

# Aetna Medicare FIDE (HMO D-SNP) 2026 List of Covered Drugs (*Drug List* or Formulary)

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

**Formulary ID Number: 26010 Version 12**

This *Drug List* was updated on 05/01/2026. For more recent information or other questions, contact us at **1-855-463-0933** and **TTY users: 711**, 8 a.m. to 8 p.m., E.T., 7 days a week or visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/betterhealth/virginia-hmosnp/formulary)



# Introduction

This document is called the *List of Covered Drugs* (also known as the *Drug List*). It tells you which drugs and over-the-counter (OTC) drugs and non-drug products are covered by our plan. 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 *Evidence of Coverage*.

## 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?.....	8
B6. What happens if the plan changes their rules about how they cover some drugs (for example, prior authorization, quantity limits, and/or step therapy restrictions)? .....	8
B7. How can I find a drug on the <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 plan member and can’t find my drug on the <i>Drug List</i> or have a problem getting my drug? .....	9
B10. Can I ask for an exception to cover my drug?.....	10
B11. How can I ask for an exception? .....	10
B12. How long does it take to get an exception?.....	10
B13. What are generic drugs?.....	11
B14. What are original biological products and how are they related to biosimilars? .....	11
B15. What are OTC drugs?.....	11
B16. Does our plan cover non-drug OTC products? .....	11
B17. Does our plan cover long-term supplies of prescriptions?.....	11

---

**If you have questions**, please call our plan at **1-855-463-0933 (TTY: 711)**, 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. **For more information**, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/betterhealth/virginia-hmosnp/formulary)



B18. Can I get prescriptions delivered to my home from my local pharmacy? ..... 12

B19. What’s my copay?..... 12

C. Overview of the *List of Covered Drugs* ..... 13

    C1. List of Drugs by Medical Condition ..... 14

D. Index of Covered Drugs..... 217



**If you have questions**, please call our plan at **1-855-463-0933 (TTY:711)**, 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. **For more information**, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/betterhealth/virginia-hmosnp/formulary)

## A. Disclaimers

This is a list of drugs that members can get in our plan.

- ❖ Aetna Medicare FIDE (HMO D-SNP) is a Fully Integrated Dual Eligible Special Needs Plan with a Medicare contract and a contract with the Virginia Medicaid Program. Enrollment in Aetna Medicare Better Health depends on contract renewal.
- ❖ Aetna Medicare es un plan HMO, PPO con un contrato de Medicare. Nuestros Planes de necesidades especiales (SNP, por sus siglas en inglés) también tienen contratos con los programas estatales de Medicaid. La inscripción en nuestros planes depende de la renovación del contrato.
- ❖ Aetna Medicare 是一項簽有 Medicare 合約的 PDP、HMO、PPO 計劃。我們的特殊需求計劃 (SNP) 也與州的 Medicaid 計劃簽有合約。能否參保我們的計劃視合約續簽情況而定。
- ❖ You can always check our plan's up-to-date *List of Covered Drugs* online at [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/membership/virginia-hmosnp/formulary) or by calling Member Services at **1-855-463-0933 (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 1-855-463-0933 (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.
- ❖ 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 **1-855-463-0933**. This is a free service.
- ❖ This document is available for free in Spanish, Arabic, and Vietnamese.
- ❖ 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.
- ❖ If you speak a language other than English, free language assistance services are available. Visit our website or call the phone number listed in this document. (English)
- ❖ Si habla un idioma que no sea inglés, se encuentran disponibles servicios gratuitos de asistencia de idiomas. Visite nuestro sitio web o llame al número de teléfono que figura en este documento. (Spanish)
- ❖ 如果您使用英文以外的語言，我們將提供免費的語言協助服務。請瀏覽我們的網站或撥打本文件中所列的電話號碼。(Traditional Chinese)

---

**If you have questions**, please call our plan at **1-855-463-0933 (TTY:711)**, 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. **For more information**, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/membership/virginia-hmosnp/formulary)



- ❖ Kung hindi Ingles ang wikang inyong sinasalita, may maaari kayong kuning mga librengrang serbisyo ng tulong sa wika. Bisitahin ang aming website o tawagan ang numero ng telepono na nakalista sa dokumentong ito. (Tagalog)
- ❖ Si vous parlez une autre langue que l'anglais, des services d'assistance linguistique gratuits vous sont proposés. Visitez notre site Internet ou appelez le numéro indiqué dans ce document. (French)
- ❖ Nếu quý vị nói một ngôn ngữ khác với Tiếng Anh, chúng tôi có dịch vụ hỗ trợ ngôn ngữ miễn phí. Xin vào trang mạng của chúng tôi hoặc gọi số điện thoại ghi trong tài liệu này. (Vietnamese)
- ❖ Wenn Sie eine andere Sprache als Englisch sprechen, stehen Ihnen kostenlose Sprachdienste zur Verfügung. Besuchen Sie unsere Website oder rufen Sie die Telefonnummer in diesem Dokument an. (German)
- ❖ 영어가 아닌 언어를 쓰시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 저희 웹사이트를 방문하시거나 본 문서에 기재된 전화번호로 연락해 주십시오. (Korean)
- ❖ Если вы не владеете английским и говорите на другом языке, вам могут предоставить бесплатную языковую помощь. Посетите наш веб-сайт или позвоните по номеру, указанному в данном документе. (Russian)
- ❖ 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)
- ❖ ከእንግሊዝኛ ሌላ ቋንቋ የሚናገሩ ከሆነ ነጻ የቋንቋ ድጋፍ አገልግሎቶችን ማግኘት ይቻላል። የእኛን ድረ-ገጽ ይጎብኙ ወይም በዚህ ስነ-ሥራ 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 ។



If you have questions, please call our plan at **1-855-463-0933 (TTY:711)**, 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](http://AetnaBetterHealth.com/Virginia-hmosnp/formulary)



## B. Frequently Asked Questions (FAQ)

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

---

### B1. What 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 our plan. 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.”

- Our plan 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,
  - our plan agrees that the drug is medically necessary for you, **and**
  - you fill the prescription at a plan 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 [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/better-health/virginia-hmosnp/formulary) or call Member Services at 1-855-463-0933 (TTY: 711).

---

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

Yes, and our plan must follow Medicare and Cardinal Care 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 our plan 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’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 isn’t safe, **or**
- a drug is removed from the market.



**If you have questions**, please call our plan at 1-855-463-0933 (TTY:711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. **For more information**, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/better-health/virginia-hmosnp/formulary)

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 [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/betterhealth/virginia-hmosnp/formulary). Updates to the *Drug List* are posted on the website monthly.
- You can also call Member Services **1-855-463-0933** (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 may 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're taking is removed from the *drug list*.

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

- The FDA provides new guidance or there are new clinical guidelines about a drug.
- We remove a brand name drug from the *Drug List* when adding a generic drug that isn't new to the market, or
- we remove an original biological product when adding a biosimilar, or
- we change the coverage rules or limits for the brand name drug.
- When these changes happen, we'll:
  - tell you at least 30 days before we make the change to the *Drug List* **or**

---

**If you have questions**, please call our plan at **1-855-463-0933 (TTY:711)**, 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. **For more information**, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/betterhealth/virginia-hmosnp/formulary)



- 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 our plan before you fill your prescription. Prior authorization is different from a referral. Our plan may not cover the drug if you don't get prior authorization.
- **Quantity limits:** Sometimes our plan name limits the amount of a drug you can get.
- **Step therapy:** Sometimes our plan name 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. Under Virginia law, your doctor or other prescriber must document either verbally or in writing why they feel the first drug isn't effective for you and ask for the other drug to be covered.

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 [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/betterhealth/virginia-hmosnp/formulary). We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy.

**You can ask for an exception 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.

---

## **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/Drug Type" has a column labeled "Necessary actions, restrictions, or limits on use."

---

## **B6. What happens if the plan changes their rules about how they cover some drugs (for example, prior authorization, quantity limits, and/or step therapy restrictions)?**

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



**If you have questions**, please call our plan at **1-855-463-0933 (TTY:711)**, 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. **For more information**, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/betterhealth/virginia-hmosnp/formulary)

---

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

There are two ways to find a drug:

- you can search alphabetically, **or**
- you can search by medical condition.

To search **alphabetically**, look for your drug in the Index of Covered Drugs section. You can find it in 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’re used to treat. For example, if you have a heart condition, you should look in cardiovascular. 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 **1-855-463-0933 (TTY: 711)** and ask about it. If you learn that our plan won’t cover the drug, you can do one of these things:

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

---

## **B9. What if I’m a new plan 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 our plan. 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’ll cover a 30-day supply of your drug if:

- you’re taking a drug that isn’t on our *Drug List*, **or**
- our plan rules don’t let you get the amount ordered by your prescriber, **or**
- the drug requires prior authorization by our plan, **or**
- you’re taking a drug that’s part of a step therapy restriction.

---

**If you have questions**, please call our plan at **1-855-463-0933 (TTY:711)**, 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. **For more information**, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/betterhealth/virginia-hmosnp/formulary)



If you're taking a drug that our plan doesn't consider to be a Part D drug, you have the right to get a one-time, 72-hour emergency supply of the drug.

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 our plan.

### **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 our plan 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, our plan may limit the amount of a drug we'll cover. If your drug has a limit, you can ask us to change the limit and cover more.
- Other examples: You can ask us to drop step therapy restrictions or prior authorization requirements.

---

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

To ask for an exception, call Member Services. A Member Services representative will work with you and your provider to help you ask for an exception. You can also read **Chapter 9 Section 7.2** of the *Evidence of Coverage* to learn more about exceptions.

---

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

After we get a statement from your prescriber supporting your request for an exception, we'll give you a decision within 72 hours. To send your statement, you or your prescriber may call Member Services at **1-855-463-0933 (TTY: 711)**, 8 a.m. to 8 p.m., E.T., 7 days a week or visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/betterhealth/virginia-hmosnp/formulary).

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



**If you have questions**, please call our plan at **1-855-463-0933 (TTY:711)**, 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. **For more information**, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/betterhealth/virginia-hmosnp/formulary)

---

## B13. What are generic drugs?

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

Our plan covers both brand name drugs and generic drugs.

---

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

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

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

---

## B15. What are OTC drugs?

OTC stands for “over-the-counter”. Our plan covers some OTC drugs when they're written as prescriptions by your provider. You can read the plan *Drug List* to find out what OTC drugs are covered.

---

## B16. Does our plan cover non-drug OTC products?

Our plan covers some non-drug OTC products when they're written as prescriptions by your provider. Contact your Care Coordinator, your provider, or Member Services for more information.

You can read the plan *Drug List* to find out what non-drug OTC products are covered. You can also find information on covered non-drug OTC products at [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/betterhealth/virginia-hmosnp/formulary) in the *Evidence of Coverage*.

---

## B17. Does our plan 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.
- **Long-Term Supply.** We offer a way to get a long-term supply of “maintenance” drugs on our plan's *Drug List*. (Maintenance drugs are drugs that you take on a regular basis, for a chronic or long-term medical condition.)

---

If you have questions, please call our plan at 1-855-463-0933 (TTY:711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/betterhealth/virginia-hmosnp/formulary)



---

## **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's my copay?**

Plan members have a copay or coinsurance for prescription drugs as long as the member follows the plan's rules. Refer to questions B15 and B16 for more information about OTC drugs and non-drug products.

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

- Tier 1 - Preferred Generic - \$0.
- Tier 2 - Generic - \$0.
- Tier 3 - Preferred Brand - 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 **1-855-463-0933 (TTY: 711)**.



**If you have questions**, please call our plan at **1-855-463-0933 (TTY:711)**, 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. **For more information**, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/betterhealth/virginia-hmosnp/formulary)

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

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

If you have questions, please call our plan at 1-855-463-0933 (TTY:711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://AetnaBetterHealth.com/Virginia-hmosnp/formulary)



## 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 lowercase 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 our plan 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, 100mg/5ml, 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
<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



If you have questions, please call our plan at **1-855-463-0933 (TTY:711)**, 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/better-health/virginia-hmosnp/formulary)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>diclofenac sodium/misoprostol tablet delayed release 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
<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

If you have questions, please call our plan at 1-855-463-0933 (TTY:711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/better-health/virginia-hmosnp/formulary)



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



If you have questions, please call our plan at **1-855-463-0933 (TTY:711)**, 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/better-health/virginia-hmosnp/formulary)

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

If you have questions, please call our plan at 1-855-463-0933 (TTY:711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/betterhealth/virginia-hmosnp/formulary)



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

**ANTI-INFECTIVES****ANTI-INFECTIVES - MISCELLANEOUS**

<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
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



If you have questions, please call our plan at **1-855-463-0933 (TTY:711)**, 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/better-health/virginia-hmosnp/formulary)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
BLUJEPa 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, 900mg/6ml</i>	\$0 - \$12.65 (Tier 4)	
<i>clindamycin phosphate injection 600mg/4ml</i>	\$0 - \$12.65 (Tier 4)	MO
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
<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

If you have questions, please call our plan at 1-855-463-0933 (TTY:711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/better-health/virginia-hmosnp/formulary)



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



If you have questions, please call our plan at **1-855-463-0933 (TTY:711)**, 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/better-health/virginia-hmosnp/formulary)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>neomycin sulfate tablet 500mg</i>	\$0 (Tier 2)	MO
<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
<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

If you have questions, please call our plan at 1-855-463-0933 (TTY:711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/better-health/virginia-hmosnp/formulary)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>tobramycin sulfate injection 10mg/ml, 40mg/ml</i>	\$0 - \$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
<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)	
<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



If you have questions, please call our plan at **1-855-463-0933 (TTY:711)**, 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/better-health/virginia-hmosnp/formulary)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>caspofungin 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)	
<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)	
MYCAMINE INJECTION 50MG	\$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
<i>voriconazole injection 200mg</i>	\$0 - \$12.65 (Tier 4)	PA

If you have questions, please call our plan at 1-855-463-0933 (TTY:711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/better-health/virginia-hmosnp/formulary)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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>	\$0 (Tier 2)	MO
COARTEM TABLET 20MG; 120MG	\$0 - \$12.65 (Tier 4)	MO
<i>mefloquine hydrochloride tablet 250mg</i>	\$0 (Tier 2)	MO
<i>primaquine phosphate tablet 26.3mg</i>	\$0 - \$12.65 (Tier 3)	
<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
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



If you have questions, please call our plan at **1-855-463-0933 (TTY:711)**, 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/betterhealth/virginia-hmosnp/formulary)

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

**If you have questions**, please call our plan at **1-855-463-0933 (TTY:711)**, 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. **For more information**, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/betterhealth/virginia-hmosnp/formulary)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>nevirapine tablet 200mg</i>	\$0 (Tier 2)	MO
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>rilpivirine hydrochloride tablet 25mg</i>	\$0 - \$12.65 (Tier 5)	
<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
<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



If you have questions, please call our plan at **1-855-463-0933 (TTY:711)**, 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/better-health/virginia-hmosnp/formulary)

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

If you have questions, please call our plan at 1-855-463-0933 (TTY:711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/better-health/virginia-hmosnp/formulary)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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
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
SYMITUZA 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
<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>	\$0 (Tier 1)	MO



If you have questions, please call our plan at **1-855-463-0933 (TTY:711)**, 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/better-health/virginia-hmosnp/formulary)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
PRETOMANID TABLET 200MG	\$0 - \$12.65 (Tier 4)	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
TRECTOR 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
<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
EPCLUSA TABLET 200MG; 50MG, 400MG; 100MG	\$0 - \$12.65 (Tier 5)	PA; ACS
<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

If you have questions, please call our plan at 1-855-463-0933 (TTY:711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/betterhealth/virginia-hmosnp/formulary)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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
MAVYRET TABLET 100MG; 40MG	\$0 - \$12.65 (Tier 5)	PA; ACS
<i>oseltamivir phosphate capsule 30mg</i>	\$0 (Tier 2)	QL (168 EA per 365 days) MO
<i>oseltamivir phosphate capsule 45mg, 75mg</i>	\$0 (Tier 2)	QL (84 EA per 365 days) MO
<i>oseltamivir phosphate suspension reconstituted 6mg/ml</i>	\$0 (Tier 2)	QL (1080 ML per 365 days) MO
PAXLOVID TABLET 5 DAY THERAPY PACK 150MG; 100MG AND 300MG; 100MG	\$0 (Tier 2)	QL (22 EA per 180 days) MO
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	\$0 (Tier 2)	QL (40 EA per 180 days) MO
PAXLOVID TABLET THERAPY PACK 300MG; 100MG	\$0 (Tier 2)	QL (60 EA per 180 days) MO
PEGASYS INJECTION 180MCG/0.5ML, 180MCG/ML	\$0 - \$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
<i>ribavirin tablet 200mg</i>	\$0 - \$12.65 (Tier 4)	ACS
<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



If you have questions, please call our plan at **1-855-463-0933 (TTY:711)**, 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/better-health/virginia-hmosnp/formulary)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>valganciclovir tablet 450mg</i>	\$0 - \$12.65 (Tier 3)	MO
VOSEVI TABLET 400MG; 100MG; 100MG	\$0 - \$12.65 (Tier 5)	QL (28 EA per 28 days) PA; ACS
<b>CEPHALOSPORINS</b>		
CEFACTOR ER TABLET EXTENDED RELEASE 12 HOUR 500MG	\$0 - \$12.65 (Tier 4)	MO
<i>cefactor capsule 250mg, 500mg</i>	\$0 (Tier 2)	MO
<i>cefactor 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)	
<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

If you have questions, please call our plan at 1-855-463-0933 (TTY:711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/better-health/virginia-hmosnp/formulary)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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>cefpodoxime proxetil suspension reconstituted 100mg/5ml, 50mg/5ml</i>	\$0 - \$12.65 (Tier 4)	MO
<i>cefpodoxime 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>ceftaroline fosamil injection 400mg, 600mg</i>	\$0 - \$12.65 (Tier 5)	
<i>ceftazidime injection 2gm, 6gm</i>	\$0 - \$12.65 (Tier 4)	
<i>ceftazidime injection 1gm</i>	\$0 - \$12.65 (Tier 4)	MO
<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



If you have questions, please call our plan at **1-855-463-0933 (TTY:711)**, 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/better-health/virginia-hmosnp/formulary)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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><i>ERYTHROMYCINS/MACROLIDES</i></b>		
<i>azithromycin injection 500mg</i>	\$0 - \$12.65 (Tier 4)	MO
<i>azithromycin suspension reconstituted 100mg/5ml, 200mg/5ml</i>	\$0 (Tier 2)	MO
<i>azithromycin tablet 250mg, 500mg, 600mg</i>	\$0 (Tier 1)	MO
<i>clarithromycin er tablet extended release 24 hour 500mg</i>	\$0 - \$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 lactobionate injection 500mg</i>	\$0 - \$12.65 (Tier 5)	
<i>fidaxomicin tablet 200mg</i>	\$0 - \$12.65 (Tier 5)	MO
<b><i>FLUOROQUINOLONES</i></b>		
<i>ciprofloxacin hcl tablet 750mg</i>	\$0 (Tier 2)	MO

If you have questions, please call our plan at 1-855-463-0933 (TTY:711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/better-health/virginia-hmosnp/formulary)



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
<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



If you have questions, please call our plan at **1-855-463-0933 (TTY:711)**, 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/better-health/virginia-hmosnp/formulary)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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>	\$0 (Tier 2)	MO
EXTENCILLINE INJECTION 1200000UNIT, 2400000UNIT	\$0 - \$12.65 (Tier 4)	
LENTOCILIN INJECTION 1200000UNIT	\$0 - \$12.65 (Tier 4)	
<i>nafcillin sodium injection 1gm</i>	\$0 - \$12.65 (Tier 4)	
<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

If you have questions, please call our plan at 1-855-463-0933 (TTY:711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/better-health/virginia-hmosnp/formulary)



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



If you have questions, please call our plan at 1-855-463-0933 (TTY:711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/better-health/virginia-hmosnp/formulary)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<b>ANTINEOPLASTIC AGENTS</b>		
<b><i>ALKYLATING AGENTS</i></b>		
<i>cyclophosphamide capsule 25mg, 50mg</i>	\$0 - \$12.65 (Tier 3)	PA MO
CYCLOPHOSPHAMIDE TABLET 25MG, 50MG	\$0 - \$12.65 (Tier 3)	PA
GLEOSTINE CAPSULE 10MG, 40MG	\$0 - \$12.65 (Tier 4)	ACS
GLEOSTINE CAPSULE 100MG	\$0 - \$12.65 (Tier 5)	ACS
LEUKERAN TABLET 2MG	\$0 - \$12.65 (Tier 5)	MO
<i>lomustine capsule 10mg, 40mg</i>	\$0 - \$12.65 (Tier 4)	ACS
<i>lomustine capsule 100mg</i>	\$0 - \$12.65 (Tier 5)	ACS
<b><i>ANTIMETABOLITES</i></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
<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
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

If you have questions, please call our plan at 1-855-463-0933 (TTY:711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/better-health/virginia-hmosnp/formulary)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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
<i>abirtega tablet 250mg</i>	\$0 - \$12.65 (Tier 4)	PA; ACS
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
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
FIRMAGON INJECTION 120MG/VIAL	\$0 - \$12.65 (Tier 5)	PA; ACS
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
LUPRON DEPOT (1-MONTH) INJECTION 3.75MG	\$0 - \$12.65 (Tier 5)	PA; ACS
LUPRON DEPOT (3-MONTH) INJECTION 11.25MG	\$0 - \$12.65 (Tier 5)	PA; ACS
LYSODREN TABLET 500MG	\$0 - \$12.65 (Tier 5)	LD



If you have questions, please call our plan at **1-855-463-0933 (TTY:711)**, 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/better-health/virginia-hmosnp/formulary)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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
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
<i>pomalidomide capsule 1mg, 2mg, 3mg, 4mg</i>	\$0 - \$12.65 (Tier 5)	QL (21 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

If you have questions, please call our plan at 1-855-463-0933 (TTY:711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/better-health/virginia-hmosnp/formulary)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<b>MISCELLANEOUS</b>		
ASPARLAS INJECTION 3750UNIT/5ML	\$0 - \$12.65 (Tier 5)	PA; LD
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
<i>hydroxyurea capsule 500mg</i>	\$0 (Tier 2)	MO
IWILFIN TABLET 192MG	\$0 - \$12.65 (Tier 5)	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
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



If you have questions, please call our plan at **1-855-463-0933 (TTY:711)**, 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/better-health/virginia-hmosnp/formulary)

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

If you have questions, please call our plan at 1-855-463-0933 (TTY:711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/better-health/virginia-hmosnp/formulary)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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
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
<i>dasatinib tablet 20mg</i>	\$0 - \$12.65 (Tier 5)	QL (90 EA per 30 days) PA; ACS
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
<i>erlotinib hydrochloride tablet 150mg</i>	\$0 - \$12.65 (Tier 5)	QL (30 EA per 30 days) PA; ACS
<i>erlotinib hydrochloride tablet 25mg</i>	\$0 - \$12.65 (Tier 5)	QL (90 EA per 30 days) PA; ACS
<i>everolimus tablet soluble 2mg</i>	\$0 - \$12.65 (Tier 5)	QL (150 EA per 30 days) PA; ACS
<i>everolimus tablet soluble 5mg</i>	\$0 - \$12.65 (Tier 5)	QL (60 EA per 30 days) PA; ACS
<i>everolimus tablet soluble 3mg</i>	\$0 - \$12.65 (Tier 5)	QL (90 EA per 30 days) PA; ACS



If you have questions, please call our plan at **1-855-463-0933 (TTY:711)**, 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/better-health/virginia-hmosnp/formulary)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>everolimus tablet 10mg, 2.5mg, 5mg, 7.5mg</i>	\$0 - \$12.65 (Tier 5)	QL (30 EA per 30 days) PA; ACS
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
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
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

**If you have questions**, please call our plan at **1-855-463-0933 (TTY:711)**, 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. **For more information**, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/better-health/virginia-hmosnp/formulary)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>imatinib mesylate tablet 400mg</i>	\$0 - \$12.65 (Tier 5)	QL (60 EA per 30 days) PA; ACS
<i>imatinib mesylate tablet 100mg</i>	\$0 - \$12.65 (Tier 5)	QL (90 EA per 30 days) PA; ACS
IMBRUVICA CAPSULE 70MG	\$0 - \$12.65 (Tier 5)	QL (30 EA per 30 days) PA; LD
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
KISQALI FEMARA 400 DOSE TABLET THERAPY PACK 2.5MG; 200MG	\$0 - \$12.65 (Tier 5)	PA; ACS
KISQALI FEMARA 600 DOSE TABLET THERAPY PACK 2.5MG; 200MG	\$0 - \$12.65 (Tier 5)	PA; ACS
KISQALI TABLET THERAPY PACK 200MG	\$0 - \$12.65 (Tier 5)	PA; ACS LD



If you have questions, please call our plan at **1-855-463-0933 (TTY:711)**, 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/better-health/virginia-hmosnp/formulary)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
KOMZIFTI CAPSULE 200MG	\$0 - \$12.65 (Tier 5)	QL (90 EA per 30 days) PA; 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
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
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

If you have questions, please call our plan at 1-855-463-0933 (TTY:711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/betterhealth/virginia-hmosnp/formulary)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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
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
NILOTINIB D-TARTRATE CAPSULE 150MG, 200MG	\$0 - \$12.65 (Tier 5)	QL (112 EA per 28 days) PA; LD
NILOTINIB D-TARTRATE CAPSULE 50MG	\$0 - \$12.65 (Tier 5)	QL (120 EA per 30 days) PA; LD
<i>nilotinib hydrochloride capsule 150mg, 200mg</i>	\$0 - \$12.65 (Tier 5)	QL (112 EA per 28 days) PA; ACS
<i>nilotinib hydrochloride capsule 50mg</i>	\$0 - \$12.65 (Tier 5)	QL (120 EA per 30 days) PA; ACS
NINLARO CAPSULE 2.3MG, 3MG, 4MG	\$0 - \$12.65 (Tier 5)	PA; ACS LD
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



If you have questions, please call our plan at **1-855-463-0933 (TTY:711)**, 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/better-health/virginia-hmosnp/formulary)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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; LD
<i>pazopanib hydrochloride tablet 200mg</i>	\$0 - \$12.65 (Tier 5)	QL (120 EA per 30 days) PA; ACS
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
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

If you have questions, please call our plan at 1-855-463-0933 (TTY:711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/better-health/virginia-hmosnp/formulary)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>romidepsin injection 10mg</i>	\$0 - \$12.65 (Tier 5)	ACS
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
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
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
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
TABRECTA TABLET 150MG, 200MG	\$0 - \$12.65 (Tier 5)	QL (112 EA per 28 days) PA; ACS
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
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



If you have questions, please call our plan at **1-855-463-0933 (TTY:711)**, 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/better-health/virginia-hmosnp/formulary)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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
TUKYSA TABLET 150MG	\$0 - \$12.65 (Tier 5)	QL (120 EA per 30 days) PA; LD
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

If you have questions, please call our plan at 1-855-463-0933 (TTY:711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/better-health/virginia-hmosnp/formulary)



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



If you have questions, please call our plan at **1-855-463-0933 (TTY:711)**, 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/better-health/virginia-hmosnp/formulary)

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

If you have questions, please call our plan at 1-855-463-0933 (TTY:711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/better-health/virginia-hmosnp/formulary)



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



If you have questions, please call our plan at 1-855-463-0933 (TTY:711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/better-health/virginia-hmosnp/formulary)

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

If you have questions, please call our plan at 1-855-463-0933 (TTY:711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/better-health/virginia-hmosnp/formulary)



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



If you have questions, please call our plan at 1-855-463-0933 (TTY:711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/better-health/virginia-hmosnp/formulary)

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

If you have questions, please call our plan at 1-855-463-0933 (TTY:711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/betterhealth/virginia-hmosnp/formulary)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>colestipol hydrochloride granules 5gm</i>	\$0 - \$12.65 (Tier 4)	MO
<i>colestipol hydrochloride packet 5gm</i>	\$0 - \$12.65 (Tier 4)	MO
<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>	\$0 (Tier 2)	MO
NEXLETOL TABLET 180MG	\$0 - \$12.65 (Tier 3)	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>	\$0 (Tier 2)	QL (60 EA per 30 days) MO
<i>niacin tablet 500mg</i>	\$0 - \$12.65 (Tier 4)	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) 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
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



If you have questions, please call our plan at 1-855-463-0933 (TTY:711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/better-health/virginia-hmosnp/formulary)

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

If you have questions, please call our plan at 1-855-463-0933 (TTY:711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/betterhealth/virginia-hmosnp/formulary)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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
<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
<b>DILTIAZEM HCL INJECTION 100MG</b>	\$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



**If you have questions**, please call our plan at **1-855-463-0933 (TTY:711)**, 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. **For more information**, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/better-health/virginia-hmosnp/formulary)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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
<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, 34mg, 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 sr capsule extended release 24 hour 240mg</i>	\$0 (Tier 2)	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 our plan at 1-855-463-0933 (TTY:711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/betterhealth/virginia-hmosnp/formulary)



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>torseamide tablet 100mg, 10mg, 20mg, 5mg</i>	\$0 (Tier 2)	MO
<i>triamterene/hydrochlorothiazide capsule 25mg; 37.5mg</i>	\$0 (Tier 1)	MO
<i>triamterene/hydrochlorothiazide tablet 25mg; 37.5mg, 50mg; 75mg</i>	\$0 (Tier 1)	MO
<b>MISCELLANEOUS</b>		
<i>aliskiren tablet 150mg, 300mg</i>	\$0 (Tier 1)	MO
<i>amlodipine besylate/atorvastatin calcium tablet 10mg; 10mg, 10mg; 20mg, 10mg; 40mg, 10mg; 80mg, 2.5mg; 10mg, 2.5mg; 20mg, 2.5mg; 40mg, 5mg; 10mg, 5mg; 20mg, 5mg; 40mg, 5mg; 80mg</i>	\$0 (Tier 1)	MO
<i>clonidine hydrochloride tablet 0.1mg, 0.2mg, 0.3mg</i>	\$0 (Tier 1)	MO



If you have questions, please call our plan at **1-855-463-0933 (TTY:711)**, 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/better-health/virginia-hmosnp/formulary)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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
<i>droxidopa capsule 100mg</i>	\$0 - \$12.65 (Tier 4)	QL (90 EA per 30 days) PA; ACS
<i>droxidopa capsule 300mg</i>	\$0 - \$12.65 (Tier 5)	QL (180 EA per 30 days) PA; ACS
<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
<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
<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

If you have questions, please call our plan at 1-855-463-0933 (TTY:711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/better-health/virginia-hmosnp/formulary)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)	
<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
<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
<i>epoprostenol sodium injection 1.5mg</i>	\$0 - \$12.65 (Tier 5)	B/D; ACS
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



If you have questions, please call our plan at 1-855-463-0933 (TTY:711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/better-health/virginia-hmosnp/formulary)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>sildenafil injection 10mg/12.5ml</i>	\$0 - \$12.65 (Tier 5)	QL (1125 ML per 30 days) PA; ACS
<i>tadalafil (generic Adcirca) tablet 20mg</i>	\$0 - \$12.65 (Tier 5)	PA; ACS
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>		
<i>ANTI-ANXIETY</i>		
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
<i>alprazolam tablet 1mg, 2mg</i>	\$0 (Tier 2)	QL (150 EA per 30 days) PA MO; HRM
<i>bupirone hcl tablet 15mg</i>	\$0 (Tier 1)	MO
<i>bupirone hydrochloride tablet 10mg, 30mg, 5mg, 7.5mg</i>	\$0 (Tier 1)	MO
<i>chlordiazepoxide hcl capsule 10mg, 5mg</i>	\$0 - \$12.65 (Tier 4)	QL (120 EA per 30 days) PA MO; HRM

If you have questions, please call our plan at 1-855-463-0933 (TTY:711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/better-health/virginia-hmosnp/formulary)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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
<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>	\$0 (Tier 2)	QL (98 EA per 365 days) PA
<i>memantine hydrochloride er capsule extended release 24 hour 14mg, 21mg, 28mg, 7mg</i>	\$0 - \$12.65 (Tier 4)	PA MO
<i>memantine hydrochloride solution 2mg/ml</i>	\$0 (Tier 2)	QL (360 ML per 30 days) PA MO
<i>memantine hydrochloride tablet 10mg, 5mg</i>	\$0 (Tier 2)	QL (60 EA per 30 days) PA MO
NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR 10MG; 14MG, 10MG; 21MG, 10MG; 28MG, 10MG; 7MG	\$0 - \$12.65 (Tier 4)	MO
<i>rivastigmine tartrate capsule 1.5mg, 3mg, 4.5mg, 6mg</i>	\$0 - \$12.65 (Tier 4)	QL (60 EA per 30 days) MO



If you have questions, please call our plan at 1-855-463-0933 (TTY:711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/betterhealth/virginia-hmosnp/formulary)

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

If you have questions, please call our plan at 1-855-463-0933 (TTY:711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/betterhealth/virginia-hmosnp/formulary)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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
<i>duloxetine hydrochloride dr (generic Cymbalta) capsule delayed release particles 20mg, 30mg, 60mg</i>	\$0 (Tier 2)	QL (60 EA per 30 days) MO; HRM
<i>duloxetine hydrochloride dr (generic Irenka) capsule delayed release particles 40mg</i>	\$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 MO
EXXUA TABLET EXTENDED RELEASE 24 HOUR 18.2MG	\$0 - \$12.65 (Tier 5)	QL (30 EA per 30 days) PA
EXXUA TABLET EXTENDED RELEASE 24 HOUR 36.3MG, 54.5MG, 72.6MG	\$0 - \$12.65 (Tier 5)	QL (30 EA per 30 days) PA MO
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
<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



If you have questions, please call our plan at **1-855-463-0933 (TTY:711)**, 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/better-health/virginia-hmosnp/formulary)

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

If you have questions, please call our plan at 1-855-463-0933 (TTY:711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/betterhealth/virginia-hmosnp/formulary)



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



If you have questions, please call our plan at 1-855-463-0933 (TTY:711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/better-health/virginia-hmosnp/formulary)

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

If you have questions, please call our plan at 1-855-463-0933 (TTY:711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/better-health/virginia-hmosnp/formulary)



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 4mg</i>	\$0 - \$12.65 (Tier 4)	QL (150 EA per 30 days) MO
<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
<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



If you have questions, please call our plan at **1-855-463-0933 (TTY:711)**, 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/better-health/virginia-hmosnp/formulary)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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
<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) MO
COBENFY CAPSULE 20MG; 100MG, 20MG; 50MG, 30MG; 125MG	\$0 - \$12.65 (Tier 5)	QL (60 EA per 30 days) MO

If you have questions, please call our plan at 1-855-463-0933 (TTY:711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/better-health/virginia-hmosnp/formulary)



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



If you have questions, please call our plan at **1-855-463-0933 (TTY:711)**, 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/better-health/virginia-hmosnp/formulary)

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

If you have questions, please call our plan at 1-855-463-0933 (TTY:711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/betterhealth/virginia-hmosnp/formulary)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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
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
<i>risperidone er injection 12.5mg</i>	\$0 - \$12.65 (Tier 4)	QL (2 EA per 28 days) MO; HRM



If you have questions, please call our plan at **1-855-463-0933 (TTY:711)**, 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/better-health/virginia-hmosnp/formulary)

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

If you have questions, please call our plan at 1-855-463-0933 (TTY:711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/better-health/virginia-hmosnp/formulary)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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
ZYPREXA RELPREVV INJECTION 405MG	\$0 - \$12.65 (Tier 5)	QL (1 EA per 28 days) PA; ACS
ZYPREXA RELPREVV INJECTION 300MG	\$0 - \$12.65 (Tier 5)	QL (2 EA per 28 days) PA; ACS
<b>ANTISEIZURE AGENTS</b>		
APTIOM TABLET 200MG, 400MG	\$0 - \$12.65 (Tier 5)	QL (30 EA per 30 days) MO
APTIOM TABLET 600MG, 800MG	\$0 - \$12.65 (Tier 5)	QL (60 EA per 30 days) MO
<i>brivaracetam injection 50mg/5ml</i>	\$0 - \$12.65 (Tier 4)	QL (600 ML per 30 days)
<i>brivaracetam oral solution 10mg/ml</i>	\$0 - \$12.65 (Tier 4)	QL (600 ML per 30 days)
<i>brivaracetam tablet 100mg, 10mg, 25mg, 50mg, 75mg</i>	\$0 - \$12.65 (Tier 4)	QL (60 EA per 30 days)
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



If you have questions, please call our plan at **1-855-463-0933 (TTY:711)**, 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/betterhealth/virginia-hmosnp/formulary)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>clobazam suspension 2.5mg/ml</i>	\$0 - \$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
<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
<i>diazepam concentrate 5mg/ml</i>	\$0 (Tier 2)	QL (240 ML per 30 days) PA MO; HRM
DIAZEPAM GEL 10MG, 2.5MG, 20MG	\$0 - \$12.65 (Tier 4)	QL (5 EA per 30 days) 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
DILANTIN INFATABS TABLET CHEWABLE 50MG	\$0 - \$12.65 (Tier 4)	MO

If you have questions, please call our plan at 1-855-463-0933 (TTY:711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/better-health/virginia-hmosnp/formulary)



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



If you have questions, please call our plan at **1-855-463-0933 (TTY:711)**, 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/better-health/virginia-hmosnp/formulary)

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

If you have questions, please call our plan at 1-855-463-0933 (TTY:711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/better-health/virginia-hmosnp/formulary)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>levetiracetam injection 500mg/5ml</i>	\$0 - \$12.65 (Tier 4)	
<i>levetiracetam oral solution 100mg/ml</i>	\$0 (Tier 2)	MO
LEVETIRACETAM TABLET DISINTEGRATING SOLUBLE 500MG	\$0 - \$12.65 (Tier 4)	QL (180 EA per 30 days) MO
LEVETIRACETAM TABLET DISINTEGRATING SOLUBLE 250MG	\$0 - \$12.65 (Tier 4)	QL (360 EA per 30 days) 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
<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



If you have questions, please call our plan at **1-855-463-0933 (TTY:711)**, 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/betterhealth/virginia-hmosnp/formulary)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>phenytoin tablet chewable 50mg</i>	\$0 (Tier 2)	MO
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
<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

If you have questions, please call our plan at 1-855-463-0933 (TTY:711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/better-health/virginia-hmosnp/formulary)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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
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
<i>vigabatrin tablet 500mg</i>	\$0 - \$12.65 (Tier 5)	QL (180 EA per 30 days) PA; ACS
<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



If you have questions, please call our plan at **1-855-463-0933 (TTY:711)**, 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/better-health/virginia-hmosnp/formulary)

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

If you have questions, please call our plan at 1-855-463-0933 (TTY:711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/better-health/virginia-hmosnp/formulary)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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 (dif) tablet extended release 27mg, 36mg, 54mg</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
<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)



If you have questions, please call our plan at **1-855-463-0933 (TTY:711)**, 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/betterhealth/virginia-hmosnp/formulary)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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><i>HYPNOTICS</i></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
<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><i>MIGRAINE</i></b>		
AIMOVIG INJECTION 140MG/ML, 70MG/ML	\$0 - \$12.65 (Tier 3)	QL (1 ML per 30 days) PA; ACS
<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

If you have questions, please call our plan at 1-855-463-0933 (TTY:711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/better-health/virginia-hmosnp/formulary)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>eletriptan hydrobromide tablet 20mg, 40mg</i>	\$0 (Tier 2)	QL (12 EA per 30 days) MO
<i>ergotamine tartrate/caffeine 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
<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
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 12MG	\$0 - \$12.65 (Tier 5)	QL (120 EA per 30 days) PA; ACS
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
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 24MG	\$0 - \$12.65 (Tier 5)	QL (60 EA per 30 days) PA; ACS
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 6MG	\$0 - \$12.65 (Tier 5)	QL (90 EA per 30 days) PA; ACS
AUSTEDO TABLET 12MG, 9MG	\$0 - \$12.65 (Tier 5)	QL (120 EA per 30 days) PA; ACS
AUSTEDO TABLET 6MG	\$0 - \$12.65 (Tier 5)	QL (60 EA per 30 days) PA; ACS



If you have questions, please call our plan at **1-855-463-0933 (TTY:711)**, 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/better-health/virginia-hmosnp/formulary)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>lithium carbonate er tablet extended release 300mg, 450mg</i>	\$0 (Tier 2)	MO
<i>lithium carbonate capsule 150mg, 300mg, 600mg</i>	\$0 (Tier 1)	MO
<i>lithium carbonate tablet 300mg</i>	\$0 (Tier 1)	MO
<i>lithium solution 8meq/5ml</i>	\$0 - \$12.65 (Tier 4)	MO
NUEDEXTA 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
<i>tetrabenazine tablet 12.5mg</i>	\$0 - \$12.65 (Tier 5)	QL (90 EA per 30 days) PA; ACS
<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
<i>dalfampridine er tablet extended release 12 hour 10mg</i>	\$0 - \$12.65 (Tier 3)	PA; ACS
<i>fingolimod hydrochloride capsule 0.5mg</i>	\$0 - \$12.65 (Tier 5)	QL (30 EA per 30 days) PA; ACS
<i>glatiramer acetate injection 40mg/ml</i>	\$0 - \$12.65 (Tier 5)	QL (12 ML per 28 days) PA; ACS
<i>glatiramer acetate injection 20mg/ml</i>	\$0 - \$12.65 (Tier 5)	QL (30 ML per 30 days) PA; ACS

If you have questions, please call our plan at 1-855-463-0933 (TTY:711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/betterhealth/virginia-hmosnp/formulary)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>glatopa injection 40mg/ml</i>	\$0 - \$12.65 (Tier 5)	QL (12 ML per 28 days) PA; ACS
<i>glatopa injection 20mg/ml</i>	\$0 - \$12.65 (Tier 5)	QL (30 ML per 30 days) PA; ACS
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
<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
<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



If you have questions, please call our plan at **1-855-463-0933 (TTY:711)**, 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/betterhealth/virginia-hmosnp/formulary)

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

If you have questions, please call our plan at 1-855-463-0933 (TTY:711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/better-health/virginia-hmosnp/formulary)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<b>ENDOCRINE AND METABOLIC</b>		
<b>ANDROGENS</b>		
<i>danazol capsule 100mg, 200mg, 50mg</i>	\$0 - \$12.65 (Tier 4)	MO
<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>	\$0 (Tier 2)	PA MO
<i>testosterone pump gel 1%</i>	\$0 - \$12.65 (Tier 3)	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 our plan at **1-855-463-0933 (TTY:711)**, 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/better-health/virginia-hmosnp/formulary)

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
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

If you have questions, please call our plan at 1-855-463-0933 (TTY:711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/better-health/virginia-hmosnp/formulary)



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



If you have questions, please call our plan at **1-855-463-0933 (TTY:711)**, 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/better-health/virginia-hmosnp/formulary)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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
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) tablet extended release 24 hour 500mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i>metformin hydrochloride er (generic Glucophage XR) tablet extended release 24 hour 750mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>metformin hydrochloride er (generic Fortamet and Glumetza) tablet extended release 24 hour 500mg</i>	\$0 - \$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
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

If you have questions, please call our plan at 1-855-463-0933 (TTY:711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/betterhealth/virginia-hmosnp/formulary)



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



If you have questions, please call our plan at 1-855-463-0933 (TTY:711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/better-health/virginia-hmosnp/formulary)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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
BILPREVDA INJECTION 120MG/1.7ML	\$0 - \$12.65 (Tier 5)	PA; ACS
BONSITY INJECTION 560MCG/2.24ML	\$0 - \$12.65 (Tier 5)	PA; ACS
<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
PAMIDRONATE DISODIUM INJECTION 6MG/ML	\$0 - \$12.65 (Tier 4)	
<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
WYOST INJECTION 120MG/1.7ML	\$0 - \$12.65 (Tier 5)	PA; ACS LD
ZOLEDRONIC ACID INJECTION 4MG/100ML	\$0 - \$12.65 (Tier 4)	ACS
<i>zoledronic acid injection 4mg/5ml, 5mg/100ml</i>	\$0 - \$12.65 (Tier 4)	ACS
<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

If you have questions, please call our plan at 1-855-463-0933 (TTY:711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/betterhealth/virginia-hmosnp/formulary)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>deferasirox tablet soluble 125mg</i>	\$0 - \$12.65 (Tier 4)	PA; ACS
<i>deferasirox tablet soluble 250mg, 500mg</i>	\$0 - \$12.65 (Tier 5)	PA; ACS
<i>deferasirox tablet 90mg</i>	\$0 - \$12.65 (Tier 3)	PA; ACS
<i>deferasirox tablet 180mg, 360mg</i>	\$0 - \$12.65 (Tier 4)	PA; ACS
<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
<i>sodium polystyrene sulfonate powder</i>	\$0 - \$12.65 (Tier 3)	MO
<i>sodium polystyrene sulfonate suspension 15gm/60ml</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
<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>aranelle tablet 0.5mg; 1mg; 0.035mg</i>	\$0 (Tier 2)	MO
<i>ashlyna tablet 0.15mg; 0.01mg; 0.03mg</i>	\$0 (Tier 2)	
<i>aubra eq tablet 20mcg; 0.1mg</i>	\$0 (Tier 2)	
<i>aurovela 1.5/30 tablet 30mcg; 1.5mg</i>	\$0 (Tier 2)	
<i>aurovela 1/20 tablet 20mcg; 1mg</i>	\$0 (Tier 2)	



If you have questions, please call our plan at 1-855-463-0933 (TTY:711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/BetterHealth/Virginia-hmosnp/formulary)

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)	MO
<i>balziva tablet 35mcg; 0.4mg</i>	\$0 (Tier 2)	
<i>blisovi 24 fe tablet 20mcg; 75mg; 1mg</i>	\$0 (Tier 2)	MO
<i>blisovi fe 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	\$0 (Tier 2)	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
<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)	

If you have questions, please call our plan at 1-855-463-0933 (TTY:711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/better-health/virginia-hmosnp/formulary)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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 35mcg; 1mg, 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)	
<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)	
<b>JOLESSA TABLET 0.03MG; 0.15MG</b>	\$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)	



**If you have questions**, please call our plan at **1-855-463-0933 (TTY:711)**, 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. **For more information**, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/better-health/virginia-hmosnp/formulary)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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)	
<b>LILETTA INTRAUTERINE DEVICE 20.1MCG/DAY</b>	\$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)	

**If you have questions**, please call our plan at **1-855-463-0933 (TTY:711)**, 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. **For more information**, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/betterhealth/virginia-hmosnp/formulary)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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>lutura 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-lynyah tablet 35mcg; 0.25mg</i>	\$0 (Tier 2)	
<i>necon 0.5/35-28 tablet 35mcg; 0.5mg</i>	\$0 (Tier 2)	
NEXPLANON INJECTION 68MG	\$0 - \$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



**If you have questions**, please call our plan at **1-855-463-0933 (TTY:711)**, 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. **For more information**, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/better-health/virginia-hmosnp/formulary)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>norethindrone/ethinyl estradiol/ferrous fumarate tablet chewable 35mcg; 0.4mg</i>	\$0 (Tier 2)	MO
<i>norethindrone tablet 0.35mg</i>	\$0 (Tier 2)	MO
<i>norgestimate/ethinyl estradiol tablet 0.18mg; 0.215mg; ; 0.25mg; 0.025mg, 0.25mg; 0.035mg</i>	\$0 (Tier 2)	MO
<i>norlyroc tablet 0.35mg</i>	\$0 (Tier 2)	
<i>nortrel 0.5/35 (28) tablet 35mcg; 0.5mg</i>	\$0 (Tier 2)	MO
<i>nortrel 1/35 28-day regimen</i>	\$0 (Tier 2)	
<i>nortrel 1/35 21-day regimen</i>	\$0 (Tier 2)	MO
<i>nortrel 7/7/7 tablet 35mcg; 0.5mg; 0.75mg; 1mg</i>	\$0 (Tier 2)	
<i>nylia 1/35 tablet 35mcg; 1mg</i>	\$0 (Tier 2)	
<i>nylia 7/7/7 tablet 35mcg; 0.5mg; 0.75mg; 1mg</i>	\$0 (Tier 2)	MO
<i>orquidea tablet 0.35mg</i>	\$0 (Tier 2)	
<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
<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

