

Aetna Medicare FIDE (HMO D-SNP)

2027

List of Covered Drugs (Drug List or Formulary)

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

Formulary ID Number: 27013 Version 10

This *Drug List* was updated on 10/15/2026. 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.S.T., 7 days a week, or visit [AetnaMedicare.com/NJDSNP-drug-formulary](https://www.aetna.com/NJDSNP-drug-formulary)



Introduction

This document is called the *List of Covered Drugs* (also known as the *Drug List*). It tells you which drugs and over-the-counter (OTC) drugs and non-drug products and items are covered by Aetna Medicare FIDE (HMO D-SNP). The *Drug List* also tells you if there are any special rules or restrictions on any drugs covered by Aetna Medicare FIDE (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)..... 6

 B1. What prescription drugs are on the *List of Covered Drugs*?
 (We call the *List of Covered Drugs* the *Drug List* for short.) 6

 B2. Does the *Drug List* ever change? 6

 B3. What happens when there’s a change to the *Drug List*? 7

 B4. Are there any restrictions or limits on drug coverage or any required actions to take to get
 certain drugs? 8

 B5. How will I know if the drug I want has limits or if there are required actions to take to get the
 drug? 8

 B6. What happens if Aetna Medicare FIDE (HMO D-SNP) changes their rules about how they
 cover some drugs (for example, prior authorization, quantity limits, and/or step therapy restrictions) 8

 B7. How can I find a drug on the *Drug List*? 9

 B8. What if the drug I want to take isn’t on the *Drug List*? 9

 B9. What if I’m a new Aetna Medicare FIDE (HMO D-SNP) member and can’t find my drug on
 the *Drug List* or have a problem getting my drug? 9

 B10. Can I ask for an exception to cover my drug?..... 10

 B11. How can I ask for an exception? 10

 B12. How long does it take to get an exception?..... 10

 B13. What are generic drugs? 11

 B14. What are original biological products and how are they related to biosimilars? 11

 B15. What are OTC drugs?..... 11

 B16. Does Aetna Medicare FIDE (HMO D-SNP) cover non-drug OTC products? 11

B17. Can I get my drugs through Mail-Order/Long-Term Supply?.....	11
B18. What is my copay?	12
C. Overview of the <i>List of Covered Drugs</i>	13
C1. List of Drugs by Drug Type	14
D. Index of Covered Drugs.....	155



If you have questions, call Aetna Medicare FIDE (HMO D-SNP) at **1-844-362-0934** (TTY: 711), 8 a.m. to 8 p.m., E.S.T., 7 days a week. The call is free. **For more information**, visit **[AetnaMedicare.com/NJDSNP-drug-formulary](https://www.aetna.com/NJDSNP-drug-formulary)**

A. Disclaimers

This is a list of drugs that members can get in Aetna Medicare FIDE (HMO D-SNP).

- ❖ Aetna Medicare FIDE (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 Medicare FIDE (HMO D-SNP) depends on contract renewal. See Evidence of Coverage for a complete description of plan benefits, exclusions, limitations, and conditions of coverage.
- ❖ 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 Medicare FIDE (HMO D-SNP)'s up-to-date List of Covered Drugs online at [AetnaMedicare.com/NJDSNP-drug-formulary](https://www.aetna.com/NJDSNP-drug-formulary) or by calling Member Services at the number listed at the bottom of this page. This call is free.
- ❖ 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.

Notice of Availability (NOA)

TTY: 711

To access language assistance services and appropriate auxiliary aids and services at no cost to you, call **1-844-362-0934**. (English)

የቋንቋ እርዳታ አገልግሎቶችን እና ተገቢ የሆኑ ረዳት መሣሪያዎችንና አገልግሎቶችን ያለ ምንም ክፍያ ለማግኘት፣ በ **1-844-362-0934** ይደውሉ። (Amharic)

للوصول إلى خدمات المساعدة اللغوية والمساعدات والخدمات المناسبة دون أي تكلفة عليك، اتصل بالرقم **1-844-362-0934** (Arabic)

如欲獲得免費的語言輔助服務以及適當的輔助工具和服務，請致電 **1-844-362-0934**。(Chinese)

Pou w jwenn aksè ak sèvis asistans lang ansanm ak èd ak sèvis oksilyè apwopriye san w pa peye anyen, rele **1-844-362-0934**. (French Creole)

If you have questions, call Aetna Medicare FIDE (HMO D-SNP) at **1-844-362-0934** (TTY: 711), 8 a.m. to 8 p.m., E.S.T., 7 days a week. The call is free. For more information, visit [AetnaMedicare.com/NJDSNP-drug-formulary](https://www.aetna.com/NJDSNP-drug-formulary)



Pour accéder aux services d'assistance linguistique et aux aides et services auxiliaires appropriés sans frais à votre charge, appelez le **1-844-362-0934**. (French)

Um Sprachunterstützung sowie geeignete Hilfsmittel und Dienstleistungen kostenlos in Anspruch zu nehmen, rufen Sie bitte folgende Nummer an: **1-844-362-0934**. (German)

તમારા માટે વિના મૂલ્યે ભાષા સહાય સેવાઓ અને યોગ્ય સહાયક સાધનો તથા સેવાઓ મેળવવા માટે, **1-844-362-0934** પર કોલ કરો. (Gujarati)

No ke komo 'ana i nā lawelawe kōkua 'ōlelo a me nā kōkua kōkua kūpono me ka uku 'ole iā 'oe, e kelepona mai **1-844-362-0934**. (Hawaiian)

Kom siv tau cov kev pab cuam txhais lus thiab cov khoom pab kom hnov lus thiab cov kev pab cuam yam tsis sau nqi ntawm koj, hu **1-844-362-0934**. (Hmong)

Contattare telefonicamente per accedere, senza costi aggiuntivi, ai servizi di assistenza linguistica e ad idonei aiuti ausiliari il numero **1-844-362-0934**. (Italian)

言語支援サービスや適切な補助具やサービスを無料で利用するには、**1-844-362-0934**までお電話ください。 (Japanese)

လၢတၢ်ကမၤန့ၢ်သ့ၣ်ကျိၢ်အတၢ်မၤစၢၤအတၢ်ဖဲးတၢ်မၤတဖၣ်ဒီးတၢ်မၤစၢၤလၢအကဲထီၣ်သ့ၣ်လၢအဖိးမံတဖၣ်ဒီးတၢ်မၤစၢၤအတၢ်ဖဲးတၢ်မၤတဖၣ်လၢတလိၣ်နဟ့ၣ်အပူၤအဂီၢ်န့ၣ်,ကိးဘၣ် **1-844-362-0934**. (Karen)

ដើម្បីទទួលបានសេវាកម្មជំនួយផ្នែកភាសា និងការគាំទ្រ និងសេវាកម្មបន្ថែមសមរម្យដោយមិនគិតថ្លៃសម្រាប់អ្នក សូមទូរសព្ទទៅលេខ **1-844-362-0934** ។ (Khmer)

언어 지원 서비스와 적절한 보조 지원 및 서비스를 무료로 이용하시려면 **1-844-362-0934** 번으로 전화해 주시기 바랍니다. (Korean)

ພື່ອເຂົ້າເຖິງການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ ແລະ ອຸປະກອນຊ່ວຍໃນການຟັງ ແລະ ການບໍລິການອື່ນໆ ໂດຍທ່ານບໍ່ໄດ້ເສຍຄ່າໃຊ້ຈ່າຍໃດໆ, ໃຫ້ໂທຫາ **1-844-362-0934**. (Lao)



If you have questions, call Aetna Medicare FIDE (HMO D-SNP) at **1-844-362-0934** (TTY: 711), 8 a.m. to 8 p.m., E.S.T., 7 days a week. The call is free. For more information, visit [AetnaMedicare.com/NJDSNP-drug-formulary](https://www.aetna.com/NJDSNP-drug-formulary)

Tajaajilawwan gargaarsa afaanii fi tajaajilawwan gargaarsaa
dabalataa mijaawaa ta'an kaffaltii tokko malee argachuuf, bilbilaa
1-844-362-0934. (Oromo)

برای دسترسی رایگان به خدمات کمک زبانی و وسایل و خدمات کمکی مناسب، با شماره
1-844-362-0934 تماس بگیرید (Persian).

Aby skorzystać z usług pomocy językowej oraz odpowiednich środków
pomocniczych i usług bez ponoszenia żadnych kosztów, zadzwoń pod
numer **1-844-362-0934**. (Polish)

Para aceder, sem custos para si, a serviços de assistência linguística e a auxílios
e serviços de apoio adequados, ligue para **1-844-362-0934**. (Portuguese)

Чтобы бесплатно воспользоваться услугами языковой поддержки, а также
соответствующими вспомогательными средствами и услугами, позвоните
по номеру телефона **1-844-362-0934**. (Russian)

Para tener acceso a los servicios de asistencia en otros idiomas y a las
ayudas y servicios auxiliares adecuados sin costo para usted, llame al
1-844-362-0934. (Spanish)

Upang ma-access ang mga serbisyo sa tulong sa wika at mga angkop na
pantulong na kagamitan at serbisyo nang hindi ka gagastos, tawagan ang
1-844-362-0934. (Tagalog)

หากต้องการเข้าถึงบริการช่วยเหลือด้านภาษาและอุปกรณ์ช่วยเหลืออื่น ๆ ที่เหมาะสมโดยไม่
เสียค่าใช้จ่าย โปรดติดต่อ **1-844-362-0934** (Thai)

Để tiếp cận các dịch vụ hỗ trợ ngôn ngữ, công cụ hỗ trợ và dịch vụ phụ trợ
phù hợp miễn phí dành cho quý vị, hãy gọi **1-844-362-0934**. (Vietnamese)

H6399_2026_V2

NOA-Medicare Fillable-1557 -1 (09-26)

- ❖ 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 Medicare FIDE (HMO D-SNP) Member Services at **1-844-362-0934** (TTY: 711), 8 a.m. to 8 p.m., E.S.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).



B. Frequently Asked Questions (FAQ)

Find answers here to questions you have about this *List of Covered Drugs (Drug List)*. 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 Medicare FIDE (HMO D-SNP). The 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 Medicare FIDE (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 Medicare FIDE (HMO D-SNP) network pharmacy.
- In some cases, you have to do something before you can get a drug. Refer to question B4 for more information.

You can also find an up-to-date list of drugs that we cover on our website at [AetnaMedicare.com/NJDSNP-drug-formulary](https://www.aetna.com/membership/njdsnp-drug-formulary) or call Member Services at 1-844-362-0934 (TTY: 711).

B2. Does the *Drug List* ever change?

Yes, and Aetna Medicare FIDE (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 Medicare FIDE (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'll 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'll 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 isn't safe, **or**
- a drug is removed from the market.



If you have questions, call Aetna Medicare FIDE (HMO D-SNP) at 1-844-362-0934 (TTY: 711), 8 a.m. to 8 p.m., E.S.T., 7 days a week. The call is free. **For more information**, visit [AetnaMedicare.com/NJDSNP-drug-formulary](https://www.aetna.com/membership/njdsnp-drug-formulary)

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

- You can always check Aetna Medicare FIDE (HMO D-SNP)'s up-to-date *Drug List* online at **AetnaMedicare.com/NJDSNP-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's 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, but your cost for the new drug will remain \$0 with the same or fewer restrictions. 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'll send you information about the specific change we made once it happens.
 - We can make these changes only if the drug we're 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. Please refer to questions B10-B12 for more information on exceptions.
- **Remove unsafe drugs and other drugs that are taken off the market.** Sometimes a drug may be found unsafe or taken off the market for another reason. If this happens, we may immediately take it off the *Drug List*. If you're taking the drug, we'll 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'll 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 isn't 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'll:

- 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 Medicare FIDE (HMO D-SNP) at **1-844-362-0934 (TTY: 711)**, 8 a.m. to 8 p.m., E.S.T., 7 days a week. The call is free. **For more information**, visit **AetnaMedicare.com/NJDSNP-drug-formulary**



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

- if there's 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.

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 or your doctor or other prescriber must do something before you can get the drug. For example:

- **Prior authorization:** For some drugs, you or your doctor or other prescriber must get authorization from Aetna Medicare FIDE (HMO D-SNP) before you fill your prescription. Prior authorization is different from a referral. Aetna Medicare FIDE (HMO D-SNP) may not cover the drug if you don't get prior authorization.
- **Quantity limits:** Sometimes Aetna Medicare FIDE (HMO D-SNP) limits the amount of a drug you can get.
- **Step therapy:** Sometimes Aetna Medicare FIDE (HMO D-SNP) requires you to do step therapy. This means you'll 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'll cover the second.

You can find out if your drug has any additional requirements or limits by looking in the tables in **Section C**. You can also get more information by visiting our website at [AetnaMedicare.com/NJDSNP-drug-formulary](https://www.aetna.com/medicare/njdsnp-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's 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 table in the section titled List of Drugs by Drug Type has a column labeled "Necessary actions, restrictions, or limits on use."

B6. What happens if Aetna Medicare FIDE (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'll 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 Medicare FIDE (HMO D-SNP) at **1-844-362-0934** (TTY: 711), 8 a.m. to 8 p.m., E.S.T., 7 days a week. The call is free. **For more information**, visit [AetnaMedicare.com/NJDSNP-drug-formulary](https://www.aetna.com/medicare/njdsnp-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, **or**
- you can search by drug type.

To search **alphabetically**, look for your drug in the Index of Covered Drugs section. You can find it on page 155. 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 C1** labeled “List of Drugs by Drug Type”. The drugs in this section are grouped into categories by type. For example, if you’re taking a medicine for an infection, you should look in the “Anti-infectives” category. That is where you’ll find drugs that treat infections.

B8. What if the drug I want to take isn’t 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 Medicare FIDE (HMO D-SNP) won’t 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’s like the one you want to take. **Or**
- Ask Aetna Medicare FIDE (HMO D-SNP) to make an exception to cover your drug. Refer to questions B10-B12 for more information about exceptions.

B9. What if I’m a new Aetna Medicare FIDE (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’re a member of Aetna Medicare FIDE (HMO D-SNP). This will give you time to talk to your doctor or other prescriber. They can help you decide if there’s 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’re taking a drug that isn’t on our *Drug List*, **or**
- our plan rules don’t let you get the amount ordered by your prescriber, **or**
- the drug requires prior authorization by Aetna Medicare FIDE (HMO D-SNP), **or**
- you’re taking a drug that’s part of a step therapy restriction.

If you’re taking a drug that Aetna Medicare FIDE (HMO D-SNP) doesn’t consider to be a Part D drug, you have the right to get a one-time, 72-hour supply of the drug.

If you have questions, call Aetna Medicare FIDE (HMO D-SNP) at **1-844-362-0934 (TTY: 711)**, 8 a.m. to 8 p.m., E.S.T., 7 days a week. The call is free. **For more information**, visit [AetnaMedicare.com/NJDSNP-drug-formulary](https://www.aetnamedicare.com/NJDSNP-drug-formulary)



If you're in a nursing home or other long-term care facility and need a drug that isn't on the *Drug List* or if you can't easily get the drug you need, we can help. If you've been in the plan for more than 90 days, live in a long-term care facility, and need a supply right away:

- We'll cover one 31-day supply of the drug you need (unless you have a prescription for fewer days), whether or not you're a new Aetna Medicare FIDE (HMO D-SNP) member.
- This is in addition to the temporary supply during the first 90 days you're a member of Aetna Medicare FIDE (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 31-day supply) for the applicable drug(s).

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

Yes. You can ask Aetna Medicare FIDE (HMO D-SNP) to make an exception to cover a drug that isn't on the *Drug List*.

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

- For example, Aetna Medicare FIDE (HMO D-SNP) may limit the amount of a drug we'll 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 prescriber to help you ask for an exception. You can also read **Chapter 9 Section 7.2** 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'll give you a decision within 72 hours.

To send your statement, you or your prescriber may call Aetna Medicare FIDE (HMO D-SNP) Member Services at **1-844-362-0934 (TTY: 711)**, 8 a.m. to 8 p.m., E.S.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'll give you a decision within 24 hours of getting your prescriber's supporting statement.



If you have questions, call Aetna Medicare FIDE (HMO D-SNP) at **1-844-362-0934 (TTY: 711)**, 8 a.m. to 8 p.m., E.S.T., 7 days a week. The call is free. **For more information**, visit [AetnaMedicare.com/NJDSNP-drug-formulary](https://www.aetna.com/NJDSNP-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—depending on state laws.

Aetna Medicare FIDE (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 OTC drugs?

OTC stands for “over-the-counter.” Aetna Medicare FIDE (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 Medicare FIDE (HMO D-SNP) cover non-drug OTC products?

Aetna Medicare FIDE (HMO D-SNP) covers **some** non-drug OTC products when they're written as prescriptions 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.

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.)

If you have questions, call Aetna Medicare FIDE (HMO D-SNP) at **1-844-362-0934** (TTY: 711), 8 a.m. to 8 p.m., E.S.T., 7 days a week. The call is free. **For more information**, visit **[AetnaMedicare.com/NJDSNP-drug-formulary](https://www.aetna.com/NJDSNP-drug-formulary)**



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

B18. What is my copay?

Aetna Medicare FIDE (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 B15 and B16 for more information about OTC drugs and non-drug products.

Tiers are groups of drugs on our *Drug List*.

- Tier 1 - Preferred Generic - \$0.
- Tier 2 - Generic - \$0.
- Tier 3 - Preferred Brand - \$0.
- Tier 4 - Non-Preferred Drug - \$0.
- Tier 5 - Specialty - \$0.

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 Medicare FIDE (HMO D-SNP) at **1-844-362-0934 (TTY: 711)**, 8 a.m. to 8 p.m., E.S.T., 7 days a week. The call is free. **For more information**, visit **[AetnaMedicare.com/NJDSNP-drug-formulary](https://www.aetna.com/NJDSNP-drug-formulary)**

C. Overview of the *List of Covered Drugs*

The *List of Covered Drugs* gives you information about the drugs covered by Aetna Medicare FIDE (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 Medicare FIDE (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'll cover.
PA: Prior Authorization: Our plan requires you or your provider to get prior authorization for certain drugs. This means that you'll need to get approval from us based on specific criteria 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'll 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'll 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're 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're 65 years of age or older. If you are taking one of these drugs, ask your doctor if there are safer options available.
NDS: Non-Extended Day Supply. Not available for an extended (long-term) supply.
*: Non-Part D drugs or Over-the-Counter (OTC) drugs or non-drug products. Aetna Medicare FIDE (HMO D-SNP) offers these non-Part D drugs, OTC drugs, or non-drug products when they are written as prescriptions by your provider.

If you have questions, call Aetna Medicare FIDE (HMO D-SNP) at **1-844-362-0934** (TTY: 711), 8 a.m. to 8 p.m., E.S.T., 7 days a week. The call is free. For more information, visit [AetnaMedicare.com/NJDSNP-drug-formulary](https://www.AetnaMedicare.com/NJDSNP-drug-formulary)



C1. List of Drugs by Drug Type

The drugs in this section are grouped into categories by type. For example, if you're taking a medicine for an infection, you should look in the "Anti-infectives" category. That's where you'll 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 non-drug products are listed in lower-case italics with an asterisk in the far-right column (e.g., *acetaminophen tablet*). The information in the "Necessary actions, restrictions or limits on use" column tells you if Aetna Medicare FIDE (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 4)	QL (120 EA per 30 days) MO
<i>febuxostat tablet 40mg, 80mg</i>	\$0 (Tier 4)	ST MO
<i>probenecid/colchicine tablet 0.5mg; 500mg</i>	\$0 (Tier 2)	MO
<i>probenecid tablet 500mg</i>	\$0 (Tier 4)	MO
MISCELLANEOUS		
JOURNAVX TABLET 50MG	\$0 (Tier 3)	QL (29 EA per 14 days) PA
<i>lidocaine hcl preservative free local injection 0.5%, 1.5%, 4%</i>	\$0 (Tier 4)	
<i>lidocaine hydrochloride injection 1% preservative free, 100mg/5ml, 2%</i>	\$0 (Tier 4)	
<i>lidocaine hydrochloride injection 1%</i>	\$0 (Tier 4)	MO
NSAIDS		
<i>celecoxib capsule 400mg</i>	\$0 (Tier 2)	QL (30 EA per 30 days) MO
<i>celecoxib capsule 100mg, 200mg, 50mg</i>	\$0 (Tier 2)	QL (60 EA per 30 days) MO
<i>diclofenac potassium tablet 50mg</i>	\$0 (Tier 2)	QL (120 EA per 30 days) MO
<i>diclofenac sodium dr tablet delayed release 25mg, 50mg, 75mg</i>	\$0 (Tier 2)	MO
<i>diclofenac sodium er tablet extended release 24 hour 100mg</i>	\$0 (Tier 2)	QL (60 EA per 30 days) MO
<i>diclofenac sodium/misoprostol tablet delayed release 50mg; 200mcg</i>	\$0 (Tier 4)	QL (120 EA per 30 days) MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.



If you have questions, call Aetna Medicare FIDE (HMO D-SNP) at **1-844-362-0934** (TTY: 711), 8 a.m. to 8 p.m., E.S.T., 7 days a week. The call is free. **For more information**, visit **AetnaMedicare.com/NJDSNP-drug-formulary**

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>diclofenac sodium/misoprostol tablet delayed release 75mg; 200mcg</i>	\$0 (Tier 4)	QL (90 EA per 30 days) MO
<i>diflunisal tablet 500mg</i>	\$0 (Tier 2)	QL (90 EA per 30 days) MO
<i>etodolac er tablet extended release 24 hour 600mg</i>	\$0 (Tier 4)	QL (30 EA per 30 days) MO
<i>etodolac er tablet extended release 24 hour 400mg, 500mg</i>	\$0 (Tier 4)	QL (60 EA per 30 days) MO
<i>etodolac capsule 300mg</i>	\$0 (Tier 2)	QL (120 EA per 30 days) MO
<i>etodolac capsule 200mg</i>	\$0 (Tier 2)	QL (90 EA per 30 days) MO
<i>etodolac tablet 500mg</i>	\$0 (Tier 2)	QL (60 EA per 30 days) MO
<i>etodolac tablet 400mg</i>	\$0 (Tier 2)	QL (90 EA per 30 days) MO
<i>flurbiprofen tablet 100mg</i>	\$0 (Tier 2)	QL (90 EA per 30 days) MO
<i>ibuprofen suspension 100mg/5ml</i>	\$0 (Tier 2)	MO
<i>ibuprofen tablet 400mg, 600mg, 800mg</i>	\$0 (Tier 1)	MO
<i>ibu tablet 400mg, 600mg, 800mg</i>	\$0 (Tier 1)	MO
<i>ketorolac tromethamine tablet 10mg</i>	\$0 (Tier 2)	QL (20 EA per 30 days) PA MO
<i>meloxicam tablet 15mg, 7.5mg</i>	\$0 (Tier 1)	MO
<i>nabumetone tablet 500mg, 750mg</i>	\$0 (Tier 2)	MO
<i>naproxen dr tablet delayed release 375mg</i>	\$0 (Tier 2)	QL (120 EA per 30 days) MO
<i>naproxen dr tablet delayed release 500mg</i>	\$0 (Tier 2)	QL (90 EA per 30 days) MO
<i>naproxen sodium tablet 275mg, 550mg</i>	\$0 (Tier 2)	MO
<i>naproxen suspension 125mg/5ml</i>	\$0 (Tier 4)	QL (1800 ML per 30 days) PA MO
<i>naproxen tablet 250mg, 375mg, 500mg</i>	\$0 (Tier 1)	MO
<i>oxaprozin tablet 600mg</i>	\$0 (Tier 2)	QL (90 EA per 30 days) MO
<i>piroxicam capsule 20mg</i>	\$0 (Tier 2)	QL (30 EA per 30 days) MO
<i>piroxicam capsule 10mg</i>	\$0 (Tier 2)	QL (60 EA per 30 days) MO
<i>sulindac tablet 150mg, 200mg</i>	\$0 (Tier 2)	QL (60 EA per 30 days) MO
OPIOID ANALGESICS, LONG-ACTING		
<i>buprenorphine patch weekly 10mcg/hr, 15mcg/hr, 20mcg/hr, 5mcg/hr, 7.5mcg/hr</i>	\$0 (Tier 4)	QL (4 EA per 28 days) PA MO
<i>fentanyl patch 72 hour 100mcg/hr, 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr</i>	\$0 (Tier 4)	QL (10 EA per 30 days) PA MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

If you have questions, call Aetna Medicare FIDE (HMO D-SNP) at **1-844-362-0934** (TTY: 711), 8 a.m. to 8 p.m., E.S.T., 7 days a week. The call is free. **For more information,** visit **AetnaMedicare.com/NJDSNP-drug-formulary**



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>hydrocodone bitartrate er (generic Hysingla ER) tablet er 24 hour abuse-deterrent 100mg, 120mg, 20mg, 30mg, 40mg, 60mg, 80mg</i>	\$0 (Tier 4)	QL (30 EA per 30 days) PA MO
<i>methadone hcl solution 5mg/5ml</i>	\$0 (Tier 3)	QL (450 ML per 30 days) PA MO
<i>methadone hcl tablet 10mg, 5mg</i>	\$0 (Tier 3)	QL (90 EA per 30 days) PA MO
<i>methadone hydrochloride concentrate 10mg/ml</i>	\$0 (Tier 3)	QL (90 ML per 30 days) PA MO
<i>methadone hydrochloride solution 10mg/5ml</i>	\$0 (Tier 3)	QL (450 ML per 30 days) PA MO
<i>morphine sulfate er tablet extended release (generic MS Contin) 30mg, 60mg</i>	\$0 (Tier 3)	QL (60 EA per 30 days) MO
<i>morphine sulfate er tablet extended release (generic MS Contin) 100mg</i>	\$0 (Tier 3)	QL (60 EA per 30 days) PA MO
<i>morphine sulfate er tablet extended (generic MS Contin) release 15mg</i>	\$0 (Tier 3)	QL (90 EA per 30 days) MO
MORPHINE SULFATE/SODIUM CHLORIDE INJECTION 1MG/ML	\$0 (Tier 4)	B/D
<i>tramadol hcl er tablet extended release 24 hour 100mg, 300mg</i>	\$0 (Tier 4)	QL (30 EA per 30 days) MO; HRM
<i>tramadol hcl er tablet extended release 24 hour 200mg</i>	\$0 (Tier 4)	QL (30 EA per 30 days); HRM
<i>tramadol hydrochloride er tablet extended release 24 hour 100mg, 200mg, 300mg</i>	\$0 (Tier 4)	QL (30 EA per 30 days) MO; HRM
OPIOID ANALGESICS, SHORT-ACTING		
<i>acetaminophen/codeine solution 120mg/5ml; 12mg/5ml</i>	\$0 (Tier 2)	QL (2700 ML per 30 days) MO
<i>acetaminophen/codeine tablet 300mg; 15mg, 300mg; 30mg, 300mg; 60mg</i>	\$0 (Tier 2)	QL (180 EA per 30 days) MO
<i>butorphanol tartrate injection 1mg/ml, 2mg/ml</i>	\$0 (Tier 4)	MO
<i>butorphanol tartrate nasal solution 10mg/ml</i>	\$0 (Tier 4)	QL (5 ML per 30 days) MO
CODEINE SULFATE TABLET 15MG, 30MG, 60MG	\$0 (Tier 4)	QL (180 EA per 30 days) MO
<i>endocet tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 7.5mg</i>	\$0 (Tier 4)	QL (180 EA per 30 days)

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.



If you have questions, call Aetna Medicare FIDE (HMO D-SNP) at **1-844-362-0934** (TTY: 711), 8 a.m. to 8 p.m., E.S.T., 7 days a week. The call is free. **For more information**, visit **AetnaMedicare.com/NJDSNP-drug-formulary**

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>hydrocodone bitartrate/acetaminophen solution 300mg/15ml; 10mg/15ml, 325mg/15ml; 10mg/15ml, 325mg/15ml; 7.5mg/15ml</i>	\$0 (Tier 4)	QL (2700 ML per 30 days) MO
<i>hydrocodone bitartrate/acetaminophen tablet 300mg; 10mg, 300mg; 5mg, 300mg; 7.5mg, 325mg; 10mg, 325mg; 5mg</i>	\$0 (Tier 3)	QL (180 EA per 30 days) MO
<i>hydrocodone bitartrate/acetaminophen tablet 325mg; 2.5mg</i>	\$0 (Tier 3)	QL (240 EA per 30 days) MO
<i>hydrocodone/acetaminophen tablet 325mg; 7.5mg</i>	\$0 (Tier 3)	QL (180 EA per 30 days) MO
<i>hydrocodone/ibuprofen tablet 10mg; 200mg, 5mg; 200mg, 7.5mg; 200mg</i>	\$0 (Tier 3)	QL (150 EA per 30 days) MO
<i>hydromorphone hcl liquid 1mg/ml</i>	\$0 (Tier 4)	QL (600 ML per 30 days) MO
<i>hydromorphone hcl tablet 2mg, 4mg, 8mg</i>	\$0 (Tier 3)	QL (180 EA per 30 days) MO
HYDROMORPHONE HYDROCHLORIDE INJECTION 0.25MG/0.5ML	\$0 (Tier 4)	B/D
MORPHINE SULFATE INJECTION 10MG/ML, 2MG/ML, 4MG/ML, 50MG/ML	\$0 (Tier 4)	B/D
<i>morphine sulfate injection 0.5mg/ml, 10mg/ml, 2mg/ml, 4mg/ml, 8mg/ml</i>	\$0 (Tier 4)	B/D
<i>morphine sulfate injection 1mg/ml</i>	\$0 (Tier 4)	B/D MO
<i>morphine sulfate oral solution 10mg/5ml, 20mg/5ml</i>	\$0 (Tier 3)	QL (900 ML per 30 days) MO
<i>morphine sulfate oral solution 100mg/5ml</i>	\$0 (Tier 4)	QL (180 ML per 30 days) MO
<i>morphine sulfate tablet 15mg, 30mg</i>	\$0 (Tier 3)	QL (180 EA per 30 days) MO
<i>oxycodone hcl capsule 5mg</i>	\$0 (Tier 3)	QL (180 EA per 30 days) MO
<i>oxycodone hydrochloride capsule 5mg</i>	\$0 (Tier 3)	QL (180 EA per 30 days) MO
<i>oxycodone hydrochloride concentrate 100mg/5ml</i>	\$0 (Tier 4)	QL (180 ML per 30 days) MO
<i>oxycodone hydrochloride solution 5mg/5ml</i>	\$0 (Tier 3)	QL (900 ML per 30 days) MO
<i>oxycodone hydrochloride tablet 30mg</i>	\$0 (Tier 3)	QL (120 EA per 30 days) MO
<i>oxycodone hydrochloride tablet 10mg, 15mg, 20mg, 5mg</i>	\$0 (Tier 3)	QL (180 EA per 30 days) MO
<i>oxycodone/acetaminophen tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	\$0 (Tier 3)	QL (180 EA per 30 days) MO
<i>tramadol hydrochloride/acetaminophen tablet 325mg; 37.5mg</i>	\$0 (Tier 2)	QL (240 EA per 30 days) MO; HRM

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

If you have questions, call Aetna Medicare FIDE (HMO D-SNP) at **1-844-362-0934** (TTY: 711), 8 a.m. to 8 p.m., E.S.T., 7 days a week. The call is free. **For more information**, visit **AetnaMedicare.com/NJDSNP-drug-formulary**



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>tramadol hydrochloride tablet 50mg</i>	\$0 (Tier 2)	QL (240 EA per 30 days) MO; HRM
ANTI-INFECTIVES		
ANTI-INFECTIVES - MISCELLANEOUS		
<i>albendazole tablet 200mg</i>	\$0 (Tier 4)	MO
<i>amikacin sulfate injection 1gm/4ml, 500mg/2ml</i>	\$0 (Tier 4)	MO
ARIKAYCE SUSPENSION 590MG/8.4ML	\$0 (Tier 5)	PA; LD
<i>atovaquone suspension 750mg/5ml</i>	\$0 (Tier 4)	MO
<i>aztreonam injection 1gm, 2gm</i>	\$0 (Tier 4)	MO
BLUJEPa TABLET 750MG	\$0 (Tier 3)	
CAYSTON SOLUTION RECONSTITUTED 75MG	\$0 (Tier 5)	PA; ACS LD
<i>chloramphenicol sodium succinate injection 1gm</i>	\$0 (Tier 4)	
<i>clindamycin hcl capsule 300mg</i>	\$0 (Tier 2)	MO
<i>clindamycin hydrochloride capsule 150mg, 75mg</i>	\$0 (Tier 2)	MO
<i>clindamycin palmitate hydrochloride solution reconstituted 75mg/5ml</i>	\$0 (Tier 4)	MO
<i>clindamycin phosphate/dextrose injection 300mg/50ml; 5%, 600mg/50ml; 5%, 900mg/50ml; 5%</i>	\$0 (Tier 4)	
<i>clindamycin phosphate injection 300mg/2ml, 900mg/6ml</i>	\$0 (Tier 4)	
<i>clindamycin phosphate injection 600mg/4ml</i>	\$0 (Tier 4)	MO
CLINDAMYCIN/SODIUM CHLORIDE INJECTION 300MG/50ML; 0.9%, 600MG/50ML; 0.9%, 900MG/50ML; 0.9%	\$0 (Tier 4)	
<i>colistimethate sodium injection 150mg</i>	\$0 (Tier 4)	MO
<i>dapsone tablet 100mg, 25mg</i>	\$0 (Tier 3)	MO
<i>daptomycin injection 350mg, 500mg</i>	\$0 (Tier 4)	
EMVERM TABLET CHEWABLE 100MG	\$0 (Tier 5)	QL (24 EA per 365 days) MO
<i>ertapenem sodium injection 1gm</i>	\$0 (Tier 3)	MO
<i>fosfomycin tromethamine packet 3gm</i>	\$0 (Tier 4)	MO
<i>gentamicin sulfate pediatric injection 10mg/ml</i>	\$0 (Tier 4)	MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.



If you have questions, call Aetna Medicare FIDE (HMO D-SNP) at **1-844-362-0934** (TTY: 711), 8 a.m. to 8 p.m., E.S.T., 7 days a week. The call is free. **For more information**, visit **[AetnaMedicare.com/NJDSNP-drug-formulary](https://www.aetna.com/NJDSNP-drug-formulary)**

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>gentamicin sulfate/0.9% sodium chloride injection 1.2mg/ml; 0.9%, 1mg/ml; 0.9%, 2mg/ml; 0.9%</i>	\$0 (Tier 4)	
<i>gentamicin sulfate/0.9% sodium chloride injection 1.6mg/ml; 0.9%</i>	\$0 (Tier 4)	MO
<i>gentamicin sulfate injection 40mg/ml</i>	\$0 (Tier 4)	MO
<i>imipenem/cilastatin injection 250mg; 250mg, 500mg; 500mg</i>	\$0 (Tier 3)	MO
<i>isotonic gentamicin injection 0.8mg/ml; 0.9%</i>	\$0 (Tier 4)	
<i>ivermectin tablet 6mg</i>	\$0 (Tier 2)	QL (10 EA per 90 days) PA MO
<i>ivermectin tablet 3mg</i>	\$0 (Tier 2)	QL (12 EA per 90 days) PA MO
LINEZOLID INJECTION 600MG/300ML; 0.9%	\$0 (Tier 4)	PA
<i>linezolid injection 600mg/300ml</i>	\$0 (Tier 4)	PA
<i>linezolid suspension reconstituted 100mg/5ml</i>	\$0 (Tier 4)	QL (1800 ML per 30 days) MO
<i>linezolid tablet 600mg</i>	\$0 (Tier 4)	QL (56 EA per 28 days) MO
<i>meropenem injection 2gm</i>	\$0 (Tier 4)	
<i>meropenem injection 1gm, 500mg</i>	\$0 (Tier 4)	MO
<i>methenamine hippurate tablet 1gm</i>	\$0 (Tier 4)	MO
<i>methenamine mandelate tablet 0.5gm, 1gm</i>	\$0 (Tier 4)	MO
<i>metronidazole injection 500mg/100ml</i>	\$0 (Tier 4)	
<i>metronidazole tablet 250mg, 500mg</i>	\$0 (Tier 2)	MO
<i>neomycin sulfate tablet 500mg</i>	\$0 (Tier 2)	MO
<i>nitazoxanide tablet 500mg</i>	\$0 (Tier 5)	QL (6 EA per 30 days) MO
<i>nitrofurantoin macrocrystals capsule 100mg, 50mg</i>	\$0 (Tier 2)	MO
<i>nitrofurantoin macrocrystals capsule 25mg</i>	\$0 (Tier 4)	MO
<i>nitrofurantoin monohydrate/macrocrystals capsule 100mg</i>	\$0 (Tier 2)	MO
<i>pentamidine isethionate injection 300mg</i>	\$0 (Tier 4)	MO
<i>pentamidine isethionate inhalation solution reconstituted 300mg</i>	\$0 (Tier 4)	B/D MO
<i>praziquantel tablet 600mg</i>	\$0 (Tier 4)	MO
<i>pyrimethamine tablet 25mg</i>	\$0 (Tier 5)	QL (90 EA per 30 days) PA MO
SIVEXTRO INJECTION 200MG	\$0 (Tier 5)	
SIVEXTRO TABLET 200MG	\$0 (Tier 5)	MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

If you have questions, call Aetna Medicare FIDE (HMO D-SNP) at **1-844-362-0934** (TTY: 711), 8 a.m. to 8 p.m., E.S.T., 7 days a week. The call is free. **For more information,** visit **AetnaMedicare.com/NJDSNP-drug-formulary**



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>streptomycin sulfate injection 1gm</i>	\$0 (Tier 5)	MO
<i>sulfadiazine tablet 500mg</i>	\$0 (Tier 5)	MO
<i>sulfamethoxazole/trimethoprim ds tablet 800mg; 160mg</i>	\$0 (Tier 2)	MO
<i>sulfamethoxazole/trimethoprim injection 400mg/5ml; 80mg/5ml</i>	\$0 (Tier 4)	MO
<i>sulfamethoxazole/trimethoprim suspension 200mg/5ml; 40mg/5ml</i>	\$0 (Tier 2)	MO
<i>sulfamethoxazole/trimethoprim tablet 400mg; 80mg</i>	\$0 (Tier 2)	MO
<i>tinidazole tablet 250mg, 500mg</i>	\$0 (Tier 3)	MO
TOBI PODHALER CAPSULE 28MG	\$0 (Tier 5)	QL (224 EA per 28 days) PA; ACS LD
<i>tobramycin sulfate injection 10mg/ml</i>	\$0 (Tier 4)	
<i>tobramycin sulfate injection 1.2gm/30ml, 80mg/2ml</i>	\$0 (Tier 4)	MO
<i>tobramycin sulfate injection 1.2gm</i>	\$0 (Tier 5)	
<i>tobramycin nebulization solution 300mg/5ml</i>	\$0 (Tier 5)	QL (280 ML per 56 days) PA; ACS
<i>trimethoprim tablet 100mg</i>	\$0 (Tier 2)	MO
TYZAVAN INJECTION 1000MG/200ML, 1250MG/250ML, 1500MG/300ML, 1750MG/350ML, 2000MG/400ML, 500MG/100ML, 750MG/150ML	\$0 (Tier 4)	
VANCOMYCIN HCL INJECTION 0.9%; 1GM/200ML	\$0 (Tier 4)	
<i>vancomycin hcl injection 100gm, 10gm</i>	\$0 (Tier 4)	
<i>vancomycin hydrochloride capsule 125mg</i>	\$0 (Tier 4)	QL (120 EA per 30 days) MO
<i>vancomycin hydrochloride capsule 250mg</i>	\$0 (Tier 4)	QL (240 EA per 30 days) MO
VANCOMYCIN HYDROCHLORIDE INJECTION 1000MG/200ML, 1250MG/250ML, 1500MG/300ML, 1750MG/350ML, 2000MG/400ML, 500MG/100ML, 750MG/150ML	\$0 (Tier 4)	
<i>vancomycin hydrochloride injection 1.25gm, 1.5gm, 1.75gm, 1gm, 2gm, 500mg, 5gm, 750mg</i>	\$0 (Tier 4)	
VANCOMYCIN INJECTION 0.9%; 500MG/100ML, 0.9%; 750MG/150ML	\$0 (Tier 4)	

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.



If you have questions, call Aetna Medicare FIDE (HMO D-SNP) at **1-844-362-0934** (TTY: 711), 8 a.m. to 8 p.m., E.S.T., 7 days a week. The call is free. **For more information**, visit **[AetnaMedicare.com/NJDSNP-drug-formulary](https://www.aetna.com/NJDSNP-drug-formulary)**

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
XIFAXAN TABLET 200MG	\$0 (Tier 3)	QL (9 EA per 30 days) PA MO
ANTIFUNGALS		
<i>amphotericin b liposome injection 50mg</i>	\$0 (Tier 5)	B/D MO
<i>amphotericin b injection 50mg</i>	\$0 (Tier 4)	B/D MO
<i>caspofungin acetate injection 50mg, 70mg</i>	\$0 (Tier 4)	
CRESEMBA CAPSULE 74.5MG	\$0 (Tier 5)	QL (175 EA per 30 days) MO
CRESEMBA CAPSULE 186MG	\$0 (Tier 5)	QL (70 EA per 30 days) MO
<i>fluconazole in sodium chloride injection 200mg/100ml; 0.9%, 400mg/200ml; 0.9%</i>	\$0 (Tier 4)	
<i>fluconazole suspension reconstituted 10mg/ml, 40mg/ml</i>	\$0 (Tier 2)	MO
<i>fluconazole tablet 100mg, 150mg, 200mg, 50mg</i>	\$0 (Tier 2)	MO
<i>flucytosine capsule 250mg, 500mg</i>	\$0 (Tier 5)	PA MO
<i>griseofulvin microsize suspension 125mg/5ml</i>	\$0 (Tier 4)	MO
<i>griseofulvin microsize tablet 500mg</i>	\$0 (Tier 4)	MO
<i>griseofulvin ultramicrosize tablet 125mg, 250mg</i>	\$0 (Tier 4)	MO
<i>itraconazole capsule 100mg</i>	\$0 (Tier 4)	PA MO
<i>ketoconazole tablet 200mg</i>	\$0 (Tier 2)	PA MO
<i>micafungin injection 100mg, 50mg</i>	\$0 (Tier 4)	
<i>nystatin tablet 500000unit</i>	\$0 (Tier 2)	MO
<i>posaconazole dr tablet delayed release 100mg</i>	\$0 (Tier 4)	QL (93 EA per 30 days) PA MO
<i>terbinafine hcl tablet 250mg</i>	\$0 (Tier 2)	QL (90 EA per 365 days) MO
VORICONAZOLE INJECTION 200MG/20ML	\$0 (Tier 4)	PA
<i>voriconazole injection 200mg</i>	\$0 (Tier 4)	PA
<i>voriconazole suspension reconstituted 40mg/ml</i>	\$0 (Tier 5)	PA MO
<i>voriconazole tablet 200mg</i>	\$0 (Tier 4)	QL (120 EA per 30 days) MO
<i>voriconazole tablet 50mg</i>	\$0 (Tier 4)	QL (480 EA per 30 days) MO
ANTIMALARIALS		
<i>atovaquone/proguanil hcl tablet 62.5mg; 25mg</i>	\$0 (Tier 4)	MO
<i>atovaquone/proguanil hydrochloride tablet 250mg; 100mg</i>	\$0 (Tier 4)	MO
<i>chloroquine phosphate tablet 250mg, 500mg</i>	\$0 (Tier 2)	MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

If you have questions, call Aetna Medicare FIDE (HMO D-SNP) at **1-844-362-0934** (TTY: 711), 8 a.m. to 8 p.m., E.S.T., 7 days a week. The call is free. **For more information**, visit **AetnaMedicare.com/NJDSNP-drug-formulary**



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
COARTEM TABLET 20MG; 120MG	\$0 (Tier 4)	MO
<i>mefloquine hydrochloride tablet 250mg</i>	\$0 (Tier 2)	MO
<i>primaquine phosphate tablet 26.3mg</i>	\$0 (Tier 3)	
<i>quinine sulfate capsule 324mg</i>	\$0 (Tier 4)	PA MO
ANTIRETROVIRAL AGENTS		
<i>abacavir solution 20mg/ml</i>	\$0 (Tier 4)	MO
<i>abacavir tablet 300mg</i>	\$0 (Tier 4)	MO
APTIVUS CAPSULE 250MG	\$0 (Tier 5)	MO
<i>atazanavir sulfate capsule 300mg</i>	\$0 (Tier 4)	MO
<i>atazanavir capsule 150mg, 200mg</i>	\$0 (Tier 4)	MO
<i>darunavir tablet 800mg</i>	\$0 (Tier 4)	QL (30 EA per 30 days) MO
<i>darunavir tablet 600mg</i>	\$0 (Tier 4)	QL (60 EA per 30 days) MO
EDURANT PED TABLET SOLUBLE 2.5MG	\$0 (Tier 5)	MO
<i>efavirenz tablet 600mg</i>	\$0 (Tier 4)	MO
<i>emtricitabine capsule 200mg</i>	\$0 (Tier 4)	MO
EMTRIVA SOLUTION 10MG/ML	\$0 (Tier 4)	MO
<i>etravirine tablet 100mg, 200mg</i>	\$0 (Tier 4)	MO
<i>fosamprenavir calcium tablet 700mg</i>	\$0 (Tier 4)	MO
INTELENCE TABLET 25MG	\$0 (Tier 4)	
ISENTRESS HD TABLET 600MG	\$0 (Tier 5)	MO
ISENTRESS PACKET 100MG	\$0 (Tier 5)	MO
ISENTRESS TABLET CHEWABLE 100MG, 25MG	\$0 (Tier 4)	MO
ISENTRESS TABLET 400MG	\$0 (Tier 5)	MO
<i>lamivudine solution 10mg/ml</i>	\$0 (Tier 3)	MO
<i>lamivudine tablet 150mg, 300mg</i>	\$0 (Tier 3)	MO
<i>maraviroc tablet 150mg, 300mg</i>	\$0 (Tier 5)	MO
<i>nevirapine er tablet extended release 24 hour 400mg</i>	\$0 (Tier 4)	MO
<i>nevirapine suspension 50mg/5ml</i>	\$0 (Tier 4)	MO
<i>nevirapine tablet 200mg</i>	\$0 (Tier 2)	MO
NORVIR PACKET 100MG	\$0 (Tier 4)	MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.



If you have questions, call Aetna Medicare FIDE (HMO D-SNP) at **1-844-362-0934** (TTY: 711), 8 a.m. to 8 p.m., E.S.T., 7 days a week. The call is free. **For more information**, visit **AetnaMedicare.com/NJDSNP-drug-formulary**

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
PIFELTRO TABLET 100MG	\$0 (Tier 5)	MO
PREZISTA SUSPENSION 100MG/ML	\$0 (Tier 5)	QL (400 ML per 30 days) MO
PREZISTA TABLET 150MG	\$0 (Tier 4)	QL (240 EA per 30 days) MO
PREZISTA TABLET 75MG	\$0 (Tier 4)	QL (480 EA per 30 days) MO
REYATAZ PACKET 50MG	\$0 (Tier 4)	MO
<i>rilpivirine hydrochloride tablet 25mg</i>	\$0 (Tier 5)	MO
<i>ritonavir tablet 100mg</i>	\$0 (Tier 3)	MO
RUKOBIA TABLET EXTENDED RELEASE 12 HOUR 600MG	\$0 (Tier 5)	MO
SELZENTRY SOLUTION 20MG/ML	\$0 (Tier 5)	MO
SUNLENCA INJECTION 463.5MG/1.5ML	\$0 (Tier 5)	QL (3 ML per 180 days) MO; LD
SUNLENCA TABLET THERAPY PACK 300MG	\$0 (Tier 5)	MO; LD
SUNLENCA TABLET 300MG	\$0 (Tier 5)	MO; LD
<i>tenofovir disoproxil fumarate tablet 300mg</i>	\$0 (Tier 4)	MO
TIVICAY PD TABLET SOLUBLE 5MG	\$0 (Tier 5)	MO
TIVICAY TABLET 50MG	\$0 (Tier 5)	MO
TROGARZO INJECTION 200MG/1.33ML	\$0 (Tier 5)	MO; LD
TYBOST TABLET 150MG	\$0 (Tier 3)	MO
VIRACEPT TABLET 250MG	\$0 (Tier 4)	MO
VIRACEPT TABLET 625MG	\$0 (Tier 5)	MO
VIREAD POWDER 40MG/GM	\$0 (Tier 5)	MO
VIREAD TABLET 150MG, 200MG, 250MG	\$0 (Tier 5)	MO
<i>zidovudine capsule 100mg</i>	\$0 (Tier 2)	MO
<i>zidovudine syrup 50mg/5ml</i>	\$0 (Tier 2)	MO
<i>zidovudine tablet 300mg</i>	\$0 (Tier 3)	MO
ANTIRETROVIRAL COMBINATION AGENTS		
<i>abacavir sulfate/lamivudine tablet 600mg; 300mg</i>	\$0 (Tier 4)	MO
BIKTARVY TABLET 30MG; 120MG; 15MG, 50MG; 200MG; 25MG	\$0 (Tier 5)	MO
CIMDUO TABLET 300MG; 300MG	\$0 (Tier 5)	MO
DELSTRIGO TABLET 100MG; 300MG; 300MG	\$0 (Tier 5)	MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

If you have questions, call Aetna Medicare FIDE (HMO D-SNP) at **1-844-362-0934** (TTY: 711), 8 a.m. to 8 p.m., E.S.T., 7 days a week. The call is free. **For more information**, visit **AetnaMedicare.com/NJDSNP-drug-formulary**



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
DESCOVY TABLET 120MG; 15MG, 200MG; 25MG	\$0 (Tier 5)	MO
DOVATO TABLET 50MG; 300MG	\$0 (Tier 5)	MO
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate tablet 600mg; 200mg; 300mg</i>	\$0 (Tier 4)	MO
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate tablet 400mg; 300mg; 300mg, 600mg; 300mg; 300mg</i>	\$0 (Tier 5)	MO
<i>emtricitabine/rilpivirine/tenofovir disoproxil fumarate tablet 200mg; 25mg; 300mg</i>	\$0 (Tier 5)	MO
<i>emtricitabine/tenofovir disoproxil fumarate tablet 100mg; 150mg, 133mg; 200mg, 200mg; 300mg</i>	\$0 (Tier 4)	QL (30 EA per 30 days) MO
<i>emtricitabine/tenofovir disoproxil tablet 167mg; 250mg</i>	\$0 (Tier 4)	QL (30 EA per 30 days) MO
EVOTAZ TABLET 300MG; 150MG	\$0 (Tier 5)	MO
GENVOYA TABLET 150MG; 150MG; 200MG; 10MG	\$0 (Tier 5)	MO
IDVYNZO TABLET 100MG; 0.25MG	\$0 (Tier 5)	MO
JULUCA TABLET 50MG; 25MG	\$0 (Tier 5)	MO
KALETRA SOLUTION 400MG/5ML; 100MG/5ML	\$0 (Tier 4)	MO
<i>lamivudine/zidovudine tablet 150mg; 300mg</i>	\$0 (Tier 4)	MO
<i>lopinavir/ritonavir tablet 100mg; 25mg, 200mg; 50mg</i>	\$0 (Tier 4)	MO
ODEFSEY TABLET 200MG; 25MG; 25MG	\$0 (Tier 5)	MO
PREZCOBIX TABLET 150MG; 675MG, 150MG; 800MG	\$0 (Tier 5)	MO
STRIBILD TABLET 150MG; 150MG; 200MG; 300MG	\$0 (Tier 5)	MO
SYMTUZA TABLET 150MG; 800MG; 200MG; 10MG	\$0 (Tier 5)	MO
TRIUMEQ PD TABLET SOLUBLE 60MG; 5MG; 30MG	\$0 (Tier 5)	MO
TRIUMEQ TABLET 600MG; 50MG; 300MG	\$0 (Tier 5)	MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.



If you have questions, call Aetna Medicare FIDE (HMO D-SNP) at **1-844-362-0934** (TTY: 711), 8 a.m. to 8 p.m., E.S.T., 7 days a week. The call is free. **For more information**, visit **[AetnaMedicare.com/NJDSNP-drug-formulary](https://www.aetna.com/NJDSNP-drug-formulary)**

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTITUBERCULAR AGENTS		
<i>cycloserine capsule 250mg</i>	\$0 (Tier 5)	MO
<i>ethambutol hydrochloride tablet 100mg, 400mg</i>	\$0 (Tier 4)	MO
<i>isoniazid injection 100mg/ml</i>	\$0 (Tier 4)	
<i>isoniazid syrup 50mg/5ml</i>	\$0 (Tier 4)	MO
<i>isoniazid tablet 100mg, 300mg</i>	\$0 (Tier 1)	MO
PRETOMANID TABLET 200MG	\$0 (Tier 4)	QL (30 EA per 30 days) PA MO
<i>pyrazinamide tablet 500mg</i>	\$0 (Tier 4)	MO
<i>rifabutin capsule 150mg</i>	\$0 (Tier 4)	MO
<i>rifampin capsule 150mg, 300mg</i>	\$0 (Tier 3)	MO
<i>rifampin injection 600mg</i>	\$0 (Tier 4)	
<i>rifapentine tablet 150mg</i>	\$0 (Tier 4)	
SIRTURO TABLET 100MG, 20MG	\$0 (Tier 5)	PA; ACS LD
ANTIVIRALS		
<i>acyclovir sodium injection 50mg/ml</i>	\$0 (Tier 4)	B/D
<i>acyclovir capsule 200mg</i>	\$0 (Tier 2)	MO
<i>acyclovir suspension 200mg/5ml</i>	\$0 (Tier 3)	MO
<i>acyclovir tablet 400mg, 800mg</i>	\$0 (Tier 2)	MO
<i>adefovir dipivoxil tablet 10mg</i>	\$0 (Tier 4)	QL (30 EA per 30 days) MO
BARACLUDE SOLUTION 0.05MG/ML	\$0 (Tier 4)	QL (630 ML per 30 days) MO
<i>entecavir tablet 0.5mg, 1mg</i>	\$0 (Tier 4)	QL (30 EA per 30 days) MO
<i>famciclovir tablet 500mg</i>	\$0 (Tier 2)	QL (21 EA per 30 days) MO
<i>famciclovir tablet 125mg, 250mg</i>	\$0 (Tier 2)	QL (60 EA per 30 days) MO
<i>ganciclovir injection 500mg/10ml, 500mg</i>	\$0 (Tier 4)	B/D
<i>lamivudine tablet 100mg</i>	\$0 (Tier 3)	MO
LIVTENCITY TABLET 200MG	\$0 (Tier 5)	QL (336 EA per 28 days) PA; LD
MAVYRET PACKET 50MG; 20MG	\$0 (Tier 5)	PA; ACS
MAVYRET TABLET 100MG; 40MG	\$0 (Tier 5)	PA; ACS
<i>oseltamivir phosphate capsule 30mg</i>	\$0 (Tier 2)	QL (168 EA per 365 days) MO
<i>oseltamivir phosphate capsule 45mg, 75mg</i>	\$0 (Tier 2)	QL (84 EA per 365 days) MO
<i>oseltamivir phosphate suspension reconstituted 6mg/ml</i>	\$0 (Tier 2)	QL (1080 ML per 365 days) MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

If you have questions, call Aetna Medicare FIDE (HMO D-SNP) at **1-844-362-0934** (TTY: 711), 8 a.m. to 8 p.m., E.S.T., 7 days a week. The call is free. **For more information**, visit **AetnaMedicare.com/NJDSNP-drug-formulary**



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
PAXLOVID TABLET 5 DAY THERAPY PACK 150MG; 100MG AND 300MG; 100MG	\$0 (Tier 2)	QL (22 EA per 180 days) MO
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	\$0 (Tier 2)	QL (40 EA per 180 days) MO
PAXLOVID TABLET THERAPY PACK 300MG; 100MG	\$0 (Tier 2)	QL (60 EA per 180 days) MO
PEGASYS INJECTION 180MCG/0.5ML, 180MCG/ML	\$0 (Tier 5)	PA; ACS LD
PREVYMIS PACKET 120MG, 20MG	\$0 (Tier 5)	QL (120 EA per 30 days) PA MO
PREVYMIS TABLET 240MG, 480MG	\$0 (Tier 5)	QL (28 EA per 28 days) PA MO
RELENZA DISKHALER AEROSOL POWDER BREATH ACTIVATED 5MG/BLISTER	\$0 (Tier 3)	QL (120 EA per 365 days) MO
<i>ribavirin capsule 200mg</i>	\$0 (Tier 3)	ACS
<i>ribavirin tablet 200mg</i>	\$0 (Tier 4)	ACS
<i>rimantadine hydrochloride tablet 100mg</i>	\$0 (Tier 4)	MO
<i>valacyclovir hydrochloride tablet 1gm, 500mg</i>	\$0 (Tier 2)	MO
<i>valganciclovir hydrochloride solution reconstituted 50mg/ml</i>	\$0 (Tier 5)	MO
<i>valganciclovir tablet 450mg</i>	\$0 (Tier 3)	MO
VOSEVI TABLET 400MG; 100MG; 100MG	\$0 (Tier 5)	QL (28 EA per 28 days) PA; ACS
CEPHALOSPORINS		
CEFACLO ER TABLET EXTENDED RELEASE 12 HOUR 500MG	\$0 (Tier 4)	MO
<i>cefaclor capsule 250mg, 500mg</i>	\$0 (Tier 2)	MO
<i>cefaclor suspension reconstituted 250mg/5ml</i>	\$0 (Tier 2)	
<i>cefadroxil capsule 500mg</i>	\$0 (Tier 2)	MO
<i>cefadroxil suspension reconstituted 250mg/5ml, 500mg/5ml</i>	\$0 (Tier 2)	MO
<i>cefadroxil tablet 1gm</i>	\$0 (Tier 2)	MO
CEFAZOLIN SODIUM INJECTION 1GM/50ML; 4%	\$0 (Tier 3)	
CEFAZOLIN SODIUM INJECTION 100GM, 300GM	\$0 (Tier 4)	

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.



If you have questions, call Aetna Medicare FIDE (HMO D-SNP) at **1-844-362-0934** (TTY: 711), 8 a.m. to 8 p.m., E.S.T., 7 days a week. The call is free. **For more information**, visit **AetnaMedicare.com/NJDSNP-drug-formulary**

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>cefazolin sodium injection 1gm</i>	\$0 (Tier 4)	
<i>cefazolin sodium injection 10gm, 1gm, 500mg</i>	\$0 (Tier 4)	MO
CEFAZOLIN/DEXTROSE INJECTION 3GM/150ML; 4%	\$0 (Tier 3)	
CEFAZOLIN INJECTION 2GM/100ML; 4%	\$0 (Tier 3)	
CEFAZOLIN IV INJECTION 2GM, 3GM	\$0 (Tier 4)	
<i>cefazolin i.m. or i.v. injection 3gm</i>	\$0 (Tier 4)	
<i>cefazolin i.m. or i.v. injection 2gm</i>	\$0 (Tier 4)	MO
<i>cefdinir capsule 300mg</i>	\$0 (Tier 2)	MO
<i>cefdinir suspension reconstituted 125mg/5ml, 250mg/5ml</i>	\$0 (Tier 2)	MO
<i>cefepime injection 1gm, 2gm</i>	\$0 (Tier 4)	MO
<i>cefixime capsule 400mg</i>	\$0 (Tier 3)	MO
<i>cefixime suspension reconstituted 100mg/5ml, 200mg/5ml</i>	\$0 (Tier 4)	MO
<i>cefotetan injection 1gm, 2gm</i>	\$0 (Tier 4)	
<i>cefoxitin sodium injection 10gm, 1gm, 2gm</i>	\$0 (Tier 4)	
<i>cefpodoxime proxetil suspension reconstituted 100mg/5ml, 50mg/5ml</i>	\$0 (Tier 4)	MO
<i>cefpodoxime proxetil tablet 100mg, 200mg</i>	\$0 (Tier 4)	MO
<i>cefprozil suspension reconstituted 125mg/5ml, 250mg/5ml</i>	\$0 (Tier 2)	MO
<i>cefprozil tablet 250mg, 500mg</i>	\$0 (Tier 2)	MO
<i>ceftaroline fosamil injection 400mg, 600mg</i>	\$0 (Tier 5)	
<i>ceftazidime injection 2gm, 6gm</i>	\$0 (Tier 4)	
<i>ceftazidime injection 1gm</i>	\$0 (Tier 4)	MO
<i>ceftriaxone in iso-osmotic dextrose injection 1gm/50ml, 2gm/50ml</i>	\$0 (Tier 4)	
CEFTRIAXONE SODIUM INJECTION 100GM	\$0 (Tier 4)	
<i>ceftriaxone sodium i.v. injection 1gm</i>	\$0 (Tier 4)	
<i>ceftriaxone sodium injection 10gm, 1gm i.m. or i.v., 250mg, 2gm, 500mg</i>	\$0 (Tier 4)	MO
<i>cefuroxime axetil tablet 250mg, 500mg</i>	\$0 (Tier 2)	MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

If you have questions, call Aetna Medicare FIDE (HMO D-SNP) at **1-844-362-0934** (TTY: 711), 8 a.m. to 8 p.m., E.S.T., 7 days a week. The call is free. **For more information,** visit **[AetnaMedicare.com/NJDSNP-drug-formulary](https://www.aetna.com/NJDSNP-drug-formulary)**



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>cefuroxime sodium injection 1.5gm</i>	\$0 (Tier 4)	
<i>cefuroxime sodium injection 750mg</i>	\$0 (Tier 4)	MO
<i>cephalexin capsule 250mg, 500mg</i>	\$0 (Tier 2)	MO
<i>cephalexin capsule 750mg</i>	\$0 (Tier 4)	MO
<i>cephalexin suspension reconstituted 125mg/5ml, 250mg/5ml</i>	\$0 (Tier 2)	MO
<i>tazicef injection 1gm, 2gm, 6gm</i>	\$0 (Tier 4)	
ERYTHROMYCINS/MACROLIDES		
<i>azithromycin injection 500mg</i>	\$0 (Tier 4)	MO
<i>azithromycin suspension reconstituted 100mg/5ml, 200mg/5ml</i>	\$0 (Tier 2)	MO
<i>azithromycin tablet 250mg, 500mg, 600mg</i>	\$0 (Tier 1)	MO
<i>clarithromycin er tablet extended release 24 hour 500mg</i>	\$0 (Tier 4)	MO
<i>clarithromycin suspension reconstituted 125mg/5ml, 250mg/5ml</i>	\$0 (Tier 4)	MO
<i>clarithromycin tablet 250mg, 500mg</i>	\$0 (Tier 2)	MO
<i>erythromycin base tablet 250mg, 500mg</i>	\$0 (Tier 4)	MO
<i>erythromycin dr tablet delayed release 250mg, 333mg, 500mg</i>	\$0 (Tier 4)	MO
<i>erythromycin ethylsuccinate suspension reconstituted 200mg/5ml, 400mg/5ml</i>	\$0 (Tier 4)	MO
<i>erythromycin lactobionate injection 500mg</i>	\$0 (Tier 5)	
<i>fidaxomicin tablet 200mg</i>	\$0 (Tier 5)	MO
FLUOROQUINOLONES		
<i>ciprofloxacin hcl tablet 750mg</i>	\$0 (Tier 2)	MO
<i>ciprofloxacin hydrochloride tablet 250mg, 500mg, 750mg</i>	\$0 (Tier 2)	MO
<i>ciprofloxacin i.v.-in d5w injection 200mg/100ml; 5%</i>	\$0 (Tier 4)	
<i>ciprofloxacin i.v.-in d5w injection 400mg/200ml; 5%</i>	\$0 (Tier 4)	MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.



If you have questions, call Aetna Medicare FIDE (HMO D-SNP) at **1-844-362-0934** (TTY: 711), 8 a.m. to 8 p.m., E.S.T., 7 days a week. The call is free. **For more information**, visit **AetnaMedicare.com/NJDSNP-drug-formulary**

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>levofloxacin in d5w injection 5%; 250mg/50ml, 5%; 500mg/100ml, 5%; 750mg/150ml</i>	\$0 (Tier 4)	
<i>levofloxacin injection 25mg/ml</i>	\$0 (Tier 4)	
<i>levofloxacin oral solution 25mg/ml</i>	\$0 (Tier 4)	MO
<i>levofloxacin tablet 250mg, 500mg, 750mg</i>	\$0 (Tier 2)	MO
<i>moxifloxacin hydrochloride/sodium hydrochloride injection 400mg/250ml; 0.8%</i>	\$0 (Tier 4)	
MOXIFLOXACIN HYDROCHLORIDE INJECTION 400MG/250ML	\$0 (Tier 4)	
<i>moxifloxacin hydrochloride tablet 400mg</i>	\$0 (Tier 2)	MO
PENICILLINS		
<i>amoxicillin/clavulanate potassium suspension reconstituted 200mg/5ml; 28.5mg/5ml, 400mg/5ml; 57mg/5ml, 600mg/5ml; 42.9mg/5ml</i>	\$0 (Tier 2)	MO
<i>amoxicillin/clavulanate potassium suspension reconstituted 250mg/5ml; 62.5mg/5ml</i>	\$0 (Tier 4)	MO
<i>amoxicillin/clavulanate potassium tablet 500mg; 125mg, 875mg; 125mg</i>	\$0 (Tier 2)	MO
<i>amoxicillin/clavulanate potassium tablet 250mg; 125mg</i>	\$0 (Tier 4)	MO
<i>amoxicillin capsule 250mg, 500mg</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 2)	MO
<i>amoxicillin tablet chewable 125mg, 250mg</i>	\$0 (Tier 1)	MO
<i>amoxicillin tablet 500mg, 875mg</i>	\$0 (Tier 1)	MO
<i>ampicillin sodium injection 10gm, 1gm advantage vial, 250mg, 2gm advantage vial</i>	\$0 (Tier 4)	
<i>ampicillin sodium injection 1gm, 2gm, 500mg</i>	\$0 (Tier 4)	MO
<i>ampicillin-sulbactam injection 10gm; 5gm, 1gm; 0.5gm, 2gm; 1gm</i>	\$0 (Tier 4)	
<i>ampicillin/sulbactam injection 1gm; 0.5gm, 2gm; 1gm</i>	\$0 (Tier 4)	
<i>ampicillin capsule 500mg</i>	\$0 (Tier 2)	MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

If you have questions, call Aetna Medicare FIDE (HMO D-SNP) at **1-844-362-0934** (TTY: 711), 8 a.m. to 8 p.m., E.S.T., 7 days a week. The call is free. **For more information,** visit **[AetnaMedicare.com/NJDSNP-drug-formulary](https://www.aetna.com/NJDSNP-drug-formulary)**



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
BICILLIN L-A INJECTION 1200000UNIT/2ML, 2400000UNIT/4ML, 600000UNIT/ML	\$0 (Tier 4)	MO
<i>dicloxacillin sodium capsule 250mg, 500mg</i>	\$0 (Tier 2)	MO
LENTOCILIN INJECTION 1200000UNIT	\$0 (Tier 4)	
<i>nafcillin sodium injection 10gm, 1gm</i>	\$0 (Tier 4)	
<i>nafcillin sodium injection 2gm</i>	\$0 (Tier 4)	MO
<i>oxacillin sodium injection 10gm, 1gm, 2gm</i>	\$0 (Tier 4)	
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE INJECTION 40000UNIT/ML, 60000UNIT/ML	\$0 (Tier 4)	
<i>penicillin g potassium injection 20000000unit, 5000000unit</i>	\$0 (Tier 4)	MO
<i>penicillin g sodium injection 5000000unit</i>	\$0 (Tier 4)	
<i>penicillin v potassium solution reconstituted 125mg/5ml, 250mg/5ml</i>	\$0 (Tier 2)	MO
<i>penicillin v potassium tablet 250mg, 500mg</i>	\$0 (Tier 1)	MO
<i>piperacillin sodium/tazobactam sodium injection 12gm; 1.5gm, 2gm; 0.25gm, 36gm; 4.5gm, 3gm; 0.375gm, 4gm; 0.5gm</i>	\$0 (Tier 4)	
TETRACYCLINES		
<i>doxy 100 injection 100mg</i>	\$0 (Tier 4)	MO
<i>doxycycline hyclate capsule 100mg, 50mg</i>	\$0 (Tier 2)	MO
<i>doxycycline hyclate injection 100mg</i>	\$0 (Tier 4)	MO
<i>doxycycline hyclate tablet 100mg, 20mg</i>	\$0 (Tier 2)	MO
<i>doxycycline monohydrate capsule 50mg</i>	\$0 (Tier 2)	MO
<i>doxycycline monohydrate capsule 100mg</i>	\$0 (Tier 4)	MO
<i>doxycycline monohydrate tablet 100mg, 50mg, 75mg</i>	\$0 (Tier 2)	MO
<i>doxycycline monohydrate tablet 150mg</i>	\$0 (Tier 4)	MO
<i>doxycycline suspension reconstituted 25mg/5ml</i>	\$0 (Tier 4)	MO
<i>minocycline hcl capsule 75mg</i>	\$0 (Tier 2)	MO
<i>minocycline hcl tablet 75mg</i>	\$0 (Tier 4)	ST MO
<i>minocycline hydrochloride capsule 100mg, 50mg</i>	\$0 (Tier 2)	MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.



