0 (Tier 1)	
IMOVAX RABIES (H.D.C.V.)	\$0 (Tier 1)	B/D
INFANRIX	\$0 (Tier 1)	
IPOL INACTIVATED IPV	\$0 (Tier 1)	
IXCHIQ	\$0 (Tier 1)	
IXIARO	\$0 (Tier 1)	
JYNNEOS	\$0 (Tier 1)	B/D
KINRIX	\$0 (Tier 1)	
M-M-R II	\$0 (Tier 1)	
MENACTRA	\$0 (Tier 1)	
MENQUADFI	\$0 (Tier 1)	
MENVEO	\$0 (Tier 1)	
MRESVIA	\$0 (Tier 1)	QL (0.5 ML per 999 days)
PEDIARIX	\$0 (Tier 1)	
PEDVAX HIB	\$0 (Tier 1)	
PENBRAYA	\$0 (Tier 1)	
PENTACEL	\$0 (Tier 1)	
PREHEVBRIO	\$0 (Tier 1)	B/D
PRIORIX	\$0 (Tier 1)	
PROQUAD	\$0 (Tier 1)	
QUADRACEL	\$0 (Tier 1)	
RABAVERT	\$0 (Tier 1)	B/D
RECOMBIVAX HB	\$0 (Tier 1)	B/D



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ROTARIX	\$0 (Tier 1)	
ROTATEQ	\$0 (Tier 1)	
SHINGRIX	\$0 (Tier 1)	QL (2 EA per 999 days)
TDVAX	\$0 (Tier 1)	
TENIVAC	\$0 (Tier 1)	
TICOVAC	\$0 (Tier 1)	
TRUMENBA	\$0 (Tier 1)	
TWINRIX	\$0 (Tier 1)	
TYPHIM VI	\$0 (Tier 1)	
VAQTA	\$0 (Tier 1)	
VARIVAX	\$0 (Tier 1)	
YF-VAX	\$0 (Tier 1)	
NUTRITIONAL/SUPPLEMENTS		
<i>ELECTROLYTES/MINERALS, INJECTABLE</i>		
DEXTROSE 5% /ELECTROLYTE #48 VIAFLEX	\$0 (Tier 1)	
DEXTROSE 10%/SODIUM CHLORIDE 0.2%	\$0 (Tier 1)	
DEXTROSE 10%/SODIUM CHLORIDE 0.45%	\$0 (Tier 1)	
DEXTROSE 2.5%/SODIUM CHLORIDE 0.45%	\$0 (Tier 1)	
DEXTROSE 5%/LACTATED RINGERS	\$0 (Tier 1)	
DEXTROSE 5%/NACL 0.33%	\$0 (Tier 1)	
DEXTROSE 5%/SODIUM CHLORIDE 0.2%	\$0 (Tier 1)	
<i>dextrose 5%/sodium chloride 0.3%</i>	\$0 (Tier 1)	
DEXTROSE 5%/SODIUM CHLORIDE 0.45%	\$0 (Tier 1)	
DEXTROSE 5%/SODIUM CHLORIDE 0.9%	\$0 (Tier 1)	MO
DEXTROSE 5%/NACL 0.225%	\$0 (Tier 1)	
ISOLYTE-P/DEXTROSE 5%	\$0 (Tier 1)	
ISOLYTE-S	\$0 (Tier 1)	B/D
ISOLYTE-S PH 7.4	\$0 (Tier 1)	B/D
KCL 0.075%/D5W/NACL 0.45%	\$0 (Tier 1)	
KCL 0.15%/D5W/NACL 0.2%	\$0 (Tier 1)	
KCL 0.15%/D5W/NACL 0.45%	\$0 (Tier 1)	
KCL 0.15%/D5W/NACL 0.9%	\$0 (Tier 1)	
KCL 0.3%/D5W/NACL 0.45%	\$0 (Tier 1)	
KCL 0.3%/D5W/NACL 0.9%	\$0 (Tier 1)	
<i>lactated ringers</i>	\$0 (Tier 1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
MAGNESIUM SULFATE INJECTION 20GM/500ML, 40GM/1000ML, 4GM/50ML	\$0 (Tier 1)	
<i>magnesium sulfate injection 2gm/50ml, 4gm/100ml, 50%</i>	\$0 (Tier 1)	
<i>multiple electrolytes injection type 1</i>	\$0 (Tier 1)	
POTASSIUM CHLORIDE/DEXTROSE	\$0 (Tier 1)	
POTASSIUM CHLORIDE/DEXTROSE/SODIUM CHLORIDE	\$0 (Tier 1)	
POTASSIUM CHLORIDE/SODIUM CHLORIDE INJECTION 40MEQ/L; 0.9%	\$0 (Tier 1)	
<i>potassium chloride/sodium chloride injection 20meq/l; 0.45%, 20meq/l; 0.9%</i>	\$0 (Tier 1)	
POTASSIUM CHLORIDE INJECTION 0.4MEQ/ML, 10MEQ/100ML, 10MEQ/50ML, 20MEQ/100ML, 40MEQ/100ML	\$0 (Tier 1)	
<i>potassium chloride injection 2meq/ml</i>	\$0 (Tier 1)	MO
RINGERS INJECTION	\$0 (Tier 1)	
SODIUM BICARBONATE INJECTION 7.5%	\$0 (Tier 1)	
<i>sodium bicarbonate injection 4.2%</i>	\$0 (Tier 1)	
<i>sodium bicarbonate injection 8.4%</i>	\$0 (Tier 1)	MO
<i>sodium chloride injection 0.45%</i>	\$0 (Tier 1)	
SODIUM CHLORIDE INJECTION 2.5MEQ/ML, 5%	\$0 (Tier 1)	MO
<i>sodium chloride injection 0.9%, 3%, 4meq/ml</i>	\$0 (Tier 1)	MO
TPN ELECTROLYTES	\$0 (Tier 1)	B/D
<i>ELECTROLYTES/MINERALS/VITAMINS, ORAL</i>		
<i>effe-k tablet effervescent 25meq</i>	\$0 (Tier 1)	MO
<i>fluoride chewable tablet</i>	\$0 (Tier 1)	MO
<i>klor-con 10</i>	\$0 (Tier 1)	
<i>klor-con 8</i>	\$0 (Tier 1)	
<i>klor-con m10</i>	\$0 (Tier 1)	MO
<i>klor-con m15</i>	\$0 (Tier 1)	MO
<i>klor-con m20</i>	\$0 (Tier 1)	MO
<i>klor-con powder packet 20meq</i>	\$0 (Tier 1)	
<i>klor-con effervescent tablet</i>	\$0 (Tier 1)	
M-NATAL PLUS	\$0 (Tier 1)	MO
<i>multi vitamin/fluoride</i>	\$0 (Tier 1)	



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<i>multi-vitamin/fluoride drops</i>	\$0 (Tier 1)	MO
<i>multi-vitamin/fluoride/iron</i>	\$0 (Tier 1)	MO
<i>multivitamin/fluoride</i>	\$0 (Tier 1)	MO
NEONATAL PLUS	\$0 (Tier 1)	MO
NIVA-PLUS	\$0 (Tier 1)	MO
PNV PRENATAL PLUS MULTIVITAMIN	\$0 (Tier 1)	MO
<i>potassium chloride er capsule extended release</i>	\$0 (Tier 1)	MO
<i>potassium chloride er tablet extended release 15meq</i>	\$0 (Tier 1)	
<i>potassium chloride er tablet extended release 10meq, 20meq, 8meq</i>	\$0 (Tier 1)	MO
<i>potassium chloride packet 20meq</i>	\$0 (Tier 1)	MO
<i>potassium chloride oral solution 10%, 20%</i>	\$0 (Tier 1)	MO
PRENATAL	\$0 (Tier 1)	MO
PRENATAL PLUS	\$0 (Tier 1)	MO
<i>sodium fluoride solution 0.5mg/ml</i>	\$0 (Tier 1)	MO
<i>sodium fluoride tablet chewable 0.25mg, 0.5mg, 1mg</i>	\$0 (Tier 1)	MO
<i>tri-vite/fluoride</i>	\$0 (Tier 1)	MO
<i>vitamins a/c/d/fluoride</i>	\$0 (Tier 1)	MO
WESTAB PLUS	\$0 (Tier 1)	MO
IV NUTRITION		
CLINIMIX 4.25%/DEXTROSE 10%	\$0 (Tier 1)	B/D
CLINIMIX 4.25%/DEXTROSE 5%	\$0 (Tier 1)	B/D
CLINIMIX 5%/DEXTROSE 15%	\$0 (Tier 1)	B/D
CLINIMIX 5%/DEXTROSE 20%	\$0 (Tier 1)	B/D
CLINIMIX 6/5	\$0 (Tier 1)	B/D
CLINIMIX 8/10	\$0 (Tier 1)	B/D
CLINIMIX 8/14	\$0 (Tier 1)	B/D
<i>clinisol sf 15%</i>	\$0 (Tier 1)	B/D MO
CLINOLIPID	\$0 (Tier 1)	B/D
<i>dextrose 10%</i>	\$0 (Tier 1)	
<i>dextrose 5%</i>	\$0 (Tier 1)	MO
DEXTROSE 50%	\$0 (Tier 1)	B/D
DEXTROSE 70%	\$0 (Tier 1)	B/D
NUTRILIPID	\$0 (Tier 1)	B/D
<i>plenamine</i>	\$0 (Tier 1)	B/D

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PREMASOL	\$0 (Tier 1)	B/D
PROSOL	\$0 (Tier 1)	B/D
TRAVASOL	\$0 (Tier 1)	B/D
TROPHAMINE	\$0 (Tier 1)	B/D
OPHTHALMIC		
ANTI-INFECTIVE/ANTI-INFLAMMATORY		
<i>neo-polycin hc</i>	\$0 (Tier 1)	
<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	\$0 (Tier 1)	MO
<i>neomycin/polymyxin/dexamethasone</i>	\$0 (Tier 1)	MO
<i>neomycin/polymyxin/hydrocortisone ophthalmic suspension 1%; 3.5mg/ml; 10000unit/ml</i>	\$0 (Tier 1)	MO
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	\$0 (Tier 1)	MO
TOBRADEX OINTMENT	\$0 (Tier 1)	MO
TOBRADEX ST SUSPENSION	\$0 (Tier 1)	MO
<i>tobramycin/dexamethasone</i>	\$0 (Tier 1)	MO
ZYLET	\$0 (Tier 1)	MO
ANTI-INFECTIVES		
<i>bacitracin ophthalmic ointment 500units/gm</i>	\$0 (Tier 1)	MO
<i>bacitracin/polymyxin b ophthalmic ointment</i>	\$0 (Tier 1)	MO
BESIVANCE	\$0 (Tier 1)	MO
CILOXAN OINTMENT	\$0 (Tier 1)	QL (42 GM per 30 days) MO
<i>ciprofloxacin hydrochloride solution 0.3%</i>	\$0 (Tier 1)	QL (30 ML per 30 days) MO
<i>erythromycin ointment 5mg/gm</i>	\$0 (Tier 1)	QL (42 GM per 30 days) MO
<i>gatifloxacin</i>	\$0 (Tier 1)	QL (20 ML per 30 days) MO
<i>gentamicin sulfate ophthalmic solution 0.3%</i>	\$0 (Tier 1)	QL (30 ML per 30 days) MO
<i>levofloxacin ophthalmic solution 1.5%</i>	\$0 (Tier 1)	QL (20 ML per 30 days) MO
<i>levofloxacin ophthalmic solution 0.5%</i>	\$0 (Tier 1)	QL (30 ML per 30 days) MO
<i>moxifloxacin hydrochloride (generic Vigamox) ophthalmic solution 0.5%</i>	\$0 (Tier 1)	QL (12 ML per 30 days) MO
<i>moxifloxacin hydrochloride (generic Moxeza) ophthalmic solution 0.5%</i>	\$0 (Tier 1)	QL (12 ML per 30 days) MO
NATACYN	\$0 (Tier 1)	MO
<i>neo-polycin</i>	\$0 (Tier 1)	
<i>neomycin/bacitracin/polymyxin</i>	\$0 (Tier 1)	MO
<i>neomycin/polymyxin/gramicidin</i>	\$0 (Tier 1)	MO



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<i>ofloxacin ophthalmic solution 0.3%</i>	\$0 (Tier 1)	QL (60 ML per 30 days) MO
<i>polycin</i>	\$0 (Tier 1)	
<i>polymyxin b sulfate/trimethoprim sulfate</i>	\$0 (Tier 1)	MO
<i>sulfacetamide sodium ointment 10%</i>	\$0 (Tier 1)	MO
<i>sulfacetamide sodium solution 10%</i>	\$0 (Tier 1)	QL (90 ML per 30 days) MO
<i>tobramycin solution 0.3%</i>	\$0 (Tier 1)	QL (30 ML per 30 days) MO
<i>trifluridine</i>	\$0 (Tier 1)	MO
XDEMVY	\$0 (Tier 1)	QL (10 ML per 42 days) PA; ACS LD
ZIRGAN	\$0 (Tier 1)	MO
ANTI-INFLAMMATORIES		
ALREX	\$0 (Tier 1)	MO
<i>bromfenac</i>	\$0 (Tier 1)	MO
BROMSITE	\$0 (Tier 1)	MO
<i>dexamethasone sodium phosphate ophthalmic solution 0.1%</i>	\$0 (Tier 1)	MO
<i>diclofenac sodium ophthalmic solution 0.1%</i>	\$0 (Tier 1)	QL (10 ML per 30 days) MO
<i>difluprednate</i>	\$0 (Tier 1)	MO
FLAREX	\$0 (Tier 1)	MO
FLUOROMETHOLONE	\$0 (Tier 1)	MO
<i>flurbiprofen sodium ophthalmic solution 0.03%</i>	\$0 (Tier 1)	MO
<i>ketorolac tromethamine solution 0.4%, 0.5%</i>	\$0 (Tier 1)	MO
LOTEMAX OINTMENT	\$0 (Tier 1)	MO
LOTEMAX SM	\$0 (Tier 1)	MO
<i>loteprednol etabonate gel 0.5%, suspension 0.5%</i>	\$0 (Tier 1)	MO
<i>prednisolone acetate</i>	\$0 (Tier 1)	MO
PREDNISOLONE SODIUM PHOSPHATE OPTHALMIC SOLUTION 1%	\$0 (Tier 1)	MO
PROLENSA	\$0 (Tier 1)	MO
ANTIALLERGICS		
<i>azelastine hcl ophthalmic solution 0.05%</i>	\$0 (Tier 1)	MO
<i>cromolyn sodium solution 4%</i>	\$0 (Tier 1)	MO
<i>epinastine hcl</i>	\$0 (Tier 1)	MO
ZERVIAE	\$0 (Tier 1)	MO
ANTIGLAUCOMA		
<i>betaxolol hcl solution 0.5%</i>	\$0 (Tier 1)	MO

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BETOPTIC-S	\$0 (Tier 1)	MO
<i>brimonidine tartrate/timolol maleate</i>	\$0 (Tier 1)	MO
BRIMONIDINE TARTRATE SOLUTION 0.15%	\$0 (Tier 1)	MO
<i>brimonidine tartrate solution 0.2%</i>	\$0 (Tier 1)	MO
<i>brinzolamide</i>	\$0 (Tier 1)	MO
<i>carteolol hcl</i>	\$0 (Tier 1)	MO
COMBIGAN	\$0 (Tier 1)	MO
<i>dorzolamide hcl/timolol maleate</i>	\$0 (Tier 1)	MO
<i>dorzolamide hydrochloride</i>	\$0 (Tier 1)	MO
<i>dorzolamide hydrochloride/timolol maleate preservative free solution 2%; 0.5%</i>	\$0 (Tier 1)	MO
<i>latanoprost</i>	\$0 (Tier 1)	MO
<i>levobunolol hcl</i>	\$0 (Tier 1)	MO
LUMIGAN	\$0 (Tier 1)	MO
PHOSPHOLINE IODIDE	\$0 (Tier 1)	
<i>pilocarpine hcl ophthalmic solution</i>	\$0 (Tier 1)	MO
RHOPRESSA	\$0 (Tier 1)	MO
ROCKLATAN	\$0 (Tier 1)	MO
SIMBRINZA	\$0 (Tier 1)	MO
TIMOLOL MALEATE OPHTHALMIC GEL FORMING SOLUTION	\$0 (Tier 1)	MO
<i>timolol maleate (generic Timoptic) soln 0.25%, 0.5%</i>	\$0 (Tier 1)	MO
<i>timolol maleate once-daily ophthalmic (generic Istalol) soln 0.5%</i>	\$0 (Tier 1)	MO
<i>travoprost</i>	\$0 (Tier 1)	MO
VYZULTA	\$0 (Tier 1)	MO
MISCELLANEOUS		
ATROPINE SULFATE OPHTHALMIC SOLUTION 1%	\$0 (Tier 1)	MO
CYSTARAN	\$0 (Tier 1)	PA; LD
EYSUVIS	\$0 (Tier 1)	MO
MIEBO	\$0 (Tier 1)	QL (12 ML per 30 days) MO
<i>proparacaine hcl</i>	\$0 (Tier 1)	MO
RESTASIS	\$0 (Tier 1)	QL (60 EA per 30 days) MO
RESTASIS MULTIDOSE	\$0 (Tier 1)	QL (5.5 ML per 30 days) MO



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XIIDRA	\$0 (Tier 1)	QL (60 EA per 30 days) MO
OTIC		
OTIC AGENTS		
<i>acetic acid</i>	\$0 (Tier 1)	MO
CIPRO HC	\$0 (Tier 1)	MO
CIPROFLOXACIN	\$0 (Tier 1)	MO
<i>ciprofloxacin/dexamethasone</i>	\$0 (Tier 1)	MO
<i>flac</i>	\$0 (Tier 1)	
<i>fluocinolone acetonide oil 0.01%</i>	\$0 (Tier 1)	MO
<i>hydrocortisone/acetic acid</i>	\$0 (Tier 1)	MO
<i>neomycin/polymyxin/hc</i>	\$0 (Tier 1)	MO
<i>neomycin/polymyxin/hydrocortisone otic suspension 1%; 3.5mg/ml; 10000unit/ml</i>	\$0 (Tier 1)	MO
<i>ofloxacin otic solution 0.3%</i>	\$0 (Tier 1)	MO
RESPIRATORY		
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS		
ANORO ELLIPTA	\$0 (Tier 1)	QL (60 EA per 30 days) MO
BEVESPI AEROSPHERE	\$0 (Tier 1)	QL (10.7 GM per 30 days) MO
BREZTRI AEROSPHERE	\$0 (Tier 1)	QL (10.7 GM per 30 days) MO
COMBIVENT RESPIMAT	\$0 (Tier 1)	QL (8 GM per 30 days) MO
<i>ipratropium bromide/albuterol sulfate</i>	\$0 (Tier 1)	B/D MO
TRELEGY ELLIPTA	\$0 (Tier 1)	QL (60 EA per 30 days) MO
ANTICHOLINERGICS		
ATROVENT HFA	\$0 (Tier 1)	QL (25.8 GM per 30 days) MO
INCRUSE ELLIPTA	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>ipratropium bromide inhalation solution 0.02%</i>	\$0 (Tier 1)	B/D MO
<i>ipratropium bromide nasal solution 0.03%</i>	\$0 (Tier 1)	QL (30 ML per 28 days) MO
<i>ipratropium bromide nasal solution 0.06%</i>	\$0 (Tier 1)	QL (45 ML per 30 days) MO
ANTI-HISTAMINES		
<i>azelastine hcl nasal solution 0.15%</i>	\$0 (Tier 1)	QL (30 ML per 25 days) MO
<i>azelastine hydrochloride nasal spray 0.1%</i>	\$0 (Tier 1)	QL (30 ML per 25 days) MO
<i>carbinoxamine maleate oral solution, tablet 4mg</i>	\$0 (Tier 1)	PA MO
<i>cetirizine hydrochloride oral solution 1mg/ml</i>	\$0 (Tier 1)	QL (300 ML per 30 days) MO
<i>clemastine fumarate tablet</i>	\$0 (Tier 1)	PA MO
<i>cyproheptadine hcl syrup</i>	\$0 (Tier 1)	PA MO; HRM

