

Plan for your best health

2026 Aetna Pharmacy Drug Guide Aetna Standard Plan

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 Previous versions are no longer in effect.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

Aetna Standard Plan

Table of Contents

INFORMATIONAL SECTION.....	4
ANALGESICS - DRUGS TO TREAT PAIN AND INFLAMMATION.....	21
ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS.....	29
ANTINEOPLASTIC AGENTS - DRUGS TO TREAT CANCER.....	41
CARDIOVASCULAR - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS.....	50
CENTRAL NERVOUS SYSTEM - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS.....	64
ENDOCRINE AND METABOLIC - DRUGS TO TREAT DIABETES AND REGULATE HORMONES.....	92
GASTROINTESTINAL - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS.....	164
GENITOURINARY - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS.....	173
HEMATOLOGIC - DRUGS TO TREAT BLOOD DISORDERS.....	176
IMMUNOLOGIC AGENTS - DRUGS TO TREAT DISORDERS OF THE IMMUNE SYSTEM.....	183
MEDICAL DEVICES.....	195
NUTRITIONAL/SUPPLEMENTS - VITAMINS AND SUPPLEMENTS.....	195
OPHTHALMIC - DRUGS TO TREAT EYE CONDITIONS.....	204
OTHER.....	210
RESPIRATORY - DRUGS TO TREAT BREATHING DISORDERS.....	210
TOPICAL - DRUGS TO TREAT EAR AND SKIN CONDITIONS.....	218

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. If a pharmacy's retail price for a prescription drug is less than your total cost share amount, you will not be required to pay more than the retail drug 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.

- **Generic:** the lowest cost
- **Preferred brand:** a slightly higher cost
- **Non-preferred brand:** 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**
 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**. 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

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 our secure provider website on www.CoverMyMeds.com.
- 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 dò bĕ dyi m̈uún nì Pídyi ní, nîí, dá nòbà nìà 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, kirllok 1-888-982-3862 . (Marshallese)
Pwehn alehdi sawas en lokaia kan ni sohte pweipwei, koahlih 1-888-982-3862 . (Micronesian-Pohnpeian)
ដើម្បីទទួលបានសេវាផ្នែកភាសាដោយមិនគិតថ្លៃពីអ្នកសូមទូរសព្ទទេស 1-888-982-3862 ។ (Mon-Khmer, Cambodian)
निःशुल्क भाषा सेवा प्राप्त गर्न 1-888-982-3862 मा टेलिफोन गर्नुहोस् । (Nepali)
Të kɔɔr yin wĕër de thokic ke cĭn wĕu kɔr keek tĕnɔŋ yĭn. 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 צוטרייט שפראך באַדינונגען אין קיין פרייז צו איר, 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.

Aetna Standard Plan

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.

G = Generics

NF = Non-formulary, not covered unless exception request granted

NPB = Non-Preferred Brands

NPSP = Non-Preferred Specialty

PB = Preferred Brands

PSP = Preferred Specialty

Drug Notes

N8 = Drug Specific Coverage

SPC = Select Plan Coverage: Only available for select plans. Refer to member plan documents for coverage.

lowercase italics = Generic drugs

UPPERCASE = Brand name drugs

Prescription Drug Name	Drug Tier	Drug Notes
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>	G	
<i>celecoxib oral capsule 50 mg</i>	G	N8 (Listing does not include certain NDCs)
ELYXYB ORAL SOLUTION 120 MG/4.8ML (<i>celecoxib (migraine)</i>)	NF	
GOUT		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	G	N8 (Listing does not include certain NDCs)
<i>colchicine oral capsule 0.6 mg</i>	G	
<i>colchicine oral tablet 0.6 mg</i>	G	
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>	G	
<i>febuxostat oral tablet 40 mg, 80 mg</i>	G	
GLOPERBA ORAL SOLUTION 0.6 MG/5ML (<i>colchicine</i>)	NF	
KRYSTEXXA INTRAVENOUS SOLUTION 8 MG/50ML, 8 MG/ML (<i>pegloticase</i>)	NPSP	
MITIGARE ORAL CAPSULE 0.6 MG (<i>colchicine</i>)	NF	
<i>probenecid oral tablet 500 mg</i>	G	
ULORIC ORAL TABLET 40 MG, 80 MG (<i>febuxostat</i>)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
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-apap-caffeine</i> (Bac (Butalbital-Acetamin-Caff) Oral Tablet 50-325-40 Mg)	G	
<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>	G	
<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>	G	N8 (Listing does not include certain NDCs)
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	G	N8 (Listing does not include certain NDCs)
FIORICET ORAL CAPSULE 50-300-40 MG (<i>butalbital-apap-caffeine</i>)	NF	
JOURNAVX ORAL TABLET 50 MG (<i>suzetrigine</i>)	NPB	
TENCON ORAL TABLET 50-325 MG (<i>butalbital-acetaminophen</i>)	G	
NSAIDS		
CAMBIA ORAL PACKET 50 MG (<i>diclofenac potassium(migraine)</i>)	NF	
COXANTO ORAL CAPSULE 300 MG (<i>oxaprozin</i>)	NF	
<i>diclofenac epolamine external patch 1.3 %</i>	G	
<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>	G	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>	G	
<i>diclofenac sodium external solution 1.5 %</i>	G	
<i>diclofenac sodium external solution 2 %</i>	NF	
<i>diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg</i>	G	

Prescription Drug Name	Drug Tier	Drug Notes
<i>etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg</i>	G	
<i>etodolac oral capsule 300 mg</i>	G	
<i>etodolac oral tablet 400 mg, 500 mg</i>	G	
<i>fenoprofen calcium oral capsule 400 mg</i>	NF	
<i>flurbiprofen oral tablet 100 mg</i>	G	N8 (Listing does not include certain NDCs)
<i>flurbiprofen oral tablet 50 mg</i>	G	
<i>ibuprofen (Ibu Oral Tablet 400 Mg, 600 Mg, 800 Mg)</i>	G	
<i>ibuprofen oral suspension 100 mg/5ml</i>	G	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	G	N8 (Listing does not include certain NDCs)
INDOCIN ORAL SUSPENSION 25 MG/5ML (<i>indomethacin</i>)	NF	
<i>indomethacin (Indocin Rectal Suppository 50 Mg)</i>	NF	
<i>indomethacin er oral capsule extended release 75 mg</i>	G	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	G	
<i>ketoprofen er oral capsule extended release 24 hour 200 mg</i>	NF	
<i>ketoprofen oral capsule 25 mg</i>	NF	
<i>ketorolac tromethamine oral tablet 10 mg</i>	G	N8 (Listing does not include certain NDCs)
LICART EXTERNAL PATCH 24 HOUR 1.3 % (<i>diclofenac epolamine</i>)	NF	
LODINE ORAL TABLET 400 MG (<i>etodolac</i>)	NF	
<i>diclofenac potassium (Lofena Oral Tablet 25 Mg)</i>	NF	
<i>meclofenamate sodium oral capsule 100 mg, 50 mg</i>	G	
<i>mefenamic acid oral capsule 250 mg</i>	NF	
<i>meloxicam oral capsule 10 mg, 5 mg</i>	NF	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	G	
<i>nabumetone oral tablet 500 mg, 750 mg</i>	G	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, 500 mg</i>	G	
<i>naproxen oral tablet delayed release 375 mg, 500 mg</i>	G	
<i>naproxen sodium er oral tablet extended release 24 hour 375 mg, 500 mg, 750 mg</i>	NF	

2026 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
02/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	G	
<i>oxaprozin oral tablet 600 mg</i>	G	
<i>piroxicam oral capsule 10 mg, 20 mg</i>	G	
SPRIX NASAL SOLUTION 15.75 MG/SPRAY (<i>ketorolac tromethamine</i>)	NF	
<i>sulindac oral tablet 150 mg, 200 mg</i>	G	
VOLTAREN EXTERNAL GEL 1 % (<i>diclofenac sodium</i>)	NPB	
ZIPSOR ORAL CAPSULE 25 MG (<i>diclofenac potassium</i>)	NPB	
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>	G	
<i>ibuprofen-famotidine oral tablet 800-26.6 mg</i>	G	
<i>naproxen-esomeprazole mg oral tablet delayed release 375-20 mg, 500-20 mg</i>	NF	
PREVIDOLRX ANALGESIC COMBINATION THERAPY PACK 75-20-0.025 MG-MG-% (<i>diclofenac-omeprazole-capsicum</i>)	NF	
OPIOID ANALGESICS		
<i>acetaminophen-codeine oral solution 120-12 mg/5ml, 300-30 mg/12.5ml</i>	G	
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg</i>	G	
<i>apap-caff-dihydrocodeine oral capsule 320.5-30-16 mg</i>	G	
<i>butalbital-asa-caff-codeine</i> (Ascomp-Codeine Oral Capsule 50-325-40-30 Mg)	G	
<i>butalbital-apap-caff-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg</i>	G	
<i>butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg</i>	G	
<i>butorphanol tartrate nasal solution 10 mg/ml</i>	G	
<i>codeine sulfate oral tablet 60 mg</i>	NPB	
CONZIP ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG (<i>tramadol hcl</i>)	NPB	
DILAUDID INJECTION SOLUTION 2 MG/ML (<i>hydromorphone hcl</i>)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
DILAUDID ORAL LIQUID 1 MG/ML (<i>hydromorphone hcl</i>)	NPB	
DILAUDID ORAL TABLET 2 MG, 4 MG, 8 MG (<i>hydromorphone hcl</i>)	NPB	
DSUVIA SUBLINGUAL TABLET SUBLINGUAL 30 MCG (<i>sufentanil citrate</i>)	NPB	
<i>oxycodone-acetaminophen</i> (Endocet Oral Tablet 10-325 Mg, 2.5-325 Mg, 5-325 Mg, 7.5-325 Mg)	G	
<i>fentanyl transdermal patch</i> 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hr, 50 mcg/hr, 62.5 mcg/hr, 75 mcg/hr, 87.5 mcg/hr	G	
<i>hydrocodone-acetaminophen oral solution</i> 5-217 mg/10ml	G	
<i>hydrocodone-acetaminophen oral tablet</i> 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg	G	
<i>hydrocodone-ibuprofen oral tablet</i> 10-200 mg, 5-200 mg, 7.5-200 mg	G	
<i>hydromorphone hcl er oral tablet extended release</i> 24 hour 12 mg, 16 mg, 32 mg, 8 mg	G	
<i>hydromorphone hcl oral liquid</i> 1 mg/ml	G	
<i>hydromorphone hcl oral tablet</i> 2 mg, 4 mg, 8 mg	G	
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</i> 2 mg, 3 mg	NF	
<i>meperidine hcl oral solution</i> 50 mg/5ml	G	
<i>meperidine hcl oral tablet</i> 50 mg	G	
<i>methadone hcl injection solution</i> 10 mg/ml	NPB	N8 (Listing does not include certain NDCs)
<i>methadone hcl</i> (Methadone Hcl Intensol Oral Concentrate 10 Mg/ML)	G	
<i>methadone hcl oral concentrate</i> 10 mg/ml	G	
<i>methadone hcl oral solution</i> 10 mg/5ml, 5 mg/5ml	G	
<i>methadone hcl oral tablet</i> 10 mg, 5 mg	G	
<i>methadone hcl oral tablet soluble</i> 40 mg	G	
<i>methadone hcl-sodium chloride intravenous solution prefilled syringe</i> 1-0.9 mg/ml-%	NPB	
METHADOSE ORAL CONCENTRATE 10 MG/ML (<i>methadone hcl</i>)	NPB	
<i>methadone hcl</i> (Methadose Oral Tablet Soluble 40 Mg)	G	

2026 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
02/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
METHADOSE SUGAR-FREE ORAL CONCENTRATE 10 MG/ML (<i>methadone hcl</i>)	NPB	
<i>morphine sulfate (concentrate) oral solution 20 mg/ml</i>	G	
<i>morphine sulfate er beads oral capsule extended release 24 hour 120 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i>	G	
<i>morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>	G	
<i>morphine sulfate er oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	G	
<i>morphine sulfate oral solution 10 mg/5ml</i>	G	
<i>morphine sulfate oral tablet 15 mg, 30 mg</i>	G	
MS CONTIN ORAL TABLET EXTENDED RELEASE 15 MG, 30 MG, 60 MG (<i>morphine sulfate</i>)	NPB	
<i>nalocet oral tablet 2.5-300 mg</i>	NF	
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>	G	
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>	G	
<i>oxycodone hcl oral solution 5 mg/5ml</i>	G	
<i>oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	G	
<i>oxycodone hcl oral tablet abuse-deterrent 15 mg</i>	G	
<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, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	G	
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, 5 mg</i>	G	
PERCOCET ORAL TABLET 10-325 MG, 5-325 MG, 7.5-325 MG (<i>oxycodone-acetaminophen</i>)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
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, 30 MG (<i>oxycodone hcl</i>)	NPB	
ROXYBOND ORAL TABLET ABUSE-DETERRENT 15 MG, 30 MG, 5 MG (<i>oxycodone hcl</i>)	NF	
<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, 200 mg, 300 mg</i>	G	
<i>tramadol hcl er oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg</i>	G	
<i>tramadol hcl oral solution 5 mg/ml</i>	NF	
<i>tramadol hcl oral tablet 100 mg</i>	NF	
<i>tramadol hcl oral tablet 50 mg, 75 mg</i>	G	
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	G	
TREZIX ORAL CAPSULE 320.5-30-16 MG (<i>apap-caff-dihydrocodeine</i>)	G	
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, 600 MCG, 75 MCG, 750 MCG, 900 MCG (<i>buprenorphine hcl</i>)	PB	
<i>buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr, 20 mcg/hr, 5 mcg/hr, 7.5 mcg/hr</i>	G	
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>	G	
SUBLOCADE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.5ML, 300 MG/1.5ML (<i>buprenorphine</i>)	NPB	
SALICYLATES		
<i>aspirin adult low dose oral tablet delayed release 81 mg</i>	CE	
<i>aspirin adult low strength oral tablet delayed release 81 mg</i>	CE	
<i>aspirin childrens oral tablet chewable 81 mg</i>	CE	
<i>aspirin ec adult low dose oral tablet delayed release 81 mg</i>	CE	

2026 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
02/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
<i>aspirin ec low strength oral tablet delayed release 81 mg</i>	CE	
<i>aspirin low dose oral tablet chewable 81 mg</i>	CE	
<i>aspirin low dose oral tablet delayed release 81 mg</i>	CE	
<i>aspirin oral tablet chewable 81 mg</i>	CE	
<i>aspirin oral tablet delayed release 81 mg</i>	CE	
<i>aspirin regimen oral tablet delayed release 81 mg</i>	CE	
BAYER ASPIRIN EC LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG (<i>aspirin</i>)	CE	
BAYER LOW DOSE ORAL TABLET CHEWABLE 81 MG (<i>aspirin</i>)	CE	
BAYER LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG (<i>aspirin</i>)	CE	
<i>childrens aspirin oral tablet chewable 81 mg</i>	CE	
<i>cvs aspirin low dose oral tablet delayed release 81 mg</i>	CE	
<i>cvs aspirin low strength oral tablet delayed release 81 mg</i>	CE	
<i>diflunisal oral tablet 500 mg</i>	G	N8 (Listing does not include certain NDCs)
ECOTRIN LOW STRENGTH ORAL TABLET DELAYED RELEASE 81 MG (<i>aspirin</i>)	CE	
<i>eq aspirin low dose oral tablet chewable 81 mg</i>	CE	
<i>eql aspirin low dose oral tablet chewable 81 mg</i>	CE	
<i>ft aspirin low dose oral tablet delayed release 81 mg</i>	CE	
<i>ft aspirin oral tablet chewable 81 mg</i>	CE	
<i>gnp adult aspirin low strength oral tablet chewable 81 mg</i>	CE	
<i>gnp aspirin oral tablet delayed release 81 mg</i>	CE	
<i>goodsense aspirin low dose oral tablet delayed release 81 mg</i>	CE	
<i>h-e-b aspirin oral tablet delayed release 81 mg</i>	CE	
<i>kls aspirin low dose oral tablet delayed release 81 mg</i>	CE	
<i>kp aspirin oral tablet delayed release 81 mg</i>	CE	
<i>mm aspirin oral tablet delayed release 81 mg</i>	CE	
<i>qc aspirin low dose oral tablet chewable 81 mg</i>	CE	
<i>qc childrens aspirin oral tablet chewable 81 mg</i>	CE	
<i>sb childrens aspirin oral tablet chewable 81 mg</i>	CE	
ST JOSEPH LOW DOSE ORAL TABLET CHEWABLE 81 MG (<i>aspirin</i>)	CE	
ST JOSEPH LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG (<i>aspirin</i>)	CE	

Prescription Drug Name	Drug Tier	Drug Notes
VISCOSUPPLEMENTS		
DUROLANE INTRA-ARTICULAR PREFILLED SYRINGE 60 MG/3ML (<i>sodium hyaluronate (viscosup)</i>)	PSP	
EUFLEXXA INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML (<i>sodium hyaluronate (viscosup)</i>)	PSP	
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	
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	
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	
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	
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>	G	
<i>benznidazole oral tablet 100 mg, 12.5 mg</i>	NPB	

Prescription Drug Name	Drug Tier	Drug Notes
EMVERM ORAL TABLET CHEWABLE 100 MG (mebendazole)	PB	
ivermectin oral tablet 3 mg	G	
praziquantel oral tablet 600 mg	G	
ANTI-BACTERIALS - MISCELLANEOUS		
ARIKAYCE INHALATION SUSPENSION 590 MG/8.4ML (amikacin sulfate liposome)	NPSP	
HUMATIN ORAL CAPSULE 250 MG (paromomycin sulfate)	NF	
neomycin sulfate oral tablet 500 mg	G	N8 (Listing does not include certain NDCs)
sulfadiazine oral tablet 500 mg	NPB	
tinidazole oral tablet 250 mg, 500 mg	G	
ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS		
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG (isavuconazonium sulfate)	NF	
fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml	G	
fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg	G	
flucytosine oral capsule 250 mg	G	
flucytosine oral capsule 500 mg	NF	
griseofulvin microsize oral suspension 125 mg/5ml	G	
griseofulvin microsize oral tablet 500 mg	G	
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	G	
itraconazole oral capsule 100 mg	G	
itraconazole oral solution 10 mg/ml	G	
ketoconazole oral tablet 200 mg	G	
NOXAFIL INTRAVENOUS SOLUTION 300 MG/16.7ML (posaconazole)	NF	
NOXAFIL ORAL PACKET 300 MG (posaconazole)	NF	
NOXAFIL ORAL SUSPENSION 40 MG/ML (posaconazole)	NF	
nystatin oral tablet 500000 unit	G	N8 (Listing does not include certain NDCs)
posaconazole oral suspension 40 mg/ml	G	
posaconazole oral tablet delayed release 100 mg	NF	
terbinafine hcl oral tablet 250 mg	G	
tolsura oral capsule 65 mg	NF	

Prescription Drug Name	Drug Tier	Drug Notes
VFEND ORAL SUSPENSION RECONSTITUTED 40 MG/ML (voriconazole)	NPB	
VIVJOA ORAL CAPSULE THERAPY PACK 150 MG (oteseconazole)	NPSP	
voriconazole oral suspension reconstituted 40 mg/ml	G	
voriconazole oral tablet 200 mg, 50 mg	G	
ANTIMALARIALS - DRUGS TO TREAT MALARIA		
ARAKODA ORAL TABLET 100 MG (tafenoquine succinate)	NF	
atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg	G	
chloroquine phosphate oral tablet 250 mg, 500 mg	G	
COARTEM ORAL TABLET 20-120 MG (artemether-lumefantrine)	NPB	
hydroxychloroquine sulfate oral tablet 100 mg, 300 mg, 400 mg	NF	
KRINTAFEL ORAL TABLET 150 MG (tafenoquine succinate)	NF	
MALARONE ORAL TABLET 250-100 MG, 62.5-25 MG (atovaquone-proguanil hcl)	NPB	
mefloquine hcl oral tablet 250 mg	G	
primaquine phosphate oral tablet 26.3 (15 base) mg	NPB	
quinine sulfate oral capsule 324 mg	G	
SOVUNA ORAL TABLET 300 MG (hydroxychloroquine sulfate)	NF	
ANTIRETROVIRAL AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION		
abacavir sulfate oral solution 20 mg/ml	G	
abacavir sulfate oral tablet 300 mg	G	
APTIVUS ORAL CAPSULE 250 MG (tipranavir)	NF	
atazanavir sulfate oral capsule 150 mg, 200 mg, 300 mg	G	
EDURANT ORAL TABLET 25 MG (rilpivirine hcl)	NF	
efavirenz oral tablet 600 mg	G	
EMTRIVA ORAL CAPSULE 200 MG (emtricitabine)	NPSP	
EMTRIVA ORAL SOLUTION 10 MG/ML (emtricitabine)	NPSP	
fosamprenavir calcium oral tablet 700 mg	G	
INTELENCE ORAL TABLET 100 MG, 200 MG, 25 MG (etravirine)	NF	
ISENTRESS HD ORAL TABLET 600 MG (raltegravir potassium)	PSP	
ISENTRESS ORAL PACKET 100 MG (raltegravir potassium)	PSP	

2026 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
02/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
ISENTRESS ORAL TABLET 400 MG (<i>raltegravir potassium</i>)	PSP	
ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG (<i>raltegravir potassium</i>)	PSP	
<i>lamivudine oral solution 10 mg/ml</i>	G	
<i>lamivudine oral tablet 150 mg, 300 mg</i>	G	
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	G	
<i>nevirapine oral suspension 50 mg/5ml</i>	G	
<i>nevirapine oral tablet 200 mg</i>	G	
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	
REYATAZ ORAL CAPSULE 200 MG, 300 MG (<i>atazanavir sulfate</i>)	NF	
REYATAZ ORAL PACKET 50 MG (<i>atazanavir sulfate</i>)	NF	
<i>ritonavir oral tablet 100 mg</i>	G	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG (<i>fostemsavir tromethamine</i>)	NPSP	
SELZENTRY ORAL SOLUTION 20 MG/ML (<i>maraviroc</i>)	NF	
SELZENTRY ORAL TABLET 150 MG, 300 MG (<i>maraviroc</i>)	NF	
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>	G	
TIVICAY ORAL TABLET 50 MG (<i>dolutegravir sodium</i>)	PSP	
TIVICAY PD ORAL TABLET SOLUBLE 5 MG (<i>dolutegravir sodium</i>)	PSP	
TYBOST ORAL TABLET 150 MG (<i>cobicistat</i>)	NPSP	
VIRACEPT ORAL TABLET 250 MG, 625 MG (<i>nelfinavir mesylate</i>)	NF	
VIREAD ORAL POWDER 40 MG/GM (<i>tenofovir disoproxil fumarate</i>)	NPSP	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG, 300 MG (<i>tenofovir disoproxil fumarate</i>)	NPSP	
YEZTUGO ORAL TABLET 300 MG (<i>lenacapavir sodium</i>)	PSP	

2026 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
02/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
<i>zidovudine oral capsule 100 mg</i>	G	
<i>zidovudine oral syrup 50 mg/5ml</i>	G	
<i>zidovudine oral tablet 300 mg</i>	G	
ANTIRETROVIRAL COMBINATION AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION		
<i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i>	G	
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG (<i>bictegravir-emtricitab-tenofovir</i>)	PSP	
CIMDUO ORAL TABLET 300-300 MG (<i>lamivudine-tenofovir</i>)	PSP	
COMPLERA ORAL TABLET 200-25-300 MG (<i>emtricitab-rilpivir-tenofovir</i>)	NF	
DELSTRIGO ORAL TABLET 100-300-300 MG (<i>doravirin-lamivudin-tenofovir df</i>)	NF	
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG (<i>emtricitabine-tenofovir af</i>)	PSP	
DOVATO ORAL TABLET 50-300 MG (<i>dolutegravir-lamivudine</i>)	PSP	
<i>emtricitabine-tenofovir df oral tablet 200-300 mg</i>	CE	
EVOTAZ ORAL TABLET 300-150 MG (<i>atazanavir-cobicistat</i>)	NPSP	
GENVOYA ORAL TABLET 150-150-200-10 MG (<i>elviteg-cobic-emtricit-tenofaf</i>)	PSP	
JULUCA ORAL TABLET 50-25 MG (<i>dolutegravir-rilpivirine</i>)	NPSP	
KALETRA ORAL SOLUTION 400-100 MG/5ML (<i>lopinavir-ritonavir</i>)	NPSP	
KALETRA ORAL TABLET 100-25 MG, 200-50 MG (<i>lopinavir-ritonavir</i>)	NF	
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	G	
ODEFSEY ORAL TABLET 200-25-25 MG (<i>emtricitab-rilpivir-tenofovir af</i>)	PSP	
PREZCOBIX ORAL TABLET 675-150 MG, 800-150 MG (<i>darunavir-cobicistat</i>)	NPSP	
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>)	NPSP	
SYMTUZA ORAL TABLET 800-150-200-10 MG (<i>darun-cobic-emtricit-tenofaf</i>)	PSP	
TRIUMEQ ORAL TABLET 600-50-300 MG (<i>abacavir-dolutegravir-lamivud</i>)	PSP	

2026 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
02/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
<i>trumeq pd oral tablet soluble 60-5-30 mg</i>	PSP	
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>	G	
<i>ethambutol hcl oral tablet 100 mg, 400 mg</i>	G	
<i>isoniazid oral syrup 50 mg/5ml</i>	G	
<i>isoniazid oral tablet 100 mg</i>	G	
<i>isoniazid oral tablet 300 mg</i>	G	N8 (Listing does not include certain NDCs)
<i>pretomanid oral tablet 200 mg</i>	NPB	
PRIFTIN ORAL TABLET 150 MG (<i>rifapentine</i>)	NPB	
<i>pyrazinamide oral tablet 500 mg</i>	G	
<i>rifabutin oral capsule 150 mg</i>	G	
<i>rifampin oral capsule 150 mg, 300 mg</i>	G	N8 (Listing does not include certain NDCs)
RIFAMPIN+SYRSPEND SF ORAL SUSPENSION 25 MG/ML (<i>rifampin</i>)	NF	
SIRTURO ORAL TABLET 20 MG (<i>bedaquiline fumarate</i>)	NPB	
ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS		
<i>acyclovir oral capsule 200 mg</i>	G	
<i>acyclovir oral suspension 200 mg/5ml</i>	G	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	G	
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	G	
LIVTENCITY ORAL TABLET 200 MG (<i>maribavir</i>)	NPSP	
<i>oseltamivir phosphate oral capsule 30 mg, 45 mg, 75 mg</i>	G	
<i>oseltamivir phosphate oral suspension reconstituted 6 mg/ml</i>	G	
PAXLOVID (150/100) ORAL TABLET THERAPY PACK 10 X 150 MG & 10 X 100MG (<i>nirmatrelvir-ritonavir</i>)	PB	
PAXLOVID (300/100 & 150/100) ORAL TABLET THERAPY PACK 6 X 150 MG & 5 X 100MG (<i>nirmatrelvir-ritonavir</i>)	PB	
PAXLOVID (300/100) ORAL TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG (<i>nirmatrelvir-ritonavir</i>)	PB	
PREVYMIS ORAL PACKET 120 MG, 20 MG (<i>letermovir</i>)	NPB	
PREVYMIS ORAL TABLET 240 MG, 480 MG (<i>letermovir</i>)	NPB	

Prescription Drug Name	Drug Tier	Drug Notes
RAPIVAB INTRAVENOUS SOLUTION 200 MG/20ML (<i>peramivir</i>)	NPB	
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT (<i>zanamivir</i>)	PB	
<i>rimantadine hcl oral tablet 100 mg</i>	G	
TEMBEXA ORAL SUSPENSION 10 MG/ML (<i>brincidofovir</i>)	NPB	
TEMBEXA ORAL TABLET 100 MG (<i>brincidofovir</i>)	NPB	
TPOXX ORAL CAPSULE 200 MG (<i>tecovirimat</i>)	NPB	
<i>valacyclovir hcl oral tablet 1 gm, 500 mg</i>	G	
VALCYTE ORAL SOLUTION RECONSTITUTED 50 MG/ML (<i>valganciclovir hcl</i>)	NF	
VALCYTE ORAL TABLET 450 MG (<i>valganciclovir hcl</i>)	NF	
<i>valganciclovir hcl oral solution reconstituted 50 mg/ml</i>	G	
<i>valganciclovir hcl oral tablet 450 mg</i>	G	
VALTREX ORAL TABLET 1 GM, 500 MG (<i>valacyclovir hcl</i>)	NF	
XERESE EXTERNAL CREAM 5-1 % (<i>acyclovir- hydrocortisone</i>)	NF	
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 er oral tablet extended release 12 hour 500 mg</i>	NPB	
<i>cefaclor oral capsule 250 mg, 500 mg</i>	G	
<i>cefadroxil oral capsule 500 mg</i>	G	
<i>cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml</i>	G	
<i>cefadroxil oral tablet 1 gm</i>	G	
<i>cefdinir oral capsule 300 mg</i>	G	
<i>cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	G	
<i>cefixime oral capsule 400 mg</i>	G	
<i>cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	G	
<i>cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml</i>	G	
<i>cefpodoxime proxetil oral tablet 100 mg, 200 mg</i>	G	
<i>cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	G	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	G	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	G	

2026 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
02/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
<i>cephalexin oral capsule 250 mg, 500 mg</i>	G	N8 (Listing does not include certain NDCs)
<i>cephalexin oral capsule 750 mg</i>	G	
<i>cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	G	
<i>cephalexin oral tablet 250 mg, 500 mg</i>	G	
ERYTHROMYCINS/MACROLIDES - DRUGS TO TREAT INFECTIONS		
<i>azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	G	N8 (Listing does not include certain NDCs)
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	G	
<i>clarithromycin er oral tablet extended release 24 hour 500 mg</i>	G	
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	G	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	G	
DIFICID ORAL SUSPENSION RECONSTITUTED 40 MG/ML (<i>fidaxomicin</i>)	PB	
DIFICID ORAL TABLET 200 MG (<i>fidaxomicin</i>)	PB	
E.E.S. 400 ORAL TABLET 400 MG (<i>erythromycin ethylsuccinate</i>)	G	
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</i> (Ery-Tab Oral Tablet Delayed Release 250 Mg, 333 Mg, 500 Mg)	G	
<i>erythromycin base oral capsule delayed release particles 250 mg</i>	G	
<i>erythromycin base oral tablet 250 mg, 500 mg</i>	G	
<i>erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml, 400 mg/5ml</i>	G	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	G	
<i>erythromycin oral tablet delayed release 250 mg, 333 mg, 500 mg</i>	G	
ZITHROMAX ORAL SUSPENSION RECONSTITUTED 200 MG/5ML (<i>azithromycin</i>)	NPB	
ZITHROMAX ORAL TABLET 250 MG, 500 MG (<i>azithromycin</i>)	NPB	
ZITHROMAX TRI-PAK ORAL TABLET 500 MG (<i>azithromycin</i>)	NPB	
ZITHROMAX Z-PAK ORAL TABLET 250 MG (<i>azithromycin</i>)	NPB	

Prescription Drug Name	Drug Tier	Drug Notes
FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS		
BAXDELA ORAL TABLET 450 MG (<i>delafloxacin meglumine</i>)	NPB	
CIPRO ORAL SUSPENSION RECONSTITUTED 250 MG/5ML (5%) (<i>ciprofloxacin</i>)	NPB	
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	G	
<i>levofloxacin oral solution 25 mg/ml</i>	G	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	G	
<i>moxifloxacin hcl oral tablet 400 mg</i>	G	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	G	
HEPATITIS B		
<i>adefovir dipivoxil oral tablet 10 mg</i>	G	
BARACLUDE ORAL SOLUTION 0.05 MG/ML (<i>entecavir</i>)	NPSP	
BARACLUDE ORAL TABLET 0.5 MG, 1 MG (<i>entecavir</i>)	NF	
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	G	
<i>lamivudine oral tablet 100 mg</i>	G	
VEMLIDY ORAL TABLET 25 MG (<i>tenofovir alafenamide fumarate</i>)	NF	
HEPATITIS C		
EPCLUSA ORAL PACKET 150-37.5 MG, 200-50 MG (<i>sofosbuvir-velpatasvir</i>)	PSP	
EPCLUSA ORAL TABLET 200-50 MG, 400-100 MG (<i>sofosbuvir-velpatasvir</i>)	PSP	
HARVONI ORAL PACKET 33.75-150 MG, 45-200 MG (<i>ledipasvir-sofosbuvir</i>)	PSP	
HARVONI ORAL TABLET 45-200 MG, 90-400 MG (<i>ledipasvir-sofosbuvir</i>)	PSP	
<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>	G	
<i>ribavirin oral tablet 200 mg</i>	G	

2026 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
02/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
<i>sofosbuvir-velpatasvir oral tablet 400-100 mg</i>	NF	
SOVALDI ORAL PACKET 150 MG, 200 MG (<i>sofosbuvir</i>)	NPSP	
SOVALDI ORAL TABLET 200 MG, 400 MG (<i>sofosbuvir</i>)	NPSP	
VOSEVI ORAL TABLET 400-100-100 MG (<i>sofosbuv-velpatasv-voxilaprev</i>)	PSP	
ZEPATIER ORAL TABLET 50-100 MG (<i>elbasvir-grazoprevir</i>)	NF	
MISCELLANEOUS		
<i>atovaquone oral suspension 750 mg/5ml</i>	G	
BACTRIM DS ORAL TABLET 800-160 MG (<i>sulfamethoxazole-trimethoprim</i>)	NPB	
BACTRIM ORAL TABLET 400-80 MG (<i>sulfamethoxazole-trimethoprim</i>)	NPB	
BLUJEPAL ORAL TABLET 750 MG (<i>gepotidacin mesylate</i>)	NPB	
CLEOCIN ORAL CAPSULE 150 MG, 300 MG, 75 MG (<i>clindamycin hcl</i>)	NPB	
CLEOCIN ORAL SOLUTION RECONSTITUTED 75 MG/5ML (<i>clindamycin palmitate hcl</i>)	NPB	
<i>clindamycin hcl oral capsule 150 mg, 75 mg</i>	G	N8 (Listing does not include certain NDCs)
<i>clindamycin hcl oral capsule 300 mg</i>	G	
<i>clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml</i>	G	
<i>dapsone oral tablet 100 mg, 25 mg</i>	G	
DARAPRIM ORAL TABLET 25 MG (<i>pyrimethamine</i>)	NF	
FIRST-METRONIDAZOLE ORAL SUSPENSION RECONSTITUTED 50 MG/ML (<i>metronidazole benzoate</i>)	NF	
FIRVANQ ORAL SOLUTION RECONSTITUTED 25 MG/ML, 50 MG/ML (<i>vancomycin hcl</i>)	NF	
LAMPIT ORAL TABLET 120 MG, 30 MG (<i>nifurtimox</i>)	NPB	
LIKMEZ ORAL SUSPENSION 500 MG/5ML (<i>metronidazole</i>)	NF	
<i>linezolid oral suspension reconstituted 100 mg/5ml</i>	G	
<i>linezolid oral tablet 600 mg</i>	G	N8 (Listing does not include certain NDCs)
MACROBID ORAL CAPSULE 100 MG (<i>nitrofurantoin monohyd macro</i>)	NPB	
MACRODANTIN ORAL CAPSULE 100 MG, 25 MG, 50 MG (<i>nitrofurantoin macrocrystal</i>)	NF	
<i>mb caps oral capsule 120 mg</i>	NF	
<i>methenamine hippurate oral tablet 1 gm</i>	G	

2026 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
02/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
<i>methenamine mandelate oral tablet 0.5 gm, 1 gm</i>	G	
<i>metronidazole oral capsule 375 mg</i>	G	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	G	N8 (Listing does not include certain NDCs)
NEBUPENT INHALATION SOLUTION RECONSTITUTED 300 MG (<i>pentamidine isethionate</i>)	NPB	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>	G	
<i>nitrofurantoin monohyd macro oral capsule 100 mg</i>	G	
<i>nitrofurantoin oral suspension 25 mg/5ml</i>	G	N8 (Listing does not include certain NDCs)
<i>nitrofurantoin oral suspension 50 mg/5ml</i>	NF	
ORLYNVAH ORAL TABLET 500-500 MG (<i>sulopenem etzadrox-probenecid</i>)	NPB	
<i>pyrimethamine oral tablet 25 mg</i>	G	
SIVEXTRO ORAL TABLET 200 MG (<i>tedizolid phosphate</i>)	NPB	
SOLOSEC ORAL PACKET 2 GM (<i>secnidazole</i>)	NF	
<i>sulfamethoxazole-trimethoprim oral suspension 800-160 mg/20ml</i>	G	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	G	N8 (Listing does not include certain NDCs)
<i>sulfamethoxazole-trimethoprim</i> (Sulfatrim Pediatric Oral Suspension 200-40 Mg/5Ml)	G	
<i>trimethoprim oral tablet 100 mg</i>	G	
URIMAR-T ORAL CAPSULE 120 MG (<i>meth-hyo-m bl-na phosph sal</i>)	NF	
VANCOCIN ORAL CAPSULE 125 MG, 250 MG (<i>vancomycin hcl</i>)	NPB	
<i>vancomycin hcl intravenous solution 500 mg/100ml</i>	NPB	
<i>vancomycin hcl intravenous solution reconstituted 100 gm</i>	NPB	
<i>vancomycin hcl oral capsule 125 mg, 250 mg</i>	G	
<i>vancomycin hcl oral solution reconstituted 250 mg/5ml</i>	NF	
VANCOMYCIN+SYRSPEND SF ORAL SUSPENSION 50 MG/ML (<i>vancomycin hcl</i>)	NF	
XIFAXAN ORAL TABLET 200 MG (<i>rifaximin</i>)	NPB	
XIFAXAN ORAL TABLET 550 MG (<i>rifaximin</i>)	PB	
PENICILLINS - DRUGS TO TREAT INFECTIONS		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	G	N8 (Listing does not include certain NDCs)

Prescription Drug Name	Drug Tier	Drug Notes
<i>amoxicillin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	G	N8 (Listing does not include certain NDCs)
<i>amoxicillin oral suspension reconstituted 200 mg/5ml, 400 mg/5ml</i>	G	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	G	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	G	
<i>amoxicillin-pot clavulanate er oral tablet extended release 12 hour 1000-62.5 mg</i>	G	
<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>	G	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg</i>	G	
<i>amoxicillin-pot clavulanate oral tablet 875-125 mg</i>	G	N8 (Listing does not include certain NDCs)
<i>ampicillin oral capsule 500 mg</i>	G	
<i>ampicillin sodium intravenous solution reconstituted 10 gm</i>	G	N8 (Listing does not include certain NDCs)
<i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i>	G	
<i>naftillin sodium intravenous solution reconstituted 10 gm</i>	G	
<i>penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml</i>	G	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	G	
<i>penicillin g potassium (Pfizerpen Injection Solution Reconstituted 20000000 Unit, 5000000 Unit)</i>	NF	
TETRACYCLINES - DRUGS TO TREAT INFECTIONS		
<i>avidoxy oral tablet 100 mg</i>	G	
<i>demeclocycline hcl oral tablet 150 mg, 300 mg</i>	G	
DORYX MPC ORAL TABLET DELAYED RELEASE 60 MG (doxycycline hyclate)	NF	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	G	
<i>doxycycline hyclate oral tablet 100 mg</i>	G	
<i>doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg</i>	NF	
<i>doxycycline hyclate oral tablet 20 mg</i>	G	N8 (Listing does not include certain NDCs)
<i>doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg, 80 mg</i>	NF	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	G	
<i>doxycycline monohydrate oral capsule 150 mg, 75 mg</i>	NF	

Prescription Drug Name	Drug Tier	Drug Notes
<i>doxycycline monohydrate oral suspension reconstituted 25 mg/5ml</i>	G	N8 (Listing does not include certain NDCs)
<i>doxycycline monohydrate oral tablet 100 mg, 150 mg, 75 mg</i>	G	
<i>doxycycline monohydrate oral tablet 50 mg</i>	G	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>	G	
<i>minocycline hcl oral tablet 100 mg, 50 mg, 75 mg</i>	G	
<i>doxycycline monohydrate (Mondoxylene NI Oral Capsule 100 Mg)</i>	G	
NUZYRA ORAL TABLET 150 MG (<i>omadacycline tosylate</i>)	NPB	
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>	G	
ANTINEOPLASTIC AGENTS - DRUGS TO TREAT CANCER		
ALKYLATING AGENTS		
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	G	
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG (<i>lomustine</i>)	NPSP	
LEUKERAN ORAL TABLET 2 MG (<i>chlorambucil</i>)	NPB	
MATULANE ORAL CAPSULE 50 MG (<i>procarbazine hcl</i>)	NPSP	
MYLERAN ORAL TABLET 2 MG (<i>busulfan</i>)	NPB	
TEMODAR INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>temozolomide</i>)	NPSP	
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>	G	
ANTIMETABOLITES		
ALIMTA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 500 MG (<i>pemetrexed disodium</i>)	NF	
<i>capecitabine oral tablet 150 mg, 500 mg</i>	G	
INQOVI ORAL TABLET 35-100 MG (<i>decitabine-cedazuridine</i>)	NPSP	
JYLAMVO ORAL SOLUTION 2 MG/ML (<i>methotrexate</i>)	NPB	
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG (<i>trifluridine-tipiracil</i>)	PSP	
<i>mercaptopurine oral tablet 50 mg</i>	G	

Prescription Drug Name	Drug Tier	Drug Notes
<i>methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml</i>	G	
<i>methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml</i>	G	
<i>methotrexate sodium injection solution reconstituted 1 gm</i>	G	
ONUREG ORAL TABLET 200 MG, 300 MG (<i>azacitidine</i>)	NPSP	
PURIXAN ORAL SUSPENSION 2000 MG/100ML (<i>mercaptopurine</i>)	NPSP	
TABLOID ORAL TABLET 40 MG (<i>thioguanine</i>)	NPB	
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG (<i>methotrexate sodium</i>)	NPB	
ANTINEOPLASTIC, BCL-2 INHIBITORS		
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG (<i>venetoclax</i>)	NPSP	
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG (<i>venetoclax</i>)	NPSP	
BIOLOGIC RESPONSE MODIFIERS		
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML (<i>ropeginterferon alfa-2b-njft</i>)	PSP	
DAURISMO ORAL TABLET 100 MG, 25 MG (<i>glasdegib maleate</i>)	NF	
ERIVEDGE ORAL CAPSULE 150 MG (<i>vismodegib</i>)	PSP	
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG (<i>pomalidomide</i>)	NPSP	
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG (<i>lenalidomide</i>)	NF	
THALOMID ORAL CAPSULE 100 MG, 50 MG (<i>thalidomide</i>)	PSP	
HORMONAL ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate micronized oral tablet 125 mg</i>	PSP	
<i>abiraterone acetate oral tablet 250 mg</i>	G	
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG (<i>niraparib-abiraterone acetate</i>)	NF	
<i>anastrozole oral tablet 1 mg</i>	CE	
ARIMIDEX ORAL TABLET 1 MG (<i>anastrozole</i>)	NPB	
AROMASIN ORAL TABLET 25 MG (<i>exemestane</i>)	NPB	
<i>bicalutamide oral tablet 50 mg</i>	G	
ELIGARD SUBCUTANEOUS KIT 22.5 MG (<i>leuprolide acetate (3 month)</i>)	PSP	

Prescription Drug Name	Drug Tier	Drug Notes
ELIGARD SUBCUTANEOUS KIT 30 MG (<i>leuprolide acetate (4 month)</i>)	PSP	
ELIGARD SUBCUTANEOUS KIT 45 MG (<i>leuprolide acetate (6 month)</i>)	PSP	
ELIGARD SUBCUTANEOUS KIT 7.5 MG (<i>leuprolide acetate</i>)	PSP	
ERLEADA ORAL TABLET 240 MG, 60 MG (<i>apalutamide</i>)	PSP	
EULEXIN ORAL CAPSULE 125 MG (<i>flutamide</i>)	NF	
<i>exemestane oral tablet 25 mg</i>	CE	
FEMARA ORAL TABLET 2.5 MG (<i>letrozole</i>)	NPB	
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	
<i>letrozole oral tablet 2.5 mg</i>	G	
<i>leuprolide acetate injection kit 1 mg/0.2ml</i>	G	
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG, 7.5 MG (<i>leuprolide acetate</i>)	NF	
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 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	
LYSODREN ORAL TABLET 500 MG (<i>mitotane</i>)	NPSP	
<i>megestrol acetate oral tablet 20 mg, 40 mg</i>	G	
<i>nilutamide oral tablet 150 mg</i>	G	
NUBEQA ORAL TABLET 300 MG (<i>darolutamide</i>)	PSP	
ORGOVYX ORAL TABLET 120 MG (<i>relugolix</i>)	NPSP	
ORSERDU ORAL TABLET 345 MG, 86 MG (<i>elacestrant hydrochloride</i>)	NF	
SOLTAMOX ORAL SOLUTION 10 MG/5ML (<i>tamoxifen citrate</i>)	NPB	
<i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>	CE	
<i>toremifene citrate oral tablet 60 mg</i>	G	
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 22.5 MG, 3.75 MG (<i>triptorelin pamoate</i>)	NF	
XTANDI ORAL CAPSULE 40 MG (<i>enzalutamide</i>)	PSP	

2026 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
02/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
XTANDI ORAL TABLET 40 MG, 80 MG (<i>enzalutamide</i>)	PSP	
YONSA ORAL TABLET 125 MG (<i>abiraterone acetate micronized</i>)	PSP	
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG (<i>goserelin acetate</i>)	NF	
ZYTIGA ORAL TABLET 250 MG, 500 MG (<i>abiraterone acetate</i>)	NF	
KINASE INHIBITORS		
AFINITOR DISPERZ ORAL TABLET SOLUBLE 2 MG, 3 MG, 5 MG (<i>everolimus</i>)	NF	
AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG (<i>everolimus</i>)	NF	
ALECENSA ORAL CAPSULE 150 MG (<i>alectinib hcl</i>)	PSP	
ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG (<i>brigatinib</i>)	PSP	
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG (<i>brigatinib</i>)	PSP	
AUGTYRO ORAL CAPSULE 160 MG, 40 MG (<i>repotrectinib</i>)	PSP	
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG (<i>avapritinib</i>)	NF	
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG (<i>erdafitinib</i>)	NPSP	
BOSULIF ORAL CAPSULE 100 MG, 50 MG (<i>bosutinib</i>)	PSP	
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG (<i>bosutinib</i>)	PSP	
BRAFTOVI ORAL CAPSULE 75 MG (<i>encorafenib</i>)	PSP	
BRUKINSA ORAL CAPSULE 80 MG (<i>zanubrutinib</i>)	PSP	
BRUKINSA ORAL TABLET 160 MG (<i>zanubrutinib</i>)	PSP	
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG (<i>cabozantinib s-malate</i>)	PSP	
CALQUENCE ORAL TABLET 100 MG (<i>acalabrutinib maleate</i>)	PSP	
CAPRELSA ORAL TABLET 100 MG, 300 MG (<i>vandetanib</i>)	NPSP	
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG (<i>cabozantinib s-malate</i>)	NPSP	
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG (<i>cabozantinib s-malate</i>)	NPSP	
COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG (<i>cabozantinib s-malate</i>)	NPSP	
COPIKTRA ORAL CAPSULE 15 MG, 25 MG (<i>duvelisib</i>)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
COTELLIC ORAL TABLET 20 MG (<i>cobimetinib fumarate</i>)	NF	
DANZITEN ORAL TABLET 71 MG, 95 MG (<i>nilotinib tartrate</i>)	NF	
<i>erlotinib hcl oral tablet 100 mg, 150 mg, 25 mg</i>	G	
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG (<i>tivozanib hcl</i>)	NF	
FRUZAQLA ORAL CAPSULE 1 MG, 5 MG (<i>fruquintinib</i>)	NPSP	
GAVRETO ORAL CAPSULE 100 MG (<i>pralsetinib</i>)	PSP	
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG (<i>afatinib dimaleate</i>)	NPSP	
GLEEVEC ORAL TABLET 100 MG, 400 MG (<i>imatinib mesylate</i>)	NF	
GOMEKLI ORAL CAPSULE 1 MG, 2 MG (<i>mirdametinib</i>)	PSP	
GOMEKLI ORAL TABLET SOLUBLE 1 MG (<i>mirdametinib</i>)	PSP	
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG (<i>palbociclib</i>)	PSP	
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG (<i>palbociclib</i>)	PSP	
IBTROZI ORAL CAPSULE 200 MG (<i>taletrectinib adipate</i>)	PSP	
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG (<i>ponatinib hcl</i>)	NF	
<i>imatinib mesylate oral tablet 100 mg, 400 mg</i>	G	
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG (<i>ibrutinib</i>)	NF	
IMBRUVICA ORAL SUSPENSION 70 MG/ML (<i>ibrutinib</i>)	NF	
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG (<i>ibrutinib</i>)	NF	
<i>imkeldi oral solution 80 mg/ml</i>	NF	
INLYTA ORAL TABLET 1 MG, 5 MG (<i>axitinib</i>)	PSP	
INREBIC ORAL CAPSULE 100 MG (<i>fedratinib hcl</i>)	NF	
IRESSA ORAL TABLET 250 MG (<i>gefitinib</i>)	NF	
ITOVEBI ORAL TABLET 3 MG, 9 MG (<i>inavolisib</i>)	NPSP	
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG (<i>ruxolitinib phosphate</i>)	PSP	
JAYPIRCA ORAL TABLET 100 MG, 50 MG (<i>pirtobrutinib</i>)	NF	
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK 200 MG (<i>ribociclib succinate</i>)	PSP	
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG (<i>ribociclib succinate</i>)	PSP	
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG (<i>ribociclib succinate</i>)	PSP	

2026 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
02/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
KOSELUGO ORAL CAPSULE 10 MG, 25 MG (<i>selumetinib sulfate</i>)	PSP	
LAZCLUZE ORAL TABLET 240 MG, 80 MG (<i>lazertinib mesylate</i>)	NF	
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG (<i>lenvatinib mesylate</i>)	PSP	
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG (<i>lenvatinib mesylate</i>)	PSP	
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG (<i>lenvatinib mesylate</i>)	PSP	
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG (<i>lenvatinib mesylate</i>)	PSP	
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG (<i>lenvatinib mesylate</i>)	PSP	
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG (<i>lenvatinib mesylate</i>)	PSP	
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG (<i>lenvatinib mesylate</i>)	PSP	
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG (<i>lenvatinib mesylate</i>)	PSP	
LORBRENA ORAL TABLET 100 MG, 25 MG (<i>lorlatinib</i>)	NPSP	
LYTGOBI (12 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG (<i>futibatinib</i>)	NF	
LYTGOBI (16 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG (<i>futibatinib</i>)	NF	
LYTGOBI (20 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG (<i>futibatinib</i>)	NF	
MEKINIST ORAL SOLUTION RECONSTITUTED 0.05 MG/ML (<i>trametinib dimethyl sulfoxide</i>)	PSP	
MEKINIST ORAL TABLET 0.5 MG, 2 MG (<i>trametinib dimethyl sulfoxide</i>)	PSP	
MEKTOVI ORAL TABLET 15 MG (<i>binimetinib</i>)	PSP	
NERLYNX ORAL TABLET 40 MG (<i>neratinib maleate</i>)	NPSP	
NEXAVAR ORAL TABLET 200 MG (<i>sorafenib tosylate</i>)	NF	
OJEMDA ORAL SUSPENSION RECONSTITUTED 25 MG/ML (<i>tovorafenib</i>)	NF	
OJEMDA ORAL TABLET 100 MG (<i>tovorafenib</i>)	NF	
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG (<i>momelotinib dihydrochloride</i>)	NPSP	

