

# Aetna Medicare HIDE (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 10**

This *Drug List* was updated on 03/01/2026. For more recent information or other questions, contact us at **1-855-676-5772** and TTY users: **711**, 8 a.m. to 8 p.m., E.T., 7 days a week or visit **[AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)**

## 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 HIDE (HMO D-SNP). The *Drug List* also tells you if there are any special rules or restrictions on any drugs covered by our plan. Key terms and their definitions appear in the last chapter of the *Member Handbook*.

## Table of Contents

A. Disclaimers.....	3
B. Frequently Asked Questions (FAQ).....	6
B1. What 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? .....	9
B6. What happens if Aetna Medicare HIDE (HMO D-SNP) changes their rules about how they cover some drugs (for example, prior authorization, quantity limits, and/or step therapy restrictions)?.....	9
B7. How can I find a drug on the <i>Drug List</i> ?.....	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 HIDE (HMO D-SNP) member and can’t find my drug on the <i>Drug List</i> or have a problem getting my drug?.....	10
B10. Can I ask for an exception to cover my drug?.....	10
B11. How can I ask for an exception? .....	11
B12. How long does it take to get an exception? .....	11
B13. What are generic drugs?.....	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 HIDE (HMO D-SNP) cover non-drug OTC products? .....	12

---

**If you have questions**, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (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/MICHDSNP](https://www.aetna.com/MICHDSNP)**



B17. Does Aetna Medicare HIDE (HMO D-SNP) cover long-term supplies of prescriptions? .....	12
B18. Can I get prescriptions delivered to my home from my local pharmacy?.....	12
B19. What is my copay? .....	12
C. Overview of the <i>List of Covered Drugs</i> .....	13
C1. List of Drugs by Medical Condition.....	15
D. Index of Covered Drugs .....	221



**If you have questions**, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (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/MICHDSNP](https://www.aetna.com/MICHDSNP)**

---

## A. Disclaimers

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

- ❖ You can always check Aetna Medicare HIDE (HMO D-SNP)'s up-to-date *List of Covered Drugs* online at [AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP) or by calling Member Services at **1-855-676-5772** (TTY: **711**). 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 **1-855-676-5772** (TTY: **711**). This call is free.
  
- ❖ To make or change a standing request to get this document, now and in the future, in a language other than English or in an alternate format, contact Member Services.
  
- ❖ Aetna Medicare HIDE (HMO D-SNP) is a health plan that contracts with both Medicare and Michigan Medicaid to provide benefits of both programs to enrollees.
  
- ❖ We have free interpreter services to answer any questions that you may have about our health or drug plan. To get an interpreter just call us at **1-855-676-5772**. This is a free service.
  
- ❖ This document is available for free in Spanish and Arabic.
  
- ❖ See *Evidence of Coverage* for a complete description of plan benefits, exclusions, limitations, and conditions of coverage. Plan features and availability may vary by service area. Other Pharmacies are available in our network. The formulary and/or pharmacy network may change at any time. You will receive notice when necessary. Participating health care providers are independent contractors and are neither agents nor employees of Aetna. The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change.
  
- ❖ 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.
  
- ❖ Si habla un idioma que no sea inglés, se encuentran disponibles servicios gratuitos de asistencia de idiomas. Visite nuestro sitio web o llame al número de teléfono que figura en este documento. (Spanish)
  
- ❖ 如果您使用英文以外的語言，我們將提供免費的語言協助服務。請瀏覽我們的網站或撥打本文件中所列的電話號碼。(Traditional Chinese)
  
- ❖ Kung hindi Ingles ang wikang inyong sinasalita, may maaari kayong kuning mga libreng serbisyo ng tulong sa wika. Bisitahin ang aming website o tawagan ang numero ng telepono na nakalista sa dokumentong ito. (Tagalog)
  
- ❖ Si vous parlez une autre langue que l'anglais, des services d'assistance linguistique gratuits vous sont proposés. Visitez notre site Internet ou appelez le numéro indiqué dans ce document. (French)
  
- ❖ Nếu quý vị nói một ngôn ngữ khác với Tiếng Anh, chúng tôi có dịch vụ hỗ trợ ngôn ngữ miễn phí. Xin vào trang mạng của chúng tôi hoặc gọi số điện thoại ghi trong tài liệu này. (Vietnamese)

---

**If you have questions**, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (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/MICHDSNP](https://www.aetna.com/MICHDSNP)



- ❖ Wenn Sie eine andere Sprache als Englisch sprechen, stehen Ihnen kostenlose Sprachdienste zur Verfügung. Besuchen Sie unsere Website oder rufen Sie die Telefonnummer in diesem Dokument an. (German)
- ❖ 영어가 아닌 언어를 쓰시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 저희 웹사이트를 방문하시거나 본 문서에 기재된 전화번호로 연락해 주십시오. (Korean)
- ❖ Если вы не владеете английским и говорите на другом языке, вам могут предоставить бесплатную языковую помощь. Посетите наш веб-сайт или позвоните по номеру, указанному в данном документе. (Russian)
- ❖ 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 ስነ-ህይወት የተዘረዘረውን ስልክ ቁጥር በመጠቀም ይደውሉ። (Amharic)
- ❖ Եթե խոսում եք անգլերենից բացի մեկ այլ լեզվով, ապա Զեզ 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)



**If you have questions**, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (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/MICHDSNP](https://www.aetna.com/MICHDSNP)**



---

## 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 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 HIDE (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.”

Other drugs, such as some over-the-counter (OTC) medications and certain vitamins, may be covered by Michigan Medicaid. Please visit the Michigan Medicaid website [www.michigan.gov/mdhhs/assistance-programs/medicaid](http://www.michigan.gov/mdhhs/assistance-programs/medicaid) for more information. You can also call the Michigan Medicaid Beneficiary Help Line at **1-800-642-3195** 8:00 AM – 7:00 PM Monday through Friday (except holidays) or email [beneficiarysupport@michigan.gov](mailto:beneficiarysupport@michigan.gov). Please bring your Member ID Card when getting prescriptions through Michigan Medicaid.

- Aetna Medicare HIDE (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,
  - Aetna Medicare HIDE (HMO D-SNP) agrees that the drug is medically necessary for you, **and**
  - you fill the prescription at a Aetna Medicare HIDE (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/MICHDSNP](http://AetnaMedicare.com/MICHDSNP) or call Member Services at **1-855-676-5772** (TTY: **711**).

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

Yes, and Aetna Medicare HIDE (HMO D-SNP) must follow Medicare and Michigan 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 HIDE (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 have questions**, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (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/MICHDSNP](http://AetnaMedicare.com/MICHDSNP)

If you're 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 is not safe, **or**
- a drug is removed from the market.

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

- You can always check our plan's up-to-date *Drug List* online at [AetnaMedicare.com/MICHDSNP](https://www.aetna.com/michdsnp). Updates to the *Drug List* are posted on the website monthly.
- You can also call Member Services **1-855-676-5772** (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 appear on the same or lower cost-sharing tier 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'll 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 prescriber if a drug you are taking is removed from the *Drug List*.

---

**If you have questions**, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (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/MICHDSNP](https://www.aetna.com/michdsnp)



**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 that is not new to the market, or
- we remove an original biological product when adding a biosimilar, or
- we change the coverage rules or limits for the brand name drug.

When these changes happen, we'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.

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

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

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

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

- **Prior authorization:** For some drugs, you or your doctor or other prescriber must get authorization from Aetna Medicare HIDE (HMO D-SNP) before you fill your prescription. Prior authorization is different from a referral. Aetna Medicare HIDE (HMO D-SNP) may not cover the drug if you don't get prior authorization.
- **Quantity limits:** Sometimes Aetna Medicare HIDE (HMO D-SNP) limits the amount of a drug you can get.
- **Step therapy:** Sometimes Aetna Medicare HIDE (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'll 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 C1**. You can also get more information by visiting our website at [AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP). 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 from 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.



**If you have questions**, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (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/MICHDSNP](https://www.aetna.com/MICHDSNP)

## **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 Medical Condition has a column labeled “Necessary actions, restrictions, or limits on use.”

## **B6. What happens if Aetna Medicare HIDE (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.

## **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 medical condition.

To search **alphabetically**, look for your drug in the Index of Covered Drugs section. You can find it Section D. 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 medical condition, find **Section C1** labeled “List of Drugs by Medical Condition”. The drugs in this section are grouped into categories depending on the type of medical conditions they are used to treat. For example, if you have a heart condition, you should look in cardiovascular category. That's where you'll find drugs that treat heart conditions.

## **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 **1-855-676-5772** (TTY: **711**) and ask about it. If you learn that our plan will not cover the drug, you can do one of these things:

- Ask Member Services for a list of drugs like the one you want to take. Then show the list to your doctor or other prescriber. They can prescribe a drug on the *Drug List* that is like the one you want to take. **Or**
- Ask Aetna Medicare HIDE (HMO D-SNP) to make an exception to cover your drug. Refer to questions B10-B12 for more information about exceptions.

---

**If you have questions**, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (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/MICHDSNP](https://www.aetna.com/MICHDSNP)**



## **B9. What if I'm a new Aetna Medicare HIDE (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 HIDE (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'll 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 is not 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 HIDE (HMO D-SNP), **or**
- you're taking a drug that's part of a step therapy restriction.

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 plan member.
- This is in addition to the temporary supply during the first 90 days you're a member of Aetna Medicare HIDE (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 HIDE (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 HIDE (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.



**If you have questions**, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (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/MICHDSNP](https://www.aetna.com/MICHDSNP)**

### **B11. How can I ask for an exception?**

To ask for an exception, call Member Services. A Member Services representative will work with you and your provider to help you ask for an exception. You can also read **Chapter 9 Section F** of the *Member Handbook* 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 Member Services at **1-855-676-5772** (TTY: **711**), 8 a.m. to 8 p.m., E.T., 7 days a week or visit **AetnaMedicare.com/MICHDSNP**.

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.

### **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 HIDE (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 *Member Handbook*.

### **B15. What are OTC drugs**

OTC stands for "over-the-counter". Aetna Medicare HIDE (HMO D-SNP) covers some OTC drugs when they're written as prescriptions by your provider.

You can read the Aetna Medicare HIDE (HMO D-SNP) *Drug List* to find out what OTC drugs are covered.

---

**If you have questions**, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (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/MICHDSNP**



## **B16.Does Aetna Medicare HIDE (HMO D-SNP) cover non-drug OTC products?**

Aetna Medicare HIDE (HMO D-SNP) covers some non-drug OTC products when they're written as prescriptions by your provider.

Examples of non-drug OTC products include alcohol swabs. You can read the Aetna Medicare HIDE (HMO D-SNP) *Drug List* to find out what non-drug OTC products are covered.

## **B17.Does Aetna Medicare HIDE (HMO D-SNP) cover long-term supplies of prescriptions?**

- **Mail-Order Program.** We offer a mail-order program that allows you to get up to a 100-day supply of your drugs sent directly to your home. A 100-day supply has the same copay as a one-month supply.
- **100-Day Retail Pharmacy Programs** Some retail pharmacies may also offer up to a 100-day supply of covered drugs. A 100-day supply has the same copay as a one-month supply.

## **B18.Can I get prescriptions delivered to my home from my local pharmacy?**

Your local pharmacy may be able to deliver your prescription to your home. You can call your pharmacy to find out if they offer home delivery.

## **B19.What is my copay?**

Aetna Medicare HIDE (HMO D-SNP) members have copays for prescription as long as the member follows the plan's rules. Refer to questions B14 and B15 for more information about OTC drugs and non-drug products.

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

- Tier 1 - Preferred Generic - \$0.
- Tier 2 - Generic - \$0.
- Tier 3 - Preferred Brand - 22% OR For generic or brand drugs treated like generics: \$0, \$1.60, or \$5.10. For brand drugs: \$0, \$4.90, or \$12.65.
- Tier 4 - Non-Preferred Drug - 25% OR For generic or brand drugs treated like generics: \$0, \$1.60, or \$5.10. For brand drugs: \$0, \$4.90, or \$12.65.
- Tier 5 - Specialty - 25% OR For generic or brand drugs treated like generics: \$0, \$1.60, or \$5.10. For brand drugs: \$0, \$4.90, or \$12.65.

OTCs have a \$0 copay.

If you have questions, call Member Services at **1-855-676-5772** (TTY: **711**).



**If you have questions**, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (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/MICHDSNP**

---

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

The *List of Covered Drugs* gives you information about the drugs covered by Aetna Medicare HIDE (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 our plan.

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:

<b>QL:</b> Quantity Limits: For certain drugs, our plan limits the amount of the drug that we will cover.
<b>PA:</b> Prior Authorization: Our plan requires you or your provider to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescriptions. If you don't get approval, we may not cover the drug.
<b>ST:</b> Step Therapy: In some cases, our plan requires you to first try certain drugs to treat your medical condition, before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.
<b>LD:</b> Limited Distribution: The drug manufacturer may limit the number of pharmacies that can stock and dispense this medication.
<b>MO:</b> 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>B/D:</b> 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.
<b>EA:</b> Each
<b>ML:</b> Milliliter
<b>ACS:</b> Available at CVS Specialty Pharmacy. These drugs are for complex medical conditions and may require special handling and/or close monitoring. They are available through CVS Specialty Pharmacy Services or other specialty pharmacies in the network. You may not be able to get them at your local pharmacy.§
<b>HRM:</b> High Risk Medication. According to medical experts, these drugs may cause adverse side effects if you are 65 years of age or older. If you are taking one of these drugs, ask your doctor if there are safer options available.
<b>*</b> : Non-Part D drugs or Over-the-Counter (OTC) drugs or non-drug products. Aetna Medicare HIDE (HMO D-SNP) covers some non-Part D drugs, OTC drugs, and 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.

**Note:** The \* next to a drug means the drug isn't a "Part D drug." These drugs have different rules for appeals.

---

**If you have questions**, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (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/MICHDSNP](https://www.aetnamedicare.com/MICHDSNP)**



- An appeal is a formal way of asking us to review a decision we made about your coverage and to change it if you think we made a mistake.
- For example, we might decide that a drug that you want isn't covered or is no longer covered by Medicare or Michigan Medicaid.
- If you or your prescriber disagrees with our decision, you can appeal. If you ever have a question, call Member Services **1-855-676-5772** (TTY: **711**), 8 a.m. to 8 p.m., E.T., 7 days a week.
- You can also read **Chapter 9** of the *Member Handbook* to learn how to appeal a decision.



**If you have questions**, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (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/MICHDSNP](https://www.aetna.com/MICHDSNP)**

## C1. List of Drugs by Medical Condition

The drugs in this section are grouped into categories depending on the type of medical conditions they're used to treat. For example, if you have a heart condition, you should look in the category, cardiovascular. That's where you'll find drugs that treat heart conditions.

The first column of the table lists the name of the drug. Generic drugs are listed in lower-case italics (for example, *levothyroxine*), brand name drugs are capitalized (for example, SYNTHROID), and OTC drugs and non-drug products are listed in lower-case italics with an asterisk in the far-right column (for example, *aspirin*). The information in the "Necessary actions, restrictions, or limits on use" column tells you if by Aetna Medicare HIDE (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
<b>ANALGESICS</b>		
<b>GOUT</b>		
<i>allopurinol tablet 100mg, 300mg</i>	\$0 (Tier 1)	MO
<i>colchicine tablet 0.6mg</i>	\$0 - \$12.65 (Tier 4)	QL (120 EA per 30 days) MO
<i>febuxostat tablet 40mg, 80mg</i>	\$0 - \$12.65 (Tier 4)	ST MO
<i>probenecid/colchicine tablet 0.5mg; 500mg</i>	\$0 (Tier 2)	MO
<i>probenecid tablet 500mg</i>	\$0 - \$12.65 (Tier 4)	MO
<b>MISCELLANEOUS</b>		
<i>lidocaine hcl injection 0.5%, 1.5%, 4%</i>	\$0 - \$12.65 (Tier 4)	
<i>lidocaine hydrochloride injection 1% pf, 2%</i>	\$0 - \$12.65 (Tier 4)	
<i>lidocaine hydrochloride injection 1%</i>	\$0 - \$12.65 (Tier 4)	MO
<b>NSAIDS</b>		
<i>celecoxib capsule 400mg</i>	\$0 (Tier 2)	QL (30 EA per 30 days) MO
<i>celecoxib capsule 100mg, 200mg, 50mg</i>	\$0 (Tier 2)	QL (60 EA per 30 days) MO
<i>diclofenac potassium tablet 50mg</i>	\$0 (Tier 2)	QL (120 EA per 30 days) MO

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (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/MICHDSNP](https://www.aetna.com/MICHDSNP)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>diclofenac sodium dr tablet delayed release 25mg, 50mg, 75mg</i>	\$0 (Tier 2)	MO
<i>diclofenac sodium er tablet extended release 24 hour 100mg</i>	\$0 (Tier 2)	QL (60 EA per 30 days) MO
<i>diclofenac sodium/misoprostol tablet delayed release 50mg; 200mcg</i>	\$0 - \$12.65 (Tier 4)	QL (120 EA per 30 days) MO
<i>diclofenac sodium/misoprostol tablet delayed release 75mg; 200mcg</i>	\$0 - \$12.65 (Tier 4)	QL (90 EA per 30 days) MO
<i>diflunisal tablet 500mg</i>	\$0 (Tier 2)	QL (90 EA per 30 days) MO
<i>etodolac er tablet extended release 24 hour 600mg</i>	\$0 - \$12.65 (Tier 4)	QL (30 EA per 30 days) MO
<i>etodolac er tablet extended release 24 hour 400mg, 500mg</i>	\$0 - \$12.65 (Tier 4)	QL (60 EA per 30 days) MO
<i>etodolac capsule 300mg</i>	\$0 (Tier 2)	QL (120 EA per 30 days) MO
<i>etodolac capsule 200mg</i>	\$0 (Tier 2)	QL (90 EA per 30 days) MO
<i>etodolac tablet 500mg</i>	\$0 (Tier 2)	QL (60 EA per 30 days) MO
<i>etodolac tablet 400mg</i>	\$0 (Tier 2)	QL (90 EA per 30 days) MO
<i>fenoprofen calcium capsule 400mg</i>	\$0 - \$12.65 (Tier 4)	QL (240 EA per 30 days) MO
<i>fenoprofen calcium tablet 600mg</i>	\$0 - \$12.65 (Tier 4)	QL (150 EA per 30 days) MO
<i>flurbiprofen tablet 100mg</i>	\$0 (Tier 2)	QL (90 EA per 30 days) MO
<i>ibuprofen suspension 100mg/5ml</i>	\$0 (Tier 2)	MO
<i>ibuprofen tablet 400mg, 600mg, 800mg</i>	\$0 (Tier 1)	MO
<i>ibu tablet 400mg, 600mg, 800mg</i>	\$0 (Tier 1)	MO
<i>ketorolac tromethamine tablet 10mg</i>	\$0 (Tier 2)	QL (20 EA per 30 days) PA MO
<i>meloxicam tablet 15mg, 7.5mg</i>	\$0 (Tier 1)	MO
<i>nabumetone tablet 500mg, 750mg</i>	\$0 (Tier 2)	MO
<i>naproxen dr tablet delayed release 375mg</i>	\$0 (Tier 2)	QL (120 EA per 30 days) MO
<i>naproxen dr tablet delayed release 500mg</i>	\$0 (Tier 2)	QL (90 EA per 30 days) MO
<i>naproxen sodium tablet 275mg, 550mg</i>	\$0 (Tier 2)	MO



**If you have questions**, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (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/MICHDSNP](https://www.aetna.com/MICHDSNP)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>naproxen suspension 125mg/5ml</i>	\$0 - \$12.65 (Tier 4)	QL (1800 ML per 30 days) PA MO
<i>naproxen tablet delayed release 500mg</i>	\$0 (Tier 2)	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 2)	QL (90 EA per 30 days) MO
<i>piroxicam capsule 20mg</i>	\$0 (Tier 2)	QL (30 EA per 30 days) MO
<i>piroxicam capsule 10mg</i>	\$0 (Tier 2)	QL (60 EA per 30 days) MO
<i>sulindac tablet 150mg, 200mg</i>	\$0 (Tier 2)	QL (60 EA per 30 days) MO
<b>OPIOID ANALGESICS, LONG-ACTING</b>		
<i>buprenorphine patch weekly 10mcg/hr, 15mcg/hr, 20mcg/hr, 5mcg/hr, 7.5mcg/hr</i>	\$0 - \$12.65 (Tier 4)	QL (4 EA per 28 days) PA MO
<i>fentanyl patch 72 hour 100mcg/hr, 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr</i>	\$0 - \$12.65 (Tier 4)	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 - \$12.65 (Tier 4)	QL (30 EA per 30 days) PA MO
<i>methadone hcl solution 5mg/5ml</i>	\$0 - \$12.65 (Tier 3)	QL (450 ML per 30 days) PA MO
<i>methadone hcl tablet 10mg, 5mg</i>	\$0 - \$12.65 (Tier 3)	QL (90 EA per 30 days) PA MO
<i>methadone hydrochloride concentrate 10mg/ml</i>	\$0 - \$12.65 (Tier 3)	QL (90 ML per 30 days) PA MO
<i>methadone hydrochloride solution 10mg/5ml</i>	\$0 - \$12.65 (Tier 3)	QL (450 ML per 30 days) PA MO
<i>morphine sulfate er tablet extended release (generic MS Contin) 30mg, 60mg</i>	\$0 - \$12.65 (Tier 3)	QL (60 EA per 30 days) MO
<i>morphine sulfate er tablet extended release (generic MS Contin) 100mg</i>	\$0 - \$12.65 (Tier 3)	QL (60 EA per 30 days) PA MO

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (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/MICHDSNP](https://www.aetna.com/MICHDSNP)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>morphine sulfate er tablet extended (generic MS Contin) release 15mg</i>	\$0 - \$12.65 (Tier 3)	QL (90 EA per 30 days) MO
MORPHINE SULFATE/SODIUM CHLORIDE INJECTION 1MG/ML	\$0 - \$12.65 (Tier 4)	B/D
<i>tramadol hcl er tablet extended release 24 hour 100mg, 300mg</i>	\$0 - \$12.65 (Tier 4)	QL (30 EA per 30 days) MO; HRM
<i>tramadol hcl er tablet extended release 24 hour 200mg</i>	\$0 - \$12.65 (Tier 4)	QL (30 EA per 30 days); HRM
<i>tramadol hydrochloride er tablet extended release 24 hour 100mg, 200mg, 300mg</i>	\$0 - \$12.65 (Tier 4)	QL (30 EA per 30 days) MO; HRM
<b>OPIOID ANALGESICS, SHORT-ACTING</b>		
<i>acetaminophen/codeine phosphate tablet 300mg; 60mg</i>	\$0 (Tier 2)	QL (180 EA per 30 days) MO
<i>acetaminophen/codeine solution 120mg/5ml; 12mg/5ml</i>	\$0 (Tier 2)	QL (2700 ML per 30 days) MO
<i>acetaminophen/codeine tablet 300mg; 15mg, 300mg; 30mg, 300mg; 60mg</i>	\$0 (Tier 2)	QL (180 EA per 30 days) MO
<i>butorphanol tartrate injection 1mg/ml, 2mg/ml</i>	\$0 - \$12.65 (Tier 4)	MO
<i>butorphanol tartrate nasal solution 10mg/ml</i>	\$0 - \$12.65 (Tier 4)	QL (5 ML per 30 days) MO
CODEINE SULFATE TABLET 15MG, 30MG, 60MG	\$0 - \$12.65 (Tier 4)	QL (180 EA per 30 days) MO
<i>endocet tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 7.5mg</i>	\$0 - \$12.65 (Tier 4)	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 - \$12.65 (Tier 4)	QL (2700 ML per 30 days) MO



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at 1-855-676-5772 (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/MICHDSNP](https://www.aetna.com/MICHDSNP)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>hydrocodone bitartrate/acetaminophen tablet 300mg; 10mg, 300mg; 5mg, 300mg; 7.5mg, 325mg; 10mg, 325mg; 5mg</i>	\$0 - \$12.65 (Tier 3)	QL (180 EA per 30 days) MO
<i>hydrocodone bitartrate/acetaminophen tablet 325mg; 2.5mg</i>	\$0 - \$12.65 (Tier 3)	QL (240 EA per 30 days) MO
<i>hydrocodone/acetaminophen tablet 325mg; 7.5mg</i>	\$0 - \$12.65 (Tier 3)	QL (180 EA per 30 days) MO
<i>hydrocodone/ibuprofen tablet 10mg; 200mg, 5mg; 200mg, 7.5mg; 200mg</i>	\$0 - \$12.65 (Tier 3)	QL (150 EA per 30 days) MO
<i>hydromorphone hcl liquid 1mg/ml</i>	\$0 - \$12.65 (Tier 4)	QL (600 ML per 30 days) MO
<i>hydromorphone hcl tablet 2mg, 4mg, 8mg</i>	\$0 - \$12.65 (Tier 3)	QL (180 EA per 30 days) MO
HYDROMORPHONE HYDROCHLORIDE INJECTION 0.25MG/0.5ML	\$0 - \$12.65 (Tier 4)	B/D
MORPHINE SULFATE INJECTION 10MG/ML, 2MG/ML, 4MG/ML, 50MG/ML, 5MG/ML, 8MG/ML	\$0 - \$12.65 (Tier 4)	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 - \$12.65 (Tier 4)	B/D
<i>morphine sulfate injection 1mg/ml</i>	\$0 - \$12.65 (Tier 4)	B/D MO
<i>morphine sulfate oral solution 10mg/5ml, 20mg/5ml</i>	\$0 - \$12.65 (Tier 3)	QL (900 ML per 30 days) MO
<i>morphine sulfate oral solution 100mg/5ml</i>	\$0 - \$12.65 (Tier 4)	QL (180 ML per 30 days) MO

**If you have questions**, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (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/MICHDSNP](https://www.aetna.com/MICHDSNP)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>morphine sulfate tablet 15mg, 30mg</i>	\$0 - \$12.65 (Tier 3)	QL (180 EA per 30 days) MO
<i>oxycodone hcl capsule 5mg</i>	\$0 - \$12.65 (Tier 3)	QL (180 EA per 30 days) MO
<i>oxycodone hydrochloride capsule 5mg</i>	\$0 - \$12.65 (Tier 3)	QL (180 EA per 30 days) MO
<i>oxycodone hydrochloride concentrate 100mg/5ml</i>	\$0 - \$12.65 (Tier 4)	QL (180 ML per 30 days) MO
<i>oxycodone hydrochloride solution 5mg/5ml</i>	\$0 - \$12.65 (Tier 3)	QL (900 ML per 30 days) MO
<i>oxycodone hydrochloride tablet 30mg</i>	\$0 - \$12.65 (Tier 3)	QL (120 EA per 30 days) MO
<i>oxycodone hydrochloride tablet 10mg, 15mg, 20mg, 5mg</i>	\$0 - \$12.65 (Tier 3)	QL (180 EA per 30 days) MO
<i>oxycodone/acetaminophen tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	\$0 - \$12.65 (Tier 3)	QL (180 EA per 30 days) MO
<i>tramadol hydrochloride/acetaminophen tablet 325mg; 37.5mg</i>	\$0 (Tier 2)	QL (240 EA per 30 days) MO; HRM
<i>tramadol hydrochloride tablet 50mg</i>	\$0 (Tier 2)	QL (240 EA per 30 days) MO; HRM
<b>ANTI-INFECTIVES</b>		
<b>ANTI-INFECTIVES - MISCELLANEOUS</b>		
<i>albendazole tablet 200mg</i>	\$0 - \$12.65 (Tier 4)	MO
<i>amikacin sulfate injection 1gm/4ml, 500mg/2ml</i>	\$0 - \$12.65 (Tier 4)	MO



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (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/MICHDSNP](https://www.aetna.com/MICHDSNP)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ARIKAYCE SUSPENSION 590MG/8.4ML	\$0 - \$12.65 (Tier 5)	PA; LD
<i>atovaquone suspension 750mg/5ml</i>	\$0 - \$12.65 (Tier 4)	MO
<i>aztreonam injection 1gm, 2gm</i>	\$0 - \$12.65 (Tier 4)	MO
BLUJEP A TABLET 750MG	\$0 - \$12.65 (Tier 3)	QL (20 EA per 5 days)
CAYSTON SOLUTION RECONSTITUTED 75MG	\$0 - \$12.65 (Tier 5)	PA; ACS LD
<i>chloramphenicol sodium succinate injection 1gm</i>	\$0 - \$12.65 (Tier 4)	
<i>clindamycin hcl capsule 300mg</i>	\$0 (Tier 2)	MO
<i>clindamycin hydrochloride capsule 150mg, 75mg</i>	\$0 (Tier 2)	MO
<i>clindamycin palmitate hydrochloride solution reconstituted 75mg/5ml</i>	\$0 - \$12.65 (Tier 4)	MO
<i>clindamycin phosphate/dextrose injection 300mg/50ml; 5%, 600mg/50ml; 5%, 900mg/50ml; 5%</i>	\$0 - \$12.65 (Tier 4)	
<i>clindamycin phosphate injection 300mg/2ml, 600mg/4ml, 900mg/6ml</i>	\$0 - \$12.65 (Tier 4)	
CLINDAMYCIN/SODIUM CHLORIDE INJECTION 300MG/50ML; 0.9%, 600MG/50ML; 0.9%, 900MG/50ML; 0.9%	\$0 - \$12.65 (Tier 4)	
<i>colistimethate sodium injection 150mg</i>	\$0 - \$12.65 (Tier 4)	PA MO

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at 1-855-676-5772 (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/MICHDSNP](https://www.aetna.com/MICHDSNP)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>dapsone tablet 100mg, 25mg</i>	\$0 - \$12.65 (Tier 3)	MO
DAPTOMYCIN/SODIUM CHLORIDE INJECTION 1000MG/100ML; 0.9%, 350MG/50ML; 0.9%, 500MG/50ML; 0.9%, 700MG/100ML; 0.9%	\$0 - \$12.65 (Tier 4)	
<i>daptomycin injection 350mg, 500mg</i>	\$0 - \$12.65 (Tier 5)	
EMVERM TABLET CHEWABLE 100MG	\$0 - \$12.65 (Tier 5)	QL (24 EA per 365 days) MO
<i>ertapenem sodium injection 1gm</i>	\$0 - \$12.65 (Tier 3)	MO
<i>fosfomycin tromethamine packet 3gm</i>	\$0 - \$12.65 (Tier 4)	MO
<i>gentamicin sulfate pediatric injection 10mg/ml</i>	\$0 - \$12.65 (Tier 4)	MO
<i>gentamicin sulfate/0.9% sodium chloride injection 1.2mg/ml; 0.9%, 1mg/ml; 0.9%, 2mg/ml; 0.9%</i>	\$0 - \$12.65 (Tier 4)	
<i>gentamicin sulfate/0.9% sodium chloride injection 1.6mg/ml; 0.9%</i>	\$0 - \$12.65 (Tier 4)	MO
<i>gentamicin sulfate injection 40mg/ml</i>	\$0 - \$12.65 (Tier 4)	MO
<i>imipenem/cilastatin injection 250mg; 250mg, 500mg; 500mg</i>	\$0 - \$12.65 (Tier 3)	MO
IMPAVIDO CAPSULE 50MG	\$0 - \$12.65 (Tier 5)	QL (84 EA per 28 days) PA MO



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at 1-855-676-5772 (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/MICHDSNP](https://www.aetna.com/MICHDSNP)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>isotonic gentamicin injection 0.8mg/ml; 0.9%</i>	\$0 - \$12.65 (Tier 4)	
<i>ivermectin tablet 6mg</i>	\$0 (Tier 2)	QL (10 EA per 90 days) PA MO
<i>ivermectin tablet 3mg</i>	\$0 (Tier 2)	QL (12 EA per 90 days) PA MO
LINEZOLID INJECTION 600MG/300ML; 0.9%	\$0 - \$12.65 (Tier 4)	PA
<i>linezolid injection 600mg/300ml</i>	\$0 - \$12.65 (Tier 4)	PA
<i>linezolid suspension reconstituted 100mg/5ml</i>	\$0 - \$12.65 (Tier 5)	QL (1800 ML per 30 days) MO
<i>linezolid tablet 600mg</i>	\$0 - \$12.65 (Tier 4)	QL (56 EA per 28 days) MO
<i>meropenem injection 2gm</i>	\$0 - \$12.65 (Tier 4)	
<i>meropenem injection 1gm, 500mg</i>	\$0 - \$12.65 (Tier 4)	MO
<i>methenamine hippurate tablet 1gm</i>	\$0 - \$12.65 (Tier 4)	MO
<i>methenamine mandelate tablet 0.5gm, 1gm</i>	\$0 - \$12.65 (Tier 4)	MO
<i>metronidazole capsule 375mg</i>	\$0 (Tier 2)	MO
<i>metronidazole injection 500mg/100ml</i>	\$0 - \$12.65 (Tier 4)	
<i>metronidazole tablet 250mg, 500mg</i>	\$0 (Tier 2)	MO
<i>neomycin sulfate tablet 500mg</i>	\$0 (Tier 2)	MO

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (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/MICHDSNP](https://www.aetna.com/MICHDSNP)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>nitazoxanide tablet 500mg</i>	\$0 - \$12.65 (Tier 5)	QL (6 EA per 30 days) MO
<i>nitrofurantoin macrocrystals capsule 100mg, 50mg</i>	\$0 (Tier 2)	MO
<i>nitrofurantoin macrocrystals capsule 25mg</i>	\$0 - \$12.65 (Tier 4)	MO
<i>nitrofurantoin monohydrate/macrocrystals capsule 100mg</i>	\$0 (Tier 2)	MO
<i>pentamidine isethionate injection 300mg</i>	\$0 - \$12.65 (Tier 4)	MO
<i>pentamidine isethionate inhalation solution reconstituted 300mg</i>	\$0 - \$12.65 (Tier 4)	B/D MO
<i>praziquantel tablet 600mg</i>	\$0 - \$12.65 (Tier 4)	MO
<i>pyrimethamine tablet 25mg</i>	\$0 - \$12.65 (Tier 5)	QL (90 EA per 30 days) PA MO
SIVEXTRO INJECTION 200MG	\$0 - \$12.65 (Tier 5)	
SIVEXTRO TABLET 200MG	\$0 - \$12.65 (Tier 5)	MO
<i>streptomycin sulfate injection 1gm</i>	\$0 - \$12.65 (Tier 5)	MO
<i>sulfadiazine tablet 500mg</i>	\$0 - \$12.65 (Tier 4)	MO
<i>sulfamethoxazole/trimethoprim ds tablet 800mg; 160mg</i>	\$0 (Tier 2)	MO



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (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/MICHDSNP](https://www.aetna.com/MICHDSNP)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>sulfamethoxazole/trimethoprim injection 400mg/5ml; 80mg/5ml</i>	\$0 - \$12.65 (Tier 4)	MO
<i>sulfamethoxazole/trimethoprim suspension 200mg/5ml; 40mg/5ml</i>	\$0 (Tier 2)	MO
<i>sulfamethoxazole/trimethoprim tablet 400mg; 80mg</i>	\$0 (Tier 2)	MO
<i>tinidazole tablet 250mg, 500mg</i>	\$0 - \$12.65 (Tier 3)	MO
TOBI PODHALER CAPSULE 28MG	\$0 - \$12.65 (Tier 5)	QL (224 EA per 56 days) PA; ACS LD
<i>tobramycin sulfate injection 10mg/ml, 40mg/ml</i>	\$0 - \$12.65 (Tier 4)	
<i>tobramycin sulfate injection 1.2gm/30ml, 80mg/2ml</i>	\$0 - \$12.65 (Tier 4)	MO
<i>tobramycin sulfate injection 1.2gm</i>	\$0 - \$12.65 (Tier 5)	
<i>tobramycin nebulization solution 300mg/5ml</i>	\$0 - \$12.65 (Tier 5)	QL (280 ML per 56 days) PA; ACS LD
<i>trimethoprim tablet 100mg</i>	\$0 (Tier 2)	MO
TYZAVAN INJECTION 1000MG/200ML, 1250MG/250ML, 1500MG/300ML, 1750MG/350ML, 2000MG/400ML, 500MG/100ML, 750MG/150ML	\$0 - \$12.65 (Tier 4)	
VANCOMYCIN HCL INJECTION 0.9%; 1GM/200ML	\$0 - \$12.65 (Tier 4)	
<i>vancomycin hcl injection 100gm, 10gm</i>	\$0 - \$12.65 (Tier 4)	

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (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/MICHDSNP](https://www.aetna.com/MICHDSNP)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>vancomycin hydrochloride capsule 125mg</i>	\$0 - \$12.65 (Tier 4)	QL (120 EA per 30 days) MO
<i>vancomycin hydrochloride capsule 250mg</i>	\$0 - \$12.65 (Tier 4)	QL (240 EA per 30 days) MO
VANCOMYCIN HYDROCHLORIDE INJECTION 1000MG/200ML, 1250MG/250ML, 1500MG/300ML, 1750MG/350ML, 500MG/100ML, 750MG/150ML	\$0 - \$12.65 (Tier 4)	
<i>vancomycin hydrochloride injection 1.25gm, 1.5gm, 1.75gm, 1gm, 2gm, 500mg, 5gm, 750mg</i>	\$0 - \$12.65 (Tier 4)	
VANCOMYCIN INJECTION 0.9%; 500MG/100ML, 0.9%; 750MG/150ML, 2000MG/400ML	\$0 - \$12.65 (Tier 4)	
<b>ANTIFUNGALS</b>		
ABELCET INJECTION 5MG/ML	\$0 - \$12.65 (Tier 4)	B/D
<i>amphotericin b liposome injection 50mg</i>	\$0 - \$12.65 (Tier 5)	B/D MO
<i>amphotericin b injection 50mg</i>	\$0 - \$12.65 (Tier 4)	B/D MO
<i>casprofungin acetate injection 50mg, 70mg</i>	\$0 - \$12.65 (Tier 4)	
CRESEMBA CAPSULE 74.5MG	\$0 - \$12.65 (Tier 5)	QL (175 EA per 30 days) MO
CRESEMBA CAPSULE 186MG	\$0 - \$12.65 (Tier 5)	QL (70 EA per 30 days) MO
<i>fluconazole in sodium chloride injection 200mg/100ml; 0.9%, 400mg/200ml; 0.9%</i>	\$0 - \$12.65 (Tier 4)	



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at 1-855-676-5772 (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/MICHDSNP](https://www.aetna.com/MICHDSNP)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>fluconazole/sodium chloride injection 100mg/50ml; 0.9%</i>	\$0 - \$12.65 (Tier 4)	
<i>fluconazole suspension reconstituted 10mg/ml, 40mg/ml</i>	\$0 (Tier 2)	MO
<i>fluconazole tablet 100mg, 150mg, 200mg, 50mg</i>	\$0 (Tier 2)	MO
<i>flucytosine capsule 250mg, 500mg</i>	\$0 - \$12.65 (Tier 5)	PA MO
<i>griseofulvin microsize suspension 125mg/5ml</i>	\$0 - \$12.65 (Tier 4)	MO
<i>griseofulvin microsize tablet 500mg</i>	\$0 - \$12.65 (Tier 4)	MO
<i>griseofulvin ultramicrosize tablet 125mg, 250mg</i>	\$0 - \$12.65 (Tier 4)	MO
<i>itraconazole capsule 100mg</i>	\$0 - \$12.65 (Tier 4)	PA MO
<i>ketoconazole tablet 200mg</i>	\$0 (Tier 2)	PA MO
<i>miconazole injection 100mg, 50mg</i>	\$0 - \$12.65 (Tier 4)	
<i>MYCAMINE INJECTION 50MG</i>	\$0 - \$12.65 (Tier 4)	MO
<i>nystatin tablet 500000unit</i>	\$0 (Tier 2)	MO
<i>posaconazole dr tablet delayed release 100mg</i>	\$0 - \$12.65 (Tier 5)	QL (93 EA per 30 days) PA MO
<i>posaconazole suspension 40mg/ml</i>	\$0 - \$12.65 (Tier 5)	QL (630 ML per 30 days) PA MO
<i>terbinafine hcl tablet 250mg</i>	\$0 (Tier 2)	QL (90 EA per 365 days) MO

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (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/MICHDSNP](https://www.aetna.com/MICHDSNP)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>voriconazole injection 200mg</i>	\$0 - \$12.65 (Tier 4)	PA
<i>voriconazole suspension reconstituted 40mg/ml</i>	\$0 - \$12.65 (Tier 5)	PA MO
<i>voriconazole tablet 200mg</i>	\$0 - \$12.65 (Tier 4)	QL (120 EA per 30 days) MO
<i>voriconazole tablet 50mg</i>	\$0 - \$12.65 (Tier 4)	QL (480 EA per 30 days) MO
<b>ANTIMALARIALS</b>		
<i>atovaquone/proguanil hcl tablet 62.5mg; 25mg</i>	\$0 - \$12.65 (Tier 4)	MO
<i>atovaquone/proguanil hydrochloride tablet 250mg; 100mg</i>	\$0 - \$12.65 (Tier 4)	MO
<i>chloroquine phosphate tablet 250mg, 500mg</i> COARTEM TABLET 20MG; 120MG	\$0 (Tier 2) \$0 - \$12.65 (Tier 4)	MO MO
<i>mefloquine hydrochloride tablet 250mg</i> <i>primaquine phosphate tablet 26.3mg</i>	\$0 (Tier 2) \$0 - \$12.65 (Tier 3)	MO
<i>quinine sulfate capsule 324mg</i>	\$0 - \$12.65 (Tier 4)	PA MO
<b>ANTIRETROVIRAL AGENTS</b>		
<i>abacavir solution 20mg/ml</i>	\$0 - \$12.65 (Tier 4)	MO
<i>abacavir tablet 300mg</i>	\$0 - \$12.65 (Tier 4)	MO



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at 1-855-676-5772 (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/MICHDSNP](https://www.aetna.com/MICHDSNP)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
APTIVUS CAPSULE 250MG	\$0 - \$12.65 (Tier 5)	MO
<i>atazanavir sulfate capsule 300mg</i>	\$0 - \$12.65 (Tier 4)	MO
<i>atazanavir capsule 150mg, 200mg</i>	\$0 - \$12.65 (Tier 4)	MO
<i>darunavir tablet 600mg</i>	\$0 - \$12.65 (Tier 4)	QL (60 EA per 30 days) MO
<i>darunavir tablet 800mg</i>	\$0 - \$12.65 (Tier 5)	QL (30 EA per 30 days) MO
EDURANT PED TABLET SOLUBLE 2.5MG	\$0 - \$12.65 (Tier 5)	MO
EDURANT TABLET 25MG	\$0 - \$12.65 (Tier 5)	MO
<i>efavirenz tablet 600mg</i>	\$0 - \$12.65 (Tier 4)	MO
<i>emtricitabine capsule 200mg</i>	\$0 - \$12.65 (Tier 4)	MO
EMTRIVA SOLUTION 10MG/ML	\$0 - \$12.65 (Tier 4)	MO
<i>etravirine tablet 100mg, 200mg</i>	\$0 - \$12.65 (Tier 5)	MO
<i>fosamprenavir calcium tablet 700mg</i>	\$0 - \$12.65 (Tier 5)	MO

**If you have questions**, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (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/MICHDSNP](https://www.aetna.com/MICHDSNP)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
FUZEON INJECTION 90MG	\$0 - \$12.65 (Tier 5)	MO; LD
INTELENCE TABLET 25MG	\$0 - \$12.65 (Tier 4)	
ISENTRESS HD TABLET 600MG	\$0 - \$12.65 (Tier 5)	MO
ISENTRESS PACKET 100MG	\$0 - \$12.65 (Tier 5)	MO
ISENTRESS TABLET CHEWABLE 25MG	\$0 - \$12.65 (Tier 4)	MO
ISENTRESS TABLET CHEWABLE 100MG	\$0 - \$12.65 (Tier 5)	MO
ISENTRESS TABLET 400MG	\$0 - \$12.65 (Tier 5)	MO
<i>lamivudine solution 10mg/ml</i>	\$0 - \$12.65 (Tier 3)	MO
<i>lamivudine tablet 150mg, 300mg</i>	\$0 - \$12.65 (Tier 3)	MO
<i>maraviroc tablet 150mg, 300mg</i>	\$0 - \$12.65 (Tier 5)	MO
<i>nevirapine er tablet extended release 24 hour 400mg</i>	\$0 - \$12.65 (Tier 4)	MO
<i>nevirapine suspension 50mg/5ml</i>	\$0 - \$12.65 (Tier 4)	MO
<i>nevirapine tablet 200mg</i>	\$0 (Tier 2)	MO



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at 1-855-676-5772 (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/MICHDSNP](https://www.aetna.com/MICHDSNP)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
NORVIR PACKET 100MG	\$0 - \$12.65 (Tier 4)	MO
PIFELTRO TABLET 100MG	\$0 - \$12.65 (Tier 5)	MO
PREZISTA SUSPENSION 100MG/ML	\$0 - \$12.65 (Tier 5)	QL (400 ML per 30 days) MO
PREZISTA TABLET 150MG	\$0 - \$12.65 (Tier 4)	QL (240 EA per 30 days) MO
PREZISTA TABLET 75MG	\$0 - \$12.65 (Tier 4)	QL (480 EA per 30 days) MO
REYATAZ PACKET 50MG	\$0 - \$12.65 (Tier 4)	MO
<i>ritonavir tablet 100mg</i>	\$0 - \$12.65 (Tier 3)	MO
RUKOBIA TABLET EXTENDED RELEASE 12 HOUR 600MG	\$0 - \$12.65 (Tier 5)	MO
SELZENTRY SOLUTION 20MG/ML	\$0 - \$12.65 (Tier 5)	MO
SUNLENCA INJECTION 463.5MG/1.5ML	\$0 - \$12.65 (Tier 5)	QL (3 ML per 180 days) MO; LD
SUNLENCA TABLET THERAPY PACK 300MG	\$0 - \$12.65 (Tier 5)	MO; LD
SUNLENCA TABLET 300MG	\$0 - \$12.65 (Tier 5)	MO; LD

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (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/MICHDSNP](https://www.aetna.com/MICHDSNP)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>tenofovir disoproxil fumarate tablet 300mg</i>	\$0 - \$12.65 (Tier 4)	MO
TIVICAY PD TABLET SOLUBLE 5MG	\$0 - \$12.65 (Tier 5)	MO
TIVICAY TABLET 50MG	\$0 - \$12.65 (Tier 5)	MO
TROGARZO INJECTION 200MG/1.33ML	\$0 - \$12.65 (Tier 5)	MO; LD
TYBOST TABLET 150MG	\$0 - \$12.65 (Tier 3)	MO
VIRACEPT TABLET 250MG, 625MG	\$0 - \$12.65 (Tier 5)	MO
VIREAD POWDER 40MG/GM	\$0 - \$12.65 (Tier 5)	MO
VIREAD TABLET 150MG, 200MG, 250MG	\$0 - \$12.65 (Tier 5)	MO
<i>zidovudine capsule 100mg</i>	\$0 (Tier 2)	MO
<i>zidovudine syrup 50mg/5ml</i>	\$0 (Tier 2)	MO
<i>zidovudine tablet 300mg</i>	\$0 - \$12.65 (Tier 3)	MO
<b>ANTIRETROVIRAL COMBINATION AGENTS</b>		
<i>abacavir sulfate/lamivudine tablet 600mg; 300mg</i>	\$0 - \$12.65 (Tier 4)	MO
BIKTARVY TABLET 30MG; 120MG; 15MG, 50MG; 200MG; 25MG	\$0 - \$12.65 (Tier 5)	MO



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at 1-855-676-5772 (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/MICHDSNP](https://www.aetna.com/MICHDSNP)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
CIMDUO TABLET 300MG; 300MG	\$0 - \$12.65 (Tier 5)	MO
DELSTRIGO TABLET 100MG; 300MG; 300MG	\$0 - \$12.65 (Tier 5)	MO
DESCOVY TABLET 120MG; 15MG, 200MG; 25MG	\$0 - \$12.65 (Tier 5)	MO
DOVATO TABLET 50MG; 300MG	\$0 - \$12.65 (Tier 5)	MO
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate tablet 600mg; 200mg; 300mg</i>	\$0 - \$12.65 (Tier 5)	MO
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate tablet 400mg; 300mg; 300mg, 600mg; 300mg; 300mg</i>	\$0 - \$12.65 (Tier 5)	MO
<i>emtricitabine/rilpivirine/tenofovir disoproxil fumarate tablet 200mg; 25mg; 300mg</i>	\$0 - \$12.65 (Tier 5)	MO
<i>emtricitabine/tenofovir disoproxil fumarate tablet 200mg; 300mg</i>	\$0 - \$12.65 (Tier 4)	QL (30 EA per 30 days) MO
<i>emtricitabine/tenofovir disoproxil fumarate tablet 100mg; 150mg, 133mg; 200mg</i>	\$0 - \$12.65 (Tier 5)	QL (30 EA per 30 days) MO
<i>emtricitabine/tenofovir disoproxil tablet 167mg; 250mg</i>	\$0 - \$12.65 (Tier 4)	QL (30 EA per 30 days) MO
EVOTAZ TABLET 300MG; 150MG	\$0 - \$12.65 (Tier 5)	MO
GENVOYA TABLET 150MG; 150MG; 200MG; 10MG	\$0 - \$12.65 (Tier 5)	MO

**If you have questions**, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (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/MICHDSNP](https://www.aetna.com/MICHDSNP)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
JULUCA TABLET 50MG; 25MG	\$0 - \$12.65 (Tier 5)	MO
KALETRA SOLUTION 400MG/5ML; 100MG/5ML	\$0 - \$12.65 (Tier 4)	MO
<i>lamivudine/zidovudine tablet 150mg; 300mg</i>	\$0 - \$12.65 (Tier 4)	MO
<i>lopinavir/ritonavir tablet 100mg; 25mg, 200mg; 50mg</i>	\$0 - \$12.65 (Tier 4)	MO
ODEFSEY TABLET 200MG; 25MG; 25MG	\$0 - \$12.65 (Tier 5)	MO
PREZCOBIX TABLET 150MG; 675MG, 150MG; 800MG	\$0 - \$12.65 (Tier 5)	MO
STRIBILD TABLET 150MG; 150MG; 200MG; 300MG	\$0 - \$12.65 (Tier 5)	MO
SYMTUZA TABLET 150MG; 800MG; 200MG; 10MG	\$0 - \$12.65 (Tier 5)	MO
TRIUMEQ PD TABLET SOLUBLE 60MG; 5MG; 30MG	\$0 - \$12.65 (Tier 4)	MO
TRIUMEQ TABLET 600MG; 50MG; 300MG	\$0 - \$12.65 (Tier 5)	MO
<b>ANTITUBERCULAR AGENTS</b>		
<i>cycloserine capsule 250mg</i>	\$0 - \$12.65 (Tier 5)	MO
<i>ethambutol hydrochloride tablet 100mg, 400mg</i>	\$0 - \$12.65 (Tier 4)	MO



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at 1-855-676-5772 (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/MICHDSNP](https://www.aetna.com/MICHDSNP)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>isoniazid injection 100mg/ml</i>	\$0 - \$12.65 (Tier 4)	
<i>isoniazid syrup 50mg/5ml</i>	\$0 - \$12.65 (Tier 4)	MO
<i>isoniazid tablet 100mg, 300mg</i> PRETOMANID TABLET 200MG	\$0 (Tier 1) \$0 - \$12.65 (Tier 4)	MO QL (30 EA per 30 days) PA MO
PRIFTIN TABLET 150MG	\$0 - \$12.65 (Tier 4)	MO
<i>pyrazinamide tablet 500mg</i>	\$0 - \$12.65 (Tier 4)	MO
<i>rifabutin capsule 150mg</i>	\$0 - \$12.65 (Tier 4)	MO
<i>rifampin capsule 150mg, 300mg</i>	\$0 - \$12.65 (Tier 3)	MO
<i>rifampin injection 600mg</i>	\$0 - \$12.65 (Tier 4)	
SIRTURO TABLET 100MG, 20MG	\$0 - \$12.65 (Tier 5)	PA; ACS LD
TRECATOR TABLET 250MG	\$0 - \$12.65 (Tier 4)	MO
<b>ANTIVIRALS</b>		
<i>acyclovir sodium injection 50mg/ml</i>	\$0 - \$12.65 (Tier 4)	B/D
<i>acyclovir capsule 200mg</i>	\$0 (Tier 2)	MO
<i>acyclovir suspension 200mg/5ml</i>	\$0 (Tier 2)	MO

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at 1-855-676-5772 (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/MICHDSNP](https://www.aetna.com/MICHDSNP)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>acyclovir tablet 400mg, 800mg</i>	\$0 (Tier 2)	MO
<i>adefovir dipivoxil tablet 10mg</i>	\$0 - \$12.65 (Tier 4)	QL (30 EA per 30 days) MO
BARACLUDE SOLUTION 0.05MG/ML	\$0 - \$12.65 (Tier 5)	QL (630 ML per 30 days) MO
<i>entecavir tablet 0.5mg, 1mg</i>	\$0 - \$12.65 (Tier 4)	QL (30 EA per 30 days) MO
EPCLUSA PACKET 150MG; 37.5MG, 200MG; 50MG	\$0 - \$12.65 (Tier 5)	PA; ACS LD
EPCLUSA TABLET 200MG; 50MG, 400MG; 100MG	\$0 - \$12.65 (Tier 5)	PA; ACS LD
<i>famciclovir tablet 500mg</i>	\$0 (Tier 2)	QL (21 EA per 30 days) MO
<i>famciclovir tablet 125mg, 250mg</i>	\$0 (Tier 2)	QL (60 EA per 30 days) MO
<i>ganciclovir injection 500mg/10ml, 500mg</i>	\$0 - \$12.65 (Tier 4)	B/D
<i>lamivudine tablet 100mg</i>	\$0 - \$12.65 (Tier 3)	MO
LIVTENCITY TABLET 200MG	\$0 - \$12.65 (Tier 5)	QL (336 EA per 28 days) PA; LD
MAVYRET PACKET 50MG; 20MG	\$0 - \$12.65 (Tier 5)	PA; ACS LD
MAVYRET TABLET 100MG; 40MG	\$0 - \$12.65 (Tier 5)	PA; ACS LD
<i>oseltamivir phosphate capsule 30mg</i>	\$0 (Tier 2)	QL (168 EA per 365 days) MO
<i>oseltamivir phosphate capsule 45mg, 75mg</i>	\$0 (Tier 2)	QL (84 EA per 365 days) MO
<i>oseltamivir phosphate suspension reconstituted 6mg/ml</i>	\$0 (Tier 2)	QL (1080 ML per 365 days) MO



**If you have questions**, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (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/MICHDSNP](https://www.aetna.com/MICHDSNP)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
PAXLOVID TABLET 5 DAY THERAPY PACK 150MG; 100MG AND 300MG; 100MG	\$0 - \$12.65 (Tier 3)	QL (22 EA per 180 days)
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	\$0 - \$12.65 (Tier 3)	QL (40 EA per 180 days) MO
PAXLOVID TABLET THERAPY PACK 300MG; 100MG	\$0 - \$12.65 (Tier 3)	QL (60 EA per 180 days) MO
PEGASYS INJECTION 180MCG/0.5ML, 180MCG/ML	\$0 - \$12.65 (Tier 5)	PA; ACS LD
PREVYMIS PACKET 120MG, 20MG	\$0 - \$12.65 (Tier 5)	QL (120 EA per 30 days) PA MO
PREVYMIS TABLET 240MG, 480MG	\$0 - \$12.65 (Tier 5)	QL (28 EA per 28 days) PA MO
RELENZA DISKHALER AEROSOL POWDER BREATH ACTIVATED 5MG/BLISTER	\$0 - \$12.65 (Tier 3)	QL (120 EA per 365 days) MO
<i>ribavirin capsule 200mg</i>	\$0 - \$12.65 (Tier 3)	ACS LD
<i>ribavirin tablet 200mg</i>	\$0 - \$12.65 (Tier 4)	ACS LD
<i>rimantadine hydrochloride tablet 100mg</i>	\$0 - \$12.65 (Tier 4)	MO
<i>valacyclovir hydrochloride tablet 1gm, 500mg</i>	\$0 (Tier 2)	MO
<i>valganciclovir hydrochloride solution reconstituted 50mg/ml</i>	\$0 - \$12.65 (Tier 5)	MO
<i>valganciclovir tablet 450mg</i>	\$0 - \$12.65 (Tier 3)	MO

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (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/MICHDSNP](https://www.aetna.com/MICHDSNP)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
VOSEVI TABLET 400MG; 100MG; 100MG	\$0 - \$12.65 (Tier 5)	QL (28 EA per 28 days) PA; ACS LD
<b>CEPHALOSPORINS</b>		
CEFACLOR ER TABLET EXTENDED RELEASE 12 HOUR 500MG	\$0 - \$12.65 (Tier 4)	MO
<i>cefaclor capsule 250mg, 500mg</i>	\$0 (Tier 2)	MO
<i>cefaclor suspension reconstituted 250mg/5ml</i>	\$0 (Tier 2)	
<i>cefadroxil capsule 500mg</i>	\$0 (Tier 2)	MO
<i>cefadroxil suspension reconstituted 250mg/5ml, 500mg/5ml</i>	\$0 (Tier 2)	MO
<i>cefadroxil tablet 1gm</i>	\$0 (Tier 2)	MO
CEFAZOLIN SODIUM INJECTION 1GM/50ML; 4%	\$0 - \$12.65 (Tier 3)	
CEFAZOLIN SODIUM INJECTION 100GM, 300GM	\$0 - \$12.65 (Tier 4)	
<i>cefazolin sodium iv injection 1gm</i>	\$0 - \$12.65 (Tier 4)	
<i>cefazolin sodium injection 10gm, 1gm, 500mg</i>	\$0 - \$12.65 (Tier 4)	MO
CEFAZOLIN/DEXTROSE INJECTION 3GM/150ML; 4%	\$0 - \$12.65 (Tier 3)	
CEFAZOLIN INJECTION 2GM/100ML; 4%	\$0 - \$12.65 (Tier 3)	
CEFAZOLIN IV INJECTION 2GM, 3GM	\$0 - \$12.65 (Tier 4)	
<i>cefazolin injection 3gm</i>	\$0 - \$12.65 (Tier 4)	



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at 1-855-676-5772 (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/MICHDSNP](https://www.aetna.com/MICHDSNP)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>cefazolin injection 2gm</i>	\$0 - \$12.65 (Tier 4)	MO
<i>cefdinir capsule 300mg</i>	\$0 (Tier 2)	MO
<i>cefdinir suspension reconstituted 125mg/5ml, 250mg/5ml</i>	\$0 (Tier 2)	MO
<i>cefepime injection 1gm, 2gm</i>	\$0 - \$12.65 (Tier 4)	MO
<i>cefixime capsule 400mg</i>	\$0 - \$12.65 (Tier 3)	MO
<i>cefixime suspension reconstituted 100mg/5ml, 200mg/5ml</i>	\$0 - \$12.65 (Tier 4)	MO
<i>cefotetan injection 1gm, 2gm</i>	\$0 - \$12.65 (Tier 4)	
<i>cefoxitin sodium injection 10gm, 1gm, 2gm</i>	\$0 - \$12.65 (Tier 4)	
<i>cefepodoxime proxetil suspension reconstituted 100mg/5ml, 50mg/5ml</i>	\$0 - \$12.65 (Tier 4)	MO
<i>cefepodoxime proxetil tablet 100mg, 200mg</i>	\$0 - \$12.65 (Tier 4)	MO
<i>cefprozil suspension reconstituted 125mg/5ml, 250mg/5ml</i>	\$0 (Tier 2)	MO
<i>cefprozil tablet 250mg, 500mg</i>	\$0 (Tier 2)	MO
<i>ceftazidime injection 2gm, 6gm</i>	\$0 - \$12.65 (Tier 4)	
<i>ceftazidime injection 1gm</i>	\$0 - \$12.65 (Tier 4)	MO

**If you have questions**, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (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/MICHDSNP](https://www.aetna.com/MICHDSNP)**



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>ceftriaxone in iso-osmotic dextrose injection 1gm/50ml, 2gm/50ml</i>	\$0 - \$12.65 (Tier 4)	
CEFTRIAXONE SODIUM INJECTION 100GM	\$0 - \$12.65 (Tier 4)	
<i>ceftriaxone sodium injection 1gm</i>	\$0 - \$12.65 (Tier 4)	
<i>ceftriaxone sodium injection 10gm, 1gm im or iv, 250mg, 2gm, 500mg</i>	\$0 - \$12.65 (Tier 4)	MO
<i>cefuroxime axetil tablet 250mg, 500mg</i>	\$0 (Tier 2)	MO
<i>cefuroxime sodium injection 1.5gm</i>	\$0 - \$12.65 (Tier 4)	
<i>cefuroxime sodium injection 750mg</i>	\$0 - \$12.65 (Tier 4)	MO
<i>cephalexin capsule 250mg, 500mg</i>	\$0 (Tier 2)	MO
<i>cephalexin capsule 750mg</i>	\$0 - \$12.65 (Tier 4)	MO
<i>cephalexin suspension reconstituted 125mg/5ml, 250mg/5ml</i>	\$0 (Tier 2)	MO
<i>cephalexin tablet 250mg, 500mg</i>	\$0 (Tier 2)	MO
<i>tazicef injection 1gm, 2gm, 6gm</i>	\$0 - \$12.65 (Tier 4)	
TEFLARO INJECTION 400MG, 600MG	\$0 - \$12.65 (Tier 5)	
<b>ERYTHROMYCINS/MACROLIDES</b>		
<i>azithromycin injection 500mg</i>	\$0 - \$12.65 (Tier 4)	MO



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at 1-855-676-5772 (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/MICHDSNP](https://www.aetna.com/MICHDSNP)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>azithromycin suspension reconstituted 100mg/5ml, 200mg/5ml</i>	\$0 (Tier 2)	MO
<i>azithromycin tablet 250mg, 500mg, 600mg</i>	\$0 (Tier 1)	MO
<i>clarithromycin er tablet extended release 24 hour 500mg</i>	\$0 - \$12.65 (Tier 4)	MO
<i>clarithromycin suspension reconstituted 125mg/5ml, 250mg/5ml</i>	\$0 - \$12.65 (Tier 4)	MO
<i>clarithromycin tablet 250mg, 500mg</i>	\$0 (Tier 2)	MO
DIFICID SUSPENSION RECONSTITUTED 40MG/ML	\$0 - \$12.65 (Tier 5)	MO
DIFICID TABLET 200MG	\$0 - \$12.65 (Tier 5)	MO
<i>erythromycin base tablet 250mg, 500mg</i>	\$0 - \$12.65 (Tier 4)	MO
<i>erythromycin dr capsule delayed release particles 250mg</i>	\$0 - \$12.65 (Tier 4)	MO
<i>erythromycin dr tablet delayed release 250mg, 333mg, 500mg</i>	\$0 - \$12.65 (Tier 4)	MO
<i>erythromycin ethylsuccinate tablet 400mg</i>	\$0 - \$12.65 (Tier 4)	
<i>erythromycin lactobionate injection 500mg</i>	\$0 - \$12.65 (Tier 5)	
<i>fidaxomicin tablet 200mg</i>	\$0 - \$12.65 (Tier 5)	MO
<b>FLUOROQUINOLONES</b>		
<i>ciprofloxacin hcl tablet 750mg</i>	\$0 (Tier 2)	MO

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at 1-855-676-5772 (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/MICHDSNP](https://www.aetna.com/MICHDSNP)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>ciprofloxacin hydrochloride tablet 250mg, 500mg</i>	\$0 (Tier 2)	MO
<i>ciprofloxacin i.v.-in d5w injection 200mg/100ml; 5%</i>	\$0 - \$12.65 (Tier 4)	
<i>ciprofloxacin i.v.-in d5w injection 400mg/200ml; 5%</i>	\$0 - \$12.65 (Tier 4)	MO
<i>levofloxacin in d5w injection 5%; 250mg/50ml, 5%; 500mg/100ml, 5%; 750mg/150ml</i>	\$0 - \$12.65 (Tier 4)	
<i>levofloxacin injection 25mg/ml</i>	\$0 - \$12.65 (Tier 4)	
<i>levofloxacin oral solution 25mg/ml</i>	\$0 - \$12.65 (Tier 4)	MO
<i>levofloxacin tablet 250mg, 500mg, 750mg</i>	\$0 (Tier 2)	MO
<i>moxifloxacin hydrochloride/sodium hydrochloride injection 400mg/250ml; 0.8%</i>	\$0 - \$12.65 (Tier 4)	
MOXIFLOXACIN HYDROCHLORIDE INJECTION 400MG/250ML	\$0 - \$12.65 (Tier 4)	
<i>moxifloxacin hydrochloride tablet 400mg</i>	\$0 (Tier 2)	MO
<b>PENICILLINS</b>		
<i>amoxicillin/clavulanate potassium er tablet extended release 12 hour 1000mg; 62.5mg</i>	\$0 - \$12.65 (Tier 4)	MO
<i>amoxicillin/clavulanate potassium suspension reconstituted 200mg/5ml; 28.5mg/5ml, 400mg/5ml; 57mg/5ml, 600mg/5ml; 42.9mg/5ml</i>	\$0 (Tier 2)	MO
<i>amoxicillin/clavulanate potassium suspension reconstituted 250mg/5ml; 62.5mg/5ml</i>	\$0 - \$12.65 (Tier 4)	MO
<i>amoxicillin/clavulanate potassium tablet 500mg; 125mg, 875mg; 125mg</i>	\$0 (Tier 2)	MO



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at 1-855-676-5772 (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/MICHDSNP](https://www.aetna.com/MICHDSNP)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>amoxicillin/clavulanate potassium tablet 250mg; 125mg</i>	\$0 - \$12.65 (Tier 4)	MO
<i>amoxicillin capsule 250mg, 500mg</i>	\$0 (Tier 1)	MO
<i>amoxicillin suspension reconstituted 125mg/5ml, 200mg/5ml, 250mg/5ml</i>	\$0 (Tier 1)	MO
<i>amoxicillin suspension reconstituted 400mg/5ml</i>	\$0 (Tier 2)	MO
<i>amoxicillin tablet chewable 125mg, 250mg</i>	\$0 (Tier 1)	MO
<i>amoxicillin tablet 500mg, 875mg</i>	\$0 (Tier 1)	MO
<i>ampicillin sodium injection 10gm, 125mg, 1gm i.v., 250mg, 2gm i.v.</i>	\$0 - \$12.65 (Tier 4)	
<i>ampicillin sodium injection 1gm, 2gm, 500mg</i>	\$0 - \$12.65 (Tier 4)	MO
<i>ampicillin-sulbactam injection 10gm; 5gm, 1gm; 0.5gm, 2gm; 1gm</i>	\$0 - \$12.65 (Tier 4)	
<i>ampicillin/sulbactam injection 2gm; 1gm</i>	\$0 - \$12.65 (Tier 4)	
<i>ampicillin capsule 500mg</i>	\$0 (Tier 2)	MO
BICILLIN L-A INJECTION 1200000UNIT/2ML, 2400000UNIT/4ML, 600000UNIT/ML	\$0 - \$12.65 (Tier 4)	MO
<i>dicloxacillin sodium capsule 250mg, 500mg</i> EXTENCILLINE INJECTION 1200000UNIT, 2400000UNIT	\$0 (Tier 2) \$0 - \$12.65 (Tier 4)	MO
LENTOCILIN INJECTION 1200000UNIT	\$0 - \$12.65 (Tier 4)	
<i>nafcillin sodium injection 1gm</i>	\$0 - \$12.65 (Tier 4)	