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<i>cyproheptadine hydrochloride tablet</i>	\$0 (Tier 1)	PA MO; HRM
<i>desloratadine</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>desloratadine odt</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>diphenhydramine hcl injection</i>	\$0 (Tier 1)	MO; HRM
<i>hydroxyzine hcl</i>	\$0 (Tier 1)	PA MO; HRM
<i>hydroxyzine hydrochloride</i>	\$0 (Tier 1)	PA MO; HRM
<i>hydroxyzine pamoate</i>	\$0 (Tier 1)	PA MO; HRM
<i>levocetirizine dihydrochloride tablet</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>levocetirizine dihydrochloride solution</i>	\$0 (Tier 1)	MO
<i>olopatadine hcl</i>	\$0 (Tier 1)	QL (30.5 GM per 30 days) MO
BETA AGONISTS		
<i>albuterol sulfate hfa (generic Proventil HFA) aerosol solution 108mcg/act</i>	\$0 (Tier 1)	QL (13.4 GM per 30 days) MO
<i>albuterol sulfate hfa (generic ProAir HFA) aerosol solution 108mcg/act</i>	\$0 (Tier 1)	QL (17 GM per 30 days) MO
<i>albuterol sulfate hfa (generic Ventolin HFA) aerosol solution 108mcg/act</i>	\$0 (Tier 1)	QL (36 GM per 30 days) MO
<i>albuterol sulfate nebulization solution</i>	\$0 (Tier 1)	B/D MO
<i>albuterol sulfate syrup, tablet</i>	\$0 (Tier 1)	MO
<i>levalbuterol hcl nebulization solution 0.63mg/3ml, 1.25mg/3ml</i>	\$0 (Tier 1)	B/D MO
<i>levalbuterol hcl nebulization solution 0.31mg/3ml</i>	\$0 (Tier 1)	B/D MO
<i>levalbuterol hydrochloride nebulization solution 0.63mg/3ml, 1.25mg/3ml</i>	\$0 (Tier 1)	B/D MO
<i>levalbuterol nebulization solution 1.25mg/0.5ml</i>	\$0 (Tier 1)	B/D MO
LEVALBUTEROL TARTRATE HFA	\$0 (Tier 1)	QL (30 GM per 30 days) MO
SEREVENT DISKUS	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>terbutaline sulfate</i>	\$0 (Tier 1)	MO
VENTOLIN HFA	\$0 (Tier 1)	QL (36 GM per 30 days) MO
LEUKOTRIENE MODULATORS		
<i>montelukast sodium tablet chewable, tablet</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>montelukast sodium packet</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>zafirlukast</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
MISCELLANEOUS		
<i>acetylcysteine inhalation solution 10%, 20%</i>	\$0 (Tier 1)	B/D MO
<i>aminophylline</i>	\$0 (Tier 1)	



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BRONCHITOL	\$0 (Tier 1)	QL (560 EA per 28 days) PA
<i>cromolyn sodium nebulization solution 20mg/2ml</i>	\$0 (Tier 1)	B/D MO
<i>epinephrine injection 0.15mg/0.15ml, 0.15mg/0.3ml, 0.3mg/0.3ml</i>	\$0 (Tier 1)	QL (2 EA per 30 days) MO
FASENRA PEN	\$0 (Tier 1)	QL (1 ML per 28 days) PA; ACS LD
FASENRA INJECTION 10MG/0.5ML	\$0 (Tier 1)	QL (0.5 ML per 28 days) PA; ACS LD
FASENRA INJECTION 30MG/ML	\$0 (Tier 1)	QL (1 ML per 28 days) PA; ACS LD
KALYDECO PACKET	\$0 (Tier 1)	QL (56 EA per 28 days) PA; LD
KALYDECO TABLET	\$0 (Tier 1)	QL (60 EA per 30 days) PA; LD
OFEV	\$0 (Tier 1)	QL (60 EA per 30 days) PA; ACS LD
ORKAMBI TABLET	\$0 (Tier 1)	QL (112 EA per 28 days) PA; LD
ORKAMBI PACKET	\$0 (Tier 1)	QL (56 EA per 28 days) PA; LD
<i>pirfenidone capsule</i>	\$0 (Tier 1)	QL (270 EA per 30 days) PA; ACS
<i>pirfenidone tablet 267mg</i>	\$0 (Tier 1)	QL (270 EA per 30 days) PA; ACS
<i>pirfenidone tablet 534mg, 801mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) PA; ACS
PROLASTIN-C	\$0 (Tier 1)	PA; LD
PULMOZYME	\$0 (Tier 1)	PA; ACS
<i>roflumilast</i>	\$0 (Tier 1)	MO
<i>theophylline solution</i>	\$0 (Tier 1)	MO
<i>theophylline er tablet extended release 24 hour</i>	\$0 (Tier 1)	MO
<i>theophylline er tablet extended release 12 hour 200mg</i>	\$0 (Tier 1)	
<i>theophylline er tablet extended release 12 hour 100mg, 300mg, 450mg</i>	\$0 (Tier 1)	MO
TRIKAFTA GRANULES THERAPY PACK	\$0 (Tier 1)	QL (56 EA per 28 days) PA; LD
TRIKAFTA TABLET THERAPY PACK	\$0 (Tier 1)	QL (84 EA per 28 days) PA; LD
XOLAIR	\$0 (Tier 1)	PA; ACS LD
NASAL STEROIDS		
<i>flunisolide</i>	\$0 (Tier 1)	QL (75 ML per 30 days) MO
<i>fluticasone propionate suspension 50mcg/act</i>	\$0 (Tier 1)	QL (16 GM per 30 days) MO
<i>mometasone furoate suspension 50mcg/act</i>	\$0 (Tier 1)	QL (34 GM per 30 days) MO
XHANCE	\$0 (Tier 1)	QL (32 ML per 30 days) PA MO
STEROID INHALANTS		
ALVESCO	\$0 (Tier 1)	QL (12.2 GM per 30 days) MO
ARNUITY ELLIPTA	\$0 (Tier 1)	QL (30 EA per 30 days) MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>budesonide suspension 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml</i>	\$0 (Tier 1)	B/D MO
STEROID/BETA-AGONIST COMBINATIONS		
BREO ELLIPTA	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>budesonide/formoterol fumarate dihydrate</i>	\$0 (Tier 1)	QL (10.2 GM per 30 days) MO
DULERA	\$0 (Tier 1)	QL (13 GM per 30 days) MO
<i>fluticasone propionate/salmeterol aerosol powder breath activated 500mcg/act; 50mcg/act</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>fluticasone propionate/salmeterol diskus</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>fluticasone propionate/salmeterol hfa</i>	\$0 (Tier 1)	QL (12 GM per 30 days) MO
<i>wixela inhub</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
TOPICAL		
DERMATOLOGY, ACNE		
<i>accutane</i>	\$0 (Tier 1)	PA
<i>amnesteam</i>	\$0 (Tier 1)	PA
<i>claravis</i>	\$0 (Tier 1)	PA
<i>clindacin</i>	\$0 (Tier 1)	QL (100 GM per 30 days)
<i>clindamycin phosphate foam 1%</i>	\$0 (Tier 1)	QL (100 GM per 30 days) MO
<i>clindamycin phosphate gel tube 1%</i>	\$0 (Tier 1)	QL (75 GM per 30 days) MO
<i>clindamycin phosphate gel bottle 1%</i>	\$0 (Tier 1)	QL (75 ML per 30 days) MO
<i>clindamycin phosphate lotion 1%</i>	\$0 (Tier 1)	QL (60 ML per 30 days) MO
<i>clindamycin phosphate external solution 1%</i>	\$0 (Tier 1)	QL (60 ML per 30 days) MO
<i>dapsone gel 5%</i>	\$0 (Tier 1)	QL (90 GM per 30 days) MO
<i>ery pad 2%</i>	\$0 (Tier 1)	MO
<i>erythromycin/benzoyl peroxide</i>	\$0 (Tier 1)	MO
<i>erythromycin gel 2%</i>	\$0 (Tier 1)	QL (60 GM per 30 days) MO
<i>erythromycin solution 2%</i>	\$0 (Tier 1)	QL (60 ML per 30 days) MO
<i>isotretinoin</i>	\$0 (Tier 1)	PA
<i>sulfacetamide sodium lotion 10%</i>	\$0 (Tier 1)	MO
<i>tretinoin cream 0.025%, 0.05%, 0.1%</i>	\$0 (Tier 1)	QL (45 GM per 30 days) PA MO
<i>tretinoin gel 0.01%, 0.025%, 0.05%</i>	\$0 (Tier 1)	QL (45 GM per 30 days) PA MO
<i>zenatane</i>	\$0 (Tier 1)	PA
DERMATOLOGY, ANTIBIOTICS		
<i>gentamicin sulfate cream 0.1%</i>	\$0 (Tier 1)	QL (30 GM per 30 days) MO
<i>gentamicin sulfate ointment 0.1%</i>	\$0 (Tier 1)	QL (30 GM per 30 days) MO
<i>mafenide acetate</i>	\$0 (Tier 1)	MO



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<i>mupirocin ointment</i>	\$0 (Tier 1)	QL (30 GM per 30 days) MO
<i>mupirocin cream</i>	\$0 (Tier 1)	QL (30 GM per 30 days) MO
<i>silver sulfadiazine</i>	\$0 (Tier 1)	MO
SSD	\$0 (Tier 1)	
SULFAMYLLON CREAM 85MG/GM	\$0 (Tier 1)	MO
DERMATOLOGY, ANTIFUNGALS		
<i>ciclopirox olamine cream 0.77%</i>	\$0 (Tier 1)	QL (90 GM per 30 days) MO
<i>ciclopirox gel</i>	\$0 (Tier 1)	QL (100 GM per 30 days) MO
<i>ciclopirox shampoo</i>	\$0 (Tier 1)	QL (120 ML per 30 days) MO
<i>ciclopirox suspension</i>	\$0 (Tier 1)	QL (60 ML per 30 days) MO
<i>clotrimazole/betamethasone dipropionate cream</i>	\$0 (Tier 1)	QL (45 GM per 30 days) MO
<i>clotrimazole cream 1%</i>	\$0 (Tier 1)	QL (45 GM per 30 days) MO
<i>clotrimazole solution 1%</i>	\$0 (Tier 1)	QL (30 ML per 30 days) MO
<i>econazole nitrate</i>	\$0 (Tier 1)	QL (85 GM per 30 days) MO
ERTACZO	\$0 (Tier 1)	QL (60 GM per 30 days) MO
<i>ketoconazole cream 2%</i>	\$0 (Tier 1)	QL (60 GM per 30 days) MO
<i>ketoconazole foam 2%</i>	\$0 (Tier 1)	QL (100 GM per 30 days) MO
<i>ketoconazole shampoo 2%</i>	\$0 (Tier 1)	QL (120 ML per 30 days) MO
<i>ketodan</i>	\$0 (Tier 1)	QL (100 GM per 30 days)
<i>klayesta</i>	\$0 (Tier 1)	QL (60 GM per 30 days)
<i>naftifine hcl cream 1%</i>	\$0 (Tier 1)	QL (90 GM per 30 days) MO
<i>nyamyc</i>	\$0 (Tier 1)	QL (60 GM per 30 days)
<i>nystatin cream 100000unit/gm</i>	\$0 (Tier 1)	QL (30 GM per 30 days) MO
<i>nystatin ointment 100000unit/gm</i>	\$0 (Tier 1)	QL (30 GM per 30 days) MO
<i>nystatin powder 100000unit/gm</i>	\$0 (Tier 1)	QL (60 GM per 30 days) MO
<i>nystop</i>	\$0 (Tier 1)	QL (60 GM per 30 days)
<i>selenium sulfide lotion</i>	\$0 (Tier 1)	MO
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin</i>	\$0 (Tier 1)	PA MO
<i>calcipotriene solution</i>	\$0 (Tier 1)	QL (60 ML per 30 days) PA MO
<i>calcipotriene cream, ointment</i>	\$0 (Tier 1)	QL (120 GM per 30 days) PA MO
<i>calcitrene</i>	\$0 (Tier 1)	QL (120 GM per 30 days) PA MO
CALCITRIOL OINTMENT 3MCG/GM	\$0 (Tier 1)	QL (800 GM per 28 days) PA MO
<i>methoxsalen</i>	\$0 (Tier 1)	MO
<i>tazarotene gel</i>	\$0 (Tier 1)	QL (100 GM per 30 days) PA MO
<i>tazarotene cream</i>	\$0 (Tier 1)	QL (60 GM per 30 days) PA MO

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TAZORAC CREAM 0.05%	\$0 (Tier 1)	QL (60 GM per 30 days) PA MO
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort</i>	\$0 (Tier 1)	
<i>alclometasone dipropionate</i>	\$0 (Tier 1)	QL (60 GM per 30 days) MO
<i>betamethasone dipropionate augmented cream</i>	\$0 (Tier 1)	MO
<i>betamethasone dipropionate augmented gel, ointment</i>	\$0 (Tier 1)	MO
<i>betamethasone dipropionate augmented lotion</i>	\$0 (Tier 1)	QL (120 ML per 30 days) MO
<i>betamethasone dipropionate lotion</i>	\$0 (Tier 1)	MO
<i>betamethasone dipropionate cream, ointment</i>	\$0 (Tier 1)	MO
<i>betamethasone valerate cream, lotion, ointment</i>	\$0 (Tier 1)	MO
<i>clobetasol propionate e</i>	\$0 (Tier 1)	QL (60 GM per 30 days) MO
<i>clobetasol propionate shampoo</i>	\$0 (Tier 1)	QL (118 ML per 30 days) MO
<i>clobetasol propionate solution</i>	\$0 (Tier 1)	QL (50 ML per 30 days) MO
<i>clobetasol propionate cream, gel, ointment</i>	\$0 (Tier 1)	QL (60 GM per 30 days) MO
<i>clodan shampoo 0.05%</i>	\$0 (Tier 1)	QL (118 ML per 30 days)
<i>desonide cream, ointment</i>	\$0 (Tier 1)	QL (60 GM per 30 days) MO
<i>desoximetasone cream 0.25%, ointment 0.25%</i>	\$0 (Tier 1)	QL (100 GM per 30 days) MO
<i>fluocinolone acetonide body</i>	\$0 (Tier 1)	QL (118.28 ML per 30 days) MO
<i>fluocinolone acetonide scalp</i>	\$0 (Tier 1)	QL (118.28 ML per 30 days) MO
<i>fluocinolone acetonide cream 0.025%</i>	\$0 (Tier 1)	QL (120 GM per 30 days) MO
<i>fluocinolone acetonide cream 0.01%</i>	\$0 (Tier 1)	QL (60 GM per 30 days) MO
<i>fluocinolone acetonide ointment 0.025%</i>	\$0 (Tier 1)	QL (120 GM per 30 days) MO
<i>fluocinolone acetonide solution 0.01%</i>	\$0 (Tier 1)	QL (60 ML per 30 days) MO
<i>fluocinonide emulsified base</i>	\$0 (Tier 1)	QL (120 GM per 30 days) MO
<i>fluocinonide cream</i>	\$0 (Tier 1)	QL (120 GM per 30 days) MO
<i>fluocinonide gel, ointment</i>	\$0 (Tier 1)	QL (60 GM per 30 days) MO
<i>fluocinonide solution</i>	\$0 (Tier 1)	QL (60 ML per 30 days) MO
<i>fluticasone propionate cream 0.05%</i>	\$0 (Tier 1)	MO
<i>fluticasone propionate ointment 0.005%</i>	\$0 (Tier 1)	MO
<i>halobetasol propionate cream</i>	\$0 (Tier 1)	QL (50 GM per 30 days) MO
<i>halobetasol propionate ointment</i>	\$0 (Tier 1)	QL (50 GM per 30 days) MO
<i>hydrocortisone valerate ointment 0.2%</i>	\$0 (Tier 1)	QL (60 GM per 30 days) MO
<i>hydrocortisone cream 1%</i>	\$0 (Tier 1)	MO
<i>hydrocortisone cream 2.5%</i>	\$0 (Tier 1)	QL (30 GM per 30 days) MO
<i>hydrocortisone lotion 2.5%</i>	\$0 (Tier 1)	MO



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<i>hydrocortisone ointment 1%, 2.5%</i>	\$0 (Tier 1)	QL (30 GM per 30 days) MO
<i>mometasone furoate cream 0.1%</i>	\$0 (Tier 1)	MO
<i>mometasone furoate ointment 0.1%</i>	\$0 (Tier 1)	MO
<i>mometasone furoate solution 0.1%</i>	\$0 (Tier 1)	MO
<i>proctosol hc</i>	\$0 (Tier 1)	
<i>triamcinolone acetonide cream 0.025%, 0.5%</i>	\$0 (Tier 1)	MO
<i>triamcinolone acetonide cream 0.1%</i>	\$0 (Tier 1)	QL (454 GM per 30 days) MO
<i>triamcinolone acetonide lotion 0.025%, 0.1%</i>	\$0 (Tier 1)	MO
<i>triamcinolone acetonide ointment 0.025%, 0.1%, 0.5%</i>	\$0 (Tier 1)	MO
DERMATOLOGY, LOCAL ANESTHETICS		
<i>lidocaine/prilocaine</i>	\$0 (Tier 1)	QL (30 GM per 30 days) MO
<i>lidocaine ointment</i>	\$0 (Tier 1)	QL (35.44 GM per 30 days) PA MO
<i>lidocaine patch</i>	\$0 (Tier 1)	QL (90 EA per 30 days) PA MO
<i>lidocan</i>	\$0 (Tier 1)	QL (90 EA per 30 days) PA
<i>tridacaine</i>	\$0 (Tier 1)	QL (90 EA per 30 days) PA
<i>tridacaine ii</i>	\$0 (Tier 1)	QL (90 EA per 30 days) PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>ammonium lactate cream, lotion</i>	\$0 (Tier 1)	MO
<i>azelaic acid</i>	\$0 (Tier 1)	QL (50 GM per 30 days) MO
<i>bexarotene gel 1%</i>	\$0 (Tier 1)	QL (60 GM per 30 days) PA; ACS
<i>diclofenac sodium external solution 1.5%</i>	\$0 (Tier 1)	QL (300 ML per 28 days) MO
DOXEPIN HYDROCHLORIDE CREAM 5%	\$0 (Tier 1)	QL (45 GM per 30 days) PA MO
DOXYCYCLINE CAPSULE DELAYED RELEASE 40MG	\$0 (Tier 1)	QL (30 EA per 30 days) PA MO
FLUOROURACIL CREAM 0.5%	\$0 (Tier 1)	QL (30 GM per 30 days) PA MO
<i>fluorouracil cream 5%</i>	\$0 (Tier 1)	QL (40 GM per 30 days) MO
<i>fluorouracil solution</i>	\$0 (Tier 1)	QL (10 ML per 30 days) MO
<i>hydrocortisone perianal cream 1%</i>	\$0 (Tier 1)	MO
IMIQUIMOD PUMP	\$0 (Tier 1)	QL (15 GM per 28 days) MO
<i>imiquimod cream 5%</i>	\$0 (Tier 1)	QL (24 EA per 30 days) MO
<i>imiquimod cream 3.75%</i>	\$0 (Tier 1)	QL (28 EA per 28 days) MO
<i>metronidazole cream 0.75%</i>	\$0 (Tier 1)	MO
<i>metronidazole gel 0.75%</i>	\$0 (Tier 1)	MO
<i>metronidazole gel 1%</i>	\$0 (Tier 1)	MO

