

Abbreviation Key

UPPERCASE = brand-name drug; lower case italics = generic drug

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|--|---|
| Age Limit | These drugs have an age limit requirement. You must meet the age requirement before the drug will be covered. |
| Expect Gen | Expect generic drugs to become available in the near future. When this happens, we may cover the brand-name drug at a higher copayment in open formulary plans, add it to the Formulary Exclusions List in closed formularies or add the brand-name drug to the precertification, quantity limit or step-therapy lists. |
| Gender | Drugs that have guidelines for use or safety checks in place in order to provide the best possible care based on gender. |
| Medical | These drugs are not covered under your Pharmacy benefit but may be covered under your Medical benefit. |
| NC Not-Covered | These drugs are not covered under your pharmacy benefit plan. You can still get these drugs but will need to pay the full cost of the drug. |
| NPB/G Non-preferred brand-name or generic drug | These drugs aren't preferred. You may pay higher out-of-pocket costs when using a non-preferred brand-name or generic drug. |
| NPS Non-preferred specialty drug | These drugs aren't preferred. You may pay higher out-of-pocket costs when using a non-preferred drug on the Aetna Specialty Drug List. |
| NPL National Precertification List | Prior authorization (PA) is required for all plans. Your doctor must contact us to request approval for coverage. |
| PA Prior authorization or precertification | Prior authorization only applies if your plan includes precertification. This means that we have to approve some drugs before we cover them. If this is required, your doctor must contact us to request approval of coverage. |
| PB Preferred brand-name drug | These are brand-name drugs that are covered at your 2 nd Tier copay. You may pay lower out-of-pocket costs when you use preferred drugs, but this may not always be the case. |
| PS Preferred specialty drugs | You may pay lower out-of-pocket costs when you use preferred drugs on the Aetna Specialty Drug List. |
| PG Preferred generic | These are generic drugs that are covered at your 1 st tier copay. You may pay lower out-of-pocket costs when you use preferred drugs, but this may not always be the case. |
| QL Quantity limits | Quantity limits help ensure that you get a safe amount of your drug. They only apply if your plan includes precertification. If you go past the quantity limit, your doctor must contact us to request approval of coverage. |
| SPB Specialty pharmacy coverage | You may pay higher out of pocket costs and may be required to get these products at an Aetna Specialty Pharmacy network provider, like Aetna Specialty Pharmacy. Specialty products aren't available at Aetna Rx Home Delivery and are limited to a 30 day supply. |
| ST Step therapy | Step therapy only applies if your plan includes it. This means that you must try one or more prerequisite drug(s) before we cover a step-therapy drug. |

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| Drug Name | Current Tier | Tier as of 1/1/16 | Formulary Alternative(s) | Notes |
|----------------------------|--------------|-------------------|---|--|
| ABSORICA | NPB/G | NPB/G | <i>doxycycline, minocycline</i> | Add PA |
| <i>acampro cal</i> | PG | PG | | Add QL |
| ACANYA | NPB/G | NPB/G | | Expect Gen |
| <i>acitretin</i> | PG | PG | | Add QL |
| ACTICLATE | NPB/G | NPB/G | | Add QL, Remove Age Limit |
| ACTOPLUS MET | NPB/G | NPB/G | | Remove ST, Add QL |
| ACTOS | NPB/G | NPB/G | | Remove ST, Add QL |
| <i>acyclovir oint</i> | PG | NPB/G | | |
| ADALAT CC | NPB/G | NPB/G | | Add QL |
| <i>adapalene cre 0.1%</i> | PG | NPB/G | <i>tretinoin</i> | Remove PA |
| <i>adapalene gel 0.1%</i> | PG | NPB/G | <i>tretinoin</i> | Remove PA |
| <i>adapalene gel 0.3%</i> | NPB/G | NPB/G | | Remove PA, Remove ST |
| ADOXA CAP 150MG | NPB/G | NPB/G | <i>doxycycline</i> | Remove PA, Add QL, Remove Age Limit |
| ADOXA TAB 100MG | NPB/G | NPB/G | <i>doxycycline</i> | Remove PA, Remove Age Limit |
| ADOXA TAB 50MG | NPB/G | NPB/G | <i>doxycycline</i> | Remove PA, Remove Age Limit |
| ADOXA PAK 1 | NPB/G | NPB/G | <i>doxycycline</i> | Remove PA, Remove Age Limit |
| ADOXA PAK 2+A591 | NPB/G | NPB/G | <i>doxycycline</i> | Remove PA, Remove Age Limit |
| ADVAIR DISKU | NPB/G | NPB/G | | Remove PA, Remove ST, Expect Gen |
| ADVAIR HFA | NPB/G | NPB/G | | Remove PA, Remove ST, Expect Gen |
| <i>aero otic hc</i> | PG | NC | | |
| <i>afeditab</i> | PG | PG | | Add QL |
| <i>ak-fluor inj 10% op</i> | PG | NC | | |
| AK-FLUOR INJ 25% OP | NPB/G | NC | | |
| ALA QUIN | NPB/G | NC | <i>hydrocortisone cr, triamcinolone cr, fluticasone cr, fluocinonide cr</i> | |
| ALBATUSIN | NPB/G | NC | | |
| ALCORTIN A | NPB/G | NC | <i>clotrimazole/ betamethasone, nystatin-triamcinolone , LOTRISONE</i> | |

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| <i>alfuzosin</i> | PG | PG | | Add QL |
| ALODOX | NPB/G | NPB/G | | Remove Age Limit |
| ALOQUIN | NPB/G | NC | <i>clotrimazole/ betamethasone, nystatin-triamcinolone, LOTRISONE</i> | |
| ALPHAGAN P | PB | NPB/G | <i>brimonidine</i> | |
| <i>altafluor</i> | PG | NPB/G | | |
| AMBIEN | NPB/G | NPB/G | | Remove ST, Add Age Limit |
| AMBIEN CR | NPB/G | NPB/G | | Remove ST, Add Age Limit |
| <i>aminobez pot</i> | PG | NC | | |
| <i>amlod/valsar/hctz</i> | PG | NPB/G | | Add ST |
| <i>amlod/valsar</i> | PG | NPB/G | <i>amlodipine and valsartan</i> | Add ST |
| <i>amphotericin</i> | PG | NC | | |
| AMRIX | NPB/G | NPB/G | | Remove ST |
| AMTURNIDE150 | NPB/G | NPB/G | <i>amlodipine, hctz, losartan, valsartan</i> | Add ST |
| AMTURNIDE300 | NPB/G | NPB/G | <i>amlodipine, hctz, losartan, valsartan</i> | Add ST |
| ANACAINE | NPB/G | NC | | |
| ANALPRAM-HC CRE 1-1% | NPB/G | NC | | |
| ANALPRAM-HC CRE 1-2.5% | NPB/G | NC | CORTIFOAM, PROCTOZONE-HC | |
| ANTARA | NPB/G | NPB/G | | Remove ST |
| <i>anucort-hc</i> | PG | NC | CORTIFOAM, PROCTOZONE-HC | |
| ANUSOL-HC | NPB/G | NC | CORTIFOAM, PROCTOZONE-HC | |
| AQUORAL | NPB/G | NC | | |
| ARALEN | NPB/G | NPB/G | | Remove QL |
| ARAVA | NPB/G | NPB/G | | Remove PA, Add QL |
| ARICEPT | NPB/G | NPB/G | | Remove ST |
| <i>arnica</i> | PG | NC | | |
| ARZOL SILVER | NPB/G | NC | | |
| ATACAND TAB 16MG | NPB/G | NPB/G | | Remove PA, Remove ST |
| ATACAND TAB 32MG | NPB/G | NPB/G | | Remove PA, Remove ST, Add QL |
| ATACAND TAB 4MG | NPB/G | NPB/G | | Remove PA, Remove ST |
| ATACAND TAB 8MG | NPB/G | NPB/G | | Remove PA, Remove ST |

