



Reduced Cost Supplemental Benefit list provided by National Association of Letter Carriers

Your coverage with National Association of Letter Carriers provides supplemental coverage for select opioid reversal agents as well as select prescription drugs used to treat asthma, diabetes, and hypertension. The supplemental benefits included in this document may not appear in your formulary guide.

Your plan covers select opioid reversal agents at a \$0 copay.

The cost share for up to a 90-day supply of drugs used to treat asthma, diabetes, and hypertension, at any network pharmacy, is as follows:

Tier 1 - \$0

Tier 2 - \$4

Tier 3 - \$40

Tier 4 - \$60

Tier 5 - \$60

Check your Comprehensive Plus formulary to find which tier your drug is located.

In addition, Synthroid and Myrbetriq are not found in this list, but are on the formulary as Tier 4 drugs. Your plan will cover Synthroid and Myrbetriq as Tier 3 drugs with cost shares as follows:

20% of total cost for a 30-day supply

\$50 for a 60-day supply

\$75 for a 90-day supply

For more information, call the toll-free telephone number on your Aetna® ID card or contact Member Services at **1-866-241-0357**. We're available to help you 24 hours a day, 7 days a week. **TTY users call 711.**

See plan 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. The formulary and/or pharmacy network may change at any time. You will receive notice when necessary.

Key*

Drug name	Requirements/Limits
UPPERCASE = Brand-name prescription drugs	QL = Quantity Limit. For certain, drugs our plan limits the amount of the drug that we will cover.
<i>Lowercase italics</i> = Generic medications	PA = Prior Authorization. Our plan requires you or our 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.
	ST = 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/D = Part B vs Part D. This prescription drug has a Part B versus Part D administrative prior authorization requirement. This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
	MO = Mail Order. For certain kinds of drugs, you can use CVS Caremark® Mail Service Pharmacy. Generally, the drugs available through mail order are drugs that you take on a regular basis, for a chronic or long-term medical condition. Drugs available through mail-order are marked as "MO" in our Drug List.

Drug name

Requirements/Limits

ANALGESICS

OPIOID ANALGESICS, SHORT-ACTING

BUPRENEX	MO
<i>buprenorphine hcl injection 0.3mg/ml</i>	MO

Drug name

Requirements/Limits

CARDIOVASCULAR**ACE INHIBITOR COMBINATIONS**

ACCURETIC	MO
<i>amlodipine besylate/benazepril hydrochloride</i>	QL (30 EA per 30 days) MO
<i>benazepril hcl/hydrochlorothiazide</i>	MO
<i>benazepril hydrochloride/hydrochlorothiazide</i>	MO
<i>enalapril maleate/hydrochlorothiazide</i>	MO
<i>fosinopril sodium/hydrochlorothiazide</i>	MO
<i>lisinopril/hydrochlorothiazide</i>	MO
LOTENSIN HCT	MO
LOTREL	QL (30 EA per 30 days) MO
<i>quinapril/hydrochlorothiazide</i>	MO
<i>trandolapril/verapamil hcl er</i>	MO
VASERETIC	MO
ZESTORETIC	MO

ACE INHIBITORS

ACCUPRIL	MO
ALTACE	MO
<i>benazepril hcl</i>	MO
<i>benazepril hydrochloride</i>	MO
<i>captopril</i>	MO
<i>enalapril maleate tablet</i>	MO
<i>enalapril maleate solution</i>	MO
<i>enalaprilat</i>	
EPANED	MO
<i>fosinopril sodium</i>	MO
<i>lisinopril</i>	MO
LOTENSIN	MO
<i>moexipril hcl</i>	MO
<i>perindopril erbumine</i>	MO
QBRELIS	MO
<i>quinapril hcl</i>	MO
<i>quinapril hydrochloride</i>	MO
<i>ramipril</i>	MO
<i>trandolapril</i>	MO
VASOTEC TABLET 10MG, 2.5MG, 5MG	MO
VASOTEC TABLET 20MG	MO
ZESTRIL	MO

Drug name	Requirements/Limits
ALDOSTERONE RECEPTOR ANTAGONISTS	
ALDACTONE	MO
CAROSPIR	MO
<i>eplerenone</i>	MO
INSPRA	MO
<i>spironolactone</i>	MO
ALPHA BLOCKERS	
CARDURA TABLET 2MG, 4MG, 8MG	MO
CARDURA TABLET 1MG	MO
<i>doxazosin mesylate</i>	MO
MINIPRESS	MO
<i>prazosin hydrochloride</i>	MO
<i>terazosin hcl</i>	MO
<i>terazosin hydrochloride</i>	MO
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS	
<i>amlodipine besylate/valsartan</i>	QL (30 EA per 30 days) MO
<i>amlodipine/olmesartan medoxomil</i>	QL (30 EA per 30 days) MO
<i>amlodipine/valsartan/hydrochlorothiazide</i>	QL (30 EA per 30 days) MO
ATACAND HCT TABLET 32MG; 12.5MG, 32MG; 25MG	QL (30 EA per 30 days) ST MO
ATACAND HCT TABLET 16MG; 12.5MG	QL (60 EA per 30 days) ST MO
AVALIDE TABLET 12.5MG; 300MG	QL (30 EA per 30 days) ST MO
AVALIDE TABLET 12.5MG; 150MG	QL (60 EA per 30 days) ST MO
AZOR	QL (30 EA per 30 days) ST MO
BENICAR HCT	QL (30 EA per 30 days) ST MO
<i>candesartan cilexetil/hydrochlorothiazide tablet 32mg; 12.5mg, 32mg; 25mg</i>	QL (30 EA per 30 days) MO
<i>candesartan cilexetil/hydrochlorothiazide tablet 16mg; 12.5mg</i>	QL (60 EA per 30 days) MO
DIOVAN HCT	QL (30 EA per 30 days) ST MO
EDARBYCLOR	QL (30 EA per 30 days) MO
ENTRESTO	MO
EXFORGE	QL (30 EA per 30 days) ST MO
EXFORGE HCT	QL (30 EA per 30 days) ST MO
HYZAAR	QL (30 EA per 30 days) ST MO
<i>irbesartan/hydrochlorothiazide tablet 12.5mg; 300mg</i>	QL (30 EA per 30 days) MO

