

Aetna Medicare FIDE (HMO D-SNP)

2026

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: 26010 Version 11

This *Drug List* was updated on 04/01/2026. 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.T., 7 days a week, or visit [AetnaMedicare.com/NJDSNP-drug-formulary](https://www.aetnamedicare.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 <i>List of Covered Drugs</i> ? (We call the <i>List of Covered Drugs</i> the <i>Drug List</i> for short.)	6
B2. Does the <i>Drug List</i> ever change?	6
B3. What happens when there's a change to the <i>Drug List</i> ?	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 <i>Drug List</i> ?	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

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.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)



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.....	142



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.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.
- ❖ If you speak a language other than English, free language assistance services are available. Visit our website or call the phone number listed in this document. (English)
- ❖ Si habla un idioma que no sea inglés, se encuentran disponibles servicios gratuitos de asistencia de idiomas. Visite nuestro sitio web o llame al número de teléfono que figura en este documento. (Spanish)
- ❖ 如果您使用英文以外的語言，我們將提供免費的語言協助服務。請瀏覽我們的網站或撥打本文件中所列的電話號碼。(Traditional Chinese)
- ❖ Kung hindi Ingles ang wikang inyong sinasalita, may maaari kayong kuning mga libheng serbisyo ng tulong sa wika. Bisitahin ang aming website o tawagan ang numero ng telepono na nakalista sa dokumentong ito. (Tagalog)
- ❖ Si vous parlez une autre langue que l'anglais, des services d'assistance linguistique gratuits vous sont proposés. Visitez notre site Internet ou appelez le numéro indiqué dans ce document. (French)
- ❖ Nếu quý vị nói một ngôn ngữ khác với Tiếng Anh, chúng tôi có dịch vụ hỗ trợ ngôn ngữ miễn phí. Xin vào trang mạng của chúng tôi hoặc gọi số điện thoại ghi trong tài liệu này. (Vietnamese)
- ❖ Wenn Sie eine andere Sprache als Englisch sprechen, stehen Ihnen kostenlose Sprachdienste zur Verfügung. Besuchen Sie unsere Website oder rufen Sie die Telefonnummer in diesem Dokument an. (German)
- ❖ 영어가 아닌 언어를 쓰시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 저희 웹사이트를 방문하시거나 본 문서에 기재된 전화번호로 연락해 주십시오. (Korean)

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.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)



- ❖ Если вы не владеете английским и говорите на другом языке, вам могут предоставить бесплатную языковую помощь. Посетите наш веб-сайт или позвоните по номеру, указанному в данном документе. (Russian)
- ❖ إذا كنت تتحدث لغة غير الإنجليزية، فإن خدمات المساعدة اللغوية المجانية متاحة. تفضل بزيارة موقعنا على الويب أو اتصل برقم الهاتف المدرج في هذا المستند. (Arabic)
- ❖ अगर आप अंग्रेजी के अलावा कोई अन्य भाषा बोलते हैं, तो मुफ्त भाषा सहायता सेवाएं उपलब्ध हैं। हमारी वेबसाइट पर जाएं या इस दस्तावेज़ में दिए गए फोन नंबर पर कॉल करें। (Hindi)
- ❖ Nel caso Lei parlasse una lingua diversa dall'inglese, sono disponibili servizi di assistenza linguistica gratuiti. Visiti il nostro sito web oppure chiami il numero di telefono elencato in questo documento. (Italian)
- ❖ Caso você seja falante de um idioma diferente do inglês, serviços gratuitos de assistência a idiomas estão disponíveis. Acesse nosso site ou ligue para o número de telefone presente neste documento. (Portuguese)
- ❖ Si ou pale yon lòt lang ki pa Anglè, wap jwenn sèvis asistans pou lang gratis ki disponib. Vizite sitwèb nou an oswa rele nan nimewo telefòn ki make nan dokiman sa a. (Haitian Creole)
- ❖ Jeżeli nie posługują się Państwo językiem angielskim, dostępne są bezpłatne usługi wsparcia językowego. Proszę odwiedzić naszą witrynę lub zadzwonić pod numer podany w niniejszym dokumencie. (Polish)
- ❖ 英語をお話しにならない方は、無料の言語支援サービスを受けることができます。弊社のウェブサイトにアクセスするか、または本書に記載の電話番号にお問い合わせください。 (Japanese)
- ❖ Nëse nuk flisni gjuhën angleze, shërbime ndihmëse gjuhësore pa pagesë janë në dispozicionin tuaj. Vizitoni faqen tonë në internet ose merrni në telefon numrin e telefonit në këtë dokument. (Albanian)
- ❖ ከእንግሊዘኛ ሌላ ቋንቋ የሚናገሩ ከሆነ ነጻ የቋንቋ ድጋፍ አገልግሎቶችን ማግኘት ይቻላል። የእኛን ድረ-ገጽ ይጎብኙ ወይም በዚህ ስነድ ላይ የተዘረዘረውን ስልክ ቁጥር በመጠቀም ይደውሉ። (Amharic)
- ❖ Եթե խոսում եք անգլերենից բացի մեկ այլ լեզվով, ապա Ձեզ համար հասանելի են լեզվական աջակցման անվճար ծառայություններ: Այցելեք մեր վեբ կայքը կամ զանգահարեք այս փաստաթղթում նշված հեռախոսահամարով: (Armenian)
- ❖ যদি আপনি ইংরেজী ব্যতীত অন্য কোনো ভাষায় কথা বলেন তাহলে বিনামূল্যের দোভাষীর পরিষেবা উপলব্ধ আছে। আমাদের ওয়েবসাইট দেখুন এবং এই নথিতে তালিকাভুক্ত ফোন নম্বরে ফোন করুন। (Bengali)
- ❖ បើលោកអ្នកនិយាយភាសាផ្សេងក្រៅពីភាសាអង់គ្លេស សេវាកម្មជំនួយផ្នែកភាសាមានផ្តល់ជូនដោយឥតគិតថ្លៃ ។ សូមចូលមើលគេហទំព័ររបស់យើងខ្ញុំ ឬហៅទៅកាន់លេខទូរស័ព្ទដែលមានរាយនៅក្នុងឯកសារនេះ ។ (Khmer)
- ❖ Ako govorite neki jezik koji nije engleski, dostupne su besplatne jezičke usluge. Posetite našu internet stranicu ili nazovite broj telefona navedenog u ovom dokumentu. (Serbo-Croatian)
- ❖ Na ye jam thuɔŋdēt tēnē thoŋ ē Dīŋlīth, ke kuɔɔny luilooi ē thok ē path aa tō thīn. Nem yōt tēn internet tēdē ke yī col akuēn cōtmec cī gat thin nē athör du yic. (Dinka)
- ❖ Als u een andere taal spreekt dan Engels, is er gratis taalondersteuning beschikbaar. Bezoek onze website of bel naar het telefoonnummer in dit document. (Dutch)
- ❖ Εάν ομιλείτε άλλη γλώσσα εκτός της Αγγλικής, υπάρχουν δωρεάν υπηρεσίες στη γλώσσα σας. Επισκεφθείτε την ιστοσελίδα μας ή καλέστε τον αριθμό τηλεφώνου που αναγράφεται στο παρόν έγγραφο. (Greek)



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.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)

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.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](https://www.aetna.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.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)



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 approval (or 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/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.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)

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 142. 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.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 30-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.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.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.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)



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

OTCs have a \$0 copay.

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



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

§Due to legislation in Arkansas, effective January 1, 2026, you may not be able to utilize the following services within the state of Arkansas: CVS Retail, CVS Caremark Mail Service, CVS Specialty, and OMNI Care long term pharmacies.

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.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 1)	QL (120 EA per 30 days) MO
<i>febuxostat tablet 40mg, 80mg</i>	\$0 (Tier 1)	ST MO
<i>probenecid/colchicine tablet 0.5mg; 500mg</i>	\$0 (Tier 1)	MO
<i>probenecid tablet 500mg</i>	\$0 (Tier 1)	MO
MISCELLANEOUS		
<i>lidocaine hcl injection 0.5%, 1.5%, 4%</i>	\$0 (Tier 1)	
<i>lidocaine hydrochloride injection 1% pf, 100mg/5ml, 2%</i>	\$0 (Tier 1)	
<i>lidocaine hydrochloride injection 1%</i>	\$0 (Tier 1)	MO
NSAIDS		
<i>celecoxib capsule 400mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>celecoxib capsule 100mg, 200mg, 50mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>diclofenac potassium tablet 50mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i>diclofenac sodium dr tablet delayed release 25mg, 50mg, 75mg</i>	\$0 (Tier 1)	MO
<i>diclofenac sodium er tablet extended release 24 hour 100mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>diclofenac sodium/misoprostol tablet delayed release 50mg; 200mcg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i>diclofenac sodium/misoprostol tablet delayed release 75mg; 200mcg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>diflunisal tablet 500mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>etodolac er tablet extended release 24 hour 600mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO



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>etodolac er tablet extended release 24 hour 400mg, 500mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>etodolac capsule 300mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i>etodolac capsule 200mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>etodolac tablet 500mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>etodolac tablet 400mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>fenoprofen calcium capsule 400mg</i>	\$0 (Tier 1)	QL (240 EA per 30 days) MO
<i>fenoprofen calcium tablet 600mg</i>	\$0 (Tier 1)	QL (150 EA per 30 days) MO
<i>flurbiprofen tablet 100mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>ibuprofen suspension 100mg/5ml</i>	\$0 (Tier 1)	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 1)	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 1)	MO
<i>naproxen dr tablet delayed release 375mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i>naproxen dr tablet delayed release 500mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>naproxen sodium tablet 275mg, 550mg</i>	\$0 (Tier 1)	MO
<i>naproxen suspension 125mg/5ml</i>	\$0 (Tier 1)	QL (1800 ML per 30 days) PA MO
<i>naproxen tablet delayed release 500mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>naproxen tablet 250mg, 375mg, 500mg</i>	\$0 (Tier 1)	MO
<i>oxaprozin tablet 600mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>piroxicam capsule 20mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>piroxicam capsule 10mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>sulindac tablet 150mg, 200mg</i>	\$0 (Tier 1)	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 1)	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 1)	QL (10 EA per 30 days) PA MO
<i>hydrocodone bitartrate er (generic Hysingla ER) tablet er 24 hour abuse-deterrent 100mg, 120mg, 20mg, 30mg, 40mg, 60mg, 80mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) PA MO
<i>methadone hcl solution 5mg/5ml</i>	\$0 (Tier 1)	QL (450 ML per 30 days) PA MO
<i>methadone hcl tablet 10mg, 5mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) PA MO
<i>methadone hydrochloride concentrate 10mg/ml</i>	\$0 (Tier 1)	QL (90 ML per 30 days) PA MO

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>methadone hydrochloride solution 10mg/5ml</i>	\$0 (Tier 1)	QL (450 ML per 30 days) PA MO
<i>morphine sulfate er tablet extended release (generic MS Contin) 30mg, 60mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>morphine sulfate er tablet extended release (generic MS Contin) 100mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO
<i>morphine sulfate er tablet extended (generic MS Contin) release 15mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
MORPHINE SULFATE/SODIUM CHLORIDE INJECTION 1MG/ML	\$0 (Tier 1)	B/D
<i>tramadol hcl er tablet extended release 24 hour 100mg, 300mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO; HRM
<i>tramadol hcl er tablet extended release 24 hour 200mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days); HRM
<i>tramadol hydrochloride er tablet extended release 24 hour 100mg, 200mg, 300mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO; HRM
OPIOID ANALGESICS, SHORT-ACTING		
<i>acetaminophen/codeine phosphate tablet 300mg; 60mg</i>	\$0 (Tier 1)	QL (180 EA per 30 days) MO
<i>acetaminophen/codeine solution 120mg/5ml; 12mg/5ml</i>	\$0 (Tier 1)	QL (2700 ML per 30 days) MO
<i>acetaminophen/codeine tablet 300mg; 15mg, 300mg; 30mg, 300mg; 60mg</i>	\$0 (Tier 1)	QL (180 EA per 30 days) MO
<i>butorphanol tartrate injection 1mg/ml, 2mg/ml</i>	\$0 (Tier 1)	MO
<i>butorphanol tartrate nasal solution 10mg/ml</i>	\$0 (Tier 1)	QL (5 ML per 30 days) MO
CODEINE SULFATE TABLET 15MG, 30MG, 60MG	\$0 (Tier 1)	QL (180 EA per 30 days) MO
<i>endocet tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 7.5mg</i>	\$0 (Tier 1)	QL (180 EA per 30 days)
<i>hydrocodone bitartrate/acetaminophen solution 300mg/15ml; 10mg/15ml, 325mg/15ml; 10mg/15ml, 325mg/15ml; 7.5mg/15ml</i>	\$0 (Tier 1)	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 1)	QL (180 EA per 30 days) MO
<i>hydrocodone bitartrate/acetaminophen tablet 325mg; 2.5mg</i>	\$0 (Tier 1)	QL (240 EA per 30 days) MO
<i>hydrocodone/acetaminophen tablet 325mg; 7.5mg</i>	\$0 (Tier 1)	QL (180 EA per 30 days) MO



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>hydrocodone/ibuprofen tablet 10mg; 200mg, 5mg; 200mg, 7.5mg; 200mg</i>	\$0 (Tier 1)	QL (150 EA per 30 days) MO
<i>hydromorphone hcl liquid 1mg/ml</i>	\$0 (Tier 1)	QL (600 ML per 30 days) MO
<i>hydromorphone hcl tablet 2mg, 4mg, 8mg</i>	\$0 (Tier 1)	QL (180 EA per 30 days) MO
HYDROMORPHONE HYDROCHLORIDE INJECTION 0.25MG/0.5ML	\$0 (Tier 1)	B/D
MORPHINE SULFATE INJECTION 10MG/ML, 2MG/ML, 4MG/ML, 50MG/ML, 5MG/ML, 8MG/ML	\$0 (Tier 1)	B/D
<i>morphine sulfate injection 0.5mg/ml, 2mg/ml iv prefilled syringe, 10mg/ml iv vial, 4mg/ml iv vial, 8mg/ml iv vial</i>	\$0 (Tier 1)	B/D
<i>morphine sulfate injection 1mg/ml</i>	\$0 (Tier 1)	B/D MO
<i>morphine sulfate oral solution 10mg/5ml, 20mg/5ml</i>	\$0 (Tier 1)	QL (900 ML per 30 days) MO
<i>morphine sulfate oral solution 100mg/5ml</i>	\$0 (Tier 1)	QL (180 ML per 30 days) MO
<i>morphine sulfate tablet 15mg, 30mg</i>	\$0 (Tier 1)	QL (180 EA per 30 days) MO
<i>oxycodone hcl capsule 5mg</i>	\$0 (Tier 1)	QL (180 EA per 30 days) MO
<i>oxycodone hydrochloride capsule 5mg</i>	\$0 (Tier 1)	QL (180 EA per 30 days) MO
<i>oxycodone hydrochloride concentrate 100mg/5ml</i>	\$0 (Tier 1)	QL (180 ML per 30 days) MO
<i>oxycodone hydrochloride solution 5mg/5ml</i>	\$0 (Tier 1)	QL (900 ML per 30 days) MO
<i>oxycodone hydrochloride tablet 30mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i>oxycodone hydrochloride tablet 10mg, 15mg, 20mg, 5mg</i>	\$0 (Tier 1)	QL (180 EA per 30 days) MO
<i>oxycodone/acetaminophen tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	\$0 (Tier 1)	QL (180 EA per 30 days) MO
<i>tramadol hydrochloride/acetaminophen tablet 325mg; 37.5mg</i>	\$0 (Tier 1)	QL (240 EA per 30 days) MO; HRM
<i>tramadol hydrochloride tablet 50mg</i>	\$0 (Tier 1)	QL (240 EA per 30 days) MO; HRM
ANTI-INFECTIVES		
ANTI-INFECTIVES - MISCELLANEOUS		
<i>albendazole tablet 200mg</i>	\$0 (Tier 1)	MO
<i>amikacin sulfate injection 1gm/4ml, 500mg/2ml</i>	\$0 (Tier 1)	MO
ARIKAYCE SUSPENSION 590MG/8.4ML	\$0 (Tier 1)	PA; LD
<i>atovaquone suspension 750mg/5ml</i>	\$0 (Tier 1)	MO
<i>aztreonam injection 1gm, 2gm</i>	\$0 (Tier 1)	MO
BLUJEPATABLET 750MG	\$0 (Tier 1)	QL (20 EA per 5 days)

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
CAYSTON SOLUTION RECONSTITUTED 75MG	\$0 (Tier 1)	PA; ACS LD
<i>chloramphenicol sodium succinate injection 1gm</i>	\$0 (Tier 1)	
<i>clindamycin hcl capsule 300mg</i>	\$0 (Tier 1)	MO
<i>clindamycin hydrochloride capsule 150mg, 75mg</i>	\$0 (Tier 1)	MO
<i>clindamycin palmitate hydrochloride solution reconstituted 75mg/5ml</i>	\$0 (Tier 1)	MO
<i>clindamycin phosphate/dextrose injection 300mg/50ml; 5%, 600mg/50ml; 5%, 900mg/50ml; 5%</i>	\$0 (Tier 1)	
<i>clindamycin phosphate injection 300mg/2ml, 900mg/6ml</i>	\$0 (Tier 1)	
<i>clindamycin phosphate injection 600mg/4ml</i>	\$0 (Tier 1)	MO
CLINDAMYCIN/SODIUM CHLORIDE INJECTION 300MG/50ML; 0.9%, 600MG/50ML; 0.9%, 900MG/50ML; 0.9%	\$0 (Tier 1)	
<i>colistimethate sodium injection 150mg</i>	\$0 (Tier 1)	PA MO
<i>dapsone tablet 100mg, 25mg</i>	\$0 (Tier 1)	MO
DAPTOMYCIN/SODIUM CHLORIDE INJECTION 1000MG/100ML; 0.9%, 350MG/50ML; 0.9%, 500MG/50ML; 0.9%, 700MG/100ML; 0.9%	\$0 (Tier 1)	
<i>daptomycin injection 350mg, 500mg</i>	\$0 (Tier 1)	
EMVERM TABLET CHEWABLE 100MG	\$0 (Tier 1)	QL (24 EA per 365 days) MO
<i>ertapenem sodium injection 1gm</i>	\$0 (Tier 1)	MO
<i>fosfomycin tromethamine packet 3gm</i>	\$0 (Tier 1)	MO
<i>gentamicin sulfate pediatric injection 10mg/ml</i>	\$0 (Tier 1)	MO
<i>gentamicin sulfate/0.9% sodium chloride injection 1.2mg/ml; 0.9%, 1mg/ml; 0.9%, 2mg/ml; 0.9%</i>	\$0 (Tier 1)	
<i>gentamicin sulfate/0.9% sodium chloride injection 1.6mg/ml; 0.9%</i>	\$0 (Tier 1)	MO
<i>gentamicin sulfate injection 40mg/ml</i>	\$0 (Tier 1)	MO
<i>imipenem/cilastatin injection 250mg; 250mg, 500mg; 500mg</i>	\$0 (Tier 1)	MO
IMPAVIDO CAPSULE 50MG	\$0 (Tier 1)	QL (84 EA per 28 days) PA MO
<i>isotonic gentamicin injection 0.8mg/ml; 0.9%</i>	\$0 (Tier 1)	
<i>ivermectin tablet 6mg</i>	\$0 (Tier 1)	QL (10 EA per 90 days) PA MO



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>ivermectin tablet 3mg</i>	\$0 (Tier 1)	QL (12 EA per 90 days) PA MO
LINEZOLID INJECTION 600MG/300ML; 0.9%	\$0 (Tier 1)	PA
<i>linezolid injection 600mg/300ml</i>	\$0 (Tier 1)	PA
<i>linezolid suspension reconstituted 100mg/5ml</i>	\$0 (Tier 1)	QL (1800 ML per 30 days) MO
<i>linezolid tablet 600mg</i>	\$0 (Tier 1)	QL (56 EA per 28 days) MO
<i>meropenem injection 2gm</i>	\$0 (Tier 1)	
<i>meropenem injection 1gm, 500mg</i>	\$0 (Tier 1)	MO
<i>methenamine hippurate tablet 1gm</i>	\$0 (Tier 1)	MO
<i>methenamine mandelate tablet 0.5gm, 1gm</i>	\$0 (Tier 1)	MO
<i>metronidazole capsule 375mg</i>	\$0 (Tier 1)	MO
<i>metronidazole injection 500mg/100ml</i>	\$0 (Tier 1)	
<i>metronidazole tablet 250mg, 500mg</i>	\$0 (Tier 1)	MO
<i>neomycin sulfate tablet 500mg</i>	\$0 (Tier 1)	MO
<i>nitazoxanide tablet 500mg</i>	\$0 (Tier 1)	QL (6 EA per 30 days) MO
<i>nitrofurantoin macrocrystals capsule 100mg, 50mg</i>	\$0 (Tier 1)	MO
<i>nitrofurantoin macrocrystals capsule 25mg</i>	\$0 (Tier 1)	MO
<i>nitrofurantoin monohydrate/macrocrystals capsule 100mg</i>	\$0 (Tier 1)	MO
<i>pentamidine isethionate injection 300mg</i>	\$0 (Tier 1)	MO
<i>pentamidine isethionate inhalation solution reconstituted 300mg</i>	\$0 (Tier 1)	B/D MO
<i>praziquantel tablet 600mg</i>	\$0 (Tier 1)	MO
<i>pyrimethamine tablet 25mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) PA MO
SIVEXTRO INJECTION 200MG	\$0 (Tier 1)	
SIVEXTRO TABLET 200MG	\$0 (Tier 1)	MO
<i>streptomycin sulfate injection 1gm</i>	\$0 (Tier 1)	MO
<i>sulfadiazine tablet 500mg</i>	\$0 (Tier 1)	MO
<i>sulfamethoxazole/trimethoprim ds tablet 800mg; 160mg</i>	\$0 (Tier 1)	MO
<i>sulfamethoxazole/trimethoprim injection 400mg/5ml; 80mg/5ml</i>	\$0 (Tier 1)	MO
<i>sulfamethoxazole/trimethoprim suspension 200mg/5ml; 40mg/5ml</i>	\$0 (Tier 1)	MO
<i>sulfamethoxazole/trimethoprim tablet 400mg; 80mg</i>	\$0 (Tier 1)	MO
<i>tinidazole tablet 250mg, 500mg</i>	\$0 (Tier 1)	MO
TOBI PODHALER CAPSULE 28MG	\$0 (Tier 1)	QL (224 EA per 56 days) PA; ACS LD

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>tobramycin sulfate injection 10mg/ml, 40mg/ml</i>	\$0 (Tier 1)	
<i>tobramycin sulfate injection 1.2gm/30ml, 80mg/2ml</i>	\$0 (Tier 1)	MO
<i>tobramycin sulfate injection 1.2gm</i>	\$0 (Tier 1)	
<i>tobramycin nebulization solution 300mg/5ml</i>	\$0 (Tier 1)	QL (280 ML per 56 days) PA; ACS
<i>trimethoprim tablet 100mg</i>	\$0 (Tier 1)	MO
TYZAVAN INJECTION 1000MG/200ML, 1250MG/250ML, 1500MG/300ML, 1750MG/350ML, 2000MG/400ML, 500MG/100ML, 750MG/150ML	\$0 (Tier 1)	
VANCOMYCIN HCL INJECTION 0.9%; 1GM/200ML	\$0 (Tier 1)	
<i>vancomycin hcl injection 100gm, 10gm</i>	\$0 (Tier 1)	
<i>vancomycin hydrochloride capsule 125mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i>vancomycin hydrochloride capsule 250mg</i>	\$0 (Tier 1)	QL (240 EA per 30 days) MO
VANCOMYCIN HYDROCHLORIDE INJECTION 1000MG/200ML, 1250MG/250ML, 1500MG/300ML, 1750MG/350ML, 500MG/100ML, 750MG/150ML	\$0 (Tier 1)	
<i>vancomycin hydrochloride injection 1.25gm, 1.5gm, 1.75gm, 1gm, 2gm, 500mg, 5gm, 750mg</i>	\$0 (Tier 1)	
VANCOMYCIN INJECTION 0.9%; 500MG/100ML, 0.9%; 750MG/150ML, 2000MG/400ML	\$0 (Tier 1)	
ANTIFUNGALS		
ABELCET INJECTION 5MG/ML	\$0 (Tier 1)	B/D
<i>amphotericin b liposome injection 50mg</i>	\$0 (Tier 1)	B/D MO
<i>amphotericin b injection 50mg</i>	\$0 (Tier 1)	B/D MO
<i>caspofungin acetate injection 50mg, 70mg</i>	\$0 (Tier 1)	
CRESEMBA CAPSULE 74.5MG	\$0 (Tier 1)	QL (175 EA per 30 days) MO
CRESEMBA CAPSULE 186MG	\$0 (Tier 1)	QL (70 EA per 30 days) MO
<i>fluconazole in sodium chloride injection 200mg/100ml; 0.9%, 400mg/200ml; 0.9%</i>	\$0 (Tier 1)	
<i>fluconazole/sodium chloride injection 100mg/50ml; 0.9%</i>	\$0 (Tier 1)	
<i>fluconazole suspension reconstituted 10mg/ml, 40mg/ml</i>	\$0 (Tier 1)	MO
<i>fluconazole tablet 100mg, 150mg, 200mg, 50mg</i>	\$0 (Tier 1)	MO



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>flucytosine capsule 250mg, 500mg</i>	\$0 (Tier 1)	PA MO
<i>griseofulvin microsize suspension 125mg/5ml</i>	\$0 (Tier 1)	MO
<i>griseofulvin microsize tablet 500mg</i>	\$0 (Tier 1)	MO
<i>griseofulvin ultramicrosize tablet 125mg, 250mg</i>	\$0 (Tier 1)	MO
<i>itraconazole capsule 100mg</i>	\$0 (Tier 1)	PA MO
<i>ketoconazole tablet 200mg</i>	\$0 (Tier 1)	PA MO
<i>micafungin injection 100mg, 50mg</i>	\$0 (Tier 1)	
MYCAMINE INJECTION 50MG	\$0 (Tier 1)	MO
<i>nystatin tablet 500000unit</i>	\$0 (Tier 1)	MO
<i>posaconazole dr tablet delayed release 100mg</i>	\$0 (Tier 1)	QL (93 EA per 30 days) PA MO
<i>posaconazole suspension 40mg/ml</i>	\$0 (Tier 1)	QL (630 ML per 30 days) PA MO
<i>terbinafine hcl tablet 250mg</i>	\$0 (Tier 1)	QL (90 EA per 365 days) MO
<i>voriconazole injection 200mg</i>	\$0 (Tier 1)	PA
<i>voriconazole suspension reconstituted 40mg/ml</i>	\$0 (Tier 1)	PA MO
<i>voriconazole tablet 200mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i>voriconazole tablet 50mg</i>	\$0 (Tier 1)	QL (480 EA per 30 days) MO
ANTIMALARIALS		
<i>atovaquone/proguanil hcl tablet 62.5mg; 25mg</i>	\$0 (Tier 1)	MO
<i>atovaquone/proguanil hydrochloride tablet 250mg; 100mg</i>	\$0 (Tier 1)	MO
<i>chloroquine phosphate tablet 250mg, 500mg</i>	\$0 (Tier 1)	MO
COARTEM TABLET 20MG; 120MG	\$0 (Tier 1)	MO
<i>mefloquine hydrochloride tablet 250mg</i>	\$0 (Tier 1)	MO
<i>primaquine phosphate tablet 26.3mg</i>	\$0 (Tier 1)	
<i>quinine sulfate capsule 324mg</i>	\$0 (Tier 1)	PA MO
ANTIRETROVIRAL AGENTS		
<i>abacavir solution 20mg/ml</i>	\$0 (Tier 1)	MO
<i>abacavir tablet 300mg</i>	\$0 (Tier 1)	MO
APTIVUS CAPSULE 250MG	\$0 (Tier 1)	MO
<i>atazanavir sulfate capsule 300mg</i>	\$0 (Tier 1)	MO
<i>atazanavir capsule 150mg, 200mg</i>	\$0 (Tier 1)	MO
<i>darunavir tablet 600mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>darunavir tablet 800mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
EDURANT PED TABLET SOLUBLE 2.5MG	\$0 (Tier 1)	MO
EDURANT TABLET 25MG	\$0 (Tier 1)	MO
<i>efavirenz tablet 600mg</i>	\$0 (Tier 1)	MO

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>emtricitabine capsule 200mg</i>	\$0 (Tier 1)	MO
EMTRIVA SOLUTION 10MG/ML	\$0 (Tier 1)	MO
<i>etravirine tablet 100mg, 200mg</i>	\$0 (Tier 1)	MO
<i>fosamprenavir calcium tablet 700mg</i>	\$0 (Tier 1)	MO
FUZEON INJECTION 90MG	\$0 (Tier 1)	MO; LD
INTELENCE TABLET 25MG	\$0 (Tier 1)	
ISENTRESS HD TABLET 600MG	\$0 (Tier 1)	MO
ISENTRESS PACKET 100MG	\$0 (Tier 1)	MO
ISENTRESS TABLET CHEWABLE 25MG	\$0 (Tier 1)	MO
ISENTRESS TABLET CHEWABLE 100MG	\$0 (Tier 1)	MO
ISENTRESS TABLET 400MG	\$0 (Tier 1)	MO
<i>lamivudine solution 10mg/ml</i>	\$0 (Tier 1)	MO
<i>lamivudine tablet 150mg, 300mg</i>	\$0 (Tier 1)	MO
<i>maraviroc tablet 150mg, 300mg</i>	\$0 (Tier 1)	MO
<i>nevirapine er tablet extended release 24 hour 400mg</i>	\$0 (Tier 1)	MO
<i>nevirapine suspension 50mg/5ml</i>	\$0 (Tier 1)	MO
<i>nevirapine tablet 200mg</i>	\$0 (Tier 1)	MO
NORVIR PACKET 100MG	\$0 (Tier 1)	MO
PIFELTRO TABLET 100MG	\$0 (Tier 1)	MO
PREZISTA SUSPENSION 100MG/ML	\$0 (Tier 1)	QL (400 ML per 30 days) MO
PREZISTA TABLET 150MG	\$0 (Tier 1)	QL (240 EA per 30 days) MO
PREZISTA TABLET 75MG	\$0 (Tier 1)	QL (480 EA per 30 days) MO
REYATAZ PACKET 50MG	\$0 (Tier 1)	MO
<i>ritonavir tablet 100mg</i>	\$0 (Tier 1)	MO
RUKOBIA TABLET EXTENDED RELEASE 12 HOUR 600MG	\$0 (Tier 1)	MO
SELZENTRY SOLUTION 20MG/ML	\$0 (Tier 1)	MO
SUNLENCA INJECTION 463.5MG/1.5ML	\$0 (Tier 1)	QL (3 ML per 180 days) MO; LD
SUNLENCA TABLET THERAPY PACK 300MG	\$0 (Tier 1)	MO; LD
SUNLENCA TABLET 300MG	\$0 (Tier 1)	MO; LD
<i>tenofovir disoproxil fumarate tablet 300mg</i>	\$0 (Tier 1)	MO
TIVICAY PD TABLET SOLUBLE 5MG	\$0 (Tier 1)	MO
TIVICAY TABLET 50MG	\$0 (Tier 1)	MO
TROGARZO INJECTION 200MG/1.33ML	\$0 (Tier 1)	MO; LD



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
TYBOST TABLET 150MG	\$0 (Tier 1)	MO
VIRACEPT TABLET 250MG, 625MG	\$0 (Tier 1)	MO
VIREAD POWDER 40MG/GM	\$0 (Tier 1)	MO
VIREAD TABLET 150MG, 200MG, 250MG	\$0 (Tier 1)	MO
<i>zidovudine capsule 100mg</i>	\$0 (Tier 1)	MO
<i>zidovudine syrup 50mg/5ml</i>	\$0 (Tier 1)	MO
<i>zidovudine tablet 300mg</i>	\$0 (Tier 1)	MO
ANTIRETROVIRAL COMBINATION AGENTS		
<i>abacavir sulfate/lamivudine tablet 600mg; 300mg</i>	\$0 (Tier 1)	MO
BIKTARVY TABLET 30MG; 120MG; 15MG, 50MG; 200MG; 25MG	\$0 (Tier 1)	MO
CIMDUO TABLET 300MG; 300MG	\$0 (Tier 1)	MO
DELSTRIGO TABLET 100MG; 300MG; 300MG	\$0 (Tier 1)	MO
DESCOVY TABLET 120MG; 15MG, 200MG; 25MG	\$0 (Tier 1)	MO
DOVATO TABLET 50MG; 300MG	\$0 (Tier 1)	MO
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate tablet 600mg; 200mg; 300mg</i>	\$0 (Tier 1)	MO
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate tablet 400mg; 300mg; 300mg, 600mg; 300mg; 300mg</i>	\$0 (Tier 1)	MO
<i>emtricitabine/rilpivirine/tenofovir disoproxil fumarate tablet 200mg; 25mg; 300mg</i>	\$0 (Tier 1)	MO
<i>emtricitabine/tenofovir disoproxil fumarate tablet 200mg; 300mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>emtricitabine/tenofovir disoproxil fumarate tablet 100mg; 150mg, 133mg; 200mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>emtricitabine/tenofovir disoproxil tablet 167mg; 250mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
EVOTAZ TABLET 300MG; 150MG	\$0 (Tier 1)	MO
GENVOYA TABLET 150MG; 150MG; 200MG; 10MG	\$0 (Tier 1)	MO
JULUCA TABLET 50MG; 25MG	\$0 (Tier 1)	MO
KALETRA SOLUTION 400MG/5ML; 100MG/5ML	\$0 (Tier 1)	MO
<i>lamivudine/zidovudine tablet 150mg; 300mg</i>	\$0 (Tier 1)	MO

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>lopinavir/ritonavir tablet 100mg; 25mg, 200mg; 50mg</i>	\$0 (Tier 1)	MO
ODEFSEY TABLET 200MG; 25MG; 25MG	\$0 (Tier 1)	MO
PREZCOBIX TABLET 150MG; 675MG, 150MG; 800MG	\$0 (Tier 1)	MO
STRIBILD TABLET 150MG; 150MG; 200MG; 300MG	\$0 (Tier 1)	MO
SYMTUZA TABLET 150MG; 800MG; 200MG; 10MG	\$0 (Tier 1)	MO
TRIUMEQ PD TABLET SOLUBLE 60MG; 5MG; 30MG	\$0 (Tier 1)	MO
TRIUMEQ TABLET 600MG; 50MG; 300MG	\$0 (Tier 1)	MO
ANTITUBERCULAR AGENTS		
<i>cycloserine capsule 250mg</i>	\$0 (Tier 1)	MO
<i>ethambutol hydrochloride tablet 100mg, 400mg</i>	\$0 (Tier 1)	MO
<i>isoniazid injection 100mg/ml</i>	\$0 (Tier 1)	
<i>isoniazid syrup 50mg/5ml</i>	\$0 (Tier 1)	MO
<i>isoniazid tablet 100mg, 300mg</i>	\$0 (Tier 1)	MO
PRETOMANID TABLET 200MG	\$0 (Tier 1)	QL (30 EA per 30 days) PA MO
PRIFTIN TABLET 150MG	\$0 (Tier 1)	MO
<i>pyrazinamide tablet 500mg</i>	\$0 (Tier 1)	MO
<i>rifabutin capsule 150mg</i>	\$0 (Tier 1)	MO
<i>rifampin capsule 150mg, 300mg</i>	\$0 (Tier 1)	MO
<i>rifampin injection 600mg</i>	\$0 (Tier 1)	
SIRTURO TABLET 100MG, 20MG	\$0 (Tier 1)	PA; ACS LD
TRECTOR TABLET 250MG	\$0 (Tier 1)	MO
ANTIVIRALS		
<i>acyclovir sodium injection 50mg/ml</i>	\$0 (Tier 1)	B/D
<i>acyclovir capsule 200mg</i>	\$0 (Tier 1)	MO
<i>acyclovir suspension 200mg/5ml</i>	\$0 (Tier 1)	MO
<i>acyclovir tablet 400mg, 800mg</i>	\$0 (Tier 1)	MO
<i>adefovir dipivoxil tablet 10mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
BARACLUDE SOLUTION 0.05MG/ML	\$0 (Tier 1)	QL (630 ML per 30 days) MO
<i>entecavir tablet 0.5mg, 1mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
EPCLUSA PACKET 150MG; 37.5MG, 200MG; 50MG	\$0 (Tier 1)	PA; ACS



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
EPCLUSA TABLET 200MG; 50MG, 400MG; 100MG	\$0 (Tier 1)	PA; ACS
<i>famciclovir tablet 500mg</i>	\$0 (Tier 1)	QL (21 EA per 30 days) MO
<i>famciclovir tablet 125mg, 250mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>ganciclovir injection 500mg/10ml, 500mg</i>	\$0 (Tier 1)	B/D
<i>lamivudine tablet 100mg</i>	\$0 (Tier 1)	MO
LIVTENCITY TABLET 200MG	\$0 (Tier 1)	QL (336 EA per 28 days) PA; LD
MAVYRET PACKET 50MG; 20MG	\$0 (Tier 1)	PA; ACS
MAVYRET TABLET 100MG; 40MG	\$0 (Tier 1)	PA; ACS
<i>oseltamivir phosphate capsule 30mg</i>	\$0 (Tier 1)	QL (168 EA per 365 days) MO
<i>oseltamivir phosphate capsule 45mg, 75mg</i>	\$0 (Tier 1)	QL (84 EA per 365 days) MO
<i>oseltamivir phosphate suspension reconstituted 6mg/ml</i>	\$0 (Tier 1)	QL (1080 ML per 365 days) MO
PAXLOVID TABLET 5 DAY THERAPY PACK 150MG; 100MG AND 300MG; 100MG	\$0 (Tier 1)	QL (22 EA per 180 days)
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	\$0 (Tier 1)	QL (40 EA per 180 days)
PAXLOVID TABLET THERAPY PACK 300MG; 100MG	\$0 (Tier 1)	QL (60 EA per 180 days)
PEGASYS INJECTION 180MCG/0.5ML, 180MCG/ML	\$0 (Tier 1)	PA; ACS LD
PREVYMIS PACKET 120MG, 20MG	\$0 (Tier 1)	QL (120 EA per 30 days) PA MO
PREVYMIS TABLET 240MG, 480MG	\$0 (Tier 1)	QL (28 EA per 28 days) PA MO
RELENZA DISKHALER AEROSOL POWDER BREATH ACTIVATED 5MG/BLISTER	\$0 (Tier 1)	QL (120 EA per 365 days) MO
<i>ribavirin capsule 200mg</i>	\$0 (Tier 1)	ACS
<i>ribavirin tablet 200mg</i>	\$0 (Tier 1)	ACS
<i>rimantadine hydrochloride tablet 100mg</i>	\$0 (Tier 1)	MO
<i>valacyclovir hydrochloride tablet 1gm, 500mg</i>	\$0 (Tier 1)	MO
<i>valganciclovir hydrochloride solution reconstituted 50mg/ml</i>	\$0 (Tier 1)	MO
<i>valganciclovir tablet 450mg</i>	\$0 (Tier 1)	MO
VOSEVI TABLET 400MG; 100MG; 100MG	\$0 (Tier 1)	QL (28 EA per 28 days) PA; ACS
CEPHALOSPORINS		
CEFACTOR ER TABLET EXTENDED RELEASE 12 HOUR 500MG	\$0 (Tier 1)	MO
<i>ceftazidime tablet 250mg, 500mg</i>	\$0 (Tier 1)	MO

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>cefaclor suspension reconstituted 250mg/5ml</i>	\$0 (Tier 1)	
<i>cefadroxil capsule 500mg</i>	\$0 (Tier 1)	MO
<i>cefadroxil suspension reconstituted 250mg/5ml, 500mg/5ml</i>	\$0 (Tier 1)	MO
<i>cefadroxil tablet 1gm</i>	\$0 (Tier 1)	MO
CEFAZOLIN SODIUM INJECTION 1GM/50ML; 4%	\$0 (Tier 1)	
CEFAZOLIN SODIUM INJECTION 100GM, 300GM	\$0 (Tier 1)	
<i>cefazolin sodium iv injection 1gm</i>	\$0 (Tier 1)	
<i>cefazolin sodium injection 10gm, 1gm, 500mg</i>	\$0 (Tier 1)	MO
CEFAZOLIN/DEXTROSE INJECTION 3GM/150ML; 4%	\$0 (Tier 1)	
CEFAZOLIN INJECTION 2GM/100ML; 4%	\$0 (Tier 1)	
CEFAZOLIN IV INJECTION 2GM, 3GM	\$0 (Tier 1)	
<i>cefazolin injection 3gm</i>	\$0 (Tier 1)	
<i>cefazolin injection 2gm</i>	\$0 (Tier 1)	MO
<i>cefdinir capsule 300mg</i>	\$0 (Tier 1)	MO
<i>cefdinir suspension reconstituted 125mg/5ml, 250mg/5ml</i>	\$0 (Tier 1)	MO
<i>cefepime injection 1gm, 2gm</i>	\$0 (Tier 1)	MO
<i>cefixime capsule 400mg</i>	\$0 (Tier 1)	MO
<i>cefixime suspension reconstituted 100mg/5ml, 200mg/5ml</i>	\$0 (Tier 1)	MO
<i>cefotetan injection 1gm, 2gm</i>	\$0 (Tier 1)	
<i>cefoxitin sodium injection 10gm, 1gm, 2gm</i>	\$0 (Tier 1)	
<i>cefpodoxime proxetil suspension reconstituted 100mg/5ml, 50mg/5ml</i>	\$0 (Tier 1)	MO
<i>cefpodoxime proxetil tablet 100mg, 200mg</i>	\$0 (Tier 1)	MO
<i>cefprozil suspension reconstituted 125mg/5ml, 250mg/5ml</i>	\$0 (Tier 1)	MO
<i>cefprozil tablet 250mg, 500mg</i>	\$0 (Tier 1)	MO
<i>ceftazidime injection 2gm, 6gm</i>	\$0 (Tier 1)	
<i>ceftazidime injection 1gm</i>	\$0 (Tier 1)	MO
<i>ceftriaxone in iso-osmotic dextrose injection 1gm/50ml, 2gm/50ml</i>	\$0 (Tier 1)	
CEFTRIAZONE SODIUM INJECTION 100GM	\$0 (Tier 1)	



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>ceftriaxone sodium injection 1gm</i>	\$0 (Tier 1)	
<i>ceftriaxone sodium injection 10gm, 1gm im or iv, 250mg, 2gm, 500mg</i>	\$0 (Tier 1)	MO
<i>cefuroxime axetil tablet 250mg, 500mg</i>	\$0 (Tier 1)	MO
<i>cefuroxime sodium injection 1.5gm</i>	\$0 (Tier 1)	
<i>cefuroxime sodium injection 750mg</i>	\$0 (Tier 1)	MO
<i>cephalexin capsule 250mg, 500mg</i>	\$0 (Tier 1)	MO
<i>cephalexin capsule 750mg</i>	\$0 (Tier 1)	MO
<i>cephalexin suspension reconstituted 125mg/5ml, 250mg/5ml</i>	\$0 (Tier 1)	MO
<i>cephalexin tablet 250mg, 500mg</i>	\$0 (Tier 1)	MO
<i>tazicef injection 1gm, 2gm, 6gm</i>	\$0 (Tier 1)	
TEFLARO INJECTION 400MG, 600MG	\$0 (Tier 1)	
ERYTHROMYCINS/MACROLIDES		
<i>azithromycin injection 500mg</i>	\$0 (Tier 1)	MO
<i>azithromycin suspension reconstituted 100mg/5ml, 200mg/5ml</i>	\$0 (Tier 1)	MO
<i>azithromycin tablet 250mg, 500mg, 600mg</i>	\$0 (Tier 1)	MO
<i>clarithromycin er tablet extended release 24 hour 500mg</i>	\$0 (Tier 1)	MO
<i>clarithromycin suspension reconstituted 125mg/5ml, 250mg/5ml</i>	\$0 (Tier 1)	MO
<i>clarithromycin tablet 250mg, 500mg</i>	\$0 (Tier 1)	MO
DIFICID SUSPENSION RECONSTITUTED 40MG/ML	\$0 (Tier 1)	MO
DIFICID TABLET 200MG	\$0 (Tier 1)	MO
<i>erythromycin base tablet 250mg, 500mg</i>	\$0 (Tier 1)	MO
<i>erythromycin dr capsule delayed release particles 250mg</i>	\$0 (Tier 1)	MO
<i>erythromycin dr tablet delayed release 250mg, 333mg, 500mg</i>	\$0 (Tier 1)	MO
<i>erythromycin ethylsuccinate tablet 400mg</i>	\$0 (Tier 1)	
<i>erythromycin lactobionate injection 500mg</i>	\$0 (Tier 1)	
<i>fidaxomicin tablet 200mg</i>	\$0 (Tier 1)	MO
FLUOROQUINOLONES		
<i>ciprofloxacin hcl tablet 750mg</i>	\$0 (Tier 1)	MO
<i>ciprofloxacin hydrochloride tablet 250mg, 500mg</i>	\$0 (Tier 1)	MO

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>ciprofloxacin i.v.-in d5w injection 200mg/100ml; 5%</i>	\$0 (Tier 1)	
<i>ciprofloxacin i.v.-in d5w injection 400mg/200ml; 5%</i>	\$0 (Tier 1)	MO
<i>levofloxacin in d5w injection 5%; 250mg/50ml, 5%; 500mg/100ml, 5%; 750mg/150ml</i>	\$0 (Tier 1)	
<i>levofloxacin injection 25mg/ml</i>	\$0 (Tier 1)	
<i>levofloxacin oral solution 25mg/ml</i>	\$0 (Tier 1)	MO
<i>levofloxacin tablet 250mg, 500mg, 750mg</i>	\$0 (Tier 1)	MO
<i>moxifloxacin hydrochloride/sodium hydrochloride injection 400mg/250ml; 0.8%</i>	\$0 (Tier 1)	
MOXIFLOXACIN HYDROCHLORIDE INJECTION 400MG/250ML	\$0 (Tier 1)	
<i>moxifloxacin hydrochloride tablet 400mg</i>	\$0 (Tier 1)	MO
PENICILLINS		
<i>amoxicillin/clavulanate potassium er tablet extended release 12 hour 1000mg; 62.5mg</i>	\$0 (Tier 1)	MO
<i>amoxicillin/clavulanate potassium suspension reconstituted 200mg/5ml; 28.5mg/5ml, 400mg/5ml; 57mg/5ml, 600mg/5ml; 42.9mg/5ml</i>	\$0 (Tier 1)	MO
<i>amoxicillin/clavulanate potassium suspension reconstituted 250mg/5ml; 62.5mg/5ml</i>	\$0 (Tier 1)	MO
<i>amoxicillin/clavulanate potassium tablet 500mg; 125mg, 875mg; 125mg</i>	\$0 (Tier 1)	MO
<i>amoxicillin/clavulanate potassium tablet 250mg; 125mg</i>	\$0 (Tier 1)	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 1)	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, 125mg, 1gm i.v., 250mg, 2gm i.v.</i>	\$0 (Tier 1)	
<i>ampicillin sodium injection 1gm, 2gm, 500mg</i>	\$0 (Tier 1)	MO
<i>ampicillin-sulbactam injection 10gm; 5gm, 1gm; 0.5gm, 2gm; 1gm</i>	\$0 (Tier 1)	
<i>ampicillin/sulbactam injection 2gm; 1gm</i>	\$0 (Tier 1)	
<i>ampicillin capsule 500mg</i>	\$0 (Tier 1)	MO



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 1)	MO
<i>dicloxacillin sodium capsule 250mg, 500mg</i>	\$0 (Tier 1)	MO
EXTENCILLINE INJECTION 1200000UNIT, 2400000UNIT	\$0 (Tier 1)	
LENTOCILIN INJECTION 1200000UNIT	\$0 (Tier 1)	
<i>nafcillin sodium injection 1gm</i>	\$0 (Tier 1)	
<i>nafcillin sodium injection 2gm</i>	\$0 (Tier 1)	MO
<i>nafcillin sodium injection 10gm</i>	\$0 (Tier 1)	
<i>oxacillin sodium injection 10gm, 1gm, 2gm</i>	\$0 (Tier 1)	
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE INJECTION 40000UNIT/ML, 60000UNIT/ML	\$0 (Tier 1)	
<i>penicillin g potassium injection 20000000unit, 5000000unit</i>	\$0 (Tier 1)	MO
<i>penicillin g sodium injection 5000000unit</i>	\$0 (Tier 1)	
<i>penicillin v potassium solution reconstituted 125mg/5ml, 250mg/5ml</i>	\$0 (Tier 1)	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 1)	
TETRACYCLINES		
<i>doxy 100 injection 100mg</i>	\$0 (Tier 1)	MO
<i>doxycycline hyclate capsule 100mg, 50mg</i>	\$0 (Tier 1)	MO
<i>doxycycline hyclate injection 100mg</i>	\$0 (Tier 1)	MO
<i>doxycycline hyclate tablet 100mg, 20mg</i>	\$0 (Tier 1)	MO
<i>doxycycline monohydrate capsule 50mg</i>	\$0 (Tier 1)	MO
<i>doxycycline monohydrate capsule 100mg, 150mg, 75mg</i>	\$0 (Tier 1)	MO
<i>doxycycline monohydrate tablet 100mg, 50mg, 75mg</i>	\$0 (Tier 1)	MO
<i>doxycycline monohydrate tablet 150mg</i>	\$0 (Tier 1)	MO
<i>doxycycline suspension reconstituted 25mg/5ml</i>	\$0 (Tier 1)	MO
<i>minocycline hcl capsule 75mg</i>	\$0 (Tier 1)	MO
<i>minocycline hcl tablet 75mg</i>	\$0 (Tier 1)	ST MO
<i>minocycline hydrochloride capsule 100mg, 50mg</i>	\$0 (Tier 1)	MO

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>minocycline hydrochloride tablet 50mg</i>	\$0 (Tier 1)	ST MO
<i>mondoxyne nl capsule 100mg</i>	\$0 (Tier 1)	
NUZYRA INJECTION 100MG	\$0 (Tier 1)	ACS LD
NUZYRA TABLET 150MG	\$0 (Tier 1)	ACS LD
<i>tetracycline hydrochloride capsule 250mg, 500mg</i>	\$0 (Tier 1)	MO
<i>tigecycline injection 50mg</i>	\$0 (Tier 1)	
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
<i>cyclophosphamide capsule 25mg, 50mg</i>	\$0 (Tier 1)	PA MO
CYCLOPHOSPHAMIDE TABLET 25MG, 50MG	\$0 (Tier 1)	PA
GLEOSTINE CAPSULE 10MG, 40MG	\$0 (Tier 1)	ACS
GLEOSTINE CAPSULE 100MG	\$0 (Tier 1)	ACS
LEUKERAN TABLET 2MG	\$0 (Tier 1)	MO
<i>lomustine capsule 10mg, 40mg</i>	\$0 (Tier 1)	ACS
<i>lomustine capsule 100mg</i>	\$0 (Tier 1)	ACS
ANTIMETABOLITES		
INQOVI TABLET 100MG; 35MG	\$0 (Tier 1)	QL (5 EA per 28 days) PA; ACS LD
LONSURF TABLET 6.14MG; 15MG, 8.19MG; 20MG	\$0 (Tier 1)	PA; ACS LD
<i>mercaptopurine suspension 2000mg/100ml</i>	\$0 (Tier 1)	ACS
<i>mercaptopurine tablet 50mg</i>	\$0 (Tier 1)	MO
<i>methotrexate sodium injection 1gm/40ml</i>	\$0 (Tier 1)	
<i>methotrexate sodium injection 250mg/10ml, 50mg/2ml</i>	\$0 (Tier 1)	MO
<i>methotrexate sodium injection 1gm</i>	\$0 (Tier 1)	
<i>methotrexate injection 50mg/2ml</i>	\$0 (Tier 1)	MO
ONUREG TABLET 200MG, 300MG	\$0 (Tier 1)	QL (14 EA per 28 days) PA; ACS LD
PURIXAN SUSPENSION 2000MG/100ML	\$0 (Tier 1)	ACS LD
TABLOID TABLET 40MG	\$0 (Tier 1)	MO
HORMONAL ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate tablet 250mg, 500mg</i>	\$0 (Tier 1)	PA; ACS
<i>abirtega tablet 250mg</i>	\$0 (Tier 1)	PA; ACS
AKEEGA TABLET 500MG; 100MG, 500MG; 50MG	\$0 (Tier 1)	QL (60 EA per 30 days) PA; LD
<i>anastrozole tablet 1mg</i>	\$0 (Tier 1)	MO



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 1)	MO
ELIGARD INJECTION 22.5MG, 30MG, 45MG, 7.5MG	\$0 (Tier 1)	PA; ACS
ERLEADA TABLET 240MG, 60MG	\$0 (Tier 1)	PA; ACS LD
EULEXIN CAPSULE 125MG	\$0 (Tier 1)	
<i>exemestane tablet 25mg</i>	\$0 (Tier 1)	MO
FIRMAGON INJECTION 80MG	\$0 (Tier 1)	PA; ACS
FIRMAGON INJECTION 120MG/VIAL	\$0 (Tier 1)	PA; ACS
INLURIYO TABLET 200MG	\$0 (Tier 1)	QL (56 EA per 28 days) PA; LD
<i>letrozole tablet 2.5mg</i>	\$0 (Tier 1)	MO
<i>leuprolide acetate injection 1mg/0.2ml</i>	\$0 (Tier 1)	PA; ACS
LUPRON DEPOT (1-MONTH) INJECTION 3.75MG	\$0 (Tier 1)	PA; ACS
LUPRON DEPOT (3-MONTH) INJECTION 11.25MG	\$0 (Tier 1)	PA; ACS
LYSODREN TABLET 500MG	\$0 (Tier 1)	LD
<i>megestrol acetate tablet 20mg, 40mg</i>	\$0 (Tier 1)	MO
<i>nilutamide tablet 150mg</i>	\$0 (Tier 1)	MO
NUBEQA TABLET 300MG	\$0 (Tier 1)	PA; ACS LD
ORGOVYX TABLET 120MG	\$0 (Tier 1)	PA; LD
ORSERDU TABLET 345MG	\$0 (Tier 1)	QL (30 EA per 30 days) PA; LD
ORSERDU TABLET 86MG	\$0 (Tier 1)	QL (90 EA per 30 days) PA; LD
SOLTAMOX SOLUTION 10MG/5ML	\$0 (Tier 1)	MO
<i>tamoxifen citrate tablet 10mg, 20mg</i>	\$0 (Tier 1)	MO
<i>toremifene citrate tablet 60mg</i>	\$0 (Tier 1)	PA MO
XTANDI CAPSULE 40MG	\$0 (Tier 1)	PA; ACS LD
XTANDI TABLET 40MG, 80MG	\$0 (Tier 1)	PA; ACS LD
YONSA TABLET 125MG	\$0 (Tier 1)	QL (120 EA per 30 days) PA; ACS LD
IMMUNOMODULATORS		
<i>lenalidomide capsule 20mg, 25mg</i>	\$0 (Tier 1)	QL (21 EA per 28 days) PA; ACS LD
<i>lenalidomide capsule 10mg, 15mg, 2.5mg, 5mg</i>	\$0 (Tier 1)	QL (28 EA per 28 days) PA; ACS LD
POMALYST CAPSULE 1MG, 2MG, 3MG, 4MG	\$0 (Tier 1)	QL (21 EA per 28 days) PA; ACS LD