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|---------------------|--------------|-------------------|--|---------------------------------|
| ATACAND HCT | NPB/G | NPB/G | | Remove PA, Remove ST |
| ATRIPLA | NPB/G | PB | | |
| AUGMENTIN | NPB/G | PB | | |
| AVALIDE | NPB/G | NPB/G | | Add QL |
| AVANDAMET | NPB/G | NPB/G | | Add QL |
| AVANDARYL | NPB/G | NPB/G | | Add QL |
| AVANDIA | NPB/G | NPB/G | | Add QL |
| AVAPRO TAB 150MG | NPB/G | NPB/G | | Remove PA, Remove ST |
| AVAPRO TAB 300MG | NPB/G | NPB/G | | Remove PA, Remove ST, Add QL |
| AVAPRO TAB 75MG | NPB/G | NPB/G | | Remove PA, Remove ST |
| AVAR | NPB/G | NC | | |
| AVAR LS | NPB/G | NC | | |
| <i>avar-e emoll</i> | PG | NPB/G | <i>sodium sulfacetamide/ sulfur 10%-5%</i> | |
| <i>avar-e green</i> | PG | NPB/G | <i>sodium sulfacetamide/ sulfur 10%-5%</i> | |
| AVELOX | NPB/G | NPB/G | | Remove Age Limit |
| AVELOX ABC | NPB/G | NPB/G | | Remove Age Limit |
| <i>avidoxy</i> | PG | PG | | Remove PA, Remove Age Limit |
| AVIDOXY DK | NC | NC | | Remove Age Limit |
| AVINZA | NPB/G | NPB/G | | Remove PA, Remove ST |
| AVODART | PB | PB | | Add QL, Expect Gen |
| AZASITE | PB | NPB/G | <i>ciprofloxacin</i> | |
| <i>azelastine</i> | PG | NPB/G | | |
| AZOR | NPB/G | NPB/G | | Remove PA, Expect Gen |
| BELSOMRA | NPB/G | NPB/G | | Add Age Limit |
| BELVIQ | PB | NPB/G | | Add QL |
| BENICAR | NPB/G | NPB/G | | Remove PA, Expect Gen |
| BENICAR HCT | NPB/G | NPB/G | | Add QL, Expect Gen |
| BENZACLIN | NPB/G | NPB/G | | Remove ST |
| BENZAMYCIN | NPB/G | NPB/G | | Remove ST |
| <i>bexarotene</i> | PG | PS | | Add SPB |
| BIEST/PROGES CRE | NPB/G | NC | | |
| BILTRICIDE | NPB/G | PB | | |
| <i>bio glo</i> | PG | NPB/G | | |
| BREO ELLIPTA | NPB/G | NPB/G | | Remove PA |

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|---|--------------|-------------------|--|------------------|
| <i>brimonidine 0.15%</i> | PG | NPB/G | <i>brimonidine 0.2%</i> | |
| BRISDELLE | NPB/G | NPB/G | | Remove ST |
| <i>bromfenac</i> | PG | NPB/G | <i>ketorolac tromethamine</i> | |
| <i>bromhist-dm</i> | PG | NC | | |
| BROMHIST-PDX | NPB/G | NC | | |
| BRONCOPECTOL | NPB/G | NC | | |
| BUPHENYL POW | PS | NPS | <i>phenylbutyrate</i> | Add PA |
| BUPHENYL TAB | PS | PS | <i>phenylbutyrate</i> | Add PA |
| BUTRANS | PB | PB | | Expect Gen |
| BYDUREON | PB | NPB/G | <i>metformin</i> , VICTOZA, TRULICITY | |
| BYSTOLIC | PB | NPB/G | <i>atenolol, bisoprolol,</i> <i>metoprolol</i> | Add QL |
| CADUET | NPB/G | NPB/G | | Remove ST |
| <i>calcipotrien cre 0.005%</i> | PG | NPB/G | <i>acitretin</i> | Add ST |
| <i>calcipotrien oin 0.005%</i> | PG | NPB/G | <i>acitretin</i> | Add ST |
| <i>calcipotrien oin betameth (generic taclonex oin)</i> | PG | NPB/G | <i>fluocinolone acetonide</i> | Add ST |
| <i>calcipotrien sol 0.005%</i> | PG | NPB/G | <i>acitretin</i> | |
| <i>calcitrene</i> | PG | NPB/G | <i>acitretin</i> | Add ST |
| <i>calcitriol</i> | PG | NPB/G | <i>acitretin</i> | |
| <i>candesartan</i> | PG | PG | | Add QL |
| <i>capecitabine</i> | PS | PS | | Add NPL |
| CAPHOSOL | NPB/G | NC | | |
| CARBAGLU | NPB/G | NPS | | Add PA, Add SPB |
| CARDIZEM LA | NPB/G | NPB/G | | Add QL |
| CARDURA XL | NPB/G | NPB/G | | Add QL |
| <i>carisopr/asa</i> | PG | NPB/G | <i>carisoprodol</i> | |
| <i>carisoprodol</i> | PG | NPB/G | <i>carisoprodol</i> | |
| CARNITOR | NPB/G | NC | | |
| CARNITOR SF | NPB/G | NC | | |
| CELLCEPT CAP | NPB/G | NPS | <i>mycophenolate</i> | Add SPB |
| CELLCEPT SUS | NPB/G | NPS | <i>mycophenolate</i> | Add SPB |
| CELLCEPT TAB | NPB/G | NPS | <i>mycophenolate</i> | Add SPB |
| CETACAINE | NPB/G | NC | <i>lidocaine topical</i> | |
| CHEMET | PB | NPB/G | | |
| <i>chlord/clidi</i> | PG | NC | <i>dicyclomine, hyoscyamine,</i> <i>propantheline</i> | |
| <i>chlordex gp</i> | PG | NC | | |
| <i>chloroquine</i> | PG | PG | | Remove QL |
| <i>chlorthalid</i> | PG | NC | | |
| CIPRO | NPB/G | NPB/G | | Remove Age Limit |
| CIPRO (10%) | NPB/G | NPB/G | | Remove Age Limit |

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| CIPRO (5%) | NPB/G | NPB/G | | Remove Age Limit |
| CIPRO HC | NPB/G | NPB/G | | Expect Gen |
| CIPRO XR | NPB/G | NPB/G | | Remove Age Limit |
| <i>ciprofloxacin sol 0.2%</i> | PG | NPB/G | <i>ofloxacin</i> | |
| <i>ciprofloxacin sus 250mg/5</i> | PG | PG | | Remove Age Limit |
| <i>ciprofloxacin sus 500mg/5</i> | PG | PG | | Remove Age Limit |
| <i>ciprofloxacin tab 1000mg</i> | PG | PG | | Remove Age Limit |
| <i>ciprofloxacin tab 100mg</i> | PG | PG | | Remove Age Limit |
| <i>ciprofloxacin tab 250mg</i> | PG | PG | | Remove Age Limit |
| <i>ciprofloxacin tab 500mg</i> | PG | PG | | Remove Age Limit |
| <i>ciprofloxacin tab 500mg er</i> | PG | PG | | Remove Age Limit |
| <i>ciprofloxacin tab 750mg</i> | PG | PG | | Remove Age Limit |
| CITROLITH | NPB/G | NC | | |
| CLARINEX SYP 0.5MG/ML | NPB/G | NPB/G | | Remove PA, Remove QL |
| CLARINEX TAB 5MG | NPB/G | NPB/G | | Remove PA |
| CLARINEX RDT | NPB/G | NPB/G | | Remove PA |
| CLEAR EYES | NPB/G | NC | | |
| <i>clindamycin</i> | PG | NPB/G | generic CLEOCIN-T | |
| CLINDAP-T CRE | NPB/G | NC | | |
| <i>clozapine</i> | PG | PG | | Add QL |
| <i>coal tar</i> | PG | NC | | |
| COMFORT PAC-MELOXICAM | NPB/G | NC | | |
| COMPLERA | NPB/G | PB | | |
| CONTRAVE | NPB/G | NPB/G | | Add QL |
| COREG CR | PB | NPB/G | <i>carvedilol</i> | Add QL |
| CORTALO | NPB/G | NC | | |
| CORTANE-B DRO AQ OTIC | NPB/G | NC | <i>acetic acid otic, antipyrine-benzocaine, ofloxacin otic</i> | |
| CORTANE-B DRO OTIC | NPB/G | NC | <i>acetic acid otic, antipyrine-benzocaine, ofloxacin otic</i> | |
| <i>cortic-nd</i> | PG | NC | | |
| CORTISPORIN | NPB/G | PB | | |
| <i>covaryx</i> | PG | NC | DUAVEE, <i>estradiol, estropipate</i> , JINTELI, MIMVEY, PREMARIN, PREMPHASE, PREMPRO | |
| <i>covaryx hs</i> | PG | NC | DUAVEE, <i>estradiol, estropipate</i> , JINTELI, MIMVEY, PREMARIN, PREMPHASE, PREMPRO | |

