

Plan for your best health

2026 Aetna Pharmacy Drug Guide Advanced Control Plan - Aetna

Visit **www.aetna.com/formulary** for the most up-to-date information. For a summary of your coverage or benefits plan log in to your secure member site. Or call the toll-free number on your member ID card.

The formulary is updated the first week of each month. The formulary is subject to change. Previous versions are no longer in effect.

Health benefits and health insurance plans are offered, administered and/or underwritten by Aetna Health Inc., Aetna Health Insurance Company of New York, Aetna Health Assurance Pennsylvania Inc., Aetna Health Insurance company and/or Aetna Life Insurance Company (Aetna). In Florida, by Aetna Health Inc. and/or Aetna Life Insurance Company. In Utah and Wyoming by Aetna Health of Utah Inc. and Aetna Life Insurance Company. In Maryland, by Aetna Health Inc., 151 Farmington Avenue, Hartford, CT 06156. Each insurer has sole financial responsibility for its own products. Pharmacy benefits are administered by an affiliated pharmacy benefit manager, CVS Caremark. Aetna is part of the CVS Health family of companies.

2026 Pharmacy Drug Guide
Advanced Control Plan - Aetna

Table of Contents

INFORMATIONAL SECTION.....	4
ANALGESICS - DRUGS TO TREAT PAIN AND INFLAMMATION.....	21
ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS.....	33
ANTINEOPLASTIC AGENTS - DRUGS TO TREAT CANCER.....	46
CARDIOVASCULAR - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS.....	59
CENTRAL NERVOUS SYSTEM - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS.....	74
ENDOCRINE AND METABOLIC - DRUGS TO TREAT DIABETES AND REGULATE HORMONES.....	112
GASTROINTESTINAL - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS.....	158
GENITOURINARY - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS.....	167
HEMATOLOGIC - DRUGS TO TREAT BLOOD DISORDERS.....	171
IMMUNOLOGIC AGENTS - DRUGS TO TREAT DISORDERS OF THE IMMUNE SYSTEM.....	178
NUTRITIONAL/SUPPLEMENTS - VITAMINS AND SUPPLEMENTS.....	199
OPHTHALMIC - DRUGS TO TREAT EYE CONDITIONS.....	203
OTHER.....	209
RESPIRATORY - DRUGS TO TREAT BREATHING DISORDERS.....	209
TOPICAL - DRUGS TO TREAT EAR AND SKIN CONDITIONS.....	220

Definitions

Allowed amount is the maximum amount on which the health insurance issuer bases its payment for a covered health care service. This may be called “eligible expense”, “payment allowance”, or “negotiated rate”. If your health care provider charges more than the allowed amount and is not part of the provider network, you may have to pay the difference.

Brand name drug means a drug that is marketed under a proprietary, trademark-protected name. A brand name drug is listed in this formulary in all CAPITAL letters.

Coinsurance means a percentage of the cost of a covered health care service, which you are responsible to pay. The cost of the covered health care service is generally deemed to be the allowed amount, which may differ from the retail price that you would pay for the same service without using insurance. Typically, a coinsurance does not apply until after you have met the deductible, unless the health insurance issuer has waived or lowered the deductible for the health care service in question.

Copayment means a fixed dollar amount that you pay for a covered health care benefit after you have paid the deductible, if a deductible applies to the health care benefit, unless the health insurance issuer has waived or lowered the deductible for the health care service in question.

Covered individual is an individual enrolled in, subscribed to, or insured under a health product, whether directly or as a dependent or beneficiary.

Deductible means the amount you pay for covered health care benefits before your health insurer begins to pay for all or part of the cost of the health care benefits under the terms of coverage. If your health product has a deductible, it may have either one deductible or separate deductibles for medical benefits and drug benefits. For some health care services, such as preventive services, your health insurance company might waive or lower the deductible to pay for costs of the health care service from the first dollar of coverage, but this tends not to happen for most other covered services.

Drug Tier means a group of prescription drugs that correspond to a specified cost sharing tier in your health insurance policy. The drug tier in which a prescription drug is placed determines your portion of the cost for the drug.

Enrollee is a person enrolled in a health plan who is entitled to receive services from the plan.

Exception request means a request for coverage of i) a nonformulary drug, ii) a drug being removed from the formulary, iii) a quantity of a drug above a quantity limit, or iv) a drug that is subject to a step therapy requirement. If you, your designee, or your attending or prescribing provider submits an exception request for coverage of a drug, the health insurance issuer must cover the drug when the drug is determined to be medically necessary to treat your condition.

Exigent circumstances means when you are suffering from a medical condition that may seriously jeopardize your life, health, or ability to regain maximum function, or when you are undergoing a current course of treatment using a non-formulary drug.

Formulary or **prescription drug list** means the complete list of drugs preferred for use and eligible for coverage under a health product, and includes all drugs covered under the outpatient or pharmacy drug benefit of the health product. Formulary is also known as a drug list or prescription drug list.

Generic drug means a drug that is the same as its brand name drug equivalent in dosage, strength, effect, how it is taken, quality, safety, and intended use. A generic drug is listed in this formulary in italicized lowercase letters.

Medically Necessary means health care benefits needed to diagnose, treat, or prevent a medical condition or its symptoms and that meet accepted standards of medicine. Health insurance usually does not cover health care benefits that are not medically necessary.

Non-formulary drug means a prescription drug that is not listed on this formulary, but may become eligible for coverage under an “exception request.”

Oral Anti-Cancer drugs are prescribed, orally administered medications used to kill or slow the growth of cancerous cells. They are no more restrictive than those applied to intravenously injected or administered cancer medications covered by the health product. There are no separate cost-sharing requirements or treatment limitations for prescribed, orally-administered cancer medications.

Out-of-pocket costs means your expenses for health care benefits that aren't reimbursed by your health insurance. Out-of-pocket costs include deductibles, copayments, and coinsurance for covered health care benefits, plus all costs for health care benefits that are not covered.

Prescribing provider means a health care provider authorized to write a prescription to treat your health condition.

Prescription means an oral, written, or electronic order from a prescribing provider for you that contains the name of the drug, the quantity of the drug, the date of issue, the name and contact information of the prescribing provider, the signature of the prescribing provider if the prescription is in writing, and if requested by you, the health condition or purpose for which the drug is being prescribed.

Prescription drug means a drug that is prescribed by your prescribing provider and requires a prescription under applicable law.

Prior Authorization means a health product's requirement that you or your prescribing provider obtain the health insurance issuer's authorization for a drug before the health product will cover the drug. The health insurance issuer must grant a prior authorization when it is medically necessary for you to obtain the drug.

Step therapy means a specific sequence in which prescription drugs for a particular medical condition must be tried. If a drug is subject to step therapy in this formulary, you may have to try one or more other drugs before your health insurance policy will cover that drug for your medical condition. If your prescribing provider submits a request for an exception to the step therapy requirement, your health insurer must grant the request when it is medically necessary for you to take the drug.

Subscriber means the person who is responsible for payment to a plan or whose employment or other status, except for family dependency, is the basis for eligibility for membership in the plan.

How to use this guide

Your guide includes a list of commonly used drugs covered on your pharmacy plan. The amount you pay depends on the drug your doctor prescribes. It's either a flat fee or a percentage of the prescription's price after you meet your deductible, if applicable. Preferred generic drugs cost less. Preferred brand drugs will have a higher cost.

Your plan includes

- Brand and generic drugs that are hand-picked for their quality and effectiveness
- A specialty pharmacy that fills specialty prescriptions and provides services that include personal support, helpful resources and training, and free secure home delivery
- A home delivery pharmacy that delivers maintenance drugs to your home or wherever you choose (for drugs that are taken regularly to treat conditions like diabetes or asthma)

What you can expect to pay

With your pharmacy plan, the amount you pay depends on the drug your doctor prescribes. It's either a flat fee or a percentage of the drug's/medicine's price.

Each drug is grouped as a generic, a brand or a specialty drug. The preferred drugs within these groups will generally save you money compared to a non-preferred drug. Typically, generic drugs are less expensive than brands.

Specialty prescription drugs typically include higher-cost drugs that may require special handling, storage, or administration. Specialty prescription drugs may also require monitoring from healthcare providers.

You're covered for all types of medicine — some more expensive, and some less.

- **Preferred generic:** the lowest cost
- **Preferred brand:** a slightly higher cost
- **Non-preferred brand and generic:** a higher cost
- **Preferred Specialty:** lower cost for specialty drugs
- **Non-preferred Specialty:** higher cost for non-preferred specialty drugs

Your pharmacy plan may not have all the coverage levels listed above so check your plan documents to see how much you will pay. Drug coverage may vary by plan. Check your plan documents for coverage information.

For your exact coverage and cost, and to learn more about your plan

Visit the website that's on your member ID card. Then log in to your account, where you can:

- Find out the coverage* and estimate of cost for specific drugs
- View your deductibles and plan limits
- Order medications
- Check your pharmacy order status
- Get a member ID card
- View your claims, Explanation of Benefits and more.

* Check your plan documents for coverage information. Your plan may not cover certain drugs to treat conditions such as infertility, erectile dysfunction and weight loss.

Have more questions about your pharmacy benefits?

We're here to help. There are several ways you can learn more about your benefits:

- Check your Plan Design and Benefits Summary in your enrollment kit.
- Call the toll-free number on your member ID card.
- Review our pharmacy frequently asked questions (FAQs) and answers. Just visit the website that's on your member ID card to search for the "Pharmacy FAQ."
- Visit your secure member website and sign in to your account to view your plan information.

Specialty Pharmacy Network

An in-network specialty pharmacy can fill your prescriptions for specialty drugs. These are the types of drugs that may be injected, infused or taken by mouth. They often need special storage and handling. And they need to be delivered quickly. A nurse or pharmacist may monitor you during your treatment, if needed. With this type of pharmacy, you can get this medicine sent right to your home.

How to get started with a specialty pharmacy

Ordering your prescriptions through our specialty pharmacy is easy. And we typically offer a 30-day medicine supply.

- **To transfer your prescription**, just call us toll-free at [1-866-353-1892](tel:1-866-353-1892) (TTY: [711](tel:1-866-353-1892)).
- **For a new prescription**, your doctor can send it to us in one of four ways:

1. **Electronically:** Through e-prescribe

2. **Fax:** [1-800-323-2445](tel:1-800-323-2445)

3. **Phone:** [1-800-237-2767](tel:1-800-237-2767) (TTY: [711](tel:1-800-237-2767))

If you mail in your own prescription, please send it with a completed Patient Profile Form. To find this form, just visit the website that's on your member ID card, to search for the "Patient Profile Form."

CVS Caremark Mail Service Pharmacy™

You can have maintenance drugs sent right to your home or anywhere else you choose by CVS Caremark Mail Service Pharmacy. These are drugs that are taken regularly for chronic conditions like diabetes or asthma. Depending on your plan, you can get up to a 90-day supply of medicine for less cost. It's fast and convenient, and standard shipping is always free.

Get started right away

You can submit your order using one of these options:

1. **Online** — Visit your secure member website and sign in to your account. There you can add or remove your prescriptions.
2. **Phone** — Call us toll-free, 24/7 at [1-888-792-3862](tel:1-888-792-3862) (TTY: [711](tel:1-888-792-3862)). If you need the help of a telephone device for the hard of hearing, call [1-877-833-2779](tel:1-877-833-2779) (TTY: [711](tel:1-877-833-2779)).
3. **Mail** — Get a new prescription from your doctor. Then mail it to us with a completed order form. You can find the form on your secure member website. The mailing address is on the form.

Your doctor can submit your order using one of these options:

1. **Online** — They can submit your prescriptions using the e-prescribe services on our provider website.
2. **Fax** — They can fax your prescription to [1-877-270-3317](tel:1-877-270-3317). Make sure they include your member ID number, date of birth and mailing address on the fax cover sheet. Only a doctor may fax a prescription.

Frequently asked questions

How can I save on prescriptions?

Here are some tips to pay less out of pocket for your prescription drugs:

- Ask your doctor to consider prescribing drugs that are on the Pharmacy Drug Guide (formulary).
- Ask your doctor to consider prescribing generic drugs instead of brand-name drugs.
- Our home delivery pharmacy may save you money. For more information, visit the website on your member ID card and log in to your account.

What are generic drugs?

Generic drugs are proven to be just as safe and effective as brand-name drugs. They contain the same active ingredients in the same amounts as the brand-name drugs and work the same way. So they have the same risks and benefits as brand-name drugs. However, they typically cost less.

When appropriate, your doctor may decide to prescribe a generic drug or allow the pharmacist to substitute a generic drug.

What is precertification/prior authorization (PA)?*

Prior authorization is one way that we can help you and your doctor find safe, appropriate drugs and keep costs down. Prior authorization means that you or your doctor need to get approval from the plan before certain drugs will be covered. Generally, Prior authorization applies to drugs that:

- Are often taken in the wrong way
- Should only be used for certain conditions
- Often cost more than other drugs that are proven to be just as effective

Keep in mind that your doctor must contact us to request approval of coverage for these drugs.

The length of approval for a prior authorization may be different depending on the type of drug, the way your provider prescribed your drug, or the time of year you get your coverage.

- Most prior authorization approvals will be valid for 6 months, the length of treatment as determined by your prescribing provider, or the renewal of your plan, whichever of these is the shortest amount of time
- For maintenance medications to treat a chronic condition or long-term condition, your prior authorization will be valid for either 12 months or the length of time determined by your prescribing provider
- Different prior authorization requirements might apply to benzodiazepines and Schedule II narcotic drugs. Please refer to the formulary or contact us with questions about these drugs.

What is step therapy (ST)?*

Some drugs require step therapy. This means that you must try one or more prerequisite drug(s) before a step therapy drug is covered.

The prerequisite drugs have U.S. Food and Drug Administration (FDA) approval and may cost less. They treat the same condition as the step therapy drug.

If you don't try the appropriate prerequisite drug first, you may need to pay full cost for the step-therapy drug.

What are quantity limits (QL)?

Quantity limits help your doctor and pharmacist make sure that you use your drug correctly and safely. We use medical guidelines and FDA-approved recommendations from drug makers to set these coverage limits. The quantity limit program includes:

- **Dose efficiency edits** — Limits prescription coverage to one dose per day for drugs that have approval for once-daily dosing
- **Maximum daily dose** — If a prescription is lower than the minimum or higher than the maximum allowed dose, a message is sent to the pharmacy
- **Quantity limits over time** — Limits prescription coverage to a specific number of units over a specific amount of time

* Listed prior authorization (PA) and step therapy (ST) programs may not apply to some plans. To check coverage and copay information for a specific medicine, log into your member website. For questions, please call the toll-free number on the back of your member ID card.

What if I need a drug that requires an exception to the precertification, step therapy or quantity limits requirements? Or what if I need a drug that's not covered under my plan?

In certain cases, you or your prescriber can request a medical exception to the precertification, step therapy or quantity limits requirements or for a drug that's not covered on your plan. You can ask for your request to be expedited. Expedited coverage decisions are made within 24 hours.

We'll then contact you or your prescriber with our decision. All medically necessary outpatient prescription drugs will be covered. If a medical exception is approved, you only need to pay the copay after the deductible. This amount is based on your pharmacy plan design.

How can your provider request a medical exception?

- Submit their request through www.covermymeds.health.
- Call the Aetna Pharmacy Precertification Unit: NonSpecialty **1-800-294-5979 (TTY: 711)** or Specialty **1-866-814-5506 (TTY: 711)**.
- Fax the completed request form to: Non-Specialty **1-888-836-0730** or Specialty **1-866-249-6155**.
- Mail the completed request form to: Medical Exception to Pharmacy Prior Authorization Unit 1300 East Campbell Road Richardson, TX 75081

Pharmacy and Therapeutics (P&T) committee

The services of an independent National Pharmacy and Therapeutics Committee ("P&T Committee") are utilized to approve safe and clinically effective drug therapies. The P&T Committee is an external advisory body of clinical professionals from across the United States. The P&T Committee's voting members include physicians, pharmacists, a pharmacoeconomist and a medical ethicist, all of whom have a broad background of clinical and academic expertise regarding prescription drugs. Voting members of the P&T Committee are not employees of CVS Caremark and must disclose any financial relationship or conflicts of interest with any pharmaceutical manufacturers.

Can the formulary change during the year?

The formulary can change throughout the year. Some reasons why it can change include:

- New drugs are approved.
- Existing drugs are removed from the market.
- Prescription drugs may become available over the counter (without a prescription). Over-the-counter drugs are not generally covered in a formulary.
- Brand-name drugs lose patent protection and generic versions become available. When this happens, the generic drug will be covered in place of the brandname drug. The brand-name drug is likely to become non-formulary or covered at a higher cost. See the "What are generic drugs?" section above for more information.
- Change in drug or dosage form.
- Changes in tier placement of a drug that results in an increase in cost sharing.
- Any changes of utilization review restrictions, including any additions of these restrictions.

Does Aetna provide notice of these changes?

Yes, Aetna provides member and provider notifications 60 days in advance.

What is a medical benefit drug versus a drug covered under the Outpatient Prescription Drug Benefit?

A medical benefit drug is a drug that is generally not self-administered and requires administration by health care provider. The Outpatient Prescription Drug Benefit includes FDA-approved drugs that are self-administered, commonly oral or self-injectable drugs, not otherwise excluded from coverage.

Refer to your Summary of Benefits for differences and information about the prescription drugs covered under your Outpatient prescription drugs and medical benefit in your plan.

For a more detailed summary of your coverage or benefits plan you can log in to your secure member site on www.aetna.com or call the toll-free number on your member ID card.

Discrimination is Against the Law

Aetna complies with applicable California and Federal civil rights laws and does not discriminate on the basis of race, color, national origin, ethnic group, ancestry, religion, marital status, gender, gender identity, sexual orientation, age, disability, medical condition, genetic information, or sex (consistent with 45 CFR § 92.101(a)(2) and California 2 CCR § 14025). Aetna does not exclude people or treat them less favorably because of race, color, national origin, ethnic group, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, medical condition, genetic information, or disability.

Aetna:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free language assistance services to people whose primary language is not English, which may include:
 - Qualified sign language interpreters
 - Information written in other languages.

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, call [1-800-872-3862](tel:1-800-872-3862) (TTY: [711](tel:711)) or the number on the back of your ID card.

If you believe that Aetna has failed to provide these services or discriminated in another way on the basis of race, color, national origin, ethnic group, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, medical condition, genetic information, or disability, by action or inaction, you can file a grievance with:

Civil Rights Coordinator

Attn: 1557 Coordinator

CVS Pharmacy, Inc.

1 CVS Drive, MC 2332, (HMO customers: P.O. Box 14032 Lexington, KY 40512-4032)

Woonsocket, RI 02895

Phone: [1-800-648-7817](tel:1-800-648-7817), TTY: [711](tel:711)

Email: CRCoordinator@aetna.com

You can file a grievance in person, by mail, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

Please visit <https://www.aetna.com/individuals-families/member-rights-resources/complaints-grievances-appeals.html#california> for information about how to file a complaint or grievance with the California Department of Insurance or California Department of Managed Health Care (for HMO enrollees).

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
[1-800-368-1019](tel:1-800-368-1019), [800-537-7697](tel:800-537-7697) (TDD)

Complaint forms are available at <https://www.hhs.gov/ocr/complaints/index.html>.

This notice is available at Aetna's website: <https://www.aetna.com/>.

"Aetna" is the brand name used for products and services provided by one or more of the Aetna group of companies offering and administering health and dental plans and other products such as life, disability, and long-term care insurance. In California, this includes Aetna's wholly-owned subsidiaries Aetna Life Insurance Company, Aetna Health of California Inc., Aetna Better Health of California Inc., Aetna Dental of California Inc., and Health and Human Resource Center Inc., and its other affiliates licensed in California. Aetna's ultimate parent is CVS Health Corporation ("CVS Health").

Language accessibility statement

Interpreter services are available for free.

TTY: [711](tel:711)

To access language services at no cost to you, call **1-800-385-4104**.

Para acceder a los servicios de idiomas sin costo, llame al **1-800-385-4104**. (Spanish)

如欲使用免費語言服務，請致電 **1-800-385-4104**. (Chinese)

Nếu quý vị muốn sử dụng miễn phí các dịch vụ ngôn ngữ, hãy gọi tới số **1-800-385-4104**. (Vietnamese)

Para ma-access ang mga serbisyo sa wika nang wala kayong babayaran, tumawag sa **1-800-385-4104**. (Tagalog)

무료 언어 서비스를 이용하려면 1-800-385-4104 번으로 전화해 주십시오. (Korean)

Անվճար լեզվական ծառայություններից օգտվելու համար զանգահարեք **1-800-385-4104** հեռախոսահամարով: (Armenian)

(Persian-Farsi) برای دسترسی به خدمات زبان به طور رایگان، با شماره **1-800-385-4104** تماس بگیرید.

Для того чтобы бесплатно получить помощь переводчика, позвоните по телефону **1-800-385-4104**. (Russian)

言語サービスを無料でご利用いただくには、**1-800-385-4104** までお電話ください。(Japanese)

للحصول على الخدمات اللغوية دون أي تكلفة، الرجاء الاتصال على الرقم **1-800-385-4104**. (Arabic)

ਤੁਹਾਡੇ ਲਈ ਬਿਨਾਂ ਕਿਸੇ ਕੀਮਤ ਵਾਲੀਆਂ ਭਾਸ਼ਾ ਸੇਵਾਵਾਂ ਦੀ ਵਰਤੋਂ ਕਰਨ ਲਈ, **1-800-385-4104** 'ਤੇ ਫ਼ੋਨ ਕਰੋ। (Punjabi)

ដើម្បីទទួលបានសេវាផ្នែកភាសាដោយមិនគិតថ្លៃពីអ្នកសូមទូរសព្ទលេខ **1-800-385-4104** ។ (Mon-Khmer, Cambodian)

Xav tau kev pab txhais lus tsis muaj nqi them rau koj, hu **1-800-385-4104**. (Hmong)

आपके लिए बिना किसी कीमत के भाषा सेवाओं का उपयोग करने के लिए, **1-800-385-4104** पर कॉल करें। (Hindi)

หากท่านต้องการเข้าถึงการบริการทางด้านภาษาโดยไม่มีค่าใช้จ่าย โปรดโทร **1-800-385-4104**. (Thai)

Notice of Language Assistance

HMO and DMO-based plans:

IMPORTANT: Can you read this letter? If not, we can have somebody help you read it. You may also be able to get this letter written in your language. For free help, please call right away at [1-877-287-0117](tel:1-877-287-0117). Planes basados en DMO y HMO –

IMPORTANTE: ¿Puede leer esta carta? En caso de no poder leerla, le brindamos nuestra ayuda. También puede obtener esta carta escrita en su idioma. Para obtener ayuda gratuita, por favor llame de inmediato al [1-877-287-0117](tel:1-877-287-0117).

Traditional Plans:

No Cost Language Services. You can get an interpreter. You can get documents read to you and some sent to you in your language. For help, call us at the number listed on your ID card or [1-877-287-0117](tel:1-877-287-0117). For more help call the CA Dept. of Insurance at [1-800-927-4357](tel:1-800-927-4357)
English

Servicios de idiomas sin costo. Puede obtener un intérprete. Le pueden leer documentos y que le envíen algunos en español. Para obtener ayuda, llámenos al número que figura en su tarjeta de identificación o al [1-877-287-0117](tel:1-877-287-0117). Para obtener más ayuda, llame al Departamento de Seguros de CA al [1-800-927-4357](tel:1-800-927-4357). Spanish

Non-discrimination notice

Aetna® complies with applicable Federal and Washington state civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation or gender identity. We do not exclude people or treat them less favorably because of race, color, national origin, age, disability, sex, sexual orientation or gender identity. We:

- Provide people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provide free language assistance services to people whose primary language is not English, which may include:
 - Qualified interpreters
 - Information written in other languages

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, call us at [1-888-982-3862](tel:1-888-982-3862) (TTY: [711](tel:711)).

If you believe that we have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, sexual orientation or gender identity you can file a grievance with:

Civil Rights Coordinator

[P.O. Box 14462, Lexington, KY 40512

(CA HMO customers: PO Box 24030 Fresno, CA 93779)]

[[1-800-648-7817](tel:1-800-648-7817), TTY: [711](tel:711)]

Fax: [859-425-3379 (CA HMO customers: 860-262-7705)]

Email: [CRCoordinator@aetna.com]

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, our Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with:

- The U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at [<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>], or by mail or phone at:
U.S. Department of Health and Human Services
[200 Independence Avenue, SW Room 509F, HHH Building
Washington, D.C. 20201]
[1-800-368-1019, 800-537-7697 (TDD)]
Complaint forms are available at [<http://www.hhs.gov/ocr/office/file/index.html>]
- The Washington State Office of the Insurance Commissioner, electronically through the Office of the Insurance Commissioner Complaint portal available at [<https://www.insurance.wa.gov/file-complaint-or-check-your-complaint-status>], or by phone at 800-562-6900, 360-586-0241 (TDD). Complaint forms are available at [<https://fortress.wa.gov/oic/online services/cc/pub/complaintinformation.aspx>]

Aetna is the brand name used for products and services provided by one or more of the Aetna group of companies, including Aetna Life Insurance Company and its affiliates (Aetna).

TTY:711

To access language services at no cost to you, call 1-888-982-3862 .
Para acceder a los servicios de idiomas sin costo, llame al 1-888-982-3862 . (Spanish)
如欲使用免費語言服務，請致電 1-888-982-3862 . (Chinese)
Afin d'accéder aux services langagiers sans frais, composez le 1-888-982-3862 . (French)
Para ma-access ang mga serbisyo sa wika nang wala kayong babayaran, tumawag sa 1-888-982-3862 . (Tagalog)
T'áá ni nizaad k'ehjí bee níká a'doowoł doo bááh ílínígóó koji' hólne' 1-888-982-3862 . (Navajo)
Um auf für Sie kostenlose Sprachdienstleistungen zuzugreifen, rufen Sie 1-888-982-3862 an. (German)
Për shërbime përkthimi falas për ju, telefononi 1-888-982-3862 . (Albanian)
የቋንቋ አገልግሎቶችን ያለክፍያ ለማግኘት፣ በ 1-888-982-3862 ይደውሉ። (Amharic)

(Arabic). 1-888-982-3862 للحصول على الخدمات اللغوية دون أي تكلفة، الرجاء الاتصال على الرقم
Անվճար լեզվական ծառայություններից օգտվելու համար զանգահարեք 1-888-982-3862 հեռախոսահամարով: (Armenian)
Kugira uronke serivisi z'indimi atakiguzi, hamagara 1-888-982-3862 . (Bantu)
আপনাকে বিনামূল্যে ভাষা পরিষেবা পেতে হলে এই নম্বরে টেলিফোন করুন: 1-888-982-3862 । (Bengali)
Ngadto maakes ang mga serbisyo sa pinulongan alang libre, tawagan sa 1-888-982-3862 . (Bisayan-Visayan)
သင့်အတွက် အခကြေးငွေ မရှိဘဲ ဘာသာစကားဝန်ဆောင်မှုများကို ဝင်ရောက်အသုံးပြုရန် 1-888-982-3862 ကိုခေါ်ဆိုပါ။ (Burmese)
ngere aukke ghut alillis reel kapasal Falawasch au fafaingi tilifon ye 1-888-982-3862 (Carolinian (Kapasal Falawasch))
Per accedir a serveis lingüístics sense cap cost per vostè, telefoni al 1-888-982-3862 . (Catalan)
Para un hago' i setbision lengguahi ni dibatde para hagu, agang 1-888-982-3862 . (Chamorro)
ᐱᐱᐱᐱ ᐱᐱᐱᐱ ᐱᐱᐱᐱ ᐱᐱᐱᐱ ᐱᐱᐱᐱ ᐱᐱᐱᐱ ᐱᐱᐱᐱ ᐱᐱᐱᐱ 1-888-982-3862 . (Cherokee)
Anumpa tohsholi I toksvli ya peh pilla ho ish I paya hinla, I paya 1-888-982-3862 . (Choctaw)
Tajaajiiloota afaanii garuu bilisaa ati argaachuuf,bilbili 1-888-982-3862 . (Cushite-Oromo)
Voor gratis toegang tot taaldiensten, bell 1-888-982-3862 . (Dutch)
Pou jwenn sèvis lang gratis, rele 1-888-982-3862 . (French Creole-Haitian)
Για να επικοινωνήσετε χωρίς χρέωση με το κέντρο υποστήριξης πελατών στη γλώσσα σας, τηλεφωνήστε στον αριθμό 1-888-982-3862 . (Greek)
તમારે કોઇ જાતના ખર્ચ વિના ભાષાની સેવાઓની પહોંચ માટે, કોલ કરો 1-888-982-3862 . (Gujarati)
No ka wala'au 'ana me ka lawelawe 'ōlelo e kahea aku i kēia helu kelepona 1-888-982-3862 . Kāki 'ole 'ia kēia kōkua nei. (Hawaiian)
आपके लिए बिना किसी कीमत के भाषा सेवाओं का उपयोग करने के लिए, 1-888-982-3862 पर कॉल करें। (Hindi)
Xav tau kev pab txhais lus tsis muaj nqi them rau koj, hu 1-888-982-3862 . (Hmong)
Iji nwetaòhèrè na rụ gasị asụsụ n'efu, kpọọ 1-888-982-3862 . (Ibo)
Tapno maakesyo dagiti serbisio maipapan iti pagsasao nga awan ti bayadanyo, tawagan ti 1-888-982-3862 . (Ilocano)

Untuk mengakses layanan bahasa tanpa dikenakan biaya, hubungi 1-888-982-3862 . (Indonesian)
Per accedere ai servizi linguistici, senza alcun costo per lei, chiami il numero 1-888-982-3862 . (Italian)
言語サービスを無料でご利用いただくには、1-888-982-3862 までお電話ください。 (Japanese)
လကမၤန့ၢ် ကျိၣ်တၢ်မၤစၢၤတၢ်မၤ လၢတလိၣ်လၢၣ်ဘျၣ်လၢၣ်စ့ၤ လၢန့ၢ်အဂီၢ်, ကိး 1-888-982-3862 . (Karen)
무료 언어 서비스를 이용하려면 1-888-982-3862 번으로 전화해 주십시오. (Korean)
M̈ dyi wuḍu-dù kà kò dòn b̈ě dyi m̈uún nì Pídyi ní, n̈í, ḍá nòbà n̈ià kɛ: 1-888-982-3862 . (Kru-Bassa)
بۆ دەسپێراگە یشتن بە خزمەتگوزاری زمان بەبێ تێچوون بۆ تۆ، پەيوەندی بکە بە ژمارەى 1-888-982-3862 (Kurdish)
ເພື່ອເຂົ້າໃຊ້ການບໍລິການພາສາໂດຍບໍ່ເສຍຄ່າຕໍ່ກັບທ່ານ, ໃຫ້ໂທຫາເບີ 1-888-982-3862 . (Laotian)
कोणत्याही शुल्काशिवाय भाषा सेवा प्राप्त करण्यासाठी, 1-888-982-3862 वर फोन करा. (Marathi)
Nan etal nan jikin jiban ikijen Kajin ilo an ejelok onen nan kwe, kirlök 1-888-982-3862 . (Marshallese)
Pwehn alehdi sawas en lokaia kan ni sohte pweipwei, koahlih 1-888-982-3862 . (Micronesian-Pohnpeian)
ដើម្បីទទួលបានសេវាផ្នែកភាសាដោយមិនគិតថ្លៃពីអ្នកសូមទូរសព្ទទូរស័ព្ទលេខ 1-888-982-3862 ។ (Mon-Khmer, Cambodian)
निःशुल्क भाषा सेवा प्राप्त गर्न 1-888-982-3862 मा टेलिफोन गर्नुहोस् । (Nepali)
Të kɔɔr yin wëër de thokic ke cîn wëu kɔr keek tënɔŋ yin. Ke cɔl kɔc ye kɔc kuɔny ne nɔmba 1-888-982-3862 . (Nilotic-Dinka)
For tilgang til kostnadsfri språktjenester, ring 1-888-982-3862 . (Norwegian)
Um Schprooch Services zu griege mitaus Koscht, ruff 1-888-982-3862 . (Pennsylvania Dutch)
برای دسترسی به خدمات زبان به طور رایگان، با شماره 1-888-982-3862 تماس بگیرید. (Persian-Farsi)
Aby uzyskać dostęp do bezpłatnych usług językowych proszę zadzwonić 1-888-982-3862 . (Polish)

Para acessar os serviços de idiomas sem custo para você, ligue para 1-888-982-3862 . (Portuguese)
ਤੁਹਾਡੇ ਲਈ ਬਿਨਾਂ ਕਿਸੇ ਕੀਮਤ ਵਾਲੀਆਂ ਭਾਸ਼ਾ ਸੇਵਾਵਾਂ ਦੀ ਵਰਤੋਂ ਕਰਨ ਲਈ, 1-888-982-3862 'ਤੇ ਫ਼ੋਨ ਕਰੋ। (Punjabi)
Pentru a accesa gratuit serviciile de limbă, apălați 1-888-982-3862 . (Romanian)
Для того чтобы бесплатно получить помощь переводчика, позвоните по телефону 1-888-982-3862 . (Russian)
Mo le mauaina o auaunaga tau gagana e aunoa ma se totogi, vala'au le 1-888-982-3862 . (Samoan)
Za besplatne prevodilačke usluge pozovite 1-888-982-3862 . (Serbo-Croatian)
Heeba a nasta jangirde djey wolde wola chede bo apelou lamba 1-888-982-3862 . (Sudanic-Fulfulde)
Kupata huduma za lugha bila malipo kwako, piga 1-888-982-3862 . (Swahili)
1-888-982-3862 :ܠܚܝܬܐ ܕܠܥܝܠܐ ܕܠܥܝܠܐ ܕܠܥܝܠܐ ܕܠܥܝܠܐ ܕܠܥܝܠܐ (Syriac Assyrian)
మీరు భాష సేవలను ఉచితంగా అందుకునేందుకు, 1-888-982-3862 కాల్ చేయండి. (Telugu)
หากท่านต้องการเข้าถึงการบริการทางด้านภาษาโดยไม่มีค่าใช้จ่าย โปรดโทร 1-888-982-3862 . (Thai)
Kapau 'oku ke fiema'u ta'etōtōngi 'a e ngaahi sēvesi kotoa pē he ngaahi lea kotoa, telefoni ki he 1-888-982-3862 . (Tongan)
Ren omw kopwe angei aninisin eman chon awewei (ese kamo), kopwe kori 1-888-982-3862 . (Trukese)
Sizin için ücretsiz dil hizmetlerine erişebilmek için, 1-888-982-3862 numarayı arayın. (Turkish)
Щоб отримати безкоштовний доступ до мовних послуг, задзвоніть за номером 1-888-982-3862 . (Ukrainian)
بلاقیمت زبان سے متعلقہ خدمات حاصل کرنے کے لیے، 1-888-982-3862 پر بات کریں۔ (Urdu)
Nếu quý vị muốn sử dụng miễn phí các dịch vụ ngôn ngữ, hãy gọi tới số 1-888-982-3862 . (Vietnamese)
צו צוטרײַט שפּראַך באַדײַנונגען אין קײן פּרײַז צו אײַר, רופן 1-888-982-3862 . (Yiddish)
Lati wọnú awọn isẹ èdè l'ọfẹ fun ọ, pe 1-888-982-3862 . (Yoruba)

Remember to visit the website on your member ID card. Then sign in to your account for the most up-to-date information.

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

Medications on the Aetna Drug Guide, precertification, step-therapy and quantity limits lists are subject to change.

Coverage Requirements such as Prior Authorization or Step Therapy may vary by state.

Health benefits and health insurance plans are offered, administered and/or underwritten by Aetna Health Inc., Aetna Health Insurance Company of New York, Aetna Health Assurance Pennsylvania Inc., Aetna Health Insurance company and/or Aetna Life Insurance Company (Aetna). In Florida, by Aetna Health Inc. and/or Aetna Life Insurance Company. In Utah and Wyoming by Aetna Health of Utah Inc. and Aetna Life Insurance Company. In Maryland, by Aetna Health Inc., 151 Farmington Avenue, Hartford, CT 06156. Each insurer has sole financial responsibility for its own products. Pharmacy benefits are administered by an affiliated pharmacy benefit manager, CVS Caremark. Aetna® is part of the CVS Health® family of companies.

Your plan may not cover certain drugs to treat conditions such as infertility, erectile dysfunction and weight loss. Not all health services are covered. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. To check coverage and copay information for a specific medicine, log into your member website. For questions, please call the toll-free number on your member ID card.

The drugs on the Pharmacy Drug Guide (formulary), Formulary Exclusions, Precertification, and Quantity Limit Lists are subject to change. The quantity limits and step therapy drug coverage review programs are not available in all service areas. However, these programs are available to self-funded plans.

In accordance with state law or insurer policies, changes to drug coverage are not effective for commercial fully insured plans (including HMOs) in Arizona, Iowa, Louisiana, New York, Texas, and in most circumstances Connecticut and Vermont, and in some circumstances Washington and Tennessee, until the plans' renewal date.

In accordance with state law, certain fully insured commercial California members (except Federal Employee Health Benefit Plan members) who obtained approval from an Aetna plan for coverage of drugs that are later added to the Preauthorization or Step Therapy Lists or removed from the Pharmacy Drug Guide will continue to have those drugs covered, for as long as the treating in-network provider continues prescribing them, provided that the drug is appropriately prescribed and is considered safe and effective for treating the enrollee's medical condition. Aetna reserves the right to periodically request clinical information from your provider to assess your medical condition and the appropriateness of your ongoing treatment. Failure to provide clinical information could result in subsequent denial of coverage for this medication.

In accordance with state law, fully insured Commercial Connecticut preferred provider organization (PPO) members (except Federal Employee Health Benefit Plan members) who are receiving coverage for drugs that are added to the Precertification or Step-Therapy Lists will continue to have those drugs covered for as long as the prescriber prescribes them, provided the drug is medically necessary and more medically beneficial than other covered drugs. Nothing in this section shall preclude the prescribing provider from prescribing another drug covered by the plan that is medically appropriate for the enrollee, nor shall anything in this section be construed to prohibit generic drug substitutions. For fully insured plans (including HMOs) in Maryland, changes in prior authorization requirements for previously authorized immune globulin (human) and drugs used in the treatment of a mental disorder may not apply on reauthorization under certain conditions.

In accordance with state law, commercial fully insured (including HMO) members in Connecticut, Louisiana, New Mexico and Texas (except Federal Employee Health Benefit Plan members) who are receiving coverage for drugs that are added or removed from the Pharmacy Drug Guide and Specialty Drug List will continue to have those drugs covered at the same benefit level until their plan's renewal date. In Texas, preauthorization approval is known as "preservice utilization review." It is not "verification" as defined by Texas law. Preauthorization means a determination that healthcare services proposed to be provided to a patient are medically necessary and appropriate.

In certain states, including Arkansas, Colorado, Connecticut, Delaware, Georgia, Illinois, Louisiana, Maryland, Minnesota, North Dakota, Pennsylvania and Texas, step therapy programs do not apply to fully insured members utilizing prescription drugs for the treatment of stage-four advanced, metastatic cancer.

In certain states, including Maine, step therapy programs do not apply to fully insured members utilizing prescription drugs for the treatment of metastatic cancer and conditions associated with metastatic cancer.

This document contains trademarks or registered trademarks of CVS Pharmacy, Inc. or one of its affiliates; it may also contain references to products that are trademarks or registered trademarks of entities not affiliated with CVS Health.

This material is for information only. It contains only a partial, general description of plan benefits or programs and does not constitute a contract. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by location and are subject to change. Providers are independent contractors and are not agents of Aetna. Provider participation may change without notice. Aetna does not provide care or guarantee access to health services. Information is subject to change. CVS Caremark Mail Service Pharmacy is part of the CVS Health family of companies.

Advanced Control Plan - Aetna

Coverage Requirements and Limits AL = Age Limit IBC = Indication Based Coverage N10 = Drug Coverage for Student Health members. N7 = Drug tier when CE does not apply N8 = Drug Specific Coverage PA = Prior Authorization QL = Quantity Limit QLR = Quantity Limit Restriction Based on Age Select OTC = Select OTC Program if your pharmacy plan includes this program you may have coverage for products noted with a doctors prescription. Please see your plan benefit information for specific coverage details. SPC = Select Plan Coverage: Only available for select plans. Refer to member plan documents for coverage. ST = Step Therapy STX = Safer and/or more effective treatments are available		
Drug Tier CE = Copay Exception: Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy. Certain limitations may apply. NF = Non-formulary, not covered unless exception request granted NP = Non-Preferred Brand and Generic NPSP = Non-Preferred Specialty Drugs PB = Preferred Brand PG = Preferred Generic PSP = Preferred Specialty Drugs		
lowercase italics = Generic drugs UPPERCASE = Brand name drugs		
Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANALGESICS - DRUGS TO TREAT PAIN AND INFLAMMATION		
COX-2 INHIBITORS		
CELEBREX ORAL CAPSULE 100 MG, 200 MG, 400 MG, 50 MG (<i>celecoxib</i>)	NF	
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg</i>	NP	
<i>celecoxib oral capsule 50 mg</i>	NP	N8 (Listing does not include certain NDCs)
ELYXYB ORAL SOLUTION 120 MG/4.8ML (<i>celecoxib (migraine)</i>)	NF	
VYSCOXIA ORAL SUSPENSION 10 MG/ML (<i>celecoxib</i>)	NF	
GOUT		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	PG	N8 (Listing does not include certain NDCs)

2026 Pharmacy Drug Guide - Advanced Control Plan - Aetna

The formulary is updated the first week of each month
05/01/2026

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>allopurinol oral tablet 200 mg</i>	NF	
<i>colchicine oral capsule 0.6 mg</i>	PG	QL (60 CAPSULES per 25 days)
<i>colchicine oral tablet 0.6 mg</i>	PG	QL (120 TABLETS per 25 DAYS)
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>	PG	
<i>febuxostat oral tablet 40 mg, 80 mg</i>	PG	
GLOPERBA ORAL SOLUTION 0.6 MG/5ML (<i>colchicine</i>)	NF	
KRYSTEXXA INTRAVENOUS SOLUTION 8 MG/50ML, 8 MG/ML (<i>pegloticase</i>)	NPSP	PA
MITIGARE ORAL CAPSULE 0.6 MG (<i>colchicine</i>)	NF	
<i>probenecid oral tablet 500 mg</i>	PG	
ULORIC ORAL TABLET 40 MG, 80 MG (<i>febuxostat</i>)	NF	
MISCELLANEOUS		
PRIALT INTRATHECAL SOLUTION 100 MCG/ML, 500 MCG/20ML, 500 MCG/5ML (<i>ziconotide acetate</i>)	NPSP	
NON-OPIOID ANALGESICS		
ALLZITAL ORAL TABLET 25-325 MG (<i>butalbital-acetaminophen</i>)	NF	
<i>butalbital-acetaminophen oral capsule 50-300 mg</i>	NF	
<i>butalbital-acetaminophen oral tablet 50-300 mg</i>	NF	
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	PG	STX; QL (48 TABLETS per 25 DAYS)
<i>butalbital-apap-caffeine oral capsule 50-300-40 mg, 50-325-40 mg</i>	NF	
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	PG	STX; N8 (Listing does not include certain NDCs); QL (48 TABLETS per 25 days)
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	PG	STX; N8 (Listing does not include certain NDCs); QL (48 CAPSULES per 25 days)
FIORICET ORAL CAPSULE 50-300-40 MG (<i>butalbital-apap-caffeine</i>)	NF	
JOURNAVX ORAL TABLET 50 MG (<i>suzetrigine</i>)	NP	QL (29 TABLETS per 25 days)
NSAIDS		
CAMBIA ORAL PACKET 50 MG (<i>diclofenac potassium(migraine)</i>)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
COXANTO ORAL CAPSULE 300 MG (<i>oxaprozin</i>)	NF	
<i>diclofenac epolamine external patch 1.3 %</i>	PG	STX; QL (30 PATCHES per 25 days)
<i>diclofenac potassium oral capsule 25 mg</i>	NF	
<i>diclofenac potassium oral tablet 25 mg</i>	NF	
<i>diclofenac potassium oral tablet 50 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>diclofenac potassium(migraine) oral packet 50 mg</i>	NF	
<i>diclofenac sodium er oral tablet extended release 24 hour 100 mg</i>	PG	
<i>diclofenac sodium external solution 1.5 %</i>	PG	PA; QL (300 ML per 21 days)
<i>diclofenac sodium external solution 2 %</i>	NF	
<i>diclofenac sodium oral tablet delayed release 25 mg, 50 mg</i>	PG	
<i>diclofenac sodium oral tablet delayed release 75 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg</i>	PG	
<i>etodolac oral capsule 200 mg, 300 mg</i>	PG	
<i>etodolac oral tablet 400 mg, 500 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>fenoprofen calcium oral capsule 400 mg</i>	NF	
FENOPRON ORAL CAPSULE 300 MG (<i>fenoprofen calcium</i>)	NF	
FLECTOR EXTERNAL PATCH 1.3 % (<i>diclofenac epolamine</i>)	NF	
<i>flurbiprofen oral tablet 100 mg, 50 mg</i>	PG	
<i>ibuprofen oral tablet 300 mg</i>	NF	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	PG	N8 (Listing does not include certain NDCs)
INDOCIN ORAL SUSPENSION 25 MG/5ML (<i>indomethacin</i>)	NF	STX
<i>indomethacin oral capsule 25 mg, 50 mg</i>	PG	STX
<i>indomethacin oral suspension 25 mg/5ml</i>	NF	STX
<i>indomethacin rectal suppository 50 mg</i>	NF	STX
<i>ketoprofen er oral capsule extended release 24 hour 200 mg</i>	NF	
<i>ketoprofen oral capsule 25 mg, 50 mg</i>	NF	
<i>ketorolac tromethamine oral tablet 10 mg</i>	PG	N8 (Listing does not include certain NDCs); QL (20 TABLETS per 25 DAYS)
LICART EXTERNAL PATCH 24 HOUR 1.3 % (<i>diclofenac epolamine</i>)	NF	

2026 Pharmacy Drug Guide - Advanced Control Plan - Aetna

The formulary is updated the first week of each month
05/01/2026

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LODINE ORAL TABLET 400 MG (<i>etodolac</i>)	NF	
<i>diclofenac potassium</i> (Lofena Oral Tablet 25 Mg)	NF	
LURBIRO ORAL TABLET 100 MG (<i>flurbiprofen</i>)	NF	
<i>meclofenamate sodium oral capsule 100 mg, 50 mg</i>	PG	
<i>mefenamic acid oral capsule 250 mg</i>	NP	N8 (Listing does not include certain NDCs)
<i>meloxicam oral capsule 10 mg, 5 mg</i>	NF	
<i>meloxicam oral suspension 7.5 mg/5ml</i>	NF	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>nabumetone oral tablet 500 mg, 750 mg</i>	PG	N8 (Listing does not include certain NDCs)
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG, 750 MG (<i>naproxen sodium</i>)	NF	
<i>naproxen oral suspension 125 mg/5ml</i>	NF	
<i>naproxen oral tablet 250 mg, 375 mg</i>	PG	
<i>naproxen oral tablet 500 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>naproxen oral tablet delayed release 375 mg, 500 mg</i>	PG	
<i>naproxen sodium er oral tablet extended release 24 hour 375 mg, 500 mg, 750 mg</i>	NF	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	PG	
<i>orudis oral capsule 75 mg</i>	NF	
<i>oxaprozin oral capsule 300 mg</i>	NF	
<i>oxaprozin oral tablet 600 mg</i>	PG	
<i>piroxicam oral capsule 10 mg, 20 mg</i>	PG	
RELAFEN DS ORAL TABLET 1000 MG (<i>nabumetone</i>)	NF	
SPRIX NASAL SOLUTION 15.75 MG/SPRAY (<i>ketorolac tromethamine</i>)	NF	
<i>sulindac oral tablet 150 mg, 200 mg</i>	PG	
TOLECTIN 600 ORAL TABLET 600 MG (<i>tolmetin sodium</i>)	NF	
<i>tolmetin sodium oral capsule 400 mg</i>	NF	
<i>tolmetin sodium oral tablet 600 mg</i>	NF	
ZIPSOR ORAL CAPSULE 25 MG (<i>diclofenac potassium</i>)	NF	
ZYBIC ORAL SUSPENSION 7.5 MG/5ML (<i>meloxicam</i>)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NSAIDS, COMBINATIONS		
ARTHROTEC ORAL TABLET DELAYED RELEASE 50-0.2 MG, 75-0.2 MG (<i>diclofenac-misoprostol</i>)	NF	
COMBOGESIC ORAL TABLET 325-97.5 MG (<i>ibuprofen-acetaminophen</i>)	NF	
<i>diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg</i>	PG	
<i>ibuprofen-famotidine oral tablet 800-26.6 mg</i>	NF	N10 (Non-Preferred Generic tier applies to Student Health members residing in Connecticut.)
<i>naproxen-esomeprazole mg oral tablet delayed release 375-20 mg, 500-20 mg</i>	NF	
OPIOID ANALGESICS		
<i>acetaminophen-codeine oral solution 300-30 mg/12.5ml</i>	PG	N8 (Subject to initial limit); QL (2700 ML per 25 DAYS)
<i>acetaminophen-codeine oral tablet 300-15 mg</i>	PG	N8 (Subject to initial limit); QL (400 TABLETS per 25 DAYS)
<i>acetaminophen-codeine oral tablet 300-30 mg</i>	PG	N8 (Subject to initial limit); QL (360 TABLETS per 25 Days)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	PG	N8 (Subject to initial limit); QL (180 TABLETS per 25 Days)
<i>apap-caff-dihydrocodeine oral capsule 320.5-30-16 mg</i>	NP	N8 (Subject to initial limit); QL (300 CAPSULES per 25 days)
<i>butalbital-apap-caff-cod oral capsule 50-300-40-30 mg</i>	PG	STX; N8 (Listing does not include certain NDCs); QL (48 CAPSULES per 25 DAYS)
<i>butalbital-apap-caff-cod oral capsule 50-325-40-30 mg</i>	PG	STX; QL (48 CAPSULES per 25 DAYS)
<i>butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg</i>	PG	STX; QL (48 CAPSULES per 25 days)
<i>butorphanol tartrate nasal solution 10 mg/ml</i>	NP	QL (2 BOTTLES per 25 DAYS)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>codeine sulfate oral tablet 30 mg</i>	PG	N8 (Subject to initial limit); QL (42 TABLETS per 25 days)
<i>codeine sulfate oral tablet 60 mg</i>	NP	N8 (Subject to initial limit); QL (42 TABLETS per 25 days)
CONZIP ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG (<i>tramadol hcl</i>)	NP	ST; QL (30 CAPSULES per 25 DAYS)
CONZIP ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG, 300 MG (<i>tramadol hcl</i>)	NP	ST; N8 (High Strength Requires Prior Auth)
DILAUDID ORAL LIQUID 1 MG/ML (<i>hydromorphone hcl</i>)	NP	N8 (Subject to initial limit); QL (480 ML per 25 days)
DILAUDID ORAL TABLET 2 MG (<i>hydromorphone hcl</i>)	NP	N8 (Subject to initial limit); QL (180 TABLETS per 25 days)
DILAUDID ORAL TABLET 4 MG (<i>hydromorphone hcl</i>)	NP	N8 (Subject to initial limit); QL (120 TABLETS per 25 days)
DILAUDID ORAL TABLET 8 MG (<i>hydromorphone hcl</i>)	NP	N8 (Subject to initial limit); QL (60 TABLETS per 25 days)
DISKETS ORAL TABLET SOLUBLE 40 MG (<i>methadone hcl</i>)	NP	QL (9 TABLETS per 25 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 50 mcg/hr, 62.5 mcg/hr, 75 mcg/hr, 87.5 mcg/hr</i>	PG	ST; N8 (High Strength Requires Prior Auth)
<i>fentanyl transdermal patch 72 hour 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hr</i>	PG	ST; QL (10 PATCHES per 25 DAYS)
<i>hydrocodone bitartrate er oral capsule extended release 12 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg</i>	NF	
<i>hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent 100 mg, 120 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i>	NF	
<i>hydrocodone-acetaminophen oral solution 10-300 mg/15ml</i>	PG	N8 (Subject to initial limit); QL (2025 ML per 25 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml</i>	PG	N8 (Subject to initial limit); QL (2700 ML per 25 days)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 7.5-300 mg</i>	PG	N8 (Subject to initial limit); QL (180 TABLETS per 25 days)
<i>hydrocodone-acetaminophen oral tablet 2.5-325 mg, 5-300 mg</i>	PG	N8 (Subject to initial limit); QL (240 TABLETS per 25 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>hydrocodone-acetaminophen oral tablet 5-325 mg</i>	PG	N8 (Listing does not include certain NDCs. Subject to initial limit); QL (240 TABLETS per 25 days)
<i>hydrocodone-acetaminophen oral tablet 7.5-325 mg</i>	PG	N8 (Subject to initial limit); QL (180 TABLETS per 25 DAYS)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	PG	N8 (Subject to initial limit); QL (50 TABLETS per 25 days)
<i>hydromorphone hcl er oral tablet extended release 24 hour 12 mg, 16 mg, 8 mg</i>	NP	ST; QL (30 TABLETS per 25 DAYS)
<i>hydromorphone hcl er oral tablet extended release 24 hour 32 mg</i>	NP	ST; N8 (High Strength Requires Prior Auth)
<i>hydromorphone hcl oral liquid 1 mg/ml</i>	PG	N8 (Subject to initial limit); QL (480 ML per 25 days)
<i>hydromorphone hcl oral tablet 2 mg</i>	PG	N8 (Subject to initial limit); QL (180 TABLETS per 25 days)
<i>hydromorphone hcl oral tablet 4 mg</i>	PG	N8 (Subject to initial limit); QL (120 TABLETS per 25 days)
<i>hydromorphone hcl oral tablet 8 mg</i>	PG	N8 (Subject to initial limit); QL (60 TABLETS per 25 days)
HYSINGLA ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT 100 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG (<i>hydrocodone bitartrate</i>)	NF	
<i>levorphanol tartrate oral tablet 2 mg, 3 mg</i>	NF	
<i>meperidine hcl oral solution 50 mg/5ml</i>	NF	
<i>meperidine hcl oral tablet 50 mg</i>	NF	
<i>methadone hcl</i> (Methadone Hcl Intensol Oral Concentrate 10 Mg/ML)	NP	ST; QL (45 ML per 25 days)
<i>methadone hcl oral concentrate 10 mg/ml</i>	NP	QL (30 ML per 25 days)
<i>methadone hcl oral solution 10 mg/5ml</i>	PG	ST; QL (225 ML per 25 days)
<i>methadone hcl oral solution 5 mg/5ml</i>	PG	ST; QL (450 ML per 25 DAYS)
<i>methadone hcl oral tablet 10 mg</i>	PG	ST; QL (30 TABLETS per 25 days)

2026 Pharmacy Drug Guide - Advanced Control Plan - Aetna

The formulary is updated the first week of each month
05/01/2026

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>methadone hcl oral tablet 5 mg</i>	PG	ST; QL (90 TABLETS per 25 days)
METHADOSE ORAL CONCENTRATE 10 MG/ML (<i>methadone hcl</i>)	NP	QL (30 ML per 25 DAYs)
<i>methadone hcl</i> (Methadose Oral Tablet Soluble 40 Mg)	PG	QL (9 TABLETS per 25 DAYs)
METHADOSE SUGAR-FREE ORAL CONCENTRATE 10 MG/ML (<i>methadone hcl</i>)	NP	QL (30 ML per 25 DAYs)
<i>morphine sulfate (concentrate) oral solution 10 mg/0.5ml</i>	PG	N8 (Subject to initial limit); QL (135 ML per 25 Days)
<i>morphine sulfate er beads oral capsule extended release 24 hour 120 mg</i>	PG	ST; N8 (High Strength Requires Prior Auth)
<i>morphine sulfate er beads oral capsule extended release 24 hour 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i>	PG	ST; QL (30 CAPSULES per 25 DAYs)
<i>morphine sulfate er oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg</i>	PG	ST; QL (60 CAPSULES per 25 days)
<i>morphine sulfate er oral capsule extended release 24 hour 100 mg</i>	PG	ST; N8 (High Strength Requires Prior Auth)
<i>morphine sulfate er oral capsule extended release 24 hour 50 mg, 60 mg, 80 mg</i>	PG	ST; QL (30 CAPSULES per 25 days)
<i>morphine sulfate er oral tablet extended release 100 mg, 200 mg, 60 mg</i>	PG	ST; N8 (High Strength Requires Prior Auth)
<i>morphine sulfate er oral tablet extended release 15 mg, 30 mg</i>	PG	ST; QL (90 TABLETS per 25 days)
<i>morphine sulfate oral solution 10 mg/5ml</i>	PG	N8 (Subject to initial limit); QL (900 ML per 25 days)
<i>morphine sulfate oral solution 20 mg/5ml</i>	PG	N8 (Subject to initial limit); QL (675 ML per 25 DAYs)
<i>morphine sulfate oral tablet 15 mg</i>	PG	N8 (Subject to initial limit); QL (180 TABLETS per 25 days)
<i>morphine sulfate oral tablet 30 mg</i>	PG	N8 (Subject to initial limit); QL (90 TABLETS per 25 days)
MS CONTIN ORAL TABLET EXTENDED RELEASE 15 MG, 30 MG (<i>morphine sulfate</i>)	NP	ST; QL (90 TABLETS per 25 DAYs)
MS CONTIN ORAL TABLET EXTENDED RELEASE 60 MG (<i>morphine sulfate</i>)	NP	ST; N8 (High Strength Requires Prior Auth)
<i>nalocet oral tablet 2.5-300 mg</i>	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG (<i>tapentadol hcl</i>)	NF	
NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG (<i>tapentadol hcl</i>)	NF	
<i>oxycodone hcl oral capsule 5 mg</i>	PG	N8 (Subject to initial limit); QL (180 CAPSULES per 25 days)
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>	PG	N8 (Subject to initial limit); QL (90 ML per 25 days)
<i>oxycodone hcl oral solution 5 mg/5ml</i>	PG	N8 (Subject to initial limit); QL (900 ML per 25 days)
<i>oxycodone hcl oral tablet 10 mg, 5 mg</i>	PG	N8 (Subject to initial limit); QL (180 TABLETS per 25 days)
<i>oxycodone hcl oral tablet 15 mg</i>	PG	N8 (Subject to initial limit); QL (120 TABLETS per 25 days)
<i>oxycodone hcl oral tablet 20 mg</i>	PG	N8 (Subject to initial limit); QL (90 TABLETS per 25 days)
<i>oxycodone hcl oral tablet 30 mg</i>	PG	N8 (Subject to initial limit); QL (60 TABLETS per 25 days)
<i>oxycodone hcl oral tablet abuse-deterrent 10 mg, 15 mg, 30 mg, 5 mg</i>	NF	
<i>oxycodone-acetaminophen oral solution 10-300 mg/5ml, 5-325 mg/5ml</i>	NF	
<i>oxycodone-acetaminophen oral tablet 10-300 mg, 2.5-300 mg, 5-300 mg, 7.5-300 mg</i>	NF	
<i>oxycodone-acetaminophen oral tablet 10-325 mg</i>	PG	N8 (Subject to initial limit); QL (180 TABLETS per 25 DAYS)
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</i>	PG	N8 (Subject to initial limit); QL (360 TABLETS per 25 days)
<i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i>	PG	N8 (Subject to initial limit); QL (240 TABLETS per 25 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG (<i>oxycodone hcl</i>)	NF	
<i>oxymorphone hcl er oral tablet extended release 12 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg</i>	NF	
<i>oxymorphone hcl oral tablet 10 mg</i>	PG	N8 (Subject to initial limit); QL (90 TABLETS per 25 days)
<i>oxymorphone hcl oral tablet 5 mg</i>	PG	N8 (Subject to initial limit); QL (180 TABLETS per 25 days)
PERCOCET ORAL TABLET 10-325 MG, 5-325 MG, 7.5-325 MG (<i>oxycodone-acetaminophen</i>)	NF	
PROLATE ORAL SOLUTION 10-300 MG/5ML (<i>oxycodone-acetaminophen</i>)	NF	
PROLATE ORAL TABLET 10-300 MG, 5-300 MG, 7.5-300 MG (<i>oxycodone-acetaminophen</i>)	NF	
ROXICODONE ORAL TABLET 15 MG (<i>oxycodone hcl</i>)	NP	N8 (Subject to initial limit); QL (120 TABLETS per 25 days)
ROXICODONE ORAL TABLET 30 MG (<i>oxycodone hcl</i>)	NP	N8 (Subject to initial limit); QL (60 TABLETS per 25 days)
ROXYBOND ORAL TABLET ABUSE-DETERRENT 10 MG, 15 MG, 30 MG, 5 MG (<i>oxycodone hcl</i>)	NF	
<i>tapentadol hcl oral tablet 100 mg</i>	PG	N8 (Subject to initial limit); QL (60 TABLETS per 25 days)
<i>tapentadol hcl oral tablet 50 mg</i>	PG	N8 (Subject to initial limit); QL (120 TABLETS per 25 days)
<i>tapentadol hcl oral tablet 75 mg</i>	PG	N8 (Subject to initial limit); QL (90 TABLETS per 25 days)
<i>tramadol hcl (er biphasic) oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg</i>	NF	
<i>tramadol hcl (er biphasic) oral tablet extended release 24 hour 100 mg</i>	PG	ST; QL (30 TABLETS per 25 days)
<i>tramadol hcl (er biphasic) oral tablet extended release 24 hour 200 mg, 300 mg</i>	PG	ST; N8 (High Strength Requires Prior Auth)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>tramadol hcl er oral tablet extended release 24 hour 100 mg</i>	PG	ST; QL (30 TABLETS per 25 days)
<i>tramadol hcl er oral tablet extended release 24 hour 200 mg, 300 mg</i>	PG	ST; N8 (High Strength Requires Prior Auth)
<i>tramadol hcl oral solution 5 mg/ml</i>	NF	
<i>tramadol hcl oral tablet 100 mg, 25 mg, 75 mg</i>	NF	
<i>tramadol hcl oral tablet 50 mg</i>	PG	N8 (Subject to initial limit); QL (180 TABLETS per 25 days)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	PG	N8 (Subject to initial limit); QL (40 TABLETS per 25 days)
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 13.5 MG, 18 MG, 27 MG, 36 MG, 9 MG (<i>oxycodone</i>)	NF	
OPIOID PARTIAL AGONISTS		
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 75 MCG (<i>buprenorphine hcl</i>)	PB	ST; QL (60 FILMS per 25 DAYS)
BELBUCA BUCCAL FILM 600 MCG, 750 MCG, 900 MCG (<i>buprenorphine hcl</i>)	PB	ST; N8 (High Strength Requires Prior Auth)
<i>buprenorphine transdermal patch weekly 10 mcg/hr, 5 mcg/hr, 7.5 mcg/hr</i>	PG	ST; QL (4 PATCHES per 25 days)
<i>buprenorphine transdermal patch weekly 15 mcg/hr, 20 mcg/hr</i>	PG	ST; N8 (High Strength Requires Prior Auth)
BUTRANS TRANSDERMAL PATCH WEEKLY 10 MCG/HR, 15 MCG/HR, 20 MCG/HR, 5 MCG/HR, 7.5 MCG/HR (<i>buprenorphine</i>)	NF	
<i>pentazocine-naloxone hcl oral tablet 50-0.5 mg</i>	NP	STX; N8 (Subject to initial limit.); QL (120 TABLETS per 25 days)
SUBLOCADE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.5ML, 300 MG/1.5ML (<i>buprenorphine</i>)	PSP	
SALICYLATES		
<i>aspirin childrens oral tablet chewable 81 mg</i>	CE	N7 (Not Covered); QL (100 TABLETS per 30 DAYS); AL (Min 12 Years and Max 59 Years)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>aspirin oral tablet delayed release 81 mg</i>	CE	N7 (Not Covered); QL (100 TABLETS per 30 Days); AL (Min 12 Years and Max 59 Years)
<i>diflunisal oral tablet 500 mg</i>	PG	N8 (Listing does not include certain NDCs)
DOLOBID ORAL TABLET 250 MG, 375 MG (<i>diflunisal</i>)	NF	
VISCOSUPPLEMENTS		
DUROLANE INTRA-ARTICULAR PREFILLED SYRINGE 60 MG/3ML (<i>sodium hyaluronate (viscosup)</i>)	PSP	PA
EUFLEXXA INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML (<i>sodium hyaluronate (viscosup)</i>)	PSP	PA
GEL-ONE INTRA-ARTICULAR PREFILLED SYRINGE 30 MG/3ML (<i>cross-link hyal acid (visc)</i>)	NF	
GELSYN-3 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 16.8 MG/2ML (<i>sodium hyaluronate (viscosup)</i>)	PSP	PA
GENVISC 850 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML (<i>sodium hyaluronate (viscosup)</i>)	NF	
HYALGAN INTRA-ARTICULAR SOLUTION 20 MG/2ML (<i>sodium hyaluronate (viscosup)</i>)	NF	
HYALGAN INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML (<i>sodium hyaluronate (viscosup)</i>)	NF	
HYMOVIS INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 24 MG/3ML (<i>hyaluronan</i>)	NF	
HYMOVIS ONE INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 32 MG/4ML (<i>hyaluronan</i>)	NF	
MONOVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 88 MG/4ML (<i>hyaluronan</i>)	NF	
ORTHOVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 30 MG/2ML (<i>hyaluronan</i>)	PSP	PA
SUPARTZ FX INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML (<i>sodium hyaluronate (viscosup)</i>)	NF	
SYNOJOYNT INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML (<i>sodium hyaluronate (viscosup)</i>)	NF	
SYNVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 16 MG/2ML (<i>hylan g-f 20</i>)	NF	
SYNVISC ONE INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 48 MG/6ML (<i>hylan g-f 20</i>)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRILURON INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML (<i>sodium hyaluronate (viscosup)</i>)	NF	
TRIVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML (<i>sodium hyaluronate (viscosup)</i>)	NF	
VISCO-3 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML (<i>sodium hyaluronate (viscosup)</i>)	NF	
ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS		
ANTHELMINTICS - DRUGS FOR WORM INFECTION		
<i>albendazole oral tablet 200 mg</i>	NP	QL (336 TABLETS per 365 days)
BILTRICIDE ORAL TABLET 600 MG (<i>praziquantel</i>)	NP	QL (24 TABLETS per 365 DAYS)
EMVERM ORAL TABLET CHEWABLE 100 MG (<i>mebendazole</i>)	PB	QL (12 TABLETS per 365 days)
<i>ivermectin oral tablet 3 mg</i>	PG	PA; QL (9 TABLETS per 75 days)
<i>ivermectin oral tablet 6 mg</i>	PG	PA; QL (9 TABLETS per 75 DAYS)
<i>praziquantel oral tablet 600 mg</i>	PG	QL (24 TABLETS per 365 DAYS)
STROMEKTOL ORAL TABLET 3 MG (<i>ivermectin</i>)	NP	PA; QL (9 TABLETS per 75 DAYS)
ANTI-BACTERIALS - MISCELLANEOUS		
ARIKAYCE INHALATION SUSPENSION 590 MG/8.4ML (<i>amikacin sulfate liposome</i>)	NPSP	PA
HUMATIN ORAL CAPSULE 250 MG (<i>paromomycin sulfate</i>)	NF	
<i>neomycin sulfate oral tablet 500 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>sulfadiazine oral tablet 500 mg</i>	NF	
<i>tinidazole oral tablet 250 mg, 500 mg</i>	NP	
ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS		
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG (<i>isavuconazonium sulfate</i>)	NF	
<i>fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml</i>	PG	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	PG	
<i>flucytosine oral capsule 250 mg</i>	NP	STX
<i>flucytosine oral capsule 500 mg</i>	NF	

2026 Pharmacy Drug Guide - Advanced Control Plan - Aetna

The formulary is updated the first week of each month
05/01/2026

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>griseofulvin microsize oral suspension 125 mg/5ml</i>	PG	N8 (Listing does not include certain NDCs)
<i>griseofulvin microsize oral tablet 500 mg</i>	PG	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	PG	
<i>griseofulvin ultramicrosize oral tablet 165 mg</i>	NF	
<i>itraconazole oral capsule 100 mg</i>	PG	
<i>itraconazole oral solution 10 mg/ml</i>	NP	PA
<i>ketoconazole oral tablet 200 mg</i>	PG	PA; STX
NOXAFIL ORAL PACKET 300 MG (<i>posaconazole</i>)	NF	
<i>nystatin oral tablet 500000 unit</i>	PG	N8 (Listing does not include certain NDCs)
<i>posaconazole oral suspension 40 mg/ml</i>	NF	
<i>posaconazole oral tablet delayed release 100 mg</i>	NF	
SPORANOX ORAL CAPSULE 100 MG (<i>itraconazole</i>)	NF	
<i>terbinafine hcl oral tablet 250 mg</i>	PG	
<i>tolsura oral capsule 65 mg</i>	NF	
VIVJOA ORAL CAPSULE THERAPY PACK 150 MG (<i>oteseconazole</i>)	NP	PA; QL (18 CAPSULES per 336 DAYs)
<i>voriconazole oral suspension reconstituted 40 mg/ml</i>	PG	
<i>voriconazole oral tablet 200 mg, 50 mg</i>	PG	
ANTIMALARIALS - DRUGS TO TREAT MALARIA		
ARAKODA ORAL TABLET 100 MG (<i>tafenoquine succinate</i>)	NF	
<i>atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg</i>	NP	
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	PG	
<i>hydroxychloroquine sulfate oral tablet 100 mg, 300 mg, 400 mg</i>	PG	
KRINTAFEL ORAL TABLET 150 MG (<i>tafenoquine succinate</i>)	NF	
<i>mefloquine hcl oral tablet 250 mg</i>	NP	
<i>primaquine phosphate oral tablet 26.3 (15 base) mg</i>	PG	
<i>quinine sulfate oral capsule 324 mg</i>	NP	
SOVUNA ORAL TABLET 300 MG (<i>hydroxychloroquine sulfate</i>)	NF	
ANTIRETROVIRAL AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION		
<i>abacavir sulfate oral solution 20 mg/ml</i>	PG	QL (900 ML per 30 DAYs)
<i>abacavir sulfate oral tablet 300 mg</i>	PG	QL (60 TABLETS per 30 DAYs)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
APRETUDE INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 600 MG/3ML (<i>cabotegravir</i>)	PB	N8 (Exception process available for \$0 copay when medically necessary for pre-exposure prophylaxis); QL (2 VIALS per 90 DAYS)
APTIVUS ORAL CAPSULE 250 MG (<i>tipranavir</i>)	NF	
<i>atazanavir sulfate oral capsule 150 mg, 300 mg</i>	PG	QL (30 CAPSULES per 30 DAYS)
<i>atazanavir sulfate oral capsule 200 mg</i>	PG	QL (60 CAPSULES per 30 DAYS)
<i>darunavir oral tablet 600 mg</i>	PG	QL (60 TABLETS per 30 days)
<i>darunavir oral tablet 800 mg</i>	PG	QL (30 TABLETS per 30 DAYS)
EDURANT ORAL TABLET 25 MG (<i>rilpivirine hcl</i>)	NF	
EDURANT PED ORAL TABLET SOLUBLE 2.5 MG (<i>rilpivirine hcl</i>)	NF	
<i>efavirenz oral tablet 600 mg</i>	PG	QL (30 TABLETS per 30 days)
<i>emtricitabine oral capsule 200 mg</i>	PG	QL (30 TABLETS per 30 DAYS)
EMTRIVA ORAL CAPSULE 200 MG (<i>emtricitabine</i>)	NP	QL (30 CAPSULES per 30 days)
EMTRIVA ORAL SOLUTION 10 MG/ML (<i>emtricitabine</i>)	NP	QL (680 ML per 28 days)
EPIVIR ORAL SOLUTION 10 MG/ML (<i>lamivudine</i>)	NP	QL (900 ML per 30 days)
EPIVIR ORAL TABLET 150 MG (<i>lamivudine</i>)	NP	QL (60 tablets per 30 days)
EPIVIR ORAL TABLET 300 MG (<i>lamivudine</i>)	NP	QL (30 tablets per 30 days)
<i>etravirine oral tablet 100 mg</i>	PG	QL (120 TABLETS per 30 DAYS)
<i>etravirine oral tablet 200 mg</i>	PG	QL (60 TABLETS per 30 DAYS)
<i>fosamprenavir calcium oral tablet 700 mg</i>	PG	QL (120 TABLETS per 30 DAYS)
INTELENCE ORAL TABLET 100 MG, 200 MG, 25 MG (<i>etravirine</i>)	NF	
ISENTRESS HD ORAL TABLET 600 MG (<i>raltegravir potassium</i>)	PB	QL (60 TABLETS per 30 DAYS)
ISENTRESS ORAL PACKET 100 MG (<i>raltegravir potassium</i>)	PB	QL (60 PACKETS per 30 days)

2026 Pharmacy Drug Guide - Advanced Control Plan - Aetna

The formulary is updated the first week of each month
05/01/2026

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ISENTRESS ORAL TABLET 400 MG (<i>raltegravir potassium</i>)	PB	QL (120 TABLETS per 30 DAYs)
ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG (<i>raltegravir potassium</i>)	PB	QL (180 TABLETS per 30 DAYs)
<i>lamivudine oral solution 10 mg/ml</i>	PG	QL (900 ML per 30 DAYs)
<i>lamivudine oral tablet 150 mg</i>	PG	QL (60 TABLETS per 30 days)
<i>lamivudine oral tablet 300 mg</i>	PG	QL (30 TABLETS per 30 days)
<i>maraviroc oral tablet 150 mg</i>	PG	QL (60 TABLETS per 30 DAYs)
<i>maraviroc oral tablet 300 mg</i>	PG	QL (120 TABLETS per 30 DAYs)
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	PG	QL (30 TABLETS per 30 DAYs)
<i>nevirapine oral suspension 50 mg/5ml</i>	PG	QL (1200 ML per 30 days)
<i>nevirapine oral tablet 200 mg</i>	PG	QL (60 TABLETS per 30 DAYs)
NORVIR ORAL PACKET 100 MG (<i>ritonavir</i>)	NF	
NORVIR ORAL TABLET 100 MG (<i>ritonavir</i>)	NF	
PIFELTRO ORAL TABLET 100 MG (<i>doravirine</i>)	NF	
PREZISTA ORAL SUSPENSION 100 MG/ML (<i>darunavir</i>)	NF	
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG (<i>darunavir</i>)	NF	
RETROVIR ORAL CAPSULE 100 MG (<i>zidovudine</i>)	NP	QL (180 CAPSULES per 30 DAYs)
RETROVIR ORAL SYRUP 50 MG/5ML (<i>zidovudine</i>)	NP	QL (1800 ML per 30 DAYs)
REYATAZ ORAL CAPSULE 200 MG, 300 MG (<i>atazanavir sulfate</i>)	NF	
REYATAZ ORAL PACKET 50 MG (<i>atazanavir sulfate</i>)	NF	
<i>rilpivirine hcl oral tablet 25 mg</i>	PG	QL (60 TABLETS per 30 days)
<i>ritonavir oral tablet 100 mg</i>	PG	QL (360 TABLETS per 30 days)
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG (<i>fostemsavir tromethamine</i>)	NP	QL (60 TABLETS per 30 days)
SELZENTRY ORAL SOLUTION 20 MG/ML (<i>maraviroc</i>)	NF	
SELZENTRY ORAL TABLET 150 MG, 300 MG (<i>maraviroc</i>)	NF	

2026 Pharmacy Drug Guide - Advanced Control Plan - Aetna

The formulary is updated the first week of each month

05/01/2026

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SUNLENCA ORAL TABLET 300 MG (<i>lenacapavir sodium</i>)	NF	
SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG, 5 X 300 MG (<i>lenacapavir sodium</i>)	NF	
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	PG	QL (30 TABLETS per 30 DAYS)
TIVICAY ORAL TABLET 50 MG (<i>dolutegravir sodium</i>)	PB	QL (60 TABLETS per 30 DAYS)
TIVICAY PD ORAL TABLET SOLUBLE 5 MG (<i>dolutegravir sodium</i>)	PB	QL (360 TABLETS per 30 days)
VIRACEPT ORAL TABLET 250 MG, 625 MG (<i>nelfinavir mesylate</i>)	NF	
VIREAD ORAL POWDER 40 MG/GM (<i>tenofovir disoproxil fumarate</i>)	NP	QL (240 GRAMS per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG, 300 MG (<i>tenofovir disoproxil fumarate</i>)	NP	QL (30 TABLETS per 30 days)
YEZTUGO ORAL TABLET 300 MG (<i>lenacapavir sodium</i>)	PB	N8 (Exception process available for \$0 copay when medically necessary for pre-exposure prophylaxis); QL (8 TABLETS per 4 days)
YEZTUGO SUBCUTANEOUS SOLUTION 463.5 MG/1.5ML (<i>lenacapavir sodium</i>)	PB	N8 (Exception process available for \$0 copay when medically necessary for pre-exposure prophylaxis); QL (4 VIALS per 168 days)
ZIAGEN ORAL SOLUTION 20 MG/ML (<i>abacavir sulfate</i>)	NP	QL (900 ML per 30 days)
<i>zidovudine oral capsule 100 mg</i>	PG	QL (180 CAPSULES per 30 days)
<i>zidovudine oral syrup 50 mg/5ml</i>	PG	QL (1800 ML per 30 DAYS)
<i>zidovudine oral tablet 300 mg</i>	PG	QL (60 TABLETS per 30 days)
ANTIRETROVIRAL COMBINATION AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION		
<i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i>	PG	QL (30 TABLETS per 30 days)
BIKTARVY ORAL TABLET 30-120-15 MG (<i>bictegravir-emtricitab-tenofovir</i>)	PB	QL (30 TABLETS per 30 days)
BIKTARVY ORAL TABLET 50-200-25 MG (<i>bictegravir-emtricitab-tenofovir</i>)	PB	QL (30 TABLETS per 30 DAYS)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CIMDUO ORAL TABLET 300-300 MG (<i>lamivudine-tenofovir</i>)	PB	QL (30 TABLETS per 30 DAYs)
COMPLERA ORAL TABLET 200-25-300 MG (<i>emtricitabine-rilpivir-tenofovir</i>)	NF	
DELSTRIGO ORAL TABLET 100-300-300 MG (<i>doravirine-lamivudine-tenofovir</i>)	NF	
DESCOVY ORAL TABLET 120-15 MG (<i>emtricitabine-tenofovir</i>)	PB	QL (30 TABLETS per 30 DAYs)
DESCOVY ORAL TABLET 200-25 MG (<i>emtricitabine-tenofovir</i>)	PB	N8 (Exception process available for \$0 copay when medically necessary for pre-exposure prophylaxis); QL (30 TABLETS per 30 DAYs)
DOVATO ORAL TABLET 50-300 MG (<i>dolutegravir-lamivudine</i>)	PB	QL (30 TABLETS per 30 days)
<i>efavirenz-emtricitabine-tenofovir</i> oral tablet 600-200-300 mg	PG	QL (30 TABLETS per 30 Days)
<i>efavirenz-lamivudine-tenofovir</i> oral tablet 400-300-300 mg, 600-300-300 mg	PG	QL (30 TABLETS per 30 DAYs)
<i>emtricitabine-tenofovir</i> oral tablet 100-150 mg, 133-200 mg, 167-250 mg	PG	QL (30 TABLETS per 30 DAYs)
<i>emtricitabine-tenofovir</i> oral tablet 200-300 mg	CE	N7 (PG); N8 (\$0 copay applies for pre-exposure prophylaxis only); QL (30 TABLETS per 30 days)
<i>emtricitabine-rilpivirine-tenofovir</i> oral tablet 200-25-300 mg	PG	QL (30 TABLETS per 30 DAYs)
EVOTAZ ORAL TABLET 300-150 MG (<i>atazanavir-cobicistat</i>)	NP	QL (30 TABLETS per 30 days)
GENVOYA ORAL TABLET 150-150-200-10 MG (<i>elvitegravir-cobicistat-tenofovir</i>)	PB	QL (30 TABLETS per 30 DAYs)
JULUCA ORAL TABLET 50-25 MG (<i>dolutegravir-rilpivirine</i>)	NP	QL (30 TABLETS per 30 DAYs)
KALETRA ORAL SOLUTION 400-100 MG/5ML (<i>lopinavir-ritonavir</i>)	NP	QL (480 ML per 30 DAYs)
KALETRA ORAL TABLET 100-25 MG, 200-50 MG (<i>lopinavir-ritonavir</i>)	NF	
<i>lamivudine-zidovudine</i> oral tablet 150-300 mg	PG	QL (60 TABLETS per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>lopinavir-ritonavir oral tablet 100-25 mg</i>	PG	QL (300 TABLETS per 30 days)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i>	PG	QL (120 TABLETS per 30 DAYS)
ODEFSEY ORAL TABLET 200-25-25 MG (<i>emtricitab-rilpivir-tenofof af</i>)	PB	QL (30 TABLETS per 30 DAYS)
PREZCOBIX ORAL TABLET 675-150 MG (<i>darunavir-cobicistat</i>)	NP	QL (30 TABLETS per 30 DAYS)
PREZCOBIX ORAL TABLET 800-150 MG (<i>darunavir-cobicistat</i>)	NP	QL (30 TABLETS per 30 days)
STRIBILD ORAL TABLET 150-150-200-300 MG (<i>elviteg-cobic-emtricit-tenofdf</i>)	NF	
SYMFI ORAL TABLET 600-300-300 MG (<i>efavirenz-lamivudine-tenofovir</i>)	NP	QL (30 TABLETS per 30 days)
SYMTUZA ORAL TABLET 800-150-200-10 MG (<i>darun-cobic-emtricit-tenofaf</i>)	PB	QL (30 TABLETS per 30 days)
TRIUMEQ ORAL TABLET 600-50-300 MG (<i>abacavir-dolutegravir-lamivud</i>)	PB	QL (30 TABLETS per 30 DAYS)
<i>triumeq pd oral tablet soluble 60-5-30 mg</i>	PB	QL (180 TABLETS per 30 days)
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG (<i>emtricitabine-tenofovir df</i>)	NF	
ANTITUBERCULAR AGENTS - DRUGS TO TREAT TUBERCULOSIS		
<i>cycloserine oral capsule 250 mg</i>	NP	
<i>ethambutol hcl oral tablet 100 mg, 400 mg</i>	PG	
<i>isoniazid oral syrup 50 mg/5ml</i>	PG	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>pyrazinamide oral tablet 500 mg</i>	PG	
<i>rifabutin oral capsule 150 mg</i>	PG	
<i>rifampin oral capsule 150 mg, 300 mg</i>	PG	N8 (Listing does not include certain NDCs)
SIRTURO ORAL TABLET 100 MG, 20 MG (<i>bedaquiline fumarate</i>)	NPSP	
ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS		
<i>acyclovir oral capsule 200 mg</i>	PG	
<i>acyclovir oral suspension 200 mg/5ml</i>	PG	