If you have questions, call Aetna Medicare FIDE (HMO D-SNP) at **1-844-362-0934** (TTY: 711), 8 a.m. to 8 p.m., E.S.T., 7 days a week. The call is free. **For more information**, visit **AetnaMedicare.com/NJDSNP-drug-formulary**

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>minocycline hydrochloride tablet 50mg</i>	\$0 (Tier 4)	ST MO
<i>mondoxyne nl capsule 100mg</i>	\$0 (Tier 4)	
NUZYRA INJECTION 100MG	\$0 (Tier 5)	ACS LD
NUZYRA TABLET 150MG	\$0 (Tier 5)	ACS LD
<i>tetracycline hydrochloride capsule 250mg, 500mg</i>	\$0 (Tier 4)	MO
<i>tigecycline injection 50mg</i>	\$0 (Tier 4)	
ANTINEOPLASTIC AGENTS		
<i>ALKYLATING AGENTS</i>		
<i>cyclophosphamide capsule 25mg, 50mg</i>	\$0 (Tier 3)	PA MO
CYCLOPHOSPHAMIDE TABLET 50MG	\$0 (Tier 3)	PA
LEUKERAN TABLET 2MG	\$0 (Tier 5)	MO
<i>lomustine capsule 10mg, 40mg</i>	\$0 (Tier 4)	ACS
<i>lomustine capsule 100mg</i>	\$0 (Tier 5)	ACS
<i>ANTIMETABOLITES</i>		
INQOVI TABLET 100MG; 35MG	\$0 (Tier 5)	QL (5 EA per 28 days) PA; ACS LD
LONSURF TABLET 6.14MG; 15MG, 8.19MG; 20MG	\$0 (Tier 5)	PA; ACS LD
<i>mercaptopurine suspension 2000mg/100ml</i>	\$0 (Tier 4)	ACS
<i>mercaptopurine tablet 50mg</i>	\$0 (Tier 3)	MO
<i>methotrexate sodium injection 1gm/40ml</i>	\$0 (Tier 2)	
<i>methotrexate sodium injection 250mg/10ml, 50mg/2ml</i>	\$0 (Tier 2)	MO
<i>methotrexate sodium injection 1gm</i>	\$0 (Tier 4)	
<i>methotrexate injection 50mg/2ml</i>	\$0 (Tier 2)	MO
ONUREG TABLET 200MG, 300MG	\$0 (Tier 5)	QL (14 EA per 28 days) PA; ACS LD
TABLOID TABLET 40MG	\$0 (Tier 5)	MO
<i>HORMONAL ANTINEOPLASTIC AGENTS</i>		
<i>abiraterone acetate tablet 250mg, 500mg</i>	\$0 (Tier 5)	PA; ACS
<i>abirtega tablet 250mg</i>	\$0 (Tier 4)	PA; ACS
AKEEGA TABLET 500MG; 100MG, 500MG; 50MG	\$0 (Tier 5)	QL (60 EA per 30 days) PA; LD
<i>anastrozole tablet 1mg</i>	\$0 (Tier 2)	MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

If you have questions, call Aetna Medicare FIDE (HMO D-SNP) at **1-844-362-0934** (TTY: 711), 8 a.m. to 8 p.m., E.S.T., 7 days a week. The call is free. **For more information**, visit **[AetnaMedicare.com/NJDSNP-drug-formulary](https://www.aetna.com/NJDSNP-drug-formulary)**



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>bicalutamide tablet 50mg</i>	\$0 (Tier 3)	MO
ELIGARD INJECTION 22.5MG, 30MG, 45MG, 7.5MG	\$0 (Tier 4)	PA; ACS
ERLEADA TABLET 240MG, 60MG	\$0 (Tier 5)	PA; ACS LD
EULEXIN CAPSULE 125MG	\$0 (Tier 5)	
<i>exemestane tablet 25mg</i>	\$0 (Tier 4)	MO
FIRMAGON INJECTION 80MG	\$0 (Tier 4)	PA; ACS
FIRMAGON INJECTION 120MG/VIAL	\$0 (Tier 5)	PA; ACS
INLURIYO TABLET 200MG	\$0 (Tier 5)	QL (56 EA per 28 days) PA; LD
<i>letrozole tablet 2.5mg</i>	\$0 (Tier 2)	MO
<i>leuprolide acetate injection 1mg/0.2ml</i>	\$0 (Tier 5)	PA; ACS
LIFYORLI CAPSULE THERAPY SUPPLY 125MG 1 DOSE SUPPLY AND 3 DOSE SUPPLY	\$0 (Tier 5)	QL (18 EA per 28 days) PA; LD
LIFYORLI CAPSULE THERAPY SUPPLY 150MG 1 DOSE SUPPLY AND 3 DOSE SUPPLY	\$0 (Tier 5)	QL (27 EA per 28 days) PA; LD
LUPRON DEPOT (1-MONTH) INJECTION 3.75MG	\$0 (Tier 5)	PA; ACS
LUPRON DEPOT (3-MONTH) INJECTION 11.25MG	\$0 (Tier 5)	PA; ACS
LYSODREN TABLET 500MG	\$0 (Tier 5)	LD
<i>megestrol acetate tablet 20mg, 40mg</i>	\$0 (Tier 3)	MO
<i>nilutamide tablet 150mg</i>	\$0 (Tier 5)	MO
NUBEQA TABLET 300MG	\$0 (Tier 5)	PA; ACS LD
ORGOVYX TABLET 120MG	\$0 (Tier 5)	PA; LD
ORSERDU TABLET 345MG	\$0 (Tier 5)	QL (30 EA per 30 days) PA; LD
ORSERDU TABLET 86MG	\$0 (Tier 5)	QL (90 EA per 30 days) PA; LD
SOLTAMOX SOLUTION 10MG/5ML	\$0 (Tier 5)	MO
<i>tamoxifen citrate tablet 10mg, 20mg</i>	\$0 (Tier 2)	MO
<i>toremifene citrate tablet 60mg</i>	\$0 (Tier 4)	PA MO
VEPPANU TABLET 200MG	\$0 (Tier 5)	QL (30 EA per 30 days) PA; LD
VEPPANU TABLET 100MG	\$0 (Tier 5)	QL (90 EA per 30 days) PA; LD
XTANDI CAPSULE 40MG	\$0 (Tier 5)	PA; ACS LD
XTANDI TABLET 40MG, 80MG	\$0 (Tier 5)	PA; ACS LD

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.



If you have questions, call Aetna Medicare FIDE (HMO D-SNP) at **1-844-362-0934** (TTY: 711), 8 a.m. to 8 p.m., E.S.T., 7 days a week. The call is free. **For more information**, visit **AetnaMedicare.com/NJDSNP-drug-formulary**

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
YONSA TABLET 125MG	\$0 (Tier 5)	QL (120 EA per 30 days) PA; ACS LD
IMMUNOMODULATORS		
<i>lenalidomide capsule 20mg, 25mg</i>	\$0 (Tier 5)	QL (21 EA per 28 days) PA; ACS LD
<i>lenalidomide capsule 10mg, 15mg, 2.5mg, 5mg</i>	\$0 (Tier 5)	QL (28 EA per 28 days) PA; ACS LD
<i>pomalidomide capsule 1mg, 2mg, 3mg, 4mg</i>	\$0 (Tier 5)	QL (21 EA per 28 days) PA; ACS LD
POMALYST CAPSULE 1MG, 2MG, 3MG, 4MG	\$0 (Tier 5)	QL (21 EA per 28 days) PA; ACS LD
THALOMID CAPSULE 100MG	\$0 (Tier 5)	QL (112 EA per 28 days) PA; ACS LD
THALOMID CAPSULE 50MG	\$0 (Tier 5)	QL (224 EA per 28 days) PA; ACS LD
ZENBEXUS CAPSULE 0.75MG, 1MG	\$0 (Tier 5)	QL (21 EA per 28 days) PA
MISCELLANEOUS		
ASPARLAS INJECTION 3750UNIT/5ML	\$0 (Tier 5)	PA; LD
BESREMI PEN INJECTION 500MCG/0.5ML	\$0 (Tier 5)	QL (1 ML per 28 days) PA
BESREMI INJECTION 500MCG/ML	\$0 (Tier 5)	QL (2 ML per 28 days) PA; LD
<i>bexarotene capsule 75mg</i>	\$0 (Tier 5)	PA; ACS
<i>hydroxyurea capsule 500mg</i>	\$0 (Tier 2)	MO
IWILFIN TABLET 192MG	\$0 (Tier 5)	QL (240 EA per 30 days) PA; LD
<i>leucovorin calcium tablet 10mg, 15mg, 25mg, 5mg</i>	\$0 (Tier 3)	MO
MATULANE CAPSULE 50MG	\$0 (Tier 5)	LD
<i>mesna tablet 400mg</i>	\$0 (Tier 4)	MO
MODEYSO CAPSULE 125MG	\$0 (Tier 5)	QL (20 EA per 28 days) PA; LD
ONCASPAR INJECTION 750UNIT/ML	\$0 (Tier 5)	PA; LD
<i>tretinoin capsule 10mg</i>	\$0 (Tier 5)	MO
WELIREG TABLET 40MG	\$0 (Tier 5)	QL (90 EA per 30 days) PA; LD
MOLECULAR TARGET AGENTS		
ALECENSA CAPSULE 150MG	\$0 (Tier 5)	QL (240 EA per 30 days) PA; ACS LD

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

If you have questions, call Aetna Medicare FIDE (HMO D-SNP) at **1-844-362-0934** (TTY: 711), 8 a.m. to 8 p.m., E.S.T., 7 days a week. The call is free. **For more information**, visit **AetnaMedicare.com/NJDSNP-drug-formulary**



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ALUNBRIG TABLET THERAPY PACK 90MG; 180MG	\$0 (Tier 5)	PA; LD
ALUNBRIG TABLET 30MG	\$0 (Tier 5)	QL (120 EA per 30 days) PA; LD
ALUNBRIG TABLET 180MG, 90MG	\$0 (Tier 5)	QL (30 EA per 30 days) PA; LD
AUGTYRO CAPSULE 40MG	\$0 (Tier 5)	QL (240 EA per 30 days) PA; LD
AUGTYRO CAPSULE 160MG	\$0 (Tier 5)	QL (60 EA per 30 days) PA; LD
AVMAPKI FAKZYNJA CO-PACK THERAPY PACK 0.8MG; 200MG	\$0 (Tier 5)	QL (66 EA per 28 days) PA; LD
AYVAKIT TABLET 100MG, 200MG, 25MG, 300MG, 50MG	\$0 (Tier 5)	QL (30 EA per 30 days) PA; LD
BALVERSA TABLET 5MG	\$0 (Tier 5)	QL (28 EA per 28 days) PA; ACS LD
BALVERSA TABLET 4MG	\$0 (Tier 5)	QL (56 EA per 28 days) PA; ACS LD
BALVERSA TABLET 3MG	\$0 (Tier 5)	QL (84 EA per 28 days) PA; ACS LD
BOSULIF CAPSULE 100MG	\$0 (Tier 5)	QL (150 EA per 25 days) PA; ACS LD
BOSULIF CAPSULE 50MG	\$0 (Tier 5)	QL (360 EA per 30 days) PA; ACS LD
BOSULIF TABLET 100MG	\$0 (Tier 5)	QL (180 EA per 30 days) PA; ACS LD
BOSULIF TABLET 500MG	\$0 (Tier 5)	QL (30 EA per 30 days) PA; ACS LD
<i>bosutinib tablet 100mg</i>	\$0 (Tier 5)	QL (180 EA per 30 days) PA; ACS
<i>bosutinib tablet 400mg, 500mg</i>	\$0 (Tier 5)	QL (30 EA per 30 days) PA; ACS
BRAFTOVI CAPSULE 75MG	\$0 (Tier 5)	QL (180 EA per 30 days) PA; ACS LD
BRUKINSA CAPSULE 80MG	\$0 (Tier 5)	QL (120 EA per 30 days) PA; LD
BRUKINSA TABLET 160MG	\$0 (Tier 5)	QL (60 EA per 30 days) PA; LD
CABOMETYX TABLET 20MG, 40MG, 60MG	\$0 (Tier 5)	QL (30 EA per 30 days) PA; ACS LD
CALQUENCE TABLET 100MG	\$0 (Tier 5)	QL (60 EA per 30 days) PA; LD
CAPRELSA TABLET 300MG	\$0 (Tier 5)	QL (30 EA per 30 days) PA; LD

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.



If you have questions, call Aetna Medicare FIDE (HMO D-SNP) at **1-844-362-0934** (TTY: 711), 8 a.m. to 8 p.m., E.S.T., 7 days a week. The call is free. **For more information**, visit **[AetnaMedicare.com/NJDSNP-drug-formulary](https://www.aetna.com/NJDSNP-drug-formulary)**

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
CAPRELSA TABLET 100MG	\$0 (Tier 5)	QL (60 EA per 30 days) PA; LD
CAVHANZA TABLET DISINTEGRATING 60MG, 80MG	\$0 (Tier 5)	QL (112 EA per 28 days) PA
COMETRIQ KIT 140MG DAILY	\$0 (Tier 5)	QL (112 EA per 28 days) PA; ACS LD
COMETRIQ KIT 100MG DAILY	\$0 (Tier 5)	QL (56 EA per 28 days) PA; ACS LD
COMETRIQ KIT 60MG DAILY	\$0 (Tier 5)	QL (84 EA per 28 days) PA; ACS LD
COPIKTRA CAPSULE 15MG, 25MG	\$0 (Tier 5)	QL (56 EA per 28 days) PA; ACS LD
COTELLIC TABLET 20MG	\$0 (Tier 5)	QL (63 EA per 28 days) PA; ACS LD
DANZITEN TABLET 71MG, 95MG	\$0 (Tier 5)	QL (112 EA per 28 days) PA; LD
<i>dasatinib tablet 100mg, 140mg, 50mg, 70mg, 80mg</i>	\$0 (Tier 5)	QL (30 EA per 30 days) PA; ACS
<i>dasatinib tablet 20mg</i>	\$0 (Tier 5)	QL (90 EA per 30 days) PA; ACS
DAURISMO TABLET 100MG	\$0 (Tier 5)	QL (30 EA per 30 days) PA; ACS LD
DAURISMO TABLET 25MG	\$0 (Tier 5)	QL (60 EA per 30 days) PA; ACS LD
ENSACOVE CAPSULE 25MG	\$0 (Tier 5)	QL (270 EA per 30 days) PA; LD
ENSACOVE CAPSULE 100MG	\$0 (Tier 5)	QL (60 EA per 30 days) PA; LD
ERIVEDGE CAPSULE 150MG	\$0 (Tier 5)	PA; ACS LD
<i>erlotinib hydrochloride tablet 150mg</i>	\$0 (Tier 4)	QL (30 EA per 30 days) PA; ACS
<i>erlotinib hydrochloride tablet 100mg</i>	\$0 (Tier 5)	QL (30 EA per 30 days) PA; ACS
<i>erlotinib hydrochloride tablet 25mg</i>	\$0 (Tier 5)	QL (90 EA per 30 days) PA; ACS
<i>everolimus tablet soluble 2mg</i>	\$0 (Tier 5)	QL (150 EA per 30 days) PA; ACS
<i>everolimus tablet soluble 5mg</i>	\$0 (Tier 5)	QL (60 EA per 30 days) PA; ACS
<i>everolimus tablet soluble 3mg</i>	\$0 (Tier 5)	QL (90 EA per 30 days) PA; ACS
<i>everolimus tablet 10mg, 2.5mg, 5mg, 7.5mg</i>	\$0 (Tier 5)	QL (30 EA per 30 days) PA; ACS
FOTIVDA CAPSULE 0.89MG, 1.34MG	\$0 (Tier 5)	QL (21 EA per 28 days) PA; LD
FRUZAQLA CAPSULE 5MG	\$0 (Tier 5)	QL (21 EA per 28 days) PA; LD
FRUZAQLA CAPSULE 1MG	\$0 (Tier 5)	QL (84 EA per 28 days) PA; LD
GAVRETO CAPSULE 100MG	\$0 (Tier 5)	QL (120 EA per 30 days) PA; LD

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

If you have questions, call Aetna Medicare FIDE (HMO D-SNP) at **1-844-362-0934** (TTY: 711), 8 a.m. to 8 p.m., E.S.T., 7 days a week. The call is free. **For more information**, visit **AetnaMedicare.com/NJDSNP-drug-formulary**



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>gefitinib tablet 250mg</i>	\$0 (Tier 5)	QL (60 EA per 30 days) PA; ACS
GILOTRIF TABLET 20MG, 30MG, 40MG	\$0 (Tier 5)	QL (30 EA per 30 days) PA; LD
GOMEKLI CAPSULE 1MG	\$0 (Tier 5)	QL (168 EA per 28 days) PA; LD
GOMEKLI CAPSULE 2MG	\$0 (Tier 5)	QL (84 EA per 28 days) PA; LD
GOMEKLI TABLET SOLUBLE 1MG	\$0 (Tier 5)	QL (168 EA per 28 days) PA; LD
HERNEXEOS TABLET 60MG	\$0 (Tier 5)	QL (120 EA per 30 days) PA; LD
HYRNUO TABLET 10MG	\$0 (Tier 5)	QL (120 EA per 30 days) PA; LD
IBRANCE CAPSULE 100MG, 125MG, 75MG	\$0 (Tier 5)	QL (21 EA per 28 days) PA; ACS LD
IBRANCE TABLET 100MG, 125MG, 75MG	\$0 (Tier 5)	QL (21 EA per 28 days) PA; ACS LD
IBTROZI CAPSULE 200MG	\$0 (Tier 5)	QL (90 EA per 30 days) PA; LD
ICLUSIG TABLET 10MG, 30MG	\$0 (Tier 5)	PA; LD
ICLUSIG TABLET 15MG, 45MG	\$0 (Tier 5)	QL (30 EA per 30 days) PA; LD
IDHIFA TABLET 100MG, 50MG	\$0 (Tier 5)	QL (30 EA per 30 days) PA; ACS LD
<i>imatinib mesylate tablet 100mg</i>	\$0 (Tier 3)	QL (90 EA per 30 days) PA; ACS
<i>imatinib mesylate tablet 400mg</i>	\$0 (Tier 5)	QL (60 EA per 30 days) PA; ACS
IMBRUVICA CAPSULE 70MG	\$0 (Tier 5)	QL (30 EA per 30 days) PA; LD
IMBRUVICA CAPSULE 140MG	\$0 (Tier 5)	QL (90 EA per 30 days) PA; LD
IMBRUVICA SUSPENSION 70MG/ML	\$0 (Tier 5)	QL (216 ML per 30 days) PA; LD
IMBRUVICA TABLET 140MG, 280MG, 420MG	\$0 (Tier 5)	QL (30 EA per 30 days) PA; LD
IMKELDI SOLUTION 80MG/ML	\$0 (Tier 5)	QL (280 ML per 28 days) PA; LD
INLYTA TABLET 5MG	\$0 (Tier 5)	QL (120 EA per 30 days) PA; ACS LD
INLYTA TABLET 1MG	\$0 (Tier 5)	QL (180 EA per 30 days) PA; ACS LD
INREBIC CAPSULE 100MG	\$0 (Tier 5)	QL (120 EA per 30 days) PA; ACS LD
ITOVEBI TABLET 9MG	\$0 (Tier 5)	QL (28 EA per 28 days) PA; ACS LD
ITOVEBI TABLET 3MG	\$0 (Tier 5)	QL (56 EA per 28 days) PA; ACS LD

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.



If you have questions, call Aetna Medicare FIDE (HMO D-SNP) at **1-844-362-0934** (TTY: 711), 8 a.m. to 8 p.m., E.S.T., 7 days a week. The call is free. **For more information**, visit **AetnaMedicare.com/NJDSNP-drug-formulary**

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
JAKAFI XR TABLET EXTENDED RELEASE 24 HOUR 11MG, 22MG, 33MG, 44MG, 55MG	\$0 (Tier 5)	QL (30 EA per 30 days) PA; ACS LD
JAKAFI TABLET 10MG, 15MG, 20MG, 25MG, 5MG	\$0 (Tier 5)	QL (60 EA per 30 days) PA; ACS LD
JAYPIRCA TABLET 50MG	\$0 (Tier 5)	QL (30 EA per 30 days) PA; LD
JAYPIRCA TABLET 100MG	\$0 (Tier 5)	QL (60 EA per 30 days) PA; LD
JIDEYTRO TABLET 100MG	\$0 (Tier 5)	QL (30 EA per 30 days) PA
JIDEYTRO TABLET 25MG	\$0 (Tier 5)	QL (90 EA per 30 days) PA
KISQALI TABLET THERAPY PACK 200MG	\$0 (Tier 5)	PA; ACS LD
KOMZIFTI CAPSULE 200MG	\$0 (Tier 5)	QL (90 EA per 30 days) PA; LD
KOSELUGO CAPSULE SPRINKLE 5MG, 7.5MG	\$0 (Tier 5)	PA; LD
KOSELUGO CAPSULE 10MG, 25MG	\$0 (Tier 5)	PA; LD
KRAZATI TABLET 200MG	\$0 (Tier 5)	QL (180 EA per 30 days) PA; LD
<i>lapatinib ditosylate tablet 250mg</i>	\$0 (Tier 5)	QL (180 EA per 30 days) PA; ACS
LAZCLUZE TABLET 240MG	\$0 (Tier 5)	QL (30 EA per 30 days) PA; LD
LAZCLUZE TABLET 80MG	\$0 (Tier 5)	QL (60 EA per 30 days) PA; LD
LENVIMA 10 MG DAILY DOSE CAPSULE THERAPY PACK 10MG	\$0 (Tier 5)	PA; ACS LD
LENVIMA 12MG DAILY DOSE CAPSULE THERAPY PACK 4MG	\$0 (Tier 5)	PA; ACS LD
LENVIMA 14 MG DAILY DOSE CAPSULE THERAPY PACK	\$0 (Tier 5)	PA; ACS LD
LENVIMA 18 MG DAILY DOSE CAPSULE THERAPY PACK	\$0 (Tier 5)	PA; ACS LD
LENVIMA 20 MG DAILY DOSE CAPSULE THERAPY PACK 10MG	\$0 (Tier 5)	PA; ACS LD
LENVIMA 24 MG DAILY DOSE CAPSULE THERAPY PACK	\$0 (Tier 5)	PA; ACS LD
LENVIMA 4 MG DAILY DOSE CAPSULE THERAPY PACK 4MG	\$0 (Tier 5)	PA; ACS LD
LENVIMA 8 MG DAILY DOSE CAPSULE THERAPY PACK 4MG	\$0 (Tier 5)	PA; ACS LD

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

If you have questions, call Aetna Medicare FIDE (HMO D-SNP) at **1-844-362-0934** (TTY: 711), 8 a.m. to 8 p.m., E.S.T., 7 days a week. The call is free. **For more information,** visit **[AetnaMedicare.com/NJDSNP-drug-formulary](https://www.aetna.com/NJDSNP-drug-formulary)**



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
LORBRENA TABLET 100MG	\$0 (Tier 5)	QL (30 EA per 30 days) PA; ACS LD
LORBRENA TABLET 25MG	\$0 (Tier 5)	QL (90 EA per 30 days) PA; ACS LD
LUMAKRAS TABLET 240MG	\$0 (Tier 5)	QL (120 EA per 30 days) PA; ACS LD
LUMAKRAS TABLET 120MG	\$0 (Tier 5)	QL (240 EA per 30 days) PA; ACS LD
LUMAKRAS TABLET 320MG	\$0 (Tier 5)	QL (90 EA per 30 days) PA; ACS LD
LYNPARZA TABLET 100MG, 150MG	\$0 (Tier 5)	QL (120 EA per 30 days) PA; ACS LD
LYTGOBI TABLET THERAPY PACK 16MG	\$0 (Tier 5)	QL (112 EA per 28 days) PA; LD
LYTGOBI TABLET THERAPY PACK 20MG	\$0 (Tier 5)	QL (140 EA per 28 days) PA; LD
LYTGOBI TABLET THERAPY PACK 12MG	\$0 (Tier 5)	QL (84 EA per 28 days) PA; LD
MEKINIST SOLUTION RECONSTITUTED 0.05MG/ML	\$0 (Tier 5)	QL (1260 ML per 30 days) PA; ACS LD
MEKINIST TABLET 2MG	\$0 (Tier 5)	QL (30 EA per 30 days) PA; ACS LD
MEKINIST TABLET 0.5MG	\$0 (Tier 5)	QL (90 EA per 30 days) PA; ACS LD
MEKTOVI TABLET 15MG	\$0 (Tier 5)	QL (180 EA per 30 days) PA; ACS LD
NERLYNX TABLET 40MG	\$0 (Tier 5)	QL (180 EA per 30 days) PA; ACS LD
NILOTINIB D-TARTRATE CAPSULE 150MG, 200MG	\$0 (Tier 5)	QL (112 EA per 28 days) PA; LD
NILOTINIB D-TARTRATE CAPSULE 50MG	\$0 (Tier 5)	QL (120 EA per 30 days) PA; LD
<i>nilotinib hydrochloride capsule 150mg, 200mg</i>	\$0 (Tier 5)	QL (112 EA per 28 days) PA; ACS
<i>nilotinib hydrochloride capsule 50mg</i>	\$0 (Tier 5)	QL (120 EA per 30 days) PA; ACS
NINLARO CAPSULE 2.3MG, 3MG, 4MG	\$0 (Tier 5)	PA; ACS LD
ODOMZO CAPSULE 200MG	\$0 (Tier 5)	PA; ACS LD
OGSIVEO TABLET 100MG, 150MG	\$0 (Tier 5)	QL (56 EA per 28 days) PA; LD

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.



If you have questions, call Aetna Medicare FIDE (HMO D-SNP) at **1-844-362-0934 (TTY: 711)**, 8 a.m. to 8 p.m., E.S.T., 7 days a week. The call is free. **For more information**, visit **[AetnaMedicare.com/NJDSNP-drug-formulary](https://www.aetna.com/NJDSNP-drug-formulary)**

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
OJEMDA SUSPENSION RECONSTITUTED 25MG/ML	\$0 (Tier 5)	QL (96 ML per 28 days) PA; LD
OJEMDA TABLET 100MG	\$0 (Tier 5)	QL (24 EA per 28 days) PA; LD
OJJAARA TABLET 100MG, 150MG, 200MG	\$0 (Tier 5)	QL (30 EA per 30 days) PA; LD
<i>pazopanib hydrochloride tablet 200mg</i>	\$0 (Tier 5)	QL (120 EA per 30 days) PA; ACS
<i>pazopanib hydrochloride tablet 400mg</i>	\$0 (Tier 5)	QL (60 EA per 30 days) PA; ACS
PEMAZYRE TABLET 13.5MG, 4.5MG, 9MG	\$0 (Tier 5)	QL (28 EA per 28 days) PA; LD
PIQRAY 200MG DAILY DOSE TABLET THERAPY PACK 200MG	\$0 (Tier 5)	QL (28 EA per 28 days) PA; LD
PIQRAY 250MG DAILY DOSE TABLET THERAPY PACK	\$0 (Tier 5)	QL (56 EA per 28 days) PA; LD
PIQRAY 300MG DAILY DOSE TABLET THERAPY PACK 150MG	\$0 (Tier 5)	QL (56 EA per 28 days) PA; LD
QINLOCK TABLET 50MG	\$0 (Tier 5)	QL (90 EA per 30 days) PA; LD
RETEVMO TABLET 120MG, 160MG, 80MG	\$0 (Tier 5)	QL (60 EA per 30 days) PA; ACS LD
RETEVMO TABLET 40MG	\$0 (Tier 5)	QL (90 EA per 30 days) PA; ACS LD
REVUFORJ TABLET 110MG	\$0 (Tier 5)	QL (120 EA per 30 days) PA; LD
REVUFORJ TABLET 25MG	\$0 (Tier 5)	QL (240 EA per 30 days) PA; LD
REVUFORJ TABLET 160MG	\$0 (Tier 5)	QL (60 EA per 30 days) PA; LD
REZLIDHIA CAPSULE 150MG	\$0 (Tier 5)	QL (60 EA per 30 days) PA; LD
ROMIDEPSIN INJECTION 27.5MG/5.5ML	\$0 (Tier 5)	ACS
<i>romidepsin injection 10mg</i>	\$0 (Tier 5)	ACS
ROMVIMZA CAPSULE 14MG, 20MG, 30MG	\$0 (Tier 5)	QL (8 EA per 28 days) PA; LD
ROZLYTREK CAPSULE 100MG	\$0 (Tier 5)	QL (180 EA per 30 days) PA; ACS LD
ROZLYTREK CAPSULE 200MG	\$0 (Tier 5)	QL (90 EA per 30 days) PA; ACS LD
ROZLYTREK PACKET 50MG	\$0 (Tier 5)	QL (336 EA per 28 days) PA; ACS LD
RUBRACA TABLET 200MG, 250MG, 300MG	\$0 (Tier 5)	PA; ACS LD
RYDAPT CAPSULE 25MG	\$0 (Tier 5)	QL (224 EA per 28 days) PA; ACS
SCSEMBLIX TABLET 100MG	\$0 (Tier 5)	QL (120 EA per 30 days) PA; LD

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

If you have questions, call Aetna Medicare FIDE (HMO D-SNP) at **1-844-362-0934** (TTY: 711), 8 a.m. to 8 p.m., E.S.T., 7 days a week. The call is free. **For more information,** visit **[AetnaMedicare.com/NJDSNP-drug-formulary](https://www.aetna.com/NJDSNP-drug-formulary)**



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
SCEMBLIX TABLET 40MG	\$0 (Tier 5)	QL (300 EA per 30 days) PA; LD
SCEMBLIX TABLET 20MG	\$0 (Tier 5)	QL (60 EA per 30 days) PA; LD
<i>sorafenib tosylate tablet 200mg</i>	\$0 (Tier 5)	QL (120 EA per 30 days) PA; ACS
STIVARGA TABLET 40MG	\$0 (Tier 5)	QL (84 EA per 28 days) PA; ACS LD
<i>sunitinib malate capsule 12.5mg, 25mg, 37.5mg, 50mg</i>	\$0 (Tier 5)	QL (30 EA per 30 days) PA; ACS
TABRECTA TABLET 150MG, 200MG	\$0 (Tier 5)	QL (112 EA per 28 days) PA; ACS
TAFINLAR CAPSULE 50MG, 75MG	\$0 (Tier 5)	QL (120 EA per 30 days) PA; ACS LD
TAFINLAR TABLET SOLUBLE 10MG	\$0 (Tier 5)	QL (840 EA per 28 days) PA; ACS LD
TAGRISSO TABLET 40MG, 80MG	\$0 (Tier 5)	QL (30 EA per 30 days) PA; ACS LD
TALZENNA CAPSULE 0.1MG, 0.35MG, 0.5MG, 0.75MG, 1MG	\$0 (Tier 5)	QL (30 EA per 30 days) PA; ACS LD
TALZENNA CAPSULE 0.25MG	\$0 (Tier 5)	QL (90 EA per 30 days) PA; ACS LD
TECVAYLI INJECTION 153MG/1.7ML, 30MG/3ML	\$0 (Tier 5)	PA; LD
TEPMETKO TABLET 225MG	\$0 (Tier 5)	QL (60 EA per 30 days) PA; LD
TIBSOVO TABLET 250MG	\$0 (Tier 5)	PA; LD
<i>torpenz tablet 10mg, 2.5mg, 5mg, 7.5mg</i>	\$0 (Tier 5)	QL (30 EA per 30 days) PA; LD
TRUQAP TABLET THERAPY PACK 160MG, 200MG	\$0 (Tier 5)	QL (64 EA per 28 days) PA; LD
TRUQAP TABLET 200MG	\$0 (Tier 5)	QL (64 EA per 28 days) PA; LD
TRUXIMA INJECTION 100MG/10ML, 500MG/50ML	\$0 (Tier 5)	PA; ACS
TUKYSA TABLET 150MG	\$0 (Tier 5)	QL (120 EA per 30 days) PA; LD
TUKYSA TABLET 50MG	\$0 (Tier 5)	QL (240 EA per 30 days) PA; LD
TURALIO CAPSULE 125MG	\$0 (Tier 5)	QL (120 EA per 30 days) PA; LD
VANFLYTA TABLET 17.7MG, 26.5MG	\$0 (Tier 5)	QL (56 EA per 28 days) PA; LD
VENCLEXTA STARTING PACK TABLET THERAPY PACK 10MG; 100MG; 50MG	\$0 (Tier 5)	QL (42 EA per 28 days) PA; LD

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.



If you have questions, call Aetna Medicare FIDE (HMO D-SNP) at **1-844-362-0934** (TTY: 711), 8 a.m. to 8 p.m., E.S.T., 7 days a week. The call is free. **For more information**, visit **AetnaMedicare.com/NJDSNP-drug-formulary**

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
VENCLEXTA TABLET 10MG	\$0 (Tier 3)	QL (120 EA per 30 days) PA; LD
VENCLEXTA TABLET 50MG	\$0 (Tier 5)	QL (120 EA per 30 days) PA; LD
VENCLEXTA TABLET 100MG	\$0 (Tier 5)	QL (180 EA per 30 days) PA; LD
VERZENIO TABLET 100MG, 150MG, 200MG, 50MG	\$0 (Tier 5)	PA; ACS LD
VITRAKVI CAPSULE 25MG	\$0 (Tier 5)	QL (180 EA per 30 days) PA; ACS LD
VITRAKVI CAPSULE 100MG	\$0 (Tier 5)	QL (60 EA per 30 days) PA; ACS LD
VITRAKVI SOLUTION 20MG/ML	\$0 (Tier 5)	QL (300 ML per 30 days) PA; ACS LD
VIZIMPRO TABLET 15MG, 30MG, 45MG	\$0 (Tier 5)	QL (30 EA per 30 days) PA; ACS LD
VONJO CAPSULE 100MG	\$0 (Tier 5)	QL (120 EA per 30 days) PA; LD
VORANIGO TABLET 40MG	\$0 (Tier 5)	QL (30 EA per 30 days) PA; LD
VORANIGO TABLET 10MG	\$0 (Tier 5)	QL (60 EA per 30 days) PA; LD
XALKORI CAPSULE SPRINKLE 50MG	\$0 (Tier 5)	QL (120 EA per 30 days) PA; ACS LD
XALKORI CAPSULE SPRINKLE 150MG	\$0 (Tier 5)	QL (180 EA per 30 days) PA; ACS LD
XALKORI CAPSULE SPRINKLE 20MG	\$0 (Tier 5)	QL (240 EA per 30 days) PA; ACS LD
XALKORI CAPSULE 200MG, 250MG	\$0 (Tier 5)	QL (120 EA per 30 days) PA; ACS LD
XOSPATA TABLET 40MG	\$0 (Tier 5)	PA; ACS LD
XPOVIO 60 MG TWICE WEEKLY TABLET THERAPY PACK 20MG	\$0 (Tier 5)	QL (24 EA per 28 days) PA; LD
XPOVIO 80 MG TWICE WEEKLY TABLET THERAPY PACK 20MG	\$0 (Tier 5)	QL (32 EA per 28 days) PA; LD
XPOVIO TABLET THERAPY PACK 40MG ONCE WEEKLY (16 TABLET PACK)	\$0 (Tier 5)	QL (16 EA per 28 days) PA; LD
XPOVIO TABLET THERAPY PACK 60MG, 80MG	\$0 (Tier 5)	QL (4 EA per 28 days) PA; LD

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

If you have questions, call Aetna Medicare FIDE (HMO D-SNP) at **1-844-362-0934** (TTY: 711), 8 a.m. to 8 p.m., E.S.T., 7 days a week. The call is free. **For more information**, visit **[AetnaMedicare.com/NJDSNP-drug-formulary](https://www.aetna.com/NJDSNP-drug-formulary)**



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
XPOVIO TABLET THERAPY PACK 100MG ONCE WEEKLY, 80MG ONCE WEEKLY, 40MG TWICE WEEKLY	\$0 (Tier 5)	QL (8 EA per 28 days) PA; LD
<i>yulithira tablet 10mg, 2.5mg, 5mg, 7.5mg</i>	\$0 (Tier 4)	QL (30 EA per 30 days) PA; ACS
ZEJULA TABLET 100MG, 200MG, 300MG	\$0 (Tier 5)	QL (30 EA per 30 days) PA; ACS LD
ZELBORAF TABLET 240MG	\$0 (Tier 5)	QL (240 EA per 30 days) PA; ACS LD
ZIRABEV INJECTION 100MG/4ML, 400MG/16ML	\$0 (Tier 5)	PA; ACS LD
ZOLINZA CAPSULE 100MG	\$0 (Tier 5)	PA; ACS
ZYDELIG TABLET 100MG, 150MG	\$0 (Tier 5)	QL (60 EA per 30 days) PA; ACS LD
ZYKADIA TABLET 150MG	\$0 (Tier 5)	QL (84 EA per 28 days) PA; ACS

CARDIOVASCULAR**ACE INHIBITOR COMBINATIONS**

<i>amlodipine besylate/benazepril hydrochloride capsule 10mg; 20mg, 10mg; 40mg, 2.5mg; 10mg, 5mg; 10mg, 5mg; 20mg, 5mg; 40mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>benazepril hydrochloride/hydrochlorothiazide tablet 10mg; 12.5mg, 20mg; 12.5mg, 20mg; 25mg, 5mg; 6.25mg</i>	\$0 (Tier 1)	MO
<i>captopril/hydrochlorothiazide tablet 25mg; 15mg, 25mg; 25mg, 50mg; 15mg, 50mg; 25mg</i>	\$0 (Tier 1)	MO
<i>enalapril maleate/hydrochlorothiazide tablet 10mg; 25mg, 5mg; 12.5mg</i>	\$0 (Tier 1)	MO
<i>fosinopril sodium/hydrochlorothiazide tablet 10mg; 12.5mg, 20mg; 12.5mg</i>	\$0 (Tier 1)	MO
<i>lisinopril/hydrochlorothiazide tablet 12.5mg; 10mg, 12.5mg; 20mg, 25mg; 20mg</i>	\$0 (Tier 1)	MO
<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

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.



If you have questions, call Aetna Medicare FIDE (HMO D-SNP) at **1-844-362-0934** (TTY: 711), 8 a.m. to 8 p.m., E.S.T., 7 days a week. The call is free. **For more information**, visit **AetnaMedicare.com/NJDSNP-drug-formulary**

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>trandolapril/verapamil hcl er tablet extended release 1mg; 240mg, 2mg; 180mg, 2mg; 240mg, 4mg; 240mg</i>	\$0 (Tier 1)	MO
ACE INHIBITORS		
<i>benazepril hydrochloride tablet 10mg, 20mg, 40mg, 5mg</i>	\$0 (Tier 1)	MO
<i>captopril tablet 100mg, 12.5mg, 25mg, 50mg</i>	\$0 (Tier 1)	MO
<i>enalapril maleate tablet 10mg, 2.5mg, 20mg, 5mg</i>	\$0 (Tier 1)	MO
<i>fosinopril sodium tablet 10mg, 20mg, 40mg</i>	\$0 (Tier 1)	MO
<i>lisinopril tablet 10mg, 2.5mg, 20mg, 30mg, 40mg, 5mg</i>	\$0 (Tier 1)	MO
<i>moexipril hydrochloride tablet 15mg, 7.5mg</i>	\$0 (Tier 1)	MO
<i>perindopril erbumine tablet 2mg, 4mg, 8mg</i>	\$0 (Tier 1)	MO
<i>quinapril hydrochloride tablet 10mg, 20mg, 40mg, 5mg</i>	\$0 (Tier 1)	MO
<i>ramipril capsule 1.25mg, 10mg, 2.5mg, 5mg</i>	\$0 (Tier 1)	MO
<i>trandolapril tablet 1mg, 2mg, 4mg</i>	\$0 (Tier 1)	MO
ALDOSTERONE RECEPTOR ANTAGONISTS		
<i>eplerenone tablet 25mg, 50mg</i>	\$0 (Tier 4)	MO
KERENDIA TABLET 10MG, 20MG, 40MG	\$0 (Tier 3)	QL (30 EA per 30 days) MO
<i>spironolactone tablet 100mg, 25mg, 50mg</i>	\$0 (Tier 1)	MO
ALPHA BLOCKERS		
<i>doxazosin mesylate tablet 1mg, 2mg, 4mg, 8mg</i>	\$0 (Tier 2)	MO
<i>prazosin hydrochloride capsule 1mg, 2mg, 5mg</i>	\$0 (Tier 2)	MO
<i>terazosin hcl capsule 10mg, 1mg, 5mg</i>	\$0 (Tier 1)	MO
<i>terazosin hydrochloride capsule 2mg</i>	\$0 (Tier 1)	MO
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
<i>amlodipine besylate/valsartan tablet 10mg; 160mg, 10mg; 320mg, 5mg; 160mg, 5mg; 320mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>amlodipine/olmesartan medoxomil tablet 10mg; 20mg, 10mg; 40mg, 5mg; 20mg, 5mg; 40mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

If you have questions, call Aetna Medicare FIDE (HMO D-SNP) at **1-844-362-0934** (TTY: 711), 8 a.m. to 8 p.m., E.S.T., 7 days a week. The call is free. **For more information**, visit **AetnaMedicare.com/NJDSNP-drug-formulary**



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>amlodipine/valsartan/hydrochlorothiazide tablet 10mg; 12.5mg; 160mg, 10mg; 25mg; 160mg, 10mg; 25mg; 320mg, 5mg; 12.5mg; 160mg, 5mg; 25mg; 160mg</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 TABLET 40MG; 12.5MG, 40MG; 25MG	\$0 (Tier 4)	QL (30 EA per 30 days) MO
ENTRESTO CAPSULE SPRINKLE 15MG; 16MG, 6MG; 6MG	\$0 (Tier 3)	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 tablet 12.5mg; 100mg, 12.5mg; 50mg, 25mg; 100mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>olmesartan medoxomil/amlodipine/hydrochlorothiazide tablet 10mg; 12.5mg; 40mg, 10mg; 25mg; 40mg, 5mg; 12.5mg; 20mg, 5mg; 12.5mg; 40mg, 5mg; 25mg; 40mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>olmesartan medoxomil/hydrochlorothiazide tablet 12.5mg; 20mg, 12.5mg; 40mg, 25mg; 40mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>sacubitril/valsartan tablet 24mg; 26mg, 49mg; 51mg, 97mg; 103mg</i>	\$0 (Tier 3)	MO
<i>telmisartan/amlodipine tablet 10mg; 40mg, 10mg; 80mg, 5mg; 40mg, 5mg; 80mg</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 tablet 12.5mg; 160mg, 12.5mg; 320mg, 12.5mg; 80mg, 25mg; 160mg, 25mg; 320mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.



If you have questions, call Aetna Medicare FIDE (HMO D-SNP) at **1-844-362-0934** (TTY: 711), 8 a.m. to 8 p.m., E.S.T., 7 days a week. The call is free. **For more information**, visit **[AetnaMedicare.com/NJDSNP-drug-formulary](https://www.aetna.com/NJDSNP-drug-formulary)**

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
AZILSARTAN MEDOXOMIL TABLET 40MG, 80MG	\$0 (Tier 4)	QL (30 EA per 30 days)
<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 TABLET 40MG, 80MG	\$0 (Tier 4)	QL (30 EA per 30 days) MO
<i>irbesartan tablet 150mg, 300mg, 75mg</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 tablet 20mg, 40mg, 80mg</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 hydrochloride injection 150mg/3ml, 50mg/ml, 900mg/18ml</i>	\$0 (Tier 4)	
<i>amiodarone hydrochloride tablet 100mg, 200mg, 400mg</i>	\$0 (Tier 2)	MO
<i>disopyramide phosphate capsule 100mg, 150mg</i>	\$0 (Tier 4)	PA MO
<i>dofetilide capsule 125mcg, 250mcg, 500mcg</i>	\$0 (Tier 4)	ACS
<i>flecainide acetate tablet 100mg, 150mg, 50mg</i>	\$0 (Tier 2)	MO
LIDOCAINE HCL IN D5W INJECTION 5%; 4MG/ML	\$0 (Tier 4)	
LIDOCAINE HCL VIAL INJECTION 100MG/5ML	\$0 (Tier 4)	
<i>lidocaine hcl injection 100mg/5ml</i>	\$0 (Tier 4)	
MULTAQ TABLET 400MG	\$0 (Tier 4)	MO
<i>pacerone tablet 100mg, 200mg</i>	\$0 (Tier 2)	
<i>propafenone hcl tablet 150mg, 225mg, 300mg</i>	\$0 (Tier 2)	MO
<i>propafenone hydrochloride er capsule extended release 12 hour 225mg, 325mg, 425mg</i>	\$0 (Tier 4)	MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

If you have questions, call Aetna Medicare FIDE (HMO D-SNP) at **1-844-362-0934** (TTY: 711), 8 a.m. to 8 p.m., E.S.T., 7 days a week. The call is free. **For more information**, visit **AetnaMedicare.com/NJDSNP-drug-formulary**



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>propafenone hydrochloride tablet 150mg, 225mg, 300mg</i>	\$0 (Tier 2)	MO
<i>quinidine sulfate tablet 200mg, 300mg</i>	\$0 (Tier 4)	MO
<i>sotalol hcl tablet 120mg, 160mg, 240mg</i>	\$0 (Tier 2)	MO
<i>sotalol hydrochloride (af) tablet 120mg, 160mg, 80mg</i>	\$0 (Tier 2)	MO
<i>sotalol hydrochloride tablet 80mg</i>	\$0 (Tier 2)	MO
ANTILIPEMICS, FIBRATES		
<i>fenofibrate micronized capsule 134mg, 200mg, 67mg</i>	\$0 (Tier 2)	MO
<i>fenofibrate capsule 130mg, 43mg</i>	\$0 (Tier 2)	MO
<i>fenofibrate tablet 145mg, 160mg, 48mg, 54mg</i>	\$0 (Tier 2)	MO
<i>fenofibric acid dr capsule delayed release 135mg, 45mg</i>	\$0 (Tier 2)	MO
<i>gemfibrozil tablet 600mg</i>	\$0 (Tier 2)	MO
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
<i>atorvastatin calcium tablet 10mg, 20mg, 40mg, 80mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>fluvastatin sodium er tablet extended release 24 hour 80mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>fluvastatin capsule 20mg, 40mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>lovastatin tablet 10mg, 20mg, 40mg</i>	\$0 (Tier 1)	MO
<i>pitavastatin calcium tablet 1mg, 2mg, 4mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>pravastatin sodium tablet 10mg, 20mg, 40mg, 80mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>rosuvastatin calcium tablet 10mg, 20mg, 40mg, 5mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>simvastatin tablet 10mg, 20mg, 40mg, 5mg, 80mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
ANTILIPEMICS, MISCELLANEOUS		
<i>cholestyramine light packet 4gm</i>	\$0 (Tier 4)	MO
<i>cholestyramine light powder 4gm/dose</i>	\$0 (Tier 4)	MO
<i>cholestyramine packet 4gm</i>	\$0 (Tier 4)	MO
<i>cholestyramine powder 4gm/dose</i>	\$0 (Tier 4)	MO
<i>colesevelam hydrochloride packet 3.75gm</i>	\$0 (Tier 3)	MO
<i>colesevelam hydrochloride tablet 625mg</i>	\$0 (Tier 3)	MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.



If you have questions, call Aetna Medicare FIDE (HMO D-SNP) at **1-844-362-0934** (TTY: 711), 8 a.m. to 8 p.m., E.S.T., 7 days a week. The call is free. **For more information**, visit **AetnaMedicare.com/NJDSNP-drug-formulary**

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>colestipol hydrochloride granules 5gm</i>	\$0 (Tier 4)	MO
<i>colestipol hydrochloride packet 5gm</i>	\$0 (Tier 4)	MO
<i>colestipol hydrochloride tablet 1gm</i>	\$0 (Tier 4)	MO
<i>ezetimibe/simvastatin tablet 10mg; 10mg, 10mg; 20mg, 10mg; 40mg, 10mg; 80mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>ezetimibe tablet 10mg</i>	\$0 (Tier 2)	MO
NEXLETOL TABLET 180MG	\$0 (Tier 3)	QL (30 EA per 30 days) MO
NEXLIZET TABLET 180MG; 10MG	\$0 (Tier 3)	QL (30 EA per 30 days) MO
<i>niacin er tablet extended release 1000mg, 750mg</i>	\$0 (Tier 2)	MO
<i>niacin er tablet extended release 500mg</i>	\$0 (Tier 2)	QL (60 EA per 30 days) MO
<i>niacin tablet 500mg</i>	\$0 (Tier 4)	MO
<i>niacor tablet 500mg</i>	\$0 (Tier 4)	MO
<i>omega-3-acid ethyl esters capsule 375mg; 465mg; 1gm</i>	\$0 (Tier 4)	QL (120 EA per 30 days) MO
REDEMPLO INJECTION 25MG/0.5ML	\$0 (Tier 5)	QL (0.5 ML per 90 days) PA; ACS LD
REPATHA SURECLICK INJECTION 140MG/ML	\$0 (Tier 3)	PA
REPATHA INJECTION 140MG/ML	\$0 (Tier 3)	PA
VASCEPA CAPSULE 0.5GM, 1GM	\$0 (Tier 4)	MO
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol/chlorthalidone tablet 100mg; 25mg, 50mg; 25mg</i>	\$0 (Tier 1)	MO
<i>bisoprolol fumarate/hydrochlorothiazide tablet 10mg; 6.25mg, 2.5mg; 6.25mg, 5mg; 6.25mg</i>	\$0 (Tier 2)	MO
<i>metoprolol/hydrochlorothiazide tablet 25mg; 100mg, 25mg; 50mg, 50mg; 100mg</i>	\$0 (Tier 2)	MO
BETA-BLOCKERS		
<i>acebutolol hydrochloride capsule 200mg, 400mg</i>	\$0 (Tier 2)	MO
<i>atenolol tablet 100mg, 25mg, 50mg</i>	\$0 (Tier 1)	MO
<i>betaxolol hcl tablet 10mg, 20mg</i>	\$0 (Tier 3)	MO
<i>bisoprolol fumarate tablet 10mg, 5mg</i>	\$0 (Tier 2)	MO
<i>bisoprolol fumarate tablet 2.5mg</i>	\$0 (Tier 4)	MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

If you have questions, call Aetna Medicare FIDE (HMO D-SNP) at **1-844-362-0934** (TTY: 711), 8 a.m. to 8 p.m., E.S.T., 7 days a week. The call is free. **For more information**, visit **AetnaMedicare.com/NJDSNP-drug-formulary**



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>carvedilol phosphate er capsule extended release 24 hour 10mg, 20mg, 40mg, 80mg</i>	\$0 (Tier 4)	QL (30 EA per 30 days) MO
<i>carvedilol tablet 12.5mg, 25mg, 3.125mg, 6.25mg</i>	\$0 (Tier 1)	MO
<i>labetalol hydrochloride injection 5mg/ml</i>	\$0 (Tier 4)	
<i>labetalol hydrochloride tablet 100mg, 200mg, 300mg, 400mg</i>	\$0 (Tier 2)	MO
<i>metoprolol succinate er tablet extended release 24 hour 100mg, 200mg, 25mg, 50mg</i>	\$0 (Tier 1)	MO
<i>metoprolol tartrate injection 5mg/5ml</i>	\$0 (Tier 4)	
<i>metoprolol tartrate tablet 100mg, 25mg, 37.5mg, 50mg, 75mg</i>	\$0 (Tier 1)	MO
<i>nadolol tablet 20mg, 40mg, 80mg</i>	\$0 (Tier 4)	MO
<i>nebivolol hydrochloride tablet 10mg, 2.5mg, 5mg</i>	\$0 (Tier 3)	QL (30 EA per 30 days) MO
<i>nebivolol hydrochloride tablet 20mg</i>	\$0 (Tier 3)	QL (60 EA per 30 days) MO
<i>pindolol tablet 10mg, 5mg</i>	\$0 (Tier 2)	MO
<i>propranolol hcl injection 1mg/ml</i>	\$0 (Tier 4)	
<i>propranolol hcl oral solution 40mg/5ml</i>	\$0 (Tier 2)	MO
<i>propranolol hcl tablet 40mg</i>	\$0 (Tier 2)	MO
<i>propranolol hydrochloride er capsule extended release 24 hour 120mg, 160mg, 60mg, 80mg</i>	\$0 (Tier 2)	MO
<i>propranolol hydrochloride solution 20mg/5ml</i>	\$0 (Tier 2)	MO
<i>propranolol hydrochloride tablet 10mg, 20mg, 60mg, 80mg</i>	\$0 (Tier 2)	MO
<i>timolol maleate tablet 10mg, 20mg, 5mg</i>	\$0 (Tier 1)	MO
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine besylate tablet 10mg, 2.5mg, 5mg</i>	\$0 (Tier 1)	MO
<i>cartia xt capsule extended release 24 hour 120mg, 180mg, 240mg, 300mg</i>	\$0 (Tier 2)	
<i>dilt-xr capsule extended release 24 hour 120mg, 180mg, 240mg</i>	\$0 (Tier 2)	MO
<i>diltiazem hcl er capsule extended release 12 hour (generic Cardizem SR) 120mg, 60mg, 90mg</i>	\$0 (Tier 2)	MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.



If you have questions, call Aetna Medicare FIDE (HMO D-SNP) at **1-844-362-0934** (TTY: 711), 8 a.m. to 8 p.m., E.S.T., 7 days a week. The call is free. **For more information**, visit **[AetnaMedicare.com/NJDSNP-drug-formulary](https://www.aetna.com/NJDSNP-drug-formulary)**

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>diltiazem hcl er capsule extended release 24 hour (generic Tiazac) 120mg, 180mg, 240mg, 420mg</i>	\$0 (Tier 2)	MO
<i>diltiazem hcl er tablet extended release 24 hour (generic Cardizem LA) 240mg, 300mg, 360mg, 420mg</i>	\$0 (Tier 2)	MO
<i>DILTIAZEM HCL INJECTION 100MG</i>	\$0 (Tier 4)	
<i>diltiazem hcl injection 50mg/10ml</i>	\$0 (Tier 4)	
<i>diltiazem hcl tablet 30mg, 60mg</i>	\$0 (Tier 2)	MO
<i>diltiazem hydrochloride er capsule extended release 24 hour (generic Cardizem CD, Dilacor XR, and Tiazac) 120mg, 180mg, 240mg, 300mg, 360mg</i>	\$0 (Tier 2)	MO
<i>diltiazem hydrochloride er tablet extended release 24 hour (generic Cardizem LA) 120mg, 180mg, 240mg, 300mg, 360mg</i>	\$0 (Tier 2)	MO
<i>diltiazem hydrochloride injection 125mg/25ml, 25mg/5ml</i>	\$0 (Tier 4)	
<i>diltiazem hydrochloride tablet 120mg, 90mg</i>	\$0 (Tier 2)	MO
<i>felodipine er tablet extended release 24 hour 10mg, 2.5mg, 5mg</i>	\$0 (Tier 2)	MO
<i>isradipine capsule 2.5mg, 5mg</i>	\$0 (Tier 2)	MO
<i>matzim la tablet extended release 24 hour 420mg</i>	\$0 (Tier 2)	
<i>matzim la tablet extended release 24 hour 180mg, 240mg, 300mg, 360mg</i>	\$0 (Tier 2)	MO
<i>nicardipine hcl capsule 20mg, 30mg</i>	\$0 (Tier 4)	MO
<i>nifedipine er tablet extended release 24 hour 30mg (generic Procardia XL), 60mg (generic Procardia XL), 90mg (generic Adalat CC and Procardia XL)</i>	\$0 (Tier 2)	MO
<i>nifedipine er tablet extended release 24 hour (generic Adalat CC) 30mg, 60mg</i>	\$0 (Tier 3)	MO
<i>nisoldipine er tablet extended release 24 hour 17mg</i>	\$0 (Tier 4)	
<i>nisoldipine er tablet extended release 24 hour 34mg, 8.5mg</i>	\$0 (Tier 4)	MO
<i>tiadylt er capsule extended release 24 hour 120mg, 180mg, 240mg, 300mg, 360mg</i>	\$0 (Tier 2)	

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

If you have questions, call Aetna Medicare FIDE (HMO D-SNP) at **1-844-362-0934** (TTY: 711), 8 a.m. to 8 p.m., E.S.T., 7 days a week. The call is free. **For more information**, visit **[AetnaMedicare.com/NJDSNP-drug-formulary](https://www.AetnaMedicare.com/NJDSNP-drug-formulary)**



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>tiadylt er capsule extended release 24 hour 420mg</i>	\$0 (Tier 2)	MO
<i>verapamil hcl er capsule extended release 24 hour 100mg, 120mg, 180mg, 240mg, 300mg</i>	\$0 (Tier 2)	MO
<i>verapamil hcl er tablet extended release 120mg</i>	\$0 (Tier 1)	MO
VERAPAMIL HCL SR CAPSULE EXTENDED RELEASE 24 HOUR 360MG	\$0 (Tier 3)	MO
<i>verapamil hcl sr capsule extended release 24 hour 120mg, 180mg, 240mg</i>	\$0 (Tier 2)	MO
<i>verapamil hydrochloride er capsule extended release 24 hour 100mg, 200mg, 300mg</i>	\$0 (Tier 2)	MO
<i>verapamil hydrochloride er tablet extended release 180mg, 240mg</i>	\$0 (Tier 1)	MO
VERAPAMIL HYDROCHLORIDE SR CAPSULE EXTENDED RELEASE 24 HOUR 360MG	\$0 (Tier 3)	MO
<i>verapamil hydrochloride sr capsule extended release 24 hour 240mg</i>	\$0 (Tier 2)	MO
<i>verapamil hydrochloride injection 2.5mg/ml</i>	\$0 (Tier 4)	MO
<i>verapamil hydrochloride tablet 120mg, 40mg, 80mg</i>	\$0 (Tier 1)	MO
DIURETICS		
<i>acetazolamide er capsule extended release 12 hour 500mg</i>	\$0 (Tier 4)	MO
<i>acetazolamide tablet 125mg, 250mg</i>	\$0 (Tier 4)	MO
<i>amiloride hcl tablet 5mg</i>	\$0 (Tier 2)	MO
<i>amiloride/hydrochlorothiazide tablet 5mg; 50mg</i>	\$0 (Tier 2)	MO
<i>bumetanide injection 0.25mg/ml</i>	\$0 (Tier 4)	MO
<i>bumetanide tablet 0.5mg, 1mg, 2mg</i>	\$0 (Tier 2)	MO
<i>chlorthalidone tablet 25mg, 50mg</i>	\$0 (Tier 2)	MO
<i>furosemide injection 10mg/ml</i>	\$0 (Tier 4)	MO
<i>furosemide oral solution 10mg/ml, 40mg/5ml</i>	\$0 (Tier 1)	MO
<i>furosemide tablet 20mg, 40mg, 80mg</i>	\$0 (Tier 1)	MO
<i>hydrochlorothiazide capsule 12.5mg</i>	\$0 (Tier 1)	MO
<i>hydrochlorothiazide tablet 12.5mg, 25mg, 50mg</i>	\$0 (Tier 1)	MO
<i>indapamide tablet 1.25mg, 2.5mg</i>	\$0 (Tier 1)	MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.



If you have questions, call Aetna Medicare FIDE (HMO D-SNP) at **1-844-362-0934** (TTY: 711), 8 a.m. to 8 p.m., E.S.T., 7 days a week. The call is free. **For more information**, visit **AetnaMedicare.com/NJDSNP-drug-formulary**

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>methazolamide tablet 25mg, 50mg</i>	\$0 (Tier 4)	MO
<i>metolazone tablet 10mg, 2.5mg, 5mg</i>	\$0 (Tier 2)	MO
<i>spironolactone/hydrochlorothiazide tablet 25mg; 25mg</i>	\$0 (Tier 2)	MO
<i>torseamide tablet 100mg, 10mg, 20mg, 5mg</i>	\$0 (Tier 2)	MO
<i>triamterene/hydrochlorothiazide capsule 25mg; 37.5mg</i>	\$0 (Tier 1)	MO
<i>triamterene/hydrochlorothiazide tablet 25mg; 37.5mg, 50mg; 75mg</i>	\$0 (Tier 1)	MO
MISCELLANEOUS		
<i>aliskiren tablet 150mg, 300mg</i>	\$0 (Tier 1)	MO
<i>amlodipine besylate/atorvastatin calcium tablet 10mg; 10mg, 10mg; 20mg, 10mg; 40mg, 10mg; 80mg, 2.5mg; 10mg, 2.5mg; 20mg, 2.5mg; 40mg, 5mg; 10mg, 5mg; 20mg, 5mg; 40mg, 5mg; 80mg</i>	\$0 (Tier 1)	MO
<i>clonidine hydrochloride tablet 0.1mg, 0.2mg, 0.3mg</i>	\$0 (Tier 1)	MO
<i>clonidine patch weekly 0.1mg/24hr</i>	\$0 (Tier 2)	QL (8 EA per 28 days) MO
<i>clonidine patch weekly 0.2mg/24hr, 0.3mg/24hr</i>	\$0 (Tier 4)	QL (8 EA per 28 days) MO
CORLANOR SOLUTION 5MG/5ML	\$0 (Tier 4)	
<i>digoxin injection 0.25mg/ml</i>	\$0 (Tier 4)	MO
<i>digoxin oral solution 0.05mg/ml</i>	\$0 (Tier 3)	MO
<i>digoxin tablet 125mcg, 250mcg</i>	\$0 (Tier 2)	QL (30 EA per 30 days) MO
<i>digox tablet 125mcg, 250mcg</i>	\$0 (Tier 2)	QL (30 EA per 30 days)
<i>droxidopa capsule 200mg</i>	\$0 (Tier 4)	QL (180 EA per 30 days) PA; ACS
<i>droxidopa capsule 100mg</i>	\$0 (Tier 4)	QL (90 EA per 30 days) PA; ACS
<i>droxidopa capsule 300mg</i>	\$0 (Tier 5)	QL (180 EA per 30 days) PA; ACS
<i>guanfacine hydrochloride tablet 1mg, 2mg</i>	\$0 (Tier 4)	PA MO
<i>hydralazine hydrochloride injection 20mg/ml</i>	\$0 (Tier 4)	MO
<i>hydralazine hydrochloride tablet 100mg, 10mg, 25mg, 50mg</i>	\$0 (Tier 1)	MO
<i>isosorbide dinitrate/hydralazine hydrochloride tablet 37.5mg; 20mg</i>	\$0 (Tier 4)	MO
<i>ivabradine hydrochloride tablet 5mg, 7.5mg</i>	\$0 (Tier 4)	MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

If you have questions, call Aetna Medicare FIDE (HMO D-SNP) at **1-844-362-0934** (TTY: 711), 8 a.m. to 8 p.m., E.S.T., 7 days a week. The call is free. **For more information**, visit **AetnaMedicare.com/NJDSNP-drug-formulary**



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>metirosine capsule 250mg</i>	\$0 (Tier 5)	PA; ACS
<i>midodrine hydrochloride tablet 10mg, 2.5mg, 5mg</i>	\$0 (Tier 4)	MO
<i>minoxidil tablet 10mg, 2.5mg</i>	\$0 (Tier 2)	MO
<i>ranolazine er tablet extended release 12 hour 1000mg, 500mg</i>	\$0 (Tier 4)	MO
VERQUVO TABLET 10MG, 2.5MG, 5MG	\$0 (Tier 3)	MO
VYNDAMAX CAPSULE 61MG	\$0 (Tier 5)	QL (30 EA per 30 days) PA; ACS LD
NITRATES		
<i>isosorbide dinitrate tablet 10mg, 20mg, 30mg, 5mg</i>	\$0 (Tier 2)	MO
<i>isosorbide mononitrate er tablet extended release 24 hour 120mg, 30mg, 60mg</i>	\$0 (Tier 2)	MO
<i>nitro-bid ointment 2%</i>	\$0 (Tier 3)	
<i>nitroglycerin transdermal patch 24 hour 0.1mg/hr, 0.2mg/hr, 0.4mg/hr, 0.6mg/hr</i>	\$0 (Tier 2)	MO
NITROGLYCERIN INJECTION 5MG/ML	\$0 (Tier 4)	
<i>nitroglycerin transdermal ointment 2%</i>	\$0 (Tier 3)	
<i>nitroglycerin translingual solution 0.4mg/spray</i>	\$0 (Tier 4)	MO
<i>nitroglycerin tablet sublingual 0.3mg, 0.4mg, 0.6mg</i>	\$0 (Tier 2)	MO
PULMONARY ARTERIAL HYPERTENSION		
ADEMPAS TABLET 0.5MG, 1.5MG, 1MG, 2.5MG, 2MG	\$0 (Tier 5)	QL (90 EA per 30 days) PA; ACS LD
<i>ambrisentan tablet 10mg, 5mg</i>	\$0 (Tier 5)	QL (30 EA per 30 days) PA; ACS
<i>bosentan tablet soluble 32mg</i>	\$0 (Tier 5)	QL (120 EA per 30 days) PA; ACS LD
<i>bosentan tablet 62.5mg</i>	\$0 (Tier 5)	QL (120 EA per 30 days) PA; ACS LD
<i>bosentan tablet 125mg</i>	\$0 (Tier 5)	QL (60 EA per 30 days) PA; ACS LD
<i>epoprostenol sodium injection 0.5mg</i>	\$0 (Tier 4)	B/D; ACS
<i>epoprostenol sodium injection 1.5mg</i>	\$0 (Tier 5)	B/D; ACS
<i>macitentan tablet 10mg</i>	\$0 (Tier 4)	QL (30 EA per 30 days) PA; ACS
<i>sildenafil citrate (generic Revatio) tablet 20mg</i>	\$0 (Tier 3)	QL (360 EA per 30 days) PA; ACS

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.