If you have questions, please call our plan at 1-855-463-0933 (TTY:711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/betterhealth/virginia-hmosnp/formulary)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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)	
<i>valtya 1/50 tablet 50mcg; 1mg</i>	\$0 (Tier 2)	MO
<i>velivet tablet 0.1mg; 0.125mg; 0.15mg; 0.025mg</i>	\$0 (Tier 2)	MO
<i>vestura tablet 3mg; 0.02mg</i>	\$0 (Tier 2)	
<i>vienva tablet 20mcg; 0.1mg</i>	\$0 (Tier 2)	
<i>vioarele tablet 0.15mg; 0.02mg; 0.01mg</i>	\$0 (Tier 2)	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)	



**If you have questions**, please call our plan at **1-855-463-0933 (TTY:711)**, 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. **For more information**, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/betterhealth/virginia-hmosnp/formulary)

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

If you have questions, please call our plan at 1-855-463-0933 (TTY:711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/better-health/virginia-hmosnp/formulary)



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



If you have questions, please call our plan at 1-855-463-0933 (TTY:711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/better-health/virginia-hmosnp/formulary)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>methylprednisolone dose pack tablet therapy pack 4mg</i>	\$0 (Tier 2)	MO
<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
<b>PREDNISONE INTENSOL CONCENTRATE 5MG/ML</b>	\$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
<b>SOLU-CORTEF INJECTION 1000MG, 100MG, 250MG, 500MG</b>	\$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
<b>ZEGALOGUE INJECTION 0.6MG/0.6ML</b>	\$0 - \$12.65 (Tier 3)	MO
<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
<i>cabergoline tablet 0.5mg</i>	\$0 - \$12.65 (Tier 3)	MO

If you have questions, please call our plan at **1-855-463-0933 (TTY:711)**, 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/betterhealth/virginia-hmosnp/formulary)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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
<i>cinacalcet hydrochloride tablet 90mg</i>	\$0 - \$12.65 (Tier 5)	QL (120 EA per 30 days); ACS
<i>cinacalcet hydrochloride tablet 60mg</i>	\$0 - \$12.65 (Tier 5)	QL (60 EA per 30 days); ACS
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
<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
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
GENOTROPIN INJECTION 12MG, 5MG	\$0 - \$12.65 (Tier 5)	PA; ACS
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



If you have questions, please call our plan at **1-855-463-0933 (TTY:711)**, 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/better-health/virginia-hmosnp/formulary)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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
LUPRON DEPOT-PED (3-MONTH) INJECTION 11.25MG, 30MG	\$0 - \$12.65 (Tier 5)	PA; ACS
LUPRON DEPOT-PED (6-MONTH) INJECTION 45MG	\$0 - \$12.65 (Tier 5)	PA; ACS
<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
<i>nitisinone capsule 10mg, 20mg, 2mg, 5mg</i>	\$0 - \$12.65 (Tier 5)	PA; ACS
<i>octreotide acetate injection 100mcg/ml, 200mcg/ml, 50mcg/ml</i>	\$0 - \$12.65 (Tier 4)	PA; ACS
<i>octreotide acetate injection 1000mcg/ml, 500mcg/ml</i>	\$0 - \$12.65 (Tier 5)	PA; ACS
<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
<i>sapropterin dihydrochloride tablet 100mg</i>	\$0 - \$12.65 (Tier 5)	PA; ACS
SIGNIFOR INJECTION 0.3MG/ML, 0.6MG/ML, 0.9MG/ML	\$0 - \$12.65 (Tier 5)	PA; LD
<i>sodium phenylbutyrate powder 3gm/tsp</i>	\$0 - \$12.65 (Tier 5)	PA; ACS
<i>sodium phenylbutyrate tablet 500mg</i>	\$0 - \$12.65 (Tier 5)	PA; ACS

If you have questions, please call our plan at 1-855-463-0933 (TTY:711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/better-health/virginia-hmosnp/formulary)



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



If you have questions, please call our plan at 1-855-463-0933 (TTY:711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/better-health/virginia-hmosnp/formulary)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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
<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</i>	\$0 - \$12.65 (Tier 4)	B/D MO

If you have questions, please call our plan at 1-855-463-0933 (TTY:711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/better-health/virginia-hmosnp/formulary)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>aprepitant capsule 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)	
<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
<i>promethazine hcl injection 25mg/ml, 50mg/ml</i>	\$0 - \$12.65 (Tier 4)	PA MO; HRM



If you have questions, please call our plan at 1-855-463-0933 (TTY:711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/betterhealth/virginia-hmosnp/formulary)

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

If you have questions, please call our plan at 1-855-463-0933 (TTY:711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/betterhealth/virginia-hmosnp/formulary)



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



If you have questions, please call our plan at **1-855-463-0933 (TTY:711)**, 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/better-health/virginia-hmosnp/formulary)

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

If you have questions, please call our plan at 1-855-463-0933 (TTY:711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/better-health/virginia-hmosnp/formulary)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>cromolyn sodium concentrate 100mg/5ml</i>	\$0 - \$12.65 (Tier 4)	MO
<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>	\$0 (Tier 2)	MO
<i>lubiprostone capsule 24mcg, 8mcg</i>	\$0 - \$12.65 (Tier 3)	QL (60 EA per 30 days) MO
<i>misoprostol tablet 100mcg, 200mcg</i>	\$0 - \$12.65 (Tier 3)	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>	\$0 (Tier 2)	MO
<i>ursodiol capsule 300mg</i>	\$0 - \$12.65 (Tier 3)	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
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



If you have questions, please call our plan at 1-855-463-0933 (TTY:711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/better-health/virginia-hmosnp/formulary)

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

If you have questions, please call our plan at 1-855-463-0933 (TTY:711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/betterhealth/virginia-hmosnp/formulary)



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



If you have questions, please call our plan at 1-855-463-0933 (TTY:711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/betterhealth/virginia-hmosnp/formulary)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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
<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
<i>fondaparinux sodium injection 2.5mg/0.5ml</i>	\$0 - \$12.65 (Tier 4)	MO

If you have questions, please call our plan at **1-855-463-0933 (TTY:711)**, 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/better-health/virginia-hmosnp/formulary)



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



If you have questions, please call our plan at **1-855-463-0933 (TTY:711)**, 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/better-health/virginia-hmosnp/formulary)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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
PROCRIT INJECTION 20000UNIT/ML, 40000UNIT/ML	\$0 - \$12.65 (Tier 5)	PA; ACS
ZARXIO INJECTION 300MCG/0.5ML, 480MCG/0.8ML	\$0 - \$12.65 (Tier 5)	PA; ACS
<b>MISCELLANEOUS</b>		
ALVAIZ TABLET 54MG, 9MG	\$0 - \$12.65 (Tier 5)	QL (60 EA per 30 days) PA; ACS
ALVAIZ TABLET 18MG, 36MG	\$0 - \$12.65 (Tier 5)	QL (90 EA per 30 days) PA; ACS
<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>	\$0 (Tier 2)	MO
DOPTELET SPRINKLE CAPSULE SPRINKLE 10MG	\$0 - \$12.65 (Tier 5)	QL (60 EA per 30 days) PA; ACS LD
DOPTELET TABLET 20MG	\$0 - \$12.65 (Tier 5)	QL (60 EA per 30 days) PA; ACS LD
DROXIA CAPSULE 200MG, 300MG, 400MG	\$0 - \$12.65 (Tier 4)	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
<i>l-glutamine packet 5gm</i>	\$0 - \$12.65 (Tier 5)	PA; ACS
<i>pentoxifylline er tablet extended release 400mg</i>	\$0 (Tier 2)	MO

If you have questions, please call our plan at 1-855-463-0933 (TTY:711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/betterhealth/virginia-hmosnp/formulary)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>sajazir injection 30mg/3ml</i>	\$0 - \$12.65 (Tier 5)	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)	
<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
BIMZELX INJECTION 160MG/ML, 320MG/2ML	\$0 - \$12.65 (Tier 5)	QL (4 ML per 28 days) PA; ACS
DUPIXENT INJECTION 200MG/1.14ML	\$0 - \$12.65 (Tier 5)	QL (4.56 ML per 28 days) PA; ACS
DUPIXENT INJECTION 300MG/2ML	\$0 - \$12.65 (Tier 5)	QL (8 ML per 28 days) PA; ACS



If you have questions, please call our plan at **1-855-463-0933 (TTY:711)**, 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/better-health/virginia-hmosnp/formulary)

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
ENBREL SURECLICK INJECTION 50MG/ML	\$0 - \$12.65 (Tier 5)	QL (8 ML per 28 days) PA; ACS
ENBREL INJECTION 25MG/0.5ML, 50MG/ML	\$0 - \$12.65 (Tier 5)	QL (8 ML per 28 days) PA; ACS
HADLIMA PUSH TOUCH INJECTION 40MG/0.4ML	\$0 - \$12.65 (Tier 5)	QL (22.4 ML per 365 days) PA; ACS
HADLIMA PUSH TOUCH INJECTION 40MG/0.8ML	\$0 - \$12.65 (Tier 5)	QL (44.8 ML per 365 days) PA; ACS
HADLIMA INJECTION 40MG/0.4ML	\$0 - \$12.65 (Tier 5)	QL (22.4 ML per 365 days) PA; ACS
HADLIMA INJECTION 40MG/0.8ML	\$0 - \$12.65 (Tier 5)	QL (44.8 ML per 365 days) PA; ACS
HUMIRA INJECTION 10MG/0.1ML	\$0 - \$12.65 (Tier 5)	QL (26 EA per 365 days) PA; ACS
HUMIRA INJECTION 20MG/0.2ML	\$0 - \$12.65 (Tier 5)	QL (52 EA per 365 days) PA; ACS
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
PYZCHIVA INJECTION 90MG/ML	\$0 - \$12.65 (Tier 5)	QL (1 ML per 28 days) PA; ACS
PYZCHIVA INJECTION 130MG/26ML	\$0 - \$12.65 (Tier 5)	QL (208 ML per 365 days) PA; ACS
RINVOQ LQ SOLUTION 1MG/ML	\$0 - \$12.65 (Tier 5)	QL (360 ML per 30 days) PA; ACS
RINVOQ TABLET EXTENDED RELEASE 24 HOUR 45MG	\$0 - \$12.65 (Tier 5)	QL (168 EA per 365 days) PA; ACS
RINVOQ TABLET EXTENDED RELEASE 24 HOUR 15MG, 30MG	\$0 - \$12.65 (Tier 5)	QL (30 EA per 30 days) PA; ACS
SKYRIZI PEN INJECTION 150MG/ML	\$0 - \$12.65 (Tier 5)	QL (6 ML per 365 days) PA; ACS
SKYRIZI INJECTION 180MG/1.2ML	\$0 - \$12.65 (Tier 5)	QL (1.2 ML per 56 days) PA; ACS

If you have questions, please call our plan at 1-855-463-0933 (TTY:711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/better-health/virginia-hmosnp/formulary)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
SKYRIZI INJECTION 600MG/10ML	\$0 - \$12.65 (Tier 5)	QL (120 ML per 365 days) PA; ACS
SKYRIZI INJECTION 360MG/2.4ML	\$0 - \$12.65 (Tier 5)	QL (2.4 ML per 56 days) PA; ACS
SKYRIZI INJECTION 150MG/ML	\$0 - \$12.65 (Tier 5)	QL (6 ML per 365 days) PA; ACS
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
STELARA INJECTION 90MG/ML	\$0 - \$12.65 (Tier 5)	QL (1 ML per 28 days) PA; ACS
STELARA INJECTION 130MG/26ML	\$0 - \$12.65 (Tier 5)	QL (208 ML per 365 days) PA; ACS
TREMFYA INDUCTION PACK FOR CROHNS DISEASE/ULCERATIVE COLITIS INJECTION 200MG/2ML	\$0 - \$12.65 (Tier 5)	QL (4 ML per 28 days) PA; ACS
TREMFYA PEN INJECTION 100MG/ML	\$0 - \$12.65 (Tier 5)	QL (1 ML per 28 days) PA; ACS
TREMFYA INJECTION 100MG/ML	\$0 - \$12.65 (Tier 5)	QL (1 ML per 28 days) PA; ACS
TREMFYA INJECTION 200MG/20ML	\$0 - \$12.65 (Tier 5)	QL (20 ML per 28 days) PA; ACS
TREMFYA INJECTION 200MG/2ML	\$0 - \$12.65 (Tier 5)	QL (4 ML per 28 days) PA; ACS
TYENNE INJECTION 162MG/0.9ML	\$0 - \$12.65 (Tier 5)	QL (3.6 ML per 28 days) PA; ACS
TYENNE INJECTION 200MG/10ML, 400MG/20ML, 80MG/4ML	\$0 - \$12.65 (Tier 5)	QL (40 ML per 28 days) PA; ACS
USTEKINUMAB INJECTION 45MG/0.5ML	\$0 - \$12.65 (Tier 5)	QL (0.5 ML per 28 days) PA; ACS
USTEKINUMAB INJECTION 90MG/ML	\$0 - \$12.65 (Tier 5)	QL (1 ML per 28 days) PA; ACS
USTEKINUMAB INJECTION 130MG/26ML	\$0 - \$12.65 (Tier 5)	QL (208 ML per 365 days) PA; ACS
VELSIPITY TABLET 2MG	\$0 - \$12.65 (Tier 5)	QL (30 EA per 30 days) PA; ACS LD



If you have questions, please call our plan at **1-855-463-0933 (TTY:711)**, 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/betterhealth/virginia-hmosnp/formulary)

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
XELJANZ SOLUTION 1MG/ML	\$0 - \$12.65 (Tier 5)	QL (480 ML per 24 days) PA; ACS
XELJANZ TABLET 10MG, 5MG	\$0 - \$12.65 (Tier 5)	QL (60 EA per 30 days) PA; ACS
YESINTEK INJECTION 45MG/0.5ML	\$0 - \$12.65 (Tier 3)	QL (0.5 ML per 28 days) PA; ACS
YESINTEK INJECTION 130MG/26ML	\$0 - \$12.65 (Tier 3)	QL (208 ML per 365 days) PA; ACS
YESINTEK INJECTION 90MG/ML	\$0 - \$12.65 (Tier 5)	QL (1 ML per 28 days) PA; ACS
<b><i>DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)</i></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><i>IMMUNOGLOBULINS</i></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
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

If you have questions, please call our plan at 1-855-463-0933 (TTY:711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/better-health/virginia-hmosnp/formulary)



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



If you have questions, please call our plan at **1-855-463-0933 (TTY:711)**, 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/better-health/virginia-hmosnp/formulary)

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

If you have questions, please call our plan at 1-855-463-0933 (TTY:711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/better-health/virginia-hmosnp/formulary)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
IMOVAX RABIES (H.D.C.V.) INJECTION 2.5UNIT/ML	\$0 (Tier 1)	B/D
INFANRIX INJECTION 25LFU/0.5ML; 58MCG/0.5ML; 10LFU/0.5ML	\$0 (Tier 1)	
IPOL INACTIVATED IPV INJECTION	\$0 (Tier 1)	
IXIARO INJECTION	\$0 (Tier 1)	
JYNNEOS INJECTION 0.5ML	\$0 (Tier 1)	B/D
KINRIX INJECTION 25LFU/0.5ML; 58MCG/0.5ML; 10LFU/0.5ML	\$0 (Tier 1)	
M-M-R II INJECTION	\$0 (Tier 1)	
MENQUADFI INJECTION 0.5ML	\$0 (Tier 1)	
MENVEO INJECTION	\$0 (Tier 1)	
MRESVIA INJECTION 50MCG/0.5ML	\$0 - \$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)	
RABAVERT 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 PREFILLED SYRINGE INJECTION 50MCG/0.5ML	\$0 (Tier 1)	QL (1 ML per 999 days)
SHINGRIX VIAL INJECTION 50MCG/0.5ML	\$0 (Tier 1)	QL (2 EA per 999 days)
TENIVAC INJECTION 2LFU; 5LFU	\$0 (Tier 1)	



If you have questions, please call our plan at **1-855-463-0933 (TTY:711)**, 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/better-health/virginia-hmosnp/formulary)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
TICOVAC INJECTION 1.2MCG/0.25ML, 2.4MCG/0.5ML	\$0 (Tier 1)	
TRUMENBA INJECTION 0.5ML	\$0 (Tier 1)	
TWINRIX INJECTION 720ELU/ML; 20MCG/ML	\$0 (Tier 1)	
TYPHIM VI INJECTION 25MCG/0.5ML	\$0 (Tier 1)	
VAQTA INJECTION 25UNIT/0.5ML, 50UNIT/ML	\$0 (Tier 1)	
VARIVAX INJECTION 1350PFU/0.5ML	\$0 (Tier 1)	
VAXCHORA SUSPENSION RECONSTITUTED	\$0 (Tier 1)	
VIMKUNYA INJECTION 40MCG/0.8ML	\$0 - \$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 VIAFLEX INJECTION 24MEQ/L; 5%; 23MEQ/L; 3MEQ/L; 3MEQ/L; 20MEQ/L; 25MEQ/L	\$0 - \$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)	
DEXTROSE 5%/SODIUM CHLORIDE 0.9% INJECTION 5%; 0.9%	\$0 - \$12.65 (Tier 4)	MO

If you have questions, please call our plan at 1-855-463-0933 (TTY:711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/betterhealth/virginia-hmosnp/formulary)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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)	
MAGNESIUM SULFATE INJECTION 20GM/500ML, 40GM/1000ML	\$0 - \$12.65 (Tier 4)	
<i>magnesium sulfate injection 2gm/50ml, 3gm/100ml, 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)	



**If you have questions**, please call our plan at **1-855-463-0933 (TTY:711)**, 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. **For more information**, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/better-health/virginia-hmosnp/formulary)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
POTASSIUM CHLORIDE/DEXTROSE INJECTION 5%; 10MEQ/L, 5%; 20MEQ/L	\$0 - \$12.65 (Tier 4)	
<i>potassium chloride/sodium chloride injection 20meq/l; 0.45%, 20meq/l; 0.9%, 40meq/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)	
<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

If you have questions, please call our plan at 1-855-463-0933 (TTY:711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/better-health/virginia-hmosnp/formulary)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>klor-con packet 20meq</i>	\$0 - \$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
<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 suspension 35mg/ml; 400unit/ml; 2mcg/ml; 0.25mg/ml; 8mg/ml; 0.4mg/ml; 1500unit/ml; 0.6mg/ml; 0.5mg/ml; 5unit/ml, 35mg/ml; 400unit/ml; 2mcg/ml; 8mg/ml; 0.4mg/ml; 1500unit/ml; 0.6mg/ml; 0.5mg/ml; 0.5mg/ml; 5unit/ml</i>	\$0 - \$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
NEONATAL PLUS TABLET 20MG; 0.2MG; 200MG; 10MCG; 2MG; 2MG; 12MCG; 27MG; 1000MCG; 5MG; 20MG; 10MG; 1200MCG; 3MG; 1.84MG; 9.2MG; 25MG	\$0 - \$12.65 (Tier 3)	MO
NIVA-PLUS TABLET 120MG; 200MG; 400UNIT; 2MG; 12MCG; 27MG; 1MG; 20MG; 10MG; 4000UNIT; 3MG; 1.84MG; 22UNIT; 25MG	\$0 - \$12.65 (Tier 3)	MO
PNV PRENATAL PLUS MULTIVITAMIN TABLET 120MG; 200MG; 400UNIT; 2MG; 12MCG; 27MG; 1MG; 20MG; 10MG; 4000UNIT; 3MG; 1.84MG; 22MG; 25MG	\$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



If you have questions, please call our plan at **1-855-463-0933 (TTY:711)**, 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/betterhealth/virginia-hmosnp/formulary)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>potassium chloride packet 20meq</i>	\$0 - \$12.65 (Tier 4)	MO
<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>		
AMINOSYN II INJECTION 107.6MEQ/L; 1490MG/100ML; 1527MG/100ML; 1050MG/100ML; 1107MG/100ML; 750MG/100ML; 450MG/100ML; 990MG/100ML; 1500MG/100ML; 1575MG/100ML; 258MG/100ML; 405MG/100ML; 447MG/100ML; 1083MG/100ML; 795MG/100ML; 50MEQ/L; 600MG/100ML; 300MG/100ML; 750MG/100ML, 993MG/100ML; 1018MG/100ML; 700MG/100ML; 738MG/100ML; 500MG/100ML; 300MG/100ML; 660MG/100ML; 1000MG/100ML; 1050MG/100ML; 172MG/100ML; 270MG/100ML; 298MG/100ML; 722MG/100ML; 530MG/100ML; 400MG/100ML; 200MG/100ML; 500MG/100ML	\$0 - \$12.65 (Tier 4)	B/D

If you have questions, please call our plan at 1-855-463-0933 (TTY:711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/better-health/virginia-hmosnp/formulary)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
AMINOSYN-PF 7% INJECTION 32.5MEQ/L; 490MG/100ML; 861MG/100ML; 370MG/100ML; 576MG/100ML; 270MG/100ML; 220MG/100ML; 534MG/100ML; 831MG/100ML; 475MG/100ML; 125MG/100ML; 300MG/100ML; 570MG/100ML; 347MG/100ML; 50MG/100ML; 360MG/100ML; 125MG/100ML; 44MG/100ML; 452MG/100ML	\$0 - \$12.65 (Tier 4)	B/D
AMINOSYN-PF INJECTION 46MEQ/L; 698MG/100ML; 1227MG/100ML; 527MG/100ML; 820MG/100ML; 385MG/100ML; 312MG/100ML; 760MG/100ML; 1200MG/100ML; 677MG/100ML; 180MG/100ML; 427MG/100ML; 812MG/100ML; 495MG/100ML; 70MG/100ML; 512MG/100ML; 180MG/100ML; 44MG/100ML; 673MG/100ML	\$0 - \$12.65 (Tier 4)	B/D
CLINIMIX 4.25%/DEXTROSE 10% INJECTION 37MEQ/L; 880MG/100ML; 489MG/100ML; 17MEQ/L; 10GM/100ML; 438MG/100ML; 204MG/100ML; 255MG/100ML; 311MG/100ML; 247MG/100ML; 170MG/100ML; 238MG/100ML; 289MG/100ML; 213MG/100ML; 179MG/100ML; 77MG/100ML; 17MG/100ML; 247MG/100ML	\$0 - \$12.65 (Tier 4)	B/D
CLINIMIX 4.25%/DEXTROSE 5% INJECTION 37MEQ/L; 880MG/100ML; 489MG/100ML; 17MEQ/L; 5GM/100ML; 438MG/100ML; 204MG/100ML; 255MG/100ML; 311MG/100ML; 247MG/100ML; 170MG/100ML; 238MG/100ML; 289MG/100ML; 213MG/100ML; 179MG/100ML; 77MG/100ML; 17MG/100ML; 247MG/100ML	\$0 - \$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



**If you have questions**, please call our plan at **1-855-463-0933 (TTY:711)**, 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. **For more information**, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/better-health/virginia-hmosnp/formulary)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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
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; 2170mg/100ml; 1470mg/100ml; 434mg/100ml; 749mg/100ml; 1040mg/100ml; 894mg/100ml; 749mg/100ml; 1040mg/100ml; 1180mg/100ml; 749mg/100ml; 1040mg/100ml; 894mg/100ml; 592mg/100ml; 749mg/100ml; 250mg/100ml; 39mg/100ml; 960mg/100ml</i>	\$0 - \$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)	
DEXTROSE 30% INJECTION 30%	\$0 - \$12.65 (Tier 3)	B/D
<i>dextrose 5% injection 5%</i>	\$0 (Tier 2)	MO

If you have questions, please call our plan at 1-855-463-0933 (TTY:711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/betterhealth/virginia-hmosnp/formulary)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
DEXTROSE 50% INJECTION 50%	\$0 - \$12.65 (Tier 3)	B/D
DEXTROSE 70% INJECTION 70%	\$0 - \$12.65 (Tier 3)	B/D
DEXTROSE INJECTION 20%, 40%	\$0 - \$12.65 (Tier 3)	B/D
GLUCOSE (DEXTROSE) 50% INJECTION 50%	\$0 - \$12.65 (Tier 3)	B/D
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



If you have questions, please call our plan at **1-855-463-0933 (TTY:711)**, 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/betterhealth/virginia-hmosnp/formulary)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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
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><i>ANTI-INFECTIVE/ANTI-INFLAMMATORY</i></b>		
<i>loteprednol etabonate/tobramycin suspension 0.5%; 0.3%</i>	\$0 - \$12.65 (Tier 3)	
<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

If you have questions, please call our plan at **1-855-463-0933 (TTY:711)**, 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/betterhealth/virginia-hmosnp/formulary)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ZYLET SUSPENSION 0.5%; 0.3%	\$0 - \$12.65 (Tier 3)	MO
<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
BESIFLOXACIN HYDROCHLORIDE SUSPENSION 0.6%	\$0 - \$12.65 (Tier 3)	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
NATACYN SUSPENSION 5%	\$0 - \$12.65 (Tier 4)	
<i>neo-polycin ointment 400unit/gm; 3.5mg/gm; 10000unit/gm</i>	\$0 (Tier 2)	
<i>neomycin/polymyxin/bacitracin ointment 400unit/gm; 5mg/gm; 10000unit/gm</i>	\$0 (Tier 2)	MO
<i>neomycin/polymyxin/gramicidin solution 0.025mg/ml; 1.75mg/ml; 10000unit/ml</i>	\$0 (Tier 2)	MO
<i>ofloxacin ophthalmic solution 0.3%</i>	\$0 (Tier 2)	QL (60 ML per 30 days) MO
<i>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



If you have questions, please call our plan at 1-855-463-0933 (TTY:711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/better-health/virginia-hmosnp/formulary)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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
XDEMZY 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
<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 OPTHALMIC SOLUTION 1%	\$0 - \$12.65 (Tier 3)	MO

If you have questions, please call our plan at 1-855-463-0933 (TTY:711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/better-health/virginia-hmosnp/formulary)



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



If you have questions, please call our plan at 1-855-463-0933 (TTY:711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/BetterHealth/Virginia-hmosnp/formulary)

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

If you have questions, please call our plan at 1-855-463-0933 (TTY:711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/health-plans/virginia-hmosnp/formulary)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>ciprofloxacin/dexamethasone suspension 0.3%; 0.1%</i>	\$0 - \$12.65 (Tier 4)	MO
<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 BREATH ACTIVATED 62.5MCG/ACT; 25MCG/ACT	\$0 - \$12.65 (Tier 3)	QL (60 EA per 30 days) MO
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
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

**ANTICHOLINERGICS**

ATROVENT HFA AEROSOL SOLUTION 17MCG/ACT	\$0 - \$12.65 (Tier 4)	QL (25.8 GM per 30 days) MO
---	------------------------	-----------------------------



If you have questions, please call our plan at 1-855-463-0933 (TTY:711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/better-health/virginia-hmosnp/formulary)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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>ANTI-HISTAMINES</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
<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 tablet 50mg</i>	\$0 - \$12.65 (Tier 4)	PA MO; HRM
<i>hydroxyzine hydrochloride injection 25mg/ml, 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

If you have questions, please call our plan at 1-855-463-0933 (TTY:711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/betterhealth/virginia-hmosnp/formulary)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>levocetirizine dihydrochloride solution 2.5mg/5ml</i>	\$0 - \$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
<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



If you have questions, please call our plan at **1-855-463-0933 (TTY:711)**, 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/better-health/virginia-hmosnp/formulary)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>montelukast sodium tablet chewable 4mg, 5mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>montelukast sodium tablet 10mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>zafirlukast tablet 10mg, 20mg</i>	\$0 - \$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
<i>pirfenidone capsule 267mg</i>	\$0 - \$12.65 (Tier 5)	QL (270 EA per 30 days) PA; ACS
<i>pirfenidone tablet 267mg</i>	\$0 - \$12.65 (Tier 5)	QL (270 EA per 30 days) PA; ACS
<i>pirfenidone tablet 534mg, 801mg</i>	\$0 - \$12.65 (Tier 5)	QL (90 EA per 30 days) PA; ACS
PROLASTIN-C INJECTION 1000MG/20ML	\$0 - \$12.65 (Tier 5)	PA; LD

If you have questions, please call our plan at 1-855-463-0933 (TTY:711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/betterhealth/virginia-hmosnp/formulary)



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



If you have questions, please call our plan at 1-855-463-0933 (TTY:711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/better-health/virginia-hmosnp/formulary)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
BREO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100MCG/ACT; 25MCG/ACT, 200MCG/INH; 25MCG/INH, 50MCG/INH; 25MCG/INH	\$0 - \$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
<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>amnestem 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 (once-daily) gel bottle 1%</i>	\$0 (Tier 2)	QL (75 ML per 30 days) MO
<i>clindamycin phosphate (twice-daily) gel tube 1%</i>	\$0 (Tier 2)	QL (75 GM per 30 days) MO
<i>clindamycin phosphate foam 1%</i>	\$0 - \$12.65 (Tier 4)	QL (100 GM per 30 days) MO

If you have questions, please call our plan at 1-855-463-0933 (TTY:711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/better-health/virginia-hmosnp/formulary)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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
<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
<b>DERMATOLOGY, ANTIFUNGALS</b>		
<i>ciclopirox nail lacquer solution 8%</i>	\$0 - \$12.65 (Tier 3)	QL (6.6 ML per 30 days) MO



If you have questions, please call our plan at **1-855-463-0933 (TTY:711)**, 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/better-health/virginia-hmosnp/formulary)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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
<b>ERTACZO CREAM 2%</b>	\$0 - \$12.65 (Tier 4)	QL (60 GM per 30 days) MO
<i>ketoconazole cream 2%</i>	\$0 (Tier 2)	QL (60 GM per 30 days) MO
<i>ketoconazole 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)
<i>selenium sulfide lotion 2.5%</i>	\$0 (Tier 2)	MO
<b>DERMATOLOGY, ANTIPSORIATICS</b>		
<i>acitretin capsule 10mg, 17.5mg, 25mg</i>	\$0 - \$12.65 (Tier 4)	PA MO
<i>calcipotriene cream 0.005%</i>	\$0 - \$12.65 (Tier 4)	QL (120 GM per 30 days) PA MO
<i>calcipotriene ointment 0.005%</i>	\$0 - \$12.65 (Tier 4)	QL (120 GM per 30 days) PA MO

If you have questions, please call our plan at 1-855-463-0933 (TTY:711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/betterhealth/virginia-hmosnp/formulary)



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



If you have questions, please call our plan at **1-855-463-0933 (TTY:711)**, 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/betterhealth/virginia-hmosnp/formulary)

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

If you have questions, please call our plan at **1-855-463-0933 (TTY:711)**, 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/better-health/virginia-hmosnp/formulary)



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



If you have questions, please call our plan at **1-855-463-0933 (TTY:711)**, 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/betterhealth/virginia-hmosnp/formulary)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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
<i>diclofenac sodium external solution 1.5%</i>	\$0 - \$12.65 (Tier 3)	QL (300 ML per 28 days) MO
<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

If you have questions, please call our plan at 1-855-463-0933 (TTY:711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/better-health/virginia-hmosnp/formulary)



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



If you have questions, please call our plan at 1-855-463-0933 (TTY:711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/better-health/virginia-hmosnp/formulary)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<b><i>MOUTH/THROAT/DENTAL AGENTS</i></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
DETA 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)	
<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

If you have questions, please call our plan at 1-855-463-0933 (TTY:711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/better-health/virginia-hmosnp/formulary)



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

**NON-MEDICARE PART D**

***Non-Medicare Part D***

<i>a &amp; d zinc oxide cream</i>	\$0	*
<i>a thru z advantage tablet 120mg; 40mcg; 60mcg; 100mg; 10mg; 72mg; 120mcg; 2mg; 18mcg; 400unit; 18mg; 400mcg; 60mg; 150mcg; 50mg; 40mg; 4mg; 40mg; 5mcg; 48mg; 25mcg; 80mg; 6mg; 5000unit; 5.1mg; 4mg; 10mcg; 75mcg; 70mcg; 10mcg; 4.5mg; 60unit; 15mg</i>	\$0	*
<i>a+d first aid ointment 15.5%; 53.4%</i>	\$0	*
<i>a+d prevent ointment 15.5%; 53.4%</i>	\$0	*
<i>acerola c 500 wafer 500mg</i>	\$0	*
<i>acetaminophen er 8 hour arthritis pain relief tablet extended release 650mg</i>	\$0	*
<i>acetaminophen extra strength liquid 500mg/15ml</i>	\$0	*
<i>acetaminophen extra strength tablet 500mg</i>	\$0	*
<i>acetaminophen junior strength tablet disintegrating 160mg</i>	\$0	*
<i>acetaminophen liquid 160mg/5ml</i>	\$0	*
<i>acetaminophen pm extra strength tablet 500mg; 25mg</i>	\$0	*
<i>acetaminophen rapid tabs childrens tablet disintegrating 80mg</i>	\$0	*
<i>acetaminophen solution 160mg/5ml</i>	\$0	*
<i>acetaminophen suppository 120mg, 650mg</i>	\$0	*



**If you have questions**, please call our plan at **1-855-463-0933 (TTY:711)**, 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. **For more information**, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/betterhealth/virginia-hmosnp/formulary)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>acetaminophen suspension 160mg/5ml</i>	\$0	*
<i>acetaminophen tablet 325mg</i>	\$0	*
<i>acid gone suspension 95mg/15ml; 358mg/15ml</i>	\$0	*
<i>acid reducer maximum strength tablet 20mg</i>	\$0	*
<i>acid reducer tablet 10mg</i>	\$0	*
<i>acidophilus lactobacilli capsule</i>	\$0	*
<i>acidophilus pearls capsule</i>	\$0	*
<i>acidophilus tablet 0.5mg</i>	\$0	*
<i>acidophilus/bacillus coagulans extra strength tablet 4.17mg; 2.92mg</i>	\$0	*
<i>acidophilus/citrus pectin tablet 35mg; 2.08mg; 100mg; 14mg</i>	\$0	*
<i>acidophilus/l-sporogenes extra strength tablet</i>	\$0	*
<i>acidophilus/pectin capsule</i>	\$0	*
<i>acne medication 10 lotion 10%</i>	\$0	*
<i>acne medication 5 lotion 5%</i>	\$0	*
<i>acne pads pad 2%</i>	\$0	*
<i>actidom dmx liquid 30mg/5ml; 200mg/5ml; 10mg/5ml</i>	\$0	*
<i>actinel dm liquid 20mg/5ml; 400mg/5ml; 10mg/5ml</i>	\$0	*
<i>activessentials for women miscellaneous 125mg; 500mcg; 325mg; 18mg; 250mcg; 250mcg; 0.5mg; 240mg; 360mg; 1000mg; 340mcg; 18mg; 50mcg; 2.5mg; 50mg; 0.25mg; 660mg; 25mcg; 32mg; 650mg; 100mg; 6mg; 99mg; 49.5mg; 10mg; 10mg; 50mcg; 10mg; 375mcg; 1120mcg; 2.5mcg; 67mg; 6.5mg</i>	\$0	*
<i>activessentials packet 125mg; 500mcg; 50mg; 100mg; 100unit; 18mg; 250mcg; 0.5mg; 50mg; 240mg; 360mg; 1gm; 18mg; 200mcg; 0.25mg; 250mcg; 25mcg; 32mg; 650mg; 6.5mg; 49.5mg; 50mcg; 10mg; 50mcg; 10mg; 375mcg; 1965mcg; 67mg; 6.5mg</i>	\$0	*

If you have questions, please call our plan at 1-855-463-0933 (TTY:711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/better-health/virginia-hmosnp/formulary)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>activessentials/oncoplex &amp; d3 miscellaneous</i> 125mg; 500mcg; 50mg; 18mg; 250mcg; 250mcg; 0.5mg; 130mg; 12mg; 300mg; 650mg; 340mcg; 15mg; 18mg; 50mcg; 50mg; 0.25mg; 25mcg; 32mg; 430mg; 100mg; 6mg; 49.5mg; 10mg; 10mg; 50mcg; 10mg; 375mcg; 1120mcg; 52.5mcg; 67mg; 6.5mg	\$0	*
<i>adapalene gel 0.1%</i>	\$0	*
<i>adrenal manager capsule 12.5mg; 87.5mg; 10mg;</i> 25mg; 25mcg; 0.5mg; 112.5mg; 22.5mg; 7.5mg; 52.5mg; 1mg; 5mg; 12.5mg; 7.5mg; 87.5mg; 2.5mg	\$0	*
<i>adrenalin capsule 125mg; 125mg; 75mg; 50mg;</i> 150mg; 15mg; 50mg; 50mg; 50mg	\$0	*
<i>adrenoid capsule 25mg; 15mg; 100mcg; 50mcg;</i> 75mcg; 100mg; 1mg; 25mcg; 120mg; 100mcg; 150mg; 100mg; 4mg	\$0	*
<i>advanced acne wash liquid extended release 4.4%</i>	\$0	*
<i>advil junior strength tablet 100mg</i>	\$0	*
<i>aerobika device</i>	\$0	*
<i>aftera tablet 1.5mg</i>	\$0	*
<i>alahist d tablet 17.5mg; 10mg</i>	\$0	*
<i>alburstix strip</i>	\$0	*
<i>alcon tears solution 0.5%</i>	\$0	*
<i>alive multi-vitamin liquid 25mg/30ml;</i> 300mcg/30ml; 118.6mg/30ml; 500mg/30ml; 125mg/30ml; 30mg/30ml; 60mg/30ml; 200mcg/30ml; 70mcg/30ml; 10mcg/30ml; 400mcg/30ml; 50mg/30ml; 200mcg/30ml; 40mg/30ml; 4mg/30ml; 20mg/30ml; 25mg/30ml; 80mcg/30ml; 50mg/30ml; 150mcg/30ml; 40mg/30ml; 25mg/30ml; 25mg/30ml; 50mg/30ml; 5mg/30ml; 1mg/30ml; 2mg/30ml; 75mcg/30ml; 25mg/30ml; 133mg/30ml; 3000mcg/30ml; 15mg/30ml	\$0	*
<i>alka-seltzer plus day cold &amp; flu formula capsule</i> 325mg; 10mg; 5mg	\$0	*



**If you have questions**, please call our plan at **1-855-463-0933 (TTY:711)**, 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. **For more information**, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/better-health/virginia-hmosnp/formulary)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>alka-seltzer plus mucus &amp; congestion break up formula capsule 10mg; 200mg</i>	\$0	*
<i>alka-seltzer plus severe sinus congestion &amp; cough capsule 325mg; 10mg; 5mg</i>	\$0	*
<i>allegra allergy childrens tablet disintegrating 30mg</i>	\$0	*
<i>allergy childrens suspension 30mg/5ml</i>	\$0	*
<i>allergy relief childrens tablet disintegrating 12.5mg</i>	\$0	*
<i>allerwell allergy formula tablet 25mg; 15mg; 25mg; 200mg; 120mg; 1mg; 0.12mg; 1.5mg; 40mg; 15mg; 90mg; 40mg; 80mg; 3mg; 18mcg; 5mg; 40mg; 3mg; 25mg; 25mg; 4.5mg; 90mg; 2mg</i>	\$0	*
<i>aloe vesta skin conditioner lotion 3%</i>	\$0	*
<i>alp high3 capsule delayed release 200mg; 400mg; 600mg</i>	\$0	*
<i>aluminum hydroxide suspension 320mg/5ml</i>	\$0	*
<i>americerin cream</i>	\$0	*
<i>ameriwash lotion</i>	\$0	*
<i>amlactin intensive healing lotion</i>	\$0	*
<i>amlactin ultra smoothing cream 15%</i>	\$0	*
<i>ammonium lactate cream 12%</i>	\$0	*
<i>ammonium lactate lotion 12%</i>	\$0	*
<i>anasept antimicrobial skin &amp; wound gel 0.057%</i>	\$0	*
<i>anasept liquid 0.057%</i>	\$0	*
<i>anbesol cold sore therapy ointment 1%; 20%; 3%; 64.9%</i>	\$0	*
<i>antacid anti-gas maximum strength suspension 400mg/5ml; 400mg/5ml; 40mg/5ml</i>	\$0	*
<i>antacid extra strength tablet chewable 160mg; 105mg</i>	\$0	*
<i>antacid plus anti-gas relief suspension 200mg/5ml; 200mg/5ml; 20mg/5ml</i>	\$0	*
<i>antacid soft chews tablet chewable 1177mg</i>	\$0	*
<i>antacid ultra strength tablet chewable 1000mg</i>	\$0	*
<i>anti-bacterial hand lotion</i>	\$0	*
<i>antibacterial liquid soap liquid 0.15%</i>	\$0	*

**If you have questions**, please call our plan at **1-855-463-0933 (TTY:711)**, 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. **For more information**, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/better-health/virginia-hmosnp/formulary)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>anti-dandruff shampoo 1%</i>	\$0	*
<i>anti-diarrheal capsule 2mg</i>	\$0	*
<i>anti-itch cream 1%; 0.1%</i>	\$0	*
<i>anti-itch lotion 0.5%; 0.5%</i>	\$0	*
<i>anti-itch maximum strength cream 1%</i>	\$0	*
<i>antioxidant formula capsule 250mg; 10000unit; 200unit</i>	\$0	*
<i>aplicare povidone/iodine gel 10%</i>	\$0	*
<i>aprodine tablet 60mg; 2.5mg</i>	\$0	*
<i>aqua glycolic face cream</i>	\$0	*
<i>aqua glycolic hand &amp; body lotion</i>	\$0	*
<i>aqua lacten lotion</i>	\$0	*
<i>aqua-cerin cream</i>	\$0	*
<i>aquamed lotion</i>	\$0	*
<i>aquanaz tablet 15mg; 400mg; 10mg</i>	\$0	*
<i>aquaphilic/carbamide ointment 10%, 20%</i>	\$0	*
<i>ar caps #1 clear/acid resistant capsule</i>	\$0	*
<i>arglaes film 2-3/8" x 3-1/8" pad</i>	\$0	*
<i>arglaes film 3" x 14" pad</i>	\$0	*
<i>arglaes film 4-3/4" x 10" pad</i>	\$0	*
<i>arthritis pain relieving cream 0.075%</i>	\$0	*
<i>artificial tears solution 0.1%; 0.3%, 0.2%; 0.2%; 1%, 0.3%; 1%, 0.5%; 0.6%, 1%</i>	\$0	*
<i>asperflex original patch 7.5%</i>	\$0	*
<i>aspirin regular strength tablet delayed release 325mg</i>	\$0	*
<i>aspirin suppository 300mg, 600mg</i>	\$0	*
<i>aspirin tablet 325mg</i>	\$0	*
<i>aspirin tablet chewable 81mg</i>	\$0	*
<i>aspirin tablet delayed release 81mg</i>	\$0	*
<i>asthmanefrin refill nebulization solution 2.25%</i>	\$0	*
<i>athletes foot powder spray aerosol powder 2%</i>	\$0	*
<i>atp ignite packet 500mg; 100mcg; 2500mcg; 40mcg; 150mg; 0.5mg; 10mg; 3mg; 280mg; 2.6mg; 0.5mg; 130mg; 0.45mg; 10mg; 3mg</i>	\$0	*



If you have questions, please call our plan at **1-855-463-0933 (TTY:711)**, 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/better-health/virginia-hmosnp/formulary)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>aveeno baby soothing multi-purpose ointment</i>	\$0	*
<i>aveeno daily moisturizing face cream</i>	\$0	*
<i>aveeno daily moisturizing sheer hydration lotion</i>	\$0	*
<i>aveeno intense relief hand cream</i>	\$0	*
<i>aveeno intense relief overnight cream 1.3%</i>	\$0	*
<i>aveeno positively radiantintensive night cream</i>	\$0	*
<i>aveeno restorative skin therapy oat repairing cream</i>	\$0	*
<i>aveeno skin relief moisture repair cream</i>	\$0	*
<i>aveeno stress relief moisturizing lotion</i>	\$0	*
<i>ayr nasal drops solution 0.65%</i>	\$0	*
<i>ayr nasal mist allergy &amp; sinus hypertonic saline solution 2.65%</i>	\$0	*
<i>b complex capsule 100mg; 1mg; 70mg; 10mg; 100mcg; 2mg; 1.5mg</i>	\$0	*
<i>b-100 complex tr tablet extended release 0.1mg; 100mcg; 0.4mg; 100mg; 100mg; 100mg; 100mg</i>	\$0	*
<i>b-100 tablet 100mcg; 100mg; 100mcg; 400mcg; 100mg; 100mg; 100mg; 100mg</i>	\$0	*
<i>b-12 1000 tablet sublingual 1000mcg; 400mcg</i>	\$0	*
<i>b-12 dots tablet disintegrating 500mcg</i>	\$0	*
<i>b-12 dual spectrum tablet extended release 5000mcg</i>	\$0	*
<i>b-12 liquid 5000mcg/ml</i>	\$0	*
<i>b-12 quick dissolve tablet sublingual 1000mcg</i>	\$0	*
<i>b-12 tablet 2000mcg, 2500mcg</i>	\$0	*
<i>b-12 tablet sublingual 100mcg; 5000mcg</i>	\$0	*
<i>b-50 complex tablet 300mcg; 86mg; 0.05mg; 50mcg; 400mcg; 50mcg; 50mg; 50mg; 50mg; 50mg; 50mg</i>	\$0	*
<i>baby cornstarch powder</i>	\$0	*
<i>baby ddrops liquid 400unt/0.03ml</i>	\$0	*
<i>baby super daily d3 liquid 400ut/0.028ml</i>	\$0	*
<i>baby vitamin d3 drops liquid 400ut/0.028ml</i>	\$0	*
<i>bacitracin ointment 500unit/gm</i>	\$0	*

If you have questions, please call our plan at 1-855-463-0933 (TTY:711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/betterhealth/virginia-hmosnp/formulary)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>bacitracin zinc ointment 500unit/gm</i>	\$0	*
<i>balamine dm syrup 2mg/5ml; 10mg/5ml; 5mg/5ml</i>	\$0	*
<i>balmbarr hand &amp; body cream</i>	\$0	*
<i>balmbarr hand &amp; body lotion</i>	\$0	*
<i>balmbarr moisturizing cream</i>	\$0	*
<i>balmbarr stretch mark cream</i>	\$0	*
<i>balmex multi-purpose ointment 51.1%</i>	\$0	*
<i>bama freeze gel 3.7%</i>	\$0	*
<i>basis facial moisturizer cream</i>	\$0	*
<i>basis overnight cream</i>	\$0	*
<i>baza protect skin protectant moisture barrier cream 12%</i>	\$0	*
<i>b-complex capsule 5mg; 1mcg; 400mcg; 60mg; 20mg; 0.5mg; 3mg; 3mg; 60mg</i>	\$0	*
<i>b-complex plus b-12 tablet 25mcg; 4mg; 10mg; 5mg; 7mg</i>	\$0	*
<i>b-complex tablet 30mcg; 20mg; 12mcg; 400mg; 20mg; 40mg; 20mg; 25mg; 4mg; 3.4mg; 3mg; 6mcg; 400mcg; 20mg; 2mg; 1.7mg; 1.5mg</i>	\$0	*
<i>b-complex/c tablet 300mg; 50mg; 10mg; 5mg; 10.2mg; 15mg</i>	\$0	*
<i>b-complex/vitamin c/folic acid/ biotin tablet 500mg; 45mcg; 20mg; 1mg; 12mcg; 400mcg; 1mg; 100mg; 1mg; 5mg; 10mg; 10mg; 30unit</i>	\$0	*
<i>beauty 360 advanced skin care lotion</i>	\$0	*
<i>beauty lotion lotion</i>	\$0	*
<i>beelith tablet 362mg; 20mg</i>	\$0	*
<i>benadryl itch relief stick 2%; 0.1%</i>	\$0	*
<i>benefiber drink mix packet</i>	\$0	*
<i>bengay vanishing scent gel 2.5%</i>	\$0	*
<i>benzonatate capsule 100mg, 150mg, 200mg</i>	\$0	*
<i>benzoyl peroxide gel 10%, 2.5%, 5%</i>	\$0	*
<i>benzoyl peroxide liquid 10%</i>	\$0	*
<i>benzoyl peroxide wash liquid 5%</i>	\$0	*
<i>benzphetamine hcl tablet 50mg</i>	\$0	PA; *