2026 Pharmacy Drug Guide - Advanced Control Plan - Aetna

The formulary is updated the first week of each month
05/01/2026

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>acyclovir oral tablet 400 mg, 800 mg</i>	PG	
<i>cidofovir intravenous solution 75 mg/ml</i>	PG	
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	PG	
<i>ganciclovir sodium intravenous solution 500 mg/10ml</i>	NF	
LIVTENCITY ORAL TABLET 200 MG (<i>maribavir</i>)	NPSP	PA; QL (120 TABLETS per 30 days)
<i>oseltamivir phosphate oral capsule 30 mg</i>	PG	QL (40 CAPSULES per 90 days)
<i>oseltamivir phosphate oral capsule 45 mg, 75 mg</i>	PG	QL (20 CAPSULES per 90 days)
<i>oseltamivir phosphate oral suspension reconstituted 6 mg/ml</i>	PG	QL (360 ML per 90 days)
PAXLOVID (150/100) ORAL TABLET THERAPY PACK 10 X 150 MG & 10 X 100MG (<i>nirmatrelvir-ritonavir</i>)	PB	QL (40 TABLETS per 30 days)
PAXLOVID (300/100 & 150/100) ORAL TABLET THERAPY PACK 6 X 150 MG & 5 X 100MG (<i>nirmatrelvir-ritonavir</i>)	PB	QL (22 TABLETS per 30 days)
PAXLOVID (300/100) ORAL TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG (<i>nirmatrelvir-ritonavir</i>)	PB	QL (60 TABLETS per 30 days)
PREVYMIS ORAL PACKET 120 MG, 20 MG (<i>letermovir</i>)	NP	QL (4 PACKETS per 1 DAY)
PREVYMIS ORAL TABLET 240 MG (<i>letermovir</i>)	NP	QL (2 TABLETS per 1 day)
PREVYMIS ORAL TABLET 480 MG (<i>letermovir</i>)	NP	QL (1 TABLET per 1 DAY)
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT (<i>zanamivir</i>)	PB	QL (2 inhalers per 90 days)
<i>rimantadine hcl oral tablet 100 mg</i>	PG	
TAMIFLU ORAL CAPSULE 45 MG, 75 MG (<i>oseltamivir phosphate</i>)	NP	QL (20 CAPSULES per 90 DAYS)
TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML (<i>oseltamivir phosphate</i>)	NP	QL (360 ML per 90 days)
<i>valacyclovir hcl oral tablet 1 gm, 500 mg</i>	PG	
VALCYTE ORAL SOLUTION RECONSTITUTED 50 MG/ML (<i>valganciclovir hcl</i>)	NF	
<i>valganciclovir hcl oral solution reconstituted 50 mg/ml</i>	PG	PA; QL (1144 ML per 30 days)
<i>valganciclovir hcl oral tablet 450 mg</i>	PG	PA; QL (120 TABLETS per 30 days)
VALTREX ORAL TABLET 1 GM, 500 MG (<i>valacyclovir hcl</i>)	NF	
XERESE EXTERNAL CREAM 5-1 % (<i>acyclovir-hydrocortisone</i>)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG (<i>baloxavir marboxil</i>)	NF	
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG (<i>baloxavir marboxil</i>)	NF	
CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS		
<i>cefaclor oral capsule 250 mg, 500 mg</i>	PG	
<i>cefaclor oral suspension reconstituted 250 mg/5ml</i>	PG	
<i>cefadroxil oral capsule 500 mg</i>	PG	
<i>cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml</i>	PG	
<i>cefadroxil oral tablet 1 gm</i>	PG	
<i>cefдинir oral capsule 300 mg</i>	PG	
<i>cefдинir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	PG	
<i>cefixime oral capsule 400 mg</i>	NP	
<i>cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	NP	
<i>cefixime oral tablet 400 mg</i>	PG	
<i>cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml</i>	PG	
<i>cefpodoxime proxetil oral tablet 100 mg, 200 mg</i>	PG	
<i>cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	PG	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	PG	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	PG	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>cephalexin oral capsule 750 mg</i>	PG	
<i>cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	PG	
<i>cephalexin oral tablet 250 mg, 500 mg</i>	PG	
ERYTHROMYCINS/MACROLIDES - DRUGS TO TREAT INFECTIONS		
<i>azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	PG	N8 (Listing does not include certain NDCs)
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	PG	
<i>clarithromycin er oral tablet extended release 24 hour 500 mg</i>	PG	
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	PG	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	PG	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
E.E.S. 400 ORAL TABLET 400 MG (<i>erythromycin ethylsuccinate</i>)	PG	
E.E.S. GRANULES ORAL SUSPENSION RECONSTITUTED 200 MG/5ML (<i>erythromycin ethylsuccinate</i>)	NF	
ERYPED 400 ORAL SUSPENSION RECONSTITUTED 400 MG/5ML (<i>erythromycin ethylsuccinate</i>)	NF	
<i>erythromycin base oral capsule delayed release particles 250 mg</i>	PG	
<i>erythromycin base oral tablet 250 mg, 500 mg</i>	PG	
<i>erythromycin base oral tablet delayed release 333 mg</i>	PG	
<i>erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml, 400 mg/5ml</i>	PG	
<i>erythromycin oral tablet delayed release 250 mg, 500 mg</i>	PG	
<i>fidaxomicin oral tablet 200 mg</i>	PG	
FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS		
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	PG	
<i>levofloxacin oral solution 25 mg/ml</i>	PG	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	PG	
<i>moxifloxacin hcl oral tablet 400 mg</i>	PG	
HEPATITIS B		
<i>adefovir dipivoxil oral tablet 10 mg</i>	PG	
BARACLUDE ORAL SOLUTION 0.05 MG/ML (<i>entecavir</i>)	NPSP	PA; QL (630 ML per 30 days)
BARACLUDE ORAL TABLET 0.5 MG, 1 MG (<i>entecavir</i>)	NF	
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	PG	QL (30 TABLETS per 30 days)
<i>lamivudine oral tablet 100 mg</i>	PG	
VEMLIDY ORAL TABLET 25 MG (<i>tenofovir alafenamide fumarate</i>)	NF	
HEPATITIS C		
EPCLUSA ORAL PACKET 150-37.5 MG (<i>sofosbuvir-velpatasvir</i>)	PSP	PA; IBC (Preferred for all genotypes); QL (28 PELLETS per 28 DAYS)
EPCLUSA ORAL PACKET 200-50 MG (<i>sofosbuvir-velpatasvir</i>)	PSP	PA; IBC (Preferred for all genotypes); QL (56 PELLETS per 28 days)
EPCLUSA ORAL TABLET 200-50 MG (<i>sofosbuvir-velpatasvir</i>)	PSP	PA; IBC (Preferred for all genotypes); QL (56 TABLETS per 28 days)

2026 Pharmacy Drug Guide - Advanced Control Plan - Aetna

The formulary is updated the first week of each month
05/01/2026

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EPCLUSA ORAL TABLET 400-100 MG (<i>sofosbuvir-velpatasvir</i>)	PSP	PA; IBC (Preferred for all genotypes); QL (28 TABLETS per 28 days)
HARVONI ORAL PACKET 33.75-150 MG (<i>ledipasvir-sofosbuvir</i>)	PSP	PA; QL (28 PACKET per 28 DAYS)
HARVONI ORAL PACKET 45-200 MG (<i>ledipasvir-sofosbuvir</i>)	PSP	PA; QL (56 PELLETS per 28 days)
HARVONI ORAL TABLET 45-200 MG (<i>ledipasvir-sofosbuvir</i>)	PSP	PA; IBC (Preferred for genotypes 1,4,5,6); QL (56 TABLETS per 28 days)
HARVONI ORAL TABLET 90-400 MG (<i>ledipasvir-sofosbuvir</i>)	PSP	PA; IBC (Preferred for genotypes 1,4,5,6); QL (28 TABLETS per 28 days)
<i>ledipasvir-sofosbuvir oral tablet 90-400 mg</i>	NF	
MAVYRET ORAL PACKET 50-20 MG (<i>glecaprevir-pibrentasvir</i>)	NF	
MAVYRET ORAL TABLET 100-40 MG (<i>glecaprevir-pibrentasvir</i>)	NF	
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML (<i>peginterferon alfa-2a</i>)	NF	
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML (<i>peginterferon alfa-2a</i>)	NF	
<i>ribavirin oral capsule 200 mg</i>	PG	
<i>ribavirin oral tablet 200 mg</i>	PG	
<i>sofosbuvir-velpatasvir oral tablet 400-100 mg</i>	NF	
SOVALDI ORAL PACKET 150 MG (<i>sofosbuvir</i>)	NPSP	PA; QL (28 PELLETS per 28 days)
SOVALDI ORAL PACKET 200 MG (<i>sofosbuvir</i>)	NPSP	PA; QL (56 PELLETS per 28 days)
SOVALDI ORAL TABLET 200 MG (<i>sofosbuvir</i>)	NPSP	PA; QL (56 TABLETS per 28 days)
SOVALDI ORAL TABLET 400 MG (<i>sofosbuvir</i>)	NPSP	PA; QL (28 TABLETS per 28 days)
VOSEVI ORAL TABLET 400-100-100 MG (<i>sofosbuv-velpatasv-voxilaprev</i>)	PSP	PA; IBC (Preferred for all genotypes); QL (28 TABLETS per 28 days)
ZEPATIER ORAL TABLET 50-100 MG (<i>elbasvir-grazoprevir</i>)	NF	
MISCELLANEOUS		
<i>atovaquone oral suspension 750 mg/5ml</i>	PG	

2026 Pharmacy Drug Guide - Advanced Control Plan - Aetna

The formulary is updated the first week of each month
05/01/2026

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>clindamycin hcl oral capsule 150 mg, 75 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>clindamycin hcl oral capsule 300 mg</i>	PG	
<i>clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml</i>	PG	
<i>colistimethate sodium (cba) injection solution reconstituted 150 mg</i>	PG	
<i>dapsone oral tablet 100 mg, 25 mg</i>	PG	N8 (Listing does not include certain NDCs)
DARAPRIM ORAL TABLET 25 MG (<i>pyrimethamine</i>)	NF	
FIRVANQ ORAL SOLUTION RECONSTITUTED 25 MG/ML, 50 MG/ML (<i>vancomycin hcl</i>)	NF	
LIKMEZ ORAL SUSPENSION 500 MG/5ML (<i>metronidazole</i>)	NF	
<i>linezolid oral suspension reconstituted 100 mg/5ml</i>	PG	PA
<i>linezolid oral tablet 600 mg</i>	PG	PA; N8 (Listing does not include certain NDCs)
MACRODANTIN ORAL CAPSULE 100 MG, 25 MG, 50 MG (<i>nitrofurantoin macrocrystal</i>)	NF	
MEPRON ORAL SUSPENSION 750 MG/5ML (<i>atovaquone</i>)	PB	
<i>methenamine hippurate oral tablet 1 gm</i>	PG	
<i>methenamine mandelate oral tablet 0.5 gm, 1 gm</i>	PG	
<i>metronidazole oral capsule 375 mg</i>	PG	
<i>metronidazole oral tablet 125 mg</i>	NF	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>nitazoxanide oral tablet 500 mg</i>	PG	QL (20 TABLETS per 25 DAYS); AL (Min 12 Years)
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>	PG	
<i>nitrofurantoin monohyd macro oral capsule 100 mg</i>	PG	
<i>nitrofurantoin oral suspension 25 mg/5ml</i>	NP	N8 (Listing does not include certain NDCs)
<i>nitrofurantoin oral suspension 50 mg/5ml</i>	NF	
<i>pentamidine isethionate inhalation solution reconstituted 300 mg</i>	PG	
<i>pyrimethamine oral tablet 25 mg</i>	PG	
SIVEXTRO ORAL TABLET 200 MG (<i>tedizolid phosphate</i>)	NP	PA
SOLOSEC ORAL PACKET 2 GM (<i>secnidazole</i>)	NF	
<i>sulfamethoxazole-trimethoprim oral suspension 800-160 mg/20ml</i>	PG	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	PG	N8 (Listing does not include certain NDCs)
VANCOCIN ORAL CAPSULE 125 MG (<i>vancomycin hcl</i>)	NP	QL (80 CAPSULES per 10 Days)
<i>vancomycin hcl oral capsule 125 mg, 250 mg</i>	NP	QL (80 CAPSULES per 10 days)
<i>vancomycin hcl oral solution reconstituted 25 mg/ml, 50 mg/ml</i>	NF	
XIFAXAN ORAL TABLET 200 MG (<i>rifaximin</i>)	NF	
XIFAXAN ORAL TABLET 550 MG (<i>rifaximin</i>)	PB	PA
ZYVOX ORAL SUSPENSION RECONSTITUTED 100 MG/5ML (<i>linezolid</i>)	NF	
PENICILLINS - DRUGS TO TREAT INFECTIONS		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>amoxicillin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	PG	N8 (Listing does not include certain NDCs)
<i>amoxicillin oral suspension reconstituted 200 mg/5ml, 400 mg/5ml</i>	PG	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	PG	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	PG	
<i>amoxicillin-pot clavulanate er oral tablet extended release 12 hour 1000-62.5 mg</i>	PG	
<i>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml</i>	PG	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg</i>	PG	
<i>amoxicillin-pot clavulanate oral tablet 875-125 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>ampicillin oral capsule 500 mg</i>	PG	
<i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i>	PG	
<i>penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml</i>	PG	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	PG	
TETRACYCLINES - DRUGS TO TREAT INFECTIONS		
<i>demeclocycline hcl oral tablet 150 mg, 300 mg</i>	NP	
DORYX MPC ORAL TABLET DELAYED RELEASE 60 MG (<i>doxycycline hyclate</i>)	NF	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	PG	

2026 Pharmacy Drug Guide - Advanced Control Plan - Aetna

The formulary is updated the first week of each month
05/01/2026

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>doxycycline hyclate oral tablet 100 mg</i>	PG	
<i>doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg</i>	NF	
<i>doxycycline hyclate oral tablet 20 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg</i>	NF	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	PG	
<i>doxycycline monohydrate oral capsule 150 mg, 75 mg</i>	NF	
<i>doxycycline monohydrate oral suspension reconstituted 25 mg/5ml</i>	PG	N8 (Listing does not include certain NDCs)
<i>doxycycline monohydrate oral tablet 100 mg, 150 mg, 75 mg</i>	NP	
<i>doxycycline monohydrate oral tablet 50 mg</i>	NP	N8 (Listing does not include certain NDCs)
<i>minocycline hcl er oral tablet extended release 24 hour 105 mg, 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg</i>	NF	
<i>minocycline hcl oral capsule 100 mg, 50 mg, 75 mg</i>	PG	
<i>minocycline hcl oral tablet 100 mg, 50 mg, 75 mg</i>	NP	
NUZYRA ORAL TABLET 150 MG (<i>omadacycline tosylate</i>)	NPSP	PA; QL (30 TABLETS per 14 DAYS)
SEYSARA ORAL TABLET 100 MG, 150 MG, 60 MG (<i>sarecycline hcl</i>)	NF	
<i>doxycycline hyclate</i> (Targadox Oral Tablet 50 Mg)	NF	
<i>tetracycline hcl oral capsule 250 mg, 500 mg</i>	PG	QL (120 CAPSULES per 25 days)
<i>tetracycline hcl oral tablet 250 mg, 500 mg</i>	NF	
ANTINEOPLASTIC AGENTS - DRUGS TO TREAT CANCER		
ALKYLATING AGENTS		
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	CE	N7 (PG)
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG (<i>lomustine</i>)	CE	N7 (NPSP)
<i>lomustine oral capsule 10 mg, 100 mg, 40 mg</i>	CE	N7 (PSP)
MATULANE ORAL CAPSULE 50 MG (<i>procarbazine hcl</i>)	CE	N7 (NPSP)
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>	CE	PA; N7 (PG)
ANTIMETABOLITES		
<i>capecitabine oral tablet 150 mg, 500 mg</i>	CE	PA; N7 (PG)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INQOVI ORAL TABLET 35-100 MG (<i>decitabine-cedazuridine</i>)	CE	PA; N7 (NPSP); QL (5 TABLETS per 28 days)
JYLAMVO ORAL SOLUTION 2 MG/ML (<i>methotrexate</i>)	CE	N7 (NP)
LONSURF ORAL TABLET 15-6.14 MG (<i>trifluridine-tipiracil</i>)	CE	PA; N7 (PSP); QL (100 TABLETS per 30 days)
LONSURF ORAL TABLET 20-8.19 MG (<i>trifluridine-tipiracil</i>)	CE	PA; N7 (PSP); QL (80 TABLETS per 30 days)
<i>mercaptopurine oral suspension 2000 mg/100ml</i>	CE	PA; N7 (PSP)
<i>mercaptopurine oral tablet 50 mg</i>	CE	N7 (PG)
<i>methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml</i>	PG	
<i>methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml</i>	PG	
<i>methotrexate sodium injection solution reconstituted 1 gm</i>	PG	
ONUREG ORAL TABLET 200 MG, 300 MG (<i>azacitidine</i>)	CE	PA; N7 (NPSP); QL (14 TABLETS per 28 days)
PURIXAN ORAL SUSPENSION 2000 MG/100ML (<i>mercaptopurine</i>)	CE	PA; N7 (NPSP)
XATMEP ORAL SOLUTION 2.5 MG/ML (<i>methotrexate</i>)	CE	N7 (NPSP)
ANTINEOPLASTIC, BCL-2 INHIBITORS		
VENCLEXTA ORAL TABLET 10 MG, 50 MG (<i>venetoclax</i>)	CE	PA; N7 (NPSP); QL (120 TABLETS per 30 days)
VENCLEXTA ORAL TABLET 100 MG (<i>venetoclax</i>)	CE	PA; N7 (NPSP); QL (180 TABLETS per 30 days)
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG (<i>venetoclax</i>)	CE	PA; N7 (NPSP); QL (1 TABLET per 28 days)
BIOLOGIC RESPONSE MODIFIERS		
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML (<i>ropeginterferon alfa-2b-njft</i>)	PSP	PA; QL (2 SYRINGES per 28 days)
DAURISMO ORAL TABLET 100 MG, 25 MG (<i>glasdegib maleate</i>)	CE	N7 (NF)
ERIVEDGE ORAL CAPSULE 150 MG (<i>vismodegib</i>)	CE	PA; N7 (PSP); QL (30 CAPSULES per 30 days)
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 5 mg</i>	CE	PA; N7 (PSP); QL (28 CAPSULES per 28 DAYs)
<i>lenalidomide oral capsule 20 mg, 25 mg</i>	CE	PA; N7 (PSP); QL (21 CAPSULES per 28 DAYs)
<i>pomalidomide oral capsule 1 mg, 2 mg, 3 mg, 4 mg</i>	CE	PA; N7 (PSP); QL (21 CAPSULES per 28 days)

2026 Pharmacy Drug Guide - Advanced Control Plan - Aetna

The formulary is updated the first week of each month
05/01/2026

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG (<i>pomalidomide</i>)	CE	PA; N7 (NPSP); QL (21 CAPSULES per 28 days)
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG (<i>lenalidomide</i>)	CE	N7 (NF)
THALOMID ORAL CAPSULE 100 MG (<i>thalidomide</i>)	PSP	PA; QL (112 CAPSULES per 28 days)
THALOMID ORAL CAPSULE 50 MG (<i>thalidomide</i>)	PSP	PA; QL (28 CAPSULES per 28 days)
HORMONAL ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate micronized oral tablet 125 mg</i>	CE	PA; N7 (PSP); QL (120 TABLETS per 30 Days)
<i>abiraterone acetate oral tablet 250 mg</i>	CE	PA; N7 (PSP); QL (120 TABLETS per 30 days)
<i>abiraterone acetate oral tablet 500 mg</i>	CE	PA; N7 (PSP); QL (60 TABLETS per 30 DAYS)
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG (<i>niraparib-abiraterone acetate</i>)	CE	N7 (NF)
<i>anastrozole oral tablet 1 mg</i>	CE	N7 (PG); AL (Min 35 Years)
<i>bicalutamide oral tablet 50 mg</i>	CE	N7 (PG)
ELIGARD SUBCUTANEOUS KIT 22.5 MG (<i>leuprolide acetate (3 month)</i>)	PSP	PA
ELIGARD SUBCUTANEOUS KIT 30 MG (<i>leuprolide acetate (4 month)</i>)	PSP	PA
ELIGARD SUBCUTANEOUS KIT 45 MG (<i>leuprolide acetate (6 month)</i>)	PSP	PA
ELIGARD SUBCUTANEOUS KIT 7.5 MG (<i>leuprolide acetate</i>)	PSP	PA
ERLEADA ORAL TABLET 240 MG (<i>apalutamide</i>)	CE	PA; N7 (PSP); QL (30 TABLETS per 30 DAYS)
ERLEADA ORAL TABLET 60 MG (<i>apalutamide</i>)	CE	PA; N7 (PSP); QL (120 TABLETS per 30 days)
EULEXIN ORAL CAPSULE 125 MG (<i>flutamide</i>)	CE	N7 (NF)
<i>exemestane oral tablet 25 mg</i>	CE	N7 (PG); AL (Min 35 Years)
FASLODEX INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 250 MG/5ML (<i>fulvestrant</i>)	NPSP	PA
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG/VIAL (<i>degarelix acetate</i>)	NF	
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG (<i>degarelix acetate</i>)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>fulvestrant intramuscular solution prefilled syringe 250 mg/5ml</i>	PSP	PA
INLURIYO ORAL TABLET 200 MG (<i>imlunestrant tosylate</i>)	CE	N7 (NF)
<i>letrozole oral tablet 2.5 mg</i>	CE	N7 (PG)
<i>leuprolide acetate injection kit 1 mg/0.2ml</i>	PSP	PA
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG (<i>leuprolide acetate</i>)	NPSP	PA
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 7.5 MG (<i>leuprolide acetate</i>)	NF	
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG (<i>leuprolide acetate (3 month)</i>)	NPSP	PA
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 22.5 MG (<i>leuprolide acetate (3 month)</i>)	NF	
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30 MG (<i>leuprolide acetate (4 month)</i>)	NF	
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45 MG (<i>leuprolide acetate (6 month)</i>)	NF	
LUTRATE DEPOT INTRAMUSCULAR INJECTABLE 22.5 MG (<i>leuprolide acetate (3 month)</i>)	NF	
LYSODREN ORAL TABLET 500 MG (<i>mitotane</i>)	CE	N7 (NPSP)
<i>megestrol acetate oral tablet 20 mg, 40 mg</i>	CE	N7 (PG)
<i>nilutamide oral tablet 150 mg</i>	CE	N7 (PG)
NUBEQA ORAL TABLET 300 MG (<i>darolutamide</i>)	CE	PA; N7 (PSP); QL (120 TABLETS per 30 days)
ORGOVYX ORAL TABLET 120 MG (<i>relugolix</i>)	CE	PA; N7 (NPSP); QL (30 TABLETS per 30 days)
ORSERDU ORAL TABLET 345 MG, 86 MG (<i>elacestrant hydrochloride</i>)	CE	N7 (NF)
<i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>	CE	N7 (PG); AL (Min 35 Years)
<i>toremifene citrate oral tablet 60 mg</i>	CE	N7 (PG)
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 22.5 MG, 3.75 MG (<i>triptorelin pamoate</i>)	NF	
VABRINTY SUBCUTANEOUS KIT 22.5 MG (<i>leuprolide acetate (3 month)</i>)	NF	
VABRINTY SUBCUTANEOUS KIT 30 MG (<i>leuprolide acetate (4 month)</i>)	NF	
VABRINTY SUBCUTANEOUS KIT 45 MG (<i>leuprolide acetate (6 month)</i>)	NF	

2026 Pharmacy Drug Guide - Advanced Control Plan - Aetna

The formulary is updated the first week of each month
05/01/2026

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VABRINTY SUBCUTANEOUS KIT 7.5 MG (<i>leuprolide acetate</i>)	NF	
XTANDI ORAL CAPSULE 40 MG (<i>enzalutamide</i>)	CE	PA; N7 (PSP); QL (120 CAPSULES per 30 days)
XTANDI ORAL TABLET 40 MG (<i>enzalutamide</i>)	CE	PA; N7 (PSP); QL (120 TABLETS per 30 DAYS)
XTANDI ORAL TABLET 80 MG (<i>enzalutamide</i>)	CE	PA; N7 (PSP); QL (60 TABLETS per 30 DAYS)
YONSA ORAL TABLET 125 MG (<i>abiraterone acetate micronized</i>)	CE	PA; N7 (PSP); QL (120 TABLETS per 30 Days)
ZYTIGA ORAL TABLET 250 MG, 500 MG (<i>abiraterone acetate</i>)	CE	N7 (NF)
KINASE INHIBITORS		
AFINITOR DISPERZ ORAL TABLET SOLUBLE 2 MG, 3 MG, 5 MG (<i>everolimus</i>)	CE	N7 (NF)
AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG (<i>everolimus</i>)	CE	N7 (NF)
ALECENSA ORAL CAPSULE 150 MG (<i>alectinib hcl</i>)	CE	PA; N7 (PSP); QL (240 CAPSULES per 30 days)
ALUNBRIG ORAL TABLET 180 MG, 90 MG (<i>brigatinib</i>)	CE	PA; N7 (PSP); QL (30 TABLETS per 30 days)
ALUNBRIG ORAL TABLET 30 MG (<i>brigatinib</i>)	CE	PA; N7 (PSP); QL (120 TABLETS per 30 days)
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG (<i>brigatinib</i>)	CE	PA; N7 (PSP); QL (30 TABLETS per 30 days)
AUGTYRO ORAL CAPSULE 160 MG (<i>repotrectinib</i>)	CE	PA; N7 (PSP); QL (60 CAPSULES per 30 days)
AUGTYRO ORAL CAPSULE 40 MG (<i>repotrectinib</i>)	CE	PA; N7 (PSP); QL (240 CAPSULES per 30 days)
AVMAPKI FAKZYNJA CO-PACK ORAL THERAPY PACK 0.8 & 200 MG (<i>avutometinib-defactinib</i>)	CE	N7 (NF)
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG (<i>avapritinib</i>)	CE	N7 (NF)
BALVERSA ORAL TABLET 3 MG (<i>erdafitinib</i>)	CE	PA; N7 (NPSP); QL (84 TABLETS per 28 days)
BALVERSA ORAL TABLET 4 MG (<i>erdafitinib</i>)	CE	PA; N7 (NPSP); QL (56 TABLETS per 28 days)
BALVERSA ORAL TABLET 5 MG (<i>erdafitinib</i>)	CE	PA; N7 (NPSP); QL (28 TABLETS per 28 days)

2026 Pharmacy Drug Guide - Advanced Control Plan - Aetna

The formulary is updated the first week of each month
05/01/2026

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BOSULIF ORAL CAPSULE 100 MG (<i>bosutinib</i>)	CE	PA; N7 (PSP); QL (300 CAPSULES per 30 DAYs)
BOSULIF ORAL CAPSULE 50 MG (<i>bosutinib</i>)	CE	PA; N7 (PSP); QL (30 CAPSULES per 30 DAYs)
BOSULIF ORAL TABLET 100 MG (<i>bosutinib</i>)	CE	PA; N7 (PSP); QL (90 TABLETS per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG (<i>bosutinib</i>)	CE	PA; N7 (PSP); QL (30 TABLETS per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG (<i>encorafenib</i>)	CE	PA; N7 (PSP); QL (180 CAPSULES per 30 days)
BRUKINSA ORAL CAPSULE 80 MG (<i>zanubrutinib</i>)	CE	PA; N7 (PSP); QL (120 CAPSULES per 30 days)
BRUKINSA ORAL TABLET 160 MG (<i>zanubrutinib</i>)	CE	PA; N7 (PSP); QL (60 TABLETS per 30 days)
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG (<i>cabozantinib s-malate</i>)	CE	PA; N7 (PSP); QL (30 TABLETS per 30 days)
CALQUENCE ORAL TABLET 100 MG (<i>acalabrutinib maleate</i>)	CE	PA; N7 (PSP); QL (60 TABLETS per 30 days)
CAPRELSA ORAL TABLET 100 MG (<i>vandetanib</i>)	CE	PA; N7 (NPSP); QL (60 TABLETS per 30 days)
CAPRELSA ORAL TABLET 300 MG (<i>vandetanib</i>)	CE	PA; N7 (NPSP); QL (30 TABLETS per 30 days)
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG (<i>cabozantinib s-malate</i>)	CE	PA; N7 (NPSP); QL (56 CAPSULES per 28 days)
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG (<i>cabozantinib s-malate</i>)	CE	PA; N7 (NPSP); QL (112 CAPSULES per 28 days)
COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG (<i>cabozantinib s-malate</i>)	CE	PA; N7 (NPSP); QL (1 KIT per 28 days)
COPIKTRA ORAL CAPSULE 15 MG, 25 MG (<i>duvelisib</i>)	CE	N7 (NF)
COTELLIC ORAL TABLET 20 MG (<i>cobimetinib fumarate</i>)	CE	N7 (NF)
DANZITEN ORAL TABLET 71 MG, 95 MG (<i>nilotinib tartrate</i>)	CE	N7 (NF)
<i>dasatinib oral tablet 100 mg, 140 mg, 50 mg, 70 mg, 80 mg</i>	CE	PA; N7 (PSP); QL (30 TABLETS per 30 DAYs)
<i>dasatinib oral tablet 20 mg</i>	CE	PA; N7 (PSP); QL (90 TABLETS per 30 DAYs)
ENSACOVE ORAL CAPSULE 100 MG, 25 MG (<i>ensartinib hcl</i>)	CE	N7 (NF)
<i>erlotinib hcl oral tablet 100 mg, 150 mg</i>	CE	PA; N7 (PSP); QL (30 TABLETS per 30 DAYs)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>erlotinib hcl oral tablet 25 mg</i>	CE	PA; N7 (PSP); QL (60 TABLETS per 30 days)
<i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	CE	PA; N7 (PSP); QL (30 TABLETS per 30 DAYS)
<i>everolimus oral tablet soluble 2 mg, 5 mg</i>	CE	PA; N7 (PSP); QL (60 TABLETS per 30 days)
<i>everolimus oral tablet soluble 3 mg</i>	CE	PA; N7 (PSP); QL (90 TABLETS per 30 days)
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG (<i>tivozanib hcl</i>)	CE	N7 (NF)
FRUZAQLA ORAL CAPSULE 1 MG (<i>fruquintinib</i>)	CE	PA; N7 (NPSP); QL (84 CAPSULES per 28 days)
FRUZAQLA ORAL CAPSULE 5 MG (<i>fruquintinib</i>)	CE	PA; N7 (NPSP); QL (21 CAPSULES per 28 days)
GAVRETO ORAL CAPSULE 100 MG (<i>pralsetinib</i>)	CE	PA; N7 (PSP); QL (120 CAPSULES per 30 days)
<i>gefitinib oral tablet 250 mg</i>	CE	PA; N7 (PSP); QL (30 TABLETS per 30 DAYS)
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG (<i>afatinib dimaleate</i>)	CE	PA; N7 (NPSP); QL (30 TABLETS per 30 days)
GLEEVEC ORAL TABLET 100 MG, 400 MG (<i>imatinib mesylate</i>)	CE	N7 (NF)
GOMEKLI ORAL CAPSULE 1 MG (<i>mirdametinib</i>)	CE	PA; N7 (PSP); QL (42 CAPSULES per 28 DAYS)
GOMEKLI ORAL CAPSULE 2 MG (<i>mirdametinib</i>)	CE	PA; N7 (PSP); QL (84 CAPSULES per 28 DAYS)
GOMEKLI ORAL TABLET SOLUBLE 1 MG (<i>mirdametinib</i>)	CE	PA; N7 (PSP); QL (168 TABLETS per 28 DAYS)
HERNEXEOS ORAL TABLET 60 MG (<i>zongertinib</i>)	CE	N7 (NF)
HYRNUO ORAL TABLET 10 MG (<i>sevabertinib</i>)	CE	N7 (NF)
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG (<i>palbociclib</i>)	CE	PA; N7 (PSP); QL (21 CAPSULES per 28 days)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG (<i>palbociclib</i>)	CE	PA; N7 (PSP); QL (21 TABLETS per 28 days)
IBTROZI ORAL CAPSULE 200 MG (<i>taletrectinib adipate</i>)	CE	PA; N7 (PSP); QL (90 CAPSULES per 30 days)
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG (<i>ponatinib hcl</i>)	CE	N7 (NF)
<i>imatinib mesylate oral tablet 100 mg</i>	CE	PA; N7 (PG); QL (120 TABLETS per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>imatinib mesylate oral tablet 400 mg</i>	CE	PA; N7 (PG); QL (60 TABLETS per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG (<i>ibrutinib</i>)	CE	N7 (NF)
IMBRUVICA ORAL SUSPENSION 70 MG/ML (<i>ibrutinib</i>)	CE	N7 (NF)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG (<i>ibrutinib</i>)	CE	N7 (NF)
<i>imkeldi oral solution 80 mg/ml</i>	CE	N7 (NF)
INLYTA ORAL TABLET 1 MG (<i>axitinib</i>)	CE	PA; N7 (PSP); QL (240 TABLETS per 30 days)
INLYTA ORAL TABLET 5 MG (<i>axitinib</i>)	CE	PA; N7 (PSP); QL (120 TABLETS per 30 days)
INREBIC ORAL CAPSULE 100 MG (<i>fedratinib hcl</i>)	CE	N7 (NF)
IRESSA ORAL TABLET 250 MG (<i>gefitinib</i>)	CE	N7 (NF)
ITOVEBI ORAL TABLET 3 MG (<i>inavolisib</i>)	CE	PA; N7 (NPSP); QL (60 TABLETS per 30 days)
ITOVEBI ORAL TABLET 9 MG (<i>inavolisib</i>)	CE	PA; N7 (NPSP); QL (30 TABLETS per 30 days)
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG (<i>ruxolitinib phosphate</i>)	CE	PA; IBC (Preferred for Polycythemia Vera, Graft-versus-host disease (GVHD) and Oncology); N7 (PSP); QL (60 TABLETS per 30 days)
JAYPIRCA ORAL TABLET 100 MG, 50 MG (<i>pirtobrutinib</i>)	CE	N7 (NF)
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK 200 MG (<i>ribociclib succinate</i>)	CE	PA; N7 (PSP); QL (21 TABLETS per 28 days)
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG (<i>ribociclib succinate</i>)	CE	PA; N7 (PSP); QL (42 TABLETS per 28 days)
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG (<i>ribociclib succinate</i>)	CE	PA; N7 (PSP); QL (63 TABLETS per 28 days)
KOSELUGO ORAL CAPSULE 10 MG (<i>selumetinib sulfate</i>)	CE	PA; N7 (PSP); QL (240 CAPSULES per 30 days)
KOSELUGO ORAL CAPSULE 25 MG (<i>selumetinib sulfate</i>)	CE	PA; N7 (PSP); QL (120 CAPSULES per 30 days)
KOSELUGO ORAL CAPSULE SPRINKLE 5 MG, 7.5 MG (<i>selumetinib sulfate</i>)	CE	N7 (NF)
<i>lapatinib ditosylate oral tablet 250 mg</i>	CE	PA; N7 (PSP); QL (180 TABLETS per 30 DAYS)
LAZCLUZE ORAL TABLET 240 MG, 80 MG (<i>lazertinib mesylate</i>)	CE	N7 (NF)

2026 Pharmacy Drug Guide - Advanced Control Plan - Aetna

The formulary is updated the first week of each month
05/01/2026

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG (<i>lenvatinib mesylate</i>)	CE	PA; N7 (PSP); QL (30 CAPSULES per 30 days)
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG (<i>lenvatinib mesylate</i>)	CE	PA; N7 (PSP); QL (90 CAPSULES per 30 days)
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG (<i>lenvatinib mesylate</i>)	CE	PA; N7 (PSP); QL (60 CAPSULES per 30 days)
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG (<i>lenvatinib mesylate</i>)	CE	PA; N7 (PSP); QL (90 CAPSULES per 30 days)
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG (<i>lenvatinib mesylate</i>)	CE	PA; N7 (PSP); QL (60 CAPSULES per 30 days)
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG (<i>lenvatinib mesylate</i>)	CE	PA; N7 (PSP); QL (90 CAPSULES per 30 days)
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG (<i>lenvatinib mesylate</i>)	CE	PA; N7 (PSP); QL (30 CAPSULES per 30 days)
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG (<i>lenvatinib mesylate</i>)	CE	PA; N7 (PSP); QL (60 CAPSULES per 30 days)
LORBRENA ORAL TABLET 100 MG (<i>lorlatinib</i>)	CE	PA; N7 (NPSP); QL (30 TABLETS per 30 days)
LORBRENA ORAL TABLET 25 MG (<i>lorlatinib</i>)	CE	PA; N7 (NPSP); QL (90 TABLETS per 30 days)
LYTGOBI (12 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG (<i>futibatinib</i>)	CE	N7 (NF)
LYTGOBI (16 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG (<i>futibatinib</i>)	CE	N7 (NF)
LYTGOBI (20 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG (<i>futibatinib</i>)	CE	N7 (NF)
MEKINIST ORAL SOLUTION RECONSTITUTED 0.05 MG/ML (<i>trametinib dimethyl sulfoxide</i>)	CE	PA; N7 (PSP); QL (1080 ML per 28 days)
MEKINIST ORAL TABLET 0.5 MG (<i>trametinib dimethyl sulfoxide</i>)	CE	PA; N7 (PSP); QL (90 TABLETS per 30 days)
MEKINIST ORAL TABLET 2 MG (<i>trametinib dimethyl sulfoxide</i>)	CE	PA; N7 (PSP); QL (30 TABLETS per 30 days)
MEKTOVI ORAL TABLET 15 MG (<i>binimetinib</i>)	CE	PA; N7 (PSP); QL (180 TABLETS per 30 days)
NERLYNX ORAL TABLET 40 MG (<i>neratinib maleate</i>)	CE	PA; N7 (NPSP); QL (180 TABLETS per 30 days)
NEXAVAR ORAL TABLET 200 MG (<i>sorafenib tosylate</i>)	CE	N7 (NF)
<i>nilotinib d-tartrate oral capsule 150 mg, 200 mg, 50 mg</i>	CE	N7 (NF)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>nilotinib hcl oral capsule 150 mg, 200 mg, 50 mg</i>	CE	PA; N7 (PSP); N8 (Generic of Tasigna); QL (120 CAPSULES per 30 DAYs)
OJEMDA ORAL SUSPENSION RECONSTITUTED 25 MG/ML (<i>tovorafenib</i>)	CE	N7 (NF)
OJEMDA ORAL TABLET 100 MG (<i>tovorafenib</i>)	CE	N7 (NF)
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG (<i>mometotinib dihydrochloride</i>)	NPSP	PA; QL (30 TABLETS per 30 DAYs)
<i>pazopanib hcl oral tablet 200 mg</i>	CE	PA; N7 (PSP); QL (120 TABLETS per 30 Days)
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG (<i>pemigatinib</i>)	CE	N7 (NF)
PHYRAGO ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG (<i>dasatinib</i>)	CE	N7 (NF)
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 MG (<i>alpelisib</i>)	CE	PA; N7 (PSP); QL (28 TABLETS per 28 days)
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50 MG (<i>alpelisib</i>)	CE	PA; N7 (PSP); QL (56 TABLETS per 28 days)
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150 MG (<i>alpelisib</i>)	CE	PA; N7 (PSP); QL (56 TABLETS per 28 days)
QINLOCK ORAL TABLET 50 MG (<i>ripretinib</i>)	CE	N7 (NF)
RETEVMO ORAL TABLET 120 MG, 160 MG (<i>selpercatinib</i>)	CE	PA; N7 (PSP); QL (60 TABLETS per 30 days)
RETEVMO ORAL TABLET 40 MG (<i>selpercatinib</i>)	CE	PA; N7 (PSP); QL (90 TABLETS per 30 days)
RETEVMO ORAL TABLET 80 MG (<i>selpercatinib</i>)	CE	PA; N7 (PSP); QL (120 TABLETS per 30 days)
ROMVIMZA ORAL CAPSULE 14 MG, 20 MG, 30 MG (<i>vimseltinib</i>)	CE	N7 (NF)
ROZLYTREK ORAL CAPSULE 100 MG (<i>entrectinib</i>)	CE	PA; N7 (PSP); QL (30 CAPSULES per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG (<i>entrectinib</i>)	CE	PA; N7 (PSP); QL (90 CAPSULES per 30 days)
ROZLYTREK ORAL PACKET 50 MG (<i>entrectinib</i>)	CE	PA; N7 (PSP); QL (8 CARTONS per 28 days)
RYDAPT ORAL CAPSULE 25 MG (<i>midostaurin</i>)	CE	PA; N7 (PSP); QL (224 CAPSULES per 28 days)
SCSEMBLIX ORAL TABLET 100 MG (<i>asciminib hcl</i>)	CE	PA; N7 (PSP); QL (120 TABLETS per 30 days)

2026 Pharmacy Drug Guide - Advanced Control Plan - Aetna

The formulary is updated the first week of each month
05/01/2026

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SCEMBLIX ORAL TABLET 20 MG (<i>asciminib hcl</i>)	CE	PA; N7 (PSP); QL (60 TABLETS per 30 days)
SCEMBLIX ORAL TABLET 40 MG (<i>asciminib hcl</i>)	CE	PA; N7 (PSP); QL (240 TABLETS per 30 days)
<i>sorafenib tosylate oral tablet 200 mg</i>	CE	PA; N7 (PSP); QL (120 TABLETS per 30 DAYS)
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG (<i>dasatinib</i>)	CE	N7 (NF)
STIVARGA ORAL TABLET 40 MG (<i>regorafenib</i>)	CE	PA; N7 (PSP); QL (84 TABLETS per 28 days)
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	CE	PA; N7 (PSP); QL (30 CAPSULES per 30 DAYS)
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG (<i>sunitinib malate</i>)	CE	N7 (NF)
TABRECTA ORAL TABLET 150 MG, 200 MG (<i>capmatinib hcl</i>)	CE	N7 (NF)
TAFINLAR ORAL CAPSULE 50 MG, 75 MG (<i>dabrafenib mesylate</i>)	CE	PA; N7 (PSP); QL (120 CAPSULES per 30 days)
TAFINLAR ORAL TABLET SOLUBLE 10 MG (<i>dabrafenib mesylate</i>)	CE	PA; N7 (PSP); QL (840 TABLETS per 28 days)
TAGRISSO ORAL TABLET 40 MG, 80 MG (<i>osimertinib mesylate</i>)	CE	PA; N7 (PSP); QL (30 TABLETS per 30 days)
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG (<i>nilotinib hcl</i>)	CE	N7 (NF)
TEPMETKO ORAL TABLET 225 MG (<i>tepotinib hcl</i>)	CE	N7 (NF)
<i>everolimus</i> (Torpenz Oral Tablet 10 Mg, 2.5 Mg, 5 Mg, 7.5 Mg)	CE	PA; N7 (PSP); QL (30 TABLETS per 30 days)
TRUQAP ORAL TABLET 200 MG (<i>capivasertib</i>)	CE	PA; N7 (PSP); QL (64 TABLETS per 28 days)
TRUQAP ORAL TABLET THERAPY PACK 160 MG, 200 MG (<i>capivasertib</i>)	CE	PA; N7 (PSP); QL (64 TABLETS per 28 days)
TUKYSA ORAL TABLET 150 MG, 50 MG (<i>tucatinib</i>)	CE	PA; N7 (NPSP); QL (120 TABLETS per 30 days)
TURALIO ORAL CAPSULE 125 MG (<i>pexidartinib hcl</i>)	CE	PA; N7 (PSP); QL (120 CAPSULES per 30 days)
TYKERB ORAL TABLET 250 MG (<i>lapatinib ditosylate</i>)	CE	PA; N7 (NPSP); QL (180 TABLETS per 30 days)
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG (<i>quizartinib dihydrochloride</i>)	CE	PA; N7 (NPSP); QL (56 TABLETS per 28 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (<i>abemaciclib</i>)	CE	PA; N7 (NPSP); QL (56 TABLETS per 28 days)
VITRAKVI ORAL CAPSULE 100 MG (<i>larotrectinib sulfate</i>)	CE	PA; N7 (PSP); QL (60 CAPSULES per 30 days)
VITRAKVI ORAL CAPSULE 25 MG (<i>larotrectinib sulfate</i>)	CE	PA; N7 (PSP); QL (180 CAPSULES per 30 days)
VITRAKVI ORAL SOLUTION 20 MG/ML (<i>larotrectinib sulfate</i>)	CE	PA; N7 (PSP); QL (300 ML per 30 days)
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG (<i>dacomitinib</i>)	CE	N7 (NF)
VONJO ORAL CAPSULE 100 MG (<i>pacritinib citrate</i>)	CE	PA; N7 (NPSP); QL (120 CAPSULES per 30 days)
VOTRIENT ORAL TABLET 200 MG (<i>pazopanib hcl</i>)	CE	N7 (NF)
XALKORI ORAL CAPSULE 200 MG, 250 MG (<i>crizotinib</i>)	CE	N7 (NF)
XALKORI ORAL CAPSULE SPRINKLE 150 MG (<i>crizotinib</i>)	CE	PA; N7 (NPSP); QL (180 CAPSULES per 30 days)
XALKORI ORAL CAPSULE SPRINKLE 20 MG, 50 MG (<i>crizotinib</i>)	CE	PA; N7 (NPSP); QL (120 CAPSULES per 30 days)
XOSPATA ORAL TABLET 40 MG (<i>gilteritinib fumarate</i>)	CE	PA; N7 (PSP); QL (90 TABLETS per 30 days)
ZELBORAF ORAL TABLET 240 MG (<i>vemurafenib</i>)	CE	N7 (NF)
ZYDELIG ORAL TABLET 100 MG, 150 MG (<i>idelalisib</i>)	CE	N7 (NF)
ZYKADIA ORAL TABLET 150 MG (<i>ceritinib</i>)	CE	PA; N7 (PSP); QL (90 TABLETS per 30 days)
MISCELLANEOUS		
<i>bexarotene oral capsule 75 mg</i>	CE	PA; N7 (PSP)
<i>hydroxyurea oral capsule 500 mg</i>	CE	N7 (PG)
IDHIFA ORAL TABLET 100 MG, 50 MG (<i>enasidenib mesylate</i>)	CE	PA; N7 (NPSP); QL (30 TABLETS per 30 days)
IWILFIN ORAL TABLET 192 MG (<i>eflornithine hcl</i>)	CE	PA; N7 (NPSP); QL (240 TABLETS per 30 days)
KOMZIFTI ORAL CAPSULE 200 MG (<i>ziftomenib</i>)	CE	N7 (NF)
KRAZATI ORAL TABLET 200 MG (<i>adagrasib</i>)	CE	PA; N7 (PSP); QL (180 TABLETS per 30 days)
LUMAKRAS ORAL TABLET 120 MG (<i>sotorasib</i>)	CE	PA; N7 (PSP); QL (240 TABLETS per 30 days)
LUMAKRAS ORAL TABLET 240 MG (<i>sotorasib</i>)	CE	PA; N7 (PSP); QL (120 TABLETS per 30 days)

2026 Pharmacy Drug Guide - Advanced Control Plan - Aetna

The formulary is updated the first week of each month
05/01/2026

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LUMAKRAS ORAL TABLET 320 MG (<i>sotorasib</i>)	CE	PA; N7 (PSP); QL (90 TABLETS per 30 days)
LYNPARZA ORAL TABLET 100 MG, 150 MG (<i>olaparib</i>)	CE	PA; N7 (PSP); QL (120 TABLETS per 30 days)
MODEYSO ORAL CAPSULE 125 MG (<i>dordaviprone hcl</i>)	CE	N7 (NF)
ODOMZO ORAL CAPSULE 200 MG (<i>sonidegib phosphate</i>)	CE	PA; N7 (PSP); QL (30 CAPSULES per 30 days)
OGSIVEO ORAL TABLET 100 MG, 150 MG (<i>nirogacestat hydrobromide</i>)	CE	N7 (NF)
REVUFORJ ORAL TABLET 110 MG (<i>revumenib citrate</i>)	CE	PA; N7 (NPSP); QL (120 TABLETS per 30 days)
REVUFORJ ORAL TABLET 160 MG (<i>revumenib citrate</i>)	CE	PA; N7 (NPSP); QL (60 TABLETS per 30 days)
REVUFORJ ORAL TABLET 25 MG (<i>revumenib citrate</i>)	CE	PA; N7 (NPSP); QL (240 TABLETS per 30 days)
REZLIDHIA ORAL CAPSULE 150 MG (<i>olutasidenib</i>)	CE	N7 (NF)
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG (<i>rucaparib camsylate</i>)	CE	N7 (NF)
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG (<i>talazoparib tosylate</i>)	CE	N7 (NF)
TARGRETIN ORAL CAPSULE 75 MG (<i>bexarotene</i>)	CE	N7 (NF)
TIBSOVO ORAL TABLET 250 MG (<i>ivosidenib</i>)	CE	PA; N7 (NPSP); QL (60 TABLETS per 30 days)
<i>tretinoin oral capsule 10 mg</i>	CE	N7 (PG)
VISTOGARD ORAL PACKET 10 GM (<i>uridine triacetate</i>)	PSP	QL (20 PACKETS per 5 days)
VORANIGO ORAL TABLET 10 MG (<i>vorasidenib</i>)	CE	PA; N7 (NPSP); QL (60 TABLETS per 30 DAYS)
VORANIGO ORAL TABLET 40 MG (<i>vorasidenib</i>)	CE	PA; N7 (NPSP); QL (30 TABLETS per 30 DAYS)
WELIREG ORAL TABLET 40 MG (<i>belzutifan</i>)	CE	N7 (NF)
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG (<i>selinexor</i>)	CE	PA; N7 (NPSP); QL (8 TABLETS per 28 days)
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 10 MG (<i>selinexor</i>)	CE	PA; N7 (NPSP); QL (16 TABLETS per 28 days)
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG (<i>selinexor</i>)	CE	PA; N7 (NPSP); QL (8 TABLETS per 28 days)
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG (<i>selinexor</i>)	CE	PA; N7 (NPSP); QL (4 TABLETS per 28 days)

2026 Pharmacy Drug Guide - Advanced Control Plan - Aetna

The formulary is updated the first week of each month
05/01/2026

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG (<i>selinexor</i>)	CE	PA; N7 (NPSP); QL (24 TABLETS per 28 days)
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG (<i>selinexor</i>)	CE	PA; N7 (NPSP); QL (8 TABLETS per 28 days)
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 80 MG (<i>selinexor</i>)	CE	PA; N7 (NPSP)
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG (<i>selinexor</i>)	CE	PA; N7 (NPSP); QL (32 TABLETS per 28 days)
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG (<i>niraparib tosylate</i>)	CE	PA; N7 (PSP); QL (30 TABLETS per 30 DAYs)
ZOLINZA ORAL CAPSULE 100 MG (<i>vorinostat</i>)	CE	PA; N7 (NPSP); QL (120 CAPSULES per 30 days)
PROTEASOME INHIBITORS		
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG (<i>ixazomib citrate</i>)	CE	PA; N7 (PSP); QL (3 CAPSULES per 28 days)
PROTECTIVE AGENTS		
LEDERLE LEUCOVORIN ORAL TABLET 5 MG (<i>leucovorin calcium</i>)	CE	N7 (PG)
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg</i>	CE	N7 (PG)
TOPOISOMERASE INHIBITOR		
HYCAMTIN ORAL CAPSULE 0.25 MG (<i>topotecan hcl</i>)	CE	PA; N7 (NPSP)
TOPOISOMERASE INHIBITORS		
<i>etoposide oral capsule 50 mg</i>	CE	N7 (PG)
HYCAMTIN ORAL CAPSULE 1 MG (<i>topotecan hcl</i>)	CE	PA; N7 (NPSP)
CARDIOVASCULAR - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS		
ACE INHIBITOR COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
<i>amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	PG	
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	PG	
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	NF	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	PG	
<i>fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg</i>	PG	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	PG	N8 (Listing does not include certain NDCs)

2026 Pharmacy Drug Guide - Advanced Control Plan - Aetna

The formulary is updated the first week of each month
05/01/2026

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRESTALIA ORAL TABLET 14-10 MG, 3.5-2.5 MG, 7-5 MG (<i>perindopril arg-amlodipine</i>)	NF	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg</i>	PG	
<i>quinapril-hydrochlorothiazide oral tablet 20-12.5 mg, 20-25 mg</i>	NF	
<i>trandolapril-verapamil hcl er oral tablet extended release 1-240 mg</i>	PG	
ZESTORETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG (<i>lisinopril-hydrochlorothiazide</i>)	NF	
ACE INHIBITORS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
<i>benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	PG	
<i>enalapril maleate oral solution 1 mg/ml</i>	PG	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	PG	N8 (Listing does not include certain NDCs)
EPANED ORAL SOLUTION 1 MG/ML (<i>enalapril maleate</i>)	NF	
<i>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>moexipril hcl oral tablet 15 mg, 7.5 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	NP	
<i>quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	PG	
ALDOSTERONE RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
CAROSPIR ORAL SUSPENSION 25 MG/5ML (<i>spironolactone</i>)	NF	
<i>eplerenone oral tablet 25 mg, 50 mg</i>	NP	
KERENDIA ORAL TABLET 10 MG, 20 MG, 40 MG (<i>finerenone</i>)	PB	
<i>spironolactone oral suspension 25 mg/5ml</i>	NF	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	PG	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ALPHA BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
<i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>	PG	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
<i>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	PG	
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	NP	
<i>amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>	PG	
ATACAND HCT ORAL TABLET 16-12.5 MG, 32-12.5 MG, 32-25 MG (<i>candesartan cilexetil-hctz</i>)	NF	
AZOR ORAL TABLET 10-20 MG, 10-40 MG, 5-20 MG, 5-40 MG (<i>amlodipine-olmesartan</i>)	NF	
BENICAR HCT ORAL TABLET 20-12.5 MG, 40-12.5 MG, 40-25 MG (<i>olmesartan medoxomil-hctz</i>)	NF	
<i>candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	PG	
DIOVAN HCT ORAL TABLET 160-12.5 MG, 160-25 MG, 320-12.5 MG, 320-25 MG, 80-12.5 MG (<i>valsartan-hydrochlorothiazide</i>)	NF	
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG (<i>azilsartan-chlorthalidone</i>)	NF	
EXFORGE HCT ORAL TABLET 10-160-12.5 MG, 10-160-25 MG, 10-320-25 MG, 5-160-12.5 MG, 5-160-25 MG (<i>amlodipine-valsartan-hctz</i>)	NF	
EXFORGE ORAL TABLET 10-160 MG, 10-320 MG, 5-160 MG, 5-320 MG (<i>amlodipine besylate-valsartan</i>)	NF	
HYZAAR ORAL TABLET 100-12.5 MG, 100-25 MG, 50-12.5 MG (<i>losartan potassium-hctz</i>)	NF	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	PG	
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	PG	
MICARDIS HCT ORAL TABLET 40-12.5 MG, 80-12.5 MG, 80-25 MG (<i>telmisartan-hctz</i>)	NF	
<i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	PG	

2026 Pharmacy Drug Guide - Advanced Control Plan - Aetna

The formulary is updated the first week of each month
05/01/2026

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	NP	
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	NP	
<i>telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	PG	
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	PG	
ANGIOTENSIN II RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
ARBLI ORAL SUSPENSION 10 MG/ML (<i>losartan potassium</i>)	NF	
ATACAND ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG (<i>candesartan cilexetil</i>)	NF	
BENICAR ORAL TABLET 20 MG, 40 MG, 5 MG (<i>olmesartan medoxomil</i>)	NF	
<i>candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	PG	
COZAAR ORAL TABLET 100 MG, 25 MG, 50 MG (<i>losartan potassium</i>)	NF	
DIOVAN ORAL TABLET 160 MG, 320 MG, 40 MG, 80 MG (<i>valsartan</i>)	NF	
EDARBI ORAL TABLET 40 MG, 80 MG (<i>azilsartan medoxomil</i>)	NF	
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>losartan potassium oral tablet 100 mg, 25 mg, 50 mg</i>	PG	
MICARDIS ORAL TABLET 40 MG, 80 MG (<i>telmisartan</i>)	NF	
<i>olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg</i>	PG	
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	PG	
<i>valsartan oral solution 4 mg/ml</i>	NF	
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	PG	
ANTIARRHYTHMICS - DRUGS TO CONTROL HEART RHYTHM		
<i>amiodarone hcl oral tablet 100 mg, 200 mg, 400 mg</i>	PG	
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG (<i>sotalol hcl af</i>)	NF	
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG (<i>sotalol hcl</i>)	NF	
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	PG	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	PSP	

2026 Pharmacy Drug Guide - Advanced Control Plan - Aetna

The formulary is updated the first week of each month
05/01/2026

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>flecainide acetate oral tablet 100 mg, 150 mg</i>	PG	
<i>flecainide acetate oral tablet 50 mg</i>	PG	N8 (Listing does not include certain NDCs)
MULTAQ ORAL TABLET 400 MG (<i>dronedarone hcl</i>)	PB	
NORPACE ORAL CAPSULE 100 MG, 150 MG (<i>disopyramide phosphate</i>)	NF	
<i>propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg</i>	PG	
<i>propafenone hcl oral tablet 150 mg, 225 mg, 300 mg</i>	PG	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	NF	
<i>sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg</i>	PG	
<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	PG	
TIKOSYN ORAL CAPSULE 125 MCG, 250 MCG, 500 MCG (<i>dofetilide</i>)	NPSP	ST
ANTIPEMICS, ACL INHIBITORS/COMBINATIONS - DRUGS TO TREAT HIGH CHOLESTEROL		
NEXLETOL ORAL TABLET 180 MG (<i>bempedoic acid</i>)	PB	
NEXLIZET ORAL TABLET 180-10 MG (<i>bempedoic acid-ezetimibe</i>)	PB	
ANTIPEMICS, BILE ACID RESINS - DRUGS TO TREAT HIGH CHOLESTEROL		
<i>cholestyramine light oral packet 4 gm</i>	PG	
<i>cholestyramine light oral powder 4 gm/dose</i>	PG	
<i>cholestyramine oral packet 4 gm</i>	PG	
<i>cholestyramine oral powder 4 gm/dose</i>	PG	N8 (Listing does not include certain NDCs)
<i>colesevelam hcl oral packet 3.75 gm</i>	PG	
<i>colesevelam hcl oral tablet 625 mg</i>	PG	
<i>colestipol hcl oral granules 5 gm</i>	PG	
<i>colestipol hcl oral packet 5 gm</i>	PG	
<i>colestipol hcl oral tablet 1 gm</i>	PG	
ANTIPEMICS, CHOLESTEROL ABSORPTION INHIBITOR - DRUGS TO TREAT HIGH CHOLESTEROL		
<i>ezetimibe oral tablet 10 mg</i>	PG	
ZETIA ORAL TABLET 10 MG (<i>ezetimibe</i>)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTILIPEMICS, FIBRATES - DRUGS TO TREAT HIGH CHOLESTEROL		
<i>fenofibrate micronized oral capsule 130 mg</i>	NF	
<i>fenofibrate micronized oral capsule 134 mg, 67 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>fenofibrate micronized oral capsule 43 mg</i>	NP	
<i>fenofibrate oral capsule 150 mg</i>	NP	
<i>fenofibrate oral capsule 200 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>fenofibrate oral capsule 50 mg</i>	NF	
<i>fenofibrate oral tablet 120 mg, 40 mg</i>	NF	
<i>fenofibrate oral tablet 145 mg, 48 mg</i>	PG	
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>fenofibric acid oral capsule delayed release 135 mg, 45 mg</i>	PG	
<i>fenofibric acid oral tablet 105 mg, 35 mg</i>	NP	
<i>gemfibrozil oral tablet 600 mg</i>	PG	N8 (Listing does not include certain NDCs)
TRICOR ORAL TABLET 145 MG (<i>fenofibrate</i>)	NF	
ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS - DRUGS TO TREAT HIGH CHOLESTEROL		
ATORVALIQ ORAL SUSPENSION 20 MG/5ML (<i>atorvastatin calcium</i>)	NF	
<i>atorvastatin calcium oral tablet 10 mg, 20 mg</i>	CE	N7 (PG); AL (Min 40 Years and Max 75 Years)
<i>atorvastatin calcium oral tablet 40 mg, 80 mg</i>	PG	N8 (Exception process available for \$0 copay for members age 40 through 75 when medically necessary for primary prevention of cardiovascular disease)
CRESTOR ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG (<i>rosuvastatin calcium</i>)	NF	
EZALLOR SPRINKLE ORAL CAPSULE SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG (<i>rosuvastatin calcium</i>)	NF	
<i>flolipid oral suspension 20 mg/5ml, 40 mg/5ml</i>	NF	
<i>fluvastatin sodium er oral tablet extended release 24 hour 80 mg</i>	PG	
<i>fluvastatin sodium oral capsule 20 mg, 40 mg</i>	PG	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LESCOL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 80 MG (<i>fluvastatin sodium</i>)	NF	
LIPITOR ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG (<i>atorvastatin calcium</i>)	NF	
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG (<i>pitavastatin calcium</i>)	NF	
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	PG	
<i>pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg</i>	NF	
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	PG	
<i>rosuvastatin calcium oral tablet 10 mg, 20 mg, 5 mg</i>	PG	
<i>rosuvastatin calcium oral tablet 40 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	CE	N7 (PG); AL (Min 40 Years and Max 75 Years)
<i>simvastatin oral tablet 80 mg</i>	PG	N8 (Exception process available for \$0 copay for members age 40 through 75 when medically necessary for primary prevention of cardiovascular disease)
ZYPITAMAG ORAL TABLET 2 MG, 4 MG (<i>pitavastatin magnesium</i>)	NF	
ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS/COMBINATIONS - DRUGS TO TREAT HIGH CHOLESTEROL		
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	PG	
ANTILIPEMICS, MISCELLANEOUS - DRUGS TO TREAT HIGH CHOLESTEROL		
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG (<i>lomitapide mesylate</i>)	NF	
<i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg</i>	PG	
NIACOR ORAL TABLET 500 MG (<i>niacin (antihyperlipidemic)</i>)	NF	
ANTILIPEMICS, OMEGA-3 FATTY ACIDS - DRUGS TO TREAT HIGH CHOLESTEROL		
<i>icosapent ethyl oral capsule 0.5 gm, 1 gm</i>	NF	
LOVAZA ORAL CAPSULE 1 GM (<i>omega-3-acid ethyl esters</i>)	NF	
<i>omega-3-acid ethyl esters oral capsule 1 gm</i>	PG	

2026 Pharmacy Drug Guide - Advanced Control Plan - Aetna

The formulary is updated the first week of each month
05/01/2026

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VASCEPA ORAL CAPSULE 0.5 GM, 1 GM (<i>icosapent ethyl</i>)	PB	
ANTILIPEMICS, PCSK9 INHIBITORS - DRUGS TO TREAT HIGH CHOLESTEROL		
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 75 MG/ML (<i>alirocumab</i>)	NF	
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML (<i>evolocumab</i>)	PB	PA; QL (3 SYRINGES per 28 days)
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML (<i>evolocumab</i>)	PB	PA; QL (3 PENS per 28 days)
BETA-BLOCKER/DIURETIC COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
<i>atenolol-chlorthalidone oral tablet 100-25 mg</i>	PG	
<i>atenolol-chlorthalidone oral tablet 50-25 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	PG	
<i>metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	PG	
BETA-BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>	PG	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	PG	
<i>betaxolol hcl oral tablet 10 mg, 20 mg</i>	PG	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	PG	
<i>bisoprolol fumarate oral tablet 2.5 mg</i>	NF	
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG (<i>nebivolol hcl</i>)	NF	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	PG	
<i>carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg</i>	NP	N8 (Listing does not include certain NDCs)
COREG CR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 40 MG, 80 MG (<i>carvedilol phosphate</i>)	NF	
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 160 MG, 60 MG, 80 MG (<i>propranolol hcl</i>)	NF	
INDERAL XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG (<i>propranolol hcl sr beads</i>)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG (<i>propranolol hcl sr beads</i>)	NF	
KAPSPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 200 MG, 25 MG, 50 MG (<i>metoprolol succinate</i>)	NF	
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>labetalol hcl oral tablet 400 mg</i>	PG	
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i>	PG	
<i>metoprolol tartrate oral tablet 100 mg, 12.5 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	PG	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	PG	
<i>nebivolol hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>pindolol oral tablet 10 mg, 5 mg</i>	PG	
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg</i>	PG	
<i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>	PG	
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	PG	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	PG	
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 50 MG (<i>metoprolol succinate</i>)	NF	
CALCIUM CHANNEL BLOCKER/ANTILIPEMIC COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	NP	
CALCIUM CHANNEL BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
<i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>	PG	
CARDAMYST NASAL SOLUTION 2 X 70 MG/DOSE (<i>etripamil</i>)	NF	
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG (<i>diltiazem hcl coated beads</i>)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (<i>diltiazem hcl</i>)	NF	
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG (<i>diltiazem hcl</i>)	NF	
CONJUPRI ORAL TABLET 2.5 MG, 5 MG (<i>levamlodipine maleate</i>)	NF	
<i>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	PG	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	PG	
<i>diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i>	PG	
<i>diltiazem hcl er oral tablet extended release 24 hour 120 mg</i>	NF	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	PG	
<i>felodipine er oral tablet extended release 24 hour 10 mg</i>	PG	
<i>felodipine er oral tablet extended release 24 hour 2.5 mg, 5 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	PG	
KATERZIA ORAL SUSPENSION 1 MG/ML (<i>amlodipine benzoate</i>)	NF	
<i>levamlodipine maleate oral tablet 2.5 mg, 5 mg</i>	NF	
<i>diltiazem hcl (Matzim La Oral Tablet Extended Release 24 Hour 180 Mg, 240 Mg, 300 Mg, 360 Mg, 420 Mg)</i>	NF	
<i>nicardipine hcl oral capsule 20 mg, 30 mg</i>	PG	
<i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	PG	
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>nifedipine oral capsule 10 mg, 20 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>nimodipine oral capsule 30 mg</i>	PG	
<i>nimodipine oral solution 60 mg/20ml</i>	PG	
<i>nisoldipine er oral tablet extended release 24 hour 17 mg, 34 mg, 8.5 mg</i>	PG	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NORLIQVA ORAL SOLUTION 1 MG/ML (<i>amlodipine besylate</i>)	NF	
NORVASC ORAL TABLET 10 MG, 2.5 MG, 5 MG (<i>amlodipine besylate</i>)	NF	
SDAMLO ORAL SOLUTION RECONSTITUTED 10 MG, 2.5 MG, 5 MG (<i>amlodipine besylate</i>)	NF	
<i>verapamil hcl er capsule extended release 24 hour 100 mg oral</i>	NF	
<i>verapamil hcl er capsule extended release 24 hour 100 mg oral</i>	PG	
<i>verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>verapamil hcl er oral capsule extended release 24 hour 200 mg, 240 mg, 300 mg, 360 mg</i>	PG	
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	PG	
<i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>	PG	N8 (Listing does not include certain NDCs)
DIGITALIS GLYCOSIDES - DRUGS TO TREAT HEART CONDITIONS		
<i>digoxin oral solution 0.05 mg/ml</i>	PG	
<i>digoxin oral tablet 125 mcg, 250 mcg, 62.5 mcg</i>	PG	
LANOXIN ORAL TABLET 125 MCG, 250 MCG (<i>digoxin</i>)	NF	
DIRECT RENIN INHIBITORS/COMBINATIONS - DRUGS TO TREAT HEART CONDITIONS		
<i>aliskiren fumarate oral tablet 150 mg, 300 mg</i>	PG	
DIURETICS - DRUGS TO TREAT HEART CONDITIONS		
<i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>	NP	
<i>acetazolamide oral tablet 125 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>acetazolamide oral tablet 250 mg</i>	PG	
<i>amiloride hcl oral tablet 5 mg</i>	PG	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	PG	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	PG	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	PG	
<i>dichlorphenamide oral tablet 50 mg</i>	PSP	PA; QL (120 TABLETS per 30 DAYs)
DYRENIUM ORAL CAPSULE 100 MG, 50 MG (<i>triamterene</i>)	NF	
ENBUMYST NASAL SOLUTION 0.5 MG/0.1ML (<i>bumetanide</i>)	NF	

2026 Pharmacy Drug Guide - Advanced Control Plan - Aetna

The formulary is updated the first week of each month
05/01/2026

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>ethacrynic acid oral tablet 25 mg</i>	NP	
<i>furosemide oral tablet 20 mg, 40 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>furosemide oral tablet 80 mg</i>	PG	
HEMICLOR ORAL TABLET 12.5 MG (<i>chlorthalidone</i>)	NF	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	PG	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	PG	
INZIRQO ORAL SUSPENSION RECONSTITUTED 10 MG/ML (<i>hydrochlorothiazide</i>)	NF	
KEVEYIS ORAL TABLET 50 MG (<i>dichlorphenamide</i>)	NPSP	PA; QL (120 TABLETS per 30 days)
<i>methazolamide oral tablet 25 mg, 50 mg</i>	PG	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	PG	
SOAANZ ORAL TABLET 40 MG (<i>toremide</i>)	NF	
<i>spironolactone-hctz oral tablet 25-25 mg</i>	PG	
THALITONE ORAL TABLET 15 MG (<i>chlorthalidone</i>)	NF	
<i>toremide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>triamterene oral capsule 100 mg, 50 mg</i>	PG	
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg</i>	PG	
HEART FAILURE		
INPEFA ORAL TABLET 200 MG, 400 MG (<i>sotagliflozin</i>)	NF	
<i>isosorb dinitrate-hydralazine oral tablet 20-37.5 mg</i>	PG	
<i>ivabradine hcl oral tablet 5 mg, 7.5 mg</i>	PG	
<i>sacubitril-valsartan oral tablet 24-26 mg, 49-51 mg, 97-103 mg</i>	PG	
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG (<i>vericiguat</i>)	PB	
MISCELLANEOUS		
ATTRUBY ORAL TABLET THERAPY PACK 356 MG (<i>acoramidis hcl</i>)	NF	
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG (<i>mavacamten</i>)	NPSP	PA; QL (30 CAPSULES per 30 days)
<i>clonidine er oral tablet extended release 24 hour 0.17 mg</i>	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	PG	
<i>clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr</i>	NP	N8 (Listing does not include certain NDCs)
<i>droxidopa oral capsule 100 mg, 200 mg, 300 mg</i>	PSP	PA; QL (180 CAPSULES per 30 days)
<i>guanfacine hcl oral tablet 1 mg, 2 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	PG	N8 (Listing does not include certain NDCs)
JAVADIN ORAL SOLUTION 0.02 MG/ML (<i>clonidine hcl</i>)	NF	
LODOCO ORAL TABLET 0.5 MG (<i>colchicine</i>)	NF	
<i>methyldopa oral tablet 250 mg, 500 mg</i>	PG	
<i>metirosine oral capsule 250 mg</i>	PSP	PA; QL (480 CAPSULES per 30 days)
<i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	PG	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	PG	
MYQORZO ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG (<i>aficamten</i>)	NF	
NEXICLON XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.17 MG (<i>clonidine</i>)	NF	
NORTHERA ORAL CAPSULE 100 MG, 200 MG, 300 MG (<i>droxidopa</i>)	NF	
<i>phenoxybenzamine hcl oral capsule 10 mg</i>	PG	
<i>ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg</i>	PG	
REDEMPLO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML (<i>plozasiran sodium</i>)	NF	
TRYNGOLZA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML (<i>olezarsen sodium</i>)	NF	
TRYVIO ORAL TABLET 12.5 MG (<i>aprocitentan</i>)	NF	
VECAMYL ORAL TABLET 2.5 MG (<i>mecamylamine hcl</i>)	NP	
VYNDAMAX ORAL CAPSULE 61 MG (<i>tafamidis</i>)	PSP	PA; QL (30 CAPSULES per 30 days)
NITRATES - DRUGS TO TREAT HEART CONDITIONS		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	PG	
<i>isosorbide dinitrate oral tablet 40 mg</i>	NF	
<i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg</i>	PG	

2026 Pharmacy Drug Guide - Advanced Control Plan - Aetna

The formulary is updated the first week of each month
05/01/2026

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg</i>	PG	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	PG	
<i>nitroglycerin translingual solution 0.4 mg/spray</i>	PG	
PULMONARY ARTERIAL HYPERTENSION - DRUGS TO TREAT PULMONARY HYPERTENSION		
ADCIRCA ORAL TABLET 20 MG (<i>tadalafil (pah)</i>)	NF	
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG (<i>riociguat</i>)	PSP	PA; QL (90 TABLETS per 30 days)
<i>tadalafil (pah)</i> (Alyq Oral Tablet 20 Mg)	PSP	PA; QL (60 TABLETS per 30 days)
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	PSP	PA; QL (30 TABLETS per 30 DAYs)
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	PSP	PA; QL (60 TABLETS per 30 days)
<i>bosentan oral tablet soluble 32 mg</i>	PSP	PA; QL (112 TABLETS per 28 DAYs)
<i>epoprostenol sodium intravenous solution reconstituted 0.5 mg, 1.5 mg</i>	PSP	PA
FLOLAN INTRAVENOUS SOLUTION RECONSTITUTED 1.5 MG (<i>epoprostenol sodium</i>)	NPSP	PA
LETAIRIS ORAL TABLET 10 MG, 5 MG (<i>ambrisentan</i>)	NF	
OPSUMIT ORAL TABLET 10 MG (<i>macitentan</i>)	PSP	PA; QL (30 TABLETS per 30 days)
OPSYNVI ORAL TABLET 10-20 MG, 10-40 MG (<i>macitentan-tadalafil</i>)	PSP	PA; QL (30 TABLETS per 30 DAYs)
ORENITRAM MONTH 1 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG (<i>treprostinil diolamine</i>)	PSP	PA
ORENITRAM MONTH 2 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG (<i>treprostinil diolamine</i>)	PSP	PA
ORENITRAM MONTH 3 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 & 1 MG (<i>treprostinil diolamine</i>)	PSP	PA
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG (<i>treprostinil diolamine</i>)	PSP	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
REMODULIN INJECTION SOLUTION 100 MG/20ML, 20 MG/20ML, 200 MG/20ML, 50 MG/20ML, 8 MG/20ML (<i>treprostinil</i>)	NF	
REVATIO ORAL TABLET 20 MG (<i>sildenafil citrate</i>)	NF	
<i>sildenafil citrate oral suspension reconstituted 10 mg/ml</i>	PSP	PA; QL (784 ML per 30 days)
<i>sildenafil citrate oral tablet 20 mg</i>	PG	PA; QL (360 TABLETS per 30 days)
<i>tadalafil (pah) oral tablet 20 mg</i>	PSP	PA; QL (60 TABLETS per 30 days)
TADLIQ ORAL SUSPENSION 20 MG/5ML (<i>tadalafil (pah)</i>)	PSP	PA; QL (300 ML per 30 days)
TRACLEER ORAL TABLET 125 MG, 62.5 MG (<i>bosentan</i>)	NF	
TRACLEER ORAL TABLET SOLUBLE 32 MG (<i>bosentan</i>)	NF	
<i>treprostinil injection solution 100 mg/20ml, 20 mg/20ml, 200 mg/20ml, 50 mg/20ml</i>	PSP	PA
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 112 X 32MCG & 112 X64MCG, 112 X 48MCG & 112 X64MCG (<i>treprostinil</i>)	PSP	PA; QL (224 CARTRIDGES per 28 days)
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG (<i>treprostinil</i>)	PSP	PA; QL (112 CARTRIDGES per 28 DAYs)
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 80 MCG (<i>treprostinil</i>)	PSP	PA; QL (112 CARTRIDGES per 28 days)
TYVASO DPI TITRATION KIT INHALATION POWDER 16 & 32 & 48 MCG (<i>treprostinil</i>)	PSP	PA; QL (252 CARTRIDGES per 28 DAYs)
TYVASO INHALATION SOLUTION 0.6 MG/ML (<i>treprostinil</i>)	PSP	PA; QL (28 AMPULES per 28 DAYs)
TYVASO REFILL KIT INHALATION SOLUTION 0.6 MG/ML (<i>treprostinil</i>)	PSP	PA; QL (28 AMPULES per 28 DAYs)
TYVASO STARTER KIT INHALATION SOLUTION 0.6 MG/ML (<i>treprostinil</i>)	PSP	PA; QL (28 AMPULES per 28 DAYs)
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 400 MCG, 600 MCG, 800 MCG (<i>selexipag</i>)	PSP	PA; QL (60 TABLETS per 30 days)
UPTRAVI ORAL TABLET 200 MCG (<i>selexipag</i>)	PSP	PA; QL (140 TABLETS per 28 days)
UPTRAVI TITRATION ORAL TABLET THERAPY PACK 200 & 800 MCG (<i>selexipag</i>)	PSP	PA; QL (1 TABLET per 28 days)
VELETRI INTRAVENOUS SOLUTION RECONSTITUTED 0.5 MG, 1.5 MG (<i>epoprostenol sodium</i>)	NPSP	PA
WINREVAIR SUBCUTANEOUS KIT 2 X 45 MG, 2 X 60 MG (<i>sotatercept-csrk</i>)	NPSP	PA; QL (2 VIALS per 21 days)