Drug name	Requirements/Limits
<i>irbesartan/hydrochlorothiazide tablet 12.5mg; 150mg</i>	QL (60 EA per 30 days) MO
<i>losartan potassium/hydrochlorothiazide</i>	QL (30 EA per 30 days) MO
MICARDIS HCT TABLET 12.5MG; 40MG, 25MG; 80MG	QL (30 EA per 30 days) ST MO
MICARDIS HCT TABLET 12.5MG; 80MG	QL (60 EA per 30 days) ST MO
<i>olmesartan medoxomil/amlodipine/hydrochlorothiazide</i>	QL (30 EA per 30 days) MO
<i>olmesartan medoxomil/hydrochlorothiazide</i>	QL (30 EA per 30 days) MO
<i>telmisartan/amlodipine</i>	QL (30 EA per 30 days) MO
<i>telmisartan/hydrochlorothiazide tablet 12.5mg; 40mg, 25mg; 80mg</i>	QL (30 EA per 30 days) MO
<i>telmisartan/hydrochlorothiazide tablet 12.5mg; 80mg</i>	QL (60 EA per 30 days) MO
TRIBENZOR	QL (30 EA per 30 days) ST MO
<i>valsartan/hydrochlorothiazide</i>	QL (30 EA per 30 days) MO
ANGIOTENSIN II RECEPTOR ANTAGONISTS	
ATACAND TABLET 32MG	QL (30 EA per 30 days) ST MO
ATACAND TABLET 16MG, 4MG, 8MG	QL (60 EA per 30 days) ST MO
AVAPRO	QL (30 EA per 30 days) ST MO
BENICAR TABLET 20MG, 40MG	QL (30 EA per 30 days) ST MO
BENICAR TABLET 5MG	QL (60 EA per 30 days) ST MO
<i>candesartan cilexetil tablet 32mg</i>	QL (30 EA per 30 days) MO
<i>candesartan cilexetil tablet 16mg, 4mg, 8mg</i>	QL (60 EA per 30 days) MO
COZAAR TABLET 100MG	QL (30 EA per 30 days) ST MO
COZAAR TABLET 25MG, 50MG	QL (60 EA per 30 days) ST MO
DIOVAN TABLET 320MG	QL (30 EA per 30 days) ST MO
DIOVAN TABLET 160MG, 40MG, 80MG	QL (60 EA per 30 days) ST MO
EDARBI	QL (30 EA per 30 days) MO
<i>irbesartan</i>	QL (30 EA per 30 days) MO
<i>losartan potassium tablet 100mg</i>	QL (30 EA per 30 days) MO
<i>losartan potassium tablet 25mg, 50mg</i>	QL (60 EA per 30 days) MO
MICARDIS	QL (30 EA per 30 days) ST MO
<i>olmesartan medoxomil tablet 20mg, 40mg</i>	QL (30 EA per 30 days) MO
<i>olmesartan medoxomil tablet 5mg</i>	QL (60 EA per 30 days) MO
<i>telmisartan</i>	QL (30 EA per 30 days) MO
VALSARTAN SOLUTION	QL (2400 ML per 30 days) PA MO

Drug name	Requirements/Limits
<i>valsartan tablet 320mg</i>	QL (30 EA per 30 days) MO
<i>valsartan tablet 160mg, 40mg, 80mg</i>	QL (60 EA per 30 days) MO
ANTIARRHYTHMICS	
BETAPACE	MO
BETAPACE AF	MO
<i>sorine tablet 160mg, 240mg, 80mg</i>	
<i>sorine tablet 120mg</i>	MO
<i>sotalol hcl</i>	MO
<i>sotalol hydrochloride (af)</i>	MO
SOTYLIZE	MO
BETA-BLOCKER/DIURETIC COMBINATIONS	
<i>atenolol/chlorthalidone</i>	MO
<i>bisoprolol fumarate/hydrochlorothiazide</i>	MO
<i>metoprolol/hydrochlorothiazide</i>	MO
TENORETIC 100	MO
TENORETIC 50	MO
ZIAC TABLET 10MG; 6.25MG, 5MG; 6.25MG	MO
ZIAC TABLET 2.5MG; 6.25MG	MO
BETA-BLOCKERS	
<i>acebutolol hydrochloride</i>	MO
<i>atenolol</i>	MO
<i>betaxolol hcl</i>	MO
<i>bisoprolol fumarate</i>	MO
BYSTOLIC TABLET 10MG, 2.5MG, 5MG	QL (30 EA per 30 days) MO
BYSTOLIC TABLET 20MG	QL (60 EA per 30 days) MO
<i>carvedilol</i>	MO
<i>carvedilol phosphate er</i>	QL (30 EA per 30 days) MO
COREG	MO
COREG CR	QL (30 EA per 30 days) MO
CORGARD	MO
HEMANGEOL	
INDERAL LA	MO
INDERAL XL	MO
INNOPRAN XL	MO
KAPSPARGO SPRINKLE	MO
<i>labetalol hydrochloride</i>	MO
LABETALOL HYDROCHLORIDE/DEXTROSE	