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<i>metronidazole lotion 0.75%</i>	\$0 (Tier 1)	MO
<i>nitroglycerin ointment 0.4%</i>	\$0 (Tier 1)	QL (30 GM per 30 days) MO
NORITATE	\$0 (Tier 1)	QL (60 GM per 30 days) MO
PANRETIN	\$0 (Tier 1)	QL (60 GM per 30 days) PA
<i>pimecrolimus</i>	\$0 (Tier 1)	QL (100 GM per 30 days) MO
<i>podofilox solution</i>	\$0 (Tier 1)	MO
<i>procto-med hc</i>	\$0 (Tier 1)	
<i>proctocort</i>	\$0 (Tier 1)	
<i>proctozone-hc</i>	\$0 (Tier 1)	
RECTIV	\$0 (Tier 1)	QL (30 GM per 30 days) MO
<i>tacrolimus ointment 0.03%, 0.1%</i>	\$0 (Tier 1)	QL (60 GM per 30 days) MO
VALCHLOR	\$0 (Tier 1)	QL (60 GM per 30 days) PA; LD
ZYCLARA PUMP CREAM 2.5%	\$0 (Tier 1)	QL (7.5 GM per 28 days) MO
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>malathion</i>	\$0 (Tier 1)	MO
<i>permethrin cream 5%</i>	\$0 (Tier 1)	MO
DERMATOLOGY, WOUND CARE AGENTS		
REGRANEX	\$0 (Tier 1)	QL (30 GM per 30 days) PA MO
SANTYL	\$0 (Tier 1)	QL (180 GM per 30 days) MO
<i>sodium chloride 0.9% irrigation soln</i>	\$0 (Tier 1)	MO
<i>sterile water for irrigation</i>	\$0 (Tier 1)	MO
MOUTH/THROAT/DENTAL AGENTS		
<i>cevimeline hydrochloride</i>	\$0 (Tier 1)	MO
<i>chlorhexidine gluconate oral rinse 0.12%</i>	\$0 (Tier 1)	MO
<i>clinpro 5000</i>	\$0 (Tier 1)	MO
<i>clotrimazole troche 10mg</i>	\$0 (Tier 1)	MO
<i>denta 5000 plus sensitive</i>	\$0 (Tier 1)	MO
<i>dentagel</i>	\$0 (Tier 1)	MO
<i>fluoridex daily defense</i>	\$0 (Tier 1)	
<i>fluoridex sensitivity relief/sls free</i>	\$0 (Tier 1)	
<i>fluorimax 5000</i>	\$0 (Tier 1)	
<i>fluorimax 5000 sensitive</i>	\$0 (Tier 1)	
<i>just right 5000</i>	\$0 (Tier 1)	
<i>kourzeq</i>	\$0 (Tier 1)	
<i>lidocaine hydrochloride viscous solution 2%</i>	\$0 (Tier 1)	MO
<i>lidocaine viscous solution 2%</i>	\$0 (Tier 1)	MO



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<i>nystatin suspension 100000unit/ml</i>	\$0 (Tier 1)	MO
<i>oralone dental paste</i>	\$0 (Tier 1)	
<i>periogard</i>	\$0 (Tier 1)	
<i>pilocarpine hydrochloride tablet</i>	\$0 (Tier 1)	MO
<i>sf gel 1.1%</i>	\$0 (Tier 1)	MO
<i>sodium fluoride 5000 ppm paste</i>	\$0 (Tier 1)	MO
<i>sodium fluoride gel 1.1%</i>	\$0 (Tier 1)	MO
<i>triamcinolone acetonide dental paste</i>	\$0 (Tier 1)	MO
NON MEDICARE PART D		
Over the Counter		
<i>a&d</i>	\$0 (Tier 1)	OTC
<i>a+d prevent</i>	\$0 (Tier 1)	OTC
<i>acetaminophen</i>	\$0 (Tier 1)	OTC
<i>acetaminophen er 8 hour arthritis pain relief</i>	\$0 (Tier 1)	OTC
<i>acetaminophen extra strength</i>	\$0 (Tier 1)	OTC
<i>acetaminophen junior strength</i>	\$0 (Tier 1)	OTC
<i>acidophilus lactobacilli</i>	\$0 (Tier 1)	OTC
<i>acidophilus/l-sporogenes extra strength</i>	\$0 (Tier 1)	OTC
<i>acidophilus/pectin</i>	\$0 (Tier 1)	OTC
<i>acne medication 10 gel</i>	\$0 (Tier 1)	OTC
ACNE MEDICATION 10 LOTION	\$0 (Tier 1)	OTC
<i>acne medication 2.5</i>	\$0 (Tier 1)	OTC
<i>acne medication 5 gel</i>	\$0 (Tier 1)	OTC
ACNE MEDICATION 5 LOTION	\$0 (Tier 1)	OTC
ACTIVNUTRIENTS	\$0 (Tier 1)	OTC
ALAHIST D	\$0 (Tier 1)	OTC
ALBUSTIX	\$0 (Tier 1)	OTC
<i>allergy childrens</i>	\$0 (Tier 1)	OTC
<i>aluminum/magnesium/simethicone</i>	\$0 (Tier 1)	OTC
<i>ammonium lactate</i>	\$0 (Tier 1)	OTC
<i>animal chews</i>	\$0 (Tier 1)	OTC
ANIMAL SHAPES/IRON	\$0 (Tier 1)	OTC
<i>antacid extra strength</i>	\$0 (Tier 1)	OTC
<i>antacid plus anti-gas relief</i>	\$0 (Tier 1)	OTC
<i>anti-dandruff shampoo</i>	\$0 (Tier 1)	OTC
<i>antifungal</i>	\$0 (Tier 1)	OTC

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<i>antifungal powder</i>	\$0 (Tier 1)	OTC
<i>anti-itch</i>	\$0 (Tier 1)	OTC
<i>anti-itch maximum strength</i>	\$0 (Tier 1)	OTC
<i>aquanil hc</i>	\$0 (Tier 1)	OTC
<i>arthritis pain relieving</i>	\$0 (Tier 1)	OTC
<i>artificial tears</i>	\$0 (Tier 1)	OTC
<i>ascorbic acid</i>	\$0 (Tier 1)	OTC
<i>aspirin 81</i>	\$0 (Tier 1)	OTC
<i>aspirin 81 low dose</i>	\$0 (Tier 1)	OTC
<i>aspirin regular strength</i>	\$0 (Tier 1)	OTC
ASPIRIN SUPPOSITORY	\$0 (Tier 1)	OTC
<i>aspirin tablet</i>	\$0 (Tier 1)	OTC
<i>bacitracin</i>	\$0 (Tier 1)	OTC
<i>banophen</i>	\$0 (Tier 1)	OTC
<i>b-complex/c</i>	\$0 (Tier 1)	OTC
BD GLUCOSE	\$0 (Tier 1)	OTC
<i>benzoyl peroxide creamy wash</i>	\$0 (Tier 1)	OTC
<i>benzoyl peroxide wash</i>	\$0 (Tier 1)	OTC
BENZYL ALCOHOL	\$0 (Tier 1)	OTC
BENZYL BENZOATE	\$0 (Tier 1)	OTC
<i>bisacodyl</i>	\$0 (Tier 1)	OTC
<i>bisacodyl ec</i>	\$0 (Tier 1)	OTC
<i>bismuth subsalicylate</i>	\$0 (Tier 1)	OTC
BLOOD ORANGE OS	\$0 (Tier 1)	OTC
BUFFERIN	\$0 (Tier 1)	OTC
<i>butenafine hydrochloride</i>	\$0 (Tier 1)	OTC
<i>c-500</i>	\$0 (Tier 1)	OTC
CALAMINE	\$0 (Tier 1)	OTC
<i>calcidol</i>	\$0 (Tier 1)	OTC
<i>calcium 500 + d</i>	\$0 (Tier 1)	OTC
<i>calcium 500/vitamin d3</i>	\$0 (Tier 1)	OTC
<i>calcium 500+d</i>	\$0 (Tier 1)	OTC
<i>calcium 600</i>	\$0 (Tier 1)	OTC
<i>calcium 600 + minerals</i>	\$0 (Tier 1)	OTC
<i>calcium 600+d</i>	\$0 (Tier 1)	OTC
<i>calcium carbonate</i>	\$0 (Tier 1)	OTC



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<i>calcium citrate</i>	\$0 (Tier 1)	OTC
<i>calcium polycarbophil</i>	\$0 (Tier 1)	OTC
<i>calcium tablet 1500mg, 600mg</i>	\$0 (Tier 1)	OTC
CALCIUM TABLET 500MG	\$0 (Tier 1)	OTC
<i>calcium/vitamin d</i>	\$0 (Tier 1)	OTC
<i>calcium+d3</i>	\$0 (Tier 1)	OTC
<i>capasil</i>	\$0 (Tier 1)	OTC
<i>capsaicin</i>	\$0 (Tier 1)	OTC
<i>carboxymethylcellulose sodium ophthalmic gel</i>	\$0 (Tier 1)	OTC
CASTOR OIL	\$0 (Tier 1)	OTC
<i>castor oil stimulant laxative</i>	\$0 (Tier 1)	OTC
<i>cerovite jr</i>	\$0 (Tier 1)	OTC
<i>cetirizine hcl</i>	\$0 (Tier 1)	OTC
<i>cetirizine hydrochloride solution 5mg/5ml</i>	\$0 (Tier 1)	OTC
<i>cetirizine hydrochloride solution 5mg/5ml</i>	\$0 (Tier 1)	OTC
<i>cetirizine hydrochloride tablet</i>	\$0 (Tier 1)	OTC
<i>cetirizine hydrochloride/pseudoephedrine hydrochloride</i>	\$0 (Tier 1)	OTC
CHEMSTRIP 2 LN STRIPS	\$0 (Tier 1)	OTC
CHEMSTRIP 9 STRIPS	\$0 (Tier 1)	OTC
CHEMSTRIP UGK	\$0 (Tier 1)	OTC
CHERRY SYRUP	\$0 (Tier 1)	OTC
<i>childrens animal shapes complete</i>	\$0 (Tier 1)	OTC
<i>children's chewable acetaminophen</i>	\$0 (Tier 1)	OTC
CHLOPHEDIANOL/DEXCHLOPHENIRAMINE./PSEUDOEPHEDRINE	\$0 (Tier 1)	OTC
<i>chlorpheniramine maleate</i>	\$0 (Tier 1)	OTC
<i>cimetidine 200</i>	\$0 (Tier 1)	OTC
<i>clotrimazole antifungal</i>	\$0 (Tier 1)	OTC
<i>clotrimazole cream 1%</i>	\$0 (Tier 1)	OTC
<i>clotrimazole cream 2%</i>	\$0 (Tier 1)	OTC
<i>clotrimazole solution</i>	\$0 (Tier 1)	OTC
<i>co-enzyme q 10</i>	\$0 (Tier 1)	OTC
<i>coenzyme q-10</i>	\$0 (Tier 1)	OTC
<i>co-enzyme q-10</i>	\$0 (Tier 1)	OTC
<i>coenzyme q-10/high poten cy</i>	\$0 (Tier 1)	OTC

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>cold & cough childrens</i>	\$0 (Tier 1)	OTC
<i>corn and callus remover</i>	\$0 (Tier 1)	OTC
COTTONSEED OIL	\$0 (Tier 1)	OTC
<i>cromolyn sodium</i>	\$0 (Tier 1)	OTC
<i>cvs lubricating eye drops/dry eye</i>	\$0 (Tier 1)	OTC
<i>cvs natural tears pf</i>	\$0 (Tier 1)	OTC
<i>cvs olopatadine hydrochloride</i>	\$0 (Tier 1)	OTC
<i>cvs sleep-aid nighttime</i>	\$0 (Tier 1)	OTC
<i>cyanocobalamin</i>	\$0 (Tier 1)	OTC
<i>d 1000</i>	\$0 (Tier 1)	OTC
<i>d3</i>	\$0 (Tier 1)	OTC
<i>d3-50</i>	\$0 (Tier 1)	OTC
<i>daily vitamin formula</i>	\$0 (Tier 1)	OTC
<i>daily-vite</i>	\$0 (Tier 1)	OTC
<i>dextromethorphan polistirex er</i>	\$0 (Tier 1)	OTC
<i>dextromethorphan/guaiifenesin</i>	\$0 (Tier 1)	OTC
<i>dextromethorphan/guaiifenesin/phenylephrine</i>	\$0 (Tier 1)	OTC
DHS TAR	\$0 (Tier 1)	OTC
DIASTIX	\$0 (Tier 1)	OTC
<i>diphenhydramine hcl</i>	\$0 (Tier 1)	OTC
<i>diphenhydramine hcl/zinc acetate</i>	\$0 (Tier 1)	OTC
<i>diphenhydramine hydrochloride</i>	\$0 (Tier 1)	OTC
<i>docusate calcium</i>	\$0 (Tier 1)	OTC
<i>docusate sodium capsule, liquid, tablet</i>	\$0 (Tier 1)	OTC
DOCUSATE SODIUM SYRUP	\$0 (Tier 1)	OTC
<i>dry eye relief</i>	\$0 (Tier 1)	OTC
<i>dry eye relief drops</i>	\$0 (Tier 1)	OTC
D-VI-SOL	\$0 (Tier 1)	OTC
<i>ear drops</i>	\$0 (Tier 1)	OTC
<i>easy-lax plus</i>	\$0 (Tier 1)	OTC
EMPTY CAPSULE SIZE 000 WHITE/OPAQUE LOCKING	\$0 (Tier 1)	OTC
ENCARE	\$0 (Tier 1)	OTC
<i>enema disposable</i>	\$0 (Tier 1)	OTC
ENVIVE	\$0 (Tier 1)	OTC
<i>eq laxative</i>	\$0 (Tier 1)	OTC



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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>epl acetaminophence.</i>	\$0 (Tier 1)	OTC
<i>esomeprazole magnesium</i>	\$0 (Tier 1)	OTC
ETHYL OLEATE	\$0 (Tier 1)	OTC
<i>eye allergy itch/redness relief</i>	\$0 (Tier 1)	OTC
<i>eye allergy relief</i>	\$0 (Tier 1)	OTC
<i>eye drops</i>	\$0 (Tier 1)	OTC
<i>famotidine tablet 10mg</i>	\$0 (Tier 1)	OTC
<i>famotidine tablet 20mg</i>	\$0 (Tier 1)	OTC
FC2 FEMALE CONDOM	\$0 (Tier 1)	OTC
FERRETT'S CHEWABLE IRON	\$0 (Tier 1)	OTC
<i>ferrocite</i>	\$0 (Tier 1)	OTC
<i>ferrous fumarate</i>	\$0 (Tier 1)	OTC
<i>ferrous fumarate 324</i>	\$0 (Tier 1)	OTC
<i>ferrous gluconate tablet 240mg, 324mg</i>	\$0 (Tier 1)	OTC
FERROUS GLUCONATE TABLET 324MG	\$0 (Tier 1)	OTC
<i>ferrous sulfate solution, tablet</i>	\$0 (Tier 1)	OTC
FERROUS SULFATE TABLET DELAYED RELEASE 324MG	\$0 (Tier 1)	OTC
<i>ferrous sulfate tablet delayed release 325mg</i>	\$0 (Tier 1)	OTC
<i>fexofenadine hydrochloride</i>	\$0 (Tier 1)	OTC
<i>fexofenadine hydrochloride/pseudoephedrine hydrochloride er</i>	\$0 (Tier 1)	OTC
<i>fiber</i>	\$0 (Tier 1)	OTC
FISH OIL TRIPLE STRENGTH	\$0 (Tier 1)	OTC
FLAVORX	\$0 (Tier 1)	OTC
<i>floranex</i>	\$0 (Tier 1)	OTC
FLORANEX ONE	\$0 (Tier 1)	OTC
<i>fluticasone propionate</i>	\$0 (Tier 1)	OTC
<i>folic acid</i>	\$0 (Tier 1)	OTC
<i>folplex 2.2</i>	\$0 (Tier 1)	OTC
FORA GTEL BLOOD KETONE TEST STRIPS	\$0 (Tier 1)	OTC
GENTEAL SEVERE	\$0 (Tier 1)	OTC
GENTEAL SEVERE TEARS	\$0 (Tier 1)	OTC
GENTEAL TEARS MODERATE PF	\$0 (Tier 1)	OTC
<i>gentle laxative</i>	\$0 (Tier 1)	OTC
GLUCOSE	\$0 (Tier 1)	OTC

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<i>glucose 15</i>	\$0 (Tier 1)	OTC
<i>glucose 45</i>	\$0 (Tier 1)	OTC
<i>glucose 5</i>	\$0 (Tier 1)	OTC
<i>glycerin adult</i>	\$0 (Tier 1)	OTC
GLYCERIN DOES NOT APPLY LIQUID	\$0 (Tier 1)	OTC
<i>glycerin external liquid</i>	\$0 (Tier 1)	OTC
<i>gnp anorectal instant relief</i>	\$0 (Tier 1)	OTC
<i>gnp antibiotic + pain relief</i>	\$0 (Tier 1)	OTC
<i>gnp anti-itch</i>	\$0 (Tier 1)	OTC
<i>gnp childrens chewables/extra c</i>	\$0 (Tier 1)	OTC
<i>gnp childrens chewables/iron</i>	\$0 (Tier 1)	OTC
<i>gnp essential one daily</i>	\$0 (Tier 1)	OTC
<i>gnp eye drops</i>	\$0 (Tier 1)	OTC
<i>gnp eye drops dry eye relief</i>	\$0 (Tier 1)	OTC
<i>gnp headache relief extra strength</i>	\$0 (Tier 1)	OTC
<i>gnp iron</i>	\$0 (Tier 1)	OTC
<i>gnp little ones childrens</i>	\$0 (Tier 1)	OTC
<i>gnp miconazole 1 combination pack</i>	\$0 (Tier 1)	OTC
<i>gnp migraine relief</i>	\$0 (Tier 1)	OTC
<i>gnp olopatadine hydrochloride</i>	\$0 (Tier 1)	OTC
<i>gnp vitamin a & d</i>	\$0 (Tier 1)	OTC
GOOD START SUPREME STERILE WATER	\$0 (Tier 1)	OTC
<i>goodsense miconazole 1</i>	\$0 (Tier 1)	OTC
<i>goodsense migraine formula</i>	\$0 (Tier 1)	OTC
<i>guaifenesin</i>	\$0 (Tier 1)	OTC
<i>guaifenesin er</i>	\$0 (Tier 1)	OTC
<i>guaifenesin/codeine</i>	\$0 (Tier 1)	OTC
<i>guaifenesin/dextromethorphan</i>	\$0 (Tier 1)	OTC
<i>guaifenesin/dextromethorphan hydrobromide</i>	\$0 (Tier 1)	OTC
GYNOL II	\$0 (Tier 1)	OTC
<i>headache formula</i>	\$0 (Tier 1)	OTC
<i>headache relief</i>	\$0 (Tier 1)	OTC
<i>headache relief/extra strength</i>	\$0 (Tier 1)	OTC
<i>hemorrhoidal</i>	\$0 (Tier 1)	OTC
<i>hemorrhoidal relief cream</i>	\$0 (Tier 1)	OTC
<i>hm dry eye relief</i>	\$0 (Tier 1)	OTC



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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>hm eye allergy itch/redness relief</i>	\$0 (Tier 1)	OTC
<i>hm eye drops</i>	\$0 (Tier 1)	OTC
<i>hm migraine relief</i>	\$0 (Tier 1)	OTC
<i>hydrocortisone cream 0.5%</i>	\$0 (Tier 1)	OTC
HYDROCORTISONE CREAM 1%	\$0 (Tier 1)	OTC
<i>hydrocortisone lotion</i>	\$0 (Tier 1)	OTC
<i>hydrocortisone ointment 0.5%, 1%</i>	\$0 (Tier 1)	OTC
<i>hydrocortisone ointment 1%</i>	\$0 (Tier 1)	OTC
<i>hydrocortisone/aloe</i>	\$0 (Tier 1)	OTC
<i>hydrolatum</i>	\$0 (Tier 1)	OTC
<i>ibuprofen capsule, tablet chewable, tablet</i>	\$0 (Tier 1)	OTC
<i>ibuprofen infants</i>	\$0 (Tier 1)	OTC
<i>ibuprofen junior strength</i>	\$0 (Tier 1)	OTC
<i>ibuprofen suspension</i>	\$0 (Tier 1)	OTC
INSTA-GLUCOSE	\$0 (Tier 1)	OTC
IRON	\$0 (Tier 1)	OTC
<i>iron 100 plus</i>	\$0 (Tier 1)	OTC
IRON CHEWS PEDIATRIC	\$0 (Tier 1)	OTC
<i>itch relief extra strength</i>	\$0 (Tier 1)	OTC
<i>jock itch spray powder</i>	\$0 (Tier 1)	OTC
KERI NOURISHING SHEA BUTTER	\$0 (Tier 1)	OTC
KETOSTIX	\$0 (Tier 1)	OTC
<i>ketotifen fumarate</i>	\$0 (Tier 1)	OTC
<i>kp omega-3 fish oil</i>	\$0 (Tier 1)	OTC
LACTOSE MONOHYDRATE	\$0 (Tier 1)	OTC
LAMISIL AT	\$0 (Tier 1)	OTC
<i>lansoprazole</i>	\$0 (Tier 1)	OTC
<i>laxative</i>	\$0 (Tier 1)	OTC
<i>levonorgestrel</i>	\$0 (Tier 1)	OTC
<i>lice killing maximum strength</i>	\$0 (Tier 1)	OTC
<i>lice treatment</i>	\$0 (Tier 1)	OTC
<i>lice treatment creme rinse</i>	\$0 (Tier 1)	OTC
<i>lidocaine</i>	\$0 (Tier 1)	OTC
<i>lidocaine 5%</i>	\$0 (Tier 1)	OTC
<i>lidocaine hydrochloride</i>	\$0 (Tier 1)	OTC
<i>lidocaine pain relief patch</i>	\$0 (Tier 1)	OTC