Prescription Drug Name	Drug Tier	Drug Notes
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG (<i>pemigatinib</i>)	NF	
PHYRAGO ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG (<i>dasatinib</i>)	NF	
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 MG (<i>alpelisib</i>)	PSP	
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50 MG (<i>alpelisib</i>)	PSP	
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150 MG (<i>alpelisib</i>)	PSP	
QINLOCK ORAL TABLET 50 MG (<i>ripretinib</i>)	NF	
RETEVMO ORAL TABLET 120 MG, 160 MG, 40 MG, 80 MG (<i>selpercatinib</i>)	PSP	
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG (<i>entrectinib</i>)	PSP	
ROZLYTREK ORAL PACKET 50 MG (<i>entrectinib</i>)	PSP	
RYDAPT ORAL CAPSULE 25 MG (<i>midostaurin</i>)	PSP	
SCSEMBLIX ORAL TABLET 100 MG, 20 MG, 40 MG (<i>asciminib hcl</i>)	PSP	
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG (<i>dasatinib</i>)	NF	
STIVARGA ORAL TABLET 40 MG (<i>regorafenib</i>)	PSP	
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG (<i>sunitinib malate</i>)	NF	
TABRECTA ORAL TABLET 150 MG, 200 MG (<i>capmatinib hcl</i>)	NF	
TAFINLAR ORAL CAPSULE 50 MG, 75 MG (<i>dabrafenib mesylate</i>)	PSP	
TAFINLAR ORAL TABLET SOLUBLE 10 MG (<i>dabrafenib mesylate</i>)	PSP	
TAGRISSE ORAL TABLET 40 MG, 80 MG (<i>osimertinib mesylate</i>)	PSP	
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG (<i>nilotinib hcl</i>)	NF	
TEPMETKO ORAL TABLET 225 MG (<i>tepotinib hcl</i>)	NF	
TRUQAP ORAL TABLET 200 MG (<i>capivasertib</i>)	PSP	
TRUQAP ORAL TABLET THERAPY PACK 160 MG, 200 MG (<i>capivasertib</i>)	PSP	
TUKYSA ORAL TABLET 150 MG, 50 MG (<i>tucatinib</i>)	NPSP	
TURALIO ORAL CAPSULE 125 MG (<i>pexidartinib hcl</i>)	PSP	

2026 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
02/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
TYKERB ORAL TABLET 250 MG (<i>lapatinib ditosylate</i>)	NPSP	
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG (<i>quizartinib dihydrochloride</i>)	NPSP	
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (<i>abemaciclib</i>)	NPSP	
VITRAKVI ORAL CAPSULE 100 MG, 25 MG (<i>larotrectinib sulfate</i>)	PSP	
VITRAKVI ORAL SOLUTION 20 MG/ML (<i>larotrectinib sulfate</i>)	PSP	
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG (<i>dacomitinib</i>)	NF	
VONJO ORAL CAPSULE 100 MG (<i>pacritinib citrate</i>)	NPSP	
VOTRIENT ORAL TABLET 200 MG (<i>pazopanib hcl</i>)	NF	
XALKORI ORAL CAPSULE 200 MG, 250 MG (<i>crizotinib</i>)	NF	
XALKORI ORAL CAPSULE SPRINKLE 150 MG, 20 MG, 50 MG (<i>crizotinib</i>)	NPSP	
XOSPATA ORAL TABLET 40 MG (<i>gilteritinib fumarate</i>)	PSP	
ZELBORAF ORAL TABLET 240 MG (<i>vemurafenib</i>)	NF	
ZYDELIG ORAL TABLET 100 MG, 150 MG (<i>idelalisib</i>)	NF	
ZYKADIA ORAL TABLET 150 MG (<i>ceritinib</i>)	PSP	
MISCELLANEOUS		
<i>bexarotene oral capsule 75 mg</i>	G	
HYDREA ORAL CAPSULE 500 MG (<i>hydroxyurea</i>)	NPB	
<i>hydroxyurea oral capsule 500 mg</i>	G	
IDHIFA ORAL TABLET 100 MG, 50 MG (<i>enasidenib mesylate</i>)	NPSP	
IWILFIN ORAL TABLET 192 MG (<i>eflornithine hcl</i>)	NPSP	
KRAZATI ORAL TABLET 200 MG (<i>adagrasib</i>)	PSP	
LUMAKRAS ORAL TABLET 120 MG, 240 MG, 320 MG (<i>sotorasib</i>)	PSP	
LYNPARZA ORAL TABLET 100 MG, 150 MG (<i>olaparib</i>)	PSP	
ODOMZO ORAL CAPSULE 200 MG (<i>sonidegib phosphate</i>)	PSP	
OGSIVEO ORAL TABLET 100 MG, 150 MG, 50 MG (<i>nirogacestat hydrobromide</i>)	NF	
REZLIDHIA ORAL CAPSULE 150 MG (<i>olutasidenib</i>)	NF	
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG (<i>rucaparib camsylate</i>)	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>)	NF	

2026 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
02/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
TARGRETIN ORAL CAPSULE 75 MG (<i>bexarotene</i>)	NF	
TAZVERIK ORAL TABLET 200 MG (<i>tazemetostat hbr</i>)	NF	
TIBSOVO ORAL TABLET 250 MG (<i>ivosidenib</i>)	NPSP	
<i>tretinoin oral capsule 10 mg</i>	G	
VISTOGARD ORAL PACKET 10 GM (<i>uridine triacetate</i>)	PSP	
VORANIGO ORAL TABLET 10 MG, 40 MG (<i>vorasidenib</i>)	NPSP	
WELIREG ORAL TABLET 40 MG (<i>belzutifan</i>)	NF	
XOFIGO INTRAVENOUS SOLUTION 30 MCCI/ML (<i>radium ra 223 dichloride</i>)	NF	
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG (<i>selinexor</i>)	NPSP	
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 10 MG (<i>selinexor</i>)	NPSP	
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG (<i>selinexor</i>)	NPSP	
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG (<i>selinexor</i>)	NPSP	
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG (<i>selinexor</i>)	NPSP	
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG, 80 MG (<i>selinexor</i>)	NPSP	
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG (<i>selinexor</i>)	NPSP	
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG (<i>niraparib tosylate</i>)	PSP	
ZOLINZA ORAL CAPSULE 100 MG (<i>vorinostat</i>)	NPSP	
MITOTIC INHIBITORS		
DOCIVYX INTRAVENOUS SOLUTION 160 MG/16ML, 20 MG/2ML, 80 MG/8ML (<i>docetaxel</i>)	NF	
PROTEASOME INHIBITORS		
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG (<i>ixazomib citrate</i>)	PSP	
PROTECTIVE AGENTS		
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	G	
MESNEX ORAL TABLET 400 MG (<i>mesna</i>)	NPB	
TOPOISOMERASE INHIBITORS		
<i>etoposide oral capsule 50 mg</i>	G	
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG (<i>topotecan hcl</i>)	NPSP	

2026 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
02/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
ONIVYDE INTRAVENOUS SUSPENSION 43 MG/10ML (irinotecan hcl liposome)	NPSP	
CARDIOVASCULAR - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS		
ACE INHIBITOR COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
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	G	
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg	G	
enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg	G	
fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg	G	
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	G	N8 (Listing does not include certain NDCs)
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG (amlodipine besy-benazepril hcl)	NPB	
PRESTALIA ORAL TABLET 14-10 MG, 3.5-2.5 MG, 7-5 MG (perindopril arg-amlodipine)	NF	
quinapril-hydrochlorothiazide oral tablet 20-12.5 mg, 20-25 mg	G	N8 (Listing does not include certain NDCs)
trandolapril-verapamil hcl er oral tablet extended release 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg	NPB	
ZESTORETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG (lisinopril-hydrochlorothiazide)	NF	
ACE INHIBITORS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg	G	N8 (Listing does not include certain NDCs)
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	G	
enalapril maleate oral solution 1 mg/ml	G	
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	G	N8 (Listing does not include certain NDCs)
EPANED ORAL SOLUTION 1 MG/ML (enalapril maleate)	NF	
fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg	G	N8 (Listing does not include certain NDCs)
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	G	N8 (Listing does not include certain NDCs)
moexipril hcl oral tablet 15 mg, 7.5 mg	G	
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg	G	

Prescription Drug Name	Drug Tier	Drug Notes
QBRELIS ORAL SOLUTION 1 MG/ML (<i>lisinopril</i>)	NPB	
<i>quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	G	N8 (Listing does not include certain NDCs)
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	G	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	G	
VASOTEC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG (<i>enalapril maleate</i>)	NPB	
ALDOSTERONE RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
ALDACTONE ORAL TABLET 100 MG, 25 MG, 50 MG (<i>spironolactone</i>)	NPB	
CAROSPIR ORAL SUSPENSION 25 MG/5ML (<i>spironolactone</i>)	NF	
<i>eplerenone oral tablet 25 mg, 50 mg</i>	G	
INSPIRA ORAL TABLET 25 MG (<i>eplerenone</i>)	NPB	
KERENDIA ORAL TABLET 10 MG, 20 MG, 40 MG (<i>finerenone</i>)	PB	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	G	
ALPHA BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
<i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>	G	
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>	G	
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	G	
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>	G	
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	

Prescription Drug Name	Drug Tier	Drug Notes
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG (azilsartan-chlorthalidone)	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 (amlodipine-valsartan-hctz)	NF	
EXFORGE ORAL TABLET 10-160 MG, 10-320 MG, 5-160 MG, 5-320 MG (amlodipine besylate-valsartan)	NF	
HYZAAR ORAL TABLET 100-12.5 MG, 100-25 MG, 50-12.5 MG (losartan potassium-hctz)	NF	
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	G	
losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	G	
MICARDIS HCT ORAL TABLET 40-12.5 MG, 80-12.5 MG, 80-25 MG (telmisartan-hctz)	NF	
olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	G	
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	G	
telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg	G	
telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg	G	
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	G	
ANGIOTENSIN II RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
ATACAND ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG (candesartan cilexetil)	NF	
BENICAR ORAL TABLET 20 MG, 40 MG, 5 MG (olmesartan medoxomil)	NF	
candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg	G	
COZAAR ORAL TABLET 100 MG, 25 MG, 50 MG (losartan potassium)	NF	
DIOVAN ORAL TABLET 160 MG, 320 MG, 40 MG, 80 MG (valsartan)	NF	
EDARBI ORAL TABLET 40 MG, 80 MG (azilsartan medoxomil)	NF	
irbesartan oral tablet 150 mg, 300 mg, 75 mg	G	
losartan potassium oral tablet 100 mg, 25 mg, 50 mg	G	
MICARDIS ORAL TABLET 40 MG, 80 MG (telmisartan)	NF	

2026 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
02/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
<i>olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg</i>	G	
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	G	
<i>valsartan oral solution 4 mg/ml</i>	NF	
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	G	
ANTIARRHYTHMICS - DRUGS TO CONTROL HEART RHYTHM		
<i>amiodarone hcl oral tablet 100 mg, 200 mg, 400 mg</i>	G	
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>	G	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	G	
<i>flecainide acetate oral tablet 100 mg, 150 mg</i>	G	
<i>flecainide acetate oral tablet 50 mg</i>	G	N8 (Listing does not include certain NDCs)
<i>mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg</i>	G	
MULTAQ ORAL TABLET 400 MG (<i>dronedarone hcl</i>)	PB	
NEXTERONE INTRAVENOUS SOLUTION 150-4.21 MG/100ML-%, 360-4.14 MG/200ML-% (<i>amiodarone hcl in dextrose</i>)	NF	
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 150 MG (<i>disopyramide phosphate</i>)	NPB	
NORPACE ORAL CAPSULE 100 MG, 150 MG (<i>disopyramide phosphate</i>)	NF	
<i>amiodarone hcl</i> (Pacerone Oral Tablet 100 Mg, 200 Mg)	G	
<i>propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg</i>	G	
<i>propafenone hcl oral tablet 150 mg, 225 mg, 300 mg</i>	G	
<i>quinidine gluconate er oral tablet extended release 324 mg</i>	G	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	G	
<i>sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg</i>	G	
<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	G	
SOTYLIZE ORAL SOLUTION 5 MG/ML (<i>sotalol hcl</i>)	NPB	
TIKOSYN ORAL CAPSULE 125 MCG, 250 MCG, 500 MCG (<i>dofetilide</i>)	NPSP	

Prescription Drug Name	Drug Tier	Drug Notes
ANTILIPEMICS, 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	
ANTILIPEMICS, BILE ACID RESINS - DRUGS TO TREAT HIGH CHOLESTEROL		
<i>cholestyramine light oral packet 4 gm</i>	G	
<i>cholestyramine light oral powder 4 gm/dose</i>	G	N8 (Listing does not include certain NDCs)
<i>cholestyramine oral packet 4 gm</i>	G	
<i>cholestyramine oral powder 4 gm/dose</i>	G	N8 (Listing does not include certain NDCs)
<i>colesevelam hcl oral packet 3.75 gm</i>	G	
<i>colesevelam hcl oral tablet 625 mg</i>	G	
<i>colestipol hcl oral granules 5 gm</i>	G	
<i>colestipol hcl oral packet 5 gm</i>	G	
<i>colestipol hcl oral tablet 1 gm</i>	G	
<i>cholestyramine light</i> (Prevalite Oral Packet 4 Gm)	G	
<i>cholestyramine light</i> (Prevalite Oral Powder 4 Gm/Dose)	G	
ANTILIPEMICS, CHOLESTEROL ABSORPTION INHIBITOR - DRUGS TO TREAT HIGH CHOLESTEROL		
<i>ezetimibe oral tablet 10 mg</i>	G	
ZETIA ORAL TABLET 10 MG (<i>ezetimibe</i>)	NF	
ANTILIPEMICS, FIBRATES - DRUGS TO TREAT HIGH CHOLESTEROL		
<i>fenofibrate micronized oral capsule 130 mg</i>	NF	
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>	G	N8 (Listing does not include certain NDCs)
<i>fenofibrate micronized oral capsule 43 mg</i>	G	
<i>fenofibrate oral capsule 150 mg</i>	G	
<i>fenofibrate oral capsule 50 mg</i>	NF	
<i>fenofibrate oral tablet 120 mg, 40 mg, 54 mg</i>	NF	
<i>fenofibrate oral tablet 145 mg, 48 mg</i>	G	
<i>fenofibrate oral tablet 160 mg</i>	G	N8 (Listing does not include certain NDCs)
<i>fenofibric acid oral capsule delayed release 135 mg, 45 mg</i>	G	

Prescription Drug Name	Drug Tier	Drug Notes
<i>fenofibric acid oral tablet 105 mg</i>	G	
<i>gemfibrozil oral tablet 600 mg</i>	G	N8 (Listing does not include certain NDCs)
LIPOFEN ORAL CAPSULE 150 MG, 50 MG (<i>fenofibrate</i>)	NPB	
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	
<i>atorvastatin calcium oral tablet 40 mg, 80 mg</i>	G	
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>	G	
<i>fluvastatin sodium oral capsule 20 mg, 40 mg</i>	G	
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>	G	
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	G	
<i>rosuvastatin calcium oral tablet 10 mg, 20 mg, 5 mg</i>	G	
<i>rosuvastatin calcium oral tablet 40 mg</i>	G	N8 (Listing does not include certain NDCs)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	CE	
<i>simvastatin oral tablet 80 mg</i>	G	
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG (<i>simvastatin</i>)	NPB	
ZYPITAMAG ORAL TABLET 2 MG, 4 MG (<i>pitavastatin magnesium</i>)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
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>	G	
VYTORIN ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG (<i>ezetimibe-simvastatin</i>)	NPB	
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 (antihyperlipidemic) oral tablet 500 mg</i>	NF	
<i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg</i>	G	
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>	G	
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>)	PSP	
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML (<i>evolocumab</i>)	PSP	
BETA-BLOCKER/DIURETIC COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	G	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	G	
<i>metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	G	

Prescription Drug Name	Drug Tier	Drug Notes
BETA-BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>	G	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	G	
ATENOLOL+SYRSPEND SF ORAL SUSPENSION 1 MG/ML (<i>atenolol</i>)	NF	
<i>betaxolol hcl oral tablet 10 mg, 20 mg</i>	G	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	G	
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>	G	
<i>carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg</i>	G	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	
COREG ORAL TABLET 12.5 MG, 25 MG, 3.125 MG, 6.25 MG (<i>carvedilol</i>)	NPB	
HEMANGEOL ORAL SOLUTION 4.28 MG/ML (<i>propranolol hcl</i>)	NPB	
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	
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>	G	N8 (Listing does not include certain NDCs)
<i>labetalol hcl oral tablet 400 mg</i>	G	
LOPRESSOR ORAL SOLUTION 10 MG/ML (<i>metoprolol tartrate</i>)	NPB	
LOPRESSOR ORAL TABLET 100 MG, 50 MG (<i>metoprolol tartrate</i>)	NPB	
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i>	G	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	G	

Prescription Drug Name	Drug Tier	Drug Notes
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	G	
<i>nebivolol hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	G	N8 (Listing does not include certain NDCs)
<i>pindolol oral tablet 10 mg, 5 mg</i>	G	
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg</i>	G	
<i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>	G	
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	G	
TENORMIN ORAL TABLET 100 MG, 25 MG, 50 MG (<i>atenolol</i>)	NPB	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	G	
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>	G	
CALCIUM CHANNEL BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
AMLODIPINE BES+SYRSPEND SF ORAL SUSPENSION 1 MG/ML (<i>amlodipine besylate</i>)	NF	
<i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>	G	
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	
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	
<i>diltiazem hcl coated beads</i> (Cartia Xt Oral Capsule Extended Release 24 Hour 120 Mg, 180 Mg, 240 Mg, 300 Mg)	G	
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>	G	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	G	

Prescription Drug Name	Drug Tier	Drug Notes
<i>diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i>	G	
<i>diltiazem hcl er oral tablet extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	NF	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	G	N8 (Listing does not include certain NDCs)
<i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	G	
<i>felodipine er oral tablet extended release 24 hour 10 mg</i>	G	
<i>felodipine er oral tablet extended release 24 hour 2.5 mg, 5 mg</i>	G	N8 (Listing does not include certain NDCs)
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	G	
KATERZIA ORAL SUSPENSION 1 MG/ML (<i>amlodipine benzoate</i>)	NF	
<i>diltiazem hcl</i> (Matzim La Oral Tablet Extended Release 24 Hour 180 Mg, 240 Mg, 300 Mg, 360 Mg, 420 Mg)	NF	
<i>nicardipine hcl oral capsule 20 mg, 30 mg</i>	G	N8 (Listing does not include certain NDCs)
<i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	G	
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	G	N8 (Listing does not include certain NDCs)
<i>nifedipine oral capsule 10 mg, 20 mg</i>	G	N8 (Listing does not include certain NDCs)
<i>nimodipine oral capsule 30 mg</i>	G	
<i>nisoldipine er oral tablet extended release 24 hour 17 mg, 34 mg, 8.5 mg</i>	G	
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	
NYMALIZE ORAL SOLUTION 6 MG/ML (<i>nimodipine</i>)	NPB	
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg</i>	G	N8 (Listing does not include certain NDCs)
<i>verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg</i>	G	
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	G	
<i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>	G	N8 (Listing does not include certain NDCs)

2026 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
02/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
DIGITALIS GLYCOSIDES - DRUGS TO TREAT HEART CONDITIONS		
<i>digoxin</i> (Digox Oral Tablet 125 Mcg, 250 Mcg)	G	
<i>digoxin oral solution 0.05 mg/ml</i>	G	
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	G	
LANOXIN ORAL TABLET 125 MCG, 250 MCG (<i>digoxin</i>)	NF	
LANOXIN ORAL TABLET 62.5 MCG (<i>digoxin</i>)	NPB	
DIRECT RENIN INHIBITORS/COMBINATIONS - DRUGS TO TREAT HEART CONDITIONS		
<i>aliskiren fumarate oral tablet 150 mg, 300 mg</i>	G	
TEKTURNA ORAL TABLET 150 MG, 300 MG (<i>aliskiren fumarate</i>)	NPB	
DIURETICS - DRUGS TO TREAT HEART CONDITIONS		
<i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>	G	
<i>acetazolamide oral tablet 125 mg</i>	G	N8 (Listing does not include certain NDCs)
<i>acetazolamide oral tablet 250 mg</i>	G	
<i>amiloride hcl oral tablet 5 mg</i>	G	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	G	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	G	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	G	
DIURIL ORAL SUSPENSION 250 MG/5ML (<i>chlorothiazide</i>)	NPB	
DYRENIUM ORAL CAPSULE 100 MG, 50 MG (<i>triamterene</i>)	NF	
<i>ethacrynic acid oral tablet 25 mg</i>	G	
FUROSCIX SUBCUTANEOUS CARTRIDGE KIT 80 MG/10ML (<i>furosemide</i>)	NF	
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	G	
<i>furosemide oral tablet 20 mg, 40 mg</i>	G	N8 (Listing does not include certain NDCs)
<i>furosemide oral tablet 80 mg</i>	G	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	G	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	G	N8 (Listing does not include certain NDCs)
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	G	
KEVEYIS ORAL TABLET 50 MG (<i>dichlorphenamide</i>)	NPSP	
<i>methazolamide oral tablet 25 mg, 50 mg</i>	G	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	G	

Prescription Drug Name	Drug Tier	Drug Notes
SOAANZ ORAL TABLET 20 MG, 40 MG, 60 MG (<i>torsemide</i>)	NF	
<i>spironolactone-hctz oral tablet 25-25 mg</i>	G	
THALITONE ORAL TABLET 15 MG (<i>chlorthalidone</i>)	NF	
<i>torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	G	N8 (Listing does not include certain NDCs)
<i>triamterene oral capsule 100 mg, 50 mg</i>	G	
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	G	N8 (Listing does not include certain NDCs)
<i>triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg</i>	G	
HEART FAILURE		
BIDIL ORAL TABLET 20-37.5 MG (<i>isosorb dinitrate-hydralazine</i>)	NPB	
CORLANOR ORAL SOLUTION 5 MG/5ML (<i>ivabradine hcl</i>)	NPB	
CORLANOR ORAL TABLET 5 MG, 7.5 MG (<i>ivabradine hcl</i>)	NPB	
ENTRESTO ORAL CAPSULE SPRINKLE 15-16 MG, 6-6 MG (<i>sacubitril-valsartan</i>)	NPB	
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG (<i>sacubitril-valsartan</i>)	NPB	
INPEFA ORAL TABLET 200 MG, 400 MG (<i>sotagliflozin</i>)	NF	
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG (<i>vericiguat</i>)	PB	
MISCELLANEOUS		
ADRENALIN INTRAVENOUS SOLUTION 5-0.9 MG/250ML-% (<i>epinephrine-nacl</i>)	NF	
ATTRUBY ORAL TABLET THERAPY PACK 356 MG (<i>acoramidis hcl</i>)	NF	
BIORPHEN INTRAVENOUS SOLUTION 0.5 MG/5ML (<i>phenylephrine hcl (pressors)</i>)	NF	
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG (<i>mavacamten</i>)	NPSP	
CATAPRES-TTS-1 TRANSDERMAL PATCH WEEKLY 0.1 MG/24HR (<i>clonidine</i>)	NPB	
CATAPRES-TTS-2 TRANSDERMAL PATCH WEEKLY 0.2 MG/24HR (<i>clonidine</i>)	NPB	
CATAPRES-TTS-3 TRANSDERMAL PATCH WEEKLY 0.3 MG/24HR (<i>clonidine</i>)	NPB	
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	G	
<i>clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr</i>	G	N8 (Listing does not include certain NDCs)

Prescription Drug Name	Drug Tier	Drug Notes
DEMSER ORAL CAPSULE 250 MG (<i>metirosine</i>)	NPSP	
GIAPREZA INTRAVENOUS SOLUTION 0.5 MG/ML, 2.5 MG/ML (<i>angiotensin ii acetate</i>)	NF	
<i>guanfacine hcl oral tablet 1 mg, 2 mg</i>	G	N8 (Listing does not include certain NDCs)
<i>hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	G	N8 (Listing does not include certain NDCs)
LODOCO ORAL TABLET 0.5 MG (<i>colchicine</i>)	NF	
<i>methyldopa oral tablet 250 mg, 500 mg</i>	G	N8 (Listing does not include certain NDCs)
<i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	G	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	G	
NEXICLON XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.17 MG (<i>clonidine</i>)	NF	
NIPRIDE RTU INTRAVENOUS SOLUTION 20-0.9 MG/100ML-%, 50-0.9 MG/100ML-% (<i>nitroprusside sodium-nacl</i>)	NF	
NORTHERA ORAL CAPSULE 100 MG, 200 MG, 300 MG (<i>droxidopa</i>)	NF	
<i>phenoxybenzamine hcl oral capsule 10 mg</i>	G	
<i>ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg</i>	G	
TRYVIO ORAL TABLET 12.5 MG (<i>aprocitentan</i>)	NF	
VECAMEYL ORAL TABLET 2.5 MG (<i>mecamylamine hcl</i>)	NPB	
VYNDAMAX ORAL CAPSULE 61 MG (<i>tafamidis</i>)	PSP	
NITRATES - DRUGS TO TREAT HEART CONDITIONS		
ISORDIL TITRADOSE ORAL TABLET 40 MG, 5 MG (<i>isosorbide dinitrate</i>)	NPB	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	G	
<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>	G	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	NPB	
NITRO-BID TRANSDERMAL OINTMENT 2 % (<i>nitroglycerin</i>)	NPB	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.3 MG/HR, 0.4 MG/HR, 0.6 MG/HR, 0.8 MG/HR (<i>nitroglycerin</i>)	NPB	
<i>nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg</i>	G	

Prescription Drug Name	Drug Tier	Drug Notes
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	G	
<i>nitroglycerin translingual solution 0.4 mg/spray</i>	G	
NITROLINGUAL TRANSLINGUAL SOLUTION 0.4 MG/SPRAY (<i>nitroglycerin</i>)	NPB	
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	
<i>tadalafil (pah)</i> (Alyq Oral Tablet 20 Mg)	G	
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	G	
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	G	
<i>epoprostenol sodium intravenous solution reconstituted 0.5 mg, 1.5 mg</i>	G	
FLOLAN INTRAVENOUS SOLUTION RECONSTITUTED 0.5 MG, 1.5 MG (<i>epoprostenol sodium</i>)	NPSP	
LETAIRIS ORAL TABLET 10 MG, 5 MG (<i>ambrisentan</i>)	NF	
OPSUMIT ORAL TABLET 10 MG (<i>macitentan</i>)	PSP	
OPSYNVI ORAL TABLET 10-20 MG, 10-40 MG (<i>macitentan-tadalafil</i>)	PSP	
ORENITRAM MONTH 1 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG (<i>treprostinil diolamine</i>)	PSP	
ORENITRAM MONTH 2 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG (<i>treprostinil diolamine</i>)	PSP	
ORENITRAM MONTH 3 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 & 1 MG (<i>treprostinil diolamine</i>)	PSP	
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG (<i>treprostinil diolamine</i>)	PSP	
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>	G	
<i>sildenafil citrate oral tablet 20 mg</i>	G	
<i>tadalafil (pah) oral tablet 20 mg</i>	G	

2026 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
02/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
TADLIQ ORAL SUSPENSION 20 MG/5ML (<i>tadalafil (pah)</i>)	PSP	
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>	G	
TYVASO DPI INSTITUTIONAL KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG, 80 MCG (<i>treprostinil</i>)	PSP	
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 112 X 32MCG & 112 X 64MCG, 112 X 48MCG & 112 X 64MCG, 16 MCG, 32 MCG, 48 MCG, 64 MCG, 80 MCG (<i>treprostinil</i>)	PSP	
TYVASO DPI TITRATION KIT INHALATION POWDER 16 & 32 & 48 MCG (<i>treprostinil</i>)	PSP	
TYVASO INHALATION SOLUTION 0.6 MG/ML (<i>treprostinil</i>)	PSP	
TYVASO REFILL KIT INHALATION SOLUTION 0.6 MG/ML (<i>treprostinil</i>)	PSP	
TYVASO STARTER KIT INHALATION SOLUTION 0.6 MG/ML (<i>treprostinil</i>)	PSP	
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG (<i>selexipag</i>)	PSP	
UPTRAVI TITRATION ORAL TABLET THERAPY PACK 200 & 800 MCG (<i>selexipag</i>)	PSP	
VELETRI INTRAVENOUS SOLUTION RECONSTITUTED 0.5 MG, 1.5 MG (<i>epoprostenol sodium</i>)	NPSP	
WINREVAIR SUBCUTANEOUS KIT 2 X 45 MG, 2 X 60 MG, 45 MG, 60 MG (<i>sotatercept-csrk</i>)	NPSP	
YUTREPIA INHALATION CAPSULE 106 MCG, 26.5 MCG, 53 MCG, 79.5 MCG (<i>treprostinil sodium</i>)	PSP	
CENTRAL NERVOUS SYSTEM - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS		
ALCOHOL DETERRENTS		
<i>acamprosate calcium oral tablet delayed release 333 mg</i>	G	
<i>disulfiram oral tablet 250 mg, 500 mg</i>	G	
AMYOTROPHIC LATERAL SCLEROSIS (ALS) - DRUGS TO TREAT ALS		
RADICAVA ORS ORAL SUSPENSION 105 MG/5ML (<i>edaravone</i>)	PSP	
RADICAVA ORS STARTER KIT ORAL SUSPENSION 105 MG/5ML (<i>edaravone</i>)	PSP	

2026 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
02/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
<i>riluzole oral tablet 50 mg</i>	G	
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, 3 mg</i>	G	
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML (<i>alprazolam</i>)	NPB	
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	G	
<i>alprazolam oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	G	
<i>alprazolam xr oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg</i>	G	
ANAFRANIL ORAL CAPSULE 25 MG, 50 MG, 75 MG (<i>clomipramine hcl</i>)	NPB	
ATIVAN INJECTION SOLUTION 2 MG/ML, 4 MG/ML (<i>lorazepam</i>)	NF	
ATIVAN ORAL TABLET 0.5 MG, 1 MG, 2 MG (<i>lorazepam</i>)	NF	
<i>buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	G	
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	G	
<i>clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg</i>	G	
<i>fluvoxamine maleate er oral capsule extended release 24 hour 100 mg, 150 mg</i>	G	
<i>fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg</i>	G	N8 (Listing does not include certain NDCs)
<i>lorazepam injection solution 2 mg/ml</i>	G	N8 (Listing does not include certain NDCs)
<i>lorazepam oral concentrate 2 mg/ml</i>	G	N8 (Listing does not include certain NDCs)
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	G	N8 (Listing does not include certain NDCs)
LOREEV XR ORAL CAPSULE ER 24 HOUR SPRINKLE 1 MG, 1.5 MG, 2 MG, 3 MG (<i>lorazepam</i>)	NPB	
<i>meprobamate oral tablet 200 mg, 400 mg</i>	G	
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	G	
XANAX ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG (<i>alprazolam</i>)	NF	
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2 MG (<i>alprazolam</i>)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
ANTIDEMENTIA - DRUGS TO TREAT DEMENTIA AND MEMORY LOSS		
<i>donepezil hcl oral tablet 10 mg, 23 mg, 5 mg</i>	G	
<i>donepezil hcl oral tablet dispersible 10 mg, 5 mg</i>	G	
<i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg</i>	G	
<i>galantamine hydrobromide oral solution 4 mg/ml</i>	G	
<i>galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg</i>	G	
<i>memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg</i>	G	
<i>memantine hcl oral solution 2 mg/ml</i>	G	
<i>memantine hcl oral tablet 10 mg, 5 mg</i>	G	N8 (Listing does not include certain NDCs)
<i>memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg</i>	G	
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>	G	
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr</i>	G	
ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION		
<i>amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	G	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	G	N8 (Listing does not include certain NDCs)
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>)	PB	
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg</i>	G	
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg</i>	G	
<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>	G	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>	G	
<i>citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg</i>	G	

2026 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
02/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
<i>desipramine hcl oral tablet 10 mg, 25 mg</i>	G	N8 (Listing does not include certain NDCs)
<i>desipramine hcl oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	G	
<i>desvenlafaxine er oral tablet extended release 24 hour 100 mg, 50 mg</i>	NPB	
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i>	G	
<i>doxepin hcl oral capsule 10 mg, 100 mg, 25 mg, 50 mg, 75 mg</i>	G	N8 (Listing does not include certain NDCs)
<i>doxepin hcl oral capsule 150 mg</i>	G	
<i>doxepin hcl oral concentrate 10 mg/ml</i>	G	
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 40 mg, 60 mg</i>	G	
EFFEXOR XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 150 MG, 37.5 MG, 75 MG (<i>venlafaxine hcl</i>)	NF	
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR (<i>selegiline</i>)	NPB	
<i>escitalopram oxalate oral solution 5 mg/5ml</i>	G	N8 (Listing does not include certain NDCs)
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	G	
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG (<i>levomilnacipran hcl</i>)	NPB	
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG (<i>levomilnacipran hcl</i>)	NPB	
<i>fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg</i>	G	
<i>fluoxetine hcl oral capsule delayed release 90 mg</i>	G	
<i>fluoxetine hcl oral solution 20 mg/5ml</i>	G	N8 (Listing does not include certain NDCs)
<i>fluoxetine hcl oral tablet 10 mg, 20 mg</i>	G	
<i>fluoxetine hcl oral tablet 60 mg</i>	NF	
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	G	
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	G	
LEXAPRO ORAL TABLET 10 MG, 20 MG, 5 MG (<i>escitalopram oxalate</i>)	NF	
MARPLAN ORAL TABLET 10 MG (<i>isocarboxazid</i>)	NPB	
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	G	
<i>mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg</i>	G	
NARDIL ORAL TABLET 15 MG (<i>phenelzine sulfate</i>)	NPB	

2026 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
02/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
<i>nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	G	
NORPRAMIN ORAL TABLET 10 MG, 25 MG (<i>desipramine hcl</i>)	NPB	
<i>nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	G	
<i>nortriptyline hcl oral solution 10 mg/5ml</i>	G	
PAMELOR ORAL CAPSULE 10 MG, 25 MG, 50 MG, 75 MG (<i>nortriptyline hcl</i>)	NPB	
PARNATE ORAL TABLET 10 MG (<i>tranylcypromine sulfate</i>)	NPB	
<i>paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg</i>	G	
<i>paroxetine hcl er oral tablet extended release 24 hour 37.5 mg</i>	NF	
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	G	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>	G	
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, 5 mg</i>	G	
RALDESY ORAL SOLUTION 10 MG/ML (<i>trazodone hcl</i>)	NF	
REMERON ORAL TABLET 15 MG, 30 MG (<i>mirtazapine</i>)	NPB	
REMERON SOLTAB ORAL TABLET DISPERSIBLE 15 MG, 30 MG, 45 MG (<i>mirtazapine</i>)	NPB	
<i>sertraline hcl oral capsule 150 mg, 200 mg</i>	NF	
<i>sertraline hcl oral concentrate 20 mg/ml</i>	G	
<i>sertraline hcl oral tablet 100 mg, 25 mg, 50 mg</i>	G	
SPRAVATO (56 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE (<i>esketamine hcl</i>)	NPB	
SPRAVATO (84 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE (<i>esketamine hcl</i>)	NPB	
<i>tranylcypromine sulfate oral tablet 10 mg</i>	G	
<i>trazodone hcl oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	G	
<i>trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg</i>	G	N8 (Listing does not include certain NDCs)

Prescription Drug Name	Drug Tier	Drug Notes
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG (vortioxetine hbr)	PB	
venlafaxine besylate er oral tablet extended release 24 hour 112.5 mg	NF	
venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg	G	
venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 37.5 mg, 75 mg	NF	
venlafaxine hcl er oral tablet extended release 24 hour 225 mg	G	N8 (Listing does not include certain NDCs)
venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	G	
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG (vilazodone hcl)	NF	
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 300 MG (bupropion hcl)	NF	
ZOLOFT ORAL CONCENTRATE 20 MG/ML (sertraline hcl)	NF	
ZOLOFT ORAL TABLET 100 MG, 25 MG, 50 MG (sertraline hcl)	NF	
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG, 30 MG (zuranolone)	PSP	
ANTIPARKINSONIAN AGENTS - DRUGS TO TREAT PARKINSONS DISEASE		
amantadine hcl oral capsule 100 mg	G	N8 (Listing does not include certain NDCs)
amantadine hcl oral solution 50 mg/5ml	G	N8 (Listing does not include certain NDCs)
amantadine hcl oral tablet 100 mg	G	
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE 30 MG/3ML (apomorphine hcl)	NF	
benztropine mesylate oral tablet 0.5 mg	G	N8 (Listing does not include certain NDCs)
benztropine mesylate oral tablet 1 mg, 2 mg	G	
bromocriptine mesylate oral capsule 5 mg	G	
bromocriptine mesylate oral tablet 2.5 mg	G	
carbidopa oral tablet 25 mg	G	
carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg	G	
carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg	G	

2026 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
02/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
<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>	NPB	
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>)	NPB	
DUOPA ENTERAL SUSPENSION 4.63-20 MG/ML (<i>carbidopa-levodopa</i>)	NPSP	
<i>entacapone oral tablet 200 mg</i>	G	
GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 137 MG, 68.5 MG (<i>amantadine hcl</i>)	NF	
<i>haloperidol oral tablet 2 mg</i>	G	
INBRIJA INHALATION CAPSULE 42 MG (<i>levodopa</i>)	PSP	
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	
ONGENTYS ORAL CAPSULE 25 MG, 50 MG (<i>opicapone</i>)	NF	
<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>	G	
<i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	G	
<i>rasagiline mesylate oral tablet 0.5 mg, 1 mg</i>	G	
<i>ropinirole hcl er oral tablet extended release 24 hour 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	G	
<i>ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	G	
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>	G	
<i>selegiline hcl oral tablet 5 mg</i>	G	N8 (Listing does not include certain NDCs)
SINEMET ORAL TABLET 10-100 MG, 25-100 MG (<i>carbidopa-levodopa</i>)	NPB	
<i>tolcapone oral tablet 100 mg</i>	G	
<i>trihexyphenidyl hcl oral solution 0.4 mg/ml</i>	G	
<i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i>	G	

Prescription Drug Name	Drug Tier	Drug Notes
VYALEV SUBCUTANEOUS SOLUTION 12-240 MG/ML (foscarnidopa-foslevodopa)	NF	
XADAGO ORAL TABLET 100 MG, 50 MG (safinamide mesylate)	NF	
ZELAPAR ORAL TABLET DISPERSIBLE 1.25 MG (selegiline hcl)	NPB	
ANTIPSYCHOTICS - DRUGS TO TREAT PSYCHOSES		
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 720 MG/2.4ML, 960 MG/3.2ML (aripiprazole)	PB	
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG (aripiprazole)	PB	
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG (aripiprazole)	PB	
ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET THERAPY PACK 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG (aripiprazole w/ sens-strip-pod)	NF	
ABILIFY MYCITE STARTER KIT ORAL TABLET THERAPY PACK 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG (aripiprazole w/ sens-strip-pod)	NF	
ABILIFY ORAL TABLET 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG (aripiprazole)	NF	
aripiprazole oral solution 1 mg/ml	G	
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg	G	
aripiprazole oral tablet dispersible 10 mg, 15 mg	G	
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE 675 MG/2.4ML (aripiprazole lauroxil)	NPB	
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML, 441 MG/1.6ML, 662 MG/2.4ML, 882 MG/3.2ML (aripiprazole lauroxil)	NPB	
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG (lumateperone tosylate)	NPB	
chlorpromazine hcl injection solution 25 mg/ml, 50 mg/2ml	NPB	
chlorpromazine hcl oral concentrate 100 mg/ml, 30 mg/ml	NF	
chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	G	
clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg	G	
clozapine oral tablet dispersible 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg	G	
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG (xanomeline-trospium chloride)	NPB	

2026 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
02/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
COBENFY STARTER PACK ORAL CAPSULE THERAPY PACK 50-20 & 100-20 MG (<i>xanomeline-trospium chloride</i>)	NPB	
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG (<i>carbamazepine (antipsychotic)</i>)	NPB	
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 C ORAL TABLET 1 & 2 & 6 MG (<i>iloperidone</i>)	NF	
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	G	
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	G	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	G	
<i>fluphenazine hcl oral elixir 2.5 mg/5ml</i>	G	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	G	
GEODON INTRAMUSCULAR SOLUTION RECONSTITUTED 20 MG (<i>ziprasidone mesylate</i>)	NPB	
GEODON ORAL CAPSULE 20 MG, 40 MG, 60 MG, 80 MG (<i>ziprasidone hcl</i>)	NPB	
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>	G	
<i>haloperidol lactate injection solution 5 mg/ml</i>	G	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	G	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 20 mg, 5 mg</i>	G	
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML, 1560 MG/5ML (<i>paliperidone palmitate</i>)	NF	
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 39 MG/0.25ML, 78 MG/0.5ML (<i>paliperidone palmitate</i>)	NPB	
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	

Prescription Drug Name	Drug Tier	Drug Notes
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>	G	N8 (Listing does not include certain NDCs)
<i>loxapine succinate oral capsule 25 mg, 50 mg</i>	G	
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG (<i>olanzapine-samidorphan</i>)	NPB	
NUPLAZID ORAL CAPSULE 34 MG (<i>pimavanserin tartrate</i>)	NPSP	
NUPLAZID ORAL TABLET 10 MG (<i>pimavanserin tartrate</i>)	NPSP	
<i>olanzapine intramuscular solution reconstituted 10 mg</i>	G	
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	G	
<i>olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg</i>	G	
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>	G	
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	G	
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>	G	
<i>quetiapine fumarate oral tablet 100 mg, 150 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	G	
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (<i>brexpiprazole</i>)	NPB	
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG, 25 MG, 37.5 MG, 50 MG (<i>risperidone microspheres</i>)	NPB	
<i>risperidone oral solution 1 mg/ml</i>	G	
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	G	
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	G	
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>)	NPB	
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR, 7.6 MG/24HR (<i>asenapine</i>)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
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>	G	
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	G	
<i>trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	G	
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	
VERSACLOZ ORAL SUSPENSION 50 MG/ML (<i>clozapine</i>)	NPB	
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>	G	
ANTISEIZURE AGENTS - DRUGS TO TREAT SEIZURES		
APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG (<i>eslicarbazepine acetate</i>)	NPB	
BANZEL ORAL SUSPENSION 40 MG/ML (<i>rufinamide</i>)	NF	
BANZEL ORAL TABLET 200 MG, 400 MG (<i>rufinamide</i>)	NF	
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, 300 mg</i>	G	
<i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg</i>	G	N8 (Listing does not include certain NDCs)
<i>carbamazepine oral suspension 100 mg/5ml</i>	G	N8 (Listing does not include certain NDCs)
<i>carbamazepine oral suspension 200 mg/10ml</i>	NF	
<i>carbamazepine oral tablet 200 mg</i>	G	
<i>carbamazepine oral tablet chewable 100 mg</i>	G	
CELONTIN ORAL CAPSULE 300 MG (<i>methsuximide</i>)	NPB	
<i>clobazam oral suspension 2.5 mg/ml</i>	G	
<i>clobazam oral tablet 10 mg, 20 mg</i>	G	
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	G	N8 (Listing does not include certain NDCs)
<i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	G	

Prescription Drug Name	Drug Tier	Drug Notes
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	G	
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)	G	
<i>diazepam oral concentrate 5 mg/ml</i>	G	
<i>diazepam oral solution 5 mg/5ml</i>	G	
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	G	N8 (Listing does not include certain NDCs)
<i>diazepam rectal gel 10 mg, 2.5 mg, 20 mg</i>	G	
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>	G	
<i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>	G	N8 (Listing does not include certain NDCs)
<i>divalproex sodium oral tablet delayed release 125 mg, 500 mg</i>	G	
<i>divalproex sodium oral tablet delayed release 250 mg</i>	G	N8 (Listing does not include certain NDCs)
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	
EPRONTIA ORAL SOLUTION 25 MG/ML (<i>topiramate</i>)	NF	
<i>ethosuximide oral capsule 250 mg</i>	G	
<i>ethosuximide oral solution 250 mg/5ml</i>	G	
<i>felbamate oral suspension 600 mg/5ml</i>	G	
<i>felbamate oral tablet 400 mg, 600 mg</i>	G	
FINTEPLA ORAL SOLUTION 2.2 MG/ML (<i>fenfluramine hcl</i>)	NF	
FYCOMPA ORAL SUSPENSION 0.5 MG/ML (<i>perampanel</i>)	NPB	

2026 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
02/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG (<i>perampanel</i>)	NPB	
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	G	
<i>gabapentin oral solution 250 mg/5ml, 300 mg/6ml</i>	G	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	G	
KEPPRA INTRAVENOUS SOLUTION 500 MG/5ML (<i>levetiracetam</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>)	NPB	
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	
<i>lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	G	N8 (Listing does not include certain NDCs)
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	G	
<i>lamotrigine oral tablet chewable 25 mg, 5 mg</i>	G	
<i>lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg</i>	G	
<i>lamotrigine starter kit-blue oral kit 35 x 25 mg</i>	G	
<i>lamotrigine starter kit-green oral kit 84 x 25 mg & 14x100 mg</i>	G	
<i>lamotrigine starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg</i>	G	
<i>levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg</i>	G	

Prescription Drug Name	Drug Tier	Drug Notes
<i>levetiracetam oral solution 100 mg/ml</i>	G	N8 (Listing does not include certain NDCs)
<i>levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg</i>	G	
<i>levetiracetam oral tablet disintegrating soluble 250 mg</i>	G	N8 (Listing does not include certain NDCs)
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	
NEURONTIN ORAL SOLUTION 250 MG/5ML (<i>gabapentin</i>)	NPB	
ONFI ORAL SUSPENSION 2.5 MG/ML (<i>clobazam</i>)	NF	
ONFI ORAL TABLET 10 MG, 20 MG (<i>clobazam</i>)	NF	
<i>oxcarbazepine oral suspension 300 mg/5ml</i>	G	N8 (Listing does not include certain NDCs)
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	G	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 300 MG, 600 MG (<i>oxcarbazepine</i>)	PB	
<i>phenobarbital oral elixir 30 mg/7.5ml, 60 mg/15ml</i>	G	
<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>	G	
<i>phenytoin oral suspension 100 mg/4ml</i>	G	
<i>phenytoin oral tablet chewable 50 mg</i>	G	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	G	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i>	G	
<i>pregabalin oral solution 20 mg/ml</i>	G	
<i>primidone oral tablet 125 mg</i>	NF	
<i>primidone oral tablet 250 mg</i>	G	
<i>primidone oral tablet 50 mg</i>	G	N8 (Listing does not include certain NDCs)
<i>levetiracetam (Roweepra Oral Tablet 500 Mg)</i>	G	
<i>rufinamide oral suspension 40 mg/ml</i>	G	
SABRIL ORAL PACKET 500 MG (<i>vigabatrin</i>)	NF	
SABRIL ORAL TABLET 500 MG (<i>vigabatrin</i>)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 250 MG, 500 MG (<i>levetiracetam</i>)	NF	
<i>lamotrigine</i> (Subvenite Oral Tablet 100 Mg, 150 Mg, 200 Mg, 25 Mg)	G	
<i>lamotrigine</i> (Subvenite Starter Kit-Blue Oral Kit 35 X 25 Mg)	G	
<i>lamotrigine</i> (Subvenite Starter Kit-Green Oral Kit 84 X 25 Mg & 14X100 Mg)	G	
<i>lamotrigine</i> (Subvenite Starter Kit-Orange Oral Kit 42 X 25 Mg & 7 X 100 Mg)	G	
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>	G	
<i>topiramate er oral capsule er 24 hour sprinkle 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i>	NF	
<i>topiramate oral capsule sprinkle 15 mg, 25 mg</i>	G	
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	G	
TRILEPTAL ORAL SUSPENSION 300 MG/5ML (<i>oxcarbazepine</i>)	NF	
TRILEPTAL ORAL TABLET 150 MG, 300 MG, 600 MG (<i>oxcarbazepine</i>)	NF	
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 50 MG (<i>topiramate</i>)	NPB	
VALIUM ORAL TABLET 10 MG, 2 MG, 5 MG (<i>diazepam</i>)	NPB	
<i>valproic acid oral capsule 250 mg</i>	G	
<i>valproic acid oral solution 250 mg/5ml</i>	G	
VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML (<i>diazepam</i>)	PB	
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 2 X 7.5 MG/0.1ML (<i>diazepam</i>)	PB	
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 2 X 10 MG/0.1ML (<i>diazepam</i>)	PB	
VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML (<i>diazepam</i>)	PB	
<i>vigabatrin oral packet 500 mg</i>	G	
<i>vigabatrin oral tablet 500 mg</i>	G	

2026 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
02/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
<i>vigabatrin</i> (Vigadrone Oral Packet 500 Mg)	G	
VIGAFYDE ORAL SOLUTION 100 MG/ML (<i>vigabatrin</i>)	NF	
VIMPAT INTRAVENOUS SOLUTION 200 MG/20ML (<i>lacosamide</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 X200 MG, 14 X 50 MG & 14 X100 MG (<i>cenobamate</i>)	PB	
ZARONTIN ORAL SOLUTION 250 MG/5ML (<i>ethosuximide</i>)	NPB	
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG (<i>zonisamide</i>)	NF	
ZONISADE ORAL SUSPENSION 100 MG/5ML (<i>zonisamide</i>)	NF	
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	G	
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 sulfate oral tablet 10 mg, 5 mg</i>	G	
<i>amphetamine-dextroamphetamine oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>	G	
<i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	G	
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	Drug Notes
<i>atomoxetine hcl oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>	G	
AZSTARYS ORAL CAPSULE 26.1-5.2 MG, 39.2-7.8 MG, 52.3-10.4 MG (<i>serdexmethylphen-dexmethylphen</i>)	PB	
<i>clonidine hcl er oral tablet extended release 12 hour 0.1 mg</i>	G	
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	
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i>	G	
<i>dexmethylphenidate hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	G	
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg</i>	G	
<i>dextroamphetamine sulfate oral solution 5 mg/5ml</i>	G	
<i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i>	G	
DYANAVEL XR ORAL SUSPENSION EXTENDED RELEASE 2.5 MG/ML (<i>amphetamine</i>)	NF	
DYANAVEL 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 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>	G	
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, 40 mg, 50 mg, 60 mg, 70 mg</i>	G	
<i>lisdexamfetamine dimesylate oral tablet chewable 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	G	
<i>methamphetamine hcl oral tablet 5 mg</i>	G	

Prescription Drug Name	Drug Tier	Drug Notes
<i>methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	G	
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg, 60 mg</i>	G	
<i>methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg, 72 mg</i>	G	
<i>methylphenidate hcl er (osm) oral tablet extended release 45 mg, 63 mg</i>	NF	
<i>methylphenidate hcl er oral tablet extended release 10 mg, 20 mg</i>	G	
<i>methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 36 mg, 54 mg</i>	G	
<i>methylphenidate hcl oral solution 10 mg/5ml, 5 mg/5ml</i>	G	
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	G	
<i>methylphenidate hcl oral tablet chewable 10 mg, 2.5 mg, 5 mg</i>	G	
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	
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 150 MG, 200 MG (<i>viloxazine hcl</i>)	PB	
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 (<i>methylphenidate hcl</i>)	NF	
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 10 Mg, 15 Mg, 2.5 Mg, 20 Mg, 30 Mg, 5 Mg, 7.5 Mg)	G	
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	