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
THALOMID CAPSULE 100MG	\$0 (Tier 1)	QL (112 EA per 28 days) PA; ACS LD
THALOMID CAPSULE 50MG	\$0 (Tier 1)	QL (224 EA per 28 days) PA; ACS LD
MISCELLANEOUS		
ASPARLAS INJECTION 3750UNIT/5ML	\$0 (Tier 1)	PA; LD
BESREMI INJECTION 500MCG/ML	\$0 (Tier 1)	QL (2 ML per 28 days) PA; LD
<i>bexarotene capsule 75mg</i>	\$0 (Tier 1)	PA; ACS
<i>hydroxyurea capsule 500mg</i>	\$0 (Tier 1)	MO
IWILFIN TABLET 192MG	\$0 (Tier 1)	QL (240 EA per 30 days) PA; LD
<i>leucovorin calcium tablet 10mg, 15mg, 25mg, 5mg</i>	\$0 (Tier 1)	MO
MATULANE CAPSULE 50MG	\$0 (Tier 1)	LD
<i>mesna tablet 400mg</i>	\$0 (Tier 1)	MO
MODEYSO CAPSULE 125MG	\$0 (Tier 1)	QL (20 EA per 28 days) PA; LD
ONCASPAR INJECTION 750UNIT/ML	\$0 (Tier 1)	PA; LD
<i>tretinoin capsule 10mg</i>	\$0 (Tier 1)	MO
WELIREG TABLET 40MG	\$0 (Tier 1)	QL (90 EA per 30 days) PA; LD
MOLECULAR TARGET AGENTS		
ALECENSA CAPSULE 150MG	\$0 (Tier 1)	QL (240 EA per 30 days) PA; ACS LD
ALUNBRIG TABLET THERAPY PACK 90MG; 180MG	\$0 (Tier 1)	PA; LD
ALUNBRIG TABLET 30MG	\$0 (Tier 1)	QL (120 EA per 30 days) PA; LD
ALUNBRIG TABLET 180MG, 90MG	\$0 (Tier 1)	QL (30 EA per 30 days) PA; LD
AUGTYRO CAPSULE 40MG	\$0 (Tier 1)	QL (240 EA per 30 days) PA; LD
AUGTYRO CAPSULE 160MG	\$0 (Tier 1)	QL (60 EA per 30 days) PA; LD
AVMAPKI FAKZYNJA CO-PACK THERAPY PACK 0.8MG; 200MG	\$0 (Tier 1)	QL (66 EA per 28 days) PA; LD
AYVAKIT TABLET 100MG, 200MG, 25MG, 300MG, 50MG	\$0 (Tier 1)	QL (30 EA per 30 days) PA; LD
BALVERSA TABLET 5MG	\$0 (Tier 1)	QL (28 EA per 28 days) PA; ACS LD
BALVERSA TABLET 4MG	\$0 (Tier 1)	QL (56 EA per 28 days) PA; ACS LD
BALVERSA TABLET 3MG	\$0 (Tier 1)	QL (84 EA per 28 days) PA; ACS LD



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
BOSULIF CAPSULE 100MG	\$0 (Tier 1)	QL (150 EA per 25 days) PA; ACS LD
BOSULIF CAPSULE 50MG	\$0 (Tier 1)	QL (360 EA per 30 days) PA; ACS LD
BOSULIF TABLET 100MG	\$0 (Tier 1)	QL (180 EA per 30 days) PA; ACS LD
BOSULIF TABLET 400MG, 500MG	\$0 (Tier 1)	QL (30 EA per 30 days) PA; ACS LD
BRAFTOVI CAPSULE 75MG	\$0 (Tier 1)	QL (180 EA per 30 days) PA; ACS LD
BRUKINSA CAPSULE 80MG	\$0 (Tier 1)	QL (120 EA per 30 days) PA; LD
BRUKINSA TABLET 160MG	\$0 (Tier 1)	QL (60 EA per 30 days) PA; LD
CABOMETYX TABLET 20MG, 40MG, 60MG	\$0 (Tier 1)	QL (30 EA per 30 days) PA; ACS LD
CALQUENCE TABLET 100MG	\$0 (Tier 1)	QL (60 EA per 30 days) PA; LD
CAPRELSA TABLET 300MG	\$0 (Tier 1)	QL (30 EA per 30 days) PA; LD
CAPRELSA TABLET 100MG	\$0 (Tier 1)	QL (60 EA per 30 days) PA; LD
COMETRIQ KIT 140MG DAILY	\$0 (Tier 1)	QL (112 EA per 28 days) PA; ACS LD
COMETRIQ KIT 100MG DAILY	\$0 (Tier 1)	QL (56 EA per 28 days) PA; ACS LD
COMETRIQ KIT 60MG DAILY	\$0 (Tier 1)	QL (84 EA per 28 days) PA; ACS LD
COPIKTRA CAPSULE 15MG, 25MG	\$0 (Tier 1)	QL (56 EA per 28 days) PA; ACS LD
COTELLIC TABLET 20MG	\$0 (Tier 1)	QL (63 EA per 28 days) PA; ACS LD
DANZITEN TABLET 71MG, 95MG	\$0 (Tier 1)	QL (112 EA per 28 days) PA; LD
<i>dasatinib tablet 100mg, 140mg, 50mg, 70mg, 80mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) PA; ACS
<i>dasatinib tablet 20mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) PA; ACS
DAURISMO TABLET 100MG	\$0 (Tier 1)	QL (30 EA per 30 days) PA; ACS LD
DAURISMO TABLET 25MG	\$0 (Tier 1)	QL (60 EA per 30 days) PA; ACS LD
ENSACOVE CAPSULE 25MG	\$0 (Tier 1)	QL (270 EA per 30 days) PA; LD
ENSACOVE CAPSULE 100MG	\$0 (Tier 1)	QL (60 EA per 30 days) PA; LD
ERIVEDGE CAPSULE 150MG	\$0 (Tier 1)	PA; ACS LD
<i>erlotinib hydrochloride tablet 100mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) PA; ACS

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>erlotinib hydrochloride tablet 150mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) PA; ACS
<i>erlotinib hydrochloride tablet 25mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) PA; ACS
<i>everolimus tablet soluble 2mg</i>	\$0 (Tier 1)	QL (150 EA per 30 days) PA; ACS
<i>everolimus tablet soluble 5mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) PA; ACS
<i>everolimus tablet soluble 3mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) PA; ACS
<i>everolimus tablet 10mg, 2.5mg, 5mg, 7.5mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) PA; ACS
FOTIVDA CAPSULE 0.89MG, 1.34MG	\$0 (Tier 1)	QL (21 EA per 28 days) PA; LD
FRUZAQLA CAPSULE 5MG	\$0 (Tier 1)	QL (21 EA per 28 days) PA; LD
FRUZAQLA CAPSULE 1MG	\$0 (Tier 1)	QL (84 EA per 28 days) PA; LD
GAVRETO CAPSULE 100MG	\$0 (Tier 1)	QL (120 EA per 30 days) PA; LD
<i>gefitinib tablet 250mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) PA; ACS
GILOTRIF TABLET 20MG, 30MG, 40MG	\$0 (Tier 1)	QL (30 EA per 30 days) PA; LD
GOMEKLI CAPSULE 1MG	\$0 (Tier 1)	QL (126 EA per 28 days) PA; LD
GOMEKLI CAPSULE 2MG	\$0 (Tier 1)	QL (84 EA per 28 days) PA; LD
GOMEKLI TABLET SOLUBLE 1MG	\$0 (Tier 1)	QL (168 EA per 28 days) PA; LD
HERNEXEOS TABLET 60MG	\$0 (Tier 1)	QL (120 EA per 30 days) PA; LD
HYRNUO TABLET 10MG	\$0 (Tier 1)	QL (120 EA per 30 days) PA; LD
IBRANCE CAPSULE 100MG, 125MG, 75MG	\$0 (Tier 1)	QL (21 EA per 28 days) PA; ACS LD
IBRANCE TABLET 100MG, 125MG, 75MG	\$0 (Tier 1)	QL (21 EA per 28 days) PA; ACS LD
IBTROZI CAPSULE 200MG	\$0 (Tier 1)	QL (90 EA per 30 days) PA; LD
ICLUSIG TABLET 10MG, 30MG	\$0 (Tier 1)	PA; LD
ICLUSIG TABLET 15MG, 45MG	\$0 (Tier 1)	QL (30 EA per 30 days) PA; LD
IDHIFA TABLET 100MG, 50MG	\$0 (Tier 1)	QL (30 EA per 30 days) PA; ACS LD
<i>imatinib mesylate tablet 400mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) PA; ACS
<i>imatinib mesylate tablet 100mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) PA; ACS
IMBRUVICA CAPSULE 70MG	\$0 (Tier 1)	QL (30 EA per 30 days) PA; LD
IMBRUVICA CAPSULE 140MG	\$0 (Tier 1)	QL (90 EA per 30 days) PA; LD
IMBRUVICA SUSPENSION 70MG/ML	\$0 (Tier 1)	QL (216 ML per 27 days) PA; LD
IMBRUVICA TABLET 140MG, 280MG, 420MG	\$0 (Tier 1)	QL (30 EA per 30 days) PA; LD
IMKELDI SOLUTION 80MG/ML	\$0 (Tier 1)	QL (280 ML per 28 days) PA; LD
INLYTA TABLET 5MG	\$0 (Tier 1)	QL (120 EA per 30 days) PA; ACS LD
INLYTA TABLET 1MG	\$0 (Tier 1)	QL (180 EA per 30 days) PA; ACS LD



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
INREBIC CAPSULE 100MG	\$0 (Tier 1)	QL (120 EA per 30 days) PA; ACS LD
ITOVEBI TABLET 9MG	\$0 (Tier 1)	QL (28 EA per 28 days) PA; ACS LD
ITOVEBI TABLET 3MG	\$0 (Tier 1)	QL (56 EA per 28 days) PA; ACS LD
JAKAFI TABLET 10MG, 15MG, 20MG, 25MG, 5MG	\$0 (Tier 1)	QL (60 EA per 30 days) PA; ACS LD
JAYPIRCA TABLET 50MG	\$0 (Tier 1)	QL (30 EA per 30 days) PA; LD
JAYPIRCA TABLET 100MG	\$0 (Tier 1)	QL (60 EA per 30 days) PA; LD
KISQALI FEMARA 400 DOSE TABLET THERAPY PACK 2.5MG; 200MG	\$0 (Tier 1)	PA; ACS
KISQALI FEMARA 600 DOSE TABLET THERAPY PACK 2.5MG; 200MG	\$0 (Tier 1)	PA; ACS
KISQALI TABLET THERAPY PACK 200MG	\$0 (Tier 1)	PA; ACS LD
KOMZIFTI CAPSULE 200MG	\$0 (Tier 1)	QL (90 EA per 30 days) PA; LD
KOSELUGO CAPSULE SPRINKLE 5MG, 7.5MG	\$0 (Tier 1)	PA; LD
KOSELUGO CAPSULE 10MG, 25MG	\$0 (Tier 1)	PA; LD
KRAZATI TABLET 200MG	\$0 (Tier 1)	QL (180 EA per 30 days) PA; LD
<i>lapatinib ditosylate tablet 250mg</i>	\$0 (Tier 1)	QL (180 EA per 30 days) PA; ACS
LAZCLUZE TABLET 240MG	\$0 (Tier 1)	QL (30 EA per 30 days) PA; LD
LAZCLUZE TABLET 80MG	\$0 (Tier 1)	QL (60 EA per 30 days) PA; LD
LENVIMA 10 MG DAILY DOSE CAPSULE THERAPY PACK 10MG	\$0 (Tier 1)	PA; ACS LD
LENVIMA 12MG DAILY DOSE CAPSULE THERAPY PACK 4MG	\$0 (Tier 1)	PA; ACS LD
LENVIMA 14 MG DAILY DOSE CAPSULE THERAPY PACK	\$0 (Tier 1)	PA; ACS LD
LENVIMA 18 MG DAILY DOSE CAPSULE THERAPY PACK	\$0 (Tier 1)	PA; ACS LD
LENVIMA 20 MG DAILY DOSE CAPSULE THERAPY PACK 10MG	\$0 (Tier 1)	PA; ACS LD
LENVIMA 24 MG DAILY DOSE CAPSULE THERAPY PACK	\$0 (Tier 1)	PA; ACS LD
LENVIMA 4 MG DAILY DOSE CAPSULE THERAPY PACK 4MG	\$0 (Tier 1)	PA; ACS LD

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
LENVIMA 8 MG DAILY DOSE CAPSULE THERAPY PACK 4MG	\$0 (Tier 1)	PA; ACS LD
LORBRENA TABLET 100MG	\$0 (Tier 1)	QL (30 EA per 30 days) PA; ACS LD
LORBRENA TABLET 25MG	\$0 (Tier 1)	QL (90 EA per 30 days) PA; ACS LD
LUMAKRAS TABLET 240MG	\$0 (Tier 1)	QL (120 EA per 30 days) PA; ACS LD
LUMAKRAS TABLET 120MG	\$0 (Tier 1)	QL (240 EA per 30 days) PA; ACS LD
LUMAKRAS TABLET 320MG	\$0 (Tier 1)	QL (90 EA per 30 days) PA; ACS LD
LYNPARZA TABLET 100MG, 150MG	\$0 (Tier 1)	QL (120 EA per 30 days) PA; ACS LD
LYTGOBI TABLET THERAPY PACK 16MG	\$0 (Tier 1)	QL (112 EA per 28 days) PA; LD
LYTGOBI TABLET THERAPY PACK 20MG	\$0 (Tier 1)	QL (140 EA per 28 days) PA; LD
LYTGOBI TABLET THERAPY PACK 12MG	\$0 (Tier 1)	QL (84 EA per 28 days) PA; LD
MEKINIST SOLUTION RECONSTITUTED 0.05MG/ML	\$0 (Tier 1)	QL (1260 ML per 30 days) PA; ACS LD
MEKINIST TABLET 2MG	\$0 (Tier 1)	QL (30 EA per 30 days) PA; ACS LD
MEKINIST TABLET 0.5MG	\$0 (Tier 1)	QL (90 EA per 30 days) PA; ACS LD
MEKTOVI TABLET 15MG	\$0 (Tier 1)	QL (180 EA per 30 days) PA; ACS LD
NERLYNX TABLET 40MG	\$0 (Tier 1)	QL (180 EA per 30 days) PA; ACS LD
<i>nilotinib hydrochloride capsule 150mg, 200mg</i>	\$0 (Tier 1)	QL (112 EA per 28 days) PA; ACS
<i>nilotinib hydrochloride capsule 50mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) PA; ACS
NILOTINIB CAPSULE 150MG, 200MG	\$0 (Tier 1)	QL (112 EA per 28 days) PA; LD
NILOTINIB CAPSULE 50MG	\$0 (Tier 1)	QL (120 EA per 30 days) PA; LD
NINLARO CAPSULE 2.3MG, 3MG, 4MG	\$0 (Tier 1)	PA; ACS LD
ODOMZO CAPSULE 200MG	\$0 (Tier 1)	PA; ACS LD
OGSIVEO TABLET 50MG	\$0 (Tier 1)	QL (180 EA per 30 days) PA; LD
OGSIVEO TABLET 100MG, 150MG	\$0 (Tier 1)	QL (56 EA per 28 days) PA; LD
OJEMDA SUSPENSION RECONSTITUTED 25MG/ML	\$0 (Tier 1)	QL (96 ML per 28 days) PA; LD
OJEMDA TABLET 100MG	\$0 (Tier 1)	QL (24 EA per 28 days) PA; LD



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
OJJAARA TABLET 100MG, 150MG, 200MG	\$0 (Tier 1)	QL (30 EA per 30 days) PA; LD
PAZOPANIB HYDROCHLORIDE TABLET 400MG	\$0 (Tier 1)	QL (60 EA per 30 days) PA; LD
<i>pazopanib hydrochloride tablet 200mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) PA; ACS
PEMAZYRE TABLET 13.5MG, 4.5MG, 9MG	\$0 (Tier 1)	QL (28 EA per 28 days) PA; LD
PIQRAY 200MG DAILY DOSE TABLET THERAPY PACK 200MG	\$0 (Tier 1)	QL (28 EA per 28 days) PA; LD
PIQRAY 250MG DAILY DOSE TABLET THERAPY PACK	\$0 (Tier 1)	QL (56 EA per 28 days) PA; LD
PIQRAY 300MG DAILY DOSE TABLET THERAPY PACK 150MG	\$0 (Tier 1)	QL (56 EA per 28 days) PA; LD
QINLOCK TABLET 50MG	\$0 (Tier 1)	QL (90 EA per 30 days) PA; LD
RETEVMO CAPSULE 40MG	\$0 (Tier 1)	QL (240 EA per 30 days) PA; ACS LD
RETEVMO TABLET 120MG, 160MG, 80MG	\$0 (Tier 1)	QL (60 EA per 30 days) PA; ACS LD
RETEVMO TABLET 40MG	\$0 (Tier 1)	QL (90 EA per 30 days) PA; ACS LD
REVUFORJ TABLET 110MG	\$0 (Tier 1)	QL (120 EA per 30 days) PA; LD
REVUFORJ TABLET 25MG	\$0 (Tier 1)	QL (240 EA per 30 days) PA; LD
REVUFORJ TABLET 160MG	\$0 (Tier 1)	QL (60 EA per 30 days) PA; LD
REZLIDHIA CAPSULE 150MG	\$0 (Tier 1)	QL (60 EA per 30 days) PA; LD
<i>romidepsin injection 10mg</i>	\$0 (Tier 1)	ACS
ROMVIMZA CAPSULE 14MG, 20MG, 30MG	\$0 (Tier 1)	QL (8 EA per 28 days) PA; LD
ROZLYTREK CAPSULE 100MG	\$0 (Tier 1)	QL (180 EA per 30 days) PA; ACS LD
ROZLYTREK CAPSULE 200MG	\$0 (Tier 1)	QL (90 EA per 30 days) PA; ACS LD
ROZLYTREK PACKET 50MG	\$0 (Tier 1)	QL (336 EA per 28 days) PA; ACS LD
RUBRACA TABLET 200MG, 250MG, 300MG	\$0 (Tier 1)	PA; ACS LD
RYDAPT CAPSULE 25MG	\$0 (Tier 1)	QL (224 EA per 28 days) PA; ACS
SCEMBLIX TABLET 100MG	\$0 (Tier 1)	QL (120 EA per 30 days) PA; LD
SCEMBLIX TABLET 40MG	\$0 (Tier 1)	QL (300 EA per 30 days) PA; LD
SCEMBLIX TABLET 20MG	\$0 (Tier 1)	QL (60 EA per 30 days) PA; LD
<i>sorafenib tosylate tablet 200mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) PA; ACS
STIVARGA TABLET 40MG	\$0 (Tier 1)	QL (84 EA per 28 days) PA; ACS LD

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>sunitinib malate capsule 12.5mg, 25mg, 37.5mg, 50mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) PA; ACS
TABRECTA TABLET 150MG, 200MG	\$0 (Tier 1)	QL (112 EA per 28 days) PA; ACS
TAFINLAR CAPSULE 50MG, 75MG	\$0 (Tier 1)	QL (120 EA per 30 days) PA; ACS LD
TAFINLAR TABLET SOLUBLE 10MG	\$0 (Tier 1)	QL (840 EA per 28 days) PA; ACS LD
TAGRISSE TABLET 40MG, 80MG	\$0 (Tier 1)	QL (30 EA per 30 days) PA; ACS LD
TALZENNA CAPSULE 0.1MG, 0.35MG, 0.5MG, 0.75MG, 1MG	\$0 (Tier 1)	QL (30 EA per 30 days) PA; ACS LD
TALZENNA CAPSULE 0.25MG	\$0 (Tier 1)	QL (90 EA per 30 days) PA; ACS LD
TAZVERIK TABLET 200MG	\$0 (Tier 1)	QL (240 EA per 30 days) PA; LD
TECVAYLI INJECTION 153MG/1.7ML, 30MG/3ML	\$0 (Tier 1)	PA; LD
TEPMETKO TABLET 225MG	\$0 (Tier 1)	QL (60 EA per 30 days) PA; LD
TIBSOVO TABLET 250MG	\$0 (Tier 1)	PA; LD
<i>torpenz tablet 10mg, 2.5mg, 5mg, 7.5mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) PA; LD
TRUQAP TABLET THERAPY PACK 160MG, 200MG	\$0 (Tier 1)	QL (64 EA per 28 days) PA; LD
TRUQAP TABLET 160MG, 200MG	\$0 (Tier 1)	QL (64 EA per 28 days) PA; LD
TRUXIMA INJECTION 100MG/10ML, 500MG/50ML	\$0 (Tier 1)	PA; ACS
TUKYSA TABLET 150MG	\$0 (Tier 1)	QL (120 EA per 30 days) PA; LD
TUKYSA TABLET 50MG	\$0 (Tier 1)	QL (240 EA per 30 days) PA; LD
TURALIO CAPSULE 125MG	\$0 (Tier 1)	QL (120 EA per 30 days) PA; LD
VANFLYTA TABLET 17.7MG, 26.5MG	\$0 (Tier 1)	QL (56 EA per 28 days) PA; LD
VENCLEXTA STARTING PACK TABLET THERAPY PACK 10MG; 100MG; 50MG	\$0 (Tier 1)	QL (42 EA per 28 days) PA; LD
VENCLEXTA TABLET 10MG	\$0 (Tier 1)	QL (120 EA per 30 days) PA; LD
VENCLEXTA TABLET 50MG	\$0 (Tier 1)	QL (120 EA per 30 days) PA; LD
VENCLEXTA TABLET 100MG	\$0 (Tier 1)	QL (180 EA per 30 days) PA; LD
VERZENIO TABLET 100MG, 150MG, 200MG, 50MG	\$0 (Tier 1)	PA; ACS LD
VITRAKVI CAPSULE 25MG	\$0 (Tier 1)	QL (180 EA per 30 days) PA; ACS LD



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
VITRAKVI CAPSULE 100MG	\$0 (Tier 1)	QL (60 EA per 30 days) PA; ACS LD
VITRAKVI SOLUTION 20MG/ML	\$0 (Tier 1)	QL (300 ML per 30 days) PA; ACS LD
VIZIMPRO TABLET 15MG, 30MG, 45MG	\$0 (Tier 1)	QL (30 EA per 30 days) PA; ACS LD
VONJO CAPSULE 100MG	\$0 (Tier 1)	QL (120 EA per 30 days) PA; LD
VORANIGO TABLET 40MG	\$0 (Tier 1)	QL (30 EA per 30 days) PA; LD
VORANIGO TABLET 10MG	\$0 (Tier 1)	QL (60 EA per 30 days) PA; LD
XALKORI CAPSULE SPRINKLE 50MG	\$0 (Tier 1)	QL (120 EA per 30 days) PA; ACS LD
XALKORI CAPSULE SPRINKLE 150MG	\$0 (Tier 1)	QL (180 EA per 30 days) PA; ACS LD
XALKORI CAPSULE SPRINKLE 20MG	\$0 (Tier 1)	QL (240 EA per 30 days) PA; ACS LD
XALKORI CAPSULE 200MG, 250MG	\$0 (Tier 1)	QL (120 EA per 30 days) PA; ACS LD
XOSPATA TABLET 40MG	\$0 (Tier 1)	PA; ACS LD
XPOVIO 60 MG TWICE WEEKLY TABLET THERAPY PACK 20MG	\$0 (Tier 1)	QL (24 EA per 28 days) PA; LD
XPOVIO 80 MG TWICE WEEKLY TABLET THERAPY PACK 20MG	\$0 (Tier 1)	QL (32 EA per 28 days) PA; LD
XPOVIO TABLET THERAPY PACK 40MG ONCE WEEKLY (16 TABLET PACK)	\$0 (Tier 1)	QL (16 EA per 28 days) PA; LD
XPOVIO TABLET THERAPY PACK 40MG ONCE WEEKLY (4 TABLET PACK), 60MG ONCE WEEKLY, 80MG ONCE WEEKLY	\$0 (Tier 1)	QL (4 EA per 28 days) PA; LD
XPOVIO TABLET THERAPY PACK 100MG ONCE WEEKLY, 80MG ONCE WEEKLY, 40MG TWICE WEEKLY	\$0 (Tier 1)	QL (8 EA per 28 days) PA; LD
ZEJULA TABLET 100MG, 200MG, 300MG	\$0 (Tier 1)	QL (30 EA per 30 days) PA; ACS LD
ZELBORAF TABLET 240MG	\$0 (Tier 1)	QL (240 EA per 30 days) PA; ACS LD
ZIRABEV INJECTION 100MG/4ML, 400MG/16ML	\$0 (Tier 1)	PA; ACS LD
ZOLINZA CAPSULE 100MG	\$0 (Tier 1)	PA; ACS

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
ZYDELIG TABLET 100MG, 150MG	\$0 (Tier 1)	QL (60 EA per 30 days) PA; ACS LD
ZYKADIA TABLET 150MG	\$0 (Tier 1)	QL (84 EA per 28 days) PA; ACS LD

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
<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



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>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 1)	MO
KERENDIA TABLET 10MG, 20MG, 40MG	\$0 (Tier 1)	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 1)	MO
<i>prazosin hydrochloride capsule 1mg, 2mg, 5mg</i>	\$0 (Tier 1)	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
<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 1)	QL (30 EA per 30 days) MO
ENTRESTO CAPSULE SPRINKLE 15MG; 16MG, 6MG; 6MG	\$0 (Tier 1)	MO
<i>irbesartan/hydrochlorothiazide tablet 12.5mg; 300mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>irbesartan/hydrochlorothiazide tablet 12.5mg; 150mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>losartan potassium/hydrochlorothiazide tablet 12.5mg; 100mg, 12.5mg; 50mg, 25mg; 100mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO

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>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 1)	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
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil tablet 32mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>candesartan cilexetil tablet 16mg, 4mg, 8mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
EDARBI TABLET 40MG, 80MG	\$0 (Tier 1)	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 1)	
<i>amiodarone hydrochloride tablet 100mg, 200mg, 400mg</i>	\$0 (Tier 1)	MO
<i>disopyramide phosphate capsule 100mg, 150mg</i>	\$0 (Tier 1)	PA MO
<i>dofetilide capsule 125mcg, 250mcg, 500mcg</i>	\$0 (Tier 1)	ACS
<i>flecainide acetate tablet 100mg, 150mg, 50mg</i>	\$0 (Tier 1)	MO



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
LIDOCAINE HCL IN D5W INJECTION 5%; 4MG/ML	\$0 (Tier 1)	
LIDOCAINE HCL INJECTION 100MG/5ML	\$0 (Tier 1)	
<i>lidocaine hcl injection prefilled syringe 100mg/5ml, 50mg/5ml</i>	\$0 (Tier 1)	
MULTAQ TABLET 400MG	\$0 (Tier 1)	MO
NORPACE CR CAPSULE EXTENDED RELEASE 12 HOUR 100MG, 150MG	\$0 (Tier 1)	MO
<i>pacerone tablet 100mg, 200mg, 400mg</i>	\$0 (Tier 1)	
<i>propafenone hcl tablet 150mg, 225mg, 300mg</i>	\$0 (Tier 1)	MO
<i>propafenone hydrochloride er capsule extended release 12 hour 225mg, 325mg, 425mg</i>	\$0 (Tier 1)	MO
<i>propafenone hydrochloride tablet 150mg, 225mg, 300mg</i>	\$0 (Tier 1)	MO
<i>quinidine sulfate tablet 200mg, 300mg</i>	\$0 (Tier 1)	MO
<i>sotalol hcl tablet 120mg, 160mg, 240mg</i>	\$0 (Tier 1)	MO
<i>sotalol hydrochloride (af) tablet 120mg, 160mg, 80mg</i>	\$0 (Tier 1)	MO
<i>sotalol hydrochloride tablet 80mg</i>	\$0 (Tier 1)	MO
ANTILIPEMICS, FIBRATES		
<i>fenofibrate micronized capsule 134mg, 200mg, 67mg</i>	\$0 (Tier 1)	MO
<i>fenofibrate capsule 130mg, 150mg, 43mg, 50mg</i>	\$0 (Tier 1)	MO
<i>fenofibrate tablet 145mg, 160mg, 40mg, 48mg, 54mg</i>	\$0 (Tier 1)	MO
<i>fenofibric acid dr capsule delayed release 135mg, 45mg</i>	\$0 (Tier 1)	MO
<i>gemfibrozil tablet 600mg</i>	\$0 (Tier 1)	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>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

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>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 1)	MO
<i>cholestyramine light powder 4gm/dose</i>	\$0 (Tier 1)	MO
<i>cholestyramine packet 4gm</i>	\$0 (Tier 1)	MO
<i>cholestyramine powder 4gm/dose</i>	\$0 (Tier 1)	MO
<i>colesevelam hydrochloride packet 3.75gm</i>	\$0 (Tier 1)	MO
<i>colesevelam hydrochloride tablet 625mg</i>	\$0 (Tier 1)	MO
<i>colestipol hydrochloride granules 5gm</i>	\$0 (Tier 1)	MO
<i>colestipol hydrochloride packet 5gm</i>	\$0 (Tier 1)	MO
<i>colestipol hydrochloride tablet 1gm</i>	\$0 (Tier 1)	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 1)	MO
NEXLETOL TABLET 180MG	\$0 (Tier 1)	QL (30 EA per 30 days) MO
NEXLIZET TABLET 180MG; 10MG	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>niacin er tablet extended release 1000mg, 750mg</i>	\$0 (Tier 1)	MO
<i>niacin er tablet extended release 500mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>niacin tablet 500mg</i>	\$0 (Tier 1)	MO
<i>niacor tablet 500mg</i>	\$0 (Tier 1)	MO
<i>omega-3-acid ethyl esters capsule 375mg; 465mg; 1gm</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i>prevalite packet 4gm</i>	\$0 (Tier 1)	
<i>prevalite powder 4gm/dose</i>	\$0 (Tier 1)	
REPATHA PUSHTRONEX SYSTEM INJECTION 420MG/3.5ML	\$0 (Tier 1)	PA
REPATHA SURECLICK INJECTION 140MG/ML	\$0 (Tier 1)	PA
REPATHA INJECTION 140MG/ML	\$0 (Tier 1)	PA MO
VASCEPA CAPSULE 0.5GM, 1GM	\$0 (Tier 1)	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 1)	MO
<i>metoprolol/hydrochlorothiazide tablet 25mg; 100mg, 25mg; 50mg, 50mg; 100mg</i>	\$0 (Tier 1)	MO



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
BETA-BLOCKERS		
<i>acebutolol hydrochloride capsule 200mg, 400mg</i>	\$0 (Tier 1)	MO
<i>atenolol tablet 100mg, 25mg, 50mg</i>	\$0 (Tier 1)	MO
<i>betaxolol hcl tablet 10mg, 20mg</i>	\$0 (Tier 1)	MO
<i>bisoprolol fumarate tablet 10mg, 5mg</i>	\$0 (Tier 1)	MO
<i>bisoprolol fumarate tablet 2.5mg</i>	\$0 (Tier 1)	MO
<i>carvedilol phosphate er capsule extended release 24 hour 10mg, 20mg, 40mg, 80mg</i>	\$0 (Tier 1)	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 1)	
<i>labetalol hydrochloride tablet 100mg, 200mg, 300mg, 400mg</i>	\$0 (Tier 1)	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 1)	
<i>metoprolol tartrate tablet 100mg, 25mg, 37.5mg, 50mg, 75mg</i>	\$0 (Tier 1)	MO
<i>nadolol tablet 20mg, 40mg, 80mg</i>	\$0 (Tier 1)	MO
<i>nebivolol hydrochloride tablet 10mg, 2.5mg, 5mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>nebivolol hydrochloride tablet 20mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>pindolol tablet 10mg, 5mg</i>	\$0 (Tier 1)	MO
<i>propranolol hcl injection 1mg/ml</i>	\$0 (Tier 1)	
<i>propranolol hcl oral solution 40mg/5ml</i>	\$0 (Tier 1)	MO
<i>propranolol hcl tablet 40mg</i>	\$0 (Tier 1)	MO
<i>propranolol hydrochloride er capsule extended release 24 hour 120mg, 160mg, 60mg, 80mg</i>	\$0 (Tier 1)	MO
<i>propranolol hydrochloride solution 20mg/5ml</i>	\$0 (Tier 1)	MO
<i>propranolol hydrochloride tablet 10mg, 20mg, 60mg, 80mg</i>	\$0 (Tier 1)	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 1)	
<i>dilt-xr capsule extended release 24 hour 120mg, 180mg, 240mg</i>	\$0 (Tier 1)	MO

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 12 hour (generic Cardizem SR) 120mg, 60mg, 90mg</i>	\$0 (Tier 1)	MO
<i>diltiazem hcl er capsule extended release 24 hour (generic Tiazac) 120mg, 180mg, 240mg, 420mg</i>	\$0 (Tier 1)	MO
<i>diltiazem hcl er tablet extended release 24 hour (generic Cardizem LA) 240mg, 300mg, 360mg, 420mg</i>	\$0 (Tier 1)	MO
DILTIAZEM HCL INJECTION 100MG	\$0 (Tier 1)	
<i>diltiazem hcl injection 50mg/10ml</i>	\$0 (Tier 1)	
<i>diltiazem hcl tablet 30mg, 60mg</i>	\$0 (Tier 1)	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 1)	MO
<i>diltiazem hydrochloride er tablet extended release 24 hour (generic Cardizem LA) 120mg, 180mg, 240mg, 300mg, 360mg</i>	\$0 (Tier 1)	MO
<i>diltiazem hydrochloride injection 125mg/25ml, 25mg/5ml</i>	\$0 (Tier 1)	
<i>diltiazem hydrochloride tablet 120mg, 90mg</i>	\$0 (Tier 1)	MO
<i>felodipine er tablet extended release 24 hour 10mg, 2.5mg, 5mg</i>	\$0 (Tier 1)	MO
<i>isradipine capsule 2.5mg, 5mg</i>	\$0 (Tier 1)	MO
<i>matzim la tablet extended release 24 hour 180mg, 240mg, 300mg, 360mg, 420mg</i>	\$0 (Tier 1)	MO
<i>nicardipine hcl capsule 20mg, 30mg</i>	\$0 (Tier 1)	MO
<i>nifedipine er tablet extended release 24 hour 30mg (generic Procardia XL), 60mg (generic Procardia XL), 90mg (generic Adalat CC and Procardia XL)</i>	\$0 (Tier 1)	MO
<i>nifedipine er tablet extended release 24 hour (generic Adalat CC) 30mg, 60mg</i>	\$0 (Tier 1)	MO
<i>nisoldipine er tablet extended release 24 hour 17mg, 34mg, 8.5mg</i>	\$0 (Tier 1)	MO
<i>tiadylt er capsule extended release 24 hour 120mg, 180mg, 240mg, 300mg, 360mg</i>	\$0 (Tier 1)	
<i>tiadylt er capsule extended release 24 hour 420mg</i>	\$0 (Tier 1)	MO
<i>verapamil hcl er capsule extended release 24 hour (generic Verelan PM and Verelan SR) 100mg, 120mg, 180mg, 240mg, 300mg</i>	\$0 (Tier 1)	MO



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>verapamil hcl er tablet extended release (generic Calan SR) 120mg</i>	\$0 (Tier 1)	MO
VERAPAMIL HCL SR CAPSULE EXTENDED RELEASE 24 HOUR (GENERIC VERELAN SR) 360MG	\$0 (Tier 1)	MO
<i>verapamil hcl sr capsule extended release 24 hour (generic Verelan SR) 120mg, 180mg, 240mg</i>	\$0 (Tier 1)	MO
<i>verapamil hcl tablet 40mg, 80mg</i>	\$0 (Tier 1)	MO
<i>verapamil hydrochloride er capsule extended release 24 hour (generic Verelan PM) 100mg, 200mg, 300mg</i>	\$0 (Tier 1)	MO
<i>verapamil hydrochloride er tablet extended release (generic Calan SR) 180mg, 240mg</i>	\$0 (Tier 1)	MO
VERAPAMIL HYDROCHLORIDE SR CAPSULE EXTENDED RELEASE 24 HOUR 360MG	\$0 (Tier 1)	MO
<i>verapamil hydrochloride injection 2.5mg/ml</i>	\$0 (Tier 1)	MO
<i>verapamil hydrochloride tablet 120mg</i>	\$0 (Tier 1)	MO
DIURETICS		
<i>acetazolamide er capsule extended release 12 hour 500mg</i>	\$0 (Tier 1)	MO
<i>acetazolamide tablet 125mg, 250mg</i>	\$0 (Tier 1)	MO
<i>amiloride hcl tablet 5mg</i>	\$0 (Tier 1)	MO
<i>amiloride/hydrochlorothiazide tablet 5mg; 50mg</i>	\$0 (Tier 1)	MO
<i>bumetanide injection 0.25mg/ml</i>	\$0 (Tier 1)	MO
<i>bumetanide tablet 0.5mg, 1mg, 2mg</i>	\$0 (Tier 1)	MO
<i>chlorthalidone tablet 25mg, 50mg</i>	\$0 (Tier 1)	MO
<i>furosemide injection 10mg/ml</i>	\$0 (Tier 1)	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
<i>methazolamide tablet 25mg, 50mg</i>	\$0 (Tier 1)	MO
<i>metolazone tablet 10mg, 2.5mg, 5mg</i>	\$0 (Tier 1)	MO
<i>spironolactone/hydrochlorothiazide tablet 25mg; 25mg</i>	\$0 (Tier 1)	MO

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>toremide tablet 100mg, 10mg, 20mg, 5mg</i>	\$0 (Tier 1)	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 1)	QL (8 EA per 28 days) MO
<i>clonidine patch weekly 0.2mg/24hr; 0.3mg/24hr</i>	\$0 (Tier 1)	QL (8 EA per 28 days) MO
CORLANOR SOLUTION 5MG/5ML	\$0 (Tier 1)	
<i>digoxin injection 0.25mg/ml</i>	\$0 (Tier 1)	MO
<i>digoxin oral solution 0.05mg/ml</i>	\$0 (Tier 1)	MO
<i>digoxin tablet 125mcg, 250mcg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>digoxin tablet 62.5mcg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>digox tablet 125mcg, 250mcg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
<i>droxidopa capsule 200mg</i>	\$0 (Tier 1)	QL (180 EA per 30 days) PA; ACS
<i>droxidopa capsule 100mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) PA; ACS
<i>droxidopa capsule 300mg</i>	\$0 (Tier 1)	QL (180 EA per 30 days) PA; ACS
<i>guanfacine hydrochloride tablet 1mg, 2mg</i>	\$0 (Tier 1)	PA MO
<i>hydralazine hydrochloride injection 20mg/ml</i>	\$0 (Tier 1)	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 1)	MO
<i>ivabradine hydrochloride tablet 5mg, 7.5mg</i>	\$0 (Tier 1)	MO
<i>metyrosine capsule 250mg</i>	\$0 (Tier 1)	PA; ACS
<i>midodrine hydrochloride tablet 10mg, 2.5mg, 5mg</i>	\$0 (Tier 1)	MO
<i>minoxidil tablet 10mg, 2.5mg</i>	\$0 (Tier 1)	MO
<i>ranolazine er tablet extended release 12 hour 1000mg, 500mg</i>	\$0 (Tier 1)	MO
VERQUVO TABLET 10MG, 2.5MG, 5MG	\$0 (Tier 1)	MO



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
NITRATES		
<i>isosorbide dinitrate tablet 10mg, 20mg, 30mg, 5mg</i>	\$0 (Tier 1)	MO
<i>isosorbide dinitrate tablet 40mg</i>	\$0 (Tier 1)	MO
<i>isosorbide mononitrate er tablet extended release 24 hour 120mg, 30mg, 60mg</i>	\$0 (Tier 1)	MO
NITRO-BID OINTMENT 2%	\$0 (Tier 1)	MO
<i>nitroglycerin transdermal patch 24 hour 0.1mg/hr, 0.2mg/hr, 0.4mg/hr, 0.6mg/hr</i>	\$0 (Tier 1)	MO
NITROGLYCERIN INJECTION 5MG/ML	\$0 (Tier 1)	
<i>nitroglycerin translingual solution 0.4mg/spray</i>	\$0 (Tier 1)	MO
<i>nitroglycerin tablet sublingual 0.3mg, 0.4mg, 0.6mg</i>	\$0 (Tier 1)	MO
PULMONARY ARTERIAL HYPERTENSION		
ADEMPAS TABLET 0.5MG, 1.5MG, 1MG, 2.5MG, 2MG	\$0 (Tier 1)	QL (90 EA per 30 days) PA; ACS LD
<i>ambrisentan tablet 10mg, 5mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) PA; ACS
<i>bosentan tablet soluble 32mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) PA; ACS LD
<i>bosentan tablet 62.5mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) PA; ACS LD
<i>bosentan tablet 125mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) PA; ACS LD
<i>epoprostenol sodium injection 0.5mg</i>	\$0 (Tier 1)	B/D; ACS
<i>epoprostenol sodium injection 1.5mg</i>	\$0 (Tier 1)	B/D; ACS
OPSUMIT TABLET 10MG	\$0 (Tier 1)	QL (30 EA per 30 days) PA; ACS LD
<i>sildenafil citrate (generic Revatio) tablet 20mg</i>	\$0 (Tier 1)	QL (360 EA per 30 days) PA; ACS
<i>sildenafil injection 10mg/12.5ml</i>	\$0 (Tier 1)	QL (1125 ML per 30 days) PA; ACS
<i>tadalafil (generic Adcirca) tablet 20mg</i>	\$0 (Tier 1)	PA; ACS
TYVASO REFILL KIT SOLUTION 0.6MG/ML	\$0 (Tier 1)	PA; ACS LD
TYVASO STARTER KIT SOLUTION 0.6MG/ML	\$0 (Tier 1)	PA; ACS LD
TYVASO SOLUTION 0.6MG/ML	\$0 (Tier 1)	PA; ACS LD
UPTRAVI TITRATION PACK TABLET THERAPY PACK 200MCG; 800MCG	\$0 (Tier 1)	QL (200 EA per 28 days) PA; ACS LD
UPTRAVI INJECTION 1800MCG	\$0 (Tier 1)	QL (60 EA per 30 days) PA; LD
UPTRAVI TABLET 200MCG	\$0 (Tier 1)	QL (140 EA per 28 days) PA; ACS LD

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
UPTRAVI TABLET 1000MCG, 1200MCG, 1400MCG, 1600MCG, 400MCG, 600MCG, 800MCG	\$0 (Tier 1)	QL (60 EA per 30 days) PA; ACS LD
WINREVAIR INJECTION (1 VIAL KIT) 45MG, 60MG	\$0 (Tier 1)	QL (1 EA per 21 days) PA; ACS LD
WINREVAIR INJECTION (2 VIAL KIT) 45MG, 60MG	\$0 (Tier 1)	QL (2 EA per 21 days) PA; ACS LD
CENTRAL NERVOUS SYSTEM		
<i>ANTIANSXIETY</i>		
ALPRAZOLAM INTENSOL CONCENTRATE 1MG/ML	\$0 (Tier 1)	QL (300 ML per 30 days) PA MO; HRM
<i>alprazolam tablet 0.25mg, 0.5mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) PA MO; HRM
<i>alprazolam tablet 1mg, 2mg</i>	\$0 (Tier 1)	QL (150 EA per 30 days) PA MO; HRM
<i>bupirone hcl tablet 15mg</i>	\$0 (Tier 1)	MO
<i>bupirone hydrochloride tablet 10mg, 30mg, 5mg, 7.5mg</i>	\$0 (Tier 1)	MO
<i>chlordiazepoxide hcl capsule 10mg, 5mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) PA MO; HRM
<i>chlordiazepoxide hydrochloride capsule 25mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) PA MO; HRM
<i>flvoxamine maleate er capsule extended release 24 hour 100mg, 150mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO; HRM
<i>flvoxamine maleate tablet 100mg, 25mg, 50mg</i>	\$0 (Tier 1)	MO; HRM
<i>lorazepam intensol concentrate 2mg/ml</i>	\$0 (Tier 1)	QL (150 ML per 30 days) PA MO; HRM
<i>lorazepam injection 2mg/ml, 4mg/ml</i>	\$0 (Tier 1)	QL (150 ML per 30 days) PA MO; HRM
<i>lorazepam tablet 0.5mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) PA MO; HRM
<i>lorazepam tablet 1mg, 2mg</i>	\$0 (Tier 1)	QL (150 EA per 30 days) PA MO; HRM
<i>oxazepam capsule 10mg, 15mg, 30mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) PA MO; HRM
<i>ANTIDEMENTIA</i>		
<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



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>donepezil hcl tablet 23mg</i>	\$0 (Tier 1)	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 1)	QL (30 EA per 30 days) MO
<i>galantamine hydrobromide solution 4mg/ml</i>	\$0 (Tier 1)	QL (200 ML per 30 days) MO
<i>galantamine hydrobromide tablet 12mg, 4mg, 8mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>memantine hcl titration pak tablet 10mg; 5mg</i>	\$0 (Tier 1)	QL (98 EA per 365 days) PA
<i>memantine hydrochloride er capsule extended release 24 hour 14mg, 21mg, 28mg, 7mg</i>	\$0 (Tier 1)	PA MO
<i>memantine hydrochloride solution 2mg/ml</i>	\$0 (Tier 1)	QL (360 ML per 30 days) PA MO
<i>memantine hydrochloride tablet 10mg, 5mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO
NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR 10MG; 14MG, 10MG; 21MG, 10MG; 28MG, 10MG; 7MG	\$0 (Tier 1)	MO
<i>rivastigmine tartrate capsule 1.5mg, 3mg, 4.5mg, 6mg</i>	\$0 (Tier 1)	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 1)	QL (30 EA per 30 days) MO
ANTIDEPRESSANTS		
<i>amitriptyline hcl tablet 100mg, 150mg, 25mg, 75mg</i>	\$0 (Tier 1)	PA MO; HRM
<i>amitriptyline hydrochloride tablet 100mg, 10mg, 25mg, 50mg, 75mg</i>	\$0 (Tier 1)	PA MO; HRM
<i>amoxapine tablet 100mg, 150mg, 25mg, 50mg</i>	\$0 (Tier 1)	MO; HRM
AUVELITY TABLET EXTENDED RELEASE 105MG; 45MG	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 100mg, 150mg, 200mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
BUPROPION HYDROCHLORIDE ER (XL) TABLET EXTENDED RELEASE 24 HOUR 450MG	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>bupropion hydrochloride er (xl) tablet extended release 24 hour 150mg, 300mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>bupropion hydrochloride tablet 100mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i>bupropion hydrochloride tablet 75mg</i>	\$0 (Tier 1)	QL (180 EA per 30 days) MO
<i>citalopram hydrobromide solution 10mg/5ml</i>	\$0 (Tier 1)	QL (600 ML per 30 days) MO; HRM
<i>citalopram hydrobromide tablet 10mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO; HRM
<i>citalopram hydrobromide tablet 40mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO; HRM

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>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 1)	PA MO; HRM
<i>desipramine hydrochloride tablet 100mg, 10mg, 150mg, 25mg, 50mg, 75mg</i>	\$0 (Tier 1)	PA MO; HRM
<i>desvenlafaxine er tablet (generic Pristiq) extended release 24 hour 100mg, 25mg, 50mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO; HRM
<i>doxepin hcl capsule 75mg</i>	\$0 (Tier 1)	PA MO; HRM
<i>doxepin hcl concentrate 10mg/ml</i>	\$0 (Tier 1)	PA MO; HRM
<i>doxepin hydrochloride capsule 100mg, 10mg, 150mg, 25mg, 50mg</i>	\$0 (Tier 1)	PA MO; HRM
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 20MG, 30MG, 60MG	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 40MG	\$0 (Tier 1)	QL (90 EA per 30 days) PA MO
<i>duloxetine hydrochloride dr (generic Cymbalta) capsule delayed release particles 20mg, 30mg, 60mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO; HRM
<i>duloxetine hydrochloride dr (generic Irenka) capsule delayed release particles 40mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO; HRM
EMSAM PATCH 24 HOUR 12MG/24HR, 6MG/24HR, 9MG/24HR	\$0 (Tier 1)	QL (30 EA per 30 days) PA MO
ESCITALOPRAM OXALATE CAPSULE 15MG	\$0 (Tier 1)	QL (30 EA per 30 days) PA MO
<i>escitalopram oxalate solution 5mg/5ml</i>	\$0 (Tier 1)	QL (600 ML per 30 days) MO; HRM
<i>escitalopram oxalate tablet 20mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO; HRM
<i>escitalopram oxalate tablet 10mg, 5mg</i>	\$0 (Tier 1)	QL (45 EA per 30 days) MO; HRM
EXXUA TITRATION PACK TABLET EXTENDED RELEASE 24 HOUR 18.2MG	\$0 (Tier 1)	QL (64 EA per 365 days) PA MO
EXXUA TABLET EXTENDED RELEASE 24 HOUR 18.2MG	\$0 (Tier 1)	QL (30 EA per 30 days) PA
EXXUA TABLET EXTENDED RELEASE 24 HOUR 36.3MG, 54.5MG, 72.6MG	\$0 (Tier 1)	QL (30 EA per 30 days) PA MO
FETZIMA TITRATION PACK CAPSULE ER 24 HOUR THERAPY PACK 20MG; 40MG	\$0 (Tier 1)	PA; HRM
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 120MG, 80MG	\$0 (Tier 1)	QL (30 EA per 30 days) PA MO; HRM
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 20MG, 40MG	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO; HRM



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 dr capsule delayed release 90mg</i>	\$0 (Tier 1)	QL (4 EA per 28 days) MO; HRM
<i>fluoxetine hydrochloride capsule 20mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO; HRM
<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 1)	MO; HRM
<i>fluoxetine hydrochloride (generic Prozac) tablet 10mg, 20mg, 60mg</i>	\$0 (Tier 1)	MO; HRM
<i>imipramine hcl tablet 25mg, 50mg</i>	\$0 (Tier 1)	PA MO; HRM
<i>imipramine hydrochloride tablet 10mg</i>	\$0 (Tier 1)	PA MO; HRM
MARPLAN TABLET 10MG	\$0 (Tier 1)	QL (180 EA per 30 days) MO
<i>mirtazapine odt tablet disintegrating 15mg, 30mg, 45mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>mirtazapine tablet 15mg, 30mg, 45mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>mirtazapine tablet 7.5mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>nefazodone hydrochloride tablet 100mg, 150mg, 200mg, 250mg, 50mg</i>	\$0 (Tier 1)	MO
<i>nortriptyline hcl capsule 25mg, 75mg</i>	\$0 (Tier 1)	MO; HRM
<i>nortriptyline hcl solution 10mg/5ml</i>	\$0 (Tier 1)	MO; HRM
<i>nortriptyline hydrochloride capsule 10mg, 50mg</i>	\$0 (Tier 1)	MO; HRM
<i>paroxetine hcl er tablet extended release 24 hour 37.5mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO; HRM
<i>paroxetine hcl er tablet extended release 24 hour 12.5mg, 25mg</i>	\$0 (Tier 1)	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 1)	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 1)	PA MO; HRM
<i>phenelzine sulfate tablet 15mg</i>	\$0 (Tier 1)	MO
<i>protriptyline hcl tablet 10mg, 5mg</i>	\$0 (Tier 1)	PA MO; HRM
RALDESY SOLUTION 10MG/ML	\$0 (Tier 1)	QL (1800 ML per 30 days) PA MO
<i>sertraline hcl concentrate 20mg/ml</i>	\$0 (Tier 1)	QL (300 ML per 30 days) MO; HRM

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>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 1)	MO
<i>trazodone hydrochloride tablet 100mg, 150mg, 50mg</i>	\$0 (Tier 1)	MO
<i>trazodone hydrochloride tablet 300mg</i>	\$0 (Tier 1)	MO
<i>trimipramine maleate capsule 50mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) PA MO; HRM
<i>trimipramine maleate capsule 25mg</i>	\$0 (Tier 1)	QL (240 EA per 30 days) PA MO; HRM
<i>trimipramine maleate capsule 100mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO; HRM
TRINTELLIX TABLET 10MG, 20MG, 5MG	\$0 (Tier 1)	QL (30 EA per 30 days) PA MO
VENLAFAXINE BESYLATE ER TABLET EXTENDED RELEASE 24 HOUR 112.5MG	\$0 (Tier 1)	QL (60 EA per 30 days) MO; HRM
<i>venlafaxine hydrochloride er capsule extended release 24 hour 37.5mg, 75mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO; HRM
<i>venlafaxine hydrochloride er capsule extended release 24 hour 150mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO; HRM
<i>venlafaxine hydrochloride tablet 100mg, 25mg, 37.5mg, 50mg, 75mg</i>	\$0 (Tier 1)	MO; HRM
<i>vilazodone hydrochloride tablet 10mg, 20mg, 40mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
ZURZUVAE CAPSULE 30MG	\$0 (Tier 1)	QL (14 EA per 14 days) PA; ACS LD
ZURZUVAE CAPSULE 20MG, 25MG	\$0 (Tier 1)	QL (28 EA per 14 days) PA; ACS LD
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl capsule 100mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i>amantadine hcl solution 50mg/5ml</i>	\$0 (Tier 1)	MO
<i>amantadine hcl tablet 100mg</i>	\$0 (Tier 1)	MO
<i>amantadine hydrochloride tablet 100mg</i>	\$0 (Tier 1)	MO
<i>benztropine mesylate injection 1mg/ml</i>	\$0 (Tier 1)	MO
<i>benztropine mesylate tablet 0.5mg, 1mg, 2mg</i>	\$0 (Tier 1)	PA MO; HRM
<i>bromocriptine mesylate capsule 5mg</i>	\$0 (Tier 1)	MO
<i>bromocriptine mesylate tablet 2.5mg</i>	\$0 (Tier 1)	MO