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>loperamide hcl</i>	\$0 (Tier 1)	OTC
LOPERAMIDE HYDROCHLORIDE SUSPENSION	\$0 (Tier 1)	OTC
<i>loperamide hydrochloride tablet</i>	\$0 (Tier 1)	OTC
<i>loratadine</i>	\$0 (Tier 1)	OTC
<i>loratadine allergy relief</i>	\$0 (Tier 1)	OTC
<i>loratadine childrens</i>	\$0 (Tier 1)	OTC
<i>loratadine-d 12hr</i>	\$0 (Tier 1)	OTC
<i>loratadine-d 24hr</i>	\$0 (Tier 1)	OTC
<i>lubricant eye drops</i>	\$0 (Tier 1)	OTC
<i>magnesium</i>	\$0 (Tier 1)	OTC
<i>magnesium citrate</i>	\$0 (Tier 1)	OTC
<i>magnesium oxide</i>	\$0 (Tier 1)	OTC
M-CLEAR WC	\$0 (Tier 1)	OTC
<i>meclizine hcl</i>	\$0 (Tier 1)	OTC
<i>meclizine hydrochloride</i>	\$0 (Tier 1)	OTC
<i>medi-first aspirin</i>	\$0 (Tier 1)	OTC
<i>medi-first ibuprofen</i>	\$0 (Tier 1)	OTC
<i>medi-paste</i>	\$0 (Tier 1)	OTC
<i>medique aspirin</i>	\$0 (Tier 1)	OTC
<i>melatonin</i>	\$0 (Tier 1)	OTC
<i>melatonin maximum strength</i>	\$0 (Tier 1)	OTC
<i>mencylate</i>	\$0 (Tier 1)	OTC
<i>miconazole 1</i>	\$0 (Tier 1)	OTC
<i>miconazole 3</i>	\$0 (Tier 1)	OTC
<i>miconazole 3 combination pack</i>	\$0 (Tier 1)	OTC
<i>miconazole 3 combo pack</i>	\$0 (Tier 1)	OTC
<i>miconazole nitrate</i>	\$0 (Tier 1)	OTC
<i>migraine relief</i>	\$0 (Tier 1)	OTC
<i>milk of magnesia</i>	\$0 (Tier 1)	OTC
<i>mucus d</i>	\$0 (Tier 1)	OTC
<i>mucus relief dm</i>	\$0 (Tier 1)	OTC
<i>mucus relief dm maximum strength</i>	\$0 (Tier 1)	OTC
<i>mucus relief maximum strength</i>	\$0 (Tier 1)	OTC
<i>mucus relief severe congestion & cough</i>	\$0 (Tier 1)	OTC
<i>multi vitamin/minerals full spectrum</i>	\$0 (Tier 1)	OTC



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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
MULTIVITAMIN W/IRON/INFANT/TODDLER	\$0 (Tier 1)	OTC
MULTIVITAMIN WITH FLUORIDE	\$0 (Tier 1)	OTC
MULTI-VITAMIN/FLUORIDE DROPS	\$0 (Tier 1)	OTC
<i>multi-vitamin/fluoride/iron</i>	\$0 (Tier 1)	OTC
<i>multivitamins</i>	\$0 (Tier 1)	OTC
<i>multivitamins plus zinc</i>	\$0 (Tier 1)	OTC
<i>multi-vitamins/iron</i>	\$0 (Tier 1)	OTC
<i>muscle rub</i>	\$0 (Tier 1)	OTC
<i>naproxen sodium</i>	\$0 (Tier 1)	OTC
<i>nasal spray 12 hour</i>	\$0 (Tier 1)	OTC
<i>natural fiber</i>	\$0 (Tier 1)	OTC
<i>natural vitamin d-3</i>	\$0 (Tier 1)	OTC
<i>niacin</i>	\$0 (Tier 1)	OTC
<i>niacin timed release</i>	\$0 (Tier 1)	OTC
<i>niacin tr capsule extended release 250mg</i>	\$0 (Tier 1)	OTC
NIACIN TR CAPSULE EXTENDED RELEASE 500MG	\$0 (Tier 1)	OTC
<i>niacin tr tablet extended release</i>	\$0 (Tier 1)	OTC
<i>nicotine</i>	\$0 (Tier 1)	OTC
<i>nicotine polacrilex</i>	\$0 (Tier 1)	OTC
NICOTINE TRANSDERMAL SYSTEM KIT	\$0 (Tier 1)	OTC
<i>nicotine transdermal system patch 24 hour</i>	\$0 (Tier 1)	OTC
OLIVE OIL	\$0 (Tier 1)	OTC
<i>olopatadine hydrochloride</i>	\$0 (Tier 1)	OTC
<i>omega-3 fish oil</i>	\$0 (Tier 1)	OTC
<i>omega-3 fish oil maximum strength</i>	\$0 (Tier 1)	OTC
<i>omeprazole</i>	\$0 (Tier 1)	OTC
<i>omeprazole magnesium</i>	\$0 (Tier 1)	OTC
OPILL	\$0 (Tier 1)	OTC
OPTIONS GYNOL II VAGINAL CONTRACEPTIVE	\$0 (Tier 1)	OTC
ORAL SUSPEND	\$0 (Tier 1)	OTC
ORAL SYRUP FLAVORED VEHICLE	\$0 (Tier 1)	OTC
<i>os-cal calcium + d3</i>	\$0 (Tier 1)	OTC
<i>oyster shell calcium</i>	\$0 (Tier 1)	OTC
<i>pain reliever plus</i>	\$0 (Tier 1)	OTC

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>pain relieving cream</i>	\$0 (Tier 1)	OTC
<i>panoxyl creamy wash</i>	\$0 (Tier 1)	OTC
<i>panoxyl foaming wash</i>	\$0 (Tier 1)	OTC
PATADAY EXTRA STRENGTH	\$0 (Tier 1)	OTC
PCCA-PLUS	\$0 (Tier 1)	OTC
PETROLATUM	\$0 (Tier 1)	OTC
<i>phenazopyridine hcl</i>	\$0 (Tier 1)	OTC
<i>phenazopyridine hydrochloride</i>	\$0 (Tier 1)	OTC
<i>phenylephrine hydrochloride</i>	\$0 (Tier 1)	OTC
<i>phospho-trin k500</i>	\$0 (Tier 1)	OTC
<i>phytonadione</i>	\$0 (Tier 1)	OTC
<i>polyethylene glycol 3350</i>	\$0 (Tier 1)	OTC
POLYSPORIN	\$0 (Tier 1)	OTC
<i>polyvinyl alcohol 1.4% lubricating eye drops</i>	\$0 (Tier 1)	OTC
POLY-VI-SOL	\$0 (Tier 1)	OTC
<i>pramoxine hcl</i>	\$0 (Tier 1)	OTC
PREMIUM CONDOMS LUBRICATED	\$0 (Tier 1)	OTC
<i>prenatal-u</i>	\$0 (Tier 1)	OTC
PROBITROL	\$0 (Tier 1)	OTC
PROMEROL	\$0 (Tier 1)	OTC
<i>pronutrients vitamin d3</i>	\$0 (Tier 1)	OTC
<i>pseudoephedrine hcl er</i>	\$0 (Tier 1)	OTC
<i>pseudoephedrine hydrochloride</i>	\$0 (Tier 1)	OTC
<i>pyridoxine hcl</i>	\$0 (Tier 1)	OTC
<i>qc calcium/minerals/vitamin d</i>	\$0 (Tier 1)	OTC
<i>qc childrens chewable complete</i>	\$0 (Tier 1)	OTC
<i>qc childrens chewable vitamins/extra c</i>	\$0 (Tier 1)	OTC
<i>qc childrens chewable vitamins/iron</i>	\$0 (Tier 1)	OTC
<i>qc essentials</i>	\$0 (Tier 1)	OTC
<i>qc headache relief</i>	\$0 (Tier 1)	OTC
RASPBERRY SYRUP	\$0 (Tier 1)	OTC
<i>rectasmoothe</i>	\$0 (Tier 1)	OTC
REFRESH DIGITAL	\$0 (Tier 1)	OTC
REFRESH LIQUIGEL	\$0 (Tier 1)	OTC
REFRESH OPTIVE	\$0 (Tier 1)	OTC
REFRESH OPTIVE ADVANCED	\$0 (Tier 1)	OTC



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REFRESH PLUS	\$0 (Tier 1)	OTC
REFRESH RELIEVA PF	\$0 (Tier 1)	OTC
REFRESH TEARS	\$0 (Tier 1)	OTC
RISAQUAD	\$0 (Tier 1)	OTC
RISAQUAD-2	\$0 (Tier 1)	OTC
<i>saline nasal gel</i>	\$0 (Tier 1)	OTC
<i>saline nasal spray infants/childrens</i>	\$0 (Tier 1)	OTC
<i>sea-omega</i>	\$0 (Tier 1)	OTC
<i>senna smooth</i>	\$0 (Tier 1)	OTC
SENNA SYRUP 176MG/5ML	\$0 (Tier 1)	OTC
<i>senna syrup 8.8mg/5ml</i>	\$0 (Tier 1)	OTC
<i>senna tablet</i>	\$0 (Tier 1)	OTC
SESAME OIL	\$0 (Tier 1)	OTC
<i>simethicone</i>	\$0 (Tier 1)	OTC
SIMPLE SYRUP	\$0 (Tier 1)	OTC
<i>sm acidophilus</i>	\$0 (Tier 1)	OTC
<i>sm animal shapes complete</i>	\$0 (Tier 1)	OTC
<i>sm animal shapes kids first</i>	\$0 (Tier 1)	OTC
<i>sm antibiotic plus pain relief maximum strength</i>	\$0 (Tier 1)	OTC
<i>sm anti-itch extra strength</i>	\$0 (Tier 1)	OTC
<i>sm chewable c</i>	\$0 (Tier 1)	OTC
<i>sm cold & hot therapy pa in relief extra strength</i>	\$0 (Tier 1)	OTC
<i>sm dry eye relief</i>	\$0 (Tier 1)	OTC
<i>sm eye drops</i>	\$0 (Tier 1)	OTC
<i>sm melatonin</i>	\$0 (Tier 1)	OTC
<i>sm migraine relief</i>	\$0 (Tier 1)	OTC
<i>sm multiple vitamins essential</i>	\$0 (Tier 1)	OTC
<i>sm muscle rub</i>	\$0 (Tier 1)	OTC
SM SLOW RELEASE IRON	\$0 (Tier 1)	OTC
<i>sm vit c/rose hips</i>	\$0 (Tier 1)	OTC
<i>sm vitamin c</i>	\$0 (Tier 1)	OTC
<i>sm vitamin c/rose hips</i>	\$0 (Tier 1)	OTC
<i>sodium bicarbonate</i>	\$0 (Tier 1)	OTC
<i>soothe</i>	\$0 (Tier 1)	OTC
<i>soothe maximum strength</i>	\$0 (Tier 1)	OTC
SORBITOL	\$0 (Tier 1)	OTC

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
SORBOLENE	\$0 (Tier 1)	OTC
STEVIA	\$0 (Tier 1)	OTC
STEVIA EXTRACT POWDER 0	\$0 (Tier 1)	OTC
STEVIA EXTRACT POWDER 90%	\$0 (Tier 1)	OTC
<i>stool softener</i>	\$0 (Tier 1)	OTC
<i>stress formula</i>	\$0 (Tier 1)	OTC
<i>sudogest</i>	\$0 (Tier 1)	OTC
SYRSPEND SF	\$0 (Tier 1)	OTC
SYRUP VEHICLE	\$0 (Tier 1)	OTC
SYSTANE	\$0 (Tier 1)	OTC
SYSTANE COMPLETE	\$0 (Tier 1)	OTC
SYSTANE GEL	\$0 (Tier 1)	OTC
<i>tab-a-vite</i>	\$0 (Tier 1)	OTC
<i>tab-a-vite w/beta carotene</i>	\$0 (Tier 1)	OTC
<i>tgt psyllium fiber</i>	\$0 (Tier 1)	OTC
THERA	\$0 (Tier 1)	OTC
<i>thera-gesic</i>	\$0 (Tier 1)	OTC
<i>thera-gesic plus</i>	\$0 (Tier 1)	OTC
THERANATAL CORE NUTRITION	\$0 (Tier 1)	OTC
<i>therapeutic shampoo</i>	\$0 (Tier 1)	OTC
TINACTIN	\$0 (Tier 1)	OTC
TODAY SPONGE	\$0 (Tier 1)	OTC
<i>tolnaftate</i>	\$0 (Tier 1)	OTC
<i>triamcinolone acetonide</i>	\$0 (Tier 1)	OTC
<i>trinate</i>	\$0 (Tier 1)	OTC
<i>triple antibiotic</i>	\$0 (Tier 1)	OTC
<i>triprolidine hci</i>	\$0 (Tier 1)	OTC
<i>triprolidine hydrochloride</i>	\$0 (Tier 1)	OTC
TRI-VITE/FLUORIDE	\$0 (Tier 1)	OTC
TRUSTEX LUBRICATED/SPERMICIDE	\$0 (Tier 1)	OTC
TRUSTEX/RIA NON-LUBRICATED	\$0 (Tier 1)	OTC
TUMS	\$0 (Tier 1)	OTC
TUMS EXTRA STRENGTH 750	\$0 (Tier 1)	OTC
<i>ultra-mega</i>	\$0 (Tier 1)	OTC
<i>urea</i>	\$0 (Tier 1)	OTC
<i>urea 20 intensive hydrating cream</i>	\$0 (Tier 1)	OTC



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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>ureacin-20</i>	\$0 (Tier 1)	OTC
VANACOF	\$0 (Tier 1)	OTC
VCF VAGINAL CONTRACEPTIVE FILM	\$0 (Tier 1)	OTC
VCF VAGINAL CONTRACEPTIVE FOAM	\$0 (Tier 1)	OTC
VCF VAGINAL CONTRACEPTIVEGEL	\$0 (Tier 1)	OTC
<i>vinate ii</i>	\$0 (Tier 1)	OTC
<i>vitamin a & d</i>	\$0 (Tier 1)	OTC
<i>vitamin b-1</i>	\$0 (Tier 1)	OTC
<i>vitamin b-12</i>	\$0 (Tier 1)	OTC
<i>vitamin b-6</i>	\$0 (Tier 1)	OTC
<i>vitamin c</i>	\$0 (Tier 1)	OTC
<i>vitamin d</i>	\$0 (Tier 1)	OTC
<i>vitamin d 400</i>	\$0 (Tier 1)	OTC
<i>vitamin d-3</i>	\$0 (Tier 1)	OTC
<i>vitamin d3 capsule</i>	\$0 (Tier 1)	OTC
VITAMIN D3 TABLET DISINTEGRATING	\$0 (Tier 1)	OTC
VITAMINS A/C/D/FLUORIDE	\$0 (Tier 1)	OTC
WOMENS 50 BILLION	\$0 (Tier 1)	OTC
XANTHAN GUM	\$0 (Tier 1)	OTC
<i>zinc oxide</i>	\$0 (Tier 1)	OTC

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D. Index of Covered Drugs

In this section, you can find a drug by searching for its name alphabetically. This will tell you the page number where you can find additional coverage information for your drug.

Drug Name	Page #	Drug Name	Page #
A			
<i>a+d prevent</i>	97	AIMOVIG.....	56
<i>abacavir</i>	21, 23	AKEEGA	29
<i>abacavir sulfate/lamivudine</i>	23	<i>ala-cort</i>	94
ABELCET.....	20	<i>alahist d</i>	97
<i>abiraterone acetate</i>	29	<i>albendazole</i>	18
ABRYSVO.....	81	<i>albutix</i>	97
<i>acamprosate calcium</i>	58	<i>albuterol sulfate</i>	90
<i>acarbose</i>	61	<i>albuterol sulfate hfa</i>	90
<i>accutane</i>	92	<i>alclometasone dipropionate</i>	94
<i>acebutolol hydrochloride</i>	40	ALECENSA.....	30
<i>acetaminophen</i>	17, 18, 97, 99	<i>alendronate sodium</i>	63
<i>acetaminophen/codeine</i>	17	<i>alfuzosin hcl</i>	76
<i>acetaminophen er 8 hour arthritis pain relief</i>	97	<i>aliskiren</i>	42
<i>acetaminophen extra strength</i>	97	<i>allergy childrens</i>	97
<i>acetaminophen junior strength</i>	97	<i>allopurinol</i>	15
<i>acetazolamide</i>	42	<i>alose tron hydrochloride</i>	75
<i>acetazolamide er</i>	42	<i>alprazolam</i>	44
<i>acetic acid</i>	76, 89	ALPRAZOLAM INTENSOL.....	44
<i>acetylcysteine</i>	70, 90	ALREX	87
<i>acidophilus lactobacilli</i>	97	<i>altavera</i>	64
<i>acidophilus/l-sporogenes extra strength</i>	97	<i>aluminum/magnesium/simethicone</i>	97
<i>acidophilus/pectin</i>	97	ALUNBRIG.....	30
<i>acitretin</i>	93	ALVAIZ.....	78
<i>acne medication 2.5</i>	97	ALVESCO	91
<i>acne medication 5 gel</i>	97	<i>alyacen 1/35</i>	64
<i>acne medication 5 lotion</i>	97	<i>alyacen 7/7/7</i>	64
<i>acne medication 10 gel</i>	97	<i>amabelz</i>	69
<i>acne medication 10 lotion</i>	97	<i>amantadine hcl</i>	47
ACTHIB.....	81	<i>ambrisentan</i>	43
ACTIMMUNE.....	81	<i>amethia</i>	64
<i>activnutrients</i>	97	<i>amethyst</i>	64
<i>acyclovir</i>	24	<i>amikacin sulfate</i>	18
<i>acyclovir sodium</i>	24	<i>amiloride hcl</i>	42
<i>a&d</i>	97	<i>amiloride/hydrochlorothiazide</i>	42
ADACEL	82	<i>aminophylline</i>	90
ADALIMUMAB.....	79	<i>amiodarone hcl</i>	38
ADALIMUMAB-AACF.....	79	<i>amiodarone hydrochloride</i>	38
<i>adefovir dipivoxil</i>	24	<i>amitriptyline hcl</i>	44
ADMELOG.....	59	<i>amitriptyline hydrochloride</i>	44
ADMELOG SOLOSTAR	59	<i>amlodipine besylate</i>	36, 37, 41, 42
<i>afirmelle</i>	64	<i>amlodipine besylate/atorvastatin calcium</i>	42
		<i>amlodipine besylate/benazepril hydrochloride</i>	36