Drug name	Requirements/Limits
LABETALOL HYDROCHLORIDE/SODIUM CHLORIDE	
LOPRESSOR	MO
<i>metoprolol succinate er</i>	MO
<i>metoprolol tartrate tablet</i>	MO
<i>metoprolol tartrate injection</i>	
<i>nadolol</i>	MO
<i>nebivolol hydrochloride tablet 10mg, 2.5mg, 5mg</i>	QL (30 EA per 30 days) MO
<i>nebivolol hydrochloride tablet 20mg</i>	QL (60 EA per 30 days) MO
<i>pindolol</i>	MO
<i>propranolol hcl er</i>	MO
<i>propranolol hcl injection</i>	
<i>propranolol hcl oral solution, tablet</i>	MO
<i>propranolol hydrochloride</i>	MO
<i>propranolol hydrochloride er</i>	MO
TENORMIN	MO
<i>timolol maleate</i>	MO
TOPROL XL	MO
CALCIUM CHANNEL BLOCKERS	
<i>amlodipine besylate</i>	MO
CALAN SR	MO
CARDENE IV	
CARDIZEM CD CAPSULE EXTENDED RELEASE 24 HOUR 180MG, 300MG	MO
CARDIZEM CD CAPSULE EXTENDED RELEASE 24 HOUR 120MG, 240MG, 360MG	MO
CARDIZEM LA	MO
CARDIZEM TABLET 120MG, 30MG	MO
CARDIZEM TABLET 60MG	MO
<i>cartia xt</i>	
CONJUPRI	
<i>dilt-xr</i>	MO
<i>diltiazem hcl cd</i>	MO
<i>diltiazem hcl er</i>	MO
<i>diltiazem hcl tablet</i>	MO
DILTIAZEM HCL INJECTION 100MG	
<i>diltiazem hcl injection 125mg/25ml, 50mg/10ml</i>	

Drug name	Requirements/Limits
<i>diltiazem hydrochloride er</i>	MO
<i>diltiazem hydrochloride injection</i>	
<i>diltiazem hydrochloride tablet</i>	MO
<i>felodipine er</i>	MO
<i>isradipine</i>	MO
KATERZIA	MO
LEVAMLODIPINE	
<i>matzim la</i>	
<i>nicardipine hcl</i>	MO
NICARDIPINE HYDROCHLORIDE/SODIUM CHLORIDE	
NICARDIPINE HYDROCHLORIDE INJECTION 20MG/200ML; 0.9%	
<i>nicardipine hydrochloride injection 2.5mg/ml</i>	
<i>nifedipine</i>	PA MO
<i>nifedipine er</i>	MO
<i>nimodipine</i>	MO
<i>nisoldipine er</i>	MO
NORLIQVA	MO
NORVASC	MO
NYMALIZE	
PROCARDIA XL	MO
SULAR	MO
<i>taztia xt</i>	
<i>tiadylt er capsule extended release 24 hour 120mg, 180mg, 240mg, 300mg, 360mg</i>	
<i>tiadylt er capsule extended release 24 hour 420mg</i>	MO
TIAZAC	MO
<i>verapamil hcl</i>	MO
<i>verapamil hcl er</i>	MO
VERAPAMIL HCL SR CAPSULE EXTENDED RELEASE 24 HOUR 360MG	MO
<i>verapamil hcl sr capsule extended release 24 hour 120mg, 180mg, 240mg</i>	MO
<i>verapamil hcl sr tablet extended release</i>	MO
<i>verapamil hydrochloride er</i>	MO
<i>verapamil hydrochloride tablet</i>	MO

Drug name	Requirements/Limits
<i>verapamil hydrochloride injection</i>	MO
VERELAN	MO
VERELAN PM	MO
DIURETICS	
<i>acetazolamide</i>	MO
<i>acetazolamide er</i>	MO
<i>acetazolamide sodium</i>	
ALDACTAZIDE	MO
<i>amiloride hcl</i>	MO
<i>amiloride/hydrochlorothiazide</i>	MO
<i>bumetanide</i>	MO
BUMEX	
<i>chlorothiazide sodium</i>	
<i>chlorthalidone</i>	MO
<i>dichlorphenamide</i>	QL (120 EA per 30 days) PA LA
DIURIL	MO
DYRENIUM	MO
EDECIN	MO
<i>ethacrynate sodium</i>	
<i>ethacrynic acid</i>	MO
FUROSCIX	
<i>furosemide oral solution, tablet</i>	MO
<i>furosemide injection</i>	MO
<i>hydrochlorothiazide</i>	MO
<i>indapamide</i>	MO
KEVEYIS	QL (120 EA per 30 days) PA LA
LASIX	MO
MANNITOL INJECTION 20%	
<i>mannitol injection 25%</i>	MO
<i>methazolamide</i>	MO
<i>metolazone</i>	MO
OSMITROL VIAFLEX	
SOANZ	MO
SODIUM DIURIL	
SODIUM EDECIN	
<i>spironolactone/hydrochlorothiazide</i>	MO
THALITONE	QL (390 EA per 30 days) MO
<i>torseamide</i>	MO

Drug name	Requirements/Limits
<i>triamterene</i>	MO
<i>triamterene/hydrochlorothiazide</i>	MO
MISCELLANEOUS	
<i>aliskiren</i>	MO
<i>amlodipine besylate/atorvastatin calcium</i>	MO
BIDIL	MO
CADUET	MO
<i>clonidine hcl</i>	QL (8 EA per 28 days) MO
<i>clonidine hydrochloride</i>	MO
DEMSER	PA MO
DIBENZYLINE	MO
<i>guanfacine hydrochloride</i>	PA MO
<i>hydralazine hcl</i>	MO
<i>hydralazine hydrochloride</i>	MO
<i>isosorbide dinitrate/hydralazine hydrochloride</i>	MO
<i>minoxidil</i>	MO
TEKTURNA	MO
TEKTURNA HCT	MO
VECAMYL	QL (300 EA per 30 days) PA
CENTRAL NERVOUS SYSTEM	
PSYCHOTHERAPEUTIC-MISC	
<i>buprenorphine hcl/naloxone hcl</i>	QL (90 EA per 30 days) MO
<i>buprenorphine hcl tablet sublingual 2mg, 8mg</i>	QL (90 EA per 30 days) PA MO
<i>buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg</i>	QL (60 EA per 30 days) MO
<i>buprenorphine hydrochloride/naloxone hydrochloride film 2mg; 0.5mg, 4mg; 1mg, 8mg; 2mg</i>	QL (90 EA per 30 days) MO
KLOXXADO	MO
<i>naloxone hcl injection 2mg/2ml</i>	
<i>naloxone hcl injection 4mg/10ml</i>	MO
<i>naloxone hydrochloride liquid</i>	MO
<i>naloxone hydrochloride injection 0.4mg/ml</i>	
<i>naloxone hydrochloride injection 0.4mg/ml</i>	MO
<i>naltrexone hcl</i>	MO
NARCAN	MO
SUBLOCADE	QL (1.5 ML per 30 days) PA LA
SUBOXONE FILM 12MG; 3MG	QL (60 EA per 30 days) MO