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at 1-855-676-5772 (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/MICHDSNP](https://www.aetna.com/MICHDSNP)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>nafcillin sodium injection 2gm</i>	\$0 - \$12.65 (Tier 4)	MO
<i>nafcillin sodium injection 10gm</i>	\$0 - \$12.65 (Tier 5)	
<i>oxacillin sodium injection 10gm, 1gm, 2gm</i>	\$0 - \$12.65 (Tier 4)	
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE INJECTION 40000UNIT/ML, 60000UNIT/ML	\$0 - \$12.65 (Tier 4)	
<i>penicillin g potassium injection 20000000unit, 5000000unit</i>	\$0 - \$12.65 (Tier 4)	MO
<i>penicillin g sodium injection 5000000unit</i>	\$0 - \$12.65 (Tier 4)	
<i>penicillin v potassium solution reconstituted 125mg/5ml, 250mg/5ml</i>	\$0 (Tier 2)	MO
<i>penicillin v potassium tablet 250mg, 500mg</i>	\$0 (Tier 1)	MO
<i>piperacillin sodium/tazobactam sodium injection 12gm; 1.5gm, 2gm; 0.25gm, 36gm; 4.5gm, 3gm; 0.375gm, 4gm; 0.5gm</i>	\$0 - \$12.65 (Tier 4)	
<b>TETRACYCLINES</b>		
<i>doxy 100 injection 100mg</i>	\$0 - \$12.65 (Tier 4)	MO
<i>doxycycline hyclate capsule 100mg, 50mg</i>	\$0 (Tier 2)	MO
<i>doxycycline hyclate injection 100mg</i>	\$0 - \$12.65 (Tier 4)	MO
<i>doxycycline hyclate tablet 100mg, 20mg</i>	\$0 (Tier 2)	MO
<i>doxycycline monohydrate capsule 50mg</i>	\$0 (Tier 2)	MO
<i>doxycycline monohydrate capsule 100mg, 150mg, 75mg</i>	\$0 - \$12.65 (Tier 4)	MO



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at 1-855-676-5772 (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/MICHDSNP](https://www.aetna.com/MICHDSNP)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>doxycycline monohydrate tablet 100mg, 50mg, 75mg</i>	\$0 (Tier 2)	MO
<i>doxycycline monohydrate tablet 150mg</i>	\$0 - \$12.65 (Tier 4)	MO
<i>doxycycline suspension reconstituted 25mg/5ml</i>	\$0 - \$12.65 (Tier 4)	MO
<i>minocycline hcl capsule 75mg</i>	\$0 (Tier 2)	MO
<i>minocycline hcl tablet 75mg</i>	\$0 - \$12.65 (Tier 4)	ST MO
<i>minocycline hydrochloride capsule 100mg, 50mg</i>	\$0 (Tier 2)	MO
<i>minocycline hydrochloride tablet 50mg</i>	\$0 - \$12.65 (Tier 4)	ST MO
<i>mondoxyne nl capsule 100mg</i>	\$0 - \$12.65 (Tier 4)	
NUZYRA INJECTION 100MG	\$0 - \$12.65 (Tier 5)	ACS LD
NUZYRA TABLET 150MG	\$0 - \$12.65 (Tier 5)	ACS LD
<i>tetracycline hydrochloride capsule 250mg, 500mg</i>	\$0 - \$12.65 (Tier 4)	MO
<i>tigecycline injection 50mg</i>	\$0 - \$12.65 (Tier 5)	
<b>ANTINEOPLASTIC AGENTS</b>		
<b>ALKYLATING AGENTS</b>		
<i>cyclophosphamide capsule 25mg, 50mg</i>	\$0 - \$12.65 (Tier 3)	PA MO

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at 1-855-676-5772 (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/MICHDSNP](https://www.aetna.com/MICHDSNP)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
CYCLOPHOSPHAMIDE TABLET 25MG, 50MG	\$0 - \$12.65 (Tier 3)	PA
GLEOSTINE CAPSULE 10MG, 40MG	\$0 - \$12.65 (Tier 4)	ACS LD
GLEOSTINE CAPSULE 100MG	\$0 - \$12.65 (Tier 5)	ACS LD
LEUKERAN TABLET 2MG	\$0 - \$12.65 (Tier 5)	MO
<i>lomustine capsule 10mg, 40mg</i>	\$0 - \$12.65 (Tier 4)	ACS LD
<i>lomustine capsule 100mg</i>	\$0 - \$12.65 (Tier 5)	ACS LD
<b>ANTIMETABOLITES</b>		
INQOVI TABLET 100MG; 35MG	\$0 - \$12.65 (Tier 5)	QL (5 EA per 28 days) PA; ACS LD
LONSURF TABLET 6.14MG; 15MG, 8.19MG; 20MG	\$0 - \$12.65 (Tier 5)	PA; ACS LD
<i>mercaptopurine suspension 2000mg/100ml</i>	\$0 - \$12.65 (Tier 5)	ACS LD
<i>mercaptopurine tablet 50mg</i>	\$0 - \$12.65 (Tier 3)	MO
<i>methotrexate sodium injection 1gm/40ml</i>	\$0 (Tier 2)	
<i>methotrexate sodium injection 250mg/10ml, 50mg/2ml</i>	\$0 (Tier 2)	MO
<i>methotrexate sodium injection 1gm</i>	\$0 - \$12.65 (Tier 4)	
<i>methotrexate injection 50mg/2ml</i>	\$0 (Tier 2)	MO



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at 1-855-676-5772 (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/MICHDSNP](https://www.aetna.com/MICHDSNP)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ONUREG TABLET 200MG, 300MG	\$0 - \$12.65 (Tier 5)	QL (14 EA per 28 days) PA; ACS LD
PURIXAN SUSPENSION 2000MG/100ML	\$0 - \$12.65 (Tier 5)	ACS LD
TABLOID TABLET 40MG	\$0 - \$12.65 (Tier 5)	MO
<b>HORMONAL ANTINEOPLASTIC AGENTS</b>		
<i>abiraterone acetate tablet 250mg, 500mg</i>	\$0 - \$12.65 (Tier 5)	PA; ACS LD
<i>abirtega tablet 250mg</i>	\$0 - \$12.65 (Tier 4)	PA; ACS LD
AKEEGA TABLET 500MG; 100MG, 500MG; 50MG	\$0 - \$12.65 (Tier 5)	QL (60 EA per 30 days) PA; LD
<i>anastrozole tablet 1mg</i>	\$0 (Tier 2)	MO
<i>bicalutamide tablet 50mg</i>	\$0 - \$12.65 (Tier 3)	MO
ELIGARD INJECTION 22.5MG, 30MG, 45MG, 7.5MG	\$0 - \$12.65 (Tier 4)	PA; ACS LD
ERLEADA TABLET 240MG, 60MG	\$0 - \$12.65 (Tier 5)	PA; ACS LD
EULEXIN CAPSULE 125MG	\$0 - \$12.65 (Tier 5)	
<i>exemestane tablet 25mg</i>	\$0 - \$12.65 (Tier 4)	MO
FIRMAGON INJECTION 80MG	\$0 - \$12.65 (Tier 4)	PA; ACS LD

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at 1-855-676-5772 (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/MICHDSNP](https://www.aetna.com/MICHDSNP)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
FIRMAGON INJECTION 120MG/VIAL	\$0 - \$12.65 (Tier 5)	PA; ACS LD
INLURIYO TABLET 200MG	\$0 - \$12.65 (Tier 5)	QL (56 EA per 28 days) PA; LD
<i>letrozole tablet 2.5mg</i>	\$0 (Tier 2)	MO
<i>leuprolide acetate injection 1mg/0.2ml</i>	\$0 - \$12.65 (Tier 4)	PA; ACS LD
LUPRON DEPOT (1-MONTH) INJECTION 3.75MG	\$0 - \$12.65 (Tier 5)	PA; ACS LD
LUPRON DEPOT (3-MONTH) INJECTION 11.25MG	\$0 - \$12.65 (Tier 5)	PA; ACS LD
LYSODREN TABLET 500MG	\$0 - \$12.65 (Tier 5)	LD
<i>megestrol acetate tablet 20mg, 40mg</i>	\$0 - \$12.65 (Tier 3)	MO
<i>nilutamide tablet 150mg</i>	\$0 - \$12.65 (Tier 5)	MO
NUBEQA TABLET 300MG	\$0 - \$12.65 (Tier 5)	PA; ACS LD
ORGOVYX TABLET 120MG	\$0 - \$12.65 (Tier 5)	PA; LD
ORSERDU TABLET 345MG	\$0 - \$12.65 (Tier 5)	QL (30 EA per 30 days) PA; LD
ORSERDU TABLET 86MG	\$0 - \$12.65 (Tier 5)	QL (90 EA per 30 days) PA; LD



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (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/MICHDSNP](https://www.aetna.com/MICHDSNP)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
SOLTAMOX SOLUTION 10MG/5ML	\$0 - \$12.65 (Tier 5)	MO
<i>tamoxifen citrate tablet 10mg, 20mg</i>	\$0 (Tier 2)	MO
<i>toremifene citrate tablet 60mg</i>	\$0 - \$12.65 (Tier 4)	PA MO
XTANDI CAPSULE 40MG	\$0 - \$12.65 (Tier 5)	PA; ACS LD
XTANDI TABLET 40MG, 80MG	\$0 - \$12.65 (Tier 5)	PA; ACS LD
YONSA TABLET 125MG	\$0 - \$12.65 (Tier 5)	QL (120 EA per 30 days) PA; ACS LD
<b>IMMUNOMODULATORS</b>		
<i>lenalidomide capsule 20mg, 25mg</i>	\$0 - \$12.65 (Tier 5)	QL (21 EA per 28 days) PA; ACS LD
<i>lenalidomide capsule 10mg, 15mg, 2.5mg, 5mg</i>	\$0 - \$12.65 (Tier 5)	QL (28 EA per 28 days) PA; ACS LD
POMALYST CAPSULE 1MG, 2MG, 3MG, 4MG	\$0 - \$12.65 (Tier 5)	QL (21 EA per 28 days) PA; ACS LD
THALOMID CAPSULE 100MG	\$0 - \$12.65 (Tier 5)	QL (112 EA per 28 days) PA; ACS LD
THALOMID CAPSULE 50MG	\$0 - \$12.65 (Tier 5)	QL (224 EA per 28 days) PA; ACS LD
<b>MISCELLANEOUS</b>		
ASPARLAS INJECTION 3750UNIT/5ML	\$0 - \$12.65 (Tier 5)	PA; LD

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (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/MICHDSNP](https://www.aetna.com/MICHDSNP)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
BESREMI INJECTION 500MCG/ML	\$0 - \$12.65 (Tier 5)	QL (2 ML per 28 days) PA; LD
<i>bexarotene capsule 75mg</i>	\$0 - \$12.65 (Tier 5)	PA; ACS LD
<i>hydroxyurea capsule 500mg</i> IWILFIN TABLET 192MG	\$0 (Tier 2) \$0 - \$12.65 (Tier 5)	MO QL (240 EA per 30 days) PA; LD
<i>leucovorin calcium tablet 10mg, 15mg, 25mg, 5mg</i>	\$0 - \$12.65 (Tier 3)	MO
MATULANE CAPSULE 50MG	\$0 - \$12.65 (Tier 5)	LD
<i>mesna tablet 400mg</i>	\$0 - \$12.65 (Tier 5)	MO
MODEYSO CAPSULE 125MG	\$0 - \$12.65 (Tier 5)	QL (20 EA per 28 days) PA; LD
ONCASPAR INJECTION 750UNIT/ML	\$0 - \$12.65 (Tier 5)	PA; LD
<i>tretinoin capsule 10mg</i>	\$0 - \$12.65 (Tier 5)	MO
WELIREG TABLET 40MG	\$0 - \$12.65 (Tier 5)	QL (90 EA per 30 days) PA; LD
<b>MOLECULAR TARGET AGENTS</b>		
ALECENSA CAPSULE 150MG	\$0 - \$12.65 (Tier 5)	QL (240 EA per 30 days) PA; ACS LD
ALUNBRIG TABLET THERAPY PACK 90MG; 180MG	\$0 - \$12.65 (Tier 5)	PA; LD



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at 1-855-676-5772 (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/MICHDSNP](https://www.aetna.com/MICHDSNP)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ALUNBRIG TABLET 30MG	\$0 - \$12.65 (Tier 5)	QL (120 EA per 30 days) PA; LD
ALUNBRIG TABLET 180MG, 90MG	\$0 - \$12.65 (Tier 5)	QL (30 EA per 30 days) PA; LD
AUGTYRO CAPSULE 40MG	\$0 - \$12.65 (Tier 5)	QL (240 EA per 30 days) PA; LD
AUGTYRO CAPSULE 160MG	\$0 - \$12.65 (Tier 5)	QL (60 EA per 30 days) PA; LD
AVMAPKI FAKZYNJA CO-PACK THERAPY PACK 0.8MG; 200MG	\$0 - \$12.65 (Tier 5)	QL (66 EA per 28 days) PA; LD
AYVAKIT TABLET 100MG, 200MG, 25MG, 300MG, 50MG	\$0 - \$12.65 (Tier 5)	QL (30 EA per 30 days) PA; LD
BALVERSA TABLET 5MG	\$0 - \$12.65 (Tier 5)	QL (28 EA per 28 days) PA; ACS LD
BALVERSA TABLET 4MG	\$0 - \$12.65 (Tier 5)	QL (56 EA per 28 days) PA; ACS LD
BALVERSA TABLET 3MG	\$0 - \$12.65 (Tier 5)	QL (84 EA per 28 days) PA; ACS LD
BOSULIF CAPSULE 100MG	\$0 - \$12.65 (Tier 5)	QL (150 EA per 25 days) PA; ACS LD
BOSULIF CAPSULE 50MG	\$0 - \$12.65 (Tier 5)	QL (360 EA per 30 days) PA; ACS LD
BOSULIF TABLET 100MG	\$0 - \$12.65 (Tier 5)	QL (180 EA per 30 days) PA; ACS LD

**If you have questions**, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (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/MICHDSNP](https://www.aetna.com/MICHDSNP)**



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
BOSULIF TABLET 400MG, 500MG	\$0 - \$12.65 (Tier 5)	QL (30 EA per 30 days) PA; ACS LD
BRAFTOVI CAPSULE 75MG	\$0 - \$12.65 (Tier 5)	QL (180 EA per 30 days) PA; ACS LD
BRUKINSA CAPSULE 80MG	\$0 - \$12.65 (Tier 5)	QL (120 EA per 30 days) PA; LD
BRUKINSA TABLET 160MG	\$0 - \$12.65 (Tier 5)	QL (60 EA per 30 days) PA; LD
CABOMETYX TABLET 20MG, 40MG, 60MG	\$0 - \$12.65 (Tier 5)	QL (30 EA per 30 days) PA; ACS LD
CALQUENCE TABLET 100MG	\$0 - \$12.65 (Tier 5)	QL (60 EA per 30 days) PA; LD
CAPRELSA TABLET 300MG	\$0 - \$12.65 (Tier 5)	QL (30 EA per 30 days) PA; LD
CAPRELSA TABLET 100MG	\$0 - \$12.65 (Tier 5)	QL (60 EA per 30 days) PA; LD
COMETRIQ KIT 140MG DAILY	\$0 - \$12.65 (Tier 5)	QL (112 EA per 28 days) PA; ACS LD
COMETRIQ KIT 100MG DAILY	\$0 - \$12.65 (Tier 5)	QL (56 EA per 28 days) PA; ACS LD
COMETRIQ KIT 60MG DAILY	\$0 - \$12.65 (Tier 5)	QL (84 EA per 28 days) PA; ACS LD
COPIKTRA CAPSULE 15MG, 25MG	\$0 - \$12.65 (Tier 5)	QL (56 EA per 28 days) PA; ACS LD



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (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/MICHDSNP](https://www.aetna.com/MICHDSNP)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
COTELLIC TABLET 20MG	\$0 - \$12.65 (Tier 5)	QL (63 EA per 28 days) PA; ACS LD
DANZITEN TABLET 71MG, 95MG	\$0 - \$12.65 (Tier 5)	QL (112 EA per 28 days) PA; LD
<i>dasatinib tablet 100mg, 140mg, 50mg, 70mg, 80mg</i>	\$0 - \$12.65 (Tier 5)	QL (30 EA per 30 days) PA; ACS LD
<i>dasatinib tablet 20mg</i>	\$0 - \$12.65 (Tier 5)	QL (90 EA per 30 days) PA; ACS LD
DAURISMO TABLET 100MG	\$0 - \$12.65 (Tier 5)	QL (30 EA per 30 days) PA; ACS LD
DAURISMO TABLET 25MG	\$0 - \$12.65 (Tier 5)	QL (60 EA per 30 days) PA; ACS LD
ENSACOVE CAPSULE 25MG	\$0 - \$12.65 (Tier 5)	QL (270 EA per 30 days) PA; LD
ENSACOVE CAPSULE 100MG	\$0 - \$12.65 (Tier 5)	QL (60 EA per 30 days) PA; LD
ERIVEDGE CAPSULE 150MG	\$0 - \$12.65 (Tier 5)	PA; ACS LD
<i>erlotinib hydrochloride tablet 100mg</i>	\$0 - \$12.65 (Tier 3)	QL (30 EA per 30 days) PA; ACS LD
<i>erlotinib hydrochloride tablet 150mg</i>	\$0 - \$12.65 (Tier 5)	QL (30 EA per 30 days) PA; ACS LD
<i>erlotinib hydrochloride tablet 25mg</i>	\$0 - \$12.65 (Tier 5)	QL (90 EA per 30 days) PA; ACS LD

**If you have questions**, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (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/MICHDSNP](https://www.aetna.com/MICHDSNP)**



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>everolimus tablet soluble 2mg</i>	\$0 - \$12.65 (Tier 5)	QL (150 EA per 30 days) PA; ACS LD
<i>everolimus tablet soluble 5mg</i>	\$0 - \$12.65 (Tier 5)	QL (60 EA per 30 days) PA; ACS LD
<i>everolimus tablet soluble 3mg</i>	\$0 - \$12.65 (Tier 5)	QL (90 EA per 30 days) PA; ACS LD
<i>everolimus tablet 10mg, 2.5mg, 5mg, 7.5mg</i>	\$0 - \$12.65 (Tier 5)	QL (30 EA per 30 days) PA; ACS LD
FOTIVDA CAPSULE 0.89MG, 1.34MG	\$0 - \$12.65 (Tier 5)	QL (21 EA per 28 days) PA; LD
FRUZAQLA CAPSULE 5MG	\$0 - \$12.65 (Tier 5)	QL (21 EA per 28 days) PA; LD
FRUZAQLA CAPSULE 1MG	\$0 - \$12.65 (Tier 5)	QL (84 EA per 28 days) PA; LD
GAVRETO CAPSULE 100MG	\$0 - \$12.65 (Tier 5)	QL (120 EA per 30 days) PA; LD
<i>gefitinib tablet 250mg</i>	\$0 - \$12.65 (Tier 5)	QL (60 EA per 30 days) PA; ACS LD
GILOTRIF TABLET 20MG, 30MG, 40MG	\$0 - \$12.65 (Tier 5)	QL (30 EA per 30 days) PA; LD
GOMEKLI CAPSULE 1MG	\$0 - \$12.65 (Tier 5)	QL (126 EA per 28 days) PA; LD
GOMEKLI CAPSULE 2MG	\$0 - \$12.65 (Tier 5)	QL (84 EA per 28 days) PA; LD



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (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/MICHDSNP](https://www.aetna.com/MICHDSNP)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
GOMEKLI TABLET SOLUBLE 1MG	\$0 - \$12.65 (Tier 5)	QL (168 EA per 28 days) PA; LD
HERNEXEOS TABLET 60MG	\$0 - \$12.65 (Tier 5)	QL (120 EA per 30 days) PA; LD
HYRNUO TABLET 10MG	\$0 - \$12.65 (Tier 5)	QL (120 EA per 30 days) PA; LD
IBRANCE CAPSULE 100MG, 125MG, 75MG	\$0 - \$12.65 (Tier 5)	QL (21 EA per 28 days) PA; ACS LD
IBRANCE TABLET 100MG, 125MG, 75MG	\$0 - \$12.65 (Tier 5)	QL (21 EA per 28 days) PA; ACS LD
IBTROZI CAPSULE 200MG	\$0 - \$12.65 (Tier 5)	QL (90 EA per 30 days) PA; LD
ICLUSIG TABLET 10MG, 30MG	\$0 - \$12.65 (Tier 5)	PA; LD
ICLUSIG TABLET 15MG, 45MG	\$0 - \$12.65 (Tier 5)	QL (30 EA per 30 days) PA; LD
IDHIFA TABLET 100MG, 50MG	\$0 - \$12.65 (Tier 5)	QL (30 EA per 30 days) PA; ACS LD
<i>imatinib mesylate tablet 400mg</i>	\$0 - \$12.65 (Tier 5)	QL (60 EA per 30 days) PA; ACS LD
<i>imatinib mesylate tablet 100mg</i>	\$0 - \$12.65 (Tier 5)	QL (90 EA per 30 days) PA; ACS LD
IMBRUVICA CAPSULE 70MG	\$0 - \$12.65 (Tier 5)	QL (30 EA per 30 days) PA; LD

**If you have questions**, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (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/MICHDSNP](https://www.aetna.com/MICHDSNP)**



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
IMBRUVICA CAPSULE 140MG	\$0 - \$12.65 (Tier 5)	QL (90 EA per 30 days) PA; LD
IMBRUVICA SUSPENSION 70MG/ML	\$0 - \$12.65 (Tier 5)	QL (216 ML per 27 days) PA; LD
IMBRUVICA TABLET 140MG, 280MG, 420MG	\$0 - \$12.65 (Tier 5)	QL (30 EA per 30 days) PA; LD
IMKELDI SOLUTION 80MG/ML	\$0 - \$12.65 (Tier 5)	QL (280 ML per 28 days) PA; LD
INLYTA TABLET 5MG	\$0 - \$12.65 (Tier 5)	QL (120 EA per 30 days) PA; ACS LD
INLYTA TABLET 1MG	\$0 - \$12.65 (Tier 5)	QL (180 EA per 30 days) PA; ACS LD
INREBIC CAPSULE 100MG	\$0 - \$12.65 (Tier 5)	QL (120 EA per 30 days) PA; ACS LD
ITOVEBI TABLET 9MG	\$0 - \$12.65 (Tier 5)	QL (28 EA per 28 days) PA; ACS LD
ITOVEBI TABLET 3MG	\$0 - \$12.65 (Tier 5)	QL (56 EA per 28 days) PA; ACS LD
JAKAFI TABLET 10MG, 15MG, 20MG, 25MG, 5MG	\$0 - \$12.65 (Tier 5)	QL (60 EA per 30 days) PA; ACS LD
JAYPIRCA TABLET 50MG	\$0 - \$12.65 (Tier 5)	QL (30 EA per 30 days) PA; LD
JAYPIRCA TABLET 100MG	\$0 - \$12.65 (Tier 5)	QL (60 EA per 30 days) PA; LD



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (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/MICHDSNP](https://www.aetna.com/MICHDSNP)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
KISQALI FEMARA 400 DOSE TABLET THERAPY PACK 2.5MG; 200MG	\$0 - \$12.65 (Tier 5)	PA; ACS LD
KISQALI FEMARA 600 DOSE TABLET THERAPY PACK 2.5MG; 200MG	\$0 - \$12.65 (Tier 5)	PA; ACS LD
KISQALI TABLET THERAPY PACK 200MG	\$0 - \$12.65 (Tier 5)	PA; ACS LD
KOSELUGO CAPSULE SPRINKLE 5MG, 7.5MG	\$0 - \$12.65 (Tier 5)	PA; LD
KOSELUGO CAPSULE 10MG, 25MG	\$0 - \$12.65 (Tier 5)	PA; LD
KRAZATI TABLET 200MG	\$0 - \$12.65 (Tier 5)	QL (180 EA per 30 days) PA; LD
<i>lapatinib ditosylate tablet 250mg</i>	\$0 - \$12.65 (Tier 5)	QL (180 EA per 30 days) PA; ACS LD
LAZCLUZE TABLET 240MG	\$0 - \$12.65 (Tier 5)	QL (30 EA per 30 days) PA; LD
LAZCLUZE TABLET 80MG	\$0 - \$12.65 (Tier 5)	QL (60 EA per 30 days) PA; LD
LENVIMA 10 MG DAILY DOSE CAPSULE THERAPY PACK 10MG	\$0 - \$12.65 (Tier 5)	PA; ACS LD
LENVIMA 12MG DAILY DOSE CAPSULE THERAPY PACK 4MG	\$0 - \$12.65 (Tier 5)	PA; ACS LD
LENVIMA 14 MG DAILY DOSE CAPSULE THERAPY PACK	\$0 - \$12.65 (Tier 5)	PA; ACS LD

**If you have questions**, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (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/MICHDSNP](https://www.aetna.com/MICHDSNP)**



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
LENVIMA 18 MG DAILY DOSE CAPSULE THERAPY PACK	\$0 - \$12.65 (Tier 5)	PA; ACS LD
LENVIMA 20 MG DAILY DOSE CAPSULE THERAPY PACK 10MG	\$0 - \$12.65 (Tier 5)	PA; ACS LD
LENVIMA 24 MG DAILY DOSE CAPSULE THERAPY PACK	\$0 - \$12.65 (Tier 5)	PA; ACS LD
LENVIMA 4 MG DAILY DOSE CAPSULE THERAPY PACK 4MG	\$0 - \$12.65 (Tier 5)	PA; ACS LD
LENVIMA 8 MG DAILY DOSE CAPSULE THERAPY PACK 4MG	\$0 - \$12.65 (Tier 5)	PA; ACS LD
LORBRENA TABLET 100MG	\$0 - \$12.65 (Tier 5)	QL (30 EA per 30 days) PA; ACS LD
LORBRENA TABLET 25MG	\$0 - \$12.65 (Tier 5)	QL (90 EA per 30 days) PA; ACS LD
LUMAKRAS TABLET 240MG	\$0 - \$12.65 (Tier 5)	QL (120 EA per 30 days) PA; ACS LD
LUMAKRAS TABLET 120MG	\$0 - \$12.65 (Tier 5)	QL (240 EA per 30 days) PA; ACS LD
LUMAKRAS TABLET 320MG	\$0 - \$12.65 (Tier 5)	QL (90 EA per 30 days) PA; ACS LD
LYNPARZA TABLET 100MG, 150MG	\$0 - \$12.65 (Tier 5)	QL (120 EA per 30 days) PA; ACS LD
LYTGOBI TABLET THERAPY PACK 16MG	\$0 - \$12.65 (Tier 5)	QL (112 EA per 28 days) PA; LD



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (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/MICHDSNP](https://www.aetna.com/MICHDSNP)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
LYTGOBI TABLET THERAPY PACK 20MG	\$0 - \$12.65 (Tier 5)	QL (140 EA per 28 days) PA; LD
LYTGOBI TABLET THERAPY PACK 12MG	\$0 - \$12.65 (Tier 5)	QL (84 EA per 28 days) PA; LD
MEKINIST SOLUTION RECONSTITUTED 0.05MG/ML	\$0 - \$12.65 (Tier 5)	QL (1260 ML per 30 days) PA; ACS LD
MEKINIST TABLET 2MG	\$0 - \$12.65 (Tier 5)	QL (30 EA per 30 days) PA; ACS LD
MEKINIST TABLET 0.5MG	\$0 - \$12.65 (Tier 5)	QL (90 EA per 30 days) PA; ACS LD
MEKTOVI TABLET 15MG	\$0 - \$12.65 (Tier 5)	QL (180 EA per 30 days) PA; ACS LD
NERLYNX TABLET 40MG	\$0 - \$12.65 (Tier 5)	QL (180 EA per 30 days) PA; ACS LD
<i>nilotinib hydrochloride capsule 150mg, 200mg</i>	\$0 - \$12.65 (Tier 5)	QL (112 EA per 28 days) PA; ACS LD
<i>nilotinib hydrochloride capsule 50mg</i>	\$0 - \$12.65 (Tier 5)	QL (120 EA per 30 days) PA; ACS LD
NILOTINIB CAPSULE 150MG, 200MG	\$0 - \$12.65 (Tier 5)	QL (112 EA per 28 days) PA; LD
NILOTINIB CAPSULE 50MG	\$0 - \$12.65 (Tier 5)	QL (120 EA per 30 days) PA; LD
NINLARO CAPSULE 2.3MG, 3MG, 4MG	\$0 - \$12.65 (Tier 5)	PA; ACS LD

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (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/MICHDSNP](https://www.aetna.com/MICHDSNP)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ODOMZO CAPSULE 200MG	\$0 - \$12.65 (Tier 5)	PA; ACS LD
OGSIVEO TABLET 50MG	\$0 - \$12.65 (Tier 5)	QL (180 EA per 30 days) PA; LD
OGSIVEO TABLET 100MG, 150MG	\$0 - \$12.65 (Tier 5)	QL (56 EA per 28 days) PA; LD
OJEMDA SUSPENSION RECONSTITUTED 25MG/ML	\$0 - \$12.65 (Tier 5)	QL (96 ML per 28 days) PA; LD
OJEMDA TABLET 100MG	\$0 - \$12.65 (Tier 5)	QL (24 EA per 28 days) PA; LD
OJJAARA TABLET 100MG, 150MG, 200MG	\$0 - \$12.65 (Tier 5)	QL (30 EA per 30 days) PA; LD
PAZOPANIB HYDROCHLORIDE TABLET 400MG	\$0 - \$12.65 (Tier 5)	QL (60 EA per 30 days) PA
<i>pazopanib hydrochloride tablet 200mg</i>	\$0 - \$12.65 (Tier 5)	QL (120 EA per 30 days) PA; ACS LD
PEMAZYRE TABLET 13.5MG, 4.5MG, 9MG	\$0 - \$12.65 (Tier 5)	QL (28 EA per 28 days) PA; LD
PIQRAY 200MG DAILY DOSE TABLET THERAPY PACK 200MG	\$0 - \$12.65 (Tier 5)	QL (28 EA per 28 days) PA; LD
PIQRAY 250MG DAILY DOSE TABLET THERAPY PACK	\$0 - \$12.65 (Tier 5)	QL (56 EA per 28 days) PA; LD
PIQRAY 300MG DAILY DOSE TABLET THERAPY PACK 150MG	\$0 - \$12.65 (Tier 5)	QL (56 EA per 28 days) PA; LD



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (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/MICHDSNP](https://www.aetna.com/MICHDSNP)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
QINLOCK TABLET 50MG	\$0 - \$12.65 (Tier 5)	QL (90 EA per 30 days) PA; LD
RETEVMO CAPSULE 40MG	\$0 - \$12.65 (Tier 5)	QL (240 EA per 30 days) PA; ACS LD
RETEVMO TABLET 120MG, 160MG, 80MG	\$0 - \$12.65 (Tier 5)	QL (60 EA per 30 days) PA; ACS LD
RETEVMO TABLET 40MG	\$0 - \$12.65 (Tier 5)	QL (90 EA per 30 days) PA; ACS LD
REVUFORJ TABLET 110MG	\$0 - \$12.65 (Tier 5)	QL (120 EA per 30 days) PA; LD
REVUFORJ TABLET 25MG	\$0 - \$12.65 (Tier 5)	QL (240 EA per 30 days) PA; LD
REVUFORJ TABLET 160MG	\$0 - \$12.65 (Tier 5)	QL (60 EA per 30 days) PA; LD
REZLIDHIA CAPSULE 150MG	\$0 - \$12.65 (Tier 5)	QL (60 EA per 30 days) PA; LD
<i>romidepsin injection 10mg</i>	\$0 - \$12.65 (Tier 5)	ACS LD
ROMVIMZA CAPSULE 14MG, 20MG, 30MG	\$0 - \$12.65 (Tier 5)	QL (8 EA per 28 days) PA; LD
ROZLYTREK CAPSULE 100MG	\$0 - \$12.65 (Tier 5)	QL (180 EA per 30 days) PA; ACS LD
ROZLYTREK CAPSULE 200MG	\$0 - \$12.65 (Tier 5)	QL (90 EA per 30 days) PA; ACS LD

**If you have questions**, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (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/MICHDSNP](https://www.aetna.com/MICHDSNP)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ROZLYTREK PACKET 50MG	\$0 - \$12.65 (Tier 5)	QL (336 EA per 28 days) PA; ACS LD
RUBRACA TABLET 200MG, 250MG, 300MG	\$0 - \$12.65 (Tier 5)	PA; ACS LD
RYDAPT CAPSULE 25MG	\$0 - \$12.65 (Tier 5)	QL (224 EA per 28 days) PA; ACS LD
SCEMBLIX TABLET 100MG	\$0 - \$12.65 (Tier 5)	QL (120 EA per 30 days) PA; LD
SCEMBLIX TABLET 40MG	\$0 - \$12.65 (Tier 5)	QL (300 EA per 30 days) PA; LD
SCEMBLIX TABLET 20MG	\$0 - \$12.65 (Tier 5)	QL (60 EA per 30 days) PA; LD
<i>sorafenib tosylate tablet 200mg</i>	\$0 - \$12.65 (Tier 5)	QL (120 EA per 30 days) PA; ACS LD
STIVARGA TABLET 40MG	\$0 - \$12.65 (Tier 5)	QL (84 EA per 28 days) PA; ACS LD
<i>sunitinib malate capsule 12.5mg, 25mg, 37.5mg, 50mg</i>	\$0 - \$12.65 (Tier 5)	QL (30 EA per 30 days) PA; ACS LD
TABRECTA TABLET 150MG, 200MG	\$0 - \$12.65 (Tier 5)	QL (112 EA per 28 days) PA; ACS LD
TAFINLAR CAPSULE 50MG, 75MG	\$0 - \$12.65 (Tier 5)	QL (120 EA per 30 days) PA; ACS LD
TAFINLAR TABLET SOLUBLE 10MG	\$0 - \$12.65 (Tier 5)	QL (840 EA per 28 days) PA; ACS LD



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (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/MICHDSNP](https://www.aetna.com/MICHDSNP)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
TAGRISSO TABLET 40MG, 80MG	\$0 - \$12.65 (Tier 5)	QL (30 EA per 30 days) PA; ACS LD
TALZENNA CAPSULE 0.1MG, 0.35MG, 0.5MG, 0.75MG, 1MG	\$0 - \$12.65 (Tier 5)	QL (30 EA per 30 days) PA; ACS LD
TALZENNA CAPSULE 0.25MG	\$0 - \$12.65 (Tier 5)	QL (90 EA per 30 days) PA; ACS LD
TAZVERIK TABLET 200MG	\$0 - \$12.65 (Tier 5)	QL (240 EA per 30 days) PA; LD
TECVAYLI INJECTION 153MG/1.7ML, 30MG/3ML	\$0 - \$12.65 (Tier 5)	PA; LD
TEPMETKO TABLET 225MG	\$0 - \$12.65 (Tier 5)	QL (60 EA per 30 days) PA; LD
TIBSOVO TABLET 250MG	\$0 - \$12.65 (Tier 5)	PA; LD
<i>torpenz tablet 10mg, 2.5mg, 5mg, 7.5mg</i>	\$0 - \$12.65 (Tier 5)	QL (30 EA per 30 days) PA; LD
TRUQAP TABLET THERAPY PACK 160MG, 200MG	\$0 - \$12.65 (Tier 5)	QL (64 EA per 28 days) PA; LD
TRUQAP TABLET 160MG, 200MG	\$0 - \$12.65 (Tier 5)	QL (64 EA per 28 days) PA; LD
TRUXIMA INJECTION 100MG/10ML, 500MG/50ML	\$0 - \$12.65 (Tier 5)	PA; ACS LD
TUKYSA TABLET 150MG	\$0 - \$12.65 (Tier 5)	QL (120 EA per 30 days) PA; LD

**If you have questions**, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (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/MICHDSNP](https://www.aetna.com/MICHDSNP)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
TUKYSA TABLET 50MG	\$0 - \$12.65 (Tier 5)	QL (240 EA per 30 days) PA; LD
TURALIO CAPSULE 125MG	\$0 - \$12.65 (Tier 5)	QL (120 EA per 30 days) PA; LD
VANFLYTA TABLET 17.7MG, 26.5MG	\$0 - \$12.65 (Tier 5)	QL (56 EA per 28 days) PA; LD
VENCLEXTA STARTING PACK TABLET THERAPY PACK 10MG; 100MG; 50MG	\$0 - \$12.65 (Tier 5)	QL (42 EA per 28 days) PA; LD
VENCLEXTA TABLET 10MG	\$0 - \$12.65 (Tier 3)	QL (120 EA per 30 days) PA; LD
VENCLEXTA TABLET 50MG	\$0 - \$12.65 (Tier 5)	QL (120 EA per 30 days) PA; LD
VENCLEXTA TABLET 100MG	\$0 - \$12.65 (Tier 5)	QL (180 EA per 30 days) PA; LD
VERZENIO TABLET 100MG, 150MG, 200MG, 50MG	\$0 - \$12.65 (Tier 5)	PA; ACS LD
VITRAKVI CAPSULE 25MG	\$0 - \$12.65 (Tier 5)	QL (180 EA per 30 days) PA; ACS LD
VITRAKVI CAPSULE 100MG	\$0 - \$12.65 (Tier 5)	QL (60 EA per 30 days) PA; ACS LD
VITRAKVI SOLUTION 20MG/ML	\$0 - \$12.65 (Tier 5)	QL (300 ML per 30 days) PA; ACS LD
VIZIMPRO TABLET 15MG, 30MG, 45MG	\$0 - \$12.65 (Tier 5)	QL (30 EA per 30 days) PA; ACS LD



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (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/MICHDSNP](https://www.aetna.com/MICHDSNP)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
VONJO CAPSULE 100MG	\$0 - \$12.65 (Tier 5)	QL (120 EA per 30 days) PA; LD
VORANIGO TABLET 40MG	\$0 - \$12.65 (Tier 5)	QL (30 EA per 30 days) PA; LD
VORANIGO TABLET 10MG	\$0 - \$12.65 (Tier 5)	QL (60 EA per 30 days) PA; LD
XALKORI CAPSULE SPRINKLE 50MG	\$0 - \$12.65 (Tier 5)	QL (120 EA per 30 days) PA; ACS LD
XALKORI CAPSULE SPRINKLE 150MG	\$0 - \$12.65 (Tier 5)	QL (180 EA per 30 days) PA; ACS LD
XALKORI CAPSULE SPRINKLE 20MG	\$0 - \$12.65 (Tier 5)	QL (240 EA per 30 days) PA; ACS LD
XALKORI CAPSULE 200MG, 250MG	\$0 - \$12.65 (Tier 5)	QL (120 EA per 30 days) PA; ACS LD
XOSPATA TABLET 40MG	\$0 - \$12.65 (Tier 5)	PA; ACS LD
XPOVIO 60 MG TWICE WEEKLY TABLET THERAPY PACK 20MG	\$0 - \$12.65 (Tier 5)	QL (24 EA per 28 days) PA; LD
XPOVIO 80 MG TWICE WEEKLY TABLET THERAPY PACK 20MG	\$0 - \$12.65 (Tier 5)	QL (32 EA per 28 days) PA; LD
XPOVIO TABLET THERAPY PACK 40MG ONCE WEEKLY (16 TABLET PACK)	\$0 - \$12.65 (Tier 5)	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 - \$12.65 (Tier 5)	QL (4 EA per 28 days) PA; LD

**If you have questions**, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (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/MICHDSNP](https://www.aetna.com/MICHDSNP)**



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
XPOVIO TABLET THERAPY PACK 100MG ONCE WEEKLY, 80MG ONCE WEEKLY, 40MG TWICE WEEKLY	\$0 - \$12.65 (Tier 5)	QL (8 EA per 28 days) PA; LD
ZEJULA TABLET 100MG, 200MG, 300MG	\$0 - \$12.65 (Tier 5)	QL (30 EA per 30 days) PA; ACS LD
ZELBORAF TABLET 240MG	\$0 - \$12.65 (Tier 5)	QL (240 EA per 30 days) PA; ACS LD
ZIRABEV INJECTION 100MG/4ML, 400MG/16ML	\$0 - \$12.65 (Tier 5)	PA; ACS LD
ZOLINZA CAPSULE 100MG	\$0 - \$12.65 (Tier 5)	PA; ACS LD
ZYDELIG TABLET 100MG, 150MG	\$0 - \$12.65 (Tier 5)	QL (60 EA per 30 days) PA; ACS LD
ZYKADIA TABLET 150MG	\$0 - \$12.65 (Tier 5)	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



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (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/MICHDSNP](https://www.aetna.com/MICHDSNP)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>quinapril/hydrochlorothiazide tablet 12.5mg; 10mg</i>	\$0 (Tier 1)	
<i>quinapril/hydrochlorothiazide tablet 12.5mg; 20mg, 25mg; 20mg</i>	\$0 (Tier 1)	MO
<i>trandolapril/verapamil hcl er tablet extended release 1mg; 240mg, 2mg; 180mg, 2mg; 240mg, 4mg; 240mg</i>	\$0 (Tier 1)	MO
<b>ACE INHIBITORS</b>		
<i>benazepril hydrochloride tablet 10mg, 20mg, 40mg, 5mg</i>	\$0 (Tier 1)	MO
<i>captopril tablet 100mg, 12.5mg, 25mg, 50mg</i>	\$0 (Tier 1)	MO
<i>enalapril maleate tablet 10mg, 2.5mg, 20mg, 5mg</i>	\$0 (Tier 1)	MO
<i>fosinopril sodium tablet 10mg, 20mg, 40mg</i>	\$0 (Tier 1)	MO
<i>lisinopril tablet 10mg, 2.5mg, 20mg, 30mg, 40mg, 5mg</i>	\$0 (Tier 1)	MO
<i>moexipril hydrochloride tablet 15mg, 7.5mg</i>	\$0 (Tier 1)	MO
<i>perindopril erbumine tablet 2mg, 4mg, 8mg</i>	\$0 (Tier 1)	MO
<i>quinapril hydrochloride tablet 10mg, 20mg, 40mg, 5mg</i>	\$0 (Tier 1)	MO
<i>ramipril capsule 1.25mg, 10mg, 2.5mg, 5mg</i>	\$0 (Tier 1)	MO
<i>trandolapril tablet 1mg, 2mg, 4mg</i>	\$0 (Tier 1)	MO
<b>ALDOSTERONE RECEPTOR ANTAGONISTS</b>		
<i>eplerenone tablet 25mg, 50mg</i>	\$0 - \$12.65 (Tier 4)	MO
KERENDIA TABLET 10MG, 20MG, 40MG	\$0 - \$12.65 (Tier 3)	QL (30 EA per 30 days) MO
<i>spironolactone tablet 100mg, 25mg, 50mg</i>	\$0 (Tier 1)	MO
<b>ALPHA BLOCKERS</b>		
<i>doxazosin mesylate tablet 1mg, 2mg, 4mg, 8mg</i>	\$0 (Tier 2)	MO
<i>prazosin hydrochloride capsule 1mg, 2mg, 5mg</i>	\$0 (Tier 2)	MO
<i>terazosin hcl capsule 10mg, 1mg, 5mg</i>	\$0 (Tier 1)	MO
<i>terazosin hydrochloride capsule 2mg</i>	\$0 (Tier 1)	MO

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at 1-855-676-5772 (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/MICHDSNP](https://www.aetna.com/MICHDSNP)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<b>ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS</b>		
<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 - \$12.65 (Tier 4)	QL (30 EA per 30 days) MO
ENTRESTO CAPSULE SPRINKLE 15MG; 16MG, 6MG; 6MG	\$0 - \$12.65 (Tier 3)	MO
<i>irbesartan/hydrochlorothiazide tablet 12.5mg; 300mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>irbesartan/hydrochlorothiazide tablet 12.5mg; 150mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>losartan potassium/hydrochlorothiazide tablet 12.5mg; 100mg, 12.5mg; 50mg, 25mg; 100mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>olmesartan medoxomil/amlodipine/hydrochlorothiazide tablet 10mg; 12.5mg; 40mg, 10mg; 25mg; 40mg, 5mg; 12.5mg; 20mg, 5mg; 12.5mg; 40mg, 5mg; 25mg; 40mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>olmesartan medoxomil/hydrochlorothiazide tablet 12.5mg; 20mg, 12.5mg; 40mg, 25mg; 40mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>sacubitril/valsartan tablet 24mg; 26mg, 49mg; 51mg, 97mg; 103mg</i>	\$0 - \$12.65 (Tier 3)	MO
<i>telmisartan/amlodipine tablet 10mg; 40mg, 10mg; 80mg, 5mg; 40mg, 5mg; 80mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO



**If you have questions**, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (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/MICHDSNP](https://www.aetna.com/MICHDSNP)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>		
<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 - \$12.65 (Tier 4)	QL (30 EA per 30 days) MO
<i>irbesartan tablet 150mg, 300mg, 75mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>losartan potassium tablet 100mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>losartan potassium tablet 25mg, 50mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>olmesartan medoxomil tablet 20mg, 40mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>olmesartan medoxomil tablet 5mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>telmisartan tablet 20mg, 40mg, 80mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>valsartan tablet 320mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>valsartan tablet 160mg, 40mg, 80mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<b>ANTIARRHYTHMICS</b>		
<i>amiodarone hydrochloride injection 150mg/3ml, 50mg/ml, 900mg/18ml</i>	\$0 - \$12.65 (Tier 4)	
<i>amiodarone hydrochloride tablet 100mg, 200mg, 400mg</i>	\$0 (Tier 2)	MO
<i>disopyramide phosphate capsule 100mg, 150mg</i>	\$0 - \$12.65 (Tier 4)	PA MO
<i>dofetilide capsule 125mcg, 250mcg, 500mcg</i>	\$0 - \$12.65 (Tier 4)	ACS LD
<i>flecainide acetate tablet 100mg, 150mg, 50mg</i>	\$0 (Tier 2)	MO
LIDOCAINE HCL IN D5W INJECTION 5%; 4MG/ML	\$0 - \$12.65 (Tier 4)	

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at 1-855-676-5772 (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/MICHDSNP](https://www.aetna.com/MICHDSNP)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
LIDOCAINE HCL INJECTION 100MG/5ML	\$0 - \$12.65 (Tier 4)	
<i>lidocaine hcl injection prefilled syringe 100mg/5ml, 50mg/5ml</i>	\$0 - \$12.65 (Tier 4)	
MULTAQ TABLET 400MG	\$0 - \$12.65 (Tier 4)	MO
NORPACE CR CAPSULE EXTENDED RELEASE 12 HOUR 100MG, 150MG	\$0 - \$12.65 (Tier 4)	MO
<i>pacerone tablet 100mg, 200mg, 400mg</i>	\$0 (Tier 2)	
<i>propafenone hcl tablet 150mg, 225mg, 300mg</i>	\$0 (Tier 2)	MO
<i>propafenone hydrochloride er capsule extended release 12 hour 225mg, 325mg, 425mg</i>	\$0 - \$12.65 (Tier 4)	MO
<i>propafenone hydrochloride tablet 150mg, 225mg, 300mg</i>	\$0 (Tier 2)	MO
<i>quinidine sulfate tablet 200mg, 300mg</i>	\$0 (Tier 2)	MO
<i>sotalol hcl tablet 120mg, 160mg, 240mg</i>	\$0 (Tier 2)	MO
<i>sotalol hydrochloride (af) tablet 120mg, 160mg, 80mg</i>	\$0 (Tier 2)	MO
<i>sotalol hydrochloride tablet 80mg</i>	\$0 (Tier 2)	MO
<b>ANTILIPEMICS, FIBRATES</b>		
<i>fenofibrate micronized capsule 134mg, 200mg, 67mg</i>	\$0 (Tier 2)	MO
<i>fenofibrate capsule 130mg, 150mg, 43mg, 50mg</i>	\$0 (Tier 2)	MO
<i>fenofibrate tablet 145mg, 160mg, 40mg, 48mg, 54mg</i>	\$0 (Tier 2)	MO
<i>fenofibric acid dr capsule delayed release 135mg, 45mg</i>	\$0 (Tier 2)	MO
<i>gemfibrozil tablet 600mg</i>	\$0 (Tier 2)	MO
<b>ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS</b>		
<i>atorvastatin calcium tablet 10mg, 20mg, 40mg, 80mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at 1-855-676-5772 (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/MICHDSNP](https://www.aetna.com/MICHDSNP)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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
<i>simvastatin tablet 10mg, 20mg, 40mg, 5mg, 80mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<b>ANTILIPEMICS, MISCELLANEOUS</b>		
<i>cholestyramine light packet 4gm</i>	\$0 - \$12.65 (Tier 4)	MO
<i>cholestyramine light powder 4gm/dose</i>	\$0 - \$12.65 (Tier 4)	MO
<i>cholestyramine packet 4gm</i>	\$0 - \$12.65 (Tier 4)	MO
<i>cholestyramine powder 4gm/dose</i>	\$0 - \$12.65 (Tier 4)	MO
<i>colesevelam hydrochloride packet 3.75gm</i>	\$0 - \$12.65 (Tier 3)	MO
<i>colesevelam hydrochloride tablet 625mg</i>	\$0 - \$12.65 (Tier 3)	MO
<i>colestipol hydrochloride granules 5gm</i>	\$0 - \$12.65 (Tier 4)	MO
<i>colestipol hydrochloride packet 5gm</i>	\$0 - \$12.65 (Tier 4)	MO

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (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/MICHDSNP](https://www.aetna.com/MICHDSNP)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>colestipol hydrochloride tablet 1gm</i>	\$0 - \$12.65 (Tier 4)	MO
<i>ezetimibe/simvastatin tablet 10mg; 10mg, 10mg; 20mg, 10mg; 40mg, 10mg; 80mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>ezetimibe tablet 10mg</i> NEXLETOL TABLET 180MG	\$0 (Tier 2) \$0 - \$12.65 (Tier 3)	MO QL (30 EA per 30 days) MO
NEXLIZET TABLET 180MG; 10MG	\$0 - \$12.65 (Tier 3)	QL (30 EA per 30 days) MO
<i>niacin er tablet extended release 1000mg, 750mg</i>	\$0 (Tier 2)	MO
<i>niacin er tablet extended release 500mg</i> <i>niacin tablet 500mg</i>	\$0 (Tier 2) \$0 - \$12.65 (Tier 4)	QL (60 EA per 30 days) MO MO
<i>niacor tablet 500mg</i>	\$0 - \$12.65 (Tier 4)	MO
<i>omega-3-acid ethyl esters capsule 375mg; 465mg; 1gm</i>	\$0 - \$12.65 (Tier 4)	QL (120 EA per 30 days) PA MO
<i>prevalite packet 4gm</i>	\$0 - \$12.65 (Tier 4)	
<i>prevalite powder 4gm/dose</i>	\$0 - \$12.65 (Tier 4)	
REPATHA PUSHTRONEX SYSTEM INJECTION 420MG/3.5ML	\$0 - \$12.65 (Tier 3)	PA
REPATHA SURECLICK INJECTION 140MG/ ML	\$0 - \$12.65 (Tier 3)	PA



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at 1-855-676-5772 (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/MICHDSNP](https://www.aetna.com/MICHDSNP)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
REPATHA INJECTION 140MG/ML	\$0 - \$12.65 (Tier 3)	PA MO
VASCEPA CAPSULE 0.5GM, 1GM	\$0 - \$12.65 (Tier 4)	MO
<b>BETA-BLOCKER/DIURETIC COMBINATIONS</b>		
<i>atenolol/chlorthalidone tablet 100mg; 25mg, 50mg; 25mg</i>	\$0 (Tier 1)	MO
<i>bisoprolol fumarate/hydrochlorothiazide tablet 10mg; 6.25mg, 2.5mg; 6.25mg, 5mg; 6.25mg</i>	\$0 (Tier 2)	MO
<i>metoprolol/hydrochlorothiazide tablet 25mg; 100mg, 25mg; 50mg, 50mg; 100mg</i>	\$0 (Tier 2)	MO
<b>BETA-BLOCKERS</b>		
<i>acebutolol hydrochloride capsule 200mg, 400mg</i>	\$0 (Tier 2)	MO
<i>atenolol tablet 100mg, 25mg, 50mg</i>	\$0 (Tier 1)	MO
<i>betaxolol hcl tablet 10mg, 20mg</i>	\$0 - \$12.65 (Tier 3)	MO
<i>bisoprolol fumarate tablet 10mg, 5mg</i>	\$0 (Tier 2)	MO
<i>bisoprolol fumarate tablet 2.5mg</i>	\$0 - \$12.65 (Tier 4)	MO
<i>carvedilol phosphate er capsule extended release 24 hour 10mg, 20mg, 40mg, 80mg</i>	\$0 - \$12.65 (Tier 4)	QL (30 EA per 30 days) MO
<i>carvedilol tablet 12.5mg, 25mg, 3.125mg, 6.25mg</i>	\$0 (Tier 1)	MO
<i>labetalol hydrochloride injection 5mg/ml</i>	\$0 - \$12.65 (Tier 4)	
<i>labetalol hydrochloride tablet 100mg, 200mg, 300mg, 400mg</i>	\$0 (Tier 2)	MO
<i>metoprolol succinate er tablet extended release 24 hour 100mg, 200mg, 25mg, 50mg</i>	\$0 (Tier 1)	MO

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at 1-855-676-5772 (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/MICHDSNP](https://www.aetna.com/MICHDSNP)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>metoprolol tartrate injection 5mg/5ml</i>	\$0 - \$12.65 (Tier 4)	
<i>metoprolol tartrate tablet 100mg, 25mg, 37.5mg, 50mg, 75mg</i>	\$0 (Tier 1)	MO
<i>nadolol tablet 20mg, 40mg, 80mg</i>	\$0 - \$12.65 (Tier 4)	MO
<i>nebivolol hydrochloride tablet 10mg, 2.5mg, 5mg</i>	\$0 - \$12.65 (Tier 3)	QL (30 EA per 30 days) MO
<i>nebivolol hydrochloride tablet 20mg</i>	\$0 - \$12.65 (Tier 3)	QL (60 EA per 30 days) MO
<i>pindolol tablet 10mg, 5mg</i>	\$0 (Tier 2)	MO
<i>propranolol hcl injection 1mg/ml</i>	\$0 - \$12.65 (Tier 4)	
<i>propranolol hcl oral solution 40mg/5ml</i>	\$0 (Tier 2)	MO
<i>propranolol hcl tablet 40mg</i>	\$0 (Tier 2)	MO
<i>propranolol hydrochloride er capsule extended release 24 hour 120mg, 160mg, 60mg, 80mg</i>	\$0 (Tier 2)	MO
<i>propranolol hydrochloride solution 20mg/5ml</i>	\$0 (Tier 2)	MO
<i>propranolol hydrochloride tablet 10mg, 20mg, 60mg, 80mg</i>	\$0 (Tier 2)	MO
<i>timolol maleate tablet 10mg, 20mg, 5mg</i>	\$0 (Tier 1)	MO
<b>CALCIUM CHANNEL BLOCKERS</b>		
<i>amlodipine besylate tablet 10mg, 2.5mg, 5mg</i>	\$0 (Tier 1)	MO
<i>cartia xt capsule extended release 24 hour 120mg, 180mg, 240mg, 300mg</i>	\$0 (Tier 2)	
<i>dilt-xr capsule extended release 24 hour 120mg, 180mg, 240mg</i>	\$0 (Tier 2)	MO
<i>diltiazem hcl er capsule extended release 12 hour (generic Cardizem SR) 120mg, 60mg, 90mg</i>	\$0 (Tier 2)	MO



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at 1-855-676-5772 (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/MICHDSNP](https://www.aetna.com/MICHDSNP)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>diltiazem hcl er capsule extended release 24 hour (generic Tiazac) 120mg, 180mg, 240mg, 420mg</i>	\$0 (Tier 2)	MO
<i>diltiazem hcl er tablet extended release 24 hour (generic Cardizem LA) 240mg, 300mg, 360mg, 420mg</i>	\$0 (Tier 2)	MO
DILTIAZEM HCL INJECTION 100MG	\$0 - \$12.65 (Tier 4)	
<i>diltiazem hcl injection 50mg/10ml</i>	\$0 - \$12.65 (Tier 4)	
<i>diltiazem hcl tablet 30mg, 60mg</i>	\$0 (Tier 2)	MO
<i>diltiazem hydrochloride er capsule extended release 24 hour (generic Cardizem CD, Dilacor XR, and Tiazac) 120mg, 180mg, 240mg, 300mg, 360mg</i>	\$0 (Tier 2)	MO
<i>diltiazem hydrochloride er tablet extended release 24 hour (generic Cardizem LA) 120mg, 180mg, 240mg, 300mg, 360mg</i>	\$0 (Tier 2)	MO
<i>diltiazem hydrochloride injection 125mg/25ml, 25mg/5ml</i>	\$0 - \$12.65 (Tier 4)	
<i>diltiazem hydrochloride tablet 120mg, 90mg</i>	\$0 (Tier 2)	MO
<i>felodipine er tablet extended release 24 hour 10mg, 2.5mg, 5mg</i>	\$0 (Tier 2)	MO
<i>isradipine capsule 2.5mg, 5mg</i>	\$0 (Tier 2)	MO
<i>matzim la tablet extended release 24 hour 180mg, 240mg, 300mg, 360mg, 420mg</i>	\$0 (Tier 2)	MO
<i>nicardipine hcl capsule 20mg, 30mg</i>	\$0 - \$12.65 (Tier 4)	MO
<i>nifedipine er tablet extended release 24 hour 30mg (generic Procardia XL), 60mg (generic Procardia XL), 90mg (generic Adalat CC and Procardia XL)</i>	\$0 (Tier 2)	MO

**If you have questions**, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (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/MICHDSNP](https://www.aetna.com/MICHDSNP)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>nifedipine er tablet extended release 24 hour (generic Adalat CC) 30mg, 60mg</i>	\$0 - \$12.65 (Tier 3)	MO
<i>nisoldipine er tablet extended release 24 hour 17mg, 20mg, 25.5mg, 30mg, 34mg, 40mg, 8.5mg</i>	\$0 - \$12.65 (Tier 4)	MO
<i>tiadylt er capsule extended release 24 hour 120mg, 180mg, 240mg, 300mg, 360mg</i>	\$0 (Tier 2)	
<i>tiadylt er capsule extended release 24 hour 420mg</i>	\$0 (Tier 2)	MO
<i>verapamil hcl er capsule extended release 24 hour (generic Verelan PM and Verelan SR) 100mg, 120mg, 180mg, 240mg, 300mg</i>	\$0 (Tier 2)	MO
<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 - \$12.65 (Tier 3)	MO
<i>verapamil hcl sr capsule extended release 24 hour (generic Verelan SR) 120mg, 180mg, 240mg</i>	\$0 (Tier 2)	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 2)	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 - \$12.65 (Tier 3)	MO
<i>verapamil hydrochloride injection 2.5mg/ml</i>	\$0 - \$12.65 (Tier 4)	MO
<i>verapamil hydrochloride tablet 120mg</i>	\$0 (Tier 1)	MO



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at 1-855-676-5772 (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/MICHDSNP](https://www.aetna.com/MICHDSNP)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<b>DIURETICS</b>		
<i>acetazolamide er capsule extended release 12 hour 500mg</i>	\$0 - \$12.65 (Tier 4)	MO
<i>acetazolamide tablet 125mg, 250mg</i>	\$0 - \$12.65 (Tier 4)	MO
<i>amiloride hcl tablet 5mg</i>	\$0 (Tier 2)	MO
<i>amiloride/hydrochlorothiazide tablet 5mg; 50mg</i>	\$0 (Tier 2)	MO
<i>bumetanide injection 0.25mg/ml</i>	\$0 - \$12.65 (Tier 4)	MO
<i>bumetanide tablet 0.5mg, 1mg, 2mg</i>	\$0 (Tier 2)	MO
<i>chlorthalidone tablet 25mg, 50mg</i>	\$0 (Tier 2)	MO
<i>furosemide injection 10mg/ml</i>	\$0 - \$12.65 (Tier 4)	MO
<i>furosemide oral solution 10mg/ml, 40mg/5ml</i>	\$0 (Tier 1)	MO
<i>furosemide tablet 20mg, 40mg, 80mg</i>	\$0 (Tier 1)	MO
<i>hydrochlorothiazide capsule 12.5mg</i>	\$0 (Tier 1)	MO
<i>hydrochlorothiazide tablet 12.5mg, 25mg, 50mg</i>	\$0 (Tier 1)	MO
<i>indapamide tablet 1.25mg, 2.5mg</i>	\$0 (Tier 1)	MO
<i>methazolamide tablet 25mg, 50mg</i>	\$0 - \$12.65 (Tier 4)	MO
<i>metolazone tablet 10mg, 2.5mg, 5mg</i>	\$0 (Tier 2)	MO
<i>spironolactone/hydrochlorothiazide tablet 25mg; 25mg</i>	\$0 (Tier 2)	MO
<i>toremide tablet 100mg, 10mg, 20mg, 5mg</i>	\$0 (Tier 2)	MO
<i>triamterene/hydrochlorothiazide capsule 25mg; 37.5mg</i>	\$0 (Tier 1)	MO
<i>triamterene/hydrochlorothiazide tablet 25mg; 37.5mg, 50mg; 75mg</i>	\$0 (Tier 1)	MO
<b>MISCELLANEOUS</b>		
<i>aliskiren tablet 150mg, 300mg</i>	\$0 (Tier 1)	MO

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at 1-855-676-5772 (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/MICHDSNP](https://www.aetna.com/MICHDSNP)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>amlodipine besylate/atorvastatin calcium tablet 10mg; 10mg, 10mg; 20mg, 10mg; 40mg, 10mg; 80mg, 2.5mg; 10mg, 2.5mg; 20mg, 2.5mg; 40mg, 5mg; 10mg, 5mg; 20mg, 5mg; 40mg, 5mg; 80mg</i>	\$0 (Tier 1)	MO
<i>clonidine hydrochloride tablet 0.1mg, 0.2mg, 0.3mg</i>	\$0 (Tier 1)	MO
<i>clonidine patch weekly 0.1mg/24hr</i>	\$0 (Tier 2)	QL (8 EA per 28 days) MO
<i>clonidine patch weekly 0.2mg/24hr, 0.3mg/24hr</i>	\$0 - \$12.65 (Tier 4)	QL (8 EA per 28 days) MO
CORLANOR SOLUTION 5MG/5ML	\$0 - \$12.65 (Tier 4)	
<i>digoxin injection 0.25mg/ml</i>	\$0 - \$12.65 (Tier 4)	MO
<i>digoxin oral solution 0.05mg/ml</i>	\$0 - \$12.65 (Tier 3)	MO
<i>digoxin tablet 125mcg, 250mcg</i>	\$0 (Tier 2)	QL (30 EA per 30 days) MO
<i>digoxin tablet 62.5mcg</i>	\$0 (Tier 2)	QL (90 EA per 30 days) MO
<i>digox tablet 125mcg, 250mcg</i>	\$0 (Tier 2)	QL (30 EA per 30 days)
<i>droxidopa capsule 200mg</i>	\$0 - \$12.65 (Tier 4)	QL (180 EA per 30 days) PA; ACS LD
<i>droxidopa capsule 100mg</i>	\$0 - \$12.65 (Tier 4)	QL (90 EA per 30 days) PA; ACS LD
<i>droxidopa capsule 300mg</i>	\$0 - \$12.65 (Tier 5)	QL (180 EA per 30 days) PA; ACS LD
<i>guanfacine hydrochloride tablet 1mg, 2mg</i>	\$0 - \$12.65 (Tier 4)	PA MO
<i>hydralazine hydrochloride injection 20mg/ml</i>	\$0 - \$12.65 (Tier 4)	MO



**If you have questions**, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (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/MICHDSNP](https://www.aetna.com/MICHDSNP)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>hydralazine hydrochloride tablet 100mg, 10mg, 25mg, 50mg</i>	\$0 (Tier 1)	MO
<i>isosorbide dinitrate/hydralazine hydrochloride tablet 37.5mg; 20mg</i>	\$0 - \$12.65 (Tier 4)	MO
<i>ivabradine hydrochloride tablet 5mg, 7.5mg</i>	\$0 - \$12.65 (Tier 4)	MO
<i>metyrosine capsule 250mg</i>	\$0 - \$12.65 (Tier 5)	PA; ACS LD
<i>midodrine hydrochloride tablet 10mg, 2.5mg, 5mg</i>	\$0 - \$12.65 (Tier 4)	MO
<i>minoxidil tablet 10mg, 2.5mg</i>	\$0 (Tier 2)	MO
<i>ranolazine er tablet extended release 12 hour 1000mg, 500mg</i>	\$0 - \$12.65 (Tier 4)	MO
VERQUVO TABLET 10MG, 2.5MG, 5MG	\$0 - \$12.65 (Tier 3)	MO
<b>NITRATES</b>		
<i>isosorbide dinitrate tablet 10mg, 20mg, 30mg, 5mg</i>	\$0 (Tier 2)	MO
<i>isosorbide dinitrate tablet 40mg</i>	\$0 - \$12.65 (Tier 4)	MO
<i>isosorbide mononitrate er tablet extended release 24 hour 120mg, 30mg, 60mg</i>	\$0 (Tier 2)	MO
NITRO-BID OINTMENT 2%	\$0 - \$12.65 (Tier 3)	MO
<i>nitroglycerin transdermal patch 24 hour 0.1mg/hr, 0.2mg/hr, 0.4mg/hr, 0.6mg/hr</i>	\$0 (Tier 2)	MO
NITROGLYCERIN INJECTION 5MG/ML	\$0 - \$12.65 (Tier 4)	

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at 1-855-676-5772 (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/MICHDSNP](https://www.aetna.com/MICHDSNP)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>nitroglycerin translingual solution 0.4mg/spray</i>	\$0 - \$12.65 (Tier 4)	MO
<i>nitroglycerin tablet sublingual 0.3mg, 0.4mg, 0.6mg</i>	\$0 (Tier 2)	MO
<b>PULMONARY ARTERIAL HYPERTENSION</b>		
ADEMPAS TABLET 0.5MG, 1.5MG, 1MG, 2.5MG, 2MG	\$0 - \$12.65 (Tier 5)	QL (90 EA per 30 days) PA; ACS LD
<i>ambrisentan tablet 10mg, 5mg</i>	\$0 - \$12.65 (Tier 5)	QL (30 EA per 30 days) PA; ACS LD
<i>bosentan tablet soluble 32mg</i>	\$0 - \$12.65 (Tier 5)	QL (120 EA per 30 days) PA; ACS LD
<i>bosentan tablet 62.5mg</i>	\$0 - \$12.65 (Tier 5)	QL (120 EA per 30 days) PA; ACS LD
<i>bosentan tablet 125mg</i>	\$0 - \$12.65 (Tier 5)	QL (60 EA per 30 days) PA; ACS LD
<i>epoprostenol sodium injection 0.5mg</i>	\$0 - \$12.65 (Tier 4)	B/D; ACS LD
<i>epoprostenol sodium injection 1.5mg</i>	\$0 - \$12.65 (Tier 5)	B/D; ACS LD
OPSUMIT TABLET 10MG	\$0 - \$12.65 (Tier 5)	QL (30 EA per 30 days) PA; ACS LD
<i>sildenafil citrate (generic Revatio) tablet 20mg</i>	\$0 - \$12.65 (Tier 3)	QL (360 EA per 30 days) PA; ACS LD
<i>sildenafil injection 10mg/12.5ml</i>	\$0 - \$12.65 (Tier 5)	QL (1125 ML per 30 days) PA; ACS LD