Drug Name	Page #	Drug Name	Page #
<i>amlodipine besylate/valsartan</i>	37	<i>ashlyna</i>	64
<i>amlodipine/olmesartan medoxomil</i>	37	ASPARLAS	30
<i>amlodipine/valsartan/hydrochlorothiazide</i>	37	<i>aspirin 81</i>	98
<i>ammonium lactate</i>	95, 97	<i>aspirin 81 low dose</i>	98
<i>amnestem</i>	92	<i>aspirin/dipyridamole er</i>	78
<i>amoxapine</i>	45	<i>aspirin regular strength</i>	98
<i>amoxicillin</i>	27	<i>aspirin suppository</i>	98
<i>amoxicillin/clavulanate potassium</i>	27	<i>aspirin tablet</i>	98
<i>amoxicillin/clavulanate potassium er</i>	27	ASTAGRAF XL	81
<i>amphetamine/dextroamphetamine</i>	55	<i>atazanavir</i>	21
<i>amphetamine/dextroamphetamine er</i>	55	<i>atazanavir sulfate</i>	21
<i>amphotericin b</i>	20	<i>atenolol</i>	40
<i>amphotericin b liposome</i>	20	<i>atenolol/chlorthalidone</i>	40
<i>ampicillin</i>	27	<i>atomoxetine</i>	55
<i>ampicillin sodium</i>	27	<i>atorvastatin calcium</i>	39, 42
<i>ampicillin-sulbactam</i>	27	<i>atovaquone</i>	18, 21
<i>anagrelide hydrochloride</i>	78	<i>atovaquone/proguanil hcl</i>	21
<i>anastrozole</i>	29	ATROPINE SULFATE	88
<i>animal chews</i>	97	ATROVENT HFA	89
<i>animal shapes/iron</i>	97	<i>aubra eq</i>	64
ANORO ELLIPTA	89	AUGTYRO	30
<i>antacid extra strength</i>	97	<i>aurovela 1.5/30</i>	64
<i>antacid plus anti-gas relief</i>	97	<i>aurovela 1/20</i>	64
<i>anti-dandruff shampoo</i>	97	<i>aurovela 24 fe</i>	64
<i>antifungal</i>	97, 98	<i>aurovela fe 1.5/30</i>	64
<i>antifungal powder</i>	98	<i>aurovela fe 1/20</i>	64
<i>anti-itch</i>	98	AUSTEDO	57
<i>anti-itch maximum strength</i>	98	AUSTEDO XR	57
<i>aprepitant</i>	72	AUVELITY	45
<i>apri</i>	64	<i>aviane</i>	64
APTIOM	50	<i>ayuna</i>	64
APTIVUS	21	AYVAKIT	30
<i>aquanil hc</i>	98	<i>azathioprine</i>	81
<i>aranelle</i>	64	AZATHIOPRINE	81
ARCALYST	81	<i>azelaic acid</i>	95
AREXVY	82	<i>azelastine hcl</i>	87, 89
ARIKAYCE	18	<i>azelastine hydrochloride</i>	89
<i>aripiprazole</i>	48	<i>azithromycin</i>	26
<i>aripiprazole odt</i>	48	AZITHROMYCIN	26
ARISTADA	48	<i>aztreonam</i>	18
ARISTADA INITIO	48	<i>azurette</i>	64
<i>armodafinil</i>	58		
ARNUITY ELLIPTA	91	B	
<i>arthritis pain relieving</i>	98	<i>bacitracin</i>	86, 98
<i>artificial tears</i>	98	<i>bacitracin/polymyxin b</i>	86
<i>ascorbic acid</i>	98	<i>baclofen</i>	58
<i>asenapine maleate sl</i>	48	BAFIERTAM	58

Drug Name	Page #	Drug Name	Page #
<i>balsalazide disodium</i>	74	<i>blood orange os</i>	98
BALVERSA.....	31	BOOSTRIX.....	82
<i>balziva</i>	64	<i>bosentan</i>	43
<i>banophen</i>	98	BOSULIF.....	31
BARACLUDE.....	24	BRAFTOVI.....	31
BASAGLAR KWIKPEN.....	59	BREO ELLIPTA.....	92
BCG VACCINE.....	82	BREZTRI AEROSPHERE.....	89
<i>b-complex/c</i>	98	<i>briellyn</i>	64
BD ALCOHOL SWABS.....	59	BRILINTA.....	78
<i>bd glucose</i>	98	<i>brimonidine tartrate</i>	88
BD INSULIN SYRINGE.....	59, 60	BRIMONIDINE TARTRATE.....	88
BD PEN.....	60	<i>brimonidine tartrate/timolol maleate</i>	88
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 1/2.....	60	<i>brinzolamide</i>	88
<i>benazepril hcl</i>	37	BRIVIACT.....	51
<i>benazepril hydrochloride</i>	36, 37	<i>bromfenac</i>	87
<i>benazepril hydrochloride/hydrochlorothiazide</i>	36	<i>bromocriptine mesylate</i>	47
BENLYSTA.....	81	BROMSITE.....	87
<i>benzoyl peroxide creamy wash</i>	98	BRONCHITOL.....	91
<i>benzoyl peroxide wash</i>	98	BRUKINSA.....	31
<i>benztropine mesylate</i>	47	<i>budesonide</i>	92
<i>benzyl alcohol</i>	98	<i>budesonide dr</i>	74
<i>benzyl benzoate</i>	98	<i>budesonide er</i>	74
BERINERT.....	78	<i>budesonide/formoterol fumarate dihydrate</i>	92
BESIVANCE.....	86	<i>bufferin</i>	98
BESREMI.....	30	<i>bumetanide</i>	42
<i>betaine anhydrous</i>	70	<i>buprenorphine</i>	16
<i>betamethasone dipropionate augmented</i>	94	<i>buprenorphine hcl</i>	58
<i>betamethasone valerate</i>	94	<i>buprenorphine hcl/naloxone hcl</i>	58
BETASERON.....	58	<i>buprenorphine hydrochloride/naloxone hydrochloride</i>	59
<i>betaxolol hcl</i>	40, 87	<i>bupropion hcl</i>	45
<i>bethanechol chloride</i>	76	<i>bupropion hydrochloride</i>	45, 59
BETOPTIC-S.....	88	<i>bupropion hydrochloride er</i>	45, 59
BEVESPI AEROSPHERE.....	89	<i>bupirone hcl</i>	44
<i>bexarotene</i>	30, 95	<i>bupirone hydrochloride</i>	44
BEXSERO.....	82	<i>butenafine hydrochloride</i>	98
<i>bicalutamide</i>	29	<i>butorphanol tartrate</i>	17
BICILLIN L-A.....	27	C	
BIKTARVY.....	23	<i>c-500</i>	98
<i>bisacodyl</i>	98	<i>cabergoline</i>	70
<i>bisacodyl ec</i>	98	CABOMETYX.....	31
<i>bismuth subsalicylate</i>	98	<i>calamine</i>	98
<i>bisoprolol fumarate</i>	40	<i>calcidol</i>	98
<i>bisoprolol fumarate/hydrochlorothiazide</i>	40	<i>calcipotriene</i>	93
<i>blisovi 24 fe</i>	64	<i>calcitonin-salmon</i>	63
<i>blisovi fe 1.5/30</i>	64	<i>calcitrene</i>	93
<i>blisovi fe 1/20</i>	64	<i>calcitriol</i>	72

Drug Name	Page #	Drug Name	Page #
CALCITRIOL.....	93	<i>cefazolin</i>	25
<i>calcium+d3</i>	99	CEFAZOLIN.....	25
<i>calcium 500 + d</i>	98	<i>cefazolin sodium</i>	25
<i>calcium 500+d</i>	98	CEFAZOLIN SODIUM.....	25
<i>calcium 500/vitamin d3</i>	98	<i>cefdinir</i>	25
<i>calcium 600</i>	98	<i>cefepime</i>	25
<i>calcium 600+d</i>	98	<i>cefixime</i>	25
<i>calcium 600 + minerals</i>	98	<i>cefotetan</i>	25
<i>calcium carbonate</i>	98	<i>cefoxitin sodium</i>	25
<i>calcium citrate</i>	99	<i>cefpodoxime proxetil</i>	25
<i>calcium polycarbophil</i>	99	<i>cefprozil</i>	25
<i>calcium tablet 500mg</i>	99	<i>ceftazidime</i>	25
<i>calcium tablet 1500mg, 600mg</i>	99	<i>ceftriaxone in iso-osmotic dextrose</i>	25
<i>calcium/vitamin d</i>	99	<i>ceftriaxone sodium</i>	26
CALQUENCE	31	CEFTRIAXONE SODIUM.....	26
<i>camila</i>	64	<i>cefuroxime axetil</i>	26
CAMRESE.....	64	<i>cefuroxime sodium</i>	26
CAMRESE LO	64	<i>celecoxib</i>	15
<i>candesartan cilexetil</i>	38	<i>cephalexin</i>	26
<i>candesartan cilexetil/hydrochlorothiazide</i>	37	CERDELGA	70
<i>capasil</i>	99	<i>cerovite jr</i>	99
CAPLYTA.....	48	<i>cetirizine hcl</i>	99
CAPRELSA.....	31	<i>cetirizine hydrochloride</i>	89, 99
<i>capsaicin</i>	99	<i>cetirizine hydrochloride/pseudoephedrine</i> <i>hydrochloride</i>	99
<i>captopril</i>	36, 37	<i>cevimeline hydrochloride</i>	96
<i>captopril/hydrochlorothiazide</i>	36	<i>charlotte 24 fe</i>	65
<i>carbamazepine</i>	51	<i>chateal eq</i>	65
<i>carbamazepine er</i>	51	CHEMET	63
<i>carbidopa</i>	47	<i>chemstrip 2 ln strips</i>	99
<i>carbidopa/levodopa</i>	47	<i>chemstrip 9 strips</i>	99
CARBIDOPA/LEVODOPA/ENTACAPONE.....	47	<i>chemstrip ugk</i>	99
<i>carbidopa/levodopa er</i>	47	<i>cherry syrup</i>	99
<i>carbidopa/levodopa odt</i>	47	<i>childrens animal shapes complete</i>	99
<i>carbinoxamine maleate</i>	89	<i>chlorphedianol/dexchlorpheniramine./pseudoephedrine</i>	99
<i>carboxymethylcellulose sodium ophthalmic gel</i>	99	<i>chloramphenicol sodium succinate</i>	18
<i>carglumic acid</i>	70	<i>chlordiazepoxide hcl</i>	44
<i>carteolol hcl</i>	88	<i>chlordiazepoxide hydrochloride</i>	44
<i>cartia xt</i>	41	<i>chlorhexidine gluconate</i>	96
<i>carvedilol</i>	40	<i>chloroquine phosphate</i>	21
<i>carvedilol phosphate er</i>	40	<i>chlorpheniramine maleate</i>	99
<i>caspofungin acetate</i>	20	<i>chlorpromazine hcl</i>	48
<i>castor oil</i>	99	<i>chlorpromazine hydrochloride</i>	48
<i>castor oil stimulant laxative</i>	99	<i>chlorthalidone</i>	40, 42
CAYSTON.....	18	<i>chlorzoxazone</i>	58
<i>cefaclor</i>	25	<i>cholestyramine</i>	39
CEFACTOR ER.....	25	<i>cholestyramine light</i>	39
<i>cefadroxil</i>	25		

Drug Name	Page #	Drug Name	Page #
<i>ciclopirox</i>	93	<i>clotrimazole</i>	93, 99
<i>ciclopirox olamine</i>	93	<i>clotrimazole antifungal</i>	99
<i>cilostazol</i>	78	<i>clotrimazole/betamethasone dipropionate</i>	93
CILOXAN.....	86	<i>clotrimazole troche</i>	96
CIMDUO	23	<i>clozapine</i>	48
<i>cimetidine</i>	74	<i>clozapine odt</i>	48
<i>cimetidine 200</i>	99	CLOZAPINE ODT	48
<i>cinacalcet hydrochloride</i>	45, 70	COARTEM	21
CIPROFLOXACIN.....	26, 86, 89	CODEINE SULFATE	17
<i>ciprofloxacin/dexamethasone</i>	89	<i>co-enzyme q 10</i>	99
<i>ciprofloxacin hcl</i>	26	<i>co-enzyme q-10</i>	99
<i>ciprofloxacin hydrochloride</i>	26, 86	<i>coenzyme q-10</i>	99
<i>ciprofloxacin i.v.-in d5w</i>	26	<i>coenzyme q-10/high poten cy</i>	99
CIPRO HC	89	<i>colchicine</i>	15
<i>citalopram hydrobromide</i>	45	<i>cold & cough childrens</i>	100
<i>claravis</i>	92	<i>colesevelam hydrochloride</i>	39
<i>clarithromycin</i>	26	<i>colestipol hcl</i>	39
<i>clarithromycin er</i>	26	<i>colistimethate sodium</i>	18
<i>clemastine fumarate</i>	89	COMBIGAN.....	88
CLENPIQ.....	74	COMBIVENT RESPIMAT.....	89
<i>clindacin</i>	92	COMETRIQ KIT	31
<i>clindamycin</i>	92	COMPLERA.....	23
<i>clindamycin hcl</i>	18	<i>compro</i>	72
<i>clindamycin hydrochloride</i>	18	<i>constulose</i>	74
<i>clindamycin palmitate hcl</i>	18	COPIKTRA.....	31
<i>clindamycin phosphote</i>	18	CORLANOR.....	42
<i>clindamycin phosphate</i>	18, 76, 92	<i>corn and callus remover</i>	100
<i>clindamycin phosphate/dextrose</i>	18	COSENTYX	79
CLINDAMYCIN/SODIUM CHLORIDE	18	COSENTYX SENSOREADY PEN	79
CLINIMIX 6/5	85	COSENTYX UNOREADY	79
CLINIMIX 8/10	85	COTELLIC	31
CLINIMIX 8/14	85	<i>cottonseed oil</i>	100
CLINIMIX/DEXTROSE	85	CREON	75
<i>clinisol sf</i>	85	<i>cromolyn sodium</i>	75, 87, 91, 100
CLINOLIPID	85	<i>cryselle-28</i>	65
<i>clinpro 5000</i>	96	<i>cvs lubricating eye drops/dry eye</i>	100
<i>clobazam</i>	51	<i>cvs natural tears pf</i>	100
<i>clobetasol propionate</i>	94	<i>cvs olopatadine hydrochloride</i>	100
<i>clobetasol propionate e</i>	94	<i>cvs sleep-aid nighttime</i>	100
<i>clodan</i>	94	<i>cyanocobalamin</i>	100
<i>clomipramine hydrochloride</i>	45	<i>cyclobenzaprine hydrochloride</i>	58
<i>clonazepam</i>	51	<i>cyclophosphamide</i>	28
<i>clonazepam odt</i>	51	CYCLOPHOSPHAMIDE.....	28
<i>clonidine</i>	42	<i>cycloserine</i>	23
<i>clonidine hydrochloride</i>	42	<i>cyclosporine</i>	81
<i>clopidogrel</i>	78	<i>cyclosporine modified</i>	81
<i>clorazepate dipotassium</i>	51	<i>cyproheptadine hcl</i>	89

Drug Name	Page #	Drug Name	Page #
<i>cyproheptadine hydrochloride</i>	90	<i>dexmethylphenidate hcl er</i>	55
<i>cyred eq</i>	65	<i>dexmethylphenidate hydrochloride</i>	55
CYSTAGON	70	<i>dexmethylphenidate hydrochloride er</i>	55
CYSTARAN	88	<i>dextroamphetamine sulfate</i>	55
D		<i>dextroamphetamine sulfate er</i>	55
<i>d3 100</i>		<i>dextroamphetamine sulfateg</i>	55
<i>d3-50</i>	100	<i>dextromethorphan/guaiifenesin</i>	100
<i>d 1000</i>	100	<i>dextromethorphan/guaiifenesin/phenylephrine</i>	100
<i>dabigatran</i>	77	<i>dextromethorphan polistirex er</i>	100
<i>daily vitamin formula</i>	100	<i>dextrose</i>	83, 85
<i>daily-vite</i>	100	DEXTROSE	83, 85
<i>dalfampridine er</i>	58	DEXTROSE/ELECTROLYTE #48 VIAFLEX	83
<i>danazol</i>	59	DEXTROSE/LACTATED RINGERS	83
<i>dantrolene</i>	58	DEXTROSE/NAACL	83
<i>dapsone</i>	18, 92	<i>dhs tar</i>	100
DAPTACEL	82	DIACOMIT	51
<i>daptomycin</i>	19	<i>diastix</i>	100
DAPTOMYCIN	19	<i>diazepam</i>	51
<i>darunavir</i>	21	DIAZEPAM RECTAL GEL	51
<i>dasetta 1/35</i>	65	<i>diazoxide</i>	70
<i>dasetta 7/7/7</i>	65	<i>diclofenac potassium</i>	15
DAURISMO	31	<i>diclofenac sodium</i>	87, 95
<i>daysee</i>	65	<i>diclofenac sodium dr</i>	15
DAYVIGO	56	<i>diclofenac sodium er</i>	15
<i>deblitane</i>	65	<i>diclofenac sodium/misoprostol</i>	15
<i>deferasirox</i>	63, 64	<i>dicloxacillin sodium</i>	27
DELSTRIGO	23	<i>dicyclomine hcl</i>	73
<i>delyla</i>	65	<i>dicyclomine hydrochloride</i>	73
DENGVAXIA	82	DIFICID	26
<i>denta</i>	96	<i>diflunisal</i>	15
<i>dentagel</i>	96	<i>diftuprednate</i>	87
DEPO-SUBQ PROVERA	65	<i>digox</i>	42
DESCOVY	23	<i>digoxin</i>	42, 43
<i>desipramine hydrochloride</i>	45	<i>dihydroergotamine mesylate</i>	56
<i>desloratadine</i>	90	DILANTIN	52
<i>desloratadine odt</i>	90	DILANTIN-125	52
<i>desmopressin acetate</i>	71	DILANTIN INFATABS	52
<i>desogestrel/ethinyl estradiol</i>	65	<i>diltiazem hcl</i>	41
<i>desonide</i>	94	DILTIAZEM HCL	41
<i>desoximetasone</i>	94	<i>diltiazem hcl cd</i>	41
<i>desvenlafaxine er</i>	45	<i>diltiazem hcl er</i>	41
<i>dexamethasone</i>	69, 70, 86, 87, 89	<i>diltiazem hydrochloride</i>	41
DEXAMETHASONE INTENSOL	70	<i>diltiazem hydrochloride er</i>	41
<i>dexamethasone sodium phosphate</i>	87	<i>dilt-xr</i>	41
<i>dexlansoprazole</i>	75	DIMENHYDRINATE	72
<i>dexmethylphenidate hcl</i>	55	<i>diphenhydramine hcl</i>	90, 100
		<i>diphenhydramine hcl/zinc acetate</i>	100

Drug Name	Page #	Drug Name	Page #
<i>diphenhydramine hydrochloride</i>	100	<i>dutasteride/tamsulosin hydrochloride</i>	76
<i>diphenoxylate/atropine</i>	75	<i>d-vi-sol</i>	100
<i>diphenoxylate hydrochloride/atropine sulfate</i>	75	E	
DIPHThERIA/TETANUS TOXOIDS ADSORBED		<i>ear drops</i>	100
PEDIATRIC	82	<i>easy-lax plus</i>	100
<i>dipyridamole</i>	78	<i>ec-naproxen</i>	15
<i>disopyramide phosphate</i>	38	<i>econazole nitrate</i>	93
<i>disulfiram</i>	59	EDARBI	38
<i>divalproex sodium</i>	52	EDARBYCLOR	37
<i>divalproex sodium dr</i>	52	EDURANT	21
<i>divalproex sodium er</i>	52	<i>efavirenz</i>	21
<i>docusate calcium</i>	100	<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i> ..	23
<i>docusate sodium capsule, liquid, tablet</i>	100	<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	23
<i>docusate sodium syrup</i>	100	<i>effer-k</i>	84
<i>dofetilide</i>	38	<i>eletriptan hydrobromide</i>	56
<i>dolishale</i>	65	ELIGARD	29
<i>donepezil hcl</i>	44	<i>elinest</i>	65
<i>donepezil hydrochloride</i>	44	ELIQUIS	77
<i>dorzolamide hcl/timolol maleate</i>	88	ELIQUIS STARTER PACK	77
<i>dorzolamide hydrochloride</i>	88	<i>eluryng</i>	65
<i>dorzolamide hydrochloride/timolol maleate</i>	88	EMCYT	29
<i>dotti</i>	69	EMEND	73
DOVATO	23	<i>empty capsule size 000 white/opaque locking</i>	100
<i>doxazosin mesylate</i>	37	EMSAM	45
<i>doxepin hcl</i>	45	<i>emtricitabine</i>	21, 23
<i>doxepin hydrochloride</i>	45, 56	<i>emtricitabine/tenofovir disoproxil</i>	23
DOXEPIN HYDROCHLORIDE	95	<i>emtricitabine/tenofovir disoproxil fumarate</i>	23
<i>doxercalciferol</i>	72	EMTRIVA	21
<i>doxy 100</i>	28	EMVERM	19
<i>doxycycline</i>	28	<i>emzahh</i>	65
DOXYCYCLINE	95	<i>enalapril maleate</i>	37
<i>doxycycline hyclate</i>	28	<i>enalapril maleate/hydrochlorothiazide</i>	36
<i>doxycycline monohydrate</i>	28	ENBREL	79
DRIZALMA	45	ENBREL MINI	79
<i>dronabinol</i>	72	ENBREL SURECLICK	79
<i>drospirenone/ethinyl estradiol</i>	65	<i>encare</i>	100
<i>drospirenone/ethinyl estradiol/levomefolate calcium</i> ...	65	ENDARI	78
DROXIA	78	<i>endocet</i>	17
<i>droxidopa</i>	43	<i>enema disposable</i>	100
<i>dry eye relief</i>	100	ENGERIX-B	82
<i>dry eye relief drops</i>	100	<i>enilloring</i>	65
DUAVEE	69	<i>enoxaparin sodium</i>	77
DULERA	92	<i>enpresse-28</i>	65
<i>duloxetine hcl</i>	45	<i>enskyce</i>	65
<i>duloxetine hydrochloride</i>	45	<i>entacapone</i>	47
DUPIXENT	79	<i>entecavir</i>	24
<i>dutasteride</i>	76		