Drug name	Requirements/Limits
SUBOXONE FILM 2MG; 0.5MG, 4MG; 1MG, 8MG; 2MG	QL (90 EA per 30 days) MO
VIVITROL	
ZIMHI	
ZUBSOLV TABLET SUBLINGUAL 11.4MG; 2.9MG	QL (30 EA per 30 days) MO
ZUBSOLV TABLET SUBLINGUAL 1.4MG; 0.36MG, 2.9MG; 0.71MG, 5.7MG; 1.4MG, 8.6MG; 2.1MG	QL (60 EA per 30 days) MO
ZUBSOLV TABLET SUBLINGUAL 0.7MG; 0.18MG	QL (90 EA per 30 days) MO

ENDOCRINE AND METABOLIC

ANTIDIABETICS, INSULINS

ADMELOG	MO
ADMELOG SOLOSTAR	MO
AFREZZA	MO
BD ALCOHOL SWABS	MO
APIDRA	ST MO
APIDRA SOLOSTAR	ST MO
B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"	MO
BASAGLAR KWIKPEN	MO
BASAGLAR TEMPO PEN	MO
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	MO
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 1/2"	MO
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 5/16"	MO
BD/NOVO PEN NEEDLE ULTRA-FINE	MO
BD VEO INSULIN SYRINGE ULTRA-FINE/0.3ML/31G X 15/64"	MO
CEQR SIMPLICITY 2U	MO
CEQR SIMPLICITY INSERTER	MO
CURITY GAUZE PADS 2"X2" 12 PLY	MO
FIASP	MO
FIASP FLEXTOUCH	MO
FIASP PENFILL	MO
HUMALOG	ST MO
HUMALOG JUNIOR KWIKPEN	ST MO
HUMALOG KWIKPEN INJECTION 100UNIT/ML	ST MO

Drug name	Requirements/Limits
HUMALOG KWIKPEN INJECTION 200UNIT/ML	ST MO
HUMALOG MIX 50/50	ST MO
HUMALOG MIX 50/50 KWIKPEN	ST MO
HUMALOG MIX 75/25	ST MO
HUMALOG MIX 75/25 KWIKPEN	ST MO
HUMALOG TEMPO PEN	ST
HUMULIN 70/30	ST MO
HUMULIN 70/30 KWIKPEN	ST MO
HUMULIN N	ST MO
HUMULIN N KWIKPEN	ST MO
HUMULIN R	ST MO
HUMULIN R U-500 (CONCENTRATED)	B/D MO
HUMULIN R U-500 KWIKPEN	MO
INSULIN ASPART	ST MO
INSULIN ASPART FLEXPEN	ST MO
INSULIN ASPART PENFILL	ST MO
INSULIN ASPART PROTAMINE/INSULIN ASPART	ST MO
INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN	ST MO
INSULIN DEGLUDEC	ST MO
INSULIN DEGLUDEC FLEXTOUCH	ST MO
INSULIN GLARGINE SOLOSTAR	ST
INSULIN GLARGINE INJECTION 100UNIT/ML	ST
INSULIN GLARGINE INJECTION 100UNIT/ML	ST MO
INSULIN LISPRO	ST MO
INSULIN LISPRO JUNIOR KWIKPEN	ST MO
INSULIN LISPRO KWIKPEN	ST MO
INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN	ST MO
LANTUS	MO
LANTUS SOLOSTAR	MO
LEVEMIR	ST MO
LEVEMIR FLEXPEN	ST MO
LEVEMIR FLEXTOUCH	ST MO
LYUMJEV	ST MO
LYUMJEV KWIKPEN	ST MO
LYUMJEV TEMPO PEN	ST

Drug name	Requirements/Limits
MYXREDLIN	ST
NOVOLIN 70/30	MO
NOVOLIN 70/30 FLEXPEN	MO
NOVOLIN 70/30 FLEXPEN RELION	ST MO
NOVOLIN 70/30 RELION	ST MO
NOVOLIN N	MO
NOVOLIN N FLEXPEN	MO
NOVOLIN N FLEXPEN RELION	ST MO
NOVOLIN N RELION	ST MO
NOVOLIN R	MO
NOVOLIN R FLEXPEN	MO
NOVOLIN R FLEXPEN RELION	ST MO
NOVOLIN R RELION	ST MO
NOVOLOG	MO
NOVOLOG FLEXPEN	MO
NOVOLOG FLEXPEN RELION	ST MO
NOVOLOG MIX 70/30	MO
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	MO
NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION	ST MO
NOVOLOG MIX 70/30 RELION	ST MO
NOVOLOG PENFILL	MO
NOVOLOG RELION	ST MO
OMNIPOD 5 G6 INTRO KIT (GEN 5)	MO
OMNIPOD 5 G6 PODS (GEN 5)	MO
OMNIPOD CLASSIC PODS (GEN 3)	MO
OMNIPOD DASH INTRO KIT (GEN 4)	MO
OMNIPOD DASH PODS (GEN 4)	MO
SEMGLEE	ST MO
SOLIQUA 100/33	QL (15 ML per 25 days) MO
TOUJEO MAX SOLOSTAR	MO
TOUJEO SOLOSTAR	MO
TRESIBA	MO
TRESIBA FLEXTOUCH	MO
V-GO 20	QL (30 EA per 30 days) MO
V-GO 30	QL (30 EA per 30 days) MO
V-GO 40	QL (30 EA per 30 days) MO
XULTOPHY 100/3.6	QL (15 ML per 30 days) MO