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (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/MICHDSNP](https://www.aetna.com/MICHDSNP)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>tadalafil (generic Adcirca) tablet 20mg</i>	\$0 - \$12.65 (Tier 5)	PA; ACS LD
TYVASO REFILL KIT SOLUTION 0.6MG/ML	\$0 - \$12.65 (Tier 5)	PA; ACS LD
TYVASO STARTER KIT SOLUTION 0.6MG/ML	\$0 - \$12.65 (Tier 5)	PA; ACS LD
TYVASO SOLUTION 0.6MG/ML	\$0 - \$12.65 (Tier 5)	PA; ACS LD
UPTRAVI TITRATION PACK TABLET THERAPY PACK 200MCG; 800MCG	\$0 - \$12.65 (Tier 5)	QL (200 EA per 28 days) PA; ACS LD
UPTRAVI INJECTION 1800MCG	\$0 - \$12.65 (Tier 5)	QL (60 EA per 30 days) PA; LD
UPTRAVI TABLET 200MCG	\$0 - \$12.65 (Tier 5)	QL (140 EA per 28 days) PA; ACS LD
UPTRAVI TABLET 1000MCG, 1200MCG, 1400MCG, 1600MCG, 400MCG, 600MCG, 800MCG	\$0 - \$12.65 (Tier 5)	QL (60 EA per 30 days) PA; ACS LD
WINREVAIR INJECTION (1 VIAL KIT) 45MG, 60MG	\$0 - \$12.65 (Tier 5)	QL (1 EA per 21 days) PA; ACS LD
WINREVAIR INJECTION (2 VIAL KIT) 45MG, 60MG	\$0 - \$12.65 (Tier 5)	QL (2 EA per 21 days) PA; ACS LD
<b>CENTRAL NERVOUS SYSTEM</b>		
<b>ANTIANXIETY</b>		
ALPRAZOLAM INTENSOL CONCENTRATE 1MG/ML	\$0 - \$12.65 (Tier 4)	QL (300 ML per 30 days) PA MO; HRM
<i>alprazolam tablet 0.25mg, 0.5mg</i>	\$0 (Tier 2)	QL (120 EA per 30 days) PA MO; HRM

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (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/MICHDSNP](https://www.aetna.com/MICHDSNP)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>alprazolam tablet 1mg, 2mg</i>	\$0 (Tier 2)	QL (150 EA per 30 days) PA MO; HRM
<i>buspirone hcl tablet 15mg</i>	\$0 (Tier 1)	MO
<i>buspirone hydrochloride tablet 10mg, 30mg, 5mg, 7.5mg</i>	\$0 (Tier 1)	MO
<i>chlordiazepoxide hcl capsule 10mg, 5mg</i>	\$0 - \$12.65 (Tier 4)	QL (120 EA per 30 days) PA MO; HRM
<i>chlordiazepoxide hydrochloride capsule 25mg</i>	\$0 - \$12.65 (Tier 4)	QL (120 EA per 30 days) PA MO; HRM
<i>fluvoxamine maleate er capsule extended release 24 hour 100mg, 150mg</i>	\$0 - \$12.65 (Tier 4)	QL (60 EA per 30 days) MO; HRM
<i>fluvoxamine maleate tablet 100mg, 25mg, 50mg</i>	\$0 (Tier 2)	MO; HRM
<i>lorazepam intensol concentrate 2mg/ml</i>	\$0 (Tier 2)	QL (150 ML per 30 days) PA MO; HRM
<i>lorazepam injection 2mg/ml, 4mg/ml</i>	\$0 - \$12.65 (Tier 4)	QL (150 ML per 30 days) PA MO; HRM
<i>lorazepam tablet 0.5mg</i>	\$0 (Tier 2)	QL (120 EA per 30 days) PA MO; HRM
<i>lorazepam tablet 1mg, 2mg</i>	\$0 (Tier 2)	QL (150 EA per 30 days) PA MO; HRM
<i>oxazepam capsule 10mg, 15mg, 30mg</i>	\$0 - \$12.65 (Tier 4)	QL (120 EA per 30 days) PA MO; HRM
<b>ANTIDEMENTIA</b>		
<i>donepezil hcl tablet disintegrating 10mg, 5mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>donepezil hcl tablet 10mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>donepezil hcl tablet 23mg</i>	\$0 (Tier 2)	QL (30 EA per 30 days) MO
<i>donepezil hydrochloride tablet 5mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>galantamine hydrobromide er capsule extended release 24 hour 16mg, 24mg, 8mg</i>	\$0 - \$12.65 (Tier 4)	QL (30 EA per 30 days) MO



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (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/MICHDSNP](https://www.aetna.com/MICHDSNP)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>galantamine hydrobromide solution 4mg/ml</i>	\$0 - \$12.65 (Tier 4)	QL (200 ML per 30 days) MO
<i>galantamine hydrobromide tablet 12mg, 4mg, 8mg</i>	\$0 - \$12.65 (Tier 4)	QL (60 EA per 30 days) MO
<i>memantine hcl titration pak tablet 10mg; 5mg</i> <i>memantine hydrochloride er capsule extended release 24 hour 14mg, 21mg, 28mg, 7mg</i>	\$0 (Tier 2) \$0 - \$12.65 (Tier 4)	QL (98 EA per 365 days) PA PA MO
<i>memantine hydrochloride solution 2mg/ml</i>	\$0 (Tier 2)	QL (360 ML per 30 days) PA MO
<i>memantine hydrochloride tablet 10mg, 5mg</i> NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR 10MG; 14MG, 10MG; 21MG, 10MG; 28MG, 10MG; 7MG	\$0 (Tier 2) \$0 - \$12.65 (Tier 4)	QL (60 EA per 30 days) PA MO MO
<i>rivastigmine tartrate capsule 1.5mg, 3mg, 4.5mg, 6mg</i>	\$0 - \$12.65 (Tier 4)	QL (60 EA per 30 days) MO
<i>rivastigmine transdermal system patch 24 hour 13.3mg/24hr, 4.6mg/24hr, 9.5mg/24hr</i>	\$0 - \$12.65 (Tier 4)	QL (30 EA per 30 days) MO
<b>ANTIDEPRESSANTS</b>		
<i>amitriptyline hcl tablet 100mg, 150mg, 25mg, 75mg</i>	\$0 - \$12.65 (Tier 3)	PA MO; HRM
<i>amitriptyline hydrochloride tablet 100mg, 10mg, 25mg, 50mg, 75mg</i>	\$0 - \$12.65 (Tier 3)	PA MO; HRM
<i>amoxapine tablet 100mg, 150mg, 25mg, 50mg</i>	\$0 - \$12.65 (Tier 3)	MO; HRM
AUVELITY TABLET EXTENDED RELEASE 105MG; 45MG	\$0 - \$12.65 (Tier 5)	QL (60 EA per 30 days) PA MO
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 100mg, 150mg, 200mg</i>	\$0 (Tier 2)	QL (60 EA per 30 days) MO

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (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/MICHDSNP](https://www.aetna.com/MICHDSNP)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
BUPROPION HYDROCHLORIDE ER (XL) TABLET EXTENDED RELEASE 24 HOUR 450MG	\$0 - \$12.65 (Tier 4)	QL (30 EA per 30 days)
<i>bupropion hydrochloride er (xl) tablet extended release 24 hour 150mg, 300mg</i>	\$0 (Tier 2)	QL (30 EA per 30 days) MO
<i>bupropion hydrochloride tablet 100mg</i>	\$0 (Tier 2)	QL (120 EA per 30 days) MO
<i>bupropion hydrochloride tablet 75mg</i>	\$0 (Tier 2)	QL (180 EA per 30 days) MO
<i>citalopram hydrobromide solution 10mg/5ml</i>	\$0 (Tier 2)	QL (600 ML per 30 days) MO; HRM
<i>citalopram hydrobromide tablet 10mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO; HRM
<i>citalopram hydrobromide tablet 40mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO; HRM
<i>citalopram hydrobromide tablet 20mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO; HRM
<i>clomipramine hydrochloride capsule 25mg, 50mg, 75mg</i>	\$0 - \$12.65 (Tier 4)	PA MO; HRM
<i>desipramine hydrochloride tablet 100mg, 10mg, 150mg, 25mg, 50mg, 75mg</i>	\$0 - \$12.65 (Tier 3)	PA MO; HRM
<i>desvenlafaxine er tablet (generic Pristiq) extended release 24 hour 100mg, 25mg, 50mg</i>	\$0 (Tier 2)	QL (30 EA per 30 days) MO; HRM
<i>doxepin hcl capsule 75mg</i>	\$0 - \$12.65 (Tier 4)	PA MO; HRM
<i>doxepin hcl concentrate 10mg/ml</i>	\$0 - \$12.65 (Tier 4)	PA MO; HRM
<i>doxepin hydrochloride capsule 100mg, 10mg, 150mg, 25mg, 50mg</i>	\$0 - \$12.65 (Tier 4)	PA MO; HRM
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 20MG, 30MG, 60MG	\$0 - \$12.65 (Tier 4)	QL (60 EA per 30 days) PA MO
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 40MG	\$0 - \$12.65 (Tier 4)	QL (90 EA per 30 days) PA MO



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (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/MICHDSNP](https://www.aetna.com/MICHDSNP)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>duloxetine hydrochloride dr (generic Cymbalta)</i> capsule delayed release particles 20mg, 30mg, 60mg	\$0 (Tier 2)	QL (60 EA per 30 days) MO; HRM
<i>duloxetine hydrochloride dr (generic Irenka)</i> capsule delayed release particles 40mg	\$0 - \$12.65 (Tier 4)	QL (60 EA per 30 days) MO; HRM
EMSAM PATCH 24 HOUR 12MG/24HR, 6MG/24HR, 9MG/24HR	\$0 - \$12.65 (Tier 5)	QL (30 EA per 30 days) PA MO
ESCITALOPRAM OXALATE CAPSULE 15MG	\$0 - \$12.65 (Tier 4)	QL (30 EA per 30 days) PA MO
<i>escitalopram oxalate solution 5mg/5ml</i>	\$0 - \$12.65 (Tier 4)	QL (600 ML per 30 days) MO; HRM
<i>escitalopram oxalate tablet 20mg</i>	\$0 (Tier 2)	QL (30 EA per 30 days) MO; HRM
<i>escitalopram oxalate tablet 10mg, 5mg</i>	\$0 (Tier 2)	QL (45 EA per 30 days) MO; HRM
EXXUA TITRATION PACK TABLET EXTENDED RELEASE 24 HOUR 18.2MG	\$0 - \$12.65 (Tier 5)	QL (64 EA per 365 days) PA
EXXUA TABLET EXTENDED RELEASE 24 HOUR 18.2MG, 36.3MG, 54.5MG, 72.6MG	\$0 - \$12.65 (Tier 5)	QL (30 EA per 30 days) PA
FETZIMA TITRATION PACK CAPSULE ER 24 HOUR THERAPY PACK 20MG; 40MG	\$0 - \$12.65 (Tier 4)	PA; HRM
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 120MG, 80MG	\$0 - \$12.65 (Tier 4)	QL (30 EA per 30 days) PA MO; HRM
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 20MG, 40MG	\$0 - \$12.65 (Tier 4)	QL (60 EA per 30 days) PA MO; HRM
<i>fluoxetine dr capsule delayed release 90mg</i>	\$0 - \$12.65 (Tier 4)	QL (4 EA per 28 days) MO; HRM

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (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/MICHDSNP](https://www.aetna.com/MICHDSNP)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>fluoxetine hydrochloride capsule 20mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO; HRM
<i>fluoxetine hydrochloride capsule 10mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO; HRM
<i>fluoxetine hydrochloride capsule 40mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO; HRM
<i>fluoxetine hydrochloride solution 20mg/5ml</i>	\$0 (Tier 2)	MO; HRM
<i>fluoxetine hydrochloride (generic Prozac) tablet 10mg, 20mg, 60mg</i>	\$0 (Tier 2)	MO; HRM
<i>imipramine hcl tablet 25mg, 50mg</i>	\$0 (Tier 2)	PA MO; HRM
<i>imipramine hydrochloride tablet 10mg</i>	\$0 (Tier 2)	PA MO; HRM
MARPLAN TABLET 10MG	\$0 - \$12.65 (Tier 4)	QL (180 EA per 30 days) MO
<i>mirtazapine odt tablet disintegrating 15mg, 30mg, 45mg</i>	\$0 (Tier 2)	QL (30 EA per 30 days) MO
<i>mirtazapine tablet 15mg, 30mg, 45mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>mirtazapine tablet 7.5mg</i>	\$0 (Tier 2)	QL (30 EA per 30 days) MO
<i>nefazodone hydrochloride tablet 100mg, 150mg, 200mg, 250mg, 50mg</i>	\$0 - \$12.65 (Tier 4)	MO
<i>nortriptyline hcl capsule 25mg, 75mg</i>	\$0 - \$12.65 (Tier 3)	MO; HRM
<i>nortriptyline hcl solution 10mg/5ml</i>	\$0 - \$12.65 (Tier 3)	MO; HRM
<i>nortriptyline hydrochloride capsule 10mg, 50mg</i>	\$0 - \$12.65 (Tier 3)	MO; HRM
<i>paroxetine hcl er tablet extended release 24 hour 37.5mg</i>	\$0 - \$12.65 (Tier 4)	QL (60 EA per 30 days) PA MO; HRM
<i>paroxetine hcl er tablet extended release 24 hour 12.5mg, 25mg</i>	\$0 - \$12.65 (Tier 4)	QL (90 EA per 30 days) PA MO; HRM
<i>paroxetine hcl tablet 40mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) PA MO; HRM



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (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/MICHDSNP](https://www.aetna.com/MICHDSNP)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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 - \$12.65 (Tier 4)	QL (900 ML per 30 days) PA MO; HRM
<i>paroxetine hydrochloride tablet 10mg, 20mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) PA MO; HRM
<i>perphenazine/amitriptyline tablet 10mg; 2mg, 10mg; 4mg, 25mg; 2mg, 25mg; 4mg, 50mg; 4mg</i>	\$0 - \$12.65 (Tier 4)	PA MO; HRM
<i>phenelzine sulfate tablet 15mg</i>	\$0 - \$12.65 (Tier 3)	MO
<i>protriptyline hcl tablet 10mg, 5mg</i>	\$0 - \$12.65 (Tier 4)	PA MO; HRM
RALDESY SOLUTION 10MG/ML	\$0 - \$12.65 (Tier 5)	QL (1800 ML per 30 days) PA MO
<i>sertraline hcl concentrate 20mg/ml</i>	\$0 - \$12.65 (Tier 4)	QL (300 ML per 30 days) MO; HRM
<i>sertraline hcl tablet 50mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO; HRM
<i>sertraline hydrochloride tablet 25mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO; HRM
<i>sertraline hydrochloride tablet 100mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO; HRM
<i>tranylcypromine sulfate tablet 10mg</i>	\$0 - \$12.65 (Tier 4)	MO
<i>trazodone hydrochloride tablet 100mg, 150mg, 50mg</i>	\$0 (Tier 1)	MO
<i>trazodone hydrochloride tablet 300mg</i>	\$0 - \$12.65 (Tier 4)	MO

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (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/MICHDSNP](https://www.aetna.com/MICHDSNP)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>trimipramine maleate capsule 50mg</i>	\$0 - \$12.65 (Tier 4)	QL (120 EA per 30 days) PA MO; HRM
<i>trimipramine maleate capsule 25mg</i>	\$0 - \$12.65 (Tier 4)	QL (240 EA per 30 days) PA MO; HRM
<i>trimipramine maleate capsule 100mg</i>	\$0 - \$12.65 (Tier 4)	QL (60 EA per 30 days) PA MO; HRM
TRINTELLIX TABLET 10MG, 20MG, 5MG	\$0 - \$12.65 (Tier 4)	QL (30 EA per 30 days) PA MO
VENLAFAXINE BESYLATE ER TABLET EXTENDED RELEASE 24 HOUR 112.5MG	\$0 - \$12.65 (Tier 4)	QL (60 EA per 30 days) MO; HRM
<i>venlafaxine hydrochloride er capsule extended release 24 hour 37.5mg, 75mg</i>	\$0 (Tier 2)	QL (30 EA per 30 days) MO; HRM
<i>venlafaxine hydrochloride er capsule extended release 24 hour 150mg</i>	\$0 (Tier 2)	QL (60 EA per 30 days) MO; HRM
<i>venlafaxine hydrochloride tablet 100mg, 25mg, 37.5mg, 50mg, 75mg</i>	\$0 (Tier 2)	MO; HRM
<i>vilazodone hydrochloride tablet 10mg, 20mg, 40mg</i>	\$0 - \$12.65 (Tier 4)	QL (30 EA per 30 days) MO
ZURZUVAE CAPSULE 30MG	\$0 - \$12.65 (Tier 5)	QL (14 EA per 14 days) PA; ACS LD
ZURZUVAE CAPSULE 20MG, 25MG	\$0 - \$12.65 (Tier 5)	QL (28 EA per 14 days) PA; ACS LD
<b>ANTIPARKINSONIAN AGENTS</b>		
<i>amantadine hcl capsule 100mg</i>	\$0 (Tier 2)	QL (120 EA per 30 days) MO
<i>amantadine hcl solution 50mg/5ml</i>	\$0 (Tier 2)	MO
<i>amantadine hcl tablet 100mg</i>	\$0 (Tier 2)	MO
<i>amantadine hydrochloride tablet 100mg</i>	\$0 (Tier 2)	MO
<i>benztropine mesylate injection 1mg/ml</i>	\$0 (Tier 2)	MO
<i>benztropine mesylate tablet 0.5mg, 1mg, 2mg</i>	\$0 (Tier 2)	PA MO; HRM



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at 1-855-676-5772 (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/MICHDSNP](https://www.aetna.com/MICHDSNP)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>bromocriptine mesylate capsule 5mg</i>	\$0 - \$12.65 (Tier 4)	MO
<i>bromocriptine mesylate tablet 2.5mg</i>	\$0 - \$12.65 (Tier 4)	MO
<i>carbidopa/levodopa er tablet extended release 25mg; 100mg, 50mg; 200mg</i>	\$0 (Tier 2)	MO
<i>carbidopa/levodopa odt tablet disintegrating 10mg; 100mg, 25mg; 100mg, 25mg; 250mg</i>	\$0 (Tier 2)	MO
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 - \$12.65 (Tier 4)	MO
<i>carbidopa/levodopa tablet 10mg; 100mg, 25mg; 100mg, 25mg; 250mg</i>	\$0 (Tier 1)	MO
<i>carbidopa tablet 25mg</i>	\$0 - \$12.65 (Tier 4)	MO
<i>entacapone tablet 200mg</i>	\$0 - \$12.65 (Tier 4)	MO
INBRIJA CAPSULE 42MG	\$0 - \$12.65 (Tier 5)	QL (300 EA per 30 days) PA; LD
<i>pramipexole dihydrochloride tablet 0.125mg, 0.25mg, 0.5mg, 0.75mg, 1.5mg, 1mg</i>	\$0 (Tier 2)	MO
<i>rasagiline mesylate tablet 0.5mg, 1mg</i>	\$0 - \$12.65 (Tier 3)	MO
<i>ropinirole er tablet extended release 24 hour 6mg</i>	\$0 - \$12.65 (Tier 4)	QL (120 EA per 30 days) MO
<i>ropinirole er tablet extended release 24 hour 4mg</i>	\$0 - \$12.65 (Tier 4)	QL (150 EA per 30 days) MO

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (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/MICHDSNP](https://www.aetna.com/MICHDSNP)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>ropinirole er tablet extended release 24 hour 2mg</i>	\$0 - \$12.65 (Tier 4)	QL (30 EA per 30 days) MO
<i>ropinirole er tablet extended release 24 hour 12mg</i>	\$0 - \$12.65 (Tier 4)	QL (60 EA per 30 days) MO
<i>ropinirole er tablet extended release 24 hour 8mg</i>	\$0 - \$12.65 (Tier 4)	QL (90 EA per 30 days) MO
<i>ropinirole hcl tablet 0.5mg, 1mg, 2mg, 4mg, 5mg</i>	\$0 (Tier 2)	MO
<i>ropinirole hydrochloride tablet 0.25mg, 3mg</i>	\$0 (Tier 2)	MO
<i>selegiline hcl capsule 5mg</i>	\$0 - \$12.65 (Tier 4)	MO
<i>selegiline hcl tablet 5mg</i>	\$0 - \$12.65 (Tier 4)	MO
<i>trihexyphenidyl hcl solution 0.4mg/ml</i>	\$0 - \$12.65 (Tier 4)	MO; HRM
<i>trihexyphenidyl hydrochloride tablet 2mg, 5mg</i>	\$0 (Tier 2)	MO; HRM
<b>ANTIPSYCHOTICS</b>		
ABILIFY ASIMTUFII INJECTION 720MG/2.4ML	\$0 - \$12.65 (Tier 5)	QL (2.4 ML per 56 days) MO
ABILIFY ASIMTUFII INJECTION 960MG/3.2ML	\$0 - \$12.65 (Tier 5)	QL (3.2 ML per 56 days) MO
ABILIFY MAINTENA INJECTION 300MG, 400MG	\$0 - \$12.65 (Tier 5)	QL (1 EA per 28 days) MO; HRM
<i>aripiprazole odt tablet disintegrating 10mg, 15mg</i>	\$0 - \$12.65 (Tier 4)	QL (60 EA per 30 days) MO; HRM
<i>aripiprazole solution 1mg/ml</i>	\$0 - \$12.65 (Tier 4)	QL (900 ML per 30 days) MO; HRM



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (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/MICHDSNP](https://www.aetna.com/MICHDSNP)

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 - \$12.65 (Tier 4)	QL (30 EA per 30 days) MO; HRM
ARISTADA INITIO INJECTION 675MG/2.4ML	\$0 - \$12.65 (Tier 5)	HRM
ARISTADA INJECTION 441MG/1.6ML	\$0 - \$12.65 (Tier 5)	QL (1.6 ML per 28 days); HRM
ARISTADA INJECTION 662MG/2.4ML	\$0 - \$12.65 (Tier 5)	QL (2.4 ML per 28 days); HRM
ARISTADA INJECTION 882MG/3.2ML	\$0 - \$12.65 (Tier 5)	QL (3.2 ML per 28 days); HRM
ARISTADA INJECTION 1064MG/3.9ML	\$0 - \$12.65 (Tier 5)	QL (3.9 ML per 56 days); HRM
<i>asenapine maleate sl tablet sublingual 10mg, 2.5mg, 5mg</i>	\$0 - \$12.65 (Tier 4)	QL (60 EA per 30 days) MO; HRM
CAPLYTA CAPSULE 10.5MG, 21MG, 42MG	\$0 - \$12.65 (Tier 5)	QL (30 EA per 30 days) MO; HRM
<i>chlorpromazine hcl injection 50mg/2ml</i>	\$0 - \$12.65 (Tier 4)	HRM
<i>chlorpromazine hcl injection 25mg/ml</i>	\$0 - \$12.65 (Tier 4)	MO; HRM
<i>chlorpromazine hcl tablet 100mg, 10mg, 200mg, 25mg, 50mg</i>	\$0 - \$12.65 (Tier 4)	MO; HRM
<i>chlorpromazine hydrochloride concentrate 100mg/ml, 30mg/ml</i>	\$0 - \$12.65 (Tier 4)	MO; HRM

**If you have questions**, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (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/MICHDSNP](https://www.aetna.com/MICHDSNP)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>chlorpromazine hydrochloride tablet 100mg, 10mg, 200mg, 25mg, 50mg</i>	\$0 - \$12.65 (Tier 4)	MO; HRM
<i>clozapine odt tablet disintegrating 12.5mg, 25mg</i>	\$0 - \$12.65 (Tier 4)	PA; HRM
<i>clozapine odt tablet disintegrating 200mg</i>	\$0 - \$12.65 (Tier 4)	QL (120 EA per 30 days) PA; HRM
<i>clozapine odt tablet disintegrating 150mg</i>	\$0 - \$12.65 (Tier 4)	QL (180 EA per 30 days) PA; HRM
<i>clozapine odt tablet disintegrating 100mg</i>	\$0 - \$12.65 (Tier 4)	QL (270 EA per 30 days) PA; HRM
<i>clozapine tablet 25mg, 50mg</i>	\$0 - \$12.65 (Tier 3)	HRM
<i>clozapine tablet 200mg</i>	\$0 - \$12.65 (Tier 3)	QL (120 EA per 30 days); HRM
<i>clozapine tablet 100mg</i>	\$0 - \$12.65 (Tier 3)	QL (270 EA per 30 days); HRM
COBENFY STARTER PACK CAPSULE THERAPY PACK 50MG; 20MG & 100MG; 20MG	\$0 - \$12.65 (Tier 5)	QL (112 EA per 365 days) PA MO
COBENFY CAPSULE 20MG; 100MG, 20MG; 50MG, 30MG; 125MG	\$0 - \$12.65 (Tier 5)	QL (60 EA per 30 days) PA MO
ERZOFRI INJECTION 39MG/0.25ML	\$0 - \$12.65 (Tier 4)	QL (0.25 ML per 28 days) MO
ERZOFRI INJECTION 78MG/0.5ML	\$0 - \$12.65 (Tier 5)	QL (0.5 ML per 28 days) MO



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (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/MICHDSNP](https://www.aetna.com/MICHDSNP)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ERZOFRI INJECTION 117MG/0.75ML	\$0 - \$12.65 (Tier 5)	QL (0.75 ML per 28 days) MO
ERZOFRI INJECTION 156MG/ML	\$0 - \$12.65 (Tier 5)	QL (1 ML per 28 days) MO
ERZOFRI INJECTION 234MG/1.5ML	\$0 - \$12.65 (Tier 5)	QL (1.5 ML per 28 days) MO
ERZOFRI INJECTION 351MG/2.25ML	\$0 - \$12.65 (Tier 5)	QL (4.5 ML per 365 days)
FANAPT TITRATION PACK A TABLET 1MG; 2MG; 4MG; 6MG	\$0 - \$12.65 (Tier 4)	PA; HRM
FANAPT TITRATION PACK B TABLET 1MG; 2MG; 6MG; 8MG	\$0 - \$12.65 (Tier 4)	PA
FANAPT TITRATION PACK C TABLET 1MG; 3MG; 6MG	\$0 - \$12.65 (Tier 4)	PA
FANAPT TABLET 10MG, 12MG, 1MG, 2MG, 4MG, 6MG, 8MG	\$0 - \$12.65 (Tier 5)	QL (60 EA per 30 days) PA MO; HRM
<i>fluphenazine decanoate injection 25mg/ml</i>	\$0 - \$12.65 (Tier 4)	MO; HRM
<i>fluphenazine hcl concentrate 5mg/ml</i>	\$0 (Tier 2)	MO; HRM
<i>fluphenazine hydrochloride elixir 2.5mg/5ml</i>	\$0 (Tier 2)	MO; HRM
<i>fluphenazine hydrochloride injection 2.5mg/ml</i>	\$0 - \$12.65 (Tier 4)	MO; HRM
<i>fluphenazine hydrochloride tablet 10mg, 1mg, 2.5mg, 5mg</i>	\$0 (Tier 2)	MO; HRM
<i>haloperidol decanoate injection 100mg/ml, 50mg/ml</i>	\$0 - \$12.65 (Tier 4)	MO; HRM

**If you have questions**, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (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/MICHDSNP](https://www.aetna.com/MICHDSNP)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>haloperidol lactate injection 5mg/ml</i>	\$0 - \$12.65 (Tier 4)	MO; HRM
<i>haloperidol concentrate 2mg/ml</i>	\$0 - \$12.65 (Tier 3)	MO; HRM
<i>haloperidol tablet 0.5mg, 10mg, 1mg, 20mg, 2mg, 5mg</i>	\$0 (Tier 2)	MO; HRM
INVEGA HAFYERA INJECTION 1092MG/3.5ML	\$0 - \$12.65 (Tier 5)	QL (3.5 ML per 180 days); HRM
INVEGA HAFYERA INJECTION 1560MG/5ML	\$0 - \$12.65 (Tier 5)	QL (5 ML per 180 days); HRM
INVEGA SUSTENNA INJECTION 39MG/0.25ML	\$0 - \$12.65 (Tier 4)	QL (0.25 ML per 28 days) MO; HRM
INVEGA SUSTENNA INJECTION 78MG/0.5ML	\$0 - \$12.65 (Tier 5)	QL (0.5 ML per 28 days) MO; HRM
INVEGA SUSTENNA INJECTION 117MG/0.75ML	\$0 - \$12.65 (Tier 5)	QL (0.75 ML per 28 days) MO; HRM
INVEGA SUSTENNA INJECTION 156MG/ML	\$0 - \$12.65 (Tier 5)	QL (1 ML per 28 days) MO; HRM
INVEGA SUSTENNA INJECTION 234MG/1.5ML	\$0 - \$12.65 (Tier 5)	QL (1.5 ML per 28 days) MO; HRM
INVEGA TRINZA INJECTION 273MG/0.88ML	\$0 - \$12.65 (Tier 5)	QL (0.88 ML per 90 days); HRM
INVEGA TRINZA INJECTION 410MG/1.32ML	\$0 - \$12.65 (Tier 5)	QL (1.32 ML per 90 days); HRM
INVEGA TRINZA INJECTION 546MG/1.75ML	\$0 - \$12.65 (Tier 5)	QL (1.75 ML per 90 days); HRM



**If you have questions**, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (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/MICHDSNP](https://www.aetna.com/MICHDSNP)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
INVEGA TRINZA INJECTION 819MG/2.63ML	\$0 - \$12.65 (Tier 5)	QL (2.63 ML per 90 days); HRM
<i>loxapine capsule 10mg, 25mg, 50mg, 5mg</i>	\$0 (Tier 2)	MO; HRM
<i>lurasidone hydrochloride tablet 120mg, 20mg, 40mg, 60mg</i>	\$0 - \$12.65 (Tier 4)	QL (30 EA per 30 days) MO; HRM
<i>lurasidone hydrochloride tablet 80mg</i>	\$0 - \$12.65 (Tier 4)	QL (60 EA per 30 days) MO; HRM
<i>molindone hydrochloride tablet 10mg, 5mg</i>	\$0 - \$12.65 (Tier 3)	HRM
<i>molindone hydrochloride tablet 25mg</i>	\$0 - \$12.65 (Tier 4)	HRM
NUPLAZID CAPSULE 34MG	\$0 - \$12.65 (Tier 5)	QL (30 EA per 30 days) PA; ACS HRM LD
NUPLAZID TABLET 10MG	\$0 - \$12.65 (Tier 5)	QL (30 EA per 30 days) PA; ACS HRM LD
<i>olanzapine odt tablet disintegrating 10mg, 15mg, 20mg, 5mg</i>	\$0 - \$12.65 (Tier 4)	QL (30 EA per 30 days) MO; HRM
<i>olanzapine injection 10mg</i>	\$0 - \$12.65 (Tier 4)	QL (3 EA per 1 days) MO; HRM
<i>olanzapine tablet 10mg, 15mg, 20mg, 7.5mg</i>	\$0 - \$12.65 (Tier 3)	QL (30 EA per 30 days) MO; HRM
<i>olanzapine tablet 2.5mg, 5mg</i>	\$0 - \$12.65 (Tier 3)	QL (60 EA per 30 days) MO; HRM
OPIPZA FILM 2MG, 5MG	\$0 - \$12.65 (Tier 5)	QL (30 EA per 30 days) PA

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (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/MICHDSNP](https://www.aetna.com/MICHDSNP)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
OPIPZA FILM 10MG	\$0 - \$12.65 (Tier 5)	QL (90 EA per 30 days) PA
<i>paliperidone er tablet extended release 24 hour 1.5mg, 3mg, 9mg</i>	\$0 - \$12.65 (Tier 4)	QL (30 EA per 30 days) MO; HRM
<i>paliperidone er tablet extended release 24 hour 6mg</i>	\$0 - \$12.65 (Tier 4)	QL (60 EA per 30 days) MO; HRM
<i>perphenazine tablet 16mg, 2mg, 4mg, 8mg</i>	\$0 - \$12.65 (Tier 4)	MO; HRM
<i>pimozide tablet 1mg, 2mg</i>	\$0 - \$12.65 (Tier 4)	MO
<i>quetiapine fumarate er tablet extended release 24 hour 150mg, 200mg</i>	\$0 - \$12.65 (Tier 3)	QL (30 EA per 30 days) PA MO; HRM
<i>quetiapine fumarate er tablet extended release 24 hour 300mg, 400mg, 50mg</i>	\$0 - \$12.65 (Tier 3)	QL (60 EA per 30 days) PA MO; HRM
<i>quetiapine fumarate tablet 200mg</i>	\$0 (Tier 2)	QL (120 EA per 30 days) MO; HRM
<i>quetiapine fumarate tablet 25mg</i>	\$0 (Tier 2)	QL (180 EA per 30 days) MO; HRM
<i>quetiapine fumarate tablet 300mg, 400mg</i>	\$0 (Tier 2)	QL (60 EA per 30 days) MO; HRM
<i>quetiapine fumarate tablet 100mg, 150mg, 50mg</i>	\$0 (Tier 2)	QL (90 EA per 30 days) MO; HRM
REXULTI TABLET 3MG, 4MG	\$0 - \$12.65 (Tier 5)	QL (30 EA per 30 days) MO; HRM
REXULTI TABLET 0.25MG, 0.5MG, 1MG, 2MG	\$0 - \$12.65 (Tier 5)	QL (60 EA per 30 days) MO; HRM
<i>risperidone er injection 25mg</i>	\$0 - \$12.65 (Tier 4)	QL (2 EA per 28 days) MO



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (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/MICHDSNP](https://www.aetna.com/MICHDSNP)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>risperidone er injection 12.5mg</i>	\$0 - \$12.65 (Tier 4)	QL (2 EA per 28 days) MO; HRM
<i>risperidone er injection 37.5mg, 50mg</i>	\$0 - \$12.65 (Tier 5)	QL (2 EA per 28 days) MO
<i>risperidone odt tablet disintegrating 0.5mg</i>	\$0 (Tier 2)	QL (90 EA per 30 days) MO; HRM
<i>risperidone odt tablet disintegrating 4mg</i>	\$0 - \$12.65 (Tier 4)	QL (120 EA per 30 days) MO; HRM
<i>risperidone odt tablet disintegrating 1mg, 2mg, 3mg</i>	\$0 - \$12.65 (Tier 4)	QL (60 EA per 30 days) MO; HRM
<i>risperidone odt tablet disintegrating 0.25mg</i>	\$0 - \$12.65 (Tier 4)	QL (90 EA per 30 days) MO; HRM
<i>risperidone solution 1mg/ml</i>	\$0 (Tier 2)	QL (480 ML per 30 days) MO; HRM
<i>risperidone tablet 4mg</i>	\$0 (Tier 2)	QL (120 EA per 30 days) MO; HRM
<i>risperidone tablet 1mg, 2mg</i>	\$0 (Tier 2)	QL (60 EA per 30 days) MO; HRM
<i>risperidone tablet 0.25mg, 0.5mg, 3mg</i>	\$0 (Tier 2)	QL (90 EA per 30 days) MO; HRM
SECUADO PATCH 24 HOUR 3.8MG/24HR, 5.7MG/24HR, 7.6MG/24HR	\$0 - \$12.65 (Tier 5)	QL (30 EA per 30 days) MO; HRM
<i>thioridazine hydrochloride tablet 100mg, 10mg, 25mg, 50mg</i>	\$0 - \$12.65 (Tier 3)	PA MO; HRM
<i>thiothixene capsule 10mg, 1mg, 2mg, 5mg</i>	\$0 - \$12.65 (Tier 4)	MO; HRM
<i>trifluoperazine hcl tablet 2mg, 5mg</i>	\$0 - \$12.65 (Tier 3)	MO; HRM

**If you have questions**, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (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/MICHDSNP](https://www.aetna.com/MICHDSNP)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>trifluoperazine hcl tablet 10mg</i>	\$0 - \$12.65 (Tier 4)	MO; HRM
<i>trifluoperazine hydrochloride tablet 1mg</i>	\$0 - \$12.65 (Tier 3)	MO; HRM
VERSACLOZ SUSPENSION 50MG/ML	\$0 - \$12.65 (Tier 5)	QL (600 ML per 30 days) PA; HRM
VRAYLAR CAPSULE 0.5MG, 0.75MG	\$0 - \$12.65 (Tier 5)	QL (30 EA per 30 days)
VRAYLAR CAPSULE 3MG, 4.5MG, 6MG	\$0 - \$12.65 (Tier 5)	QL (30 EA per 30 days) MO; HRM
VRAYLAR CAPSULE 1.5MG	\$0 - \$12.65 (Tier 5)	QL (60 EA per 30 days) MO; HRM
<i>ziprasidone hcl capsule 20mg, 40mg, 60mg, 80mg</i>	\$0 - \$12.65 (Tier 3)	QL (60 EA per 30 days) MO; HRM
<i>ziprasidone mesylate injection 20mg</i>	\$0 - \$12.65 (Tier 4)	QL (6 EA per 3 days) MO; HRM
ZYPREXA RELPREVV INJECTION 210MG	\$0 - \$12.65 (Tier 4)	QL (2 EA per 28 days) PA; ACS LD
ZYPREXA RELPREVV INJECTION 405MG	\$0 - \$12.65 (Tier 5)	QL (1 EA per 28 days) PA; ACS LD
ZYPREXA RELPREVV INJECTION 300MG	\$0 - \$12.65 (Tier 5)	QL (2 EA per 28 days) PA; ACS LD
<b>ANTISEIZURE AGENTS</b>		
APTIOM TABLET 200MG, 400MG	\$0 - \$12.65 (Tier 5)	QL (30 EA per 30 days) MO



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (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/MICHDSNP](https://www.aetna.com/MICHDSNP)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
APTIOM TABLET 600MG, 800MG	\$0 - \$12.65 (Tier 5)	QL (60 EA per 30 days) MO
BRIVIACT INJECTION 50MG/5ML	\$0 - \$12.65 (Tier 5)	QL (600 ML per 30 days) PA
BRIVIACT ORAL SOLUTION 10MG/ML	\$0 - \$12.65 (Tier 5)	QL (600 ML per 30 days) PA MO
BRIVIACT TABLET 100MG, 10MG, 25MG, 50MG, 75MG	\$0 - \$12.65 (Tier 5)	QL (60 EA per 30 days) PA MO
<i>carbamazepine er capsule extended release 12 hour 100mg, 200mg, 300mg</i>	\$0 - \$12.65 (Tier 4)	MO; HRM
<i>carbamazepine er tablet extended release 12 hour 100mg</i>	\$0 (Tier 2)	MO; HRM
<i>carbamazepine er tablet extended release 12 hour 200mg, 400mg</i>	\$0 - \$12.65 (Tier 4)	MO; HRM
<i>carbamazepine suspension 100mg/5ml</i>	\$0 - \$12.65 (Tier 4)	MO; HRM
<i>carbamazepine tablet chewable 200mg</i>	\$0 (Tier 2)	MO
<i>carbamazepine tablet chewable 100mg</i>	\$0 (Tier 2)	MO; HRM
<i>carbamazepine tablet 200mg</i>	\$0 (Tier 2)	MO; HRM
<i>clobazam suspension 2.5mg/ml</i>	\$0 - \$12.65 (Tier 4)	QL (480 ML per 30 days) PA MO; HRM
<i>clobazam tablet 10mg, 20mg</i>	\$0 - \$12.65 (Tier 4)	QL (60 EA per 30 days) PA MO; HRM
<i>clonazepam odt tablet disintegrating 2mg</i>	\$0 - \$12.65 (Tier 4)	QL (300 EA per 30 days) MO
<i>clonazepam odt tablet disintegrating 0.125mg, 0.25mg, 0.5mg, 1mg</i>	\$0 - \$12.65 (Tier 4)	QL (90 EA per 30 days) MO

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (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/MICHDSNP](https://www.aetna.com/MICHDSNP)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>clonazepam tablet 2mg</i>	\$0 (Tier 2)	QL (300 EA per 30 days) MO
<i>clonazepam tablet 0.5mg, 1mg</i>	\$0 (Tier 2)	QL (90 EA per 30 days) MO
<i>clorazepate dipotassium tablet 15mg</i>	\$0 - \$12.65 (Tier 4)	QL (180 EA per 30 days) PA MO; HRM
<i>clorazepate dipotassium tablet 3.75mg, 7.5mg</i>	\$0 - \$12.65 (Tier 4)	QL (90 EA per 30 days) PA MO; HRM
DIACOMIT CAPSULE 500MG	\$0 - \$12.65 (Tier 5)	QL (180 EA per 30 days) PA; LD
DIACOMIT CAPSULE 250MG	\$0 - \$12.65 (Tier 5)	QL (360 EA per 30 days) PA; LD
DIACOMIT PACKET 500MG	\$0 - \$12.65 (Tier 5)	QL (180 EA per 30 days) PA; LD
DIACOMIT PACKET 250MG	\$0 - \$12.65 (Tier 5)	QL (360 EA per 30 days) PA; LD
<i>diazepam intensol concentrate 5mg/ml</i>	\$0 (Tier 2)	QL (240 ML per 30 days) PA MO; HRM
DIAZEPAM RECTAL GEL GEL 10MG, 2.5MG, 20MG	\$0 - \$12.65 (Tier 4)	QL (5 EA per 30 days) MO; HRM
<i>diazepam concentrate 5mg/ml</i>	\$0 (Tier 2)	QL (240 ML per 30 days) PA MO; HRM
<i>diazepam injection 5mg/ml</i>	\$0 - \$12.65 (Tier 4)	QL (240 ML per 30 days) PA MO; HRM
<i>diazepam oral solution 5mg/5ml</i>	\$0 - \$12.65 (Tier 4)	QL (1200 ML per 30 days) PA MO; HRM
<i>diazepam tablet 10mg, 2mg, 5mg</i>	\$0 - \$12.65 (Tier 3)	QL (120 EA per 30 days) PA MO; HRM



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (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/MICHDSNP](https://www.aetna.com/MICHDSNP)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
DILANTIN INFATABS TABLET CHEWABLE 50MG	\$0 - \$12.65 (Tier 4)	MO
DILANTIN-125 SUSPENSION 125MG/5ML	\$0 - \$12.65 (Tier 4)	MO
DILANTIN CAPSULE 100MG, 30MG	\$0 - \$12.65 (Tier 4)	MO
<i>divalproex sodium dr capsule delayed release sprinkle 125mg</i>	\$0 (Tier 2)	MO
<i>divalproex sodium dr tablet delayed release 125mg, 250mg, 500mg</i>	\$0 (Tier 2)	MO
<i>divalproex sodium er tablet extended release 24 hour 250mg, 500mg</i>	\$0 (Tier 2)	MO
EPIDIOLEX SOLUTION 100MG/ML	\$0 - \$12.65 (Tier 5)	QL (600 ML per 30 days) PA; ACS LD
EPRONTIA SOLUTION 25MG/ML	\$0 - \$12.65 (Tier 4)	QL (480 ML per 30 days) PA MO
<i>eslicarbazepine acetate tablet 200mg, 400mg</i>	\$0 - \$12.65 (Tier 4)	QL (30 EA per 30 days) MO
<i>eslicarbazepine acetate tablet 600mg, 800mg</i>	\$0 - \$12.65 (Tier 4)	QL (60 EA per 30 days) MO
<i>ethosuximide capsule 250mg</i>	\$0 (Tier 2)	MO
<i>ethosuximide solution 250mg/5ml</i>	\$0 - \$12.65 (Tier 4)	MO
<i>felbamate suspension 600mg/5ml</i>	\$0 - \$12.65 (Tier 4)	MO
<i>felbamate tablet 400mg, 600mg</i>	\$0 - \$12.65 (Tier 4)	MO

**If you have questions**, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (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/MICHDSNP](https://www.aetna.com/MICHDSNP)**



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
FINTEPLA SOLUTION 2.2MG/ML	\$0 - \$12.65 (Tier 5)	QL (360 ML per 30 days) PA; LD
<i>fosphenytoin sodium injection 100mg pe/2ml</i>	\$0 - \$12.65 (Tier 4)	
<i>fosphenytoin sodium injection 500mg pe/10ml</i>	\$0 - \$12.65 (Tier 4)	MO
FYCOMPA SUSPENSION 0.5MG/ML	\$0 - \$12.65 (Tier 5)	QL (680 ML per 28 days) PA MO
<i>gabapentin (generic Neurontin) capsule 100mg</i>	\$0 - \$12.65 (Tier 3)	QL (180 EA per 30 days) MO
<i>gabapentin (generic Neurontin) capsule 400mg</i>	\$0 - \$12.65 (Tier 3)	QL (270 EA per 30 days) MO
<i>gabapentin (generic Neurontin) capsule 300mg</i>	\$0 - \$12.65 (Tier 3)	QL (360 EA per 30 days) MO
<i>gabapentin (generic Neurontin) solution 250mg/5ml</i>	\$0 - \$12.65 (Tier 3)	QL (2160 ML per 30 days) MO
<i>gabapentin (generic Neurontin) tablet 600mg</i>	\$0 - \$12.65 (Tier 3)	QL (180 EA per 30 days) MO
<i>gabapentin (generic Neurontin) tablet 800mg</i>	\$0 - \$12.65 (Tier 3)	QL (90 EA per 30 days) MO
<i>lacosamide injection 200mg/20ml</i>	\$0 - \$12.65 (Tier 5)	
<i>lacosamide oral solution 10mg/ml</i>	\$0 - \$12.65 (Tier 4)	QL (1200 ML per 30 days) MO



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (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/MICHDSNP](https://www.aetna.com/MICHDSNP)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>lacosamide tablet 50mg</i>	\$0 - \$12.65 (Tier 4)	QL (120 EA per 30 days) MO
<i>lacosamide tablet 100mg, 150mg, 200mg</i>	\$0 - \$12.65 (Tier 4)	QL (60 EA per 30 days) MO
<i>lamotrigine er tablet extended release 24 hour 100mg, 200mg, 250mg, 25mg, 300mg, 50mg</i>	\$0 - \$12.65 (Tier 4)	MO
<i>lamotrigine odt tablet disintegrating 100mg, 200mg, 25mg, 50mg</i>	\$0 - \$12.65 (Tier 4)	MO
<i>lamotrigine starter kit/blue kit 25mg</i>	\$0 (Tier 2)	
<i>lamotrigine starter kit/green kit 100mg; 25mg</i>	\$0 - \$12.65 (Tier 5)	
<i>lamotrigine starter kit/orange kit 100mg; 25mg</i>	\$0 (Tier 2)	
<i>lamotrigine tablet chewable 25mg, 5mg</i>	\$0 (Tier 2)	MO
<i>lamotrigine tablet 100mg, 150mg, 200mg, 25mg</i>	\$0 (Tier 2)	MO
<i>levetiracetam er tablet extended release 24 hour 500mg, 750mg</i>	\$0 (Tier 2)	MO
LEVETIRACETAM/SODIUM CHLORIDE INJECTION 500MG/100ML; 820MG/100ML	\$0 - \$12.65 (Tier 4)	
<i>levetiracetam/sodium chloride injection 1000mg/100ml; 750mg/100ml, 1500mg/100ml; 540mg/100ml, 500mg/100ml; 820mg/100ml</i>	\$0 - \$12.65 (Tier 4)	
<i>levetiracetam injection 500mg/5ml</i>	\$0 - \$12.65 (Tier 4)	
<i>levetiracetam oral solution 100mg/ml</i>	\$0 (Tier 2)	MO
<i>levetiracetam tablet 1000mg, 250mg, 500mg, 750mg</i>	\$0 (Tier 2)	MO
LIBERVANT FILM 10MG, 12.5MG, 15MG, 5MG, 7.5MG	\$0 - \$12.65 (Tier 5)	QL (10 EA per 30 days) PA MO

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at 1-855-676-5772 (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/MICHDSNP](https://www.aetna.com/MICHDSNP)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>methsuximide capsule 300mg</i>	\$0 - \$12.65 (Tier 4)	MO
NAYZILAM SOLUTION 5MG/0.1ML	\$0 - \$12.65 (Tier 4)	QL (10 EA per 30 days) PA MO
<i>oxcarbazepine suspension 300mg/5ml</i>	\$0 - \$12.65 (Tier 4)	MO; HRM
<i>oxcarbazepine tablet 150mg, 300mg, 600mg</i>	\$0 (Tier 2)	MO; HRM
<i>perampanel suspension 0.5mg/ml</i>	\$0 - \$12.65 (Tier 5)	QL (680 ML per 28 days) PA MO
<i>perampanel tablet 2mg</i>	\$0 - \$12.65 (Tier 4)	QL (60 EA per 30 days) PA MO
<i>perampanel tablet 10mg, 12mg, 4mg, 6mg, 8mg</i>	\$0 - \$12.65 (Tier 5)	QL (30 EA per 30 days) PA MO
<i>phenobarbital sodium injection 130mg/ml, 65mg/ml</i>	\$0 - \$12.65 (Tier 4)	PA; HRM
<i>phenobarbital elixir 20mg/5ml</i>	\$0 - \$12.65 (Tier 4)	QL (1500 ML per 30 days) PA MO; HRM
<i>phenobarbital tablet 100mg, 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg</i>	\$0 - \$12.65 (Tier 4)	QL (120 EA per 30 days) PA MO; HRM
<i>phenytek capsule 200mg, 300mg</i>	\$0 (Tier 2)	MO
<i>phenytoin sodium extended capsule 100mg, 200mg, 300mg</i>	\$0 (Tier 2)	MO
<i>phenytoin sodium injection 50mg/ml</i>	\$0 - \$12.65 (Tier 4)	
<i>phenytoin suspension 125mg/5ml</i>	\$0 (Tier 2)	MO
<i>phenytoin tablet chewable 50mg</i>	\$0 (Tier 2)	MO



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at 1-855-676-5772 (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/MICHDSNP](https://www.aetna.com/MICHDSNP)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
PREGABALIN CAPSULE 150MG, 25MG, 50MG, 75MG	\$0 - \$12.65 (Tier 3)	QL (120 EA per 30 days) PA MO
<i>pregabalin capsule 100mg</i>	\$0 - \$12.65 (Tier 3)	QL (120 EA per 30 days) PA MO
<i>pregabalin capsule 225mg, 300mg</i>	\$0 - \$12.65 (Tier 3)	QL (60 EA per 30 days) PA MO
<i>pregabalin capsule 200mg</i>	\$0 - \$12.65 (Tier 3)	QL (90 EA per 30 days) PA MO
PREGABALIN SOLUTION 20MG/ML	\$0 - \$12.65 (Tier 3)	QL (900 ML per 30 days) PA MO
<i>primidone tablet 125mg, 250mg, 50mg</i>	\$0 (Tier 2)	MO
<i>roweepra tablet 500mg</i>	\$0 (Tier 2)	
<i>rufinamide suspension 40mg/ml</i>	\$0 - \$12.65 (Tier 5)	QL (2760 ML per 30 days) PA MO
<i>rufinamide tablet 200mg</i>	\$0 - \$12.65 (Tier 4)	QL (480 EA per 30 days) PA MO
<i>rufinamide tablet 400mg</i>	\$0 - \$12.65 (Tier 5)	QL (240 EA per 30 days) PA MO
SPRITAM TABLET DISINTEGRATING SOLUBLE 750MG	\$0 - \$12.65 (Tier 4)	QL (120 EA per 30 days) MO
SPRITAM TABLET DISINTEGRATING SOLUBLE 500MG	\$0 - \$12.65 (Tier 4)	QL (180 EA per 30 days) MO
SPRITAM TABLET DISINTEGRATING SOLUBLE 250MG	\$0 - \$12.65 (Tier 4)	QL (360 EA per 30 days) MO
SPRITAM TABLET DISINTEGRATING SOLUBLE 1000MG	\$0 - \$12.65 (Tier 4)	QL (90 EA per 30 days) MO

**If you have questions**, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (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/MICHDSNP](https://www.aetna.com/MICHDSNP)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>subvenite starter kit/blue kit 25mg</i>	\$0 (Tier 2)	
<i>subvenite starter kit/green kit 100mg; 25mg</i>	\$0 - \$12.65 (Tier 5)	
<i>subvenite starter kit/orange kit 100mg; 25mg</i>	\$0 (Tier 2)	
SUBVENITE SUSPENSION 10MG/ML	\$0 - \$12.65 (Tier 4)	PA
<i>subvenite tablet 100mg, 150mg, 200mg, 25mg</i>	\$0 (Tier 2)	
SYMPAZAN FILM 5MG	\$0 - \$12.65 (Tier 4)	QL (60 EA per 30 days) PA MO; HRM
SYMPAZAN FILM 10MG, 20MG	\$0 - \$12.65 (Tier 5)	QL (60 EA per 30 days) PA MO; HRM
<i>tiagabine hydrochloride tablet 12mg, 16mg, 2mg, 4mg</i>	\$0 - \$12.65 (Tier 4)	MO
<i>topiramate er capsule er 24 hour sprinkle 100mg, 150mg, 200mg, 25mg, 50mg</i>	\$0 - \$12.65 (Tier 4)	MO
<i>topiramate er capsule extended release 24 hour 100mg, 200mg, 25mg, 50mg</i>	\$0 - \$12.65 (Tier 4)	MO
<i>topiramate capsule sprinkle 15mg, 25mg, 50mg</i>	\$0 (Tier 2)	MO
<i>topiramate solution 25mg/ml</i>	\$0 - \$12.65 (Tier 4)	QL (480 ML per 30 days) PA MO
<i>topiramate tablet 100mg</i>	\$0 (Tier 2)	QL (120 EA per 30 days) MO
<i>topiramate tablet 200mg</i>	\$0 (Tier 2)	QL (60 EA per 30 days) MO
<i>topiramate tablet 25mg, 50mg</i>	\$0 (Tier 2)	QL (90 EA per 30 days) MO
<i>valproate sodium injection 100mg/ml</i>	\$0 - \$12.65 (Tier 4)	
<i>valproic acid capsule 250mg</i>	\$0 (Tier 2)	MO
<i>valproic acid solution 250mg/5ml</i>	\$0 (Tier 2)	MO



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (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/MICHDSNP](https://www.aetna.com/MICHDSNP)

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 - \$12.65 (Tier 4)	QL (10 EA per 30 days) PA MO
VALTOCO 15 MG DOSE LIQUID THERAPY PACK 7.5MG/0.1ML	\$0 - \$12.65 (Tier 4)	QL (10 EA per 30 days) PA MO
VALTOCO 20 MG DOSE LIQUID THERAPY PACK 10MG/0.1ML	\$0 - \$12.65 (Tier 4)	QL (10 EA per 30 days) PA MO
VALTOCO 5 MG DOSE LIQUID 5MG/0.1ML	\$0 - \$12.65 (Tier 4)	QL (10 EA per 30 days) PA MO
<i>vigabatrin packet 500mg</i>	\$0 - \$12.65 (Tier 5)	QL (180 EA per 30 days) PA; ACS LD
<i>vigabatrin tablet 500mg</i>	\$0 - \$12.65 (Tier 5)	QL (180 EA per 30 days) PA; ACS LD
<i>vigadrone packet 500mg</i>	\$0 - \$12.65 (Tier 5)	QL (180 EA per 30 days) PA; LD
<i>vigadrone tablet 500mg</i>	\$0 - \$12.65 (Tier 5)	QL (180 EA per 30 days) PA; LD
VIGAFYDE SOLUTION 100MG/ML	\$0 - \$12.65 (Tier 5)	QL (750 ML per 30 days) PA; LD
XCOPRI TABLET TITRATION THERAPY PACK 12.5MG; 25MG	\$0 - \$12.65 (Tier 4)	QL (28 EA per 28 days)
XCOPRI TABLET TITRATION THERAPY PACK 150MG; 200MG, 50MG; 100MG	\$0 - \$12.65 (Tier 5)	QL (28 EA per 28 days)
XCOPRI TABLET MAINTENANCE THERAPY PACK 150MG; 100MG, 200MG; 150MG	\$0 - \$12.65 (Tier 5)	QL (56 EA per 28 days) MO

**If you have questions**, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (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/MICHDSNP](https://www.aetna.com/MICHDSNP)**



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
XCOPRI TABLET 100MG, 25MG, 50MG	\$0 - \$12.65 (Tier 5)	QL (30 EA per 30 days) MO
XCOPRI TABLET 150MG, 200MG	\$0 - \$12.65 (Tier 5)	QL (60 EA per 30 days) MO
ZONISADE SUSPENSION 100MG/5ML	\$0 - \$12.65 (Tier 5)	QL (900 ML per 30 days) PA MO
<i>zonisamide capsule 100mg, 25mg</i>	\$0 (Tier 2)	MO
<i>zonisamide capsule 50mg</i>	\$0 (Tier 2)	MO; HRM
ZTALMY SUSPENSION 50MG/ML	\$0 - \$12.65 (Tier 5)	QL (1100 ML per 30 days) PA; LD
<b>ATTENTION DEFICIT HYPERACTIVITY DISORDER</b>		
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 1.25mg; 1.25mg; 1.25mg; 1.25mg, 2.5mg; 2.5mg; 2.5mg; 2.5mg, 3.75mg; 3.75mg; 3.75mg; 3.75mg, 5mg; 5mg; 5mg; 5mg, 6.25mg; 6.25mg; 6.25mg; 6.25mg, 7.5mg; 7.5mg; 7.5mg; 7.5mg</i>	\$0 - \$12.65 (Tier 4)	QL (30 EA per 30 days) MO
<i>amphetamine/dextroamphetamine tablet 5mg, 7.5mg, 10mg, 12.5mg, 15mg, 30mg</i>	\$0 - \$12.65 (Tier 3)	QL (60 EA per 30 days) MO
<i>amphetamine/dextroamphetamine tablet 20mg</i>	\$0 - \$12.65 (Tier 3)	QL (90 EA per 30 days) MO
<i>atomoxetine hydrochloride capsule 10mg, 25mg</i>	\$0 - \$12.65 (Tier 4)	QL (120 EA per 30 days) MO
<i>atomoxetine capsule 10mg, 18mg, 25mg</i>	\$0 - \$12.65 (Tier 4)	QL (120 EA per 30 days) MO
<i>atomoxetine capsule 100mg, 60mg, 80mg</i>	\$0 - \$12.65 (Tier 4)	QL (30 EA per 30 days) MO



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at 1-855-676-5772 (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/MICHDSNP](https://www.aetna.com/MICHDSNP)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>atomoxetine capsule 40mg</i>	\$0 - \$12.65 (Tier 4)	QL (60 EA per 30 days) MO
<i>dexmethylphenidate hcl tablet 10mg, 5mg</i>	\$0 - \$12.65 (Tier 4)	QL (60 EA per 30 days) MO
<i>dexmethylphenidate hydrochloride er capsule extended release 24 hour 10mg, 15mg, 20mg, 25mg, 30mg, 35mg, 40mg, 5mg</i>	\$0 - \$12.65 (Tier 4)	QL (30 EA per 30 days) MO
<i>dexmethylphenidate hydrochloride tablet 2.5mg</i>	\$0 - \$12.65 (Tier 4)	QL (60 EA per 30 days) MO
<i>dextroamphetamine sulfate er capsule extended release 24 hour 10mg, 15mg, 5mg</i>	\$0 - \$12.65 (Tier 4)	QL (120 EA per 30 days) MO
<i>dextroamphetamine sulfate solution 5mg/5ml</i>	\$0 - \$12.65 (Tier 4)	QL (1800 ML per 30 days) MO
<i>dextroamphetamine sulfate tablet 10mg, 5mg</i>	\$0 - \$12.65 (Tier 4)	QL (180 EA per 30 days) MO
<i>guanfacine hydrochloride er tablet extended release 24 hour 1mg, 2mg, 4mg</i>	\$0 (Tier 2)	QL (30 EA per 30 days) PA MO
<i>guanfacine hydrochloride er tablet extended release 24 hour 3mg</i>	\$0 (Tier 2)	QL (60 EA per 30 days) PA MO
<i>lisdexamfetamine dimesylate capsule 10mg, 20mg, 30mg, 40mg, 50mg, 60mg, 70mg</i>	\$0 - \$12.65 (Tier 4)	QL (30 EA per 30 days) MO
<i>lisdexamfetamine dimesylate tablet chewable 10mg, 20mg, 30mg, 40mg, 50mg, 60mg</i>	\$0 - \$12.65 (Tier 4)	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 - \$12.65 (Tier 4)	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 - \$12.65 (Tier 4)	QL (30 EA per 30 days) MO

**If you have questions**, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (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/MICHDSNP](https://www.aetna.com/MICHDSNP)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>methylphenidate hydrochloride er (la) capsule extended release 24 hour (generic Ritalin LA)30mg</i>	\$0 - \$12.65 (Tier 4)	QL (60 EA per 30 days) MO
METHYLPHENIDATE HYDROCHLORIDE ER (OSM) TABLET EXTENDED RELEASE (GENERIC RELEXXI) 45MG, 63MG	\$0 - \$12.65 (Tier 4)	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 - \$12.65 (Tier 4)	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er tablet extended release 24 hour 18mg, 27mg, 36mg, 54mg</i>	\$0 - \$12.65 (Tier 4)	QL (30 EA per 30 days)
<i>methylphenidate hydrochloride er tablet extended release (generic Metadate ER and Ritalin SR) 10mg, 20mg</i>	\$0 - \$12.65 (Tier 4)	QL (90 EA per 30 days) MO
<i>methylphenidate hydrochloride solution 5mg/5ml</i>	\$0 - \$12.65 (Tier 4)	QL (1800 ML per 30 days) MO
<i>methylphenidate hydrochloride solution 10mg/5ml</i>	\$0 - \$12.65 (Tier 4)	QL (900 ML per 30 days) MO
<i>methylphenidate hydrochloride tablet chewable 10mg, 2.5mg, 5mg</i>	\$0 - \$12.65 (Tier 4)	QL (180 EA per 30 days) MO
<i>methylphenidate hydrochloride tablet 10mg, 20mg, 5mg</i>	\$0 (Tier 2)	QL (90 EA per 30 days) MO
<i>zenzedi tablet 10mg, 5mg</i>	\$0 - \$12.65 (Tier 4)	QL (180 EA per 30 days)
<b>HYPNOTICS</b>		
DAYVIGO TABLET 10MG, 5MG	\$0 - \$12.65 (Tier 3)	QL (30 EA per 30 days) MO
<i>doxepin hydrochloride tablet 3mg, 6mg</i>	\$0 (Tier 2)	QL (30 EA per 30 days) MO; HRM
<i>tasimelteon capsule 20mg</i>	\$0 - \$12.65 (Tier 5)	QL (30 EA per 30 days) PA; ACS LD



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at 1-855-676-5772 (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/MICHDSNP](https://www.aetna.com/MICHDSNP)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>temazepam capsule 15mg, 22.5mg, 30mg, 7.5mg</i>	\$0 - \$12.65 (Tier 4)	QL (30 EA per 30 days) PA MO; HRM
<i>triazolam tablet 0.125mg, 0.25mg</i>	\$0 - \$12.65 (Tier 4)	QL (60 EA per 30 days) PA MO; HRM
<i>zaleplon capsule 5mg</i>	\$0 - \$12.65 (Tier 3)	QL (30 EA per 30 days) PA MO; HRM
<i>zaleplon capsule 10mg</i>	\$0 - \$12.65 (Tier 3)	QL (60 EA per 30 days) PA MO; HRM
<i>zolpidem tartrate tablet 10mg, 5mg</i>	\$0 (Tier 2)	QL (30 EA per 30 days) PA MO; HRM
<b>MIGRAINE</b>		
AIMOVIG INJECTION 140MG/ML, 70MG/ML	\$0 - \$12.65 (Tier 3)	QL (1 ML per 30 days) PA; ACS LD
<i>dihydroergotamine mesylate injection 1mg/ml</i>	\$0 - \$12.65 (Tier 5)	PA MO
<i>dihydroergotamine mesylate nasal solution 4mg/ml</i>	\$0 - \$12.65 (Tier 5)	QL (8 ML per 30 days) PA MO
<i>eletriptan hydrobromide tablet 20mg, 40mg</i>	\$0 (Tier 2)	QL (12 EA per 30 days) MO
<i>ergotamine tartrate/cafeine tablet 100mg; 1mg</i>	\$0 - \$12.65 (Tier 3)	QL (40 EA per 28 days) PA MO
<i>naratriptan hcl tablet 1mg, 2.5mg</i>	\$0 (Tier 2)	QL (9 EA per 30 days) MO
NURTEC TABLET DISINTEGRATING 75MG	\$0 - \$12.65 (Tier 3)	QL (16 EA per 30 days) PA MO
QULIPTA TABLET 10MG, 30MG, 60MG	\$0 - \$12.65 (Tier 3)	QL (30 EA per 30 days) PA MO
<i>rizatriptan benzoate odt tablet disintegrating 10mg, 5mg</i>	\$0 (Tier 2)	QL (12 EA per 30 days) MO
<i>rizatriptan benzoate tablet 10mg, 5mg</i>	\$0 (Tier 2)	QL (12 EA per 30 days) MO

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (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/MICHDSNP](https://www.aetna.com/MICHDSNP)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>sumatriptan succinate refill injection 4mg/0.5ml, 6mg/0.5ml</i>	\$0 - \$12.65 (Tier 4)	QL (4 ML per 30 days) MO
<i>sumatriptan succinate injection 6mg/0.5ml</i>	\$0 - \$12.65 (Tier 4)	QL (4 ML per 30 days) MO
<i>sumatriptan succinate tablet 100mg</i>	\$0 (Tier 2)	QL (12 EA per 30 days) MO
<i>sumatriptan succinate tablet 25mg, 50mg</i>	\$0 (Tier 2)	QL (9 EA per 30 days) MO
<i>sumatriptan solution 20mg/act, 5mg/act</i>	\$0 (Tier 2)	QL (12 EA per 30 days) MO
UBRELVY TABLET 100MG, 50MG	\$0 - \$12.65 (Tier 3)	QL (16 EA per 30 days) PA MO
<b>MISCELLANEOUS</b>		
AUSTEDO XR PATIENT TITRATION KIT TABLET EXTENDED RELEASE THERAPY PACK 12MG; 18MG; 24MG; 30MG	\$0 - \$12.65 (Tier 5)	QL (56 EA per 365 days) PA; ACS LD
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 12MG	\$0 - \$12.65 (Tier 5)	QL (120 EA per 30 days) PA; ACS LD
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 18MG, 30MG, 36MG, 42MG, 48MG	\$0 - \$12.65 (Tier 5)	QL (30 EA per 30 days) PA; ACS LD
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 24MG	\$0 - \$12.65 (Tier 5)	QL (60 EA per 30 days) PA; ACS LD
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 6MG	\$0 - \$12.65 (Tier 5)	QL (90 EA per 30 days) PA; ACS LD
AUSTEDO TABLET 12MG, 9MG	\$0 - \$12.65 (Tier 5)	QL (120 EA per 30 days) PA; ACS LD
AUSTEDO TABLET 6MG	\$0 - \$12.65 (Tier 5)	QL (60 EA per 30 days) PA; ACS LD
<i>lithium carbonate er tablet extended release 300mg, 450mg</i>	\$0 (Tier 2)	MO