If you have questions, please call our plan at **1-855-463-0933 (TTY:711)**, 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/better-health/virginia-hmosnp/formulary)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>berri-freez pain relieving gel 4.5%</i>	\$0	*
<i>beta care betatar gel shampoo 2.5%</i>	\$0	*
<i>beta care cream</i>	\$0	*
<i>beta care lotion</i>	\$0	*
<i>beta med shampoo 2%</i>	\$0	*
<i>beta xma cream</i>	\$0	*
<i>betadine solution 5%</i>	\$0	*
<i>betadine surgical scrub solution 7.5%</i>	\$0	*
<i>bicarsim forte tablet 125mg</i>	\$0	*
<i>bicarsim tablet 80mg</i>	\$0	*
<i>bilberry plus capsule 60mg; 2mg; 40mcg; 6000unit; 50unit; 25mg</i>	\$0	*
<i>biodesp dm syrup 15mg/5ml; 100mg/5ml; 5mg/5ml</i>	\$0	*
<i>biofreeze cool the pain gel 4%</i>	\$0	*
<i>biofreeze liquid 10%</i>	\$0	*
<i>biofreeze professional gel 5%</i>	\$0	*
<i>biogtuss liquid 15mg/5ml; 300mg/5ml; 10mg/5ml</i>	\$0	*
<i>biolle tears solution 0.5%</i>	\$0	*
<i>bion tears solution 0.1%; 0.3%</i>	\$0	*
<i>bio-rytuss liquid 2mg/5ml; 10mg/5ml; 5mg/5ml</i>	\$0	*
<i>biospec dmx liquid 15mg/5ml; 25mg/5ml</i>	\$0	*
<i>biotin capsule 10mg, 1mg, 5mg</i>	\$0	*
<i>biotin fast dissolve maximum strength tablet disintegrating 10000mcg</i>	\$0	*
<i>biotin gummies tablet chewable 1000mcg</i>	\$0	*
<i>biotin high potency tablet 1000mcg</i>	\$0	*
<i>biotin plus keratin tablet 10000mcg; 100mg</i>	\$0	*
<i>biotin tablet 10mg, 5mg, 800mcg</i>	\$0	*
<i>biotin tablet disintegrating 5mg</i>	\$0	*
<i>bisacodyl ec tablet delayed release 5mg</i>	\$0	*
<i>bisacodyl suppository 10mg</i>	\$0	*
<i>bismuth subsalicylate tablet chewable 262mg</i>	\$0	*
<i>black draught tablet chewable 10mg</i>	\$0	*
<i>b-natal lozenge 25mg</i>	\$0	*

If you have questions, please call our plan at 1-855-463-0933 (TTY:711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/betterhealth/virginia-hmosnp/formulary)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>b-natal lozenge on a handle 25mg</i>	\$0	*
<i>boro-packs packet 49%; 51%</i>	\$0	*
<i>boudreauxs butt paste butt barrier ointment 1%</i>	\$0	*
<i>boudreauxs butt paste ointment 16%</i>	\$0	*
<i>boudreauxs rash preventor liquid 10%</i>	\$0	*
<i>bp wash liquid 2.5%</i>	\$0	*
<i>bprotected multi-vite liquid 60mg/15ml; 300mcg/15ml; 10mg/15ml; 25mcg/15ml; 6mcg/15ml; 9mg/15ml; 2mg/15ml; 20mg/15ml; 150mcg/15ml; 2mg/15ml; 1.7mg/15ml; 25mcg/15ml; 1.5mg/15ml; 30unit/15ml; 3mg/15ml</i>	\$0	*
<i>bromphen/pseudoephedrine hcl/dextromethorphan hydrobromide syrup 2mg/5ml; 10mg/5ml; 30mg/5ml</i>	\$0	*
<i>bronkids liquid 0.6mg/ml; 2.75mg/ml; 1.5mg/ml</i>	\$0	*
<i>budesonide nasal spray suspension 32mcg/act</i>	\$0	*
<i>buried treasure active 55plus senior complex liquid 5mg/30ml; 500mg/30ml; 15000unit/30ml; 10mg/30ml; 300mcg/30ml; 2mg/30ml; 100mg/30ml; 50mg/30ml; 100mcg/30ml; 80mg/30ml; 1mg/30ml; 1200unit/30ml; 400mcg/30ml; 10mg/30ml; 2mg/30ml; 15mg/30ml; 50mg/30ml; 100mcg/30ml; 6mg/30ml; 200mcg/30ml; 50mg/30ml; 3mg/30ml; 1000mcg/30ml; 200mg/30ml; 20mcg/30ml; 50mg/30ml; 75mg/30ml; 50mg/30ml; 50mcg/30ml; 40mg/30ml; 40mg/30ml; 10mg/30ml; 30mg/30ml; 100mcg/30ml; 40mg/30ml; 400unit/30ml; 1mg/30ml; 15mg/30ml</i>	\$0	*
<i>butenafine hydrochloride cream 1%</i>	\$0	*
<i>caffeine anhydrous powder</i>	\$0	*
<i>calamine lotion 8%; 8%</i>	\$0	*
<i>calamine phenolated lotion 8%; 1%; 8%</i>	\$0	*
<i>calamine suspension 8%; 8%</i>	\$0	*
<i>calcium + d3 tablet 250mg; 3mcg</i>	\$0	*
<i>calcium 1000 + d tablet 1000mg; 800unit</i>	\$0	*
<i>calcium 500/vitamin d tablet 500mg; 125unit</i>	\$0	*
<i>calcium 500/vitamin d3 tablet 500mg; 400unit</i>	\$0	*



If you have questions, please call our plan at **1-855-463-0933 (TTY:711)**, 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/better-health/virginia-hmosnp/formulary)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>calcium 600 + minerals tablet 600mg; 200unit; 1mg; 40mg; 1.8mg; 250mcg; 7.5mg</i>	\$0	*
<i>calcium 600 with vitamin d tablet chewable 600mg; 400unit</i>	\$0	*
<i>calcium 600+d high potency tablet 600mg; 400unit</i>	\$0	*
<i>calcium acetate tablet 667mg, 668mg</i>	\$0	*
<i>calcium antacid extra strength tablet chewable 750mg</i>	\$0	*
<i>calcium carbonate powder 800mg/2gm</i>	\$0	*
<i>calcium carbonate suspension 1250mg/5ml</i>	\$0	*
<i>calcium carbonate tablet 648mg</i>	\$0	*
<i>calcium carbonate tablet chewable 260mg, 500mg</i>	\$0	*
<i>calcium citrate + d3 maximum tablet 315mg; 250unit</i>	\$0	*
<i>calcium citrate granules 760mg/3.5gm</i>	\$0	*
<i>calcium citrate tablet 200mg, 250mg</i>	\$0	*
<i>calcium citrate/vitamin d tablet 315mg; 200unit</i>	\$0	*
<i>calcium citrate+d3 petites tablet 200mg; 250unit</i>	\$0	*
<i>calcium oyster shell tablet 500mg</i>	\$0	*
<i>calcium plus d3 absorbable capsule 600mg; 2500unit</i>	\$0	*
<i>calcium tablet 1250mg, 1500mg</i>	\$0	*
<i>calcium/c/d tablet chewable 10mg; 500mg; 250unit</i>	\$0	*
<i>calcium/magnesium/zinc tablet 333mg; 133mg; 5mg, 334mg; 134mg; 5mg</i>	\$0	*
<i>calcium/vitamin d capsule 600mg; 400unit</i>	\$0	*
<i>calcium/vitamin d tablet 600mg; 400unit, 600mg; 5mcg</i>	\$0	*
<i>calcium/vitamin d3 capsule 600mg; 500unit</i>	\$0	*
<i>calcium+d3 tablet 500mg; 15mcg; 0, 600mg; 800unit</i>	\$0	*
<i>calmoseptine ointment 0.44%; 20.6%</i>	\$0	*
<i>cal-quick liquid 400unit/5ml; 500mg/5ml</i>	\$0	*
<i>caltrate 600+d3 soft chews tablet chewable 600mg; 800unit</i>	\$0	*

**If you have questions**, please call our plan at **1-855-463-0933 (TTY:711)**, 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. **For more information**, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/better-health/virginia-hmosnp/formulary)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>cam lotion</i>	\$0	*
<i>capsaicin cream 0.025%, 0.1%</i>	\$0	*
<i>capsaicin patch 0.025%</i>	\$0	*
<i>capzasin-p cream 0.035%</i>	\$0	*
<i>carboxymethylcellulose sodium solution 0.5%</i>	\$0	*
<i>cardiopress capsule 60mg; 25mg; 100mcg; 100mcg; 150mg; 15mg; 175mg; 100mg; 15mg; 2.5mg; 125mg; 5mg; 15mg</i>	\$0	*
<i>ca-rezz cream 0.3%</i>	\$0	*
<i>ca-rezz norisc liquid 0.3%</i>	\$0	*
<i>castellani paint liquid 1.5%</i>	\$0	*
<i>castile soap towelettes pad</i>	\$0	*
<i>castiva cooling lotion 5%; 14%</i>	\$0	*
<i>castor oil</i>	\$0	*
<i>castor oil stimulant laxative oil 100%</i>	\$0	*
<i>centrum multivitamin flavor burst drink packet 60mg; 30mcg; 65mg; 800unit; 10mcg; 25mcg; 400mcg; 60mg; 4mg; 10mg; 38mg; 200mg; 10mg; 2000unit; 0.43mg; 0.38mg; 40unit; 2mg</i>	\$0	*
<i>centrum performance tablet 120mg; 50mg; 50mcg; 60mcg; 100mg; 12mg; 72mg; 400unit; 120mcg; 0.9mg; 18mcg; 18mg; 400mcg; 40mg; 4mg; 40mg; 5mcg; 48mg; 25mcg; 80mg; 150mcg; 6mg; 3500unit; 5.1mg; 4mg; 10mcg; 75mcg; 70mcg; 10mcg; 4.5mg; 60unit; 11mg</i>	\$0	*
<i>centrum specialist energy tablet 120mg; 50mg; 50mcg; 60mcg; 100mg; 12mg; 72mg; 400unit; 120mcg; 0.9mg; 18mcg; 18mg; 400mcg; 40mg; 4mg; 40mg; 5mcg; 48mg; 25mcg; 80mg; 150mcg; 6mg; 3500unit; 5.1mg; 4mg; 10mcg; 75mcg; 70mcg; 10mcg; 4.5mg; 60unit; 11mg</i>	\$0	*
<i>cepacol sore throat maximum numbing lozenge 15mg; 4mg</i>	\$0	*
<i>cerave am facial moisturizing lotion/spf30 lotion 10%; 5%; 5%; 2%; 6.3%</i>	\$0	*
<i>cerave baby healing ointment ointment 46.5%</i>	\$0	*



**If you have questions**, please call our plan at **1-855-463-0933 (TTY:711)**, 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. **For more information**, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/better-health/virginia-hmosnp/formulary)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>cerave daily moisturizing lotion</i>	\$0	*
<i>cerave diabetics dry skin relief cream</i>	\$0	*
<i>cerave moisturizing cream</i>	\$0	*
<i>cerave pm facial moisturizing lotion ultra lightweight lotion</i>	\$0	*
<i>cerave sa/rough and bumpyskin cream</i>	\$0	*
<i>cerave sa/rough and bumpyskin lotion</i>	\$0	*
<i>cerave therapeutic hand cream 1%</i>	\$0	*
<i>cetaphil advanced relief lotion</i>	\$0	*
<i>cetaphil daily advance ultra hydrating lotion</i>	\$0	*
<i>cetaphil daily facial moisturizer lotion 3%; 10%</i>	\$0	*
<i>cetaphil moisturizing lotion</i>	\$0	*
<i>cetaphil restoraderm lotion</i>	\$0	*
<i>cetaphil therapeutic hand cream</i>	\$0	*
<i>cetirizine hcl tablet 5mg</i>	\$0	*
<i>cetirizine hydrochloride tablet 10mg</i>	\$0	*
<i>cetirizine hydrochloride/pseudoephedrine hydrochloride tablet extended release 12 hour 5mg; 120mg</i>	\$0	*
<i>chemstrip ugk strip</i>	\$0	*
<i>cherry syrup syrup</i>	\$0	*
<i>chest rub ointment 4.8%; 1.2%; 2.6%</i>	\$0	*
<i>chew q tablet chewable 30mg, 600mg</i>	\$0	*
<i>chewable vitamin d3 tablet chewable 2000unit</i>	\$0	*
<i>children's chewable acetaminophen tablet chewable 160mg</i>	\$0	*
<i>childrens chewable multivitamin tablet chewable 60mg; 10mcg; 4.5mcg; 300mcg; 13.5mg; 1.05mg; 750mcg; 1.2mg; 1.05mg; 6.75mg</i>	\$0	*
<i>childrens gummies tablet chewable 30mg; 75mcg; 5mg; 200unit; 38mg; 5mcg; 200mcg; 20mcg; 40mcg; 1mg; 2000unit; 20unit; 2.5mg</i>	\$0	*
<i>childrens non-aspirin tablet chewable 80mg</i>	\$0	*

If you have questions, please call our plan at 1-855-463-0933 (TTY:711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/betterhealth/virginia-hmosnp/formulary)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>chlorphedianol/dexchlorpheniramine./ pseudoephedrine liquid 12.5mg/5ml; 1mg/5ml; 30mg/5ml</i>	\$0	*
<i>chloraseptic kids liquid 0.5%</i>	\$0	*
<i>chloraseptic max sore throat lozenge 15mg; 10mg</i>	\$0	*
<i>chlorhexidine gluconate solution 4%</i>	\$0	*
<i>chlorocaps capsule 30mcg; 10mg; 5mcg; 30mcg; 1mcg; 50mcg</i>	\$0	*
<i>chlorpheniramine maleate tablet extended release 12mg</i>	\$0	*
<i>chocolated laxative tablet chewable 15mg</i>	\$0	*
<i>cholase control capsule 25mg; 25mg; 50mg; 25mg; 100mg; 5mg</i>	\$0	*
<i>cicaplast baume b5 soothing multi-purpose balm cream</i>	\$0	*
<i>cimetidine 200 tablet 200mg</i>	\$0	*
<i>clean &amp; clear acne tripleclear exfoliating scrub gel 2%</i>	\$0	*
<i>clean &amp; clear advantage acne spot treatment gel 2%</i>	\$0	*
<i>clear soluble fiber powder</i>	\$0	*
<i>clearasil daily clear vanishing acne treatment cream 10%</i>	\$0	*
<i>cln facial moisturizer nourishing lotion</i>	\$0	*
<i>clotrimazole 3 cream 2%</i>	\$0	*
<i>clotrimazole cream 1%</i>	\$0	*
<i>clotrimazole solution 1%</i>	\$0	*
<i>co q-10 capsule 300mg</i>	\$0	*
<i>co q-10 tablet chewable 100mg</i>	\$0	*
<i>coal tar liquid</i>	\$0	*
<i>cocoa butter hand &amp; body lotion</i>	\$0	*
<i>cocoa butter lotion</i>	\$0	*
<i>cocoa butter skin cream</i>	\$0	*
<i>coconut oil beauty cream</i>	\$0	*



If you have questions, please call our plan at 1-855-463-0933 (TTY:711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/better-health/virginia-hmosnp/formulary)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>cod liver oil capsule 135unit; 415mg; 36mg; 37mg; 90mg; 1250unit</i>	\$0	*
<i>coditussin dac liquid 10mg/5ml; 200mg/5ml; 30mg/5ml</i>	\$0	*
<i>coenzyme q-10 capsule 100mg, 200mg, 30mg, 60mg</i>	\$0	*
<i>coenzyme q10 tablet 100mg, 50mg</i>	\$0	*
<i>coenzyme q-10/high poten cy capsule 50mg</i>	\$0	*
<i>colace 2-in-1 tablet 50mg; 8.6mg</i>	\$0	*
<i>cold &amp; allergy d maximum strength tablet 60mg; 2.5mg</i>	\$0	*
<i>cold &amp; allergy elixir 1mg/5ml; 2.5mg/5ml</i>	\$0	*
<i>cold &amp; cough childrens liquid 1mg/5ml; 5mg/5ml; 2.5mg/5ml</i>	\$0	*
<i>cold &amp; flu relief multi-symptom nighttime liquid 325mg/15ml; 15mg/15ml; 6.25mg/15ml</i>	\$0	*
<i>cold &amp; sinus relief capsule 200mg; 30mg</i>	\$0	*
<i>cold/cough dm childrens liquid 1mg/5ml; 5mg/5ml; 2.5mg/5ml</i>	\$0	*
<i>collagen cream</i>	\$0	*
<i>collagen premium skin cream</i>	\$0	*
<i>collagen ultra capsule 12.5mg; 1250mcg; 30mg; 50mg; 362.5mg; 1mg; 75mcg; 112.5mg; 100mg; 2mg; 12.5mg; 50mg; 3mg; 30unit; 7.5mg</i>	\$0	*
<i>complete moisture lotion</i>	\$0	*
<i>complete multivitamin/multimineral supplement liquid 60mg/15ml; 300mcg/15ml; 1000unit/15ml; 25mcg/15ml; 6mcg/15ml; 9mg/15ml; 2mg/15ml; 20mg/15ml; 10mg/15ml; 150mcg/15ml; 2mg/15ml; 1300unit/15ml; 1.7mg/15ml; 25mcg/15ml; 1.5mg/15ml; 30unit/15ml; 3mg/15ml</i>	\$0	*
<i>compound w one step invisible wart remover strip 40%</i>	\$0	*
<i>conceptionxr motility support formula miscellaneous 250mg; 500unit; 100mcg; 500mcg; 500mg; 5mg; 200unit; 10mg</i>	\$0	*

If you have questions, please call our plan at 1-855-463-0933 (TTY:711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/betterhealth/virginia-hmosnp/formulary)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>contac cold+flu maximum strength tablet 500mg; 5mg</i>	\$0	*
<i>cool 'n heat liquid 16%</i>	\$0	*
<i>cool 'n heat stick 10%; 30%</i>	\$0	*
<i>cooling pain relief gel 4%</i>	\$0	*
<i>coq-10 capsule 150mg</i>	\$0	*
<i>coq10 gummies adult tablet chewable 50mg</i>	\$0	*
<i>coq-10 tr capsule extended release 100mg</i>	\$0	*
<i>coricidin hbp chest congestion &amp; cough capsule 10mg; 200mg</i>	\$0	*
<i>corn and callus remover liquid 17%</i>	\$0	*
<i>corn huskers lotion</i>	\$0	*
<i>coromega omega 3 squeeze emulsion 12mg/2.5gm; 230mg/2.5gm; 350mg/2.5gm; 2000mg/2.5gm; 650mg/2.5gm; 3unit/2.5gm</i>	\$0	*
<i>corticare b capsule 37.5mg; 1.5mg; 30mg; 340mcg; 75mg; 375mg; 37.5mg</i>	\$0	*
<i>cortizone-10 feminine itch relief maximum strength cream 1%</i>	\$0	*
<i>cottonseed oil</i>	\$0	*
<i>cough &amp; cold hbp tablet 4mg; 30mg</i>	\$0	*
<i>cough drops lozenge 10mg, 2.7mg, 5.4mg, 5.8mg, 5mg, 7.5mg, 7.6mg, 7mg, 8mg</i>	\$0	*
<i>cranberry capsule 250mg, 500mg</i>	\$0	*
<i>cranberry extract capsule 200mg</i>	\$0	*
<i>cranberry tablet 300mg, 500mg</i>	\$0	*
<i>creo-terpin syrup 10mg/15ml</i>	\$0	*
<i>cromolyn sodium aerosol solution 5.2mg/act</i>	\$0	*
<i>culturelle health &amp; wellness capsule 200mg; 10billion</i>	\$0	*
<i>culturelle womens wellness probiotic tablet chewable</i>	\$0	*
<i>cutter dry aerosol 10%</i>	\$0	*
<i>cvs acetaminophen capsule 325mg</i>	\$0	*
<i>cvs advanced acne spot treatment gel 2%</i>	\$0	*



If you have questions, please call our plan at **1-855-463-0933 (TTY:711)**, 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/betterhealth/virginia-hmosnp/formulary)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>cvs allergy relief tablet disintegrating 5mg</i>	\$0	*
<i>cvs all-purpose skin protectant ointment 15.5%; 53.4%</i>	\$0	*
<i>cvs antacid/anti-gas maximum strength tablet chewable 1000mg; 60mg</i>	\$0	*
<i>cvs b12 tablet chewable 2500mcg</i>	\$0	*
<i>cvs beauty 360 dry skin lotion</i>	\$0	*
<i>cvs chest congestion/cough hbp capsule 10mg; 200mg</i>	\$0	*
<i>cvs childrens triacting cough/runny nose liquid 1mg/5ml; 5mg/5ml</i>	\$0	*
<i>cvs cold &amp; flu hbp tablet 325mg; 2mg</i>	\$0	*
<i>cvs cold &amp; sinus relief tablet 200mg; 30mg</i>	\$0	*
<i>cvs cortisone maximum strength gel 1%</i>	\$0	*
<i>cvs daily fiber packet 58.6%</i>	\$0	*
<i>cvs daily ultra moisture lotion</i>	\$0	*
<i>cvs diabetes health support miscellaneous 50mg; 560mg; 39mg; 30mcg; 150mcg; 416mg; 10mg; 137mg; 72mg; 500unit; 245mcg; 1000mg; 10mg; 0.5mg; 25mcg; 800mcg; 250mcg; 300mcg; 50mg; 2.3mg; 20mg; 5mcg; 30mcg; 80mg; 150mcg; 3mg; 2500unit; 1.7mg; 255mcg; 2mg; 10mcg; 45mcg; 1.5mg; 50unit; 11mg</i>	\$0	*
<i>cvs dry skin therapy cream</i>	\$0	*
<i>cvs dry skin therapy lotion</i>	\$0	*
<i>cvs extra moisturizing lotion</i>	\$0	*
<i>cvs gentle skin cleanser lotion</i>	\$0	*
<i>cvs glucosamine/chondroitin maximum strength tablet 400mg; 500mg</i>	\$0	*
<i>cvs hair/skin/nails tablet 60mg; 1500mcg; 0.5mg; 100mg; 500unit; 100mcg; 250mcg; 50mg; 10mg; 50mg; 2500unit; 0.85mg; 2.5mg; 6.25mg; 0.75mg; 30unit; 7.5mg</i>	\$0	*

**If you have questions**, please call our plan at **1-855-463-0933 (TTY:711)**, 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. **For more information**, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/betterhealth/virginia-hmosnp/formulary)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>cvs immune support vitamin c packet 1mg; 1000mg; 50mg; 2.5mg; 10mcg; 25mcg; 12.5mcg; 60mg; 0.5mg; 5mg; 38mg; 200mg; 10mg; 1mg; 0.43mg; 60mg; 0.38mg; 2mg</i>	\$0	*
<i>cvs intense dry skin therapy lotion</i>	\$0	*
<i>cvs laxative dietary supplement tablet 500mg</i>	\$0	*
<i>cvs menopause support tablet 80mg; 1.5mg; 100mg; 50mg; 120mcg; 25mg; 25mcg; 400mcg; 80mg; 20mg; 8.25mg; 20mg; 5mg; 70mcg; 5mg; 30unit</i>	\$0	*
<i>cvs miconazole 1 combination pack kit</i>	\$0	*
<i>cvs mini enema kids enema 100mg/5ml</i>	\$0	*
<i>cvs moisturizing cream</i>	\$0	*
<i>cvs moisturizing lotion lotion</i>	\$0	*
<i>cvs nasal decongestant capsule 30mg</i>	\$0	*
<i>cvs skin therapy ultra restoring lotion</i>	\$0	*
<i>cvs sore throat lozenge 15mg; 2.6mg</i>	\$0	*
<i>cvs special care lotion</i>	\$0	*
<i>cvs stomach relief tablet 262mg</i>	\$0	*
<i>cvs stool softener capsule 50mg</i>	\$0	*
<i>cvs stuffy nose &amp; cold childrens liquid 100mg/5ml; 2.5mg/5ml</i>	\$0	*
<i>cvs therapeutic dandruff extra strength shampoo 1%</i>	\$0	*
<i>cyanocobalamin injection 1000mcg/ml</i>	\$0	*
<i>cyanocobalamin nasal solution 500mcg/0.1ml</i>	\$0	*
<i>d3 capsule 10000unit</i>	\$0	*
<i>daily diabetes health pack miscellaneous 50mg; 590mg; 30mcg; 150mcg; 220mg; 70mg; 395mcg; 25mcg; 0.9mg; 1200mg; 500mcg; 50mg; 150mcg; 250mcg; 300mcg; 300mg; 2.3mg; 45mcg; 20mg; 360mg; 10mg; 50mg; 80mg; 3mg; 1.7mg; 55mcg; 2mg; 1.5mg; 10mcg; 750mcg; 50mcg; 22.5mg; 30mcg; 11mg</i>	\$0	*
<i>daily fiber powder 43%</i>	\$0	*



**If you have questions**, please call our plan at **1-855-463-0933 (TTY:711)**, 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. **For more information**, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/better-health/virginia-hmosnp/formulary)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>daily heart health support miscellaneous 60mg; 30mcg; 220mg; 10mg; 20mg; 72mg; 1500unit; 45mcg; 50mg; 0.5mg; 525mcg; 1gm; 400mcg; 250mcg; 300mcg; 50mg; 2.3mg; 20mg; 5mcg; 300mg; 30mcg; 80mg; 150mcg; 3mg; 2500unit; 1.7mg; 2mg; 5mg; 150mcg; 10mcg; 45mcg; 55mcg; 1.5mg; 50unit; 11mg</i>	\$0	*
<i>daily moisturizing lotion</i>	\$0	*
<i>daily pak maximum multivitamin/asian ginseng extract miscellaneous 590mg; 100mg; 80mcg; 150mcg; 1120mg; 60mg; 72mg; 500unit; 45mcg; 0.9mg; 75mcg; 900mcg; 250mcg; 300mcg; 50mg; 2.3mg; 70mg; 5mcg; 110mg; 30mcg; 80mg; 150mcg; 53mg; 2500unit; 51.7mg; 2mg; 10mcg; 45mcg; 55mcg; 51.5mg; 250unit; 11mg</i>	\$0	*
<i>daily vitamin formula tablet 60mg; 400unit; 6mcg; 20mg; 2mg; 1.7mg; 1.5mg; 5000unit</i>	\$0	*
<i>daily vitamins tablet 60mg; 400unit; 6mcg; 0.4mg; 20mg; 2mg; 5000unit; 1.7mg; 1.5mg</i>	\$0	*
<i>dandruff shampoo shampoo 1%</i>	\$0	*
<i>dayhist allergy 12 hour relief tablet 1.34mg</i>	\$0	*
<i>daytime cough liquid 15mg/15ml</i>	\$0	*
<i>d-cerin cream 33%</i>	\$0	*
<i>ddrops liquid 1000unt/0.03ml, 1000ut/0.028ml, 2000ut/0.028ml</i>	\$0	*
<i>decara capsule 25000unit</i>	\$0	*
<i>deconex ir tablet 385mg; 10mg</i>	\$0	*
<i>decorel forte plus severe cold/cough relief tablet 325mg; 15mg; 200mg; 5mg</i>	\$0	*
<i>dekas essential capsule 2000unit; 1000mcg; 2000unit; 150unit</i>	\$0	*
<i>delsym cough + cold nighttime childrens liquid 325mg/10ml; 12.5mg/10ml; 5mg/10ml</i>	\$0	*
<i>dermabase oil in water cream</i>	\$0	*
<i>dermaide aloe cream 70%</i>	\$0	*
<i>dermal therapy extra strength body lotion</i>	\$0	*

If you have questions, please call our plan at 1-855-463-0933 (TTY:711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/betterhealth/virginia-hmosnp/formulary)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>dermal therapy face care moisturizing lotion</i>	\$0	*
<i>dermal therapy foot massage lotion</i>	\$0	*
<i>dermal therapy hand elbow &amp; knee cream lotion</i>	\$0	*
<i>dermal therapy heel care lotion</i>	\$0	*
<i>dermamed ointment</i>	\$0	*
<i>dermarest psoriasis gel 3%</i>	\$0	*
<i>dermazinc cream</i>	\$0	*
<i>dermazinc shampoo 2%</i>	\$0	*
<i>dermazinc spray liquid 0.25%</i>	\$0	*
<i>dermend fragile skin moisturizing formula cream</i>	\$0	*
<i>dermend moisturizing bruise formula cream</i>	\$0	*
<i>dermoplast aerosol 20%; 0.5%</i>	\$0	*
<i>desenex cream 1%</i>	\$0	*
<i>desenex powder 2%</i>	\$0	*
<i>desgen pediatric liquid 5mg/ml; 50mg/ml; 2.5mg/ml</i>	\$0	*
<i>desitin cream 13%</i>	\$0	*
<i>desitin multi-purpose healing ointment 71.3%</i>	\$0	*
<i>despec dm syrup 10mg/5ml; 100mg/5ml; 5mg/5ml</i>	\$0	*
<i>despec eda liquid 5mg/ml; 50mg/ml; 2.5mg/ml</i>	\$0	*
<i>dexbrompheniramine/dm/phenylephrine liquid 2mg/5ml; 15mg/5ml; 7.5mg/5ml</i>	\$0	*
<i>dextromethorphan hbr capsule 15mg</i>	\$0	*
<i>dextromethorphan hydrobromide/guaifenesin liquid 10mg/5ml; 100mg/5ml</i>	\$0	*
<i>dextromethorphan hydrobromide/guaifenesin/phenylephrine hydr tablet 17.5mg; 385mg; 10mg</i>	\$0	*
<i>dextromethorphan polistirex er suspension extended release 30mg/5ml</i>	\$0	*
<i>dextromethorphan/guaifenesin liquid 5mg/5ml; 100mg/5ml</i>	\$0	*
<i>dextromethorphan/guaifenesin/phenylephrine liquid 18mg/15ml; 200mg/15ml; 10mg/15ml</i>	\$0	*



If you have questions, please call our plan at **1-855-463-0933 (TTY:711)**, 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/better-health/virginia-hmosnp/formulary)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>diabetes health pack miscellaneous 50mg; 560mg; 30mcg; 200mg; 10mg; 48mg; 400unit; 350mcg; 2mg; 25mcg; 800mcg; 50mg; 250mcg; 100mg; 2mg; 20mg; 5mcg; 80mg; 72mg; 150mcg; 3mg; 5000unit; 1.7mg; 150mcg; 2mg; 10mcg; 75mcg; 70mcg; 1.5mg; 45unit; 10mcg; 15mg</i>	\$0	*
<i>diabetic tussin cough/chest congestion dm maximum strength liquid 10mg/5ml; 200mg/5ml</i>	\$0	*
<i>diabetiderm cream</i>	\$0	*
<i>diabetiderm foot rejuvenating cream</i>	\$0	*
<i>diabetiderm lotion</i>	\$0	*
<i>diabet-x daily prevention skin therapy cream 0.3%</i>	\$0	*
<i>dialyvite 800 tablet 60mg; 300mcg; 6mcg; 800mcg; 20mg; 10mg; 10mg; 1.7mg; 1.5mg</i>	\$0	*
<i>dialyvite 800/zinc tablet 60mg; 300mcg; 6mcg; 800mcg; 20mg; 10mg; 10mg; 1.7mg; 1.5mg; 50mg</i>	\$0	*
<i>diaper rash cream 10%</i>	\$0	*
<i>diastix strip</i>	\$0	*
<i>diclofenac sodium gel 1%</i>	\$0	*
<i>di-dak-sol solution 0.013%</i>	\$0	*
<i>diethylpropion hcl er tablet extended release 24 hour 75mg</i>	\$0	PA; *
<i>diethylpropion hcl tablet 25mg</i>	\$0	PA; *
<i>di-gel suspension 282mg/5ml; 87mg/5ml; 25mg/5ml</i>	\$0	*
<i>dimaphen dm cold &amp; cough liquid 1mg/5ml; 5mg/5ml; 2.5mg/5ml</i>	\$0	*
<i>dimetapp children's cold &amp; cough liquid 1mg/5ml; 5mg/5ml; 2.5mg/5ml</i>	\$0	*
<i>dimetapp long acting cough plus cold syrup 1mg/5ml; 7.5mg/5ml</i>	\$0	*
<i>diphenhydramine hcl capsule 50mg</i>	\$0	*
<i>diphenhydramine hcl/zinc acetate cream 2%; 0.1%</i>	\$0	*
<i>diphenhydramine hydrochloride capsule 25mg</i>	\$0	*
<i>diphenhydramine hydrochloride liquid 12.5mg/5ml, 6.25mg/ml</i>	\$0	*
<i>diphenhydramine hydrochloride tablet 25mg</i>	\$0	*

If you have questions, please call our plan at 1-855-463-0933 (TTY:711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/betterhealth/virginia-hmosnp/formulary)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>diphenhydramine hydrochloride tablet chewable 12.5mg</i>	\$0	*
<i>dml forte cream</i>	\$0	*
<i>dml lotion</i>	\$0	*
<i>docosanol cream 10%</i>	\$0	*
<i>docusate calcium capsule 240mg</i>	\$0	*
<i>docusate mini enema 283mg/5ml</i>	\$0	*
<i>docusate sodium capsule 100mg, 250mg</i>	\$0	*
<i>docusate sodium liquid 50mg/5ml</i>	\$0	*
<i>docusate sodium syrup 60mg/15ml</i>	\$0	*
<i>docusate sodium tablet 100mg</i>	\$0	*
<i>dok tablet 100mg</i>	\$0	*
<i>dometuss-dmx liquid 30mg/5ml; 200mg/5ml; 10mg/5ml</i>	\$0	*
<i>dona packet 1500mg</i>	\$0	*
<i>dona tablet 375mg</i>	\$0	*
<i>double antibiotic ointment 500unit/gm; 10000unit/gm</i>	\$0	*
<i>dr smiths diaper ointment 10%</i>	\$0	*
<i>dr smiths rash + skin aerosol 10%</i>	\$0	*
<i>dramamine motion sicknessfor kids tablet chewable 25mg</i>	\$0	*
<i>dry eye relief gel 1%</i>	\$0	*
<i>dulcolax liquid suspension 1200mg/15ml</i>	\$0	*
<i>duofilm solution 17%</i>	\$0	*
<i>duravent dm tablet 15mg; 395mg; 10mg</i>	\$0	*
<i>duravent pe tablet 395mg; 10mg</i>	\$0	*
<i>durex realfeel non-latex device</i>	\$0	*
<i>earwax removal solution 6.5%</i>	\$0	QL (15 ML per 30 days); *
<i>easy flow black/blue device</i>	\$0	*
<i>easy flow black/orange device</i>	\$0	*
<i>easy flow black/red device</i>	\$0	*
<i>easy flow black/white device</i>	\$0	*
<i>easy flow black/yellow device</i>	\$0	*



If you have questions, please call our plan at 1-855-463-0933 (TTY:711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/better-health/virginia-hmosnp/formulary)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>easy flow white/blue device</i>	\$0	*
<i>easy flow white/green device</i>	\$0	*
<i>easy flow white/pink device</i>	\$0	*
<i>easy flow white/white device</i>	\$0	*
<i>easy flow white/yellow device</i>	\$0	*
<i>ed a-hist dm liquid 4mg/5ml; 15mg/5ml; 10mg/5ml</i>	\$0	*
<i>ed a-hist dm tablet 4mg; 10mg; 10mg</i>	\$0	*
<i>ed bron gp liquid 100mg/5ml; 5mg/5ml</i>	\$0	*
<i>ed chlorped jr syrup 2mg/5ml</i>	\$0	*
<i>effervescent pain relief tablet effervescent 325mg; 1000mg; 1916mg</i>	\$0	*
<i>eldertonic liquid 13.5%; 2mcg/15ml; 3mg/15ml; 0.7mg/15ml; 7mg/15ml; 0.7mg/15ml; 0.6mg/15ml; 0.5mg/15ml; 5mg/15ml</i>	\$0	*
<i>electrolyte solution</i>	\$0	*
<i>elon matrix 5000 tablet 5000mcg; 50mg; 100mg</i>	\$0	*
<i>elon matrix plus tablet 3000mcg; 50mg; 100mg</i>	\$0	*
<i>elon matrix 5000 complete tablet 100mg; 5000mcg; 8.3mg; 333unit; 50mg; 50mg; 33mcg; 33mg; 200mg; 250mcg; 33mg; 10mg; 1666unit; 1.7mg; 100mg; 33unit; 15mg</i>	\$0	*
<i>elon matrix complete tablet 100mg; 3000mcg; 50mg; 50mg; 33mcg; 33mg; 200mg; 250mcg; 33mg; 8.3mg; 10mg; 1666unit; 1.7mg; 100mg; 33unit; 333unit; 15mg</i>	\$0	*
<i>elon r3 tablet 2500mcg; 25mg; 100mg</i>	\$0	*
<i>elon skin repair system cream</i>	\$0	*
<i>emergen-c blue packet 1mg/8.4gm; 1000mg/8.4gm; 50mg/8.4gm; 10mcg/8.4gm; 25mcg/8.4gm; 12.5mcg/8.4gm; 60mg/8.4gm; 0.5mg/8.4gm; 5mg/8.4gm; 2.5mg/8.4gm; 38mg/8.4gm; 200mg/8.4gm; 10mg/8.4gm; 1mg/8.4gm; 0.43mg/8.4gm; 10mg/8.4gm; 60mg/8.4gm; 0.38mg/8.4gm; 2mg/8.4gm</i>	\$0	*

If you have questions, please call our plan at 1-855-463-0933 (TTY:711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/betterhealth/virginia-hmosnp/formulary)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>emergen-c five packet 1mg/4.8gm; 1000mg/4.8gm; 50mg/4.8gm; 10mcg/4.8gm; 2.5mcg/4.8gm; 12.5mcg/4.8gm; 60mg/4.8gm; 0.5mg/4.8gm; 5mg/4.8gm; 2.5mg/4.8gm; 38mg/4.8gm; 200mg/4.8gm; 10mg/4.8gm; 1mg/4.8gm; 0.43mg/4.8gm; 60mg/4.8gm; 0.38mg/4.8gm; 2mg/4.8gm</i>	\$0	*
<i>emergen-c heart health packet 1mg/9gm; 1000mg/9gm; 50mg/9gm; 10mcg/9gm; 25mcg/9gm; 12.5mcg/9gm; 2mg/9gm; 60mg/9gm; 0.5mg/9gm; 5mg/9gm; 2.5mg/9gm; 38mg/9gm; 200mg/9gm; 10mg/9gm; 1mg/9gm; 0.43mg/9gm; 60mg/9gm; 650mg/9gm; 0.38mg/9gm; 2mg/9gm</i>	\$0	*
<i>emergen-c immune packet 1000mg/9.2gm; 50mg/9.2gm; 2.5mg/9.2gm; 1000unit/9.2gm; 10mcg/9.2gm; 25mcg/9.2gm; 100mcg/9.2gm; 500mg/9.2gm; 60mg/9.2gm; 0.5mg/9.2gm; 4mg/9.2gm; 38mg/9.2gm; 200mg/9.2gm; 10mg/9.2gm; 0.43mg/9.2gm; 70mg/9.2gm; 0.38mg/9.2gm; 10mg/9.2gm</i>	\$0	*
<i>emergen-c immune plus packet 1000mg/8.9gm; 50mg/8.9gm; 1000unit/8.9gm; 10mcg/8.9gm; 25mcg/8.9gm; 100mcg/8.9gm; 38mg/8.9gm; 0.5mg/8.9gm; 4mg/8.9gm; 2.5mg/8.9gm; 38mg/8.9gm; 200mg/8.9gm; 10mg/8.9gm; 0.43mg/8.9gm; 70mg/8.9gm; 0.38mg/8.9gm; 10mg/8.9gm</i>	\$0	*
<i>emergen-c immune+ packet 1000mg/9.5gm; 50mg/9.5gm; 10mcg/9.5gm; 25mcg/9.5gm; 100mcg/9.5gm; 53mg/9.5gm; 0.5mg/9.5gm; 4.5mg/9.5gm; 2.5mg/9.5gm; 38mg/9.5gm; 200mg/9.5gm; 10mg/9.5gm; 0.39mg/9.5gm; 75mg/9.5gm; 0.36mg/9.5gm; 25mcg/9.5gm; 10mg/9.5gm</i>	\$0	*



**If you have questions**, please call our plan at **1-855-463-0933 (TTY:711)**, 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. **For more information**, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/better-health/virginia-hmosnp/formulary)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>emergen-c immune+ warmers packet</i> 1000mg/9.3gm; 50mg/9.3gm; 2.5mg/9.3gm; 1000unit/9.3gm; 10mcg/9.3gm; 25mcg/9.3gm; 100mcg/9.3gm; 500mg/9.3gm; 60mg/9.3gm; 0.5mg/9.3gm; 4mg/9.3gm; 38mg/9.3gm; 200mg/9.3gm; 10mg/9.3gm; 0.43mg/9.3gm; 70mg/9.3gm; 0.38mg/9.3gm; 10mg/9.3gm	\$0	*
<i>emergen-c joint health packet</i> 1mg/9.3gm; 333mg/9.3gm; 50mg/9.3gm; 400mg/9.3gm; 10mcg/9.3gm; 25mcg/9.3gm; 12.5mcg/9.3gm; 500mg/9.3gm; 82mg/9.3gm; 60mg/9.3gm; 0.5mg/9.3gm; 5mg/9.3gm; 2.5mg/9.3gm; 38mg/9.3gm; 200mg/9.3gm; 10mg/9.3gm; 0.43mg/9.3gm; 110mg/9.3gm; 0.38mg/9.3gm; 2mg/9.3gm	\$0	*
<i>emergen-c kidz packet</i> 250mg; 100mg; 2.5mg; 10mcg; 25mcg; 100mcg; 60mg; 0.5mg; 4mg; 38mg; 250mg; 10mg; 70mg; 2mg	\$0	*
<i>emergen-c msm lite packet</i> 1mg/4.8gm; 1000mg/4.8gm; 50mg/4.8gm; 10mcg/4.8gm; 25mcg/4.8gm; 25mcg/4.8gm; 60mg/4.8gm; 0.5mg/4.8gm; 1000mg/4.8gm; 10mg/4.8gm; 98mg/4.8gm; 200mg/4.8gm; 60mg/4.8gm; 2mg/4.8gm	\$0	*
<i>emergen-c pink packet</i> 1mg/9.4gm; 1000mg/9.4gm; 50mg/9.4gm; 2.5mg/9.4gm; 10mcg/9.4gm; 25mcg/9.4gm; 12.5mcg/9.4gm; 60mg/9.4gm; 0.5mg/9.4gm; 5mg/9.4gm; 38mg/9.4gm; 200mg/9.4gm; 10mg/9.4gm; 1mg/9.4gm; 0.43mg/9.4gm; 10mg/9.4gm; 60mg/9.4gm; 0.38mg/9.4gm; 2mg/9.4gm	\$0	*
<i>emergen-c super fruit packet</i> 1000mg/8.4gm; 50mg/8.4gm; 10mcg/8.4gm; 25mcg/8.4gm; 100mcg/8.4gm; 60mg/8.4gm; 0.5mg/8.4gm; 4mg/8.4gm; 2.5mg/8.4gm; 38mg/8.4gm; 200mg/8.4gm; 10mg/8.4gm; 0.43mg/8.4gm; 65mg/8.4gm; 0.38mg/8.4gm; 2mg/8.4gm	\$0	*

If you have questions, please call our plan at 1-855-463-0933 (TTY:711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/betterhealth/virginia-hmosnp/formulary)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>emergen-c vitamin c lite packet 1mg/3.8gm; 1000mg/3.8gm; 50mg/3.8gm; 10mcg/3.8gm; 25mcg/3.8gm; 25mcg/3.8gm; 60mg/3.8gm; 0.5mg/3.8gm; 10mg/3.8gm; 98mg/3.8gm; 200mg/3.8gm; 60mg/3.8gm; 2mg/3.8gm</i>	\$0	*
<i>emergen-c vitamin c packet 1mg/8.3gm; 1000mg/8.3gm; 50mg/8.3gm; 2.5mg/8.3gm; 10mcg/8.3gm; 25mcg/8.3gm; 12.5mcg/8.3gm; 60mg/8.3gm; 0.5mg/8.3gm; 5mg/8.3gm; 38mg/8.3gm; 200mg/8.3gm; 10mg/8.3gm; 1mg/8.3gm; 0.43mg/8.3gm; 60mg/8.3gm; 0.38mg/8.3gm; 2mg/8.3gm</i>	\$0	*
<i>emergen-c vitamin d &amp; calcium packet 1mg/8.8gm; 500mg/8.8gm; 500mg/8.8gm; 2.5mg/8.8gm; 1000unit/8.8gm; 10mcg/8.8gm; 12.5mcg/8.8gm; 6.25mcg/8.8gm; 50mg/8.8gm; 0.5mg/8.8gm; 2.5mg/8.8gm; 110mg/8.8gm; 5mg/8.8gm; 1mg/8.8gm; 0.22mg/8.8gm; 30mg/8.8gm; 0.19mg/8.8gm; 2mg/8.8gm</i>	\$0	*
<i>emollia-creme cream</i>	\$0	*
<i>emollia-lotion lotion</i>	\$0	*
<i>empty vegetable capsule/snap closure #0 capsule</i>	\$0	*
<i>empty vegetable capsule/snap closure #00 capsule</i>	\$0	*
<i>empty vegetable capsule/snap closure #1 capsule</i>	\$0	*
<i>encare suppository 100mg</i>	\$0	*
<i>endacof-dm liquid 1mg/5ml; 5mg/5ml; 2.5mg/5ml</i>	\$0	*
<i>endur-acin tablet extended release 750mg</i>	\$0	*
<i>enema disposable enema 7gm/118ml; 19gm/118ml</i>	\$0	*
<i>enema mineral oil enema</i>	\$0	*
<i>energy booster packet 1mg; 1000mg; 50mg; 2.5mg; 10mcg; 2.5mg; 12.5mg; 60mg; 0.5mcg; 5mg; 38mg; 200mg; 10mg; 1mg; 0.43mg; 60mg; 0.38mg</i>	\$0	*
<i>ephrine nose drops solution 1%</i>	\$0	*
<i>epilyt lotion</i>	\$0	*
<i>eq therapeutic dry skin cream</i>	\$0	*
<i>eq therapeutic moisturizing cream</i>	\$0	*



**If you have questions**, please call our plan at **1-855-463-0933 (TTY:711)**, 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. **For more information**, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/better-health/virginia-hmosnp/formulary)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>eql absolute moisture dry skin lotion</i>	\$0	*
<i>eql advanced recovery skin care lotion</i>	\$0	*
<i>eql advanced skin therapy lotion</i>	\$0	*
<i>eql aloe after sun lotion</i>	\$0	*
<i>eql antibacterial deodorant soap bar 0.3%</i>	\$0	*
<i>eql calcium/vitamin d capsule 600mg; 100unit</i>	\$0	*
<i>eql melatonin/vitamin b-6 tablet 3mg; 1mg</i>	\$0	*
<i>eql moisturizing cream</i>	\$0	*
<i>eql one daily womens tablet 60mg; 30mcg; 450mg; 5mg; 800unit; 120mcg; 2mg; 6mcg; 18mg; 400mcg; 50mg; 2mg; 10mg; 25mcg; 2mg; 2500unit; 1.7mg; 20mcg; 1.5mg; 30unit; 15mg</i>	\$0	*
<i>eql ultra moisturizing daily lotion</i>	\$0	*
<i>equalactin tablet chewable 625mg</i>	\$0	*
<i>ergocalciferol solution 8000unit/ml</i>	\$0	*
<i>esomeprazole magnesium dr24hr tablet delayed release 20mg</i>	\$0	*
<i>ethyl oleate liquid</i>	\$0	*
<i>ethyl rubbing alcohol solution 70%</i>	\$0	*
<i>eucerin advanced repair cream</i>	\$0	*
<i>eucerin advanced repair hand cream</i>	\$0	*
<i>eucerin baby lotion</i>	\$0	*
<i>eucerin daily hydration cream</i>	\$0	*
<i>eucerin daily hydration spf15 lotion 3.4%; 2%; 3.4%; 4.7%</i>	\$0	*
<i>eucerin daily protection/spf 30 lotion 4.5%; 7.5%; 2%; 2.38%; 4.85%</i>	\$0	*
<i>eucerin intensive repair lotion</i>	\$0	*
<i>eucerin lotion</i>	\$0	*
<i>eucerin original healing lotion</i>	\$0	*
<i>eucerin plus cream 2.5%; 10%</i>	\$0	*
<i>eucerin plus lotion 5%; 5%</i>	\$0	*
<i>eucerin professional repair rich feel lotion</i>	\$0	*
<i>eucerin redness relief night creme cream</i>	\$0	*
<i>eucerin roughness relief cream</i>	\$0	*