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|--------------------------------|--------------|-------------------|--|--------------------------------|
| COZAAR | NPB/G | NPB/G | | Remove PA, Remove ST |
| CRINONE | PB | NPB/G | | |
| CUVPOSA | NPB/G | NPB/G | <i>glycopyrrolate tabs</i> | Add PA |
| <i>cycloserine</i> | PG | NPB/G | <i>ethambutol, isoniazid, rifampin</i> | |
| CYCLOSET | PB | NPB/G | <i>metformin</i> | Add QL |
| <i>cyotic</i> | PG | NC | | |
| CYRAMZA | Medical | Medical | | Add PA, Add NPL |
| CYSTADANE | PS | PS | | Add PA |
| DALIRESP | NPB/G | NPB/G | SPIRIVA, SYMBICORT | Add ST, Add QL |
| DARAPRIM | NPB/G | PB | | Remove QL |
| DDAVP SOL 0.01% | NPB/G | NPB/G | | Remove PA, Remove Age Limit |
| DDAVP SPR 0.01% | NPB/G | NPB/G | | Remove PA, Remove Age Limit |
| DDAVP TAB 0.1MG | NPB/G | NPB/G | | Remove ST |
| DDAVP TAB 0.2MG | NPB/G | NPB/G | | Remove ST |
| DECON-G | NPB/G | NC | | |
| <i>demeclocycl</i> | PG | NPB/G | <i>doxycycline, minocycline</i> | Remove Age Limit |
| DERMASORB AF | NPB/G | NC | <i>clotrimazole/ betamethasone, nystatin-triamcinolone</i> | |
| <i>dermazene</i> | PG | NC | <i>clotrimazole/ betamethasone, nystatin-triamcinolone</i> | |
| <i>desloratadin</i> | PG | NPB/G | <i>loratadine, cetirizine</i> | Remove PA |
| <i>desmopressin</i> | PG | PG | | Remove PA, Remove Age Limit |
| DEXILANT | PB | NPB/G | <i>omeprazole, pantoprazole, esomeprazole</i> | Add PA, Add ST |
| DIFFERIN CRE 0.1% | NPB/G | NPB/G | | Remove ST |
| DIFFERIN GEL 0.1% | NPB/G | NPB/G | | Remove PA, Remove ST |
| DIFFERIN GEL 0.3% | NPB/G | NPB/G | <i>tretinoin cream/gel</i> | Remove PA |
| DIFFERIN LOT 0.1% | NPB/G | NPB/G | <i>tretinoin cream/gel</i> | Remove PA |
| DIFLUCAN | NPB/G | NPB/G | | Remove PA |
| <i>dihydrocod/asa/caff</i> | PG | NPB/G | <i>butalbital/aspirin/ caffeine</i> | |
| <i>dihydroergot inj 1mg/ml</i> | PG | NPB/G | | |
| <i>dihydroergot spr 4mg/ml</i> | PG | NPB/G | | |

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| DIOVAN | NPB/G | NPB/G | | Remove PA, Remove ST |
| DIOVAN HCT | NPB/G | NPB/G | | Add QL |
| DIPENTOCAINE CRE 5-5-2% | NPB/G | NC | | |
| DONATUSSIN | NPB/G | NC | | |
| <i>donepezil tab hcl 23mg</i> | PG | NPB/G | <i>rivastigmine</i> | |
| DONNATAL | NPB/G | NC | <i>dicyclomine, hyoscyamine, propantheline</i> | |
| DORAL | NPB/G | NPB/G | | Add Age Limit |
| DORYX | NPB/G | NPB/G | | Remove Age Limit |
| DOVONEX | NPB/G | NPB/G | <i>acitretin</i> | Add ST |
| <i>doxycyc mono cap 100mg</i> | PG | PG | | Remove Age Limit |
| <i>doxycyc mono cap 50mg</i> | PG | PG | | Remove Age Limit |
| <i>doxycyc mono tab 100mg</i> | PG | PG | | Remove PA, Remove Age Limit |
| <i>doxycyc mono tab 150mg</i> | PG | PG | | Remove PA, Remove Age Limit |
| <i>doxycyc mono tab 50mg</i> | PG | PG | | Remove Age Limit |
| <i>doxycyc mono tab 75mg</i> | PG | PG | | Remove Age Limit |
| <i>doxycycl hyc</i> | PG | PG | | Remove PA, Remove Age Limit |
| <i>doxycycline cap 150mg</i> | PG | PG | | Remove Age Limit |
| <i>doxycycline cap 40mg</i> | PG | PG | | Remove PA |
| <i>doxycycline cap 75mg</i> | PG | PG | | Remove Age Limit |
| <i>doxycycline sus 25mg/5ml</i> | PG | PG | | Remove PA, Remove Age Limit |
| <i>doxycycline tab 20mg</i> | PG | NPB/G | <i>doxycycline 50mg caps</i> | Remove PA, Remove Age Limit |
| <i>dronabinol</i> | PG | PG | | Add QL |
| DUAC | NPB/G | NPB/G | | Remove ST |
| DUETACT | NPB/G | NPB/G | | Remove ST, Add QL |
| DURAGESIC | NPB/G | NPB/G | | Remove PA |
| DUTOPROL | PB | NPB/G | <i>metoprolol, hctz</i> | |
| E.E.S. GRAN | NPB/G | PB | | |
| EDARBI | NPB/G | NPB/G | | Remove PA |
| EDLUAR | NPB/G | NPB/G | | Remove ST, Add Age Limit |
| <i>eemt</i> | PG | NC | <i>DUAVEE, estradiol, estropipate, JINTELI, MIMVEY, PREMARIN, PREMPHASE, PREMPRO</i> | |

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| <i>eemt hs</i> | PG | NC | DUAVEE, estradiol, estropipate , JINTELI, MIMVEY, PREMARIN, PREMPHASE, PREMPRO | |
| ELIDEL | PB | NPB/G | <i>desoximetasone, fluticasone</i> | Add ST |
| ELIGARD | NPS | NPS | | Add PA |
| ELMIRON | PB | PB | | Remove PA, Remove QL |
| EMEND | PB | NPB/G | <i>aprepitant</i> | Expect Gen |
| EMTRIVA | NPB/G | PB | | |
| ENABLEX | NPB/G | NPB/G | <i>oxybutynin, trospium</i> | Expect Gen |
| ENDOMETRIN | PB | NPB/G | | |
| EPANED | NPB/G | NPB/G | | Remove PA, Remove ST |
| EPIDUO | PB | NPB/G | <i>tretinoin cream/gel</i> | Remove PA, Add ST, Remove Age Limit |
| <i>epinastine</i> | PG | NPB/G | | |
| EPISIL | NPB/G | NC | | |
| EPIVIR | PB | NPB/G | <i>lamivudine</i> | |
| <i>eplerenone</i> | PG | NPB/G | <i>spironolactone</i> | |
| EPZICOM | NPB/G | NPB/G | | Expect Gen |
| ERYPED | NPB/G | PB | | |
| <i>est estrogen</i> | PG | NC | DUAVEE, estradiol, estropipate , JINTELI, MIMVEY, PREMARIN, PREMPHASE, PREMPRO | |
| <i>estazolam</i> | PG | PG | | Add Age Limit |
| ESTRING | NPB/G | NPB/G | | Remove QL |
| <i>exactacain</i> | PG | NC | | |
| EXALGO TAB 12MG | NPB/G | NPB/G | | Remove ST |
| EXALGO TAB 16MG | NPB/G | NPB/G | | Remove ST |
| EXALGO TAB 32MG | NPB/G | NPB/G | | Remove ST |
| EXALGO TAB 8MG | NPB/G | NPB/G | | Remove ST |
| EXFORGE | PB | NPB/G | <i>amlodipine and valsartan</i> | Remove PA, Add ST |
| EXFORGEH/10- | PB | NPB/G | <i>amlodipine, valsartan and hctz</i> | Remove PA, Add ST |
| EXFORGEH/5- | PB | NPB/G | <i>amlodipine, valsartan and hctz</i> | Remove PA, Add ST |
| EXJADE | NPS | NPS | | Add PA |
| <i>exotic-hc</i> | PG | NC | <i>acetic acid otic, antipyrine-benzocaine , ofloxacin otic</i> | |
| EXTARDOL CRE | NPB/G | NC | | |