2026 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
02/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
DYSPOIN INTRAMUSCULAR SOLUTION RECONSTITUTED 300 UNIT, 500 UNIT (<i>abobotulinumtoxinA</i>)	PSP	
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT, 200 UNIT, 50 UNIT (<i>incobotulinumtoxinA</i>)	PSP	
FIBROMYALGIA		
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG (<i>milnacipran hcl</i>)	NPB	
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG (<i>milnacipran hcl</i>)	NPB	
HYPNOTICS - DRUGS TO TREAT INSOMNIA		
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>	G	
EDLUAR SUBLINGUAL TABLET SUBLINGUAL 10 MG, 5 MG (<i>zolpidem tartrate</i>)	NF	
<i>estazolam oral tablet 1 mg, 2 mg</i>	G	
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	G	
<i>flurazepam hcl oral capsule 15 mg, 30 mg</i>	NF	
HALCION ORAL TABLET 0.25 MG (<i>triazolam</i>)	NPB	
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML (<i>tasimelteon</i>)	NPSP	
HETLIOZ ORAL CAPSULE 20 MG (<i>tasimelteon</i>)	NPSP	
LUNESTA ORAL TABLET 1 MG, 2 MG, 3 MG (<i>eszopiclone</i>)	NF	
<i>midazolam hcl oral syrup 2 mg/ml</i>	G	
MIDAZOLAM+SYRSPEND SF ORAL SUSPENSION 1 MG/ML (<i>midazolam</i>)	NF	
<i>quazepam oral tablet 15 mg</i>	NF	
QUVIVIQ ORAL TABLET 25 MG, 50 MG (<i>daridorexant hcl</i>)	PB	
<i>ramelteon oral tablet 8 mg</i>	G	
ROZEREM ORAL TABLET 8 MG (<i>ramelteon</i>)	NF	
SILENOR ORAL TABLET 3 MG, 6 MG (<i>doxepin hcl</i>)	NF	
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg</i>	G	
<i>triazolam oral tablet 0.125 mg, 0.25 mg</i>	G	
<i>zaleplon oral capsule 10 mg, 5 mg</i>	G	
<i>zolpidem tartrate er oral tablet extended release 12.5 mg, 6.25 mg</i>	G	
<i>zolpidem tartrate oral capsule 7.5 mg</i>	NF	

Prescription Drug Name	Drug Tier	Drug Notes
<i>zolpidem tartrate oral tablet 10 mg, 5 mg</i>	G	N8 (Listing does not include certain NDCs)
<i>zolpidem tartrate sublingual tablet sublingual 1.75 mg, 3.5 mg</i>	NF	
MIGRAINE - ERGOTAMINE DERIVATIVES - DRUGS TO TREAT SEVERE HEADACHES		
<i>dihydroergotamine mesylate injection solution 1 mg/ml</i>	G	
<i>dihydroergotamine mesylate nasal solution 4 mg/ml</i>	NF	
ERGOMAR SUBLINGUAL TABLET SUBLINGUAL 2 MG (<i>ergotamine tartrate</i>)	NPB	
<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	
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG (<i>atogepant</i>)	PB	
REYVOW ORAL TABLET 100 MG, 50 MG (<i>lasmiditan succinate</i>)	NPB	
UBRELVY ORAL TABLET 100 MG, 50 MG (<i>ubrogepant</i>)	PB	
ZAVZPRET NASAL SOLUTION 10 MG/ACT (<i>zavegepant hcl</i>)	NF	
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	
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 225 MG/1.5ML (<i>fremanezumab-vfrm</i>)	PB	
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>galcanezumab-gnlm</i>)	PB	
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML (<i>galcanezumab-gnlm</i>)	PB	
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML (<i>galcanezumab-gnlm</i>)	PB	

Prescription Drug Name	Drug Tier	Drug Notes
MIGRAINE - TRIPTANS AND COMBINATIONS - DRUGS TO TREAT SEVERE HEADACHES		
<i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i>	G	
<i>eletriptan hydrobromide oral tablet 20 mg, 40 mg</i>	G	
<i>frovatriptan succinate oral tablet 2.5 mg</i>	G	
MAXALT ORAL TABLET 10 MG (<i>rizatriptan benzoate</i>)	NF	
MAXALT-MLT ORAL TABLET DISPERSIBLE 10 MG (<i>rizatriptan benzoate</i>)	NF	
<i>naratriptan hcl oral tablet 1 mg, 2.5 mg</i>	G	
ONZETRA XSAIL NASAL EXHALER POWDER 11 MG/NOSEPC (<i>sumatriptan succinate</i>)	NF	
<i>rizatriptan benzoate oral tablet 10 mg, 5 mg</i>	G	
<i>rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg</i>	G	
<i>sumatriptan nasal solution 20 mg/act, 5 mg/act</i>	G	
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	G	
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	G	
<i>sumatriptan succinate subcutaneous solution auto-injector 6 mg/0.5ml</i>	G	
<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	
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>)	PB	
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	G	
<i>zolmitriptan oral tablet dispersible 2.5 mg, 5 mg</i>	G	
ZOMIG NASAL SOLUTION 5 MG (<i>zolmitriptan</i>)	NPB	
<i>zolmitriptan (Zomig Oral Tablet 2.5 Mg, 5 Mg)</i>	NF	
MISCELLANEOUS		
DAYBUE ORAL SOLUTION 200 MG/ML (<i>trofinetide</i>)	NPSP	
ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML (<i>satralizumab-mwge</i>)	PSP	
EVRYSDI ORAL SOLUTION RECONSTITUTED 0.75 MG/ML (<i>risdiplam</i>)	NPSP	
EVRYSDI ORAL TABLET 5 MG (<i>risdiplam</i>)	NPSP	

Prescription Drug Name	Drug Tier	Drug Notes
FIRDAPSE ORAL TABLET 10 MG (<i>amifampridine phosphate</i>)	NPSP	
SKYCLARYS ORAL CAPSULE 50 MG (<i>omaveloxolone</i>)	NPSP	
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>	G	
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	G	
<i>lithium carbonate oral tablet 300 mg</i>	G	
LITHOBID ORAL TABLET EXTENDED RELEASE 300 MG (<i>lithium carbonate</i>)	NPB	
MOVEMENT DISORDERS		
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG (<i>deutetrabenazine</i>)	PSP	
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	
INGREZZA ORAL CAPSULE SPRINKLE 40 MG, 60 MG, 80 MG (<i>valbenazine tosylate</i>)	PSP	
INGREZZA ORAL CAPSULE THERAPY PACK 40 & 80 MG (<i>valbenazine tosylate</i>)	PSP	
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>	G	
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	
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	
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML (<i>interferon beta-1a</i>)	PSP	

Prescription Drug Name	Drug Tier	Drug Notes
BAFIERTAM ORAL CAPSULE DELAYED RELEASE 95 MG (<i>monomethyl fumarate</i>)	PSP	
BETASERON SUBCUTANEOUS KIT 0.3 MG (<i>interferon beta-1b</i>)	PSP	
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML (<i>glatiramer acetate</i>)	NF	
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML (<i>glatiramer acetate</i>)	PSP	
<i>dalfampridine er oral tablet extended release 12 hour 10 mg</i>	G	
<i>dimethyl fumarate oral capsule delayed release 120 mg</i>	NF	
<i>dimethyl fumarate oral capsule delayed release 240 mg</i>	G	
<i>dimethyl fumarate starter pack oral capsule delayed release therapy pack 120 & 240 mg</i>	G	
GILENYA ORAL CAPSULE 0.25 MG, 0.5 MG (<i>fingolimod hcl</i>)	NF	
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml, 40 mg/ml</i>	G	
<i>glatiramer acetate</i> (Glatopa Subcutaneous Solution Prefilled Syringe 20 Mg/ML, 40 Mg/ML)	G	
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML (<i>ofatumumab</i>)	PSP	
MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK 10 MG (<i>cladribine</i>)	NPSP	
MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK 10 MG (<i>cladribine</i>)	NPSP	
MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK 10 MG (<i>cladribine</i>)	NPSP	
MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK 10 MG (<i>cladribine</i>)	NPSP	
MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK 10 MG (<i>cladribine</i>)	NPSP	
MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK 10 MG (<i>cladribine</i>)	NPSP	
MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK 10 MG (<i>cladribine</i>)	NPSP	
MAYZENT ORAL TABLET 0.25 MG, 1 MG, 2 MG (<i>siponimod fumarate</i>)	PSP	
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG, 7 X 0.25 MG (<i>siponimod fumarate</i>)	PSP	
PLEGRIDY INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML (<i>peginterferon beta-1a</i>)	NPSP	

2026 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
02/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 63 & 94 MCG/0.5ML (<i>peginterferon beta-1a</i>)	NPSP	
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 63 & 94 MCG/0.5ML (<i>peginterferon beta-1a</i>)	NPSP	
PLEGRIDY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MCG/0.5ML (<i>peginterferon beta-1a</i>)	NPSP	
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML (<i>peginterferon beta-1a</i>)	NPSP	
PONVORY ORAL TABLET 20 MG (<i>ponesimod</i>)	NPSP	
PONVORY STARTER PACK ORAL TABLET THERAPY PACK 2-3-4-5-6-7-8-9 & 10 MG (<i>ponesimod</i>)	NPSP	
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML, 44 MCG/0.5ML (<i>interferon beta-1a</i>)	PSP	
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG (<i>interferon beta-1a</i>)	PSP	
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML, 44 MCG/0.5ML (<i>interferon beta-1a</i>)	PSP	
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG (<i>interferon beta-1a</i>)	PSP	
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	
TYSABRI INTRAVENOUS CONCENTRATE 300 MG/15ML (<i>natalizumab</i>)	PSP	
VUMERITY ORAL CAPSULE DELAYED RELEASE 231 MG (<i>diroximel fumarate</i>)	PSP	
ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK 4 X 0.23MG & 3 X 0.46MG (<i>ozanimod hcl</i>)	PSP	
ZEPOSIA ORAL CAPSULE 0.92 MG (<i>ozanimod hcl</i>)	PSP	
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG 0.92MG(21) (<i>ozanimod hcl</i>)	PSP	

Prescription Drug Name	Drug Tier	Drug Notes
MUSCULOSKELETAL THERAPY AGENTS		
AMRIX ORAL CAPSULE EXTENDED RELEASE 24 HOUR 15 MG, 30 MG (<i>cyclobenzaprine hcl</i>)	NF	
<i>baclofen oral suspension 25 mg/5ml</i>	NF	
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	G	N8 (Listing does not include certain NDCs)
<i>carisoprodol oral tablet 250 mg</i>	NF	
<i>carisoprodol oral tablet 350 mg</i>	G	N8 (Listing does not include certain NDCs)
<i>chlorzoxazone oral tablet 250 mg, 375 mg, 500 mg, 750 mg</i>	NF	
<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>	G	
<i>cyclobenzaprine hcl oral tablet 7.5 mg</i>	NF	
DANTRIUM ORAL CAPSULE 25 MG (<i>dantrolene sodium</i>)	NPB	
<i>dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg</i>	G	
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</i>	NF	
<i>metaxalone oral tablet 800 mg</i>	G	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	NF	
<i>norgesic forte oral tablet 50-770-60 mg</i>	NF	
<i>orphenadrine citrate er oral tablet extended release 12 hour 100 mg</i>	G	
<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	
<i>tizanidine hcl oral capsule 2 mg, 4 mg, 6 mg</i>	G	
<i>tizanidine hcl oral tablet 2 mg, 4 mg</i>	G	
ZANAFLEX ORAL CAPSULE 8 MG (<i>tizanidine hcl</i>)	NPB	
ZANAFLEX ORAL TABLET 4 MG (<i>tizanidine hcl</i>)	NPB	

Prescription Drug Name	Drug Tier	Drug Notes
MYASTHENIA GRAVIS - DRUGS TO TREAT MYASTHENIA GRAVIS		
MESTINON ORAL SOLUTION 60 MG/5ML (<i>pyridostigmine bromide</i>)	NPB	
MESTINON ORAL TABLET 60 MG (<i>pyridostigmine bromide</i>)	NPB	
<i>pyridostigmine bromide er oral tablet extended release 180 mg</i>	G	
<i>pyridostigmine bromide oral solution 60 mg/5ml</i>	G	
<i>pyridostigmine bromide oral tablet 60 mg</i>	G	
VYVGART HYTRULO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1000-10000 MG-UNT/5ML (<i>efgartigimod alfa-hyalur-qvfc</i>)	PSP	
NARCOLEPSY/CATAPLEXY - DRUGS FOR SLEEP DISORDERS		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>	G	
LUMRYZ ORAL PACKET 4.5 GM, 6 GM, 7.5 GM, 9 GM (<i>sodium oxybate</i>)	PSP	
LUMRYZ STARTER PACK ORAL THERAPY PACK 4.5 & 6 & 7.5 GM (<i>sodium oxybate</i>)	PSP	
<i>modafinil oral tablet 100 mg, 200 mg</i>	G	
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>	NF	
SUNOSI ORAL TABLET 150 MG, 75 MG (<i>solriamfetol hcl</i>)	PB	
WAKIX ORAL TABLET 17.8 MG, 4.45 MG (<i>pitolisant hcl</i>)	PSP	
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	
OPIOID AGONIST/ANTAGONIST		
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg</i>	G	
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg</i>	G	
SUBOXONE SUBLINGUAL FILM 12-3 MG, 2-0.5 MG, 4-1 MG, 8-2 MG (<i>buprenorphine hcl-naloxone hcl</i>)	NF	
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	

Prescription Drug Name	Drug Tier	Drug Notes
OPIOID ANTAGONIST		
KLOXXADO NASAL LIQUID 8 MG/0.1ML (<i>naloxone hcl</i>)	NPB	
<i>nalmefene hcl injection solution 1 mg/ml</i>	NF	
<i>naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml</i>	G	
<i>naloxone hcl injection solution cartridge 0.4 mg/ml</i>	G	
<i>naloxone hcl injection solution prefilled syringe 2 mg/2ml</i>	G	
<i>naloxone hcl nasal liquid 4 mg/0.1ml</i>	G	
<i>naltrexone hcl oral tablet 50 mg</i>	G	
NARCAN NASAL LIQUID 4 MG/0.1ML (<i>naloxone hcl</i>)	NPB	
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	
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG (<i>naltrexone</i>)	NPSP	
OPIOID PARTIAL AGONISTS		
<i>buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg</i>	G	
POSTHERPETIC NEURALGIA (PHN)		
GRALISE ORAL TABLET 300 MG, 450 MG, 600 MG, 750 MG, 900 MG (<i>gabapentin (once-daily)</i>)	PB	
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	
PSYCHOTHERAPEUTIC-MISC		
<i>chlordiazepoxide-amitriptyline oral tablet 10-25 mg, 5-12.5 mg</i>	G	
<i>fluoxetine hcl (pmdd) oral tablet 10 mg, 20 mg</i>	NF	
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>	G	
<i>paroxetine mesylate oral capsule 7.5 mg</i>	NF	
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	G	
<i>pimozide oral tablet 1 mg, 2 mg</i>	G	
VYLEESI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1.75 MG/0.3ML (<i>bremelanotide acetate</i>)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
SMOKING DETERRENTS		
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i>	CE	
<i>cvs nicotine mouth/throat gum 2 mg, 4 mg</i>	CE	
<i>cvs nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>	CE	
<i>cvs nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>	CE	
<i>cvs nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr</i>	CE	
<i>eq nicotine mouth/throat lozenge 4 mg</i>	CE	
<i>eq nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>	CE	
<i>eq nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>	CE	
<i>eq nicotine step 3 transdermal patch 24 hour 7 mg/24hr</i>	CE	
<i>eq nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr</i>	CE	
<i>ft nicotine mini mouth/throat lozenge 2 mg, 4 mg</i>	CE	
<i>ft nicotine mouth/throat gum 2 mg, 4 mg</i>	CE	
<i>ft nicotine mouth/throat lozenge 2 mg, 4 mg</i>	CE	
<i>ft nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr</i>	CE	
<i>gnp nicotine mini mouth/throat lozenge 2 mg, 4 mg</i>	CE	
<i>gnp nicotine mouth/throat gum 4 mg</i>	CE	
<i>gnp nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>	CE	
<i>gnp nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>	CE	
<i>gnp nicotine transdermal patch 24 hour 14 mg/24hr, 7 mg/24hr</i>	CE	
<i>goodsense nicotine mouth/throat gum 4 mg</i>	CE	
<i>goodsense nicotine mouth/throat lozenge 4 mg</i>	CE	
HABITROL TRANSDERMAL PATCH 24 HOUR 21 MG/24HR (nicotine)	CE	
KLS QUIT2 MOUTH/THROAT GUM 2 MG (nicotine polacrilex)	CE	
KLS QUIT2 MOUTH/THROAT LOZENGE 2 MG (nicotine polacrilex)	CE	
KLS QUIT4 MOUTH/THROAT GUM 4 MG (nicotine polacrilex)	CE	
KLS QUIT4 MOUTH/THROAT LOZENGE 4 MG (nicotine polacrilex)	CE	
NICORELIEF MOUTH/THROAT GUM 2 MG (nicotine polacrilex)	CE	

Prescription Drug Name	Drug Tier	Drug Notes
<i>nicotine mini mouth/throat lozenge 2 mg</i>	CE	
<i>nicotine polacrilex mini mouth/throat lozenge 2 mg</i>	CE	
<i>nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>	CE	
<i>nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>	CE	
<i>nicotine step 1 transdermal patch 24 hour 21 mg/24hr</i>	CE	
<i>nicotine step 2 transdermal patch 24 hour 14 mg/24hr</i>	CE	
<i>nicotine step 3 transdermal patch 24 hour 7 mg/24hr</i>	CE	
<i>nicotine transdermal kit 21-14-7 mg/24hr</i>	CE	
<i>nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr</i>	CE	
NICOTROL NS NASAL SOLUTION 10 MG/ML (<i>nicotine</i>)	CE	
<i>qc nicotine transdermal system transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr</i>	CE	
<i>sm nicotine mouth/throat gum 4 mg</i>	CE	
<i>sm nicotine mouth/throat lozenge 2 mg</i>	CE	
<i>sm nicotine polacrilex mouth/throat lozenge 4 mg</i>	CE	
THRIVE MOUTH/THROAT GUM 2 MG (<i>nicotine polacrilex</i>)	CE	
<i>varenicline tartrate (starter) oral tablet therapy pack 0.5 mg x 11 & 1 mg x 42</i>	CE	
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i>	CE	
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	
<i>lanreotide acetate subcutaneous solution 120 mg/0.5ml</i>	NF	
MYCAPSSA ORAL CAPSULE DELAYED RELEASE 20 MG (<i>octreotide acetate</i>)	NF	
<i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	G	
<i>octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	G	
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML (<i>octreotide acetate</i>)	NPSP	
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	

Prescription Drug Name	Drug Tier	Drug Notes
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	
AZMIRO INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 200 MG/ML (<i>testosterone cypionate</i>)	NF	
<i>testosterone cypionate</i> (Depo-Testosterone Intramuscular Solution 100 Mg/ML, 200 Mg/ML)	NPB	
<i>ec-rx testosterone transdermal cream 0.2 %, 0.4 %, 10 %, 20 %</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>	G	
<i>methyltestosterone oral capsule 10 mg</i>	G	
NATESTO NASAL GEL 5.5 MG/ACT (<i>testosterone</i>)	PB	
TESTIM TRANSDERMAL GEL 50 MG/5GM (1%) (<i>testosterone</i>)	NF	
TESTOPEL IMPLANT PELLET 75 MG (<i>testosterone</i>)	NPB	
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i>	G	
<i>testosterone enanthate intramuscular solution 200 mg/ml</i>	G	
<i>testosterone transdermal gel 1.62 %, 20.25 mg/1.25gm (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%)</i>	G	
<i>testosterone transdermal gel 12.5 mg/act (1%), 50 mg/5gm (1%)</i>	G	N8 (Listing does not include certain NDCs)
<i>testosterone transdermal solution 30 mg/act</i>	G	
TLANDO ORAL CAPSULE 112.5 MG (<i>testosterone undecanoate</i>)	NF	
VOGELXO PUMP TRANSDERMAL GEL 12.5 MG/ACT (1%) (<i>testosterone</i>)	NF	
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	

2026 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
02/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
ANTIDIABETICS, ALPHA-GLUCOSIDASE INHIBITORS		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	G	N8 (Listing does not include certain NDCs)
<i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>	G	
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>	G	
<i>metformin hcl oral solution 500 mg/5ml</i>	G	
<i>metformin hcl oral tablet 1000 mg, 500 mg</i>	G	
<i>metformin hcl oral tablet 625 mg</i>	NF	
<i>metformin hcl oral tablet 850 mg</i>	CE	
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>	G	N8 (Listing does not include certain NDCs)
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	G	
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	
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG (<i>linagliptin-metformin hcl</i>)	NF	
<i>sitagliptin base-metformin hcl oral tablet 50-1000 mg, 50-500 mg</i>	NF	

Prescription Drug Name	Drug Tier	Drug Notes
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-linagliptin-metform</i>)	PB	
ZITUVIMET ORAL TABLET 50-1000 MG, 50-500 MG (<i>sitagliptin base-metformin hcl</i>)	PB	
ZITUVIMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-1000 MG, 50-500 MG (<i>sitagliptin base-metformin hcl</i>)	PB	
ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
<i>alogliptin benzoate oral tablet 12.5 mg, 25 mg, 6.25 mg</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>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	
ANTIDIABETICS, DOPAMINE RECEPTOR AGONISTS		
CYCLOSET ORAL TABLET 0.8 MG (<i>bromocriptine mesylate</i>)	NPB	
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>	G	
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	
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML (<i>semaglutide</i>)	PB	
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML (<i>semaglutide</i>)	PB	
OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 8 MG/3ML (<i>semaglutide</i>)	PB	
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG (<i>semaglutide</i>)	PB	
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	
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML (<i>liraglutide</i>)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
ANTIDIABETICS, INCRETIN MIMETIC COMBINATION AGENTS		
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML (<i>insulin glargine-lixisenatide</i>)	PB	
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML (<i>insulin degludec-liraglutide</i>)	PB	
ANTIDIABETICS, INSULIN		
ADMELOG INJECTION SOLUTION 100 UNIT/ML (<i>insulin lispro</i>)	NF	
AFREZZA INHALATION POWDER 12 UNIT, 4 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	
FIASP PUMPCART SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML (<i>insulin aspart (w/niacinamide)</i>)	NF	
HUMALOG INJECTION SOLUTION 100 UNIT/ML (<i>insulin lispro</i>)	NF	
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 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	

Prescription Drug Name	Drug Tier	Drug Notes
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 degludec flextouch subcutaneous solution pen-injector 100 unit/ml, 200 unit/ml</i>	NF	
<i>insulin degludec subcutaneous solution 100 unit/ml</i>	NF	
<i>insulin glargine max solostar subcutaneous solution pen-injector 300 unit/ml</i>	NF	
<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	
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	

Prescription Drug Name	Drug Tier	Drug Notes
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	
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 RELION SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin 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	

Prescription Drug Name	Drug Tier	Drug Notes
NOVOLOG MIX 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (<i>insulin aspart prot & aspart</i>)	NF	
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	
NOVOLOG RELION INJECTION SOLUTION 100 UNIT/ML (<i>insulin aspart</i>)	NF	
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	
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>	G	
ANTIDIABETICS, INSULIN SENSITIZER/BIGUANIDE COMBINATION		
<i>pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg</i>	G	
ANTIDIABETICS, INSULIN SENSITIZER/SULFONYLUREA COMBINATION		
<i>pioglitazone hcl-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	G	
ANTIDIABETICS, MEGLITINIDE		
<i>nateglinide oral tablet 120 mg, 60 mg</i>	G	
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	G	

Prescription Drug Name	Drug Tier	Drug Notes
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	
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	
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	
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	
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	
INVOKANA ORAL TABLET 100 MG, 300 MG (<i>canagliflozin</i>)	NF	
JARDIANCE ORAL TABLET 10 MG, 25 MG (<i>empagliflozin</i>)	PB	
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>	G	

Prescription Drug Name	Drug Tier	Drug Notes
<i>glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	G	
<i>glipizide oral tablet 10 mg, 5 mg</i>	G	
<i>glipizide oral tablet 2.5 mg</i>	NF	
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>	G	
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	G	N8 (Listing does not include certain NDCs)
ANTI OBESITY		
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>	G	N8 (Listing does not include certain NDCs)
<i>phentermine hcl</i> (Lomaira Oral Tablet 8 Mg)	G	
<i>phendimetrazine tartrate er oral capsule extended release 24 hour 105 mg</i>	NF	
PLENITY ORAL CAPSULE (<i>cellulose-citric acid</i>)	NF	
PLENITY WELCOME KIT ORAL CAPSULE (<i>cellulose-citric acid</i>)	NF	
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	
SAXENDA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML (<i>liraglutide -weight management</i>)	PB	
WEGOVY ORAL TABLET 1.5 MG, 25 MG, 4 MG, 9 MG (<i>semaglutide-weight management</i>)	PB	
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	
XENICAL ORAL CAPSULE 120 MG (<i>orlistat</i>)	NF	
ZEPBOUND SUBCUTANEOUS SOLUTION 10 MG/0.5ML, 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML (<i>tirzepatide-weight management</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, 90 mg</i>	G	
SENSIPAR ORAL TABLET 30 MG, 60 MG, 90 MG (<i>cinacalcet hcl</i>)	NPSP	

2026 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
02/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
CALCIUM REGULATORS, BISPHOSPHONATES - DRUGS TO TREAT BONE LOSS		
<i>alendronate sodium oral solution 70 mg/75ml</i>	G	
<i>alendronate sodium oral tablet 10 mg, 35 mg, 70 mg</i>	G	
BINOSTO ORAL TABLET EFFERVESCENT 70 MG (<i>alendronate sodium</i>)	NPB	
FOSAMAX ORAL TABLET 70 MG (<i>alendronate sodium</i>)	NPB	
FOSAMAX PLUS D ORAL TABLET 70-2800 MG-UNIT, 70-5600 MG-UNIT (<i>alendronate-cholecalciferol</i>)	NPB	
<i>ibandronate sodium oral tablet 150 mg</i>	G	
RECLAST INTRAVENOUS SOLUTION 5 MG/100ML (<i>zoledronic acid</i>)	NPSP	
<i>risedronate sodium oral tablet 150 mg, 30 mg, 35 mg, 5 mg</i>	G	
<i>risedronate sodium oral tablet delayed release 35 mg</i>	G	
<i>zoledronic acid intravenous concentrate 4 mg/5ml</i>	G	
<i>zoledronic acid intravenous solution 4 mg/100ml</i>	NPSP	
<i>zoledronic acid intravenous solution 5 mg/100ml</i>	G	
CALCIUM REGULATORS, MISCELLANEOUS		
<i>calcitonin (salmon) nasal solution 200 unit/act</i>	G	
MIACALCIN INJECTION SOLUTION 200 UNIT/ML (<i>calcitonin (salmon)</i>)	NF	
OSENVLT SUBCUTANEOUS SOLUTION 120 MG/1.7ML (<i>denosumab-bmwo</i>)	PSP	
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML (<i>denosumab</i>)	PSP	
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7ML (<i>denosumab</i>)	NF	
CALCIUM REGULATORS, PARATHYROID HORMONES		
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 560 MCG/2.24ML (<i>teriparatide</i>)	NPSP	
<i>teriparatide subcutaneous solution pen-injector 560 mcg/2.24ml</i>	NF	
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML (<i>abaloparatide</i>)	PSP	
YORVIPATH SUBCUTANEOUS SOLUTION PEN-INJECTOR 168 MCG/0.56ML, 294 MCG/0.98ML, 420 MCG/1.4ML (<i>palopegteriparatide</i>)	NF	
CARNITINE DEFICIENCY AGENTS		
CARNITOR ORAL SOLUTION 1 GM/10ML (<i>levocarnitine</i>)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
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>	G	
<i>levocarnitine oral tablet 330 mg</i>	G	
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	
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 30 MG (<i>leuprolide acetate (3 month)</i>)	PSP	
SUPPRELIN LA SUBCUTANEOUS KIT 50 MG (<i>histrelin acetate</i>)	PSP	
TRIPTODUR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 22.5 MG (<i>triptorelin pamoate</i>)	PSP	
CHELATING AGENTS		
CHEMET ORAL CAPSULE 100 MG (<i>succimer</i>)	NPB	
CUPRIMINE ORAL CAPSULE 250 MG (<i>penicillamine</i>)	NF	
CUVRIOR ORAL TABLET 300 MG (<i>trientine tetrahydrochloride</i>)	NF	
<i>deferasirox oral tablet soluble 125 mg, 250 mg, 500 mg</i>	G	
<i>deferoxamine mesylate injection solution reconstituted 2 gm, 500 mg</i>	G	
DEPEN TITRATABS ORAL TABLET 250 MG (<i>penicillamine</i>)	NPSP	
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	
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>	G	
SYPRINE ORAL CAPSULE 250 MG (<i>trientine hcl</i>)	NF	
<i>trientine hcl oral capsule 250 mg</i>	G	

2026 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
02/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
CONTRACEPTIVES - PRODUCTS FOR BIRTH CONTROL		
<i>levonorgestrel-ethinyl estrad</i> (Afirmelle Oral Tablet 0.1-20 Mg-Mcg)	CE	
AFTERA ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	CE	
AFTERPILL ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	CE	
<i>levonorgestrel-ethinyl estrad</i> (Altavera Oral Tablet 0.15-30 Mg-Mcg)	CE	
<i>alyacen 1/35 oral tablet 1-35 mg-mcg</i>	CE	
<i>alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	CE	
<i>levonorgestrel-ethinyl estrad</i> (Amethyst Oral Tablet 90-20 Mcg)	CE	
ANNOVERA VAGINAL RING 0.013-0.15 MG/24HR (<i>segesterone-ethinyl estradiol</i>)	CE	
<i>desogestrel-ethinyl estradiol</i> (Apri Oral Tablet 0.15-30 Mg-Mcg)	CE	
ARANELLE ORAL TABLET 0.5/1/0.5-35 MG-MCG (<i>norethin-eth estrad triphasic</i>)	CE	
<i>levonorgest-eth estrad 91-day</i> (Ashlyna Oral Tablet 0.15-0.03 & 0.01 Mg)	CE	
<i>levonorgestrel-ethinyl estrad</i> (Aubra Eq Oral Tablet 0.1-20 Mg-Mcg)	CE	
<i>norethindrone acet-ethinyl est</i> (Aurovela 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	
<i>norethindrone acet-ethinyl est</i> (Aurovela 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	
<i>norethin ace-eth estrad-fe</i> (Aurovela 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	CE	
<i>norethin ace-eth estrad-fe</i> (Aurovela Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	
<i>norethin ace-eth estrad-fe</i> (Aurovela Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	
AVERI ORAL TABLET 0.15-0.03 MG (<i>desogestrel-eth estrad-fe</i>)	CE	
<i>levonorgestrel-ethinyl estrad</i> (Aviane Oral Tablet 0.1-20 Mg-Mcg)	CE	
<i>levonorgestrel-ethinyl estrad</i> (Ayuna Oral Tablet 0.15-30 Mg-Mcg)	CE	
<i>desogestrel-ethinyl estradiol</i> (Azurette Oral Tablet 0.15-0.02/0.01 Mg (21/5))	CE	
<i>norethindrone-eth estradiol</i> (Balziva Oral Tablet 0.4-35 Mg-Mcg)	CE	

2026 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
02/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
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	
<i>norethin ace-eth estrad-fe</i> (Blisovi Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	
<i>norethin ace-eth estrad-fe</i> (Blisovi Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	CE	
<i>norethindrone</i> (Camila Oral Tablet 0.35 Mg)	CE	
<i>levonorgest-eth estrad 91-day</i> (Camrese Lo Oral Tablet 0.1-0.02 & 0.01 Mg)	CE	
<i>levonorgest-eth estrad 91-day</i> (Camrese Oral Tablet 0.15-0.03 & 0.01 Mg)	CE	
CAYA VAGINAL DIAPHRAGM (<i>diaphragm arc-spring</i>)	CE	
<i>norethin ace-eth estrad-fe</i> (Charlotte 24 Fe Oral Tablet Chewable 1-20 Mg-Mcg(24))	CE	
<i>levonorgestrel-ethinyl estrad</i> (Chateal Eq Oral Tablet 0.15-30 Mg-Mcg)	CE	
<i>condoms</i>	CE	
<i>norgestrel-ethinyl estradiol</i> (Cryselle-28 Oral Tablet 0.3-30 Mg-Mcg)	CE	
<i>desogestrel-ethinyl estradiol</i> (Cyred Eq Oral Tablet 0.15-30 Mg-Mcg)	CE	
<i>norethindrone-eth estradiol</i> (Dasetta 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	CE	
<i>norethin-eth estrad triphasic</i> (Dasetta 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	CE	
<i>levonorgest-eth estrad 91-day</i> (Daysee Oral Tablet 0.15-0.03 & 0.01 Mg)	CE	
<i>norethindrone</i> (Deblitane Oral Tablet 0.35 Mg)	CE	
<i>levonorgestrel-ethinyl estrad</i> (Delyla Oral Tablet 0.1-20 Mg-Mcg)	CE	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML (<i>medroxyprogesterone acetate</i>)	NPB	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 150 MG/ML (<i>medroxyprogesterone acetate</i>)	NPB	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML (<i>medroxyprogesterone acetate</i>)	CE	

2026 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
02/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)</i>	CE	
<i>levonorgestrel-ethinyl estrad (Dolishale Oral Tablet 90-20 Mcg)</i>	CE	
<i>drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg, 3-0.03-0.451 mg</i>	CE	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	CE	
ECONTRA ONE-STEP ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	CE	
<i>norgestrel-ethinyl estradiol (Elinest Oral Tablet 0.3-30 Mg-Mcg)</i>	CE	
ELLA ORAL TABLET 30 MG (<i>ulipristal acetate</i>)	CE	
<i>etonogestrel-ethinyl estradiol (Eluryng Vaginal Ring 0.12-0.015 Mg/24Hr)</i>	CE	
<i>norethindrone (Emzahh Oral Tablet 0.35 Mg)</i>	CE	
<i>etonogestrel-ethinyl estradiol (Enilloring Vaginal Ring 0.12-0.015 Mg/24Hr)</i>	CE	
<i>levonorg-eth estrad triphasic (Enpresse-28 Oral Tablet 50-30/75-40/ 125-30 Mcg)</i>	CE	
<i>desogestrel-ethinyl estradiol (Enskyce Oral Tablet 0.15-30 Mg-Mcg)</i>	CE	
<i>norethindrone (Errin Oral Tablet 0.35 Mg)</i>	CE	
<i>norgestimate-eth estradiol (Estarylla Oral Tablet 0.25-35 Mg-Mcg)</i>	CE	
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	CE	
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr</i>	CE	
<i>levonorgestrel-ethinyl estrad (Falmina Oral Tablet 0.1-20 Mg-Mcg)</i>	CE	
FC2 FEMALE CONDOM (<i>condoms - female</i>)	CE	
<i>norethin ace-eth estrad-fe (Feirza 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)</i>	CE	
<i>norethin ace-eth estrad-fe (Feirza 1/20 Oral Tablet 1-20 Mg-Mcg)</i>	CE	
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM (<i>cervical caps</i>)	CE	
FEMLYV ORAL TABLET DISPERSIBLE 1-0.02 MG (<i>norethindrone acet-ethinyl est</i>)	CE	
<i>norethin ace-eth estrad-fe (Finzala Oral Tablet Chewable 1-20 Mg-Mcg(24))</i>	CE	
<i>norethin ace-eth estrad-fe (Gemmily Oral Capsule 1-20 Mg-Mcg(24))</i>	CE	

Prescription Drug Name	Drug Tier	Drug Notes
<i>norethindrone acet-ethinyl est</i> (Hailey 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	
<i>norethin ace-eth estrad-fe</i> (Hailey 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	CE	
<i>norethin ace-eth estrad-fe</i> (Hailey Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	
<i>norethin ace-eth estrad-fe</i> (Hailey Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	
<i>etonogestrel-ethinyl estradiol</i> (Haloette Vaginal Ring 0.12-0.015 Mg/24Hr)	CE	
<i>norethindrone</i> (Heather Oral Tablet 0.35 Mg)	CE	
HER STYLE ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	CE	
<i>levonorgest-eth estrad 91-day</i> (Iclevia Oral Tablet 0.15-0.03 Mg)	CE	
<i>norethindrone</i> (Incassia Oral Tablet 0.35 Mg)	CE	
<i>levonorgest-eth estrad 91-day</i> (Introvale Oral Tablet 0.15-0.03 Mg)	CE	
<i>desogestrel-ethinyl estradiol</i> (Isibloom Oral Tablet 0.15-30 Mg-Mcg)	CE	
<i>levonorgest-eth estrad 91-day</i> (Jaimiess Oral Tablet 0.15-0.03 &0.01 Mg)	CE	
<i>drospirenone-ethinyl estradiol</i> (Jasmiel Oral Tablet 3-0.02 Mg)	CE	
<i>norethindrone</i> (Jencycla Oral Tablet 0.35 Mg)	CE	
<i>levonorgest-eth estrad 91-day</i> (Jolessa Oral Tablet 0.15-0.03 Mg)	CE	
<i>levonorgest-eth estrad-fe bisg</i> (Joyeaux Oral Tablet 0.1-20 Mg-Mcg(21))	CE	
<i>desogestrel-ethinyl estradiol</i> (Juleber Oral Tablet 0.15-30 Mg-Mcg)	CE	
<i>norethindrone acet-ethinyl est</i> (Junel 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	
<i>norethindrone acet-ethinyl est</i> (Junel 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	
<i>norethin ace-eth estrad-fe</i> (Junel Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	
<i>norethin ace-eth estrad-fe</i> (Junel Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	
<i>norethin ace-eth estrad-fe</i> (Junel Fe 24 Oral Tablet 1-20 Mg-Mcg(24))	CE	
<i>norethin-eth estradiol-fe</i> (Kaitlib Fe Oral Tablet Chewable 0.8-25 Mg-Mcg)	CE	

2026 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
02/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
<i>desogestrel-ethinyl estradiol</i> (Kalliga Oral Tablet 0.15-30 Mg-Mcg)	CE	
<i>desogestrel-ethinyl estradiol</i> (Kariva Oral Tablet 0.15-0.02/0.01 Mg (21/5))	CE	
<i>ethynodiol diac-eth estradiol</i> (Kelnor 1/35 Oral Tablet 1-35 Mg-Mcg)	CE	
<i>levonorgestrel-ethinyl estrad</i> (Kurvelo Oral Tablet 0.15-30 Mg-Mcg)	CE	
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 19.5 MG (<i>levonorgestrel</i>)	CE	
<i>norethindrone acet-ethinyl est</i> (Larin 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	
<i>norethindrone acet-ethinyl est</i> (Larin 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	
<i>norethin ace-eth estrad-fe</i> (Larin 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	CE	
<i>norethin ace-eth estrad-fe</i> (Larin Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	
<i>norethin ace-eth estrad-fe</i> (Larin Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	
<i>levonorgestrel-ethinyl estrad</i> (Lessina Oral Tablet 0.1-20 Mg-Mcg)	CE	
<i>levonorg-eth estrad triphasic</i> (Levonest Oral Tablet 50-30/75-40/125-30 Mcg)	CE	
<i>levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 & 0.01 mg, 0.15-0.03 mg</i>	CE	
<i>levonorgest-eth estradiol-iron oral tablet 0.1-20 mg-mcg(21)</i>	CE	
<i>levonorgestrel oral tablet 1.5 mg</i>	CE	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg, 90-20 mcg</i>	CE	
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/125-30 mcg</i>	CE	
<i>levonorgestrel-ethinyl estrad</i> (Levora 0.15/30 (28) Oral Tablet 0.15-30 Mg-Mcg)	CE	
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY (<i>levonorgestrel</i>)	CE	
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG / 10 MCG (<i>norethin-eth estrad-fe biphas</i>)	CE	
<i>norethindrone acet-ethinyl est</i> (Loestrin 1.5/30 (21) Oral Tablet 1.5-30 Mg-Mcg)	CE	

Prescription Drug Name	Drug Tier	Drug Notes
<i>norethindrone acet-ethinyl est</i> (Loestrin 1/20 (21) Oral Tablet 1-20 Mg-Mcg)	CE	
<i>norethin ace-eth estrad-fe</i> (Loestrin Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	
<i>norethin ace-eth estrad-fe</i> (Loestrin Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	
<i>levonorgest-eth estrad 91-day</i> (Lojaimiess Oral Tablet 0.1-0.02 & 0.01 Mg)	CE	
<i>drospirenone-ethinyl estradiol</i> (Loryna Oral Tablet 3-0.02 Mg)	CE	
<i>norgestrel-ethinyl estradiol</i> (Low-Ogestrel Oral Tablet 0.3-30 Mg-Mcg)	CE	
<i>drospirenone-ethinyl estradiol</i> (Lo-Zumandimine Oral Tablet 3-0.02 Mg)	CE	
<i>norethindrone acet-ethinyl est</i> (Luizza 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	
<i>norethindrone acet-ethinyl est</i> (Luizza 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	
<i>levonorgestrel-ethinyl estrad</i> (Lutera Oral Tablet 0.1-20 Mg-Mcg)	CE	
<i>norethindrone</i> (Lyleq Oral Tablet 0.35 Mg)	CE	
<i>norethindrone</i> (Lyza Oral Tablet 0.35 Mg)	CE	
<i>marlissa oral tablet 0.15-30 mg-mcg</i>	CE	
<i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>	CE	
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml</i>	CE	
<i>norethindrone</i> (Meleya Oral Tablet 0.35 Mg)	CE	
<i>norethin ace-eth estrad-fe</i> (Mibelas 24 Fe Oral Tablet Chewable 1-20 Mg-Mcg(24))	CE	
<i>norethindrone acet-ethinyl est</i> (Microgestin 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	
<i>norethindrone acet-ethinyl est</i> (Microgestin 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	
<i>norethin ace-eth estrad-fe</i> (Microgestin Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	
<i>norethin ace-eth estrad-fe</i> (Microgestin Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	
<i>norgestimate-eth estradiol</i> (Mili Oral Tablet 0.25-35 Mg-Mcg)	CE	
<i>levonorgest-eth estradiol-iron</i> (Minzoya Oral Tablet 0.1-20 Mg-Mcg(21))	CE	

2026 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
02/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/DAY (<i>levonorgestrel</i>)	CE	
<i>norgestimate-eth estradiol</i> (Mono-Linyah Oral Tablet 0.25-35 Mg-Mcg)	CE	
MY CHOICE ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	CE	
MY WAY ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	CE	
NATAZIA ORAL TABLET 3/2-2/2-3/1 MG (<i>estradiol valerate-dienogest</i>)	CE	
<i>norethindrone-eth estradiol</i> (Necon 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg)	CE	
<i>norethindrone-eth estradiol</i> (Necon 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	CE	
NEW DAY ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	CE	
NEXPLANON SUBCUTANEOUS IMPLANT 68 MG (<i>etonogestrel</i>)	CE	
NEXTSTELLIS ORAL TABLET 3-14.2 MG (<i>drospirenone-estetrol</i>)	CE	
<i>drospirenone-ethinyl estradiol</i> (Nikki Oral Tablet 3-0.02 Mg)	CE	
<i>norethindrone</i> (Nora-Be Oral Tablet 0.35 Mg)	CE	
<i>norelgestromin-eth estradiol transdermal patch weekly 150-35 mcg/24hr</i>	CE	
<i>norethin ace-eth estrad-fe oral capsule 1-20 mg-mcg(24)</i>	CE	
<i>norethin ace-eth estrad-fe oral tablet 1.5-30 mg-mcg</i>	CE	
<i>norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)</i>	CE	
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	CE	
<i>norethindrone oral tablet 0.35 mg</i>	CE	
<i>norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg, 0.8-25 mg-mcg</i>	CE	
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	CE	
<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	
<i>norethindrone</i> (Norlyda Oral Tablet 0.35 Mg)	CE	
<i>norethindrone</i> (Norlyroc Oral Tablet 0.35 Mg)	CE	
<i>norethindrone-eth estradiol</i> (Nortrel 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg)	CE	
<i>norethindrone-eth estradiol</i> (Nortrel 1/35 (21) Oral Tablet 1-35 Mg-Mcg)	CE	

Prescription Drug Name	Drug Tier	Drug Notes
<i>norethindrone-eth estradiol</i> (Nortrel 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	CE	
<i>norethin-eth estrad triphasic</i> (Nortrel 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	CE	
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	
<i>norethin-eth estrad triphasic</i> (Nylia 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	CE	
OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM (<i>diaphragms</i>)	CE	
OPCICON ONE-STEP ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	CE	
OPILL ORAL TABLET 0.075 MG (<i>norgestrel</i>)	CE	
OPTION 2 ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	CE	
<i>norethindrone</i> (Orquidea Oral Tablet 0.35 Mg)	CE	
<i>levonorgestrel-ethinyl estrad</i> (Orsythia Oral Tablet 0.1-20 Mg-Mcg)	CE	
PARAGARD INTRAUTERINE COPPER INTRAUTERINE INTRAUTERINE DEVICE (<i>copper</i>)	CE	
<i>norethindrone-eth estradiol</i> (Philith Oral Tablet 0.4-35 Mg-Mcg)	CE	
<i>desogestrel-ethinyl estradiol</i> (Pimtreea Oral Tablet 0.15-0.02/0.01 Mg (21/5))	CE	
<i>norethin-eth estrad triphasic</i> (Pirmella 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	CE	
<i>levonorgestrel-ethinyl estrad</i> (Portia-28 Oral Tablet 0.15-30 Mg-Mcg)	CE	
REACT ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	CE	
<i>desogestrel-ethinyl estradiol</i> (Reclipsen Oral Tablet 0.15-30 Mg-Mcg)	CE	
<i>levonorgest-eth estrad 91-day</i> (Rivelsa Oral Tablet 42-21-21-7 Days)	CE	
SAFYRAL ORAL TABLET 3-0.03-0.451 MG (<i>drospiren-eth estrad-levomefol</i>)	NPB	
<i>levonorgest-eth estrad 91-day</i> (Setlakin Oral Tablet 0.15-0.03 Mg)	CE	
<i>norethindrone</i> (Sharobel Oral Tablet 0.35 Mg)	CE	
SHEWISE ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	CE	

Prescription Drug Name	Drug Tier	Drug Notes
<i>desogestrel-ethinyl estradiol</i> (Simliya Oral Tablet 0.15-0.02/0.01 Mg (21/5))	CE	
<i>levonorgest-eth estrad 91-day</i> (Simpesse Oral Tablet 0.15-0.03 & 0.01 Mg)	CE	
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 13.5 MG (<i>levonorgestrel</i>)	CE	
SLYND ORAL TABLET 4 MG (<i>drospirenone</i>)	CE	
<i>desogestrel-ethinyl estradiol</i> (Solia Oral Tablet 0.15-30 Mg-Mcg)	CE	
<i>norgestimate-eth estradiol</i> (Sprintec 28 Oral Tablet 0.25-35 Mg-Mcg)	CE	
<i>levonorgestrel-ethinyl estrad</i> (Sronyx Oral Tablet 0.1-20 Mg-Mcg)	CE	
<i>drospirenone-ethinyl estradiol</i> (Syeda Oral Tablet 3-0.03 Mg)	CE	
TAKE ACTION ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	CE	
<i>norethin ace-eth estrad-fe</i> (Tarina 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	CE	
<i>norethin ace-eth estrad-fe</i> (Tarina Fe 1/20 Eq Oral Tablet 1-20 Mg-Mcg)	CE	
<i>norethin ace-eth estrad-fe</i> (Taysofy Oral Capsule 1-20 Mg-Mcg(24))	CE	
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	
<i>norgestim-eth estrad triphasic</i> (Tri Femynor Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	
<i>norgestim-eth estrad triphasic</i> (Tri-Estarylla Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	
<i>norethindron-ethinyl estrad-fe</i> (Tri-Legest Fe Oral Tablet 1-20/1-30/1-35 Mg-Mcg)	CE	
<i>norgestim-eth estrad triphasic</i> (Tri-Linyah Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	
<i>norgestim-eth estrad triphasic</i> (Tri-Lo-Estarylla Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	CE	
<i>norgestim-eth estrad triphasic</i> (Tri-Lo-Marzia Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	CE	
<i>norgestim-eth estrad triphasic</i> (Tri-Lo-Mili Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	CE	
<i>norgestim-eth estrad triphasic</i> (Tri-Lo-Sprintec Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	CE	

2026 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
02/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
<i>norgestim-eth estrad triphasic</i> (Tri-Mili Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	
<i>norgestim-eth estrad triphasic</i> (Trinessa (28) Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	
<i>norgestim-eth estrad triphasic</i> (Tri-Sprintec Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	
<i>levonorg-eth estrad triphasic</i> (Trivora (28) Oral Tablet 50-30/75-40/ 125-30 Mcg)	CE	
<i>norgestim-eth estrad triphasic</i> (Tri-Vylibra Lo Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	CE	
<i>norgestim-eth estrad triphasic</i> (Tri-Vylibra Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	
<i>norgestrel-ethinyl estradiol</i> (Turqoz Oral Tablet 0.3-30 Mg-Mcg)	CE	
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24HR (<i>levonorgestrel-eth estradiol</i>)	CE	
TYBLUME ORAL TABLET CHEWABLE 0.1-20 MG-MCG (<i>levonorgestrel-ethinyl estrad</i>)	CE	
<i>drospiren-eth estrad-levomefol</i> (Tydemy Oral Tablet 3-0.03-0.451 Mg)	CE	
<i>ethynodiol diac-eth estradiol</i> (Valtya 1/35 Oral Tablet 1-35 Mg-Mcg)	CE	
<i>ethynodiol diac-eth estradiol</i> (Valtya 1/50 Oral Tablet 1-50 Mg-Mcg)	CE	
VELIVET ORAL TABLET 0.1/0.125/0.15 -0.025 MG (<i>desogestrel-ethinyl estradiol</i>)	CE	
<i>drospirenone-ethinyl estradiol</i> (Vestura Oral Tablet 3-0.02 Mg)	CE	
<i>levonorgestrel-ethinyl estrad</i> (Vienva Oral Tablet 0.1-20 Mg-Mcg)	CE	
<i>viorele oral tablet 0.15-0.02/0.01 mg (21/5)</i>	CE	
<i>desogestrel-ethinyl estradiol</i> (Volnea Oral Tablet 0.15-0.02/0.01 Mg (21/5))	CE	
<i>norethindrone-eth estradiol</i> (Vyfemla Oral Tablet 0.4-35 Mg-Mcg)	CE	
<i>norgestimate-eth estradiol</i> (Vylibra Oral Tablet 0.25-35 Mg-Mcg)	CE	
<i>norethindrone-eth estradiol</i> (Wera Oral Tablet 0.5-35 Mg-Mcg)	CE	
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	CE	
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	CE	

2026 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
02/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	CE	
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	CE	
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	CE	
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	CE	
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	CE	
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	CE	
<i>norethin-eth estradiol-fe</i> (Wymzya Fe Oral Tablet Chewable 0.4-35 Mg-Mcg)	CE	
<i>norethindron-ethinyl estrad-fe</i> (Xarah Fe Oral Tablet 1-20/1-30/1-35 Mg-Mcg)	CE	
<i>norethin-eth estradiol-fe</i> (Xelria Fe Oral Tablet Chewable 0.4-35 Mg-Mcg)	CE	
<i>norelgestromin-eth estradiol</i> (Xulane Transdermal Patch Weekly 150-35 Mcg/24Hr)	CE	
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	
<i>ethynodiol diac-eth estradiol</i> (Zovia 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	CE	
<i>drospirenone-ethinyl estradiol</i> (Zumandimine Oral Tablet 3-0.03 Mg)	CE	
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		
12-PANEL POC TOXICOLOGY SYSTEM IN VITRO KIT (<i>drug assay (urine)</i>)	NPB	
<i>1st tier unifine pentips 29g x 12mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm , 32g x 6 mm , 33g x 4 mm</i>	NF	