Drug name	Requirements/Limits
ANTIDIABETICS	
<i>acarbose</i>	QL (90 EA per 30 days) MO
ACTOPLUS MET	QL (90 EA per 30 days) MO
ACTOS	QL (30 EA per 30 days) MO
ALOGLIPTIN	QL (30 EA per 30 days) ST MO
ALOGLIPTIN/METFORMIN HCL	QL (60 EA per 30 days) ST MO
ALOGLIPTIN/METFORMIN HYDROCHLORIDE	QL (60 EA per 30 days) ST MO
ALOGLIPTIN/PIOGLITAZONE TABLET 12.5MG; 15MG	QL (30 EA per 30 days) ST
ALOGLIPTIN/PIOGLITAZONE TABLET 12.5MG; 30MG, 12.5MG; 45MG, 25MG; 15MG, 25MG; 30MG, 25MG; 45MG	QL (30 EA per 30 days) ST MO
BYDUREON BCISE	QL (3.4 ML per 28 days) PA MO
BYETTA INJECTION 5MCG/0.02ML	QL (1.2 ML per 30 days) PA MO
BYETTA INJECTION 10MCG/0.04ML	QL (2.4 ML per 30 days) PA MO
CYCLOSET	QL (180 EA per 30 days) PA MO
DUETACT	QL (30 EA per 30 days) MO
FARXIGA	QL (30 EA per 30 days) MO
<i>glimepiride tablet 4mg</i>	QL (60 EA per 30 days) MO
<i>glimepiride tablet 1mg, 2mg</i>	QL (90 EA per 30 days) MO
<i>glipizide er tablet extended release 24 hour 10mg</i>	QL (60 EA per 30 days) MO
<i>glipizide er tablet extended release 24 hour 2.5mg, 5mg</i>	QL (90 EA per 30 days) MO
<i>glipizide xl tablet extended release 24 hour 10mg</i>	QL (60 EA per 30 days) MO
<i>glipizide xl tablet extended release 24 hour 2.5mg, 5mg</i>	QL (90 EA per 30 days) MO
<i>glipizide/metformin hydrochloride tablet 2.5mg; 500mg, 5mg; 500mg</i>	QL (120 EA per 30 days) MO
<i>glipizide/metformin hydrochloride tablet 2.5mg; 250mg</i>	QL (240 EA per 30 days) MO
<i>glipizide tablet 10mg</i>	QL (120 EA per 30 days) MO
<i>glipizide tablet 5mg</i>	QL (240 EA per 30 days) MO

Drug name	Requirements/Limits
GLUCOTROL XL TABLET EXTENDED RELEASE 24 HOUR 10MG	QL (60 EA per 30 days) MO
GLUCOTROL XL TABLET EXTENDED RELEASE 24 HOUR 2.5MG, 5MG	QL (90 EA per 30 days) MO
GLUMETZA TABLET EXTENDED RELEASE 24 HOUR 500MG	QL (120 EA per 30 days) PA MO
GLUMETZA TABLET EXTENDED RELEASE 24 HOUR 1000MG	QL (60 EA per 30 days) PA MO
<i>glyburide</i>	PA MO
<i>glyburide micronized</i>	PA MO
<i>glyburide/metformin hydrochloride</i>	PA MO
GLYNASE	PA MO
GLYXAMBI	QL (30 EA per 30 days) MO
INVOKAMET XR TABLET EXTENDED RELEASE 24 HOUR 50MG; 500MG	QL (120 EA per 30 days) ST MO
INVOKAMET XR TABLET EXTENDED RELEASE 24 HOUR 150MG; 1000MG, 150MG; 500MG, 50MG; 1000MG	QL (60 EA per 30 days) ST MO
INVOKAMET TABLET 50MG; 500MG	QL (120 EA per 30 days) ST MO
INVOKAMET TABLET 150MG; 1000MG, 150MG; 500MG, 50MG; 1000MG	QL (60 EA per 30 days) ST MO
INVOKANA TABLET 300MG	QL (30 EA per 30 days) ST MO
INVOKANA TABLET 100MG	QL (60 EA per 30 days) ST MO
JANUMET	QL (60 EA per 30 days) MO
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 100MG	QL (30 EA per 30 days) MO
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 50MG, 500MG; 50MG	QL (60 EA per 30 days) MO
JANUVIA	QL (30 EA per 30 days) MO
JARDIANCE	QL (30 EA per 30 days) MO
JENTADUETO	QL (60 EA per 30 days) MO
JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 5MG; 1000MG	QL (30 EA per 30 days) MO
JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 2.5MG; 1000MG	QL (60 EA per 30 days) MO
KAZANO	QL (60 EA per 30 days) ST MO
KOMBIGLYZE XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 5MG, 500MG; 5MG	QL (30 EA per 30 days) ST MO