2026 Pharmacy Drug Guide - Advanced Control Plan - Aetna

The formulary is updated the first week of each month
05/01/2026

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
WINREVAIR SUBCUTANEOUS KIT 45 MG, 60 MG (<i>sotatercept-csrk</i>)	NPSP	PA; QL (1 VIAL per 21 days)
YUTREPIA INHALATION CAPSULE 106 MCG, 26.5 MCG, 53 MCG, 79.5 MCG (<i>treprostinil sodium</i>)	PSP	PA; QL (140 CAPSULES per 28 days)
CENTRAL NERVOUS SYSTEM - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS		
ALCOHOL DETERRENTS		
<i>acamprosate calcium oral tablet delayed release 333 mg</i>	NP	
<i>disulfiram oral tablet 250 mg</i>	PG	
<i>disulfiram oral tablet 500 mg</i>	NF	
AMYOTROPHIC LATERAL SCLEROSIS (ALS) - DRUGS TO TREAT ALS		
RADICAVA ORS ORAL SUSPENSION 105 MG/5ML (<i>edaravone</i>)	PSP	PA; QL (50 ML per 28 days)
RADICAVA ORS STARTER KIT ORAL SUSPENSION 105 MG/5ML (<i>edaravone</i>)	PSP	PA; QL (70 ML per 28 days)
<i>riluzole oral tablet 50 mg</i>	PG	
TEGLUTIK ORAL SUSPENSION 50 MG/10ML (<i>riluzole</i>)	NF	
ANTIANXIETY - DRUGS TO TREAT ANXIETY		
<i>alprazolam er oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg</i>	PG	QL (150 TABLETS per 25 days)
<i>alprazolam er oral tablet extended release 24 hour 3 mg</i>	PG	QL (90 TABLETS per 25 days)
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML (<i>alprazolam</i>)	NP	QL (300 ML per 25 days)
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	PG	QL (150 TABLETS per 25 days)
<i>alprazolam oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	PG	QL (150 TABLETS per 25 days)
ANAFRANIL ORAL CAPSULE 25 MG, 50 MG (<i>clomipramine hcl</i>)	NP	QLR (QL applies to members age 65 and older); QL (150 CAPSULES per 25 days); AL (Max 65 Years)
ANAFRANIL ORAL CAPSULE 75 MG (<i>clomipramine hcl</i>)	NP	QLR (QL applies to members age 65 and older); QL (90 CAPSULES per 25 days); AL (Max 65 Years)
ATIVAN ORAL TABLET 0.5 MG, 1 MG, 2 MG (<i>lorazepam</i>)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BUCAPSOL ORAL CAPSULE 10 MG, 15 MG, 7.5 MG (buspirone hcl)	NF	
buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	PG	
chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg	PG	N8 (Listing does not include certain NDCs); QL (360 CAPSULES per 25 DAYS)
clomipramine hcl oral capsule 25 mg, 50 mg	PG	QLR (QL applies to members age 65 and older); QL (150 CAPSULES per 25 days); AL (Max 65 Years)
clomipramine hcl oral capsule 75 mg	PG	QLR (QL applies to members age 65 and older); QL (90 CAPSULES per 25 days); AL (Max 65 Years)
fluvoxamine maleate er oral capsule extended release 24 hour 100 mg, 150 mg	PG	
fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg	PG	N8 (Listing does not include certain NDCs)
lorazepam (Lorazepam Intensol Oral Concentrate 2 Mg/ML)	PG	N8 (Listing does not include certain NDCs); QL (150 ML per 25 DAYS)
lorazepam oral tablet 0.5 mg, 1 mg	PG	N8 (Listing does not include certain NDCs); QL (150 TABLETS per 25 days)
lorazepam oral tablet 2 mg	PG	N8 (Listing does not include certain NDCs); QL (150 TABLETS per 25 DAYS)
LOREEV XR ORAL CAPSULE ER 24 HOUR SPRINKLE 1 MG, 1.5 MG, 2 MG (lorazepam)	NP	QL (150 CAPSULES per 25 days)
LOREEV XR ORAL CAPSULE ER 24 HOUR SPRINKLE 3 MG (lorazepam)	NP	QL (90 CAPSULES per 25 days)
oxazepam oral capsule 10 mg, 15 mg, 30 mg	PG	QL (120 CAPSULES per 25 DAYS)
XANAX ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG (alprazolam)	NF	
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2 MG (alprazolam)	NF	
ANTIDEMENTIA - DRUGS TO TREAT DEMENTIA AND MEMORY LOSS		
donepezil hcl oral tablet 10 mg, 5 mg	PG	

2026 Pharmacy Drug Guide - Advanced Control Plan - Aetna

The formulary is updated the first week of each month
05/01/2026

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>donepezil hcl oral tablet 23 mg</i>	NP	
<i>donepezil hcl oral tablet dispersible 10 mg, 5 mg</i>	PG	
<i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg</i>	NP	
<i>galantamine hydrobromide oral solution 4 mg/ml</i>	NP	
<i>galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg</i>	NP	
LEQEMBI IQLIK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 360 MG/1.8ML (<i>lecanemab-irmb</i>)	NF	
<i>memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg</i>	PG	
<i>memantine hcl oral solution 2 mg/ml</i>	PG	
<i>memantine hcl oral tablet 10 mg, 5 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg</i>	PG	
<i>memantine hcl-donepezil hcl er oral capsule extended release 24 hour 14-10 mg, 21-10 mg, 28-10 mg</i>	PG	
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG (<i>memantine hcl-donepezil hcl</i>)	PB	
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	NP	
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr</i>	NP	
ZUNVEYL ORAL TABLET DELAYED RELEASE 10 MG, 15 MG, 5 MG (<i>benzgalantamine gluconate</i>)	NF	
ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION		
<i>amitriptyline hcl oral tablet 10 mg</i>	PG	QLR (QL applies to members age 65 and older); QL (150 TABLETS per 25 days); AL (Max 65 Years)
<i>amitriptyline hcl oral tablet 100 mg, 150 mg, 75 mg</i>	PG	QLR (Members 65 and older subject to PA); AL (Max 65 Years)
<i>amitriptyline hcl oral tablet 25 mg</i>	PG	QLR (QL applies to members age 65 and older); QL (60 TABLETS per 25 days); AL (Max 65 Years)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>amitriptyline hcl oral tablet 50 mg</i>	PG	QLR (QL applies to members age 65 and older); QL (30 TABLETS per 25 days); AL (Max 65 Years)
<i>amoxapine oral tablet 100 mg, 25 mg, 50 mg</i>	PG	QLR (QL applies to members age 65 and older); N8 (Listing does not include certain NDCs); QL (90 TABLETS per 25 days); AL (Max 65 Years)
<i>amoxapine oral tablet 150 mg</i>	PG	QLR (QL applies to members age 65 and older); N8 (Listing does not include certain NDCs); QL (60 TABLETS per 25 days); AL (Max 65 Years)
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR 174 MG, 348 MG, 522 MG (<i>bupropion hbr</i>)	NF	
AUVELITY ORAL TABLET EXTENDED RELEASE 45-105 MG (<i>dextromethorphan-bupropion</i>)	NF	
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg</i>	PG	
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg</i>	PG	
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 450 mg</i>	NF	
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>citalopram hydrobromide oral capsule 30 mg</i>	NF	
<i>citalopram hydrobromide oral solution 20 mg/10ml</i>	PG	
<i>citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg</i>	PG	
<i>desipramine hcl oral tablet 10 mg, 25 mg</i>	PG	QLR (QL applies to members age 65 and older); N8 (Listing does not include certain NDCs); QL (90 TABLETS per 25 days); AL (Max 65 Years)
<i>desipramine hcl oral tablet 100 mg, 150 mg</i>	PG	QLR (QL applies to members age 65 and older); QL (30 TABLETS per 25 days); AL (Max 65 Years)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>desipramine hcl oral tablet 50 mg</i>	PG	QLR (QL applies to members age 65 and older); QL (90 TABLETS per 25 days); AL (Max 65 Years)
<i>desipramine hcl oral tablet 75 mg</i>	PG	QLR (QL applies to members age 65 and older); QL (60 TABLETS per 25 days); AL (Max 65 Years)
<i>desvenlafaxine er oral tablet extended release 24 hour 100 mg, 50 mg</i>	NF	
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i>	NP	
<i>doxepin hcl oral capsule 10 mg, 25 mg, 50 mg</i>	PG	QLR (QL applies to members age 65 and older); N8 (Listing does not include certain NDCs); QL (90 CAPSULES per 25 days); AL (Max 65 Years)
<i>doxepin hcl oral capsule 100 mg</i>	PG	QLR (QL applies to members age 65 and older); N8 (Listing does not include certain NDCs); QL (30 CAPSULES per 25 days); AL (Max 65 Years)
<i>doxepin hcl oral capsule 150 mg</i>	PG	QLR (QL applies to members age 65 and older); QL (30 CAPSULES per 25 days); AL (Max 65 Years)
<i>doxepin hcl oral capsule 75 mg</i>	PG	QLR (QL applies to members age 65 and older); N8 (Listing does not include certain NDCs); QL (60 CAPSULES per 25 days); AL (Max 65 Years)
<i>doxepin hcl oral concentrate 10 mg/ml</i>	PG	QLR (QL applies to members age 65 and older); QL (450 ML per 25 days); AL (Max 65 Years)
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG (<i>duloxetine hcl</i>)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 40 mg, 60 mg</i>	PG	
EFFEXOR XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 150 MG, 37.5 MG, 75 MG (<i>venlafaxine hcl</i>)	NF	
<i>escitalopram oxalate oral capsule 15 mg</i>	NF	
<i>escitalopram oxalate oral solution 5 mg/5ml</i>	PG	N8 (Listing does not include certain NDCs)
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	PG	
EXXUA ORAL TABLET EXTENDED RELEASE 24 HOUR 18.2 MG, 36.3 MG, 54.5 MG, 72.6 MG (<i>gepirone hcl</i>)	NF	
EXXUA TITRATION PACK ORAL TABLET EXTENDED RELEASE 24 HOUR 18.2 MG (<i>gepirone hcl</i>)	NF	
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG (<i>levomilnacipran hcl</i>)	NF	
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG (<i>levomilnacipran hcl</i>)	NF	
<i>fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg</i>	PG	
<i>fluoxetine hcl oral capsule delayed release 90 mg</i>	PG	
<i>fluoxetine hcl oral solution 20 mg/5ml</i>	PG	N8 (Listing does not include certain NDCs)
<i>fluoxetine hcl oral tablet 10 mg, 20 mg</i>	PG	
<i>fluoxetine hcl oral tablet 60 mg</i>	NF	
<i>imipramine hcl oral tablet 10 mg</i>	PG	QLR (QL applies to members age 65 and older); QL (120 TABLETS per 25 days); AL (Max 65 Years)
<i>imipramine hcl oral tablet 25 mg</i>	PG	QLR (QL applies to members age 65 and older); N8 (Listing does not include certain NDCs.); QL (120 TABLETS per 25 days); AL (Max 65 Years)
<i>imipramine hcl oral tablet 50 mg</i>	PG	QLR (QL applies to members age 65 and older); QL (60 TABLETS per 25 days); AL (Max 65 Years)
<i>imipramine pamoate oral capsule 100 mg, 75 mg</i>	NP	QLR (QL applies to members age 65 and older); QL (30 CAPSULES per 25 days); AL (Max 65 Years)

2026 Pharmacy Drug Guide - Advanced Control Plan - Aetna

The formulary is updated the first week of each month
05/01/2026

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>imipramine pamoate oral capsule 125 mg, 150 mg</i>	NP	AL (Max 65 Years)
LEXAPRO ORAL TABLET 10 MG, 20 MG, 5 MG (<i>escitalopram oxalate</i>)	NF	
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	PG	
<i>mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg</i>	PG	
<i>nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	NP	STX
NORPRAMIN ORAL TABLET 10 MG, 25 MG (<i>desipramine hcl</i>)	NP	QLR (QL applies to members age 65 and older); QL (90 TABLETS per 25 days); AL (Max 65 Years)
<i>nortriptyline hcl oral capsule 10 mg</i>	PG	QLR (QL applies to members age 65 and older); QL (150 CAPSULES per 25 days); AL (Max 65 Years)
<i>nortriptyline hcl oral capsule 25 mg</i>	PG	QLR (QL applies to members age 65 and older); QL (60 CAPSULES per 25 days); AL (Max 65 Years)
<i>nortriptyline hcl oral capsule 50 mg</i>	PG	QLR (QL applies to members age 65 and older); QL (30 CAPSULES per 25 days); AL (Max 65 Years)
<i>nortriptyline hcl oral capsule 75 mg</i>	PG	AL (Max 65 Years)
<i>nortriptyline hcl oral solution 10 mg/5ml</i>	PG	QLR (QL applies to members age 65 and older); QL (750 ML per 25 days); AL (Max 65 Years)
PAMELOR ORAL CAPSULE 10 MG (<i>nortriptyline hcl</i>)	NP	QLR (QL applies to members age 65 and older); QL (150 CAPSULES per 25 days); AL (Max 65 Years)
PAMELOR ORAL CAPSULE 25 MG (<i>nortriptyline hcl</i>)	NP	QLR (QL applies to members age 65 and older); QL (60 CAPSULES per 25 days); AL (Max 65 Years)
PAMELOR ORAL CAPSULE 50 MG (<i>nortriptyline hcl</i>)	NP	QLR (QL applies to members age 65 and older); QL (30 CAPSULES per 25 days); AL (Max 65 Years)
PAMELOR ORAL CAPSULE 75 MG (<i>nortriptyline hcl</i>)	NP	AL (Max 65 Years)

2026 Pharmacy Drug Guide - Advanced Control Plan - Aetna

The formulary is updated the first week of each month
05/01/2026

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg</i>	PG	
<i>paroxetine hcl er oral tablet extended release 24 hour 37.5 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>paroxetine hcl oral suspension 10 mg/5ml</i>	NF	
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	PG	N8 (Listing does not include certain NDCs)
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5 MG, 25 MG, 37.5 MG (<i>paroxetine hcl</i>)	NF	
PAXIL ORAL TABLET 10 MG, 20 MG, 30 MG, 40 MG (<i>paroxetine hcl</i>)	NF	
<i>phenelzine sulfate oral tablet 15 mg</i>	PG	
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 25 MG, 50 MG (<i>desvenlafaxine succinate</i>)	NF	
<i>protriptyline hcl oral tablet 10 mg</i>	PG	QLR (QL applies to members age 65 and older); QL (60 TABLETS per 25 days); AL (Max 65 Years)
<i>protriptyline hcl oral tablet 5 mg</i>	PG	QLR (QL applies to members age 65 and older); QL (90 TABLETS per 25 days); AL (Max 65 Years)
RALDESY ORAL SOLUTION 10 MG/ML (<i>trazodone hcl</i>)	NF	
<i>sertraline hcl capsule 150 mg oral</i>	NF	
<i>sertraline hcl capsule 150 mg oral</i>	PG	
<i>sertraline hcl capsule 200 mg oral</i>	NF	
<i>sertraline hcl capsule 200 mg oral</i>	PG	
<i>sertraline hcl oral concentrate 20 mg/ml</i>	PG	
<i>sertraline hcl oral tablet 100 mg, 25 mg, 50 mg</i>	PG	
SPRAVATO (56 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE (<i>esketamine hcl</i>)	NPSP	PA
SPRAVATO (84 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE (<i>esketamine hcl</i>)	NPSP	PA
<i>tranylcypromine sulfate oral tablet 10 mg</i>	PG	
<i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg</i>	PG	
<i>trazodone hcl oral tablet 300 mg</i>	PG	N8 (Listing does not include certain NDCs)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>trimipramine maleate oral capsule 100 mg</i>	NP	QLR (QL applies to members age 65 and older); N8 (Listing does not include certain NDCs); QL (30 CAPSULES per 25 days); AL (Max 65 Years)
<i>trimipramine maleate oral capsule 25 mg, 50 mg</i>	NP	QLR (QL applies to members age 65 and older); N8 (Listing does not include certain NDCs); QL (60 CAPSULES per 25 days); AL (Max 65 Years)
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG (<i>vortioxetine hbr</i>)	PB	ST
<i>venlafaxine besylate er oral tablet extended release 24 hour 112.5 mg</i>	NF	
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg</i>	PG	
<i>venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 37.5 mg, 75 mg</i>	NF	
<i>venlafaxine hcl er oral tablet extended release 24 hour 225 mg</i>	NP	N8 (Listing does not include certain NDCs)
<i>venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	PG	
VIIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG (<i>vilazodone hcl</i>)	NF	
<i>vilazodone hcl oral tablet 10 mg, 20 mg, 40 mg</i>	NF	
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 300 MG (<i>bupropion hcl</i>)	NF	
ZOLOFT ORAL CONCENTRATE 20 MG/ML (<i>sertraline hcl</i>)	NF	
ZOLOFT ORAL TABLET 100 MG, 25 MG, 50 MG (<i>sertraline hcl</i>)	NF	
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG (<i>zuranolone</i>)	PSP	PA; QL (28 CAPSULES per 14 DAYs)
ZURZUVAE ORAL CAPSULE 30 MG (<i>zuranolone</i>)	PSP	PA; QL (14 CAPSULES per 14 DAYs)
ANTIPARKINSONIAN AGENTS - DRUGS TO TREAT PARKINSONS DISEASE		
<i>amantadine hcl oral capsule 100 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>amantadine hcl oral solution 50 mg/5ml</i>	PG	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>amantadine hcl oral tablet 100 mg</i>	PG	
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE 30 MG/3ML (<i>apomorphine hcl</i>)	NF	
<i>apomorphine hcl subcutaneous solution cartridge 30 mg/3ml</i>	PSP	PA; QL (20 CARTRIDGES per 30 days)
<i>benztropine mesylate oral tablet 0.5 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>benztropine mesylate oral tablet 1 mg, 2 mg</i>	PG	
<i>bromocriptine mesylate oral capsule 5 mg</i>	PG	
<i>bromocriptine mesylate oral tablet 2.5 mg</i>	PG	
<i>carbidopa oral tablet 25 mg</i>	PG	
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	PG	
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	PG	
<i>carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg</i>	PG	
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	NP	
CREXONT ORAL CAPSULE EXTENDED RELEASE 35-140 MG, 52.5-210 MG, 70-280 MG, 87.5-350 MG (<i>carbidopa-levodopa</i>)	PB	
DHIVY ORAL TABLET 25-100 MG (<i>carbidopa-levodopa</i>)	NP	
DUOPA ENTERAL SUSPENSION 4.63-20 MG/ML (<i>carbidopa-levodopa</i>)	NPSP	PA; QL (28 CASSETTES per 28 days)
<i>entacapone oral tablet 200 mg</i>	PG	
GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 137 MG, 68.5 MG (<i>amantadine hcl</i>)	NF	
INBRIJA INHALATION CAPSULE 42 MG (<i>levodopa</i>)	PSP	PA; QL (300 CAPSULES per 30 days)
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR (<i>rotigotine</i>)	PB	
NOURIANZ ORAL TABLET 20 MG, 40 MG (<i>istradefylline</i>)	NF	
ONAPGO SUBCUTANEOUS SOLUTION CARTRIDGE 98 MG/20ML (<i>apomorphine hcl</i>)	NF	
ONGENTYS ORAL CAPSULE 25 MG, 50 MG (<i>opicapone</i>)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>pramipexole dihydrochloride er oral tablet extended release 24 hour 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg</i>	NP	
<i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	PG	
<i>rasagiline mesylate oral tablet 0.5 mg, 1 mg</i>	PG	
<i>ropinirole hcl er oral tablet extended release 24 hour 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	NP	
<i>ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	PG	
RYTARY ORAL CAPSULE EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG (<i>carbidopa-levodopa</i>)	PB	
<i>selegiline hcl oral capsule 5 mg</i>	PG	
<i>selegiline hcl oral tablet 5 mg</i>	PG	N8 (Listing does not include certain NDCs)
SINEMET ORAL TABLET 10-100 MG, 25-100 MG (<i>carbidopa-levodopa</i>)	NP	
<i>tolcapone oral tablet 100 mg</i>	NP	STX
<i>trihexyphenidyl hcl oral solution 0.4 mg/ml</i>	PG	
<i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i>	PG	
VYALEV SUBCUTANEOUS SOLUTION 12-240 MG/ML (<i>foscarbidopa-foslevodopa</i>)	NF	
XADAGO ORAL TABLET 100 MG, 50 MG (<i>safinamide mesylate</i>)	NF	
ZELAPAR ORAL TABLET DISPERSIBLE 1.25 MG (<i>selegiline hcl</i>)	NF	
ANTIPSYCHOTICS - DRUGS TO TREAT PSYCHOSES		
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 720 MG/2.4ML, 960 MG/3.2ML (<i>aripiprazole</i>)	PB	
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG (<i>aripiprazole</i>)	PB	
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG (<i>aripiprazole</i>)	PB	
ABILIFY ORAL TABLET 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG (<i>aripiprazole</i>)	NF	
<i>aripiprazole oral solution 1 mg/ml</i>	PG	
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	PG	
<i>aripiprazole oral tablet dispersible 10 mg, 15 mg</i>	PG	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE 675 MG/2.4ML (<i>aripiprazole lauroxil</i>)	NP	
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML, 441 MG/1.6ML, 662 MG/2.4ML, 882 MG/3.2ML (<i>aripiprazole lauroxil</i>)	NP	
<i>asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg</i>	PG	
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG (<i>lumateperone tosylate</i>)	NP	
<i>chlorpromazine hcl oral concentrate 100 mg/ml, 30 mg/ml</i>	NF	
<i>chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	PG	
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	PG	
<i>clozapine oral tablet dispersible 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i>	PG	
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 351 MG/2.25ML, 39 MG/0.25ML, 78 MG/0.5ML (<i>paliperidone palmitate</i>)	NF	
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG (<i>iloperidone</i>)	NF	
FANAPT TITRATION PACK A ORAL TABLET 1 & 2 & 4 & 6 MG (<i>iloperidone</i>)	NF	
FANAPT TITRATION PACK B ORAL TABLET 1 & 2 & 6 & 8 MG (<i>iloperidone</i>)	NF	
FANAPT TITRATION PACK C ORAL TABLET 1 & 2 & 6 MG (<i>iloperidone</i>)	NF	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	PG	
<i>fluphenazine hcl oral elixir 2.5 mg/5ml</i>	PG	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	PG	
GEODON INTRAMUSCULAR SOLUTION RECONSTITUTED 20 MG (<i>ziprasidone mesylate</i>)	NF	
GEODON ORAL CAPSULE 20 MG, 40 MG, 60 MG, 80 MG (<i>ziprasidone hcl</i>)	NF	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	PG	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	PG	
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML, 1560 MG/5ML (<i>paliperidone palmitate</i>)	NF	

2026 Pharmacy Drug Guide - Advanced Control Plan - Aetna

The formulary is updated the first week of each month
05/01/2026

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR 3 MG, 6 MG, 9 MG (<i>paliperidone</i>)	NP	
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML, 410 MG/1.32ML, 546 MG/1.75ML, 819 MG/2.63ML (<i>paliperidone palmitate</i>)	NF	
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG (<i>lurasidone hcl</i>)	NF	
<i>loxapine succinate oral capsule 10 mg, 5 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>loxapine succinate oral capsule 25 mg, 50 mg</i>	PG	
<i>lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	PG	
NUPLAZID ORAL CAPSULE 34 MG (<i>pimavanserin tartrate</i>)	NPSP	PA; QL (30 CAPSULES per 30 days)
NUPLAZID ORAL TABLET 10 MG (<i>pimavanserin tartrate</i>)	NPSP	PA; QL (30 TABLETS per 30 days)
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg</i>	PG	
<i>olanzapine oral tablet 5 mg, 7.5 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg</i>	PG	
OPIPZA ORAL FILM 10 MG, 2 MG, 5 MG (<i>aripiprazole</i>)	NF	
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 6 mg, 9 mg</i>	NP	
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	PG	
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG (<i>risperidone</i>)	PB	
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	NP	
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	PG	
<i>quetiapine fumarate oral tablet 150 mg</i>	NF	
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (<i>brexpiprazole</i>)	NP	
<i>risperidone microspheres er intramuscular suspension reconstituted er 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	NP	
<i>risperidone oral solution 1 mg/ml</i>	PG	
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	PG	
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	PG	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RYKINDO INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 25 MG, 37.5 MG, 50 MG (<i>risperidone</i>)	NF	
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG, 2.5 MG, 5 MG (<i>asenapine maleate</i>)	NP	
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR, 7.6 MG/24HR (<i>asenapine</i>)	NF	
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 200 MG, 300 MG, 400 MG, 50 MG (<i>quetiapine fumarate</i>)	NF	
<i>thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	PG	
<i>trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	PG	
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML, 125 MG/0.35ML, 150 MG/0.42ML, 200 MG/0.56ML, 250 MG/0.7ML, 50 MG/0.14ML, 75 MG/0.21ML (<i>risperidone</i>)	NF	
VRAYLAR ORAL CAPSULE 0.5 MG, 0.75 MG, 1.5 MG, 3 MG, 4.5 MG, 6 MG (<i>cariprazine hcl</i>)	PB	
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	PG	
<i>ziprasidone mesylate intramuscular solution reconstituted 20 mg</i>	PG	
ANTISEIZURE AGENTS - DRUGS TO TREAT SEIZURES		
BANZEL ORAL SUSPENSION 40 MG/ML (<i>rufinamide</i>)	NF	
BANZEL ORAL TABLET 200 MG, 400 MG (<i>rufinamide</i>)	NF	
<i>brivaracetam oral solution 10 mg/ml</i>	PG	
<i>brivaracetam oral tablet 10 mg, 100 mg, 25 mg, 50 mg, 75 mg</i>	PG	
BRIVIACT ORAL SOLUTION 10 MG/ML (<i>brivaracetam</i>)	PB	
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG (<i>brivaracetam</i>)	PB	
<i>carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg</i>	PG	
<i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>carbamazepine oral suspension 100 mg/5ml</i>	PG	N8 (Listing does not include certain NDCs)
<i>carbamazepine oral tablet 200 mg</i>	PG	
<i>carbamazepine oral tablet chewable 100 mg, 200 mg</i>	PG	
<i>clobazam oral suspension 2.5 mg/ml</i>	PG	

2026 Pharmacy Drug Guide - Advanced Control Plan - Aetna

The formulary is updated the first week of each month
05/01/2026

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>clobazam oral tablet 10 mg, 20 mg</i>	PG	
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	PG	N8 (Listing does not include certain NDCs); QL (300 TABLETS per 25 days)
<i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	PG	QL (300 TABLETS per 25 days)
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	PG	QL (180 TABLETS per 25 days)
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 250 MG, 500 MG (<i>divalproex sodium</i>)	NF	
DEPAKOTE ORAL TABLET DELAYED RELEASE 125 MG, 250 MG, 500 MG (<i>divalproex sodium</i>)	NF	
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE 125 MG (<i>divalproex sodium</i>)	NF	
DIACOMIT ORAL CAPSULE 250 MG, 500 MG (<i>stiripentol</i>)	NF	
DIACOMIT ORAL PACKET 250 MG, 500 MG (<i>stiripentol</i>)	NF	
<i>diazepam</i> (Diazepam Intensol Oral Concentrate 5 Mg/ML)	PG	QL (240 ML per 25 days)
<i>diazepam oral solution 5 mg/5ml</i>	PG	N8 (Listing does not include certain NDCs); QL (1200 ML per 25 days)
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	PG	N8 (Listing does not include certain NDCs); QL (120 TABLETS per 25 days)
<i>diazepam rectal gel 10 mg, 2.5 mg, 20 mg</i>	PG	
DILANTIN INFATABS ORAL TABLET CHEWABLE 50 MG (<i>phenytoin</i>)	NF	
DILANTIN ORAL CAPSULE 100 MG, 30 MG (<i>phenytoin sodium extended</i>)	NF	
DILANTIN-125 ORAL SUSPENSION 125 MG/5ML (<i>phenytoin</i>)	NF	
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>	PG	
<i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>	PG	
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG, 1500 MG (<i>levetiracetam</i>)	NF	
EPIDIOLEX ORAL SOLUTION 100 MG/ML (<i>cannabidiol</i>)	NPSP	PA; QL (800 ML per 30 days)
EPRONTIA ORAL SOLUTION 25 MG/ML (<i>topiramate</i>)	NF	

2026 Pharmacy Drug Guide - Advanced Control Plan - Aetna

The formulary is updated the first week of each month
05/01/2026

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>eslicarbazepine acetate oral tablet 200 mg, 400 mg, 600 mg, 800 mg</i>	PG	
<i>ethosuximide oral capsule 250 mg</i>	PG	
<i>ethosuximide oral solution 250 mg/5ml</i>	PG	
<i>felbamate oral suspension 600 mg/5ml</i>	PG	
<i>felbamate oral tablet 400 mg, 600 mg</i>	PG	
FINTEPLA ORAL SOLUTION 2.2 MG/ML (<i>fenfluramine hcl</i>)	NF	
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	PG	QL (6 CAPSULES per 1 day)
<i>gabapentin oral solution 250 mg/5ml</i>	PG	QL (72 ML per 1 day)
<i>gabapentin oral solution 300 mg/6ml</i>	PG	QL (72 ML per 1 Day)
<i>gabapentin oral tablet 600 mg</i>	PG	QL (6 TABLETS per 1 day)
<i>gabapentin oral tablet 800 mg</i>	PG	QL (4 TABLETS per 1 day)
GABARONE ORAL TABLET 100 MG, 400 MG (<i>gabapentin</i>)	NF	
KEPPRA ORAL SOLUTION 100 MG/ML (<i>levetiracetam</i>)	NF	
KEPPRA ORAL TABLET 1000 MG, 250 MG, 500 MG, 750 MG (<i>levetiracetam</i>)	NF	
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG, 750 MG (<i>levetiracetam</i>)	NF	
KLONOPIN ORAL TABLET 0.5 MG, 1 MG, 2 MG (<i>clonazepam</i>)	NP	QL (300 TABLETS per 25 days)
<i>lacosamide oral solution 10 mg/ml</i>	PG	N8 (Listing does not include certain NDCs)
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	PG	
LAMICTAL ODT ORAL KIT 21 X 25 MG & 7 X 50 MG, 25 & 50 & 100 MG, 42 X 50 MG & 14X100 MG (<i>lamotrigine</i>)	NF	
LAMICTAL ODT ORAL TABLET DISPERSIBLE 100 MG, 200 MG, 25 MG, 50 MG (<i>lamotrigine</i>)	NF	
LAMICTAL ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG (<i>lamotrigine</i>)	NF	
LAMICTAL ORAL TABLET CHEWABLE 25 MG, 5 MG (<i>lamotrigine</i>)	NF	
LAMICTAL STARTER ORAL KIT 35 X 25 MG, 42 X 25 MG & 7 X 100 MG, 84 X 25 MG & 14X100 MG (<i>lamotrigine</i>)	NF	
LAMICTAL XR ORAL KIT 21 X 25 MG & 7 X 50 MG, 25 & 50 & 100 MG, 50 & 100 & 200 MG (<i>lamotrigine</i>)	NF	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 250 MG, 300 MG, 50 MG (<i>lamotrigine</i>)	NF	

2026 Pharmacy Drug Guide - Advanced Control Plan - Aetna

The formulary is updated the first week of each month
05/01/2026

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	PG	
<i>lamotrigine oral kit 21 x 25 mg & 7 x 50 mg, 25 & 50 & 100 mg, 42 x 50 mg & 14x100 mg</i>	PG	
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	PG	
<i>lamotrigine oral tablet chewable 25 mg, 5 mg</i>	PG	
<i>lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg</i>	NP	
<i>lamotrigine starter kit-blue oral kit 35 x 25 mg</i>	PG	
<i>lamotrigine starter kit-green oral kit 84 x 25 mg & 14x100 mg</i>	PG	
<i>lamotrigine starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg</i>	PG	
<i>levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg</i>	PG	
<i>levetiracetam oral solution 100 mg/ml</i>	PG	
<i>levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg</i>	PG	
<i>levetiracetam oral tablet disintegrating soluble 250 mg, 500 mg</i>	PG	
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG (<i>pregabalin</i>)	NF	
LYRICA ORAL SOLUTION 20 MG/ML (<i>pregabalin</i>)	NF	
MOTPOLY XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 150 MG, 200 MG (<i>lacosamide</i>)	NF	
NAYZILAM NASAL SOLUTION 5 MG/0.1ML (<i>midazolam (anticonvulsant)</i>)	PB	QL (10 SOLUTION per 25 days)
NEURONTIN ORAL CAPSULE 100 MG, 300 MG, 400 MG (<i>gabapentin</i>)	NP	QL (6 CAPSULES per 1 day)
NEURONTIN ORAL SOLUTION 250 MG/5ML (<i>gabapentin</i>)	NP	QL (72 ML per 1 day)
NEURONTIN ORAL TABLET 600 MG (<i>gabapentin</i>)	NP	QL (6 TABLETS per 1 day)
NEURONTIN ORAL TABLET 800 MG (<i>gabapentin</i>)	NP	QL (4 TABLETS per 1 day)
ONFI ORAL SUSPENSION 2.5 MG/ML (<i>clobazam</i>)	NF	
ONFI ORAL TABLET 10 MG, 20 MG (<i>clobazam</i>)	NF	
<i>oxcarbazepine er oral tablet extended release 24 hour 150 mg, 300 mg, 600 mg</i>	PG	
<i>oxcarbazepine oral suspension 300 mg/5ml</i>	PG	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	PG	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 300 MG, 600 MG (<i>oxcarbazepine</i>)	PB	
<i>perampanel oral suspension 0.5 mg/ml</i>	PG	
<i>perampanel oral tablet 10 mg, 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	PG	

2026 Pharmacy Drug Guide - Advanced Control Plan - Aetna

The formulary is updated the first week of each month

05/01/2026

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>phenobarbital oral elixir 30 mg/7.5ml, 60 mg/15ml</i>	PG	N8 (Listing does not include certain NDCs)
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	PG	
<i>phenytoin oral suspension 100 mg/4ml</i>	PG	
<i>phenytoin oral tablet chewable 50 mg</i>	PG	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	PG	
<i>pregabalin oral capsule 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	PG	QL (120 CAPSULES per 25 days)
<i>pregabalin oral capsule 200 mg</i>	PG	QL (90 CAPSULES per 25 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	PG	QL (60 CAPSULES per 25 days)
<i>pregabalin oral solution 20 mg/ml</i>	PG	QL (900 ML per 25 days)
<i>primidone oral tablet 125 mg</i>	NF	
<i>primidone oral tablet 250 mg</i>	PG	
<i>primidone oral tablet 50 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>rufinamide oral suspension 40 mg/ml</i>	PG	PA
<i>rufinamide oral tablet 200 mg, 400 mg</i>	PG	PA
SABRIL ORAL PACKET 500 MG (<i>vigabatrin</i>)	NF	
SABRIL ORAL TABLET 500 MG (<i>vigabatrin</i>)	NF	
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 250 MG, 500 MG (<i>levetiracetam</i>)	NF	
SUBVENITE ORAL SUSPENSION 10 MG/ML (<i>lamotrigine</i>)	NF	
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG (<i>clobazam</i>)	NF	
TEGRETOL ORAL SUSPENSION 100 MG/5ML (<i>carbamazepine</i>)	NF	
TEGRETOL ORAL TABLET 200 MG (<i>carbamazepine</i>)	NF	
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 400 MG (<i>carbamazepine</i>)	NF	
<i>tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	PG	
<i>topiramate er oral capsule er 24 hour sprinkle 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i>	NF	
<i>topiramate er oral capsule extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i>	PG	
<i>topiramate oral capsule sprinkle 15 mg, 25 mg, 50 mg</i>	PG	

2026 Pharmacy Drug Guide - Advanced Control Plan - Aetna

The formulary is updated the first week of each month
05/01/2026

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>topiramate oral solution 25 mg/ml</i>	PG	
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	PG	
TRILEPTAL ORAL SUSPENSION 300 MG/5ML (<i>oxcarbazepine</i>)	NF	
TRILEPTAL ORAL TABLET 150 MG, 300 MG, 600 MG (<i>oxcarbazepine</i>)	NF	
VALIUM ORAL TABLET 10 MG, 2 MG, 5 MG (<i>diazepam</i>)	NP	QL (120 TABLETS per 25 days)
<i>valproic acid oral capsule 250 mg</i>	PG	
<i>valproic acid oral solution 250 mg/5ml</i>	PG	
VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML (<i>diazepam</i>)	PB	QL (10 SPRAYS per 25 days)
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 2 X 7.5 MG/0.1ML (<i>diazepam</i>)	PB	QL (10 SPRAYS per 25 days)
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 2 X 10 MG/0.1ML (<i>diazepam</i>)	PB	QL (10 SPRAYS per 25 days)
VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML (<i>diazepam</i>)	PB	QL (10 SPRAYS per 25 days)
<i>vigabatrin oral packet 500 mg</i>	PSP	PA; QL (180 PACKETS per 30 days)
<i>vigabatrin oral tablet 500 mg</i>	PSP	PA; QL (180 TABLETS per 30 days)
<i>vigabatrin</i> (Vigadrone Oral Packet 500 Mg)	PSP	PA; QL (180 PACKETS per 30 days)
VIGAFYDE ORAL SOLUTION 100 MG/ML (<i>vigabatrin</i>)	NF	
VIMPAT ORAL SOLUTION 10 MG/ML (<i>lacosamide</i>)	NF	
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (<i>lacosamide</i>)	NF	
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG (<i>cenobamate</i>)	PB	
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK 150 & 200 MG (<i>cenobamate</i>)	PB	
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG, 50 MG (<i>cenobamate</i>)	PB	
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG, 14 X 150 MG & 14 X 200 MG, 14 X 50 MG & 14 X 100 MG (<i>cenobamate</i>)	PB	
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG (<i>zonisamide</i>)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZONISADE ORAL SUSPENSION 100 MG/5ML (<i>zonisamide</i>)	NF	
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	PG	
ZTALMY ORAL SUSPENSION 50 MG/ML (<i>ganaxolone</i>)	NF	
ATTENTION DEFICIT HYPERACTIVITY DISORDER - DRUGS TO TREAT ADHD		
ADDERALL ORAL TABLET 10 MG, 12.5 MG, 15 MG, 20 MG, 30 MG, 5 MG, 7.5 MG (<i>amphetamine-dextroamphetamine</i>)	NF	
ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 5 MG (<i>amphetamine-dextroamphetamine</i>)	NF	
ADZENYS XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE 12.5 MG, 15.7 MG, 18.8 MG, 3.1 MG, 6.3 MG, 9.4 MG (<i>amphetamine</i>)	NF	
<i>amphetamine er oral tablet extended release dispersible 12.5 mg, 15.7 mg, 18.8 mg</i>	PG	QL (30 TABLETS per 25 DAYs)
<i>amphetamine er oral tablet extended release dispersible 3.1 mg, 6.3 mg, 9.4 mg</i>	PG	QL (60 TABLETS per 25 DAYs)
<i>amphetamine sulfate oral tablet 10 mg, 5 mg</i>	NP	STX; QL (120 TABLETS per 25 days)
<i>amphetamine-dextroamphet er oral capsule extended release 24 hour 10 mg, 5 mg</i>	PG	QL (90 CAPSULES per 25 days)
<i>amphetamine-dextroamphet er oral capsule extended release 24 hour 15 mg, 20 mg, 25 mg, 30 mg</i>	PG	QL (30 CAPSULES per 25 days)
<i>amphetamine-dextroamphetamine oral tablet 10 mg</i>	PG	QL (90 TABLETS per 25 DAYs)
<i>amphetamine-dextroamphetamine oral tablet 12.5 mg, 5 mg, 7.5 mg</i>	PG	QL (90 TABLETS per 25 days)
<i>amphetamine-dextroamphetamine oral tablet 15 mg</i>	PG	QL (60 TABLETS per 25 days)
<i>amphetamine-dextroamphetamine oral tablet 20 mg</i>	PG	QL (60 TABLETS per 25 DAYs)
<i>amphetamine-dextroamphetamine oral tablet 30 mg</i>	PG	QL (30 TABLETS per 25 days)
<i>amphet-dextroamphet 3-bead er oral capsule extended release 24 hour 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	NF	
APTENSIO XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG (<i>methylphenidate hcl</i>)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>atomoxetine hcl oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>	PG	
AZSTARYS ORAL CAPSULE 26.1-5.2 MG, 39.2-7.8 MG, 52.3-10.4 MG (<i>serdexmethylphen-dexmethylphen</i>)	PB	QL (30 CAPSULES per 25 days)
CONCERTA ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG, 36 MG, 54 MG (<i>methylphenidate hcl</i>)	NF	
COTEMPLA XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE 17.3 MG, 25.9 MG, 8.6 MG (<i>methylphenidate</i>)	NF	
DAYTRANA TRANSDERMAL PATCH 10 MG/9HR, 15 MG/9HR, 20 MG/9HR, 30 MG/9HR (<i>methylphenidate</i>)	NF	
DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG (<i>dextroamphetamine sulfate</i>)	NP	ST; QL (120 CAPSULES per 25 days)
DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 15 MG (<i>dextroamphetamine sulfate</i>)	NP	ST; QL (60 CAPSULES per 25 DAYS)
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 5 mg</i>	PG	QL (60 CAPSULES per 25 DAYS)
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 25 mg, 30 mg, 40 mg</i>	PG	QL (30 CAPSULES per 25 DAYS)
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 35 mg</i>	PG	QL (30 CAPSULES per 25 days)
<i>dexmethylphenidate hcl oral tablet 10 mg</i>	PG	QL (60 TABLETS per 25 days)
<i>dexmethylphenidate hcl oral tablet 2.5 mg, 5 mg</i>	PG	QL (120 TABLETS per 25 days)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 5 mg</i>	PG	QL (120 CAPSULES per 25 days)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg</i>	PG	QL (60 CAPSULES per 25 days)
<i>dextroamphetamine sulfate oral solution 5 mg/5ml</i>	PG	QL (1200 ML per 25 DAYS)
<i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i>	PG	QL (120 TABLETS per 25 DAYS)
DYANAVAL XR ORAL SUSPENSION EXTENDED RELEASE 2.5 MG/ML (<i>amphetamine</i>)	NF	
DYANAVAL XR ORAL TABLET EXTENDED RELEASE 10 MG, 15 MG, 20 MG, 5 MG (<i>amphetamine</i>)	NF	
EVEKEO ORAL TABLET 10 MG, 5 MG (<i>amphetamine sulfate</i>)	NF	
FOCALIN ORAL TABLET 10 MG (<i>dexmethylphenidate hcl</i>)	NP	QL (60 TABLETS per 25 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FOCALIN ORAL TABLET 2.5 MG, 5 MG (<i>dexmethylphenidate hcl</i>)	NP	QL (120 TABLETS per 25 days)
FOCALIN XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG, 5 MG (<i>dexmethylphenidate hcl</i>)	NF	
<i>guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg</i>	NP	
INTUNIV ORAL TABLET EXTENDED RELEASE 24 HOUR 1 MG, 2 MG, 3 MG, 4 MG (<i>guanfacine hcl</i>)	NF	
JORNAY PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 20 MG, 40 MG, 60 MG, 80 MG (<i>methylphenidate hcl</i>)	NF	
<i>lisdexamfetamine dimesylate oral capsule 10 mg, 20 mg, 30 mg</i>	PG	QL (60 CAPSULES per 25 DAYS)
<i>lisdexamfetamine dimesylate oral capsule 40 mg, 50 mg, 60 mg, 70 mg</i>	PG	QL (30 CAPSULES per 25 DAYS)
<i>lisdexamfetamine dimesylate oral tablet chewable 10 mg, 20 mg, 30 mg</i>	PG	QL (60 TABLETS per 25 DAYS)
<i>lisdexamfetamine dimesylate oral tablet chewable 40 mg, 50 mg, 60 mg</i>	PG	QL (30 TABLETS per 25 DAYS)
METADATE CD ORAL CAPSULE EXTENDED RELEASE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG (<i>methylphenidate hcl</i>)	NF	
<i>methamphetamine hcl oral tablet 5 mg</i>	PG	STX; QL (150 TABLETS per 25 days)
METHYLIN ORAL SOLUTION 10 MG/5ML (<i>methylphenidate hcl</i>)	NP	QL (900 ML per 25 DAYS)
METHYLIN ORAL SOLUTION 5 MG/5ML (<i>methylphenidate hcl</i>)	NP	QL (1800 ML per 25 DAYS)
<i>methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg</i>	PG	QL (60 CAPSULES per 25 days)
<i>methylphenidate hcl er (cd) oral capsule extended release 40 mg, 50 mg, 60 mg</i>	PG	QL (30 CAPSULES per 25 days)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg</i>	PG	QL (60 CAPSULES per 25 days)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 40 mg, 60 mg</i>	PG	QL (30 CAPSULES per 25 days)
<i>methylphenidate hcl er (osm) oral tablet extended release 18 mg</i>	PG	QL (60 TABLETS per 25 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>methylphenidate hcl er (osm) oral tablet extended release 27 mg, 36 mg</i>	PG	QL (60 tablets per 25 days)
<i>methylphenidate hcl er (osm) oral tablet extended release 45 mg, 63 mg</i>	NF	
<i>methylphenidate hcl er (osm) oral tablet extended release 54 mg</i>	PG	QL (30 tablets per 25 days)
<i>methylphenidate hcl er (osm) oral tablet extended release 72 mg</i>	PG	QL (30 TABLETS per 25 days)
<i>methylphenidate hcl er (xr) oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 30 mg</i>	PG	QL (60 CAPSULES per 25 DAYs)
<i>methylphenidate hcl er (xr) oral capsule extended release 24 hour 40 mg, 50 mg, 60 mg</i>	PG	QL (30 CAPSULES per 25 DAYs)
<i>methylphenidate hcl er oral tablet extended release 10 mg, 20 mg</i>	PG	QL (90 TABLETS per 25 DAYs)
<i>methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 36 mg</i>	PG	QL (60 TABLETS per 25 days)
<i>methylphenidate hcl er oral tablet extended release 24 hour 54 mg</i>	PG	QL (30 TABLETS per 25 days)
<i>methylphenidate hcl er(diffus) oral tablet extended release 27 mg, 36 mg</i>	PG	QL (60 TABLETS per 25 days)
<i>methylphenidate hcl er(diffus) oral tablet extended release 54 mg</i>	PG	QL (30 TABLETS per 25 days)
<i>methylphenidate hcl oral solution 10 mg/5ml</i>	PG	QL (900 ML per 25 days)
<i>methylphenidate hcl oral solution 5 mg/5ml</i>	PG	QL (1800 ML per 25 days)
<i>methylphenidate hcl oral tablet 10 mg, 5 mg</i>	PG	QL (180 TABLETS per 25 days)
<i>methylphenidate hcl oral tablet 20 mg</i>	PG	QL (90 TABLETS per 25 days)
<i>methylphenidate hcl oral tablet chewable 10 mg, 2.5 mg, 5 mg</i>	NP	QL (180 TABLETS per 25 DAYs)
<i>methylphenidate transdermal patch 10 mg/9hr, 15 mg/9hr, 20 mg/9hr, 30 mg/9hr</i>	NF	
MYDAYIS ORAL CAPSULE EXTENDED RELEASE 24 HOUR 12.5 MG, 25 MG, 37.5 MG, 50 MG (<i>amphetamine-dextroamphetamine</i>)	NF	
ONYDA XR ORAL SUSPENSION EXTENDED RELEASE 0.1 MG/ML (<i>clonidine hcl</i>)	NF	
<i>dextroamphetamine sulfate</i> (Procentra Oral Solution 5 Mg/5Ml)	PG	QL (1200 ML per 25 days)
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 150 MG, 200 MG (<i>viloxazine hcl</i>)	PB	QL (90 CAPSULES per 25 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 20 MG, 30 MG, 40 MG (<i>methylphenidate hcl</i>)	NF	
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER 25 MG/5ML (<i>methylphenidate hcl</i>)	NF	
RELEXXII ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG, 36 MG, 45 MG, 54 MG, 63 MG, 72 MG (<i>methylphenidate hcl</i>)	NF	
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 30 MG (<i>methylphenidate hcl</i>)	NP	QL (60 CAPSULES per 25 DAYS)
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 40 MG (<i>methylphenidate hcl</i>)	NP	QL (30 CAPSULES per 25 DAYS)
RITALIN ORAL TABLET 10 MG, 5 MG (<i>methylphenidate hcl</i>)	NP	QL (180 TABLETS per 25 days)
RITALIN ORAL TABLET 20 MG (<i>methylphenidate hcl</i>)	NP	QL (90 TABLETS per 25 days)
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG (<i>lisdexamfetamine dimesylate</i>)	NF	
VYVANSE ORAL TABLET CHEWABLE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG (<i>lisdexamfetamine dimesylate</i>)	NF	
XELSTRYM TRANSDERMAL PATCH 13.5 MG/9HR, 18 MG/9HR, 4.5 MG/9HR, 9 MG/9HR (<i>dextroamphetamine</i>)	NF	
<i>dextroamphetamine sulfate</i> (Zenzedi Oral Tablet 15 Mg, 20 Mg)	PG	QL (60 TABLETS per 25 days)
<i>dextroamphetamine sulfate</i> (Zenzedi Oral Tablet 2.5 Mg, 7.5 Mg)	PG	QL (120 TABLETS per 25 days)
<i>dextroamphetamine sulfate</i> (Zenzedi Oral Tablet 30 Mg)	PG	QL (30 TABLETS per 25 days)
BOTULINUM TOXINS		
BOTOX INJECTION SOLUTION RECONSTITUTED 100 UNIT, 200 UNIT (<i>onabotulinumtoxinA</i>)	NF	
DAXXIFY INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT (<i>daxibotulinumtoxinA-lanm</i>)	PSP	PA; N8 (Not covered for cosmetic use)
DYSPORT INTRAMUSCULAR SOLUTION RECONSTITUTED 300 UNIT, 500 UNIT (<i>abobotulinumtoxinA</i>)	PSP	PA; N8 (Not covered for cosmetic use)
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT, 200 UNIT, 50 UNIT (<i>incobotulinumtoxinA</i>)	PSP	PA; N8 (Not covered for cosmetic use)
FIBROMYALGIA		
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG (<i>milnacipran hcl</i>)	NP	ST

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG (<i>milnacipran hcl</i>)	NP	ST
TONMYA SUBLINGUAL TABLET SUBLINGUAL 2.8 MG (<i>cyclobenzaprine hcl (fibromy)</i>)	NF	
HYPNOTICS - DRUGS TO TREAT INSOMNIA		
AMBIEN CR ORAL TABLET EXTENDED RELEASE 12.5 MG, 6.25 MG (<i>zolpidem tartrate</i>)	NP	ST; QL (15 TABLETS per 25 days)
AMBIEN ORAL TABLET 10 MG, 5 MG (<i>zolpidem tartrate</i>)	NP	ST; QL (15 TABLETS per 25 days)
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG (<i>suvorexant</i>)	PB	
DAYVIGO ORAL TABLET 10 MG, 5 MG (<i>lemborexant</i>)	NF	
<i>doxepin hcl oral tablet 3 mg, 6 mg</i>	PG	QLR (QL applies to members age 65 and older); QL (30 TABLETS per 25 days); AL (Max 65 Years)
EDLUAR SUBLINGUAL TABLET SUBLINGUAL 10 MG, 5 MG (<i>zolpidem tartrate</i>)	NF	
<i>estazolam oral tablet 1 mg, 2 mg</i>	PG	QL (15 TABLETS per 25 DAYs)
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	PG	QL (15 TABLETS per 25 days)
<i>flurazepam hcl oral capsule 15 mg, 30 mg</i>	NF	
HALCION ORAL TABLET 0.25 MG (<i>triazolam</i>)	NP	QL (10 TABLETS per 25 DAYs)
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML (<i>tasimelteon</i>)	NPSP	PA; QL (158 ML per 30 days)
HETLIOZ ORAL CAPSULE 20 MG (<i>tasimelteon</i>)	NPSP	PA; QL (30 CAPSULES per 30 days)
LUNESTA ORAL TABLET 1 MG, 2 MG, 3 MG (<i>eszopiclone</i>)	NF	
<i>midazolam hcl oral syrup 2 mg/ml</i>	NP	
<i>quazepam oral tablet 15 mg</i>	NF	
QUVIVIQ ORAL TABLET 25 MG, 50 MG (<i>daridorexant hcl</i>)	NF	
<i>ramelteon oral tablet 8 mg</i>	PG	QL (15 TABLETS per 25 DAYs)
RESTORIL ORAL CAPSULE 15 MG, 22.5 MG, 30 MG, 7.5 MG (<i>temazepam</i>)	NP	QL (15 CAPSULES per 25 DAYs)
ROZEREM ORAL TABLET 8 MG (<i>ramelteon</i>)	NF	
SILENOR ORAL TABLET 3 MG, 6 MG (<i>doxepin hcl</i>)	NF	

2026 Pharmacy Drug Guide - Advanced Control Plan - Aetna

The formulary is updated the first week of each month
05/01/2026

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>tasimelteon oral capsule 20 mg</i>	PSP	PA; QL (30 CAPSULES per 30 DAYs)
<i>temazepam oral capsule 15 mg, 30 mg</i>	PG	QL (15 CAPSULES per 25 DAYs)
<i>temazepam oral capsule 22.5 mg, 7.5 mg</i>	PG	QL (15 CAPSULES per 25 days)
<i>triazolam oral tablet 0.125 mg, 0.25 mg</i>	PG	QL (10 TABLETS per 25 days)
<i>zaleplon oral capsule 10 mg, 5 mg</i>	PG	QL (15 CAPSULES per 25 DAYs)
<i>zolpidem tartrate er oral tablet extended release 12.5 mg, 6.25 mg</i>	NP	QL (15 TABLETS per 25 days)
<i>zolpidem tartrate oral capsule 7.5 mg</i>	NF	
<i>zolpidem tartrate oral tablet 10 mg, 5 mg</i>	PG	N8 (Listing does not include certain NDCs); QL (15 TABLETS per 25 days)
<i>zolpidem tartrate sublingual tablet sublingual 1.75 mg, 3.5 mg</i>	NF	
MIGRAINE - ERGOTAMINE DERIVATIVES - DRUGS TO TREAT SEVERE HEADACHES		
BREKIYA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1 MG/ML (<i>dihydroergotamine mesylate</i>)	NF	
<i>dihydroergotamine mesylate injection solution 1 mg/ml</i>	NP	
<i>dihydroergotamine mesylate nasal solution 4 mg/ml</i>	NF	
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	NF	
MIGERGOT RECTAL SUPPOSITORY 2-100 MG (<i>ergotamine-caffeine</i>)	NF	
TRUDHESA NASAL AEROSOL SOLUTION 0.725 MG/ACT (<i>dihydroergotamine mesylate hfa</i>)	NF	
MIGRAINE - MISCELLANEOUS - DRUGS TO TREAT SEVERE HEADACHES		
NURTEC ORAL TABLET DISPERSIBLE 75 MG (<i>rimegepant sulfate</i>)	PB	ST; QL (16 TABLETS per 25 days)
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG (<i>atogepant</i>)	PB	ST; QL (30 TABLETS per 25 days)
UBRELVY ORAL TABLET 100 MG, 50 MG (<i>ubrogepant</i>)	PB	ST; QL (16 TABLETS per 25 days)
ZAVZPRET NASAL SOLUTION 10 MG/ACT (<i>zavegepant hcl</i>)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MIGRAINE - MONOCLONAL ANTIBODIES - DRUGS TO TREAT SEVERE HEADACHES		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML (<i>erenumab-aooe</i>)	NF	
AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 225 MG/1.5ML (<i>fremanezumab-vfrm</i>)	PB	ST; QL (3 SYRINGES per 75 days)
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 225 MG/1.5ML (<i>fremanezumab-vfrm</i>)	PB	ST; QL (3 SYRINGES per 75 days)
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>galcanezumab-gnlm</i>)	PB	ST; QL (3 SYRINGES per 25 days)
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML (<i>galcanezumab-gnlm</i>)	PB	ST; N8 (Quantity limit will be 2 syringes for the initial month); QL (1 SYRINGE per 25 days)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML (<i>galcanezumab-gnlm</i>)	PB	ST; N8 (Quantity limit will be 2 syringes for the initial month); QL (1 SYRINGE per 25 days)
MIGRAINE - TRIPTANS AND COMBINATIONS - DRUGS TO TREAT SEVERE HEADACHES		
<i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i>	NP	QL (12 TABLETS per 25 days)
<i>eletriptan hydrobromide oral tablet 20 mg, 40 mg</i>	NP	QL (12 TABLETS per 25 days)
<i>frovatriptan succinate oral tablet 2.5 mg</i>	NP	QL (18 TABLETS per 25 days)
IMITREX ORAL TABLET 100 MG, 25 MG, 50 MG (<i>sumatriptan succinate</i>)	NP	ST; QL (12 TABLETS per 25 days)
IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE 4 MG/0.5ML (<i>sumatriptan succinate</i>)	NP	ST; QL (18 SYRINGES per 25 days)
IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE 6 MG/0.5ML (<i>sumatriptan succinate</i>)	NP	ST; QL (12 CARTRIDGE per 25 days)
IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO-INJECTOR 4 MG/0.5ML (<i>sumatriptan succinate</i>)	NP	ST; QL (18 SYRINGES per 25 days)
IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6 MG/0.5ML (<i>sumatriptan succinate</i>)	NP	ST; QL (12 INJECTORS per 25 days)
MAXALT ORAL TABLET 10 MG (<i>rizatriptan benzoate</i>)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MAXALT-MLT ORAL TABLET DISPERSIBLE 10 MG (<i>rizatriptan benzoate</i>)	NF	
<i>naratriptan hcl oral tablet 1 mg, 2.5 mg</i>	PG	QL (12 TABLETS per 25 days)
ONZETRA XSAIL NASAL EXHALER POWDER 11 MG/NOSEPC (<i>sumatriptan succinate</i>)	NF	
RELPAZ ORAL TABLET 20 MG, 40 MG (<i>eletriptan hydrobromide</i>)	NP	ST; QL (12 TABLETS per 25 days)
<i>rizatriptan benzoate oral tablet 10 mg, 5 mg</i>	PG	QL (18 TABLETS per 25 days)
<i>rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg</i>	PG	QL (18 TABLETS per 25 days)
<i>sumatriptan nasal solution 20 mg/act</i>	PG	QL (12 SPRAYS per 25 days)
<i>sumatriptan nasal solution 5 mg/act</i>	PG	QL (24 SPRAYS per 25 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	PG	QL (12 TABLETS per 25 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	PG	QL (12 VIALS per 25 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 6 mg/0.5ml</i>	PG	QL (12 INJECTOR per 25 days)
<i>sumatriptan-naproxen sodium oral tablet 85-500 mg</i>	NF	
SYMBRAVO ORAL TABLET 20-10 MG (<i>meloxicam-rizatriptan</i>)	NF	
TOSYMRA NASAL SOLUTION 10 MG/ACT (<i>sumatriptan</i>)	PB	QL (18 UNITS per 25 days)
TREXIMET ORAL TABLET 85-500 MG (<i>sumatriptan-naproxen sodium</i>)	NF	
ZEMBRACE SYMTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 3 MG/0.5ML (<i>sumatriptan succinate</i>)	NP	ST; QL (24 INJECTORS per 25 days)
<i>zolmitriptan nasal solution 2.5 mg</i>	PG	QL (12 SPRAYS per 25 DAYs)
<i>zolmitriptan nasal solution 5 mg</i>	PG	QL (12 SPRAYS per 25 days)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	PG	N8 (Listing does not include certain NDCs); QL (12 TABLETS per 25 days)
<i>zolmitriptan oral tablet dispersible 2.5 mg, 5 mg</i>	PG	N8 (Listing does not include certain NDCs); QL (12 TABLETS per 25 days)
ZOMIG NASAL SOLUTION 2.5 MG, 5 MG (<i>zolmitriptan</i>)	NP	ST; QL (12 SPRAYS per 25 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MISCELLANEOUS		
DAYBUE ORAL SOLUTION 200 MG/ML (<i>trofinetide</i>)	NPSP	PA; QL (3600 ML per 30 days)
DAYBUE STIX ORAL PACKET 5000 MG, 6000 MG (<i>trofinetide</i>)	NPSP	PA; QL (120 PACKETS per 30 days)
DAYBUE STIX ORAL PACKET 8000 MG (<i>trofinetide</i>)	NPSP	PA; QL (60 PACKETS per 30 days)
ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML (<i>satralizumab-mwge</i>)	PSP	PA; QL (1 SYRINGE per 28 days)
EVRYSDI ORAL SOLUTION RECONSTITUTED 0.75 MG/ML (<i>risdiplam</i>)	NPSP	PA; QL (2 BOTTLES per 24 days)
EVRYSDI ORAL TABLET 5 MG (<i>risdiplam</i>)	NPSP	PA; QL (30 TABLETS per 30 DAYS)
FIRDAPSE ORAL TABLET 10 MG (<i>amifampridine phosphate</i>)	NPSP	PA; QL (300 TABLETS per 30 days)
SKYCLARYS ORAL CAPSULE 50 MG (<i>omaveloxolone</i>)	NPSP	PA; QL (90 CAPSULES per 30 days)
ZILBRYSQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 16.6 MG/0.416ML, 23 MG/0.574ML, 32.4 MG/0.81ML (<i>zilucoplan sodium</i>)	NF	
MOOD STABILIZERS - DRUGS TO TREAT MOOD DISORDERS		
<i>lithium carbonate er oral tablet extended release 300 mg, 450 mg</i>	PG	
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	PG	
<i>lithium carbonate oral tablet 300 mg</i>	PG	
<i>lithium oral solution 8 meq/5ml</i>	PG	
MOVEMENT DISORDERS		
AUSTEDO ORAL TABLET 12 MG, 9 MG (<i>deutetrabenazine</i>)	PSP	PA; QL (120 TABLETS per 30 days)
AUSTEDO ORAL TABLET 6 MG (<i>deutetrabenazine</i>)	PSP	PA; QL (60 TABLETS per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 18 MG, 24 MG, 30 MG, 36 MG, 42 MG, 48 MG, 6 MG (<i>deutetrabenazine</i>)	NF	
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG (<i>deutetrabenazine</i>)	NF	
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG (<i>valbenazine tosylate</i>)	PSP	PA; QL (30 CAPSULES per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INGREZZA ORAL CAPSULE SPRINKLE 40 MG, 60 MG, 80 MG (<i>valbenazine tosylate</i>)	PSP	PA; QL (30 CAPSULES per 30 DAYs)
INGREZZA ORAL CAPSULE THERAPY PACK 40 & 80 MG (<i>valbenazine tosylate</i>)	PSP	PA; QL (1 PACK per 28 days)
<i>tetrabenazine oral tablet 12.5 mg</i>	PSP	PA; QL (240 TABLETS per 30 days)
<i>tetrabenazine oral tablet 25 mg</i>	PSP	PA; QL (120 TABLETS per 30 days)
XENAZINE ORAL TABLET 12.5 MG, 25 MG (<i>tetrabenazine</i>)	NF	
MULTIPLE SCLEROSIS AGENTS - DRUGS TO TREAT MULTIPLE SCLEROSIS		
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HOUR 10 MG (<i>dalfampridine</i>)	NPSP	PA; ST; QL (60 TABLETS per 30 days)
AUBAGIO ORAL TABLET 14 MG, 7 MG (<i>teriflunomide</i>)	NF	
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML (<i>interferon beta-1a</i>)	PSP	PA; QL (4 SYRINGES per 28 days)
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML (<i>interferon beta-1a</i>)	PSP	PA; QL (4 SYRINGES per 28 days)
BAFIERTAM ORAL CAPSULE DELAYED RELEASE 95 MG (<i>monomethyl fumarate</i>)	PSP	PA; QL (120 CAPSULES per 30 days)
BETASERON SUBCUTANEOUS KIT 0.3 MG (<i>interferon beta-1b</i>)	PSP	PA; QL (14 INJECTIONS per 28 days)
<i>cladribine (10 tabs) oral tablet therapy pack 10 mg</i>	PSP	PA; QL (20 TABLETS per 270 days)
<i>cladribine (4 tabs) oral tablet therapy pack 10 mg</i>	PSP	PA; QL (20 TABLETS per 270 days)
<i>cladribine (5 tabs) oral tablet therapy pack 10 mg</i>	PSP	PA; QL (20 TABLETS per 270 days)
<i>cladribine (6 tabs) oral tablet therapy pack 10 mg</i>	PSP	PA; QL (20 TABLETS per 270 days)
<i>cladribine (7 tabs) oral tablet therapy pack 10 mg</i>	PSP	PA; QL (20 TABLETS per 270 days)
<i>cladribine (8 tabs) oral tablet therapy pack 10 mg</i>	PSP	PA; QL (20 TABLETS per 270 days)
<i>cladribine (9 tabs) oral tablet therapy pack 10 mg</i>	PSP	PA; QL (20 TABLETS per 270 days)
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML (<i>glatiramer acetate</i>)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML (<i>glatiramer acetate</i>)	NPSP	PA; QL (12 SYRINGES per 28 days)
<i>dalfampridine er oral tablet extended release 12 hour 10 mg</i>	PSP	PA; QL (60 TABLETS per 30 days)
<i>dimethyl fumarate oral capsule delayed release 120 mg</i>	PSP	PA; N8 (Listing does not include certain NDCs); QL (14 CAPSULES per 28 days)
<i>dimethyl fumarate oral capsule delayed release 240 mg</i>	PSP	PA; QL (60 CAPSULES per 30 days)
<i>dimethyl fumarate starter pack oral capsule delayed release therapy pack 120 & 240 mg</i>	PSP	PA; QL (1 KIT per 30 DAYS)
<i>fingolimod hcl oral capsule 0.5 mg</i>	PSP	PA; QL (30 CAPSULES per 30 days)
GILENYA ORAL CAPSULE 0.25 MG, 0.5 MG (<i>fingolimod hcl</i>)	NF	
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml</i>	PSP	PA; QL (30 ML per 30 days)
<i>glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml</i>	PSP	PA; QL (12 ML per 28 days)
<i>glatiramer acetate</i> (Glatopa Subcutaneous Solution Prefilled Syringe 20 Mg/ML)	PSP	PA; QL (30 ML per 30 days)
<i>glatiramer acetate</i> (Glatopa Subcutaneous Solution Prefilled Syringe 40 Mg/ML)	PSP	PA; QL (12 ML per 28 days)
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML (<i>ofatumumab</i>)	PSP	PA; QL (1 PEN per 28 days)
MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK 10 MG (<i>cladribine</i>)	NPSP	PA; QL (20 TABLETS per 270 days)
MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK 10 MG (<i>cladribine</i>)	NPSP	PA; QL (20 TABLETS per 270 days)
MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK 10 MG (<i>cladribine</i>)	NPSP	PA; QL (20 TABLETS per 270 days)
MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK 10 MG (<i>cladribine</i>)	NPSP	PA; QL (20 TABLETS per 270 days)
MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK 10 MG (<i>cladribine</i>)	NPSP	PA; QL (20 TABLETS per 270 days)
MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK 10 MG (<i>cladribine</i>)	NPSP	PA; QL (20 TABLETS per 270 days)
MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK 10 MG (<i>cladribine</i>)	NPSP	PA; QL (20 TABLETS per 270 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MAYZENT ORAL TABLET 0.25 MG (<i>siponimod fumarate</i>)	PSP	PA; QL (12 TABLETS per 5 days)
MAYZENT ORAL TABLET 1 MG (<i>siponimod fumarate</i>)	PSP	PA; QL (30 TABLETS per 30 days)
MAYZENT ORAL TABLET 2 MG (<i>siponimod fumarate</i>)	PSP	PA; QL (30 TABLETS per 30 DAYS)
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG (<i>siponimod fumarate</i>)	PSP	PA; QL (12 TABLETS per 5 Days)
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG (<i>siponimod fumarate</i>)	PSP	PA; QL (7 TABLETS per 4 days)
OCREVUS INTRAVENOUS SOLUTION 300 MG/10ML (<i>ocrelizumab</i>)	PSP	PA; QL (2 VIALS per 168 DAYS)
OCREVUS ZUNOVO SUBCUTANEOUS SOLUTION 920-23000 MG-UT/23ML (<i>ocrelizumab-hyaluronidase-ocsq</i>)	PSP	PA; QL (1 VIAL per 168 DAYS)
PLEGRIDY INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML (<i>peginterferon beta-1a</i>)	NPSP	PA; QL (2 INJECTIONS per 28 days)
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 63 & 94 MCG/0.5ML (<i>peginterferon beta-1a</i>)	NPSP	PA; QL (2 INJECTIONS per 28 days)
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 63 & 94 MCG/0.5ML (<i>peginterferon beta-1a</i>)	NPSP	PA; QL (2 INJECTIONS per 28 days)
PLEGRIDY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MCG/0.5ML (<i>peginterferon beta-1a</i>)	NPSP	PA; QL (2 INJECTIONS per 28 days)
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML (<i>peginterferon beta-1a</i>)	NPSP	PA; QL (2 INJECTIONS per 28 days)
PONVORY ORAL TABLET 20 MG (<i>ponesimod</i>)	NPSP	PA; QL (30 TABLETS per 30 days)
PONVORY STARTER PACK ORAL TABLET THERAPY PACK 2-3-4-5-6-7-8-9 & 10 MG (<i>ponesimod</i>)	NPSP	PA; QL (14 TABLETS per 14 days)
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML, 44 MCG/0.5ML (<i>interferon beta-1a</i>)	PSP	PA; QL (12 PENS per 28 days)
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG (<i>interferon beta-1a</i>)	PSP	PA; QL (1 ML per 28 days)
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML, 44 MCG/0.5ML (<i>interferon beta-1a</i>)	PSP	PA; QL (12 SYRINGES per 28 DAYS)
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG (<i>interferon beta-1a</i>)	PSP	PA; QL (1 ML per 28 days)

2026 Pharmacy Drug Guide - Advanced Control Plan - Aetna

The formulary is updated the first week of each month
05/01/2026

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TASCENSO ODT ORAL TABLET DISPERSIBLE 0.25 MG, 0.5 MG (<i>fingolimod lauryl sulfate</i>)	NF	
TECFIDERA ORAL CAPSULE DELAYED RELEASE 120 MG, 240 MG (<i>dimethyl fumarate</i>)	NF	
TECFIDERA ORAL CAPSULE DELAYED RELEASE THERAPY PACK 120 & 240 MG (<i>dimethyl fumarate</i>)	NF	
<i>teriflunomide oral tablet 14 mg, 7 mg</i>	PSP	PA; QL (30 TABLETS per 30 DAYS)
TYRUKO INTRAVENOUS CONCENTRATE 300 MG/15ML (<i>natalizumab-sztn</i>)	NF	
TYSABRI INTRAVENOUS CONCENTRATE 300 MG/15ML (<i>natalizumab</i>)	PSP	PA; QL (1 ML per 28 days)
VUMERITY ORAL CAPSULE DELAYED RELEASE 231 MG (<i>diroximel fumarate</i>)	PSP	PA; QL (120 CAPSULES per 30 days)
ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK 4 X 0.23MG & 3 X 0.46MG (<i>ozanimod hcl</i>)	PSP	PA; ST; IBC (Preferred agent for Ulcerative Colitis); QL (1 PACK per 7 days)
ZEPOSIA ORAL CAPSULE 0.92 MG (<i>ozanimod hcl</i>)	PSP	PA; ST; IBC (Preferred agent for Ulcerative Colitis); QL (30 CAPSULES per 30 days)
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG 0.92MG(21) (<i>ozanimod hcl</i>)	PSP	PA; ST; IBC (Preferred agent for Ulcerative Colitis); QL (1 KIT per 28 days)
MUSCULOSKELETAL THERAPY AGENTS		
AMRIX ORAL CAPSULE EXTENDED RELEASE 24 HOUR 15 MG, 30 MG (<i>cyclobenzaprine hcl</i>)	NF	
<i>baclofen oral solution 10 mg/5ml, 5 mg/5ml</i>	NF	
<i>baclofen oral suspension 25 mg/5ml</i>	PG	N8 (Listing does not include certain NDCs)
<i>baclofen oral tablet 10 mg, 15 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>baclofen oral tablet 20 mg, 5 mg</i>	PG	
<i>carisoprodol oral tablet 250 mg</i>	NF	
<i>carisoprodol oral tablet 350 mg</i>	PG	N8 (Listing does not include certain NDCs); QL (84 TABLETS per 28 days)
<i>chlorzoxazone oral tablet 250 mg, 375 mg, 750 mg</i>	NF	
<i>chlorzoxazone oral tablet 500 mg</i>	PG	N8 (Listing does not include certain NDCs)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>cyclobenzaprine hcl er oral capsule extended release 24 hour 15 mg, 30 mg</i>	NF	
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>cyclobenzaprine hcl oral tablet 7.5 mg</i>	NF	
<i>dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg</i>	PG	
DUVYZAT ORAL SUSPENSION 8.86 MG/ML (<i>givinostat hcl</i>)	NF	
<i>cyclobenzaprine hcl</i> (Fexmid Oral Tablet 7.5 Mg)	NF	
FLEQSUVY ORAL SUSPENSION 25 MG/5ML (<i>baclofen</i>)	NF	
<i>metaxalone oral tablet 400 mg, 640 mg</i>	NF	
<i>metaxalone oral tablet 800 mg</i>	NP	
<i>methocarbamol oral tablet 1000 mg</i>	NF	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>norgesic forte oral tablet 50-770-60 mg</i>	NF	
NORGESIC ORAL TABLET 25-385-30 MG (<i>orphenadrine-aspirin-caffeine</i>)	NF	
ONTRALFY ORAL SOLUTION 2 MG/5ML (<i>tizanidine hcl</i>)	NF	
<i>orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg</i>	NF	
ORPHENGESIC FORTE ORAL TABLET 50-770-60 MG (<i>orphenadrine-aspirin-caffeine</i>)	NF	
OZOBAX DS ORAL SOLUTION 10 MG/5ML (<i>baclofen</i>)	NF	
SOHONOS ORAL CAPSULE 1 MG, 1.5 MG, 10 MG, 2.5 MG, 5 MG (<i>palovarotene</i>)	NF	
SOMA ORAL TABLET 250 MG, 350 MG (<i>carisoprodol</i>)	NP	QL (84 TABLETS per 28 DAYS)
<i>methocarbamol</i> (Tanlor Oral Tablet 1000 Mg)	NF	
<i>tizanidine hcl oral capsule 2 mg, 4 mg, 6 mg</i>	NP	
<i>tizanidine hcl oral capsule 8 mg</i>	PG	
<i>tizanidine hcl oral tablet 2 mg, 4 mg</i>	PG	
MYASTHENIA GRAVIS - DRUGS TO TREAT MYASTHENIA GRAVIS		
MESTINON ORAL SOLUTION 60 MG/5ML (<i>pyridostigmine bromide</i>)	NF	
MESTINON ORAL TABLET 60 MG (<i>pyridostigmine bromide</i>)	NF	
<i>pyridostigmine bromide er oral tablet extended release 180 mg</i>	PG	
<i>pyridostigmine bromide oral solution 60 mg/5ml</i>	PG	

2026 Pharmacy Drug Guide - Advanced Control Plan - Aetna

The formulary is updated the first week of each month
05/01/2026

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>pyridostigmine bromide oral tablet 30 mg</i>	NF	
<i>pyridostigmine bromide oral tablet 60 mg</i>	PG	
VYVGART HYTRULO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1000-10000 MG-UNT/5ML (<i>efgartigimod alfa-hyalur-qyfc</i>)	PSP	PA; QL (4 SYRINGES per 28 days)
NARCOLEPSY/CATAPLEXY - DRUGS FOR SLEEP DISORDERS		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>	PG	PA; QL (30 TABLETS per 25 days)
<i>armodafinil oral tablet 50 mg</i>	PG	PA; QL (60 TABLETS per 25 days)
LUMRYZ ORAL PACKET 4.5 GM, 6 GM, 7.5 GM, 9 GM (<i>sodium oxybate</i>)	PSP	PA; QL (30 PACKETS per 30 days)
LUMRYZ STARTER PACK ORAL THERAPY PACK 4.5 & 6 & 7.5 GM (<i>sodium oxybate</i>)	PSP	PA; QL (28 PACKETS per 28 DAYS)
<i>modafinil oral tablet 100 mg, 200 mg</i>	PG	PA; QL (60 TABLETS per 25 days)
NUVIGIL ORAL TABLET 150 MG, 200 MG, 250 MG, 50 MG (<i>armodafinil</i>)	NF	
PROVIGIL ORAL TABLET 100 MG, 200 MG (<i>modafinil</i>)	NF	
<i>sodium oxybate oral solution 500 mg/ml</i>	PSP	PA; N8 (Listing does not include certain NDCs); QL (540 ML per 30 DAYS)
SUNOSI ORAL TABLET 150 MG, 75 MG (<i>solriamfetol hcl</i>)	PB	PA; QL (30 TABLETS per 25 days)
WAKIX ORAL TABLET 17.8 MG, 4.45 MG (<i>pitolisant hcl</i>)	PSP	PA; QL (60 TABLETS per 30 days)
XYREM ORAL SOLUTION 500 MG/ML (<i>sodium oxybate</i>)	NF	
XYWAV ORAL SOLUTION 500 MG/ML (<i>ca, mg, k, and na oxybates</i>)	PSP	PA; QL (540 ML per 30 days)
OPIOID AGONIST/ANTAGONIST		
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg</i>	PG	
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg</i>	CE	
SUBOXONE SUBLINGUAL FILM 12-3 MG, 2-0.5 MG, 4-1 MG, 8-2 MG (<i>buprenorphine hcl-naloxone hcl</i>)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG, 8.6-2.1 MG (<i>buprenorphine hcl-naloxone hcl</i>)	PB	
OPIOID ANTAGONIST		
KLOXXADO NASAL LIQUID 8 MG/0.1ML (<i>naloxone hcl</i>)	NP	
<i>naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml</i>	PG	
<i>naloxone hcl injection solution cartridge 0.4 mg/ml</i>	PG	
<i>naloxone hcl injection solution prefilled syringe 0.4 mg/ml, 2 mg/2ml</i>	PG	
<i>naloxone hcl nasal liquid 4 mg/0.1ml</i>	PG	
<i>naltrexone hcl oral tablet 50 mg</i>	CE	N8 (Listing does not include certain NDCs)
NARCAN NASAL LIQUID 4 MG/0.1ML (<i>naloxone hcl</i>)	PG	
OPVEE NASAL SOLUTION 2.7 MG/0.1ML (<i>nalmefene hcl</i>)	NF	
REXTOVY NASAL LIQUID 4 MG/0.25ML (<i>naloxone hcl</i>)	NF	
REZENOPY NASAL LIQUID 10 MG/0.11ML (<i>naloxone hcl</i>)	NF	
RIVIVE NASAL LIQUID 3 MG/0.1ML (<i>naloxone hcl</i>)	NP	
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG (<i>naltrexone</i>)	NPSP	QL (380 MG per 28 days)
ZURNAI INJECTION SOLUTION AUTO-INJECTOR 1.5 MG/0.5ML (<i>nalmefene hcl</i>)	NF	
OPIOID PARTIAL AGONISTS		
<i>buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg</i>	CE	
POSTHERPETIC NEURALGIA (PHN)		
<i>gabapentin (once-daily) oral tablet 300 mg</i>	PG	ST; QL (150 TABLETS per 25 DAYs)
<i>gabapentin (once-daily) oral tablet 450 mg, 600 mg</i>	PG	ST; QL (90 TABLETS per 25 DAYs)
<i>gabapentin (once-daily) oral tablet 750 mg, 900 mg</i>	PG	ST; QL (60 TABLETS per 25 DAYs)
GRALISE ORAL TABLET 300 MG (<i>gabapentin (once-daily)</i>)	PB	ST; QL (150 TABLETS per 25 days)
GRALISE ORAL TABLET 450 MG (<i>gabapentin (once-daily)</i>)	PB	ST; QL (90 TABLETS per 25 DAYs)
GRALISE ORAL TABLET 600 MG (<i>gabapentin (once-daily)</i>)	PB	ST; QL (90 TABLETS per 25 days)
GRALISE ORAL TABLET 750 MG, 900 MG (<i>gabapentin (once-daily)</i>)	PB	ST; QL (60 TABLETS per 25 DAYs)