Prescription Drug Name	Drug Tier	Drug Notes
<i>1st tier unifine pentips plus 29g x 12mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm , 33g x 4 mm</i>	NF	
ACCU-CHEK AVIVA PLUS IN VITRO STRIP (<i>glucose blood</i>)	PB	
ACCU-CHEK AVIVA PLUS KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	PB	
ACCU-CHEK FASTCLIX LANCET KIT (<i>lancets misc.</i>)	PB	
ACCU-CHEK FASTCLIX LANCETS (<i>lancets</i>)	PB	
ACCU-CHEK GUIDE KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	PB	
ACCU-CHEK GUIDE ME KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	PB	
ACCU-CHEK GUIDE TEST IN VITRO STRIP (<i>glucose blood</i>)	PB	
ACCU-CHEK LINKASSIST (<i>insulin pump accessories</i>)	NPB	
ACCU-CHEK PLASTIC CARTRIDGE (<i>insulin infusion pump supplies</i>)	NPB	
ACCU-CHEK SAFE-T PRO LANCETS (<i>lancets</i>)	PB	
ACCU-CHEK SMARTVIEW IN VITRO STRIP (<i>glucose blood</i>)	PB	
ACCU-CHEK SOFTCLIX LANCET DEV KIT (<i>lancets misc.</i>)	PB	
ACCU-CHEK SOFTCLIX LANCETS (<i>lancets</i>)	PB	
ACCU-CHEK ULTRAFLEX INF SET (<i>insulin infusion pump supplies</i>)	NPB	
ACCU-CHEK ULTRAFLEX-1 INF SET (<i>insulin infusion pump supplies</i>)	NPB	
ACCUTREND GLUCOSE IN VITRO STRIP (<i>glucose blood</i>)	NF	
<i>acti-lance 28g</i>	NPB	
<i>acti-lance lite lancets 28g</i>	NPB	
<i>acti-lance special lancets 17g</i>	NPB	
<i>acti-lance universal 23g</i>	NPB	
<i>adjustable lancing device</i>	NPB	
ADVANCE INTUITION METER DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
ADVANCE INTUITION MONITOR KIT (<i>blood glucose monitoring suppl</i>)	NF	
ADVANCE INTUITION TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
ADVANCE MICRO-DRAW METER DEVICE (<i>blood glucose monitoring suppl</i>)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
ADVANCE MICRO-DRAW TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
<i>advanced mobile lancet</i>	NPB	
ADVOCATE BLOOD GLUCOSE MONITOR DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
ADVOCATE BLOOD GLUCOSE SYSTEM KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
ADVOCATE INSULIN PEN NEEDLE 32G X 4 MM (<i>insulin pen needle</i>)	NF	
ADVOCATE INSULIN PEN NEEDLES 29G X 12.7MM , 31G X 5 MM , 31G X 8 MM , 33G X 4 MM (<i>insulin pen needle</i>)	NF	
ADVOCATE INSULIN SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 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>)	NF	
ADVOCATE LANCETS (<i>lancets</i>)	NPB	
ADVOCATE LANCETS 30G (<i>lancets</i>)	NPB	
ADVOCATE LANCING DEVICE (<i>lancet devices</i>)	NPB	
ADVOCATE RAPID-SAFE LANCING (<i>lancet devices</i>)	NPB	
ADVOCATE REDI-CODE DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
ADVOCATE REDI-CODE IN VITRO STRIP (<i>glucose blood</i>)	NF	
ADVOCATE REDI-CODE KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
ADVOCATE REDI-CODE+ DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
ADVOCATE REDI-CODE+ TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
ADVOCATE SAFETY LANCETS (<i>lancets</i>)	NPB	
ADVOCATE SAFETY LANCETS 26G (<i>lancets</i>)	NPB	
ADVOCATE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
AGAMATRIX AMP TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
AGAMATRIX CONTROL LEVEL 2 IN VITRO SOLUTION (<i>blood glucose calibration</i>)	NPB	
AGAMATRIX CONTROL LEVEL 4 IN VITRO SOLUTION (<i>blood glucose calibration</i>)	NPB	
AGAMATRIX JAZZ TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
AGAMATRIX JAZZ WIRELESS 2 KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
AGAMATRIX PRESTO KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
AGAMATRIX PRESTO TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
AGAMATRIX ULTRA-THIN LANCETS (<i>lancets</i>)	NPB	
<i>aimsco twist lancets 32g</i>	NPB	
AIMSCO TWIST LANCETS 33G (<i>lancets</i>)	NPB	
<i>aq insulin syringe 29g x 1/2" 1 ml, 30g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>	NF	
<i>aqinject pen needle 31g x 5 mm , 32g x 4 mm</i>	NF	
AQUALANCE LANCETS 30G (<i>lancets</i>)	NPB	
ASSURE 3 METER KIT (<i>blood glucose monitoring suppl</i>)	NF	
ASSURE 3 TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
ASSURE 4 METER DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
ASSURE 4 TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
<i>assure comfort lancets 28g</i>	NPB	
ASSURE ID DUO PRO PEN NEEDLES 31G X 5 MM (<i>insulin pen needle</i>)	NF	
ASSURE ID PRO PEN NEEDLES 30G X 5 MM (<i>insulin pen needle</i>)	NF	
ASSURE ID SAFETY PEN NEEDLES 30G X 8 MM (<i>insulin pen needle</i>)	NF	
ASSURE II CHECK IN VITRO STRIP (<i>glucose blood</i>)	NF	
ASSURE II IN VITRO STRIP (<i>glucose blood</i>)	NF	
ASSURE LANCE LANCETS (<i>lancets</i>)	NPB	
ASSURE LANCE LANCETS 21G (<i>lancets</i>)	NPB	
ASSURE LANCE PLUS SAFETY 25G (<i>lancets</i>)	NPB	
ASSURE LANCE PLUS SAFETY 30G (<i>lancets</i>)	NPB	
ASSURE LANCE SAFETY LANCET 28G (<i>lancets</i>)	NPB	
ASSURE PLATINUM IN VITRO STRIP (<i>glucose blood</i>)	NF	
ASSURE PLATINUM METER DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
ASSURE PRISM MULTI TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
ASSURE PRO BLOOD GLUCOSE METER DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
ASSURE PRO TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	

2026 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
02/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
<i>aum insulin safety pen needle 31g x 4 mm , 31g x 5 mm</i>	NF	
<i>aum mini insulin pen needle 32g x 4 mm , 32g x 5 mm , 32g x 6 mm , 32g x 8 mm , 33g x 4 mm , 33g x 5 mm , 33g x 6 mm</i>	NF	
<i>aum pen needle 32g x 4 mm , 32g x 5 mm , 32g x 6 mm , 33g x 4 mm , 33g x 5 mm , 33g x 6 mm</i>	NF	
AUM READYGARD DUO PEN NEEDLE 32G X 4 MM (<i>insulin pen needle</i>)	NF	
AUM SAFETY PEN NEEDLE 31G X 4 MM , 31G X 5 MM (<i>insulin pen needle</i>)	NF	
<i>aurora lancet super thin 30g</i>	NPB	
<i>aurora lancet thin 23g</i>	NPB	
<i>aurora pen needles 29g x 12mm , 31g x 6 mm , 31g x 8 mm</i>	NF	
AUTO-LANCET (<i>lancet devices</i>)	NPB	
AUTO-LANCET MINI (<i>lancet devices</i>)	NPB	
AUTOLET II CLINISAFE KIT (<i>lancets misc.</i>)	NPB	
AUTOLET LANCING DEVICE (<i>lancet devices</i>)	NPB	
AUTOLET LITE CLINISAFE KIT (<i>lancets misc.</i>)	NPB	
AUTOLET LITE STARTER PACK KIT (<i>lancets misc.</i>)	NPB	
AUTOLET MINI (<i>lancet devices</i>)	NPB	
AUTOLET PLATFORMS (<i>lancets misc.</i>)	NPB	
AUTOLET PLUS (<i>lancet devices</i>)	NPB	
AUTOSOFT 30 INFUSION SET (<i>insulin infusion pump supplies</i>)	NPB	
AUTOSOFT 90 INFUSION SET (<i>insulin infusion pump supplies</i>)	NPB	
AUTOSOFT XC INFUSION SET (<i>insulin infusion pump supplies</i>)	NPB	
BD INSULIN SYRINGE 27.5G X 5/8" 2 ML, 27G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML (<i>insulin syringe-needle u-100</i>)	PB	
BD INSULIN SYRINGE MICROFINE 27G X 5/8" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML (<i>insulin syringe-needle u-100</i>)	PB	
BD INSULIN SYRINGE U-100 1 ML (<i>insulin syringes (disposable)</i>)	PB	
BD INSULIN SYRINGE U-500 31G X 6MM 0.5 ML (<i>insulin syringe/needle u-500</i>)	PB	
BD INSULIN SYRINGE ULTRAFINE 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 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	

Prescription Drug Name	Drug Tier	Drug Notes
BD LATITUDE DIABETES KIT (<i>blood glucose monitoring suppl</i>)	NF	
BD LOGIC BLOOD GLUCOSE MONITOR KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
BD MICROTAINER LANCETS (<i>lancets</i>)	NPB	
BD PEN NEEDLE MICRO ULTRAFINE 32G X 6 MM (<i>insulin pen needle</i>)	PB	
BD PEN NEEDLE MINI ULTRAFINE 31G X 5 MM (<i>insulin pen needle</i>)	PB	
BD PEN NEEDLE NANO 2ND GEN 32G X 4 MM (<i>insulin pen needle</i>)	PB	
BD PEN NEEDLE NANO ULTRAFINE 32G X 4 MM (<i>insulin pen needle</i>)	PB	
BD PEN NEEDLE ORIG ULTRAFINE 29G X 12.7MM (<i>insulin pen needle</i>)	PB	
BD PEN NEEDLE SHORT ULTRAFINE 31G X 8 MM (<i>insulin pen needle</i>)	PB	
BD SAFETYGLIDE INSULIN SYRINGE 30G X 5/16" 0.5 ML, 31G X 15/64" 0.3 ML (<i>insulin syringe-needle u-100</i>)	PB	
BD VEO INSULIN SYR U/F 1/2UNIT 31G X 15/64" 0.3 ML (<i>insulin syringe-needle u-100</i>)	PB	
BD VEO INSULIN SYR ULTRAFINE 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML (<i>insulin syringe-needle u-100</i>)	PB	
BIOTEL CARE BLOOD GLUCOSE KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
BIOTEL CARE BLOOD GLUCOSE SYST KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
BIOTEL CARE TEST STRIPS IN VITRO STRIP (<i>glucose blood</i>)	NF	
<i>blood glucose monitor system kit w/device</i>	NF	
<i>blood glucose monitoring 333 device</i>	NF	
<i>blood glucose system pak kit</i>	NF	
<i>blood glucose test in vitro strip</i>	NF	
<i>blood glucose test strips 333 in vitro strip</i>	NF	
BLULINK CONTROL HIGH & LOW IN VITRO LIQUID (<i>blood glucose calibration</i>)	NPB	
CARDIOCOM LANCING DEVICE (<i>lancet devices</i>)	NPB	

Prescription Drug Name	Drug Tier	Drug Notes
CAREFINE PEN NEEDLES 29G X 12MM , 30G X 8 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM (<i>insulin pen needle</i>)	NF	
<i>careone advanced lancing dev</i>	NPB	
<i>careone insulin syringe 30g x 1/2" 0.3 ml, 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>	NF	
CAREONE LANCET SUPER THIN 30G (<i>lancets</i>)	NPB	
<i>careone lancet thin 23g</i>	NPB	
<i>careone unifine pentips plus 29g x 12mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm , 33g x 4 mm</i>	NF	
CARESENS LANCETS (<i>lancets</i>)	NPB	
CARESENS LANCETS 30G (<i>lancets</i>)	NPB	
CARESENS N FELIZ BT DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
CARESENS N FELIZ DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
CARESENS N GLUCOSE SYSTEM DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
CARESENS N GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
CARESENS N VOICE SYSTEM DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
CARESENS S FIT BLOOD GLUC MON DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
CARESENS S FIT BT BLOOD GLUC DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
CARESENS S GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
CARETOUCH CONTROL SOL LEVEL 2 IN VITRO LIQUID (<i>blood glucose calibration</i>)	NPB	
CARETOUCH INSULIN SYRINGE 28G X 5/16" 1 ML, 29G X 5/16" 1 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 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>)	NF	
CARETOUCH LANCING/EJECTOR (<i>lancet devices</i>)	NPB	
CARETOUCH MONITOR SYSTEM KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
CARETOUCH PEN NEEDLES 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 33G X 4 MM (<i>insulin pen needle</i>)	NF	
CARETOUCH SAFETY LANCETS (<i>lancets</i>)	NPB	

2026 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month

02/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
CARETOUCH SAFETY LANCETS 26G (<i>lancets</i>)	NPB	
CARETOUCH TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
CARETOUCH TWIST LANCETS 28G (<i>lancets</i>)	NPB	
CARETOUCH TWIST LANCETS 30G (<i>lancets</i>)	NPB	
CARETOUCH TWIST LANCETS 33G (<i>lancets</i>)	NPB	
CARETOUCH TWIST MC LANCETS 30G (<i>lancets</i>)	NPB	
CHEMSTRIP K IN VITRO STRIP (<i>acetone (urine) test</i>)	NPB	
CHEMSTRIP UGK IN VITRO STRIP (<i>urine glucose-ketones test</i>)	NPB	
CLEANLET LANCETS 28G (<i>lancets</i>)	NPB	
CLEVER CHEK AUTO-CODE SYSTEM DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
CLEVER CHEK AUTO-CODE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
CLEVER CHEK AUTO-CODE VOICE DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
CLEVER CHEK AUTO-CODE VOICE IN VITRO STRIP (<i>glucose blood</i>)	NF	
CLEVER CHEK LANCETS (<i>lancets</i>)	NPB	
CLEVER CHEK SYSTEM KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
CLEVER CHEK TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
CLEVER CHOICE AUTO-CODE SYSTEM DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
CLEVER CHOICE AUTO-CODE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
CLEVER CHOICE COMFORT EZ (<i>lancets</i>)	NPB	
CLEVER CHOICE COMFORT EZ 29G X 12MM , 33G X 4 MM (<i>insulin pen needle</i>)	NF	
CLEVER CHOICE LANCETS 21G (<i>lancets</i>)	NPB	
CLEVER CHOICE LANCETS 23G (<i>lancets</i>)	NPB	
CLEVER CHOICE LANCETS 28G (<i>lancets</i>)	NPB	
CLEVER CHOICE MICRO SYSTEM KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
CLEVER CHOICE MICRO TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
CLEVER CHOICE MINI SYSTEM DEVICE (<i>blood glucose monitoring suppl</i>)	NF	

2026 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
02/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
CLEVER CHOICE NO CODING IN VITRO STRIP (<i>glucose blood</i>)	NF	
CLEVER CHOICE TALK SYSTEM DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
CLEVER CHOICE TALK SYSTEM IN VITRO STRIP (<i>glucose blood</i>)	NF	
COAGUCHEK LANCETS (<i>lancets</i>)	NPB	
<i>comfort assured lancets 28g</i>	NPB	
<i>comfort assured lancets 33g</i>	NPB	
COMFORT EZ INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 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>)	NF	
COMFORT EZ MICRO PEN NEEDLES 32G X 4 MM (<i>insulin pen needle</i>)	NF	
COMFORT EZ PEN NEEDLES 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 32G X 8 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM , 33G X 8 MM (<i>insulin pen needle</i>)	NF	
COMFORT EZ PRO PEN NEEDLES 30G X 8 MM , 31G X 4 MM , 31G X 5 MM (<i>insulin pen needle</i>)	NF	
COMFORT EZ SHORT PEN NEEDLES 31G X 8 MM (<i>insulin pen needle</i>)	NF	
COMFORT TOUCH INSULIN PEN NEED 31G X 4 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 32G X 8 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM (<i>insulin pen needle</i>)	NF	
COMFORT TOUCH LANCETS 31G (<i>lancets</i>)	NPB	
COMFORT TOUCH PLUS LANCETS 28G (<i>lancets</i>)	NPB	
COMFORT TOUCH PLUS LANCETS 30G (<i>lancets</i>)	NPB	
CONTOUR MONITOR DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
CONTOUR NEXT EZ KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
CONTOUR NEXT GEN MONITOR KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
CONTOUR NEXT LINK KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
CONTOUR NEXT MONITOR KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
CONTOUR NEXT ONE KIT , W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
CONTOUR NEXT TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
CONTOUR PLUS BLUE KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
CONTOUR PLUS 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	
COOL MONITOR DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
COOL MONITOR KIT KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
CVS ADVANCED GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
<i>cvs glucose meter test strips in vitro strip</i>	NF	
CVS KETONE CARE IN VITRO STRIP (<i>urine glucose-ketones test</i>)	NPB	
<i>cvs lancets original</i>	NPB	
<i>cvs lancets thin 26g</i>	NPB	
<i>cvs lancing device</i>	NPB	
<i>cvs true metrix glucose test in vitro strip</i>	NF	
<i>cvs ultra thin lancets</i>	NPB	
D-CARE BLOOD GLUCOSE IN VITRO STRIP (<i>glucose blood</i>)	NF	
D-CARE GLUCOMETER KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
DEXCOM G6 RECEIVER DEVICE (<i>continuous glucose receiver</i>)	PB	
DEXCOM G6 SENSOR (<i>continuous glucose sensor</i>)	PB	
DEXCOM G6 TRANSMITTER (<i>continuous glucose transmitter</i>)	PB	
DEXCOM G7 15 DAY SENSOR (<i>continuous glucose sensor</i>)	PB	
DEXCOM G7 RECEIVER DEVICE (<i>continuous glucose receiver</i>)	PB	
DEXCOM G7 SENSOR (<i>continuous glucose sensor</i>)	PB	
DIASTIX IN VITRO STRIP (<i>glucose urine test-glucose ox</i>)	NPB	
DIATHRIVE BLOOD GLUCOSE METER DEVICE (<i>blood glucose monitoring suppl</i>)	NF	

2026 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
02/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
DIATHRIVE BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
DIATHRIVE GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
DIATHRIVE LANCET ULTRA THIN 30 (<i>lancets</i>)	NPB	
DIATHRIVE LANCETS (<i>lancets</i>)	NPB	
DIATHRIVE LANCING DEVICE (<i>lancet devices</i>)	NPB	
DIATHRIVE PEN NEEDLE 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM (<i>insulin pen needle</i>)	NF	
DIATHRIVE+ GLUCOSE MONITOR DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
DIATHRIVE+ GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
DROPLET GENTEEL LANCING DEVICE (<i>lancet devices</i>)	NPB	
DROPLET INSULIN SYRINGE 30G X 15/64" 0.3 ML, 30G X 15/64" 0.5 ML, 30G X 15/64" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML (<i>insulin syringe-needle u-100</i>)	NF	
DROPLET LANCETS ULTRA THIN 30G (<i>lancets</i>)	NPB	
DROPLET LANCING DEVICE (<i>lancet devices</i>)	NPB	
DROPLET MICRON 34G X 3.5 MM (<i>insulin pen needle</i>)	NF	
DROPLET PERSONAL LANCETS 30G (<i>lancets</i>)	NPB	
<i>dropsafe safety pen needles 31g x 5 mm , 31g x 6 mm , 31g x 8 mm</i>	NF	
DROPSAFE SAFETY SYRINGE/NEEDLE 29G 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>)	NF	
DRUG MART ON-THE-GO LANCET 30G (<i>lancets</i>)	NPB	
<i>drug mart unifine pentips 29g x 12mm , 31g x 6 mm , 31g x 8 mm</i>	NF	
<i>drug mart unifine pentips plus 32g x 4 mm</i>	NF	
DRUG MART UNILET LANCETS 28G (<i>lancets</i>)	NPB	
DRUG MART UNILET LANCETS 30G (<i>lancets</i>)	NPB	
DRUG MART UNILET LANCETS 33G (<i>lancets</i>)	NPB	
DUO-CARE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
<i>easy comfort insulin syringe 29g x 5/16" 0.5 ml, 29g x 5/16" 1 ml, 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 1/2" 0.3 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml, 32g x 5/16" 0.5 ml, 32g x 5/16" 1 ml</i>	NF	

2026 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
02/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
<i>easy comfort lancets</i>	NPB	
<i>easy comfort lancets twist top</i>	NPB	
<i>easy comfort pen needles 29g x 4mm , 29g x 5mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm , 33g x 4 mm , 33g x 5 mm , 33g x 6 mm</i>	NF	
<i>easy glide pen needles 33g x 4 mm</i>	NF	
EASY MAX BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
EASY MAX T1 GLUCOSE SYSTEM KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
<i>easy mini eject lancing device</i>	NPB	
<i>easy mini lancing device</i>	NPB	
<i>easy plus ii glucose system device</i>	NF	
<i>easy plus ii glucose test in vitro strip</i>	NF	
EASY STEP GLUCOSE MONITOR DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
EASY STEP TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
<i>easy talk blood glucose system device</i>	NF	
<i>easy talk blood glucose test in vitro strip</i>	NF	
<i>easy talk plus ii test strips in vitro strip</i>	NF	
EASY TOUCH FLIPLOCK INSULIN SY 29G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 1 ML, 31G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	NF	
EASY TOUCH GLUCOSE SYSTEM KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
EASY TOUCH HEALTHPRO GLUCOSE KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
EASY TOUCH INSULIN SAFETY SYR 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML (<i>insulin syringe-needle u-100</i>)	NF	
EASY TOUCH INSULIN SYRINGE 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 27G X 5/8" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 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>)	NF	
EASY TOUCH LANCETS 21G (<i>lancets</i>)	NPB	
EASY TOUCH LANCETS 23G (<i>lancets</i>)	NPB	
EASY TOUCH LANCETS 26G (<i>lancets</i>)	NPB	

2026 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
02/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
EASY TOUCH LANCETS 28G (<i>lancets</i>)	NPB	
EASY TOUCH LANCETS 28G/TWIST (<i>lancets</i>)	NPB	
EASY TOUCH LANCETS 30G (<i>lancets</i>)	NPB	
EASY TOUCH LANCETS 30G/TWIST (<i>lancets</i>)	NPB	
EASY TOUCH LANCETS 32G (<i>lancets</i>)	NPB	
EASY TOUCH LANCETS 32G/TWIST (<i>lancets</i>)	NPB	
EASY TOUCH LANCETS 33G/TWIST (<i>lancets</i>)	NPB	
EASY TOUCH LANCING DEVICE (<i>lancet devices</i>)	NPB	
EASY TOUCH PEN NEEDLES 29G X 12MM , 30G X 8 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM (<i>insulin pen needle</i>)	NF	
EASY TOUCH SAFETY LANCETS 21G (<i>lancets</i>)	NPB	
EASY TOUCH SAFETY LANCETS 23G (<i>lancets</i>)	NPB	
EASY TOUCH SAFETY LANCETS 26G (<i>lancets</i>)	NPB	
EASY TOUCH SAFETY LANCETS 28G (<i>lancets</i>)	NPB	
EASY TOUCH SAFETY PEN NEEDLES 29G X 5MM , 29G X 8MM , 30G X 8 MM (<i>insulin pen needle</i>)	NF	
EASY TOUCH SHEATHLOCK SYRINGE 29G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 1 ML, 31G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	NF	
EASY TOUCH TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
<i>easy trak blood glucose system device</i>	NF	
<i>easy trak blood glucose test in vitro strip</i>	NF	
<i>easy trak ii blood glucose sys device</i>	NF	
<i>easy trak ii glucose test in vitro strip</i>	NF	
EASYGLUCO IN VITRO STRIP (<i>glucose blood</i>)	NF	
EASYGLUCO KIT (<i>blood glucose monitoring suppl</i>)	NF	
EASYMAX 15 LEVEL 2-3 CONTROL IN VITRO LIQUID (<i>blood glucose calibration</i>)	NPB	
EASYMAX 15 TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
EASYMAX CONTROL NORMAL/HIGH IN VITRO LIQUID (<i>blood glucose calibration</i>)	NPB	
EASYMAX NG BLOOD GLUCOSE DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
EASYMAX NG BLOOD GLUCOSE KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
EASYMAX TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
EASYMAX V BLOOD GLUCOSE DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
EASYPRO BLOOD GLUCOSE MONITOR KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
EASYPRO BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
EASYPRO PLUS IN VITRO STRIP (<i>glucose blood</i>)	NF	
EASYPRO PLUS KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
ELEMENT AUTOCODE SYSTEM KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
<i>element compact glucose system device</i>	NF	
<i>element compact test in vitro strip</i>	NF	
<i>element compact v glucose sys device</i>	NF	
ELEMENT PLUS DEVICE (<i>blood glucose monitoring suppl</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	
EMBECTA INS SYR U/F 1/2 UNIT 31G X 15/64" 0.3 ML, 31G X 5/16" 0.3 ML (<i>insulin syringe-needle u-100</i>)	PB	
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	
EMBECTA INSULIN SYRINGE U-500 31G X 6MM 0.5 ML (<i>insulin syringe/needle u-500</i>)	PB	
EMBECTA PEN NEEDLE NANO 2 GEN 32G X 4 MM (<i>insulin pen needle</i>)	PB	
EMBECTA PEN NEEDLE NANO 32G X 4 MM (<i>insulin pen needle</i>)	PB	
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	
EMBRACE BLOOD GLUCOSE MONITOR DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
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	

Prescription Drug Name	Drug Tier	Drug Notes
EMBRACE EVO GLUCOSE MONITOR DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
EMBRACE EVO GLUCOSE MONITORING KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
EMBRACE LANCETS ULTRA THIN 30G (<i>lancets</i>)	NPB	
EMBRACE PEN NEEDLES 29G X 12MM , 30G X 5 MM , 30G X 8 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM (<i>insulin pen needle</i>)	NF	
EMBRACE PRESSURE ACTIVATED 21G (<i>lancets</i>)	NPB	
EMBRACE PRESSURE ACTIVATED 28G (<i>lancets</i>)	NPB	
EMBRACE PRO GLUCOSE METER DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
EMBRACE PRO GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
EMBRACE TALK BLOOD GLUCOSE DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
EMBRACE TALK GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
EMBRACE TALK MONITORING SYSTEM KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
EMBRACE WAVE BLOOD GLUCOSE DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
EMBRACE WAVE BLOOD GLUCOSE IN VITRO STRIP (<i>glucose blood</i>)	NF	
EMBRACE WAVE GLUCOSE METER DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
ENLITE GLUCOSE SENSOR (<i>continuous glucose sensor</i>)	NF	
ENLITE SERTER (<i>insulin infusion pump supplies</i>)	NPB	
<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 DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
EVOLUTION AUTOCODE IN VITRO STRIP (<i>glucose blood</i>)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
FIFTY50 GLUCOSE METER 2.0 KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
FIFTY50 GLUCOSE TEST 2.0 IN VITRO STRIP (<i>glucose blood</i>)	NF	
FIFTY50 PEN NEEDLES 31G X 5 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM (<i>insulin pen needle</i>)	NF	
FIFTY50 SAFETY SEAL LANCETS (<i>lancets</i>)	NPB	
FIFTY50 SUPERIOR COMFORT SYR 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>)	NF	
FIFTY50 UNILET LANCETS 33G (<i>lancets</i>)	NPB	
FINGERSTIX LANCETS (<i>lancets</i>)	NPB	
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 SYSTEM KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
FORA G20 BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
FORA G30A BLOOD GLUCOSE SYSTEM DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
FORA GD20 BLOOD GLUCOSE SYSTEM DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
FORA GD20 TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
FORA GD50 BLOOD GLUCOSE SYSTEM DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
FORA GD50 BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
FORA GTEL BLOOD GLUCOSE SYSTEM DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
FORA GTEL BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
FORA GTEL BLOOD KETONE TEST IN VITRO STRIP (<i>ketone blood test</i>)	NPB	
FORA LANCETS (<i>lancets</i>)	NPB	
FORA LANCING DEVICE (<i>lancet devices</i>)	NPB	

Prescription Drug Name	Drug Tier	Drug Notes
FORA PREMIUM V10 BLE SYSTEM DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
FORA TEST N' GO MONITOR DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
FORA TN'G ADVANCE PRO IN VITRO STRIP (<i>glucose blood</i>)	NF	
FORA TN'G VOICE KIT W/DEVICE (<i>blood glucose monitoring suppl</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 V12 BLOOD GLUCOSE SYSTEM DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
FORA V30A BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
FORACARE GD40 MONITOR DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
FORACARE GD40 TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
FORACARE PREMIUM V10 DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
FORACARE PREMIUM V10 TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
FORACARE TEST N GO MONITOR DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
FORACARE TEST N GO TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
FREESTYLE FREEDOM LITE KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
FREESTYLE INSULINX TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
FREESTYLE LANCETS (<i>lancets</i>)	NPB	
FREESTYLE LIBRE 14 DAY READER DEVICE (<i>continuous glucose receiver</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 READER DEVICE (<i>continuous glucose receiver</i>)	NF	
FREESTYLE LIBRE 2 SENSOR (<i>continuous glucose sensor</i>)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
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	
FREESTYLE LIBRE READER DEVICE (<i>continuous glucose receiver</i>)	NF	
FREESTYLE LITE DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
FREESTYLE LITE KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
FREESTYLE LITE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
FREESTYLE PRECISION NEO SYSTEM KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
FREESTYLE PRECISION NEO TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
FREESTYLE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
FREESTYLE UNISTICK II LANCETS (<i>lancets</i>)	NPB	
<i>ge100 blood glucose system device</i>	NF	
<i>ge100 blood glucose system kit w/device</i>	NF	
<i>ge100 blood glucose test in vitro strip</i>	NF	
GENTEEL BUTTERFLY TOUCH LANCET (<i>lancets</i>)	NPB	
GENTEEL CONTACT TIPS (BLUE) (<i>lancets misc.</i>)	NPB	
GENTEEL CONTACT TIPS (CLEAR) (<i>lancets misc.</i>)	NPB	
GENTEEL CONTACT TIPS (GREEN) (<i>lancets misc.</i>)	NPB	
GENTEEL CONTACT TIPS (ORANGE) (<i>lancets misc.</i>)	NPB	
GENTEEL CONTACT TIPS (RAINBOW) (<i>lancets misc.</i>)	NPB	
GENTEEL CONTACT TIPS (VIOLET) (<i>lancets misc.</i>)	NPB	
GENTEEL CONTACT TIPS (YELLOW) (<i>lancets misc.</i>)	NPB	
GENTEEL LANCING KIT (BLUE) KIT (<i>lancets misc.</i>)	NPB	
GENTEEL NOZZLES (<i>lancets misc.</i>)	NPB	
GENTEEL PLUS LANCING (BLACK) (<i>lancet devices</i>)	NPB	
GENTEEL PLUS LANCING (PURPLE) (<i>lancet devices</i>)	NPB	
GENTEEL PLUS LANCING (WHITE) (<i>lancet devices</i>)	NPB	
GENTEEL PLUS LANCING DEV(BLUE) (<i>lancet devices</i>)	NPB	
GENTEEL PLUS LANCING DEV(PINK) (<i>lancet devices</i>)	NPB	
GENULTIMATE TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	
<i>ght blood glucose monitor kit w/device</i>	NF	

2026 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
02/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
<i>ght test in vitro strip</i>	NF	
<i>global ease inject pen needles 29g x 12mm , 31g x 5 mm , 31g x 8 mm , 32g x 4 mm</i>	NF	
<i>global easy glide insulin syr 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</i>	NF	
<i>global easy glide pen needles 32g x 4 mm</i>	NF	
<i>global inject ease insulin syr 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml, 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 1/2" 0.3 ml, 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>	NF	
<i>global inject ease lancets 28g</i>	NPB	
<i>global inject ease lancets 30g</i>	NPB	
<i>global insulin syringes 30g x 1/2" 0.3 ml, 30g x 5/16" 0.3 ml</i>	NF	
<i>global lancing device</i>	NPB	
GLUCO PERFECT 3 METER DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
GLUCO PERFECT 3 TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
GLUCOCARD 01 BLOOD GLUCOSE DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
GLUCOCARD 01 BLOOD GLUCOSE KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
GLUCOCARD 01 SENSOR PLUS IN VITRO STRIP (<i>glucose blood</i>)	NF	
GLUCOCARD 01-MINI GLUCOSE KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
GLUCOCARD EXPRESSION MONITOR KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
GLUCOCARD EXPRESSION TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
GLUCOCARD SHINE CONNEX KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
GLUCOCARD SHINE EXPRESS KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
GLUCOCARD SHINE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
GLUCOCARD SHINE XL DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
GLUCOCARD VITAL MONITOR KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
GLUCOCARD VITAL TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
GLUCOCARD X-METER KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
GLUCOCARD X-SENSOR IN VITRO STRIP (<i>glucose blood</i>)	NF	
GLUCOCOM BLOOD GLUCOSE MONITOR DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
GLUCOCOM LANCETS 28G (<i>lancets</i>)	NPB	
GLUCOCOM LANCETS 30G (<i>lancets</i>)	NPB	
GLUCOCOM LANCETS 33G (<i>lancets</i>)	NPB	
GLUCOCOM MONITOR KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
GLUCOCOM TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
GLUCONAVII BLOOD GLUCOSE SYS KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
GLUCONAVII BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
GLUCOPRO INSULIN SYRINGE 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 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>)	NF	
GLUCOPRO SYR RES 3ML 22GX3/8" (<i>insulin infusion pump supplies</i>)	NPB	
<i>glucose meter test in vitro strip</i>	NF	
GNP EASY TOUCH CONT HIGH/LOW IN VITRO LIQUID (<i>blood glucose calibration</i>)	NPB	
GNP EASY TOUCH GLUCOSE METER DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
<i>gnp easy touch glucose test in vitro strip</i>	NF	
<i>gnp insulin syringe 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>	NF	
<i>gnp insulin syringes 28gx1/2" 28g x 1/2" 1 ml</i>	NF	
<i>gnp insulin syringes 29gx1/2" 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml</i>	NF	
<i>gnp insulin syringes 30g x 5/16" 1 ml</i>	NF	
<i>gnp insulin syringes 30gx5/16" 30g x 5/16" 0.3 ml</i>	NF	
<i>gnp insulin syringes 31gx5/16" 31g x 5/16" 0.3 ml</i>	NF	
<i>gnp sterile lancets 28g</i>	NPB	
<i>gnp sterile lancets 30g</i>	NPB	
<i>gnp sterile lancets 33g</i>	NPB	

Prescription Drug Name	Drug Tier	Drug Notes
GNP TRUE METRIX AIR METER KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
GNP TRUE METRIX GLUCOSE METER KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
GNP TRUE METRIX GLUCOSE STRIPS IN VITRO STRIP (<i>glucose blood</i>)	NF	
GNP TRUETRACK SMART SYSTEM IN VITRO STRIP (<i>glucose blood</i>)	NF	
GNP TRUETRACK TEST STRIPS IN VITRO STRIP (<i>glucose blood</i>)	NF	
<i>gnp ulticare pen needles 31g x 5 mm , 31g x 8 mm , 32g x 4 mm , 32g x 6 mm</i>	NF	
GNP ULTIGUARD SAFEPAK NEEDLE 31G X 5 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM (<i>insulin pen needle</i>)	NF	
<i>gnp ultra com insulin syringe 28g x 1/2" 1 ml</i>	NF	
GOJJI LANCING DEVICE/CLEAR CAP (<i>lancet devices</i>)	NPB	
GOJJI STERILE LANCETS (<i>lancets</i>)	NPB	
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 REAL-TIME CHARGER (<i>continuous glucose monitor sup</i>)	NPB	
GUARDIAN REAL-TIME TEST PLUG (<i>continuous glucose monitor sup</i>)	NPB	
GUARDIAN SENSOR (3) (<i>continuous glucose sensor</i>)	NF	
<i>guardian sensor 3</i>	NF	
HAEMOLANCE (<i>lancets</i>)	NPB	
HAEMOLANCE LOW FLOW LANCETS (<i>lancets</i>)	NPB	
HAEMOLANCE PLUS (<i>lancets</i>)	NPB	
HAEMOLANCE PLUS HIGH FLOW (<i>lancets</i>)	NPB	
HAEMOLANCE PLUS LOW FLOW (<i>lancets</i>)	NPB	
HAEMOLANCE PLUS MAX FLOW (<i>lancets</i>)	NPB	
HAEMOLANCE PLUS PEDIATRIC FLOW (<i>lancets</i>)	NPB	
<i>healthwise insulin syr/needle 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>	NF	
<i>healthwise micron pen needles 32g x 4 mm</i>	NF	

Prescription Drug Name	Drug Tier	Drug Notes
<i>healthwise short pen needles 31g x 5 mm , 31g x 8 mm</i>	NF	
<i>h-e-b incontrol adv lancing</i>	NPB	
<i>h-e-b incontrol lancets 28g</i>	NPB	
<i>h-e-b incontrol lancets 30g</i>	NPB	
<i>h-e-b incontrol lancets 33g</i>	NPB	
<i>h-e-b incontrol pen needles 29g x 12mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm</i>	NF	
H-E-B INCONTROL UNIFINE PENTIP 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 33G X 4 MM (<i>insulin pen needle</i>)	NF	
HM EMBRACE TALK SYSTEM KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
HM ULTICARE INSULIN SYRINGE 30G X 1/2" 1 ML, 31G X 5/16" 0.3 ML (<i>insulin syringe-needle u-100</i>)	NF	
HM ULTICARE MINI PEN NEEDLES 31G X 5 MM (<i>insulin pen needle</i>)	NF	
HM ULTICARE SHORT PEN NEEDLES 31G X 8 MM (<i>insulin pen needle</i>)	NF	
HW EMBRACE PRO GLUCOSE METER DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
HW EMBRACE PRO GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
HW EMBRACE TALK BLOOD GLUCOSE DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
HW EMBRACE TALK GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
HY-VEE LANCETS (<i>lancets</i>)	NPB	
<i>hy-vee thin lancets</i>	NPB	
IGLUCOSE MONITORING SYSTEM KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
IGLUCOSE TEST STRIPS IN VITRO STRIP (<i>glucose blood</i>)	NF	
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	
IN TOUCH DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
IN TOUCH LANCING DEVICE (<i>lancet devices</i>)	NPB	
IN TOUCH STERILE LANCETS 30G (<i>lancets</i>)	NPB	

Prescription Drug Name	Drug Tier	Drug Notes
INCONTROL ULTICARE PEN NEEDLES 31G X 6 MM , 31G X 8 MM , 32G X 4 MM (<i>insulin pen needle</i>)	NF	
INFINITY BLOOD GLUCOSE SYSTEM KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
INFINITY BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
INFINITY VOICE IN VITRO STRIP (<i>glucose blood</i>)	NF	
INFINITY VOICE KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
<i>insulin syringe 29g x 1/2" 0.3 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml</i>	NF	
<i>insulin syringe-needle u-100 27g x 1/2" 0.5 ml, 27g x 1/2" 1 ml, 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>	NF	
<i>insupen pen needles 29g x 12mm , 31g x 5 mm , 31g x 8 mm , 32g x 4 mm</i>	NF	
KETO-DIASTIX IN VITRO STRIP (<i>urine glucose-ketones test</i>)	NPB	
<i>ketone test in vitro strip</i>	NPB	
KETOSTIX IN VITRO STRIP (<i>acetone (urine) test</i>)	NPB	
<i>kinney lancets</i>	NPB	
<i>kinney thin lancets</i>	NPB	
<i>kinray insulin syringe 29g x 1/2" 0.5 ml</i>	NF	
KROGER AUTOLET LANCING DEVICE (<i>lancet devices</i>)	NPB	
KROGER HEALTHPRO LANCET 26G (<i>lancets</i>)	NPB	
<i>kroger lancets</i>	NPB	
<i>kroger lancets super thin</i>	NPB	
<i>kroger lancets thin</i>	NPB	
<i>kroger pen needles 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm , 33g x 4 mm</i>	NF	
<i>lancet device</i>	NPB	
<i>lancet device with ejector</i>	NPB	
<i>lancets</i>	NPB	
<i>lancets 30g</i>	NPB	
<i>lancets 33g</i>	NPB	
<i>lancets micro thin 33g</i>	NPB	
<i>lancets super thin 28g</i>	NPB	

Prescription Drug Name	Drug Tier	Drug Notes
<i>lancets thin</i>	NPB	
LANCETS ULTRA THIN (<i>lancets</i>)	NPB	
<i>lancing device</i>	NPB	
LANZO (<i>lancet devices</i>)	NPB	
LEADER UNIFINE PENTIPS 31G X 5 MM , 32G X 4 MM (<i>insulin pen needle</i>)	NF	
LEADER UNIFINE PENTIPS PLUS 31G X 5 MM , 31G X 8 MM , 32G X 4 MM (<i>insulin pen needle</i>)	NF	
LIBERTY MEDICAL LANCETS (<i>lancets</i>)	NPB	
<i>lite touch lancets</i>	NPB	
LITE TOUCH LANCING PEN (<i>lancet devices</i>)	NPB	
LITETOUCH INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 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>)	NF	
LITETOUCH LANCETS (<i>lancets</i>)	NPB	
LITETOUCH PEN NEEDLES 29G X 12.7MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM (<i>insulin pen needle</i>)	NF	
<i>live better lancet super thin</i>	NPB	
MAGELLAN INSULIN SAFETY SYR 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	NF	
MARATHON MEDICAL PENTIPS 29G X 12MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM (<i>insulin pen needle</i>)	NF	
MAXICOMFORT II PEN NEEDLE 31G X 6 MM (<i>insulin pen needle</i>)	NF	
MAXI-COMFORT INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML (<i>insulin syringe-needle u-100</i>)	NF	
MAXI-COMFORT SAFETY PEN NEEDLE 29G X 5MM , 29G X 8MM (<i>insulin pen needle</i>)	NF	
MAXICOMFORT SYR 27G X 1/2" 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML (<i>insulin syringe-needle u-100</i>)	NF	
<i>medic insulin syringe 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml</i>	NF	
<i>medichoice safety lancet</i>	NPB	
<i>medichoice safety lancet extra</i>	NPB	
<i>medichoice safety lancet norm</i>	NPB	
<i>medicine shoppe pen needles 29g x 12mm , 31g x 8 mm</i>	NF	
MEDLANCE PLUS EXTRA 21G (<i>lancets</i>)	NPB	

2026 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
02/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
MEDLANCE PLUS LITE 25G (<i>lancets</i>)	NPB	
MEDLANCE PLUS SPECIAL 0.8MM (<i>lancets</i>)	NPB	
MEDLANCE PLUS SUPERLITE 30G (<i>lancets</i>)	NPB	
MEDLANCE PLUS UNIVERSAL 21G (<i>lancets</i>)	NPB	
MEIJER LANCETS (<i>lancets</i>)	NPB	
MEIJER LANCETS UNIVERSAL 21G (<i>lancets</i>)	NPB	
MEIJER LANCETS UNIVERSAL 30G (<i>lancets</i>)	NPB	
MEIJER LANCETS UNIVERSAL 33G (<i>lancets</i>)	NPB	
<i>meijer pen needles 29g x 12mm , 31g x 6 mm , 31g x 8 mm</i>	NF	
MEIJER TRUE2GO BLOOD GLUCOSE KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
MEIJER TRUERESULT GLUCOSE SYS KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
MEIJER TRUETEST TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
MEIJER TRUETRACK GLUCOSE SYS KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
MEIJER TRUETRACK TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
MICRODOT BLOOD GLUCOSE SYSTEM KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
MICRODOT TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
MICROLET LANCETS (<i>lancets</i>)	NPB	
MICROLET NEXT LANCING DEVICE (<i>lancet devices</i>)	NPB	
<i>mini lancing device</i>	NPB	
MINIMED INSTINCT GLUC SENSOR (<i>continuous glucose sensor</i>)	NF	
MINIMED PUMP RESERVOIR 3ML (<i>insulin infusion pump supplies</i>)	NPB	
MINIMED RESERVOIR 1.8ML (<i>insulin infusion pump supplies</i>)	NPB	
MINIMED RESERVOIR 3ML (<i>insulin infusion pump supplies</i>)	NPB	
MM BLOOD GLUCOSE SYSTEM KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
MM BLOOD GLUCOSE SYSTEM REFILL KIT (<i>blood glucose monitoring suppl</i>)	NF	
MM BLULINK GLUCOSE MONIT SYS DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
MM BLULINK GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
MM EASY TOUCH GLUCOSE IN VITRO STRIP (<i>glucose blood</i>)	NF	
MM EASY TOUCH GLUCOSE METER KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
<i>mm insulin syringe/needle 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>	NF	
MM PEN NEEDLES 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM (<i>insulin pen needle</i>)	NF	
MM TWIST LANCETS (<i>lancets</i>)	NPB	
MONOJECT INSULIN SYRINGE 25G X 5/8" 1 ML, 27G X 1/2" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	NF	
MONOJECT INSULIN SYRINGE U-100 1 ML (<i>insulin syringes (disposable)</i>)	NF	
MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML (<i>insulin syringe-needle u-100</i>)	NF	
MONOLET LANCETS (<i>lancets</i>)	NPB	
MONOLET OPD LANCETS (<i>lancets</i>)	NPB	
MONOLETTOR SAFETY LANCETS (<i>lancets</i>)	NPB	
MULTI-LANCET DEVICE 2 KIT (<i>lancets misc.</i>)	NPB	
MYGLUCOHEALTH BLOOD GLUCOSE KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
MYGLUCOHEALTH LANCETS 30G (<i>lancets</i>)	NPB	
MYGLUCOHEALTH TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
NEUTEK 2TEK TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
NOVA MAX BLOOD GLUCOSE SYSTEM DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
NOVA MAX BLOOD GLUCOSE SYSTEM KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
NOVA MAX GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
NOVA MAX PLUS KETONE TEST IN VITRO STRIP (<i>ketone blood test</i>)	NPB	
NOVA SAFETY LANCETS 23G (<i>lancets</i>)	NPB	

2026 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
02/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
NOVA SAFETY LANCETS 28G (<i>lancets</i>)	NPB	
NOVA SUREFLEX LANCETS (<i>lancets</i>)	NPB	
NOVA SUREFLEX LANCING DEVICE (<i>lancet devices</i>)	NPB	
NOVOFINE PEN NEEDLE 32G X 6 MM (<i>insulin pen needle</i>)	NF	
NOVOFINE PLUS PEN NEEDLE 32G X 4 MM (<i>insulin pen needle</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	
OMNIPOD POD PALS (<i>insulin dispos pmp accessories</i>)	NF	
ON CALL EXPRESS BLOOD GLUCOSE IN VITRO STRIP (<i>glucose blood</i>)	NF	
ON CALL EXPRESS MONITORING SYS KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
<i>one drop blood glucose monitor kit w/device</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 DELICA SAFETY LANCING (<i>lancets</i>)	NF	
ONETOUCH ULTRA 2 KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
ONETOUCH ULTRA BLUE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
ONETOUCH ULTRA 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 FLEX SYSTEM KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
ONETOUCH VERIO IN VITRO STRIP (<i>glucose blood</i>)	NF	
ONETOUCH VERIO REFLECT KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
OPTIUMEZ TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
PARADIGM SILHOUETTE COMBO 23" (<i>insulin infusion pump supplies</i>)	NPB	
<i>pc unifine pentips 31g x 5 mm , 31g x 6 mm , 31g x 8 mm</i>	NF	
<i>pen needle/5-bevel tip 31g x 8 mm , 32g x 4 mm</i>	NF	
<i>pen needles 29g x 12mm , 30g x 5 mm , 30g x 8 mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm , 32g x 5 mm , 32g x 6 mm</i>	NF	
PENTIPS 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM (<i>insulin pen needle</i>)	NF	
PENTIPS GENERIC PEN NEEDLES 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM (<i>insulin pen needle</i>)	NF	
PERFECT LANCETS 28G (<i>lancets</i>)	NPB	
PERFECT LANCETS 30G (<i>lancets</i>)	NPB	
<i>ph strips in vitro diagnostic test</i>	NPB	
PHARMACIST CHOICE AUTOCODE IN VITRO STRIP (<i>glucose blood</i>)	NF	
PHARMACIST CHOICE AUTOCODE SYS KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
PHARMACIST CHOICE LANCETS (<i>lancets</i>)	NPB	
PHARMACIST CHOICE MINI SYSTEM DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
<i>pharmacist choice no coding in vitro strip</i>	NF	
PIP BLOOD GLUCOSE MONITORING DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
PIP BLOOD GLUCOSE TEST STRIP IN VITRO STRIP (<i>glucose blood</i>)	NF	
<i>pip lancets 28g</i>	NPB	
<i>pip lancets 30g</i>	NPB	
POCKETCHEM EZ SYSTEM KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
POCKETCHEM EZ TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
POGO AUTOMATIC BLOOD GLUCOSE DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
POGO AUTOMATIC TEST CARTRIDGES IN VITRO DIAGNOSTIC TEST (<i>glucose blood</i>)	NF	
PRECISION SURE-DOSE SYRINGE 30G X 5/16" 0.3 ML (<i>insulin syringe-needle u-100</i>)	NF	
<i>preferred plus unifine pentips 29g x 12mm</i>	NF	

Prescription Drug Name	Drug Tier	Drug Notes
PREVENT DROPSAFE PEN NEEDLES 31G X 6 MM , 31G X 8 MM (<i>insulin pen needle</i>)	NF	
PREVENT SAFETY PEN NEEDLES 31G X 6 MM , 31G X 8 MM (<i>insulin pen needle</i>)	NF	
PRO COMFORT INSULIN SYRINGE 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	NF	
<i>pro comfort lancets 30g</i>	NPB	
<i>pro comfort lancets 31g</i>	NPB	
<i>pro comfort pen needles 32g x 4 mm , 32g x 5 mm , 32g x 6 mm , 32g x 8 mm</i>	NF	
<i>pro comfort safety lancets 30g</i>	NPB	
<i>pro voice v8/v9 glucose in vitro strip</i>	NF	
<i>pro voice v9 glucose system device</i>	NF	
PRODIGY AUTOCODE BLOOD GLUCOSE DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
PRODIGY AUTOCODE BLOOD GLUCOSE KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
PRODIGY INSULIN SYRINGE 28G X 1/2" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML (<i>insulin syringe-needle u-100</i>)	NF	
PRODIGY LANCETS 28G (<i>lancets</i>)	NPB	
PRODIGY LANCING DEVICE (<i>lancet devices</i>)	NPB	
PRODIGY NO CODING BLOOD GLUC IN VITRO STRIP (<i>glucose blood</i>)	NF	
PRODIGY POCKET BLOOD GLUCOSE KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
PRODIGY SAFETY LANCETS 26G (<i>lancets</i>)	NPB	
PRODIGY TWIST TOP LANCETS 28G (<i>lancets</i>)	NPB	
PRODIGY VOICE BLOOD GLUCOSE KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
PTS PANELS EGLU TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
<i>pure comfort lancets 30g</i>	NPB	
<i>pure comfort safety pen needle 31g x 5 mm , 31g x 6 mm , 32g x 4 mm</i>	NF	
<i>px insulin syringe 30g x 1/2" 0.5 ml</i>	NF	
<i>px lancets microthin 33g</i>	NPB	
<i>px lancets ultra thin 28g</i>	NPB	
<i>px mini pen needles 31g x 5 mm</i>	NF	