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| Drug Name | Current Tier | Tier as of 1/1/16 | Formulary Alternative(s) | Notes |
|--|--------------|-------------------|---|-------------------------------|
| EYLEA | PS | PS | | Add PA |
| FABIOR | NPB/G | NPB/G | <i>tretinoin cream/gel</i> | Remove Age Limit |
| FACTIVE | NPB/G | NPB/G | | Remove Age Limit |
| FASLODEX | NPS | NPS | | Add PA |
| <i>felodipine</i> | PG | PG | | Add QL |
| <i>fenofibrate cap 130mg</i> | PG | NPB/G | generic TRICOR | Add QL |
| <i>fenofibrate cap 134mg</i> | PG | PG | | Add QL |
| <i>fenofibrate cap 150mg</i> | PG | NPB/G | generic TRICOR | Add QL |
| <i>fenofibrate cap 200mg</i> | PG | PG | | Add QL |
| <i>fenofibrate cap 43mg</i> | PG | NPB/G | generic TRICOR | Add QL |
| <i>fenofibrate cap 50mg</i> | PG | NPB/G | generic TRICOR | Add QL |
| <i>fenofibrate cap 67mg</i> | PG | PG | | Add QL |
| <i>fenofibrate tab 120mg</i> | NPB/G | NPB/G | | Remove ST, Add QL |
| <i>fenofibrate tab 145mg</i> | PG | PG | | Add QL |
| <i>fenofibrate tab 160mg</i> | PG | PG | | Add QL |
| <i>fenofibrate tab 48mg</i> | PG | PG | | Add QL |
| <i>fenofibrate tab 54mg</i> | PG | PG | | Add QL |
| <i>fenofibric</i> | PG | PG | | Add QL |
| FENOGLIDE | NPB/G | NPB/G | | Remove ST, Add QL, Expect Gen |
| <i>fentanyl ot</i> | PG | PG | <i>morphine, hydrocodone, oxycodone</i> | Add ST |
| FERRIPROX | NPS | NPS | | Add PA |
| FEXMID | NPB/G | NPB/G | | Remove ST |
| FIBRICOR | NPB/G | NPB/G | | Remove ST, Add QL |
| FINACEA | NPB/G | NPB/G | | Expect Gen |
| FIRST-PROGESTERONE VGS 25, 50, 100, 200, 400 | NPB/G | NC | | |
| FLOMAX | NPB/G | NPB/G | | Remove ST, Remove Gender |
| <i>flucaïne</i> | PG | NPB/G | | |
| <i>fluconazole</i> | PG | PG | | Remove PA |
| <i>flucytosine</i> | PG | NPB/G | <i>fluconazole</i> | |
| <i>fluocinonide</i> | PG | PG | <i>clobetasol, betamethasone oint</i> | Add ST |
| FLUORACAINE | NPB/G | NC | | |
| <i>fluore-benox</i> | PG | NPB/G | | |
| <i>fluorescein/proparac</i> | PG | NPB/G | | |
| <i>fluor-i-stri</i> | PG | NPB/G | | |
| <i>flurazepam</i> | PG | PG | | Add Age Limit |
| <i>flurox</i> | PG | NPB/G | | |

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| Drug Name | Current Tier | Tier as of 1/1/16 | Formulary Alternative(s) | Notes |
|-------------------------------|--------------|-------------------|---|--------------------|
| FOSRENOL | PB | NPB/G | RENVELA, <i>sevelamer carbonate,</i> <i>calcium acetate</i> | |
| FUZEON | NPS | NPS | | Add PA, Expect Gen |
| GAMUNEX-C | PS | NPS | | |
| GAPEAUM CRE BUDIBAC | NPB/G | NC | | |
| <i>gatifloxacin</i> | PG | NPB/G | <i>ciprofloxacin</i> | |
| GELCLAIR | NPB/G | NC | | |
| GELX | NPB/G | NC | | |
| GILENYA | NPS | PS | | |
| GLEEVEC | PS | PS | | Expect Gen |
| GLUCAGON KIT | NPB/G | PB | | |
| GLUMETZA | NPB/G | NPB/G | | Expect Gen |
| GLYCATE | NPB/G | NPB/G | | Remove ST |
| GORDOFILM | NPB/G | NC | | |
| <i>grafco silvr</i> | PG | NPB/G | | |
| GRANIX | NPS | NPS | | Add PA, Add NPL |
| <i>green glo</i> | PG | NC | | |
| <i>grx hicort</i> | PG | NC | CORTIFOAM, PROCTOZONE-HC | |
| <i>guaifenesin</i> | PG | NC | <i>benzonatate,</i> <i>promethazine vc,</i> <i>promethazine vc codeine,</i> <i>promethazine dm</i> | |
| H.P. ACTHAR | PS | NPS | | |
| HALCION | NPB/G | NPB/G | | Add Age Limit |
| <i>hemorrhoidal sup</i> | PG | NC | CORTIFOAM, PROCTOZONE-HC | |
| <i>hemril-30</i> | PG | NC | CORTIFOAM, PROCTOZONE-HC | |
| <i>hyaluronate</i> | PG | NC | | |
| HYCAMTIN | NPS | NPS | | Add PA |
| <i>hydroco/apap</i> | PG | NPB/G | <i>hydrocodone</i> <i>bitartrate/acetaminophen</i> <i>tabs</i> | |
| <i>hydrocort ac</i> | PG | NC | CORTIFOAM, PROCTOZONE-HC | |
| <i>hydrocort/iodoquin CRE</i> | PG | NC | | |
| HYDRO-IODOQU | NPB/G | NC | | |
| <i>hydroxychlor</i> | PG | PG | | Remove QL |

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| Drug Name | Current Tier | Tier as of 1/1/16 | Formulary Alternative(s) | Notes |
|--------------------------|--------------|-------------------|---|----------------------------------|
| <i>hygel</i> | PG | NC | | |
| HYLIRA | NPB/G | NC | | |
| <i>hyophen</i> | PG | NC | | |
| HYSINGLA ER | NPB/G | PB | | Remove PA, Remove ST, Expect Gen |
| <i>imipram pam</i> | PG | NPB/G | <i>amitriptyline, doxepin, nortriptylin</i> | |
| INDERAL XL | NPB/G | NPB/G | | Remove PA, Remove ST, Add QL |
| INNOPRAN XL | NPB/G | NPB/G | | Add QL |
| INNOPRAX-5 CRE | NPB/G | NC | | |
| INTERMEZZO | NPB/G | NPB/G | | Remove ST, Add Age Limit |
| INVOKAMET | PB | PB | | Remove ST |
| INVOKANA | PB | PB | | Remove ST |
| <i>irbesartan</i> | PG | PG | | Add QL |
| ISENTRESS | NPB/G | PB | | |
| ISO CARBACHO | NPB/G | PB | | |
| <i>isometh/apap</i> | PG | NC | CAFERGOT, <i>dihydroergotamine nasal, naratriptan, rizatriptan, sumatriptan, zolmitriptan</i> | |
| <i>isometh/caff/apap</i> | PG | NC | CAFERGOT, <i>dihydroergotamine nasal, naratriptan, rizatriptan, sumatriptan, zolmitriptan</i> | |
| <i>isoxsuprine</i> | PG | NC | <i>isosorbide dinitrate, nitroglycerin patch, NITROBID</i> | |
| <i>itraconazole</i> | PG | PG | | Remove PA, Add QL |
| JALYN | PB | PB | | Remove Gender, Expect Gen |
| JANUMET | PB | PB | | Remove ST |
| JANUMET XR | PB | PB | | Remove ST |
| JANUVIA | PB | PB | | Remove ST |
| JARDIANCE | NPB/G | NPB/G | | Remove PA |
| JENTADUETO | NPB/G | NPB/G | <i>metformin, JANUMET, KOMBIGLYZE</i> | Remove PA |
| JETREA | PB | NPS | | Add PA |
| KADIAN | NPB/G | NPB/G | | Remove PA, Remove ST |

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| Drug Name | Current Tier | Tier as of 1/1/16 | Formulary Alternative(s) | Notes |
|---------------------------------|--------------|-------------------|--|----------------------|
| KALETRA | PB | PB | | Expect Gen |
| KAZANO A684 | NPB/G | NPB/G | <i>metformin</i> , JANUMET, KOMBIGLYZE | Remove PA |
| <i>ketoconazole</i> | PG | PG | | Add QL |
| KOMBIGLYZE | PB | PB | | Remove ST |
| KUVAN | PS | PS | | Add PA |
| <i>lactic acid</i> | PG | NPB/G | | |
| LAMISIL GRA 125MG | NPB/G | NPB/G | | Remove PA, Add QL |
| LAMISIL GRA 187.5MG | NPB/G | NPB/G | | Remove PA, Add QL |
| LAMISIL TAB 250MG | NPB/G | NPB/G | | Remove PA |
| LARTUS | NPB/G | NC | | |
| <i>leflunomide</i> | PG | PG | | Remove PA, Add QL |
| LEMOHIST | NPB/G | NC | | |
| LEUKINE | NPS | NPS | | Add PA, Add NPL |
| <i>leuprolide</i> | PS | PS | | Add PA |
| LEVAQUIN | NPB/G | NPB/G | | Remove Age Limit |
| <i>levocarnitin</i> | PG | NC | | |
| <i>levocetirizi sol 2.5/5ml</i> | PG | NPB/G | <i>loratadine, cetirizine</i> | Remove PA, Remove QL |
| <i>levocetirizi tab 5mg</i> | PG | NPB/G | <i>loratadine, cetirizine</i> | Remove PA |
| <i>levofloxacin</i> | PG | PG | | Remove Age Limit |
| LIBRAX | NPB/G | NC | <i>dicyclomine, hyoscyamine, propantheline</i> | |
| <i>lidocaine sol 4%</i> | PG | NC | | |
| <i>lidocaine hcl 3% cre</i> | PB | NC | | |
| LIDORX | NPB/G | NC | | |
| LIDOVEX | NPB/G | NC | | |
| LIPOFEN | NPB/G | NPB/G | | Remove ST, Add QL |
| <i>lissamine gr</i> | PG | NC | | |
| LOFIBRA | NPB/G | NPB/G | | Remove ST, Add QL |
| LOPID | NPB/G | NPB/G | | Remove ST |
| LORTAB | PG | NPB/G | <i>hydrocodone bitartrate/acetaminophen tabs</i> | |
| LOTREL | NPB/G | NPB/G | | Remove ST |
| LOTRONEX | NPB/G | NPB/G | <i>hyoscyamine</i> | Add ST |
| LTA 360 KIT | NPB/G | NC | | |
| LUCENTIS | PS | PS | | Add PA |
| LUNESTA | NPB/G | NPB/G | | Remove ST |
| LUPR DEP-PED | PS | PS | | Add PA |
| LUPRON DEPOT | PS | PS | | Add PA, Expect Gen |
| LYRICA | NPB/G | PB | | Remove PA, Remove QL |