**If you have questions**, please call our plan at **1-855-463-0933 (TTY:711)**, 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. **For more information**, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/better-health/virginia-hmosnp/formulary)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>eucerin roughness relief lotion</i>	\$0	*
<i>eucerin smoothing repair advanced formula lotion</i>	\$0	*
<i>evolution60 packet</i>	\$0	*
<i>ex-lax maximum strength tablet 25mg</i>	\$0	*
<i>ex-lax tablet chewable 15mg</i>	\$0	*
<i>eye allergy relief solution 0.025%; 0.3%, 0.027%; 0.315%</i>	\$0	*
<i>ezfe 200 capsule 200mg</i>	\$0	*
<i>fast freeze pro style therapy gel 3.5%</i>	\$0	*
<i>fc2 female condom miscellaneous</i>	\$0	*
<i>femquil capsule 25mg; 2.25mg; 30mg; 25mg; 100mcg; 25mg; 170mcg; 6.25mg; 25mg; 12.5mg; 10mg; 7.5mg; 12.5mg; 12.5mg</i>	\$0	*
<i>ferretts chewable iron tablet chewable 18mg</i>	\$0	*
<i>ferretts tablet 325mg</i>	\$0	*
<i>ferrimin 150 tablet 150mg</i>	\$0	*
<i>ferrous fumarate 324 tablet 324mg</i>	\$0	*
<i>ferrous fumarate tablet 29mg</i>	\$0	*
<i>ferrous gluconate tablet 240mg, 324mg</i>	\$0	*
<i>ferrous sulfate solution 220mg/5ml, 300mg/5ml</i>	\$0	*
<i>ferrous sulfate tablet 27mg, 325mg</i>	\$0	*
<i>ferrous sulfate tablet delayed release 324mg, 325mg</i>	\$0	*
<i>feverall infants suppository 80mg</i>	\$0	*
<i>feverall junior strength suppository 325mg</i>	\$0	*
<i>fexofenadine hydrochloride tablet 180mg, 60mg</i>	\$0	*
<i>fexofenadine hydrochloride/pseudoephedrine hydrochloride er tablet extended release 12 hour 60mg; 120mg</i>	\$0	*
<i>fiber powder 28.3%</i>	\$0	*
<i>fiber tabs tablet 625mg</i>	\$0	*
<i>fiber therapy tablet 500mg</i>	\$0	*
<i>first aid antiseptic ointment ointment 10%</i>	\$0	*
<i>fish oil capsule 60mg; 90mg; 500mg; 158mg</i>	\$0	*
<i>fish oil capsule delayed release 1000mg; 300mg</i>	\$0	*



If you have questions, please call our plan at **1-855-463-0933 (TTY:711)**, 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/betterhealth/virginia-hmosnp/formulary)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>fish oil pearls capsule 150mg, 180mg, 75mg; 91.67mg; 183.33mg</i>	\$0	*
<i>fish oil tablet chewable 90mg; 135mg; 875mg</i>	\$0	*
<i>fish oil triple strength capsule 1400mg; 850mg</i>	\$0	*
<i>flanders buttocks ointment 66.2%; 13.4%</i>	\$0	*
<i>fleet liquid glycerin suppositories enema 5.4gm/dose</i>	\$0	*
<i>flonase allergy relief suspension 50mcg/act</i>	\$0	*
<i>flonase sensimist childrens suspension 27.5mcg/spray</i>	\$0	*
<i>flonase sensimist suspension 27.5mcg/spray</i>	\$0	*
<i>floranex one capsule 200mg; 250mg</i>	\$0	*
<i>flu/severe cold &amp; cough daytime packet 650mg; 20mg; 10mg</i>	\$0	*
<i>folbee plus tablet 60mg; 300mcg; 10mg; 1mg; 5mg; 20mg; 50mg; 1.5mg; 1.5mg</i>	\$0	*
<i>folic acid capsule 20mg, 800mcg</i>	\$0	*
<i>folic acid tablet 1mg</i>	\$0	*
<i>folic acid tablet 400mcg, 800mcg</i>	\$0	*
<i>folitab 500 tablet extended release 500mg; 525mg; 0.8mg</i>	\$0	*
<i>fortanx rf capsule 3mg; 2mg; 35mg; 90.314mg</i>	\$0	*
<i>fora gtel blood ketone test strips strip</i>	\$0	*
<i>fora test n' go advance/voice/6 connect strip</i>	\$0	*
<i>freeze it fast pain relief gel 3.5%</i>	\$0	*
<i>freshkote solution 2.7%; 2%</i>	\$0	*
<i>full spectrum b/vitamin c tablet 60mg; 300mcg; 6mcg; 800mcg; 20mg; 10mg; 10mg; 1.7mg; 1.5mg</i>	\$0	*
<i>fungoid tincture kit 2%</i>	\$0	*
<i>garlic oil 1000 capsule 2mg</i>	\$0	*
<i>garlic tablet 200mg, 400mg</i>	\$0	*
<i>garlic tablet delayed release 2000mg</i>	\$0	*
<i>gas relief infants liquid 20mg/0.3ml</i>	\$0	*
<i>gas-x extra strength strip 62.5mg</i>	\$0	*
<i>gas-x infant drops liquid 20mg/0.3ml</i>	\$0	*

If you have questions, please call our plan at 1-855-463-0933 (TTY:711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/better-health/virginia-hmosnp/formulary)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>gaviscon extra strength tablet chewable 160mg; 105mg</i>	\$0	*
<i>gaviscon suspension 95mg/15ml; 358mg/15ml</i>	\$0	*
<i>gaviscon tablet chewable 80mg; 14.2mg</i>	\$0	*
<i>gcon ir tablet 385mg; 10mg</i>	\$0	*
<i>gencontuss liquid 2mg/5ml; 10mg/5ml; 5mg/5ml</i>	\$0	*
<i>genteal severe tears gel 0.3%</i>	\$0	*
<i>genteal tears liquid drops moderate solution 0.1%; 0.2%; 0.3%</i>	\$0	*
<i>genteal tears moderate pf solution 0.1%; 0.3%</i>	\$0	*
<i>genteal tears severe day/night gel 0.4%; 0.3%</i>	\$0	*
<i>gentle skin cleanser liquid</i>	\$0	*
<i>gentle skin cleanser lotion</i>	\$0	*
<i>giltuss allergy plus cough &amp; congestion liquid 2mg/5ml; 10mg/5ml; 5mg/5ml</i>	\$0	*
<i>giltuss cough &amp; cold liquid 15mg/5ml; 300mg/5ml; 10mg/5ml</i>	\$0	*
<i>giltuss cough &amp; cold tablet 28mg; 388mg; 10mg</i>	\$0	*
<i>giltuss ex expectorant childrens liquid 200mg/5ml</i>	\$0	*
<i>giltuss ex maximum strength liquid 400mg/10ml</i>	\$0	*
<i>giltuss sinus &amp; congestion tablet 388mg; 10mg</i>	\$0	*
<i>glenmax peb dm liquid 2mg/5ml; 10mg/5ml; 5mg/5ml</i>	\$0	*
<i>glucosamine chondroitin complex tablet 30mg; 200mg; 250mg; 2.5mg; 28mg</i>	\$0	*
<i>glucosamine msm complex tablet 20mg; 33.3mg; 500mg; 1.6mg; 333mg; 33.3mg</i>	\$0	*
<i>glucosamine sulfate capsule 500mg</i>	\$0	*
<i>glucosamine sulfate tablet 500mg</i>	\$0	*
<i>glucosamine/chondroitin capsule 200mg; 250mg</i>	\$0	*
<i>glucosamine/chondroitin liquid 1500mg/30ml; 1200mg/30ml, 60mg/30ml; 1200mg/30ml; 2000mg/30ml</i>	\$0	*
<i>glucosamine/chondroitin triple strength tablet 600mg; 750mg</i>	\$0	*



If you have questions, please call our plan at **1-855-463-0933 (TTY:711)**, 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/better-health/virginia-hmosnp/formulary)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>glucosamine-chondroitin capsule 400mg; 500mg</i>	\$0	*
<i>glucose gel 40%</i>	\$0	*
<i>glucose instant energy tablet chewable 6mg; 4gm</i>	\$0	*
<i>glucose liquid liquid 15gm/59ml</i>	\$0	*
<i>glucose tablet chewable 4gm</i>	\$0	*
<i>glycerin adult suppository 2.1gm, 2gm</i>	\$0	*
<i>glycerin external liquid</i>	\$0	*
<i>glycerin infants &amp; children suppository 1.2gm, 1gm</i>	\$0	*
<i>glycotrol capsule</i>	\$0	*
<i>glycotrol complete capsule</i>	\$0	*
<i>gnp fish oil capsule delayed release 150mg; 216.67mg; 840mg</i>	\$0	*
<i>gnp immune support packet 1000mg; 50mg; 10mcg; 25mcg; 100mcg; 60mg; 0.5mg; 4mg; 2.5mg; 38mg; 200mg; 10mg; 0.43mg; 65mg; 0.38mg; 2mg</i>	\$0	*
<i>gnp iron tablet 200mg</i>	\$0	*
<i>gnp l-lysine tablet 600mg</i>	\$0	*
<i>gnp natural fiber powder 58.6%</i>	\$0	*
<i>gnp vitamin a/d ointment 15.5%; 53.4%</i>	\$0	*
<i>gojji blood ketone test strips strip</i>	\$0	*
<i>gold bond age renew crepe corrector cream</i>	\$0	*
<i>gold bond diabetics dry skin relief hand cream</i>	\$0	*
<i>gold bond essentials everyday moisture mens cream</i>	\$0	*
<i>gold bond everyday moisture mens essentials lotion</i>	\$0	*
<i>gold bond healing hand cream</i>	\$0	*
<i>gold bond healing lotion</i>	\$0	*
<i>gold bond medicated body lotion extra strength lotion 0.5%, 5%; 0.5%</i>	\$0	*
<i>gold bond medicated body lotion lotion 5%; 0.15%</i>	\$0	*
<i>gold bond pain relieving foot cream 16%</i>	\$0	*
<i>gold bond pure moisture daily body &amp; face lotion</i>	\$0	*
<i>gold bond radiance renewal hydrating cream</i>	\$0	*
<i>gold bond ultimate diabetics' dry relief lotion</i>	\$0	*
<i>gold bond ultimate healing cream</i>	\$0	*

**If you have questions**, please call our plan at **1-855-463-0933 (TTY:711)**, 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. **For more information**, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/betterhealth/virginia-hmosnp/formulary)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>gold bond ultimate healing lotion</i>	\$0	*
<i>gold bond ultimate overnight lotion</i>	\$0	*
<i>gold bond ultimate protection lotion</i>	\$0	*
<i>gold bond ultimate restoring lotion</i>	\$0	*
<i>gold bond ultimate rough &amp; bumpy skin cream</i>	\$0	*
<i>gold bond ultimate sheer ribbons pearl radiance lotion</i>	\$0	*
<i>gold bond ultimate softening lotion</i>	\$0	*
<i>gold bond ultimate soothing cream</i>	\$0	*
<i>gold bond ultimate soothing lotion</i>	\$0	*
<i>good start supreme sterile water liquid</i>	\$0	*
<i>goodsense 24-hour allergy nasal spray suspension 50mcg/act</i>	\$0	*
<i>goodsense all day allergy childrens solution 5mg/5ml</i>	\$0	*
<i>goodsense anti-itch maximum strength ointment 1%</i>	\$0	*
<i>goodsense capsaicin arthritis pain relief liquid 0.15%</i>	\$0	*
<i>goodsense corn &amp; callus remover kit 17%</i>	\$0	*
<i>goodsense esomeprazole magnesium capsule delayed release 20mg</i>	\$0	*
<i>goodsense ibuprofen childrens tablet chewable 100mg</i>	\$0	*
<i>goodsense lansoprazole capsule delayed release 15mg</i>	\$0	*
<i>goodsense miconazole 1 kit</i>	\$0	*
<i>goodsense mucus dm tablet extended release 12 hour 60mg; 1200mg</i>	\$0	*
<i>goodys extra strength packet 260mg; 520mg; 32.5mg, 325mg; 500mg; 65mg</i>	\$0	*
<i>gordomatic lotion</i>	\$0	*
<i>gordons urea cream 40%</i>	\$0	*
<i>gordons-vite a lotion 100000unit</i>	\$0	*
<i>g-supress dx pediatric liquid 5mg/ml; 50mg/ml; 2.5mg/ml</i>	\$0	*



If you have questions, please call our plan at **1-855-463-0933 (TTY:711)**, 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/better-health/virginia-hmosnp/formulary)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>g-tron ped liquid 15mg/5ml; 350mg/5ml; 10mg/5ml</i>	\$0	*
<i>g-tron pediatric drops liquid 5mg/ml; 100mg/ml; 2.5mg/ml</i>	\$0	*
<i>g-tusicof liquid 20mg/5ml; 400mg/5ml; 10mg/5ml</i>	\$0	*
<i>guaifenesin dac solution 10mg/5ml; 100mg/5ml; 30mg/5ml</i>	\$0	*
<i>guaifenesin er tablet extended release 12 hour 1200mg, 600mg</i>	\$0	*
<i>guaifenesin liquid 100mg/5ml</i>	\$0	*
<i>guaifenesin tablet 200mg, 400mg</i>	\$0	*
<i>guaifenesin/codeine solution 10mg/5ml; 100mg/5ml</i>	\$0	*
<i>guaifenesin/dextromethorphan hydrobromide tablet 20mg; 400mg</i>	\$0	*
<i>guaifenesin/dextromethorphan syrup 10mg/5ml; 100mg/5ml</i>	\$0	*
<i>guaifenesin/phenylephrine tablet 400mg; 10mg</i>	\$0	*
<i>guaifenesin/pseudoephedrine hydrochloride er tablet extended release 12 hour 1200mg; 120mg</i>	\$0	*
<i>guaifenesin/pseudoephedrine hydrochloride tablet extended release 12 hour 600mg; 60mg</i>	\$0	*
<i>g-zyncof syrup 20mg/5ml; 400mg/5ml</i>	\$0	*
<i>hair nourishing supplement tablet 59mg; 3000mcg; 10mg; 36.7mg; 6mg; 7.5mg; 12mg; 15mg</i>	\$0	*
<i>h-chlor 12 solution 0.125%</i>	\$0	*
<i>h-chlor 6 solution 0.062%</i>	\$0	*
<i>headache formula tablet 250mg; 250mg; 65mg</i>	\$0	*
<i>heart savior capsule 15mg; 50mcg; 25mg; 25mg; 200mg; 5mg; 250mg</i>	\$0	*
<i>heart tabs tablet 250unit; 50mg; 100mg; 1250unit; 15mcg; 50mg; 3mcg; 100mcg; 25mg; 25mg; 5mg; 100mg; 500mcg; 2000mcg; 25mg; 3mg; 50mg; 200unit; 1mg; 20mcg; 1mg; 95unit; 50mcg</i>	\$0	*
<i>heartburn relief extra strength suspension 254mg/5ml; 237.5mg/5ml</i>	\$0	*
<i>hemorrhoidal cream 14.4%; 15%; 0.25%; 1%</i>	\$0	*
<i>hemorrhoidal ointment 14%; 74.9%; 0.25%</i>	\$0	*

If you have questions, please call our plan at 1-855-463-0933 (TTY:711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/betterhealth/virginia-hmosnp/formulary)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>hemorrhoidal relief cream 5%</i>	\$0	*
<i>hemorrhoidal suppository 88.7%; 0.25%</i>	\$0	*
<i>herbiomed severe cold &amp; flu liquid 650mg/20ml; 20mg/20ml; 400mg/20ml; 10mg/20ml</i>	\$0	*
<i>histex pd liquid 0.938mg/ml</i>	\$0	*
<i>histex syrup 2.5mg/5ml</i>	\$0	*
<i>hm docosanol cream 10%</i>	\$0	*
<i>hm dry eye relief solution 0.2%; 0.2%; 1%</i>	\$0	*
<i>hm eye drops solution 0.05%</i>	\$0	*
<i>hm hemorrhoidal ointment 14%; 74.9%; 0.25%</i>	\$0	*
<i>honey bears tablet chewable 30mg; 3mcg; 200mcg; 5mg; 1mg; 0.85mg; 0.75mg; 750mcg; 5mcg; 7mg</i>	\$0	*
<i>honey bears w/iron and zinc tablet chewable 30mg; 200unit; 3mcg; 4.5mg; 200mcg; 5mg; 1mg; 2500unit; 0.85mg; 0.75mg; 15unit; 3.75mg</i>	\$0	*
<i>hydrasyn25 cream</i>	\$0	*
<i>hydrazone lotion lotion</i>	\$0	*
<i>hydrocerin cream</i>	\$0	*
<i>hydrocortisone cream 0.5%, 1%</i>	\$0	*
<i>hydrocortisone lotion 1%</i>	\$0	*
<i>hydrocortisone ointment 0.5%, 1%</i>	\$0	*
<i>hydrogen peroxide solution 3%</i>	\$0	*
<i>hysept 25 solution 0.25%</i>	\$0	*
<i>hysept 50 solution 0.5%</i>	\$0	*
<i>ibuprofen capsule 200mg</i>	\$0	*
<i>ibuprofen infants suspension 50mg/1.25ml</i>	\$0	*
<i>ibuprofen suspension 100mg/5ml</i>	\$0	*
<i>ibuprofen tablet 200mg</i>	\$0	*
<i>ice blue gel 2%</i>	\$0	*
<i>icy hot advanced relief pain relief patch patch 7.5%</i>	\$0	*
<i>icy hot liquid 16%</i>	\$0	*
<i>icy hot naturals cream 7.5%</i>	\$0	*
<i>icy hot original pain relief cream 10%; 30%</i>	\$0	*



If you have questions, please call our plan at **1-855-463-0933 (TTY:711)**, 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/betterhealth/virginia-hmosnp/formulary)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>immublast-c packet 1000mg; 50mg; 2.5mg; 10mcg; 25mcg; 100mcg; 60mg; 0.5mg; 4mg; 38mg; 200mg; 10mg; 0.43mg; 65mg; 0.38mg; 2mg</i>	\$0	*
<i>immunerx capsule 62.5mg; 125mg; 31.25mg; 31.25mcg; 0.25mg; 250mcg; 62.5mg; 30mg; 30mcg; 100mg; 25mg; 750mcg; 25mcg; 16.75mg; 7.5mg</i>	\$0	*
<i>immunicare capsule 15mg; 50mg; 10mg; 50mg; 10mg; 10mg; 50mg; 100mg; 10mg; 1mg; 25mg; 50mg; 25mg; 25mg; 100mg; 10mcg; 150mg; 15unit</i>	\$0	*
<i>insta-glucose gel 77.4%</i>	\$0	*
<i>instant ear-dry liquid 5%; 95%</i>	\$0	*
<i>intense cough reliever double strength liquid 20mg/5ml; 300mg/5ml</i>	\$0	*
<i>intense cough reliever liquid 30mg/5ml; 200mg/5ml</i>	\$0	*
<i>inulose blood sugar support capsule 25mg; 30mg; 50mg; 25mg; 25mg; 300mcg; 50mg; 10mg; 67mcg; 50mg; 50mg; 50mg; 25mg; 50mg; 125mg; 1mg; 25mg; 15unit; 1mg; 7.5mg</i>	\$0	*
<i>iodex ointment 4.7%</i>	\$0	*
<i>iron 100 plus tablet 250mg; 25mcg; 1mg; 100mg</i>	\$0	*
<i>iron chews pediatric tablet chewable 15mg</i>	\$0	*
<i>iron er tablet extended release 50mg</i>	\$0	*
<i>iron infant/toddler solution 15mg/ml</i>	\$0	*
<i>iron polysaccharide complex capsule 150mg</i>	\$0	*
<i>iron slow release tablet extended release 45mg</i>	\$0	*
<i>iron tablet 28mg</i>	\$0	*
<i>iron tablet extended release 45mg</i>	\$0	*
<i>iron up liquid 15mg/0.5ml</i>	\$0	*
<i>iron/vitamin c tablet 250mg; 100mg</i>	\$0	*
<i>isopropyl rubbing alcohol solution 70%</i>	\$0	*
<i>itch relief extra strength liquid 2%; 0.1%</i>	\$0	*
<i>ivermectin lotion 0.5%</i>	\$0	*
<i>j &amp; j burn cream</i>	\$0	*
<i>johnson's skin nourish moisturizing lotion</i>	\$0	*

If you have questions, please call our plan at 1-855-463-0933 (TTY:711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/better-health/virginia-hmosnp/formulary)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>kaopectate extra strength suspension 525mg/15ml</i>	\$0	*
<i>kaopectate suspension 262mg/15ml</i>	\$0	*
<i>kaopectate tablet 262mg</i>	\$0	*
<i>kendall gel skin scrub pack/large winged sponges kit 1%</i>	\$0	*
<i>kendall vaginal prep pack kit 1%</i>	\$0	*
<i>kendall wet skin scrub pack kit 1%</i>	\$0	*
<i>kera tek gel 16%; 28%</i>	\$0	*
<i>keradan cream</i>	\$0	*
<i>keralyt gel 3%</i>	\$0	*
<i>keri nourishing shea butter lotion</i>	\$0	*
<i>keri original daily moisture lotion</i>	\$0	*
<i>keto-diastrix strip</i>	\$0	*
<i>ketone test strips strip</i>	\$0	*
<i>ketotifen fumarate solution 0.035%</i>	\$0	*
<i>konsyl daily fiber packet 100%, 28.3%</i>	\$0	*
<i>konsyl daily fiber powder 60.3%</i>	\$0	*
<i>konsyl packet 60.3%</i>	\$0	*
<i>konsyl powder 71.67%</i>	\$0	*
<i>konsyl-d powder 52.3%</i>	\$0	*
<i>kp mens daily pack miscellaneous 30mcg; 150mcg; 140mg; 20mg; 72mg; 400unit; 120mcg; 2mg; 25mcg; 400mcg; 250mcg; 100mg; 2mg; 5mcg; 48mg; 10mcg; 80mg; 150mcg; 3000unit; 2mg; 10mcg; 75mcg; 20mcg; 10mcg; 100unit; 15mg</i>	\$0	*
<i>kp womens daily pack miscellaneous 30mcg; 150mcg; 20mg; 72mg; 400unit; 120mcg; 2mg; 25mcg; 400mcg; 250mcg; 100mg; 2mg; 5mcg; 48mg; 10mcg; 80mg; 150mcg; 3000unit; 2mg; 10mcg; 75mcg; 20mcg; 10mcg; 15mg</i>	\$0	*
<i>lac-hydrin five lotion 5%</i>	\$0	*
<i>lactinol hx cream</i>	\$0	*
<i>lactobacillus packet</i>	\$0	*
<i>lactose monohydrate powder</i>	\$0	*
<i>lanaphilic/urea ointment 10%, 20%</i>	\$0	*



If you have questions, please call our plan at **1-855-463-0933 (TTY:711)**, 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/better-health/virginia-hmosnp/formulary)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>land before time multivitamin/iron tablet chewable</i>	\$0	*
<i>leader finger cream</i>	\$0	*
<i>lecithin capsule 1200mg</i>	\$0	*
<i>levonorgestrel tablet 1.5mg</i>	\$0	*
<i>lice killing shampoo shampoo 4%; 0.33%</i>	\$0	QL (240 ML per 30 days); *
<i>lice treatment creme rinse liquid 1%</i>	\$0	QL (120 ML per 30 days); *
<i>lice treatment liquid 1%</i>	\$0	QL (120 ML per 30 days); *
<i>lidocaine cream 5%</i>	\$0	*
<i>lidocaine hydrochloride cream 4%</i>	\$0	*
<i>lidocaine pain relief patch patch 4%</i>	\$0	*
<i>lidocaine topical anesthetic cream 4%</i>	\$0	*
<i>life pack mens miscellaneous 700mg; 5000unit; 5mg; 600mg; 120mg; 150mg; 400unit; 10mg; 2mg; 66mcg; 18mg; 800mcg; 5mg; 10mg; 75mcg; 100mg; 2mg; 300mg; 10mg; 150mg; 30mg; 25mg; 27mg; 35mg; 5mg; 25mcg; 25mg; 230unit; 22.5mg</i>	\$0	*
<i>life pack womens miscellaneous</i>	\$0	*
<i>lintera wash foam 10%</i>	\$0	*
<i>lipidshield plus tablet</i>	\$0	*
<i>lipotriad vision support capsule 100mg; 12500unit; 40mg; 50mg; 10mg; 1.5mg; 50mg; 200mg; 12.5mg</i>	\$0	*
<i>lipotriad vision support plus capsule 100mg; 40mg; 50mg; 10mg; 1.5mg; 50mg; 200mg; 100unit; 12.5mg</i>	\$0	*
<i>lipotriad visionary capsule 113mg; 400mcg; 125mg; 50mg; 250mg; 10mg; 200mg; 100unit; 2.5mg; 17.4mg</i>	\$0	*
<i>liqsorb liquid 100mg/ml</i>	\$0	*
<i>liquid b12 liquid 1000mcg/15ml</i>	\$0	*
<i>liquid calcium with d3 maximum strength capsule 600mg; 1000unit</i>	\$0	*
<i>little tummys laxative liquid 8.8mg/ml</i>	\$0	*
<i>l-lysine hcl tablet 500mg</i>	\$0	*
<i>l-lysine tablet 1000mg, 500mg</i>	\$0	*

If you have questions, please call our plan at 1-855-463-0933 (TTY:711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/better-health/virginia-hmosnp/formulary)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>l-methylfolate forte capsule 15mg; 90.314mg, 7.5mg; 90.314mg</i>	\$0	*
<i>lohist-dm syrup 2mg/5ml; 10mg/5ml; 5mg/5ml</i>	\$0	*
<i>loperamide hydrochloride solution 1mg/7.5ml</i>	\$0	*
<i>loperamide hydrochloride suspension 1mg/7.5ml</i>	\$0	*
<i>loperamide hydrochloride tablet 2mg</i>	\$0	*
<i>loratadine capsule 10mg</i>	\$0	*
<i>loratadine childrens tablet chewable 5mg</i>	\$0	*
<i>loratadine solution 5mg/5ml</i>	\$0	*
<i>loratadine tablet 10mg</i>	\$0	*
<i>loratadine tablet disintegrating 10mg</i>	\$0	*
<i>loratadine-d 12hr tablet extended release 12 hour 5mg; 120mg</i>	\$0	*
<i>loratadine-d 24hr tablet extended release 24 hour 10mg; 240mg</i>	\$0	*
<i>lortuss ex liquid 10mg/5ml; 100mg/5ml; 30mg/5ml</i>	\$0	*
<i>lubricant eye drops solution 0.1%; 0.3%, 0.4%; 0.3%, 0.6%</i>	\$0	*
<i>lubricant eye drops/dual-action solution 0.5%; 0.9%</i>	\$0	*
<i>lubricant eye ointment 42.5%; 57.3%</i>	\$0	*
<i>lubricating skin lotion</i>	\$0	*
<i>lubriderm advanced therapy cream</i>	\$0	*
<i>lubriderm advanced therapy lotion</i>	\$0	*
<i>lubriderm daily moisture/normal to dry skin lotion</i>	\$0	*
<i>lubriderm intense skin repair lotion</i>	\$0	*
<i>lubriderm lotion</i>	\$0	*
<i>lubrisoft lotion</i>	\$0	*
<i>lysiplex plus liquid 45mg/15ml; 150mcg/15ml; 50mcg/15ml; 2mg/15ml; 800mcg/15ml; 10mg/15ml; 1000mg/15ml; 15mcg/15ml; 50mg/15ml; 50mg/15ml; 50mg/15ml; 15mg/15ml; 50mg/15ml; 2750mcg/15ml; 15mg/15ml</i>	\$0	*
<i>mag-al plus liquid 200mg/5ml; 200mg/5ml; 20mg/5ml</i>	\$0	*



**If you have questions**, please call our plan at **1-855-463-0933 (TTY:711)**, 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. **For more information**, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/betterhealth/virginia-hmosnp/formulary)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>magdelay tablet delayed release 64mg</i>	\$0	*
<i>magnesium capsule 400mg, 500mg</i>	\$0	*
<i>magnesium citrate solution 1.745gm/30ml</i>	\$0	*
<i>magnesium elemental tablet 30mg</i>	\$0	*
<i>magnesium oxide capsule 400mg, 500mg</i>	\$0	*
<i>magnesium oxide tablet 400mg, 420mg</i>	\$0	*
<i>magnesium tablet 200mg, 250mg, 400mg, 500mg</i>	\$0	*
<i>magnesium tablet chewable 200mg</i>	\$0	*
<i>mag-oxide tablet 200mg</i>	\$0	*
<i>mapap capsule 500mg</i>	\$0	*
<i>mapap cold formula multi-symptom tablet 325mg; 10mg; 5mg</i>	\$0	*
<i>maximin pack miscellaneous 1390mg; 30mcg; 150mcg; 720mg; 70mg; 45mcg; 25mcg; 0.9mg; 500mcg; 150mcg; 250mcg; 300mcg; 50mg; 2.3mg; 45mcg; 70mg; 20mg; 50mg; 80mg; 8mg; 11.9mg; 55mcg; 2mg; 5mg; 16.5mg; 10mcg; 750mcg; 35mcg; 202.5mg; 30mcg; 11mg</i>	\$0	*
<i>maxi-tuss gmx liquid 10mg/5ml; 200mg/5ml</i>	\$0	*
<i>maxi-tuss pe max liquid 100mg/5ml; 5mg/5ml</i>	\$0	*
<i>maxorb extra ag+ pad</i>	\$0	*
<i>m-clear wc solution 6.33mg/5ml; 100mg/5ml</i>	\$0	*
<i>meclizine hcl tablet 25mg</i>	\$0	*
<i>meclizine hydrochloride tablet 12.5mg</i>	\$0	*
<i>meclizine hydrochloride tablet chewable 25mg</i>	\$0	*
<i>medcaps dpo capsule 50mg; 50mg; 25mg; 50mcg; 150mg; 170mcg; 46.875mg; 25mg; 62.5mg; 12.5mg; 65.625mg; 50mg; 125mg</i>	\$0	*
<i>medcaps gi capsule 12.5mg; 125mg; 200mg; 25mg; 3.75mg</i>	\$0	*
<i>medcaps is capsule 5000mcg; 75mg; 500mcg; 50mg; 50mg; 50mg; 150mg; 2.5mg</i>	\$0	*
<i>medcaps t3 capsule 250mg; 37.5mcg; 25mg; 50mcg; 225mcg; 2.5mcg; 16.75mg; 25mg; 2.5mg</i>	\$0	*
<i>mederma ag face cream</i>	\$0	*

If you have questions, please call our plan at 1-855-463-0933 (TTY:711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/betterhealth/virginia-hmosnp/formulary)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>mederma ag hand &amp; body lotion lotion</i>	\$0	*
<i>mederma stretch marks therapy cream</i>	\$0	*
<i>medicated callus removers pad 40%</i>	\$0	*
<i>medicated corn removers pad 40%</i>	\$0	*
<i>medicated wipes pad 50%</i>	\$0	*
<i>medi-first antacid tablet chewable 420mg</i>	\$0	*
<i>medi-paste ointment</i>	\$0	*
<i>melatonin capsule 5mg</i>	\$0	*
<i>melatonin cr tablet extended release 3mg</i>	\$0	*
<i>melatonin extra strength liquid 5mg/15ml</i>	\$0	*
<i>melatonin fast dissolve tablet disintegrating 10mg</i>	\$0	*
<i>melatonin fast meltz tablet disintegrating 500mcg</i>	\$0	*
<i>melatonin gummies tablet chewable 2.5mg</i>	\$0	*
<i>melatonin liquid 1mg/4ml, 1mg/ml, 2.5mg/10ml</i>	\$0	*
<i>melatonin maximum strength capsule 10mg</i>	\$0	*
<i>melatonin prolonged release tablet extended release 10mg</i>	\$0	*
<i>melatonin quick dissolve tablet disintegrating 5mg</i>	\$0	*
<i>melatonin tablet 10mg, 300mcg, 3mg, 3mg; 10mg, 5mg</i>	\$0	*
<i>melatonin tablet chewable 2.5mg, 5mg</i>	\$0	*
<i>melatonin tablet disintegrating 3mg</i>	\$0	*
<i>melatonin tablet extended release 5mg</i>	\$0	*
<i>melatonin tablet sublingual 10mg, 3mg, 5mg</i>	\$0	*
<i>melatonin timed release tablet extended release 1mg</i>	\$0	*
<i>melatonin tr/vitamin b-6 tablet extended release 3mg; 10mg</i>	\$0	*
<i>melatonin tr/vitamin b6 tablet extended release 5mg; 10mg</i>	\$0	*
<i>memorall capsule 250mg; 50mg; 100mcg; 170mcg; 60mg; 100mcg; 100mg; 15mg; 1mg; 5mg</i>	\$0	*
<i>memory complex brain health tablet 150mg; 96mg; 3mcg; 200mcg; 60mg; 250mcg; 2.5mcg; 10mg; 5mg; 74mg; 1mg; 0.75mg</i>	\$0	*



**If you have questions**, please call our plan at **1-855-463-0933 (TTY:711)**, 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. **For more information**, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/better-health/virginia-hmosnp/formulary)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>mens daily pack packet 30mcg; 72mg; 120mcg; 25mcg; 2mg; 400mcg; 150mcg; 250mcg; 100mg; 2mg; 75mcg; 20mg; 48mg; 80mg; 20mcg; 2mg; 900mcg; 10mcg; 45mg; 10mcg; 15mg</i>	\$0	*
<i>mens pack miscellaneous 670mg; 30mcg; 200mg; 20mg; 400unit; 120mcg; 2mg; 25mcg; 400mcg; 250mcg; 100mg; 2mg; 70mg; 5mcg; 48mg; 10mcg; 80mg; 150mcg; 9mg; 3000unit; 13.6mg; 100mcg; 2mg; 150mcg; 10mcg; 25mcg; 72mg; 18mcg; 460unit; 15mg</i>	\$0	*
<i>menthol and zinc oxide ointment 0.44%; 20.625%</i>	\$0	*
<i>menthol cold/hot extra strength patch 5%</i>	\$0	*
<i>metafolbic plus rf tablet 600mg; 6mg; 2mg; 90.314mg</i>	\$0	*
<i>metamucil 3-in-1 daily fiber capsule 0.08mg; 5mg; 400mg</i>	\$0	*
<i>metamucil 4 in 1 fiber powder 43%</i>	\$0	*
<i>metamucil 4-in-1 fiber packet 51.7%</i>	\$0	*
<i>metamucil multihealth fiber singles packet 58.12%</i>	\$0	*
<i>metamucil wafer 0</i>	\$0	*
<i>methyl protect capsule 500mg; 1000mcg; 2000mcg; 10mg; 25mg</i>	\$0	*
<i>methylcobalamin tablet disintegrating 5000mcg</i>	\$0	*
<i>methyl-guard capsule 0.4mg; 600mg; 0.4mg; 6.8mg</i>	\$0	*
<i>methyl-guard plus capsule 1mg; 600mg; 1mg; 15mg; 30mg</i>	\$0	*
<i>mg plus protein tablet</i>	\$0	*
<i>mg217 psoriasis multi-symptom ointment 2%</i>	\$0	*
<i>miconazole 1 kit</i>	\$0	*
<i>miconazole 3 combination pack kit</i>	\$0	*
<i>miconazole 3 combo pack kit</i>	\$0	*
<i>miconazole 7 cream 2%</i>	\$0	*
<i>miconazole 7 suppository 100mg</i>	\$0	*
<i>miconazole nitrate cream 2%</i>	\$0	*
<i>migraine formula tablet 250mg; 250mg; 65mg</i>	\$0	*

If you have questions, please call our plan at 1-855-463-0933 (TTY:711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/better-health/virginia-hmosnp/formulary)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>mil adregen tablet 250mg; 250mg; 60mg; 25mg; 50mg; 50mg; 50mg; 10mg</i>	\$0	*
<i>milk of magnesia suspension 1200mg/15ml</i>	\$0	*
<i>mineral oil</i>	\$0	*
<i>minerin creme crea</i>	\$0	*
<i>minerin lotion</i>	\$0	*
<i>mintox plus tablet chewable 200mg; 200mg; 25mg</i>	\$0	*
<i>mm biotin/keratin capsule 60mg; 10000mcg; 100mg; 9mg</i>	\$0	*
<i>moisture lotion</i>	\$0	*
<i>moisture recovery lotion</i>	\$0	*
<i>moisturizing skin protectant/once a day cream 8%</i>	\$0	*
<i>moisturizing cream</i>	\$0	*
<i>moisturizing lotion</i>	\$0	*
<i>moisturizing lubricant eye drops solution 0.25%</i>	\$0	*
<i>moisturizing sensitive skin lotion</i>	\$0	*
<i>monistat 7 combination pack kit</i>	\$0	*
<i>monistat complete care chafing relief powder gel 1.2%</i>	\$0	*
<i>motion sickness relief tablet 50mg</i>	\$0	*
<i>msm skin lotion</i>	\$0	*
<i>mucinex childrens packet 5mg; 100mg</i>	\$0	*
<i>mucinex cough &amp; chest congestion capsule 10mg; 200mg</i>	\$0	*
<i>mucinex cough for kids packet 5mg; 100mg</i>	\$0	*
<i>mucinex fast max severe congestion &amp; cough capsule 10mg; 200mg</i>	\$0	*
<i>mucinex fast-max cold flu&amp; sore throat maximum strength tablet 325mg; 10mg; 200mg; 5mg</i>	\$0	*
<i>mucinex fast-max cold/flu tablet 325mg; 10mg; 200mg; 5mg</i>	\$0	*
<i>mucinex fast-max congestion &amp; headache maximum strength capsule 325mg; 10mg; 5mg</i>	\$0	*
<i>mucinex fast-max night time cold &amp; flu liquid 325mg/10ml; 12.5mg/10ml; 5mg/10ml</i>	\$0	*



If you have questions, please call our plan at **1-855-463-0933 (TTY:711)**, 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/betterhealth/virginia-hmosnp/formulary)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>mucinex fast-max severe congestion &amp; cough tablet 10mg; 200mg; 5mg</i>	\$0	*
<i>mucinex for kids packet 100mg</i>	\$0	*
<i>mucinex multi-symptom cold night time childrens liquid 325mg/10ml; 12.5mg/10ml; 5mg/10ml</i>	\$0	*
<i>mucinex sinus-max night time congestion &amp; cough liquid 325mg/10ml; 12.5mg/10ml; 5mg/10ml</i>	\$0	*
<i>mucinex sinus-max severe congestion &amp; pain maximum strength capsule 325mg; 10mg; 5mg</i>	\$0	*
<i>mucinex sinus-max severe congestion &amp; pain tablet 325mg; 200mg; 5mg</i>	\$0	*
<i>mucinex sinus-max severe congestion and pain liquid 650mg/20ml; 400mg/20ml; 10mg/20ml</i>	\$0	*
<i>mucinex sinus-max tablet 325mg; 10mg; 200mg; 5mg</i>	\$0	*
<i>mucus congestion &amp; cough relief childrens liquid 5mg/5ml; 100mg/5ml; 2.5mg/5ml</i>	\$0	*
<i>mucus dm tablet extended release 12 hour 30mg; 600mg</i>	\$0	*
<i>mucus relief cold flu &amp; sore throat liquid 325mg/10ml; 10mg/10ml; 200mg/10ml; 5mg/10ml</i>	\$0	*
<i>mucus relief cold/flu/sore throat capsule 325mg; 10mg; 200mg; 5mg</i>	\$0	*
<i>multi antibiotic plus cream 3.5mg/gm; 10000unit/gm; 10mg/gm</i>	\$0	*
<i>multi complete capsule 60mg; 2500unit; 30mcg; 100mg; 10mg; 1000unit; 120mcg; 2mg; 6mcg; 18mg; 400mcg; 40mg; 4mg; 20mg; 40mcg; 150mcg; 2mg; 1.7mg; 20mcg; 45mcg; 1.5mg; 50unit; 15mg</i>	\$0	*
<i>multi for her packet 60mg; 30mcg; 500mg; 5mg; 1000unit; 120mcg; 2mg; 18mg; 400mcg; 100mg; 2mg; 10mg; 25mcg; 2mg; 1.7mg; 20mcg; 1.5mg; 30unit; 2500unit; 15mg</i>	\$0	*

If you have questions, please call our plan at 1-855-463-0933 (TTY:711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/betterhealth/virginia-hmosnp/formulary)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>multi for him packet 60mg; 30mcg; 300mg; 5mg; 1000unit; 120mcg; 2mg; 18mg; 400mcg; 600mcg; 50mg; 2mg; 10mg; 25mcg; 2mg; 1.7mg; 20mcg; 1.5mg; 30unit; 2500unit; 15mg</i>	\$0	*
<i>multi vitamin/minerals full spectrum tablet 90mg; 5000unit; 45mcg; 300mcg; 162mg; 10mg; 27mg; 400unit; 25mcg; 2mg; 9mcg; 27mg; 400mcg; 100mg; 5mg; 25mcg; 20mg; 125mg; 25mcg; 30mg; 150mcg; 3mg; 2.6mg; 25mcg; 2.25mg; 34unit; 15mg</i>	\$0	*
<i>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	*
<i>multivitamin childrens tablet chewable 60mg; 10mcg; 4.5mcg; 300mcg; 13.5mg; 1.05mg; 750mcg; 1.2mg; 1.05mg; 6.75mg; 0, 60mg; 4.5mcg; 300mcg; 13.5mg; 1.05mg; 1.2mg; 5mg; 1.05mg; 750mcg; 10mcg; 6.7mg</i>	\$0	*
<i>multivitamin gummies childrens tablet chewable 15mg; 6mcg; 0.6mcg; 60mcg; 45mcg; 1.5mg; 0.3mg; 200mcg; 7.5mcg; 3.5mg; 2.5mg, 34mg; 3mg; 50unit; 16mg; 50mg; 250unit; 1.5unit</i>	\$0	*
<i>multi-vitamin gummies tablet chewable 15mg; 7.5mcg; 75mcg; 5mg; 400unit; 20mcg; 60mcg; 6mcg; 200mcg; 1.5mg; 137.5mcg; 18.75mcg; 5mg; 2mg; 1250unit; 7.5unit</i>	\$0	*
<i>multivitamin liquid 60mg/15ml; 300mcg/15ml; 400unit/15ml; 25mcg/15ml; 6mcg/15ml; 9mg/15ml; 2mg/15ml; 20mg/15ml; 10mg/15ml; 150mcg/15ml; 2mg/15ml; 1300unit/15ml; 1.7mg/15ml; 25mcg/15ml; 1.5mg/15ml; 30unit/15ml; 3mg/15ml</i>	\$0	*
<i>multivitamin plus iron childrens tablet chewable 40mcg; 100mg; 10mg; 600unit; 2mg; 6mcg; 18mg; 0.4mg; 15mg; 55mcg; 150mcg; 2mg; 3000unit; 1.7mg; 10mg; 60mg; 1.5mg; 30unit; 12mg</i>	\$0	*
<i>multi-vitamin tablet 60mg; 30mcg; 10mg; 400unit; 6mcg; 400mcg; 20mg; 2mg; 5000unit; 1.7mg; 1.5mg; 30unit</i>	\$0	*



**If you have questions**, please call our plan at **1-855-463-0933 (TTY:711)**, 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. **For more information**, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/better-health/virginia-hmosnp/formulary)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>multivitamin w/iron/infant/toddler solution 50mg/ml; 11mg/ml; 4mg/ml; 0.3mg/ml; 0.4mg/ml; 0.3mg/ml; 250mcg/ml; 10mcg/ml; 5mg/ml</i>	\$0	*
<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	*
<i>multivitamin with fluoride tablet chewable 60mg; 4.5mcg; 0.25mg; 0.3mg; 13.5mg; 1.05mg; 1.2mg; 1.05mg; 750mcg; 10mcg; 6.75mg, 60mg; 4.5mcg; 0.5mg; 0.3mg; 13.5mg; 1.05mg; 1.2mg; 1.05mg; 750mcg; 10mcg; 6.75mg, 60mg; 4.5mcg; 1mg; 0.3mg; 13.5mg; 1.05mg; 1.2mg; 1.05mg; 750mcg; 10mcg; 6.75mg</i>	\$0	*
<i>multivitamin/multimineral adults liquid 60mg/15ml; 300mcg/15ml; 25mcg/15ml; 6mcg/15ml; 150mcg/15ml; 9mg/15ml; 2mg/15ml; 25mcg/15ml; 20mg/15ml; 10mg/15ml; 2mg/15ml; 1.7mg/15ml; 1.1mg/15ml; 765mcg/15ml; 10mcg/15ml; 14mg/15ml; 3mg/15ml</i>	\$0	*
<i>multivitamin/multimineral liquid 60mg/15ml; 300mcg/15ml; 25mcg/15ml; 6mcg/15ml; 150mcg/15ml; 9mg/15ml; 2mg/15ml; 25mcg/15ml; 20mg/15ml; 10mg/15ml; 13mg/15ml; 2mg/15ml; 1.7mg/15ml; 1.1mg/15ml; 390mcg/15ml; 10mcg/15ml; 14mg/15ml; 3mg/15ml</i>	\$0	*
<i>multi-vitamins/iron tablet 60mg; 10mg; 6mcg; 400unit; 18mg; 400mcg; 20mg; 2mg; 5000unit; 1.7mg; 1.5mg; 30unit</i>	\$0	*
<i>muro 128 solution 2%</i>	\$0	*
<i>muscle &amp; joint gel 2.5%</i>	\$0	*
<i>mv-one capsule 300mg; 750unit; 150mg</i>	\$0	*

If you have questions, please call our plan at 1-855-463-0933 (TTY:711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/better-health/virginia-hmosnp/formulary)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>mvw complete formulation pediatric solution 45mg/0.5ml; 15mcg/0.5ml; 3mg/0.5ml; 750unit/0.5ml; 4mcg/0.5ml; 6mg/0.5ml; 500mcg/0.5ml; 0.6mg/0.5ml; 4627unit/0.5ml; 0.6mg/0.5ml; 0.5mg/0.5ml; 50unit/0.5ml; 5mg/0.5ml</i>	\$0	*
<i>mygrex tablet 500mg; 5mg</i>	\$0	*
<i>naphcon-a solution 0.025%; 0.3%</i>	\$0	*
<i>naproxen sodium capsule 220mg</i>	\$0	*
<i>naproxen sodium tablet 220mg</i>	\$0	*
<i>nasadrops saline on the go solution 0.9%</i>	\$0	*
<i>nasal mist aerosol solution 0.9%</i>	\$0	*
<i>nasal spray extra moisturizing 12 hour solution 0.05%</i>	\$0	*
<i>natural fiber laxative powder 30.9%</i>	\$0	*
<i>natural fiber powder 58.6%</i>	\$0	*
<i>natural oatmeal lotion 1.25%</i>	\$0	*
<i>natural psyllium seed indian husks powder 100%</i>	\$0	*
<i>nebulizer cup/tubing device</i>	\$0	*
<i>neog10 capsule 125mg</i>	\$0	*
<i>neotuss liquid 30mg/5ml; 200mg/5ml</i>	\$0	*
<i>neotuss-d liquid 30mg/5ml; 200mg/5ml; 7.5mg/5ml</i>	\$0	*
<i>nephro vitamins tablet 60mg; 300mcg; 10mg; 6mcg; 800mcg; 20mg; 10mg; 1.7mg; 1.5mg</i>	\$0	*
<i>nephro-vite tablet 60mg; 300mcg; 36mg; 6mcg; 800mcg; 20mg; 10mg; 10mg; 1.7mg; 1.5mg</i>	\$0	*
<i>neutrogena hand cream</i>	\$0	*
<i>neutrogena moisture sensitive skin lotion</i>	\$0	*
<i>niacin sr tablet extended release 250mg</i>	\$0	*
<i>niacin tablet 100mg, 250mg, 500mg, 50mg</i>	\$0	*
<i>niacin timed release tablet extended release 500mg</i>	\$0	*
<i>niacin tr capsule extended release 250mg, 500mg</i>	\$0	*
<i>niacinamide prolonged release tablet extended release 500mg</i>	\$0	*
<i>niacinamide tablet 500mg</i>	\$0	*