Prescription Drug Name	Drug Tier	Drug Notes
<i>qc advanced lancing device</i>	NPB	
<i>qc lancets super thin 30g</i>	NPB	
<i>qc lancets ultra thin</i>	NPB	
<i>qc pen needles 29g x 12mm , 31g x 6 mm , 31g x 8 mm</i>	NF	
<i>qc unifine pentips 32g x 4 mm</i>	NF	
<i>qc unilet lancets 28g</i>	NPB	
<i>qc unilet lancets micro thin</i>	NPB	
QUICKTEK KIT (<i>blood glucose monitoring suppl</i>)	NF	
QUICKTEK TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
QUICKTEK/METER KIT (<i>blood glucose monitoring suppl</i>)	NF	
QUINTET AC BLOOD GLUCOSE DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
QUINTET AC BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
QUINTET BLOOD GLUCOSE SYSTEM DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
QUINTET BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
<i>raya sure pen needle 29g x 12mm , 31g x 4 mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm</i>	NF	
READYLANCER SAFETY LANCETS (<i>lancets</i>)	NPB	
<i>reality insulin syringe 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml</i>	NF	
<i>reality lancets</i>	NPB	
<i>reality trigger lancets</i>	NPB	
REFUAH PLUS BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
REFUAH PLUS MONITORING SYSTEM KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
RELION ALL-IN-ONE DEVICE (<i>blood gluc meter disp-strips</i>)	NF	
RELION BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
RELION CONFIRM GLUCOSE MONITOR KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
RELION CONFIRM/MICRO TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
RELION GLUCOSE TEST STRIPS IN VITRO STRIP (<i>glucose blood</i>)	NF	

2026 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
02/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
RELION INSULIN SYRINGE 29G X 1/2" 0.5 ML, 31G X 15/64" 0.3 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>)	NF	
RELION INSULIN SYRINGE 31G X 15/64" 0.5 ML (<i>insulin syringe-needle u-100</i>)	PB	
RELION KETONE TEST IN VITRO STRIP (<i>acetone (urine) test</i>)	NPB	
RELION LANCET DEVICES 30G (<i>lancets</i>)	NPB	
RELION LANCETS MICRO-THIN 33G (<i>lancets</i>)	NPB	
RELION LANCETS THIN 26G (<i>lancets</i>)	NPB	
RELION LANCETS ULTRA-THIN 30G (<i>lancets</i>)	NPB	
RELION LANCING DEVICE (<i>lancet devices</i>)	NPB	
RELION MICRO KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
RELION PEN NEEDLES 31G X 6 MM , 31G X 8 MM , 32G X 4 MM (<i>insulin pen needle</i>)	NF	
RELION PREMIER BLU MONITOR DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
RELION PREMIER COMPACT SYSTEM KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
RELION PREMIER VOICE MONITOR DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
RELION PRIME MONITOR DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
RELION PRIME TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
RELION TRUE MET AIR GLUC METER KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	PB	
RELION TRUE METRIX TEST STRIPS IN VITRO STRIP (<i>glucose blood</i>)	PB	
RELION ULTIMA GLUCOSE SYSTEM KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
RELION ULTIMA TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
RELION ULTRA THIN LANCETS 30G (<i>lancets</i>)	NPB	
RIGHTEST ALTERNATE SITE ADAPT (<i>lancets misc.</i>)	NPB	
RIGHTEST GD500 LANCING DEVICE (<i>lancet devices</i>)	NPB	
RIGHTEST GL300 LANCETS (<i>lancets</i>)	NPB	
RIGHTEST GM100 BLOOD GLUCOSE KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
RIGHTEST GM300 BLOOD GLUCOSE KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
RIGHTEST GM550 BLOOD GLUCOSE KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
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	
RIGHTEST GT333 BLOOD GLUCOSE DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
RIGHTEST GT333 BLOOD GLUCOSE IN VITRO STRIP (<i>glucose blood</i>)	NF	
RIGHTEST GT333 GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
<i>safety lancet 30g/pressure act</i>	NPB	
SAFETY LANCETS (<i>lancets</i>)	NPB	
SAFETY LANCETS 21G (<i>lancets</i>)	NPB	
SAFETY LANCETS 23G (<i>lancets</i>)	NPB	
<i>safety lancets 28g</i>	NPB	
<i>safety pen needles 30g x 5 mm , 30g x 8 mm</i>	NF	
<i>saps health plus lancets</i>	NPB	
<i>saps health twist top lancets</i>	NPB	
<i>saps twist top lancets</i>	NPB	
<i>sapscare twist top lancets</i>	NPB	
<i>sb insulin syringe 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 1 ml</i>	NF	
<i>sb lancets thin</i>	NPB	
<i>sb lancets ultra thin</i>	NPB	
SECURESAFE INSULIN SYRINGE 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML (<i>insulin syringe-needle u-100</i>)	NF	
SECURESAFE SAFETY PEN NEEDLES 30G X 8 MM (<i>insulin pen needle</i>)	NF	
<i>select-lite lancing device</i>	NPB	
SIMPLE DIAGNOSTICS LANCING DEV (<i>lancet devices</i>)	NPB	
SIMPLERA SENSOR (<i>continuous glucose sensor</i>)	NF	
SIMPLERA SYNC SENSOR (<i>continuous glucose sensor</i>)	NF	

2026 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
02/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
SIMPLERA SYSTEM (<i>continuous glucose sensor</i>)	NF	
SINGLE-LET (<i>lancets</i>)	NPB	
SMART DIABETES VANTAGE LANCING (<i>lancet devices</i>)	NPB	
SMARTEST BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
SMARTEST EJECT DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
SMARTEST EJECT STARTER KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
SMARTEST LANCETS 28G (<i>lancets</i>)	NPB	
SMARTEST PERSONA STARTER KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
SMARTEST PRONTO STARTER KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
SMARTEST PROTEGE DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
SMARTEST PROTEGE STARTER KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
SOLUS V2 BLOOD GLUCOSE SYSTEM DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
SOLUS V2 BLOOD GLUCOSE SYSTEM KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
SOLUS V2 LANCETS 28G (<i>lancets</i>)	NPB	
SOLUS V2 LANCING DEVICE (<i>lancet devices</i>)	NPB	
SOLUS V2 TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
SOLUS V2 TWIST LANCETS 30G (<i>lancets</i>)	NPB	
STERILANCE TL (<i>lancets</i>)	NPB	
<i>super thin lancets</i>	NPB	
SUPREME TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
<i>sure comfort insulin syringe 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml, 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 1/2" 0.3 ml, 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 1/4" 0.3 ml, 31g x 1/4" 0.5 ml, 31g x 1/4" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>	NF	
<i>sure comfort lancets 18g</i>	NPB	
<i>sure comfort lancets 21g</i>	NPB	
<i>sure comfort lancets 23g</i>	NPB	
<i>sure comfort lancets 28g</i>	NPB	

Prescription Drug Name	Drug Tier	Drug Notes
<i>sure comfort lancets 30g</i>	NPB	
<i>sure comfort lancing pen</i>	NPB	
<i>sure comfort pen needles 29g x 12.7mm , 30g x 8 mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm , 32g x 6 mm</i>	NF	
SURELITE LANCETS (<i>lancets</i>)	NPB	
T:FLEX T:LOCK CARTRIDGE 4.8ML (<i>insulin infusion pump supplies</i>)	NPB	
T:SLIM X2 3ML CARTRIDGE (<i>insulin infusion pump supplies</i>)	NPB	
TANDEM MOBI AUTOSOFT 30 KIT (<i>insulin infusion pump supplies</i>)	NPB	
TANDEM MOBI AUTOSOFT XC KIT (<i>insulin infusion pump supplies</i>)	NPB	
TANDEM MOBI SYSTEM STARTER KIT (<i>insulin infusion pump</i>)	NPB	
TANDEM MOBI TRUSTEEL SUPP KIT (<i>insulin infusion pump supplies</i>)	NPB	
TECHLITE AST LANCETS (<i>lancets</i>)	NPB	
<i>techlite insulin syringe 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>	NF	
TECHLITE LANCETS (<i>lancets</i>)	NPB	
TECHLITE PEN NEEDLES 29G X 12MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM (<i>insulin pen needle</i>)	NF	
<i>todays health pen needles 29g x 12mm</i>	NF	
<i>todays health short pen needle 31g x 8 mm</i>	NF	
<i>todays health thin lancets 28g</i>	NPB	
<i>todays health thin lancets 30g</i>	NPB	
TOXICOLOGY MED COLLECTION SYS IN VITRO KIT (<i>drug assay (urine)</i>)	NPB	
TRAVEL LANCETS ADVANCED 28G (<i>lancets</i>)	NPB	
<i>true comfort insulin syringe 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml, 32g x 5/16" 1 ml</i>	NF	
<i>true comfort pen needles 31g x 5 mm , 31g x 6 mm , 32g x 4 mm</i>	NF	
<i>true comfort pro insulin syr 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml, 32g x 5/16" 0.5 ml</i>	NF	
<i>true comfort pro pen needles 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm , 32g x 5 mm , 32g x 6 mm , 33g x 4 mm , 33g x 5 mm , 33g x 6 mm</i>	NF	

2026 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
02/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
<i>true comfort safety lancets</i>	NPB	
<i>true comfort twist top lancets</i>	NPB	
TRUE FOCUS BLOOD GLUCOSE METER DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
<i>true focus blood glucose strip in vitro strip</i>	NF	
TRUE METRIX AIR GLUCOSE METER DEVICE (<i>blood glucose monitoring suppl</i>)	PB	
TRUE METRIX AIR GLUCOSE METER KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	PB	
TRUE METRIX BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	PB	
TRUE METRIX GO GLUCOSE METER KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	PB	
TRUE METRIX METER KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	PB	
TRUEPLUS 5-BEVEL PEN NEEDLES 29G X 12.7MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM (<i>insulin pen needle</i>)	NF	
TRUEPLUS INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 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>)	NF	
TRUEPLUS LANCETS 26G (<i>lancets</i>)	NPB	
TRUEPLUS LANCETS 28G (<i>lancets</i>)	PB	
TRUEPLUS LANCETS 30G (<i>lancets</i>)	PB	
TRUEPLUS LANCETS 33G (<i>lancets</i>)	PB	
TRUEPLUS SAFETY LANCETS 28G (<i>lancets</i>)	NPB	
TRUERESULT BLOOD GLUCOSE KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
TRUETEST TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
TRUETRACK BLOOD GLUCOSE DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
TRUETRACK BLOOD GLUCOSE KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
TRUETRACK SMART SYSTEM KIT (<i>blood glucose monitoring suppl</i>)	NF	
TRUETRACK TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
TRUSTEEL INFUSION SET (<i>insulin infusion pump supplies</i>)	NPB	

Prescription Drug Name	Drug Tier	Drug Notes
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	
<i>twist top lancets 30g</i>	NPB	
ULTICARE INSULIN SAFETY SYR 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML (<i>insulin syringe-needle u-100</i>)	NF	
ULTICARE INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 1/4" 0.3 ML, 31G X 1/4" 0.5 ML, 31G X 1/4" 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>)	NF	
ULTICARE MICRO PEN NEEDLES 31G X 6 MM , 31G X 8 MM , 32G X 4 MM (<i>insulin pen needle</i>)	NF	
ULTICARE MINI PEN NEEDLES 30G X 5 MM , 31G X 6 MM , 32G X 6 MM (<i>insulin pen needle</i>)	NF	
ULTICARE PEN NEEDLES 29G X 12.7MM , 31G X 5 MM (<i>insulin pen needle</i>)	NF	
ULTICARE SHORT PEN NEEDLES 30G X 8 MM , 31G X 8 MM (<i>insulin pen needle</i>)	NF	
ULTIGUARD SAFEPACK PEN NEEDLE 29G X 12.7MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM (<i>insulin pen needle</i>)	NF	
ULTIGUARD SAFEPACK SYR/NEEDLE 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 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>)	NF	
ULTI-LANCE AUTOMATIC (<i>lancet devices</i>)	NPB	
ULTILET CLASSIC LANCETS (<i>lancets</i>)	NPB	
ULTILET LANCETS (<i>lancets</i>)	NPB	
ULTILET PEN NEEDLE 29G X 12.7MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM (<i>insulin pen needle</i>)	NF	
ULTILET SAFETY LANCETS (<i>lancets</i>)	NPB	
ULTILET SAFETY LANCETS 23G (<i>lancets</i>)	NPB	
<i>ultra comfort insulin syringe 30g x 5/16" 0.3 ml</i>	NF	
ULTRA FLO INSULIN PEN NEEDLES 31G X 5 MM , 31G X 8 MM , 32G X 4 MM , 33G X 4 MM (<i>insulin pen needle</i>)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
ULTRA FLO INSULIN SYR 1/2 UNIT 30G X 1/2" 0.3 ML, 30G X 5/16" 0.3 ML, 31G X 5/16" 0.3 ML (<i>insulin syringe-needle u-100</i>)	NF	
ULTRA FLO INSULIN SYRINGE 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 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>)	NF	
<i>ultra thin lancets 31g</i>	NPB	
ULTRA THIN PEN NEEDLES 32G X 4 MM (<i>insulin pen needle</i>)	NF	
<i>ultracare insulin syringe 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>	NF	
<i>ultra-care lancets 30g</i>	NPB	
<i>ultracare pen needles 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm , 32g x 5 mm , 32g x 6 mm , 33g x 4 mm</i>	NF	
ULTRA-THIN II AUTO LANCET (<i>lancets</i>)	NPB	
ULTRA-THIN II INS SYR SHORT 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 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>)	NF	
ULTRA-THIN II INSULIN SYRINGE 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML (<i>insulin syringe-needle u-100</i>)	NF	
ULTRA-THIN II LANCETS (<i>lancets</i>)	NPB	
ULTRA-THIN II MINI PEN NEEDLE 31G X 5 MM (<i>insulin pen needle</i>)	NF	
ULTRA-THIN II PEN NEEDLE SHORT 31G X 8 MM (<i>insulin pen needle</i>)	NF	
ULTRA-THIN II PEN NEEDLES 29G X 12.7MM (<i>insulin pen needle</i>)	NF	
UNIFINE PENTIPS 29G X 12MM , 30G X 5 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM , 33G X 4 MM (<i>insulin pen needle</i>)	NF	
UNIFINE PENTIPS PLUS 29G X 12MM , 30G X 5 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 33G X 4 MM (<i>insulin pen needle</i>)	NF	
UNIFINE PROTECT PEN NEEDLE 30G X 5 MM , 30G X 8 MM , 32G X 4 MM (<i>insulin pen needle</i>)	NF	
UNIFINE SAFECONTROL PEN NEEDLE 30G X 5 MM , 30G X 8 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM (<i>insulin pen needle</i>)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
UNIFINE ULTRA PEN NEEDLE 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM (<i>insulin pen needle</i>)	NF	
UNILET COMFORTOUCH LANCET (<i>lancets</i>)	NPB	
UNILET EXCELITE (<i>lancets</i>)	NPB	
UNILET EXCELITE II (<i>lancets</i>)	NPB	
UNILET G.P. LANCET (<i>lancets</i>)	NPB	
UNILET G.P. SUPERLITE LANCET (<i>lancets</i>)	NPB	
UNILET GP 28 ULTRA THIN (<i>lancets</i>)	NPB	
UNILET LANCET (<i>lancets</i>)	NPB	
UNILET MICRO-THIN 33G (<i>lancets</i>)	NPB	
UNILET SUPERLITE LANCET (<i>lancets</i>)	NPB	
UNILET SUPER-THIN 30G (<i>lancets</i>)	NPB	
UNILET ULTRA-THIN 28G (<i>lancets</i>)	NPB	
UNISTIK 1 (<i>lancets</i>)	NPB	
UNISTIK 2 (<i>lancets</i>)	NPB	
UNISTIK 2 COMFORT (<i>lancets</i>)	NPB	
UNISTIK 2 EXTRA (<i>lancets</i>)	NPB	
UNISTIK 2 NEONATAL (<i>lancets</i>)	NPB	
UNISTIK 2 NORMAL (<i>lancets</i>)	NPB	
UNISTIK 2 SUPER (<i>lancets</i>)	NPB	
UNISTIK 3 (<i>lancets</i>)	NPB	
UNISTIK 3 COMFORT (<i>lancets</i>)	NPB	
UNISTIK 3 EXTRA (<i>lancets</i>)	NPB	
UNISTIK 3 GENTLE (<i>lancets</i>)	NPB	
UNISTIK 3 NEONATAL (<i>lancets</i>)	NPB	
UNISTIK 3 NORMAL (<i>lancets</i>)	NPB	
UNISTIK CZT COMFORT (<i>lancets</i>)	NPB	
UNISTIK CZT NORMAL (<i>lancets</i>)	NPB	
UNISTIK NORMAL (<i>lancets</i>)	NPB	
UNISTIK PRO SAFETY LANCET (<i>lancets</i>)	NPB	
UNISTIK SAFETY LANCETS 28G (<i>lancets</i>)	NPB	
UNISTIK SAFETY LANCETS 30G (<i>lancets</i>)	NPB	
UNISTIK TOUCH SAFETY LANC 21G (<i>lancets</i>)	NPB	
UNISTIK TOUCH SAFETY LANC 23G (<i>lancets</i>)	NPB	
UNISTIK TOUCH SAFETY LANC 28G (<i>lancets</i>)	NPB	

2026 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
02/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
UNISTIK TOUCH SAFETY LANC 30G (<i>lancets</i>)	NPB	
UNISTRIP1 GENERIC IN VITRO STRIP (<i>glucose blood</i>)	NF	
VANISHPOINT INSULIN SYRINGE 29G X 1/2" 1 ML, 29G X 5/16" 1 ML, 30G X 1/2" 0.5 ML, 30G X 3/16" 0.5 ML, 30G X 3/16" 1 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	NF	
VARISOFT INFUSION SET (<i>insulin infusion pump supplies</i>)	NPB	
verasens blood glucose meter device	NF	
verasens blood glucose system kit w/device	NF	
verasens blood glucose test in vitro strip	NF	
VERIFINE INSULIN PEN NEEDLE 29G X 12MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM (<i>insulin pen needle</i>)	NF	
VERIFINE INSULIN SYRINGE 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 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>)	NF	
VERIFINE PLUS PEN NEEDLE 31G X 5 MM , 31G X 8 MM , 32G X 4 MM (<i>insulin pen needle</i>)	NF	
VERIFINE SAFE LANCET MINI 21G (<i>lancets</i>)	NPB	
VERIFINE SAFE LANCET MINI 23G (<i>lancets</i>)	NPB	
VERIFINE SAFE LANCET MINI 28G (<i>lancets</i>)	NPB	
VERIFINE SAFE LANCET MINI 30G (<i>lancets</i>)	NPB	
VERIFINE UNIVERSAL LANCETS 28G (<i>lancets</i>)	NPB	
VERIFINE UNIVERSAL LANCETS 30G (<i>lancets</i>)	NPB	
VERIFINE UNIVERSAL LANCETS 33G (<i>lancets</i>)	NPB	
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 CONTROL SOLUTION IN VITRO LIQUID (<i>blood glucose calibration</i>)	NPB	
VIVAGUARD INO GLUCOSE METER DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
VIVAGUARD INO GLUCOSE METER KIT (<i>blood glucose monitoring suppl</i>)	NF	
VIVAGUARD INO SMART GLUC METER DEVICE (<i>blood glucose monitoring suppl</i>)	NF	
VIVAGUARD INO TEST STRIPS IN VITRO STRIP (<i>glucose blood</i>)	NF	

2026 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month

02/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
VIVAGUARD LANCETS (<i>lancets</i>)	NPB	
VIVAGUARD LANCING DEVICE (<i>lancet devices</i>)	NPB	
wegmans unifine pentips plus 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm	NF	
zevrx insulin syringe 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml	NF	
zevrx pen needles 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm	NF	
zevrx twist top lancets 30g	NPB	
ENDOMETRIOSIS		
danazol oral capsule 100 mg, 200 mg, 50 mg	G	N8 (Listing does not include certain NDCs)
ORILISSA ORAL TABLET 150 MG, 200 MG (<i>elagolix sodium</i>)	PB	
SYNAREL NASAL SOLUTION 2 MG/ML (<i>nafarelin acetate</i>)	NPB	
FERTILITY REGULATORS		
CETROTIDE SUBCUTANEOUS KIT 0.25 MG (<i>cetrorelix acetate</i>)	NF	
chorionic gonadotropin intramuscular solution reconstituted 10000 unit	NF	
FOLLISTIM AQ SUBCUTANEOUS SOLUTION 300 UNT/0.36ML, 600 UNT/0.72ML, 900 UNT/1.08ML (<i>follitropin beta</i>)	PSP	
ganirelix acetate (Fyremadel Subcutaneous Solution Prefilled Syringe 250 Mcg/0.5ml)	NF	
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	NF	
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	PSP	
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	
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	

Prescription Drug Name	Drug Tier	Drug Notes
PREGNYL INTRAMUSCULAR SOLUTION RECONSTITUTED 10000 UNIT (<i>chorionic gonadotropin</i>)	PSP	
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>dexamethasone (la) injection suspension 8 mg/ml</i>	NF	
DEXAMETHASONE INTENSOL ORAL CONCENTRATE 1 MG/ML (<i>dexamethasone</i>)	NPB	
<i>dexamethasone oral elixir 0.5 mg/5ml</i>	G	N8 (Listing does not include certain NDCs)
<i>dexamethasone oral solution 0.5 mg/5ml</i>	G	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 2 mg, 4 mg, 6 mg</i>	G	
<i>dexamethasone oral tablet 1.5 mg</i>	G	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>	G	
DEXONTO 0.4% IONTOPHORESIS SOLUTION 20 MG/5ML (<i>dexamethasone sodium phosphate</i>)	NF	
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>	G	
HEMADY ORAL TABLET 20 MG (<i>dexamethasone</i>)	NF	
<i>dexamethasone (Hidex 6-Day Oral Tablet Therapy Pack 1.5 Mg (21))</i>	G	
<i>hydrocortisone oral tablet 10 mg, 5 mg</i>	G	N8 (Listing does not include certain NDCs)
<i>hydrocortisone oral tablet 20 mg</i>	G	
MEDROL ORAL TABLET 2 MG (<i>methylprednisolone</i>)	NPB	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	G	
<i>methylprednisolone oral tablet therapy pack 4 mg</i>	G	
ORAPRED ODT ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 30 MG (<i>prednisolone sodium phosphate</i>)	NPB	
<i>prednisolone oral solution 15 mg/5ml</i>	G	
<i>prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml</i>	NF	

2026 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
02/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
<i>prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml</i>	G	
<i>prednisolone sodium phosphate oral solution 5 mg/5ml</i>	G	N8 (Listing does not include certain NDCs)
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML (<i>prednisone</i>)	NPB	
<i>prednisone oral solution 5 mg/5ml</i>	G	
<i>prednisone oral tablet 1 mg, 20 mg, 5 mg</i>	G	N8 (Listing does not include certain NDCs)
<i>prednisone oral tablet 10 mg, 2.5 mg, 50 mg</i>	G	
<i>prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)</i>	G	
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	
<i>glucagon emergency injection solution reconstituted 1 mg, 1 mg/ml</i>	NF	
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 PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML (<i>glucagon</i>)	PB	
PROGLYCEM ORAL SUSPENSION 50 MG/ML (<i>diazoxide</i>)	NPB	
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.6 MG/0.6ML (<i>dasiglucagon hcl</i>)	PB	
ZEGALOGUE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.6 MG/0.6ML (<i>dasiglucagon hcl</i>)	PB	

Prescription Drug Name	Drug Tier	Drug Notes
GROWTH IMPROVEMENT AGENTS - DRUGS TO PROMOTE GROWTH		
VOXZOGO SUBCUTANEOUS SOLUTION RECONSTITUTED 0.4 MG, 0.56 MG, 1.2 MG (<i>vosoritide</i>)	NPSP	
HEREDITARY TYROSINEMIA TYPE 1 AGENTS - DRUGS FOR REPLACEMENT, MODIFICATION, TREATMENT		
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	
ORFADIN ORAL SUSPENSION 4 MG/ML (<i>nitisinone</i>)	PSP	
HUMAN GROWTH HORMONES - DRUGS TO REGULATE PITUITARY HORMONES		
GENOTROPIN MINIQUECK 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	
NGENLA SUBCUTANEOUS SOLUTION PEN-INJECTOR 24 MG/1.2ML, 60 MG/1.2ML (<i>somatrogon-ghla</i>)	NF	
NORDIPEN 5 INJECTION DEVICE (<i>injection device</i>)	NF	
NORDITROPIN FLEXPOR SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 5 MG/1.5ML (<i>somatropin</i>)	PSP	
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	

Prescription Drug Name	Drug Tier	Drug Notes
SKYTROFA SUBCUTANEOUS CARTRIDGE 11 MG, 13.3 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	
ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 5 MG (<i>somatropin</i>)	NF	
LYSOSOMAL STORAGE DISORDERS - DRUGS TO TREAT LYSOSOMAL STORAGE DISORDERS		
MIPLYFFA ORAL CAPSULE 124 MG, 47 MG, 62 MG, 93 MG (<i>arimoclomol citrate</i>)	NF	
OPFOLDA ORAL CAPSULE 65 MG (<i>miglustat (gaa deficiency)</i>)	NF	
LYSOSOMAL STORAGE DISORDERS - FABRY DISEASE - DRUGS TO TREAT FABRY DISEASE		
GALAFOLD ORAL CAPSULE 123 MG (<i>migalastat hcl</i>)	PSP	
LYSOSOMAL STORAGE DISORDERS - GAUCHER DISEASE - DRUGS TO TREAT GAUCHER DISEASE		
CERDELGA ORAL CAPSULE 84 MG (<i>eliglustat tartrate</i>)	PSP	
CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT (<i>imiglucerase</i>)	PSP	
ELELYSO INTRAVENOUS SOLUTION RECONSTITUTED 200 UNIT (<i>taliglucerase alfa</i>)	NF	
<i>miglustat oral capsule 100 mg</i>	G	
VPRIV INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT (<i>velaglucerase alfa</i>)	NF	
ZAVESCA ORAL CAPSULE 100 MG (<i>miglustat</i>)	NPSP	
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>)	NPB	
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG (<i>drospirenone-estradiol</i>)	NPB	
BIJUVA ORAL CAPSULE 0.5-100 MG, 1-100 MG (<i>estradiol-progesterone</i>)	NPB	
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	

Prescription Drug Name	Drug Tier	Drug Notes
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY 0.05-0.14 MG/DAY, 0.05-0.25 MG/DAY (<i>estradiol-norethindrone acet</i>)	PB	
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML (<i>estradiol valerate</i>)	NPB	
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML (<i>estradiol cypionate</i>)	NPB	
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	
<i>estradiol</i> (Dotti Transdermal Patch Twice Weekly 0.025 Mg/24Hr, 0.0375 Mg/24Hr, 0.05 Mg/24Hr, 0.075 Mg/24Hr, 0.1 Mg/24Hr)	G	
DUAVEE ORAL TABLET 0.45-20 MG (<i>conj estrogens-bazedoxifene</i>)	PB	
<i>ec-rx estradiol transdermal cream 0.4 %, 0.6 %</i>	NF	
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>	G	
<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>	G	
<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>	G	
<i>estradiol vaginal cream 0.01 %</i>	G	
<i>estradiol vaginal tablet 10 mcg</i>	NF	
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	G	
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	G	
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>)	NPB	
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)	G	
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG (<i>estradiol</i>)	PB	

Prescription Drug Name	Drug Tier	Drug Notes
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)	G	
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24HR (<i>estradiol</i>)	NF	
<i>estradiol-norethindrone acet</i> (Mimvey Oral Tablet 1-0.5 Mg)	G	
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	
<i>norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	G	
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>)	PB	
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>)	PB	
VAGIFEM VAGINAL TABLET 10 MCG (<i>estradiol</i>)	PB	
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> (Yuvaferm Vaginal Tablet 10 Mcg)	NF	
MISCELLANEOUS		
ACTHAR GEL SUBCUTANEOUS PEN-INJECTOR 40 UNIT/0.5ML, 80 UNIT/ML (<i>corticotropin</i>)	NPSP	
ACTHAR INJECTION GEL 80 UNIT/ML (<i>corticotropin</i>)	NPSP	
<i>betaine oral powder</i>	G	
<i>cabergoline oral tablet 0.5 mg</i>	G	
CORTROPHIN GEL SUBCUTANEOUS PREFILLED SYRINGE 40 UNIT/0.5ML, 80 UNIT/ML (<i>corticotropin</i>)	NPSP	
CORTROPHIN INJECTION GEL 80 UNIT/ML (<i>corticotropin</i>)	NPSP	
CRENESSITY ORAL CAPSULE 100 MG, 25 MG, 50 MG (<i>crinecerfont</i>)	NPSP	
CRENESSITY ORAL SOLUTION 50 MG/ML (<i>crinecerfont</i>)	NPSP	
CYSTADANE ORAL POWDER (<i>betaine</i>)	NF	
CYSTAGON ORAL CAPSULE 150 MG, 50 MG (<i>cysteamine bitartrate</i>)	PSP	

2026 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
02/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
EGRIFTA WR SUBCUTANEOUS KIT 11.6 MG (<i>tesamorelin acetate</i>)	NPSP	
EVENITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 105 MG/1.17ML (<i>romosozumab-aqqg</i>)	NF	
IMCIVREE SUBCUTANEOUS SOLUTION 10 MG/ML (<i>setmelanotide acetate</i>)	NF	
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML (<i>mecasermin</i>)	NPSP	
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)	G	
<i>methylergonovine maleate oral tablet 0.2 mg</i>	G	
MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED 11.3 MG (<i>metreleptin</i>)	NPSP	
OSPHENA ORAL TABLET 60 MG (<i>ospemifene</i>)	NF	
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	
REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG (<i>resmetirom</i>)	NPB	
SAMSCA ORAL TABLET 15 MG, 30 MG (<i>tolvaptan</i>)	NPSP	
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 diaspertate</i>)	NPSP	
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45ML, 28 MG/0.7ML, 40 MG/ML, 80 MG/0.8ML (<i>asfotase alfa</i>)	NPSP	
VEOZAH ORAL TABLET 45 MG (<i>fezolinetant</i>)	NPB	
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	

Prescription Drug Name	Drug Tier	Drug Notes
XURIDEN ORAL PACKET 2 GM (<i>uridine triacetate</i>)	NPSP	
ZOKINVY ORAL CAPSULE 50 MG, 75 MG (<i>lonafarnib</i>)	NPSP	
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>	G	
<i>calcium acetate (phos binder) oral tablet 667 mg</i>	G	
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	
REVELA ORAL PACKET 0.8 GM, 2.4 GM (<i>sevelamer carbonate</i>)	NF	
REVELA ORAL TABLET 800 MG (<i>sevelamer carbonate</i>)	NF	
<i>sevelamer carbonate oral packet 0.8 gm, 2.4 gm</i>	G	
<i>sevelamer carbonate oral tablet 800 mg</i>	G	
<i>sevelamer hcl oral tablet 400 mg, 800 mg</i>	G	
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>	G	
LOKELMA ORAL PACKET 10 GM, 5 GM (<i>sodium zirconium cyclosilicate</i>)	NF	
<i>sodium polystyrene sulfonate oral powder</i>	G	
<i>sodium polystyrene sulfonate (Sps (Sodium Polystyrene Sulf) Combination Suspension 15 Gm/60ML)</i>	G	
SPS (SODIUM POLYSTYRENE SULF) RECTAL SUSPENSION 30 GM/120ML (<i>sodium polystyrene sulfonate</i>)	G	
VELTASSA ORAL PACKET 1 GM, 16.8 GM, 25.2 GM, 8.4 GM (<i>patiromer sorbitex calcium</i>)	PB	

2026 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
02/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
PROGESTINS - DRUGS TO REGULATE PROGESTIN		
CRINONE VAGINAL GEL 4 %, 8 % (<i>progesterone</i>)	PB	
<i>ec-rx progesterone transdermal cream 10 %, 20 %</i>	NF	
ENDOMETRIN VAGINAL INSERT 100 MG (<i>progesterone</i>)	NF	
<i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i>	G	
<i>megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 625 mg/5ml</i>	G	
<i>norethindrone acetate oral tablet 5 mg</i>	G	
<i>progesterone intramuscular oil 50 mg/ml</i>	G	
<i>progesterone oral capsule 100 mg, 200 mg</i>	G	
PROMETRIUM ORAL CAPSULE 100 MG, 200 MG (<i>progesterone</i>)	NF	
PROVERA ORAL TABLET 10 MG (<i>medroxyprogesterone acetate</i>)	NPB	
THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS		
ARMOUR THYROID ORAL TABLET 180 MG, 240 MG, 300 MG (<i>thyroid</i>)	NPB	
CYTOMEL ORAL TABLET 25 MCG, 5 MCG, 50 MCG (<i>liothyronine sodium</i>)	NF	
<i>levothyroxine sodium</i> (Levo-T 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)	G	
<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>	G	
<i>levothyroxine sodium</i> (Levoxyl Oral Tablet 100 Mcg, 112 Mcg, 125 Mcg, 137 Mcg, 150 Mcg, 175 Mcg, 200 Mcg, 25 Mcg, 50 Mcg, 75 Mcg, 88 Mcg)	G	
<i>liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg</i>	G	
<i>methimazole oral tablet 10 mg, 5 mg</i>	G	
<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>)	NPB	
<i>propylthiouracil oral tablet 50 mg</i>	G	
SYNTHROID 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>levothyroxine sodium</i>)	PB	

Prescription Drug Name	Drug Tier	Drug Notes
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	
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	
<i>levothyroxine sodium</i> (Unithroid 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)	G	
THYROID AGENTS-DRUGS TO REGULATE THYROID LEVELS		
RENTHYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG (<i>thyroid</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>	G	
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 PELLETT 483 MG/GM (<i>sodium phenylbutyrate</i>)	PSP	

2026 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
02/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
RAVICTI ORAL LIQUID 1.1 GM/ML (<i>glycerol phenylbutyrate</i>)	NF	
<i>sodium phenylbutyrate oral powder 3 gm/tsp</i>	G	
<i>sodium phenylbutyrate oral tablet 500 mg</i>	G	
UTERINE FIBROIDS - DRUGS TO TREAT UTERINE FIBROIDS		
MYFEMBREE ORAL TABLET 40-1-0.5 MG (<i>relugolix-estradiol-norethind</i>)	PB	
ORIAHNN ORAL CAPSULE THERAPY PACK 300-1-0.5 & 300 MG (<i>elagolix-estradiol-norethind</i>)	PB	
VASOPRESSINS - DRUGS TO REGULATE PITUITARY HORMONES		
DDAVP ORAL TABLET 0.1 MG, 0.2 MG (<i>desmopressin acetate</i>)	NPB	
<i>desmopressin ace spray refrig nasal solution 0.01 %</i>	G	
<i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i>	G	
<i>desmopressin acetate spray nasal solution 0.01 %</i>	G	
VITAMIN D ANALOGS		
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	G	N8 (Listing does not include certain NDCs)
<i>calcitriol oral solution 1 mcg/ml</i>	G	
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	G	N8 (Listing does not include certain NDCs)
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	G	
RAYALDEE ORAL CAPSULE EXTENDED RELEASE 30 MCG (<i>calcifediol</i>)	NPB	
ROCALTROL ORAL CAPSULE 0.25 MCG, 0.5 MCG (<i>calcitriol</i>)	NPB	
ROCALTROL ORAL SOLUTION 1 MCG/ML (<i>calcitriol</i>)	NPB	
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG (<i>paricalcitol</i>)	NPB	
GASTROINTESTINAL - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS		
ANTICHOLINERGICS		
CUVPOSA ORAL SOLUTION 1 MG/5ML (<i>glycopyrrolate</i>)	NPB	
<i>dicyclomine hcl oral capsule 10 mg</i>	G	N8 (Listing does not include certain NDCs)
<i>dicyclomine hcl oral solution 10 mg/5ml</i>	G	
<i>dicyclomine hcl oral tablet 20 mg</i>	G	N8 (Listing does not include certain NDCs)

Prescription Drug Name	Drug Tier	Drug Notes
GLYCATE ORAL TABLET 1.5 MG (<i>glycopyrrolate</i>)	NF	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	G	N8 (Listing does not include certain NDCs)
<i>glycopyrrolate oral tablet 1.5 mg</i>	NF	
<i>hyoscyamine sulfate er oral tablet extended release 12 hour 0.375 mg</i>	NF	
<i>hyoscyamine sulfate oral elixir 0.125 mg/5ml</i>	G	
<i>hyoscyamine sulfate oral solution 0.125 mg/ml</i>	G	
<i>hyoscyamine sulfate oral tablet 0.125 mg</i>	G	N8 (Listing does not include certain NDCs)
<i>hyoscyamine sulfate oral tablet dispersible 0.125 mg</i>	G	N8 (Listing does not include certain NDCs)
<i>hyoscyamine sulfate sublingual tablet sublingual 0.125 mg</i>	G	N8 (Listing does not include certain NDCs)
LEVBID ORAL TABLET EXTENDED RELEASE 12 HOUR 0.375 MG (<i>hyoscyamine sulfate</i>)	NPB	
LEVSIN ORAL TABLET 0.125 MG (<i>hyoscyamine sulfate</i>)	NPB	
LEVSIN/SL SUBLINGUAL TABLET SUBLINGUAL 0.125 MG (<i>hyoscyamine sulfate</i>)	NPB	
<i>methscopolamine bromide oral tablet 2.5 mg, 5 mg</i>	G	
NULEV ORAL TABLET DISPERSIBLE 0.125 MG (<i>hyoscyamine sulfate</i>)	G	
<i>oscimin oral tablet 0.125 mg</i>	G	
<i>oscimin sublingual tablet sublingual 0.125 mg</i>	G	
ANTIDIARRHEALS		
<i>biostora oral capsule</i>	NF	
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml</i>	G	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	G	
<i>gutstor oral capsule</i>	NF	
LACTEROL ORAL CAPSULE (<i>probiotic product</i>)	NF	
<i>lactovive oral capsule</i>	NF	
LOMOTIL ORAL TABLET 2.5-0.025 MG (<i>diphenoxylate-atropine</i>)	NPB	
<i>loperamide hcl oral capsule 2 mg</i>	G	
MOTOFEN ORAL TABLET 1-0.025 MG (<i>difenoxin-atropine</i>)	NF	
MYTESI ORAL TABLET DELAYED RELEASE 125 MG (<i>crofelemer</i>)	NF	
<i>surebiotic probiotic support oral capsule</i>	NF	

2026 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
02/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
<i>wellpro 31 oral capsule</i>	NF	
<i>zelac oral capsule</i>	NF	
ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING		
AKYNZEO INTRAVENOUS SOLUTION RECONSTITUTED 235-0.25 MG (<i>fosnetupitant-palonosetron</i>)	NPB	
AKYNZEO ORAL CAPSULE 300-0.5 MG (<i>netupitant-palonosetron</i>)	NPB	
ANZEMET ORAL TABLET 50 MG (<i>dolasetron mesylate</i>)	NPB	
<i>aprepitant oral capsule 125 mg, 40 mg, 80 & 125 mg, 80 mg</i>	G	
BONJESTA ORAL TABLET EXTENDED RELEASE 20-20 MG (<i>doxylamine-pyridoxine</i>)	NPB	
<i>prochlorperazine</i> (Compro Rectal Suppository 25 Mg)	G	
DICLEGIS ORAL TABLET DELAYED RELEASE 10-10 MG (<i>doxylamine-pyridoxine</i>)	NPB	
<i>doxylamine-pyridoxine oral tablet delayed release 10-10 mg</i>	G	
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	G	
EMEND BIPACK ORAL CAPSULE 80 MG (<i>aprepitant</i>)	NPB	
EMEND INTRAVENOUS SOLUTION RECONSTITUTED 150 MG (<i>fosaprepitant dimeglumine</i>)	NPB	
EMEND ORAL SUSPENSION RECONSTITUTED 125 MG/5ML (<i>aprepitant</i>)	NPB	
EMEND TRIPACK ORAL CAPSULE 80 & 125 MG (<i>aprepitant</i>)	NPB	
<i>granisetron hcl oral tablet 1 mg</i>	G	
<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>	G	N8 (Listing does not include certain NDCs)
<i>meclizine hcl oral tablet 50 mg</i>	G	
<i>metoclopramide hcl oral solution 10 mg/10ml</i>	G	
<i>metoclopramide hcl oral solution 5 mg/5ml</i>	G	N8 (Listing does not include certain NDCs)
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	G	
<i>metoclopramide hcl oral tablet dispersible 5 mg</i>	G	
<i>ondansetron hcl oral solution 4 mg/5ml</i>	G	
<i>ondansetron hcl oral tablet 24 mg, 4 mg, 8 mg</i>	G	
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>	G	
<i>prochlorperazine edisylate injection solution 10 mg/2ml</i>	G	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	G	N8 (Listing does not include certain NDCs)

2026 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
02/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
<i>prochlorperazine rectal suppository 25 mg</i>	G	
<i>promethazine hcl oral solution 6.25 mg/5ml</i>	G	N8 (Listing does not include certain NDCs)
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>	G	
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	G	
<i>promethazine hcl</i> (Promethegan Rectal Suppository 12.5 Mg, 25 Mg)	G	
PROMETHEGAN RECTAL SUPPOSITORY 50 MG (<i>promethazine hcl</i>)	G	
SANCUSO TRANSDERMAL PATCH 3.1 MG/24HR (<i>granisetron</i>)	PB	
<i>scopolamine transdermal patch 72 hour 1 mg/3days</i>	G	
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>	G	N8 (Listing does not include certain NDCs)
VARUBI (180 MG DOSE) ORAL TABLET THERAPY PACK 2 X 90 MG (<i>rolapitant hcl</i>)	NPB	
ANTISPASMODICS - DRUGS FOR MUSCLE SPASM		
LIBRAX ORAL CAPSULE 5-2.5 MG (<i>chlordiazepoxide-clidinium</i>)	NF	
H2-RECEPTOR ANTAGONISTS - DRUGS FOR ULCERS AND STOMACH ACID		
<i>cimetidine hcl oral solution 300 mg/5ml</i>	G	N8 (Listing does not include certain NDCs)
<i>cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg</i>	G	
<i>famotidine oral suspension reconstituted 40 mg/5ml</i>	G	
<i>famotidine oral tablet 20 mg, 40 mg</i>	G	N8 (Listing does not include certain NDCs)
<i>nizatidine oral capsule 150 mg, 300 mg</i>	G	
INFLAMMATORY BOWEL DISEASE - BOWEL, INTESTINE, AND STOMACH CONDITION DRUGS		
APRISO ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.375 GM (<i>mesalamine</i>)	NPB	
AZULFIDINE EN-TABS ORAL TABLET DELAYED RELEASE 500 MG (<i>sulfasalazine</i>)	NPB	
AZULFIDINE ORAL TABLET 500 MG (<i>sulfasalazine</i>)	NPB	
<i>balsalazide disodium oral capsule 750 mg</i>	G	

2026 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
02/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
<i>budesonide er oral tablet extended release 24 hour 9 mg</i>	NF	
<i>budesonide oral capsule delayed release particles 3 mg</i>	G	
COLAZAL ORAL CAPSULE 750 MG (<i>balsalazide disodium</i>)	NF	
CORTENEMA RECTAL ENEMA 100 MG/60ML (<i>hydrocortisone</i>)	NPB	
CORTIFOAM EXTERNAL FOAM 10 % (<i>hydrocortisone acetate</i>)	PB	
DELZICOL ORAL CAPSULE DELAYED RELEASE 400 MG (<i>mesalamine</i>)	NF	
DIPENTUM ORAL CAPSULE 250 MG (<i>olsalazine sodium</i>)	NPB	
<i>hydrocortisone rectal enema 100 mg/60ml</i>	G	
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>	G	
<i>mesalamine oral capsule delayed release 400 mg</i>	G	
<i>mesalamine oral tablet delayed release 1.2 gm, 800 mg</i>	G	
<i>mesalamine rectal enema 4 gm</i>	G	
<i>mesalamine rectal suppository 1000 mg</i>	G	
<i>mesalamine-cleanser rectal kit 4 gm</i>	G	
PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG, 500 MG (<i>mesalamine</i>)	NF	
SFROWASA RECTAL ENEMA 4 GM/60ML (<i>mesalamine</i>)	NPB	
<i>sulfasalazine oral tablet 500 mg</i>	G	
<i>sulfasalazine oral tablet delayed release 500 mg</i>	G	
UCERIS ORAL TABLET EXTENDED RELEASE 24 HOUR 9 MG (<i>budesonide</i>)	PB	
UCERIS RECTAL FOAM 2 MG/ACT (<i>budesonide</i>)	NPB	
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>	G	N8 (Listing does not include certain NDCs)
TRULANCE ORAL TABLET 3 MG (<i>plecanatide</i>)	NPB	

Prescription Drug Name	Drug Tier	Drug Notes
IRRITABLE BOWEL SYNDROME WITH DIARRHEA		
<i>alosetron hcl oral tablet 0.5 mg, 1 mg</i>	G	
LOTROXEX ORAL TABLET 0.5 MG, 1 MG (<i>alosetron hcl</i>)	NPB	
VIBERZI ORAL TABLET 100 MG, 75 MG (<i>eluxadoline</i>)	PB	
LAXATIVES - DRUGS FOR CONSTIPATION		
CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM -GM/175ML (<i>sod picosulfate-mag ox-cit acid</i>)	CE	
<i>constulose oral solution 10 gm/15ml</i>	G	
<i>enulose oral solution 10 gm/15ml</i>	G	
<i>generlac oral solution 10 gm/15ml</i>	G	N8 (Listing does not include certain NDCs)
GOLYTELY ORAL SOLUTION RECONSTITUTED 236 GM (<i>peg 3350-kcl-nabcb-nacl-nasulf</i>)	NF	
<i>lactulose (Kristalose Oral Packet 10 Gm, 20 Gm)</i>	G	
<i>lactulose oral packet 10 gm, 20 gm</i>	G	N8 (Listing does not include certain NDCs)
<i>lactulose oral solution 10 gm/15ml</i>	G	N8 (Listing does not include certain NDCs)
<i>lactulose oral solution 20 gm/30ml</i>	NF	
MOVIPREP ORAL SOLUTION RECONSTITUTED 100 GM (<i>peg-kcl-nacl-nasulf-na asc-c</i>)	NF	
<i>na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml</i>	CE	
<i>peg-3350/electrolytes/ascorbic acid oral solution reconstituted 100 gm</i>	CE	
<i>peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted 100 gm</i>	CE	
PEG-PREP ORAL KIT 5-210 MG-GM (<i>bisacodyl-peg-kcl-nabicar-nacl</i>)	CE	
PLENVU ORAL SOLUTION RECONSTITUTED 140 GM (<i>peg-kcl-nacl-nasulf-na asc-c</i>)	CE	
SUFLAVE ORAL SOLUTION RECONSTITUTED 178.7 GM (<i>peg 3350-kcl-nacl-nasulf-mgsul</i>)	CE	
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	
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	

2026 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
02/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
CARAFATE ORAL TABLET 1 GM (<i>sucralfate</i>)	NF	
CHOLBAM ORAL CAPSULE 250 MG, 50 MG (<i>cholic acid</i>)	NPSP	
<i>cromolyn sodium oral concentrate 100 mg/5ml</i>	G	
CYTOTEC ORAL TABLET 100 MCG, 200 MCG (<i>misoprostol</i>)	NPB	
EOHILIA ORAL SUSPENSION 2 MG/10ML (<i>budesonide</i>)	NF	
GATTEX SUBCUTANEOUS KIT 5 MG (<i>teduglutide (rdna)</i>)	NPSP	
GIMOTI NASAL SOLUTION 15 MG/ACT (<i>metoclopramide hcl</i>)	NF	
IQIRVO ORAL TABLET 80 MG (<i>elafibranor</i>)	PSP	
LIVDELZI ORAL CAPSULE 10 MG (<i>seladelpar lysine</i>)	NF	N8 (Listing does not include certain NDCs)
LIVMARLI ORAL SOLUTION 19 MG/ML, 9.5 MG/ML (<i>maralixibat chloride</i>)	NPSP	
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	G	
MOTEGRITY ORAL TABLET 1 MG, 2 MG (<i>prucalopride succinate</i>)	NF	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG (<i>naloxegol oxalate</i>)	PB	
OALIVA ORAL TABLET 10 MG, 5 MG (<i>obeticholic acid</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	
<i>sucralfate oral suspension 1 gm/10ml</i>	NF	
<i>sucralfate oral tablet 1 gm</i>	G	N8 (Listing does not include certain NDCs)
SYMPROIC ORAL TABLET 0.2 MG (<i>naldemedine tosylate</i>)	PB	
URSO FORTE ORAL TABLET 500 MG (<i>ursodiol</i>)	NPB	
<i>ursodiol oral capsule 200 mg, 400 mg</i>	NF	
<i>ursodiol oral capsule 300 mg</i>	G	
<i>ursodiol oral tablet 250 mg, 500 mg</i>	G	
URSODIOL+SYRSPEND SF ORAL SUSPENSION 30 MG/ML (<i>ursodiol</i>)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
VOQUEZNA ORAL TABLET 10 MG, 20 MG (<i>vonoprazan fumarate</i>)	NPB	
VOWST ORAL CAPSULE (<i>fecal microb spores, live-brpk</i>)	NPSP	
XERMELO ORAL TABLET 250 MG (<i>telotristat etiprate</i>)	NPSP	
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>)	NPB	
PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES 16000-57500 UNIT, 24000-86250 UNIT, 4000-14375 UNIT, 8000-28750 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	NPB	
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, 40 mg</i>	G	
KONVOMEF ORAL SUSPENSION RECONSTITUTED 2-84 MG/ML (<i>omeprazole-sodium bicarbonate</i>)	NF	
<i>lansoprazole oral capsule delayed release 15 mg, 30 mg</i>	G	
<i>lansoprazole oral tablet delayed release dispersible 15 mg, 30 mg</i>	NF	
NEXIUM ORAL CAPSULE DELAYED RELEASE 20 MG, 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	

Prescription Drug Name	Drug Tier	Drug Notes
<i>omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg</i>	G	
<i>omeprazole-sodium bicarbonate oral capsule 20-1100 mg, 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>	G	N8 (Listing does not include certain NDCs)
PREVACID ORAL CAPSULE DELAYED RELEASE 30 MG (<i>lansoprazole</i>)	NF	
PREVACID SOLUTAB ORAL TABLET DELAYED RELEASE DISPERSIBLE 15 MG, 30 MG (<i>lansoprazole</i>)	NF	
PRILOSEC ORAL PACKET 10 MG, 2.5 MG (<i>omeprazole magnesium</i>)	NF	
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>	NPB	
<i>rabeprazole sodium oral tablet delayed release 20 mg</i>	G	
RECTAL, CORTICOSTEROIDS		
ANUSOL-HC EXTERNAL CREAM 2.5 % (<i>hydrocortisone</i>)	NPB	
<i>hydrocortisone (perianal) external cream 1 %, 2.5 %</i>	G	
<i>hydrocortisone ace-pramoxine external cream 1-1 %</i>	G	
PROCORT EXTERNAL CREAM 1.85-1.15 % (<i>hydrocortisone ace-pramoxine</i>)	NPB	
PROCTOFOAM HC EXTERNAL FOAM 1-1 % (<i>hydrocortisone ace-pramoxine</i>)	PB	
<i>hydrocortisone (Procto-Med Hc External Cream 2.5 %)</i>	G	
<i>hydrocortisone (Proctozone-Hc External Cream 2.5 %)</i>	G	
RECTAL, MISCELLANEOUS		
BARRIGEL RECTAL GEL 20 MG/ML (<i>hyaluronic acid (rectal)</i>)	NF	
ULCER THERAPY COMBINATIONS		
<i>amoxicill-clarithro-lansopraz oral therapy pack 500 & 500 & 30 mg</i>	G	
PYLERA ORAL CAPSULE 140-125-125 MG (<i>bis subcit-metronid-tetracyc</i>)	NPB	