Drug Name	Page #	Drug Name	Page #
ENTRESTO	37, 38	EXKIVITY	32
<i>enulose</i>	74	EXTENCILLINE	27
<i>envive</i>	100	<i>eye allergy itch/redness relief</i>	101
EPCLUSA	24	<i>eye allergy relief</i>	101
EPIDIOLEX	52	<i>eye drops</i>	101
<i>epinastine hcl</i>	87	EYSUVIS	88
<i>epinephrine</i>	91	<i>ezetimibe</i>	39
<i>epitol</i>	52	<i>ezetimibe/simvastatin</i>	39
<i>eplerenone</i>	37	F	
<i>epoprostenol sodium</i>	43	<i>falmina</i>	65
EPRONTIA	52	<i>famciclovir</i>	24
<i>eq acetaminophen</i>	101	<i>famotidine</i>	74, 101
<i>eq laxative</i>	100	<i>famotidine premixed</i>	74
<i>ergotamine tartrate/caffeine</i>	56	FANAPT	48
ERIVEDGE	31	FANAPT TITRATION PACK	48
ERLEADA	29	FARXIGA	61
<i>erlotinib hydrochloride</i>	31	FASENRA	91
<i>errin</i>	65	FASENRA PEN	91
ERTACZO	93	<i>fc2 female condom</i>	101
<i>ertapenem</i>	19	<i>febuxostat</i>	15
<i>ery</i>	92	<i>felbamate</i>	52
<i>erythromycin</i>	26, 86, 92	<i>felodipine er</i>	41
<i>erythromycin base</i>	26	<i>fenofibrate</i>	39
<i>erythromycin/benzoyl peroxide</i>	92	<i>fenofibrate micronized</i>	39
<i>erythromycin dr</i>	26	<i>fenofibric acid dr</i>	39
<i>erythromycin ethylsuccinate</i>	26	<i>fenopropfen calcium</i>	16
<i>erythromycin lactobionate</i>	26	FENOPROFEN CALCIUM	16
<i>escitalopram oxalate</i>	45	<i>fentanyl</i>	16
<i>esomeprazole magnesium</i>	75, 101	<i>fentanyl citrate</i>	17
<i>esomeprazole sodium</i>	75	<i>ferretts chewable iron</i>	101
<i>estarylla</i>	65, 68	<i>ferrocite</i>	101
<i>estradiol</i>	69	<i>ferrous fumarate</i>	67, 101
<i>estradiol/norethindrone acetate</i>	69	<i>ferrous fumarate 324</i>	101
<i>estradiol valerate</i>	69	<i>ferrous gluconate tablet 240mg, 324mg</i>	101
ESTRING	69	<i>ferrous gluconate tablet 324mg</i>	101
<i>ethambutol hydrochloride</i>	23	<i>ferrous sulfate</i>	101
<i>ethosuximide</i>	52	<i>ferrous sulfate tablet delayed release 324mg</i>	101
<i>ethyl oleate</i>	101	<i>ferrous sulfate tablet delayed release 325mg</i>	101
<i>ethynodiol diacetate/ethinyl estradiol</i>	65	<i>fesoterodine fumarate er</i>	76
<i>etodolac</i>	15, 16	FETZIMA	45
<i>etodolac er</i>	15	FETZIMA TITRATION PACK	45
<i>etonogestrel/ethinyl estradiol</i>	65	<i>fexofenadine hydrochloride</i>	101
<i>etravirine</i>	22	<i>fexofenadine hydrochloride/pseudoephedrine</i>	
<i>euthyrox</i>	72	<i>hydrochloride er</i>	101
<i>everolimus</i>	31, 32, 81	FIASP	60
EVOTAZ	23	FIASP FLEXTOUCH	60
<i>exemestane</i>	29		

Drug Name	Page #	Drug Name	Page #
FIASP PENFILL.....	60	<i>folic acid</i>	101
<i>fiber</i>	101	<i>folplex 2.2</i>	101
<i>finasteride</i>	76	<i>fomepizole</i>	71
<i>fingolimod</i>	58	<i>fondaparinux sodium</i>	77
FINTEPLA.....	52	<i>fora gtel blood ketone test strips</i>	101
<i>finzala</i>	65	<i>fosamprenavir calcium</i>	22
FIRMAPON.....	29	<i>fosinopril sodium</i>	36, 37
<i>fish oil triple strength</i>	101	<i>fosinopril sodium/hydrochlorothiazide</i>	36
<i>flac</i>	89	<i>fosphenytoin sodium</i>	52
FLAREX.....	87	FOTIVDA.....	32
<i>flavorx</i>	101	FRAGMIN.....	77
<i>flecainide acetate</i>	38	FRUZAQLA.....	32
<i>floranex</i>	101	<i>furosemide</i>	42
<i>floranex one</i>	101	FUZEON.....	22
<i>fluconazole</i>	20, 21	<i>fyavolv</i>	69
<i>fluconazole in sodium chloride</i>	21	FYCOMPA.....	52
<i>fluconazole/sodium chloride</i>	21		
<i>flucytosine</i>	21	G	
<i>fludrocortisone acetate</i>	70	<i>gabapentin</i>	52
<i>flunisolide</i>	91	<i>galantamine hydrobromide</i>	44
<i>fluocinolone acetonide</i>	89, 94	<i>galantamine hydrobromide er</i>	44
<i>fluocinolone acetonide body</i>	94	GAMASTAN.....	81
<i>fluocinonide</i>	94	GAMMAKED.....	81
<i>fluocinonide emulsified base</i>	94	GAMUNEX-C.....	81
<i>fluoride</i>	84	<i>ganciclovir</i>	24
<i>fluoridex</i>	96	GARDASIL 9.....	82
<i>fluoridex sensitivity relief/sls free</i>	96	<i>gatifloxacin</i>	86
<i>fluorimax 5000</i>	96	GATTEX.....	75
<i>fluorimax 5000 sensitive</i>	96	GAUZE PADS.....	60
FLUOROMETHOLONE.....	87	<i>gavilyte-c</i>	74
<i>fluorouracil</i>	95	<i>gavilyte-g</i>	74
FLUOROURACIL.....	95	<i>gavilyte-n/fluor pack</i>	74
<i>fluoxetine dr</i>	45	GAVRETO.....	32
<i>fluoxetine hydrochloride</i>	45, 46	<i>gefitinib</i>	32
<i>fluphenazine decanoate</i>	48	<i>gemfibrozil</i>	39
<i>fluphenazine hcl</i>	48	GEMTESA.....	76
<i>fluphenazine hydrochloride</i>	48	<i>generlac</i>	74
<i>flurbiprofen</i>	16	<i>gengraf</i>	81
<i>flurbiprofen sodium</i>	87	GENOTROPIN.....	71
<i>fluticasone propionate</i>	91, 92, 94, 101	GENOTROPIN MINIQUICK.....	71
<i>fluticasone propionate/salmeterol</i>	92	<i>gentamicin sulfate</i>	19, 86, 92
<i>fluticasone propionate/salmeterol diskus</i>	92	<i>gentamicin sulfate/0.9% sodium chloride</i>	19
<i>fluticasone propionate/salmeterol hfa</i>	92	<i>gentamicin sulfate pediatric</i>	19
<i>fluvastatin</i>	39	<i>gentamicin sulfate/sodium chloride</i>	19
<i>fluvastatin sodium er</i>	39	<i>genteal severe</i>	101
<i>fluvoxamine maleate</i>	44	<i>genteal severe tears</i>	101
<i>fluvoxamine maleate er</i>	44	<i>genteal tears moderate pf</i>	101

Drug Name	Page #	Drug Name	Page #
<i>gentle laxative</i>	101	<i>guanfacine</i>	55
GENVOYA	23	<i>guanfacine hydrochloride</i>	43, 55
GILOTRIF	32	<i>gynol ii</i>	102
<i>glatiramer acetate</i>	58	H	
<i>glatopa</i>	58	HAEGARDA.....	78
GLEOSTINE.....	28	<i>hailey 1.5/30</i>	65
<i>glimepiride</i>	61	<i>hailey 24 fe</i>	65
<i>glipizide</i>	61	<i>hailey fe 1.5/30</i>	65
<i>glipizide er</i>	61	<i>hailey fe 1/20</i>	65
<i>glipizide/metformin hydrochloride</i>	61	<i>halobetasol propionate</i>	94
<i>glipizide xl</i>	61	<i>haloette</i>	65
<i>glucose</i>	101	<i>haloperidol</i>	49
<i>glutose 5</i>	102	<i>haloperidol decanoate</i>	48
<i>glutose 15</i>	102	<i>haloperidol lactate</i>	48
<i>glutose 45</i>	102	HARVONI	24
<i>glycerin adult</i>	102	HAVRIX	82
<i>glycerin does not apply liquid</i>	102	<i>headache formula</i>	102
<i>glycerin external liquid</i>	102	<i>headache relief</i>	102
<i>glycopyrrolate</i>	73	<i>headache relief/extra strength</i>	102
GLYXAMBI	61	<i>heather</i>	65
<i>gnp anorectal instant relief</i>	102	<i>hemorrhoidal</i>	102
<i>gnp antibiotic + pain relief</i>	102	<i>hemorrhoidal relief cream</i>	102
<i>gnp anti-itch</i>	102	<i>heparin sodium</i>	77
<i>gnp childrens chewables/extra c</i>	102	HEPARIN SODIUM.....	77
<i>gnp childrens chewables/iron</i>	102	HEPARIN SODIUM/D5W	77
<i>gnp essential one daily</i>	102	HEPARIN SODIUM/DEXTROSE.....	77
<i>gnp eye drops</i>	102	HEPARIN SODIUM/NACL.....	77
<i>gnp eye drops dry eye relief</i>	102	HEPARIN SODIUM/SODIUM CHLORIDE.....	77
<i>gnp headache relief extra strength</i>	102	HEPLISAV-B	82
<i>gnp iron</i>	102	HIBERIX	82
<i>gnp little ones childrens</i>	102	<i>hm dry eye relief</i>	102
<i>gnp miconazole 1 combination pack</i>	102	<i>hm eye allergy itch/redness relief</i>	103
<i>gnp migraine relief</i>	102	<i>hm eye drops</i>	103
<i>gnp olopatadine hydrochloride</i>	102	<i>hm migraine relief</i>	103
<i>gnp vitamin a & d</i>	102	HUMIRA.....	79
GOLYTELY	74	HUMIRA PEN	79
<i>goodsense miconazole 1</i>	102	HUMULIN R U-500 (CONCENTRATED)	60
<i>goodsense migraine formula</i>	102	HUMULIN R U-500 KWIKPEN	60
<i>good start supreme sterile water</i>	102	<i>hydralazine hcl</i>	43
<i>granisetron hydrochloride</i>	73	<i>hydralazine hydrochloride</i>	43
<i>griseofulvin microsize</i>	21	<i>hydrochlorothiazide</i>	36, 37, 38, 40, 42
<i>griseofulvin ultramicrosize</i>	21	<i>hydrocodone/acetaminophen</i>	17
<i>guaifenesin</i>	102	<i>hydrocodone bitartrate/acetaminophen</i>	17
<i>guaifenesin/codeine</i>	102	<i>hydrocodone bitartrate er</i>	16
<i>guaifenesin/dextromethorphan</i>	102	<i>hydrocodone/ibuprofen</i>	17
<i>guaifenesin/dextromethorphan hydrobromide</i>	102	<i>hydrocortisone</i>	70, 74, 94, 95, 103
<i>guaifenesin er</i>	102		

Drug Name	Page #	Drug Name	Page #
<i>hydrocortisone/acetic acid</i>	89	<i>insta-glucose</i>	103
<i>hydrocortisone/aloe</i>	103	INTELENCE.....	22
<i>hydrocortisone perianal</i>	95	<i>introvale</i>	65
<i>hydrocortisone valerate</i>	94	INVEGA HAFYERA.....	49
<i>hydrolatum</i>	103	INVEGA SUSTENNA.....	49
<i>hydromorphone hcl</i>	17	INVEGA TRINZA.....	49
HYDROMORPHONE HYDROCHLORIDE	17	IPOL INACTIVATED IPV	82
<i>hydroxychloroquine sulfate</i>	80	<i>ipratropium bromide</i>	89
<i>hydroxyurea</i>	30	<i>ipratropium bromide/albuterol sulfate</i>	89
<i>hydroxyzine hcl</i>	90	<i>irbesartan</i>	38
<i>hydroxyzine hydrochloride</i>	90	<i>irbesartan/hydrochlorothiazide</i>	38
<i>hydroxyzine pamoate</i>	90	<i>iron</i>	85, 103
I		<i>iron 100 plus</i>	103
<i>ibandronate sodium</i>	63	<i>iron chews pediatric</i>	103
IBRANCE	32	ISENTRESS.....	22
<i>ibu</i>	16	ISENTRESS HD	22
<i>ibuprofen</i>	16, 17, 103	<i>isibloom</i>	66
<i>ibuprofen infants</i>	103	ISOLYTE-P/DEXTROSE.....	83
<i>ibuprofen junior strength</i>	103	ISOLYTE-S.....	83
<i>icatibant acetate</i>	78	ISOLYTE-S PH 7.4.....	83
<i>iclevia</i>	65	<i>isoniazid</i>	24
ICLUSIG.....	32	<i>isosorbide dinitrate</i>	43
IDACIO.....	79	<i>isosorbide dinitrate/hydralazine hydrochloride</i>	43
IDACIO STARTER PACKAGE FOR CROHNS		<i>isosorbide mononitrate</i>	43
DISEASE.....	79	<i>isosorbide mononitrate er</i>	43
IDACIO STARTER PACKAGE FOR PLAQUE		<i>isotonic gentamicin</i>	19
PSORIASIS	80	<i>isotretinoin</i>	92
IDHIFA	32	<i>isradipine</i>	41
<i>imatinib mesylate</i>	32	<i>itch relief extra strength</i>	103
IMBRUVICA.....	32	<i>itraconazole</i>	21
<i>imipenem/cilastatin</i>	19	<i>ivabradine hydrochloride</i>	43
<i>imipramine hcl</i>	46	<i>ivermectin</i>	19
<i>imipramine hydrochloride</i>	46	IWIFIN.....	30
<i>imiquimod</i>	95	IXCHIQ.....	82
IMIQUIMOD PUMP	95	IXIARO.....	82
IMOVAX RABIES (H.D.C.V.).....	82	J	
IMPAVIDO	19	<i>jaimiess</i>	66
INBRIJA	47	JAKAFI.....	32
<i>incassia</i>	65	<i>jantoven</i>	77
INCRELEX.....	71	JANUMET	61
INCRUSE ELLIPTA.....	89	JANUMET XR	61
<i>indapamide</i>	42	JANUVIA	61
INFANRIX.....	82	JARDIANCE	61
INLYTA.....	32	<i>jasmiel</i>	66
INQOVI	29	<i>javygtor</i>	71
INREBIC.....	32	JAYPIRCA.....	32

Drug Name	Page #	Drug Name	Page #
<i>jencycla</i>	66	KOSELUGO	32
JENTADUETO	61	<i>kourzeq</i>	96
JENTADUETO XR	61	<i>kp omega-3 fish oil</i>	103
<i>jinteli</i>	69	KRAZATI	33
<i>jock itch spray powder</i>	103	KRISTALOSE	74
JOLESSA	66	<i>kurvelo</i>	66
<i>juleber</i>	66		
JULUCA	23	L	
<i>junel 1.5/30</i>	66	<i>labetalol hydrochloride</i>	40
<i>junel 1/20</i>	66	<i>lacosamide</i>	52
<i>junel fe 1.5/30</i>	66	<i>lactated ringers</i>	83
<i>junel fe 1/20</i>	66	<i>lactose monohydrate</i>	103
<i>junel fe 24</i>	66	<i>lactulose</i>	74
<i>just right 5000</i>	96	<i>lamisil at</i>	103
JYLAMVO	80	<i>lamivudine</i>	22, 24
JYNNEOS	82	<i>lamivudine/zidovudine</i>	23
K		<i>lamotrigine</i>	52
<i>kaitlib fe</i>	66	<i>lamotrigine er</i>	52
<i>kalliga</i>	66	<i>lamotrigine odt</i>	52
KALYDECO	91	<i>lamotrigine starter kit/blue</i>	52
<i>kariva</i>	66	<i>lamotrigine starter kit/green</i>	52
KCL/D5W/NACL	83	<i>lamotrigine starter kit/orange</i>	52
<i>kelnor 1/35</i>	66	<i>lansoprazole</i>	75, 103
<i>kelnor 1/50</i>	66	LANTUS	60
KERENDIA	37	LANTUS SOLOSTAR	60
<i>keri nourishing shea butter</i>	103	<i>lapatinib ditosylate</i>	33
KESIMPTA	58	<i>larin 1.5/30</i>	66
<i>ketoconazole</i>	21, 93	<i>larin 1/20</i>	66
<i>ketodan</i>	93	<i>larin 24 fe</i>	66
<i>ketoprofen er</i>	16	<i>larin fe 1.5/30</i>	66
<i>ketorolac tromethamine</i>	16, 87	<i>larin fe 1/20</i>	66
<i>ketostix</i>	103	<i>latanoprost</i>	88
<i>ketotifen fumarate</i>	103	<i>laxative</i>	103
KINRIX	82	LEENA	66
KIONEX	64	<i>leftunomide</i>	80
KISQALI	32	<i>lenalidomide</i>	30
KISQALI FEMARA 200 DOSE	32	LENTOCILIN	27
KISQALI FEMARA 400 DOSE	32	LENVIMA	33
KISQALI FEMARA 600 DOSE	32	LENVIMA 8 MG DAILY DOSE	33
<i>klayesta</i>	93	LENVIMA 10 MG DAILY DOSE	33
<i>klor-con</i>	84	LENVIMA 14 MG DAILY DOSE	33
<i>klor-con 8</i>	84	LENVIMA 18 MG DAILY DOSE	33
<i>klor-con 10</i>	84	LENVIMA 20 MG DAILY DOSE	33
<i>klor-con m10</i>	84	LENVIMA 24 MG DAILY DOSE	33
<i>klor-con m15</i>	84	<i>lessina</i>	66
<i>klor-con m20</i>	84	<i>letrozole</i>	29
		<i>leucovorin calcium</i>	36