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>carbidopa/levodopa er tablet extended release 25mg; 100mg, 50mg; 200mg</i>	\$0 (Tier 1)	MO
<i>carbidopa/levodopa odt tablet disintegrating 10mg; 100mg, 25mg; 100mg, 25mg; 250mg</i>	\$0 (Tier 1)	MO
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	\$0 (Tier 1)	MO
<i>carbidopa/levodopa tablet 10mg; 100mg, 25mg; 100mg, 25mg; 250mg</i>	\$0 (Tier 1)	MO
<i>carbidopa tablet 25mg</i>	\$0 (Tier 1)	MO
<i>entacapone tablet 200mg</i>	\$0 (Tier 1)	MO
INBRIJA CAPSULE 42MG	\$0 (Tier 1)	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 1)	MO
<i>rasagiline mesylate tablet 0.5mg, 1mg</i>	\$0 (Tier 1)	MO
<i>ropinirole er tablet extended release 24 hour 6mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i>ropinirole er tablet extended release 24 hour 4mg</i>	\$0 (Tier 1)	QL (150 EA per 30 days) MO
<i>ropinirole er tablet extended release 24 hour 2mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>ropinirole er tablet extended release 24 hour 12mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>ropinirole er tablet extended release 24 hour 8mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>ropinirole hcl tablet 0.5mg, 1mg, 2mg, 4mg, 5mg</i>	\$0 (Tier 1)	MO
<i>ropinirole hydrochloride tablet 0.25mg, 3mg</i>	\$0 (Tier 1)	MO
<i>selegiline hcl capsule 5mg</i>	\$0 (Tier 1)	MO
<i>selegiline hcl tablet 5mg</i>	\$0 (Tier 1)	MO
<i>trihexyphenidyl hcl solution 0.4mg/ml</i>	\$0 (Tier 1)	MO; HRM
<i>trihexyphenidyl hydrochloride tablet 2mg, 5mg</i>	\$0 (Tier 1)	MO; HRM
ANTIPSYCHOTICS		
ABILIFY ASIMTUFII INJECTION 720MG/2.4ML	\$0 (Tier 1)	QL (2.4 ML per 56 days) MO
ABILIFY ASIMTUFII INJECTION 960MG/3.2ML	\$0 (Tier 1)	QL (3.2 ML per 56 days) MO
ABILIFY MAINTENA INJECTION 300MG, 400MG	\$0 (Tier 1)	QL (1 EA per 28 days) MO; HRM
<i>aripiprazole odt tablet disintegrating 10mg, 15mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO; HRM
<i>aripiprazole solution 1mg/ml</i>	\$0 (Tier 1)	QL (900 ML per 30 days) MO; HRM

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>aripiprazole tablet 10mg, 15mg, 20mg, 2mg, 30mg, 5mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO; HRM
ARISTADA INITIO INJECTION 675MG/2.4ML	\$0 (Tier 1)	HRM
ARISTADA INJECTION 441MG/1.6ML	\$0 (Tier 1)	QL (1.6 ML per 28 days); HRM
ARISTADA INJECTION 662MG/2.4ML	\$0 (Tier 1)	QL (2.4 ML per 28 days); HRM
ARISTADA INJECTION 882MG/3.2ML	\$0 (Tier 1)	QL (3.2 ML per 28 days); HRM
ARISTADA INJECTION 1064MG/3.9ML	\$0 (Tier 1)	QL (3.9 ML per 56 days); HRM
<i>asenapine maleate sl tablet sublingual 10mg, 2.5mg, 5mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO; HRM
CAPLYTA CAPSULE 10.5MG, 21MG, 42MG	\$0 (Tier 1)	QL (30 EA per 30 days) MO; HRM
<i>chlorpromazine hcl injection 50mg/2ml</i>	\$0 (Tier 1)	HRM
<i>chlorpromazine hcl injection 25mg/ml</i>	\$0 (Tier 1)	MO; HRM
<i>chlorpromazine hcl tablet 100mg, 10mg, 200mg, 25mg, 50mg</i>	\$0 (Tier 1)	MO; HRM
<i>chlorpromazine hydrochloride concentrate 100mg/ml, 30mg/ml</i>	\$0 (Tier 1)	MO; HRM
<i>chlorpromazine hydrochloride tablet 100mg, 10mg, 200mg, 25mg, 50mg</i>	\$0 (Tier 1)	MO; HRM
<i>clozapine odt tablet disintegrating 12.5mg, 25mg</i>	\$0 (Tier 1)	PA; HRM
<i>clozapine odt tablet disintegrating 200mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) PA; HRM
<i>clozapine odt tablet disintegrating 150mg</i>	\$0 (Tier 1)	QL (180 EA per 30 days) PA; HRM
<i>clozapine odt tablet disintegrating 100mg</i>	\$0 (Tier 1)	QL (270 EA per 30 days) PA; HRM
<i>clozapine tablet 25mg, 50mg</i>	\$0 (Tier 1)	HRM
<i>clozapine tablet 200mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days); HRM
<i>clozapine tablet 100mg</i>	\$0 (Tier 1)	QL (270 EA per 30 days); HRM
COBENFY STARTER PACK CAPSULE THERAPY PACK 50MG; 20MG & 100MG; 20MG	\$0 (Tier 1)	QL (112 EA per 365 days) MO
COBENFY CAPSULE 20MG; 100MG, 20MG; 50MG, 30MG; 125MG	\$0 (Tier 1)	QL (60 EA per 30 days) MO
ERZOFRI INJECTION 39MG/0.25ML	\$0 (Tier 1)	QL (0.25 ML per 28 days) MO
ERZOFRI INJECTION 78MG/0.5ML	\$0 (Tier 1)	QL (0.5 ML per 28 days) MO
ERZOFRI INJECTION 117MG/0.75ML	\$0 (Tier 1)	QL (0.75 ML per 28 days) MO
ERZOFRI INJECTION 156MG/ML	\$0 (Tier 1)	QL (1 ML per 28 days) MO
ERZOFRI INJECTION 234MG/1.5ML	\$0 (Tier 1)	QL (1.5 ML per 28 days) MO
ERZOFRI INJECTION 351MG/2.25ML	\$0 (Tier 1)	QL (4.5 ML per 365 days)



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
FANAPT TITRATION PACK A TABLET 1MG; 2MG; 4MG; 6MG	\$0 (Tier 1)	PA; HRM
FANAPT TITRATION PACK B TABLET 1MG; 2MG; 6MG; 8MG	\$0 (Tier 1)	PA
FANAPT TITRATION PACK C TABLET 1MG; 3MG; 6MG	\$0 (Tier 1)	PA
FANAPT TABLET 10MG, 12MG, 1MG, 2MG, 4MG, 6MG, 8MG	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO; HRM
<i>fluphenazine decanoate injection 25mg/ml</i>	\$0 (Tier 1)	MO; HRM
<i>fluphenazine hcl concentrate 5mg/ml</i>	\$0 (Tier 1)	MO; HRM
<i>fluphenazine hydrochloride elixir 2.5mg/5ml</i>	\$0 (Tier 1)	MO; HRM
<i>fluphenazine hydrochloride injection 2.5mg/ml</i>	\$0 (Tier 1)	MO; HRM
<i>fluphenazine hydrochloride tablet 10mg, 1mg, 2.5mg, 5mg</i>	\$0 (Tier 1)	MO; HRM
<i>haloperidol decanoate injection 100mg/ml, 50mg/ml</i>	\$0 (Tier 1)	MO; HRM
<i>haloperidol lactate injection 5mg/ml</i>	\$0 (Tier 1)	MO; HRM
<i>haloperidol concentrate 2mg/ml</i>	\$0 (Tier 1)	MO; HRM
<i>haloperidol tablet 0.5mg, 10mg, 1mg, 20mg, 2mg, 5mg</i>	\$0 (Tier 1)	MO; HRM
INVEGA HAFYERA INJECTION 1092MG/3.5ML	\$0 (Tier 1)	QL (3.5 ML per 180 days); HRM
INVEGA HAFYERA INJECTION 1560MG/5ML	\$0 (Tier 1)	QL (5 ML per 180 days); HRM
INVEGA SUSTENNA INJECTION 39MG/0.25ML	\$0 (Tier 1)	QL (0.25 ML per 28 days) MO; HRM
INVEGA SUSTENNA INJECTION 78MG/0.5ML	\$0 (Tier 1)	QL (0.5 ML per 28 days) MO; HRM
INVEGA SUSTENNA INJECTION 117MG/0.75ML	\$0 (Tier 1)	QL (0.75 ML per 28 days) MO; HRM
INVEGA SUSTENNA INJECTION 156MG/ML	\$0 (Tier 1)	QL (1 ML per 28 days) MO; HRM
INVEGA SUSTENNA INJECTION 234MG/1.5ML	\$0 (Tier 1)	QL (1.5 ML per 28 days) MO; HRM
INVEGA TRINZA INJECTION 273MG/0.88ML	\$0 (Tier 1)	QL (0.88 ML per 90 days); HRM
INVEGA TRINZA INJECTION 410MG/1.32ML	\$0 (Tier 1)	QL (1.32 ML per 90 days); HRM
INVEGA TRINZA INJECTION 546MG/1.75ML	\$0 (Tier 1)	QL (1.75 ML per 90 days); HRM
INVEGA TRINZA INJECTION 819MG/2.63ML	\$0 (Tier 1)	QL (2.63 ML per 90 days); HRM
<i>loxapine capsule 10mg, 25mg, 50mg, 5mg</i>	\$0 (Tier 1)	MO; HRM

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>lurasidone hydrochloride tablet 120mg, 20mg, 40mg, 60mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO; HRM
<i>lurasidone hydrochloride tablet 80mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO; HRM
<i>molindone hydrochloride tablet 10mg, 5mg</i>	\$0 (Tier 1)	HRM
<i>molindone hydrochloride tablet 25mg</i>	\$0 (Tier 1)	HRM
NUPLAZID CAPSULE 34MG	\$0 (Tier 1)	QL (30 EA per 30 days) PA; ACS HRM LD
NUPLAZID TABLET 10MG	\$0 (Tier 1)	QL (30 EA per 30 days) PA; ACS HRM LD
<i>olanzapine odt tablet disintegrating 10mg, 15mg, 20mg, 5mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO; HRM
<i>olanzapine injection 10mg</i>	\$0 (Tier 1)	QL (3 EA per 1 days) MO; HRM
<i>olanzapine tablet 10mg, 15mg, 20mg, 7.5mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO; HRM
<i>olanzapine tablet 2.5mg, 5mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO; HRM
OPIPZA FILM 2MG, 5MG	\$0 (Tier 1)	QL (30 EA per 30 days) PA
OPIPZA FILM 10MG	\$0 (Tier 1)	QL (90 EA per 30 days) PA
<i>paliperidone er tablet extended release 24 hour 1.5mg, 3mg, 9mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO; HRM
<i>paliperidone er tablet extended release 24 hour 6mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO; HRM
<i>perphenazine tablet 16mg, 2mg, 4mg, 8mg</i>	\$0 (Tier 1)	MO; HRM
<i>pimozide tablet 1mg, 2mg</i>	\$0 (Tier 1)	MO
<i>quetiapine fumarate er tablet extended release 24 hour 150mg, 200mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) PA MO; HRM
<i>quetiapine fumarate er tablet extended release 24 hour 300mg, 400mg, 50mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO; HRM
<i>quetiapine fumarate tablet 200mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO; HRM
<i>quetiapine fumarate tablet 25mg</i>	\$0 (Tier 1)	QL (180 EA per 30 days) MO; HRM
<i>quetiapine fumarate tablet 300mg, 400mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO; HRM
<i>quetiapine fumarate tablet 100mg, 150mg, 50mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO; HRM
REXULTI TABLET 3MG, 4MG	\$0 (Tier 1)	QL (30 EA per 30 days) MO; HRM
REXULTI TABLET 0.25MG, 0.5MG, 1MG, 2MG	\$0 (Tier 1)	QL (60 EA per 30 days) MO; HRM
<i>risperidone er injection 25mg</i>	\$0 (Tier 1)	QL (2 EA per 28 days) MO
<i>risperidone er injection 12.5mg</i>	\$0 (Tier 1)	QL (2 EA per 28 days) MO; HRM
<i>risperidone er injection 37.5mg, 50mg</i>	\$0 (Tier 1)	QL (2 EA per 28 days) MO
<i>risperidone odt tablet disintegrating 0.5mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO; HRM
<i>risperidone odt tablet disintegrating 4mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO; HRM
<i>risperidone odt tablet disintegrating 1mg, 2mg, 3mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO; HRM



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>risperidone odt tablet disintegrating 0.25mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO; HRM
<i>risperidone solution 1mg/ml</i>	\$0 (Tier 1)	QL (480 ML per 30 days) MO; HRM
<i>risperidone tablet 4mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO; HRM
<i>risperidone tablet 1mg, 2mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO; HRM
<i>risperidone tablet 0.25mg, 0.5mg, 3mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO; HRM
SECUADO PATCH 24 HOUR 3.8MG/24HR, 5.7MG/24HR, 7.6MG/24HR	\$0 (Tier 1)	QL (30 EA per 30 days) MO; HRM
<i>thioridazine hydrochloride tablet 100mg, 10mg, 25mg, 50mg</i>	\$0 (Tier 1)	PA MO; HRM
<i>thiothixene capsule 10mg, 1mg, 2mg, 5mg</i>	\$0 (Tier 1)	MO; HRM
<i>trifluoperazine hcl tablet 2mg, 5mg</i>	\$0 (Tier 1)	MO; HRM
<i>trifluoperazine hcl tablet 10mg</i>	\$0 (Tier 1)	MO; HRM
<i>trifluoperazine hydrochloride tablet 1mg</i>	\$0 (Tier 1)	MO; HRM
VERSACLOZ SUSPENSION 50MG/ML	\$0 (Tier 1)	QL (600 ML per 30 days) PA; HRM
VRAYLAR CAPSULE 0.5MG, 0.75MG	\$0 (Tier 1)	QL (30 EA per 30 days) MO
VRAYLAR CAPSULE 3MG, 4.5MG, 6MG	\$0 (Tier 1)	QL (30 EA per 30 days) MO; HRM
VRAYLAR CAPSULE 1.5MG	\$0 (Tier 1)	QL (60 EA per 30 days) MO; HRM
<i>ziprasidone hcl capsule 20mg, 40mg, 60mg, 80mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO; HRM
<i>ziprasidone mesylate injection 20mg</i>	\$0 (Tier 1)	QL (6 EA per 3 days) MO; HRM
ZYPREXA RELPREVV INJECTION 210MG	\$0 (Tier 1)	QL (2 EA per 28 days) PA; ACS
ZYPREXA RELPREVV INJECTION 405MG	\$0 (Tier 1)	QL (1 EA per 28 days) PA; ACS
ZYPREXA RELPREVV INJECTION 300MG	\$0 (Tier 1)	QL (2 EA per 28 days) PA; ACS
ANTISEIZURE AGENTS		
APTIOM TABLET 200MG, 400MG	\$0 (Tier 1)	QL (30 EA per 30 days) MO
APTIOM TABLET 600MG, 800MG	\$0 (Tier 1)	QL (60 EA per 30 days) MO
BRIVIACT INJECTION 50MG/5ML	\$0 (Tier 1)	QL (600 ML per 30 days) PA
BRIVIACT ORAL SOLUTION 10MG/ML	\$0 (Tier 1)	QL (600 ML per 30 days) PA MO
BRIVIACT TABLET 100MG, 10MG, 25MG, 50MG, 75MG	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO
<i>carbamazepine er capsule extended release 12 hour 100mg, 200mg, 300mg</i>	\$0 (Tier 1)	MO; HRM
<i>carbamazepine er tablet extended release 12 hour 100mg</i>	\$0 (Tier 1)	MO; HRM
<i>carbamazepine er tablet extended release 12 hour 200mg, 400mg</i>	\$0 (Tier 1)	MO; HRM
<i>carbamazepine suspension 100mg/5ml</i>	\$0 (Tier 1)	MO; HRM
<i>carbamazepine tablet chewable 200mg</i>	\$0 (Tier 1)	MO

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>carbamazepine tablet chewable 100mg</i>	\$0 (Tier 1)	MO; HRM
<i>carbamazepine tablet 200mg</i>	\$0 (Tier 1)	MO; HRM
<i>clobazam suspension 2.5mg/ml</i>	\$0 (Tier 1)	QL (480 ML per 30 days) PA MO; HRM
<i>clobazam tablet 10mg, 20mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO; HRM
<i>clonazepam odt tablet disintegrating 2mg</i>	\$0 (Tier 1)	QL (300 EA per 30 days) MO
<i>clonazepam odt tablet disintegrating 0.125mg, 0.25mg, 0.5mg, 1mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>clonazepam tablet 2mg</i>	\$0 (Tier 1)	QL (300 EA per 30 days) MO
<i>clonazepam tablet 0.5mg, 1mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>clorazepate dipotassium tablet 15mg</i>	\$0 (Tier 1)	QL (180 EA per 30 days) PA MO; HRM
<i>clorazepate dipotassium tablet 3.75mg, 7.5mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) PA MO; HRM
DIACOMIT CAPSULE 500MG	\$0 (Tier 1)	QL (180 EA per 30 days) PA; LD
DIACOMIT CAPSULE 250MG	\$0 (Tier 1)	QL (360 EA per 30 days) PA; LD
DIACOMIT PACKET 500MG	\$0 (Tier 1)	QL (180 EA per 30 days) PA; LD
DIACOMIT PACKET 250MG	\$0 (Tier 1)	QL (360 EA per 30 days) PA; LD
<i>diazepam intensol concentrate 5mg/ml</i>	\$0 (Tier 1)	QL (240 ML per 30 days) PA MO; HRM
<i>diazepam concentrate 5mg/ml</i>	\$0 (Tier 1)	QL (240 ML per 30 days) PA MO; HRM
DIAZEPAM GEL 10MG, 2.5MG, 20MG	\$0 (Tier 1)	QL (5 EA per 30 days) MO; HRM
<i>diazepam injection 5mg/ml</i>	\$0 (Tier 1)	QL (240 ML per 30 days) PA MO; HRM
<i>diazepam oral solution 5mg/5ml</i>	\$0 (Tier 1)	QL (1200 ML per 30 days) PA MO; HRM
<i>diazepam tablet 10mg, 2mg, 5mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) PA MO; HRM
DILANTIN INFATABS TABLET CHEWABLE 50MG	\$0 (Tier 1)	MO
DILANTIN-125 SUSPENSION 125MG/5ML	\$0 (Tier 1)	MO
DILANTIN CAPSULE 100MG, 30MG	\$0 (Tier 1)	MO
<i>divalproex sodium dr capsule delayed release sprinkle 125mg</i>	\$0 (Tier 1)	MO
<i>divalproex sodium dr tablet delayed release 125mg, 250mg, 500mg</i>	\$0 (Tier 1)	MO



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 1)	MO
EPIDIOLEX SOLUTION 100MG/ML	\$0 (Tier 1)	QL (600 ML per 30 days) PA; ACS LD
EPRONTIA SOLUTION 25MG/ML	\$0 (Tier 1)	QL (480 ML per 30 days) PA MO
<i>eslicarbazepine acetate tablet 200mg, 400mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>eslicarbazepine acetate tablet 600mg, 800mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>ethosuximide capsule 250mg</i>	\$0 (Tier 1)	MO
<i>ethosuximide solution 250mg/5ml</i>	\$0 (Tier 1)	MO
<i>felbamate suspension 600mg/5ml</i>	\$0 (Tier 1)	MO
<i>felbamate tablet 400mg, 600mg</i>	\$0 (Tier 1)	MO
FINTEPLA SOLUTION 2.2MG/ML	\$0 (Tier 1)	QL (360 ML per 30 days) PA; LD
<i>fosphenytoin sodium injection 100mg pe/2ml</i>	\$0 (Tier 1)	
<i>fosphenytoin sodium injection 500mg pe/10ml</i>	\$0 (Tier 1)	MO
FYCOMPA SUSPENSION 0.5MG/ML	\$0 (Tier 1)	QL (680 ML per 28 days) PA MO
<i>gabapentin (generic Neurontin) capsule 100mg</i>	\$0 (Tier 1)	QL (180 EA per 30 days) MO
<i>gabapentin (generic Neurontin) capsule 400mg</i>	\$0 (Tier 1)	QL (270 EA per 30 days) MO
<i>gabapentin (generic Neurontin) capsule 300mg</i>	\$0 (Tier 1)	QL (360 EA per 30 days) MO
<i>gabapentin (generic Neurontin) solution 250mg/5ml</i>	\$0 (Tier 1)	QL (2160 ML per 30 days) MO
<i>gabapentin (generic Neurontin) tablet 600mg</i>	\$0 (Tier 1)	QL (180 EA per 30 days) MO
<i>gabapentin (generic Neurontin) tablet 800mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>lacosamide injection 200mg/20ml</i>	\$0 (Tier 1)	
<i>lacosamide oral solution 10mg/ml</i>	\$0 (Tier 1)	QL (1200 ML per 30 days) MO
<i>lacosamide tablet 50mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i>lacosamide tablet 100mg, 150mg, 200mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>lamotrigine er tablet extended release 24 hour 100mg, 200mg, 250mg, 25mg, 300mg, 50mg</i>	\$0 (Tier 1)	MO
<i>lamotrigine odt tablet disintegrating 100mg, 200mg, 25mg, 50mg</i>	\$0 (Tier 1)	MO
<i>lamotrigine starter kit/blue kit 25mg</i>	\$0 (Tier 1)	
<i>lamotrigine starter kit/green kit 100mg; 25mg</i>	\$0 (Tier 1)	
<i>lamotrigine starter kit/orange kit 100mg; 25mg</i>	\$0 (Tier 1)	
<i>lamotrigine tablet chewable 25mg, 5mg</i>	\$0 (Tier 1)	MO
<i>lamotrigine tablet 100mg, 150mg, 200mg, 25mg</i>	\$0 (Tier 1)	MO
<i>levetiracetam er tablet extended release 24 hour 500mg, 750mg</i>	\$0 (Tier 1)	MO

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
LEVETIRACETAM/SODIUM CHLORIDE INJECTION 500MG/100ML; 820MG/100ML	\$0 (Tier 1)	
<i>levetiracetam/sodium chloride injection 1000mg/100ml; 750mg/100ml, 1500mg/100ml; 540mg/100ml, 500mg/100ml; 820mg/100ml</i>	\$0 (Tier 1)	
<i>levetiracetam injection 500mg/5ml</i>	\$0 (Tier 1)	
<i>levetiracetam oral solution 100mg/ml</i>	\$0 (Tier 1)	MO
LEVETIRACETAM TABLET DISINTEGRATING SOLUBLE 500MG	\$0 (Tier 1)	QL (180 EA per 30 days)
LEVETIRACETAM TABLET DISINTEGRATING SOLUBLE 250MG	\$0 (Tier 1)	QL (360 EA per 30 days) MO
<i>levetiracetam tablet 1000mg, 250mg, 500mg, 750mg</i>	\$0 (Tier 1)	MO
LIBERVANT FILM 10MG, 12.5MG, 15MG, 5MG, 7.5MG	\$0 (Tier 1)	QL (10 EA per 30 days) PA MO
<i>methsuximide capsule 300mg</i>	\$0 (Tier 1)	MO
NAYZILAM SOLUTION 5MG/0.1ML	\$0 (Tier 1)	QL (10 EA per 30 days) PA MO
<i>oxcarbazepine suspension 300mg/5ml</i>	\$0 (Tier 1)	MO; HRM
<i>oxcarbazepine tablet 150mg, 300mg, 600mg</i>	\$0 (Tier 1)	MO; HRM
<i>perampanel suspension 0.5mg/ml</i>	\$0 (Tier 1)	QL (680 ML per 28 days) PA MO
<i>perampanel tablet 2mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO
<i>perampanel tablet 10mg, 12mg, 4mg, 6mg, 8mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) PA MO
<i>phenobarbital sodium injection 130mg/ml, 65mg/ml</i>	\$0 (Tier 1)	PA; HRM
<i>phenobarbital elixir 20mg/5ml</i>	\$0 (Tier 1)	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 1)	QL (120 EA per 30 days) PA MO; HRM
<i>phenytek capsule 200mg, 300mg</i>	\$0 (Tier 1)	MO
<i>phenytoin sodium extended capsule 100mg, 200mg, 300mg</i>	\$0 (Tier 1)	MO
<i>phenytoin sodium injection 50mg/ml</i>	\$0 (Tier 1)	
<i>phenytoin suspension 125mg/5ml</i>	\$0 (Tier 1)	MO
<i>phenytoin tablet chewable 50mg</i>	\$0 (Tier 1)	MO
PREGABALIN CAPSULE 150MG, 25MG, 50MG, 75MG	\$0 (Tier 1)	QL (120 EA per 30 days) PA MO
<i>pregabalin capsule 100mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) PA MO
<i>pregabalin capsule 225mg, 300mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO
<i>pregabalin capsule 200mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) PA MO



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
PREGABALIN SOLUTION 20MG/ML	\$0 (Tier 1)	QL (900 ML per 30 days) PA MO
<i>primidone tablet 125mg, 250mg, 50mg</i>	\$0 (Tier 1)	MO
<i>roweepra tablet 500mg</i>	\$0 (Tier 1)	
<i>rufinamide suspension 40mg/ml</i>	\$0 (Tier 1)	QL (2760 ML per 30 days) PA MO
<i>rufinamide tablet 200mg</i>	\$0 (Tier 1)	QL (480 EA per 30 days) PA MO
<i>rufinamide tablet 400mg</i>	\$0 (Tier 1)	QL (240 EA per 30 days) PA MO
SPRITAM TABLET DISINTEGRATING SOLUBLE 750MG	\$0 (Tier 1)	QL (120 EA per 30 days) MO
SPRITAM TABLET DISINTEGRATING SOLUBLE 500MG	\$0 (Tier 1)	QL (180 EA per 30 days) MO
SPRITAM TABLET DISINTEGRATING SOLUBLE 250MG	\$0 (Tier 1)	QL (360 EA per 30 days) MO
SPRITAM TABLET DISINTEGRATING SOLUBLE 1000MG	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>subvenite starter kit/blue kit 25mg</i>	\$0 (Tier 1)	
<i>subvenite starter kit/green kit 100mg; 25mg</i>	\$0 (Tier 1)	
<i>subvenite starter kit/orange kit 100mg; 25mg</i>	\$0 (Tier 1)	
SUBVENITE SUSPENSION 10MG/ML	\$0 (Tier 1)	PA
<i>subvenite tablet 100mg, 150mg, 200mg, 25mg</i>	\$0 (Tier 1)	
SYMPAZAN FILM 5MG	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO; HRM
SYMPAZAN FILM 10MG, 20MG	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO; HRM
<i>tiagabine hydrochloride tablet 12mg, 16mg, 2mg, 4mg</i>	\$0 (Tier 1)	MO
<i>topiramate er capsule er 24 hour sprinkle 100mg, 150mg, 200mg, 25mg, 50mg</i>	\$0 (Tier 1)	MO
<i>topiramate er capsule extended release 24 hour 100mg, 200mg, 25mg, 50mg</i>	\$0 (Tier 1)	MO
<i>topiramate capsule sprinkle 15mg, 25mg, 50mg</i>	\$0 (Tier 1)	MO
<i>topiramate solution 25mg/ml</i>	\$0 (Tier 1)	QL (480 ML per 30 days) PA MO
<i>topiramate tablet 100mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i>topiramate tablet 200mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>topiramate tablet 25mg, 50mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>valproate sodium injection 100mg/ml</i>	\$0 (Tier 1)	
<i>valproic acid capsule 250mg</i>	\$0 (Tier 1)	MO
<i>valproic acid solution 250mg/5ml</i>	\$0 (Tier 1)	MO

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 10 MG DOSE LIQUID 10MG/0.1ML	\$0 (Tier 1)	QL (10 EA per 30 days) PA MO
VALTOCO 15 MG DOSE LIQUID THERAPY PACK 7.5MG/0.1ML	\$0 (Tier 1)	QL (10 EA per 30 days) PA MO
VALTOCO 20 MG DOSE LIQUID THERAPY PACK 10MG/0.1ML	\$0 (Tier 1)	QL (10 EA per 30 days) PA MO
VALTOCO 5 MG DOSE LIQUID 5MG/0.1ML	\$0 (Tier 1)	QL (10 EA per 30 days) PA MO
<i>vigabatin packet 500mg</i>	\$0 (Tier 1)	QL (180 EA per 30 days) PA; ACS
<i>vigabatin tablet 500mg</i>	\$0 (Tier 1)	QL (180 EA per 30 days) PA; ACS
<i>vigadrone packet 500mg</i>	\$0 (Tier 1)	QL (180 EA per 30 days) PA; LD
<i>vigadrone tablet 500mg</i>	\$0 (Tier 1)	QL (180 EA per 30 days) PA; LD
VIGAFYDE SOLUTION 100MG/ML	\$0 (Tier 1)	QL (750 ML per 30 days) PA; LD
XCOPRI TABLET TITRATION THERAPY PACK 12.5MG; 25MG	\$0 (Tier 1)	QL (28 EA per 28 days)
XCOPRI TABLET TITRATION THERAPY PACK 150MG; 200MG, 50MG; 100MG	\$0 (Tier 1)	QL (28 EA per 28 days)
XCOPRI TABLET MAINTENANCE THERAPY PACK 150MG; 100MG, 200MG; 150MG	\$0 (Tier 1)	QL (56 EA per 28 days) MO
XCOPRI TABLET 100MG, 25MG, 50MG	\$0 (Tier 1)	QL (30 EA per 30 days) MO
XCOPRI TABLET 150MG, 200MG	\$0 (Tier 1)	QL (60 EA per 30 days) MO
ZONISADE SUSPENSION 100MG/5ML	\$0 (Tier 1)	QL (900 ML per 30 days) PA MO
<i>zonisamide capsule 100mg, 25mg</i>	\$0 (Tier 1)	MO
<i>zonisamide capsule 50mg</i>	\$0 (Tier 1)	MO; HRM
ZTALMY SUSPENSION 50MG/ML	\$0 (Tier 1)	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, 7.5mg; 7.5mg; 7.5mg; 7.5mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>amphetamine/dextroamphetamine tablet 5mg, 7.5mg, 10mg, 12.5mg, 15mg, 30mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>amphetamine/dextroamphetamine tablet 20mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>atomoxetine hydrochloride capsule 10mg, 25mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i>atomoxetine capsule 10mg, 18mg, 25mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i>atomoxetine capsule 100mg, 60mg, 80mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>atomoxetine capsule 40mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO



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>dexmethylphenidate hcl tablet 10mg, 5mg</i>	\$0 (Tier 1)	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 1)	QL (30 EA per 30 days) MO
<i>dexmethylphenidate hydrochloride tablet 2.5mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>dextroamphetamine sulfate er capsule extended release 24 hour 10mg, 15mg, 5mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i>dextroamphetamine sulfate solution 5mg/5ml</i>	\$0 (Tier 1)	QL (1800 ML per 30 days) MO
<i>dextroamphetamine sulfate tablet 10mg, 5mg</i>	\$0 (Tier 1)	QL (180 EA per 30 days) MO
<i>guanfacine hydrochloride er tablet extended release 24 hour 1mg, 2mg, 4mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) PA MO
<i>guanfacine hydrochloride er tablet extended release 24 hour 3mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO
<i>lisdexamfetamine dimesylate capsule 10mg, 20mg, 30mg, 40mg, 50mg, 60mg, 70mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>lisdexamfetamine dimesylate tablet chewable 10mg, 20mg, 30mg, 40mg, 50mg, 60mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er (cd) capsule extended release (generic Metadate CD) 10mg, 20mg, 30mg, 40mg, 50mg, 60mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er (la) capsule extended release 24 hour (generic Ritalin LA) 10mg, 20mg, 40mg, 60mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er (la) capsule extended release 24 hour (generic Ritalin LA) 30mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
METHYLPHENIDATE HYDROCHLORIDE ER (OSM) TABLET EXTENDED RELEASE (GENERIC RELEXXI) 45MG, 63MG	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er (osm) tablet extended release (generic Concerta) 18mg, 27mg, 36mg, 54mg, (generic Relexxi) 72mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er tablet extended release 24 hour 18mg, 27mg, 36mg, 54mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
<i>methylphenidate hydrochloride er tablet extended release (generic Metadate ER and Ritalin SR) 10mg, 20mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>methylphenidate hydrochloride solution 5mg/5ml</i>	\$0 (Tier 1)	QL (1800 ML per 30 days) MO
<i>methylphenidate hydrochloride solution 10mg/5ml</i>	\$0 (Tier 1)	QL (900 ML per 30 days) MO

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>methylphenidate hydrochloride tablet chewable 10mg, 2.5mg, 5mg</i>	\$0 (Tier 1)	QL (180 EA per 30 days) MO
<i>methylphenidate hydrochloride tablet 10mg, 20mg, 5mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>zenzedi tablet 10mg, 5mg</i>	\$0 (Tier 1)	QL (180 EA per 30 days)
HYPNOTICS		
DAYVIGO TABLET 10MG, 5MG	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>doxepin hydrochloride tablet 3mg, 6mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO; HRM
<i>tasimelteon capsule 20mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) PA; ACS
<i>temazepam capsule 15mg, 22.5mg, 30mg, 7.5mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) PA MO; HRM
<i>triazolam tablet 0.125mg, 0.25mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO; HRM
<i>zaleplon capsule 5mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) PA MO; HRM
<i>zaleplon capsule 10mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO; HRM
<i>zolpidem tartrate tablet 10mg, 5mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) PA MO; HRM
MIGRAINE		
AIMOVIG INJECTION 140MG/ML, 70MG/ML	\$0 (Tier 1)	QL (1 ML per 30 days) PA; ACS
<i>dihydroergotamine mesylate injection 1mg/ml</i>	\$0 (Tier 1)	PA MO
<i>dihydroergotamine mesylate nasal solution 4mg/ml</i>	\$0 (Tier 1)	QL (8 ML per 30 days) PA MO
<i>eletriptan hydrobromide tablet 20mg, 40mg</i>	\$0 (Tier 1)	QL (12 EA per 30 days) MO
<i>ergotamine tartrate/caffeine tablet 100mg; 1mg</i>	\$0 (Tier 1)	QL (40 EA per 28 days) PA MO
<i>naratriptan hcl tablet 1mg, 2.5mg</i>	\$0 (Tier 1)	QL (9 EA per 30 days) MO
NURTEC TABLET DISINTEGRATING 75MG	\$0 (Tier 1)	QL (16 EA per 30 days) PA MO
QULIPTA TABLET 10MG, 30MG, 60MG	\$0 (Tier 1)	QL (30 EA per 30 days) PA MO
<i>rizatriptan benzoate odt tablet disintegrating 10mg, 5mg</i>	\$0 (Tier 1)	QL (12 EA per 30 days) MO
<i>rizatriptan benzoate tablet 10mg, 5mg</i>	\$0 (Tier 1)	QL (12 EA per 30 days) MO
<i>sumatriptan succinate refill injection 4mg/0.5ml, 6mg/0.5ml</i>	\$0 (Tier 1)	QL (4 ML per 30 days) MO
<i>sumatriptan succinate injection 6mg/0.5ml</i>	\$0 (Tier 1)	QL (4 ML per 30 days) MO
<i>sumatriptan succinate tablet 100mg</i>	\$0 (Tier 1)	QL (12 EA per 30 days) MO
<i>sumatriptan succinate tablet 25mg, 50mg</i>	\$0 (Tier 1)	QL (9 EA per 30 days) MO
<i>sumatriptan solution 20mg/act, 5mg/act</i>	\$0 (Tier 1)	QL (12 EA per 30 days) MO



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
UBRELVY TABLET 100MG, 50MG	\$0 (Tier 1)	QL (16 EA per 30 days) PA MO
MISCELLANEOUS		
AUSTEDO XR PATIENT TITRATION KIT TABLET EXTENDED RELEASE THERAPY PACK 12MG; 18MG; 24MG; 30MG	\$0 (Tier 1)	QL (56 EA per 365 days) PA; ACS
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 12MG	\$0 (Tier 1)	QL (120 EA per 30 days) PA; ACS
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 18MG, 30MG, 36MG, 42MG, 48MG	\$0 (Tier 1)	QL (30 EA per 30 days) PA; ACS
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 24MG	\$0 (Tier 1)	QL (60 EA per 30 days) PA; ACS
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 6MG	\$0 (Tier 1)	QL (90 EA per 30 days) PA; ACS
AUSTEDO TABLET 12MG, 9MG	\$0 (Tier 1)	QL (120 EA per 30 days) PA; ACS
AUSTEDO TABLET 6MG	\$0 (Tier 1)	QL (60 EA per 30 days) PA; ACS
<i>lithium carbonate er tablet extended release 300mg, 450mg</i>	\$0 (Tier 1)	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 1)	MO
NUEDEXTA CAPSULE 20MG; 10MG	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO
<i>pregabalin er tablet extended release 24 hour 330mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO
<i>pregabalin er tablet extended release 24 hour 165mg, 82.5mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) PA MO
<i>pyridostigmine bromide er tablet extended release 180mg</i>	\$0 (Tier 1)	MO
<i>pyridostigmine bromide tablet 60mg</i>	\$0 (Tier 1)	MO
<i>riluzole tablet 50mg</i>	\$0 (Tier 1)	MO
<i>tetrabenazine tablet 25mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) PA; ACS
<i>tetrabenazine tablet 12.5mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) PA; ACS
MULTIPLE SCLEROSIS AGENTS		
BAFIERTAM CAPSULE DELAYED RELEASE 95MG	\$0 (Tier 1)	QL (120 EA per 30 days) PA; ACS LD
BETASERON INJECTION 0.3MG	\$0 (Tier 1)	QL (14 EA per 28 days) PA; ACS

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>dalfampridine er tablet extended release 12 hour 10mg</i>	\$0 (Tier 1)	PA; ACS
<i> fingolimod hydrochloride capsule 0.5mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) PA; ACS
<i> glatiramer acetate injection 40mg/ml</i>	\$0 (Tier 1)	QL (12 ML per 28 days) PA; ACS
<i> glatiramer acetate injection 20mg/ml</i>	\$0 (Tier 1)	QL (30 ML per 30 days) PA; ACS
<i> glatopa injection 40mg/ml</i>	\$0 (Tier 1)	QL (12 ML per 28 days) PA; ACS
<i> glatopa injection 20mg/ml</i>	\$0 (Tier 1)	QL (30 ML per 30 days) PA; ACS
KESIMPTA INJECTION 20MG/0.4ML	\$0 (Tier 1)	QL (6.4 ML per 365 days) PA; ACS LD
<i> teriflunomide tablet 14mg, 7mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) PA; ACS
MUSCULOSKELETAL THERAPY AGENTS		
<i> baclofen tablet 10mg, 20mg, 5mg</i>	\$0 (Tier 1)	MO
<i> baclofen tablet 15mg</i>	\$0 (Tier 1)	MO
<i> chlorzoxazone tablet 500mg</i>	\$0 (Tier 1)	QL (180 EA per 30 days) PA MO; HRM
<i> cyclobenzaprine hydrochloride tablet 10mg, 5mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) PA MO; HRM
<i> dantrolene sodium capsule 100mg, 25mg, 50mg</i>	\$0 (Tier 1)	MO
<i> tizanidine hcl tablet 2mg</i>	\$0 (Tier 1)	MO
<i> tizanidine hydrochloride capsule 2mg, 4mg, 6mg</i>	\$0 (Tier 1)	MO
<i> tizanidine hydrochloride tablet 4mg</i>	\$0 (Tier 1)	MO
NARCOLEPSY/CATAPLEXY		
<i> armodafinil tablet 150mg, 200mg, 250mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) PA MO
<i> armodafinil tablet 50mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO
<i> modafinil tablet 100mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) PA MO
<i> modafinil tablet 200mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO
SODIUM OXYBATE SOLUTION 500MG/ML	\$0 (Tier 1)	QL (540 ML per 30 days) PA; LD
PSYCHOTHERAPEUTIC-MISC		
<i> acamprosate calcium dr tablet delayed release 333mg</i>	\$0 (Tier 1)	MO
<i> buprenorphine hcl/naloxone hcl tablet sublingual 8mg; 2mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i> buprenorphine hcl/naloxone hcl tablet sublingual 2mg; 0.5mg</i>	\$0 (Tier 1)	QL (180 EA per 30 days) MO
<i> buprenorphine hcl tablet sublingual 8mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i> buprenorphine hcl tablet sublingual 2mg</i>	\$0 (Tier 1)	QL (180 EA per 30 days) MO



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>buprenorphine hydrochloride/naloxone hydrochloride film 8mg; 2mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i>buprenorphine hydrochloride/naloxone hydrochloride film 2mg; 0.5mg</i>	\$0 (Tier 1)	QL (180 EA per 30 days) MO
<i>buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg, 4mg; 1mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 150mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>disulfiram tablet 250mg, 500mg</i>	\$0 (Tier 1)	MO
KLOXXADO LIQUID 8MG/0.1ML	\$0 (Tier 1)	MO
<i>naloxone hcl injection 4mg/10ml</i>	\$0 (Tier 1)	MO
<i>naloxone hydrochloride injection 0.4mg/ml cartridge and prefilled syringe, 2mg/2ml prefilled syringe</i>	\$0 (Tier 1)	
<i>naloxone hydrochloride injection 0.4mg/ml vial</i>	\$0 (Tier 1)	MO
<i>naloxone hydrochloride liquid 4mg/0.1ml</i>	\$0 (Tier 1)	MO
<i>naltrexone hydrochloride tablet 50mg</i>	\$0 (Tier 1)	MO
NICOTROL NS SOLUTION 10MG/ML	\$0 (Tier 1)	QL (360 ML per 365 days) MO
REXTOVY LIQUID 4MG/0.25ML	\$0 (Tier 1)	MO
<i>varenicline starting month tablet therapy pack 0.5mg; 1mg</i>	\$0 (Tier 1)	
<i>varenicline tartrate tablet 0.5mg, 1mg</i>	\$0 (Tier 1)	MO
VIVITROL INJECTION 380MG	\$0 (Tier 1)	ACS
ENDOCRINE AND METABOLIC		
ANDROGENS		
<i>danazol capsule 100mg, 200mg, 50mg</i>	\$0 (Tier 1)	MO
<i>methyltestosterone capsule 10mg</i>	\$0 (Tier 1)	PA MO
<i>testosterone cypionate injection 100mg/ml, 200mg/ml</i>	\$0 (Tier 1)	MO
<i>testosterone enanthate injection 200mg/ml</i>	\$0 (Tier 1)	PA MO
<i>testosterone pump gel 1%</i>	\$0 (Tier 1)	QL (300 GM per 30 days) MO
<i>testosterone gel 25mg/2.5gm, 50mg/5gm</i>	\$0 (Tier 1)	QL (300 GM per 30 days) MO
<i>testosterone solution 30mg/act</i>	\$0 (Tier 1)	QL (180 ML per 30 days) MO
ANTIDIABETICS, INSULINS		
BD ALCOHOL SWABS	\$0 (Tier 1)	PA MO
BD INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16”	\$0 (Tier 1)	PA MO

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
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 MISCELLANEOUS	\$0 (Tier 1)	MO
BD VEO INSULIN SYRINGE ULTRA-FINE/0.3ML/31G X 15/64"	\$0 (Tier 1)	PA MO
CURITY GAUZE PADS 2"X2" 12 PLY PAD	\$0 (Tier 1)	PA MO
FIASP FLEXTOUCH INJECTION 100UNIT/ML	\$0 (Tier 1)	MO
FIASP PENFILL INJECTION 100UNIT/ML	\$0 (Tier 1)	MO
FIASP PUMPCART INJECTION 100UNIT/ML	\$0 (Tier 1)	B/D MO
FIASP INJECTION 100UNIT/ML	\$0 (Tier 1)	B/D MO
HUMULIN R U-500 (CONCENTRATED) INJECTION 500UNIT/ML	\$0 (Tier 1)	B/D MO
HUMULIN R U-500 KWIKPEN INJECTION 500UNIT/ML	\$0 (Tier 1)	MO
INSULIN ASPART FLEXPEN INJECTION 100UNIT/ML	\$0 (Tier 1)	MO
INSULIN ASPART PENFILL INJECTION 100UNIT/ML	\$0 (Tier 1)	MO
INSULIN ASPART INJECTION 100UNIT/ML	\$0 (Tier 1)	B/D MO
LANTUS SOLOSTAR INJECTION 100UNIT/ML	\$0 (Tier 1)	MO
LANTUS INJECTION 100UNIT/ML	\$0 (Tier 1)	MO
NOVOLIN 70/30 FLEXPEN INJECTION 30UNIT/ML; 70UNIT/ML (BRAND RELION NOT COVERED)	\$0 (Tier 1)	MO
NOVOLIN 70/30 INJECTION 30UNIT/ML; 70UNIT/ML (BRAND RELION NOT COVERED)	\$0 (Tier 1)	MO
NOVOLIN N FLEXPEN INJECTION 100UNIT/ML (BRAND RELION NOT COVERED)	\$0 (Tier 1)	MO



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 N INJECTION 100UNIT/ML (BRAND RELION NOT COVERED)	\$0 (Tier 1)	MO
NOVOLIN R FLEXPEN INJECTION 100UNIT/ML (BRAND RELION NOT COVERED)	\$0 (Tier 1)	MO
NOVOLIN R INJECTION 100UNIT/ML (BRAND RELION NOT COVERED)	\$0 (Tier 1)	B/D MO
NOVOLOG FLEXPEN RELION INJECTION 100UNIT/ML	\$0 (Tier 1)	MO
NOVOLOG FLEXPEN INJECTION 100UNIT/ML	\$0 (Tier 1)	MO
NOVOLOG MIX 70/30 PREFILLED FLEXPEN INJECTION 30UNIT/ML; 70UNIT/ML (BRAND RELION NOT COVERED)	\$0 (Tier 1)	MO
NOVOLOG MIX 70/30 INJECTION 30UNIT/ML; 70UNIT/ML (BRAND RELION NOT COVERED)	\$0 (Tier 1)	MO
NOVOLOG PENFILL INJECTION 100UNIT/ML	\$0 (Tier 1)	MO
NOVOLOG RELION INJECTION 100UNIT/ML	\$0 (Tier 1)	B/D MO
NOVOLOG INJECTION 100UNIT/ML	\$0 (Tier 1)	B/D MO
SOLIQUA 100/33 INJECTION 100UNIT/ML; 33MCG/ML	\$0 (Tier 1)	QL (15 ML per 25 days) MO
TOUJEO MAX SOLOSTAR INJECTION 300UNIT/ML	\$0 (Tier 1)	MO
TOUJEO SOLOSTAR INJECTION 300UNIT/ML	\$0 (Tier 1)	MO
XULTOPHY 100/3.6 INJECTION 100UNIT/ML; 3.6MG/ML	\$0 (Tier 1)	QL (15 ML per 30 days) MO
ANTIDIABETICS		
<i>acarbose tablet 100mg, 25mg, 50mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
DAPAGLIFLOZIN PROPANEDIOL TABLET 10MG, 5MG	\$0 (Tier 1)	QL (30 EA per 30 days) MO
FARXIGA TABLET 10MG, 5MG	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>glimepiride tablet 4mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>glimepiride tablet 1mg, 2mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>glipizide er tablet extended release 24 hour 10mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO

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>glipizide er tablet extended release 24 hour 2.5mg, 5mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>glipizide/metformin hydrochloride tablet 2.5mg; 500mg, 5mg; 500mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i>glipizide/metformin hydrochloride tablet 2.5mg; 250mg</i>	\$0 (Tier 1)	QL (240 EA per 30 days) MO
<i>glipizide tablet 10mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i>glipizide tablet 2.5mg, 5mg</i>	\$0 (Tier 1)	QL (240 EA per 30 days) MO
GLYXAMBI TABLET 10MG; 5MG, 25MG; 5MG	\$0 (Tier 1)	QL (30 EA per 30 days) MO
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 100MG	\$0 (Tier 1)	QL (30 EA per 30 days) MO
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 50MG, 500MG; 50MG	\$0 (Tier 1)	QL (60 EA per 30 days) MO
JANUMET TABLET 1000MG; 50MG, 500MG; 50MG	\$0 (Tier 1)	QL (60 EA per 30 days) MO
JANUVIA TABLET 100MG, 25MG, 50MG	\$0 (Tier 1)	QL (30 EA per 30 days) MO
JARDIANCE TABLET 10MG, 25MG	\$0 (Tier 1)	QL (30 EA per 30 days) MO
JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 5MG; 1000MG	\$0 (Tier 1)	QL (30 EA per 30 days) MO
JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 2.5MG; 1000MG	\$0 (Tier 1)	QL (60 EA per 30 days) MO
JENTADUETO TABLET 2.5MG; 1000MG, 2.5MG; 500MG, 2.5MG; 850MG	\$0 (Tier 1)	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 1)	QL (120 EA per 30 days) PA MO
<i>metformin hydrochloride tablet 500mg</i>	\$0 (Tier 1)	QL (150 EA per 30 days) MO
<i>metformin hydrochloride tablet 1000mg</i>	\$0 (Tier 1)	QL (75 EA per 30 days) MO
<i>metformin hydrochloride tablet 850mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>miglitol tablet 100mg, 25mg, 50mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO



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
MOUNJARO INJECTION 10MG/0.5ML, 12.5MG/0.5ML, 15MG/0.5ML, 5MG/0.5ML, 7.5MG/0.5ML	\$0 (Tier 1)	QL (2 ML per 28 days) PA MO
MOUNJARO INJECTION 2.5MG/0.5ML	\$0 (Tier 1)	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 1)	QL (3 ML per 28 days) PA MO
<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 1)	QL (30 EA per 30 days) PA
RYBELSUS TABLET 14MG, 7MG	\$0 (Tier 1)	QL (30 EA per 30 days) PA MO
SYMLINPEN 120 INJECTION 2700MCG/2.7ML	\$0 (Tier 1)	QL (10.8 ML per 30 days) PA MO
SYMLINPEN 60 INJECTION 1500MCG/1.5ML	\$0 (Tier 1)	QL (6 ML per 30 days) PA MO
TRADJENTA TABLET 5MG	\$0 (Tier 1)	QL (30 EA per 30 days) MO
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 5MG; 1000MG, 25MG; 5MG; 1000MG	\$0 (Tier 1)	QL (30 EA per 30 days) MO
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 12.5MG; 2.5MG; 1000MG, 5MG; 2.5MG; 1000MG	\$0 (Tier 1)	QL (60 EA per 30 days) MO
TRULICITY INJECTION 0.75MG/0.5ML, 1.5MG/0.5ML, 3MG/0.5ML, 4.5MG/0.5ML	\$0 (Tier 1)	QL (2 ML per 28 days) PA MO
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 1000MG, 10MG; 500MG	\$0 (Tier 1)	QL (30 EA per 30 days) MO
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 2.5MG; 1000MG, 5MG; 1000MG, 5MG; 500MG	\$0 (Tier 1)	QL (60 EA per 30 days) MO
CALCIUM REGULATORS		
<i>alendronate sodium solution 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

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
BILDYOS INJECTION 60MG/ML	\$0 (Tier 1)	QL (1 ML per 180 days); ACS
BILPREVDA INJECTION 120MG/1.7ML	\$0 (Tier 1)	PA; ACS
BONSITY INJECTION 560MCG/2.24ML	\$0 (Tier 1)	PA; ACS
<i>calcitonin-salmon solution 200unit/act</i>	\$0 (Tier 1)	MO
<i>ibandronate sodium injection 3mg/3ml</i>	\$0 (Tier 1)	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 1)	QL (1 ML per 180 days); ACS
PAMIDRONATE DISODIUM INJECTION 6MG/ML	\$0 (Tier 1)	
<i>pamidronate disodium injection 30mg/10ml, 90mg/10ml</i>	\$0 (Tier 1)	
<i>risedronate sodium dr tablet delayed release 35mg</i>	\$0 (Tier 1)	QL (4 EA per 28 days) MO
<i>risedronate sodium tablet 150mg</i>	\$0 (Tier 1)	QL (1 EA per 28 days) MO
<i>risedronate sodium tablet 30mg, 5mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>risedronate sodium tablet 35mg</i>	\$0 (Tier 1)	QL (4 EA per 28 days) MO
<i>teriparatide injection (brand by Alvogen) 560mcg/2.24ml</i>	\$0 (Tier 1)	PA; ACS
WYOST INJECTION 120MG/1.7ML	\$0 (Tier 1)	PA; ACS LD
ZOLEDRONIC ACID INJECTION 4MG/100ML	\$0 (Tier 1)	ACS
<i>zoledronic acid injection 4mg/5ml, 5mg/100ml</i>	\$0 (Tier 1)	ACS
CHELATING AGENTS		
CHEMET CAPSULE 100MG	\$0 (Tier 1)	MO
<i>deferasirox packet 180mg, 360mg, 90mg</i>	\$0 (Tier 1)	PA; ACS
<i>deferasirox tablet soluble 125mg</i>	\$0 (Tier 1)	PA; ACS
<i>deferasirox tablet soluble 250mg, 500mg</i>	\$0 (Tier 1)	PA; ACS
<i>deferasirox tablet 90mg</i>	\$0 (Tier 1)	PA; ACS
<i>deferasirox tablet 180mg, 360mg</i>	\$0 (Tier 1)	PA; ACS
<i>kionex suspension 15gm/60ml</i>	\$0 (Tier 1)	
LOKELMA PACKET 10GM	\$0 (Tier 1)	QL (34 EA per 30 days) MO
LOKELMA PACKET 5GM	\$0 (Tier 1)	QL (96 EA per 30 days) MO
<i>penicillamine tablet 250mg</i>	\$0 (Tier 1)	ACS
<i>sodium polystyrene sulfonate powder</i>	\$0 (Tier 1)	MO
<i>sodium polystyrene sulfonate suspension 15gm/60ml</i>	\$0 (Tier 1)	
<i>sps combination suspension 15gm/60ml, 15gm/60ml</i>	\$0 (Tier 1)	MO
<i>trientine hydrochloride capsule 250mg, 500mg</i>	\$0 (Tier 1)	PA; ACS