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (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/MICHDSNP](https://www.aetna.com/MICHDSNP)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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 - \$12.65 (Tier 4)	MO
NUDEXTA CAPSULE 20MG; 10MG	\$0 - \$12.65 (Tier 5)	QL (60 EA per 30 days) PA MO
<i>pregabalin er tablet extended release 24 hour 330mg</i>	\$0 - \$12.65 (Tier 3)	QL (60 EA per 30 days) PA MO
<i>pregabalin er tablet extended release 24 hour 165mg, 82.5mg</i>	\$0 - \$12.65 (Tier 3)	QL (90 EA per 30 days) PA MO
<i>pyridostigmine bromide er tablet extended release 180mg</i>	\$0 - \$12.65 (Tier 4)	MO
<i>pyridostigmine bromide tablet 60mg</i>	\$0 - \$12.65 (Tier 3)	MO
<i>riluzole tablet 50mg</i>	\$0 - \$12.65 (Tier 4)	MO
<i>tetrabenazine tablet 25mg</i>	\$0 - \$12.65 (Tier 5)	QL (120 EA per 30 days) PA; ACS LD
<i>tetrabenazine tablet 12.5mg</i>	\$0 - \$12.65 (Tier 5)	QL (90 EA per 30 days) PA; ACS LD
<b>MULTIPLE SCLEROSIS AGENTS</b>		
BAFIERTAM CAPSULE DELAYED RELEASE 95MG	\$0 - \$12.65 (Tier 5)	QL (120 EA per 30 days) PA; ACS LD
BETASERON INJECTION 0.3MG	\$0 - \$12.65 (Tier 5)	QL (14 EA per 28 days) PA; ACS LD

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (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/MICHDSNP](https://www.aetna.com/MICHDSNP)



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 - \$12.65 (Tier 3)	PA; ACS LD
<i> fingolimod hydrochloride capsule 0.5mg</i>	\$0 - \$12.65 (Tier 5)	QL (30 EA per 30 days) PA; ACS LD
<i>glatiramer acetate injection 40mg/ml</i>	\$0 - \$12.65 (Tier 5)	QL (12 ML per 28 days) PA; ACS LD
<i>glatiramer acetate injection 20mg/ml</i>	\$0 - \$12.65 (Tier 5)	QL (30 ML per 30 days) PA; ACS LD
<i>glatopa injection 40mg/ml</i>	\$0 - \$12.65 (Tier 5)	QL (12 ML per 28 days) PA; ACS LD
<i>glatopa injection 20mg/ml</i>	\$0 - \$12.65 (Tier 5)	QL (30 ML per 30 days) PA; ACS LD
KESIMPTA INJECTION 20MG/0.4ML	\$0 - \$12.65 (Tier 5)	QL (6.4 ML per 365 days) PA; ACS LD
<i>teriflunomide tablet 14mg, 7mg</i>	\$0 - \$12.65 (Tier 5)	QL (30 EA per 30 days) PA; ACS LD
<b>MUSCULOSKELETAL THERAPY AGENTS</b>		
<i>baclofen tablet 10mg, 20mg, 5mg</i>	\$0 (Tier 2)	MO
<i>baclofen tablet 15mg</i>	\$0 - \$12.65 (Tier 4)	MO
<i>chlorzoxazone tablet 500mg</i>	\$0 (Tier 2)	QL (180 EA per 30 days) PA MO; HRM
<i>cyclobenzaprine hydrochloride tablet 10mg, 5mg</i>	\$0 (Tier 2)	QL (90 EA per 30 days) PA MO; HRM
<i>dantrolene sodium capsule 100mg, 25mg, 50mg</i>	\$0 - \$12.65 (Tier 4)	MO
<i>tizanidine hcl tablet 2mg</i>	\$0 (Tier 2)	MO



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at 1-855-676-5772 (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/MICHDSNP](https://www.aetna.com/MICHDSNP)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>tizanidine hydrochloride capsule 2mg, 4mg, 6mg</i>	\$0 (Tier 2)	MO
<i>tizanidine hydrochloride tablet 4mg</i>	\$0 (Tier 2)	MO
<b>NARCOLEPSY/CATAPLEXY</b>		
<i>armodafinil tablet 150mg, 200mg, 250mg</i>	\$0 - \$12.65 (Tier 4)	QL (30 EA per 30 days) PA MO
<i>armodafinil tablet 50mg</i>	\$0 - \$12.65 (Tier 4)	QL (60 EA per 30 days) PA MO
<i>modafinil tablet 100mg</i>	\$0 - \$12.65 (Tier 3)	QL (30 EA per 30 days) PA MO
<i>modafinil tablet 200mg</i>	\$0 - \$12.65 (Tier 3)	QL (60 EA per 30 days) PA MO
SODIUM OXYBATE SOLUTION 500MG/ML	\$0 - \$12.65 (Tier 5)	QL (540 ML per 30 days) PA; LD
<b>PSYCHOTHERAPEUTIC-MISC</b>		
<i>acamprosate calcium dr tablet delayed release 333mg</i>	\$0 - \$12.65 (Tier 4)	MO
<i>buprenorphine hcl/naloxone hcl tablet sublingual 8mg; 2mg</i>	\$0 (Tier 2)	QL (120 EA per 30 days) MO
<i>buprenorphine hcl/naloxone hcl tablet sublingual 2mg; 0.5mg</i>	\$0 (Tier 2)	QL (180 EA per 30 days) MO
<i>buprenorphine hcl tablet sublingual 8mg</i>	\$0 (Tier 2)	QL (120 EA per 30 days) MO
<i>buprenorphine hcl tablet sublingual 2mg</i>	\$0 (Tier 2)	QL (180 EA per 30 days) MO
<i>buprenorphine hydrochloride/naloxone hydrochloride film 8mg; 2mg</i>	\$0 (Tier 2)	QL (120 EA per 30 days) MO
<i>buprenorphine hydrochloride/naloxone hydrochloride film 2mg; 0.5mg</i>	\$0 (Tier 2)	QL (180 EA per 30 days) MO
<i>buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg, 4mg; 1mg</i>	\$0 (Tier 2)	QL (90 EA per 30 days) MO
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 150mg</i>	\$0 (Tier 2)	QL (60 EA per 30 days) MO

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (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/MICHDSNP](https://www.aetna.com/MICHDSNP)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>disulfiram tablet 250mg, 500mg</i>	\$0 - \$12.65 (Tier 4)	MO
KLOXXADO LIQUID 8MG/0.1ML	\$0 - \$12.65 (Tier 4)	MO
<i>naloxone hcl injection 4mg/10ml</i>	\$0 (Tier 2)	MO
<i>naloxone hydrochloride injection 0.4mg/ml cartridge and prefilled syringe, 2mg/2ml prefilled syringe</i>	\$0 (Tier 2)	
<i>naloxone hydrochloride injection 0.4mg/ml vial</i>	\$0 (Tier 2)	MO
<i>naloxone hydrochloride liquid 4mg/0.1ml</i>	\$0 - \$12.65 (Tier 3)	MO
<i>naltrexone hydrochloride tablet 50mg</i>	\$0 (Tier 2)	MO
NICOTROL NS SOLUTION 10MG/ML	\$0 - \$12.65 (Tier 4)	QL (360 ML per 365 days) MO
REXTOVY LIQUID 4MG/0.25ML	\$0 - \$12.65 (Tier 4)	MO
<i>varenicline starting month tablet therapy pack 0.5mg; 1mg</i>	\$0 - \$12.65 (Tier 4)	
<i>varenicline tartrate tablet 0.5mg, 1mg</i>	\$0 - \$12.65 (Tier 4)	MO
VIVITROL INJECTION 380MG	\$0 - \$12.65 (Tier 5)	ACS LD
<b>ENDOCRINE AND METABOLIC</b>		
<b>ANDROGENS</b>		
<i>danazol capsule 100mg, 200mg, 50mg</i>	\$0 - \$12.65 (Tier 4)	MO



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at 1-855-676-5772 (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/MICHDSNP](https://www.aetna.com/MICHDSNP)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>methyltestosterone capsule 10mg</i>	\$0 - \$12.65 (Tier 5)	PA MO
<i>testosterone cypionate injection 100mg/ml, 200mg/ml</i>	\$0 (Tier 2)	MO
<i>testosterone enanthate injection 200mg/ml</i> <i>testosterone pump gel 1%</i>	\$0 (Tier 2) \$0 - \$12.65 (Tier 3)	PA MO QL (300 GM per 30 days) MO
<i>testosterone gel 25mg/2.5gm, 50mg/5gm</i>	\$0 - \$12.65 (Tier 3)	QL (300 GM per 30 days) MO
<i>testosterone solution 30mg/act</i>	\$0 - \$12.65 (Tier 3)	QL (180 ML per 30 days) MO
<b>ANTIDIABETICS, INSULINS</b>		
BD ALCOHOL SWABS	\$0 (Tier 1)	PA MO
BD INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"	\$0 (Tier 1)	PA MO
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	\$0 (Tier 1)	PA MO
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 1/2"	\$0 (Tier 1)	PA MO
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 5/16"	\$0 (Tier 1)	PA MO
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 1/2"	\$0 (Tier 1)	PA MO
BD PEN 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 - \$12.65 (Tier 3)	MO
FIASP PENFILL INJECTION 100UNIT/ML	\$0 - \$12.65 (Tier 3)	MO

**If you have questions**, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (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/MICHDSNP](https://www.aetna.com/MICHDSNP)**



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
FIASP PUMPCART INJECTION 100UNIT/ML	\$0 - \$12.65 (Tier 3)	B/D MO
FIASP INJECTION 100UNIT/ML	\$0 - \$12.65 (Tier 3)	B/D MO
HUMULIN R U-500 (CONCENTRATED) INJECTION 500UNIT/ML	\$0 - \$12.65 (Tier 5)	B/D MO
HUMULIN R U-500 KWIKPEN INJECTION 500UNIT/ML	\$0 - \$12.65 (Tier 5)	MO
INSULIN ASPART FLEXPEN INJECTION 100UNIT/ML	\$0 - \$12.65 (Tier 3)	MO
INSULIN ASPART PENFILL INJECTION 100UNIT/ML	\$0 - \$12.65 (Tier 3)	MO
INSULIN ASPART INJECTION 100UNIT/ML	\$0 - \$12.65 (Tier 3)	B/D MO
LANTUS SOLOSTAR INJECTION 100UNIT/ML	\$0 - \$12.65 (Tier 3)	MO
LANTUS INJECTION 100UNIT/ML	\$0 - \$12.65 (Tier 3)	MO
NOVOLIN 70/30 FLEXPEN INJECTION 30UNIT/ML; 70UNIT/ML (BRAND RELION NOT COVERED)	\$0 - \$12.65 (Tier 3)	MO
NOVOLIN 70/30 INJECTION 30UNIT/ML; 70UNIT/ML (BRAND RELION NOT COVERED)	\$0 - \$12.65 (Tier 3)	MO
NOVOLIN N FLEXPEN INJECTION 100UNIT/ML (BRAND RELION NOT COVERED)	\$0 - \$12.65 (Tier 3)	MO



**If you have questions**, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (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/MICHDSNP](https://www.aetna.com/MICHDSNP)

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 - \$12.65 (Tier 3)	MO
NOVOLIN R FLEXPEN INJECTION 100UNIT/ML (BRAND RELION NOT COVERED)	\$0 - \$12.65 (Tier 3)	MO
NOVOLIN R INJECTION 100UNIT/ML (BRAND RELION NOT COVERED)	\$0 - \$12.65 (Tier 3)	B/D MO
NOVOLOG FLEXPEN RELION INJECTION 100UNIT/ML	\$0 - \$12.65 (Tier 3)	MO
NOVOLOG FLEXPEN INJECTION 100UNIT/ML	\$0 - \$12.65 (Tier 3)	MO
NOVOLOG MIX 70/30 PREFILLED FLEXPEN INJECTION 30UNIT/ML; 70UNIT/ML (BRAND RELION NOT COVERED)	\$0 - \$12.65 (Tier 3)	MO
NOVOLOG MIX 70/30 INJECTION 30UNIT/ML; 70UNIT/ML (BRAND RELION NOT COVERED)	\$0 - \$12.65 (Tier 3)	MO
NOVOLOG PENFILL INJECTION 100UNIT/ML	\$0 - \$12.65 (Tier 3)	MO
NOVOLOG RELION INJECTION 100UNIT/ML	\$0 - \$12.65 (Tier 3)	B/D MO
NOVOLOG INJECTION 100UNIT/ML	\$0 - \$12.65 (Tier 3)	B/D MO
SOLIQUA 100/33 INJECTION 100UNIT/ML; 33MCG/ML	\$0 - \$12.65 (Tier 3)	QL (15 ML per 25 days) MO
TOUJEO MAX SOLOSTAR INJECTION 300UNIT/ML	\$0 - \$12.65 (Tier 3)	MO

**If you have questions**, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (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/MICHDSNP](https://www.aetna.com/MICHDSNP)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
TOUJEO SOLOSTAR INJECTION 300UNIT/ML	\$0 - \$12.65 (Tier 3)	MO
XULTOPHY 100/3.6 INJECTION 100UNIT/ML; 3.6MG/ML	\$0 - \$12.65 (Tier 3)	QL (15 ML per 30 days) MO
<b>ANTIDIABETICS</b>		
<i>acarbose tablet 100mg, 25mg, 50mg</i>	\$0 (Tier 2)	QL (90 EA per 30 days) MO
DAPAGLIFLOZIN PROPANEDIOL TABLET 10MG, 5MG	\$0 - \$12.65 (Tier 3)	QL (30 EA per 30 days) MO
FARXIGA TABLET 10MG, 5MG	\$0 - \$12.65 (Tier 3)	QL (30 EA per 30 days) MO
<i>glimepiride tablet 4mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>glimepiride tablet 1mg, 2mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>glipizide er tablet extended release 24 hour 10mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>glipizide er tablet extended release 24 hour 2.5mg, 5mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<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 - \$12.65 (Tier 3)	QL (30 EA per 30 days) MO
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 100MG	\$0 - \$12.65 (Tier 3)	QL (30 EA per 30 days) MO
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 50MG, 500MG; 50MG	\$0 - \$12.65 (Tier 3)	QL (60 EA per 30 days) MO



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (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/MICHDSNP](https://www.aetna.com/MICHDSNP)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
JANUMET TABLET 1000MG; 50MG, 500MG; 50MG	\$0 - \$12.65 (Tier 3)	QL (60 EA per 30 days) MO
JANUVIA TABLET 100MG, 25MG, 50MG	\$0 - \$12.65 (Tier 3)	QL (30 EA per 30 days) MO
JARDIANCE TABLET 10MG, 25MG	\$0 - \$12.65 (Tier 3)	QL (30 EA per 30 days) MO
JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 5MG; 1000MG	\$0 - \$12.65 (Tier 3)	QL (30 EA per 30 days) MO
JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 2.5MG; 1000MG	\$0 - \$12.65 (Tier 3)	QL (60 EA per 30 days) MO
JENTADUETO TABLET 2.5MG; 1000MG, 2.5MG; 500MG, 2.5MG; 850MG	\$0 - \$12.65 (Tier 3)	QL (60 EA per 30 days) MO
<i>metformin hydrochloride er (generic Glucophage XR)</i> tablet extended release 24 hour 500mg	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i>metformin hydrochloride er (generic Glucophage XR)</i> tablet extended release 24 hour 750mg	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>metformin hydrochloride er (generic Fortamet and Glumetza)</i> tablet extended release 24 hour 500mg	\$0 - \$12.65 (Tier 4)	QL (120 EA per 30 days) PA MO
<i>metformin hydrochloride tablet 500mg</i>	\$0 (Tier 1)	QL (150 EA per 30 days) MO
<i>metformin hydrochloride tablet 1000mg</i>	\$0 (Tier 1)	QL (75 EA per 30 days) MO
<i>metformin hydrochloride tablet 850mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>miglitol tablet 100mg, 25mg, 50mg</i>	\$0 - \$12.65 (Tier 4)	QL (90 EA per 30 days) MO
MOUNJARO INJECTION 10MG/0.5ML, 12.5MG/0.5ML, 15MG/0.5ML, 5MG/0.5ML, 7.5MG/0.5ML	\$0 - \$12.65 (Tier 3)	QL (2 ML per 28 days) PA MO

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (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/MICHDSNP](https://www.aetna.com/MICHDSNP)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
MOUNJARO INJECTION 2.5MG/0.5ML	\$0 - \$12.65 (Tier 3)	QL (4 ML per 365 days) PA
<i>nateglinide tablet 120mg, 60mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
OZEMPIC INJECTION 2MG/3ML, 4MG/3ML, 8MG/3ML	\$0 - \$12.65 (Tier 3)	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 - \$12.65 (Tier 3)	QL (30 EA per 30 days) PA
RYBELSUS TABLET 14MG, 7MG	\$0 - \$12.65 (Tier 3)	QL (30 EA per 30 days) PA MO
SYMLINPEN 120 INJECTION 2700MCG/2.7ML	\$0 - \$12.65 (Tier 5)	QL (10.8 ML per 30 days) PA MO
SYMLINPEN 60 INJECTION 1500MCG/1.5ML	\$0 - \$12.65 (Tier 5)	QL (6 ML per 30 days) PA MO
TRADJENTA TABLET 5MG	\$0 - \$12.65 (Tier 3)	QL (30 EA per 30 days) MO
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 5MG; 1000MG, 25MG; 5MG; 1000MG	\$0 - \$12.65 (Tier 3)	QL (30 EA per 30 days) MO
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 12.5MG; 2.5MG; 1000MG, 5MG; 2.5MG; 1000MG	\$0 - \$12.65 (Tier 3)	QL (60 EA per 30 days) MO



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (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/MICHDSNP](https://www.aetna.com/MICHDSNP)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
TRULICITY INJECTION 0.75MG/0.5ML, 1.5MG/0.5ML, 3MG/0.5ML, 4.5MG/0.5ML	\$0 - \$12.65 (Tier 3)	QL (2 ML per 28 days) PA MO
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 1000MG, 10MG; 500MG	\$0 - \$12.65 (Tier 3)	QL (30 EA per 30 days) MO
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 2.5MG; 1000MG, 5MG; 1000MG, 5MG; 500MG	\$0 - \$12.65 (Tier 3)	QL (60 EA per 30 days) MO
<b>CALCIUM REGULATORS</b>		
<i>alendronate sodium solution 70mg/75ml</i>	\$0 (Tier 1)	MO
<i>alendronate sodium tablet 10mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i>alendronate sodium tablet 35mg, 70mg</i>	\$0 (Tier 1)	QL (4 EA per 28 days) MO
BILDYOS INJECTION 60MG/ML	\$0 - \$12.65 (Tier 4)	QL (1 ML per 180 days); ACS LD
BILPREVDA INJECTION 120MG/1.7ML	\$0 - \$12.65 (Tier 5)	PA; ACS LD
BONSITY INJECTION 560MCG/2.24ML	\$0 - \$12.65 (Tier 5)	PA; ACS LD
<i>calcitonin-salmon solution 200unit/act</i>	\$0 - \$12.65 (Tier 3)	MO
<i>ibandronate sodium injection 3mg/3ml</i>	\$0 - \$12.65 (Tier 4)	QL (3 ML per 90 days) MO
<i>ibandronate sodium tablet 150mg</i>	\$0 (Tier 1)	QL (1 EA per 30 days) MO
OSPOMYV INJECTION 60MG/ML	\$0 - \$12.65 (Tier 4)	QL (1 ML per 180 days); ACS LD
PAMIDRONATE DISODIUM INJECTION 6MG/ML	\$0 - \$12.65 (Tier 4)	

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at 1-855-676-5772 (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/MICHDSNP](https://www.aetna.com/MICHDSNP)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>pamidronate disodium injection 30mg/10ml, 90mg/10ml</i>	\$0 - \$12.65 (Tier 4)	
<i>risedronate sodium dr tablet delayed release 35mg</i>	\$0 - \$12.65 (Tier 4)	QL (4 EA per 28 days) MO
<i>risedronate sodium tablet 150mg</i>	\$0 (Tier 1)	QL (1 EA per 28 days) MO
<i>risedronate sodium tablet 30mg, 5mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>risedronate sodium tablet 35mg</i>	\$0 (Tier 1)	QL (4 EA per 28 days) MO
<i>teriparatide injection (brand by Alvogen) 560mcg/2.24ml</i>	\$0 - \$12.65 (Tier 5)	PA; ACS LD
WYOST INJECTION 120MG/1.7ML	\$0 - \$12.65 (Tier 5)	PA; ACS LD
ZOLEDRONIC ACID INJECTION 4MG/100ML	\$0 - \$12.65 (Tier 4)	ACS LD
<i>zoledronic acid injection 4mg/5ml, 5mg/100ml</i>	\$0 - \$12.65 (Tier 4)	ACS LD
<b>CHELATING AGENTS</b>		
CHEMET CAPSULE 100MG	\$0 - \$12.65 (Tier 5)	MO
<i>deferasirox packet 180mg, 360mg, 90mg</i>	\$0 - \$12.65 (Tier 5)	PA; ACS LD
<i>deferasirox tablet soluble 125mg</i>	\$0 - \$12.65 (Tier 4)	PA; ACS LD
<i>deferasirox tablet soluble 250mg, 500mg</i>	\$0 - \$12.65 (Tier 5)	PA; ACS LD
<i>deferasirox tablet 90mg</i>	\$0 - \$12.65 (Tier 3)	PA; ACS LD



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (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/MICHDSNP](https://www.aetna.com/MICHDSNP)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>deferasirox tablet 180mg, 360mg</i>	\$0 - \$12.65 (Tier 4)	PA; ACS LD
<i>kionex suspension 15gm/60ml</i>	\$0 - \$12.65 (Tier 3)	
LOKELMA PACKET 10GM	\$0 - \$12.65 (Tier 3)	QL (34 EA per 30 days) MO
LOKELMA PACKET 5GM	\$0 - \$12.65 (Tier 3)	QL (96 EA per 30 days) MO
<i>penicillamine tablet 250mg</i>	\$0 - \$12.65 (Tier 5)	ACS LD
<i>sodium polystyrene sulfonate powder</i>	\$0 - \$12.65 (Tier 3)	MO
<i>sps combination suspension 15gm/60ml, 15gm/60ml</i>	\$0 - \$12.65 (Tier 3)	MO
<i>trientine hydrochloride capsule 250mg, 500mg</i>	\$0 - \$12.65 (Tier 5)	PA; ACS LD
<b>CONTRACEPTIVES</b>		
<i>afirmelle tablet 20mcg; 0.1mg</i>	\$0 (Tier 2)	
<i>altavera tablet 30mcg; 0.15mg</i>	\$0 (Tier 2)	
<i>alyacen 1/35 tablet 35mcg; 1mg</i>	\$0 (Tier 2)	MO
<i>alyacen 7/7/7 tablet 0.5mg; 0.75mg; 1mg; 0.035mg</i>	\$0 (Tier 2)	
<i>amethyst tablet 20mcg; 90mcg</i>	\$0 (Tier 2)	
<i>apri tablet 0.15mg; 30mcg</i>	\$0 (Tier 2)	
<i>aranella tablet 0.5mg; 1mg; 0.035mg</i>	\$0 (Tier 2)	MO
<i>ashlyna tablet 0.15mg; 0.01mg; 0.03mg</i>	\$0 (Tier 2)	
<i>abra eq tablet 20mcg; 0.1mg</i>	\$0 (Tier 2)	
<i>aurovela 1.5/30 tablet 30mcg; 1.5mg</i>	\$0 (Tier 2)	
<i>aurovela 1/20 tablet 20mcg; 1mg</i>	\$0 (Tier 2)	

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at 1-855-676-5772 (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/MICHDSNP](https://www.aetna.com/MICHDSNP)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>aurovela 24 fe tablet 20mcg; 75mg; 1mg</i>	\$0 (Tier 2)	
<i>aurovela fe 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	\$0 (Tier 2)	
<i>aurovela fe 1/20 tablet 20mcg; 75mg; 1mg</i>	\$0 (Tier 2)	MO
<i>aviane tablet 20mcg; 0.1mg</i>	\$0 (Tier 2)	MO
<i>ayuna tablet 0.03mg; 0.15mg</i>	\$0 (Tier 2)	
<i>azurette tablet 0.15mg; 0.02mg; 0.01mg</i>	\$0 (Tier 2)	
<i>balziva tablet 35mcg; 0.4mg</i>	\$0 (Tier 2)	
<i>blisovi 24 fe tablet 20mcg; 75mg; 1mg</i>	\$0 (Tier 2)	MO
<i>blisovi fe 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	\$0 (Tier 2)	MO
<i>blisovi fe 1/20 tablet 20mcg; 75mg; 1mg</i>	\$0 (Tier 2)	
<i>briellyn tablet 35mcg; 0.4mg</i>	\$0 (Tier 2)	
<i>camila tablet 0.35mg</i>	\$0 (Tier 2)	
CAMRESE LO TABLET 0.1MG; 0.02MG; 0.01MG	\$0 - \$12.65 (Tier 3)	
CAMRESE TABLET 0.15MG; 0.03MG; 0.01MG	\$0 - \$12.65 (Tier 3)	
<i>charlotte 24 fe tablet chewable 20mcg; 75mg; 1mg</i>	\$0 (Tier 2)	
<i>chateal eq tablet 30mcg; 0.15mg</i>	\$0 (Tier 2)	
<i>cryselle-28 tablet 30mcg; 0.3mg</i>	\$0 (Tier 2)	MO
<i>cryselle tablet 30mcg; 0.3mg</i>	\$0 (Tier 2)	MO
<i>cyred eq tablet 0.15mg; 30mcg</i>	\$0 (Tier 2)	
<i>dasetta 1/35 tablet 35mcg; 1mg</i>	\$0 (Tier 2)	
<i>dasetta 7/7/7 tablet 0.5mg; 0.75mg; 1mg; 0.035mg</i>	\$0 (Tier 2)	
<i>daysee tablet 0.15mg; 0.03mg; 0.01mg</i>	\$0 (Tier 2)	
<i>deblitane tablet 0.35mg</i>	\$0 (Tier 2)	
<i>delyla tablet 20mcg; 0.1mg</i>	\$0 (Tier 2)	
DEPO-SUBQ PROVERA 104 INJECTION 104MG/0.65ML	\$0 - \$12.65 (Tier 3)	MO
<i>dolishale tablet 20mcg; 90mcg</i>	\$0 (Tier 2)	MO



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at 1-855-676-5772 (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/MICHDSNP](https://www.aetna.com/MICHDSNP)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>drospirenone/ethinyl estradiol/levomefolate calcium tablet 3mg; 0.02mg; 0.451mg, 3mg; 0.03mg; 0.451mg</i>	\$0 (Tier 2)	MO
<i>drospirenone/ethinyl estradiol tablet 3mg; 0.02mg, 3mg; 0.03mg</i>	\$0 (Tier 2)	MO
<i>elinest tablet 30mcg; 0.3mg</i>	\$0 (Tier 2)	
<i>eluryng ring 0.015mg/24hr; 0.12mg/24hr</i>	\$0 - \$12.65 (Tier 3)	
<i>emzahh tablet 0.35mg</i>	\$0 (Tier 2)	MO
<i>enilloring ring 0.015mg/24hr; 0.12mg/24hr</i>	\$0 - \$12.65 (Tier 3)	MO
<i>enskyce tablet 0.15mg; 0.03mg</i>	\$0 (Tier 2)	MO
<i>errin tablet 0.35mg</i>	\$0 (Tier 2)	
<i>estarylla tablet 35mcg; 0.25mg</i>	\$0 (Tier 2)	
<i>ethynodiol diacetate/ethinyl estradiol tablet 50mcg; 1mg</i>	\$0 (Tier 2)	MO
<i>etonogestrel/ethinyl estradiol ring 0.015mg/24hr; 0.12mg/24hr</i>	\$0 - \$12.65 (Tier 3)	MO
<i>falmina tablet 20mcg; 0.1mg</i>	\$0 (Tier 2)	
<i>feirza 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	\$0 (Tier 2)	
<i>feirza 1/20 tablet 20mcg; 75mg; 1mg</i>	\$0 (Tier 2)	
<i>finzala tablet chewable 20mcg; 75mg; 1mg</i>	\$0 (Tier 2)	
<i>galbriela tablet chewable 25mcg; 75mg; 0.8mg</i>	\$0 (Tier 2)	
<i>hailey 1.5/30 tablet 30mcg; 1.5mg</i>	\$0 (Tier 2)	MO
<i>hailey 24 fe tablet 20mcg; 75mg; 1mg</i>	\$0 (Tier 2)	
<i>hailey fe 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	\$0 (Tier 2)	
<i>hailey fe 1/20 tablet 20mcg; 75mg; 1mg</i>	\$0 (Tier 2)	
<i>haloette ring 0.015mg/24hr; 0.12mg/24hr</i>	\$0 - \$12.65 (Tier 3)	
<i>heather tablet 0.35mg</i>	\$0 (Tier 2)	MO
<i>iclevia tablet 0.03mg; 0.15mg</i>	\$0 (Tier 2)	
<i>incassia tablet 0.35mg</i>	\$0 (Tier 2)	

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at 1-855-676-5772 (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/MICHDSNP](https://www.aetna.com/MICHDSNP)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>introvale tablet 0.03mg; 0.15mg</i>	\$0 (Tier 2)	
<i>isibloom tablet 0.15mg; 30mcg</i>	\$0 (Tier 2)	
<i>jaimiess tablet 0.15mg; 0.03mg; 0.01mg</i>	\$0 (Tier 2)	
<i>jasmiel tablet 3mg; 0.02mg</i>	\$0 (Tier 2)	
<i>jencycla tablet 0.35mg</i>	\$0 (Tier 2)	
JOLESSA TABLET 0.03MG; 0.15MG	\$0 - \$12.65 (Tier 3)	
<i>juleber tablet 0.15mg; 30mcg</i>	\$0 (Tier 2)	
<i>junel 1.5/30 tablet 30mcg; 1.5mg</i>	\$0 (Tier 2)	
<i>junel 1/20 tablet 20mcg; 1mg</i>	\$0 (Tier 2)	
<i>junel fe 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	\$0 (Tier 2)	MO
<i>junel fe 1/20 tablet 20mcg; 75mg; 1mg</i>	\$0 (Tier 2)	
<i>junel fe 24 tablet 20mcg; 75mg; 1mg</i>	\$0 (Tier 2)	
<i>kaitlib fe tablet chewable 25mcg; 75mg; 0.8mg</i>	\$0 (Tier 2)	MO
<i>kalliga tablet 0.15mg; 30mcg</i>	\$0 (Tier 2)	
<i>kariva tablet 0.15mg; 0.02mg; 0.01mg</i>	\$0 (Tier 2)	
<i>kelnor 1/35 tablet 35mcg; 1mg</i>	\$0 (Tier 2)	MO
<i>kurvelo tablet 0.03mg; 0.15mg</i>	\$0 (Tier 2)	MO
<i>larin 1.5/30 tablet 30mcg; 1.5mg</i>	\$0 (Tier 2)	
<i>larin 1/20 tablet 20mcg; 1mg</i>	\$0 (Tier 2)	
<i>larin 24 fe tablet 20mcg; 75mg; 1mg</i>	\$0 (Tier 2)	
<i>larin fe 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	\$0 (Tier 2)	
<i>larin fe 1/20 tablet 20mcg; 75mg; 1mg</i>	\$0 (Tier 2)	
<i>lessina tablet 20mcg; 0.1mg</i>	\$0 (Tier 2)	MO
<i>levonest tablet 0.05mg; 0.075mg; 0.125mg; 0.03mg; 0.04mg</i>	\$0 (Tier 2)	
<i>levonorgestrel and ethinyl estradiol tablet 0.1mg; 0.02mg; 0.01mg; 20mcg; 90mcg</i>	\$0 (Tier 2)	MO
<i>levonorgestrel/ethinyl estradiol tablet 0.03mg; 0.15mg, 0.15mg; 0.03mg; 0.01mg, 0.15mg; 0.02mg; 0.15mg; 0.02mg, 0.15mg; 0.03mg; 0.01mg, 0.05mg; 0.03mg; 0.075mg; 0.04mg, 0.125mg; 0.03mg, 20mcg; 0.1mg</i>	\$0 (Tier 2)	MO
<i>levora 0.15/30-28 tablet 0.03mg; 0.15mg</i>	\$0 (Tier 2)	



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at 1-855-676-5772 (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/MICHDSNP](https://www.aetna.com/MICHDSNP)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
LILETTA INTRAUTERINE DEVICE 20.1MCG/DAY	\$0 - \$12.65 (Tier 3)	ACS LD
<i>lo-zumandimine tablet 3mg; 0.02mg</i>	\$0 (Tier 2)	MO
<i>loestrin 1.5/30-21 tablet 30mcg; 1.5mg</i>	\$0 (Tier 2)	
<i>loestrin 1/20-21 tablet 20mcg; 1mg</i>	\$0 (Tier 2)	
<i>loestrin fe 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	\$0 (Tier 2)	
<i>loestrin fe 1/20 tablet 20mcg; 75mg; 1mg</i>	\$0 (Tier 2)	
<i>lojaimiess tablet 0.1mg; 0.02mg; 0.01mg</i>	\$0 (Tier 2)	MO
<i>loryna tablet 3mg; 0.02mg</i>	\$0 (Tier 2)	
<i>low-ogestrel tablet 30mcg; 0.3mg</i>	\$0 (Tier 2)	
<i>luizza 1.5/30 tablet 30mcg; 1.5mg</i>	\$0 (Tier 2)	
<i>luizza 1/20 tablet 20mcg; 1mg</i>	\$0 (Tier 2)	
<i>luteru tablet 20mcg; 0.1mg</i>	\$0 (Tier 2)	
<i>lyleq tablet 0.35mg</i>	\$0 (Tier 2)	
<i>lyza tablet 0.35mg</i>	\$0 (Tier 2)	
<i>marlissa tablet 0.03mg; 0.15mg</i>	\$0 (Tier 2)	MO
<i>medroxyprogesterone acetate injection 150mg/ml</i>	\$0 - \$12.65 (Tier 3)	MO
<i>meleya tablet 0.35mg</i>	\$0 (Tier 2)	
<i>mibelas 24 fe tablet chewable 20mcg; 75mg; 1mg</i>	\$0 (Tier 2)	
<i>microgestin 1.5/30 tablet 30mcg; 1.5mg</i>	\$0 - \$12.65 (Tier 3)	
<i>microgestin 1/20 tablet 20mcg; 1mg</i>	\$0 - \$12.65 (Tier 3)	
<i>microgestin fe 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	\$0 - \$12.65 (Tier 3)	
<i>microgestin fe 1/20 tablet 20mcg; 75mg; 1mg</i>	\$0 - \$12.65 (Tier 3)	
<i>mili tablet 35mcg; 0.25mg</i>	\$0 (Tier 2)	
<i>mono-linyah tablet 35mcg; 0.25mg</i>	\$0 (Tier 2)	

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at 1-855-676-5772 (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/MICHDSNP](https://www.aetna.com/MICHDSNP)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>necon 0.5/35-28 tablet 35mcg; 0.5mg</i>	\$0 (Tier 2)	
NEXPLANON INJECTION 68MG	\$0 - \$12.65 (Tier 3)	ACS LD
<i>nikki tablet 3mg; 0.02mg</i>	\$0 (Tier 2)	
NORA-BE TABLET 0.35MG	\$0 - \$12.65 (Tier 3)	
<i>norelgestromin/ethinyl estradiol patch weekly 35mcg/24hr; 150mcg/24hr</i>	\$0 - \$12.65 (Tier 3)	MO
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tablet chewable 20mcg; 75mg; 1mg</i>	\$0 (Tier 2)	MO
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tablet 1mg; 20mcg; 75mg, 1mg, 20mcg; 30mcg; 35mcg; 75mg</i>	\$0 (Tier 2)	MO
<i>norethindrone acetate/ethinyl estradiol tablet 20mcg; 1mg, 30mcg; 1.5mg</i>	\$0 (Tier 2)	MO
<i>norethindrone tablet 0.35mg</i>	\$0 (Tier 2)	MO
<i>norgestimate/ethinyl estradiol tablet 0.18mg; 0.215mg; ; 0.25mg; 0.025mg, 0.25mg; 0.035mg</i>	\$0 (Tier 2)	MO
<i>norlyroc tablet 0.35mg</i>	\$0 (Tier 2)	
<i>nortrel 0.5/35 (28) tablet 35mcg; 0.5mg</i>	\$0 (Tier 2)	MO
<i>nortrel 1/35 28-day regimen</i>	\$0 (Tier 2)	
<i>nortrel 1/35 21-day regimen</i>	\$0 (Tier 2)	MO
<i>nortrel 7/7/7 tablet 35mcg; 0.5mg; 0.75mg; 1mg</i>	\$0 (Tier 2)	
<i>nylia 1/35 tablet 35mcg; 1mg</i>	\$0 (Tier 2)	
<i>nylia 7/7/7 tablet 35mcg; 0.5mg; 0.75mg; 1mg</i>	\$0 (Tier 2)	MO
<i>orquidea tablet 0.35mg</i>	\$0 (Tier 2)	
<i>orsythia tablet 20mcg; 0.1mg</i>	\$0 (Tier 2)	
<i>philith tablet 35mcg; 0.4mg</i>	\$0 (Tier 2)	
<i>pimtrea tablet 0.15mg; 0.02mg; 0.01mg</i>	\$0 (Tier 2)	
<i>portia-28 tablet 0.03mg; 0.15mg</i>	\$0 (Tier 2)	
<i>reclipsen tablet 0.15mg; 0.03mg</i>	\$0 (Tier 2)	
<i>rosyrah tablet 0.15mg; 0.02mg; 0.025mg; 0.03mg; 0.01mg</i>	\$0 (Tier 2)	MO



**If you have questions**, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (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/MICHDSNP](https://www.aetna.com/MICHDSNP)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>setlakin tablet 0.03mg; 0.15mg</i>	\$0 (Tier 2)	
<i>sharobel tablet 0.35mg</i>	\$0 (Tier 2)	
<i>simliya tablet 0.15mg; 0.02mg; 0.01mg</i>	\$0 (Tier 2)	
<i>simpesse tablet 0.1mg; 0.03mg; 0.01mg</i>	\$0 (Tier 2)	MO
<i>sprintec 28 tablet 35mcg; 0.25mg</i>	\$0 (Tier 2)	MO
<i>sronyx tablet 20mcg; 0.1mg</i>	\$0 (Tier 2)	
<i>syeda tablet 3mg; 0.03mg</i>	\$0 (Tier 2)	
<i>tarina 24 fe tablet 20mcg; 75mg; 1mg</i>	\$0 (Tier 2)	
<i>tarina fe 1/20 eq tablet 20mcg; 75mg; 1mg</i>	\$0 (Tier 2)	
<i>tilia fe tablet 0.02mg; 0.03mg; 0.35mg; 75mg; 1mg</i>	\$0 - \$12.65 (Tier 3)	
<i>tri-estarylla tablet 0.18mg; 0.215mg; 0.25mg; 0.035mg</i>	\$0 (Tier 2)	MO
<i>tri-legest fe tablet 20mcg; 30mcg; 35mcg; 75mg; 1mg</i>	\$0 (Tier 2)	MO
<i>tri-linyah tablet 0.18mg; 0.215mg; 0.25mg; 0.035mg</i>	\$0 (Tier 2)	
<i>tri-lo-estarylla tablet 0.18mg; 0.215mg; 0.25mg; 0.025mg</i>	\$0 (Tier 2)	
<i>tri-lo-marzia tablet 0.18mg; 0.215mg; 0.25mg; 0.025mg</i>	\$0 (Tier 2)	
<i>tri-lo-mili tablet 0.180mg; 0.215mg; 0.250mg; 0.025mg</i>	\$0 (Tier 2)	MO
<i>tri-lo-sprintec tablet 0.18mg; 0.215mg; 0.25mg; 0.25mg</i>	\$0 (Tier 2)	
<i>tri-mili tablet 0.180mg; 0.215mg; 0.250mg; 0.035mg</i>	\$0 (Tier 2)	
<i>tri-sprintec tablet 0.18mg; 0.215mg; 0.25mg; 0.035mg</i>	\$0 (Tier 2)	
<i>tri-vylibra lo tablet 0.18mg; 0.215mg; 0.25mg; 0.025mg</i>	\$0 (Tier 2)	
<i>tri-vylibra tablet 0.18mg; 0.215mg; 0.25mg; 0.035mg</i>	\$0 (Tier 2)	
<i>turqoz tablet 30mcg; 0.3mg</i>	\$0 (Tier 2)	
<i>tydemy tablet 3mg; 0.03mg; 0.451mg</i>	\$0 (Tier 2)	
<i>valtya 1/35 tablet 35mcg; 1mg</i>	\$0 (Tier 2)	

**If you have questions**, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (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/MICHDSNP](https://www.aetna.com/MICHDSNP)**



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>valtya 1/50 tablet 50mcg; 1mg</i>	\$0 (Tier 2)	MO
<i>velivet tablet 0.1mg; 0.125mg; 0.15mg; 0.025mg</i>	\$0 (Tier 2)	MO
<i>vestura tablet 3mg; 0.02mg</i>	\$0 (Tier 2)	
<i>vienva tablet 20mcg; 0.1mg</i>	\$0 (Tier 2)	
<i>viorele tablet 0.15mg; 0.02mg; 0.01mg</i>	\$0 (Tier 2)	MO
<i>volnea tablet 0.15mg; 0.02mg; 0.01mg</i>	\$0 (Tier 2)	MO
<i>vyfemla tablet 35mcg; 0.4mg</i>	\$0 (Tier 2)	MO
<i>vylibra tablet 35mcg; 0.25mg</i>	\$0 (Tier 2)	
<i>wera tablet 35mcg; 0.5mg</i>	\$0 (Tier 2)	
<i>wymzya fe tablet chewable 35mcg; 0.4mg; 75mg</i>	\$0 (Tier 2)	
<i>xarah fe tablet 20mcg; 30mcg; 35mcg; 75mg; 1mg</i>	\$0 (Tier 2)	
<i>xelria fe tablet chewable 35mcg; 75mg; 0.4mg</i>	\$0 (Tier 2)	MO
<i>xulane patch weekly 35mcg/24hr; 150mcg/24hr</i>	\$0 - \$12.65 (Tier 3)	
<i>zafemy patch weekly 35mcg/24hr; 150mcg/24hr</i>	\$0 - \$12.65 (Tier 3)	
<i>zovia 1/35 tablet 35mcg; 1mg</i>	\$0 (Tier 2)	
<i>zumandimine tablet 3mg; 0.03mg</i>	\$0 (Tier 2)	
<b>ESTROGENS</b>		
<i>abigale lo tablet 0.5mg; 0.1mg</i>	\$0 - \$12.65 (Tier 4)	
<i>abigale tablet 1mg; 0.5mg</i>	\$0 - \$12.65 (Tier 4)	
<i>conjugated estrogens tablet 0.3mg, 0.45mg, 0.625mg, 0.9mg, 1.25mg</i>	\$0 - \$12.65 (Tier 4)	MO
<i>dotti patch twice weekly 0.025mg/24hr, 0.0375mg/24hr, 0.05mg/24hr, 0.075mg/24hr, 0.1mg/24hr</i>	\$0 - \$12.65 (Tier 4)	QL (8 EA per 28 days)



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (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/MICHDSNP](https://www.aetna.com/MICHDSNP)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
DUAVEE TABLET 20MG; 0.45MG	\$0 - \$12.65 (Tier 4)	MO
<i>estradiol valerate injection 10mg/ml, 20mg/ml, 40mg/ml</i>	\$0 - \$12.65 (Tier 4)	MO
<i>estradiol/norethindrone acetate tablet 0.5mg; 0.1mg, 1mg; 0.5mg</i>	\$0 - \$12.65 (Tier 4)	MO
<i>estradiol cream 0.1mg/gm</i>	\$0 - \$12.65 (Tier 3)	MO
<i>estradiol patch twice weekly 0.025mg/24hr, 0.0375mg/24hr, 0.05mg/24hr, 0.075mg/24hr, 0.1mg/24hr</i>	\$0 (Tier 2)	QL (8 EA per 28 days) MO
<i>estradiol patch weekly 0.025mg/24hr, 0.05mg/24hr, 0.06mg/24hr, 0.075mg/24hr, 0.1mg/24hr, 37.5mcg/24hr</i>	\$0 (Tier 2)	QL (4 EA per 28 days) MO
<i>estradiol oral tablet 0.5mg, 1mg, 2mg</i>	\$0 (Tier 1)	MO
<i>estradiol vaginal tablet 10mcg</i>	\$0 (Tier 2)	MO
ESTRING RING 7.5MCG/24HR	\$0 - \$12.65 (Tier 4)	QL (1 EA per 90 days) MO
<i>fyavolv tablet 2.5mcg; 0.5mg, 5mcg; 1mg</i>	\$0 (Tier 2)	MO
<i>jinteli tablet 5mcg; 1mg</i>	\$0 (Tier 2)	MO
<i>lyllana patch twice weekly 0.025mg/24hr, 0.0375mg/24hr, 0.05mg/24hr, 0.075mg/24hr, 0.1mg/24hr</i>	\$0 - \$12.65 (Tier 4)	QL (8 EA per 28 days)
<i>mimvey tablet 1mg; 0.5mg</i>	\$0 - \$12.65 (Tier 4)	MO
<i>norethindrone acetate/ethinyl estradiol tablet 2.5mcg; 0.5mg, 5mcg; 1mg</i>	\$0 (Tier 2)	MO
PREMARIN CREAM 0.625MG/GM	\$0 - \$12.65 (Tier 4)	MO

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (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/MICHDSNP](https://www.aetna.com/MICHDSNP)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
PREMARIN INJECTION 25MG	\$0 - \$12.65 (Tier 4)	MO
PREMARIN TABLET 0.3MG, 0.45MG, 0.625MG, 0.9MG, 1.25MG	\$0 - \$12.65 (Tier 4)	MO
PREMPRO TABLET 0.3MG; 1.5MG, 0.45MG; 1.5MG, 0.625MG; 2.5MG, 0.625MG; 5MG	\$0 - \$12.65 (Tier 4)	MO
<i>yuvafem tablet 10mcg</i>	\$0 - \$12.65 (Tier 4)	MO
<b>GLUCOCORTICOIDS</b>		
DEXAMETHASONE INTENSOL CONCENTRATE 1MG/ML	\$0 - \$12.65 (Tier 4)	MO
<i>dexamethasone sodium phosphate injection 100mg/10ml, 10mg/ml, 120mg/30ml, 20mg/5ml, 4mg/ml</i>	\$0 - \$12.65 (Tier 4)	MO
<i>dexamethasone elixir 0.5mg/5ml</i>	\$0 - \$12.65 (Tier 4)	MO
<i>dexamethasone solution 0.5mg/5ml</i>	\$0 - \$12.65 (Tier 4)	MO
<i>dexamethasone tablet 0.5mg, 0.75mg, 1.5mg, 1mg, 2mg, 4mg, 6mg</i>	\$0 - \$12.65 (Tier 4)	MO
<i>fludrocortisone acetate tablet 0.1mg</i>	\$0 (Tier 2)	MO
<i>hydrocortisone sodium succinate injection 100mg</i>	\$0 - \$12.65 (Tier 4)	MO
<i>hydrocortisone tablet 10mg, 20mg, 5mg</i>	\$0 (Tier 2)	MO
<i>methylprednisolone acetate injection 40mg/ml, 80mg/ml</i>	\$0 - \$12.65 (Tier 4)	B/D MO
<i>methylprednisolone dose pack tablet therapy pack 4mg</i>	\$0 (Tier 2)	MO



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at 1-855-676-5772 (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/MICHDSNP](https://www.aetna.com/MICHDSNP)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>methylprednisolone sodium succinate injection 1000mg, 125mg</i>	\$0 - \$12.65 (Tier 4)	B/D MO
<i>methylprednisolone sodiumsuccinate injection 40mg</i>	\$0 - \$12.65 (Tier 4)	B/D MO
<i>methylprednisolone tablet 16mg, 32mg, 4mg, 8mg</i>	\$0 (Tier 2)	B/D MO
<i>prednisolone sodium phosphate oral solution 10mg/5ml, 15mg/5ml, 20mg/5ml</i>	\$0 (Tier 2)	B/D MO
<i>prednisolone sodium phosphate oral solution 25mg/5ml, 5mg/5ml</i>	\$0 - \$12.65 (Tier 4)	B/D MO
<i>prednisolone solution 15mg/5ml</i>	\$0 (Tier 2)	B/D MO
PREDNISONE INTENSOL CONCENTRATE 5MG/ML	\$0 - \$12.65 (Tier 4)	B/D MO
<i>prednisone solution 5mg/5ml</i>	\$0 - \$12.65 (Tier 4)	B/D MO
<i>prednisone tablet therapy pack 10mg, 5mg</i>	\$0 (Tier 2)	MO
<i>prednisone tablet 10mg, 1mg, 2.5mg, 20mg, 50mg, 5mg</i>	\$0 (Tier 1)	B/D MO
SOLU-CORTEF INJECTION 1000MG, 100MG, 250MG, 500MG	\$0 - \$12.65 (Tier 4)	MO
<i>triamcinolone acetonide injection 10mg/ml, 40mg/ml</i>	\$0 - \$12.65 (Tier 4)	MO
<b>GLUCOSE ELEVATING AGENTS</b>		
<i>diazoxide suspension 50mg/ml</i>	\$0 - \$12.65 (Tier 5)	MO
ZEGALOGUE INJECTION 0.6MG/0.6ML	\$0 - \$12.65 (Tier 3)	MO

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at 1-855-676-5772 (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/MICHDSNP](https://www.aetna.com/MICHDSNP)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<b>MISCELLANEOUS</b>		
<i>acetylcysteine injection 200mg/ml</i>	\$0 - \$12.65 (Tier 4)	
<i>betaine anhydrous powder 1gm</i>	\$0 - \$12.65 (Tier 5)	ACS LD
<i>cabergoline tablet 0.5mg</i>	\$0 - \$12.65 (Tier 3)	MO
<i>carglumic acid tablet soluble 200mg</i>	\$0 - \$12.65 (Tier 5)	PA; LD
CERDELGA CAPSULE 84MG	\$0 - \$12.65 (Tier 5)	PA; ACS LD
<i>cinacalcet hydrochloride tablet 30mg</i>	\$0 - \$12.65 (Tier 4)	QL (60 EA per 30 days); ACS LD
<i>cinacalcet hydrochloride tablet 90mg</i>	\$0 - \$12.65 (Tier 5)	QL (120 EA per 30 days); ACS LD
<i>cinacalcet hydrochloride tablet 60mg</i>	\$0 - \$12.65 (Tier 5)	QL (60 EA per 30 days); ACS LD
CYSTAGON CAPSULE 150MG, 50MG	\$0 - \$12.65 (Tier 4)	PA; ACS LD
<i>desmopressin acetate injection 4mcg/ml</i>	\$0 - \$12.65 (Tier 4)	MO
<i>desmopressin acetate nasal solution 0.01%</i>	\$0 - \$12.65 (Tier 4)	MO
<i>desmopressin acetate tablet 0.1mg, 0.2mg</i>	\$0 - \$12.65 (Tier 3)	MO



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (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/MICHDSNP](https://www.aetna.com/MICHDSNP)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>fomepizole injection 1.5gm/1.5ml</i>	\$0 - \$12.65 (Tier 5)	
GENOTROPIN MINIQUICK INJECTION 0.2MG	\$0 - \$12.65 (Tier 3)	PA; ACS LD
GENOTROPIN MINIQUICK INJECTION 0.4MG, 0.6MG, 0.8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 1MG, 2MG	\$0 - \$12.65 (Tier 5)	PA; ACS LD
GENOTROPIN INJECTION 12MG, 5MG	\$0 - \$12.65 (Tier 5)	PA; ACS LD
INCRELEX INJECTION 40MG/4ML	\$0 - \$12.65 (Tier 5)	PA; LD
<i>javygtor packet 100mg, 500mg</i>	\$0 - \$12.65 (Tier 5)	PA; LD
<i>javygtor tablet 100mg</i>	\$0 - \$12.65 (Tier 5)	PA; LD
<i>levocarnitine injection 200mg/ml</i>	\$0 - \$12.65 (Tier 4)	
<i>levocarnitine oral solution 1gm/10ml</i>	\$0 - \$12.65 (Tier 4)	MO
<i>levocarnitine tablet 330mg</i>	\$0 - \$12.65 (Tier 4)	MO
LUPRON DEPOT-PED (1-MONTH) INJECTION 11.25MG, 15MG, 7.5MG	\$0 - \$12.65 (Tier 5)	PA; ACS LD
LUPRON DEPOT-PED (3-MONTH) INJECTION 11.25MG, 30MG	\$0 - \$12.65 (Tier 5)	PA; ACS LD

**If you have questions**, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (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/MICHDSNP](https://www.aetna.com/MICHDSNP)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
LUPRON DEPOT-PED (6-MONTH) INJECTION 45MG	\$0 - \$12.65 (Tier 5)	PA; ACS LD
<i>methergine tablet 0.2mg</i>	\$0 - \$12.65 (Tier 4)	
<i>methylergonovine maleate tablet 0.2mg</i>	\$0 - \$12.65 (Tier 5)	MO
<i>mifepristone tablet 300mg</i>	\$0 - \$12.65 (Tier 5)	PA; ACS LD
<i>nitisinone capsule 10mg, 20mg, 2mg, 5mg</i>	\$0 - \$12.65 (Tier 5)	PA; ACS LD
<i>octreotide acetate injection 100mcg/ml, 200mcg/ml, 50mcg/ml</i>	\$0 - \$12.65 (Tier 4)	PA; ACS LD
<i>octreotide acetate injection 1000mcg/ml, 500mcg/ml</i>	\$0 - \$12.65 (Tier 5)	PA; ACS LD
<i>raloxifene hydrochloride tablet 60mg</i>	\$0 (Tier 2)	MO
REVCOVI INJECTION 2.4MG/1.5ML	\$0 - \$12.65 (Tier 5)	PA; LD
REZDIFFRA TABLET 100MG, 60MG, 80MG	\$0 - \$12.65 (Tier 5)	QL (30 EA per 30 days) PA; ACS LD
<i>sapropterin dihydrochloride packet 100mg, 500mg</i>	\$0 - \$12.65 (Tier 5)	PA; ACS LD
<i>sapropterin dihydrochloride tablet 100mg</i>	\$0 - \$12.65 (Tier 5)	PA; ACS LD
SIGNIFOR INJECTION 0.3MG/ML, 0.6MG/ML, 0.9MG/ML	\$0 - \$12.65 (Tier 5)	PA; LD



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (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/MICHDSNP](https://www.aetna.com/MICHDSNP)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>sodium phenylbutyrate powder 3gm/tsp</i>	\$0 - \$12.65 (Tier 5)	PA; ACS LD
<i>sodium phenylbutyrate tablet 500mg</i>	\$0 - \$12.65 (Tier 5)	PA; ACS LD
SOMATULINE DEPOT INJECTION 120MG/0.5ML, 60MG/0.2ML, 90MG/0.3ML	\$0 - \$12.65 (Tier 5)	PA; ACS LD
SOMAVERT INJECTION 10MG, 15MG, 20MG, 25MG, 30MG	\$0 - \$12.65 (Tier 5)	PA; ACS LD
SYNAREL SOLUTION 2MG/ML	\$0 - \$12.65 (Tier 5)	MO
<i>tolvaptan tablet therapy pack 15mg; 15mg, 30mg; 15mg, 45mg; 15mg, 60mg; 30mg, 90mg; 30mg</i>	\$0 - \$12.65 (Tier 5)	QL (56 EA per 28 days) PA; ACS LD
<i>tolvaptan (generic Jynarque) tablet 15mg, 30mg</i>	\$0 - \$12.65 (Tier 5)	QL (120 EA per 30 days) PA; ACS LD
VEOZAH TABLET 45MG	\$0 - \$12.65 (Tier 4)	QL (30 EA per 30 days) PA MO
<i>zelvysia packet 100mg, 500mg</i>	\$0 - \$12.65 (Tier 5)	PA
<b>PROGESTINS</b>		
<i>gallifrey tablet 5mg</i>	\$0 (Tier 2)	
<i>medroxyprogesterone acetate tablet 10mg, 2.5mg, 5mg</i>	\$0 (Tier 1)	MO
<i>megestrol acetate suspension 40mg/ml</i>	\$0 - \$12.65 (Tier 3)	MO
<i>megestrol acetate suspension 625mg/5ml</i>	\$0 - \$12.65 (Tier 4)	MO
<i>norethindrone acetate tablet 5mg</i>	\$0 (Tier 2)	MO

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at 1-855-676-5772 (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/MICHDSNP](https://www.aetna.com/MICHDSNP)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>progesterone capsule 100mg, 200mg</i>	\$0 (Tier 2)	MO
<i>progesterone injection 50mg/ml</i>	\$0 - \$12.65 (Tier 4)	MO
<b>THYROID AGENTS</b>		
<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 - \$12.65 (Tier 4)	
LEVOTHYROXINE SODIUM INJECTION 200MCG/5ML	\$0 - \$12.65 (Tier 5)	
LEVOTHYROXINE SODIUM INJECTION 100MCG/5ML	\$0 - \$12.65 (Tier 5)	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 2)	
<i>liothyronine sodium injection 10mcg/ml</i>	\$0 - \$12.65 (Tier 5)	
<i>liothyronine sodium tablet 25mcg, 50mcg, 5mcg</i>	\$0 (Tier 2)	MO
<i>methimazole tablet 10mg, 5mg</i>	\$0 (Tier 1)	MO
<i>propylthiouracil tablet 50mg</i>	\$0 (Tier 2)	MO
SYNTHROID TABLET 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 300MCG, 50MCG, 75MCG, 88MCG	\$0 - \$12.65 (Tier 3)	MO



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (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/MICHDSNP](https://www.aetna.com/MICHDSNP)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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
<b>VITAMIN D ANALOGS</b>		
<i>calcitriol capsule 0.25mcg, 0.5mcg</i>	\$0 (Tier 2)	MO
<i>calcitriol injection 1mcg/ml</i>	\$0 - \$12.65 (Tier 4)	
<i>calcitriol oral solution 1mcg/ml</i>	\$0 - \$12.65 (Tier 4)	MO
<i>doxercalciferol injection 4mcg/2ml</i>	\$0 - \$12.65 (Tier 4)	
<i>paricalcitol capsule 1mcg, 2mcg, 4mcg</i>	\$0 - \$12.65 (Tier 4)	MO
<i>paricalcitol injection 2mcg/ml, 5mcg/ml</i>	\$0 - \$12.65 (Tier 4)	MO
<b>GASTROINTESTINAL</b>		
<b>ANTIEMETICS</b>		
<i>aprepitant capsule therapy pack, 40mg, 80mg</i>	\$0 - \$12.65 (Tier 4)	B/D MO
<i>aprepitant capsule 125mg</i>	\$0 - \$12.65 (Tier 5)	B/D MO
<i>compro suppository 25mg</i>	\$0 - \$12.65 (Tier 4)	MO; HRM
DIMENHYDRINATE INJECTION 50MG/ML	\$0 - \$12.65 (Tier 4)	

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (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/MICHDSNP](https://www.aetna.com/MICHDSNP)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>dronabinol capsule 10mg, 2.5mg, 5mg</i>	\$0 - \$12.65 (Tier 4)	QL (60 EA per 30 days) PA MO
EMEND SUSPENSION RECONSTITUTED 125MG/5ML	\$0 - \$12.65 (Tier 4)	B/D MO
<i>granisetron hydrochloride tablet 1mg</i>	\$0 - \$12.65 (Tier 3)	QL (60 EA per 30 days) B/D MO
<i>meclizine hcl tablet 12.5mg, 25mg</i>	\$0 (Tier 2)	MO; HRM
<i>meclizine hydrochloride tablet 50mg</i>	\$0 (Tier 2)	MO
<i>meclizine hydrochloride tablet 25mg</i>	\$0 (Tier 2)	MO; HRM
<i>metoclopramide hcl solution 5mg/5ml</i>	\$0 - \$12.65 (Tier 4)	MO
<i>metoclopramide hydrochloride injection 5mg/ml</i>	\$0 - \$12.65 (Tier 4)	MO
<i>metoclopramide hydrochloride tablet 10mg, 5mg</i>	\$0 (Tier 2)	MO
<i>metoclopramide odt tablet disintegrating 5mg</i>	\$0 (Tier 2)	MO
<i>ondansetron hcl solution 4mg/5ml</i>	\$0 (Tier 2)	QL (900 ML per 30 days) B/D MO
<i>ondansetron hcl tablet 24mg</i>	\$0 (Tier 2)	B/D
<i>ondansetron hydrochloride injection 40mg/20ml, 4mg/2ml</i>	\$0 - \$12.65 (Tier 4)	MO
<i>ondansetron hydrochloride tablet 4mg, 8mg</i>	\$0 (Tier 2)	B/D MO
<i>ondansetron odt tablet disintegrating 4mg, 8mg</i>	\$0 (Tier 2)	B/D MO
<i>prochlorperazine edisylate injection 10mg/2ml</i>	\$0 - \$12.65 (Tier 4)	MO; HRM
<i>prochlorperazine maleate tablet 10mg, 5mg</i>	\$0 (Tier 2)	MO; HRM
<i>prochlorperazine suppository 25mg</i>	\$0 - \$12.65 (Tier 4)	MO; HRM



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (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/MICHDSNP](https://www.aetna.com/MICHDSNP)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>promethazine hcl injection 25mg/ml, 50mg/ml</i>	\$0 - \$12.65 (Tier 4)	PA MO; HRM
<i>promethazine hcl suppository 12.5mg</i>	\$0 - \$12.65 (Tier 4)	PA MO; HRM
<i>promethazine hydrochloride plain solution 6.25mg/5ml</i>	\$0 - \$12.65 (Tier 4)	PA MO; HRM
<i>promethazine hydrochloride solution 6.25mg/5ml</i>	\$0 - \$12.65 (Tier 4)	PA MO
<i>promethazine hydrochloride suppository 25mg</i>	\$0 - \$12.65 (Tier 4)	PA MO; HRM
<i>promethazine hydrochloride tablet 12.5mg, 25mg, 50mg</i>	\$0 - \$12.65 (Tier 4)	PA MO; HRM
<i>promethegan suppository 50mg</i>	\$0 - \$12.65 (Tier 4)	PA MO; HRM
<i>promethegan suppository 12.5mg, 25mg</i>	\$0 - \$12.65 (Tier 4)	PA; HRM
<i>scopolamine patch 72 hour 1mg/3days</i>	\$0 - \$12.65 (Tier 4)	QL (10 EA per 30 days) PA MO; HRM
<i>trimethobenzamide hydrochloride capsule 300mg</i>	\$0 - \$12.65 (Tier 4)	PA MO
<b>ANTISPASMODICS</b>		
<i>dicyclomine hcl solution 10mg/5ml</i>	\$0 - \$12.65 (Tier 4)	PA MO; HRM
<i>dicyclomine hydrochloride capsule 10mg</i>	\$0 (Tier 2)	PA MO; HRM
<i>dicyclomine hydrochloride injection 10mg/ml</i>	\$0 - \$12.65 (Tier 4)	PA MO; HRM

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at 1-855-676-5772 (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/MICHDSNP](https://www.aetna.com/MICHDSNP)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>dicyclomine hydrochloride tablet 20mg</i>	\$0 (Tier 2)	PA MO; HRM
<i>glycopyrrolate injection 0.2mg/ml, 0.4mg/2ml</i>	\$0 - \$12.65 (Tier 4)	
<i>glycopyrrolate injection 0.2mg/ml, 1mg/5ml, 4mg/20ml</i>	\$0 - \$12.65 (Tier 4)	MO
<i>glycopyrrolate oral solution 1mg/5ml</i>	\$0 - \$12.65 (Tier 4)	MO
<i>glycopyrrolate tablet 1mg, 2mg</i>	\$0 (Tier 2)	MO
<i>methscopolamine bromide tablet 2.5mg, 5mg</i>	\$0 - \$12.65 (Tier 4)	PA MO
<b>H2-RECEPTOR ANTAGONISTS</b>		
<i>cimetidine tablet 200mg, 300mg, 400mg, 800mg</i>	\$0 - \$12.65 (Tier 4)	MO
<i>famotidine premixed injection 0.4mg/ml; 0.9%</i>	\$0 - \$12.65 (Tier 4)	
<i>famotidine injection 200mg/20ml, 20mg/2ml, 40mg/4ml</i>	\$0 - \$12.65 (Tier 4)	
<i>famotidine suspension reconstituted 40mg/5ml</i>	\$0 - \$12.65 (Tier 4)	MO
<i>famotidine tablet 20mg, 40mg</i>	\$0 (Tier 1)	MO
<i>nizatidine capsule 150mg, 300mg</i>	\$0 (Tier 2)	MO
<b>INFLAMMATORY BOWEL DISEASE</b>		
<i>balsalazide disodium capsule 750mg</i>	\$0 - \$12.65 (Tier 4)	MO
<i>budesonide er tablet extended release 24 hour 9mg</i>	\$0 - \$12.65 (Tier 5)	MO



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at 1-855-676-5772 (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/MICHDSNP](https://www.aetna.com/MICHDSNP)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>budesonide capsule delayed release particles 3mg</i>	\$0 - \$12.65 (Tier 4)	MO
<i>hydrocortisone enema 100mg/60ml</i>	\$0 (Tier 2)	MO
<i>mesalamine dr capsule delayed release 400mg</i>	\$0 - \$12.65 (Tier 4)	MO
<i>mesalamine dr tablet delayed release 1.2gm, 800mg</i>	\$0 - \$12.65 (Tier 4)	MO
<i>mesalamine enema 4gm</i>	\$0 - \$12.65 (Tier 4)	MO
<i>mesalamine kit 4gm</i>	\$0 - \$12.65 (Tier 4)	MO
<i>mesalamine suppository 1000mg</i>	\$0 (Tier 2)	MO
<i>sulfasalazine tablet delayed release 500mg</i>	\$0 (Tier 2)	MO
<i>sulfasalazine tablet 500mg</i>	\$0 (Tier 2)	MO
<b>LAXATIVES</b>		
<i>CLENPIQ SOLUTION 12GM/175ML; 3.5GM/175ML; 10MG/175ML</i>	\$0 - \$12.65 (Tier 4)	MO
<i>constulose solution 10gm/15ml</i>	\$0 (Tier 2)	
<i>enulose solution 10gm/15ml</i>	\$0 (Tier 2)	MO
<i>gavilyte-c solution reconstituted 240gm; 2.98gm; 6.72gm; 5.84gm; 22.72gm</i>	\$0 (Tier 2)	MO
<i>gavilyte-g solution reconstituted 236gm; 2.97gm; 6.74gm; 5.86gm; 22.74gm</i>	\$0 (Tier 2)	MO
<i>gavilyte-n/flavor pack solution reconstituted 420gm; 1.48gm; 5.72gm; 11.2gm</i>	\$0 (Tier 2)	
<i>generlac solution 10gm/15ml</i>	\$0 (Tier 2)	
<i>kristalose packet 10gm, 20gm</i>	\$0 - \$12.65 (Tier 4)	PA