If you have questions, call Aetna Medicare FIDE (HMO D-SNP) at **1-844-362-0934** (TTY: 711), 8 a.m. to 8 p.m., E.S.T., 7 days a week. The call is free. **For more information**, visit **AetnaMedicare.com/NJDSNP-drug-formulary**

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>sildenafil injection 10mg/12.5ml</i>	\$0 (Tier 5)	QL (1125 ML per 30 days) PA; ACS
<i>tadalafil (generic Adcirca) tablet 20mg</i>	\$0 (Tier 4)	PA; ACS
TYVASO REFILL KIT SOLUTION 0.6MG/ML	\$0 (Tier 5)	PA; ACS LD
TYVASO STARTER KIT SOLUTION 0.6MG/ML	\$0 (Tier 5)	PA; ACS LD
TYVASO SOLUTION 0.6MG/ML	\$0 (Tier 5)	PA; ACS LD
UPTRAVI TITRATION PACK TABLET THERAPY PACK 200MCG; 800MCG	\$0 (Tier 5)	QL (200 EA per 28 days) PA; ACS LD
UPTRAVI INJECTION 1800MCG	\$0 (Tier 5)	QL (60 EA per 30 days) PA; LD
UPTRAVI TABLET 200MCG	\$0 (Tier 5)	QL (140 EA per 28 days) PA; ACS LD
UPTRAVI TABLET 100MCG, 150MCG	\$0 (Tier 5)	QL (280 EA per 28 days) PA
UPTRAVI TABLET 1000MCG, 1200MCG, 1400MCG, 1600MCG, 400MCG, 600MCG, 800MCG	\$0 (Tier 5)	QL (60 EA per 30 days) PA; ACS LD
WINREVAIR INJECTION (2 VIAL KIT) 45MG, 60MG	\$0 (Tier 5)	QL (1 EA per 21 days) PA; ACS LD
WINREVAIR INJECTION (1 VIAL KIT) 45MG, 60MG	\$0 (Tier 5)	QL (2 EA per 21 days) PA; ACS LD

CENTRAL NERVOUS SYSTEM**ANTI-ANXIETY**

ALPRAZOLAM INTENSOL CONCENTRATE 1MG/ML	\$0 (Tier 4)	QL (300 ML per 30 days) PA MO; HRM
<i>alprazolam tablet 0.25mg, 0.5mg</i>	\$0 (Tier 2)	QL (120 EA per 30 days) PA MO; HRM
<i>alprazolam tablet 1mg, 2mg</i>	\$0 (Tier 2)	QL (150 EA per 30 days) PA MO; HRM
<i>buspirone hcl tablet 15mg</i>	\$0 (Tier 1)	MO
<i>buspirone hydrochloride tablet 10mg, 30mg, 5mg, 7.5mg</i>	\$0 (Tier 1)	MO
<i>chlordiazepoxide hcl capsule 10mg, 5mg</i>	\$0 (Tier 4)	QL (120 EA per 30 days) PA MO; HRM
<i>chlordiazepoxide hydrochloride capsule 25mg</i>	\$0 (Tier 4)	QL (120 EA per 30 days) PA MO; HRM

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

If you have questions, call Aetna Medicare FIDE (HMO D-SNP) at **1-844-362-0934** (TTY: 711), 8 a.m. to 8 p.m., E.S.T., 7 days a week. The call is free. **For more information**, visit **AetnaMedicare.com/NJDSNP-drug-formulary**



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>fluvoxamine maleate er capsule extended release 24 hour 100mg, 150mg</i>	\$0 (Tier 4)	QL (60 EA per 30 days) MO; HRM
<i>fluvoxamine maleate tablet 100mg, 25mg, 50mg</i>	\$0 (Tier 2)	MO; HRM
<i>lorazepam intensol concentrate 2mg/ml</i>	\$0 (Tier 2)	QL (150 ML per 30 days) PA; HRM
<i>lorazepam injection 2mg/ml, 4mg/ml</i>	\$0 (Tier 4)	QL (150 ML per 30 days) PA MO; HRM
<i>lorazepam tablet 0.5mg</i>	\$0 (Tier 2)	QL (120 EA per 30 days) PA MO; HRM
<i>lorazepam tablet 1mg, 2mg</i>	\$0 (Tier 2)	QL (150 EA per 30 days) PA MO; HRM
<i>oxazepam capsule 10mg, 15mg, 30mg</i>	\$0 (Tier 4)	QL (120 EA per 30 days) PA MO; HRM
ANTIDEMENTIA		
<i>donepezil hcl tablet disintegrating 10mg, 5mg</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 2)	QL (30 EA per 30 days) MO
<i>donepezil hydrochloride tablet 5mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>galantamine hydrobromide er capsule extended release 24 hour 16mg, 24mg, 8mg</i>	\$0 (Tier 4)	QL (30 EA per 30 days) MO
<i>galantamine hydrobromide solution 4mg/ml</i>	\$0 (Tier 4)	QL (200 ML per 30 days) MO
<i>galantamine hydrobromide tablet 12mg, 4mg, 8mg</i>	\$0 (Tier 4)	QL (60 EA per 30 days) MO
LEQEMBI IQLIK INJECTION 250MG/1.25ML	\$0 (Tier 5)	QL (10 ML per 28 days) PA
LEQEMBI IQLIK INJECTION 360MG/1.8ML	\$0 (Tier 5)	QL (7.2 ML per 28 days) PA; LD
<i>memantine hcl titration pak tablet 10mg; 5mg</i>	\$0 (Tier 2)	QL (98 EA per 365 days) PA
<i>memantine hydrochloride er capsule extended release 24 hour 14mg, 21mg, 28mg, 7mg</i>	\$0 (Tier 4)	PA MO
<i>memantine hydrochloride solution 2mg/ml</i>	\$0 (Tier 2)	QL (360 ML per 30 days) PA MO
<i>memantine hydrochloride tablet 10mg, 5mg</i>	\$0 (Tier 2)	QL (60 EA per 30 days) PA MO
<i>memantine/donepezil hydrochloride er capsule extended release 24 hour 10mg; 14mg, 10mg; 21mg, 10mg; 28mg</i>	\$0 (Tier 4)	MO
NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR 10MG; 7MG	\$0 (Tier 4)	MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.



If you have questions, call Aetna Medicare FIDE (HMO D-SNP) at **1-844-362-0934** (TTY: 711), 8 a.m. to 8 p.m., E.S.T., 7 days a week. The call is free. **For more information**, visit **AetnaMedicare.com/NJDSNP-drug-formulary**

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>rivastigmine tartrate capsule 1.5mg, 3mg, 4.5mg, 6mg</i>	\$0 (Tier 4)	QL (60 EA per 30 days) MO
<i>rivastigmine transdermal system patch 24 hour 13.3mg/24hr, 4.6mg/24hr, 9.5mg/24hr</i>	\$0 (Tier 4)	QL (30 EA per 30 days) MO
ANTIDEPRESSANTS		
<i>amitriptyline hcl tablet 100mg, 150mg, 25mg, 75mg</i>	\$0 (Tier 3)	PA MO; HRM
<i>amitriptyline hydrochloride tablet 100mg, 10mg, 150mg, 25mg, 50mg, 75mg</i>	\$0 (Tier 3)	PA MO; HRM
<i>amoxapine tablet 100mg, 150mg, 25mg, 50mg</i>	\$0 (Tier 3)	MO; HRM
AUVELITY TITRATION PACK TABLET EXTENDED RELEASE THERAPY PACK 30MG/105MG; 45MG/105MG	\$0 (Tier 5)	QL (102 EA per 365 days) MO
AUVELITY TABLET EXTENDED RELEASE 105MG; 45MG	\$0 (Tier 5)	QL (60 EA per 30 days) MO
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 100mg, 150mg, 200mg</i>	\$0 (Tier 2)	QL (60 EA per 30 days) MO
BUPROPION HYDROCHLORIDE ER (XL) TABLET EXTENDED RELEASE 24 HOUR 450MG	\$0 (Tier 4)	QL (30 EA per 30 days) MO
<i>bupropion hydrochloride er (xl) tablet extended release 24 hour 150mg, 300mg</i>	\$0 (Tier 2)	QL (30 EA per 30 days) MO
<i>bupropion hydrochloride tablet 100mg</i>	\$0 (Tier 2)	QL (120 EA per 30 days) MO
<i>bupropion hydrochloride tablet 75mg</i>	\$0 (Tier 2)	QL (180 EA per 30 days) MO
<i>citalopram hydrobromide solution 10mg/5ml</i>	\$0 (Tier 2)	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 capsule 25mg, 50mg, 75mg</i>	\$0 (Tier 4)	PA MO; HRM
<i>desipramine hydrochloride tablet 100mg, 10mg, 150mg, 25mg, 50mg, 75mg</i>	\$0 (Tier 3)	PA MO; HRM
<i>desvenlafaxine er tablet (generic Pristiq) extended release 24 hour 100mg, 25mg, 50mg</i>	\$0 (Tier 2)	QL (30 EA per 30 days) MO; HRM

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

If you have questions, call Aetna Medicare FIDE (HMO D-SNP) at **1-844-362-0934** (TTY: 711), 8 a.m. to 8 p.m., E.S.T., 7 days a week. The call is free. **For more information**, visit **AetnaMedicare.com/NJDSNP-drug-formulary**



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>doxepin hcl capsule 75mg</i>	\$0 (Tier 4)	PA MO; HRM
<i>doxepin hcl concentrate 10mg/ml</i>	\$0 (Tier 4)	PA MO; HRM
<i>doxepin hydrochloride capsule 100mg, 10mg, 150mg, 25mg, 50mg</i>	\$0 (Tier 4)	PA MO; HRM
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 20MG, 30MG, 60MG	\$0 (Tier 4)	QL (60 EA per 30 days) PA MO
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 40MG	\$0 (Tier 4)	QL (90 EA per 30 days) PA MO
DULOXETINE HYDROCHLORIDE DR CAPSULE DELAYED RELEASE PARTICLES 120MG, 80MG, 90MG	\$0 (Tier 4)	QL (30 EA per 30 days) PA
<i>duloxetine hydrochloride dr (generic Cymbalta) capsule delayed release particles 20mg, 30mg, 60mg</i>	\$0 (Tier 2)	QL (60 EA per 30 days) MO; HRM
EMSAM PATCH 24 HOUR 12MG/24HR, 6MG/24HR, 9MG/24HR	\$0 (Tier 5)	QL (30 EA per 30 days) PA MO
ESCITALOPRAM OXALATE CAPSULE 15MG	\$0 (Tier 4)	QL (30 EA per 30 days) PA MO
<i>escitalopram oxalate solution 5mg/5ml</i>	\$0 (Tier 4)	QL (600 ML per 30 days) MO; HRM
<i>escitalopram oxalate tablet 20mg</i>	\$0 (Tier 2)	QL (30 EA per 30 days) MO; HRM
<i>escitalopram oxalate tablet 10mg, 5mg</i>	\$0 (Tier 2)	QL (45 EA per 30 days) MO; HRM
EXXUA TITRATION PACK TABLET EXTENDED RELEASE 24 HOUR 18.2MG	\$0 (Tier 5)	QL (64 EA per 365 days) PA MO
EXXUA TABLET EXTENDED RELEASE 24 HOUR 18.2MG	\$0 (Tier 5)	QL (30 EA per 30 days) PA
EXXUA TABLET EXTENDED RELEASE 24 HOUR 36.3MG, 54.5MG, 72.6MG	\$0 (Tier 5)	QL (30 EA per 30 days) PA MO
FETZIMA TITRATION PACK CAPSULE ER 24 HOUR THERAPY PACK 20MG; 40MG	\$0 (Tier 4)	PA; HRM
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 120MG, 80MG	\$0 (Tier 4)	QL (30 EA per 30 days) PA MO; HRM
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 20MG, 40MG	\$0 (Tier 4)	QL (60 EA per 30 days) PA MO; HRM
<i>fluoxetine dr capsule delayed release 90mg</i>	\$0 (Tier 4)	QL (4 EA per 28 days) MO; HRM

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.



If you have questions, call Aetna Medicare FIDE (HMO D-SNP) at **1-844-362-0934** (TTY: 711), 8 a.m. to 8 p.m., E.S.T., 7 days a week. The call is free. **For more information**, visit **[AetnaMedicare.com/NJDSNP-drug-formulary](https://www.aetna.com/NJDSNP-drug-formulary)**

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>fluoxetine hydrochloride capsule 20mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO; HRM
<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 20mg/5ml</i>	\$0 (Tier 2)	MO; HRM
<i>fluoxetine hydrochloride (generic Prozac) tablet 10mg, 20mg, 60mg</i>	\$0 (Tier 2)	MO; HRM
<i>imipramine hcl tablet 25mg, 50mg</i>	\$0 (Tier 2)	PA MO; HRM
<i>imipramine hydrochloride tablet 10mg</i>	\$0 (Tier 2)	PA MO; HRM
MARPLAN TABLET 10MG	\$0 (Tier 4)	QL (180 EA per 30 days) MO
<i>mirtazapine odt tablet disintegrating 15mg, 30mg, 45mg</i>	\$0 (Tier 2)	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 2)	QL (30 EA per 30 days) MO
<i>nefazodone hydrochloride tablet 100mg, 150mg, 200mg, 250mg, 50mg</i>	\$0 (Tier 4)	MO
<i>nortriptyline hcl capsule 25mg, 75mg</i>	\$0 (Tier 3)	MO; HRM
<i>nortriptyline hcl solution 10mg/5ml</i>	\$0 (Tier 3)	MO; HRM
<i>nortriptyline hydrochloride capsule 10mg, 50mg</i>	\$0 (Tier 3)	MO; HRM
<i>paroxetine hcl er tablet extended release 24 hour 37.5mg</i>	\$0 (Tier 4)	QL (60 EA per 30 days) PA MO; HRM
<i>paroxetine hcl er tablet extended release 24 hour 12.5mg, 25mg</i>	\$0 (Tier 4)	QL (90 EA per 30 days) PA MO; HRM
<i>paroxetine hcl tablet 40mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) PA MO; HRM
<i>paroxetine hcl tablet 30mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO; HRM
<i>paroxetine hydrochloride suspension 10mg/5ml</i>	\$0 (Tier 4)	QL (900 ML per 30 days) PA MO; HRM
<i>paroxetine hydrochloride tablet 10mg, 20mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) PA MO; HRM
<i>perphenazine/amitriptyline tablet 10mg; 2mg, 10mg; 4mg, 25mg; 2mg, 25mg; 4mg, 50mg; 4mg</i>	\$0 (Tier 4)	PA MO; HRM
<i>phenelzine sulfate tablet 15mg</i>	\$0 (Tier 3)	MO
<i>protriptyline hcl tablet 10mg, 5mg</i>	\$0 (Tier 4)	PA MO; HRM

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

If you have questions, call Aetna Medicare FIDE (HMO D-SNP) at **1-844-362-0934** (TTY: 711), 8 a.m. to 8 p.m., E.S.T., 7 days a week. The call is free. **For more information**, visit **[AetnaMedicare.com/NJDSNP-drug-formulary](https://www.aetna.com/NJDSNP-drug-formulary)**



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
RALDESY SOLUTION 10MG/ML	\$0 (Tier 4)	QL (1800 ML per 30 days) PA MO
<i>sertraline hcl concentrate 20mg/ml</i>	\$0 (Tier 4)	QL (300 ML per 30 days) MO; HRM
<i>sertraline hcl tablet 50mg</i>	\$0 (Tier 1)	QL (60 EA 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>tranylcypromine sulfate tablet 10mg</i>	\$0 (Tier 4)	MO
<i>trazodone hydrochloride tablet 100mg, 150mg, 50mg</i>	\$0 (Tier 1)	MO
<i>trazodone hydrochloride tablet 300mg</i>	\$0 (Tier 4)	MO
<i>trimipramine maleate capsule 50mg</i>	\$0 (Tier 4)	QL (120 EA per 30 days) PA MO; HRM
<i>trimipramine maleate capsule 25mg</i>	\$0 (Tier 4)	QL (240 EA per 30 days) PA MO; HRM
<i>trimipramine maleate capsule 100mg</i>	\$0 (Tier 4)	QL (60 EA per 30 days) PA MO; HRM
TRINTELLIX TABLET 10MG, 20MG, 5MG	\$0 (Tier 4)	QL (30 EA per 30 days) PA MO
VENLAFAXINE BESYLATE ER TABLET EXTENDED RELEASE 24 HOUR 112.5MG	\$0 (Tier 4)	QL (60 EA per 30 days) MO; HRM
<i>venlafaxine hydrochloride er capsule extended release 24 hour 37.5mg, 75mg</i>	\$0 (Tier 2)	QL (30 EA per 30 days) MO; HRM
<i>venlafaxine hydrochloride er capsule extended release 24 hour 150mg</i>	\$0 (Tier 2)	QL (60 EA per 30 days) MO; HRM
<i>venlafaxine hydrochloride tablet 100mg, 25mg, 37.5mg, 50mg, 75mg</i>	\$0 (Tier 2)	MO; HRM
<i>vilazodone hydrochloride tablet 10mg, 20mg, 40mg</i>	\$0 (Tier 4)	QL (30 EA per 30 days) MO
ZURZUVAE CAPSULE 30MG	\$0 (Tier 5)	QL (14 EA per 14 days) PA; ACS LD
ZURZUVAE CAPSULE 20MG, 25MG	\$0 (Tier 5)	QL (28 EA per 14 days) PA; ACS LD
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl capsule 100mg</i>	\$0 (Tier 2)	QL (120 EA per 30 days) MO
<i>amantadine hcl solution 50mg/5ml</i>	\$0 (Tier 2)	MO
<i>amantadine hcl tablet 100mg</i>	\$0 (Tier 2)	MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.



If you have questions, call Aetna Medicare FIDE (HMO D-SNP) at **1-844-362-0934** (TTY: 711), 8 a.m. to 8 p.m., E.S.T., 7 days a week. The call is free. **For more information**, visit **AetnaMedicare.com/NJDSNP-drug-formulary**

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>amantadine hydrochloride tablet 100mg</i>	\$0 (Tier 2)	MO
<i>benztropine mesylate injection 1mg/ml</i>	\$0 (Tier 2)	MO
<i>benztropine mesylate tablet 0.5mg, 1mg, 2mg</i>	\$0 (Tier 2)	PA MO; HRM
<i>bromocriptine mesylate capsule 5mg</i>	\$0 (Tier 4)	MO
<i>bromocriptine mesylate tablet 2.5mg</i>	\$0 (Tier 4)	MO
<i>carbidopa/levodopa er tablet extended release 25mg; 100mg, 50mg; 200mg</i>	\$0 (Tier 2)	MO
<i>carbidopa/levodopa odt tablet disintegrating 10mg; 100mg, 25mg; 100mg, 25mg; 250mg</i>	\$0 (Tier 2)	MO
<i>carbidopa/levodopa/entacapone tablet 12.5mg; 200mg; 50mg, 18.75mg; 200mg; 75mg, 25mg; 200mg; 100mg, 31.25mg; 200mg; 125mg, 37.5mg; 200mg; 150mg, 50mg; 200mg; 200mg</i>	\$0 (Tier 4)	MO
<i>carbidopa/levodopa tablet 10mg; 100mg, 25mg; 100mg, 25mg; 250mg</i>	\$0 (Tier 1)	MO
<i>carbidopa tablet 25mg</i>	\$0 (Tier 4)	MO
<i>entacapone tablet 200mg</i>	\$0 (Tier 4)	MO
INBRIJA CAPSULE 42MG	\$0 (Tier 5)	QL (300 EA per 30 days) PA; LD
<i>pramipexole dihydrochloride tablet 0.125mg, 0.25mg, 0.5mg, 0.75mg, 1.5mg, 1mg</i>	\$0 (Tier 2)	MO
<i>rasagiline mesylate tablet 0.5mg, 1mg</i>	\$0 (Tier 3)	MO
<i>ropinirole er tablet extended release 24 hour 6mg</i>	\$0 (Tier 4)	QL (120 EA per 30 days) MO
<i>ropinirole er tablet extended release 24 hour 4mg</i>	\$0 (Tier 4)	QL (150 EA per 30 days) MO
<i>ropinirole er tablet extended release 24 hour 2mg</i>	\$0 (Tier 4)	QL (30 EA per 30 days) MO
<i>ropinirole er tablet extended release 24 hour 12mg</i>	\$0 (Tier 4)	QL (60 EA per 30 days) MO
<i>ropinirole er tablet extended release 24 hour 8mg</i>	\$0 (Tier 4)	QL (90 EA per 30 days) MO
<i>ropinirole hcl tablet 0.5mg, 1mg, 2mg, 4mg, 5mg</i>	\$0 (Tier 2)	MO
<i>ropinirole hydrochloride tablet 0.25mg, 3mg</i>	\$0 (Tier 2)	MO
<i>selegiline hcl capsule 5mg</i>	\$0 (Tier 4)	MO
<i>selegiline hcl tablet 5mg</i>	\$0 (Tier 4)	MO
<i>trihexyphenidyl hydrochloride solution 0.4mg/ml</i>	\$0 (Tier 4)	MO; HRM
<i>trihexyphenidyl hydrochloride tablet 2mg, 5mg</i>	\$0 (Tier 2)	MO; HRM

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

If you have questions, call Aetna Medicare FIDE (HMO D-SNP) at **1-844-362-0934** (TTY: 711), 8 a.m. to 8 p.m., E.S.T., 7 days a week. The call is free. **For more information**, visit **AetnaMedicare.com/NJDSNP-drug-formulary**



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTIPSYCHOTICS		
ABILIFY ASIMTUFII INJECTION 720MG/2.4ML	\$0 (Tier 5)	QL (2.4 ML per 56 days) MO
ABILIFY ASIMTUFII INJECTION 960MG/3.2ML	\$0 (Tier 5)	QL (3.2 ML per 56 days) MO
ABILIFY MAINTENA INJECTION 300MG, 400MG	\$0 (Tier 5)	QL (1 EA per 28 days) MO; HRM
<i>aripiprazole odt tablet disintegrating 10mg, 15mg</i>	\$0 (Tier 4)	QL (60 EA per 30 days) MO; HRM
<i>aripiprazole solution 1mg/ml</i>	\$0 (Tier 4)	QL (900 ML per 30 days) MO; HRM
<i>aripiprazole tablet 10mg, 15mg, 20mg, 2mg, 30mg, 5mg</i>	\$0 (Tier 4)	QL (30 EA per 30 days) MO; HRM
ARISTADA INITIO INJECTION 675MG/2.4ML	\$0 (Tier 5)	HRM
ARISTADA INJECTION 441MG/1.6ML	\$0 (Tier 5)	QL (1.6 ML per 28 days); HRM
ARISTADA INJECTION 662MG/2.4ML	\$0 (Tier 5)	QL (2.4 ML per 28 days); HRM
ARISTADA INJECTION 882MG/3.2ML	\$0 (Tier 5)	QL (3.2 ML per 28 days); HRM
ARISTADA INJECTION 1064MG/3.9ML	\$0 (Tier 5)	QL (3.9 ML per 56 days); HRM
<i>asenapine maleate sl tablet sublingual 10mg, 2.5mg, 5mg</i>	\$0 (Tier 4)	QL (60 EA per 30 days) MO; HRM
BYSANTI TITRATION PACK A TABLET THERAPY PACK 1MG; 2MG; 4MG; 6MG	\$0 (Tier 4)	QL (16 EA per 365 days) PA
BYSANTI TITRATION PACK B TABLET THERAPY PACK 1MG; 2MG; 6MG; 8MG	\$0 (Tier 4)	QL (24 EA per 365 days) PA
BYSANTI TITRATION PACK C TABLET THERAPY PACK 1MG; 2MG; 6MG	\$0 (Tier 4)	QL (16 EA per 365 days) PA
BYSANTI TABLET 10MG, 12MG, 1MG, 2MG, 4MG, 6MG, 8MG	\$0 (Tier 5)	QL (60 EA per 30 days) PA
CAPLYTA CAPSULE 10.5MG, 21MG, 42MG	\$0 (Tier 5)	QL (30 EA per 30 days) MO; HRM
<i>chlorpromazine hcl injection 50mg/2ml</i>	\$0 (Tier 4)	HRM
<i>chlorpromazine hcl injection 25mg/ml</i>	\$0 (Tier 4)	MO; HRM
<i>chlorpromazine hcl tablet 100mg, 10mg, 200mg, 25mg, 50mg</i>	\$0 (Tier 4)	MO; HRM
<i>chlorpromazine hydrochloride concentrate 100mg/ml, 30mg/ml</i>	\$0 (Tier 4)	MO; HRM

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.



If you have questions, call Aetna Medicare FIDE (HMO D-SNP) at **1-844-362-0934** (TTY: 711), 8 a.m. to 8 p.m., E.S.T., 7 days a week. The call is free. **For more information**, visit **AetnaMedicare.com/NJDSNP-drug-formulary**

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>chlorpromazine hydrochloride tablet 100mg, 10mg, 200mg, 25mg, 50mg</i>	\$0 (Tier 4)	MO; HRM
<i>clozapine odt tablet disintegrating 12.5mg, 25mg</i>	\$0 (Tier 4)	PA; HRM
<i>clozapine odt tablet disintegrating 200mg</i>	\$0 (Tier 4)	QL (120 EA per 30 days) PA; HRM
<i>clozapine odt tablet disintegrating 150mg</i>	\$0 (Tier 4)	QL (180 EA per 30 days) PA; HRM
<i>clozapine odt tablet disintegrating 100mg</i>	\$0 (Tier 4)	QL (270 EA per 30 days) PA; HRM
<i>clozapine tablet 25mg, 50mg</i>	\$0 (Tier 3)	HRM
<i>clozapine tablet 200mg</i>	\$0 (Tier 3)	QL (120 EA per 30 days); HRM
<i>clozapine tablet 100mg</i>	\$0 (Tier 3)	QL (270 EA per 30 days); HRM
COBENFY STARTER PACK CAPSULE THERAPY PACK 50MG; 20MG & 100MG; 20MG	\$0 (Tier 5)	QL (112 EA per 365 days) MO
COBENFY CAPSULE 20MG; 100MG, 20MG; 50MG, 30MG; 125MG	\$0 (Tier 5)	QL (60 EA per 30 days) MO
ERZOFRI INJECTION 39MG/0.25ML	\$0 (Tier 4)	QL (0.25 ML per 28 days) MO
ERZOFRI INJECTION 78MG/0.5ML	\$0 (Tier 5)	QL (0.5 ML per 28 days) MO
ERZOFRI INJECTION 117MG/0.75ML	\$0 (Tier 5)	QL (0.75 ML per 28 days) MO
ERZOFRI INJECTION 156MG/ML	\$0 (Tier 5)	QL (1 ML per 28 days) MO
ERZOFRI INJECTION 234MG/1.5ML	\$0 (Tier 5)	QL (1.5 ML per 28 days) MO
ERZOFRI INJECTION 351MG/2.25ML	\$0 (Tier 5)	QL (4.5 ML per 365 days)
FANAPT TITRATION PACK A TABLET 1MG; 2MG; 4MG; 6MG	\$0 (Tier 4)	PA; HRM
FANAPT TITRATION PACK B TABLET 1MG; 2MG; 6MG; 8MG	\$0 (Tier 4)	PA
FANAPT TITRATION PACK C TABLET 1MG; 3MG; 6MG	\$0 (Tier 4)	PA
FANAPT TABLET 10MG, 12MG, 1MG, 2MG, 4MG, 6MG, 8MG	\$0 (Tier 5)	QL (60 EA per 30 days) PA MO; HRM
<i>fluphenazine decanoate injection 25mg/ml</i>	\$0 (Tier 4)	MO; HRM
<i>fluphenazine hcl concentrate 5mg/ml</i>	\$0 (Tier 2)	MO; HRM
<i>fluphenazine hydrochloride elixir 2.5mg/5ml</i>	\$0 (Tier 2)	MO; HRM
<i>fluphenazine hydrochloride injection 2.5mg/ml</i>	\$0 (Tier 4)	MO; HRM
<i>fluphenazine hydrochloride tablet 10mg, 1mg, 2.5mg, 5mg</i>	\$0 (Tier 2)	MO; HRM

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

If you have questions, call Aetna Medicare FIDE (HMO D-SNP) at **1-844-362-0934** (TTY: 711), 8 a.m. to 8 p.m., E.S.T., 7 days a week. The call is free. **For more information**, visit **AetnaMedicare.com/NJDSNP-drug-formulary**



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>haloperidol decanoate injection 100mg/ml, 50mg/ml</i>	\$0 (Tier 4)	MO; HRM
<i>haloperidol lactate injection 5mg/ml</i>	\$0 (Tier 4)	MO; HRM
<i>haloperidol concentrate 2mg/ml</i>	\$0 (Tier 3)	MO; HRM
<i>haloperidol tablet 0.5mg, 10mg, 1mg, 20mg, 2mg, 5mg</i>	\$0 (Tier 2)	MO; HRM
INVEGA HAFYERA INJECTION 1092MG/3.5ML	\$0 (Tier 5)	QL (3.5 ML per 180 days); HRM
INVEGA HAFYERA INJECTION 1560MG/5ML	\$0 (Tier 5)	QL (5 ML per 180 days); HRM
INVEGA SUSTENNA INJECTION 39MG/0.25ML	\$0 (Tier 4)	QL (0.25 ML per 28 days) MO; HRM
INVEGA SUSTENNA INJECTION 78MG/0.5ML	\$0 (Tier 5)	QL (0.5 ML per 28 days) MO; HRM
INVEGA SUSTENNA INJECTION 117MG/0.75ML	\$0 (Tier 5)	QL (0.75 ML per 28 days) MO; HRM
INVEGA SUSTENNA INJECTION 156MG/ML	\$0 (Tier 5)	QL (1 ML per 28 days) MO; HRM
INVEGA SUSTENNA INJECTION 234MG/1.5ML	\$0 (Tier 5)	QL (1.5 ML per 28 days) MO; HRM
INVEGA TRINZA INJECTION 273MG/0.88ML	\$0 (Tier 5)	QL (0.88 ML per 90 days); HRM
INVEGA TRINZA INJECTION 410MG/1.32ML	\$0 (Tier 5)	QL (1.32 ML per 90 days); HRM
INVEGA TRINZA INJECTION 546MG/1.75ML	\$0 (Tier 5)	QL (1.75 ML per 90 days); HRM
INVEGA TRINZA INJECTION 819MG/2.63ML	\$0 (Tier 5)	QL (2.63 ML per 90 days); HRM
<i>loxapine capsule 10mg, 25mg, 50mg, 5mg</i>	\$0 (Tier 2)	MO; HRM
<i>lurasidone hydrochloride tablet 120mg, 20mg, 40mg, 60mg</i>	\$0 (Tier 4)	QL (30 EA per 30 days) MO; HRM
<i>lurasidone hydrochloride tablet 80mg</i>	\$0 (Tier 4)	QL (60 EA per 30 days) MO; HRM
LYBALVI TABLET 10MG; 10MG, 15MG; 10MG, 20MG; 10MG, 5MG; 10MG	\$0 (Tier 5)	QL (30 EA per 30 days) MO; HRM
<i>molindone hydrochloride tablet 10mg, 5mg</i>	\$0 (Tier 3)	HRM
<i>molindone hydrochloride tablet 25mg</i>	\$0 (Tier 4)	HRM
NUPLAZID CAPSULE 34MG	\$0 (Tier 5)	QL (30 EA per 30 days) PA; ACS HRM LD
NUPLAZID TABLET 10MG	\$0 (Tier 5)	QL (30 EA per 30 days) PA; ACS HRM LD
<i>olanzapine odt tablet disintegrating 10mg, 15mg, 20mg, 5mg</i>	\$0 (Tier 4)	QL (30 EA per 30 days) MO; HRM

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.



If you have questions, call Aetna Medicare FIDE (HMO D-SNP) at **1-844-362-0934** (TTY: 711), 8 a.m. to 8 p.m., E.S.T., 7 days a week. The call is free. **For more information**, visit **AetnaMedicare.com/NJDSNP-drug-formulary**

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>olanzapine injection 10mg</i>	\$0 (Tier 4)	QL (3 EA per 1 days) MO; HRM
<i>olanzapine tablet 10mg, 15mg, 20mg, 7.5mg</i>	\$0 (Tier 3)	QL (30 EA per 30 days) MO; HRM
<i>olanzapine tablet 2.5mg, 5mg</i>	\$0 (Tier 3)	QL (60 EA per 30 days) MO; HRM
OPIPZA FILM 2MG, 5MG	\$0 (Tier 5)	QL (30 EA per 30 days) PA MO
OPIPZA FILM 10MG	\$0 (Tier 5)	QL (90 EA per 30 days) PA MO
<i>paliperidone er tablet extended release 24 hour 1.5mg, 3mg, 9mg</i>	\$0 (Tier 4)	QL (30 EA per 30 days) MO; HRM
<i>paliperidone er tablet extended release 24 hour 6mg</i>	\$0 (Tier 4)	QL (60 EA per 30 days) MO; HRM
<i>perphenazine tablet 16mg, 2mg, 4mg, 8mg</i>	\$0 (Tier 4)	MO; HRM
<i>pimozide tablet 1mg, 2mg</i>	\$0 (Tier 4)	MO
<i>quetiapine fumarate er tablet extended release 24 hour 150mg, 200mg</i>	\$0 (Tier 3)	QL (30 EA per 30 days) PA MO; HRM
<i>quetiapine fumarate er tablet extended release 24 hour 300mg, 400mg, 50mg</i>	\$0 (Tier 3)	QL (60 EA per 30 days) PA MO; HRM
<i>quetiapine fumarate tablet 200mg</i>	\$0 (Tier 2)	QL (120 EA per 30 days) MO; HRM
<i>quetiapine fumarate tablet 25mg</i>	\$0 (Tier 2)	QL (180 EA per 30 days) MO; HRM
<i>quetiapine fumarate tablet 300mg, 400mg</i>	\$0 (Tier 2)	QL (60 EA per 30 days) MO; HRM
<i>quetiapine fumarate tablet 100mg, 150mg, 50mg</i>	\$0 (Tier 2)	QL (90 EA per 30 days) MO; HRM
REXULTI TABLET 3MG, 4MG	\$0 (Tier 5)	QL (30 EA per 30 days) MO; HRM
REXULTI TABLET 0.25MG, 0.5MG, 1MG, 2MG	\$0 (Tier 5)	QL (60 EA per 30 days) MO; HRM
<i>risperidone er injection 25mg</i>	\$0 (Tier 4)	QL (2 EA per 28 days) MO
<i>risperidone er injection 12.5mg</i>	\$0 (Tier 4)	QL (2 EA per 28 days) MO; HRM
<i>risperidone er injection 37.5mg, 50mg</i>	\$0 (Tier 5)	QL (2 EA per 28 days) MO
<i>risperidone odt tablet disintegrating 0.5mg</i>	\$0 (Tier 2)	QL (90 EA per 30 days) MO; HRM
<i>risperidone odt tablet disintegrating 4mg</i>	\$0 (Tier 4)	QL (120 EA per 30 days) MO; HRM
<i>risperidone odt tablet disintegrating 1mg, 2mg, 3mg</i>	\$0 (Tier 4)	QL (60 EA per 30 days) MO; HRM
<i>risperidone odt tablet disintegrating 0.25mg</i>	\$0 (Tier 4)	QL (90 EA per 30 days) MO; HRM
<i>risperidone solution 1mg/ml</i>	\$0 (Tier 2)	QL (480 ML per 30 days) MO; HRM
<i>risperidone tablet 4mg</i>	\$0 (Tier 2)	QL (120 EA per 30 days) MO; HRM
<i>risperidone tablet 1mg, 2mg</i>	\$0 (Tier 2)	QL (60 EA per 30 days) MO; HRM
<i>risperidone tablet 0.25mg, 0.5mg, 3mg</i>	\$0 (Tier 2)	QL (90 EA per 30 days) MO; HRM

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

If you have questions, call Aetna Medicare FIDE (HMO D-SNP) at **1-844-362-0934** (TTY: 711), 8 a.m. to 8 p.m., E.S.T., 7 days a week. The call is free. **For more information,** visit **AetnaMedicare.com/NJDSNP-drug-formulary**



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
SECUADO PATCH 24 HOUR 3.8MG/24HR, 5.7MG/24HR, 7.6MG/24HR	\$0 (Tier 5)	QL (30 EA per 30 days) MO; HRM
<i>thioridazine hydrochloride tablet 100mg, 10mg, 25mg, 50mg</i>	\$0 (Tier 3)	PA MO; HRM
<i>thiothixene capsule 10mg, 1mg, 2mg, 5mg</i>	\$0 (Tier 4)	MO; HRM
<i>trifluoperazine hcl tablet 2mg, 5mg</i>	\$0 (Tier 3)	MO; HRM
<i>trifluoperazine hcl tablet 10mg</i>	\$0 (Tier 4)	MO; HRM
<i>trifluoperazine hydrochloride tablet 1mg</i>	\$0 (Tier 3)	MO; HRM
VERSACLOZ SUSPENSION 50MG/ML	\$0 (Tier 5)	QL (600 ML per 30 days) PA; HRM
VRAYLAR CAPSULE 0.5MG, 0.75MG	\$0 (Tier 3)	QL (30 EA per 30 days) MO
VRAYLAR CAPSULE 3MG, 4.5MG, 6MG	\$0 (Tier 3)	QL (30 EA per 30 days) MO; HRM
VRAYLAR CAPSULE 1.5MG	\$0 (Tier 3)	QL (60 EA per 30 days) MO; HRM
<i>ziprasidone hcl capsule 20mg, 40mg, 60mg, 80mg</i>	\$0 (Tier 3)	QL (60 EA per 30 days) MO; HRM
<i>ziprasidone mesylate injection 20mg</i>	\$0 (Tier 4)	QL (6 EA per 3 days) MO; HRM
ZYPREXA RELPREVV INJECTION 210MG	\$0 (Tier 4)	QL (2 EA per 28 days) PA; ACS
ZYPREXA RELPREVV INJECTION 405MG	\$0 (Tier 5)	QL (1 EA per 28 days) PA; ACS
ZYPREXA RELPREVV INJECTION 300MG	\$0 (Tier 5)	QL (2 EA per 28 days) PA; ACS
ANTISEIZURE AGENTS		
<i>brivaracetam injection 50mg/5ml</i>	\$0 (Tier 4)	QL (600 ML per 30 days)
<i>brivaracetam oral solution 10mg/ml</i>	\$0 (Tier 4)	QL (600 ML per 30 days) MO
<i>brivaracetam tablet 100mg, 10mg, 25mg, 50mg, 75mg</i>	\$0 (Tier 4)	QL (60 EA per 30 days) MO
<i>carbamazepine er capsule extended release 12 hour 100mg, 200mg, 300mg</i>	\$0 (Tier 4)	MO; HRM
<i>carbamazepine er tablet extended release 12 hour 100mg</i>	\$0 (Tier 2)	MO; HRM
<i>carbamazepine er tablet extended release 12 hour 200mg, 400mg</i>	\$0 (Tier 4)	MO; HRM
<i>carbamazepine suspension 100mg/5ml</i>	\$0 (Tier 4)	MO; HRM
<i>carbamazepine tablet chewable 200mg</i>	\$0 (Tier 2)	MO
<i>carbamazepine tablet chewable 100mg</i>	\$0 (Tier 2)	MO; HRM
<i>carbamazepine tablet 200mg</i>	\$0 (Tier 2)	MO; HRM

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.



If you have questions, call Aetna Medicare FIDE (HMO D-SNP) at **1-844-362-0934** (TTY: 711), 8 a.m. to 8 p.m., E.S.T., 7 days a week. The call is free. **For more information**, visit **AetnaMedicare.com/NJDSNP-drug-formulary**

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>clobazam suspension 2.5mg/ml</i>	\$0 (Tier 4)	QL (480 ML per 30 days) PA MO; HRM
<i>clobazam tablet 10mg, 20mg</i>	\$0 (Tier 4)	QL (60 EA per 30 days) PA MO; HRM
<i>clonazepam odt tablet disintegrating 2mg</i>	\$0 (Tier 4)	QL (300 EA per 30 days) MO
<i>clonazepam odt tablet disintegrating 0.125mg, 0.25mg, 0.5mg, 1mg</i>	\$0 (Tier 4)	QL (90 EA per 30 days) MO
<i>clonazepam tablet 2mg</i>	\$0 (Tier 2)	QL (300 EA per 30 days) MO
<i>clonazepam tablet 0.5mg, 1mg</i>	\$0 (Tier 2)	QL (90 EA per 30 days) MO
<i>clorazepate dipotassium tablet 15mg</i>	\$0 (Tier 4)	QL (180 EA per 30 days) PA MO; HRM
<i>clorazepate dipotassium tablet 3.75mg, 7.5mg</i>	\$0 (Tier 4)	QL (90 EA per 30 days) PA MO; HRM
DIACOMIT CAPSULE 500MG	\$0 (Tier 5)	QL (180 EA per 30 days) PA; LD
DIACOMIT CAPSULE 250MG	\$0 (Tier 5)	QL (360 EA per 30 days) PA; LD
DIACOMIT PACKET 500MG	\$0 (Tier 5)	QL (180 EA per 30 days) PA; LD
DIACOMIT PACKET 250MG	\$0 (Tier 5)	QL (360 EA per 30 days) PA; LD
<i>diazepam intensol concentrate 5mg/ml</i>	\$0 (Tier 2)	QL (240 ML per 30 days) PA MO; HRM
<i>diazepam concentrate 5mg/ml</i>	\$0 (Tier 2)	QL (240 ML per 30 days) PA MO; HRM
<i>diazepam gel 10mg, 2.5mg, 20mg</i>	\$0 (Tier 4)	QL (5 EA per 30 days) MO; HRM
<i>diazepam injection 5mg/ml</i>	\$0 (Tier 4)	QL (240 ML per 30 days) PA MO; HRM
<i>diazepam oral solution 5mg/5ml</i>	\$0 (Tier 4)	QL (1200 ML per 30 days) PA MO; HRM
<i>diazepam tablet 10mg, 2mg, 5mg</i>	\$0 (Tier 3)	QL (120 EA per 30 days) PA MO; HRM
DILANTIN CAPSULE 30MG	\$0 (Tier 4)	MO
<i>divalproex sodium dr capsule delayed release sprinkle 125mg</i>	\$0 (Tier 2)	MO
<i>divalproex sodium dr tablet delayed release 125mg, 250mg, 500mg</i>	\$0 (Tier 2)	MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

If you have questions, call Aetna Medicare FIDE (HMO D-SNP) at **1-844-362-0934** (TTY: 711), 8 a.m. to 8 p.m., E.S.T., 7 days a week. The call is free. **For more information**, visit **[AetnaMedicare.com/NJDSNP-drug-formulary](https://www.aetna.com/NJDSNP-drug-formulary)**



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>divalproex sodium er tablet extended release 24 hour 250mg, 500mg</i>	\$0 (Tier 2)	MO
EPIDIOLEX SOLUTION 100MG/ML	\$0 (Tier 5)	QL (600 ML per 30 days) PA; ACS LD
<i>eslicarbazepine acetate tablet 200mg, 400mg</i>	\$0 (Tier 4)	QL (30 EA per 30 days) MO
<i>eslicarbazepine acetate tablet 600mg, 800mg</i>	\$0 (Tier 4)	QL (60 EA per 30 days) MO
<i>ethosuximide capsule 250mg</i>	\$0 (Tier 2)	MO
<i>ethosuximide solution 250mg/5ml</i>	\$0 (Tier 4)	MO
<i>felbamate suspension 600mg/5ml</i>	\$0 (Tier 4)	MO
<i>felbamate tablet 400mg, 600mg</i>	\$0 (Tier 4)	MO
FINTEPLA SOLUTION 2.2MG/ML	\$0 (Tier 5)	QL (360 ML per 30 days) PA; LD
<i>fosphenytoin sodium injection 100mg pe/2ml</i>	\$0 (Tier 4)	
<i>fosphenytoin sodium injection 500mg pe/10ml</i>	\$0 (Tier 4)	MO
<i>gabapentin (generic Neurontin) capsule 100mg</i>	\$0 (Tier 3)	QL (180 EA per 30 days) MO
<i>gabapentin (generic Neurontin) capsule 400mg</i>	\$0 (Tier 3)	QL (270 EA per 30 days) MO
<i>gabapentin (generic Neurontin) capsule 300mg</i>	\$0 (Tier 3)	QL (360 EA per 30 days) MO
<i>gabapentin (generic Neurontin) solution 250mg/5ml</i>	\$0 (Tier 3)	QL (2160 ML per 30 days) MO
<i>gabapentin (generic Neurontin) tablet 600mg</i>	\$0 (Tier 3)	QL (180 EA per 30 days) MO
<i>gabapentin (generic Neurontin) tablet 800mg</i>	\$0 (Tier 3)	QL (90 EA per 30 days) MO
<i>lacosamide injection 200mg/20ml</i>	\$0 (Tier 4)	
<i>lacosamide oral solution 10mg/ml</i>	\$0 (Tier 4)	QL (1200 ML per 30 days) MO
<i>lacosamide tablet 50mg</i>	\$0 (Tier 4)	QL (120 EA per 30 days) MO
<i>lacosamide tablet 100mg, 150mg, 200mg</i>	\$0 (Tier 4)	QL (60 EA per 30 days) MO
<i>lamotrigine er tablet extended release 24 hour 100mg, 200mg, 250mg, 25mg, 300mg, 50mg</i>	\$0 (Tier 4)	MO
<i>lamotrigine odt tablet disintegrating 100mg, 200mg, 25mg, 50mg</i>	\$0 (Tier 4)	MO
<i>lamotrigine starter kit/blue kit 25mg</i>	\$0 (Tier 2)	
<i>lamotrigine starter kit/green kit 100mg; 25mg</i>	\$0 (Tier 5)	
<i>lamotrigine starter kit/orange kit 100mg; 25mg</i>	\$0 (Tier 2)	
<i>lamotrigine tablet chewable 25mg, 5mg</i>	\$0 (Tier 2)	MO
<i>lamotrigine tablet 100mg, 150mg, 200mg, 25mg</i>	\$0 (Tier 2)	MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.



If you have questions, call Aetna Medicare FIDE (HMO D-SNP) at **1-844-362-0934** (TTY: 711), 8 a.m. to 8 p.m., E.S.T., 7 days a week. The call is free. **For more information**, visit **AetnaMedicare.com/NJDSNP-drug-formulary**

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>levetiracetam er tablet extended release 24 hour 500mg, 750mg</i>	\$0 (Tier 2)	MO
<i>levetiracetam/sodium chloride injection 1000mg/100ml; 750mg/100ml, 1500mg/100ml; 540mg/100ml, 500mg/100ml; 820mg/100ml</i>	\$0 (Tier 4)	
<i>levetiracetam injection 500mg/5ml</i>	\$0 (Tier 4)	
<i>levetiracetam oral solution 100mg/ml</i>	\$0 (Tier 2)	MO
LEVETIRACETAM TABLET DISINTEGRATING SOLUBLE 500MG	\$0 (Tier 4)	QL (180 EA per 30 days) MO
LEVETIRACETAM TABLET DISINTEGRATING SOLUBLE 250MG	\$0 (Tier 4)	QL (360 EA per 30 days) MO
<i>levetiracetam tablet 1000mg, 250mg, 500mg, 750mg</i>	\$0 (Tier 2)	MO
<i>methsuximide capsule 300mg</i>	\$0 (Tier 4)	MO
NAYZILAM SOLUTION 5MG/0.1ML	\$0 (Tier 4)	QL (10 EA per 30 days) PA MO
<i>oxcarbazepine suspension 300mg/5ml</i>	\$0 (Tier 4)	MO; HRM
<i>oxcarbazepine tablet 150mg, 300mg, 600mg</i>	\$0 (Tier 2)	MO; HRM
<i>perampanel suspension 0.5mg/ml</i>	\$0 (Tier 5)	QL (680 ML per 28 days) PA MO
<i>perampanel tablet 10mg, 12mg, 4mg, 6mg, 8mg</i>	\$0 (Tier 4)	QL (30 EA per 30 days) PA MO
<i>perampanel tablet 2mg</i>	\$0 (Tier 4)	QL (60 EA per 30 days) PA MO
<i>phenobarbital sodium injection 130mg/ml, 65mg/ml</i>	\$0 (Tier 4)	PA; HRM
<i>phenobarbital elixir 20mg/5ml</i>	\$0 (Tier 4)	QL (1500 ML per 30 days) PA MO; HRM
<i>phenobarbital tablet 100mg, 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg</i>	\$0 (Tier 4)	QL (120 EA per 30 days) PA MO; HRM
<i>phenyteck capsule 200mg, 300mg</i>	\$0 (Tier 2)	MO
<i>phenytoin sodium extended capsule 100mg, 200mg, 300mg</i>	\$0 (Tier 2)	MO
<i>phenytoin sodium injection 50mg/ml</i>	\$0 (Tier 4)	
<i>phenytoin suspension 125mg/5ml</i>	\$0 (Tier 2)	MO
<i>phenytoin tablet chewable 50mg</i>	\$0 (Tier 2)	MO
<i>pregabalin capsule 100mg, 150mg, 25mg, 50mg, 75mg</i>	\$0 (Tier 3)	QL (120 EA per 30 days) PA MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

If you have questions, call Aetna Medicare FIDE (HMO D-SNP) at **1-844-362-0934** (TTY: 711), 8 a.m. to 8 p.m., E.S.T., 7 days a week. The call is free. **For more information**, visit **AetnaMedicare.com/NJDSNP-drug-formulary**



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>pregabalin capsule 225mg, 300mg</i>	\$0 (Tier 3)	QL (60 EA per 30 days) PA MO
<i>pregabalin capsule 200mg</i>	\$0 (Tier 3)	QL (90 EA per 30 days) PA MO
<i>pregabalin solution 20mg/ml</i>	\$0 (Tier 3)	QL (900 ML per 30 days) PA MO
<i>primidone tablet 125mg, 250mg, 50mg</i>	\$0 (Tier 2)	MO
<i>roweepra tablet 500mg</i>	\$0 (Tier 2)	
<i>rufinamide suspension 40mg/ml</i>	\$0 (Tier 5)	QL (2760 ML per 30 days) PA MO
<i>rufinamide tablet 400mg</i>	\$0 (Tier 4)	QL (240 EA per 30 days) PA MO
<i>rufinamide tablet 200mg</i>	\$0 (Tier 4)	QL (480 EA per 30 days) PA MO
SPRITAM TABLET DISINTEGRATING SOLUBLE 500MG	\$0 (Tier 4)	QL (180 EA per 30 days) MO
SPRITAM TABLET DISINTEGRATING SOLUBLE 250MG	\$0 (Tier 4)	QL (360 EA per 30 days) MO
<i>subvenite starter kit/blue kit 25mg</i>	\$0 (Tier 2)	
<i>subvenite starter kit/green kit 100mg; 25mg</i>	\$0 (Tier 4)	
<i>subvenite starter kit/orange kit 100mg; 25mg</i>	\$0 (Tier 2)	
SUBVENITE SUSPENSION 10MG/ML	\$0 (Tier 4)	PA MO
<i>subvenite tablet 100mg, 150mg, 200mg, 25mg</i>	\$0 (Tier 2)	
SYMPAZAN FILM 5MG	\$0 (Tier 4)	QL (60 EA per 30 days) PA MO; HRM
SYMPAZAN FILM 10MG, 20MG	\$0 (Tier 5)	QL (60 EA per 30 days) PA MO; HRM
<i>tiagabine hydrochloride tablet 12mg, 16mg, 2mg, 4mg</i>	\$0 (Tier 4)	MO
<i>topiramate capsule sprinkle 15mg, 25mg, 50mg</i>	\$0 (Tier 2)	MO
<i>topiramate solution 25mg/ml</i>	\$0 (Tier 4)	QL (480 ML per 30 days) PA MO
<i>topiramate tablet 100mg</i>	\$0 (Tier 2)	QL (120 EA per 30 days) MO
<i>topiramate tablet 200mg</i>	\$0 (Tier 2)	QL (60 EA per 30 days) MO
<i>topiramate tablet 25mg, 50mg</i>	\$0 (Tier 2)	QL (90 EA per 30 days) MO
<i>valproate sodium injection 100mg/ml</i>	\$0 (Tier 4)	
<i>valproic acid capsule 250mg</i>	\$0 (Tier 2)	MO
<i>valproic acid solution 250mg/5ml</i>	\$0 (Tier 2)	MO
VALTOCO 10 MG DOSE LIQUID 10MG/0.1ML	\$0 (Tier 5)	QL (10 EA per 30 days) PA MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.



If you have questions, call Aetna Medicare FIDE (HMO D-SNP) at **1-844-362-0934** (TTY: 711), 8 a.m. to 8 p.m., E.S.T., 7 days a week. The call is free. **For more information**, visit **[AetnaMedicare.com/NJDSNP-drug-formulary](https://www.aetna.com/NJDSNP-drug-formulary)**

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
VALTOCO 15 MG DOSE LIQUID THERAPY PACK 7.5MG/0.1ML	\$0 (Tier 5)	QL (10 EA per 30 days) PA MO
VALTOCO 20 MG DOSE LIQUID THERAPY PACK 10MG/0.1ML	\$0 (Tier 5)	QL (10 EA per 30 days) PA MO
VALTOCO 5 MG DOSE LIQUID 5MG/0.1ML	\$0 (Tier 5)	QL (10 EA per 30 days) PA MO
<i>vigabatrin packet 500mg</i>	\$0 (Tier 5)	QL (180 EA per 30 days) PA; ACS
<i>vigabatrin tablet 500mg</i>	\$0 (Tier 5)	QL (180 EA per 30 days) PA; ACS
<i>vigadrone packet 500mg</i>	\$0 (Tier 5)	QL (180 EA per 30 days) PA; LD
<i>vigadrone tablet 500mg</i>	\$0 (Tier 5)	QL (180 EA per 30 days) PA; LD
VIGAFYDE SOLUTION 100MG/ML	\$0 (Tier 5)	QL (750 ML per 30 days) PA; LD
XCOPRI TABLET TITRATION THERAPY PACK 12.5MG; 25MG	\$0 (Tier 4)	QL (28 EA per 28 days)
XCOPRI TABLET TITRATION THERAPY PACK 150MG; 200MG, 50MG; 100MG	\$0 (Tier 5)	QL (28 EA per 28 days)
XCOPRI TABLET MAINTENANCE THERAPY PACK 150MG; 100MG, 200MG; 150MG	\$0 (Tier 5)	QL (56 EA per 28 days) MO
XCOPRI TABLET 100MG, 25MG, 50MG	\$0 (Tier 5)	QL (30 EA per 30 days) MO
XCOPRI TABLET 150MG, 200MG	\$0 (Tier 5)	QL (60 EA per 30 days) MO
ZONISADE SUSPENSION 100MG/5ML	\$0 (Tier 5)	QL (900 ML per 30 days) PA MO
<i>zonisamide capsule 100mg, 25mg</i>	\$0 (Tier 2)	MO
<i>zonisamide capsule 50mg</i>	\$0 (Tier 2)	MO; HRM
ZTALMY SUSPENSION 50MG/ML	\$0 (Tier 5)	QL (1100 ML per 30 days) PA; LD
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 1.25mg; 1.25mg; 1.25mg; 1.25mg, 2.5mg; 2.5mg; 2.5mg; 2.5mg, 3.75mg; 3.75mg; 3.75mg; 3.75mg, 5mg; 5mg; 5mg; 5mg, 6.25mg; 6.25mg; 6.25mg; 6.25mg, 7.5mg; 7.5mg; 7.5mg; 7.5mg</i>	\$0 (Tier 4)	QL (30 EA per 30 days) MO
<i>amphetamine/dextroamphetamine tablet 5mg, 7.5mg, 10mg, 12.5mg, 15mg, 30mg</i>	\$0 (Tier 3)	QL (60 EA per 30 days) MO
<i>amphetamine/dextroamphetamine tablet 20mg</i>	\$0 (Tier 3)	QL (90 EA per 30 days) MO
<i>atomoxetine hydrochloride capsule 10mg, 25mg</i>	\$0 (Tier 4)	QL (120 EA per 30 days) MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

If you have questions, call Aetna Medicare FIDE (HMO D-SNP) at **1-844-362-0934** (TTY: 711), 8 a.m. to 8 p.m., E.S.T., 7 days a week. The call is free. **For more information,** visit **AetnaMedicare.com/NJDSNP-drug-formulary**



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>atomoxetine capsule 10mg, 18mg, 25mg</i>	\$0 (Tier 4)	QL (120 EA per 30 days) MO
<i>atomoxetine capsule 100mg, 60mg, 80mg</i>	\$0 (Tier 4)	QL (30 EA per 30 days) MO
<i>atomoxetine capsule 40mg</i>	\$0 (Tier 4)	QL (60 EA per 30 days) MO
<i>dexmethylphenidate hcl tablet 10mg, 5mg</i>	\$0 (Tier 4)	QL (60 EA per 30 days) MO
<i>dexmethylphenidate hydrochloride er capsule extended release 24 hour 10mg, 15mg, 20mg, 25mg, 30mg, 35mg, 40mg, 5mg</i>	\$0 (Tier 4)	QL (30 EA per 30 days) MO
<i>dexmethylphenidate hydrochloride tablet 2.5mg</i>	\$0 (Tier 4)	QL (60 EA per 30 days) MO
<i>dextroamphetamine sulfate er capsule extended release 24 hour 10mg, 15mg, 5mg</i>	\$0 (Tier 4)	QL (120 EA per 30 days) MO
<i>dextroamphetamine sulfate tablet 10mg, 5mg</i>	\$0 (Tier 4)	QL (180 EA per 30 days) MO
<i>guanfacine hydrochloride er tablet extended release 24 hour 1mg, 2mg, 4mg</i>	\$0 (Tier 2)	QL (30 EA per 30 days) PA MO
<i>guanfacine hydrochloride er tablet extended release 24 hour 3mg</i>	\$0 (Tier 2)	QL (60 EA per 30 days) PA MO
<i>lisdexamfetamine dimesylate capsule 10mg, 20mg, 30mg, 40mg, 50mg, 60mg, 70mg</i>	\$0 (Tier 4)	QL (30 EA per 30 days) MO
<i>lisdexamfetamine dimesylate tablet chewable 10mg, 20mg, 30mg, 40mg, 50mg, 60mg</i>	\$0 (Tier 4)	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er tablet extended release 24 hour 27mg, 36mg, 54mg</i>	\$0 (Tier 4)	QL (30 EA per 30 days)
<i>methylphenidate hydrochloride er tablet extended release (generic Metadate ER and Ritalin SR) 10mg, 20mg</i>	\$0 (Tier 4)	QL (90 EA per 30 days) MO
<i>methylphenidate hydrochloride tablet chewable 10mg, 2.5mg, 5mg</i>	\$0 (Tier 4)	QL (180 EA per 30 days) MO
<i>methylphenidate hydrochloride tablet 10mg, 20mg, 5mg</i>	\$0 (Tier 2)	QL (90 EA per 30 days) MO
<i>zenzedi tablet 10mg, 5mg</i>	\$0 (Tier 4)	QL (180 EA per 30 days)
HYPNOTICS		
DAYVIGO TABLET 10MG, 5MG	\$0 (Tier 3)	QL (30 EA per 30 days) MO
doxepin hydrochloride tablet 3mg, 6mg	\$0 (Tier 2)	QL (30 EA per 30 days) MO; HRM
tasimelteon capsule 20mg	\$0 (Tier 5)	QL (30 EA per 30 days) PA; ACS

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.



If you have questions, call Aetna Medicare FIDE (HMO D-SNP) at **1-844-362-0934** (TTY: 711), 8 a.m. to 8 p.m., E.S.T., 7 days a week. The call is free. **For more information**, visit **AetnaMedicare.com/NJDSNP-drug-formulary**

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>temazepam capsule 15mg, 30mg, 7.5mg</i>	\$0 (Tier 4)	QL (30 EA per 30 days) PA MO; HRM
<i>triazolam tablet 0.125mg, 0.25mg</i>	\$0 (Tier 4)	QL (60 EA per 30 days) PA MO; HRM
<i>zaleplon capsule 5mg</i>	\$0 (Tier 3)	QL (30 EA per 30 days) PA MO; HRM
<i>zaleplon capsule 10mg</i>	\$0 (Tier 3)	QL (60 EA per 30 days) PA MO; HRM
<i>zolpidem tartrate tablet 10mg, 5mg</i>	\$0 (Tier 2)	QL (30 EA per 30 days) PA MO; HRM
MIGRAINE		
AIMOVIG INJECTION 140MG/ML, 70MG/ML	\$0 (Tier 3)	QL (1 ML per 30 days) PA; ACS
<i>dihydroergotamine mesylate solution 4mg/ml</i>	\$0 (Tier 4)	QL (8 ML per 30 days) PA MO
EMGALITY INJECTION 120MG/ML	\$0 (Tier 3)	QL (2 ML per 30 days) PA; ACS
EMGALITY INJECTION 100MG/ML	\$0 (Tier 3)	QL (3 ML per 30 days) PA; ACS
<i>ergotamine tartrate/caffeine tablet 100mg; 1mg</i>	\$0 (Tier 3)	QL (40 EA per 28 days) PA MO
<i>naratriptan hcl tablet 1mg, 2.5mg</i>	\$0 (Tier 2)	QL (9 EA per 30 days) MO
NURTEC TABLET DISINTEGRATING 75MG	\$0 (Tier 3)	QL (16 EA per 30 days) PA MO
QULIPTA TABLET 10MG, 30MG, 60MG	\$0 (Tier 3)	QL (30 EA per 30 days) PA MO
<i>rizatriptan benzoate odt tablet disintegrating 10mg, 5mg</i>	\$0 (Tier 2)	QL (12 EA per 30 days) MO
<i>rizatriptan benzoate tablet 10mg, 5mg</i>	\$0 (Tier 2)	QL (12 EA per 30 days) MO
<i>sumatriptan succinate injection 6mg/0.5ml</i>	\$0 (Tier 4)	QL (4 ML per 30 days) MO
<i>sumatriptan succinate tablet 100mg</i>	\$0 (Tier 2)	QL (12 EA per 30 days) MO
<i>sumatriptan succinate tablet 25mg, 50mg</i>	\$0 (Tier 2)	QL (9 EA per 30 days) MO
<i>sumatriptan solution 20mg/act, 5mg/act</i>	\$0 (Tier 4)	QL (12 EA per 30 days) MO
UBRELVY TABLET 100MG, 50MG	\$0 (Tier 3)	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 5)	QL (56 EA per 365 days) PA; ACS
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 12MG	\$0 (Tier 5)	QL (120 EA per 30 days) PA; ACS

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

If you have questions, call Aetna Medicare FIDE (HMO D-SNP) at **1-844-362-0934** (TTY: 711), 8 a.m. to 8 p.m., E.S.T., 7 days a week. The call is free. **For more information**, visit **AetnaMedicare.com/NJDSNP-drug-formulary**



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 18MG, 30MG, 36MG, 42MG, 48MG	\$0 (Tier 5)	QL (30 EA per 30 days) PA; ACS
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 24MG	\$0 (Tier 5)	QL (60 EA per 30 days) PA; ACS
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 6MG	\$0 (Tier 5)	QL (90 EA per 30 days) PA; ACS
AUSTEDO TABLET 12MG, 9MG	\$0 (Tier 5)	QL (120 EA per 30 days) PA; ACS
AUSTEDO TABLET 6MG	\$0 (Tier 5)	QL (60 EA per 30 days) PA; ACS
<i>dextromethorphan hydrobromide/quinidine sulfate capsule 20mg; 10mg</i>	\$0 (Tier 4)	QL (60 EA per 30 days) PA
<i>lithium carbonate er tablet extended release 300mg, 450mg</i>	\$0 (Tier 2)	MO
<i>lithium carbonate capsule 150mg, 300mg, 600mg</i>	\$0 (Tier 1)	MO
<i>lithium carbonate tablet 300mg</i>	\$0 (Tier 1)	MO
<i>lithium solution 8meq/5ml</i>	\$0 (Tier 4)	MO
NUEDEXTA CAPSULE 20MG; 10MG	\$0 (Tier 5)	QL (60 EA per 30 days) PA MO
<i>paroxetine capsule 7.5mg</i>	\$0 (Tier 4)	PA MO; HRM
<i>pregabalin er tablet extended release 24 hour 330mg</i>	\$0 (Tier 3)	QL (60 EA per 30 days) PA MO
<i>pregabalin er tablet extended release 24 hour 165mg, 82.5mg</i>	\$0 (Tier 3)	QL (90 EA per 30 days) PA MO
<i>pyridostigmine bromide er tablet extended release 180mg</i>	\$0 (Tier 4)	MO
<i>pyridostigmine bromide tablet 60mg</i>	\$0 (Tier 3)	MO
<i>riluzole tablet 50mg</i>	\$0 (Tier 4)	MO
<i>tetrabenazine tablet 12.5mg</i>	\$0 (Tier 4)	QL (90 EA per 30 days) PA; ACS
<i>tetrabenazine tablet 25mg</i>	\$0 (Tier 5)	QL (120 EA per 30 days) PA; ACS
UPLIZNA INJECTION 100MG/10ML	\$0 (Tier 5)	PA; ACS LD
MULTIPLE SCLEROSIS AGENTS		
BAFIERTAM CAPSULE DELAYED RELEASE 95MG	\$0 (Tier 5)	QL (120 EA per 30 days) PA; ACS LD
BETASERON INJECTION 0.3MG	\$0 (Tier 5)	QL (14 EA per 28 days) PA; ACS

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.