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
CONTRACEPTIVES		
<i>afirmelle tablet 20mcg; 0.1mg</i>	\$0 (Tier 1)	
<i>altavera tablet 30mcg; 0.15mg</i>	\$0 (Tier 1)	
<i>alyacen 1/35 tablet 35mcg; 1mg</i>	\$0 (Tier 1)	MO
<i>alyacen 7/7/7 tablet 0.5mg; 0.75mg; 1mg; 0.035mg</i>	\$0 (Tier 1)	
<i>amethyst tablet 20mcg; 90mcg</i>	\$0 (Tier 1)	
<i>apri tablet 0.15mg; 30mcg</i>	\$0 (Tier 1)	
<i>aranelle tablet 0.5mg; 1mg; 0.035mg</i>	\$0 (Tier 1)	MO
<i>ashlyna tablet 0.15mg; 0.01mg; 0.03mg</i>	\$0 (Tier 1)	
<i>aubra eq tablet 20mcg; 0.1mg</i>	\$0 (Tier 1)	
<i>aurovela 1.5/30 tablet 30mcg; 1.5mg</i>	\$0 (Tier 1)	
<i>aurovela 1/20 tablet 20mcg; 1mg</i>	\$0 (Tier 1)	
<i>aurovela 24 fe tablet 20mcg; 75mg; 1mg</i>	\$0 (Tier 1)	
<i>aurovela fe 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	\$0 (Tier 1)	
<i>aurovela fe 1/20 tablet 20mcg; 75mg; 1mg</i>	\$0 (Tier 1)	MO
<i>aviane tablet 20mcg; 0.1mg</i>	\$0 (Tier 1)	MO
<i>ayuna tablet 0.03mg; 0.15mg</i>	\$0 (Tier 1)	
<i>azurette tablet 0.15mg; 0.02mg; 0.01mg</i>	\$0 (Tier 1)	
<i>balziva tablet 35mcg; 0.4mg</i>	\$0 (Tier 1)	
<i>blisovi 24 fe tablet 20mcg; 75mg; 1mg</i>	\$0 (Tier 1)	MO
<i>blisovi fe 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	\$0 (Tier 1)	MO
<i>blisovi fe 1/20 tablet 20mcg; 75mg; 1mg</i>	\$0 (Tier 1)	
<i>briellyn tablet 35mcg; 0.4mg</i>	\$0 (Tier 1)	
<i>camila tablet 0.35mg</i>	\$0 (Tier 1)	
CAMRESE LO TABLET 0.1MG; 0.02MG; 0.01MG	\$0 (Tier 1)	
CAMRESE TABLET 0.15MG; 0.03MG; 0.01MG	\$0 (Tier 1)	
<i>charlotte 24 fe tablet chewable 20mcg; 75mg; 1mg</i>	\$0 (Tier 1)	
<i>chateal eq tablet 30mcg; 0.15mg</i>	\$0 (Tier 1)	
<i>cryselle-28 tablet 30mcg; 0.3mg</i>	\$0 (Tier 1)	MO
<i>cryselle tablet 30mcg; 0.3mg</i>	\$0 (Tier 1)	MO
<i>cyred eq tablet 0.15mg; 30mcg</i>	\$0 (Tier 1)	
<i>dasetta 1/35 tablet 35mcg; 1mg</i>	\$0 (Tier 1)	
<i>dasetta 7/7/7 tablet 0.5mg; 0.75mg; 1mg; 0.035mg</i>	\$0 (Tier 1)	
<i>daysee tablet 0.15mg; 0.03mg; 0.01mg</i>	\$0 (Tier 1)	
<i>deblitane tablet 0.35mg</i>	\$0 (Tier 1)	

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>delyla</i> tablet 20mcg; 0.1mg	\$0 (Tier 1)	
DEPO-SUBQ PROVERA 104 INJECTION 104MG/0.65ML	\$0 (Tier 1)	MO
<i>dolishale</i> tablet 20mcg; 90mcg	\$0 (Tier 1)	MO
<i>drospirenone/ethinyl estradiol/levomefolate calcium</i> tablet 3mg; 0.02mg; 0.451mg, 3mg; 0.03mg; 0.451mg	\$0 (Tier 1)	MO
<i>drospirenone/ethinyl estradiol</i> tablet 3mg; 0.02mg, 3mg; 0.03mg	\$0 (Tier 1)	MO
<i>elonest</i> tablet 30mcg; 0.3mg	\$0 (Tier 1)	
<i>eluryng</i> ring 0.015mg/24hr; 0.12mg/24hr	\$0 (Tier 1)	
<i>emzahh</i> tablet 0.35mg	\$0 (Tier 1)	MO
<i>enilloring</i> ring 0.015mg/24hr; 0.12mg/24hr	\$0 (Tier 1)	MO
<i>enskyce</i> tablet 0.15mg; 0.03mg	\$0 (Tier 1)	MO
<i>errin</i> tablet 0.35mg	\$0 (Tier 1)	
<i>estarylla</i> tablet 35mcg; 0.25mg	\$0 (Tier 1)	
<i>ethynodiol diacetate/ethinyl estradiol</i> tablet 35mcg; 1mg	\$0 (Tier 1)	
<i>ethynodiol diacetate/ethinyl estradiol</i> tablet 50mcg; 1mg	\$0 (Tier 1)	MO
<i>etonogestrel/ethinyl estradiol</i> ring 0.015mg/24hr; 0.12mg/24hr	\$0 (Tier 1)	MO
<i>falmina</i> tablet 20mcg; 0.1mg	\$0 (Tier 1)	
<i>feirza 1.5/30</i> tablet 30mcg; 75mg; 1.5mg	\$0 (Tier 1)	
<i>feirza 1/20</i> tablet 20mcg; 75mg; 1mg	\$0 (Tier 1)	
<i>finzala</i> tablet chewable 20mcg; 75mg; 1mg	\$0 (Tier 1)	
<i>galbriela</i> tablet chewable 25mcg; 75mg; 0.8mg	\$0 (Tier 1)	
<i>hailey 1.5/30</i> tablet 30mcg; 1.5mg	\$0 (Tier 1)	MO
<i>hailey 24 fe</i> tablet 20mcg; 75mg; 1mg	\$0 (Tier 1)	
<i>hailey fe 1.5/30</i> tablet 30mcg; 75mg; 1.5mg	\$0 (Tier 1)	
<i>hailey fe 1/20</i> tablet 20mcg; 75mg; 1mg	\$0 (Tier 1)	
<i>haloette</i> ring 0.015mg/24hr; 0.12mg/24hr	\$0 (Tier 1)	
<i>heather</i> tablet 0.35mg	\$0 (Tier 1)	MO
<i>iclevia</i> tablet 0.03mg; 0.15mg	\$0 (Tier 1)	
<i>incassia</i> tablet 0.35mg	\$0 (Tier 1)	
<i>introvale</i> tablet 0.03mg; 0.15mg	\$0 (Tier 1)	
<i>isibloom</i> tablet 0.15mg; 30mcg	\$0 (Tier 1)	



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>jaimiess tablet 0.15mg; 0.03mg; 0.01mg</i>	\$0 (Tier 1)	
<i>jasmiel tablet 3mg; 0.02mg</i>	\$0 (Tier 1)	
<i>jencycla tablet 0.35mg</i>	\$0 (Tier 1)	
JOLESSA TABLET 0.03MG; 0.15MG	\$0 (Tier 1)	
<i>juleber tablet 0.15mg; 30mcg</i>	\$0 (Tier 1)	
<i>junel 1.5/30 tablet 30mcg; 1.5mg</i>	\$0 (Tier 1)	
<i>junel 1/20 tablet 20mcg; 1mg</i>	\$0 (Tier 1)	
<i>junel fe 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	\$0 (Tier 1)	MO
<i>junel fe 1/20 tablet 20mcg; 75mg; 1mg</i>	\$0 (Tier 1)	
<i>junel fe 24 tablet 20mcg; 75mg; 1mg</i>	\$0 (Tier 1)	
<i>kaitlib fe tablet chewable 25mcg; 75mg; 0.8mg</i>	\$0 (Tier 1)	MO
<i>kalliga tablet 0.15mg; 30mcg</i>	\$0 (Tier 1)	
<i>kariva tablet 0.15mg; 0.02mg; 0.01mg</i>	\$0 (Tier 1)	
<i>kelnor 1/35 tablet 35mcg; 1mg</i>	\$0 (Tier 1)	MO
<i>kurvelo tablet 0.03mg; 0.15mg</i>	\$0 (Tier 1)	MO
<i>larin 1.5/30 tablet 30mcg; 1.5mg</i>	\$0 (Tier 1)	
<i>larin 1/20 tablet 20mcg; 1mg</i>	\$0 (Tier 1)	
<i>larin 24 fe tablet 20mcg; 75mg; 1mg</i>	\$0 (Tier 1)	
<i>larin fe 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	\$0 (Tier 1)	
<i>larin fe 1/20 tablet 20mcg; 75mg; 1mg</i>	\$0 (Tier 1)	
<i>lessina tablet 20mcg; 0.1mg</i>	\$0 (Tier 1)	MO
<i>levonest tablet 0.05mg; 0.075mg; 0.125mg; 0.03mg; 0.04mg</i>	\$0 (Tier 1)	
<i>levonorgestrel and ethinyl estradiol tablet 0.1mg; 0.02mg; 0.01mg; 20mcg; 90mcg</i>	\$0 (Tier 1)	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 1)	MO
<i>levora 0.15/30-28 tablet 0.03mg; 0.15mg</i>	\$0 (Tier 1)	
LILETTA INTRAUTERINE DEVICE 20.1MCG/ DAY	\$0 (Tier 1)	ACS LD
<i>lo-zumandimine tablet 3mg; 0.02mg</i>	\$0 (Tier 1)	MO
<i>loestrin 1.5/30-21 tablet 30mcg; 1.5mg</i>	\$0 (Tier 1)	
<i>loestrin 1/20-21 tablet 20mcg; 1mg</i>	\$0 (Tier 1)	
<i>loestrin fe 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	\$0 (Tier 1)	

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>loestrin fe 1/20 tablet 20mcg; 75mg; 1mg</i>	\$0 (Tier 1)	
<i>lojaimiess tablet 0.1mg; 0.02mg; 0.01mg</i>	\$0 (Tier 1)	MO
<i>loryna tablet 3mg; 0.02mg</i>	\$0 (Tier 1)	
<i>low-ogestrel tablet 30mcg; 0.3mg</i>	\$0 (Tier 1)	
<i>luizza 1.5/30 tablet 30mcg; 1.5mg</i>	\$0 (Tier 1)	
<i>luizza 1/20 tablet 20mcg; 1mg</i>	\$0 (Tier 1)	
<i>lutra tablet 20mcg; 0.1mg</i>	\$0 (Tier 1)	
<i>lyleq tablet 0.35mg</i>	\$0 (Tier 1)	
<i>lyza tablet 0.35mg</i>	\$0 (Tier 1)	
<i>marlissa tablet 0.03mg; 0.15mg</i>	\$0 (Tier 1)	MO
<i>medroxyprogesterone acetate injection 150mg/ml</i>	\$0 (Tier 1)	MO
<i>meleya tablet 0.35mg</i>	\$0 (Tier 1)	
<i>mibelas 24 fe tablet chewable 20mcg; 75mg; 1mg</i>	\$0 (Tier 1)	
<i>microgestin 1.5/30 tablet 30mcg; 1.5mg</i>	\$0 (Tier 1)	
<i>microgestin 1/20 tablet 20mcg; 1mg</i>	\$0 (Tier 1)	
<i>microgestin fe 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	\$0 (Tier 1)	
<i>microgestin fe 1/20 tablet 20mcg; 75mg; 1mg</i>	\$0 (Tier 1)	
<i>mili tablet 35mcg; 0.25mg</i>	\$0 (Tier 1)	
<i>mono-linyah tablet 35mcg; 0.25mg</i>	\$0 (Tier 1)	
<i>necon 0.5/35-28 tablet 35mcg; 0.5mg</i>	\$0 (Tier 1)	
NEXPLANON INJECTION 68MG	\$0 (Tier 1)	ACS LD
<i>nikki tablet 3mg; 0.02mg</i>	\$0 (Tier 1)	
NORA-BE TABLET 0.35MG	\$0 (Tier 1)	
<i>norelgestromin/ethinyl estradiol patch weekly 35mcg/24hr; 150mcg/24hr</i>	\$0 (Tier 1)	MO
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tablet chewable 20mcg; 75mg; 1mg</i>	\$0 (Tier 1)	MO
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tablet 1mg; 20mcg; 75mg, 1mg, 20mcg; 30mcg; 35mcg; 75mg</i>	\$0 (Tier 1)	MO
<i>norethindrone acetate/ethinyl estradiol tablet 20mcg; 1mg, 30mcg; 1.5mg</i>	\$0 (Tier 1)	MO
<i>norethindrone/ethinyl estradiol/ferrous fumarate tablet chewable 35mcg; 0.4mg</i>	\$0 (Tier 1)	
<i>norethindrone tablet 0.35mg</i>	\$0 (Tier 1)	MO
<i>norgestimate/ethinyl estradiol tablet 0.18mg; 0.215mg; ; 0.25mg; 0.025mg, 0.25mg; 0.035mg</i>	\$0 (Tier 1)	MO



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>norlyroc tablet 0.35mg</i>	\$0 (Tier 1)	
<i>nortrel 0.5/35 (28) tablet 35mcg; 0.5mg</i>	\$0 (Tier 1)	MO
<i>nortrel 1/35 28-day regimen</i>	\$0 (Tier 1)	
<i>nortrel 1/35 21-day regimen</i>	\$0 (Tier 1)	MO
<i>nortrel 7/7/7 tablet 35mcg; 0.5mg; 0.75mg; 1mg</i>	\$0 (Tier 1)	
<i>nylia 1/35 tablet 35mcg; 1mg</i>	\$0 (Tier 1)	
<i>nylia 7/7/7 tablet 35mcg; 0.5mg; 0.75mg; 1mg</i>	\$0 (Tier 1)	MO
<i>orquidea tablet 0.35mg</i>	\$0 (Tier 1)	
<i>orsythia tablet 20mcg; 0.1mg</i>	\$0 (Tier 1)	
<i>philith tablet 35mcg; 0.4mg</i>	\$0 (Tier 1)	
<i>pimtrea tablet 0.15mg; 0.02mg; 0.01mg</i>	\$0 (Tier 1)	
<i>portia-28 tablet 0.03mg; 0.15mg</i>	\$0 (Tier 1)	
<i>reclipsen tablet 0.15mg; 0.03mg</i>	\$0 (Tier 1)	
<i>rosyrah tablet 0.15mg; 0.02mg; 0.025mg; 0.03mg; 0.01mg</i>	\$0 (Tier 1)	MO
<i>setlakin tablet 0.03mg; 0.15mg</i>	\$0 (Tier 1)	
<i>sharobel tablet 0.35mg</i>	\$0 (Tier 1)	
<i>simliya tablet 0.15mg; 0.02mg; 0.01mg</i>	\$0 (Tier 1)	
<i>simpesse tablet 0.1mg; 0.03mg; 0.01mg</i>	\$0 (Tier 1)	MO
<i>sprintec 28 tablet 35mcg; 0.25mg</i>	\$0 (Tier 1)	MO
<i>sronyx tablet 20mcg; 0.1mg</i>	\$0 (Tier 1)	
<i>syeda tablet 3mg; 0.03mg</i>	\$0 (Tier 1)	
<i>tarina 24 fe tablet 20mcg; 75mg; 1mg</i>	\$0 (Tier 1)	
<i>tarina fe 1/20 eq tablet 20mcg; 75mg; 1mg</i>	\$0 (Tier 1)	
<i>tilia fe tablet 0.02mg; 0.03mg; 0.35mg; 75mg; 1mg</i>	\$0 (Tier 1)	
<i>tri-estarylla tablet 0.18mg; 0.215mg; 0.25mg; 0.035mg</i>	\$0 (Tier 1)	MO
<i>tri-legest fe tablet 20mcg; 30mcg; 35mcg; 75mg; 1mg</i>	\$0 (Tier 1)	MO
<i>tri-linyah tablet 0.18mg; 0.215mg; 0.25mg; 0.035mg</i>	\$0 (Tier 1)	
<i>tri-lo-estarylla tablet 0.18mg; 0.215mg; 0.25mg; 0.025mg</i>	\$0 (Tier 1)	
<i>tri-lo-marzia tablet 0.18mg; 0.215mg; 0.25mg; 0.025mg</i>	\$0 (Tier 1)	
<i>tri-lo-mili tablet 0.180mg; 0.215mg; 0.250mg; 0.025mg</i>	\$0 (Tier 1)	MO

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>tri-lo-sprintec tablet 0.18mg; 0.215mg; 0.25mg; 0.25mg</i>	\$0 (Tier 1)	
<i>tri-mili tablet 0.180mg; 0.215mg; 0.250mg; 0.035mg</i>	\$0 (Tier 1)	
<i>tri-sprintec tablet 0.18mg; 0.215mg; 0.25mg; 0.035mg</i>	\$0 (Tier 1)	
<i>tri-vylibra lo tablet 0.18mg; 0.215mg; 0.25mg; 0.025mg</i>	\$0 (Tier 1)	
<i>tri-vylibra tablet 0.18mg; 0.215mg; 0.25mg; 0.035mg</i>	\$0 (Tier 1)	
<i>turqoz tablet 30mcg; 0.3mg</i>	\$0 (Tier 1)	
<i>tydemy tablet 3mg; 0.03mg; 0.451mg</i>	\$0 (Tier 1)	
<i>valtya 1/35 tablet 35mcg; 1mg</i>	\$0 (Tier 1)	
<i>valtya 1/50 tablet 50mcg; 1mg</i>	\$0 (Tier 1)	MO
<i>velivet tablet 0.1mg; 0.125mg; 0.15mg; 0.025mg</i>	\$0 (Tier 1)	MO
<i>vestura tablet 3mg; 0.02mg</i>	\$0 (Tier 1)	
<i>vienva tablet 20mcg; 0.1mg</i>	\$0 (Tier 1)	
<i>viorele tablet 0.15mg; 0.02mg; 0.01mg</i>	\$0 (Tier 1)	MO
<i>volnea tablet 0.15mg; 0.02mg; 0.01mg</i>	\$0 (Tier 1)	MO
<i>vyfemla tablet 35mcg; 0.4mg</i>	\$0 (Tier 1)	MO
<i>vylibra tablet 35mcg; 0.25mg</i>	\$0 (Tier 1)	
<i>wera tablet 35mcg; 0.5mg</i>	\$0 (Tier 1)	
<i>wymzya fe tablet chewable 35mcg; 0.4mg; 75mg</i>	\$0 (Tier 1)	
<i>xarah fe tablet 20mcg; 30mcg; 35mcg; 75mg; 1mg</i>	\$0 (Tier 1)	
<i>xelria fe tablet chewable 35mcg; 75mg; 0.4mg</i>	\$0 (Tier 1)	MO
<i>xulane patch weekly 35mcg/24hr; 150mcg/24hr</i>	\$0 (Tier 1)	
<i>zafemy patch weekly 35mcg/24hr; 150mcg/24hr</i>	\$0 (Tier 1)	
<i>zovia 1/35 tablet 35mcg; 1mg</i>	\$0 (Tier 1)	
<i>zumandimine tablet 3mg; 0.03mg</i>	\$0 (Tier 1)	
ESTROGENS		
<i>abigale lo tablet 0.5mg; 0.1mg</i>	\$0 (Tier 1)	
<i>abigale tablet 1mg; 0.5mg</i>	\$0 (Tier 1)	
<i>conjugated estrogens tablet 0.3mg, 0.45mg, 0.625mg, 0.9mg, 1.25mg</i>	\$0 (Tier 1)	MO
<i>dotti patch twice weekly 0.025mg/24hr; 0.0375mg/24hr, 0.05mg/24hr, 0.075mg/24hr, 0.1mg/24hr</i>	\$0 (Tier 1)	QL (8 EA per 28 days)



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
DUAVEE TABLET 20MG; 0.45MG	\$0 (Tier 1)	MO
<i>estradiol valerate injection 10mg/ml, 20mg/ml, 40mg/ml</i>	\$0 (Tier 1)	MO
<i>estradiol/norethindrone acetate tablet 0.5mg; 0.1mg, 1mg; 0.5mg</i>	\$0 (Tier 1)	MO
<i>estradiol cream 0.1mg/gm</i>	\$0 (Tier 1)	MO
<i>estradiol patch twice weekly 0.025mg/24hr, 0.0375mg/24hr, 0.05mg/24hr, 0.075mg/24hr, 0.1mg/24hr</i>	\$0 (Tier 1)	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 1)	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 1)	MO
ESTRING RING 7.5MCG/24HR	\$0 (Tier 1)	QL (1 EA per 90 days) MO
<i>fyavolv tablet 2.5mcg; 0.5mg, 5mcg; 1mg</i>	\$0 (Tier 1)	MO
<i>jinteli tablet 5mcg; 1mg</i>	\$0 (Tier 1)	
<i>lyllana patch twice weekly 0.025mg/24hr, 0.0375mg/24hr, 0.05mg/24hr, 0.075mg/24hr, 0.1mg/24hr</i>	\$0 (Tier 1)	QL (8 EA per 28 days)
<i>mimvey tablet 1mg; 0.5mg</i>	\$0 (Tier 1)	
<i>norethindrone acetate/ethinyl estradiol tablet 2.5mcg; 0.5mg, 5mcg; 1mg</i>	\$0 (Tier 1)	MO
PREMARIN CREAM 0.625MG/GM	\$0 (Tier 1)	MO
PREMARIN INJECTION 25MG	\$0 (Tier 1)	MO
PREMARIN TABLET 0.3MG, 0.45MG, 0.625MG, 0.9MG, 1.25MG	\$0 (Tier 1)	MO
PREMPRO TABLET 0.3MG; 1.5MG, 0.45MG; 1.5MG, 0.625MG; 2.5MG, 0.625MG; 5MG	\$0 (Tier 1)	MO
<i>yuvafem tablet 10mcg</i>	\$0 (Tier 1)	MO
GLUCOCORTICOIDS		
DEXAMETHASONE INTENSOL CONCENTRATE 1MG/ML	\$0 (Tier 1)	MO
<i>dexamethasone sodium phosphate injection 100mg/10ml, 10mg/ml, 120mg/30ml, 20mg/5ml, 4mg/ml</i>	\$0 (Tier 1)	MO
<i>dexamethasone elixir 0.5mg/5ml</i>	\$0 (Tier 1)	MO

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>dexamethasone solution 0.5mg/5ml</i>	\$0 (Tier 1)	MO
<i>dexamethasone tablet 0.5mg, 0.75mg, 1.5mg, 1mg, 2mg, 4mg, 6mg</i>	\$0 (Tier 1)	MO
<i>fludrocortisone acetate tablet 0.1mg</i>	\$0 (Tier 1)	MO
<i>hydrocortisone sodium succinate injection 100mg</i>	\$0 (Tier 1)	MO
<i>hydrocortisone tablet 10mg, 20mg, 5mg</i>	\$0 (Tier 1)	MO
<i>methylprednisolone acetate injection 40mg/ml, 80mg/ml</i>	\$0 (Tier 1)	B/D MO
<i>methylprednisolone dose pack tablet therapy pack 4mg</i>	\$0 (Tier 1)	MO
<i>methylprednisolone sodium succinate injection 1000mg, 125mg</i>	\$0 (Tier 1)	B/D MO
<i>methylprednisolone sodiumsuccinate injection 40mg</i>	\$0 (Tier 1)	B/D MO
<i>methylprednisolone tablet 16mg, 32mg, 4mg, 8mg</i>	\$0 (Tier 1)	B/D MO
<i>prednisolone sodium phosphate oral solution 10mg/5ml, 15mg/5ml, 20mg/5ml</i>	\$0 (Tier 1)	B/D MO
<i>prednisolone sodium phosphate oral solution 25mg/5ml, 5mg/5ml</i>	\$0 (Tier 1)	B/D MO
<i>prednisolone solution 15mg/5ml</i>	\$0 (Tier 1)	B/D MO
PREDNISONO INTENSOL CONCENTRATE 5MG/ML	\$0 (Tier 1)	B/D MO
<i>prednisone solution 5mg/5ml</i>	\$0 (Tier 1)	B/D MO
<i>prednisone tablet therapy pack 10mg, 5mg</i>	\$0 (Tier 1)	MO
<i>prednisone tablet 10mg, 1mg, 2.5mg, 20mg, 50mg, 5mg</i>	\$0 (Tier 1)	B/D MO
SOLU-CORTEF INJECTION 1000MG, 100MG, 250MG, 500MG	\$0 (Tier 1)	MO
<i>triamcinolone acetonide injection 10mg/ml, 40mg/ml</i>	\$0 (Tier 1)	MO
GLUCOSE ELEVATING AGENTS		
<i>diazoxide suspension 50mg/ml</i>	\$0 (Tier 1)	MO
ZEGALOGUE INJECTION 0.6MG/0.6ML	\$0 (Tier 1)	MO
MISCELLANEOUS		
<i>acetylcysteine injection 200mg/ml</i>	\$0 (Tier 1)	
<i>betaine anhydrous powder 1gm</i>	\$0 (Tier 1)	ACS
<i>cabergoline tablet 0.5mg</i>	\$0 (Tier 1)	MO
<i>carglumic acid tablet soluble 200mg</i>	\$0 (Tier 1)	PA; LD



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
CERDELGA CAPSULE 84MG	\$0 (Tier 1)	PA; ACS LD
<i>cinacalcet hydrochloride tablet 30mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days); ACS
<i>cinacalcet hydrochloride tablet 90mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days); ACS
<i>cinacalcet hydrochloride tablet 60mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days); ACS
CYSTAGON CAPSULE 150MG, 50MG	\$0 (Tier 1)	PA; ACS LD
<i>desmopressin acetate injection 4mcg/ml</i>	\$0 (Tier 1)	MO
<i>desmopressin acetate nasal solution 0.01%</i>	\$0 (Tier 1)	MO
<i>desmopressin acetate tablet 0.1mg, 0.2mg</i>	\$0 (Tier 1)	MO
<i>fomepizole injection 1.5gm/1.5ml</i>	\$0 (Tier 1)	
GENOTROPIN MINIQUICK INJECTION 0.2MG	\$0 (Tier 1)	PA; ACS
GENOTROPIN MINIQUICK INJECTION 0.4MG, 0.6MG, 0.8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 1MG, 2MG	\$0 (Tier 1)	PA; ACS
GENOTROPIN INJECTION 12MG, 5MG	\$0 (Tier 1)	PA; ACS
INCRELEX INJECTION 40MG/4ML	\$0 (Tier 1)	PA; LD
<i>javygtor packet 100mg, 500mg</i>	\$0 (Tier 1)	PA; LD
<i>javygtor tablet 100mg</i>	\$0 (Tier 1)	PA; LD
<i>levocarnitine injection 200mg/ml</i>	\$0 (Tier 1)	
<i>levocarnitine oral solution 1gm/10ml</i>	\$0 (Tier 1)	MO
<i>levocarnitine tablet 330mg</i>	\$0 (Tier 1)	MO
LUPRON DEPOT-PED (1-MONTH) INJECTION 11.25MG, 15MG, 7.5MG	\$0 (Tier 1)	PA; ACS
LUPRON DEPOT-PED (3-MONTH) INJECTION 11.25MG, 30MG	\$0 (Tier 1)	PA; ACS
LUPRON DEPOT-PED (6-MONTH) INJECTION 45MG	\$0 (Tier 1)	PA; ACS
<i>methergine tablet 0.2mg</i>	\$0 (Tier 1)	
<i>methylergonovine maleate tablet 0.2mg</i>	\$0 (Tier 1)	MO
<i>mifepristone tablet 300mg</i>	\$0 (Tier 1)	PA; ACS
<i>nitisinone capsule 10mg, 20mg, 2mg, 5mg</i>	\$0 (Tier 1)	PA; ACS
<i>octreotide acetate injection 100mcg/ml, 200mcg/ml, 50mcg/ml</i>	\$0 (Tier 1)	PA; ACS
<i>octreotide acetate injection 1000mcg/ml, 500mcg/ml</i>	\$0 (Tier 1)	PA; ACS
<i>raloxifene hydrochloride tablet 60mg</i>	\$0 (Tier 1)	MO
REVCOVI INJECTION 2.4MG/1.5ML	\$0 (Tier 1)	PA; LD

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
REZDIFFRA TABLET 100MG, 60MG, 80MG	\$0 (Tier 1)	QL (30 EA per 30 days) PA; ACS LD
<i>sapropterin dihydrochloride packet 100mg, 500mg</i>	\$0 (Tier 1)	PA; ACS
<i>sapropterin dihydrochloride tablet 100mg</i>	\$0 (Tier 1)	PA; ACS
SIGNIFOR INJECTION 0.3MG/ML, 0.6MG/ML, 0.9MG/ML	\$0 (Tier 1)	PA; LD
<i>sodium phenylbutyrate powder 3gm/tsp</i>	\$0 (Tier 1)	PA; ACS
<i>sodium phenylbutyrate tablet 500mg</i>	\$0 (Tier 1)	PA; ACS
SOMATULINE DEPOT INJECTION 120MG/0.5ML, 60MG/0.2ML, 90MG/0.3ML	\$0 (Tier 1)	PA; ACS LD
SOMAVERT INJECTION 10MG, 15MG, 20MG, 25MG, 30MG	\$0 (Tier 1)	PA; ACS LD
SYNAREL SOLUTION 2MG/ML	\$0 (Tier 1)	MO
<i>tolvaptan tablet therapy pack 15mg; 15mg, 30mg; 15mg, 45mg; 15mg, 60mg; 30mg, 90mg; 30mg</i>	\$0 (Tier 1)	QL (56 EA per 28 days) PA; ACS LD
<i>tolvaptan (generic Jynarque) tablet 15mg, 30mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) PA; ACS LD
VEOZAH TABLET 45MG	\$0 (Tier 1)	QL (30 EA per 30 days) PA MO
<i>zelvysia packet 100mg, 500mg</i>	\$0 (Tier 1)	PA
PROGESTINS		
<i>gallifrey tablet 5mg</i>	\$0 (Tier 1)	
<i>medroxyprogesterone acetate tablet 10mg, 2.5mg, 5mg</i>	\$0 (Tier 1)	MO
<i>megestrol acetate suspension 40mg/ml</i>	\$0 (Tier 1)	MO
<i>megestrol acetate suspension 625mg/5ml</i>	\$0 (Tier 1)	MO
<i>norethindrone acetate tablet 5mg</i>	\$0 (Tier 1)	MO
<i>progesterone capsule 100mg, 200mg</i>	\$0 (Tier 1)	MO
<i>progesterone injection 50mg/ml</i>	\$0 (Tier 1)	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 1)	
LEVOTHYROXINE SODIUM INJECTION 200MCG/5ML	\$0 (Tier 1)	



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
LEVOTHYROXINE SODIUM INJECTION 100MCG/5ML	\$0 (Tier 1)	MO
<i>levothyroxine sodium tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 300mcg, 50mcg, 75mcg, 88mcg</i>	\$0 (Tier 1)	MO
<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 1)	
<i>liothyronine sodium injection 10mcg/ml</i>	\$0 (Tier 1)	
<i>liothyronine sodium tablet 25mcg, 50mcg, 5mcg</i>	\$0 (Tier 1)	MO
<i>methimazole tablet 10mg, 5mg</i>	\$0 (Tier 1)	MO
<i>propylthiouracil tablet 50mg</i>	\$0 (Tier 1)	MO
SYNTHROID TABLET 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 300MCG, 50MCG, 75MCG, 88MCG	\$0 (Tier 1)	MO
<i>unithroid tablet 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 300mcg, 50mcg, 75mcg, 88mcg</i>	\$0 (Tier 1)	
<i>unithroid tablet 100mcg</i>	\$0 (Tier 1)	MO
VITAMIN D ANALOGS		
<i>calcitriol capsule 0.25mcg, 0.5mcg</i>	\$0 (Tier 1)	MO
<i>calcitriol injection 1mcg/ml</i>	\$0 (Tier 1)	
<i>calcitriol oral solution 1mcg/ml</i>	\$0 (Tier 1)	MO
<i>doxercalciferol injection 4mcg/2ml</i>	\$0 (Tier 1)	
<i>paricalcitol capsule 1mcg, 2mcg, 4mcg</i>	\$0 (Tier 1)	MO
<i>paricalcitol injection 2mcg/ml, 5mcg/ml</i>	\$0 (Tier 1)	MO
GASTROINTESTINAL		
ANTIEMETICS		
<i>aprepitant capsule therapy pack, 40mg, 80mg</i>	\$0 (Tier 1)	B/D MO
<i>aprepitant capsule 125mg</i>	\$0 (Tier 1)	B/D MO
<i>compro suppository 25mg</i>	\$0 (Tier 1)	MO; HRM
DIMENHYDRINATE INJECTION 50MG/ML	\$0 (Tier 1)	
<i>dronabinol capsule 10mg, 2.5mg, 5mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO
EMEND SUSPENSION RECONSTITUTED 125MG/5ML	\$0 (Tier 1)	B/D MO

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>granisetron hydrochloride tablet 1mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) B/D MO
<i>meclizine hcl tablet 12.5mg, 25mg</i>	\$0 (Tier 1)	MO; HRM
<i>meclizine hydrochloride tablet 50mg</i>	\$0 (Tier 1)	MO
<i>meclizine hydrochloride tablet 25mg</i>	\$0 (Tier 1)	MO; HRM
<i>metoclopramide hcl solution 5mg/5ml</i>	\$0 (Tier 1)	MO
<i>metoclopramide hydrochloride injection 5mg/ml</i>	\$0 (Tier 1)	MO
<i>metoclopramide hydrochloride tablet 10mg, 5mg</i>	\$0 (Tier 1)	MO
<i>metoclopramide odt tablet disintegrating 5mg</i>	\$0 (Tier 1)	MO
<i>ondansetron hcl solution 4mg/5ml</i>	\$0 (Tier 1)	QL (900 ML per 30 days) B/D MO
<i>ondansetron hcl tablet 24mg</i>	\$0 (Tier 1)	B/D
<i>ondansetron hydrochloride injection 40mg/20ml, 4mg/2ml</i>	\$0 (Tier 1)	MO
<i>ondansetron hydrochloride tablet 4mg, 8mg</i>	\$0 (Tier 1)	B/D MO
<i>ondansetron odt tablet disintegrating 4mg, 8mg</i>	\$0 (Tier 1)	B/D MO
<i>prochlorperazine edisylate injection 10mg/2ml</i>	\$0 (Tier 1)	MO; HRM
<i>prochlorperazine maleate tablet 10mg, 5mg</i>	\$0 (Tier 1)	MO; HRM
<i>prochlorperazine suppository 25mg</i>	\$0 (Tier 1)	MO; HRM
<i>promethazine hcl injection 25mg/ml, 50mg/ml</i>	\$0 (Tier 1)	PA MO; HRM
<i>promethazine hcl suppository 12.5mg</i>	\$0 (Tier 1)	PA MO; HRM
<i>promethazine hydrochloride plain solution 6.25mg/5ml</i>	\$0 (Tier 1)	PA MO; HRM
<i>promethazine hydrochloride solution 6.25mg/5ml</i>	\$0 (Tier 1)	PA MO
<i>promethazine hydrochloride suppository 25mg</i>	\$0 (Tier 1)	PA MO; HRM
<i>promethazine hydrochloride tablet 12.5mg, 25mg, 50mg</i>	\$0 (Tier 1)	PA MO; HRM
<i>promethegan suppository 50mg</i>	\$0 (Tier 1)	PA MO; HRM
<i>promethegan suppository 12.5mg, 25mg</i>	\$0 (Tier 1)	PA; HRM
<i>scopolamine patch 72 hour 1mg/3days</i>	\$0 (Tier 1)	QL (10 EA per 30 days) PA MO; HRM
<i>trimethobenzamide hydrochloride capsule 300mg</i>	\$0 (Tier 1)	PA MO
ANTISPASMODICS		
<i>dicyclomine hcl solution 10mg/5ml</i>	\$0 (Tier 1)	PA MO; HRM
<i>dicyclomine hydrochloride capsule 10mg</i>	\$0 (Tier 1)	PA MO; HRM
<i>dicyclomine hydrochloride injection 10mg/ml</i>	\$0 (Tier 1)	PA MO; HRM
<i>dicyclomine hydrochloride tablet 20mg</i>	\$0 (Tier 1)	PA MO; HRM
<i>glycopyrrolate injection 0.2mg/ml, 0.4mg/2ml</i>	\$0 (Tier 1)	



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>glycopyrrolate injection 0.2mg/ml, 1mg/5ml, 4mg/20ml</i>	\$0 (Tier 1)	MO
<i>glycopyrrolate oral solution 1mg/5ml</i>	\$0 (Tier 1)	MO
<i>glycopyrrolate tablet 1mg, 2mg</i>	\$0 (Tier 1)	MO
<i>methscopolamine bromide tablet 2.5mg, 5mg</i>	\$0 (Tier 1)	PA MO
H2-RECEPTOR ANTAGONISTS		
<i>cimetidine tablet 200mg, 300mg, 400mg, 800mg</i>	\$0 (Tier 1)	MO
<i>famotidine premixed injection 0.4mg/ml; 0.9%</i>	\$0 (Tier 1)	
<i>famotidine injection 200mg/20ml, 20mg/2ml, 40mg/4ml</i>	\$0 (Tier 1)	
<i>famotidine suspension reconstituted 40mg/5ml</i>	\$0 (Tier 1)	MO
<i>famotidine tablet 20mg, 40mg</i>	\$0 (Tier 1)	MO
<i>nizatidine capsule 150mg, 300mg</i>	\$0 (Tier 1)	MO
INFLAMMATORY BOWEL DISEASE		
<i>balsalazide disodium capsule 750mg</i>	\$0 (Tier 1)	MO
<i>budesonide er tablet extended release 24 hour 9mg</i>	\$0 (Tier 1)	MO
<i>budesonide capsule delayed release particles 3mg</i>	\$0 (Tier 1)	MO
<i>hydrocortisone enema 100mg/60ml</i>	\$0 (Tier 1)	MO
<i>mesalamine dr capsule delayed release 400mg</i>	\$0 (Tier 1)	MO
<i>mesalamine dr tablet delayed release 1.2gm, 800mg</i>	\$0 (Tier 1)	MO
<i>mesalamine enema 4gm</i>	\$0 (Tier 1)	MO
<i>mesalamine kit 4gm</i>	\$0 (Tier 1)	MO
<i>mesalamine suppository 1000mg</i>	\$0 (Tier 1)	MO
<i>sulfasalazine tablet delayed release 500mg</i>	\$0 (Tier 1)	MO
<i>sulfasalazine tablet 500mg</i>	\$0 (Tier 1)	MO
LAXATIVES		
<i>CLENPIQ SOLUTION 12GM/175ML; 3.5GM/175ML; 10MG/175ML</i>	\$0 (Tier 1)	MO
<i>constulose solution 10gm/15ml</i>	\$0 (Tier 1)	
<i>enulose solution 10gm/15ml</i>	\$0 (Tier 1)	MO
<i>gavilyte-c solution reconstituted 240gm; 2.98gm; 6.72gm; 5.84gm; 22.72gm</i>	\$0 (Tier 1)	MO
<i>gavilyte-g solution reconstituted 236gm; 2.97gm; 6.74gm; 5.86gm; 22.74gm</i>	\$0 (Tier 1)	MO
<i>gavilyte-n/flavor pack solution reconstituted 420gm; 1.48gm; 5.72gm; 11.2gm</i>	\$0 (Tier 1)	
<i>generlac solution 10gm/15ml</i>	\$0 (Tier 1)	

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>kristalose packet 10gm, 20gm</i>	\$0 (Tier 1)	PA
<i>lactulose packet 10gm, 20gm</i>	\$0 (Tier 1)	PA MO
<i>lactulose solution 10gm/15ml</i>	\$0 (Tier 1)	MO
<i>peg-3350/electrolytes solution reconstituted 236gm; 2.97gm; 6.74gm; 5.86gm; 22.74gm</i>	\$0 (Tier 1)	MO
<i>peg-3350/nacl/na bicarbonate/kcl solution reconstituted 420gm; 1.48gm; 5.72gm; 11.2gm</i>	\$0 (Tier 1)	MO
PLENVU SOLUTION RECONSTITUTED 7.54GM; 140GM; 2.2GM; 48.11GM; 5.2GM; 9GM	\$0 (Tier 1)	MO
SODIUM SULFATE/POTASSIUM SULFATE/ MAGNESIUM SULFATE SOLUTION 1.6GM/177ML; 3.13GM/177ML; 17.5GM/177ML	\$0 (Tier 1)	MO
SUPREP BOWEL PREP KIT SOLUTION 1.6GM/177ML; 3.13GM/177ML; 17.5GM/177ML	\$0 (Tier 1)	MO
SUTAB TABLET 225MG; 188MG; 1479MG	\$0 (Tier 1)	MO
MISCELLANEOUS		
<i>alosetron hydrochloride tablet 0.5mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO
<i>alosetron hydrochloride tablet 1mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO
CREON CAPSULE DELAYED RELEASE PARTICLES 120000UNIT; 24000UNIT; 76000UNIT, 15000UNIT; 3000UNIT; 9500UNIT, 180000UNIT; 36000UNIT; 114000UNIT, 30000UNIT; 6000UNIT; 19000UNIT, 60000UNIT; 12000UNIT; 38000UNIT	\$0 (Tier 1)	MO
<i>cromolyn sodium concentrate 100mg/5ml</i>	\$0 (Tier 1)	MO
<i>diphenoxylate hydrochloride/atropine sulfate tablet 0.025mg; 2.5mg</i>	\$0 (Tier 1)	MO; HRM
<i>diphenoxylate/atropine liquid 0.025mg/5ml; 2.5mg/5ml</i>	\$0 (Tier 1)	MO; HRM
GATTEX INJECTION 5MG	\$0 (Tier 1)	PA; ACS LD
LINZESS CAPSULE 145MCG, 290MCG, 72MCG	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>loperamide hydrochloride capsule 2mg</i>	\$0 (Tier 1)	MO
<i>lubiprostone capsule 24mcg, 8mcg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>misoprostol tablet 100mcg, 200mcg</i>	\$0 (Tier 1)	MO
MOVANTIK TABLET 25MG	\$0 (Tier 1)	QL (30 EA per 30 days) MO



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
MOVANTIK TABLET 12.5MG	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>sucralfate suspension 1gm/10ml</i>	\$0 (Tier 1)	MO
<i>sucralfate tablet 1gm</i>	\$0 (Tier 1)	MO
<i>ursodiol capsule 300mg</i>	\$0 (Tier 1)	MO
<i>ursodiol tablet 250mg, 500mg</i>	\$0 (Tier 1)	MO
VOQUEZNA DUAL PAK THERAPY PACK 500MG; 20MG	\$0 (Tier 1)	QL (224 EA per 365 days) PA MO
VOQUEZNA TRIPLE PAK THERAPY PACK 500MG; 500MG; 20MG	\$0 (Tier 1)	QL (224 EA per 365 days) PA MO
VOWST CAPSULE	\$0 (Tier 1)	PA; LD
XERMELO TABLET 250MG	\$0 (Tier 1)	QL (84 EA per 28 days) PA; LD
XIFAXAN TABLET 550MG	\$0 (Tier 1)	PA MO
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 105000UNIT; 25000UNIT; 79000UNIT, 14000UNIT; 3000UNIT; 10000UNIT, 168000UNIT; 40000UNIT; 126000UNIT, 24000UNIT; 5000UNIT; 17000UNIT, 252600UNIT; 60000UNIT; 189600UNIT, 42000UNIT; 10000UNIT; 32000UNIT, 63000UNIT; 15000UNIT; 47000UNIT, 84000UNIT; 20000UNIT; 63000UNIT	\$0 (Tier 1)	MO
PROTON PUMP INHIBITORS		
<i>dexlansoprazole capsule delayed release 30mg, 60mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>esomeprazole magnesium capsule delayed release 20mg, 40mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>esomeprazole sodium injection 40mg</i>	\$0 (Tier 1)	
<i>lansoprazole capsule delayed release 15mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>lansoprazole capsule delayed release 30mg</i>	\$0 (Tier 1)	QL (42 EA per 30 days) MO
<i>omeprazole 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 1)	
<i>pantoprazole sodium tablet delayed release 20mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>pantoprazole sodium tablet delayed release 40mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>rabeprazole sodium tablet delayed release 20mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO

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
--------------	--	---

GENITOURINARY**BENIGN PROSTATIC HYPERPLASIA**

<i>alfuzosin hcl er tablet extended release 24 hour 10mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>dutasteride/tamsulosin hydrochloride capsule 0.5mg; 0.4mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>dutasteride capsule 0.5mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>finasteride tablet 5mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>silodosin capsule 4mg, 8mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>tadalafil (generic Cialis) tablet 5mg</i>	\$0 (Tier 1)	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

MISCELLANEOUS

<i>acetic acid 0.25% solution 0.25%</i>	\$0 (Tier 1)	MO
<i>bethanechol chloride tablet 10mg, 25mg, 50mg, 5mg</i>	\$0 (Tier 1)	MO
<i>potassium citrate er tablet extended release 540mg</i>	\$0 (Tier 1)	MO
<i>potassium citrate er tablet extended release 1080mg, 15meq</i>	\$0 (Tier 1)	MO

URINARY ANTISPASMODICS

<i>fesoterodine fumarate er tablet extended release 24 hour 4mg, 8mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO; HRM
GEMTESA TABLET 75MG	\$0 (Tier 1)	QL (30 EA per 30 days) MO
MYRBETRIQ SUSPENSION	\$0 (Tier 1)	QL (300 ML per 28 days) MO
RECONSTITUTED ER 8MG/ML		
MYRBETRIQ TABLET EXTENDED RELEASE 24 HOUR 25MG, 50MG	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>oxybutynin chloride er tablet extended release 24 hour 5mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO; HRM
<i>oxybutynin chloride er tablet extended release 24 hour 10mg, 15mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO; HRM
<i>oxybutynin chloride solution 5mg/5ml</i>	\$0 (Tier 1)	QL (600 ML per 30 days) MO; HRM
<i>oxybutynin chloride tablet 5mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO; HRM
<i>solifenacin succinate tablet 10mg, 5mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO; HRM
<i>tolterodine tartrate er capsule extended release 24 hour 2mg, 4mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO; HRM
<i>tolterodine tartrate tablet 1mg, 2mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO; HRM



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>tropium chloride er capsule extended release 24 hour 60mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO; HRM
<i>tropium chloride tablet 20mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO; HRM
VAGINAL ANTI-INFECTIVES		
<i>clindamycin phosphate cream 2%</i>	\$0 (Tier 1)	MO
<i>metronidazole vaginal gel 0.75%</i>	\$0 (Tier 1)	MO
<i>miconazole 3 suppository 200mg</i>	\$0 (Tier 1)	MO
<i>terconazole cream 0.4%, 0.8%</i>	\$0 (Tier 1)	MO
<i>terconazole suppository 80mg</i>	\$0 (Tier 1)	MO
HEMATOLOGIC		
ANTICOAGULANTS		
<i>dabigatran etexilate capsule 110mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i>dabigatran etexilate capsule 150mg, 75mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
ELIQUIS STARTER PACK TABLET THERAPY PACK 5MG	\$0 (Tier 1)	QL (74 EA per 30 days) MO
ELIQUIS CAPSULE SPRINKLE 0.15MG	\$0 (Tier 1)	QL (56 EA per 21 days)
ELIQUIS TABLET SOLUBLE 0.5MG	\$0 (Tier 1)	QL (588 EA per 29 days)
ELIQUIS TABLET SOLUBLE 1.5MG	\$0 (Tier 1)	QL (591 EA per 29 days)
ELIQUIS TABLET SOLUBLE 2MG	\$0 (Tier 1)	QL (592 EA per 30 days)
ELIQUIS TABLET 2.5MG	\$0 (Tier 1)	QL (60 EA per 30 days) MO
ELIQUIS TABLET 5MG	\$0 (Tier 1)	QL (74 EA per 30 days) MO
<i>enoxaparin sodium 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 1)	MO
<i>fondaparinux sodium injection 2.5mg/0.5ml</i>	\$0 (Tier 1)	MO
<i>fondaparinux sodium injection 10mg/0.8ml, 5mg/0.4ml, 7.5mg/0.6ml</i>	\$0 (Tier 1)	MO
FRAGMIN INJECTION 10000UNIT/4ML	\$0 (Tier 1)	
FRAGMIN INJECTION 2500UNIT/0.2ML, 95000UNIT/3.8ML	\$0 (Tier 1)	MO
FRAGMIN INJECTION 10000UNIT/ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNIT/0.72ML, 5000UNIT/0.2ML, 7500UNIT/0.3ML	\$0 (Tier 1)	MO
HEPARIN SODIUM/D5W INJECTION 5%; 100UNIT/ML, 5%; 25000UNIT/500ML, 5%; 40UNIT/ML	\$0 (Tier 1)	

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
HEPARIN SODIUM/DEXTRROSE INJECTION 5%; 25000UNIT/250ML	\$0 (Tier 1)	
HEPARIN SODIUM/NACL 0.45% INJECTION 12500UNIT/250ML; 0.45%, 25000UNIT/250ML; 0.45%	\$0 (Tier 1)	
HEPARIN SODIUM/SODIUM CHLORIDE INJECTION 25000UNIT/250ML; 0.45%, 25000UNIT/500ML; 0.45%	\$0 (Tier 1)	
HEPARIN SODIUM INJECTION 5000UNIT/0.5ML, 5000UNIT/ML PF	\$0 (Tier 1)	
<i>heparin sodium injection 10000unit/ml, 1000unit/ml, 20000unit/ml, 5000unit/0.5ml pf, 5000unit/ml</i>	\$0 (Tier 1)	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 1)	QL (620 ML per 30 days) MO
<i>rivaroxaban tablet 2.5mg</i>	\$0 (Tier 1)	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 1)	QL (51 EA per 30 days) MO
XARELTO SUSPENSION RECONSTITUTED 1MG/ML	\$0 (Tier 1)	QL (620 ML per 30 days) MO
XARELTO TABLET 10MG, 15MG, 20MG	\$0 (Tier 1)	QL (30 EA per 30 days) MO
XARELTO TABLET 2.5MG	\$0 (Tier 1)	QL (60 EA per 30 days) MO
HEMATOPOIETIC GROWTH FACTORS		
PROCRIT INJECTION 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	\$0 (Tier 1)	PA; ACS
PROCRIT INJECTION 20000UNIT/ML, 40000UNIT/ML	\$0 (Tier 1)	PA; ACS
ZARXIO INJECTION 300MCG/0.5ML, 480MCG/0.8ML	\$0 (Tier 1)	PA; ACS
MISCELLANEOUS		
ALVAIZ TABLET 54MG, 9MG	\$0 (Tier 1)	QL (60 EA per 30 days) PA; ACS
ALVAIZ TABLET 18MG, 36MG	\$0 (Tier 1)	QL (90 EA per 30 days) PA; ACS
<i>anagrelide hydrochloride capsule 0.5mg, 1mg</i>	\$0 (Tier 1)	MO
BERINERT INJECTION 500UNIT	\$0 (Tier 1)	QL (24 EA per 30 days) PA; ACS LD



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>cilostazol tablet 100mg, 50mg</i>	\$0 (Tier 1)	MO
DROXIA CAPSULE 200MG, 300MG, 400MG	\$0 (Tier 1)	PA MO
HAEGARDA INJECTION 3000UNIT	\$0 (Tier 1)	QL (20 EA per 30 days) PA; ACS LD
HAEGARDA INJECTION 2000UNIT	\$0 (Tier 1)	QL (30 EA per 30 days) PA; ACS LD
<i>icatibant acetate injection 30mg/3ml</i>	\$0 (Tier 1)	QL (27 ML per 30 days) PA; ACS
<i>l-glutamine packet 5gm</i>	\$0 (Tier 1)	PA; ACS
<i>pentoxifylline er tablet extended release 400mg</i>	\$0 (Tier 1)	MO
<i>sajazir injection 30mg/3ml</i>	\$0 (Tier 1)	QL (27 ML per 30 days) PA; LD
SIKLOS TABLET 100MG	\$0 (Tier 1)	PA MO
SIKLOS TABLET 1000MG	\$0 (Tier 1)	PA MO
TAVNEOS CAPSULE 10MG	\$0 (Tier 1)	QL (180 EA per 30 days) PA; LD
<i>tranexamic acid/sodium chloride injection 0.7%; 1000mg/100ml</i>	\$0 (Tier 1)	
<i>tranexamic acid injection 1000mg/10ml</i>	\$0 (Tier 1)	
<i>tranexamic acid tablet 650mg</i>	\$0 (Tier 1)	MO
PLATELET AGGREGATION INHIBITORS		
<i>aspirin/dipyridamole er capsule extended release 12 hour 25mg; 200mg</i>	\$0 (Tier 1)	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 1)	QL (2 EA per 365 days) MO
<i>dipyridamole tablet 25mg, 50mg, 75mg</i>	\$0 (Tier 1)	PA MO
<i>prasugrel hydrochloride tablet 10mg, 5mg</i>	\$0 (Tier 1)	MO
<i>ticagrelor tablet 60mg, 90mg</i>	\$0 (Tier 1)	MO
IMMUNOLOGIC AGENTS		
AUTOIMMUNE AGENTS		
ADALIMUMAB-BWWD INJECTION 40MG/0.4ML	\$0 (Tier 1)	QL (22.4 ML per 365 days) PA; ACS
BIMZELX INJECTION 160MG/ML, 320MG/2ML	\$0 (Tier 1)	QL (4 ML per 28 days) PA; ACS
DUPIXENT INJECTION 200MG/1.14ML	\$0 (Tier 1)	QL (4.56 ML per 28 days) PA; ACS
DUPIXENT INJECTION 300MG/2ML	\$0 (Tier 1)	QL (8 ML per 28 days) PA; ACS
ENBREL MINI INJECTION 50MG/ML	\$0 (Tier 1)	QL (8 ML per 28 days) PA; ACS
ENBREL SURECLICK INJECTION 50MG/ML	\$0 (Tier 1)	QL (8 ML per 28 days) PA; ACS
ENBREL INJECTION 25MG/0.5ML, 50MG/ML	\$0 (Tier 1)	QL (8 ML per 28 days) PA; ACS