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at 1-855-676-5772 (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/MICHDSNP](https://www.aetna.com/MICHDSNP)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>lactulose packet 10gm, 20gm</i>	\$0 - \$12.65 (Tier 4)	PA MO
<i>lactulose solution 10gm/15ml</i>	\$0 (Tier 2)	MO
<i>peg-3350/electrolytes solution reconstituted 236gm; 2.97gm; 6.74gm; 5.86gm; 22.74gm</i>	\$0 (Tier 2)	MO
<i>peg-3350/nacl/na bicarbonate/kcl solution reconstituted 420gm; 1.48gm; 5.72gm; 11.2gm</i>	\$0 (Tier 2)	MO
PLENVU SOLUTION RECONSTITUTED 7.54GM; 140GM; 2.2GM; 48.11GM; 5.2GM; 9GM	\$0 - \$12.65 (Tier 4)	MO
SODIUM SULFATE/POTASSIUM SULFATE/MAGNESIUM SULFATE SOLUTION 1.6GM/177ML; 3.13GM/177ML; 17.5GM/177ML	\$0 - \$12.65 (Tier 4)	MO
SUPREP BOWEL PREP KIT SOLUTION 1.6GM/177ML; 3.13GM/177ML; 17.5GM/177ML	\$0 - \$12.65 (Tier 4)	MO
SUTAB TABLET 225MG; 188MG; 1479MG	\$0 - \$12.65 (Tier 4)	MO
<b>MISCELLANEOUS</b>		
<i>alosetron hydrochloride tablet 0.5mg</i>	\$0 - \$12.65 (Tier 4)	QL (60 EA per 30 days) PA MO
<i>alosetron hydrochloride tablet 1mg</i>	\$0 - \$12.65 (Tier 5)	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 - \$12.65 (Tier 3)	MO
<i>cromolyn sodium concentrate 100mg/5ml</i>	\$0 - \$12.65 (Tier 4)	MO



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (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/MICHDSNP](https://www.aetna.com/MICHDSNP)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>diphenoxylate hydrochloride/atropine sulfate tablet 0.025mg; 2.5mg</i>	\$0 - \$12.65 (Tier 3)	MO; HRM
<i>diphenoxylate/atropine liquid 0.025mg/5ml; 2.5mg/5ml</i>	\$0 - \$12.65 (Tier 4)	MO; HRM
GATTEX INJECTION 5MG	\$0 - \$12.65 (Tier 5)	PA; ACS LD
LINZESS CAPSULE 145MCG, 290MCG, 72MCG	\$0 - \$12.65 (Tier 3)	QL (30 EA per 30 days) MO
<i>loperamide hydrochloride capsule 2mg</i> <i>misoprostol tablet 100mcg, 200mcg</i>	\$0 (Tier 2) \$0 - \$12.65 (Tier 3)	MO MO
MOVANTIK TABLET 25MG	\$0 - \$12.65 (Tier 3)	QL (30 EA per 30 days) MO
MOVANTIK TABLET 12.5MG	\$0 - \$12.65 (Tier 3)	QL (60 EA per 30 days) MO
<i>sucralfate suspension 1gm/10ml</i>	\$0 - \$12.65 (Tier 4)	MO
<i>sucralfate tablet 1gm</i> <i>ursodiol capsule 300mg</i>	\$0 (Tier 2) \$0 - \$12.65 (Tier 3)	MO MO
<i>ursodiol tablet 250mg, 500mg</i>	\$0 - \$12.65 (Tier 4)	MO
VOQUEZNA DUAL PAK THERAPY PACK 500MG; 20MG	\$0 - \$12.65 (Tier 4)	QL (224 EA per 365 days) PA MO
VOQUEZNA TRIPLE PAK THERAPY PACK 500MG; 500MG; 20MG	\$0 - \$12.65 (Tier 4)	QL (224 EA per 365 days) PA MO

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (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/MICHDSNP](https://www.aetna.com/MICHDSNP)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
VOWST CAPSULE	\$0 - \$12.65 (Tier 5)	PA; LD
XERMELO TABLET 250MG	\$0 - \$12.65 (Tier 5)	QL (84 EA per 28 days) PA; LD
XIFAXAN TABLET 550MG	\$0 - \$12.65 (Tier 5)	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 - \$12.65 (Tier 4)	MO
<b>PROTON PUMP INHIBITORS</b>		
<i>dexlansoprazole capsule delayed release 30mg, 60mg</i>	\$0 - \$12.65 (Tier 4)	QL (30 EA per 30 days) MO
<i>esomeprazole magnesium capsule delayed release 20mg, 40mg</i>	\$0 (Tier 2)	QL (30 EA per 30 days) MO
<i>esomeprazole sodium injection 40mg</i>	\$0 (Tier 2)	
<i>lansoprazole capsule delayed release 15mg</i>	\$0 (Tier 2)	QL (30 EA per 30 days) MO
<i>lansoprazole capsule delayed release 30mg</i>	\$0 (Tier 2)	QL (42 EA per 30 days) MO
<i>omeprazole dr capsule delayed release 10mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>omeprazole capsule delayed release 20mg, 40mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>pantoprazole sodium injection 40mg</i>	\$0 - \$12.65 (Tier 4)	
<i>pantoprazole sodium tablet delayed release 20mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>pantoprazole sodium tablet delayed release 40mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at 1-855-676-5772 (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/MICHDSNP](https://www.aetna.com/MICHDSNP)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>rabeprazole sodium tablet delayed release 20mg</i>	\$0 - \$12.65 (Tier 4)	QL (30 EA per 30 days) MO
<b>GENITOURINARY</b>		
<b>BENIGN PROSTATIC HYPERPLASIA</b>		
<i>alfuzosin hcl er tablet extended release 24 hour 10mg</i>	\$0 (Tier 2)	QL (30 EA per 30 days) MO
<i>dutasteride/tamsulosin hydrochloride capsule 0.5mg; 0.4mg</i>	\$0 - \$12.65 (Tier 4)	QL (30 EA per 30 days) MO
<i>dutasteride capsule 0.5mg</i>	\$0 (Tier 2)	QL (30 EA per 30 days) MO
<i>finasteride tablet 5mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>silodosin capsule 4mg, 8mg</i>	\$0 - \$12.65 (Tier 4)	QL (30 EA per 30 days) MO
<i>tadalafil (generic Cialis) tablet 5mg</i>	\$0 - \$12.65 (Tier 4)	QL (30 EA per 30 days) PA MO
<i>tamsulosin hydrochloride capsule 0.4mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<b>MISCELLANEOUS</b>		
<i>acetic acid 0.25% solution 0.25%</i>	\$0 (Tier 2)	MO
<i>bethanechol chloride tablet 10mg, 25mg, 50mg, 5mg</i>	\$0 (Tier 2)	MO
<i>potassium citrate er tablet extended release 540mg</i>	\$0 (Tier 2)	MO
<i>potassium citrate er tablet extended release 1080mg, 15meq</i>	\$0 - \$12.65 (Tier 3)	MO
<b>URINARY ANTISPASMODICS</b>		
<i>fesoterodine fumarate er tablet extended release 24 hour 4mg, 8mg</i>	\$0 - \$12.65 (Tier 4)	QL (30 EA per 30 days) MO; HRM
GEMTESA TABLET 75MG	\$0 - \$12.65 (Tier 3)	QL (30 EA per 30 days) MO

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at 1-855-676-5772 (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/MICHDSNP](https://www.aetna.com/MICHDSNP)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
MYRBETRIQ SUSPENSION RECONSTITUTED ER 8MG/ML	\$0 - \$12.65 (Tier 3)	QL (300 ML per 28 days) MO
MYRBETRIQ TABLET EXTENDED RELEASE 24 HOUR 25MG, 50MG	\$0 - \$12.65 (Tier 3)	QL (30 EA per 30 days) MO
<i>oxybutynin chloride er tablet extended release 24 hour 5mg</i>	\$0 (Tier 2)	QL (30 EA per 30 days) MO; HRM
<i>oxybutynin chloride er tablet extended release 24 hour 10mg, 15mg</i>	\$0 (Tier 2)	QL (60 EA per 30 days) MO; HRM
<i>oxybutynin chloride solution 5mg/5ml</i>	\$0 (Tier 2)	QL (600 ML per 30 days) MO; HRM
<i>oxybutynin chloride tablet 5mg</i>	\$0 (Tier 2)	QL (120 EA per 30 days) MO; HRM
<i>solifenacin succinate tablet 10mg, 5mg</i>	\$0 (Tier 2)	QL (30 EA per 30 days) MO; HRM
<i>tolterodine tartrate er capsule extended release 24 hour 2mg, 4mg</i>	\$0 - \$12.65 (Tier 4)	QL (30 EA per 30 days) MO; HRM
<i>tolterodine tartrate tablet 1mg, 2mg</i>	\$0 - \$12.65 (Tier 3)	QL (60 EA per 30 days) MO; HRM
<i>tropium chloride er capsule extended release 24 hour 60mg</i>	\$0 - \$12.65 (Tier 4)	QL (30 EA per 30 days) MO; HRM
<i>tropium chloride tablet 20mg</i>	\$0 (Tier 2)	QL (60 EA per 30 days) MO; HRM
<b>VAGINAL ANTI-INFECTIVES</b>		
<i>clindamycin phosphate cream 2%</i>	\$0 - \$12.65 (Tier 4)	MO
<i>metronidazole vaginal gel 0.75%</i>	\$0 - \$12.65 (Tier 4)	MO
<i>miconazole 3 suppository 200mg</i>	\$0 - \$12.65 (Tier 3)	MO
<i>terconazole cream 0.4%, 0.8%</i>	\$0 (Tier 2)	MO



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (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/MICHDSNP](https://www.aetna.com/MICHDSNP)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>terconazole suppository 80mg</i>	\$0 - \$12.65 (Tier 4)	MO
<b>HEMATOLOGIC</b>		
<b>ANTICOAGULANTS</b>		
<i>dabigatran etexilate capsule 110mg</i>	\$0 - \$12.65 (Tier 4)	QL (120 EA per 30 days) MO
<i>dabigatran etexilate capsule 150mg, 75mg</i>	\$0 - \$12.65 (Tier 4)	QL (60 EA per 30 days) MO
ELIQUIS STARTER PACK TABLET THERAPY PACK 5MG	\$0 - \$12.65 (Tier 3)	QL (74 EA per 30 days) MO
ELIQUIS CAPSULE SPRINKLE 0.15MG	\$0 - \$12.65 (Tier 3)	QL (56 EA per 21 days)
ELIQUIS TABLET SOLUBLE 0.5MG	\$0 - \$12.65 (Tier 3)	QL (588 EA per 29 days)
ELIQUIS TABLET SOLUBLE 1.5MG	\$0 - \$12.65 (Tier 3)	QL (591 EA per 29 days)
ELIQUIS TABLET SOLUBLE 2MG	\$0 - \$12.65 (Tier 3)	QL (592 EA per 30 days)
ELIQUIS TABLET 2.5MG	\$0 - \$12.65 (Tier 3)	QL (60 EA per 30 days) MO
ELIQUIS TABLET 5MG	\$0 - \$12.65 (Tier 3)	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 - \$12.65 (Tier 4)	MO

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at 1-855-676-5772 (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/MICHDSNP](https://www.aetna.com/MICHDSNP)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>fondaparinux sodium injection 2.5mg/0.5ml</i>	\$0 - \$12.65 (Tier 4)	MO
<i>fondaparinux sodium injection 10mg/0.8ml, 5mg/0.4ml, 7.5mg/0.6ml</i>	\$0 - \$12.65 (Tier 5)	MO
FRAGMIN INJECTION 10000UNIT/4ML	\$0 - \$12.65 (Tier 4)	
FRAGMIN INJECTION 2500UNIT/0.2ML, 95000UNIT/3.8ML	\$0 - \$12.65 (Tier 4)	MO
FRAGMIN INJECTION 10000UNIT/ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNIT/0.72ML, 5000UNIT/0.2ML, 7500UNIT/0.3ML	\$0 - \$12.65 (Tier 5)	MO
HEPARIN SODIUM/D5W INJECTION 5%; 100UNIT/ML, 5%; 25000UNIT/500ML, 5%; 40UNIT/ML	\$0 - \$12.65 (Tier 4)	
HEPARIN SODIUM/DEXTROSE INJECTION 5%; 25000UNIT/250ML	\$0 - \$12.65 (Tier 4)	
HEPARIN SODIUM/NACL 0.45% INJECTION 12500UNIT/250ML; 0.45%, 25000UNIT/250ML; 0.45%	\$0 - \$12.65 (Tier 3)	
HEPARIN SODIUM/SODIUM CHLORIDE INJECTION 25000UNIT/250ML; 0.45%, 25000UNIT/500ML; 0.45%	\$0 - \$12.65 (Tier 3)	
HEPARIN SODIUM INJECTION 5000UNIT/0.5ML, 5000UNIT/ML PF	\$0 - \$12.65 (Tier 3)	
<i>heparin sodium injection 10000unit/ml, 1000unit/ml, 20000unit/ml, 5000unit/0.5ml pf, 5000unit/ml</i>	\$0 - \$12.65 (Tier 3)	MO
<i>jantoven tablet 10mg, 1mg, 2.5mg, 2mg, 3mg, 4mg, 5mg, 6mg, 7.5mg</i>	\$0 (Tier 1)	



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (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/MICHDSNP](https://www.aetna.com/MICHDSNP)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>rivaroxaban suspension reconstituted 1mg/ml</i>	\$0 - \$12.65 (Tier 3)	QL (620 ML per 30 days) MO
<i>rivaroxaban tablet 2.5mg</i>	\$0 - \$12.65 (Tier 3)	QL (60 EA per 30 days) MO
<i>warfarin sodium tablet 10mg, 1mg, 2.5mg, 2mg, 3mg, 4mg, 5mg, 6mg, 7.5mg</i>	\$0 (Tier 1)	MO
XARELTO STARTER PACK TABLET THERAPY PACK 15MG; 20MG	\$0 - \$12.65 (Tier 3)	QL (51 EA per 30 days) MO
XARELTO SUSPENSION RECONSTITUTED 1MG/ML	\$0 - \$12.65 (Tier 3)	QL (620 ML per 30 days) MO
XARELTO TABLET 10MG, 15MG, 20MG	\$0 - \$12.65 (Tier 3)	QL (30 EA per 30 days) MO
XARELTO TABLET 2.5MG	\$0 - \$12.65 (Tier 3)	QL (60 EA per 30 days) MO
<b>HEMATOPOIETIC GROWTH FACTORS</b>		
PROCRIT INJECTION 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	\$0 - \$12.65 (Tier 3)	PA; ACS LD
PROCRIT INJECTION 20000UNIT/ML, 40000UNIT/ML	\$0 - \$12.65 (Tier 5)	PA; ACS LD
ZARXIO INJECTION 300MCG/0.5ML, 480MCG/0.8ML	\$0 - \$12.65 (Tier 5)	PA; ACS LD
<b>MISCELLANEOUS</b>		
ALVAIZ TABLET 54MG, 9MG	\$0 - \$12.65 (Tier 5)	QL (60 EA per 30 days) PA; ACS LD
ALVAIZ TABLET 18MG, 36MG	\$0 - \$12.65 (Tier 5)	QL (90 EA per 30 days) PA; ACS LD

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (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/MICHDSNP](https://www.aetna.com/MICHDSNP)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>anagrelide hydrochloride capsule 0.5mg, 1mg</i>	\$0 - \$12.65 (Tier 4)	MO
BERINERT INJECTION 500UNIT	\$0 - \$12.65 (Tier 5)	QL (24 EA per 30 days) PA; ACS LD
<i>cilostazol tablet 100mg, 50mg</i> DROXIA CAPSULE 200MG, 300MG, 400MG	\$0 (Tier 2) \$0 - \$12.65 (Tier 4)	MO PA MO
HAEGARDA INJECTION 3000UNIT	\$0 - \$12.65 (Tier 5)	QL (20 EA per 30 days) PA; ACS LD
HAEGARDA INJECTION 2000UNIT	\$0 - \$12.65 (Tier 5)	QL (30 EA per 30 days) PA; ACS LD
<i>icatibant acetate injection 30mg/3ml</i>	\$0 - \$12.65 (Tier 5)	QL (27 ML per 30 days) PA; ACS LD
<i>l-glutamine packet 5gm</i>	\$0 - \$12.65 (Tier 5)	PA; ACS LD
<i>pentoxifylline er tablet extended release 400mg</i> <i>sajazir injection 30mg/3ml</i>	\$0 (Tier 2) \$0 - \$12.65 (Tier 5)	MO QL (27 ML per 30 days) PA; LD
SIKLOS TABLET 100MG	\$0 - \$12.65 (Tier 4)	PA MO
SIKLOS TABLET 1000MG	\$0 - \$12.65 (Tier 5)	PA MO
TAVNEOS CAPSULE 10MG	\$0 - \$12.65 (Tier 5)	QL (180 EA per 30 days) PA; LD
<i>tranexamic acid/sodium chloride injection 0.7%; 1000mg/100ml</i>	\$0 - \$12.65 (Tier 4)	



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at 1-855-676-5772 (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/MICHDSNP](https://www.aetna.com/MICHDSNP)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>tranexamic acid injection 1000mg/10ml</i>	\$0 - \$12.65 (Tier 4)	
<i>tranexamic acid tablet 650mg</i>	\$0 - \$12.65 (Tier 3)	MO
<b>PLATELET AGGREGATION INHIBITORS</b>		
<i>aspirin/dipyridamole er capsule extended release 12 hour 25mg; 200mg</i>	\$0 - \$12.65 (Tier 4)	QL (60 EA per 30 days) MO
<i>clopidogrel tablet 75mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>clopidogrel tablet 300mg</i>	\$0 (Tier 2)	QL (2 EA per 365 days) MO
<i>dipyridamole tablet 25mg, 50mg, 75mg</i>	\$0 - \$12.65 (Tier 4)	PA MO
<i>prasugrel hydrochloride tablet 10mg, 5mg</i>	\$0 - \$12.65 (Tier 4)	MO
<i>ticagrelor tablet 60mg, 90mg</i>	\$0 - \$12.65 (Tier 4)	MO
<b>IMMUNOLOGIC AGENTS</b>		
<b>AUTOIMMUNE AGENTS</b>		
ADALIMUMAB-BWWD INJECTION 40MG/0.4ML	\$0 - \$12.65 (Tier 5)	QL (22.4 ML per 365 days) PA; ACS LD
BIMZELX INJECTION 160MG/ML, 320MG/2ML	\$0 - \$12.65 (Tier 5)	QL (4 ML per 28 days) PA; ACS LD
DUPIXENT INJECTION 200MG/1.14ML	\$0 - \$12.65 (Tier 5)	QL (4.56 ML per 28 days) PA; ACS LD
DUPIXENT INJECTION 300MG/2ML	\$0 - \$12.65 (Tier 5)	QL (8 ML per 28 days) PA; ACS LD

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (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/MICHDSNP](https://www.aetna.com/MICHDSNP)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ENBREL MINI INJECTION 50MG/ML	\$0 - \$12.65 (Tier 5)	QL (8 ML per 28 days) PA; ACS LD
ENBREL SURECLICK INJECTION 50MG/ML	\$0 - \$12.65 (Tier 5)	QL (8 ML per 28 days) PA; ACS LD
ENBREL INJECTION 25MG/0.5ML, 50MG/ML	\$0 - \$12.65 (Tier 5)	QL (8 ML per 28 days) PA; ACS LD
HADLIMA PUSH TOUCH INJECTION 40MG/0.4ML	\$0 - \$12.65 (Tier 5)	QL (22.4 ML per 365 days) PA; ACS LD
HADLIMA PUSH TOUCH INJECTION 40MG/0.8ML	\$0 - \$12.65 (Tier 5)	QL (44.8 ML per 365 days) PA; ACS LD
HADLIMA INJECTION 40MG/0.4ML	\$0 - \$12.65 (Tier 5)	QL (22.4 ML per 365 days) PA; ACS LD
HADLIMA INJECTION 40MG/0.8ML	\$0 - \$12.65 (Tier 5)	QL (44.8 ML per 365 days) PA; ACS LD
HUMIRA INJECTION 10MG/0.1ML	\$0 - \$12.65 (Tier 5)	QL (26 EA per 365 days) PA; ACS LD
HUMIRA INJECTION 20MG/0.2ML	\$0 - \$12.65 (Tier 5)	QL (52 EA per 365 days) PA; ACS LD
KINERET INJECTION 100MG/0.67ML	\$0 - \$12.65 (Tier 5)	QL (18.76 ML per 28 days) PA; LD
PYZCHIVA INJECTION 45MG/0.5ML	\$0 - \$12.65 (Tier 3)	QL (0.5 ML per 28 days) PA; ACS LD
PYZCHIVA INJECTION 90MG/ML	\$0 - \$12.65 (Tier 5)	QL (1 ML per 28 days) PA; ACS LD



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (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/MICHDSNP](https://www.aetna.com/MICHDSNP)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
PYZCHIVA INJECTION 130MG/26ML	\$0 - \$12.65 (Tier 5)	QL (208 ML per 365 days) PA; ACS LD
RINVOQ LQ SOLUTION 1MG/ML	\$0 - \$12.65 (Tier 5)	QL (360 ML per 30 days) PA; ACS LD
RINVOQ TABLET EXTENDED RELEASE 24 HOUR 45MG	\$0 - \$12.65 (Tier 5)	QL (168 EA per 365 days) PA; ACS LD
RINVOQ TABLET EXTENDED RELEASE 24 HOUR 15MG, 30MG	\$0 - \$12.65 (Tier 5)	QL (30 EA per 30 days) PA; ACS LD
SKYRIZI PEN INJECTION 150MG/ML	\$0 - \$12.65 (Tier 5)	QL (6 ML per 365 days) PA; ACS LD
SKYRIZI INJECTION 180MG/1.2ML	\$0 - \$12.65 (Tier 5)	QL (1.2 ML per 56 days) PA; ACS LD
SKYRIZI INJECTION 600MG/10ML	\$0 - \$12.65 (Tier 5)	QL (120 ML per 365 days) PA; ACS LD
SKYRIZI INJECTION 360MG/2.4ML	\$0 - \$12.65 (Tier 5)	QL (2.4 ML per 56 days) PA; ACS LD
SKYRIZI INJECTION 150MG/ML	\$0 - \$12.65 (Tier 5)	QL (6 ML per 365 days) PA; ACS LD
SOTYKTU TABLET 6MG	\$0 - \$12.65 (Tier 5)	QL (30 EA per 30 days) PA; ACS LD
STELARA INJECTION 45MG/0.5ML	\$0 - \$12.65 (Tier 5)	QL (0.5 ML per 28 days) PA; ACS LD
STELARA INJECTION 90MG/ML	\$0 - \$12.65 (Tier 5)	QL (1 ML per 28 days) PA; ACS LD

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (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/MICHDSNP](https://www.aetna.com/MICHDSNP)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
STELARA INJECTION 130MG/26ML	\$0 - \$12.65 (Tier 5)	QL (208 ML per 365 days) PA; ACS LD
TREMFYA INDUCTION PACK FOR CROHNS DISEASE/ULCERATIVE COLITIS INJECTION 200MG/2ML	\$0 - \$12.65 (Tier 5)	QL (4 ML per 28 days) PA; ACS LD
TREMFYA PEN INJECTION 100MG/ML	\$0 - \$12.65 (Tier 5)	QL (1 ML per 28 days) PA; ACS LD
TREMFYA INJECTION 100MG/ML	\$0 - \$12.65 (Tier 5)	QL (1 ML per 28 days) PA; ACS LD
TREMFYA INJECTION 200MG/20ML	\$0 - \$12.65 (Tier 5)	QL (20 ML per 28 days) PA; ACS LD
TREMFYA INJECTION 200MG/2ML	\$0 - \$12.65 (Tier 5)	QL (4 ML per 28 days) PA; ACS LD
TYENNE INJECTION 162MG/0.9ML	\$0 - \$12.65 (Tier 5)	QL (3.6 ML per 28 days) PA; ACS LD
TYENNE INJECTION 200MG/10ML, 400MG/20ML, 80MG/4ML	\$0 - \$12.65 (Tier 5)	QL (40 ML per 28 days) PA; ACS LD
USTEKINUMAB INJECTION 45MG/0.5ML	\$0 - \$12.65 (Tier 5)	QL (0.5 ML per 28 days) PA; ACS LD
USTEKINUMAB INJECTION 90MG/ML	\$0 - \$12.65 (Tier 5)	QL (1 ML per 28 days) PA; ACS LD
USTEKINUMAB INJECTION 130MG/26ML	\$0 - \$12.65 (Tier 5)	QL (208 ML per 365 days) PA; ACS LD
VELSIPITY TABLET 2MG	\$0 - \$12.65 (Tier 5)	QL (30 EA per 30 days) PA; ACS LD



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (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/MICHDSNP](https://www.aetna.com/MICHDSNP)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
XELJANZ XR TABLET EXTENDED RELEASE 24 HOUR 11MG, 22MG	\$0 - \$12.65 (Tier 5)	QL (30 EA per 30 days) PA; ACS LD
XELJANZ SOLUTION 1MG/ML	\$0 - \$12.65 (Tier 5)	QL (480 ML per 24 days) PA; ACS LD
XELJANZ TABLET 10MG, 5MG	\$0 - \$12.65 (Tier 5)	QL (60 EA per 30 days) PA; ACS LD
YESINTEK INJECTION 45MG/0.5ML	\$0 - \$12.65 (Tier 3)	QL (0.5 ML per 28 days) PA; ACS LD
YESINTEK INJECTION 130MG/26ML	\$0 - \$12.65 (Tier 3)	QL (208 ML per 365 days) PA; ACS LD
YESINTEK INJECTION 90MG/ML	\$0 - \$12.65 (Tier 5)	QL (1 ML per 28 days) PA; ACS LD
<b>DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)</b>		
<i>hydroxychloroquine sulfate tablet 200mg</i>	\$0 (Tier 2)	MO
JYLAMVO SOLUTION 2MG/ML	\$0 - \$12.65 (Tier 4)	
<i>leflunomide tablet 10mg, 20mg</i>	\$0 (Tier 2)	QL (30 EA per 30 days) MO
<i>methotrexate sodium tablet 2.5mg</i>	\$0 (Tier 2)	MO
XATMEP SOLUTION 2.5MG/ML	\$0 - \$12.65 (Tier 4)	MO
<b>IMMUNOGLOBULINS</b>		
GAMASTAN INJECTION	\$0 - \$12.65 (Tier 3)	B/D; ACS LD
GAMMAKED INJECTION 10GM/100ML, 1GM/10ML, 20GM/200ML, 5GM/50ML	\$0 - \$12.65 (Tier 5)	PA; ACS LD

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (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/MICHDSNP](https://www.aetna.com/MICHDSNP)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
GAMUNEX-C INJECTION 10GM/100ML, 1GM/10ML, 2.5GM/25ML, 20GM/200ML, 40GM/400ML, 5GM/50ML	\$0 - \$12.65 (Tier 5)	PA; ACS LD
OCTAGAM INJECTION 10GM/100ML, 10GM/200ML, 2.5GM/50ML, 20GM/200ML, 2GM/20ML, 30GM/300ML, 5GM/100ML, 5GM/50ML	\$0 - \$12.65 (Tier 5)	PA; ACS LD
PRIVIGEN INJECTION 10GM/100ML, 20GM/200ML, 40GM/400ML, 5GM/50ML	\$0 - \$12.65 (Tier 5)	PA; ACS LD
<b>IMMUNOMODULATORS</b>		
ACTIMMUNE INJECTION 100MCG/0.5ML	\$0 - \$12.65 (Tier 5)	PA; ACS LD
ARCALYST INJECTION 220MG	\$0 - \$12.65 (Tier 5)	PA; ACS LD
<b>IMMUNOSUPPRESSANTS</b>		
ASTAGRAF XL CAPSULE EXTENDED RELEASE 24 HOUR 0.5MG, 1MG	\$0 - \$12.65 (Tier 4)	B/D MO
ASTAGRAF XL CAPSULE EXTENDED RELEASE 24 HOUR 5MG	\$0 - \$12.65 (Tier 5)	B/D MO
AZATHIOPRINE INJECTION 100MG	\$0 - \$12.65 (Tier 4)	B/D
<i>azathioprine tablet 50mg</i>	\$0 (Tier 2)	B/D MO
BENLYSTA INJECTION 200MG/ML	\$0 - \$12.65 (Tier 5)	PA; ACS LD
<i>cyclosporine modified capsule 100mg, 25mg, 50mg</i>	\$0 - \$12.65 (Tier 4)	B/D MO
<i>cyclosporine modified solution 100mg/ml</i>	\$0 - \$12.65 (Tier 4)	B/D MO



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at 1-855-676-5772 (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/MICHDSNP](https://www.aetna.com/MICHDSNP)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>cyclosporine capsule 100mg, 25mg</i>	\$0 - \$12.65 (Tier 4)	B/D MO
<i>everolimus tablet 0.25mg</i>	\$0 - \$12.65 (Tier 4)	B/D MO
<i>everolimus tablet 0.5mg, 0.75mg, 1mg</i>	\$0 - \$12.65 (Tier 5)	B/D MO
<i>gengraf capsule 100mg, 25mg</i>	\$0 - \$12.65 (Tier 4)	B/D
<i>mycophenolate mofetil capsule 250mg</i>	\$0 - \$12.65 (Tier 3)	B/D MO
<i>mycophenolate mofetil injection 500mg</i>	\$0 - \$12.65 (Tier 4)	B/D MO
<i>mycophenolate mofetil suspension reconstituted 200mg/ml</i>	\$0 - \$12.65 (Tier 5)	B/D MO
<i>mycophenolate mofetil tablet 500mg</i>	\$0 - \$12.65 (Tier 3)	B/D MO
<i>mycophenolic acid dr tablet delayed release 180mg, 360mg</i>	\$0 - \$12.65 (Tier 4)	B/D MO
NULOJIX INJECTION 250MG	\$0 - \$12.65 (Tier 5)	B/D
PROGRAF PACKET 0.2MG, 1MG	\$0 - \$12.65 (Tier 4)	B/D MO
REZUROCK TABLET 200MG	\$0 - \$12.65 (Tier 5)	QL (30 EA per 30 days) PA; LD

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (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/MICHDSNP](https://www.aetna.com/MICHDSNP)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>sirolimus solution 1mg/ml</i>	\$0 - \$12.65 (Tier 5)	B/D MO
<i>sirolimus tablet 0.5mg, 1mg, 2mg</i>	\$0 - \$12.65 (Tier 4)	B/D MO
<i>tacrolimus capsule 0.5mg, 1mg, 5mg</i>	\$0 - \$12.65 (Tier 4)	B/D MO
<b>VACCINES</b>		
ABRYSVO INJECTION 120MCG/0.5ML	\$0 - \$12.65 (Tier 3)	QL (1 EA per 999 days) PA
ACTHIB INJECTION 10MCG/0.5ML	\$0 (Tier 1)	
ADACEL INJECTION 2LF/0.5ML; 15.5MCG/0.5ML; 5LF/0.5ML	\$0 (Tier 1)	
AREXVY INJECTION 120MCG/0.5ML	\$0 - \$12.65 (Tier 3)	QL (1 EA per 999 days) PA
BCG VACCINE INJECTION 50MG	\$0 (Tier 1)	
BEXSERO INJECTION 0.5ML	\$0 (Tier 1)	
BOOSTRIX INJECTION 2.5LF/0.5ML; 18.5MCG/0.5ML; 5LF/0.5ML	\$0 (Tier 1)	
DAPTACEL INJECTION 15LF/0.5ML; 23MCG/0.5ML; 5LF/0.5ML	\$0 (Tier 1)	
DENG VAXIA INJECTION	\$0 (Tier 1)	
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)	



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at 1-855-676-5772 (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/MICHDSNP](https://www.aetna.com/MICHDSNP)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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 - \$12.65 (Tier 3)	QL (0.5 ML per 999 days) PA
PEDIARIX INJECTION 25LFU/0.5ML; 10MCG/0.5ML; 58MCG/0.5ML; 10LFU/0.5ML	\$0 (Tier 1)	
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)	
SHINGRIX 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)	

**If you have questions**, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (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/MICHDSNP](https://www.aetna.com/MICHDSNP)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
VARIVAX INJECTION 1350PFU/0.5ML	\$0 (Tier 1)	
VAXCHORA SUSPENSION RECONSTITUTED	\$0 (Tier 1)	
VIMKUNYA INJECTION 40MCG/0.8ML	\$0 - \$12.65 (Tier 3)	
VIVOTIF CAPSULE DELAYED RELEASE	\$0 (Tier 1)	MO
YF-VAX INJECTION	\$0 (Tier 1)	
<b>NUTRITIONAL/SUPPLEMENTS</b>		
<b><i>ELECTROLYTES/MINERALS, INJECTABLE</i></b>		
DEXTROSE 5% /ELECTROLYTE #48	\$0 -	
VIAFLEX INJECTION 24MEQ/L; 5%; 23MEQ/L; 3MEQ/L; 3MEQ/L; 20MEQ/L; 25MEQ/L	\$12.65 (Tier 3)	
DEXTROSE 10%/SODIUM CHLORIDE 0.2% INJECTION 10%; 0.2%	\$0 - \$12.65 (Tier 4)	
DEXTROSE 10%/SODIUM CHLORIDE 0.45% INJECTION 10%; 0.45%	\$0 - \$12.65 (Tier 4)	
DEXTROSE 2.5%/SODIUM CHLORIDE 0.45% INJECTION 2.5%; 0.45%	\$0 - \$12.65 (Tier 4)	
DEXTROSE 5%/LACTATED RINGERS INJECTION 2.7MEQ/L; 109MEQ/L; 5%; 28MEQ/L; 4MEQ/L; 130MEQ/L	\$0 - \$12.65 (Tier 4)	
DEXTROSE 5%/SODIUM CHLORIDE 0.2% INJECTION 5%; 0.2%	\$0 - \$12.65 (Tier 4)	
<i>dextrose 5%/sodium chloride 0.3% injection 5%; 0.3%</i>	\$0 - \$12.65 (Tier 4)	
DEXTROSE 5%/SODIUM CHLORIDE 0.33% INJECTION 5%; 0.33%	\$0 - \$12.65 (Tier 4)	
DEXTROSE 5%/SODIUM CHLORIDE 0.45% INJECTION 5%; 0.45%	\$0 - \$12.65 (Tier 4)	



**If you have questions**, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (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/MICHDSNP](https://www.aetna.com/MICHDSNP)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
DEXTROSE 5%/SODIUM CHLORIDE 0.9% INJECTION 5%; 0.9%	\$0 - \$12.65 (Tier 4)	MO
<i>dextrose/sodium chloride injection 5%; 0.225%</i>	\$0 - \$12.65 (Tier 4)	
ISOLYTE-P/DEXTROSE 5% INJECTION 23MEQ/L; 23MEQ/L; 5%; 3MEQ/L; 3MEQ/L; 20MEQ/L; 25MEQ/L	\$0 - \$12.65 (Tier 4)	
ISOLYTE-S PH 7.4 INJECTION 27MEQ/1000ML; 98MEQ/1000ML; 23MEQ/1000ML; 3MEQ/1000ML; 1MEQ/1000ML; 5MEQ/1000ML; 141MEQ/1000ML	\$0 - \$12.65 (Tier 4)	B/D
ISOLYTE-S INJECTION 27MEQ/L; 98MEQ/L; 23MEQ/L; 3MEQ/L; 5MEQ/L; 140MEQ/L	\$0 - \$12.65 (Tier 4)	B/D
KCL 0.075%/D5W/NACL 0.45% INJECTION 5%; 10MEQ/L; 0.45%	\$0 - \$12.65 (Tier 4)	
KCL 0.15%/D5W/NACL 0.2% INJECTION 5%; 20MEQ/L; 0.2%	\$0 - \$12.65 (Tier 4)	
KCL 0.15%/D5W/NACL 0.45% INJECTION 5%; 20MEQ/L; 0.45%	\$0 - \$12.65 (Tier 4)	
KCL 0.15%/D5W/NACL 0.9% INJECTION 5%; 20MEQ/L; 0.9%	\$0 - \$12.65 (Tier 4)	
KCL 0.3%/D5W/NACL 0.45% INJECTION 5%; 40MEQ/L; 0.45%	\$0 - \$12.65 (Tier 4)	
KCL 0.3%/D5W/NACL 0.9% INJECTION 5%; 40MEQ/L; 0.9%	\$0 - \$12.65 (Tier 4)	
<i>lactated ringers injection 3meq/l; 109meq/l; 28meq/l; 4meq/l; 130meq/l</i>	\$0 - \$12.65 (Tier 4)	

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at 1-855-676-5772 (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/MICHDSNP](https://www.aetna.com/MICHDSNP)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
MAGNESIUM SULFATE INJECTION 20GM/500ML, 40GM/1000ML	\$0 - \$12.65 (Tier 4)	
<i>magnesium sulfate injection 2gm/50ml, 4gm/100ml, 4gm/50ml, 50%</i>	\$0 - \$12.65 (Tier 4)	
<i>multiple electrolytes injection type 1 injection 27meq/l; 98meq/l; 23meq/l; 3meq/l; 5meq/l; 140meq/l</i>	\$0 - \$12.65 (Tier 4)	
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 - \$12.65 (Tier 4)	
POTASSIUM CHLORIDE/DEXTROSE INJECTION 5%; 10MEQ/L, 5%; 20MEQ/L	\$0 - \$12.65 (Tier 4)	
POTASSIUM CHLORIDE/SODIUM CHLORIDE INJECTION 40MEQ/L; 0.9%	\$0 - \$12.65 (Tier 4)	
<i>potassium chloride/sodium chloride injection 20meq/l; 0.45%, 20meq/l; 0.9%</i>	\$0 - \$12.65 (Tier 4)	
POTASSIUM CHLORIDE INJECTION 0.4MEQ/ML, 10MEQ/100ML, 10MEQ/50ML, 20MEQ/100ML, 40MEQ/100ML	\$0 - \$12.65 (Tier 4)	
<i>potassium chloride injection 2meq/ml</i>	\$0 - \$12.65 (Tier 4)	MO
RINGERS INJECTION INJECTION 4.5MEQ/L; 156MEQ/L; 4MEQ/L; 147MEQ/L	\$0 - \$12.65 (Tier 3)	
SODIUM BICARBONATE INJECTION 7.5%	\$0 - \$12.65 (Tier 4)	



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at 1-855-676-5772 (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/MICHDSNP](https://www.aetna.com/MICHDSNP)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>sodium bicarbonate injection 4.2%</i>	\$0 - \$12.65 (Tier 4)	
<i>sodium bicarbonate injection 8.4%</i>	\$0 - \$12.65 (Tier 4)	MO
<i>sodium chloride 0.45% injection 0.45%</i>	\$0 - \$12.65 (Tier 4)	
SODIUM CHLORIDE INJECTION 2.5MEQ/ML, 5%	\$0 - \$12.65 (Tier 4)	MO
<i>sodium chloride injection 0.9%, 3%, 4meq/ml</i>	\$0 - \$12.65 (Tier 4)	MO
TPN ELECTROLYTES INJECTION 29.5MEQ/20ML; 4.5MEQ/20ML; 35MEQ/20ML; 5MEQ/20ML; 20MEQ/20ML; 35MEQ/20ML	\$0 - \$12.65 (Tier 4)	B/D
<b>ELECTROLYTES/MINERALS/VITAMINS, ORAL</b>		
<i>effer-k tablet effervescent 25meq</i>	\$0 (Tier 2)	MO
<i>fluoride tablet chewable 0.25mg, 0.5mg, 1mg</i>	\$0 - \$12.65 (Tier 4)	MO
<i>klor-con 10 tablet extended release 10meq</i>	\$0 (Tier 2)	
<i>klor-con 8 tablet extended release 8meq</i>	\$0 (Tier 2)	MO
<i>klor-con m10 tablet extended release 10meq</i>	\$0 (Tier 2)	MO
<i>klor-con m15 tablet extended release 15meq</i>	\$0 (Tier 2)	MO
<i>klor-con m20 tablet extended release 20meq</i>	\$0 (Tier 2)	MO
<i>klor-con/ef tablet effervescent 25meq</i>	\$0 (Tier 2)	MO
<i>klor-con packet 20meq</i>	\$0 - \$12.65 (Tier 4)	
M-NATAL PLUS TABLET 120MG; 200MG; 400UNIT; 2MG; 12MCG; 27MG; 1MG; 20MG; 10MG; 4000UNIT; 3MG; 1.84MG; 22UNIT; 25MG	\$0 - \$12.65 (Tier 3)	MO

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at 1-855-676-5772 (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/MICHDSNP](https://www.aetna.com/MICHDSNP)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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 - \$12.65 (Tier 4)	
<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 - \$12.65 (Tier 4)	MO
<i>multi-vitamin/fluoride/iron solution 35mg/ml; 400unit/ml; 10mg/ml; 8mg/ml; 0.4mg/ml; 1500unit/ml; 0.6mg/ml; 0.25mg/ml; 0.5mg/ml; 5unit/ml</i>	\$0 - \$12.65 (Tier 4)	MO
<i>multivitamin/fluoride tablet chewable 60mg; 4.5mcg; 300mcg; 13.5mg; 1.05mg; 1.2mg; 0.25mg; 1.05mg; 2500unit; 400unit; 15unit, 60mg; 4.5mcg; 300mcg; 13.5mg; 1.05mg; 1.2mg; 0.5mg; 1.05mg; 2500unit; 400unit; 15unit</i>	\$0 - \$12.65 (Tier 4)	MO
<i>NEONATAL PLUS TABLET 20MG; 0.2MG; 200MG; 10MCG; 2MG; 2MG; 12MCG; 27MG; 1000MCG; 5MG; 20MG; 10MG; 1200MCG; 3MG; 1.84MG; 9.2MG; 25MG</i>	\$0 - \$12.65 (Tier 3)	MO
<i>NIVA-PLUS TABLET 120MG; 200MG; 400UNIT; 2MG; 12MCG; 27MG; 1MG; 20MG; 10MG; 4000UNIT; 3MG; 1.84MG; 22UNIT; 25MG</i>	\$0 - \$12.65 (Tier 3)	MO
<i>PNV PRENATAL PLUS MULTIVITAMIN TABLET 120MG; 200MG; 400UNIT; 2MG; 12MCG; 27MG; 1MG; 20MG; 10MG; 4000UNIT; 3MG; 1.84MG; 22MG; 25MG</i>	\$0 - \$12.65 (Tier 3)	MO
<i>potassium chloride er capsule extended release 10meq, 8meq</i>	\$0 (Tier 2)	MO
<i>potassium chloride er tablet extended release 10meq, 15meq, 20meq, 8meq</i>	\$0 (Tier 2)	MO
<i>potassium chloride packet 20meq</i>	\$0 - \$12.65 (Tier 4)	MO



**If you have questions**, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (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/MICHDSNP](https://www.aetna.com/MICHDSNP)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>potassium chloride oral solution 10%, 20%</i>	\$0 - \$12.65 (Tier 4)	MO
PRENATAL PLUS VITAMIN ANDMINERAL TABLET 120MG; 200MG; 12MCG; 2MG; 27MG; 1MG; 20MG; 10MG; 3MG; 1.84MG; 1200MCG; 10MCG; 9.9MG; 25MG	\$0 - \$12.65 (Tier 3)	MO
PRENATAL TABLET 120MG; 200MG; 10MCG; 2MG; 12MCG; 27MG; 1MG; 20MG; 10MG; 1200MCG; 3MG; 1.84MG; 10MG; 25MG	\$0 - \$12.65 (Tier 3)	MO
<i>sodium fluoride solution 0.5mg/ml</i>	\$0 - \$12.65 (Tier 4)	MO
<i>sodium fluoride tablet chewable 0.25mg, 0.5mg, 1mg</i>	\$0 - \$12.65 (Tier 4)	MO
<i>tri-vite/fluoride solution 35mg/ml; 0.25mg/ml; 1500unit/ml; 400unit/ml, 35mg/ml; 0.5mg/ml; 1500unit/ml; 400unit/ml</i>	\$0 - \$12.65 (Tier 4)	MO
WESTAB PLUS TABLET 120MG; 200MG; 10MCG; 2MG; 12MCG; 27MG; 1MG; 20MG; 10MG; 3MG; 1.84MG; 9.9MG; 1200MCG; 25MG	\$0 - \$12.65 (Tier 3)	MO
<b>IV NUTRITION</b>		
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 - \$12.65 (Tier 4)	B/D

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at 1-855-676-5772 (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/MICHDSNP](https://www.aetna.com/MICHDSNP)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
CLINIMIX 4.25%/DEXTROSE 5% INJECTION 37MEQ/L; 880MG/100ML; 489MG/100ML; 17MEQ/L; 5GM/100ML; 438MG/100ML; 204MG/100ML; 255MG/100ML; 311MG/100ML; 247MG/100ML; 170MG/100ML; 238MG/100ML; 289MG/100ML; 213MG/100ML; 179MG/100ML; 77MG/100ML; 17MG/100ML; 247MG/100ML	\$0 - \$12.65 (Tier 4)	B/D
CLINIMIX 5%/DEXTROSE 15% INJECTION 42MEQ/1000ML; 1035MG/100ML; 575MG/100ML; 20MEQ/1000ML; 15GM/100ML; 515MG/100ML; 240MG/100ML; 300MG/100ML; 365MG/100ML; 290MG/100ML; 200MG/100ML; 280MG/100ML; 340MG/100ML; 250MG/100ML; 210MG/100ML; 90MG/100ML; 20MG/100ML; 290MG/100ML	\$0 - \$12.65 (Tier 4)	B/D
CLINIMIX 5%/DEXTROSE 20% INJECTION 42MEQ/L; 1035MG/100ML; 575MG/100ML; 20MEQ/L; 20GM/100ML; 515MG/100ML; 240MG/100ML; 300MG/100ML; 365MG/100ML; 290MG/100ML; 200MG/100ML; 280MG/100ML; 340MG/100ML; 250MG/100ML; 210MG/100ML; 90MG/100ML; 20MG/100ML; 290MG/100ML	\$0 - \$12.65 (Tier 4)	B/D
CLINIMIX 6/5 INJECTION 1242MG/100ML; 690MG/100ML; 5GM/100ML; 618MG/100ML; 288MG/100ML; 360MG/100ML; 438MG/100ML; 348MG/100ML; 240MG/100ML; 336MG/100ML; 408MG/100ML; 300MG/100ML; 252MG/100ML; 108MG/100ML; 24MG/100ML; 348MG/100ML	\$0 - \$12.65 (Tier 4)	B/D



**If you have questions**, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (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/MICHDSNP](https://www.aetna.com/MICHDSNP)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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 - \$12.65 (Tier 4)	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 - \$12.65 (Tier 4)	B/D
<i>clinisol sf 15% injection 151meq/l;</i> <i>2170mg/100ml; 1470mg/100ml; 434mg/100ml;</i> <i>749mg/100ml; 1040mg/100ml; 894mg/100ml;</i> <i>749mg/100ml; 1040mg/100ml; 1180mg/100ml;</i> <i>749mg/100ml; 1040mg/100ml; 894mg/100ml;</i> <i>592mg/100ml; 749mg/100ml; 250mg/100ml;</i> <i>39mg/100ml; 960mg/100ml</i>	\$0 - \$12.65 (Tier 4)	B/D MO
CLINOLIPID INJECTION 1.2GM/100ML; 2.25GM/100ML; 16GM/100ML; 4GM/100ML	\$0 - \$12.65 (Tier 3)	B/D
<i>dextrose 10% injection 10%</i>	\$0 (Tier 2)	
<i>dextrose 5% injection 5%</i>	\$0 (Tier 2)	MO
DEXTROSE 50% INJECTION 50%	\$0 - \$12.65 (Tier 3)	B/D
DEXTROSE 70% INJECTION 70%	\$0 - \$12.65 (Tier 3)	B/D
GLUCOSE (DEXTROSE) 50% INJECTION 50%	\$0 - \$12.65 (Tier 3)	B/D

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at 1-855-676-5772 (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/MICHDSNP](https://www.aetna.com/MICHDSNP)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
GLUCOSE (DEXTROSE) 70% INJECTION 70%	\$0 - \$12.65 (Tier 3)	B/D
NUTRILIPID INJECTION 20GM/100ML	\$0 - \$12.65 (Tier 3)	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 - \$12.65 (Tier 4)	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 - \$12.65 (Tier 5)	B/D
PROSOL INJECTION 140MEQ/100ML; 2.76GM/100ML; 1.96GM/100ML; 600MG/100ML; 1.02GM/100ML; 2.06GM/100ML; 1.18GM/100ML; 1.08GM/100ML; 1.08GM/100ML; 1.35GM/100ML; 760MG/100ML; 1GM/100ML; 1.34GM/100ML; 1.02GM/100ML; 980MG/100ML; 320MG/100ML; 50MG/100ML; 1.44GM/100ML	\$0 - \$12.65 (Tier 4)	B/D
TRAVASOL INJECTION 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 500MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	\$0 - \$12.65 (Tier 4)	B/D



**If you have questions**, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (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/MICHDSNP](https://www.aetna.com/MICHDSNP)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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 - \$12.65 (Tier 4)	B/D
<b>OPHTHALMIC</b>		
<b>ANTI-INFECTIVE/ANTI-INFLAMMATORY</b>		
<i>neo-polycin hc ointment 400unit/gm; 1%; 3.5mg/gm; 10000unit/gm</i>	\$0 (Tier 2)	
<i>neomycin/polymyxin/bacitracin/hydrocortisone ointment 400unit/gm; 1%; 0.5%; 10000unit/gm</i>	\$0 (Tier 2)	MO
<i>neomycin/polymyxin/dexamethasone ointment 0.1%; 3.5mg/gm; 10000unit/gm</i>	\$0 (Tier 2)	MO
<i>neomycin/polymyxin/dexamethasone suspension 0.1%; 3.5mg/ml; 10000unit/ml</i>	\$0 (Tier 2)	MO
<i>neomycin/polymyxin/hydrocortisone ophthalmic suspension 1%; 3.5mg/ml; 10000unit/ml</i>	\$0 - \$12.65 (Tier 4)	MO
<i>sulfacetamide sodium/prednisolone sodium phosphate solution 0.23%; 10%</i>	\$0 (Tier 2)	MO
TOBRADEX ST SUSPENSION 0.05%; 0.3%	\$0 - \$12.65 (Tier 3)	MO
TOBRADEX OINTMENT 0.1%; 0.3%	\$0 - \$12.65 (Tier 3)	MO
<i>tobramycin/dexamethasone suspension 0.1%; 0.3%</i>	\$0 - \$12.65 (Tier 3)	MO
ZYLET SUSPENSION 0.5%; 0.3%	\$0 - \$12.65 (Tier 3)	MO

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at 1-855-676-5772 (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/MICHDSNP](https://www.aetna.com/MICHDSNP)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<b>ANTI-INFECTIVES</b>		
<i>bacitracin/polymyxin b ointment 500unit/gm; 10000unit/gm</i>	\$0 (Tier 2)	MO
<i>bacitracin ointment 500unit/gm</i>	\$0 - \$12.65 (Tier 4)	MO
BESIVANCE SUSPENSION 0.6%	\$0 - \$12.65 (Tier 3)	MO
CILOXAN OINTMENT 0.3%	\$0 - \$12.65 (Tier 3)	QL (42 GM per 30 days) MO
<i>ciprofloxacin hydrochloride solution 0.3%</i>	\$0 (Tier 2)	QL (30 ML per 30 days) MO
<i>erythromycin ointment 5mg/gm</i>	\$0 (Tier 2)	QL (42 GM per 30 days) MO
<i>gatifloxacin solution 0.5%</i>	\$0 (Tier 2)	QL (20 ML per 30 days) MO
<i>gentamicin sulfate ophthalmic solution 0.3%</i>	\$0 (Tier 2)	QL (30 ML per 30 days) MO
<i>levofloxacin ophthalmic solution 1.5%</i>	\$0 (Tier 2)	QL (20 ML per 30 days) MO
<i>levofloxacin ophthalmic solution 0.5%</i>	\$0 (Tier 2)	QL (30 ML per 30 days) MO
<i>moxifloxacin hydrochloride (generic Vigamox) ophthalmic solution 0.5%</i>	\$0 (Tier 2)	QL (12 ML per 30 days) MO
<i>moxifloxacin hydrochloride (generic Moxeza) ophthalmic solution 0.5%</i>	\$0 - \$12.65 (Tier 4)	QL (12 ML per 30 days) MO
<i>neo-polycin ointment 400unit/gm; 3.5mg/gm; 10000unit/gm</i>	\$0 (Tier 2)	
<i>neomycin/bacitracin/polymyxin ointment 400unit/gm; 5mg/gm; 10000unit/gm</i>	\$0 (Tier 2)	MO
<i>neomycin/polymyxin/gramicidin solution 0.025mg/ml; 1.75mg/ml; 10000unit/ml</i>	\$0 (Tier 2)	MO
<i>ofloxacin ophthalmic solution 0.3%</i>	\$0 (Tier 2)	QL (60 ML per 30 days) MO
<i>polycin ointment 500unit/gm; 10000unit/gm</i>	\$0 (Tier 2)	
<i>polymyxin b sulfate/trimethoprim sulfate solution 10000unit/ml; 0.1%</i>	\$0 (Tier 2)	MO
<i>sulfacetamide sodium ointment 10%</i>	\$0 (Tier 2)	MO
<i>sulfacetamide sodium solution 10%</i>	\$0 (Tier 2)	QL (90 ML per 30 days) MO
<i>tobramycin solution 0.3%</i>	\$0 (Tier 2)	QL (30 ML per 30 days) MO
<i>trifluridine solution 1%</i>	\$0 (Tier 2)	MO



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (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/MICHDSNP](https://www.aetna.com/MICHDSNP)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
XDEMVY SOLUTION 0.25%	\$0 - \$12.65 (Tier 5)	QL (10 ML per 42 days) PA; ACS LD
ZIRGAN GEL 0.15%	\$0 - \$12.65 (Tier 4)	MO
<b>ANTI-INFLAMMATORIES</b>		
<i>bromfenac sodium solution 0.07%</i>	\$0 - \$12.65 (Tier 3)	MO
<i>bromfenac sodium solution 0.075%</i>	\$0 - \$12.65 (Tier 4)	MO
<i>bromfenac solution 0.09%</i>	\$0 - \$12.65 (Tier 4)	MO
<i>dexamethasone sodium phosphate ophthalmic solution 0.1%</i>	\$0 (Tier 2)	MO
<i>diclofenac sodium ophthalmic solution 0.1%</i>	\$0 (Tier 2)	QL (10 ML per 30 days) MO
<i>difluprednate emulsion 0.05%</i>	\$0 - \$12.65 (Tier 4)	MO
FLAREX SUSPENSION 0.1%	\$0 - \$12.65 (Tier 4)	MO
<i>fluorometholone suspension 0.1%</i>	\$0 - \$12.65 (Tier 3)	MO
<i>flurbiprofen sodium solution 0.03%</i>	\$0 (Tier 2)	MO
<i>ketorolac tromethamine solution 0.4%, 0.5%</i>	\$0 (Tier 2)	MO
LOTEMAX SM GEL 0.38%	\$0 - \$12.65 (Tier 3)	MO
LOTEMAX OINTMENT 0.5%	\$0 - \$12.65 (Tier 3)	MO
<i>loteprednol etabonate gel 0.5%</i>	\$0 (Tier 2)	MO

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at 1-855-676-5772 (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/MICHDSNP](https://www.aetna.com/MICHDSNP)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>loteprednol etabonate suspension 0.5%</i>	\$0 (Tier 2)	MO
<i>loteprednol etabonate suspension 0.2%</i>	\$0 - \$12.65 (Tier 3)	MO
<i>prednisolone acetate suspension 1%</i>	\$0 (Tier 2)	MO
PREDNISOLONE SODIUM PHOSPHATE OPHTHALMIC SOLUTION 1%	\$0 - \$12.65 (Tier 3)	MO
<b>ANTIALLERGICS</b>		
<i>azelastine hcl solution 0.05%</i>	\$0 (Tier 2)	MO
<i>cromolyn sodium solution 4%</i>	\$0 (Tier 2)	MO
<i>epinastine hcl solution 0.05%</i>	\$0 (Tier 2)	MO
ZERVIAE SOLUTION 0.24%	\$0 - \$12.65 (Tier 4)	
<b>ANTIGLAUCOMA</b>		
<i>betaxolol hcl solution 0.5%</i>	\$0 (Tier 2)	MO
<i>brimonidine tartrate/timolol maleate solution 0.2%; 0.5%</i>	\$0 - \$12.65 (Tier 3)	MO
<i>brimonidine tartrate solution 0.2%</i>	\$0 (Tier 1)	MO
<i>brimonidine tartrate solution 0.15%</i>	\$0 - \$12.65 (Tier 3)	MO
<i>brinzolamide suspension 1%</i>	\$0 - \$12.65 (Tier 4)	MO
<i>carteolol hcl solution 1%</i>	\$0 (Tier 2)	MO
COMBIGAN SOLUTION 0.2%; 0.5%	\$0 - \$12.65 (Tier 3)	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 - \$12.65 (Tier 4)	MO
<i>dorzolamide hydrochloride solution 2%</i>	\$0 (Tier 2)	MO



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (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/MICHDSNP](https://www.aetna.com/MICHDSNP)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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 - \$12.65 (Tier 3)	MO
PHOSPHOLINE IODIDE SOLUTION RECONSTITUTED 0.125%	\$0 - \$12.65 (Tier 5)	ACS LD
<i>pilocarpine hcl solution 1%, 2%, 4%</i>	\$0 - \$12.65 (Tier 4)	MO
<i>pilocarpine hydrochloride solution 1%, 2%, 4%</i>	\$0 - \$12.65 (Tier 4)	MO
RHOPRESSA SOLUTION 0.02%	\$0 - \$12.65 (Tier 4)	MO
ROCKLATAN SOLUTION 0.005%; 0.02%	\$0 - \$12.65 (Tier 4)	MO
SIMBRINZA SUSPENSION 0.2%; 1%	\$0 - \$12.65 (Tier 4)	MO
<i>timolol maleate ophthalmic gel forming gel forming solution 0.25%, 0.5%</i>	\$0 - \$12.65 (Tier 4)	MO
<i>timolol maleate (generic Timoptic) soln 0.25%, 0.5%</i>	\$0 (Tier 1)	MO
<i>timolol maleate once-daily ophthalmic (generic Istalol) soln 0.5%</i>	\$0 - \$12.65 (Tier 4)	MO
<i>travoprost solution 0.004%</i>	\$0 (Tier 2)	MO
VYZULTA SOLUTION 0.024%	\$0 - \$12.65 (Tier 4)	MO

**If you have questions**, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (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/MICHDSNP](https://www.aetna.com/MICHDSNP)**



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<b>MISCELLANEOUS</b>		
<i>atropine sulfate solution 1%</i>	\$0 - \$12.65 (Tier 3)	MO
CYSTARAN SOLUTION 0.44%	\$0 - \$12.65 (Tier 5)	PA; LD
EYSUVIS SUSPENSION 0.25%	\$0 - \$12.65 (Tier 4)	MO
MIEBO SOLUTION 1.338GM/ML	\$0 - \$12.65 (Tier 3)	QL (12 ML per 30 days) MO
<i>proparacaine hcl solution 0.5%</i>	\$0 (Tier 2)	MO
RESTASIS MULTIDOSE EMULSION 0.05%	\$0 - \$12.65 (Tier 3)	QL (5.5 ML per 30 days) MO
RESTASIS EMULSION 0.05%	\$0 - \$12.65 (Tier 3)	QL (60 EA per 30 days) MO
XIIDRA SOLUTION 5%	\$0 - \$12.65 (Tier 3)	QL (60 EA per 30 days) MO
<b>OTIC</b>		
<b>OTIC AGENTS</b>		
<i>acetic acid solution 2%</i>	\$0 (Tier 2)	MO
CIPRO HC SUSPENSION 0.2%; 1%	\$0 - \$12.65 (Tier 4)	MO
<i>ciprofloxacin hydrochloride/hydrocortisone suspension 0.2%; 1%</i>	\$0 - \$12.65 (Tier 4)	MO
<i>ciprofloxacin/dexamethasone suspension 0.3%; 0.1%</i>	\$0 - \$12.65 (Tier 4)	MO



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at 1-855-676-5772 (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/MICHDSNP](https://www.aetna.com/MICHDSNP)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>ciprofloxacin solution 0.2%</i>	\$0 - \$12.65 (Tier 3)	MO
<i>flac oil 0.01%</i>	\$0 - \$12.65 (Tier 4)	
<i>fluocinolone acetonide oil 0.01%</i>	\$0 - \$12.65 (Tier 4)	MO
<i>hydrocortisone/acetic acid solution 2%; 1%</i>	\$0 - \$12.65 (Tier 4)	MO
<i>neomycin/polymyxin/hc solution 1%; 3.5mg/ml; 10000unit/ml</i>	\$0 - \$12.65 (Tier 4)	MO
<i>neomycin/polymyxin/hydrocortisone otic suspension 1%; 3.5mg/ml; 10000unit/ml</i>	\$0 - \$12.65 (Tier 4)	MO
<i>ofloxacin otic solution 0.3%</i>	\$0 (Tier 2)	MO

**RESPIRATORY****ANTICHOLINERGIC/BETA AGONIST COMBINATIONS**

ANORO ELLIPTA AEROSOL POWDER	\$0 -	QL (60 EA per 30 days) MO
BREATH ACTIVATED 62.5MCG/ACT; 25MCG/ACT	\$12.65 (Tier 3)	
BEVESPI AEROSPHERE AEROSOL 4.8MCG/ACT; 9MCG/ACT	\$0 - \$12.65 (Tier 3)	QL (10.7 GM per 30 days) MO
BREZTRI AEROSPHERE AEROSOL 160MCG/ACT; 4.8MCG/ACT; 9MCG/ACT	\$0 - \$12.65 (Tier 3)	QL (10.7 GM per 30 days) MO
COMBIVENT RESPIMAT AEROSOL SOLUTION 100MCG/ACT; 20MCG/ACT	\$0 - \$12.65 (Tier 4)	QL (8 GM per 30 days) MO
<i>ipratropium bromide/albuterol sulfate solution 2.5mg/3ml; 0.5mg/3ml</i>	\$0 (Tier 2)	B/D MO

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (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/MICHDSNP](https://www.aetna.com/MICHDSNP)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
TRELEGY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100MCG/ACT; 62.5MCG/ACT; 25MCG/ACT, 200MCG/INH; 62.5MCG/INH; 25MCG/INH	\$0 - \$12.65 (Tier 3)	QL (60 EA per 30 days) MO
<b>ANTICHOLINERGICS</b>		
ATROVENT HFA AEROSOL SOLUTION 17MCG/ACT	\$0 - \$12.65 (Tier 4)	QL (25.8 GM per 30 days) MO
INCRUSE ELLIPTA AEROSOL POWDER BREATH ACTIVATED 62.5MCG/INH	\$0 - \$12.65 (Tier 3)	QL (30 EA per 30 days) MO
<i>ipratropium bromide inhalation solution 0.02%</i>	\$0 (Tier 2)	B/D MO
<i>ipratropium bromide nasal solution 0.03%</i>	\$0 (Tier 2)	QL (30 ML per 28 days) MO
<i>ipratropium bromide nasal solution 0.06%</i>	\$0 (Tier 2)	QL (45 ML per 30 days) MO
SPIRIVA RESPIMAT AEROSOL SOLUTION 1.25MCG/ACT	\$0 - \$12.65 (Tier 4)	QL (4 GM per 30 days) MO
<b>ANTIHISTAMINES</b>		
<i>azelastine hydrochloride solution 0.1%</i>	\$0 (Tier 2)	QL (30 ML per 25 days) MO
CARBINOXAMINE MALEATE ER SUSPENSION EXTENDED RELEASE 4MG/5ML	\$0 - \$12.65 (Tier 4)	PA MO
<i>carbinoxamine maleate solution 4mg/5ml</i>	\$0 - \$12.65 (Tier 4)	PA MO
<i>carbinoxamine maleate tablet 4mg</i>	\$0 - \$12.65 (Tier 4)	PA MO
<i>cetirizine hydrochloride solution 5mg/5ml</i>	\$0 (Tier 2)	QL (300 ML per 30 days) MO
<i>clemastine fumarate tablet 2.68mg</i>	\$0 (Tier 2)	PA MO
<i>cyproheptadine hcl syrup 2mg/5ml</i>	\$0 - \$12.65 (Tier 4)	PA MO; HRM
<i>cyproheptadine hydrochloride tablet 4mg</i>	\$0 - \$12.65 (Tier 4)	PA MO; HRM



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at 1-855-676-5772 (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/MICHDSNP](https://www.aetna.com/MICHDSNP)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>desloratadine odt tablet disintegrating 2.5mg, 5mg</i>	\$0 - \$12.65 (Tier 4)	QL (30 EA per 30 days) MO
<i>desloratadine tablet 5mg</i>	\$0 (Tier 2)	QL (30 EA per 30 days) MO
<i>diphenhydramine hydrochloride injection 50mg/ml</i>	\$0 - \$12.65 (Tier 4)	MO; HRM
<i>hydroxyzine hcl injection 25mg/ml</i>	\$0 - \$12.65 (Tier 4)	PA MO; HRM
<i>hydroxyzine hcl tablet 50mg</i>	\$0 - \$12.65 (Tier 4)	PA MO; HRM
<i>hydroxyzine hydrochloride injection 50mg/ml</i>	\$0 - \$12.65 (Tier 4)	PA MO; HRM
<i>hydroxyzine hydrochloride syrup 10mg/5ml</i>	\$0 - \$12.65 (Tier 4)	PA MO; HRM
<i>hydroxyzine hydrochloride tablet 10mg, 25mg</i>	\$0 - \$12.65 (Tier 4)	PA MO; HRM
<i>hydroxyzine pamoate capsule 100mg, 25mg, 50mg</i>	\$0 - \$12.65 (Tier 4)	PA MO; HRM
<i>levocetirizine dihydrochloride solution 2.5mg/5ml</i>	\$0 - \$12.65 (Tier 4)	MO
<i>levocetirizine dihydrochloride tablet 5mg</i>	\$0 (Tier 2)	QL (30 EA per 30 days) MO
<i>olopatadine hcl solution 0.6%</i>	\$0 - \$12.65 (Tier 4)	QL (30.5 GM per 30 days) MO
<b>BETA AGONISTS</b>		
<i>albuterol sulfate hfa (generic Proventil HFA) aerosol solution 108mcg/act</i>	\$0 (Tier 2)	QL (13.4 GM per 30 days) MO
<i>albuterol sulfate hfa (generic ProAir HFA) aerosol solution 108mcg/act</i>	\$0 (Tier 2)	QL (17 GM per 30 days) MO