If you have questions, please call our plan at **1-855-463-0933 (TTY:711)**, 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/betterhealth/virginia-hmosnp/formulary)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>nicotine lozenge 4mg</i>	\$0	*
<i>nicotine polacrilex gum 2mg, 4mg</i>	\$0	*
<i>nicotine polacrilex lozenge 2mg</i>	\$0	*
<i>nicotine transdermal system kit</i>	\$0	*
<i>nicotine transdermal system patch 24 hour 14mg/24hr, 21mg/24hr, 7mg/24hr</i>	\$0	*
<i>nighttime cough liquid 15mg/15ml; 6.25mg/15ml</i>	\$0	*
<i>niseko hydrating facial moisturizer cream</i>	\$0	*
<i>nivanex dmx tablet 15mg; 380mg; 10mg</i>	\$0	*
<i>nivea cream</i>	\$0	*
<i>nivea essentially enriched lotion</i>	\$0	*
<i>nivea extra enriched lotion</i>	\$0	*
<i>nivea in-shower lotion</i>	\$0	*
<i>nivea intense healing lotion</i>	\$0	*
<i>nivea original moisture lotion</i>	\$0	*
<i>nivea shea nourish lotion</i>	\$0	*
<i>nivea visage cream</i>	\$0	*
<i>nivea visage inner beauty nighttime renewal cream</i>	\$0	*
<i>nivea visage lotion</i>	\$0	*
<i>nix complete lice treatment kit</i>	\$0	*
<i>noble formula cream 0.25%</i>	\$0	*
<i>normlshield cream 4.5%</i>	\$0	*
<i>nova max plus ketone test strip</i>	\$0	*
<i>novaferrum 50 capsule 50mg</i>	\$0	*
<i>novaferrum pediatric drops liquid 15mg/ml</i>	\$0	*
<i>nozin nasal sanitizer kit 62%</i>	\$0	*
<i>nozin nasal sanitizer swab 62%</i>	\$0	*
<i>nutraderm advanced formula lotion</i>	\$0	*
<i>nutraderm cream</i>	\$0	*
<i>nutraderm lotion 2.5%; 2.5%; 2.5%; 2.5%; 2.5%</i>	\$0	*
<i>nutra-z+ capsule 125mg; 5mg; 1000mcg; 50mg; 900mcg; 12.5mg; 25mg; 20mcg</i>	\$0	*
<i>odorless coated fish oil/omega-3 capsule delayed release</i>	\$0	*

**If you have questions**, please call our plan at **1-855-463-0933 (TTY:711)**, 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. **For more information**, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/betterhealth/virginia-hmosnp/formulary)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>odorless garlic capsule 300mg</i>	\$0	*
<i>off deep woods aerosol 25%</i>	\$0	*
<i>off deep woods liquid 25%</i>	\$0	*
<i>okeeffes working hands cream</i>	\$0	*
<i>olive oil</i>	\$0	*
<i>olopatadine hydrochloride solution 0.1%, 0.2%</i>	\$0	*
<i>omega-3 capsule 308mg; 448mg; 1400mg; 910mg</i>	\$0	*
<i>omega-3 capsule delayed release 235mg; 90mg; 596.67mg; 350mg</i>	\$0	*
<i>omega-3 fish oil capsule 1000mg; 300mg, 100mg; 160mg; 1000mg; 300mg; 5unit</i>	\$0	*
<i>omega-3 fish oil extra strength capsule 177.5mg; 262.5mg; 880mg; 440mg; 2.5unit</i>	\$0	*
<i>omega-3 fish oil maximum strength capsule 1200mg; 360mg</i>	\$0	*
<i>omegapure 780 ec capsule delayed release 330mg; 450mg; 1400mg; 610mg</i>	\$0	*
<i>omeprazole dr tablet delayed release 20mg</i>	\$0	*
<i>omeprazole magnesium capsule delayed release 20.6mg</i>	\$0	*
<i>omeprazole tablet delayed release 20mg</i>	\$0	*
<i>omeprazole tablet delayed release disintegrating 20mg</i>	\$0	*
<i>onelax fiber therapy powder 25%</i>	\$0	*
<i>opcon-a solution 0.027%; 0.315%</i>	\$0	*
<i>optimal d3 m capsule 14000unit</i>	\$0	*
<i>optimal d3 pack capsule 50000unit</i>	\$0	*
<i>options gynol ii vaginal contraceptive gel 3%</i>	\$0	*
<i>oral electrolyte solutionfreezer pops pediatric solution 35meq/l; 25meq/l; 20meq/l; 45meq/l</i>	\$0	*
<i>oral mix flavored suspending vehicle suspension</i>	\$0	*
<i>oral suspend liquid</i>	\$0	*
<i>oral syrup flavored vehicle syrup</i>	\$0	*
<i>orazinc tablet 110mg</i>	\$0	*
<i>orlistat capsule 120mg</i>	\$0	PA; *



**If you have questions**, please call our plan at **1-855-463-0933 (TTY:711)**, 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. **For more information**, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/better-health/virginia-hmosnp/formulary)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>orthogel gel 3.5%</i>	\$0	*
<i>os-cal calcium + d3 tablet 500mg; 200unit</i>	\$0	*
<i>os-cal extra d3 tablet 500mg; 600unit</i>	\$0	*
<i>oyster shell calcium/d tablet 500mg; 200unit</i>	\$0	*
<i>oyster shell calcium/vitamin d3 tablet 250mg; 3.12mcg</i>	\$0	*
<i>pain reliever extra strength tablet 250mg; 250mg; 65mg</i>	\$0	*
<i>pain relieving gel 3.5%</i>	\$0	*
<i>paladin ointment</i>	\$0	*
<i>palmers cocoa butter formula cream</i>	\$0	*
<i>palmers cocoa butter formula intensive relief hand cream</i>	\$0	*
<i>palmers cocoa butter formula massage cream/stretch marks cream</i>	\$0	*
<i>palmers cocoa butter formula massage lotion/stretch marks lotion</i>	\$0	*
<i>palmers cocoa butter formula night cream moisture rich cream</i>	\$0	*
<i>palmers cocoa butter formula/vitamin e lotion</i>	\$0	*
<i>palmers coconut oil formula hand cream</i>	\$0	*
<i>palmers coconut oil formula/vitamin e lotion</i>	\$0	*
<i>pataday extra strength solution 0.7%</i>	\$0	*
<i>pecgen dmx liquid 10mg/5ml; 187mg/5ml</i>	\$0	*
<i>pedia-lax liquid 50mg/15ml</i>	\$0	*
<i>pedia-lax suppository 2.8gm</i>	\$0	*
<i>pedia-lax tablet chewable 400mg</i>	\$0	*
<i>pediatric enema enema 3.5gm/59ml; 9.5gm/59ml</i>	\$0	*
<i>pen-keria cream</i>	\$0	*
<i>pentravan cream</i>	\$0	*
<i>pentravan plus cream</i>	\$0	*
<i>percogesic extra strength tablet 500mg; 12.5mg</i>	\$0	*
<i>petrolatum ointment</i>	\$0	*
<i>petroleum jelly gel</i>	\$0	*
<i>petroleum jelly lip treatment ointment</i>	\$0	*

If you have questions, please call our plan at 1-855-463-0933 (TTY:711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/better-health/virginia-hmosnp/formulary)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>pharmabase barrier ointment 9.38%</i>	\$0	*
<i>phenaseptic liquid 1.4%</i>	\$0	*
<i>phenazopyridine hydrochloride tablet 95mg</i>	\$0	*
<i>phendimetrazine tartrate er capsule extended release 24 hour 105mg</i>	\$0	PA; *
<i>phendimetrazine tartrate tablet 35mg</i>	\$0	PA; *
<i>phentermine hydrochloride capsule 15mg, 30mg, 37.5mg</i>	\$0	PA; *
<i>phenylephrine hydrochloride tablet 10mg</i>	\$0	*
<i>pink bismuth maximum strength suspension 525mg/15ml</i>	\$0	*
<i>pink bismuth suspension 262mg/15ml</i>	\$0	*
<i>pinxav ointment</i>	\$0	*
<i>polyethylene glycol 3350 oral powder 17gm/scoop</i>	\$0	*
<i>polyethylene glycol 3350 packet 17gm</i>	\$0	*
<i>poly-vent ir tablet 380mg; 60mg</i>	\$0	*
<i>polyvinyl alcohol solution 1.4%</i>	\$0	*
<i>poly-vi-sol solution 50mg/ml; 10mcg/ml; 0.5mcg/ml; 4mg/ml; 0.3mg/ml; 250mcg/ml; 0.4mg/ml; 0.3mg/ml; 5mg/ml</i>	\$0	*
<i>poly-vi-sol/iron solution 50mg/ml; 10mcg/ml; 11mg/ml; 4mg/ml; 0.3mg/ml; 250mcg/ml; 0.4mg/ml; 0.3mg/ml; 5mg/ml</i>	\$0	*
<i>poly-vite/iron solution 50mg/ml; 400unit/ml; 0.5mcg/ml; 11mg/ml; 4mg/ml; 0.3mg/ml; 833unit/ml; 0.4mg/ml; 0.3mg/ml; 5unit/ml</i>	\$0	*
<i>povidone/iodine swabsticks swab 10%</i>	\$0	*
<i>povidone-iodine prep pad pad 10%</i>	\$0	*
<i>povidone-iodine scrub small winged sponge miscellaneous 10%</i>	\$0	*
<i>povidone-iodine solution 10%</i>	\$0	*
<i>povidone-iodine swab 7.5%</i>	\$0	*
<i>pramoxine hcl foam 1%</i>	\$0	*
<i>pramoxine hydrochloride lotion 1%</i>	\$0	*
<i>precision xtra strip</i>	\$0	*



If you have questions, please call our plan at **1-855-463-0933 (TTY:711)**, 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/better-health/virginia-hmosnp/formulary)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>premium packets miscellaneous 60mg; 10mg; 0.25mg; 30mcg; 150mcg; 10mg; 162mg; 109mg; 72mg; 400unit; 120mcg; 2mg; 18mg; 50mg; 20mg; 10mg; 10mg; 50mg; 10mg; 30mg; 5mg; 10mg; 250mcg; 300mcg; 100mg; 2mg; 10mg; 5mcg; 10mg; 10mg; 10mg; 10mg; 25mcg; 80mg; 150mcg; 3500unit; 30mg; 12mg; 2mg; 12mg; 10mcg; 75mcg; 20mcg; 10mcg; 15mg</i>	\$0	*
<i>pre-moistened witch hazel pad 50%</i>	\$0	*
<i>prenatabs fa tablet 120mg; 1200mcg; 200mg; 10mcg; 8mcg; 29mg; 1000mcg; 20mg; 150mcg; 3mg; 3mg; 3mg; 13.5mg; 15mg</i>	\$0	*
<i>prenatabs rx tablet 120mg; 4000unit; 30mcg; 200mg; 7mg; 400unit; 3mg; 8mcg; 1mg; 29mg; 100mg; 20mg; 150mcg; 3mg; 3mg; 3mg; 30unit; 15mg</i>	\$0	*
<i>prenatal 19 tablet 100mg; 200mg; 400unit; 12mcg; 25mg; 29mg; 1mg; 15mg; 7mg; 20mg; 3mg; 3mg; 1000unit; 30unit; 20mg</i>	\$0	*
<i>prenatal tablet 100mg; 200mg; 10mcg; 4mcg; 27mg; 800mcg; 18mg; 2.6mg; 1.7mg; 1.5mg; 5mg; 1200mcg; 25mg, 120mg; 4000unit; 200mg; 400unit; 8mcg; 28mg; 800mcg; 20mg; 2.6mg; 1.7mg; 1.8mg; 30unit; 25mg</i>	\$0	*
<i>pres gen pediatric liquid 5mg/5ml; 75mg/5ml; 2.5mg/5ml</i>	\$0	*
<i>pretty feet &amp; hands cream</i>	\$0	*
<i>primadophilus bifidus capsule delayed release</i>	\$0	*
<i>probiotic chewable childrens tablet chewable</i>	\$0	*
<i>probiotic formula capsule 1billion; 250mg</i>	\$0	*
<i>proctozone-hc cream 2.5%</i>	\$0	*
<i>profe capsule 180mg</i>	\$0	*
<i>proxeed plus packet 500mg/5gm; 90mg/5gm; 50mg/5gm; 20mg/5gm; 1.5mcg/5gm; 200mcg/5gm; 1.7gm/5gm; 50mcg/5gm; 10mg/5gm</i>	\$0	*
<i>pseudoephedrine hydrochloride er maximum strength tablet extended release 12 hour 120mg</i>	\$0	*

If you have questions, please call our plan at 1-855-463-0933 (TTY:711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/betterhealth/virginia-hmosnp/formulary)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>pseudoephedrine hydrochloride tablet 30mg, 60mg</i>	\$0	*
<i>pseudoephedrine hydrochloride/ guaifenesin tablet 375mg; 60mg</i>	\$0	*
<i>psoriasis gel 1.25%</i>	\$0	*
<i>psyllium fiber capsule 0.52gm</i>	\$0	*
<i>pure comfort 3-ball breath exerciser device</i>	\$0	*
<i>qc athletes foot relief aerosol 1%</i>	\$0	*
<i>qc gas relief capsule 250mg</i>	\$0	*
<i>ra biotin capsule 2500mcg</i>	\$0	*
<i>ra daylogic healing dry skin therapy lotion</i>	\$0	*
<i>ra ear care tablet 100mg; 1.667mg; 29mg; 113.333mg; 1.667mcg; 113.333mg; 200mg; 3.333mg; 0.333mg; 1mg; 0.333mg</i>	\$0	*
<i>ra essence-c packet 1mg/7.5gm; 1000mg/7.5gm; 50mg/7.5gm; 2.5mg/7.5gm; 10mcg/7.5gm; 25mcg/7.5gm; 12.5mcg/7.5gm; 60mg/7.5gm; 0.5mg/7.5gm; 5mg/7.5gm; 200mg/7.5gm; 10mg/7.5gm; 1mg/7.5gm; 0.43mg/7.5gm; 60mg/7.5gm; 0.38mg/7.5gm; 2mg/7.5gm</i>	\$0	*
<i>ra garlic capsule 580mg</i>	\$0	*
<i>ra glucosamine/chondroitin capsule 133.3mg; 166.7mg</i>	\$0	*
<i>ra glycerin adult suppository 80.7%</i>	\$0	*
<i>ra melatonin tablet 3mg; 2mg</i>	\$0	*
<i>ra melatonin tablet sublingual 1mg</i>	\$0	*
<i>ra oyster shell calcium/vitamin d tablet 200unit; 500mg</i>	\$0	*
<i>ra vitamin b-12 liquid 1000mcg/ml</i>	\$0	*
<i>radiaguard advanced lotion</i>	\$0	*
<i>ranitidine hcl syrup 15mg/ml</i>	\$0	*
<i>rapid b-12 energy liquid 200mcg/spray</i>	\$0	*
<i>raspberry syrup</i>	\$0	*
<i>redness reliever eye drops solution 0.05%</i>	\$0	*
<i>refresh celluvisc gel 1%</i>	\$0	*
<i>refresh digital solution 0.5%; 1%; 0.5%</i>	\$0	*



If you have questions, please call our plan at **1-855-463-0933 (TTY:711)**, 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/betterhealth/virginia-hmosnp/formulary)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>refresh liquigel gel 1%</i>	\$0	*
<i>refresh optive advanced sensitive solution 0.5%; 1%; 0.5%</i>	\$0	*
<i>refresh optive advanced solution 0.5%; 1%; 0.5%</i>	\$0	*
<i>refresh optive gel 1%; 0.9%</i>	\$0	*
<i>refresh optive preservative free solution 0.5%; 0.9%</i>	\$0	*
<i>refresh plus solution 0.5%</i>	\$0	*
<i>refresh relieva pf solution 0.5%; 1%</i>	\$0	*
<i>refresh solution 1.4%; 0.6%</i>	\$0	*
<i>refresh tears solution 0.5%</i>	\$0	*
<i>refreshing aloe lotion</i>	\$0	*
<i>remedy calazime paste 0.4%; 20.5%</i>	\$0	*
<i>remedy cleansing body lotion lotion 1.5%</i>	\$0	*
<i>remedy skin repair cream 1.5%</i>	\$0	*
<i>renal vitamin tablet 60mg; 300mcg; 10mg; 6mcg; 800mcg; 20mg; 10mg; 1.7mg; 1.5mg</i>	\$0	*
<i>rena-vite rx tablet 60mg; 300mcg; 10mg; 29mg; 6mcg; 1000mcg; 20mg; 10mg; 1.7mg; 1.5mg</i>	\$0	*
<i>rena-vite tablet 60mg; 300mcg; 6mcg; 800mcg; 20mg; 10mg; 10mg; 1.7mg; 1.5mg</i>	\$0	*
<i>repel sportsmen max lotion 40%</i>	\$0	*
<i>replesta nx wafer 14000unit</i>	\$0	*
<i>replesta wafer 50000unit</i>	\$0	*
<i>resta cream</i>	\$0	*
<i>resta lite lotion</i>	\$0	*
<i>restore cleanser &amp; moisturizer liquid 2%</i>	\$0	*
<i>restore dimethicreme cream 2%</i>	\$0	*
<i>retaine vision capsule 125mg; 12.5mg; 5mg; 0.5mg; 2.5mg; 100mg; 0.5mg; 20mg</i>	\$0	*
<i>rhinaris solution 0.2%</i>	\$0	*
<i>riax foam 5.5%, 9.5%</i>	\$0	*
<i>ricola lozenge</i>	\$0	*
<i>risabal-ph cream</i>	\$0	*
<i>risacal-d tablet 105mg; 81mg; 120units</i>	\$0	*

If you have questions, please call our plan at 1-855-463-0933 (TTY:711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/better-health/virginia-hmosnp/formulary)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>robitussin childrens cough &amp; cold cf liquid 5mg/5ml; 50mg/5ml; 2.5mg/5ml</i>	\$0	*
<i>robitussin cough &amp; chest congestion dm adult liquid 20mg/20ml; 400mg/20ml</i>	\$0	*
<i>robitussin cough+chest congestion dm capsule 10mg; 200mg</i>	\$0	*
<i>robitussin severe multi-symptom cough/cold + flu liquid 650mg/20ml; 20mg/20ml; 400mg/20ml; 10mg/20ml</i>	\$0	*
<i>robitussin severe multi-symptom cough/cold + flu nighttime liquid 325mg/10ml; 12.5mg/10ml; 5mg/10ml</i>	\$0	*
<i>rompe pecho max multi symptoms liquid 650mg/20ml; 20mg/20ml; 400mg/20ml; 10mg/20ml</i>	\$0	*
<i>ru-hist d tablet 4mg; 10mg</i>	\$0	*
<i>rydex liquid 1.33mg/5ml; 6.33mg/5ml; 10mg/5ml</i>	\$0	*
<i>rynex dm liquid 1mg/5ml; 5mg/5ml; 2.5mg/5ml</i>	\$0	*
<i>saccharomyces boulardii capsule 250mg</i>	\$0	*
<i>salicylic acid foam 6%</i>	\$0	*
<i>salicylic acid gel 6%</i>	\$0	*
<i>saline nasal gel</i>	\$0	*
<i>saline nasal spray infants/childrens solution 0.65%</i>	\$0	*
<i>salonpas pain relieving jet spray aerosol 3%; 10%</i>	\$0	*
<i>sawyer insect repellent controlled release lotion 20%</i>	\$0	*
<i>sb natural fiber laxative powder 49%</i>	\$0	*
<i>scalpicin liquid 3%</i>	\$0	*
<i>scot-tussin diabetes liquid 10mg/5ml</i>	\$0	*
<i>scytera foam 2%</i>	\$0	*
<i>sebex shampoo 2%; 2%</i>	\$0	*
<i>secura dimethicone protectant cream 5%</i>	\$0	*
<i>selenium sulfide shampoo 2.3%</i>	\$0	*
<i>selenium sulfide shampoo shampoo 2.25%</i>	\$0	*
<i>senna capsule 8.6mg</i>	\$0	*
<i>senna plus capsule 50mg; 8.6mg</i>	\$0	*



**If you have questions**, please call our plan at **1-855-463-0933 (TTY:711)**, 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. **For more information**, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/better-health/virginia-hmosnp/formulary)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>senna s tablet 50mg; 8.6mg</i>	\$0	*
<i>senna smooth tablet 15mg</i>	\$0	*
<i>senna syrup 176mg/5ml, 8.8mg/5ml</i>	\$0	*
<i>senna tablet 8.6mg</i>	\$0	*
<i>senokot extra strength tablet 17.2mg</i>	\$0	*
<i>sensi-care body cream 1%; 30%</i>	\$0	*
<i>sensi-care moisturizing cream</i>	\$0	*
<i>sentia solution 0.6%</i>	\$0	*
<i>sesame oil</i>	\$0	*
<i>severe allergy tablet 500mg; 12.5mg</i>	\$0	*
<i>shur-seal gel 2%</i>	\$0	*
<i>simethicone capsule 125mg, 180mg</i>	\$0	*
<i>simethicone liquid</i>	\$0	*
<i>simethicone suspension 40mg/0.6ml</i>	\$0	*
<i>simethicone tablet chewable 125mg, 80mg</i>	\$0	*
<i>simple syrup</i>	\$0	*
<i>skin beauty &amp; wellness packet 50mg; 560mg; 2530mcg; 200mg; 10mg; 72mg; 400unit; 150mcg; 2mg; 25mcg; 400mcg; 25mg; 50mg; 250mcg; 10mg; 100mg; 2mg; 20mg; 5mcg; 48mg; 10mcg; 80mg; 150mcg; 3mg; 5000unit; 1.7mg; 2mg; 150mcg; 10mcg; 75mcg; 20mcg; 1.5mg; 45unit; 15mg</i>	\$0	*
<i>skin repair lotion</i>	\$0	*
<i>sleep aid liquid 50mg/30ml</i>	\$0	*
<i>sleep aid tablet 25mg</i>	\$0	*
<i>sleep-aid capsule 25mg, 50mg</i>	\$0	*
<i>slow iron tablet extended release 160mg</i>	\$0	*
<i>slow magnesium chloride/ calcium tablet delayed release 117mg; 70mg</i>	\$0	*
<i>slow-mag tablet delayed release 119mg; 71.5mg</i>	\$0	*
<i>sm coral calcium tablet 1000mg</i>	\$0	*
<i>sm cough &amp; sore throat daytime pain reliever liquid 1000mg/30ml; 30mg/30ml</i>	\$0	*
<i>sm dry skin therapy lotion</i>	\$0	*

If you have questions, please call our plan at 1-855-463-0933 (TTY:711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/better-health/virginia-hmosnp/formulary)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>sm fish oil capsule 100mg; 256mg; 554mg; 356mg</i>	\$0	*
<i>sm foaming antacid tablet chewable 80mg; 20mg</i>	\$0	*
<i>sm garlic tablet 150mg</i>	\$0	*
<i>sm medicated chest rub ointment 4.73%; 1.2%; 2.6%; 4.5%</i>	\$0	*
<i>sm muscle rub cream 10%; 15%</i>	\$0	*
<i>sm slow release iron tablet extended release 143mg</i>	\$0	*
<i>sm vitamin d3 maximum strength capsule 4000unit</i>	\$0	*
<i>sodium bicarbonate tablet 325mg, 650mg</i>	\$0	*
<i>sodium chloride ointment 5%</i>	\$0	*
<i>sodium chloride solution 5%</i>	\$0	*
<i>sodium chloride tablet 1gm</i>	\$0	*
<i>soluble fiber powder</i>	\$0	*
<i>soluvita solution 0.5mg/ml</i>	\$0	*
<i>sombra cool therapy gel 6%</i>	\$0	*
<i>soothe &amp; cool inzo barrier cream 5%; 5%</i>	\$0	*
<i>soothe tablet 262mg</i>	\$0	*
<i>sorbiton hydrate cream</i>	\$0	*
<i>sorbitol solution 70%</i>	\$0	*
<i>sore throat &amp; cough lozenges lozenge 7.5mg; 5mg</i>	\$0	*
<i>sore throat lozenge 15mg; 3.6mg</i>	\$0	*
<i>special care cream</i>	\$0	*
<i>sterile lubricant drops liquid 0.7%</i>	\$0	*
<i>stevia packet 100mg</i>	\$0	*
<i>stool softener plus laxative tablet 50mg; 8.6mg</i>	\$0	*
<i>stool softener tablet 100mg</i>	\$0	*
<i>stop lice aerosol 0.5%</i>	\$0	*
<i>stop lice complete lice treatment kit 0.5%; 4%; 0.33%</i>	\$0	*
<i>stop lice maximum strength liquid 4%; 0.33%</i>	\$0	QL (118 ML per 30 days); *
<i>stopain liquid 8%</i>	\$0	*
<i>stopain solution 6%</i>	\$0	*



If you have questions, please call our plan at 1-855-463-0933 (TTY:711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/better-health/virginia-hmosnp/formulary)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>stress b-complex/vitamin c/zinc tablet 500mg; 45mcg; 20mg; 3mg; 12mcg; 400mcg; 100mg; 5mg; 10mg; 10mg; 30unit; 23.9mg</i>	\$0	*
<i>studio 35 extra moisturizing lotion</i>	\$0	*
<i>studio 35 moisturizing skin cream</i>	\$0	*
<i>sudafed childrens liquid 15mg/5ml</i>	\$0	*
<i>sudafed pe head congestion + flu severe tablet 325mg; 10mg; 100mg; 5mg</i>	\$0	*
<i>sudafed pe head congestion + mucus tablet 325mg; 200mg; 5mg</i>	\$0	*
<i>sudafed pe sinus pressure+ pain maximum strength tablet 325mg; 5mg</i>	\$0	*
<i>sudafed sinus congestion 24 hour tablet extended release 24 hour 240mg</i>	\$0	*
<i>summers eve medicated solution 0.3%</i>	\$0	*
<i>super daily d3 liquid 1000ut/0.028ml, 2000ut/0.028ml</i>	\$0	*
<i>supress dm pediatric liquid 5mg/ml; 50mg/ml</i>	\$0	*
<i>supress-dx pediatric liquid 5mg/ml; 50mg/ml; 2.5mg/ml</i>	\$0	*
<i>supress-pe pediatric liquid 50mg/ml; 2.5mg/ml</i>	\$0	*
<i>sween 24 once a day moisturizing body cream 6%</i>	\$0	*
<i>sween moisturizing body cream</i>	\$0	*
<i>swimmers ear drops liquid 95%</i>	\$0	*
<i>synertropin capsule 200mg; 100mg; 150mg; 50mg; 50mg; 150mg; 50mg</i>	\$0	*
<i>syrspend sf suspension reconstituted</i>	\$0	*
<i>systane balance restorative formula solution 0.6%</i>	\$0	*
<i>systane complete solution 0.6%</i>	\$0	*
<i>systane gel 0.4%; 0.3%</i>	\$0	*
<i>systane hydration pf solution 0.4%; 0.3%</i>	\$0	*
<i>systane preservative free solution 0.4%; 0.3%</i>	\$0	*
<i>systane ultra preservative free solution 0.4%; 0.3%</i>	\$0	*
<i>systane ultra solution 0.4%; 0.3%</i>	\$0	*
<i>tegaderm alginate ag dressing pad</i>	\$0	*

If you have questions, please call our plan at 1-855-463-0933 (TTY:711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/better-health/virginia-hmosnp/formulary)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>tension headache tablet 500mg; 65mg</i>	\$0	*
<i>terbinafine hydrochloride cream 1%</i>	\$0	*
<i>tgt hemorrhoidal suppositories suppository 85.5%; 0.25%</i>	\$0	*
<i>the very finest fish oil for kids liquid 250mg/2.5ml; 400mg/2.5ml; 800mg/2.5ml; 5unit/2.5ml</i>	\$0	*
<i>the very finest fish oil liquid 500mg/5ml; 800mg/5ml; 1600mg/5ml; 10unit/5ml</i>	\$0	*
<i>theracran hp capsule 180mg</i>	\$0	*
<i>theracran hp for kids tablet chewable 50mg</i>	\$0	*
<i>thera-d 4000 tablet 4000unit</i>	\$0	*
<i>thera-derm lotion</i>	\$0	*
<i>theraflu expressmax severe cold &amp; cough/daytime liquid 650mg/30ml; 20mg/30ml; 10mg/30ml</i>	\$0	*
<i>theraflu expressmax severe cold &amp; flu liquid 650mg/30ml; 20mg/30ml; 400mg/30ml; 10mg/30ml</i>	\$0	*
<i>theraflu expressmax severe cold &amp; flu tablet 325mg; 10mg; 200mg; 5mg</i>	\$0	*
<i>theraflu severe cold &amp; cough daytime tablet 325mg; 10mg; 5mg</i>	\$0	*
<i>theraflu severe cold daytime tablet 325mg; 15mg; 5mg</i>	\$0	*
<i>thera-gesic plus cream 4%; 25%</i>	\$0	*
<i>theranatal lactation complete miscellaneous 120mg; 300mcg; 140mg; 6mg; 6400unit; 250mg; 30mcg; 2mg; 12mcg; 300mg; 9mg; 400mcg; 50mg; 50mcg; 20mg; 90mcg; 220mcg; 18mg; 4000unit; 5mg; 70mcg; 5mg; 30unit; 15mg</i>	\$0	*
<i>therapeutic dandruff shampoo 3%</i>	\$0	*
<i>therapeutic moisturizing cream</i>	\$0	*
<i>therapeutic shampoo shampoo 0.5%</i>	\$0	*
<i>theraseal hand protection lotion 1%</i>	\$0	*
<i>theratears solution 0.25%</i>	\$0	*
<i>tiger balm liniment liquid 16%; 28%</i>	\$0	*
<i>tioconazole 1 ointment 6.5%</i>	\$0	*
<i>titralac tablet chewable 420mg</i>	\$0	*



If you have questions, please call our plan at **1-855-463-0933 (TTY:711)**, 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/better-health/virginia-hmosnp/formulary)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>tm-tolnaftate solution 1%</i>	\$0	*
<i>today sponge miscellaneous 1000mg</i>	\$0	*
<i>tolnaftate aerosol powder 1%</i>	\$0	*
<i>tolnaftate cream 1%</i>	\$0	*
<i>tolnaftate powder 1%</i>	\$0	*
<i>triamcinolone acetonide aerosol 55mcg/act</i>	\$0	*
<i>triaminic fever reducer pain reliever infants syrup 160mg/5ml</i>	\$0	*
<i>tri-buffered aspirin tablet 325mg; 158mg; 34mg; 63mg</i>	\$0	*
<i>triple antibiotic ointment 400unit/gm; 3.5mg/gm; 5000unit/gm</i>	\$0	*
<i>triple antibiotic with pain relief maximum strength ointment 500unit/gm; 3.5mg/gm; 10000unit/gm; 10mg/gm</i>	\$0	*
<i>triple omega-3-6-9 capsule</i>	\$0	*
<i>triple paste ointment 12.8%</i>	\$0	*
<i>triprolidine hci liquid 0.625mg/ml</i>	\$0	*
<i>triprolidine hydrochloride liquid 0.938mg/ml</i>	\$0	*
<i>trispec dmx liquid 15mg/5ml; 125mg/5ml</i>	\$0	*
<i>tri-vi-sol a/c/d solution 50mg/ml; 10mcg/ml; 250mcg/ml</i>	\$0	*
<i>tri-vite pediatric solution 400unit/ml; 750unit/ml; 35mg/ml</i>	\$0	*
<i>trustex lubricated/spermicide miscellaneous</i>	\$0	*
<i>trustex/ria non-lubricated miscellaneous</i>	\$0	*
<i>tums chewy delights ultra strength tablet chewable 1177mg</i>	\$0	*
<i>tums extra strength 750 tablet chewable 750mg</i>	\$0	*
<i>tums tablet chewable 500mg</i>	\$0	*
<i>tums ultra 1000 tablet chewable 1000mg</i>	\$0	*
<i>tusicof liquid 20mg/5ml; 400mg/5ml; 10mg/5ml</i>	\$0	*
<i>tusicof tablet 20mg; 400mg; 10mg</i>	\$0	*
<i>tusnel c syrup 10mg/5ml; 100mg/5ml; 30mg/5ml</i>	\$0	*
<i>tusnel dm liquid 20mg/5ml; 400mg/5ml; 10mg/5ml</i>	\$0	*

If you have questions, please call our plan at 1-855-463-0933 (TTY:711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/betterhealth/virginia-hmosnp/formulary)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>tusnel pediatric liquid 50mg/ml; 7.5mg/ml, 5mg/5ml; 50mg/5ml; 15mg/5ml</i>	\$0	*
<i>tussin cf cough &amp; cold liquid 10mg/5ml; 100mg/5ml; 5mg/5ml</i>	\$0	*
<i>tussin cf severe multi-symptom cough cold + flu adult liquid 650mg/20ml; 20mg/20ml; 400mg/20ml; 10mg/20ml</i>	\$0	*
<i>tussin cough syrup 15mg/5ml</i>	\$0	*
<i>tussi-pres pe pediatric liquid 100mg/5ml; 2.5mg/5ml</i>	\$0	*
<i>tusslin liquid 28mg/5ml; 388mg/5ml; 10mg/5ml</i>	\$0	*
<i>tusslin pediatric liquid 7.5mg/ml; 88mg/ml; 2.5mg/ml</i>	\$0	*
<i>tylenol cold/cough/sore throat childrens suspension 160mg/5ml; 5mg/5ml</i>	\$0	*
<i>udderly smooth cream</i>	\$0	*
<i>udderly smooth extra care cream</i>	\$0	*
<i>udderly smooth extra care20 cream</i>	\$0	*
<i>ulcerease liquid 0.6%</i>	\$0	*
<i>ulcerease solution 1.5%; 0.6%; 1.5%; 1.5%</i>	\$0	*
<i>ultimate fat burner tablet 25mg; 10mg; 125mcg; 150mg; 25mg; 5mcg; 100mg; 12.5mg; 25mg; 12.5mg; 10mg; 5mg; 5mg; 5mg; 25mg</i>	\$0	*
<i>ultra coq10 capsule 75mg</i>	\$0	*
<i>ultracin-m gel 10%</i>	\$0	*
<i>ultra-mega tablet extended release 250mg; 10000unit; 25mcg; 25mcg; 75mcg; 50mg; 75mg; 75mcg; 75mcg; 0.25mg; 400unit; 10mg; 400mcg; 25mcg; 5mcg; 75mcg; 150mcg; 7.2mg; 6.1mg; 75mg; 75mcg; 10mg; 75mg; 75mg; 25mcg; 10mcg; 75mg; 150unit; 15mg</i>	\$0	*
<i>ultrathon insect repellent lotion 34.34%</i>	\$0	*
<i>upcal d packet 500mg; 500unit</i>	\$0	*
<i>upcal d powder 500mg/5gm; 500unit/5gm</i>	\$0	*



If you have questions, please call our plan at **1-855-463-0933 (TTY:711)**, 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/betterhealth/virginia-hmosnp/formulary)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>upspring he natal tablet 233.333mg; 697mcg; 83.333mg; 0.166mg; 266.666mcg; 33.333mcg; 23.333mcg; 22.333mg; 8.333mg</i>	\$0	*
<i>urea 20 intensive hydrating cream 20%</i>	\$0	*
<i>urea cream 10%</i>	\$0	*
<i>urea cream 39%</i>	\$0	*
<i>urea hydrating foam</i>	\$0	*
<i>urea lotion 10%</i>	\$0	*
<i>urea topical suspension 40%</i>	\$0	*
<i>urea-c40 lotion 40%</i>	\$0	*
<i>urinary pain relief tablet 99.5mg</i>	\$0	*
<i>uro mag capsule 140mg</i>	\$0	*
<i>vagisil cream 1%</i>	\$0	*
<i>vanacof liquid 12.5mg/5ml; 1mg/5ml; 30mg/5ml</i>	\$0	*
<i>vanatab dm tablet 9mg; 198mg; 5mg</i>	\$0	*
<i>vanicream</i>	\$0	*
<i>vanicream lotion</i>	\$0	*
<i>varisan vitality tablet 25mg; 100mg; 8mcg; 100mg; 25mg; 30mg; 30mg; 40mg; 10mg; 25unit; 100mg</i>	\$0	*
<i>vcfvaginal contraceptive film film 28%</i>	\$0	*
<i>vcfvaginal contraceptive foam foam 12.5%</i>	\$0	*
<i>vcfvaginal contraceptive gel 4%</i>	\$0	*
<i>velvachol cream;</i>	\$0	*
<i>ventiva tears solution 0.5%</i>	\$0	*
<i>vicks dayquil cold &amp; flu capsule 325mg; 10mg; 5mg</i>	\$0	*
<i>vicks dayquil cold &amp; flu multi-symptom relief liquid 325mg/15ml; 10mg/15ml; 5mg/15ml</i>	\$0	*
<i>vicks dayquil severe cold &amp; flu capsule 325mg; 10mg; 200mg; 5mg</i>	\$0	*
<i>vicks dayquil severe cold &amp; flu liquid 325mg/15ml; 10mg/15ml; 200mg/15ml; 5mg/15ml</i>	\$0	*
<i>vicks dayquil severe cold &amp; flu tablet 325mg; 10mg; 200mg; 5mg</i>	\$0	*
<i>vicks nyquil childrens cold/cough liquid 2mg/15ml; 15mg/15ml</i>	\$0	*

**If you have questions**, please call our plan at **1-855-463-0933 (TTY:711)**, 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. **For more information**, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/betterhealth/virginia-hmosnp/formulary)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>vicks vapodrops lozenge 1.7mg, 3.3mg</i>	\$0	*
<i>vinate care tablet chewable 50mg; 250mg; 6mcg; 2mg; 40mg; 1mg; 50mg; 2mg; 3.5unit; 15mg</i>	\$0	*
<i>visine a.c. solution 0.05%; 0.25%</i>	\$0	*
<i>visine solution 0.025%; 0.3%</i>	\$0	*
<i>vitamelts energy vitamin b-12 tablet disintegrating 1500mcg</i>	\$0	*
<i>vitamelts zinc fast dissolve tablet disintegrating 15mg</i>	\$0	*
<i>vitamin a capsule 10000unit, 8000unit</i>	\$0	*
<i>vitamin a/c/d infant/toddler solution 50mg/ml; 250mcg/ml; 10mcg/ml</i>	\$0	*
<i>vitamin b 12 lozenge 250mcg</i>	\$0	*
<i>vitamin b-1 tablet 100mg</i>	\$0	*
<i>vitamin b-12 lozenge 500mcg, 50mcg</i>	\$0	*
<i>vitamin b-12 tablet 1000mcg, 100mcg, 250mcg, 500mcg</i>	\$0	*
<i>vitamin b-12 tablet disintegrating 5000mcg</i>	\$0	*
<i>vitamin b-12 tablet sublingual 2500mcg, 3000mcg, 5000mcg, 500mcg</i>	\$0	*
<i>vitamin b-12 tr tablet extended release 2000mcg</i>	\$0	*
<i>vitamin b6 tablet 100mg, 50mg</i>	\$0	*
<i>vitamin b-6 tablet 25mg</i>	\$0	*
<i>vitamin c cr capsule extended release 500mg</i>	\$0	*
<i>vitamin c drops lozenge</i>	\$0	*
<i>vitamin c effervescent blend packet 1mg; 1000mg; 50mg; 2.5mg; 10mcg; 25mcg; 12mcg; 60mg; 0.5mg; 5mg; 90mg; 200mg; 10mg; 1mg; 0.43mg; 60mg; 0.38mg; 2mg</i>	\$0	*
<i>vitamin c gummies tablet chewable 125mg</i>	\$0	*
<i>vitamin c tablet 1000mg, 250mg, 500mg</i>	\$0	*
<i>vitamin c tablet chewable 100mg, 125mg, 500mg</i>	\$0	*
<i>vitamin c/bioflavonoids tablet extended release 1000mg; 100mg</i>	\$0	*



**If you have questions**, please call our plan at **1-855-463-0933 (TTY:711)**, 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. **For more information**, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/betterhealth/virginia-hmosnp/formulary)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>vitamin c/bioflavonoids/wild rose hips tablet 1000mg; 30mg; 18mg</i>	\$0	*
<i>vitamin c/natural rose hips tablet</i>	\$0	*
<i>vitamin d 400 tablet chewable 400unit</i>	\$0	*
<i>vitamin d capsule 50000unit</i>	\$0	*
<i>vitamin d2 tablet 2000unit, 400unit</i>	\$0	*
<i>vitamin d3 capsule 25mcg, 400unit, 5000unit, 50mcg</i>	\$0	*
<i>vitamin d3 fast dissolve tablet disintegrating 50mcg</i>	\$0	*
<i>vitamin d3 gummies tablet chewable 1000unit</i>	\$0	*
<i>vitamin d3 liquid 1000unit/spray, 1200unit/15ml, 400unit/ml, 5000unit/ml</i>	\$0	*
<i>vitamin d3 maximum strength tablet 250mcg</i>	\$0	*
<i>vitamin d-3 tablet 1000unit, 2000unit, 400unit</i>	\$0	*
<i>vitamin d3 tablet 3000unit, 5000unit</i>	\$0	*
<i>vitamin d3 tablet chewable 400unit</i>	\$0	*
<i>vitamin d3 tablet disintegrating 5000unit</i>	\$0	*
<i>vitamin d3 ultra potency tablet 1250mcg</i>	\$0	*
<i>vitamin e capsule 1000unit, 100unit, 200unit, 268mg, 400unit, 90mg</i>	\$0	*
<i>vitamin e cream 100unit/gm</i>	\$0	*
<i>vitamin e oil 100unt/0.25ml</i>	\$0	*
<i>vitamin e solution 15mg/0.67ml</i>	\$0	*
<i>vitamin e with panthenol cream</i>	\$0	*
<i>vitamin e/d-alpha capsule 1000unit</i>	\$0	*
<i>vitamins a/c/d/fluoride solution 35mg/ml; 0.25mg/ml; 450mcg/ml; 10mcg/ml</i>	\$0	*
<i>vitamins for hair capsule 400mcg; 125mg; 6mcg; 2mg; 400mcg; 125mg; 150mcg; 18mg; 5mg; 35mg; 50mg; 30mg; 15mg</i>	\$0	*
<i>vitamins for hair tablet 111mcg; 100mg; 250mg; 6mcg; 400mcg; 5mg; 50mg; 0.15mg; 15mg; 10mg; 35mg; 30mg; 5unit; 15mg</i>	\$0	*
<i>viteyes classic zinc free capsule 250mg; 5mg; 89mg; 1mg</i>	\$0	*

**If you have questions**, please call our plan at **1-855-463-0933 (TTY:711)**, 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. **For more information**, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/betterhealth/virginia-hmosnp/formulary)



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>vitron-c tablet 125mg; 65mg</i>	\$0	*
<i>wal-finatone tablet 4mg</i>	\$0	*
<i>wal-som tablet disintegrating 25mg</i>	\$0	*
<i>wal-tussin cough relief childrens tablet chewable 7.5mg</i>	\$0	*
<i>wart remover gel 17%</i>	\$0	*
<i>white petrolatum ointment 100%</i>	\$0	*
<i>wibi lotion</i>	\$0	*
<i>womens 50 billion capsule</i>	\$0	*
<i>womens daily pack packet 30mcg; 72mg; 120mcg; 25mcg; 2mg; 400mcg; 150mcg; 250mcg; 100mg; 2mg; 75mcg; 20mg; 48mg; 80mg; 20mcg; 2mg; 900mcg; 10mcg; 10mcg; 15mg</i>	\$0	*
<i>womens pack miscellaneous 670mg; 30mcg; 800mg; 20mg; 400unit; 120mcg; 2mg; 25mcg; 400mcg; 250mcg; 100mg; 2mg; 70mg; 5mcg; 48mg; 10mcg; 80mg; 150mcg; 9mg; 3000unit; 13.6mg; 50mcg; 2mg; 150mcg; 10mcg; 25mcg; 72mg; 18mcg; 60unit; 15mg</i>	\$0	*
<i>xanthan gum powder</i>	\$0	*
<i>xenical capsule 120mg</i>	\$0	PA; *
<i>xoten lotion 12.5%; 6.25%</i>	\$0	*
<i>zeasorb powder</i>	\$0	*
<i>zeldana capsule 65mg; 0.5mg; 1mg; 37.5mg; 20mg; 25mg; 5mg; 5mg</i>	\$0	*
<i>zephrex-d tablet abuse-deterrent 30mg</i>	\$0	*
<i>zims max-freeze gel 3.7%</i>	\$0	*
<i>zinc 15 tablet 66mg</i>	\$0	*
<i>zinc gluconate tablet 100mg, 30mg</i>	\$0	*
<i>zinc oxide ointment 20%, 40%</i>	\$0	*
<i>zinc sulfate tablet 220mg</i>	\$0	*
<i>zinc tablet 50mg</i>	\$0	*
<i>zinc-oxyde plus ointment 0.44%; 20%</i>	\$0	*
<i>zyncof syrup 20mg/5ml; 400mg/5ml</i>	\$0	*



If you have questions, please call our plan at **1-855-463-0933 (TTY:711)**, 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/better-health/virginia-hmosnp/formulary)

## D. Index of Covered Drugs

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

Drug Name	Page #	Drug Name	Page #
<b>A</b>			
<i>a+d first aid</i> .....	154	<i>acne medication 5</i> .....	155
<i>a+d prevent</i> .....	154	<i>acne medication 10</i> .....	155
<i>abacavir</i> .....	24	<i>acne pads</i> .....	155
<i>abacavir sulfate/lamivudine</i> .....	27	ACTHIB.....	125
ABELCET.....	22	<i>actidom dmx</i> .....	155
<i>abigale</i> .....	103	ACTIMMUNE.....	123
<i>abigale lo</i> .....	103	<i>actinel dm</i> .....	155
ABILIFY.....	70	<i>activessentials</i> .....	155
ABILIFY MAINTENA.....	70	<i>acyclovir</i> .....	29
<i>abiraterone acetate</i> .....	38	<i>acyclovir sodium</i> .....	29
<i>abirtega</i> .....	38	ADACEL .....	125
ABRYSVO.....	125	ADALIMUMAB.....	120
<i>acamprosate calcium dr</i> .....	88	<i>adapalene</i> .....	156
<i>acarbose</i> .....	92	<i>adefovir dipivoxil</i> .....	29
<i>accutane</i> .....	145	ADEMPAS.....	62
<i>acebutolol hydrochloride</i> .....	57	<i>adrenaliv</i> .....	156
<i>acerola c 500</i> .....	154	<i>adrenal manager</i> .....	156
<i>acetaminophen</i> .....	154, 155	<i>adrenoid</i> .....	156
<i>acetaminophen/codeine</i> .....	16, 17	<i>advanced acne wash</i> .....	156
<i>acetaminophen/codeine phosphate</i> .....	16	<i>advil junior strength</i> .....	156
<i>acetaminophen er 8 hour arthritis pain relief</i> .....	154	<i>a &amp; d zinc oxide</i> .....	154
<i>acetaminophen extra strength</i> .....	154	<i>aenapine</i> .....	71
<i>acetaminophen junior strength</i> .....	154	<i>aerobika device</i> .....	156
<i>acetaminophen pm extra strength</i> .....	154	<i>afirmelle</i> .....	96
<i>acetaminophen rapid tabs childrens</i> .....	154	<i>aftera</i> .....	156
<i>acetazolamide</i> .....	60	AIMOVIG.....	85
<i>acetazolamide er</i> .....	60	AIRSUPRA.....	144
<i>acetic acid</i> .....	139	AKEEGA.....	38
<i>acetic acid 0.25%</i> .....	116	<i>ala-cort</i> .....	148
<i>acetylcysteine</i> .....	105, 143	<i>alahist d</i> .....	156
<i>acid gone</i> .....	155	<i>albendazole</i> .....	18
<i>acidophilus</i> .....	155	<i>albustix strip</i> .....	156
<i>acidophilus/bacillus coagulans extra strength</i> .....	155	<i>albuterol sulfate</i> .....	142
<i>acidophilus/citrus pectin</i> .....	155	<i>albuterol sulfate hfa</i> .....	142
<i>acidophilus lactobacilli</i> .....	155	<i>alclometasone dipropionate</i> .....	148
<i>acidophilus/l-sporogenes extra strength</i> .....	155	<i>alcon tears</i> .....	156
<i>acidophilus pearls</i> .....	155	ALECENSA.....	40
<i>acidophilus/pectin</i> .....	155	<i>alendronate sodium</i> .....	94, 95
<i>acid reducer</i> .....	155	<i>alfuzosin hcl er</i> .....	115
<i>acid reducer maximum strength</i> .....	155	<i>aliskiren</i> .....	60
<i>acitretin</i> .....	147	<i>alka-seltzer plus day cold &amp; flu formula</i> .....	156