If you have questions, call Aetna Medicare FIDE (HMO D-SNP) at **1-844-362-0934** (TTY: 711), 8 a.m. to 8 p.m., E.S.T., 7 days a week. The call is free. **For more information**, visit **AetnaMedicare.com/NJDSNP-drug-formulary**

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>dalfampridine er tablet extended release 12 hour 10mg</i>	\$0 (Tier 3)	PA; ACS
<i> fingolimod hydrochloride capsule 0.5mg</i>	\$0 (Tier 5)	QL (30 EA per 30 days) PA; ACS
<i>glatiramer acetate injection 40mg/ml</i>	\$0 (Tier 5)	QL (12 ML per 28 days) PA; ACS
<i>glatiramer acetate injection 20mg/ml</i>	\$0 (Tier 5)	QL (30 ML per 30 days) PA; ACS
<i>glatopa injection 40mg/ml</i>	\$0 (Tier 5)	QL (12 ML per 28 days) PA; ACS
<i>glatopa injection 20mg/ml</i>	\$0 (Tier 5)	QL (30 ML per 30 days) PA; ACS
KESIMPTA INJECTION 20MG/0.4ML	\$0 (Tier 5)	QL (6.4 ML per 365 days) PA; ACS LD
<i>teriflunomide tablet 14mg, 7mg</i>	\$0 (Tier 5)	QL (30 EA per 30 days) PA; ACS
MUSCULOSKELETAL THERAPY AGENTS		
<i>baclofen tablet 10mg, 20mg, 5mg</i>	\$0 (Tier 2)	MO
<i>chlorzoxazone tablet 500mg</i>	\$0 (Tier 2)	QL (180 EA per 30 days) PA MO; HRM
<i>cyclobenzaprine hydrochloride tablet 10mg, 5mg</i>	\$0 (Tier 2)	QL (90 EA per 30 days) PA MO; HRM
<i>dantrolene sodium capsule 100mg, 25mg, 50mg</i>	\$0 (Tier 4)	MO
<i>tizanidine hcl tablet 2mg</i>	\$0 (Tier 2)	MO
<i>tizanidine hydrochloride tablet 4mg</i>	\$0 (Tier 2)	MO
NARCOLEPSY/CATAPLEXY		
<i>armodafinil tablet 150mg, 200mg, 250mg</i>	\$0 (Tier 4)	QL (30 EA per 30 days) PA MO
<i>armodafinil tablet 50mg</i>	\$0 (Tier 4)	QL (60 EA per 30 days) PA MO
<i>modafinil tablet 100mg</i>	\$0 (Tier 3)	QL (30 EA per 30 days) PA MO
<i>modafinil tablet 200mg</i>	\$0 (Tier 3)	QL (60 EA per 30 days) PA MO
<i>sodium oxybate solution 500mg/ml</i>	\$0 (Tier 5)	QL (540 ML per 30 days) PA; LD
PSYCHOTHERAPEUTIC-MISC		
<i>acamprosate calcium dr tablet delayed release 333mg</i>	\$0 (Tier 4)	MO
<i>buprenorphine hcl/naloxone hcl tablet sublingual 8mg; 2mg</i>	\$0 (Tier 2)	QL (120 EA per 30 days) MO
<i>buprenorphine hcl/naloxone hcl tablet sublingual 2mg; 0.5mg</i>	\$0 (Tier 2)	QL (180 EA per 30 days) MO
<i>buprenorphine hcl tablet sublingual 8mg</i>	\$0 (Tier 2)	QL (120 EA per 30 days) MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

If you have questions, call Aetna Medicare FIDE (HMO D-SNP) at **1-844-362-0934** (TTY: 711), 8 a.m. to 8 p.m., E.S.T., 7 days a week. The call is free. **For more information**, visit **AetnaMedicare.com/NJDSNP-drug-formulary**



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>buprenorphine hcl tablet sublingual 2mg</i>	\$0 (Tier 2)	QL (180 EA per 30 days) MO
<i>buprenorphine hydrochloride/naloxone hydrochloride film 8mg; 2mg</i>	\$0 (Tier 2)	QL (120 EA per 30 days) MO
<i>buprenorphine hydrochloride/naloxone hydrochloride film 2mg; 0.5mg</i>	\$0 (Tier 2)	QL (180 EA per 30 days) MO
<i>buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg, 4mg; 1mg</i>	\$0 (Tier 2)	QL (90 EA per 30 days) MO
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 150mg</i>	\$0 (Tier 2)	QL (60 EA per 30 days) MO
<i>disulfiram tablet 250mg, 500mg</i>	\$0 (Tier 4)	MO
KLOXXADO LIQUID 8MG/0.1ML	\$0 (Tier 4)	MO
<i>naloxone hcl injection 4mg/10ml</i>	\$0 (Tier 2)	MO
<i>naloxone hydrochloride injection 0.4mg/ml cartridge, 2mg/2ml</i>	\$0 (Tier 2)	
<i>naloxone hydrochloride vial and prefilled syringe injection 0.4mg/ml</i>	\$0 (Tier 2)	MO
<i>naltrexone hydrochloride tablet 50mg</i>	\$0 (Tier 2)	MO
NICOTROL NS SOLUTION 10MG/ML	\$0 (Tier 4)	QL (360 ML per 365 days) MO
REXTOVY LIQUID 4MG/0.25ML	\$0 (Tier 4)	MO
<i>varenicline starting month tablet therapy pack 0.5mg; 1mg</i>	\$0 (Tier 4)	
<i>varenicline tartrate continuing month tablet 1mg</i>	\$0 (Tier 4)	MO
<i>varenicline tartrate tablet 0.5mg, 1mg</i>	\$0 (Tier 4)	MO
VIVITROL INJECTION 380MG	\$0 (Tier 5)	ACS

ENDOCRINE AND METABOLIC**ANDROGENS**

<i>danazol capsule 100mg, 200mg, 50mg</i>	\$0 (Tier 4)	MO
<i>testosterone cypionate injection 100mg/ml, 200mg/ml</i>	\$0 (Tier 2)	MO
<i>testosterone enanthate injection 200mg/ml</i>	\$0 (Tier 2)	PA MO
<i>testosterone pump gel 12.5mg/act</i>	\$0 (Tier 3)	QL (300 GM per 30 days) MO
<i>testosterone gel 25mg/2.5gm, 50mg/5gm</i>	\$0 (Tier 3)	QL (300 GM per 30 days) MO
<i>testosterone solution 30mg/act</i>	\$0 (Tier 3)	QL (180 ML per 30 days) MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.



If you have questions, call Aetna Medicare FIDE (HMO D-SNP) at **1-844-362-0934** (TTY: 711), 8 a.m. to 8 p.m., E.S.T., 7 days a week. The call is free. **For more information**, visit **AetnaMedicare.com/NJDSNP-drug-formulary**

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>ANTIDIABETICS, INSULINS</i>		
BD ALCOHOL SWABS	\$0 (Tier 1)	PA MO
BD INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"	\$0 (Tier 1)	PA MO
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 NEEDLE/ORIGINAL/ULTRA-FINE/29G X 1/2"	\$0 (Tier 1)	PA MO
BD PEN	\$0 (Tier 1)	MO
BD VEO INSULIN SYRINGE ULTRA- FINE/0.3ML/31G X 6MM	\$0 (Tier 1)	PA MO
CURITY GAUZE PADS 2"X2" 12 PLY PAD	\$0 (Tier 1)	PA MO
FIASP FLEXTOUCH INJECTION 100UNIT/ML	\$0 (Tier 3)	MO
FIASP PENFILL INJECTION 100UNIT/ML	\$0 (Tier 3)	MO
FIASP PUMPCART INJECTION 100UNIT/ML	\$0 (Tier 3)	B/D MO
FIASP INJECTION 100UNIT/ML	\$0 (Tier 3)	B/D MO
HUMULIN R U-500 KWIKPEN INJECTION 500UNIT/ML	\$0 (Tier 5)	MO
LANTUS SOLOSTAR INJECTION 100UNIT/ML	\$0 (Tier 3)	MO
LANTUS INJECTION 100UNIT/ML	\$0 (Tier 3)	MO
NOVOLIN 70/30 FLEXPEN INJECTION 30UNIT/ ML; 70UNIT/ML (BRAND RELION NOT COVERED)	\$0 (Tier 3)	MO
NOVOLIN 70/30 INJECTION 30UNIT/ML; 70UNIT/ML (BRAND RELION NOT COVERED)	\$0 (Tier 3)	MO
NOVOLIN N FLEXPEN INJECTION 100UNIT/ ML (BRAND RELION NOT COVERED)	\$0 (Tier 3)	MO
NOVOLIN N INJECTION 100UNIT/ML (BRAND RELION NOT COVERED)	\$0 (Tier 3)	MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

If you have questions, call Aetna Medicare FIDE (HMO D-SNP) at **1-844-362-0934** (TTY: 711), 8 a.m. to 8 p.m., E.S.T., 7 days a week. The call is free. **For more information**, visit **[AetnaMedicare.com/NJDSNP-drug-formulary](https://www.aetna.com/NJDSNP-drug-formulary)**



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
NOVOLIN R FLEXPEN INJECTION 100UNIT/ML (BRAND RELION NOT COVERED)	\$0 (Tier 3)	MO
NOVOLIN R INJECTION 100UNIT/ML (BRAND RELION NOT COVERED)	\$0 (Tier 3)	B/D MO
NOVOLOG FLEXPEN INJECTION 100UNIT/ML	\$0 (Tier 3)	MO
NOVOLOG MIX 70/30 PREFILLED FLEXPEN INJECTION 30UNIT/ML; 70UNIT/ML (BRAND RELION NOT COVERED)	\$0 (Tier 3)	MO
NOVOLOG MIX 70/30 INJECTION 30UNIT/ML; 70UNIT/ML (BRAND RELION NOT COVERED)	\$0 (Tier 3)	MO
NOVOLOG PENFILL INJECTION 100UNIT/ML	\$0 (Tier 3)	MO
NOVOLOG INJECTION 100UNIT/ML	\$0 (Tier 3)	B/D MO
SOLQUA 100/33 INJECTION 100UNIT/ML; 33MCG/ML	\$0 (Tier 3)	QL (15 ML per 25 days) MO
TOUJEO MAX SOLOSTAR INJECTION 300UNIT/ML	\$0 (Tier 3)	MO
TOUJEO SOLOSTAR INJECTION 300UNIT/ML	\$0 (Tier 3)	MO
XULTOPHY 100/3.6 INJECTION 100UNIT/ML; 3.6MG/ML	\$0 (Tier 3)	QL (15 ML per 30 days) MO
ANTIDIABETICS		
<i>acarbose tablet 100mg, 25mg, 50mg</i>	\$0 (Tier 2)	QL (90 EA per 30 days) MO
<i>dapagliflozin/metformin hydrochloride er tablet extended release 24 hour 10mg; 1000mg, 10mg; 500mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
<i>dapagliflozin/metformin hydrochloride er tablet extended release 24 hour 5mg; 1000mg, 5mg; 500mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
<i>dapagliflozin tablet 10mg, 5mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
FARXIGA TABLET 10MG, 5MG	\$0 (Tier 3)	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

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.



If you have questions, call Aetna Medicare FIDE (HMO D-SNP) at **1-844-362-0934** (TTY: 711), 8 a.m. to 8 p.m., E.S.T., 7 days a week. The call is free. **For more information**, visit **AetnaMedicare.com/NJDSNP-drug-formulary**

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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 TABLET 10MG; 5MG, 25MG; 5MG	\$0 (Tier 3)	QL (30 EA per 30 days) MO
JARDIANCE TABLET 10MG, 25MG	\$0 (Tier 3)	QL (30 EA per 30 days) MO
JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 5MG; 1000MG	\$0 (Tier 3)	QL (30 EA per 30 days) MO
JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 2.5MG; 1000MG	\$0 (Tier 3)	QL (60 EA per 30 days) MO
JENTADUETO TABLET 2.5MG; 1000MG, 2.5MG; 500MG, 2.5MG; 850MG	\$0 (Tier 3)	QL (60 EA per 30 days) MO
<i>metformin hydrochloride er (generic Glucophage XR) tablet extended release 24 hour 500mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i>metformin hydrochloride er (generic Glucophage XR) tablet extended release 24 hour 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 4)	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 tablet 100mg, 25mg, 50mg</i>	\$0 (Tier 4)	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 3)	QL (2 ML per 28 days) PA MO
MOUNJARO INJECTION 2.5MG/0.5ML	\$0 (Tier 3)	QL (4 ML per 365 days) PA
<i>nateglinide tablet 120mg, 60mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
OZEMPIC INJECTION 2MG/3ML, 4MG/3ML, 8MG/3ML	\$0 (Tier 3)	QL (3 ML per 28 days) PA MO
OZEMPIC TABLET 1.5MG	\$0 (Tier 3)	QL (30 EA per 30 days) PA
OZEMPIC TABLET 4MG, 9MG	\$0 (Tier 3)	QL (30 EA per 30 days) PA MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

If you have questions, call Aetna Medicare FIDE (HMO D-SNP) at **1-844-362-0934** (TTY: 711), 8 a.m. to 8 p.m., E.S.T., 7 days a week. The call is free. **For more information,** visit **AetnaMedicare.com/NJDSNP-drug-formulary**



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>pioglitazone hcl-glimepiride tablet 2mg; 30mg, 4mg; 30mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>pioglitazone hcl/metformin hcl tablet 500mg; 15mg, 850mg; 15mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>pioglitazone hcl tablet 45mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>pioglitazone hydrochloride tablet 15mg, 30mg</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 TABLET 3MG	\$0 (Tier 3)	QL (30 EA per 30 days) PA
RYBELSUS TABLET 14MG, 7MG	\$0 (Tier 3)	QL (30 EA per 30 days) PA MO
<i>saxagliptin hydrochloride/metformin hydrochloride er tablet extended release 24 hour 1000mg; 5mg, 500mg; 5mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>saxagliptin hydrochloride/metformin hydrochloride er tablet extended release 24 hour 1000mg; 2.5mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>saxagliptin hydrochloride tablet 2.5mg, 5mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>sitagliptin phosphate/metformin hydrochloride er tablet extended release 24 hour 1000mg; 100mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
<i>sitagliptin phosphate/metformin hydrochloride er tablet extended release 24 hour 1000mg; 50mg, 500mg; 50mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
<i>sitagliptin phosphate/metformin hydrochloride tablet 1000mg; 50mg, 500mg; 50mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>sitagliptin phosphate tablet 100mg, 25mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
<i>sitagliptin phosphate tablet 50mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
TRADJENTA TABLET 5MG	\$0 (Tier 3)	QL (30 EA per 30 days) MO
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 5MG; 1000MG, 25MG; 5MG; 1000MG	\$0 (Tier 3)	QL (30 EA per 30 days) MO
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 12.5MG; 2.5MG; 1000MG, 5MG; 2.5MG; 1000MG	\$0 (Tier 3)	QL (60 EA per 30 days) MO
TRULICITY INJECTION 0.75MG/0.5ML, 1.5MG/0.5ML, 3MG/0.5ML, 4.5MG/0.5ML	\$0 (Tier 3)	QL (2 ML per 28 days) PA MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.



If you have questions, call Aetna Medicare FIDE (HMO D-SNP) at **1-844-362-0934** (TTY: 711), 8 a.m. to 8 p.m., E.S.T., 7 days a week. The call is free. **For more information**, visit **AetnaMedicare.com/NJDSNP-drug-formulary**

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 1000MG, 10MG; 500MG	\$0 (Tier 3)	QL (30 EA per 30 days) MO
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 2.5MG; 1000MG, 5MG; 1000MG, 5MG; 500MG	\$0 (Tier 3)	QL (60 EA per 30 days) MO
CALCIUM REGULATORS		
<i>alendronate sodium solution 70mg/75ml</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
BILDYOS INJECTION 60MG/ML	\$0 (Tier 4)	QL (1 ML per 180 days); ACS
BILPREVDA INJECTION 120MG/1.7ML	\$0 (Tier 5)	PA; ACS
<i>calcitonin-salmon solution 200unit/act</i>	\$0 (Tier 3)	MO
<i>ibandronate sodium injection 3mg/3ml</i>	\$0 (Tier 4)	QL (3 ML per 90 days) MO
<i>ibandronate sodium tablet 150mg</i>	\$0 (Tier 1)	QL (1 EA per 30 days) MO
OSPOMYV INJECTION 60MG/ML	\$0 (Tier 4)	QL (1 ML per 180 days); ACS
PAMIDRONATE DISODIUM INJECTION 6MG/ML	\$0 (Tier 4)	
<i>pamidronate disodium injection 30mg/10ml, 90mg/10ml</i>	\$0 (Tier 4)	
<i>risedronate sodium dr tablet delayed release 35mg</i>	\$0 (Tier 4)	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
TYMLOS INJECTION 3120MCG/1.56ML	\$0 (Tier 5)	PA; ACS LD
WYOST INJECTION 120MG/1.7ML	\$0 (Tier 5)	PA; ACS LD
ZOLEDRONIC ACID INJECTION 4MG/100ML	\$0 (Tier 4)	ACS
<i>zoledronic acid injection 4mg/5ml, 5mg/100ml</i>	\$0 (Tier 4)	ACS
CHELATING AGENTS		
CHEMET CAPSULE 100MG	\$0 (Tier 5)	MO
<i>deferasirox packet 180mg, 360mg, 90mg</i>	\$0 (Tier 5)	PA; ACS
<i>deferasirox tablet soluble 125mg</i>	\$0 (Tier 4)	PA; ACS
<i>deferasirox tablet soluble 250mg, 500mg</i>	\$0 (Tier 5)	PA; ACS
<i>deferasirox tablet 90mg</i>	\$0 (Tier 3)	PA; ACS

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

If you have questions, call Aetna Medicare FIDE (HMO D-SNP) at **1-844-362-0934** (TTY: 711), 8 a.m. to 8 p.m., E.S.T., 7 days a week. The call is free. For more information, visit [AetnaMedicare.com/NJDSNP-drug-formulary](https://www.AetnaMedicare.com/NJDSNP-drug-formulary)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>deferasirox tablet 180mg, 360mg</i>	\$0 (Tier 4)	PA; ACS
<i>kionex suspension 15gm/60ml</i>	\$0 (Tier 3)	
LOKELMA PACKET 10GM	\$0 (Tier 3)	QL (34 EA per 30 days) MO
LOKELMA PACKET 5GM	\$0 (Tier 3)	QL (96 EA per 30 days) MO
<i>penicillamine tablet 250mg</i>	\$0 (Tier 5)	ACS
<i>sodium polystyrene sulfonate powder</i>	\$0 (Tier 3)	MO
<i>sodium polystyrene sulfonate suspension 15gm/60ml</i>	\$0 (Tier 3)	MO
<i>sps multiple routes suspension 15gm/60ml, 15gm/60ml</i>	\$0 (Tier 3)	MO
<i>trientine hydrochloride capsule 250mg, 500mg</i>	\$0 (Tier 5)	PA; ACS
CONTRACEPTIVES		
<i>afirmelle tablet 20mcg; 0.1mg</i>	\$0 (Tier 2)	
<i>altavera tablet 30mcg; 0.15mg</i>	\$0 (Tier 2)	
<i>alyacen 1/35 tablet 35mcg; 1mg</i>	\$0 (Tier 2)	MO
<i>alyacen 7/7/7 tablet 0.5mg; 0.75mg; 1mg; 0.035mg</i>	\$0 (Tier 2)	
<i>amethyst tablet 20mcg; 90mcg</i>	\$0 (Tier 2)	
<i>apri tablet 0.15mg; 30mcg</i>	\$0 (Tier 2)	
<i>aranelle tablet 0.5mg; 1mg; 0.035mg</i>	\$0 (Tier 2)	MO
<i>ashlyna tablet 0.15mg; 0.01mg; 0.03mg</i>	\$0 (Tier 2)	
<i>aubra eq tablet 20mcg; 0.1mg</i>	\$0 (Tier 2)	
<i>aurovela 1.5/30 tablet 30mcg; 1.5mg</i>	\$0 (Tier 2)	
<i>aurovela 1/20 tablet 20mcg; 1mg</i>	\$0 (Tier 2)	
<i>aurovela 24 fe tablet 20mcg; 75mg; 1mg</i>	\$0 (Tier 2)	
<i>aurovela fe 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	\$0 (Tier 2)	
<i>aurovela fe 1/20 tablet 20mcg; 75mg; 1mg</i>	\$0 (Tier 2)	MO
<i>aviane tablet 20mcg; 0.1mg</i>	\$0 (Tier 2)	MO
<i>ayuna tablet 0.03mg; 0.15mg</i>	\$0 (Tier 2)	
<i>azurette tablet 0.15mg; 0.02mg; 0.01mg</i>	\$0 (Tier 2)	MO
<i>balziva tablet 35mcg; 0.4mg</i>	\$0 (Tier 2)	
<i>blisovi 24 fe tablet 20mcg; 75mg; 1mg</i>	\$0 (Tier 2)	MO
<i>blisovi fe 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	\$0 (Tier 2)	
<i>blisovi fe 1/20 tablet 20mcg; 75mg; 1mg</i>	\$0 (Tier 2)	

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.



If you have questions, call Aetna Medicare FIDE (HMO D-SNP) at **1-844-362-0934** (TTY: 711), 8 a.m. to 8 p.m., E.S.T., 7 days a week. The call is free. **For more information**, visit **AetnaMedicare.com/NJDSNP-drug-formulary**

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>briellyn tablet 35mcg; 0.4mg</i>	\$0 (Tier 2)	
<i>camila tablet 0.35mg</i>	\$0 (Tier 2)	
<i>charlotte 24 fe tablet chewable 20mcg; 75mg; 1mg</i>	\$0 (Tier 2)	
<i>chateal eq tablet 30mcg; 0.15mg</i>	\$0 (Tier 2)	
<i>cryselle-28 tablet 30mcg; 0.3mg</i>	\$0 (Tier 2)	
<i>cryselle tablet 30mcg; 0.3mg</i>	\$0 (Tier 2)	MO
<i>cyred eq tablet 0.15mg; 30mcg</i>	\$0 (Tier 2)	
<i>dasetta 1/35 tablet 35mcg; 1mg</i>	\$0 (Tier 2)	
<i>dasetta 7/7/7 tablet 0.5mg; 0.75mg; 1mg; 0.035mg</i>	\$0 (Tier 2)	
<i>daysee tablet 0.15mg; 0.03mg; 0.01mg</i>	\$0 (Tier 2)	
<i>deblitane tablet 0.35mg</i>	\$0 (Tier 2)	
<i>delyla tablet 20mcg; 0.1mg</i>	\$0 (Tier 2)	
DEPO-SUBQ PROVERA 104 INJECTION 104MG/0.65ML	\$0 (Tier 3)	MO
<i>desogestrel/ethinyl estradiol tablet 0.15mg; 0.02mg</i>	\$0 (Tier 2)	MO
<i>dolishale tablet 20mcg; 90mcg</i>	\$0 (Tier 2)	MO
<i>drospirenone/ethinyl estradiol/levomefolate calcium tablet 3mg; 0.02mg; 0.451mg, 3mg; 0.03mg; 0.451mg</i>	\$0 (Tier 2)	MO
<i>drospirenone/ethinyl estradiol tablet 3mg; 0.02mg, 3mg; 0.03mg</i>	\$0 (Tier 2)	MO
<i>elinest tablet 30mcg; 0.3mg</i>	\$0 (Tier 2)	
<i>eluryng ring 0.015mg/24hr; 0.12mg/24hr</i>	\$0 (Tier 3)	
<i>emzakh tablet 0.35mg</i>	\$0 (Tier 2)	MO
<i>enilloring ring 0.015mg/24hr; 0.12mg/24hr</i>	\$0 (Tier 3)	MO
<i>enskyce tablet 0.15mg; 0.03mg</i>	\$0 (Tier 2)	MO
<i>errin tablet 0.35mg</i>	\$0 (Tier 2)	
<i>estarylla tablet 35mcg; 0.25mg</i>	\$0 (Tier 2)	
<i>ethynodiol diacetate/ethinyl estradiol tablet 35mcg; 1mg, 50mcg; 1mg</i>	\$0 (Tier 2)	MO
<i>etonogestrel/ethinyl estradiol ring 0.015mg/24hr; 0.12mg/24hr</i>	\$0 (Tier 3)	MO
<i>falmina tablet 20mcg; 0.1mg</i>	\$0 (Tier 2)	

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

If you have questions, call Aetna Medicare FIDE (HMO D-SNP) at **1-844-362-0934** (TTY: 711), 8 a.m. to 8 p.m., E.S.T., 7 days a week. The call is free. **For more information**, visit **AetnaMedicare.com/NJDSNP-drug-formulary**



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>feirza 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	\$0 (Tier 2)	MO
<i>feirza 1/20 tablet 20mcg; 75mg; 1mg</i>	\$0 (Tier 2)	
<i>finzala tablet chewable 20mcg; 75mg; 1mg</i>	\$0 (Tier 2)	
<i>galbriela tablet chewable 25mcg; 75mg; 0.8mg</i>	\$0 (Tier 2)	
<i>hailey 1.5/30 tablet 30mcg; 1.5mg</i>	\$0 (Tier 2)	
<i>hailey 24 fe tablet 20mcg; 75mg; 1mg</i>	\$0 (Tier 2)	
<i>hailey fe 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	\$0 (Tier 2)	
<i>hailey fe 1/20 tablet 20mcg; 75mg; 1mg</i>	\$0 (Tier 2)	
<i>heather tablet 0.35mg</i>	\$0 (Tier 2)	
<i>iclevia tablet 0.03mg; 0.15mg</i>	\$0 (Tier 2)	
<i>incassia tablet 0.35mg</i>	\$0 (Tier 2)	MO
<i>introvale tablet 0.03mg; 0.15mg</i>	\$0 (Tier 2)	
<i>isibloom tablet 0.15mg; 30mcg</i>	\$0 (Tier 2)	
<i>jaimiess tablet 0.15mg; 0.03mg; 0.01mg</i>	\$0 (Tier 2)	
<i>jasmiel tablet 3mg; 0.02mg</i>	\$0 (Tier 2)	
<i>jencycla tablet 0.35mg</i>	\$0 (Tier 2)	
<i>juleber tablet 0.15mg; 30mcg</i>	\$0 (Tier 2)	
<i>junel 1.5/30 tablet 30mcg; 1.5mg</i>	\$0 (Tier 2)	
<i>junel 1/20 tablet 20mcg; 1mg</i>	\$0 (Tier 2)	
<i>junel fe 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	\$0 (Tier 2)	
<i>junel fe 1/20 tablet 20mcg; 75mg; 1mg</i>	\$0 (Tier 2)	MO
<i>junel fe 24 tablet 20mcg; 75mg; 1mg</i>	\$0 (Tier 2)	
<i>kaitlib fe tablet chewable 25mcg; 75mg; 0.8mg</i>	\$0 (Tier 2)	
<i>kalliga tablet 0.15mg; 30mcg</i>	\$0 (Tier 2)	
<i>kariva tablet 0.15mg; 0.02mg; 0.01mg</i>	\$0 (Tier 2)	
<i>kelnor 1/35 tablet 35mcg; 1mg</i>	\$0 (Tier 2)	
<i>kurvelo tablet 0.03mg; 0.15mg</i>	\$0 (Tier 2)	
<i>larin 1.5/30 tablet 30mcg; 1.5mg</i>	\$0 (Tier 2)	
<i>larin 1/20 tablet 20mcg; 1mg</i>	\$0 (Tier 2)	
<i>larin 24 fe tablet 20mcg; 75mg; 1mg</i>	\$0 (Tier 2)	
<i>larin fe 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	\$0 (Tier 2)	MO
<i>larin fe 1/20 tablet 20mcg; 75mg; 1mg</i>	\$0 (Tier 2)	

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.



If you have questions, call Aetna Medicare FIDE (HMO D-SNP) at **1-844-362-0934** (TTY: 711), 8 a.m. to 8 p.m., E.S.T., 7 days a week. The call is free. **For more information**, visit **AetnaMedicare.com/NJDSNP-drug-formulary**

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>lessina tablet 20mcg; 0.1mg</i>	\$0 (Tier 2)	MO
<i>levonest tablet 0.05mg; 0.075mg; 0.125mg; 0.03mg; 0.04mg</i>	\$0 (Tier 2)	
<i>levonorgestrel and ethinyl estradiol tablet 0.1mg; 0.02mg; 0.01mg; 20mcg; 90mcg</i>	\$0 (Tier 2)	MO
<i>levonorgestrel/ethinyl estradiol tablet 0.03mg; 0.15mg, 0.15mg; 0.03mg; 0.01mg, 0.15mg; 0.02mg; 0.15mg; 0.02mg, 0.15mg; 0.03mg; 0.01mg, 0.05mg; 0.03mg; 0.075mg; 0.04mg, 0.125mg; 0.03mg, 20mcg; 0.1mg</i>	\$0 (Tier 2)	MO
<i>levora 0.15/30-28 tablet 0.03mg; 0.15mg</i>	\$0 (Tier 2)	
LILETTA INTRAUTERINE DEVICE 20.1MCG/DAY	\$0 (Tier 3)	ACS LD
<i>lo-zumandimine tablet 3mg; 0.02mg</i>	\$0 (Tier 2)	MO
<i>loestrin 1.5/30-21 tablet 30mcg; 1.5mg</i>	\$0 (Tier 2)	
<i>loestrin 1/20-21 tablet 20mcg; 1mg</i>	\$0 (Tier 2)	
<i>loestrin fe 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	\$0 (Tier 2)	
<i>loestrin fe 1/20 tablet 20mcg; 75mg; 1mg</i>	\$0 (Tier 2)	
<i>lojaimiess tablet 0.1mg; 0.02mg; 0.01mg</i>	\$0 (Tier 2)	MO
<i>loryna tablet 3mg; 0.02mg</i>	\$0 (Tier 2)	
<i>luizza 1.5/30 tablet 30mcg; 1.5mg</i>	\$0 (Tier 2)	
<i>luizza 1/20 tablet 20mcg; 1mg</i>	\$0 (Tier 2)	
<i>lutra tablet 20mcg; 0.1mg</i>	\$0 (Tier 2)	
<i>lyleq tablet 0.35mg</i>	\$0 (Tier 2)	
<i>lyza tablet 0.35mg</i>	\$0 (Tier 2)	
<i>marlissa tablet 0.03mg; 0.15mg</i>	\$0 (Tier 2)	MO
<i>medroxyprogesterone acetate injection 150mg/ml</i>	\$0 (Tier 3)	MO
<i>meleya tablet 0.35mg</i>	\$0 (Tier 2)	
<i>mibelas 24 fe tablet chewable 20mcg; 75mg; 1mg</i>	\$0 (Tier 2)	MO
<i>microgestin 1.5/30 tablet 30mcg; 1.5mg</i>	\$0 (Tier 3)	
<i>microgestin 1/20 tablet 20mcg; 1mg</i>	\$0 (Tier 3)	
<i>microgestin fe 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	\$0 (Tier 3)	
<i>microgestin fe 1/20 tablet 20mcg; 75mg; 1mg</i>	\$0 (Tier 3)	

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

If you have questions, call Aetna Medicare FIDE (HMO D-SNP) at **1-844-362-0934** (TTY: 711), 8 a.m. to 8 p.m., E.S.T., 7 days a week. The call is free. **For more information,** visit **AetnaMedicare.com/NJDSNP-drug-formulary**



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>mili tablet 35mcg; 0.25mg</i>	\$0 (Tier 2)	
MIUDELLA COPPER INTRAUTERINE DEVICE	\$0 (Tier 4)	
<i>mono-lynyah tablet 35mcg; 0.25mg</i>	\$0 (Tier 2)	
<i>necon 0.5/35-28 tablet 35mcg; 0.5mg</i>	\$0 (Tier 2)	
NEXPLANON INJECTION 68MG	\$0 (Tier 3)	ACS LD
<i>nikki tablet 3mg; 0.02mg</i>	\$0 (Tier 2)	
<i>norelgestromin/ethinyl estradiol patch weekly 35mcg/24hr; 150mcg/24hr</i>	\$0 (Tier 3)	MO
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tablet chewable 20mcg; 75mg; 1mg</i>	\$0 (Tier 2)	MO
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tablet 30mcg; 75mg; 1.5mg</i>	\$0 (Tier 2)	MO
<i>norethindrone acetate/ethinyl estradiol tablet 20mcg; 1mg, 30mcg; 1.5mg</i>	\$0 (Tier 2)	MO
<i>norethindrone/ethinyl estradiol/ferrous fumarate tablet chewable 35mcg; 0.4mg</i>	\$0 (Tier 2)	MO
<i>norethindrone tablet 0.35mg</i>	\$0 (Tier 2)	MO
<i>norgestimate/ethinyl estradiol tablet 0.18mg; 0.215mg; ; 0.25mg; 0.025mg, 0.25mg; 0.035mg</i>	\$0 (Tier 2)	MO
<i>norlyroc tablet 0.35mg</i>	\$0 (Tier 2)	
<i>nortrel 0.5/35 (28) tablet 35mcg; 0.5mg</i>	\$0 (Tier 2)	MO
<i>nortrel 1/35 28-day regimen</i>	\$0 (Tier 2)	
<i>nortrel 1/35 21-day regimen</i>	\$0 (Tier 2)	MO
<i>nortrel 7/7/7 tablet 35mcg; 0.5mg; 0.75mg; 1mg</i>	\$0 (Tier 2)	
<i>nylia 1/35 tablet 35mcg; 1mg</i>	\$0 (Tier 2)	
<i>nylia 7/7/7 tablet 35mcg; 0.5mg; 0.75mg; 1mg</i>	\$0 (Tier 2)	MO
<i>orquidea tablet 0.35mg</i>	\$0 (Tier 2)	MO
<i>orsythia tablet 20mcg; 0.1mg</i>	\$0 (Tier 2)	
<i>philith tablet 35mcg; 0.4mg</i>	\$0 (Tier 2)	
<i>pimtrea tablet 0.15mg; 0.02mg; 0.01mg</i>	\$0 (Tier 2)	
<i>portia-28 tablet 0.03mg; 0.15mg</i>	\$0 (Tier 2)	
<i>reclipsen tablet 0.15mg; 0.03mg</i>	\$0 (Tier 2)	

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.



If you have questions, call Aetna Medicare FIDE (HMO D-SNP) at **1-844-362-0934** (TTY: 711), 8 a.m. to 8 p.m., E.S.T., 7 days a week. The call is free. **For more information**, visit **[AetnaMedicare.com/NJDSNP-drug-formulary](https://www.aetna.com/NJDSNP-drug-formulary)**

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>rosyrah tablet 0.15mg; 0.02mg; 0.025mg; 0.03mg; 0.01mg</i>	\$0 (Tier 2)	MO
<i>setlakin tablet 0.03mg; 0.15mg</i>	\$0 (Tier 2)	
<i>sharobel tablet 0.35mg</i>	\$0 (Tier 2)	
<i>simliya tablet 0.15mg; 0.02mg; 0.01mg</i>	\$0 (Tier 2)	
<i>simpesse tablet 0.1mg; 0.03mg; 0.01mg</i>	\$0 (Tier 2)	MO
<i>sprintec 28 tablet 35mcg; 0.25mg</i>	\$0 (Tier 2)	MO
<i>sronyx tablet 20mcg; 0.1mg</i>	\$0 (Tier 2)	
<i>syeda tablet 3mg; 0.03mg</i>	\$0 (Tier 2)	
<i>tarina 24 fe tablet 20mcg; 75mg; 1mg</i>	\$0 (Tier 2)	
<i>tarina fe 1/20 eq tablet 20mcg; 75mg; 1mg</i>	\$0 (Tier 2)	
<i>tilia fe tablet 0.02mg; 0.03mg; 0.35mg; 75mg; 1mg</i>	\$0 (Tier 3)	
<i>tri-estarylla tablet 0.18mg; 0.215mg; 0.25mg; 0.035mg</i>	\$0 (Tier 2)	MO
<i>tri-legest fe tablet 20mcg; 30mcg; 35mcg; 75mg; 1mg</i>	\$0 (Tier 2)	MO
<i>tri-linyah tablet 0.18mg; 0.215mg; 0.25mg; 0.035mg</i>	\$0 (Tier 2)	
<i>tri-lo-estarylla tablet 0.18mg; 0.215mg; 0.25mg; 0.025mg</i>	\$0 (Tier 2)	
<i>tri-lo-marzia tablet 0.18mg; 0.215mg; 0.25mg; 0.025mg</i>	\$0 (Tier 2)	
<i>tri-lo-mili tablet 0.180mg; 0.215mg; 0.250mg; 0.025mg</i>	\$0 (Tier 2)	MO
<i>tri-lo-sprintec tablet 0.18mg; 0.215mg; 0.25mg; 0.25mg</i>	\$0 (Tier 2)	
<i>tri-mili tablet 0.180mg; 0.215mg; 0.250mg; 0.035mg</i>	\$0 (Tier 2)	
<i>tri-sprintec tablet 0.18mg; 0.215mg; 0.25mg; 0.035mg</i>	\$0 (Tier 2)	
<i>tri-vylibra lo tablet 0.18mg; 0.215mg; 0.25mg; 0.025mg</i>	\$0 (Tier 2)	
<i>tri-vylibra tablet 0.18mg; 0.215mg; 0.25mg; 0.035mg</i>	\$0 (Tier 2)	

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

If you have questions, call Aetna Medicare FIDE (HMO D-SNP) at **1-844-362-0934** (TTY: 711), 8 a.m. to 8 p.m., E.S.T., 7 days a week. The call is free. **For more information**, visit **[AetnaMedicare.com/NJDSNP-drug-formulary](https://www.aetna.com/NJDSNP-drug-formulary)**



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>trivora-28 tablet 0.05mg; 0.03mg; 0.075mg; 0.04mg; 0.125mg; 0.03mg</i>	\$0 (Tier 2)	
<i>turqoz tablet 30mcg; 0.3mg</i>	\$0 (Tier 2)	
TYBLUME TABLET CHEWABLE 20MCG; 0.1MG	\$0 (Tier 3)	
<i>tydemy tablet 3mg; 0.03mg; 0.451mg</i>	\$0 (Tier 2)	
<i>valtya 1/35 tablet 35mcg; 1mg</i>	\$0 (Tier 2)	
<i>valtya 1/50 tablet 50mcg; 1mg</i>	\$0 (Tier 2)	MO
<i>velivet tablet 0.1mg; 0.125mg; 0.15mg; 0.025mg</i>	\$0 (Tier 2)	MO
<i>vestura tablet 3mg; 0.02mg</i>	\$0 (Tier 2)	
<i>vienva tablet 20mcg; 0.1mg</i>	\$0 (Tier 2)	
<i>vioarele tablet 0.15mg; 0.02mg; 0.01mg</i>	\$0 (Tier 2)	
<i>volnea tablet 0.15mg; 0.02mg; 0.01mg</i>	\$0 (Tier 2)	
<i>vyfemla tablet 35mcg; 0.4mg</i>	\$0 (Tier 2)	MO
<i>vylibra tablet 35mcg; 0.25mg</i>	\$0 (Tier 2)	
<i>wera tablet 35mcg; 0.5mg</i>	\$0 (Tier 2)	
<i>wymzya fe tablet chewable 35mcg; 0.4mg; 75mg</i>	\$0 (Tier 2)	
<i>xarah fe tablet 20mcg; 30mcg; 35mcg; 75mg; 1mg</i>	\$0 (Tier 2)	
<i>xelria fe tablet chewable 35mcg; 75mg; 0.4mg</i>	\$0 (Tier 2)	MO
<i>xulane patch weekly 35mcg/24hr; 150mcg/24hr</i>	\$0 (Tier 3)	
<i>zafemy patch weekly 35mcg/24hr; 150mcg/24hr</i>	\$0 (Tier 3)	
<i>zovia 1/35 tablet 35mcg; 1mg</i>	\$0 (Tier 2)	
<i>zumandimine tablet 3mg; 0.03mg</i>	\$0 (Tier 2)	
ESTROGENS		
<i>abigale lo tablet 0.5mg; 0.1mg</i>	\$0 (Tier 4)	
<i>abigale tablet 1mg; 0.5mg</i>	\$0 (Tier 4)	
<i>conjugated estrogens tablet 0.3mg, 0.45mg, 0.625mg, 0.9mg, 1.25mg</i>	\$0 (Tier 4)	MO
<i>dotti patch twice weekly 0.025mg/24hr; 0.0375mg/24hr, 0.05mg/24hr, 0.075mg/24hr; 0.1mg/24hr</i>	\$0 (Tier 4)	QL (8 EA per 28 days)
DUAVEE TABLET 20MG; 0.45MG	\$0 (Tier 4)	MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.



If you have questions, call Aetna Medicare FIDE (HMO D-SNP) at 1-844-362-0934 (TTY: 711), 8 a.m. to 8 p.m., E.S.T., 7 days a week. The call is free. For more information, visit [AetnaMedicare.com/NJDSNP-drug-formulary](https://www.aetna.com/NJDSNP-drug-formulary)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>estradiol valerate injection 10mg/ml, 20mg/ml, 40mg/ml</i>	\$0 (Tier 4)	MO
<i>estradiol/norethindrone acetate tablet 0.5mg; 0.1mg, 1mg; 0.5mg</i>	\$0 (Tier 4)	MO
<i>estradiol cream 0.1mg/gm</i>	\$0 (Tier 3)	MO
<i>estradiol patch twice weekly 0.025mg/24hr; 0.0375mg/24hr; 0.05mg/24hr; 0.075mg/24hr; 0.1mg/24hr</i>	\$0 (Tier 2)	QL (8 EA per 28 days) MO
<i>estradiol patch weekly 0.025mg/24hr; 0.05mg/24hr; 0.06mg/24hr; 0.075mg/24hr; 0.1mg/24hr; 37.5mcg/24hr</i>	\$0 (Tier 2)	QL (4 EA per 28 days) MO
<i>estradiol oral tablet 0.5mg, 1mg, 2mg</i>	\$0 (Tier 1)	MO
<i>estradiol vaginal tablet 10mcg</i>	\$0 (Tier 2)	MO
ESTRING RING 7.5MCG/24HR	\$0 (Tier 4)	QL (1 EA per 90 days) MO
<i>fyavolv tablet 2.5mcg; 0.5mg, 5mcg; 1mg</i>	\$0 (Tier 2)	MO
<i>jinteli tablet 5mcg; 1mg</i>	\$0 (Tier 2)	
<i>lyllana patch twice weekly 0.025mg/24hr; 0.0375mg/24hr; 0.05mg/24hr; 0.075mg/24hr; 0.1mg/24hr</i>	\$0 (Tier 4)	QL (8 EA per 28 days)
<i>mimvey tablet 1mg; 0.5mg</i>	\$0 (Tier 4)	
<i>norethindrone acetate/ethinyl estradiol tablet 2.5mcg; 0.5mg, 5mcg; 1mg</i>	\$0 (Tier 2)	MO
PREMARIN CREAM 0.625MG/GM	\$0 (Tier 4)	MO
PREMARIN INJECTION 25MG	\$0 (Tier 4)	MO
PREMARIN TABLET 0.3MG, 0.45MG, 0.625MG, 0.9MG, 1.25MG	\$0 (Tier 4)	MO
PREMPRO TABLET 0.3MG; 1.5MG, 0.45MG; 1.5MG, 0.625MG; 2.5MG, 0.625MG; 5MG	\$0 (Tier 4)	MO
<i>yuvafem tablet 10mcg</i>	\$0 (Tier 4)	
GLUCOCORTICOIDS		
DEXAMETHASONE INTENSOL CONCENTRATE 1MG/ML	\$0 (Tier 4)	MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

If you have questions, call Aetna Medicare FIDE (HMO D-SNP) at **1-844-362-0934** (TTY: 711), 8 a.m. to 8 p.m., E.S.T., 7 days a week. The call is free. **For more information**, visit **AetnaMedicare.com/NJDSNP-drug-formulary**



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>dexamethasone sodium phosphate injection 100mg/10ml, 10mg/ml vial, 120mg/30ml, 20mg/5ml, 4mg/ml</i>	\$0 (Tier 4)	MO
<i>dexamethasone elixir 0.5mg/5ml</i>	\$0 (Tier 4)	MO
<i>dexamethasone solution 0.5mg/5ml</i>	\$0 (Tier 4)	MO
<i>dexamethasone tablet 0.5mg, 0.75mg, 1.5mg, 1mg, 2mg, 4mg, 6mg</i>	\$0 (Tier 4)	MO
<i>fludrocortisone acetate tablet 0.1mg</i>	\$0 (Tier 2)	MO
<i>hydrocortisone sodium succinate injection 100mg</i>	\$0 (Tier 4)	MO
<i>hydrocortisone tablet 10mg, 20mg, 5mg</i>	\$0 (Tier 2)	MO
<i>methylprednisolone acetate injection 40mg/ml, 80mg/ml</i>	\$0 (Tier 4)	B/D MO
<i>methylprednisolone dose pack tablet therapy pack 4mg</i>	\$0 (Tier 2)	MO
<i>methylprednisolone sodium succinate injection 500mg</i>	\$0 (Tier 4)	B/D
<i>methylprednisolone sodium succinate injection 1000mg, 125mg</i>	\$0 (Tier 4)	B/D MO
<i>methylprednisolone sodiumsuccinate injection 40mg</i>	\$0 (Tier 4)	B/D MO
<i>methylprednisolone tablet 16mg, 32mg, 4mg, 8mg</i>	\$0 (Tier 2)	B/D MO
<i>prednisolone sodium phosphate oral solution 10mg/5ml, 15mg/5ml, 20mg/5ml</i>	\$0 (Tier 2)	B/D MO
<i>prednisolone sodium phosphate oral solution 25mg/5ml, 5mg/5ml</i>	\$0 (Tier 4)	B/D MO
<i>prednisolone solution 15mg/5ml</i>	\$0 (Tier 2)	B/D MO
PREDNISONE INTENSOL CONCENTRATE 5MG/ML	\$0 (Tier 4)	B/D MO
<i>prednisone solution 5mg/5ml</i>	\$0 (Tier 4)	B/D MO
<i>prednisone tablet therapy pack 10mg, 5mg</i>	\$0 (Tier 2)	MO
<i>prednisone tablet 10mg, 1mg, 2.5mg, 20mg, 50mg, 5mg</i>	\$0 (Tier 1)	B/D MO
SOLU-CORTEF INJECTION 1000MG, 250MG, 500MG	\$0 (Tier 4)	MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.



If you have questions, call Aetna Medicare FIDE (HMO D-SNP) at **1-844-362-0934** (TTY: 711), 8 a.m. to 8 p.m., E.S.T., 7 days a week. The call is free. **For more information**, visit **[AetnaMedicare.com/NJDSNP-drug-formulary](https://www.aetna.com/NJDSNP-drug-formulary)**

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>triamcinolone acetonide injection 10mg/ml, 40mg/ml</i>	\$0 (Tier 4)	MO
GLUCOSE ELEVATING AGENTS		
<i>diazoxide suspension 50mg/ml</i>	\$0 (Tier 4)	MO
GVOKE HYPOPEN 1-PACK INJECTION 0.5MG/0.1ML, 1MG/0.2ML	\$0 (Tier 3)	MO
GVOKE HYPOPEN 2-PACK INJECTION 0.5MG/0.1ML, 1MG/0.2ML	\$0 (Tier 3)	MO
GVOKE KIT INJECTION 1MG/0.2ML	\$0 (Tier 3)	MO
GVOKE PFS INJECTION 1MG/0.2ML	\$0 (Tier 3)	MO
MISCELLANEOUS		
<i>acetylcysteine injection 200mg/ml</i>	\$0 (Tier 4)	
<i>betaine anhydrous powder 1gm</i>	\$0 (Tier 4)	ACS
<i>cabergoline tablet 0.5mg</i>	\$0 (Tier 3)	MO
<i>carglumic acid tablet soluble 200mg</i>	\$0 (Tier 5)	PA; LD
CERDELGA CAPSULE 84MG	\$0 (Tier 5)	PA; ACS LD
<i>cinacalcet hydrochloride tablet 90mg</i>	\$0 (Tier 4)	QL (120 EA per 30 days); ACS
<i>cinacalcet hydrochloride tablet 30mg, 60mg</i>	\$0 (Tier 4)	QL (60 EA per 30 days); ACS
CYSTAGON CAPSULE 150MG, 50MG	\$0 (Tier 4)	PA; ACS LD
<i>desmopressin acetate injection 4mcg/ml</i>	\$0 (Tier 4)	MO
<i>desmopressin acetate preservative free injection 4mcg/ml</i>	\$0 (Tier 5)	MO
<i>desmopressin acetate nasal solution 0.01%</i>	\$0 (Tier 4)	MO
<i>desmopressin acetate tablet 0.1mg, 0.2mg</i>	\$0 (Tier 3)	MO
<i>fomepizole injection 1.5gm/1.5ml</i>	\$0 (Tier 5)	
GENOTROPIN MINISQUICK INJECTION 0.2MG	\$0 (Tier 3)	PA; ACS
GENOTROPIN MINISQUICK INJECTION 0.4MG, 0.6MG, 0.8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 1MG, 2MG	\$0 (Tier 5)	PA; ACS
GENOTROPIN INJECTION 12MG, 5MG	\$0 (Tier 5)	PA; ACS
INCRELEX INJECTION 40MG/4ML	\$0 (Tier 5)	PA; LD
ISTURISA TABLET 1MG	\$0 (Tier 5)	QL (240 EA per 30 days) PA; LD
ISTURISA TABLET 5MG	\$0 (Tier 5)	QL (360 EA per 30 days) PA; LD

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

If you have questions, call Aetna Medicare FIDE (HMO D-SNP) at **1-844-362-0934** (TTY: 711), 8 a.m. to 8 p.m., E.S.T., 7 days a week. The call is free. **For more information**, visit **AetnaMedicare.com/NJDSNP-drug-formulary**



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>javygtor packet 100mg</i>	\$0 (Tier 4)	PA; LD
<i>javygtor packet 500mg</i>	\$0 (Tier 5)	PA; LD
<i>javygtor tablet 100mg</i>	\$0 (Tier 5)	PA; LD
<i>levocarnitine injection 200mg/ml</i>	\$0 (Tier 4)	
<i>levocarnitine oral solution 1gm/10ml</i>	\$0 (Tier 4)	MO
<i>levocarnitine tablet 330mg</i>	\$0 (Tier 4)	MO
LUPRON DEPOT-PED (6-MONTH) INJECTION 45MG	\$0 (Tier 5)	PA; ACS
<i>methergine tablet 0.2mg</i>	\$0 (Tier 4)	
<i>methylethergonovine maleate tablet 0.2mg</i>	\$0 (Tier 5)	MO
<i>mifepristone tablet 300mg</i>	\$0 (Tier 5)	PA; ACS
<i>nitisinone capsule 2mg</i>	\$0 (Tier 4)	PA; ACS
<i>nitisinone capsule 10mg, 20mg, 5mg</i>	\$0 (Tier 5)	PA; ACS
<i>octreotide acetate injection 100mcg/ml, 200mcg/ml, 50mcg/ml</i>	\$0 (Tier 4)	PA; ACS
<i>octreotide acetate injection 1000mcg/ml, 500mcg/ml</i>	\$0 (Tier 5)	PA; ACS
<i>raloxifene hydrochloride tablet 60mg</i>	\$0 (Tier 2)	MO
REVCovi INJECTION 2.4MG/1.5ML	\$0 (Tier 5)	PA; LD
REZDIFFRA TABLET 100MG, 60MG, 80MG	\$0 (Tier 5)	QL (30 EA per 30 days) PA; ACS LD
<i>sapropterin dihydrochloride packet 100mg, 500mg</i>	\$0 (Tier 5)	PA; ACS
<i>sapropterin dihydrochloride tablet 100mg</i>	\$0 (Tier 5)	PA; ACS
SIGNIFOR INJECTION 0.3MG/ML, 0.6MG/ML, 0.9MG/ML	\$0 (Tier 5)	PA; LD
<i>sodium phenylbutyrate powder 3gm/tsp</i>	\$0 (Tier 5)	PA; ACS
<i>sodium phenylbutyrate tablet 500mg</i>	\$0 (Tier 5)	PA; ACS
SOMATULINE DEPOT INJECTION 120MG/0.5ML, 60MG/0.2ML, 90MG/0.3ML	\$0 (Tier 5)	PA; ACS LD
SOMAVERT INJECTION 10MG, 15MG, 20MG, 25MG, 30MG	\$0 (Tier 5)	PA; ACS LD
<i>tolvaptan tablet therapy pack 15mg; 15mg, 30mg; 15mg, 45mg; 15mg, 60mg; 30mg, 90mg; 30mg</i>	\$0 (Tier 5)	QL (56 EA per 28 days) PA; ACS LD

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.



If you have questions, call Aetna Medicare FIDE (HMO D-SNP) at **1-844-362-0934** (TTY: 711), 8 a.m. to 8 p.m., E.S.T., 7 days a week. The call is free. **For more information**, visit **AetnaMedicare.com/NJDSNP-drug-formulary**

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>tolvaptan (generic Jynarque) tablet 15mg, 30mg</i>	\$0 (Tier 5)	QL (120 EA per 30 days) PA; ACS LD
WEGOVY INJECTION 0.25MG/0.5ML, 0.5MG/0.5ML, 1MG/0.5ML	\$0 (Tier 3)	QL (2 ML per 28 days) PA
WEGOVY INJECTION 1.7MG/0.75ML, 2.4MG/0.75ML	\$0 (Tier 3)	QL (3 ML per 28 days) PA MO
WEGOVY TABLET 1.5MG, 25MG, 4MG, 9MG	\$0 (Tier 3)	QL (30 EA per 30 days) PA MO
<i>zelvysia packet 100mg, 500mg</i>	\$0 (Tier 5)	PA; LD
PHOSPHATE BINDER AGENTS		
<i>calcium acetate capsule 667mg</i>	\$0 (Tier 3)	QL (360 EA per 30 days) B/D MO
<i>sevelamer carbonate tablet 800mg</i>	\$0 (Tier 4)	QL (540 EA per 30 days) B/D MO
PROGESTINS		
<i>gallifrey tablet 5mg</i>	\$0 (Tier 2)	
<i>medroxyprogesterone acetate tablet 10mg, 2.5mg, 5mg</i>	\$0 (Tier 1)	MO
<i>megestrol acetate suspension 40mg/ml</i>	\$0 (Tier 3)	MO
<i>megestrol acetate suspension 625mg/5ml</i>	\$0 (Tier 4)	MO
<i>norethindrone acetate tablet 5mg</i>	\$0 (Tier 2)	MO
<i>progesterone capsule 100mg, 200mg</i>	\$0 (Tier 2)	MO
<i>progesterone injection 50mg/ml</i>	\$0 (Tier 4)	MO
THYROID AGENTS		
<i>levo-t tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 300mcg, 50mcg, 75mcg, 88mcg</i>	\$0 (Tier 1)	
LEVOTHYROXINE SODIUM INJECTION 100MCG/ML, 500MCG/5ML	\$0 (Tier 4)	
LEVOTHYROXINE SODIUM INJECTION 200MCG/5ML	\$0 (Tier 5)	
LEVOTHYROXINE SODIUM INJECTION 100MCG/5ML	\$0 (Tier 5)	MO
<i>levothyroxine sodium tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 300mcg, 50mcg, 75mcg, 88mcg</i>	\$0 (Tier 1)	MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

If you have questions, call Aetna Medicare FIDE (HMO D-SNP) at **1-844-362-0934** (TTY: 711), 8 a.m. to 8 p.m., E.S.T., 7 days a week. The call is free. **For more information**, visit **AetnaMedicare.com/NJDSNP-drug-formulary**



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>levoxyl tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg</i>	\$0 (Tier 1)	MO
<i>liomny tablet 25mcg, 50mcg, 5mcg</i>	\$0 (Tier 2)	
<i>liothyronine sodium injection 10mcg/ml</i>	\$0 (Tier 5)	
<i>liothyronine sodium tablet 25mcg, 50mcg, 5mcg</i>	\$0 (Tier 2)	MO
<i>methimazole tablet 10mg, 5mg</i>	\$0 (Tier 1)	MO
<i>propylthiouracil tablet 50mg</i>	\$0 (Tier 2)	MO
SYNTHROID TABLET 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 300MCG, 50MCG, 75MCG, 88MCG	\$0 (Tier 3)	MO
<i>unithroid tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 300mcg, 50mcg, 75mcg, 88mcg</i>	\$0 (Tier 1)	
VITAMIN D ANALOGS		
<i>calcitriol capsule 0.25mcg, 0.5mcg</i>	\$0 (Tier 2)	MO
<i>calcitriol injection 1mcg/ml</i>	\$0 (Tier 4)	
<i>calcitriol oral solution 1mcg/ml</i>	\$0 (Tier 4)	MO
<i>doxercalciferol injection 4mcg/2ml</i>	\$0 (Tier 4)	
<i>paricalcitol capsule 1mcg, 2mcg, 4mcg</i>	\$0 (Tier 4)	MO
<i>paricalcitol injection 2mcg/ml, 5mcg/ml</i>	\$0 (Tier 4)	MO
GASTROINTESTINAL		
ANTIEMETICS		
<i>aprepitant capsule therapy pack</i>	\$0 (Tier 4)	B/D MO
<i>aprepitant capsule 40mg, 80mg</i>	\$0 (Tier 4)	B/D MO
<i>aprepitant capsule 125mg</i>	\$0 (Tier 5)	B/D MO
<i>compro suppository 25mg</i>	\$0 (Tier 4)	MO; HRM
DIMENHYDRINATE INJECTION 50MG/ML	\$0 (Tier 4)	
<i>dronabinol capsule 10mg, 2.5mg, 5mg</i>	\$0 (Tier 4)	QL (60 EA per 30 days) PA MO
<i>granisetron hydrochloride tablet 1mg</i>	\$0 (Tier 3)	QL (60 EA per 30 days) B/D MO
<i>meclizine hcl tablet 12.5mg, 25mg</i>	\$0 (Tier 2)	MO; HRM
<i>meclizine hydrochloride tablet 50mg</i>	\$0 (Tier 2)	MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.



If you have questions, call Aetna Medicare FIDE (HMO D-SNP) at **1-844-362-0934** (TTY: 711), 8 a.m. to 8 p.m., E.S.T., 7 days a week. The call is free. **For more information**, visit **AetnaMedicare.com/NJDSNP-drug-formulary**

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>meclizine hydrochloride tablet 25mg</i>	\$0 (Tier 2)	MO; HRM
<i>metoclopramide hcl solution 5mg/5ml</i>	\$0 (Tier 4)	MO
<i>metoclopramide hydrochloride injection 5mg/ml</i>	\$0 (Tier 4)	MO
<i>metoclopramide hydrochloride tablet 10mg, 5mg</i>	\$0 (Tier 2)	MO
<i>ondansetron hcl solution 4mg/5ml</i>	\$0 (Tier 2)	QL (900 ML per 30 days) B/D MO
<i>ondansetron hcl tablet 24mg</i>	\$0 (Tier 2)	B/D
<i>ondansetron hydrochloride injection 40mg/20ml, 4mg/2ml</i>	\$0 (Tier 4)	MO
<i>ondansetron hydrochloride tablet 4mg, 8mg</i>	\$0 (Tier 2)	B/D MO
<i>ondansetron odt tablet disintegrating 4mg, 8mg</i>	\$0 (Tier 2)	B/D MO
<i>prochlorperazine edisylate injection 10mg/2ml</i>	\$0 (Tier 4)	MO; HRM
<i>prochlorperazine maleate tablet 10mg, 5mg</i>	\$0 (Tier 2)	MO; HRM
<i>prochlorperazine suppository 25mg</i>	\$0 (Tier 4)	MO; HRM
<i>promethazine hcl injection 25mg/ml, 50mg/ml</i>	\$0 (Tier 4)	PA MO; HRM
<i>promethazine hcl suppository 12.5mg</i>	\$0 (Tier 4)	PA MO; HRM
<i>promethazine hydrochloride plain solution 6.25mg/5ml</i>	\$0 (Tier 4)	PA MO; HRM
<i>promethazine hydrochloride solution 6.25mg/5ml</i>	\$0 (Tier 4)	PA MO
<i>promethazine hydrochloride suppository 25mg</i>	\$0 (Tier 4)	PA MO; HRM
<i>promethazine hydrochloride tablet 12.5mg, 25mg, 50mg</i>	\$0 (Tier 4)	PA MO; HRM
<i>promethegan suppository 12.5mg, 25mg</i>	\$0 (Tier 4)	PA; HRM
<i>scopolamine patch 72 hour 1mg/3days</i>	\$0 (Tier 4)	QL (10 EA per 30 days) PA MO; HRM
<i>trimethobenzamide hydrochloride capsule 300mg</i>	\$0 (Tier 4)	PA MO
ANTISPASMODICS		
<i>dicyclomine hcl solution 10mg/5ml</i>	\$0 (Tier 4)	PA MO; HRM
<i>dicyclomine hydrochloride capsule 10mg</i>	\$0 (Tier 2)	PA MO; HRM
<i>dicyclomine hydrochloride injection 10mg/ml</i>	\$0 (Tier 4)	PA MO; HRM
<i>dicyclomine hydrochloride tablet 20mg</i>	\$0 (Tier 2)	PA MO; HRM
<i>glycopyrrolate injection 0.2mg/ml, 0.4mg/2ml</i>	\$0 (Tier 4)	
<i>glycopyrrolate injection 0.2mg/ml, 1mg/5ml, 4mg/20ml</i>	\$0 (Tier 4)	MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

If you have questions, call Aetna Medicare FIDE (HMO D-SNP) at **1-844-362-0934** (TTY: 711), 8 a.m. to 8 p.m., E.S.T., 7 days a week. The call is free. **For more information**, visit **AetnaMedicare.com/NJDSNP-drug-formulary**



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>glycopyrrolate tablet 1mg, 2mg</i>	\$0 (Tier 2)	MO
<i>methscopolamine bromide tablet 2.5mg, 5mg</i>	\$0 (Tier 4)	PA MO
H2-RECEPTOR ANTAGONISTS		
<i>cimetidine tablet 200mg, 300mg, 400mg, 800mg</i>	\$0 (Tier 4)	MO
<i>famotidine premixed injection 0.4mg/ml; 0.9%</i>	\$0 (Tier 4)	
<i>famotidine injection 200mg/20ml, 20mg/2ml, 40mg/4ml</i>	\$0 (Tier 4)	
<i>famotidine suspension reconstituted 40mg/5ml</i>	\$0 (Tier 4)	MO
<i>famotidine tablet 20mg, 40mg</i>	\$0 (Tier 1)	MO
<i>nizatidine capsule 150mg, 300mg</i>	\$0 (Tier 2)	MO
INFLAMMATORY BOWEL DISEASE		
<i>balsalazide disodium capsule 750mg</i>	\$0 (Tier 4)	MO
<i>budesonide er tablet extended release 24 hour 9mg</i>	\$0 (Tier 4)	MO
<i>budesonide capsule delayed release particles 3mg</i>	\$0 (Tier 4)	MO
<i>hydrocortisone enema 100mg/60ml</i>	\$0 (Tier 2)	MO
<i>mesalamine dr capsule delayed release 400mg</i>	\$0 (Tier 4)	MO
<i>mesalamine dr tablet delayed release 1.2gm, 800mg</i>	\$0 (Tier 4)	MO
<i>mesalamine enema 4gm</i>	\$0 (Tier 4)	MO
<i>mesalamine kit 4gm</i>	\$0 (Tier 4)	MO
<i>mesalamine suppository 1000mg</i>	\$0 (Tier 2)	MO
<i>sulfasalazine tablet delayed release 500mg</i>	\$0 (Tier 2)	MO
<i>sulfasalazine tablet 500mg</i>	\$0 (Tier 2)	MO
LAXATIVES		
CLENPIQ SOLUTION 12GM/175ML; 3.5GM/175ML; 10MG/175ML	\$0 (Tier 4)	MO
<i>constulose solution 10gm/15ml</i>	\$0 (Tier 2)	
<i>enulose solution 10gm/15ml</i>	\$0 (Tier 2)	
<i>gavilyte-c solution reconstituted 240gm; 2.98gm; 6.72gm; 5.84gm; 22.72gm</i>	\$0 (Tier 2)	MO
<i>gavilyte-g solution reconstituted 236gm; 2.97gm; 6.74gm; 5.86gm; 22.74gm</i>	\$0 (Tier 2)	MO
<i>gavilyte-n/flavor pack solution reconstituted 420gm; 1.48gm; 5.72gm; 11.2gm</i>	\$0 (Tier 2)	

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.