Drug Name	Page #	Drug Name	Page #
LEUKERAN.....	28	<i>lisinopril</i>	36, 37
<i>leuprolide acetate</i>	29	<i>lisinopril/hydrochlorothiazide</i>	36
<i>levabuterol</i>	90	<i>lithium</i>	57
<i>levabuterol hcl</i>	90	<i>lithium carbonate</i>	57
<i>levabuterol hydrochloride</i>	90	<i>lithium carbonate er</i>	57
LEVALBUTEROL TARTRATE HFA.....	90	LIVTENCITY.....	24
<i>levetiracetam</i>	53	<i>loestrin 1.5/30-21</i>	66
<i>levetiracetam er</i>	53	<i>loestrin 1/20-21</i>	66
<i>levetiracetam/sodium chloride</i>	53	<i>loestrin fe 1.5/30</i>	66
<i>levobunolol hcl</i>	88	<i>loestrin fe 1/20</i>	66
<i>levocarnitine</i>	71	<i>lojaimiess</i>	66
LEVOCARNITINE.....	71	LOKELMA.....	64
<i>levocetirizine dihydrochloride</i>	90	LONSURF.....	29
<i>levofloxacin</i>	27, 86	<i>loperamide hcl</i>	75, 104
<i>levofloxacin in d5w</i>	27	<i>loperamide hydrochloride</i>	104
<i>levonest</i>	66	LOPERAMIDE HYDROCHLORIDE.....	104
<i>levonorgestrel</i>	66, 103	<i>lopinavir/ritonavir</i>	23
<i>levonorgestrel and ethinyl estradiol</i>	66	<i>loratadine</i>	104
<i>levonorgestrel/ethinyl estradiol</i>	66	<i>loratadine allergy relief</i>	104
<i>levora</i>	66	<i>loratadine childrens</i>	104
<i>levo-t</i>	72	<i>loratadine-d 12hr</i>	104
<i>levothyroxine sodium</i>	72	<i>loratadine-d 24hr</i>	104
LEVOTHYROXINE SODIUM.....	72	<i>lorazepam</i>	44
<i>levoxyl</i>	72	<i>lorazepam intensol</i>	44
<i>l-glutamine</i>	78	LORBRENA.....	33
<i>lice killing maximum strength</i>	103	<i>loryna</i>	66
<i>lice treatment</i>	103	<i>losartan potassium</i>	38
<i>lice treatment creme rinse</i>	103	<i>losartan potassium/hydrochlorothiazide</i>	38
<i>lidocaine</i>	15, 38, 39, 95, 96, 103	LOTEMAX.....	87
<i>lidocaine 5%</i>	103	LOTEMAX SM.....	87
<i>lidocaine hcl</i>	15, 39	<i>loteprednol etabonate</i>	87
LIDOCAINE HCL.....	38, 39	<i>lovastatin</i>	39
LIDOCAINE HCL IN D5W.....	38	<i>low-ogestrel</i>	67
<i>lidocaine hydrochloride</i>	15, 96, 103	<i>loxapine</i>	49
<i>lidocaine hydrochloride viscous</i>	96	<i>lo-zumandimine</i>	66
<i>lidocaine pain relief patch</i>	103	<i>lubricant eye drops</i>	104
<i>lidocaine/prilocaine</i>	95	LUMAKRAS.....	33
<i>lidocaine viscous</i>	96	LUMIGAN.....	88
<i>lidocan</i>	95	LUPRON DEPOT.....	29
LILERVANT.....	53	LUPRON DEPOT-PED.....	71
LILETTA.....	66	<i>lurasidone hydrochloride</i>	49
<i>linezolid</i>	19	<i>lutura</i>	67
LINEZOLID IN SODIUM CHLORIDE.....	19	<i>lyleq</i>	67
LINZESS.....	75	<i>lyllana</i>	69
<i>liothyronine sodium</i>	72	LYNPARZA.....	33
LIRAGLUTIDE.....	61	LYSODREN.....	29
<i>lisdexamfetamine dimesylate</i>	55	LYTGOBI.....	33

Drug Name	Page #	Drug Name	Page #
<i>lyza</i>	67	<i>methazolamide</i>	42
M		<i>methenamine hippurate</i>	19
<i>mafenide acetate</i>	92	<i>methenamine mandelate</i>	19
<i>magnesium</i>	74, 75, 84, 104	<i>methergine</i>	71
<i>magnesium citrate</i>	104	<i>methimazole</i>	72
<i>magnesium oxide</i>	104	<i>methotrexate sodium</i>	29, 80
<i>magnesium sulfate</i>	84	<i>methoxsalen</i>	93
MAGNESIUM SULFATE	84	<i>methscopolamine bromide</i>	74
<i>malathion</i>	96	<i>methsuximide</i>	53
<i>maraviroc</i>	22	<i>methylergonovine maleate</i>	71
<i>marlissa</i>	67	<i>methylphenidate hydrochloride</i>	56
MARPLAN	46	<i>methylphenidate hydrochloride cd</i>	55
MATULANE	30	<i>methylphenidate hydrochloride er</i>	55, 56
<i>matzim la</i>	41	METHYLPHENIDATE HYDROCHLORIDE ER	56
MAVYRET	24	<i>methylprednisolone</i>	70
<i>m-clear wc</i>	104	<i>methylprednisolone acetate</i>	70
<i>meclizine hcl</i>	73, 104	<i>methylprednisolone sodium succinate</i>	70
<i>meclizine hydrochloride</i>	73, 104	<i>methyltestosterone</i>	59
<i>medi-first aspirin</i>	104	<i>metoclopramide hcl</i>	73
<i>medi-first ibuprofen</i>	104	<i>metoclopramide hydrochloride</i>	73
<i>medi-paste</i>	104	<i>metoclopramide odt</i>	73
<i>medique aspirin</i>	104	<i>metolazone</i>	42
<i>medroxyprogesterone acetate</i>	67, 72	<i>metoprolol/hydrochlorothiazide</i>	40
<i>mefloquine hcl</i>	21	<i>metoprolol succinate er</i>	40
<i>megestrol acetate</i>	29, 72	<i>metoprolol tartrate</i>	40
MEKINIST	33	<i>metronidazole</i>	19, 76, 95, 96
MEKTOVI	33	<i>metryrosine</i>	43
<i>melatonin</i>	104	<i>mibelas 24 fe</i>	67
<i>melatonin maximum strength</i>	104	<i>micafungin</i>	21
<i>meloxicam</i>	16	<i>miconazole 1</i>	104
<i>memantine hcl</i>	44	<i>miconazole 3</i>	77, 104
<i>memantine hydrochloride</i>	44	<i>miconazole 3 combination pack</i>	104
<i>memantine hydrochloride er</i>	44	<i>miconazole 3 combo pack</i>	104
MENACTRA	82	<i>miconazole nitrate</i>	104
<i>mencylate</i>	104	MICROGESTIN 1.5/30	67
MENQUADFI	82	MICROGESTIN 1/20	67
MENVEO	82	<i>microgestin 24 fe</i>	67
<i>mercaptapurine</i>	29	MICROGESTIN FE 1.5/30	67
<i>meropenem</i>	19	MICROGESTIN FE 1/20	67
<i>mesalamine</i>	74	<i>midodrine hcl</i>	43
<i>mesalamine dr</i>	74	MIEBO	88
MESNEX TABLET	36	<i>mifepristone</i>	71
<i>metformin hydrochloride</i>	62	<i>miglitol</i>	62
<i>metformin hydrochloride er</i>	61, 62	<i>migraine relief</i>	104
<i>methadone hcl</i>	16	<i>mili</i>	67, 68
METHADONE HCL	16	<i>milk of magnesia</i>	104
		<i>mimvey</i>	69

Drug Name	Page #	Drug Name	Page #
<i>minocycline hcl</i>	28	MYRBETRIQ	76
<i>minocycline hydrochloride</i>	28	N	
<i>minoxidil</i>	43	<i>nabumetone</i>	16
<i>mirtazapine</i>	46	<i>nadolol</i>	40
<i>mirtazapine odt</i>	46	<i>nafcillin sodium</i>	27, 28
<i>misoprostol</i>	15, 75	<i>naftifine hcl</i>	93
M-M-R II	82	<i>naloxone hcl</i>	58, 59
M-NATAL PLUS	84	<i>naloxone hydrochloride</i>	59
<i>modafinil</i>	58	<i>naltrexone hcl</i>	59
<i>moexipril hcl</i>	37	NAMZARIC	44
<i>molindone hydrochloride</i>	49	<i>naproxen</i>	15, 16
<i>mometasone furoate</i>	91, 95	<i>naproxen dr</i>	16
<i>mondoxyne nl</i>	28	<i>naproxen sodium</i>	16, 105
<i>mono-lynyah</i>	67	<i>naratriptan hcl</i>	56
<i>montelukast sodium</i>	90	<i>nasal spray 12 hour</i>	105
<i>morphine</i>	18	NATACYN	86
<i>morphine sulfate</i>	17, 18	<i>nateglinide</i>	62
<i>morphine sulfate er</i>	16, 17	<i>natural fiber</i>	105
MORPHINE SULFATE/SODIUM CHLORIDE	17	<i>natural vitamin d-3</i>	105
MOUNJARO	62	NAYZILAM	53
MOVANTIK	75	<i>nebivolol hydrochloride</i>	40
<i>moxifloxacin hydrochloride</i>	27, 86	<i>necon 0.5/35-28</i>	67
<i>moxifloxacin hydrochloride/sodium hydrochloride</i>	27	<i>nefazodone hydrochloride</i>	46
MRESVIA	82	<i>neomycin/bacitracin/polymyxin</i>	86
<i>mucus d</i>	104	<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	86
<i>mucus relief dm</i>	104	<i>neomycin/polymyxin/dexamethasone</i>	86
<i>mucus relief dm maximum strength</i>	104	<i>neomycin/polymyxin/gramicidin</i>	86
<i>mucus relief maximum strength</i>	104	<i>neomycin/polymyxin/hc</i>	89
<i>mucus relief severe congestion & cough</i>	104	<i>neomycin/polymyxin/hydrocortisone</i>	86, 89
MULTAQ	39	<i>neomycin sulfate</i>	19
<i>multiple electrolytes</i>	84	NEONATAL PLUS	85
<i>multi vitamin/fluoride</i>	84	<i>neo-polycin</i>	86
<i>multi-vitamin/fluoride</i>	85, 105	<i>neo-polycin hc</i>	86
<i>multivitamin/fluoride</i>	85	NERLYNX	33
<i>multi-vitamin/fluoride drops</i>	85, 105	<i>nevirapine</i>	22
<i>multi-vitamin/fluoride/iron</i>	85, 105	<i>nevirapine er</i>	22
<i>multi vitamin/minerals full spectrum</i>	104	NEXLETOL	40
<i>multivitamins</i>	105	NEXLIZET	40
<i>multi-vitamins/iron</i>	105	NEXPLANON	67
<i>multivitamins plus zinc</i>	105	<i>niacin</i>	40, 105
<i>multivitamin w/iron/infant/toddler</i>	105	<i>niacin er</i>	40
<i>multivitamin with fluoride</i>	105	<i>niacin timed release</i>	105
<i>mupirocin</i>	93	<i>niacin tr</i>	105
<i>muscle rub</i>	105	NIACIN TR	105
<i>mycamine</i>	21	<i>niacor</i>	40
<i>mycophenolate mofetil</i>	81	<i>nicardipine hcl</i>	41
<i>mycophenolic acid dr</i>	81		

Drug Name	Page #	Drug Name	Page #
<i>nicotine</i>	105	NOVOLIN R FLEXPEN	60
<i>nicotine polacrilex</i>	105	NOVOLOG MIX 70/30	60
<i>nicotine transdermal system kit</i>	105	NOVOLOG MIX 70/30 PREFILLED FLEXPEN	60
<i>nicotine transdermal system patch 24 hour</i>	105	NUBEQA	29
NICOTROL INHALER	59	NUEDEXTA	57
NICOTROL NS	59	NULOJIX	81
<i>nifedipine er</i>	41	NUPLAZID	49
<i>nikki</i>	67	NURTEC	56
<i>nilutamide</i>	29	NUTRILIPID	85
NINLARO	33	NUZYRA	28
<i>nisoldipine er</i>	41	<i>nyamyc</i>	93
<i>nitazoxanide</i>	19	<i>nylia 1/35</i>	67
<i>nitisinone</i>	71	<i>nylia 7/7/7</i>	67
NITRO-BID	43	<i>nymyo</i>	67, 68
<i>nitrofurantoin macrocrystals</i>	19	<i>nystatin</i>	21, 93, 97
<i>nitrofurantoin monohydrate/macrocrystals</i>	19	<i>nystop</i>	93
<i>nitroglycerin</i>	43, 96	O	
NITROGLYCERIN	43	OCELLA	68
<i>nitroglycerin transdermal</i>	43	OCTAGAM	81
<i>nitroglycerin translingual</i>	43	<i>octreotide acetate</i>	71
NIVA-PLUS	85	ODEFSEY	23
<i>nizatidine</i>	74	ODOMZO	33
NORA-BE	67	OFEV	91
<i>norelgestromin/ethinyl estradiol</i>	67	<i>ofloxacin</i>	87, 89
<i>norethindrone</i>	67	OGSIVEO	33
<i>norethindrone acetate</i>	72	OJEMDA	34
<i>norethindrone acetate/ethinyl estradiol</i>	67, 69	OJJAARA	34
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate</i>	67	<i>olanzapine</i>	49
<i>norethindrone & ethinyl estradiol ferrous fumarate</i>	67	<i>olanzapine odt</i>	49
<i>norethindrone/ethinyl estradiol/ferrous fumarate</i>	67	<i>olive oil</i>	105
<i>norgestimate/ethinyl estradiol</i>	67	<i>olmesartan medoxomil</i>	38
NORITATE	96	<i>olmesartan medoxomil/amlodipine/hydrochlorothiazide</i>	38
<i>norlyda</i>	67	<i>olmesartan medoxomil/hydrochlorothiazide</i>	38
<i>norlyroc</i>	67	<i>olopatadine hcl</i>	90
NORPACE CR	39	<i>olopatadine hydrochloride</i>	105
<i>nortrel 0.5/35 (28)</i>	67	<i>omega-3-acid ethyl esters</i>	40
<i>nortrel 1/35</i>	67	<i>omega-3 fish oil</i>	105
<i>nortrel 7/7/7</i>	67	<i>omega-3 fish oil maximum strength</i>	105
<i>nortriptyline hcl</i>	46	<i>omeprazole</i>	75, 105
<i>nortriptyline hydrochloride</i>	46	<i>omeprazole dr</i>	75
NORVIR	22	<i>omeprazole magnesium</i>	105
NOVOLIN 70/30	60	ONCASPAR.....	30
NOVOLIN 70/30 FLEXPEN	60	<i>ondansetron hcl</i>	73
NOVOLIN N	60	<i>ondansetron hydrochloride</i>	73
NOVOLIN N FLEXPEN	60	<i>ondansetron odt</i>	73
NOVOLIN R.....	60		

Drug Name	Page #	Drug Name	Page #
ONUREG	29	<i>peg-3350/nacl/na bicarbonate/kcl</i>	74
OPILL	105	PEGASYS	24
OPSUMIT	43	PEMAZYRE	34
<i>options gynol ii vaginal contraceptive</i>	105	PENBRAYA	82
<i>oralone dental paste</i>	97	<i>penicillamine</i>	64
<i>oral suspend</i>	105	<i>penicillin g potassium</i>	28
<i>oral syrup flavored vehicle</i>	105	PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE	28
ORGOVYX	29	<i>penicillin g sodium</i>	28
ORKAMBI	91	<i>penicillin v potassium</i>	28
ORSERDU	29, 30	PENTACEL	82
<i>orsythia</i>	68	<i>pentamidine isethionate</i>	19
<i>os-cal calcium + d3</i>	105	<i>pentoxifylline er</i>	78
<i>oseltamivir phosphate</i>	24	<i>perindopril erbumine</i>	37
<i>oxacillin sodium</i>	28	<i>perio gard</i>	97
<i>oxaprozin</i>	16	<i>permethrin</i>	96
<i>oxazepam</i>	44	<i>perphenazine</i>	46, 49
<i>oxcarbazepine</i>	53	<i>perphenazine/amitriptyline</i>	46
<i>oxybutynin chloride</i>	76	<i>petrolatum</i>	106
<i>oxybutynin chloride er</i>	76	<i>phenazopyridine hcl</i>	106
<i>oxycodone/acetaminophen</i>	18	<i>phenazopyridine hydrochloride</i>	106
<i>oxycodone hcl</i>	18	<i>phenelzine sulfate</i>	46
<i>oxycodone hydrochloride</i>	18	<i>phenobarbital</i>	53
<i>oyster shell calcium</i>	105	<i>phenobarbital sodium</i>	53
OZEMPIC	62	<i>phenylephrine hydrochloride</i>	106
P		PHENYTEK	53
<i>pacerone</i>	39	<i>phenytoin</i>	53
<i>pain reliever plus</i>	105	<i>phenytoin sodium</i>	53
<i>pain relieving cream</i>	106	<i>phenytoin sodium er</i>	53
<i>paliperidone er</i>	49	<i>philith</i>	68
<i>pamidronate disodium</i>	63	PHOSPHOLINE IODIDE	88
PAMIDRONATE DISODIUM	63	<i>phospho-trin k500</i>	106
<i>panoxyl creamy wash</i>	106	<i>phytonadione</i>	106
<i>panoxyl foaming wash</i>	106	PIFELTRO	22
PANRETIN	96	<i>pilocarpine hcl</i>	88
<i>pantoprazole sodium</i>	75	<i>pilocarpine hydrochloride</i>	97
<i>paricalcitol</i>	72	<i>pimecrolimus</i>	96
<i>paroxetine hcl</i>	46	<i>pimozide</i>	49
<i>paroxetine hcl er</i>	46	<i>pimtrea</i>	68
<i>paroxetine hydrochloride</i>	46	<i>pindolol</i>	40
<i>pataday extra strength</i>	106	<i>pioglitazone hcl</i>	62
PAXLOVID	24	<i>pioglitazone hcl-glimepiride</i>	62
<i>pazopanib hydrochloride</i>	34	<i>pioglitazone hcl/metformin hcl</i>	62
<i>pcca-plus</i>	106	<i>pioglitazone hydrochloride</i>	62
PEDIARIX	82	<i>piperacillin sodium/tazobactam sodium</i>	28
PEDVAX HIB	82	PIQRAY	34
<i>peg-3350/electrolytes</i>	74	<i>pirfenidone</i>	91

Drug Name	Page #	Drug Name	Page #
<i>piroxicam</i>	16	<i>prevalite</i>	40
<i>plenamine</i>	85	PREVYMIS	24
PLENVU	74	PREZCOBIX	23
PNV PRENATAL PLUS MULTIVITAMIN.....	85	PREZISTA	22
<i>podofilox</i>	96	PRIFTIN	24
<i>polycin</i>	86, 87	<i>primaquine phosphate</i>	21
<i>polyethylene glycol 3350</i>	106	<i>primidone</i>	53
<i>polymyxin b sulfate/trimethoprim sulfate</i>	87	PRIORIX.....	82
<i>polysporin</i>	106	PRIVIGEN.....	81
<i>polyvinyl alcohol 1.4% lubricating eye drops</i>	106	<i>probenecid</i>	15
<i>poly-vi-sol</i>	106	<i>probenecid/colchicine</i>	15
POMALYST	30	<i>probitrol</i>	106
<i>portia-28</i>	68	<i>prochlorperazine</i>	73
<i>posaconazole</i>	21	<i>prochlorperazine edisylate</i>	73
<i>posaconazole dr</i>	21	<i>prochlorperazine maleate</i>	73
<i>potassium chloride</i>	84, 85	PROCRIT.....	78
POTASSIUM CHLORIDE	84	<i>proctocort</i>	96
POTASSIUM CHLORIDE/DEXTROSE	84	<i>procto-med hc</i>	96
POTASSIUM CHLORIDE/DEXTROSE/SODIUM CHLORIDE	84	<i>proctosol hc</i>	95
<i>potassium chloride er</i>	85	<i>proctozone-hc</i>	96
<i>potassium chloride/sodium chloride</i>	84	<i>progesterone</i>	72
POTASSIUM CHLORIDE/SODIUM CHLORIDE.....	84	PROGRAF PACKET	81
<i>potassium citrate er</i>	76	PROLASTIN-C.....	91
<i>pramipexole dihydrochloride</i>	47	PROLENSA.....	87
<i>pramoxine hcl</i>	106	PROLIA	63
<i>prasugrel</i>	78	<i>promerol</i>	106
<i>pravastatin sodium</i>	39	<i>promethazine hcl</i>	73
<i>praziquantel</i>	20	<i>promethazine hydrochloride</i>	73
<i>prazosin hydrochloride</i>	37	<i>promethazine hydrochloride plain</i>	73
<i>prednisolone</i>	70	<i>promethegan</i>	73
<i>prednisolone acetate</i>	87	<i>pronutrients vitamin d3</i>	106
<i>prednisolone sodium phosphate</i>	70	<i>propafenone hcl</i>	39
PREDNISOLONE SODIUM PHOSPHATE.....	87	<i>propafenone hydrochloride</i>	39
<i>prednisone</i>	70	<i>propafenone hydrochloride er</i>	39
PREDNISONE INTENSOL	70	<i>proparacaine hcl</i>	88
<i>pregabalin</i>	53	<i>propranolol hcl</i>	40
<i>pregabalin er</i>	57	<i>propranolol hcl er</i>	40
PREHEVBRIO	82	<i>propranolol hydrochloride</i>	41
PREMARIN.....	69	<i>propranolol hydrochloride er</i>	41
PREMASOL	86	<i>propylthiouracil</i>	72
<i>premium condoms lubricated</i>	106	PROQUAD	82
PREMPRO	69	PROSOL	86
PRENATAL.....	85, 106	<i>protriptyline hcl</i>	46
PRENATAL PLUS.....	85	<i>pseudoephedrine hcl er</i>	106
<i>prenatal-u</i>	106	<i>pseudoephedrine hydrochloride</i>	106
PRETOMANID	24	PULMOZYME	91
		PURIXAN.....	29