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (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/MICHDSNP](https://www.aetna.com/MICHDSNP)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>albuterol sulfate hfa (generic Ventolin HFA) aerosol solution 108mcg/act</i>	\$0 (Tier 2)	QL (36 GM per 30 days) MO
<i>albuterol sulfate nebulization solution 0.083%, 0.63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml</i>	\$0 (Tier 2)	B/D MO
<i>albuterol sulfate syrup 2mg/5ml</i>	\$0 - \$12.65 (Tier 4)	MO
<i>albuterol sulfate tablet 2mg, 4mg</i>	\$0 - \$12.65 (Tier 4)	MO
<i>levalbuterol hcl nebulization solution 0.63mg/3ml, 1.25mg/3ml</i>	\$0 (Tier 2)	B/D MO
<i>levalbuterol hcl nebulization solution 0.31mg/3ml</i>	\$0 - \$12.65 (Tier 4)	B/D MO
<i>levalbuterol hydrochloride nebulization solution 0.63mg/3ml</i>	\$0 (Tier 2)	B/D MO
LEVALBUTEROL TARTRATE HFA AEROSOL 45MCG/ACT	\$0 - \$12.65 (Tier 3)	QL (30 GM per 30 days) MO
<i>levalbuterol nebulization solution 1.25mg/0.5ml</i>	\$0 - \$12.65 (Tier 4)	B/D MO
SEREVENT DISKUS AEROSOL POWDER BREATH ACTIVATED 50MCG/DOSE	\$0 - \$12.65 (Tier 3)	QL (60 EA per 30 days) MO
<i>terbutaline sulfate injection 1mg/ml</i>	\$0 - \$12.65 (Tier 4)	MO
<i>terbutaline sulfate tablet 2.5mg, 5mg</i>	\$0 - \$12.65 (Tier 4)	MO
<b>LEUKOTRIENE MODULATORS</b>		
<i>montelukast sodium packet 4mg</i>	\$0 (Tier 2)	QL (30 EA per 30 days) MO
<i>montelukast sodium tablet chewable 4mg, 5mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>montelukast sodium tablet 10mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at 1-855-676-5772 (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/MICHDSNP](https://www.aetna.com/MICHDSNP)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>zafirlukast tablet 10mg, 20mg</i>	\$0 - \$12.65 (Tier 4)	QL (60 EA per 30 days) MO
<b>MISCELLANEOUS</b>		
<i>acetylcysteine inhalation solution 10%, 20%</i>	\$0 (Tier 2)	B/D MO
<i>aminophylline injection 25mg/ml</i>	\$0 - \$12.65 (Tier 4)	
<i>cromolyn sodium nebulization solution 20mg/2ml</i>	\$0 (Tier 2)	B/D MO
<i>epinephrine injection 0.15mg/0.15ml, 0.15mg/0.3ml, 0.3mg/0.3ml</i>	\$0 - \$12.65 (Tier 3)	QL (2 EA per 30 days) MO
FASENRA PEN INJECTION 30MG/ML	\$0 - \$12.65 (Tier 5)	QL (1 ML per 28 days) PA; ACS LD
FASENRA INJECTION 10MG/0.5ML	\$0 - \$12.65 (Tier 5)	QL (0.5 ML per 28 days) PA; ACS LD
FASENRA INJECTION 30MG/ML	\$0 - \$12.65 (Tier 5)	QL (1 ML per 28 days) PA; ACS LD
KALYDECO PACKET 13.4MG, 25MG, 5.8MG, 50MG, 75MG	\$0 - \$12.65 (Tier 5)	QL (56 EA per 28 days) PA; ACS LD
KALYDECO TABLET 150MG	\$0 - \$12.65 (Tier 5)	QL (60 EA per 30 days) PA; ACS LD
OFEV CAPSULE 100MG, 150MG	\$0 - \$12.65 (Tier 5)	QL (60 EA per 30 days) PA; ACS LD
ORKAMBI PACKET 125MG; 100MG, 188MG; 150MG, 94MG; 75MG	\$0 - \$12.65 (Tier 5)	QL (56 EA per 28 days) PA; ACS LD
ORKAMBI TABLET 125MG; 100MG, 125MG; 200MG	\$0 - \$12.65 (Tier 5)	QL (112 EA per 28 days) PA; ACS LD

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (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/MICHDSNP](https://www.aetna.com/MICHDSNP)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>pirfenidone capsule 267mg</i>	\$0 - \$12.65 (Tier 5)	QL (270 EA per 30 days) PA; ACS LD
<i>pirfenidone tablet 267mg</i>	\$0 - \$12.65 (Tier 5)	QL (270 EA per 30 days) PA; ACS LD
<i>pirfenidone tablet 534mg, 801mg</i>	\$0 - \$12.65 (Tier 5)	QL (90 EA per 30 days) PA; ACS LD
PROLASTIN-C INJECTION 1000MG/20ML	\$0 - \$12.65 (Tier 5)	PA; LD
PULMOZYME SOLUTION 2.5MG/2.5ML	\$0 - \$12.65 (Tier 5)	PA; ACS LD
<i>roflumilast tablet 250mcg, 500mcg</i>	\$0 - \$12.65 (Tier 4)	MO
<i>theophylline er tablet extended release 12 hour 200mg</i>	\$0 - \$12.65 (Tier 4)	
<i>theophylline er tablet extended release 12 hour 100mg, 300mg, 450mg</i>	\$0 - \$12.65 (Tier 4)	MO
<i>theophylline er tablet extended release 24 hour 400mg, 600mg</i>	\$0 (Tier 2)	MO
<i>theophylline solution 80mg/15ml</i>	\$0 (Tier 2)	MO
TRIKAFTA TABLET THERAPY PACK 100MG; 75MG; 50MG, 50MG; 37.5MG; 25MG	\$0 - \$12.65 (Tier 5)	QL (84 EA per 28 days) PA; ACS LD
TRIKAFTA THERAPY PACK 100MG; 75MG; 50MG, 80MG; 60MG; 40MG	\$0 - \$12.65 (Tier 5)	QL (56 EA per 28 days) PA; ACS LD
XOLAIR INJECTION 150MG/ML, 150MG, 300MG/2ML, 75MG/0.5ML	\$0 - \$12.65 (Tier 5)	PA; ACS LD
<b>NASAL STEROIDS</b>		
<i>flunisolide solution 0.025%</i>	\$0 (Tier 2)	QL (75 ML per 30 days) MO



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (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/MICHDSNP](https://www.aetna.com/MICHDSNP)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>fluticasone propionate suspension 50mcg/act</i>	\$0 (Tier 2)	QL (16 GM per 30 days) MO
<i>mometasone furoate suspension 50mcg/act</i>	\$0 (Tier 2)	QL (34 GM per 30 days) MO
XHANCE EXHALER SUSPENSION 93MCG/ACT	\$0 - \$12.65 (Tier 4)	QL (32 ML per 30 days) PA MO
<b>STEROID INHALANTS</b>		
ALVESCO AEROSOL SOLUTION 160MCG/ACT, 80MCG/ACT	\$0 - \$12.65 (Tier 4)	QL (12.2 GM per 30 days) MO
ARNUITY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100MCG/ACT, 200MCG/ACT, 50MCG/ACT	\$0 - \$12.65 (Tier 3)	QL (30 EA per 30 days) MO
<i>budesonide suspension 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml</i>	\$0 - \$12.65 (Tier 4)	B/D MO
<b>STEROID/BETA-AGONIST COMBINATIONS</b>		
AIRSUPRA AEROSOL 90MCG/ACT; 80MCG/ACT	\$0 - \$12.65 (Tier 3)	QL (32.1 GM per 30 days) MO
BREO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100MCG/ACT; 25MCG/ACT, 200MCG/INH; 25MCG/INH, 50MCG/INH; 25MCG/INH	\$0 - \$12.65 (Tier 3)	QL (60 EA per 30 days) MO
<i>budesonide/formoterol fumarate dihydrate aerosol 160mcg/act; 4.5mcg/act, 80mcg/act; 4.5mcg/act</i>	\$0 - \$12.65 (Tier 3)	QL (10.2 GM per 30 days) MO
DULERA AEROSOL 5MCG/ACT; 100MCG/ACT, 5MCG/ACT; 200MCG/ACT, 5MCG/ACT; 50MCG/ACT	\$0 - \$12.65 (Tier 4)	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 2)	QL (60 EA per 30 days) MO
FLUTICASONE PROPIONATE/SALMETEROL HFA (GENERIC ADVAIR HFA) AEROSOL 115MCG/ACT; 21MCG/ACT, 230MCG/ACT; 21MCG/ACT, 45MCG/ACT; 21MCG/ACT	\$0 - \$12.65 (Tier 4)	QL (12 GM per 30 days) MO

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (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/MICHDSNP](https://www.aetna.com/MICHDSNP)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>fluticasone propionate/salmeterol aerosol powder breath activated 500mcg/act; 50mcg/act</i>	\$0 (Tier 2)	QL (60 EA per 30 days) MO
<i>wixela inhub aerosol powder breath activated 100mcg/act; 50mcg/act, 250mcg/act; 50mcg/act, 500mcg/act; 50mcg/act</i>	\$0 (Tier 2)	QL (60 EA per 30 days) MO
<b>TOPICAL</b>		
<b>DERMATOLOGY, ACNE</b>		
<i>accutane capsule 10mg, 20mg, 30mg, 40mg</i>	\$0 - \$12.65 (Tier 4)	PA
<i>amnesteem capsule 10mg, 20mg, 30mg, 40mg</i>	\$0 - \$12.65 (Tier 4)	PA
<i>claravis capsule 10mg, 20mg, 30mg, 40mg</i>	\$0 - \$12.65 (Tier 4)	PA
<i>clindacin foam 1%</i>	\$0 - \$12.65 (Tier 4)	QL (100 GM per 30 days)
<i>clindamycin phosphate foam 1%</i>	\$0 - \$12.65 (Tier 4)	QL (100 GM per 30 days) MO
<i>clindamycin phosphate gel tube 1%</i>	\$0 (Tier 2)	QL (75 GM per 30 days) MO
<i>clindamycin phosphate gel bottle 1%</i>	\$0 (Tier 2)	QL (75 ML per 30 days) MO
<i>clindamycin phosphate lotion 1%</i>	\$0 - \$12.65 (Tier 4)	QL (60 ML per 30 days) MO
<i>clindamycin phosphate external solution 1%</i>	\$0 (Tier 2)	QL (60 ML per 30 days) MO
<i>dapsone gel 5%</i>	\$0 - \$12.65 (Tier 4)	QL (90 GM per 30 days) MO
<i>ery pad 2%</i>	\$0 (Tier 2)	MO
<i>erythromycin/benzoyl peroxide gel 5%; 3%</i>	\$0 - \$12.65 (Tier 4)	MO



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at 1-855-676-5772 (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/MICHDSNP](https://www.aetna.com/MICHDSNP)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>erythromycin gel 2%</i>	\$0 - \$12.65 (Tier 4)	QL (60 GM per 30 days) MO
<i>erythromycin solution 2%</i>	\$0 - \$12.65 (Tier 4)	QL (60 ML per 30 days) MO
<i>isotretinoin capsule 10mg, 20mg, 25mg, 30mg, 35mg, 40mg</i>	\$0 - \$12.65 (Tier 4)	PA
<i>sulfacetamide sodium lotion 10%</i>	\$0 - \$12.65 (Tier 4)	MO
<i>tretinoin cream 0.025%, 0.05%, 0.1%</i>	\$0 - \$12.65 (Tier 4)	QL (45 GM per 30 days) PA MO
<i>tretinoin gel 0.01%, 0.025%, 0.05%</i>	\$0 - \$12.65 (Tier 4)	QL (45 GM per 30 days) PA MO
<i>zenatane capsule 10mg, 20mg, 30mg, 40mg</i>	\$0 - \$12.65 (Tier 4)	PA
<b>DERMATOLOGY, ANTIBIOTICS</b>		
<i>gentamicin sulfate cream 0.1%</i>	\$0 (Tier 2)	QL (30 GM per 30 days) MO
<i>gentamicin sulfate ointment 0.1%</i>	\$0 (Tier 2)	QL (30 GM per 30 days) MO
<i>mupirocin cream 2%</i>	\$0 - \$12.65 (Tier 4)	QL (30 GM per 30 days) MO
<i>mupirocin ointment 2%</i>	\$0 (Tier 2)	QL (30 GM per 30 days) MO
<i>silver sulfadiazine cream 1%</i>	\$0 (Tier 2)	MO
SSD CREAM 1%	\$0 - \$12.65 (Tier 3)	
SULFAMYLON CREAM 85MG/GM	\$0 - \$12.65 (Tier 4)	MO

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (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/MICHDSNP](https://www.aetna.com/MICHDSNP)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<b>DERMATOLOGY, ANTIFUNGALS</b>		
<i>ciclopirox nail lacquer solution 8%</i>	\$0 - \$12.65 (Tier 3)	QL (6.6 ML per 30 days) MO
<i>ciclopirox olamine cream 0.77%</i>	\$0 (Tier 2)	QL (90 GM per 30 days) MO
<i>ciclopirox gel 0.77%</i>	\$0 (Tier 2)	QL (100 GM per 30 days) MO
<i>ciclopirox shampoo 1%</i>	\$0 (Tier 2)	QL (120 ML per 30 days) MO
<i>ciclopirox suspension 0.77%</i>	\$0 (Tier 2)	QL (60 ML per 30 days) MO
<i>clotrimazole/betamethasone dipropionate cream 0.05%; 1%</i>	\$0 - \$12.65 (Tier 3)	QL (45 GM per 30 days) MO
<i>clotrimazole cream 1%</i>	\$0 (Tier 2)	QL (45 GM per 30 days) MO
<i>clotrimazole solution 1%</i>	\$0 (Tier 2)	QL (30 ML per 30 days) MO
<i>econazole nitrate cream 1%</i>	\$0 - \$12.65 (Tier 3)	QL (85 GM per 30 days) MO
ERTACZO CREAM 2%	\$0 - \$12.65 (Tier 4)	QL (60 GM per 30 days)
<i>ketoconazole cream 2%</i>	\$0 (Tier 2)	QL (60 GM per 30 days) MO
<i>ketoconazole foam 2%</i>	\$0 - \$12.65 (Tier 4)	QL (100 GM per 30 days) MO
<i>ketoconazole shampoo 2%</i>	\$0 (Tier 2)	QL (120 ML per 30 days) MO
<i>ketodan foam 2%</i>	\$0 - \$12.65 (Tier 4)	QL (100 GM per 30 days)
<i>klayesta powder 100000unit/gm</i>	\$0 - \$12.65 (Tier 3)	QL (60 GM per 30 days)
<i>nyamyc powder 100000unit/gm</i>	\$0 - \$12.65 (Tier 3)	QL (60 GM per 30 days)
<i>nystatin cream 100000unit/gm</i>	\$0 (Tier 2)	QL (30 GM per 30 days) MO
<i>nystatin ointment 100000unit/gm</i>	\$0 (Tier 2)	QL (30 GM per 30 days) MO
<i>nystatin powder 100000unit/gm</i>	\$0 (Tier 2)	QL (60 GM per 30 days) MO
<i>nystop powder 100000unit/gm</i>	\$0 (Tier 2)	QL (60 GM per 30 days)



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (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/MICHDSNP](https://www.aetna.com/MICHDSNP)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>selenium sulfide lotion 2.5%</i>	\$0 (Tier 2)	MO
<b>DERMATOLOGY, ANTIPSORIATICS</b>		
<i>acitretin capsule 10mg, 17.5mg, 25mg</i>	\$0 -	PA MO
	\$12.65	
	(Tier 4)	
<i>calcipotriene cream 0.005%</i>	\$0 -	QL (120 GM per 30 days) PA MO
	\$12.65	
	(Tier 4)	
<i>calcipotriene ointment 0.005%</i>	\$0 -	QL (120 GM per 30 days) PA MO
	\$12.65	
	(Tier 4)	
<i>calcipotriene solution 0.005%</i>	\$0 -	QL (60 ML per 30 days) PA MO
	\$12.65	
	(Tier 3)	
<i>calcitrene ointment 0.005%</i>	\$0 -	QL (120 GM per 30 days) PA MO
	\$12.65	
	(Tier 4)	
CALCITRIOL OINTMENT 3MCG/GM	\$0 -	QL (800 GM per 28 days) PA MO
	\$12.65	
	(Tier 4)	
<i>methoxsalen capsule 10mg</i>	\$0 -	MO
	\$12.65	
	(Tier 5)	
<i>tazarotene cream 0.1%</i>	\$0 -	QL (60 GM per 30 days) PA MO
	\$12.65	
	(Tier 3)	
<i>tazarotene cream 0.05%</i>	\$0 -	QL (60 GM per 30 days) PA MO
	\$12.65	
	(Tier 4)	
<i>tazarotene gel 0.05%, 0.1%</i>	\$0 -	QL (100 GM per 30 days) PA MO
	\$12.65	
	(Tier 3)	
<b>DERMATOLOGY, CORTICOSTEROIDS</b>		
<i>ala-cort cream 1%</i>	\$0 (Tier 2)	
<i>alclometasone dipropionate cream 0.05%</i>	\$0 -	QL (60 GM per 30 days) MO
	\$12.65	
	(Tier 4)	

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at 1-855-676-5772 (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/MICHDSNP](https://www.aetna.com/MICHDSNP)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>alclometasone dipropionate ointment 0.05%</i>	\$0 - \$12.65 (Tier 4)	QL (60 GM per 30 days)
<i>betamethasone dipropionate augmented cream 0.05%</i>	\$0 (Tier 2)	QL (120 GM per 30 days) MO
<i>betamethasone dipropionate augmented gel 0.05%</i>	\$0 - \$12.65 (Tier 4)	QL (120 GM per 30 days) MO
<i>betamethasone dipropionate augmented lotion 0.05%</i>	\$0 - \$12.65 (Tier 4)	QL (120 ML per 30 days) MO
<i>betamethasone dipropionate augmented ointment 0.05%</i>	\$0 - \$12.65 (Tier 4)	QL (120 GM per 30 days) MO
<i>betamethasone dipropionate cream 0.05%</i>	\$0 - \$12.65 (Tier 4)	QL (120 GM per 30 days) MO
<i>betamethasone dipropionate lotion 0.05%</i>	\$0 (Tier 2)	QL (120 ML per 30 days) MO
<i>betamethasone dipropionate ointment 0.05%</i>	\$0 - \$12.65 (Tier 4)	QL (120 GM per 30 days) MO
<i>betamethasone valerate cream 0.1%</i>	\$0 (Tier 2)	QL (120 GM per 30 days) MO
<i>betamethasone valerate lotion 0.1%</i>	\$0 (Tier 2)	QL (120 ML per 30 days) MO
<i>betamethasone valerate ointment 0.1%</i>	\$0 (Tier 2)	QL (120 GM per 30 days) MO
<i>clobetasol propionate e cream 0.05%</i>	\$0 - \$12.65 (Tier 4)	QL (60 GM per 30 days) MO
<i>clobetasol propionate cream 0.05%</i>	\$0 - \$12.65 (Tier 4)	QL (60 GM per 30 days) MO
<i>clobetasol propionate gel 0.05%</i>	\$0 - \$12.65 (Tier 4)	QL (60 GM per 30 days) MO
<i>clobetasol propionate ointment 0.05%</i>	\$0 - \$12.65 (Tier 4)	QL (60 GM per 30 days) MO



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (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/MICHDSNP](https://www.aetna.com/MICHDSNP)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>clobetasol propionate shampoo 0.05%</i>	\$0 - \$12.65 (Tier 4)	QL (118 ML per 30 days) MO
<i>clobetasol propionate solution 0.05%</i>	\$0 - \$12.65 (Tier 4)	QL (50 ML per 30 days) MO
<i>clodan shampoo 0.05%</i>	\$0 - \$12.65 (Tier 4)	QL (118 ML per 30 days)
<i>desonide cream 0.05%</i>	\$0 - \$12.65 (Tier 4)	QL (60 GM per 30 days) MO
<i>desonide ointment 0.05%</i>	\$0 - \$12.65 (Tier 4)	QL (60 GM per 30 days) MO
<i>desoximetasone cream 0.25%</i>	\$0 - \$12.65 (Tier 4)	QL (100 GM per 30 days) MO
<i>desoximetasone ointment 0.25%</i>	\$0 - \$12.65 (Tier 4)	QL (100 GM per 30 days) MO
<i>fluocinolone acetonide body oil 0.01%</i>	\$0 - \$12.65 (Tier 4)	QL (118.28 ML per 30 days) MO
<i>fluocinolone acetonide scalp oil 0.01%</i>	\$0 - \$12.65 (Tier 4)	QL (118.28 ML per 30 days) MO
<i>fluocinolone acetonide cream 0.025%</i>	\$0 - \$12.65 (Tier 4)	QL (120 GM per 30 days) MO
<i>fluocinolone acetonide cream 0.01%</i>	\$0 - \$12.65 (Tier 4)	QL (60 GM per 30 days) MO
<i>fluocinolone acetonide ointment 0.025%</i>	\$0 - \$12.65 (Tier 4)	QL (120 GM per 30 days) MO

**If you have questions**, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (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/MICHDSNP](https://www.aetna.com/MICHDSNP)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>fluocinolone acetonide solution 0.01%</i>	\$0 - \$12.65 (Tier 4)	QL (60 ML per 30 days) MO
<i>fluocinonide emulsified base cream 0.05%</i>	\$0 - \$12.65 (Tier 4)	QL (120 GM per 30 days) MO
<i>fluocinonide cream 0.05%</i>	\$0 - \$12.65 (Tier 4)	QL (120 GM per 30 days) MO
<i>fluocinonide gel 0.05%</i>	\$0 - \$12.65 (Tier 4)	QL (60 GM per 30 days) MO
<i>fluocinonide ointment 0.05%</i>	\$0 - \$12.65 (Tier 4)	QL (60 GM per 30 days) MO
<i>fluocinonide solution 0.05%</i>	\$0 - \$12.65 (Tier 4)	QL (60 ML per 30 days) MO
<i>fluticasone propionate cream 0.05%</i>	\$0 (Tier 2)	QL (60 GM per 30 days) MO
<i>fluticasone propionate ointment 0.005%</i>	\$0 (Tier 2)	QL (60 GM per 30 days) MO
<i>halobetasol propionate cream 0.05%</i>	\$0 (Tier 2)	QL (50 GM per 30 days) MO
<i>halobetasol propionate ointment 0.05%</i>	\$0 - \$12.65 (Tier 4)	QL (50 GM per 30 days) MO
<i>hydrocortisone valerate ointment 0.2%</i>	\$0 - \$12.65 (Tier 4)	QL (60 GM per 30 days) MO
<i>hydrocortisone cream 1%</i>	\$0 (Tier 2)	MO
<i>hydrocortisone cream 2.5%</i>	\$0 (Tier 2)	QL (30 GM per 30 days) MO
<i>hydrocortisone lotion 2.5%</i>	\$0 (Tier 2)	QL (118 ML per 30 days) MO
<i>hydrocortisone ointment 2.5%</i>	\$0 (Tier 2)	MO
<i>hydrocortisone ointment 1%</i>	\$0 (Tier 2)	QL (30 GM per 30 days) MO
<i>mometasone furoate cream 0.1%</i>	\$0 (Tier 2)	QL (45 GM per 30 days) MO
<i>mometasone furoate ointment 0.1%</i>	\$0 (Tier 2)	QL (45 GM per 30 days) MO
<i>mometasone furoate solution 0.1%</i>	\$0 (Tier 2)	QL (60 ML per 30 days) MO
<i>triamcinolone acetonide cream 0.025%, 0.5%</i>	\$0 (Tier 2)	MO
<i>triamcinolone acetonide cream 0.1%</i>	\$0 (Tier 2)	QL (454 GM per 30 days) MO



**If you have questions**, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (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/MICHDSNP](https://www.aetna.com/MICHDSNP)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>triamcinolone acetonide lotion 0.025%, 0.1%</i>	\$0 (Tier 2)	QL (60 ML per 30 days) MO
<i>triamcinolone acetonide ointment 0.025%, 0.1%</i>	\$0 (Tier 2)	MO
<i>triamcinolone acetonide ointment 0.5%</i>	\$0 (Tier 2)	QL (15 GM per 30 days) MO
<b>DERMATOLOGY, LOCAL ANESTHETICS</b>		
<i>lidocaine/prilocaine cream 2.5%; 2.5%</i>	\$0 - \$12.65 (Tier 3)	QL (30 GM per 30 days) MO
<i>lidocaine ointment 5%</i>	\$0 - \$12.65 (Tier 4)	QL (35.44 GM per 30 days) PA MO
<i>lidocaine patch 5%</i>	\$0 - \$12.65 (Tier 4)	QL (90 EA per 30 days) PA MO
<i>lidocan patch 5%</i>	\$0 - \$12.65 (Tier 4)	QL (90 EA per 30 days) PA
<i>tridacaine ii patch 5%</i>	\$0 - \$12.65 (Tier 4)	QL (90 EA per 30 days) PA
<i>tridacaine patch 5%</i>	\$0 - \$12.65 (Tier 4)	QL (90 EA per 30 days) PA
<b>DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE</b>		
<i>ammonium lactate cream 12%</i>	\$0 (Tier 2)	MO
<i>ammonium lactate lotion 12%</i>	\$0 (Tier 2)	MO
<i>azelaic acid gel 15%</i>	\$0 - \$12.65 (Tier 4)	QL (50 GM per 30 days) MO
<i>bexarotene gel 1%</i>	\$0 - \$12.65 (Tier 5)	QL (60 GM per 30 days) PA; ACS LD
<i>diclofenac sodium external solution 1.5%</i>	\$0 - \$12.65 (Tier 3)	QL (300 ML per 28 days) MO

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at 1-855-676-5772 (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/MICHDSNP](https://www.aetna.com/MICHDSNP)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>doxepin hydrochloride cream 5%</i>	\$0 - \$12.65 (Tier 4)	QL (45 GM per 30 days) PA MO
<i>doxycycline capsule delayed release 40mg</i>	\$0 - \$12.65 (Tier 4)	QL (30 EA per 30 days) PA MO
EUCRISA OINTMENT 2%	\$0 - \$12.65 (Tier 4)	QL (120 GM per 30 days) PA MO
FLUOROURACIL CREAM 0.5%	\$0 - \$12.65 (Tier 5)	QL (30 GM per 30 days) PA MO
<i>fluorouracil cream 5%</i>	\$0 - \$12.65 (Tier 4)	QL (40 GM per 30 days) MO
<i>fluorouracil solution 2%, 5%</i>	\$0 - \$12.65 (Tier 3)	QL (10 ML per 30 days) MO
<i>hydrocortisone perianal cream 1%</i>	\$0 (Tier 2)	MO
<i>hydrocortisone perianal cream 2.5%</i>	\$0 (Tier 2)	QL (30 GM per 30 days) MO
IMIQUIMOD PUMP CREAM 3.75%	\$0 - \$12.65 (Tier 4)	QL (15 GM per 28 days) MO
<i>imiquimod cream 5%</i>	\$0 (Tier 2)	QL (24 EA per 30 days) MO
<i>imiquimod cream 3.75%</i>	\$0 - \$12.65 (Tier 4)	QL (28 EA per 28 days) MO
<i>metronidazole cream 0.75%</i>	\$0 - \$12.65 (Tier 4)	MO
<i>metronidazole gel 0.75%</i>	\$0 (Tier 2)	MO
<i>metronidazole gel 1%</i>	\$0 - \$12.65 (Tier 4)	MO
<i>metronidazole lotion 0.75%</i>	\$0 - \$12.65 (Tier 4)	MO



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at 1-855-676-5772 (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/MICHDSNP](https://www.aetna.com/MICHDSNP)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>nitroglycerin ointment 0.4%</i>	\$0 - \$12.65 (Tier 4)	QL (30 GM per 30 days) MO
NORITATE CREAM 1%	\$0 - \$12.65 (Tier 5)	QL (60 GM per 30 days) MO
PANRETIN GEL 0.1%	\$0 - \$12.65 (Tier 5)	QL (60 GM per 30 days) PA
<i>pimecrolimus cream 1%</i>	\$0 - \$12.65 (Tier 4)	QL (100 GM per 30 days) MO
<i>podofilox solution 0.5%</i>	\$0 - \$12.65 (Tier 4)	MO
<i>procto-med hc cream 2.5%</i>	\$0 (Tier 2)	QL (30 GM per 30 days)
<i>proctocort cream 1%</i>	\$0 (Tier 2)	
<i>proctosol hc cream 2.5%</i>	\$0 - \$12.65 (Tier 4)	QL (30 GM per 30 days)
<i>proctozone-hc cream 2.5%</i>	\$0 - \$12.65 (Tier 4)	QL (30 GM per 30 days)
<i>tacrolimus ointment 0.03%, 0.1%</i>	\$0 - \$12.65 (Tier 4)	QL (60 GM per 30 days) MO
VALCHLOR GEL 0.016%	\$0 - \$12.65 (Tier 5)	QL (60 GM per 30 days) PA; LD
ZYCLARA PUMP CREAM 2.5%	\$0 - \$12.65 (Tier 5)	QL (7.5 GM per 28 days) MO
<b>DERMATOLOGY, SCABICIDES AND PEDICULIDES</b>		
<i>malathion lotion 0.5%</i>	\$0 - \$12.65 (Tier 4)	MO
<i>permethrin cream 5%</i>	\$0 (Tier 2)	MO

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at 1-855-676-5772 (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/MICHDSNP](https://www.aetna.com/MICHDSNP)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<b>DERMATOLOGY, WOUND CARE AGENTS</b>		
SANTYL OINTMENT 250UNIT/GM	\$0 - \$12.65 (Tier 4)	QL (180 GM per 30 days) MO
<i>sodium chloride 0.9% solution 0.9%</i>	\$0 (Tier 2)	MO
<i>sterile water for irrigation solution</i>	\$0 (Tier 2)	MO
<b>MOUTH/THROAT/DENTAL AGENTS</b>		
<i>cevimeline hydrochloride capsule 30mg</i>	\$0 - \$12.65 (Tier 4)	MO
<i>chlorhexidine gluconate solution 0.12%</i>	\$0 (Tier 1)	MO
<i>clinpro 5000 paste 1.1%</i>	\$0 - \$12.65 (Tier 4)	MO
<i>clotrimazole troche 10mg</i>	\$0 (Tier 2)	MO
DENTA 5000 PLUS SENSITIVE GEL 5%; 1.1%	\$0 - \$12.65 (Tier 4)	MO
<i>dentagel gel 1.1%</i>	\$0 - \$12.65 (Tier 4)	MO
<i>fluoridex daily defense paste 1.1%</i>	\$0 - \$12.65 (Tier 4)	
FLUORIDEX SENSITIVITY RELIEF/SLS FREE GEL 5%; 1.1%	\$0 - \$12.65 (Tier 4)	
FLUORIMAX 5000 SENSITIVE GEL 5%; 1.1%	\$0 - \$12.65 (Tier 4)	
<i>fluorimax 5000 paste 1.1%</i>	\$0 - \$12.65 (Tier 4)	
<i>fraiche 5000 dental gel 1.1%</i>	\$0 - \$12.65 (Tier 4)	



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at 1-855-676-5772 (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/MICHDSNP](https://www.aetna.com/MICHDSNP)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>just right 5000 paste 1.1%</i>	\$0 - \$12.65 (Tier 4)	
<i>kourzeq paste 0.1%</i>	\$0 (Tier 2)	
<i>lidocaine hydrochloride viscous solution 2%</i>	\$0 - \$12.65 (Tier 4)	MO
<i>lidocaine viscous solution 2%</i>	\$0 - \$12.65 (Tier 4)	MO
<i>nystatin suspension 100000unit/ml</i>	\$0 - \$12.65 (Tier 4)	MO
<i>oralone dental paste paste 0.1%</i>	\$0 (Tier 2)	
<i>periogard solution 0.12%</i>	\$0 (Tier 1)	
<i>pilocarpine hydrochloride tablet 5mg, 7.5mg</i>	\$0 - \$12.65 (Tier 4)	MO
PREVIDENT 5000 ENAMEL PROTECT GEL 5%; 1.1%	\$0 - \$12.65 (Tier 4)	MO
<i>sf gel 1.1%</i>	\$0 - \$12.65 (Tier 4)	MO
<i>sodium fluoride 5000 ppm dry mouth gel 1.1%</i>	\$0 - \$12.65 (Tier 4)	MO
SODIUM FLUORIDE 5000 PPM SENSITIVE GEL 5%; 1.1%	\$0 - \$12.65 (Tier 4)	MO
<i>sodium fluoride 5000 ppm paste 1.1%</i>	\$0 - \$12.65 (Tier 4)	MO
SODIUM FLUORIDE/POTASSIUM NITRATE/ SENSITIVE GEL 5%; 1.1%	\$0 - \$12.65 (Tier 4)	MO
<i>triamcinolone acetonide dental paste paste 0.1%</i>	\$0 (Tier 2)	MO

**If you have questions**, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (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/MICHDSNP](https://www.aetna.com/MICHDSNP)



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

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

<i>12hr allergy relief tablet 60mg</i>	\$0 (Tier 1)	*
<i>24hr allergy relief tablet 180mg</i>	\$0 (Tier 1)	*
<i>3 day vaginal cream 2%</i>	\$0 (Tier 1)	*
<i>7 day vaginal cream 2%</i>	\$0 (Tier 1)	*
<i>8 hr arthritis pain relief tablet extended release 650mg</i>	\$0 (Tier 1)	*
<i>acetaminophen childrens liquid 160mg/5ml</i>	\$0 (Tier 1)	*
<i>acetaminophen childrens solution 160mg/5ml</i>	\$0 (Tier 1)	*
<i>acetaminophen childrens suspension 160mg/5ml, 650mg/20.3ml</i>	\$0 (Tier 1)	*
<i>acetaminophen er 8 hour arthritis pain relief tablet extended release 650mg</i>	\$0 (Tier 1)	*
<i>acetaminophen er 8 hour arthritis pain tablet extended release 650mg</i>	\$0 (Tier 1)	*
<i>acetaminophen er tablet extended release 650mg</i>	\$0 (Tier 1)	*
<i>acetaminophen extra strength liquid 1000mg/30ml, 500mg/15ml</i>	\$0 (Tier 1)	*
<i>acetaminophen extra strength tablet 500mg</i>	\$0 (Tier 1)	*
<i>acetaminophen infants suspension 160mg/5ml</i>	\$0 (Tier 1)	*
<i>acetaminophen solution 160mg/5ml, 325mg/10.15ml, 650mg/20.3ml</i>	\$0 (Tier 1)	*
<i>acetaminophen suppository 120mg, 650mg</i>	\$0 (Tier 1)	*
<i>acetaminophen suspension 160mg/5ml, 325mg/10.15ml, 80mg/2.5ml</i>	\$0 (Tier 1)	*
<i>acetaminophen tablet 325mg, 500mg</i>	\$0 (Tier 1)	*
<i>acetaminophen/ibuprofen tablet 250mg; 125mg</i>	\$0 (Tier 1)	*
<i>acid gone suspension 95mg/15ml; 358mg/15ml</i>	\$0 (Tier 1)	*
<i>acid reducer complete tablet chewable 800mg; 10mg; 165mg</i>	\$0 (Tier 1)	*
<i>acid reducer maximum strength tablet 20mg</i>	\$0 (Tier 1)	*
<i>acid reducer original strength tablet 10mg</i>	\$0 (Tier 1)	*
<i>acid reducer tablet 10mg</i>	\$0 (Tier 1)	*
<i>acne medication 10 gel 10%</i>	\$0 (Tier 1)	*



**If you have questions**, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (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/MICHDSNP](https://www.aetna.com/MICHDSNP)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>acne medication 10 lotion 10%</i>	\$0 (Tier 1)	*
<i>acne medication 2.5 gel 2.5%</i>	\$0 (Tier 1)	*
<i>acne medication 5 gel 5%</i>	\$0 (Tier 1)	*
<i>adapalene gel 0.1%</i>	\$0 (Tier 1)	*
<i>aftera tablet 1.5mg</i>	\$0 (Tier 1)	*
<i>ala-hist ir tablet 2mg</i>	\$0 (Tier 1)	*
<i>alaway childrens allergy eye itch relief solution 0.035%</i>	\$0 (Tier 1)	*
<i>alaway solution 0.035%</i>	\$0 (Tier 1)	*
<i>all day allergy childrens solution 5mg/5ml</i>	\$0 (Tier 1)	*
<i>all day allergy tablet 10mg</i>	\$0 (Tier 1)	*
<i>all day pain relief tablet 220mg</i>	\$0 (Tier 1)	*
<i>all day relief tablet 220mg</i>	\$0 (Tier 1)	*
<i>aller-chlor tablet 4mg</i>	\$0 (Tier 1)	*
<i>allergy capsule 25mg</i>	\$0 (Tier 1)	*
<i>allergy childrens solution 5mg/5ml</i>	\$0 (Tier 1)	*
<i>allergy childrens suspension 30mg/5ml</i>	\$0 (Tier 1)	*
<i>allergy relief 24hr tablet 180mg</i>	\$0 (Tier 1)	*
<i>allergy relief capsule 25mg</i>	\$0 (Tier 1)	*
<i>allergy relief childrens liquid 12.5mg/5ml</i>	\$0 (Tier 1)	*
<i>allergy relief childrens solution 1mg/ml, 5mg/5ml</i>	\$0 (Tier 1)	*
<i>allergy relief suspension 50mcg/act</i>	\$0 (Tier 1)	*
<i>allergy relief tablet 10mg, 180mg, 25mg, 4mg, 5mg</i>	\$0 (Tier 1)	*
<i>allergy tablet 4mg</i>	\$0 (Tier 1)	*
<i>allergy-time tablet 4mg</i>	\$0 (Tier 1)	*
<i>almacone double strength suspension 400mg/5ml; 400mg/5ml; 40mg/5ml</i>	\$0 (Tier 1)	*
<i>aluminum hydroxide suspension 320mg/5ml</i>	\$0 (Tier 1)	*
<i>aluminum/magnesium/simethicone suspension 1200mg/30ml; 1200mg/30ml; 120mg/30ml</i>	\$0 (Tier 1)	*
<i>ammonium lactate cream 12%</i>	\$0 (Tier 1)	*
<i>antacid &amp; antigas suspension 2400mg/30ml; 2400mg/30ml; 240mg/30ml</i>	\$0 (Tier 1)	*

**If you have questions**, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (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/MICHDSNP](https://www.aetna.com/MICHDSNP)**



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>antacid calcium regular strength tablet chewable 500mg</i>	\$0 (Tier 1)	*
<i>antacid extra strength tablet chewable 750mg</i>	\$0 (Tier 1)	*
<i>antacid maximum strength suspension 400mg/5ml; 400mg/5ml; 40mg/5ml, 800mg/10ml; 800mg/10ml; 80mg/10ml</i>	\$0 (Tier 1)	*
<i>antacid regular strength suspension 200mg/5ml; 200mg/5ml; 20mg/5ml</i>	\$0 (Tier 1)	*
<i>antacid suspension 400mg/10ml; 400mg/10ml; 40mg/10ml</i>	\$0 (Tier 1)	*
<i>antacid tablet chewable 750mg</i>	\$0 (Tier 1)	*
<i>antacid ultra strength tablet chewable 1000mg</i>	\$0 (Tier 1)	*
<i>antacid/antigas liquid suspension 400mg/10ml; 400mg/10ml; 40mg/10ml</i>	\$0 (Tier 1)	*
<i>anti-diarrheal solution 1mg/7.5ml</i>	\$0 (Tier 1)	*
<i>anti-diarrheal tablet 2mg</i>	\$0 (Tier 1)	*
<i>antifungal cream 1%, 2%</i>	\$0 (Tier 1)	*
<i>anti-itch maximum strength cream 1%</i>	\$0 (Tier 1)	*
<i>arthritis pain relief tablet extended release 650mg</i>	\$0 (Tier 1)	*
<i>artificial tears solution 0.5%; 0.6%</i>	\$0 (Tier 1)	*
<i>aspirin adult low dose tablet delayed release 81mg</i>	\$0 (Tier 1)	*
<i>aspirin clear tablet 325mg</i>	\$0 (Tier 1)	*
<i>aspirin ec tablet delayed release 325mg</i>	\$0 (Tier 1)	*
<i>aspirin low dose tablet chewable 81mg</i>	\$0 (Tier 1)	*
<i>aspirin low dose tablet delayed release 81mg</i>	\$0 (Tier 1)	*
<i>aspirin regimen tablet delayed release 81mg</i>	\$0 (Tier 1)	*
<i>aspirin regular strength tablet delayed release 325mg</i>	\$0 (Tier 1)	*
<i>aspirin suppository 300mg</i>	\$0 (Tier 1)	*
<i>aspirin tablet 325mg</i>	\$0 (Tier 1)	*
<i>aspirin tablet chewable 81mg</i>	\$0 (Tier 1)	*
<i>aspirin tablet delayed release 325mg</i>	\$0 (Tier 1)	*
<i>athletes foot cream 1%</i>	\$0 (Tier 1)	*



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (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/MICHDSNP](https://www.aetna.com/MICHDSNP)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>bacmin tablet 500mg; 150mcg; 25mg; 0.1mg; 3mg; 50mcg; 27mg; 1mg; 50mg; 50mg; 5mg; 100mg; 25mg; 5000unit; 20mg; 50mcg; 20mg; 30unit; 22.5mg</i>	\$0 (Tier 1)	*
<i>banophen capsule 25mg, 50mg</i>	\$0 (Tier 1)	*
<i>banophen tablet 25mg</i>	\$0 (Tier 1)	*
<i>benzoyl peroxide gel 10%, 2.5%, 5%</i>	\$0 (Tier 1)	*
<i>benzoyl peroxide wash liquid 5%</i>	\$0 (Tier 1)	*
<i>benzphetamine hcl tablet 50mg</i>	\$0 (Tier 1)	PA; *
<i>betadine solution 10%</i>	\$0 (Tier 1)	*
<i>bisacodyl ec tablet delayed release 5mg</i>	\$0 (Tier 1)	*
<i>bisacodyl suppository 10mg</i>	\$0 (Tier 1)	*
<i>bismuth subsalicylate tablet chewable 262mg</i>	\$0 (Tier 1)	*
<i>bp vit 3 capsule 500mcg; 350mg; 35mg; 1mg; 500mg; 200mg; 12.5mg</i>	\$0 (Tier 1)	*
<i>bprotected pedia iron solution 15mg/ml</i>	\$0 (Tier 1)	*
<i>budesonide nasal spray suspension 32mcg/act</i>	\$0 (Tier 1)	*
<i>calcium + vitamin d3 tablet 500mg; 5mcg</i>	\$0 (Tier 1)	*
<i>calcium antacid extra strength tablet chewable 750mg</i>	\$0 (Tier 1)	*
<i>calcium antacid tablet chewable 500mg</i>	\$0 (Tier 1)	*
<i>calcium carbonate suspension 1250mg/5ml</i>	\$0 (Tier 1)	*
<i>cal-gest antacid tablet chewable 500mg</i>	\$0 (Tier 1)	*
<i>carboxymethylcellulose sodium solution 0.5%</i>	\$0 (Tier 1)	*
<i>carboxymethylcellulose sodium ophthalmic solution eye drops solution 0.5%</i>	\$0 (Tier 1)	*
<i>cetirizine hcl allergy childrens solution 5mg/5ml</i>	\$0 (Tier 1)	*
<i>cetirizine hcl childrens allergy solution 1mg/ml</i>	\$0 (Tier 1)	*
<i>cetirizine hcl childrens solution 5mg/5ml</i>	\$0 (Tier 1)	*
<i>cetirizine hcl tablet 5mg</i>	\$0 (Tier 1)	*
<i>cetirizine hcl tablet chewable 5mg</i>	\$0 (Tier 1)	*
<i>cetirizine hydrochloride childrens allergy solution 1mg/ml, 5mg/5ml</i>	\$0 (Tier 1)	*
<i>cetirizine hydrochloride solution 1mg/ml</i>	\$0 (Tier 1)	*
<i>cetirizine hydrochloride tablet 10mg</i>	\$0 (Tier 1)	*
<i>cetirizine hydrochloride tablet chewable 10mg</i>	\$0 (Tier 1)	*

**If you have questions**, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (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/MICHDSNP](https://www.aetna.com/MICHDSNP)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>childrens acetaminophen suspension 160mg/5ml</i>	\$0 (Tier 1)	*
<i>childrens ibuprofen suspension 100mg/5ml, 200mg/10ml</i>	\$0 (Tier 1)	*
<i>childrens loratadine solution 5mg/5ml</i>	\$0 (Tier 1)	*
<i>chromic chloride injection 40mcg/10ml</i>	\$0 (Tier 1)	*
<i>chromium chloride injection 40mcg/10ml</i>	\$0 (Tier 1)	*
<i>clotrimazole antifungal cream 1%</i>	\$0 (Tier 1)	*
<i>clotrimazole external cream 1%, 1%</i>	\$0 (Tier 1)	*
<i>colace capsule 100mg</i>	\$0 (Tier 1)	*
<i>copper injection 0.4mg/ml</i>	\$0 (Tier 1)	*
<i>corvita tablet 375mg; 750unit; 75mcg; 315unit; 150mcg; 1mg; 70mcg; 125mcg; 1.25mg; 13mg; 10mg; 7mg; 2.5mg; 35mg; 35mg; 5mg; 35mg; 3.4mg; 25mg; 125unit; 35mg</i>	\$0 (Tier 1)	*
<i>corvite tablet 375mg; 750unit; 75mcg; 315unit; 150mcg; 1mg; 70mcg; 125mcg; 1.25mg; 13mg; 10mg; 7mg; 2.5mg; 35mg; 35mg; 5mg; 35mg; 3.4mg; 25mg; 125unit; 35mg</i>	\$0 (Tier 1)	*
<i>cupric chloride injection 0.4mg/ml</i>	\$0 (Tier 1)	*
<i>cyanocobalamin injection 1000mcg/ml</i>	\$0 (Tier 1)	*
<i>cyanocobalamin nasal solution 500mcg/0.1ml</i>	\$0 (Tier 1)	*
<i>dialyvite 3000 tablet 100mg; 300mcg; 10mg; 3mg; 1mg; 20mg; 25mg; 1.7mg; 70mcg; 1.5mg; 30unit; 15mg</i>	\$0 (Tier 1)	*
<i>dialyvite 5000 tablet 100mg; 300mcg; 10mg; 5mg; 2mg; 20mg; 50mg; 1.7mg; 70mcg; 1.5mg; 30unit; 25mg</i>	\$0 (Tier 1)	*
<i>dialyvite supreme d tablet 100mg; 300mcg; 10mg; 2000unit; 3mg; 1mg; 20mg; 25mg; 1.7mg; 70mcg; 1.5mg; 30unit; 15mg</i>	\$0 (Tier 1)	*
<i>dialyvite tablet 100mg; 0.3mg; 0.006mg; 1mg; 20mg; 10mg; 10mg; 1.7mg; 1.5mg</i>	\$0 (Tier 1)	*
<i>dialyvite/zinc tablet 100mg; 300mcg; 10mg; 6mcg; 1mg; 20mg; 10mg; 1.7mg; 1.5mg; 50mg</i>	\$0 (Tier 1)	*
<i>diethylpropion hcl er tablet extended release 24 hour 75mg</i>	\$0 (Tier 1)	PA; *



**If you have questions**, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (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/MICHDSNP](https://www.aetna.com/MICHDSNP)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>diethylpropion hcl tablet 25mg</i>	\$0 (Tier 1)	PA; *
<i>diethylpropion hydrochloride er tablet extended release 24 hour 75mg</i>	\$0 (Tier 1)	PA; *
<i>diethylpropion hydrochloride tablet 25mg</i>	\$0 (Tier 1)	PA; *
<i>differin lotion 0.1%</i>	\$0 (Tier 1)	*
<i>diphenhydramine hcl capsule 50mg</i>	\$0 (Tier 1)	*
<i>diphenhydramine hydrochloride capsule 25mg, 50mg</i>	\$0 (Tier 1)	*
<i>diphenhydramine hydrochloride childrens allergy relief liquid 12.5mg/5ml</i>	\$0 (Tier 1)	*
<i>diphenhydramine hydrochloride liquid 12.5mg/5ml, 25mg/10ml</i>	\$0 (Tier 1)	*
<i>diphenhydramine hydrochloride tablet 25mg</i>	\$0 (Tier 1)	*
<i>docusate sodium capsule 100mg, 250mg</i>	\$0 (Tier 1)	*
<i>docusate sodium liquid 100mg/10ml, 50mg/5ml</i>	\$0 (Tier 1)	*
<i>dual action pain relief tablet 250mg; 125mg</i>	\$0 (Tier 1)	*
<i>econtra ez tablet 1.5mg</i>	\$0 (Tier 1)	*
<i>econtra one-step tablet 1.5mg</i>	\$0 (Tier 1)	*
<i>ed chlorped jr syrup 2mg/5ml</i>	\$0 (Tier 1)	*
<i>ed-apap liquid 160mg/5ml</i>	\$0 (Tier 1)	*
<i>enlyte capsule 21mg; 5mg; 25mcg; 1.5mg; 40mg; 25mcg; 2.5mg; 2.4mg; 3.83mg; 25mcg; 25mcg; 25mcg</i>	\$0 (Tier 1)	*
<i>eye itch relief solution 0.035%</i>	\$0 (Tier 1)	*
<i>famotidine maximum strength tablet 20mg</i>	\$0 (Tier 1)	*
<i>famotidine original strength tablet 10mg</i>	\$0 (Tier 1)	*
<i>famotidine tablet 10mg, 20mg</i>	\$0 (Tier 1)	*
<i>ferosul tablet 325mg</i>	\$0 (Tier 1)	*
<i>ferrous sulfate solution 15mg/ml, 220mg/5ml, 300mg/5ml</i>	\$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>feverall adults suppository 650mg</i>	\$0 (Tier 1)	*
<i>feverall childrens suppository 120mg</i>	\$0 (Tier 1)	*
<i>feverall infants suppository 80mg</i>	\$0 (Tier 1)	*

**If you have questions**, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (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/MICHDSNP](https://www.aetna.com/MICHDSNP)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>feverall junior strength suppository 325mg</i>	\$0 (Tier 1)	*
<i>fe-vite iron solution 15mg/ml</i>	\$0 (Tier 1)	*
<i>fexofenadine hydrochloride tablet 180mg, 60mg</i>	\$0 (Tier 1)	*
<i>first aid antiseptic ointment ointment 10%</i>	\$0 (Tier 1)	*
<i>fleet enema enema 7gm/197ml; 19gm/197ml</i>	\$0 (Tier 1)	*
<i>fleet pediatric enema 3.5gm/59ml; 9.5gm/59ml</i>	\$0 (Tier 1)	*
<i>fleet stimulant tablet delayed release 5mg</i>	\$0 (Tier 1)	*
<i>fleet stool softener capsule 100mg</i>	\$0 (Tier 1)	*
<i>florafol fe pediatric solution</i>	\$0 (Tier 1)	*
<i>florafol pediatric solution</i>	\$0 (Tier 1)	*
<i>flotrex tablet chewable</i>	\$0 (Tier 1)	*
<i>fluticasone propionate nasal spray allergy relief 24- hour suspension 50mcg/act</i>	\$0 (Tier 1)	*
<i>fluticasone propionate suspension 50mcg/act</i>	\$0 (Tier 1)	*
<i>folic acid injection 5mg/ml</i>	\$0 (Tier 1)	*
<i>folic acid tablet 1mg</i>	\$0 (Tier 1)	*
<i>folic acid tablet 1mg</i>	\$0 (Tier 1)	*
<i>foltrate tablet 500mcg; 1mg</i>	\$0 (Tier 1)	*
<i>ft 7 day vaginal cream 1%</i>	\$0 (Tier 1)	*
<i>ft 8 hour pain relief tablet extended release 650mg</i>	\$0 (Tier 1)	*
<i>ft acid reducer + antacid dual action tablet chewable 800mg; 10mg; 165mg</i>	\$0 (Tier 1)	*
<i>ft acid reducer maximum strength tablet 20mg</i>	\$0 (Tier 1)	*
<i>ft acid reducer tablet 10mg</i>	\$0 (Tier 1)	*
<i>ft all day allergy 24 hour tablet 10mg</i>	\$0 (Tier 1)	*
<i>ft all day allergy childrens solution 5mg/5ml</i>	\$0 (Tier 1)	*
<i>ft all day allergy tablet 10mg</i>	\$0 (Tier 1)	*
<i>ft all day pain relief tablet 220mg</i>	\$0 (Tier 1)	*
<i>ft allergy childrens solution 5mg/5ml</i>	\$0 (Tier 1)	*
<i>ft allergy relief 12 hour tablet 60mg</i>	\$0 (Tier 1)	*
<i>ft allergy relief 24 hour tablet 180mg</i>	\$0 (Tier 1)	*
<i>ft allergy relief 24 hr suspension 50mcg/act</i>	\$0 (Tier 1)	*
<i>ft allergy relief capsule 25mg</i>	\$0 (Tier 1)	*
<i>ft allergy relief childrens liquid 12.5mg/5ml</i>	\$0 (Tier 1)	*



**If you have questions**, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (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/MICHDSNP](https://www.aetna.com/MICHDSNP)**

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>ft allergy relief childrens solution 5mg/5ml</i>	\$0 (Tier 1)	*
<i>ft allergy relief tablet 10mg, 180mg, 25mg, 4mg</i>	\$0 (Tier 1)	*
<i>ft antacid &amp; antigas suspension 200mg/5ml; 200mg/5ml; 20mg/5ml, 400mg/5ml; 400mg/5ml; 40mg/5ml</i>	\$0 (Tier 1)	*
<i>ft antacid extra strength tablet chewable 750mg</i>	\$0 (Tier 1)	*
<i>ft antacid regular strength tablet chewable 500mg</i>	\$0 (Tier 1)	*
<i>ft anti-diarrheal capsule 2mg</i>	\$0 (Tier 1)	*
<i>ft anti-diarrheal solution 1mg/7.5ml</i>	\$0 (Tier 1)	*
<i>ft anti-diarrheal tablet 2mg</i>	\$0 (Tier 1)	*
<i>ft antifungal cream cream 1%</i>	\$0 (Tier 1)	*
<i>ft arthritis pain reliever tablet extended release 650mg</i>	\$0 (Tier 1)	*
<i>ft aspirin low dose tablet delayed release 81mg</i>	\$0 (Tier 1)	*
<i>ft aspirin tablet 325mg</i>	\$0 (Tier 1)	*
<i>ft aspirin tablet chewable 81mg</i>	\$0 (Tier 1)	*
<i>ft athletes foot cream cream 1%</i>	\$0 (Tier 1)	*
<i>ft clotrimazole 3 cream 2%</i>	\$0 (Tier 1)	*
<i>ft clotrimazole cream 1%</i>	\$0 (Tier 1)	*
<i>ft dual action tablet 250mg; 125mg</i>	\$0 (Tier 1)	*
<i>ft enema ready-to-use enema 7gm/118ml; 19gm/118ml</i>	\$0 (Tier 1)	*
<i>ft enteric coated aspirin tablet delayed release 325mg</i>	\$0 (Tier 1)	*
<i>ft gentle laxative suppository 10mg</i>	\$0 (Tier 1)	*
<i>ft ibuprofen capsule 200mg</i>	\$0 (Tier 1)	*
<i>ft ibuprofen childrens suspension 100mg/5ml</i>	\$0 (Tier 1)	*
<i>ft ibuprofen ib childrens tablet chewable 100mg</i>	\$0 (Tier 1)	*
<i>ft ibuprofen infants suspension 50mg/1.25ml</i>	\$0 (Tier 1)	*
<i>ft ibuprofen minis capsule 200mg</i>	\$0 (Tier 1)	*
<i>ft ibuprofen tablet 200mg</i>	\$0 (Tier 1)	*
<i>ft itch relief maximum strength cream 1%</i>	\$0 (Tier 1)	*
<i>ft itch relief/aloe maximum strength cream 1%</i>	\$0 (Tier 1)	*
<i>ft laxative tablet delayed release 5mg</i>	\$0 (Tier 1)	*

**If you have questions**, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (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/MICHDSNP](https://www.aetna.com/MICHDSNP)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>ft lice killing maximum strength shampoo 4%; 0.33%</i>	\$0 (Tier 1)	*
<i>ft lubricant eye drops solution 0.5%</i>	\$0 (Tier 1)	*
<i>ft miconazole 1 kit</i>	\$0 (Tier 1)	*
<i>ft miconazole 3 combination pack kit</i>	\$0 (Tier 1)	*
<i>ft miconazole 7 cream 2%</i>	\$0 (Tier 1)	*
<i>ft naloxone hydrochloride liquid 4mg/0.1ml</i>	\$0 (Tier 1)	*
<i>ft naproxen sodium capsule 220mg</i>	\$0 (Tier 1)	*
<i>ft nicotine gum 2mg, 4mg</i>	\$0 (Tier 1)	*
<i>ft nicotine lozenge 2mg, 4mg</i>	\$0 (Tier 1)	*
<i>ft nicotine mini lozenge 2mg, 4mg</i>	\$0 (Tier 1)	*
<i>ft nicotine transdermal system/step 1 patch 24 hour 21mg/24hr</i>	\$0 (Tier 1)	*
<i>ft nicotine transdermal system/step 1/clear patch 24 hour 21mg/24hr</i>	\$0 (Tier 1)	*
<i>ft nicotine transdermal system/step 2 patch 24 hour 14mg/24hr</i>	\$0 (Tier 1)	*
<i>ft nicotine transdermal system/step 2/clear patch 24 hour 14mg/24hr</i>	\$0 (Tier 1)	*
<i>ft nicotine transdermal system/step 3 patch 24 hour 7mg/24hr</i>	\$0 (Tier 1)	*
<i>ft nicotine transdermal system/step 3/clear patch 24 hour 7mg/24hr</i>	\$0 (Tier 1)	*
<i>ft omeprazole tablet delayed release 20mg</i>	\$0 (Tier 1)	*
<i>ft pain &amp; fever childrens suspension 160mg/5ml</i>	\$0 (Tier 1)	*
<i>ft pain &amp; fever infants suspension 160mg/5ml</i>	\$0 (Tier 1)	*
<i>ft pain relief adult extra strength tablet 500mg</i>	\$0 (Tier 1)	*
<i>ft pain relief extra strength tablet 500mg</i>	\$0 (Tier 1)	*
<i>ft pain relief tablet 200mg, 325mg</i>	\$0 (Tier 1)	*
<i>ft pain reliever adults suppository 650mg</i>	\$0 (Tier 1)	*
<i>ft pain reliever children suppository 120mg</i>	\$0 (Tier 1)	*
<i>ft pain reliever extra strength adult tablet 500mg</i>	\$0 (Tier 1)	*
<i>ft povidone-iodine solution 10%</i>	\$0 (Tier 1)	*
<i>ft rapid release pain relief tablet 500mg</i>	\$0 (Tier 1)	*
<i>ft stomach relief suspension 525mg/30ml</i>	\$0 (Tier 1)	*



**If you have questions**, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (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/MICHDSNP](https://www.aetna.com/MICHDSNP)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>ft stomach relief tablet 262mg</i>	\$0 (Tier 1)	*
<i>ft stomach relief tablet chewable 262mg</i>	\$0 (Tier 1)	*
<i>ft stool softener capsule 100mg, 250mg</i>	\$0 (Tier 1)	*
<i>ft tioconazole-1 ointment 6.5%</i>	\$0 (Tier 1)	*
<i>ft triple antibiotic ointment 400unit/gm; 3.5mg/gm; 5000unit/gm</i>	\$0 (Tier 1)	*
<i>genteal severe tears gel 0.3%</i>	\$0 (Tier 1)	*
<i>genteal tears night-time ointment 3%; 94%</i>	\$0 (Tier 1)	*
<i>gentle laxative suppository 10mg</i>	\$0 (Tier 1)	*
<i>gentle laxative tablet delayed release 5mg</i>	\$0 (Tier 1)	*
<i>gnp 8 hour arthritis relief tablet extended release 650mg</i>	\$0 (Tier 1)	*
<i>gnp 8 hour pain relief tablet extended release 650mg</i>	\$0 (Tier 1)	*
<i>gnp 8 hour pain reliever tablet extended release 650mg</i>	\$0 (Tier 1)	*
<i>gnp acetaminophen tablet 325mg</i>	\$0 (Tier 1)	*
<i>gnp acetaminophen/ibuprofen dual action tablet 250mg; 125mg</i>	\$0 (Tier 1)	*
<i>gnp acid reducer maximum strength tablet 20mg</i>	\$0 (Tier 1)	*
<i>gnp acid reducer tablet 10mg</i>	\$0 (Tier 1)	*
<i>gnp adapalene gel 0.1%</i>	\$0 (Tier 1)	*
<i>gnp adult aspirin low strength tablet chewable 81mg</i>	\$0 (Tier 1)	*
<i>gnp all day allergy childrens solution 1mg/ml, 5mg/5ml</i>	\$0 (Tier 1)	*
<i>gnp all day allergy tablet 10mg</i>	\$0 (Tier 1)	*
<i>gnp allergy antihistamine liquid 50mg/20ml</i>	\$0 (Tier 1)	*
<i>gnp allergy relief capsule 25mg</i>	\$0 (Tier 1)	*
<i>gnp allergy relief childrens liquid 12.5mg/5ml</i>	\$0 (Tier 1)	*
<i>gnp allergy relief maximum strength liquid 12.5mg/5ml</i>	\$0 (Tier 1)	*
<i>gnp allergy relief tablet 180mg, 25mg, 4mg</i>	\$0 (Tier 1)	*
<i>gnp allergy tablet 25mg</i>	\$0 (Tier 1)	*

**If you have questions**, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (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/MICHDSNP](https://www.aetna.com/MICHDSNP)**



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>gnp antacid &amp; anti-gas/regular strength suspension 200mg/5ml; 200mg/5ml; 20mg/5ml</i>	\$0 (Tier 1)	*
<i>gnp antacid and anti-gas/maximum strength suspension 400mg/5ml; 400mg/5ml; 40mg/5ml</i>	\$0 (Tier 1)	*
<i>gnp antacid anti-gas/maximum strength suspension 400mg/5ml; 400mg/5ml; 40mg/5ml</i>	\$0 (Tier 1)	*
<i>gnp antacid extra strength tablet chewable 750mg</i>	\$0 (Tier 1)	*
<i>gnp antacid/regular strength suspension 200mg/5ml; 200mg/5ml; 20mg/5ml</i>	\$0 (Tier 1)	*
<i>gnp anti-diarrheal capsule 2mg</i>	\$0 (Tier 1)	*
<i>gnp anti-diarrheal tablet 2mg</i>	\$0 (Tier 1)	*
<i>gnp arthritis pain relief tablet extended release 650mg</i>	\$0 (Tier 1)	*
<i>gnp artificial tears solution 0.5%; 0.6%</i>	\$0 (Tier 1)	*
<i>gnp aspirin low dose tablet delayed release 81mg</i>	\$0 (Tier 1)	*
<i>gnp aspirin tablet 325mg</i>	\$0 (Tier 1)	*
<i>gnp aspirin tablet delayed release 325mg, 81mg</i>	\$0 (Tier 1)	*
<i>gnp athletes foot cream 1%</i>	\$0 (Tier 1)	*
<i>gnp budesonide nasal spray suspension 32mcg/act</i>	\$0 (Tier 1)	*
<i>gnp childrens allergy liquid 12.5mg/5ml</i>	\$0 (Tier 1)	*
<i>gnp childrens ibuprofen suspension 100mg/5ml</i>	\$0 (Tier 1)	*
<i>gnp childrens pain relief suspension 160mg/5ml</i>	\$0 (Tier 1)	*
<i>gnp clearlax packet 17gm</i>	\$0 (Tier 1)	*
<i>gnp clotrimazole 3 cream 2%</i>	\$0 (Tier 1)	*
<i>gnp dual action pain reliever tablet 250mg; 125mg</i>	\$0 (Tier 1)	*
<i>gnp fexofenadine hydrochloride tablet 180mg</i>	\$0 (Tier 1)	*
<i>gnp fluticasone propionate suspension 50mcg/act</i>	\$0 (Tier 1)	*
<i>gnp gentle laxative suppository 10mg</i>	\$0 (Tier 1)	*
<i>gnp gentle laxative tablet delayed release 5mg</i>	\$0 (Tier 1)	*
<i>gnp hydrocortisone cream 0.5%</i>	\$0 (Tier 1)	*



**If you have questions**, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (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/MICHDSNP](https://www.aetna.com/MICHDSNP)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>gnp hydrocortisone maximum strength ointment 1%</i>	\$0 (Tier 1)	*
<i>gnp hydrocortisone plus cream 1%</i>	\$0 (Tier 1)	*
<i>gnp hydrocortisone/aloe cream 1%</i>	\$0 (Tier 1)	*
<i>gnp ibuprofen capsule 200mg</i>	\$0 (Tier 1)	*
<i>gnp ibuprofen childrens tablet chewable 100mg</i>	\$0 (Tier 1)	*
<i>gnp ibuprofen infants suspension 50mg/1.25ml</i>	\$0 (Tier 1)	*
<i>gnp ibuprofen tablet 200mg</i>	\$0 (Tier 1)	*
<i>gnp iron tablet 200mg</i>	\$0 (Tier 1)	*
<i>gnp lansoprazole capsule delayed release 15mg</i>	\$0 (Tier 1)	*
<i>gnp lice killing shampoo shampoo 4%; 0.33%</i>	\$0 (Tier 1)	*
<i>gnp lice treatment liquid 1%</i>	\$0 (Tier 1)	*
<i>gnp loperamide hydrochloride solution 1mg/7.5ml</i>	\$0 (Tier 1)	*
<i>gnp loratadine childrens solution 5mg/5ml</i>	\$0 (Tier 1)	*
<i>gnp loratadine solution 5mg/5ml</i>	\$0 (Tier 1)	*
<i>gnp loratadine tablet disintegrating 10mg</i>	\$0 (Tier 1)	*
<i>gnp lubricant eye drops solution 0.5%</i>	\$0 (Tier 1)	*
<i>gnp miconazole 1 combination pack kit</i>	\$0 (Tier 1)	*
<i>gnp miconazole 3 kit</i>	\$0 (Tier 1)	*
<i>gnp miconazole 7 cream 2%</i>	\$0 (Tier 1)	*
<i>gnp naloxone hydrochloride liquid 4mg/0.1ml</i>	\$0 (Tier 1)	*
<i>gnp naproxen sodium capsule 220mg</i>	\$0 (Tier 1)	*
<i>gnp naproxen tablet 220mg</i>	\$0 (Tier 1)	*
<i>gnp nicotine gum gum 2mg, 4mg</i>	\$0 (Tier 1)	*
<i>gnp nicotine mini lozenge lozenge 2mg, 4mg</i>	\$0 (Tier 1)	*
<i>gnp nicotine polacrilex gum 2mg, 4mg</i>	\$0 (Tier 1)	*
<i>gnp nicotine polacrilex lozenge 2mg, 4mg</i>	\$0 (Tier 1)	*
<i>gnp nicotine transdermal system patch 24 hour 21mg/24hr, 7mg/24hr</i>	\$0 (Tier 1)	*
<i>gnp nicotine transdermal system step 2 patch 24 hour 14mg/24hr</i>	\$0 (Tier 1)	*
<i>gnp nighttime relief lubricant eye ointment 42.5%; 57.3%</i>	\$0 (Tier 1)	*
<i>gnp omeprazole tablet delayed release 20mg</i>	\$0 (Tier 1)	*

**If you have questions**, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (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/MICHDSNP](https://www.aetna.com/MICHDSNP)**



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>gnp pain &amp; fever childrens suspension 160mg/5ml</i>	\$0 (Tier 1)	*
<i>gnp pain &amp; fever infants suspension 160mg/5ml</i>	\$0 (Tier 1)	*
<i>gnp pain relief extra strength tablet 500mg</i>	\$0 (Tier 1)	*
<i>gnp pain relief tablet 325mg</i>	\$0 (Tier 1)	*
<i>gnp pink bismuth tablet 262mg</i>	\$0 (Tier 1)	*
<i>gnp pink bismuth ultra strength suspension 525mg/15ml</i>	\$0 (Tier 1)	*
<i>gnp stomach relief suspension 525mg/30ml</i>	\$0 (Tier 1)	*
<i>gnp stool softener capsule 100mg, 240mg, 250mg</i>	\$0 (Tier 1)	*
<i>gnp tolnaftate cream 1%</i>	\$0 (Tier 1)	*
<i>gnp triple antibiotic ointment 400unit/gm; 3.5mg/gm; 5000unit/gm</i>	\$0 (Tier 1)	*
<i>gnp womens gentle laxative tablet delayed release 5mg</i>	\$0 (Tier 1)	*
<i>goodsense 24-hour allergy nasal spray suspension 50mcg/act</i>	\$0 (Tier 1)	*
<i>goodsense all day allergy childrens solution 5mg/5ml</i>	\$0 (Tier 1)	*
<i>goodsense all day allergy tablet 10mg</i>	\$0 (Tier 1)	*
<i>goodsense aller-ease tablet 180mg</i>	\$0 (Tier 1)	*
<i>goodsense allergy relief childrens solution 5mg/5ml</i>	\$0 (Tier 1)	*
<i>goodsense allergy relief tablet 10mg</i>	\$0 (Tier 1)	*
<i>goodsense anti-diarrheal solution 1mg/7.5ml</i>	\$0 (Tier 1)	*
<i>goodsense arthritis pain tablet extended release 650mg</i>	\$0 (Tier 1)	*
<i>goodsense aspirin tablet chewable 81mg</i>	\$0 (Tier 1)	*
<i>goodsense dual action complete tablet chewable 800mg; 10mg; 165mg</i>	\$0 (Tier 1)	*
<i>goodsense dual action tablet 250mg; 125mg</i>	\$0 (Tier 1)	*
<i>goodsense first aid antibiotic ointment 400unit; 3.5mg; 5000unit</i>	\$0 (Tier 1)	*
<i>goodsense ibuprofen capsule 200mg</i>	\$0 (Tier 1)	*