If you have questions, call Aetna Medicare FIDE (HMO D-SNP) at **1-844-362-0934** (TTY: 711), 8 a.m. to 8 p.m., E.S.T., 7 days a week. The call is free. **For more information**, visit **AetnaMedicare.com/NJDSNP-drug-formulary**

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>generlac solution 10gm/15ml</i>	\$0 (Tier 2)	
<i>kristalose packet 10gm, 20gm</i>	\$0 (Tier 4)	PA
<i>lactulose packet 20gm</i>	\$0 (Tier 4)	PA MO
<i>lactulose packet 10gm</i>	\$0 (Tier 5)	PA MO
<i>lactulose solution 10gm/15ml</i>	\$0 (Tier 2)	MO
<i>peg-3350/electrolytes solution reconstituted 236gm; 2.97gm; 6.74gm; 5.86gm; 22.74gm</i>	\$0 (Tier 2)	MO
<i>peg-3350/nacl/na bicarbonate/kcl solution reconstituted 420gm; 1.48gm; 5.72gm; 11.2gm</i>	\$0 (Tier 2)	MO
<i>sodium sulfate/potassium sulfate/magnesium sulfate solution 1.6gm/177ml; 3.13gm/177ml; 17.5gm/177ml</i>	\$0 (Tier 4)	MO
SUTAB TABLET 225MG; 188MG; 1479MG	\$0 (Tier 4)	MO
MISCELLANEOUS		
<i>alosetron hydrochloride tablet 0.5mg, 1mg</i>	\$0 (Tier 4)	QL (60 EA per 30 days) PA MO
<i>bismuth subcitrate pot/metronidazole/tetracycline hydrochlo capsule 140mg; 125mg; 125mg</i>	\$0 (Tier 4)	MO
CREON CAPSULE DELAYED RELEASE PARTICLES 120000UNIT; 24000UNIT; 76000UNIT, 15000UNIT; 3000UNIT; 9500UNIT, 180000UNIT; 36000UNIT; 114000UNIT, 30000UNIT; 6000UNIT; 19000UNIT, 60000UNIT; 12000UNIT; 38000UNIT	\$0 (Tier 3)	MO
<i>cromolyn sodium concentrate 100mg/5ml</i>	\$0 (Tier 4)	MO
<i>diphenoxylate hydrochloride/atropine sulfate tablet 0.025mg; 2.5mg</i>	\$0 (Tier 3)	MO; HRM
LINZESS CAPSULE 145MCG, 290MCG, 72MCG	\$0 (Tier 3)	QL (30 EA per 30 days) MO
<i>loperamide hydrochloride capsule 2mg</i>	\$0 (Tier 2)	MO
<i>lubiprostone capsule 24mcg, 8mcg</i>	\$0 (Tier 3)	QL (60 EA per 30 days) MO
<i>misoprostol tablet 100mcg, 200mcg</i>	\$0 (Tier 3)	MO
MOVANTIK TABLET 25MG	\$0 (Tier 3)	QL (30 EA per 30 days) MO
MOVANTIK TABLET 12.5MG	\$0 (Tier 3)	QL (60 EA per 30 days) MO
<i>sucralfate suspension 1gm/10ml</i>	\$0 (Tier 4)	MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

If you have questions, call Aetna Medicare FIDE (HMO D-SNP) at **1-844-362-0934** (TTY: 711), 8 a.m. to 8 p.m., E.S.T., 7 days a week. The call is free. **For more information**, visit **AetnaMedicare.com/NJDSNP-drug-formulary**



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>sucralfate tablet 1gm</i>	\$0 (Tier 2)	MO
TALICIA CAPSULE DELAYED RELEASE 250MG; 10MG; 12.5MG	\$0 (Tier 4)	QL (336 EA per 365 days) MO
<i>ursodiol capsule 300mg</i>	\$0 (Tier 3)	MO
<i>ursodiol tablet 250mg, 500mg</i>	\$0 (Tier 4)	MO
VOQUEZNA DUAL PAK THERAPY PACK 500MG; 20MG	\$0 (Tier 4)	QL (224 EA per 365 days) PA MO
VOQUEZNA TRIPLE PAK THERAPY PACK 500MG; 500MG; 20MG	\$0 (Tier 4)	QL (224 EA per 365 days) PA MO
VOWST CAPSULE	\$0 (Tier 5)	PA; LD
XERMELO TABLET 250MG	\$0 (Tier 5)	QL (84 EA per 28 days) PA; LD
XIFAXAN TABLET 550MG	\$0 (Tier 3)	PA MO
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 14000UNIT; 3000UNIT; 10000UNIT; 24000UNIT; 5000UNIT; 17000UNIT; 42000UNIT; 10000UNIT; 32000UNIT; 63000UNIT; 15000UNIT; 47000UNIT	\$0 (Tier 4)	MO
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 105000UNIT; 25000UNIT; 79000UNIT; 168000UNIT; 40000UNIT; 126000UNIT; 252600UNIT; 60000UNIT; 189600UNIT; 84000UNIT; 20000UNIT; 63000UNIT	\$0 (Tier 5)	MO
PROTON PUMP INHIBITORS		
<i>esomeprazole magnesium capsule delayed release 20mg, 40mg</i>	\$0 (Tier 2)	QL (30 EA per 30 days) MO
<i>esomeprazole sodium injection 40mg</i>	\$0 (Tier 2)	
<i>lansoprazole capsule delayed release 15mg</i>	\$0 (Tier 2)	QL (30 EA per 30 days) MO
<i>lansoprazole capsule delayed release 30mg</i>	\$0 (Tier 2)	QL (42 EA per 30 days) MO
<i>omeprazole dr capsule delayed release 10mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>omeprazole capsule delayed release 20mg, 40mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>pantoprazole sodium injection 40mg</i>	\$0 (Tier 4)	
<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

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.



If you have questions, call Aetna Medicare FIDE (HMO D-SNP) at **1-844-362-0934** (TTY: 711), 8 a.m. to 8 p.m., E.S.T., 7 days a week. The call is free. **For more information**, visit **AetnaMedicare.com/NJDSNP-drug-formulary**

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>rabeprazole sodium tablet delayed release 20mg</i>	\$0 (Tier 4)	QL (30 EA per 30 days) MO
GENITOURINARY		
<i>BENIGN PROSTATIC HYPERPLASIA</i>		
<i>alfuzosin hcl er tablet extended release 24 hour 10mg</i>	\$0 (Tier 2)	QL (30 EA per 30 days) MO
<i>dutasteride/tamsulosin hydrochloride capsule 0.5mg; 0.4mg</i>	\$0 (Tier 4)	QL (30 EA per 30 days) MO
<i>dutasteride capsule 0.5mg</i>	\$0 (Tier 2)	QL (30 EA per 30 days) MO
<i>finasteride tablet 5mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>silodosin capsule 4mg, 8mg</i>	\$0 (Tier 4)	QL (30 EA per 30 days) MO
<i>tadalafil (generic Cialis) tablet 5mg</i>	\$0 (Tier 4)	QL (30 EA per 30 days) PA MO
<i>tamsulosin hydrochloride capsule 0.4mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>MISCELLANEOUS</i>		
<i>acetic acid 0.25% solution 0.25%</i>	\$0 (Tier 2)	MO
<i>bethanechol chloride tablet 10mg, 25mg, 50mg, 5mg</i>	\$0 (Tier 2)	MO
FILSPARI TABLET 200MG	\$0 (Tier 5)	QL (30 EA per 30 days) PA; ACS LD
FILSPARI TABLET 400MG	\$0 (Tier 5)	QL (60 EA per 30 days) PA; ACS LD
<i>potassium citrate er tablet extended release 540mg</i>	\$0 (Tier 2)	MO
<i>potassium citrate er tablet extended release 1080mg, 15meq</i>	\$0 (Tier 3)	MO
TARPEYO CAPSULE DELAYED RELEASE 4MG	\$0 (Tier 5)	QL (120 EA per 30 days) PA; LD
<i>URINARY ANTISPASMODICS</i>		
<i>fesoterodine fumarate er tablet extended release 24 hour 4mg, 8mg</i>	\$0 (Tier 4)	QL (30 EA per 30 days) MO; HRM
GEMTESA TABLET 75MG	\$0 (Tier 3)	QL (30 EA per 30 days) MO
<i>mirabegron er suspension reconstituted er 8mg/ml</i>	\$0 (Tier 3)	QL (300 ML per 28 days)
<i>mirabegron er tablet extended release 24 hour 25mg, 50mg</i>	\$0 (Tier 3)	QL (30 EA per 30 days) MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

If you have questions, call Aetna Medicare FIDE (HMO D-SNP) at **1-844-362-0934** (TTY: 711), 8 a.m. to 8 p.m., E.S.T., 7 days a week. The call is free. **For more information,** visit **AetnaMedicare.com/NJDSNP-drug-formulary**



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>oxybutynin chloride er tablet extended release 24 hour 5mg</i>	\$0 (Tier 2)	QL (30 EA per 30 days) MO; HRM
<i>oxybutynin chloride er tablet extended release 24 hour 10mg, 15mg</i>	\$0 (Tier 2)	QL (60 EA per 30 days) MO; HRM
<i>oxybutynin chloride solution 5mg/5ml</i>	\$0 (Tier 2)	QL (600 ML per 30 days) MO; HRM
<i>oxybutynin chloride tablet 5mg</i>	\$0 (Tier 2)	QL (120 EA per 30 days) MO; HRM
<i>solifenacin succinate tablet 10mg, 5mg</i>	\$0 (Tier 2)	QL (30 EA per 30 days) MO; HRM
<i>tolterodine tartrate er capsule extended release 24 hour 2mg, 4mg</i>	\$0 (Tier 4)	QL (30 EA per 30 days) MO; HRM
<i>tolterodine tartrate tablet 1mg, 2mg</i>	\$0 (Tier 3)	QL (60 EA per 30 days) MO; HRM
<i>tropium chloride er capsule extended release 24 hour 60mg</i>	\$0 (Tier 4)	QL (30 EA per 30 days) MO; HRM
<i>tropium chloride tablet 20mg</i>	\$0 (Tier 2)	QL (60 EA per 30 days) MO; HRM
VAGINAL ANTI-INFECTIVES		
<i>clindamycin phosphate cream 2%</i>	\$0 (Tier 4)	MO
<i>metronidazole vaginal gel 0.75%</i>	\$0 (Tier 4)	MO
<i>miconazole 3 suppository 200mg</i>	\$0 (Tier 3)	MO
<i>terconazole cream 0.4%, 0.8%</i>	\$0 (Tier 2)	MO
<i>terconazole suppository 80mg</i>	\$0 (Tier 4)	MO
HEMATOLOGIC		
ANTICOAGULANTS		
<i>dabigatran etexilate capsule 110mg</i>	\$0 (Tier 4)	QL (120 EA per 30 days) MO
<i>dabigatran etexilate capsule 150mg, 75mg</i>	\$0 (Tier 4)	QL (60 EA per 30 days) MO
ELIQUIS STARTER PACK TABLET THERAPY PACK 5MG	\$0 (Tier 3)	QL (74 EA per 30 days) MO
ELIQUIS CAPSULE SPRINKLE 0.15MG	\$0 (Tier 3)	QL (56 EA per 21 days)
ELIQUIS TABLET SOLUBLE 0.5MG	\$0 (Tier 3)	QL (588 EA per 29 days)
ELIQUIS TABLET SOLUBLE 1.5MG	\$0 (Tier 3)	QL (591 EA per 29 days)
ELIQUIS TABLET SOLUBLE 2MG	\$0 (Tier 3)	QL (592 EA per 30 days)
ELIQUIS TABLET 2.5MG	\$0 (Tier 3)	QL (60 EA per 30 days) MO
ELIQUIS TABLET 5MG	\$0 (Tier 3)	QL (74 EA per 30 days) MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.



If you have questions, call Aetna Medicare FIDE (HMO D-SNP) at **1-844-362-0934** (TTY: 711), 8 a.m. to 8 p.m., E.S.T., 7 days a week. The call is free. **For more information**, visit **AetnaMedicare.com/NJDSNP-drug-formulary**

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>enoxaparin sodium injection 100mg/ml, 120mg/0.8ml, 150mg/ml, 300mg/3ml, 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml</i>	\$0 (Tier 4)	MO
<i>fondaparinux sodium injection 2.5mg/0.5ml</i>	\$0 (Tier 4)	MO
<i>fondaparinux sodium injection 10mg/0.8ml, 5mg/0.4ml, 7.5mg/0.6ml</i>	\$0 (Tier 5)	MO
HEPARIN SODIUM/D5W INJECTION 5%; 100UNIT/ML, 5%; 25000UNIT/500ML, 5%; 40UNIT/ML	\$0 (Tier 4)	
HEPARIN SODIUM/DEXTROSE INJECTION 5%; 25000UNIT/250ML	\$0 (Tier 4)	
HEPARIN SODIUM/NACL 0.45% INJECTION 12500UNIT/250ML; 0.45%, 25000UNIT/250ML; 0.45%	\$0 (Tier 3)	
HEPARIN SODIUM/SODIUM CHLORIDE INJECTION 25000UNIT/250ML; 0.45%, 25000UNIT/500ML; 0.45%	\$0 (Tier 3)	
HEPARIN SODIUM INJECTION 5000UNIT/0.5ML, 5000UNIT/ML PF	\$0 (Tier 3)	
<i>heparin sodium injection 10000unit/ml, 1000unit/ml, 20000unit/ml, 5000unit/0.5ml pf, 5000unit/ml</i>	\$0 (Tier 3)	MO
<i>jantoven tablet 10mg, 1mg, 2.5mg, 2mg, 3mg, 4mg, 5mg, 6mg, 7.5mg</i>	\$0 (Tier 1)	
<i>rivaroxaban suspension reconstituted 1mg/ml</i>	\$0 (Tier 4)	QL (620 ML per 30 days) MO
<i>rivaroxaban tablet 2.5mg</i>	\$0 (Tier 3)	QL (60 EA per 30 days) MO
<i>warfarin sodium tablet 10mg, 1mg, 2.5mg, 2mg, 3mg, 4mg, 5mg, 6mg, 7.5mg</i>	\$0 (Tier 1)	MO
XARELTO STARTER PACK TABLET THERAPY PACK 15MG; 20MG	\$0 (Tier 3)	QL (51 EA per 30 days) MO
XARELTO SUSPENSION RECONSTITUTED 1MG/ML	\$0 (Tier 3)	QL (620 ML per 30 days) MO
XARELTO TABLET 10MG, 15MG, 20MG	\$0 (Tier 3)	QL (30 EA per 30 days) MO
XARELTO TABLET 2.5MG	\$0 (Tier 3)	QL (60 EA per 30 days) MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

If you have questions, call Aetna Medicare FIDE (HMO D-SNP) at **1-844-362-0934** (TTY: 711), 8 a.m. to 8 p.m., E.S.T., 7 days a week. The call is free. **For more information**, visit **AetnaMedicare.com/NJDSNP-drug-formulary**



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
HEMATOPOIETIC GROWTH FACTORS		
LEUKINE INJECTION 250MCG	\$0 (Tier 5)	PA; ACS
PROCRIT INJECTION 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	\$0 (Tier 3)	PA; ACS
PROCRIT INJECTION 20000UNIT/ML, 40000UNIT/ML	\$0 (Tier 5)	PA; ACS
ZARXIO INJECTION 300MCG/0.5ML, 480MCG/0.8ML	\$0 (Tier 5)	PA; ACS
MISCELLANEOUS		
ALVAIZ TABLET 54MG, 9MG	\$0 (Tier 5)	QL (60 EA per 30 days) PA; ACS
ALVAIZ TABLET 18MG, 36MG	\$0 (Tier 5)	QL (90 EA per 30 days) PA; ACS
<i>anagrelide hydrochloride capsule 0.5mg, 1mg</i>	\$0 (Tier 4)	MO
BERINERT INJECTION 500UNIT	\$0 (Tier 5)	QL (24 EA per 30 days) PA; ACS LD
<i>cilostazol tablet 100mg, 50mg</i>	\$0 (Tier 2)	MO
DOPTELET SPRINKLE CAPSULE SPRINKLE 10MG	\$0 (Tier 5)	QL (60 EA per 30 days) PA; ACS LD
DOPTELET TABLET 20MG	\$0 (Tier 5)	QL (60 EA per 30 days) PA; ACS LD
DROXIA CAPSULE 200MG, 300MG, 400MG	\$0 (Tier 4)	MO
HAEGARDA INJECTION 3000UNIT	\$0 (Tier 5)	QL (20 EA per 30 days) PA; ACS LD
HAEGARDA INJECTION 2000UNIT	\$0 (Tier 5)	QL (30 EA per 30 days) PA; ACS LD
<i>icatibant acetate injection 30mg/3ml</i>	\$0 (Tier 5)	QL (27 ML per 30 days) PA; ACS
<i>l-glutamine packet 5gm</i>	\$0 (Tier 5)	PA; ACS
<i>pentoxifylline er tablet extended release 400mg</i>	\$0 (Tier 2)	MO
SIKLOS TABLET 100MG	\$0 (Tier 4)	PA MO
SIKLOS TABLET 1000MG	\$0 (Tier 5)	PA MO
TAVNEOS CAPSULE 10MG	\$0 (Tier 5)	QL (180 EA per 30 days) PA; LD
<i>tranexamic acid/sodium chloride injection 0.7%; 1000mg/100ml</i>	\$0 (Tier 4)	
<i>tranexamic acid injection 1000mg/10ml</i>	\$0 (Tier 4)	

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.



If you have questions, call Aetna Medicare FIDE (HMO D-SNP) at **1-844-362-0934** (TTY: 711), 8 a.m. to 8 p.m., E.S.T., 7 days a week. The call is free. **For more information**, visit **AetnaMedicare.com/NJDSNP-drug-formulary**

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>tranexamic acid tablet 650mg</i>	\$0 (Tier 3)	MO
PLATELET AGGREGATION INHIBITORS		
<i>aspirin/dipyridamole er capsule extended release 12 hour 25mg; 200mg</i>	\$0 (Tier 4)	QL (60 EA per 30 days) MO
<i>clopidogrel tablet 75mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>clopidogrel tablet 300mg</i>	\$0 (Tier 2)	QL (2 EA per 365 days) MO
<i>prasugrel hydrochloride tablet 10mg, 5mg</i>	\$0 (Tier 4)	MO
<i>ticagrelor tablet 60mg, 90mg</i>	\$0 (Tier 4)	MO
IMMUNOLOGIC AGENTS		
AUTOIMMUNE AGENTS		
ADALIMUMAB-BWWD INJECTION 40MG/0.4ML	\$0 (Tier 5)	QL (22.4 ML per 365 days) PA; ACS
BIMZELX INJECTION 160MG/ML, 320MG/2ML	\$0 (Tier 5)	QL (4 ML per 28 days) PA; ACS
DUPIXENT INJECTION 200MG/1.14ML	\$0 (Tier 5)	QL (4.56 ML per 28 days) PA; ACS
DUPIXENT INJECTION 300MG/2ML	\$0 (Tier 5)	QL (8 ML per 28 days) PA; ACS
EBGLYSS INJECTION 250MG/2ML	\$0 (Tier 5)	QL (40 ML per 365 days) PA; ACS LD
ENBREL MINI INJECTION 50MG/ML	\$0 (Tier 5)	QL (8 ML per 28 days) PA; ACS
ENBREL SURECLICK INJECTION 50MG/ML	\$0 (Tier 5)	QL (8 ML per 28 days) PA; ACS
ENBREL INJECTION 25MG/0.5ML, 50MG/ML	\$0 (Tier 5)	QL (8 ML per 28 days) PA; ACS
ENTYVIO PEN INJECTION 108MG/0.68ML	\$0 (Tier 5)	QL (1.36 ML per 28 days) PA; ACS LD
HADLIMA PUSHTOUCH INJECTION 40MG/0.4ML	\$0 (Tier 5)	QL (22.4 ML per 365 days) PA; ACS
HADLIMA PUSHTOUCH INJECTION 40MG/0.8ML	\$0 (Tier 5)	QL (44.8 ML per 365 days) PA; ACS
HADLIMA INJECTION 40MG/0.4ML	\$0 (Tier 5)	QL (22.4 ML per 365 days) PA; ACS
HADLIMA INJECTION 40MG/0.8ML	\$0 (Tier 5)	QL (44.8 ML per 365 days) PA; ACS
HUMIRA INJECTION 10MG/0.1ML	\$0 (Tier 5)	QL (26 EA per 365 days) PA; ACS
HUMIRA INJECTION 20MG/0.2ML	\$0 (Tier 5)	QL (52 EA per 365 days) PA; ACS
KINERET INJECTION 100MG/0.67ML	\$0 (Tier 5)	QL (18.76 ML per 28 days) PA; LD
OTEZLA XR TABLET EXTENDED RELEASE 24 HOUR 75MG	\$0 (Tier 5)	QL (30 EA per 30 days) PA; ACS

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

If you have questions, call Aetna Medicare FIDE (HMO D-SNP) at **1-844-362-0934** (TTY: 711), 8 a.m. to 8 p.m., E.S.T., 7 days a week. The call is free. **For more information**, visit **AetnaMedicare.com/NJDSNP-drug-formulary**



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
OTEZLA/OTEZLA XR 28 DAY TREATMENT INITIATION PACK TABLET THERAPY PACK 10MG; 20MG; 30MG; 75MG	\$0 (Tier 5)	QL (82 EA per 365 days) PA; ACS
OTEZLA TABLET THERAPY PACK 10MG; 20MG; 30MG, 10MG; 20MG	\$0 (Tier 5)	QL (110 EA per 365 days) PA; ACS
OTEZLA TABLET 20MG, 30MG	\$0 (Tier 5)	QL (60 EA per 30 days) PA; ACS
PYZCHIVA INJECTION 45MG/0.5ML	\$0 (Tier 3)	QL (0.5 ML per 28 days) PA; ACS
PYZCHIVA INJECTION 90MG/ML	\$0 (Tier 5)	QL (1 ML per 28 days) PA; ACS
PYZCHIVA INJECTION 130MG/26ML	\$0 (Tier 5)	QL (208 ML per 365 days) PA; ACS
RINVOQ LQ SOLUTION 1MG/ML	\$0 (Tier 5)	QL (360 ML per 30 days) PA; ACS
RINVOQ TABLET EXTENDED RELEASE 24 HOUR 45MG	\$0 (Tier 5)	QL (168 EA per 365 days) PA; ACS
RINVOQ TABLET EXTENDED RELEASE 24 HOUR 15MG, 30MG	\$0 (Tier 5)	QL (30 EA per 30 days) PA; ACS
SKYRIZI PEN INJECTION 150MG/ML	\$0 (Tier 5)	QL (6 ML per 365 days) PA; ACS
SKYRIZI INJECTION 180MG/1.2ML	\$0 (Tier 5)	QL (1.2 ML per 56 days) PA; ACS
SKYRIZI INJECTION 600MG/10ML	\$0 (Tier 5)	QL (120 ML per 365 days) PA; ACS
SKYRIZI INJECTION 55MG/0.37ML	\$0 (Tier 5)	QL (2.22 ML per 365 days) PA; ACS
SKYRIZI INJECTION 360MG/2.4ML	\$0 (Tier 5)	QL (2.4 ML per 56 days) PA; ACS
SKYRIZI INJECTION 150MG/ML	\$0 (Tier 5)	QL (6 ML per 365 days) PA; ACS
<i>tofacitinib citrate er tablet extended release 24 hour 11mg, 22mg</i>	\$0 (Tier 5)	QL (30 EA per 30 days) PA; ACS
<i>tofacitinib citrate solution 1mg/ml</i>	\$0 (Tier 5)	QL (480 ML per 24 days) PA; ACS
<i>tofacitinib citrate tablet 10mg, 5mg</i>	\$0 (Tier 5)	QL (60 EA per 30 days) PA; ACS
TREMIFYA INDUCTION PACK FOR CROHNS DISEASE/ULCERATIVE COLITIS INJECTION 200MG/2ML	\$0 (Tier 5)	QL (4 ML per 28 days) PA; ACS
TREMIFYA PEN INJECTION 100MG/ML	\$0 (Tier 5)	QL (1 ML per 28 days) PA; ACS
TREMIFYA INJECTION 100MG/ML	\$0 (Tier 5)	QL (1 ML per 28 days) PA; ACS
TREMIFYA INJECTION 200MG/20ML	\$0 (Tier 5)	QL (20 ML per 28 days) PA; ACS
TREMIFYA INJECTION 200MG/2ML	\$0 (Tier 5)	QL (4 ML per 28 days) PA; ACS
TYENNE INJECTION 162MG/0.9ML	\$0 (Tier 5)	QL (3.6 ML per 28 days) PA; ACS

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.



If you have questions, call Aetna Medicare FIDE (HMO D-SNP) at **1-844-362-0934** (TTY: 711), 8 a.m. to 8 p.m., E.S.T., 7 days a week. The call is free. **For more information**, visit **[AetnaMedicare.com/NJDSNP-drug-formulary](https://www.aetna.com/NJDSNP-drug-formulary)**

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
TYENNE INJECTION 200MG/10ML, 400MG/20ML, 80MG/4ML	\$0 (Tier 5)	QL (40 ML per 28 days) PA; ACS
VELSIPITY TABLET 2MG	\$0 (Tier 5)	QL (30 EA per 30 days) PA; ACS LD
YESINTEK INJECTION 45MG/0.5ML	\$0 (Tier 3)	QL (0.5 ML per 28 days) PA; ACS
YESINTEK INJECTION 130MG/26ML	\$0 (Tier 3)	QL (208 ML per 365 days) PA; ACS
YESINTEK INJECTION 90MG/ML	\$0 (Tier 5)	QL (1 ML per 28 days) PA; ACS
ZYMFENTRA 2-PEN INJECTION 120MG/ML	\$0 (Tier 5)	QL (2 EA per 28 days) PA; ACS
ZYMFENTRA 2-SYRINGE INJECTION 120MG/ML	\$0 (Tier 5)	QL (2 EA per 28 days) PA; ACS
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)		
<i>hydroxychloroquine sulfate tablet 200mg</i>	\$0 (Tier 2)	MO
JYLAMVO SOLUTION 2MG/ML	\$0 (Tier 4)	
<i>leflunomide tablet 10mg, 20mg</i>	\$0 (Tier 2)	QL (30 EA per 30 days) MO
<i>methotrexate sodium tablet 2.5mg</i>	\$0 (Tier 2)	MO
XATMEP SOLUTION 2.5MG/ML	\$0 (Tier 4)	MO
IMMUNOGLOBULINS		
GAMUNEX-C INJECTION 10GM/100ML, 1GM/10ML, 2.5GM/25ML, 20GM/200ML, 40GM/400ML, 5GM/50ML	\$0 (Tier 5)	PA; ACS LD
PRIVIGEN INJECTION 10GM/100ML, 20GM/200ML, 40GM/400ML, 5GM/50ML	\$0 (Tier 5)	PA; ACS LD
IMMUNOMODULATORS		
ACTIMMUNE INJECTION 100MCG/0.5ML	\$0 (Tier 5)	PA; ACS LD
ARCALYST INJECTION 220MG	\$0 (Tier 5)	PA; ACS LD
IMMUNOSUPPRESSANTS		
AZATHIOPRINE INJECTION 100MG	\$0 (Tier 4)	B/D
<i>azathioprine tablet 50mg</i>	\$0 (Tier 2)	B/D MO
BENLYSTA INJECTION 200MG/ML	\$0 (Tier 5)	PA; ACS LD
<i>cyclosporine modified capsule 100mg, 25mg, 50mg</i>	\$0 (Tier 4)	B/D MO
<i>cyclosporine modified solution 100mg/ml</i>	\$0 (Tier 4)	B/D MO
<i>cyclosporine capsule 100mg, 25mg</i>	\$0 (Tier 4)	B/D MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

If you have questions, call Aetna Medicare FIDE (HMO D-SNP) at **1-844-362-0934** (TTY: 711), 8 a.m. to 8 p.m., E.S.T., 7 days a week. The call is free. **For more information,** visit **AetnaMedicare.com/NJDSNP-drug-formulary**



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ENVARBUS XR TABLET EXTENDED RELEASE 24 HOUR 0.75MG, 1MG, 4MG	\$0 (Tier 4)	B/D MO
<i>everolimus tablet 0.25mg</i>	\$0 (Tier 4)	B/D MO
<i>everolimus tablet 0.5mg, 0.75mg, 1mg</i>	\$0 (Tier 5)	B/D MO
<i>gengraf capsule 100mg, 25mg</i>	\$0 (Tier 4)	B/D
<i>mycophenolate mofetil capsule 250mg</i>	\$0 (Tier 3)	B/D MO
<i>mycophenolate mofetil injection 500mg</i>	\$0 (Tier 4)	B/D MO
<i>mycophenolate mofetil suspension reconstituted 200mg/ml</i>	\$0 (Tier 5)	B/D MO
<i>mycophenolate mofetil tablet 500mg</i>	\$0 (Tier 3)	B/D MO
<i>mycophenolic acid dr tablet delayed release 180mg, 360mg</i>	\$0 (Tier 4)	B/D MO
NULOJIX INJECTION 250MG	\$0 (Tier 5)	B/D
PROGRAF PACKET 0.2MG, 1MG	\$0 (Tier 4)	B/D MO
REZUROCK TABLET 200MG	\$0 (Tier 5)	QL (30 EA per 30 days) PA; LD
<i>sirolimus solution 1mg/ml</i>	\$0 (Tier 4)	B/D MO
<i>sirolimus tablet 0.5mg, 1mg, 2mg</i>	\$0 (Tier 4)	B/D MO
<i>tacrolimus er capsule extended release 24 hour 5mg</i>	\$0 (Tier 3)	B/D
<i>tacrolimus er capsule extended release 24 hour 0.5mg, 1mg</i>	\$0 (Tier 4)	B/D
<i>tacrolimus capsule 0.5mg, 1mg, 5mg</i>	\$0 (Tier 4)	B/D MO
VACCINES		
ABRYSVO INJECTION 120MCG/0.5ML	\$0 (Tier 3)	QL (1 EA per 999 days) PA
ACTHIB INJECTION 10MCG/0.5ML	\$0 (Tier 1)	
ADACEL INJECTION 2LF/0.5ML; 15.5MCG/0.5ML; 5LF/0.5ML	\$0 (Tier 1)	
AREXVY INJECTION 120MCG/0.5ML	\$0 (Tier 3)	QL (1 EA per 999 days) PA
BCG VACCINE INJECTION 50MG	\$0 (Tier 1)	
BEXSERO INJECTION 0.5ML	\$0 (Tier 1)	
BOOSTRIX INJECTION 2.5LF/0.5ML; 18.5MCG/0.5ML; 5LF/0.5ML	\$0 (Tier 1)	
DAPTACEL INJECTION 15LF/0.5ML; 23MCG/0.5ML; 5LF/0.5ML	\$0 (Tier 1)	

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.



If you have questions, call Aetna Medicare FIDE (HMO D-SNP) at **1-844-362-0934** (TTY: 711), 8 a.m. to 8 p.m., E.S.T., 7 days a week. The call is free. **For more information**, visit **AetnaMedicare.com/NJDSNP-drug-formulary**

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
DENGXAXIA INJECTION	\$0 (Tier 1)	
ENERIX-B INJECTION 10MCG/0.5ML, 20MCG/ML	\$0 (Tier 1)	B/D
GARDASIL 9 INJECTION 0.5ML	\$0 (Tier 1)	
HAVRIX INJECTION 1440UNIT/ML, 720ELU/0.5ML	\$0 (Tier 1)	
HEPLISAV-B INJECTION 20MCG/0.5ML	\$0 (Tier 1)	B/D
HIBERIX INJECTION 10MCG	\$0 (Tier 1)	
IMOVAX RABIES (H.D.C.V.) INJECTION 2.5UNIT/ML	\$0 (Tier 1)	B/D
INFANRIX INJECTION 25LFU/0.5ML; 58MCG/0.5ML; 10LFU/0.5ML	\$0 (Tier 1)	
IPOX INACTIVATED IPV INJECTION	\$0 (Tier 1)	
IXIARO INJECTION	\$0 (Tier 1)	
JYNNEOS INJECTION 0.5ML	\$0 (Tier 1)	B/D
KINRIX INJECTION 25LFU/0.5ML; 58MCG/0.5ML; 10LFU/0.5ML	\$0 (Tier 1)	
M-M-R II INJECTION	\$0 (Tier 1)	
MENQUADFI INJECTION 0.5ML	\$0 (Tier 1)	
MENVEO INJECTION	\$0 (Tier 1)	
MRESVIA INJECTION 50MCG/0.5ML	\$0 (Tier 3)	QL (0.5 ML per 999 days) PA
PEDIARIX INJECTION 25LFU/0.5ML; 10MCG/0.5ML; 58MCG/0.5ML; 10LFU/0.5ML	\$0 (Tier 1)	
PEDVAXHIB INJECTION 7.5MCG/0.5ML	\$0 (Tier 1)	
PENBRAYA INJECTION	\$0 (Tier 1)	
PENMENVY INJECTION	\$0 (Tier 1)	
PENTACEL INJECTION 15LFU/0.5ML; 48MCG/0.5ML; 5LFU/0.5ML	\$0 (Tier 1)	
PRIORIX INJECTION	\$0 (Tier 1)	
PROQUAD INJECTION	\$0 (Tier 1)	
QUADRACEL INJECTION 15LFU/0.5ML; 48MCG/0.5ML; 5LFU/0.5ML	\$0 (Tier 1)	
RABAERT INJECTION	\$0 (Tier 1)	B/D

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

If you have questions, call Aetna Medicare FIDE (HMO D-SNP) at **1-844-362-0934** (TTY: 711), 8 a.m. to 8 p.m., E.S.T., 7 days a week. The call is free. **For more information**, visit **[AetnaMedicare.com/NJDSNP-drug-formulary](https://www.aetna.com/NJDSNP-drug-formulary)**



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
RECOMBIVAX HB INJECTION 10MCG/ML, 40MCG/ML, 5MCG/0.5ML	\$0 (Tier 1)	B/D
ROTARIX SUSPENSION	\$0 (Tier 1)	
ROTATEQ SOLUTION	\$0 (Tier 1)	
SHINGRIX PREFILLED SYRINGE INJECTION 50MCG/0.5ML	\$0 (Tier 1)	QL (1 ML per 999 days)
SHINGRIX VIAL INJECTION 50MCG/0.5ML	\$0 (Tier 1)	QL (2 EA per 999 days)
TENIVAC INJECTION 2LFU; 5LFU	\$0 (Tier 1)	
TICOVAC INJECTION 1.2MCG/0.25ML, 2.4MCG/0.5ML	\$0 (Tier 1)	
TRUMENBA INJECTION 0.5ML	\$0 (Tier 1)	
TWINRIX INJECTION 720ELU/ML; 20MCG/ML	\$0 (Tier 1)	
TYPHIM VI INJECTION 25MCG/0.5ML	\$0 (Tier 1)	
VAQTA INJECTION 25UNIT/0.5ML, 50UNIT/ML	\$0 (Tier 1)	
VARIVAX INJECTION 1350PFU/0.5ML	\$0 (Tier 1)	
VAXCHORA SUSPENSION RECONSTITUTED	\$0 (Tier 1)	
VIMKUNYA INJECTION 40MCG/0.8ML	\$0 (Tier 3)	
VIVOTIF CAPSULE DELAYED RELEASE	\$0 (Tier 1)	MO
YF-VAX INJECTION	\$0 (Tier 1)	

NUTRITIONAL/SUPPLEMENTS***ELECTROLYTES/MINERALS, INJECTABLE***

DEXTROSE 5% /ELECTROLYTE #48 VIAFLEX INJECTION 24MEQ/L; 5%; 23MEQ/L; 3MEQ/L; 3MEQ/L; 20MEQ/L; 25MEQ/L	\$0 (Tier 3)
DEXTROSE 10%/SODIUM CHLORIDE 0.2% INJECTION 10%; 0.2%	\$0 (Tier 4)
DEXTROSE 10%/SODIUM CHLORIDE 0.45% INJECTION 10%; 0.45%	\$0 (Tier 4)
DEXTROSE 2.5%/SODIUM CHLORIDE 0.45% INJECTION 2.5%; 0.45%	\$0 (Tier 4)
DEXTROSE 5%/LACTATED RINGERS INJECTION 2.7MEQ/L; 109MEQ/L; 5%; 28MEQ/L; 4MEQ/L; 130MEQ/L	\$0 (Tier 4)

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.



If you have questions, call Aetna Medicare FIDE (HMO D-SNP) at **1-844-362-0934** (TTY: 711), 8 a.m. to 8 p.m., E.S.T., 7 days a week. The call is free. **For more information**, visit **[AetnaMedicare.com/NJDSNP-drug-formulary](https://www.aetna.com/NJDSNP-drug-formulary)**

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
DEXTROSE 5%/SODIUM CHLORIDE 0.2% INJECTION 5%; 0.2%	\$0 (Tier 4)	
<i>dextrose 5%/sodium chloride 0.3% injection 5%; 0.3%</i>	\$0 (Tier 4)	
DEXTROSE 5%/SODIUM CHLORIDE 0.33% INJECTION 5%; 0.33%	\$0 (Tier 4)	
DEXTROSE 5%/SODIUM CHLORIDE 0.45% INJECTION 5%; 0.45%	\$0 (Tier 4)	
DEXTROSE 5%/SODIUM CHLORIDE 0.9% INJECTION 5%; 0.9%	\$0 (Tier 4)	
<i>dextrose/sodium chloride injection 5%; 0.225%</i>	\$0 (Tier 4)	
ISOLYTE-P/DEXTROSE 5% INJECTION 23MEQ/L; 23MEQ/L; 5%; 3MEQ/L; 3MEQ/L; 20MEQ/L; 25MEQ/L	\$0 (Tier 4)	
ISOLYTE-S PH 7.4 INJECTION 27MEQ/1000ML; 98MEQ/1000ML; 23MEQ/1000ML; 3MEQ/1000ML; 1MEQ/1000ML; 5MEQ/1000ML; 141MEQ/1000ML	\$0 (Tier 4)	B/D
ISOLYTE-S INJECTION 27MEQ/L; 98MEQ/L; 23MEQ/L; 3MEQ/L; 5MEQ/L; 140MEQ/L	\$0 (Tier 4)	B/D
<i>kcl 0.075%/d5w/nacl 0.45% injection 5%; 10meq/l; 0.45%</i>	\$0 (Tier 4)	
<i>kcl 0.15%/d5w/nacl 0.2% injection 5%; 20meq/l; 0.2%</i>	\$0 (Tier 4)	
<i>kcl 0.15%/d5w/nacl 0.45% injection 5%; 20meq/l; 0.45%</i>	\$0 (Tier 4)	
<i>kcl 0.15%/d5w/nacl 0.9% injection 5%; 20meq/l; 0.9%</i>	\$0 (Tier 4)	
<i>kcl 0.3%/d5w/nacl 0.45% injection 5%; 40meq/l; 0.45%</i>	\$0 (Tier 4)	
<i>kcl 0.3%/d5w/nacl 0.9% injection 5%; 40meq/l; 0.9%</i>	\$0 (Tier 4)	
<i>lactated ringers injection 3meq/l; 109meq/l; 28meq/l; 4meq/l; 130meq/l</i>	\$0 (Tier 4)	

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

If you have questions, call Aetna Medicare FIDE (HMO D-SNP) at **1-844-362-0934** (TTY: 711), 8 a.m. to 8 p.m., E.S.T., 7 days a week. The call is free. **For more information**, visit **[AetnaMedicare.com/NJDSNP-drug-formulary](https://www.aetna.com/NJDSNP-drug-formulary)**



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	\$0 (Tier 4)	
<i>magnesium sulfate injection 2gm/50ml, 3gm/100ml, 4gm/100ml, 4gm/50ml, 50%</i>	\$0 (Tier 4)	
<i>multiple electrolytes injection type 1 injection 27meq/l; 98meq/l; 23meq/l; 3meq/l; 5meq/l; 140meq/l</i>	\$0 (Tier 4)	
<i>potassium chloride/dextrose/sodium chloride injection 5%; 0.15%; 0.225%, 5%; 10meq/l; 0.45%, 5%; 20meq/l; 0.45%, 5%; 20meq/l; 0.9%, 5%; 30meq/l; 0.45%, 5%; 40meq/l; 0.45%, 5%; 40meq/l; 0.9%</i>	\$0 (Tier 4)	
<i>potassium chloride/dextrose injection 5%; 10meq/l, 5%; 20meq/l</i>	\$0 (Tier 4)	
<i>potassium chloride/sodium chloride injection 20meq/l; 0.45%, 20meq/l; 0.9%, 40meq/l; 0.9%</i>	\$0 (Tier 4)	
POTASSIUM CHLORIDE INJECTION 0.4MEQ/ML, 10MEQ/100ML, 10MEQ/50ML, 20MEQ/100ML, 40MEQ/100ML	\$0 (Tier 4)	
<i>potassium chloride injection 2meq/ml</i>	\$0 (Tier 4)	MO
RINGERS INJECTION INJECTION 4.5MEQ/L; 156MEQ/L; 4MEQ/L; 147MEQ/L	\$0 (Tier 3)	
<i>sodium bicarbonate injection 4.2%</i>	\$0 (Tier 4)	
<i>sodium bicarbonate injection 8.4%</i>	\$0 (Tier 4)	MO
<i>sodium chloride 0.45% injection 0.45%</i>	\$0 (Tier 4)	
SODIUM CHLORIDE INJECTION 5%	\$0 (Tier 4)	MO
<i>sodium chloride injection 4meq/ml</i>	\$0 (Tier 4)	
<i>sodium chloride injection 0.9%, 2.5meq/ml, 3%</i>	\$0 (Tier 4)	MO
TPN ELECTROLYTES INJECTION 29.5MEQ/20ML; 4.5MEQ/20ML; 35MEQ/20ML; 5MEQ/20ML; 20MEQ/20ML; 35MEQ/20ML	\$0 (Tier 4)	B/D
ELECTROLYTES/MINERALS/VITAMINS, ORAL		
<i>effer-k tablet effervescent 25meq</i>	\$0 (Tier 2)	MO
<i>fluoride tablet chewable 0.5mg</i>	\$0 (Tier 4)	MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.



If you have questions, call Aetna Medicare FIDE (HMO D-SNP) at **1-844-362-0934** (TTY: 711), 8 a.m. to 8 p.m., E.S.T., 7 days a week. The call is free. **For more information**, visit **AetnaMedicare.com/NJDSNP-drug-formulary**

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>klor-con 10 tablet extended release 10meq</i>	\$0 (Tier 2)	
<i>klor-con 8 tablet extended release 8meq</i>	\$0 (Tier 2)	
<i>klor-con m10 tablet extended release 10meq</i>	\$0 (Tier 2)	MO
<i>klor-con m15 tablet extended release 15meq</i>	\$0 (Tier 2)	MO
<i>klor-con m20 tablet extended release 20meq</i>	\$0 (Tier 2)	MO
<i>klor-con packet 20meq</i>	\$0 (Tier 4)	
M-NATAL PLUS TABLET 120MG; 200MG; 400UNIT; 2MG; 12MCG; 27MG; 1MG; 20MG; 10MG; 4000UNIT; 3MG; 1.84MG; 22UNIT; 25MG	\$0 (Tier 3)	MO
<i>multi vitamin/fluoride tablet chewable 60mg; 400unit; 4.5mcg; 0.3mg; 13.5mg; 1.05mg; 1.2mg; 1mg; 1.05mg; 15unit; 2500unit</i>	\$0 (Tier 4)	
<i>multi-vitamin/fluoride drops suspension 35mg/ml; 400unit/ml; 2mcg/ml; 0.25mg/ml; 8mg/ml; 0.4mg/ml; 1500unit/ml; 0.6mg/ml; 0.5mg/ml; 5unit/ml, 35mg/ml; 400unit/ml; 2mcg/ml; 8mg/ml; 0.4mg/ml; 1500unit/ml; 0.6mg/ml; 0.5mg/ml; 0.5mg/ml; 5unit/ml</i>	\$0 (Tier 4)	MO
<i>multi-vitamin/fluoride/iron solution 35mg/ml; 400unit/ml; 10mg/ml; 8mg/ml; 0.4mg/ml; 1500unit/ml; 0.6mg/ml; 0.25mg/ml; 0.5mg/ml; 5unit/ml</i>	\$0 (Tier 4)	MO
<i>multivitamin/fluoride tablet chewable 60mg; 4.5mcg; 300mcg; 13.5mg; 1.05mg; 1.2mg; 0.25mg; 1.05mg; 2500unit; 400unit; 15unit, 60mg; 4.5mcg; 300mcg; 13.5mg; 1.05mg; 1.2mg; 0.5mg; 1.05mg; 2500unit; 400unit; 15unit</i>	\$0 (Tier 4)	MO
NEONATAL PLUS TABLET 20MG; 0.2MG; 200MG; 10MCG; 2MG; 2MG; 12MCG; 27MG; 1000MCG; 5MG; 20MG; 10MG; 1200MCG; 3MG; 1.84MG; 9.2MG; 25MG	\$0 (Tier 3)	MO
NIVA-PLUS TABLET 120MG; 200MG; 400UNIT; 2MG; 12MCG; 27MG; 1MG; 20MG; 10MG; 4000UNIT; 3MG; 1.84MG; 22UNIT; 25MG	\$0 (Tier 3)	MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

If you have questions, call Aetna Medicare FIDE (HMO D-SNP) at **1-844-362-0934** (TTY: 711), 8 a.m. to 8 p.m., E.S.T., 7 days a week. The call is free. **For more information,** visit **[AetnaMedicare.com/NJDSNP-drug-formulary](https://www.aetna.com/NJDSNP-drug-formulary)**



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
PNV PRENATAL PLUS MULTIVITAMIN TABLET 120MG; 200MG; 400UNIT; 2MG; 12MCG; 27MG; 1MG; 20MG; 10MG; 4000UNIT; 3MG; 1.84MG; 22MG; 25MG	\$0 (Tier 3)	MO
<i>potassium chloride er capsule extended release 10meq, 8meq</i>	\$0 (Tier 2)	MO
<i>potassium chloride er tablet extended release 10meq, 15meq, 20meq, 8meq</i>	\$0 (Tier 2)	MO
<i>potassium chloride packet 20meq</i>	\$0 (Tier 4)	MO
<i>potassium chloride oral solution 10%, 20%</i>	\$0 (Tier 4)	MO
PRENATAL PLUS VITAMIN ANDMINERAL TABLET 120MG; 200MG; 12MCG; 2MG; 27MG; 1MG; 20MG; 10MG; 3MG; 1.84MG; 1200MCG; 10MCG; 9.9MG; 25MG	\$0 (Tier 3)	MO
PRENATAL TABLET 120MG; 200MG; 10MCG; 2MG; 12MCG; 27MG; 1MG; 20MG; 10MG; 1200MCG; 3MG; 1.84MG; 10MG; 25MG	\$0 (Tier 3)	MO
<i>sodium fluoride solution 0.5mg/ml</i>	\$0 (Tier 4)	MO
<i>sodium fluoride tablet chewable 0.25mg, 0.5mg, 1mg</i>	\$0 (Tier 4)	MO
<i>tri-vite/fluoride solution 35mg/ml; 0.25mg/ml; 1500unit/ml; 400unit/ml, 35mg/ml; 0.5mg/ml; 1500unit/ml; 400unit/ml</i>	\$0 (Tier 4)	MO
WESTAB PLUS TABLET 120MG; 200MG; 10MCG; 2MG; 12MCG; 27MG; 1MG; 20MG; 10MG; 3MG; 1.84MG; 9.9MG; 1200MCG; 25MG	\$0 (Tier 3)	MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.



If you have questions, call Aetna Medicare FIDE (HMO D-SNP) at **1-844-362-0934** (TTY: 711), 8 a.m. to 8 p.m., E.S.T., 7 days a week. The call is free. **For more information**, visit **[AetnaMedicare.com/NJDSNP-drug-formulary](https://www.aetna.com/NJDSNP-drug-formulary)**

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

IV NUTRITION

AMINOSYN II INJECTION 107.6MEQ/L; 1490MG/100ML; 1527MG/100ML; 1050MG/100ML; 1107MG/100ML; 750MG/100ML; 450MG/100ML; 990MG/100ML; 1500MG/100ML; 1575MG/100ML; 258MG/100ML; 405MG/100ML; 447MG/100ML; 1083MG/100ML; 795MG/100ML; 50MEQ/L; 600MG/100ML; 300MG/100ML; 750MG/100ML; 993MG/100ML; 1018MG/100ML; 700MG/100ML; 738MG/100ML; 500MG/100ML; 300MG/100ML; 660MG/100ML; 1000MG/100ML; 1050MG/100ML; 172MG/100ML; 270MG/100ML; 298MG/100ML; 722MG/100ML; 530MG/100ML; 400MG/100ML; 200MG/100ML; 500MG/100ML	\$0 (Tier 4)	B/D
AMINOSYN-PF 7% INJECTION 32.5MEQ/L; 490MG/100ML; 861MG/100ML; 370MG/100ML; 576MG/100ML; 270MG/100ML; 220MG/100ML; 534MG/100ML; 831MG/100ML; 475MG/100ML; 125MG/100ML; 300MG/100ML; 570MG/100ML; 347MG/100ML; 50MG/100ML; 360MG/100ML; 125MG/100ML; 44MG/100ML; 452MG/100ML	\$0 (Tier 4)	B/D
AMINOSYN-PF INJECTION 46MEQ/L; 698MG/100ML; 1227MG/100ML; 527MG/100ML; 820MG/100ML; 385MG/100ML; 312MG/100ML; 760MG/100ML; 1200MG/100ML; 677MG/100ML; 180MG/100ML; 427MG/100ML; 812MG/100ML; 495MG/100ML; 70MG/100ML; 512MG/100ML; 180MG/100ML; 44MG/100ML; 673MG/100ML	\$0 (Tier 4)	B/D
CLINIMIX 4.25%/DEXTROSE 10% INJECTION 37MEQ/L; 880MG/100ML; 489MG/100ML; 17MEQ/L; 10GM/100ML; 438MG/100ML; 204MG/100ML; 255MG/100ML; 311MG/100ML; 247MG/100ML; 170MG/100ML; 238MG/100ML; 289MG/100ML; 213MG/100ML; 179MG/100ML; 77MG/100ML; 17MG/100ML; 247MG/100ML	\$0 (Tier 4)	B/D

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

If you have questions, call Aetna Medicare FIDE (HMO D-SNP) at **1-844-362-0934** (TTY: 711), 8 a.m. to 8 p.m., E.S.T., 7 days a week. The call is free. **For more information,** visit **[AetnaMedicare.com/NJDSNP-drug-formulary](https://www.aetna.com/NJDSNP-drug-formulary)**



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
CLINIMIX 4.25%/DEXTROSE 5% INJECTION 37MEQ/L; 880MG/100ML; 489MG/100ML; 17MEQ/L; 5GM/100ML; 438MG/100ML; 204MG/100ML; 255MG/100ML; 311MG/100ML; 247MG/100ML; 170MG/100ML; 238MG/100ML; 289MG/100ML; 213MG/100ML; 179MG/100ML; 77MG/100ML; 17MG/100ML; 247MG/100ML	\$0 (Tier 4)	B/D
CLINIMIX 5%/DEXTROSE 15% INJECTION 42MEQ/1000ML; 1035MG/100ML; 575MG/100ML; 20MEQ/1000ML; 15GM/100ML; 515MG/100ML; 240MG/100ML; 300MG/100ML; 365MG/100ML; 290MG/100ML; 200MG/100ML; 280MG/100ML; 340MG/100ML; 250MG/100ML; 210MG/100ML; 90MG/100ML; 20MG/100ML; 290MG/100ML	\$0 (Tier 4)	B/D
CLINIMIX 5%/DEXTROSE 20% INJECTION 42MEQ/L; 1035MG/100ML; 575MG/100ML; 20MEQ/L; 20GM/100ML; 515MG/100ML; 240MG/100ML; 300MG/100ML; 365MG/100ML; 290MG/100ML; 200MG/100ML; 280MG/100ML; 340MG/100ML; 250MG/100ML; 210MG/100ML; 90MG/100ML; 20MG/100ML; 290MG/100ML	\$0 (Tier 4)	B/D
CLINIMIX 6/5 INJECTION 1242MG/100ML; 690MG/100ML; 5GM/100ML; 618MG/100ML; 288MG/100ML; 360MG/100ML; 438MG/100ML; 348MG/100ML; 240MG/100ML; 336MG/100ML; 408MG/100ML; 300MG/100ML; 252MG/100ML; 108MG/100ML; 24MG/100ML; 348MG/100ML	\$0 (Tier 4)	B/D
CLINIMIX 8/10 INJECTION 1656MG/100ML; 920MG/100ML; 10GM/100ML; 824MG/100ML; 384MG/100ML; 480MG/100ML; 584MG/100ML; 464MG/100ML; 320MG/100ML; 448MG/100ML; 544MG/100ML; 400MG/100ML; 336MG/100ML; 144MG/100ML; 32MG/100ML; 464MG/100ML	\$0 (Tier 4)	B/D

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.



If you have questions, call Aetna Medicare FIDE (HMO D-SNP) at **1-844-362-0934** (TTY: 711), 8 a.m. to 8 p.m., E.S.T., 7 days a week. The call is free. **For more information**, visit **[AetnaMedicare.com/NJDSNP-drug-formulary](https://www.aetna.com/NJDSNP-drug-formulary)**

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
CLINIMIX 8/14 INJECTION 1656MG/100ML; 920MG/100ML; 14GM/100ML; 824MG/100ML; 384MG/100ML; 480MG/100ML; 584MG/100ML; 464MG/100ML; 320MG/100ML; 448MG/100ML; 544MG/100ML; 400MG/100ML; 336MG/100ML; 144MG/100ML; 32MG/100ML; 464MG/100ML	\$0 (Tier 4)	B/D
<i>clinisol sf 15% injection 151meq/l; 2170mg/100ml; 1470mg/100ml; 434mg/100ml; 749mg/100ml; 1040mg/100ml; 894mg/100ml; 749mg/100ml; 1040mg/100ml; 1180mg/100ml; 749mg/100ml; 1040mg/100ml; 894mg/100ml; 592mg/100ml; 749mg/100ml; 250mg/100ml; 39mg/100ml; 960mg/100ml</i>	\$0 (Tier 4)	B/D MO
CLINOLIPID INJECTION 1.2GM/100ML; 2.25GM/100ML; 16GM/100ML; 4GM/100ML	\$0 (Tier 3)	B/D
<i>dextrose 10% injection 10%</i>	\$0 (Tier 2)	
DEXTROSE 30% INJECTION 30%	\$0 (Tier 3)	B/D
<i>dextrose 5% injection 5%</i>	\$0 (Tier 2)	MO
DEXTROSE 50% INJECTION 50%	\$0 (Tier 3)	B/D
DEXTROSE 70% INJECTION 70%	\$0 (Tier 3)	B/D
DEXTROSE INJECTION 20%, 40%	\$0 (Tier 3)	B/D
GLUCOSE (DEXTROSE) 50% INJECTION 50%	\$0 (Tier 3)	B/D
NUTRILIPID INJECTION 20GM/100ML	\$0 (Tier 3)	B/D
<i>plenamaine injection 147.4meq/l; 2.17gm/100ml; 1.47gm/100ml; 434mg/100ml; 749mg/100ml; 1.04gm/100ml; 894mg/100ml; 749mg/100ml; 1.04gm/100ml; 1.18gm/100ml; 749mg/100ml; 1.04gm/100ml; 894mg/100ml; 592mg/100ml; 749mg/100ml; 250mg/100ml; 39mg/100ml; 960mg/100ml</i>	\$0 (Tier 4)	B/D

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

If you have questions, call Aetna Medicare FIDE (HMO D-SNP) at **1-844-362-0934** (TTY: 711), 8 a.m. to 8 p.m., E.S.T., 7 days a week. The call is free. **For more information**, visit **[AetnaMedicare.com/NJDSNP-drug-formulary](https://www.aetna.com/NJDSNP-drug-formulary)**



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
PREMASOL INJECTION 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	\$0 (Tier 5)	B/D
PROSOL INJECTION 140MEQ/100ML; 2.76GM/100ML; 1.96GM/100ML; 600MG/100ML; 1.02GM/100ML; 2.06GM/100ML; 1.18GM/100ML; 1.08GM/100ML; 1.08GM/100ML; 1.35GM/100ML; 760MG/100ML; 1GM/100ML; 1.34GM/100ML; 1.02GM/100ML; 980MG/100ML; 320MG/100ML; 50MG/100ML; 1.44GM/100ML	\$0 (Tier 4)	B/D
TRAVASOL INJECTION 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 500MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	\$0 (Tier 4)	B/D
TROPHAMINE INJECTION 10%	\$0 (Tier 4)	B/D
OPHTHALMIC		
ANTI-INFECTIVE/ANTI-INFLAMMATORY		
<i>loteprednol etabonate/tobramycin suspension 0.5%; 0.3%</i>	\$0 (Tier 3)	MO
<i>neomycin/polymyxin/bacitracin/hydrocortisone ointment 400unit/gm; 1%; 0.5%; 10000unit/gm</i>	\$0 (Tier 2)	MO
<i>neomycin/polymyxin/dexamethasone ointment 0.1%; 3.5mg/gm; 10000unit/gm</i>	\$0 (Tier 2)	MO
<i>neomycin/polymyxin/dexamethasone suspension 0.1%; 3.5mg/ml; 10000unit/ml</i>	\$0 (Tier 2)	MO
<i>neomycin/polymyxin/hydrocortisone ophthalmic suspension 1%; 3.5mg/ml; 10000unit/ml</i>	\$0 (Tier 4)	MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.



If you have questions, call Aetna Medicare FIDE (HMO D-SNP) at **1-844-362-0934** (TTY: 711), 8 a.m. to 8 p.m., E.S.T., 7 days a week. The call is free. **For more information**, visit **[AetnaMedicare.com/NJDSNP-drug-formulary](https://www.aetna.com/NJDSNP-drug-formulary)**

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>sulfacetamide sodium/prednisolone sodium phosphate solution 0.23%; 10%</i>	\$0 (Tier 2)	MO
TOBRADEX ST SUSPENSION 0.05%; 0.3%	\$0 (Tier 3)	MO
TOBRADEX OINTMENT 0.1%; 0.3%	\$0 (Tier 3)	MO
<i>tobramycin/dexamethasone suspension 0.1%; 0.3%</i>	\$0 (Tier 3)	MO
ANTI-INFECTIVES		
<i>bacitracin/polymyxin b ointment 500unit/gm; 10000unit/gm</i>	\$0 (Tier 2)	MO
<i>bacitracin ointment 500unit/gm</i>	\$0 (Tier 4)	MO
BESIFLOXACIN HYDROCHLORIDE SUSPENSION 0.6%	\$0 (Tier 3)	MO
BESIVANCE SUSPENSION 0.6%	\$0 (Tier 3)	MO
CILOXAN OINTMENT 0.3%	\$0 (Tier 3)	QL (42 GM per 30 days) MO
<i>ciprofloxacin hydrochloride ophthalmic solution 0.3%</i>	\$0 (Tier 2)	QL (30 ML per 30 days) MO
<i>erythromycin ointment 5mg/gm</i>	\$0 (Tier 2)	QL (42 GM per 30 days) MO
<i>gatifloxacin solution 0.5%</i>	\$0 (Tier 2)	QL (20 ML per 30 days) MO
<i>gentamicin sulfate ophthalmic solution 0.3%</i>	\$0 (Tier 2)	QL (30 ML per 30 days) MO
<i>levofloxacin ophthalmic solution 1.5%</i>	\$0 (Tier 2)	QL (20 ML per 30 days) MO
<i>levofloxacin ophthalmic solution 0.5%</i>	\$0 (Tier 2)	QL (30 ML per 30 days)
<i>moxifloxacin hydrochloride (generic Vigamox) ophthalmic solution 0.5%</i>	\$0 (Tier 2)	QL (12 ML per 30 days) MO
<i>moxifloxacin hydrochloride (generic Moxeza) ophthalmic solution 0.5%</i>	\$0 (Tier 4)	QL (12 ML per 30 days) MO
NATACYN SUSPENSION 5%	\$0 (Tier 4)	MO
<i>neomycin/polymyxin/bacitracin ointment 400unit/gm; 5mg/gm; 10000unit/gm</i>	\$0 (Tier 2)	MO
<i>neomycin/polymyxin/gramicidin solution 0.025mg/ml; 1.75mg/ml; 10000unit/ml</i>	\$0 (Tier 2)	MO
<i>ofloxacin ophthalmic solution 0.3%</i>	\$0 (Tier 2)	QL (60 ML per 30 days) MO
<i>polymyxin b sulfate/trimethoprim sulfate solution 10000unit/ml; 0.1%</i>	\$0 (Tier 2)	MO
<i>sulfacetamide sodium solution 10%</i>	\$0 (Tier 2)	QL (90 ML per 30 days) MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

If you have questions, call Aetna Medicare FIDE (HMO D-SNP) at **1-844-362-0934** (TTY: 711), 8 a.m. to 8 p.m., E.S.T., 7 days a week. The call is free. **For more information,** visit **AetnaMedicare.com/NJDSNP-drug-formulary**



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>tobramycin solution 0.3%</i>	\$0 (Tier 2)	QL (30 ML per 30 days) MO
<i>trifluridine solution 1%</i>	\$0 (Tier 2)	MO
XDEMVY SOLUTION 0.25%	\$0 (Tier 5)	QL (10 ML per 42 days) PA; ACS LD
ZIRGAN GEL 0.15%	\$0 (Tier 4)	MO
ANTI-INFLAMMATORIES		
<i>bromfenac sodium solution 0.07%</i>	\$0 (Tier 3)	MO
<i>bromfenac sodium solution 0.075%</i>	\$0 (Tier 4)	MO
<i>bromfenac solution 0.09%</i>	\$0 (Tier 4)	MO
<i>dexamethasone sodium phosphate ophthalmic solution 0.1%</i>	\$0 (Tier 2)	MO
<i>diclofenac sodium ophthalmic solution 0.1%</i>	\$0 (Tier 2)	QL (10 ML per 30 days) MO
<i>difluprednate emulsion 0.05%</i>	\$0 (Tier 4)	MO
FLAREX SUSPENSION 0.1%	\$0 (Tier 4)	MO
<i>fluorometholone suspension 0.1%</i>	\$0 (Tier 3)	MO
<i>flurbiprofen sodium solution 0.03%</i>	\$0 (Tier 2)	MO
<i>ketorolac tromethamine ophthalmic solution 0.4%, 0.5%</i>	\$0 (Tier 2)	MO
LOTEMAX SM GEL 0.38%	\$0 (Tier 3)	MO
LOTEMAX OINTMENT 0.5%	\$0 (Tier 3)	MO
<i>loteprednol etabonate gel 0.5%</i>	\$0 (Tier 2)	MO
<i>loteprednol etabonate suspension 0.5%</i>	\$0 (Tier 2)	MO
<i>loteprednol etabonate suspension 0.2%</i>	\$0 (Tier 3)	MO
<i>prednisolone acetate suspension 1%</i>	\$0 (Tier 2)	MO
PREDNISOLONE SODIUM PHOSPHATE OPTHALMIC SOLUTION 1%	\$0 (Tier 3)	MO
ANTIALLERGICS		
<i>azelastine hcl solution 0.05%</i>	\$0 (Tier 2)	MO
<i>cromolyn sodium solution 4%</i>	\$0 (Tier 2)	MO
<i>epinastine hcl solution 0.05%</i>	\$0 (Tier 2)	MO
ZERVIAE SOLUTION 0.24%	\$0 (Tier 4)	
ANTIGLAUCOMA		
<i>betaxolol hcl solution 0.5%</i>	\$0 (Tier 2)	MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.



If you have questions, call Aetna Medicare FIDE (HMO D-SNP) at **1-844-362-0934** (TTY: 711), 8 a.m. to 8 p.m., E.S.T., 7 days a week. The call is free. For more information, visit [AetnaMedicare.com/NJDSNP-drug-formulary](https://www.AetnaMedicare.com/NJDSNP-drug-formulary)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>brimonidine tartrate/timolol maleate solution 0.2%; 0.5%</i>	\$0 (Tier 3)	MO
<i>brimonidine tartrate solution 0.2%</i>	\$0 (Tier 1)	MO
<i>brimonidine tartrate solution 0.15%</i>	\$0 (Tier 3)	MO
<i>brinzolamide suspension 1%</i>	\$0 (Tier 4)	MO
<i>carteolol hcl solution 1%</i>	\$0 (Tier 2)	MO
<i>dorzolamide hcl/timolol maleate solution 22.3mg/ml; 6.8mg/ml</i>	\$0 (Tier 1)	MO
<i>dorzolamide hydrochloride/timolol maleate pf solution 2%; 0.5%</i>	\$0 (Tier 4)	MO
<i>dorzolamide hydrochloride solution 2%</i>	\$0 (Tier 2)	MO
<i>latanoprost solution 0.005%</i>	\$0 (Tier 1)	MO
<i>levobunolol hcl solution 0.5%</i>	\$0 (Tier 1)	MO
LUMIGAN SOLUTION 0.01%	\$0 (Tier 3)	MO
<i>pilocarpine hcl solution 1%, 2%, 4%</i>	\$0 (Tier 4)	MO
<i>pilocarpine hydrochloride solution 1%, 2%, 4%</i>	\$0 (Tier 4)	MO
RHOPRESSA SOLUTION 0.02%	\$0 (Tier 4)	MO
ROCKLATAN SOLUTION 0.005%; 0.02%	\$0 (Tier 4)	MO
SIMBRINZA SUSPENSION 0.2%; 1%	\$0 (Tier 4)	MO
<i>timolol maleate ophthalmic gel forming gel forming solution 0.25%, 0.5%</i>	\$0 (Tier 4)	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 4)	MO
<i>travoprost solution 0.004%</i>	\$0 (Tier 2)	MO
VYZULTA SOLUTION 0.024%	\$0 (Tier 4)	MO
MISCELLANEOUS		
<i>atropine sulfate solution 1%</i>	\$0 (Tier 3)	MO
<i>cyclosporine emulsion 0.05%</i>	\$0 (Tier 3)	QL (60 EA per 30 days) MO
CYSTARAN SOLUTION 0.44%	\$0 (Tier 5)	PA; LD
EYSUVIS SUSPENSION 0.25%	\$0 (Tier 4)	MO
MIEBO SOLUTION 1.338GM/ML	\$0 (Tier 3)	QL (12 ML per 30 days) MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

If you have questions, call Aetna Medicare FIDE (HMO D-SNP) at **1-844-362-0934** (TTY: 711), 8 a.m. to 8 p.m., E.S.T., 7 days a week. The call is free. **For more information**, visit **AetnaMedicare.com/NJDSNP-drug-formulary**



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>proparacaine hcl solution 0.5%</i>	\$0 (Tier 2)	MO
RESTASIS MULTIDOSE EMULSION 0.05%	\$0 (Tier 3)	QL (5.5 ML per 30 days) MO
RESTASIS EMULSION 0.05%	\$0 (Tier 3)	QL (60 EA per 30 days) MO
XIIDRA SOLUTION 5%	\$0 (Tier 3)	QL (60 EA per 30 days) MO

OTIC**OTIC AGENTS**

<i>acetic acid solution 2%</i>	\$0 (Tier 2)	MO
<i>ciprofloxacin hydrochloride/hydrocortisone suspension 0.2%; 1%</i>	\$0 (Tier 4)	MO
<i>ciprofloxacin hydrochloride otic solution 0.2%</i>	\$0 (Tier 3)	MO
<i>ciprofloxacin/dexamethasone suspension 0.3%; 0.1%</i>	\$0 (Tier 4)	MO
<i>fluocinolone acetonide oil 0.01%</i>	\$0 (Tier 4)	MO
<i>hydrocortisone/acetic acid solution 2%; 1%</i>	\$0 (Tier 4)	MO
<i>neomycin/polymyxin/hc solution 1%; 3.5mg/ml; 10000unit/ml</i>	\$0 (Tier 4)	MO
<i>neomycin/polymyxin/hydrocortisone otic suspension 1%; 3.5mg/ml; 10000unit/ml</i>	\$0 (Tier 4)	MO
<i>ofloxacin otic solution 0.3%</i>	\$0 (Tier 2)	MO

RESPIRATORY**ANTICHOLINERGIC/BETA AGONIST COMBINATIONS**

ANORO ELLIPTA AEROSOL POWDER	\$0 (Tier 3)	QL (60 EA per 30 days) MO
BREATH ACTIVATED 62.5MCG/ACT; 25MCG/ACT		
BEVESPI AEROSPHERE AEROSOL 4.8MCG/ACT; 9MCG/ACT	\$0 (Tier 3)	QL (10.7 GM per 30 days) MO
BREZTRI AEROSPHERE AEROSOL 160MCG/ACT; 4.8MCG/ACT; 18MCG/ACT	\$0 (Tier 3)	QL (10.7 GM per 30 days)
BREZTRI AEROSPHERE AEROSOL 160MCG/ACT; 4.8MCG/ACT; 9MCG/ACT	\$0 (Tier 3)	QL (10.7 GM per 30 days) MO
COMBIVENT RESPIMAT AEROSOL SOLUTION 100MCG/ACT; 20MCG/ACT	\$0 (Tier 4)	QL (8 GM per 30 days) MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.