2026 Pharmacy Drug Guide - Advanced Control Plan - Aetna

The formulary is updated the first week of each month
05/01/2026

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG, 600 MG (<i>gabapentin enacarbil</i>)	NF	
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR 165 MG, 330 MG, 82.5 MG (<i>pregabalin</i>)	NF	
<i>pregabalin er oral tablet extended release 24 hour 165 mg, 330 mg, 82.5 mg</i>	NF	
PSYCHOTHERAPEUTIC-MISC		
ADDYI ORAL TABLET 100 MG (<i>flibanserin</i>)	NP	SPC
<i>chlordiazepoxide-amitriptyline oral tablet 10-25 mg</i>	NP	QLR (QL applies to members age 65 and older); QL (60 TABLETS per 25 days); AL (Max 65 Years)
<i>chlordiazepoxide-amitriptyline oral tablet 5-12.5 mg</i>	NP	QLR (QL applies to members age 65 and older); QL (120 TABLETS per 25 days); AL (Max 65 Years)
<i>fluoxetine hcl (pmdd) oral tablet 10 mg, 20 mg</i>	NF	
<i>lofexidine hcl oral tablet 0.18 mg</i>	PG	
LUCEMYRA ORAL TABLET 0.18 MG (<i>lofexidine hcl</i>)	NF	
NUEDEXTA ORAL CAPSULE 20-10 MG (<i>dextromethorphan-quinidine</i>)	NF	
<i>olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i>	NP	STX
<i>paroxetine mesylate oral capsule 7.5 mg</i>	NF	
<i>perphenazine-amitriptyline oral tablet 2-10 mg</i>	PG	QLR (QL applies to members age 65 and older); QL (150 TABLETS per 25 days); AL (Max 65 Years)
<i>perphenazine-amitriptyline oral tablet 2-25 mg, 4-25 mg</i>	PG	QLR (QL applies to members age 65 and older); QL (60 TABLETS per 25 days); AL (Max 65 Years)
<i>perphenazine-amitriptyline oral tablet 4-10 mg</i>	PG	QLR (QL applies to members age 65 and older); QL (120 TABLETS per 25 days); AL (Max 65 Years)
<i>perphenazine-amitriptyline oral tablet 4-50 mg</i>	PG	QLR (QL applies to members age 65 and older); QL (30 TABLETS per 25 days); AL (Max 65 Years)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>pimozide oral tablet 1 mg, 2 mg</i>	NP	
VYLEESI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1.75 MG/0.3ML (<i>bremelanotide acetate</i>)	NF	
SMOKING DETERRENTS		
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i>	CE	N7 (PG); N8 (\$0 copay limited to 2 treatment cycles/year); QL (2 TREATMENT CYCLES per 365 days)
<i>cvs nicotine mouth/throat gum 4 mg</i>	CE	N7 (PG); N8 (\$0 copay limited to 2 treatment cycles/year); QL (2 TREATMENT CYCLES per 365 DAYS)
<i>cvs nicotine polacrilex mouth/throat gum 2 mg</i>	CE	N7 (PG); N8 (\$0 copay limited to 2 treatment cycles/year); QL (2 TREATMENT CYCLES per 365 days)
<i>cvs nicotine polacrilex mouth/throat gum 4 mg</i>	CE	N7 (PG); N8 (\$0 copay limited to 2 treatment cycles/year); QL (2 treatment cycles per 1 year)
<i>cvs nicotine polacrilex mouth/throat lozenge 2 mg</i>	CE	N7 (PG); N8 (\$0 copay limited to 2 treatment cycles/year); QL (2 TREATMENT CYCLES per 365 days)
<i>cvs nicotine polacrilex mouth/throat lozenge 4 mg</i>	CE	N7 (PG); N8 (\$0 copay limited to 2 treatment cycles/year); QL (2 treatment cycles per 1 year)
<i>cvs nicotine transdermal patch 24 hour 14 mg/24hr</i>	CE	N7 (PG); N8 (\$0 copay limited to 2 treatment cycles/year); QL (2 treatment cycles per 1 year)
<i>cvs nicotine transdermal patch 24 hour 21 mg/24hr</i>	CE	N7 (PG); N8 (\$0 copay limited to 2 treatment cycles/year); QL (2 TREATMENT CYCLES per 1 YEAR)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>cvs nicotine transdermal patch 24 hour 7 mg/24hr</i>	CE	N7 (PG); N8 (\$0 copay limited to 2 treatment cycles/year); QL (2 TREATMENT CYCLES per 365 days)
NICOTROL NS NASAL SOLUTION 10 MG/ML (<i>nicotine</i>)	CE	N7 (NP); N8 (\$0 copay limited to 2 treatment cycles/year); QL (168 DAYS OF TREATMENT per 365 days)
<i>varenicline tartrate (starter) oral tablet therapy pack 0.5 mg x 11 & 1 mg x 42</i>	CE	N7 (PG); N8 (\$0 limited to 2 treatment cycles/year); QL (2 TREATMENT CYCLES per 365 Days)
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i>	CE	N7 (PG); N8 (\$0 limited to 2 treatment cycles/year); QL (2 TREATMENT CYCLES per 365 days)
ENDOCRINE AND METABOLIC - DRUGS TO TREAT DIABETES AND REGULATE HORMONES		
ACROMEGALY - DRUGS TO TREAT CONDITIONS THAT CAUSE EXCESSIVE GROWTH		
BYNFEZIA PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 2500 MCG/ML (<i>octreotide acetate</i>)	NF	
MYCAPSSA ORAL CAPSULE DELAYED RELEASE 20 MG (<i>octreotide acetate</i>)	NF	
<i>octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	PG	PA; QL (90 ML per 30 days)
<i>octreotide acetate injection solution 1000 mcg/ml</i>	PG	PA; QL (45 ML per 30 days)
<i>octreotide acetate injection solution 200 mcg/ml</i>	PG	PA; QL (225 ML per 30 days)
<i>octreotide acetate intramuscular kit 10 mg</i>	PSP	PA; QL (1 INJECTION per 28 DAYs)
<i>octreotide acetate intramuscular kit 20 mg</i>	PSP	PA; QL (2 INJECTIONS per 28 days)
<i>octreotide acetate intramuscular kit 30 mg</i>	PSP	PA; QL (1 INJECTION per 28 days)
<i>octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	PG	PA; QL (90 ML per 30 days)
PALSONIFY ORAL TABLET 20 MG, 30 MG (<i>paltusotine hcl</i>)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML (<i>octreotide acetate</i>)	NPSP	PA; QL (90 ML per 30 DAYs)
SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT 10 MG, 20 MG, 30 MG (<i>octreotide acetate</i>)	NF	
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 120 MG/0.5ML, 60 MG/0.2ML, 90 MG/0.3ML (<i>lanreotide acetate</i>)	PSP	PA; QL (1 INJECTION per 28 days)
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG (<i>pegvisomant</i>)	NF	
ANDROGENS - DRUGS TO REGULATE MALE HORMONES		
ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%) (<i>testosterone</i>)	NF	
AVEED INTRAMUSCULAR SOLUTION 750 MG/3ML (<i>testosterone undecanoate</i>)	NPSP	PA
AZMIRO INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 200 MG/ML (<i>testosterone cypionate</i>)	NF	
JATENZO ORAL CAPSULE 158 MG, 198 MG, 237 MG (<i>testosterone undecanoate</i>)	NF	
KYZATREX ORAL CAPSULE 150 MG, 200 MG (<i>testosterone undecanoate</i>)	NF	
<i>methitest oral tablet 10 mg</i>	NP	PA; STX
<i>methyltestosterone oral capsule 10 mg</i>	PG	PA; STX
NATESTO NASAL GEL 5.5 MG/ACT (<i>testosterone</i>)	PB	PA
TESTIM TRANSDERMAL GEL 50 MG/5GM (1%) (<i>testosterone</i>)	NF	
<i>testosterone cypionate injection solution 200 mg/ml</i>	NF	
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i>	PG	PA
<i>testosterone enanthate intramuscular solution 200 mg/ml</i>	PG	PA
<i>testosterone transdermal gel 12.5 mg/act (1%), 50 mg/5gm (1%)</i>	PG	PA; N8 (Listing does not include certain NDCs)
<i>testosterone transdermal gel 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%)</i>	PG	PA
<i>testosterone transdermal solution 30 mg/act</i>	NP	PA
TLANDO ORAL CAPSULE 112.5 MG (<i>testosterone undecanoate</i>)	NF	
VOGELXO PUMP TRANSDERMAL GEL 12.5 MG/ACT (1%) (<i>testosterone</i>)	NF	

2026 Pharmacy Drug Guide - Advanced Control Plan - Aetna

The formulary is updated the first week of each month
05/01/2026

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VOGELXO TRANSDERMAL GEL 50 MG/5GM (1%) (<i>testosterone</i>)	NF	
XYOSTED SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/0.5ML, 50 MG/0.5ML, 75 MG/0.5ML (<i>testosterone enanthate</i>)	NF	
ANTIDIABETICS, ALPHA-GLUCOSIDASE INHIBITORS		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>	PG	
ANTIDIABETICS, BIGUANIDE		
<i>metformin hcl er (mod) oral tablet extended release 24 hour 1000 mg, 500 mg</i>	NF	
<i>metformin hcl er (osm) oral tablet extended release 24 hour 1000 mg, 500 mg</i>	NF	
<i>metformin hcl er oral tablet extended release 24 hour 500 mg, 750 mg</i>	PG	
<i>metformin hcl oral solution 500 mg/5ml</i>	NP	
<i>metformin hcl oral tablet 1000 mg, 500 mg</i>	PG	
<i>metformin hcl oral tablet 625 mg, 750 mg</i>	NF	
<i>metformin hcl oral tablet 850 mg</i>	CE	N7 (PG); AL (Min 35 Years and Max 70 Years)
RIOMET ORAL SOLUTION 500 MG/5ML (<i>metformin hcl</i>)	NF	
ANTIDIABETICS, BIGUANIDE/ SULFONYLUREA COMBINATIONS		
<i>glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	PG	N8 (Listing does not include certain NDCs)
ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITOR COMBINATIONS		
<i>alogliptin-metformin hcl oral tablet 12.5-1000 mg, 12.5-500 mg</i>	NF	
<i>alogliptin-pioglitazone oral tablet 12.5-30 mg, 25-15 mg, 25-30 mg, 25-45 mg</i>	NF	
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG (<i>sitagliptin phos-metformin hcl</i>)	NF	
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-1000 MG, 50-500 MG (<i>sitagliptin phos-metformin hcl</i>)	NF	
JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG (<i>linagliptin-metformin hcl</i>)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG (<i>linagliptin-metformin hcl</i>)	NF	
<i>saxagliptin-metformin er oral tablet extended release 24 hour 2.5-1000 mg, 5-1000 mg, 5-500 mg</i>	NF	
<i>sitaglipt base-metform hcl er oral tablet extended release 24 hour 100-1000 mg, 50-1000 mg, 50-500 mg</i>	NF	
<i>sitagliptin base-metformin hcl oral tablet 50-1000 mg, 50-500 mg</i>	NF	
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 12.5-2.5-1000 MG, 25-5-1000 MG, 5-2.5-1000 MG (<i>empagliflozin-linaglip-metform</i>)	PB	ST
ZITUVIMET ORAL TABLET 50-1000 MG, 50-500 MG (<i>sitagliptin base-metformin hcl</i>)	PB	ST
ZITUVIMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-1000 MG, 50-500 MG (<i>sitagliptin base-metformin hcl</i>)	PB	ST
ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
<i>alogliptin benzoate oral tablet 12.5 mg, 25 mg, 6.25 mg</i>	NF	
BRYNOVIN ORAL SOLUTION 25 MG/ML (<i>sitagliptin hydrochloride</i>)	NF	
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG (<i>sitagliptin phosphate</i>)	NF	
ONGLYZA ORAL TABLET 5 MG (<i>saxagliptin hcl</i>)	NF	
<i>saxagliptin hcl oral tablet 2.5 mg, 5 mg</i>	NF	
<i>sitagliptin oral tablet 100 mg, 25 mg, 50 mg</i>	NF	
TRADJENTA ORAL TABLET 5 MG (<i>linagliptin</i>)	NF	
ZITUVIO ORAL TABLET 100 MG, 25 MG, 50 MG (<i>sitagliptin</i>)	PB	ST
ANTIDIABETICS, DOPAMINE RECEPTOR AGONISTS		
CYCLOSET ORAL TABLET 0.8 MG (<i>bromocriptine mesylate</i>)	NF	
ANTIDIABETICS, INCRETIN MIMETIC AGENTS		
<i>exenatide subcutaneous solution pen-injector 10 mcg/0.04ml, 5 mcg/0.02ml</i>	NF	
<i>liraglutide subcutaneous solution pen-injector 18 mg/3ml</i>	PG	PA; QL (3 PENS per 25 days)
MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML (<i>tirzepatide</i>)	PB	PA; QL (4 PENS per 21 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML (<i>semaglutide</i>)	PB	PA; QL (1 PEN per 28 DAYs)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML (<i>semaglutide</i>)	PB	PA; QL (1 PEN per 28 DAYs)
OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 8 MG/3ML (<i>semaglutide</i>)	PB	PA; QL (1 PEN per 28 days)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG (<i>semaglutide</i>)	PB	PA; QL (30 TABLETS per 25 days)
TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML (<i>dulaglutide</i>)	PB	PA; QL (4 PENS per 21 days)
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML (<i>liraglutide</i>)	NF	
ANTIDIABETICS, INCRETIN MIMETIC COMBINATION AGENTS		
SOLQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML (<i>insulin glargine-lixisenatide</i>)	PB	ST
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML (<i>insulin degludec-liraglutide</i>)	PB	ST
ANTIDIABETICS, INSULIN		
ADMELOG INJECTION SOLUTION 100 UNIT/ML (<i>insulin lispro</i>)	NF	
ADMELOG SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin lispro</i>)	NF	
AFREZZA INHALATION POWDER 12 UNIT, 4 UNIT, 60X4 & 60X8 & 60X12 UNIT, 8 UNIT, 90 X 4 UNIT & 90X8 UNIT, 90 X 8 UNIT & 90X12 UNIT (<i>insulin regular human</i>)	NF	
APIDRA INJECTION SOLUTION 100 UNIT/ML (<i>insulin glulisine</i>)	NF	
APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin glulisine</i>)	NF	
BASAGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin glargine</i>)	NF	
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin aspart (w/niacinamide)</i>)	PB	
FIASP INJECTION SOLUTION 100 UNIT/ML (<i>insulin aspart (w/niacinamide)</i>)	PB	
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML (<i>insulin aspart (w/niacinamide)</i>)	PB	N8 (Listing does not include certain NDCs)
FIASP PUMPCART SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML (<i>insulin aspart (w/niacinamide)</i>)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMALOG INJECTION SOLUTION 100 UNIT/ML (<i>insulin lispro</i>)	NF	
HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin lispro</i>)	NF	
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML (<i>insulin lispro</i>)	NF	
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (50-50) 100 UNIT/ML (<i>insulin lispro prot & lispro</i>)	NF	
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML (<i>insulin lispro prot & lispro</i>)	NF	
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION (75-25) 100 UNIT/ML (<i>insulin lispro prot & lispro</i>)	NF	
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML (<i>insulin lispro</i>)	NF	
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (<i>insulin nph isophane & regular</i>)	NF	
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (<i>insulin nph isophane & regular</i>)	NF	
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML (<i>insulin nph human (isophane)</i>)	NF	
HUMULIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML (<i>insulin nph human (isophane)</i>)	NF	
HUMULIN R INJECTION SOLUTION 100 UNIT/ML (<i>insulin regular human</i>)	NF	
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML (<i>insulin regular human</i>)	PB	
<i>insulin asp prot & asp flexpen subcutaneous suspension pen-injector (70-30) 100 unit/ml</i>	NF	
<i>insulin aspart flexpen subcutaneous solution pen-injector 100 unit/ml</i>	NF	
<i>insulin aspart injection solution 100 unit/ml</i>	NF	
<i>insulin degludec flextouch subcutaneous solution pen-injector 100 unit/ml, 200 unit/ml</i>	NF	
<i>insulin glargine max solostar subcutaneous solution pen-injector 300 unit/ml</i>	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>insulin glargine solostar subcutaneous solution pen-injector 300 unit/ml</i>	NF	
<i>insulin glargine-yfgn subcutaneous solution 100 unit/ml</i>	PB	
<i>insulin glargine-yfgn subcutaneous solution pen-injector 100 unit/ml</i>	PB	N8 (Listing does not include certain NDCs)
<i>insulin lispro (1 unit dial) subcutaneous solution pen-injector 100 unit/ml</i>	NF	
<i>insulin lispro injection solution 100 unit/ml</i>	NF	
<i>insulin lispro junior kwikpen subcutaneous solution pen-injector 100 unit/ml</i>	NF	
<i>insulin lispro prot & lispro subcutaneous suspension pen-injector (75-25) 100 unit/ml</i>	NF	
KIRSTY INJECTION SOLUTION 100 UNIT/ML (<i>insulin aspart-xjhz</i>)	NF	
KIRSTY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin aspart-xjhz</i>)	NF	
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin glargine</i>)	PB	
LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML (<i>insulin glargine</i>)	PB	
LYUMJEV INJECTION SOLUTION 100 UNIT/ML (<i>insulin lispro-aabc</i>)	NF	
LYUMJEV KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML (<i>insulin lispro-aabc</i>)	NF	
MERILOG SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin aspart-szjj</i>)	NF	
MERILOG SUBCUTANEOUS SOLUTION 100 UNIT/ML (<i>insulin aspart-szjj</i>)	NF	
MYXREDLIN INTRAVENOUS SOLUTION 100-0.9 UT/100ML-% (<i>insulin regular(human) in nacl</i>)	NF	
NOVOLIN 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (<i>insulin nph isophane & regular</i>)	NF	
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (<i>insulin nph isophane & regular</i>)	PB	
NOVOLIN 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (<i>insulin nph isophane & regular</i>)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (<i>insulin nph isophane & regular</i>)	PB	
NOVOLIN N FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML (<i>insulin nph human (isophane)</i>)	NF	
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML (<i>insulin nph human (isophane)</i>)	PB	
NOVOLIN N RELION SUBCUTANEOUS SUSPENSION 100 UNIT/ML (<i>insulin nph human (isophane)</i>)	NF	
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML (<i>insulin nph human (isophane)</i>)	PB	
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin regular human</i>)	PB	
NOVOLIN R FLEXPEN RELION INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin regular human</i>)	NF	
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML (<i>insulin regular human</i>)	PB	
NOVOLIN R RELION INJECTION SOLUTION 100 UNIT/ML (<i>insulin regular human</i>)	NF	
NOVOLOG 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (<i>insulin aspart prot & aspart</i>)	NF	
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin aspart</i>)	PB	
NOVOLOG INJECTION SOLUTION 100 UNIT/ML (<i>insulin aspart</i>)	PB	
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (<i>insulin aspart prot & aspart</i>)	PB	
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (<i>insulin aspart prot & aspart</i>)	PB	
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML (<i>insulin aspart</i>)	PB	
REZVOGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin glargine-aglr</i>)	NF	
SEMGLEE (YFGN) SUBCUTANEOUS SOLUTION 100 UNIT/ML (<i>insulin glargine-yfgn</i>)	NF	
SEMGLEE (YFGN) SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin glargine-yfgn</i>)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML (<i>insulin glargine</i>)	PB	
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML (<i>insulin glargine</i>)	PB	
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML (<i>insulin degludec</i>)	PB	
TRESIBA SUBCUTANEOUS SOLUTION 100 UNIT/ML (<i>insulin degludec</i>)	PB	
ANTIDIABETICS, INSULIN SENSITIZER		
ACTOS ORAL TABLET 15 MG, 30 MG, 45 MG (<i>pioglitazone hcl</i>)	NF	
<i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i>	PG	
ANTIDIABETICS, INSULIN SENSITIZER/BIGUANIDE COMBINATION		
<i>pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg</i>	PG	
ANTIDIABETICS, INSULIN SENSITIZER/SULFONYLUREA COMBINATION		
<i>pioglitazone hcl-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	PG	
ANTIDIABETICS, MEGLITINIDE		
<i>nateglinide oral tablet 120 mg, 60 mg</i>	PG	
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	NP	N8 (Listing does not include certain NDCs)
ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITOR COMBINATIONS		
<i>dapagliflozin pro-metformin er oral tablet extended release 24 hour 10-1000 mg, 5-1000 mg</i>	NF	
INVOKAMET ORAL TABLET 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG (<i>canagliflozin-metformin hcl</i>)	NF	
INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG (<i>canagliflozin-metformin hcl</i>)	NF	
SEGLUROMET ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 7.5-1000 MG, 7.5-500 MG (<i>ertugliflozin-metformin hcl</i>)	NF	
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG (<i>empagliflozin-metformin hcl</i>)	PB	ST
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 25-1000 MG, 5-1000 MG (<i>empagliflozin-metformin hcl</i>)	PB	ST

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 2.5-1000 MG, 5-1000 MG, 5-500 MG (<i>dapagliflozin prop-metformin</i>)	PB	ST
ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITOR/DPP-4 INHIBITOR COMBINATIONS		
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG (<i>empagliflozin-linagliptin</i>)	PB	ST
STEGLUJAN ORAL TABLET 15-100 MG, 5-100 MG (<i>ertugliflozin-sitagliptin</i>)	NF	
ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITORS		
<i>bexagliflozin oral tablet 20 mg</i>	NF	
BRENZAVVY ORAL TABLET 20 MG (<i>bexagliflozin</i>)	NF	
<i>dapagliflozin propanediol oral tablet 10 mg, 5 mg</i>	NF	
FARXIGA ORAL TABLET 10 MG, 5 MG (<i>dapagliflozin propanediol</i>)	PB	ST
INVOKANA ORAL TABLET 100 MG, 300 MG (<i>canagliflozin</i>)	NF	
JARDIANCE ORAL TABLET 10 MG, 25 MG (<i>empagliflozin</i>)	PB	ST
STEGLATRO ORAL TABLET 15 MG, 5 MG (<i>ertugliflozin l-pyrogutamicac</i>)	NF	
ANTIDIABETICS, SULFONYLUREA		
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	PG	
<i>glimepiride oral tablet 3 mg</i>	NF	
<i>glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	PG	
<i>glipizide oral tablet 10 mg, 5 mg</i>	PG	
<i>glipizide oral tablet 2.5 mg</i>	NF	
ANTIOBESITY		
<i>benzphetamine hcl oral tablet 50 mg</i>	PG	PA; SPC; QL (90 TABLETS per 25 days)
CONTRAVE ORAL TABLET EXTENDED RELEASE 12 HOUR 8-90 MG (<i>naltrexone-bupropion hcl</i>)	NF	
<i>diethylpropion hcl er oral tablet extended release 24 hour 75 mg</i>	PG	PA; SPC; N8 (Listing does not include certain NDCs); QL (30 TABLETS per 25 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>diethylpropion hcl oral tablet 25 mg</i>	PG	PA; SPC; QL (90 TABLETS per 25 days)
<i>liraglutide -weight management subcutaneous solution pen-injector 18 mg/3ml</i>	PG	PA; SPC; QL (5 PENS per 25 DAYS)
<i>phentermine hcl</i> (Lomaira Oral Tablet 8 Mg)	PG	PA; SPC; N8 (Listing does not include certain NDCs); QL (90 TABLETS per 25 days)
<i>orlistat oral capsule 120 mg</i>	PG	PA; SPC; QL (90 CAPSULES per 25 days)
<i>phendimetrazine tartrate er oral capsule extended release 24 hour 105 mg</i>	NF	
<i>phendimetrazine tartrate oral tablet 35 mg</i>	PG	PA; SPC; QL (180 TABLETS per 25 days)
<i>phentermine hcl oral capsule 15 mg</i>	PG	PA; SPC; QL (60 CAPSULES per 25 days)
<i>phentermine hcl oral capsule 30 mg, 37.5 mg</i>	PG	PA; SPC; QL (30 CAPSULES per 25 days)
<i>phentermine hcl oral tablet 37.5 mg</i>	PG	PA; SPC; QL (30 TABLETS per 25 days)
<i>phentermine-topiramate er oral capsule extended release 24 hour 11.25-69 mg, 15-92 mg, 3.75-23 mg, 7.5-46 mg</i>	PG	PA; SPC; QL (30 CAPSULES per 25 DAYS)
QSYMIA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 11.25-69 MG, 15-92 MG, 3.75-23 MG, 7.5-46 MG (<i>phentermine-topiramate</i>)	PB	PA; SPC; QL (30 CAPSULES per 25 days)
SAXENDA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML (<i>liraglutide -weight management</i>)	NP	PA; SPC; QL (5 PENS per 25 days)
WEGOVY ORAL TABLET 1.5 MG, 25 MG, 4 MG, 9 MG (<i>semaglutide-weight management</i>)	PB	PA; SPC; QL (30 TABLETS per 25 DAYS)
WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.25 MG/0.5ML, 0.5 MG/0.5ML, 1 MG/0.5ML, 1.7 MG/0.75ML, 2.4 MG/0.75ML (<i>semaglutide-weight management</i>)	PB	PA; SPC; QL (4 PENS per 21 days)
XENICAL ORAL CAPSULE 120 MG (<i>orlistat</i>)	NF	
ZEPBOUND SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML (<i>tirzepatide-weight management</i>)	NF	
CALCIUM RECEPTOR AGONISTS		
<i>cinacalcet hcl oral tablet 30 mg, 60 mg</i>	PSP	PA; QL (60 TABLETS per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>cinacalcet hcl oral tablet 90 mg</i>	PSP	PA; QL (120 TABLETS per 30 days)
SENSIPAR ORAL TABLET 30 MG, 60 MG (<i>cinacalcet hcl</i>)	NPSP	PA; QL (60 TABLETS per 30 days)
SENSIPAR ORAL TABLET 90 MG (<i>cinacalcet hcl</i>)	NPSP	PA; QL (120 TABLETS per 30 days)
CALCIUM REGULATORS, BISPHOSPHONATES - DRUGS TO TREAT BONE LOSS		
ACTONEL ORAL TABLET 150 MG (<i>risedronate sodium</i>)	NP	ST; QL (1 TABLET per 21 days)
ACTONEL ORAL TABLET 35 MG (<i>risedronate sodium</i>)	NP	ST; QL (4 TABLETS per 21 days)
<i>alendronate sodium oral solution 70 mg/75ml</i>	PG	
<i>alendronate sodium oral tablet 10 mg, 35 mg, 70 mg</i>	PG	
ATELVIA ORAL TABLET DELAYED RELEASE 35 MG (<i>risedronate sodium</i>)	NP	ST; QL (4 TABLETS per 21 days)
BINOSTO ORAL TABLET EFFERVESCENT 70 MG (<i>alendronate sodium</i>)	NP	ST; QL (4 TABLETS per 21 days)
FOSAMAX ORAL TABLET 70 MG (<i>alendronate sodium</i>)	NP	ST; QL (4 TABLETS per 21 days)
FOSAMAX PLUS D ORAL TABLET 70-2800 MG-UNIT, 70-5600 MG-UNIT (<i>alendronate-cholecalciferol</i>)	NP	ST; QL (4 TABLETS per 21 days)
<i>ibandronate sodium intravenous solution 3 mg/3ml</i>	PG	
<i>ibandronate sodium oral tablet 150 mg</i>	NP	
<i>pamidronate disodium intravenous solution 30 mg/10ml, 90 mg/10ml</i>	PG	
<i>pamidronate disodium intravenous solution 6 mg/ml</i>	NPSP	
RECLAST INTRAVENOUS SOLUTION 5 MG/100ML (<i>zoledronic acid</i>)	NPSP	PA
<i>risedronate sodium oral tablet 150 mg, 30 mg, 35 mg, 5 mg</i>	NP	
<i>risedronate sodium oral tablet delayed release 35 mg</i>	NP	
<i>zoledronic acid intravenous concentrate 4 mg/5ml</i>	PG	PA
<i>zoledronic acid intravenous solution 4 mg/100ml</i>	NPSP	PA
<i>zoledronic acid intravenous solution 5 mg/100ml</i>	PG	PA
CALCIUM REGULATORS, MISCELLANEOUS		
AUKELSO SUBCUTANEOUS SOLUTION 120 MG/1.7ML (<i>denosumab-kyqq</i>)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BILDYOS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML (<i>denosumab-nxxp</i>)	NF	
BILPREVDA SUBCUTANEOUS SOLUTION 120 MG/1.7ML (<i>denosumab-nxxp</i>)	NF	
BOMYNTRA SUBCUTANEOUS SOLUTION 120 MG/1.7ML (<i>denosumab-bnht</i>)	NF	
BOMYNTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/1.7ML (<i>denosumab-bnht</i>)	NF	
BOSAYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML (<i>denosumab-kyqq</i>)	NF	
<i>calcitonin (salmon) nasal solution 200 unit/act</i>	PG	
CONEXXENCE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML (<i>denosumab-bnht</i>)	NF	
ENOBYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML (<i>denosumab-qbde</i>)	NF	
JUBBONTI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML (<i>denosumab-bbdz</i>)	NF	
OSENVELT SUBCUTANEOUS SOLUTION 120 MG/1.7ML (<i>denosumab-bmwo</i>)	PSP	PA; QL (1 VIAL per 28 days)
OSPOMYV SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML (<i>denosumab-dssb</i>)	PSP	PA; QL (1 SYRINGE per 180 days)
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML (<i>denosumab</i>)	NF	
STOBOCLO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML (<i>denosumab-bmwo</i>)	PSP	PA; QL (1 SYRINGE per 180 days)
WYOST SUBCUTANEOUS SOLUTION 120 MG/1.7ML (<i>denosumab-bbdz</i>)	NF	
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7ML (<i>denosumab</i>)	NF	
XTRENBO SUBCUTANEOUS SOLUTION 120 MG/1.7ML (<i>denosumab-qbde</i>)	NF	
CALCIUM REGULATORS, PARATHYROID HORMONES		
BONSITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 560 MCG/2.24ML (<i>teriparatide</i>)	PSP	PA; QL (1 PEN per 28 days)
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 560 MCG/2.24ML (<i>teriparatide</i>)	NF	
<i>teriparatide solution pen-injector 560 mcg/2.24ml subcutaneous</i>	NF	
<i>teriparatide solution pen-injector 560 mcg/2.24ml subcutaneous</i>	PSP	PA; QL (1 PEN per 28 Days)
<i>teriparatide subcutaneous solution pen-injector 560 mcg/2.24ml</i>	PSP	PA; QL (1 PEN per 28 days)

2026 Pharmacy Drug Guide - Advanced Control Plan - Aetna

The formulary is updated the first week of each month

05/01/2026

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML (<i>abaloparatide</i>)	PSP	PA; QL (1 PEN per 30 days)
YORVIPATH SUBCUTANEOUS SOLUTION PEN-INJECTOR 168 MCG/0.56ML, 294 MCG/0.98ML, 420 MCG/1.4ML (<i>palopegteriparatide</i>)	NPSP	PA; QL (2 PENS per 28 days)
CARNITINE DEFICIENCY AGENTS		
CARNITOR ORAL SOLUTION 1 GM/10ML (<i>levocarnitine</i>)	NF	
CARNITOR ORAL TABLET 330 MG (<i>levocarnitine</i>)	NF	
CARNITOR SF ORAL SOLUTION 1 GM/10ML (<i>levocarnitine</i>)	NF	
<i>levocarnitine oral solution 1 gm/10ml</i>	PG	
<i>levocarnitine oral tablet 330 mg</i>	PG	
CENTRAL PRECOCIOUS PUBERTY - DRUGS TO SUPPRESS PITUITARY HORMONES		
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG (<i>leuprolide acetate</i>)	PSP	PA
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 30 MG (<i>leuprolide acetate (3 month)</i>)	PSP	PA
LUPRON DEPOT-PED (6-MONTH) INTRAMUSCULAR KIT 45 MG (<i>leuprolide acetate (6 month)</i>)	PSP	PA
TRIPTODUR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 22.5 MG (<i>triptorelin pamoate</i>)	PSP	PA
CHELATING AGENTS		
CUPRIMINE ORAL CAPSULE 250 MG (<i>penicillamine</i>)	NF	
CUVRIOR ORAL TABLET 300 MG (<i>trientine tetrahydrochloride</i>)	NF	
<i>deferasirox granules oral packet 180 mg, 360 mg, 90 mg</i>	PSP	PA
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i>	PSP	PA
<i>deferasirox oral tablet soluble 125 mg, 250 mg, 500 mg</i>	PSP	PA
<i>deferiprone oral tablet 1000 mg, 500 mg</i>	PSP	PA
<i>deferoxamine mesylate injection solution reconstituted 2 gm, 500 mg</i>	NPSP	PA
DESFERAL INJECTION SOLUTION RECONSTITUTED 500 MG (<i>deferoxamine mesylate</i>)	NF	
EXJADE ORAL TABLET SOLUBLE 125 MG, 250 MG, 500 MG (<i>deferasirox</i>)	NF	
FERRIPROX ORAL SOLUTION 100 MG/ML (<i>deferiprone</i>)	NF	
FERRIPROX ORAL TABLET 1000 MG (<i>deferiprone</i>)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FERRIPROX TWICE-A-DAY ORAL TABLET 1000 MG (<i>deferiprone</i>)	NF	
JADENU ORAL TABLET 180 MG, 360 MG, 90 MG (<i>deferasirox</i>)	NF	
JADENU SPRINKLE ORAL PACKET 180 MG, 360 MG, 90 MG (<i>deferasirox</i>)	NF	
<i>penicillamine oral capsule 250 mg</i>	PSP	
<i>penicillamine oral tablet 250 mg</i>	PG	
SYPRINE ORAL CAPSULE 250 MG (<i>trientine hcl</i>)	NF	
<i>trientine hcl oral capsule 250 mg, 500 mg</i>	PSP	
CONTRACEPTIVES		
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 21 MCG/DAY (<i>levonorgestrel</i>)	CE	N7 (PB); QL (1 INTRAUTERINE DEVICE per 300 Days)
CONTRACEPTIVES - PRODUCTS FOR BIRTH CONTROL		
<i>levonorgestrel-ethinyl estrad</i> (Afirmelle Oral Tablet 0.1-20 Mg- Mcg)	CE	N7 (PG)
AFTERA ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	CE	N7 (Not Covered)
AFTERPILL ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	CE	N7 (Not Covered)
<i>levonorgestrel-ethinyl estrad</i> (Altavera Oral Tablet 0.15-30 Mg- Mcg)	CE	N7 (PG)
<i>alyacen 1/35 oral tablet 1-35 mg-mcg</i>	CE	N7 (PG)
<i>alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	CE	N7 (PG)
<i>levonorgestrel-ethinyl estrad</i> (Amethyst Oral Tablet 90-20 Mcg)	CE	N7 (PG)
ANNOVERA VAGINAL RING 0.013-0.15 MG/24HR (<i>segesterone-ethinyl estradiol</i>)	CE	N7 (PB); QL (1 RING per 300 days)
<i>desogestrel-ethinyl estradiol</i> (Apri Oral Tablet 0.15-30 Mg-Mcg)	CE	N7 (PG)
ARANELLE ORAL TABLET 0.5/1/0.5-35 MG-MCG (<i>norethin- eth estrad triphasic</i>)	CE	N7 (PG)
<i>levonorgest-eth estrad 91-day</i> (Ashlyna Oral Tablet 0.15-0.03 &0.01 Mg)	CE	N7 (PG)
<i>levonorgestrel-ethinyl estrad</i> (Aubra Eq Oral Tablet 0.1-20 Mg- Mcg)	CE	N7 (PG)
<i>norethindrone acet-ethinyl est</i> (Aurovela 1.5/30 Oral Tablet 1.5- 30 Mg-Mcg)	CE	N7 (PG)
<i>norethindrone acet-ethinyl est</i> (Aurovela 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N7 (PG)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>norethin ace-eth estrad-fe</i> (Aurovela 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	CE	N7 (PG)
<i>norethin ace-eth estrad-fe</i> (Aurovela Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N7 (PG)
<i>norethin ace-eth estrad-fe</i> (Aurovela Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N7 (PG)
AVERI ORAL TABLET 0.15-0.03 MG (<i>desogestrel-eth estrad-fe</i>)	CE	N7 (NF)
<i>levonorgestrel-ethinyl estrad</i> (Aviane Oral Tablet 0.1-20 Mg-Mcg)	CE	N7 (PG)
<i>levonorgestrel-ethinyl estrad</i> (Ayuna Oral Tablet 0.15-30 Mg-Mcg)	CE	N7 (PG)
<i>desogestrel-ethinyl estradiol</i> (Azurette Oral Tablet 0.15-0.02/0.01 Mg (21/5))	CE	N7 (PG)
BALCOLTRA ORAL TABLET 0.1-20 MG-MCG(21) (<i>levonorgest-eth estrad-fe bisg</i>)	NF	
<i>norethindrone-eth estradiol</i> (Balziva Oral Tablet 0.4-35 Mg-Mcg)	CE	N7 (PG)
BEYAZ ORAL TABLET 3-0.02-0.451 MG (<i>drospiren-eth estrad-levomefol</i>)	NF	
<i>norethin ace-eth estrad-fe</i> (Blisovi 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	CE	N7 (PG)
<i>norethin ace-eth estrad-fe</i> (Blisovi Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N7 (PG)
<i>norethin ace-eth estrad-fe</i> (Blisovi Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N7 (PG)
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	CE	N7 (PG)
<i>norethindrone</i> (Camila Oral Tablet 0.35 Mg)	CE	N7 (PG)
<i>levonorgest-eth estrad 91-day</i> (Camrese Lo Oral Tablet 0.1-0.02 & 0.01 Mg)	CE	N7 (PG)
<i>levonorgest-eth estrad 91-day</i> (Camrese Oral Tablet 0.15-0.03 & 0.01 Mg)	CE	N7 (PG)
CAYA VAGINAL DIAPHRAGM (<i>diaphragm arc-spring</i>)	CE	N7 (NP); QL (1 DIAPHRAGM per 300 days)
<i>norethin ace-eth estrad-fe</i> (Charlotte 24 Fe Oral Tablet Chewable 1-20 Mg-Mcg(24))	CE	N7 (PG)
<i>levonorgestrel-ethinyl estrad</i> (Chateal Eq Oral Tablet 0.15-30 Mg-Mcg)	CE	N7 (PG)
<i>condoms</i>	CE	N7 (Not Covered); QL (12 CONDOMS per 25 DAYs)

2026 Pharmacy Drug Guide - Advanced Control Plan - Aetna

The formulary is updated the first week of each month
05/01/2026

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>desogestrel-ethinyl estradiol</i> (Cyred Eq Oral Tablet 0.15-30 Mg-Mcg)	CE	N7 (PG)
<i>norethindrone-eth estradiol</i> (Dasetta 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	CE	N7 (PG)
<i>norethin-eth estrad triphasic</i> (Dasetta 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	CE	N7 (PG)
<i>levonorgest-eth estrad 91-day</i> (Daysee Oral Tablet 0.15-0.03 & 0.01 Mg)	CE	N7 (PG)
<i>norethindrone</i> (Deblitane Oral Tablet 0.35 Mg)	CE	N7 (PG)
<i>levonorgestrel-ethinyl estrad</i> (Delyla Oral Tablet 0.1-20 Mg-Mcg)	CE	N7 (PG)
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML (<i>medroxyprogesterone acetate</i>)	CE	N7 (NF)
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)</i>	CE	N7 (PG)
<i>levonorgestrel-ethinyl estrad</i> (Dolishale Oral Tablet 90-20 Mcg)	CE	N7 (PG)
<i>drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg, 3-0.03-0.451 mg</i>	CE	N7 (PG)
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	CE	N7 (PG)
ECONTRA ONE-STEP ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	CE	N7 (Not Covered)
<i>norgestrel-ethinyl estradiol</i> (Elinest Oral Tablet 0.3-30 Mg-Mcg)	CE	N7 (PG)
ELLA ORAL TABLET 30 MG (<i>ulipristal acetate</i>)	CE	N7 (NP)
<i>norethindrone</i> (Emzahh Oral Tablet 0.35 Mg)	CE	N7 (PG)
<i>desogestrel-ethinyl estradiol</i> (Enskyce Oral Tablet 0.15-30 Mg-Mcg)	CE	N7 (PG)
<i>norethindrone</i> (Errin Oral Tablet 0.35 Mg)	CE	N7 (PG)
<i>norgestimate-eth estradiol</i> (Estarylla Oral Tablet 0.25-35 Mg-Mcg)	CE	N7 (PG)
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	CE	N7 (PG)
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr</i>	CE	N7 (PG); QL (13 RING per 300 days)
<i>levonorgestrel-ethinyl estrad</i> (Falmina Oral Tablet 0.1-20 Mg-Mcg)	CE	N7 (PG)
FC2 FEMALE CONDOM (<i>condoms - female</i>)	CE	N7 (NP); QL (12 CONDOMS per 25 days)
<i>norethin ace-eth estrad-fe</i> (Feirza 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N7 (PG)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>norethin ace-eth estrad-fe</i> (Feirza 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N7 (PG)
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM (<i>cervical caps</i>)	CE	N7 (NP); QL (1 DEVICE per 300 days)
FEMLYV ORAL TABLET DISPERSIBLE 1-0.02 MG (<i>norethindrone acet-ethinyl est</i>)	CE	N7 (NF)
<i>norethin ace-eth estrad-fe</i> (Finzala Oral Tablet Chewable 1-20 Mg-Mcg(24))	CE	N7 (PG)
<i>norethin-eth estradiol-fe</i> (Galbriela Oral Tablet Chewable 0.8-25 Mg-Mcg)	CE	N7 (PG)
<i>norethin ace-eth estrad-fe</i> (Gemmily Oral Capsule 1-20 Mg-Mcg(24))	CE	N7 (PG)
<i>norethindrone acet-ethinyl est</i> (Hailey 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N7 (PG)
<i>norethin ace-eth estrad-fe</i> (Hailey 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	CE	N7 (PG)
<i>norethin ace-eth estrad-fe</i> (Hailey Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N7 (PG)
<i>norethin ace-eth estrad-fe</i> (Hailey Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N7 (PG)
<i>norethindrone</i> (Heather Oral Tablet 0.35 Mg)	CE	N7 (PG)
HER STYLE ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	CE	N7 (Not Covered)
<i>levonorgest-eth estrad 91-day</i> (Iclevia Oral Tablet 0.15-0.03 Mg)	CE	N7 (PG)
<i>norethindrone</i> (Incassia Oral Tablet 0.35 Mg)	CE	N7 (PG)
<i>levonorgest-eth estrad 91-day</i> (Introvale Oral Tablet 0.15-0.03 Mg)	CE	N7 (PG)
<i>desogestrel-ethinyl estradiol</i> (Isibloom Oral Tablet 0.15-30 Mg-Mcg)	CE	N7 (PG)
<i>levonorgest-eth estrad 91-day</i> (Jaimiess Oral Tablet 0.15-0.03 & 0.01 Mg)	CE	N7 (PG)
<i>drospirenone-ethinyl estradiol</i> (Jasmiel Oral Tablet 3-0.02 Mg)	CE	N7 (PG)
<i>norethindrone</i> (Jencycla Oral Tablet 0.35 Mg)	CE	N7 (PG)
<i>levonorgest-eth estrad 91-day</i> (Jolessa Oral Tablet 0.15-0.03 Mg)	CE	N7 (PG)
<i>levonorgest-eth estrad-fe bisg</i> (Joyeaux Oral Tablet 0.1-20 Mg-Mcg(21))	CE	N7 (PG)
<i>desogestrel-ethinyl estradiol</i> (Juleber Oral Tablet 0.15-30 Mg-Mcg)	CE	N7 (PG)
<i>norethindrone acet-ethinyl est</i> (Junel 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N7 (PG)

2026 Pharmacy Drug Guide - Advanced Control Plan - Aetna

The formulary is updated the first week of each month
05/01/2026

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>norethindrone acet-ethinyl est</i> (Junel 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N7 (PG)
<i>norethin ace-eth estrad-fe</i> (Junel Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N7 (PG)
<i>norethin ace-eth estrad-fe</i> (Junel Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N7 (PG)
<i>norethin ace-eth estrad-fe</i> (Junel Fe 24 Oral Tablet 1-20 Mg-Mcg(24))	CE	N7 (PG)
<i>norethin-eth estradiol-fe</i> (Kaitlib Fe Oral Tablet Chewable 0.8-25 Mg-Mcg)	CE	N7 (PG)
<i>desogestrel-ethinyl estradiol</i> (Kalliga Oral Tablet 0.15-30 Mg-Mcg)	CE	N7 (PG)
<i>desogestrel-ethinyl estradiol</i> (Kariva Oral Tablet 0.15-0.02/0.01 Mg (21/5))	CE	N7 (PG)
<i>ethynodiol diac-eth estradiol</i> (Kelnor 1/35 Oral Tablet 1-35 Mg-Mcg)	CE	N7 (PG)
<i>levonorgestrel-ethinyl estrad</i> (Kurvelo Oral Tablet 0.15-30 Mg-Mcg)	CE	N7 (PG)
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 19.5 MG (<i>levonorgestrel</i>)	CE	N7 (PB); QL (1 INTRAUTERINE DEVICE per 300 days)
<i>norethindrone acet-ethinyl est</i> (Larin 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N7 (PG)
<i>norethindrone acet-ethinyl est</i> (Larin 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N7 (PG)
<i>norethin ace-eth estrad-fe</i> (Larin 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	CE	N7 (PG)
<i>norethin ace-eth estrad-fe</i> (Larin Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N7 (PG)
<i>norethin ace-eth estrad-fe</i> (Larin Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N7 (PG)
<i>levonorgestrel-ethinyl estrad</i> (Lessina Oral Tablet 0.1-20 Mg-Mcg)	CE	N7 (PG)
<i>levonorg-eth estrad triphasic</i> (Levonest Oral Tablet 50-30/75-40/125-30 Mcg)	CE	N7 (PG)
<i>levonorgest-eth est & eth est oral tablet 42-21-21-7 days</i>	CE	N7 (PG)
<i>levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 mg</i>	CE	N7 (PG)
<i>levonorgestrel oral tablet 1.5 mg</i>	CE	N7 (Not Covered)

2026 Pharmacy Drug Guide - Advanced Control Plan - Aetna

The formulary is updated the first week of each month

05/01/2026

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg, 90-20 mcg</i>	CE	N7 (PG)
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>	CE	N7 (PG)
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY (<i>levonorgestrel</i>)	CE	N7 (NF)
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG / 10 MCG (<i>norethin-eth estrad-fe biphas</i>)	CE	N7 (PB)
<i>norethindrone acet-ethinyl est</i> (Loestrin 1.5/30 (21) Oral Tablet 1.5-30 Mg-Mcg)	CE	N7 (PG)
<i>norethindrone acet-ethinyl est</i> (Loestrin 1/20 (21) Oral Tablet 1-20 Mg-Mcg)	CE	N7 (PG)
<i>norethin ace-eth estrad-fe</i> (Loestrin Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N7 (PG)
<i>norethin ace-eth estrad-fe</i> (Loestrin Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N7 (PG)
<i>levonorgest-eth estrad 91-day</i> (Lojaimiess Oral Tablet 0.1-0.02 & 0.01 Mg)	CE	N7 (PG)
<i>drospirenone-ethinyl estradiol</i> (Loryna Oral Tablet 3-0.02 Mg)	CE	N7 (PG)
<i>norgestrel-ethinyl estradiol</i> (Low-Ogestrel Oral Tablet 0.3-30 Mg-Mcg)	CE	N7 (PG)
<i>drospirenone-ethinyl estradiol</i> (Lo-Zumandimine Oral Tablet 3-0.02 Mg)	CE	N7 (PG)
<i>norethindrone acet-ethinyl est</i> (Luizza 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N7 (PG)
<i>norethindrone acet-ethinyl est</i> (Luizza 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N7 (PG)
<i>levonorgestrel-ethinyl estrad</i> (Lutera Oral Tablet 0.1-20 Mg-Mcg)	CE	N7 (PG)
<i>norethindrone</i> (Lyleq Oral Tablet 0.35 Mg)	CE	N7 (PG)
<i>norethindrone</i> (Lyza Oral Tablet 0.35 Mg)	CE	N7 (PG)
<i>marlissa oral tablet 0.15-30 mg-mcg</i>	CE	N7 (PG)
<i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>	CE	N7 (PG); QL (4 ML per 300 days)
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml</i>	CE	N7 (PG); QL (4 ML per 300 days)
<i>norethindrone</i> (Meleya Oral Tablet 0.35 Mg)	CE	N7 (PG)
<i>norethin ace-eth estrad-fe</i> (Mibelas 24 Fe Oral Tablet Chewable 1-20 Mg-Mcg(24))	CE	N7 (PG)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>norethindrone acet-ethinyl est</i> (Microgestin 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N7 (PG)
<i>norethindrone acet-ethinyl est</i> (Microgestin 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N7 (PG)
<i>norethin ace-eth estrad-fe</i> (Microgestin Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N7 (PG)
<i>norethin ace-eth estrad-fe</i> (Microgestin Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N7 (PG)
<i>norgestimate-eth estradiol</i> (Mili Oral Tablet 0.25-35 Mg-Mcg)	CE	N7 (PG)
<i>levonorgest-eth estradiol-iron</i> (Minzoya Oral Tablet 0.1-20 Mg-Mcg(21))	CE	N7 (PG)
MIUDELLA INTRAUTERINE COPPER INTRAUTERINE INTRAUTERINE DEVICE (<i>copper</i>)	CE	N7 (NF)
<i>norgestimate-eth estradiol</i> (Mono-Linyah Oral Tablet 0.25-35 Mg-Mcg)	CE	N7 (PG)
MY CHOICE ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	CE	N7 (Not Covered)
MY WAY ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	CE	N7 (Not Covered)
NATAZIA ORAL TABLET 3/2-2/2-3/1 MG (<i>estradiol valerate-dienogest</i>)	CE	N7 (PB)
<i>norethindrone-eth estradiol</i> (Necon 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg)	CE	N7 (PG)
NEW DAY ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	CE	N7 (Not Covered)
NEXPLANON SUBCUTANEOUS IMPLANT 68 MG (<i>etonogestrel</i>)	CE	N7 (NP); QL (1 IMPLANT per 300 days)
NEXTSTELLIS ORAL TABLET 3-14.2 MG (<i>drospirenone-estetrol</i>)	CE	N7 (NP)
<i>drospirenone-ethinyl estradiol</i> (Nikki Oral Tablet 3-0.02 Mg)	CE	N7 (PG)
<i>norethindrone</i> (Nora-Be Oral Tablet 0.35 Mg)	CE	N7 (PG)
<i>norethin ace-eth estrad-fe oral capsule 1-20 mg-mcg(24)</i>	CE	N7 (PG)
<i>norethin ace-eth estrad-fe oral tablet 1.5-30 mg-mcg</i>	CE	N7 (PG)
<i>norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)</i>	CE	N7 (PG)
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	CE	N7 (PG)
<i>norethindrone oral tablet 0.35 mg</i>	CE	N7 (PG)
<i>norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg</i>	CE	N7 (PG)
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	CE	N7 (PG)
<i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg</i>	CE	N7 (PG)

2026 Pharmacy Drug Guide - Advanced Control Plan - Aetna

The formulary is updated the first week of each month
05/01/2026

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>norethindrone</i> (Norlyroc Oral Tablet 0.35 Mg)	CE	N7 (PG)
<i>norethindrone-eth estradiol</i> (Nortrel 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg)	CE	N7 (PG)
<i>norethindrone-eth estradiol</i> (Nortrel 1/35 (21) Oral Tablet 1-35 Mg-Mcg)	CE	N7 (PG)
<i>norethin-eth estrad triphasic</i> (Nortrel 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	CE	N7 (PG)
NUVARING VAGINAL RING 0.12-0.015 MG/24HR (<i>etonogestrel-ethinyl estradiol</i>)	NF	
<i>norethindrone-eth estradiol</i> (Nylia 1/35 Oral Tablet 1-35 Mg-Mcg)	CE	N7 (PG)
<i>norethin-eth estrad triphasic</i> (Nylia 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	CE	N7 (PG)
OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM (<i>diaphragms</i>)	CE	N7 (NP); QL (1 DIAPHRAGM per 300 days)
OPCICON ONE-STEP ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	CE	N7 (Not Covered)
OPILL ORAL TABLET 0.075 MG (<i>norgestrel</i>)	CE	N7 (Not Covered)
OPTION 2 ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	CE	N7 (Not Covered)
<i>norethindrone</i> (Orquidea Oral Tablet 0.35 Mg)	CE	N7 (PG)
PARAGARD INTRAUTERINE COPPER INTRAUTERINE INTRAUTERINE DEVICE (<i>copper</i>)	CE	N7 (NP); QL (1 INTRAUTERINE DEVICE per 300 days)
<i>norethindrone-eth estradiol</i> (Philith Oral Tablet 0.4-35 Mg-Mcg)	CE	N7 (PG)
<i>desogestrel-ethinyl estradiol</i> (Pimtree Oral Tablet 0.15-0.02/0.01 Mg (21/5))	CE	N7 (PG)
<i>norethin-eth estrad triphasic</i> (Pirmella 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	CE	N7 (PG)
PLAN B ONE-STEP ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	CE	N7 (Not Covered)
<i>levonorgestrel-ethinyl estrad</i> (Portia-28 Oral Tablet 0.15-30 Mg-Mcg)	CE	N7 (PG)
<i>desogestrel-ethinyl estradiol</i> (Reclipsen Oral Tablet 0.15-30 Mg-Mcg)	CE	N7 (PG)
<i>levonorgest-eth estrad 91-day</i> (Rivelsa Oral Tablet 42-21-21-7 Days)	CE	N7 (PG)
<i>levonorgest-eth estrad 91-day</i> (Rosyrah Oral Tablet 42-21-21-7 Days)	CE	N7 (PG)
SAFYRAL ORAL TABLET 3-0.03-0.451 MG (<i>drospiren-eth estrad-levomefol</i>)	NP	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>levonorgest-eth estrad 91-day</i> (Setlakin Oral Tablet 0.15-0.03 Mg)	CE	N7 (PG)
<i>norethindrone</i> (Sharobel Oral Tablet 0.35 Mg)	CE	N7 (PG)
SHEWISE ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	CE	N7 (Not Covered)
<i>desogestrel-ethinyl estradiol</i> (Simliya Oral Tablet 0.15-0.02/0.01 Mg (21/5))	CE	N7 (PG)
<i>levonorgest-eth estrad 91-day</i> (Simpesse Oral Tablet 0.15-0.03 & 0.01 Mg)	CE	N7 (PG)
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 13.5 MG (<i>levonorgestrel</i>)	CE	N7 (PB); QL (1 INTRAUTERINE DEVICE per 300 days)
SLYND ORAL TABLET 4 MG (<i>drospirenone</i>)	CE	N7 (NF)
<i>norgestimate-eth estradiol</i> (Sprintec 28 Oral Tablet 0.25-35 Mg-Mcg)	CE	N7 (PG)
<i>levonorgestrel-ethinyl estrad</i> (Sronyx Oral Tablet 0.1-20 Mg-Mcg)	CE	N7 (PG)
<i>drospirenone-ethinyl estradiol</i> (Syeda Oral Tablet 3-0.03 Mg)	CE	N7 (PG)
TAKE ACTION ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	CE	N7 (Not Covered)
<i>norethin ace-eth estrad-fe</i> (Tarina 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	CE	N7 (PG)
<i>norethin ace-eth estrad-fe</i> (Tarina Fe 1/20 Eq Oral Tablet 1-20 Mg-Mcg)	CE	N7 (PG)
<i>norethin ace-eth estrad-fe</i> (Taysofy Oral Capsule 1-20 Mg-Mcg(24))	CE	N7 (PG)
TAYTULLA ORAL CAPSULE 1-20 MG-MCG(24) (<i>norethin ace-eth estrad-fe</i>)	NF	
<i>norethindron-ethinyl estrad-fe</i> (Tilia Fe Oral Tablet 1-20/1-30/1-35 Mg-Mcg)	CE	N7 (PG)
<i>norgestim-eth estrad triphasic</i> (Tri-Estarylla Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	N7 (PG)
<i>norethindron-ethinyl estrad-fe</i> (Tri-Legest Fe Oral Tablet 1-20/1-30/1-35 Mg-Mcg)	CE	N7 (PG)
<i>norgestim-eth estrad triphasic</i> (Tri-Linyah Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	N7 (PG)
<i>norgestim-eth estrad triphasic</i> (Tri-Lo-Estarylla Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	CE	N7 (PG)
<i>norgestim-eth estrad triphasic</i> (Tri-Lo-Marzia Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	CE	N7 (PG)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>norgestim-eth estrad triphasic</i> (Tri-Lo-Mili Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	CE	N7 (PG)
<i>norgestim-eth estrad triphasic</i> (Tri-Lo-Sprintec Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	CE	N7 (PG)
<i>norgestim-eth estrad triphasic</i> (Tri-Mili Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	N7 (PG)
<i>norgestim-eth estrad triphasic</i> (Tri-Sprintec Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	N7 (PG)
<i>norgestim-eth estrad triphasic</i> (Tri-Vylibra Lo Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	CE	N7 (PG)
<i>norgestim-eth estrad triphasic</i> (Tri-Vylibra Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	N7 (PG)
<i>norgestrel-ethinyl estradiol</i> (Turqoz Oral Tablet 0.3-30 Mg-Mcg)	CE	N7 (PG)
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24HR (<i>levonorgestrel-eth estradiol</i>)	CE	N7 (NF)
TYBLUME ORAL TABLET CHEWABLE 0.1-20 MG-MCG (<i>levonorgestrel-ethinyl estrad</i>)	CE	N7 (Not Covered)
<i>drospiren-eth estrad-levomefol</i> (Tydemy Oral Tablet 3-0.03-0.451 Mg)	CE	N7 (PG)
<i>ethynodiol diac-eth estradiol</i> (Valtya 1/35 Oral Tablet 1-35 Mg-Mcg)	CE	N7 (PG)
<i>ethynodiol diac-eth estradiol</i> (Valtya 1/50 Oral Tablet 1-50 Mg-Mcg)	CE	N7 (PG)
VELIVET ORAL TABLET 0.1/0.125/0.15 -0.025 MG (<i>desogestrel-ethinyl estradiol</i>)	CE	N7 (PG)
<i>drospirenone-ethinyl estradiol</i> (Vestura Oral Tablet 3-0.02 Mg)	CE	N7 (PG)
<i>levonorgestrel-ethinyl estrad</i> (Vienva Oral Tablet 0.1-20 Mg-Mcg)	CE	N7 (PG)
<i>viorele oral tablet 0.15-0.02/0.01 mg (21/5)</i>	CE	N7 (PG)
<i>desogestrel-ethinyl estradiol</i> (Volnea Oral Tablet 0.15-0.02/0.01 Mg (21/5))	CE	N7 (PG)
<i>norethindrone-eth estradiol</i> (Vyfemla Oral Tablet 0.4-35 Mg-Mcg)	CE	N7 (PG)
<i>norgestimate-eth estradiol</i> (Vylibra Oral Tablet 0.25-35 Mg-Mcg)	CE	N7 (PG)
<i>norethindrone-eth estradiol</i> (Wera Oral Tablet 0.5-35 Mg-Mcg)	CE	N7 (PG)
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	CE	N7 (NP); QL (1 DIAPHRAGM per 300 days)
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	CE	N7 (NP); QL (1 DIAPHRAGM per 300 days)

2026 Pharmacy Drug Guide - Advanced Control Plan - Aetna

The formulary is updated the first week of each month
05/01/2026

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	CE	N7 (NP); QL (1 DIAPHRAGM per 300 days)
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	CE	N7 (NP); QL (1 DIAPHRAGM per 300 days)
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	CE	N7 (NP); QL (1 DIAPHRAGM per 300 days)
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	CE	N7 (NP); QL (1 DIAPHRAGM per 300 days)
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	CE	N7 (NP); QL (1 DIAPHRAGM per 300 days)
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	CE	N7 (NP); QL (1 DIAPHRAGM per 300 days)
<i>norethin-eth estradiol-fe</i> (Wymzya Fe Oral Tablet Chewable 0.4-35 Mg-Mcg)	CE	N7 (PG)
<i>norethindron-ethinyl estrad-fe</i> (Xarah Fe Oral Tablet 1-20/1-30/1-35 Mg-Mcg)	CE	N7 (PG)
<i>norethin-eth estradiol-fe</i> (Xelria Fe Oral Tablet Chewable 0.4-35 Mg-Mcg)	CE	N7 (PG)
<i>norelgestromin-eth estradiol</i> (Xulane Transdermal Patch Weekly 150-35 Mcg/24Hr)	CE	N7 (PG)
YASMIN 28 ORAL TABLET 3-0.03 MG (<i>drospirenone-ethinyl estradiol</i>)	NF	
YAZ ORAL TABLET 3-0.02 MG (<i>drospirenone-ethinyl estradiol</i>)	NF	
<i>norelgestromin-eth estradiol</i> (Zafemy Transdermal Patch Weekly 150-35 Mcg/24Hr)	CE	N7 (PG)
<i>ethynodiol diac-eth estradiol</i> (Zovia 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	CE	N7 (PG)
<i>drospirenone-ethinyl estradiol</i> (Zumandimine Oral Tablet 3-0.03 Mg)	CE	N7 (PG)
CORTISOL SYNTHESIS INHIBITORS		
ISTURISA ORAL TABLET 1 MG, 5 MG (<i>osilodrostat phosphate</i>)	NF	
RECORLEV ORAL TABLET 150 MG (<i>levoketoconazole</i>)	NF	
DIABETIC SUPPLIES		
ACCU-CHEK AVIVA PLUS IN VITRO STRIP (<i>glucose blood</i>)	PB	QL (150 TEST STRIPS per 25 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ACCU-CHEK FASTCLIX LANCET KIT (<i>lancets misc.</i>)	PB	N8 (Accu-Chek or Trueplus (only certain NDCs) are the only preferred options)
ACCU-CHEK FASTCLIX LANCETS (<i>lancets</i>)	PB	N8 (Accu-Chek or Trueplus (only certain NDCs) are the only preferred options)
ACCU-CHEK GUIDE TEST IN VITRO STRIP (<i>glucose blood</i>)	PB	QL (150 TEST STRIPS per 25 DAYs)
ACCU-CHEK SAFE-T PRO LANCETS (<i>lancets</i>)	PB	N8 (Accu-Chek or Trueplus (only certain NDCs) are the only preferred options)
ACCU-CHEK SMARTVIEW IN VITRO STRIP (<i>glucose blood</i>)	PB	QL (150 TEST STRIPS per 25 days)
ACCU-CHEK SOFTCLIX LANCET DEV KIT (<i>lancets misc.</i>)	PB	N8 (Accu-Chek or Trueplus (only certain NDCs) are the only preferred options)
ACCU-CHEK SOFTCLIX LANCETS (<i>lancets</i>)	PB	N8 (Accu-Chek or Trueplus (only certain NDCs) are the only preferred options)
ACCUTREND GLUCOSE IN VITRO STRIP (<i>glucose blood</i>)	NF	
ADVANCE INTUITION TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
ADVANCE MICRO-DRAW TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
ADVOCATE REDI-CODE IN VITRO STRIP (<i>glucose blood</i>)	NF	
ADVOCATE REDI-CODE+ TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
ADVOCATE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
AGAMATRIX AMP TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
AGAMATRIX JAZZ TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
AGAMATRIX PRESTO TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
<i>alcohol swabs pad</i>	NP	
ASSURE 3 TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
ASSURE 4 TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
ASSURE II CHECK IN VITRO STRIP (<i>glucose blood</i>)	NF	
ASSURE II IN VITRO STRIP (<i>glucose blood</i>)	NF	
ASSURE PLATINUM IN VITRO STRIP (<i>glucose blood</i>)	NF	

2026 Pharmacy Drug Guide - Advanced Control Plan - Aetna

The formulary is updated the first week of each month
05/01/2026

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ASSURE PRISM MULTI TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
ASSURE PRO TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
BD INSULIN SYRINGE U-500 31G X 6MM 0.5 ML (<i>insulin syringe/needle u-500</i>)	PB	N8 (BD and select Embecta Ultrafine Syringe or Pen Needles are preferred)
BD PEN NEEDLE MICRO ULTRAFINE 32G X 6 MM (<i>insulin pen needle</i>)	PB	N8 (BD and select Embecta Ultrafine Syringe or Pen Needles are preferred)
BD PEN NEEDLE MINI ULTRAFINE 31G X 5 MM (<i>insulin pen needle</i>)	PB	N8 (BD and select Embecta Ultrafine Syringe or Pen Needles are preferred)
BD PEN NEEDLE NANO 2ND GEN 32G X 4 MM (<i>insulin pen needle</i>)	PB	N8 (BD and select Embecta Ultrafine Syringe or Pen Needles are preferred)
BD PEN NEEDLE NANO ULTRAFINE 32G X 4 MM (<i>insulin pen needle</i>)	PB	N8 (BD and select Embecta Ultrafine Syringe or Pen Needles are preferred)
BD PEN NEEDLE ORIG ULTRAFINE 29G X 12.7MM (<i>insulin pen needle</i>)	PB	N8 (BD and select Embecta Ultrafine Syringe or Pen Needles are preferred)
BD PEN NEEDLE SHORT ULTRAFINE 31G X 8 MM (<i>insulin pen needle</i>)	PB	N8 (BD and select Embecta Ultrafine Syringe or Pen Needles are preferred)
BD VEO INSULIN SYR ULTRAFINE 31G X 15/64" 0.3 ML, 31G X 15/64" 1 ML (<i>insulin syringe-needle u-100</i>)	PB	N8 (BD and select Embecta Ultrafine Syringe or Pen Needles are preferred)
<i>blood glucose test in vitro strip</i>	NF	
CARESENS N GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
CARESENS S GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
CARETOUCH TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
CLEVER CHEK AUTO-CODE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
CLEVER CHEK AUTO-CODE VOICE IN VITRO STRIP (<i>glucose blood</i>)	NF	
CLEVER CHEK TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
CLEVER CHOICE AUTO-CODE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CLEVER CHOICE MICRO TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
CLEVER CHOICE NO CODING IN VITRO STRIP (<i>glucose blood</i>)	NF	
CLEVER CHOICE TALK SYSTEM IN VITRO STRIP (<i>glucose blood</i>)	NF	
CONTOUR NEXT TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
CONTOUR TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
COOL BLOOD GLUCOSE TEST STRIPS IN VITRO STRIP (<i>glucose blood</i>)	NF	
CVS ADVANCED GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
D-CARE BLOOD GLUCOSE IN VITRO STRIP (<i>glucose blood</i>)	NF	
DEXCOM G6 RECEIVER DEVICE (<i>continuous glucose receiver</i>)	PB	
DEXCOM G6 SENSOR (<i>continuous glucose sensor</i>)	PB	QL (3 SENSORS per 25 days)
DEXCOM G6 TRANSMITTER (<i>continuous glucose transmitter</i>)	PB	
DEXCOM G7 15 DAY SENSOR (<i>continuous glucose sensor</i>)	PB	QL (2 SENSORS per 25 DAYS)
DEXCOM G7 RECEIVER DEVICE (<i>continuous glucose receiver</i>)	PB	
DEXCOM G7 SENSOR (<i>continuous glucose sensor</i>)	PB	QL (3 SENSORS per 25 days)
DIASTIX REAGENT IN VITRO STRIP (<i>glucose urine test-glucose ox</i>)	NF	
DIATHRIVE GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
DUO-CARE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
<i>easy plus ii glucose test in vitro strip</i>	NF	
EASY STEP TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
<i>easy talk blood glucose test in vitro strip</i>	NF	
<i>easy trak blood glucose test in vitro strip</i>	NF	
EASYGLUCO IN VITRO STRIP (<i>glucose blood</i>)	NF	
EASYMAX 15 TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
EASYMAX TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
EASYPRO BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
EASYPRO PLUS IN VITRO STRIP (<i>glucose blood</i>)	NF	

2026 Pharmacy Drug Guide - Advanced Control Plan - Aetna

The formulary is updated the first week of each month
05/01/2026

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>element compact test in vitro strip</i>	NF	
ELEMENT TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
EMBECTA AUTOSHIELD DUO 30G X 5 MM (<i>insulin pen needle</i>)	PB	N8 (BD and select Embecta Ultrafine Syringe or Pen Needles are preferred)
EMBECTA INSULIN SYR ULTRAFINE 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	PB	N8 (BD and select Embecta Ultrafine Syringe or Pen Needles are preferred)
EMBECTA INSULIN SYRINGE U-500 31G X 6MM 0.5 ML (<i>insulin syringe/needle u-500</i>)	PB	N8 (BD and select Embecta Ultrafine Syringe or Pen Needles are preferred)
EMBECTA PEN NEEDLE NANO 32G X 4 MM (<i>insulin pen needle</i>)	PB	N8 (BD and select Embecta Ultrafine Syringe or Pen Needles are preferred)
EMBECTA PEN NEEDLE ULTRAFINE 29G X 12.7MM , 31G X 5 MM , 31G X 8 MM , 32G X 6 MM (<i>insulin pen needle</i>)	PB	N8 (BD and select Embecta Ultrafine Syringe or Pen Needles are preferred)
EMBRACE BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
EMBRACE EVO BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
EMBRACE PRO GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
EMBRACE TALK GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
EMBRACE WAVE BLOOD GLUCOSE IN VITRO STRIP (<i>glucose blood</i>)	NF	
ENLITE GLUCOSE SENSOR (<i>continuous glucose sensor</i>)	NF	
<i>eq blood glucose test in vitro strip</i>	NF	
EVERSENSE 365 SENSOR/HOLDER (<i>continuous glucose sensor</i>)	NF	
EVERSENSE 365 SMART TRANSMIT (<i>continuous glucose transmitter</i>)	NF	
EVERSENSE SENSOR/HOLDER (<i>continuous glucose sensor</i>)	NF	
EVERSENSE SMART TRANSMITTER (<i>continuous glucose transmitter</i>)	NF	
EVOLUTION AUTOCODE IN VITRO STRIP (<i>glucose blood</i>)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FIFTY50 GLUCOSE TEST 2.0 IN VITRO STRIP (<i>glucose blood</i>)	NF	
<i>fondcircle blood glucose test in vitro strip</i>	NF	
FORA 6 CONNECT IN VITRO STRIP (<i>glucose blood</i>)	NF	
FORA 6 CONNECT/GTEL TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
FORA D40/G31 BLOOD GLUCOSE IN VITRO STRIP (<i>glucose blood</i>)	NF	
FORA G20 BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
FORA GD20 TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
FORA GD50 BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
FORA GTEL BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
FORA TN'G ADVANCE PRO IN VITRO STRIP (<i>glucose blood</i>)	NF	
FORA TN'G/TN'G VOICE IN VITRO STRIP (<i>glucose blood</i>)	NF	
FORA V10 BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
FORA V30A BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
FORACARE GD40 TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
FORACARE PREMIUM V10 TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
FORACARE TEST N GO TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
FREESTYLE INSULINX TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
FREESTYLE LIBRE 14 DAY SENSOR (<i>continuous glucose sensor</i>)	NF	
FREESTYLE LIBRE 2 PLUS SENSOR (<i>continuous glucose sensor</i>)	NF	
FREESTYLE LIBRE 2 SENSOR (<i>continuous glucose sensor</i>)	NF	
FREESTYLE LIBRE 3 PLUS SENSOR (<i>continuous glucose sensor</i>)	NF	
FREESTYLE LIBRE 3 READER DEVICE (<i>continuous glucose receiver</i>)	NF	
FREESTYLE LIBRE 3 SENSOR (<i>continuous glucose sensor</i>)	NF	

2026 Pharmacy Drug Guide - Advanced Control Plan - Aetna

The formulary is updated the first week of each month
05/01/2026

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FREESTYLE LIBRE READER DEVICE (<i>continuous glucose receiver</i>)	NF	
FREESTYLE LITE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
FREESTYLE PRECISION NEO TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
FREESTYLE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
<i>ge100 blood glucose test in vitro strip</i>	NF	
GENULTIMATE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
<i>ght test in vitro strip</i>	NF	
GLUCO PERFECT 3 TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
GLUCOCARD 01 SENSOR PLUS IN VITRO STRIP (<i>glucose blood</i>)	NF	
GLUCOCARD EXPRESSION TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
GLUCOCARD SHINE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
GLUCOCARD VITAL TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
GLUCOCARD X-SENSOR IN VITRO STRIP (<i>glucose blood</i>)	NF	
GLUCOCOM TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
GLUCONAVII BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
<i>glucose meter test in vitro strip</i>	NF	
<i>gnp easy touch glucose test in vitro strip</i>	NF	
GNP TRUETRACK TEST STRIPS IN VITRO STRIP (<i>glucose blood</i>)	NF	
GOJII BLOOD TEST STRIP/LANCETS IN VITRO STRIP (<i>glucose blood</i>)	NF	
GUARDIAN 4 GLUCOSE SENSOR (<i>continuous glucose sensor</i>)	NF	
GUARDIAN 4 TRANSMITTER (<i>continuous glucose transmitter</i>)	NF	
GUARDIAN LINK 3 TRANSMITTER (<i>continuous glucose transmitter</i>)	NF	
GUARDIAN SENSOR (3) (<i>continuous glucose sensor</i>)	NF	
<i>guardian sensor 3</i>	NF	
HW EMBRACE PRO GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
HW EMBRACE TALK GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
IGLUCOSE TEST STRIPS IN VITRO STRIP (<i>glucose blood</i>)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
IHEALTH BLOOD GLUCOSE TEST STR IN VITRO STRIP (<i>glucose blood</i>)	NF	
IN TOUCH BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
INFINITY BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
INFINITY VOICE IN VITRO STRIP (<i>glucose blood</i>)	NF	
KETO-DIASTIX IN VITRO STRIP (<i>urine glucose-ketones test</i>)	NF	
KETOSTIX IN VITRO STRIP (<i>acetone (urine) test</i>)	NF	
MEIJER TRUETEST TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
MEIJER TRUETRACK TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
MICRODOT TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
MINIMED INSTINCT GLUC SENSOR (<i>continuous glucose sensor</i>)	NF	
MYGLUCOHEALTH TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
NEUTEK 2TEK TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
NOVA MAX GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT (<i>insulin disposable pump</i>)	PB	
OMNIPOD 5 DEXG7G6 PODS GEN 5 (<i>insulin disposable pump</i>)	PB	
OMNIPOD DASH INTRO (GEN 4) KIT (<i>insulin disposable pump</i>)	PB	
OMNIPOD DASH PDM (GEN 4) KIT (<i>insulin disposable pump</i>)	PB	
OMNIPOD DASH PODS (GEN 4) (<i>insulin disposable pump</i>)	PB	
ON CALL EXPRESS BLOOD GLUCOSE IN VITRO STRIP (<i>glucose blood</i>)	NF	
<i>one drop test in vitro strip</i>	NF	
ONETOUCH DELICA PLUS LANCET30G (<i>lancets</i>)	NF	
ONETOUCH DELICA PLUS LANCET33G (<i>lancets</i>)	NF	
ONETOUCH DELICA PLUS LANCING (<i>lancet devices</i>)	NF	
ONETOUCH ULTRA BLUE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
ONETOUCH ULTRA TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
ONETOUCH ULTRASOFT 2 LANCETS (<i>lancets</i>)	NF	
ONETOUCH VERIO IN VITRO STRIP (<i>glucose blood</i>)	NF	
OPTIUMEZ TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	

2026 Pharmacy Drug Guide - Advanced Control Plan - Aetna

The formulary is updated the first week of each month
05/01/2026

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PHARMACIST CHOICE AUTOCODE IN VITRO STRIP (<i>glucose blood</i>)	NF	
<i>pharmacist choice no coding in vitro strip</i>	NF	
POCKETCHEM EZ TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
POGO AUTOMATIC TEST CARTRIDGES IN VITRO DIAGNOSTIC TEST (<i>glucose blood</i>)	NF	
PRECISION XTRA BLOOD GLUCOSE IN VITRO STRIP (<i>glucose blood</i>)	NF	
<i>pro voice v8/v9 glucose in vitro strip</i>	NF	
PRODIGY NO CODING BLOOD GLUC IN VITRO STRIP (<i>glucose blood</i>)	NF	
PTS PANELS EGLU TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
QUICKTEK TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
QUINTET AC BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
QUINTET BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
REFUAH PLUS BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
RELION CONFIRM/MICRO TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
RELION TRUE METRIX TEST STRIPS IN VITRO STRIP (<i>glucose blood</i>)	PB	N8 (Listing does not include certain NDCs); QL (150 TEST STRIPS per 25 DAYs)
RIGHTEST GS100 BLOOD GLUCOSE IN VITRO STRIP (<i>glucose blood</i>)	NF	
RIGHTEST GS300 BLOOD GLUCOSE IN VITRO STRIP (<i>glucose blood</i>)	NF	
RIGHTEST GS550 BLOOD GLUCOSE IN VITRO STRIP (<i>glucose blood</i>)	NF	
SIMPLERA SENSOR (<i>continuous glucose sensor</i>)	NF	
SIMPLERA SYNC SENSOR (<i>continuous glucose sensor</i>)	NF	
SIMPLERA SYSTEM (<i>continuous glucose sensor</i>)	NF	
SMARTEST BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
SOLUS V2 TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
SUPREME TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
<i>true focus blood glucose strip in vitro strip</i>	NF	