Prescription Drug Name	Drug Tier	Drug Notes
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>	G	
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG (<i>doxazosin mesylate</i>)	NPB	
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG (<i>doxazosin mesylate</i>)	NPB	
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	G	N8 (Listing does not include certain NDCs)
<i>dutasteride oral capsule 0.5 mg</i>	G	
<i>dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg</i>	G	
ENTADFI ORAL CAPSULE 5-5 MG (<i>finasteride-tadalafil</i>)	NF	
<i>finasteride oral tablet 5 mg</i>	G	
JALYN ORAL CAPSULE 0.5-0.4 MG (<i>dutasteride-tamsulosin hcl</i>)	NF	
PROSCAR ORAL TABLET 5 MG (<i>finasteride</i>)	NPB	
RAPAFLO ORAL CAPSULE 4 MG, 8 MG (<i>silodosin</i>)	NF	
<i>silodosin oral capsule 4 mg, 8 mg</i>	G	
<i>tamsulosin hcl oral capsule 0.4 mg</i>	G	
<i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	G	N8 (Listing does not include certain NDCs)
UROXATRAL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG (<i>alfuzosin hcl</i>)	NF	
CONTRACEPTIVES - PRODUCTS FOR BIRTH CONTROL		
ENCARE VAGINAL SUPPOSITORY 100 MG (<i>nonoxynol-9</i>)	CE	
OPTIONS GYNOL II CONTRACEPTIVE VAGINAL GEL 3 % (<i>nonoxynol-9</i>)	CE	
PHEXX VAGINAL GEL 1.8-1-0.4 % (<i>lactic ac-citric ac-pot bitart</i>)	CE	
TODAY SPONGE VAGINAL 1000 MG (<i>nonoxynol-9</i>)	CE	
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM 28 % (<i>nonoxynol-9</i>)	CE	
VCF VAGINAL CONTRACEPTIVE VAGINAL GEL 4 % (<i>nonoxynol-9</i>)	CE	

2026 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
02/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
ERECTILE DYSFUNCTION		
<i>bi-mix intracavernosal solution reconstituted 150-5 mg</i>	NF	
CIALIS ORAL TABLET 10 MG, 20 MG, 5 MG (<i>tadalafil</i>)	NF	
IFE-BIMIX 30/1 INTRACAVERNOSAL SOLUTION 30-1 MG/ML (<i>papaverine-phentolamine</i>)	NF	
<i>quad-mix intracavernosal solution reconstituted 150-10-0.1-1 mg</i>	NF	
STENDRA ORAL TABLET 100 MG, 200 MG, 50 MG (<i>avanafil</i>)	NF	
<i>super bi-mix intracavernosal solution reconstituted 150-10 mg</i>	NF	
<i>super quad-mix intracavernosal solution reconstituted 150-20-0.2-2 mg</i>	NF	
<i>super tri-mix intracavernosal solution reconstituted 150-10-100 mg-mg-mcg</i>	NF	
<i>tadalafil oral tablet 20 mg, 5 mg</i>	G	N8 (Listing does not include certain NDCs)
<i>tri-mix intracavernosal solution reconstituted 150-5-50 mg-mg-mcg</i>	NF	
VIAGRA ORAL TABLET 100 MG, 25 MG, 50 MG (<i>sildenafil citrate</i>)	NF	
MISCELLANEOUS		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	G	N8 (Listing does not include certain NDCs)
<i>cytra k crystals oral packet 3300-1002 mg</i>	G	
ELMIRON ORAL CAPSULE 100 MG (<i>pentosan polysulfate sodium</i>)	NF	
FILSPARI ORAL TABLET 200 MG, 400 MG (<i>sparsentan</i>)	PSP	
LITHOSTAT ORAL TABLET 250 MG (<i>acetohydroxamic acid</i>)	NF	
ORACIT ORAL SOLUTION 490-640 MG/5ML (<i>sod citrate-citric acid</i>)	NPB	
<i>pot & sod cit-cit ac oral solution 550-500-334 mg/5ml</i>	G	
<i>potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)</i>	G	
<i>potassium citrate-citric acid oral solution 1100-334 mg/5ml</i>	G	N8 (Listing does not include certain NDCs)
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	

Prescription Drug Name	Drug Tier	Drug Notes
RENACIDIN IRRIGATION SOLUTION (<i>citric ac-gluconolact-mg carb</i>)	NPB	
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	
<i>sod citrate-citric acid oral solution 500-334 mg/5ml</i>	G	N8 (Listing does not include certain NDCs)
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>tricitrates oral solution 550-500-334 mg/5ml</i>	G	N8 (Listing does not include certain NDCs)
UROCIT-K 10 ORAL TABLET EXTENDED RELEASE 10 MEQ (1080 MG) (<i>potassium citrate</i>)	NPB	
UROCIT-K 15 ORAL TABLET EXTENDED RELEASE 15 MEQ (1620 MG) (<i>potassium citrate</i>)	NPB	
VANRAFIA ORAL TABLET 0.75 MG (<i>atrasentan hcl</i>)	PSP	
URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE		
<i>darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg, 7.5 mg</i>	G	
<i>flavoxate hcl oral tablet 100 mg</i>	G	
GEMTESA ORAL TABLET 75 MG (<i>vibegron</i>)	PB	
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>	G	N8 (Listing does not include certain NDCs)
<i>oxybutynin chloride oral solution 5 mg/5ml</i>	G	
<i>oxybutynin chloride oral tablet 2.5 mg</i>	NF	
<i>oxybutynin chloride oral tablet 5 mg</i>	G	
OXYTROL TRANSDERMAL PATCH TWICE WEEKLY 3.9 MG/24HR (<i>oxybutynin</i>)	NF	
<i>solifenacin succinate oral tablet 10 mg, 5 mg</i>	G	

Prescription Drug Name	Drug Tier	Drug Notes
<i>tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg</i>	G	
<i>tolterodine tartrate oral tablet 1 mg, 2 mg</i>	G	
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>	G	
<i>trospium chloride oral tablet 20 mg</i>	G	N8 (Listing does not include certain NDCs)
VAGINAL ANTI-INFECTIVES - DRUGS TO TREAT VAGINAL INFECTIONS		
CLEOCIN VAGINAL CREAM 2 % (<i>clindamycin phosphate</i>)	NPB	
CLEOCIN VAGINAL SUPPOSITORY 100 MG (<i>clindamycin phosphate</i>)	NPB	
<i>clindamycin phosphate vaginal cream 2 %</i>	G	
CLINDESSE VAGINAL CREAM 2 % (<i>clindamycin phosphate (1 dose)</i>)	NPB	
GYNAZOLE-1 VAGINAL CREAM 2 % (<i>butoconazole nitrate (1 dose)</i>)	NPB	
<i>metronidazole vaginal gel 0.75 %</i>	G	
<i>miconazole 3 vaginal suppository 200 mg</i>	G	
NUVESSA VAGINAL GEL 1.3 % (<i>metronidazole</i>)	NF	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	G	
<i>terconazole vaginal suppository 80 mg</i>	G	
VANDAZOLE VAGINAL GEL 0.75 % (<i>metronidazole</i>)	NF	
XACIATO VAGINAL GEL 2 % (<i>clindamycin phosphate</i>)	NPB	
HEMATOLOGIC - DRUGS TO TREAT BLOOD DISORDERS		
ANTICOAGULANTS - BLOOD THINNERS		
ARIXTRA SUBCUTANEOUS SOLUTION 10 MG/0.8ML, 2.5 MG/0.5ML, 5 MG/0.4ML, 7.5 MG/0.6ML (<i>fondaparinux sodium</i>)	NPB	
<i>dabigatran etexilate mesylate oral capsule 110 mg, 150 mg, 75 mg</i>	G	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	

Prescription Drug Name	Drug Tier	Drug Notes
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>	G	
<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>	G	
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml</i>	G	
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/4ML, 95000 UNIT/3.8ML (<i>dalteparin sodium</i>)	NPB	
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>)	NPB	
<i>heparin sod (porcine) in d5w intravenous solution 100 unit/ml, 25000-5 ut/500ml-%</i>	NF	
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	G	
<i>heparin sodium (porcine) pf injection solution 5000 unit/0.5ml</i>	G	
<i>hepmed combination kit 100&0.9&2.5-2.5 ut/ml&%</i>	NF	
<i>warfarin sodium (Jantoven Oral Tablet 1 Mg, 10 Mg, 2 Mg, 2.5 Mg, 3 Mg, 4 Mg, 5 Mg, 6 Mg, 7.5 Mg)</i>	G	
LOVENOX INJECTION SOLUTION 300 MG/3ML (<i>enoxaparin sodium</i>)	NPB	
LOVENOX 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>enoxaparin sodium</i>)	NPB	
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	
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>	G	
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	

2026 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
02/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
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	
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	
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	
HUMATE-P INTRAVENOUS SOLUTION RECONSTITUTED 1000-2400 UNIT, 250-600 UNIT, 500-1200 UNIT (<i>antihemophilic factor-vwf</i>)	NPSP	
NOVOSEVEN RT INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 2 MG, 5 MG, 8 MG (<i>coagulation factor viia recomb</i>)	PSP	
SEVENFACT INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 2 MG, 5 MG (<i>coagulation factor viia- jncw</i>)	PSP	
VONVENDI INTRAVENOUS SOLUTION RECONSTITUTED 1300 UNIT, 650 UNIT (<i>von willebrand factor (recomb)</i>)	NF	
WILATE INTRAVENOUS KIT 1000-1000 UNIT, 500-500 UNIT (<i>antihemophilic factor-vwf</i>)	PSP	
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	
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	
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	

Prescription Drug Name	Drug Tier	Drug Notes
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-aafi</i>)	PSP	
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (<i>filgrastim-aafi</i>)	PSP	
NYVEPRIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (<i>pegfilgrastim-apgf</i>)	PSP	
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	
<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	
ROLVEDON SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 13.2 MG/0.6ML (<i>eflapeggrastim-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	

Prescription Drug Name	Drug Tier	Drug Notes
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	
<i>adynovate intravenous solution reconstituted 1000 unit, 1500 unit, 2000 unit, 250 unit, 3000 unit, 500 unit, 750 unit</i>	PSP	
AFSTYLA INTRAVENOUS KIT 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 500 UNIT (<i>antihemophil fact single chain</i>)	PSP	
ALTUVIIIO INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (<i>antihem fact fc-vwf-xten-eh1</i>)	PSP	
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-rfviiiic)</i>)	PSP	
ESPEROCT INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (<i>antihemophil fact rcmb gpeg-exei</i>)	PSP	
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	
HEMOFIL M INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1700 UNIT, 250 UNIT, 500 UNIT (<i>antihemophilic factor</i>)	NPSP	
JIVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (<i>ahf (bdd-rfviii peg-aucl)</i>)	PSP	
KOATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 250 UNIT, 500 UNIT (<i>antihemophilic factor</i>)	NPSP	
KOATE-DVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT (<i>antihemophilic factor</i>)	NPSP	

Prescription Drug Name	Drug Tier	Drug Notes
KOVALTRY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (<i>antihemophil factor (rahf-pfm)</i>)	PSP	
NOVOEIGHT INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (<i>antihemophil fact bd truncated</i>)	PSP	
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	
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	
<i>obizur intravenous solution reconstituted 500 unit</i>	NPSP	
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	
XYNTHA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT (<i>antihem fact (bdd-rfviii,mor)</i>)	PSP	
XYNTHA SOLOFUSE INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (<i>antihem fact (bdd-rfviii,mor)</i>)	PSP	
HEMOPHILIA B AGENTS		
ALPHANINE SD INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT (<i>coagulation factor ix</i>)	NPSP	
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	
IDELVION INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3500 UNIT, 500 UNIT (<i>coagulation factor ix (rix-fp)</i>)	NPSP	
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	

Prescription Drug Name	Drug Tier	Drug Notes
REBINYN INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT (<i>coagulation factor ix glycopeg</i>)	PSP	
<i>rixubis intravenous solution reconstituted 1000 unit, 2000 unit, 250 unit, 3000 unit, 500 unit</i>	NF	
MISCELLANEOUS		
AGRYLIN ORAL CAPSULE 0.5 MG (<i>anagrelide hcl</i>)	NPB	
<i>aminocaproic acid oral tablet 1000 mg, 500 mg</i>	G	
<i>anagrelide hcl oral capsule 0.5 mg, 1 mg</i>	G	
<i>cilostazol oral tablet 100 mg, 50 mg</i>	G	
<i>pentoxifylline er oral tablet extended release 400 mg</i>	G	
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	
<i>tranexamic acid oral tablet 650 mg</i>	G	
PAROXYSMAL NOCTURNAL HEMOGLOBINURIA (PNH) AGENTS		
EMPAVELI SUBCUTANEOUS SOLUTION 1080 MG/20ML (<i>pegcetacoplan</i>)	PSP	
FABHALTA ORAL CAPSULE 200 MG (<i>iptacopan hcl</i>)	NPSP	
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>	G	
BRILINTA ORAL TABLET 60 MG, 90 MG (<i>ticagrelor</i>)	PB	
<i>clopidogrel bisulfate oral tablet 300 mg, 75 mg</i>	G	
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	G	
EFFIENT ORAL TABLET 10 MG, 5 MG (<i>prasugrel hcl</i>)	NPB	
PLAVIX ORAL TABLET 75 MG (<i>clopidogrel bisulfate</i>)	NF	
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i>	G	
YOSPRALA ORAL TABLET DELAYED RELEASE 325-40 MG, 81-40 MG (<i>aspirin-omeprazole</i>)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
ZONTIVITY ORAL TABLET 2.08 MG (<i>vorapaxar sulfate</i>)	NF	
SICKLE CELL DISEASE		
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG (<i>hydroxyurea</i>)	NPB	
ENDARI ORAL PACKET 5 GM (<i>glutamine (sickle cell)</i>)	PSP	
SIKLOS ORAL TABLET 100 MG, 1000 MG (<i>hydroxyurea</i>)	PB	
THROMBOCYTOPENIA AGENTS - DRUGS TO TREAT PLATELET DISORDERS		
ALVAIZ ORAL TABLET 18 MG, 36 MG, 54 MG, 9 MG (<i>eltrombopag choline</i>)	PSP	
DOPTELET ORAL TABLET 20 MG (<i>avatrombopag maleate</i>)	PSP	
DOPTELET SPRINKLE ORAL CAPSULE SPRINKLE 10 MG (<i>avatrombopag maleate</i>)	PSP	
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	
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	
ODACTRA SUBLINGUAL TABLET SUBLINGUAL 12 SQ-HDM (<i>dust mite mixed allergen ext</i>)	PB	
ORALAIR SUBLINGUAL TABLET SUBLINGUAL 300 IR (<i>grass mix pollens allergen ext</i>)	PB	
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	

2026 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
02/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
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 4-17YRS ORAL 0.5 & 1 & 1.5 & 3 & 6 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	
AUTOIMMUNE AGENTS (PHYSICIAN-ADMINISTERED)		
AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>infliximab-axxq</i>)	PSP	
ENTYVIO INTRAVENOUS SOLUTION RECONSTITUTED 300 MG (<i>vedolizumab</i>)	NPSP	
ILUMYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>tildrakizumab-asmn</i>)	PSP	
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	
RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>infliximab-abda</i>)	NF	
SIMPONI ARIA INTRAVENOUS SOLUTION 50 MG/4ML (<i>golimumab</i>)	PSP	

Prescription Drug Name	Drug Tier	Drug Notes
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	
<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-aacf(cd/uc/hs strt) subcutaneous auto-injector kit 40 mg/0.8ml</i>	NF	
<i>adalimumab-aacf(ps/uv starter) subcutaneous auto-injector 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 pen) subcutaneous auto-injector kit 40 mg/0.4ml</i>	NF	
<i>adalimumab-aaty (2 syringe) subcutaneous prefilled syringe kit 20 mg/0.2ml, 40 mg/0.4ml</i>	NF	
<i>adalimumab-aaty cd/uc/hs start subcutaneous auto-injector kit 80 mg/0.8ml</i>	NF	
<i>adalimumab-adaz subcutaneous solution auto-injector 40 mg/0.4ml, 80 mg/0.8ml</i>	PSP	
<i>adalimumab-adaz subcutaneous solution prefilled syringe 10 mg/0.1ml, 20 mg/0.2ml, 40 mg/0.4ml</i>	PSP	
<i>adalimumab-adbm (2 pen) subcutaneous auto-injector kit 40 mg/0.4ml, 40 mg/0.8ml</i>	NF	
<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-fkjp (2 pen) subcutaneous auto-injector kit 40 mg/0.8ml</i>	PSP	
<i>adalimumab-fkjp (2 syringe) subcutaneous prefilled syringe kit 20 mg/0.4ml, 40 mg/0.8ml</i>	PSP	
<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	

2026 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
02/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
<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	
BIMZELX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 160 MG/ML, 320 MG/2ML (<i>bimekizumab-bkzx</i>)	PSP	
BIMZELX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 160 MG/ML, 320 MG/2ML (<i>bimekizumab-bkzx</i>)	PSP	
CIMZIA (1 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML (<i>certolizumab pegol</i>)	PSP	
CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML (<i>certolizumab pegol</i>)	PSP	
CIMZIA-STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML (<i>certolizumab pegol</i>)	PSP	
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>secukinumab</i>)	PSP	
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (<i>secukinumab</i>)	PSP	
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (<i>secukinumab</i>)	PSP	
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML (<i>secukinumab</i>)	PSP	
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML (<i>secukinumab</i>)	PSP	
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	
CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (<i>adalimumab-adbm</i>)	NF	
CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (<i>adalimumab-adbm</i>)	NF	

2026 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
02/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.14ML, 300 MG/2ML (<i>dupilumab</i>)	PSP	
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML (<i>dupilumab</i>)	PSP	
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML (<i>etanercept</i>)	PSP	
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML (<i>etanercept</i>)	PSP	
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML (<i>etanercept</i>)	PSP	
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML (<i>etanercept</i>)	PSP	
ENTYVIO PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 108 MG/0.68ML (<i>vedolizumab</i>)	PSP	
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-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, 80 MG/0.8ML (<i>adalimumab-adaz</i>)	PSP	N8 (Listing does not include certain NDCs)
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.2ML, 40 MG/0.4ML (<i>adalimumab-adaz</i>)	PSP	N8 (Listing does not include certain NDCs)
HYRIMOZ-PLAQUE PSORIASIS START SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML & 40MG/0.4ML (<i>adalimumab-adaz</i>)	PSP	N8 (Listing does not include certain NDCs)

Prescription Drug Name	Drug Tier	Drug Notes
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	
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/1.14ML, 200 MG/1.14ML (<i>sarilumab</i>)	PSP	
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	
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (<i>mepolizumab</i>)	PSP	
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 40 MG/0.4ML (<i>mepolizumab</i>)	PSP	
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG (<i>mepolizumab</i>)	NF	
OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG (<i>baricitinib</i>)	PSP	
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 (<i>mirikizumab-mrkz</i>)	NF	
OMVOH SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>mirikizumab-mrkz</i>)	NF	
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML (<i>abatacept</i>)	PSP	
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML, 50 MG/0.4ML, 87.5 MG/0.7ML (<i>abatacept</i>)	PSP	
OTEZLA ORAL TABLET 20 MG, 30 MG (<i>apremilast</i>)	PSP	
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG, 4 X 10 & 51 X 20 MG (<i>apremilast</i>)	PSP	
OTEZLA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 75 MG (<i>apremilast</i>)	PSP	
OTEZLA/OTEZLA XR INITIATION PK ORAL TABLET THERAPY PACK 10&20&30&(ER)75 MG (<i>apremilast</i>)	PSP	

Prescription Drug Name	Drug Tier	Drug Notes
OTULFI SUBCUTANEOUS SOLUTION 45 MG/0.5ML (ustekinumab-aaaz)	NF	
OTULFI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML (ustekinumab-aaaz)	NF	
PYZCHIVA SUBCUTANEOUS SOLUTION 45 MG/0.5ML (ustekinumab-ttwe)	PSP	
PYZCHIVA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 45 MG/0.5ML, 90 MG/ML (ustekinumab-ttwe)	PSP	
PYZCHIVA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML (ustekinumab-ttwe)	PSP	
RINVOQ LQ ORAL SOLUTION 1 MG/ML (upadacitinib)	PSP	
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 30 MG, 45 MG (upadacitinib)	PSP	
SELARSDI SUBCUTANEOUS SOLUTION 45 MG/0.5ML (ustekinumab-aekn)	NF	
SELARSDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML (ustekinumab-aekn)	NF	
SILIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 210 MG/1.5ML (brodalumab)	NF	
SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 80 MG/0.8ML (adalimumab-ryvk)	NF	
SIMLANDI (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML (adalimumab-ryvk)	NF	
SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML, 40 MG/0.4ML (adalimumab-ryvk)	NF	
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 50 MG/0.5ML (golimumab)	NF	
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML (golimumab)	NF	
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO- INJECTOR 150 MG/ML (risankizumab-rzaa)	PSP	
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML, 360 MG/2.4ML (risankizumab-rzaa)	PSP	
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (risankizumab-rzaa)	PSP	
SOTYKTU ORAL TABLET 6 MG (deucravacitinib)	PSP	
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML (ustekinumab)	PSP	

Prescription Drug Name	Drug Tier	Drug Notes
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML (<i>ustekinumab</i>)	PSP	
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	
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 200 MG/2ML (<i>guselkumab</i>)	PSP	
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 200 MG/2ML (<i>guselkumab</i>)	PSP	
TREMFYA-CD/UC INDUCTION SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML (<i>guselkumab</i>)	PSP	
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 prefilled syringe 45 mg/0.5ml, 90 mg/ml</i>	NF	
VELSIPITY ORAL TABLET 2 MG (<i>etrasimod arginine</i>)	PSP	
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	
XELJANZ ORAL TABLET 10 MG, 5 MG (<i>tofacitinib citrate</i>)	PSP	
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG (<i>tofacitinib citrate</i>)	PSP	

Prescription Drug Name	Drug Tier	Drug Notes
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML (<i>omalizumab</i>)	PSP	
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML (<i>omalizumab</i>)	PSP	
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG (<i>omalizumab</i>)	PSP	
YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5ML (<i>ustekinumab-kfce</i>)	PSP	
YESINTEK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML (<i>ustekinumab-kfce</i>)	PSP	
YUFLYMA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 80 MG/0.8ML (<i>adalimumab-aaty</i>)	NF	
YUFLYMA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML (<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	
YUFLYMA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML (<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 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		
ARAVA ORAL TABLET 10 MG, 20 MG (<i>leflunomide</i>)	NPB	
<i>auranofin oral capsule 3 mg</i>	NF	
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	G	N8 (Listing does not include certain NDCs)
<i>leflunomide oral tablet 10 mg, 20 mg</i>	G	
<i>methotrexate sodium oral tablet 2.5 mg</i>	G	N8 (Listing does not include certain NDCs)
PLAQUENIL ORAL TABLET 200 MG (<i>hydroxychloroquine sulfate</i>)	NPB	

2026 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
02/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
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	
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	
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	
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	
<i>icatibant acetate subcutaneous solution prefilled syringe 30 mg/3ml</i>	G	
ORLADEYO ORAL CAPSULE 110 MG, 150 MG (<i>berotralstat hcl</i>)	PSP	
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED 2100 UNIT (<i>c1 esterase inhibitor (recomb)</i>)	PSP	
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML (<i>lanadelumab-flyo</i>)	PSP	
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML (<i>lanadelumab-flyo</i>)	PSP	
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	
BIVIGAM INTRAVENOUS SOLUTION 10 GM/100ML, 5 GM/50ML (<i>immune globulin (human)</i>)	NPSP	
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	
CUVITRU SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML, 8 GM/40ML (<i>immune globulin (human)</i>)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 GM/200ML, 20 GM/400ML, 5 GM/100ML (<i>immune globulin (human)</i>)	NPSP	
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	
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED 10 GM, 5 GM (<i>immune globulin (human)</i>)	NPSP	
GAMMAKED INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 20 GM/200ML, 5 GM/50ML (<i>immune globulin (human)</i>)	NPSP	
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/400ML, 5 GM/100ML, 5 GM/50ML (<i>immune globulin (human)</i>)	NPSP	
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	
HIZENTRA SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML (<i>immune globulin (human)</i>)	NPSP	
HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML (<i>immune globulin (human)</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	
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 10 GM/100ML, 10 GM/200ML, 2 GM/20ML, 2.5 GM/50ML, 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, 40 GM/400ML, 5 GM/50ML (<i>immune globulin (human)</i>)	NPSP	
RHOPHYLAC INJECTION SOLUTION PREFILLED SYRINGE 1500 UNIT/2ML (<i>rho d immune globulin</i>)	NPSP	
WINRHO SDF INJECTION SOLUTION 1500 UNIT/1.3ML, 15000 UNIT/13ML, 2500 UNIT/2.2ML (<i>rho d immune globulin</i>)	NPSP	

Prescription Drug Name	Drug Tier	Drug Notes
XEMBIFY SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML (<i>immune globulin (human)-klhw</i>)	PSP	
IMMUNOMODULATORS		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5ML (<i>interferon gamma-1b</i>)	NPSP	
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG (<i>rilonacept</i>)	NF	
JOENJA ORAL TABLET 70 MG (<i>leniolisib phosphate</i>)	NF	
IMMUNOSUPPRESSANTS		
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 5 MG (<i>tacrolimus</i>)	NPSP	
<i>azathioprine</i> (Azasan Oral Tablet 100 Mg, 75 Mg)	G	
<i>azathioprine oral tablet 50 mg</i>	G	
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML (<i>belimumab</i>)	NPSP	
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML (<i>belimumab</i>)	NPSP	
CELLCEPT ORAL CAPSULE 250 MG (<i>mycophenolate mofetil</i>)	NPSP	
CELLCEPT ORAL SUSPENSION RECONSTITUTED 200 MG/ML (<i>mycophenolate mofetil</i>)	NPSP	
CELLCEPT ORAL TABLET 500 MG (<i>mycophenolate mofetil</i>)	NPSP	
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	G	
<i>cyclosporine modified oral solution 100 mg/ml</i>	G	
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	G	
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.75 MG, 1 MG, 4 MG (<i>tacrolimus</i>)	NPSP	
<i>cyclosporine modified</i> (Gengraf Oral Capsule 100 Mg, 25 Mg)	G	
<i>cyclosporine modified</i> (Gengraf Oral Solution 100 Mg/ML)	G	
IMURAN ORAL TABLET 50 MG (<i>azathioprine</i>)	NPB	
LUPKYNIS ORAL CAPSULE 7.9 MG (<i>voclosporin</i>)	NF	
<i>mycophenolate mofetil oral capsule 250 mg</i>	G	
<i>mycophenolate mofetil oral suspension reconstituted 200 mg/ml</i>	G	
<i>mycophenolate mofetil oral tablet 500 mg</i>	G	
<i>mycophenolate sodium oral tablet delayed release 180 mg, 360 mg</i>	G	
MYFORTIC ORAL TABLET DELAYED RELEASE 180 MG, 360 MG (<i>mycophenolate sodium</i>)	NPSP	

Prescription Drug Name	Drug Tier	Drug Notes
MYHIBBIN ORAL SUSPENSION 200 MG/ML (<i>mycophenolate mofetil</i>)	NF	
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG (<i>tacrolimus</i>)	NPSP	
PROGRAF ORAL PACKET 0.2 MG, 1 MG (<i>tacrolimus</i>)	NPSP	
REZUROCK ORAL TABLET 200 MG (<i>belumosudil mesylate</i>)	NF	
<i>sirolimus oral solution 1 mg/ml</i>	G	
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	G	
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	G	
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG, 1 MG (<i>everolimus</i>)	NPSP	
MISCELLANEOUS		
BEYFORTUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML (<i>nirsevimab-alip</i>)	NPB	
ILARIS SUBCUTANEOUS SOLUTION 150 MG/ML (<i>canakinumab</i>)	NPSP	
MEDICAL DEVICES		
THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS		
<i>d-xylose powder</i>	NPB	
GLEOLAN ORAL SOLUTION RECONSTITUTED 1.5 GM (<i>aminolevulinic acid hcl</i>)	NPB	
NUTRITIONAL/SUPPLEMENTS - VITAMINS AND SUPPLEMENTS		
ELECTROLYTES		
EFFER-K ORAL TABLET EFFERVESCENT 25 MEQ (<i>potassium bicarbonate</i>)	G	
<i>potassium chloride</i> (Klor-Con 10 Oral Tablet Extended Release 10 Meq)	G	N8 (Listing does not include certain NDCs)
<i>potassium chloride crys er</i> (Klor-Con M10 Oral Tablet Extended Release 10 Meq)	G	
<i>potassium chloride crys er</i> (Klor-Con M15 Oral Tablet Extended Release 15 Meq)	G	
<i>potassium chloride crys er</i> (Klor-Con M20 Oral Tablet Extended Release 20 Meq)	G	
<i>potassium chloride</i> (Klor-Con Oral Packet 20 Meq)	G	
KLOR-CON ORAL TABLET EXTENDED RELEASE 8 MEQ (<i>potassium chloride</i>)	NPB	
K-PHOS ORAL TABLET 500 MG (<i>potassium phosphate monobasic</i>)	NPB	

2026 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
02/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
PHOSPHA 250 NEUTRAL ORAL TABLET 155-852-130 MG (<i>k phos mono-sod phos di & mono</i>)	G	
<i>phosphorous oral tablet 155-852-130 mg</i>	G	
PHOSPHO-TRIN 250 NEUTRAL ORAL TABLET 155-852-130 MG (<i>k phos mono-sod phos di & mono</i>)	G	
POKONZA ORAL PACKET 10 MEQ (<i>potassium chloride</i>)	NF	
<i>potassium chloride crys er oral tablet extended release 20 meq</i>	G	
<i>potassium chloride er oral capsule extended release 10 meq, 8 meq</i>	G	
<i>potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq</i>	G	
<i>potassium chloride oral packet 20 meq</i>	G	
<i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	G	
<i>sodium fluoride oral solution 0.5 mg/ml, 1.1 (0.5 f) mg/ml</i>	CE	
<i>sodium fluoride oral tablet 1.1 (0.5 f) mg</i>	CE	
<i>sodium fluoride oral tablet chewable 0.55 (0.25 f) mg, 1.1 (0.5 f) mg</i>	CE	
MISCELLANEOUS		
<i>selenious acid intravenous solution 60 mcg/ml</i>	NF	
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	
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>c-nate dha oral capsule 28-1-200 mg</i>	NF	
<i>complete natal dha oral 29-1-200 & 200 mg</i>	NF	
<i>completenate oral tablet chewable 29-1 mg</i>	NF	
CO-NATAL FA ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	NF	
CONCEPT DHA ORAL CAPSULE 53.5-38-1 MG (<i>prenat-fefum-fepo-fa-omega 3</i>)	NF	
CONCEPT OB ORAL CAPSULE 130-92.4-1 MG (<i>prenat w/o a vit-fefum-fepo-fa</i>)	NF	
DERMACINRX PRETRATE ORAL TABLET 1 MG (<i>prenatal multivit-min-fe-fa</i>)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
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>)	G	
<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>m-natal plus oral tablet 27-1 mg</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	
<i>neonatal complete oral tablet 27-1 mg</i>	NF	
NEONATAL PLUS ORAL TABLET 27-1 MG (<i>prenatal vit-fe fumarate-fa</i>)	NF	
<i>neo-vital rx oral tablet 1 mg</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	
NIVA-PLUS ORAL TABLET 27-1 MG (<i>prenatal vit-fe fumarate-fa</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	
<i>one vite womens plus oral tablet 27-1 mg</i>	NF	
<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>	G	

2026 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
02/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
<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>pnv-select oral tablet 27-0.6-0.4 mg</i>	G	
<i>pregen dha oral capsule 28-1-35 mg</i>	NF	
<i>pregenna oral tablet 20-1 mg</i>	NF	
PREMESISRX ORAL TABLET 1 MG (<i>prenatal ca-b6-b12-fa-ginger</i>)	NF	
<i>prena 1 true oral 30-1.4 & 300 mg</i>	NF	
<i>prena1 oral tablet chewable 1.4 mg</i>	NF	
<i>prena1 pearl oral capsule extended release 30-1.4-200 mg</i>	NF	
<i>prenatal 19 oral tablet 29-1 mg</i>	NF	
<i>prenatal 19 oral tablet chewable</i>	G	
<i>prenatal 19 oral tablet chewable 29-1 mg</i>	NF	
<i>prenatal oral tablet 27-1 mg</i>	NF	
<i>prenatal plus oral tablet 27-1 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 ESSENTIAL ORAL CAPSULE 18-0.6-0.4-300 MG (<i>prenat-feasp-meth-fa-dha w/o a</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	

Prescription Drug Name	Drug Tier	Drug Notes
PRENATRIX ORAL TABLET 27-1 MG (<i>prenatal vit-fe fumarate-fa</i>)	NF	
PRENATRYL ORAL TABLET 27-1 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	
<i>relnate dha oral capsule 28-1-200 mg</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	
<i>se-natal 19 oral tablet 29-1 mg</i>	NF	
<i>se-natal 19 oral tablet chewable 29-1 mg</i>	NF	
TARON-C DHA ORAL CAPSULE 35-1 MG (<i>prenat-fefum-fepo-fa-omega 3</i>)	NF	
<i>thrivite rx oral tablet 29-1 mg</i>	NF	
<i>trinatal rx 1 oral tablet 60-1 mg</i>	NF	
TRINATE ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	G	
<i>tristart dha oral capsule 31-0.6-0.4-200 mg</i>	NF	
VINATE DHA RF ORAL CAPSULE 27-1.13 MG (<i>prenat w/oa-fefum-methf-omegas</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	
VITATHELY WITH GINGER ORAL TABLET 27-1 MG (<i>prenatal vit-fe fumarate-fa</i>)	NF	
<i>wescap-pn dha oral capsule 27-0.6-0.4-300 mg</i>	NF	
<i>wesnatal dha complete oral 29-1-200 & 200 mg</i>	NF	

2026 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
02/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
<i>wesnate dha oral capsule 28-1-200 mg</i>	NF	
<i>westab plus oral tablet 27-1 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>active fe oral tablet 75-1.25 mg</i>	NPB	
<i>activite oral tablet 1 mg</i>	NF	
AIRAVITE ORAL TABLET 2.5-25-1 MG (<i>folic acid-vit b6-vit b12</i>)	G	
<i>altrixa oral tablet</i>	NF	
AMLADEX ORAL TABLET (<i>multiple vitamin</i>)	NF	
ASTAMED MYO ORAL CAPSULE (<i>astaxanthin-tocotrienol-zn-d3</i>)	NF	
<i>biocel oral tablet</i>	G	
<i>bp vit 3 oral capsule 1 mg</i>	NPB	
<i>b-plex oral tablet</i>	G	
<i>b-plex plus oral tablet</i>	G	
CALCIFOL ORAL WAFER 1342-1.6 MG (<i>ca carb-fa-d-b6-b12-boron-mg</i>)	NPB	
CENFOL ORAL TABLET 2.3-24.5-2 MG (<i>folic acid-vit b6-vit b12</i>)	NPB	
CORVITE 150 ORAL TABLET (<i>iron combinations</i>)	NPB	
<i>corvite fe oral tablet</i>	NPB	
<i>cvs folic acid oral tablet 800 mcg</i>	CE	
<i>cyanocobalamin injection solution 1000 mcg/ml</i>	G	
DAVIMET-FLUORIDE ORAL TABLET CHEWABLE 0.75 MG (<i>pediatric multivitamins-fl</i>)	NF	
<i>dayavite oral tablet</i>	NF	
DEXIFOL ORAL TABLET 5 MG (<i>b complex-c-folic acid</i>)	NF	
DRISDOL ORAL CAPSULE 1.25 MG (50000 UT) (<i>ergocalciferol</i>)	NPB	
ELFOLATE PLUS ORAL TABLET 3-35-2 MG (<i>l-methylfolate-b6-b12</i>)	NF	
<i>ergocalciferol oral capsule 1.25 mg (50000 ut)</i>	G	
FA-8 ORAL CAPSULE 0.8 MG (<i>folic acid</i>)	CE	

Prescription Drug Name	Drug Tier	Drug Notes
<i>ferotrinsic oral capsule</i>	G	
FLORIVA ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG (<i>ped multiple vit-minerals-fl</i>)	NF	
<i>folagent dha oral capsule</i>	NF	
<i>folamax oral tablet</i>	NF	
<i>folamed dha oral capsule</i>	NF	
<i>folaprime oral tablet</i>	NF	
<i>folate oral tablet 400 mcg</i>	CE	
<i>folbee oral tablet 2.5-25-1 mg</i>	G	
<i>folbee plus oral tablet</i>	G	
FOLGARD OS ORAL TABLET 500-1.1 MG (<i>multiple vit-min-calcium-fa</i>)	NF	
<i>folic acid injection solution 5 mg/ml</i>	G	
<i>folic acid oral capsule 0.8 mg</i>	CE	
<i>folic acid oral tablet 400 mcg</i>	CE	
FOLI-D ORAL TABLET 1-2000 MG-UNIT (<i>folic acid-cholecalciferol</i>)	NF	
<i>folite oral tablet</i>	NF	
<i>foltrin oral capsule</i>	G	
FOLVITE-D ORAL TABLET 1-3775 MG-UNIT (<i>folic acid-cholecalciferol</i>)	NF	
FOSTEUM ORAL CAPSULE 27-20-200 MG-MG-UNIT (<i>genistein-zn chelate-vit d</i>)	NF	
FOSTEUM PLUS ORAL CAPSULE (<i>dietary management product</i>)	NF	
<i>ft folic acid oral tablet 400 mcg</i>	CE	
FUSION PLUS ORAL CAPSULE (<i>iron-fa-b cmp-c-biot-probiotic</i>)	NPB	
<i>gnp folic acid oral tablet 400 mcg</i>	CE	
HEMOCYTE PLUS ORAL CAPSULE 106-1 MG (<i>fe fum-fa-b cmp-c-zn-mg-mn-cu</i>)	NPB	
<i>hylavite oral tablet</i>	NF	
<i>hylazinc oral tablet</i>	NF	
ICAR-C PLUS ORAL TABLET 100-250-0.025-1 MG (<i>iron-vit c-vit b12-folic acid</i>)	NF	
<i>keyfolic oral tablet</i>	NF	
K-TAN PLUS ORAL CAPSULE 162-115.2-1 MG (<i>fefum-fepo-fa-b cmp-c-zn-mn-cu</i>)	G	

2026 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
02/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
LDL CARE ORAL POWDER (<i>dietary management product</i>)	NF	
LYSIPLEX PLUS ORAL TABLET (<i>multiple vitamins-minerals</i>)	G	
<i>medi tab oral tablet</i>	NF	
<i>mincora oral tablet</i>	NF	
MULTIGEN FOLIC ORAL TABLET 70-150-2-1 MG (<i>fe asp gly-succ-c-thre-b12-fa</i>)	NPB	
MULTIGEN ORAL TABLET 70 MG (<i>fe-succ-c-thre-b12-des stomach</i>)	NPB	
MULTIGEN PLUS ORAL TABLET (<i>feasp-fefum -suc-c-thre-b12-fa</i>)	NPB	
<i>multiapro oral capsule</i>	NF	
<i>multivitamin w/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg</i>	G	N8 (Listing does not include certain NDCs)
<i>multi-vitamin/fluoride oral solution 0.5 mg/ml</i>	G	
<i>multi-vitamin/fluoride/iron oral solution 0.25-10 mg/ml</i>	G	
NASCOBAL NASAL SOLUTION 500 MCG/0.1ML (<i>cyanocobalamin</i>)	NPB	
<i>neoke bbb oral powder</i>	NF	
<i>neovite oral tablet</i>	NF	
NICADAN ORAL TABLET (<i>multiple vitamins-minerals</i>)	NF	
NICAPRIN ORAL TABLET (<i>dietary management product</i>)	NF	
NICAZEL FORTE ORAL TABLET (<i>multiple vitamins-minerals</i>)	NF	
NICAZEL ORAL TABLET (<i>multiple vitamins-minerals</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	
NUFOL ORAL TABLET 2.5-25-1 MG (<i>folic acid-vit b6-vit b12</i>)	G	
NUTRIFAC ZX ORAL TABLET (<i>multiple vitamins-minerals</i>)	G	
<i>onevite oral tablet</i>	NF	
<i>ortho df oral capsule 1-3775 mg-unit</i>	NF	
<i>phytonadione injection solution 1 mg/0.5ml, 10 mg/ml</i>	G	
<i>phytonadione oral tablet 5 mg</i>	G	
<i>poly-iron 150 forte oral capsule 150-25-1 mg-mcg-mg</i>	G	
<i>polysaccharide iron forte oral capsule 150-25-1 mg-mcg-mg</i>	G	
POLY-VI-FLOR ORAL SUSPENSION 0.25 MG/ML (<i>pediatric multivitamins-fl</i>)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
POLY-VI-FLOR ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG (<i>pediatric multivitamins-fl</i>)	NF	
POLY-VI-FLOR/IRON ORAL SUSPENSION 0.25-7 MG/ML (<i>ped multivitamins-fl-iron</i>)	NF	
POLY-VI-FLOR/IRON ORAL TABLET CHEWABLE 0.5-10 MG (<i>ped multivitamins-fl-iron</i>)	NF	
<i>pro-critic oral packet</i>	NPB	
<i>profola oral tablet</i>	NF	
<i>pyridoxine hcl injection solution 100 mg/ml</i>	G	
REMEDIENT ORAL CAPSULE (<i>multiple vitamins-minerals</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>	G	
RHEUMATE ORAL CAPSULE (<i>dietary management product</i>)	NF	
STROVITE FORTE ORAL SYRUP (<i>multiple vitamins-minerals</i>)	NF	
<i>support oral liquid</i>	NF	
TALIVA ORAL CAPSULE 1 MG (<i>fa-b6-b12-omega 3-phytosterols</i>)	NF	
TOBAKIENT ORAL CAPSULE (<i>dietary management product</i>)	NF	
TRI-VI-FLOR ORAL SUSPENSION 0.25 MG/ML (<i>pediatric multivitamins-fl</i>)	NF	
<i>tri-vi-floro oral suspension 0.25 mg/ml, 0.5 mg/ml</i>	NF	
<i>tri-vite/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml</i>	G	
<i>tronvite oral tablet 1 mg</i>	NF	
UDAMIN SP ORAL TABLET (<i>multiple vitamins-minerals</i>)	NF	
VASCULERA ORAL TABLET (<i>dietary management product</i>)	NF	
<i>vb6 p5p oral powder</i>	NF	
<i>v-c forte oral capsule</i>	G	
VIC-FORTE ORAL CAPSULE (<i>multiple vitamins-minerals</i>)	G	
VITA S FORTE ORAL TABLET (<i>multiple vitamins-minerals</i>)	G	
VITACEL ORAL TABLET (<i>multiple vitamins-minerals</i>)	G	
VITAMEZ ORAL CAPSULE 1 MG (<i>fa-b6-b12-omega 3-phytosterols</i>)	NPB	
<i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)</i>	G	
<i>vitamin k1 injection solution 1 mg/0.5ml, 10 mg/ml</i>	G	
VITAROCA PLUS ORAL TABLET (<i>multiple vitamins-minerals</i>)	NF	
<i>vitasure oral tablet 1 mg</i>	NF	

2026 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
02/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
<i>wellfola oral tablet</i>	NF	
<i>xyzbac oral tablet</i>	NF	
<i>yl folic acid oral tablet 400 mcg</i>	CE	
OPHTHALMIC - DRUGS TO TREAT EYE CONDITIONS		
ANTIALLERGICS - DRUGS TO TREAT ALLERGIES		
ALOCRILOPHTHALMIC SOLUTION 2 % (<i>nedocromil sodium</i>)	NPB	
<i>azelastine hcl ophthalmic solution 0.05 %</i>	G	
BEPREVE OPHTHALMIC SOLUTION 1.5 % (<i>bepotastine besilate</i>)	NF	
<i>cromolyn sodium ophthalmic solution 4 %</i>	G	
<i>epinastine hcl ophthalmic solution 0.05 %</i>	G	
<i>olopatadine hcl ophthalmic solution 0.1 %, 0.2 %</i>	G	
ZERVIA OPHTHALMIC SOLUTION 0.24 % (<i>cetirizine hcl</i>)	NF	
ANTIGLAUCOMA BETA-BLOCKERS - DRUGS TO TREAT GLAUCOMA		
<i>betaxolol hcl ophthalmic solution 0.5 %</i>	G	
BETIMOL OPHTHALMIC SOLUTION 0.5 % (<i>timolol hemihydrate</i>)	NF	
BETOPTIC-S OPHTHALMIC SUSPENSION 0.25 % (<i>betaxolol hcl</i>)	PB	
<i>carteolol hcl ophthalmic solution 1 %</i>	G	
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	G	
<i>timolol hemihydrate ophthalmic solution 0.5 %</i>	NF	
<i>timolol maleate (once-daily) ophthalmic solution 0.5 %</i>	G	
<i>timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %</i>	G	
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i>	G	
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.25 %, 0.5 % (<i>timolol maleate</i>)	NF	
ANTIGLAUCOMA COMBINATION AGENTS - DRUGS TO TREAT GLAUCOMA		
COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 % (<i>brimonidine tartrate-timolol</i>)	NF	
COSOPT OPHTHALMIC SOLUTION 2-0.5 % (<i>dorzolamide hcl-timolol mal</i>)	NPB	
<i>dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %</i>	G	
<i>dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %</i>	G	

Prescription Drug Name	Drug Tier	Drug Notes
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 % (netarsudil-latanoprost)	NF	
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 % (brinzolamide-brimonidine)	PB	
ANTI-INFECTIVE/ANTI-INFLAMMATORY - DRUGS TO TREAT INFECTIONS AND INFLAMMATION		
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %</i>	G	
<i>double pm ophthalmic solution reconstituted 1-0.5 %</i>	NF	
MAXITROL OPHTHALMIC OINTMENT 3.5-10000-0.1 (neomycin-polymyxin-dexameth)	NPB	
<i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i>	G	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	G	
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>	G	
<i>prednisolone-gatifloxacin ophthalmic suspension 1-0.5 %</i>	NF	
<i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>	G	
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 % (tobramycin-dexamethasone)	PB	
TOBRADEX ST OPHTHALMIC SUSPENSION 0.3-0.05 % (tobramycin-dexamethasone)	NF	
<i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %</i>	G	
<i>triple pmb ophthalmic solution reconstituted 1-0.5-0.09 %</i>	NF	
<i>triple pmk ophthalmic solution reconstituted 1-0.5-0.5 %</i>	NF	
ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 % (loteprednol-tobramycin)	NF	
ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS		
AZASITE OPHTHALMIC SOLUTION 1 % (azithromycin)	NF	
<i>bacitracin ophthalmic ointment 500 unit/gm</i>	G	
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	G	
BESIVANCE OPHTHALMIC SUSPENSION 0.6 % (besifloxacin hcl)	PB	
CILOXAN OPHTHALMIC OINTMENT 0.3 % (ciprofloxacin hcl)	NF	
<i>ciprofloxacin hcl ophthalmic solution 0.3 %</i>	G	
<i>erythromycin ophthalmic ointment 5 mg/gm</i>	G	N8 (Listing does not include certain NDCs)
<i>gatifloxacin ophthalmic solution 0.5 %</i>	G	

2026 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
02/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
<i>gentamicin sulfate ophthalmic solution 0.3 %</i>	G	
KLARITY-A OPHTHALMIC SOLUTION 1 % (<i>azithromycin</i>)	NF	
MITOSOL OPHTHALMIC KIT 0.2 MG (<i>mitomycin</i>)	NPB	
<i>moxifloxacin hcl ophthalmic solution 0.5 %</i>	G	
NATACYN OPHTHALMIC SUSPENSION 5 % (<i>natamycin</i>)	NPB	
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>	G	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	G	
<i>ofloxacin ophthalmic solution 0.3 %</i>	G	
<i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>	G	
<i>sulfacetamide sodium ophthalmic solution 10 %</i>	G	
<i>tobramycin ophthalmic solution 0.3 %</i>	G	
TOBREX OPHTHALMIC OINTMENT 0.3 % (<i>tobramycin</i>)	NPB	
<i>trifluridine ophthalmic solution 1 %</i>	G	
VIGAMOX OPHTHALMIC SOLUTION 0.5 % (<i>moxifloxacin hcl</i>)	NPB	
XDEMVEY OPHTHALMIC SOLUTION 0.25 % (<i>lotilaner</i>)	PB	
ZIRGAN OPHTHALMIC GEL 0.15 % (<i>ganciclovir</i>)	NF	
ANTI-INFLAMMATORIES - DRUGS TO TREAT INFLAMMATION		
ACULAR OPHTHALMIC SOLUTION 0.5 % (<i>ketorolac tromethamine</i>)	NPB	
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>	G	
BROMSITE OPHTHALMIC SOLUTION 0.075 % (<i>bromfenac sodium</i>)	NF	
<i>dexamethasone sodium phosphate ophthalmic solution 0.1 %</i>	G	
DEXTENZA OPHTHALMIC INSERT 0.4 MG (<i>dexamethasone</i>)	NF	
DEXYCU INTRAOCULAR SUSPENSION 9 % (<i>dexamethasone</i>)	NF	
<i>diclofenac sodium ophthalmic solution 0.1 %</i>	G	
<i>difluprednate ophthalmic emulsion 0.05 %</i>	G	
DUREZOL OPHTHALMIC EMULSION 0.05 % (<i>difluprednate</i>)	NPB	

2026 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
02/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
EYSUVIS OPHTHALMIC SUSPENSION 0.25 % (<i>loteprednol etabonate</i>)	NPB	
FLAREX OPHTHALMIC SUSPENSION 0.1 % (<i>fluorometholone acetate</i>)	NF	
<i>fluorometholone ophthalmic suspension 0.1 %</i>	G	
<i>flurbiprofen sodium ophthalmic solution 0.03 %</i>	G	
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>)	PB	
INVELTYS OPHTHALMIC SUSPENSION 1 % (<i>loteprednol etabonate</i>)	NF	
<i>ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %</i>	G	
KLARITY-L OPHTHALMIC EMULSION 0.2 %, 0.5 % (<i>loteprednol etabonate</i>)	NF	
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	
<i>loteprednol etabonate ophthalmic suspension 0.5 %</i>	G	
MAXIDEX OPHTHALMIC SUSPENSION 0.1 % (<i>dexamethasone</i>)	NF	
NEVANAC OPHTHALMIC SUSPENSION 0.1 % (<i>nepafenac</i>)	NF	
OZURDEX INTRAVITREAL IMPLANT 0.7 MG (<i>dexamethasone</i>)	NPSP	
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>	G	
<i>prednisolone acetate p-f ophthalmic suspension 1 %</i>	NPB	
<i>prednisolone sodium phosphate ophthalmic solution 1 %</i>	NPB	
PROLENSA OPHTHALMIC SOLUTION 0.07 % (<i>bromfenac sodium</i>)	NPB	