If you have questions, call Aetna Medicare FIDE (HMO D-SNP) at **1-844-362-0934** (TTY: 711), 8 a.m. to 8 p.m., E.S.T., 7 days a week. The call is free. **For more information**, visit **AetnaMedicare.com/NJDSNP-drug-formulary**

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>ipratropium bromide/albuterol sulfate solution 2.5mg/3ml; 0.5mg/3ml</i>	\$0 (Tier 2)	B/D MO
TRELEGY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100MCG/ACT; 62.5MCG/ACT; 25MCG/ACT, 200MCG/INH; 62.5MCG/INH; 25MCG/INH	\$0 (Tier 3)	QL (60 EA per 30 days) MO
ANTICHOLINERGICS		
ATROVENT HFA AEROSOL SOLUTION 17MCG/ACT	\$0 (Tier 4)	QL (25.8 GM per 30 days) MO
INCRUSE ELLIPTA AEROSOL POWDER BREATH ACTIVATED 62.5MCG/INH	\$0 (Tier 3)	QL (30 EA per 30 days) MO
<i>ipratropium bromide inhalation solution 0.02%</i>	\$0 (Tier 2)	B/D MO
<i>ipratropium bromide nasal solution 0.03%</i>	\$0 (Tier 2)	QL (30 ML per 28 days) MO
<i>ipratropium bromide nasal solution 0.06%</i>	\$0 (Tier 2)	QL (45 ML per 30 days) MO
SPIRIVA RESPIMAT AEROSOL SOLUTION 1.25MCG/ACT	\$0 (Tier 4)	QL (4 GM per 30 days) MO
ANTI-HISTAMINES		
<i>azelastine hydrochloride solution 0.1%</i>	\$0 (Tier 2)	QL (30 ML per 25 days) MO
CARBINOXAMINE MALEATE ER SUSPENSION EXTENDED RELEASE 4MG/5ML	\$0 (Tier 4)	PA MO
<i>cetirizine hydrochloride solution 5mg/5ml</i>	\$0 (Tier 2)	QL (300 ML per 30 days) MO
<i>clemastine fumarate tablet 2.68mg</i>	\$0 (Tier 2)	PA MO
<i>cycloheptadine hcl syrup 2mg/5ml</i>	\$0 (Tier 4)	PA MO; HRM
<i>cycloheptadine hydrochloride tablet 4mg</i>	\$0 (Tier 4)	PA MO; HRM
<i>desloratadine odt tablet disintegrating 2.5mg, 5mg</i>	\$0 (Tier 4)	QL (30 EA per 30 days) MO
<i>desloratadine tablet 5mg</i>	\$0 (Tier 2)	QL (30 EA per 30 days) MO
<i>diphenhydramine hydrochloride injection 50mg/ml</i>	\$0 (Tier 4)	MO; HRM
<i>hydroxyzine hcl tablet 50mg</i>	\$0 (Tier 4)	PA MO; HRM
<i>hydroxyzine hydrochloride injection 25mg/ml, 50mg/ml</i>	\$0 (Tier 4)	PA MO; HRM
<i>hydroxyzine hydrochloride syrup 10mg/5ml</i>	\$0 (Tier 4)	PA MO; HRM
<i>hydroxyzine hydrochloride tablet 10mg, 25mg</i>	\$0 (Tier 4)	PA MO; HRM
<i>hydroxyzine pamoate capsule 100mg, 25mg, 50mg</i>	\$0 (Tier 4)	PA MO; HRM

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

If you have questions, call Aetna Medicare FIDE (HMO D-SNP) at **1-844-362-0934** (TTY: 711), 8 a.m. to 8 p.m., E.S.T., 7 days a week. The call is free. **For more information**, visit **AetnaMedicare.com/NJDSNP-drug-formulary**



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>levocetirizine dihydrochloride solution 2.5mg/5ml</i>	\$0 (Tier 4)	MO
<i>levocetirizine dihydrochloride tablet 5mg</i>	\$0 (Tier 2)	QL (30 EA per 30 days) MO
<i>olopatadine hcl solution 0.6%</i>	\$0 (Tier 4)	QL (30.5 GM per 30 days) MO
BETA AGONISTS		
<i>albuterol sulfate hfa (generic Proventil HFA) aerosol solution 108mcg/act</i>	\$0 (Tier 2)	QL (13.4 GM per 30 days) MO
<i>albuterol sulfate hfa (generic ProAir HFA) aerosol solution 108mcg/act</i>	\$0 (Tier 2)	QL (17 GM per 30 days) MO
<i>albuterol sulfate hfa (generic Ventolin HFA) aerosol solution 108mcg/act</i>	\$0 (Tier 2)	QL (36 GM per 30 days) MO
<i>albuterol sulfate nebulization solution 0.083%, 0.63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml</i>	\$0 (Tier 2)	B/D MO
<i>albuterol sulfate syrup 2mg/5ml</i>	\$0 (Tier 4)	MO
<i>albuterol sulfate tablet 2mg, 4mg</i>	\$0 (Tier 4)	MO
<i>levalbuterol hcl nebulization solution 0.63mg/3ml, 1.25mg/3ml</i>	\$0 (Tier 2)	B/D MO
<i>levalbuterol hcl nebulization solution 0.31mg/3ml</i>	\$0 (Tier 4)	B/D MO
<i>levalbuterol hydrochloride nebulization solution 0.63mg/3ml</i>	\$0 (Tier 2)	B/D MO
LEVALBUTEROL TARTRATE HFA AEROSOL 45MCG/ACT	\$0 (Tier 3)	QL (30 GM per 30 days) MO
<i>levalbuterol nebulization solution 1.25mg/0.5ml</i>	\$0 (Tier 4)	B/D MO
SEREVENT DISKUS AEROSOL POWDER BREATH ACTIVATED 50MCG/DOSE	\$0 (Tier 3)	QL (60 EA per 30 days) MO
<i>terbutaline sulfate injection 1mg/ml</i>	\$0 (Tier 4)	MO
<i>terbutaline sulfate tablet 2.5mg, 5mg</i>	\$0 (Tier 4)	MO
LEUKOTRIENE MODULATORS		
<i>montelukast sodium packet 4mg</i>	\$0 (Tier 2)	QL (30 EA per 30 days) MO
<i>montelukast sodium tablet chewable 4mg, 5mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>montelukast sodium tablet 10mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>zafirlukast tablet 10mg, 20mg</i>	\$0 (Tier 4)	QL (60 EA per 30 days) MO
MISCELLANEOUS		
<i>acetylcysteine inhalation solution 10%, 20%</i>	\$0 (Tier 2)	B/D MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.



If you have questions, call Aetna Medicare FIDE (HMO D-SNP) at **1-844-362-0934** (TTY: 711), 8 a.m. to 8 p.m., E.S.T., 7 days a week. The call is free. For more information, visit [AetnaMedicare.com/NJDSNP-drug-formulary](https://www.aetna.com/NJDSNP-drug-formulary)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>aminophylline injection 25mg/ml</i>	\$0 (Tier 4)	
<i>cromolyn sodium nebulization solution 20mg/2ml</i>	\$0 (Tier 2)	B/D MO
<i>epinephrine injection 0.15mg/0.15ml, 0.15mg/0.3ml, 0.3mg/0.3ml</i>	\$0 (Tier 3)	QL (2 EA per 30 days) MO
FASENRA PEN INJECTION 30MG/ML	\$0 (Tier 5)	QL (1 ML per 28 days) PA; ACS LD
FASENRA INJECTION 10MG/0.5ML	\$0 (Tier 5)	QL (0.5 ML per 28 days) PA; ACS LD
FASENRA INJECTION 30MG/ML	\$0 (Tier 5)	QL (1 ML per 28 days) PA; ACS LD
<i>nintedanib esylate capsule 100mg, 150mg</i>	\$0 (Tier 5)	QL (60 EA per 30 days) PA; ACS
NUCALA INJECTION 40MG/0.4ML	\$0 (Tier 5)	QL (0.4 ML per 28 days) PA; ACS LD
NUCALA INJECTION 100MG	\$0 (Tier 5)	QL (3 EA per 28 days) PA; ACS LD
NUCALA INJECTION 100MG/ML	\$0 (Tier 5)	QL (3 ML per 28 days) PA; ACS LD
OFEV CAPSULE 100MG, 150MG	\$0 (Tier 5)	QL (60 EA per 30 days) PA; ACS LD
<i>pirfenidone capsule 267mg</i>	\$0 (Tier 5)	QL (270 EA per 30 days) PA; ACS
<i>pirfenidone tablet 267mg</i>	\$0 (Tier 5)	QL (270 EA per 30 days) PA; ACS
<i>pirfenidone tablet 534mg, 801mg</i>	\$0 (Tier 5)	QL (90 EA per 30 days) PA; ACS
PROLASTIN-C INJECTION 1000MG/20ML	\$0 (Tier 5)	PA; LD
PULMOZYME SOLUTION 2.5MG/2.5ML	\$0 (Tier 5)	PA; ACS LD
<i>roflumilast tablet 250mcg, 500mcg</i>	\$0 (Tier 4)	MO
<i>theophylline er tablet extended release 12 hour 100mg, 200mg</i>	\$0 (Tier 4)	
<i>theophylline er tablet extended release 12 hour 300mg, 450mg</i>	\$0 (Tier 4)	MO
<i>theophylline er tablet extended release 24 hour 400mg, 600mg</i>	\$0 (Tier 2)	MO
<i>theophylline solution 80mg/15ml</i>	\$0 (Tier 2)	MO
TRIKAFTA TABLET THERAPY PACK 100MG; 75MG; 50MG, 50MG; 37.5MG; 25MG	\$0 (Tier 5)	QL (84 EA per 28 days) PA; ACS LD
TRIKAFTA THERAPY PACK 100MG; 75MG; 50MG, 80MG; 60MG; 40MG	\$0 (Tier 5)	QL (56 EA per 28 days) PA; ACS LD

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

If you have questions, call Aetna Medicare FIDE (HMO D-SNP) at **1-844-362-0934** (TTY: 711), 8 a.m. to 8 p.m., E.S.T., 7 days a week. The call is free. **For more information**, visit **[AetnaMedicare.com/NJDSNP-drug-formulary](https://www.aetna.com/NJDSNP-drug-formulary)**



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
XOLAIR INJECTION 150MG/ML, 150MG, 300MG/2ML, 75MG/0.5ML	\$0 (Tier 5)	PA; ACS LD
NASAL STEROIDS		
<i>flunisolide solution 0.025%</i>	\$0 (Tier 2)	QL (75 ML per 30 days) MO
<i>fluticasone propionate suspension 50mcg/act</i>	\$0 (Tier 2)	QL (16 GM per 30 days) MO
<i>mometasone furoate suspension 50mcg/act</i>	\$0 (Tier 2)	QL (34 GM per 30 days) MO
XHANCE EXHALER SUSPENSION 93MCG/ACT	\$0 (Tier 4)	QL (32 ML per 30 days) PA MO
STEROID INHALANTS		
ALVESCO AEROSOL SOLUTION 160MCG/ACT, 80MCG/ACT	\$0 (Tier 4)	QL (12.2 GM per 30 days) MO
ARNUITY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100MCG/ACT, 200MCG/ACT, 50MCG/ACT	\$0 (Tier 3)	QL (30 EA per 30 days) MO
<i>budesonide suspension 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml</i>	\$0 (Tier 4)	B/D MO
STEROID/BETA-AGONIST COMBINATIONS		
AIRSUPRA AEROSOL 90MCG/ACT; 80MCG/ACT	\$0 (Tier 3)	QL (32.1 GM per 30 days) MO
BREO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100MCG/ACT; 25MCG/ACT, 200MCG/INH; 25MCG/INH, 50MCG/INH; 25MCG/INH	\$0 (Tier 3)	QL (60 EA per 30 days) MO
<i>budesonide/formoterol fumarate dihydrate aerosol 160mcg/act; 4.5mcg/act, 80mcg/act; 4.5mcg/act</i>	\$0 (Tier 3)	QL (10.2 GM per 30 days) MO
DULERA AEROSOL 5MCG/ACT; 100MCG/ACT, 5MCG/ACT; 200MCG/ACT, 5MCG/ACT; 50MCG/ACT	\$0 (Tier 4)	QL (13 GM per 30 days) MO
FLUTICASONE FUROATE/VILANTEROL ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100MCG/INH; 25MCG/INH, 200MCG/INH; 25MCG/INH	\$0 (Tier 3)	QL (60 EA per 30 days) MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.



If you have questions, call Aetna Medicare FIDE (HMO D-SNP) at **1-844-362-0934** (TTY: 711), 8 a.m. to 8 p.m., E.S.T., 7 days a week. The call is free. **For more information**, visit **AetnaMedicare.com/NJDSNP-drug-formulary**

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>fluticasone propionate/salmeterol diskus (generic Advair Diskus) aerosol powder breath activated 100mcg/act; 50mcg/act, 250mcg/act; 50mcg/act, 500mcg/act; 50mcg/act</i>	\$0 (Tier 2)	QL (60 EA per 30 days) MO
FLUTICASONE PROPIONATE/SALMETEROL HFA (GENERIC ADVAIR HFA) AEROSOL 115MCG/ACT; 21MCG/ACT, 230MCG/ACT; 21MCG/ACT, 45MCG/ACT; 21MCG/ACT	\$0 (Tier 4)	QL (12 GM per 30 days) MO
<i>fluticasone propionate/salmeterol aerosol powder breath activated 500mcg/act; 50mcg/act</i>	\$0 (Tier 2)	QL (60 EA per 30 days) MO
<i>wixela inhub aerosol powder breath activated 100mcg/act; 50mcg/act, 250mcg/act; 50mcg/act, 500mcg/act; 50mcg/act</i>	\$0 (Tier 2)	QL (60 EA per 30 days) MO

TOPICAL**DERMATOLOGY, ACNE**

<i>accutane capsule 10mg, 20mg, 30mg, 40mg</i>	\$0 (Tier 4)	PA
<i>amnestem capsule 10mg, 20mg, 30mg, 40mg</i>	\$0 (Tier 4)	PA
<i>claravis capsule 10mg, 20mg, 30mg, 40mg</i>	\$0 (Tier 4)	PA
<i>clindacin foam 1%</i>	\$0 (Tier 4)	QL (100 GM per 30 days)
<i>clindamycin phosphate (once-daily) gel bottle 1%</i>	\$0 (Tier 2)	QL (75 ML per 30 days) MO
<i>clindamycin phosphate (twice-daily) gel tube 1%</i>	\$0 (Tier 2)	QL (60 GM per 30 days) MO
<i>clindamycin phosphate foam 1%</i>	\$0 (Tier 4)	QL (100 GM per 30 days) MO
<i>clindamycin phosphate lotion 1%</i>	\$0 (Tier 4)	QL (60 ML per 30 days) MO
<i>clindamycin phosphate topical solution 1%</i>	\$0 (Tier 2)	QL (60 ML per 30 days) MO
<i>ery pad 2%</i>	\$0 (Tier 2)	MO
<i>erythromycin/benzoyl peroxide gel 5%; 3%</i>	\$0 (Tier 4)	MO
<i>erythromycin gel 2%</i>	\$0 (Tier 4)	QL (60 GM per 30 days) MO
<i>erythromycin solution 2%</i>	\$0 (Tier 4)	QL (60 ML per 30 days) MO
<i>isotretinoin capsule 10mg, 20mg, 25mg, 30mg, 35mg, 40mg</i>	\$0 (Tier 4)	PA
<i>sulfacetamide sodium lotion 10%</i>	\$0 (Tier 4)	MO
<i>tretinoin cream 0.025%, 0.05%, 0.1%</i>	\$0 (Tier 4)	QL (45 GM per 30 days) PA MO
<i>tretinoin gel 0.01%, 0.025%, 0.05%</i>	\$0 (Tier 4)	QL (45 GM per 30 days) PA MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

If you have questions, call Aetna Medicare FIDE (HMO D-SNP) at **1-844-362-0934** (TTY: 711), 8 a.m. to 8 p.m., E.S.T., 7 days a week. The call is free. **For more information**, visit **AetnaMedicare.com/NJDSNP-drug-formulary**



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>zenatane capsule 10mg, 20mg, 30mg, 40mg</i>	\$0 (Tier 4)	PA
DERMATOLOGY, ANTIBIOTICS		
<i>gentamicin sulfate cream 0.1%</i>	\$0 (Tier 2)	QL (30 GM per 30 days) MO
<i>gentamicin sulfate ointment 0.1%</i>	\$0 (Tier 2)	QL (30 GM per 30 days) MO
<i>mupirocin cream 2%</i>	\$0 (Tier 4)	QL (30 GM per 30 days) MO
<i>mupirocin ointment 2%</i>	\$0 (Tier 2)	QL (22 GM per 30 days) MO
<i>silver sulfadiazine cream 1%</i>	\$0 (Tier 2)	MO
SSD CREAM 1%	\$0 (Tier 3)	
SULFAMYLON CREAM 85MG/GM	\$0 (Tier 4)	MO
DERMATOLOGY, ANTIFUNGALS		
<i>ciclopirox nail lacquer solution 8%</i>	\$0 (Tier 3)	QL (6.6 ML per 30 days) MO
<i>ciclopirox olamine cream 0.77%</i>	\$0 (Tier 2)	QL (90 GM per 30 days) MO
<i>ciclopirox gel 0.77%</i>	\$0 (Tier 2)	QL (100 GM per 30 days) MO
<i>ciclopirox shampoo 1%</i>	\$0 (Tier 2)	QL (120 ML per 30 days) MO
<i>ciclopirox suspension 0.77%</i>	\$0 (Tier 2)	QL (60 ML per 30 days) MO
<i>clotrimazole/betamethasone dipropionate cream 0.05%; 1%</i>	\$0 (Tier 3)	QL (45 GM per 30 days) MO
<i>clotrimazole cream 1%</i>	\$0 (Tier 2)	QL (45 GM per 30 days) MO
<i>clotrimazole solution 1%</i>	\$0 (Tier 2)	QL (30 ML per 30 days) MO
<i>econazole nitrate cream 1%</i>	\$0 (Tier 3)	QL (85 GM per 30 days) MO
ERTACZO CREAM 2%	\$0 (Tier 4)	QL (60 GM per 30 days) MO
<i>ketoconazole cream 2%</i>	\$0 (Tier 2)	QL (60 GM per 30 days) MO
<i>ketoconazole shampoo 2%</i>	\$0 (Tier 2)	QL (120 ML per 30 days) MO
<i>ketodan foam 2%</i>	\$0 (Tier 4)	QL (100 GM per 30 days)
<i>klayesta powder 100000unit/gm</i>	\$0 (Tier 3)	QL (60 GM per 30 days)
<i>nyamyc powder 100000unit/gm</i>	\$0 (Tier 3)	QL (60 GM per 30 days)
<i>nystatin cream 100000unit/gm</i>	\$0 (Tier 2)	QL (30 GM per 30 days) MO
<i>nystatin ointment 100000unit/gm</i>	\$0 (Tier 2)	QL (30 GM per 30 days) MO
<i>nystatin powder 100000unit/gm</i>	\$0 (Tier 2)	QL (60 GM per 30 days) MO
<i>nystop powder 100000unit/gm</i>	\$0 (Tier 2)	QL (60 GM per 30 days)
<i>selenium sulfide lotion 2.5%</i>	\$0 (Tier 2)	MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.



If you have questions, call Aetna Medicare FIDE (HMO D-SNP) at **1-844-362-0934** (TTY: 711), 8 a.m. to 8 p.m., E.S.T., 7 days a week. The call is free. **For more information**, visit **AetnaMedicare.com/NJDSNP-drug-formulary**

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin capsule 10mg, 17.5mg, 25mg</i>	\$0 (Tier 4)	PA MO
<i>calcipotriene cream 0.005%</i>	\$0 (Tier 4)	QL (120 GM per 30 days) PA MO
<i>calcipotriene ointment 0.005%</i>	\$0 (Tier 4)	QL (120 GM per 30 days) PA MO
<i>calcipotriene solution 0.005%</i>	\$0 (Tier 3)	QL (60 ML per 30 days) PA MO
<i>calcitrene ointment 0.005%</i>	\$0 (Tier 4)	QL (120 GM per 30 days) PA MO
CALCITRIOL OINTMENT 3MCG/GM	\$0 (Tier 4)	QL (800 GM per 28 days) PA MO
<i>methoxsalen capsule 10mg</i>	\$0 (Tier 5)	MO
<i>tazarotene cream 0.1%</i>	\$0 (Tier 3)	QL (60 GM per 30 days) PA MO
<i>tazarotene cream 0.05%</i>	\$0 (Tier 4)	QL (60 GM per 30 days) PA MO
<i>tazarotene gel 0.05%, 0.1%</i>	\$0 (Tier 3)	QL (100 GM per 30 days) PA MO
<i>trilistas gel 0.1%</i>	\$0 (Tier 3)	QL (100 GM per 30 days) PA
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort cream 1%</i>	\$0 (Tier 2)	
<i>alclometasone dipropionate cream 0.05%</i>	\$0 (Tier 4)	QL (60 GM per 30 days) MO
<i>alclometasone dipropionate ointment 0.05%</i>	\$0 (Tier 4)	QL (60 GM per 30 days) MO
<i>betamethasone dipropionate augmented cream 0.05%</i>	\$0 (Tier 2)	QL (120 GM per 30 days) MO
<i>betamethasone dipropionate augmented gel 0.05%</i>	\$0 (Tier 4)	QL (120 GM per 30 days) MO
<i>betamethasone dipropionate augmented lotion 0.05%</i>	\$0 (Tier 4)	QL (120 ML per 30 days) MO
<i>betamethasone dipropionate augmented ointment 0.05%</i>	\$0 (Tier 4)	QL (120 GM per 30 days) MO
<i>betamethasone dipropionate cream 0.05%</i>	\$0 (Tier 4)	QL (120 GM per 30 days) MO
<i>betamethasone dipropionate lotion 0.05%</i>	\$0 (Tier 2)	QL (120 ML per 30 days) MO
<i>betamethasone dipropionate ointment 0.05%</i>	\$0 (Tier 4)	QL (120 GM per 30 days) MO
<i>betamethasone valerate cream 0.1%</i>	\$0 (Tier 2)	QL (120 GM per 30 days) MO
<i>betamethasone valerate lotion 0.1%</i>	\$0 (Tier 2)	QL (120 ML per 30 days) MO
<i>betamethasone valerate ointment 0.1%</i>	\$0 (Tier 2)	QL (120 GM per 30 days) MO
<i>clobetasol propionate e cream 0.05%</i>	\$0 (Tier 4)	QL (60 GM per 30 days) MO
<i>clobetasol propionate cream 0.05%</i>	\$0 (Tier 4)	QL (60 GM per 30 days) MO
<i>clobetasol propionate gel 0.05%</i>	\$0 (Tier 4)	QL (60 GM per 30 days) MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

If you have questions, call Aetna Medicare FIDE (HMO D-SNP) at **1-844-362-0934** (TTY: 711), 8 a.m. to 8 p.m., E.S.T., 7 days a week. The call is free. **For more information,** visit **AetnaMedicare.com/NJDSNP-drug-formulary**



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>clobetasol propionate ointment 0.05%</i>	\$0 (Tier 4)	QL (60 GM per 30 days) MO
<i>clobetasol propionate shampoo 0.05%</i>	\$0 (Tier 4)	QL (118 ML per 30 days) MO
<i>clobetasol propionate solution 0.05%</i>	\$0 (Tier 4)	QL (50 ML per 30 days) MO
<i>clodan shampoo 0.05%</i>	\$0 (Tier 4)	QL (118 ML per 30 days)
<i>desonide cream 0.05%</i>	\$0 (Tier 4)	QL (60 GM per 30 days) MO
<i>desonide ointment 0.05%</i>	\$0 (Tier 4)	QL (60 GM per 30 days) MO
<i>desoximetasone cream 0.25%</i>	\$0 (Tier 4)	QL (100 GM per 30 days) MO
<i>desoximetasone ointment 0.25%</i>	\$0 (Tier 4)	QL (100 GM per 30 days) MO
<i>fluocinolone acetonide body oil 0.01%</i>	\$0 (Tier 4)	QL (118.28 ML per 30 days) MO
<i>fluocinolone acetonide scalp oil 0.01%</i>	\$0 (Tier 4)	QL (118.28 ML per 30 days) MO
<i>fluocinolone acetonide cream 0.025%</i>	\$0 (Tier 4)	QL (120 GM per 30 days) MO
<i>fluocinolone acetonide cream 0.01%</i>	\$0 (Tier 4)	QL (60 GM per 30 days) MO
<i>fluocinolone acetonide ointment 0.025%</i>	\$0 (Tier 4)	QL (120 GM per 30 days) MO
<i>fluocinolone acetonide solution 0.01%</i>	\$0 (Tier 4)	QL (60 ML per 30 days) MO
<i>fluocinonide emulsified base cream 0.05%</i>	\$0 (Tier 4)	QL (120 GM per 30 days) MO
<i>fluocinonide cream 0.05%</i>	\$0 (Tier 4)	QL (120 GM per 30 days) MO
<i>fluocinonide gel 0.05%</i>	\$0 (Tier 4)	QL (60 GM per 30 days) MO
<i>fluocinonide ointment 0.05%</i>	\$0 (Tier 4)	QL (60 GM per 30 days) MO
<i>fluocinonide solution 0.05%</i>	\$0 (Tier 4)	QL (60 ML per 30 days) MO
<i>fluticasone propionate cream 0.05%</i>	\$0 (Tier 2)	QL (60 GM per 30 days) MO
<i>fluticasone propionate ointment 0.005%</i>	\$0 (Tier 2)	QL (60 GM per 30 days) MO
<i>halobetasol propionate cream 0.05%</i>	\$0 (Tier 2)	QL (50 GM per 30 days) MO
<i>halobetasol propionate ointment 0.05%</i>	\$0 (Tier 4)	QL (50 GM per 30 days) MO
<i>hydrocortisone valerate ointment 0.2%</i>	\$0 (Tier 4)	QL (60 GM per 30 days) MO
<i>hydrocortisone cream 1%</i>	\$0 (Tier 2)	MO
<i>hydrocortisone cream 2.5%</i>	\$0 (Tier 2)	QL (30 GM per 30 days) MO
<i>hydrocortisone lotion 2.5%</i>	\$0 (Tier 2)	QL (118 ML per 30 days) MO
<i>hydrocortisone ointment 2.5%</i>	\$0 (Tier 2)	MO
<i>hydrocortisone ointment 1%</i>	\$0 (Tier 2)	QL (30 GM per 30 days) MO
<i>mometasone furoate cream 0.1%</i>	\$0 (Tier 2)	QL (45 GM per 30 days) MO
<i>mometasone furoate ointment 0.1%</i>	\$0 (Tier 2)	QL (45 GM per 30 days) MO
<i>mometasone furoate solution 0.1%</i>	\$0 (Tier 2)	QL (60 ML per 30 days) MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.



If you have questions, call Aetna Medicare FIDE (HMO D-SNP) at **1-844-362-0934** (TTY: 711), 8 a.m. to 8 p.m., E.S.T., 7 days a week. The call is free. **For more information**, visit **[AetnaMedicare.com/NJDSNP-drug-formulary](https://www.aetna.com/NJDSNP-drug-formulary)**

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>triamcinolone acetonide cream 0.025%, 0.5%</i>	\$0 (Tier 2)	MO
<i>triamcinolone acetonide cream 0.1%</i>	\$0 (Tier 2)	QL (454 GM per 30 days) MO
<i>triamcinolone acetonide lotion 0.025%, 0.1%</i>	\$0 (Tier 2)	QL (60 ML per 30 days) MO
<i>triamcinolone acetonide ointment 0.025%, 0.1%</i>	\$0 (Tier 2)	MO
<i>triamcinolone acetonide ointment 0.5%</i>	\$0 (Tier 2)	QL (15 GM per 30 days) MO
DERMATOLOGY, LOCAL ANESTHETICS		
<i>lidocaine/prilocaine cream 2.5%; 2.5%</i>	\$0 (Tier 3)	QL (30 GM per 30 days) MO
<i>lidocaine ointment 5%</i>	\$0 (Tier 4)	QL (35.44 GM per 30 days) PA MO
<i>lidocaine patch 5%</i>	\$0 (Tier 4)	QL (90 EA per 30 days) PA MO
<i>lidocan patch 5%</i>	\$0 (Tier 4)	QL (90 EA per 30 days) PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>ammonium lactate cream 12%</i>	\$0 (Tier 2)	MO
<i>ammonium lactate lotion 12%</i>	\$0 (Tier 2)	MO
<i>azelaic acid gel 15%</i>	\$0 (Tier 4)	QL (50 GM per 30 days) MO
<i>bexarotene gel 1%</i>	\$0 (Tier 5)	QL (60 GM per 30 days) PA; ACS
<i>diclofenac sodium topical solution 1.5%</i>	\$0 (Tier 3)	QL (300 ML per 28 days) MO
<i>doxepin hydrochloride cream 5%</i>	\$0 (Tier 4)	QL (45 GM per 30 days) PA MO
EUCRISA OINTMENT 2%	\$0 (Tier 4)	QL (120 GM per 30 days) PA MO
FLUOROURACIL CREAM 0.5%	\$0 (Tier 5)	QL (30 GM per 30 days) PA MO
<i>fluorouracil cream 5%</i>	\$0 (Tier 4)	QL (40 GM per 30 days) MO
<i>fluorouracil solution 2%, 5%</i>	\$0 (Tier 3)	QL (10 ML per 30 days) MO
<i>hydrocortisone perianal cream 1%</i>	\$0 (Tier 2)	MO
<i>hydrocortisone perianal cream 2.5%</i>	\$0 (Tier 2)	QL (30 GM per 30 days) MO
<i>imiquimod cream 5%</i>	\$0 (Tier 2)	QL (24 EA per 30 days) MO
<i>metronidazole cream 0.75%</i>	\$0 (Tier 4)	MO
<i>metronidazole gel 0.75%</i>	\$0 (Tier 2)	MO
<i>metronidazole gel 1%</i>	\$0 (Tier 4)	MO
<i>metronidazole lotion 0.75%</i>	\$0 (Tier 4)	MO
<i>nitroglycerin rectal ointment 0.4%</i>	\$0 (Tier 4)	QL (30 GM per 30 days) MO
PANRETIN GEL 0.1%	\$0 (Tier 5)	QL (60 GM per 30 days) PA
<i>pimecrolimus cream 1%</i>	\$0 (Tier 4)	QL (100 GM per 30 days) MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

If you have questions, call Aetna Medicare FIDE (HMO D-SNP) at **1-844-362-0934** (TTY: 711), 8 a.m. to 8 p.m., E.S.T., 7 days a week. The call is free. **For more information,** visit **AetnaMedicare.com/NJDSNP-drug-formulary**



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>podofilox solution 0.5%</i>	\$0 (Tier 4)	MO
<i>procto-med hc cream 2.5%</i>	\$0 (Tier 2)	QL (30 GM per 30 days)
<i>proctocort cream 1%</i>	\$0 (Tier 2)	
<i>proctosol hc cream 2.5%</i>	\$0 (Tier 4)	QL (30 GM per 30 days)
<i>proctozone-hc cream 2.5%</i>	\$0 (Tier 4)	QL (30 GM per 30 days)
<i>tacrolimus ointment 0.03%, 0.1%</i>	\$0 (Tier 4)	QL (60 GM per 30 days) MO
VALCHLOR GEL 0.016%	\$0 (Tier 5)	QL (60 GM per 30 days) PA; LD
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>malathion lotion 0.5%</i>	\$0 (Tier 4)	MO
<i>permethrin cream 5%</i>	\$0 (Tier 2)	MO
DERMATOLOGY, WOUND CARE AGENTS		
SANTYL OINTMENT 250UNIT/GM	\$0 (Tier 4)	QL (180 GM per 30 days) PA MO
<i>sodium chloride 0.9% solution 0.9%</i>	\$0 (Tier 2)	MO
<i>sterile water for irrigation solution</i>	\$0 (Tier 2)	MO
MOUTH/THROAT/DENTAL AGENTS		
<i>cevimeline hydrochloride capsule 30mg</i>	\$0 (Tier 4)	MO
<i>chlorhexidine gluconate solution 0.12%</i>	\$0 (Tier 1)	MO
<i>clinpro 5000 paste 1.1%</i>	\$0 (Tier 4)	MO
<i>clotrimazole troche 10mg</i>	\$0 (Tier 2)	MO
DENTA 5000 PLUS SENSITIVE GEL 5%; 1.1%	\$0 (Tier 4)	MO
<i>dentagel gel 1.1%</i>	\$0 (Tier 4)	MO
<i>fluoridex daily defense paste 1.1%</i>	\$0 (Tier 4)	
FLUORIDEX SENSITIVITY RELIEF/SLS FREE GEL 5%; 1.1%	\$0 (Tier 4)	
FLUORIMAX 5000 SENSITIVE GEL 5%; 1.1%	\$0 (Tier 4)	
<i>fluorimax 5000 paste 1.1%</i>	\$0 (Tier 4)	
<i>just right 5000 paste 1.1%</i>	\$0 (Tier 4)	
<i>kourzeq paste 0.1%</i>	\$0 (Tier 2)	
<i>lidocaine hydrochloride viscous solution 2%</i>	\$0 (Tier 4)	MO
<i>lidocaine viscous solution 2%</i>	\$0 (Tier 4)	MO
<i>nystatin suspension 100000unit/ml</i>	\$0 (Tier 4)	MO
<i>oralone dental paste paste 0.1%</i>	\$0 (Tier 2)	

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.



If you have questions, call Aetna Medicare FIDE (HMO D-SNP) at **1-844-362-0934** (TTY: 711), 8 a.m. to 8 p.m., E.S.T., 7 days a week. The call is free. **For more information**, visit **AetnaMedicare.com/NJDSNP-drug-formulary**

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>periogard solution 0.12%</i>	\$0 (Tier 1)	
<i>pilocarpine hydrochloride tablet 5mg, 7.5mg</i>	\$0 (Tier 4)	MO
PREVIDENT 5000 ENAMEL PROTECT GEL 5%; 1.1%	\$0 (Tier 4)	MO
<i>sf gel 1.1%</i>	\$0 (Tier 4)	MO
<i>sodium fluoride 5000 ppm dry mouth gel 1.1%</i>	\$0 (Tier 4)	MO
SODIUM FLUORIDE 5000 PPM SENSITIVE GEL 5%; 1.1%	\$0 (Tier 4)	MO
<i>sodium fluoride 5000 ppm paste 1.1%</i>	\$0 (Tier 4)	MO
SODIUM FLUORIDE/POTASSIUM NITRATE/ SENSITIVE GEL 5%; 1.1%	\$0 (Tier 4)	
<i>sodium fluoride gel 1.1%</i>	\$0 (Tier 4)	MO
<i>triamcinolone acetonide dental paste paste 0.1%</i>	\$0 (Tier 2)	MO

NON-MEDICARE PART D***Non-Medicare Part D***

<i>4x probiotic tablet</i>	\$0	*
<i>acetaminophen capsule 500mg</i>	\$0	*
<i>acetaminophen er 8 hour arthritis pain relief tablet extended release 650mg</i>	\$0	*
<i>acetaminophen extra strength liquid 500mg/15ml</i>	\$0	*
<i>acetaminophen extra strength tablet 500mg</i>	\$0	*
<i>acetaminophen liquid 160mg/5ml</i>	\$0	*
<i>acetaminophen solution 160mg/5ml</i>	\$0	*
<i>acetaminophen suppository 120mg, 325mg, 650mg</i>	\$0	*
<i>acetaminophen suspension 325mg/10.15ml</i>	\$0	*
<i>acetaminophen tablet 325mg</i>	\$0	*
<i>acetaminophen tablet chewable 80mg</i>	\$0	*
<i>acetaminophen/aspirin/caffeine tablet 250mg; 250mg; 65mg</i>	\$0	*
<i>acid gone suspension 95mg/15ml; 358mg/15ml</i>	\$0	*
<i>acidophilus lactobacilli capsule</i>	\$0	*
<i>acidophilus probiotic blend capsule</i>	\$0	*
<i>acidophilus tablet chewable</i>	\$0	*

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

If you have questions, call Aetna Medicare FIDE (HMO D-SNP) at **1-844-362-0934** (TTY: 711), 8 a.m. to 8 p.m., E.S.T., 7 days a week. The call is free. **For more information,** visit **AetnaMedicare.com/NJDSNP-drug-formulary**



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>acidophilus with bifidus tablet chewable</i>	\$0	*
<i>acidophilus/bacillus coagulans extra strength tablet</i>	\$0	*
<i>4.17mg; 2.92mg</i>		
<i>acidophilus/citrus pectin tablet</i>	\$0	*
<i>acidophilus/pectin capsule</i>	\$0	*
<i>activnutrients tablet chewable 62.5mg; 37.5mcg; 12.5mg; 12.5mcg; 12.5mcg; 0.125mg; 85mcg; 18.75mcg; 0.75mg; 61.5mcg; 30.75mcg; 12.5mg; 0.125mg; 12.5mcg; 2.5mg; 2.5mg; 0.625mg; 1.25mg; 12.5mcg; 1.25mg; 150mcg; 3.125mcg; 8.375mg; 3.75mcg; 3mcg; 1.875mg</i>	\$0	*
<i>acuwash liquid</i>	\$0	*
<i>adapalene gel 0.1%</i>	\$0	*
<i>advance intuition control solution liquid</i>	\$0	*
<i>advocate control solutionlow liquid</i>	\$0	*
<i>advocate redi-code+ control solution low solution</i>	\$0	*
<i>agamatrix control normal solution</i>	\$0	*
<i>alahist d tablet 17.5mg; 10mg</i>	\$0	*
<i>alburstix strip</i>	\$0	*
<i>alcohol preps pad 70%</i>	\$0	*
<i>align dualbiotic tablet chewable 5mg; 1.25mg</i>	\$0	*
<i>align jr for kids tablet chewable 10.5mg</i>	\$0	*
<i>align kids probiotic tablet chewable 5mg; 1.25mg</i>	\$0	*
<i>align tablet chewable 10.5mg</i>	\$0	*
<i>aloe vesta body was h/shampoo liquid</i>	\$0	*
<i>aloe vesta body wash/shampoo liquid</i>	\$0	*
<i>aluminum/magnesium/simethicone suspension</i>	\$0	*
<i>200mg/5ml; 200mg/5ml; 20mg/5ml</i>		
<i>americerin cream</i>	\$0	*
<i>ammonium lactate cream 12%</i>	\$0	*
<i>ammonium lactate lotion 12%</i>	\$0	*
<i>antacid & anti-gas maximum strength suspension</i>	\$0	*
<i>800mg/10ml; 800mg/10ml; 80mg/10ml</i>		

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.



If you have questions, call Aetna Medicare FIDE (HMO D-SNP) at **1-844-362-0934** (TTY: 711), 8 a.m. to 8 p.m., E.S.T., 7 days a week. The call is free. **For more information**, visit **AetnaMedicare.com/NJDSNP-drug-formulary**

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>antacid extra strength tablet chewable 160mg; 105mg</i>	\$0	*
<i>antibiotic + pain relief maximum strength cream 3.5mg/gm; 10000unit/gm; 10mg/gm</i>	\$0	*
<i>anti-dandruff shampoo shampoo 1%</i>	\$0	*
<i>aqua glycolic facial cleanser liquid</i>	\$0	*
<i>aqua glycolic shampoo & body cleanser liquid</i>	\$0	*
<i>aqua glycolic toner liquid</i>	\$0	*
<i>artificial tears solution 0.1%; 0.2%; 0.3%, 0.1%; 0.3%, 0.2%; 0.2%; 1%, 0.3%; 1%, 0.5%; 0.6%</i>	\$0	*
<i>aspirin regular strength tablet delayed release 325mg</i>	\$0	*
<i>aspirin suppository 300mg</i>	\$0	*
<i>aspirin tablet 325mg</i>	\$0	*
<i>aspirin tablet chewable 81mg</i>	\$0	*
<i>aspirin tablet delayed release 81mg</i>	\$0	*
<i>assure dose normal control solution</i>	\$0	*
<i>aveeno baby calming comfort bath liquid</i>	\$0	*
<i>aveeno baby cleansing therapy moisturizing wash liquid</i>	\$0	*
<i>aveeno baby soothing multi-purpose ointment</i>	\$0	*
<i>aveeno calm & restore cleanser liquid</i>	\$0	*
<i>aveeno daily moisturizing facial cleanser liquid</i>	\$0	*
<i>ayr nasal drops solution 0.65%</i>	\$0	*
<i>b-12 quick dissolve tablet sublingual 1000mcg</i>	\$0	*
<i>bacid tablet</i>	\$0	*
<i>bacitracin ointment 500unit/gm</i>	\$0	*
<i>bacitracin zinc ointment 500unit/gm</i>	\$0	*
<i>bacitracin/neomycin/polymyxin ointment 400unit/gm; 5mg/gm; 5000unit/gm</i>	\$0	*
<i>bacitracin/polymyxin ointment 500unit/gm; 10000unit/gm</i>	\$0	*
<i>balmex multi-purpose ointment 51.1%</i>	\$0	*

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

If you have questions, call Aetna Medicare FIDE (HMO D-SNP) at **1-844-362-0934** (TTY: 711), 8 a.m. to 8 p.m., E.S.T., 7 days a week. The call is free. **For more information,** visit **AetnaMedicare.com/NJDSNP-drug-formulary**



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>benzoyl peroxide gel 10%, 2.5%, 5%</i>	\$0	*
<i>benzoyl peroxide liquid 10%</i>	\$0	*
<i>benzoyl peroxide lotion 10%, 5%</i>	\$0	*
<i>benzoyl peroxide wash liquid 5%</i>	\$0	*
<i>benzyl alcohol liquid</i>	\$0	*
<i>benzyl benzoate liquid</i>	\$0	*
<i>biohm childrens probioticsupplement tablet chewable</i>	\$0	*
<i>bion tears solution 0.1%; 0.3%</i>	\$0	*
<i>bisacodyl suppository 10mg</i>	\$0	*
<i>bisacodyl tablet delayed release 5mg</i>	\$0	*
<i>bismuth subsalicylate tablet chewable 262mg</i>	\$0	*
<i>boudreauxs butt bath bodywash & shampoo liquid</i>	\$0	*
<i>budesonide nasal spray suspension 32mcg/act</i>	\$0	*
<i>butenafine hydrochloride cream 1%</i>	\$0	*
<i>calamine lotion 8%; 8%</i>	\$0	*
<i>calamine plus lotion 8%; 1%</i>	\$0	*
<i>calcium + d3 tablet 250mg; 3mcg</i>	\$0	*
<i>calcium 500 + d tablet 500mg; 200unit</i>	\$0	*
<i>calcium 500+d tablet 500mg; 400unit</i>	\$0	*
<i>calcium 500+d3 high potency tablet chewable 400unit; 500mg</i>	\$0	*
<i>calcium 600+d tablet 600mg; 400unit</i>	\$0	*
<i>calcium antacid extra strength tablet chewable 750mg</i>	\$0	*
<i>calcium antacid ultra tablet chewable 1000mg</i>	\$0	*
<i>calcium carbonate suspension 1250mg/5ml</i>	\$0	*
<i>calcium carbonate tablet 1250mg</i>	\$0	*
<i>calcium carbonate tablet chewable 500mg</i>	\$0	*
<i>calcium carbonate tablet chewable 500mg</i>	\$0	*
<i>calcium citrate tablet 200mg, 250mg</i>	\$0	*
<i>calcium oyster shell tablet 1250mg, 500mg</i>	\$0	*

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.



If you have questions, call Aetna Medicare FIDE (HMO D-SNP) at **1-844-362-0934** (TTY: 711), 8 a.m. to 8 p.m., E.S.T., 7 days a week. The call is free. **For more information**, visit **[AetnaMedicare.com/NJDSNP-drug-formulary](https://www.aetna.com/NJDSNP-drug-formulary)**

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>calcium polycarbophil tablet 625mg</i>	\$0	*
<i>calcium tablet 1500mg, 500mg, 600mg</i>	\$0	*
<i>calcium/vitamin d tablet 600mg; 400unit, 600mg; 5mcg</i>	\$0	*
<i>capsaicin cream 0.025%, 0.075%, 0.1%</i>	\$0	*
<i>capsaicin pain relief cream 0.1%</i>	\$0	*
<i>carbamide ear drops solution 6.5%</i>	\$0	*
<i>carboxymethylcellulose sodium solution 0.5%</i>	\$0	*
<i>carboxymethylcellulose sodium gel 1%</i>	\$0	*
<i>carboxymethylcellulose sodium ophthalmic gel gel 1%</i>	\$0	*
<i>carboxymethylcellulose sodium ophthalmic solution eye drops solution 0.5%</i>	\$0	*
<i>castor oil</i>	\$0	*
<i>castor oil stimulant laxative oil 100%</i>	\$0	*
<i>cerave baby healing ointment ointment 46.5%</i>	\$0	*
<i>cerave foaming facial cleanser liquid 0</i>	\$0	*
<i>cerave hydrating cream-to-foam cleanser liquid</i>	\$0	*
<i>cerave hydrating facial cleanser liquid</i>	\$0	*
<i>cerave sa body wash liquid</i>	\$0	*
<i>cetaphil daily facial cleanser liquid</i>	\$0	*
<i>cetaphil dermacontrol foam wash liquid</i>	\$0	*
<i>cetaphil gentle cleanser liquid</i>	\$0	*
<i>cetaphil gentle skin cleanser liquid</i>	\$0	*
<i>cetaphil liquid</i>	\$0	*
<i>cetaphil restoraderm liquid</i>	\$0	*
<i>cetirizine hcl tablet 5mg</i>	\$0	*
<i>cetirizine hydrochloride solution 5mg/5ml</i>	\$0	*
<i>cetirizine hydrochloride tablet 10mg</i>	\$0	*
<i>cetirizine hydrochloride/pseudoephedrine hydrochloride tablet extended release 12 hour 5mg; 120mg</i>	\$0	*
<i>chemstrip 2 ln strips</i>	\$0	*

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

If you have questions, call Aetna Medicare FIDE (HMO D-SNP) at **1-844-362-0934** (TTY: 711), 8 a.m. to 8 p.m., E.S.T., 7 days a week. The call is free. **For more information,** visit **[AetnaMedicare.com/NJDSNP-drug-formulary](https://www.aetna.com/NJDSNP-drug-formulary)**



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>chemstrip 9 strips</i>	\$0	*
<i>chemstrip ugk</i>	\$0	*
<i>cherry syrup syrup 82.3%</i>	\$0	*
<i>chewable vitamin c tablet chewable 250mg</i>	\$0	*
<i>children's chewable acetaminophen tablet chewable 160mg</i>	\$0	*
<i>chlorthalidone/dexchlorpheniramine./ pseudoephedrine liquid 12.5mg/5ml; 1mg/5ml; 30mg/5ml</i>	\$0	*
<i>chloraseptic liquid 1.4%</i>	\$0	*
<i>chlorpheniramine maleate tablet 4mg</i>	\$0	*
<i>chlorpheniramine maleate tablet extended release 12mg</i>	\$0	*
<i>chocolated laxative tablet chewable 15mg</i>	\$0	*
<i>cimetidine tablet 200mg</i>	\$0	*
<i>clean & clear essentials foaming facial cleanser liquid</i>	\$0	*
<i>clean & clear foaming facial cleanser sensitive skin liquid</i>	\$0	*
<i>clean & clear morning burst facial cleanser liquid</i>	\$0	*
<i>clean & clear morning burst hydrating facial cleanser liquid</i>	\$0	*
<i>clean & clear night relaxing deep cleaning face wash liquid</i>	\$0	*
<i>clear eyes natural tears lubricant solution 0.5%; 0.6%</i>	\$0	*
<i>clever choice glucose control low liquid</i>	\$0	*
<i>cln body wash gentle non-drying liquid</i>	\$0	*
<i>cln facial cleanser moisture balancing liquid</i>	\$0	*
<i>cln hand & foot wash deep cleansing liquid</i>	\$0	*
<i>cln sport wash high performance liquid</i>	\$0	*
<i>cln sportwash liquid</i>	\$0	*
<i>clotrimazole 3 cream 2%</i>	\$0	*

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.



If you have questions, call Aetna Medicare FIDE (HMO D-SNP) at **1-844-362-0934** (TTY: 711), 8 a.m. to 8 p.m., E.S.T., 7 days a week. The call is free. **For more information**, visit **[AetnaMedicare.com/NJDSNP-drug-formulary](https://www.aetna.com/NJDSNP-drug-formulary)**

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>clotrimazole solution 1%</i>	\$0	*
<i>clotrimazole topical cream 1%</i>	\$0	*
<i>clotrimazole vaginal cream 1%</i>	\$0	*
<i>cold & cough childrens liquid 1mg/5ml; 5mg/5ml; 2.5mg/5ml</i>	\$0	*
<i>cold/flu daytime relief capsule 325mg; 10mg; 5mg</i>	\$0	*
<i>coleman 100 max insect repellent/continuous spray aerosol 98.11%</i>	\$0	*
<i>coleman insect repellent/high & dry aerosol 25%</i>	\$0	*
<i>coleman insect repellent/sportsmen aerosol 40%</i>	\$0	*
<i>condoms miscellaneous</i>	\$0	*
<i>contour low control liquid</i>	\$0	*
<i>contour next control level 1 solution</i>	\$0	*
<i>contour next control level 2 solution</i>	\$0	*
<i>contour normal control liquid</i>	\$0	*
<i>control solution normal solution</i>	\$0	*
<i>corn and callus remover liquid 17%</i>	\$0	*
<i>cottonseed oil</i>	\$0	*
<i>cromolyn sodium aerosol solution 5.2mg/act</i>	\$0	*
<i>culturelle adult ultimatebalance capsule 200mg; 20b cell</i>	\$0	*
<i>culturelle digestive daily probiotic pro strength capsule 200mg; 12billion</i>	\$0	*
<i>culturelle digestive health capsule 200mg; 10billion</i>	\$0	*
<i>culturelle health & wellness capsule 200mg; 10billion</i>	\$0	*
<i>culturelle immune defense tablet chewable 90mg; 100mg; 53mg; 3mg</i>	\$0	*
<i>culturelle kids immune defense probiotic tablet chewable 90mg; 20mcg; 50mg; 26mg; 3mg</i>	\$0	*
<i>culturelle kids immune defense tablet chewable 90mg; 50mg; 26mg; 1.88mg</i>	\$0	*

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

If you have questions, call Aetna Medicare FIDE (HMO D-SNP) at **1-844-362-0934** (TTY: 711), 8 a.m. to 8 p.m., E.S.T., 7 days a week. The call is free. **For more information,** visit **AetnaMedicare.com/NJDSNP-drug-formulary**



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>culturelle kids probiotic+ veggie fiber tablet chewable</i>	\$0	*
<i>culturelle probiotic & prebiotic tablet chewable</i>	\$0	*
<i>culturelle probiotics kids tablet chewable 15mg; 1gm</i>	\$0	*
<i>culturelle ultimate strength probiotic capsule 200mg; 20b cell</i>	\$0	*
<i>cutter aerosol 10%</i>	\$0	*
<i>cutter all family aerosol 7%</i>	\$0	*
<i>cutter backwoods dry aerosol 25%</i>	\$0	*
<i>cutter skinsations aerosol 7%</i>	\$0	*
<i>cutter sport aerosol 15%</i>	\$0	*
<i>cvs advanced probiotic gummies tablet chewable</i>	\$0	*
<i>cvs calcium carbonate tablet 1250mg</i>	\$0	*
<i>cvs chewable probiotic childrens tablet chewable</i>	\$0	*
<i>cvs daily facial cleanser liquid</i>	\$0	*
<i>cvs digestive probiotic capsule 250mg</i>	\$0	*
<i>cvs fish oil capsule</i>	\$0	*
<i>cvs fish oil half-the-size capsule</i>	\$0	*
<i>cvs insect repellent aerosol 15%</i>	\$0	*
<i>cvs natural tears pf solution 0.1%; 0.3%</i>	\$0	*
<i>cvs petroleum jelly w/ vitamin e cream</i>	\$0	*
<i>cvs probiotic childrens tablet chewable</i>	\$0	*
<i>cvs probiotic tablet chewable</i>	\$0	*
<i>cvs sleep-aid nighttime tablet 25mg</i>	\$0	*
<i>cvs total home insect repellent aerosol 30%</i>	\$0	*
<i>cyanocobalamin injection 1000mcg/ml</i>	\$0	*
<i>daily chewable probiotic-14 tablet chewable</i>	\$0	*
<i>daily probiotic supplement capsule 250mg</i>	\$0	*
<i>day-time pe cold/flu relief capsule 325mg; 10mg; 5mg</i>	\$0	*
<i>desitin multi-purpose healing ointment 71.3%</i>	\$0	*

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.



If you have questions, call Aetna Medicare FIDE (HMO D-SNP) at **1-844-362-0934** (TTY: 711), 8 a.m. to 8 p.m., E.S.T., 7 days a week. The call is free. **For more information**, visit **AetnaMedicare.com/NJDSNP-drug-formulary**

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>dextromethorphan hbr capsule 15mg</i>	\$0	*
<i>dextromethorphan hydrobromide/guaifenesin liquid 10mg/5ml; 100mg/5ml</i>	\$0	*
<i>dextromethorphan polistirex er suspension extended release 30mg/5ml</i>	\$0	*
<i>dextromethorphan/guaifenesin liquid 5mg/5ml; 100mg/5ml</i>	\$0	*
<i>dhs tar shampoo 0.5%</i>	\$0	*
<i>dialyvite chewable probiotic tablet chewable</i>	\$0	*
<i>diastix strip</i>	\$0	*
<i>diatrue glucose control solution level 1 solution</i>	\$0	*
<i>diatrue glucose control solution level 2 solution</i>	\$0	*
<i>diclofenac sodium gel 1%</i>	\$0	*
<i>digestive advantage dailydigestive & immune support tablet chewable 3.33mg</i>	\$0	*
<i>digestive advantage kids daily digestive & immune support tablet chewable 3.33mg</i>	\$0	*
<i>digestive advantage kids daily probiotic gummies tablet chewable</i>	\$0	*
<i>digestive advantage kids daily probiotic+gen prebiotic fiber tablet chewable</i>	\$0	*
<i>digestive advantage multi-strain probiotic ultra tablet chewable</i>	\$0	*
<i>digestive advantage prebiotic+probiotic tablet chewable</i>	\$0	*
<i>digestive advantage probiotic gummies tablet chewable</i>	\$0	*
<i>digestive probiotic capsule 250mg</i>	\$0	*
<i>dimenhydrinate tablet 50mg</i>	\$0	*
<i>diphenhydramine hcl capsule 50mg</i>	\$0	*
<i>diphenhydramine hcl/zinc acetate cream 2%; 0.1%</i>	\$0	*
<i>diphenhydramine hydrochloride capsule 25mg</i>	\$0	*
<i>diphenhydramine hydrochloride liquid 12.5mg/5ml</i>	\$0	*

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

If you have questions, call Aetna Medicare FIDE (HMO D-SNP) at **1-844-362-0934** (TTY: 711), 8 a.m. to 8 p.m., E.S.T., 7 days a week. The call is free. **For more information**, visit **[AetnaMedicare.com/NJDSNP-drug-formulary](https://www.aetna.com/NJDSNP-drug-formulary)**



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>diphenhydramine hydrochloride tablet 25mg</i>	\$0	*
<i>docosanol cream 10%</i>	\$0	*
<i>docusate calcium capsule 240mg</i>	\$0	*
<i>docusate sodium capsule 100mg, 250mg</i>	\$0	*
<i>docusate sodium liquid 50mg/5ml</i>	\$0	*
<i>docusate sodium syrup 60mg/15ml</i>	\$0	*
<i>docusate sodium tablet 100mg</i>	\$0	*
<i>dry eye relief drops solution 0.2%; 0.2%; 1%</i>	\$0	*
<i>durex realfeel non-latex device</i>	\$0	*
<i>d-vi-sol liquid 400unit/ml</i>	\$0	*
<i>dynashield cream 1.8%; 2%</i>	\$0	*
<i>easy check glucose control solution normal solution</i>	\$0	*
<i>easy plus ii control solution low solution</i>	\$0	*
<i>easy step control solution low solution</i>	\$0	*
<i>easy talk control solution low solution</i>	\$0	*
<i>easy talk control solution normal solution</i>	\$0	*
<i>easy talk plus ii controllow solution</i>	\$0	*
<i>easy trak ii control solution/normal liquid</i>	\$0	*
<i>easy trak glucose controlsolution low solution</i>	\$0	*
<i>easy trak glucose controlsolution normal solution</i>	\$0	*
<i>easymax control solution normal solution</i>	\$0	*
<i>ed chlorped jr syrup 2mg/5ml</i>	\$0	*
<i>effervescent pain relief tablet effervescent 325mg; 1000mg; 1916mg</i>	\$0	*
<i>element low control liquid</i>	\$0	*
<i>element normal control liquid</i>	\$0	*
<i>embrace control solution low solution</i>	\$0	*
<i>embrace evo glucose control solution level 1 liquid</i>	\$0	*
<i>embrace talk glucose control solution low solution</i>	\$0	*
<i>empty capsule size 1 blue/powder blue capsule</i>	\$0	*
<i>encare suppository 100mg</i>	\$0	*
<i>enema disposable enema 7gm/118ml; 19gm/118ml</i>	\$0	*

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.



If you have questions, call Aetna Medicare FIDE (HMO D-SNP) at **1-844-362-0934** (TTY: 711), 8 a.m. to 8 p.m., E.S.T., 7 days a week. The call is free. **For more information**, visit **AetnaMedicare.com/NJDSNP-drug-formulary**

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>eql 2 in 1 probiotic tablet</i>	\$0	*
<i>eql 4x probiotic tablet</i>	\$0	*
<i>eql body wash/sensitive skin liquid</i>	\$0	*
<i>eql body wash/shear butter liquid</i>	\$0	*
<i>eql clear hand soap refill liquid</i>	\$0	*
<i>eql gentle skin cleanser liquid</i>	\$0	*
<i>eql high power body wash liquid</i>	\$0	*
<i>eql liquid hand soap liquid</i>	\$0	*
<i>eql liquid hand soap refill liquid</i>	\$0	*
<i>eql skin astringent liquid</i>	\$0	*
<i>ergocalciferol solution 8000unit/ml</i>	\$0	*
<i>esomeprazole magnesium capsule delayed release 20mg</i>	\$0	*
<i>esomeprazole magnesium dr24hr tablet delayed release 20mg</i>	\$0	*
<i>ethyl oleate liquid</i>	\$0	*
<i>eucerin advanced cleansing liquid</i>	\$0	*
<i>eucerin skin calming bodywash liquid</i>	\$0	*
<i>evolution control solution normal solution</i>	\$0	*
<i>ex-lax tablet chewable 15mg</i>	\$0	*
<i>eye allergy relief solution 0.025%; 0.3%, 0.027%; 0.315%</i>	\$0	*
<i>famotidine tablet 10mg</i>	\$0	*
<i>famotidine tablet 20mg</i>	\$0	*
<i>fc2 female condom miscellaneous</i>	\$0	*
<i>ferrous fumarate 324 tablet 324mg</i>	\$0	*
<i>ferrous gluconate tablet 240mg, 324mg</i>	\$0	*
<i>ferrous sulfate solution 15mg/ml, 220mg/5ml</i>	\$0	*
<i>ferrous sulfate tablet 325mg</i>	\$0	*
<i>ferrous sulfate tablet delayed release 324mg, 325mg</i>	\$0	*
<i>fexofenadine hcl childrens allergy suspension 30mg/5ml</i>	\$0	*

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

If you have questions, call Aetna Medicare FIDE (HMO D-SNP) at **1-844-362-0934** (TTY: 711), 8 a.m. to 8 p.m., E.S.T., 7 days a week. The call is free. **For more information,** visit **[AetnaMedicare.com/NJDSNP-drug-formulary](https://www.aetna.com/NJDSNP-drug-formulary)**



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>fexofenadine hydrochloride tablet 180mg, 60mg</i>	\$0	*
<i>fexofenadine hydrochloride/pseudoephedrine hydrochloride er tablet extended release 12 hour 60mg; 120mg</i>	\$0	*
<i>fiber powder 28.3%, 48.57%</i>	\$0	*
<i>fish oil burp-less capsule 89mg; 244mg; 500mg; 27mg</i>	\$0	*
<i>fish oil capsule 60mg; 90mg; 500mg; 150mg</i>	\$0	*
<i>fish oil minis capsule 125mg; 340mg; 700mg; 500mg</i>	\$0	*
<i>flanders buttocks ointment 66.2%; 13.4%</i>	\$0	*
<i>flavorx liquid</i>	\$0	*
<i>flexitol sensitive skin wash liquid</i>	\$0	*
<i>florastart capsule 250mg</i>	\$0	*
<i>florastor capsule 250mg</i>	\$0	*
<i>floraxis tablet</i>	\$0	*
<i>fluticasone propionate suspension 50mcg/act</i>	\$0	*
<i>folic acid tablet 1mg</i>	\$0	*
<i>folic acid/vitamin b-6/vitamin b-12 tablet 500mcg; 2.2mg; 25mg</i>	\$0	*
<i>folplex 2.2 tablet 0.5mg; 2.2mg; 25mg</i>	\$0	*
<i>fondcircle control solution liquid</i>	\$0	*
<i>fora control solution low solution</i>	\$0	*
<i>fora control solution normal solution</i>	\$0	*
<i>foracare gdh control solution low solution</i>	\$0	*
<i>foracare gdh control solution normal solution</i>	\$0	*
<i>fortiscare control solutions low solution</i>	\$0	*
<i>fortiscare control solutions normal solution</i>	\$0	*
<i>free & clear for sensitive skin liquid</i>	\$0	*
<i>free + pure daily probiotic capsule 250mg</i>	\$0	*
<i>ft caldyphen lotion 8%; 1%</i>	\$0	*
<i>ft probiotic capsule 250mg</i>	\$0	*
<i>ft probiotic childrens tablet chewable</i>	\$0	*

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.



If you have questions, call Aetna Medicare FIDE (HMO D-SNP) at **1-844-362-0934** (TTY: 711), 8 a.m. to 8 p.m., E.S.T., 7 days a week. The call is free. **For more information**, visit **AetnaMedicare.com/NJDSNP-drug-formulary**

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>ft skin cleanser liquid</i>	\$0	*
<i>gaviscon suspension 95mg/15ml; 358mg/15ml</i>	\$0	*
<i>ge100 control solution normal solution</i>	\$0	*
<i>genteal severe tears gel 0.3%</i>	\$0	*
<i>genteal tears liquid drops moderate solution 0.1%; 0.2%; 0.3%</i>	\$0	*
<i>genteal tears moderate pf solution 0.1%; 0.3%</i>	\$0	*
<i>genteal tears severe day/night gel 0.4%; 0.3%</i>	\$0	*
<i>gentle skin cleanser liquid</i>	\$0	*
<i>glucocard 01 control solution/normal solution</i>	\$0	*
<i>glucocard x-meter controlsolution/normal solution</i>	\$0	*
<i>glucocom normal control liquid</i>	\$0	*
<i>glucose control normal solution</i>	\$0	*
<i>glucose gel 40%</i>	\$0	*
<i>glucose tablet chewable 4gm, 6mg; 4gm</i>	\$0	*
<i>glycerin adult suppository 2.1gm, 2gm</i>	\$0	*
<i>glycerin infants & children suppository 1.2gm, 1gm</i>	\$0	*
<i>gnp caldyphen lotion 8%; 1%</i>	\$0	*
<i>gnp gentle skin cleanser sensitive skin liquid</i>	\$0	*
<i>gnp probiotic extra strength capsule</i>	\$0	*
<i>gnp vitamin a/d ointment 15.5%; 53.4%</i>	\$0	*
<i>gojji control solution normal solution</i>	\$0	*
<i>gold bond ultimate deep moisture body wash exfoliating liquid</i>	\$0	*
<i>gold bond ultimate deep moisture body wash sensitive/oat ext liquid</i>	\$0	*
<i>gold bond ultimate deep moisture body wash softening/shear liquid</i>	\$0	*
<i>good start supreme sterile water liquid</i>	\$0	*
<i>guaifenesin er tablet extended release 12 hour 1200mg, 600mg</i>	\$0	*
<i>guaifenesin liquid 100mg/5ml</i>	\$0	*
<i>guaifenesin tablet 200mg, 400mg</i>	\$0	*

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

If you have questions, call Aetna Medicare FIDE (HMO D-SNP) at **1-844-362-0934** (TTY: 711), 8 a.m. to 8 p.m., E.S.T., 7 days a week. The call is free. **For more information,** visit **AetnaMedicare.com/NJDSNP-drug-formulary**



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>guaifenesin/codeine solution 10mg/5ml; 100mg/5ml</i>	\$0	*
<i>guaifenesin/dextromethorphan hydrobromide tablet 20mg; 400mg</i>	\$0	*
<i>guaifenesin/dextromethorphan hydrobromide tablet extended release 12 hour 60mg; 1200mg</i>	\$0	*
<i>guaifenesin/dextromethorphan syrup 10mg/5ml; 100mg/5ml</i>	\$0	*
<i>guaifenesin/pseudoephedrine hydrochloride tablet extended release 12 hour 600mg; 60mg</i>	\$0	*
<i>hemorrhoidal ointment 14%; 74.9%; 0.25%</i>	\$0	*
<i>histex syrup 2.5mg/5ml</i>	\$0	*
<i>hydrocerin cream</i>	\$0	*
<i>hydrocortisone cream 0.5%</i>	\$0	*
<i>hydrocortisone cream 1%</i>	\$0	*
<i>hydrocortisone cream 1%</i>	\$0	*
<i>hydrocortisone cream 1%</i>	\$0	*
<i>hydrocortisone lotion 1%</i>	\$0	*
<i>hydrocortisone ointment 0.5%</i>	\$0	*
<i>hydrocortisone ointment 1%</i>	\$0	*
<i>hydrocortisone/aloe cream 1%</i>	\$0	*
<i>hydrolatum ointment</i>	\$0	*
<i>ibuprofen capsule 200mg</i>	\$0	*
<i>ibuprofen infants suspension 50mg/1.25ml</i>	\$0	*
<i>ibuprofen suspension 100mg/5ml</i>	\$0	*
<i>ibuprofen tablet 200mg</i>	\$0	*
<i>ibuprofen tablet chewable 100mg</i>	\$0	*
<i>infinity control solution normal solution</i>	\$0	*
<i>infinity voice level 2 liquid</i>	\$0	*
<i>insta-glucose gel 77.4%</i>	\$0	*
<i>ionil liquid</i>	\$0	*
<i>iron chews pediatric tablet chewable 15mg</i>	\$0	*
<i>iron tablet extended release 45mg</i>	\$0	*

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.