Drug name	Requirements/Limits
KOMBIGLYZE XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 2.5MG	QL (60 EA per 30 days) ST MO
<i>metformin hydrochloride er (generic Glucophage XR) tablet extended release 24 hour 500mg</i>	QL (120 EA per 30 days) MO
<i>metformin hydrochloride er (generic Glucophage XR) tablet extended release 24 hour 750mg</i>	QL (60 EA per 30 days) MO
<i>metformin hydrochloride er (generic Foratmet and Glumetza) tablet extended release 24 hour 500mg</i>	QL (120 EA per 30 days) PA MO
<i>metformin hydrochloride er tablet extended release 24 hour 1000mg</i>	QL (60 EA per 30 days) PA MO
<i>metformin hydrochloride solution</i>	MO
METFORMIN HYDROCHLORIDE TABLET 625MG	QL (120 EA per 30 days) PA MO
<i>metformin hydrochloride tablet 500mg</i>	QL (150 EA per 30 days) MO
<i>metformin hydrochloride tablet 1000mg</i>	QL (75 EA per 30 days) MO
<i>metformin hydrochloride tablet 850mg</i>	QL (90 EA per 30 days) MO
<i>miglitol</i>	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	QL (2 ML per 28 days) PA MO
MOUNJARO INJECTION 2.5MG/0.5ML	QL (4 ML per 365 days) PA MO
<i>nateglinide</i>	QL (90 EA per 30 days) MO
NESINA	QL (30 EA per 30 days) ST MO
ONGLYZA	QL (30 EA per 30 days) ST MO
OSENI	QL (30 EA per 30 days) ST MO
OZEMPIC INJECTION 2MG/1.5ML	QL (1.5 ML per 28 days) PA
OZEMPIC INJECTION 2MG/3ML, 4MG/3ML, 5.5MG/ML; 14MG/ML; 8MG/3ML	QL (3 ML per 28 days) PA MO
<i>pioglitazone hcl</i>	QL (30 EA per 30 days) MO
<i>pioglitazone hcl-glimepiride</i>	QL (30 EA per 30 days) MO
<i>pioglitazone hcl/metformin hcl</i>	QL (90 EA per 30 days) MO
<i>pioglitazone hydrochloride</i>	QL (30 EA per 30 days) MO
QTERN	QL (30 EA per 30 days) MO
<i>repaglinide tablet 0.5mg, 1mg</i>	QL (120 EA per 30 days) MO
<i>repaglinide tablet 2mg</i>	QL (240 EA per 30 days) MO

Drug name	Requirements/Limits
RIOMET	MO
RYBELSUS	QL (30 EA per 30 days) PA MO
SEGLUROMET TABLET 2.5MG; 500MG	QL (120 EA per 30 days) ST MO
SEGLUROMET TABLET 2.5MG; 1000MG, 7.5MG; 1000MG, 7.5MG; 500MG	QL (60 EA per 30 days) ST MO
STEGLATRO	QL (30 EA per 30 days) ST MO
STEGLUJAN	QL (30 EA per 30 days) MO
SYMLINPEN 120	QL (10.8 ML per 30 days) PA MO
SYMLINPEN 60	QL (6 ML per 30 days) PA MO
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 25MG; 1000MG	QL (30 EA per 30 days) MO
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 1000MG, 12.5MG; 1000MG, 5MG; 1000MG	QL (60 EA per 30 days) MO
SYNJARDY TABLET 5MG; 500MG	QL (120 EA per 30 days) MO
SYNJARDY TABLET 12.5MG; 1000MG, 12.5MG; 500MG, 5MG; 1000MG	QL (60 EA per 30 days) MO
TRADJENTA	QL (30 EA per 30 days) MO
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 5MG; 1000MG, 25MG; 5MG; 1000MG	QL (30 EA per 30 days) MO
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 12.5MG; 2.5MG; 1000MG, 5MG; 2.5MG; 1000MG	QL (60 EA per 30 days) MO
TRULICITY	QL (2 ML per 28 days) PA MO
TZIELD	PA LA
VICTOZA	QL (9 ML per 30 days) PA MO
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 1000MG, 10MG; 500MG	QL (30 EA per 30 days) MO
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 2.5MG; 1000MG, 5MG; 1000MG, 5MG; 500MG	QL (60 EA per 30 days) MO
GLUCOSE ELEVATING AGENTS	
BAQSIMI ONE PACK	MO
BAQSIMI TWO PACK	MO
<i>diazoxide</i>	MO
GLUCAGEN HYPOKIT	MO

Drug name	Requirements/Limits
GLUCAGON EMERGENCY KIT	MO
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR	
GVOKE HYPOPEN 1-PACK	MO
GVOKE HYPOPEN 2-PACK	MO
GVOKE KIT	MO
GVOKE PFS	MO
PROGLYCEM	MO
ZEGALOGUE	MO
MISCELLANEOUS	
KORLYM	PA LA
IMMUNOLOGIC AGENTS	
AUTOIMMUNE AGENTS	
DUPIXENT INJECTION 100MG/0.67ML	QL (1.34 ML per 28 days) PA
DUPIXENT INJECTION 200MG/1.14ML	QL (4.56 ML per 28 days) PA
DUPIXENT INJECTION 300MG/2ML	QL (8 ML per 28 days) PA
RESPIRATORY	
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS	
ANORO ELLIPTA	QL (60 EA per 30 days) MO
BEVESPI AEROSPHERE	QL (10.7 GM per 30 days) MO
BREZTRI AEROSPHERE	QL (10.7 GM per 30 days) MO
COMBIVENT RESPIMAT	QL (8 GM per 30 days) MO
DUAKLIR PRESSAIR	QL (1 EA per 30 days) ST MO
<i>ipratropium bromide/albuterol sulfate</i>	B/D MO
STIOLTO RESPIMAT	QL (4 GM per 30 days) MO
TRELEGY ELLIPTA	QL (60 EA per 30 days) MO
ANTICHOLINERGICS	
ATROVENT HFA	QL (25.8 GM per 30 days) MO
INCRUSE ELLIPTA	QL (30 EA per 30 days) MO
<i>ipratropium bromide</i>	B/D MO
SPIRIVA HANDIHALER	QL (30 EA per 30 days) MO
SPIRIVA RESPIMAT	QL (4 GM per 30 days) MO
YUPELRI	QL (90 ML per 30 days) PA MO
BETA AGONISTS	
<i>albuterol sulfate hfa (generic Proventil HFA)</i>	QL (13.4 GM per 30 days) MO
<i>aers 108mcg/act</i>	