Prescription Drug Name	Drug Tier	Drug Notes
CARBONIC ANHYDRASE INHIBITORS - DRUGS TO TREAT GLAUCOMA		
AZOPT OPHTHALMIC SUSPENSION 1 % (<i>brinzolamide</i>)	NPB	
<i>brinzolamide ophthalmic suspension 1 %</i>	G	
<i>dorzolamide hcl ophthalmic solution 2 %</i>	NPB	N8 (Listing does not include certain NDCs)
DRY EYE DISEASE		
CEQUA OPHTHALMIC SOLUTION 0.09 % (<i>cyclosporine</i>)	NF	
<i>cyclosporine 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		
AKTEN OPHTHALMIC GEL 3.5 % (<i>lidocaine hcl</i>)	NPB	
ALTACAINE OPHTHALMIC SOLUTION 0.5 % (<i>tetracaine hcl</i>)	G	
ALTAFRIN OPHTHALMIC SOLUTION 10 %, 2.5 % (<i>phenylephrine hcl</i>)	G	
<i>atropine sulfate ophthalmic solution 1 %</i>	NPB	
<i>cyclopentolate hcl ophthalmic solution 1 %</i>	G	
CYSTADROPS OPHTHALMIC SOLUTION 0.37 % (<i>cysteamine hcl</i>)	NF	
CYSTARAN OPHTHALMIC SOLUTION 0.44 % (<i>cysteamine hcl</i>)	NPSP	
MYDCOMBI OPHTHALMIC SOLUTION CARTRIDGE 1-2.5 % (<i>tropicamide-phenylephrine</i>)	NF	
OXERVATE OPHTHALMIC SOLUTION 0.002 % (<i>cenegermin-bkbj</i>)	NPSP	
<i>phenylephrine hcl ophthalmic solution 10 %, 2.5 %</i>	G	
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	G	
<i>proparacaine hcl ophthalmic solution 0.5 %</i>	G	
QLOSI OPHTHALMIC SOLUTION 0.4 % (<i>pilocarpine hcl</i>)	NF	
<i>tropicamide ophthalmic solution 0.5 %, 1 %</i>	G	

2026 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
02/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
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	
VIZZ OPHTHALMIC SOLUTION 1.44 % (<i>aceclidine hcl</i>)	NF	
VUITY OPHTHALMIC SOLUTION 1.25 % (<i>pilocarpine hcl</i>)	NF	
PROSTAGLANDINS - DRUGS TO TREAT GLAUCOMA		
<i>bimatoprost ophthalmic solution 0.03 %</i>	G	
IYUZEH OPHTHALMIC SOLUTION 0.005 % (<i>latanoprost</i>)	NF	
<i>latanoprost ophthalmic solution 0.005 %</i>	NF	
LUMIGAN OPHTHALMIC SOLUTION 0.01 % (<i>bimatoprost</i>)	NF	
TRAVATAN Z OPHTHALMIC SOLUTION 0.004 % (<i>travoprost</i>)	NF	
<i>travoprost (bak free) ophthalmic solution 0.004 %</i>	G	N8 (Listing does not include certain NDCs)
VYZULTA OPHTHALMIC SOLUTION 0.024 % (<i>latanoprostene bunod</i>)	NF	
XALATAN OPHTHALMIC SOLUTION 0.005 % (<i>latanoprost</i>)	NPB	
XELPROS OPHTHALMIC EMULSION 0.005 % (<i>latanoprost</i>)	NF	
ZIOPTAN OPHTHALMIC SOLUTION 0.0015 % (<i>tafluprost</i>)	NPB	
RETINAL DISORDERS		
BYOOVIZ INTRAVITREAL SOLUTION 0.5 MG/0.05ML (<i>ranibizumab-nuna</i>)	PSP	
CIMERLI INTRAVITREAL SOLUTION 0.3 MG/0.05ML, 0.5 MG/0.05ML (<i>ranibizumab-eqrn</i>)	NPSP	
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	
RHO KINASE INHIBITORS - DRUGS TO TREAT EYE CONDITIONS		
RHOPRESSA OPHTHALMIC SOLUTION 0.02 % (<i>netarsudil dimesylate</i>)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
SYMPATHOMIMETICS - DRUGS TO TREAT GLAUCOMA		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 % (<i>brimonidine tartrate</i>)	PB	
<i>apraclonidine hcl ophthalmic solution 0.5 %</i>	G	
<i>brimonidine tartrate ophthalmic solution 0.15 %, 0.2 %</i>	G	
IOPIDINE OPHTHALMIC SOLUTION 1 % (<i>apraclonidine hcl</i>)	NPB	
OTHER		
IRRIGATION SOLUTIONS		
ARGYLE STERILE WATER IRRIGATION SOLUTION (<i>water for irrigation, sterile</i>)	G	
<i>lactated ringers irrigation solution</i>	G	
<i>irrigation solns physiological</i> (Physiolyte Irrigation Solution)	G	
<i>irrigation solns physiological</i> (Physiosol Irrigation Irrigation Solution)	G	
<i>ringers irrigation irrigation solution</i>	G	
<i>sterile water for irrigation irrigation solution</i>	G	
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	
GLASSIA INTRAVENOUS SOLUTION 1000 MG/50ML, 4 GM/200ML, 5 GM/250ML (<i>alpha1-proteinase inhibitor</i>)	PSP	
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	
ANAPHYLAXIS TREATMENT AGENTS		
ADRENALIN INJECTION SOLUTION 1 MG/ML, 30 MG/30ML (<i>epinephrine</i>)	NF	
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	
<i>epinephrine injection solution auto-injector 0.15 mg/0.15ml</i>	G	
<i>epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	G	N8 (Listing does not include certain NDCs)

Prescription Drug Name	Drug Tier	Drug Notes
<i>epinephrine injection solution prefilled syringe 0.3 mg/0.3ml</i>	G	N8 (Listing does not include certain NDCs)
<i>epinephrine professional injection kit 1 mg/ml</i>	NF	
EPINEPHRINESNAP-EMS INJECTION KIT 1 MG/ML (<i>epinephrine</i>)	NF	
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	
EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.3ML (<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	
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>)	NPB	
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	G	
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT (<i>tiotropium bromide-olodaterol</i>)	PB	
<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	
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	
ANTICHOLINERGICS		
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT (<i>ipratropium bromide hfa</i>)	NPB	
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT (<i>umeclidinium bromide</i>)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
<i>ipratropium bromide inhalation solution 0.02 %</i>	G	N8 (Listing does not include certain NDCs)
<i>ipratropium bromide nasal solution 0.03 %, 0.06 %</i>	G	
SPIRIVA HANDIHALER INHALATION CAPSULE 18 MCG (<i>tiotropium bromide</i>)	PB	
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT (<i>tiotropium bromide</i>)	PB	
<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 SOLUTION 175 MCG/3ML (<i>revefenacin</i>)	PB	
ANTIHIISTAMINE COMBINATIONS		
<i>azelastine-fluticasone nasal suspension 137-50 mcg/act</i>	G	
DYMISTA NASAL SUSPENSION 137-50 MCG/ACT (<i>azelastine-fluticasone</i>)	NF	
RYALTRIS NASAL SUSPENSION 665-25 MCG/ACT (<i>olopatadine-mometasone</i>)	NF	
ANTIHIISTAMINES - DRUGS TO TREAT ALLERGIES		
<i>azelastine hcl nasal solution 137 mcg/spray</i>	G	
<i>carbinoxamine maleate oral solution 4 mg/5ml</i>	G	
<i>carbinoxamine maleate oral tablet 4 mg</i>	G	
<i>carbinoxamine maleate oral tablet 6 mg</i>	G	N8 (Listing does not include certain NDCs)
<i>cetirizine hcl oral solution 1 mg/ml</i>	G	
CLARINEX ORAL TABLET 5 MG (<i>desloratadine</i>)	NPB	
<i>clemastine fumarate oral tablet 2.68 mg</i>	G	
<i>cyproheptadine hcl oral syrup 2 mg/5ml</i>	G	
<i>cyproheptadine hcl oral tablet 4 mg</i>	G	N8 (Listing does not include certain NDCs)
<i>desloratadine oral tablet 5 mg</i>	G	
<i>desloratadine oral tablet dispersible 2.5 mg, 5 mg</i>	G	
<i>diphenhydramine hcl oral elixir 12.5 mg/5ml</i>	G	
<i>hydroxyzine hcl oral syrup 10 mg/5ml</i>	G	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	G	N8 (Listing does not include certain NDCs)
<i>hydroxyzine pamoate oral capsule 100 mg</i>	G	

Prescription Drug Name	Drug Tier	Drug Notes
<i>hydroxyzine pamoate oral capsule 25 mg, 50 mg</i>	G	N8 (Listing does not include certain NDCs)
KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE 4 MG/5ML (<i>carbinoxamine maleate</i>)	NPB	
<i>levocetirizine dihydrochloride oral solution 2.5 mg/5ml</i>	G	
<i>levocetirizine dihydrochloride oral tablet 5 mg</i>	G	
<i>olopatadine hcl nasal solution 0.6 %</i>	G	
RYCLORA ORAL SOLUTION 2 MG/5ML (<i>dexchlorpheniramine maleate</i>)	NF	
<i>carbinoxamine maleate</i> (Ryvent Oral Tablet 6 Mg)	G	
BETA AGONISTS - DRUGS TO TREAT ASTHMA AND COPD		
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</i>	G	N8 (Listing does not include certain NDCs)
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, (5 mg/ml) 0.5%, 0.63 mg/3ml, 1.25 mg/3ml</i>	G	N8 (Listing does not include certain NDCs)
<i>albuterol sulfate inhalation nebulization solution 2.5 mg/0.5ml</i>	G	
<i>albuterol sulfate oral syrup 2 mg/5ml</i>	G	
<i>albuterol sulfate oral tablet 2 mg</i>	G	
<i>albuterol sulfate oral tablet 4 mg</i>	G	N8 (Listing does not include certain NDCs)
<i>arformoterol tartrate inhalation nebulization solution 15 mcg/2ml</i>	G	
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml</i>	G	
<i>levalbuterol tartrate inhalation aerosol 45 mcg/act</i>	NPB	
PERFORMIST INHALATION NEBULIZATION SOLUTION 20 MCG/2ML (<i>formoterol fumarate</i>)	NPB	
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>)	PB	
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT (<i>olodaterol hcl</i>)	PB	
<i>terbutaline sulfate oral tablet 2.5 mg, 5 mg</i>	G	N8 (Listing does not include certain NDCs)
VENTOLIN HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT (<i>albuterol sulfate</i>)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
XOPENEX HFA INHALATION AEROSOL 45 MCG/ACT (<i>levalbuterol tartrate</i>)	NF	
COLD/COUGH		
ADRENALIN NASAL SOLUTION 0.1 % (<i>epinephrine hcl (nasal)</i>)	NPB	
<i>benzonatate oral capsule 100 mg, 200 mg</i>	G	
CLARINEX-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR 2.5-120 MG (<i>desloratadine-pseudoephedrine</i>)	NPB	
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>hydrocod poli-chlorphe poli er oral suspension extended release 10-8 mg/5ml</i>	G	
<i>hydrocodone bit-homatrop mbr oral solution 5-1.5 mg/5ml</i>	G	
<i>hydrocodone bit-homatrop mbr oral tablet 5-1.5 mg</i>	G	
<i>hydromet oral solution 5-1.5 mg/5ml</i>	G	
<i>promethazine-codeine oral solution 6.25-10 mg/5ml</i>	G	
<i>promethazine-codeine oral syrup 6.25-10 mg/5ml</i>	G	
<i>promethazine-dm oral syrup 6.25-15 mg/5ml</i>	G	
<i>pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml</i>	G	N8 (Listing does not include certain NDCs)
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HOUR 54.3-8 MG (<i>chlorpheniramine-codeine</i>)	NF	
CYSTIC FIBROSIS		
ALYFTREK ORAL TABLET 10-50-125 MG, 4-20-50 MG (<i>vanzacft-tezacft-deutivacft</i>)	NF	
BETHKIS INHALATION NEBULIZATION SOLUTION 300 MG/4ML (<i>tobramycin</i>)	NF	
BRONCHITOL INHALATION CAPSULE 40 MG (<i>mannitol (cystic fibrosis)</i>)	NF	
BRONCHITOL TOLERANCE TEST 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, 25 MG, 5.8 MG (<i>ivacaftor</i>)	NPSP	
KALYDECO ORAL PACKET 50 MG, 75 MG (<i>ivacaftor</i>)	NPB	

Prescription Drug Name	Drug Tier	Drug Notes
KITABIS PAK (W/ NEBULIZER) INHALATION NEBULIZATION SOLUTION 300 MG/5ML (<i>tobramycin</i>)	NF	
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG, 75-94 MG (<i>lumacaftor-ivacaftor</i>)	NPSP	
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG (<i>lumacaftor-ivacaftor</i>)	NPB	
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML (<i>dornase alfa</i>)	NPSP	
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG, 50-75 & 75 MG (<i>tezacaftor-ivacaftor</i>)	NPSP	
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/5ml</i>	G	
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG, 50-25-37.5 & 75 MG (<i>elexacaftor-tezacaftor-ivacafti</i>)	NPSP	
TRIKAFTA ORAL THERAPY PACK 100-50-75 & 75 MG, 80-40-60 & 59.5 MG (<i>elexacaftor-tezacaftor-ivacafti</i>)	NPSP	
LEUKOTRIENE MODIFIERS		
<i>zileuton er oral tablet extended release 12 hour 600 mg</i>	NF	
LEUKOTRIENE RECEPTOR ANTAGONISTS - DRUGS TO TREAT ASTHMA AND ALLERGIES		
<i>montelukast sodium oral packet 4 mg</i>	G	
<i>montelukast sodium oral tablet 10 mg</i>	G	
<i>montelukast sodium oral tablet chewable 4 mg, 5 mg</i>	G	
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>	G	
MAST CELL STABILIZERS - DRUGS TO TREAT ALLERGIES		
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>	G	
MISCELLANEOUS		
<i>acetylcysteine inhalation solution 10 %, 20 %</i>	G	
DALIRESP ORAL TABLET 250 MCG, 500 MCG (<i>roflumilast</i>)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
HYPERSAL INHALATION NEBULIZATION SOLUTION 3.5 % (<i>sodium chloride</i>)	NPB	
OHTUVAYRE INHALATION SUSPENSION 3 MG/2.5ML (<i>ensifentrine</i>)	NF	
<i>sodium chloride inhalation nebulization solution 0.9 %</i>	G	N8 (Listing does not include certain NDCs)
<i>sodium chloride inhalation nebulization solution 10 %, 3 %, 7 %</i>	G	
NASAL STEROIDS - DRUGS TO TREAT ALLERGIES		
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	G	
<i>fluticasone propionate nasal suspension 50 mcg/act</i>	G	
<i>mometasone furoate nasal suspension 50 mcg/act</i>	G	
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	
SINUVA NASAL IMPLANT 1350 MCG (<i>mometasone furoate</i>)	NF	
XHANCE NASAL EXHALER SUSPENSION 93 MCG/ACT (<i>fluticasone propionate</i>)	PB	
PULMONARY FIBROSIS AGENTS		
ESBRIET ORAL TABLET 267 MG, 801 MG (<i>pirfenidone</i>)	NF	
OFEV ORAL CAPSULE 100 MG, 150 MG (<i>nintedanib esylate</i>)	PSP	
<i>pirfenidone oral tablet 534 mg</i>	G	
SEVERE ASTHMA AGENTS		
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/ML (<i>benralizumab</i>)	PSP	
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 210 MG/1.91ML (<i>tezepelumab-ekko</i>)	PSP	
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	

Prescription Drug Name	Drug Tier	Drug Notes
ASMANEX (14 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	
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml</i>	G	
<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, 90 MCG/ACT (<i>budesonide</i>)	PB	
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	
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	
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)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50-25 MCG/INH (<i>fluticasone furoate-vilanterol</i>)	PB	
<i>budesonide-formoterol fumarate</i> (Breyna Inhalation Aerosol 160-4.5 Mcg/Act, 80-4.5 Mcg/Act)	G	

Prescription Drug Name	Drug Tier	Drug Notes
<i>budesonide-formoterol fumarate inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act</i>	G	
DUAKLIR PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400-12 MCG/ACT (<i>aclidinium bromide formoterol 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>	G	N8 (Listing does not include certain NDCs)
<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)	G	
XANTHINES - DRUGS TO TREAT COPD		
<i>theophylline</i> (Elixophyllin Oral Elixir 80 Mg/15Ml)	NPB	
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</i>	G	N8 (Listing does not include certain NDCs)
<i>theophylline er oral tablet extended release 12 hour 300 mg, 450 mg</i>	G	
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>	G	
<i>theophylline oral elixir 80 mg/15ml</i>	G	
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>)	NPB	
ACANYA EXTERNAL GEL 1.2-2.5 % (<i>clindamycin phosphate benzoyl peroxide</i>)	NF	

2026 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
02/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
ACZONE EXTERNAL GEL 7.5 % (<i>dapsone</i>)	NF	
<i>adainzoxia external gel 0.3-2.5-4 %</i>	NF	
<i>adapalene external cream 0.1 %</i>	G	
<i>adapalene external gel 0.1 %</i>	G	
<i>adapalene external gel 0.3 %</i>	G	N8 (Listing does not include certain NDCs)
<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>	G	
AKLIEF EXTERNAL CREAM 0.005 % (<i>trifarotene</i>)	PB	
ALTRENO EXTERNAL LOTION 0.05 % (<i>tretinoin</i>)	NF	
<i>isotretinoin</i> (Amnesteem Oral Capsule 10 Mg, 20 Mg, 40 Mg)	G	
AMZEEQ EXTERNAL FOAM 4 % (<i>minocycline hcl micronized</i>)	NF	
<i>aphoria external gel 0.3-2.5-4 %</i>	NF	
ARAZLO EXTERNAL LOTION 0.045 % (<i>tazarotene</i>)	NF	
AZELEX EXTERNAL CREAM 20 % (<i>azelaic acid</i>)	NF	
BENZEPRO EXTERNAL FOAM 5.2 %, 9.7 % (<i>benzoyl peroxide</i>)	NF	
BENZEPRO EXTERNAL FOAM 5.3 % (<i>benzoyl peroxide</i>)	G	
BENZEPRO EXTERNAL LIQUID 6.8 % (<i>benzoyl peroxide</i>)	NF	
<i>benzoyl perox-hydrocortisone external lotion 5-0.5 %</i>	G	
<i>benzoyl peroxide external foam 9.8 %</i>	G	
<i>benzoyl peroxide-erythromycin external gel 5-3 %</i>	G	
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)	G	
<i>clindamycin phosphate</i> (Clindacin Etz External Swab 1 %)	G	
<i>clindamycin phosphate</i> (Clindacin-P External Swab 1 %)	G	
<i>clindamycin phos (once-daily) external gel 1 %</i>	NF	
<i>clindamycin phos (twice-daily) external gel 1 %</i>	NF	
<i>clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-5 %</i>	G	
<i>clindamycin phosphate external foam 1 %</i>	G	
<i>clindamycin phosphate external lotion 1 %</i>	G	
<i>clindamycin phosphate external solution 1 %</i>	G	
<i>clindamycin phosphate external swab 1 %</i>	G	

2026 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
02/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
<i>clindamycin-tretinoin external gel 1.2-0.025 %</i>	G	
<i>dapsone external gel 5 %</i>	G	N8 (Listing does not include certain NDCs)
DIFFERIN EXTERNAL LOTION 0.1 % (<i>adapalene</i>)	NF	
EPIDUO FORTE EXTERNAL GEL 0.3-2.5 % (<i>adapalene-benzoyl peroxide</i>)	PB	
<i>ery external pad 2 %</i>	G	
<i>erythromycin external gel 2 %</i>	G	
<i>erythromycin external solution 2 %</i>	G	
FABIOR EXTERNAL FOAM 0.1 % (<i>tazarotene</i>)	NF	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	G	
<i>isotretinoin oral capsule 25 mg, 35 mg</i>	NF	
<i>clindamycin-benzoyl per (refr)</i> (Neuac External Gel 1.2-5 %)	G	
ONEXTON EXTERNAL GEL 1.2-3.75 % (<i>clindamycin phos-benzoyl perox</i>)	NPB	
PR BENZOYL PEROXIDE EXTERNAL LIQUID 6.9 % (<i>benzoyl peroxide</i>)	NF	
<i>resorcinol-sulfur external lotion 2-5 %</i>	G	
RETIN-A MICRO EXTERNAL GEL 0.04 %, 0.1 % (<i>tretinoin microsphere</i>)	NF	
RETIN-A MICRO PUMP EXTERNAL GEL 0.04 %, 0.06 %, 0.08 %, 0.1 % (<i>tretinoin microsphere</i>)	NF	
<i>sulfacetamide sodium (acne) external lotion 10 %</i>	G	
<i>sulfamez wash external emulsion 10-1 %</i>	G	
<i>tazarotene external foam 0.1 %</i>	NF	
<i>tretinoin external cream 0.025 %, 0.05 %, 0.1 %</i>	G	
<i>tretinoin external gel 0.01 %, 0.025 %, 0.05 %</i>	G	
<i>tretinoin microsphere external gel 0.04 %, 0.1 %</i>	G	
<i>tretinoin microsphere pump external gel 0.04 %</i>	G	
TWYNEO EXTERNAL CREAM 0.1-3 % (<i>tretinoin-benzoyl peroxide</i>)	PB	
WINLEVI EXTERNAL CREAM 1 % (<i>clascoterone</i>)	NPB	
<i>isotretinoin</i> (Zenatane Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	G	
ZIANA EXTERNAL GEL 1.2-0.025 % (<i>clindamycin-tretinoin</i>)	NF	
DERMATOLOGY, ACTINIC KERATOSIS		
<i>fluorouracil external cream 0.5 %</i>	NF	

Prescription Drug Name	Drug Tier	Drug Notes
<i>fluorouracil external cream 5 %</i>	G	
<i>fluorouracil external solution 2 %, 5 %</i>	G	
<i>imiquimod external cream 5 %</i>	G	
<i>imiquimod pump external cream 3.75 %</i>	G	
KLISYRI (250 MG) EXTERNAL OINTMENT 1 % (<i>tirbanibulin</i>)	NF	
KLISYRI (350 MG) EXTERNAL OINTMENT 1 % (<i>tirbanibulin</i>)	NF	
TOLAK EXTERNAL CREAM 4 % (<i>fluorouracil</i>)	NF	
ZYCLARA EXTERNAL CREAM 3.75 % (<i>imiquimod</i>)	NPB	
ZYCLARA PUMP EXTERNAL CREAM 2.5 %, 3.75 % (<i>imiquimod</i>)	NPB	
DERMATOLOGY, ANTIBIOTICS		
<i>gentamicin sulfate external cream 0.1 %</i>	G	
<i>gentamicin sulfate external ointment 0.1 %</i>	G	
<i>mupirocin calcium external cream 2 %</i>	NF	
<i>mupirocin external ointment 2 %</i>	G	
NEO-SYNALAR EXTERNAL CREAM 0.5-0.025 % (<i>neomycin-fluocinolone</i>)	NF	
SILVADENE EXTERNAL CREAM 1 % (<i>silver sulfadiazine</i>)	NPB	
<i>silver sulfadiazine external cream 1 %</i>	G	
<i>silver sulfadiazine</i> (Ssd External Cream 1 %)	G	
SULFAMYLON EXTERNAL CREAM 85 MG/GM (<i>mafenide acetate</i>)	NPB	
DERMATOLOGY, ANTIFUNGALS		
<i>ciclopirox</i> (Ciclodan External Solution 8 %)	G	
<i>ciclopirox external gel 0.77 %</i>	G	
<i>ciclopirox external shampoo 1 %</i>	G	
<i>ciclopirox external solution 8 %</i>	G	
<i>ciclopirox olamine external cream 0.77 %</i>	G	
<i>ciclopirox olamine external suspension 0.77 %</i>	G	
<i>clotrimazole external cream 1 %</i>	G	
<i>clotrimazole external solution 1 %</i>	G	
<i>clotrimazole-betamethasone external cream 1-0.05 %</i>	G	
<i>clotrimazole-betamethasone external lotion 1-0.05 %</i>	G	
<i>econazole nitrate external cream 1 %</i>	G	

2026 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
02/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
ECOZA EXTERNAL FOAM 1 % (<i>econazole nitrate</i>)	NPB	
ERTACZO EXTERNAL CREAM 2 % (<i>sertaconazole nitrate</i>)	NPB	
EXELDERM EXTERNAL CREAM 1 % (<i>sulconazole nitrate</i>)	NPB	
EXELDERM EXTERNAL SOLUTION 1 % (<i>sulconazole nitrate</i>)	NPB	
<i>fungimez external solution</i>	NF	
JUBLIA EXTERNAL SOLUTION 10 % (<i>efinaconazole</i>)	NPB	
<i>ketoconazole external cream 2 %</i>	G	
<i>ketoconazole external foam 2 %</i>	NF	
<i>ketoconazole</i> (Ketodan External Foam 2 %)	NF	
<i>luliconazole external cream 1 %</i>	NF	
<i>miconazole-zinc oxide-petrolat external ointment 0.25-15-81.35 %</i>	G	
<i>naftifine hcl external cream 1 %, 2 %</i>	G	
NAFTIN EXTERNAL GEL 2 % (<i>naftifine hcl</i>)	NPB	
<i>nystatin</i> (Nyamyc External Powder 100000 Unit/Gm)	G	
<i>nystatin external cream 100000 unit/gm</i>	G	
<i>nystatin external ointment 100000 unit/gm</i>	G	
<i>nystatin external powder 100000 unit/gm</i>	G	
<i>nystatin-triamcinolone external cream 100000-0.1 unit/gm-%</i>	G	
<i>nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%</i>	G	
<i>nystatin</i> (Nystop External Powder 100000 Unit/Gm)	G	
<i>oxiconazole nitrate external cream 1 %</i>	NF	
OXISTAT EXTERNAL LOTION 1 % (<i>oxiconazole nitrate</i>)	NPB	
<i>sulconazole nitrate external solution 1 %</i>	NPB	
<i>tavaborole external solution 5 %</i>	NF	
VUSION EXTERNAL OINTMENT 0.25-15-81.35 % (<i>miconazole-zinc oxide-petrolat</i>)	NPB	
DERMATOLOGY, ANTIPRURITIC		
<i>doxepin hcl external cream 5 %</i>	NF	
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	G	
<i>calcipotriene external cream 0.005 %</i>	NF	
<i>calcipotriene external foam 0.005 %</i>	NF	
<i>calcipotriene external ointment 0.005 %</i>	G	
<i>calcipotriene external solution 0.005 %</i>	G	
<i>calcipotriene-betameth diprop external ointment 0.005-0.064 %</i>	NF	

2026 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
02/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
<i>calcipotriene-betameth diprop external suspension 0.005-0.064 %</i>	NF	
<i>calcipotriene (Calcitrene External Ointment 0.005 %)</i>	G	
<i>calcitriol external ointment 3 mcg/gm</i>	NF	
ENSTILAR EXTERNAL FOAM 0.005-0.064 % (<i>calcipotriene-betameth diprop</i>)	PB	
<i>methoxsalen rapid oral capsule 10 mg</i>	NPB	
SORILUX EXTERNAL FOAM 0.005 % (<i>calcipotriene</i>)	NF	
SPEVIGO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML (<i>spesolimab-sbzo</i>)	NPSP	
TACLONEX EXTERNAL SUSPENSION 0.005-0.064 % (<i>calcipotriene-betameth diprop</i>)	NPB	
<i>tazarotene external cream 0.1 %</i>	G	
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	
WYNZORA EXTERNAL CREAM 0.005-0.064 % (<i>calcipotriene-betameth diprop</i>)	NF	
ZORYVE EXTERNAL CREAM 0.3 % (<i>roflumilast</i>)	PB	
DERMATOLOGY, ANTISEBORRHEICS		
<i>glycolic acid solution 70 %</i>	NPB	
<i>ketoconazole external shampoo 2 %</i>	G	
<i>selenium sulfide external lotion 2.5 %</i>	G	
ZORYVE EXTERNAL FOAM 0.3 % (<i>roflumilast</i>)	PB	
DERMATOLOGY, ATOPIC DERMATITIS		
ADBRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML (<i>tralokinumab-ldrm</i>)	NPSP	
ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>tralokinumab-ldrm</i>)	NPSP	
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG (<i>abrocitinib</i>)	PSP	
EBGLYSS SUBCUTANEOUS SOLUTION AUTO-INJECTOR 250 MG/2ML (<i>lebrikizumab-lbkz</i>)	PSP	
EBGLYSS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 250 MG/2ML (<i>lebrikizumab-lbkz</i>)	PSP	
ELIDEL EXTERNAL CREAM 1 % (<i>pimecrolimus</i>)	NF	
EUCRISA EXTERNAL OINTMENT 2 % (<i>crisaborole</i>)	PB	

Prescription Drug Name	Drug Tier	Drug Notes
OPZELURA EXTERNAL CREAM 1.5 % (<i>ruxolitinib phosphate</i>)	PB	
<i>pimecrolimus external cream 1 %</i>	G	
<i>tacrolimus external ointment 0.03 %, 0.1 %</i>	G	
ZORYVE EXTERNAL CREAM 0.05 %, 0.15 % (<i>roflumilast</i>)	PB	
DERMATOLOGY, CORTICOSTEROIDS		
ADVANCED ALLERGY COLLECTION EXTERNAL KIT 2.5 % (<i>hydrocortisone</i>)	NF	
ALA SCALP EXTERNAL LOTION 2 % (<i>hydrocortisone</i>)	NF	
<i>ala-cort external cream 1 %</i>	G	
<i>alclometasone dipropionate external cream 0.05 %</i>	G	
<i>alclometasone dipropionate external ointment 0.05 %</i>	G	
<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>	G	
<i>betamethasone dipropionate aug external gel 0.05 %</i>	G	
<i>betamethasone dipropionate aug external lotion 0.05 %</i>	G	
<i>betamethasone dipropionate aug external ointment 0.05 %</i>	G	
<i>betamethasone dipropionate external cream 0.05 %</i>	G	
<i>betamethasone dipropionate external lotion 0.05 %</i>	G	
<i>betamethasone dipropionate external ointment 0.05 %</i>	NF	
<i>betamethasone valerate external cream 0.1 %</i>	G	
<i>betamethasone valerate external foam 0.12 %</i>	G	
<i>betamethasone valerate external lotion 0.1 %</i>	G	
<i>betamethasone valerate external ointment 0.1 %</i>	G	
BRYHALI EXTERNAL LOTION 0.01 % (<i>halobetasol propionate</i>)	PB	
<i>clobetasol prop emollient base external cream 0.05 %</i>	G	
<i>clobetasol propionate e external cream 0.05 %</i>	G	
<i>clobetasol propionate emulsion external foam 0.05 %</i>	NF	
<i>clobetasol propionate external foam 0.05 %</i>	G	
<i>clobetasol propionate external gel 0.05 %</i>	G	
<i>clobetasol propionate external liquid 0.05 %</i>	NF	
<i>clobetasol propionate external lotion 0.05 %</i>	G	
<i>clobetasol propionate external ointment 0.05 %</i>	G	
<i>clobetasol propionate external shampoo 0.05 %</i>	G	
<i>clobetasol propionate external solution 0.05 %</i>	G	

2026 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
02/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
CLOBEX EXTERNAL LOTION 0.05 % (<i>clobetasol propionate</i>)	NPB	
CLOBEX EXTERNAL SHAMPOO 0.05 % (<i>clobetasol propionate</i>)	NPB	
CLOBEX SPRAY EXTERNAL LIQUID 0.05 % (<i>clobetasol propionate</i>)	NF	
<i>clocortolone pivalate external cream 0.1 %</i>	NF	
<i>clobetasol propionate</i> (Clodan External Shampoo 0.05 %)	G	
CORDRAN EXTERNAL TAPE 4 MCG/SQCM (<i>flurandrenolide</i>)	NF	
DERMA-SMOOTH/FS BODY EXTERNAL OIL 0.01 % (<i>fluocinolone acetonide</i>)	NPB	
DERMA-SMOOTH/FS SCALP EXTERNAL OIL 0.01 % (<i>fluocinolone acetonide</i>)	NPB	
<i>desonide external cream 0.05 %</i>	G	
<i>desonide external gel 0.05 %</i>	NF	
<i>desonide external lotion 0.05 %</i>	G	
<i>desonide external ointment 0.05 %</i>	G	
<i>desoximetasone external cream 0.05 %, 0.25 %</i>	G	
<i>desoximetasone external gel 0.05 %</i>	G	
<i>desoximetasone external liquid 0.25 %</i>	G	
<i>desoximetasone external ointment 0.05 %</i>	NF	
<i>desoximetasone external ointment 0.25 %</i>	G	
<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>)	NPB	
DUOBRII EXTERNAL LOTION 0.01-0.045 % (<i>halobetasol prop-tazarotene</i>)	NF	
<i>fluocinolone acetonide body external oil 0.01 %</i>	G	
<i>fluocinolone acetonide external cream 0.01 %, 0.025 %</i>	G	
<i>fluocinolone acetonide external ointment 0.025 %</i>	G	
<i>fluocinolone acetonide external solution 0.01 %</i>	G	
<i>fluocinolone acetonide scalp external oil 0.01 %</i>	G	
<i>fluocinonide emulsified base external cream 0.05 %</i>	G	
<i>fluocinonide external cream 0.05 %</i>	G	
<i>fluocinonide external cream 0.1 %</i>	NF	
<i>fluocinonide external gel 0.05 %</i>	G	

2026 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
02/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
<i>fluocinonide external ointment 0.05 %</i>	G	
<i>fluocinonide external solution 0.05 %</i>	G	
<i>flurandrenolide external lotion 0.05 %</i>	NF	
<i>fluticasone propionate external cream 0.05 %</i>	G	
<i>fluticasone propionate external lotion 0.05 %</i>	G	
<i>fluticasone propionate external ointment 0.005 %</i>	G	
<i>halcinonide external cream 0.1 %</i>	NF	
<i>halobetasol propionate external cream 0.05 %</i>	G	
<i>halobetasol propionate external foam 0.05 %</i>	NF	
<i>halobetasol propionate external ointment 0.05 %</i>	G	
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>	NF	
<i>hydrocortisone butyrate external lotion 0.1 %</i>	NF	
<i>hydrocortisone butyrate external ointment 0.1 %</i>	G	
<i>hydrocortisone butyrate external solution 0.1 %</i>	G	
<i>hydrocortisone external cream 2.5 %</i>	G	
<i>hydrocortisone external lotion 2 %</i>	NF	
<i>hydrocortisone external lotion 2.5 %</i>	G	
<i>hydrocortisone external ointment 1 %, 2.5 %</i>	G	
<i>hydrocortisone valerate external cream 0.2 %</i>	G	
<i>hydrocortisone valerate external ointment 0.2 %</i>	G	
IMPOYZ EXTERNAL CREAM 0.025 % (<i>clobetasol propionate</i>)	NF	
<i>halobetasol propionate</i> (Lexette External Foam 0.05 %)	NF	
MEDPURA HYDROCORTISONE EXTERNAL CREAM 1 % (<i>hydrocortisone</i>)	G	
<i>mometasone furoate external cream 0.1 %</i>	G	
<i>mometasone furoate external ointment 0.1 %</i>	G	
<i>mometasone furoate external solution 0.1 %</i>	G	
SERNIVO EXTERNAL EMULSION 0.05 % (<i>betamethasone dipropionate</i>)	NPB	
TEXACORT EXTERNAL SOLUTION 2.5 % (<i>hydrocortisone</i>)	G	
TOPICORT EXTERNAL OINTMENT 0.25 % (<i>desoximetasone</i>)	NPB	
<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>	G	

2026 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month

02/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
<i>triamcinolone acetonide external lotion 0.025 %, 0.1 %</i>	G	
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>	G	
<i>triamcinolone acetonide external ointment 0.05 %</i>	NF	
<i>triamcinolone in absorbbase external ointment 0.05 %</i>	NF	
<i>triamcinolone acetonide (Triderm External Cream 0.5 %)</i>	G	
ULTRAVATE EXTERNAL LOTION 0.05 % (<i>halobetasol propionate</i>)	NF	
DERMATOLOGY, LOCAL ANESTHETICS		
<i>lidocaine hcl (Glydo External Prefilled Syringe 2 %)</i>	G	
<i>l.e.t. (racepinephrine) external gel 4-0.05-0.5 %</i>	NF	
<i>l.e.t. external gel 4-0.05-0.5 %</i>	NF	
LDO PLUS EXTERNAL GEL 4 % (<i>lidocaine hcl</i>)	NF	
<i>lidocaine external patch 5 %</i>	G	
<i>lidocaine hcl external solution 4 %</i>	G	
<i>lidocaine hcl urethral/mucosal external prefilled syringe 2 %</i>	G	
<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>	G	
LIDODERM EXTERNAL PATCH 5 % (<i>lidocaine</i>)	NPB	
LMR PLUS EXTERNAL KIT 5 & 0.5-0.5 % (<i>lidocaine-camphor-menthol</i>)	NF	
<i>paingo kft external kit 2.5-2.5-10-30 %</i>	NF	
<i>prepiv supply combination kit 2.5-2.5 & 0.9 %</i>	NF	
QUTENZA (2 PATCH) EXTERNAL KIT 8 % (<i>capsaicin-cleansing gel</i>)	NPSP	
QUTENZA (4 PATCH) EXTERNAL KIT 8 % (<i>capsaicin-cleansing gel</i>)	NPSP	
QUTENZA EXTERNAL KIT 8 % (<i>capsaicin-cleansing gel</i>)	NPSP	
VENIPUNCTURE PX1 PHLEBOTOMY EXTERNAL KIT 2 % (<i>lidocaine hcl-blood collection</i>)	NF	
<i>wpr plus wound healing system external therapy pack 4 & 10-30 %</i>	NF	
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
ACUICYN EXTERNAL SOLUTION (<i>eyelid cleansers</i>)	NF	
<i>acyclovir external cream 5 %</i>	NF	
<i>acyclovir external ointment 5 %</i>	G	
AMELUZ EXTERNAL GEL 10 % (<i>aminolevulinic acid hcl</i>)	NF	
<i>ammonium lactate external cream 12 %</i>	G	

2026 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
02/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
<i>ammonium lactate external lotion 12 %</i>	G	
AVENOVA EXTERNAL SOLUTION 0.01 % (<i>eyelid cleansers</i>)	NF	
CONDYLOX EXTERNAL GEL 0.5 % (<i>podofilox</i>)	NPB	
DENAVIR EXTERNAL CREAM 1 % (<i>penciclovir</i>)	NPB	
HYFTOR EXTERNAL GEL 0.2 % (<i>sirolimus</i>)	NF	
<i>iodine tincture external tincture 2 %</i>	NPB	
NEMLUVIO SUBCUTANEOUS AUTO-INJECTOR 30 MG (<i>nemolizumab-ilto</i>)	PSP	
NUSURGEPAK SURGICAL PREP/CARE EXTERNAL KIT 4 & 2 & 5 % (OINT) (<i>chlorhex-mupir-dimeth-silicone</i>)	NF	
<i>podofilox external solution 0.5 %</i>	G	
RECTIV RECTAL OINTMENT 0.4 % (<i>nitroglycerin</i>)	NPB	
<i>salimez external cream 6 %</i>	NPB	
<i>salimez forte external cream 10 %</i>	NPB	
SANTYL EXTERNAL OINTMENT 250 UNIT/GM (<i>collagenase</i>)	NPB	
SOFDRA EXTERNAL GEL 12.45 % (<i>sofpironium bromide</i>)	NPB	
TARGRETIN EXTERNAL GEL 1 % (<i>bexarotene</i>)	NF	
VALCHLOR EXTERNAL GEL 0.016 % (<i>mechlorethamine hcl topical</i>)	NPSP	
VEREGEN EXTERNAL OINTMENT 15 % (<i>sinecatechins</i>)	NF	
XERAC AC EXTERNAL SOLUTION 6.25 % (<i>aluminum chloride in alcohol</i>)	NPB	
YCANTH EXTERNAL SOLUTION 0.7 % (<i>cantharidin</i>)	NF	
DERMATOLOGY, ROSACEA		
<i>azelaic acid external gel 15 %</i>	G	
<i>doxycycline oral capsule delayed release 40 mg</i>	NF	
EPSOLAY EXTERNAL CREAM 5 % (<i>benzoyl peroxide</i>)	NF	
FINACEA EXTERNAL FOAM 15 % (<i>azelaic acid</i>)	PB	
FINACEA EXTERNAL GEL 15 % (<i>azelaic acid</i>)	NF	
<i>ivermectin external cream 1 %</i>	G	
<i>metronidazole external cream 0.75 %</i>	G	
<i>metronidazole external gel 0.75 %, 1 %</i>	G	
<i>metronidazole external lotion 0.75 %</i>	G	N8 (Listing does not include certain NDCs)
MIRVASO EXTERNAL GEL 0.33 % (<i>brimonidine tartrate</i>)	NF	
NORITATE EXTERNAL CREAM 1 % (<i>metronidazole</i>)	NF	

2026 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
02/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
ORACEA ORAL CAPSULE DELAYED RELEASE 40 MG (doxycycline)	PB	
RHOFADE EXTERNAL CREAM 1 % (oxymetazoline hcl)	NF	
SOOLANTRA EXTERNAL CREAM 1 % (ivermectin)	NF	
ZILXI EXTERNAL FOAM 1.5 % (minocycline hcl micronized)	NF	
DERMATOLOGY, SCABICIDES AND PEDICULICIDES		
CROTAN EXTERNAL LOTION 10 % (crotamiton)	G	
malathion external lotion 0.5 %	G	
OVIDE EXTERNAL LOTION 0.5 % (malathion)	NPB	
permethrin external cream 5 %	G	
spinosad external suspension 0.9 %	G	
sulfurated lime external solution	NPB	
DERMATOLOGY, WOUND CARE AGENTS		
acetic acid irrigation solution 0.25 %	G	
ARGYLE STERILE SALINE IRRIGATION SOLUTION 0.9 % (sodium chloride (gu irrigant))	G	
AZADROX EXTERNAL GEL (silver)	NF	
BASADROX EXTERNAL GEL (silver)	NF	
CURITY STERILE SALINE IRRIGATION SOLUTION 0.9 % (sodium chloride (gu irrigant))	G	
FILSUVEZ EXTERNAL GEL 10 % (birch triterpenes)	NF	
KERASTAT EXTERNAL CREAM (keratin)	NF	
KERASTAT EXTERNAL GEL 5 % (keratin)	NF	
L-MESITRAN SOFT WOUND EXTERNAL GEL (wound dressings)	NF	
VYJUVEK EXTERNAL GEL 5000000000 PFU/2.5ML (beremagene geperpavec-svdt)	NF	
MOUTH/THROAT/DENTAL AGENTS		
cevimeline hcl oral capsule 30 mg	G	
chlorhexidine gluconate mouth/throat solution 0.12 %	G	N8 (Listing does not include certain NDCs)
clotrimazole mouth/throat troche 10 mg	G	
EVOXAC ORAL CAPSULE 30 MG (cevimeline hcl)	NPB	
lidocaine hcl mouth/throat solution 4 %	G	
lidocaine viscous hcl mouth/throat solution 2 %	G	N8 (Listing does not include certain NDCs)
nystatin mouth/throat suspension 100000 unit/ml	G	

2026 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month
02/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
<i>triamcinolone acetonide</i> (Oralene Mouth/Throat Paste 0.1 %)	G	
ORAVIG BUCCAL TABLET 50 MG (<i>miconazole</i>)	NPB	
<i>chlorhexidine gluconate</i> (Periogard Mouth/Throat Solution 0.12 %)	G	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	G	
SALAGEN ORAL TABLET 5 MG, 7.5 MG (<i>pilocarpine hcl</i>)	NPB	
<i>triamcinolone acetonide mouth/throat paste 0.1 %</i>	G	
OTIC - DRUGS TO TREAT CONDITIONS OF THE EAR		
<i>acetic acid otic solution 2 %</i>	G	N8 (Listing does not include certain NDCs)
CIPRO HC OTIC SUSPENSION 0.2-1 % (<i>ciprofloxacin-hydrocortisone</i>)	NF	
<i>ciprofloxacin hcl otic solution 0.2 %</i>	G	
<i>ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %</i>	G	
<i>ciprofloxacin-fluocinolone pf otic solution 0.3-0.025 %</i>	NF	
CORTISPORIN-TC OTIC SUSPENSION 3.3-3-10-0.5 MG/ML (<i>neomycin-colist-hc-thonzonium</i>)	NPB	
<i>fluocinolone acetonide otic oil 0.01 %</i>	G	
<i>hydrocortisone-acetic acid otic solution 1-2 %</i>	G	
<i>neomycin-polymyxin-hc otic solution 1 %, 3.5-10000-1</i>	G	
<i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i>	G	
<i>ofloxacin otic solution 0.3 %</i>	G	
OTOVEL OTIC SOLUTION 0.3-0.025 % (<i>ciprofloxacin-fluocinolone</i>)	NF	

Index

12-PANEL POC TOXICOLOGY SYSTEM.....	114	<i>acetic acid</i>	229, 230	ADVANCE INTUITION MONITOR.....	115
<i>1st tier unifine pentips</i>	114	<i>acetylcysteine</i>	215	ADVANCE INTUITION TEST	115
<i>1st tier unifine pentips plus</i>	115	ACIPHEX.....	171	ADVANCE MICRO-DRAW METER.....	115
<i>abacavir sulfate</i>	31	<i>acitretin</i>	222	ADVANCE MICRO-DRAW TEST.....	116
<i>abacavir sulfate-lamivudine</i>	33	ACTHAR.....	159	ADVANCED ALLERGY COLLECTION.....	224
ABILIFY.....	71	ACTHAR GEL.....	159	<i>advanced mobile lancet</i>	116
ABILIFY ASIMTUFII.....	71	<i>acti-lance 28g</i>	115	ADVATE.....	180
ABILIFY MAINTENA.....	71	<i>acti-lance lite lancets 28g</i>	115	ADVOCATE BLOOD GLUCOSE MONITOR.....	116
ABILIFY MYCITE MAINTENANCE KIT.....	71	<i>acti-lance special lancets 17g</i> ...115		ADVOCATE BLOOD GLUCOSE SYSTEM.....	116
ABILIFY MYCITE STARTER KIT.....	71	<i>acti-lance universal 23g</i> 115		ADVOCATE INSULIN PEN NEEDLE.....	116
<i>abiraterone acetate</i>	42	ACTIMMUNE.....	194	ADVOCATE INSULIN PEN NEEDLES.....	116
<i>abiraterone acetate micronized</i> ..	42	<i>active fe</i>	200	ADVOCATE INSULIN SYRINGE.....	116
ABRILADA (1 PEN).....	185	<i>activite</i>	200	ADVOCATE LANCETS.....	116
ABRILADA (2 PEN).....	185	ACTOS.....	99	ADVOCATE LANCETS 30G..	116
ABRILADA (2 SYRINGE).....	185	ACUICYN.....	227	ADVOCATE LANCING DEVICE.....	116
ABSORICA.....	218	ACULAR.....	206	ADVOCATE RAPID-SAFE LANCING.....	116
ABSORICA LD.....	218	ACUVAIL.....	206	ADVOCATE REDI-CODE.....	116
<i>acamprosate calcium</i>	64	<i>acyclovir</i>	34, 227	ADVOCATE REDI-CODE+....	116
ACANYA.....	218	ACZONE.....	219	ADVOCATE REDI-CODE+ TEST.....	116
<i>acarbose</i>	94	<i>adainzoxia</i>	219	ADVOCATE SAFETY LANCETS.....	116
ACCRUFER.....	200	<i>adalimumab-aacf (2 pen)</i>	185	ADVOCATE SAFETY LANCETS 26G.....	116
ACCU-CHEK AVIVA PLUS..	115	<i>adalimumab-aacf (2 syringe)</i>	185	ADVOCATE TEST.....	116
ACCU-CHEK FASTCLIX LANCET.....	115	<i>adalimumab-aacf(cd/uc/hs strt)</i> 185		<i>adynovate</i>	180
ACCU-CHEK FASTCLIX LANCETS.....	115	<i>adalimumab-aacf(ps/uv starter)</i> 185		ADZENYS XR-ODT.....	79
ACCU-CHEK GUIDE.....	115	<i>adalimumab-aaty (1 pen)</i>	185	AFINITOR.....	44
ACCU-CHEK GUIDE ME.....	115	<i>adalimumab-aaty (2 pen)</i>	185	AFINITOR DISPERZ.....	44
ACCU-CHEK GUIDE TEST..	115	<i>adalimumab-aaty (2 syringe)</i>	185	Afirmelle.....	104
ACCU-CHEK LINKASSIST..	115	<i>adalimumab-aaty cd/uc/hs start</i> 185		AFREZZA.....	96
ACCU-CHEK PLASTIC CARTRIDGE.....	115	<i>adalimumab-adaz</i>	185	AFSTYLA.....	180
ACCU-CHEK SAFE-T PRO LANCETS.....	115	<i>adalimumab-adbm (2 pen)</i>	185	AFTERA.....	104
ACCU-CHEK SMARTVIEW..	115	<i>adalimumab-adbm (2 syringe)</i> ..	185	AFTERPILL.....	104
ACCU-CHEK SOFTCLIX LANCET DEV.....	115	<i>adalimumab-fkjp (2 pen)</i>	185	AGAMATRIX AMP TEST.....	116
ACCU-CHEK SOFTCLIX LANCETS.....	115	<i>adalimumab-fkjp (2 syringe)</i>	185	AGAMATRIX CONTROL LEVEL 2.....	116
ACCU-CHEK ULTRAFLEX INF SET.....	115	<i>adalimumab-ryvk (1 pen)</i>	185	AGAMATRIX CONTROL LEVEL 4.....	116
ACCU-CHEK ULTRAFLEX-1 INF SET.....	115	<i>adalimumab-ryvk (2 pen)</i>	185		
ACCUTREND GLUCOSE.....	115	<i>adalimumab-ryvk (2 syringe)</i>	186		
<i>acebutolol hcl</i>	57	<i>adapalene</i>	219		
<i>acetaminophen-codeine</i>	24	<i>adapalene-benzoyl peroxide</i>	219		
<i>acetazolamide</i>	60	ADBRY.....	223		
<i>acetazolamide er</i>	60	ADCIRCA.....	63		
		ADDERALL.....	79		
		ADDERALL XR.....	79		
		<i>adefovir dipivoxil</i>	37		
		ADEMPAS.....	63		
		<i>adjustable lancing device</i>	115		
		ADMELOG.....	96		
		ADRENALIN.....	61, 210, 214		
		ADVAIR DISKUS.....	217		
		ADVAIR HFA.....	217		
		ADVANCE INTUITION METER.....	115		