If you have questions, call Aetna Medicare FIDE (HMO D-SNP) at **1-844-362-0934** (TTY: 711), 8 a.m. to 8 p.m., E.S.T., 7 days a week. The call is free. **For more information**, visit **AetnaMedicare.com/NJDSNP-drug-formulary**

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>isopropyl alcohol wipes miscellaneous 70%</i>	\$0	*
<i>ivermectin lotion 0.5%</i>	\$0	*
<i>ivizia severe/night dry eyes gel 0.5%</i>	\$0	*
<i>johnsons kids clean & fresh shampoo & body wash liquid</i>	\$0	*
<i>johnsons skin nourish moisture wash liquid</i>	\$0	*
<i>just tears eye drops solution</i>	\$0	*
<i>kala tablet 30mg; 20mg</i>	\$0	*
<i>kaopectate extra strength suspension 525mg/15ml</i>	\$0	*
<i>kaopectate suspension 262mg/15ml</i>	\$0	*
<i>kaopectate tablet 262mg</i>	\$0	*
<i>kerodex 71 wet cream</i>	\$0	*
<i>ketone test strips</i>	\$0	*
<i>ketostix strip</i>	\$0	*
<i>ketotifen fumarate solution 0.035%</i>	\$0	*
<i>konsyl daily fiber packet 100%</i>	\$0	*
<i>kp gentle skin cleanser liquid</i>	\$0	*
<i>lactobacillus tablet 0.2mg; 0.2mg</i>	\$0	*
<i>lactose monohydrate powder</i>	\$0	*
<i>lansoprazole capsule delayed release 15mg</i>	\$0	*
<i>laxative maximum strength tablet 25mg</i>	\$0	*
<i>levocetirizine dihydrochloride tablet 5mg</i>	\$0	*
<i>levonorgestrel tablet 1.5mg</i>	\$0	*
<i>liberty glucose control normal liquid</i>	\$0	*
<i>lice killing shampoo shampoo 4%; 0.33%</i>	\$0	*
<i>lice treatment liquid 1%</i>	\$0	*
<i>lidocaine cream 5%</i>	\$0	*
<i>lidocaine hydrochloride cream 4%</i>	\$0	*
<i>lidocaine patch 4%</i>	\$0	*
<i>lidocaine topical anesthetic cream 4%</i>	\$0	*
<i>lohist-dm syrup 2mg/5ml; 10mg/5ml; 5mg/5ml</i>	\$0	*
<i>loperamide hydrochloride capsule 2mg</i>	\$0	*

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

If you have questions, call Aetna Medicare FIDE (HMO D-SNP) at **1-844-362-0934** (TTY: 711), 8 a.m. to 8 p.m., E.S.T., 7 days a week. The call is free. **For more information,** visit **[AetnaMedicare.com/NJDSNP-drug-formulary](https://www.aetna.com/NJDSNP-drug-formulary)**



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>loperamide hydrochloride solution 1mg/7.5ml</i>	\$0	*
<i>loperamide hydrochloride tablet 2mg</i>	\$0	*
<i>loratadine childrens tablet chewable 5mg</i>	\$0	*
<i>loratadine solution 5mg/5ml</i>	\$0	*
<i>loratadine tablet 10mg</i>	\$0	*
<i>loratadine tablet disintegrating 10mg</i>	\$0	*
<i>loratadine-d 12hr tablet extended release 12 hour 5mg; 120mg</i>	\$0	*
<i>loratadine-d 24hr tablet extended release 24 hour 10mg; 240mg</i>	\$0	*
<i>lubricant eye drops solution 0.1%; 0.3%, 0.4%; 0.3%, 0.6%</i>	\$0	*
<i>lubricant eye ointment 42.5%; 57.3%</i>	\$0	*
<i>lubricating eye drops solution 0.4%; 0.3%</i>	\$0	*
<i>magnesium citrate solution 1.745gm/30ml</i>	\$0	*
<i>magnesium oxide tablet 400mg</i>	\$0	*
<i>magnesium tablet 250mg, 500mg</i>	\$0	*
<i>m-clear wc solution 6.33mg/5ml; 100mg/5ml</i>	\$0	*
<i>meclizine hydrochloride tablet 12.5mg</i>	\$0	*
<i>meclizine hydrochloride tablet 25mg</i>	\$0	*
<i>meclizine hydrochloride tablet chewable 25mg</i>	\$0	*
<i>mederma ag body cleanser liquid</i>	\$0	*
<i>mederma ag facial toner liquid</i>	\$0	*
<i>medi-paste ointment</i>	\$0	*
<i>melatonin tablet 1mg, 3mg, 5mg</i>	\$0	*
<i>miconazole 1 kit</i>	\$0	*
<i>miconazole 3 combination pack kit</i>	\$0	*
<i>miconazole 3 combo pack kit</i>	\$0	*
<i>miconazole 3 cream 4%</i>	\$0	*
<i>miconazole 7 suppository 100mg</i>	\$0	*
<i>miconazole nitrate aerosol powder 2%</i>	\$0	*
<i>miconazole nitrate topical cream 2%, 2%</i>	\$0	*

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.



If you have questions, call Aetna Medicare FIDE (HMO D-SNP) at **1-844-362-0934** (TTY: 711), 8 a.m. to 8 p.m., E.S.T., 7 days a week. The call is free. **For more information**, visit **AetnaMedicare.com/NJDSNP-drug-formulary**

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>miconazole powder 2%</i>	\$0	*
<i>milk of magnesia suspension 400mg/5ml</i>	\$0	*
<i>mineral oil heavy oil</i>	\$0	*
<i>mineral oil light oil</i>	\$0	*
<i>mineral oil</i>	\$0	*
<i>minerin creme cream</i>	\$0	*
<i>moisturizing cream</i>	\$0	*
<i>moisturizing lotion</i>	\$0	*
<i>mucinex fast-max congestion & headache maximum strength capsule 325mg; 10mg; 5mg</i>	\$0	*
<i>mucinex sinus-max severe congestion & pain maximum strength capsule 325mg; 10mg; 5mg</i>	\$0	*
<i>mucus dm tablet extended release 12 hour 30mg; 600mg</i>	\$0	*
<i>multi complete capsule 60mg; 2500unit; 30mcg; 100mg; 10mg; 1000unit; 120mcg; 2mg; 6mcg; 18mg; 400mcg; 40mg; 4mg; 20mg; 40mcg; 150mcg; 2mg; 1.7mg; 20mcg; 45mcg; 1.5mg; 50unit; 15mg</i>	\$0	*
<i>multi vitamin/minerals full spectrum tablet 90mg; 5000unit; 45mcg; 300mcg; 162mg; 10mg; 27mg; 400unit; 25mcg; 2mg; 9mcg; 27mg; 400mcg; 100mg; 5mg; 25mcg; 20mg; 125mg; 25mcg; 30mg; 150mcg; 3mg; 2.6mg; 25mcg; 2.25mg; 34unit; 15mg</i>	\$0	*
<i>multiple vitamins/iron tablet chewable 60mg; 4.5mcg; 400unit; 15mg; 0.3mg; 13.5mg; 1.04mg; 1.2mg; 1.05mg; 2500unit; 15unit</i>	\$0	*
<i>multivitamin childrens tablet chewable</i>	\$0	*
<i>multivitamin plus iron childrens tablet chewable</i>	\$0	*
<i>multi-vitamin tablet</i>	\$0	*
<i>multivitamin w/iron/infant/toddler solution 50mg/ml; 11mg/ml; 4mg/ml; 0.3mg/ml; 0.4mg/ml; 0.3mg/ml; 250mcg/ml; 10mcg/ml; 5mg/ml</i>	\$0	*

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

If you have questions, call Aetna Medicare FIDE (HMO D-SNP) at **1-844-362-0934** (TTY: 711), 8 a.m. to 8 p.m., E.S.T., 7 days a week. The call is free. **For more information,** visit **AetnaMedicare.com/NJDSNP-drug-formulary**



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>multivitamin with fluoride suspension 35mg/ml; 400unit/ml; 2mcg/ml; 8mg/ml; 0.4mg/ml; 1500unit/ml; 0.6mg/ml; 0.25mg/ml; 0.5mg/ml; 5unit/ml, 35mg/ml; 400unit/ml; 2mcg/ml; 8mg/ml; 0.4mg/ml; 1500unit/ml; 0.6mg/ml; 0.5mg/ml; 0.5mg/ml; 5unit/ml</i>	\$0	*
<i>multivitamin/fluoride tablet chewable</i>	\$0	*
<i>multi-vitamin/fluoride/iron solution 35mg/ml; 400unit/ml; 10mg/ml; 8mg/ml; 0.4mg/ml; 1500unit/ml; 0.6mg/ml; 0.25mg/ml; 0.5mg/ml; 5unit/ml</i>	\$0	*
<i>multivitamins tablet chewable 16000unit; 100mcg; 12mg; 1000unit; 6mcg; 200mcg; 10mg; 800mcg; 1.9mg; 1.7mg; 100mg; 1.5mg; 200unit; 15mg</i>	\$0	*
<i>multi-vitamins/iron tablet</i>	\$0	*
<i>naloxone hydrochloride liquid 4mg/0.1ml</i>	\$0	*
<i>naproxen sodium capsule 220mg</i>	\$0	*
<i>naproxen sodium tablet 220mg</i>	\$0	*
<i>natrapel liquid 20%</i>	\$0	*
<i>natural fiber powder 58.6%</i>	\$0	*
<i>neutrogena deep clean facial cleanser liquid</i>	\$0	*
<i>niacin tablet 100mg, 500mg</i>	\$0	*
<i>niacin timed release tablet extended release 500mg</i>	\$0	*
<i>niacin tr capsule extended release 250mg</i>	\$0	*
<i>niacin tr tablet extended release 750mg</i>	\$0	*
<i>nicotine lozenge 4mg</i>	\$0	*
<i>nicotine polacrilex gum 2mg, 4mg</i>	\$0	*
<i>nicotine polacrilex lozenge 2mg</i>	\$0	*
<i>nicotine transdermal system kit</i>	\$0	*
<i>nicotine transdermal system patch 24 hour 14mg/24hr, 21mg/24hr, 7mg/24hr</i>	\$0	*
<i>off active aerosol 15%</i>	\$0	*
<i>off deep woods dry aerosol 25%</i>	\$0	*
<i>off deep woods sportsmen aerosol 30%</i>	\$0	*

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.



If you have questions, call Aetna Medicare FIDE (HMO D-SNP) at **1-844-362-0934** (TTY: 711), 8 a.m. to 8 p.m., E.S.T., 7 days a week. The call is free. **For more information**, visit **[AetnaMedicare.com/NJDSNP-drug-formulary](https://www.aetna.com/NJDSNP-drug-formulary)**

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>off familycare clean feel liquid 5%</i>	\$0	*
<i>off smooth & dry aerosol 15%</i>	\$0	*
<i>olive oil</i>	\$0	*
<i>olopatadine hydrochloride solution 0.1%, 0.2%</i>	\$0	*
<i>omega 3 capsule</i>	\$0	*
<i>omega-3 capsule 120mg; 180mg; 1000mg; 1unit</i>	\$0	*
<i>omega-3 fish oil capsule 100mg; 160mg; 1000mg; 300mg; 5unit</i>	\$0	*
<i>omega-3 fish oil no burp capsule 60mg; 90mg; 500mg</i>	\$0	*
<i>omeprazole dr tablet delayed release 20mg</i>	\$0	*
<i>omeprazole magnesium capsule delayed release 20.6mg</i>	\$0	*
<i>omeprazole tablet delayed release 20mg</i>	\$0	*
<i>omeprazole tablet delayed release disintegrating 20mg</i>	\$0	*
<i>onetouch ultra control liquid</i>	\$0	*
<i>onetouch verio level 4 control solution liquid</i>	\$0	*
<i>opill tablet 0.075mg</i>	\$0	*
<i>options gynol ii vaginal contraceptive gel 3%</i>	\$0	*
<i>oral suspend liquid</i>	\$0	*
<i>ovega-3 capsule 270mg; 135mg; 500mg</i>	\$0	*
<i>oxymetazoline hydrochloride solution 0.05%</i>	\$0	*
<i>oyster shell calcium tablet 1250mg</i>	\$0	*
<i>paladin ointment</i>	\$0	*
<i>pataday extra strength solution 0.7%</i>	\$0	*
<i>pcca sorbitol lollipop base flakes</i>	\$0	*
<i>pedia-lax liquid 50mg/15ml</i>	\$0	*
<i>petrolatum ointment</i>	\$0	*
<i>phenazopyridine hydrochloride tablet 100mg, 200mg</i>	\$0	*
<i>phenazopyridine hydrochloride tablet 95mg</i>	\$0	*
<i>phosphorous tablet 155mg; 852mg; 130mg</i>	\$0	*

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

If you have questions, call Aetna Medicare FIDE (HMO D-SNP) at **1-844-362-0934** (TTY: 711), 8 a.m. to 8 p.m., E.S.T., 7 days a week. The call is free. **For more information,** visit **AetnaMedicare.com/NJDSNP-drug-formulary**



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>phospho-trin k500 tablet 500mg</i>	\$0	*
<i>phytonadione tablet 5mg</i>	\$0	*
<i>pink bismuth maximum strength suspension 525mg/15ml</i>	\$0	*
<i>pink bismuth suspension 262mg/15ml</i>	\$0	*
<i>pinworm medicine suspension 144mg/ml</i>	\$0	*
<i>pinxav ointment</i>	\$0	*
<i>polyethylene glycol 3350 packet 17gm</i>	\$0	*
<i>polyethylene glycol 3350 powder 17gm/scoop</i>	\$0	*
<i>polysaccharide-iron complex capsule 150mg</i>	\$0	*
<i>polyvinyl alcohol solution 1.4%</i>	\$0	*
<i>poly-vi-sol solution 50mg/ml; 10mcg/ml; 0.5mcg/ml; 0; 4mg/ml; 0.3mg/ml; 250mcg/ml; 0.4mg/ml; 0.3mg/ml; 5mg/ml</i>	\$0	*
<i>pramoxine hcl foam 1%</i>	\$0	*
<i>prenatabs fa tablet</i>	\$0	*
<i>prenatabs rx tablet</i>	\$0	*
<i>prenatal 19 tablet 100mg; 1000unit; 200mg; 7mg; 400unit; 12mcg; 25mg; 29mg; 1mg; 15mg; 20mg; 3mg; 3mg; 30unit; 20mg</i>	\$0	*
<i>prenatal tablet 100mg; 200mg; 10mcg; 4mcg; 27 mg; 800 mcg; 18 mg; 2.6 mg; 1.7 mg; 1.5 mg; 5 mg; 1200 mcg; 25 mg; 120 mg; 4000unit; 200 mg; 400unit; 8mcg; 28 mg; 800 mcg; 20 mg; 2.6 mg; 1.7 mg; 1.8 mg; 30unit; 25 mg</i>	\$0	*
<i>prenatal tablet 120mg; 200 mg; 10mcg; 2 mg; 12mcg; 27 mg; 1 mg; 20 mg; 10 mg; 1200mcg; 3 mg; 1.84 mg; 10 mg; 25 mg</i>	\$0	*
<i>prestige glucose control liquid</i>	\$0	*
<i>primadophilus kids tablet chewable</i>	\$0	*
<i>probiotic + immune tablet chewable 45mg; 25mcg; 1.15mg</i>	\$0	*
<i>probiotic acidophilus tablet chewable</i>	\$0	*
<i>probiotic capsule 1billion; 250mg, 250mg</i>	\$0	*

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.



If you have questions, call Aetna Medicare FIDE (HMO D-SNP) at **1-844-362-0934** (TTY: 711), 8 a.m. to 8 p.m., E.S.T., 7 days a week. The call is free. **For more information**, visit **[AetnaMedicare.com/NJDSNP-drug-formulary](https://www.aetna.com/NJDSNP-drug-formulary)**

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>probiotic chocolate bears childrens tablet chewable</i>	\$0	*
<i>probiotic digestive support extra strength capsule 200mg; 20billion</i>	\$0	*
<i>probiotic formula capsule 1billion; 250mg</i>	\$0	*
<i>probiotic gummies tablet chewable</i>	\$0	*
<i>probiotic multi-enzyme tablet 16.667mg; 33.333mg; 8.333mg; 48mg; 1.667mg; 3.333mg; 3.333mg; 5mg; 33.333mg; 8.333mg; 8.333mg; 36mg; 16.667mg</i>	\$0	*
<i>probiotic tablet</i>	\$0	*
<i>probiotic tablet chewable</i>	\$0	*
<i>prodigy control solution low solution</i>	\$0	*
<i>provella tablet</i>	\$0	*
<i>pseudoephedrine hydrochloride er maximum strength tablet extended release 12 hour 120mg</i>	\$0	*
<i>pseudoephedrine hydrochloride tablet 30mg, 60mg</i>	\$0	*
<i>psyllium fiber capsule 0.52gm</i>	\$0	*
<i>purpose gentle cleaning wash liquid</i>	\$0	*
<i>qc calamine medicated lotion 8%; 1%</i>	\$0	*
<i>qc pink bismuth tablet 262mg</i>	\$0	*
<i>qc psyllium fiber powder 43%</i>	\$0	*
<i>ra probiotic gummies tablet chewable</i>	\$0	*
<i>ranger ready repellent liquid 20%</i>	\$0	*
<i>raspberry syrup</i>	\$0	*
<i>redness reliever eye drops solution 0.05%</i>	\$0	*
<i>refresh cleanser liquid</i>	\$0	*
<i>refresh digital solution 0.5%; 1%; 0.5%</i>	\$0	*
<i>refresh optive advanced solution 0.5%; 1%; 0.5%</i>	\$0	*
<i>refresh optive gel 1%; 0.9%</i>	\$0	*
<i>refresh optive preservative free solution 0.5%; 0.9%</i>	\$0	*
<i>refresh relieva pf solution 0.5%; 1%</i>	\$0	*
<i>refresh relieva pf xtra solution 0.5%; 0.9%</i>	\$0	*
<i>refresh solution 1.4%; 0.6%</i>	\$0	*

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

If you have questions, call Aetna Medicare FIDE (HMO D-SNP) at **1-844-362-0934** (TTY: 711), 8 a.m. to 8 p.m., E.S.T., 7 days a week. The call is free. **For more information,** visit **AetnaMedicare.com/NJDSNP-drug-formulary**



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>refresh tears pf solution 0.5%; 0.9%</i>	\$0	*
<i>refreshing facial cleanser liquid</i>	\$0	*
<i>rehyla hair + body cleanser liquid</i>	\$0	*
<i>rehyla wash liquid</i>	\$0	*
<i>repel family aerosol 15%</i>	\$0	*
<i>repel sportsmen dry aerosol 25%</i>	\$0	*
<i>repel sportsmen max aerosol 40%</i>	\$0	*
<i>rightest gc300 normal control liquid</i>	\$0	*
<i>risa-bid probiotic tablet</i>	\$0	*
<i>saccharomyces boulardii capsule 250mg</i>	\$0	*
<i>saccharomycin df capsule 250mg</i>	\$0	*
<i>saline nasal gel</i>	\$0	*
<i>saline nasal spray infants/childrens solution 0.65%</i>	\$0	*
<i>sawyer insect repellent aerosol 30%</i>	\$0	*
<i>sawyer premium insect repellent liquid 20%</i>	\$0	*
<i>seni care body cream</i>	\$0	*
<i>senna smooth tablet 15mg</i>	\$0	*
<i>senna syrup 176mg/5ml, 8.8mg/5ml</i>	\$0	*
<i>senna tablet 8.6mg</i>	\$0	*
<i>sennosides/docusate sodium tablet 50mg; 8.6mg</i>	\$0	*
<i>sensi-care moisturizing cream</i>	\$0	*
<i>sensi-care sepi-soft concentrate liquid</i>	\$0	*
<i>sesame oil</i>	\$0	*
<i>simethicone capsule 125mg, 180mg</i>	\$0	*
<i>simethicone suspension 40mg/0.6ml</i>	\$0	*
<i>simethicone tablet chewable 125mg, 80mg</i>	\$0	*
<i>simple syrup syrup 85%</i>	\$0	*
<i>sleep aid tablet 25mg</i>	\$0	*
<i>sleep-aid capsule 50mg</i>	\$0	*
<i>sm foaming antacid tablet chewable 80mg; 20mg</i>	\$0	*
<i>sm probiotic capsule 250mg</i>	\$0	*
<i>sm slow release iron tablet extended release 143mg</i>	\$0	*

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.



If you have questions, call Aetna Medicare FIDE (HMO D-SNP) at **1-844-362-0934** (TTY: 711), 8 a.m. to 8 p.m., E.S.T., 7 days a week. The call is free. **For more information**, visit **[AetnaMedicare.com/NJDSNP-drug-formulary](https://www.aetna.com/NJDSNP-drug-formulary)**

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>smarty pants kids probiotic complete tablet chewable</i>	\$0	*
<i>sodium bicarbonate powder</i>	\$0	*
<i>sodium bicarbonate tablet 325mg, 650mg</i>	\$0	*
<i>sodium chloride ointment 5%</i>	\$0	*
<i>sodium chloride solution 5%</i>	\$0	*
<i>sodium fluoride solution 0.5mg/ml</i>	\$0	*
<i>solus v2 control low solution</i>	\$0	*
<i>soothe hydration solution 1.25%</i>	\$0	*
<i>soothe xp solution 4.5%; 1%</i>	\$0	*
<i>soothe xp/xtra protection solution 4.5%; 1%</i>	\$0	*
<i>sorbidon hydrate cream</i>	\$0	*
<i>sorbitol powder</i>	\$0	*
<i>sorbitol solution 70%</i>	\$0	*
<i>stablegi capsule 250mg</i>	\$0	*
<i>sterile water for irrigation solution</i>	\$0	*
<i>stevia extract powder</i>	\$0	*
<i>stevia extract powder 90%</i>	\$0	*
<i>stevia packet 100mg</i>	\$0	*
<i>steviol glycosides powder 95%</i>	\$0	*
<i>stevioside fluid extract 15%</i>	\$0	*
<i>stye solution 0.5%; 0.6%</i>	\$0	*
<i>suspension vehicle suspension</i>	\$0	*
<i>sv fish oil capsule 200mg; 300mg; 500mg; 2.5unit</i>	\$0	*
<i>sween moisturizing body cream</i>	\$0	*
<i>syrspend sf suspension reconstituted</i>	\$0	*
<i>syrup vehicle sf syrup</i>	\$0	*
<i>syrup vehicle syrup</i>	\$0	*
<i>systane complete solution 0.6%</i>	\$0	*
<i>systane contacts soothing drops solution</i>	\$0	*
<i>systane gel gel 0.4%; 0.3%</i>	\$0	*
<i>tai doc control solution</i>	\$0	*

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

If you have questions, call Aetna Medicare FIDE (HMO D-SNP) at **1-844-362-0934** (TTY: 711), 8 a.m. to 8 p.m., E.S.T., 7 days a week. The call is free. **For more information,** visit **[AetnaMedicare.com/NJDSNP-drug-formulary](https://www.aetna.com/NJDSNP-drug-formulary)**



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>tena skin-caring body wash liquid</i>	\$0	*
<i>tena skin-caring wash cream liquid</i>	\$0	*
<i>terbinafine hydrochloride cream 1%</i>	\$0	*
<i>thera-gesic plus cream 4%; 25%</i>	\$0	*
<i>today sponge miscellaneous 1000mg</i>	\$0	*
<i>tolnaftate cream 1%</i>	\$0	*
<i>tolnaftate powder 1%</i>	\$0	*
<i>triamcinolone acetonide aerosol 55mcg/act</i>	\$0	*
<i>triaminic fever reducer pain reliever infants syrup 160mg/5ml</i>	\$0	*
<i>tri-buffered aspirin tablet 325mg; 158mg; 34mg; 63mg</i>	\$0	*
<i>triple antibiotic plus pain reliever maximum strength ointment 500unit/gm; 3.5mg/gm; 10000unit/gm; 10mg/gm</i>	\$0	*
<i>triple probiotic tablet</i>	\$0	*
<i>triprolidine hci liquid 0.625mg/ml</i>	\$0	*
<i>triprolidine hydrochloride liquid 0.938mg/ml</i>	\$0	*
<i>tri-vi-sol a/c/d solution 50mg/ml; 10mcg/ml; 250mcg/ml</i>	\$0	*
<i>tri-vite/fluoride solution 35mg/ml; 0.25mg/ml; 1500unit/ml; 400unit/ml, 35mg/ml; 0.5mg/ml; 1500unit/ml; 400unit/ml</i>	\$0	*
<i>trubiotics digestive + immune health tablet chewable</i>	\$0	*
<i>trubiotics kids tablet chewable</i>	\$0	*
<i>true oyster shell calcium tablet 1250mg</i>	\$0	*
<i>truetrack glucose controllow liquid</i>	\$0	*
<i>trustex lubricated/spermicide miscellaneous</i>	\$0	*
<i>trustex non-lubricated miscellaneous</i>	\$0	*
<i>tusnel c syrup 10mg/5ml; 100mg/5ml; 30mg/5ml</i>	\$0	*
<i>tussin cough long-acting liquid 15mg/5ml</i>	\$0	*
<i>tussin cough syrup 15mg/5ml</i>	\$0	*

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.



If you have questions, call Aetna Medicare FIDE (HMO D-SNP) at **1-844-362-0934** (TTY: 711), 8 a.m. to 8 p.m., E.S.T., 7 days a week. The call is free. **For more information**, visit **[AetnaMedicare.com/NJDSNP-drug-formulary](https://www.aetna.com/NJDSNP-drug-formulary)**

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>ultra-mega tablet extended release 250mg; 10000unit; 25mcg; 25mcg; 75mcg; 50mg; 75mg; 75mcg; 75mcg; 0.25mg; 400unit; 10mg; 400mcg; 25mcg; 5mcg; 75mcg; 150mcg; 7.2mg; 6.1mg; 75mg; 75mcg; 10mg; 75mg; 75mg; 25mcg; 10mcg; 75mg; 150unit; 15mg</i>	\$0	*
<i>ultrathon insect repellent 8 aerosol 25%</i>	\$0	*
<i>unistrip control solutionlow solution</i>	\$0	*
<i>up4 probiotics kids cubes tablet chewable</i>	\$0	*
<i>up4 probiotics tablet chewable 15mg; 1gm</i>	\$0	*
<i>urea cream 20%</i>	\$0	*
<i>urinary pain relief tablet 99.5mg</i>	\$0	*
<i>uristat ultra/cranberry tablet 99.5mg</i>	\$0	*
<i>vagisil cream 1%</i>	\$0	*
<i>vanicream liquid</i>	\$0	*
<i>vaseline constant care cream</i>	\$0	*
<i>vcf vaginal contraceptive film film 28%</i>	\$0	*
<i>vcf vaginal contraceptivegel gel 4%</i>	\$0	*
<i>vicks dayquil cold & flu capsule 325mg; 10mg; 5mg</i>	\$0	*
<i>vitamin a/c/d infant/toddler solution 50mg/ml; 250mcg/ml; 10mcg/ml</i>	\$0	*
<i>vitamin b-12 tablet 1000mcg</i>	\$0	*
<i>vitamin b-6 tablet 100mg, 25mg, 50mg</i>	\$0	*
<i>vitamin c tablet 1000mg, 250mg, 500mg</i>	\$0	*
<i>vitamin c tablet chewable 500mg</i>	\$0	*
<i>vitamin d capsule 50000unit</i>	\$0	*
<i>vitamin d3 capsule 25mcg, 50000unit, 5000unit, 50mcg</i>	\$0	*
<i>vitamin d3 gummies tablet chewable 1000unit</i>	\$0	*
<i>vitamin d3 liquid 400unit/ml</i>	\$0	*
<i>vitamin d-3 tablet 1000unit, 2000unit, 400unit</i>	\$0	*
<i>vitamin d3 tablet 5000unit</i>	\$0	*
<i>vitamin d3 tablet chewable 400unit</i>	\$0	*

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

If you have questions, call Aetna Medicare FIDE (HMO D-SNP) at **1-844-362-0934** (TTY: 711), 8 a.m. to 8 p.m., E.S.T., 7 days a week. The call is free. **For more information,** visit **AetnaMedicare.com/NJDSNP-drug-formulary**



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>vitamin d3 tablet disintegrating 5000unit</i>	\$0	*
<i>vitamins a/c/d/fluoride solution 35mg/ml; 0.25mg/ml; 450mcg/ml; 10mcg/ml, 35mg/ml; 0.5mg/ml; 450mcg/ml; 10mcg/ml</i>	\$0	*
<i>wart remover maximum strength liquid 17%</i>	\$0	*
<i>xanthum gum powder</i>	\$0	*
<i>yumvs probiotics zero tablet chewable</i>	\$0	*
<i>yumvskids probiotic zero tablet chewable</i>	\$0	*
<i>yum-yum dophilus probiotic tablet chewable</i>	\$0	*
<i>yum-yum dophilus tablet chewable</i>	\$0	*
<i>zinc oxide ointment 20%, 40%</i>	\$0	*

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.



If you have questions, call Aetna Medicare FIDE (HMO D-SNP) at **1-844-362-0934** (TTY: 711), 8 a.m. to 8 p.m., E.S.T., 7 days a week. The call is free. **For more information**, visit **[AetnaMedicare.com/NJDSNP-drug-formulary](https://www.aetna.com/NJDSNP-drug-formulary)**

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 #
Symbols		ADALIMUMAB	101
<i>4x probiotic</i>	128	<i>adapalene</i>	129
A		<i>adefovir dipivoxil</i>	25
<i>abacavir</i>	22	ADEMPAS	52
<i>abacavir sulfate/lamivudine</i>	23	<i>advance intuition control solution</i>	129
<i>abigale</i>	86	<i>advocate control solutionlow</i>	129
<i>abigale lo</i>	86	<i>advocate redi-code+ control solution low</i>	129
ABILIFY	60	<i>aenapine</i>	60
ABILIFY MAINTENA	60	<i>afirmelle</i>	80
<i>abiraterone acetate</i>	31	<i>agamatrix control normal</i>	129
<i>abirtega</i>	31	AIMOVIG	71
ABRYSVO	104	AIRSUPRA	121
<i>acamprosate calcium dr</i>	73	AKEEGA	31
<i>acarbose</i>	76	<i>ala-cort</i>	124
<i>accutane</i>	122	ALAHIST D	129
<i>acebutolol hydrochloride</i>	47	<i>albendazole</i>	18
<i>acetaminophen</i>	128, 129	ALBUSTIX STRIP	129
<i>acetaminophen/aspirin/caffeine</i>	129	<i>albuterol sulfate</i>	119
<i>acetaminophen/codeine</i>	16	<i>albuterol sulfate hfa</i>	119
<i>acetaminophen er 8 hour arthritis pain relief</i>	128	<i>alclometasone dipropionate</i>	124
<i>acetaminophen extra strength</i>	128	ALCOHOL PREPS PAD	129
<i>acetazolamide</i>	50	ALECENSA	33
<i>acetazolamide er</i>	50	<i>alendronate sodium</i>	79
<i>acetic acid</i>	117	<i>alfuzosin hcl er</i>	96
<i>acetic acid 0.25%</i>	97	<i>align</i>	129
<i>acetylcysteine</i>	89, 120	<i>align dualbiotic</i>	129
<i>acid gone</i>	129	<i>align jr for kids</i>	129
<i>acidophilus</i>	129	<i>align kids probiotic</i>	129
<i>acidophilus/bacillus coagulans extra strength</i>	129	<i>aliskiren</i>	51
<i>acidophilus/citrus pectin</i>	129	<i>allopurinol</i>	14
<i>acidophilus lactobacilli</i>	129	<i>aloe vesta body was h/shampoo</i>	129
<i>acidophilus/pectin</i>	129	<i>aloe vesta body wash/shampoo</i>	130
<i>acidophilus probiotic blend</i>	129	<i>alosetron</i>	95
<i>acidophilus with bifidus</i>	129	<i>alprazolam</i>	53
<i>acitretin</i>	124	ALPRAZOLAM INTENSOL	53
ACTHIB	104	<i>altavera</i>	80
ACTIMMUNE	103	<i>aluminum/magnesium/simethicone</i>	130
<i>acuwash</i>	129	ALUNBRIG	34
<i>acyclovir</i>	25	ALVAIZ	100
<i>acyclovir sodium</i>	25	ALVESCO	121
ADACEL	104	<i>alyacen 1/35</i>	80
		<i>alyacen 7/7/7</i>	80

Drug Name	Page #	Drug Name	Page #
<i>amantadine</i>	59	<i>aripiprazole</i>	60
<i>amantadine hcl</i>	58	ARISTADA.....	60
<i>ambrisentan</i>	52	<i>armodafinil</i>	73
<i>amercerin</i>	130	ARNUITY ELLIPTA.....	121
<i>amethyst</i>	80	<i>artificial tears</i>	130
<i>amikacin sulfate</i>	18	<i>ashlyna</i>	80
<i>amiloride hcl</i>	50	ASPARLAS.....	33
<i>amiloride/hydrochlorothiazide</i>	50	<i>aspirin</i>	130
<i>aminophylline</i>	120	<i>aspirin/dipyridamole er</i>	100
<i>amiodarone hydrochloride</i>	45	<i>aspirin regular strength</i>	130
<i>amitriptyline</i>	55	ASPIRIN SUPPOSITORY.....	130
<i>amitriptyline hcl</i>	55	<i>assure dose normal control solution</i>	130
<i>amlodipine besylate</i>	48	<i>atazanavir</i>	22
<i>amlodipine besylate/atorvastatin calcium</i>	51	<i>atazanavir sulfate</i>	22
<i>amlodipine besylate/benazepril hydrochloride</i>	42	<i>atenolol</i>	47
<i>amlodipine besylate/valsartan</i>	43	<i>atenolol/chlorthalidone</i>	47
<i>amlodipine/olmesartan medoxomil</i>	43	<i>atomoxetine</i>	69, 70
<i>amlodipine/valsartan/hydrochlorothiazide</i>	44	<i>atorvastatin calcium</i>	46
<i>ammonium lactate</i>	126, 130	<i>atovaquone</i>	18
<i>amnestem</i>	122	<i>atovaquone/proguanil hcl</i>	21
<i>amoxapine</i>	55	<i>atovaquone/proguanil hydrochloride</i>	21
<i>amoxicillin</i>	29	<i>atropine sulfate</i>	117
<i>amoxicillin/clavulanate potassium</i>	29	ATROVENT HFA.....	118
<i>amphetamine/dextroamphetamine</i>	69	<i>aubra eq</i>	80
<i>amphotericin b</i>	21	AUGTYRO.....	34
<i>amphotericin b liposome</i>	21	<i>aurovela 1.5/30</i>	80
<i>ampicillin</i>	29	<i>aurovela 1/20</i>	80
<i>ampicillin sodium</i>	29	<i>aurovela 24 fe</i>	80
<i>ampicillin-sulbactam</i>	29	<i>aurovela fe 1.5/30</i>	80
<i>ampicillin/sulbactam</i>	29	<i>aurovela fe 1/20</i>	80
<i>anagrelide hydrochloride</i>	100	AUSTEDO.....	71, 72
<i>anastrozole</i>	31	AUSTEDO XR.....	71, 72
ANORO ELLIPTA.....	118	AUVELITY.....	55
<i>antacid & anti-gas maximum strength</i>	130	AUVELITY TITRATION PACK.....	55
<i>antacid extra strength</i>	130	<i>aveeno baby calming comfort bath</i>	130
<i>antibiotic + pain relief maximum strength</i>	130	<i>aveeno baby cleansing therapy moisturizing wash</i>	130
<i>anti-dandruff shampoo</i>	130	<i>aveeno baby soothing multi-purpose</i>	130
<i>aprepitant</i>	92	<i>aveeno calm & restore cleanser</i>	130
<i>apri</i>	80	<i>aveeno daily moisturizing facial cleanser</i>	130
APTIVUS.....	22	<i>aviane</i>	80
<i>aqua glycolic facial cleanser</i>	130	AVMAPKI FAKZYNJA.....	34
<i>aqua glycolic shampoo & body cleanser</i>	130	AYR NASAL DROPS.....	130
<i>aqua glycolic toner</i>	130	<i>ayuna</i>	80
<i>aranelle</i>	80	AYVAKIT.....	34
ARCALYST.....	103	<i>azathioprine</i>	103
AREXVY.....	104	AZATHIOPRINE.....	103
ARIKAYCE.....	18	<i>azelaic acid</i>	126

Drug Name	Page #	Drug Name	Page #
<i>azelastine hcl</i>	116	<i>bethanechol chloride</i>	97
<i>azelastine hydrochloride</i>	118	BEVESPI.....	118
AZILSARTAN.....	45	<i>bexarotene</i>	33, 126
<i>azithromycin</i>	28	BEXSERO.....	104
<i>aztreonam</i>	18	<i>bicalutamide</i>	32
<i>azurette</i>	80	BICILLIN L-A.....	30
B		BIKTARVY.....	23
<i>b-12 quick dissolve</i>	130	BILDYOS.....	79
<i>bacid</i>	131	BILPREVDA.....	79
<i>bacitracin</i>	114, 131	BIMZELX.....	101
<i>bacitracin/neomycin/polymyxin</i>	131	<i>biohm childrens probiotic supplement</i>	131
<i>bacitracin/polymyxin</i>	131	<i>bion tears</i>	131
<i>bacitracin/polymyxin b</i>	114	<i>bisacodyl</i>	131
<i>bacitracin zinc</i>	131	<i>bisacodyl suppository</i>	131
<i>baclofen</i>	73	<i>bismuth subcitrate pot/metronidazole/tetracycline</i> <i>hydrochlo</i>	95
BAFIERTAM.....	72	<i>bismuth subsalicylate</i>	131
<i>balmex multi-purpose</i>	131	<i>bisoprolol</i>	47
<i>balsalazide disodium</i>	94	<i>bisoprolol fumarate/hydrochlorothiazide</i>	47
BALVERSA.....	34	<i>blisovi 24 fe</i>	80
<i>balziva</i>	80	<i>blisovi fe 1.5/30</i>	80
BARACLUDE.....	25	<i>blisovi fe 1/20</i>	80
BCG.....	104	BLUJEPa.....	18
BD ALCOHOL SWABS.....	74	BOOSTRIX.....	104
BD INSULIN SYRINGE.....	75	<i>bosentan</i>	52
BD PEN.....	75	BOSULIF.....	34
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 1/2.....	75	<i>bosutinib</i>	34
BD VEO INSULIN SYRINGE.....	75	<i>boudreauxs butt bath bodywash & shampoo</i>	131
<i>benazepril hydrochloride</i>	43	BRAFTOVI.....	34
<i>benazepril hydrochloride/hydrochlorothiazide</i>	42	BREO ELLIPTA.....	121
BENLYSTA.....	103	BREZTRI.....	118
<i>benzoyl peroxide</i>	131	<i>briellyn</i>	80
<i>benzoyl peroxide wash</i>	131	<i>brimonidine tartrate</i>	116
<i>benztropine mesylate</i>	59	<i>brimonidine tartrate/timolol maleate</i>	116
BENZYL ACOHOL.....	131	<i>brinzolamide</i>	116
BENZYL BENZOATE.....	131	<i>brivaracetam</i>	64
BERINERT.....	100	<i>bromfenac</i>	115
BESIFLOXACIN HYDROCHLORIDE.....	114	<i>bromfenac sodium</i>	115
BESIVANCE.....	114	<i>bromocriptine mesylate</i>	59
BESREMI.....	33	BRUKINSA.....	34
<i>betaine anhydrous powder</i>	89	<i>budesonide</i>	121
<i>betamethasone dipropionate</i>	124, 125	<i>budesonide dr</i>	94
<i>betamethasone dipropionate augmented</i>	124	<i>budesonide er</i>	94
<i>betamethasone valerate</i>	125	<i>budesonide/formoterol fumarate dihydrate</i>	122
BETASERON.....	72	<i>budesonide nasal spray</i>	131
<i>betaxolol hcl</i>	47, 116	<i>bumetanide</i>	50
		<i>buprenorphine</i>	15

Drug Name	Page #	Drug Name	Page #
<i>buprenorphine hcl</i>	73	<i>carbamazepine</i>	64
<i>buprenorphine hcl/naloxone hcl</i>	73	<i>carbamazepine er</i>	64
<i>buprenorphine hydrochloride/naloxone hydrochloride</i>	73, 74	<i>carbamoxide ear drops</i>	132
<i>bupropion</i>	55	<i>carbidopa</i>	59
BUPROPION	55	<i>carbidopa/levodopa</i>	59
<i>bupropion hydrochloride er</i>	55, 74	<i>carbidopa/levodopa/entacapone</i>	59
<i>bupirone hcl</i>	53	<i>carbidopa/levodopa er</i>	59
<i>bupirone hydrochloride</i>	53	<i>carbidopa/levodopa odt</i>	59
<i>butenafine hydrochloride</i>	131	CARBINOXAMINE	118
<i>butorphanol tartrate</i>	16	<i>carboxymethylcellulose sodium</i>	132
BYSANTI	60	<i>carboxymethylcellulose sodium</i>	132
C		<i>carboxymethylcellulose sodium ophthalmic</i>	132
<i>cabergoline</i>	89	<i>carboxymethylcellulose sodium ophthalmic gel</i>	132
CABOMETYX	34	<i>carglumic acid</i>	89
<i>calamine</i>	131	<i>carteolol hcl</i>	116
<i>calamine plus</i>	131	<i>cartia xt</i>	48
<i>calcipotriene</i>	124	<i>carvedilol</i>	48
<i>calcitonin-salmon</i>	79	<i>carvedilol phosphate er</i>	48
<i>calcitrene</i>	124	<i>caspofungin acetate</i>	21
<i>calcitriol</i>	92	CASTOR OIL	132
CALCITRIOL	124	<i>castor oil stimulant laxative</i>	132
<i>calcium</i>	132	CAVHANZA	35
CALCIUM + D3	131	CAYSTON	18
<i>calcium 500 + d</i>	131	<i>cefaclor</i>	26
CALCIUM 500+D3 HIGH POTENCY	131	CEFACLOER ER	26
<i>calcium 600+d</i>	131	<i>cefadroxil</i>	26
<i>calcium acetate</i>	91	<i>cefazolin</i>	27
<i>calcium antacid extra strength</i>	131	CEFAZOLIN	27
<i>calcium antacid ultra</i>	132	CEFAZOLIN/DEXTROSE	27
<i>calcium carbonate</i>	132	<i>cefazolin sodium</i>	26, 27
CALCIUM CARBONATE	132	CEFAZOLIN SODIUM	26
<i>calcium citrate</i>	132	<i>cefdinir</i>	27
<i>calcium oyster shell</i>	132	<i>cefepime</i>	27
<i>calcium polycarbophil</i>	132	<i>cefixime</i>	27
<i>calcium/vitamin d</i>	132	<i>cefotetan</i>	27
CALQUENCE	34	<i>cefoxitin</i>	27
<i>camila</i>	81	<i>cefpodoxime proxetil</i>	27
<i>candesartan cilexetil</i>	45	<i>cefprozil</i>	27
<i>candesartan cilexetil/hydrochlorothiazide</i>	44	<i>ceftaroline</i>	27
CAPLYTA	60	<i>ceftazidime</i>	27
CAPRELSA	34, 35	<i>ceftriaxone in iso-osmotic dextrose</i>	27
<i>capsaicin</i>	132	<i>ceftriaxone sodium</i>	27
<i>capsaicin pain relief</i>	132	CEFTRIAZONE SODIUM	27
<i>captopril</i>	43	<i>cefuroxime axetil</i>	27
<i>captopril/hydrochlorothiazide</i>	42	<i>cefuroxime sodium</i>	28
		<i>celecoxib</i>	14
		<i>cephalexin</i>	28

Drug Name	Page #	Drug Name	Page #
<i>cerave baby healing ointment</i>	132	<i>cimetidine</i>	93, 133
<i>cerave foaming facial cleanser</i>	132	<i>cinacalcet hydrochloride</i>	55, 89
<i>cerave hydrating cream-to-foam cleanser</i>	132	<i>ciprofloxacin</i>	117
<i>cerave hydrating facial cleanser</i>	132	<i>ciprofloxacin/dexamethasone</i>	117
<i>cerave sa body wash</i>	132	<i>ciprofloxacin hcl</i>	28
CERDELGA	89	<i>ciprofloxacin hydrochloride</i>	28
<i>cetaphil</i>	132	<i>ciprofloxacin hydrochloride ophthalmic</i>	114
<i>cetaphil daily facial cleanser</i>	132	<i>ciprofloxacin hydrochloride otic</i>	117
<i>cetaphil dermacontrol foam wash</i>	132	<i>ciprofloxacin i.v.-in d5w</i>	28
<i>cetaphil gentle cleanser</i>	132	<i>citalopram hydrobromide</i>	55
<i>cetaphil gentle skin cleanser</i>	132	<i>claravis</i>	122
<i>cetaphil restoraderm</i>	133	<i>clarithromycin</i>	28
<i>cetirizine hcl</i>	133	<i>clarithromycin er</i>	28
<i>cetirizine hydrochloride</i>	118, 133	<i>clean & clear essentials foaming facial cleanser</i>	133
<i>cetirizine hydrochloride/pseudoephedrine</i> <i>hydrochloride</i>	133	<i>clean & clear foaming facial cleanser sensitive skin</i> ..	133
<i>cevimeline hydrochloride</i>	127	<i>clean & clear morning burst facial cleanser</i>	133
<i>charlotte 24 fe</i>	81	<i>clean & clear morning burst hydrating facial</i> <i>cleanser</i>	133
<i>chateal eq</i>	81	<i>clean & clear night relaxing deep cleaning face wash</i>	133
CHEMET	79	<i>clear eyes natural tears lubricant</i>	134
CHEMSTRIP 2 LN STRIPS	133	<i>clemastine fumarate</i>	119
CHEMSTRIP 9 STRIPS	133	CLENPIQ	94
CHEMSTRIP UGK	133	<i>clever choice glucose control low</i>	134
CHERRY SYRUP	133	<i>clindacin</i>	122
<i>chewable vitamin c</i>	133	<i>clindamycin</i>	122
CHLOPHEDIANOL/DEXCHLOPHENIRAMINE./ PSEUDOEPHEDRINE	133	<i>clindamycin hcl</i>	18
<i>chloramphenicol sodium succinate</i>	18	<i>clindamycin hydrochloride</i>	18
<i>chloraseptic</i>	133	<i>clindamycin palmitate hydrochloride</i>	18
<i>chlordiazepoxide hcl</i>	53	<i>clindamycin phosphate</i>	18, 98, 122
<i>chlordiazepoxide hydrochloride</i>	53	<i>clindamycin phosphate/dextrose</i>	18
<i>chlorhexidine gluconate</i>	127	<i>clindamycin phosphate (once-daily)</i>	122
<i>chloroquine phosphate</i>	21	<i>clindamycin phosphate (twice-daily)</i>	122
<i>chlorpheniramine maleate</i>	133	CLINDAMYCIN/SODIUM CHLORIDE	18
<i>chlorpromazine hcl</i>	60	CLINIMIX 6/5	112
<i>chlorpromazine hydrochloride</i>	60	CLINIMIX 8/10	112
<i>chlorthalidone</i>	50	CLINIMIX 8/14	112
<i>chlorzoxazone</i>	73	CLINOLIPID	112
<i>chocolated laxative</i>	133	<i>clinpro 5000 paste</i>	127
<i>cholestyramine</i>	46	<i>cln body wash gentle non-drying</i>	134
<i>cholestyramine light</i>	46	<i>cln facial cleanser moisture balancing</i>	134
<i>ciclopirox</i>	123	<i>cln hand & foot wash deep cleansing</i>	134
<i>ciclopirox nail lacquer</i>	123	<i>cln sportwash</i>	134
<i>ciclopirox olamine</i>	123	<i>cln sport wash high performance</i>	134
<i>cilostazol</i>	100	<i>clobazam</i>	64, 65
CILOXAN	114	<i>clobetasol propionate</i>	125
CIMDUO	23	<i>clobetasol propionate e</i>	125
		<i>clodan</i>	125

Drug Name	Page #	Drug Name	Page #
<i>clomipramine hydrochloride</i>	55	<i>cryselle-28</i>	81
<i>clonazepam</i>	65	<i>culturelle adult ultimatebalance</i>	134
<i>clonazepam odt</i>	65	<i>culturelle digestive daily probiotic pro strength</i>	134
<i>clonidine</i>	51	<i>culturelle digestive health</i>	134
<i>clonidine hydrochloride</i>	51	<i>culturelle health & wellness</i>	135
<i>clopidogrel</i>	100	<i>culturelle immune defense</i>	135
<i>clorazepate dipotassium</i>	65	<i>culturelle kids immune defense</i>	135
<i>clotrimazole</i>	123, 134	<i>culturelle kids immune defense probiotic</i>	135
<i>clotrimazole 3</i>	134	<i>culturelle kids probiotic+ veggie fiber</i>	135
<i>clotrimazole/betamethasone dipropionate</i>	123	<i>culturelle probiotic & prebiotic</i>	135
<i>clotrimazole troche</i>	127	<i>culturelle probiotics kids</i>	135
<i>clotrimazole vaginal</i>	134	<i>culturelle ultimate strength probiotic</i>	135
<i>clozapine</i>	61	CURITY GAUZE PADS	75
<i>clozapine odt</i>	61	<i>cutter aerosol</i>	135
COARTEM	22	<i>cutter all family</i>	135
COBENFY	61	<i>cutter backwoods dry</i>	135
COBENFY STARTER PACK	61	<i>cutter skinsations</i>	135
CODEINE SULFATE	16	<i>cutter sport</i>	135
<i>colchicine</i>	14	<i>cvs advanced probiotic gummies</i>	135
<i>cold & cough childrens</i>	134	<i>cvs calcium carbonate</i>	135
<i>cold/flu daytime relief</i>	134	<i>cvs chewable probiotic childrens</i>	135
<i>coleman 100 max insect repellent/continuous spray</i> ..	134	<i>cvs daily facial cleanser</i>	135
<i>coleman insect repellent/high & dry</i>	134	<i>cvs digestive probiotic</i>	135
<i>coleman insect repellent/sportsmen</i>	134	<i>cvs fish oil capsule</i>	135
<i>colesevelam hydrochloride</i>	46	<i>cvs fish oil half-the-size</i>	135
<i>colestipol hydrochloride</i>	47	<i>cvs insect repellent</i>	135
<i>colistimethate sodium</i>	18	<i>cvs natural tears pf</i>	135
COMBIVENT RESPIMAT	118	<i>cvs petroleum jelly w/ vitamin e</i>	135
COMETRIQ KIT	35	<i>cvs probiotic</i>	135
<i>compro</i>	92	<i>cvs probiotic childrens</i>	135
CONDOMS	134	<i>cvs sleep-aid nighttime</i>	135
<i>conjugated estrogens</i>	86	<i>cvs total home insect repellent</i>	136
<i>consulose</i>	94	<i>cyanocobalamin</i>	136
<i>contour low control</i>	134	<i>cyclobenzaprine hydrochloride</i>	73
<i>contour next control level 1 solution</i>	134	CYCLOPHOSPHAMIDE	31
<i>contour next control level 2 solution</i>	134	<i>cyclophosphamide capsule</i>	31
<i>contour normal control</i>	134	<i>cycloserine</i>	25
<i>control solution normal</i>	134	<i>cyclosporine</i>	103, 117
COPIKTRA	35	<i>cyclosporine modified</i>	103
CORLANOR	51	<i>cyproheptadine hcl</i>	119
<i>corn and callus remover</i>	134	<i>cyproheptadine hydrochloride</i>	119
COTELLIC	35	<i>cyred eq</i>	81
<i>cottonseed oil</i>	134	CYSTAGON	89
CREON	95	CYSTARAN	117
CRESEMBA	21		
<i>cromolyn sodium</i>	95, 116, 120, 134	D	
<i>cryselle</i>	81	<i>dabigatran</i>	98

Drug Name	Page #	Drug Name	Page #
<i>daily chewable probiotic-14</i>	136	<i>dextromethorphan hbr</i>	136
<i>daily probiotic supplement</i>	136	<i>dextromethorphan hydrobromide/guaifenesin</i>	136
<i>dalfampridine er</i>	72	<i>dextromethorphan hydrobromide/quinidine sulfate</i>	72
<i>danazol</i>	74	<i>dextromethorphan polistirex er</i>	136
<i>dantrolene sodium</i>	73	DEXTROSE.....	112, 113
DANZITEN	35	DEXTROSE 2.5%/SODIUM CHLORIDE 0.45%.....	106
<i>dapagliflozin</i>	76	<i>dextrose 5%</i>	113
<i>dapagliflozin/metformin hydrochloride er</i>	76	DEXTROSE 5% /ELECTROLYTE #48	106
<i>dapsone</i>	18	DEXTROSE 5%/LACTATED RINGERS.....	106
DAPTACEL	104	DEXTROSE 5%/SODIUM CHLORIDE 0.2%.....	106
<i>daptomycin</i>	18	<i>dextrose 5%/sodium chloride 0.3%</i>	106
<i>darunavir</i>	22	DEXTROSE 5%/SODIUM CHLORIDE 0.9%.....	107
<i>dasatinib</i>	35	DEXTROSE 5%/SODIUM CHLORIDE 0.33%.....	106
<i>dasetta 1/35</i>	81	DEXTROSE 5%/SODIUM CHLORIDE 0.45%.....	106
<i>dasetta 7/7/7</i>	81	<i>dextrose 10%</i>	112
DAURISMO	35	DEXTROSE 10%/SODIUM CHLORIDE 0.2%.....	106
<i>daysee</i>	81	DEXTROSE 10%/SODIUM CHLORIDE 0.45%.....	106
<i>day-time pe cold/flu relief</i>	136	DEXTROSE 50%	113
DAYVIGO	70	DEXTROSE 70%	113
<i>deblitane</i>	81	<i>dextrose/sodium chloride</i>	107
<i>deferasirox</i>	79	<i>dhs tar shampoo</i>	136
DELSTRIGO	23	DIACOMIT.....	65
<i>delyla</i>	81	<i>dialyvite chewable probiotic</i>	136
DENGVAIXA	104	DIASTIX STRIP.....	136
DENTA 5000 PLUS SENSITIVE.....	127	<i>diatrue glucose control solution level 1 solution</i>	136
<i>dentagel</i>	127	<i>diatrue glucose control solution level 2 solution</i>	136
DEPO-SUBQ PROVERA.....	81	<i>diazepam</i>	65
DESCOVY.....	24	<i>diazepam intensol</i>	65
<i>desipramine hydrochloride</i>	55	<i>diazoxide</i>	88
<i>desitin multi-purpose healing</i>	136	<i>diclofenac</i>	126
<i>desloratadine</i>	119	<i>diclofenac potassium</i>	14
<i>desloratadine odt</i>	119	<i>diclofenac sodium</i>	115, 136
<i>desmopressin acetate</i>	89	<i>diclofenac sodium dr</i>	14
<i>desogestrel/ethinyl estradiol</i>	81	<i>diclofenac sodium er</i>	14
<i>desonide</i>	125	<i>diclofenac sodium/misoprostol</i>	14, 15
<i>desoximetasone</i>	125	<i>dicloxacillin sodium</i>	30
<i>dessmopressin acetate</i>	89	<i>dicyclomine hcl</i>	93
<i>desvenlafaxine er</i>	55	<i>dicyclomine hydrochloride</i>	93
<i>dexamethasone</i>	87, 88	<i>diflunisal</i>	15
DEXAMETHASONE INTENSOL	87	<i>difluprednate</i>	115
<i>dexamethasone sodium phosphate</i>	87, 115	<i>digestive advantage dailydigestive & immune</i> <i>support</i>	136
<i>dexmethylphenidate hcl</i>	70	<i>digestive advantage kids daily digestive & immune</i> <i>support</i>	136
<i>dexmethylphenidate hydrochloride</i>	70	<i>digestive advantage kids daily probiotic+gen prebiotic</i> <i>fiber</i>	136
<i>dexmethylphenidate hydrochloride er</i>	70	<i>digestive advantage kids daily probiotic gummies</i>	136
<i>dextroamphetamine sulfate er</i>	70		
<i>dextroamphetamine sulfateg</i>	70		
<i>dextromethorphan/guaifenesin</i>	136		

Drug Name	Page #	Drug Name	Page #
<i>digestive advantage multi-strain probiotic ultra</i>	136	<i>doxycycline hyclate</i>	30
<i>digestive advantage prebiotic+probiotic</i>	136	<i>doxycycline monohydrate</i>	30
<i>digestive advantage probiotic gummies</i>	137	<i>doxycycline monohydrate capsule 100mg</i>	30
<i>digestive probiotic</i>	137	DRIZALMA	56
<i>digox</i>	51	<i>dronabinol</i>	92
<i>digoxin</i>	51	<i>drospirenone</i>	81
<i>dihydroergotamine mesylate</i>	71	<i>drospirenone/ethinyl estradiol/levomefolate calcium</i> ..	81
DILANTIN	65	DROXIA	100
<i>diltiazem</i>	49	<i>droxidopa</i>	51
<i>diltiazem hcl</i>	49	<i>dry eye relief drops</i>	137
DILTIAZEM HCL	49	DUAVEE	86
<i>diltiazem hcl er</i>	48, 49	DULERA	122
<i>diltiazem hydrochloride</i>	49	<i>duloxetine hydrochloride dr</i>	56
<i>diltiazem hydrochloride er</i>	49	DULOXETINE HYDROCHLORIDE DR	56
<i>dilt-xr</i>	48	DUPIXENT	101
<i>dimenhydrinate</i>	137	DUREX REALFEEL NON-LATEX DEVICE	137
DIMENHYDRINATE	92	<i>dutasteride</i>	97
<i>diphenhydramine hcl</i>	137	<i>dutasteride/tamsulosin hydrochloride</i>	97
<i>diphenhydramine hcl/zinc acetate</i>	137	<i>d-vi-sol</i>	137
<i>diphenhydramine hydrochloride</i>	119, 137	<i>dynashield</i>	137
<i>diphenoxylate hydrochloride/atropine sulfate</i>	95	E	
<i>disopyramide phosphate</i>	45	<i>easy check glucose control solution normal</i>	137
<i>disulfiram</i>	74	<i>easymax control solution normal</i>	137
<i>divalproex sodium dr</i>	65	<i>easy plus ii control solution low</i>	137
<i>divalproex sodium er</i>	65	<i>easy step control solution low</i>	137
<i>docosanol</i>	137	<i>easy talk control solution low</i>	137
<i>docusate calcium</i>	137	<i>easy talk control solution normal</i>	137
<i>docusate sodium</i>	137	<i>easy talk plus ii control low</i>	137
DOCUSATE SODIUM	137	<i>easy trak glucose controlsolution low</i>	137
<i>dofetilide</i>	45	<i>easy trak glucose controlsolution normal</i>	137
<i>dolishale</i>	81	<i>easy trak ii control solution/normal</i>	137
<i>donepezil hcl</i>	54	EBGLYSS	101
<i>donepezil hydrochloride</i>	54	<i>econazole nitrate</i>	123
DOPTELET	100	EDARBI	45
<i>dorzolamide hcl/timolol maleate</i>	116	EDARBYCLOR	44
<i>dorzolamide hydrochloride</i>	116	<i>ed chlorped jr</i>	137
<i>dorzolamide hydrochloride/timolol maleate pf</i>	116	EDURANT PED	22
<i>dotti patch twice weekly 0.025mg/24hr;</i> <i>0.0375mg/24hr; 0.05mg/24hr; 0.075mg/24hr;</i> <i>0.1mg/24hr</i>	86	<i>efavirenz</i>	22
DOVATO	24	<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i> ..	24
<i>doxazosin mesylate</i>	43	<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	24
<i>doxepin hcl</i>	56	<i>effer-k</i>	108
<i>doxepin hydrochloride</i>	56, 70, 126	<i>effervescent pain relief</i>	137
<i>doxercalciferol</i>	92	<i>element low control</i>	138
<i>doxy 100</i>	30	<i>element normal control</i>	138
<i>doxycycline</i>	30	ELIGARD	32
		<i>elinst</i>	81

Drug Name	Page #	Drug Name	Page #
ELIQUIS	98	<i>eql hand soap</i>	138
ELIQUIS STARTER PACK	98	<i>eql hand soap refill</i>	138
<i>eluyring</i>	81	<i>eql high power body wash</i>	138
<i>embrace control solution low</i>	138	<i>eql skin astringent</i>	138
<i>embrace evo glucose control solution level 1</i>	138	<i>ergocalciferol</i>	138
<i>embrace talk glucose control solution low</i>	138	<i>ergotamine tartrate/caffeine</i>	71
EMGALITY	71	ERIVEDGE	35
EMPTY SIZE 1 BLUE/POWDER BLUE	138	ERLEADA	32
EMSAM	56	<i>erlotinib hydrochloride</i>	35
<i>emtricitabine</i>	22	<i>errin</i>	81
<i>emtricitabine/rilpivirine/tenofovir disoproxil fumarate</i>	24	ERTACZO	123
<i>emtricitabine/tenofovir disoproxil</i>	24	<i>ertapenem sodium</i>	18
<i>emtricitabine/tenofovir disoproxil fumarate tablet</i> <i>100mg; 150mg, 133mg; 200mg, 200mg; 300mg</i>	24	<i>ery</i>	122
EMTRIVA	22	<i>erythromycin dr</i>	28
EMVERM	18	<i>erythromycin</i>	114, 123
<i>emzahh</i>	81	<i>erythromycin base</i>	28
<i>enalapril maleate</i>	43	<i>erythromycin/benzoyl peroxide</i>	123
<i>enalapril maleate/hydrochlorothiazide</i>	42	<i>erythromycin ethylsuccinate</i>	28
ENBREL	101	<i>erythromycin lactobionate</i>	28
ENBREL MINI	101	ERZOFRI	61
ENBREL SURECLICK	101	<i>escitalopram oxalate</i>	56
ENCARE	138	ESCITALOPRAM OXALATE	56
<i>endocet</i>	16	<i>eslicarbazepine acetate</i>	66
<i>enema disposable</i>	138	<i>esomeprazole magnesium</i>	96, 138
ENGERIX-B	104	<i>esomeprazole magnesium dr</i>	138
<i>enilloring</i>	81	<i>esomeprazole sodium</i>	96
<i>enoxaparin sodium</i>	98	<i>estarylla</i>	81
ENSACOVE	35	<i>estradiol</i>	87
<i>enskyce</i>	81	<i>estradiol/norethindrone acetate</i>	87
<i>entacapone</i>	59	<i>estradiol valerate</i>	86
<i>entecavir</i>	25	ESTRING	87
ENTRESTO	44	<i>ethambutol hydrochloride</i>	25
ENTYVIO	101	<i>ethosuximide</i>	66
<i>enulose</i>	94	ETHYL OLEATE	138
ENVARUS XR	103	<i>ethynodiol</i>	81
EPIDIOLEX	66	<i>etodolac</i>	15
<i>epinastine hcl</i>	116	<i>etodolac er</i>	15
<i>epinephrine</i>	120	<i>etonogestrel/ethinyl estradiol</i>	81
<i>eplerenone</i>	43	<i>etravirine</i>	22
<i>epoprostenol sodium</i>	52	<i>eucerin advanced cleansing</i>	138
<i>eql 2 in 1 probiotic</i>	138	<i>eucerin skin calming bodywash</i>	138
<i>eql 4x probiotic</i>	138	EUCRISA	126
<i>eql body wash/sensitive skin</i>	138	EULEXIN	32
<i>eql body wash/shear butter</i>	138	<i>everolimus</i>	35, 103
<i>eql clear hand soap refill</i>	138	<i>evolution control solution normal</i>	138
<i>eql gentle skin cleanser</i>	138	EVOTAZ	24
		<i>exemestane</i>	32