2026 Pharmacy Drug Guide - Advanced Control Plan - Aetna

The formulary is updated the first week of each month
05/01/2026

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRUE METRIX BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	PB	N8 (Listing does not include certain NDCs); QL (150 TEST STRIPS per 25 days)
TRUEPLUS LANCETS 28G (<i>lancets</i>)	PB	N8 (Accu-Chek or Trueplus (only certain NDCs) are the only preferred options)
TRUEPLUS LANCETS 30G (<i>lancets</i>)	PB	N8 (Accu-Chek or Trueplus (only certain NDCs) are the only preferred options)
TRUEPLUS LANCETS 33G (<i>lancets</i>)	PB	N8 (Accu-Chek or Trueplus (only certain NDCs) are the only preferred options)
TRUETEST TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
TRUETRACK TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
TWIST REFILL KIT KIT (<i>insulin disposable pump</i>)	PB	
TWIST REFILL KIT/INFUSION SET KIT (<i>insulin disposable pump</i>)	PB	
TWIST STARTER KIT KIT (<i>insulin disposable pump</i>)	PB	
UNISTRIp CONTROL IN VITRO SOLUTION LOW (<i>blood glucose calibration</i>)	NP	N8 (Listing does not include certain NDCs)
UNISTRIp1 GENERIC IN VITRO STRIP (<i>glucose blood</i>)	NF	
<i>verasens blood glucose test in vitro strip</i>	NF	
V-GO 20 KIT 20 UNIT/24HR (<i>insulin disposable pump</i>)	NF	
V-GO 30 KIT 30 UNIT/24HR (<i>insulin disposable pump</i>)	NF	
V-GO 40 KIT 40 UNIT/24HR (<i>insulin disposable pump</i>)	NF	
VIVAGUARD INO TEST STRIPS IN VITRO STRIP (<i>glucose blood</i>)	NF	
ENDOMETRIOSIS		
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	PG	N8 (Listing does not include certain NDCs)
ORILISSA ORAL TABLET 150 MG, 200 MG (<i>elagolix sodium</i>)	PB	PA
SYNAREL NASAL SOLUTION 2 MG/ML (<i>nafarelin acetate</i>)	NP	PA
FERTILITY REGULATORS		
<i>cetrorelix acetate subcutaneous kit 0.25 mg</i>	PSP	PA; SPC
CETROTIDE SUBCUTANEOUS KIT 0.25 MG (<i>cetrorelix acetate</i>)	NF	
<i>chorionic gonadotropin intramuscular solution reconstituted 10000 unit</i>	NF	

2026 Pharmacy Drug Guide - Advanced Control Plan - Aetna

The formulary is updated the first week of each month
05/01/2026

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>clomiphene citrate</i> (Clomid Oral Tablet 50 Mg)	NP	SPC
FOLLISTIM AQ SUBCUTANEOUS SOLUTION 300 UNT/0.36ML, 600 UNT/0.72ML, 900 UNT/1.08ML (<i>follitropin beta</i>)	PSP	PA; SPC
<i>ganirelix acetate</i> (Fyremadel Subcutaneous Solution Prefilled Syringe 250 Mcg/0.5ml)	NF	
<i>ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous</i>	NF	
<i>ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous</i>	PSP	PA; SPC
GONAL-F INJECTION SOLUTION RECONSTITUTED 450 UNIT (<i>follitropin alfa</i>)	NF	
GONAL-F RFF REDIJECT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNT/0.48ML, 450 UNT/0.72ML, 900 UNT/1.44ML (<i>follitropin alfa</i>)	NF	
MENOPUR SUBCUTANEOUS SOLUTION RECONSTITUTED 75 UNIT (<i>menotropins</i>)	PSP	PA; SPC
NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED 5000 UNIT (<i>chorionic gonadotropin</i>)	NF	
OVIDREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 250 MCG/0.5ML (<i>choriogonadotropin alfa</i>)	NF	
PREGNYL INTRAMUSCULAR SOLUTION RECONSTITUTED 10000 UNIT (<i>chorionic gonadotropin</i>)	PSP	PA; SPC
GLUCOCORTICOIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE		
AGAMREE ORAL SUSPENSION 40 MG/ML (<i>vamorolone</i>)	NF	
ALKINDI SPRINKLE ORAL CAPSULE SPRINKLE 0.5 MG, 1 MG, 2 MG, 5 MG (<i>hydrocortisone</i>)	NF	
<i>cortisone acetate oral tablet 25 mg</i>	NF	
<i>deflazacort oral suspension 22.75 mg/ml</i>	PSP	PA; QL (52 ML per 30 days)
<i>deflazacort oral tablet 18 mg, 30 mg, 36 mg</i>	PSP	PA; QL (30 TABLETS per 30 days)
<i>deflazacort oral tablet 6 mg</i>	PSP	PA; QL (60 TABLETS per 30 days)
<i>dexamethasone oral elixir 0.5 mg/5ml</i>	PG	N8 (Listing does not include certain NDCs)
<i>dexamethasone oral solution 0.5 mg/5ml</i>	PG	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 2 mg, 4 mg, 6 mg</i>	PG	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>dexamethasone oral tablet 1.5 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>dexamethasone oral tablet therapy pack 1.5 mg (21), 1.5 mg (35), 1.5 mg (51)</i>	PG	
EMFLAZA ORAL SUSPENSION 22.75 MG/ML (<i>deflazacort</i>)	NF	
EMFLAZA ORAL TABLET 18 MG, 30 MG, 36 MG, 6 MG (<i>deflazacort</i>)	NF	
<i>fludrocortisone acetate oral tablet 0.1 mg</i>	PG	
HEMADY ORAL TABLET 20 MG (<i>dexamethasone</i>)	NF	
<i>dexamethasone</i> (Hidex 6-Day Oral Tablet Therapy Pack 1.5 Mg (21))	PG	
<i>hydrocortisone oral tablet 10 mg, 5 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>hydrocortisone oral tablet 20 mg</i>	PG	
<i>jaythari oral suspension 22.75 mg/ml</i>	PSP	PA; QL (52 ML per 30 DAYs)
<i>jaythari oral tablet 18 mg, 30 mg, 36 mg</i>	PSP	PA; QL (30 TABLETS per 30 DAYs)
<i>jaythari oral tablet 6 mg</i>	PSP	PA; QL (60 TABLETS per 30 DAYs)
KHINDIVI ORAL SOLUTION 1 MG/ML (<i>hydrocortisone</i>)	NF	
<i>deflazacort</i> (Kymbee Oral Tablet 18 Mg, 30 Mg, 36 Mg)	PSP	PA; QL (30 TABLETS per 30 days)
<i>deflazacort</i> (Kymbee Oral Tablet 6 Mg)	PSP	PA; QL (60 TABLETS per 30 days)
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	PG	
<i>methylprednisolone oral tablet therapy pack 4 mg</i>	PG	
<i>prednisolone oral solution 15 mg/5ml</i>	PG	
<i>prednisolone oral tablet 5 mg</i>	NF	
<i>prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml</i>	NF	
<i>prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml, 5 mg/5ml</i>	PG	
<i>prednisolone sodium phosphate oral tablet dispersible 10 mg, 15 mg, 30 mg</i>	NP	
<i>prednisone oral solution 5 mg/5ml</i>	PG	
<i>prednisone oral tablet 1 mg, 20 mg, 5 mg</i>	PG	N8 (Listing does not include certain NDCs)

2026 Pharmacy Drug Guide - Advanced Control Plan - Aetna

The formulary is updated the first week of each month
05/01/2026

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>prednisone oral tablet 10 mg, 2.5 mg, 50 mg</i>	PG	
<i>prednisone oral tablet delayed release 1 mg, 2 mg</i>	PG	
<i>prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)</i>	PG	
TAPERDEX 12-DAY ORAL TABLET THERAPY PACK 1.5 MG (49) (<i>dexamethasone</i>)	NF	
<i>dexamethasone</i> (Taperdex 6-Day Oral Tablet Therapy Pack 1.5 Mg, 1.5 Mg (21))	NF	
TAPERDEX 7-DAY ORAL TABLET THERAPY PACK 1.5 MG (27) (<i>dexamethasone</i>)	NF	
GLUCOSE ELEVATING AGENTS - DRUGS TO TREAT LOW BLOOD SUGAR		
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE (<i>glucagon</i>)	PB	
BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE (<i>glucagon</i>)	PB	
BD GLUCOSE ORAL TABLET CHEWABLE 5 GM (<i>dextrose (diabetic use)</i>)	NP	
<i>diazoxide oral suspension 50 mg/ml</i>	PG	
<i>glucagon emergency injection solution reconstituted 1 mg</i>	PG	
<i>glucagon emergency injection solution reconstituted 1 mg/ml</i>	NF	
<i>glucose oral tablet chewable 4 gm</i>	PG	
<i>gnp glucose gummies oral tablet chewable 2 gm</i>	PG	
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML (<i>glucagon</i>)	PB	
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML (<i>glucagon</i>)	PB	
GVOKE KIT SUBCUTANEOUS SOLUTION 1 MG/0.2ML (<i>glucagon</i>)	PB	
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML (<i>glucagon</i>)	PB	
<i>lanreotide acetate solution 120 mg/0.5ml subcutaneous</i>	NF	
<i>lanreotide acetate solution 120 mg/0.5ml subcutaneous</i>	PSP	PA; QL (1 INJECTION per 28 days)
GROWTH IMPROVEMENT AGENTS - DRUGS TO PROMOTE GROWTH		
VOXZOGO SUBCUTANEOUS SOLUTION RECONSTITUTED 0.4 MG, 0.56 MG, 1.2 MG (<i>vosoritide</i>)	NPSP	PA; QL (30 VIALS per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
YUVIWEL SUBCUTANEOUS SOLUTION RECONSTITUTED 1.3 MG, 2.8 MG, 5.5 MG (<i>navepegritide</i>)	NF	
HEREDITARY TYROSINEMIA TYPE 1 AGENTS - DRUGS FOR REPLACEMENT, MODIFICATION, TREATMENT		
<i>nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg</i>	PSP	PA
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG (<i>nitisinone</i>)	NF	
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG (<i>nitisinone</i>)	PSP	PA
ORFADIN ORAL SUSPENSION 4 MG/ML (<i>nitisinone</i>)	PSP	PA
HUMAN GROWTH HORMONES - DRUGS TO REGULATE PITUITARY HORMONES		
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE 0.2 MG, 0.4 MG, 0.6 MG, 0.8 MG, 1 MG, 1.2 MG, 1.4 MG, 1.6 MG, 1.8 MG, 2 MG (<i>somatropin</i>)	NF	
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG, 5 MG (<i>somatropin</i>)	NF	
HUMATROPE INJECTION CARTRIDGE 12 MG, 24 MG, 6 MG (<i>somatropin</i>)	PSP	PA
NGENLA SUBCUTANEOUS SOLUTION PEN-INJECTOR 24 MG/1.2ML, 60 MG/1.2ML (<i>somatrogon-ghla</i>)	NF	
NORDITROPIN FLEXPPO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 5 MG/1.5ML (<i>somatropin</i>)	PSP	PA
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/2ML (<i>somatropin</i>)	NF	
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR 20 MG/2ML (<i>somatropin</i>)	NF	
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MG/2ML (<i>somatropin</i>)	NF	
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 10 MG/1.5ML, 5 MG/1.5ML (<i>somatropin</i>)	NF	
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG (<i>somatropin</i>)	NF	
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG (<i>somatropin (non-refrigerated)</i>)	NPSP	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SKYTROFA SUBCUTANEOUS CARTRIDGE 0.7 MG, 1.4 MG, 1.8 MG, 11 MG, 13.3 MG, 2.1 MG, 2.5 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG, 7.6 MG, 9.1 MG (<i>lonapegsomatropin-tcgd</i>)	NF	
SOGROYA SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 5 MG/1.5ML (<i>somapacitan-beco</i>)	PSP	PA; QL (4 PENS per 28 days)
ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 5 MG (<i>somatropin</i>)	NF	
LYSOSOMAL STORAGE DISORDERS - DRUGS TO TREAT LYSOSOMAL STORAGE DISORDERS		
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5ML (<i>laronidase</i>)	NPSP	PA
AQNEURSA ORAL PACKET 1 GM (<i>levacetyleucine</i>)	NF	
ELAPRASE INTRAVENOUS SOLUTION 6 MG/3ML (<i>idursulfase</i>)	NPSP	PA
KANUMA INTRAVENOUS SOLUTION 20 MG/10ML (<i>sebelipase alfa</i>)	NPSP	PA
MIPLYFFA ORAL CAPSULE 124 MG, 47 MG, 62 MG, 93 MG (<i>arimoclomol citrate</i>)	NF	
NAGLAZYME INTRAVENOUS SOLUTION 1 MG/ML (<i>galsulfase</i>)	NPSP	PA
OPFOLDA ORAL CAPSULE 65 MG (<i>miglustat (gaa deficiency)</i>)	NF	
VIMIZIM INTRAVENOUS SOLUTION 5 MG/5ML (<i>elosulfase alfa</i>)	NPSP	PA
LYSOSOMAL STORAGE DISORDERS - FABRY DISEASE - DRUGS TO TREAT FABRY DISEASE		
ELFABRIO INTRAVENOUS SOLUTION 20 MG/10ML, 5 MG/2.5ML (<i>pegunigalsidase alfa-iwxj</i>)	PSP	PA
FABRAZYME INTRAVENOUS SOLUTION RECONSTITUTED 35 MG, 5 MG (<i>agalsidase beta</i>)	PSP	PA
GALAFOLD ORAL CAPSULE 123 MG (<i>migalastat hcl</i>)	PSP	PA
LYSOSOMAL STORAGE DISORDERS - GAUCHER DISEASE - DRUGS TO TREAT GAUCHER DISEASE		
CERDELGA ORAL CAPSULE 84 MG (<i>eliglustat tartrate</i>)	PSP	PA; QL (56 CAPSULES per 28 days)
CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT (<i>imiglucerase</i>)	PSP	PA; QL (15 VIALS per 14 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ELELYSO INTRAVENOUS SOLUTION RECONSTITUTED 200 UNIT (<i>taliglucerase alfa</i>)	NF	
<i>miglustat oral capsule 100 mg</i>	PSP	PA; QL (90 CAPSULES per 30 days)
VPRIV INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT (<i>velaglucerase alfa</i>)	NF	
ZAVESCA ORAL CAPSULE 100 MG (<i>miglustat</i>)	NPSP	PA; QL (90 CAPSULES per 30 days)
MENOPAUSAL SYMPTOM AGENTS - DRUGS TO TREAT MENOPAUSE		
ALORA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (<i>estradiol</i>)	NF	
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG (<i>drospirenone-estradiol</i>)	NF	
BIJUVA ORAL CAPSULE 0.5-100 MG, 1-100 MG (<i>estradiol-progesterone</i>)	PB	
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/DAY (<i>estradiol-levonorgestrel</i>)	NF	
CLIMARA TRANSDERMAL PATCH WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.06 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (<i>estradiol</i>)	NF	
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY 0.05-0.14 MG/DAY, 0.05-0.25 MG/DAY (<i>estradiol-norethindrone acet</i>)	PB	
DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM, 1 MG/GM, 1.25 MG/1.25GM (<i>estradiol</i>)	NF	
DUAVEE ORAL TABLET 0.45-20 MG (<i>conj estrogens-bazedoxifene</i>)	NF	N10 (NP,PA applies)
ELESTRIN TRANSDERMAL GEL 0.52 MG/0.87 GM (0.06%) (<i>estradiol</i>)	NF	
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	PG	
<i>estradiol transdermal gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/0.75gm, 1 mg/gm, 1.25 mg/1.25gm</i>	PG	
<i>estradiol transdermal gel 0.75 mg/1.25 gm (0.06%)</i>	NF	
<i>estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	PG	
<i>estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	PG	

2026 Pharmacy Drug Guide - Advanced Control Plan - Aetna

The formulary is updated the first week of each month
05/01/2026

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>estradiol vaginal cream 0.01 %</i>	PG	
<i>estradiol vaginal tablet 10 mcg</i>	NF	
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	PG	
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	PG	
ESTRING VAGINAL RING 7.5 MCG/24HR (<i>estradiol</i>)	NF	
ESTROGEL TRANSDERMAL GEL 0.75 MG/1.25 GM (0.06%) (<i>estradiol</i>)	NF	
<i>estrogens conjugated oral tablet 0.3 mg, 0.45 mg, 0.625 mg, 0.9 mg, 1.25 mg</i>	PG	
EVAMIST TRANSDERMAL SOLUTION 1.53 MG/SPRAY (<i>estradiol</i>)	NF	
FEMRING VAGINAL RING 0.05 MG/24HR, 0.1 MG/24HR (<i>estradiol acetate</i>)	NF	
<i>norethindrone-eth estradiol</i> (Fyavolv Oral Tablet 0.5-2.5 Mg-Mcg, 1-5 Mg-Mcg)	PG	
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG (<i>estradiol</i>)	PB	
IMVEXXY STARTER PACK VAGINAL INSERT 10 MCG, 4 MCG (<i>estradiol</i>)	PB	
<i>norethindrone-eth estradiol</i> (Jinteli Oral Tablet 1-5 Mg-Mcg)	PG	
LYNKUET ORAL CAPSULE 60 MG (<i>elinzanetant</i>)	NF	
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24HR (<i>estradiol</i>)	NF	
<i>estradiol-norethindrone acet</i> (Mimvey Oral Tablet 1-0.5 Mg)	PG	
MINIVELLE TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (<i>estradiol</i>)	NF	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG (<i>estrogens conjugated</i>)	NF	
PREMARIN VAGINAL CREAM 0.625 MG/GM (<i>estrogens, conjugated</i>)	NF	
PREMPHASE ORAL TABLET 0.625-5 MG (<i>conj estrog-medroxyprogest ace</i>)	NF	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG (<i>conj estrog-medroxyprogest ace</i>)	NF	
VAGIFEM VAGINAL TABLET 10 MCG (<i>estradiol</i>)	PB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VIVELLE-DOT TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (<i>estradiol</i>)	NF	
<i>estradiol</i> (Yuvaform Vaginal Tablet 10 Mcg)	NF	
MISCELLANEOUS		
ACTHAR GEL SUBCUTANEOUS PEN-INJECTOR 40 UNIT/0.5ML, 80 UNIT/ML (<i>corticotropin</i>)	NPSP	PA; QL (28 PENS per 28 days)
ACTHAR INJECTION GEL 80 UNIT/ML (<i>corticotropin</i>)	NPSP	PA; QL (35 ML per 21 days)
<i>betaine oral powder</i>	PSP	PA
<i>cabergoline oral tablet 0.5 mg</i>	PG	
CORTROPHIN GEL SUBCUTANEOUS PREFILLED SYRINGE 40 UNIT/0.5ML, 80 UNIT/ML (<i>corticotropin</i>)	NPSP	PA; QL (28 SYRINGES per 28 days)
CORTROPHIN INJECTION GEL 80 UNIT/ML (<i>corticotropin</i>)	NPSP	PA; QL (35 ML per 21 days)
CRENESSITY ORAL CAPSULE 100 MG, 25 MG, 50 MG (<i>crinecerfont</i>)	NPSP	PA; QL (60 CAPSULES per 30 days)
CRENESSITY ORAL SOLUTION 50 MG/ML (<i>crinecerfont</i>)	NPSP	PA; QL (120 ML per 30 days)
CYSTADANE ORAL POWDER (<i>betaine</i>)	NF	
CYSTAGON ORAL CAPSULE 150 MG, 50 MG (<i>cysteamine bitartrate</i>)	PSP	PA
EVENITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 105 MG/1.17ML (<i>romosozumab-aqqg</i>)	NF	
FORZINITY SUBCUTANEOUS SOLUTION 280 MG/3.5ML (<i>elamipretide hcl</i>)	NF	
HARLIKU ORAL TABLET 2 MG (<i>nitisinone (aku)</i>)	NF	
IMCIVREE SUBCUTANEOUS SOLUTION 10 MG/ML (<i>setmelanotide acetate</i>)	NF	
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML (<i>mecasermin</i>)	NPSP	PA
INTRAROSA VAGINAL INSERT 6.5 MG (<i>prasterone</i>)	NF	
JYNARQUE ORAL TABLET 15 MG, 30 MG (<i>tolvaptan</i>)	NF	
JYNARQUE ORAL TABLET THERAPY PACK 15 MG, 30 & 15 MG, 45 & 15 MG, 60 & 30 MG, 90 & 30 MG (<i>tolvaptan</i>)	NF	
KORLYM ORAL TABLET 300 MG (<i>mifepristone</i>)	NF	
KUVAN ORAL PACKET 100 MG, 500 MG (<i>sapropterin dihydrochloride</i>)	NF	
KUVAN ORAL TABLET 100 MG (<i>sapropterin dihydrochloride</i>)	NF	
<i>methylergonovine maleate</i> (Methergine Oral Tablet 0.2 Mg)	PG	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>methylergonovine maleate oral tablet 0.2 mg</i>	PG	
<i>mifepristone oral tablet 300 mg</i>	PSP	PA; QL (120 TABLETS per 30 days)
MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED 11.3 MG (<i>metreleptin</i>)	NPSP	PA; QL (30 VIALS per 30 days)
OSPHENA ORAL TABLET 60 MG (<i>ospemifene</i>)	NF	N10 (NP,PA applies)
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML, 2.5 MG/0.5ML, 20 MG/ML (<i>pegvaliase-pqpz</i>)	NF	
<i>raloxifene hcl oral tablet 60 mg</i>	CE	N7 (PG); AL (Min 35 Years)
REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG (<i>resmetirom</i>)	NP	PA
SAMSCA ORAL TABLET 15 MG, 30 MG (<i>tolvaptan (hyponatremia)</i>)	NPSP	PA
<i>sapropterin dihydrochloride oral packet 100 mg, 500 mg</i>	PSP	PA
<i>sapropterin dihydrochloride oral tablet 100 mg</i>	PSP	PA
SEPHIENCE ORAL PACKET 1000 MG, 250 MG (<i>sepiapterin</i>)	NF	
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 10 MG, 20 MG, 30 MG, 40 MG, 60 MG (<i>pasireotide pamoate</i>)	NF	
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML (<i>pasireotide diaspartate</i>)	NPSP	PA; QL (60 ML per 30 days)
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45ML, 28 MG/0.7ML, 40 MG/ML, 80 MG/0.8ML (<i>asfotase alfa</i>)	NPSP	PA
<i>tolvaptan (hyponatremia) tablet 15 mg oral</i>	PSP	PA; N8 (Generic of Samsca)
<i>tolvaptan (hyponatremia) tablet 30 mg oral</i>	PSP	PA; N8 (Generic of Samsca)
<i>tolvaptan oral tablet therapy pack 15 mg, 30 & 15 mg, 45 & 15 mg, 60 & 30 mg, 90 & 30 mg</i>	PSP	PA; N8 (Generic of Jynarque); QL (56 TABLETS per 28 DAYs)
VIJOICE ORAL PACKET 50 MG (<i>alpelisib</i>)	NF	
VIJOICE ORAL TABLET THERAPY PACK 125 MG, 200 & 50 MG, 50 MG (<i>alpelisib</i>)	NF	
VYKAT XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 25 MG, 75 MG (<i>diazoxide choline</i>)	NF	
XURIDEN ORAL PACKET 2 GM (<i>uridine triacetate</i>)	NPSP	QL (4 PACKETS per 1 day)
ZOKINVY ORAL CAPSULE 50 MG, 75 MG (<i>lonafarnib</i>)	NPSP	PA; QL (120 CAPSULES per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZYCUBO SUBCUTANEOUS SOLUTION RECONSTITUTED 2.9 MG (<i>copper histidinate</i>)	NF	
PHOSPHATE BINDER AGENTS - DRUGS TO REGULATE CALCIUM AND PHOSPHORUS LEVELS		
AURYXIA ORAL TABLET 1 GM 210 MG(Fe) (<i>ferric citrate</i>)	PB	
<i>calcium acetate (phos binder) oral capsule 667 mg</i>	PG	
<i>ferric citrate oral tablet 1 gm 210 mg(fe)</i>	PG	
FOSRENOL ORAL PACKET 1000 MG, 750 MG (<i>lanthanum carbonate</i>)	NF	
FOSRENOL ORAL TABLET CHEWABLE 1000 MG, 500 MG, 750 MG (<i>lanthanum carbonate</i>)	NF	
<i>lanthanum carbonate oral tablet chewable 1000 mg, 500 mg, 750 mg</i>	NF	
RENVELA ORAL PACKET 0.8 GM, 2.4 GM (<i>sevelamer carbonate</i>)	NF	
RENVELA ORAL TABLET 800 MG (<i>sevelamer carbonate</i>)	NF	
<i>sevelamer carbonate oral packet 0.8 gm, 2.4 gm</i>	PG	
<i>sevelamer carbonate oral tablet 800 mg</i>	PG	
<i>sevelamer hcl oral tablet 400 mg, 800 mg</i>	PG	
VELPHORO ORAL TABLET CHEWABLE 500 MG (<i>sucroferric oxyhydroxide</i>)	NF	
XPHOZAH ORAL TABLET 20 MG, 30 MG (<i>tenapanor hcl (ckd)</i>)	NF	
POLYNEUROPATHY		
WAINUA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 45 MG/0.8ML (<i>eplontersen sodium</i>)	NF	
POTASSIUM-REMOVING AGENTS - DRUGS TO REGULATE POTASSIUM LEVELS		
<i>sodium polystyrene sulfonate (Kionex Combination Suspension 15 Gm/60ml)</i>	PG	
LOKELMA ORAL PACKET 10 GM, 5 GM (<i>sodium zirconium cyclosilicate</i>)	NF	
<i>sodium polystyrene sulfonate oral powder</i>	PG	
<i>sodium polystyrene sulfonate (Sps (Sodium Polystyrene Sulf) Combination Suspension 15 Gm/60ml)</i>	PG	
VELTASSA ORAL PACKET 1 GM, 16.8 GM, 25.2 GM, 8.4 GM (<i>patiomer sorbitex calcium</i>)	PB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PROGESTINS - DRUGS TO REGULATE PROGESTIN		
CRINONE VAGINAL GEL 4 %, 8 % (<i>progesterone</i>)	PB	
ENDOMETRIN VAGINAL INSERT 100 MG (<i>progesterone</i>)	NF	
<i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i>	PG	
<i>megestrol acetate oral suspension 40 mg/ml</i>	CE	N7 (PG)
<i>megestrol acetate oral suspension 625 mg/5ml</i>	CE	N7 (NP)
<i>norethindrone acetate oral tablet 5 mg</i>	PG	
<i>progesterone oral capsule 100 mg, 200 mg</i>	PG	
<i>progesterone vaginal insert 100 mg</i>	PG	
PROMETRIUM ORAL CAPSULE 100 MG, 200 MG (<i>progesterone</i>)	NF	
THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS		
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG (<i>thyroid</i>)	NF	
CYTOMEL ORAL TABLET 25 MCG, 5 MCG, 50 MCG (<i>liothyronine sodium</i>)	NF	
EVEXITHROID ORAL TABLET 120 MG, 15 MG, 180 MG, 30 MG, 45 MG, 60 MG, 75 MG, 90 MG (<i>thyroid</i>)	NF	
<i>levothyroxine sodium oral capsule 100 mcg, 112 mcg, 125 mcg, 13 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	NF	
<i>levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	PG	
<i>liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg</i>	PG	
<i>methimazole oral tablet 10 mg, 5 mg</i>	PG	
<i>niva thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>	NF	
NP THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG (<i>thyroid</i>)	NF	
<i>propylthiouracil oral tablet 50 mg</i>	PG	
RENTHYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG (<i>thyroid</i>)	NF	
THYQUIDITY ORAL SOLUTION 100 MCG/5ML (<i>levothyroxine sodium</i>)	NF	
<i>thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 37.5 MCG, 44 MCG, 50 MCG, 62.5 MCG, 75 MCG, 88 MCG (<i>levothyroxine sodium</i>)	NF	
TIROSINT-SOL ORAL SOLUTION 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 37.5 MCG/ML, 44 MCG/ML, 50 MCG/ML, 62.5 MCG/ML, 75 MCG/ML, 88 MCG/ML (<i>levothyroxine sodium</i>)	NF	
UREA CYCLE DISORDER - DRUGS TO TREAT UREA CYCLE DISORDER		
BUPHENYL ORAL POWDER 3 GM/TSP (<i>sodium phenylbutyrate</i>)	NF	
BUPHENYL ORAL TABLET 500 MG (<i>sodium phenylbutyrate</i>)	NF	
CARBAGLU ORAL TABLET SOLUBLE 200 MG (<i>carglumic acid</i>)	NF	
<i>carglumic acid oral tablet soluble 200 mg</i>	PSP	PA
<i>glycerol phenylbutyrate oral liquid 1.1 gm/ml</i>	PSP	PA
LOARGYS INJECTION SOLUTION 2 MG/0.4ML (<i>pegzilarginase-nbln</i>)	NF	
OLPRUVA (2 GM DOSE) ORAL THERAPY PACK 2 GM (<i>sodium phenylbutyrate</i>)	NF	
OLPRUVA (3 GM DOSE) ORAL THERAPY PACK 3 GM (<i>sodium phenylbutyrate</i>)	NF	
OLPRUVA (4 GM DOSE) ORAL THERAPY PACK 2 & 2 GM (<i>sodium phenylbutyrate</i>)	NF	
OLPRUVA (5 GM DOSE) ORAL THERAPY PACK 2 & 3 GM (<i>sodium phenylbutyrate</i>)	NF	
OLPRUVA (6 GM DOSE) ORAL THERAPY PACK 3 & 3 GM (<i>sodium phenylbutyrate</i>)	NF	
OLPRUVA (6.67 GM DOSE) ORAL THERAPY PACK 3 & 3.67 GM (<i>sodium phenylbutyrate</i>)	NF	
PHEBURANE ORAL PELLET 483 MG/GM (<i>sodium phenylbutyrate</i>)	PSP	PA; QL (672 GRAMS per 30 days)
RAVICTI ORAL LIQUID 1.1 GM/ML (<i>glycerol phenylbutyrate</i>)	NF	
<i>sodium phenylbutyrate oral powder 3 gm/tsp</i>	PSP	PA; QL (798 GRAMS per 30 days)
<i>sodium phenylbutyrate oral tablet 500 mg</i>	PSP	PA; QL (1200 TABLETS per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
UTERINE FIBROIDS - DRUGS TO TREAT UTERINE FIBROIDS		
MYFEMBREE ORAL TABLET 40-1-0.5 MG (<i>relugolix-estradiol-norethind</i>)	PB	PA
ORIAHNN ORAL CAPSULE THERAPY PACK 300-1-0.5 & 300 MG (<i>elagolix-estradiol-norethind</i>)	PB	PA
VASOPRESSINS - DRUGS TO REGULATE PITUITARY HORMONES		
DDAVP ORAL TABLET 0.1 MG, 0.2 MG (<i>desmopressin acetate</i>)	NP	
DESMODA ORAL SOLUTION 0.05 MG/ML (<i>desmopressin acetate</i>)	NF	
<i>desmopressin ace spray refrig nasal solution 0.01 %</i>	PG	
<i>desmopressin acetate nasal solution 1.5 mg/ml</i>	NPSP	PA
<i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i>	PG	
<i>desmopressin acetate spray nasal solution 0.01 %</i>	PG	
VITAMIN D ANALOGS		
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	PG	N8 (Listing does not include certain NDCs)
<i>calcitriol oral solution 1 mcg/ml</i>	PG	
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	PG	N8 (Listing does not include certain NDCs)
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	PG	
RAYALDEE ORAL CAPSULE EXTENDED RELEASE 30 MCG (<i>calcifediol</i>)	NP	ST
GASTROINTESTINAL - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS		
ANTICHOLINERGICS		
CUVPOSA ORAL SOLUTION 1 MG/5ML (<i>glycopyrrolate</i>)	NP	
<i>dicyclomine hcl oral capsule 10 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>dicyclomine hcl oral tablet 20 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>dicyclomine hcl oral tablet 40 mg</i>	NF	
GLYCATE ORAL TABLET 1.5 MG (<i>glycopyrrolate</i>)	NF	
<i>glycopyrrolate oral solution 1 mg/5ml</i>	PG	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	NP	N8 (Listing does not include certain NDCs)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>glycopyrrolate oral tablet 1.5 mg</i>	NF	
<i>methscopolamine bromide oral tablet 2.5 mg, 5 mg</i>	NP	
ANTIDIARRHEALS		
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml</i>	PG	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	PG	
MOTOFEN ORAL TABLET 1-0.025 MG (<i>difenoxin-atropine</i>)	NF	
MYTESI ORAL TABLET DELAYED RELEASE 125 MG (<i>crofelemer</i>)	NF	
ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING		
AKYNZEO ORAL CAPSULE 300-0.5 MG (<i>netupitant-palonosetron</i>)	NF	
ANZEMET ORAL TABLET 50 MG (<i>dolasetron mesylate</i>)	NF	
<i>aprepitant oral capsule 125 mg</i>	PG	N8 (Listing does not include certain NDCs); QL (2 CAPSULES per 21 days)
<i>aprepitant oral capsule 40 mg</i>	PG	N8 (Listing does not include certain NDCs); QL (3 CAPSULES per 180 DAYS)
<i>aprepitant oral capsule 80 mg</i>	PG	N8 (Listing does not include certain NDCs); QL (4 CAPSULES per 21 days)
<i>aprepitant oral capsule therapy pack 80 & 125 mg</i>	PG	N8 (Listing does not include certain NDCs); QL (2 PACKS per 21 Days)
<i>prochlorperazine</i> (Compro Rectal Suppository 25 Mg)	PG	
<i>doxylamine-pyridoxine oral tablet delayed release 10-10 mg</i>	PG	
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	NP	PA; QL (120 CAPSULES per 25 days)
EMEND BIPACK ORAL CAPSULE 80 MG (<i>aprepitant</i>)	NF	
EMEND ORAL SUSPENSION RECONSTITUTED 125 MG/5ML (<i>aprepitant</i>)	NF	
EMEND TRIPACK ORAL CAPSULE THERAPY PACK 80 & 125 MG (<i>aprepitant</i>)	NF	
<i>granisetron hcl oral tablet 1 mg</i>	NP	QL (12 TABLETS per 21 days)
<i>meclizine hcl oral tablet 50 mg</i>	PG	N8 (Listing does not include certain NDCs)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml</i>	PG	N8 (Listing does not include certain NDCs)
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	PG	
<i>metoclopramide hcl oral tablet dispersible 5 mg</i>	PG	
<i>ondansetron hcl oral solution 4 mg/5ml</i>	PG	QL (200 ML per 21 DAYs)
<i>ondansetron hcl oral tablet 24 mg</i>	PG	QL (2 TABLETS per 21 days)
<i>ondansetron hcl oral tablet 4 mg</i>	PG	QL (18 TABLETS per 21 days)
<i>ondansetron hcl oral tablet 8 mg</i>	PG	QL (18 TABLETS per 21 DAYs)
<i>ondansetron oral tablet dispersible 16 mg</i>	NF	
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>	PG	QL (18 TABLETS per 21 days)
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>promethazine hcl oral solution 6.25 mg/5ml</i>	PG	N8 (Listing does not include certain NDCs)
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>	PG	
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	PG	
PROMETHEGAN RECTAL SUPPOSITORY 50 MG (<i>promethazine hcl</i>)	PG	
SANCUSO TRANSDERMAL PATCH 3.1 MG/24HR (<i>granisetron</i>)	PB	QL (2 PATCHES per 21 days)
<i>scopolamine transdermal patch 72 hour 1 mg/3days</i>	PG	
SYNDROS ORAL SOLUTION 5 MG/ML (<i>dronabinol</i>)	NF	
TRANSDERM SCOP TRANSDERMAL PATCH 72 HOUR 1 MG/3DAYS (<i>scopolamine base</i>)	NF	
<i>trimethobenzamide hcl oral capsule 300 mg</i>	PG	N8 (Listing does not include certain NDCs)
VARUBI (180 MG DOSE) ORAL TABLET THERAPY PACK 2 X 90 MG (<i>rolapitant hcl</i>)	NF	
ANTISPASMODICS - DRUGS FOR MUSCLE SPASM		
<i>chlordiazepoxide-clidinium oral capsule 5-2.5 mg</i>	NP	N8 (Listing does not include certain NDCs)
LIBRAX ORAL CAPSULE 5-2.5 MG (<i>chlordiazepoxide-clidinium</i>)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
H2-RECEPTOR ANTAGONISTS - DRUGS FOR ULCERS AND STOMACH ACID		
<i>cimetidine hcl oral solution 300 mg/5ml</i>	PG	
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	PG	
<i>famotidine oral tablet 40 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>nizatidine oral capsule 150 mg, 300 mg</i>	PG	
<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	PG	
INFLAMMATORY BOWEL DISEASE - BOWEL, INTESTINE, AND STOMACH CONDITION DRUGS		
APRISO ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.375 GM (<i>mesalamine</i>)	NP	
<i>balsalazide disodium oral capsule 750 mg</i>	PG	
<i>budesonide er oral tablet extended release 24 hour 9 mg</i>	NF	
<i>budesonide oral capsule delayed release particles 3 mg</i>	PG	
<i>budesonide rectal foam 2 mg</i>	PG	
CANASA RECTAL SUPPOSITORY 1000 MG (<i>mesalamine</i>)	NF	
CORTIFOAM EXTERNAL FOAM 10 % (<i>hydrocortisone acetate</i>)	PB	
LIALDA ORAL TABLET DELAYED RELEASE 1.2 GM (<i>mesalamine</i>)	NF	
<i>mesalamine er oral capsule extended release 24 hour 0.375 gm</i>	PG	
<i>mesalamine oral capsule delayed release 400 mg</i>	PG	
<i>mesalamine oral tablet delayed release 1.2 gm, 800 mg</i>	PG	
<i>mesalamine rectal enema 4 gm</i>	PG	
<i>mesalamine rectal suppository 1000 mg</i>	PG	N8 (Listing does not include certain NDCs)
PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG, 500 MG (<i>mesalamine</i>)	NF	
ROWASA RECTAL KIT 4 GM (<i>mesalamine-cleanser</i>)	NF	
<i>sulfasalazine oral tablet 500 mg</i>	PG	
<i>sulfasalazine oral tablet delayed release 500 mg</i>	PG	
UCERIS ORAL TABLET EXTENDED RELEASE 24 HOUR 9 MG (<i>budesonide</i>)	PB	
UCERIS RECTAL FOAM 2 MG/ACT (<i>budesonide</i>)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
IRRITABLE BOWEL SYNDROME WITH CONSTIPATION		
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG (<i>lubiprostone</i>)	NF	
IBSRELA ORAL TABLET 50 MG (<i>tenapanor hcl</i>)	NF	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG (<i>linaclotide</i>)	PB	
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	PG	N8 (Listing does not include certain NDCs)
IRRITABLE BOWEL SYNDROME WITH DIARRHEA		
<i>alosetron hcl oral tablet 0.5 mg, 1 mg</i>	PG	PA
LOTRONEX ORAL TABLET 0.5 MG, 1 MG (<i>alosetron hcl</i>)	NP	PA
VIBERZI ORAL TABLET 100 MG, 75 MG (<i>eluxadoline</i>)	PB	PA
LAXATIVES		
<i>lactulose oral solution 20 gm/30ml</i>	PG	N8 (Listing does not include certain NDCs)
LAXATIVES - DRUGS FOR CONSTIPATION		
CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM -GM/175ML (<i>sod picosulfate-mag ox-cit acd</i>)	CE	N7 (PB); N8 (\$0 copay for members age 45 through 75); AL (Min 45 Years and Max 75 Years)
<i>enulose oral solution 10 gm/15ml</i>	PG	N8 (Listing does not include certain NDCs)
GAVILYTE-C ORAL SOLUTION RECONSTITUTED 240 GM (<i>peg 3350-kcl-nabcb-nacl-nasulf</i>)	PG	
<i>peg 3350-kcl-nabcb-nacl-nasulf</i> (Gavilyte-G Oral Solution Reconstituted 236 Gm)	PG	
GOLYTELY ORAL SOLUTION RECONSTITUTED 236 GM (<i>peg 3350-kcl-nabcb-nacl-nasulf</i>)	NF	
<i>lactulose</i> (Kristalose Oral Packet 10 Gm)	NP	
<i>lactulose</i> (Kristalose Oral Packet 20 Gm)	PG	
<i>lactulose oral packet 10 gm</i>	NP	N8 (Listing does not include certain NDCs)
<i>lactulose oral packet 20 gm</i>	PG	N8 (Listing does not include certain NDCs)
MOVIPREP ORAL SOLUTION RECONSTITUTED 100 GM (<i>peg-kcl-nacl-nasulf-na asc-c</i>)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml</i>	CE	N7 (PG); N8 (\$0 copay for members age 45 through 75); AL (Min 45 Years and Max 75 Years)
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm</i>	PG	
<i>peg-3350/electrolytes oral solution reconstituted 236 gm</i>	PG	
<i>peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted 100 gm</i>	CE	N7 (NF)
PEG-PREP ORAL KIT 5-210 MG-GM (<i>bisacodyl-peg-kcl-nabicar-nacl</i>)	CE	N7 (NP); N8 (\$0 copay for members age 45 through 75); AL (Min 45 Years and Max 75 Years)
PLENVU ORAL SOLUTION RECONSTITUTED 140 GM (<i>peg-kcl-nacl-nasulf-na asc-c</i>)	CE	N7 (NF); N8 (\$0 copay for members age 45 through 75, otherwise not covered)
SUFLAVE ORAL SOLUTION RECONSTITUTED 178.7 GM (<i>peg 3350-kcl-nacl-nasulf-mgsul</i>)	CE	N7 (Not Covered); N8 (\$0 copay for members age 45 through 75); AL (Min 45 Years and Max 75 Years)
SUPREP BOWEL PREP KIT ORAL SOLUTION 17.5-3.13-1.6 GM/177ML (<i>na sulfate-k sulfate-mg sulf</i>)	NF	
SUTAB ORAL TABLET 1479-225-188 MG (<i>sodium sulfate-mag sulfate-kcl</i>)	CE	N7 (NF); N8 (\$0 copay for members age 45 through 75, otherwise not covered)
MISCELLANEOUS		
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE 200 MCG, 600 MCG (<i>odevixibat</i>)	NF	
BYLVAY ORAL CAPSULE 1200 MCG, 400 MCG (<i>odevixibat</i>)	NF	
CARAFATE ORAL TABLET 1 GM (<i>sucralfate</i>)	NF	
CHOLBAM ORAL CAPSULE 250 MG, 50 MG (<i>cholic acid</i>)	NPSP	PA
CTEXLI ORAL TABLET 250 MG (<i>chenodiol (basds)</i>)	NF	
EOHILIA ORAL SUSPENSION 2 MG/10ML (<i>budesonide</i>)	NF	
GATTEX SUBCUTANEOUS KIT 5 MG (<i>teduglutide (rdna)</i>)	NPSP	PA; QL (1 KIT per 30 days)
GIMOTI NASAL SOLUTION 15 MG/ACT (<i>metoclopramide hcl</i>)	NF	
IQIRVO ORAL TABLET 80 MG (<i>elafibranor</i>)	PSP	PA; QL (30 TABLETS per 30 days)
LIVDELZI ORAL CAPSULE 10 MG (<i>seladelpar lysine</i>)	NF	
LIVMARLI ORAL SOLUTION 19 MG/ML (<i>maralixibat chloride</i>)	NPSP	PA; QL (60 ML per 30 DAYs)

2026 Pharmacy Drug Guide - Advanced Control Plan - Aetna

The formulary is updated the first week of each month
05/01/2026

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LIVMARLI ORAL SOLUTION 9.5 MG/ML (<i>maralixibat chloride</i>)	NPSP	PA; QL (90 ML per 30 days)
LIVMARLI ORAL TABLET 10 MG, 15 MG, 20 MG, 30 MG (<i>maralixibat chloride</i>)	NF	
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	PG	
MOTEGRITY ORAL TABLET 1 MG, 2 MG (<i>prucalopride succinate</i>)	NF	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG (<i>naloxegol oxalate</i>)	NF	
<i>prucalopride succinate oral tablet 1 mg, 2 mg</i>	NF	
RELISTOR ORAL TABLET 150 MG (<i>methylnaltrexone bromide</i>)	NF	
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML (<i>methylnaltrexone bromide</i>)	NF	
RELISTOR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 12 MG/0.6ML, 8 MG/0.4ML (<i>methylnaltrexone bromide</i>)	NF	
RELTONE ORAL CAPSULE 200 MG, 400 MG (<i>ursodiol</i>)	NF	
SUCRAID ORAL SOLUTION 8500 UNIT/ML (<i>sacrosidase</i>)	NPSP	PA; QL (3 BOTTLES per 25 days)
<i>sucrafate oral suspension 1 gm/10ml</i>	NF	
<i>sucrafate oral tablet 1 gm</i>	PG	N8 (Listing does not include certain NDCs)
SYMPROIC ORAL TABLET 0.2 MG (<i>naldemedine tosylate</i>)	PB	PA
<i>tolvaptan (hyponatremia) tablet 15 mg oral</i>	PSP	PA; N8 (Generic of Jynarque); QL (60 TABLETS per 30 Days)
<i>tolvaptan (hyponatremia) tablet 30 mg oral</i>	PSP	PA; N8 (Generic of Jynarque); QL (30 TABLETS per 30 days)
<i>ursodiol oral capsule 200 mg, 400 mg</i>	NF	
<i>ursodiol oral capsule 300 mg</i>	PG	
<i>ursodiol oral tablet 250 mg, 500 mg</i>	NP	
VOQUEZNA ORAL TABLET 10 MG, 20 MG (<i>vonoprazan fumarate</i>)	NP	PA; QL (30 TABLETS per 25 days)
VOWST ORAL CAPSULE (<i>fecal microb spores, live-brpk</i>)	NPSP	PA; QL (12 CAPSULES per 30 DAYs)
XERMELO ORAL TABLET 250 MG (<i>telotristat etiprate</i>)	NPSP	PA; QL (84 TABLETS per 28 days)

2026 Pharmacy Drug Guide - Advanced Control Plan - Aetna

The formulary is updated the first week of each month

05/01/2026

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PANCREATIC ENZYMES		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	PB	
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500-35500 UNIT, 16800-56800 UNIT, 21000-54700 UNIT, 2600-8800 UNIT, 37000-97300 UNIT, 4200-14200 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	NF	
PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES 16000-57500 UNIT, 24000-86250 UNIT, 4000-14375 UNIT, 8000-28750 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	NF	
VIOKACE ORAL TABLET 10440-39150 UNIT, 20880-78300 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	PB	
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT, 60000-189600 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	PB	
PROTON PUMP INHIBITORS - DRUGS FOR ULCERS AND STOMACH ACID		
ACIPHEX ORAL TABLET DELAYED RELEASE 20 MG (<i>rabeprazole sodium</i>)	NF	
DEXILANT ORAL CAPSULE DELAYED RELEASE 30 MG, 60 MG (<i>dexlansoprazole</i>)	NF	
<i>dexlansoprazole oral capsule delayed release 30 mg, 60 mg</i>	NF	
<i>esomeprazole magnesium oral capsule delayed release 20 mg</i>	PG	QL (90 CAPSULES per 365 DAYS)
<i>esomeprazole magnesium oral capsule delayed release 40 mg</i>	PG	QL (90 CAPSULES per 365 days)
<i>esomeprazole magnesium oral packet 10 mg, 20 mg, 40 mg</i>	PG	QL (90 PACKET per 365 DAYS)
<i>esomeprazole magnesium oral packet 2.5 mg, 5 mg</i>	PG	QL (90 PACKETS per 365 DAYS)
<i>lansoprazole oral capsule delayed release 15 mg</i>	PG	Select OTC; QL (90 CAPSULES per 365 DAYS)
<i>lansoprazole oral capsule delayed release 30 mg</i>	PG	N8 (Listing does not include certain NDCs); QL (90 CAPSULES per 365 DAYS)
<i>lansoprazole oral tablet delayed release dispersible 30 mg</i>	NF	

2026 Pharmacy Drug Guide - Advanced Control Plan - Aetna

The formulary is updated the first week of each month
05/01/2026

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NEXIUM 24HR ORAL TABLET DELAYED RELEASE 20 MG (<i>esomeprazole magnesium</i>)	PG	Select OTC; QL (90 tablets per 365 days)
NEXIUM ORAL CAPSULE DELAYED RELEASE 40 MG (<i>esomeprazole magnesium</i>)	NF	
NEXIUM ORAL PACKET 10 MG, 2.5 MG, 20 MG, 40 MG, 5 MG (<i>esomeprazole magnesium</i>)	NF	
<i>omeprazole magnesium oral capsule delayed release 20.6 (20 base) mg</i>	PG	Select OTC; QL (90 CAPSULES per 365 days)
<i>omeprazole magnesium oral tablet delayed release 20 mg</i>	PG	Select OTC; QL (90 TABLETS per 365 DAYS)
<i>omeprazole oral capsule delayed release 10 mg, 40 mg</i>	PG	QL (90 CAPSULES per 365 days)
<i>omeprazole oral capsule delayed release 20 mg</i>	PG	Select OTC; QL (90 CAPSULES per 365 days)
<i>omeprazole oral tablet delayed release 20 mg</i>	PG	Select OTC; QL (90 TABLETS per 365 days)
<i>omeprazole-sodium bicarbonate oral capsule 20-1100 mg</i>	PG	QL (90 CAPSULES per 365 DAYS)
<i>omeprazole-sodium bicarbonate oral capsule 40-1100 mg</i>	NF	
<i>omeprazole-sodium bicarbonate oral packet 20-1680 mg, 40-1680 mg</i>	NF	
<i>pantoprazole sodium oral packet 40 mg</i>	NF	
<i>pantoprazole sodium oral tablet delayed release 20 mg, 40 mg</i>	PG	N8 (Listing does not include certain NDCs); QL (90 TABLETS per 365 days)
PREVACID ORAL CAPSULE DELAYED RELEASE 30 MG (<i>lansoprazole</i>)	NF	
PREVACID SOLUTAB ORAL TABLET DELAYED RELEASE DISPERSIBLE 30 MG (<i>lansoprazole</i>)	NF	
PRILOSEC ORAL PACKET 10 MG, 2.5 MG (<i>omeprazole magnesium</i>)	NF	
PRILOSEC OTC ORAL TABLET DELAYED RELEASE 20 MG (<i>omeprazole magnesium</i>)	PG	Select OTC; QL (90 TABLETS per 365 DAYS)
PROTONIX ORAL PACKET 40 MG (<i>pantoprazole sodium</i>)	NF	
PROTONIX ORAL TABLET DELAYED RELEASE 20 MG, 40 MG (<i>pantoprazole sodium</i>)	NF	
<i>rabeprazole sodium oral capsule sprinkle 10 mg</i>	NP	QL (90 CAPSULES per 365 DAYS)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>rabeprazole sodium oral tablet delayed release 20 mg</i>	PG	QL (90 TABLETS per 365 days)
ZEGERID OTC ORAL CAPSULE 20-1100 MG (<i>omeprazole-sodium bicarbonate</i>)	PG	Select OTC; QL (90 CAPSULES per 365 days)
RECTAL, CORTICOSTEROIDS		
<i>hydrocortisone (perianal) external cream 2.5 %</i>	PG	
PROCTOFOAM HC EXTERNAL FOAM 1-1 % (<i>hydrocortisone ace-pramoxine</i>)	PB	
<i>hydrocortisone</i> (Proctozone-Hc External Cream 2.5 %)	PG	
ULCER THERAPY COMBINATIONS		
<i>amoxicill-clarithro-lansopraz oral therapy pack 500 & 500 & 30 mg</i>	PG	
<i>bismuth/metronidaz/tetracyclin oral capsule 140-125-125 mg</i>	PG	
TALICIA ORAL CAPSULE DELAYED RELEASE 250-12.5-10 MG (<i>amoxicill-rifabutin-omeprazole</i>)	PB	
GENITOURINARY - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS		
BENIGN PROSTATIC HYPERPLASIA - DRUGS TO TREAT ENLARGED PROSTATE		
<i>alfuzosin hcl er oral tablet extended release 24 hour 10 mg</i>	PG	
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>dutasteride oral capsule 0.5 mg</i>	PG	
<i>dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg</i>	PG	
ENTADFI ORAL CAPSULE 5-5 MG (<i>finasteride-tadalafil</i>)	NF	
<i>finasteride oral tablet 5 mg</i>	PG	
JALYN ORAL CAPSULE 0.5-0.4 MG (<i>dutasteride-tamsulosin hcl</i>)	NF	
PROSCAR ORAL TABLET 5 MG (<i>finasteride</i>)	NP	
RAPAFLO ORAL CAPSULE 4 MG, 8 MG (<i>silodosin</i>)	NF	
<i>silodosin oral capsule 4 mg, 8 mg</i>	PG	
<i>tamsulosin hcl oral capsule 0.4 mg</i>	PG	
<i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	PG	N8 (Listing does not include certain NDCs)
TEZRULY ORAL SOLUTION 1 MG/ML (<i>terazosin hcl</i>)	NF	
UROXATRAL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG (<i>alfuzosin hcl</i>)	NF	

2026 Pharmacy Drug Guide - Advanced Control Plan - Aetna

The formulary is updated the first week of each month
05/01/2026

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CONTRACEPTIVES - PRODUCTS FOR BIRTH CONTROL		
ENCARE VAGINAL SUPPOSITORY 100 MG (<i>nonoxynol-9</i>)	CE	N7 (Not Covered)
OPTIONS GYNOL II CONTRACEPTIVE VAGINAL GEL 3 % (<i>nonoxynol-9</i>)	CE	N7 (Not Covered)
PHEXX VAGINAL GEL 1.8-1-0.4 % (<i>lactic ac-citric ac-pot bitart</i>)	CE	N7 (NP)
TODAY SPONGE VAGINAL 1000 MG (<i>nonoxynol-9</i>)	CE	N7 (Not Covered)
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM 28 % (<i>nonoxynol-9</i>)	CE	N7 (Not Covered)
VCF VAGINAL CONTRACEPTIVE VAGINAL GEL 4 % (<i>nonoxynol-9</i>)	CE	N7 (Not Covered)
ERECTILE DYSFUNCTION		
<i>avanafil oral tablet 100 mg, 200 mg, 50 mg</i>	NF	
CAVERJECT IMPULSE INTRACAVERNOSAL KIT 10 MCG, 20 MCG (<i>alprostadil (vasodilator)</i>)	NP	SPC; QL (6 KITS per 25 days)
CAVERJECT INTRACAVERNOSAL SOLUTION RECONSTITUTED 40 MCG (<i>alprostadil (vasodilator)</i>)	NP	SPC; QL (6 VIALS per 25 days)
CIALIS ORAL TABLET 10 MG, 20 MG, 5 MG (<i>tadalafil</i>)	NF	
EDEX (2 CARTRIDGE) INTRACAVERNOSAL KIT 10 MCG, 20 MCG (<i>alprostadil (vasodilator)</i>)	NP	SPC; QL (6 VIALS per 25 Days)
EDEX (6 CARTRIDGE) INTRACAVERNOSAL KIT 10 MCG, 20 MCG, 40 MCG (<i>alprostadil (vasodilator)</i>)	NP	SPC; QL (6 VIALS per 25 Days)
<i>phenylephrine hcl intracavernosal solution 2 mg/2ml</i>	NF	
<i>quad-mix intracavernosal solution reconstituted 150-10-0.1-1 mg</i>	NF	
<i>sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg</i>	PG	SPC; QL (6 TABLETS per 25 DAYS)
STENDRA ORAL TABLET 100 MG, 200 MG, 50 MG (<i>avanafil</i>)	NF	
<i>super quad-mix intracavernosal solution reconstituted 150-20-0.2-2 mg</i>	NF	
<i>tadalafil oral tablet 10 mg</i>	PG	SPC; QL (6 TABLETS per 25 days)
<i>tadalafil oral tablet 2.5 mg</i>	PG	SPC; QL (30 TABLETS per 25 days)
<i>tadalafil oral tablet 20 mg</i>	PG	SPC; N8 (Listing does not include certain NDCs); QL (6 TABLETS per 25 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>tadalafil oral tablet 5 mg</i>	PG	SPC; N8 (Listing does not include certain NDCs); QL (30 TABLETS per 25 days)
<i>varденаfil hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	PG	SPC; QL (6 TABLETS per 25 days)
<i>varденаfil hcl oral tablet dispersible 10 mg</i>	PG	
VIAGRA ORAL TABLET 100 MG, 25 MG, 50 MG (<i>sildenafil citrate</i>)	NF	
VYBRIQUE ORAL FILM 100 MG, 25 MG, 50 MG, 75 MG (<i>sildenafil citrate</i>)	NF	
MISCELLANEOUS		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	PG	N8 (Listing does not include certain NDCs)
ELMIRON ORAL CAPSULE 100 MG (<i>pentosan polysulfate sodium</i>)	NF	
FILSPARI ORAL TABLET 200 MG (<i>sparsentan</i>)	PSP	PA; QL (60 TABLETS per 30 days)
FILSPARI ORAL TABLET 400 MG (<i>sparsentan</i>)	PSP	PA; QL (30 TABLETS per 30 days)
LITHOSTAT ORAL TABLET 250 MG (<i>acetohydroxamic acid</i>)	NF	
<i>pot & sod cit-cit ac oral solution 550-500-334 mg/5ml</i>	PG	N8 (Listing does not include certain NDCs)
<i>potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)</i>	PG	
PROCYSBI ORAL CAPSULE DELAYED RELEASE 25 MG, 75 MG (<i>cysteamine bitartrate</i>)	NF	
PROCYSBI ORAL PACKET 300 MG, 75 MG (<i>cysteamine bitartrate</i>)	NF	
RIVFLOZA SUBCUTANEOUS SOLUTION 80 MG/0.5ML (<i>nedosiran sodium</i>)	NF	
RIVFLOZA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 128 MG/0.8ML, 160 MG/ML (<i>nedosiran sodium</i>)	NF	
TARPEYO ORAL CAPSULE DELAYED RELEASE 4 MG (<i>budesonide</i>)	NF	
THIOLA EC ORAL TABLET DELAYED RELEASE 100 MG, 300 MG (<i>tiopronin</i>)	NF	
THIOLA ORAL TABLET 100 MG (<i>tiopronin</i>)	NF	
<i>tiopronin oral tablet 100 mg</i>	PSP	PA
<i>tiopronin oral tablet delayed release 100 mg, 300 mg</i>	PSP	PA

2026 Pharmacy Drug Guide - Advanced Control Plan - Aetna

The formulary is updated the first week of each month
05/01/2026

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VANRAFIA ORAL TABLET 0.75 MG (<i>atrasentan hcl</i>)	PSP	PA; QL (30 TABLETS per 30 days)
VOYXACT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 400 MG/2ML (<i>sibeprenlimab-szsi</i>)	NF	
URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE		
<i>darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg, 7.5 mg</i>	NP	
<i>fesoterodine fumarate er oral tablet extended release 24 hour 4 mg, 8 mg</i>	PG	
<i>flavoxate hcl oral tablet 100 mg</i>	PG	
GEMTESA ORAL TABLET 75 MG (<i>vibegron</i>)	PB	ST; QL (30 TABLETS per 25 days)
<i>mirabegron er oral tablet extended release 24 hour 25 mg, 50 mg</i>	NF	
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER 8 MG/ML (<i>mirabegron</i>)	NF	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG (<i>mirabegron</i>)	NF	
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>oxybutynin chloride oral solution 5 mg/5ml</i>	PG	N8 (Listing does not include certain NDCs)
<i>oxybutynin chloride oral tablet 2.5 mg</i>	NF	
<i>oxybutynin chloride oral tablet 5 mg</i>	PG	
<i>solifenacin succinate oral tablet 10 mg, 5 mg</i>	PG	
<i>tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg</i>	PG	
<i>tolterodine tartrate oral tablet 1 mg, 2 mg</i>	PG	
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG (<i>fesoterodine fumarate</i>)	NF	
<i>trospium chloride er oral capsule extended release 24 hour 60 mg</i>	PG	
<i>trospium chloride oral tablet 20 mg</i>	PG	N8 (Listing does not include certain NDCs)
VESICARE ORAL TABLET 10 MG, 5 MG (<i>solifenacin succinate</i>)	NF	
VAGINAL ANTI-INFECTIVES - DRUGS TO TREAT VAGINAL INFECTIONS		
<i>clindamycin phosphate vaginal cream 2 %</i>	PG	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>metronidazole vaginal gel 0.75 %</i>	PG	
<i>miconazole 3 vaginal suppository 200 mg</i>	NP	
NUVESSA VAGINAL GEL 1.3 % (<i>metronidazole</i>)	NF	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	PG	
<i>terconazole vaginal suppository 80 mg</i>	PG	
VANDAZOLE VAGINAL GEL 0.75 % (<i>metronidazole</i>)	NF	
HEMATOLOGIC - DRUGS TO TREAT BLOOD DISORDERS		
ANTICOAGULANTS - BLOOD THINNERS		
<i>dabigatran etexilate mesylate oral capsule 110 mg, 150 mg, 75 mg</i>	PG	N8 (Listing does not include certain NDCs)
ELIQUIS (1.5 MG PACK) ORAL TABLET SOLUBLE 3 X 0.5 MG (<i>apixaban</i>)	PB	
ELIQUIS (2 MG PACK) ORAL TABLET SOLUBLE 4 X 0.5 MG (<i>apixaban</i>)	PB	
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG (<i>apixaban</i>)	PB	
ELIQUIS ORAL CAPSULE SPRINKLE 0.15 MG (<i>apixaban</i>)	PB	
ELIQUIS ORAL TABLET 2.5 MG, 5 MG (<i>apixaban</i>)	PB	
ELIQUIS ORAL TABLET SOLUBLE 0.5 MG (<i>apixaban</i>)	PB	
<i>enoxaparin sodium injection solution 300 mg/3ml</i>	PG	
<i>enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 120 mg/0.8ml, 150 mg/ml, 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml</i>	PG	
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml</i>	NP	
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/4ML, 95000 UNIT/3.8ML (<i>dalteparin sodium</i>)	NF	
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNIT/0.72ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML (<i>dalteparin sodium</i>)	NF	
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG (<i>dabigatran etexilate mesylate</i>)	NF	
PRADAXA ORAL PACKET 110 MG, 150 MG, 20 MG, 30 MG, 40 MG, 50 MG (<i>dabigatran etexilate mesylate</i>)	NF	
<i>rivaroxaban oral suspension reconstituted 1 mg/ml</i>	PG	
<i>rivaroxaban oral tablet 2.5 mg</i>	PG	

2026 Pharmacy Drug Guide - Advanced Control Plan - Aetna

The formulary is updated the first week of each month
05/01/2026

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SAVAYSA ORAL TABLET 15 MG, 30 MG, 60 MG (<i>edoxaban tosylate</i>)	NF	
<i>warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	PG	
XARELTO ORAL SUSPENSION RECONSTITUTED 1 MG/ML (<i>rivaroxaban</i>)	PB	
XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG (<i>rivaroxaban</i>)	PB	
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG (<i>rivaroxaban</i>)	PB	
BLEEDING DISORDERS AGENTS		
ALPHANATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT (<i>antihemophilic factor-vwf</i>)	NPSP	PA
CABLIVI INJECTION KIT 11 MG (<i>caplacizumab-yhdp</i>)	NF	
COAGADEX INTRAVENOUS SOLUTION RECONSTITUTED 250 UNIT, 500 UNIT (<i>coagulation factor x (human)</i>)	NPSP	PA
CORIFACT INTRAVENOUS KIT 1000-1600 UNIT (<i>factor xiii concentrate human</i>)	NPSP	PA
FEIBA INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2500 UNIT, 500 UNIT (<i>antiinhibitor coagulant cmplx</i>)	NF	
FIBRYGA INTRAVENOUS SOLUTION RECONSTITUTED , 2 GM (<i>fibrinogen concentrate (human)</i>)	NPSP	PA
HUMATE-P INTRAVENOUS SOLUTION RECONSTITUTED 1000-2400 UNIT, 250-600 UNIT, 500-1200 UNIT (<i>antihemophilic factor-vwf</i>)	NPSP	PA
KCENTRA INTRAVENOUS KIT 1000 UNIT, 500 UNIT (<i>prothrombin complex conc human</i>)	NPSP	
NOVOSEVEN RT INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 2 MG, 5 MG, 8 MG (<i>coagulation factor viia recomb</i>)	PSP	PA
RIASTAP INTRAVENOUS SOLUTION RECONSTITUTED (<i>fibrinogen concentrate (human)</i>)	NPSP	PA
SEVENFACT INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 2 MG, 5 MG (<i>coagulation factor viia-jncw</i>)	PSP	PA
TRETEN INTRAVENOUS SOLUTION RECONSTITUTED 2500 UNIT (<i>coagulation factor xiii a-sub</i>)	NPSP	PA
VONVENDI INTRAVENOUS SOLUTION RECONSTITUTED 1300 UNIT, 650 UNIT (<i>von willebrand factor (recomb)</i>)	NF	

2026 Pharmacy Drug Guide - Advanced Control Plan - Aetna

The formulary is updated the first week of each month

05/01/2026

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
WILATE INTRAVENOUS KIT 1000-1000 UNIT, 500-500 UNIT (<i>antihemophilic factor-vwf</i>)	PSP	PA
HEMATOPOIETIC GROWTH FACTORS		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML (<i>darbepoetin alfa</i>)	PSP	PA
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 25 MCG/0.42ML, 300 MCG/0.6ML, 40 MCG/0.4ML, 500 MCG/ML, 60 MCG/0.3ML (<i>darbepoetin alfa</i>)	PSP	PA
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML (<i>epoetin alfa</i>)	NF	
FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (<i>pegfilgrastim-jmdb</i>)	PSP	PA; QL (2 SYRINGES per 28 days)
FYLNETRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (<i>pegfilgrastim-pbbk</i>)	NF	
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML (<i>tbo-filgrastim</i>)	NF	
GRANIX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (<i>tbo-filgrastim</i>)	NF	
LEUKINE INJECTION SOLUTION RECONSTITUTED 250 MCG (<i>sargramostim</i>)	NF	
MIRCERA INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.3ML, 120 MCG/0.3ML, 150 MCG/0.3ML, 200 MCG/0.3ML, 30 MCG/0.3ML, 50 MCG/0.3ML, 75 MCG/0.3ML (<i>methoxy peg-epoetin beta</i>)	NF	
NEULASTA ONPRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (<i>pegfilgrastim</i>)	NF	
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (<i>pegfilgrastim</i>)	NF	
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML (<i>filgrastim</i>)	NF	
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (<i>filgrastim</i>)	NF	
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML (<i>filgrastim-aaafi</i>)	PSP	PA
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (<i>filgrastim-aaafi</i>)	PSP	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NYPOZI INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (<i>filgrastim-txid</i>)	NF	
NYVEPRIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (<i>pegfilgrastim-apgf</i>)	NF	
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML (<i>epoetin alfa</i>)	PSP	PA
<i>releuko subcutaneous solution prefilled syringe 300 mcg/0.5ml, 480 mcg/0.8ml</i>	NF	
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML (<i>epoetin alfa-epbx</i>)	PSP	PA
ROLVEDON SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 13.2 MG/0.6ML (<i>eflapgrastim-xnst</i>)	NF	
STIMUFEND SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (<i>pegfilgrastim-fpgk</i>)	NF	
UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6 MG/0.6ML (<i>pegfilgrastim-cbqv</i>)	NF	
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (<i>pegfilgrastim-cbqv</i>)	NF	
XOLREMDI ORAL CAPSULE 100 MG (<i>mavorixafor</i>)	NF	
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (<i>filgrastim-sndz</i>)	NF	
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (<i>pegfilgrastim-bmez</i>)	NF	
HEMOPHILIA A AGENTS		
ADVATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (<i>antihemophil factor (rahf-pfm)</i>)	PSP	PA
<i>adynovate intravenous solution reconstituted 1000 unit, 1500 unit, 2000 unit, 250 unit, 3000 unit, 500 unit, 750 unit</i>	PSP	PA
AFSTYLA INTRAVENOUS KIT 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 500 UNIT (<i>antihemophil fact single chain</i>)	PSP	PA
ALTUVIIIIO INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (<i>antihem fact fc-vwf-xten-ehlt</i>)	PSP	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ELOCTATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT, 5000 UNIT, 6000 UNIT, 750 UNIT (<i>antihem fact (bdd-rfviiiifc)</i>)	PSP	PA
ESPEROCT INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (<i>antihemoph fact rcmb gpeg-exei</i>)	PSP	PA
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 12 MG/0.4ML, 150 MG/ML, 30 MG/ML, 300 MG/2ML, 60 MG/0.4ML (<i>emicizumab-kxwh</i>)	NPSP	PA
HEMOFIL M INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1700 UNIT, 250 UNIT, 500 UNIT (<i>antihemophilic factor</i>)	NPSP	PA
JIVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (<i>ahf (bdd-rfviii peg-aucl)</i>)	PSP	PA
KOATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 250 UNIT, 500 UNIT (<i>antihemophilic factor</i>)	NPSP	PA
KOATE-DVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT (<i>antihemophilic factor</i>)	NPSP	PA
KOALTRY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (<i>antihemophil factor (rahf-pfm)</i>)	PSP	PA
NOVOEIGHT INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (<i>antihemophil fact bd truncated</i>)	PSP	PA
NUWIQ INTRAVENOUS KIT 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (<i>antihem fact (bdd-rfviii,sim)</i>)	PSP	PA
NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (<i>antihem fact (bdd-rfviii,sim)</i>)	PSP	PA
<i>obizur intravenous solution reconstituted 500 unit</i>	NPSP	PA
RECOMBINATE INTRAVENOUS SOLUTION RECONSTITUTED 1241-1800 UNIT, 1801-2400 UNIT, 220-400 UNIT, 401-800 UNIT, 801-1240 UNIT (<i>antihem factor recomb (rfviii)</i>)	NPSP	PA
XYNTHA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT (<i>antihem fact (bdd-rfviii,mor)</i>)	PSP	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XYNTHA SOLOFUSE INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (<i>antihem fact (bdd-rfviii,mor)</i>)	PSP	PA
HEMOPHILIA A AND B AGENTS		
ALHEMO SUBCUTANEOUS SOLUTION PEN-INJECTOR 150 MG/1.5ML, 300 MG/3ML, 60 MG/1.5ML (<i>concizumab-mtci</i>)	NF	
HYMPAVZI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (<i>marstacimab-hncq</i>)	NF	
QFITLIA SUBCUTANEOUS SOLUTION 20 MG/0.2ML (<i>fitusiran sodium</i>)	NF	
QFITLIA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/0.5ML (<i>fitusiran sodium</i>)	NF	
HEMOPHILIA B AGENTS		
ALPHANINE SD INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT (<i>coagulation factor ix</i>)	NPSP	PA
ALPROLIX INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (<i>coagulation factor ix (rfixfc)</i>)	NF	
BENEFIX INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (<i>coagulation factor ix (recomb)</i>)	PSP	PA
IDELVION INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3500 UNIT, 500 UNIT (<i>coagulation factor ix (rix-fp)</i>)	NPSP	PA
IXINITY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 3000 UNIT, 500 UNIT (<i>coagulation factor ix (recomb)</i>)	NF	
PROFILNINE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT (<i>factor ix complex</i>)	NPSP	PA
REBINYN INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT (<i>coagulation factor ix glycopeg</i>)	PSP	PA
<i>rixubis intravenous solution reconstituted 1000 unit, 2000 unit, 250 unit, 3000 unit, 500 unit</i>	NF	
MISCELLANEOUS		
<i>aminocaproic acid oral solution 0.25 gm/ml</i>	PG	
<i>aminocaproic acid oral tablet 1000 mg, 500 mg</i>	PG	
<i>anagrelide hcl oral capsule 0.5 mg, 1 mg</i>	PG	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AQVESME ORAL TABLET 100 MG (<i>mitapivat sulfate</i>)	NF	
<i>cilostazol oral tablet 100 mg, 50 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>pentoxifylline er oral tablet extended release 400 mg</i>	PG	
PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG (<i>mitapivat sulfate</i>)	NF	
PYRUKYND TAPER PACK ORAL TABLET THERAPY PACK 5 MG, 7 X 20 MG & 7 X 5 MG, 7 X 50 MG & 7 X 20 MG (<i>mitapivat sulfate</i>)	NF	
TAVNEOS ORAL CAPSULE 10 MG (<i>avacopan</i>)	NPSP	PA; QL (180 CAPSULES per 30 days)
<i>tranexamic acid oral tablet 650 mg</i>	NP	
PAROXYSMAL NOCTURNAL HEMOGLOBINURIA (PNH) AGENTS		
EMPAVELI SUBCUTANEOUS SOLUTION 1080 MG/20ML (<i>pegcetacoplan</i>)	PSP	PA; QL (10 VIALS per 30 days)
FABHALTA ORAL CAPSULE 200 MG (<i>iptacopan hcl</i>)	NPSP	PA; QL (60 CAPSULES per 30 days)
VOYDEYA ORAL TABLET 100 MG (<i>danicopan</i>)	NF	
VOYDEYA ORAL TABLET THERAPY PACK 50 & 100 MG (<i>danicopan</i>)	NF	
PLATELET AGGREGATION INHIBITORS - BLOOD THINNERS		
<i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i>	PG	
<i>clopidogrel bisulfate oral tablet 300 mg, 75 mg</i>	PG	
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	PG	
PLAVIX ORAL TABLET 75 MG (<i>clopidogrel bisulfate</i>)	NF	
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i>	NP	
<i>ticagrelor oral tablet 60 mg, 90 mg</i>	PG	
YOSPRALA ORAL TABLET DELAYED RELEASE 325-40 MG, 81-40 MG (<i>aspirin-omeprazole</i>)	NF	
ZONTIVITY ORAL TABLET 2.08 MG (<i>vorapaxar sulfate</i>)	NF	
SICKLE CELL DISEASE		
ENDARI ORAL PACKET 5 GM (<i>glutamine (sickle cell)</i>)	PSP	PA; QL (180 PACKETS per 30 days)
<i>l-glutamine oral packet 5 gm</i>	PSP	PA; QL (180 PACKETS per 30 DAYS)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SIKLOS ORAL TABLET 100 MG, 1000 MG (<i>hydroxyurea</i>)	PB	
XROMI ORAL SOLUTION 100 MG/ML (<i>hydroxyurea</i>)	CE	N7 (NF)
THROMBOCYTOPENIA AGENTS - DRUGS TO TREAT PLATELET DISORDERS		
ALVAIZ ORAL TABLET 18 MG, 36 MG (<i>eltrombopag choline</i>)	PSP	PA; QL (90 TABLETS per 30 DAYs)
ALVAIZ ORAL TABLET 54 MG, 9 MG (<i>eltrombopag choline</i>)	PSP	PA; QL (60 TABLETS per 30 DAYs)
DOPTELET ORAL TABLET 20 MG (<i>avatrombopag maleate</i>)	PSP	PA; QL (60 TABLETS per 30 days)
DOPTELET SPRINKLE ORAL CAPSULE SPRINKLE 10 MG (<i>avatrombopag maleate</i>)	PSP	PA; QL (60 CAPSULES per 30 DAYs)
<i>eltrombopag olamine oral packet 12.5 mg</i>	PSP	PA; QL (120 PACKETS per 30 DAYs)
<i>eltrombopag olamine oral packet 25 mg</i>	PSP	PA; QL (180 PACKETS per 30 DAYs)
<i>eltrombopag olamine oral tablet 12.5 mg, 75 mg</i>	PSP	PA; QL (60 TABLETS per 30 DAYs)
<i>eltrombopag olamine oral tablet 25 mg, 50 mg</i>	PSP	PA; QL (90 TABLETS per 30 DAYs)
MULPLETA ORAL TABLET 3 MG (<i>lusutrombopag</i>)	NF	
NPLATE SUBCUTANEOUS SOLUTION RECONSTITUTED 125 MCG, 250 MCG, 500 MCG (<i>romiplostim</i>)	NF	
PROMACTA ORAL PACKET 12.5 MG, 25 MG (<i>eltrombopag olamine</i>)	NF	
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG (<i>eltrombopag olamine</i>)	NF	
TAVALISSE ORAL TABLET 100 MG, 150 MG (<i>fostamatinib disodium</i>)	NF	
WAYRILZ ORAL TABLET 400 MG (<i>rilzabrutinib</i>)	NF	
IMMUNOLOGIC AGENTS - DRUGS TO TREAT DISORDERS OF THE IMMUNE SYSTEM		
ALLERGENIC EXTRACTS		
GRASTEK SUBLINGUAL TABLET SUBLINGUAL 2800 BAU (<i>timothy grass pollen allergen</i>)	PB	PA
ODACTRA SUBLINGUAL TABLET SUBLINGUAL 12 SQ-HDM (<i>dust mite mixed allergen ext</i>)	PB	PA
ORALAIR SUBLINGUAL TABLET SUBLINGUAL 300 IR (<i>grass mix pollens allergen ext</i>)	PSP	PA

2026 Pharmacy Drug Guide - Advanced Control Plan - Aetna

The formulary is updated the first week of each month
05/01/2026

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PALFORZIA (1 MG DAILY DOSE) ORAL 1 X 1 MG (<i>peanut powder-dnfp</i>)	NF	
PALFORZIA (12 MG DAILY DOSE) ORAL 2 X 1 MG & 10 MG (<i>peanut powder-dnfp</i>)	NF	
PALFORZIA (120 MG DAILY DOSE) ORAL 20 MG & 100 MG (<i>peanut powder-dnfp</i>)	NF	
PALFORZIA (160 MG DAILY DOSE) ORAL 3 X 20 MG & 100 MG (<i>peanut powder-dnfp</i>)	NF	
PALFORZIA (20 MG DAILY DOSE) ORAL 20 MG (<i>peanut powder-dnfp</i>)	NF	
PALFORZIA (200 MG DAILY DOSE) ORAL 2 X 100 MG (<i>peanut powder-dnfp</i>)	NF	
PALFORZIA (240 MG DAILY DOSE) ORAL 2 X 20 MG & 2 X 100 MG (<i>peanut powder-dnfp</i>)	NF	
PALFORZIA (3 MG DAILY DOSE) ORAL 3 X 1 MG (<i>peanut powder-dnfp</i>)	NF	
PALFORZIA (300 MG MAINTENANCE) ORAL PACKET 300 MG (<i>peanut powder-dnfp</i>)	NF	
PALFORZIA (300 MG TITRATION) ORAL PACKET 300 MG (<i>peanut powder-dnfp</i>)	NF	
PALFORZIA (40 MG DAILY DOSE) ORAL 2 X 20 MG (<i>peanut powder-dnfp</i>)	NF	
PALFORZIA (6 MG DAILY DOSE) ORAL 6 X 1 MG (<i>peanut powder-dnfp</i>)	NF	
PALFORZIA (80 MG DAILY DOSE) ORAL 4 X 20 MG (<i>peanut powder-dnfp</i>)	NF	
PALFORZIA INITIAL DOSE 1-3YRS ORAL 0.5 & 1 & 1.5 & 3 MG (<i>peanut powder-dnfp</i>)	NF	
PALFORZIA INITIAL ESCALATION ORAL 0.5 & 1 & 1.5 & 3 & 6 MG (<i>peanut powder-dnfp</i>)	NF	
RAGWITEK SUBLINGUAL TABLET SUBLINGUAL 12 AMB A 1-U (<i>short ragweed pollen ext</i>)	PB	PA
AUTOIMMUNE AGENTS (PHYSICIAN-ADMINISTERED)		
AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>infliximab-axxq</i>)	PSP	PA; ST; QL (5 VIALS per 42 days)
ENTYVIO INTRAVENOUS SOLUTION RECONSTITUTED 300 MG (<i>vedolizumab</i>)	NPSP	PA; QL (1 VIAL per 56 days)
ILUMYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>tildrakizumab-asmn</i>)	PSP	PA; QL (1 SYRINGE per 90 days)