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|------------------------------|--------------|-------------------|--------------------------------------|------------------------------|
| LYSTEDA | NPB/G | NPB/G | | Remove ST |
| MACUGEN | NPS | NPS | | Add PA |
| MARINOL | NPB/G | NPB/G | | Add QL |
| <i>matzim la</i> | PG | PG | | Add QL |
| <i>mefloquine</i> | PG | NPB/G | <i>atovaq/proguan, hydroxychloro</i> | Remove PA |
| <i>meperidine/prometh</i> | PG | NC | | Remove PA, Remove Age Limit |
| MEPRON | PB | NPB/G | <i>atovaquone</i> | |
| MESTINON | PB | NPB/G | <i>pyridostigmine</i> | |
| <i>metformin</i> | PG | NPB/G | generic GLUCOPHAGE XR | |
| <i>metformin er</i> | PG | NPB/G | generic GLUCOPHAGE XR | |
| <i>methamphetamine</i> | PG | PG | <i>phentermine, phendimetrazine</i> | Add PA |
| <i>metipranolol</i> | NPB/G | PG | | |
| <i>metoprolol</i> | NPB/G | PG | | Add QL |
| <i>metronidazole gel</i> | PG | NPB/G | <i>rosadan</i> | |
| METVIXIA | NPB/G | NC | | |
| MICARDIS TAB 20MG | NPB/G | NPB/G | | Remove PA, Remove ST |
| MICARDIS TAB 40MG | NPB/G | NPB/G | | Remove PA, Remove ST |
| MICARDIS TAB 80MG | NPB/G | NPB/G | | Remove PA, Remove ST, Add QL |
| MICARDIS HCT | NPB/G | NPB/G | <i>hctz and losartan, valsartan</i> | Add PA, Remove ST |
| <i>migragesic</i> | PG | NC | | |
| MIGRALAM | NPB/G | NC | | |
| MIGRANAL | NPB/G | NPB/G | | Remove ST |
| MINOCIN CAP 100MG | NPB/G | NPB/G | | Remove PA, Remove Age Limit |
| MINOCIN CAP 50MG | NPB/G | NPB/G | | Remove PA, Remove Age Limit |
| MINOCIN CAP 75MG | NPB/G | NPB/G | | Remove PA, Remove Age Limit |
| MINOCIN KIT 100MG | NPB/G | NPB/G | | Remove Age Limit |
| MINOCIN KIT 50MG | NPB/G | NPB/G | | Remove Age Limit |
| <i>minocycline cap 100mg</i> | PG | NPB/G | <i>minocycline tab</i> | Remove PA, Remove Age Limit |
| <i>minocycline cap 50mg</i> | PG | NPB/G | <i>minocycline tab</i> | Remove PA, Remove Age Limit |

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| Drug Name | Current Tier | Tier as of 1/1/16 | Formulary Alternative(s) | Notes |
|---------------------------------|--------------|-------------------|---|--------------------------------|
| <i>minocycline cap 75mg</i> | PG | PG | | Remove PA, Remove Age Limit |
| <i>minocycline tab 100mg</i> | PG | PG | | Remove PA, Remove Age Limit |
| <i>minocycline tab 135mg er</i> | PG | PG | | Remove PA, Remove Age Limit |
| <i>minocycline tab 45mg er</i> | PG | PG | | Remove PA, Remove Age Limit |
| <i>minocycline tab 50mg</i> | PG | PG | | Remove PA, Remove Age Limit |
| <i>minocycline tab 75mg</i> | PG | PG | | Remove PA, Remove Age Limit |
| <i>minocycline tab 90mg er</i> | PG | PG | | Remove PA, Remove Age Limit |
| MIOCHOL-E | NPB/G | NC | | |
| MIRVASO | NPB/G | NPB/G | | Remove ST |
| MITOSOL KIT | NPB/G | NC | | |
| MONODOX CAP 100MG | NPB/G | NPB/G | | Remove PA, Remove Age Limit |
| MONODOX CAP 75MG | NPB/G | NPB/G | <i>doxycycline</i> | Remove PA, Remove Age Limit |
| <i>morgidox cap 1x100mg</i> | PG | PG | | Remove PA, Remove Age Limit |
| <i>morgidox cap 2x100mg</i> | PG | PG | | Remove PA, Remove Age Limit |
| MORGIDOX KIT 1X100MG | NC | NC | | Remove Age Limit |
| MORGIDOX KIT 2X100MG | NPB/G | NPB/G | | Remove Age Limit |
| MOVIPREP | PB | NPB/G | <i>lactulose , SUPREP</i> | |
| <i>moxifloxacin</i> | PG | PG | | Remove Age Limit |
| <i>mtest hs/est</i> | PG | NC | | |
| <i>mtest/est</i> | PG | NC | <i>DUAVEE, estradiol, estropipate , JINTELI, MIMVEY, PREMARIN, PREMPHASE, PREMPRO</i> | |
| MUCOTROL | NPB/G | NC | | |
| MUGARD | NPB/G | NC | | |
| MULTAQ | PB | NPB/G | <i>amiodarone</i> | Add QL |
| MURINE TEARS | NPB/G | NC | | |
| MYAMBUTOL | PB | NPB/G | <i>ethambutol, isoniazid, rifampin</i> | |
| <i>mycophenolate cap</i> | PG | PS | | Add SPB |
| <i>mycophenolate sus</i> | PG | PS | | Add SPB |
| <i>mycophenolate tab</i> | PG | PS | | Add SPB |

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| Drug Name | Current Tier | Tier as of 1/1/16 | Formulary Alternative(s) | Notes |
|---|--------------|-------------------|--|------------------|
| NAMENDA | PB | PB | | Expect Gen |
| NAMZARIC | PB | PB | | Remove QL |
| NEOTUSS-D | NPB/G | NC | | |
| NESINA | NPB/G | NPB/G | <i>metformin</i> , JANUVIA, ONGLYZA | Remove PA |
| NEULASTA | PS | PS | | Add PA, Add NPL |
| NEUMEGA | NPS | NPS | | Add PA |
| NEUPOGEN | NPS | NPS | | Add PA, Add NPL |
| NEUTRASAL | NPB/G | NC | | |
| NEXIUM | PB | NPB/G | <i>omeprazole</i> , <i>pantoprazole</i> , <i>esomeprazole</i> | |
| <i>nifediac cc</i> | PG | PG | | Add QL |
| <i>nifedical xl</i> | PG | PG | | Add QL |
| <i>nifedipine</i> | PG | PG | | Add QL |
| <i>nisoldipine</i> | PG | PG | | Add QL |
| <i>nitroglycer</i> | PG | NC | | |
| <i>nodolor</i> | PG | NC | CAFERGOT, <i>dihydroergotamine nasal</i> , <i>naratriptan</i> , <i>rizatriptan</i> , <i>sumatriptan</i> , <i>zolmitriptan</i> | |
| NORVASC | NPB/G | NPB/G | | Remove ST |
| NOXAFIL | NPB/G | NPB/G | | Add QL |
| NPLATE | NPS | NPS | | Add PA |
| NUCYNTA ER | NPB/G | NPB/G | OXYCONTIN, HYSINGLA ER, BUTRANS | Expect Gen |
| NUEDEXTA | NPB/G | PB | | Remove PA |
| NUTRIDOX | NPB/G | NPB/G | | Remove Age Limit |
| NYMALIZE | NPB/G | NPB/G | | Remove PA |
| <i>octreotide</i> | PS | PS | | Add PA |
| OCUDOX | NPB/G | NC | <i>doxycycline 50mg</i> | Remove Age Limit |
| <i>ofloxacin</i> | PG | PG | | Remove Age Limit |
| ONGLYZA | PB | PB | | Remove ST |
| ONMEL | NPB/G | NPB/G | | Add QL |
| OPANA ER TAB 5, 7.5, 10, 15, 20, 30, 40MG | PB | NPB/G | OXYCONTIN, HYSINGLA ER, BUTRANS | Add PA, Add ST |
| <i>opium tinct</i> | PG | NPB/G | <i>diphenoxylate hydrochloride/ atropine sulfate</i> | |
| ORACEA | PB | PB | | Remove PA |
| ORAFATE | NPB/G | NC | | |
| ORAMAGICRX | NPB/G | NC | | |