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
<i>alka-seltzer plus mucus &amp; congestion break up formula</i> .....	157	<i>amoxicillin</i> .....	34
<i>alka-seltzer plus severe sinus congestion &amp; cough</i> .....	157	<i>amoxicillin/clavulanate potassium</i> .....	34
<i>allegra allergy childrens</i> .....	157	<i>amoxicillin/clavulanate potassium er</i> .....	34
<i>allergy childrens</i> .....	157	<i>amphetamine/dextroamphetamine</i> .....	83
<i>allergy relief childrens</i> .....	157	<i>amphotericin b</i> .....	22
<i>allerwell allergy formula</i> .....	157	<i>amphotericin b liposome</i> .....	22
<i>allopurinol</i> .....	14	<i>ampicillin</i> .....	35
<i>aloe vesta skin conditioner</i> .....	157	<i>ampicillin sodium</i> .....	35
<i>alosetron hydrochloride</i> .....	113	<i>ampicillin-sulbactam</i> .....	35
<i>alp high3</i> .....	157	<i>ampicillin/sulbactam</i> .....	35
<i>alprazolam</i> .....	63	<i>anagrelide hydrochloride</i> .....	119
ALPRAZOLAM INTENSOL.....	63	<i>anasept</i> .....	157
<i>altavera</i> .....	96	<i>anasept antimicrobial skin &amp; wound</i> .....	157
<i>aluminum hydroxide</i> .....	157	<i>anastrozole</i> .....	38
ALUNBRIG .....	40	<i>anbesol cold sore therapy</i> .....	157
ALVAIZ.....	119	ANORO ELLIPTA.....	140
ALVESCO .....	144	<i>antacid anti-gas maximum strength</i> .....	157
<i>alyacen 1/35</i> .....	96	<i>antacid extra strength</i> .....	157
<i>alyacen 7/7/7</i> .....	96	<i>antacid plus anti-gas relief</i> .....	157
<i>amantadine</i> .....	69	<i>antacid soft chews</i> .....	157
<i>amantadine hcl</i> .....	69	<i>antacid ultra strength</i> .....	157
<i>ambrisentan</i> .....	62	<i>anti-bacterial hand</i> .....	157
<i>americerin</i> .....	157	<i>antibacterial liquid soap</i> .....	157
<i>ameriwash</i> .....	157	<i>anti-dandruff shampoo</i> .....	158
<i>amethyst</i> .....	96	<i>anti-diarrheal</i> .....	158
<i>amikacin sulfate</i> .....	18	<i>anti-itch</i> .....	158
<i>amiloride hcl</i> .....	60	<i>anti-itch maximum strength</i> .....	158
<i>amiloride/hydrochlorothiazide</i> .....	60	<i>antioxidant formula</i> .....	158
<i>aminophylline</i> .....	143	<i>aplicare povidone/iodine</i> .....	158
AMINOSYN II .....	131	<i>aprepitant</i> .....	109, 110
AMINOSYN-PF .....	132	<i>apri</i> .....	96
AMINOSYN-PF 7%.....	132	<i>aprodine</i> .....	158
<i>amiodarone hydrochloride</i> .....	54	APTIOM .....	76
<i>amitriptyline hcl</i> .....	65	APTIVUS.....	24
<i>amitriptyline hydrochloride</i> .....	65	<i>aqua-cerin</i> .....	158
<i>amlactin intensive healing</i> .....	157	<i>aqua glycolic face</i> .....	158
<i>amlactin ultra smoothing</i> .....	157	<i>aqua glycolic hand &amp; body</i> .....	158
<i>amlodipine besylate</i> .....	58	<i>aqua lacten</i> .....	158
<i>amlodipine besylate/atorvastatin calcium</i> .....	60	<i>aquamed</i> .....	158
<i>amlodipine besylate/benazepril hydrochloride</i> .....	51	<i>aquanaz</i> .....	158
<i>amlodipine besylate/valsartan</i> .....	52	<i>aquaphilic/carbamide</i> .....	158
<i>amlodipine/olmesartan medoxomil</i> .....	52	<i>aranelle</i> .....	96
<i>amlodipine/valsartan/hydrochlorothiazide</i> .....	52	ARCALYST.....	124
<i>ammonium lactate</i> .....	151, 157	<i>ar caps #1 clear/acid resistant</i> .....	158
<i>amnesteam</i> .....	145	AREXVY .....	125
<i>amoxapine</i> .....	65	<i>arglaes film 2-3/8</i> .....	158
		<i>arglaes film 3</i> .....	158

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
<i>arglaes film 4-3/4</i> .....	158	<i>aveeno skin relief moisture repair</i> .....	159
ARIKAYCE .....	18	<i>aveeno stress relief moisturizing</i> .....	159
<i>aripiprazole</i> .....	70	<i>aviane</i> .....	97
ARISTADA .....	70, 71	AVMAPKI FAKZYNJA .....	41
<i>armodafinil</i> .....	88	<i>ayr nasal drops</i> .....	159
ARNUITY ELLIPTA .....	144	<i>ayr nasal mist allergy &amp; sinus hypertonic saline</i> .....	159
<i>arthritis pain relieving</i> .....	158	<i>ayuna</i> .....	97
<i>artificial tears</i> .....	158	AYVAKIT .....	41
<i>ashlyna</i> .....	96	<i>azathioprine</i> .....	124
ASPARLAS .....	40	AZATHIOPRINE .....	124
<i>asperflex original patch</i> .....	158	<i>azelaic acid</i> .....	151
<i>aspirin</i> .....	158	<i>azelastine hcl</i> .....	138
<i>aspirin/dipyridamole er</i> .....	120	<i>azelastine hydrochloride</i> .....	141
<i>aspirin regular strength</i> .....	158	<i>azithromycin</i> .....	33
<i>aspirin suppository</i> .....	158	<i>aztreonam</i> .....	18
ASTAGRAF XL .....	124	<i>azurette</i> .....	97
<i>asthmanefrin refill nebulization</i> .....	158		
<i>atazanavir</i> .....	24	<b>B</b>	
<i>atazanavir sulfate</i> .....	24	<i>b-12</i> .....	159
<i>atenolol</i> .....	57	<i>b-12 1000</i> .....	159
<i>atenolol/chlorthalidone</i> .....	56	<i>b-12 dots</i> .....	159
<i>athletes foot powder</i> .....	158	<i>b-12 dual spectrum</i> .....	159
<i>atomoxetine</i> .....	83	<i>b-12 liquid</i> .....	159
<i>atorvastatin calcium</i> .....	55	<i>b-12 quick dissolve</i> .....	159
<i>atovaquone</i> .....	18	<i>b-50 complex</i> .....	159
<i>atovaquone/proguanil hcl</i> .....	24	<i>b-100</i> .....	159
<i>atovaquone/proguanil hydrochloride</i> .....	24	<i>b-100 complex tr</i> .....	159
<i>atp ignite</i> .....	158	<i>baby cornstarch powder</i> .....	159
<i>atropine sulfate</i> .....	139	<i>baby ddrops</i> .....	159
ATROVENT HFA .....	140	<i>baby super daily d3</i> .....	159
<i>aubra eq</i> .....	96	<i>baby vitamin d3 drops</i> .....	159
AUGTYRO .....	40, 41	<i>bacitracin</i> .....	136, 159
<i>aurovela 1.5/30</i> .....	96	<i>bacitracin/polymyxin b</i> .....	136
<i>aurovela 1/20</i> .....	96	<i>bacitracin zinc</i> .....	160
<i>aurovela 24 fe</i> .....	97	<i>baclofen</i> .....	88
<i>aurovela fe 1.5/30</i> .....	97	BAFIERTAM .....	87
<i>aurovela fe 1/20</i> .....	97	<i>balamine dm</i> .....	160
AUSTEDO .....	86	<i>balmbarr hand &amp; body</i> .....	160
AUSTEDO XR .....	86	<i>balmbarr moisturizing</i> .....	160
AUVELITY .....	65	<i>balmbarr stretch mark</i> .....	160
<i>aveeno baby soothing multi-purpose</i> .....	159	<i>balmex multi-purpose</i> .....	160
<i>aveeno daily moisturizing face</i> .....	159	<i>balsalazide disodium</i> .....	112
<i>aveeno daily moisturizing sheer hydration</i> .....	159	BALVERSA .....	41
<i>aveeno intense relief hand</i> .....	159	<i>balziva</i> .....	97
<i>aveeno intense relief overnight</i> .....	159	<i>bama freeze</i> .....	160
<i>aveeno positively radiantintensive night</i> .....	159	BARACLUDGE .....	29
<i>aveeno restorative skin therapy oat repairing</i> .....	159	<i>basis facial moisturizer</i> .....	160

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
<i>basis overnight</i> .....	160	BEXSERO .....	125
<i>baza protect skin protectant moisture barrier</i> .....	160	<i>bicalutamide</i> .....	38
BCG .....	125	<i>bicarsim</i> .....	161
<i>b complex</i> .....	159	<i>bicarsim forte</i> .....	161
<i>b-complex</i> .....	160	BICILLIN L-A .....	35
<i>b-complex/c</i> .....	160	BIKTARVY .....	27
<i>b-complex plus b-12</i> .....	160	<i>bilberry plus</i> .....	161
<i>b-complex/vitamin c/folic acid/ biotin</i> .....	160	BILDYOS .....	95
BD ALCOHOL SWABS .....	90	BILPREVDA .....	95
BD INSULIN SYRINGE .....	90	BIMZELX .....	120
BD PEN .....	90	<i>biodesp dm</i> .....	161
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 1/2 .....	90	<i>biofreeze</i> .....	161
<i>beauty</i> .....	160	<i>biofreeze cool the pain</i> .....	161
<i>beauty 360 advanced skin care</i> .....	160	<i>biofreeze professional</i> .....	161
<i>beelith</i> .....	160	<i>biogtuss</i> .....	161
<i>benadryl itch relief stick</i> .....	160	<i>biolle tears</i> .....	161
<i>benazepril hydrochloride</i> .....	52	<i>bion tears</i> .....	161
<i>benazepril hydrochloride/hydrochlorothiazide</i> .....	51	<i>bio-rytuss</i> .....	161
<i>benefiber drink mix</i> .....	160	<i>biospec dmx</i> .....	161
<i>bengay vanishing scent</i> .....	160	<i>biotin</i> .....	161
BENLYSTA .....	124	<i>biotin fast dissolve maximum strength</i> .....	161
<i>benzonatate</i> .....	160	<i>biotin gummies</i> .....	161
<i>benzoyl peroxide</i> .....	160	<i>biotin high potency</i> .....	161
<i>benzoyl peroxide wash</i> .....	160	<i>biotin plus keratin</i> .....	161
<i>benzphetamine hcl</i> .....	160	<i>bisacodyl ec</i> .....	161
<i>benztropine mesylate</i> .....	69	<i>bisacodyl suppository</i> .....	161
BERINERT .....	119	<i>bismuth subsalicylate</i> .....	161
<i>berri-freez pain relieving</i> .....	161	<i>bisoprolol</i> .....	57
BESIFLOXACIN HYDROCHLORIDE .....	136	<i>bisoprolol fumarate/hydrochlorothiazide</i> .....	56
BESIVANCE .....	136	<i>black draught</i> .....	161
BESREMI .....	40	<i>blisovi 24 fe</i> .....	97
<i>beta care</i> .....	161	<i>blisovi fe 1.5/30</i> .....	97
<i>beta care betatar gel shampoo</i> .....	161	<i>blisovi fe 1/20</i> .....	97
<i>betadine</i> .....	161	BLUJEPa .....	19
<i>betadine surgical scrub</i> .....	161	<i>b-natal</i> .....	161, 162
<i>betaine anhydrous powder</i> .....	105	BONSITY .....	95
<i>beta med shampoo</i> .....	161	BOOSTRIX .....	125
<i>betamethasone dipropionate</i> .....	148	<i>boro-packs</i> .....	162
<i>betamethasone dipropionate augmented</i> .....	148	<i>bosentan</i> .....	62
<i>betamethasone valerate</i> .....	148	BOSULIF .....	41
BETASERON .....	87	<i>boudreauxs butt paste</i> .....	162
<i>beta xma</i> .....	161	<i>boudreauxs butt paste butt barrier</i> .....	162
<i>betaxolol hcl</i> .....	57, 138	<i>boudreauxs rash preventor</i> .....	162
<i>bethanechol chloride</i> .....	116	<i>bprotected multi-vite</i> .....	162
BEVESPI .....	140	<i>bp wash</i> .....	162
<i>bexarotene</i> .....	40, 151	BRAFTOVI .....	41
		BREO ELLIPTA .....	145

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
BREZTRI.....	140	<i>calcium 500/vitamin d3</i> .....	162
<i>briellyn</i> .....	97	<i>calcium 600+d high potency</i> .....	163
<i>brimonidine tartrate</i> .....	138	<i>calcium 600 + minerals</i> .....	163
<i>brimonidine tartrate/timolol maleate</i> .....	138	<i>calcium 600 with vitamin d</i> .....	163
<i>brinzolamide</i> .....	138	<i>calcium 1000 + d</i> .....	162
<i>brivaracetam</i> .....	76	<i>calcium acetate</i> .....	163
BRIVIACT.....	76	<i>calcium antacid extra strength</i> .....	163
<i>bromfenac</i> .....	137	<i>calcium carbonate</i> .....	163
<i>bromfenac sodium</i> .....	137	<i>calcium carbonate powder</i> .....	163
<i>bromocriptine mesylate</i> .....	69	<i>calcium/c/d</i> .....	163
<i>bromphen/pseudoephedrine hcl/dextromethorphan</i> <i>hydrobromide</i> .....	162	<i>calcium citrate</i> .....	163
<i>bronkids</i> .....	162	<i>calcium citrate + d3 maximum</i> .....	163
BRUKINSA.....	41	<i>calcium citrate+d3 petites</i> .....	163
<i>budesonide</i> .....	144	<i>calcium citrate/vitamin d</i> .....	163
<i>budesonide dr</i> .....	112	<i>calcium/magnesium/zinc</i> .....	163
<i>budesonide er</i> .....	112	<i>calcium oyster shell</i> .....	163
<i>budesonide/formoterol fumarate dihydrate</i> .....	145	<i>calcium plus d3 absorbable</i> .....	163
<i>budesonide nasal spray</i> .....	162	<i>calcium/vitamin d</i> .....	163
<i>bumetanide</i> .....	60	<i>calcium/vitamin d3</i> .....	163
<i>buprenorphine</i> .....	16	<i>calmoseptine</i> .....	163
<i>buprenorphine hcl</i> .....	89	CALQUENCE.....	41
<i>buprenorphine hcl/naloxone hcl</i> .....	89	<i>cal-quick</i> .....	163
<i>buprenorphine hydrochloride/naloxone hydrochloride</i> .....	89	<i>caltrate 600+d3 soft chews</i> .....	163
<i>bupropion</i> .....	65	<i>cam</i> .....	164
BUPROPION.....	65	<i>camila</i> .....	97
<i>bupropion hydrochloride er</i> .....	65, 89	CAMRESE.....	97
<i>bupirone hcl</i> .....	63	CAMRESE LO.....	97
<i>bupirone hydrochloride</i> .....	63	<i>candesartan cilexetil</i> .....	53
<i>butenafine hydrochloride</i> .....	162	<i>candesartan cilexetil/hydrochlorothiazide</i> .....	52, 53
<i>butorphanol tartrate</i> .....	17	CAPLYTA.....	71
<b>C</b>		CAPRELSA.....	41
<i>cabergoline</i> .....	105	<i>capsaicin</i> .....	164
CABOMETYX.....	41	<i>captopril</i> .....	52
<i>caffeine anhydrous powder</i> .....	162	<i>captopril/hydrochlorothiazide</i> .....	51
<i>calamine</i> .....	162	<i>capzasin-p</i> .....	164
<i>calamine phenolated</i> .....	162	<i>carbamazepine</i> .....	76
<i>calcipotriene</i> .....	147, 148	<i>carbamazepine er</i> .....	76
<i>calcitonin-salmon</i> .....	95	<i>carbidopa</i> .....	69
<i>calcitrene</i> .....	148	<i>carbidopa/levodopa</i> .....	69
<i>calcitriol</i> .....	109	CARBIDOPA/LEVODOPA/ENTACAPONE.....	69
CALCITRIOL.....	148	<i>carbidopa/levodopa er</i> .....	69
<i>calcium</i> .....	163	<i>carbidopa/levodopa odt</i> .....	69
<i>calcium + d3</i> .....	162	CARBINOXAMINE.....	141
<i>calcium+d3</i> .....	163	<i>carbinoxamine maleate</i> .....	141
<i>calcium 500/vitamin d</i> .....	162	<i>carboxymethylcellulose sodium</i> .....	164
		<i>cardiopress</i> .....	164
		<i>ca-rezz</i> .....	164

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
<i>ca-rezz norisc</i> .....	164	CERDELGA .....	106
<i>carglumic acid</i> .....	106	<i>cetaphil advanced relief</i> .....	165
<i>carteolol hcl</i> .....	138	<i>cetaphil daily advance ultra hydrating</i> .....	165
<i>cartia xt</i> .....	58	<i>cetaphil daily facial moisturizer</i> .....	165
<i>carvedilol</i> .....	57	<i>cetaphil moisturizing</i> .....	165
<i>carvedilol phosphate er</i> .....	57	<i>cetaphil restoraderm</i> .....	165
<i>caspofungin acetate</i> .....	23	<i>cetaphil therapeutic hand</i> .....	165
<i>castellani paint</i> .....	164	<i>cetirizine hcl</i> .....	165
<i>castile soap towelettes pad</i> .....	164	<i>cetirizine hydrochloride</i> .....	141, 165
<i>castiva cooling</i> .....	164	<i>cetirizine hydrochloride/pseudoephedrine</i>	
<i>castor oil</i> .....	164	<i>hydrochloride</i> .....	165
<i>castor oil stimulant laxative</i> .....	164	<i>cevimeline hydrochloride</i> .....	153
CAYSTON .....	19	<i>charlotte 24 fe</i> .....	97
<i>cefaclor</i> .....	31	<i>chateal eq</i> .....	97
CEFACTOR ER .....	31	CHEMET .....	95
<i>cefadroxil</i> .....	31	<i>chemstrip ugk strip</i> .....	165
<i>cefazolin</i> .....	31	<i>cherry syrup</i> .....	165
CEFAZOLIN .....	31	<i>chest rub</i> .....	165
CEFAZOLIN/DEXTROSE .....	31	<i>chewable vitamin d3</i> .....	165
<i>cefazolin sodium</i> .....	31	<i>chew q</i> .....	165
CEFAZOLIN SODIUM .....	31	<i>childrens chewable multivitamin</i> .....	165
<i>cefdinir</i> .....	31	<i>childrens gummies</i> .....	165
<i>cefepime</i> .....	31	<i>childrens non-aspirin</i> .....	165
<i>cefixime</i> .....	32	<i>chlorphedianol/dexchlorpheniramine./</i>	
<i>cefotetan</i> .....	32	<i>pseudoephedrine</i> .....	166
<i>cefoxitin</i> .....	32	<i>chloramphenicol sodium succinate</i> .....	19
<i>cefpodoxime proxetil</i> .....	32	<i>chloraseptic kids</i> .....	166
<i>cefprozil</i> .....	32	<i>chloraseptic max sore throat lozenge</i> .....	166
<i>ceftaroline</i> .....	32	<i>chlordiazepoxide hcl</i> .....	63
<i>ceftazidime</i> .....	32	<i>chlordiazepoxide hydrochloride</i> .....	63
<i>ceftriaxone in iso-osmotic dextrose</i> .....	32	<i>chlorhexidine gluconate</i> .....	153, 166
<i>ceftriaxone sodium</i> .....	32	<i>chlorocaps</i> .....	166
CEFTRIAZONE SODIUM .....	32	<i>chloroquine phosphate</i> .....	24
<i>cefuroxime axetil</i> .....	32	<i>chlorpheniramine maleate</i> .....	166
<i>cefuroxime sodium</i> .....	32	<i>chlorpromazine hcl</i> .....	71
<i>celecoxib</i> .....	14	<i>chlorpromazine hydrochloride</i> .....	71
<i>centrum multivitamin flavor burst drink</i> .....	164	<i>chlorthalidone</i> .....	60
<i>cepacol sore throat maximum numbing lozenge</i> .....	164	<i>chlorzoxazone</i> .....	88
<i>cephalexin</i> .....	32, 33	<i>chocolated laxative</i> .....	166
<i>cerave am facial moisturizing/spf 30</i> .....	164	<i>cholase control</i> .....	166
<i>cerave baby healing ointment</i> .....	164	<i>cholestyramine</i> .....	55
<i>cerave daily moisturizing</i> .....	165	<i>cholestyramine light</i> .....	55
<i>cerave diabetics dry skin relief</i> .....	165	<i>cicaplast baume b5 soothing multi-purpose balm</i> .....	166
<i>cerave moisturizing</i> .....	165	<i>ciclopirox</i> .....	147
<i>cerave pm facial moisturizing ultra lightweight</i> .....	165	<i>ciclopirox nail lacquer</i> .....	146
<i>cerave sa/rough and bumpyskin</i> .....	165	<i>ciclopirox olamine</i> .....	147
<i>cerave therapeutic hand</i> .....	165	<i>cilostazol</i> .....	119

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
CILOXAN.....	136	<i>clonazepam odt</i> .....	77
CIMDUO .....	27	<i>clonidine</i> .....	60, 61
<i>cimetidine</i> .....	112	<i>clonidine hydrochloride</i> .....	60
<i>cimetidine 200</i> .....	166	<i>clopidogrel</i> .....	120
<i>cinacalcet hydrochloride</i> .....	65, 106	<i>clorazepate dipotassium</i> .....	77
<i>ciprofloxacin</i> .....	139, 140	<i>clotrimazole</i> .....	147, 166
<i>ciprofloxacin/dexamethasone</i> .....	140	<i>clotrimazole 3</i> .....	166
<i>ciprofloxacin hcl</i> .....	33	<i>clotrimazole/betamethasone dipropionate</i> .....	147
<i>ciprofloxacin hydrochloride</i> .....	34, 136	<i>clotrimazole troche</i> .....	153
<i>ciprofloxacin i.v.-in d5w</i> .....	34	<i>clozapine</i> .....	71
CIPRO HC .....	139	<i>clozapine odt</i> .....	71
<i>citalopram hydrobromide</i> .....	65	<i>coal tar liquid</i> .....	166
<i>claravis</i> .....	145	COARTEM .....	24
<i>clarithromycin</i> .....	33	COBENFY .....	71
<i>clarithromycin er</i> .....	33	COBENFY STARTER PACK .....	71
<i>clean &amp; clear acne tripleclear exfoliating scrub</i> .....	166	<i>cocoa butter</i> .....	166
<i>clean &amp; clear advantage acne spot treatment</i> .....	166	<i>cocoa butter hand &amp; body</i> .....	166
<i>clearasil daily clear vanishing acne treatment</i> .....	166	<i>cocoa butter skin</i> .....	166
<i>clear soluble fiber powder</i> .....	166	<i>coconut oil beauty</i> .....	166
<i>clemastine fumarate</i> .....	141	CODEINE SULFATE .....	17
CLENPIQ.....	112	<i>coditussin dac</i> .....	167
<i>clindacin</i> .....	145	<i>cod liver oil</i> .....	167
<i>clindamycin hcl</i> .....	19	<i>coenzyme q-10</i> .....	167
<i>clindamycin hydrochloride</i> .....	19	<i>coenzyme q10</i> .....	167
<i>clindamycin palmitate hydrochloride</i> .....	19	<i>coenzyme q-10/high poten cy</i> .....	167
<i>clindamycin phosphate</i> .....	19, 117, 145, 146	<i>colace 2-in-1</i> .....	167
<i>clindamycin phosphate/dextrose</i> .....	19	<i>colchicine</i> .....	14
<i>clindamycin phosphate (once-daily)</i> .....	145	<i>cold &amp; allergy</i> .....	167
<i>clindamycin phosphate (twice-daily)</i> .....	145	<i>cold &amp; allergy d maximum strength</i> .....	167
CLINDAMYCIN/SODIUM CHLORIDE.....	19	<i>cold &amp; cough childrens</i> .....	167
CLINIMIX 4.25%/DEXTROSE 5% .....	132	<i>cold/cough dm childrens</i> .....	167
CLINIMIX 4.25%/DEXTROSE 10% .....	132	<i>cold &amp; flu relief multi-symptom nighttime</i> .....	167
CLINIMIX 5%/DEXTROSE 15% .....	132	<i>cold &amp; sinus relief</i> .....	167
CLINIMIX 5%/DEXTROSE 20% .....	133	<i>colesevelam hydrochloride</i> .....	55
CLINIMIX 6/5 .....	133	<i>colestipol hydrochloride</i> .....	55, 56
CLINIMIX 8/10 .....	133	<i>colistimethate sodium</i> .....	19
CLINIMIX 8/14 .....	133	<i>collagen</i> .....	167
<i>clinisol sf</i> .....	133	<i>collagen premium skin</i> .....	167
CLINOLIPID .....	133	<i>collagen ultra</i> .....	167
<i>clinpro 5000 paste</i> .....	153	COMBIGAN.....	138
<i>cln facial moisturizer nourishing</i> .....	166	COMBIVENT RESPIMAT.....	140
<i>clobazam</i> .....	76, 77	COMETRIQ KIT .....	41, 42
<i>clobetasol propionate</i> .....	149	<i>complete moisture</i> .....	167
<i>clobetasol propionate e</i> .....	149	<i>compound w one step invisible wart remover</i> .....	167
<i>clodan</i> .....	149	<i>compro</i> .....	110
<i>clomipramine hydrochloride</i> .....	65	<i>conceptionxr motility support formula</i> .....	167
<i>clonazepam</i> .....	77	<i>conjugated estrogens</i> .....	103

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
<i>consulose</i> .....	112	<i>cvs extra moisturizing</i> .....	169
<i>contac cold+flu maximum strength</i> .....	168	<i>cvs gentle skin cleanser</i> .....	169
<i>cooling pain relief</i> .....	168	<i>cvs glucosamine/chondroitin maximum strength</i> .....	169
<i>cool 'n heat stick</i> .....	168	<i>cvs hair/skin/nails</i> .....	169
COPIKTRA.....	42	<i>cvs immune support vitamin c</i> .....	170
<i>co q-10</i> .....	166	<i>cvs intense dry skin therapy</i> .....	170
<i>coq-10</i> .....	168	<i>cvs laxative dietary supplement</i> .....	170
<i>coq10 gummies adult</i> .....	168	<i>cvs menopause support</i> .....	170
<i>coq-10 tr</i> .....	168	<i>cvs miconazole 1 combination pack kit</i> .....	170
<i>coricidin hbp chest congestion &amp; cough</i> .....	168	<i>cvs mini enema kids enema</i> .....	170
CORLANOR.....	61	<i>cvs moisturizing</i> .....	170
<i>corn and callus remover</i> .....	168	<i>cvs nasal decongestant</i> .....	170
<i>corn huskers</i> .....	168	<i>cvs skin therapy ultra restoring</i> .....	170
<i>coromega omega 3 squeeze</i> .....	168	<i>cvs sore throat lozenge</i> .....	170
<i>corticare b</i> .....	168	<i>cvs special care</i> .....	170
<i>cortizone-10 feminine itch relief maximum strength</i> ... 168	168	<i>cvs stomach relief</i> .....	170
COTELLIC .....	42	<i>cvs stool softener</i> .....	170
<i>cottonseed oil</i> .....	168	<i>cvs stuffy nose &amp; cold childrens</i> .....	170
<i>cough &amp; cold hbp</i> .....	168	<i>cvs therapeutic dandruff extra strength shampoo</i> .....	170
<i>cough drops</i> .....	168	<i>cyanocobalamin</i> .....	170
<i>cranberry</i> .....	168	<i>cyanocobalamin nasal</i> .....	170
<i>cranberry extract</i> .....	168	<i>cyclobenzaprine hydrochloride</i> .....	88
CREON .....	113	<i>cyclophosphamide capsule</i> .....	37
<i>creo-terpin</i> .....	168	CYCLOPHOSPHAMIDE TABLET.....	37
CRESEMBA .....	23	<i>cycloserine</i> .....	28
<i>cromolyn sodium</i> .....	113, 138, 143, 168	<i>cyclosporine</i> .....	124
<i>cryselle</i> .....	97	<i>cyclosporine modified</i> .....	124
<i>cryselle-28</i> .....	97	<i>cyproheptadine hcl</i> .....	141
<i>culturelle health &amp; wellness</i> .....	168	<i>cyproheptadine hydrochloride</i> .....	141
<i>culturelle womens wellness probiotic</i> .....	168	<i>cyred eq</i> .....	97
CURITY GAUZE PADS .....	90	CYSTAGON.....	106
<i>cutter dry</i> .....	168	CYSTARAN .....	139
<i>cvs acetaminophen</i> .....	168	<b>D</b>	
<i>cvs advanced acne spot treatment</i> .....	168	<i>d3 170</i>	
<i>cvs allergy relief</i> .....	169	<i>dabigatran</i> .....	117
<i>cvs all-purpose skin protectant</i> .....	169	<i>daily fiber powder</i> .....	170
<i>cvs antacid/anti-gas maximum strength</i> .....	169	<i>daily moisturizing</i> .....	171
<i>cvs b12</i> .....	169	<i>daily vitamin formula</i> .....	171
<i>cvs beauty 360 dry skin</i> .....	169	<i>daily vitamins</i> .....	171
<i>cvs chest congestion/cough hbp</i> .....	169	<i>dalfampridine er</i> .....	87
<i>cvs childrens triacting cough/runny nose</i> .....	169	<i>danazol</i> .....	90
<i>cvs cold &amp; flu hbp</i> .....	169	<i>dandruff shampoo shampoo</i> .....	171
<i>cvs cold &amp; sinus relief</i> .....	169	<i>dantrolene sodium</i> .....	88
<i>cvs cortisone maximum strength</i> .....	169	DANZITEN .....	42
<i>cvs daily fiber</i> .....	169	DAPAGLIFLOZIN PROPANEDIOL.....	92
<i>cvs daily ultra moisture</i> .....	169	<i>dapsone</i> .....	19, 146
<i>cvs dry skin therapy</i> .....	169		

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
DAPTACEL.....	125	<i>desitin</i> .....	172
<i>daptomycin</i> .....	19	<i>desitin multi-purpose healing</i> .....	172
DAPTOMYCIN/SODIUM CHLORIDE.....	19	<i>desloratadine</i> .....	141
<i>darunavir</i> .....	24	<i>desloratadine odt</i> .....	141
<i>dasatinib</i> .....	42	<i>desmopressin acetate</i> .....	106
<i>dasetta 1/35</i> .....	97	<i>desonide</i> .....	149
<i>dasetta 7/7/7</i> .....	97	<i>desoximetasone</i> .....	149
DAURISMO.....	42	<i>despec dm</i> .....	172
<i>dayhist allergy 12 hour relief</i> .....	171	<i>despec eda</i> .....	172
<i>daysee</i> .....	97	<i>dessmopressin acetate</i> .....	106
<i>daytime cough</i> .....	171	<i>desvenlafaxine er</i> .....	65
DAYVIGO.....	85	<i>dexamethasone</i> .....	104
<i>d-cerin</i> .....	171	<i>dexamethasone intensol</i> .....	104
<i>ddrops</i> .....	171	<i>dexamethasone sodium phosphate</i> .....	137
<i>deblitane</i> .....	97	<i>dexbrompheniramine/dm/phenylephrine</i> .....	172
<i>decara</i> .....	171	<i>dexlansoprazole</i> .....	115
<i>deconex ir</i> .....	171	<i>dexmethylphenidate hcl</i> .....	83
<i>decorel forte plus severe cold/cough relief</i> .....	171	<i>dexmethylphenidate hydrochloride</i> .....	84
<i>deferasirox</i> .....	95, 96	<i>dexmethylphenidate hydrochloride er</i> .....	84
<i>dekas essential</i> .....	171	<i>dextroamphetamine sulfate</i> .....	84
DELSTRIGO.....	27	<i>dextroamphetamine sulfate er</i> .....	84
<i>delsym cough + cold nighttime childrens</i> .....	171	<i>dextroamphetamine sulfateg</i> .....	84
<i>delyla</i> .....	97	<i>dextromethorphan/guaifenesin</i> .....	172
DENGVAXIA.....	125	<i>dextromethorphan/guaifenesin/phenylephrine</i> .....	172
DENTA 5000 PLUS SENSITIVE.....	153	<i>dextromethorphan hbr</i> .....	172
<i>dentagel</i> .....	153	<i>dextromethorphan hydrobromide/guaifenesin</i> .....	172
DEPO-SUBQ PROVERA.....	97	<i>dextromethorphan hydrobromide/guaifenesin/ phenylephrine hydr</i> .....	172
<i>dermabase oil in water</i> .....	171	<i>dextromethorphan polistirex er</i> .....	172
<i>dermaide aloe</i> .....	171	DEXTROSE.....	133, 134
<i>dermal therapy extra strength body</i> .....	171	DEXTROSE 2.5%/SODIUM CHLORIDE 0.45%.....	127
<i>dermal therapy face care moisturizing</i> .....	172	<i>dextrose 5%</i> .....	133
<i>dermal therapy foot massage</i> .....	172	DEXTROSE 5% /ELECTROLYTE #48.....	127
<i>dermal therapy hand elbo w &amp; knee cream</i> .....	172	DEXTROSE 5%/LACTATED RINGERS.....	127
<i>dermal therapy heel care</i> .....	172	DEXTROSE 5%/SODIUM CHLORIDE 0.2%.....	127
<i>dermamed</i> .....	172	<i>dextrose 5%/sodium chloride 0.3%</i> .....	127
<i>dermarest psoriasis</i> .....	172	DEXTROSE 5%/SODIUM CHLORIDE 0.9%.....	127
<i>dermazinc</i> .....	172	DEXTROSE 5%/SODIUM CHLORIDE 0.33%.....	127
<i>dermazinc shampoo shampoo</i> .....	172	DEXTROSE 5%/SODIUM CHLORIDE 0.45%.....	127
<i>dermazinc spray</i> .....	172	<i>dextrose 10%</i> .....	133
<i>dermend fragile skin moisturizing formula</i> .....	172	DEXTROSE 10%/SODIUM CHLORIDE 0.2%.....	127
<i>dermend moisturizing bruise formula</i> .....	172	DEXTROSE 10%/SODIUM CHLORIDE 0.45%.....	127
<i>dermoplast</i> .....	172	DEXTROSE 50%.....	134
DESCOVY.....	27	DEXTROSE 70%.....	134
<i>desenex</i> .....	172	<i>dextrose/sodium chloride</i> .....	127
<i>desenex powder</i> .....	172	<i>diabetic tussin cough/chest congestion dm maximum strength</i> .....	173
<i>desgen pediatric</i> .....	172		
<i>desipramine hydrochloride</i> .....	65		

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
<i>diabetiderm</i> .....	173	<i>diphenoxylate/atropine</i> .....	114
<i>diabetiderm foot rejuvenating</i> .....	173	<i>diphenoxylate hydrochloride/atropine sulfate</i> .....	114
<i>diabet-x daily preventionskin therapy</i> .....	173	<i>dipyridamole</i> .....	120
DIACOMIT.....	77	<i>disopyramide phosphate</i> .....	54
<i>dialyvite 800</i> .....	173	<i>disulfiram</i> .....	89
<i>dialyvite 800/zinc</i> .....	173	<i>divalproex sodium dr</i> .....	78
<i>diaper rash</i> .....	173	<i>divalproex sodium er</i> .....	78
<i>diastix strip</i> .....	173	<i>dml</i> .....	174
<i>diazepam</i> .....	77	<i>dml forte</i> .....	174
DIAZEPAM.....	77	<i>docosanol</i> .....	174
<i>diazepam intensol</i> .....	77	<i>docusate calcium</i> .....	174
<i>diazoxide</i> .....	105	<i>docusate mini enema</i> .....	174
<i>diclofenac potassium</i> .....	14	<i>docusate sodium</i> .....	174
<i>diclofenac sodium</i> .....	137, 151, 173	<i>dofetilide</i> .....	54
<i>diclofenac sodium dr</i> .....	14	<i>dok</i> .....	174
<i>diclofenac sodium er</i> .....	14	<i>dolishale</i> .....	97
<i>diclofenac sodium/misoprostol</i> .....	15	<i>dometuss-dmx</i> .....	174
<i>dicloxacillin sodium</i> .....	35	<i>dona</i> .....	174
<i>dicyclomine hcl</i> .....	111	<i>donepezil hcl</i> .....	64
<i>dicyclomine hydrochloride</i> .....	111	<i>donepezil hydrochloride</i> .....	64
<i>di-dak-sol</i> .....	173	DOPTELET .....	119
<i>diethylpropion hcl</i> .....	173	<i>dorzolamide hcl/timolol maleate</i> .....	138
<i>diethylpropion hcl er</i> .....	173	<i>dorzolamide hydrochloride</i> .....	138
DIFICID.....	33	<i>dorzolamide hydrochloride/timolol maleate pf</i> .....	138
<i>diflunisal</i> .....	15	<i>dotti</i> .....	103
<i>diftuprednate</i> .....	137	<i>double antibiotic</i> .....	174
<i>di-gel</i> .....	173	DOVATO.....	27
<i>digox</i> .....	61	<i>doxazosin mesylate</i> .....	52
<i>digoxin</i> .....	61	<i>doxepin hcl</i> .....	65
<i>dihydroergotamine mesylate</i> .....	85	<i>doxepin hydrochloride</i> .....	65, 85, 151
DILANTIN .....	78	<i>doxercalciferol</i> .....	109
DILANTIN-125 .....	77	<i>doxy 100</i> .....	36
DILANTIN INFATABS.....	77	<i>doxycycline</i> .....	36, 151
<i>diltiazem</i> .....	58	<i>doxycycline hyclate</i> .....	36
<i>diltiazem hcl</i> .....	58	<i>doxycycline monohydrate</i> .....	36
DILTIAZEM HCL.....	58	<i>dramamine motion sicknessfor kids</i> .....	174
<i>diltiazem hcl er</i> .....	58	DRIZALMA.....	66
<i>diltiazem hydrochloride</i> .....	58	<i>dronabinol</i> .....	110
<i>diltiazem hydrochloride er</i> .....	58	<i>drospirenone</i> .....	97
<i>dilt-xr</i> .....	58	<i>drospirenone/ethinyl estradiol/levomefolate calcium</i> ..	97
<i>dimaphen dm cold &amp; cough</i> .....	173	DROXIA .....	119
DIMENHYDRINATE.....	110	<i>droxidopa</i> .....	61
<i>dimetapp children's cold &amp; cough</i> .....	173	<i>dr smiths diaper</i> .....	174
<i>dimetapp long acting cough plus cold</i> .....	173	<i>dr smiths rash + skin</i> .....	174
<i>diphenhydramine hcl</i> .....	173	<i>dry eye relief</i> .....	174
<i>diphenhydramine hcl/zinc acetate</i> .....	173	DUAVEE.....	103
<i>diphenhydramine hydrochloride</i> .....	141, 173, 174	<i>dulcolax</i> .....	174

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
DULERA.....	145	<i>elon skin repair system</i> .....	175
<i>duloxetine hydrochloride dr</i> .....	66	<i>eluyring</i> .....	98
<i>duofilm</i> .....	174	EMEND.....	110
DUPIXENT.....	120	<i>emergen-c kidz</i> .....	177
<i>duravent dm</i> .....	174	<i>emergen-c msm lite</i> .....	177
<i>duravent pe</i> .....	174	<i>emergen-c super fruit</i> .....	177
<i>durex realfeel non-latex device</i> .....	174	<i>emergen-c vitamin c lite</i> .....	178
<i>dutasteride</i> .....	115	<i>emollia-creme</i> .....	178
<i>dutasteride/tamsulosin hydrochloride</i> .....	115	<i>emollia-lotion</i> .....	178
<b>E</b>		<i>empty vegetable capsule/snap closure #0</i> .....	178
<i>earwax removal</i> .....	174	<i>empty vegetable capsule/snap closure #1</i> .....	178
<i>easy flow black/blue device</i> .....	174	EMSAM.....	66
<i>easy flow black/orange device</i> .....	174	<i>emtricitabine</i> .....	25
<i>easy flow black/red device</i> .....	174	<i>emtricitabine/rilpivirine/tenofovir disoproxil fumarate</i> .....	27
<i>easy flow black/white device</i> .....	174	<i>emtricitabine/tenofovir disoproxil</i> .....	28
<i>easy flow black/yellow device</i> .....	174	<i>emtricitabine/tenofovir disoproxil fumarate</i> .....	27
<i>easy flow white/blue device</i> .....	175	EMTRIVA.....	25
<i>easy flow white/green device</i> .....	175	EMVERM.....	19
<i>easy flow white/pink device</i> .....	175	<i>emzahn</i> .....	98
<i>easy flow white/white device</i> .....	175	<i>enalapril maleate</i> .....	52
<i>easy flow white/yellow device</i> .....	175	<i>enalapril maleate/hydrochlorothiazide</i> .....	51
<i>econazole nitrate</i> .....	147	ENBREL.....	121
<i>ed a-hist dm</i> .....	175	ENBREL MINI.....	120
EDARBI.....	53	ENBREL SURECLICK.....	121
EDARBYCLOR.....	53	<i>encare</i> .....	178
<i>ed bron gp</i> .....	175	<i>endacof-dm</i> .....	178
<i>ed chlorped jr</i> .....	175	<i>endocet</i> .....	17
EDURANT.....	25	<i>endur-acin</i> .....	178
EDURANT PED.....	24	<i>enema disposable</i> .....	178
<i>efavirenz</i> .....	25	<i>enema mineral oil enema</i> .....	178
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i> .....	27	<i>energy booster</i> .....	178
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i> .....	27	ENGERIX-B.....	125
<i>effe-k</i> .....	129	<i>enilloring</i> .....	98
<i>effervescent pain relief</i> .....	175	<i>enoxaparin sodium</i> .....	117
<i>eldertonic</i> .....	175	ENSACOVE.....	42
<i>electrolyte solution</i> .....	175	<i>enskyce</i> .....	98
<i>eletriptan hydrobromide</i> .....	86	<i>entacapone</i> .....	69
ELIGARD.....	38	<i>entecavir</i> .....	29
<i>elinest</i> .....	97	ENTRESTO.....	53
ELIQUIS.....	117	<i>enulose</i> .....	112
ELIQUIS STARTER PACK.....	117	EPCLUSA.....	29
<i>elon matrix 5000</i> .....	175	<i>ephrine nose drops</i> .....	178
<i>elon matrix 5000 complete</i> .....	175	EPIDIOLEX.....	78
<i>elon matrix complete</i> .....	175	<i>epilyt</i> .....	178
<i>elon matrix plus</i> .....	175	<i>epinastine hcl</i> .....	138
<i>elon r3</i> .....	175	<i>epinephrine</i> .....	143
		<i>eplerenone</i> .....	52

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
<i>epoprostenol sodium</i> .....	62	<i>etodolac er</i> .....	15
EPRONTIA .....	78	<i>etonogestrel/ethinyl estradiol</i> .....	98
<i>eql absolute moisture dry skin</i> .....	179	<i>etravirine</i> .....	25
<i>eql advanced recovery skin care</i> .....	179	<i>eucerin</i> .....	179
<i>eql advanced skin therapy</i> .....	179	<i>eucerin advanced repair</i> .....	179
<i>eql aloe after sun</i> .....	179	<i>eucerin advanced repair hand</i> .....	179
<i>eql antibacterial deodorant soap bar</i> .....	179	<i>eucerin baby</i> .....	179
<i>eql calcium/vitamin d</i> .....	179	<i>eucerin daily hydration</i> .....	179
<i>eql melatonin/vitamin b-6</i> .....	179	<i>eucerin daily hydration spf15</i> .....	179
<i>eql moisturizing</i> .....	179	<i>eucerin daily protection/spf 30</i> .....	179
<i>eql one daily womens</i> .....	179	<i>eucerin intensive repair</i> .....	179
<i>eql ultra moisturizing daily</i> .....	179	<i>eucerin original healing</i> .....	179
<i>eq therapeutic dry skin</i> .....	178	<i>eucerin plus</i> .....	179
<i>eq therapeutic moisturizing</i> .....	178	<i>eucerin professional repair rich feel</i> .....	179
<i>equalactin</i> .....	179	<i>eucerin redness relief night creme</i> .....	179
<i>ergocalciferol</i> .....	179	<i>eucerin roughness relief</i> .....	179, 180
<i>ergotamine tartrate/caffeine</i> .....	86	<i>eucerin smoothing repair advanced formula</i> .....	180
ERIVEDGE .....	42	EUCRISA .....	151
ERLEADA .....	38	EULEXIN .....	38
<i>erlotinib hydrochloride</i> .....	42	<i>everolimus</i> .....	42, 43, 124
<i>errin</i> .....	98	<i>evolution60</i> .....	180
ERTACZO .....	147	EVOTAZ .....	28
<i>ertapenem sodium</i> .....	19	<i>exemestane</i> .....	38
<i>ery</i> .....	146	<i>ex-lax</i> .....	180
<i>erythromycin dr</i> .....	33	<i>ex-lax maximum strength</i> .....	180
<i>erythromycin</i> .....	136, 146	EXTENCILLINE .....	35
<i>erythromycin base</i> .....	33	EXXUA .....	66
<i>erythromycin/benzoyl peroxide</i> .....	146	EXXUA TITRATION PACK .....	66
<i>erythromycin lactobionate</i> .....	33	<i>eye allergy relief</i> .....	180
ERZOFRI .....	71, 72	EYSUVIS .....	139
<i>escitalopram oxalate</i> .....	66	<i>ezetimibe</i> .....	56
ESCITALOPRAM OXALATE .....	66	<i>ezetimibe/simvastatin</i> .....	56
<i>eslicarbazepine acetate</i> .....	78	<i>ezfe 200</i> .....	180
<i>esomeprazole magnesium</i> .....	115	<b>F</b>	
<i>esomeprazole magnesium dr</i> .....	179	<i>falmina</i> .....	98
<i>esomeprazole sodium</i> .....	115	<i>famciclovir</i> .....	29
<i>estarylla</i> .....	98	<i>famotidine</i> .....	112
<i>estradiol</i> .....	103	<i>famotidine premixed</i> .....	112
<i>estradiol/norethindrone acetate</i> .....	103	FANAPT .....	72
<i>estradiol valerate</i> .....	103	FANAPT TITRATION PACK A .....	72
ESTRING .....	103	FANAPT TITRATION PACK B .....	72
<i>ethambutol hydrochloride</i> .....	28	FANAPT TITRATION PACK C .....	72
<i>ethosuximide</i> .....	78	FARXIGA .....	92
<i>ethyl oleate</i> .....	179	FASENRA .....	143
<i>ethyl rubbing alcohol</i> .....	179	<i>fast freeze pro style therapy</i> .....	180
<i>ethynodiol</i> .....	98	<i>fc2 female condom miscellaneous</i> .....	180
<i>etodolac</i> .....	15		