2026 Pharmacy Drug Guide - Advanced Control Plan - Aetna

The formulary is updated the first week of each month
05/01/2026

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>infliximab-dyyb</i>)	NF	
<i>infliximab intravenous solution reconstituted 100 mg</i>	NF	
ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED 250 MG (<i>abatacept</i>)	NF	
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>infliximab</i>)	PSP	PA; QL (5 VIALS per 42 days)
RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>infliximab-abda</i>)	NF	
AUTOIMMUNE AGENTS (SELF-ADMINISTERED)		
ABRILADA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (<i>adalimumab-afzb</i>)	NF	
ABRILADA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (<i>adalimumab-afzb</i>)	NF	
ABRILADA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab-afzb</i>)	NF	
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML (<i>tocilizumab</i>)	NF	
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML (<i>tocilizumab</i>)	NF	
<i>adalimumab-aacf (2 pen) subcutaneous auto-injector kit 40 mg/0.8ml</i>	NF	
<i>adalimumab-aacf (2 syringe) subcutaneous prefilled syringe kit 40 mg/0.8ml</i>	NF	
<i>adalimumab-aaty (1 pen) subcutaneous auto-injector kit 40 mg/0.4ml, 80 mg/0.8ml</i>	NF	
<i>adalimumab-aaty (2 syringe) subcutaneous prefilled syringe kit 20 mg/0.2ml, 40 mg/0.4ml</i>	NF	
<i>adalimumab-adaz subcutaneous solution auto-injector 40 mg/0.4ml</i>	PSP	PA; ST; QL (4 PENS per 28 days)
<i>adalimumab-adaz subcutaneous solution auto-injector 80 mg/0.8ml</i>	PSP	PA; ST; QL (2 PENS per 28 days)
<i>adalimumab-adaz subcutaneous solution prefilled syringe 10 mg/0.1ml</i>	PSP	PA; ST; QL (2 SYRINGES per 28 days)
<i>adalimumab-adaz subcutaneous solution prefilled syringe 20 mg/0.2ml, 40 mg/0.4ml</i>	PSP	PA; ST; QL (4 SYRINGES per 28 days)
<i>adalimumab-adbm (2 pen) subcutaneous auto-injector kit 40 mg/0.4ml, 40 mg/0.8ml</i>	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>adalimumab-adbm (2 syringe) subcutaneous prefilled syringe kit 10 mg/0.2ml, 20 mg/0.4ml, 40 mg/0.4ml, 40 mg/0.8ml</i>	NF	
<i>adalimumab-bwwd subcutaneous solution auto-injector 40 mg/0.4ml</i>	NF	
<i>adalimumab-bwwd subcutaneous solution prefilled syringe 40 mg/0.4ml</i>	NF	
<i>adalimumab-fkjp (2 pen) subcutaneous auto-injector kit 40 mg/0.8ml</i>	PSP	PA; ST; QL (4 PENS per 28 days)
<i>adalimumab-fkjp (2 syringe) subcutaneous prefilled syringe kit 20 mg/0.4ml, 40 mg/0.8ml</i>	PSP	PA; ST; QL (4 SYRINGES per 28 days)
<i>adalimumab-ryvk (1 pen) subcutaneous auto-injector kit 80 mg/0.8ml</i>	NF	
<i>adalimumab-ryvk (2 pen) subcutaneous auto-injector kit 40 mg/0.4ml</i>	NF	
<i>adalimumab-ryvk (2 syringe) subcutaneous prefilled syringe kit 40 mg/0.4ml</i>	NF	
AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 40 MG/0.8ML, 80 MG/0.8ML (<i>adalimumab-atto</i>)	NF	
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab-atto</i>)	NF	
AMJEVITA-PED 10KG TO <15KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.2ML (<i>adalimumab-atto</i>)	NF	
AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.2ML (<i>adalimumab-atto</i>)	NF	
AVTOZMA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML (<i>tocilizumab-anoh</i>)	NF	
AVTOZMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML (<i>tocilizumab-anoh</i>)	NF	
BIMZELX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 160 MG/ML (<i>bimekizumab-bkzx</i>)	PSP	PA; IBC (Preferred agent for Psoriasis. Not covered for Non-radiographical Axial Spondyloarthritis, Hidradenitis Suppurativa); QL (2 INJECTIONS per 28 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BIMZELX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 320 MG/2ML (<i>bimekizumab-bkzx</i>)	PSP	PA; IBC (Preferred agent for Psoriasis. Not covered for Non-radiographical Axial Spondyloarthritis, Hidradenitis Suppurativa); QL (1 INJECTION per 28 DAYS)
BIMZELX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 160 MG/ML (<i>bimekizumab-bkzx</i>)	PSP	PA; IBC (Preferred agent for Psoriasis. Not covered for Non-radiographical Axial Spondyloarthritis, Hidradenitis Suppurativa); QL (2 INJECTIONS per 28 days)
BIMZELX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 320 MG/2ML (<i>bimekizumab-bkzx</i>)	PSP	PA; IBC (Preferred agent for Psoriasis. Not covered for Non-radiographical Axial Spondyloarthritis, Hidradenitis Suppurativa); QL (1 INJECTION per 28 DAYS)
CIMZIA (1 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML (<i>certolizumab pegol</i>)	PSP	PA; ST; IBC (Preferred agent for Non-radiographical Axial Spondyloarthritis and preferred agent for Ankylosing Spondylitis, Crohn's, Psoriasis, Psoriatic Arthritis, and Rheumatoid Arthritis after the failure of two preferred agents.); QL (4 SYRINGES per 28 days)
CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML (<i>certolizumab pegol</i>)	PSP	PA; ST; IBC (Preferred agent for Non-radiographical Axial Spondyloarthritis and preferred agent for Ankylosing Spondylitis, Crohn's, Psoriasis, Psoriatic Arthritis, and Rheumatoid Arthritis after the failure of two preferred agents.); QL (2 KITS per 28 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CIMZIA-STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML (<i>certolizumab pegol</i>)	PSP	PA; ST; IBC (Preferred agent for Non-radiographical Axial Spondyloarthritis and preferred agent for Ankylosing Spondylitis, Crohn's, Psoriasis, Psoriatic Arthritis, and Rheumatoid Arthritis after the failure of two preferred agents.); QL (1 KIT per 1 TIME USE ONLY)
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>secukinumab</i>)	PSP	PA; ST; IBC (Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, Non-radiographical Axial Spondyloarthritis, Hidradenitis Suppurativa. Not covered for Psoriasis); QL (2 SYRINGES per 28 days)
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (<i>secukinumab</i>)	PSP	PA; ST; IBC (Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, Non-radiographical Axial Spondyloarthritis, Hidradenitis Suppurativa. Not covered for Psoriasis); QL (2 PENS per 28 days)
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (<i>secukinumab</i>)	PSP	PA; ST; IBC (Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, Non-radiographical Axial Spondyloarthritis, Hidradenitis Suppurativa. Not covered for Psoriasis); QL (1 PEN per 28 days)
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML (<i>secukinumab</i>)	PSP	PA; ST; IBC (Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, Non-radiographical Axial Spondyloarthritis, Hidradenitis Suppurativa. Not covered for Psoriasis); QL (1 SYRINGE per 28 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML (<i>secukinumab</i>)	PSP	PA; ST; IBC (Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, Non-radiographical Axial Spondyloarthritis, Hidradenitis Suppurativa. Not covered for Psoriasis); QL (1 PEN per 28 days)
CYLTEZO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab-adbm</i>)	NF	
CYLTEZO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab-adbm</i>)	NF	
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.14ML (<i>dupilumab</i>)	PSP	PA; IBC (Preferred agent for Asthma, Atopic Dermatitis, Chronic Spontaneous Urticaria and Eosinophilic Esophagitis); QL (2 PENS per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML (<i>dupilumab</i>)	PSP	PA; IBC (Preferred agent for Asthma, Atopic Dermatitis, Chronic Rhinosinusitis with Nasal Polyps, COPD, Chronic Spontaneous Urticaria, Eosinophilic Esophagitis, and Prurigo Nodularis); QL (4 PENS per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML (<i>dupilumab</i>)	PSP	PA; IBC (Preferred agent for Asthma, Atopic Dermatitis, Chronic Spontaneous Urticaria and Eosinophilic Esophagitis); QL (2 SYRINGES per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML (<i>dupilumab</i>)	PSP	PA; IBC (Preferred agent for Asthma, Atopic Dermatitis, Chronic Rhinosinusitis with Nasal Polyps, COPD, Chronic Spontaneous Urticaria, Eosinophilic Esophagitis, and Prurigo Nodularis); QL (4 SYRINGES per 28 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML (<i>etanercept</i>)	PSP	PA; ST; IBC (Preferred agent for all conditions except Psoriasis); QL (4 CARTRIDGES per 28 days)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML (<i>etanercept</i>)	PSP	PA; ST; IBC (Preferred agent for all conditions except Psoriasis); QL (8 VIALS per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML (<i>etanercept</i>)	PSP	PA; ST; IBC (Preferred agent for all conditions except Psoriasis); QL (8 SYRINGES per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML (<i>etanercept</i>)	PSP	PA; ST; IBC (Preferred agent for all conditions except Psoriasis); QL (4 SYRINGES per 28 days)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML (<i>etanercept</i>)	PSP	PA; ST; IBC (Preferred agent for all conditions except Psoriasis); QL (4 SYRINGES per 28 days)
ENTYVIO PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 108 MG/0.68ML (<i>vedolizumab</i>)	PSP	PA; QL (2 PENS per 28 days)
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab-bwwd</i>)	NF	
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab-bwwd</i>)	NF	
HULIO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (<i>adalimumab-fkjp</i>)	NF	
HULIO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab-fkjp</i>)	NF	
HUMIRA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML (<i>adalimumab</i>)	NF	
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML, 80 MG/0.8ML (<i>adalimumab</i>)	NF	
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab</i>)	NF	
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML (<i>adalimumab</i>)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMIRA-PSORIASIS/UVEIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML (<i>adalimumab</i>)	NF	
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML (<i>adalimumab-adaz</i>)	PSP	PA; ST; N8 (Sandoz manufactured NDCs (61314-XXXX-XX) are excluded. Cordavis manufactured NDCs are preferred.); QL (4 PENS per 28 days)
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML (<i>adalimumab-adaz</i>)	PSP	PA; ST; N8 (Sandoz manufactured NDCs (61314-XXXX-XX) are excluded. Cordavis manufactured NDCs are preferred.); QL (2 PENS per 28 days)
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.2ML, 40 MG/0.4ML (<i>adalimumab-adaz</i>)	PSP	PA; ST; N8 (Sandoz manufactured NDCs (61314-XXXX-XX) are excluded. Cordavis manufactured NDCs are preferred.); QL (4 SYRINGES per 28 days)
HYRIMOZ-PLAQUE PSORIASIS START SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML & 40MG/0.4ML (<i>adalimumab-adaz</i>)	PSP	PA; ST; N8 (Sandoz manufactured NDCs (61314-XXXX-XX) are excluded. Cordavis manufactured NDCs are preferred.); QL (1 KIT per 28 days)
IMULDOSA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML (<i>ustekinumab-srlf</i>)	NF	
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/1.14ML, 200 MG/1.14ML (<i>sarilumab</i>)	PSP	PA; IBC (Preferred agent for Rheumatoid Arthritis); QL (2 PENS per 28 days)
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML (<i>sarilumab</i>)	PSP	PA; IBC (Preferred agent for Rheumatoid Arthritis); QL (2 SYRINGES per 28 days)
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML (<i>anakinra</i>)	NF	
LEQSELVI ORAL TABLET 8 MG (<i>deuruxolitinib phosphate</i>)	NF	
LITFULO ORAL CAPSULE 50 MG (<i>ritlecitinib tosylate</i>)	PSP	PA; QL (28 CAPSULES per 28 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (<i>mepolizumab</i>)	PSP	PA; IBC (Preferred agent for Asthma, Chronic Rhinosinusitis with Nasal Polyps and COPD); QL (3 INJECTIONS per 28 days)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>mepolizumab</i>)	PSP	PA; IBC (Preferred agent for Asthma, Chronic Rhinosinusitis with Nasal Polyps and COPD); QL (3 INJECTIONS per 28 days)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML (<i>mepolizumab</i>)	PSP	PA; IBC (Preferred agent for Asthma, Chronic Rhinosinusitis with Nasal Polyps and COPD); QL (1 SYRINGE per 28 days)
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG (<i>mepolizumab</i>)	NF	
OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG (<i>baricitinib</i>)	PSP	PA; IBC (Preferred agent for Alopecia Areata. Not covered for Rheumatoid Arthritis); QL (30 TABLETS per 30 days)
OMVOH (300 MG DOSE) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML & 200 MG/2ML (<i>mirikizumab-mrkz</i>)	NF	
OMVOH (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML & 200 MG/2ML (<i>mirikizumab-mrkz</i>)	NF	
OMVOH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 200 MG/2ML (<i>mirikizumab-mrkz</i>)	NF	
OMVOH SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 200 MG/2ML (<i>mirikizumab-mrkz</i>)	NF	
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML (<i>abatacept</i>)	PSP	PA; ST; IBC (Preferred agent for Rheumatoid Arthritis. Not covered for other conditions); QL (4 SYRINGES per 28 days)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML, 50 MG/0.4ML, 87.5 MG/0.7ML (<i>abatacept</i>)	PSP	PA; ST; IBC (Preferred agent for Rheumatoid Arthritis. Not covered for other conditions); QL (4 SYRINGES per 28 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OTEZLA ORAL TABLET 20 MG (<i>apremilast</i>)	PSP	PA; IBC (Preferred agent for Psoriasis and Psoriatic Arthritis); QL (60 TABLETS per 30 DAYS)
OTEZLA ORAL TABLET 30 MG (<i>apremilast</i>)	PSP	PA; IBC (Preferred agent for Psoriasis and Psoriatic Arthritis); QL (60 TABLETS per 30 days)
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG (<i>apremilast</i>)	PSP	PA; IBC (Preferred agent for Psoriasis and Psoriatic Arthritis); QL (55 TABLETS per 28 days)
OTEZLA ORAL TABLET THERAPY PACK 4 X 10 & 51 X20 MG (<i>apremilast</i>)	PSP	PA; IBC (Preferred agent for Psoriasis and Psoriatic Arthritis); QL (55 TABLETS per 28 DAYS)
OTEZLA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 75 MG (<i>apremilast</i>)	PSP	PA; IBC (Preferred agent for Psoriasis and Psoriatic Arthritis); QL (30 TABLETS per 30 DAYS)
OTEZLA/OTEZLA XR INITIATION PK ORAL TABLET THERAPY PACK 10&20&30&(ER)75 MG (<i>apremilast</i>)	PSP	PA; IBC (Preferred agent for Psoriasis and Psoriatic Arthritis); QL (41 TABLETS per 28 DAYS)
OTULFI SUBCUTANEOUS SOLUTION 45 MG/0.5ML (<i>ustekinumab-aauz</i>)	NF	
OTULFI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML (<i>ustekinumab-aauz</i>)	NF	
PYZCHIVA SUBCUTANEOUS SOLUTION 45 MG/0.5ML (<i>ustekinumab-ttwe</i>)	PSP	PA; IBC (Preferred agent for Crohn's Disease, Psoriasis, Psoriatic Arthritis, Ulcerative Colitis); QL (1 VIAL per 84 days)
PYZCHIVA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 45 MG/0.5ML (<i>ustekinumab-ttwe</i>)	PSP	PA; IBC (Preferred agent for Crohn's Disease, Psoriasis, Psoriatic Arthritis, Ulcerative Colitis); QL (1 PEN per 84 DAYS)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PYZCHIVA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 90 MG/ML (<i>ustekinumab-ttwe</i>)	PSP	PA; IBC (Preferred agent for Crohn's Disease, Psoriasis, Psoriatic Arthritis, Ulcerative Colitis); QL (1 PEN per 56 DAYS)
PYZCHIVA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML (<i>ustekinumab-ttwe</i>)	PSP	PA; IBC (Preferred agent for Crohn's Disease, Psoriasis, Psoriatic Arthritis, Ulcerative Colitis); QL (1 SYRINGE per 84 days)
PYZCHIVA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML (<i>ustekinumab-ttwe</i>)	PSP	PA; IBC (Preferred agent for Crohn's Disease, Psoriasis, Psoriatic Arthritis, Ulcerative Colitis); QL (1 SYRINGE per 56 days)
RINVOQ LQ ORAL SOLUTION 1 MG/ML (<i>upadacitinib</i>)	PSP	PA; IBC (Preferred agent for Psoriatic Arthritis); QL (2 BOTTLES per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG (<i>upadacitinib</i>)	PSP	PA; IBC (Preferred agent for Rheumatoid Arthritis, Psoriatic Arthritis, Atopic Dermatitis, Ankylosing Spondylitis, Ulcerative Colitis, Non-radiographical Axial Spondyloarthritis, and Crohn's Disease); QL (30 TABLETS per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG (<i>upadacitinib</i>)	PSP	PA; IBC (Preferred agent for Atopic Dermatitis, Ulcerative Colitis, and Crohn's Disease); QL (30 TABLETS per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 45 MG (<i>upadacitinib</i>)	PSP	PA; IBC (Preferred agent for Ulcerative Colitis and Crohn's Disease); QL (1 FILL per 1 INDUCTION PERIOD)
SELARSDI SUBCUTANEOUS SOLUTION 45 MG/0.5ML (<i>ustekinumab-aekn</i>)	NF	
SELARSDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML (<i>ustekinumab-aekn</i>)	NF	
SILIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 210 MG/1.5ML (<i>brodalumab</i>)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML (<i>adalimumab-ryvk</i>)	NF	
SIMLANDI (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML (<i>adalimumab-ryvk</i>)	NF	
SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML, 40 MG/0.4ML (<i>adalimumab-ryvk</i>)	NF	
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 50 MG/0.5ML (<i>golimumab</i>)	NF	
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML (<i>golimumab</i>)	NF	
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (<i>risankizumab-rzaa</i>)	PSP	PA; IBC (Preferred agent for Psoriasis and Psoriatic Arthritis); QL (1 SYRINGE per 84 days)
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML (<i>risankizumab-rzaa</i>)	PSP	PA; IBC (Preferred agent for Crohn's Disease and Ulcerative Colitis); QL (1 CARTRIDGE per 56 DAYS)
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360 MG/2.4ML (<i>risankizumab-rzaa</i>)	PSP	PA; IBC (Preferred agent for Crohn's Disease and Ulcerative Colitis); QL (1 CARTRIDGE per 56 days)
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>risankizumab-rzaa</i>)	PSP	PA; IBC (Preferred agent for Psoriasis and Psoriatic Arthritis); QL (1 SYRINGE per 84 days)
SOTYKTU ORAL TABLET 6 MG (<i>deucravacitinib</i>)	PSP	PA; IBC (Preferred agent for Psoriasis); QL (30 TABLETS per 30 DAYS)
STARJEMZA SUBCUTANEOUS SOLUTION 45 MG/0.5ML (<i>ustekinumab-hmny</i>)	NF	
STARJEMZA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML (<i>ustekinumab-hmny</i>)	NF	
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML (<i>ustekinumab</i>)	PSP	PA; IBC (Preferred agent for Crohn's Disease, Psoriasis, Psoriatic Arthritis, Ulcerative Colitis); QL (1 SYRINGE per 84 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML (<i>ustekinumab</i>)	PSP	PA; IBC (Preferred agent for Crohn's Disease, Psoriasis, Psoriatic Arthritis, Ulcerative Colitis); QL (1 SYRINGE per 84 days)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML (<i>ustekinumab</i>)	PSP	PA; IBC (Preferred agent for Crohn's Disease, Psoriasis, Psoriatic Arthritis, Ulcerative Colitis); QL (1 SYRINGE per 56 days)
STEQEYMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML (<i>ustekinumab-stba</i>)	NF	
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/ML (<i>ixekizumab</i>)	NF	
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.25ML, 40 MG/0.5ML, 80 MG/ML (<i>ixekizumab</i>)	NF	
TREMFYA ONE-PRESS SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 MG/ML (<i>guselkumab</i>)	PSP	PA; IBC (Preferred agent for Crohn's Disease, Psoriasis, Psoriatic Arthritis, Ulcerative Colitis); QL (1 PEN per 56 days)
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (<i>guselkumab</i>)	PSP	PA; IBC (Preferred agent for Crohn's Disease, Psoriasis, Psoriatic Arthritis, Ulcerative Colitis); QL (1 PEN per 56 DAYs)
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML (<i>guselkumab</i>)	PSP	PA; IBC (Preferred agent for Crohn's Disease, Psoriasis, Psoriatic Arthritis, Ulcerative Colitis); QL (1 PEN per 28 days)
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>guselkumab</i>)	PSP	PA; IBC (Preferred agent for Crohn's Disease, Psoriasis, Psoriatic Arthritis, Ulcerative Colitis); QL (1 syringe per 56 days)
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML (<i>guselkumab</i>)	PSP	PA; IBC (Preferred agent for Crohn's Disease, Psoriasis, Psoriatic Arthritis, Ulcerative Colitis); QL (1 SYRINGE per 28 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TYENNE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML (<i>tocilizumab-aazg</i>)	NF	
TYENNE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML (<i>tocilizumab-aazg</i>)	NF	
<i>ustekinumab subcutaneous solution 45 mg/0.5ml</i>	NF	
<i>ustekinumab subcutaneous solution prefilled syringe 45 mg/0.5ml, 90 mg/ml</i>	NF	
<i>ustekinumab-aauz subcutaneous solution prefilled syringe 45 mg/0.5ml, 90 mg/ml</i>	NF	
<i>ustekinumab-aekn subcutaneous solution prefilled syringe 45 mg/0.5ml, 90 mg/ml</i>	NF	
<i>ustekinumab-ttwe subcutaneous solution 45 mg/0.5ml</i>	NF	
<i>ustekinumab-ttwe subcutaneous solution prefilled syringe 45 mg/0.5ml, 90 mg/ml</i>	NF	
VELSIPITY ORAL TABLET 2 MG (<i>etrasimod arginine</i>)	PSP	PA; IBC (Preferred agent for Ulcerative Colitis); QL (30 TABLETS per 30 DAYS)
WEZLANA SUBCUTANEOUS SOLUTION 45 MG/0.5ML (<i>ustekinumab-auub</i>)	NF	
WEZLANA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML (<i>ustekinumab-auub</i>)	NF	
XELJANZ ORAL SOLUTION 1 MG/ML (<i>tofacitinib citrate</i>)	PSP	PA; ST; IBC (Preferred agent for Rheumatoid Arthritis and preferred agent for Ulcerative Colitis after the failure of two preferred agents. Not covered for Psoriatic Arthritis, Ankylosing Spondylitis); QL (240 ML per 24 days)
XELJANZ ORAL TABLET 10 MG, 5 MG (<i>tofacitinib citrate</i>)	PSP	PA; ST; IBC (Preferred agent for Rheumatoid Arthritis and preferred agent for Ulcerative Colitis after the failure of two preferred agents. Not covered for Psoriatic Arthritis, Ankylosing Spondylitis); QL (60 TABLETS per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG (<i>tofacitinib citrate</i>)	PSP	PA; ST; IBC (Preferred agent for Rheumatoid Arthritis and preferred agent for Ulcerative Colitis after the failure of two preferred agents. Not covered for Psoriatic Arthritis, Ankylosing Spondylitis); QL (30 TABLETS per 30 days)
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (<i>omalizumab</i>)	PSP	PA; IBC (Preferred agent for Asthma, Chronic Rhinosinusitis with Nasal Polyps and Chronic Spontaneous Urticaria); QL (8 INJECTIONS per 28 days)
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML (<i>omalizumab</i>)	PSP	PA; IBC (Preferred agent for Asthma, Chronic Rhinosinusitis with Nasal Polyps and Chronic Spontaneous Urticaria); QL (4 INJECTIONS per 28 days)
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 75 MG/0.5ML (<i>omalizumab</i>)	PSP	PA; IBC (Preferred agent for Asthma, Chronic Rhinosinusitis with Nasal Polyps and Chronic Spontaneous Urticaria); QL (2 INJECTIONS per 28 days)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>omalizumab</i>)	PSP	PA; IBC (Preferred agent for Asthma, Chronic Rhinosinusitis with Nasal Polyps and Chronic Spontaneous Urticaria); QL (8 SYRINGES per 28 days)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML (<i>omalizumab</i>)	PSP	PA; IBC (Preferred agent for Asthma, Chronic Rhinosinusitis with Nasal Polyps and Chronic Spontaneous Urticaria); QL (4 SYRINGES per 28 days)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML (<i>omalizumab</i>)	PSP	PA; IBC (Preferred agent for Asthma, Chronic Rhinosinusitis with Nasal Polyps and Chronic Spontaneous Urticaria); QL (2 SYRINGES per 28 days)

2026 Pharmacy Drug Guide - Advanced Control Plan - Aetna

The formulary is updated the first week of each month
05/01/2026

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG (<i>omalizumab</i>)	PSP	PA; IBC (Preferred agent for Asthma, Chronic Rhinosinusitis with Nasal Polyps and Chronic Spontaneous Urticaria); QL (8 VIALS per 28 days)
YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5ML (<i>ustekinumab-kfce</i>)	PSP	PA; IBC (Preferred agent for Crohn's Disease, Psoriasis, Psoriatic Arthritis, Ulcerative Colitis); QL (1 VIAL per 84 days)
YESINTEK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML (<i>ustekinumab-kfce</i>)	PSP	PA; IBC (Preferred agent for Crohn's Disease, Psoriasis, Psoriatic Arthritis, Ulcerative Colitis); QL (1 SYRINGE per 84 days)
YESINTEK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML (<i>ustekinumab-kfce</i>)	PSP	PA; IBC (Preferred agent for Crohn's Disease, Psoriasis, Psoriatic Arthritis, Ulcerative Colitis); QL (1 SYRINGE per 56 days)
YUFLYMA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 80 MG/0.8ML (<i>adalimumab-aaty</i>)	NF	
YUFLYMA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML, 40 MG/0.4ML (<i>adalimumab-aaty</i>)	NF	
YUSIMRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML (<i>adalimumab-aqvh</i>)	NF	
ZYMFENTRA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 120 MG/ML (<i>infliximab-dyyb</i>)	NF	
ZYMFENTRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 120 MG/ML (<i>infliximab-dyyb</i>)	NF	
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS) - DRUGS TO TREAT RHEUMATOID ARTHRITIS		
<i>auranofin oral capsule 3 mg</i>	NF	
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>leflunomide oral tablet 10 mg, 20 mg</i>	PG	
<i>methotrexate sodium oral tablet 2.5 mg</i>	CE	N7 (PG); N8 (Listing does not include certain NDCs)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML (<i>methotrexate (anti-rheumatic)</i>)	PSP	PA; QL (4 INJECTIONS per 28 DAYs)
SOVUNA ORAL TABLET 200 MG (<i>hydroxychloroquine sulfate</i>)	NF	
HEREDITARY ANGIOEDEMA		
ANDEMBRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.2ML (<i>garadacimab-gxii</i>)	NPSP	PA; QL (1 INJECTION per 30 days)
BERINERT INTRAVENOUS KIT 500 UNIT (<i>c1 esterase inhibitor (human)</i>)	NF	
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT (<i>c1 esterase inhibitor (human)</i>)	NF	
DAWNZERA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML (<i>donidalorsen sodium</i>)	NF	
EKTERLY ORAL TABLET 300 MG (<i>sebetralstat</i>)	NF	
FIRAZYR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/3ML (<i>icatibant acetate</i>)	NF	
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT, 3000 UNIT (<i>c1 esterase inhibitor (human)</i>)	NPSP	PA; QL (20 VIALS per 30 days)
<i>icatibant acetate subcutaneous solution prefilled syringe 30 mg/3ml</i>	PSP	PA; QL (45 SYRINGES per 90 days)
KALBITOR SUBCUTANEOUS SOLUTION 10 MG/ML (<i>ecallantide</i>)	NPSP	PA; QL (30 ML per 90 days)
ORLADEYO ORAL CAPSULE 110 MG, 150 MG (<i>berotralstat hcl</i>)	PSP	PA; QL (28 CAPSULES per 28 days)
ORLADEYO ORAL PACKET 108 MG, 132 MG, 72 MG, 96 MG (<i>berotralstat hcl</i>)	PSP	PA; QL (28 PACKETS per 28 days)
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED 2100 UNIT (<i>c1 esterase inhibitor (recomb)</i>)	PSP	PA; QL (60 VIALS per 90 days)
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML (<i>lanadelumab-flyo</i>)	PSP	PA; QL (2 SYRINGES per 28 DAYs)
IMMUNOGLOBULIN		
ALYGLO INTRAVENOUS SOLUTION 10 GM/100ML, 20 GM/200ML, 5 GM/50ML (<i>immune globulin (human)-stwk</i>)	NF	
ASCENIV INTRAVENOUS SOLUTION 5 GM/50ML (<i>immune globulin (human)-slra</i>)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BIVIGAM INTRAVENOUS SOLUTION 10 GM/100ML, 5 GM/50ML (<i>immune globulin (human)</i>)	NPSP	PA
CUTAQUIG SUBCUTANEOUS SOLUTION 1 GM/6ML, 1.65 GM/10ML, 2 GM/12ML, 3.3 GM/20ML, 4 GM/24ML, 8 GM/48ML (<i>immune globulin (human)-hipp</i>)	PSP	PA
CUVITRU SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML, 8 GM/40ML (<i>immune globulin (human)</i>)	NF	
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 GM/200ML, 20 GM/400ML, 5 GM/100ML (<i>immune globulin (human)</i>)	NPSP	PA
GAMMAGARD ERC INJECTION SOLUTION 10 GM/100ML, 5 GM/50ML (<i>immune globulin (human)</i>)	NF	
GAMMAGARD INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML (<i>immune globulin (human)</i>)	NPSP	PA
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED 10 GM, 5 GM (<i>immune globulin (human)</i>)	NPSP	PA
GAMMAKED INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 20 GM/200ML, 5 GM/50ML (<i>immune globulin (human)</i>)	NPSP	PA
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 20 GM/400ML, 5 GM/100ML, 5 GM/50ML (<i>immune globulin (human)</i>)	NPSP	PA
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML (<i>immune globulin (human)</i>)	NPSP	PA
HIZENTRA SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML (<i>immune globulin (human)</i>)	NPSP	PA
HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML (<i>immune globulin (human)</i>)	NPSP	PA
HYPERRHO INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 1500 UNIT (<i>rho d immune globulin</i>)	NPSP	
HYPERRHO MINI-DOSE INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 250 UNIT (<i>rho d immune globulin</i>)	NPSP	
HYQVIA SUBCUTANEOUS KIT 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML (<i>immune globulin-hyaluronidase</i>)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 10 GM/100ML, 10 GM/200ML, 2 GM/20ML, 2.5 GM/50ML, 20 GM/200ML, 30 GM/300ML, 5 GM/100ML, 5 GM/50ML (<i>immune globulin (human)</i>)	NF	
PANZYGA INTRAVENOUS SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML (<i>immune globulin (human)-ifas</i>)	NF	
PRIVIGEN INTRAVENOUS SOLUTION 10 GM/100ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML (<i>immune globulin (human)</i>)	NPSP	PA
<i>qivigy intravenous solution 10 gm/100ml, 5 gm/50ml</i>	NF	
RHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 1500 UNIT (<i>rho d immune globulin</i>)	NPSP	
RHOPHYLAC INJECTION SOLUTION PREFILLED SYRINGE 1500 UNIT/2ML (<i>rho d immune globulin</i>)	NPSP	
VARIZIG INTRAMUSCULAR SOLUTION 125 UNIT/1.2ML (<i>varicella-zoster immune glob</i>)	NPSP	
WINRHO SDF INJECTION SOLUTION 1500 UNIT/1.3ML, 2500 UNIT/2.2ML (<i>rho d immune globulin</i>)	NPSP	
XEMBIFY SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML (<i>immune globulin (human)-klhw</i>)	PSP	PA
YIMMUGO INTRAVENOUS SOLUTION 10 GM/100ML, 20 GM/200ML, 5 GM/50ML (<i>immune globulin (human)-dira</i>)	NF	
IMMUNOMODULATORS		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5ML (<i>interferon gamma-1b</i>)	NPSP	PA
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG (<i>rilonacept</i>)	NF	
JOENJA ORAL TABLET 70 MG (<i>leniolisib phosphate</i>)	NF	
IMMUNOSUPPRESSANTS		
ATGAM INTRAVENOUS SOLUTION 50 MG/ML (<i>lymphocyte,anti-thymo imm glob</i>)	NP	
<i>azathioprine oral tablet 100 mg, 50 mg, 75 mg</i>	PG	
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML (<i>belimumab</i>)	NPSP	PA; QL (4 INJECTIONS per 28 days)
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML (<i>belimumab</i>)	NPSP	PA; QL (4 INJECTIONS per 28 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	PG	
<i>cyclosporine modified oral solution 100 mg/ml</i>	PG	
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	PG	
<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	PG	
<i>cyclosporine modified</i> (Gengraf Oral Capsule 100 Mg, 25 Mg)	PG	
IMURAN ORAL TABLET 50 MG (<i>azathioprine</i>)	NP	
LUPKYNIS ORAL CAPSULE 7.9 MG (<i>voclosporin</i>)	NF	
<i>mycophenolate mofetil oral capsule 250 mg</i>	PG	
<i>mycophenolate mofetil oral suspension reconstituted 200 mg/ml</i>	PG	
<i>mycophenolate mofetil oral tablet 500 mg</i>	PG	
<i>mycophenolate sodium oral tablet delayed release 180 mg, 360 mg</i>	PG	
MYHIBBIN ORAL SUSPENSION 200 MG/ML (<i>mycophenolate mofetil</i>)	NF	
NEORAL ORAL CAPSULE 100 MG, 25 MG (<i>cyclosporine modified</i>)	NPSP	
NEORAL ORAL SOLUTION 100 MG/ML (<i>cyclosporine modified</i>)	NPSP	
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML (<i>tacrolimus</i>)	NPSP	
REZUROCK ORAL TABLET 200 MG (<i>belumosudil mesylate</i>)	NF	
SANDIMMUNE INTRAVENOUS SOLUTION 50 MG/ML (<i>cyclosporine</i>)	NPSP	
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG (<i>cyclosporine</i>)	NPSP	
SIMULECT INTRAVENOUS SOLUTION RECONSTITUTED 10 MG, 20 MG (<i>basiliximab</i>)	NP	
<i>sirolimus oral solution 1 mg/ml</i>	PG	
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	PG	
<i>tacrolimus intravenous solution 5 mg/ml</i>	PSP	
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	PG	
THYMOGLOBULIN INTRAVENOUS SOLUTION RECONSTITUTED 25 MG (<i>anti-thymocyte glob (rabbit)</i>)	NP	
MISCELLANEOUS		
ILARIS SUBCUTANEOUS SOLUTION 150 MG/ML (<i>canakinumab</i>)	NPSP	PA; QL (2 VIALS per 28 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NUTRITIONAL/SUPPLEMENTS - VITAMINS AND SUPPLEMENTS		
ELECTROLYTES		
<i>potassium chloride</i> (Klor-Con 10 Oral Tablet Extended Release 10 Meq)	PG	
<i>potassium chloride crys er</i> (Klor-Con M10 Oral Tablet Extended Release 10 Meq)	PG	
<i>potassium chloride crys er</i> (Klor-Con M15 Oral Tablet Extended Release 15 Meq)	PG	
<i>potassium chloride crys er</i> (Klor-Con M20 Oral Tablet Extended Release 20 Meq)	PG	
<i>potassium chloride</i> (Klor-Con Oral Packet 20 Meq)	NP	
POKONZA ORAL PACKET 10 MEQ, 15 MEQ (<i>potassium chloride</i>)	NF	
POKONZA ORAL SOLUTION 10 MEQ/15ML (5%) (<i>potassium chloride</i>)	NF	
<i>potassium chloride crys er oral tablet extended release 10 meq, 20 meq</i>	PG	
<i>potassium chloride er oral capsule extended release 10 meq, 8 meq</i>	PG	
<i>potassium chloride er oral tablet extended release 10 meq, 15 meq, 20 meq, 8 meq</i>	PG	
<i>potassium chloride oral packet 40 meq</i>	NF	
<i>potassium chloride oral solution 20 meq/15ml (10%)</i>	PG	
<i>potassium chloride oral solution 40 meq/15ml (20%)</i>	NP	
<i>sodium fluoride oral solution 1.1 (0.5 f) mg/ml</i>	CE	N7 (Not Covered); AL (Max 5 Years)
<i>sodium fluoride oral tablet 1.1 (0.5 f) mg</i>	CE	N7 (Not Covered); AL (Max 5 Years)
<i>sodium fluoride oral tablet 2.2 (1 f) mg</i>	PG	
<i>sodium fluoride oral tablet chewable 0.55 (0.25 f) mg, 1.1 (0.5 f) mg</i>	CE	N7 (Not Covered); AL (Max 5 Years)
<i>sodium fluoride oral tablet chewable 2.2 (1 f) mg</i>	PG	
PRENATAL VITAMINS		
ATABEX EC ORAL TABLET DELAYED RELEASE 29-1 MG (<i>prenatal vit-dss-fe cbn-fa</i>)	NF	
<i>azesco oral tablet 13-1 mg</i>	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CITRANATAL 90 DHA ORAL 90-1 & 300 MG (<i>prenat w/o a-fecbgl-dss-fa-dha</i>)	NF	
CITRANATAL ASSURE ORAL 35-1 & 300 MG (<i>prenat w/o a-fecbgl-dss-fa-dha</i>)	NF	
<i>complete natal dha oral 29-1-200 & 200 mg</i>	NF	
<i>completenate oral tablet chewable 29-1 mg</i>	NF	
CONCEPT OB ORAL CAPSULE 130-92.4-1 MG (<i>prenat w/o a vit-fefum-fepo-fa</i>)	NF	
ENBRACE HR ORAL CAPSULE (<i>prenat vit-fe gly cys-fa-omega</i>)	NF	
FOLIVANE-OB ORAL CAPSULE 85-1 MG (<i>prenat w/o a vit-fefum-fepo-fa</i>)	NF	
INATAL GT ORAL TABLET (<i>prenatal vit-dss-fe cbn-fa</i>)	PG	
<i>jenliva prenatal/postnatal oral capsule 1 mg</i>	NF	
<i>kosher prenatal plus iron oral tablet 30-1 mg</i>	NF	
MATERNACEL ORAL TABLET 20-1 MG (<i>prenatal vit w/ fe bisg-fa</i>)	NF	
<i>natal pnv oral tablet 6-0.5 mg</i>	NF	
NEEVO DHA ORAL CAPSULE 27-1.13 MG (<i>prenat w/oa-fefum-methf-omegas</i>)	NF	
NESTABS DHA ORAL 32-1 MG (<i>prenat-w/oa-fe bisgly-fa-omega</i>)	NF	
NESTABS ONE ORAL CAPSULE 38-1-225 MG (<i>prenat-fe-methylfol-dha w/o a</i>)	NF	
NESTABS ORAL TABLET 32-1 MG (<i>prenat-fe bisgly-fa-w/o vit a</i>)	NF	
OB COMPLETE ONE ORAL CAPSULE 50-1-476 MG (<i>prenat-fecbn-feaspgl-fa-fish</i>)	NF	
OB COMPLETE ORAL TABLET 50-1.25 MG (<i>prenatal vit-iron carbonyl-fa</i>)	NF	
OB COMPLETE PETITE ORAL CAPSULE 35-5-1-200 MG (<i>prenat-fecbn-feaspgl-fa-omega</i>)	NF	
OB COMPLETE PREMIER ORAL TABLET 30-20-1 MG (<i>prenatal-fe cbn-fe asp gly-fa</i>)	NF	
OB COMPLETE/DHA ORAL CAPSULE 30-10-1-200 MG (<i>prenat-fecbn-feaspgl-fa-omega</i>)	NF	
ONENATAL RX ORAL TABLET 1 MG (<i>prenatal multivit-min-fe-fa</i>)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>pnv prenatal plus multivit+dha oral 27-1 & 312 mg</i>	NF	
<i>pnv tabs 20-1 oral tablet 20-1 mg</i>	NF	
<i>pnv-dha oral capsule 27-0.6-0.4-300 mg</i>	PG	
<i>pnv-dha+docusate oral capsule 27-1.25-300 mg</i>	NF	
<i>pnv-omega oral capsule 28-0.6-0.4-340 mg</i>	NF	
<i>pregen dha oral capsule 28-1-35 mg</i>	NF	
<i>pregenna oral tablet 20-1 mg</i>	NF	
<i>prena 1 true oral 30-1.4 & 300 mg</i>	NF	
<i>prenal oral tablet chewable 1.4 mg</i>	NF	
PRENATAL-U ORAL CAPSULE 106.5-1 MG (<i>prenatal w/o a vit-fe fum-fa</i>)	NF	
PRENATE AM ORAL TABLET 1 MG (<i>prenatal ca-b6-b12-fa-ginger</i>)	NF	
PRENATE DHA ORAL CAPSULE 18-0.6-0.4-300 MG (<i>prenat-feasp-meth-fa-dha w/o a</i>)	NF	
PRENATE ELITE ORAL TABLET 20-0.6-0.4 MG (<i>prenatal-feaspgly-methylfol-fa</i>)	NF	
PRENATE ENHANCE ORAL CAPSULE 28-0.6-0.4-400 MG (<i>prenat w/o a-fe-methfol-fa-dha</i>)	NF	
PRENATE MINI ORAL CAPSULE 18-0.6-0.4-350 MG (<i>prenat-fecbn-feasp-meth-fa-dha</i>)	NF	
PRENATE ORAL TABLET CHEWABLE 0.6-0.4 MG (<i>prenat mv-min-methylfolate-fa</i>)	NF	
PRENATE PIXIE ORAL CAPSULE 10-0.6-0.4-200 MG (<i>prenat-feasp-meth-fa-dha w/o a</i>)	NF	
PRENATE RESTORE ORAL CAPSULE 27-0.6-0.4-400 MG (<i>prenat w/o a-fe-methfol-fa-dha</i>)	NF	
PRENATOL-M ORAL TABLET 27-1.2 MG (<i>prenatal vit-fe fumarate-fa</i>)	NF	
PROVIDA OB ORAL CAPSULE 20-20-1.25 MG (<i>prenat w/o a vit-fefum-fepo-fa</i>)	NF	
SELECT-OB ORAL TABLET CHEWABLE 29-0.6-0.4 MG (<i>prenat vit-fepoly-methylfol-fa</i>)	NF	
SELECT-OB ORAL TABLET CHEWABLE 29-1 MG (<i>prenatal vit-fe psac cmplx-fa</i>)	NF	
SELECT-OB+DHA ORAL 29-1 & 250 MG (<i>prenatal vit-fepoly-fa-dha</i>)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TARON-C DHA ORAL CAPSULE 35-1 MG (<i>prenat-fefum-fepo-fa-omega 3</i>)	NF	
<i>trinatal rx 1 oral tablet 60-1 mg</i>	NF	
TRINATE ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	PG	
<i>tristart dha oral capsule 31-0.6-0.4-200 mg</i>	NF	
VITAFOL FE+ ORAL CAPSULE 90-0.6-0.4-200 MG (<i>prenat-fe poly-methfol-fa-dha</i>)	NF	
VITAFOL GUMMIES ORAL TABLET CHEWABLE 3.33-0.333-34.8 MG (<i>prenatal vit-fe phos-fa-omega</i>)	NF	
VITAFOL ULTRA ORAL CAPSULE 29-0.6-0.4-200 MG (<i>prenat-fe poly-methfol-fa-dha</i>)	NF	
VITAFOL-OB ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	NF	
VITAFOL-OB+DHA ORAL 65-1 & 250 MG (<i>prenatal mv-min-fe fum-fa-dha</i>)	NF	
VITAFOL-ONE ORAL CAPSULE 29-1-200 MG (<i>prenatal vit-fepoly-fa-dha</i>)	NF	
<i>vitalara oral tablet 20-1 mg</i>	NF	
<i>wescap-pn dha oral capsule 27-0.6-0.4-300 mg</i>	NF	
<i>westgel dha oral capsule 31-0.6-0.4-200 mg</i>	NF	
<i>zalvit oral tablet 13-1 mg</i>	NF	
<i>ziphex oral tablet 13-1 mg</i>	NF	
VITAMINS - VITAMINS AND SUPPLEMENTS		
ACCRUFER ORAL CAPSULE 30 MG (<i>ferric maltol</i>)	NF	
<i>cyanocobalamin injection solution 1000 mcg/ml</i>	PG	
<i>cyanocobalamin nasal solution 500 mcg/0.1ml</i>	NF	
DAVIMET-IRON ORAL TABLET CHEWABLE (<i>multiple vitamins-iron</i>)	NF	
FA-8 ORAL CAPSULE 0.8 MG (<i>folic acid</i>)	CE	N7 (Not Covered); QL (100 CAPSULES per 30 days); AL (Max 55 Years)
FERRO-PLEX ORAL TABLET 115-1 MG (<i>fe fum-fa-c-e-b12-intrins fact</i>)	NF	
FLORIVA ORAL LIQUID 0.25-400 MG-UNIT/ML (<i>sodium fluoride-vitamin d</i>)	NF	
FLORIVA ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG (<i>ped multiple vit-minerals-fl</i>)	NF	
FOLGARD OS ORAL TABLET 500-1.1 MG (<i>multiple vit-min-calcium-fa</i>)	NF	

2026 Pharmacy Drug Guide - Advanced Control Plan - Aetna

The formulary is updated the first week of each month
05/01/2026

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>folic acid oral tablet 400 mcg</i>	CE	N7 (Not Covered); N8 (Listing does not include certain NDCs); QL (100 tablets per 30 days); AL (Max 55 Years)
<i>folic acid oral tablet 800 mcg</i>	CE	N7 (Not Covered); QL (100 TABLETS per 30 DAYS); AL (Max 55 Years)
FOLICORE B COMPLEX ORAL TABLET 1-10-0.4 MG (<i>folic acid-vit b6-vit b12</i>)	NF	
FOLVITA COMPLEX ORAL TABLET 1-10-0.4 MG (<i>folic acid-vit b6-vit b12</i>)	NF	
<i>na ferric gluc cplx in sucrose intravenous solution 12.5 mg/ml</i>	PG	
NASCOBAL NASAL SOLUTION 500 MCG/0.1ML (<i>cyanocobalamin</i>)	NF	
NEPHPLEX RX ORAL TABLET (<i>b complex-c-zn-folic acid</i>)	NF	
NICOMIDE ORAL TABLET 750-27-2-0.5 MG (<i>niacinamide-zn-cu-methfo-se-cr</i>)	NF	
<i>nicotinamide oral tablet 750-27-2-0.5 mg</i>	NF	
<i>phytonadione oral tablet 5 mg</i>	PG	
POLY-VI-FLOR/IRON ORAL TABLET CHEWABLE 0.5-10 MG (<i>ped multivitamins-fl-iron</i>)	NF	
RENATABS WITH IRON ORAL 1 & 100 MG (<i>b complex-c-biotin-e-fa-fe cbn</i>)	NF	
<i>reno caps oral capsule 1 mg</i>	PG	Select OTC
<i>tri-vi-floro oral suspension 0.25 mg/ml</i>	NF	
<i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)</i>	PG	
OPHTHALMIC - DRUGS TO TREAT EYE CONDITIONS		
ANTIALLERGICS - DRUGS TO TREAT ALLERGIES		
<i>azelastine hcl ophthalmic solution 0.05 %</i>	PG	
<i>bepotastine besilate ophthalmic solution 1.5 %</i>	NF	
BEPREVE OPHTHALMIC SOLUTION 1.5 % (<i>bepotastine besilate</i>)	NF	
<i>cromolyn sodium ophthalmic solution 4 %</i>	PG	
<i>epinastine hcl ophthalmic solution 0.05 %</i>	PG	
<i>ketotifen fumarate ophthalmic solution 0.035 %</i>	PG	Select OTC
ZADITOR OPHTHALMIC SOLUTION 0.035 % (<i>ketotifen fumarate</i>)	PG	Select OTC

2026 Pharmacy Drug Guide - Advanced Control Plan - Aetna

The formulary is updated the first week of each month
05/01/2026

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZERVIAE OPHTHALMIC SOLUTION 0.24 % (<i>cetirizine hcl</i>)	NF	
ANTIGLAUCOMA BETA-BLOCKERS - DRUGS TO TREAT GLAUCOMA		
<i>betaxolol hcl ophthalmic solution 0.5 %</i>	PG	
BETIMOL OPHTHALMIC SOLUTION 0.5 % (<i>timolol hemihydrate</i>)	NF	
BETOPTIC-S OPHTHALMIC SUSPENSION 0.25 % (<i>betaxolol hcl</i>)	NF	
<i>carteolol hcl ophthalmic solution 1 %</i>	PG	
ISTALOL OPHTHALMIC SOLUTION 0.5 % (<i>timolol maleate</i>)	NF	
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	PG	
<i>timolol hemihydrate ophthalmic solution 0.5 %</i>	PG	
<i>timolol maleate (once-daily) ophthalmic solution 0.5 %</i>	NP	
<i>timolol maleate</i> (Timolol Maleate OcuDose Ophthalmic Solution 0.5 %)	NF	
<i>timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %</i>	PG	
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i>	PG	
<i>timolol maleate pf ophthalmic solution 0.25 %</i>	NF	
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.25 %, 0.5 % (<i>timolol maleate</i>)	NF	
ANTIGLAUCOMA COMBINATION AGENTS - DRUGS TO TREAT GLAUCOMA		
<i>brimonidine tartrate-timolol ophthalmic solution 0.2-0.5 %</i>	PG	
COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 % (<i>brimonidine tartrate-timolol</i>)	NF	
COSOPT PF OPHTHALMIC SOLUTION 2-0.5 % (<i>dorzolamide hcl-timolol mal</i>)	NF	
<i>dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %</i>	PG	
<i>dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %</i>	PG	
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 % (<i>netarsudil-latanoprost</i>)	NF	
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 % (<i>brinzolamide-brimonidine</i>)	PB	
ANTI-INFECTIVE/ANTI-INFLAMMATORY - DRUGS TO TREAT INFECTIONS AND INFLAMMATION		
<i>loteprednol-tobramycin ophthalmic suspension 0.5-0.3 %</i>	PG	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i>	PG	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	PG	
<i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>	PG	
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 % (<i>tobramycin-dexamethasone</i>)	NF	
TOBRADEX ST OPHTHALMIC SUSPENSION 0.3-0.05 % (<i>tobramycin-dexamethasone</i>)	NF	
<i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %</i>	PG	
ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 % (<i>loteprednol-tobramycin</i>)	NF	
ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS		
AZASITE OPHTHALMIC SOLUTION 1 % (<i>azithromycin</i>)	NF	
<i>bacitracin ophthalmic ointment 500 unit/gm</i>	PG	
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	PG	
<i>besifloxacin hcl ophthalmic suspension 0.6 %</i>	NF	
BESIVANCE OPHTHALMIC SUSPENSION 0.6 % (<i>besifloxacin hcl</i>)	NF	N10 (NP)
CILOXAN OPHTHALMIC OINTMENT 0.3 % (<i>ciprofloxacin hcl</i>)	NF	
<i>ciprofloxacin hcl ophthalmic solution 0.3 %</i>	PG	
<i>erythromycin ophthalmic ointment 5 mg/gm</i>	PG	N8 (Listing does not include certain NDCs)
<i>gatifloxacin ophthalmic solution 0.5 %</i>	NP	
<i>gentamicin sulfate ophthalmic solution 0.3 %</i>	PG	
<i>levofloxacin ophthalmic solution 0.5 %</i>	PG	
<i>levofloxacin ophthalmic solution 1.5 %</i>	NF	
<i>moxifloxacin hcl (2x day) ophthalmic solution 0.5 %</i>	PG	
<i>moxifloxacin hcl ophthalmic solution 0.5 %</i>	PG	
<i>ofloxacin ophthalmic solution 0.3 %</i>	PG	
<i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>	PG	
<i>sulfacetamide sodium ophthalmic solution 10 %</i>	PG	
<i>tobramycin ophthalmic solution 0.3 %</i>	PG	
<i>trifluridine ophthalmic solution 1 %</i>	PG	
XDEMVY OPHTHALMIC SOLUTION 0.25 % (<i>lotilaner</i>)	PB	PA; QL (10 ML per 42 days)

2026 Pharmacy Drug Guide - Advanced Control Plan - Aetna

The formulary is updated the first week of each month
05/01/2026

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZIRGAN OPHTHALMIC GEL 0.15 % (<i>ganciclovir</i>)	NF	N10 (NP)
ANTI-INFLAMMATORIES - DRUGS TO TREAT INFLAMMATION		
ACUVAIL OPHTHALMIC SOLUTION 0.45 % (<i>ketorolac tromethamine</i>)	NF	
ALREX OPHTHALMIC SUSPENSION 0.2 % (<i>loteprednol etabonate</i>)	NF	
<i>bromfenac sodium (once-daily) ophthalmic solution 0.09 %</i>	NP	
<i>bromfenac sodium ophthalmic solution 0.07 %, 0.075 %</i>	NF	
BROMSITE OPHTHALMIC SOLUTION 0.075 % (<i>bromfenac sodium</i>)	NF	
<i>clobetasol propionate ophthalmic suspension 0.05 %</i>	NF	
<i>dexamethasone sodium phosphate ophthalmic solution 0.1 %</i>	PG	
<i>diclofenac sodium ophthalmic solution 0.1 %</i>	PG	
<i>difluprednate ophthalmic emulsion 0.05 %</i>	PG	
EYSUVIS OPHTHALMIC SUSPENSION 0.25 % (<i>loteprednol etabonate</i>)	NP	PA; QL (2 BOTTLES per 90 days)
FLAREX OPHTHALMIC SUSPENSION 0.1 % (<i>fluorometholone acetate</i>)	NF	
<i>fluorometholone ophthalmic suspension 0.1 %</i>	PG	
<i>flurbiprofen sodium ophthalmic solution 0.03 %</i>	PG	
FML FORTE OPHTHALMIC SUSPENSION 0.25 % (<i>fluorometholone</i>)	NF	
FML LIQUIFILM OPHTHALMIC SUSPENSION 0.1 % (<i>fluorometholone</i>)	NF	
ILEVRO OPHTHALMIC SUSPENSION 0.3 % (<i>nepafenac</i>)	NF	
INVELTYS OPHTHALMIC SUSPENSION 1 % (<i>loteprednol etabonate</i>)	NF	
<i>ketorolac tromethamine ophthalmic solution 0.4 %</i>	NP	
<i>ketorolac tromethamine ophthalmic solution 0.5 %</i>	PG	
LOTEMAX OPHTHALMIC GEL 0.5 % (<i>loteprednol etabonate</i>)	NF	
LOTEMAX OPHTHALMIC OINTMENT 0.5 % (<i>loteprednol etabonate</i>)	NF	
LOTEMAX OPHTHALMIC SUSPENSION 0.5 % (<i>loteprednol etabonate</i>)	NF	
LOTEMAX SM OPHTHALMIC GEL 0.38 % (<i>loteprednol etabonate</i>)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>loteprednol etabonate ophthalmic gel 0.5 %</i>	NF	
<i>loteprednol etabonate ophthalmic suspension 0.2 %</i>	NF	
<i>loteprednol etabonate ophthalmic suspension 0.5 %</i>	PG	
MAXIDEX OPHTHALMIC SUSPENSION 0.1 % (<i>dexamethasone</i>)	NF	
NEVANAC OPHTHALMIC SUSPENSION 0.1 % (<i>nepafenac</i>)	NF	
PRED FORTE OPHTHALMIC SUSPENSION 1 % (<i>prednisolone acetate</i>)	NF	
PRED MILD OPHTHALMIC SUSPENSION 0.12 % (<i>prednisolone acetate</i>)	NF	
<i>prednisolone acetate ophthalmic suspension 1 %</i>	PG	
PROLENSA OPHTHALMIC SOLUTION 0.07 % (<i>bromfenac sodium</i>)	NF	
CARBONIC ANHYDRASE INHIBITORS - DRUGS TO TREAT GLAUCOMA		
AZOPT OPHTHALMIC SUSPENSION 1 % (<i>brinzolamide</i>)	NF	
<i>brinzolamide ophthalmic suspension 1 %</i>	NF	N10 (NP)
<i>dorzolamide hcl ophthalmic solution 2 %</i>	PG	N8 (Listing does not include certain NDCs)
DRY EYE DISEASE		
CEQUA OPHTHALMIC SOLUTION 0.09 % (<i>cyclosporine</i>)	NF	
<i>cyclosporine (pf) ophthalmic emulsion 0.05 %</i>	NF	
MIEBO OPHTHALMIC SOLUTION 1.338 GM/ML (<i>perfluorohexyloctane</i>)	NF	
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 % (<i>cyclosporine</i>)	PB	
RESTASIS OPHTHALMIC EMULSION 0.05 % (<i>cyclosporine</i>)	PB	
TRYPTYR OPHTHALMIC SOLUTION 0.003 % (<i>acoltremon</i>)	NF	
VEVYE OPHTHALMIC SOLUTION 0.1 % (<i>cyclosporine</i>)	PB	
XIIDRA OPHTHALMIC SOLUTION 5 % (<i>lifitegrast</i>)	NF	
MISCELLANEOUS		
<i>atropine sulfate ophthalmic solution 1 %</i>	PG	
CYSTADROPS OPHTHALMIC SOLUTION 0.37 % (<i>cysteamine hcl</i>)	NF	
CYSTARAN OPHTHALMIC SOLUTION 0.44 % (<i>cysteamine hcl</i>)	NPSP	PA; QL (4 BOTTLES per 28 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OXERVATE OPHTHALMIC SOLUTION 0.002 % (<i>cenegermin-bkbj</i>)	NPSP	PA; QL (2 ML per 7 DAYs)
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	PG	
<i>tropicamide ophthalmic solution 0.5 %, 1 %</i>	PG	
TYRVAYA NASAL SOLUTION 0.03 MG/ACT (<i>varenicline tartrate</i>)	NF	
UPNEEQ OPHTHALMIC SOLUTION 0.1 % (<i>oxymetazoline hcl</i>)	NF	
VERKAZIA OPHTHALMIC EMULSION 0.1 % (<i>cyclosporine</i>)	NF	
VISUDYNE INTRAVENOUS SOLUTION RECONSTITUTED 15 MG (<i>verteporfin</i>)	NPSP	PA
PROSTAGLANDINS - DRUGS TO TREAT GLAUCOMA		
<i>bimatoprost ophthalmic solution 0.03 %</i>	PG	
IYUZEH OPHTHALMIC SOLUTION 0.005 % (<i>latanoprost</i>)	NF	
<i>latanoprost ophthalmic solution 0.005 %</i>	PG	
LUMIGAN OPHTHALMIC SOLUTION 0.01 % (<i>bimatoprost</i>)	NF	
OMLONTI OPHTHALMIC SOLUTION 0.002 % (<i>omidenepeg isopropyl</i>)	NF	
<i>tafluprost (pf) ophthalmic solution 0.0015 %</i>	PG	
TRAVATAN Z OPHTHALMIC SOLUTION 0.004 % (<i>travoprost</i>)	NF	
<i>travoprost (bak free) ophthalmic solution 0.004 %</i>	PG	N8 (Listing does not include certain NDCs)
VYZULTA OPHTHALMIC SOLUTION 0.024 % (<i>latanoprostene bunod</i>)	NF	
XELPROS OPHTHALMIC EMULSION 0.005 % (<i>latanoprost</i>)	NF	
RETINAL DISORDERS		
BYOOVIZ INTRAVITREAL SOLUTION 0.5 MG/0.05ML (<i>ranibizumab-nuna</i>)	PSP	PA
EYLEA INTRAVITREAL SOLUTION 2 MG/0.05ML (<i>aflibercept</i>)	NF	
EYLEA INTRAVITREAL SOLUTION PREFILLED SYRINGE 2 MG/0.05ML (<i>aflibercept</i>)	NF	
LUCENTIS INTRAVITREAL SOLUTION PREFILLED SYRINGE 0.3 MG/0.05ML, 0.5 MG/0.05ML (<i>ranibizumab</i>)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RHO KINASE INHIBITORS - DRUGS TO TREAT EYE CONDITIONS		
RHOPRESSA OPHTHALMIC SOLUTION 0.02 % (<i>netarsudil dimesylate</i>)	NF	
SYMPATHOMIMETICS - DRUGS TO TREAT GLAUCOMA		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %, 0.15 % (<i>brimonidine tartrate</i>)	PB	
<i>brimonidine tartrate ophthalmic solution 0.1 %, 0.15 %, 0.2 %</i>	PG	
OTHER		
IRRIGATION SOLUTIONS		
<i>sterile water for irrigation irrigation solution</i>	NP	STX
RESPIRATORY - DRUGS TO TREAT BREATHING DISORDERS		
ALPHA-1 ANTITRYPSIN DEFICIENCY AGENTS - DRUGS FOR REPLACEMENT, MODIFICATION, TREATMENT		
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 500 MG (<i>alpha1-proteinase inhibitor</i>)	PSP	PA
GLASSIA INTRAVENOUS SOLUTION 1000 MG/50ML, 4 GM/200ML, 5 GM/250ML (<i>alpha1-proteinase inhibitor</i>)	PSP	PA
PROLASTIN-C INTRAVENOUS SOLUTION 1000 MG/20ML (<i>alpha1-proteinase inhibitor</i>)	NF	
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 4000 MG, 5000 MG (<i>alpha1-proteinase inhibitor</i>)	PSP	PA
ANAPHYLAXIS TREATMENT AGENTS		
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.1 MG/0.1ML, 0.15 MG/0.15ML, 0.3 MG/0.3ML (<i>epinephrine</i>)	PB	QL (4 INJECTIONS per 25 days)
<i>epinephrine injection solution auto-injector 0.15 mg/0.15ml</i>	PG	QL (4 INJECTIONS per 25 DAYS)
<i>epinephrine injection solution auto-injector 0.15 mg/0.3ml</i>	NF	
<i>epinephrine injection solution auto-injector 0.3 mg/0.3ml</i>	PG	N8 (Listing does not include certain NDCs); QL (4 INJECTION per 25 days)
EPINEPHRINESNAP-V INJECTION KIT 1 MG/ML (<i>epinephrine</i>)	NF	
EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML (<i>epinephrine</i>)	NF	

2026 Pharmacy Drug Guide - Advanced Control Plan - Aetna

The formulary is updated the first week of each month
05/01/2026

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.3ML (<i>epinephrine</i>)	NF	
NEFFY NASAL SOLUTION 1 MG/0.1ML, 2 MG/0.1ML (<i>epinephrine</i>)	NF	
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS - DRUGS TO TREAT COPD		
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT (<i>umeclidinium-vilanterol</i>)	PB	QL (1 PACKAGE per 25 days)
BEVESPI AEROSPHERE INHALATION AEROSOL 9-4.8 MCG/ACT (<i>glycopyrrolate-formoterol</i>)	NF	
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT (<i>ipratropium-albuterol</i>)	NP	QL (2 PACKAGES per 25 days)
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	PG	QL (6 BOXES per 25 DAYS)
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT (<i>tiotropium bromide-olodaterol</i>)	PB	QL (1 PACKAGE per 25 days)
<i>umeclidinium-vilanterol inhalation aerosol powder breath activated 62.5-25 mcg/act</i>	NF	
ANTICHOLINERGIC/BETA AGONIST/STEROID COMBINATIONS - DRUGS TO TREAT ASTHMA AND COPD		
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT (<i>budeson-glycopyrrol-formoterol</i>)	PB	QL (1 PACKAGE per 25 days)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT (<i>fluticasone-umeclidin-vilant</i>)	PB	QL (1 PACKAGE per 25 days)
ANTICHOLINERGICS		
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT (<i>ipratropium bromide hfa</i>)	NF	
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT (<i>umeclidinium bromide</i>)	NF	
<i>ipratropium bromide inhalation solution 0.02 %</i>	PG	N8 (Listing does not include certain NDCs); QL (5 boxes per 25 days)
<i>ipratropium bromide nasal solution 0.03 %, 0.06 %</i>	PG	
SPIRIVA HANDIHALER INHALATION CAPSULE 18 MCG (<i>tiotropium bromide</i>)	PB	QL (1 PACKAGE per 25 days)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT (<i>tiotropium bromide</i>)	PB	QL (1 PACKAGE per 25 days)

2026 Pharmacy Drug Guide - Advanced Control Plan - Aetna

The formulary is updated the first week of each month
05/01/2026

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>tiotropium bromide inhalation capsule 18 mcg</i>	NF	
TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT (<i>aclidinium bromide</i>)	NF	
YUPELRI INHALATION NEBULIZATION SOLUTION 175 MCG/3ML (<i>revefenacin</i>)	PB	QL (30 ML per 25 Days)
ANTI-HISTAMINE COMBINATIONS		
<i>azelastine-fluticasone nasal suspension 137-50 mcg/act</i>	PG	QL (1 PACKAGE per 25 days)
DYMISTA NASAL SUSPENSION 137-50 MCG/ACT (<i>azelastine-fluticasone</i>)	NF	
RYALTRIS NASAL SUSPENSION 665-25 MCG/ACT (<i>olopatadine-mometasone</i>)	NF	
ANTI-HISTAMINES - DRUGS TO TREAT ALLERGIES		
ALLEGRA ALLERGY CHILDRENS ORAL SUSPENSION 30 MG/5ML (<i>fexofenadine hcl</i>)	PG	Select OTC
ALLEGRA ALLERGY CHILDRENS ORAL TABLET DISPERSIBLE 30 MG (<i>fexofenadine hcl</i>)	PG	Select OTC
ALLEGRA ALLERGY ORAL TABLET 180 MG, 60 MG (<i>fexofenadine hcl</i>)	PG	Select OTC
<i>allergy rel child (cetirizine) oral tablet dispersible 10 mg</i>	PG	Select OTC
<i>azelastine hcl nasal solution 0.1 %</i>	PG	QL (2 BOTTLES per 25 DAYS)
<i>carbinoxamine maleate er oral suspension extended release 4 mg/5ml</i>	PG	ST
<i>carbinoxamine maleate oral tablet 4 mg</i>	PG	
<i>carbinoxamine maleate oral tablet 6 mg</i>	NP	N8 (Listing does not include certain NDCs)
<i>cetirizine hcl allergy child oral solution 5 mg/5ml</i>	PG	Select OTC
<i>cetirizine hcl oral tablet 10 mg, 5 mg</i>	PG	Select OTC
<i>cetirizine hcl oral tablet chewable 10 mg, 5 mg</i>	PG	Select OTC
CLARITIN ALLERGY CHILDRENS ORAL SOLUTION 5 MG/5ML (<i>loratadine</i>)	PG	Select OTC
CLARITIN ORAL CAPSULE 10 MG (<i>loratadine</i>)	PG	Select OTC
CLARITIN ORAL TABLET 10 MG (<i>loratadine</i>)	PG	Select OTC
CLARITIN ORAL TABLET CHEWABLE 10 MG, 5 MG (<i>loratadine</i>)	PG	Select OTC
CLARITIN REDITABS JUNIORS ORAL TABLET DISPERSIBLE 10 MG (<i>loratadine</i>)	PG	Select OTC

2026 Pharmacy Drug Guide - Advanced Control Plan - Aetna

The formulary is updated the first week of each month
05/01/2026

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CLARITIN REDITABS ORAL TABLET DISPERSIBLE 5 MG (loratadine)	PG	Select OTC
clemastine fumarate oral tablet 2.68 mg	PG	
cvs allergy relief childrens oral suspension 30 mg/5ml	PG	Select OTC
cyproheptadine hcl oral syrup 2 mg/5ml	PG	
cyproheptadine hcl oral tablet 4 mg	PG	N8 (Listing does not include certain NDCs)
desloratadine oral solution 0.5 mg/ml	NF	
desloratadine oral tablet 5 mg	PG	
desloratadine oral tablet dispersible 2.5 mg, 5 mg	NP	
eq loratadine childrens oral tablet chewable 5 mg	PG	Select OTC
fexofenadine hcl oral tablet 180 mg	PG	Select OTC
gnp loratadine oral tablet dispersible 10 mg	PG	Select OTC
hydroxyzine hcl oral syrup 10 mg/5ml	PG	
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg	PG	N8 (Listing does not include certain NDCs)
hydroxyzine pamoate oral capsule 100 mg	PG	
hydroxyzine pamoate oral capsule 25 mg, 50 mg	PG	N8 (Listing does not include certain NDCs)
KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE 4 MG/5ML (carbinoxamine maleate)	NP	ST
kp fexofenadine hcl oral tablet 60 mg	PG	Select OTC
levocetirizine dihydrochloride oral tablet 5 mg	PG	Select OTC
loratadine childrens oral solution 5 mg/5ml	PG	Select OTC
loratadine oral capsule 10 mg	PG	Select OTC
loratadine oral tablet 10 mg	PG	Select OTC
olopatadine hcl nasal solution 0.6 %	NP	QL (1 BOTTLE per 25 days)
qc all day allergy relief oral capsule 10 mg	PG	Select OTC
RYCLORA ORAL SOLUTION 2 MG/5ML (dexchlorpheniramine maleate)	NF	
carbinoxamine maleate (Ryvent Oral Tablet 6 Mg)	NP	
XYZAL ALLERGY 24HR ORAL TABLET 5 MG (levocetirizine dihydrochloride)	PG	Select OTC
ZYRTEC ALLERGY CHILDRENS ORAL TABLET DISPERSIBLE 10 MG (cetirizine hcl)	PG	Select OTC
ZYRTEC ALLERGY ORAL CAPSULE 10 MG (cetirizine hcl)	PG	Select OTC

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZYRTEC ALLERGY ORAL TABLET 10 MG (<i>cetirizine hcl</i>)	PG	Select OTC
ZYRTEC CHILDRENS ALLERGY ORAL SOLUTION 1 MG/ML (<i>cetirizine hcl</i>)	PG	Select OTC
ZYRTEC CHILDRENS ALLERGY ORAL TABLET CHEWABLE 10 MG, 2.5 MG (<i>cetirizine hcl</i>)	PG	Select OTC
ZYRTEC ORAL TABLET CHEWABLE 10 MG (<i>cetirizine hcl</i>)	PG	Select OTC
BETA AGONISTS - DRUGS TO TREAT ASTHMA AND COPD		
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</i>	PG	N8 (Listing does not include certain NDCs); QL (2 INHALERS per 25 days)
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%</i>	PG	N8 (Listing does not include certain NDCs); QL (5 BOXES per 25 DAYS)
<i>albuterol sulfate inhalation nebulization solution 0.63 mg/3ml, 1.25 mg/3ml</i>	PG	N8 (Listing does not include certain NDCs); QL (5 BOXES per 25 days)
<i>albuterol sulfate inhalation nebulization solution 2.5 mg/0.5ml</i>	PG	N8 (Listing does not include certain NDCs); QL (60 ML per 25 days)
<i>albuterol sulfate oral syrup 2 mg/5ml</i>	PG	
<i>albuterol sulfate oral tablet 2 mg</i>	PG	
<i>albuterol sulfate oral tablet 4 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>arformoterol tartrate inhalation nebulization solution 15 mcg/2ml</i>	NF	
<i>formoterol fumarate inhalation nebulization solution 20 mcg/2ml</i>	PG	QL (2 BOXES per 25 DAYS)
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/3ml</i>	PG	QL (300 ML per 25 days)
<i>levalbuterol hcl inhalation nebulization solution 1.25 mg/0.5ml</i>	PG	QL (45 ML per 25 days)
<i>levalbuterol tartrate inhalation aerosol 45 mcg/act</i>	NP	QL (2 INHALERS per 25 DAYS)
PERFORMIST INHALATION NEBULIZATION SOLUTION 20 MCG/2ML (<i>formoterol fumarate</i>)	NP	QL (60 VIALS per 25 days)
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT (<i>albuterol sulfate</i>)	NF	
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT (<i>salmeterol xinafoate</i>)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT (<i>olodaterol hcl</i>)	PB	QL (1 PACKAGE per 25 DAYS)
<i>terbutaline sulfate oral tablet 2.5 mg, 5 mg</i>	PG	N8 (Listing does not include certain NDCs)
VENTOLIN HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT (<i>albuterol sulfate</i>)	NF	
XOPENEX HFA INHALATION AEROSOL 45 MCG/ACT (<i>levalbuterol tartrate</i>)	NF	
COLD/COUGH		
ALLEGRA-D ALLERGY & CONGESTION ORAL TABLET EXTENDED RELEASE 12 HOUR 60-120 MG (<i>fexofenadine-pseudoephedrine</i>)	PG	Select OTC
ALLEGRA-D ALLERGY & CONGESTION ORAL TABLET EXTENDED RELEASE 24 HOUR 180-240 MG (<i>fexofenadine-pseudoephedrine</i>)	PG	Select OTC
<i>benzonatate oral capsule 100 mg, 200 mg</i>	PG	
<i>cetirizine-pseudoephedrine er oral tablet extended release 12 hour 5-120 mg</i>	PG	Select OTC
CLARITIN-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG (<i>loratadine-pseudoephedrine</i>)	PG	Select OTC
CLARITIN-D 24 HOUR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-240 MG (<i>loratadine-pseudoephedrine</i>)	PG	Select OTC
<i>coditussin ac oral liquid 200-10 mg/5ml</i>	PG	Select OTC; QL (60 ML per 1 day)
<i>fexofenadine-pseudoephed er oral tablet extended release 12 hour 60-120 mg</i>	PG	Select OTC
<i>fexofenadine-pseudoephed er oral tablet extended release 24 hour 180-240 mg</i>	PG	Select OTC
<i>ft allergy d-12 hour oral tablet extended release 12 hour 5-120 mg</i>	PG	Select OTC
HYCODAN ORAL SOLUTION 5-1.5 MG/5ML (<i>hydrocodone bit-homatrop mbr</i>)	NF	
HYCODAN ORAL TABLET 5-1.5 MG (<i>hydrocodone bit-homatrop mbr</i>)	NF	
<i>hydrocodone bit-homatrop mbr oral solution 5-1.5 mg/5ml</i>	NP	QL (30 ML per 1 day)
<i>hydrocodone bit-homatrop mbr oral tablet 5-1.5 mg</i>	PG	QL (6 TABLETS per 1 day)
<i>loratadine-d 24hr oral tablet extended release 24 hour 10-240 mg</i>	PG	Select OTC
NEOTUSS PLUS ORAL LIQUID 7.5-4-30 MG/5ML (<i>phenylephrine-chlorphen-dm</i>)	NF	

2026 Pharmacy Drug Guide - Advanced Control Plan - Aetna

The formulary is updated the first week of each month
05/01/2026

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>promethazine-codeine oral syrup 6.25-10 mg/5ml</i>	PG	QL (30 ML per 1 DAY)
<i>promethazine-dm oral syrup 6.25-15 mg/5ml</i>	PG	
<i>promethazine-phenylephrine oral syrup 6.25-5 mg/5ml</i>	PG	
<i>pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml</i>	PG	N8 (Listing does not include certain NDCs)
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HOUR 54.3-8 MG (<i>chlorpheniramine-codeine</i>)	NF	
ZYRTEC-D ALLERGY & CONGESTION ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG (<i>cetirizine-pseudoephedrine</i>)	PG	Select OTC
CYSTIC FIBROSIS		
ALYFTREK ORAL TABLET 10-50-125 MG (<i>vanzacaft-tezacaft-deutivacaft</i>)	NPSP	PA; QL (56 TABLETS per 28 days)
ALYFTREK ORAL TABLET 4-20-50 MG (<i>vanzacaft-tezacaft-deutivacaft</i>)	NPSP	PA; QL (84 TABLETS per 28 days)
BETHKIS INHALATION NEBULIZATION SOLUTION 300 MG/4ML (<i>tobramycin</i>)	NF	
BRONCHITOL INHALATION CAPSULE 40 MG (<i>mannitol (cystic fibrosis)</i>)	NF	
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG (<i>aztreonam lysine</i>)	NF	
KALYDECO ORAL PACKET 13.4 MG, 5.8 MG (<i>ivacaftor</i>)	NPSP	PA; QL (56 PACKETS per 28 DAYs)
KALYDECO ORAL PACKET 25 MG, 50 MG, 75 MG (<i>ivacaftor</i>)	NPSP	PA; QL (56 PACKET per 28 days)
KALYDECO ORAL TABLET 150 MG (<i>ivacaftor</i>)	NPSP	PA; QL (1 CARTON per 28 days)
KITABIS PAK (W/ NEBULIZER) INHALATION NEBULIZATION SOLUTION 300 MG/5ML (<i>tobramycin</i>)	NF	
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG (<i>lumacaftor-ivacaftor</i>)	NPSP	PA; QL (56 PACKET per 28 days)
ORKAMBI ORAL PACKET 75-94 MG (<i>lumacaftor-ivacaftor</i>)	NPSP	PA; QL (56 PACKETS per 28 days)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG (<i>lumacaftor-ivacaftor</i>)	NPSP	PA; QL (112 TABLETS per 28 days)
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML (<i>dornase alfa</i>)	NPSP	PA; QL (150 ML per 30 Days)
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG, 50-75 & 75 MG (<i>tezacaftor-ivacaftor</i>)	NPSP	PA; QL (56 TABLETS per 28 days)