**If you have questions**, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (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/MICHDSNP](https://www.aetna.com/MICHDSNP)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>goodsense ibuprofen childrens suspension 100mg/5ml</i>	\$0 (Tier 1)	*
<i>goodsense ibuprofen childrens tablet chewable 100mg</i>	\$0 (Tier 1)	*
<i>goodsense ibuprofen infants suspension 50mg/1.25ml</i>	\$0 (Tier 1)	*
<i>goodsense ibuprofen tablet 200mg</i>	\$0 (Tier 1)	*
<i>goodsense lansoprazole capsule delayed release 15mg</i>	\$0 (Tier 1)	*
<i>goodsense lice killing creme rinse liquid 1%</i>	\$0 (Tier 1)	*
<i>goodsense naproxen sodium tablet 220mg</i>	\$0 (Tier 1)	*
<i>goodsense nicotine lozenge 2mg, 4mg</i>	\$0 (Tier 1)	*
<i>goodsense nicotine polacrilex gum gum 2mg, 4mg</i>	\$0 (Tier 1)	*
<i>goodsense nicotine polacrilex lozenge 4mg</i>	\$0 (Tier 1)	*
<i>goodsense pain &amp; fever childrens suspension 160mg/5ml</i>	\$0 (Tier 1)	*
<i>goodsense pain &amp; fever infants suspension 160mg/5ml</i>	\$0 (Tier 1)	*
<i>goodsense pain relief extra strength tablet 500mg</i>	\$0 (Tier 1)	*
<i>goodsense pain relief tablet 325mg</i>	\$0 (Tier 1)	*
<i>healthylax packet 17gm</i>	\$0 (Tier 1)	*
<i>heartburn relief extra strength suspension 254mg/5ml; 237.5mg/5ml</i>	\$0 (Tier 1)	*
<i>heartburn relief maximum strength tablet 20mg</i>	\$0 (Tier 1)	*
<i>heartburn relief tablet 10mg</i>	\$0 (Tier 1)	*
<i>histaflex tablet 325mg; 25mg</i>	\$0 (Tier 1)	*
<i>histex pd liquid 0.938mg/ml</i>	\$0 (Tier 1)	*
<i>histex syrup 2.5mg/5ml</i>	\$0 (Tier 1)	*
<i>hm laxative tablet delayed release 5mg</i>	\$0 (Tier 1)	*
<i>hydrocortisone cream 0.5%, 1%</i>	\$0 (Tier 1)	*
<i>hydrocortisone maximum strength cream 1%</i>	\$0 (Tier 1)	*
<i>hydrocortisone maximum strength plus 12 moisturizers cream 1%</i>	\$0 (Tier 1)	*
<i>hydrocortisone ointment 1%</i>	\$0 (Tier 1)	*

**If you have questions**, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (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/MICHDSNP](https://www.aetna.com/MICHDSNP)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>hydrocortisone/aloe maximum strength cream 1%</i>	\$0 (Tier 1)	*
<i>hydroxocobalamin injection 1000mcg/ml</i>	\$0 (Tier 1)	*
<i>ibuprofen capsule 200mg</i>	\$0 (Tier 1)	*
<i>ibuprofen childrens suspension 100mg/5ml, 200mg/10ml</i>	\$0 (Tier 1)	*
<i>ibuprofen infants suspension 50mg/1.25ml</i>	\$0 (Tier 1)	*
<i>ibuprofen junior strength tablet chewable 100mg</i>	\$0 (Tier 1)	*
<i>ibuprofen tablet 200mg</i>	\$0 (Tier 1)	*
<i>imcivree injection 10mg/ml</i>	\$0 (Tier 1)	PA; *
<i>iron drops solution 15mg/ml</i>	\$0 (Tier 1)	*
<i>iron infant &amp; toddler solution 15mg/ml</i>	\$0 (Tier 1)	*
<i>iron infant/toddler solution 15mg/ml</i>	\$0 (Tier 1)	*
<i>ketotifen fumarate solution 0.035%</i>	\$0 (Tier 1)	*
<i>k-phos neutral tablet 155mg; 852mg; 130mg</i>	\$0 (Tier 1)	*
<i>k-phos tablet 500mg</i>	\$0 (Tier 1)	*
<i>lansoprazole capsule delayed release 15mg</i>	\$0 (Tier 1)	*
<i>levonorgestrel tablet 1.5mg</i>	\$0 (Tier 1)	*
<i>lice killing shampoo maximum strength shampoo 4%; 0.33%</i>	\$0 (Tier 1)	*
<i>lidocaine cream 4%</i>	\$0 (Tier 1)	*
<i>liquid allergy relief liquid 12.5mg/5ml</i>	\$0 (Tier 1)	*
<i>liraglutide injection 6mg/ml</i>	\$0 (Tier 1)	QL (15 ML per 30 days) PA; *
<i>lomaira tablet 8mg</i>	\$0 (Tier 1)	PA; *
<i>loperamide hydrochloride solution 1mg/7.5ml, 2mg/15ml</i>	\$0 (Tier 1)	*
<i>loratadine childrens solution 5mg/5ml</i>	\$0 (Tier 1)	*
<i>loratadine odt tablet disintegrating 10mg</i>	\$0 (Tier 1)	*
<i>loratadine tablet 10mg</i>	\$0 (Tier 1)	*
<i>loratadine tablet disintegrating 10mg</i>	\$0 (Tier 1)	*
<i>lotrimin af cream 1%</i>	\$0 (Tier 1)	*
<i>lubricant eye drops solution 0.5%</i>	\$0 (Tier 1)	*
<i>lubrifresh p.m. ointment 15%; 83%</i>	\$0 (Tier 1)	*
<i>lubrifresh pm ointment 15%; 83%</i>	\$0 (Tier 1)	*
<i>mag-al liquid 200mg/5ml; 200mg/5ml</i>	\$0 (Tier 1)	*



**If you have questions**, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (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/MICHDSNP](https://www.aetna.com/MICHDSNP)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>mag-al plus liquid 1200mg/30ml; 1200mg/30ml; 120mg/30ml, 200mg/5ml; 200mg/5ml; 20mg/5ml</i>	\$0 (Tier 1)	*
<i>mag-al plus suspension 1200mg/30ml; 1200mg/30ml; 120mg/30ml</i>	\$0 (Tier 1)	*
<i>mag-al plus xs liquid 400mg/5ml; 400mg/5ml; 40mg/5ml</i>	\$0 (Tier 1)	*
<i>mag-al plus xs suspension 2400mg/30ml; 2400mg/30ml; 240mg/30ml</i>	\$0 (Tier 1)	*
<i>mag-al suspension 1200mg/30ml; 1200mg/30ml</i>	\$0 (Tier 1)	*
<i>magnesium hydroxide/aluminum hydroxide/simethicone suspension 1200mg/30ml; 1200mg/30ml; 120mg/30ml, 200mg/5ml; 200mg/5ml; 20mg/5ml, 2400mg/30ml; 2400mg/30ml; 240mg/30ml</i>	\$0 (Tier 1)	*
<i>magnesium oxide tablet 400mg, 420mg</i>	\$0 (Tier 1)	*
<i>manganese chloride injection 0.1mg/ml</i>	\$0 (Tier 1)	*
<i>manganese trace metal injection 0.1mg/ml</i>	\$0 (Tier 1)	*
<i>mapap acetaminophen extrastrength liquid 500mg/15ml</i>	\$0 (Tier 1)	*
<i>mapap capsule 500mg</i>	\$0 (Tier 1)	*
<i>mapap childrens tablet chewable 80mg</i>	\$0 (Tier 1)	*
<i>m-dryl liquid 12.5mg/5ml</i>	\$0 (Tier 1)	*
<i>miconazole 3 combo pack kit</i>	\$0 (Tier 1)	*
<i>miconazole 7 cream 2%</i>	\$0 (Tier 1)	*
<i>miconazole nitrate combination pack kit</i>	\$0 (Tier 1)	*
<i>miconazole nitrate cream 2%</i>	\$0 (Tier 1)	*
<i>miconazole nitrate solution 2%</i>	\$0 (Tier 1)	*
<i>micotrin ac cream 1%</i>	\$0 (Tier 1)	*
<i>mintox maximum strength suspension 400mg/5ml; 400mg/5ml; 40mg/5ml</i>	\$0 (Tier 1)	*
<i>m-pap liquid 160mg/5ml</i>	\$0 (Tier 1)	*
<i>multi-vit/iron/fluoride 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)	*

**If you have questions**, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (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/MICHDSNP](https://www.aetna.com/MICHDSNP)**



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>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</i>	\$0 (Tier 1)	*
<i>multivitamin with fluoride tablet chewable</i>	\$0 (Tier 1)	*
<i>my choice tablet 1.5mg</i>	\$0 (Tier 1)	*
<i>my way tablet 1.5mg</i>	\$0 (Tier 1)	*
<i>mycozyl ac cream 1%</i>	\$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>nascobal solution 500mcg/0.1ml</i>	\$0 (Tier 1)	*
<i>nephplex rx tablet 60mg; 300mcg; 6mg; 1mg; 20mg; 10mg; 10mg; 1.7mg; 1.5mg; 12.5mg</i>	\$0 (Tier 1)	*
<i>new day tablet 1.5mg</i>	\$0 (Tier 1)	*
<i>niacin sr capsule extended release 500mg</i>	\$0 (Tier 1)	*
<i>nicotine lozenge 4mg</i>	\$0 (Tier 1)	*
<i>nicotine mini lozenge lozenge 2mg, 4mg</i>	\$0 (Tier 1)	*
<i>nicotine polacrilex gum 2mg, 4mg</i>	\$0 (Tier 1)	*
<i>nicotine polacrilex lozenge 2mg, 4mg</i>	\$0 (Tier 1)	*
<i>nicotine polacrilex mini lozenge 2mg</i>	\$0 (Tier 1)	*
<i>nicotine transdermal system kit</i>	\$0 (Tier 1)	*
<i>nicotine transdermal system patch 24 hour 14mg/24hr, 21mg/24hr, 7mg/24hr</i>	\$0 (Tier 1)	*
<i>nicotine transdermal system step 1 patch 24 hour 21mg/24hr</i>	\$0 (Tier 1)	*
<i>nicotine transdermal system step 1/clear patch 24 hour 21mg/24hr</i>	\$0 (Tier 1)	*
<i>nicotine transdermal system step 2 patch 24 hour 14mg/24hr</i>	\$0 (Tier 1)	*
<i>nicotine transdermal system step 2/clear patch 24 hour 14mg/24hr</i>	\$0 (Tier 1)	*
<i>nicotine transdermal system step 3 patch 24 hour 7mg/24hr</i>	\$0 (Tier 1)	*



**If you have questions**, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (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/MICHDSNP](https://www.aetna.com/MICHDSNP)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>nicotine transdermal syststem step 3/clear patch 24 hour 7mg/24hr</i>	\$0 (Tier 1)	*
<i>niva-fol tablet 2mg; 2.5mg; 25mg</i>	\$0 (Tier 1)	*
<i>omeprazole magnesium capsule delayed release 20.6mg</i>	\$0 (Tier 1)	*
<i>omeprazole tablet delayed release 20mg</i>	\$0 (Tier 1)	*
<i>opcicon one-step tablet 1.5mg</i>	\$0 (Tier 1)	*
<i>option 2 tablet 1.5mg</i>	\$0 (Tier 1)	*
<i>orlistat capsule 120mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) PA; *
<i>oyster shell calcium tablet 1250mg</i>	\$0 (Tier 1)	*
<i>oyster shell calcium/vitamin d tablet 200unit; 500mg</i>	\$0 (Tier 1)	*
<i>pain &amp; fever childrens suspension 160mg/5ml</i>	\$0 (Tier 1)	*
<i>pain &amp; fever infants suspension 160mg/5ml</i>	\$0 (Tier 1)	*
<i>pain and fever relief kids liquid 160mg/5ml</i>	\$0 (Tier 1)	*
<i>pc pediatric iron drops solution 15mg/ml</i>	\$0 (Tier 1)	*
<i>pediaclear pd childrens liquid 0.625mg/ml</i>	\$0 (Tier 1)	*
<i>pediavent syrup 2mg/5ml</i>	\$0 (Tier 1)	*
<i>peg 3350 packet 17gm</i>	\$0 (Tier 1)	*
<i>phendimetrazine tartrate er capsule extended release 24 hour 105mg</i>	\$0 (Tier 1)	PA; *
<i>phendimetrazine tartrate tablet 35mg</i>	\$0 (Tier 1)	PA; *
<i>phentermine hcl tablet 37.5mg</i>	\$0 (Tier 1)	PA; *
<i>phentermine hydrochloride capsule 15mg, 30mg, 37.5mg</i>	\$0 (Tier 1)	PA; *
<i>phentermine hydrochloride tablet 37.5mg, 8mg</i>	\$0 (Tier 1)	PA; *
<i>phentermine/topiramate er capsule extended release 24 hour 11.25mg; 69mg, 15mg; 92mg, 3.75mg; 23mg, 7.5mg; 46mg</i>	\$0 (Tier 1)	PA; *
<i>phospha 250 neutral tablet 155mg; 852mg; 130mg</i>	\$0 (Tier 1)	*
<i>phospho-trin 250 neutral tablet 155mg; 852mg; 130mg</i>	\$0 (Tier 1)	*
<i>phospho-trin k500 tablet 500mg</i>	\$0 (Tier 1)	*
<i>phytonadione injection 10mg/ml, 1mg/0.5ml</i>	\$0 (Tier 1)	*
<i>phytonadione tablet 5mg</i>	\$0 (Tier 1)	*

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (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/MICHDSNP](https://www.aetna.com/MICHDSNP)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>plan b one-step tablet 1.5mg</i>	\$0 (Tier 1)	*
<i>polyethylene glycol 3350 packet 17gm</i>	\$0 (Tier 1)	*
<i>polyvinyl alcohol solution 1.4%</i>	\$0 (Tier 1)	*
<i>povidone-iodine solution 10%</i>	\$0 (Tier 1)	*
<i>proctozone-b suppository 10mg</i>	\$0 (Tier 1)	*
<i>pyridoxine hcl injection 100mg/ml</i>	\$0 (Tier 1)	*
<i>qc 8 hour arthritis pain tablet extended release 650mg</i>	\$0 (Tier 1)	*
<i>qc 8 hour pain relief tablet extended release 650mg</i>	\$0 (Tier 1)	*
<i>qc allergy relief capsule 25mg</i>	\$0 (Tier 1)	*
<i>qc allergy relief suspension 50mcg/act</i>	\$0 (Tier 1)	*
<i>qc allergy relief tablet 10mg, 180mg, 25mg, 4mg, 60mg</i>	\$0 (Tier 1)	*
<i>qc antacid extra strength tablet chewable 750mg</i>	\$0 (Tier 1)	*
<i>qc antacid maximum strength suspension 800mg/10ml; 800mg/10ml; 80mg/10ml</i>	\$0 (Tier 1)	*
<i>qc antacid tablet chewable 500mg</i>	\$0 (Tier 1)	*
<i>qc antacid ultra strength tablet chewable 1000mg</i>	\$0 (Tier 1)	*
<i>qc antacid/anti-gas suspension 200mg/5ml; 200mg/5ml; 20mg/5ml</i>	\$0 (Tier 1)	*
<i>qc anti-diarrheal capsule 2mg</i>	\$0 (Tier 1)	*
<i>qc anti-diarrheal tablet 2mg</i>	\$0 (Tier 1)	*
<i>qc antifungal cream cream 1%</i>	\$0 (Tier 1)	*
<i>qc artificial tears solution 0.5%; 0.6%</i>	\$0 (Tier 1)	*
<i>qc aspirin low dose tablet chewable 81mg</i>	\$0 (Tier 1)	*
<i>qc aspirin low dose tablet delayed release 81mg</i>	\$0 (Tier 1)	*
<i>qc aspirin tablet 325mg</i>	\$0 (Tier 1)	*
<i>qc clotrimazole cream 1%</i>	\$0 (Tier 1)	*
<i>qc dual action pain reliver tablet 250mg; 125mg</i>	\$0 (Tier 1)	*
<i>qc enema enema 7gm/118ml; 19gm/118ml</i>	\$0 (Tier 1)	*
<i>qc enteric aspirin tablet delayed release 325mg</i>	\$0 (Tier 1)	*



**If you have questions**, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (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/MICHDSNP](https://www.aetna.com/MICHDSNP)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>qc famotidine acid reducer maximum strength tablet 20mg</i>	\$0 (Tier 1)	*
<i>qc gentle laxative tablet delayed release 5mg</i>	\$0 (Tier 1)	*
<i>qc hydrocortisone maximum strength cream 1%</i>	\$0 (Tier 1)	*
<i>qc ibuprofen capsule 200mg</i>	\$0 (Tier 1)	*
<i>qc ibuprofen childrens suspension 100mg/5ml</i>	\$0 (Tier 1)	*
<i>qc ibuprofen infants suspension 50mg/1.25ml</i>	\$0 (Tier 1)	*
<i>qc ibuprofen tablet 200mg</i>	\$0 (Tier 1)	*
<i>qc lansoprazole capsule delayed release 15mg</i>	\$0 (Tier 1)	*
<i>qc laxative tablet delayed release 5mg</i>	\$0 (Tier 1)	*
<i>qc miconazole 7 cream 2%</i>	\$0 (Tier 1)	*
<i>qc naproxen sodium tablet 220mg</i>	\$0 (Tier 1)	*
<i>qc omeprazole magnesium capsule delayed release 20.6mg</i>	\$0 (Tier 1)	*
<i>qc pain relief childrens suspension 160mg/5ml</i>	\$0 (Tier 1)	*
<i>qc pain relief extra strength tablet 500mg</i>	\$0 (Tier 1)	*
<i>qc pain relief tablet 325mg</i>	\$0 (Tier 1)	*
<i>qc stomach relief suspension 525mg/30ml</i>	\$0 (Tier 1)	*
<i>qc stomach relief tablet 262mg</i>	\$0 (Tier 1)	*
<i>qc stomach relief tablet chewable 262mg</i>	\$0 (Tier 1)	*
<i>qc stomach relief ultra suspension 525mg/15ml</i>	\$0 (Tier 1)	*
<i>qc triple antibiotic ointment 400unit/gm; 3.5mg/gm; 5000unit/gm</i>	\$0 (Tier 1)	*
<i>qsymia capsule extended release 24 hour 11.25mg; 69mg, 15mg; 92mg, 3.75mg; 23mg, 7.5mg; 46mg</i>	\$0 (Tier 1)	PA; *
<i>refresh celluvisc gel 1%</i>	\$0 (Tier 1)	*
<i>refresh lacri-lube ointment 42.5%; 56.8%</i>	\$0 (Tier 1)	*
<i>refresh liquigel gel 1%</i>	\$0 (Tier 1)	*
<i>refresh plus solution 0.5%</i>	\$0 (Tier 1)	*
<i>refresh tears solution 0.5%</i>	\$0 (Tier 1)	*
<i>renal caps capsule 100mg; 150mcg; 5mg; 6mcg; 1mg; 20mg; 10mg; 1.7mg; 1.5mg</i>	\$0 (Tier 1)	*
<i>reno caps capsule 100mg; 150mcg; 5mg; 6mcg; 1mg; 20mg; 10mg; 1.7mg; 1.5mg</i>	\$0 (Tier 1)	*

If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (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/MICHDSNP](https://www.aetna.com/MICHDSNP)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>saxenda injection 18mg/3ml</i>	\$0 (Tier 1)	QL (15 ML per 30 days) PA; *
<i>slowmag mg muscle/heart tablet delayed release 119mg; 71.5mg</i>	\$0 (Tier 1)	*
<i>slow-mag tablet delayed release 119mg; 71.5mg</i>	\$0 (Tier 1)	*
<i>sm 3-day vaginal cream 2%</i>	\$0 (Tier 1)	*
<i>sm acid reducer maximum strength tablet 20mg</i>	\$0 (Tier 1)	*
<i>sm acid reducer tablet 10mg</i>	\$0 (Tier 1)	*
<i>sm antacid suspension 400mg/10ml; 400mg/10ml; 40mg/10ml</i>	\$0 (Tier 1)	*
<i>sm anti-diarrheal tablet 2mg</i>	\$0 (Tier 1)	*
<i>sm antifungal miconazole cream 2%</i>	\$0 (Tier 1)	*
<i>sm antifungal tolnaftate cream 1%</i>	\$0 (Tier 1)	*
<i>sm aspirin low dose tablet chewable 81mg</i>	\$0 (Tier 1)	*
<i>sm childrens ibuprofen suspension 100mg/5ml</i>	\$0 (Tier 1)	*
<i>sm enema enema 7gm/118ml; 19gm/118ml</i>	\$0 (Tier 1)	*
<i>sm gentle laxative tablet delayed release 5mg</i>	\$0 (Tier 1)	*
<i>sm hydrocortisone cream 1%</i>	\$0 (Tier 1)	*
<i>sm hydrocortisone maximum strength ointment 1%</i>	\$0 (Tier 1)	*
<i>sm hydrocortisone plus cream 1%</i>	\$0 (Tier 1)	*
<i>sm ibuprofen ib childrens tablet chewable 100mg</i>	\$0 (Tier 1)	*
<i>sm ibuprofen tablet 200mg</i>	\$0 (Tier 1)	*
<i>sm miconazole 3 kit</i>	\$0 (Tier 1)	*
<i>sm miconazole 7 cream 2%</i>	\$0 (Tier 1)	*
<i>sm nicotine polacrilex gum 2mg, 4mg</i>	\$0 (Tier 1)	*
<i>sm nicotine polacrilex lozenge 4mg</i>	\$0 (Tier 1)	*
<i>sm nicotine transdermal system/step 1/clear patch 24 hour 21mg/24hr</i>	\$0 (Tier 1)	*
<i>sm nicotine transdermal system/step 2/clear patch 24 hour 14mg/24hr</i>	\$0 (Tier 1)	*
<i>sm nicotine transdermal system/step 3/clear patch 24 hour 7mg/24hr</i>	\$0 (Tier 1)	*
<i>sm pain reliever extra strength tablet 500mg</i>	\$0 (Tier 1)	*
<i>sm povidone-iodine solution 10%</i>	\$0 (Tier 1)	*



**If you have questions**, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (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/MICHDSNP](https://www.aetna.com/MICHDSNP)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>smooth antacid extra strength tablet chewable 750mg</i>	\$0 (Tier 1)	*
<i>sodium bicarbonate tablet 325mg, 650mg</i>	\$0 (Tier 1)	*
<i>soluvita solution</i>	\$0 (Tier 1)	*
<i>stomach relief extra strength suspension 525mg/15ml</i>	\$0 (Tier 1)	*
<i>stomach relief suspension 525mg/30ml</i>	\$0 (Tier 1)	*
<i>stomach relief tablet chewable 262mg</i>	\$0 (Tier 1)	*
<i>stomach relief ultra suspension 525mg/15ml</i>	\$0 (Tier 1)	*
<i>stool softener capsule 100mg</i>	\$0 (Tier 1)	*
<i>strovite forte tablet 500mg; 1000unit; 0.15mg; 25mg; 0.1mg; 3mg; 50mcg; 10mg; 0.8mg; 50mg; 25mcg; 100mg; 25mg; 3000unit; 20mg; 50mcg; 20mg; 60unit; 15mg</i>	\$0 (Tier 1)	*
<i>strovite one tablet 15mg; 300mg; 100mcg; 15mg; 3000unit; 1000unit; 50mcg; 1.5mg; 50mcg; 1mg; 5mg; 50mg; 1.5mg; 25mg; 25mg; 5mg; 100mcg; 20mg; 100unit; 25mg</i>	\$0 (Tier 1)	*
<i>systane night gel gel 0.3%</i>	\$0 (Tier 1)	*
<i>take action tablet 1.5mg</i>	\$0 (Tier 1)	*
<i>tension headache tablet 500mg; 65mg</i>	\$0 (Tier 1)	*
<i>thiamine hcl injection 100mg/ml</i>	\$0 (Tier 1)	*
<i>thiamine hydrochloride injection 100mg/ml, 200mg/2ml</i>	\$0 (Tier 1)	*
<i>tioconazole 1 ointment 6.5%</i>	\$0 (Tier 1)	*
<i>tm-clotrimazole cream 1%</i>	\$0 (Tier 1)	*
<i>tolnaftate cream 1%</i>	\$0 (Tier 1)	*
<i>tolnaftate powder 1%</i>	\$0 (Tier 1)	*
<i>tri-buffered aspirin tablet</i>	\$0 (Tier 1)	*
<i>triphrocaps capsule 100mg; 150mcg; 5mg; 6mcg; 1mg; 20mg; 10mg; 1.7mg; 1.5mg</i>	\$0 (Tier 1)	*
<i>triple antibiotic ointment 400unit/gm; 3.5mg/gm; 5000unit/gm, 400unit/gm; 5mg/gm; 5000unit/gm, 400unit; 3.5mg; 5000unit</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)	*

**If you have questions**, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (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/MICHDSNP](https://www.aetna.com/MICHDSNP)**



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>true ferrous sulfate tablet delayed release 324mg</i>	\$0 (Tier 1)	*
<i>true folic acid tablet 1mg</i>	\$0 (Tier 1)	*
<i>true magnesium oxide tablet 400mg</i>	\$0 (Tier 1)	*
<i>true oyster shell calcium tablet 1250mg</i>	\$0 (Tier 1)	*
<i>true vitamin d3 capsule 250mcg</i>	\$0 (Tier 1)	*
<i>ultra lido cream 4%</i>	\$0 (Tier 1)	*
<i>vital-d rx tablet 60mg; 300mcg; 1750unit; 6mg; 1mg; 20mg; 10mg; 10mg; 1.7mg; 1.5mg; 12.5mg</i>	\$0 (Tier 1)	*
<i>vitamin d capsule 1.25mg, 50000unit</i>	\$0 (Tier 1)	*
<i>vitamin k1 injection 10mg/ml, 1mg/0.5ml</i>	\$0 (Tier 1)	*
<i>wegovy injection 0.25mg/0.5ml, 0.5mg/0.5ml, 1mg/0.5ml</i>	\$0 (Tier 1)	QL (2 ML per 28 days) PA; *
<i>wegovy injection 1.7mg/0.75ml, 2.4mg/0.75ml</i>	\$0 (Tier 1)	QL (3 ML per 28 days) PA; *
<i>wescaps capsule</i>	\$0 (Tier 1)	*
<i>wes-phos 250 neutral tablet 155mg; 852mg; 130mg</i>	\$0 (Tier 1)	*
<i>westab max tablet 2mg; 2.5mg; 25mg</i>	\$0 (Tier 1)	*
<i>xenical capsule 120mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) PA; *
<i>zaditor solution 0.035%</i>	\$0 (Tier 1)	*
<i>zepbound injection 10mg/0.5ml, 12.5mg/0.5ml, 15mg/0.5ml, 2.5mg/0.5ml, 5mg/0.5ml, 7.5mg/0.5ml</i>	\$0 (Tier 1)	QL (2 ML per 28 days) PA; *



If you have questions, please call Aetna Medicare HIDE (HMO D-SNP) at **1-855-676-5772** (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/MICHDSNP](https://www.aetna.com/MICHDSNP)

## 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 #
<b>Symbols</b>			
<i>3 day vaginal cream</i> .....	198	<i>acne medication 2.5 gel 2.5%</i> .....	199
<i>7 day vaginal cream</i> .....	198	<i>acne medication 5 gel 5%</i> .....	199
<i>8 hr arthritis pain relief</i> .....	198	<i>acne medication 10 gel 10%</i> .....	198
<i>12hr allergy relief</i> .....	198	<i>acne medication 10 lotion 10%</i> .....	199
<i>24hr allergy relief</i> .....	198	ACTHIB .....	162
<b>A</b>			
<i>abacavir</i> .....	28	ACTIMMUNE.....	160
<i>abacavir sulfate/lamivudine</i> .....	32	<i>acyclovir</i> .....	35, 36
ABELCET .....	26	<i>acyclovir sodium</i> .....	35
<i>abigale</i> .....	132	ADACEL .....	162
<i>abigale lo</i> .....	132	ADALIMUMAB.....	155
ABILIFY .....	90	<i>adapalene</i> .....	199
ABILIFY MAINTENA.....	90	<i>adefovir dipivoxil</i> .....	36
<i>abiraterone acetate</i> .....	47	ADEMPAS .....	80
<i>abirtega</i> .....	47	<i>aenapine</i> .....	91
ABRYSVO .....	162	<i>afirmelle</i> .....	125
<i>acamprosate calcium dr</i> .....	115	<i>aftera</i> .....	199
<i>acarbose</i> .....	120	AIMOVIG .....	111
<i>accutane</i> .....	186	AIRSUPRA .....	185
<i>acebutolol hydrochloride</i> .....	73	AKEEGA.....	47
<i>acetaminophen</i> .....	198	<i>ala-cort</i> .....	189
<i>acetaminophen childrens</i> .....	198	<i>ala-hist ir</i> .....	199
<i>acetaminophen/codeine</i> .....	18	<i>alaway</i> .....	199
<i>acetaminophen/codeine phosphate</i> .....	18	<i>alaway childrens allergy eye itch relief</i> .....	199
<i>acetaminophen er</i> .....	198	<i>albendazole</i> .....	20
<i>acetaminophen er 8 hour arthritis pain relief</i> .....	198	<i>albuterol sulfate</i> .....	182
<i>acetaminophen extra strength</i> .....	198	<i>albuterol sulfate hfa</i> .....	181, 182
<i>acetaminophen/ibuprofen</i> .....	198	<i>alclometasone dipropionate</i> .....	189, 190
<i>acetaminophen infants</i> .....	198	ALECENSA.....	50
<i>acetazolamide</i> .....	77	<i>alendronate sodium</i> .....	123
<i>acetazolamide er</i> .....	77	<i>alfuzosin hcl er</i> .....	149
<i>acetic acid</i> .....	178	<i>aliskiren</i> .....	77
<i>acetic acid 0.25%</i> .....	149	<i>all day allergy</i> .....	199
<i>acetylcysteine</i> .....	136, 183	<i>all day allergy childrens</i> .....	199
<i>acid gone</i> .....	198	<i>all day pain relief</i> .....	199
<i>acid reducer</i> .....	198	<i>all day relief</i> .....	199
<i>acid reducer complete</i> .....	198	<i>aller-chlor</i> .....	199
<i>acid reducer maximum strength</i> .....	198	<i>allergy</i> .....	199
<i>acid reducer original strength</i> .....	198	<i>allergy capsule</i> .....	199
<i>acitretin</i> .....	189	<i>allergy childrens</i> .....	199
		<i>allergy relief</i> .....	199
		<i>allergy relief 24hr</i> .....	199
		<i>allergy relief childrens</i> .....	199

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
<i>allergy-time</i> .....	199	<i>antacid/antigas liquid</i> .....	200
<i>allopurinol</i> .....	15	<i>antacid &amp; antigas suspension</i> .....	199
<i>almacone double strength</i> .....	199	<i>antacid calcium regular strength</i> .....	200
<i>alosetron hydrochloride</i> .....	146	<i>antacid extra strength</i> .....	200
<i>alprazolam</i> .....	81, 82	<i>antacid maximum strength</i> .....	200
ALPRAZOLAM INTENSOL .....	81	<i>antacid regular strength</i> .....	200
<i>altavera</i> .....	125	<i>antacid suspension</i> .....	200
<i>aluminum hydroxide</i> .....	199	<i>antacid tablet chewable</i> .....	200
<i>aluminum/magnesium/simethicone</i> .....	199	<i>antacid ultra strength</i> .....	200
ALUNBRIG .....	50, 51	<i>anti-diarrheal</i> .....	200
ALVAIZ .....	153	<i>antifungal cream</i> .....	200
ALVESCO .....	185	<i>anti-itch maximum strength</i> .....	200
<i>alyacen 1/35</i> .....	125	<i>aprepitant</i> .....	141
<i>alyacen 7/7/7</i> .....	125	<i>apri</i> .....	125
<i>amantadine</i> .....	88	APTIOM .....	98, 99
<i>amantadine hcl</i> .....	88	APTIVUS .....	29
<i>ambrisentan</i> .....	80	<i>aranelle</i> .....	125
<i>amethyst</i> .....	125	ARCALYST .....	160
<i>amikacin sulfate</i> .....	20	AREXVY .....	162
<i>amiloride hcl</i> .....	77	ARIKAYCE .....	21
<i>amiloride/hydrochlorothiazide</i> .....	77	<i>aripiprazole</i> .....	90, 91
<i>aminophylline</i> .....	183	ARISTADA .....	91
<i>amiodarone hydrochloride</i> .....	69	<i>armodafinil</i> .....	115
<i>amitriptyline hcl</i> .....	83	ARNUITY ELLIPTA .....	185
<i>amitriptyline hydrochloride</i> .....	83	<i>arthritis pain relief</i> .....	200
<i>amlodipine besylate</i> .....	74	<i>artificial tears</i> .....	200
<i>amlodipine besylate/atorvastatin calcium</i> .....	78	<i>ashlyna</i> .....	125
<i>amlodipine besylate/benazepril hydrochloride</i> .....	66	ASPARLAS .....	49
<i>amlodipine besylate/valsartan</i> .....	68	<i>aspirin</i> .....	200
<i>amlodipine/olmesartan medoxomil</i> .....	68	<i>aspirin adult low dose</i> .....	200
<i>amlodipine/valsartan/hydrochlorothiazide</i> .....	68	<i>aspirin clear</i> .....	200
<i>ammonium lactate</i> .....	193, 199	<i>aspirin/dipyridamole er</i> .....	155
<i>amnesteem</i> .....	186	<i>aspirin ec</i> .....	200
<i>amoxapine</i> .....	83	<i>aspirin low dose</i> .....	200
<i>amoxicillin</i> .....	43	<i>aspirin regimen</i> .....	200
<i>amoxicillin/clavulanate potassium</i> .....	42, 43	<i>aspirin regular strength</i> .....	200
<i>amoxicillin/clavulanate potassium er</i> .....	42	ASTAGRAF XL .....	160
<i>amphetamine/dextroamphetamine</i> .....	108	<i>atazanavir</i> .....	29
<i>amphotericin b</i> .....	26	<i>atazanavir sulfate</i> .....	29
<i>amphotericin b liposome</i> .....	26	<i>atenolol</i> .....	73
<i>ampicillin</i> .....	43	<i>atenolol/chlorthalidone</i> .....	73
<i>ampicillin sodium</i> .....	43	<i>athletes foot</i> .....	200
<i>ampicillin-sulbactam</i> .....	43	<i>atomoxetine</i> .....	108, 109
<i>ampicillin/sulbactam</i> .....	43	<i>atorvastatin calcium</i> .....	70
<i>anagrelide hydrochloride</i> .....	154	<i>atovaquone</i> .....	21
<i>anastrozole</i> .....	47	<i>atovaquone/proguanil hcl</i> .....	28
ANORO ELLIPTA .....	179	<i>atovaquone/proguanil hydrochloride</i> .....	28

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
<i>atropine sulfate</i> .....	178	<i>benzoyl peroxide wash</i> .....	201
ATROVENT HFA .....	180	<i>benzphetamine hcl</i> .....	201
<i>aubra eq</i> .....	125	<i>benztropine mesylate</i> .....	88
AUGTYRO .....	51	BERINERT .....	154
<i>aurovela 1.5/30</i> .....	125	BESIVANCE .....	174
<i>aurovela 1/20</i> .....	125	BESREMI .....	50
<i>aurovela 24 fe</i> .....	126	<i>betadine</i> .....	201
<i>aurovela fe 1.5/30</i> .....	126	<i>betaine anhydrous powder</i> .....	136
<i>aurovela fe 1/20</i> .....	126	<i>betamethasone dipropionate</i> .....	190
AUSTEDO .....	112	<i>betamethasone dipropionate augmented</i> .....	190
AUSTEDO XR .....	112	<i>betamethasone valerate</i> .....	190
AUVELITY .....	83	BETASERON .....	113
<i>aviane</i> .....	126	<i>betaxolol hcl</i> .....	73, 176
AVMAPKI FAKZYNJA .....	51	<i>bethanechol chloride</i> .....	149
<i>ayuna</i> .....	126	BEVESPI .....	179
AYVAKIT .....	51	<i>bexarotene</i> .....	50, 193
<i>azathioprine</i> .....	160	BEXSERO .....	162
AZATHIOPRINE .....	160	<i>bicalutamide</i> .....	47
<i>azelaic acid</i> .....	193	BICILLIN L-A .....	43
<i>azelastine hcl</i> .....	176	BIKTARVY .....	32
<i>azelastine hydrochloride</i> .....	180	BILDYOS .....	123
<i>azithromycin</i> .....	40, 41	BILPREVDA .....	123
<i>aztreonam</i> .....	21	BIMZELX .....	155
<i>azurette</i> .....	126	<i>bisacodyl ec</i> .....	201
<b>B</b>		<i>bisacodyl suppository</i> .....	201
<i>bacitracin</i> .....	174	<i>bismuth subsalicylate</i> .....	201
<i>bacitracin/polymyxin b</i> .....	174	<i>bisoprolol</i> .....	73
<i>baclofen</i> .....	114	<i>bisoprolol fumarate/hydrochlorothiazide</i> .....	73
<i>bacmin 25mg; 5000unit; 20mg; 50mcg; 20mg;</i> <i>30unit; 22.5mg</i> .....	201	<i>blisovi 24 fe</i> .....	126
BAFIERTAM .....	113	<i>blisovi fe 1.5/30</i> .....	126
<i>balsalazide disodium</i> .....	144	<i>blisovi fe 1/20</i> .....	126
BALVERSA .....	51	BLUJEPa .....	21
<i>balziva</i> .....	126	BONSITY .....	123
<i>banophen</i> .....	201	BOOSTRIX .....	162
BARACLUDGE .....	36	<i>bosentan</i> .....	80
BCG .....	162	BOSULIF .....	51, 52
BD ALCOHOL SWABS .....	117	<i>bprotected pedia iron</i> .....	201
BD INSULIN SYRINGE .....	117	<i>bp vit 3</i> .....	201
BD PEN .....	117	BRAFTOVI .....	52
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 1/2 .....	117	BREO ELLIPTA .....	185
<i>benazepril hydrochloride</i> .....	67	BREZTRI .....	179
<i>benazepril hydrochloride/hydrochlorothiazide</i> .....	66	<i>briellyn</i> .....	126
BENLYSTA .....	160	<i>brimonidine tartrate</i> .....	176
<i>benzoyl peroxide</i> .....	201	<i>brimonidine tartrate/timolol maleate</i> .....	176
		<i>brinzolamide</i> .....	176
		BRIVIACT .....	99
		<i>bromfenac</i> .....	175

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
<i>bromfenac sodium</i> .....	175	<i>carbidopa/levodopa</i> .....	89
<i>bromocriptine mesylate</i> .....	89	CARBIDOPA/LEVODOPA/ENTACAPONE.....	89
BRUKINSA.....	52	<i>carbidopa/levodopa er</i> .....	89
<i>budesonide</i> .....	185	<i>carbidopa/levodopa odt</i> .....	89
<i>budesonide dr</i> .....	145	CARBINOXAMINE.....	180
<i>budesonide er</i> .....	144	<i>carbinoxamine maleate</i> .....	180
<i>budesonide/formoterol fumarate dihydrate</i> .....	185	<i>carboxymethylcellulose sodium</i> .....	201
<i>budesonide nasal spray</i> .....	201	<i>carboxymethylcellulose sodium ophthalmic</i> .....	201
<i>bumetanide</i> .....	77	<i>carglumic acid</i> .....	136
<i>buprenorphine</i> .....	17	<i>carteolol hcl</i> .....	176
<i>buprenorphine hcl</i> .....	115	<i>cartia xt</i> .....	74
<i>buprenorphine hcl/naloxone hcl</i> .....	115	<i>carvedilol</i> .....	73
<i>buprenorphine hydrochloride/naloxone hydrochloride</i> .....	115	<i>carvedilol phosphate er</i> .....	73
<i>bupropion</i> .....	84	<i>casprofungin acetate</i> .....	26
BUPROPION.....	84	CAYSTON.....	21
<i>bupropion hydrochloride er</i> .....	83, 84, 115	<i>cefaclor</i> .....	38
<i>bupirone hcl</i> .....	82	CEFACTOR ER.....	38
<i>bupirone hydrochloride</i> .....	82	<i>cefadroxil</i> .....	38
<i>butorphanol tartrate</i> .....	18	<i>cefazolin</i> .....	38, 39
		CEFAZOLIN.....	38
<b>C</b>		CEFAZOLIN/DEXTROSE.....	38
<i>cabergoline</i> .....	136	<i>cefazolin sodium</i> .....	38
CABOMETYX.....	52	CEFAZOLIN SODIUM.....	38
<i>calcipotriene</i> .....	189	<i>cefdinir</i> .....	39
<i>calcitonin-salmon</i> .....	123	<i>cefepime</i> .....	39
<i>calcitrene</i> .....	189	<i>cefixime</i> .....	39
<i>calcitriol</i> .....	141	<i>cefotetan</i> .....	39
CALCITRIOL.....	189	<i>cefoxitin</i> .....	39
<i>calcium + vitamin d3</i> .....	201	<i>cefpodoxime proxetil</i> .....	39
<i>calcium antacid</i> .....	201	<i>cefprozil</i> .....	39
<i>calcium antacid extra strength</i> .....	201	<i>ceftazidime</i> .....	39
<i>calcium carbonate</i> .....	201	<i>ceftriaxone in iso-osmotic dextrose</i> .....	40
<i>cal-gest antacid</i> .....	201	<i>ceftriaxone sodium</i> .....	40
CALQUENCE.....	52	CEFTRIAOXONE SODIUM.....	40
<i>camila</i> .....	126	<i>cefuroxime axetil</i> .....	40
CAMRESE.....	126	<i>cefuroxime sodium</i> .....	40
CAMRESE LO.....	126	<i>celecoxib</i> .....	15
<i>candesartan cilexetil</i> .....	69	<i>cephalexin</i> .....	40
<i>candesartan cilexetil/hydrochlorothiazide</i> .....	68	CERDELGA.....	136
CAPLYTA.....	91	<i>cetirizine hcl</i> .....	201
CAPRELSA.....	52	<i>cetirizine hcl allergy childrens</i> .....	201
<i>captopril</i> .....	67	<i>cetirizine hcl childrens</i> .....	201
<i>captopril/hydrochlorothiazide</i> .....	66	<i>cetirizine hcl childrens allergy</i> .....	201
<i>carbamazepine</i> .....	99	<i>cetirizine hydrochloride</i> .....	180, 201
<i>carbamazepine er</i> .....	99	<i>cevimeline hydrochloride</i> .....	196
<i>carbidopa</i> .....	89	<i>charlotte 24 fe</i> .....	126
		<i>chateal eq</i> .....	126

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
CHEMET .....	124	CLINIMIX 8/14 .....	171
<i>childrens acetaminophen</i> .....	202	CLINOLIPID .....	171
<i>childrens ibuprofen</i> .....	202	<i>clinpro 5000 paste</i> .....	196
<i>childrens loratadine</i> .....	202	<i>clobazam</i> .....	99
<i>chloramphenicol sodium succinate</i> .....	21	<i>clobetasol propionate</i> .....	190, 191
<i>chlordiazepoxide hcl</i> .....	82	<i>clobetasol propionate e</i> .....	190
<i>chlordiazepoxide hydrochloride</i> .....	82	<i>clodan</i> .....	191
<i>chlorhexidine gluconate</i> .....	196	<i>clomipramine hydrochloride</i> .....	84
<i>chloroquine phosphate</i> .....	28	<i>clonazepam</i> .....	100
<i>chlorpromazine hcl</i> .....	91	<i>clonazepam odt</i> .....	99
<i>chlorpromazine hydrochloride</i> .....	91, 92	<i>clonidine</i> .....	78
<i>chlorthalidone</i> .....	77	<i>clonidine hydrochloride</i> .....	78
<i>chlorzoxazone</i> .....	114	<i>clopidogrel</i> .....	155
<i>cholestyramine</i> .....	71	<i>clorazepate dipotassium</i> .....	100
<i>cholestyramine light</i> .....	71	<i>clotrimazole</i> .....	188
<i>chromic chloride</i> .....	202	<i>clotrimazole antifungal</i> .....	202
<i>chromium chloride</i> .....	202	<i>clotrimazole/betamethasone dipropionate</i> .....	188
<i>ciclopirox</i> .....	188	<i>clotrimazole external</i> .....	202
<i>ciclopirox nail lacquer</i> .....	188	<i>clotrimazole troche</i> .....	196
<i>ciclopirox olamine</i> .....	188	<i>clozapine</i> .....	92
<i>cilostazol</i> .....	154	<i>clozapine odt</i> .....	92
CILOXAN .....	174	COARTEM .....	28
CIMDUO .....	33	COBENFY .....	92
<i>cimetidine</i> .....	144	COBENFY STARTER PACK .....	92
<i>cinacalcet hydrochloride</i> .....	84, 136	CODEINE SULFATE .....	18
<i>ciprofloxacin</i> .....	178, 179	<i>colace</i> .....	202
<i>ciprofloxacin/dexamethasone</i> .....	178	<i>colchicine</i> .....	15
<i>ciprofloxacin hcl</i> .....	41	<i>colesevelam hydrochloride</i> .....	71
<i>ciprofloxacin hydrochloride</i> .....	42, 174	<i>colestipol hydrochloride</i> .....	71, 72
<i>ciprofloxacin i.v.-in d5w</i> .....	42	<i>colistimethate sodium</i> .....	21
CIPRO HC .....	178	COMBIGAN .....	176
<i>citalopram hydrobromide</i> .....	84	COMBIVENT RESPIMAT .....	179
<i>claravis</i> .....	186	COMETRIQ KIT .....	52
<i>clarithromycin</i> .....	41	<i>compro</i> .....	141
<i>clarithromycin er</i> .....	41	<i>conjugated estrogens</i> .....	132
<i>clemastine fumarate</i> .....	180	<i>consulose</i> .....	145
CLENPIQ .....	145	COPIKTRA .....	52
<i>clindacin</i> .....	186	<i>copper injection</i> .....	202
<i>clindamycin</i> .....	21, 186	CORLANOR .....	78
<i>clindamycin hcl</i> .....	21	<i>corvita</i> .....	202
<i>clindamycin hydrochloride</i> .....	21	<i>corvite</i> .....	202
<i>clindamycin palmitate hydrochloride</i> .....	21	COTELLIC .....	53
<i>clindamycin phosphate</i> .....	150, 186	CREON .....	146
<i>clindamycin phosphate/dextrose</i> .....	21	CRESEMBA .....	26
CLINDAMYCIN/SODIUM CHLORIDE .....	21	<i>cromolyn sodium</i> .....	146, 176, 183
CLINIMIX 6/5 .....	170	<i>cryselle</i> .....	126
CLINIMIX 8/10 .....	171	<i>cryselle-28</i> .....	126

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
<i>cupric chloride</i> .....	202	<i>desonide</i> .....	191
CURITY GAUZE PADS .....	117	<i>desoximetasone</i> .....	191
<i>cyanocobalamin</i> .....	202	<i>desmopressin acetate</i> .....	136
<i>cyanocobalamin nasal</i> .....	202	<i>desvenlafaxine er</i> .....	84
<i>cyclobenzaprine hydrochloride</i> .....	114	<i>dexamethasone</i> .....	134
<i>cyclophosphamide capsule</i> .....	45	<i>dexamethasone intensol</i> .....	134
CYCLOPHOSPHAMIDE TABLET .....	46	<i>dexamethasone sodium phosphate</i> .....	175
<i>cycloserine</i> .....	34	<i>dexlansoprazole</i> .....	148
<i>cyclosporine</i> .....	161	<i>dexmethylphenidate hcl</i> .....	109
<i>cyclosporine modified</i> .....	160	<i>dexmethylphenidate hydrochloride</i> .....	109
<i>cyproheptadine hcl</i> .....	180	<i>dexmethylphenidate hydrochloride er</i> .....	109
<i>cyproheptadine hydrochloride</i> .....	180	<i>dextroamphetamine sulfate</i> .....	109
<i>cyred eq</i> .....	126	<i>dextroamphetamine sulfate er</i> .....	109
CYSTAGON.....	136	<i>dextroamphetamine sulfateg</i> .....	109
CYSTARAN .....	178	DEXTROSE 2.5%/SODIUM CHLORIDE 0.45% .....	164
<b>D</b>		<i>dextrose 5%</i> .....	171
<i>dabigatran</i> .....	151	DEXTROSE 5% /ELECTROLYTE #48.....	164
<i>dalfampridine er</i> .....	114	DEXTROSE 5%/LACTATED RINGERS .....	164
<i>danazol</i> .....	116	DEXTROSE 5%/SODIUM CHLORIDE 0.2% .....	164
<i>dantrolene sodium</i> .....	114	<i>dextrose 5%/sodium chloride 0.3%</i> .....	164
DANZITEN.....	53	DEXTROSE 5%/SODIUM CHLORIDE 0.9% .....	165
DAPAGLIFLOZIN PROPANEDIOL.....	120	DEXTROSE 5%/SODIUM CHLORIDE 0.33% .....	164
<i>dapsone</i> .....	22, 186	DEXTROSE 5%/SODIUM CHLORIDE 0.45% .....	164
DAPTACEL.....	162	<i>dextrose 10%</i> .....	171
<i>daptomycin</i> .....	22	DEXTROSE 10%/SODIUM CHLORIDE 0.2% .....	164
DAPTOMYCIN/SODIUM CHLORIDE.....	22	DEXTROSE 10%/SODIUM CHLORIDE 0.45% .....	164
<i>darunavir</i> .....	29	DEXTROSE 50%.....	171
<i>dasatinib</i> .....	53	DEXTROSE 70%.....	171
<i>dasetta 1/35</i> .....	126	<i>dextrose/sodium chloride</i> .....	165
<i>dasetta 7/7/7</i> .....	126	DIACOMIT .....	100
DAURISMO .....	53	<i>dialyvite</i> .....	202
<i>daysee</i> .....	126	<i>dialyvite 3000</i> .....	202
DAYVIGO .....	110	<i>dialyvite 5000</i> .....	202
<i>deblitane</i> .....	126	<i>dialyvite supreme d</i> .....	202
<i>deferasirox</i> .....	124, 125	<i>dialyvite/zinc</i> .....	202
DELSTRIGO .....	33	<i>diazepam</i> .....	100
<i>delyla</i> .....	126	<i>diazepam intensol</i> .....	100
DENGVAXIA.....	162	DIAZEPAM RECTAL GEL.....	100
DENTA 5000 PLUS SENSITIVE.....	196	<i>diazoxide</i> .....	135
<i>dentagel</i> .....	196	<i>diclofenac potassium</i> .....	15
DEPO-SUBQ PROVERA.....	126	<i>diclofenac sodium</i> .....	175, 193
DESCOVY .....	33	<i>diclofenac sodium dr</i> .....	16
<i>desipramine hydrochloride</i> .....	84	<i>diclofenac sodium er</i> .....	16
<i>desloratadine</i> .....	181	<i>diclofenac sodium/misoprostol</i> .....	16
<i>desloratadine odt</i> .....	181	<i>dicloxacillin sodium</i> .....	43
<i>desmopressin acetate</i> .....	136	<i>dicyclomine hcl</i> .....	143
		<i>dicyclomine hydrochloride</i> .....	143, 144

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
<i>diethylpropion hcl</i> .....	203	<i>doxy 100</i> .....	44
<i>diethylpropion hcl er</i> .....	202	<i>doxycycline</i> .....	45, 194
<i>diethylpropion hydrochloride</i> .....	203	<i>doxycycline hyclate</i> .....	44
<i>diethylpropion hydrochloride er</i> .....	203	<i>doxycycline monohydrate</i> .....	44, 45
<i>differin</i> .....	203	DRIZALMA.....	84
DIFICID.....	41	<i>dronabinol</i> .....	142
<i>diflunisal</i> .....	16	<i>drospirenone</i> .....	127
<i>difluprednate</i> .....	175	<i>drospirenone/ethinyl estradiol/levomefolate</i> <i>calcium</i> .....	127
<i>digox</i> .....	78	DROXIA.....	154
<i>digoxin</i> .....	78	<i>droxidopa</i> .....	78
<i>dihydroergotamine mesylate</i> .....	111	<i>dual action pain relief</i> .....	203
DILANTIN.....	101	DUAVEE.....	133
DILANTIN-125.....	101	DULERA.....	185
DILANTIN INFATABS.....	101	<i>duloxetine hydrochloride dr</i> .....	85
<i>diltiazem</i> .....	75	DUPIXENT.....	155
<i>diltiazem hcl</i> .....	75	<i>dutasteride</i> .....	149
DILTIAZEM HCL.....	75	<i>dutasteride/tamsulosin hydrochloride</i> .....	149
<i>diltiazem hcl er</i> .....	74, 75	<b>E</b>	
<i>diltiazem hydrochloride</i> .....	75	<i>econazole nitrate</i> .....	188
<i>diltiazem hydrochloride er</i> .....	75	<i>econtra ez</i> .....	203
<i>dilt-xr</i> .....	74	<i>econtra one-step</i> .....	203
DIMENHYDRINATE.....	141	<i>ed-apap</i> .....	203
<i>diphenhydramine hcl</i> .....	203	EDARBI.....	69
<i>diphenhydramine hydrochloride</i> .....	181, 203	EDARBYCLOR.....	68
<i>diphenhydramine hydrochloride childrens allergy</i> <i>relief</i> .....	203	<i>ed chlorped jr</i> .....	203
<i>diphenoxylate/atropine</i> .....	147	EDURANT.....	29
<i>diphenoxylate hydrochloride/atropine sulfate</i> .....	147	EDURANT PED.....	29
<i>dipyridamole</i> .....	155	<i>efavirenz</i> .....	29
<i>disopyramide phosphate</i> .....	69	<i>efavirenz/emtricitabine/tenofovir disoproxil</i> <i>fumarate</i> .....	33
<i>disulfiram</i> .....	116	<i>efavirenz/lamivudine/tenofovir disoproxil</i> <i>fumarate</i> .....	33
<i>divalproex sodium dr</i> .....	101	<i>effer-k</i> .....	167
<i>divalproex sodium er</i> .....	101	<i>eletriptan hydrobromide</i> .....	111
<i>docusate sodium</i> .....	203	ELIGARD.....	47
<i>dofetilide</i> .....	69	<i>elinest</i> .....	127
<i>dolishale</i> .....	126	ELIQUIS.....	151
<i>donepezil hcl</i> .....	82	ELIQUIS STARTER PACK.....	151
<i>donepezil hydrochloride</i> .....	82	<i>eluyring</i> .....	127
<i>dorzolamide hcl/timolol maleate</i> .....	176	EMEND.....	142
<i>dorzolamide hydrochloride</i> .....	176	EMSAM.....	85
<i>dorzolamide hydrochloride/timolol maleate pf</i> .....	176	<i>emtricitabine</i> .....	29
<i>dotti</i> .....	132	<i>emtricitabine/rilpivirine/tenofovir disoproxil</i> <i>fumarate</i> .....	33
DOVATO.....	33	<i>emtricitabine/tenofovir disoproxil</i> .....	33
<i>doxazosin mesylate</i> .....	67		
<i>doxepin hcl</i> .....	84		
<i>doxepin hydrochloride</i> .....	84, 110, 194		
<i>doxercalciferol</i> .....	141		

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
<i>emtricitabine/tenofovir disoproxil fumarate</i> .....	33	<i>estarylla</i> .....	127
EMTRIVA .....	29	<i>estradiol</i> .....	133
EMVERM .....	22	<i>estradiol/norethindrone acetate</i> .....	133
<i>emzahh</i> .....	127	<i>estradiol valerate</i> .....	133
<i>enalapril maleate</i> .....	67	ESTRING .....	133
<i>enalapril maleate/hydrochlorothiazide</i> .....	66	<i>ethambutol hydrochloride</i> .....	34
ENBREL .....	156	<i>ethosuximide</i> .....	101
ENBREL MINI .....	156	<i>ethynodiol diacetate/ethinyl estradiol</i> .....	127
ENBREL SURECLICK .....	156	<i>etodolac</i> .....	16
<i>endocet</i> .....	18	<i>etodolac er</i> .....	16
ENGERIX-B .....	162	<i>etonogestrel/ethinyl estradiol</i> .....	127
<i>enilloring</i> .....	127	<i>etravirine</i> .....	29
<i>enlyte</i> .....	203	EUCRISA .....	194
<i>enoxaparin sodium</i> .....	151	EULEXIN .....	47
ENSACOVE .....	53	<i>everolimus</i> .....	54, 161
<i>enskyce</i> .....	127	EVOTAZ .....	33
<i>entacapone</i> .....	89	<i>exemestane</i> .....	47
<i>entecavir</i> .....	36	EXTENCILLINE .....	43
ENTRESTO .....	68	EXXUA .....	85
<i>enulose</i> .....	145	EXXUA TITRATION PACK .....	85
EPCLUSA .....	36	<i>eye itch relief</i> .....	203
EPIDIOLEX .....	101	EYSUVIS .....	178
<i>epinastine hcl</i> .....	176	<i>ezetimibe</i> .....	72
<i>epinephrine</i> .....	183	<i>ezetimibe/simvastatin</i> .....	72
<i>epiporenone</i> .....	67		
<i>epoprostenol sodium</i> .....	80	<b>F</b>	
EPRONTIA .....	101	<i>falmina</i> .....	127
<i>ergotamine tartrate/caffeine</i> .....	111	<i>famciclovir</i> .....	36
ERIVEDGE .....	53	<i>famotidine</i> .....	144, 203
ERLEADA .....	47	<i>famotidine maximum strength</i> .....	203
<i>erlotinib hydrochloride</i> .....	53	<i>famotidine original strength</i> .....	203
<i>errin</i> .....	127	<i>famotidine premixed</i> .....	144
ERTACZO .....	188	FANAPT .....	93
<i>ertapenem sodium</i> .....	22	FANAPT TITRATION PACK A .....	93
<i>ery</i> .....	186	FANAPT TITRATION PACK B .....	93
<i>erythromycin dr</i> .....	41	FANAPT TITRATION PACK C .....	93
<i>erythromycin</i> .....	174, 187	FARXIGA .....	120
<i>erythromycin base</i> .....	41	FASENRA .....	183
<i>erythromycin/benzoyl peroxide</i> .....	186	<i>febuxostat</i> .....	15
<i>erythromycin ethylsuccinate</i> .....	41	<i>feirza 1.5/30</i> .....	127
<i>erythromycin lactobionate</i> .....	41	<i>feirza 1/20</i> .....	127
ERZOFRI .....	92, 93	<i>felbamate</i> .....	101
<i>escitalopram oxalate</i> .....	85	<i>felodipine er</i> .....	75
ESCITALOPRAM OXALATE .....	85	<i>fenofibrate</i> .....	70
<i>eslicarbazepine acetate</i> .....	101	<i>fenofibrate micronized</i> .....	70
<i>esomeprazole magnesium</i> .....	148	<i>fenofibric acid dr</i> .....	70
<i>esomeprazole sodium</i> .....	148	<i>fenoprofen calcium</i> .....	16

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
FENOPROFEN CALCIUM .....	16	FLUORIDEX SENSITIVITY RELIEF/SLS FREE	196
<i>fentanyl</i> .....	17	<i>fluorimax 5000</i> .....	196
<i>ferosul</i> .....	203	FLUORIMAX 5000 SENSITIVE.....	196
<i>ferrous sulfate</i> .....	203	<i>fluorometholone</i> .....	175
<i>fesoterodine fumarate er</i> .....	149	<i>fluorouracil</i> .....	194
FETZIMA.....	85	FLUOROURACIL .....	194
FETZIMA TITRATION PACK.....	85	<i>fluoxetine dr</i> .....	85
<i>feverall adults</i> .....	203	<i>fluoxetine hydrochloride</i> .....	86
<i>feverall childrens suppository</i> .....	203	<i>fluphenazine decanoate</i> .....	93
<i>feverall infants suppository</i> .....	203	<i>fluphenazine hcl</i> .....	93
<i>feverall junior strength suppository</i> .....	204	<i>fluphenazine hydrochloride</i> .....	93
<i>fe-vite iron</i> .....	204	<i>flurbiprofen</i> .....	16
<i>fexofenadine hydrochloride</i> .....	204	<i>flurbiprofen sodium</i> .....	175
FIASP.....	118	<i>fluticasone propionate</i> .....	185, 192, 204
FIASP FLEXTOUCH.....	117	<i>fluticasone propionate nasal spray allergy relief</i>	
FIASP PENFILL.....	117	24- hour.....	204
FIASP PUMPCART.....	118	<i>fluticasone propionate/salmeterol</i> .....	186
<i>fidaxomicin</i> .....	41	<i>fluticasone propionate/salmeterol diskus</i> .....	185
<i>finasteride</i> .....	149	FLUTICASONE PROPIONATE/SALMETEROL	
<i>finngolimid hydrochloride</i> .....	114	HFA.....	185
FINTEPLA.....	102	<i>fluvastatin</i> .....	71
<i>finzala</i> .....	127	<i>fluvastatin sodium er</i> .....	71
FIRMAGON.....	47, 48	<i>fluvoxamine maleate</i> .....	82
<i>first aid antiseptic ointment</i> .....	204	<i>fluvoxamine maleate er</i> .....	82
<i>flac</i> .....	179	<i>folic acid</i> .....	204
FLAREX.....	175	<i>foltrate</i> .....	204
<i>flecainide acetate</i> .....	69	<i>fomepizole</i> .....	137
<i>fleet enema</i> .....	204	<i>fondaparinux sodium</i> .....	152
<i>fleet pediatric enema</i> .....	204	<i>fosamprenavir calcium</i> .....	29
<i>fleet stimulant</i> .....	204	<i>fosfomycin tromethamine</i> .....	22
<i>fleet stool softener</i> .....	204	<i>fosinopril sodium</i> .....	67
<i>florafol fe pediatric</i> .....	204	<i>fosinopril sodium/hydrochlorothiazide</i> .....	66
<i>florafol pediatric</i> .....	204	<i>fosphenytoin sodium</i> .....	102
<i>flotrex</i> .....	204	FOTIVDA.....	54
<i>fluconazole</i> .....	27	FRAGMIN.....	152
<i>fluconazole in sodium chloride</i> .....	26	<i>fraiche 5000 dental</i> .....	196
<i>fluconazole/sodium chloride</i> .....	27	FRUZAQLA.....	54
<i>flucytosine</i> .....	27	<i>ft 7 day vaginal</i> .....	204
<i>fludrocortisone acetate</i> .....	134	<i>ft 8 hour pain relief</i> .....	204
<i>flunisolide</i> .....	184	<i>ft acid reducer</i> .....	204
<i>fluocinolone acetonide</i> .....	179, 191, 192	<i>ft acid reducer + antacid dual action</i> .....	204
<i>fluocinolone acetonide body</i> .....	191	<i>ft acid reducer maximum strength</i> .....	204
<i>fluocinolone acetonide scalp</i> .....	191	<i>ft all day allergy</i> .....	204
<i>fluocinonide</i> .....	192	<i>ft all day allergy 24 hour</i> .....	204
<i>fluocinonide emulsified base</i> .....	192	<i>ft all day allergy childrens</i> .....	204
<i>fluoride</i> .....	167	<i>ft all day pain relief</i> .....	204
<i>fluoridex daily defense</i> .....	196	<i>ft allergy childrens</i> .....	204

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
<i>ft allergy relief</i> .....	204, 205	<i>ft nicotine transdermal system/step 3/clear patch</i>	
<i>ft allergy relief 12 hour</i> .....	204	24 hour .....	206
<i>ft allergy relief 24 hour</i> .....	204	<i>ft nicotine transdermal system/step 3 patch 24</i>	
<i>ft allergy relief 24 hr</i> .....	204	hour .....	206
<i>ft allergy relief childrens</i> .....	204, 205	<i>ft omeprazole</i> .....	206
<i>ft antacid &amp; antigas</i> .....	205	<i>ft pain &amp; fever childrens</i> .....	206
<i>ft antacid extra strength</i> .....	205	<i>ft pain &amp; fever infants</i> .....	206
<i>ft antacid regular strength</i> .....	205	<i>ft pain relief</i> .....	206
<i>ft anti-diarrheal</i> .....	205	<i>ft pain relief adult extra strength</i> .....	206
<i>ft antifungal cream</i> .....	205	<i>ft pain relief extra strength</i> .....	206
<i>ft arthritis pain reliever</i> .....	205	<i>ft pain reliever adults</i> .....	206
<i>ft aspirin</i> .....	205	<i>ft pain reliever children</i> .....	206
<i>ft aspirin low dose</i> .....	205	<i>ft pain reliever extra strength adult</i> .....	206
<i>ft athletes foot cream</i> .....	205	<i>ft povidone-iodine</i> .....	206
<i>ft clotrimazole</i> .....	205	<i>ft rapid release pain relief</i> .....	206
<i>ft clotrimazole 3</i> .....	205	<i>ft stomach relief</i> .....	206, 207
<i>ft dual action</i> .....	205	<i>ft stool softener</i> .....	207
<i>ft enema ready-to-use enema</i> .....	205	<i>ft tioconazole-1</i> .....	207
<i>ft enteric coated aspirin</i> .....	205	<i>ft triple antibiotic ointment</i> .....	207
<i>ft gentle laxative</i> .....	205	<i>furosemide</i> .....	77
<i>ft ibuprofen</i> .....	205	FUZEON .....	30
<i>ft ibuprofen childrens</i> .....	205	<i>fyavolv</i> .....	133
<i>ft ibuprofen ib childrens</i> .....	205	FYCOMPA .....	102
<i>ft ibuprofen infants</i> .....	205		
<i>ft ibuprofen minis</i> .....	205	<b>G</b>	
<i>ft itch relief/aloe maximum strength</i> .....	205	<i>gabapentin</i> .....	102
<i>ft itch relief maximum strength</i> .....	205	<i>galantamine hydrobromide</i> .....	83
<i>ft laxative</i> .....	205	<i>galantamine hydrobromide er</i> .....	82
<i>ft lice killing maximum strength</i> .....	206	<i>galbriela</i> .....	127
<i>ft lubricant eye drops</i> .....	206	<i>gallifrey</i> .....	139
<i>ft miconazole 1 kit</i> .....	206	GAMASTAN .....	159
<i>ft miconazole 3 combination pack kit</i> .....	206	GAMMAKED .....	159
<i>ft miconazole 7</i> .....	206	GAMUNEX-C .....	160
<i>ft naloxone hydrochloride</i> .....	206	<i>ganciclovir</i> .....	36
<i>ft naproxen sodium</i> .....	206	GARDASIL 9 .....	162
<i>ft nicotine gum</i> .....	206	<i>gatifloxacin</i> .....	174
<i>ft nicotine lozenge</i> .....	206	GATTEX .....	147
<i>ft nicotine mini lozenge</i> .....	206	<i>gavilyte-c</i> .....	145
<i>ft nicotine transdermal system/step 1/clear patch</i>		<i>gavilyte-g</i> .....	145
24 hour .....	206	<i>gavilyte-n/flavor pack</i> .....	145
<i>ft nicotine transdermal system/step 1 patch 24</i>		GAVRETO .....	54
hour .....	206	<i>gefitinib</i> .....	54
<i>ft nicotine transdermal system/step 2/clear patch</i>		<i>gemfibrozil</i> .....	70
24 hour .....	206	GEMTESA .....	149
<i>ft nicotine transdermal system/step 2 patch 24</i>		<i>generlac</i> .....	145
hour .....	206	<i>gengraf</i> .....	161
		GENOTROPIN .....	137