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
<i>febuxostat</i> .....	14	<i>flecainide acetate</i> .....	54
<i>feirza 1.5/30</i> .....	98	<i>fleet liquid glycerin suppositories</i> .....	181
<i>feirza 1/20</i> .....	98	<i>flonase allergy relief</i> .....	181
<i>felbamate</i> .....	78	<i>flonase sensimist</i> .....	181
<i>felodipine er</i> .....	58	<i>flonase sensimist childrens</i> .....	181
<i>femquil</i> .....	180	<i>floranex one</i> .....	181
<i>fenofibrate</i> .....	55	<i>fluconazole</i> .....	23
<i>fenofibrate micronized</i> .....	55	<i>fluconazole in sodium chloride</i> .....	23
<i>fenofibric acid dr</i> .....	55	<i>fluconazole/sodium chloride</i> .....	23
<i>fenoprofen calcium</i> .....	15	<i>flucytosine</i> .....	23
FENOPROFEN CALCIUM .....	15	<i>fludrocortisone acetate</i> .....	104
<i>fentanyl</i> .....	16	<i>flunisolide</i> .....	144
<i>ferretts</i> .....	180	<i>fluocinolone acetonide</i> .....	140, 149
<i>ferretts chewable iron</i> .....	180	<i>fluocinolone acetonide body</i> .....	149
<i>ferrimin 150</i> .....	180	<i>fluocinolone acetonide scalp</i> .....	149
<i>ferrous fumarate</i> .....	180	<i>fluocinonide</i> .....	150
<i>ferrous fumarate 324</i> .....	180	<i>fluocinonide emulsified base</i> .....	149
<i>ferrous gluconate</i> .....	180	<i>fluoride</i> .....	129
<i>ferrous sulfate</i> .....	180	<i>fluoridex daily defense</i> .....	153
<i>fesoterodine fumarate er</i> .....	116	FLUORIDEX SENSITIVITY RELIEF/SLS FREE ...	153
FETZIMA .....	66	<i>fluorimax 5000</i> .....	153
FETZIMA TITRATION PACK .....	66	FLUORIMAX 5000 SENSITIVE.....	153
<i>feverall infants suppository</i> .....	180	<i>fluorometholone</i> .....	137
<i>feverall junior strength suppository</i> .....	180	<i>fluorouracil</i> .....	151
<i>fexofenadine hydrochloride</i> .....	180	FLUOROURACIL.....	151
<i>fexofenadine hydrochloride/pseudoephedrine</i> <i>hydrochloride er</i> .....	180	<i>fluoxetine dr</i> .....	66
FIASP.....	91	<i>fluoxetine hydrochloride</i> .....	66, 67
FIASP FLEXTOUCH.....	90	<i>fluphenazine decanoate</i> .....	72
FIASP PENFILL.....	90	<i>fluphenazine hcl</i> .....	72
FIASP PUMPCART.....	91	<i>fluphenazine hydrochloride</i> .....	72
<i>fiber powder</i> .....	180	<i>flurbiprofen</i> .....	15
<i>fiber tabs</i> .....	180	<i>flurbiprofen sodium</i> .....	137
<i>fiber therapy</i> .....	180	<i>flu/severe cold &amp; cough daytime</i> .....	181
<i>fidaxomicin</i> .....	33	<i>fluticasone propionate</i> .....	144, 150
<i>finasteride</i> .....	115	<i>fluticasone propionate/salmeterol</i> .....	145
<i>fingolimod hydrochloride</i> .....	87	<i>fluticasone propionate/salmeterol diskus</i> .....	145
FINTEPLA.....	78	FLUTICASONE PROPIONATE/SALMETEROL HFA.....	145
<i>finzala</i> .....	98	<i>fluvastatin</i> .....	55
FIRMAGON .....	38	<i>fluvastatin sodium er</i> .....	55
<i>first aid antiseptic ointment</i> .....	180	<i>fluvoxamine maleate</i> .....	64
<i>fish oil</i> .....	180, 181	<i>fluvoxamine maleate er</i> .....	64
<i>fish oil pearls</i> .....	181	<i>folbee plus</i> .....	181
<i>fish oil triple strength</i> .....	181	<i>folic acid</i> .....	181
<i>flac</i> .....	140	<i>folitab 500</i> .....	181
<i>flanders buttocks</i> .....	181	<i>foltan rx</i> .....	181
FLAREX.....	137	<i>fomepizole</i> .....	106

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
<i>fondaparinux sodium</i> .....	117	<i>gemfibrozil</i> .....	55
<i>fora gtel blood ketone test strips strip</i> .....	181	GEMTESA.....	116
<i>fora test n' go advance/voice/6 connect strip</i> .....	181	<i>gencontuss</i> .....	182
<i>fosamprenavir calcium</i> .....	25	<i>generlac</i> .....	113
<i>fosfomycin tromethamine</i> .....	19	<i>gengraf</i> .....	124
<i>fosinopril sodium</i> .....	52	GENOTROPIN .....	106
<i>fosinopril sodium/hydrochlorothiazide</i> .....	51	GENOTROPIN MINIQUICK .....	106
<i>fosphenytoin sodium</i> .....	78	<i>gentamicin sulfate</i> .....	20, 136, 146
FOTIVDA .....	43	<i>gentamicin sulfate pediatric</i> .....	20
FRAGMIN .....	118	<i>gentamicin sulfate/sodium chloride</i> .....	20
<i>fraiche 5000 dental</i> .....	153	<i>genteal severe tears</i> .....	182
<i>freeze it fast pain relief</i> .....	181	<i>genteal tears liquid drops moderate</i> .....	182
<i>freshkote</i> .....	181	<i>genteal tears moderate pf</i> .....	182
FRUZAQLA .....	43	<i>genteal tears severe day/night</i> .....	182
<i>full spectrum b/vitamin c</i> .....	181	<i>gentle skin cleanser</i> .....	182
<i>fungoid tincture kit 2%</i> .....	181	<i>gentle skin cleanser liquid</i> .....	182
<i>furosemide</i> .....	60	GENVOYA .....	28
FUZEON.....	25	GILOTRIF .....	43
<i>fyavolv</i> .....	103	<i>giltuss allergy plus cough &amp; congestion</i> .....	182
FYCOMPA.....	78	<i>giltuss cough &amp; cold</i> .....	182
<b>G</b>		<i>giltuss ex expectorant childrens</i> .....	182
<i>gabapentin</i> .....	78, 79	<i>giltuss ex maximum strength</i> .....	182
<i>galantamine hydrobromide</i> .....	64	<i>giltuss sinus &amp; congestion</i> .....	182
<i>galantamine hydrobromide er</i> .....	64	<i>glatiramer acetate</i> .....	87
<i>galbriela</i> .....	98	<i>glatopa</i> .....	88
<i>gallifrey</i> .....	108	<i>glenmax peb dm</i> .....	182
GAMASTAN .....	123	GLEOSTINE.....	37
GAMMAKED.....	123	<i>glimepiride</i> .....	92
GAMUNEX-C .....	123	<i>glipizide</i> .....	92
<i>ganciclovir</i> .....	29	<i>glipizide er</i> .....	92
GARDASIL 9 .....	125	<i>glipizide/metformin hydrochloride</i> .....	92
<i>garlic</i> .....	181	<i>glucosamine-chondroitin</i> .....	183
<i>garlic oil 1000</i> .....	181	<i>glucosamine/chondroitin</i> .....	182
<i>gas relief infants</i> .....	181	<i>glucosamine chondroitin complex</i> .....	182
<i>gas-x extra strength strip 62.5mg</i> .....	181	<i>glucosamine/chondroitin triple strength</i> .....	182
<i>gas-x infant drops</i> .....	181	<i>glucosamine msm complex</i> .....	182
<i>gatifloxacin</i> .....	136	<i>glucosamine sulfate</i> .....	182
GATTEX .....	114	<i>glucose</i> .....	183
<i>gavilyte-c</i> .....	112	GLUCOSE (DEXTROSE) 50% .....	134
<i>gavilyte-g</i> .....	113	GLUCOSE (DEXTROSE) 70% .....	134
<i>gavilyte-n/flavor pack</i> .....	113	<i>glucose gel</i> .....	183
<i>gaviscon</i> .....	182	<i>glucose instant energy</i> .....	183
<i>gaviscon extra strength</i> .....	182	<i>glucose liquid</i> .....	183
GAVRETO .....	43	<i>glycerin adult suppository</i> .....	183
<i>gcon ir</i> .....	182	<i>glycerin external liquid</i> .....	183
<i>gefitinib</i> .....	43	<i>glycerin infants &amp; children suppository</i> .....	183
		<i>glycopyrrolate</i> .....	111

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
<i>glycotrol</i> .....	183	<i>griseofulvin microsize</i> .....	23
<i>glycotrol complete</i> .....	183	<i>griseofulvin ultramicrosize</i> .....	23
GLYXAMBI .....	93	<i>g-supress dx pediatric</i> .....	184
<i>gnp fish oil</i> .....	183	<i>g-tron ped</i> .....	185
<i>gnp immune support</i> .....	183	<i>g-tron pediatric drops</i> .....	185
<i>gnp iron</i> .....	183	<i>g-tusicof</i> .....	185
<i>gnp l-lysine</i> .....	183	<i>guaifenesin</i> .....	185
<i>gnp natural fiber powder</i> .....	183	<i>guaifenesin/codeine</i> .....	185
<i>gnp vitamin a/d ointment</i> .....	183	<i>guaifenesin dac</i> .....	185
<i>gojji blood ketone test strips strip</i> .....	183	<i>guaifenesin/dextromethorphan</i> .....	185
<i>gold bond age renew crepe corrector</i> .....	183	<i>guaifenesin/dextromethorphan hydrobromide</i> .....	185
<i>gold bond diabetics dry skin relief hand</i> .....	183	<i>guaifenesin er</i> .....	185
<i>gold bond essentials everyday moisture mens</i> .....	183	<i>guaifenesin/phenylephrine</i> .....	185
<i>gold bond everyday moisture mens essentials</i> .....	183	<i>guaifenesin/pseudoephedrine hydrochloride er</i> .....	185
<i>gold bond healing</i> .....	183	<i>guanfacine</i> .....	84
<i>gold bond healing hand</i> .....	183	<i>guanfacine hydrochloride</i> .....	61
<i>gold bond medicated body</i> .....	183	<i>g-zyncof</i> .....	185
<i>gold bond medicated body extra strength</i> .....	183		
<i>gold bond pain relieving foot</i> .....	183	<b>H</b>	
<i>gold bond pure moisture daily body &amp; face</i> .....	183	HADLIMA .....	121
<i>gold bond radiance renewal hydrating</i> .....	183	HADLIMA PUSHTOUCH .....	121
<i>gold bond ultimate diabetics' dry relief</i> .....	183	HAEGARDA .....	119
<i>gold bond ultimate healing</i> .....	183, 184	<i>hailey 1.5/30</i> .....	98
<i>gold bond ultimate overnight</i> .....	184	<i>hailey 24 fe</i> .....	98
<i>gold bond ultimate protection</i> .....	184	<i>hailey fe 1.5/30</i> .....	98
<i>gold bond ultimate restoring</i> .....	184	<i>hailey fe 1/20</i> .....	98
<i>gold bond ultimate rough &amp; bumpy skin</i> .....	184	<i>hair nourishing supplement</i> .....	185
<i>gold bond ultimate sheer ribbons pearlradiance</i> .....	184	<i>halobetasol propionate</i> .....	150
<i>gold bond ultimate softening</i> .....	184	<i>haloette</i> .....	98
<i>gold bond ultimate soothing</i> .....	184	<i>haloperidol</i> .....	72
GOMEKLI .....	43	<i>haloperidol decanoate</i> .....	72
<i>goodsense 24-hour allergy nasal spray</i> .....	184	<i>haloperidol lactate</i> .....	72
<i>goodsense all day allergy childrens</i> .....	184	HAVRIX .....	125
<i>goodsense anti-itch maximum strength</i> .....	184	<i>h-chlor 6</i> .....	185
<i>goodsense capsaicin arthritis pain relief</i> .....	184	<i>h-chlor 12</i> .....	185
<i>goodsense corn &amp; callus remover kit</i> .....	184	<i>headache formula</i> .....	185
<i>goodsense esomeprazole magnesium</i> .....	184	<i>heartburn relief extra strength</i> .....	185
<i>goodsense ibuprofen childrens</i> .....	184	<i>heart savior</i> .....	185
<i>goodsense lansoprazole</i> .....	184	<i>heart tabs</i> .....	185
<i>goodsense miconazole 1 kit</i> .....	184	<i>heather</i> .....	98
<i>goodsense mucus dm</i> .....	184	<i>hemorrhoidal</i> .....	185
<i>good start supreme sterile water</i> .....	184	<i>hemorrhoidal ointment</i> .....	185
<i>goodys extra strength</i> .....	184	<i>hemorrhoidal relief</i> .....	186
<i>gordomatic</i> .....	184	<i>hemorrhoidal suppository</i> .....	186
<i>gordons urea</i> .....	184	<i>heparin sodium</i> .....	118
<i>gordons-vite a</i> .....	184	HEPARIN SODIUM .....	118
<i>granisetron hydrochloride</i> .....	110	HEPARIN SODIUM/D5W .....	118

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
HEPARIN SODIUM/DEXTROSE.....	118	<b>I</b>	
HEPARIN SODIUM/NACL 0.45%.....	118	<i>ibandronate sodium</i> .....	95
HEPARIN SODIUM/SODIUM CHLORIDE.....	118	IBRANCE.....	43
HEPLISAV-B.....	125	IBTROZI.....	43
<i>herbiomed severe cold &amp; flu</i> .....	186	<i>ibu</i> .....	15
HERNEXEOS.....	43	<i>ibuprofen</i> .....	15, 186
HIBERIX.....	125	<i>ibuprofen infants</i> .....	186
<i>histex</i> .....	186	<i>icatibant acetate</i> .....	119
<i>histex pd</i> .....	186	<i>ice blue</i> .....	186
<i>hm docosanol</i> .....	186	<i>iclevia</i> .....	98
<i>hm dry eye relief</i> .....	186	ICLUSIG.....	43
<i>hm eye drops</i> .....	186	<i>icy hot</i> .....	186
<i>hm hemorrhoidal</i> .....	186	<i>icy hot advanced relief pain relief patch</i> .....	186
<i>honey bears</i> .....	186	<i>icy hot naturals</i> .....	186
<i>honey bears w/iron and zinc</i> .....	186	<i>icy hot original pain relief</i> .....	186
HUMIRA.....	121	IDHIFA.....	43
HUMULIN R U-500 (CONCENTRATED).....	91	<i>imatinib mesylate</i> .....	44
HUMULIN R U-500 KWIKPEN.....	91	IMBRUVICA.....	44
<i>hydralazine hydrochloride</i> .....	61	<i>imipenem/cilastatin</i> .....	20
<i>hydrasyn25</i> .....	186	<i>imipramine hcl</i> .....	67
<i>hydrazone</i> .....	186	<i>imipramine hydrochloride</i> .....	67
<i>hydrocerin</i> .....	186	<i>imiquimod</i> .....	151
<i>hydrochlorothiazide</i> .....	60	IMIQUIMOD PUMP.....	151
<i>hydrocodone</i> .....	17	IMKELDI.....	44
<i>hydrocodone/acetaminophen</i> .....	17	<i>immublast-c</i> .....	187
<i>hydrocodone bitartrate/acetaminophen</i> .....	17	<i>immunerx</i> .....	187
<i>hydrocodone bitartrate er</i> .....	16	<i>immunicare</i> .....	187
<i>hydrocodone/ibuprofen</i> .....	17	IMOVAX RABIES (H.D.C.V.).....	125
<i>hydrocortisone</i> .....	104, 112, 150, 186	IMPAVIDO.....	20
<i>hydrocortisone/acetic acid</i> .....	140	INBRIJA.....	69
<i>hydrocortisone perianal</i> .....	151	<i>incassia</i> .....	98
<i>hydrocortisone sodium succinate</i> .....	104	INCRELEX.....	106
<i>hydrocortisone valerate</i> .....	150	INCRUSE ELLIPTA.....	141
<i>hydrogen peroxide</i> .....	186	<i>indapamide</i> .....	60
<i>hydromorphone hcl</i> .....	17	INFANRIX.....	125
HYDROMORPHONE HYDROCHLORIDE.....	17	INLURIYO.....	38
<i>hydroxychloroquine sulfate</i> .....	123	INLYTA.....	44
<i>hydroxyurea</i> .....	40	INQOVI.....	37
<i>hydroxyzine</i> .....	141	INREBIC.....	44
<i>hydroxyzine hcl</i> .....	141	<i>insta-glucose gel</i> .....	187
<i>hydroxyzine hydrochloride</i> .....	141	<i>instant ear-dry</i> .....	187
<i>hydroxyzine pamoate</i> .....	141	INSULIN ASPART.....	91
HYRNUO.....	43	INSULIN ASPART FLEXPEN.....	91
<i>hysept 25</i> .....	186	INSULIN ASPART PENFILL.....	91
<i>hysept 50</i> .....	186	INTELENCE.....	25
		<i>intense cough reliever</i> .....	187
		<i>intense cough reliever double strength</i> .....	187

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
<i>introvale</i> .....	98	JANUMET XR .....	93
<i>inulose blood sugar support</i> .....	187	JANUVIA .....	93
INVEGA HAFYERA.....	72, 73	JARDIANCE .....	93
INVEGA SUSTENNA.....	73	<i>jasmiel</i> .....	98
INVEGA TRINZA.....	73	<i>javygtor</i> .....	106
<i>iodex</i> .....	187	JAYPIRCA.....	44
IPOL INACTIVATED IPV .....	126	<i>jencycla</i> .....	98
<i>ipratropium bromide</i> .....	141	JENTADUETO .....	93
<i>ipratropium bromide/albuterol sulfate</i> .....	140	JENTADUETO XR.....	93
<i>irbesartan</i> .....	53	<i>jinteli</i> .....	103
<i>irbesartan/hydrochlorothiazide</i> .....	53	<i>j &amp; j burn</i> .....	187
<i>iron</i> .....	187	<i>johnsons skin nourish moisturizing</i> .....	187
<i>iron 100 plus</i> .....	187	JOLESSA .....	98
<i>iron chews pediatric</i> .....	187	<i>juleber</i> .....	98
<i>iron er</i> .....	187	JULUCA .....	28
<i>iron infant/toddler</i> .....	187	<i>junel 1.5/30</i> .....	98
<i>iron polysaccharide complex</i> .....	187	<i>junel 1/20</i> .....	99
<i>iron slow release</i> .....	187	<i>junel fe 1.5/30</i> .....	99
<i>iron up</i> .....	187	<i>junel fe 1/20</i> .....	99
<i>iron/vitamin c</i> .....	187	<i>junel fe 24</i> .....	99
ISENTRESS.....	25	<i>just right 5000</i> .....	153
ISENTRESS HD.....	25	JYLAMVO .....	123
<i>isibloom</i> .....	98	JYNNEOS.....	126
ISOLYTE-P/DEXTROSE 5% .....	127	<b>K</b>	
ISOLYTE-S.....	128	<i>kaitlib fe</i> .....	99
ISOLYTE-S PH 7.4.....	128	KALETRA.....	28
<i>isoniazid</i> .....	28	<i>kalliga</i> .....	99
<i>isopropyl rubbing alcohol</i> .....	187	KALYDECO.....	143
<i>isosorbide dinitrate</i> .....	62	<i>kapectate</i> .....	188
<i>isosorbide dinitrate/hydralazine hydrochloride</i> .....	61	<i>kapectate extra strength</i> .....	188
<i>isosorbide mononitrate er</i> .....	62	<i>kariva</i> .....	99
<i>isotonic gentamicin</i> .....	20	KCL 0.3%/D5W/NACL 0.9% .....	128
<i>isotretinoin</i> .....	146	KCL 0.3%/D5W/NACL 0.45% .....	128
<i>isradipine</i> .....	58	KCL 0.15%/D5W/NACL 0.2% .....	128
<i>itch relief extra strength</i> .....	187	KCL 0.15%/D5W/NACL 0.9% .....	128
ITOVEBI.....	44	KCL 0.15%/D5W/NACL 0.45% .....	128
<i>itraconazole</i> .....	23	KCL 0.075%/D5W/NACL 0.45% .....	128
<i>ivabradine hydrochloride</i> .....	61	KEIMPTA .....	88
<i>ivermectin</i> .....	20, 187	<i>kelnor 1/35</i> .....	99
IWILFIN .....	40	<i>kendall gel skin scrub pack/large winged sponges</i> .....	188
IXIARO.....	126	<i>kendall vaginal prep pack kit</i> .....	188
<b>J</b>		<i>kendall wet skin scrub pack kit</i> .....	188
<i>jaimiess</i> .....	98	<i>keradan</i> .....	188
JAKAFI.....	44	<i>keralyt</i> .....	188
<i>jantoven</i> .....	118	<i>kera tek</i> .....	188
JANUMET.....	93	KERENDIA.....	52

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
<i>keri nourishing shea butter</i> .....	188	<i>lamivudine/zidovudine</i> .....	28
<i>keri original daily moisture</i> .....	188	<i>lamotrigine</i> .....	79
<i>ketoconazole</i> .....	23, 147	<i>lamotrigine er</i> .....	79
<i>ketodan</i> .....	147	<i>lamotrigine odt</i> .....	79
<i>keto-diastrix strip</i> .....	188	<i>lamotrigine starter kit/blue</i> .....	79
<i>ketone test strips</i> .....	188	<i>lamotrigine starter kit/green</i> .....	79
<i>ketorolac tromethamine</i> .....	15, 137	<i>lamotrigine starter kit/orange</i> .....	79
<i>ketotifen fumarate</i> .....	188	<i>lanaphilic/urea</i> .....	188
KINERET.....	121	<i>land before time multivitamin/iron</i> .....	189
KINRIX.....	126	<i>lansoprazole</i> .....	115
<i>kionex</i> .....	96	LANTUS.....	91
KISQALI.....	44	LANTUS SOLOSTAR .....	91
KISQALI FEMARA 400 DOSE.....	44	<i>lapatinib ditosylate</i> .....	45
KISQALI FEMARA 600 DOSE.....	44	<i>larin 1.5/30</i> .....	99
<i>klayesta</i> .....	147	<i>larin 1/20</i> .....	99
<i>klor-con</i> .....	129	<i>larin 24 fe</i> .....	99
<i>klor-con 8</i> .....	129	<i>larin fe 1.5/30</i> .....	99
<i>klor-con 10</i> .....	129	<i>larin fe 1/20</i> .....	99
<i>klor-con/ef</i> .....	129	<i>latanoprost</i> .....	138
<i>klor-con m10</i> .....	129	LAZCLUZE.....	45
<i>klor-con m15</i> .....	129	<i>leader finger</i> .....	189
<i>klor-con m20</i> .....	129	<i>lecithin</i> .....	189
KLOXXADO.....	89	<i>leftunomide</i> .....	123
KOMZIFTI .....	45	<i>lenalidomide</i> .....	39
<i>konsyl</i> .....	188	LENTOCILIN.....	35
<i>konsyl daily fiber</i> .....	188	LENVIMA 4 MG DAILY DOSE.....	45
<i>konsyl daily fiber powder</i> .....	188	LENVIMA 8 MG DAILY DOSE.....	45
<i>konsyl-d powder</i> .....	188	LENVIMA 10 MG DAILY DOSE.....	45
<i>konsyl powder</i> .....	188	LENVIMA 12MG DAILY DOSE.....	45
KOSELUGO .....	45	LENVIMA 14 MG DAILY DOSE.....	45
<i>kourzeq</i> .....	153	LENVIMA 18 MG DAILY DOSE.....	45
<i>kp mens daily pack</i> .....	188	LENVIMA 20 MG DAILY DOSE.....	45
<i>kp womens daily pack</i> .....	188	LENVIMA 24 MG DAILY DOSE.....	45
KRAZATI .....	45	<i>lessina</i> .....	99
<i>kristalose</i> .....	113	<i>letrozole</i> .....	38
<i>kurvelo</i> .....	99	<i>leucovorin calcium</i> .....	40
<b>L</b>		LEUKERAN .....	37
<i>labetalol hydrochloride</i> .....	57	<i>leuprolide acetate</i> .....	38
<i>lac-hydrin five</i> .....	188	<i>levalbuterol</i> .....	142
<i>lacosamide</i> .....	79	<i>levalbuterol hcl</i> .....	142
<i>lactated ringers</i> .....	128	<i>levalbuterol hydrochloride</i> .....	142
<i>lactinol hx</i> .....	188	LEVALBUTEROL TARTRATE HFA .....	142
<i>lactobacillus</i> .....	188	<i>levetiracetam</i> .....	79, 80
<i>lactose monohydrate</i> .....	188	LEVETIRACETAM .....	80
<i>lactulose</i> .....	113	<i>levetiracetam er</i> .....	79
<i>lamivudine</i> .....	25, 30	LEVETIRACETAM/SODIUM CHLORIDE .....	79
		<i>levobunolol hcl</i> .....	138

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
<i>levocarnitine</i> .....	106, 107	<i>lisinopril</i> .....	52
<i>levocetirizine dihydrochloride</i> .....	142	<i>lisinopril/hydrochlorothiazide</i> .....	51
<i>levofloxacin</i> .....	34, 136	<i>lithium</i> .....	87
<i>levofloxacin in d5w</i> .....	34	<i>lithium carbonate</i> .....	87
<i>levonest</i> .....	99	<i>lithium carbonate er</i> .....	87
<i>levonorgestrel</i> .....	189	<i>little tummys laxative</i> .....	189
<i>levonorgestrel and ethinyl estradiol</i> .....	99	LIVTENCITY .....	30
<i>levonorgestrel/ethinyl estradiol</i> .....	99	<i>l-lysine</i> .....	189
<i>levora 0.15/30-28</i> .....	99	<i>l-lysine hcl</i> .....	189
<i>levo-t</i> .....	108	<i>l-methylfolate forte</i> .....	190
LEVOTHYROCINE .....	108	<i>loestrin 1.5/30-21</i> .....	99
<i>levothyroxine sodium</i> .....	109	<i>loestrin 1/20-21</i> .....	99
LEVOTHYROXINE SODIUM .....	108	<i>loestrin fe 1.5/30</i> .....	99
<i>levoxyl</i> .....	109	<i>loestrin fe 1/20</i> .....	99
<i>l-glutamine</i> .....	119	<i>lohist-dm syrup</i> .....	190
LIBERVANT .....	80	<i>lojaimiess</i> .....	99
<i>lice killing shampoo shampoo</i> .....	189	LOKELMA .....	96
<i>lice treatment</i> .....	189	<i>lomustine</i> .....	37
<i>lice treatment creme rinse</i> .....	189	LONSURF .....	37
<i>lidocaine</i> .....	14, 150, 189	<i>loperamide hydrochloride</i> .....	114, 190
<i>lidocaine hcl</i> .....	54	<i>lopinavir/ritonavir</i> .....	28
LIDOCAINE HCL .....	54	<i>loratadine</i> .....	190
LIDOCAINE HCL IN D5W .....	54	<i>loratadine childrens</i> .....	190
<i>lidocaine hydrochloride</i> .....	14, 189	<i>loratadine-d 12hr</i> .....	190
<i>lidocaine hydrochloride viscous</i> .....	153	<i>loratadine-d 24hr</i> .....	190
<i>lidocaine pain relief patch</i> .....	189	<i>lorazepam</i> .....	64
<i>lidocaine/prilocaine</i> .....	150	<i>lorazepam intensol</i> .....	64
<i>lidocaine topical anesthetic</i> .....	189	LORBRENA .....	45
<i>lidocaine viscous</i> .....	153	<i>lortuss ex</i> .....	190
<i>lidocan</i> .....	151	<i>loryna</i> .....	99
<i>life pack mens</i> .....	189	<i>losartan potassium</i> .....	53, 54
<i>life pack womens</i> .....	189	<i>losartan potassium/hydrochlorothiazide</i> .....	53
LILETTA INTRAUTERINE DEVICE .....	99	LOTEMAX .....	137
<i>linezolid</i> .....	20	LOTEMAX SM .....	137
LINEZOLID .....	20	<i>loteprednol</i> .....	135
<i>lintera wash foam</i> .....	189	<i>loteprednol etabonate</i> .....	137
LINZESS .....	114	<i>lovastatin</i> .....	55
<i>liomny</i> .....	109	<i>low-ogestrel</i> .....	99
<i>liothyronine sodium</i> .....	109	<i>loxapine</i> .....	73
<i>lipidshield</i> .....	189	<i>lo-zumandimine</i> .....	99
<i>lipotriad visionary</i> .....	189	<i>lubiprostone</i> .....	114
<i>lipotriad vision support</i> .....	189	<i>lubricant eye</i> .....	190
<i>lipotriad vision support plus</i> .....	189	<i>lubricant eye drops</i> .....	190
<i>liqsorb</i> .....	189	<i>lubricant eye drops/dual-action</i> .....	190
<i>liquid b12</i> .....	189	<i>lubricating skin</i> .....	190
<i>liquid calcium with d3 maximum strength</i> .....	189	<i>lubriderm</i> .....	190
<i>lisdexamfetamine dimesylate</i> .....	84	<i>lubriderm advanced therapy</i> .....	190

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
<i>lubriderm daily moisture/normal to dry skin</i> .....	190	<i>medcaps is</i> .....	191
<i>lubriderm intense skin repair</i> .....	190	<i>medcaps t3</i> .....	191
<i>lubrisoft</i> .....	190	<i>mederma ag face</i> .....	191
<i>luizza 1.5/30</i> .....	100	<i>mederma ag hand &amp; body</i> .....	192
<i>luizza 1/20</i> .....	100	<i>mederma stretch marks therapy</i> .....	192
LUMAKRAS .....	45, 46	<i>medicated callus removers pad</i> .....	192
LUMIGAN .....	138	<i>medicated corn removers pad</i> .....	192
LUPRON DEPOT .....	38	<i>medicated wipes pad</i> .....	192
LUPRON DEPOT-PED .....	107	<i>medi-first antacid</i> .....	192
<i>lurasidone hydrochloride</i> .....	73	<i>medi-paste ointment</i> .....	192
<i>lutera</i> .....	100	<i>medroxyprogesterone acetate</i> .....	100, 108
<i>lyleq</i> .....	100	<i>mefloquine hydrochloride</i> .....	24
<i>lyllana</i> .....	104	<i>megestrol acetate</i> .....	39, 108
LYNPARZA .....	46	MEKINIST .....	46
<i>lysiplex plus</i> .....	190	MEKTOVI .....	46
LYSODREN .....	38	<i>melatonin</i> .....	192
LYTGOBI .....	46	<i>melatonin cr</i> .....	192
<i>lyza</i> .....	100	<i>melatonin extra strength</i> .....	192
<b>M</b>		<i>melatonin fast dissolve</i> .....	192
<i>mag-al plus</i> .....	190	<i>melatonin fast meltz</i> .....	192
<i>magdelay</i> .....	191	<i>melatonin gummies</i> .....	192
<i>magnesium</i> .....	128, 191	<i>melatonin maximum strength</i> .....	192
<i>magnesium citrate</i> .....	191	<i>melatonin prolonged release</i> .....	192
<i>magnesium elemental</i> .....	191	<i>melatonin quick dissolve</i> .....	192
<i>magnesium oxide</i> .....	191	<i>melatonin timed release</i> .....	192
MAGNESIUM SULFATE .....	128	<i>melatonin tr/vitamin b-6</i> .....	192
<i>mag-oxide</i> .....	191	<i>melatonin tr/vitamin b6</i> .....	192
<i>malathion</i> .....	152	<i>meleya</i> .....	100
<i>mapap</i> .....	191	<i>meloxicam</i> .....	15
<i>mapap cold formula multi-symptom</i> .....	191	<i>memantine hcl titration pak</i> .....	64
<i>maraviroc</i> .....	25	<i>memantine hydrochloride</i> .....	64
<i>marlissa</i> .....	100	<i>memantine hydrochloride er</i> .....	64
MARPLAN .....	67	<i>memorall</i> .....	192
MATULANE .....	40	<i>memory complex brain health</i> .....	192
<i>matzim la</i> .....	58	MENQUADFI .....	126
MAVYRET .....	30	<i>mens daily pack</i> .....	193
<i>maximin pack</i> .....	191	<i>mens pack</i> .....	193
<i>maxi-tuss gmx</i> .....	191	<i>menthol and zinc oxide</i> .....	193
<i>maxi-tuss pe max</i> .....	191	<i>menthol cold/hot extra strength</i> .....	193
<i>maxorb extra ag+ pad</i> .....	191	MENVEO .....	126
<i>m-clear wc</i> .....	191	<i>mercaptopurine</i> .....	37
<i>meclizine</i> .....	110	<i>meropenem</i> .....	20
<i>meclizine hcl</i> .....	110, 191	<i>mesalamine</i> .....	112
<i>meclizine hydrochloride</i> .....	110, 191	<i>mesalamine dr</i> .....	112
<i>medcaps dpo</i> .....	191	<i>mesna</i> .....	40
<i>medcaps gi</i> .....	191	<i>metafolbic plus rf</i> .....	193
		<i>metamucil 3-in-1 daily fiber</i> .....	193

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
<i>metamucil 4-in-1 fiber</i> .....	193	<i>miconazole 3</i> .....	117
<i>metamucil 4 in 1 fiber powder</i> .....	193	<i>miconazole 3 combination pack kit</i> .....	193
<i>metamucil multihealth fiber singles</i> .....	193	<i>miconazole 3 combo pack</i> .....	193
<i>metamucil wafer</i> .....	193	<i>miconazole 7</i> .....	193
<i>metformin hydrochloride</i> .....	93	<i>miconazole nitrate</i> .....	193
<i>metformin hydrochloride er</i> .....	93	<i>microgestin 1.5/30</i> .....	100
<i>methadone hcl</i> .....	16	<i>microgestin 1/20</i> .....	100
<i>methadone hydrochloride</i> .....	16	<i>microgestin fe 1.5/30</i> .....	100
<i>methazolamide</i> .....	60	<i>microgestin fe 1/20</i> .....	100
<i>methenamine hippurate</i> .....	20	<i>midodrine hydrochloride</i> .....	61
<i>methenamine mandelate</i> .....	20	<b>MIEBO</b> .....	139
<i>methergine</i> .....	107	<i>mifepristone</i> .....	107
<i>methimazole</i> .....	109	<i>miglitol</i> .....	93
<i>methotrexate</i> .....	37	<i>migraine formula</i> .....	193
<i>methotrexate sodium</i> .....	37, 123	<i>mil adregen</i> .....	194
<i>methoxsalen</i> .....	148	<i>mili</i> .....	100
<i>methscopolamine bromide</i> .....	111	<i>milk of magnesia</i> .....	194
<i>methsuximide</i> .....	80	<i>mimvey</i> .....	104
<i>methylcobalamin</i> .....	193	<i>mineral oil</i> .....	194
<i>methylergonovine maleate</i> .....	107	<i>minerin</i> .....	194
<i>methyl-guard</i> .....	193	<i>minerin creme crea</i> .....	194
<i>methyl-guard plus</i> .....	193	<i>minocycline hcl</i> .....	36
<i>methylphenidate</i> .....	84	<i>minocycline hydrochloride</i> .....	36
<i>methylphenidate hydrochloride</i> .....	85	<i>minoxidil</i> .....	61
<i>methylphenidate hydrochloride er</i> .....	84, 85	<i>mintox plus</i> .....	194
<b>METHYLPHENIDATE HYDROCHLORIDE ER</b> .....	84	<i>mirtazapine</i> .....	67
<i>methylprednisolone</i> .....	105	<i>mirtazapine odt</i> .....	67
<i>methylprednisolone acetate</i> .....	104	<i>misoprostol</i> .....	114
<i>methylprednisolone dose pack</i> .....	105	<i>mm biotin/keratin</i> .....	194
<i>methylprednisolone sodium succinate</i> .....	105	<b>M-M-R II</b> .....	126
<i>methyl protect</i> .....	193	<b>M-NATAL PLUS</b> .....	130
<i>methyltestosterone</i> .....	90	<i>modafinil</i> .....	88
<i>metoclopramide hcl</i> .....	110	<b>MODEYSO</b> .....	40
<i>metoclopramide hydrochloride</i> .....	110	<i>moexipril hydrochloride</i> .....	52
<i>metoclopramide odt</i> .....	110	<i>moisture</i> .....	194
<i>metolazone</i> .....	60	<i>moisture recovery</i> .....	194
<i>metoprolol/hydrochlorothiazide</i> .....	57	<i>moisturizing</i> .....	194
<i>metoprolol succinate er</i> .....	57	<i>moisturizing lubricant eye drops</i> .....	194
<i>metoprolol tartrate</i> .....	57	<i>moisturizing sensitive skin</i> .....	194
<i>metronidazole</i> .....	20, 152	<i>moisturizing skin protectant/once a day</i> .....	194
<i>metronidazole vaginal</i> .....	117	<i>molindone hydrochloride</i> .....	73
<i>metyrosine</i> .....	61	<i>mometasone furoate</i> .....	144, 150
<i>mg217 psoriasis multi-symptom</i> .....	193	<i>mondoxyne nl</i> .....	36
<i>mg plus protein</i> .....	193	<i>monistat 7 combination pack kit</i> .....	194
<i>mibelas 24 fe</i> .....	100	<i>monistat complete care chafing relief powder</i> .....	194
<i>micafungin</i> .....	23	<i>mono-lynyah</i> .....	100
<i>miconazole 1 kit</i> .....	193	<i>montelukast sodium</i> .....	142, 143

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
<i>morphine</i> .....	18	<i>multivitamin gummies childrens</i> .....	196
<i>morphine sulfate</i> .....	17, 18	<i>multivitamin plus iron childrens</i> .....	196
MORPHINE SULFATE.....	17	<i>multi-vitamins/iron</i> .....	197
<i>morphine sulfate er</i> .....	16	<i>multivitamin w/iron/infant/toddler</i> .....	197
MORPHINE SULFATE/SODIUM CHLORIDE.....	16	<i>multi-vit/iron/fluoride</i> .....	196
<i>motion sickness relief</i> .....	194	<i>mupirocin</i> .....	146
MOUNJARO .....	93	<i>muro 128</i> .....	197
MOVANTIK .....	114	<i>muscle &amp; joint</i> .....	197
<i>moxifloxacin hydrochloride</i> .....	34, 136	<i>musinex fas-max night time cold &amp; flue</i> .....	194
<i>moxifloxacin hydrochloride/sodium hydrochloride</i> .....	34	<i>mv-one</i> .....	197
MRESVIA.....	126	<i>mvw complete formulation pediatric</i> .....	198
<i>msm skin</i> .....	194	<i>mycamine</i> .....	23
<i>mucinex childrens</i> .....	194	<i>mycophenolate mofetil</i> .....	124
<i>mucinex cough &amp; chest congestion</i> .....	194	<i>mycophenolic acid dr</i> .....	124
<i>mucinex cough for kids</i> .....	194	<i>mygrex</i> .....	198
<i>mucinex fast-max cold/flu</i> .....	194	MYRBETRIQ .....	116
<i>mucinex fast-max cold flu&amp; sore throat maximum strength</i> .....	194	<b>N</b>	
<i>mucinex fast-max congestion &amp; headache maximum strength</i> .....	194	<i>nabumetone</i> .....	15
<i>mucinex fast max severe congestion &amp; cough</i> .....	194	<i>nadolol</i> .....	57
<i>mucinex fast-max severe congestion &amp; cough</i> .....	195	<i>nafcillin sodium</i> .....	35
<i>mucinex for kids</i> .....	195	<i>naloxone hcl</i> .....	89
<i>mucinex multi-symptom cold night time childrens</i> .....	195	<i>naloxone hydrochloride</i> .....	89
<i>mucinex sinus-max</i> .....	195	NAMZARIC .....	64
<i>mucinex sinus-max night time congestion &amp; cough</i> ....	195	<i>naphcon-a</i> .....	198
<i>mucinex sinus-max severe congestion and pain</i> .....	195	<i>naproxen</i> .....	15
<i>mucinex sinus-max severe congestion &amp; pain</i> .....	195	<i>naproxen dr</i> .....	15
<i>mucinex sinus-max severe congestion &amp; pain maximum strength</i> .....	195	<i>naproxen sodium</i> .....	15, 198
<i>mucus congestion &amp; cough relief childrens</i> .....	195	<i>naratriptan</i> .....	86
<i>mucus dm</i> .....	195	<i>nasadrops saline on the go</i> .....	198
<i>mucus relief cold flu &amp; sore throat</i> .....	195	<i>nasal mist</i> .....	198
<i>mucus relief cold/flu/sore throat</i> .....	195	<i>nasal spray extra moisturizing 12 hour</i> .....	198
MULTAQ .....	54	NATACYN.....	136
<i>multi antibiotic plus</i> .....	195	<i>nateglinide</i> .....	93
<i>multi complete</i> .....	195	<i>natural fiber</i> .....	198
<i>multi for her</i> .....	195	<i>natural fiber laxative powder</i> .....	198
<i>multi for him</i> .....	196	<i>natural oatmeal</i> .....	198
<i>multiple electrolytes injection type 1</i> .....	128	<i>natural psyllium seed indian husks powder</i> .....	198
<i>multi-vitamin</i> .....	196	NAYZILAM.....	80
<i>multivitamin</i> .....	196	<i>neбиволol hydrochloride</i> .....	57
<i>multivitamin childrens</i> .....	196	<i>nebulizer cup/tubing device</i> .....	198
<i>multi vitamin/fluoride</i> .....	130	<i>necon 0.5/35-28</i> .....	100
<i>multivitamin/fluoride</i> .....	130	<i>nefazodone hydrochloride</i> .....	67
<i>multi-vitamin/fluoride/iron</i> .....	130	<i>neomycin/polymyxin/bacitracin</i> .....	136
<i>multi-vitamin gummies</i> .....	196	<i>neomycin/polymyxin/bacitracin/hydrocortisone</i> .....	135
		<i>neomycin/polymyxin/dexamethasone</i> .....	135
		<i>neomycin/polymyxin/gramicidin</i> .....	136

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
<i>neomycin/polymyxin/hc</i> .....	140	<i>nitrofurantoin monohydrate/macrocystals</i> .....	21
<i>neomycin/polymyxin/hydrocortisone</i> .....	135, 140	<i>nitroglycerin</i> .....	62, 152
<i>neomycin sulfate</i> .....	21	NITROGLYCERIN .....	62
NEONATAL PLUS.....	130	<i>nitroglycerin transdermal patch</i> .....	62
<i>neo-polycin</i> .....	136	<i>nitroglycerin translingual</i> .....	62
<i>neo-polycin hc</i> .....	135	<i>nivanex dmx</i> .....	199
<i>neog10</i> .....	198	NIVA-PLUS.....	130
<i>neotuss</i> .....	198	<i>nivea</i> .....	199
<i>neotuss-d</i> .....	198	<i>nivea essentially enriched</i> .....	199
<i>nephro vitamins</i> .....	198	<i>nivea extra enriched</i> .....	199
<i>nephro-vite</i> .....	198	<i>nivea in-shower</i> .....	199
NERLYNX.....	46	<i>nivea intense healing</i> .....	199
NEUDEXTA .....	87	<i>nivea original moisture</i> .....	199
<i>neutrogena hand</i> .....	198	<i>nivea shea nourish</i> .....	199
<i>neutrogena moisture sensitive skin</i> .....	198	<i>nivea visage</i> .....	199
<i>nevirapine</i> .....	25, 26	<i>nivea visage inner beauty nighttime renewal</i> .....	199
<i>nevirapine er</i> .....	25	<i>nix complete lice treatment kit</i> .....	199
NEXLETOL.....	56	<i>nizatidine</i> .....	112
NEXLIZET .....	56	<i>noble formula</i> .....	199
NEXPLANON .....	100	NORA-BE.....	100
<i>niacin</i> .....	56, 198	<i>norelgestromin/ethinyl estradiol</i> .....	100
<i>niacinamide</i> .....	198	<i>norethindrone</i> .....	101
<i>niacinamide prolonged release</i> .....	198	<i>norethindrone acetate</i> .....	108
<i>niacin er</i> .....	56	<i>norethindrone acetate/ethinyl estradiol</i> .....	100, 104
<i>niacin sr</i> .....	198	<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate</i> .....	100
<i>niacin timed release</i> .....	198	<i>norethindrone/ethinyl estradiol/ferrous fumarate</i> .....	101
<i>niacin tr</i> .....	198	<i>norgestimate/ethinyl estradiol</i> .....	101
<i>niacro</i> .....	56	NORITATE .....	152
<i>nicardipine hcl</i> .....	59	<i>norlyroc</i> .....	101
<i>nicotine</i> .....	199	<i>normlshield</i> .....	199
<i>nicotine polacrilex</i> .....	199	NORPACE CR.....	54
<i>nicotine transdermal system kit</i> .....	199	<i>nortrel 0.5/35 (28)</i> .....	101
<i>nicotine transdermal system patch</i> .....	199	<i>nortrel 1/35</i> .....	101
NICOTROL NS .....	89	<i>nortrel 7/7/7</i> .....	101
<i>nifedipine er</i> .....	59	<i>nortriptyline hcl</i> .....	67
<i>nighttime cough</i> .....	199	<i>nortriptyline hydrochloride</i> .....	67
<i>nikki</i> .....	100	NORVIR.....	26
<i>nilotinib</i> .....	46	<i>novaferrum 50</i> .....	199
NILOTINIB .....	46	<i>novaferrum pediatric drops</i> .....	199
<i>nilutamide</i> .....	39	<i>nova max plus ketone test strip</i> .....	199
NINLARO.....	46	NOVOLIN 70/30 .....	91
<i>niseko hydrating facial moisturizer</i> .....	199	NOVOLIN 70/30 FLEXPEN.....	91
<i>nisoldipine er</i> .....	59	NOVOLIN N .....	91
<i>nitazoxanide</i> .....	21	NOVOLIN N FLEXPEN .....	91
<i>nitisinone</i> .....	107	NOVOLIN R.....	91
NITRO-BID .....	62	NOVOLIN R FLEXPEN .....	91
<i>nitrofurantoin macrocystals</i> .....	21		