Drug name	Requirements/Limits
<i>albuterol sulfate hfa (generic ProAir HFA) aers</i> <i>108mcg/act</i>	QL (17 GM per 30 days) MO
<i>albuterol sulfate hfa (generic Ventolin HFA) aers</i> <i>108mcg/act</i>	QL (36 GM per 30 days) MO
<i>albuterol sulfate nebulization solution</i>	B/D MO
<i>albuterol sulfate syrup, tablet</i>	MO
ARFORMOTEROL TARTRATE	QL (120 ML per 30 days) PA MO
BROVANA	QL (120 ML per 30 days) PA MO
<i>formoterol fumarate</i>	QL (120 ML per 30 days) PA MO
<i>levalbuterol</i>	B/D MO
<i>levalbuterol hcl</i>	B/D MO
<i>levalbuterol hydrochloride</i>	B/D MO
LEVALBUTEROL TARTRATE HFA	QL (30 GM per 30 days) MO
PERFORMIST	QL (120 ML per 30 days) PA MO
PROAIR DIGIHALER	QL (2 EA per 30 days) PA MO
PROAIR RESPICLICK	QL (2 EA per 30 days) MO
PROVENTIL HFA	QL (13.4 GM per 30 days) MO
SEREVENT DISKUS	QL (60 EA per 30 days) MO
STRIVERDI RESPIMAT	QL (4 GM per 30 days) MO
<i>terbutaline sulfate</i>	MO
VENTOLIN HFA	QL (36 GM per 30 days) MO
XOPENEX	MO
XOPENEX CONCENTRATE	MO
XOPENEX HFA	QL (30 GM per 30 days) MO
LEUKOTRIENE MODULATORS	
ACCOLATE	QL (60 EA per 30 days) MO
<i>montelukast sodium</i>	QL (30 EA per 30 days) MO
SINGULAIR	QL (30 EA per 30 days) ST MO
<i>zafirlukast</i>	QL (60 EA per 30 days) MO
<i>zileuton er</i>	QL (120 EA per 30 days) MO
ZYFLO	QL (120 EA per 30 days) MO
MISCELLANEOUS	
<i>aminophylline</i>	
CINQAIR	PA LA

Drug name	Requirements/Limits
<i>cromolyn sodium</i>	B/D MO
DALIRESP	MO
<i>elixophyllin</i>	
FASENRA	QL (1 ML per 28 days) PA LA
FASENRA PEN	QL (1 ML per 28 days) PA LA
NUCALA INJECTION 40MG/0.4ML	QL (0.4 ML per 28 days) PA LA
NUCALA INJECTION 100MG	QL (3 EA per 28 days) PA LA
NUCALA INJECTION 100MG/ML	QL (3 ML per 28 days) PA LA
<i>roflumilast</i>	MO
TEZSPIRE	QL (1.91 ML per 28 days) PA LA
THEO-24	MO
<i>theophylline</i>	MO
<i>theophylline er</i>	MO
XOLAIR	PA LA
STEROID INHALANTS	
ALVESCO	QL (12.2 GM per 30 days) ST MO
ARMONAIR DIGIHALER	QL (1 EA per 30 days) ST MO
ARNUITY ELLIPTA	QL (30 EA per 30 days) MO
ASMANEX HFA	QL (13 GM per 30 days) ST MO
ASMANEX TWISTHALER 120 METERED DOSES	QL (1 EA per 30 days) ST MO
ASMANEX TWISTHALER 14 METERED DOSES	QL (2 EA per 28 days) ST MO
ASMANEX TWISTHALER 30 METERED DOSES	QL (1 EA per 30 days) ST MO
ASMANEX TWISTHALER 60 METERED DOSES	QL (1 EA per 30 days) ST MO
<i>budesonide</i>	B/D MO
FLOVENT DISKUS AEROSOL POWDER BREATH ACTIVATED 100MCG/BLIST, 50MCG/BLIST	QL (120 EA per 30 days) MO
FLOVENT DISKUS AEROSOL POWDER BREATH ACTIVATED 250MCG/BLIST	QL (240 EA per 30 days) MO
FLOVENT HFA AEROSOL 44MCG/ACT	QL (21.2 GM per 30 days) MO
FLOVENT HFA AEROSOL 110MCG/ACT, 220MCG/ACT	QL (24 GM per 30 days) MO
FLUTICASONE PROPIONATE HFA AEROSOL 44MCG/ACT	QL (21.2 GM per 30 days) PA MO
FLUTICASONE PROPIONATE HFA AEROSOL 110MCG/ACT, 220MCG/ACT	QL (24 GM per 30 days) PA MO
PULMICORT FLEXHALER	QL (2 EA per 30 days) ST MO

Drug name	Requirements/Limits
PULMICORT SUSPENSION 0.25MG/2ML, 0.5MG/2ML	B/D MO
PULMICORT SUSPENSION 1MG/2ML	B/D MO
QVAR REDHALER	QL (21.2 GM per 30 days) ST MO
STEROID/BETA-AGONIST COMBINATIONS	
ADVAIR DISKUS	QL (60 EA per 30 days) ST MO
ADVAIR HFA	QL (12 GM per 30 days) MO
AIRDUO DIGIHALER 113/14	QL (1 EA per 30 days) ST MO
AIRDUO DIGIHALER 232/14	QL (1 EA per 30 days) ST MO
AIRDUO DIGIHALER 55/14	QL (1 EA per 30 days) ST MO
AIRDUO RESPICLICK 113/14	QL (1 EA per 30 days) ST MO
AIRDUO RESPICLICK 232/14	QL (1 EA per 30 days) ST MO
AIRDUO RESPICLICK 55/14	QL (1 EA per 30 days) ST MO
BREO ELLIPTA	QL (60 EA per 30 days) MO
BUDESONIDE/FORMOTEROL FUMARATE DIHYDRATE	QL (10.2 GM per 30 days) ST MO
DULERA	QL (13 GM per 30 days) MO
FLUTICASONE FUROATE/VILANTEROL ELLIPTA	QL (60 EA per 30 days) PA MO
FLUTICASONE PROPIONATE/SALMETEROL <i>fluticasone propionate/salmeterol diskus</i>	QL (1 EA per 30 days) ST MO QL (60 EA per 30 days) MO
SYMBICORT	QL (10.2 GM per 30 days) ST MO
<i>wixela inhub</i>	QL (60 EA per 30 days) MO