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
HADLIMA PUSH TOUCH INJECTION 40MG/0.4ML	\$0 (Tier 1)	QL (22.4 ML per 365 days) PA; ACS
HADLIMA PUSH TOUCH INJECTION 40MG/0.8ML	\$0 (Tier 1)	QL (44.8 ML per 365 days) PA; ACS
HADLIMA INJECTION 40MG/0.4ML	\$0 (Tier 1)	QL (22.4 ML per 365 days) PA; ACS
HADLIMA INJECTION 40MG/0.8ML	\$0 (Tier 1)	QL (44.8 ML per 365 days) PA; ACS
HUMIRA INJECTION 10MG/0.1ML	\$0 (Tier 1)	QL (26 EA per 365 days) PA; ACS
HUMIRA INJECTION 20MG/0.2ML	\$0 (Tier 1)	QL (52 EA per 365 days) PA; ACS
KINERET INJECTION 100MG/0.67ML	\$0 (Tier 1)	QL (18.76 ML per 28 days) PA; LD
PYZCHIVA INJECTION 45MG/0.5ML	\$0 (Tier 1)	QL (0.5 ML per 28 days) PA; ACS
PYZCHIVA INJECTION 90MG/ML	\$0 (Tier 1)	QL (1 ML per 28 days) PA; ACS
PYZCHIVA INJECTION 130MG/26ML	\$0 (Tier 1)	QL (208 ML per 365 days) PA; ACS
RINVOQ LQ SOLUTION 1MG/ML	\$0 (Tier 1)	QL (360 ML per 30 days) PA; ACS
RINVOQ TABLET EXTENDED RELEASE 24 HOUR 45MG	\$0 (Tier 1)	QL (168 EA per 365 days) PA; ACS
RINVOQ TABLET EXTENDED RELEASE 24 HOUR 15MG, 30MG	\$0 (Tier 1)	QL (30 EA per 30 days) PA; ACS
SKYRIZI PEN INJECTION 150MG/ML	\$0 (Tier 1)	QL (6 ML per 365 days) PA; ACS
SKYRIZI INJECTION 180MG/1.2ML	\$0 (Tier 1)	QL (1.2 ML per 56 days) PA; ACS
SKYRIZI INJECTION 600MG/10ML	\$0 (Tier 1)	QL (120 ML per 365 days) PA; ACS
SKYRIZI INJECTION 360MG/2.4ML	\$0 (Tier 1)	QL (2.4 ML per 56 days) PA; ACS
SKYRIZI INJECTION 150MG/ML	\$0 (Tier 1)	QL (6 ML per 365 days) PA; ACS
SOTYKTU TABLET 6MG	\$0 (Tier 1)	QL (30 EA per 30 days) PA; ACS LD
STELARA INJECTION 45MG/0.5ML	\$0 (Tier 1)	QL (0.5 ML per 28 days) PA; ACS
STELARA INJECTION 90MG/ML	\$0 (Tier 1)	QL (1 ML per 28 days) PA; ACS
STELARA INJECTION 130MG/26ML	\$0 (Tier 1)	QL (208 ML per 365 days) PA; ACS
TREMFYA INDUCTION PACK FOR CROHNS DISEASE/ULCERATIVE COLITIS INJECTION 200MG/2ML	\$0 (Tier 1)	QL (4 ML per 28 days) PA; ACS
TREMFYA PEN INJECTION 100MG/ML	\$0 (Tier 1)	QL (1 ML per 28 days) PA; ACS
TREMFYA INJECTION 100MG/ML	\$0 (Tier 1)	QL (1 ML per 28 days) PA; ACS
TREMFYA INJECTION 200MG/20ML	\$0 (Tier 1)	QL (20 ML per 28 days) PA; ACS
TREMFYA INJECTION 200MG/2ML	\$0 (Tier 1)	QL (4 ML per 28 days) PA; ACS
TYENNE INJECTION 162MG/0.9ML	\$0 (Tier 1)	QL (3.6 ML per 28 days) PA; ACS
TYENNE INJECTION 200MG/10ML, 400MG/20ML, 80MG/4ML	\$0 (Tier 1)	QL (40 ML per 28 days) PA; ACS



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
USTEKINUMAB INJECTION 45MG/0.5ML	\$0 (Tier 1)	QL (0.5 ML per 28 days) PA; ACS
USTEKINUMAB INJECTION 90MG/ML	\$0 (Tier 1)	QL (1 ML per 28 days) PA; ACS
USTEKINUMAB INJECTION 130MG/26ML	\$0 (Tier 1)	QL (208 ML per 365 days) PA; ACS
VELSIPTY TABLET 2MG	\$0 (Tier 1)	QL (30 EA per 30 days) PA; ACS LD
XELJANZ XR TABLET EXTENDED RELEASE 24 HOUR 11MG, 22MG	\$0 (Tier 1)	QL (30 EA per 30 days) PA; ACS
XELJANZ SOLUTION 1MG/ML	\$0 (Tier 1)	QL (480 ML per 24 days) PA; ACS
XELJANZ TABLET 10MG, 5MG	\$0 (Tier 1)	QL (60 EA per 30 days) PA; ACS
YESINTEK INJECTION 45MG/0.5ML	\$0 (Tier 1)	QL (0.5 ML per 28 days) PA; ACS
YESINTEK INJECTION 130MG/26ML	\$0 (Tier 1)	QL (208 ML per 365 days) PA; ACS
YESINTEK INJECTION 90MG/ML	\$0 (Tier 1)	QL (1 ML per 28 days) PA; ACS
<i>DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)</i>		
<i>hydroxychloroquine sulfate tablet 200mg</i>	\$0 (Tier 1)	MO
JYLAMVO SOLUTION 2MG/ML	\$0 (Tier 1)	
<i>leflunomide tablet 10mg, 20mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>methotrexate sodium tablet 2.5mg</i>	\$0 (Tier 1)	MO
XATMEP SOLUTION 2.5MG/ML	\$0 (Tier 1)	MO
<i>IMMUNOGLOBULINS</i>		
GAMASTAN INJECTION	\$0 (Tier 1)	B/D; ACS LD
GAMMAKED INJECTION 10GM/100ML, 1GM/10ML, 20GM/200ML, 5GM/50ML	\$0 (Tier 1)	PA; ACS LD
GAMUNEX-C INJECTION 10GM/100ML, 1GM/10ML, 2.5GM/25ML, 20GM/200ML, 40GM/400ML, 5GM/50ML	\$0 (Tier 1)	PA; ACS LD
OCTAGAM INJECTION 10GM/100ML, 10GM/200ML, 2.5GM/50ML, 20GM/200ML, 2GM/20ML, 30GM/300ML, 5GM/100ML, 5GM/50ML	\$0 (Tier 1)	PA; ACS LD
PRIVIGEN INJECTION 10GM/100ML, 20GM/200ML, 40GM/400ML, 5GM/50ML	\$0 (Tier 1)	PA; ACS LD
<i>IMMUNOMODULATORS</i>		
ACTIMMUNE INJECTION 100MCG/0.5ML	\$0 (Tier 1)	PA; ACS LD
ARCALYST INJECTION 220MG	\$0 (Tier 1)	PA; ACS LD
<i>IMMUNOSUPPRESSANTS</i>		
ASTAGRAF XL CAPSULE EXTENDED RELEASE 24 HOUR 0.5MG, 1MG	\$0 (Tier 1)	B/D MO

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
ASTAGRAF XL CAPSULE EXTENDED RELEASE 24 HOUR 5MG	\$0 (Tier 1)	B/D MO
AZATHIOPRINE INJECTION 100MG	\$0 (Tier 1)	B/D
<i>azathioprine tablet 50mg</i>	\$0 (Tier 1)	B/D MO
BENLYSTA INJECTION 200MG/ML	\$0 (Tier 1)	PA; ACS LD
<i>cyclosporine modified capsule 100mg, 25mg, 50mg</i>	\$0 (Tier 1)	B/D MO
<i>cyclosporine modified solution 100mg/ml</i>	\$0 (Tier 1)	B/D MO
<i>cyclosporine capsule 100mg, 25mg</i>	\$0 (Tier 1)	B/D MO
<i>everolimus tablet 0.25mg</i>	\$0 (Tier 1)	B/D MO
<i>everolimus tablet 0.5mg, 0.75mg, 1mg</i>	\$0 (Tier 1)	B/D MO
<i>gengraf capsule 100mg, 25mg</i>	\$0 (Tier 1)	B/D
<i>mycophenolate mofetil capsule 250mg</i>	\$0 (Tier 1)	B/D MO
<i>mycophenolate mofetil injection 500mg</i>	\$0 (Tier 1)	B/D MO
<i>mycophenolate mofetil suspension reconstituted 200mg/ml</i>	\$0 (Tier 1)	B/D MO
<i>mycophenolate mofetil tablet 500mg</i>	\$0 (Tier 1)	B/D MO
<i>mycophenolic acid dr tablet delayed release 180mg, 360mg</i>	\$0 (Tier 1)	B/D MO
NULOJIX INJECTION 250MG	\$0 (Tier 1)	B/D
PROGRAF PACKET 0.2MG, 1MG	\$0 (Tier 1)	B/D MO
REZUROCK TABLET 200MG	\$0 (Tier 1)	QL (30 EA per 30 days) PA; LD
<i>sirolimus solution 1mg/ml</i>	\$0 (Tier 1)	B/D MO
<i>sirolimus tablet 0.5mg, 1mg, 2mg</i>	\$0 (Tier 1)	B/D MO
<i>tacrolimus capsule 0.5mg, 1mg, 5mg</i>	\$0 (Tier 1)	B/D MO
VACCINES		
ABRYSVO INJECTION 120MCG/0.5ML	\$0 (Tier 1)	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 1)	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)	
DENGVAXIA INJECTION	\$0 (Tier 1)	



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
ENGERIX-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)	
IPOL 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 1)	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)	
PEDVAX HIB 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
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)	

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
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 1)	
VIVOTIF CAPSULE DELAYED RELEASE	\$0 (Tier 1)	MO
YF-VAX INJECTION	\$0 (Tier 1)	
NUTRITIONAL/SUPPLEMENTS		
<i>ELECTROLYTES/MINERALS, INJECTABLE</i>		
DEXTROSE 5% /ELECTROLYTE #48	\$0 (Tier 1)	
VIAFLEX INJECTION 24MEQ/L; 5%; 23MEQ/L; 3MEQ/L; 3MEQ/L; 20MEQ/L; 25MEQ/L		
DEXTROSE 10%/SODIUM CHLORIDE 0.2% INJECTION 10%; 0.2%	\$0 (Tier 1)	
DEXTROSE 10%/SODIUM CHLORIDE 0.45% INJECTION 10%; 0.45%	\$0 (Tier 1)	
DEXTROSE 2.5%/SODIUM CHLORIDE 0.45% INJECTION 2.5%; 0.45%	\$0 (Tier 1)	
DEXTROSE 5%/LACTATED RINGERS INJECTION 2.7MEQ/L; 109MEQ/L; 5%; 28MEQ/L; 4MEQ/L; 130MEQ/L	\$0 (Tier 1)	
DEXTROSE 5%/SODIUM CHLORIDE 0.2% INJECTION 5%; 0.2%	\$0 (Tier 1)	
<i>dextrose 5%/sodium chloride 0.3% injection 5%; 0.3%</i>	\$0 (Tier 1)	



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 0.33% INJECTION 5%; 0.33%	\$0 (Tier 1)	
DEXTROSE 5%/SODIUM CHLORIDE 0.45% INJECTION 5%; 0.45%	\$0 (Tier 1)	
DEXTROSE 5%/SODIUM CHLORIDE 0.9% INJECTION 5%; 0.9%	\$0 (Tier 1)	MO
<i>dextrose/sodium chloride injection 5%; 0.225%</i>	\$0 (Tier 1)	
ISOLYTE-P/DEXTROSE 5% INJECTION 23MEQ/L; 23MEQ/L; 5%; 3MEQ/L; 3MEQ/L; 20MEQ/L; 25MEQ/L	\$0 (Tier 1)	
ISOLYTE-S PH 7.4 INJECTION 27MEQ/1000ML; 98MEQ/1000ML; 23MEQ/1000ML; 3MEQ/1000ML; 1MEQ/1000ML; 5MEQ/1000ML; 141MEQ/1000ML	\$0 (Tier 1)	B/D
ISOLYTE-S INJECTION 27MEQ/L; 98MEQ/L; 23MEQ/L; 3MEQ/L; 5MEQ/L; 140MEQ/L	\$0 (Tier 1)	B/D
KCL 0.075%/D5W/NACL 0.45% INJECTION 5%; 10MEQ/L; 0.45%	\$0 (Tier 1)	
KCL 0.15%/D5W/NACL 0.2% INJECTION 5%; 20MEQ/L; 0.2%	\$0 (Tier 1)	
KCL 0.15%/D5W/NACL 0.45% INJECTION 5%; 20MEQ/L; 0.45%	\$0 (Tier 1)	
KCL 0.15%/D5W/NACL 0.9% INJECTION 5%; 20MEQ/L; 0.9%	\$0 (Tier 1)	
KCL 0.3%/D5W/NACL 0.45% INJECTION 5%; 40MEQ/L; 0.45%	\$0 (Tier 1)	
KCL 0.3%/D5W/NACL 0.9% INJECTION 5%; 40MEQ/L; 0.9%	\$0 (Tier 1)	
<i>lactated ringers injection 3meq/l; 109meq/l; 28meq/l; 4meq/l; 130meq/l</i>	\$0 (Tier 1)	
MAGNESIUM SULFATE INJECTION 20GM/500ML, 40GM/1000ML	\$0 (Tier 1)	
<i>magnesium sulfate injection 2gm/50ml, 4gm/100ml, 4gm/50ml, 50%</i>	\$0 (Tier 1)	
<i>multiple electrolytes injection type 1 injection 27meq/l; 98meq/l; 23meq/l; 3meq/l; 5meq/l; 140meq/l</i>	\$0 (Tier 1)	

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
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%	\$0 (Tier 1)	
POTASSIUM CHLORIDE/DEXTROSE INJECTION 5%; 10MEQ/L, 5%; 20MEQ/L	\$0 (Tier 1)	
POTASSIUM CHLORIDE/SODIUM CHLORIDE INJECTION 40MEQ/L; 0.9%	\$0 (Tier 1)	
<i>potassium chloride/sodium chloride injection 20meq/l; 0.45%, 20meq/l; 0.9%</i>	\$0 (Tier 1)	
POTASSIUM CHLORIDE INJECTION 0.4MEQ/ML, 10MEQ/100ML, 10MEQ/50ML, 20MEQ/100ML, 40MEQ/100ML	\$0 (Tier 1)	
<i>potassium chloride injection 2meq/ml</i>	\$0 (Tier 1)	MO
RINGERS INJECTION INJECTION 4.5MEQ/L; 156MEQ/L; 4MEQ/L; 147MEQ/L	\$0 (Tier 1)	
SODIUM BICARBONATE INJECTION 7.5%	\$0 (Tier 1)	
<i>sodium bicarbonate injection 4.2%</i>	\$0 (Tier 1)	
<i>sodium bicarbonate injection 8.4%</i>	\$0 (Tier 1)	MO
<i>sodium chloride 0.45% injection 0.45%</i>	\$0 (Tier 1)	
SODIUM CHLORIDE INJECTION 2.5MEQ/ ML, 5%	\$0 (Tier 1)	MO
<i>sodium chloride injection 0.9%, 3%, 4meq/ml</i>	\$0 (Tier 1)	MO
TPN ELECTROLYTES INJECTION 29.5MEQ/20ML; 4.5MEQ/20ML; 35MEQ/20ML; 5MEQ/20ML; 20MEQ/20ML; 35MEQ/20ML	\$0 (Tier 1)	B/D
<i>ELECTROLYTES/MINERALS/VITAMINS, ORAL</i>		
<i>effer-k tablet effervescent 25meq</i>	\$0 (Tier 1)	MO
<i>fluoride tablet chewable 0.25mg, 0.5mg, 1mg</i>	\$0 (Tier 1)	MO
<i>klor-con 10 tablet extended release 10meq</i>	\$0 (Tier 1)	
<i>klor-con 8 tablet extended release 8meq</i>	\$0 (Tier 1)	MO
<i>klor-con m10 tablet extended release 10meq</i>	\$0 (Tier 1)	MO
<i>klor-con m15 tablet extended release 15meq</i>	\$0 (Tier 1)	MO
<i>klor-con m20 tablet extended release 20meq</i>	\$0 (Tier 1)	MO
<i>klor-con/ef tablet effervescent 25meq</i>	\$0 (Tier 1)	MO



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>klor-con packet 20meq</i>	\$0 (Tier 1)	
M-NATAL PLUS TABLET 120MG; 200MG; 400UNIT; 2MG; 12MCG; 27MG; 1MG; 20MG; 10MG; 4000UNIT; 3MG; 1.84MG; 22UNIT; 25MG	\$0 (Tier 1)	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 1)	
<i>multi-vitamin/fluoride drops solution 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 1)	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 1)	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 1)	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 1)	MO
NIVA-PLUS TABLET 120MG; 200MG; 400UNIT; 2MG; 12MCG; 27MG; 1MG; 20MG; 10MG; 4000UNIT; 3MG; 1.84MG; 22UNIT; 25MG	\$0 (Tier 1)	MO
PNV PRENATAL PLUS MULTIVITAMIN TABLET 120MG; 200MG; 400UNIT; 2MG; 12MCG; 27MG; 1MG; 20MG; 10MG; 4000UNIT; 3MG; 1.84MG; 22MG; 25MG	\$0 (Tier 1)	MO
<i>potassium chloride er capsule extended release 10meq, 8meq</i>	\$0 (Tier 1)	MO
<i>potassium chloride er tablet extended release 10meq, 15meq, 20meq, 8meq</i>	\$0 (Tier 1)	MO

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>potassium chloride packet 20meq</i>	\$0 (Tier 1)	MO
<i>potassium chloride oral solution 10%, 20%</i>	\$0 (Tier 1)	MO
PRENATAL PLUS VITAMIN ANDMINERAL TABLET 120MG; 200MG; 12MCG; 2MG; 27MG; 1MG; 20MG; 10MG; 3MG; 1.84MG; 1200MCG; 10MCG; 9.9MG; 25MG	\$0 (Tier 1)	MO
PRENATAL TABLET 120MG; 200MG; 10MCG; 2MG; 12MCG; 27MG; 1MG; 20MG; 10MG; 1200MCG; 3MG; 1.84MG; 10MG; 25MG	\$0 (Tier 1)	MO
<i>sodium fluoride solution 0.5mg/ml</i>	\$0 (Tier 1)	MO
<i>sodium fluoride tablet chewable 0.25mg, 0.5mg, 1mg</i>	\$0 (Tier 1)	MO
<i>tri-vite/fluoride solution 35mg/ml; 0.25mg/ml; 1500unit/ml; 400unit/ml, 35mg/ml; 0.5mg/ml; 1500unit/ml; 400unit/ml</i>	\$0 (Tier 1)	MO
WESTAB PLUS TABLET 120MG; 200MG; 10MCG; 2MG; 12MCG; 27MG; 1MG; 20MG; 10MG; 3MG; 1.84MG; 9.9MG; 1200MCG; 25MG	\$0 (Tier 1)	MO
IV NUTRITION		
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 1)	B/D
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 1)	B/D



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 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 1)	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 1)	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 1)	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 1)	B/D
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 1)	B/D

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>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 1)	B/D MO
CLINOLIPID INJECTION 1.2GM/100ML; 2.25GM/100ML; 16GM/100ML; 4GM/100ML	\$0 (Tier 1)	B/D
<i>dextrose 10% injection 10%</i>	\$0 (Tier 1)	
<i>dextrose 5% injection 5%</i>	\$0 (Tier 1)	MO
DEXTROSE 50% INJECTION 50%	\$0 (Tier 1)	B/D
DEXTROSE 70% INJECTION 70%	\$0 (Tier 1)	B/D
GLUCOSE (DEXTROSE) 50% INJECTION 50%	\$0 (Tier 1)	B/D
GLUCOSE (DEXTROSE) 70% INJECTION 70%	\$0 (Tier 1)	B/D
NUTRILIPID INJECTION 20GM/100ML	\$0 (Tier 1)	B/D
<i>plenamine 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 1)	B/D
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 1)	B/D



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
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 1)	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 1)	B/D
TROPHAMINE INJECTION 0.54GM/100ML; 1.2GM/100ML; 0.32GM/100ML; 0.5GM/100ML; 0.36GM/100ML; 0.48GM/100ML; 0.82GM/100ML; 1.4GM/100ML; 1.2GM/100ML; 0.34GM/100ML; 0.48GM/100ML; 0.68GM/100ML; 0.38GM/100ML; 5MEQ/L; 0.025GM/100ML; 0.42GM/100ML; 0.2GM/100ML; 0.24GM/100ML; 0.78GM/100ML	\$0 (Tier 1)	B/D
OPHTHALMIC		
ANTI-INFECTIVE/ANTI-INFLAMMATORY		
<i>neo-polycin hc ointment 400unit/gm; 1%; 3.5mg/gm; 10000unit/gm</i>	\$0 (Tier 1)	
<i>neomycin/polymyxin/bacitracin/hydrocortisone ointment 400unit/gm; 1%; 0.5%; 10000unit/gm</i>	\$0 (Tier 1)	MO
<i>neomycin/polymyxin/dexamethasone ointment 0.1%; 3.5mg/gm; 10000unit/gm</i>	\$0 (Tier 1)	MO
<i>neomycin/polymyxin/dexamethasone suspension 0.1%; 3.5mg/ml; 10000unit/ml</i>	\$0 (Tier 1)	MO
<i>neomycin/polymyxin/hydrocortisone ophthalmic suspension 1%; 3.5mg/ml; 10000unit/ml</i>	\$0 (Tier 1)	MO
<i>sulfacetamide sodium/prednisolone sodium phosphate solution 0.23%; 10%</i>	\$0 (Tier 1)	MO

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
TOBRADEX ST SUSPENSION 0.05%; 0.3%	\$0 (Tier 1)	MO
TOBRADEX OINTMENT 0.1%; 0.3%	\$0 (Tier 1)	MO
<i>tobramycin/dexamethasone suspension 0.1%; 0.3%</i>	\$0 (Tier 1)	MO
ZYLET SUSPENSION 0.5%; 0.3%	\$0 (Tier 1)	MO
ANTI-INFECTIVES		
<i>bacitracin/polymyxin b ointment 500unit/gm; 10000unit/gm</i>	\$0 (Tier 1)	MO
<i>bacitracin ointment 500unit/gm</i>	\$0 (Tier 1)	MO
BESIFLOXACIN HYDROCHLORIDE SUSPENSION 0.6%	\$0 (Tier 1)	MO
BESIVANCE SUSPENSION 0.6%	\$0 (Tier 1)	MO
CILOXAN OINTMENT 0.3%	\$0 (Tier 1)	QL (42 GM per 30 days) MO
<i>ciprofloxacin hydrochloride solution 0.3%</i>	\$0 (Tier 1)	QL (30 ML per 30 days) MO
<i>erythromycin ointment 5mg/gm</i>	\$0 (Tier 1)	QL (42 GM per 30 days) MO
<i>gatifloxacin solution 0.5%</i>	\$0 (Tier 1)	QL (20 ML per 30 days) MO
<i>gentamicin sulfate ophthalmic solution 0.3%</i>	\$0 (Tier 1)	QL (30 ML per 30 days) MO
<i>levofloxacin ophthalmic solution 1.5%</i>	\$0 (Tier 1)	QL (20 ML per 30 days) MO
<i>levofloxacin ophthalmic solution 0.5%</i>	\$0 (Tier 1)	QL (30 ML per 30 days) MO
<i>moxifloxacin hydrochloride (generic Vigamox) ophthalmic solution 0.5%</i>	\$0 (Tier 1)	QL (12 ML per 30 days) MO
<i>moxifloxacin hydrochloride (generic Moxeza) ophthalmic solution 0.5%</i>	\$0 (Tier 1)	QL (12 ML per 30 days) MO
<i>neo-polycin ointment 400unit/gm; 3.5mg/gm; 10000unit/gm</i>	\$0 (Tier 1)	
<i>neomycin/polymyxin/bacitracin ointment 400unit/gm; 5mg/gm; 10000unit/gm</i>	\$0 (Tier 1)	MO
<i>neomycin/polymyxin/gramicidin solution 0.025mg/ml; 1.75mg/ml; 10000unit/ml</i>	\$0 (Tier 1)	MO
<i>ofloxacin ophthalmic solution 0.3%</i>	\$0 (Tier 1)	QL (60 ML per 30 days) MO
<i>polycin ointment 500unit/gm; 10000unit/gm</i>	\$0 (Tier 1)	
<i>polymyxin b sulfate/trimethoprim sulfate solution 10000unit/ml; 0.1%</i>	\$0 (Tier 1)	MO
<i>sulfacetamide sodium ointment 10%</i>	\$0 (Tier 1)	MO
<i>sulfacetamide sodium solution 10%</i>	\$0 (Tier 1)	QL (90 ML per 30 days) MO
<i>tobramycin solution 0.3%</i>	\$0 (Tier 1)	QL (30 ML per 30 days) MO
<i>trifluridine solution 1%</i>	\$0 (Tier 1)	MO



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
XDEMVY SOLUTION 0.25%	\$0 (Tier 1)	QL (10 ML per 42 days) PA; ACS LD
ZIRGAN GEL 0.15%	\$0 (Tier 1)	MO
ANTI-INFLAMMATORIES		
<i>bromfenac sodium solution 0.07%</i>	\$0 (Tier 1)	MO
<i>bromfenac sodium solution 0.075%</i>	\$0 (Tier 1)	MO
<i>bromfenac solution 0.09%</i>	\$0 (Tier 1)	MO
<i>dexamethasone sodium phosphate ophthalmic solution 0.1%</i>	\$0 (Tier 1)	MO
<i>diclofenac sodium ophthalmic solution 0.1%</i>	\$0 (Tier 1)	QL (10 ML per 30 days) MO
<i>difluprednate emulsion 0.05%</i>	\$0 (Tier 1)	MO
FLAREX SUSPENSION 0.1%	\$0 (Tier 1)	MO
<i>fluorometholone suspension 0.1%</i>	\$0 (Tier 1)	MO
<i>furbiprofen sodium solution 0.03%</i>	\$0 (Tier 1)	MO
<i>ketorolac tromethamine solution 0.4%, 0.5%</i>	\$0 (Tier 1)	MO
LOTEMAX SM GEL 0.38%	\$0 (Tier 1)	MO
LOTEMAX OINTMENT 0.5%	\$0 (Tier 1)	MO
<i>loteprednol etabonate gel 0.5%</i>	\$0 (Tier 1)	MO
<i>loteprednol etabonate suspension 0.5%</i>	\$0 (Tier 1)	MO
<i>loteprednol etabonate suspension 0.2%</i>	\$0 (Tier 1)	MO
<i>prednisolone acetate suspension 1%</i>	\$0 (Tier 1)	MO
PREDNISOLONE SODIUM PHOSPHATE OPTHALMIC SOLUTION 1%	\$0 (Tier 1)	MO
ANTIALLERGICS		
<i>azelastine hcl solution 0.05%</i>	\$0 (Tier 1)	MO
<i>cromolyn sodium solution 4%</i>	\$0 (Tier 1)	MO
<i>epinastine hcl solution 0.05%</i>	\$0 (Tier 1)	MO
ZERVIAE SOLUTION 0.24%	\$0 (Tier 1)	
ANTIGLAUCOMA		
<i>betaxolol hcl solution 0.5%</i>	\$0 (Tier 1)	MO
<i>brimonidine tartrate/timolol maleate solution 0.2%; 0.5%</i>	\$0 (Tier 1)	MO
<i>brimonidine tartrate solution 0.2%</i>	\$0 (Tier 1)	MO
<i>brimonidine tartrate solution 0.15%</i>	\$0 (Tier 1)	MO
<i>brinzolamide suspension 1%</i>	\$0 (Tier 1)	MO
<i>carteolol hcl solution 1%</i>	\$0 (Tier 1)	MO

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
COMBIGAN SOLUTION 0.2%; 0.5%	\$0 (Tier 1)	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 1)	MO
<i>dorzolamide hydrochloride solution 2%</i>	\$0 (Tier 1)	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 1)	MO
PHOSPHOLINE IODIDE SOLUTION RECONSTITUTED 0.125%	\$0 (Tier 1)	ACS LD
<i>pilocarpine hcl solution 1%, 2%, 4%</i>	\$0 (Tier 1)	MO
<i>pilocarpine hydrochloride solution 1%, 2%, 4%</i>	\$0 (Tier 1)	MO
RHOPRESSA SOLUTION 0.02%	\$0 (Tier 1)	MO
ROCKLATAN SOLUTION 0.005%; 0.02%	\$0 (Tier 1)	MO
SIMBRINZA SUSPENSION 0.2%; 1%	\$0 (Tier 1)	MO
<i>timolol maleate ophthalmic gel forming gel forming solution 0.25%, 0.5%</i>	\$0 (Tier 1)	MO
<i>timolol maleate (generic Timoptic) soln 0.25%, 0.5%</i>	\$0 (Tier 1)	MO
<i>timolol maleate once-daily ophthalmic (generic Istalol) soln 0.5%</i>	\$0 (Tier 1)	MO
<i>travoprost solution 0.004%</i>	\$0 (Tier 1)	MO
VYZULTA SOLUTION 0.024%	\$0 (Tier 1)	MO
MISCELLANEOUS		
<i>atropine sulfate solution 1%</i>	\$0 (Tier 1)	MO
CYSTARAN SOLUTION 0.44%	\$0 (Tier 1)	PA; LD
EYSUVIS SUSPENSION 0.25%	\$0 (Tier 1)	MO
MIEBO SOLUTION 1.338GM/ML	\$0 (Tier 1)	QL (12 ML per 30 days) MO
<i>proparacaine hcl solution 0.5%</i>	\$0 (Tier 1)	MO
RESTASIS MULTIDOSE EMULSION 0.05%	\$0 (Tier 1)	QL (5.5 ML per 30 days) MO
RESTASIS EMULSION 0.05%	\$0 (Tier 1)	QL (60 EA per 30 days) MO
XIIDRA SOLUTION 5%	\$0 (Tier 1)	QL (60 EA per 30 days) MO
OTIC		
OTIC AGENTS		
<i>acetic acid solution 2%</i>	\$0 (Tier 1)	MO
CIPRO HC SUSPENSION 0.2%; 1%	\$0 (Tier 1)	MO



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

RESPIRATORY**ANTICHOLINERGIC/BETA AGONIST COMBINATIONS**

ANORO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 62.5MCG/ACT; 25MCG/ACT	\$0 (Tier 1)	QL (60 EA per 30 days) MO
BEVESPI AEROSPHERE AEROSOL 4.8MCG/ACT; 9MCG/ACT	\$0 (Tier 1)	QL (10.7 GM per 30 days) MO
BREZTRI AEROSPHERE AEROSOL 160MCG/ACT; 4.8MCG/ACT; 9MCG/ACT	\$0 (Tier 1)	QL (10.7 GM per 30 days)
COMBIVENT RESPIMAT AEROSOL SOLUTION 100MCG/ACT; 20MCG/ACT	\$0 (Tier 1)	QL (8 GM per 30 days) MO
<i>ipratropium bromide/albuterol sulfate solution 2.5mg/3ml; 0.5mg/3ml</i>	\$0 (Tier 1)	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 1)	QL (60 EA per 30 days) MO

ANTICHOLINERGICS

ATROVENT HFA AEROSOL SOLUTION 17MCG/ACT	\$0 (Tier 1)	QL (25.8 GM per 30 days) MO
INCRUSE ELLIPTA AEROSOL POWDER BREATH ACTIVATED 62.5MCG/INH	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>ipratropium bromide inhalation solution 0.02%</i>	\$0 (Tier 1)	B/D MO
<i>ipratropium bromide nasal solution 0.03%</i>	\$0 (Tier 1)	QL (30 ML per 28 days) MO

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>ipratropium bromide nasal solution 0.06%</i>	\$0 (Tier 1)	QL (45 ML per 30 days) MO
SPIRIVA RESPIMAT AEROSOL SOLUTION 1.25MCG/ACT	\$0 (Tier 1)	QL (4 GM per 30 days) MO
ANTI-HISTAMINES		
<i>azelastine hydrochloride solution 0.1%</i>	\$0 (Tier 1)	QL (30 ML per 25 days) MO
CARBINOXAMINE MALEATE ER SUSPENSION EXTENDED RELEASE 4MG/5ML	\$0 (Tier 1)	PA MO
<i>carbinoxamine maleate solution 4mg/5ml</i>	\$0 (Tier 1)	PA MO
<i>carbinoxamine maleate tablet 4mg</i>	\$0 (Tier 1)	PA MO
<i>cetirizine hydrochloride solution 5mg/5ml</i>	\$0 (Tier 1)	QL (300 ML per 30 days) MO
<i>clemastine fumarate tablet 2.68mg</i>	\$0 (Tier 1)	PA MO
<i>cyproheptadine hcl syrup 2mg/5ml</i>	\$0 (Tier 1)	PA MO; HRM
<i>cyproheptadine hydrochloride tablet 4mg</i>	\$0 (Tier 1)	PA MO; HRM
<i>desloratadine odt tablet disintegrating 2.5mg, 5mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>desloratadine tablet 5mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>diphenhydramine hydrochloride injection 50mg/ml</i>	\$0 (Tier 1)	MO; HRM
<i>hydroxyzine hcl injection 25mg/ml</i>	\$0 (Tier 1)	PA MO; HRM
<i>hydroxyzine hcl tablet 50mg</i>	\$0 (Tier 1)	PA MO; HRM
<i>hydroxyzine hydrochloride injection 50mg/ml</i>	\$0 (Tier 1)	PA MO; HRM
<i>hydroxyzine hydrochloride syrup 10mg/5ml</i>	\$0 (Tier 1)	PA MO; HRM
<i>hydroxyzine hydrochloride tablet 10mg, 25mg</i>	\$0 (Tier 1)	PA MO; HRM
<i>hydroxyzine pamoate capsule 100mg, 25mg, 50mg</i>	\$0 (Tier 1)	PA MO; HRM
<i>levocetirizine dihydrochloride solution 2.5mg/5ml</i>	\$0 (Tier 1)	MO
<i>levocetirizine dihydrochloride tablet 5mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>olopatadine hcl solution 0.6%</i>	\$0 (Tier 1)	QL (30.5 GM per 30 days) MO
BETA AGONISTS		
<i>albuterol sulfate hfa (generic Proventil HFA) aerosol solution 108mcg/act</i>	\$0 (Tier 1)	QL (13.4 GM per 30 days) MO
<i>albuterol sulfate hfa (generic ProAir HFA) aerosol solution 108mcg/act</i>	\$0 (Tier 1)	QL (17 GM per 30 days) MO
<i>albuterol sulfate hfa (generic Ventolin HFA) aerosol solution 108mcg/act</i>	\$0 (Tier 1)	QL (36 GM per 30 days) MO
<i>albuterol sulfate nebulization solution 0.083%, 0.63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml</i>	\$0 (Tier 1)	B/D MO
<i>albuterol sulfate syrup 2mg/5ml</i>	\$0 (Tier 1)	MO
<i>albuterol sulfate tablet 2mg, 4mg</i>	\$0 (Tier 1)	MO



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>levalbuterol hcl nebulization solution 0.63mg/3ml, 1.25mg/3ml</i>	\$0 (Tier 1)	B/D MO
<i>levalbuterol hcl nebulization solution 0.31mg/3ml</i>	\$0 (Tier 1)	B/D MO
<i>levalbuterol hydrochloride nebulization solution 0.63mg/3ml</i>	\$0 (Tier 1)	B/D MO
LEVALBUTEROL TARTRATE HFA AEROSOL 45MCG/ACT	\$0 (Tier 1)	QL (30 GM per 30 days) MO
<i>levalbuterol nebulization solution 1.25mg/0.5ml</i>	\$0 (Tier 1)	B/D MO
SEREVENT DISKUS AEROSOL POWDER BREATH ACTIVATED 50MCG/DOSE	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>terbutaline sulfate injection 1mg/ml</i>	\$0 (Tier 1)	MO
<i>terbutaline sulfate tablet 2.5mg, 5mg</i>	\$0 (Tier 1)	MO
LEUKOTRIENE MODULATORS		
<i>montelukast sodium packet 4mg</i>	\$0 (Tier 1)	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 1)	QL (60 EA per 30 days) MO
MISCELLANEOUS		
<i>acetylcysteine inhalation solution 10%, 20%</i>	\$0 (Tier 1)	B/D MO
<i>aminophylline injection 25mg/ml</i>	\$0 (Tier 1)	
<i>cromolyn sodium nebulization solution 20mg/2ml</i>	\$0 (Tier 1)	B/D MO
<i>epinephrine injection 0.15mg/0.15ml, 0.15mg/0.3ml, 0.3mg/0.3ml</i>	\$0 (Tier 1)	QL (2 EA per 30 days) MO
FASENRA PEN INJECTION 30MG/ML	\$0 (Tier 1)	QL (1 ML per 28 days) PA; ACS LD
FASENRA INJECTION 10MG/0.5ML	\$0 (Tier 1)	QL (0.5 ML per 28 days) PA; ACS LD
FASENRA INJECTION 30MG/ML	\$0 (Tier 1)	QL (1 ML per 28 days) PA; ACS LD
KALYDECO PACKET 13.4MG, 25MG, 5.8MG, 50MG, 75MG	\$0 (Tier 1)	QL (56 EA per 28 days) PA; ACS LD
KALYDECO TABLET 150MG	\$0 (Tier 1)	QL (60 EA per 30 days) PA; ACS LD
OFEV CAPSULE 100MG, 150MG	\$0 (Tier 1)	QL (60 EA per 30 days) PA; ACS LD
ORKAMBI PACKET 125MG; 100MG, 188MG; 150MG, 94MG; 75MG	\$0 (Tier 1)	QL (56 EA per 28 days) PA; ACS LD
ORKAMBI TABLET 125MG; 100MG, 125MG; 200MG	\$0 (Tier 1)	QL (112 EA per 28 days) PA; ACS LD

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>pirfenidone capsule 267mg</i>	\$0 (Tier 1)	QL (270 EA per 30 days) PA; ACS
<i>pirfenidone tablet 267mg</i>	\$0 (Tier 1)	QL (270 EA per 30 days) PA; ACS
<i>pirfenidone tablet 534mg, 801mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) PA; ACS
PROLASTIN-C INJECTION 1000MG/20ML	\$0 (Tier 1)	PA; LD
PULMOZYME SOLUTION 2.5MG/2.5ML	\$0 (Tier 1)	PA; ACS LD
<i>roflumilast tablet 250mcg, 500mcg</i>	\$0 (Tier 1)	MO
<i>theophylline er tablet extended release 12 hour 200mg</i>	\$0 (Tier 1)	
<i>theophylline er tablet extended release 12 hour 100mg, 300mg, 450mg</i>	\$0 (Tier 1)	MO
<i>theophylline er tablet extended release 24 hour 400mg, 600mg</i>	\$0 (Tier 1)	MO
<i>theophylline solution 80mg/15ml</i>	\$0 (Tier 1)	MO
TRIKAFTA TABLET THERAPY PACK 100MG; 75MG; 50MG, 50MG; 37.5MG; 25MG	\$0 (Tier 1)	QL (84 EA per 28 days) PA; ACS LD
TRIKAFTA THERAPY PACK 100MG; 75MG; 50MG, 80MG; 60MG; 40MG	\$0 (Tier 1)	QL (56 EA per 28 days) PA; ACS LD
XOLAIR INJECTION 150MG/ML, 150MG, 300MG/2ML, 75MG/0.5ML	\$0 (Tier 1)	PA; ACS LD
NASAL STEROIDS		
<i>flunisolide solution 0.025%</i>	\$0 (Tier 1)	QL (75 ML per 30 days) MO
<i>fluticasone propionate suspension 50mcg/act</i>	\$0 (Tier 1)	QL (16 GM per 30 days) MO
<i>mometasone furoate suspension 50mcg/act</i>	\$0 (Tier 1)	QL (34 GM per 30 days) MO
XHANCE EXHALER SUSPENSION 93MCG/ACT	\$0 (Tier 1)	QL (32 ML per 30 days) PA MO
STEROID INHALANTS		
ALVESCO AEROSOL SOLUTION 160MCG/ACT, 80MCG/ACT	\$0 (Tier 1)	QL (12.2 GM per 30 days) MO
ARNUITY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100MCG/ACT, 200MCG/ACT, 50MCG/ACT	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>budesonide suspension 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml</i>	\$0 (Tier 1)	B/D MO
STEROID/BETA-AGONIST COMBINATIONS		
AIRSUPRA AEROSOL 90MCG/ACT; 80MCG/ACT	\$0 (Tier 1)	QL (32.1 GM per 30 days) MO



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
BREO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100MCG/ACT; 25MCG/ACT, 200MCG/INH; 25MCG/INH, 50MCG/INH; 25MCG/INH	\$0 (Tier 1)	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 1)	QL (10.2 GM per 30 days) MO
DULERA AEROSOL 5MCG/ACT; 100MCG/ACT, 5MCG/ACT; 200MCG/ACT, 5MCG/ACT; 50MCG/ACT	\$0 (Tier 1)	QL (13 GM per 30 days) MO
<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 1)	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 1)	QL (12 GM per 30 days) MO
<i>fluticasone propionate/salmeterol aerosol powder breath activated 500mcg/act; 50mcg/act</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>wixela inhub aerosol powder breath activated 100mcg/act; 50mcg/act, 250mcg/act; 50mcg/act, 500mcg/act; 50mcg/act</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO

TOPICAL

DERMATOLOGY, ACNE

<i>accutane capsule 10mg, 20mg, 30mg, 40mg</i>	\$0 (Tier 1)	PA
<i>amnestem capsule 10mg, 20mg, 30mg, 40mg</i>	\$0 (Tier 1)	PA
<i>claravis capsule 10mg, 20mg, 30mg, 40mg</i>	\$0 (Tier 1)	PA
<i>clindacin foam 1%</i>	\$0 (Tier 1)	QL (100 GM per 30 days)
<i>clindamycin phosphate (once-daily) gel bottle 1%</i>	\$0 (Tier 1)	QL (75 ML per 30 days) MO
<i>clindamycin phosphate (twice-daily) gel tube 1%</i>	\$0 (Tier 1)	QL (75 GM per 30 days) MO
<i>clindamycin phosphate foam 1%</i>	\$0 (Tier 1)	QL (100 GM per 30 days) MO
<i>clindamycin phosphate lotion 1%</i>	\$0 (Tier 1)	QL (60 ML per 30 days) MO
<i>clindamycin phosphate external solution 1%</i>	\$0 (Tier 1)	QL (60 ML per 30 days) MO
<i>dapsone gel 5%</i>	\$0 (Tier 1)	QL (90 GM per 30 days) MO
<i>ery pad 2%</i>	\$0 (Tier 1)	MO
<i>erythromycin/benzoyl peroxide gel 5%; 3%</i>	\$0 (Tier 1)	MO
<i>erythromycin gel 2%</i>	\$0 (Tier 1)	QL (60 GM per 30 days) MO

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>erythromycin solution 2%</i>	\$0 (Tier 1)	QL (60 ML per 30 days) MO
<i>isotretinoin capsule 10mg, 20mg, 25mg, 30mg, 35mg, 40mg</i>	\$0 (Tier 1)	PA
<i>sulfacetamide sodium lotion 10%</i>	\$0 (Tier 1)	MO
<i>tretinoin cream 0.025%, 0.05%, 0.1%</i>	\$0 (Tier 1)	QL (45 GM per 30 days) PA MO
<i>tretinoin gel 0.01%, 0.025%, 0.05%</i>	\$0 (Tier 1)	QL (45 GM per 30 days) PA MO
<i>zenatane capsule 10mg, 20mg, 30mg, 40mg</i>	\$0 (Tier 1)	PA
DERMATOLOGY, ANTIBIOTICS		
<i>gentamicin sulfate cream 0.1%</i>	\$0 (Tier 1)	QL (30 GM per 30 days) MO
<i>gentamicin sulfate ointment 0.1%</i>	\$0 (Tier 1)	QL (30 GM per 30 days) MO
<i>mupirocin cream 2%</i>	\$0 (Tier 1)	QL (30 GM per 30 days) MO
<i>mupirocin ointment 2%</i>	\$0 (Tier 1)	QL (30 GM per 30 days) MO
<i>silver sulfadiazine cream 1%</i>	\$0 (Tier 1)	MO
SSD CREAM 1%	\$0 (Tier 1)	
SULFAMYLON CREAM 85MG/GM	\$0 (Tier 1)	MO
DERMATOLOGY, ANTIFUNGALS		
<i>ciclopirox nail lacquer solution 8%</i>	\$0 (Tier 1)	QL (6.6 ML per 30 days) MO
<i>ciclopirox olamine cream 0.77%</i>	\$0 (Tier 1)	QL (90 GM per 30 days) MO
<i>ciclopirox gel 0.77%</i>	\$0 (Tier 1)	QL (100 GM per 30 days) MO
<i>ciclopirox shampoo 1%</i>	\$0 (Tier 1)	QL (120 ML per 30 days) MO
<i>ciclopirox suspension 0.77%</i>	\$0 (Tier 1)	QL (60 ML per 30 days) MO
<i>clotrimazole/betamethasone dipropionate cream 0.05%; 1%</i>	\$0 (Tier 1)	QL (45 GM per 30 days) MO
<i>clotrimazole cream 1%</i>	\$0 (Tier 1)	QL (45 GM per 30 days) MO
<i>clotrimazole solution 1%</i>	\$0 (Tier 1)	QL (30 ML per 30 days) MO
<i>econazole nitrate cream 1%</i>	\$0 (Tier 1)	QL (85 GM per 30 days) MO
ERTACZO CREAM 2%	\$0 (Tier 1)	QL (60 GM per 30 days) MO
<i>ketoconazole cream 2%</i>	\$0 (Tier 1)	QL (60 GM per 30 days) MO
<i>ketoconazole foam 2%</i>	\$0 (Tier 1)	QL (100 GM per 30 days) MO
<i>ketoconazole shampoo 2%</i>	\$0 (Tier 1)	QL (120 ML per 30 days) MO
<i>ketodan foam 2%</i>	\$0 (Tier 1)	QL (100 GM per 30 days)
<i>klayesta powder 100000unit/gm</i>	\$0 (Tier 1)	QL (60 GM per 30 days)
<i>nyamyc powder 100000unit/gm</i>	\$0 (Tier 1)	QL (60 GM per 30 days)
<i>nystatin cream 100000unit/gm</i>	\$0 (Tier 1)	QL (30 GM per 30 days) MO
<i>nystatin ointment 100000unit/gm</i>	\$0 (Tier 1)	QL (30 GM per 30 days) MO
<i>nystatin powder 100000unit/gm</i>	\$0 (Tier 1)	QL (60 GM per 30 days) MO



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>nystop powder 100000unit/gm</i>	\$0 (Tier 1)	QL (60 GM per 30 days)
<i>selenium sulfide lotion 2.5%</i>	\$0 (Tier 1)	MO
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin capsule 10mg, 17.5mg, 25mg</i>	\$0 (Tier 1)	PA MO
<i>calcipotriene cream 0.005%</i>	\$0 (Tier 1)	QL (120 GM per 30 days) PA MO
<i>calcipotriene ointment 0.005%</i>	\$0 (Tier 1)	QL (120 GM per 30 days) PA MO
<i>calcipotriene solution 0.005%</i>	\$0 (Tier 1)	QL (60 ML per 30 days) PA MO
<i>calcitrene ointment 0.005%</i>	\$0 (Tier 1)	QL (120 GM per 30 days) PA MO
CALCITRIOL OINTMENT 3MCG/GM	\$0 (Tier 1)	QL (800 GM per 28 days) PA MO
<i>methoxsalen capsule 10mg</i>	\$0 (Tier 1)	MO
<i>tazarotene cream 0.1%</i>	\$0 (Tier 1)	QL (60 GM per 30 days) PA MO
<i>tazarotene cream 0.05%</i>	\$0 (Tier 1)	QL (60 GM per 30 days) PA MO
<i>tazarotene gel 0.05%, 0.1%</i>	\$0 (Tier 1)	QL (100 GM per 30 days) PA MO
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort cream 1%</i>	\$0 (Tier 1)	
<i>alclometasone dipropionate cream 0.05%</i>	\$0 (Tier 1)	QL (60 GM per 30 days) MO
<i>alclometasone dipropionate ointment 0.05%</i>	\$0 (Tier 1)	QL (60 GM per 30 days)
<i>betamethasone dipropionate augmented cream 0.05%</i>	\$0 (Tier 1)	QL (120 GM per 30 days) MO
<i>betamethasone dipropionate augmented gel 0.05%</i>	\$0 (Tier 1)	QL (120 GM per 30 days) MO
<i>betamethasone dipropionate augmented lotion 0.05%</i>	\$0 (Tier 1)	QL (120 ML per 30 days) MO
<i>betamethasone dipropionate augmented ointment 0.05%</i>	\$0 (Tier 1)	QL (120 GM per 30 days) MO
<i>betamethasone dipropionate cream 0.05%</i>	\$0 (Tier 1)	QL (120 GM per 30 days) MO
<i>betamethasone dipropionate lotion 0.05%</i>	\$0 (Tier 1)	QL (120 ML per 30 days) MO
<i>betamethasone dipropionate ointment 0.05%</i>	\$0 (Tier 1)	QL (120 GM per 30 days) MO
<i>betamethasone valerate cream 0.1%</i>	\$0 (Tier 1)	QL (120 GM per 30 days) MO
<i>betamethasone valerate lotion 0.1%</i>	\$0 (Tier 1)	QL (120 ML per 30 days) MO
<i>betamethasone valerate ointment 0.1%</i>	\$0 (Tier 1)	QL (120 GM per 30 days) MO
<i>clobetasol propionate e cream 0.05%</i>	\$0 (Tier 1)	QL (60 GM per 30 days) MO
<i>clobetasol propionate cream 0.05%</i>	\$0 (Tier 1)	QL (60 GM per 30 days) MO
<i>clobetasol propionate gel 0.05%</i>	\$0 (Tier 1)	QL (60 GM per 30 days) MO
<i>clobetasol propionate ointment 0.05%</i>	\$0 (Tier 1)	QL (60 GM per 30 days) MO
<i>clobetasol propionate shampoo 0.05%</i>	\$0 (Tier 1)	QL (118 ML per 30 days) MO
<i>clobetasol propionate solution 0.05%</i>	\$0 (Tier 1)	QL (50 ML per 30 days) MO

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>clodan shampoo 0.05%</i>	\$0 (Tier 1)	QL (118 ML per 30 days)
<i>desonide cream 0.05%</i>	\$0 (Tier 1)	QL (60 GM per 30 days) MO
<i>desonide ointment 0.05%</i>	\$0 (Tier 1)	QL (60 GM per 30 days) MO
<i>desoximetasone cream 0.25%</i>	\$0 (Tier 1)	QL (100 GM per 30 days) MO
<i>desoximetasone ointment 0.25%</i>	\$0 (Tier 1)	QL (100 GM per 30 days) MO
<i>fluocinolone acetonide body oil 0.01%</i>	\$0 (Tier 1)	QL (118.28 ML per 30 days) MO
<i>fluocinolone acetonide scalp oil 0.01%</i>	\$0 (Tier 1)	QL (118.28 ML per 30 days) MO
<i>fluocinolone acetonide cream 0.025%</i>	\$0 (Tier 1)	QL (120 GM per 30 days) MO
<i>fluocinolone acetonide cream 0.01%</i>	\$0 (Tier 1)	QL (60 GM per 30 days) MO
<i>fluocinolone acetonide ointment 0.025%</i>	\$0 (Tier 1)	QL (120 GM per 30 days) MO
<i>fluocinolone acetonide solution 0.01%</i>	\$0 (Tier 1)	QL (60 ML per 30 days) MO
<i>fluocinonide emulsified base cream 0.05%</i>	\$0 (Tier 1)	QL (120 GM per 30 days) MO
<i>fluocinonide cream 0.05%</i>	\$0 (Tier 1)	QL (120 GM per 30 days) MO
<i>fluocinonide gel 0.05%</i>	\$0 (Tier 1)	QL (60 GM per 30 days) MO
<i>fluocinonide ointment 0.05%</i>	\$0 (Tier 1)	QL (60 GM per 30 days) MO
<i>fluocinonide solution 0.05%</i>	\$0 (Tier 1)	QL (60 ML per 30 days) MO
<i>fluticasone propionate cream 0.05%</i>	\$0 (Tier 1)	QL (60 GM per 30 days) MO
<i>fluticasone propionate ointment 0.005%</i>	\$0 (Tier 1)	QL (60 GM per 30 days) MO
<i>halobetasol propionate cream 0.05%</i>	\$0 (Tier 1)	QL (50 GM per 30 days) MO
<i>halobetasol propionate ointment 0.05%</i>	\$0 (Tier 1)	QL (50 GM per 30 days) MO
<i>hydrocortisone valerate ointment 0.2%</i>	\$0 (Tier 1)	QL (60 GM per 30 days) MO
<i>hydrocortisone cream 1%</i>	\$0 (Tier 1)	MO
<i>hydrocortisone cream 2.5%</i>	\$0 (Tier 1)	QL (30 GM per 30 days) MO
<i>hydrocortisone lotion 2.5%</i>	\$0 (Tier 1)	QL (118 ML per 30 days) MO
<i>hydrocortisone ointment 2.5%</i>	\$0 (Tier 1)	MO
<i>hydrocortisone ointment 1%</i>	\$0 (Tier 1)	QL (30 GM per 30 days) MO
<i>mometasone furoate cream 0.1%</i>	\$0 (Tier 1)	QL (45 GM per 30 days) MO
<i>mometasone furoate ointment 0.1%</i>	\$0 (Tier 1)	QL (45 GM per 30 days) MO
<i>mometasone furoate solution 0.1%</i>	\$0 (Tier 1)	QL (60 ML per 30 days) MO
<i>triamcinolone acetonide cream 0.025%, 0.5%</i>	\$0 (Tier 1)	MO
<i>triamcinolone acetonide cream 0.1%</i>	\$0 (Tier 1)	QL (454 GM per 30 days) MO
<i>triamcinolone acetonide lotion 0.025%, 0.1%</i>	\$0 (Tier 1)	QL (60 ML per 30 days) MO
<i>triamcinolone acetonide ointment 0.025%, 0.1%</i>	\$0 (Tier 1)	MO
<i>triamcinolone acetonide ointment 0.5%</i>	\$0 (Tier 1)	QL (15 GM per 30 days) MO
DERMATOLOGY, LOCAL ANESTHETICS		
<i>lidocaine/prilocaine cream 2.5%; 2.5%</i>	\$0 (Tier 1)	QL (30 GM per 30 days) MO