2026 Pharmacy Drug Guide - Advanced Control Plan - Aetna

The formulary is updated the first week of each month
05/01/2026

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TOBI INHALATION NEBULIZATION SOLUTION 300 MG/5ML (<i>tobramycin</i>)	NF	
TOBI PODHALER INHALATION CAPSULE 28 MG (<i>tobramycin</i>)	NF	
<i>tobramycin inhalation nebulization solution 300 mg/4ml</i>	PSP	PA; QL (224 ML per 28 days)
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	PSP	PA; QL (280 ML per 28 days)
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG, 50-25-37.5 & 75 MG (<i>elixacaftor-tezacaftor-ivacaft</i>)	NPSP	PA; QL (84 TABLETS per 28 days)
TRIKAFTA ORAL THERAPY PACK 100-50-75 & 75 MG, 80-40-60 & 59.5 MG (<i>elixacaftor-tezacaftor-ivacaft</i>)	NPSP	PA; QL (56 PACKETS per 28 days)
LEUKOTRIENE MODIFIERS		
<i>zileuton er oral tablet extended release 12 hour 600 mg</i>	NF	N10 (NP)
LEUKOTRIENE RECEPTOR ANTAGONISTS - DRUGS TO TREAT ASTHMA AND ALLERGIES		
<i>montelukast sodium oral packet 4 mg</i>	PG	
<i>montelukast sodium oral tablet 10 mg</i>	PG	
<i>montelukast sodium oral tablet chewable 4 mg, 5 mg</i>	PG	
SINGULAIR ORAL PACKET 4 MG (<i>montelukast sodium</i>)	NF	
SINGULAIR ORAL TABLET 10 MG (<i>montelukast sodium</i>)	NF	
SINGULAIR ORAL TABLET CHEWABLE 4 MG, 5 MG (<i>montelukast sodium</i>)	NF	
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	PG	
MAST CELL STABILIZERS - DRUGS TO TREAT ALLERGIES		
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>	PG	QL (2 BOXES per 25 DAYS)
MISCELLANEOUS		
<i>acetylcysteine inhalation solution 10 %, 20 %</i>	PG	
BRINSUPRI ORAL TABLET 10 MG, 25 MG (<i>brensocatib</i>)	NF	
DALIRESP ORAL TABLET 250 MCG, 500 MCG (<i>roflumilast</i>)	NF	
OHTUVAYRE INHALATION SUSPENSION 3 MG/2.5ML (<i>ensifentrine</i>)	NF	
<i>roflumilast oral tablet 250 mcg, 500 mcg</i>	PG	
NASAL STEROIDS - DRUGS TO TREAT ALLERGIES		
<i>budesonide nasal suspension 32 mcg/act</i>	PG	Select OTC; QL (2 PACKAGES per 25 days)
FLONASE ALLERGY REL CHILDRENS NASAL SUSPENSION 50 MCG/ACT (<i>fluticasone propionate</i>)	PG	Select OTC; QL (1 ML per 25 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	PG	QL (3 CONTAINERS per 25 DAYs)
<i>fluticasone propionate nasal suspension 50 mcg/act</i>	PG	Select OTC; QL (1 ML per 25 DAYs)
NASACORT ALLERGY 24HR NASAL AEROSOL 55 MCG/ACT (<i>triamcinolone acetonide</i>)	PG	Select OTC; QL (1 PACKAGE per 25 DAYs)
OMNARIS NASAL SUSPENSION 50 MCG/ACT (<i>ciclesonide</i>)	NF	
QNASL CHILDRENS NASAL AEROSOL SOLUTION 40 MCG/ACT (<i>beclomethasone diprop (nasal)</i>)	NF	
QNASL NASAL AEROSOL SOLUTION 80 MCG/ACT (<i>beclomethasone diprop (nasal)</i>)	NF	
<i>triamcinolone acetonide nasal aerosol 55 mcg/act</i>	PG	Select OTC; QL (1 ML per 25 DAYs)
XHANCE NASAL EXHALER SUSPENSION 93 MCG/ACT (<i>fluticasone propionate</i>)	PB	PA; QL (2 PACKAGES per 25 days)
PULMONARY FIBROSIS AGENTS		
ESBRIET ORAL TABLET 267 MG, 801 MG (<i>pirfenidone</i>)	NF	
JASCAYD ORAL TABLET 18 MG, 9 MG (<i>nerandomilast</i>)	NF	
OFEV ORAL CAPSULE 100 MG, 150 MG (<i>nintedanib esylate</i>)	PSP	PA; QL (60 CAPSULES per 30 days)
<i>pirfenidone oral capsule 267 mg</i>	PSP	PA; QL (270 CAPSULES per 30 DAYs)
<i>pirfenidone oral tablet 267 mg</i>	PSP	PA; QL (270 TABLETS per 30 Days)
<i>pirfenidone oral tablet 534 mg</i>	PSP	PA; QL (90 TABLETS per 30 days)
<i>pirfenidone oral tablet 801 mg</i>	PSP	PA; QL (90 TABLETS per 30 Days)
SEVERE ASTHMA AGENTS		
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/ML (<i>benralizumab</i>)	PSP	PA; QL (1 PEN per 28 days)
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML (<i>benralizumab</i>)	PSP	PA; QL (1 SYRINGE per 56 days)
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 210 MG/1.91ML (<i>tezepelumab-ekko</i>)	PSP	PA; QL (1 PEN per 28 days)
TEZSPIRE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 210 MG/1.91ML (<i>tezepelumab-ekko</i>)	PSP	PA; QL (1 SYRINGE per 28 DAYs)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
STEROID INHALANTS - DRUGS TO TREAT ASTHMA		
ALVESCO INHALATION AEROSOL SOLUTION 160 MCG/ACT, 80 MCG/ACT (<i>ciclesonide</i>)	NF	
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT (<i>fluticasone furoate</i>)	NF	
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT (<i>mometasone furoate</i>)	NF	
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 220 MCG/ACT (<i>mometasone furoate</i>)	NF	
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT (<i>mometasone furoate</i>)	NF	
ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT (<i>mometasone furoate</i>)	PB	QL (1 PACKAGE per 25 days)
<i>budesonide inhalation suspension 0.25 mg/2ml</i>	PG	QL (3 ML per 25 days)
<i>budesonide inhalation suspension 0.5 mg/2ml</i>	PG	QL (2 ML per 25 days)
<i>budesonide inhalation suspension 1 mg/2ml</i>	PG	QL (1 ML per 25 days)
<i>fluticasone furoate ellipta inhalation aerosol powder breath activated 100 mcg/act, 200 mcg/act, 50 mcg/act</i>	PG	QL (1 PACKAGE per 25 DAYS)
<i>fluticasone propionate diskus inhalation aerosol powder breath activated 100 mcg/act, 250 mcg/act, 50 mcg/act</i>	NF	
<i>fluticasone propionate hfa inhalation aerosol 110 mcg/act, 220 mcg/act, 44 mcg/act</i>	NF	
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT (<i>budesonide</i>)	PB	QL (2 PACKAGES per 25 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 90 MCG/ACT (<i>budesonide</i>)	PB	QL (3 PACKAGES per 25 days)
PULMICORT INHALATION SUSPENSION 0.25 MG/2ML, 0.5 MG/2ML, 1 MG/2ML (<i>budesonide</i>)	NF	
QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT (<i>beclomethasone diprop hfa</i>)	NF	
STEROID/BETA-AGONIST COMBINATIONS - DRUGS TO TREAT ASTHMA AND COPD		
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT (<i>fluticasone-salmeterol</i>)	NF	

2026 Pharmacy Drug Guide - Advanced Control Plan - Aetna

The formulary is updated the first week of each month
05/01/2026

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT (<i>fluticasone-salmeterol</i>)	NF	
AIRSUPRA INHALATION AEROSOL 90-80 MCG/ACT (<i>albuterol-budesonide</i>)	PB	QL (3 PACKAGES per 25 DAYS)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT (<i>fluticasone furoate-vilanterol</i>)	PB	N8 (Listing does not include certain NDCs); QL (1 PACKAGE per 25 days)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50-25 MCG/INH (<i>fluticasone furoate-vilanterol</i>)	PB	QL (1 PACKAGE per 25 DAYS)
<i>budesonide-formoterol fumarate</i> (Breyna Inhalation Aerosol 160-4.5 Mcg/Act, 80-4.5 Mcg/Act)	PG	QL (3 PACKAGES per 25 DAYS)
<i>budesonide-formoterol fumarate inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act</i>	PG	QL (3 PACKAGES per 25 days)
DUAKLIR PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400-12 MCG/ACT (<i>aclidinium bromoterol fumarate</i>)	NF	
DULERA INHALATION AEROSOL 100-5 MCG/ACT, 200-5 MCG/ACT, 50-5 MCG/ACT (<i>mometasone furoate-formoterol fumarate</i>)	NF	
<i>fluticasone furoate-vilanterol inhalation aerosol powder breath activated 100-25 mcg/act, 200-25 mcg/act</i>	NF	
<i>fluticasone-salmeterol inhalation aerosol 115-21 mcg/act, 230-21 mcg/act, 45-21 mcg/act</i>	NF	
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	PG	N8 (Listing does not include certain NDCs); QL (1 PACKAGE per 25 days)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act</i>	NF	
SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT (<i>budesonide-formoterol fumarate</i>)	NF	
<i>fluticasone-salmeterol</i> (Wixela Inhub Inhalation Aerosol Powder Breath Activated 100-50 Mcg/Act, 250-50 Mcg/Act, 500-50 Mcg/Act)	PG	N8 (Listing does not include certain NDCs); QL (1 PACKAGE per 25 days)
XANTHINES - DRUGS TO TREAT COPD		
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG (<i>theophylline</i>)	NF	
<i>theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg, 450 mg</i>	PG	
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>	PG	

2026 Pharmacy Drug Guide - Advanced Control Plan - Aetna

The formulary is updated the first week of each month
05/01/2026

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>theophylline oral elixir 80 mg/15ml</i>	PG	
<i>theophylline oral solution 80 mg/15ml</i>	PG	
TOPICAL - DRUGS TO TREAT EAR AND SKIN CONDITIONS		
DERMATOLOGY, ACNE		
ABSORICA LD ORAL CAPSULE 16 MG, 24 MG, 32 MG, 8 MG (<i>isotretinoin micronized</i>)	NF	
ABSORICA ORAL CAPSULE 10 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG (<i>isotretinoin</i>)	NF	
ACANYA EXTERNAL GEL 1.2-2.5 % (<i>clindamycin phos-benzoyl perox</i>)	NF	
<i>isotretinoin</i> (Accutane Oral Capsule 20 Mg, 30 Mg, 40 Mg)	NP	PA
ACZONE EXTERNAL GEL 7.5 % (<i>dapsone</i>)	NF	
<i>adapalene external cream 0.1 %</i>	NP	PA; QL (45 GRAMS per 25 days); AL (Max 35 Years)
<i>adapalene external gel 0.1 %</i>	PG	PA; N8 (PA applies to members 35 and older); Select OTC; QL (45 GRAMS per 25 days); AL (Max 35 Years)
<i>adapalene external gel 0.3 %</i>	NP	PA; N8 (Listing does not include certain NDCs); QL (45 GRAMS per 25 days); AL (Max 35 Years)
<i>adapalene external pad 0.1 %</i>	NF	
<i>adapalene external solution 0.1 %</i>	NF	
<i>adapalene-benzoyl peroxide external gel 0.1-2.5 %</i>	PG	PA; N8 (PA applies to members 35 and older); AL (Max 35 Years)
<i>adapalene-benzoyl peroxide external gel 0.3-2.5 %</i>	PG	PA; AL (Max 35 Years)
AKLIEF EXTERNAL CREAM 0.005 % (<i>trifarotene</i>)	PB	PA
ALTRENO EXTERNAL LOTION 0.05 % (<i>tretinoin</i>)	NF	
<i>isotretinoin</i> (Amnesteem Oral Capsule 10 Mg, 20 Mg, 40 Mg)	NP	PA
AMZEEQ EXTERNAL FOAM 4 % (<i>minocycline hcl micronized</i>)	NF	
ARAZLO EXTERNAL LOTION 0.045 % (<i>tazarotene</i>)	NF	
ATRALIN EXTERNAL GEL 0.05 % (<i>tretinoin</i>)	NF	
AZELEX EXTERNAL CREAM 20 % (<i>azelaic acid</i>)	NF	
<i>benzoyl peroxide-erythromycin external gel 5-3 %</i>	PG	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CABTREO EXTERNAL GEL 0.15-3.1-1.2 % (<i>adapalene-benzoyl per-clindamy</i>)	NF	
<i>isotretinoin</i> (Claravis Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	NP	PA
CLEOCIN-T EXTERNAL LOTION 1 % (<i>clindamycin phosphate</i>)	NP	QL (60 ML per 25 DAYs)
<i>clindamycin phosphate</i> (Clindacin-P External Swab 1 %)	PG	
CLINDAGEL EXTERNAL GEL 1 % (<i>clindamycin phosphate</i>)	NF	
<i>clindamycin phos (once-daily) external gel 1 %</i>	NF	
<i>clindamycin phos (twice-daily) external gel 1 %</i>	NP	N8 (Listing does not include certain NDCs); QL (75 GRAMS per 25 days)
<i>clindamycin phos-benzoyl perox external gel 1.2-2.5 %, 1.2-3.75 %</i>	PG	
<i>clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-5 %</i>	NP	
<i>clindamycin phosphate external foam 1 %</i>	NP	N8 (Listing does not include certain NDCs)
<i>clindamycin phosphate external lotion 1 %</i>	NP	QL (60 ML per 25 days)
<i>clindamycin phosphate external solution 1 %</i>	NP	QL (60 ML per 25 days)
<i>clindamycin-tretinoin external gel 1.2-0.025 %</i>	NP	PA; N8 (Listing does not include certain NDCs. PA applies to members 35 and older); AL (Max 35 Years)
<i>dapsone external gel 5 %</i>	PG	N8 (Listing does not include certain NDCs)
<i>dapsone external gel 7.5 %</i>	PG	
DIFFERIN EXTERNAL CREAM 0.1 % (<i>adapalene</i>)	NP	PA; QL (45 GRAMS per 25 days); AL (Max 35 Years)
DIFFERIN EXTERNAL GEL 0.1 % (<i>adapalene</i>)	PG	PA; Select OTC; QL (45 GRAMS per 25 days); AL (Max 35 Years)
DIFFERIN EXTERNAL GEL 0.3 % (<i>adapalene</i>)	NP	PA; QL (45 GRAMS per 25 days); AL (Max 35 Years)
EPIDUO EXTERNAL GEL 0.1-2.5 % (<i>adapalene-benzoyl peroxide</i>)	PB	PA; AL (Max 35 Years)
EPIDUO FORTE EXTERNAL GEL 0.3-2.5 % (<i>adapalene-benzoyl peroxide</i>)	PB	PA; AL (Max 35 Years)
<i>ery external pad 2 %</i>	PG	
<i>erythromycin external gel 2 %</i>	PG	QL (60 GRAMS per 25 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>erythromycin external solution 2 %</i>	PG	QL (60 ML per 25 days)
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	NP	PA
<i>isotretinoin oral capsule 25 mg, 35 mg</i>	NF	
KLARON EXTERNAL LOTION 10 % (<i>sulfacetamide sodium (acne)</i>)	NP	ST
RETIN-A EXTERNAL CREAM 0.025 %, 0.05 %, 0.1 % (<i>tretinoin</i>)	NP	PA; AL (Max 35 Years)
RETIN-A EXTERNAL GEL 0.01 %, 0.025 % (<i>tretinoin</i>)	NP	PA; AL (Max 35 Years)
RETIN-A MICRO PUMP EXTERNAL GEL 0.06 %, 0.08 % (<i>tretinoin microsphere</i>)	NF	
<i>sulfacetamide sodium (acne) external lotion 10 %</i>	PG	
<i>tazarotene external foam 0.1 %</i>	NF	
<i>tretinoin external cream 0.025 %</i>	PG	PA; N8 (PA applies to members 35 and older); AL (Max 35 Years)
<i>tretinoin external cream 0.05 %, 0.1 %</i>	PG	PA; AL (Max 35 Years)
<i>tretinoin external gel 0.01 %, 0.025 %</i>	PG	PA; AL (Max 35 Years)
<i>tretinoin external gel 0.05 %</i>	NP	PA; AL (Max 35 Years)
<i>tretinoin microsphere external gel 0.04 %, 0.1 %</i>	PG	PA; N8 (PA applies to members 35 and older); AL (Max 35 Years)
<i>tretinoin microsphere pump external gel 0.08 %</i>	NF	
TWYNEO EXTERNAL CREAM 0.1-3 % (<i>tretinoin-benzoyl peroxide</i>)	PB	
WINLEVI EXTERNAL CREAM 1 % (<i>clascoterone</i>)	PB	PA
<i>isotretinoin (Zenatane Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)</i>	NP	PA
ZIANA EXTERNAL GEL 1.2-0.025 % (<i>clindamycin-tretinoin</i>)	NF	
DERMATOLOGY, ACTINIC KERATOSIS		
<i>diclofenac sodium external gel 3 %</i>	NP	PA; QL (100 GRAMS per 25 days)
<i>fluorouracil external cream 0.5 %</i>	NF	
<i>fluorouracil external cream 5 %</i>	PG	
<i>fluorouracil external solution 2 %, 5 %</i>	PG	
<i>imiquimod external cream 5 %</i>	PG	QL (2 BOXES per 21 days)
<i>imiquimod pump external cream 3.75 %</i>	NP	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KLISYRI (250 MG) EXTERNAL OINTMENT 1 % (tirbanibulin)	NP	PA
KLISYRI (350 MG) EXTERNAL OINTMENT 1 % (tirbanibulin)	NF	
TOLAK EXTERNAL CREAM 4 % (fluorouracil)	NF	
ZYCLARA PUMP EXTERNAL CREAM 3.75 % (imiquimod)	NF	
DERMATOLOGY, ANTIBIOTICS		
gentamicin sulfate external cream 0.1 %	PG	
gentamicin sulfate external ointment 0.1 %	PG	
mupirocin calcium external cream 2 %	NF	
mupirocin external ointment 2 %	PG	QL (30 GRAMS per 25 days)
NEO-SYNALAR EXTERNAL CREAM 0.5-0.025 % (neomycin-fluocinolone)	NF	
silver sulfadiazine external cream 1 %	PG	
silver sulfadiazine (Ssd External Cream 1 %)	PG	
DERMATOLOGY, ANTIFUNGALS		
ciclopirox external gel 0.77 %	NP	
ciclopirox external shampoo 1 %	NP	
ciclopirox external solution 8 %	PG	PA; STX; QL (6.6 ML per 21 days)
ciclopirox olamine external cream 0.77 %	PG	
ciclopirox olamine external suspension 0.77 %	NP	
clotrimazole-betamethasone external cream 1-0.05 %	PG	STX; QL (60 GRAMS per 25 days)
clotrimazole-betamethasone external lotion 1-0.05 %	PG	STX; QL (60 ML per 25 days)
econazole nitrate external cream 1 %	NP	QL (85 GRAMS per 25 days)
econazole nitrate external foam 1 %	NP	
ERTACZO EXTERNAL CREAM 2 % (sertaconazole nitrate)	NF	
EXELDERM EXTERNAL CREAM 1 % (sulconazole nitrate)	NP	ST
EXELDERM EXTERNAL SOLUTION 1 % (sulconazole nitrate)	NP	ST
JUBLIA EXTERNAL SOLUTION 10 % (efinaconazole)	NP	PA; QL (4 ML per 21 days)
ketconazole external cream 2 %	PG	
ketconazole external foam 2 %	NF	
luliconazole external cream 1 %	NF	
LUZU EXTERNAL CREAM 1 % (luliconazole)	NF	

2026 Pharmacy Drug Guide - Advanced Control Plan - Aetna

The formulary is updated the first week of each month
05/01/2026

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>miconazole-zinc oxide-petrolat external ointment 0.25-15-81.35 %</i>	NP	
<i>naftifine hcl external cream 1 %, 2 %</i>	NP	
<i>naftifine hcl external gel 2 %</i>	NF	
NAFTIN EXTERNAL GEL 2 % (<i>naftifine hcl</i>)	NF	
<i>nystatin external cream 100000 unit/gm</i>	PG	
<i>nystatin external ointment 100000 unit/gm</i>	PG	
<i>nystatin-triamcinolone external cream 100000-0.1 unit/gm-%</i>	PG	STX; QL (60 GRAMS per 25 days)
<i>nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%</i>	PG	STX; QL (60 GRAMS per 25 days)
<i>oxiconazole nitrate external cream 1 %</i>	NP	N8 (Listing does not include certain NDCs); QL (60 GRAMS per 25 days)
OXISTAT EXTERNAL LOTION 1 % (<i>oxiconazole nitrate</i>)	NF	
<i>sulconazole nitrate external cream 1 %</i>	PG	
<i>sulconazole nitrate external solution 1 %</i>	PG	
<i>tavaborole external solution 5 %</i>	NF	
VUSION EXTERNAL OINTMENT 0.25-15-81.35 % (<i>miconazole-zinc oxide-petrolat</i>)	NF	
DERMATOLOGY, ANTIPRURITIC		
<i>doxepin hcl external cream 5 %</i>	NF	
PRUDOXIN EXTERNAL CREAM 5 % (<i>doxepin hcl (antipruritic)</i>)	NP	ST; QL (45 GRAMS per 25 days)
ZONALON EXTERNAL CREAM 5 % (<i>doxepin hcl (antipruritic)</i>)	NP	ST; QL (45 GRAMS per 25 days)
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	PG	PA; QL (60 CAPSULES per 25 days)
<i>calcipotriene external cream 0.005 %</i>	NF	
<i>calcipotriene external foam 0.005 %</i>	NF	
<i>calcipotriene external ointment 0.005 %</i>	NP	ST; QL (60 GRAMS per 25 days)
<i>calcipotriene external solution 0.005 %</i>	NP	ST; QL (60 ML per 25 days)
<i>calcipotriene-betameth diprop external ointment 0.005-0.064 %</i>	NF	
<i>calcipotriene-betameth diprop external suspension 0.005-0.064 %</i>	NF	
<i>calcitriol external ointment 3 mcg/gm</i>	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ENSTILAR EXTERNAL FOAM 0.005-0.064 % (<i>calcipotriene-betameth diprop</i>)	PB	
<i>methoxsalen rapid oral capsule 10 mg</i>	PG	
SORILUX EXTERNAL FOAM 0.005 % (<i>calcipotriene</i>)	NF	
SPEVIGO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>spesolimab-sbzo</i>)	NPSP	PA; QL (2 SYRINGES per 28 days)
SPEVIGO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML (<i>spesolimab-sbzo</i>)	NPSP	PA; QL (1 SYRINGE per 28 days)
<i>tazarotene external cream 0.05 %</i>	NF	
<i>tazarotene external cream 0.1 %</i>	PG	PA; AL (Max 35 Years)
<i>tazarotene external gel 0.05 %, 0.1 %</i>	NF	
TAZORAC EXTERNAL CREAM 0.05 %, 0.1 % (<i>tazarotene</i>)	NF	
TAZORAC EXTERNAL GEL 0.05 %, 0.1 % (<i>tazarotene</i>)	NF	
VECTICAL EXTERNAL OINTMENT 3 MCG/GM (<i>calcitriol</i>)	NF	
VTAMA EXTERNAL CREAM 1 % (<i>tapinarof</i>)	PB	PA; QL (60 GRAMS per 25 days)
WYNZORA EXTERNAL CREAM 0.005-0.064 % (<i>calcipotriene-betameth diprop</i>)	NF	
ZORYVE EXTERNAL CREAM 0.3 % (<i>roflumilast</i>)	PB	PA; QL (60 GRAMS per 25 days)
DERMATOLOGY, ANTISEBORRHEICS		
<i>ketconazole external shampoo 2 %</i>	PG	
ZORYVE EXTERNAL FOAM 0.3 % (<i>roflumilast</i>)	PB	PA; IBC (Preferred for Seborrheic Dermatitis and Plaque Psoriasis); QL (60 GRAMS per 25 days)
DERMATOLOGY, ATOPIC DERMATITIS		
ADBRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML (<i>tralokinumab-ldrm</i>)	NPSP	PA; QL (2 PENS per 28 days)
ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>tralokinumab-ldrm</i>)	NPSP	PA; QL (4 SYRINGES per 28 days)
ANZUPGO EXTERNAL CREAM 20 MG/GM (<i>delgocitinib</i>)	NF	
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG (<i>abrocitinib</i>)	PSP	PA; QL (30 TABLETS per 30 days)
EBGLYSS SUBCUTANEOUS SOLUTION AUTO-INJECTOR 250 MG/2ML (<i>lebrikizumab-lbkz</i>)	PSP	PA; QL (2 PENS per 28 DAYs)
EBGLYSS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 250 MG/2ML (<i>lebrikizumab-lbkz</i>)	PSP	PA; QL (2 SYRINGES per 28 DAYs)

2026 Pharmacy Drug Guide - Advanced Control Plan - Aetna

The formulary is updated the first week of each month
05/01/2026

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EUCRISA EXTERNAL OINTMENT 2 % (<i>crisaborole</i>)	PB	
OPZELURA EXTERNAL CREAM 1.5 % (<i>ruxolitinib phosphate</i>)	PB	PA; QL (60 GRAMS per 28 days)
<i>pimecrolimus external cream 1 %</i>	NP	PA
<i>tacrolimus external ointment 0.03 %, 0.1 %</i>	NP	PA
ZORYVE EXTERNAL CREAM 0.05 %, 0.15 % (<i>roflumilast</i>)	PB	PA; QL (60 GRAMS per 25 days)
DERMATOLOGY, CHRONIC SPONTANEOUS URTICARIA		
RHAPSIDO ORAL TABLET 25 MG (<i>remibrutinib</i>)	NF	
DERMATOLOGY, CORTICOSTEROIDS		
<i>alclometasone dipropionate external cream 0.05 %</i>	PG	QL (120 GRAMS per 25 days)
<i>alclometasone dipropionate external ointment 0.05 %</i>	PG	QL (120 GRAMS per 25 days)
<i>amcinonide external cream 0.1 %</i>	NF	
<i>amcinonide external ointment 0.1 %</i>	NF	
<i>betamethasone dipropionate aug external cream 0.05 %</i>	PG	QL (120 GRAMS per 25 days)
<i>betamethasone dipropionate aug external gel 0.05 %</i>	PG	QL (120 GRAMS per 25 days)
<i>betamethasone dipropionate aug external lotion 0.05 %</i>	PG	QL (120 ML per 25 days)
<i>betamethasone dipropionate aug external ointment 0.05 %</i>	PG	QL (120 GRAMS per 25 days)
<i>betamethasone dipropionate external cream 0.05 %</i>	PG	QL (120 GRAMS per 25 days)
<i>betamethasone dipropionate external lotion 0.05 %</i>	PG	QL (120 ML per 25 DAYs)
<i>betamethasone dipropionate external ointment 0.05 %</i>	NF	
<i>betamethasone valerate external cream 0.1 %</i>	NP	QL (120 GRAMS per 25 days)
<i>betamethasone valerate external foam 0.12 %</i>	NP	QL (120 GRAMS per 25 days)
<i>betamethasone valerate external lotion 0.1 %</i>	NP	QL (120 ML per 25 DAYs)
<i>betamethasone valerate external ointment 0.1 %</i>	NP	QL (120 GRAMS per 25 days)
BRYHALI EXTERNAL LOTION 0.01 % (<i>halobetasol propionate</i>)	PB	QL (120 GRAMS per 25 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>clobetasol prop emollient base external cream 0.05 %</i>	NP	QL (120 GRAMS per 30 Days)
<i>clobetasol propionate e external cream 0.05 %</i>	NP	QL (120 GRAMS per 25 days)
<i>clobetasol propionate emulsion external foam 0.05 %</i>	NF	
<i>clobetasol propionate external cream 0.025 %</i>	PG	QL (120 GRAMS per 25 days)
<i>clobetasol propionate external foam 0.05 %</i>	NP	QL (120 GRAMS per 25 days)
<i>clobetasol propionate external gel 0.05 %</i>	NP	QL (120 GRAMS per 25 days)
<i>clobetasol propionate external liquid 0.05 %</i>	NF	
<i>clobetasol propionate external lotion 0.05 %</i>	NP	QL (120 ML per 25 DAYs)
<i>clobetasol propionate external ointment 0.05 %</i>	NP	QL (120 GRAMS per 25 days)
<i>clobetasol propionate external shampoo 0.05 %</i>	NP	QL (120 ML per 25 days)
<i>clobetasol propionate external solution 0.05 %</i>	NP	QL (120 ML per 25 DAYs)
CLOBEX EXTERNAL LOTION 0.05 % (<i>clobetasol propionate</i>)	NP	PA; QL (180 ML per 25 DAYs)
CLOBEX EXTERNAL SHAMPOO 0.05 % (<i>clobetasol propionate</i>)	NP	PA; QL (180 ML per 25 DAYs)
CLOBEX SPRAY EXTERNAL LIQUID 0.05 % (<i>clobetasol propionate</i>)	NF	
<i>clocortolone pivalate external cream 0.1 %</i>	NF	
CORDRAN EXTERNAL TAPE 4 MCG/SQCM (<i>flurandrenolide</i>)	NF	
DERMA-SMOOTH/FS BODY EXTERNAL OIL 0.01 % (<i>fluocinolone acetone</i>)	NP	PA; QL (120 ML per 25 days)
DERMA-SMOOTH/FS SCALP EXTERNAL OIL 0.01 % (<i>fluocinolone acetone</i>)	NP	PA; QL (120 ML per 25 days)
<i>desonide external cream 0.05 %</i>	NP	QL (120 GRAMS per 25 days)
<i>desonide external gel 0.05 %</i>	NF	
<i>desonide external lotion 0.05 %</i>	NP	QL (120 ML per 25 days)
<i>desonide external ointment 0.05 %</i>	NP	QL (120 GRAMS per 25 days)
<i>desoximetasone external cream 0.05 %, 0.25 %</i>	NP	QL (120 GRAMS per 25 days)

2026 Pharmacy Drug Guide - Advanced Control Plan - Aetna

The formulary is updated the first week of each month
05/01/2026

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>desoximetasone external gel 0.05 %</i>	NP	QL (120 GRAMS per 25 days)
<i>desoximetasone external liquid 0.25 %</i>	PG	QL (120 ML per 25 days)
<i>desoximetasone external ointment 0.05 %</i>	NF	
<i>desoximetasone external ointment 0.25 %</i>	NP	QL (120 GRAMS per 25 days)
<i>diflorasone diacetate external cream 0.05 %</i>	NF	
<i>diflorasone diacetate external ointment 0.05 %</i>	NF	
DIPROLENE EXTERNAL OINTMENT 0.05 % (<i>betamethasone dipropionate aug</i>)	NP	PA; QL (180 GRAMS per 25 days)
DUOBRII EXTERNAL LOTION 0.01-0.045 % (<i>halobetasol prop-tazarotene</i>)	NF	
<i>fluocinolone acetonide body external oil 0.01 %</i>	PG	QL (120 ML per 25 days)
<i>fluocinolone acetonide external cream 0.01 %, 0.025 %</i>	NP	QL (120 GRAMS per 25 days)
<i>fluocinolone acetonide external ointment 0.025 %</i>	NP	QL (120 GRAMS per 25 days)
<i>fluocinolone acetonide external solution 0.01 %</i>	PG	QL (120 ML per 25 days)
<i>fluocinolone acetonide scalp external oil 0.01 %</i>	PG	QL (120 ML per 25 days)
<i>fluocinonide emulsified base external cream 0.05 %</i>	PG	QL (120 GRAMS per 25 days)
<i>fluocinonide external cream 0.05 %</i>	NP	QL (120 GRAMS per 25 days)
<i>fluocinonide external cream 0.1 %</i>	NF	
<i>fluocinonide external gel 0.05 %</i>	NP	QL (120 GRAMS per 25 days)
<i>fluocinonide external ointment 0.05 %</i>	NP	QL (120 GRAMS per 25 days)
<i>fluocinonide external solution 0.05 %</i>	PG	QL (120 ML per 25 days)
<i>flurandrenolide external lotion 0.05 %</i>	NF	
<i>fluticasone propionate external cream 0.05 %</i>	NP	QL (120 GRAMS per 25 days)
<i>fluticasone propionate external lotion 0.05 %</i>	NP	QL (120 ML per 25 days)
<i>fluticasone propionate external ointment 0.005 %</i>	PG	QL (120 GRAMS per 25 days)
<i>halcinonide external cream 0.1 %</i>	NF	
<i>halcinonide external solution 0.1 %</i>	PG	QL (120 ML per 25 DAYs)

2026 Pharmacy Drug Guide - Advanced Control Plan - Aetna

The formulary is updated the first week of each month
05/01/2026

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>halobetasol propionate external cream 0.05 %</i>	NP	QL (120 GRAMS per 25 days)
<i>halobetasol propionate external foam 0.05 %</i>	NF	
<i>halobetasol propionate external ointment 0.05 %</i>	NP	QL (120 GRAMS per 25 days)
HALOG EXTERNAL CREAM 0.1 % (<i>halcinonide</i>)	NF	
HALOG EXTERNAL SOLUTION 0.1 % (<i>halcinonide</i>)	NF	
<i>hydrocortisone butyrate external cream 0.1 %</i>	PG	QL (120 GRAMS per 25 days)
<i>hydrocortisone butyrate external lotion 0.1 %</i>	NF	
<i>hydrocortisone butyrate external ointment 0.1 %</i>	PG	QL (120 GRAMS per 25 days)
<i>hydrocortisone butyrate external solution 0.1 %</i>	PG	QL (120 ML per 25 DAYs)
<i>hydrocortisone external cream 2.5 %</i>	PG	QL (120 GRAMS per 25 days)
<i>hydrocortisone external lotion 2 %</i>	NF	
<i>hydrocortisone external lotion 2.5 %</i>	PG	QL (120 ML per 25 days)
<i>hydrocortisone external ointment 2.5 %</i>	PG	QL (120 GRAMS per 25 days)
<i>hydrocortisone external solution 2.5 %</i>	NF	
<i>hydrocortisone valerate external cream 0.2 %</i>	PG	QL (120 GRAMS per 25 days)
<i>hydrocortisone valerate external ointment 0.2 %</i>	PG	QL (120 GRAMS per 25 days)
IMPOYZ EXTERNAL CREAM 0.025 % (<i>clobetasol propionate</i>)	NF	
LEXETTE EXTERNAL FOAM 0.05 % (<i>halobetasol propionate</i>)	NF	
MICORT HC EXTERNAL CREAM 2.5 % (<i>hydrocortisone acetate</i>)	PG	QL (120 GRAMS per 25 days)
<i>mometasone furoate external cream 0.1 %</i>	NP	QL (120 GRAMS per 25 days)
<i>mometasone furoate external ointment 0.1 %</i>	NP	QL (120 GRAMS per 25 days)
<i>mometasone furoate external solution 0.1 %</i>	PG	QL (120 ML per 25 days)
SERNIVO EXTERNAL EMULSION 0.05 % (<i>betamethasone dipropionate</i>)	NP	PA; QL (120 ML per 25 DAYs)
SYNALAR EXTERNAL CREAM 0.025 % (<i>fluocinolone acetonide</i>)	NP	PA; QL (180 GRAMS per 25 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SYNALAR EXTERNAL OINTMENT 0.025 % (<i>fluocinolone acetonide</i>)	NP	PA; QL (180 GRAMS per 25 days)
TEXACORT EXTERNAL SOLUTION 2.5 % (<i>hydrocortisone</i>)	PG	PA; QL (120 ML per 25 days)
TOPICORT EXTERNAL OINTMENT 0.05 %, 0.25 % (<i>desoximetasone</i>)	NP	PA; QL (180 GRAMS per 25 days)
TOPICORT SPRAY EXTERNAL LIQUID 0.25 % (<i>desoximetasone</i>)	NP	PA; QL (180 ML per 25 DAYS)
<i>clobetasol propionate emulsion</i> (Tovet External Foam 0.05 %)	NF	
<i>triamcinolone acetonide external aerosol solution 0.147 mg/gm</i>	NF	
<i>triamcinolone acetonide external cream 0.025 %, 0.1 %, 0.5 %</i>	PG	QL (120 GRAMS per 25 days)
<i>triamcinolone acetonide external lotion 0.025 %, 0.1 %</i>	PG	QL (120 ML per 25 days)
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>	PG	QL (120 GRAMS per 25 days)
ULTRAVATE EXTERNAL LOTION 0.05 % (<i>halobetasol propionate</i>)	NF	
VANOS EXTERNAL CREAM 0.1 % (<i>fluocinonide</i>)	NF	
DERMATOLOGY, LOCAL ANESTHETICS		
<i>lidocaine external ointment 5 %</i>	NP	QL (50 GRAMS per 25 days)
<i>lidocaine external patch 5 %</i>	NP	PA; N8 (Listing does not include certain NDCs); QL (90 PATCHES per 25 DAYS)
<i>lidocaine hcl external solution 4 %</i>	PG	QL (50 ML per 25 DAYS)
<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>	PG	QL (30 GRAMS per 25 days)
LIDODERM EXTERNAL PATCH 5 % (<i>lidocaine</i>)	NP	PA; QL (90 PATCHES per 25 days)
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
ABREVA EXTERNAL CREAM 10 % (<i>docosanol</i>)	PG	Select OTC
<i>acyclovir external cream 5 %</i>	NF	
<i>acyclovir external ointment 5 %</i>	NP	
AMELUZ EXTERNAL GEL 10 % (<i>aminolevulinic acid hcl</i>)	NF	
<i>bexarotene external gel 1 %</i>	PSP	PA
DENAVIR EXTERNAL CREAM 1 % (<i>penciclovir</i>)	NF	
<i>docosanol external cream 10 %</i>	PG	Select OTC
HYFTOR EXTERNAL GEL 0.2 % (<i>sirolimus</i>)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LEVULAN KERASTICK EXTERNAL SOLUTION RECONSTITUTED 20 % (<i>aminolevulinic acid hcl</i>)	NPSP	QL (1 STICK per 25 DAYs)
NEMLUVIO SUBCUTANEOUS AUTO-INJECTOR 30 MG (<i>nemolizumab-ilto</i>)	PSP	PA; IBC (Preferred agent for Atopic Dermatitis and Prurigo Nodularis); QL (2 PENS per 28 DAYs)
<i>penciclovir external cream 1 %</i>	NF	
<i>podofilox external gel 0.5 %</i>	NP	
<i>podofilox external solution 0.5 %</i>	PG	
SANTYL EXTERNAL OINTMENT 250 UNIT/GM (<i>collagenase</i>)	NP	PA
TARGRETIN EXTERNAL GEL 1 % (<i>bexarotene</i>)	NF	
VALCHLOR EXTERNAL GEL 0.016 % (<i>mechlorethamine hcl topical</i>)	NPSP	PA; QL (2 GRAMS per 30 days)
VEREGEN EXTERNAL OINTMENT 15 % (<i>sinecatechins</i>)	NF	
ZELSUVMI EXTERNAL GEL 10.3 % (<i>berdazimer sodium</i>)	NF	
ZOVIRAX EXTERNAL CREAM 5 % (<i>acyclovir</i>)	NF	
ZOVIRAX EXTERNAL OINTMENT 5 % (<i>acyclovir</i>)	NF	
DERMATOLOGY, ROSACEA		
<i>azelaic acid external gel 15 %</i>	NP	
<i>brimonidine tartrate external gel 0.33 %</i>	NF	
<i>doxycycline oral capsule delayed release 40 mg</i>	NF	
EMROSI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 40 MG (<i>minocycline hcl micronized</i>)	NF	
EPSOLAY EXTERNAL CREAM 5 % (<i>benzoyl peroxide</i>)	NF	
FINACEA EXTERNAL FOAM 15 % (<i>azelaic acid</i>)	PB	PA
<i>ivermectin external cream 1 %</i>	PG	PA
METROCREAM EXTERNAL CREAM 0.75 % (<i>metronidazole</i>)	NP	ST; QL (60 GRAMS per 25 days)
METROGEL EXTERNAL GEL 1 % (<i>metronidazole</i>)	NF	
<i>metronidazole external cream 0.75 %</i>	PG	N8 (Listing does not include certain NDCs); QL (60 GRAMS per 25 days)
<i>metronidazole external gel 0.75 %</i>	PG	QL (60 GRAMS per 25 days)
<i>metronidazole external gel 1 %</i>	NP	QL (60 GRAMS per 25 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>metronidazole external lotion 0.75 %</i>	PG	N8 (Listing does not include certain NDCs); QL (60 ML per 25 days)
MIRVASO EXTERNAL GEL 0.33 % (<i>brimonidine tartrate</i>)	NF	
NORITATE EXTERNAL CREAM 1 % (<i>metronidazole</i>)	NF	
ORACEA ORAL CAPSULE DELAYED RELEASE 40 MG (<i>doxycycline</i>)	PB	
RHOFADE EXTERNAL CREAM 1 % (<i>oxymetazoline hcl</i>)	NF	
SOOLANTRA EXTERNAL CREAM 1 % (<i>ivermectin</i>)	NF	
ZILXI EXTERNAL FOAM 1.5 % (<i>minocycline hcl micronized</i>)	NF	
DERMATOLOGY, SCABICIDES AND PEDICULICIDES		
CROTAN EXTERNAL LOTION 10 % (<i>crotamiton</i>)	PG	
<i>malathion external lotion 0.5 %</i>	PG	
<i>permethrin external cream 5 %</i>	PG	
<i>spinosad external suspension 0.9 %</i>	PG	
DERMATOLOGY, WOUND CARE AGENTS		
<i>acetic acid irrigation solution 0.25 %</i>	PG	
<i>sodium chloride irrigation solution 0.9 %</i>	PG	
MOUTH/THROAT/DENTAL AGENTS		
<i>cevimeline hcl oral capsule 30 mg</i>	PG	
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	PG	N8 (Listing does not include certain NDCs)
<i>clotrimazole mouth/throat troche 10 mg</i>	PG	QL (90 LOZENGES per 25 days)
<i>lidocaine viscous hcl mouth/throat solution 2 %</i>	PG	
<i>nystatin suspension 100000 unit/ml mouth/throat</i>	NF	
<i>nystatin suspension 100000 unit/ml mouth/throat</i>	PG	
ORAVIG BUCCAL TABLET 50 MG (<i>miconazole</i>)	NP	QL (14 TABLETS per 25 days)
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	PG	
<i>triamcinolone acetonide mouth/throat paste 0.1 %</i>	PG	
OTIC - DRUGS TO TREAT CONDITIONS OF THE EAR		
<i>acetic acid otic solution 2 %</i>	PG	N8 (Listing does not include certain NDCs)
CIPRO HC OTIC SUSPENSION 0.2-1 % (<i>ciprofloxacin-hydrocortisone</i>)	NF	N10 (NP)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>ciprofloxacin hcl otic solution 0.2 %</i>	NP	
<i>ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %</i>	PG	
<i>ciprofloxacin-fluocinolone pf otic solution 0.3-0.025 %</i>	NF	N10 (NP)
<i>ciprofloxacin-hydrocortisone otic suspension 0.2-1 %</i>	PG	
<i>fluocinolone acetonide otic oil 0.01 %</i>	NP	
<i>hydrocortisone-acetic acid otic solution 1-2 %</i>	PG	
<i>neomycin-polymyxin-hc otic solution 1 %</i>	PG	
<i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i>	PG	
<i>ofloxacin otic solution 0.3 %</i>	PG	
OTOVEL OTIC SOLUTION 0.3-0.025 % (<i>ciprofloxacin-fluocinolone</i>)	NF	

Index

<i>abacavir sulfate</i>	34	<i>adalimumab-aacf (2 syringe)</i>	180	AKLIEF	220
<i>abacavir sulfate-lamivudine</i>	37	<i>adalimumab-aaty (1 pen)</i>	180	AKYNZEO	159
ABILIFY	84	<i>adalimumab-aaty (2 syringe)</i>	180	<i>albendazole</i>	33
ABILIFY ASIMTUFII	84	<i>adalimumab-adaz</i>	180	<i>albuterol sulfate</i>	213
ABILIFY MAINTENA	84	<i>adalimumab-adbm (2 pen)</i>	180	<i>albuterol sulfate hfa</i>	213
<i>abiraterone acetate</i>	48	<i>adalimumab-adbm (2 syringe)</i> ..	181	<i>alclometasone dipropionate</i>	226
<i>abiraterone acetate micronized</i> ..	48	<i>adalimumab-bwwd</i>	181	<i>alcohol swabs</i>	137
ABREVA	230	<i>adalimumab-fkjp (2 pen)</i>	181	ALDURAZYME	150
ABRILADA (1 PEN)	180	<i>adalimumab-fkjp (2 syringe)</i>	181	ALECENSA	50
ABRILADA (2 PEN)	180	<i>adalimumab-ryvk (1 pen)</i>	181	<i>alendronate sodium</i>	123
ABRILADA (2 SYRINGE)	180	<i>adalimumab-ryvk (2 pen)</i>	181	<i>alfuzosin hcl er</i>	167
ABSORICA	220	<i>adalimumab-ryvk (2 syringe)</i>	181	ALHEMO	176
ABSORICA LD	220	<i>adapalene</i>	220	<i>aliskiren fumarate</i>	69
<i>acamprosate calcium</i>	74	<i>adapalene-benzoyl peroxide</i>	220	ALKINDI SPRINKLE	146
ACANYA	220	ADBRY	225	ALLEGRA ALLERGY	211
<i>acarbose</i>	114	ADCIRCA	72	ALLEGRA ALLERGY	
ACCRUFER	202	ADDERALL	93	CHILDRENS	211
ACCU-CHEK AVIVA PLUS ..	136	ADDERALL XR	93	ALLEGRA-D ALLERGY &	
ACCU-CHEK FASTCLIX		ADDYI	110	CONGESTION	214
LANCET	137	<i>adefovir dipivoxil</i>	42	<i>allergy rel child (cetirizine)</i>	211
ACCU-CHEK FASTCLIX		ADEMPAS	72	<i>allopurinol</i>	21, 22
LANCETS	137	ADMELOG	116	ALLZITAL	22
ACCU-CHEK GUIDE TEST ..	137	ADMELOG SOLOSTAR	116	<i>almotriptan malate</i>	100
ACCU-CHEK SAFE-T PRO		ADVAIR DISKUS	218	<i>alogliptin benzoate</i>	115
LANCETS	137	ADVAIR HFA	219	<i>alogliptin-metformin hcl</i>	114
ACCU-CHEK SMARTVIEW ..	137	ADVANCE INTUITION TEST		<i>alogliptin-pioglitazone</i>	114
ACCU-CHEK SOFTCLIX		.....	137	ALORA	151
LANCET DEV	137	ADVANCE MICRO-DRAW		<i>alosetron hcl</i>	162
ACCU-CHEK SOFTCLIX		TEST	137	ALPHAGAN P	209
LANCETS	137	ADVATE	174	ALPHANATE	172
Accutane	220	ADVOCATE REDI-CODE	137	ALPHANINE SD	176
ACCUTREND GLUCOSE	137	ADVOCATE REDI-CODE+		<i>alprazolam</i>	74
<i>acebutolol hcl</i>	66	TEST	137	<i>alprazolam er</i>	74
<i>acetaminophen-codeine</i>	25	ADVOCATE TEST	137	ALPRAZOLAM INTENSOL	74
<i>acetazolamide</i>	69	<i>adynovate</i>	174	ALPROLIX	176
<i>acetazolamide er</i>	69	ADZENYS XR-ODT	93	ALREX	206
<i>acetic acid</i>	232	AFINITOR	50	Altavera	126
<i>acetylcysteine</i>	216	AFINITOR DISPERZ	50	ALTRENO	220
ACIPHEX	165	Afirmelle	126	ALTUVIIIIO	174
<i>acitretin</i>	224	AFREZZA	116	ALUNBRIG	50
ACTEMRA	180	AFSTYLA	174	ALVAIZ	178
ACTEMRA ACTPEN	180	AFTERA	126	ALVESCO	218
ACTHAR	153	AFTERPILL	126	<i>alyacen 1/35</i>	126
ACTHAR GEL	153	AGAMATRIX AMP TEST	137	<i>alyacen 7/7/7</i>	126
ACTIMMUNE	197	AGAMATRIX JAZZ TEST	137	ALYFTREK	215
ACTONEL	123	AGAMATRIX PRESTO TEST	137	ALYGLO	195
ACTOS	120	AGAMREE	146	Alyq	72
ACUVAIL	206	AIMOVIG	100	<i>amantadine hcl</i>	82, 83
<i>acyclovir</i>	39, 40, 230	AIRSUPRA	219	AMBIEN	98
ACZONE	220	AJOVY	100	AMBIEN CR	98
<i>adalimumab-aacf (2 pen)</i>	180	AKEEGA	48	<i>ambrisentan</i>	72

<i>amcinonide</i>	226	<i>aprepitant</i>	159	<i>atenolol-chlorthalidone</i>	66
AMELUZ.....	230	APRETUDE.....	35	ATGAM.....	197
Amethyst.....	126	Apri.....	126	ATIVAN.....	74
<i>amiloride hcl</i>	69	APRISO.....	161	<i>atomoxetine hcl</i>	94
<i>amiloride-hydrochlorothiazide</i> ...	69	APTENSIO XR.....	93	ATORVALIQ.....	64
<i>aminocaproic acid</i>	176	APTIVUS.....	35	<i>atorvastatin calcium</i>	64
<i>amiodarone hcl</i>	62	AQNEURSA.....	150	<i>atovaquone</i>	43
AMITIZA.....	162	AQVESME.....	177	<i>atovaquone-proguanil hcl</i>	34
<i>amitriptyline hcl</i>	76, 77	ARAKODA.....	34	ATRALIN.....	220
AMJEVITA.....	181	ARALAST NP.....	209	<i>atropine sulfate</i>	207
AMJEVITA-PED 10KG TO		ARANELLE.....	126	ATROVENT HFA.....	210
<15KG	181	ARANESP (ALBUMIN FREE)		ATTRUBY.....	70
AMJEVITA-PED 15KG TO		.....	173	AUBAGIO.....	103
<30KG	181	ARAZLO.....	220	Aubra Eq.....	126
<i>amlodipine besy-benazepril hcl</i> ..	59	ARBLI.....	62	AUGTYRO.....	50
<i>amlodipine besylate</i>	67	ARCALYST.....	197	AUKELSO.....	123
<i>amlodipine besylate-valsartan</i>	61	<i>arformoterol tartrate</i>	213	<i>auranofin</i>	194
<i>amlodipine-atorvastatin</i>	67	ARIKAYCE.....	33	Aurovela 1.5/30.....	126
<i>amlodipine-olmesartan</i>	61	<i>aripiprazole</i>	84	Aurovela 1/20.....	126
<i>amlodipine-valsartan-hctz</i>	61	ARISTADA.....	85	Aurovela 24 Fe.....	127
Amnesteem.....	220	ARISTADA INITIO.....	85	Aurovela Fe 1.5/30.....	127
<i>amoxapine</i>	77	<i>armodafinil</i>	108	Aurovela Fe 1/20.....	127
<i>amoxicill-clarithro-lansopraz</i> ...	167	ARMOUR THYROID.....	156	AURYXIA.....	155
<i>amoxicillin</i>	45	ARNUITY ELLIPTA.....	218	AUSTEDO.....	102
<i>amoxicillin-pot clavulanate</i>	45	ARTHROTEC.....	25	AUSTEDO XR.....	102
<i>amoxicillin-pot clavulanate er</i>	45	ASCENIV.....	195	AUSTEDO XR PATIENT	
<i>amphetamine er</i>	93	<i>asenapine maleate</i>	85	TITRATION.....	102
<i>amphetamine sulfate</i>	93	Ashlyna.....	126	AUVELITY.....	77
<i>amphetamine-dextroamphet er</i> ...	93	ASMANEX (120 METERED		AUVI-Q.....	209
<i>amphetamine-</i>		DOSES).....	218	<i>avanafil</i>	168
<i>dextroamphetamine</i>	93	ASMANEX (30 METERED		AVEED.....	113
<i>amphet-dextroamphet 3-bead er</i> ..	93	DOSES).....	218	AVERI.....	127
<i>ampicillin</i>	45	ASMANEX (60 METERED		Aviane.....	127
AMPYRA.....	103	DOSES).....	218	AVMAPKI FAKZYNJA CO-	
AMRIX.....	106	ASMANEX HFA.....	218	PACK.....	50
AMZEEQ.....	220	<i>aspirin</i>	32	AVONEX PEN.....	103
ANAFRANIL.....	74	<i>aspirin childrens</i>	31	AVONEX PREFILLED.....	103
<i>anagrelide hcl</i>	176	<i>aspirin-dipyridamole er</i>	177	AVSOLA.....	179
<i>anastrozole</i>	48	ASSURE 3 TEST.....	137	AVTOZMA.....	181
ANDEMBRY.....	195	ASSURE 4 TEST.....	137	Ayuna.....	127
ANDROGEL PUMP.....	113	ASSURE II.....	137	AYVAKIT.....	50
ANGELIQ.....	151	ASSURE II CHECK.....	137	AZASITE.....	205
ANNOVERA.....	126	ASSURE PLATINUM.....	137	<i>azathioprine</i>	197
ANORO ELLIPTA.....	210	ASSURE PRISM MULTI		<i>azelaic acid</i>	231
ANZEMET.....	159	TEST.....	138	<i>azelastine hcl</i>	203, 211
ANZUPGO.....	225	ASSURE PRO TEST.....	138	<i>azelastine-fluticasone</i>	211
<i>apap-caff-dihydrocodeine</i>	25	ATABEX EC.....	199	AZELEX.....	220
APIDRA.....	116	ATACAND.....	62	<i>azesco</i>	199
APIDRA SOLOSTAR.....	116	ATACAND HCT.....	61	<i>azithromycin</i>	41
APLENZIN.....	77	<i>atazanavir sulfate</i>	35	AZMIRO.....	113
APOKYN.....	83	ATELVIA.....	123	AZOPT.....	207
<i>apomorphine hcl</i>	83	<i>atenolol</i>	66	AZOR.....	61

AZSTARYS.....	94	<i>betamethasone dipropionate</i>	<i>bromfenac sodium (once-daily)</i>	206
Azurette.....	127	<i>aug</i>	<i>bromocriptine mesylate</i>	83
<i>bacitracin</i>	205	<i>betamethasone valerate</i>	BROMSITE.....	206
<i>bacitracin-polymyxin b</i>	205	BETAPACE.....	BRONCHITOL.....	215
<i>baclofen</i>	106	BETAPACE AF.....	BRUKINSA.....	51
BAFIERTAM.....	103	BETASERON.....	BRYHALI.....	226
BALCOLTRA.....	127	<i>betaxolol hcl</i>	BRYNOVIN.....	115
<i>balsalazide disodium</i>	161	<i>bethanechol chloride</i>	BUCAPSOL.....	75
BALVERSA.....	50	BETHKIS.....	<i>budesonide</i>	161, 216, 218
Balziva.....	127	BETIMOL.....	<i>budesonide er</i>	161
BANZEL.....	87	BETOPTIC-S.....	<i>budesonide-formoterol fumarate</i>	
BAQSIMI ONE PACK.....	148	BEVESPI AEROSPHERE.....	.....	219
BAQSIMI TWO PACK.....	148	<i>bexagliflozin</i>	<i>bumetanide</i>	69
BARACLUDE.....	42	<i>bexarotene</i>	BUPHENYL.....	157
BASAGLAR KWIKPEN.....	116	BEYAZ.....	<i>buprenorphine</i>	31
BD GLUCOSE.....	148	<i>bicalutamide</i>	<i>buprenorphine hcl</i>	109
BD INSULIN SYRINGE U-500		BIJUVA.....	<i>buprenorphine hcl-naloxone hcl</i>	
.....	138	BIKTARVY.....	.....	108
BD PEN NEEDLE MICRO		BILDYOS.....	<i>bupropion hcl</i>	77
ULTRAFINE.....	138	BILPREVDA.....	<i>bupropion hcl er (smoking det)</i>	111
BD PEN NEEDLE MINI		BILTRICIDE.....	<i>bupropion hcl er (sr)</i>	77
ULTRAFINE.....	138	<i>bimatoprost</i>	<i>bupropion hcl er (xl)</i>	77
BD PEN NEEDLE NANO 2ND		BIMZELX.....	<i>buspirone hcl</i>	75
GEN.....	138	BINOSTO.....	<i>butalbital-acetaminophen</i>	22
BD PEN NEEDLE NANO		<i>bismuth/metronidaz/tetracyclin</i>	<i>butalbital-apap-caff-cod</i>	25
ULTRAFINE.....	138	<i>bisoprolol fumarate</i>	<i>butalbital-apap-caffeine</i>	22
BD PEN NEEDLE ORIG		<i>bisoprolol-hydrochlorothiazide</i> ..	<i>butalbital-asa-caff-codeine</i>	25
ULTRAFINE.....	138	BIVIGAM.....	<i>butalbital-aspirin-caffeine</i>	22
BD PEN NEEDLE SHORT		Blisovi 24 Fe.....	<i>butorphanol tartrate</i>	25
ULTRAFINE.....	138	Blisovi Fe 1.5/30.....	BUTRANS.....	31
BD VEO INSULIN SYR		Blisovi Fe 1/20.....	BYLVAY.....	163
ULTRAFINE.....	138	<i>blood glucose test</i>	BYLVAY (PELLETS).....	163
BELBUCA.....	31	BOMYNTRA.....	BYNFEZIA PEN.....	112
BELSOMRA.....	98	BONSITY.....	BYOOVIZ.....	208
<i>benazepril hcl</i>	60	BOSAYA.....	BYSTOLIC.....	66
<i>benazepril-hydrochlorothiazide</i> ..	59	<i>bosentan</i>	<i>cabergoline</i>	153
BENEFIX.....	176	BOSULIF.....	CABLIVI.....	172
BENICAR.....	62	BOTOX.....	CABOMETYX.....	51
BENICAR HCT.....	61	BRAFTOVI.....	CABTREO.....	221
BENLYSTA.....	197	BREKIYA.....	<i>calcipotriene</i>	224
<i>benzonatate</i>	214	BRENZAVVY.....	<i>calcipotriene-betameth diprop</i> ..	224
<i>benzoyl peroxide-erythromycin</i>	220	BREO ELLIPTA.....	<i>calcitonin (salmon)</i>	124
<i>benzphetamine hcl</i>	121	Breyna.....	<i>calcitriol</i>	158, 224
<i>benztropine mesylate</i>	83	BREZTRI AEROSPHERE.....	<i>calcium acetate (phos binder)</i> ...	155
<i>bepotastine besilate</i>	203	<i>briellyn</i>	CALQUENCE.....	51
BEPREVE.....	203	<i>brimonidine tartrate</i>	CAMBIA.....	22
BERINERT.....	195	<i>brimonidine tartrate-timolol</i>	Camila.....	127
<i>besifloxacin hcl</i>	205	BRINSUPRI.....	Camrese.....	127
BESIVANCE.....	205	<i>brinzolamide</i>	Camrese Lo.....	127
BESREMI.....	47	<i>brivaracetam</i>	CAMZYOS.....	70
<i>betaine</i>	153	BRIVIACT.....	CANASA.....	161
<i>betamethasone dipropionate</i>	226	<i>bromfenac sodium</i>	<i>candesartan cilexetil</i>	62

<i>candesartan cilexetil-hctz</i>	61	<i>cetirizine-pseudoephedrine er</i> ...	214	CLARITIN ALLERGY	
<i>capecitabine</i>	46	<i>cetrorelix acetate</i>	145	CHILDRENS	211
CAPLYTA	85	CETROTIDE	145	CLARITIN REDITABS	212
CAPRELSA	51	<i>cevimeline hcl</i>	232	CLARITIN REDITABS	
<i>captopril</i>	60	Charlotte 24 Fe	127	JUNIORS	211
<i>captopril-hydrochlorothiazide</i>	59	Chateal Eq	127	CLARITIN-D 12 HOUR	214
CARAFATE	163	<i>chlordiazepoxide hcl</i>	75	CLARITIN-D 24 HOUR	214
CARBAGLU	157	<i>chlordiazepoxide-amitriptyline</i> .	110	<i>clemastine fumarate</i>	212
<i>carbamazepine</i>	87	<i>chlordiazepoxide-clidinium</i>	160	CLENPIQ	162
<i>carbamazepine er</i>	87	<i>chlorhexidine gluconate</i>	232	CLEOCIN-T	221
<i>carbidopa</i>	83	<i>chloroquine phosphate</i>	34	CLEVER CHEK AUTO-CODE	
<i>carbidopa-levodopa</i>	83	<i>chlorpromazine hcl</i>	85	TEST	138
<i>carbidopa-levodopa er</i>	83	<i>chlorthalidone</i>	69	CLEVER CHEK AUTO-CODE	
<i>carbidopa-levodopa-entacapone</i> 83		<i>chlorzoxazone</i>	106	VOICE	138
<i>carbinoxamine maleate</i>	211	CHOLBAM	163	CLEVER CHEK TEST	138
<i>carbinoxamine maleate er</i>	211	<i>cholestyramine</i>	63	CLEVER CHOICE AUTO-	
CARDAMYST	67	<i>cholestyramine light</i>	63	CODE TEST	138
CARDIZEM	68	<i>chorionic gonadotropin</i>	145	CLEVER CHOICE MICRO	
CARDIZEM CD	67	CIALIS	168	TEST	139
CARDIZEM LA	68	CIBINQO	225	CLEVER CHOICE NO	
CARESENS N GLUCOSE		<i>ciclopirox</i>	223	CODING	139
TEST	138	<i>ciclopirox olamine</i>	223	CLEVER CHOICE TALK	
CARESENS S GLUCOSE		<i>cidofovir</i>	40	SYSTEM	139
TEST	138	<i>cilostazol</i>	177	CLIMARA	151
CARETOUCH TEST	138	CILOXAN	205	CLIMARA PRO	151
<i>carglumic acid</i>	157	CIMDUO	38	Clindacin-P	221
<i>carisoprodol</i>	106	<i>cimetidine</i>	161	CLINDAGEL	221
CARNITOR	125	<i>cimetidine hcl</i>	161	<i>clindamycin hcl</i>	44
CARNITOR SF	125	CIMZIA (1 SYRINGE)	182	<i>clindamycin palmitate hcl</i>	44
CAROSPIR	60	CIMZIA (2 SYRINGE)	182	<i>clindamycin phos (once-daily)</i> .	221
<i>carteolol hcl</i>	204	CIMZIA-STARTER	183	<i>clindamycin phos (twice-daily)</i> .	221
<i>carvedilol</i>	66	<i>cinacalcet hcl</i>	122, 123	<i>clindamycin phos-benzoyl perox</i>	
<i>carvedilol phosphate er</i>	66	CINRYZE	195	.....	221
CAVERJECT	168	CIPRO HC	232	<i>clindamycin phosphate</i>	170, 221
CAVERJECT IMPULSE	168	<i>ciprofloxacin hcl</i>	42, 205, 233	<i>clindamycin-tretinoin</i>	221
CAYA	127	<i>ciprofloxacin-dexamethasone</i> ...	233	<i>clobazam</i>	87, 88
CAYSTON	215	<i>ciprofloxacin-fluocinolone pf</i> ...	233	<i>clobetasol prop emollient base</i> .	227
<i>cefaclor</i>	41	<i>ciprofloxacin-hydrocortisone</i> ...	233	<i>clobetasol propionate</i>	206, 227
<i>cefadroxil</i>	41	<i>citalopram hydrobromide</i>	77	<i>clobetasol propionate e</i>	227
<i>cefdinir</i>	41	CITRANATAL 90 DHA	200	<i>clobetasol propionate emulsion</i> 227	
<i>cefixime</i>	41	CITRANATAL ASSURE	200	CLOBEX	227
<i>cefpodoxime proxetil</i>	41	<i>cladribine (10 tabs)</i>	103	CLOBEX SPRAY	227
<i>cefpodoxil</i>	41	<i>cladribine (4 tabs)</i>	103	<i>clocortolone pivalate</i>	227
<i>cefuroxime axetil</i>	41	<i>cladribine (5 tabs)</i>	103	Clomid	146
CELEBREX	21	<i>cladribine (6 tabs)</i>	103	<i>clomipramine hcl</i>	75
<i>celecoxib</i>	21	<i>cladribine (7 tabs)</i>	103	<i>clonazepam</i>	88
<i>cephalexin</i>	41	<i>cladribine (8 tabs)</i>	103	<i>clonidine</i>	71
CEQUA	207	<i>cladribine (9 tabs)</i>	103	<i>clonidine er</i>	70
CERDELGA	150	Claravis	221	<i>clonidine hcl</i>	71
CEREZYME	150	<i>clarithromycin</i>	41	<i>clopidogrel bisulfate</i>	177
<i>cetirizine hcl</i>	211	<i>clarithromycin er</i>	41	<i>clorazepate dipotassium</i>	88
<i>cetirizine hcl allergy child</i>	211	CLARITIN	211	<i>clotrimazole</i>	232

<i>clotrimazole-betamethasone</i>	223	COTELLIC.....	51	<i>darunavir</i>	35
<i>clozapine</i>	85	COTEMPLA XR-ODT.....	94	<i>dasatinib</i>	51
COAGADEX.....	172	COXANTO.....	23	Dasetta 1/35 (28).....	128
<i>codeine sulfate</i>	26	COZAAR.....	62	Dasetta 7/7/7.....	128
<i>coditussin ac</i>	214	CRENESSITY.....	153	DAURISMO.....	47
<i>colchicine</i>	22	CREON.....	165	DAVIMET-IRON.....	202
<i>colchicine-probenecid</i>	22	CRESEMBA.....	33	DAWNZERA.....	195
<i>colesevelam hcl</i>	63	CRESTOR.....	64	DAXXIFY.....	97
<i>colestipol hcl</i>	63	CREXONT.....	83	DAYBUE.....	102
<i>colistimethate sodium (cba)</i>	44	CRINONE.....	156	DAYBUE STIX.....	102
COMBIGAN.....	204	<i>cromolyn sodium</i>	203, 216	Daysee.....	128
COMBIPATCH.....	151	CROTAN.....	232	DAYTRANA.....	94
COMBIVENT RESPIMAT.....	210	CTEXLI.....	163	DAYVIGO.....	98
COMBOGESIC.....	25	CUPRIMINE.....	125	D-CARE BLOOD GLUCOSE.....	139
COMETRIQ (100 MG DAILY DOSE).....	51	CUTAQUIG.....	196	DDAVP.....	158
COMETRIQ (140 MG DAILY DOSE).....	51	CUVITRU.....	196	Deblitane.....	128
COMETRIQ (60 MG DAILY DOSE).....	51	CUVPOSA.....	158	<i>deferasirox</i>	125
COMPLERA.....	38	CUVRIOR.....	125	<i>deferasirox granules</i>	125
<i>complete natal dha</i>	200	CVS ADVANCED GLUCOSE TEST.....	139	<i>deferiprone</i>	125
<i>completenate</i>	200	<i>cvs allergy relief childrens</i>	212	<i>deferoxamine mesylate</i>	125
Compro.....	159	<i>cvs nicotine</i>	111, 112	<i>deflazacort</i>	146
CONCEPT OB.....	200	<i>cvs nicotine polacrilex</i>	111	DELSTRIGO.....	38
CONCERTA.....	94	<i>cyanocobalamin</i>	202	Delyla.....	128
<i>condoms</i>	127	<i>cyclobenzaprine hcl</i>	107	<i>demeclocycline hcl</i>	45
CONEXXENCE.....	124	<i>cyclobenzaprine hcl er</i>	107	DENAVIR.....	230
CONJUPRI.....	68	<i>cyclophosphamide</i>	46	DEPAKOTE.....	88
CONTOUR NEXT TEST.....	139	<i>cycloserine</i>	39	DEPAKOTE ER.....	88
CONTOUR TEST.....	139	CYCLOSET.....	115	DEPAKOTE SPRINKLES.....	88
CONTRACE.....	121	<i>cyclosporine</i>	198	DEPO-SUBQ PROVERA.....	104, 128
CONZIP.....	26	<i>cyclosporine (pf)</i>	207	DERMA-SMOOTH/FS.....	227
COOL BLOOD GLUCOSE TEST STRIPS.....	139	<i>cyclosporine modified</i>	198	DERMA-SMOOTH/FS.....	227
COPAXONE.....	103, 104	CYLTEZO (2 PEN).....	184	DESCOVY.....	38
COPIKTRA.....	51	CYLTEZO (2 SYRINGE).....	184	DESFERAL.....	125
CORDRAN.....	227	<i>cyproheptadine hcl</i>	212	<i>desipramine hcl</i>	77, 78
COREG CR.....	66	Cyred Eq.....	128	<i>desloratadine</i>	212
CORIFACT.....	172	CYSTADANE.....	153	DESMODA.....	158
CORTIFOAM.....	161	CYSTADROPS.....	207	<i>desmopressin ace spray refrig.</i>	158
<i>cortisone acetate</i>	146	CYSTAGON.....	153	<i>desmopressin acetate</i>	158
CORTROPHIN.....	153	CYSTARAN.....	207	<i>desmopressin acetate spray</i>	158
CORTROPHIN GEL.....	153	CYTOMEL.....	156	<i>desogestrel-ethinyl estradiol</i>	128
COSENTYX.....	183	<i>dabigatran etexilate mesylate</i>	171	<i>desonide</i>	227
COSENTYX (300 MG DOSE).....	183	<i>dalfampridine er</i>	104	<i>desoximetasone</i>	227, 228
COSENTYX SENSOREADY (300 MG).....	183	DALIRESP.....	216	<i>desvenlafaxine er</i>	78
COSENTYX SENSOREADY PEN.....	183	<i>danazol</i>	145	<i>desvenlafaxine succinate er</i>	78
COSENTYX UNOREADY.....	184	<i>dantrolene sodium</i>	107	<i>dexamethasone</i>	146, 147
COSOPT PF.....	204	DANZITEN.....	51	<i>dexamethasone sodium phosphate</i>	206
		<i>dapagliflozin pro-metformin er</i>	120	DEXCOM G6 RECEIVER.....	139
		<i>dapagliflozin propanediol</i>	121	DEXCOM G6 SENSOR.....	139
		<i>dapsone</i>	44, 221		
		DARAPRIM.....	44		
		<i>darifenacin hydrobromide er</i>	170		

DEXCOM G6 TRANSMITTER	DIPROLENE.....	228	<i>easy talk blood glucose test.....</i>	139
.....	<i>dipyridamole.....</i>	177	<i>easy trak blood glucose test.....</i>	139
DEXCOM G7 15 DAY	DISKETS.....	26	EASYGLUCO.....	139
SENSOR.....	<i>disopyramide phosphate.....</i>	62	EASYMAX 15 TEST.....	139
DEXCOM G7 RECEIVER.....	<i>disulfiram.....</i>	74	EASYMAX TEST.....	139
DEXCOM G7 SENSOR.....	<i>divalproex sodium.....</i>	88	EASYPRO BLOOD	
DEXEDRINE.....	<i>divalproex sodium er.....</i>	88	GLUCOSE TEST.....	139
DEXILANT.....	DIVIGEL.....	151	EASYPRO PLUS.....	139
<i>dexlansoprazole.....</i>	<i>docosanol.....</i>	230	EBGLYSS.....	225
<i>dexmethylphenidate hcl.....</i>	<i>dofetilide.....</i>	62	<i>econazole nitrate.....</i>	223
<i>dexmethylphenidate hcl er.....</i>	Dolishale.....	128	ECONTRA ONE-STEP.....	128
<i>dextroamphetamine sulfate.....</i>	DOLOBID.....	32	EDARBI.....	62
<i>dextroamphetamine sulfate er.....</i>	<i>donepezil hcl.....</i>	75, 76	EDARBYCLOR.....	61
DHIVY.....	DOPTelet.....	178	EDEX (2 CARTRIDGE).....	168
DIACOMIT.....	DOPTelet SPRINKLE.....	178	EDEX (6 CARTRIDGE).....	168
DIASTIX REAGENT.....	DORYX MPC.....	45	EDLUAR.....	98
DIATHRIVE GLUCOSE TEST	<i>dorzolamide hcl.....</i>	207	EDURANT.....	35
.....	<i>dorzolamide hcl-timolol mal.....</i>	204	EDURANT PED.....	35
<i>diazepam.....</i>	<i>dorzolamide hcl-timolol mal pf.....</i>	204	<i>efavirenz.....</i>	35
Diazepam Intensol.....	DOVATO.....	38	<i>efavirenz-emtricitab-tenofo df.....</i>	38
<i>diazoxide.....</i>	<i>doxazosin mesylate.....</i>	167	<i>efavirenz-lamivudine-tenofovir...38</i>	
<i>dichlorphenamide.....</i>	<i>doxepin hcl.....</i>	78, 98, 224	EFFEXOR XR.....	79
<i>diclofenac epolamine.....</i>	<i>doxercalciferol.....</i>	158	EKTERLY.....	195
<i>diclofenac potassium.....</i>	<i>doxycycline.....</i>	231	ELAPRASE.....	150
<i>diclofenac potassium(migraine). 23</i>	<i>doxycycline hyclate.....</i>	45, 46	ELELYSO.....	151
<i>diclofenac sodium..... 23, 206, 222</i>	<i>doxycycline monohydrate.....</i>	46	<i>element compact test.....</i>	140
<i>diclofenac sodium er.....</i>	<i>doxylamine-pyridoxine.....</i>	159	ELEMENT TEST.....	140
<i>diclofenac-misoprostol.....</i>	DRIZALMA SPRINKLE.....	78	ELEPSIA XR.....	88
<i>dicloxacillin sodium.....</i>	<i>dronabinol.....</i>	159	ELESTRIN.....	151
<i>dicyclomine hcl.....</i>	<i>drospiren-eth estrad-levomefol.....</i>	128	<i>eletriptan hydrobromide.....</i>	100
<i>diethylpropion hcl.....</i>	<i>drospirenone-ethinyl estradiol..128</i>		ELFABRIO.....	150
<i>diethylpropion hcl er.....</i>	<i>droxidopa.....</i>	71	ELIGARD.....	48
DIFFERIN.....	DUAKLIR PRESSAIR.....	219	Elinest.....	128
<i>diflorasone diacetate.....</i>	DUAVEE.....	151	ELIQUIS.....	171
<i>diflunisal.....</i>	DULERA.....	219	ELIQUIS (1.5 MG PACK).....	171
<i>difluprednate.....</i>	<i>duloxetine hcl.....</i>	79	ELIQUIS (2 MG PACK).....	171
<i>digoxin.....</i>	DUOBRII.....	228	ELIQUIS DVT/PE STARTER	
<i>dihydroergotamine mesylate.....</i>	DUO-CARE TEST.....	139	PACK.....	171
DILANTIN.....	DUOPA.....	83	ELLA.....	128
DILANTIN INFATABS.....	DUPIXENT.....	184	ELMIRON.....	169
DILANTIN-125.....	DUROLANE.....	32	ELOCTATE.....	175
DILAUDID.....	<i>dutasteride.....</i>	167	<i>eltrombopag olamine.....</i>	178
<i>diltiazem hcl.....</i>	<i>dutasteride-tamsulosin hcl.....</i>	167	ELYXYB.....	21
<i>diltiazem hcl er.....</i>	DUVYZAT.....	107	EMBECTA AUTOSHIELD	
<i>diltiazem hcl er beads.....</i>	DYANAVEL XR.....	94	DUO.....	140
<i>diltiazem hcl er coated beads.....</i>	DYMISTA.....	211	EMBECTA INSULIN SYR	
<i>dilt-xr.....</i>	DYRENIUM.....	69	ULTRAFINE.....	140
<i>dimethyl fumarate.....</i>	DYSPORT.....	97	EMBECTA INSULIN	
<i>dimethyl fumarate starter pack.....</i>	E.E.S. 400.....	42	SYRINGE U-500.....	140
DIOVAN.....	E.E.S. GRANULES.....	42	EMBECTA PEN NEEDLE	
DIOVAN HCT.....	<i>easy plus ii glucose test.....</i>	139	NANO.....	140
<i>diphenoxylate-atropine.....</i>	EASY STEP TEST.....	139		

EMBECTA PEN NEEDLE		EPIDIOLEX.....	88	EUFLEXXA.....	32
ULTRAFINE.....	140	EPIDUO.....	221	EULEXIN.....	48
EMBRACE BLOOD		EPIDUO FORTE.....	221	EVAMIST.....	152
GLUCOSE TEST.....	140	<i>epinastine hcl</i>	203	EVEKEO.....	94
EMBRACE EVO BLOOD		<i>epinephrine</i>	209	EVENITY.....	153
GLUCOSE TEST.....	140	EPINEPHRINESNAP-V.....	209	<i>everolimus</i>	52, 198
EMBRACE PRO GLUCOSE		EPIPEN 2-PAK.....	209	EVERSENSE 365	
TEST.....	140	EPIPEN JR 2-PAK.....	210	SENSOR/HOLDER.....	140
EMBRACE TALK GLUCOSE		EPIVIR.....	35	EVERSENSE 365 SMART	
TEST.....	140	<i>eplerenone</i>	60	TRANSMIT.....	140
EMBRACE WAVE BLOOD		EPOGEN.....	173	EVERSENSE	
GLUCOSE.....	140	<i>epoprostenol sodium</i>	72	SENSOR/HOLDER.....	140
EMEND.....	159	EPRONTIA.....	88	EVERSENSE SMART	
EMEND BIPACK.....	159	EPSOLAY.....	231	TRANSMITTER.....	140
EMEND TRIPACK.....	159	<i>eq blood glucose test</i>	140	EVEXITHROID.....	156
EMFLAZA.....	147	<i>eq loratadine childrens</i>	212	EVOLUTION AUTOCODE....	140
EMGALITY.....	100	<i>ergotamine-caffeine</i>	99	EVOTAZ.....	38
EMGALITY (300 MG DOSE).	100	ERIVEDGE.....	47	EVRYSDI.....	102
EMPAVELI.....	177	ERLEADA.....	48	EXELDERM.....	223
EMROSI.....	231	<i>erlotinib hcl</i>	51, 52	<i>exemestane</i>	48
<i>emtricitabine</i>	35	Errin.....	128	<i>exenatide</i>	115
<i>emtricitabine-tenofovir df</i>	38	ERTACZO.....	223	EXFORGE.....	61
<i>emtricitab-rilpivir-tenofov df</i>	38	<i>ery</i>	221	EXFORGE HCT.....	61
EMTRIVA.....	35	ERYPED 400.....	42	EXJADE.....	125
EMVERM.....	33	<i>erythromycin</i>	42, 205, 221, 222	EXXUA.....	79
Emzahh.....	128	<i>erythromycin base</i>	42	EXXUA TITRATION PACK....	79
<i>enalapril maleate</i>	60	<i>erythromycin ethylsuccinate</i>	42	EYLEA.....	208
<i>enalapril-hydrochlorothiazide</i>	59	ERZOFRI.....	85	EYSUVIS.....	206
ENBRACE HR.....	200	ESBRIET.....	217	EZALLOR SPRINKLE.....	64
ENBREL.....	185	<i>escitalopram oxalate</i>	79	<i>ezetimibe</i>	63
ENBREL MINI.....	185	<i>eslicarbazepine acetate</i>	89	<i>ezetimibe-simvastatin</i>	65
ENBREL SURECLICK.....	185	<i>esomeprazole magnesium</i>	165	FA-8.....	202
ENBUMYST.....	69	ESPEROCT.....	175	FABHALTA.....	177
ENCARE.....	168	Estarylla.....	128	FABRAZYME.....	150
ENDARI.....	177	<i>estazolam</i>	98	Falmina.....	128
ENDOMETRIN.....	156	<i>estradiol</i>	151, 152	<i>famciclovir</i>	40
ENLITE GLUCOSE SENSOR.	140	<i>estradiol valerate</i>	152	<i>famotidine</i>	161
ENOBY.....	124	<i>estradiol-norethindrone acet</i>	152	FANAPT.....	85
<i>enoxaparin sodium</i>	171	ESTRING.....	152	FANAPT TITRATION PACK	
ENSACOVE.....	51	ESTROGEL.....	152	A.....	85
Enskyce.....	128	<i>estrogens conjugated</i>	152	FANAPT TITRATION PACK	
ENSPRYNG.....	102	<i>eszopiclone</i>	98	B.....	85
ENSTILAR.....	225	<i>ethacrynic acid</i>	70	FANAPT TITRATION PACK	
<i>entacapone</i>	83	<i>ethambutol hcl</i>	39	C.....	85
ENTADFI.....	167	<i>ethosuximide</i>	89	FARXIGA.....	121
<i>entecavir</i>	42	<i>ethynodiol diac-eth estradiol</i>	128	FASENRA.....	217
ENTYVIO.....	179	<i>etodolac</i>	23	FASENRA PEN.....	217
ENTYVIO PEN.....	185	<i>etodolac er</i>	23	FASLODEX.....	48
<i>enulose</i>	162	<i>etonogestrel-ethinyl estradiol</i> ...	128	FC2 FEMALE CONDOM.....	128
EOHILIA.....	163	<i>etoposide</i>	59	<i>febuxostat</i>	22
EPANED.....	60	<i>etravirine</i>	35	FEIBA.....	172
EPCLUSA.....	42, 43	EUCRISA.....	226	Feirza 1.5/30.....	128