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
GENOTROPIN MINIQUICK .....	137	<i>gnp budesonide nasal spray</i> .....	208
<i>gentamicin sulfate</i> .....	22, 174, 187	<i>gnp childrens allergy</i> .....	208
<i>gentamicin sulfate pediatric</i> .....	22	<i>gnp childrens ibuprofen</i> .....	208
<i>gentamicin sulfate/sodium chloride</i> .....	22	<i>gnp childrens pain relief</i> .....	208
<i>genteal severe tears</i> .....	207	<i>gnp clearlax</i> .....	208
<i>genteal tears night-time</i> .....	207	<i>gnp clotrimazole 3 cream</i> .....	208
<i>gentle laxative</i> .....	207	<i>gnp dual action pain reliever</i> .....	208
GENVOYA .....	33	<i>gnp fexofenadine hydrochloride</i> .....	208
GILOTRIF .....	54	<i>gnp fluticasone propionate</i> .....	208
<i>glatiramer acetate</i> .....	114	<i>gnp gentle laxative</i> .....	208
<i>glatopa</i> .....	114	<i>gnp gentle laxative suppository</i> .....	208
GLEOSTINE .....	46	<i>gnp hydrocortisone</i> .....	208
<i>glimepiride</i> .....	120	<i>gnp hydrocortisone/aloe</i> .....	209
<i>glipizide</i> .....	120	<i>gnp hydrocortisone maximum strength</i> .....	209
<i>glipizide er</i> .....	120	<i>gnp hydrocortisone plus</i> .....	209
<i>glipizide/metformin hydrochloride</i> .....	120	<i>gnp ibuprofen</i> .....	209
GLUCOSE (DEXTROSE) 50%.....	171	<i>gnp ibuprofen childrens</i> .....	209
GLUCOSE (DEXTROSE) 70%.....	172	<i>gnp ibuprofen infants</i> .....	209
<i>glycopyrrolate</i> .....	144	<i>gnp iron</i> .....	209
GLYXAMBI .....	120	<i>gnp lansoprazole</i> .....	209
<i>gnp 8 hour arthritis relief</i> .....	207	<i>gnp lice killing shampoo</i> .....	209
<i>gnp 8 hour pain relief</i> .....	207	<i>gnp lice treatment</i> .....	209
<i>gnp 8 hour pain reliever</i> .....	207	<i>gnp loperamide hydrochloride</i> .....	209
<i>gnp acetaminophen</i> .....	207	<i>gnp loratadine</i> .....	209
<i>gnp acetaminophen/ibuprofen dual action</i> .....	207	<i>gnp loratadine childrens</i> .....	209
<i>gnp acid reducer</i> .....	207	<i>gnp lubricant eye drops</i> .....	209
<i>gnp acid reducer maximum strength</i> .....	207	<i>gnp miconazole 1 combination pack</i> .....	209
<i>gnp adapalene</i> .....	207	<i>gnp miconazole 3</i> .....	209
<i>gnp adult aspirin low strength</i> .....	207	<i>gnp miconazole 7</i> .....	209
<i>gnp all day allergy</i> .....	207	<i>gnp naloxone hydrochloride</i> .....	209
<i>gnp all day allergy childrens</i> .....	207	<i>gnp naproxen</i> .....	209
<i>gnp allergy</i> .....	207	<i>gnp naproxen sodium</i> .....	209
<i>gnp allergy antihistamine</i> .....	207	<i>gnp nicotine gum</i> .....	209
<i>gnp allergy relief</i> .....	207	<i>gnp nicotine mini lozenge</i> .....	209
<i>gnp allergy relief childrens</i> .....	207	<i>gnp nicotine polacrilex gum</i> .....	209
<i>gnp allergy relief maximum strength</i> .....	207	<i>gnp nicotine polacrilex lozenge</i> .....	209
<i>gnp antacid and anti-gas/maximum strength</i> .....	208	<i>gnp nicotine transdermal system patch</i> .....	209
<i>gnp antacid anti-gas/maximum strength</i> .....	208	<i>gnp nicotine transdermal system step 2 patch</i> ...	209
<i>gnp antacid &amp; anti-gas/regular strength</i> .....	208	<i>gnp nighttime relief lubricant eye ointment</i> .....	209
<i>gnp antacid extra strength</i> .....	208	<i>gnp omeprazole</i> .....	209
<i>gnp antacid/regular strength</i> .....	208	<i>gnp pain &amp; fever childrens</i> .....	210
<i>gnp anti-diarrheal</i> .....	208	<i>gnp pain &amp; fever infants</i> .....	210
<i>gnp arthritis pain relief</i> .....	208	<i>gnp pain relief</i> .....	210
<i>gnp artificial tears</i> .....	208	<i>gnp pain relief extra strength</i> .....	210
<i>gnp aspirin</i> .....	208	<i>gnp pink bismuth</i> .....	210
<i>gnp aspirin low dose</i> .....	208	<i>gnp pink bismuth ultra strength</i> .....	210
<i>gnp athletes foot</i> .....	208	<i>gnp stomach relief</i> .....	210

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
<i>gnp stool softener</i> .....	210	<i>haloperidol decanoate</i> .....	93
<i>gnp tolnaftate</i> .....	210	<i>haloperidol lactate</i> .....	94
<i>gnp triple antibiotic ointment</i> .....	210	HAVRIX.....	162
<i>gnp womens gentle laxative</i> .....	210	<i>healthylax</i> .....	211
GOMEKLI.....	54, 55	<i>heartburn relief</i> .....	211
<i>goodsense 24-hour allergy nasal spray</i> .....	210	<i>heartburn relief extra strength</i> .....	211
<i>goodsense all day allergy</i> .....	210	<i>heartburn relief maximum strength</i> .....	211
<i>goodsense all day allergy childrens</i> .....	210	<i>heather</i> .....	127
<i>goodsense aller-ease</i> .....	210	<i>heparin sodium</i> .....	152
<i>goodsense allergy relief</i> .....	210	HEPARIN SODIUM.....	152
<i>goodsense allergy relief childrens</i> .....	210	HEPARIN SODIUM/D5W.....	152
<i>goodsense anti-diarrheal</i> .....	210	HEPARIN SODIUM/DEXTROSE.....	152
<i>goodsense arthritis pain</i> .....	210	HEPARIN SODIUM/NAACL 0.45%.....	152
<i>goodsense aspirin</i> .....	210	HEPARIN SODIUM/SODIUM CHLORIDE.....	152
<i>goodsense dual action</i> .....	210	HEPLISAV-B.....	162
<i>goodsense dual action complete</i> .....	210	HERNEXEOS.....	55
<i>goodsense first aid antibiotic ointment</i> .....	210	HIBERIX.....	162
<i>goodsense ibuprofen</i> .....	210, 211	<i>histaflex</i> .....	211
<i>goodsense ibuprofen childrens</i> .....	211	<i>histex</i> .....	211
<i>goodsense ibuprofen infants</i> .....	211	<i>histex pd</i> .....	211
<i>goodsense lansoprazole</i> .....	211	<i>hm laxative</i> .....	211
<i>goodsense lice killing creme rinse</i> .....	211	HUMIRA.....	156
<i>goodsense naproxen sodium</i> .....	211	HUMULIN R U-500 (CONCENTRATED).....	118
<i>goodsense nicotine</i> .....	211	HUMULIN R U-500 KWIKPEN.....	118
<i>goodsense nicotine polacrilex</i> .....	211	<i>hydralazine hydrochloride</i> .....	78, 79
<i>goodsense nicotine polacrilex gum</i> .....	211	<i>hydrochlorothiazide</i> .....	77
<i>goodsense pain &amp; fever childrens</i> .....	211	<i>hydrocodone</i> .....	19
<i>goodsense pain &amp; fever infants</i> .....	211	<i>hydrocodone/acetaminophen</i> .....	19
<i>goodsense pain relief</i> .....	211	<i>hydrocodone bitartrate/acetaminophen</i> .....	18
<i>goodsense pain relief extra strength</i> .....	211	<i>hydrocodone bitartrate er</i> .....	17
<i>granisetron hydrochloride</i> .....	142	<i>hydrocodone/ibuprofen</i> .....	19
<i>griseofulvin microsize</i> .....	27	<i>hydrocortisone</i> .....	134, 145, 192, 211
<i>griseofulvin ultramicrosize</i> .....	27	<i>hydrocortisone/acetic acid</i> .....	179
<i>guanfacine</i> .....	109	<i>hydrocortisone/aloe maximum strength</i> .....	212
<i>guanfacine hydrochloride</i> .....	78	<i>hydrocortisone maximum strength</i> .....	211
<b>H</b>		<i>hydrocortisone maximum strength plus 12</i> <i>moisturizers</i> .....	211
HADLIMA.....	156	<i>hydrocortisone perianal</i> .....	194
HADLIMA PUSH TOUCH.....	156	<i>hydrocortisone sodium succinate</i> .....	134
HAEGARDA.....	154	<i>hydrocortisone valerate</i> .....	192
<i>hailey 1.5/30</i> .....	127	<i>hydromorphone hcl</i> .....	19
<i>hailey 24 fe</i> .....	127	HYDROMORPHONE HYDROCHLORIDE.....	19
<i>hailey fe 1.5/30</i> .....	127	<i>hydroxocobalamin</i> .....	212
<i>hailey fe 1/20</i> .....	127	<i>hydroxychloroquine sulfate</i> .....	159
<i>halobetasol propionate</i> .....	192	<i>hydroxyurea</i> .....	50
<i>haloette</i> .....	127	<i>hydroxyzine hcl</i> .....	181
<i>haloperidol</i> .....	94	<i>hydroxyzine hydrochloride</i> .....	181

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
<i>hydroxyzine pamoate</i> .....	181	<i>ipratropium bromide/albuterol sulfate</i> .....	179
HYRNUO .....	55	<i>irbesartan</i> .....	69
<b>I</b>		<i>irbesartan/hydrochlorothiazide</i> .....	68
<i>ibandronate sodium</i> .....	123	<i>iron drops</i> .....	212
IBRANCE.....	55	<i>iron infant &amp; toddler</i> .....	212
IBTROZI .....	55	<i>iron infant/toddler</i> .....	212
<i>ibu</i> .....	16	ISENTRESS .....	30
<i>ibuprofen</i> .....	16, 212	ISENTRESS HD .....	30
<i>ibuprofen childrens</i> .....	212	<i>isibloom</i> .....	128
<i>ibuprofen infants</i> .....	212	ISOLYTE-P/DEXTROSE 5% .....	165
<i>ibuprofen junior strength</i> .....	212	ISOLYTE-S .....	165
<i>icatibant acetate</i> .....	154	ISOLYTE-S PH 7.4 .....	165
<i>iclevia</i> .....	127	<i>isoniazid</i> .....	35
ICLUSIG .....	55	<i>isosorbide dinitrate</i> .....	79
IDHIFA .....	55	<i>isosorbide dinitrate/hydralazine hydrochloride</i> ....	79
<i>imatinib mesylate</i> .....	55	<i>isosorbide mononitrate er</i> .....	79
IMBRUVICA.....	55, 56	<i>isotonic gentamicin</i> .....	23
<i>imcivree</i> .....	212	<i>isotretinoin</i> .....	187
<i>imipenem/cilastatin</i> .....	22	<i>isradipine</i> .....	75
<i>imipramine hcl</i> .....	86	ITOVEBI .....	56
<i>imipramine hydrochloride</i> .....	86	<i>itraconazole</i> .....	27
<i>imiquimod</i> .....	194	<i>ivabradine hydrochloride</i> .....	79
IMIQUIMOD PUMP .....	194	<i>ivermectin</i> .....	23
IMKELDI .....	56	IWILFIN .....	50
IMOVAX RABIES (H.D.C.V.) .....	162	IXIARO .....	163
IMPAVIDO .....	22	<b>J</b>	
INBRIJA.....	89	<i>jaimiess</i> .....	128
<i>incassia</i> .....	127	JAKAFI .....	56
INCRELEX.....	137	<i>jantoven</i> .....	152
INCRUSE ELLIPTA .....	180	JANUMET.....	121
<i>indapamide</i> .....	77	JANUMET XR.....	120
INFANRIX.....	162	JANUVIA.....	121
INLURIYO.....	48	JARDIANCE .....	121
INLYTA.....	56	<i>jasmiel</i> .....	128
INQOVI.....	46	<i>javygtor</i> .....	137
INREBIC .....	56	JAYPIRCA .....	56
INSULIN ASPART.....	118	<i>jencycla</i> .....	128
INSULIN ASPART FLEXPEN .....	118	JENTADUETO .....	121
INSULIN ASPART PENFILL.....	118	JENTADUETO XR .....	121
INTELENCE .....	30	<i>jinteli</i> .....	133
<i>introvale</i> .....	128	JOLESSA.....	128
INVEGA HAFYERA .....	94	<i>juleber</i> .....	128
INVEGA SUSTENNA.....	94	JULUCA.....	34
INVEGA TRINZA .....	94, 95	<i>junel 1.5/30</i> .....	128
IPOL INACTIVATED IPV .....	163	<i>junel 1/20</i> .....	128
<i>ipratropium bromide</i> .....	180	<i>junel fe 1.5/30</i> .....	128

Drug Name	Page #	Drug Name	Page #
<i>junel fe 1/20</i> .....	128	<b>L</b>	
<i>junel fe 24</i> .....	128	<i>labetalol hydrochloride</i> .....	73
<i>just right 5000</i> .....	197	<i>lacosamide</i> .....	102, 103
JYLAMVO.....	159	<i>lactated ringers</i> .....	165
JYNNEOS.....	163	<i>lactulose</i> .....	146
<b>K</b>		<i>lamivudine</i> .....	30, 36
<i>kaitlib fe</i> .....	128	<i>lamivudine/zidovudine</i> .....	34
KALETRA.....	34	<i>lamotrigine</i> .....	103
<i>kalliga</i> .....	128	<i>lamotrigine er</i> .....	103
KALYDECO.....	183	<i>lamotrigine odt</i> .....	103
<i>kariva</i> .....	128	<i>lamotrigine starter kit/blue</i> .....	103
KCL 0.3%/D5W/NACL 0.9%.....	165	<i>lamotrigine starter kit/green</i> .....	103
KCL 0.3%/D5W/NACL 0.45%.....	165	<i>lamotrigine starter kit/orange</i> .....	103
KCL 0.15%/D5W/NACL 0.2%.....	165	<i>lansoprazole</i> .....	148, 212
KCL 0.15%/D5W/NACL 0.9%.....	165	LANTUS.....	118
KCL 0.15%/D5W/NACL 0.45%.....	165	LANTUS SOLOSTAR.....	118
KCL 0.075%/D5W/NACL 0.45%.....	165	<i>lapatinib ditosylate</i> .....	57
KEIMPTA.....	114	<i>larin 1.5/30</i> .....	128
<i>kelnor 1/35</i> .....	128	<i>larin 1/20</i> .....	128
KERENDIA.....	67	<i>larin 24 fe</i> .....	128
<i>ketoconazole</i> .....	27, 188	<i>larin fe 1.5/30</i> .....	128
<i>ketodan</i> .....	188	<i>larin fe 1/20</i> .....	128
<i>ketorolac tromethamine</i> .....	16, 175	<i>latanoprost</i> .....	177
<i>ketotifen fumarate</i> .....	212	LAZCLUZE.....	57
KINERET.....	156	<i>leflunomide</i> .....	159
KINRIX.....	163	<i>lenalidomide</i> .....	49
<i>kionex</i> .....	125	LENTOCILIN.....	43
KISQALI.....	57	LENVIMA 4 MG DAILY DOSE.....	58
KISQALI FEMARA 400 DOSE.....	57	LENVIMA 8 MG DAILY DOSE.....	58
KISQALI FEMARA 600 DOSE.....	57	LENVIMA 10 MG DAILY DOSE.....	57
<i>klayesta</i> .....	188	LENVIMA 12MG DAILY DOSE.....	57
<i>klor-con</i> .....	167	LENVIMA 14 MG DAILY DOSE.....	57
<i>klor-con 8</i> .....	167	LENVIMA 18 MG DAILY DOSE.....	58
<i>klor-con 10</i> .....	167	LENVIMA 20 MG DAILY DOSE.....	58
<i>klor-con/ef</i> .....	167	LENVIMA 24 MG DAILY DOSE.....	58
<i>klor-con m10</i> .....	167	<i>lessina</i> .....	128
<i>klor-con m15</i> .....	167	<i>letrozole</i> .....	48
<i>klor-con m20</i> .....	167	<i>leucovorin calcium</i> .....	50
KLOXXADO.....	116	LEUKERAN.....	46
KOSELUGO.....	57	<i>leuprolide acetate</i> .....	48
<i>kourzeq</i> .....	197	<i>levalbuterol</i> .....	182
<i>k-phos</i> .....	212	<i>levalbuterol hcl</i> .....	182
<i>k-phos neutral</i> .....	212	<i>levalbuterol hydrochloride</i> .....	182
KRAZATI.....	57	LEVALBUTEROL TARTRATE HFA.....	182
<i>kristalose</i> .....	145	<i>levetiracetam</i> .....	103
<i>kurvelo</i> .....	128	<i>levetiracetam er</i> .....	103
		LEVETIRACETAM/SODIUM CHLORIDE.....	103

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
<i>levobunolol hcl</i> .....	177	<i>lomaira</i> .....	212
<i>levocarnitine</i> .....	137	<i>lomustine</i> .....	46
<i>levocetirizine dihydrochloride</i> .....	181	LONSURF .....	46
<i>levofloxacin</i> .....	42, 174	<i>loperamide hydrochloride</i> .....	147, 212
<i>levofloxacin in d5w</i> .....	42	<i>lopinavir/ritonavir</i> .....	34
<i>levonest</i> .....	128	<i>loratadine</i> .....	212
<i>levonorgestrel</i> .....	212	<i>loratadine childrens</i> .....	212
<i>levonorgestrel and ethinyl estradiol</i> .....	128	<i>loratadine odt</i> .....	212
<i>levonorgestrel/ethinyl estradiol</i> .....	128	<i>lorazepam</i> .....	82
<i>levora 0.15/30-28</i> .....	128	<i>lorazepam intensol</i> .....	82
<i>levo-t</i> .....	140	LORBRENA.....	58
LEVOTHYROICINE.....	140	<i>loryna</i> .....	129
<i>levothyroxine sodium</i> .....	140	<i>losartan potassium</i> .....	69
LEVOTHYROXINE SODIUM.....	140	<i>losartan potassium/hydrochlorothiazide</i> .....	68
<i>levoxyl</i> .....	140	LOTEMAX .....	175
<i>l-glutamine</i> .....	154	LOTEMAX SM.....	175
LIBERVANT .....	103	<i>loteprednol etabonate</i> .....	175, 176
<i>lice killing shampoo maximum strength</i> .....	212	<i>lotrimin af</i> .....	212
<i>lidocaine</i> .....	15, 193, 212	<i>lovastatin</i> .....	71
<i>lidocaine hcl</i> .....	70	<i>low-ogestrel</i> .....	129
LIDOCAINE HCL .....	70	<i>loxapine</i> .....	95
LIDOCAINE HCL IN D5W .....	69	<i>lo-zumandimine</i> .....	129
<i>lidocaine hydrochloride viscous</i> .....	197	<i>lubricant eye drops</i> .....	212
<i>lidocaine/prilocaine</i> .....	193	<i>lubrifresh pm</i> .....	212
<i>lidocaine viscous</i> .....	197	<i>lubrifresh p.m. ointment</i> .....	212
<i>lidocan</i> .....	193	<i>luizza 1.5/30</i> .....	129
LILETTA INTRAUTERINE DEVICE.....	129	<i>luizza 1/20</i> .....	129
<i>linezolid</i> .....	23	LUMAKRAS.....	58
LINEZOLID .....	23	LUMIGAN .....	177
LINZESS.....	147	LUPRON DEPOT .....	48
<i>liomny</i> .....	140	LUPRON DEPOT-PED.....	137, 138
<i>liothyronine sodium</i> .....	140	<i>lurasidone hydrochloride</i> .....	95
<i>liquid allergy relief</i> .....	212	<i>lutura</i> .....	129
<i>liraglutide</i> .....	212	<i>lyleq</i> .....	129
<i>lisdexamfetamine dimesylate</i> .....	109	<i>lyllana</i> .....	133
<i>lisinopril</i> .....	67	LYNPARZA .....	58
<i>lisinopril/hydrochlorothiazide</i> .....	66	LYSODREN .....	48
<i>lithium</i> .....	113	LYTGOBI .....	58, 59
<i>lithium carbonate</i> .....	113	<i>lyza</i> .....	129
<i>lithium carbonate er</i> .....	112		
LIVTENCITY .....	36	<b>M</b>	
<i>loestrin 1.5/30-21</i> .....	129	<i>mag-al</i> .....	213
<i>loestrin 1/20-21</i> .....	129	<i>mag-al liquid</i> .....	212
<i>loestrin fe 1.5/30</i> .....	129	<i>mag-al plus</i> .....	213
<i>loestrin fe 1/20</i> .....	129	<i>mag-al plus xs</i> .....	213
<i>lojaimiess</i> .....	129	<i>magnesium hydroxide/aluminum hydroxide/</i> <i>simethicone</i> .....	213
LOKELMA.....	125		

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
<i>magnesium oxide</i> .....	213	<i>methoxsalen</i> .....	189
<i>magnesium sulfate</i> .....	166	<i>methscopolamine bromide</i> .....	144
MAGNESIUM SULFATE.....	166	<i>methsuximide</i> .....	104
<i>malathion</i> .....	195	<i>methylergonovine maleate</i> .....	138
<i>manganese chloride</i> .....	213	<i>methylphenidate hydrochloride</i> .....	110
<i>manganese trace metal</i> .....	213	<i>methylphenidate hydrochloride er</i> .....	109, 110
<i>mapap</i> .....	213	METHYLPHENIDATE HYDROCHLORIDE ER..	110
<i>mapap acetaminophen extrastrength</i> .....	213	<i>methylprednisolone</i> .....	135
<i>mapap childrens</i> .....	213	<i>methylprednisolone acetate</i> .....	134
<i>maraviroc</i> .....	30	<i>methylprednisolone dose pack</i> .....	134
<i>marlissa</i> .....	129	<i>methylprednisolone sodium succinate</i> .....	135
MARPLAN .....	86	<i>methyltestosterone</i> .....	117
MATULANE .....	50	<i>metoclopramide hcl</i> .....	142
<i>matzim la</i> .....	75	<i>metoclopramide hydrochloride</i> .....	142
MAVYRET .....	36	<i>metoclopramide odt</i> .....	142
<i>m-dryl</i> .....	213	<i>metolazone</i> .....	77
<i>meclizine</i> .....	142	<i>metoprolol/hydrochlorothiazide</i> .....	73
<i>meclizine hcl</i> .....	142	<i>metoprolol succinate er</i> .....	73
<i>meclizine hydrochloride</i> .....	142	<i>metoprolol tartrate</i> .....	74
<i>medroxyprogesterone acetate</i> .....	129, 139	<i>metronidazole</i> .....	23, 194
<i>mefloquine hydrochloride</i> .....	28	<i>metronidazole vaginal</i> .....	150
<i>megestrol acetate</i> .....	48, 139	<i>metyrosine</i> .....	79
MEKINIST.....	59	<i>mibelas 24 fe</i> .....	129
MEKTOVI .....	59	<i>micafungin</i> .....	27
<i>meleya</i> .....	129	<i>miconazole 3</i> .....	150
<i>meloxicam</i> .....	16	<i>miconazole 3 combo pack</i> .....	213
<i>memantine hcl titration pak</i> .....	83	<i>miconazole 7</i> .....	213
<i>memantine hydrochloride</i> .....	83	<i>miconazole nitrate</i> .....	213
<i>memantine hydrochloride er</i> .....	83	<i>miconazole nitrate combination pack kit</i> .....	213
MENQUADFI.....	163	<i>micotrin ac</i> .....	213
MENVEO .....	163	<i>microgestin 1.5/30</i> .....	129
<i>mercaptapurine</i> .....	46	<i>microgestin 1/20</i> .....	129
<i>meropenem</i> .....	23	<i>microgestin fe 1.5/30</i> .....	129
<i>mesalamine</i> .....	145	<i>microgestin fe 1/20</i> .....	129
<i>mesalamine dr</i> .....	145	<i>midodrine hydrochloride</i> .....	79
<i>mesna</i> .....	50	MIEBO .....	178
<i>metformin hydrochloride</i> .....	121	<i>mifepristone</i> .....	138
<i>metformin hydrochloride er</i> .....	121	<i>miglitol</i> .....	121
<i>methadone hcl</i> .....	17	<i>mili</i> .....	129
<i>methadone hydrochloride</i> .....	17	<i>mimvey</i> .....	133
<i>methazolamide</i> .....	77	<i>minocycline hcl</i> .....	45
<i>methenamine hippurate</i> .....	23	<i>minocycline hydrochloride</i> .....	45
<i>methenamine mandelate</i> .....	23	<i>minoxidil</i> .....	79
<i>methergine</i> .....	138	<i>mintox maximum strength</i> .....	213
<i>methimazole</i> .....	140	<i>mirtazapine</i> .....	86
<i>methotrexate</i> .....	46	<i>mirtazapine odt</i> .....	86
<i>methotrexate sodium</i> .....	46, 159	<i>misoprostol</i> .....	147

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
M-M-R II.....	163	<i>naratriptan</i> .....	111
M-NATAL PLUS .....	167	<i>nascobal</i> .....	214
<i>modafinil</i> .....	115	<i>nateglinide</i> .....	122
MODEYSO .....	50	NAYZILAM.....	104
<i>moexipril hydrochloride</i> .....	67	<i>nebivolol hydrochloride</i> .....	74
<i>molindone hydrochloride</i> .....	95	<i>necon 0.5/35-28</i> .....	130
<i>mometasone furoate</i> .....	185, 192	<i>nefazodone hydrochloride</i> .....	86
<i>mondoxyne nl</i> .....	45	<i>neomycin/bacitracin/polymyxin</i> .....	174
<i>mono-linyah</i> .....	129	<i>neomycin/polymyxin/bacitracin/hydrocortisone</i> ..	173
<i>montelukast sodium</i> .....	182	<i>neomycin/polymyxin/dexamethasone</i> .....	173
<i>morphine</i> .....	19	<i>neomycin/polymyxin/gramicidin</i> .....	174
<i>morphine sulfate</i> .....	19, 20	<i>neomycin/polymyxin/hc</i> .....	179
MORPHINE SULFATE .....	19	<i>neomycin/polymyxin/hydrocortisone</i> .....	173, 179
<i>morphine sulfate er</i> .....	17, 18	<i>neomycin sulfate</i> .....	23
MORPHINE SULFATE/SODIUM CHLORIDE .....	18	NEONATAL PLUS .....	168
MOUNJARO .....	121, 122	<i>neo-polycin</i> .....	174
MOVANTIK .....	147	<i>neo-polycin hc</i> .....	173
<i>moxifloxacin hydrochloride</i> .....	42, 174	<i>nephplex rx</i> .....	214
<i>moxifloxacin hydrochloride/sodium hydrochloride</i> .....	42	NERLYNX.....	59
<i>m-pap</i> .....	213	NEUDEXTA .....	113
MRESVIA.....	163	<i>nevirapine</i> .....	30
MULTAQ .....	70	<i>nevirapine er</i> .....	30
<i>multiple electrolytes injection type 1</i> .....	166	<i>new day</i> .....	214
<i>multi vitamin/fluoride</i> .....	168	NEXLETOL.....	72
<i>multivitamin/fluoride</i> .....	168	NEXLIZET .....	72
<i>multi-vitamin/fluoride/iron</i> .....	168	NEXPLANON .....	130
<i>multivitamin with fluoride</i> .....	214	<i>niacin</i> .....	72
<i>multi-vit/iron/fluoride</i> .....	213	<i>niacin er</i> .....	72
<i>mupirocin</i> .....	187	<i>niacin sr</i> .....	214
<i>mycamine</i> .....	27	<i>niacro</i> .....	72
<i>my choice</i> .....	214	<i>nicardipine hcl</i> .....	75
<i>mycophenolate mofetil</i> .....	161	<i>nicotine</i> .....	214
<i>mycophenolic acid dr</i> .....	161	<i>nicotine mini lozenge</i> .....	214
<i>mycozyl ac</i> .....	214	<i>nicotine polacrilex</i> .....	214
MYRBETRIQ .....	150	<i>nicotine polacrilex mini</i> .....	214
<i>my way</i> .....	214	<i>nicotine transdermal system kit</i> .....	214
<b>N</b>		<i>nicotine transdermal system patch</i> .....	214
<i>nabumetone</i> .....	16	<i>nicotine transdermal system step 1/clear patch</i> ..	214
<i>nadolol</i> .....	74	<i>nicotine transdermal system step 1 patch</i> .....	214
<i>nafacillin sodium</i> .....	43, 44	<i>nicotine transdermal system step 2/clear patch</i> ..	214
<i>naloxone hcl</i> .....	116	<i>nicotine transdermal system step 2 patch</i> .....	214
<i>naloxone hydrochloride</i> .....	116, 214	<i>nicotine transdermal system step 3 patch</i> .....	214
NAMZARIC.....	83	<i>nicotine transdermal syststem step 3/clear</i>	
<i>naproxen</i> .....	17	<i>patch</i> .....	215
<i>naproxen dr</i> .....	16, 17	NICOTROL NS .....	116
<i>naproxen sodium</i> .....	16, 214	<i>nifedipine er</i> .....	75, 76
		<i>nikki</i> .....	130

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
<i>nilotinib</i> .....	59	NUBEQA.....	48
NILOTINIB.....	59	NULOJIX .....	161
<i>nilutamide</i> .....	48	NUPLAZID.....	95
NINLARO.....	59	NURTEC.....	111
<i>nisoldipine er</i> .....	76	NUTRILIPID.....	172
<i>nitazoxanide</i> .....	24	NUZYRA.....	45
<i>nitisinone</i> .....	138	<i>nyamyc</i> .....	188
NITRO-BID .....	79	<i>nylia 1/35</i> .....	130
<i>nitrofurantoin macrocrystals</i> .....	24	<i>nylia 7/7/7</i> .....	130
<i>nitrofurantoin monohydrate/macrocrystals</i> .....	24	<i>nystatin</i> .....	27, 188, 197
<i>nitroglycerin</i> .....	80, 195	<i>nystop</i> .....	188
NITROGLYCERIN .....	79	<b>O</b>	
<i>nitroglycerin transdermal patch</i> .....	79	OCTAGAM.....	160
<i>nitroglycerin translingual</i> .....	80	<i>octreotide acetate</i> .....	138
<i>niva-fol</i> .....	215	ODEFSEY .....	34
NIVA-PLUS.....	168	ODMZO .....	60
<i>nizatidine</i> .....	144	OFEV.....	183
NORA-BE .....	130	<i>ofloxacin</i> .....	174, 179
<i>norelgestromin/ethinyl estradiol</i> .....	130	OGSIVEO.....	60
<i>norethindrone</i> .....	130	OJEMDA.....	60
<i>norethindrone acetate</i> .....	139	OJJAARA.....	60
<i>norethindrone acetate/ethinyl estradiol</i> .....	130, 133	<i>olanzapine</i> .....	95
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate</i> .....	130	<i>olanzapine odt</i> .....	95
<i>norgestimate/ethinyl estradiol</i> .....	130	<i>olmesartan medoxomil</i> .....	69
NORITATE.....	195	<i>olmesartan medoxomil/amlodipine/hydrochlorothiazide</i> .....	68
<i>norlyroc</i> .....	130	<i>olmesartan medoxomil/hydrochlorothiazide</i> .....	68
NORPACE CR.....	70	<i>olopatadine hcl</i> .....	181
<i>nortrel 0.5/35 (28)</i> .....	130	<i>omega-3-acid ethyl esters</i> .....	72
<i>nortrel 1/35</i> .....	130	<i>omeprazole</i> .....	148, 215
<i>nortrel 7/7/7</i> .....	130	<i>omeprazole dr</i> .....	148
<i>nortriptyline hcl</i> .....	86	<i>omeprazole magnesium</i> .....	215
<i>nortriptyline hydrochloride</i> .....	86	ONCASPAR.....	50
NORVIR.....	31	<i>ondansetron hcl</i> .....	142
NOVOLIN 70/30 .....	118	<i>ondansetron hydrochloride</i> .....	142
NOVOLIN 70/30 FLEXPEN .....	118	<i>ondansetron odt</i> .....	142
NOVOLIN N.....	119	ONUREG.....	47
NOVOLIN N FLEXPEN .....	118	<i>opcicon one-step</i> .....	215
NOVOLIN R.....	119	OPIPZA.....	95, 96
NOVOLIN R FLEXPEN .....	119	OPSUMIT .....	80
NOVOLOG .....	119	<i>option 2</i> .....	215
NOVOLOG FLEXPEN .....	119	<i>oralone dental paste</i> .....	197
NOVOLOG FLEXPEN RELION.....	119	ORGOVYX .....	48
NOVOLOG MIX 70/30 .....	119	ORKAMBI.....	183
NOVOLOG MIX 70/30 FLEXPEN.....	119	<i>orlistat</i> .....	215
NOVOLOG PENFILL.....	119	<i>orquidea</i> .....	130
NOVOLOG RELION .....	119		

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
ORSERDU.....	48	PENICILLIN G POTASSIUM IN ISO-OSMOTIC	
<i>orsythia</i> .....	130	DEXTROSE.....	44
<i>oseltamivir phosphate</i> .....	36	<i>penicillin g sodium</i> .....	44
OSPOMYV.....	123	<i>penicillin v potassium</i> .....	44
<i>oxacillin sodium</i> .....	44	PENMENVY.....	163
<i>oxaprozin</i> .....	17	PENTACEL.....	163
<i>oxazepam</i> .....	82	<i>pentamidine isethionate</i> .....	24
<i>oxcarbazepine</i> .....	104	<i>pentoxifylline er</i> .....	154
<i>oxybutynin chloride</i> .....	150	<i>perampanel</i> .....	104
<i>oxybutynin chloride er</i> .....	150	<i>perindopril erbumine</i> .....	67
<i>oxycodone/acetaminophen</i> .....	20	<i>periogard</i> .....	197
<i>oxycodone hcl</i> .....	20	<i>permethrin</i> .....	195
<i>oxycodone hydrochloride</i> .....	20	<i>perphenazine</i> .....	96
<i>oyster shell calcium</i> .....	215	<i>perphenazine/amitriptyline</i> .....	87
<i>oyster shell calcium/vitamin d</i> .....	215	<i>phendimetrazine tartrate</i> .....	215
OZEMPIC.....	122	<i>phendimetrazine tartrate er</i> .....	215
<b>P</b>		<i>phenelzine sulfate</i> .....	87
<i>pacerone</i> .....	70	<i>phenobarbital</i> .....	104
<i>pain and fever relief kids</i> .....	215	<i>phenobarbital sodium</i> .....	104
<i>pain &amp; fever childrens</i> .....	215	<i>phentermine hcl</i> .....	215
<i>pain &amp; fever infants</i> .....	215	<i>phentermine hydrochloride</i> .....	215
<i>paliperidone er</i> .....	96	<i>phentermine/topiramate er</i> .....	215
<i>pamidronate disodium</i> .....	124	<i>phenytek</i> .....	104
PAMIDRONATE DISODIUM.....	123	<i>phenytoin</i> .....	104
PANRETIN.....	195	<i>phenytoin sodium</i> .....	104
<i>pantoprazole sodium</i> .....	148	<i>phenytoin sodium extended</i> .....	104
<i>paricalcitol</i> .....	141	<i>philith</i> .....	130
<i>paroxetine hcl</i> .....	86, 87	<i>phospha 250 neutral</i> .....	215
<i>paroxetine hcl er</i> .....	86	PHOSPHOLINE IODIDE.....	177
<i>paroxetine hydrochloride</i> .....	87	<i>phospho-trin 250 neutral</i> .....	215
PAXLOVID.....	37	<i>phospho-trin k500</i> .....	215
PAZOPANIB.....	60	<i>phytonadione</i> .....	215
<i>pazopanib hydrochloride</i> .....	60	PIFELTRO.....	31
<i>pc pediatric iron drops</i> .....	215	<i>pilocarpine hcl</i> .....	177
<i>pediaclear pd childrens</i> .....	215	<i>pilocarpine hydrochloride</i> .....	177, 197
PEDIARIX.....	163	<i>pimecrolimus</i> .....	195
<i>pediavent</i> .....	215	<i>pimozide</i> .....	96
PEDVAX HIB.....	163	<i>pimtrea</i> .....	130
<i>peg 3350</i> .....	215	<i>pindolol</i> .....	74
<i>peg-3350/electrolytes</i> .....	146	<i>pioglitazone hcl</i> .....	122
<i>peg-3350/nacl/na bicarbonate/kcl</i> .....	146	<i>pioglitazone hcl-glimepiride</i> .....	122
PEGASYS.....	37	<i>pioglitazone hcl/metformin hcl</i> .....	122
PEMAZYRE.....	60	<i>pioglitazone hydrochloride</i> .....	122
PENBRAYA.....	163	<i>piperacillin sodium/tazobactam sodium</i> .....	44
<i>penicillamine</i> .....	125	PIQRAY 200MG DAILY DOSE.....	60
<i>penicillin g potassium</i> .....	44	PIQRAY 250MG DAILY DOSE.....	60
		PIQRAY 300MG.....	60

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
<i>pirfenidone</i> .....	184	PREVYMIS .....	37
<i>piroxicam</i> .....	17	PREZCOBIX.....	34
<i>plan b one-step</i> .....	216	PREZISTA .....	31
PLENVU .....	146	PRIFTIN.....	35
PNV PRENATAL PLUS MULTIVITAMIN.....	168	<i>primaquine phosphate</i> .....	28
<i>podofilox</i> .....	195	<i>primidone</i> .....	105
<i>polycin ointment</i> .....	174	PRIORIX.....	163
<i>polyethylene glycol 3350</i> .....	216	PRIVIGEN .....	160
<i>polymyxin b sulfate/trimethoprim sulfate</i> .....	174	<i>probenecid</i> .....	15
<i>polyvinyl alcohol</i> .....	216	<i>probenecid/colchicine</i> .....	15
POMALYST .....	49	<i>prochlorperazine</i> .....	142
<i>portia-28</i> .....	130	<i>prochlorperazine edisylate</i> .....	142
<i>posaconazole</i> .....	27	<i>prochlorperazine maleate</i> .....	142
<i>posaconazole dr</i> .....	27	PROCRIT .....	153
<i>potassium chloride</i> .....	166, 168, 169	<i>proctocort</i> .....	195
POTASSIUM CHLORIDE .....	166	<i>procto-med hc</i> .....	195
POTASSIUM CHLORIDE/DEXTROSE .....	166	<i>proctosol hc</i> .....	195
POTASSIUM CHLORIDE/DEXTROSE/SODIUM CHLORIDE .....	166	<i>proctozone-b</i> .....	216
<i>potassium chloride er</i> .....	168	<i>proctozone-hc</i> .....	195
<i>potassium chloride/sodium chloride</i> .....	166	<i>progesterone</i> .....	140
POTASSIUM CHLORIDE/SODIUM CHLORIDE	166	PROGRAF.....	161
<i>potassium citrate er</i> .....	149	PROLASTIN-C .....	184
<i>povidone-iodine</i> .....	216	<i>promethazine hcl</i> .....	143
<i>pramipexole dihydrochloride</i> .....	89	<i>promethazine hydrochloride</i> .....	143
<i>prasugrel hydrochloride</i> .....	155	<i>promethegan</i> .....	143
<i>pravastatin sodium</i> .....	71	<i>propafenone hcl</i> .....	70
<i>praziquantel</i> .....	24	<i>propafenone hydrochloride</i> .....	70
<i>prazosin hydrochloride</i> .....	67	<i>propafenone hydrochloride er</i> .....	70
<i>prednisolone</i> .....	135	<i>proparacaine hcl</i> .....	178
<i>prednisolone acetate</i> .....	176	<i>propranolol hcl</i> .....	74
<i>prednisolone sodium phosphate</i> .....	135	<i>propranolol hydrochloride</i> .....	74
PREDNISOLONE SODIUM PHOSPHATE.....	176	<i>propranolol hydrochloride er</i> .....	74
<i>prednisone</i> .....	135	<i>propylthiouracil</i> .....	140
PREDNISON INTENSOL.....	135	PROQUAD .....	163
<i>prednisone tablet therapy pack</i> .....	135	<i>protriptyline hcl</i> .....	87
<i>pregabalin</i> .....	105	PULMOZYME.....	184
<i>pregabalin er</i> .....	113	PURIXAN.....	47
PREGABLIN.....	105	PYCHIVA .....	157
PREMARIN.....	133, 134	<i>pyrazinamide</i> .....	35
PREMASOL.....	172	<i>pyridostigmine bromide</i> .....	113
PREMPRO .....	134	<i>pyridostigmine bromide er</i> .....	113
PRENATAL .....	169	<i>pyridoxine hcl</i> .....	216
PRENATAL PLUS VITAMIN AND MINERAL .....	169	<i>pyrimethamine</i> .....	24
PRETOMANID.....	35	PYZCHIVA.....	156
<i>prevalite</i> .....	72		
PREVIDENT 5000 ENAMEL PROTECT .....	197	<b>Q</b>	
		<i>qc 8 hour arthritis pain</i> .....	216

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
<i>qc 8 hour pain relief</i> .....	216	RALDESY.....	87
<i>qc allergy relief</i> .....	216	<i>raloxifene hydrochloride</i> .....	138
<i>qc antacid</i> .....	216	<i>ramipril</i> .....	67
<i>qc antacid/anti-gas</i> .....	216	<i>ranolazine er</i> .....	79
<i>qc antacid extra strength</i> .....	216	<i>rasagiline mesylate</i> .....	89
<i>qc antacid maximum strength</i> .....	216	<i>reclipsen</i> .....	130
<i>qc antacid ultra strength</i> .....	216	RECOMBIVAX HB.....	163
<i>qc anti-diarrheal</i> .....	216	<i>refresh celluvisc</i> .....	217
<i>qc antifungal cream</i> .....	216	<i>refresh lacri-lube</i> .....	217
<i>qc artificial tears</i> .....	216	<i>refresh liquigel</i> .....	217
<i>qc aspirin</i> .....	216	<i>refresh plus</i> .....	217
<i>qc aspirin low dose</i> .....	216	<i>refresh tears</i> .....	217
<i>qc clotrimazole</i> .....	216	RELENZA DISKHALER.....	37
<i>qc dual action pain reliver</i> .....	216	<i>renal caps</i> .....	217
<i>qc enema</i> .....	216	<i>reno caps</i> .....	217
<i>qc enteric aspirin</i> .....	216	<i>repaglinide</i> .....	122
<i>qc famotidine acid reducer maximum strength</i> .....	217	REPATHA PUSHTRONEX.....	72
<i>qc gentle laxative</i> .....	217	REPATHA SURECLICK.....	72
<i>qc hydrocortisone maximum strength</i> .....	217	REPATHAT.....	73
<i>qc ibuprofen</i> .....	217	RESTASIS.....	178
<i>qc ibuprofen childrens</i> .....	217	RESTASIS MULTIDOSE.....	178
<i>qc ibuprofen infants</i> .....	217	RETEVMO.....	61
<i>qc lansoprazole</i> .....	217	REVCOVI.....	138
<i>qc laxative</i> .....	217	REVUFORJ.....	61
<i>qc miconazole 7</i> .....	217	REXTOVY.....	116
<i>qc naproxen sodium</i> .....	217	REXULTI.....	96
<i>qc omeprazole magnesium</i> .....	217	REYATAZ.....	31
<i>qc pain relief</i> .....	217	REZDIFFRA.....	138
<i>qc pain relief childrens</i> .....	217	REZLIDHIA.....	61
<i>qc pain relief extra strength</i> .....	217	REZUROCK.....	161
<i>qc stomach relief</i> .....	217	RHOPRESSA.....	177
<i>qc stomach relief ultra</i> .....	217	<i>ribavirin</i> .....	37
<i>qc triple antibiotic</i> .....	217	<i>rifabutin</i> .....	35
QINLOCK.....	61	<i>rifampin</i> .....	35
<i>qsymia</i> .....	217	<i>riluzole</i> .....	113
QUADRACEL.....	163	<i>rimantadine</i> .....	37
<i>quetiapine fumarate</i> .....	96	RINGERS INJECTION.....	166
<i>quetiapine fumarate er</i> .....	96	RINVOQ.....	157
<i>quinapril hydrochloride</i> .....	67	RINVOQ LQ.....	157
<i>quinapril/hydrochlorothiazide</i> .....	67	<i>risedronate sodium</i> .....	124
<i>quinidine sulfate</i> .....	70	<i>risedronate sodium dr</i> .....	124
<i>quinine sulfate</i> .....	28	<i>risperidone</i> .....	97
QULIPTA.....	111	<i>risperidone er</i> .....	96, 97
<b>R</b>		<i>risperidone odt</i> .....	97
RABAVERT.....	163	<i>ritonavir</i> .....	31
<i>rabeprazole sodium</i> .....	149	<i>rivaroxaban</i> .....	153
		<i>rivastigmine tartrate</i> .....	83

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
<i>rivastigmine transdermal</i> .....	83	<i>silver sulfadiazine</i> .....	187
<i>rizatriptan benzoate</i> .....	111	SIMBRINZA .....	177
<i>rizatriptan benzoate odt</i> .....	111	<i>simliya</i> .....	131
ROCKLATAN .....	177	<i>simpesse</i> .....	131
<i>roflumilast</i> .....	184	<i>simvastatin</i> .....	71
<i>romidepsin</i> .....	61	<i>sirolimus</i> .....	162
ROMVIMZA .....	61	SIRTURO .....	35
<i>ropinirole er</i> .....	89, 90	SIVEXTRO .....	24
<i>ropinirole hcl</i> .....	90	SKYRIZI .....	157
<i>ropinirole hydrochloride</i> .....	90	SKYRIZI PEN .....	157
<i>rosuvastatin calcium</i> .....	71	<i>slow-mag</i> .....	218
<i>rosyrah</i> .....	130	<i>slowmag mg muscle/heart</i> .....	218
ROTARIX .....	163	<i>sm 3-day vaginal</i> .....	218
ROTATEQ .....	163	<i>sm acid reducer</i> .....	218
<i>roweepra</i> .....	105	<i>sm acid reducer maximum strength</i> .....	218
ROZLYTREK .....	61	<i>sm antacid suspension</i> .....	218
ROZLYTREK .....	62	<i>sm anti-diarrheal</i> .....	218
RUBRACA .....	62	<i>sm antifungal miconazole</i> .....	218
<i>rufinamide</i> .....	105	<i>sm antifungal tolnaftate</i> .....	218
RUKOBIA .....	31	<i>sm aspirin low dose</i> .....	218
RYBELSUS .....	122	<i>sm childrens ibuprofen</i> .....	218
RYDAPT .....	62	<i>sm enema</i> .....	218
<b>S</b>		<i>sm gentle laxative</i> .....	218
<i>sacubitril/valsartan</i> .....	68	<i>sm hydrocortisone</i> .....	218
<i>sajazir</i> .....	154	<i>sm hydrocortisone maximum strength</i> .....	218
SANTYL .....	196	<i>sm hydrocortisone plus</i> .....	218
<i>sapropterin dihydrochloride</i> .....	138	<i>sm ibuprofen</i> .....	218
<i>saxenda</i> .....	218	<i>sm ibuprofen ib childrens</i> .....	218
SCEMBLIX .....	62	<i>sm miconazole 3 kit</i> .....	218
<i>scopolamine patch</i> .....	143	<i>sm miconazole 7</i> .....	218
SECUADO .....	97	<i>sm nicotine polacrilex</i> .....	218
<i>selegiline hcl</i> .....	90	<i>sm nicotine transdermal system/step 1/clear patch</i> .....	218
<i>selenium sulfide</i> .....	189	<i>sm nicotine transdermal system/step 2/clear patch</i> .....	218
SELZENTRY .....	31	<i>sm nicotine transdermal system/step 3/clear patch</i> .....	218
SEREVENT DISKUS .....	182	<i>smooth antacid extra strength</i> .....	219
<i>sertraline hcl</i> .....	87	<i>sm pain reliever extra strength</i> .....	218
<i>sertraline hydrochloride</i> .....	87	<i>sm povidone-iodine</i> .....	218
<i>setlakin</i> .....	131	<i>sodium bicarbonate</i> .....	167, 219
<i>sf 197</i>		SODIUM BICARBONATE .....	166
<i>sharobel</i> .....	131	<i>sodium chloride</i> .....	167
SHINGRIX .....	163	SODIUM CHLORIDE .....	167
SIGNIFOR .....	138	<i>sodium chloride 0.9%</i> .....	196
SIKLOS .....	154	<i>sodium chloride 0.45%</i> .....	167
<i>sildenafil</i> .....	80	<i>sodium fluoride</i> .....	169
<i>sildenafil citrate</i> .....	80		
<i>silodosin</i> .....	149		

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
<i>sodium fluoride 5000 ppm</i> .....	197	<i>sulfacetamide sodium</i> .....	174, 187
<i>sodium fluoride 5000 ppm dry mouth</i> .....	197	<i>sulfacetamide sodium/prednisolone sodium phosphate</i> .....	173
SODIUM FLUORIDE 5000 PPM SENSITIVE ....	197	<i>sulfadiazine</i> .....	24
SODIUM FLUORIDE/POTASSIUM NITRATE/ SENSITIVE .....	197	<i>sulfamethoxazole/trimethoprim</i> .....	25
SODIUM OXYBATE .....	115	<i>sulfamethoxazole/trimethoprim ds</i> .....	24
<i>sodium phenylbutyrate</i> .....	139	SULFAMYLON .....	187
<i>sodium polystyrene sulfonate</i> .....	125	<i>sulfasalazine</i> .....	145
SODIUM SULFATE/POTASSIUM SULFATE/ MAGNESIUM SULFATE .....	146	<i>sulindac</i> .....	17
<i>solifenacin succinate</i> .....	150	<i>sumatriptan</i> .....	112
SOLQUA 100/33 .....	119	<i>sumatriptan succinate</i> .....	112
SOLTAMOX .....	49	<i>sumatriptan succinate refill</i> .....	112
SOLU-CORTEF .....	135	<i>sunitinib</i> .....	62
<i>soluvita</i> .....	219	SUNLENCA .....	31
SOMATULINE DEPOT .....	139	SUNLENCA TABLET THERAPY PACK .....	31
SOMAVERT .....	139	SUPREP BOWEL PREP .....	146
<i>sorafenib tosylate</i> .....	62	SUTAB .....	146
<i>sotalol hcl</i> .....	70	<i>syeda</i> .....	131
<i>sotalol hydrochloride</i> .....	70	SYMLINPEN 60 .....	122
<i>sotalol hydrochloride (af)</i> .....	70	SYMLINPEN 120 .....	122
SOTYKTU .....	157	SYMPAZAN .....	106
SPIRIVA RESPIMAT .....	180	SYMITUZA .....	34
<i>spironolactone</i> .....	67	SYNAREL .....	139
<i>spironolactone/hydrochlorothiazide</i> .....	77	SYNTHROID .....	140
<i>sprintec 28</i> .....	131	<i>systane night gel</i> .....	219
SPRITAM .....	105		
<i>sps combination</i> .....	125	<b>T</b>	
<i>sronyx</i> .....	131	TABLOID .....	47
SSD .....	187	TABRECTA .....	62
STELARA .....	157, 158	<i>tacrolimus</i> .....	162, 195
<i>sterile water for irrigation solution</i> .....	196	<i>tadalafil</i> .....	81, 149
STIVARGA .....	62	TAFINLAR .....	62
<i>stomach relief</i> .....	219	TAGRISO .....	63
<i>stomach relief extra strength</i> .....	219	<i>take action</i> .....	219
<i>stomach relief ultra</i> .....	219	TALZENNA .....	63
<i>stool softener</i> .....	219	<i>tamoxifen citrate</i> .....	49
<i>streptomycin sulfate</i> .....	24	<i>tamsulosin hydrochloride</i> .....	149
STRIBILD .....	34	<i>tarina 24 fe</i> .....	131
<i>strovite forte</i> .....	219	<i>tarina fe 1/20 eq</i> .....	131
<i>strovite one</i> .....	219	<i>tasimelteon</i> .....	110
<i>subvenite</i> .....	106	TAVNEOS .....	154
SUBVENITE .....	106	<i>tazarotene</i> .....	189
<i>subvenite starter kit/blue</i> .....	106	<i>tazicef</i> .....	40
<i>subvenite starter kit/green</i> .....	106	TAZVERIK .....	63
<i>subvenite starter kit/orange</i> .....	106	TECVAYLI .....	63
<i>sucralfate</i> .....	147	TEFLARO .....	40
		<i>telmisartan</i> .....	69

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
<i>telmisartan/amlodipine</i> .....	68	<i>tobramycin sulfate</i> .....	25
<i>telmisartan/hydrochlorothiazide</i> .....	69	<i>tolnaftate</i> .....	219
<i>temazepam</i> .....	111	<i>tolnaftate powder</i> .....	219
TENIVAC .....	163	<i>tolterodine tartrate</i> .....	150
<i>tenofir disoprixil fumarate</i> .....	32	<i>tolterodine tartrate er</i> .....	150
<i>tension headache</i> .....	219	<i>tolvaptan</i> .....	139
TEPMETKO.....	63	<i>topiramate</i> .....	106
<i>terazosin</i> .....	67	<i>topiramate er</i> .....	106
<i>terazosin hydrochloride</i> .....	67	<i>toremifene citrate</i> .....	49
<i>terbinafine hcl</i> .....	27	<i>torpenz</i> .....	63
<i>terbutaline sulfate</i> .....	182	<i>torseamide</i> .....	77
<i>terconazole</i> .....	150, 151	TOUJEO MAX SOLOSTAR.....	119
<i>teriflunomide</i> .....	114	TOUJEO SOLOSTART.....	120
<i>teriparatide</i> .....	124	TPN ELECTROLYTES .....	167
<i>testosterone</i> .....	117	TRADJENTA.....	122
<i>testosterone cypionate</i> .....	117	<i>tramadol</i> .....	18
<i>testosterone enanthate</i> .....	117	<i>tramadol hydrochloride</i> .....	20
<i>testosterone pump</i> .....	117	<i>tramadol hydrochloride/acetaminophen</i> .....	20
<i>tetrabenazine</i> .....	113	<i>tramadol hydrochloride er</i> .....	18
<i>tetracycline hydrochloride</i> .....	45	<i>trandolapril</i> .....	67
THALOMID .....	49	<i>trandolapril/verapamil hcl er</i> .....	67
<i>theophylline</i> .....	184	<i>tranexamic acid</i> .....	155
<i>theophylline er</i> .....	184	<i>tranexamic acid/sodium chloride</i> .....	154
<i>thiamine hcl</i> .....	219	<i>tranylcypromine sulfate</i> .....	87
<i>thiamine hydrochloride</i> .....	219	TRAVASOL.....	172
<i>thioridazine hydrochloride</i> .....	97	<i>travoprost</i> .....	177
<i>thiothixene</i> .....	97	<i>trazodone hydrochloride</i> .....	87
<i>tiadylt er</i> .....	76	TRECATOR .....	35
<i>tiagabine hydrochloride</i> .....	106	TRELEGY ELLIPTA.....	180
TIBSOSVO .....	63	TREMFYA.....	158
<i>ticagrelor</i> .....	155	TREMFYA INDUCTION PACK FOR CROHNS DISEASE/ULCERATIVE COLITIS.....	158
TICOVAC.....	163	<i>tretinoin</i> .....	50, 187
<i>tigecycline</i> .....	45	<i>triamcinolone acetonide</i> .....	135, 192, 193
<i>tilia fe</i> .....	131	<i>triamcinolone acetonide dental paste</i> .....	197
<i>timolol maleate</i> .....	74, 177	<i>triamterene/hydrochlorothiazide</i> .....	77
<i>tinidazole</i> .....	25	<i>triazolam</i> .....	111
<i>tioconazole 1</i> .....	219	<i>tri-buffered aspirin</i> .....	219
TIVICAY .....	32	<i>tridacaine</i> .....	193
TIVICAY PD.....	32	<i>tridacaine ii</i> .....	193
<i>tizanidine hcl</i> .....	114	<i>trientine hydrochloride</i> .....	125
<i>tizanidine hydrochloride</i> .....	115	<i>tri-estarylla</i> .....	131
<i>tm-clotrimazole</i> .....	219	<i>trifluoperazine hcl</i> .....	97, 98
TOBI PODHALER .....	25	<i>trifluoperazine hydrochloride</i> .....	98
TOBRADEX.....	173	<i>trifluridine</i> .....	174
TOBRADEX ST .....	173	<i>trihexyphenidyl hcl</i> .....	90
<i>tobramycin</i> .....	25, 174	<i>trihexyphenidyl hydrochloride</i> .....	90
<i>tobramycin/dexamethasone</i> .....	173		

Drug Name	Page #	Drug Name	Page #
TRIJARDY XR.....	122	<b>U</b>	
TRIKAFTA TABLET THERAPY PACK.....	184	UBRELVY.....	112
TRIKAFTA THERAPY PACK.....	184	<i>ultra lido</i> .....	220
<i>tri-legest fe</i> .....	131	<i>unithroid</i> .....	141
<i>tri-linyah</i> .....	131	UPTRAVI.....	81
<i>tri-lo-estarylla</i> .....	131	UPTRAVI TITRATION PACK.....	81
<i>tri-lo-marzia</i> .....	131	<i>ursodiol</i> .....	147
<i>tri-lo-mili</i> .....	131	USTEKINUMAB.....	158
<i>tri-lo-sprintec</i> .....	131	<b>V</b>	
<i>trimethobenzamide hydrochloride</i> .....	143	<i>valacyclovir hydrochloride</i> .....	37
<i>trimethoprim</i> .....	25	VALCHLOR.....	195
<i>tri-mili</i> .....	131	<i>valganciclovir</i> .....	37
<i>trimipramine maleate</i> .....	88	<i>valganciclovir hydrochloride</i> .....	37
TRINTELLIX.....	88	<i>valproate sodium</i> .....	106
<i>triphrocaps</i> .....	219	<i>valproic acid</i> .....	106
<i>triple antibiotic ointment</i> .....	219	<i>valsartan</i> .....	69
<i>triprolidine hci</i> .....	219	<i>valsartan/hydrochlorothiazide</i> .....	69
<i>triprolidine hydrochloride</i> .....	219	VALTOCO 5 MG DOSE.....	107
<i>tri-sprintec</i> .....	131	VALTOCO 10 MG DOSE.....	107
TRIUMEQ.....	34	VALTOCO 15 MG DOSE.....	107
TRIUMEQ PD.....	34	VALTOCO 20 MG DOSE.....	107
<i>tri-vite/fluoride</i> .....	169	<i>valtya 1/35</i> .....	131
<i>tri-vylibra</i> .....	131	<i>valtya 1/50</i> .....	132
<i>tri-vylibra lo</i> .....	131	<i>vancomycin</i> .....	26
TROGARZO.....	32	<i>vancomycin hcl</i> .....	25
<i>trospium chloride</i> .....	150	VANCOMYCIN HCL.....	25
<i>trospium chloride er</i> .....	150	<i>vancomycin hydrochloride</i> .....	26
<i>true ferrous sulfate</i> .....	220	VANCOMYCIN HYDROCHLORIDE.....	26
<i>true folic acid</i> .....	220	VANFLYTA.....	64
<i>true magnesium oxide</i> .....	220	VAQTA.....	163
<i>true oyster shell calcium</i> .....	220	<i>varenicline starting month</i> .....	116
<i>true vitamin d3</i> .....	220	<i>varenicline tartrate</i> .....	116
TRULICITY.....	123	VARIVAX.....	164
TRUMENBA.....	163	VASCEPA.....	73
TRUQAP.....	63	VAXCHORA.....	164
TRUQAP TABLET THERAPY PACK.....	63	<i>velivet</i> .....	132
TRUXIMA.....	63	VELSIPITY.....	158
TUKYSA.....	63, 64	VENCLEXTA.....	64
TURALIO.....	64	VENCLEXTA STARTING PACK.....	64
<i>turqoz</i> .....	131	VENLAFAXINE BESYLATE ER.....	88
TWINRIX.....	163	<i>venlafaxine hydrochloride</i> .....	88
TYBOST.....	32	<i>venlafaxine hydrochloride er</i> .....	88
<i>tydemy</i> .....	131	VEOZAH.....	139
TYENNE.....	158	<i>verapamil hcl</i> .....	76
TYPHIM VI.....	163	<i>verapamil hcl er</i> .....	76
TYVASO.....	81	<i>verapamil hcl sr</i> .....	76
TYZAVAN.....	25		

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
VERAPAMIL HCL SR .....	76	WINREVAIR .....	81
<i>verapamil hydrochloride</i> .....	76	<i>wixela inhub</i> .....	186
<i>verapamil hydrochloride er</i> .....	76	<i>wymzya fe</i> .....	132
VERAPAMIL HYDROCHLORIDE SR.....	76	WYOST .....	124
VERQUVO.....	79	<b>X</b>	
VERSACLOZ.....	98	XALKORI .....	65
VERZENIO .....	64	<i>xarah fe</i> .....	132
<i>vestura</i> .....	132	XARELTO .....	153
<i>vienna</i> .....	132	XARELTO STARTER PACK .....	153
<i>vigabatrin</i> .....	107	XATMEP .....	159
<i>vigadrone</i> .....	107	XCOPRI.....	108
VIGAFYDE .....	107	XCOPRI MAINTENANCE THERAPY PACK.....	107
VIKTRAVI .....	64	XCOPRI TABLET TITRATION THERAPY PACK	107
<i>vilazodone hydrochloride</i> .....	88	XCOPRI TITRATION THERAPY PACK.....	107
VIMKUNYA.....	164	XDEMVY .....	175
<i>viorele</i> .....	132	XELJANZ.....	159
VIRACEPT.....	32	XELJANZ XR.....	159
VIREAD .....	32	<i>xelria fe</i> .....	132
<i>vital-d rx</i> .....	220	<i>xenical</i> .....	220
<i>vitamin d</i> .....	220	XERMELO .....	148
<i>vitamin k1</i> .....	220	XHANCE EXHALER.....	185
VITRAKVI .....	64	XIFAXAN .....	148
VIVITROL .....	116	XIGDUO XR .....	123
VIVOTIF.....	164	XIIDRA.....	178
VIZIMPRO .....	64	XOLAIR .....	184
<i>volnea</i> .....	132	XOSPATA.....	65
VONJO .....	65	XPOVIO.....	65
VOQUEZNA DUAL PAK .....	147	XPOVIO 60 MG TWICE WEEKLY.....	65
VOQUEZNA TRIPLE PAK .....	147	XPOVIO 80 MG TWICE WEEKLY.....	65
VORANIGO .....	65	XPOVIO TABLET THERAPY PACK .....	65, 66
<i>voriconazole</i> .....	28	XTANDI.....	49
VOSEVI .....	38	<i>xulane</i> .....	132
VOWST .....	148	XULTOPHY.....	120
VRAYLAR.....	98	<b>Y</b>	
<i>vyfemla</i> .....	132	YESINTEK.....	159
<i>vylibra</i> .....	132	YF-VAX.....	164
VYZULTA.....	177	YONSA.....	49
<b>W</b>		<i>yuvafem</i> .....	134
<i>warfarin</i> .....	153	<b>Z</b>	
<i>wegovy</i> .....	220	<i>zaditor</i> .....	220
WELIREG .....	50	<i>zafemy</i> .....	132
<i>wera</i> .....	132	<i>zafirlukast</i> .....	183
<i>wescaps</i> .....	220	<i>zaleplon</i> .....	111
<i>wes-phos 250 neutral</i> .....	220	ZARXIO .....	153
<i>westab max</i> .....	220		
WESTAB PLUS .....	169		

<b>Drug Name</b>	<b>Page #</b>
ZEGALOGUE .....	135
ZEJULA .....	66
ZELBORAF .....	66
<i>zelvysia</i> .....	139
<i>zenatane</i> .....	187
<i>zenzedi</i> .....	110
<i>zepbound</i> .....	220
ZERVIAE .....	176
<i>zidovudine</i> .....	32
<i>ziprasidone hcl</i> .....	98
<i>ziprasidone mesylate</i> .....	98
ZIRABEV .....	66
ZIRGAN .....	175
<i>zoledronic acid</i> .....	124
ZOLEDRONIC ACID .....	124
ZOLINZA .....	66
<i>zolpidem tartrate</i> .....	111
ZONISADE .....	108
<i>zonisamide</i> .....	108
<i>zovia 1/35</i> .....	132
ZTALMY .....	108
<i>zumandimine</i> .....	132
ZURZUVAE .....	88
ZYCLARA .....	195
ZYDELIG .....	66
ZYKADIA .....	66
ZYLET .....	173
ZYPREXA RELPREVV .....	98

## English

ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call **1-855-676-5772** (TTY: **711**) or speak to your provider.

## Español

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al **1-855-676-5772** (TTY: **711**) o hable con su proveedor.

## Deutsch

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzen zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie **1-855-676-5772** (TTY: **711**) an oder sprechen Sie mit Ihrem Provider.

## Français

ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le **1-855-676-5772** (TTY: **711**) ou parlez à votre fournisseur.

## Italiano

ATTENZIONE: se parli Italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi ausiliari adeguati per fornire informazioni in formati accessibili. Chiama l'**1-855-676-5772** (TTY: **711**) o parla con il tuo fornitore.

## Kreyòl Ayisyen

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd aladispozisyon w gratis pou lang ou pale a. Èd ak sèvis siplemantè apwopriye pou bay enfòmasyon nan fòm aksèsib yo disponib gratis tou. Rele nan **1-855-676-5772** (TTY: **711**) oswa pale avèk founisè w la.

## Português do Brasil

ATENÇÃO: Se você fala Português, serviços gratuitos de assistência linguística estão disponíveis para você. Auxílios e serviços auxiliares apropriados para fornecer informações em formatos acessíveis também estão disponíveis gratuitamente. Ligue para **1-855-676-5772** (TTY: **711**) ou fale com seu provedor.

This *Drug List* was updated on 03/01/2026. For more recent information or other questions, contact us at **1-855-676-5772** and TTY users: **711**, 8 a.m. to 8 p.m., E.T., 7 days a week or visit **[AetnaMedicare.com/MICHDSNP](https://www.aetna.com/MICHDSNP)**

**Contract/PBP: H9314-001**