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| Drug Name | Current Tier | Tier as of 1/1/16 | Formulary Alternative(s) | Notes |
|--------------------|--------------|-------------------|--|----------------------|
| ORFADIN | PS | PS | | Add PA |
| OSENI | NPB/G | NPB/G | metformin , JANUVIA, ONGLYZA | Remove PA |
| OTICIN HC | NPB/G | NC | acetic acid otic, antipyrine-benzocaine , ofloxacin otic | |
| oto-end 10 | PG | NC | acetic acid otic, antipyrine-benzocaine , ofloxacin otic | |
| otomax-hc | PG | NC | | |
| OTREXUP | NPS | NPS | | Remove PA |
| OXSORALEN | NPB/G | PB | | |
| oxycodone er | PG | NPB/G | OXYCONTIN, HYSINGLA ER, BUTRANS | Add ST |
| OXYCONTIN | PB | PB | | Expect Gen |
| OZURDEX | PS | PS | | Add PA |
| paba | PG | NC | | |
| PANCREAZE | NPB/G | NPB/G | CREON, ZENPEP | Add ST |
| paregoric | PG | NPB/G | diphenoxylate hydrochloride/atropine sulfate | |
| PATADAY | PB | NPB/G | | |
| PATANOL | NPB/G | NPB/G | | Remove ST |
| PAZEO | PB | NPB/G | | |
| PEG-INTRON | PS | NPS | | |
| PEGINTRON | PS | NPS | | |
| phenaz/butab/hyosc | PG | NC | | |
| phenazopyrid | PG | NC | | |
| phenylbutyrate | PS | PS | | Add PA |
| PHOSLYRA | PB | NPB/G | RENVELA, sevelamer carbonate, calcium acetate | |
| phosphasal | PG | NC | | |
| PHOSPHOLINE | NPB/G | PB | | |
| pioglit/glim | PG | PG | | Add QL |
| pioglita/met | PG | PG | | Add QL |
| pioglitazone | PG | PG | | Add QL |
| PLAQUENIL | NPB/G | NPB/G | | Remove QL |
| PLEXION | NPB/G | NPB/G | | Remove PA, Remove ST |
| PLEXION CLTH | NPB/G | NPB/G | sodium sulfacetamide/ sulfur 10%-5% | Remove PA |

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| Drug Name | Current Tier | Tier as of 1/1/16 | Formulary Alternative(s) | Notes |
|--------------------------------|--------------|-------------------|--|---------------------------------|
| POTABA | NPB/G | NC | | |
| <i>potassium p-</i> | PG | NC | | |
| <i>pramoxine-hc</i> | PG | NC | ACETASOL HC, <i>acetic acid otic, acetic acid-aluminum acetate, antipyrine-benzocaine</i> , CIPRO DEX, <i>hydrocortisone acetic acid, ofloxacin otic</i> | |
| PRANDIN | NPB/G | NPB/G | | Remove ST |
| PREVACID SOL TAB | NPB/G | NPB/G | | Remove QL |
| PREZCOBIX | NPB/G | PB | | |
| PRILOSEC | NPB/G | NPB/G | | Remove PA, Remove ST, Remove QL |
| PROCARDIA XL | NPB/G | NPB/G | | Add QL |
| PROCTOCORT | NPB/G | NC | CORTIFOAM, PROCTOZONE-HC | |
| PRODRIN | NPB/G | NC | CAFERGOT, <i>dihydroergotamine nasal, naratriptan, rizatriptan, sumatriptan, zolmitriptan</i> | |
| PROGESTERONE CRE 10% KIT | PB | NC | | |
| PROGLYCEM | PB | NPB/G | | |
| PROMETH VC | PG | PG | | Remove PA, Remove Age Limit |
| <i>prometh vc syp plain</i> | PG | PG | | Remove PA, Remove Age Limit |
| PROMETH VC/ SYP CODEINE | NPB/G | PG | | Remove Age Limit |
| <i>prometh vc/ syp codeine</i> | PG | PG | | Remove Age Limit |
| <i>prometh/cod</i> | PG | PG | | Remove PA, Remove Age Limit |
| <i>prometh/pe</i> | PG | PG | | Remove PA, Remove Age Limit |
| <i>promethazine</i> | PG | PG | | Remove Age Limit |
| <i>propafenone</i> | PG | PG | | Add QL |
| PROSED/DS | NPB/G | NC | | |
| PROTHELIAL | NPB/G | NC | | |
| PROTONIX | NPB/G | NPB/G | | Remove PA, Remove ST, Remove QL |
| PROTOPIC | PB | NPB/G | | |

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| Drug Name | Current Tier | Tier as of 1/1/16 | Formulary Alternative(s) | Notes |
|-------------------------------|--------------|-------------------|--------------------------------------|-----------------------|
| <i>pyrogall acid</i> | PG | NC | | |
| QSYMIA | PB | NPB/G | | Add QL |
| <i>qual-tussin</i> | PG | NC | | |
| <i>quinine sulf</i> | PG | NPB/G | <i>atovaq/proguan, hydroxychloro</i> | |
| RASUVO | NPS | NPS | | Remove PA |
| <i>rectacort-hc</i> | PG | NC | CORTIFOAM, PROCTOZONE-HC | |
| REGENECARE | NPB/G | NC | | |
| RELISTOR | PB | NPB/G | AMITIZA (ST required) | |
| REMERON | NPB/G | NPB/G | | Remove ST |
| REMERON SLTB | NPB/G | NPB/G | | Remove ST |
| <i>repaglinide</i> | PG | NPB/G | <i>nateglinide</i> | |
| RESTORIL CAP 15MG | NPB/G | NPB/G | | Add Age Limit |
| RESTORIL CAP 22.5MG | NPB/G | NPB/G | | Add QL, Add Age Limit |
| RESTORIL CAP 30MG | NPB/G | NPB/G | | Add Age Limit |
| RESTORIL CAP 7.5MG | NPB/G | NPB/G | | Add QL, Add Age Limit |
| RETIN-A CRE 0.025% | NPB/G | NPB/G | | Remove ST |
| RETIN-A CRE 0.05% | NPB/G | NPB/G | | Remove ST |
| RETIN-A CRE 0.1% | NPB/G | NPB/G | | Remove ST |
| RETIN-A GEL 0.01% | NPB/G | NPB/G | | Remove ST |
| RETIN-A GEL 0.025% | NPB/G | NPB/G | | Remove ST |
| RETIN-A MICR | PB | NPB/G | <i>tretinoin</i> | |
| <i>revina</i> | PG | NC | | |
| ROSE GLO | NPB/G | NC | | |
| ROZEREM | NPB/G | NPB/G | | Add Age Limit |
| RYTHMOL SR | NPB/G | NPB/G | | Add QL |
| SABRIL | NPS | NPS | | Add PA |
| <i>salacyn</i> | PG | NPB/G | <i>podofilox</i> | |
| SALICEPT | NPB/G | NC | | |
| <i>salicylic</i> | PG | NPB/G | <i>podofilox</i> | |
| <i>salicylic ac aer 6%</i> | PG | NPB/G | <i>podofilox</i> | |
| <i>salicylic ac cre 6%</i> | PG | NPB/G | <i>podofilox</i> | |
| <i>salicylic ac liq 26%</i> | PG | NPB/G | <i>podofilox</i> | |
| <i>salicylic ac liq 27.5%</i> | PG | NPB/G | <i>podofilox</i> | |
| <i>salicylic ac lot 6%</i> | PG | NPB/G | <i>podofilox</i> | |
| <i>salicylic ac sha 6%</i> | PG | NPB/G | <i>podofilox</i> | |
| <i>salicylic ac sol 28.5%</i> | PG | NPB/G | <i>podofilox</i> | |
| SALVAX | NPB/G | NC | | |
| SALVAX DUO | NPB/G | NC | | |
| SANDOSTATIN | NPS | NPS | <i>octreotide</i> | Add PA |