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
NOVOLOG.....	92	<i>omega-3-acid ethyl esters</i> .....	56
NOVOLOG FLEXPEN .....	91	<i>omega-3 fish oil</i> .....	200
NOVOLOG FLEXPEN RELION.....	91	<i>omega-3 fish oil extra strength</i> .....	200
NOVOLOG MIX 70/30.....	92	<i>omega-3 fish oil maximum strength</i> .....	200
NOVOLOG MIX 70/30 FLEXPEN .....	92	<i>omegapure 780 ec</i> .....	200
NOVOLOG PENFILL.....	92	<i>omeprazole</i> .....	115, 200
NOVOLOG RELION .....	92	<i>omeprazole dr</i> .....	115, 200
<i>nozin nasal sanitizer</i> .....	199	<i>omeprazole magnesium</i> .....	200
NUBEQA .....	39	ONCASPAR.....	40
NULOJIX.....	124	<i>ondansetron hcl</i> .....	110
NUPLAZID.....	73	<i>ondansetron hydrochloride</i> .....	110
NURTEC.....	86	<i>ondansetron odt</i> .....	110
<i>nutraderm</i> .....	199	<i>onelax fiber therapy powder</i> .....	200
<i>nutraderm advanced formula</i> .....	199	ONUREG .....	37
<i>nutra-z+</i> .....	199	<i>opcon-a</i> .....	200
NUTRILIPID .....	134	OPIPZA.....	74
NUZYRA.....	36	OPSUMIT .....	62
<i>nyamyc</i> .....	147	<i>optimal d3 m</i> .....	200
<i>nylia 1/35</i> .....	101	<i>optimal d3 pack</i> .....	200
<i>nylia 7/7/7</i> .....	101	<i>options gynol ii vaginal contraceptive</i> .....	200
<i>nystatin</i> .....	23, 147, 153	<i>oral electrolyte solutionfreezer pops pediatric</i> .....	200
<i>nystop</i> .....	147	<i>oral mix flavored suspending vehicle suspension</i> .....	200
<b>O</b>		<i>oralone dental paste</i> .....	153
OCTAGAM.....	123	<i>oral suspend</i> .....	200
<i>octreotide acetate</i> .....	107	<i>oral syrup flavored vehicle syrup</i> .....	200
ODEFSEY.....	28	<i>orazinc</i> .....	200
ODMZO .....	46	ORGOVYX.....	39
<i>odorless coated fish oil/omega-3</i> .....	199	ORKAMBI.....	143
<i>odorless garlic</i> .....	200	<i>orlistat</i> .....	200
OFEV .....	143	<i>orquidea</i> .....	101
<i>off deep woods</i> .....	200	ORSERDU .....	39
<i>ofloxacin</i> .....	136, 140	<i>orsythia</i> .....	101
OGSIVEO .....	46, 47	<i>orthogel</i> .....	201
OJEMDA.....	47	<i>os-cal calcium + d3</i> .....	201
OJJAARA .....	47	<i>os-cal extra d3</i> .....	201
<i>okeeffes working hands</i> .....	200	<i>oseltamivir phosphate</i> .....	30
<i>olanzapine</i> .....	74	OSPOMYV .....	95
<i>olanzapine odt</i> .....	73	<i>oxacillin sodium</i> .....	35
<i>olive oil</i> .....	200	<i>oxaprozin</i> .....	15
<i>olmesartan medoxomil</i> .....	54	<i>oxazepam</i> .....	64
<i>olmesartan medoxomil/amlodipine/</i> <i>hydrochlorothiazide</i> .....	53	<i>oxcarbazepine</i> .....	80
<i>olmesartan medoxomil/hydrochlorothiazide</i> .....	53	<i>oxybutynin chloride</i> .....	116
<i>olopatadine hcl</i> .....	142	<i>oxybutynin chloride er</i> .....	116
<i>olopatadine hydrochloride</i> .....	200	<i>oxycodone/acetaminophen</i> .....	18
<i>omega-3</i> .....	200	<i>oxycodone hcl</i> .....	18
		<i>oxycodone hydrochloride</i> .....	18
		<i>oyster shell calcium/d</i> .....	201

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
<i>oyster shell calcium/vitamin d3</i> .....	201	<i>pentamidine isethionate</i> .....	21
OZEMPIC .....	94	<i>pentoxifylline er</i> .....	119
<b>P</b>		<i>pentravan</i> .....	201
<i>pacerone</i> .....	54	<i>pentravan plus</i> .....	201
<i>pain reliever extra strength</i> .....	201	<i>perampanel</i> .....	80
<i>pain relieving</i> .....	201	<i>percogesic extra strength</i> .....	201
<i>paladin</i> .....	201	<i>perindopril erbumine</i> .....	52
<i>paliperidone er</i> .....	74	<i>periogard</i> .....	153
<i>palmers cocoa butter formula</i> .....	201	<i>permethrin</i> .....	152
<i>palmers cocoa butter formula intensive relief hand</i> ...	201	<i>perphenazine</i> .....	74
<i>palmers cocoa butter formula massage/stretch marks</i>	201	<i>perphenazine/amitriptyline</i> .....	67
<i>palmers cocoa butter formula night moisture rich</i> ....	201	<i>petrolatum ointment</i> .....	201
<i>palmers cocoa butter formula/vitamin e</i> .....	201	<i>petroleum jelly gel</i> .....	201
<i>palmers coconut oil formula hand</i> .....	201	<i>petroleum jelly lip treatment ointment</i> .....	201
<i>palmers coconut oil formula/vitamin e</i> .....	201	<i>pharmabase barrier</i> .....	202
<i>pamidronate disodium</i> .....	95	<i>phenaseptic</i> .....	202
PAMIDRONATE DISODIUM .....	95	<i>phenazopyridine hydrochloride</i> .....	202
PANRETIN .....	152	<i>phendimetrazine tartrate</i> .....	202
<i>pantoprazole sodium</i> .....	115	<i>phendimetrazine tartrate er</i> .....	202
<i>paricalcitol</i> .....	109	<i>phenelzine sulfate</i> .....	67
<i>paroxetine hcl</i> .....	67	<i>phenobarbital</i> .....	80
<i>paroxetine hcl er</i> .....	67	<i>phenobarbital sodium</i> .....	80
<i>paroxetine hydrochloride</i> .....	67	<i>phentermine hydrochloride</i> .....	202
<i>pataday extra strength</i> .....	201	<i>phenylephrine hydrochloride</i> .....	202
PAXLOVID .....	30	<i>phenytek</i> .....	80
PAZOPANIB .....	47	<i>phenytoin</i> .....	80
<i>pazopanib hydrochloride</i> .....	47	<i>phenytoin sodium</i> .....	80
<i>pecgen dmx</i> .....	201	<i>phenytoin sodium extended</i> .....	80
<i>pedia-lax</i> .....	201	<i>philith</i> .....	101
PEDIARIX .....	126	PHOSPHOLINE IODIDE .....	138
<i>pediatric enema</i> .....	201	PIFELTRO .....	26
PEDVAX HIB .....	126	<i>pilocarpine hcl</i> .....	138
<i>peg-3350/electrolytes</i> .....	113	<i>pilocarpine hydrochloride</i> .....	138, 153
<i>peg-3350/nacl/na bicarbonate/kcl</i> .....	113	<i>pimecrolimus</i> .....	152
PEGASYS .....	30	<i>pimozide</i> .....	74
PEMAZYRE .....	47	<i>pimtrea</i> .....	101
PENBRAYA .....	126	<i>pindolol</i> .....	57
<i>penicillamine</i> .....	96	<i>pink bismuth</i> .....	202
<i>penicillin g potassium</i> .....	35	<i>pink bismuth maximum strength</i> .....	202
PENICILLIN G POTASSIUM IN ISO-OSMOTIC		<i>pinxav</i> .....	202
DEXTROSE .....	35	<i>pioglitazone hcl</i> .....	94
<i>penicillin g sodium</i> .....	35	<i>pioglitazone hcl-glimepiride</i> .....	94
<i>penicillin v potassium</i> .....	35	<i>pioglitazone hcl/metformin hcl</i> .....	94
<i>pen-ker</i> .....	201	<i>pioglitazone hydrochloride</i> .....	94
PENMENVY .....	126	<i>piperacillin sodium/tazobactam sodium</i> .....	36
PENTACEL .....	126	PIQRAY 200MG DAILY DOSE .....	47
		PIQRAY 250MG DAILY DOSE .....	47

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
PIQRAY 300MG.....	47	<i>pregabalin</i> .....	81
<i>pirfenidone</i> .....	143	<i>pregabalin er</i> .....	87
<i>piroxicam</i> .....	15	PREGABLIN.....	80
<i>plenamine</i> .....	134	PREMARIN.....	104
PLENVU.....	113	PREMASOL .....	134
PNV PRENATAL PLUS MULTIVITAMIN.....	130	<i>pre-moistened witch hazel pad</i> .....	203
<i>podofilox</i> .....	152	PREMPRO .....	104
<i>polycin ointment</i> .....	136	<i>prenatabs fa</i> .....	203
<i>polyethylene glycol 3350</i> .....	202	<i>prenatabs rx</i> .....	203
<i>polymyxin b sulfate/trimethoprim sulfate</i> .....	136	<i>prenatal</i> .....	203
<i>poly-vent ir</i> .....	202	PRENATAL.....	131
<i>polyvinyl alcohol</i> .....	202	<i>prenatal 19</i> .....	203
<i>poly-vi-sol</i> .....	202	PRENATAL PLUS VITAMIN AND MINERAL .....	131
<i>poly-vi-sol/iron</i> .....	202	<i>pres gen pediatric</i> .....	203
<i>poly-vite/iron</i> .....	202	PRETOMANID .....	29
<i>pomalidomide</i> .....	39	<i>pretty feet &amp; hands</i> .....	203
POMALYST .....	39	<i>prevalite</i> .....	56
<i>portia-28</i> .....	101	PREVIDENT 5000 ENAMEL PROTECT .....	153
<i>posaconazole</i> .....	23	PREVYMIS .....	30
<i>posaconazole dr</i> .....	23	PREZCOBIX .....	28
<i>potassium</i> .....	128	PREZISTA .....	26
<i>potassium chloride</i> .....	129, 130, 131	PRIFTIN .....	29
POTASSIUM CHLORIDE .....	129	<i>primadophilus bifidus</i> .....	203
POTASSIUM CHLORIDE/DEXTROSE .....	128	<i>primaquine phosphate</i> .....	24
POTASSIUM CHLORIDE/DEXTROSE/SODIUM CHLORIDE .....	128	<i>primidone</i> .....	81
<i>potassium chloride er</i> .....	130	PRIORIX.....	126
<i>potassium citrate er</i> .....	116	PRIVIGEN.....	123
<i>povidone-iodine</i> .....	202	<i>probenecid</i> .....	14
<i>povidone-iodine prep pad pad</i> .....	202	<i>probenecid/colchicine</i> .....	14
<i>povidone-iodine scrub small winged sponge</i> .....	202	<i>probiotic chewable childrens</i> .....	203
<i>povidone/iodine swabsticks</i> .....	202	<i>probiotic formula</i> .....	203
<i>pramipexole dihydrochloride</i> .....	69	<i>prochlorperazine</i> .....	110
<i>pramoxine hcl</i> .....	202	<i>prochlorperazine edisylate</i> .....	110
<i>pramoxine hydrochloride</i> .....	202	<i>prochlorperazine maleate</i> .....	110
<i>prasugrel hydrochloride</i> .....	120	PROCRIT.....	119
<i>pravastatin sodium</i> .....	55	<i>proctocort</i> .....	152
<i>praziquantel</i> .....	21	<i>procto-med hc</i> .....	152
<i>prazosin hydrochloride</i> .....	52	<i>proctosol hc</i> .....	152
<i>precision xtra strip</i> .....	202	<i>proctozone-hc</i> .....	152, 203
<i>prednisolone</i> .....	105	<i>profe</i> .....	203
<i>prednisolone acetate</i> .....	137	<i>progesterone</i> .....	108
<i>prednisolone sodium phosphate</i> .....	105	PROGRAF .....	125
PREDNISOLONE SODIUM PHOSPHATE.....	137	PROLASTIN-C.....	143
<i>prednisone</i> .....	105	<i>promethazine hcl</i> .....	110, 111
PREDNISONE INTENSOL .....	105	<i>promethazine hydrochloride</i> .....	111
<i>prednisone tablet therapy pack</i> .....	105	<i>promethegan</i> .....	111
		<i>propafenone hcl</i> .....	54

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
<i>propafenone hydrochloride</i> .....	54	<i>ra garlic</i> .....	204
<i>propafenone hydrochloride er</i> .....	54	<i>ra glucosamine/chondroitin</i> .....	204
<i>proparacaine hcl</i> .....	139	<i>ra glycerin adult suppository</i> .....	204
<i>propranolol hcl</i> .....	57	RALDESY .....	68
<i>propranolol hydrochloride</i> .....	58	<i>raloxifene hydrochloride</i> .....	107
<i>propranolol hydrochloride er</i> .....	57	<i>ra melatonin</i> .....	204
<i>propylthiouracil</i> .....	109	<i>ramipril</i> .....	52
PROQUAD .....	126	<i>ranitidine hcl</i> .....	204
<i>prosol</i> .....	134	<i>ranolazine er</i> .....	61
<i>protriptyline hcl</i> .....	67	<i>ra oyster shell calcium/vitamin d</i> .....	204
<i>proxeed plus</i> .....	203	<i>rapid b-12 energy</i> .....	204
<i>pseudoephedrine hydrochloride</i> .....	204	<i>rasagiline mesylate</i> .....	69
<i>pseudoephedrine hydrochloride er maximum strength</i> .....	203	<i>raspberry syrup</i> .....	204
<i>pseudoephedrine hydrochloride/ guaifenesin</i> .....	204	<i>ra vitamin b-12</i> .....	204
<i>psoriasis</i> .....	204	<i>reclipsen</i> .....	101
<i>psyllium fiber</i> .....	204	RECOMBIVAX HB.....	126
PULMOZYME .....	144	<i>redness reliever eye drops</i> .....	204
<i>pure comfort 3-ball breath exerciser device</i> .....	204	<i>refresh</i> .....	205
PURIXAN.....	37	<i>refresh celluvisc</i> .....	204
PYCHIVA .....	121	<i>refresh digital</i> .....	204
<i>pyrazinamide</i> .....	29	<i>refreshing aloe</i> .....	205
<i>pyridostigmine bromide</i> .....	87	<i>refresh liquigel</i> .....	205
<i>pyridostigmine bromide er</i> .....	87	<i>refresh optive</i> .....	205
<i>pyrimethamine</i> .....	21	<i>refresh optive advanced</i> .....	205
PYZCHIVA.....	121	<i>refresh optive advanced sensitive</i> .....	205
		<i>refresh optive preservative free</i> .....	205
<b>Q</b>		<i>refresh plus</i> .....	205
<i>qc athletes foot relief</i> .....	204	<i>refresh relieva pf</i> .....	205
<i>qc gas relief</i> .....	204	<i>refresh tears</i> .....	205
QINLOCK.....	47	RELENZA DISKHALER.....	30
QUADRACEL.....	126	<i>remedy calazime</i> .....	205
<i>quetiapine fumarate</i> .....	74	<i>remedy cleansing body</i> .....	205
<i>quetiapine fumarate er</i> .....	74	<i>remedy skin repair</i> .....	205
<i>quinapril hydrochloride</i> .....	52	<i>renal vitamin</i> .....	205
<i>quinapril/hydrochlorothiazide</i> .....	51	<i>rena-vite</i> .....	205
<i>quinidine sulfate</i> .....	54	<i>rena-vite rx</i> .....	205
<i>quinine sulfate</i> .....	24	<i>repaglinide</i> .....	94
QULIPTA.....	86	REPATHA PUSHTRONEX.....	56
		REPATHA SURECLICK.....	56
<b>R</b>		REPATHAT .....	56
RABAVERT.....	126	<i>repel sportsmen max</i> .....	205
<i>rabeprazole sodium</i> .....	115	<i>replesta nx wafer</i> .....	205
<i>ra biotin</i> .....	204	<i>replesta wafer</i> .....	205
<i>ra daylogic healing dry skin therapy</i> .....	204	<i>resta</i> .....	205
<i>radiaguard advanced</i> .....	204	<i>resta lite</i> .....	205
<i>ra ear care</i> .....	204	RESTASIS .....	139
<i>ra essence-c</i> .....	204	RESTASIS MULTIDOSE.....	139

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
<i>restore cleanser &amp; moisturizer</i> .....	205	<i>rompe pecho max multi symptoms</i> .....	206
<i>restore dimethicreme</i> .....	205	ROMVIMZA.....	48
<i>retaine vision</i> .....	205	<i>ropinirole er</i> .....	69, 70
RETEVMO.....	47	<i>ropinirole hcl</i> .....	70
REVCOVI.....	107	<i>ropinirole hydrochloride</i> .....	70
REVUFORJ.....	47	<i>rosuvastatin calcium</i> .....	55
REXTOVY.....	89	<i>rosyrah</i> .....	101
REXULTI.....	74	ROTARIX.....	126
REYATAZ.....	26	ROTATEQ.....	126
REZDIFFRA.....	107	<i>roweepra</i> .....	81
REZLIDHIA.....	47	ROZLYTREK.....	48
REZUROCK.....	125	ROZYLTREK.....	48
<i>rhinaris</i> .....	205	RUBRACA.....	48
RHOPRESSA.....	138	<i>rufinamide</i> .....	81
<i>riax foam</i> .....	205	<i>ru-hist</i> .....	206
<i>ribavirin</i> .....	30	RUKOBIA.....	26
<i>ricola lozenge</i> .....	205	RYBELSUS.....	94
<i>rifabutin</i> .....	29	RYDAPT.....	48
<i>rifampin</i> .....	29	<i>rydex</i> .....	206
<i>rilpivirine</i> .....	26	<i>rynex dm</i> .....	206
<i>riluzole</i> .....	87		
<i>rimantadine</i> .....	30	<b>S</b>	
RINGERS INJECTION.....	129	<i>saccharomyces boulardii</i> .....	206
RINVOQ.....	121	<i>sacubitril/valsartan</i> .....	53
RINVOQ LQ.....	121	<i>sajazir</i> .....	119
<i>risabal-ph</i> .....	205	<i>salicylic acid</i> .....	206
<i>risacal-d</i> .....	205	<i>saline nasal gel</i> .....	206
<i>risedronate sodium</i> .....	95	<i>saline nasal spray infants/childrens</i> .....	206
<i>risedronate sodium dr</i> .....	95	<i>salonpas pain relieving jet spray</i> .....	206
<i>risperidone</i> .....	75	SANTYL.....	152
<i>risperidone er</i> .....	74	<i>sapropterin dihydrochloride</i> .....	107
<i>risperidone odt</i> .....	75	<i>sawyer insect repellent controlled release</i> .....	206
<i>ritonavir</i> .....	26	<i>sb natural fiber laxative powder</i> .....	206
<i>rivaroxaban</i> .....	118	<i>scalpicin</i> .....	206
<i>rivastigmine tartrate</i> .....	64	SCEMBLIX.....	48
<i>rivastigmine transdermal</i> .....	64	<i>scopolamine patch</i> .....	111
<i>rizatriptan benzoate</i> .....	86	<i>scot-tussin diabetes</i> .....	206
<i>rizatriptan benzoate odt</i> .....	86	<i>scytera</i> .....	206
<i>robitussin childrens cough &amp; cold cf</i> .....	206	<i>sebex shampoo</i> .....	206
<i>robitussin cough+chest congestion dm</i> .....	206	SECUADO.....	75
<i>robitussin cough &amp; chest congestion dm adult</i> .....	206	<i>secura dimethicone protectant</i> .....	206
<i>robitussin severe multi-symptom cough/cold + flu</i> .....	206	<i>selegiline hcl</i> .....	70
<i>robitussin severe multi-symptom cough/cold + flu</i> <i>nighttime</i> .....	206	<i>selenium sulfide</i> .....	147
ROCKLATAN.....	139	<i>selenium sulfide shampoo</i> .....	206
<i>roflumilast</i> .....	144	<i>selenium sulfide shampoo shampoo</i> .....	206
<i>romidepsin</i> .....	48	SELZENTRY.....	26
		<i>senna</i> .....	206, 207

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
<i>senna plus</i> .....	206	<i>sm muscle rub</i> .....	208
<i>senna s</i> .....	207	<i>sm slow release iron</i> .....	208
<i>senna smooth</i> .....	207	<i>sm vitamin d3 maximum strength</i> .....	208
<i>senokot extra strength</i> .....	207	<i>sodium bicarbonate</i> .....	129, 208
<i>sensi-care body</i> .....	207	SODIUM BICARBONATE.....	129
<i>sensi-care moisturizing</i> .....	207	<i>sodium chloride</i> .....	129, 208
<i>sentia</i> .....	207	SODIUM CHLORIDE.....	129
SEREVENT DISKUS.....	142	<i>sodium chloride 0.9%</i> .....	152
<i>sertraline hcl</i> .....	68	<i>sodium chloride 0.45%</i> .....	129
<i>sertraline hydrochloride</i> .....	68	<i>sodium fluoride</i> .....	131
<i>sesame oil</i> .....	207	<i>sodium fluoride 5000 ppm</i> .....	154
<i>setlakin</i> .....	101	<i>sodium fluoride 5000 ppm dry mouth</i> .....	154
<i>severe allergy</i> .....	207	SODIUM FLUORIDE 5000 PPM SENSITIVE.....	154
<i>sf 154</i>		SODIUM FLUORIDE/POTASSIUM NITRATE/ SENSITIVE .....	154
<i>sharobel</i> .....	101	SODIUM OXYBATE .....	88
SHINGRIX .....	126	<i>sodium phenylbutyrate</i> .....	107
<i>shur-seal</i> .....	207	<i>sodium polystyrene sulfonate</i> .....	96
SIGNIFOR.....	107	SODIUM SULFATE/POTASSIUM SULFATE/ MAGNESIUM SULFATE.....	113
SIKLOS.....	120	<i>solifenacin succinate</i> .....	116
<i>sildenafil</i> .....	62	SOLQUA 100/33 .....	92
<i>sildenafil citrate</i> .....	62	SOLTAMOX .....	39
<i>silodosin</i> .....	115	<i>soluble fiber powder</i> .....	208
<i>silver sulfadiazine</i> .....	146	SOLU-CORTEF .....	105
SIMBRINZA.....	139	<i>sohuvita</i> .....	208
<i>simethicone</i> .....	207	SOMATULINE DEPOT .....	108
<i>simliya</i> .....	101	SOMAVERT .....	108
<i>simpesse</i> .....	101	<i>sombra cool therapy</i> .....	208
<i>simple syrup</i> .....	207	<i>soothe</i> .....	208
<i>simvastatin</i> .....	55	<i>soothe &amp; cool inzo barrier</i> .....	208
<i>sirolimus</i> .....	125	<i>sorafenib tosylate</i> .....	48
SIRTURO.....	29	<i>sorbidon hydrate</i> .....	208
SIVEXTRO.....	21	<i>sorbitol</i> .....	208
<i>skin repair</i> .....	207	<i>sore throat &amp; cough lozenges</i> .....	208
SKYRIZI.....	121, 122	<i>sore throat lozenge</i> .....	208
SKYRIZI PEN .....	121	<i>sotalol hcl</i> .....	54
<i>sleep aid</i> .....	207	<i>sotalol hydrochloride</i> .....	55
<i>sleep-aid</i> .....	207	<i>sotalol hydrochloride (af)</i> .....	54
<i>slow iron</i> .....	207	SOTYKTU .....	122
<i>slow-mag</i> .....	207	<i>special care</i> .....	208
<i>slow magnesium chloride/ calcium</i> .....	207	SPIRIVA RESPIMAT .....	141
<i>sm coral calcium</i> .....	207	<i>spironolactone</i> .....	52
<i>sm cough &amp; sore throat daytime pain reliever</i> .....	207	<i>spironolactone/hydrochlorothiazide</i> .....	60
<i>sm dry skin therapy</i> .....	207	<i>sprintec 28</i> .....	101
<i>sm fish oil</i> .....	208	SPRITAM.....	81
<i>sm foaming antacid</i> .....	208	<i>sps combination</i> .....	96
<i>sm garlic</i> .....	208		
<i>sm medicated chest rub</i> .....	208		

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
<i>sronyx</i> .....	101	<i>supress dm pediatric</i> .....	209
SSD .....	146	<i>supress-dx pediatric</i> .....	209
STELARA.....	122	<i>supress-pe pediatric</i> .....	209
<i>sterile lubricant drops</i> .....	208	SUTAB.....	113
<i>sterile water for irrigation solution</i> .....	152	<i>sween 24 once a day moisturizing body</i> .....	209
<i>stevia</i> .....	208	<i>sween moisturizing body</i> .....	209
STIVARGA.....	48	<i>swimmers ear drops</i> .....	209
<i>stool softener</i> .....	208	<i>syeda</i> .....	101
<i>stool softener plus laxative</i> .....	208	SYMLINPEN 60.....	94
<i>stopain</i> .....	208	SYMLINPEN 120.....	94
<i>stop lice</i> .....	208	SYMPAZAN.....	81
<i>stop lice complete lice treatment</i> .....	208	SYMTUZA .....	28
<i>stop lice maximum strength</i> .....	208	SYNAREL .....	108
<i>streptomycin sulfate</i> .....	21	<i>synertropin</i> .....	209
<i>stress b-complex/vitamin c/zinc</i> .....	209	SYNTHROID .....	109
STRIBILD.....	28	<i>syrspend sf</i> .....	209
<i>studio 35 extra moisturizing</i> .....	209	<i>sysane balance restorative formula</i> .....	209
<i>studio 35 moisturizing skin</i> .....	209	<i>sysane complete</i> .....	209
<i>subvenite</i> .....	81	<i>sysane gel</i> .....	209
SUBVENITE .....	81	<i>sysane hydration pf</i> .....	209
<i>subvenite starter kit/blue</i> .....	81	<i>sysane preservative free</i> .....	209
<i>subvenite starter kit/green</i> .....	81	<i>sysane ultra</i> .....	209
<i>subvenite starter kit/orange</i> .....	81	<i>sysane ultra preservative free</i> .....	209
<i>sucrafate</i> .....	114	<b>T</b>	
<i>sudafed childrens</i> .....	209	TABLOID .....	38
<i>sudafed pe head congestion + flu severe</i> .....	209	TABRECTA.....	48
<i>sudafed pe head congestion + mucus</i> .....	209	<i>tacrolimus</i> .....	125, 152
<i>sudafed pe sinus pressure+ pain maximum strength</i> ..	209	<i>tadalafil</i> .....	63, 116
<i>sudafed sinus congestion 24 hour</i> .....	209	TAFINLAR .....	48
<i>sulfacetamide sodium</i> .....	136, 137, 146	TAGRISSO .....	48
<i>sulfacetamide sodium/prednisolone sodium</i>		TALZENNA.....	48, 49
<i>phosphate</i> .....	135	<i>tamoxifen citrate</i> .....	39
<i>sulfadiazine</i> .....	21	<i>tamsulosin hydrochloride</i> .....	116
<i>sulfamethoxazole/trimethoprim</i> .....	21	<i>tarina 24 fe</i> .....	101
<i>sulfamethoxazole/trimethoprim ds</i> .....	21	<i>tarina fe 1/20 eq</i> .....	101
SULFAMYLON .....	146	<i>tasimelteon</i> .....	85
<i>sulfasalazine</i> .....	112	TAVNEOS.....	120
<i>sulindac</i> .....	15	<i>tazarotene</i> .....	148
<i>sumatriptan</i> .....	86	<i>tazicef</i> .....	33
<i>sumatriptan succinate</i> .....	86	TAZVERIK.....	49
<i>sumatriptan succinate refill</i> .....	86	TECVAYLI .....	49
<i>summers eve medicated</i> .....	209	TEFLARO.....	33
<i>sunitinib</i> .....	48	<i>tegaderm alginate ag dressing pad</i> .....	209
SUNLENCA .....	26	<i>telmisartan</i> .....	54
SUNLENCA TABLET THERAPY PACK .....	26	<i>telmisartan/amlodipine</i> .....	53
<i>super daily d3</i> .....	209	<i>telmisartan/hydrochlorothiazide</i> .....	53
SUPREP BOWEL PREP.....	113		

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
<i>temazepam</i> .....	85	<i>tigecycline</i> .....	36
TENIVAC .....	126	<i>tiger balm liniment</i> .....	210
<i>tenofir disoprixil fumarate</i> .....	26	<i>tilia fe</i> .....	101
<i>tension headache</i> .....	210	<i>timolol maleate</i> .....	58, 139
TEPMETKO .....	49	<i>tinidazole</i> .....	21
<i>terazosin</i> .....	52	<i>tioconazole 1</i> .....	210
<i>terazosin hydrochloride</i> .....	52	<i>titralac</i> .....	210
<i>terbinafine hcl</i> .....	23	TIVICAY.....	26
<i>terbinafine hydrochloride</i> .....	210	TIVICAY PD .....	26
<i>terbutaline sulfate</i> .....	142	<i>tizanidine hcl</i> .....	88
<i>terconazole</i> .....	117	<i>tizanidine hydrochloride</i> .....	88
<i>teriflunomide</i> .....	88	<i>tm-tolnaftate</i> .....	211
<i>teriparatide</i> .....	95	TOBI PODHALER.....	21
<i>testosterone</i> .....	90	TOBRADEX.....	135
<i>testosterone cypionate</i> .....	90	TOBRADEX ST .....	135
<i>testosterone enanthate</i> .....	90	<i>tobramycin</i> .....	22, 137
<i>testosterone pump</i> .....	90	<i>tobramycin/dexamethasone</i> .....	135
<i>tetrabenazine</i> .....	87	<i>tobramycin sulfate</i> .....	22
<i>tetracycline hydrochloride</i> .....	36	<i>today sponge</i> .....	211
<i>tgt hemorrhoidal suppositories</i> .....	210	<i>tolnaftate</i> .....	211
THALOMID .....	39	<i>tolterodine tartrate</i> .....	116
<i>theophylline</i> .....	144	<i>tolterodine tartrate er</i> .....	116
<i>theophylline er</i> .....	144	<i>tolvaptan</i> .....	108
<i>theracran hp</i> .....	210	<i>topiramate</i> .....	82
<i>theracran hp for kids</i> .....	210	<i>topiramate er</i> .....	82
<i>thera-d 4000</i> .....	210	<i>toremifene citrate</i> .....	39
<i>thera-derm</i> .....	210	<i>torpenz</i> .....	49
<i>theraftu expressmax severe cold &amp; cough/daytime</i> .....	210	<i>torseamide</i> .....	60
<i>theraftu expressmax severe cold &amp; flu</i> .....	210	TOUJEO MAX SOLOSTAR.....	92
<i>theraftu severe cold &amp; cough daytime</i> .....	210	TOUJEO SOLOSTART .....	92
<i>theraftu severe cold daytime</i> .....	210	TPN ELECTROLYTES .....	129
<i>thera-gesic plus</i> .....	210	TRADJENTA.....	94
<i>theranatal lactation complete</i> .....	210	<i>tramadol</i> .....	16
<i>therapeutic dandruff shampoo</i> .....	210	<i>tramadol hydrochloride</i> .....	18
<i>therapeutic moisturizing</i> .....	210	<i>tramadol hydrochloride/acetaminophen</i> .....	18
<i>therapeutic shampoo shampoo</i> .....	210	<i>tramadol hydrochloride er</i> .....	16
<i>theraseal hand protection</i> .....	210	<i>trandolapril</i> .....	52
<i>theratears</i> .....	210	<i>trandolapril/verapamil hcl er</i> .....	51
<i>the very finest fish oil</i> .....	210	<i>tranexamic acid</i> .....	120
<i>the very finest fish oil for kids</i> .....	210	<i>tranexamic acid/sodium chloride</i> .....	120
<i>thioridazine hydrochloride</i> .....	75	<i>tranlycypromine sulfate</i> .....	68
<i>thiothixene</i> .....	75	TRAVASOL .....	135
<i>tiadylt er</i> .....	59	<i>travoprost</i> .....	139
<i>tiagabine hydrochloride</i> .....	82	<i>trazodone hydrochloride</i> .....	68
TIBSOSVO .....	49	TRECTOR.....	29
<i>ticagrelor</i> .....	120	TRELEGY ELLIPTA.....	140
TICOVAC .....	126	TREMFYA.....	122

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
TREMFYA INDUCTION PACK FOR CROHNS DISEASE/ULCERATIVE COLITIS.....	122	TROGARZO.....	26
<i>tretinoin</i> .....	40, 146	TROPHAMINE.....	135
<i>triamcinolone acetonide</i> .....	105, 150, 211	<i>trospium chloride</i> .....	116
<i>triamcinolone acetonide dental paste</i> .....	154	<i>trospium chloride er</i> .....	116
<i>triaminic fever reducer pain reliever infants</i> .....	211	TRULICITY.....	94
<i>triamterene/hydrochlorothiazide</i> .....	60	TRUMENBA.....	126
<i>triazolam</i> .....	85	TRUQAP.....	49
<i>tri-buffered aspirin</i> .....	211	TRUQAP TABLET THERAPY PACK.....	49
<i>tridacaine</i> .....	151	<i>trustex lubricated/spermicide</i> .....	211
<i>tridacaine ii</i> .....	151	<i>trustex/ria non-lubricated</i> .....	211
<i>trientine hydrochloride</i> .....	96	TRUXIMA.....	49
<i>tri-estarylla</i> .....	101	TUKYSA.....	49
<i>trifluoperazine hcl</i> .....	75	<i>tums</i> .....	211
<i>trifluoperazine hydrochloride</i> .....	75	<i>tums chewy delights ultra strength</i> .....	211
<i>trifluridine</i> .....	137	<i>tums extra strength 750</i> .....	211
<i>trihexyphenidyl hcl</i> .....	70	<i>tums ultra 1000</i> .....	211
<i>trihexyphenidyl hydrochloride</i> .....	70	TURALIO.....	49
TRIJARDY XR.....	94	<i>turqoz</i> .....	102
TRIKAFTA TABLET THERAPY PACK.....	144	<i>tusicof</i> .....	211
TRIKAFTA THERAPY PACK.....	144	<i>tusnel c</i> .....	211
<i>tri-legest fe</i> .....	101	<i>tusnel dm</i> .....	211
<i>tri-lynyah</i> .....	102	<i>tusnel pediatric</i> .....	212
<i>tri-lo-estarylla</i> .....	102	<i>tussin</i> .....	212
<i>tri-lo-marzia</i> .....	102	<i>tussin cf cough &amp; cold</i> .....	212
<i>tri-lo-mili</i> .....	102	<i>tussin cf severe multi-symptom cough cold + flu adult</i> .....	212
<i>tri-lo-sprintec</i> .....	102	<i>tussin cough</i> .....	212
<i>trimethobenzamide hydrochloride</i> .....	111	<i>tussi-pres pe pediatric</i> .....	212
<i>trimethoprim</i> .....	22	<i>tusslin pediatric</i> .....	212
<i>tri-mili</i> .....	102	TWINRIX.....	126
<i>trimipramine maleate</i> .....	68	TYBOST.....	27
TRINTELLIX.....	68	<i>tydemy</i> .....	102
<i>triple antibiotic</i> .....	211	TYENNE.....	122
<i>triple antibiotic with pain relief maximum strength</i> .....	211	<i>tylenol cold/cough/sore throat childrens</i> .....	212
<i>triple omega-3-6-9</i> .....	211	TYPHIM VI.....	126
<i>triple paste</i> .....	211	TYVASO.....	63
<i>triprolidine hci</i> .....	211	TYZAVAN.....	22
<i>triprolidine hydrochloride</i> .....	211	<b>U</b>	
<i>trispec dmx</i> .....	211	UBRELVY.....	86
<i>tri-sprintec</i> .....	102	<i>udderly smooth</i> .....	212
TRIUMEQ.....	28	<i>udderly smooth extra care</i> .....	212
TRIUMEQ PD.....	28	<i>udderly smooth extra care20</i> .....	212
<i>tri-vi-sol a/c/d</i> .....	211	<i>ulcerease</i> .....	212
<i>tri-vite/fluoride</i> .....	131	<i>ultimate fat burner</i> .....	212
<i>tri-vite pediatric</i> .....	211	<i>ultracin-m</i> .....	212
<i>tri-vylibra</i> .....	102	<i>ultra coq10</i> .....	212
<i>tri-vylibra lo</i> .....	102	<i>ultrathon insect repellent</i> .....	212

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
<i>unithroid</i> .....	109	VAXCHORA.....	127
<i>upcal d</i> .....	212	<i>vcf vaginal contraceptive</i> .....	213
<i>upcal d powder</i> .....	212	<i>vcf vaginal contraceptive film</i> .....	213
<i>upspring he natal</i> .....	213	<i>vcf vaginal contraceptive foam</i> .....	213
UPTRAVI.....	63	<i>velivet</i> .....	102
UPTRAVI TITRATION PACK.....	63	VELSIPITY.....	122
<i>urea</i> .....	213	<i>velvachol</i> .....	213
<i>urea 20 intensive hydrating</i> .....	213	VENCLEXTA.....	49
<i>urea-c40</i> .....	213	VENCLEXTA STARTING PACK.....	49
<i>urea hydrating foam</i> .....	213	VENLAFAXINE BESYLATE ER.....	68
<i>urea topical</i> .....	213	<i>venlafaxine hydrochloride</i> .....	68
<i>urinary pain relief</i> .....	213	<i>venlafaxine hydrochloride er</i> .....	68
<i>uro mag</i> .....	213	<i>ventiva tears</i> .....	213
<i>ursodiol</i> .....	114	VEOZAH.....	108
USTEKINUMAB.....	122	<i>verapamil</i> .....	59
<b>V</b>		<i>verapamil hcl</i> .....	59
<i>vagisil</i> .....	213	<i>verapamil hcl er</i> .....	59
<i>valacyclovir hydrochloride</i> .....	30	<i>verapamil hcl sr</i> .....	59
VALCHLOR.....	152	VERAPAMIL HCL SR.....	59
<i>valganciclovir</i> .....	31	<i>verapamil hydrochloride</i> .....	59
<i>valganciclovir hydrochloride</i> .....	30	<i>verapamil hydrochloride er</i> .....	59
<i>valproate sodium</i> .....	82	VERAPAMIL HYDROCHLORIDE SR.....	59
<i>valproic acid</i> .....	82	VERQUVO.....	61
<i>valsartan</i> .....	54	VERSACLOZ.....	75
<i>valsartan/hydrochlorothiazide</i> .....	53	VERZENIO.....	49
VALTOCO 5 MG DOSE.....	82	<i>vestura</i> .....	102
VALTOCO 10 MG DOSE.....	82	<i>vicks dayquil cold &amp; flu</i> .....	213
VALTOCO 15 MG DOSE.....	82	<i>vicks dayquil cold &amp; flu multi-symptom relief</i> .....	213
VALTOCO 20 MG DOSE.....	82	<i>vicks dayquil severe cold &amp; flu</i> .....	213
<i>valtya 1/35</i> .....	102	<i>vicks nyquil childrens cold/cough</i> .....	213
<i>valtya 1/50</i> .....	102	<i>vicks vapodrops</i> .....	214
<i>vanacof</i> .....	213	<i>vienna</i> .....	102
<i>vanatab dm</i> .....	213	<i>vigabatrin</i> .....	82
<i>vancomycin</i> .....	22	<i>vigadrone</i> .....	82
<i>vancomycin hcl</i> .....	22	VIGAFYDE.....	82
VANCOMYCIN HCL.....	22	VIKTRAVI.....	50
<i>vancomycin hydrochloride</i> .....	22	<i>vilazodone hydrochloride</i> .....	68
VANCOMYCIN HYDROCHLORIDE.....	22	VIMKUNYA.....	127
VANFLYTA.....	49	<i>vinate care</i> .....	214
<i>vanicream</i> .....	213	<i>viorele</i> .....	102
VAQTA.....	127	VIRACEPT.....	27
<i>varenicline starting month</i> .....	89	VIREAD.....	27
<i>varenicline tartrate</i> .....	89	<i>visine</i> .....	214
<i>varisan vitality</i> .....	213	<i>visine a.c.</i> .....	214
VARIVAX.....	127	<i>vitamelts energy vitamin b-12</i> .....	214
VASCEPA.....	56	<i>vitamelts zinc fast dissolve</i> .....	214
		<i>vitamin a</i> .....	214

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
<i>vitamin a/c/d infant/toddler</i> .....	214	<i>vylibra</i> .....	102
<i>vitamin b-1</i> .....	214	VYZULTA.....	139
<i>vitamin b-6</i> .....	214	<b>W</b>	
<i>vitamin b6</i> .....	214	<i>wal-finat</i> .....	216
<i>vitamin b 12</i> .....	214	<i>wal-som</i> .....	216
<i>vitamin b-12</i> .....	214	<i>wal-tussin cough relief childrens</i> .....	216
<i>vitamin b-12 tr</i> .....	214	<i>warfarin</i> .....	118
<i>vitamin c</i> .....	214	<i>wart remover</i> .....	216
<i>vitamin c/bioflavonoids</i> .....	214	WELIREG.....	40
<i>vitamin c/bioflavonoids/wild rose hips</i> .....	215	<i>wera</i> .....	102
<i>vitamin c cr</i> .....	214	WESTAB PLUS.....	131
<i>vitamin c drops lozenge</i> .....	214	<i>white petrolatum ointment</i> .....	216
<i>vitamin c effervescent blend</i> .....	214	<i>wibi</i> .....	216
<i>vitamin c gummies</i> .....	214	WINREVAIR .....	63
<i>vitamin c/natural rose hips</i> .....	215	<i>wixela inhub</i> .....	145
<i>vitamin d</i> .....	215	<i>womens 50 billion</i> .....	216
<i>vitamin d2</i> .....	215	<i>womens daily pack</i> .....	216
<i>vitamin d-3</i> .....	215	<i>womens pack</i> .....	216
<i>vitamin d3</i> .....	215	<i>wymzya fe</i> .....	102
<i>vitamin d3 fast dissolve</i> .....	215	WYOST .....	95
<i>vitamin d3 gummies</i> .....	215	<b>X</b>	
<i>vitamin d3 liquid</i> .....	215	XALKORI.....	50
<i>vitamin d3 maximum strength</i> .....	215	<i>xanthan gum</i> .....	216
<i>vitamin d3 ultra potency</i> .....	215	<i>xarah fe</i> .....	102
<i>vitamin d 400</i> .....	215	XARELTO .....	118, 119
<i>vitamin e</i> .....	215	XARELTO STARTER PACK.....	118
<i>vitamin e/d-alpha</i> .....	215	XATMEP.....	123
<i>vitamin e oil</i> .....	215	XCOPRI.....	83
<i>vitamin e with panthenol</i> .....	215	XCOPRI MAINTENANCE THERAPY PACK.....	83
<i>vitamins a/c/d/fluoride</i> .....	215	XCOPRI TABLET TITRATION THERAPY PACK....	82
<i>vitamins for hair</i> .....	215	XCOPRI TITRATION THERAPY PACK.....	83
<i>viteyes classic zinc free</i> .....	215	XDEMVI .....	137
VITRAKVI .....	50	XELJANZ.....	123
<i>vitron-c</i> .....	216	XELJANZ XR .....	122
VIVITROL.....	89	<i>xelria fe</i> .....	102
VIVOTIF.....	127	<i>xenical</i> .....	216
VIZIMPRO .....	50	XERMELO .....	114
<i>volnea</i> .....	102	XHANCE EXHALER .....	144
VONJO .....	50	XIFAXAN.....	114
VOQUEZNA DUAL PAK.....	114	XIGDUO XR .....	94
VOQUEZNA TRIPLE PAK .....	114	XIIDRA.....	139
VORANIGO .....	50	XOLAIR .....	144
<i>voriconazole</i> .....	23, 24	XOSPATA .....	50
VOSEVI.....	31	<i>xoten</i> .....	216
VOWST .....	114	XPOVIO .....	50
VRAYLAR.....	75		
<i>vyfemla</i> .....	102		

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
XPOVIO 60 MG TWICE WEEKLY .....	50	<i>zovia 1/35</i> .....	103
XPOVIO 80 MG TWICE WEEKLY .....	50	ZTALMY .....	83
XPOVIO TABLET THERAPY PACK .....	50	<i>zumandimine</i> .....	103
XTANDI.....	39	ZURZUVAE .....	68
<i>xulane</i> .....	102	ZYDELIG .....	51
XULTOPHY.....	92	ZYKADIA.....	51
<b>Y</b>		ZYLET .....	136
YESINTEK .....	123	<i>zyncof syrup</i> .....	216
YF-VAX .....	127	ZYPREXA RELPREVV .....	76
YONSA.....	39		
<i>yuvafem</i> .....	104		
<b>Z</b>			
<i>zafemy</i> .....	103		
<i>zafirlukast</i> .....	143		
<i>zaleplon</i> .....	85		
ZARXIO .....	119		
<i>zeasorb powder</i> .....	216		
ZEGALOGUE .....	105		
ZEJULA .....	51		
ZELBORAF .....	51		
<i>zeldana</i> .....	216		
<i>zelvysia</i> .....	108		
<i>zenatane</i> .....	146		
<i>zenpep</i> .....	115		
<i>zenzedi</i> .....	85		
<i>zephrex-d</i> .....	216		
ZERVIAE.....	138		
<i>zidovudine</i> .....	27		
<i>zims max-freeze</i> .....	216		
<i>zinc</i> .....	216		
<i>zinc 15</i> .....	216		
<i>zinc gluconate</i> .....	216		
<i>zinc oxide</i> .....	216		
<i>zinc-oxyde plus ointment</i> .....	216		
<i>zinc sulfate</i> .....	216		
<i>ziprasidone hcl</i> .....	75		
<i>ziprasidone mesylate</i> .....	75		
ZIRABEV .....	51		
ZIRGAN .....	137		
<i>zoledronic acid</i> .....	95		
ZOLEDRONIC ACID .....	95		
ZOLINZA .....	51		
<i>zolpidem tartrate</i> .....	85		
ZONISADE.....	83		
<i>zonisamide</i> .....	83		

Notice of Availability

TTY: 711

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

የቋንቋ አገልግሎቶችን ያለክፍያ ለማግኘት፣ በዚህ ሰነድ ላይ ያለውን ቁጥር ይደውሉ። (Amharic)

(Arabic) للحصول على الخدمات اللغوية دون أي تكلفة، الرجاء الاتصال على الرقم الموجود على هذا المستند.

如欲使用免費語言服務，請致電本文件上的電話號碼。(Chinese)

Afin d'accéder aux services langagiers sans frais, veuillez composer le numéro sur ce document. (French)

Pou jwenn sèvis lang gratis, rele nimewo ki sou dokiman sa a. (French Creole)

Um auf für Sie kostenlose Sprachdienstleistungen zuzugreifen, rufen Sie die Nummer auf diesem Dokument an. (German)

आपके लिए बिना किसी कीमत के भाषा सेवाओं का उपयोग करने के लिए, इस दस्तावेज़ पर दिये नंबर पर कॉल करें। (Hindi)

Per accedere ai servizi linguistici, senza alcun costo per lei, chiami il numero indicato su questo documento. (Italian)

言語サービスを無料でご利用いただくには、本書に記載の番号にお電話ください。  
(Japanese)

무료 언어 서비스를 이용하려면 본 서류에 기재되어 있는 번호로 전화해 주십시오.  
(Korean)

(Farsi) برای دسترسی به خدمات زبان به طور رایگان، با شماره قید شده روی این نوشته تماس بگیرید.

Aby uzyskać dostęp do bezpłatnych usług językowych, proszę zadzwonoć numer telefonu w tym dokumencie. (Polish)

Para acessar os serviços de idiomas sem custo para você, ligue para o número que consta neste documento. (Portuguese)

Для того чтобы бесплатно получить помощь переводчика, позвоните по телефону, номер которого приведен в этом документе. (Russian)

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

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

## Notice of Availability

Nếu quý vị muốn sử dụng miễn phí các dịch vụ ngôn ngữ, hãy gọi tới số điện thoại ghi trên tài liệu này. (Vietnamese)

(Urdu) بلاقیمت زبان سے متعلقہ خدمات حاصل کرنے کے لیے ، اس دستاویز پر درج نمبر پر بات کریں۔

(Dari) برای دسترسی به خدمات زبان بدون هیچ هزینه ای برای شما، با شماره این سند تماس بگیرید.

మీరు భాష సేవలను ఉచితంగా అందుకునేందుకు, ఈ ప్రతంపె ఉన్న నంబరుకు కాల్ చేయండి. (Telugu)

Iji nwetaòhèrè na ọrụ gasị asụsụ n'efu, kpọọ nọmba no na dọkụment a. (Ibo)

निःशुल्क भाषा सेवा प्राप्त गर्न आफ्नो परिचय पत्रमा भएको नम्बरमा टेलिफोन गर्नुहोस्। (Nepali)

আপনাকে বিনামূল্যে ভাষা পরিষেবা পেতে হলে এই নথিতে দেওয়া নম্বরে টেলিফোন করুন। (Bengali)

(Pashto) د ژبې خدمتونو ته د لاسرسی لپاره پرته له کوم لګښت څخه په دې سند کې شمیرې ته زنگ ووهئ.

H1610\_2025\_V3

This formulary was updated on 05/01/2026. For more recent information or other questions, contact us at **1-855-463-0933** and TTY users: **711**, 8 a.m. to 8 p.m., E.T., 7 days a week or visit [AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/better-health/virginia-hmosnp/formulary)

**Contract/PBP: H1610-001**



**CardinalCare**

Virginia's Medicaid Program

Medicare and Medicaid Working Together

[AetnaBetterHealth.com/Virginia-hmosnp/formulary](https://www.aetna.com/better-health/virginia-hmosnp/formulary)