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LEVAMLODIPINE	8	MICARDIS HCT	5	FLEXPEN	
LEVEMIR	12	<i>miglitol</i>	16	NOVOLIN N	13
LEVEMIR FLEXPEN	12	MINIPRESS	4	FLEXPEN RELION	
LEVEMIR	12	<i>minoxidil</i>	10	NOVOLIN N RELION	13
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<i>lisinopril</i>	3	<i>montelukast sodium</i>	19	NOVOLIN R FLEXPEN	13
<i>lisinopril/</i>	3	MOUNJARO	16	NOVOLIN R FLEXPEN	13
<i>hydrochlorothiazide</i>		MYXREDLIN	13	RELION	
LOPRESSOR	7	<i>nadolol</i>	7	NOVOLIN R RELION	13
<i>losartan potassium</i>	5	<i>naloxone hcl</i>	10	NOVOLOG	13
<i>losartan potassium/</i>	5	<i>naloxone</i>	10	NOVOLOG FLEXPEN	13
<i>hydrochlorothiazide</i>		<i>hydrochloride</i>		NOVOLOG FLEXPEN	13
LOTENSIN	3	<i>naltrexone hcl</i>	10	RELION	
		NARCAN	10	NOVOLOG MIX	13
		<i>nateglinide</i>	16	70/30	

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NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION	13	PROAIR DIGIHALER	19	<i>sotalol hydrochloride (af)</i>	6
NOVOLOG MIX 70/30 RELION	13	PROAIR RESPICLICK	19	SOTYLIZE	6
NOVOLOG PENFILL	13	PROCARDIA XL	8	SPIRIVA	18
NOVOLOG RELION	13	PROGLYCEM	18	HANDIHALER	
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<i>olmesartan medoxomil</i>	5	<i>propranolol</i>	7	<i>spironolactone/ hydrochlorothiazide</i>	9
<i>olmesartan medoxomil/ amlodipine/ hydrochlorothiazide</i>	5	<i>hydrochloride er</i>	7	STEGLATRO	17
<i>olmesartan medoxomil/ hydrochlorothiazide</i>	5	PROVENTIL HFA	19	STEGLUJAN	17
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OMNIPOD DASH	13	QBRELIS	3	SUBLOCADE	10
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OSMITROL VIAFLEX	9	<i>quinapril</i>	3	SYMBICORT	21
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PERFOROMIST	19	<i>quinapril/ hydrochlorothiazide</i>	3	SYMLINPEN 120	17
<i>perindopril erbumine</i>	3	QVAR REDIHALER	21	SYNJARDY	17
<i>pindolol</i>	7	<i>ramipril</i>	3	SYNJARDY XR	17
<i>pioglitazone hcl</i>	16	<i>repaglinide</i>	16	<i>taztia xt</i>	8
<i>pioglitazone hcl- glimepiride</i>	16	RIOMET	17	TEKTURNA	10
<i>pioglitazone hcl/ metformin hcl</i>	16	<i>roflumilast</i>	20	TEKTURNA HCT	10
<i>pioglitazone hydrochloride</i>	16	RYBELSUS	17	<i>telmisartan</i>	5
		SEGLUROMET	17	<i>telmisartan/ amlodipine</i>	5
		SEMGLEE	13	<i>telmisartan/ hydrochlorothiazide</i>	5
		SEREVENT DISKUS	19	TENORETIC 50	6
		SINGULAIR	19	TENORETIC 100	6
		SOANZ	9	TENORMIN	7
		SODIUM DIURIL	9	<i>terazosin hcl</i>	4
		SODIUM EDECIN	9	<i>terazosin hydrochloride</i>	4
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<i>valsartan/</i>	5	ZYFLO	19
<i>hydrochlorothiazide</i>			
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<i>verapamil hcl er</i>	8		
<i>verapamil hcl sr</i>	8		

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call the number on your ID card.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al número que figura en su tarjeta de identificación.

注意：如果您使用中文，您可以免費獲得語言援助服務。請撥打您的會員身分卡上的電話號碼。

Members who get “Extra Help” are not required to fill prescriptions at preferred network pharmacies in order to get Low Income Subsidy (LIS) copays.

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. Participating physicians, hospitals and other 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. The typical number of business days after the mail order pharmacy receives an order to receive your shipment is up to 10 days. Enrollees have the option to sign up for automated mail order delivery. If your mail order drugs do not arrive within the estimated time frame, please contact us toll-free at **1-866-241-0357**, 24 hours a day, 7 days a week. TTY users call 711.

Multi-Language Insert

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-866-241-0357. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-866-241-0357. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-866-241-0357。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-866-241-0357。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-866-241-0357. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-866-241-0357. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-866-241-0357 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-866-241-0357. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-866-241-0357번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-866-241-0357. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-866-241-0357. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-866-241-0357 पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-866-241-0357. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-866-241-0357. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-866-241-0357. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-866-241-0357. Ta usługa jest bezpłatna.

Japanese: 当社の健康健康保険と薬品処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-866-241-0357にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

Hawaiian: He kōkua māhele ʻōlelo kā mākou i mea e pane ʻa ai kāu mau nīnau e pili ana i kā mākou papahana olakino a lāʻau lapaʻau paha. I mea e loaʻa ai ke kōkua māhele ʻōlelo, e kelepona mai iā mākou ma 1-866-241-0357. E hiki ana i kekahi mea ʻōlelo Pelekānia/ʻŌlelo ke kōkua iā be. He pōmaikaʻi manuahi kēia.

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