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>lidocaine ointment 5%</i>	\$0 (Tier 1)	QL (35.44 GM per 30 days) PA MO
<i>lidocaine patch 5%</i>	\$0 (Tier 1)	QL (90 EA per 30 days) PA MO
<i>lidocan patch 5%</i>	\$0 (Tier 1)	QL (90 EA per 30 days) PA
<i>tridacaine ii patch 5%</i>	\$0 (Tier 1)	QL (90 EA per 30 days) PA
<i>tridacaine patch 5%</i>	\$0 (Tier 1)	QL (90 EA per 30 days) PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>ammonium lactate cream 12%</i>	\$0 (Tier 1)	MO
<i>ammonium lactate lotion 12%</i>	\$0 (Tier 1)	MO
<i>azelaic acid gel 15%</i>	\$0 (Tier 1)	QL (50 GM per 30 days) MO
<i>bexarotene gel 1%</i>	\$0 (Tier 1)	QL (60 GM per 30 days) PA; ACS
<i>diclofenac sodium external solution 1.5%</i>	\$0 (Tier 1)	QL (300 ML per 28 days) MO
<i>doxepin hydrochloride cream 5%</i>	\$0 (Tier 1)	QL (45 GM per 30 days) PA MO
<i>doxycycline capsule delayed release 40mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) PA MO
EUCRISA OINTMENT 2%	\$0 (Tier 1)	QL (120 GM per 30 days) PA MO
FLUOROURACIL CREAM 0.5%	\$0 (Tier 1)	QL (30 GM per 30 days) PA MO
<i>fluorouracil cream 5%</i>	\$0 (Tier 1)	QL (40 GM per 30 days) MO
<i>fluorouracil solution 2%, 5%</i>	\$0 (Tier 1)	QL (10 ML per 30 days) MO
<i>hydrocortisone perianal cream 1%</i>	\$0 (Tier 1)	MO
<i>hydrocortisone perianal cream 2.5%</i>	\$0 (Tier 1)	QL (30 GM per 30 days) MO
IMIQUIMOD PUMP CREAM 3.75%	\$0 (Tier 1)	QL (15 GM per 28 days) MO
<i>imiquimod cream 5%</i>	\$0 (Tier 1)	QL (24 EA per 30 days) MO
<i>imiquimod cream 3.75%</i>	\$0 (Tier 1)	QL (28 EA per 28 days) MO
<i>metronidazole cream 0.75%</i>	\$0 (Tier 1)	MO
<i>metronidazole gel 0.75%</i>	\$0 (Tier 1)	MO
<i>metronidazole gel 1%</i>	\$0 (Tier 1)	MO
<i>metronidazole lotion 0.75%</i>	\$0 (Tier 1)	MO
<i>nitroglycerin ointment 0.4%</i>	\$0 (Tier 1)	QL (30 GM per 30 days) MO
NORITATE CREAM 1%	\$0 (Tier 1)	QL (60 GM per 30 days) MO
PANRETIN GEL 0.1%	\$0 (Tier 1)	QL (60 GM per 30 days) PA
<i>pimecrolimus cream 1%</i>	\$0 (Tier 1)	QL (100 GM per 30 days) MO
<i>podofilox solution 0.5%</i>	\$0 (Tier 1)	MO
<i>procto-med hc cream 2.5%</i>	\$0 (Tier 1)	QL (30 GM per 30 days)
<i>proctocort cream 1%</i>	\$0 (Tier 1)	
<i>proctosol hc cream 2.5%</i>	\$0 (Tier 1)	QL (30 GM per 30 days)
<i>proctozone-hc cream 2.5%</i>	\$0 (Tier 1)	QL (30 GM per 30 days)

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>tacrolimus ointment 0.03%, 0.1%</i>	\$0 (Tier 1)	QL (60 GM per 30 days) MO
VALCHLOR GEL 0.016%	\$0 (Tier 1)	QL (60 GM per 30 days) PA; LD
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>malathion lotion 0.5%</i>	\$0 (Tier 1)	MO
<i>permethrin cream 5%</i>	\$0 (Tier 1)	MO
DERMATOLOGY, WOUND CARE AGENTS		
SANTYL OINTMENT 250UNIT/GM	\$0 (Tier 1)	QL (180 GM per 30 days) MO
<i>sodium chloride 0.9% solution 0.9%</i>	\$0 (Tier 1)	MO
<i>sterile water for irrigation solution</i>	\$0 (Tier 1)	MO
MOUTH/THROAT/DENTAL AGENTS		
<i>cevimeline hydrochloride capsule 30mg</i>	\$0 (Tier 1)	MO
<i>chlorhexidine gluconate solution 0.12%</i>	\$0 (Tier 1)	MO
<i>clinpro 5000 paste 1.1%</i>	\$0 (Tier 1)	MO
<i>clotrimazole troche 10mg</i>	\$0 (Tier 1)	MO
DENTA 5000 PLUS SENSITIVE GEL 5%; 1.1%	\$0 (Tier 1)	MO
<i>dentagel gel 1.1%</i>	\$0 (Tier 1)	MO
<i>fluoridex daily defense paste 1.1%</i>	\$0 (Tier 1)	
FLUORIDEX SENSITIVITY RELIEF/SLS FREE GEL 5%; 1.1%	\$0 (Tier 1)	
FLUORIMAX 5000 SENSITIVE GEL 5%; 1.1%	\$0 (Tier 1)	
<i>fluorimax 5000 paste 1.1%</i>	\$0 (Tier 1)	
<i>fraiche 5000 dental gel 1.1%</i>	\$0 (Tier 1)	
<i>just right 5000 paste 1.1%</i>	\$0 (Tier 1)	
<i>kourzeq paste 0.1%</i>	\$0 (Tier 1)	
<i>lidocaine hydrochloride viscous solution 2%</i>	\$0 (Tier 1)	MO
<i>lidocaine viscous solution 2%</i>	\$0 (Tier 1)	MO
<i>nystatin suspension 100000unit/ml</i>	\$0 (Tier 1)	MO
<i>oralone dental paste paste 0.1%</i>	\$0 (Tier 1)	
<i>periogard solution 0.12%</i>	\$0 (Tier 1)	
<i>pilocarpine hydrochloride tablet 5mg, 7.5mg</i>	\$0 (Tier 1)	MO
PREVIDENT 5000 ENAMEL PROTECT GEL 5%; 1.1%	\$0 (Tier 1)	MO
<i>sf gel 1.1%</i>	\$0 (Tier 1)	MO
<i>sodium fluoride 5000 ppm dry mouth gel 1.1%</i>	\$0 (Tier 1)	MO
SODIUM FLUORIDE 5000 PPM SENSITIVE GEL 5%; 1.1%	\$0 (Tier 1)	MO



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>sodium fluoride 5000 ppm paste 1.1%</i>	\$0 (Tier 1)	MO
SODIUM FLUORIDE/POTASSIUM NITRATE/ SENSITIVE GEL 5%; 1.1%	\$0 (Tier 1)	MO
<i>triamcinolone acetonide dental paste paste 0.1%</i>	\$0 (Tier 1)	MO
NON-MEDICARE PART D		
<i>Non-Medicare Part D</i>		
<i>4x probiotic tablet</i>	\$0 (Tier 1)	*
<i>acetaminophen capsule 500mg</i>	\$0 (Tier 1)	*
<i>acetaminophen er 8 hour arthritis pain relief tablet extended release 650mg</i>	\$0 (Tier 1)	*
<i>acetaminophen extra strength liquid 500mg/15ml</i>	\$0 (Tier 1)	*
<i>acetaminophen extra strength tablet 500mg</i>	\$0 (Tier 1)	*
<i>acetaminophen junior strength tablet disintegrating 160mg</i>	\$0 (Tier 1)	*
<i>acetaminophen liquid 160mg/5ml</i>	\$0 (Tier 1)	*
<i>acetaminophen rapid tabs childrens tablet disintegrating 80mg</i>	\$0 (Tier 1)	*
<i>acetaminophen solution 160mg/5ml</i>	\$0 (Tier 1)	*
<i>acetaminophen suppository 120mg, 325mg, 650mg</i>	\$0 (Tier 1)	*
<i>acetaminophen suspension 160mg/5ml</i>	\$0 (Tier 1)	*
<i>acetaminophen tablet 325mg</i>	\$0 (Tier 1)	*
<i>acetaminophen tablet chewable 80mg</i>	\$0 (Tier 1)	*
<i>acetaminophen/ aspirin/caffeine tablet 250mg; 250mg; 65mg</i>	\$0 (Tier 1)	*
ACID GONE SUSPENSION 95MG/15ML; 358MG/15ML	\$0 (Tier 1)	*
<i>acidophilus lactobacilli capsule</i>	\$0 (Tier 1)	*
<i>acidophilus probiotic blend capsule</i>	\$0 (Tier 1)	*
<i>acidophilus tablet chewable</i>	\$0 (Tier 1)	*
<i>acidophilus with bifidus tablet chewable</i>	\$0 (Tier 1)	*
<i>acidophilus/bacillus coagulans extra strength tablet 4.17mg; 2.92mg</i>	\$0 (Tier 1)	*
<i>acidophilus/citrus pectin tablet</i>	\$0 (Tier 1)	*
<i>acidophilus/pectin capsule</i>	\$0 (Tier 1)	*

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
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	\$0 (Tier 1)	*
<i>adapalene gel 0.1%</i>	\$0 (Tier 1)	*
<i>advance intuition control solution liquid</i>	\$0 (Tier 1)	*
<i>advocate control solution low liquid</i>	\$0 (Tier 1)	*
<i>advocate redi-code+ control solution low solution</i>	\$0 (Tier 1)	*
<i>agamatrix control normal solution</i>	\$0 (Tier 1)	*
ALAHIST D TABLET 17.5MG; 10MG	\$0 (Tier 1)	*
ALBUSTIX STRIP	\$0 (Tier 1)	*
ALCOHOL PREPS PAD 70%	\$0 (Tier 1)	*
<i>align dualbiotic tablet chewable 5mg; 1.25mg</i>	\$0 (Tier 1)	*
<i>align jr for kids tablet chewable 10.5mg</i>	\$0 (Tier 1)	*
<i>align kids probiotic tablet chewable 5mg; 1.25mg</i>	\$0 (Tier 1)	*
<i>align tablet chewable 10.5mg</i>	\$0 (Tier 1)	*
<i>aluminum/magnesium/simethicone suspension 200mg/5ml; 200mg/5ml; 20mg/5ml</i>	\$0 (Tier 1)	*
<i>americerin cream</i>	\$0 (Tier 1)	*
<i>ammonium lactate cream 12%</i>	\$0 (Tier 1)	*
<i>ammonium lactate lotion 12%</i>	\$0 (Tier 1)	*
<i>antacid & anti-gas maximum strength suspension 800mg/10ml; 800mg/10ml; 80mg/10ml</i>	\$0 (Tier 1)	*
<i>antacid extra strength tablet chewable 160mg; 105mg</i>	\$0 (Tier 1)	*
<i>antibiotic + pain relief maximum strength cream 3.5mg/gm; 10000unit/gm; 10mg/gm</i>	\$0 (Tier 1)	*
<i>anti-dandruff shampoo shampoo 1%</i>	\$0 (Tier 1)	*
<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 (Tier 1)	*
<i>aspirin regular strength tablet delayed release 325mg</i>	\$0 (Tier 1)	*
ASPIRIN SUPPOSITORY 300MG	\$0 (Tier 1)	*



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>aspirin tablet 325mg</i>	\$0 (Tier 1)	*
<i>aspirin tablet chewable 81mg</i>	\$0 (Tier 1)	*
<i>aspirin tablet delayed release 81mg</i>	\$0 (Tier 1)	*
<i>assure dose normal control solution</i>	\$0 (Tier 1)	*
ATABEX OB TABLET 60MG; 30MCG; 100MG; 500UNIT; 1.6MG; 10MCG; 29MG; 1000MCG; 20MG; 20MG; 25MG; 3MG; 30MCG; 1.5MG; 25UNIT; 1500UNIT; 10MG	\$0 (Tier 1)	*
<i>aveeno baby soothing multi-purpose ointment</i>	\$0 (Tier 1)	*
AYR NASAL DROPS SOLUTION 0.65%	\$0 (Tier 1)	*
<i>b-12 quick dissolve tablet sublingual 1000mcg</i>	\$0 (Tier 1)	*
<i>bacid tablet</i>	\$0 (Tier 1)	*
<i>bacitracin ointment 500unit/gm</i>	\$0 (Tier 1)	*
<i>bacitracin zinc ointment 500unit/gm</i>	\$0 (Tier 1)	*
<i>bacitracin/neomycin/polymyxin ointment 400unit/gm; 5mg/gm; 5000unit/gm</i>	\$0 (Tier 1)	*
<i>bacitracin/polymyxin ointment 500unit/gm; 10000unit/gm</i>	\$0 (Tier 1)	*
<i>balmex multi-purpose ointment 51.1%</i>	\$0 (Tier 1)	*
<i>bayer advanced aspirin extra strength tablet 500mg</i>	\$0 (Tier 1)	*
BD GLUCOSE TABLET CHEWABLE 5GM	\$0 (Tier 1)	*
<i>benzoyl peroxide gel 10%, 5%</i>	\$0 (Tier 1)	*
BENZOYL PEROXIDE GEL 2.5%	\$0 (Tier 1)	*
<i>benzoyl peroxide liquid 10%</i>	\$0 (Tier 1)	*
<i>benzoyl peroxide lotion 10%, 5%</i>	\$0 (Tier 1)	*
<i>benzoyl peroxide wash liquid 5%</i>	\$0 (Tier 1)	*
BENZYL ACOHOL LIQUID	\$0 (Tier 1)	*
BENZYL BENZOATE LIQUID	\$0 (Tier 1)	*
<i>biohm childrens probioticsupplement tablet chewable</i>	\$0 (Tier 1)	*
<i>bion tears solution 0.1%; 0.3%</i>	\$0 (Tier 1)	*
<i>bisacodyl suppository 10mg</i>	\$0 (Tier 1)	*
<i>bisacodyl tablet delayed release 5mg</i>	\$0 (Tier 1)	*
<i>bismuth subsalicylate tablet chewable 262mg</i>	\$0 (Tier 1)	*
<i>budesonide nasal spray suspension 32mcg/act</i>	\$0 (Tier 1)	*
<i>butenafine hydrochloride cream 1%</i>	\$0 (Tier 1)	*
CALAMINE LOTION	\$0 (Tier 1)	*

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>cerave baby healing ointment ointment 46.5%</i>	\$0 (Tier 1)	*
<i>cetirizine hcl tablet 5mg</i>	\$0 (Tier 1)	*
<i>cetirizine hydrochloride solution 5mg/5ml</i>	\$0 (Tier 1)	*
<i>cetirizine hydrochloride tablet 10mg</i>	\$0 (Tier 1)	*
<i>cetirizine hydrochloride/pseudoephedrine hydrochloride tablet extended release 12 hour 5mg; 120mg</i>	\$0 (Tier 1)	*
CHEMSTRIP 2 LN STRIPS	\$0 (Tier 1)	*
CHEMSTRIP 9 STRIPS	\$0 (Tier 1)	*
CHEMSTRIP UGK	\$0 (Tier 1)	*
CHERRY SYRUP SYRUP 82.3%	\$0 (Tier 1)	*
<i>chewable vitamin c tablet chewable 250mg</i>	\$0 (Tier 1)	*
<i>children's chewable acetaminophen tablet chewable 160mg</i>	\$0 (Tier 1)	*
<i>childrens pepto tablet chewable 400mg</i>	\$0 (Tier 1)	*
CHLOPHEDIANOL/ DEXCHLOPHENIRAMINE./ PSEUDOEPHEDRINE LIQUID 12.5MG/5ML; 1MG/5ML; 30MG/5ML	\$0 (Tier 1)	*
<i>chloraseptic liquid 1.4%</i>	\$0 (Tier 1)	*
<i>chlorpheniramine maleate tablet 4mg</i>	\$0 (Tier 1)	*
<i>chlorpheniramine maleate tablet extended release 12mg</i>	\$0 (Tier 1)	*
<i>chocolated laxative tablet chewable 15mg</i>	\$0 (Tier 1)	*
<i>cimetidine tablet 200mg</i>	\$0 (Tier 1)	*
<i>clear eyes natural tears lubricant solution 0.5%; 0.6%</i>	\$0 (Tier 1)	*
<i>clever choice glucose control low liquid</i>	\$0 (Tier 1)	*
<i>clotrimazole 3 cream 2%</i>	\$0 (Tier 1)	*
<i>clotrimazole external cream 1%</i>	\$0 (Tier 1)	*
<i>clotrimazole solution 1%</i>	\$0 (Tier 1)	*
<i>clotrimazole vaginal cream 1%</i>	\$0 (Tier 1)	*
<i>cold & cough childrens liquid 1mg/5ml; 5mg/5ml; 2.5mg/5ml</i>	\$0 (Tier 1)	*
<i>cold/flu daytime relief capsule 325mg; 10mg; 5mg</i>	\$0 (Tier 1)	*
<i>coleman 100 max insect repellent/continuous spray aerosol 98.11%</i>	\$0 (Tier 1)	*

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>coleman insect repellent/high & dry aerosol 25%</i>	\$0 (Tier 1)	*
<i>coleman insect repellent/sportsmen aerosol 40%</i>	\$0 (Tier 1)	*
CONDOMS MISCELLANEOUS	\$0 (Tier 1)	*
<i>contour low control liquid</i>	\$0 (Tier 1)	*
<i>contour next control level 1 solution</i>	\$0 (Tier 1)	*
<i>contour next control level 2 solution</i>	\$0 (Tier 1)	*
<i>contour normal control liquid</i>	\$0 (Tier 1)	*
<i>control solution normal solution</i>	\$0 (Tier 1)	*
<i>corn and callus remover liquid 17%</i>	\$0 (Tier 1)	*
<i>cortizone-10 feminine itch relief maximum strength cream 1%</i>	\$0 (Tier 1)	*
COTTONSEED OIL	\$0 (Tier 1)	*
<i>cromolyn sodium aerosol solution 5.2mg/act</i>	\$0 (Tier 1)	*
<i>culturelle adult ultimatebalance capsule 200mg; 20b cell</i>	\$0 (Tier 1)	*
<i>culturelle digestive daily probiotic pro strength capsule 200mg; 12billion</i>	\$0 (Tier 1)	*
<i>culturelle digestive health capsule 200mg; 10billion</i>	\$0 (Tier 1)	*
<i>culturelle health & wellness capsule 200mg; 10billion</i>	\$0 (Tier 1)	*
<i>culturelle immune defense tablet chewable 90mg; 100mg; 53mg; 3mg</i>	\$0 (Tier 1)	*
<i>culturelle kids immune defense probiotic tablet chewable 90mg; 20mcg; 50mg; 26mg; 3mg</i>	\$0 (Tier 1)	*
<i>culturelle kids immune defense tablet chewable 90mg; 50mg; 26mg; 1.88mg</i>	\$0 (Tier 1)	*
<i>culturelle kids probiotic+ veggie fiber tablet chewable</i>	\$0 (Tier 1)	*
<i>culturelle probiotic & prebiotic tablet chewable</i>	\$0 (Tier 1)	*
<i>culturelle probiotics kids tablet chewable 15mg; 1gm</i>	\$0 (Tier 1)	*
<i>culturelle ultimate strength probiotic capsule 200mg; 20b cell</i>	\$0 (Tier 1)	*
<i>cutter aerosol 10%</i>	\$0 (Tier 1)	*
<i>cutter all family aerosol 7%</i>	\$0 (Tier 1)	*
<i>cutter backwoods dry aerosol 25%</i>	\$0 (Tier 1)	*
<i>cutter skinsations aerosol 7%</i>	\$0 (Tier 1)	*



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>cutter sport aerosol 15%</i>	\$0 (Tier 1)	*
<i>cvs advanced probiotic gummies tablet chewable</i>	\$0 (Tier 1)	*
<i>cvs chewable probiotic childrens tablet chewable</i>	\$0 (Tier 1)	*
<i>cvs digestive probiotic capsule 250mg</i>	\$0 (Tier 1)	*
<i>cvs insect repellent aerosol 15%</i>	\$0 (Tier 1)	*
<i>cvs natural tears pf solution 0.1%; 0.3%</i>	\$0 (Tier 1)	*
<i>cvs petroleum jelly w/ vitamin e cream</i>	\$0 (Tier 1)	*
<i>cvs probiotic childrens tablet chewable</i>	\$0 (Tier 1)	*
<i>cvs probiotic tablet chewable</i>	\$0 (Tier 1)	*
<i>cvs scalp relief liquid 3%</i>	\$0 (Tier 1)	*
<i>cvs sleep-aid nighttime tablet 25mg</i>	\$0 (Tier 1)	*
<i>cvs total home insect repellent aerosol 30%</i>	\$0 (Tier 1)	*
<i>cyanocobalamin injection 1000mcg/ml</i>	\$0 (Tier 1)	*
<i>daily chewable probiotic-14 tablet chewable</i>	\$0 (Tier 1)	*
<i>daily probiotic supplement capsule 250mg</i>	\$0 (Tier 1)	*
<i>day-time pe cold/flu relief capsule 325mg; 10mg; 5mg</i>	\$0 (Tier 1)	*
<i>desitin multi-purpose healing ointment 71.3%</i>	\$0 (Tier 1)	*
<i>dextromethorphan hbr capsule 15mg</i>	\$0 (Tier 1)	*
<i>dextromethorphan hydrobromide/guaifenesin liquid 10mg/5ml; 100mg/5ml</i>	\$0 (Tier 1)	*
<i>dextromethorphan polistirex er suspension extended release 30mg/5ml</i>	\$0 (Tier 1)	*
<i>dextromethorphan/guaifenesin liquid 5mg/5ml; 100mg/5ml</i>	\$0 (Tier 1)	*
<i>dhs tar shampoo 0.5%</i>	\$0 (Tier 1)	*
<i>dialyvitte chewable probiotic tablet chewable</i>	\$0 (Tier 1)	*
DIASTIX STRIP	\$0 (Tier 1)	*
<i>diatrue glucose control solution level 1 solution</i>	\$0 (Tier 1)	*
<i>diatrue glucose control solution level 2 solution</i>	\$0 (Tier 1)	*
<i>diclofenac sodium gel 1%</i>	\$0 (Tier 1)	*
<i>digestive advantage dailydigestive & immune support tablet chewable 3.33mg</i>	\$0 (Tier 1)	*
<i>digestive advantage kids daily digestive & immune support tablet chewable 3.33mg</i>	\$0 (Tier 1)	*
<i>digestive advantage kids daily probiotic gummies tablet chewable</i>	\$0 (Tier 1)	*

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>digestive advantage kids daily probiotic+gen prebiotic fiber tablet chewable</i>	\$0 (Tier 1)	*
<i>digestive advantage multi-strain probiotic ultra tablet chewable</i>	\$0 (Tier 1)	*
<i>digestive advantage prebiotic+probiotic tablet chewable</i>	\$0 (Tier 1)	*
<i>digestive advantage probiotic gummies tablet chewable</i>	\$0 (Tier 1)	*
<i>digestive probiotic capsule 250mg</i>	\$0 (Tier 1)	*
<i>dimenhydrinate tablet 50mg</i>	\$0 (Tier 1)	*
<i>diphenhydramine hcl capsule 50mg</i>	\$0 (Tier 1)	*
<i>diphenhydramine hcl/zinc acetate cream 2%; 0.1%</i>	\$0 (Tier 1)	*
<i>diphenhydramine hydrochloride capsule 25mg</i>	\$0 (Tier 1)	*
<i>diphenhydramine hydrochloride liquid 12.5mg/5ml</i>	\$0 (Tier 1)	*
<i>diphenhydramine hydrochloride tablet 25mg</i>	\$0 (Tier 1)	*
<i>docosanol cream 10%</i>	\$0 (Tier 1)	*
<i>docusate calcium capsule 240mg</i>	\$0 (Tier 1)	*
<i>docusate sodium capsule 100mg, 250mg</i>	\$0 (Tier 1)	*
<i>docusate sodium liquid 50mg/5ml</i>	\$0 (Tier 1)	*
DOCUSATE SODIUM SYRUP 60MG/15ML	\$0 (Tier 1)	*
<i>docusate sodium tablet 100mg</i>	\$0 (Tier 1)	*
<i>dry eye relief drops solution 0.2%; 0.2%; 1%</i>	\$0 (Tier 1)	*
DUREX REALFEEL NON-LATEX DEVICE	\$0 (Tier 1)	*
<i>d-vi-sol liquid 400unit/ml</i>	\$0 (Tier 1)	*
<i>dynashield cream 1.8%; 2%</i>	\$0 (Tier 1)	*
<i>easy check glucose control solution normal solution</i>	\$0 (Tier 1)	*
<i>easy plus ii control solution low solution</i>	\$0 (Tier 1)	*
<i>easy step control solution low solution</i>	\$0 (Tier 1)	*
<i>easy talk control solution low solution</i>	\$0 (Tier 1)	*
<i>easy talk control solution normal solution</i>	\$0 (Tier 1)	*
<i>easy talk plus ii controllow solution</i>	\$0 (Tier 1)	*
<i>easy trak ii control solution/normal liquid</i>	\$0 (Tier 1)	*
<i>easy trak glucose controlsolution low solution</i>	\$0 (Tier 1)	*
<i>easy trak glucose controlsolution normal solution</i>	\$0 (Tier 1)	*
<i>easymax control solution normal solution</i>	\$0 (Tier 1)	*
<i>ed chlorped jr syrup 2mg/5ml</i>	\$0 (Tier 1)	*



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>effervescent pain relief tablet effervescent 325mg; 1000mg; 1916mg</i>	\$0 (Tier 1)	*
<i>element low control liquid</i>	\$0 (Tier 1)	*
<i>element normal control liquid</i>	\$0 (Tier 1)	*
<i>embrace control solution low solution</i>	\$0 (Tier 1)	*
<i>embrace evo glucose control solution level 1 liquid</i>	\$0 (Tier 1)	*
<i>embrace talk glucose control solution low solution</i>	\$0 (Tier 1)	*
EMPTY CAPSULE SIZE 1 BLUE/POWDER BLUE CAPSULE	\$0 (Tier 1)	*
ENCARE SUPPOSITORY 100MG	\$0 (Tier 1)	*
<i>enema disposable enema 7gm/118ml; 19gm/118ml</i>	\$0 (Tier 1)	*
<i>eql 2 in 1 probiotic tablet</i>	\$0 (Tier 1)	*
<i>eql 4x probiotic tablet</i>	\$0 (Tier 1)	*
<i>ergocalciferol solution 8000unit/ml</i>	\$0 (Tier 1)	*
<i>esomeprazole magnesium capsule delayed release 20mg</i>	\$0 (Tier 1)	*
<i>esomeprazole magnesium dr24hr tablet delayed release 20mg</i>	\$0 (Tier 1)	*
ETHYL OLEATE LIQUID	\$0 (Tier 1)	*
<i>evolution control solution normal solution</i>	\$0 (Tier 1)	*
<i>ex-lax tablet chewable 15mg</i>	\$0 (Tier 1)	*
<i>eye allergy relief solution 0.025%; 0.3%, 0.027%; 0.315%</i>	\$0 (Tier 1)	*
<i>famotidine tablet 10mg</i>	\$0 (Tier 1)	*
<i>famotidine tablet 20mg</i>	\$0 (Tier 1)	*
FC2 FEMALE CONDOM MISCELLANEOUS	\$0 (Tier 1)	*
FERRETT'S CHEWABLE IRON TABLET CHEWABLE 18MG	\$0 (Tier 1)	*
<i>ferrous fumarate 324 tablet 324mg</i>	\$0 (Tier 1)	*
<i>ferrous gluconate tablet 240mg, 324mg</i>	\$0 (Tier 1)	*
<i>ferrous sulfate solution 15mg/ml, 220mg/5ml</i>	\$0 (Tier 1)	*
FERROUS SULFATE TABLET 27MG	\$0 (Tier 1)	*
<i>ferrous sulfate tablet 325mg</i>	\$0 (Tier 1)	*
<i>ferrous sulfate tablet delayed release 324mg, 325mg</i>	\$0 (Tier 1)	*
<i>fexofenadine hcl childrens allergy suspension 30mg/5ml</i>	\$0 (Tier 1)	*
<i>fexofenadine hydrochloride tablet 180mg, 60mg</i>	\$0 (Tier 1)	*

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/pseudoephedrine hydrochloride er tablet extended release 12 hour 60mg; 120mg</i>	\$0 (Tier 1)	*
<i>fiber powder 28.3%, 48.57%</i>	\$0 (Tier 1)	*
<i>flanders buttocks ointment 66.2%; 13.4%</i>	\$0 (Tier 1)	*
FLAVORX LIQUID	\$0 (Tier 1)	*
<i>florastart capsule 250mg</i>	\$0 (Tier 1)	*
<i>florastor capsule 250mg</i>	\$0 (Tier 1)	*
<i>floraxis tablet</i>	\$0 (Tier 1)	*
<i>fluticasone propionate suspension 50mcg/act</i>	\$0 (Tier 1)	*
<i>folic acid tablet 1mg</i>	\$0 (Tier 1)	*
<i>folic acid/vitamin b-6/vitamin b-12 tablet 500mcg; 2.2mg; 25mg</i>	\$0 (Tier 1)	*
FOLPLEX 2.2 TABLET 0.5MG; 2.2MG; 25MG	\$0 (Tier 1)	*
<i>fondcircle control solution liquid</i>	\$0 (Tier 1)	*
<i>fora control solution low solution</i>	\$0 (Tier 1)	*
<i>fora control solution normal solution</i>	\$0 (Tier 1)	*
FORA GTEL BLOOD KETONE TEST STRIPS	\$0 (Tier 1)	*
<i>foracare gdh control solution low solution</i>	\$0 (Tier 1)	*
<i>foracare gdh control solution normal solution</i>	\$0 (Tier 1)	*
<i>fortiscare control solutions low solution</i>	\$0 (Tier 1)	*
<i>fortiscare control solutions normal solution</i>	\$0 (Tier 1)	*
<i>free + pure daily probiotic capsule 250mg</i>	\$0 (Tier 1)	*
<i>ft probiotic capsule 250mg</i>	\$0 (Tier 1)	*
<i>ft probiotic childrens tablet chewable</i>	\$0 (Tier 1)	*
GAVISCON SUSPENSION 95MG/15ML; 358MG/15ML	\$0 (Tier 1)	*
<i>ge100 control solution normal solution</i>	\$0 (Tier 1)	*
GENTEAL SEVERE TEARS GEL 0.3%	\$0 (Tier 1)	*
<i>genteal tears liquid drops moderate solution 0.1%; 0.2%; 0.3%</i>	\$0 (Tier 1)	*
<i>genteal tears mild solution 0.1%; 0.3%</i>	\$0 (Tier 1)	*
<i>genteal tears moderate pf solution 0.1%; 0.3%</i>	\$0 (Tier 1)	*
GENTEAL TEARS SEVERE DAY/NIGHT GEL 0.4%; 0.3%	\$0 (Tier 1)	*
<i>glucocard 01 control solution/normal solution</i>	\$0 (Tier 1)	*
<i>glucocard x-meter controlsolution/normal solution</i>	\$0 (Tier 1)	*



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>glucocom normal control liquid</i>	\$0 (Tier 1)	*
<i>glucose control normal solution</i>	\$0 (Tier 1)	*
<i>glucose gel 40%</i>	\$0 (Tier 1)	*
<i>glucose tablet chewable 4gm, 6mg; 4gm</i>	\$0 (Tier 1)	*
<i>glycerin adult suppository 2.1gm, 2gm, 80.7%</i>	\$0 (Tier 1)	*
GLYCERIN DOES NOT APPLY LIQUID 99.5%	\$0 (Tier 1)	*
<i>glycerin external liquid</i>	\$0 (Tier 1)	*
<i>glycerin infant suppository 80.7%</i>	\$0 (Tier 1)	*
<i>glycerin infants & children suppository 1.2gm, 1gm</i>	\$0 (Tier 1)	*
<i>gnp probiotic extra strength capsule</i>	\$0 (Tier 1)	*
<i>gnp vitamin a/d ointment 15.5%; 53.4%</i>	\$0 (Tier 1)	*
<i>gojji control solution normal solution</i>	\$0 (Tier 1)	*
GOOD START SUPREME STERILE WATER LIQUID	\$0 (Tier 1)	*
<i>guaifenesin er tablet extended release 12 hour 1200mg, 600mg</i>	\$0 (Tier 1)	*
<i>guaifenesin liquid 100mg/5ml</i>	\$0 (Tier 1)	*
<i>guaifenesin tablet 200mg, 400mg</i>	\$0 (Tier 1)	*
<i>guaifenesin/codeine solution 10mg/5ml; 100mg/5ml</i>	\$0 (Tier 1)	*
<i>guaifenesin/dextromethorphan hydrobromide tablet 20mg; 400mg</i>	\$0 (Tier 1)	*
<i>guaifenesin/dextromethorphan hydrobromide tablet extended release 12 hour 60mg; 1200mg</i>	\$0 (Tier 1)	*
<i>guaifenesin/dextromethorphan syrup 10mg/5ml; 100mg/5ml</i>	\$0 (Tier 1)	*
<i>guaifenesin/pseudoephedrine hydrochloride tablet extended release 12 hour 600mg; 60mg</i>	\$0 (Tier 1)	*
<i>hemorrhoidal ointment 14%; 74.9%; 0.25%</i>	\$0 (Tier 1)	*
HISTEX SYRUP 2.5MG/5ML	\$0 (Tier 1)	*
<i>hydrocerin cream</i>	\$0 (Tier 1)	*
<i>hydrocortisone cream 0.5%</i>	\$0 (Tier 1)	*
HYDROCORTISONE CREAM 1%	\$0 (Tier 1)	*
HYDROCORTISONE CREAM 1%	\$0 (Tier 1)	*
<i>hydrocortisone cream 1%</i>	\$0 (Tier 1)	*
<i>hydrocortisone lotion 1%</i>	\$0 (Tier 1)	*
<i>hydrocortisone ointment 0.5%, 1%</i>	\$0 (Tier 1)	*
<i>hydrocortisone ointment 1%</i>	\$0 (Tier 1)	*

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>hydrocortisone/aloe cream 1%</i>	\$0 (Tier 1)	*
<i>hydrolatum ointment</i>	\$0 (Tier 1)	*
<i>ibuprofen capsule 200mg</i>	\$0 (Tier 1)	*
<i>ibuprofen infants suspension 50mg/1.25ml</i>	\$0 (Tier 1)	*
<i>ibuprofen junior strength tablet 100mg</i>	\$0 (Tier 1)	*
<i>ibuprofen suspension 100mg/5ml</i>	\$0 (Tier 1)	*
<i>ibuprofen tablet 200mg</i>	\$0 (Tier 1)	*
<i>ibuprofen tablet chewable 100mg</i>	\$0 (Tier 1)	*
<i>infinity control solution normal solution</i>	\$0 (Tier 1)	*
<i>infinity voice level 2 liquid</i>	\$0 (Tier 1)	*
INSTA-GLUCOSE GEL 77.4%	\$0 (Tier 1)	*
<i>iron 100 plus tablet 250mg; 25mcg; 1mg; 100mg</i>	\$0 (Tier 1)	*
IRON CHEWS PEDIATRIC TABLET CHEWABLE 15MG	\$0 (Tier 1)	*
IRON TABLET 28MG	\$0 (Tier 1)	*
<i>iron tablet extended release 45mg</i>	\$0 (Tier 1)	*
<i>isopropyl alcohol wipes miscellaneous 70%</i>	\$0 (Tier 1)	*
<i>ivermectin lotion 0.5%</i>	\$0 (Tier 1)	*
IVIZIA SEVERE/NIGHT DRY EYES GEL 0.5%	\$0 (Tier 1)	*
<i>just tears eye drops solution</i>	\$0 (Tier 1)	*
<i>kala tablet 30mg; 20mg</i>	\$0 (Tier 1)	*
<i>kapectate extra strength suspension 525mg/15ml</i>	\$0 (Tier 1)	*
<i>kapectate suspension 262mg/15ml</i>	\$0 (Tier 1)	*
<i>kapectate tablet 262mg</i>	\$0 (Tier 1)	*
<i>kerodex 71 wet cream</i>	\$0 (Tier 1)	*
KETONE TEST STRIPS	\$0 (Tier 1)	*
KETOSTIX STRIP	\$0 (Tier 1)	*
<i>ketotifen fumarate solution 0.035%</i>	\$0 (Tier 1)	*
KONSYL DAILY FIBER PACKET 100%	\$0 (Tier 1)	*
<i>kp omega-3 fish oil capsule delayed release</i>	\$0 (Tier 1)	*
<i>lactobacillus tablet 0.2mg; 0.2mg</i>	\$0 (Tier 1)	*
LACTOSE MONOHYDRATE POWDER	\$0 (Tier 1)	*
<i>lansoprazole capsule delayed release 15mg</i>	\$0 (Tier 1)	*
<i>laxative maximum strength tablet 25mg</i>	\$0 (Tier 1)	*
<i>levocetirizine dihydrochloride tablet 5mg</i>	\$0 (Tier 1)	*
<i>levonorgestrel tablet 1.5mg</i>	\$0 (Tier 1)	*



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>liberty glucose control normal liquid</i>	\$0 (Tier 1)	*
<i>lice killing shampoo shampoo 4%; 0.33%</i>	\$0 (Tier 1)	*
<i>lice treatment liquid 1%</i>	\$0 (Tier 1)	*
<i>lidocaine cream 5%</i>	\$0 (Tier 1)	*
<i>lidocaine hydrochloride cream 4%</i>	\$0 (Tier 1)	*
<i>lidocaine patch 4%</i>	\$0 (Tier 1)	*
LOHIST-DM SYRUP 2MG/5ML; 10MG/5ML; 5MG/5ML	\$0 (Tier 1)	*
<i>loperamide hydrochloride capsule 2mg</i>	\$0 (Tier 1)	*
<i>loperamide hydrochloride solution 1mg/7.5ml</i>	\$0 (Tier 1)	*
LOPERAMIDE HYDROCHLORIDE SUSPENSION 1MG/7.5ML	\$0 (Tier 1)	*
<i>loperamide hydrochloride tablet 2mg</i>	\$0 (Tier 1)	*
<i>loratadine childrens tablet chewable 5mg</i>	\$0 (Tier 1)	*
<i>loratadine solution 5mg/5ml</i>	\$0 (Tier 1)	*
<i>loratadine tablet 10mg</i>	\$0 (Tier 1)	*
<i>loratadine tablet disintegrating 10mg</i>	\$0 (Tier 1)	*
<i>loratadine-d 12hr tablet extended release 12 hour 5mg; 120mg</i>	\$0 (Tier 1)	*
<i>loratadine-d 24hr tablet extended release 24 hour 10mg; 240mg</i>	\$0 (Tier 1)	*
<i>lubricant eye drops solution 0.1%; 0.3%, 0.4%; 0.3%, 0.6%</i>	\$0 (Tier 1)	*
<i>lubricant eye drops/dual-action solution 0.5%; 0.9%</i>	\$0 (Tier 1)	*
<i>lubricant eye ointment 42.5%; 57.3%</i>	\$0 (Tier 1)	*
<i>lubricating eye drops solution 0.4%; 0.3%</i>	\$0 (Tier 1)	*
<i>maalox childrens tablet chewable 400mg</i>	\$0 (Tier 1)	*
<i>magnesium citrate solution 1.745gm/30ml</i>	\$0 (Tier 1)	*
<i>magnesium oxide tablet 400mg</i>	\$0 (Tier 1)	*
<i>magnesium tablet 250mg, 500mg</i>	\$0 (Tier 1)	*
M-CLEAR WC SOLUTION 6.33MG/5ML; 100MG/5ML	\$0 (Tier 1)	*
<i>meclizine hydrochloride tablet 12.5mg</i>	\$0 (Tier 1)	*
<i>meclizine hydrochloride tablet 25mg</i>	\$0 (Tier 1)	*
<i>meclizine hydrochloride tablet chewable 25mg</i>	\$0 (Tier 1)	*
<i>medi-paste ointment</i>	\$0 (Tier 1)	*
<i>melatonin tablet 1mg, 3mg, 5mg</i>	\$0 (Tier 1)	*

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>miconazole 1 kit</i>	\$0 (Tier 1)	*
<i>miconazole 3 combination pack kit</i>	\$0 (Tier 1)	*
<i>miconazole 3 combo pack kit</i>	\$0 (Tier 1)	*
<i>miconazole 3 cream 4%</i>	\$0 (Tier 1)	*
MICONAZOLE 7 SUPPOSITORY 100MG	\$0 (Tier 1)	*
<i>miconazole nitrate aerosol powder 2%</i>	\$0 (Tier 1)	*
<i>miconazole nitrate external cream 2%, 2%</i>	\$0 (Tier 1)	*
<i>miconazole powder 2%</i>	\$0 (Tier 1)	*
<i>milk of magnesia suspension 400mg/5ml</i>	\$0 (Tier 1)	*
MINERAL OIL HEAVY OIL	\$0 (Tier 1)	*
MINERAL OIL LIGHT OIL	\$0 (Tier 1)	*
<i>mineral oil</i>	\$0 (Tier 1)	*
<i>minerin creme cream</i>	\$0 (Tier 1)	*
<i>moisturizing cream</i>	\$0 (Tier 1)	*
<i>moisturizing lotion</i>	\$0 (Tier 1)	*
<i>mucinex fast-max congestion & headache maximum strength capsule 325mg; 10mg; 5mg</i>	\$0 (Tier 1)	*
<i>mucinex sinus-max severe congestion & pain maximum strength capsule 325mg; 10mg; 5mg</i>	\$0 (Tier 1)	*
<i>mucus dm tablet extended release 12 hour 30mg; 600mg</i>	\$0 (Tier 1)	*
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	\$0 (Tier 1)	*
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	\$0 (Tier 1)	*
MULTIPLE VITAMINS/IRON TABLET CHEWABLE 60MG; 4.5MCG; 400UNIT; 15MG; 0.3MG; 13.5MG; 1.04MG; 1.2MG; 1.05MG; 2500UNIT; 15UNIT	\$0 (Tier 1)	*



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
MULTIVITAMIN CHILDRENS TABLET CHEWABLE 60MG; 10MCG; 4.5MCG; 300MCG; 13.5MG; 1.05MG; 750MCG; 1.2MG; 1.05MG; 6.75MG	\$0 (Tier 1)	*
MULTIVITAMIN PLUS IRON CHILDRENS TABLET CHEWABLE 40MCG; 100MG; 10MG; 600UNIT; 2MG; 6MCG; 18MG; 0.4MG; 15MG; 55MCG; 150MCG; 2MG; 3000UNIT; 1.7MG; 10MG; 60MG; 1.5MG; 30UNIT; 12MG	\$0 (Tier 1)	*
MULTI-VITAMIN TABLET 60MG; 30MCG; 10MG; 400UNIT; 6MCG; 400MCG; 20MG; 2MG; 5000UNIT; 1.7MG; 1.5MG; 30UNIT	\$0 (Tier 1)	*
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	\$0 (Tier 1)	*
MULTIVITAMIN WITH FLUORIDE SOLUTION 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	\$0 (Tier 1)	*
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 60MG; 4.5MCG; 0.25MG; 200MCG; 10MG; 1MG; 1.2MG; 1MG; 600MCG; 10MCG; 10MG, 60MG; 4.5MCG; 0; 0.5MG; 200MCG; 10MG; 1MG; 1.2MG; 1MG; 600MCG; 10MCG; 10MG, 60MG; 4.5MCG; 0; 1MG; 200MCG; 10MG; 1MG; 1.2MG; 1MG; 600MCG; 10MCG; 10MG	\$0 (Tier 1)	*
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	\$0 (Tier 1)	*
<i>multivitamins tablet chewable 16000unit; 100mcg; 12mg; 1000unit; 6mcg; 200mcg; 10mg; 800mcg; 1.9mg; 1.7mg; 100mg; 1.5mg; 200unit; 15mg</i>	\$0 (Tier 1)	*

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
MULTI-VITAMINS/IRON TABLET 60MG; 10MG; 6MCG; 400UNIT; 18MG; 400MCG; 20MG; 2MG; 5000UNIT; 1.7MG; 1.5MG; 30UNIT	\$0 (Tier 1)	*
<i>naloxone hydrochloride liquid 4mg/0.1ml</i>	\$0 (Tier 1)	*
<i>naproxen sodium capsule 220mg</i>	\$0 (Tier 1)	*
<i>naproxen sodium tablet 220mg</i>	\$0 (Tier 1)	*
<i>nasal mist aerosol solution 0.9%</i>	\$0 (Tier 1)	*
<i>natrapel liquid 20%</i>	\$0 (Tier 1)	*
<i>natural fiber powder 58.6%</i>	\$0 (Tier 1)	*
<i>niacin tablet 100mg, 500mg</i>	\$0 (Tier 1)	*
<i>niacin timed release tablet extended release 500mg</i>	\$0 (Tier 1)	*
<i>niacin tr capsule extended release 250mg</i>	\$0 (Tier 1)	*
NIACIN TR CAPSULE EXTENDED RELEASE 500MG	\$0 (Tier 1)	*
<i>niacin tr tablet extended release 750mg</i>	\$0 (Tier 1)	*
<i>nicotine lozenge 4mg</i>	\$0 (Tier 1)	*
<i>nicotine polacrilex gum 2mg, 4mg</i>	\$0 (Tier 1)	*
<i>nicotine polacrilex lozenge 2mg</i>	\$0 (Tier 1)	*
NICOTINE TRANSDERMAL SYSTEM KIT	\$0 (Tier 1)	*
<i>nicotine transdermal system patch 24 hour 14mg/24hr, 21mg/24hr, 7mg/24hr</i>	\$0 (Tier 1)	*
<i>off active aerosol 15%</i>	\$0 (Tier 1)	*
<i>off deep woods dry aerosol 25%</i>	\$0 (Tier 1)	*
<i>off deep woods sportsmen aerosol 30%</i>	\$0 (Tier 1)	*
<i>off familycare clean feel liquid 5%</i>	\$0 (Tier 1)	*
<i>off smooth & dry aerosol 15%</i>	\$0 (Tier 1)	*
OLIVE OIL	\$0 (Tier 1)	*
<i>olopatadine hydrochloride solution 0.1%, 0.2%</i>	\$0 (Tier 1)	*
<i>omega 3 capsule</i>	\$0 (Tier 1)	*
<i>omega-3 capsule 120mg; 180mg; 1000mg; 1unit, 308mg; 448mg; 1400mg; 910mg</i>	\$0 (Tier 1)	*
<i>omega-3 fish oil capsule 100mg; 160mg; 1000mg; 300mg; 5unit</i>	\$0 (Tier 1)	*
<i>omeprazole dr tablet delayed release 20mg</i>	\$0 (Tier 1)	*
<i>omeprazole magnesium capsule delayed release 20.6mg</i>	\$0 (Tier 1)	*



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>omeprazole tablet delayed release 20mg</i>	\$0 (Tier 1)	*
<i>omeprazole tablet delayed release disintegrating 20mg</i>	\$0 (Tier 1)	*
ONETOUCH ULTRA CONTROL LIQUID	\$0 (Tier 1)	*
ONETOUCH VERIO LEVEL 4 CONTROL SOLUTION LIQUID	\$0 (Tier 1)	*
OPILL TABLET 0.075MG	\$0 (Tier 1)	*
OPTIONS GYNOL II VAGINAL CONTRACEPTIVE GEL 3%	\$0 (Tier 1)	*
ORAL SUSPEND LIQUID	\$0 (Tier 1)	*
<i>oxymetazoline hydrochloride solution 0.05%</i>	\$0 (Tier 1)	*
OYSTER SHELL CALCIUM/D TABLET 500MG; 200UNIT	\$0 (Tier 1)	*
<i>paladin ointment</i>	\$0 (Tier 1)	*
<i>pataday extra strength solution 0.7%</i>	\$0 (Tier 1)	*
PCCA SORBITOL LOLLIPOP BASE FLAKES	\$0 (Tier 1)	*
PEDIA-LAX LIQUID 50MG/15ML	\$0 (Tier 1)	*
PETROLATUM OINTMENT	\$0 (Tier 1)	*
PHENAZOPYRIDINE HYDROCHLORIDE TABLET 100MG, 200MG	\$0 (Tier 1)	*
<i>phenazopyridine hydrochloride tablet 95mg</i>	\$0 (Tier 1)	*
PHOSPHOROUS TABLET 155MG; 852MG; 130MG	\$0 (Tier 1)	*
PHOSPHO-TRIN K500 TABLET 500MG	\$0 (Tier 1)	*
<i>phytonadione tablet 5mg</i>	\$0 (Tier 1)	*
<i>pink bismuth maximum strength suspension 525mg/15ml</i>	\$0 (Tier 1)	*
<i>pink bismuth suspension 262mg/15ml</i>	\$0 (Tier 1)	*
<i>pinworm medicine suspension 144mg/ml</i>	\$0 (Tier 1)	*
<i>pinxav ointment</i>	\$0 (Tier 1)	*
<i>polyethylene glycol 3350 packet 17gm</i>	\$0 (Tier 1)	*
<i>polyethylene glycol 3350 powder 17gm/scoop</i>	\$0 (Tier 1)	*
<i>polysaccharide-iron complex capsule 150mg</i>	\$0 (Tier 1)	*
<i>polyvinyl alcohol solution 1.4%</i>	\$0 (Tier 1)	*
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	\$0 (Tier 1)	*

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>pramoxine hcl foam 1%</i>	\$0 (Tier 1)	*
PRENATABS FA TABLET 120MG; 1200MCG; 200MG; 10MCG; 8MCG; 29MG; 1000MCG; 20MG; 150MCG; 3MG; 3MG; 3MG; 13.5MG; 15MG	\$0 (Tier 1)	*
PRENATABS RX TABLET 120MG; 4000UNIT; 30MCG; 200MG; 7MG; 400UNIT; 3MG; 8MCG; 1MG; 29MG; 100MG; 20MG; 150MCG; 3MG; 3MG; 30UNIT; 15MG	\$0 (Tier 1)	*
PRENATAL 19 TABLET 100MG; 1000UNIT; 200MG; 7MG; 400UNIT; 12MCG; 25MG; 29MG; 1MG; 15MG; 20MG; 3MG; 3MG; 30UNIT; 20MG	\$0 (Tier 1)	*
PRENATAL TABLET 100MG; 200MG; 10MCG; 4MCG; 27MG; 800MCG; 18MG; 2.6MG; 1.7MG; 1.5MG; 5MG; 1200MCG; 25MG, 120MG; 4000UNIT; 200MG; 400UNIT; 8MCG; 28MG; 800MCG; 20MG; 2.6MG; 1.7MG; 1.8MG; 30UNIT; 25MG	\$0 (Tier 1)	*
PRENATAL TABLET 120MG; 200MG; 10MCG; 2MG; 12MCG; 27MG; 1MG; 20MG; 10MG; 1200MCG; 3MG; 1.84MG; 10MG; 25MG	\$0 (Tier 1)	*
PRENATAL-U CAPSULE 10MG; 0.8MG; 15MCG; 106.5MG; 1MG; 1.3MG; 30MG; 5MG; 6MG; 200MG; 10MG	\$0 (Tier 1)	*
<i>prestige glucose control liquid</i>	\$0 (Tier 1)	*
<i>primadophilus bifidus capsule delayed release</i>	\$0 (Tier 1)	*
<i>primadophilus kids tablet chewable</i>	\$0 (Tier 1)	*
<i>probiotic + immune tablet chewable 45mg; 25mcg; 1.15mg</i>	\$0 (Tier 1)	*
<i>probiotic acidophilus tablet chewable</i>	\$0 (Tier 1)	*
<i>probiotic capsule 1billion; 250mg, 250mg</i>	\$0 (Tier 1)	*
<i>probiotic chocolate bears childrens tablet chewable</i>	\$0 (Tier 1)	*
<i>probiotic digestive support extra strength capsule 200mg; 20billion</i>	\$0 (Tier 1)	*
<i>probiotic formula capsule 1billion; 250mg</i>	\$0 (Tier 1)	*
<i>probiotic gummies tablet chewable</i>	\$0 (Tier 1)	*