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|----------------------------------|--------------|-------------------|---|-----------------------------|
| SENSIPAR | NPS | NPS | <i>paricalcitol, doxercalciferol</i> | Add PA |
| SILENOR | NPB/G | NPB/G | | Remove ST, Add Age Limit |
| <i>silver nitra</i> | PG | NPB/G | | |
| SIRTURO | NPS | NPS | | Remove ST |
| SITAVIG | NPB/G | NPB/G | | Remove QL |
| SKELAXIN | NPB/G | NPB/G | | Add QL |
| <i>sod sul/sulf cre 10-2%</i> | PG | NPB/G | <i>sodium sulfacetamide/sulfur 10%-5%</i> | |
| <i>sod sul/sulf cre 10-5%</i> | PG | NPB/G | <i>sodium sulfacetamide/sulfur 10%-5%</i> | |
| <i>sod sul/sulf cre 9.8-4.8%</i> | PG | NPB/G | <i>sodium sulfacetamide/sulfur 10%-5%</i> | |
| <i>sod sul/sulf gel 10-5%</i> | PG | NC | | |
| <i>sod sul/sulf liq 10-2%</i> | PG | NPB/G | <i>sodium sulfacetamide/sulfur 10%-5%</i> | |
| <i>sod sul/sulf liq 9.8-4.8%</i> | PG | NPB/G | <i>sodium sulfacetamide/sulfur 10%-5%</i> | |
| <i>sod sul/sulf liq 9-4.5%</i> | PG | NPB/G | <i>sodium sulfacetamide/sulfur 10%-5%</i> | |
| <i>sod sul/sulf liq wash</i> | PG | NPB/G | <i>sodium sulfacetamide/sulfur 10%-5%</i> | |
| <i>sod sul/sulf lot 9.8-4.8%</i> | PG | NPB/G | <i>sodium sulfacetamide/sulfur 10%-5%</i> | |
| <i>sod sul/sulf pad 10-4%</i> | PG | NPB/G | <i>sodium sulfacetamide/sulfur 10%-5%</i> | |
| <i>sod sul/sulf sus 8-4%</i> | PG | NPB/G | <i>sodium sulfacetamide/sulfur 10%-5%</i> | |
| SOLODYN | NPB/G | NPB/G | | Remove PA, Remove Age Limit |
| SOMATULINE | NPS | NPS | | Add PA |
| SOMAVERT | NPS | NPS | | Add PA |
| SONATA | NPB/G | NPB/G | | Remove ST, Add Age Limit |
| SORIATANE | PB | NPB/G | <i>acitretin</i> | Add QL |
| SPORANOX CAP 100MG | NPB/G | NPB/G | | Add QL |
| SPORANOX CAP PULSEPAK | NPB/G | NPB/G | | Remove PA, Add QL |
| SPORANOX SOL 10MG/ML | NPB/G | NPB/G | | Remove PA |
| <i>ss sol 10-2</i> | PG | NPB/G | <i>sodium sulfacetamide/sulfur 10%-5%</i> | |
| <i>sss cre 10-5</i> | PG | NPB/G | <i>sodium sulfacetamide/sulfur 10%-5%</i> | |
| SUCRAID | NPB/G | NPS | | Add SPB |

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|-----------------------------|--------------|-------------------|--|-----------------------|
| SULAR | NPB/G | NPB/G | | Add QL |
| <i>sulfacleanse</i> | PG | NPB/G | <i>sodium sulfacetamide/ sulfur 10%-5%</i> | |
| SULFOAM | NPB/G | NC | | |
| SUPPRELIN LA | PS | PS | | Add PA |
| SUPREP BOWEL | NPB/G | PB | | |
| SUSTIVA | NPB/G | PB | | |
| SYMLIN | PB | NPB/G | <i>metformin</i> , VICTOZA, TRULICITY | |
| SYMLINPEN 60 | PB | NPB/G | <i>metformin</i> , VICTOZA, TRULICITY | |
| SYMLINPEN 120 | PB | NPB/G | <i>metformin</i> , VICTOZA, TRULICITY | |
| SYNAREL | NPS | NPS | | Add PA |
| TACLONEX | NPB/G | NPB/G | <i>acitretin</i> | Add ST |
| <i>tacrolimus</i> | PG | NPB/G | | |
| <i>tamsulosin</i> | PG | PG | | Remove Gender |
| TANZEUM | NPB/G | NPB/G | | Remove PA |
| TARGRETIN | PB | PS | | Add SPB |
| TAZORAC | PB | NPB/G | <i>acitretin</i> | Add ST |
| TEKAMLO | NPB/G | NPB/G | <i>amlodipine and losartan, valsartan</i> | Add ST |
| TEKTURNA | NPB/G | NPB/G | <i>losartan, valsartan</i> | Add ST |
| TEKTURNA HCT TAB 150-12.5 | NPB/G | NPB/G | <i>hctz and losartan, valsartan</i> | Add ST |
| TEKTURNA HCT TAB 150-25MG | NPB/G | NPB/G | <i>hctz and losartan, valsartan</i> | Add ST |
| TEKTURNA HCT TAB 300-12.5 | NPB/G | NPB/G | <i>hctz and losartan, valsartan</i> | Add ST, Add QL |
| TEKTURNA HCT TAB 300-25MG | NPB/G | NPB/G | <i>hctz and losartan, valsartan</i> | Add ST, Add QL |
| <i>telmis/amlod</i> | PG | NPB/G | <i>telmisartan and amlodipine</i> | Add ST |
| <i>temazepam cap 15mg</i> | PG | PG | | Add Age Limit |
| <i>temazepam cap 22.5mg</i> | PG | PG | | Add QL, Add Age Limit |
| <i>temazepam cap 30mg</i> | PG | PG | | Add Age Limit |
| <i>temazepam cap 7.5mg</i> | PG | PG | | Add QL, Add Age Limit |
| TEMODAR | NPS | NPS | | Add NPL |
| <i>temozolomide</i> | PS | PS | | Add NPL |
| <i>terbinafine</i> | PG | PG | | Remove PA |
| TESTIM | PB | NPB/G | ANDROGEL (PA required) | Add ST |
| <i>testost cyp</i> | NPB/G | PG | | |

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|-------------------------|--------------|-------------------|--|---------------------------------|
| <i>testost enan</i> | NPB/G | PG | | |
| <i>testost prop</i> | NPB/G | PG | | |
| <i>testosterone gel</i> | PG | NPB/G | ANDROGEL (PA required) | |
| <i>tetracycline</i> | PG | PG | | Remove PA, Remove Age Limit |
| TEVETEN TAB 400MG | NPB/G | NPB/G | | Remove PA, Remove ST |
| TEVETEN TAB 600MG | NPB/G | NPB/G | | Remove PA, Remove ST, Add QL |
| TEVETEN HCT | NPB/G | NPB/G | | Add QL |
| THALOMID | NPS | NPS | | Add PA |
| THEO-24 | NPB/G | PB | | |
| <i>tinidazole</i> | PG | NPB/G | <i>atovaquone</i> | |
| TIVICAY | NPB/G | PB | | |
| TOPROL XL | NPB/G | NPB/G | | Add QL |
| TRACLEER | PS | PS | | Expect Gen |
| TRADJENTA | NPB/G | NPB/G | <i>metformin</i> , JANUVIA, ONGLYZA | Remove PA |
| <i>tramadol/apap</i> | PG | PG | | Add QL |
| <i>tranex acid</i> | PG | NPB/G | | |
| TRELSTAR | NPS | NPS | | Add PA, Expect Gen |
| TRELSTAR MIX | NPS | NPS | | Add PA |
| TREZIX | NPB/G | NPB/G | | Remove QL |
| TRIANEX | NPB/G | NC | | |
| <i>triazolam</i> | PG | PG | | Add Age Limit |
| TRIBENZOR20- | NPB/G | NPB/G | | Remove PA |
| TRIBENZOR40- | NPB/G | NPB/G | | Remove PA |
| TRI-CHLOR | NPB/G | NC | | |
| TRICOR | NPB/G | NPB/G | | Remove ST, Add QL |
| TRIGLIDE | NPB/G | NPB/G | | Remove ST, Add QL |
| TRILIPIX | NPB/G | NPB/G | | Remove ST, Add QL |
| TRIMO-SAN | NPB/G | NC | | |
| TRISEON CRE | NPB/G | NC | | |
| TRIUMEQ | NPB/G | PB | | |
| TRULICITY | NPB/G | PB | | Remove PA, Remove ST |
| TUDORZA PRES | NPB/G | NPB/G | SPIRIVA, INCRUSE | Remove PA |
| TUSNEL | NPB/G | NC | | |
| <i>tuss-allergn</i> | PG | NC | | |
| TUSSO-ZR | NPB/G | NC | | |
| TWYNSTA | NPB/G | NPB/G | | Remove PA |
| UCERIS | NPB/G | NPB/G | <i>hydrocortisone enema</i> | Add PA, Remove ST |
| ULTRACET | NPB/G | NPB/G | | Add QL |