Drug Name	Page #	Drug Name	Page #
<i>pyrazinamide</i>	24	REPATHA SURECLICK.....	40
<i>pyridostigmine bromide</i>	57	RESTASIS	88
<i>pyridostigmine bromide er</i>	57	RESTASIS MULTIDOSE.....	88
<i>pyridoxine hcl</i>	106	RETEVMO	34
<i>pyrimethamine</i>	20	REXULTI.....	50
Q		REYATAZ	22
<i>qc calcium/minerals/vitamin d</i>	106	REZLIDHIA	34
<i>qc childrens chewable complete</i>	106	REZUROCK	81
<i>qc childrens chewable vitamins/extra c</i>	106	RHOPRESSA.....	88
<i>qc childrens chewable vitamins/iron</i>	106	<i>ribavirin</i>	24, 25
<i>qc essentials</i>	106	<i>rifabutin</i>	24
<i>qc headache relief</i>	106	<i>rifampin</i>	24
QINLOCK.....	34	<i>riluzole</i>	58
QUADRACEL.....	82	<i>rimantadine hydrochloride</i>	25
<i>quetiapine fumarate</i>	49, 50	RINGERS	84
<i>quetiapine fumarate er</i>	49	RINVOQ.....	80
<i>quinapril hydrochloride</i>	37	<i>risaquad</i>	107
<i>quinapril/hydrochlorothiazide</i>	37	<i>risaquad-2</i>	107
<i>quinidine sulfate</i>	39	<i>risedronate sodium</i>	63
<i>quinine sulfate</i>	21	<i>risedronate sodium dr</i>	63
QULIPTA.....	56	<i>risperidone</i>	50
R		<i>risperidone er</i>	50
RABAVERT.....	82	<i>risperidone odt</i>	50
<i>rabeprazole sodium</i>	75	<i>ritonavir</i>	22, 23
<i>raloxifene hydrochloride</i>	71	<i>rivastigmine tartrate</i>	44
<i>ramipril</i>	37	<i>rivastigmine transdermal system</i>	44
<i>ranolazine er</i>	43	RIVELSA.....	68
<i>rasagiline mesylate</i>	47	<i>rizatriptan benzoate</i>	57
<i>raspberry syrup</i>	106	<i>rizatriptan benzoate odt</i>	57
<i>reclipsen</i>	68	ROCKLATAN.....	88
RECOMBIVAX HB.....	82	<i>roflumilast</i>	91
<i>rectasmothe</i>	106	<i>romidepsin</i>	34
RECTIV	96	<i>ropinirole er</i>	47
<i>refresh digital</i>	106	<i>ropinirole hcl</i>	47
<i>refresh liquigel</i>	106	<i>ropinirole hydrochloride</i>	47
<i>refresh optive</i>	106	<i>rosuvastatin calcium</i>	39
<i>refresh optive advanced</i>	106	ROTARIX.....	83
<i>refresh plus</i>	107	ROTATEQ.....	83
<i>refresh relieva pf</i>	107	<i>roweepra</i>	53
<i>refresh tears</i>	107	ROZLYTREK	34
REGRANEX.....	96	RUBRACA	34
RELENZA DISKHALER.....	24	<i>rufinamide</i>	53
<i>repaglinide</i>	62	RUKOBIA.....	22
REPATHA.....	40	RYBELSUS	62
REPATHA PUSHTRONEX SYSTEM.....	40	RYDAPT.....	34

Drug Name	Page #	Drug Name	Page #
S			
<i>sajazir</i>	78	<i>sm chewable c</i>	107
<i>saline nasal gel</i>	107	<i>sm cold & hot therapy pa in relief extra strength</i>	107
<i>saline nasal spray infants/childrens</i>	107	<i>sm dry eye relief</i>	107
SANDIMMUNE.....	81	<i>sm eye drops</i>	107
SANTYL.....	96	<i>sm melatonin</i>	107
<i>sapropterin dihydrochloride</i>	71	<i>sm migraine relief</i>	107
SCEMBLIX.....	34	<i>sm multiple vitamins essential</i>	107
<i>scopolamine</i>	73	<i>sm muscle rub</i>	107
<i>sea-omega</i>	107	<i>sm slow release iron</i>	107
SECUADO.....	50	<i>sm vitamin c</i>	107
<i>selegiline hcl</i>	47	<i>sm vitamin c/rose hips</i>	107
<i>selenium sulfide</i>	93	<i>sm vit c/rose hips</i>	107
SELZENTRY.....	22	SODIUM.....	74
<i>senna smooth</i>	107	<i>sodium bicarbonate</i>	84, 107
<i>senna syrup 8.8mg/5ml</i>	107	SODIUM BICARBONATE.....	84
<i>senna syrup 176mg/5ml</i>	107	<i>sodium chloride</i>	84
<i>senna tablet</i>	107	SODIUM CHLORIDE.....	84
SEREVENT DISKUS.....	90	<i>sodium chloride 0.9% irrigation soln</i>	96
<i>sertraline hcl</i>	46	<i>sodium fluoride</i>	85, 97
<i>sertraline hydrochloride</i>	46	<i>sodium fluoride 5000 ppm</i>	97
<i>sesame oil</i>	107	SODIUM OXYBATE.....	58
<i>setlakin</i>	68	<i>sodium phenylbutyrate</i>	71
<i>sf 97</i>		<i>sodium polystyrene sulfonate</i>	64
<i>sharobel</i>	68	<i>solifenacin succinate</i>	76
SHINGRIX.....	83	SOLQUA 100/33.....	60
SIGNIFOR.....	71	SOLTAMOX.....	30
<i>sildenafil</i>	43	SOLU-CORTEF.....	70
<i>sildenafil citrate</i>	43	SOMATULINE DEPOT.....	71
<i>silodosin</i>	76	SOMAVERT.....	71
<i>silver sulfadiazine</i>	93	<i>soothe</i>	107
SIMBRINZA.....	88	<i>soothe maximum strength</i>	107
<i>simethicone</i>	107	<i>sorafenib tosylate</i>	34
<i>simliya</i>	68	<i>sorbitol</i>	107
<i>simpesse</i>	68	<i>sorbolene</i>	108
<i>simple syrup</i>	107	<i>sorine</i>	39
<i>simvastatin</i>	39	<i>sotalol hcl</i>	39
<i>sirolimus</i>	81	<i>sotalol hydrochloride (af)</i>	39
SIRTURO.....	24	SOTYKTU.....	80
SIVEXTRO.....	20	<i>spironolactone</i>	37
SKYRIZI.....	80	<i>spironolactone/hydrochlorothiazide</i>	42
SKYRIZI PEN.....	80	<i>sprintec 28</i>	68
<i>sm acidophilus</i>	107	SPRITAM.....	53
<i>sm animal shapes complete</i>	107	SPRYCEL.....	34
<i>sm animal shapes kids first</i>	107	<i>sps</i>	64
<i>sm antibiotic plus pain relief maximum strength</i>	107	<i>sronyx</i>	68
<i>sm anti-itch extra strength</i>	107	SSD.....	93
		STELARA.....	80

Drug Name	Page #	Drug Name	Page #
<i>sterile water for irrigation</i>	96	TABRECTA	35
<i>stevia</i>	108	<i>tacrolimus</i>	81, 96
STEVIA	108	<i>tadalafil</i>	43, 76
STIVARGA	34	TAFINLAR	35
<i>stool softener</i>	108	TAGRISSE	35
<i>streptomycin sulfate</i>	20	TALZENNA	35
<i>stress formula</i>	108	<i>tamoxifen citrate</i>	30
STRIBILD	23	<i>tamsulosin hydrochloride</i>	76
<i>subvenite</i>	53, 54	<i>tarina 24 fe</i>	68
<i>subvenite starter kit</i>	54	<i>tarina fe 1/20 eq</i>	68
<i>sucralfate</i>	75	TASIGNA	35
SUCRALFATE	75	<i>tasimelteon</i>	56
<i>sudogest</i>	108	TAVNEOS	78
<i>sulfacetamide sodium</i>	87, 92	<i>tazarotene</i>	93
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	86	<i>tazicef</i>	26
<i>sulfadiazine</i>	20, 93	TAZORAC	94
<i>sulfamethoxazole/trimethoprim</i>	20	TAZVERIK	35
<i>sulfamethoxazole/trimethoprim ds</i>	20	TDVAX	83
SULFAMYLON	93	TECVAYLI	35
<i>sulfasalazine</i>	74	TEFLARO	26
<i>sulindac</i>	16	<i>telmisartan</i>	38
<i>sumatriptan</i>	57	<i>telmisartan/amlodipine</i>	38
<i>sumatriptan succinate</i>	57	<i>telmisartan/hydrochlorothiazide</i>	38
<i>sumatriptan succinate refill</i>	57	<i>temazepam</i>	56
<i>sunitinib malate</i>	34	TENIVAC	83
SUNLENCA	22	<i>tenofovir disoproxil fumarate</i>	22, 23
SUPREP BOWEL PREP	75	TEPMETKO	35
SUTAB	75	<i>terazosin hcl</i>	37
<i>syeda</i>	68	<i>terazosin hydrochloride</i>	37
SYMLINPEN 60	62	<i>terbinafine hcl</i>	21
SYMLINPEN 120	62	<i>terbutaline sulfate</i>	90
SYMPAZAN	54	<i>terconazole</i>	77
SYMTUZA	23	<i>teriflunomide</i>	58
SYNAREL	71	TERIPARATIDE	63
SYNJARDY	62	<i>testosterone</i>	59
SYNJARDY XR	62	<i>testosterone cypionate</i>	59
SYNTHROID	72	<i>testosterone enanthate</i>	59
<i>syrspend sf</i>	108	<i>testosterone pump</i>	59
<i>syrup vehicle</i>	108	<i>tetrabenazine</i>	58
<i>systane</i>	108	<i>tetracycline hydrochloride</i>	28
<i>systane complete</i>	108	<i>tgt psyllium fiber</i>	108
<i>systane gel</i>	108	THALOMID	30
T		<i>theophylline</i>	91
<i>tab-a-vite</i>	108	<i>theophylline er</i>	91
<i>tab-a-vite w/beta carotene</i>	108	<i>thera</i>	108
TABLOID	29	<i>thera-gesic</i>	108
		<i>thera-gesic plus</i>	108

Drug Name	Page #	Drug Name	Page #
<i>theranatal core nutrition</i>	108	<i>travoprost</i>	88
<i>therapeutic shampoo</i>	108	<i>trazodone hydrochloride</i>	46
<i>thioridazine hcl</i>	50	TREATOR	24
<i>thiothixene</i>	50	TRELEGY ELLIPTA	89
<i>tiadylt er</i>	41	TREMFYA	80
<i>tiagabine hydrochloride</i>	54	TRESIBA	61
TIBSOVO	35	TRESIBA FLEXTOUCH	61
TICOVAC	83	<i>tretinoin</i>	30, 92
<i>tigecycline</i>	28	<i>triamcinolone acetonide</i>	70, 95, 97, 108
TILIA FE	68	<i>triamcinolone acetonide dental paste</i>	97
<i>timolol maleate</i>	41, 88	<i>triamterene/hydrochlorothiazide</i>	42
TIMOLOL MALEATE	88	<i>triazolam</i>	56
<i>tinactin</i>	108	<i>tridacaine</i>	95
<i>tinidazole</i>	20	<i>tridacaine ii</i>	95
TIVICAY	22	<i>trientine hydrochloride</i>	64
TIVICAY PD	22	<i>tri-estarylla</i>	68
<i>tizanidine hcl</i>	58	<i>tri femynor</i>	68
<i>tizanidine hydrochloride</i>	58	<i>trifluoperazine hcl</i>	50
TOBI PODHALER	20	<i>trifluoperazine hydrochloride</i>	50
TOBRADEX	86	<i>trifluridine</i>	87
TOBRADEX ST	86	<i>trihexyphenidyl hcl</i>	48
<i>tobramycin</i>	20, 87	<i>trihexyphenidyl hydrochloride</i>	48
<i>tobramycin/dexamethasone</i>	86	TRIJARDY XR	62, 63
<i>tobramycin sulfate</i>	20	TRIKAFTA	91
<i>today sponge</i>	108	<i>tri-legest fe</i>	68
<i>tolnaftate</i>	108	<i>tri-linyah</i>	68
<i>tolterodine tartrate</i>	76	<i>tri-lo-estarylla</i>	68
<i>tolterodine tartrate er</i>	76	<i>tri-lo-marzia</i>	68
<i>topiramate</i>	54	<i>tri-lo-mili</i>	68
<i>topiramate er</i>	54	<i>tri-lo-sprintec</i>	68
<i>toremifene citrate</i>	30	<i>trimethobenzamide hydrochloride</i>	73
<i>torpenz</i>	35	<i>trimethoprim</i>	20, 87
<i>torseamide</i>	42	<i>tri-mili</i>	68
TOUJEO MAX SOLOSTAR	60	<i>trimipramine maleate</i>	46, 47
TOUJEO SOLOSTAR	60	<i>trinate</i>	108
TPN ELECTROLYTES	84	TRINTELLIX	47
TRADJENTA	62	<i>tri-nymyo</i>	68
<i>tramadol hcl er</i>	17	<i>triple antibiotic</i>	108
<i>tramadol hydrochloride</i>	18	<i>triprolidine hci</i>	108
<i>tramadol hydrochloride/acetaminophen</i>	18	<i>triprolidine hydrochloride</i>	108
<i>tramadol hydrochloride er</i>	17	<i>tri-sprintec</i>	68
<i>trandolapril</i>	37	TRIUMEQ	23
<i>trandolapril/verapamil hcl er</i>	37	TRIUMEQ PD	23
<i>tranexamic</i>	78	<i>tri-vite/fluoride</i>	85, 108
<i>tranexamic acid</i>	78	<i>trivora-28</i>	68
<i>tranylcypromine sulfate</i>	46	<i>tri-vylibra</i>	68
TRAVASOL	86	<i>tri-vylibra lo</i>	68

Drug Name	Page #	Drug Name	Page #
TROGARZO.....	22	VAQTA.....	83
TROPHAMINE.....	86	<i>varenicline</i>	59
<i>tropium chloride</i>	76	<i>varenicline tartrate</i>	59
<i>tropium chloride er</i>	76	VARIVAX.....	83
TRULICITY.....	63	VASCEPA.....	40
TRUMENBA.....	83	<i>vcf vaginal contraceptive film</i>	109
TRUQAP.....	35	<i>vcf vaginal contraceptive foam</i>	109
<i>trustex lubricated/spermicide</i>	108	<i>vcf vaginal contraceptive gel</i>	109
<i>trustex/ria non-lubricated</i>	108	<i>velivet</i>	68
TRUXIMA.....	35	VELSIPITY.....	80
TUKYSA.....	35	VENCLEXTA.....	35
<i>tums</i>	108	VENCLEXTA STARTING PACK.....	35
<i>tums extra strength 750</i>	108	VENLAFAXINE BESYLATE ER.....	47
TURALIO.....	35	<i>venlafaxine hydrochloride</i>	47
<i>turqoz</i>	68	<i>venlafaxine hydrochloride er</i>	47
TWINRIX.....	83	VENTOLIN HFA.....	90
TYBOST.....	22	VEOZAH.....	71
<i>tydemy</i>	68	<i>verapamil hcl</i>	37, 41, 42
TYENNE.....	80	<i>verapamil hcl er</i>	41
TYPHIM VI.....	83	<i>verapamil hcl sr</i>	41, 42
U		VERAPAMIL HCL SR.....	41
UBRELVY.....	57	<i>verapamil hydrochloride</i>	42
<i>ultra-mega</i>	108	<i>verapamil hydrochloride er</i>	42
<i>unithroid</i>	72	VERQUVO.....	43
<i>urea</i>	108	VERSACLOZ.....	50
<i>urea 20 intensive hydrating cream</i>	108	VERZENIO.....	35
<i>ureacin-20</i>	109	<i>vestura</i>	68
<i>ursodiol</i>	75	VICTOZA.....	63
V		<i>vienna</i>	68
<i>valacyclovir hydrochloride</i>	25	<i>vigabatrin</i>	54
VALCHLOR.....	96	<i>vigadrone</i>	54
<i>valganciclovir</i>	25	VIGAFYDE.....	54
<i>valganciclovir hydrochloride</i>	25	<i>vigpoder</i>	54
<i>valproate sodium</i>	54	<i>vilazodone hydrochloride</i>	47
<i>valproic acid</i>	54	<i>vinate ii</i>	109
<i>valsartan</i>	38	<i>viorele</i>	69
<i>valsartan/hydrochlorothiazide</i>	37, 38	VIRACEPT.....	23
VALTOCO.....	54	VIREAD.....	23
<i>vanacof</i>	109	<i>vitamin a & d</i>	109
VANCOMYCIN.....	20	<i>vitamin b-1</i>	109
<i>vancomycin hcl</i>	20	<i>vitamin b-6</i>	109
VANCOMYCIN HCL.....	20	<i>vitamin b-12</i>	109
<i>vancomycin hydrochloride</i>	20	<i>vitamin c</i>	109
VANCOMYCIN HYDROCHLORIDE.....	20	<i>vitamin d</i>	109
VANFLYTA.....	35	<i>vitamin d-3</i>	109
		<i>vitamin d3 capsule</i>	109
		<i>vitamin d3 tablet disintegrating</i>	109

Drug Name	Page #	Drug Name	Page #
<i>vitamin d 400</i>	109	Y	
<i>vitamins a/c/d/fluoride</i>	85, 109	YF-VAX	83
VITRAKVI	35	<i>yuvafem</i>	69
VIVITROL	59	Z	
VIZIMPRO	35	<i>zafemy</i>	69
<i>volnea</i>	69	<i>zafirlukast</i>	90
VONJO	36	<i>zaleplon</i>	56
<i>voriconazole</i>	21	ZARXIO	78
VOSEVI.....	25	ZEGALOGUE	70
VOWST	75	ZEJULA	36
VRAYLAR.....	50	ZELBORAF.....	36
<i>vyfemla</i>	69	<i>zenatane</i>	92
<i>vylibra</i>	68, 69	ZENPEP	75
VYZULTA.....	88	<i>zenzedi</i>	56
W		ZERVIAE.....	87
<i>warfarin sodium</i>	77	<i>zidovudine</i>	23
WELIREG.....	30	<i>zinc oxide</i>	109
<i>wera</i>	69	<i>ziprasidone hcl</i>	50
WESTAB PLUS.....	85	<i>ziprasidone mesylate</i>	50
<i>wixela inhub</i>	92	ZIRABEV	36
<i>womens 50 billion</i>	109	ZIRGAN	87
<i>wymzya fe</i>	69	<i>zoledronic acid</i>	63
X		ZOLEDRONIC ACID	63
XALKORI.....	36	ZOLINZA	36
<i>xanthan gum</i>	109	<i>zolpidem tartrate</i>	56
XARELTO	77	ZONISADE.....	54
XARELTO STARTER PACK	77	<i>zonisamide</i>	54
XATMEP.....	80	<i>zovia 1/35</i>	69
XCOPRI	54	ZTALMY	54
XDEMVY	87	<i>zumandimine</i>	66, 69
XELJANZ	80	ZURZUVAE	47
XELJANZ XR	80	ZYCLARA.....	96
XERMELO	75	ZYDELIG	36
XGEVA	63	ZYKADIA.....	36
XHANCE	91	ZYLET	86
XIFAXAN	75	ZYPREXA RELPREVV	50
XIGDUO XR	63		
XIIDRA	89		
XOLAIR	91		
XOSPATA	36		
XPOVIO	36		
XTANDI.....	30		
<i>xulane</i>	69		
XULTOPHY.....	61		

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