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 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 (Tier 1)	*
<i>probiotic tablet</i>	\$0 (Tier 1)	*
<i>probiotic tablet chewable</i>	\$0 (Tier 1)	*
<i>prodigy control solution low solution</i>	\$0 (Tier 1)	*
<i>provella tablet</i>	\$0 (Tier 1)	*
<i>pseudoephedrine hydrochloride er maximum strength tablet extended release 12 hour 120mg</i>	\$0 (Tier 1)	*
<i>pseudoephedrine hydrochloride tablet 30mg, 60mg</i>	\$0 (Tier 1)	*
<i>psyllium fiber capsule 0.52gm</i>	\$0 (Tier 1)	*
<i>qc pink bismuth tablet 262mg</i>	\$0 (Tier 1)	*
<i>qc psyllium fiber powder 43%</i>	\$0 (Tier 1)	*
<i>ra probiotic gummies tablet chewable</i>	\$0 (Tier 1)	*
<i>ranger ready repellent liquid 20%</i>	\$0 (Tier 1)	*
RASPBERRY SYRUP	\$0 (Tier 1)	*
<i>redness reliever eye drops solution 0.05%</i>	\$0 (Tier 1)	*
REFRESH DIGITAL SOLUTION 0.5%; 1%; 0.5%	\$0 (Tier 1)	*
REFRESH OPTIVE ADVANCED SOLUTION 0.5%; 1%; 0.5%	\$0 (Tier 1)	*
REFRESH OPTIVE GEL 1%; 0.9%	\$0 (Tier 1)	*
REFRESH OPTIVE PRESERVATIVE FREE SOLUTION 0.5%; 0.9%	\$0 (Tier 1)	*
<i>refresh optive solution 0.5%; 0.9%</i>	\$0 (Tier 1)	*
REFRESH RELIEVA PF SOLUTION 0.5%; 1%	\$0 (Tier 1)	*
REFRESH RELIEVA PF XTRA SOLUTION 0.5%; 0.9%	\$0 (Tier 1)	*
<i>refresh relieva solution 0.5%; 0.9%</i>	\$0 (Tier 1)	*
REFRESH SOLUTION 1.4%; 0.6%	\$0 (Tier 1)	*
REFRESH TEARS PF SOLUTION 0.5%; 0.9%	\$0 (Tier 1)	*
<i>repel family aerosol 15%</i>	\$0 (Tier 1)	*
<i>repel sportsmen dry aerosol 25%</i>	\$0 (Tier 1)	*
<i>repel sportsmen max aerosol 40%</i>	\$0 (Tier 1)	*
<i>rightest gc300 normal control liquid</i>	\$0 (Tier 1)	*
<i>risa-bid probiotic tablet</i>	\$0 (Tier 1)	*
<i>saccharomyces boulardii capsule 250mg</i>	\$0 (Tier 1)	*

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
SORBITOL POWDER	\$0 (Tier 1)	*
SORBITOL SOLUTION 70%	\$0 (Tier 1)	*
<i>stablegi capsule 250mg</i>	\$0 (Tier 1)	*
<i>sterile water for irrigation solution</i>	\$0 (Tier 1)	*
STEVIA EXTRACT POWDER	\$0 (Tier 1)	*
STEVIA EXTRACT POWDER 90%	\$0 (Tier 1)	*
STEVIA PACKET 100MG	\$0 (Tier 1)	*
STEVIOLE GLYCOSIDES POWDER 95%	\$0 (Tier 1)	*
STEVIOSIDE FLUID EXTRACT 15%	\$0 (Tier 1)	*
<i>stye solution 0.5%; 0.6%</i>	\$0 (Tier 1)	*
SUSPENSION VEHICLE SUSPENSION	\$0 (Tier 1)	*
<i>sween moisturizing body cream</i>	\$0 (Tier 1)	*
SYRSPEND SF SUSPENSION RECONSTITUTED	\$0 (Tier 1)	*
SYRUP VEHICLE SF SYRUP	\$0 (Tier 1)	*
SYRUP VEHICLE SYRUP	\$0 (Tier 1)	*
<i>systane complete solution 0.6%</i>	\$0 (Tier 1)	*
<i>systane contacts soothing drops solution</i>	\$0 (Tier 1)	*
SYSTANE GEL GEL 0.4%; 0.3%	\$0 (Tier 1)	*
<i>tai doc control solution</i>	\$0 (Tier 1)	*
<i>terbinafine hydrochloride cream 1%</i>	\$0 (Tier 1)	*
<i>thera-gesic plus cream 4%; 25%</i>	\$0 (Tier 1)	*
TODAY SPONGE MISCELLANEOUS 1000MG	\$0 (Tier 1)	*
<i>tolnaftate aerosol powder 1%</i>	\$0 (Tier 1)	*
<i>tolnaftate cream 1%</i>	\$0 (Tier 1)	*
<i>tolnaftate powder 1%</i>	\$0 (Tier 1)	*
<i>triamcinolone acetone aerosol 55mcg/act</i>	\$0 (Tier 1)	*
TRIAMINIC FEVER REDUCER PAIN RELIEVER INFANTS SYRUP 160MG/5ML	\$0 (Tier 1)	*
<i>tri-buffered aspirin tablet 325mg; 158mg; 34mg; 63mg</i>	\$0 (Tier 1)	*
TRINATE TABLET 120MG; 3000UNIT; 200MG; 400UNIT; 2MG; 12MCG; 28MG; 1MG; 25MG; 20MG; 25MG; 4MG; 1.8MG; 22MG; 25MG	\$0 (Tier 1)	*
<i>triple antibiotic plus pain reliever maximum strength ointment 500unit/gm; 3.5mg/gm; 10000unit/gm; 10mg/gm</i>	\$0 (Tier 1)	*

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>triple probiotic tablet</i>	\$0 (Tier 1)	*
<i>triprolidine hci liquid 0.625mg/ml</i>	\$0 (Tier 1)	*
<i>triprolidine hydrochloride liquid 0.938mg/ml</i>	\$0 (Tier 1)	*
TRI-VI-SOL A/C/D SOLUTION 50MG/ML; 10MCG/ML; 250MCG/ML	\$0 (Tier 1)	*
TRI-VITE/FLUORIDE SOLUTION 35MG/ML; 0.25MG/ML; 1500UNIT/ML; 400UNIT/ML; 35MG/ML; 0.5MG/ML; 1500UNIT/ML; 400UNIT/ML	\$0 (Tier 1)	*
<i>trubiotics digestive + immune health tablet chewable</i>	\$0 (Tier 1)	*
<i>trubiotics kids tablet chewable</i>	\$0 (Tier 1)	*
<i>truetrack glucose controllow liquid</i>	\$0 (Tier 1)	*
TRUSTEX LUBRICATED/SPERMICIDE MISCELLANEOUS	\$0 (Tier 1)	*
TRUSTEX NON-LUBRICATED MISCELLANEOUS	\$0 (Tier 1)	*
TUSNEL C SYRUP 10MG/5ML; 100MG/5ML; 30MG/5ML	\$0 (Tier 1)	*
<i>tussin cough long-acting liquid 15mg/5ml</i>	\$0 (Tier 1)	*
<i>tussin cough syrup 15mg/5ml</i>	\$0 (Tier 1)	*
<i>tussin dm max liquid 10mg/5ml; 200mg/5ml</i>	\$0 (Tier 1)	*
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	\$0 (Tier 1)	*
<i>ultrathon insect repellent 8 aerosol 25%</i>	\$0 (Tier 1)	*
<i>unistrip control solutionlow solution</i>	\$0 (Tier 1)	*
<i>up4 probiotics kids cubes tablet chewable</i>	\$0 (Tier 1)	*
<i>up4 probiotics tablet chewable 15mg; 1gm</i>	\$0 (Tier 1)	*
UREA CREAM 20%	\$0 (Tier 1)	*
<i>urinary pain relief tablet 99.5mg</i>	\$0 (Tier 1)	*
<i>uristat ultra/cranberry tablet 99.5mg</i>	\$0 (Tier 1)	*
<i>vagisil cream 1%</i>	\$0 (Tier 1)	*



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>vaseline constant care cream</i>	\$0 (Tier 1)	*
VCF VAGINAL CONTRACEPTIVE FILM FILM 28%	\$0 (Tier 1)	*
VCF VAGINAL CONTRACEPTIVEGEL GEL 4%	\$0 (Tier 1)	*
<i>vicks dayquil cold & flu capsule 325mg; 10mg; 5mg</i>	\$0 (Tier 1)	*
VITAMIN A/C/D INFANT/TODDLER SOLUTION 50MG/ML; 250MCG/ML; 10MCG/ML	\$0 (Tier 1)	*
<i>vitamin b-12 tablet 1000mcg</i>	\$0 (Tier 1)	*
<i>vitamin b-6 tablet 100mg, 25mg, 50mg</i>	\$0 (Tier 1)	*
<i>vitamin c tablet 1000mg, 250mg, 500mg</i>	\$0 (Tier 1)	*
<i>vitamin c tablet chewable 500mg</i>	\$0 (Tier 1)	*
<i>vitamin d capsule 50000unit</i>	\$0 (Tier 1)	*
<i>vitamin d3 capsule 25mcg, 50000unit, 5000unit, 50mcg</i>	\$0 (Tier 1)	*
<i>vitamin d3 gummies tablet chewable 1000unit</i>	\$0 (Tier 1)	*
<i>vitamin d3 liquid 400unit/ml</i>	\$0 (Tier 1)	*
<i>vitamin d-3 tablet 1000unit, 2000unit, 400unit</i>	\$0 (Tier 1)	*
<i>vitamin d3 tablet 5000unit</i>	\$0 (Tier 1)	*
<i>vitamin d3 tablet chewable 400unit</i>	\$0 (Tier 1)	*
<i>vitamin d3 tablet disintegrating 5000unit</i>	\$0 (Tier 1)	*
VITAMINS A/C/D/FLUORIDE SOLUTION 35MG/ML; 0.25MG/ML; 450MCG/ML; 10MCG/ML, 35MG/ML; 0.5MG/ML; 450MCG/ML; 10MCG/ML	\$0 (Tier 1)	*
<i>wart remover maximum strength liquid 17%</i>	\$0 (Tier 1)	*
XANTHAN GUM POWDER	\$0 (Tier 1)	*
<i>yumvs probiotics zero tablet chewable</i>	\$0 (Tier 1)	*
<i>yumvskids probiotic zero tablet chewable</i>	\$0 (Tier 1)	*
<i>yum-yum dophilus probiotic tablet chewable</i>	\$0 (Tier 1)	*
<i>yum-yum dophilus tablet chewable</i>	\$0 (Tier 1)	*
<i>zinc oxide ointment 20%, 40%</i>	\$0 (Tier 1)	*

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			
<i>4x probiotic</i>	119	<i>acyclovir</i>	24
A			
<i>abacavir</i>	21	<i>acyclovir sodium</i>	24
<i>abacavir sulfate/lamivudine</i>	23	ADACEL	96
ABELCET	20	ADALIMUMAB	93
<i>abigale</i>	80	<i>adapalene</i>	120
<i>abigale lo</i>	80	<i>adefovir dipivoxil</i>	24
ABILIFY	55	ADEMPAS	49
ABILIFY MAINTENA	55	<i>advance intuition control solution</i>	120
<i>abiraterone acetate</i>	30	<i>advocate control solutionlow</i>	120
<i>abirtega</i>	30	<i>advocate redi-code+ control solution low</i>	120
ABRYSVO	96	<i>aenapine</i>	56
<i>acamprosate calcium dr</i>	68	<i>afirmelle</i>	75
<i>acarbose</i>	71	<i>agamatrix control normal</i>	120
<i>accutane</i>	113	AIMOVIG	66
<i>acebutolol hydrochloride</i>	45	AIRSUPRA	112
<i>acetaminophen</i>	119	AKEEGA	30
<i>acetaminophen/aspirin/caffeine</i>	119	<i>ala-cort</i>	115
<i>acetaminophen/codeine</i>	16	ALAHIST D	120
<i>acetaminophen/codeine phosphate</i>	16	<i>albendazole</i>	17
<i>acetaminophen er 8 hour arthritis pain relief</i>	119	ALBUSTIX STRIP	120
<i>acetaminophen extra strength</i>	119	<i>albuterol sulfate</i>	110
<i>acetaminophen junior strength</i>	119	<i>albuterol sulfate hfa</i>	110
<i>acetaminophen rapid tabs childrens</i>	119	<i>alclometasone dipropionate</i>	115
<i>acetazolamide</i>	47	ALCOHOL PREPS PAD	120
<i>acetazolamide er</i>	47	ALECENSA	32
<i>acetic acid</i>	108	<i>alendronate sodium</i>	73
<i>acetic acid 0.25%</i>	90	<i>alfuzosin hcl er</i>	90
<i>acetylcysteine</i>	82, 111	<i>align</i>	120
<i>acid gone</i>	119	<i>align dualbiotic</i>	120
<i>acidophilus</i>	119	<i>align jr for kids</i>	120
<i>acidophilus/bacillus coagulans extra strength</i>	119	<i>align kids probiotic</i>	120
<i>acidophilus/citrus pectin</i>	119	<i>aliskiren</i>	48
<i>acidophilus lactobacilli</i>	119	<i>allopurinol</i>	14
<i>acidophilus/pectin</i>	119	<i>alose tron hydrochloride</i>	88
<i>acidophilus probiotic blend</i>	119	<i>alprazolam</i>	50
<i>acidophilus with bifidus</i>	119	ALPRAZOLAM INTENSOL	50
<i>acitretin</i>	115	<i>altavera</i>	75
ACTHIB	96	<i>aluminum/magnesium/simethicone</i>	120
ACTIMMUNE	95	ALUNBRIG	32
		ALVAIZ	92
		ALVESCO	112
		<i>alyacen 1/35</i>	75

Drug Name	Page #	Drug Name	Page #
<i>alyacen 7/7/7</i>	75	<i>aripiprazole</i>	55, 56
<i>amantadine</i>	54	ARISTADA.....	56
<i>amantadine hcl</i>	54	<i>armodafinil</i>	68
<i>ambrisentan</i>	49	ARNUITY ELLIPTA.....	112
<i>americerin</i>	120	<i>artificial tears</i>	120
<i>amethyst</i>	75	<i>ashlyna</i>	75
<i>amikacin sulfate</i>	17	ASPARLAS.....	32
<i>amiloride hcl</i>	47	<i>aspirin</i>	121
<i>amiloride/hydrochlorothiazide</i>	47	<i>aspirin/dipyridamole er</i>	93
<i>aminophylline</i>	111	<i>aspirin regular strength</i>	120
<i>amiodarone hydrochloride</i>	42	ASPIRIN SUPPOSITORY.....	120
<i>amitriptyline hcl</i>	51	<i>assure dose normal control solution</i>	121
<i>amitriptyline hydrochloride</i>	51	ASTAGRAF XL.....	95
<i>amlodipine besylate</i>	45	ATABEX OB.....	121
<i>amlodipine besylate/atorvastatin calcium</i>	48	<i>atazanavir</i>	21
<i>amlodipine besylate/benazepril hydrochloride</i>	40	<i>atazanavir sulfate</i>	21
<i>amlodipine besylate/valsartan</i>	41	<i>atenolol</i>	45
<i>amlodipine/olmesartan medoxomil</i>	41	<i>atenolol/chlorthalidone</i>	44
<i>amlodipine/valsartan/hydrochlorothiazide</i>	41	<i>atomoxetine</i>	64
<i>ammonium lactate</i>	117, 120	<i>atorvastatin calcium</i>	43
<i>amnesteam</i>	113	<i>atovaquone</i>	17
<i>amoxapine</i>	51	<i>atovaquone/proguanil hcl</i>	21
<i>amoxicillin</i>	28	<i>atovaquone/proguanil hydrochloride</i>	21
<i>amoxicillin/clavulanate potassium</i>	28	<i>atropine sulfate</i>	108
<i>amoxicillin/clavulanate potassium er</i>	28	ATROVENT HFA.....	109
<i>amphetamine/dextroamphetamine</i>	64	<i>aubra eq</i>	75
<i>amphotericin b</i>	20	AUGTYRO.....	32
<i>amphotericin b liposome</i>	20	<i>aurovela 1.5/30</i>	75
<i>ampicillin</i>	28	<i>aurovela 1/20</i>	75
<i>ampicillin sodium</i>	28	<i>aurovela 24 fe</i>	75
<i>ampicillin-sulbactam</i>	28	<i>aurovela fe 1.5/30</i>	75
<i>ampicillin/sulbactam</i>	28	<i>aurovela fe 1/20</i>	75
<i>anagrelide hydrochloride</i>	92	AUSTEDO.....	67
<i>anastrozole</i>	30	AUSTEDO XR.....	67
ANORO ELLIPTA.....	109	AUVELITY.....	51
<i>antacid & anti-gas maximum strength</i>	120	<i>aveeno baby soothing multi-purpose</i>	121
<i>antacid extra strength</i>	120	<i>aviane</i>	75
<i>antibiotic + pain relief maximum strength</i>	120	AVMAPKI FAKZYNJA.....	32
<i>anti-dandruff shampoo</i>	120	AYR NASAL DROPS.....	121
<i>aprepitant</i>	85	<i>ayuna</i>	75
<i>apri</i>	75	AYVAKIT.....	32
APTIOM.....	59	<i>azathioprine</i>	96
APTIVUS.....	21	AZATHIOPRINE.....	96
<i>aranelle</i>	75	<i>azelaic acid</i>	117
ARCALYST.....	95	<i>azelastine hcl</i>	107
AREXVY.....	96	<i>azelastine hydrochloride</i>	110
ARIKAYCE.....	17	<i>azithromycin</i>	27

Drug Name	Page #	Drug Name	Page #
<i>aztreonam</i>	17	<i>bexarotene</i>	32, 117
<i>azurette</i>	75	BEXSERO	96
B		<i>bicalutamide</i>	31
<i>b-12 quick dissolve</i>	121	BICILLIN L-A	29
<i>bacid</i>	121	BIKTARVY	23
<i>bacitracin</i>	106, 121	BILDYOS	74
<i>bacitracin/neomycin/polymyxin</i>	121	BILPREVDA	74
<i>bacitracin/polymyxin</i>	121	BIMZELX	93
<i>bacitracin/polymyxin b</i>	106	<i>biohm childrens probiotic supplement</i>	121
<i>bacitracin zinc</i>	121	<i>bion tears</i>	121
<i>baclofen</i>	68	<i>bisacodyl</i>	121
BAFIERTAM	67	<i>bisacodyl suppository</i>	121
<i>balmex multi-purpose</i>	121	<i>bismuth subsalicylate</i>	121
<i>balsalazide disodium</i>	87	<i>bisoprolol</i>	45
BALVERSA	32	<i>bisoprolol fumarate/hydrochlorothiazide</i>	44
<i>balziva</i>	75	<i>blisovi 24 fe</i>	75
BARACLUDGE	24	<i>blisovi fe 1.5/30</i>	75
<i>bayer advanced aspirin extra strength</i>	121	<i>blisovi fe 1/20</i>	75
BCG	96	BLUJEPa	17
BD ALCOHOL SWABS	69	BONSITY	74
BD GLUCOSE TABLET	121	BOOSTRIX	96
BD INSULIN SYRINGE	69, 70	<i>bosentan</i>	49
BD PEN	70	BOSULIF	33
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 1/2	70	BRAFTOVI	33
<i>benazepril hydrochloride</i>	40	BREO ELLIPTA	113
<i>benazepril hydrochloride/hydrochlorothiazide</i>	40	BREZTRI	109
BENLYSTA	96	<i>briellyn</i>	75
<i>benzoyl peroxide</i>	121	<i>brimonidine tartrate</i>	107
BENZOYL PEROXIDE	121	<i>brimonidine tartrate/timolol maleate</i>	107
<i>benzoyl peroxide wash</i>	121	<i>brinzolamide</i>	107
<i>benztropine mesylate</i>	54	BRIVIACT	59
BENZYL ACOHOL	121	<i>bromfenac</i>	107
BENZYL BENZOATE	121	<i>bromfenac sodium</i>	107
BERINERT	92	<i>bromocriptine mesylate</i>	54
BESIFLOXACIN HYDROCHLORIDE	106	BRUKINSA	33
BESIVANCE	106	<i>budesonide</i>	112
BESREMI	32	<i>budesonide dr</i>	87
<i>betaine anhydrous powder</i>	82	<i>budesonide er</i>	87
<i>betamethasone dipropionate</i>	115	<i>budesonide/formoterol fumarate dihydrate</i>	113
<i>betamethasone dipropionate augmented</i>	115	<i>budesonide nasal spray</i>	121
<i>betamethasone valerate</i>	115	<i>bumetanide</i>	47
BETASERON	67	<i>buprenorphine</i>	15
<i>betaxolol hcl</i>	45, 107	<i>buprenorphine hcl</i>	68
<i>bethanechol chloride</i>	90	<i>buprenorphine hcl/naloxone hcl</i>	68
BEVESPI	109	<i>buprenorphine hydrochloride/naloxone hydrochloride</i>	69
		<i>bupropion</i>	51
		BUPROPION	51

Drug Name	Page #	Drug Name	Page #
<i>bupropion hydrochloride er</i>	51, 69	<i>carbidopa</i>	55
<i>bupirone hcl</i>	50	<i>carbidopa/levodopa</i>	55
<i>bupirone hydrochloride</i>	50	CARBIDOPA/LEVODOPA/ENTACAPONE	55
<i>butenafine hydrochloride</i>	121	<i>carbidopa/levodopa er</i>	55
<i>butorphanol tartrate</i>	16	<i>carbidopa/levodopa odt</i>	55
C		CARBINOXAMINE	110
<i>cabergoline</i>	82	<i>carbinoxamine maleate</i>	110
CABOMETYX	33	<i>carboxymethylcellulose sodium</i>	122
<i>calamine</i>	122	<i>carboxymethylcellulose sodium</i>	122
CALAMINE LOTION	121, 122	<i>carboxymethylcellulose sodium ophthalmic</i>	122
<i>calcipotriene</i>	115	<i>carboxymethylcellulose sodium ophthalmic gel</i>	122
<i>calcitonin-salmon</i>	74	<i>carglumic acid</i>	82
<i>calcitrene</i>	115	<i>carteolol hcl</i>	107
<i>calcitriol</i>	85	<i>cartia xt</i>	45
CALCITRIOL	115	<i>carvedilol</i>	45
CALCIUM + D3	122	<i>carvedilol phosphate er</i>	45
<i>calcium 500 + d</i>	122	<i>casprofungin acetate</i>	20
CALCIUM 500+D3 HIGH POTENCY	122	CASTOR OIL	122
<i>calcium 600+d</i>	122	<i>castor oil stimulant laxative</i>	122
<i>calcium 600+d plus minerals</i>	122	CAYSTON	18
CALCIUM 600 + MINERALS	122	<i>cefaclor</i>	25, 26
<i>calcium 600/vitamin d</i>	122	CEFACLOR ER	25
<i>calcium antacid extra strength</i>	122	<i>cefadroxil</i>	26
<i>calcium antacid ultra</i>	122	<i>cefazolin</i>	26
<i>calcium carbonate</i>	122	CEFAZOLIN	26
CALCIUM CARBONATE	122	CEFAZOLIN/DEXTROSE	26
<i>calcium citrate</i>	122	<i>cefazolin sodium</i>	26
<i>calcium oyster shell</i>	122	CEFAZOLIN SODIUM	26
<i>calcium polycarbophil</i>	122	<i>cefdinir</i>	26
<i>calcium tablet 500mg</i>	122	<i>cefepime</i>	26
<i>calcium tablet 1500mg, 600mg</i>	122	<i>cefixime</i>	26
<i>calcium/vitamin d</i>	122	<i>cefotetan</i>	26
CALQUENCE	33	<i>cefoxitin</i>	26
<i>camila</i>	75	<i>cefpodoxime proxetil</i>	26
CAMRESE	75	<i>cefprozil</i>	26
CAMRESE LO	75	<i>ceftazidime</i>	26
<i>candesartan cilexetil</i>	42	<i>ceftriaxone in iso-osmotic dextrose</i>	26
<i>candesartan cilexetil/hydrochlorothiazide</i>	41	<i>ceftriaxone sodium</i>	27
CAPLYTA	56	CEFTRIAXONE SODIUM	26
CAPRELSA	33	<i>cefuroxime axetil</i>	27
<i>capsaicin</i>	122	<i>cefuroxime sodium</i>	27
<i>captopril</i>	40	<i>celecoxib</i>	14
<i>captopril/hydrochlorothiazide</i>	40	<i>cephalexin</i>	27
<i>carbamazepine</i>	59, 60	<i>cerave baby healing ointment</i>	123
<i>carbamazepine er</i>	59	CERDELGA	83
<i>carbamoxide ear drops</i>	122	<i>cetirizine hcl</i>	123
		<i>cetirizine hydrochloride</i>	110, 123

Drug Name	Page #	Drug Name	Page #
<i>cetirizine hydrochloride/pseudoephedrine</i>		<i>clemastine fumarate</i>	110
<i>hydrochloride</i>	123	CLENPIQ	87
<i>cevimeline hydrochloride</i>	118	<i>clever choice glucose control low</i>	123
<i>charlotte 24 fe</i>	75	<i>clindacin</i>	113
<i>chateal eq</i>	75	<i>clindamycin hcl</i>	18
CHEMET	74	<i>clindamycin hydrochloride</i>	18
CHEMSTRIP 2 LN STRIPS	123	<i>clindamycin palmitate hydrochloride</i>	18
CHEMSTRIP 9 STRIPS	123	<i>clindamycin phosphate</i>	18, 91, 113
CHEMSTRIP UGK	123	<i>clindamycin phosphate/dextrose</i>	18
CHERRY SYRUP	123	<i>clindamycin phosphate (once-daily)</i>	113
<i>chewable vitamin c</i>	123	<i>clindamycin phosphate (twice-daily)</i>	113
<i>childrens pepto</i>	123	CLINDAMYCIN/SODIUM CHLORIDE	18
CHLOPHEDIANOL/DEXCHLOPHENIRAMINE./		CLINIMIX 6/5	103
PSEUDOEPHEDRINE	123	CLINIMIX 8/10	103
<i>chloramphenicol sodium succinate</i>	18	CLINIMIX 8/14	103
<i>chloraseptic</i>	123	CLINOLIPID	104
<i>chlordiazepoxide hcl</i>	50	<i>clinpro 5000 paste</i>	118
<i>chlordiazepoxide hydrochloride</i>	50	<i>clobazam</i>	60
<i>chlorthidine gluconate</i>	118	<i>clobetasol propionate</i>	115
<i>chloroquine phosphate</i>	21	<i>clobetasol propionate e</i>	115
<i>chlorpheniramine maleate</i>	123	<i>clodan</i>	116
<i>chlorpromazine hcl</i>	56	<i>clomipramine hydrochloride</i>	52
<i>chlorpromazine hydrochloride</i>	56	<i>clonazepam</i>	60
<i>chlorthalidone</i>	47	<i>clonazepam odt</i>	60
<i>chlorzoxazone</i>	68	<i>clonidine</i>	48
<i>chocolated laxative</i>	123	<i>clonidine hydrochloride</i>	48
<i>cholestyramine</i>	44	<i>clopidogrel</i>	93
<i>cholestyramine light</i>	44	<i>clorazepate dipotassium</i>	60
<i>ciclopirox</i>	114	<i>clotrimazole</i>	114, 123
<i>ciclopirox nail lacquer</i>	114	<i>clotrimazole 3</i>	123
<i>ciclopirox olamine</i>	114	<i>clotrimazole/betamethasone dipropionate</i>	114
<i>cilostazol</i>	92	<i>clotrimazole external</i>	123
CILOXAN	106	<i>clotrimazole troche</i>	118
CIMDUO	23	<i>clotrimazole vaginal</i>	123
<i>cimetidine</i>	87, 123	<i>clozapine</i>	56
<i>cinacalcet hydrochloride</i>	51, 52, 83	<i>clozapine odt</i>	56
<i>ciprofloxacin</i>	109	COARTEM	21
<i>ciprofloxacin/dexamethasone</i>	109	COBENFY	56
<i>ciprofloxacin hcl</i>	27	COBENFY STARTER PACK	56
<i>ciprofloxacin hydrochloride</i>	27, 106	CODEINE SULFATE	16
<i>ciprofloxacin i.v.-in d5w</i>	28	<i>colchicine</i>	14
CIPRO HC	108	<i>cold & cough childrens</i>	123
<i>citalopram hydrobromide</i>	51	<i>cold/flu daytime relief</i>	123
<i>claravis</i>	113	<i>coleman 100 max insect repellent/continuous spray</i> ..	123
<i>clarithromycin</i>	27	<i>coleman insect repellent/high & dry</i>	124
<i>clarithromycin er</i>	27	<i>coleman insect repellent/sportsmen</i>	124
<i>clear eyes natural tears lubricant</i>	123	<i>colesevelam hydrochloride</i>	44

Drug Name	Page #	Drug Name	Page #
<i>colestipol hydrochloride</i>	44	<i>cvs petroleum jelly w/ vitamin e</i>	125
<i>colistimethate sodium</i>	18	<i>cvs probiotic</i>	125
COMBIGAN.....	108	<i>cvs probiotic childrens</i>	125
COMBIVENT RESPIMAT.....	109	<i>cvs scalp relief</i>	125
COMETRIQ KIT	33	<i>cvs sleep-aid nighttime</i>	125
<i>compro</i>	85	<i>cvs total home insect repellent</i>	125
CONDOMS.....	124	<i>cyanocobalamin</i>	125
<i>conjugated estrogens</i>	80	<i>cyclobenzaprine hydrochloride</i>	68
<i>consulose</i>	87	<i>cyclophosphamide capsule</i>	30
<i>contour low control</i>	124	CYCLOPHOSPHAMIDE TABLET.....	30
<i>contour next control level 1 solution</i>	124	<i>cycloserine</i>	24
<i>contour next control level 2 solution</i>	124	<i>cyclosporine</i>	96
<i>contour normal control</i>	124	<i>cyclosporine modified</i>	96
<i>control solution normal</i>	124	<i>cyproheptadine hcl</i>	110
COPIKTRA.....	33	<i>cyproheptadine hydrochloride</i>	110
CORLANOR.....	48	<i>cyred eq</i>	75
<i>corn and callus remover</i>	124	CYSTAGON	83
<i>cortizone-10 feminine itch relief maximum strength</i> ..	124	CYSTARAN	108
COTELLIC	33		
<i>cottonseed oil</i>	124	D	
CREON.....	88	<i>dabigatran</i>	91
CRESEMBA	20	<i>daily chewable probiotic-14</i>	125
<i>cromolyn sodium</i>	88, 107, 111, 124	<i>daily probiotic supplement</i>	125
<i>cryselle</i>	75	<i>dalfampridine er</i>	68
<i>cryselle-28</i>	75	<i>danazol</i>	69
<i>culturelle adult ultimatebalance</i>	124	<i>dantrolene sodium</i>	68
<i>culturelle digestive daily probiotic pro strength</i>	124	DANZITEN	33
<i>culturelle digestive health</i>	124	DAPAGLIFLOZIN PROPANEDIOL.....	71
<i>culturelle health & wellness</i>	124	<i>dapsone</i>	18, 113
<i>culturelle immune defense</i>	124	DAPTACEL.....	96
<i>culturelle kids immune defense</i>	124	<i>daptomycin</i>	18
<i>culturelle kids immune defense probiotic</i>	124	DAPTOMYCIN/SODIUM CHLORIDE.....	18
<i>culturelle kids probiotic+ veggie fiber</i>	124	<i>darunavir</i>	21
<i>culturelle probiotic & prebiotic</i>	124	<i>dasatinib</i>	33
<i>culturelle probiotics kids</i>	124	<i>dasetta 1/35</i>	75
<i>culturelle ultimate strength probiotic</i>	124	<i>dasetta 7/7/7</i>	75
CURITY GAUZE PADS	70	DAURISMO	33
<i>cutter aerosol</i>	124	<i>daysee</i>	75
<i>cutter all family</i>	124	<i>day-time pe cold/flu relief</i>	125
<i>cutter backwoods dry</i>	124	DAYVIGO	66
<i>cutter skinsations</i>	124	<i>deblitane</i>	75
<i>cutter sport</i>	125	<i>deferasirox</i>	74
<i>cvs advanced probiotic gummies</i>	125	DELSTRIGO	23
<i>cvs chewable probiotic childrens</i>	125	<i>delyla</i>	75
<i>cvs digestive probiotic</i>	125	DENGVAXIA	96
<i>cvs insect repellent</i>	125	DENTA 5000 PLUS SENSITIVE.....	118
<i>cvs natural tears pf</i>	125	<i>dentagel</i>	118

Drug Name	Page #	Drug Name	Page #
DEPO-SUBQ PROVERA.....	76	DIAZEPAM	60
DESCOVY.....	23	<i>diazepam intensol</i>	60
<i>desipramine hydrochloride</i>	52	<i>diazoxide</i>	82
<i>desitin multi-purpose healing</i>	125	<i>diclofenac potassium</i>	14
<i>desloratadine</i>	110	<i>diclofenac sodium</i>	107, 117, 125
<i>desloratadine odt</i>	110	<i>diclofenac sodium dr</i>	14
<i>desmopressin acetate</i>	83	<i>diclofenac sodium er</i>	14
<i>desonide</i>	116	<i>diclofenac sodium/misoprostol</i>	14
<i>desoximetasone</i>	116	<i>dicloxacillin sodium</i>	29
<i>dessmopressin acetate</i>	83	<i>dicyclomine hcl</i>	86
<i>desvenlafaxine er</i>	52	<i>dicyclomine hydrochloride</i>	86
<i>dexamethasone</i>	81, 82	DIFICID	27
<i>dexamethasone intensol</i>	81	<i>diflunisal</i>	14
<i>dexamethasone sodium phosphate</i>	107	<i>difluprednate</i>	107
<i>dexlansoprazole</i>	89	<i>digestive advantage dailydigestive & immune support</i>	125
<i>dexmethylphenidate hcl</i>	65	<i>digestive advantage kids daily digestive & immune support</i>	125
<i>dexmethylphenidate hydrochloride</i>	65	<i>digestive advantage kids daily probiotic+gen prebiotic fiber</i>	126
<i>dexmethylphenidate hydrochloride er</i>	65	<i>digestive advantage kids daily probiotic gummies</i>	125
<i>dextroamphetamine sulfate</i>	65	<i>digestive advantage multi-strain probiotic ultra</i>	126
<i>dextroamphetamine sulfate er</i>	65	<i>digestive advantage prebiotic+probiotic</i>	126
<i>dextroamphetamine sulfateg</i>	65	<i>digestive advantage probiotic gummies</i>	126
<i>dextromethorphan/guaiifenesin</i>	125	<i>digestive probiotic</i>	126
<i>dextromethorphan hbr</i>	125	<i>digox</i>	48
<i>dextromethorphan hydrobromide/guaiifenesin</i>	125	<i>digoxin</i>	48
<i>dextromethorphan polistirex er</i>	125	<i>dihydroergotamine mesylate</i>	66
DEXTROSE 2.5%/SODIUM CHLORIDE 0.45%.....	98	DILANTIN	60
<i>dextrose 5%</i>	104	DILANTIN-125	60
DEXTROSE 5% /ELECTROLYTE #48	98	DILANTIN INFATABS	60
DEXTROSE 5%/LACTATED RINGERS.....	98	<i>diltiazem</i>	46
DEXTROSE 5%/SODIUM CHLORIDE 0.2%.....	98	<i>diltiazem hcl</i>	46
<i>dextrose 5%/sodium chloride 0.3%</i>	98	DILTIAZEM HCL	46
DEXTROSE 5%/SODIUM CHLORIDE 0.9%.....	99	<i>diltiazem hcl er</i>	46
DEXTROSE 5%/SODIUM CHLORIDE 0.33%.....	98	<i>diltiazem hydrochloride</i>	46
DEXTROSE 5%/SODIUM CHLORIDE 0.45%.....	99	<i>diltiazem hydrochloride er</i>	46
<i>dextrose 10%</i>	104	<i>dilt-xr</i>	45
DEXTROSE 10%/SODIUM CHLORIDE 0.2%.....	98	<i>dimenhydrinate</i>	126
DEXTROSE 10%/SODIUM CHLORIDE 0.45%.....	98	DIMENHYDRINATE.....	85
DEXTROSE 50%	104	<i>diphenhydramine hcl</i>	126
DEXTROSE 70%	104	<i>diphenhydramine hcl/zinc acetate</i>	126
<i>dextrose/sodium chloride</i>	99	<i>diphenhydramine hydrochloride</i>	110, 126
<i>dhs tar shampoo</i>	125	<i>diphenoxylate/atropine</i>	88
DIACOMIT.....	60	<i>diphenoxylate hydrochloride/atropine sulfate</i>	88
<i>dialyvite chewable probiotic</i>	125	<i>dipyridamole</i>	93
DIASTIX STRIP.....	125	<i>disopyramide phosphate</i>	42
<i>diatruie glucose control solution level 1 solution</i>	125		
<i>diatruie glucose control solution level 2 solution</i>	125		
<i>diazepam</i>	60		

Drug Name	Page #	Drug Name	Page #
<i>disulfiram</i>	69	<i>easy talk control solution normal</i>	126
<i>divalproex sodium dr</i>	60	<i>easy talk plus ii control low</i>	126
<i>divalproex sodium er</i>	61	<i>easy trak glucose controlsolution low</i>	126
<i>docosanol</i>	126	<i>easy trak glucose controlsolution normal</i>	126
<i>docusate calcium</i>	126	<i>easy trak ii control solution/normal</i>	126
<i>docusate sodium</i>	126	<i>econazole nitrate</i>	114
DOCUSATE SODIUM.....	126	EDARBI.....	42
<i>dofetilide</i>	42	EDARBYCLOR	41
<i>dolishale</i>	76	<i>ed chlorped jr</i>	126
<i>donepezil hcl</i>	50, 51	EDURANT	21
<i>donepezil hydrochloride</i>	51	EDURANT PED	21
<i>dorzolamide hcl/timolol maleate</i>	108	<i>efavirenz</i>	21
<i>dorzolamide hydrochloride</i>	108	<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i> ..	23
<i>dorzolamide hydrochloride/timolol maleate pf</i>	108	<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	23
<i>dotti</i>	80	<i>effer-k</i>	100
DOVATO.....	23	<i>effervescent pain relief</i>	127
<i>doxazosin mesylate</i>	41	<i>element low control</i>	127
<i>doxepin hcl</i>	52	<i>element normal control</i>	127
<i>doxepin hydrochloride</i>	52, 66, 117	<i>eletriptan hydrobromide</i>	66
<i>doxercalciferol</i>	85	ELIGARD.....	31
<i>doxy 100</i>	29	<i>elinest</i>	76
<i>doxycycline</i>	29, 117	ELIQUIS.....	91
<i>doxycycline hyclate</i>	29	ELIQUIS STARTER PACK	91
<i>doxycycline monohydrate</i>	29	<i>eluyring</i>	76
DRIZALMA.....	52	<i>embrace control solution low</i>	127
<i>dronabinol</i>	85	<i>embrace evo glucose control solution level 1</i>	127
<i>drospirenone</i>	76	<i>embrace talk glucose control solution low</i>	127
<i>drospirenone/ethinyl estradiol/levomefolate calcium</i> ..	76	EMEND	85
DROXIA	92	EMPTY SIZE 1 BLUE/POWDER BLUE.....	127
<i>droxidopa</i>	48	EMSAM.....	52
<i>dry eye relief drops</i>	126	<i>emtricitabine</i>	22
DUAVEE.....	81	<i>emtricitabine/rilpivirine/tenofovir disoproxil fumarate</i> 23	
DULERA.....	113	<i>emtricitabine/tenofovir disoproxil</i>	23
<i>duloxetine hydrochloride dr</i>	52	<i>emtricitabine/tenofovir disoproxil fumarate</i>	23
DUPIXENT.....	93	EMTRIVA.....	22
DUREX REALFEEL NON-LATEX DEVICE.....	126	EMVERM.....	18
<i>dutasteride</i>	90	<i>emzahn</i>	76
<i>dutasteride/tamsulosin hydrochloride</i>	90	<i>enalapril maleate</i>	40
<i>d-vi-sol</i>	126	<i>enalapril maleate/hydrochlorothiazide</i>	40
<i>dynashield</i>	126	ENBREL.....	93
E		ENBREL MINI.....	93
<i>easy check glucose control solution normal</i>	126	ENBREL SURECLICK.....	93
<i>easymax control solution normal</i>	126	ENCARE.....	127
<i>easy plus ii control solution low</i>	126	<i>endocet</i>	16
<i>easy step control solution low</i>	126	<i>enema disposable</i>	127
<i>easy talk control solution low</i>	126	ENGERIX-B.....	96
		<i>enilloring</i>	76

Drug Name	Page #	Drug Name	Page #
<i>enoxaparin sodium</i>	91	<i>etodolac</i>	15
ENSACOVE.....	33	<i>etodolac er</i>	14, 15
<i>enskyce</i>	76	<i>etonogestrel/ethinyl estradiol</i>	76
<i>entacapone</i>	55	<i>etravirine</i>	22
<i>entecavir</i>	24	EUCRISA.....	117
ENTRESTO.....	41	EULEXIN.....	31
<i>enulose</i>	87	<i>everolimus</i>	34, 96
EPCLUSA.....	24, 25	<i>evolution control solution normal</i>	127
EPIDIOLEX.....	61	EVOTAZ.....	23
<i>epinastine hcl</i>	107	<i>exemestane</i>	31
<i>epinephrine</i>	111	<i>ex-lax</i>	127
<i>eplerenone</i>	41	EXTENCILLINE.....	29
<i>epoprostenol sodium</i>	49	EXXUA.....	52
EPRONTIA.....	61	EXXUA TITRATION PACK.....	52
<i>eql 2 in 1 probiotic</i>	127	<i>eye allergy relief</i>	127
<i>eql 4x probiotic</i>	127	EYSUVIS.....	108
<i>ergocalciferol</i>	127	<i>ezetimibe</i>	44
<i>ergotamine tartrate/caffeine</i>	66	<i>ezetimibe/simvastatin</i>	44
ERIVEDGE.....	33	F	
ERLEADA.....	31	<i>falmina</i>	76
<i>erlotinib hydrochloride</i>	33, 34	<i>famciclovir</i>	25
<i>errin</i>	76	<i>famotidine</i>	87, 127
ERTACZO.....	114	<i>famotidine premixed</i>	87
<i>ertapenem sodium</i>	18	FANAPT.....	57
<i>ery</i>	113	FANAPT TITRATION PACK A.....	57
<i>erythromycin dr</i>	27	FANAPT TITRATION PACK B.....	57
<i>erythromycin</i>	106, 113, 114	FANAPT TITRATION PACK C.....	57
<i>erythromycin base</i>	27	FARXIGA.....	71
<i>erythromycin/benzoyl peroxide</i>	113	FASENRA.....	111
<i>erythromycin ethylsuccinate</i>	27	FC2 FEMALE CONDOM.....	127
<i>erythromycin lactobionate</i>	27	<i>febuxostat</i>	14
ERZOFRI.....	56	<i>feirza 1.5/30</i>	76
<i>escitalopram oxalate</i>	52	<i>feirza 1/20</i>	76
ESCITALOPRAM OXALATE.....	52	<i>felbamate</i>	61
<i>eslicarbazepine acetate</i>	61	<i>felodipine er</i>	46
<i>esomeprazole magnesium</i>	89, 127	<i>fenofibrate</i>	43
<i>esomeprazole magnesium dr</i>	127	<i>fenofibrate micronized</i>	43
<i>esomeprazole sodium</i>	89	<i>fenofibric acid dr</i>	43
<i>estarylla</i>	76	<i>fenopropfen calcium</i>	15
<i>estradiol</i>	81	FENOPROPFEN CALCIUM.....	15
<i>estradiol/norethindrone acetate</i>	81	<i>fentanyl</i>	15
<i>estradiol valerate</i>	81	FERRETT'S CHEWABLE IRON.....	127
ESTRING.....	81	<i>ferrous fumarate 324</i>	127
<i>ethambutol hydrochloride</i>	24	<i>ferrous gluconate tablet 240mg, 324mg</i>	127
<i>ethosuximide</i>	61	<i>ferrous sulfate</i>	127
ETHYL OLEATE.....	127	FERROUS SULFATE.....	127
<i>ethynodiol diacetate/ethinyl estradiol</i>	76		

Drug Name	Page #	Drug Name	Page #
<i>fesoterodine fumarate er</i>	90	<i>fluphenazine decanoate</i>	57
FETZIMA	52	<i>fluphenazine hcl</i>	57
FETZIMA TITRATION PACK	52	<i>fluphenazine hydrochloride</i>	57
<i>fexofenadine hcl childrens allergy</i>	127	<i>flurbiprofen</i>	15
<i>fexofenadine hydrochloride</i>	127	<i>flurbiprofen sodium</i>	107
<i>fexofenadine hydrochloride/pseudoephedrine</i> <i>hydrochloride er</i>	128	<i>fluticasone propionate</i>	112, 116, 128
FIASP	70	<i>fluticasone propionate/salmeterol</i>	113
FIASP FLEXTOUCH	70	<i>fluticasone propionate/salmeterol diskus</i>	113
FIASP PENFILL	70	FLUTICASONE PROPIONATE/SALMETEROL HFA	113
FIASP PUMPCART	70	<i>fluvastatin</i>	43
<i>fiber powder</i>	128	<i>fluvastatin sodium er</i>	43
<i>fidaxomicin</i>	27	<i>fluvoxamine maleate</i>	50
<i>finasteride</i>	90	<i>fluvoxamine maleate er</i>	50
<i>fin golimid hydrochloride</i>	68	<i>folic acid</i>	128
FINTEPLA	61	<i>folic acid/vitamin b-6/vitamin b-12</i>	128
<i>finzala</i>	76	FOLPLEX 2.2	128
FIRMAGON	31	<i>fomepizole</i>	83
<i>flac</i>	109	<i>fondaparinux sodium</i>	91
<i>flanders buttocks</i>	128	<i>fondcircle control solution</i>	128
FLAREX	107	<i>foracare gdh control solution low</i>	128
FLAVORX	128	<i>foracare gdh control solution normal</i>	128
<i>flecainide acetate</i>	42	<i>fora control solution low</i>	128
<i>florastart</i>	128	<i>fora control solution normal</i>	128
<i>florastor</i>	128	FORA GTEL BLOOD KETONE TEST STRIPS	128
<i>floraxis</i>	128	<i>fortiscare control solutions low</i>	128
<i>fluconazole</i>	20	<i>fortiscare control solutions normal</i>	128
<i>fluconazole in sodium chloride</i>	20	<i>fosamprenavir calcium</i>	22
<i>fluconazole/sodium chloride</i>	20	<i>fosfomycin tromethamine</i>	18
<i>flucytosine</i>	21	<i>fosinopril sodium</i>	40
<i>fludrocortisone acetate</i>	82	<i>fosinopril sodium/hydrochlorothiazide</i>	40
<i>flunisolide</i>	112	<i>fosphenytoin sodium</i>	61
<i>fluocinolone acetonide</i>	109, 116	FOTIVDA	34
<i>fluocinolone acetonide body</i>	116	FRAGMIN	91
<i>fluocinolone acetonide scalp</i>	116	<i>fraiche 5000 dental</i>	118
<i>fluocinonide</i>	116	<i>free + pure daily probiotic</i>	128
<i>fluocinonide emulsified base</i>	116	FRUZAQLA	34
<i>fluoride</i>	100	<i>ft probiotic</i>	128
<i>fluoridex daily defense</i>	118	<i>ft probiotic childrens</i>	128
FLUORIDEX SENSITIVITY RELIEF/SLS FREE	118	<i>furosemide</i>	47
<i>fluorimax 5000</i>	118	FUZEON	22
FLUORIMAX 5000 SENSITIVE	118	<i>fyavolv</i>	81
<i>fluorometholone</i>	107	FYCOMPA	61
<i>fluorouracil</i>	117	G	
FLUOROURACIL	117	<i>gabapentin</i>	61
<i>fluoxetine dr</i>	53	<i>galantamine hydrobromide</i>	51
<i>fluoxetine hydrochloride</i>	53		

Drug Name	Page #	Drug Name	Page #
<i>galantamine hydrobromide er</i>	51	<i>glucose tablet</i>	129
<i>galbriela</i>	76	GLYCERIN.....	129
<i>gallifrey</i>	84	<i>glycerin adult suppository</i>	129
GAMASTAN.....	95	<i>glycerin external liquid</i>	129
GAMMAKED.....	95	<i>glycerin infants & children suppository</i>	129
GAMUNEX-C.....	95	<i>glycerin infant suppository</i>	129
<i>ganciclovir</i>	25	<i>glycopyrrolate</i>	86, 87
GARDASIL 9.....	97	GLYXAMBI.....	72
<i>gatifloxacin</i>	106	<i>gnp probiotic extra strength</i>	129
GATTEX.....	88	<i>gnp vitamin a/d ointment</i>	129
<i>gavilyte-c</i>	87	<i>gojji control solution normal</i>	129
<i>gavilyte-g</i>	87	GOMEKLI.....	34
<i>gavilyte-n/ flavor pack</i>	87	GOOD START SUPREME STERILE WATER.....	129
GAVISCON.....	128	<i>granisetron hydrochloride</i>	86
GAVRETO.....	34	<i>griseofulvin microsize</i>	21
<i>ge100 control solution normal</i>	128	<i>griseofulvin ultramicrosize</i>	21
<i>gefitinib</i>	34	<i>guaifenesin</i>	129
<i>gemfibrozil</i>	43	<i>guaifenesin/codeine</i>	129
GEMTESA.....	90	<i>guaifenesin/dextromethorphan</i>	129
<i>generlac</i>	87	<i>guaifenesin/dextromethorphan hydrobromide</i>	129
<i>gengraf</i>	96	<i>guaifenesin er</i>	129
GENOTROPIN.....	83	<i>guanfacine</i>	65
GENOTROPIN MINIQUICK.....	83	<i>guanfacine hydrochloride</i>	48
<i>gentamicin sulfate</i>	18, 106, 114	H	
<i>gentamicin sulfate pediatric</i>	18	HADLIMA.....	94
<i>gentamicin sulfate/sodium chloride</i>	18	HADLIMA PUSHTOUCH.....	93, 94
GENTEAL SEVERE TEARS.....	128	HAEGARDA.....	93
<i>gentéal tears liquid drops moderate</i>	128	<i>hailey 1.5/30</i>	76
<i>gentéal tears mild</i>	128	<i>hailey 24 fe</i>	76
<i>gentéal tears moderate pf</i>	128	<i>hailey fe 1.5/30</i>	76
<i>gentéal tears severe day/night</i>	128	<i>hailey fe 1/20</i>	76
GENVOYA.....	23	<i>halobetasol propionate</i>	116
GILOTRIF.....	34	<i>haloette</i>	76
<i>glatiramer acetate</i>	68	<i>haloperidol</i>	57
<i>glatopa</i>	68	<i>haloperidol decanoate</i>	57
GLEOSTINE.....	30	<i>haloperidol lactate</i>	57
<i>glimepiride</i>	71	HAVRIX.....	97
<i>glipizide</i>	72	<i>heather</i>	76
<i>glipizide er</i>	71, 72	<i>hemorrhoidal ointment</i>	129
<i>glipizide/metformin hydrochloride</i>	72	<i>heparin sodium</i>	92
<i>glucocard 01 control solution/normal</i>	128	HEPARIN SODIUM.....	92
<i>glucocard x-meter controlsolution/normal</i>	128	HEPARIN SODIUM/D5W.....	91
<i>glucocom normal control</i>	129	HEPARIN SODIUM/DEXTROSE.....	91
<i>glucose control normal</i>	129	HEPARIN SODIUM/NACL 0.45%.....	92
GLUCOSE (DEXTROSE) 50%.....	104	HEPARIN SODIUM/SODIUM CHLORIDE.....	92
GLUCOSE (DEXTROSE) 70%.....	104	HEPLISAV-B.....	97
<i>glucose gel</i>	129		

Drug Name	Page #	Drug Name	Page #
HERNEXEOS.....	34	<i>imipramine hydrochloride</i>	53
HIBERIX	97	<i>imiquimod</i>	117
<i>histex</i>	129	IMIQUIMOD PUMP	117
HUMIRA.....	94	IMKELDI.....	34
HUMULIN R U-500 (CONCENTRATED)	70	IMOVAX RABIES (H.D.C.V.).....	97
HUMULIN R U-500 KWIKPEN	70	IMPAVIDO	18
<i>hydralazine hydrochloride</i>	48	INBRIJA	55
<i>hydrocerin</i>	129	<i>incassia</i>	76
<i>hydrochlorothiazide</i>	47	INCRELEX.....	83
<i>hydrocodone</i>	16	INCRUSE ELLIPTA.....	109
<i>hydrocodone/acetaminophen</i>	16	<i>indapamide</i>	47
<i>hydrocodone bitartrate/acetaminophen</i>	16	INFANRIX.....	97
<i>hydrocodone bitartrate er</i>	15	<i>infinity control solution normal</i>	130
<i>hydrocodone/ibuprofen</i>	17	<i>infinity voice level 2</i>	130
<i>hydrocortisone</i>	82, 87, 116, 129	INLURIYO	31
HYDROCORTISONE	129	INLYTA.....	34
<i>hydrocortisone/acetic acid</i>	109	INQOVI	30
<i>hydrocortisone/aloe</i>	130	INREBIC.....	35
<i>hydrocortisone perianal</i>	117	INSTA-GLUCOSE GEL.....	130
<i>hydrocortisone sodium succinate</i>	82	INSULIN ASPART	70
<i>hydrocortisone valerate</i>	116	INSULIN ASPART FLEXPEN.....	70
<i>hydrolatum</i>	130	INSULIN ASPART PENFILL	70
<i>hydromorphone hcl</i>	17	INTELENCE.....	22
HYDROMORPHONE HYDROCHLORIDE	17	<i>introvale</i>	76
<i>hydroxychloroquine sulfate</i>	95	INVEGA HAFYERA.....	57
<i>hydroxyurea</i>	32	INVEGA SUSTENNA.....	57
<i>hydroxyzine hcl</i>	110	INVEGA TRINZA	57
<i>hydroxyzine hydrochloride</i>	110	IPOL INACTIVATED IPV	97
<i>hydroxyzine pamoate</i>	110	<i>ipratropium bromide</i>	109, 110
HYRNUO	34	<i>ipratropium bromide/albuterol sulfate</i>	109
I		<i>irbesartan</i>	42
<i>ibandronate sodium</i>	74	<i>irbesartan/hydrochlorothiazide</i>	41
IBRANCE	34	<i>iron</i>	130
IBTROZI.....	34	IRON.....	130
<i>ibu</i>	15	<i>iron 100 plus</i>	130
<i>ibuprofen</i>	15, 130	IRON CHEWS PEDIATRIC	130
<i>ibuprofen infants</i>	130	ISENTRESS.....	22
<i>ibuprofen junior strength</i>	130	ISENTRESS HD	22
<i>icatibant acetate</i>	93	<i>isibloom</i>	76
<i>iclevia</i>	76	ISOLYTE-P/DEXTROSE 5%	99
ICLUSIG.....	34	ISOLYTE-S.....	99
IDHIFA	34	ISOLYTE-S PH 7.4.....	99
<i>imatinib mesylate</i>	34	<i>isoniazid</i>	24
IMBRUVICA.....	34	<i>isopropyl alcohol wipes</i>	130
<i>imipenem/cilastatin</i>	18	<i>isosorbide dinitrate</i>	49
<i>imipramine hcl</i>	53	<i>isosorbide dinitrate/hydralazine hydrochloride</i>	48
		<i>isosorbide mononitrate er</i>	49