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|-------------------------|--------------|-------------------|--|-------------------------------------|
| ULTRASAL-ER | NPB/G | NC | | |
| <i>ur n-c</i> | PG | NC | | |
| URELIEF PLUS | NPB/G | NC | | |
| <i>urelle</i> | PG | NC | | |
| <i>uretron d/s</i> | PG | NC | | |
| <i>uribel</i> | PG | NC | | |
| URIMAR-T | NPB/G | NC | | |
| <i>urin d/s</i> | PG | NC | | |
| <i>uro-blue</i> | PG | NC | | |
| UROGESIC- | NPB/G | NC | | |
| <i>uro-l</i> | PG | NC | | |
| <i>uro-mp</i> | PG | NC | | |
| UROQID #2 | NPB/G | NC | | |
| UROXATRAL | NPB/G | NPB/G | | Remove ST, Add QL |
| <i>ursodiol</i> | PG | NPB/G | <i>ursodiol 300mg or 250 mg</i> | |
| <i>uryl</i> | PG | NC | | |
| <i>ustell</i> | PG | NC | | |
| UTA | NPB/G | NC | | |
| <i>uta</i> | PG | NC | | |
| <i>uticap</i> | PG | NC | | |
| <i>utira-c</i> | PG | NC | | |
| <i>utrona-c</i> | PG | NC | | |
| VALCYTE TAB | PS | NPS | <i>valganciclovir</i> | Add PA |
| VALCYTE SOL | PS | PS | | Add PA |
| <i>valganciclovir</i> | PS | PS | | Add PA |
| VALTREX | NPB/G | NPB/G | | Remove ST |
| <i>vancomycin</i> | PG | NPB/G | <i>metronidazole</i> | |
| VANTAS | NPS | NPS | | Add PA |
| <i>vasolex</i> | PG | NC | SANTYL, REGRANEX (non-preferred alternatives) | |
| VELTIN | NPB/G | NPB/G | <i>topical clindamycin and tretinoin</i> | Remove PA, Add ST, Remove Age Limit |
| <i>verapamil</i> | PG | PG | | Add QL |
| VERELAN PM | NPB/G | NPB/G | | Add QL |
| VIBRAMYCIN CAP 100MG | NPB/G | NPB/G | | Remove PA, Remove Age Limit |
| VIBRAMYCIN SUS 25MG/5ML | NPB/G | NPB/G | | Remove PA, Remove Age Limit |
| VIBRAMYCIN SYP 50MG/5ML | NPB/G | NPB/G | | Remove Age Limit |
| <i>vicodin</i> | PG | NPB/G | <i>hydrocodone bitartrate/acetaminophen tabs</i> | |
| <i>vicodin es</i> | PG | NPB/G | <i>hydrocodone bitartrate/acetaminophen tabs</i> | |

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|--------------------|--------------|-------------------|---|--------------------------------------|
| <i>vicodin hp</i> | PG | NPB/G | <i>hydrocodone bitartrate/acetaminophen tabs</i> | |
| VICTOZA | NPB/G | PB | | Remove PA, Remove ST |
| VIDEX EC | PB | NPB/G | <i>didanosine</i> | |
| <i>virti-sulf</i> | PG | NPB/G | <i>sodium sulfacetamide/sulfur 10%-5%</i> | |
| VISUDYNE | NPS | NPS | | Add PA, Expect Gen |
| VITEKTA | NPB/G | PB | | |
| VOGELXO | PB | NPB/G | ANDROGEL (PA required) | |
| VYTONE | NPB/G | NC | <i>clotrimazole/betamethasone, nystatin-triamcinolone</i> | |
| WELCHOL PAK 3.75GM | PB | NPB/G | <i>colesevelam pak</i> | Expect Gen |
| WELCHOL TAB 625MG | PB | NPB/G | <i>colesevelam</i> | Expect Gen |
| XARTEMIS XR | NPB/G | NPB/G | <i>morphine, hydrocodone, oxycodone</i> | Remove PA |
| XELODA | NPS | NPS | | Add NPL |
| XENAZINE | PS | PS | | Expect Gen |
| XIFAXAN | NPB/G | NPB/G | | Remove PA |
| XYREM | NPB/G | NPS | | Add SPB |
| XYZAL SOL | NPB/G | NPB/G | | Remove PA, Remove QL |
| XYZAL SOL 2.5/5ML | NPB/G | NPB/G | | Remove PA, Remove QL |
| XYZAL TAB 5MG | NPB/G | NPB/G | | Remove PA |
| YODOXIN | NPB/G | PB | | |
| <i>zaleplon</i> | PG | PG | | Add Age Limit |
| ZEMPLAR CAP 1MCG | PS | NPS | <i>paricalcitol</i> | |
| ZEMPLAR CAP 2MCG | PS | NPS | <i>paricalcitol</i> | |
| ZEMPLAR INJ | PS | NPS | <i>paricalcitol</i> | |
| <i>zencia</i> | PG | NPB/G | <i>sodium sulfacetamide/sulfur 10%-5%</i> | |
| ZIAGEN SOL | NPB/G | PB | | |
| ZIANA | PB | NPB/G | <i>clindamycin and tretinoin</i> | Add ST, Remove Age Limit, Expect Gen |
| ZITHRANOL | NPB/G | NC | | |
| ZOLADEX | NPS | NPS | | Add PA |
| <i>zolpidem</i> | PG | PG | | Add Age Limit |
| <i>zolpidem er</i> | PG | PG | | Add Age Limit |
| ZOLPIMIST | NPB/G | NPB/G | | Remove ST, Add Age Limit |

This document is available in other languages:

Si necesita asistencia lingüística en español, llámenos al número que figura en su tarjeta de identificación (ID) médica.

如需中文协助，请拨打您医疗 ID 卡上的电话号码与我们联系。

Para sa tulong sa wikang Tagalog, tawagan kami sa numero na nasa iyong Medical na ID card.

Dinék'ehjí t'áá háida shiká adoolwoł nínízingo, azee'ál'íjji naaltsos nítł'izi béesh bee hane'é biká'ígíjji' béesh bee hodiílnih.

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

A copayment is a flat fee. Coinsurance is a percentage of the rate that Aetna negotiates with the plan sponsor for covered prescriptions except as required by law to be otherwise. Some drugs on the Aetna Pharmacy Plan and Specialty Drug List are subject to manufacturer rebates. Coinsurance is calculated before any rebates are subtracted. That means it may be possible for your cost of a preferred drug to be higher than your cost of a non-preferred drug.

Health benefits and health insurance plans are offered, administered and/or underwritten by Aetna Health Inc., 151 Farmington Avenue, Hartford, CT 06156. Each insurer has sole financial responsibility for its own products.

Not all health services are covered. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by location and are subject to change.

Aetna receives rebates from drug manufacturers that may be taken into account in determining the Aetna Pharmacy Plan and Specialty Drug List. Rebates do not reduce the amount a member pays the pharmacy for covered prescriptions. Information is subject to change. For more information about Aetna plans, refer to www.aetna.com.

In accordance with state law, commercial fully insured members in Louisiana and Texas (except Federal Employee Health Benefit Plan members) who are receiving coverage for medications that are added or removed from the Aetna Pharmacy Plan and Specialty Drug List will continue to have those medications covered at the same benefit level until their plan's renewal date. In Texas, precertification approval is known as "preservice utilization review." It is not "verification" as defined by Texas law.

In accordance with state law, fully insured commercial California HMO members (except Federal Employee Health Benefit Plan members) who are receiving coverage for medications that are to receive precertification or step-therapy reviews will continue to have those medications covered, for as long as the treating physician continues prescribing them, provided that the drug is appropriately prescribed and is considered safe and effective for treating the enrollee's medical condition.

In accordance with state law, fully insured commercial Connecticut PPO members (except Federal Employee Health Benefit Plan members) who are receiving coverage for medications that are to receive precertification or step-therapy reviews will continue to have those medications covered for as long as the treating physician prescribes them, provided the drug is medically necessary and more medically beneficial than other covered drugs. Nothing in this section shall preclude the prescribing provider from prescribing another drug covered by the plan that is medically appropriate for the enrollee, nor shall anything in this section be construed to prohibit generic drug substitutions.

The drugs on the Aetna Pharmacy Plan and Specialty Drug List including formulary exclusions, precertification, quantity limit and step-therapy reviews are subject to change. The quantity limits and step-therapy drug coverage review programs are not available in all service areas. For example, step-therapy programs do not apply to fully insured members in Indiana. Step therapy does not apply to fully insured members in New Jersey. However, these programs are available to self-funded plans.

This material is for information only. It contains only a partial, general description of plan benefits or programs and does not constitute a contract. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by location and are subject to change. Providers are independent contractors and are not agents of Aetna. Provider participation may change without notice. Aetna does not provide care or guarantee access to health services. For more information about Aetna plans, refer to www.aetna.com.