Feirza 1/20.....	129	<i>fluconazole</i>	33	FORA TN'G ADVANCE PRO	141
<i>felbamate</i>	89	<i>flucytosine</i>	33	FORA TN'G/TN'G VOICE.....	141
<i>felodipine er</i>	68	<i>fludrocortisone acetate</i>	147	FORA V10 BLOOD	
FEMCAP.....	129	<i>flunisolide</i>	217	GLUCOSE TEST.....	141
FEMLYV.....	129	<i>fluocinolone acetonide</i>	228, 233	FORA V30A BLOOD	
FEMRING.....	152	<i>fluocinolone acetonide body</i>	228	GLUCOSE TEST.....	141
<i>fenofibrate</i>	64	<i>fluocinolone acetonide scalp</i>	228	FORACARE GD40 TEST.....	141
<i>fenofibrate micronized</i>	64	<i>fluocinonide</i>	228	FORACARE PREMIUM V10	
<i>fenofibric acid</i>	64	<i>fluocinonide emulsified base</i>	228	TEST.....	141
<i>fenopropfen calcium</i>	23	<i>fluorometholone</i>	206	FORACARE TEST N GO	
FENOPRON.....	23	<i>fluorouracil</i>	222	TEST.....	141
<i>fentanyl</i>	26	<i>fluoxetine hcl</i>	79	<i>formoterol fumarate</i>	213
<i>ferric citrate</i>	155	<i>fluoxetine hcl (pmdd)</i>	110	FORTEO.....	124
FERRIPROX.....	125	<i>fluphenazine hcl</i>	85	FORZINITY.....	153
FERRIPROX TWICE-A-DAY.....	126	<i>flurandrenolide</i>	228	FOSAMAX.....	123
FERRO-PLEX.....	202	<i>flurazepam hcl</i>	98	FOSAMAX PLUS D.....	123
<i>fesoterodine fumarate er</i>	170	<i>flurbiprofen</i>	23	<i>fosamprenavir calcium</i>	35
FETZIMA.....	79	<i>flurbiprofen sodium</i>	206	<i>fosinopril sodium</i>	60
FETZIMA TITRATION.....	79	<i>fluticasone furoate ellipta</i>	218	<i>fosinopril sodium-hctz</i>	59
Fexmid.....	107	<i>fluticasone furoate-vilanterol</i> ...	219	FOSRENOL.....	155
<i>fexofenadine hcl</i>	212	<i>fluticasone propionate</i>	217, 228	FOTIVDA.....	52
<i>fexofenadine-pseudoephed er</i> ...	214	<i>fluticasone propionate diskus</i> ...	218	FRAGMIN.....	171
FIASP.....	116	<i>fluticasone propionate hfa</i>	218	FREESTYLE INSULINX	
FIASP FLEXTOUCH.....	116	<i>fluticasone-salmeterol</i>	219	TEST.....	141
FIASP PENFILL.....	116	<i>fluvastatin sodium</i>	64	FREESTYLE LIBRE 14 DAY	
FIASP PUMPCART.....	116	<i>fluvastatin sodium er</i>	64	SENSOR.....	141
FIBRYGA.....	172	<i>fluvoxamine maleate</i>	75	FREESTYLE LIBRE 2 PLUS	
<i>fidaxomicin</i>	42	<i>fluvoxamine maleate er</i>	75	SENSOR.....	141
FIFTY50 GLUCOSE TEST 2.0.....	141	FML FORTE.....	206	FREESTYLE LIBRE 2	
FILSPARI.....	169	FML LIQUIFILM.....	206	SENSOR.....	141
FINACEA.....	231	FOCALIN.....	94, 95	FREESTYLE LIBRE 3 PLUS	
<i>finasteride</i>	167	FOCALIN XR.....	95	SENSOR.....	141
<i>finingolimod hcl</i>	104	FOLGARD OS.....	202	FREESTYLE LIBRE 3	
FINTEPLA.....	89	<i>folic acid</i>	203	READER.....	141
Finzala.....	129	FOLICORE B COMPLEX.....	203	FREESTYLE LIBRE 3	
FIORICET.....	22	FOLIVANE-OB.....	200	SENSOR.....	141
FIRAZYR.....	195	FOLLISTIM AQ.....	146	FREESTYLE LIBRE READER	
FIRDAPSE.....	102	FOLVITA COMPLEX.....	203	.....	142
FIRMAGON.....	48	<i>fondaparinux sodium</i>	171	FREESTYLE LITE TEST.....	142
FIRMAGON (240 MG DOSE)...	48	<i>fondcircle blood glucose test</i> ...	141	FREESTYLE PRECISION	
FIRVANQ.....	44	FORA 6 CONNECT.....	141	NEO TEST.....	142
FLAREX.....	206	FORA 6 CONNECT/GTEL		FREESTYLE TEST.....	142
<i>flavoxate hcl</i>	170	TEST.....	141	<i>frovatriptan succinate</i>	100
FLEBOGAMMA DIF.....	196	FORA D40/G31 BLOOD		FRUZAQLA.....	52
<i>flecainide acetate</i>	63	GLUCOSE.....	141	<i>ft allergy d-12 hour</i>	214
FLECTOR.....	23	FORA G20 BLOOD		FULPHILA.....	173
FLEQSUVY.....	107	GLUCOSE TEST.....	141	<i>fulvestrant</i>	49
FLOLAN.....	72	FORA GD20 TEST.....	141	<i>furosemide</i>	70
<i>flolipid</i>	64	FORA GD50 BLOOD		Fyavolv.....	152
FLONASE ALLERGY REL		GLUCOSE TEST.....	141	FYLNETRA.....	173
CHILDRENS.....	216	FORA GTEL BLOOD		Fyremadel.....	146
FLORIVA.....	202	GLUCOSE TEST.....	141	<i>gabapentin</i>	89

<i>gabapentin (once-daily)</i>	109	GLUCOCARD 01 SENSOR	Hailey 24 Fe.....	129
GABARONE.....	89	PLUS.....	Hailey Fe 1.5/30.....	129
GALAFOLD.....	150	GLUCOCARD EXPRESSION	Hailey Fe 1/20.....	129
<i>galantamine hydrobromide</i>	76	TEST.....	<i>halcinonide</i>	228
<i>galantamine hydrobromide er</i>	76	GLUCOCARD SHINE TEST..	HALCION.....	98
Galbriela.....	129	GLUCOCARD VITAL TEST..	<i>halobetasol propionate</i>	229
GAMMAGARD.....	196	GLUCOCARD X-SENSOR.....	HALOG.....	229
GAMMAGARD ERC.....	196	GLUCOCOM TEST.....	<i>haloperidol</i>	85
GAMMAGARD S/D LESS		GLUCONAVII BLOOD	<i>haloperidol lactate</i>	85
IGA.....	196	GLUCOSE TEST.....	HARLIKU.....	153
GAMMAKED.....	196	<i>glucose</i>	HARVONI.....	43
GAMMAPLEX.....	196	<i>glucose meter test</i>	Heather.....	129
GAMUNEX-C.....	196	GLYCATE.....	HEMADY.....	147
<i>ganciclovir sodium</i>	40	<i>glycerol phenylbutyrate</i>	HEMICLOR.....	70
<i>ganirelix acetate</i>	146	<i>glycopyrrolate</i>	HEMLIBRA.....	175
<i>gatifloxacin</i>	205	GLYXAMBI.....	HEMOFIL M.....	175
GATTEX.....	163	<i>gnp easy touch glucose test</i>	HER STYLE.....	129
GAVILYTE-C.....	162	<i>gnp glucose gummies</i>	HERNEXEOS.....	52
Gavilyte-G.....	162	<i>gnp loratadine</i>	HETLIOZ.....	98
GAVRETO.....	52	GNP TRUETRACK TEST	HETLIOZ LQ.....	98
<i>ge100 blood glucose test</i>	142	STRIPS.....	Hidex 6-Day.....	147
<i>gefitinib</i>	52	GOCOVRI.....	HIZENTRA.....	196
GEL-ONE.....	32	GOJJI BLOOD TEST	HORIZANT.....	110
GELSYN-3.....	32	STRIP/LANCETS.....	HULIO (2 PEN).....	185
<i>gemfibrozil</i>	64	GOLYTELY.....	HULIO (2 SYRINGE).....	185
Gemmily.....	129	GOMEKLI.....	HUMALOG.....	117
GEMTESA.....	170	GONAL-F.....	HUMALOG JUNIOR	
Gengraf.....	198	GONAL-F RFF REDIJECT.....	KWIKPEN.....	117
GENOTROPIN.....	149	GRALISE.....	HUMALOG KWIKPEN.....	117
GENOTROPIN MINISQUICK..	149	<i>granisetron hcl</i>	HUMALOG MIX 50/50	
<i>gentamicin sulfate</i>	205, 223	GRANIX.....	KWIKPEN.....	117
GENULTIMATE TEST.....	142	GRASTEK.....	HUMALOG MIX 75/25.....	117
GENVISC 850.....	32	<i>griseofulvin microsize</i>	HUMALOG MIX 75/25	
GENVOYA.....	38	<i>griseofulvin ultramicrosize</i>	KWIKPEN.....	117
GEODON.....	85	<i>guanfacine hcl</i>	HUMATE-P.....	172
<i>ght test</i>	142	<i>guanfacine hcl er</i>	HUMATIN.....	33
GILENYA.....	104	GUARDIAN 4 GLUCOSE	HUMATROPE.....	149
GILOTRIF.....	52	SENSOR.....	HUMIRA (1 PEN).....	185
GIMOTI.....	163	GUARDIAN 4	HUMIRA (2 PEN).....	185
GLASSIA.....	209	TRANSMITTER.....	HUMIRA (2 SYRINGE).....	185
<i>glatiramer acetate</i>	104	GUARDIAN LINK 3	HUMIRA-CD/UC/HS	
Glatopa.....	104	TRANSMITTER.....	STARTER.....	185
GLEEVEC.....	52	GUARDIAN SENSOR (3).....	HUMIRA-PSORIASIS/UEVIT	
GLEOSTINE.....	46	<i>guardian sensor 3</i>	STARTER.....	186
<i>glimepiride</i>	121	GVOKE HYPOPEN 1-PACK..	HUMULIN 70/30.....	117
<i>glipizide</i>	121	GVOKE HYPOPEN 2-PACK..	HUMULIN 70/30 KWIKPEN..	117
<i>glipizide er</i>	121	GVOKE KIT.....	HUMULIN N.....	117
<i>glipizide-metformin hcl</i>	114	GVOKE PFS.....	HUMULIN N KWIKPEN.....	117
GLOPERBA.....	22	HADLIMA.....	HUMULIN R.....	117
<i>glucagon emergency</i>	148	HADLIMA PUSH TOUCH.....	HUMULIN R U-500	
GLUCO PERFECT 3 TEST.....	142	HAEGARDA.....	KWIKPEN.....	117
		Hailey 1.5/30.....		129

HW EMBRACE PRO		ILARIS.....	198	<i>insulin glargine-yfgn</i>	118
GLUCOSE TEST.....	142	ILEVRO.....	206	<i>insulin lispro</i>	118
HW EMBRACE TALK		ILUMYA.....	179	<i>insulin lispro (1 unit dial)</i>	118
GLUCOSE TEST.....	142	<i>imatinib mesylate</i>	52, 53	<i>insulin lispro junior kwikpen</i>	118
HYALGAN.....	32	IMBRUVICA.....	53	<i>insulin lispro prot & lispro</i>	118
HYCAMPIN.....	59	IMCIVREE.....	153	INTELENCE.....	35
HYCODAN.....	214	<i>imipramine hcl</i>	79	INTRAROSA.....	153
<i>hydralazine hcl</i>	71	<i>imipramine pamoate</i>	79, 80	Introvale.....	129
<i>hydrochlorothiazide</i>	70	<i>imiquimod</i>	222	INTUNIV.....	95
<i>hydrocodone bitartrate er</i>	26	<i>imiquimod pump</i>	222	INVEGA.....	86
<i>hydrocodone bit-homatrop mbr</i>	214	IMITREX.....	100	INVEGA HAFYERA.....	85
<i>hydrocodone-acetaminophen</i>	26, 27	IMITREX STATDOSE		INVEGA TRINZA.....	86
<i>hydrocodone-ibuprofen</i>	27	REFILL.....	100	INVELTYS.....	206
<i>hydrocortisone</i>	147, 229	IMITREX STATDOSE		INVOKAMET.....	120
<i>hydrocortisone (perianal)</i>	167	SYSTEM.....	100	INVOKAMET XR.....	120
<i>hydrocortisone butyrate</i>	229	<i>imkeldi</i>	53	INVOKANA.....	121
<i>hydrocortisone valerate</i>	229	IMPOYZ.....	229	INZIRQO.....	70
<i>hydrocortisone-acetic acid</i>	233	IMULDOSA.....	186	<i>ipratropium bromide</i>	210
<i>hydromorphone hcl</i>	27	IMURAN.....	198	<i>ipratropium-albuterol</i>	210
<i>hydromorphone hcl er</i>	27	IMVEXXY MAINTENANCE		IQIRVO.....	163
<i>hydroxychloroquine sulfate</i>	34, 194	PACK.....	152	<i>irbesartan</i>	62
<i>hydroxyurea</i>	57	IMVEXXY STARTER PACK.	152	<i>irbesartan-hydrochlorothiazide</i> ..	61
<i>hydroxyzine hcl</i>	212	IN TOUCH BLOOD		IRESSA.....	53
<i>hydroxyzine pamoate</i>	212	GLUCOSE TEST.....	143	ISENTRESS.....	35, 36
HYFTOR.....	230	INATAL GT.....	200	ISENTRESS HD.....	35
HYMOVIS.....	32	INBRIJA.....	83	Isibloom.....	129
HYMOVIS ONE.....	32	Incassia.....	129	<i>isoniazid</i>	39
HYMPAVZI.....	176	INCRELEX.....	153	<i>isosorb dinitrate-hydralazine</i>	70
HYPERRHO.....	196	INCRUSE ELLIPTA.....	210	<i>isosorbide dinitrate</i>	71
HYPERRHO MINI-DOSE.....	196	<i>indapamide</i>	70	<i>isosorbide mononitrate er</i>	71
HYQVIA.....	196	INDERAL LA.....	66	<i>isotretinoin</i>	222
HYRIMOZ.....	186	INDERAL XL.....	66	<i>isradipine</i>	68
HYRIMOZ-PLAQUE		INDOCIN.....	23	ISTALOL.....	204
PSORIASIS START.....	186	<i>indomethacin</i>	23	ISTURISA.....	136
HYRNUO.....	52	INFINITY BLOOD GLUCOSE		ITOVEBI.....	53
HYSINGLA ER.....	27	TEST.....	143	<i>itraconazole</i>	34
HYZAAR.....	61	INFINITY VOICE.....	143	<i>ivabradine hcl</i>	70
<i>ibandronate sodium</i>	123	INFLECTRA.....	180	<i>ivermectin</i>	33, 231
IBRANCE.....	52	<i>infliximab</i>	180	IWILFIN.....	57
IBSRELA.....	162	INGREZZA.....	102, 103	IXINITY.....	176
IBTROZI.....	52	INLURIYO.....	49	IYUZEH.....	208
<i>ibuprofen</i>	23	INLYTA.....	53	JADENU.....	126
<i>ibuprofen-famotidine</i>	25	INNOPRAN XL.....	67	JADENU SPRINKLE.....	126
<i>icatibant acetate</i>	195	INPEFA.....	70	Jaimiess.....	129
Iclevia.....	129	INQOVI.....	47	JAKAFI.....	53
ICLUSIG.....	52	INREBIC.....	53	JALYN.....	167
<i>icosapent ethyl</i>	65	<i>insulin asp prot & asp flexpen</i> ..	117	JANUMET.....	114
IDELVION.....	176	<i>insulin aspart</i>	117	JANUMET XR.....	114
IDHIFA.....	57	<i>insulin aspart flexpen</i>	117	JANUVIA.....	115
IGLUCOSE TEST STRIPS.....	142	<i>insulin degludec flextouch</i>	117	JARDIANCE.....	121
IHEALTH BLOOD GLUCOSE		<i>insulin glargine max solostar</i> ...	117	JASCAYD.....	217
TEST STR.....	143	<i>insulin glargine solostar</i>	118	Jasmiel.....	129

JATENZO.....	113	KHINDIVI.....	147	<i>lansoprazole</i>	165
JAVADIN.....	71	KINERET.....	186	<i>lanthanum carbonate</i>	155
JAYPIRCA.....	53	Kionex.....	155	LANTUS.....	118
<i>jaythari</i>	147	KIRSTY.....	118	LANTUS SOLOSTAR.....	118
Jencycla.....	129	KISQALI (200 MG DOSE).....	53	<i>lapatinib ditosylate</i>	53
<i>jenliva prenatal/postnatal</i>	200	KISQALI (400 MG DOSE).....	53	Larin 1.5/30.....	130
JENTADUETO.....	114	KISQALI (600 MG DOSE).....	53	Larin 1/20.....	130
JENTADUETO XR.....	115	KITABIS PAK (W/ NEBULIZER).....	215	Larin 24 Fe.....	130
Jinteli.....	152	KLARON.....	222	Larin Fe 1.5/30.....	130
JIVI.....	175	KLISYRI (250 MG).....	223	Larin Fe 1/20.....	130
JOENJA.....	197	KLISYRI (350 MG).....	223	<i>latanoprost</i>	208
Jolessa.....	129	KLONOPIN.....	89	LATUDA.....	86
JORNAY PM.....	95	Klor-Con.....	199	LAZCLUZE.....	53
JOURNAVX.....	22	Klor-Con 10.....	199	LEDERLE LEUCOVORIN.....	59
Joyeaux.....	129	Klor-Con M10.....	199	<i>ledipasvir-sofosbuvir</i>	43
JUBBONTI.....	124	Klor-Con M15.....	199	<i>leflunomide</i>	194
JUBLIA.....	223	Klor-Con M20.....	199	<i>lenalidomide</i>	47
Juleber.....	129	KLOXXADO.....	109	LENVIMA (10 MG DAILY DOSE).....	54
JULUCA.....	38	KOATE.....	175	LENVIMA (12 MG DAILY DOSE).....	54
Junel 1.5/30.....	129	KOATE-DVI.....	175	LENVIMA (14 MG DAILY DOSE).....	54
Junel 1/20.....	130	KOMZIFTI.....	57	LENVIMA (18 MG DAILY DOSE).....	54
Junel Fe 1.5/30.....	130	KORLYM.....	153	LENVIMA (20 MG DAILY DOSE).....	54
Junel Fe 1/20.....	130	KOSELUGO.....	53	LENVIMA (24 MG DAILY DOSE).....	54
Junel Fe 24.....	130	<i>kosher prenatal plus iron</i>	200	LENVIMA (4 MG DAILY DOSE).....	54
JUXTAPID.....	65	KOVALTRY.....	175	LENVIMA (8 MG DAILY DOSE).....	54
JYLAMVO.....	47	<i>kp fexofenadine hcl</i>	212	LEQEMBI IQLIK.....	76
JYNARQUE.....	153	KRAZATI.....	57	LEQSEVI.....	186
Kaitlib Fe.....	130	KRINTAFEL.....	34	LESCOL XL.....	65
KALBITOR.....	195	Kristalose.....	162	Lessina.....	130
KALETRA.....	38	KRYSTEXXA.....	22	LETAIRIS.....	72
Kalliga.....	130	Kurvelo.....	130	<i>letrozole</i>	49
KALYDECO.....	215	KUVAN.....	153	<i>leucovorin calcium</i>	59
KANUMA.....	150	KYLEENA.....	130	LEUKINE.....	173
KAPSPARGO SPRINKLE.....	67	Kymbee.....	147	<i>leuprolide acetate</i>	49
KARBINAL ER.....	212	KYZATREX.....	113	<i>levalbuterol hcl</i>	213
Kariva.....	130	<i>labetalol hcl</i>	67	<i>levalbuterol tartrate</i>	213
KATERZIA.....	68	<i>lacosamide</i>	89	<i>levamlodipine maleate</i>	68
KCENTRA.....	172	<i>lactulose</i>	162	<i>levetiracetam</i>	90
Kelnor 1/35.....	130	LAMICTAL.....	89	<i>levetiracetam er</i>	90
KEPPRA.....	89	LAMICTAL ODT.....	89	<i>levobunolol hcl</i>	204
KEPPRA XR.....	89	LAMICTAL STARTER.....	89	<i>levocarnitine</i>	125
KERENDIA.....	60	LAMICTAL XR.....	89	<i>levocetirizine dihydrochloride</i> ..	212
KESIMPTA.....	104	<i>lamivudine</i>	36, 42	<i>levofloxacin</i>	42, 205
<i>ketoconazole</i>	34, 223, 225	<i>lamivudine-zidovudine</i>	38	Levonest.....	130
KETO-DIASTIX.....	143	<i>lamotrigine</i>	90		
<i>ketoprofen</i>	23	<i>lamotrigine er</i>	90		
<i>ketoprofen er</i>	23	<i>lamotrigine starter kit-blue</i>	90		
<i>ketorolac tromethamine</i>	23, 206	<i>lamotrigine starter kit-green</i>	90		
KETOSTIX.....	143	<i>lamotrigine starter kit-orange</i>	90		
<i>ketotifen fumarate</i>	203	LANOXIN.....	69		
KEVEYIS.....	70	<i>lanreotide acetate</i>	148		
KEVZARA.....	186				

<i>levonorgest-eth est & eth est</i>	130	Lomaira.....	122	LYNKUET.....	152
<i>levonorgest-eth estrad 91-day</i> ..	130	<i>lomustine</i>	46	LYNPARZA.....	58
<i>levonorgestrel</i>	130	LONSURF.....	47	LYRICA.....	90
<i>levonorgestrel-ethinyl estrad</i>	131	<i>lopinavir-ritonavir</i>	39	LYRICA CR.....	110
<i>levonorg-eth estrad triphasic</i>	131	<i>loratadine</i>	212	LYSODREN.....	49
<i>levorphanol tartrate</i>	27	<i>loratadine childrens</i>	212	LYTGOBI (12 MG DAILY	
<i>levothyroxine sodium</i>	156	<i>loratadine-d 24hr</i>	214	DOSE).....	54
LEVULAN KERASTICK.....	231	<i>lorazepam</i>	75	LYTGOBI (16 MG DAILY	
LEXAPRO.....	80	Lorazepam Intensol.....	75	DOSE).....	54
LEXETTE.....	229	LORBRENA.....	54	LYTGOBI (20 MG DAILY	
<i>l-glutamine</i>	177	LOREEV XR.....	75	DOSE).....	54
LIALDA.....	161	Loryna.....	131	LYUMJEV.....	118
LIBRAX.....	160	<i>losartan potassium</i>	62	LYUMJEV KWIKPEN.....	118
LICART.....	23	<i>losartan potassium-hctz</i>	61	Lyza.....	131
<i>lidocaine</i>	230	LOTEMAX.....	206	MACRODANTIN.....	44
<i>lidocaine hcl</i>	230	LOTEMAX SM.....	206	<i>malathion</i>	232
<i>lidocaine viscous hcl</i>	232	<i>loteprednol etabonate</i>	207	<i>maraviroc</i>	36
<i>lidocaine-prilocaine</i>	230	<i>loteprednol-tobramycin</i>	204	<i>marlissa</i>	131
LIDODERM.....	230	LOTRONEX.....	162	MATERNACEL.....	200
LIKMEZ.....	44	<i>lovastatin</i>	65	MATULANE.....	46
LILETTA (52 MG).....	131	LOVAZA.....	65	Matzim La.....	68
<i>linezolid</i>	44	Low-Ogestrel.....	131	MAVENCLAD (10 TABS).....	104
LINZESS.....	162	<i>loxapine succinate</i>	86	MAVENCLAD (4 TABS).....	104
<i>liothyronine sodium</i>	156	Lo-Zumandimine.....	131	MAVENCLAD (5 TABS).....	104
LIPITOR.....	65	<i>lubiprostone</i>	162	MAVENCLAD (6 TABS).....	104
<i>liraglutide</i>	115	LUCEMYRA.....	110	MAVENCLAD (7 TABS).....	104
<i>liraglutide -weight management</i>		LUCENTIS.....	208	MAVENCLAD (8 TABS).....	104
.....	122	Luizza 1.5/30.....	131	MAVENCLAD (9 TABS).....	104
<i>lisdexamphetamine dimesylate</i>	95	Luizza 1/20.....	131	MAVYRET.....	43
<i>lisinopril</i>	60	<i>luliconazole</i>	223	MAXALT.....	100
<i>lisinopril-hydrochlorothiazide</i>	59	LUMAKRAS.....	57, 58	MAXALT-MLT.....	101
LITFULO.....	186	LUMIGAN.....	208	MAXIDEX.....	207
<i>lithium</i>	102	LUMRYZ.....	108	MAYZENT.....	105
<i>lithium carbonate</i>	102	LUMRYZ STARTER PACK...	108	MAYZENT STARTER PACK	105
<i>lithium carbonate er</i>	102	LUNESTA.....	98	<i>meclizine hcl</i>	159
LITHOSTAT.....	169	LUPKYNIS.....	198	<i>meclofenamate sodium</i>	24
LIVALO.....	65	LUPRON DEPOT (1-MONTH).	49	<i>medroxyprogesterone acetate</i>	
LIVDELZI.....	163	LUPRON DEPOT (3-MONTH).	49	.....	131, 156
LIVMARLI.....	163, 164	LUPRON DEPOT (4-MONTH).	49	<i>mefenamic acid</i>	24
LIVTENCITY.....	40	LUPRON DEPOT (6-MONTH).	49	<i>mefloquine hcl</i>	34
LO LOESTRIN FE.....	131	LUPRON DEPOT-PED (1-		<i>megestrol acetate</i>	49, 156
LOARGYS.....	157	MONTH).....	125	MEIJER TRUETEST TEST....	143
LODINE.....	24	LUPRON DEPOT-PED (3-		MEIJER TRUETRACK TEST.	143
LODOCO.....	71	MONTH).....	125	MEKINIST.....	54
Loestrin 1.5/30 (21).....	131	LUPRON DEPOT-PED (6-		MEKTOVI.....	54
Loestrin 1/20 (21).....	131	MONTH).....	125	Meleya.....	131
Loestrin Fe 1.5/30.....	131	<i>lurasidone hcl</i>	86	<i>meloxicam</i>	24
Loestrin Fe 1/20.....	131	LURBIRO.....	24	<i>memantine hcl</i>	76
Lofena.....	24	Lutera.....	131	<i>memantine hcl er</i>	76
<i>lofexidine hcl</i>	110	LUTRATE DEPOT.....	49	<i>memantine hcl-donepezil hcl er</i> ..	76
Lojaimiess.....	131	LUZU.....	223	MENOPUR.....	146
LOKELMA.....	155	Lyleq.....	131	MENOSTAR.....	152

<i>meperidine hcl</i>	27	<i>metirosine</i>	71	MOUNJARO.....	115
MEPRON.....	44	Mibelas 24 Fe.....	131	MOVANTIK.....	164
<i>mercaptapurine</i>	47	MICARDIS.....	62	MOVIPREP.....	162
MERILOG.....	118	MICARDIS HCT.....	61	<i>moxifloxacin hcl</i>	42, 205
MERILOG SOLOSTAR.....	118	<i>miconazole 3</i>	171	<i>moxifloxacin hcl (2x day)</i>	205
<i>mesalamine</i>	161	<i>miconazole-zinc oxide-petrolat</i>	224	MS CONTIN.....	28
<i>mesalamine er</i>	161	MICORT HC.....	229	MULPLETA.....	178
MESTINON.....	107	MICRODOT TEST.....	143	MULTAQ.....	63
METADATE CD.....	95	Microgestin 1.5/30.....	132	<i>mupirocin</i>	223
<i>metaxalone</i>	107	Microgestin 1/20.....	132	<i>mupirocin calcium</i>	223
<i>metformin hcl</i>	114	Microgestin Fe 1.5/30.....	132	MY CHOICE.....	132
<i>metformin hcl er</i>	114	Microgestin Fe 1/20.....	132	MY WAY.....	132
<i>metformin hcl er (mod)</i>	114	<i>midazolam hcl</i>	98	MYALEPT.....	154
<i>metformin hcl er (osm)</i>	114	<i>midodrine hcl</i>	71	MYCAPSSA.....	112
<i>methadone hcl</i>	27, 28	MIEBO.....	207	<i>mycophenolate mofetil</i>	198
Methadone Hcl Intensol.....	27	<i>mifepristone</i>	154	<i>mycophenolate sodium</i>	198
METHADOSE.....	28	MIGERGOT.....	99	MYDAYIS.....	96
Methadose.....	28	<i>miglitol</i>	114	MYFEMBREE.....	158
METHADOSE SUGAR-FREE..	28	<i>miglustat</i>	151	MYGLUCOHEALTH TEST ...	143
<i>methamphetamine hcl</i>	95	Mili.....	132	MYHIBBIN.....	198
<i>methazolamide</i>	70	Mimvey.....	152	MYQORZO.....	71
<i>methenamine hippurate</i>	44	MINIMED INSTINCT GLUC		MYRBETRIQ.....	170
<i>methenamine mandelate</i>	44	SENSOR.....	143	MYTESI.....	159
Methergine.....	153	MINIVELLE.....	152	MYXREDLIN.....	118
<i>methimazole</i>	156	<i>minocycline hcl</i>	46	<i>na ferric gluc cplx in sucrose</i> ...	203
<i>methitest</i>	113	<i>minocycline hcl er</i>	46	<i>na sulfate-k sulfate-mg sulf</i>	163
<i>methocarbamol</i>	107	<i>minoxidil</i>	71	<i>nabumetone</i>	24
<i>methotrexate sodium</i>	47, 194	Minzoya.....	132	<i>nadolol</i>	67
<i>methotrexate sodium (pf)</i>	47	MIPLYFFA.....	150	<i>naftifine hcl</i>	224
<i>methoxsalen rapid</i>	225	<i>mirabegron er</i>	170	NAFTIN.....	224
<i>methscopolamine bromide</i>	159	MIRCERA.....	173	NAGLAZYME.....	150
<i>methyl dopa</i>	71	MIRENA (52 MG).....	126	<i>nalocet</i>	28
<i>methylergonovine maleate</i>	154	<i>mirtazapine</i>	80	<i>naloxone hcl</i>	109
METHYLIN.....	95	MIRVASO.....	232	<i>naltrexone hcl</i>	109
<i>methylphenidate</i>	96	<i>misoprostol</i>	164	NAMZARIC.....	76
<i>methylphenidate hcl</i>	96	MITIGARE.....	22	NAPRELAN.....	24
<i>methylphenidate hcl er</i>	96	MIUDELLA INTRAUTERINE		<i>naproxen</i>	24
<i>methylphenidate hcl er (cd)</i>	95	COPPER.....	132	<i>naproxen sodium</i>	24
<i>methylphenidate hcl er (la)</i>	95	<i>modafinil</i>	108	<i>naproxen sodium er</i>	24
<i>methylphenidate hcl er (osm)</i>	95, 96	MODEYSO.....	58	<i>naproxen-esomeprazole mg</i>	25
<i>methylphenidate hcl er (xr)</i>	96	<i>moexipril hcl</i>	60	<i>naratriptan hcl</i>	101
<i>methylphenidate hcl er(diffus)</i>	96	<i>mometasone furoate</i>	229	NARCAN.....	109
<i>methylprednisolone</i>	147	Mono-Linyah.....	132	NASACORT ALLERGY 24HR	
<i>methyltestosterone</i>	113	MONOVISC.....	32	.....	217
<i>metoclopramide hcl</i>	160	<i>montelukast sodium</i>	216	NASCOBAL.....	203
<i>metolazone</i>	70	<i>morphine sulfate</i>	28	<i>natal pnv</i>	200
<i>metoprolol succinate er</i>	67	<i>morphine sulfate (concentrate)</i> ...	28	NATAZIA.....	132
<i>metoprolol tartrate</i>	67	<i>morphine sulfate er</i>	28	<i>nateglinide</i>	120
<i>metoprolol-hydrochlorothiazide</i>	66	<i>morphine sulfate er beads</i>	28	NATESTO.....	113
METROCREAM.....	231	MOTEGRITY.....	164	NAYZILAM.....	90
METROGEL.....	231	MOTOFEN.....	159	<i>nebivolol hcl</i>	67
<i>metronidazole</i>	44, 171, 231, 232	MOTPOLY XR.....	90	Necon 0.5/35 (28).....	132

NEEVO DHA.....	200	<i>nitrofurantoin</i>	44	NOVOLOG 70/30 FLEXPEN	
<i>nefazodone hcl</i>	80	<i>nitrofurantoin macrocrystal</i>	44	RELION.....	119
NEFFY.....	210	<i>nitrofurantoin monohyd macro</i> ...	44	NOVOLOG FLEXPEN.....	119
NEMLUVIO.....	231	<i>nitroglycerin</i>	72	NOVOLOG MIX 70/30.....	119
<i>neomycin sulfate</i>	33	NITYR.....	149	NOVOLOG MIX 70/30	
<i>neomycin-polymyxin-dexameth</i>	205	<i>niva thyroid</i>	156	FLEXPEN.....	119
<i>neomycin-polymyxin-hc</i>	233	NIVESTYM.....	173	NOVOLOG PENFILL.....	119
NEORAL.....	198	<i>nizatidine</i>	161	NOVOSEVEN RT.....	172
NEO-SYNALAR.....	223	Nora-Be.....	132	NOXAFIL.....	34
NEOTUSS PLUS.....	214	NORDITROPIN FLEXPEN....	149	NP THYROID.....	156
NEPHPLEX RX.....	203	<i>norethin ace-eth estrad-fe</i>	132	NPLATE.....	178
NERLYNX.....	54	<i>norethindrone</i>	132	NUBEQA.....	49
NESTABS.....	200	<i>norethindrone acetate</i>	156	NUCALA.....	187
NESTABS DHA.....	200	<i>norethindrone acet-ethinyl est.</i> ..	132	NUCYNTA.....	29
NESTABS ONE.....	200	<i>norethin-eth estradiol-fe</i>	132	NUCYNTA ER.....	29
NEULASTA.....	173	NORGESIC.....	107	NUDEXTA.....	110
NEULASTA ONPRO.....	173	<i>norgesic forte</i>	107	NUPLAZID.....	86
NEUPOGEN.....	173	<i>norgestimate-eth estradiol</i>	132	NURTEC.....	99
NEUPRO.....	83	<i>norgestim-eth estrad triphasic</i> ..	132	NUTROPIN AQ NUSPIN 10... 149	
NEURONTIN.....	90	NORITATE.....	232	NUTROPIN AQ NUSPIN 20... 149	
NEUTEK 2TEK TEST.....	143	NORLIQVA.....	69	NUTROPIN AQ NUSPIN 5.... 149	
NEVANAC.....	207	Norlyroc.....	133	NUVARING.....	133
<i>nevirapine</i>	36	NORPACE.....	63	NUVESSA.....	171
<i>nevirapine er</i>	36	NORPRAMIN.....	80	NUVIGIL.....	108
NEW DAY.....	132	NORTHERA.....	71	NUWIQ.....	175
NEXAVAR.....	54	Nortrel 0.5/35 (28).....	133	NUZYRA.....	46
NEXICLON XR.....	71	Nortrel 1/35 (21).....	133	Nylia 1/35.....	133
NEXIUM.....	166	Nortrel 7/7/7.....	133	Nylia 7/7/7.....	133
NEXIUM 24HR.....	166	<i>nortriptyline hcl</i>	80	NYPOZI.....	174
NEXLETOL.....	63	NORVASC.....	69	<i>nystatin</i>	34, 224, 232
NEXLIZET.....	63	NORVIR.....	36	<i>nystatin-triamcinolone</i>	224
NEXPLANON.....	132	NOURIANZ.....	83	NYVEPRIA.....	174
NEXTSTELLIS.....	132	NOVA MAX GLUCOSE TEST		OB COMPLETE.....	200
NGENLA.....	149	.....	143	OB COMPLETE ONE.....	200
<i>niacin er (antihyperlipidemic)</i>	65	NOVAREL.....	146	OB COMPLETE PETITE.....	200
NIACOR.....	65	NOVOEIGHT.....	175	OB COMPLETE PREMIER....	200
<i>nicardipine hcl</i>	68	NOVOLIN 70/30.....	119	OB COMPLETE/DHA.....	200
NICOMIDE.....	203	NOVOLIN 70/30 FLEXPEN....	118	<i>obizur</i>	175
<i>nicotinamide</i>	203	NOVOLIN 70/30 FLEXPEN		OCREVUS.....	105
NICOTROL NS.....	112	RELION.....	118	OCREVUS ZUNOVO.....	105
<i>nifedipine</i>	68	NOVOLIN 70/30 RELION.....	118	OCTAGAM.....	197
<i>nifedipine er</i>	68	NOVOLIN N.....	119	<i>octreotide acetate</i>	112
<i>nifedipine er osmotic release</i>	68	NOVOLIN N FLEXPEN.....	119	ODACTRA.....	178
Nikki.....	132	NOVOLIN N FLEXPEN		ODEFSEY.....	39
<i>nilotinib d-tartrate</i>	54	RELION.....	119	ODOMZO.....	58
<i>nilotinib hcl</i>	55	NOVOLIN N RELION.....	119	OFEV.....	217
<i>nilutamide</i>	49	NOVOLIN R.....	119	<i>ofloxacin</i>	205, 233
<i>nimodipine</i>	68	NOVOLIN R FLEXPEN.....	119	OGSIVEO.....	58
NINLARO.....	59	NOVOLIN R FLEXPEN		OHTUVAYRE.....	216
<i>nisoldipine er</i>	68	RELION.....	119	OJEMDA.....	55
<i>nitazoxanide</i>	44	NOVOLIN R RELION.....	119	OJJAARA.....	55
<i>nitisinone</i>	149	NOVOLOG.....	119	<i>olanzapine</i>	86

<i>olanzapine-fluoxetine hcl</i>	110	ONFI.....	90	<i>oxaprozin</i>	24
<i>olmesartan medoxomil</i>	62	ONGENTYS.....	83	<i>oxazepam</i>	75
<i>olmesartan medoxomil-hctz</i>	61	ONGLYZA.....	115	<i>oxcarbazepine</i>	90
<i>olmesartan-amlodipine-hctz</i>	62	ONTRALFY.....	107	<i>oxcarbazepine er</i>	90
<i>olopatadine hcl</i>	212	ONUREG.....	47	OXERVATE.....	208
OLPRUVA (2 GM DOSE).....	157	ONYDA XR.....	96	<i>oxiconazole nitrate</i>	224
OLPRUVA (3 GM DOSE).....	157	ONZETRA XSAIL.....	101	OXISTAT.....	224
OLPRUVA (4 GM DOSE).....	157	OPCICON ONE-STEP.....	133	OXTELLAR XR.....	90
OLPRUVA (5 GM DOSE).....	157	OPFOLDA.....	150	<i>oxybutynin chloride</i>	170
OLPRUVA (6 GM DOSE).....	157	OPILL.....	133	<i>oxybutynin chloride er</i>	170
OLPRUVA (6.67 GM DOSE).....	157	OPIPZA.....	86	<i>oxycodone hcl</i>	29
OLUMIANT.....	187	OPSUMIT.....	72	<i>oxycodone-acetaminophen</i>	29
<i>omega-3-acid ethyl esters</i>	65	OPSYNVI.....	72	OXYCONTIN.....	30
<i>omeprazole</i>	166	OPTION 2.....	133	<i>oxymorphone hcl</i>	30
<i>omeprazole magnesium</i>	166	OPTIONS GYNOL II		<i>oxymorphone hcl er</i>	30
<i>omeprazole-sodium bicarbonate</i>		CONTRACEPTIVE.....	168	OZEMPIC (0.25 OR 0.5	
.....	166	OPTIUMEZ TEST.....	143	MG/DOSE).....	115
OMLONTI.....	208	OPVEE.....	109	OZEMPIC (1 MG/DOSE).....	116
OMNARIS.....	217	OPZELURA.....	226	OZEMPIC (2 MG/DOSE).....	116
OMNIFLEX DIAPHRAGM.....	133	ORACEA.....	232	OZOBAX DS.....	107
OMNIPOD 5 DEXG7G6		ORALAIR.....	178	PALFORZIA (1 MG DAILY	
INTRO GEN 5.....	143	ORAVIG.....	232	DOSE).....	179
OMNIPOD 5 DEXG7G6 PODS		ORENCIA.....	180, 187	PALFORZIA (12 MG DAILY	
GEN 5.....	143	ORENCIA CLICKJECT.....	187	DOSE).....	179
OMNIPOD DASH INTRO		ORENITRAM.....	72	PALFORZIA (120 MG DAILY	
(GEN 4).....	143	ORENITRAM MONTH 1.....	72	DOSE).....	179
OMNIPOD DASH PDM (GEN		ORENITRAM MONTH 2.....	72	PALFORZIA (160 MG DAILY	
4).....	143	ORENITRAM MONTH 3.....	72	DOSE).....	179
OMNIPOD DASH PODS		ORFADIN.....	149	PALFORZIA (20 MG DAILY	
(GEN 4).....	143	ORGOVYX.....	49	DOSE).....	179
OMNITROPE.....	149	ORIAHNN.....	158	PALFORZIA (200 MG DAILY	
OMVOH.....	187	ORILISSA.....	145	DOSE).....	179
OMVOH (300 MG DOSE).....	187	ORKAMBI.....	215	PALFORZIA (240 MG DAILY	
ON CALL EXPRESS BLOOD		ORLADEYO.....	195	DOSE).....	179
GLUCOSE.....	143	<i>orlistat</i>	122	PALFORZIA (3 MG DAILY	
ONAPGO.....	83	<i>orphenadrine-aspirin-caffeine</i> ..	107	DOSE).....	179
<i>ondansetron</i>	160	ORPHENGESIC FORTE.....	107	PALFORZIA (300 MG	
<i>ondansetron hcl</i>	160	Orquidea.....	133	MAINTENANCE).....	179
<i>one drop test</i>	143	ORSERDU.....	49	PALFORZIA (300 MG	
ONENATAL RX.....	200	ORTHOVISC.....	32	TITRATION).....	179
ONETOUCH DELICA PLUS		<i>orudis</i>	24	PALFORZIA (40 MG DAILY	
LANCET30G.....	143	<i>oseltamivir phosphate</i>	40	DOSE).....	179
ONETOUCH DELICA PLUS		OSENVELT.....	124	PALFORZIA (6 MG DAILY	
LANCET33G.....	143	OSPHENA.....	154	DOSE).....	179
ONETOUCH DELICA PLUS		OSPOMYV.....	124	PALFORZIA (80 MG DAILY	
LANCING.....	143	OTEZLA.....	188	DOSE).....	179
ONETOUCH ULTRA BLUE		OTEZLA XR.....	188	PALFORZIA INITIAL DOSE	
TEST.....	143	OTEZLA/OTEZLA XR		1-3YRS.....	179
ONETOUCH ULTRA TEST....	143	INITIATION PK.....	188	PALFORZIA INITIAL	
ONETOUCH ULTRASOFT 2		OTOVEL.....	233	ESCALATION.....	179
LANCETS.....	143	OTULFI.....	188	<i>paliperidone er</i>	86
ONETOUCH VERIO.....	143	OVIDREL.....	146	PALSONIFY.....	112

PALYNZIQ.....	154	<i>phenylephrine hcl</i>	168	<i>potassium chloride er</i>	199
PAMELOR.....	80	<i>phenytoin</i>	91	<i>potassium citrate er</i>	169
<i>pamidronate disodium</i>	123	<i>phenytoin sodium extended</i>	91	PRADAXA.....	171
PANCREAZE.....	165	PHEXX.....	168	PRALUENT.....	66
<i>pantoprazole sodium</i>	166	Philith.....	133	<i>pramipexole dihydrochloride</i>	84
PANZYGA.....	197	PHYRAGO.....	55	<i>pramipexole dihydrochloride er</i>	84
PARAGARD		<i>phytonadione</i>	203	<i>prasugrel hcl</i>	177
INTRAUTERINE COPPER.....	133	PIFELTRO.....	36	<i>pravastatin sodium</i>	65
<i>paricalcitol</i>	158	<i>pilocarpine hcl</i>	208, 232	<i>praziquantel</i>	33
<i>paroxetine hcl</i>	81	<i>pimecrolimus</i>	226	<i>prazosin hcl</i>	61
<i>paroxetine hcl er</i>	81	<i>pimozide</i>	111	PRECISION XTRA BLOOD	
<i>paroxetine mesylate</i>	110	Pimtrea.....	133	GLUCOSE.....	144
PAXIL.....	81	<i>pindolol</i>	67	PRED FORTE.....	207
PAXIL CR.....	81	<i>pioglitazone hcl</i>	120	PRED MILD.....	207
PAXLOVID (150/100).....	40	<i>pioglitazone hcl-glimepiride</i>	120	<i>prednisolone</i>	147
PAXLOVID (300/100 &		<i>pioglitazone hcl-metformin hcl</i>	120	<i>prednisolone acetate</i>	207
150/100).....	40	PIQRAY (200 MG DAILY		<i>prednisolone sodium phosphate</i>	147
PAXLOVID (300/100).....	40	DOSE).....	55	<i>prednisone</i>	147, 148
<i>pazopanib hcl</i>	55	PIQRAY (250 MG DAILY		<i>pregabalin</i>	91
<i>peg 3350-kcl-na bicarb-nacl</i>	163	DOSE).....	55	<i>pregabalin er</i>	110
<i>peg-3350/electrolytes</i>	163	PIQRAY (300 MG DAILY		<i>pregen dha</i>	201
PEGASYS.....	43	DOSE).....	55	<i>pregenna</i>	201
<i>peg-kcl-nacl-nasulf-na asc-c</i>	163	<i>pirfenidone</i>	217	PREGNYL.....	146
PEG-PREP.....	163	Pirmella 7/7/7.....	133	PREMARIN.....	152
PEMAZYRE.....	55	<i>piroxicam</i>	24	PREMPHASE.....	152
<i>penciclovir</i>	231	<i>pitavastatin calcium</i>	65	PREMPRO.....	152
<i>penicillamine</i>	126	PLAN B ONE-STEP.....	133	<i>prena 1 true</i>	201
<i>penicillin v potassium</i>	45	PLAVIX.....	177	<i>prenal</i>	201
<i>pentamidine isethionate</i>	44	PLEGRIDY.....	105	PRENATAL-U.....	201
PENTASA.....	161	PLEGRIDY STARTER PACK.....	105	PRENATE.....	201
<i>pentazocine-naloxone hcl</i>	31	PLENVU.....	163	PRENATE AM.....	201
<i>pentoxifylline er</i>	177	<i>pnv prenatal plus multivit+dha</i>	201	PRENATE DHA.....	201
<i>perampanel</i>	90	<i>pnv tabs 20-1</i>	201	PRENATE ELITE.....	201
PERCOCET.....	30	<i>pnv-dha</i>	201	PRENATE ENHANCE.....	201
PERFOROMIST.....	213	<i>pnv-dha+docusate</i>	201	PRENATE MINI.....	201
<i>perindopril erbumine</i>	60	<i>pnv-omega</i>	201	PRENATE PIXIE.....	201
<i>permethrin</i>	232	POCKETCHEM EZ TEST.....	144	PRENATE RESTORE.....	201
<i>perphenazine</i>	86	<i>podofilox</i>	231	PRENATOL-M.....	201
<i>perphenazine-amitriptyline</i>	110	POGO AUTOMATIC TEST		PRESTALIA.....	60
PERSERIS.....	86	CARTRIDGES.....	144	PREVACID.....	166
PERTZYE.....	165	POKONZA.....	199	PREVACID SOLUTAB.....	166
PHARMACIST CHOICE		<i>polymyxin b-trimethoprim</i>	205	PREVYMIS.....	40
AUTOCODE.....	144	POLY-VI-FLOR/IRON.....	203	PREZCOBIX.....	39
<i>pharmacist choice no coding</i>	144	<i>pomalidomide</i>	47	PREZISTA.....	36
PHEBURANE.....	157	POMALYST.....	48	PRIALT.....	22
<i>phendimetrazine tartrate</i>	122	PONVORY.....	105	PRILOSEC.....	166
<i>phendimetrazine tartrate er</i>	122	PONVORY STARTER PACK.....	105	PRILOSEC OTC.....	166
<i>phenelzine sulfate</i>	81	Portia-28.....	133	<i>primaquine phosphate</i>	34
<i>phenobarbital</i>	91	<i>posaconazole</i>	34	<i>primidone</i>	91
<i>phenoxybenzamine hcl</i>	71	<i>pot & sod cit-cit ac</i>	169	PRISTIQ.....	81
<i>phentermine hcl</i>	122	<i>potassium chloride</i>	199	PRIVIGEN.....	197
<i>phentermine-topiramate er</i>	122	<i>potassium chloride crys er</i>	199	<i>pro voice v8/v9 glucose</i>	144

PROAIR RESPICLICK.....	213	QINLOCK.....	55	RELAFEN DS.....	24
<i>probenecid</i>	22	<i>qivigy</i>	197	RELENZA DISKHALER.....	40
Procentra.....	96	QNASL.....	217	<i>releuko</i>	174
<i>prochlorperazine maleate</i>	160	QNASL CHILDRENS.....	217	RELEXXII.....	97
PROCRT.....	174	QSYMIA.....	122	RELION CONFIRM/MICRO	
PROCTOFOAM HC.....	167	<i>quad-mix</i>	168	TEST.....	144
Proctozone-Hc.....	167	<i>quazepam</i>	98	RELION TRUE METRIX	
PROCYSBI.....	169	<i>quetiapine fumarate</i>	86	TEST STRIPS.....	144
PRODIGY NO CODING		<i>quetiapine fumarate er</i>	86	RELISTOR.....	164
BLOOD GLUC.....	144	QUICKTEK TEST.....	144	RELPAK.....	101
PROFILNINE.....	176	QUILLICHEW ER.....	97	RELTONE.....	164
<i>progesterone</i>	156	QUILLIVANT XR.....	97	REMICADE.....	180
PROGRAF.....	198	<i>quinapril hcl</i>	60	REMODULIN.....	73
PROLASTIN-C.....	209	<i>quinapril-hydrochlorothiazide</i>	60	RENATABS WITH IRON.....	203
PROLATE.....	30	<i>quinidine sulfate</i>	63	RENFLEXIS.....	180
PROLENSA.....	207	<i>quinine sulfate</i>	34	<i>reno caps</i>	203
PROLIA.....	124	QUINTET AC BLOOD		RENTHYROID.....	156
PROMACTA.....	178	GLUCOSE TEST.....	144	RENVELA.....	155
<i>promethazine hcl</i>	160	QUINTET BLOOD GLUCOSE		<i>repaglinide</i>	120
<i>promethazine-codeine</i>	215	TEST.....	144	REPATHA.....	66
<i>promethazine-dm</i>	215	QULIPTA.....	99	REPATHA SURECLICK.....	66
<i>promethazine-phenylephrine</i>	215	QUVIVIQ.....	98	RESTASIS.....	207
PROMETHEGAN.....	160	QVAR REDHALER.....	218	RESTASIS MULTIDOSE.....	207
PROMETRIUM.....	156	<i>rabeprazole sodium</i>	166, 167	RESTORIL.....	98
<i>propafenone hcl</i>	63	RADICAVA ORS.....	74	RETACRIT.....	174
<i>propafenone hcl er</i>	63	RADICAVA ORS STARTER		RETEVMO.....	55
<i>propranolol hcl</i>	67	KIT.....	74	RETIN-A.....	222
<i>propranolol hcl er</i>	67	RAGWITEK.....	179	RETIN-A MICRO PUMP.....	222
<i>propylthiouracil</i>	156	RALDESY.....	81	RETROVIR.....	36
PROSCAR.....	167	<i>raloxifene hcl</i>	154	REVATIO.....	73
PROTONIX.....	166	<i>ramelteon</i>	98	REVLIMID.....	48
<i>protriptyline hcl</i>	81	<i>ramipril</i>	60	REVUFORJ.....	58
PROVIDA OB.....	201	<i>ranitidine hcl</i>	161	REXTOVY.....	109
PROVIGIL.....	108	<i>ranolazine er</i>	71	REXULTI.....	86
<i>prucalopride succinate</i>	164	RAPAFLO.....	167	REYATAZ.....	36
PRUDOXIN.....	224	<i>rasagiline mesylate</i>	84	REZDIFFRA.....	154
<i>pseudoeph-bromphen-dm</i>	215	RASUVO.....	195	REZENOPY.....	109
PTS PANELS EGLU TEST.....	144	RAVICTI.....	157	REZLIDHIA.....	58
PULMICORT.....	218	RAYALDEE.....	158	REZUROCK.....	198
PULMICORT FLEXHALER...	218	REBIF.....	105	REZVOGLAR KWIKPEN.....	119
PULMOZYME.....	215	REBIF REBIDOSE.....	105	RHAPSIDO.....	226
PURIXAN.....	47	REBIF REBIDOSE		RHOFADE.....	232
<i>pyrazinamide</i>	39	TITRATION PACK.....	105	RHOGAM ULTRA-	
<i>pyridostigmine bromide</i>	107, 108	REBIF TITRATION PACK.....	105	FILTERED PLUS.....	197
<i>pyridostigmine bromide er</i>	107	REBINYN.....	176	RHOPHYLAC.....	197
<i>pyrimethamine</i>	44	RECLAST.....	123	RHOPRESSA.....	209
PYRUKYND.....	177	Reclipsen.....	133	RIASTAP.....	172
PYRUKYND TAPER PACK...	177	RECOMBINATE.....	175	<i>ribavirin</i>	43
PYZCHIVA.....	188, 189	RECORLEV.....	136	<i>rifabutin</i>	39
<i>qc all day allergy relief</i>	212	REDEMPLO.....	71	<i>rifampin</i>	39
QELBREE.....	96	REFUAH PLUS BLOOD		RIGHTEST GS100 BLOOD	
QFITLIA.....	176	GLUCOSE TEST.....	144	GLUCOSE.....	144

RIGHTEST GS300 BLOOD	SANCUSO.....	160	SIMPLERA SENSOR.....	144
GLUCOSE.....	SANDIMMUNE.....	198	SIMPLERA SYNC SENSOR...	144
RIGHTEST GS550 BLOOD	SANDOSTATIN.....	113	SIMPLERA SYSTEM.....	144
GLUCOSE.....	SANDOSTATIN LAR DEPOT	113	SIMPONI.....	190
<i>rilpivirine hcl</i>	SANTYL.....	231	SIMULECT.....	198
<i>riluzole</i>	SAPHRIS.....	87	<i>simvastatin</i>	65
<i>rimantadine hcl</i>	<i>sapropterin dihydrochloride</i>	154	SINEMET.....	84
RINVOQ.....	SAVAYSA.....	172	SINGULAIR.....	216
RINVOQ LQ.....	SAVELLA.....	97	<i>sirolimus</i>	198
RIOMET.....	SAVELLA TITRATION PACK	98	SIRTURO.....	39
<i>risedronate sodium</i>	<i>saxagliptin hcl</i>	115	<i>sitaglipt base-metform hcl er</i> ...	115
<i>risperidone</i>	<i>saxagliptin-metformin er</i>	115	<i>sitagliptin</i>	115
<i>risperidone microspheres er</i>	SAXENDA.....	122	<i>sitagliptin base-metformin hcl</i> ..	115
RITALIN.....	SCSEMBLIX.....	55, 56	SIVEXTRO.....	44
RITALIN LA.....	<i>scopolamine</i>	160	SKYCLARYS.....	102
<i>ritonavir</i>	SDAMLO.....	69	SKYLA.....	134
<i>rivaroxaban</i>	SECUADO.....	87	SKYRIZI.....	190
<i>rivastigmine</i>	SEGLUROMET.....	120	SKYRIZI PEN.....	190
<i>rivastigmine tartrate</i>	SELARSDI.....	189	SKYTROFA.....	150
Rivelsa.....	SELECT-OB.....	201	SLYND.....	134
RIVFLOZA.....	SELECT-OB+DHA.....	201	SMARTEST BLOOD	
RIVIVE.....	<i>selegiline hcl</i>	84	GLUCOSE TEST.....	144
<i>rixubis</i>	SELZENTRY.....	36	SOAANZ.....	70
<i>rizatriptan benzoate</i>	SEMGLEE (YFGN).....	119	<i>sodium chloride</i>	232
ROCKLATAN.....	SENSIPAR.....	123	<i>sodium fluoride</i>	199
<i>roflumilast</i>	SEPHIENCE.....	154	<i>sodium oxybate</i>	108
ROLVEDON.....	SEREVENT DISKUS.....	213	<i>sodium phenylbutyrate</i>	157
ROMVIMZA.....	SERNIVO.....	229	<i>sodium polystyrene sulfonate</i>	155
<i>ropinirole hcl</i>	SEROQUEL XR.....	87	<i>sofosbuvir-velpatasvir</i>	43
<i>ropinirole hcl er</i>	SEROSTIM.....	149	SOGROYA.....	150
<i>rosuvastatin calcium</i>	<i>sertraline hcl</i>	81	SOHONOS.....	107
Rosyrah.....	Setlakin.....	134	<i>solifenacin succinate</i>	170
ROWASA.....	<i>sevelamer carbonate</i>	155	SOLIQUEA.....	116
ROXICODONE.....	<i>sevelamer hcl</i>	155	SOLOSEC.....	44
ROXYBOND.....	SEVENFACT.....	172	SOLUS V2 TEST.....	144
ROZEREM.....	SEYSARA.....	46	SOMA.....	107
ROZLYTREK.....	Sharobel.....	134	SOMATULINE DEPOT.....	113
RUBRACA.....	SHEWISE.....	134	SOMAVERT.....	113
RUCONEST.....	SIGNIFOR.....	154	SOOLANTRA.....	232
<i>rufinamide</i>	SIGNIFOR LAR.....	154	<i>sorafenib tosylate</i>	56
RUKOBIA.....	SIKLOS.....	178	SORILUX.....	225
RYALTRIS.....	<i>sildenafil citrate</i>	73, 168	<i>sotalol hcl</i>	63
RYBELSUS.....	SILENOR.....	98	<i>sotalol hcl (af)</i>	63
RYCLORA.....	SILIQ.....	189	SOTYKTU.....	190
RYDAPT.....	<i>silodosin</i>	167	SOVALDI.....	43
RYKINDO.....	<i>silver sulfadiazine</i>	223	SOVUNA.....	34, 195
RYTARY.....	SIMBRINZA.....	204	SPEVIGO.....	225
Ryvent.....	SIMLANDI (1 PEN).....	190	<i>spinosad</i>	232
SABRIL.....	SIMLANDI (2 PEN).....	190	SPIRIVA HANDIHALER.....	210
<i>sacubitril-valsartan</i>	SIMLANDI (2 SYRINGE).....	190	SPIRIVA RESPIMAT.....	210
SAFYRAL.....	Simliya.....	134	<i>spironolactone</i>	60
SAMSCA.....	Simpesse.....	134	<i>spironolactone-hctz</i>	70

SPORANOX.....	34	Syeda.....	134	<i>tazarotene</i>	222, 225
SPRAVATO (56 MG DOSE).....	81	SYMBICORT.....	219	TAZORAC.....	225
SPRAVATO (84 MG DOSE).....	81	SYMBRAVO.....	101	TECFIDERA.....	106
Sprintec 28.....	134	SYMDEKO.....	215	TEGLUTIK.....	74
SPRITAM.....	91	SYMFI.....	39	TEGRETOL.....	91
SPRIX.....	24	SYMPAZAN.....	91	TEGRETOL-XR.....	91
SPRYCEL.....	56	SYMPROIC.....	164	<i>telmisartan</i>	62
Sps (Sodium Polystyrene Sulf). 155		SYMTUZA.....	39	<i>telmisartan-amlodipine</i>	62
Sronyx.....	134	SYNALAR.....	229, 230	<i>telmisartan-hctz</i>	62
Ssd.....	223	SYNAREL.....	145	<i>temazepam</i>	99
STARJEMZA.....	190	SYNDROS.....	160	<i>temozolomide</i>	46
STEGLATRO.....	121	SYNJARDY.....	120	<i>tenofovir disoproxil fumarate</i>	37
STEGLUJAN.....	121	SYNJARDY XR.....	120	TEPMETKO.....	56
STELARA.....	190, 191	SYNOJOYNT.....	32	<i>terazosin hcl</i>	167
STENDRA.....	168	SYNVISC.....	32	<i>terbinafine hcl</i>	34
STEQEYMA.....	191	SYNVISC ONE.....	32	<i>terbutaline sulfate</i>	214
<i>sterile water for irrigation</i>	209	SYPRINE.....	126	<i>terconazole</i>	171
STIMUFEND.....	174	TABRECTA.....	56	<i>teriflunomide</i>	106
STIOLTO RESPIMAT.....	210	<i>tacrolimus</i>	198, 226	<i>teriparatide</i>	124
STIVARGA.....	56	<i>tadalafil</i>	168, 169	TESTIM.....	113
STOBOCLO.....	124	<i>tadalafil (pah)</i>	73	<i>testosterone</i>	113
STRENSIQ.....	154	TADLIQ.....	73	<i>testosterone cypionate</i>	113
STRIBILD.....	39	TAFINLAR.....	56	<i>testosterone enanthate</i>	113
STRIVERDI RESPIMAT.....	214	<i>tafluprost (pf)</i>	208	<i>tetrabenazine</i>	103
STROMECTOL.....	33	TAGRISSO.....	56	<i>tetracycline hcl</i>	46
SUBLOCADE.....	31	TAKE ACTION.....	134	TEXACORT.....	230
SUBOXONE.....	108	TAKHZYRO.....	195	TEZRULY.....	167
SUBVENITE.....	91	TALICIA.....	167	TEZSPIRE.....	217
SUCRAID.....	164	TALTZ.....	191	THALITONE.....	70
<i>sucralfate</i>	164	TALZENNA.....	58	THALOMID.....	48
SUFLAVE.....	163	TAMIFLU.....	40	THEO-24.....	219
<i>sulconazole nitrate</i>	224	<i>tamoxifen citrate</i>	49	<i>theophylline</i>	220
<i>sulfacetamide sodium</i>	205	<i>tamsulosin hcl</i>	167	<i>theophylline er</i>	219
<i>sulfacetamide sodium (acne)</i>	222	Tanlor.....	107	THIOLA.....	169
<i>sulfacetamide-prednisolone</i>	205	<i>tapentadol hcl</i>	30	THIOLA EC.....	169
<i>sulfadiazine</i>	33	TAPERDEX 12-DAY.....	148	<i>thioridazine hcl</i>	87
<i>sulfamethoxazole-trimethoprim</i>		Taperdex 6-Day.....	148	<i>thiothixene</i>	87
.....	44, 45	TAPERDEX 7-DAY.....	148	THYMOGLOBULIN.....	198
<i>sulfasalazine</i>	161	Targadox.....	46	THYQUIDITY.....	156
<i>sulindac</i>	24	TARGRETIN.....	58, 231	<i>thyroid</i>	156
<i>sumatriptan</i>	101	Tarina 24 Fe.....	134	<i>tiagabine hcl</i>	91
<i>sumatriptan succinate</i>	101	Tarina Fe 1/20 Eq.....	134	TIBSOVO.....	58
<i>sumatriptan-naproxen sodium</i> ..	101	TARON-C DHA.....	202	<i>ticagrelor</i>	177
<i>sunitinib malate</i>	56	TARPEYO.....	169	TIKOSYN.....	63
SUNLENCA.....	37	TASCENSO ODT.....	106	Tilia Fe.....	134
SUNOSI.....	108	TASIGNA.....	56	<i>timolol hemihydrate</i>	204
SUPARTZ FX.....	32	<i>tasimelteon</i>	99	<i>timolol maleate</i>	67, 204
<i>super quad-mix</i>	168	<i>tavaborole</i>	224	<i>timolol maleate (once-daily)</i>	204
SUPREME TEST.....	144	TAVALISSE.....	178	Timolol Maleate Ocudose.....	204
SUPREP BOWEL PREP KIT..	163	TAVNEOS.....	177	<i>timolol maleate pf</i>	204
SUTAB.....	163	Taysofy.....	134	TIMOPTIC OCUDOSE.....	204
SUTENT.....	56	TAYTULLA.....	134	<i>tinidazole</i>	33

<i>tiopronin</i>	169	TRELEGY ELLIPTA.....	210	TRUDHESA.....	99
<i>tiotropium bromide</i>	211	TRELSTAR MIXJECT.....	49	<i>true focus blood glucose strip</i> ...	144
TIROSINT.....	157	TREMFYA.....	191	TRUE METRIX BLOOD	
TIROSINT-SOL.....	157	TREMFYA ONE-PRESS.....	191	GLUCOSE TEST.....	145
TIVICAY.....	37	TREMFYA PEN.....	191	TRUEPLUS LANCETS 28G...	145
TIVICAY PD.....	37	<i>treprostinil</i>	73	TRUEPLUS LANCETS 30G...	145
<i>tizanidine hcl</i>	107	TRESIBA.....	120	TRUEPLUS LANCETS 33G...	145
TLANDO.....	113	TRESIBA FLEXTOUCH.....	120	TRUETEST TEST.....	145
TOBI.....	216	<i>tretinoin</i>	58, 222	TRUETRACK TEST.....	145
TOBI PODHALER.....	216	<i>tretinoin microsphere</i>	222	TRULICITY.....	116
TOBRADEX.....	205	<i>tretinoin microsphere pump</i>	222	TRUQAP.....	56
TOBRADEX ST.....	205	TRETEN.....	172	TRUVADA.....	39
<i>tobramycin</i>	205, 216	TREXIMET.....	101	TRYNGOLZA.....	71
<i>tobramycin-dexamethasone</i>	205	<i>triamcinolone acetonide</i>		TRYPTYR.....	207
TODAY SPONGE.....	168	.....	217, 230, 232	TRYVIO.....	71
TOLAK.....	223	<i>triamterene</i>	70	TUDORZA PRESSAIR.....	211
<i>tolcapone</i>	84	<i>triamterene-hctz</i>	70	TUKYSA.....	56
TOLECTIN 600.....	24	<i>triazolam</i>	99	TURALIO.....	56
<i>tolmetin sodium</i>	24	TRICOR.....	64	Turqoz.....	135
<i>tolsura</i>	34	<i>trientine hcl</i>	126	TUXARIN ER.....	215
<i>tolterodine tartrate</i>	170	Tri-Estarylla.....	134	TWIIST REFILL KIT.....	145
<i>tolterodine tartrate er</i>	170	<i>trifluoperazine hcl</i>	87	TWIIST REFILL	
<i>tolvaptan</i>	154	<i>trifluridine</i>	205	KIT/INFUSION SET.....	145
<i>tolvaptan (hyponatremia)</i>	154, 164	<i>trihexyphenidyl hcl</i>	84	TWIIST STARTER KIT.....	145
TONMYA.....	98	TRIJARDY XR.....	115	TWIRLA.....	135
TOPICORT.....	230	TRIKAFTA.....	216	TWYNEO.....	222
TOPICORT SPRAY.....	230	Tri-Legest Fe.....	134	TYBLUME.....	135
<i>topiramate</i>	91, 92	TRILEPTAL.....	92	Tydemy.....	135
<i>topiramate er</i>	91	Tri-Linyah.....	134	TYENNE.....	192
TOPROL XL.....	67	Tri-Lo-Estarylla.....	134	TYKERB.....	56
<i>toremifene citrate</i>	49	Tri-Lo-Marzia.....	134	TYMLOS.....	125
Torpenz.....	56	Tri-Lo-Mili.....	135	TYRUKO.....	106
<i>torseamide</i>	70	Tri-Lo-Sprintec.....	135	TYRVAYA.....	208
TOSYMRA.....	101	TRILURON.....	33	TYSABRI.....	106
TOUJEO MAX SOLOSTAR...	120	<i>trimethobenzamide hcl</i>	160	TYVASO.....	73
TOUJEO SOLOSTAR.....	120	Tri-Mili.....	135	TYVASO DPI	
Tovet.....	230	<i>trimipramine maleate</i>	82	MAINTENANCE KIT.....	73
TOVIAZ.....	170	<i>trinatal rx 1</i>	202	TYVASO DPI TITRATION	
TRACLEER.....	73	TRINATE.....	202	KIT.....	73
TRADJENTA.....	115	TRINTELLIX.....	82	TYVASO REFILL KIT.....	73
<i>tramadol hcl</i>	31	TRIPTODUR.....	125	TYVASO STARTER KIT.....	73
<i>tramadol hcl (er biphasic)</i>	30	Tri-Sprintec.....	135	UBRELVY.....	99
<i>tramadol hcl er</i>	31	<i>tristart dha</i>	202	UCERIS.....	161
<i>tramadol-acetaminophen</i>	31	TRIUMEQ.....	39	UDENYCA.....	174
<i>trandolapril</i>	60	<i>triumeq pd</i>	39	ULORIC.....	22
<i>trandolapril-verapamil hcl er</i>	60	<i>tri-vi-floro</i>	203	ULTRAVATE.....	230
<i>tranexamic acid</i>	177	TRIVISC.....	33	<i>umeclidinium-vilanterol</i>	210
TRANSDERM SCOP.....	160	Tri-Vylibra.....	135	UNISTRIIP CONTROL.....	145
<i>tranylcypromine sulfate</i>	81	Tri-Vylibra Lo.....	135	UNISTRIPI GENERIC.....	145
TRAVATAN Z.....	208	<i>tropicamide</i>	208	UPNEEQ.....	208
<i>travoprost (bak free)</i>	208	<i>tropium chloride</i>	170	UPTRAVI.....	73
<i>trazodone hcl</i>	81	<i>tropium chloride er</i>	170	UPTRAVI TITRATION.....	73

UROXATRAL.....	167	VENTOLIN HFA.....	214	VONVENDI.....	172
<i>ursodiol</i>	164	<i>verapamil hcl</i>	69	VOQUEZNA.....	164
<i>ustekinumab</i>	192	<i>verapamil hcl er</i>	69	VORANIGO.....	58
<i>ustekinumab-aaaz</i>	192	<i>verasens blood glucose test</i>	145	<i>voriconazole</i>	34
<i>ustekinumab-aekn</i>	192	VEREGEN.....	231	VOSEVI.....	43
<i>ustekinumab-ttwe</i>	192	VERKAZIA.....	208	VOTRIENT.....	57
UZEDY.....	87	VERQUVO.....	70	VOWST.....	164
VABRINTY.....	49, 50	VERZENIO.....	57	VOXZOGO.....	148
VAGIFEM.....	152	VESICARE.....	170	VOYDEYA.....	177
<i>valacyclovir hcl</i>	40	Vestura.....	135	VOYXACT.....	170
VALCHLOR.....	231	VEVYE.....	207	VPRIV.....	151
VALCYTE.....	40	V-GO 20.....	145	VRAYLAR.....	87
<i>valganciclovir hcl</i>	40	V-GO 30.....	145	VTAMA.....	225
VALIUM.....	92	V-GO 40.....	145	VUMERITY.....	106
<i>valproic acid</i>	92	VIAGRA.....	169	VUSION.....	224
<i>valsartan</i>	62	VIBERZI.....	162	VYALEV.....	84
<i>valsartan-hydrochlorothiazide</i> ...	62	VICTOZA.....	116	VYBRIQUE.....	169
VALTOCO 10 MG DOSE.....	92	Vienva.....	135	Vyfemla.....	135
VALTOCO 15 MG DOSE.....	92	<i>vigabatrin</i>	92	VYKAT XR.....	154
VALTOCO 20 MG DOSE.....	92	Vigadrone.....	92	VYLEESI.....	111
VALTOCO 5 MG DOSE.....	92	VIGAFYDE.....	92	Vylibra.....	135
VALTREX.....	40	VIIBRYD.....	82	VYNDAMAX.....	71
Valtya 1/35.....	135	VIJOICE.....	154	VYSCOXIA.....	21
Valtya 1/50.....	135	<i>vilazodone hcl</i>	82	VYVANSE.....	97
VANCOCIN.....	45	VIMIZIM.....	150	VYVGART HYTRULO.....	108
<i>vancomycin hcl</i>	45	VIMPAT.....	92	VYZULTA.....	208
VANDAZOLE.....	171	VIOKACE.....	165	WAINUA.....	155
VANFLYTA.....	56	<i>viorele</i>	135	WAKIX.....	108
VANOS.....	230	VIRACEPT.....	37	<i>warfarin sodium</i>	172
VANRAFIA.....	170	VIREAD.....	37	WAYRILZ.....	178
<i>varденаfil hcl</i>	169	VISCO-3.....	33	WEGOVY.....	122
<i>varenicline tartrate</i>	112	VISTOGARD.....	58	WELIREG.....	58
<i>varenicline tartrate (starter)</i>	112	VISUDYNE.....	208	WELLBUTRIN XL.....	82
VARIZIG.....	197	VITAFOL FE+.....	202	Wera.....	135
VARUBI (180 MG DOSE).....	160	VITAFOL GUMMIES.....	202	<i>wescap-pn dha</i>	202
VASCEPA.....	66	VITAFOL ULTRA.....	202	<i>westgel dha</i>	202
VCF VAGINAL		VITAFOL-OB.....	202	WEZLANA.....	192
CONTRACEPTIVE.....	168	VITAFOL-OB+DHA.....	202	WIDE-SEAL DIAPHRAGM 60	
VECAMEYL.....	71	VITAFOL-ONE.....	202	.....	135
VECTICAL.....	225	<i>vitalara</i>	202	WIDE-SEAL DIAPHRAGM 65	
VELETRI.....	73	<i>vitamin d (ergocalciferol)</i>	203	.....	135
VELIVET.....	135	VITRAKVI.....	57	WIDE-SEAL DIAPHRAGM 70	
VELPHORO.....	155	VIVAGUARD INO TEST		.....	136
VELSIPITY.....	192	STRIPS.....	145	WIDE-SEAL DIAPHRAGM 75	
VELTASSA.....	155	VIVELLE-DOT.....	153	.....	136
VEMLIDY.....	42	VIVITROL.....	109	WIDE-SEAL DIAPHRAGM 80	
VENCLEXTA.....	47	VIVJOA.....	34	.....	136
VENCLEXTA STARTING		VIZIMPRO.....	57	WIDE-SEAL DIAPHRAGM 85	
PACK.....	47	VOGELXO.....	114	.....	136
<i>venlafaxine besylate er</i>	82	VOGELXO PUMP.....	113	WIDE-SEAL DIAPHRAGM 90	
<i>venlafaxine hcl</i>	82	Volnea.....	135	.....	136
<i>venlafaxine hcl er</i>	82	VONJO.....	57		

WIDE-SEAL DIAPHRAGM 95	XPOVIO (40 MG TWICE WEEKLY).....	ZEMBRACE SYMTOUCH.....
.....136	58	101
WILATE.....	XPOVIO (60 MG ONCE WEEKLY).....	Zenatane.....
173	58	222
WINLEVI.....	XPOVIO (60 MG TWICE WEEKLY).....	ZENPEP.....
222	59	165
WINREVAIR.....	XPOVIO (80 MG ONCE WEEKLY).....	Zenzedi.....
73, 74	59	97
WINRHO SDF.....	XPOVIO (80 MG TWICE WEEKLY).....	ZEPATIER.....
197	59	43
Wixela Inhub.....	XROMI.....	ZEPBOUND.....
219	178	122
Wymzya Fe.....	XTAMPZA ER.....	ZEPOSIA.....
136	31	106
WYNZORA.....	XTANDI.....	ZEPOSIA 7-DAY STARTER PACK.....
225	50	106
WYOST.....	XTRENBO.....	106
124	124	ZERVIAE.....
XADAGO.....	Xulane.....	204
84	136	ZESTORETIC.....
XALKORI.....	XULTOPHY.....	60
57	116	ZETIA.....
XANAX.....	XURIDEN.....	63
75	154	ZIAGEN.....
XANAX XR.....	XYNTHA.....	37
75	175	ZIANA.....
Xarah Fe.....	XYNTHA SOLOFUSE.....	222
136	176	zidovudine.....
XARELTO.....	XYOSTED.....	37
172	114	ZIEXTENZO.....
XARELTO STARTER PACK.....	XYREM.....	174
172	108	ZILBRYSQ.....
XATMEP.....	XYWAV.....	102
47	108	zileuton er.....
XCOPRI.....	XYZAL ALLERGY 24HR.....	216
92	212	ZILXI.....
XCOPRI (250 MG DAILY DOSE).....	YASMIN 28.....	232
92	136	ziphex.....
XCOPRI (350 MG DAILY DOSE).....	YAZ.....	202
92	136	ziprasidone hcl.....
XDEMVY.....	YESINTEK.....	87
205	194	ziprasidone mesylate.....
XELJANZ.....	YEZTUGO.....	87
192	37	ZIPSOR.....
XELJANZ XR.....	YIMMUGO.....	24
193	197	ZIRGAN.....
XELPROS.....	YONSA.....	206
208	50	ZITUVIMET.....
Xelria Fe.....	YORVIPATH.....	115
136	125	ZITUVIMET XR.....
XELSTRYM.....	YOSPRALA.....	115
97	177	ZITUVIO.....
XEMBIFY.....	YUFLYMA (1 PEN).....	154
197	194	ZOKINVY.....
XENAZINE.....	YUFLYMA (2 SYRINGE).....	154
103	194	zoledronic acid.....
XENICAL.....	YUPELRI.....	123
122	211	ZOLINZA.....
XEOMIN.....	YUSIMRY.....	59
97	194	zolmitriptan.....
XERESE.....	YUTREPIA.....	101
40	74	ZOLOFT.....
XERMELO.....	Yuvaferm.....	82
164	153	zolpidem tartrate.....
XGEVA.....	YUVIWEL.....	99
124	149	zolpidem tartrate er.....
XHANCE.....	ZADITOR.....	99
217	203	ZOMACTON.....
XIFAXAN.....	Zafemy.....	150
45	136	ZOMIG.....
XIGDUO XR.....	zafirlukast.....	101
121	216	ZONALON.....
XIIDRA.....	zaleplon.....	224
207	99	ZONEGRAN.....
XOFLUZA (40 MG DOSE).....	zalvit.....	92
41	202	ZONISADE.....
XOFLUZA (80 MG DOSE).....	ZARXIO.....	93
41	174	zonisamide.....
XOLAIR.....	ZAVESCA.....	93
193, 194	151	ZONTIVITY.....
XOLREMDI.....	ZAVZPRET.....	177
174	99	ZORYVE.....
XOPENEX HFA.....	ZEGERID OTC.....	225, 226
214	167	Zovia 1/35 (28).....
XOSPATA.....	ZEJULA.....	136
57	59	ZOVIRAX.....
XPHOZAH.....	ZELAPAR.....	231
155	84	ZTALMY.....
XPOVIO (100 MG ONCE WEEKLY).....	ZELBORAF.....	93
58	57	ZUBSOLV.....
XPOVIO (40 MG ONCE WEEKLY).....	ZELSUVMI.....	109
58	231	Zumandimine.....
	209	136
		ZUNVEYL.....
		76
		ZURNAI.....
		109
		ZURZUVAE.....
		82
		ZYBIC.....
		24

ZYCLARA PUMP.....	223
ZYCUBO.....	155
ZYDELIG.....	57
ZYKADIA.....	57
ZYLET.....	205
ZYMFENTRA (1 PEN).....	194
ZYMFENTRA (2 SYRINGE)..	194
ZYPITAMAG.....	65
ZYRTEC.....	213
ZYRTEC ALLERGY.....	212, 213
ZYRTEC ALLERGY CHILDRENS.....	212
ZYRTEC CHILDRENS ALLERGY.....	213
ZYRTEC-D ALLERGY & CONGESTION.....	215
ZYTIGA.....	50
ZYVOX.....	45