Drug Name	Page #	Drug Name	Page #
<i>isotonic gentamicin</i>	18	<i>kariva</i>	77
<i>isotretinoin</i>	114	KCL 0.3%/D5W/NAACL 0.9%	99
<i>isradipine</i>	46	KCL 0.3%/D5W/NAACL 0.45%	99
ITOVEBI.....	35	KCL 0.15%/D5W/NAACL 0.2%	99
<i>itraconazole</i>	21	KCL 0.15%/D5W/NAACL 0.9%	99
<i>ivabradine hydrochloride</i>	48	KCL 0.15%/D5W/NAACL 0.45%	99
<i>ivermectin</i>	18, 19, 130	KCL 0.075%/D5W/NAACL 0.45%	99
IVIZIA SEVERE/NIGHT DRY EYES.....	130	KEIMPTA	68
IWILFIN	32	<i>kelnor 1/35</i>	77
IXIARO.....	97	KERENDIA	41
J		<i>kerodex 71 wet</i>	130
<i>jaimiess</i>	76	<i>ketoconazole</i>	21, 114
JAKAFI.....	35	<i>ketodan</i>	114
<i>jantoven</i>	92	KETONE TEST STRIPS	130
JANUMET	72	<i>ketorolac tromethamine</i>	15, 107
JANUMET XR	72	KETOSTIX STRIP	130
JANUVIA	72	<i>ketotifen fumarate</i>	130
JARDIANCE	72	KINERET.....	94
<i>jasmiel</i>	77	KINRIX.....	97
<i>javygtor</i>	83	<i>kionex</i>	74
JAYPIRCA.....	35	KISQALI.....	35
<i>jencycla</i>	77	KISQALI FEMARA 400 DOSE.....	35
JENTADUETO	72	KISQALI FEMARA 600 DOSE.....	35
JENTADUETO XR.....	72	<i>klayesta</i>	114
<i>jinteli</i>	81	<i>klor-con</i>	101
JOLESSA.....	77	<i>klor-con 8</i>	100
<i>juleber</i>	77	<i>klor-con 10</i>	100
JULUCA	23	<i>klor-con/ef</i>	100
<i>junel 1.5/30</i>	77	<i>klor-con m10</i>	100
<i>junel 1/20</i>	77	<i>klor-con m15</i>	100
<i>junel fe 1.5/30</i>	77	<i>klor-con m20</i>	100
<i>junel fe 1/20</i>	77	KLOXXADO.....	69
<i>junel fe 24</i>	77	KOMZIFTI	35
<i>just right 5000</i>	118	KONSYL DAILY FIBER	130
<i>just tears eye drops</i>	130	KOSELUGO	35
JYLAMVO	95	<i>kourzeq</i>	118
JYNNEOS.....	97	<i>kp omega-3 fish oil</i>	130
K		KRAZATI	35
<i>kaitlib fe</i>	77	<i>kristalose</i>	88
<i>kala</i>	130	<i>kurvelo</i>	77
KALETRA.....	23	L	
<i>kalliga</i>	77	<i>labetalol hydrochloride</i>	45
KALYDECO	111	<i>lacosamide</i>	61
<i>kaopectate</i>	130	<i>lactated ringers</i>	99
<i>kaopectate extra strength</i>	130	<i>lactobacillus</i>	130
		LACTOSE MONOHYDRATE.....	130

Drug Name	Page #	Drug Name	Page #
<i>lactulose</i>	88	<i>levocetirizine dihydrochloride</i>	110, 130
<i>lamivudine</i>	22, 25	<i>levofloxacin</i>	28, 106
<i>lamivudine/zidovudine</i>	23	<i>levofloxacin in d5w</i>	28
<i>lamotrigine</i>	61	<i>levonest</i>	77
<i>lamotrigine er</i>	61	<i>levonorgestrel</i>	130
<i>lamotrigine odt</i>	61	<i>levonorgestrel and ethinyl estradiol</i>	77
<i>lamotrigine starter kit/blue</i>	61	<i>levonorgestrel/ethinyl estradiol</i>	77
<i>lamotrigine starter kit/green</i>	61	<i>levora 0.15/30-28</i>	77
<i>lamotrigine starter kit/orange</i>	61	<i>levo-t</i>	84
<i>lansoprazole</i>	89, 130	LEVOTHYROCINE	84, 85
LANTUS	70	<i>levothyroxine sodium</i>	85
LANTUS SOLOSTAR	70	LEVOTHYROXINE SODIUM	84
<i>lapatinib ditosylate</i>	35	<i>levoxyl</i>	85
<i>larin 1.5/30</i>	77	<i>l-glutamine</i>	93
<i>larin 1/20</i>	77	<i>liberty glucose control normal</i>	131
<i>larin 24 fe</i>	77	LIBERVANT	62
<i>larin fe 1.5/30</i>	77	<i>lice killing shampoo</i>	131
<i>larin fe 1/20</i>	77	<i>lice treatment</i>	131
<i>latanoprost</i>	108	<i>lidocaine</i>	14, 117, 131
<i>laxative maximum strength</i>	130	<i>lidocaine hcl</i>	43
LAZCLUZE	35	LIDOCAINE HCL	43
<i>leftunomide</i>	95	LIDOCAINE HCL IN D5W	43
<i>lenalidomide</i>	31	<i>lidocaine hydrochloride</i>	14, 131
LENTOCILIN	29	<i>lidocaine hydrochloride viscous</i>	118
LENVIMA 4 MG DAILY DOSE	35	<i>lidocaine/prilocaine</i>	116
LENVIMA 8 MG DAILY DOSE	36	<i>lidocaine viscous</i>	118
LENVIMA 10 MG DAILY DOSE	35	<i>lidocan</i>	117
LENVIMA 12MG DAILY DOSE	35	LILETTA INTRAUTERINE DEVICE	77
LENVIMA 14 MG DAILY DOSE	35	<i>linezolid</i>	19
LENVIMA 18 MG DAILY DOSE	35	LINEZOLID	19
LENVIMA 20 MG DAILY DOSE	35	LINZESS	88
LENVIMA 24 MG DAILY DOSE	35	<i>liomny</i>	85
<i>lessina</i>	77	<i>liothyronine sodium</i>	85
<i>letrozole</i>	31	<i>lisdexamfetamine dimesylate</i>	65
<i>leucovorin calcium</i>	32	<i>lisinopril</i>	40
LEUKERAN	30	<i>lisinopril/hydrochlorothiazide</i>	40
<i>leuprolide acetate</i>	31	<i>lithium</i>	67
<i>levalbuterol</i>	111	<i>lithium carbonate</i>	67
<i>levalbuterol hcl</i>	111	<i>lithium carbonate er</i>	67
<i>levalbuterol hydrochloride</i>	111	LIVTENCITY	25
LEVALBUTEROL TARTRATE HFA	111	<i>loestrin 1.5/30-21</i>	77
<i>levetiracetam</i>	62	<i>loestrin 1/20-21</i>	77
LEVETIRACETAM	62	<i>loestrin fe 1.5/30</i>	77
<i>levetiracetam er</i>	61	<i>loestrin fe 1/20</i>	77
LEVETIRACETAM/SODIUM CHLORIDE	62	LOHIST-DM SYRUP	131
<i>levobunolol hcl</i>	108	<i>lojaimiess</i>	78
<i>levocarnitine</i>	83	LOKELMA	74

Drug Name	Page #	Drug Name	Page #
<i>lomustine</i>	30	<i>magnesium sulfate</i>	99
LONSURF	30	MAGNESIUM SULFATE	99
<i>loperamide hydrochloride</i>	88, 131	<i>malathion</i>	118
LOPERAMIDE HYDROCHLORIDE	131	<i>maraviroc</i>	22
<i>lopinavir/ritonavir</i>	24	<i>marlissa</i>	78
<i>loratadine</i>	131	MARPLAN	53
<i>loratadine childrens</i>	131	MATULANE	32
<i>loratadine-d 12hr</i>	131	<i>matzim la</i>	46
<i>loratadine-d 24hr</i>	131	MAVYRET	25
<i>lorazepam</i>	50	M-CLEAR WC	131
<i>lorazepam intensol</i>	50	<i>meclizine</i>	86
LORBRENA	36	<i>meclizine hcl</i>	86
<i>loryna</i>	78	<i>meclizine hydrochloride</i>	86, 131
<i>losartan potassium</i>	42	<i>medi-paste ointment</i>	131
<i>losartan potassium/hydrochlorothiazide</i>	41	<i>medroxyprogesterone acetate</i>	78, 84
LOTEMAX	107	<i>mefloquine hydrochloride</i>	21
LOTEMAX SM	107	<i>megestrol acetate</i>	31, 84
<i>loteprednol etabonate</i>	107	MEKINIST	36
<i>lovastatin</i>	43	MEKTOVI	36
<i>low-ogestrel</i>	78	<i>melatonin</i>	131
<i>loxapine</i>	57	<i>meleya</i>	78
<i>lo-zumandimine</i>	77	<i>meloxicam</i>	15
<i>lubiprostone</i>	88	<i>memantine hcl titration pak</i>	51
<i>lubricant eye</i>	131	<i>memantine hydrochloride</i>	51
<i>lubricant eye drops</i>	131	<i>memantine hydrochloride er</i>	51
<i>lubricant eye drops/dual-action</i>	131	MENQUADFI	97
<i>lubricating eye drops</i>	131	MENVEO	97
<i>luizza 1.5/30</i>	78	<i>mercaptopurine</i>	30
<i>luizza 1/20</i>	78	<i>meropenem</i>	19
LUMAKRAS	36	<i>mesalamine</i>	87
LUMIGAN	108	<i>mesalamine dr</i>	87
LUPRON DEPOT	31	<i>mesna</i>	32
LUPRON DEPOT-PED	83	<i>metformin hydrochloride</i>	72
<i>lurasidone hydrochloride</i>	58	<i>metformin hydrochloride er</i>	72
<i>lutra</i>	78	<i>methadone hcl</i>	15
<i>lyleq</i>	78	<i>methadone hydrochloride</i>	15, 16
<i>lyllana</i>	81	<i>methazolamide</i>	47
LYNPARZA	36	<i>methenamine hippurate</i>	19
LYSODREN	31	<i>methenamine mandelate</i>	19
LYTGOBI	36	<i>methergine</i>	83
<i>lyza</i>	78	<i>methimazole</i>	85
M		<i>methotrexate</i>	30
<i>maalox childrens</i>	131	<i>methotrexate sodium</i>	30, 95
<i>magnesium</i>	131	<i>methoxsalen</i>	115
<i>magnesium citrate</i>	131	<i>methscopolamine bromide</i>	87
<i>magnesium oxide</i>	131	<i>methsuximide</i>	62
		<i>methylergonovine maleate</i>	83

Drug Name	Page #	Drug Name	Page #
<i>methylphenidate hydrochloride</i>	65, 66	<i>misoprostol</i>	88
<i>methylphenidate hydrochloride er</i>	65	M-M-R II.....	97
METHYLPHENIDATE HYDROCHLORIDE ER.....	65	M-NATAL PLUS.....	101
<i>methylprednisolone</i>	82	<i>modafinil</i>	68
<i>methylprednisolone acetate</i>	82	MODEYSO.....	32
<i>methylprednisolone dose pack</i>	82	<i>moexipril hydrochloride</i>	40
<i>methylprednisolone sodium succinate</i>	82	<i>moisturizing cream</i>	132
<i>methyltestosterone</i>	69	<i>moisturizing lotion</i>	132
<i>metoclopramide hcl</i>	86	<i>molindone hydrochloride</i>	58
<i>metoclopramide hydrochloride</i>	86	<i>mometasone furoate</i>	112, 116
<i>metoclopramide odt</i>	86	<i>mondoxyne nl</i>	30
<i>metolazone</i>	47	<i>mono-lynyah</i>	78
<i>metoprolol/hydrochlorothiazide</i>	44	<i>montelukast sodium</i>	111
<i>metoprolol succinate er</i>	45	<i>morphine</i>	17
<i>metoprolol tartrate</i>	45	<i>morphine sulfate</i>	17
<i>metronidazole</i>	19, 117	MORPHINE SULFATE.....	17
<i>metronidazole vaginal</i>	91	<i>morphine sulfate er</i>	16
<i>metyrosine</i>	48	MORPHINE SULFATE/SODIUM CHLORIDE.....	16
<i>mibelas 24 fe</i>	78	MOUNJARO.....	73
<i>micafungin</i>	21	MOVANTIK.....	88, 89
<i>miconazole</i>	132	<i>moxifloxacin hydrochloride</i>	28, 106
<i>miconazole 1 kit</i>	132	<i>moxifloxacin hydrochloride/sodium hydrochloride</i>	28
<i>miconazole 3</i>	91, 132	MRESVIA.....	97
<i>miconazole 3 combination pack kit</i>	132	<i>mucinex fast-max congestion & headache maximum strength</i>	132
<i>miconazole 3 combo pack</i>	132	<i>mucinex sinus-max severe congestion & pain maximum strength</i>	132
MICONAZOLE 7.....	132	<i>mucus dm</i>	132
<i>miconazole nitrate</i>	132	MULTAQ.....	43
<i>microgestin 1.5/30</i>	78	MULTI COMPLETE.....	132
<i>microgestin 1/20</i>	78	<i>multiple electrolytes injection type 1</i>	99
<i>microgestin fe 1.5/30</i>	78	MULTIPLE VITAMINS/IRON.....	132
<i>microgestin fe 1/20</i>	78	MULTI-VITAMIN.....	133
<i>midodrine hydrochloride</i>	48	MULTIVITAMIN CHILDRENS.....	133
MIEBO.....	108	<i>multi vitamin/fluoride</i>	101
<i>mifepristone</i>	83	<i>multivitamin/fluoride</i>	101
<i>miglitol</i>	72	<i>multi-vitamin/fluoride/iron</i>	101
<i>mili</i>	78	MULTI-VITAMIN/FLUORIDE/IRON.....	133
<i>milk of magnesia</i>	132	MULTIVITAMIN PLUS IRON CHILDRENS.....	133
<i>mimvey</i>	81	<i>multivitamins</i>	133
<i>mineral oil</i>	132	MULTI-VITAMINS/IRON.....	134
MINERAL OIL HEAVY.....	132	MULTIVITAMIN W/IRON/INFANT/TODDLER.....	133
MINERAL OIL LIGHT.....	132	<i>mupirocin</i>	114
<i>minerin crème</i>	132	<i>mycamine</i>	21
<i>minocycline hcl</i>	29	<i>mycophenolate mofetil</i>	96
<i>minocycline hydrochloride</i>	29, 30	<i>mycophenolic acid dr</i>	96
<i>minoxidil</i>	48	MYRBETRIQ.....	90
<i>mirtazapine</i>	53		
<i>mirtazapine odt</i>	53		

Drug Name	Page #	Drug Name	Page #
N		NICOTROL NS	69
<i>nabumetone</i>	15	<i>nifedipine er</i>	46
<i>nadolol</i>	45	<i>nikki</i>	78
<i>nafcillin sodium</i>	29	<i>nilotinib</i>	36
<i>naloxone hcl</i>	69	NILOTINIB	36
<i>naloxone hydrochloride</i>	69, 134	<i>nilutamide</i>	31
NAMZARIC	51	NINLARO	36
<i>naproxen</i>	15	<i>nisoldipine er</i>	46
<i>naproxen dr</i>	15	<i>nitazoxanide</i>	19
<i>naproxen sodium</i>	15, 134	<i>nitisinone</i>	83
<i>naratriptan</i>	66	NITRO-BID	49
<i>nasal mist</i>	134	<i>nitrofurantoin macrocrystals</i>	19
<i>nateglinide</i>	73	<i>nitrofurantoin monohydrate/macrocrystals</i>	19
<i>natrapel</i>	134	<i>nitroglycerin</i>	49, 117
<i>natural fiber</i>	134	NITROGLYCERIN	49
NAYZILAM	62	<i>nitroglycerin transdermal patch</i>	49
<i>nebivolol hydrochloride</i>	45	<i>nitroglycerin translingual</i>	49
<i>necon 0.5/35-28</i>	78	NIVA-PLUS	101
<i>nefazodone hydrochloride</i>	53	<i>nizatidine</i>	87
<i>neomycin/polymyxin/bacitracin</i>	106	NORA-BE	78
<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	105	<i>norelgestromin/ethinyl estradiol</i>	78
<i>neomycin/polymyxin/dexamethasone</i>	105	<i>norethindrone</i>	78
<i>neomycin/polymyxin/gramicidin</i>	106	<i>norethindrone acetate</i>	84
<i>neomycin/polymyxin/hc</i>	109	<i>norethindrone acetate/ethinyl estradiol</i>	78, 81
<i>neomycin/polymyxin/hydrocortisone</i>	105, 109	<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate</i>	78
<i>neomycin sulfate</i>	19	<i>norethindrone/ethinyl estradiol/ferrous fumarate</i>	78
NEONATAL PLUS	101	<i>norgestimate/ethinyl estradiol</i>	78
<i>neo-polycin</i>	106	NORITATE	117
<i>neo-polycin hc</i>	105	<i>norlyroc</i>	78
NERLYNX	36	NORPACE CR	43
NEUDEXTA	67	<i>nortrel 0.5/35 (28)</i>	79
<i>nevirapine</i>	22	<i>nortrel 1/35</i>	79
<i>nevirapine er</i>	22	<i>nortrel 7/7/7</i>	79
NEXLETOL	44	<i>nortriptyline hcl</i>	53
NEXLIZET	44	<i>nortriptyline hydrochloride</i>	53
NEXPLANON	78	NORVIR	22
<i>niacin</i>	44, 134	NOVOLIN 70/30	70
<i>niacin er</i>	44	NOVOLIN 70/30 FLEXPEN	70
<i>niacin timed release</i>	134	NOVOLIN N	71
<i>niacin tr</i>	134	NOVOLIN N FLEXPEN	70
NIACIN TR	134	NOVOLIN R	71
<i>niacro</i>	44	NOVOLIN R FLEXPEN	71
<i>nicardipine hcl</i>	46	NOVOLOG	71
<i>nicotine</i>	134	NOVOLOG FLEXPEN	71
<i>nicotine polacrilex</i>	134	NOVOLOG FLEXPEN RELION	71
NICOTINE TRANSDERMAL SYSTEM KIT	134	NOVOLOG MIX 70/30	71
<i>nicotine transdermal system patch</i>	134		

Drug Name	Page #	Drug Name	Page #
NOVOLOG MIX 70/30 FLEXPEN	71	<i>ondansetron hcl</i>	86
NOVOLOG PENFILL	71	<i>ondansetron hydrochloride</i>	86
NOVOLOG RELION	71	<i>ondansetron odt</i>	86
NUBEQA	31	ONETOUCH ULTRA CONTROL	135
NULOJIX	96	ONETOUCH VERIO LEVEL 4 CONTROL	135
NUPLAZID	58	ONUREG	30
NURTEC	66	OPILL	135
NUTRILIPID	104	OPIPZA	58
NUZYRA	30	OPSUMIT	49
<i>nyamyc</i>	114	OPTIONS GYNOL II VAGINAL	
<i>nylia 1/35</i>	79	CONTRACEPTIVE	135
<i>nylia 7/7/7</i>	79	<i>oralone dental paste</i>	118
<i>nystatin</i>	21, 114, 118	ORAL SUSPEND	135
<i>nystop</i>	115	ORGOVYX	31
O		ORKAMBI	111
OCTAGAM	95	<i>orquidea</i>	79
<i>octreotide acetate</i>	83	ORSERDU	31
ODEFSEY	24	<i>orsythia</i>	79
ODMZO	36	<i>oseltamivir phosphate</i>	25
OFEV	111	OSPOMYV	74
<i>off active</i>	134	<i>oxacillin sodium</i>	29
<i>off deep woods dry</i>	134	<i>oxaprozin</i>	15
<i>off deep woods sportsmen</i>	134	<i>oxazepam</i>	50
<i>off familycare clean feel</i>	134	<i>oxcarbazepine</i>	62
<i>off smooth & dry</i>	134	<i>oxybutynin chloride</i>	90
<i>ofloxacin</i>	106, 109	<i>oxybutynin chloride er</i>	90
OGSIVEO	36	<i>oxycodone/acetaminophen</i>	17
OJEMDA	36	<i>oxycodone hcl</i>	17
OJJAARA	37	<i>oxycodone hydrochloride</i>	17
<i>olanzapine</i>	58	<i>oxymetazoline hydrochloride</i>	135
<i>olanzapine odt</i>	58	OYSTER SHELL CALCIUM/D	135
OLIVE OIL	134	OZEMPIC	73
<i>olmesartan medoxomil</i>	42	P	
<i>olmesartan medoxomil/amlodipine/</i>		<i>pacerone</i>	43
<i>hydrochlorothiazide</i>	42	<i>paladin</i>	135
<i>olmesartan medoxomil/hydrochlorothiazide</i>	42	<i>paliperidone er</i>	58
<i>olopatadine hcl</i>	110	<i>pamidronate disodium</i>	74
<i>olopatadine hydrochloride</i>	134	PAMIDRONATE DISODIUM	74
<i>omega 3</i>	134	PANRETIN	117
<i>omega-3</i>	134	<i>pantoprazole sodium</i>	89
<i>omega-3-acid ethyl esters</i>	44	<i>paricalcitol</i>	85
<i>omega-3 fish oil</i>	134	<i>paroxetine hcl</i>	53
<i>omeprazole</i>	89, 135	<i>paroxetine hcl er</i>	53
<i>omeprazole dr</i>	89, 134	<i>paroxetine hydrochloride</i>	53
<i>omeprazole magnesium</i>	134	<i>pataday extra strength</i>	135
ONCASPAR	32	PAXLOVID	25

Drug Name	Page #	Drug Name	Page #
PAZOPANIB.....	37	<i>pimtrea</i>	79
<i>pazopanib hydrochloride</i>	37	<i>pindolol</i>	45
PCCA SORBITOL LOLLIPOP BASE FLAKES.....	135	<i>pink bismuth</i>	135
PEDIA-LAX	135	<i>pink bismuth maximum strength</i>	135
PEDIARIX.....	97	<i>pinworm</i>	135
PEDVAX HIB.....	97	<i>pinxav</i>	135
<i>peg-3350/electrolytes</i>	88	<i>pioglitazone hcl</i>	73
<i>peg-3350/nacl/na bicarbonate/kcl</i>	88	<i>pioglitazone hcl-glimepiride</i>	73
PEGASYS.....	25	<i>pioglitazone hcl/metformin hcl</i>	73
PEMAZYRE	37	<i>pioglitazone hydrochloride</i>	73
PENBRAYA.....	97	<i>piperacillin sodium/tazobactam sodium</i>	29
<i>penicillamine</i>	74	PIQRAY 200MG DAILY DOSE	37
<i>penicillin g potassium</i>	29	PIQRAY 250MG DAILY DOSE	37
PENICILLIN G POTASSIUM IN ISO-OSMOTIC		PIQRAY 300MG.....	37
DEXTROSE	29	<i>pirfenidone</i>	112
<i>penicillin g sodium</i>	29	<i>piroxicam</i>	15
<i>penicillin v potassium</i>	29	PLENVU.....	88
PENMENVY	97	PNV PRENATAL PLUS MULTIVITAMIN.....	101
PENTACEL.....	97	<i>podofilox</i>	117
<i>pentamidine isethionate</i>	19	<i>polycin ointment</i>	106
<i>pentoxifylline er</i>	93	<i>polyethylene glycol 3350</i>	135
<i>perampanel</i>	62	<i>polymyxin b sulfate/trimethoprim sulfate</i>	106
<i>perindopril erbumine</i>	40	<i>polysaccharide-iron</i>	135
<i>periogard</i>	118	<i>polyvinyl alcohol</i>	135
<i>permethrin</i>	118	POLY-VI-SOL.....	135
<i>perphenazine</i>	58	POMALYST	31
<i>perphenazine/amitriptyline</i>	53	<i>portia-28</i>	79
PETROLATUM OINTMENT	135	<i>posaconazole</i>	21
<i>phenazopyridine hydrochloride</i>	135	<i>posaconazole dr</i>	21
PHENAZOPYRIDINE HYDROCHLORIDE.....	135	<i>potassium chloride</i>	100, 102
<i>phenelzine sulfate</i>	53	POTASSIUM CHLORIDE	100
<i>phenobarbital</i>	62	POTASSIUM CHLORIDE/DEXTROSE.....	100
<i>phenobarbital sodium</i>	62	POTASSIUM CHLORIDE/DEXTROSE/SODIUM	
<i>phenytek</i>	62	CHLORIDE.....	100
<i>phenytoin</i>	62	<i>potassium chloride er</i>	101
<i>phenytoin sodium</i>	62	<i>potassium chloride/sodium chloride</i>	100
<i>phenytoin sodium extended</i>	62	POTASSIUM CHLORIDE/SODIUM CHLORIDE... 100	
<i>philith</i>	79	<i>potassium citrate er</i>	90
PHOSPHOLINE IODIDE	108	<i>pramipexole dihydrochloride</i>	55
PHOSPHOROUS.....	135	<i>pramoxine hcl</i>	136
PHOSPHO-TRIN K500.....	135	<i>prasugrel hydrochloride</i>	93
<i>phytonadione</i>	135	<i>pravastatin sodium</i>	43
PIFELTRO	22	<i>praziquantel</i>	19
<i>pilocarpine hcl</i>	108	<i>prazosin hydrochloride</i>	41
<i>pilocarpine hydrochloride</i>	108, 118	<i>prednisolone</i>	82
<i>pimecrolimus</i>	117	<i>prednisolone acetate</i>	107
<i>pimozide</i>	58	<i>prednisolone sodium phosphate</i>	82

Drug Name	Page #	Drug Name	Page #
PREDNISOLONE SODIUM PHOSPHATE.....	107	<i>proctozone-hc</i>	117
<i>prednisone</i>	82	<i>prodigy control solution low</i>	137
PREDNISONONE INTENSOL.....	82	<i>progesterone</i>	84
<i>prednisone tablet therapy pack</i>	82	PROGRAF.....	96
<i>pregabalin</i>	62, 63	PROLASTIN-C.....	112
<i>pregabalin er</i>	67	<i>promethazine hcl</i>	86
PREGABLIN.....	62	<i>promethazine hydrochloride</i>	86
PREMARIN.....	81	<i>promethegan</i>	86
PREMASOL.....	104	<i>propafenone hcl</i>	43
PREMPRO.....	81	<i>propafenone hydrochloride</i>	43
PRENATABS FA.....	136	<i>propafenone hydrochloride er</i>	43
PRENATABS RX.....	136	<i>propracaaine hcl</i>	108
PRENATAL.....	102, 136	<i>propranolol hcl</i>	45
PRENATAL 19.....	136	<i>propranolol hydrochloride</i>	45
PRENATAL PLUS VITAMIN AND MINERAL.....	102	<i>propranolol hydrochloride er</i>	45
PRENATAL-U.....	136	<i>propylthiouracil</i>	85
<i>prestige glucose control</i>	136	PROQUAD.....	97
PRETOMANID.....	24	<i>protriptyline hcl</i>	53
<i>prevalite</i>	44	<i>provella</i>	137
PREVIDENT 5000 ENAMEL PROTECT.....	118	<i>pseudoephedrine hydrochloride</i>	137
PREVYMIS.....	25	<i>pseudoephedrine hydrochloride er maximum strength</i>	137
PREZCOBIX.....	24	<i>psyllium fiber</i>	137
PREZISTA.....	22	PULMOZYME.....	112
PRIFTIN.....	24	PURIXAN.....	30
<i>primadophilus bifidus delayed release</i>	136	PYCHIVA.....	94
<i>primadophilus kids</i>	136	<i>pyrazinamide</i>	24
<i>primaquine phosphate</i>	21	<i>pyridostigmine bromide</i>	67
<i>primidone</i>	63	<i>pyridostigmine bromide er</i>	67
PRIORIX.....	97	<i>pyrimethamine</i>	19
PRIVIGEN.....	95	PYZCHIVA.....	94
<i>probenecid</i>	14		
<i>probenecid/colchicine</i>	14	Q	
<i>probiotic</i>	136, 137	<i>qc pink bismuth</i>	137
<i>probiotic + immune</i>	136	<i>qc psyllium fiber</i>	137
<i>probiotic acidophilus</i>	136	QINLOCK.....	37
<i>probiotic chocolate bears childrens</i>	136	QUADRACEL.....	97
<i>probiotic digestive support extra strength</i>	136	<i>quetiapine fumarate</i>	58
<i>probiotic formula</i>	136	<i>quetiapine fumarate er</i>	58
<i>probiotic gummies</i>	136	<i>quinapril hydrochloride</i>	40
<i>probiotic multi-enzyme</i>	137	<i>quinapril/hydrochlorothiazide</i>	40
<i>prochlorperazine</i>	86	<i>quinidine sulfate</i>	43
<i>prochlorperazine edisylate</i>	86	<i>quinine sulfate</i>	21
<i>prochlorperazine maleate</i>	86	QULIPTA.....	66
PROCRIT.....	92		
<i>proctocort</i>	117	R	
<i>procto-med hc</i>	117	RABAVERT.....	97
<i>proctosol hc</i>	117	<i>rabeprazole sodium</i>	89

Drug Name	Page #	Drug Name	Page #
RALDESY	53	RINGERS INJECTION	100
<i>raloxifene hydrochloride</i>	83	RINVOQ	94
<i>ramipril</i>	41	RINVOQ LQ	94
<i>ranger ready repellent</i>	137	<i>risa-bid probiotic</i>	137
<i>ranolazine er</i>	48	<i>risedronate sodium</i>	74
<i>ra probiotic gummies</i>	137	<i>risedronate sodium dr</i>	74
<i>rasagiline mesylate</i>	55	<i>risperidone</i>	59
RASPBERRY SYRUP	137	<i>risperidone er</i>	58
<i>reclipsen</i>	79	<i>risperidone odt</i>	58, 59
RECOMBIVAX HB	97	<i>ritonavir</i>	22
<i>redness reliever eye drops</i>	137	<i>rivaroxaban</i>	92
REFRESH	137	<i>rivastigmine tartrate</i>	51
REFRESH DIGITAL	137	<i>rivastigmine transdermal</i>	51
<i>refresh optive</i>	137	<i>rizatriptan benzoate</i>	66
REFRESH OPTIVE	137	<i>rizatriptan benzoate odt</i>	66
REFRESH OPTIVE ADVANCED	137	ROCKLATAN	108
REFRESH OPTIVE PRESERVATIVE FREE	137	<i>roflumilast</i>	112
<i>refresh relieva</i>	137	<i>romidepsin</i>	37
REFRESH RELIEVA PF	137	ROMVIMZA	37
REFRESH RELIEVA PF XTRA	137	<i>ropinirole er</i>	55
REFRESH TEARS PF	137	<i>ropinirole hcl</i>	55
RELENZA DISKHALER	25	<i>ropinirole hydrochloride</i>	55
<i>repaglinide</i>	73	<i>rosuvastatin calcium</i>	43
REPATHA PUSHTRONEX	44	<i>rosyrah</i>	79
REPATHA SURECLICK	44	ROTARIX	97
REPATHAT	44	ROTATEQ	97
<i>repe family</i>	137	<i>roweepra</i>	63
<i>repele sportsmen dry</i>	137	ROZLYTREK	37
<i>repele sportsmen max</i>	137	ROZYL TREK	37
RESTASIS	108	RUBRACA	37
RESTASIS MULTIDOSE	108	<i>rufinamide</i>	63
RETEVMO	37	RUKOBIA	22
REVCIVI	83	RYBELSUS	73
REVUFORJ	37	RYDAPT	37
REXTOVY	69	S	
REXULTI	58	<i>saccharomyces boulardii</i>	137
REYATAZ	22	<i>saccharomycin df</i>	138
REZDIFFRA	84	<i>sacubitril/valsartan</i>	42
REZLIDHIA	37	<i>sajazir</i>	93
REZUROCK	96	<i>saline nasal gel</i>	138
RHOPRESSA	108	<i>saline nasal spray infants/childrens</i>	138
<i>ribavirin</i>	25	SANTYL	118
<i>rifabutin</i>	24	<i>sapropterin dihydrochloride</i>	84
<i>rifampin</i>	24	<i>sawyer insect repellent</i>	138
<i>rightest gc300 normal control</i>	137	<i>sawyer premium insect repellent</i>	138
<i>riluzole</i>	67	<i>scalpicin</i>	138
<i>rimantadine</i>	25		

Drug Name	Page #	Drug Name	Page #
SCSEMBLIX	37	<i>sodium chloride 0.9%</i>	118
<i>scopolamine patch</i>	86	<i>sodium chloride 0.45%</i>	100
SECUADO	59	<i>sodium fluoride</i>	102
<i>selegiline hcl</i>	55	SODIUM FLUORIDE	138
<i>selenium sulfide</i>	115	<i>sodium fluoride 5000 ppm</i>	119
SELZENTRY	22	<i>sodium fluoride 5000 ppm dry mouth</i>	118
<i>seni care body cream</i>	138	SODIUM FLUORIDE 5000 PPM SENSITIVE	118
<i>senna</i>	138	SODIUM FLUORIDE/POTASSIUM NITRATE/ SENSITIVE	119
<i>senna smooth</i>	138	SODIUM OXYBATE	68
<i>sennosides/docusate sodium</i>	138	<i>sodium phenylbutyrate</i>	84
<i>sensi-care moisturizing cream</i>	138	<i>sodium polystyrene sulfonate</i>	74
SEREVENT DISKUS	111	SODIUM SULFATE/POTASSIUM SULFATE/ MAGNESIUM SULFATE	88
<i>sertraline hcl</i>	53, 54	<i>solifenacin succinate</i>	90
<i>sertraline hydrochloride</i>	54	SOLQUA 100/33	71
SESAME OIL	138	SOLTAMOX	31
<i>setlakin</i>	79	SOLU-CORTEF	82
<i>sf 118</i>		<i>solus v2 control low</i>	138
<i>sharobel</i>	79	SOMATULINE DEPOT	84
SHINGRIX	97	SOMAVERT	84
SIGNIFOR	84	<i>soothe hydration</i>	138
SIKLOS	93	<i>soothe xp</i>	138
<i>sildenafil</i>	49	<i>soothe xp/xtra protection</i>	138
<i>sildenafil citrate</i>	49	<i>sorafenib tosylate</i>	37
<i>silodosin</i>	90	<i>sorbiton hydrate</i>	138
<i>silver sulfadiazine</i>	114	SORBITOL	139
SIMBRINZA	108	<i>sotalol hcl</i>	43
<i>simethicone</i>	138	<i>sotalol hydrochloride</i>	43
<i>simliya</i>	79	<i>sotalol hydrochloride (af)</i>	43
<i>simpesse</i>	79	SOTYKTU	94
SIMPLE SYRUP	138	SPIRIVA RESPIMAT	110
<i>simvastatin</i>	44	<i>spironolactone</i>	41
<i>sirolimus</i>	96	<i>spironolactone/hydrochlorothiazide</i>	47
SIRTURO	24	<i>sprintec 28</i>	79
SIVEXTRO	19	SPRITAM	63
SKYRIZI	94	<i>sps combination</i>	74
SKYRIZI PEN	94	<i>sronyx</i>	79
<i>sleep aid</i>	138	SSD	114
<i>sleep-aid</i>	138	<i>stablegi</i>	139
<i>smarty pants kids probiotic complete</i>	138	STELARA	94
SM FOAMING ANTACID	138	<i>sterile water for irrigation</i>	139
<i>sm probiotic</i>	138	<i>sterile water for irrigation solution</i>	118
SM SLOW RELEASE IRON	138	STEVIA	139
<i>sodium bicarbonate</i>	100, 138	STEVIOL	139
SODIUM BICARBONATE	100	STEVIOSIDE	139
<i>sodium bicarbonate powder</i>	138	STIVARGA	37
<i>sodium chloride</i>	100, 138		
SODIUM CHLORIDE	100		

Drug Name	Page #	Drug Name	Page #
<i>streptomycin sulfate</i>	19	TAFINLAR	38
STRIBILD	24	TAGRISSO	38
<i>stye solution</i>	139	<i>tai doc control solution</i>	139
<i>subvenite</i>	63	TALZENNA	38
SUBVENITE	63	<i>tamoxifen citrate</i>	31
<i>subvenite starter kit/blue</i>	63	<i>tamsulosin hydrochloride</i>	90
<i>subvenite starter kit/green</i>	63	<i>tarina 24 fe</i>	79
<i>subvenite starter kit/orange</i>	63	<i>tarina fe 1/20 eq</i>	79
<i>sucrafate</i>	89	<i>tasimelteon</i>	66
<i>sulfacetamide sodium</i>	106, 114	TAVNEOS	93
<i>sulfacetamide sodium/prednisolone sodium</i>		<i>tazarotene</i>	115
<i>phosphate</i>	105	<i>tazicef</i>	27
<i>sulfadiazine</i>	19	TAZVERIK	38
<i>sulfamethoxazole/trimethoprim</i>	19	TECVAYLI	38
<i>sulfamethoxazole/trimethoprim ds</i>	19	TEFLARO	27
SULFAMYLON	114	<i>telmisartan</i>	42
<i>sulfasalazine</i>	87	<i>telmisartan/amlodipine</i>	42
<i>sulindac</i>	15	<i>telmisartan/hydrochlorothiazide</i>	42
<i>sumatriptan</i>	66	<i>temazepam</i>	66
<i>sumatriptan succinate</i>	66	TENIVAC	98
<i>sumatriptan succinate refill</i>	66	<i>tenofir disoprixil fumarate</i>	22
<i>sunitinib</i>	38	TEPMETKO	38
SUNLENCA	22	<i>terazosin</i>	41
SUNLENCA TABLET THERAPY PACK	22	<i>terazosin hydrochloride</i>	41
SUPREP BOWEL PREP	88	<i>terbinafine hcl</i>	21
SUSPENSION VEHICLE SUSPENSION	139	<i>terbinafine hydrochloride</i>	139
SUTAB	88	<i>terbutaline sulfate</i>	111
<i>sween moisturizing body cream</i>	139	<i>terconazole</i>	91
<i>syeda</i>	79	<i>teriflunomide</i>	68
SYMLINPEN 60	73	<i>teriparatide</i>	74
SYMLINPEN 120	73	<i>testosterone</i>	69
SYMPAZAN	63	<i>testosterone cypionate</i>	69
SYMTUZA	24	<i>testosterone enanthate</i>	69
SYNAREL	84	<i>testosterone pump</i>	69
SYNTHROID	85	<i>tetrabenazine</i>	67
SYRSPEND SF	139	<i>tetracycline hydrochloride</i>	30
SYRUP VEHICLE	139	THALOMID	32
SYRUP VEHICLE SF	139	<i>theophylline</i>	112
<i>systeme complete</i>	139	<i>theophylline er</i>	112
<i>systeme contacts soothing drops</i>	139	<i>thera-gesic plus</i>	139
SYSTANE GEL	139	<i>thioridazine hydrochloride</i>	59
T		<i>thiothixene</i>	59
TABLOID	30	<i>tiadylt er</i>	46
TABRECTA	38	<i>tiagabine hydrochloride</i>	63
<i>tacrolimus</i>	96, 118	TIBSOSVO	38
<i>tadalafil</i>	49, 90	<i>ticagrelor</i>	93
		TICOVAC	98

Drug Name	Page #	Drug Name	Page #
<i>tigecycline</i>	30	<i>triamcinolone acetonide dental paste</i>	119
<i>tilia fe</i>	79	TRIAMINIC FEVER REDUCER PAIN RELIEVER	
<i>timolol maleate</i>	45, 108	INFANTS.....	139
<i>tinidazole</i>	19	<i>triamterene/hydrochlorothiazide</i>	48
TIVICAY.....	22	<i>triazolam</i>	66
TIVICAY PD	22	<i>tri-buffered aspirin</i>	139
<i>tizanidine hcl</i>	68	<i>tridacaine</i>	117
<i>tizanidine hydrochloride</i>	68	<i>tridacaine ii</i>	117
TOBI PODHALER.....	19	<i>trientine hydrochloride</i>	74
TOBRADEX.....	106	<i>tri-estarylla</i>	79
TOBRADEX ST	106	<i>trifluoperazine hcl</i>	59
<i>tobramycin</i>	20, 106	<i>trifluoperazine hydrochloride</i>	59
<i>tobramycin/dexamethasone</i>	106	<i>trifluridine</i>	106
<i>tobramycin sulfate</i>	20	<i>trihexyphenidyl hcl</i>	55
TODAY SPONGE.....	139	<i>trihexyphenidyl hydrochloride</i>	55
<i>tolnaftate</i>	139	TRIJARDY XR.....	73
<i>tolterodine tartrate</i>	90	TRIKAFTA TABLET THERAPY PACK.....	112
<i>tolterodine tartrate er</i>	90	TRIKAFTA THERAPY PACK.....	112
<i>tolvaptan</i>	84	<i>tri-legest fe</i>	79
<i>topiramate</i>	63	<i>tri-linyah</i>	79
<i>topiramate er</i>	63	<i>tri-lo-estarylla</i>	79
<i>toremifene citrate</i>	31	<i>tri-lo-marzia</i>	79
<i>torpenz</i>	38	<i>tri-lo-mili</i>	79
<i>toremide</i>	48	<i>tri-lo-sprintec</i>	80
TOUJEO MAX SOLOSTAR.....	71	<i>trimethobenzamide hydrochloride</i>	86
TOUJEO SOLOSTART	71	<i>trimethoprim</i>	20
TPN ELECTROLYTES	100	<i>tri-mili</i>	80
TRADJENTA.....	73	<i>trimipramine maleate</i>	54
<i>tramadol</i>	16	TRINATE.....	139
<i>tramadol hydrochloride</i>	17	TRINTELLIX	54
<i>tramadol hydrochloride/acetaminophen</i>	17	<i>triple antibiotic plus pain reliever maximum strength</i> 139	
<i>tramadol hydrochloride er</i>	16	<i>triple probiotic</i>	140
<i>trandolapril</i>	41	<i>triprolidine hci</i>	140
<i>trandolapril/verapamil hcl er</i>	40	<i>triprolidine hydrochloride</i>	140
<i>tranexamic acid</i>	93	<i>tri-sprintec</i>	80
<i>tranexamic acid/sodium chloride</i>	93	TRIUMEQ	24
<i>tranlycypromine sulfate</i>	54	TRIUMEQ PD	24
TRAVASOL	105	TRI-VI-SOL A/C/D	140
<i>travoprost</i>	108	<i>tri-vite/fluoride</i>	102
<i>trazodone hydrochloride</i>	54	TRI-VITE/FLUORIDE.....	140
TRECTOR.....	24	<i>tri-vylibra</i>	80
TRELEGY ELLIPTA.....	109	<i>tri-vylibra lo</i>	80
TREMFYA.....	94	TROGARZO.....	22
TREMFYA INDUCTION PACK FOR CROHNS		<i>trospium chloride</i>	90
DISEASE/ULCERATIVE COLITIS.....	94	<i>trospium chloride er</i>	90
<i>tretinoin</i>	32, 114	<i>trubiotics digestive + immune health</i>	140
<i>triamcinolone acetonide</i>	82, 116, 139	<i>trubiotics kids</i>	140

Drug Name	Page #	Drug Name	Page #
<i>truetrack glucose controllow</i>	140	<i>valsartan/hydrochlorothiazide</i>	42
TRULICITY.....	73	VALTOCO 5 MG DOSE	64
TRUMENBA.....	98	VALTOCO 10 MG DOSE	64
TRUQAP.....	38	VALTOCO 15 MG DOSE	64
TRUQAP TABLET THERAPY PACK	38	VALTOCO 20 MG DOSE	64
TRUSTEX LUBRICATED/SPERMICIDE.....	140	<i>valtya 1/35</i>	80
TRUSTEX NON-LUBRICATED.....	140	<i>valtya 1/50</i>	80
TRUXIMA.....	38	<i>vancomycin</i>	20
TUKYSA.....	38	<i>vancomycin hcl</i>	20
TURALIO.....	38	VANCOMYCIN HCL.....	20
<i>turqoz</i>	80	<i>vancomycin hydrochloride</i>	20
TUSNEL C.....	140	VANCOMYCIN HYDROCHLORIDE	20
<i>tussin cough</i>	140	VANFLYTA	38
<i>tussin cough long-acting</i>	140	VAQTA.....	98
<i>tussin dm max</i>	140	<i>varenicline starting month</i>	69
TWINRIX	98	<i>varenicline tartrate</i>	69
TYBOST	23	VARIVAX	98
<i>tydemy</i>	80	VASCEPA	44
TYENNE.....	94	<i>vaseline constant care cream</i>	141
TYPHIM VI.....	98	VAXCHORA.....	98
TYVASO.....	49	VCF VAGINAL CONTRACEPTIVE FILM.....	141
TYZAVAN	20	VCF VAGINAL CONTRACEPTIVE GEL.....	141
U		<i>velivet</i>	80
UBRELVY	67	VELSIPITY	95
<i>ultrathon insect repellent 8</i>	140	VENCLEXTA	38
<i>unistrip control solutionlow</i>	140	VENCLEXTA STARTING PACK.....	38
<i>unithroid</i>	85	VENLAFAXINE BESYLATE ER.....	54
<i>up4 probiotics</i>	140	<i>venlafaxine hydrochloride</i>	54
<i>up4 probiotics kids cubes</i>	140	<i>venlafaxine hydrochloride er</i>	54
UPTRAVI.....	49, 50	VEOZAH	84
UPTRAVI TITRATION PACK.....	49	<i>verapamil hcl</i>	47
UREA.....	140	<i>verapamil hcl er</i>	46, 47
<i>urinary pain relief</i>	140	<i>verapamil hcl sr</i>	47
<i>uristat ultra/cranberry</i>	140	VERAPAMIL HCL SR.....	47
<i>ursodiol</i>	89	<i>verapamil hydrochloride</i>	47
USTEKINUMAB	94, 95	<i>verapamil hydrochloride er</i>	47
V		VERAPAMIL HYDROCHLORIDE SR	47
<i>vagisil</i>	140	VERQUVO	48
<i>valacyclovir hydrochloride</i>	25	VERSACLOZ	59
VALCHLOR	118	VERZENIO.....	38
<i>valganciclovir</i>	25	<i>vestura</i>	80
<i>valganciclovir hydrochloride</i>	25	<i>vicks dayquil cold & flu</i>	141
<i>valproate sodium</i>	63	<i>vienna</i>	80
<i>valproic acid</i>	63	<i>vigabatrin</i>	64
<i>valsartan</i>	42	<i>vigadrone</i>	64
		VIGAFYDE.....	64
		VIKTRAVI.....	39

Drug Name	Page #	Drug Name	Page #
<i>vilazodone hydrochloride</i>	54	XARELTO STARTER PACK.....	92
VIMKUNYA.....	98	XATMEP.....	95
<i>viorele</i>	80	XCOPRI.....	64
VIRACEPT.....	23	XCOPRI MAINTENANCE THERAPY PACK.....	64
VIREAD.....	23	XCOPRI TABLET TITRATION THERAPY PACK.....	64
VITAMIN A/C/D INFANT/TODDLER.....	141	XCOPRI TITRATION THERAPY PACK.....	64
<i>vitamin b-6</i>	141	XDEMVIY.....	107
<i>vitamin b-12</i>	141	XELJANZ.....	95
<i>vitamin c</i>	141	XELJANZ XR.....	95
<i>vitamin d</i>	141	<i>xelria fe</i>	80
<i>vitamin d-3</i>	141	XERMELO.....	89
<i>vitamin d3</i>	141	XHANCE EXHALER.....	112
<i>vitamin d3 gummies</i>	141	XIFAXAN.....	89
VITAMINS A/C/D/FLUORIDE.....	141	XIGDUO XR.....	73
VITRAKVI.....	38, 39	XIIDRA.....	108
VIVITROL.....	69	XOLAIR.....	112
VIVOTIF.....	98	XOSPATA.....	39
VIZIMPRO.....	39	XPOVIO.....	39
<i>volnea</i>	80	XPOVIO 60 MG TWICE WEEKLY.....	39
VONJO.....	39	XPOVIO 80 MG TWICE WEEKLY.....	39
VOQUEZNA DUAL PAK.....	89	XPOVIO TABLET THERAPY PACK.....	39
VOQUEZNA TRIPLE PAK.....	89	XTANDI.....	31
VORANIGO.....	39	<i>xulane</i>	80
<i>voriconazole</i>	21	XULTOPHY.....	71
VOSEVI.....	25		
VOWST.....	89	Y	
VRAYLAR.....	59	YESINTEK.....	95
<i>vyfemla</i>	80	YF-VAX.....	98
<i>vylibra</i>	80	YONSA.....	31
VYZULTA.....	108	<i>yumvskids probiotic zero</i>	141
		<i>yumvs probiotics zero</i>	141
W		<i>yum-yum dophilus</i>	141
<i>warfarin</i>	92	<i>yum-yum dophilus probiotic</i>	141
<i>wart remover maximum strength</i>	141	<i>yuvafem</i>	81
WELIREG.....	32		
<i>wera</i>	80	Z	
WESTAB PLUS.....	102	<i>zafemy</i>	80
WINREVAIR.....	50	<i>zafirlukast</i>	111
<i>wixela inhub</i>	113	<i>zaleplon</i>	66
<i>wymzya fe</i>	80	ZARXIO.....	92
WYOST.....	74	ZEGALOGUE.....	82
		ZEJULA.....	39
X		ZELBORAF.....	39
XALKORI.....	39	<i>zelvysia</i>	84
XANTHAN GUM.....	141	<i>zenatane</i>	114
<i>xarah fe</i>	80	<i>zenzedi</i>	66
XARELTO.....	92	ZERVIAE.....	107

Drug Name	Page #
<i>zidovudine</i>	23
<i>zinc oxide</i>	141
<i>ziprasidone hcl</i>	59
<i>ziprasidone mesylate</i>	59
ZIRABEV	39
ZIRGAN	107
<i>zoledronic acid</i>	74
ZOLEDRONIC ACID	74
ZOLINZA	39
<i>zolpidem tartrate</i>	66
ZONISADE.....	64
<i>zonisamide</i>	64
<i>zovia 1/35</i>	80
ZTALMY	64
<i>zumandimine</i>	80
ZURZUVAE	54
ZYDELIG	40
ZYKADIA.....	40
ZYLET	106
ZYPREXA RELPREVV	59

Notice of Availability (NOA)

TTY: 711

To access language services at no cost to you, call the number on this document. (English)

እርስዎ ወጪ ሳያወጡ የቋንቋ አገልግሎቶችን ለመድረስ በዚህ ሰነድ ላይ ወዳለዉ ቁጥር ይደውሉ። (Amharic)

(Arabic) للحصول على خدمات اللغة مجاناً، اتصل بالرقم المذكور في هذه الوثيقة.

如欲使用免費語言服務，請致電本文件上的電話號碼。(Chinese)

Tajaajila afaanii bilisaan argachuuf, lakkoofsa dookumentii kanarra jiru irratti bilbilaa. (Cushite)

Pour accéder gratuitement aux services linguistiques, appelez le numéro indiqué sur ce document. (French)

Pou jwenn sèvis lang san ou pa peye anyen, rele nimewo ki sou dokiman sa a. (French Creole)

Um kostenlos auf Sprachdienste zuzugreifen, rufen Sie die Nummer in diesem Dokument an. (German)

Inā ake 'oe e ili mai no ke kōkua manuahi me ka unuhi, e kelepona 'oe i ka helu ma kēia palapala. (Hawaiian)

Kom tau txais cov kev pab cuam txhais lus yam tsis sau nqi ntawm koj, thov hu rau tus xov tooj ntawm daim ntawv no. (Hmong)

Per accedere gratuitamente ai servizi linguistici, chiama il numero riportato in questo documento. (Italian)

無料の言語サービスをご利用いただくには、この書類に記載されている番号にお電話ください。(Japanese)

လၢကမၤန့ၢ် ကျိၣ်တၢ်မၤစၢၤတၢ်မၤ လၢတလိၣ်လၢၣ်ဘျီၣ်လၢၣ်စ့ၤ လၢန့ၢ်အၢၢ်, ကိးနီၣ်ဂီၢ် လၢအအိၣ်ဖဲလံာ်တီလံာ်မိအံၤအဖီခိၣ်န့ၣ်တက့ၢ်. (Karen)

무료로 언어 서비스를 이용하려면 이 문서에 있는 전화번호로 전화하세요.
(Korean)

ເພື່ອເຂົ້າເຖິງການບໍລິການພາສາໂດຍບໍ່ເສຍຄ່າໃຊ້ຈ່າຍໃດໆ, ໃຫ້ໂທຫາເບີໂທໃນເອກະສານນີ້.
(Laotian)

ដើម្បីទទួលបានសេវាផ្នែកភាសាដោយមិនគិតថ្លៃពីអ្នកសូមទូរសព្ទទៅលេខដែលមាននៅលើឯកសារនេះ។ (Mon-Khmer, Cambodian)

(Persian) برای دسترسی به خدمات زبانی رایگان، با شماره مندرج در این سند تماس بگیرید.

Aby uzyskać bezpłatny dostęp do usług językowych, zadzwoń pod numer podany w tym dokumencie. (Polish)

Ligue para o número indicado neste documento para receber assistência linguística gratuita. (Portuguese)

Чтобы получить бесплатные языковые услуги, позвоните по номеру телефона, указанному в этом документе. (Russian)

Para acceder a servicios de idiomas sin costo alguno, llame al número que aparece en este documento. (Spanish)

Upang ma-access ang mga serbisyo sa wika nang wala kang babayaran, tawagan ang numero sa dokumentong ito. (Tagalog)

Để truy cập dịch vụ ngôn ngữ miễn phí, hãy gọi đến số điện thoại ghi trên tài liệu này. (Vietnamese)

Y0001_Y0130_H6399_2025_V3

NOA-Medicare-1557-1

This *Drug List* was updated on 04/01/2026. 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.T., 7 days a week, or visit [AetnaMedicare.com/NJDSNP-drug-formulary](https://www.aetna.com/NJDSNP-drug-formulary)

Contract/PBP: H6399-001



[AetnaMedicare.com/NJDSNP-drug-formulary](https://www.aetna.com/NJDSNP-drug-formulary)