Drug Name	Page #	Drug Name	Page #
<i>ex-lax</i>	138	<i>fingolimod hydrochloride</i>	72
EXXUA.....	56	FINTEPLA.....	66
EXXUA TITRATION PACK.....	56	<i>finzala</i>	82
<i>eye allergy relief</i>	138	FIRMAGON.....	32
EYSUVIS.....	117	<i>fish oil</i>	139
<i>ezetimibe</i>	47	<i>fish oil burp-less</i>	139
<i>ezetimibe/simvastatin</i>	47	<i>fish oil minis</i>	139
F		<i>flanders buttocks</i>	139
<i>falmina</i>	81	FLAREX.....	115
<i>famciclovir</i>	25	FLAVORX.....	139
<i>famotidine</i>	94, 138	<i>flecainide acetate</i>	45
<i>famotidine premixed</i>	94	<i>flexitol sensitive skin wash</i>	139
FANAPT.....	61	<i>florastart</i>	139
FANAPT TITRATION PACK A.....	61	<i>florastor</i>	139
FANAPT TITRATION PACK B.....	61	<i>floraxis</i>	139
FANAPT TITRATION PACK C.....	61	<i>fluconazole</i>	21
FARXIGA.....	76	<i>fluconazole in sodium chloride</i>	21
FASENRA.....	120	<i>flucytosine</i>	21
FC2 FEMALE CONDOM.....	139	<i>fludrocortisone acetate</i>	88
<i>febuxostat</i>	14	<i>flunisolide</i>	121
<i>feirza 1.5/30</i>	81	<i>fluocinolone acetonide</i>	117, 125
<i>feirza 1/20</i>	82	<i>fluocinolone acetonide body</i>	125
<i>felbamate</i>	66	<i>fluocinolone acetonide scalp</i>	125
<i>felodipine er</i>	49	<i>fluocinonide</i>	125
<i>fenofibrate</i>	46	<i>fluocinonide emulsified base</i>	125
<i>fenofibrate micronized</i>	46	<i>fluoride</i>	108
<i>fenofibric acid dr</i>	46	<i>fluoridex daily defense</i>	127
<i>fentanyl</i>	15	FLUORIDEX SENSITIVITY RELIEF/SLS FREE ..	127
<i>ferrous fumarate 324</i>	139	<i>fluorimax 5000</i>	128
<i>ferrous gluconate tablet 240mg, 324mg</i>	139	FLUORIMAX 5000 SENSITIVE.....	127
<i>ferrous sulfate</i>	139	<i>fluorometholone</i>	115
<i>fesoterodine fumarate er</i>	97	<i>fluorouracil</i>	126
FETZIMA.....	56	FLUOROURACIL.....	126
FETZIMA TITRATION PACK.....	56	<i>fluoxetine dr</i>	56
<i>fexofenadine hcl childrens allergy</i>	139	<i>fluoxetine hydrochloride</i>	57
<i>fexofenadine hydrochloride</i>	139	<i>fluphenazine decanoate</i>	61
<i>fexofenadine hydrochloride/pseudoephedrine</i> <i>hydrochloride er</i>	139	<i>fluphenazine hcl</i>	61
FIASP.....	75	<i>fluphenazine hydrochloride</i>	61
FIASP FLEXTOUCH.....	75	<i>flurbiprofen</i>	15
FIASP PENFILL.....	75	<i>flurbiprofen sodium</i>	115
FIASP PUMPCART.....	75	FLUTICASONE FUROATE/VILANTEROL ELLIPTA.....	122
<i>fiber powder</i>	139	<i>fluticasone propionate</i>	121, 125, 139
<i>fidaxomicin</i>	28	<i>fluticasone propionate/salmeterol</i>	122
FILSPARI.....	97	<i>fluticasone propionate/salmeterol diskus</i>	122
<i>finasteride</i>	97	FLUTICASONE PROPIONATE/SALMETEROL HFA.....	122

Drug Name	Page #	Drug Name	Page #
<i>fluvastatin</i>	46	<i>ge100 control solution normal</i>	140
<i>fluvastatin sodium er</i>	46	<i>gefitinib</i>	36
<i>fluvoxamine maleate</i>	54	<i>gemfibrozil</i>	46
<i>fluvoxamine maleate er</i>	54	GEMTESA	97
<i>folic acid</i>	139	<i>generlac</i>	94
<i>folic acid/vitamin b-6/vitamin b-12</i>	139	<i>gengraf</i>	103
FOLPLEX 2.2	139	GENOTROPIN	89
<i>fomepizole</i>	89	GENOTROPIN MINIQUICK	89
<i>fondaparinux sodium</i>	98	<i>gentamicin sulfate</i>	19, 114, 123
<i>fondcircle control solution</i>	139	<i>gentamicin sulfate pediatric</i>	18
<i>foracare gdh control solution low</i>	139	<i>gentamicin sulfate/sodium chloride</i>	19
<i>foracare gdh control solution normal</i>	140	GENTEAL SEVERE TEARS	140
<i>fora control solution low</i>	139	<i>genteal tears liquid drops moderate</i>	140
<i>fora control solution normal</i>	139	<i>genteal tears moderate pf</i>	140
<i>fortiscare control solutions low</i>	140	<i>genteal tears severe day/night</i>	140
<i>fortiscare control solutions normal</i>	140	<i>gentle skin cleanser</i>	140
<i>fosamprenavir calcium</i>	22	GENVOYA	24
<i>fosfomycin tromethamine</i>	18	GILOTRIF	36
<i>fosinopril sodium</i>	43	<i>glatiramer acetate</i>	73
<i>fosinopril sodium/hydrochlorothiazide</i>	42	<i>glatopa</i>	73
<i>fosphenytoin sodium</i>	66	<i>glimepiride</i>	76
FOTIVDA	35	<i>glipizide</i>	77
<i>free + pure daily probiotic</i>	140	<i>glipizide er</i>	76
<i>free & clear for sensitive skin</i>	140	<i>glipizide/metformin hydrochloride</i>	76, 77
FRUZAQLA	35	<i>glucocard 01 control solution/normal</i>	140
<i>ft caldyphen</i>	140	<i>glucocard x-meter controlsolution/normal</i>	140
<i>ft probiotic</i>	140	<i>glucocom normal control</i>	140
<i>ft probiotic childrens</i>	140	<i>glucose control normal</i>	140
<i>ft skin cleanser</i>	140	GLUCOSE (DEXTROSE) 50%	113
<i>furosemide</i>	50	<i>glucose gel</i>	140
<i>fyavolv</i>	87	<i>glucose tablet</i>	140
G		<i>glycerin adult suppository</i>	140
<i>gabapentin</i>	66	<i>glycerin infants & children suppository</i>	140
<i>galantamine hydrobromide</i>	54	<i>glycopyrrolate</i>	93
<i>galantamine hydrobromide er</i>	54	GLYXAMBI	77
<i>galbriela</i>	82	<i>gnp caldyphen</i>	140
<i>gallifrey</i>	91	<i>gnp gentle skin cleanser sensitive skin</i>	140
GAMUNEX-C	103	<i>gnp probiotic extra strength</i>	140
<i>ganciclovir</i>	25	<i>gnp vitamin a/d ointment</i>	140
GARDASIL 9	104	<i>gojji control solution normal</i>	140
<i>gatifloxacin</i>	114	<i>gold bond ultimate deep moisture body wash</i>	
<i>gavilyte-c</i>	94	<i>exfoliating</i>	140
<i>gavilyte-g</i>	94	<i>gold bond ultimate deep moisture body wash sensitive/</i>	
<i>gavilyte-n/flavor pack</i>	94	<i>oat ext</i>	141
GAVISCON	140	<i>gold bond ultimate deep moisture body wash softening/</i>	
GAVRETO	35	<i>shea</i>	141
		GOMEKLI	36

Drug Name	Page #	Drug Name	Page #
GOOD START SUPREME STERILE WATER	141	<i>hydrocodone bitartrate er</i>	16
<i>granisetron hydrochloride</i>	92	<i>hydrocodone/ibuprofen</i>	17
<i>griseofulvin microsize</i>	21	<i>hydrocortisone</i>	88, 94, 125, 126, 141
<i>griseofulvin ultramicrosize</i>	21	HYDROCORTISONE	141
<i>guaifenesin</i>	141	<i>hydrocortisone/acetic acid</i>	117
<i>guaifenesin/codeine</i>	141	<i>hydrocortisone/aloe</i>	141
<i>guaifenesin/dextromethorphan</i>	141	<i>hydrocortisone perianal</i>	126
<i>guaifenesin/dextromethorphan hydrobromide</i>	141	<i>hydrocortisone sodium succinate</i>	88
<i>guaifenesin er</i>	141	<i>hydrocortisone valerate</i>	125
<i>guanfacine</i>	70	<i>hydrolatum</i>	141
<i>guanfacine hydrochloride</i>	51	<i>hydromorphone hcl</i>	17
<i>gvoke</i>	89	HYDROMORPHONE HYDROCHLORIDE	17
<i>gvoke hypopen</i>	89	<i>hydroxychloroquine sulfate</i>	103
H		<i>hydroxyurea</i>	33
HADLIMA	101	<i>hydroxyzine</i>	119
HADLIMA PUSH TOUCH	101	<i>hydroxyzine hcl</i>	119
HAEGARDA	100	<i>hydroxyzine hydrochloride</i>	119
<i>hailey 1.5/30</i>	82	<i>hydroxyzine pamoate</i>	119
<i>hailey 24 fe</i>	82	HYRNUO	36
<i>hailey fe 1.5/30</i>	82	I	
<i>hailey fe 1/20</i>	82	<i>ibandronate sodium</i>	79
<i>halobetasol propionate</i>	125	IBRANCE	36
<i>haloperidol</i>	62	IBTROZI	36
<i>haloperidol decanoate</i>	61	<i>ibu</i>	15
<i>haloperidol lactate</i>	62	<i>ibuprofen</i>	15, 141, 142
HAVRIX	104	<i>ibuprofen infants</i>	141
<i>heather</i>	82	<i>icatibant acetate</i>	100
<i>hemorrhoidal ointment</i>	141	<i>iclevia</i>	82
<i>heparin sodium</i>	99	ICLUSIG	36
HEPARIN SODIUM	99	IDHIFA	36
HEPARIN SODIUM/D5W	99	IDVYN SO	24
HEPARIN SODIUM/DEXTROSE	99	<i>imatinib mesylate</i>	36
HEPARIN SODIUM/NACL 0.45%	99	IMBRUVICA	36
HEPARIN SODIUM/SODIUM CHLORIDE	99	<i>imipenem/cilastatin</i>	19
HEPLISAV-B	104	<i>imipramine hcl</i>	57
HERNEXEOS	36	<i>imipramine hydrochloride</i>	57
HIBERIX	105	<i>imiquimod</i>	126
<i>histex</i>	141	IMKELDI	36
HUMIRA	101	IMOVAX RABIES (H.D.C.V.)	105
HUMULIN R U-500 KWIKPEN	75	INBRIJA	59
<i>hydralazine hydrochloride</i>	51	<i>incassia</i>	82
<i>hydrocerin</i>	141	INCRELEX	89
<i>hydrochlorothiazide</i>	50	INCRUSE ELLIPTA	118
<i>hydrocodone</i>	17	<i>indapamide</i>	50
<i>hydrocodone/acetaminophen</i>	17	INFANRIX	105
<i>hydrocodone bitartrate/acetaminophen</i>	17	<i>infinity control solution normal</i>	142

Drug Name	Page #	Drug Name	Page #
<i>infinity voice level 2</i>	142	<i>jasmiel</i>	82
INLURIYO	32	<i>javygtor</i>	89
INLYTA	36	JAYPIRCA	37
INQOVI	31	<i>jencycla</i>	82
INREBIC	36	JENTADUETO	77
INSTA-GLUCOSE GEL	142	JENTADUETO XR	77
INTELENCE	22	JIDEYTRO	37
<i>introvale</i>	82	<i>jinteli</i>	87
INVEGA HAFYERA	62	<i>johnsons kids clean & fresh shampoo & body wash</i> ...	142
INVEGA SUSTENNA	62	<i>johnsons skin nourish moisture wash</i>	142
INVEGA TRINZA	62	JOURNAVX	14
<i>ionil</i>	142	<i>juleber</i>	82
IPOL INACTIVATED IPV	105	JULUCA	24
<i>ipratropium bromide</i>	118	<i>junel 1.5/30</i>	82
<i>ipratropium bromide/albuterol sulfate</i>	118	<i>junel 1/20</i>	82
<i>irbesartan</i>	45	<i>junel fe 1.5/30</i>	82
<i>irbesartan/hydrochlorothiazide</i>	44	<i>junel fe 1/20</i>	82
<i>iron</i>	142	<i>junel fe 24</i>	82
IRON CHEWS PEDIATRIC	142	<i>just right 5000</i>	128
ISENTRESS	22	<i>just tears eye drops</i>	142
ISENTRESS HD	22	JYLAMVO	103
<i>isibloom</i>	82	JYNNEOS	105
ISOLYTE-P/DEXTROSE 5%	107	K	
ISOLYTE-S	107	<i>kaitlib fe</i>	82
ISOLYTE-S PH 7.4	107	<i>kala</i>	142
<i>isoniazid</i>	25	KALETRA	24
<i>isopropyl alcohol wipes</i>	142	<i>kalliga</i>	82
<i>isosorbide dinitrate</i>	52	<i>kapectate</i>	142
<i>isosorbide dinitrate/hydralazine hydrochloride</i>	51	<i>kapectate extra strength</i>	142
<i>isosorbide mononitrate er</i>	52	<i>kariva</i>	82
<i>isotonic gentamicin</i>	19	<i>kcl 0.3%/d5w/nacl 0.9%</i>	107
<i>isotretinoin</i>	123	<i>kcl 0.3%/d5w/nacl 0.45%</i>	107
<i>isradipine</i>	49	<i>kcl 0.15%/d5w/nacl 0.2%</i>	107
ISTURISA	89	<i>kcl 0.15%/d5w/nacl 0.9%</i>	107
ITOVEBI	36	<i>kcl 0.15%/d5w/nacl 0.45%</i>	107
<i>itraconazole</i>	21	<i>kcl 0.075%/d5w/nacl 0.45%</i>	107
<i>ivabradine hydrochloride</i>	51	KEIMPTA	73
<i>ivermectin</i>	19, 142	<i>kelnor 1/35</i>	82
IVIZIA SEVERE/NIGHT DRY EYES	142	KERENDIA	43
IWILFIN	33	<i>kerodex 71 wet</i>	142
IXIARO	105	<i>ketoconazole</i>	21, 123
J		<i>ketodan</i>	123
<i>jaimiess</i>	82	KETONE TEST STRIPS	142
JAKAFI	37	<i>ketorolac tromethamine</i>	15, 115
<i>jantoven</i>	99	KETOSTIX STRIP	142
JARDIANCE	77	<i>ketotifen fumarate</i>	142

Drug Name	Page #	Drug Name	Page #
KINERET.....	101	LAZCLUZE.....	37
KINRIX.....	105	<i>leftunomide</i>	103
<i>kionex</i>	80	<i>lenalidomide</i>	33
KISQALI.....	37	LENTOCILIN.....	30
<i>klayesta</i>	124	LENVIMA 4 MG DAILY DOSE.....	37
<i>klor-con</i>	108	LENVIMA 8 MG DAILY DOSE.....	37
<i>klor-con 8</i>	108	LENVIMA 10 MG DAILY DOSE.....	37
<i>klor-con 10</i>	108	LENVIMA 12MG DAILY DOSE.....	37
<i>klor-con m10</i>	108	LENVIMA 14 MG DAILY DOSE.....	37
<i>klor-con m15</i>	108	LENVIMA 18 MG DAILY DOSE.....	37
<i>klor-con m20</i>	108	LENVIMA 20 MG DAILY DOSE.....	37
KLOXXADO.....	74	LENVIMA 24 MG DAILY DOSE.....	37
KOMZIFTI.....	37	LEQEMBI IQLIK.....	54
KONSYL DAILY FIBER.....	142	<i>lessina</i>	82
KOSELUGO.....	37	<i>letrozole</i>	32
<i>kourzeq</i>	128	<i>leucovorin calcium</i>	33
<i>kp gentle skin cleanser</i>	142	LEUKERAN.....	31
KRAZATI.....	37	LEUKINE.....	99
<i>kristalose</i>	94	<i>leuprolide acetate</i>	32
<i>kurvelo</i>	82	<i>levalbuterol</i>	120
L		<i>levalbuterol hcl</i>	119
<i>labetalol hydrochloride</i>	48	<i>levalbuterol hydrochloride</i>	119
<i>lacosamide</i>	66	LEVALBUTEROL TARTRATE HFA.....	119
<i>lactated ringers</i>	107	<i>levetiracetam</i>	67
<i>lactobacillus</i>	142	LEVETIRACETAM.....	67
LACTOSE MONOHYDRATE.....	142	<i>levetiracetam er</i>	66
<i>lactulose</i>	94, 95	<i>levetiracetam/sodium chloride</i>	67
<i>lamivudine</i>	22, 25	<i>levobunolol hcl</i>	116
<i>lamivudine/zidovudine</i>	24	<i>levocarnitine</i>	89, 90
<i>lamotrigine</i>	66	<i>levocetirizine dihydrochloride</i>	119, 142
<i>lamotrigine er</i>	66	<i>levofloxacin</i>	29, 114
<i>lamotrigine odt</i>	66	<i>levofloxacin in d5w</i>	29
<i>lamotrigine starter kit/blue</i>	66	<i>levonest</i>	83
<i>lamotrigine starter kit/green</i>	66	<i>levonorgestrel</i>	142
<i>lamotrigine starter kit/orange</i>	66	<i>levonorgestrel and ethinyl estradiol</i>	83
<i>lansoprazole</i>	96, 142	<i>levonorgestrel/ethinyl estradiol</i>	83
LANTUS.....	75	<i>levora 0.15/30-28</i>	83
LANTUS SOLOSTAR.....	75	<i>levo-t</i>	91
<i>lapatinib ditosylate</i>	37	LEVOTHYROCINE.....	91
<i>larin 1.5/30</i>	82	<i>levothyroxine sodium</i>	91
<i>larin 1/20</i>	82	LEVOTHYROXINE SODIUM.....	91
<i>larin 24 fe</i>	82	<i>levoxyl</i>	91
<i>larin fe 1.5/30</i>	82	<i>l-glutamine</i>	100
<i>larin fe 1/20</i>	82	<i>liberty glucose control normal</i>	142
<i>latanoprost</i>	116	<i>lice killing shampoo</i>	143
<i>laxative maximum strength</i>	142	<i>lice treatment</i>	143
		<i>lidocaine</i>	14, 126, 143

Drug Name	Page #	Drug Name	Page #
<i>lidocaine hcl</i>	14, 45	<i>loteprednol etabonate</i>	116
LIDOCAINE HCL.....	45	<i>lovastatin</i>	46
LIDOCAINE HCL IN D5W	45	<i>loxapine</i>	62
<i>lidocaine hydrochloride</i>	14, 143	<i>lo-zumandimine</i>	83
<i>lidocaine hydrochloride viscous</i>	128	<i>lubiprostone</i>	95
<i>lidocaine/prilocaine</i>	126	<i>lubricant eye</i>	143
<i>lidocaine topical anesthetic</i>	143	<i>lubricant eye drops</i>	143
<i>lidocaine viscous</i>	128	<i>lubricating eye drops</i>	143
<i>lidocan</i>	126	<i>luizza 1.5/30</i>	83
LIFYORLI	32	<i>luizza 1/20</i>	83
LILETTA INTRAUTERINE DEVICE.....	83	LUMAKRAS	38
<i>linezolid</i>	19	LUMIGAN.....	116
LINEZOLID	19	LUPRON DEPOT.....	32
LINZESS.....	95	LUPRON DEPOT-PED	90
<i>liomny</i>	91	<i>lurasidone hydrochloride</i>	62
<i>liothyronine sodium</i>	92	<i>lutra</i>	83
<i>lisdexamfetamine dimesylate</i>	70	LYBALVI.....	62
<i>lisinopril</i>	43	<i>lyleq</i>	83
<i>lisinopril/hydrochlorothiazide</i>	42	<i>lyllana</i>	87
<i>lithium</i>	72	LYNPARZA	38
<i>lithium carbonate</i>	72	LYSODREN.....	32
<i>lithium carbonate er</i>	72	LYTGOBI	38
LIVTENCITY.....	25	<i>lyza</i>	83
<i>loestrin 1.5/30-21</i>	83	M	
<i>loestrin 1/20-21</i>	83	<i>macitentan</i>	52
<i>loestrin fe 1.5/30</i>	83	<i>magnesium</i>	107, 143
<i>loestrin fe 1/20</i>	83	<i>magnesium citrate</i>	143
LOHIST-DM SYRUP	143	<i>magnesium oxide</i>	143
<i>lojaimiess</i>	83	MAGNESIUM SULFATE	107
LOKELMA	80	<i>malathion</i>	127
<i>lomustine</i>	31	<i>maraviroc</i>	22
LONSURF	31	<i>marlissa</i>	83
<i>loperamide hydrochloride</i>	95, 143	MARPLAN.....	57
<i>lopinavir/ritonavir</i>	24	MATULANE.....	33
<i>loratadine</i>	143	<i>matzim</i>	49
<i>loratadine childrens</i>	143	MAVYRET	25
<i>loratadine-d 12hr</i>	143	M-CLEAR WC	143
<i>loratadine-d 24hr</i>	143	<i>meclizine</i>	92
<i>lorazepam</i>	54	<i>meclizine hcl</i>	92
<i>lorazepam intensol</i>	54	<i>meclizine hydrochloride</i>	92, 143
LORBRENA	38	<i>mederma ag body cleanser</i>	143
<i>loryna</i>	83	<i>mederma ag facial toner</i>	143
<i>losartan potassium</i>	45	<i>medi-paste ointment</i>	143
<i>losartan potassium/hydrochlorothiazide</i>	44	<i>medroxyprogesterone acetate</i>	83, 91
LOTEMAX	115	<i>mefloquine hydrochloride</i>	22
LOTEMAX SM	115	<i>megestrol acetate</i>	32, 91
<i>loteprednol</i>	114		

Drug Name	Page #	Drug Name	Page #
MEKINIST	38	<i>micafungin</i>	21
MEKTOVI	38	<i>miconazole</i>	144
<i>melatonin</i>	144	<i>miconazole 1 kit</i>	144
<i>meleya</i>	83	<i>miconazole 3</i>	98, 144
<i>meloxicam</i>	15	<i>miconazole 3 combination pack kit</i>	144
<i>memantine/donepezil hydrochloride er</i>	54	<i>miconazole 3 combo pack</i>	144
<i>memantine hcl titration pak</i>	54	MICONAZOLE 7	144
<i>memantine hydrochloride</i>	54	<i>miconazole nitrate</i>	144
<i>memantine hydrochloride er</i>	54	<i>microgestin 1.5/30</i>	83
MENQUADFL.....	105	<i>microgestin 1/20</i>	83
MENVEO	105	<i>microgestin fe 1.5/30</i>	83
<i>mercaptopurine</i>	31	<i>microgestin fe 1/20</i>	83
<i>meropenem</i>	19	<i>midodrine hydrochloride</i>	52
<i>mesalamine</i>	94	MIEBO.....	117
<i>mesalamine dr</i>	94	<i>mifepristone</i>	90
<i>mesna</i>	33	<i>miglitol</i>	77
<i>metformin hydrochloride</i>	77	<i>mili</i>	83
<i>metformin hydrochloride er</i>	77	<i>milk of magnesia</i>	144
<i>methadone hcl</i>	16	<i>mimvey</i>	87
<i>methadone hydrochloride</i>	16	<i>mineral oil</i>	144
<i>methazolamide</i>	51	MINERAL OIL HEAVY.....	144
<i>methenamine hippurate</i>	19	MINERAL OIL LIGHT	144
<i>methenamine mandelate</i>	19	<i>minerin crème</i>	144
<i>methergine</i>	90	<i>minocycline hcl</i>	30
<i>methimazole</i>	92	<i>minocycline hydrochloride</i>	30, 31
<i>methotrexate</i>	31	<i>minoxidil</i>	52
<i>methotrexate sodium</i>	31, 103	<i>mirabegron er</i>	97
<i>methoxsalen</i>	124	<i>mirtazapine</i>	57
<i>methscopolamine bromide</i>	93	<i>mirtazapine odt</i>	57
<i>methsuximide</i>	67	<i>misoprostol</i>	95
<i>methylergonovine maleate</i>	90	MIUDELLA COPPER.....	84
<i>methylphenidate hydrochloride</i>	70	M-M-R II	105
<i>methylphenidate hydrochloride er</i>	70	M-NATAL PLUS	109
<i>methylprednisolone</i>	88	<i>modafinil</i>	73
<i>methylprednisolone acetate</i>	88	MODEYSO.....	33
<i>methylprednisolone dose pack</i>	88	<i>moexipril hydrochloride</i>	43
<i>methylprednisolone sodium succinate</i>	88	<i>moisturizing cream</i>	144
<i>metoclopramide hcl</i>	92	<i>moisturizing lotion</i>	144
<i>metoclopramide hydrochloride</i>	92	<i>molindone hydrochloride</i>	62
<i>metolazone</i>	51	<i>mometasone furoate</i>	121, 126
<i>metoprolol/hydrochlorothiazide</i>	47	<i>mondoxyne nl</i>	31
<i>metoprolol succinate er</i>	48	<i>mono-lynyah</i>	84
<i>metoprolol tartrate</i>	48	<i>montelukast sodium</i>	120
<i>metronidazole</i>	19, 127	<i>morphine</i>	17
<i>metronidazole vaginal</i>	98	<i>morphine sulfate</i>	17
<i>metyrosine</i>	52	MORPHINE SULFATE.....	17
<i>mibelas 24 fe</i>	83	<i>morphine sulfate er</i>	16

Drug Name	Page #	Drug Name	Page #
MORPHINE SULFATE/SODIUM CHLORIDE.....	16	<i>necon 0.5/35-28</i>	84
MOUNJARO	77	<i>nefazodone hydrochloride</i>	57
MOVANTIK	95	<i>neomycin/polymyxin/bacitracin</i>	115
<i>moxifloxacin hydrochloride</i>	29, 115	<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	114
<i>moxifloxacin hydrochloride/sodium hydrochloride</i>	29	<i>neomycin/polymyxin/dexamethasone</i>	114
MRESVIA.....	105	<i>neomycin/polymyxin/gramicidin</i>	115
<i>mucinex fast-max congestion & headache maximum</i>		<i>neomycin/polymyxin/hc</i>	117
<i>strength</i>	144	<i>neomycin/polymyxin/hydrocortisone</i>	114, 117
<i>mucinex sinus-max severe congestion & pain</i>		<i>neomycin sulfate</i>	19
<i>maximum strength</i>	144	NEONATAL PLUS	109
<i>mucus dm</i>	144	NERLYNX.....	38
MULTAQ	45	NEUDEXTA	72
MULTI COMPLETE	144	<i>neutrogena deep clean facial cleanser</i>	145
<i>multiple electrolytes injection type 1</i>	107	<i>nevirapine</i>	22
MULTIPLE VITAMINS/IRON	145	<i>nevirapine er</i>	22
MULTI-VITAMIN.....	145	NEXLETOL.....	47
MULTIVITAMIN CHILDRENS.....	145	NEXLIZET	47
<i>multi vitamin/fluoride</i>	109	NEXPLANON	84
<i>multivitamin/fluoride</i>	109	<i>niacin</i>	47, 145
MULTIVITAMIN/FLUORIDE	145	<i>niacin er</i>	47
<i>multi-vitamin/fluoride/iron</i>	109	<i>niacin timed release</i>	145
MULTI-VITAMIN/FLUORIDE/IRON	145	<i>niacin tr</i>	145
MULTIVITAMIN PLUS IRON CHILDRENS	145	<i>niacro</i>	47
<i>multivitamins</i>	145	<i>nicardipine hcl</i>	49
MULTI-VITAMINS/IRON.....	145	<i>nicotine</i>	145
MULTIVITAMIN W/IRON/INFANT/TODDLER	145	<i>nicotine polacrilex</i>	146
<i>mupirocin</i>	123	NICOTINE TRANSDERMAL SYSTEM KIT	146
<i>mycophenolate mofetil</i>	103, 104	<i>nicotine transdermal system patch</i>	146
<i>mycophenolic acid dr</i>	104	NICOTROL NS	74
N		<i>nifedipine er</i>	49
<i>nabumetone</i>	15	<i>nikki</i>	84
<i>nadolol</i>	48	<i>nilotinib</i>	38
<i>nafcilin sodium</i>	30	NILOTINIB	38
<i>naloxone hcl</i>	74	<i>nilutamide</i>	32
<i>naloxone hydrochloride</i>	74, 145	NINLARO.....	38
NAMZARIC	54	<i>nintedanib</i>	120
<i>naproxen</i>	15	<i>nisoldipine</i>	49
<i>naproxen dr</i>	15	<i>nitazoxanide</i>	19
<i>naproxen sodium</i>	15, 145	<i>nitisinone</i>	90
<i>naratriptan</i>	71	NITRO-BID	52
NATACYN.....	115	<i>nitrofurantoin macrocrystals</i>	19
<i>nateglinide</i>	77	<i>nitrofurantoin monohydrate/macrocrystals</i>	19
<i>natrapel</i>	145	<i>nitroglycerin</i>	52, 127
<i>natural fiber</i>	145	NITROGLYCERIN	52
NAYZILAM.....	67	<i>nitroglycerin transdermal patch</i>	52
<i>nebivolol hydrochloride</i>	48	<i>nitroglycerin translingual</i>	52
		NIVA-PLUS	109

Drug Name	Page #	Drug Name	Page #
<i>nizatidine</i>	94	<i>off deep woods sportsmen</i>	146
<i>norelgestromin/ethinyl estradiol</i>	84	<i>off familycare clean feel</i>	146
<i>norethindrone</i>	84	<i>off smooth & dry</i>	146
<i>norethindrone acetate</i>	91	<i>ofloxacin</i>	115, 117
<i>norethindrone acetate/ethinyl estradiol</i>	84, 87	OGSIVEO	38
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate</i>	84	OJEMDA	39
<i>norethindrone/ethinyl estradiol/ferrous fumarate</i>	84	OJJAARA	39
<i>norgestimate/ethinyl estradiol</i>	84	<i>olanzapine</i>	62, 63
<i>norlyroc</i>	84	<i>olanzapine odt</i>	62
<i>nortrel 0.5/35 (28)</i>	84	OLIVE OIL	146
<i>nortrel 1/35</i>	84	<i>olmesartan medoxomil</i>	45
<i>nortrel 7/7/7</i>	84	<i>olmesartan medoxomil/amlodipine/hydrochlorothiazide</i>	44
<i>nortriptyline hcl</i>	57	<i>olmesartan medoxomil/hydrochlorothiazide</i>	44
<i>nortriptyline hydrochloride</i>	57	<i>olopatadine hcl</i>	119
NORVIR	22	<i>olopatadine hydrochloride</i>	146
NOVOLIN 70/30	75	<i>omega 3</i>	146
NOVOLIN 70/30 FLEXPEN	75	<i>omega-3</i>	146
NOVOLIN N	75	<i>omega-3-acid ethyl esters</i>	47
NOVOLIN N FLEXPEN	75	<i>omega-3 fish oil</i>	146
NOVOLIN R	76	<i>omega-3 fish oil no burp</i>	146
NOVOLIN R FLEXPEN	75	<i>omeprazole</i>	96, 146
NOVOLOG	76	<i>omeprazole dr</i>	96, 146
NOVOLOG FLEXPEN	76	<i>omeprazole magnesium</i>	146
NOVOLOG MIX 70/30	76	ONCASPAR	33
NOVOLOG MIX 70/30 FLEXPEN	76	<i>ondansetron hcl</i>	93
NOVOLOG PENFILL	76	<i>ondansetron hydrochloride</i>	93
NUBEQA	32	<i>ondansetron odt</i>	93
NUCALA	120	ONETOUCH ULTRA CONTROL	146
NULOJIX	104	ONETOUCH VERIO LEVEL 4 CONTROL	146
NUPLAZID	62	ONUREG	31
NURTEC	71	OPILL	146
NUTRILIPID	113	OPIPZA	63
NUZYRA	31	OPTIONS GYNOL II VAGINAL CONTRACEPTIVE	146
<i>nyamyc</i>	124	<i>oralone dental paste</i>	128
<i>nylia 1/35</i>	84	ORAL SUSPEND	146
<i>nylia 7/7/7</i>	84	ORGOVYX	32
<i>nystatin</i>	21, 124, 128	<i>orquidea</i>	84
<i>nystop</i>	124	ORSERDU	32
O		<i>orsythia</i>	84
<i>octreotide acetate</i>	90	<i>oseltamivir phosphate</i>	25
ODEFSEY	24	OSPOMYV	79
ODMZO	38	OTEZLA	101
OFEV	120	OTEZLA/OTEZLA XR 28 DAY	101
<i>off active</i>	146	OTEZLA XR	101
<i>off deep woods dry</i>	146	<i>ovega-3</i>	146

Drug Name	Page #	Drug Name	Page #
<i>oxacillin sodium</i>	30	<i>pentamidine isethionate</i>	19
<i>oxaprozin</i>	15	<i>pentoxifylline er</i>	100
<i>oxazepam</i>	54	<i>perampanel</i>	67
<i>oxcarbazepine</i>	67	<i>perindopril erbumine</i>	43
<i>oxybutynin chloride</i>	97	<i>perio gard</i>	128
<i>oxybutynin chloride er</i>	97	<i>permethrin</i>	127
<i>oxycodone/acetaminophen</i>	17	<i>perphenazine</i>	63
<i>oxycodone hcl</i>	17	<i>perphenazine/amitriptyline</i>	57
<i>oxycodone hydrochloride</i>	17	PETROLATUM OINTMENT	147
<i>oxymetazoline hydrochloride</i>	146	<i>phenazopyridine hydrochloride</i>	147
<i>oyster shell calcium</i>	146	PHENAZOPYRIDINE HYDROCHLORIDE	147
OZEMPIC	77	<i>phenelzine sulfate</i>	57
P		<i>phenobarbital</i>	67
<i>pacerone</i>	45	<i>phenobarbital sodium</i>	67
<i>paladin</i>	146	<i>phenyte k</i>	67
<i>paliperidone er</i>	63	<i>phenytoin</i>	67
<i>pamidronate disodium</i>	79	<i>phenytoin sodium</i>	67
PAMIDRONATE DISODIUM	79	<i>phenytoin sodium extended</i>	67
PANRETIN	127	<i>philit h</i>	84
<i>pantoprazole sodium</i>	96	PHOSPHOROUS	147
<i>paricalcitol</i>	92	PHOSPHO-TRIN K500	147
<i>paroxetine</i>	72	<i>phytonadione</i>	147
<i>paroxetine hcl</i>	57	PIFELTRO	23
<i>paroxetine hcl er</i>	57	<i>pilocarpine hcl</i>	116
<i>paroxetine hydrochloride</i>	57	<i>pilocarpine hydrochloride</i>	116, 128
<i>pataday extra strength</i>	147	<i>pimecrolimus</i>	127
PAXLOVID	26	<i>pimozide</i>	63
<i>pazopanib</i>	39	<i>pimtrea</i>	84
<i>pazopanib hydrochloride</i>	39	<i>pindolol</i>	48
PCCA SORBITOL LOLLIPOP BASE FLAKES	147	<i>pink bismuth</i>	147
PEDIA-LAX	147	<i>pink bismuth maximum strength</i>	147
PEDIARIX	105	<i>pinworm</i>	147
PEDVAXHIB	105	<i>pinxav</i>	147
<i>peg-3350/electrolytes</i>	95	<i>pioglitazone hcl</i>	78
<i>peg-3350/nacl/na bicarbonate/kcl</i>	95	<i>pioglitazone hcl-glimepiride</i>	77
PEGASYS	26	<i>pioglitazone hcl/metformin hcl</i>	78
PEMAZYRE	39	<i>pioglitazone hydrochloride</i>	78
PENBRAYA	105	<i>piperacillin sodium/tazobactam sodium</i>	30
<i>penicillamine</i>	80	PIQRAY 200MG DAILY DOSE	39
<i>penicillin g potassium</i>	30	PIQRAY 250MG DAILY DOSE	39
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE	30	PIQRAY 300MG	39
<i>penicillin g sodium</i>	30	<i>pirfenidone</i>	120
<i>penicillin v potassium</i>	30	<i>piroxicam</i>	15
PENMENVY	105	<i>pitavastatin calcium</i>	46
PENTACEL	105	PNV PRENATAL PLUS MULTIVITAMIN	109
		<i>podofilox</i>	127
		<i>polyethylene glycol 3350</i>	147

Drug Name	Page #	Drug Name	Page #
<i>polymyxin b sulfate/trimethoprim sulfate</i>	115	PRIORIX.....	105
<i>polysaccharide-iron</i>	147	PRIVIGEN	103
<i>polyvinyl alcohol</i>	147	<i>probenecid</i>	14
POLY-VI-SOL.....	147	<i>probenecid/colchicine</i>	14
<i>pomalidomide</i>	33	<i>probiotic</i>	148
POMALYST	33	<i>probiotic + immune</i>	148
<i>portia-28</i>	84	<i>probiotic acidophilus</i>	148
<i>posaconazole dr</i>	21	<i>probiotic chocolate bears childrens</i>	148
<i>potassium</i>	108	<i>probiotic digestive support extra strength</i>	148
<i>potassium chloride</i>	108, 110	<i>probiotic formula</i>	148
POTASSIUM CHLORIDE.....	108	<i>probiotic gummies</i>	148
<i>potassium chloride/dextrose</i>	108	<i>probiotic multi-enzyme</i>	148
<i>potassium chloride/dextrose/sodium chloride</i>	108	<i>prochlorperazine</i>	93
<i>potassium chloride er</i>	109	<i>prochlorperazine edisylate</i>	93
<i>potassium citrate er</i>	97	<i>prochlorperazine maleate</i>	93
<i>pramipexole dihydrochloride</i>	59	PROCRIT.....	99
<i>pramoxine hcl</i>	147	<i>proctocort</i>	127
<i>prasugrel hydrochloride</i>	101	<i>procto-med hc</i>	127
<i>pravastatin sodium</i>	46	<i>proctosol hc</i>	127
<i>praziquantel</i>	19	<i>proctozone-hc</i>	127
<i>prazosin hydrochloride</i>	43	<i>prodigy control solution low</i>	148
<i>prednisolone</i>	88	<i>progesterone</i>	91
<i>prednisolone acetate</i>	116	PROGRAF	104
<i>prednisolone sodium phosphate</i>	88	PROLASTIN-C.....	120
PREDNISOLONE SODIUM PHOSPHATE.....	116	<i>promethazine hcl</i>	93
<i>prednisone</i>	88	<i>promethazine hydrochloride</i>	93
PREDNISON INTENSOL	88	<i>promethegan</i>	93
<i>prednisone tablet therapy pack</i>	88	<i>propafenone hcl</i>	45
<i>pregabalin</i>	67, 68	<i>propafenone hydrochloride</i>	46
<i>pregabalin er</i>	72	<i>propafenone hydrochloride er</i>	45
PREMARIN	87	<i>proparacaine hcl</i>	117
PREMASOL	113	<i>propranolol hcl</i>	48
PREMPRO	87	<i>propranolol hydrochloride</i>	48
PRENATABS FA	147	<i>propranolol hydrochloride er</i>	48
PRENATABS RX	147	<i>propylthiouracil</i>	92
PRENATAL.....	110, 147, 148	PROQUAD	105
PRENATAL 19.....	147	<i>protriptyline hcl</i>	57
PRENATAL PLUS VITAMIN AND MINERAL	110	<i>provella</i>	148
<i>prestige glucose control</i>	148	<i>pseudoephedrine hydrochloride</i>	148
PRETOMANID	25	<i>pseudoephedrine hydrochloride er maximum strength</i>	148
PREVIDENT 5000 ENAMEL PROTECT	128	<i>psyllium fiber</i>	148
PREVYMIS	26	PULMOZYME	120
PREZCOBIX	24	<i>purpose gentle cleaning wash</i>	148
PREZISTA	23	PYCHIVA	102
<i>primadophilus kids</i>	148	<i>pyrazinamide</i>	25
<i>primaquine phosphate</i>	22	<i>pyridostigmine bromide</i>	72
<i>primidone</i>	68	<i>pyridostigmine bromide er</i>	72

Drug Name	Page #	Drug Name	Page #
<i>pyrimethamine</i>	19	REPATHAT	47
PYZCHIVA.....	102	<i>repel family</i>	149
Q		<i>repel sportsmen dry</i>	149
<i>qc calamine medicated</i>	148	<i>repel sportsmen max</i>	149
<i>qc pink bismuth</i>	148	RESTASIS	117
<i>qc psyllium fiber</i>	148	RESTASIS MULTIDOSE.....	117
QINLOCK.....	39	RETEVMO	39
QUADRACEL	105	REVCovi.....	90
<i>quetiapine fumarate</i>	63	REVUFORJ	39
<i>quetiapine fumarate er</i>	63	REXTOVY.....	74
<i>quinapril hydrochloride</i>	43	REXULTI.....	63
<i>quinapril/hydrochlorothiazide</i>	42	REYATAZ	23
<i>quinidine sulfate</i>	46	REZDIFFRA.....	90
<i>quinine sulfate</i>	22	REZLIDHIA	39
QULIPTA.....	71	REZUROCK	104
R		RHOPRESSA.....	116
RABAVERT.....	105	<i>ribavirin</i>	26
<i>rabeprazole sodium</i>	96	<i>rifabutin</i>	25
RALDESY	58	<i>rifampin</i>	25
<i>raloxifene hydrochloride</i>	90	<i>rifapentine</i>	25
<i>ramipril</i>	43	<i>rightest gc300 normal control</i>	149
<i>ranger ready repellent</i>	148	<i>rilpivirine</i>	23
<i>ranolazine er</i>	52	<i>riluzole</i>	72
<i>ra probiotic gummies</i>	148	<i>rimantadine</i>	26
<i>rasagiline mesylate</i>	59	RINGERS INJECTION	108
RASPBERRY SYRUP.....	148	RINVOQ.....	102
<i>reclipsen</i>	84	RINVOQ LQ.....	102
RECOMBIVAX HB.....	105	<i>risa-bid probiotic</i>	149
REDEMPLO	47	<i>risedronate sodium</i>	79
<i>redness reliever eye drops</i>	149	<i>risedronate sodium dr</i>	79
REFRESH	149	<i>risperidone</i>	63
<i>refresh cleanser</i>	149	<i>risperidone er</i>	63
REFRESH DIGITAL	149	<i>risperidone odt</i>	63
<i>refreshing facial cleanser</i>	149	<i>ritonavir</i>	23
REFRESH OPTIVE.....	149	<i>rivaroxaban</i>	99
REFRESH OPTIVE ADVANCED	149	<i>rivastigmine tartrate</i>	55
REFRESH OPTIVE PRESERVATIVE FREE.....	149	<i>rivastigmine transdermal</i>	55
REFRESH RELIEVA PF	149	<i>rizatriptan benzoate</i>	71
REFRESH RELIEVA PF XTRA	149	<i>rizatriptan benzoate odt</i>	71
REFRESH TEARS PF	149	ROCKLATAN.....	116
<i>rehyla hair + body cleanser</i>	149	<i>roflumilast</i>	120
<i>rehyla wash</i>	149	<i>romidepsin</i>	39
RELENZA DISKHALER.....	26	ROMIDEPSIN	39
<i>repaglinide</i>	78	ROMVIMZA.....	39
REPATHA SURECLICK.....	47	<i>ropinirole er</i>	59
		<i>ropinirole hcl</i>	59
		<i>ropinirole hydrochloride</i>	59

Drug Name	Page #	Drug Name	Page #
<i>rosuvastatin calcium</i>	46	<i>sildenafil</i>	53
<i>rosyrah</i>	84	<i>sildenafil citrate</i>	52
ROTARIX	105	<i>silodosin</i>	97
ROTATEQ	105	<i>silver sulfadiazine</i>	123
<i>roweepra</i>	68	SIMBRINZA	116
ROZLYTREK	39	<i>simethicone</i>	150
ROZLYTREK	39	<i>simliya</i>	85
RUBRACA	39	<i>simpeesse</i>	85
<i>rufinamide</i>	68	SIMPLE SYRUP	150
RUKOBIA	23	<i>simvastatin</i>	46
RYBELSUS	78	<i>sirolimus</i>	104
RYDAPT	39	SIRTURO	25
S		<i>sitagliptin</i>	78
<i>saccharomyces boulardii</i>	149	<i>sitagliptin phosphate/metformin hydrochloride</i>	78
<i>saccharomycin df</i>	149	<i>sitagliptin phosphate/metformin hydrochloride er</i>	78
<i>sacubitril/valsartan</i>	44	SIVEXTRO	19
<i>saline nasal gel</i>	149	SKYRIZI	102
<i>saline nasal spray infants/childrens</i>	149	SKYRIZI PEN	102
SANTYL	127	<i>sleep aid</i>	150
<i>sapropterin dihydrochloride</i>	90	<i>sleep-aid</i>	150
<i>sawyer insect repellent</i>	149	<i>smarty pants kids probiotic complete</i>	150
<i>sawyer premium insect repellent</i>	149	SM FOAMING ANTACID	150
<i>saxagliptin hydrochloride</i>	78	<i>sm probiotic</i>	150
<i>saxagliptin hydrochloride/metformin hydrochloride er</i>	78	SM SLOW RELEASE IRON	150
SCSEMBLIX	39, 40	<i>sodium bicarbonate</i>	108, 150
<i>scopolamine patch</i>	93	<i>sodium bicarbonate powder</i>	150
SECUADO	63	<i>sodium chloride</i>	108, 150
<i>selegiline hcl</i>	59	SODIUM CHLORIDE	108
<i>selenium sulfide</i>	124	<i>sodium chloride 0.9%</i>	127
SELZENTRY	23	<i>sodium chloride 0.45%</i>	108
<i>seni care body cream</i>	149	<i>sodium fluoride</i>	110, 128
<i>senna</i>	149	SODIUM FLUORIDE	150
<i>senna smooth</i>	149	<i>sodium fluoride 5000 ppm</i>	128
<i>sennosides/docusate sodium</i>	149	<i>sodium fluoride 5000 ppm dry mouth</i>	128
<i>sensi-care moisturizing cream</i>	149	SODIUM FLUORIDE 5000 PPM SENSITIVE	128
<i>sensi-care septi-soft conentrate</i>	149	SODIUM FLUORIDE/POTASSIUM NITRATE/ SENSITIVE	128
SEREVENT DISKUS	120	<i>sodium oxybate</i>	73
<i>sertraline hcl</i>	58	<i>sodium phenylbutyrate</i>	90
<i>sertraline hydrochloride</i>	58	<i>sodium polystyrene sulfonate</i>	80
<i>setlakin</i>	85	<i>sodium sulfate/potassium sulfate/magnesium sulfate</i>	95
<i>sevelamer carbonate</i>	91	<i>solifenacin succinate</i>	98
<i>sf 128</i>		SOLQUA 100/33	76
<i>sharobel</i>	85	SOLTAMOX	32
SHINGRIX	105	SOLU-CORTEF	88
SIGNIFOR	90	<i>solus v2 control low</i>	150
SIKLOS	100	SOMATULINE DEPOT	90

Drug Name	Page #	Drug Name	Page #
SOMAVERT	90	SUNLENCA TABLET THERAPY PACK	23
<i>soothe hydration</i>	150	SUSPENSION VEHICLE	150
<i>soothe xp</i>	150	SUTAB	95
<i>soothe xp/xtra protection</i>	150	<i>sv fish oil</i>	151
<i>sorafenib tosylate</i>	40	<i>sween moisturizing body cream</i>	151
<i>sorbidon hydrate</i>	150	<i>syeda</i>	85
SORBITOL	150	SYMPAZAN	68
<i>sotalol hcl</i>	46	SYMTUZA	24
<i>sotalol hydrochloride</i>	46	SYNTHROID	92
<i>sotalol hydrochloride (af)</i>	46	SYRSPEND SF	151
SPIRIVA RESPIMAT	118	SYRUP VEHICLE	151
<i>spironolactone</i>	43	SYRUP VEHICLE SF	151
<i>spironolactone/hydrochlorothiazide</i>	51	<i>systane complete</i>	151
<i>sprintec 28</i>	85	<i>systane contacts soothing drops</i>	151
SPRITAM	68	SYSTANE GEL	151
<i>sps</i>	80		
<i>sronyx</i>	85	T	
SSD	123	TABLOID	31
<i>stablegi</i>	150	TABRECTA	40
<i>sterile water for irrigation</i>	150	<i>tacrolimus</i>	104, 127
<i>sterile water for irrigation solution</i>	127	<i>tacrolimus er</i>	104
STEVIA	150	<i>tadalafil</i>	53, 97
STEVIOL	150	TAFINLAR	40
STEVIOSIDE	150	TAGRISSE	40
STIVARGA	40	<i>tai doc control solution</i>	151
<i>streptomycin sulfate</i>	20	TALICIA	95
STRIBILD	24	TALZENNA	40
<i>stye solution</i>	150	<i>tamoxifen citrate</i>	32
<i>subvenite</i>	68	<i>tamsulosin hydrochloride</i>	97
SUBVENITE	68	<i>tarina 24 fe</i>	85
<i>subvenite starter kit/blue</i>	68	<i>tarina fe 1/20 eq</i>	85
<i>subvenite starter kit/green</i>	68	TARPEYO	97
<i>subvenite starter kit/orange</i>	68	<i>tasimelteon</i>	70
<i>sucrafate</i>	95	TAVNEOS	100
<i>sulfacetamide sodium</i>	115, 123	<i>tazarotene</i>	124
<i>sulfacetamide sodium/prednisolone sodium</i>		<i>tazicef</i>	28
<i>phosphate</i>	114	TECVAYLI	40
<i>sulfadiazine</i>	20	<i>telmisartan</i>	45
<i>sulfamethoxazole/trimethoprim</i>	20	<i>telmisartan/amlodipine</i>	44
<i>sulfamethoxazole/trimethoprim ds</i>	20	<i>telmisartan/hydrochlorothiazide</i>	44
SULFAMYLON	123	<i>temazepam</i>	70
<i>sulfasalazine</i>	94	<i>tena skin-caring body wash</i>	151
<i>sulindac</i>	15	<i>tena skin-caring wash cream</i>	151
<i>sumatriptan</i>	71	TENIVAC	106
<i>sumatriptan succinate</i>	71	<i>tenofir disoprixil fumarate</i>	23
<i>sunitinib</i>	40	TEPMETKO	40
SUNLENCA	23	<i>terazosin</i>	43

Drug Name	Page #	Drug Name	Page #
<i>terazosin hydrochloride</i>	43	TOUJEO SOLOSTART	76
<i>terbinafine hcl</i>	21	TPN ELECTROLYTES	108
<i>terbinafine hydrochloride</i>	151	TRADJENTA	78
<i>terbutaline sulfate</i>	120	<i>tramadol</i>	16
<i>terconazole</i>	98	<i>tramadol hydrochloride</i>	18
<i>teriflunomide</i>	73	<i>tramadol hydrochloride/acetaminophen</i>	17
<i>testosterone</i>	74	<i>tramadol hydrochloride er</i>	16
<i>testosterone cypionate</i>	74	<i>trandolapril</i>	43
<i>testosterone enanthate</i>	74	<i>trandolapril/verapamil hcl er</i>	43
<i>tetrabenazine</i>	72	<i>tranexamic acid</i>	100
<i>tetracycline hydrochloride</i>	31	<i>tranexamic acid/sodium chloride</i>	100
THALOMID	33	<i>tranylcypromine sulfate</i>	58
<i>theophylline</i>	121	TRAVASOL	113
<i>theophylline er</i>	121	<i>travoprost</i>	117
<i>thera-gesic plus</i>	151	<i>trazodone hydrochloride</i>	58
<i>thioridazine hydrochloride</i>	64	TRELEGY ELLIPTA	118
<i>thiothixene</i>	64	TREMFYA	102
<i>tiadylt er</i>	49, 50	TREMFYA INDUCTION PACK FOR CROHNS DISEASE/ULCERATIVE COLITIS	102
<i>tiagabine hydrochloride</i>	68	<i>tretinoin</i>	33, 123
TIBSOSVO	40	<i>triamcinolone acetonide</i>	88, 126, 151
<i>ticagrelor</i>	101	<i>triamcinolone acetonide dental paste</i>	128
TICOVAC	106	TRIAMINIC FEVER REDUCER PAIN RELIEVER INFANTS	151
<i>tigecycline</i>	31	<i>triamterene/hydrochlorothiazide</i>	51
<i>tilia fe</i>	85	<i>triazolam</i>	71
<i>timolol maleate</i>	48, 117	<i>tri-buffered aspirin</i>	151
<i>tinidazole</i>	20	<i>trientine hydrochloride</i>	80
TIVICAY	23	<i>tri-estarylla</i>	85
TIVICAY PD	23	<i>trifluoperazine hcl</i>	64
<i>tizanidine hcl</i>	73	<i>trifluoperazine hydrochloride</i>	64
<i>tizanidine hydrochloride</i>	73	<i>trifluridine</i>	115
TOBI PODHALER	20	<i>trihexyphenidyl</i>	59
TOBRADEX	114	<i>trihexyphenidyl hydrochloride</i>	59
TOBRADEX ST	114	TRIJARDY XR	78
<i>tobramycin</i>	20, 115	TRIKAFTA TABLET THERAPY PACK	121
<i>tobramycin/dexamethasone</i>	114	TRIKAFTA THERAPY PACK	121
<i>tobramycin sulfate</i>	20	<i>tri-legest fe</i>	85
TODAY SPONGE	151	<i>tri-linyah</i>	85
<i>tofacitinib</i>	102	<i>trilitas</i>	124
<i>tolnaftate</i>	151	<i>tri-lo-estarylla</i>	85
<i>tolterodine tartrate</i>	98	<i>tri-lo-marzia</i>	85
<i>tolterodine tartrate er</i>	98	<i>tri-lo-mili</i>	85
<i>tolvaptan</i>	90	<i>tri-lo-sprintec</i>	85
<i>topiramate</i>	68	<i>trimethobenzamide hydrochloride</i>	93
<i>toremifene citrate</i>	32	<i>trimethoprim</i>	20
<i>torpenz</i>	40	<i>tri-mili</i>	85
<i>torseamide</i>	51		
TOUJEO MAX SOLOSTAR	76		

Drug Name	Page #	Drug Name	Page #
<i>trimipramine maleate</i>	58	U	
TRINTELLIX	58	UBRELVY	71
<i>triple antibiotic plus pain reliever maximum strength</i> 151		<i>ultrathon insect repellent 8</i>	152
<i>triple probiotic</i>	151	<i>unistrip control solutionlow</i>	152
<i>triprolidine hci</i>	151	<i>unithroid</i>	92
<i>triprolidine hydrochloride</i>	151	<i>up4 probiotics</i>	152
<i>tri-sprintec</i>	85	<i>up4 probiotics kids cubes</i>	152
TRIUMEQ	24	UPLIZNA.....	72
TRIUMEQ PD	24	UPTRAVI.....	53
TRI-VI-SOL A/C/D	151	UPTRAVI TITRATION PACK.....	53
<i>tri-vite/fluoride</i>	110	UREA.....	152
TRI-VITE/FLUORIDE.....	151	<i>urinary pain relief</i>	152
<i>trivora-28</i>	85	<i>uristat ultra/cranberry</i>	152
<i>tri-vylibra</i>	85	<i>ursodiol</i>	95
<i>tri-vylibra lo</i>	85	V	
TROGARZO.....	23	<i>vagisil</i>	152
TROPHAMINE	113	<i>valacyclovir hydrochloride</i>	26
<i>tropium chloride</i>	98	VALCHLOR	127
<i>tropium chloride er</i>	98	<i>valganciclovir</i>	26
<i>trubiotics digestive + immune health</i>	152	<i>valganciclovir hydrochloride</i>	26
<i>trubiotics kids</i>	152	<i>valproate sodium</i>	68
<i>true oyster shell calcium</i>	152	<i>valproic acid</i>	68
<i>truetrack glucose controllow</i>	152	<i>valsartan</i>	45
TRULICITY.....	78	<i>valsartan/hydrochlorothiazide</i>	44
TRUMENBA	106	VALTOCO 5 MG DOSE	69
TRUQAP.....	40	VALTOCO 10 MG DOSE	68
TRUQAP TABLET THERAPY PACK	40	VALTOCO 15 MG DOSE	68
TRUSTEX LUBRICATED/SPERMICIDE.....	152	VALTOCO 20 MG DOSE	69
TRUSTEX NON-LUBRICATED.....	152	<i>valtya 1/35</i>	86
TRUXIMA.....	40	<i>valtya 1/50</i>	86
TUKYSA.....	40	<i>vancomycin</i>	20
TURALIO	40	VANCOMYCIN	20
<i>turqoz</i>	86	<i>vancomycin hcl</i>	20
TUSNEL C.....	152	VANCOMYCIN HCL.....	20
<i>tussin cough</i>	152	<i>vancomycin hydrochloride</i>	20
<i>tussin cough long-acting</i>	152	VANFLYTA	40
TWINRIX	106	<i>vanicream</i>	152
TYBLUME	86	VAQTA.....	106
TYBOST	23	<i>varenicline</i>	74
<i>tydemy</i>	86	<i>varenicline starting month</i>	74
TYENNE.....	102	<i>varenicline tartrate</i>	74
TYMLOS	79	VARIVAX	106
TYPHIM VI.....	106	VASCEPA	47
TYVASO.....	53	<i>vaseline constant care cream</i>	152
TYZAVAN	20	VAXCHORA.....	106
		VCF VAGINAL CONTRACEPTIVE FILM.....	152

Drug Name	Page #	Drug Name	Page #
VCF VAGINAL CONTRACEPTIVE GEL.....	152	VOQUEZNA TRIPLE PAK	96
<i>velivet</i>	86	VORANIGO	41
VELSIPITY	102	<i>voriconazole</i>	21
VENCLEXTA	41	VORICONAZOLE	21
VENCLEXTA STARTING PACK.....	40	VOSEVI	26
VENLAFAXINE BESYLATE ER.....	58	VOWST	96
<i>venlafaxine hydrochloride</i>	58	VRAYLAR.....	64
<i>venlafaxine hydrochloride er</i>	58	<i>vyfemla</i>	86
VEPPANU	32	<i>vylibra</i>	86
<i>verapamil</i>	50	VYNDAMAX.....	52
<i>verapamil hcl er</i>	50	VYZULTA.....	117
<i>verapamil hcl sr</i>	50		
VERAPAMIL HCL SR.....	50	W	
<i>verapamil hydrochloride</i>	50	<i>warfarin</i>	99
<i>verapamil hydrochloride er</i>	50	<i>wart remover maximum strength</i>	153
VERAPAMIL HYDROCHLORIDE SR	50	WEGOVY	90, 91
VERQUVO	52	WELIREG.....	33
VERSACLOZ	64	<i>wera</i>	86
VERZENIO.....	41	WESTAB PLUS.....	110
<i>vestura</i>	86	WINREVAIR	53
<i>vicks dayquil cold & flu</i>	152	<i>wixela inhub</i>	122
<i>vienna</i>	86	<i>wymzya fe</i>	86
<i>vigabatrin</i>	69	WYOST	79
<i>vigadrone</i>	69		
VIGAFYDE	69	X	
VIKTRAVI.....	41	XALKORI.....	41
<i>vilazodone hydrochloride</i>	58	XANTHAN GUM	153
VIMKUNYA.....	106	<i>xarah fe</i>	86
<i>viorele</i>	86	XARELTO	99
VIRACEPT	23	XARELTO STARTER PACK.....	99
VIREAD	23	XATMEP.....	103
VITAMIN A/C/D INFANT/TODDLER	152	XCOPRI.....	69
<i>vitamin b-6</i>	152	XCOPRI MAINTENANCE THERAPY PACK	69
<i>vitamin b-12</i>	152	XCOPRI TABLET TITRATION THERAPY PACK....	69
<i>vitamin c</i>	153	XCOPRI TITRATION THERAPY PACK.....	69
<i>vitamin d</i>	153	XDEMVY	115
<i>vitamin d-3</i>	153	<i>xelria fe</i>	86
<i>vitamin d3</i>	153	XERMELO	96
<i>vitamin d3 gummies</i>	153	XHANCE EXHALER	121
VITAMINS A/C/D/FLUORIDE	153	XIFAXAN.....	21, 96
VITRAKVI	41	XIGDUO XR	78, 79
VIVITROL.....	74	XIIDRA.....	117
VIVOTIF.....	106	XOLAIR	121
VIZIMPRO	41	XOSPATA	41
<i>volnea</i>	86	XPOVIO	41
VONJO	41	XPOVIO 60 MG TWICE WEEKLY	41
VOQUEZNA DUAL PAK	96	XPOVIO 80 MG TWICE WEEKLY	41

Drug Name	Page #	Drug Name	Page #
XPOVIO TABLET THERAPY PACK	41, 42	ZYMFENTRA 2-PEN	103
XTANDI.....	32	ZYMFENTRA 2-SYRINGE.....	103
<i>xulane</i>	86	ZYPREXA RELPREVV	64
XULTOPHY.....	76		
Y			
YESINTEK	102		
YF-VAX	106		
YONSA.....	33		
<i>yulithira</i>	42		
<i>yumvskids probiotic zero</i>	153		
<i>yumvs probiotics zero</i>	153		
<i>yum-yum dophilus</i>	153		
<i>yum-yum dophilus probiotic</i>	153		
<i>yuvaferm</i>	87		
Z			
<i>zafemy</i>	86		
<i>zafirlukast</i>	120		
<i>zaleplon</i>	71		
ZARXIO	100		
ZEJULA.....	42		
ZELBORAF	42		
<i>zelvysia</i>	91		
<i>zenatane</i>	123		
ZENBEXUS.....	33		
ZENPEP	96		
<i>zenzedi</i>	70		
ZERVIAE.....	116		
<i>zidovudine</i>	23		
<i>zinc oxide</i>	153		
<i>ziprasidone hcl</i>	64		
<i>ziprasidone mesylate</i>	64		
ZIRABEV	42		
ZIRGAN	115		
<i>zoledronic acid</i>	79		
ZOLEDRONIC ACID	79		
ZOLINZA	42		
<i>zolpidem tartrate</i>	71		
ZONISADE.....	69		
<i>zonisamide</i>	69		
<i>zovia 1/35</i>	86		
ZTALMY	69		
<i>zumandimine</i>	86		
ZURZUVAE	58		
ZYDELIG	42		
ZYKADIA.....	42		

Notice of Availability (NOA)

TTY: [711](tel:711)

To access language assistance services and appropriate auxiliary aids and services at no cost to you, call **1-844-362-0934**. (English)

የቋንቋ እርዳታ አገልግሎቶችን እና ተገቢ የሆኑ ረዳት መሣሪያዎችንና አገልግሎቶችን ያለ ምንም ክፍያ ለማግኘት፣ በ **1-844-362-0934** ይደውሉ። (Amharic)

للوصول إلى خدمات المساعدة اللغوية والمساعدات والخدمات المساندة المناسبة دون أي تكلفة عليك، اتصل بالرقم **1-844-362-0934** (Arabic)

如欲獲得免費的語言輔助服務以及適當的輔助工具和服務，請致電 **1-844-362-0934**。(Chinese)

Pou w jwenn aksè ak sèvis asistans lang ansanm ak èd ak sèvis oksilyè apwopriye san w pa peye anyen, rele **1-844-362-0934**. (French Creole)

Pour accéder aux services d'assistance linguistique et aux aides et services auxiliaires appropriés sans frais à votre charge, appelez le **1-844-362-0934**. (French)

Um Sprachunterstützung sowie geeignete Hilfsmittel und Dienstleistungen kostenlos in Anspruch zu nehmen, rufen Sie bitte folgende Nummer an: **1-844-362-0934**. (German)

તમારા માટે વિના મૂલ્યે ભાષા સહાય સેવાઓ અને યોગ્ય સહાયક સાધનો તથા સેવાઓ મેળવવા માટે, **1-844-362-0934** પર કોલ કરો. (Gujarati)

No ke komo 'ana i nā lawelawe kōkua 'ōlelo a me nā kōkua kōkua kūpono me ka uku 'ole iā 'oe, e kelepona mai **1-844-362-0934**. (Hawaiian)

Kom siv tau cov kev pab cuam txhais lus thiab cov khoom pab kom hnov lus thiab cov kev pab cuam yam tsis sau nqi ntawm koj, hu **1-844-362-0934**. (Hmong)

Contattare telefonicamente per accedere, senza costi aggiuntivi, ai servizi di assistenza linguistica e ad idonei aiuti ausiliari il numero **1-844-362-0934**. (Italian)

言語支援サービスや適切な補助具やサービスを無料で利用するには、**1-844-362-0934**までお電話ください。 (Japanese)

လၢတၢ်ကမၤန့ၢ်သ့ၣ်က့ၢ်အတၢ်မၤစၢၤအတၢ်ဖဲးတၢ်မၤတဖၣ်ဒီးတၢ်မၤစၢၤလၢအကဲထီၣ်သ့ၣ်လၢအဖဲးမံတဖၣ်ဒီးတၢ်မၤစၢၤအတၢ်ဖဲးတၢ်မၤတဖၣ်လၢတလိၣ်နဟ့ၣ်အပူၤအဂီၢ်န့ၣ်,ကိးဘၣ် **1-844-362-0934**. (Karen)

ដើម្បីទទួលបានសេវាកម្មជំនួយផ្នែកភាសា និងការគាំទ្រ និងសេវាកម្មបន្ថែមសមរម្យដោយមិនគិតថ្លៃសម្រាប់អ្នក សូមទូរសព្ទទៅលេខ **1-844-362-0934** ។ (Khmer)

언어 지원 서비스와 적절한 보조 지원 및 서비스를 무료로 이용하시려면 **1-844-362-0934** 번으로 전화해 주시기 바랍니다. (Korean)

ພື່ອເຂົ້າເຖິງການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ ແລະ ອຸປະກອນຊ່ວຍໃນການຟັງ ແລະ ການບໍລິການອື່ນໆ ໂດຍທ່ານບໍ່ໄດ້ເສຍຄ່າໃຊ້ຈ່າຍໃດໆ, ໃຫ້ໂທຫາ **1-844-362-0934**. (Lao)

Tajaajilawwan gargaarsa afaanii fi tajaajilawwan gargaarsaa dabalataa mijaawaa ta'an kaffaltii tokko malee argachuuf, bilbilaa **1-844-362-0934**. (Oromo)

برای دسترسی رایگان به خدمات کمک زبانی و وسایل و خدمات کمکی مناسب، با شماره **1-844-362-0934** تماس بگیرید (Persian).

Aby skorzystać z usług pomocy językowej oraz odpowiednich środków pomocniczych i usług bez ponoszenia żadnych kosztów, zadzwoń pod numer **1-844-362-0934**. (Polish)

Para acceder, sem custos para si, a serviços de assistência linguística e a auxílios e serviços de apoio adequados, ligue para **1-844-362-0934**. (Portuguese)

Чтобы бесплатно воспользоваться услугами языковой поддержки, а также соответствующими вспомогательными средствами и услугами, позвоните по номеру телефона **1-844-362-0934**. (Russian)

Para tener acceso a los servicios de asistencia en otros idiomas y a las ayudas y servicios auxiliares adecuados sin costo para usted, llame al **1-844-362-0934**. (Spanish)

Upang ma-access ang mga serbisyo sa tulong sa wika at mga angkop na pantulong na kagamitan at serbisyo nang hindi ka gagastos, tawagan ang **1-844-362-0934**. (Tagalog)

หากต้องการเข้าถึงบริการช่วยเหลือด้านภาษาและอุปกรณ์ช่วยเหลืออื่น ๆ ที่เหมาะสมโดยไม่เสียค่าใช้จ่าย โปรดติดต่อ **1-844-362-0934** (Thai)

Để tiếp cận các dịch vụ hỗ trợ ngôn ngữ, công cụ hỗ trợ và dịch vụ phụ trợ phù hợp miễn phí dành cho quý vị, hãy gọi **1-844-362-0934**. (Vietnamese)

This *Drug List* was updated on 10/15/2026. 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.S.T., 7 days a week, **or visit** AetnaMedicare.com/NJDSNP-drug-formulary

Contract/PBP: H6399-001



AetnaMedicare.com/NJDSNP-drug-formulary