AGAMATRIX JAZZ TEST.....	116	ALTAFRIN.....	208	AMZEEQ.....	219
AGAMATRIX JAZZ		Altavera.....	104	ANAFRANIL.....	65
WIRELESS 2.....	116	ALTRENO.....	219	<i>anagrelide hcl</i>	182
AGAMATRIX PRESTO.....	117	<i>altrixa</i>	200	<i>anastrozole</i>	42
AGAMATRIX PRESTO TEST	117	ALTUVIIIIO.....	180	ANDEMBRY.....	192
AGAMATRIX ULTRA-THIN		ALUNBRIG.....	44	ANDROGEL PUMP.....	93
LANCETS.....	117	ALVAIZ.....	183	ANGELIQ.....	157
AGAMREE.....	154	ALVESCO.....	216	ANNOVERA.....	104
AGRYLIN.....	182	<i>alyacen 1/35</i>	104	ANORO ELLIPTA.....	211
AIMOVIG.....	83	<i>alyacen 7/7/7</i>	104	ANUSOL-HC.....	172
<i>aimSCO twist lancets 32g</i>	117	ALYFTREK.....	214	ANZEMET.....	166
AIMSCO TWIST LANCETS		ALYGLO.....	192	<i>apap-cafff-dihydrocodeine</i>	24
33G.....	117	Alyq.....	63	<i>aphoria</i>	219
AIRAVITE.....	200	<i>amantadine hcl</i>	69	APIDRA.....	96
AIRSUPRA.....	217	<i>ambrisentan</i>	63	APIDRA SOLOSTAR.....	96
AJOVY.....	83	<i>amcinonide</i>	224	APLENZIN.....	66
AKEEGA.....	42	AMELUZ.....	227	APOKYN.....	69
AKLIEF.....	219	Amethyst.....	104	<i>apraclonidine hcl</i>	210
AKTEN.....	208	<i>amiloride hcl</i>	60	<i>aprepitant</i>	166
AKYNZEO.....	166	<i>amiloride-hydrochlorothiazide</i> ...	60	Apri.....	104
ALA SCALP.....	224	<i>aminocaproic acid</i>	182	APRISO.....	167
<i>ala-cort</i>	224	<i>amiodarone hcl</i>	53	APTENSIO XR.....	79
<i>albendazole</i>	29	AMITIZA.....	168	APTIOM.....	74
<i>albuterol sulfate</i>	213	<i>amitriptyline hcl</i>	66	APTIVUS.....	31
<i>albuterol sulfate hfa</i>	213	AMJEVITA.....	186	<i>aq insulin syringe</i>	117
<i>alclometasone dipropionate</i>	224	AMJEVITA-PED 10KG TO		<i>aqinject pen needle</i>	117
ALDACTONE.....	51	<15KG	186	AQUALANCE LANCETS 30G	
ALECENSA.....	44	AMJEVITA-PED 15KG TO		.....	117
<i>alendronate sodium</i>	102	<30KG	186	ARAKODA.....	31
<i>alfuzosin hcl er</i>	173	AMLADEX.....	200	ARALAST NP.....	210
ALIMTA.....	41	AMLODIPINE		ARANELLE.....	104
<i>aliskiren fumarate</i>	60	BES+SYRSPEND SF.....	58	ARANESP (ALBUMIN FREE)	
ALKINDI SPRINKLE.....	154	<i>amlodipine besy-benazepril hcl</i> ..	50	.....	178
<i>allopurinol</i>	21	<i>amlodipine besylate</i>	58	ARAVA.....	191
ALLZITAL.....	22	<i>amlodipine besylate-valsartan</i> ...	51	ARAZLO.....	219
<i>almotriptan malate</i>	84	<i>amlodipine-atorvastatin</i>	58	ARCALYST.....	194
ALOCRIIL.....	204	<i>amlodipine-olmesartan</i>	51	<i>arformoterol tartrate</i>	213
<i>alogliptin benzoate</i>	95	<i>ammonium lactate</i>	227, 228	ARGYLE STERILE SALINE..	229
<i>alogliptin-metformin hcl</i>	94	Amnesteem.....	219	ARGYLE STERILE WATER..	210
<i>alogliptin-pioglitazone</i>	94	<i>amoxapine</i>	66	ARIKAYCE.....	30
ALORA.....	157	<i>amoxicill-clarithro-lansopraz</i> ...	172	ARIMIDEX.....	42
<i>alose tron hcl</i>	169	<i>amoxicillin</i>	39, 40	<i>aripiprazole</i>	71
ALPHAGAN P.....	210	<i>amoxicillin-pot clavulanate</i>	40	ARISTADA.....	71
ALPHANATE.....	178	<i>amoxicillin-pot clavulanate er</i>	40	ARISTADA INITIO.....	71
ALPHANINE SD.....	181	<i>amphetamine sulfate</i>	79	ARIXTRA.....	176
<i>alprazolam</i>	65	<i>amphetamine-dextroamphet er</i> ...	79	<i>armodafinil</i>	89
<i>alprazolam er</i>	65	<i>amphetamine-</i>		ARMOUR THYROID.....	162
ALPRAZOLAM INTENSOL.....	65	<i>dextroamphetamine</i>	79	ARNUITY ELLIPTA.....	216
<i>alprazolam xr</i>	65	<i>ampicillin</i>	40	AROMASIN.....	42
ALPROLIX.....	181	<i>ampicillin sodium</i>	40	ARTHROTEC.....	24
ALREX.....	206	AMPYRA.....	85	ASCENIV.....	192
ALTACAINE.....	208	AMRIX.....	88	Ascomp-Codeine.....	24

Ashlyna.....	104	ATACAND.....	52	AUTOSOFT 90 INFUSION	
ASMANEX (120 METERED		ATACAND HCT.....	51	SET.....	118
DOSES).....	216	atazanavir sulfate.....	31	AUTOSOFT XC INFUSION	
ASMANEX (14 METERED		atenolol.....	57	SET.....	118
DOSES).....	217	ATENOLOL+SYRSPEND SF...57		AUVELITY.....	66
ASMANEX (30 METERED		atenolol-chlorthalidone.....	56	AUVI-Q.....	210
DOSES).....	217	ATIVAN.....	65	AVENOVA.....	228
ASMANEX (60 METERED		atomoxetine hcl.....	80	AVERI.....	104
DOSES).....	217	ATORVALIQ.....	55	Aviane.....	104
ASMANEX HFA.....	217	atorvastatin calcium.....	55	avidoxy.....	40
aspirin.....	28	atovaquone.....	38	AVONEX PEN.....	85
aspirin adult low dose.....	27	atovaquone-proguanil hcl.....	31	AVONEX PREFILLED.....	85
aspirin adult low strength.....	27	atropine sulfate.....	208	AVSOLA.....	184
aspirin childrens.....	27	ATROVENT HFA.....	211	Ayuna.....	104
aspirin ec adult low dose.....	27	ATTRUBY.....	61	AYVAKIT.....	44
aspirin ec low strength.....	28	AUBAGIO.....	85	AZADROX.....	229
aspirin low dose.....	28	Aubra Eq.....	104	Azasan.....	194
aspirin regimen.....	28	AUGTYRO.....	44	AZASITE.....	205
aspirin-dipyridamole er.....	182	aum insulin safety pen needle...118		azathioprine.....	194
ASSURE 3 METER.....	117	aum mini insulin pen needle....118		azelaic acid.....	228
ASSURE 3 TEST.....	117	aum pen needle.....	118	azelastine hcl.....	204, 212
ASSURE 4 METER.....	117	AUM READYGARD DUO		azelastine-fluticasone.....	212
ASSURE 4 TEST.....	117	PEN NEEDLE.....	118	AZELEX.....	219
assure comfort lancets 28g.....	117	AUM SAFETY PEN NEEDLE	118	azesco.....	196
ASSURE ID DUO PRO PEN		auranofin.....	191	azithromycin.....	36
NEEDLES.....	117	aurora lancet super thin 30g....118		AZMIRO.....	93
ASSURE ID PRO PEN		aurora lancet thin 23g.....	118	AZOPT.....	208
NEEDLES.....	117	aurora pen needles.....	118	AZOR.....	51
ASSURE ID SAFETY PEN		Aurovela 1.5/30.....	104	AZSTARYS.....	80
NEEDLES.....	117	Aurovela 1/20.....	104	AZULFIDINE.....	167
ASSURE II.....	117	Aurovela 24 Fe.....	104	AZULFIDINE EN-TABS.....	167
ASSURE II CHECK.....	117	Aurovela Fe 1.5/30.....	104	Azurette.....	104
ASSURE LANCE LANCETS..117		Aurovela Fe 1/20.....	104	Bac (Butalbital-Acetamin-Caff). 22	
ASSURE LANCE LANCETS		AURYXIA.....	161	bacitracin.....	205
21G.....	117	AUSTEDO.....	85	bacitracin-polymyxin b.....	205
ASSURE LANCE PLUS		AUSTEDO XR.....	85	bacitra-neomycin-polymyxin-hc205	
SAFETY 25G.....	117	AUSTEDO XR PATIENT		baclofen.....	88
ASSURE LANCE PLUS		TITRATION.....	85	BACTRIM.....	38
SAFETY 30G.....	117	AUTO-LANCET.....	118	BACTRIM DS.....	38
ASSURE LANCE SAFETY		AUTO-LANCET MINI.....	118	BAFIERTAM.....	86
LANCET 28G.....	117	AUTOLET II CLINISAFE.....	118	balsalazide disodium.....	167
ASSURE PLATINUM.....	117	AUTOLET LANCING		BALVERSA.....	44
ASSURE PLATINUM METER		DEVICE.....	118	Balziva.....	104
.....	117	AUTOLET LITE CLINISAFE.118		BANZEL.....	74
ASSURE PRISM MULTI		AUTOLET LITE STARTER		BAQSIMI ONE PACK.....	155
TEST.....	117	PACK.....	118	BAQSIMI TWO PACK.....	155
ASSURE PRO BLOOD		AUTOLET MINI.....	118	BARACLUDE.....	37
GLUCOSE METER.....	117	AUTOLET PLATFORMS.....	118	BARRIGEL.....	172
ASSURE PRO TEST.....	117	AUTOLET PLUS.....	118	BASADROX.....	229
ASTAGRAF XL.....	194	AUTOSOFT 30 INFUSION		BASAGLAR KWIKPEN.....	96
ASTAMED MYO.....	200	SET.....	118	BAXDELA.....	37
ATABEX EC.....	196				

BAYER ASPIRIN EC LOW	<i>betaine</i>	159	<i>bp vit 3</i>	200
DOSE.....	<i>betamethasone dipropionate</i>	224	<i>b-plex</i>	200
BAYER LOW DOSE.....	<i>betamethasone dipropionate</i>		<i>b-plex plus</i>	200
BD INSULIN SYRINGE.....	<i>aug</i>	224	BRAFTOVI.....	44
BD INSULIN SYRINGE	<i>betamethasone valerate</i>	224	BRENZAVVY.....	100
MICROFINE.....	BETAPACE.....	53	BREO ELLIPTA.....	217
BD INSULIN SYRINGE U-500	BETAPACE AF.....	53	Breyna.....	217
.....	BETASERON.....	86	BREZTRI AEROSPHERE.....	211
BD INSULIN SYRINGE	<i>betaxolol hcl</i>	57, 204	<i>briellyn</i>	105
ULTRAFINE.....	<i>bethanechol chloride</i>	174	BRILINTA.....	182
BD LATITUDE DIABETES...	BETHKIS.....	214	<i>brimonidine tartrate</i>	210
BD LOGIC BLOOD	BETIMOL.....	204	<i>brinzolamide</i>	208
GLUCOSE MONITOR.....	BETOPTIC-S.....	204	BRIVIACT.....	74
BD MICROTAINER	BEVESPI AEROSPHERE.....	211	<i>bromfenac sodium (once-daily)</i>	206
LANCETS.....	<i>bexagliflozin</i>	100	<i>bromocriptine mesylate</i>	69
BD PEN NEEDLE MICRO	<i>bexarotene</i>	48	BROMSITE.....	206
ULTRAFINE.....	BEYAZ.....	105	BRONCHITOL.....	214
BD PEN NEEDLE MINI	BEYFORTUS.....	195	BRONCHITOL TOLERANCE	
ULTRAFINE.....	<i>bicalutamide</i>	42	TEST.....	214
BD PEN NEEDLE NANO 2ND	BIDIL.....	61	BRUKINSA.....	44
GEN.....	BIJUVA.....	157	BRYHALI.....	224
BD PEN NEEDLE NANO	BIKTARVY.....	33	<i>budesonide</i>	168, 217
ULTRAFINE.....	<i>bimatoprost</i>	209	<i>budesonide er</i>	168
BD PEN NEEDLE ORIG	<i>bi-mix</i>	174	<i>budesonide-formoterol fumarate</i>	
ULTRAFINE.....	BIMZELX.....	186	.....	218
BD PEN NEEDLE SHORT	BINOSTO.....	102	<i>bumetanide</i>	60
ULTRAFINE.....	<i>biocel</i>	200	BUPHENYL.....	163
BD SAFETYGLIDE INSULIN	BIORPHEN.....	61	<i>buprenorphine</i>	27
SYRINGE.....	<i>biostora</i>	165	<i>buprenorphine hcl</i>	90
BD VEO INSULIN SYR U/F	BIOTEL CARE BLOOD		<i>buprenorphine hcl-naloxone hcl</i>	89
1/2UNIT.....	GLUCOSE.....	119	<i>bupropion hcl</i>	66
BD VEO INSULIN SYR	BIOTEL CARE BLOOD		<i>bupropion hcl er (smoking det)</i> ...	91
ULTRAFINE.....	GLUCOSE SYST.....	119	<i>bupropion hcl er (sr)</i>	66
BELBUCA.....	BIOTEL CARE TEST STRIPS	119	<i>bupropion hcl er (xl)</i>	66
BELSOMRA.....	<i>bisoprolol fumarate</i>	57	<i>buspirone hcl</i>	65
<i>benazepril hcl</i>	<i>bisoprolol-hydrochlorothiazide</i> ..	56	<i>butalbital-acetaminophen</i>	22
<i>benazepril-hydrochlorothiazide</i> ..	BIVIGAM.....	192	<i>butalbital-apap-caff-cod</i>	24
BENEFIX.....	Blisovi 24 Fe.....	105	<i>butalbital-apap-caffeine</i>	22
BENICAR.....	Blisovi Fe 1.5/30.....	105	<i>butalbital-asa-caff-codeine</i>	24
BENICAR HCT.....	Blisovi Fe 1/20.....	105	<i>butalbital-aspirin-caffeine</i>	22
BENLYSTA.....	<i>blood glucose monitor system</i> ...	119	<i>butorphanol tartrate</i>	24
BENZEPRO.....	<i>blood glucose monitoring 333</i> ..	119	BUTRANS.....	27
<i>benznidazole</i>	<i>blood glucose system pak</i>	119	BYLVAY.....	169
<i>benzonatate</i>	<i>blood glucose test</i>	119	BYLVAY (PELLETS).....	169
<i>benzoyl perox-hydrocortisone</i> ...	<i>blood glucose test strips 333</i>	119	BYNFEZIA PEN.....	92
<i>benzoyl peroxide</i>	BLUJEPa.....	38	BYOOVIZ.....	209
<i>benzoyl peroxide-erythromycin</i>	BLULINK CONTROL HIGH		BYSTOLIC.....	57
<i>benztropine mesylate</i>	& LOW.....	119	<i>cabergoline</i>	159
BEPREVE.....	BONJESTA.....	166	CABLIVI.....	178
BERINERT.....	<i>bosentan</i>	63	CABOMETYX.....	44
BESIVANCE.....	BOSULIF.....	44	CABTREO.....	219
BESREMI.....	BOTOX.....	81	CALCIFOL.....	200

<i>calcipotriene</i>	222	CARESENS S FIT BLOOD		<i>celecoxib</i>	21
<i>calcipotriene-betameth diprop</i>		GLUC MON.....	120	CELLCEPT.....	194
.....	222, 223	CARESENS S FIT BT BLOOD		CELONTIN.....	74
<i>calcitonin (salmon)</i>	102	GLUC.....	120	CENFOL.....	200
Calcitrene.....	223	CARESENS S GLUCOSE		<i>cephalexin</i>	36
<i>calcitriol</i>	164, 223	TEST.....	120	CEQUA.....	208
<i>calcium acetate (phos binder)</i> ...	161	CARETOUCH CONTROL		CERDELGA.....	157
CALQUENCE.....	44	SOL LEVEL 2.....	120	CEREZYME.....	157
CAMBIA.....	22	CARETOUCH INSULIN		<i>cetirizine hcl</i>	212
Camila.....	105	SYRINGE.....	120	CETROTIDE.....	153
Camrese.....	105	CARETOUCH		<i>cevimeline hcl</i>	229
Camrese Lo.....	105	LANCING/EJECTOR.....	120	Charlotte 24 Fe.....	105
CAMZYOS.....	61	CARETOUCH MONITOR		Chateal Eq.....	105
<i>candesartan cilexetil</i>	52	SYSTEM.....	120	CHEMET.....	103
<i>candesartan cilexetil-hctz</i>	51	CARETOUCH PEN NEEDLES		CHEMSTRIP K.....	121
<i>capecitabine</i>	41	.....	120	CHEMSTRIP UGK.....	121
CAPLYTA.....	71	CARETOUCH SAFETY		<i>childrens aspirin</i>	28
CAPRELSA.....	44	LANCETS.....	120	<i>chlordiazepoxide hcl</i>	65
<i>captopril</i>	50	CARETOUCH SAFETY		<i>chlordiazepoxide-amitriptyline</i> ...	90
CARAFATE.....	170	LANCETS 26G.....	121	<i>chlorhexidine gluconate</i>	229
CARBAGLU.....	163	CARETOUCH TEST.....	121	<i>chloroquine phosphate</i>	31
<i>carbamazepine</i>	74	CARETOUCH TWIST		<i>chlorpromazine hcl</i>	71
<i>carbamazepine er</i>	74	LANCETS 28G.....	121	<i>chlorthalidone</i>	60
<i>carbidopa</i>	69	CARETOUCH TWIST		<i>chlorzoxazone</i>	88
<i>carbidopa-levodopa</i>	69	LANCETS 30G.....	121	CHOLBAM.....	170
<i>carbidopa-levodopa er</i>	69	CARETOUCH TWIST		<i>cholestyramine</i>	54
<i>carbidopa-levodopa-entacapone</i>	70	LANCETS 33G.....	121	<i>cholestyramine light</i>	54
<i>carbinoxamine maleate</i>	212	CARETOUCH TWIST MC		<i>chorionic gonadotropin</i>	153
CARDIOCOM LANCING		LANCETS 30G.....	121	CIALIS.....	174
DEVICE.....	119	<i>carglumic acid</i>	163	CIBINQO.....	223
CARDIZEM.....	58	<i>carisoprodol</i>	88	Ciclodan.....	221
CARDIZEM CD.....	58	CARNITOR.....	102, 103	<i>ciclopirox</i>	221
CARDIZEM LA.....	58	CARNITOR SF.....	103	<i>ciclopirox olamine</i>	221
CARDURA.....	173	CAROSPIR.....	51	<i>cilostazol</i>	182
CARDURA XL.....	173	<i>carteolol hcl</i>	204	CILOXAN.....	205
CAREFINE PEN NEEDLES... 120		Cartia Xt.....	58	CIMDUO.....	33
<i>careone advanced lancing dev</i> ..	120	<i>carvedilol</i>	57	CIMERLI.....	209
<i>careone insulin syringe</i>	120	<i>carvedilol phosphate er</i>	57	<i>cimetidine</i>	167
CAREONE LANCET SUPER		CATAPRES-TTS-1.....	61	<i>cimetidine hcl</i>	167
THIN 30G.....	120	CATAPRES-TTS-2.....	61	CIMZIA (1 SYRINGE).....	186
<i>careone lancet thin 23g</i>	120	CATAPRES-TTS-3.....	61	CIMZIA (2 SYRINGE).....	186
<i>careone unifine pentips plus</i>	120	CAYA.....	105	CIMZIA-STARTER.....	186
CARESENS LANCETS.....	120	CAYSTON.....	214	<i>cinacalcet hcl</i>	101
CARESENS LANCETS 30G... 120		<i>cefaclor</i>	35	CINRYZE.....	192
CARESENS N FELIZ.....	120	<i>cefaclor er</i>	35	CIPRO.....	37
CARESENS N FELIZ BT.....	120	<i>cefadroxil</i>	35	CIPRO HC.....	230
CARESENS N GLUCOSE		<i>cefdinir</i>	35	<i>ciprofloxacin hcl</i>	37, 205, 230
SYSTEM.....	120	<i>cefixime</i>	35	<i>ciprofloxacin-dexamethasone</i> ...	230
CARESENS N GLUCOSE		<i>cefpodoxime proxetil</i>	35	<i>ciprofloxacin-fluocinolone pf</i>	230
TEST.....	120	<i>cefprozil</i>	35	<i>citalopram hydrobromide</i>	66
CARESENS N VOICE		<i>cefuroxime axetil</i>	35	CITRANATAL 90 DHA.....	196
SYSTEM.....	120	CELEBREX.....	21	CITRANATAL ASSURE.....	196

Claravis.....	219	CLINDESSE.....	176	COMFORT EZ SHORT PEN	
CLARINEX.....	212	<i>clobazam</i>	74	NEEDLES.....	122
CLARINEX-D 12 HOUR.....	214	<i>clobetasol prop emollient base</i>	224	COMFORT TOUCH INSULIN	
<i>clarithromycin</i>	36	<i>clobetasol propionate</i>	224	PEN NEED.....	122
<i>clarithromycin er</i>	36	<i>clobetasol propionate e</i>	224	COMFORT TOUCH	
CLEANLET LANCETS 28G...	121	<i>clobetasol propionate emulsion</i>	224	LANCETS 31G.....	122
<i>clemastine fumarate</i>	212	CLOBEX.....	225	COMFORT TOUCH PLUS	
CLENPIQ.....	169	CLOBEX SPRAY.....	225	LANCETS 28G.....	122
CLEOCIN.....	38, 176	<i>clocortolone pivalate</i>	225	COMFORT TOUCH PLUS	
CLEVER CHEK AUTO-CODE		Clodan.....	225	LANCETS 30G.....	122
SYSTEM.....	121	<i>clomipramine hcl</i>	65	COMPLERA.....	33
CLEVER CHEK AUTO-CODE		<i>clonazepam</i>	74	<i>complete natal dha</i>	196
TEST.....	121	<i>clonidine</i>	61	<i>completenate</i>	196
CLEVER CHEK AUTO-CODE		<i>clonidine hcl</i>	61	Compro.....	166
VOICE.....	121	<i>clonidine hcl er</i>	80	CO-NATAL FA.....	196
CLEVER CHEK LANCETS...	121	<i>clopidogrel bisulfate</i>	182	CONCEPT DHA.....	196
CLEVER CHEK SYSTEM.....	121	<i>clorazepate dipotassium</i>	75	CONCEPT OB.....	196
CLEVER CHEK TEST.....	121	<i>clotrimazole</i>	221, 229	CONCERTA.....	80
CLEVER CHOICE AUTO-		<i>clotrimazole-betamethasone</i>	221	<i>condoms</i>	105
CODE SYSTEM.....	121	<i>clozapine</i>	71	CONDYLOX.....	228
CLEVER CHOICE AUTO-		<i>c-nate dha</i>	196	CONJUPRI.....	58
CODE TEST.....	121	COAGADEX.....	178	<i>constulose</i>	169
CLEVER CHOICE COMFORT		COAGUCHEK LANCETS.....	122	CONTOUR MONITOR.....	122
EZ.....	121	COARTEM.....	31	CONTOUR NEXT EZ.....	122
CLEVER CHOICE LANCETS		COBENFY.....	71	CONTOUR NEXT GEN	
21G.....	121	COBENFY STARTER PACK...	72	MONITOR.....	122
CLEVER CHOICE LANCETS		<i>codeine sulfate</i>	24	CONTOUR NEXT LINK.....	122
23G.....	121	COLAZAL.....	168	CONTOUR NEXT MONITOR	123
CLEVER CHOICE LANCETS		<i>colchicine</i>	21	CONTOUR NEXT ONE.....	123
28G.....	121	<i>colchicine-probenecid</i>	21	CONTOUR NEXT TEST.....	123
CLEVER CHOICE MICRO		<i>colesevelam hcl</i>	54	CONTOUR PLUS BLUE.....	123
SYSTEM.....	121	<i>colestipol hcl</i>	54	CONTOUR PLUS TEST.....	123
CLEVER CHOICE MICRO		COMBIGAN.....	204	CONTOUR TEST.....	123
TEST.....	121	COMBIPATCH.....	158	CONTRAVE.....	101
CLEVER CHOICE MINI		COMBIVENT RESPIMAT.....	211	CONZIP.....	24
SYSTEM.....	121	COMBOGESIC.....	24	COOL BLOOD GLUCOSE	
CLEVER CHOICE NO		COMETRIQ (100 MG DAILY		TEST STRIPS.....	123
CODING.....	122	DOSE).....	44	COOL MONITOR.....	123
CLEVER CHOICE TALK		COMETRIQ (140 MG DAILY		COOL MONITOR KIT.....	123
SYSTEM.....	122	DOSE).....	44	COPAXONE.....	86
CLIMARA.....	157	COMETRIQ (60 MG DAILY		COPIKTRA.....	44
CLIMARA PRO.....	157	DOSE).....	44	CORDRAN.....	225
Clindacin Etz.....	219	<i>comfort assured lancets 28g</i>	122	COREG.....	57
Clindacin-P.....	219	<i>comfort assured lancets 33g</i>	122	COREG CR.....	57
<i>clindamycin hcl</i>	38	COMFORT EZ INSULIN		CORLANOR.....	61
<i>clindamycin palmitate hcl</i>	38	SYRINGE.....	122	CORTENEMA.....	168
<i>clindamycin phos (once-daily)</i> ..	219	COMFORT EZ MICRO PEN		CORTIFOAM.....	168
<i>clindamycin phos (twice-daily)</i> ..	219	NEEDLES.....	122	CORTISPORIN-TC.....	230
<i>clindamycin phos-benzoyl perox</i>		COMFORT EZ PEN		CORTROPHIN.....	159
.....	219	NEEDLES.....	122	CORTROPHIN GEL.....	159
<i>clindamycin phosphate</i>	176, 219	COMFORT EZ PRO PEN		CORVITE 150.....	200
<i>clindamycin-tretinoin</i>	220	NEEDLES.....	122	<i>corvite fe</i>	200

COSENTYX.....	186	CYLTEZO-CD/UC/HS		DEPO-ESTRADIOL.....	158
COSENTYX (300 MG DOSE).....	186	STARTER.....	186	DEPO-PROVERA.....	105
COSENTYX SENSOREADY		CYLTEZO-PSORIASIS/UV		DEPO-SUBQ PROVERA.....	104, 105
(300 MG).....	186	STARTER.....	186	Depo-Testosterone.....	93
COSENTYX SENSOREADY		<i>ciproheptadine hcl</i>	212	DERMACINRX PRETRATE..	196
PEN.....	186	Cyred Eq.....	105	DERMA-SMOOTH/FS	
COSENTYX UNOREADY.....	186	CYSTADANE.....	159	BODY.....	225
COSOPT.....	204	CYSTADROPS.....	208	DERMA-SMOOTH/FS	
COTELIC.....	45	CYSTAGON.....	159	SCALP.....	225
COTEMPLA XR-ODT.....	80	CYSTARAN.....	208	DESCOVY.....	33
COXANTO.....	22	CYTOMEL.....	162	DESFERAL.....	103
COZAAR.....	52	CYTOTEC.....	170	<i>desipramine hcl</i>	67
CRENESSITY.....	159	<i>cytra k crystals</i>	174	<i>desloratadine</i>	212
CREON.....	171	<i>dabigatran etexilate mesylate</i> ...	176	<i>desmopressin ace spray refrig</i> ..	164
CRESEMBA.....	30	<i>dalfampridine er</i>	86	<i>desmopressin acetate</i>	164
CRESTOR.....	55	DALIRESP.....	215	<i>desmopressin acetate spray</i>	164
CREXONT.....	70	<i>danazol</i>	153	<i>desogestrel-ethinyl estradiol</i>	106
CRINONE.....	162	DANTRIUM.....	88	<i>desonide</i>	225
<i>cromolyn sodium</i>	170, 204, 215	<i>dantrolene sodium</i>	88	<i>desoximetasone</i>	225
CROTAN.....	229	DANZITEN.....	45	<i>desvenlafaxine er</i>	67
Cryselle-28.....	105	<i>dapagliflozin pro-metformin er</i>	100	<i>desvenlafaxine succinate er</i>	67
CUPRIMINE.....	103	<i>dapagliflozin propanediol</i>	100	<i>dexamethasone</i>	154
CURITY STERILE SALINE... ..	229	<i>dapsone</i>	38, 220	<i>dexamethasone (la)</i>	154
CUTAQUIG.....	192	DARAPRIM.....	38	DEXAMETHASONE	
CUVITRU.....	192	<i>darifenacin hydrobromide er</i>	175	INTENSOL.....	154
CUVPOSA.....	164	Dasetta 1/35 (28).....	105	<i>dexamethasone sodium</i>	
CUVRIOR.....	103	Dasetta 7/7/7.....	105	<i>phosphate</i>	206
CVS ADVANCED GLUCOSE		DAURISMO.....	42	DEXCOM G6 RECEIVER.....	123
TEST.....	123	DAVIMET-FLUORIDE.....	200	DEXCOM G6 SENSOR.....	123
<i>cvs aspirin low dose</i>	28	DAXXIFY.....	81	DEXCOM G6 TRANSMITTER	
<i>cvs aspirin low strength</i>	28	<i>dayavite</i>	200	.....	123
<i>cvs folic acid</i>	200	DAYBUE.....	84	DEXCOM G7 15 DAY	
<i>cvs glucose meter test strips</i>	123	Daysee.....	105	SENSOR.....	123
CVS KETONE CARE.....	123	DAYTRANA.....	80	DEXCOM G7 RECEIVER.....	123
<i>cvs lancets original</i>	123	DAYVIGO.....	82	DEXCOM G7 SENSOR.....	123
<i>cvs lancets thin 26g</i>	123	D-CARE BLOOD GLUCOSE.....	123	DEXIFOL.....	200
<i>cvs lancing device</i>	123	D-CARE GLUCOMETER.....	123	DEXILANT.....	171
<i>cvs nicotine</i>	91	DDAVP.....	164	<i>dexlansoprazole</i>	171
<i>cvs nicotine polacrilex</i>	91	Deblitane.....	105	<i>dexmethylphenidate hcl</i>	80
<i>cvs true metrix glucose test</i>	123	<i>deferasirox</i>	103	<i>dexmethylphenidate hcl er</i>	80
<i>cvs ultra thin lancets</i>	123	<i>deferroxamine mesylate</i>	103	DEXONTO 0.4%.....	154
<i>cyanocobalamin</i>	200	DELESTROGEN.....	158	DEXTENZA.....	206
<i>cyclobenzaprine hcl</i>	88	DELSTRIGO.....	33	<i>dextroamphetamine sulfate</i>	80
<i>cyclobenzaprine hcl er</i>	88	Delyla.....	105	<i>dextroamphetamine sulfate er</i>	80
<i>cyclopentolate hcl</i>	208	DELZICOL.....	168	DEXYCU.....	206
<i>cyclophosphamide</i>	41	<i>demeclocycline hcl</i>	40	DHIVY.....	70
<i>cycloserine</i>	34	DEMSEER.....	62	DIACOMIT.....	75
CYCLOSET.....	95	DENAVIR.....	228	DIASTIX.....	123
<i>cyclosporine</i>	194, 208	DEPAKOTE.....	75	DIATHRIVE BLOOD	
<i>cyclosporine modified</i>	194	DEPAKOTE ER.....	75	GLUCOSE METER.....	123
CYLTEZO (2 PEN).....	186	DEPAKOTE SPRINKLES.....	75	DIATHRIVE BLOOD	
CYLTEZO (2 SYRINGE).....	186	DEPEN TITRATABS.....	103	GLUCOSE TEST.....	124

DIATHRIVE GLUCOSE TEST	124	DIURIL	60	DRUG MART UNILET	
DIATHRIVE LANCET		<i>divalproex sodium</i>	75	LANCETS 33G.....	124
ULTRA THIN 30.....	124	<i>divalproex sodium er</i>	75	DSUVIA.....	25
DIATHRIVE LANCETS.....	124	DIVIGEL.....	158	DUAKLIR PRESSAIR.....	218
DIATHRIVE LANCING		DOCIVYX.....	49	DUAVEE.....	158
DEVICE.....	124	<i>dofetilide</i>	53	DULERA.....	218
DIATHRIVE PEN NEEDLE.....	124	Dolishale.....	106	<i>duloxetine hcl</i>	67
DIATHRIVE+ GLUCOSE		<i>donepezil hcl</i>	66	DUOBRII.....	225
MONITOR.....	124	DOPTELET.....	183	DUO-CARE TEST.....	124
DIATHRIVE+ GLUCOSE		DOPTELET SPRINKLE.....	183	DUOPA.....	70
TEST.....	124	DORYX MPC.....	40	DUPIXENT.....	187
<i>diazepam</i>	75	<i>dorzolamide hcl</i>	208	DUREZOL.....	206
Diazepam Intensol.....	75	<i>dorzolamide hcl-timolol mal</i>	204	DUROLANE.....	29
DICLEGIS.....	166	<i>dorzolamide hcl-timolol mal pf</i>	204	<i>dutasteride</i>	173
<i>diclofenac epolamine</i>	22	Dotti.....	158	<i>dutasteride-tamsulosin hcl</i>	173
<i>diclofenac potassium</i>	22	<i>double pm</i>	205	DUVYZAT.....	88
<i>diclofenac potassium(migraine)</i>	22	DOVATO.....	33	<i>d-xylose</i>	195
<i>diclofenac sodium</i>	22, 206	<i>doxazosin mesylate</i>	173	DYANAVEL XR.....	80
<i>diclofenac sodium er</i>	22	<i>doxepin hcl</i>	67, 82, 222	DYMISTA.....	212
<i>diclofenac-misoprostol</i>	24	<i>doxercalciferol</i>	164	DYRENIUM.....	60
<i>dicloxacillin sodium</i>	40	<i>doxycycline</i>	228	DYSPORT.....	82
<i>dicyclomine hcl</i>	164	<i>doxycycline hyclate</i>	40	E.E.S. 400.....	36
<i>diethylpropion hcl er</i>	101	<i>doxycycline monohydrate</i>	40, 41	E.E.S. GRANULES.....	36
DIFFERIN.....	220	<i>doxylamine-pyridoxine</i>	166	<i>easy comfort insulin syringe</i>	124
DIFICID.....	36	DRISDOL.....	200	<i>easy comfort lancets</i>	125
<i>diflorasone diacetate</i>	225	<i>dronabinol</i>	166	<i>easy comfort lancets twist top</i> ...	125
<i>diflunisal</i>	28	DROPLET GENTEEL		<i>easy comfort pen needles</i>	125
<i>difluprednate</i>	206	LANCING DEVICE.....	124	<i>easy glide pen needles</i>	125
Digox.....	60	DROPLET INSULIN		EASY MAX BLOOD	
<i>digoxin</i>	60	SYRINGE.....	124	GLUCOSE TEST.....	125
<i>dihydroergotamine mesylate</i>	83	DROPLET LANCETS ULTRA		EASY MAX T1 GLUCOSE	
DILANTIN.....	75	THIN 30G.....	124	SYSTEM.....	125
DILANTIN INFATABS.....	75	DROPLET LANCING		<i>easy mini eject lancing device</i> ..	125
DILANTIN-125.....	75	DEVICE.....	124	<i>easy mini lancing device</i>	125
DILAUDID.....	24, 25	DROPLET MICRON.....	124	<i>easy plus ii glucose system</i>	125
<i>diltiazem hcl</i>	59	DROPLET PERSONAL		<i>easy plus ii glucose test</i>	125
<i>diltiazem hcl er</i>	59	LANCETS 30G.....	124	EASY STEP GLUCOSE	
<i>diltiazem hcl er beads</i>	58	<i>dropsafe safety pen needles</i>	124	MONITOR.....	125
<i>diltiazem hcl er coated beads</i>	58	DROPSAFE SAFETY		EASY STEP TEST.....	125
<i>dilt-xr</i>	59	SYRINGE/NEEDLE.....	124	<i>easy talk blood glucose system</i> ..	125
<i>dimethyl fumarate</i>	86	<i>drospiren-eth estrad-levomefol</i>	106	<i>easy talk blood glucose test</i>	125
<i>dimethyl fumarate starter pack</i> ...	86	<i>drospirenone-ethinyl estradiol</i> ..	106	<i>easy talk plus ii test strips</i>	125
DIOVAN.....	52	DROXIA.....	183	EASY TOUCH FLIPLOCK	
DIOVAN HCT.....	51	DRUG MART ON-THE-GO		INSULIN SY.....	125
DIPENTUM.....	168	LANCET 30G.....	124	EASY TOUCH GLUCOSE	
<i>diphenhydramine hcl</i>	212	<i>drug mart unifine pentips</i>	124	SYSTEM.....	125
<i>diphenoxylate-atropine</i>	165	<i>drug mart unifine pentips plus</i> ..	124	EASY TOUCH HEALTHPRO	
DIPROLENE.....	225	DRUG MART UNILET		GLUCOSE.....	125
<i>dipyridamole</i>	182	LANCETS 28G.....	124	EASY TOUCH INSULIN	
<i>disopyramide phosphate</i>	53	DRUG MART UNILET		SAFETY SYR.....	125
<i>disulfiram</i>	64	LANCETS 30G.....	124	EASY TOUCH INSULIN	
				SYRINGE.....	125

EASY TOUCH LANCETS 21G	125	EASYPRO BLOOD GLUCOSE MONITOR.....	127	EMBECTA INS SYR U/F 1/2 UNIT.....	127
EASY TOUCH LANCETS 23G	125	EASYPRO BLOOD GLUCOSE TEST.....	127	EMBECTA INSULIN SYR ULTRAFINE.....	127
EASY TOUCH LANCETS 26G	125	EASYPRO PLUS.....	127	EMBECTA INSULIN SYRINGE U-500.....	127
EASY TOUCH LANCETS 28G	126	EBGLYSS.....	223	EMBECTA PEN NEEDLE NANO.....	127
EASY TOUCH LANCETS 28G/TWIST.....	126	<i>econazole nitrate</i>	221	EMBECTA PEN NEEDLE NANO 2 GEN.....	127
EASY TOUCH LANCETS 30G	126	ECONTRA ONE-STEP.....	106	EMBECTA PEN NEEDLE ULTRAFINE.....	127
EASY TOUCH LANCETS 30G/TWIST.....	126	ECOTRIN LOW STRENGTH...	28	EMBRACE BLOOD GLUCOSE MONITOR.....	127
EASY TOUCH LANCETS 32G	126	ECOZA.....	222	EMBRACE BLOOD GLUCOSE TEST.....	127
EASY TOUCH LANCETS 32G/TWIST.....	126	<i>ec-rx estradiol</i>	158	EMBRACE EVO BLOOD GLUCOSE TEST.....	127
EASY TOUCH LANCETS 33G/TWIST.....	126	<i>ec-rx progesterone</i>	162	EMBRACE EVO GLUCOSE MONITOR.....	128
EASY TOUCH LANCING DEVICE.....	126	<i>ec-rx testosterone</i>	93	EMBRACE EVO GLUCOSE MONITORING.....	128
EASY TOUCH PEN NEEDLES.....	126	EDARBI.....	52	EMBRACE LANCETS ULTRA THIN 30G.....	128
EASY TOUCH SAFETY LANCETS 21G.....	126	EDARBYCLOR.....	52	EMBRACE PEN NEEDLES...	128
EASY TOUCH SAFETY LANCETS 23G.....	126	EDLUAR.....	82	EMBRACE PRESSURE ACTIVATED 21G.....	128
EASY TOUCH SAFETY LANCETS 26G.....	126	EDURANT.....	31	EMBRACE PRESSURE ACTIVATED 28G.....	128
EASY TOUCH SAFETY LANCETS 28G.....	126	<i>efavirenz</i>	31	EMBRACE PRO GLUCOSE METER.....	128
EASY TOUCH SAFETY PEN NEEDLES.....	126	EFFER-K.....	195	EMBRACE PRO GLUCOSE TEST.....	128
EASY TOUCH SHEATHLOCK SYRINGE....	126	EFFEXOR XR.....	67	EMBRACE TALK BLOOD GLUCOSE.....	128
EASY TOUCH TEST.....	126	EFFIENT.....	182	EMBRACE TALK GLUCOSE TEST.....	128
<i>easy trak blood glucose system</i> ..	126	EGRIFTA WR.....	160	EMBRACE TALK MONITORING SYSTEM.....	128
<i>easy trak blood glucose test</i>	126	ELELYSO.....	157	EMBRACE WAVE BLOOD GLUCOSE.....	128
<i>easy trak ii blood glucose sys</i> ...	126	ELEMENT AUTOCODE SYSTEM.....	127	EMBRACE WAVE GLUCOSE METER.....	128
<i>easy trak ii glucose test</i>	126	<i>element compact glucose system</i>	127	EMEND.....	166
EASYGLUCO.....	126	<i>element compact v glucose sys</i> ..	127	EMEND BIPACK.....	166
EASYMAX 15 LEVEL 2-3 CONTROL.....	126	ELEMENT PLUS.....	127	EMEND TRIPACK.....	166
EASYMAX 15 TEST.....	126	ELEMENT TEST.....	127	EMFLAZA.....	154
EASYMAX CONTROL NORMAL/HIGH.....	126	ELEPSIA XR.....	75	EMGALITY.....	83
EASYMAX NG BLOOD GLUCOSE.....	126	ELESTRIN.....	158	EMGALITY (300 MG DOSE)...	83
EASYMAX TEST.....	126	<i>eletriptan hydrobromide</i>	84	EMPAVELI.....	182
EASYMAX V BLOOD GLUCOSE.....	127	ELFOLATE PLUS.....	200	EMSAM.....	67
		ELIDEL.....	223	<i>emtricitabine-tenofovir df</i>	33
		ELIGARD.....	42, 43		
		Elinest.....	106		
		ELIQUIS.....	177		
		ELIQUIS (1.5 MG PACK).....	176		
		ELIQUIS (2 MG PACK).....	176		
		ELIQUIS DVT/PE STARTER PACK.....	176		
		Elixophyllin.....	218		
		ELLA.....	106		
		ELMIRON.....	174		
		ELOCTATE.....	180		
		Eluryng.....	106		
		ELYXYB.....	21		
		EMBECTA AUTOSHIELD DUO.....	127		

EMTRIVA.....	31	EQUETRO.....	72	EVOXAC.....	229
EMVERM.....	30	<i>ergocalciferol</i>	200	EVRYSDI.....	84
Emzahh.....	106	ERGOMAR.....	83	EXELDERM.....	222
<i>enalapril maleate</i>	50	<i>ergotamine-caffeine</i>	83	<i>exemestane</i>	43
<i>enalapril-hydrochlorothiazide</i>	50	ERIVEDGE.....	42	<i>exenatide</i>	95
ENBRACE HR.....	197	ERLEADA.....	43	EXFORGE.....	52
ENBREL.....	187	<i>erlotinib hcl</i>	45	EXFORGE HCT.....	52
ENBREL MINI.....	187	Errin.....	106	EXJADE.....	103
ENBREL SURECLICK.....	187	ERTACZO.....	222	EYLEA.....	209
ENCARE.....	173	<i>ery</i>	220	EYSUVIS.....	207
ENDARI.....	183	ERYPED 400.....	36	EZALLOR SPRINKLE.....	55
Endocet.....	25	Ery-Tab.....	36	<i>ezetimibe</i>	54
ENDOMETRIN.....	162	<i>erythromycin</i>	36, 205, 220	<i>ezetimibe-simvastatin</i>	56
Enilloring.....	106	<i>erythromycin base</i>	36	FA-8.....	200
ENLITE GLUCOSE SENSOR.....	128	<i>erythromycin ethylsuccinate</i>	36	FABHALTA.....	182
ENLITE SERTER.....	128	ERZOFRI.....	72	FABIOR.....	220
<i>enoxaparin sodium</i>	177	ESBRIET.....	216	Falmina.....	106
Enpresse-28.....	106	<i>escitalopram oxalate</i>	67	<i>famciclovir</i>	34
Enskyce.....	106	<i>esomeprazole magnesium</i>	171	<i>famotidine</i>	167
ENSPRYNG.....	84	ESPEROCT.....	180	FANAPT.....	72
ENSTILAR.....	223	Estarylla.....	106	FANAPT TITRATION PACK	
<i>entacapone</i>	70	<i>estazolam</i>	82	A.....	72
ENTADFI.....	173	<i>estradiol</i>	158	FANAPT TITRATION PACK	
<i>entecavir</i>	37	<i>estradiol valerate</i>	158	C.....	72
ENTRESTO.....	61	<i>estradiol-norethindrone acet</i>	158	FARXIGA.....	100
ENTYVIO.....	184	ESTRING.....	158	FASENRA PEN.....	216
ENTYVIO PEN.....	187	ESTROGEL.....	158	FC2 FEMALE CONDOM.....	106
<i>enulose</i>	169	<i>eszopiclone</i>	82	<i>febuxostat</i>	21
ENVARUS XR.....	194	<i>ethacrynic acid</i>	60	FEIBA.....	178
EOHILIA.....	170	<i>ethambutol hcl</i>	34	Feirza 1.5/30.....	106
EPANED.....	50	<i>ethosuximide</i>	75	Feirza 1/20.....	106
EPCLUSA.....	37	<i>ethynodiol diac-eth estradiol</i>	106	<i>felbamate</i>	75
EPIDIOLEX.....	75	<i>etodolac</i>	23	<i>felodipine er</i>	59
EPIDUO FORTE.....	220	<i>etodolac er</i>	23	FEMARA.....	43
<i>epinastine hcl</i>	204	<i>etonogestrel-ethinyl estradiol</i> ...	106	FEMCAP.....	106
<i>epinephrine</i>	210, 211	<i>etoposide</i>	49	FEMLYV.....	106
<i>epinephrine professional</i>	211	EUCRISA.....	223	FEMRING.....	158
EPINEPHRINESNAP-EMS.....	211	EUFLEXXA.....	29	<i>fenofibrate</i>	54
EPINEPHRINESNAP-V.....	211	EULEXIN.....	43	<i>fenofibrate micronized</i>	54
EPIPEN 2-PAK.....	211	EVAMIST.....	158	<i>fenofibric acid</i>	54, 55
EPIPEN JR 2-PAK.....	211	EVEKEO.....	80	<i>fenopropfen calcium</i>	23
<i>eplerenone</i>	51	EVENITY.....	160	<i>fentanyl</i>	25
EPOGEN.....	178	EVERSENSE 365		<i>ferottrinsic</i>	201
<i>epoprostenol sodium</i>	63	SENSOR/HOLDER.....	128	FERRIPROX.....	103
EPRONTIA.....	75	EVERSENSE 365 SMART		FERRIPROX TWICE-A-DAY.....	103
EPSOLAY.....	228	TRANSMIT.....	128	FETZIMA.....	67
<i>eq aspirin low dose</i>	28	EVERSENSE		FETZIMA TITRATION.....	67
<i>eq blood glucose test</i>	128	SENSOR/HOLDER.....	128	Fexmid.....	88
<i>eq nicotine</i>	91	EVERSENSE SMART		FIASP.....	96
<i>eq nicotine polacrilex</i>	91	TRANSMITTER.....	128	FIASP FLEXTOUCH.....	96
<i>eq nicotine step 3</i>	91	EVOLUTION AUTOCODE.....	128	FIASP PENFILL.....	96
<i>eq aspirin low dose</i>	28	EVOTAZ.....	33	FIASP PUMPCART.....	96

FIBRYGA.....	178	<i>fluticasone furoate-vilanterol</i> ...	218	FORA LANCETS.....	129
FIFTY50 GLUCOSE METER		<i>fluticasone propionate</i>	216, 226	FORA LANCING DEVICE.....	129
2.0.....	129	<i>fluticasone propionate diskus</i> ...	217	FORA PREMIUM V10 BLE	
FIFTY50 GLUCOSE TEST 2.0	129	<i>fluticasone propionate hfa</i>	217	SYSTEM.....	130
FIFTY50 PEN NEEDLES.....	129	<i>fluticasone-salmeterol</i>	218	FORA TEST N' GO	
FIFTY50 SAFETY SEAL		<i>fluvastatin sodium</i>	55	MONITOR.....	130
LANCETS.....	129	<i>fluvastatin sodium er</i>	55	FORA TN'G ADVANCE PRO	130
FIFTY50 SUPERIOR		<i>fluvoxamine maleate</i>	65	FORA TN'G VOICE.....	130
COMFORT SYR.....	129	<i>fluvoxamine maleate er</i>	65	FORA TN'G/TN'G VOICE.....	130
FIFTY50 UNILET LANCETS		FML FORTE.....	207	FORA V10 BLOOD	
33G.....	129	FML LIQUIFILM.....	207	GLUCOSE TEST.....	130
FILSPARI.....	174	FOCALIN XR.....	80	FORA V12 BLOOD	
FILSUVEZ.....	229	<i>folagent dha</i>	201	GLUCOSE SYSTEM.....	130
FINACEA.....	228	<i>folamax</i>	201	FORA V30A BLOOD	
<i>finasteride</i>	173	<i>folamed dha</i>	201	GLUCOSE TEST.....	130
FINGERSTIX LANCETS.....	129	<i>folaprima</i>	201	FORACARE GD40 MONITOR	
FINTEPLA.....	75	<i>folate</i>	201	.....	130
Finzala.....	106	<i>folbee</i>	201	FORACARE GD40 TEST.....	130
FIORICET.....	22	<i>folbee plus</i>	201	FORACARE PREMIUM V10.	130
FIRAZYR.....	192	FOLGARD OS.....	201	FORACARE PREMIUM V10	
FIRDAPSE.....	85	<i>folic acid</i>	201	TEST.....	130
FIRMAGON.....	43	FOLI-D.....	201	FORACARE TEST N GO	
FIRMAGON (240 MG DOSE)...	43	<i>folite</i>	201	MONITOR.....	130
FIRST-METRONIDAZOLE.....	38	FOLIVANE-OB.....	197	FORACARE TEST N GO	
FIRVANQ.....	38	FOLLISTIM AQ.....	153	TEST.....	130
FLAREX.....	207	<i>foltrin</i>	201	FORTEO.....	102
<i>flavoxate hcl</i>	175	FOLVITE-D.....	201	FOSAMAX.....	102
FLEBOGAMMA DIF.....	193	<i>fondaparinux sodium</i>	177	FOSAMAX PLUS D.....	102
<i>flecainide acetate</i>	53	FORA 6 CONNECT.....	129	<i>fosamprenavir calcium</i>	31
FLEQSUVY.....	88	FORA 6 CONNECT/GTEL		<i>fosinopril sodium</i>	50
FLOLAN.....	63	TEST.....	129	<i>fosinopril sodium-hctz</i>	50
<i>flolipid</i>	55	FORA D40/G31 BLOOD		FOSRENOL.....	161
FLORIVA.....	201	GLUCOSE.....	129	FOSTEUM.....	201
<i>fluconazole</i>	30	FORA G20 BLOOD		FOSTEUM PLUS.....	201
<i>flucytosine</i>	30	GLUCOSE SYSTEM.....	129	FOTIVDA.....	45
<i>fludrocortisone acetate</i>	154	FORA G20 BLOOD		FRAGMIN.....	177
<i>flunisolide</i>	216	GLUCOSE TEST.....	129	FREESTYLE FREEDOM LITE	
<i>fluocinolone acetonide</i>	225, 230	FORA G30A BLOOD		.....	130
<i>fluocinolone acetonide body</i>	225	GLUCOSE SYSTEM.....	129	FREESTYLE INSULINX	
<i>fluocinolone acetonide scalp</i>	225	FORA GD20 BLOOD		TEST.....	130
<i>fluocinonide</i>	225, 226	GLUCOSE SYSTEM.....	129	FREESTYLE LANCETS.....	130
<i>fluocinonide emulsified base</i>	225	FORA GD20 TEST.....	129	FREESTYLE LIBRE 14 DAY	
<i>fluorometholone</i>	207	FORA GD50 BLOOD		READER.....	130
<i>fluorouracil</i>	220, 221	GLUCOSE SYSTEM.....	129	FREESTYLE LIBRE 14 DAY	
<i>fluoxetine hcl</i>	67	FORA GD50 BLOOD		SENSOR.....	130
<i>fluoxetine hcl (pmd)</i>	90	GLUCOSE TEST.....	129	FREESTYLE LIBRE 2 PLUS	
<i>fluphenazine decanoate</i>	72	FORA GTEL BLOOD		SENSOR.....	130
<i>fluphenazine hcl</i>	72	GLUCOSE SYSTEM.....	129	FREESTYLE LIBRE 2	
<i>flurandrenolide</i>	226	FORA GTEL BLOOD		READER.....	130
<i>flurazepam hcl</i>	82	GLUCOSE TEST.....	129	FREESTYLE LIBRE 2	
<i>flurbiprofen</i>	23	FORA GTEL BLOOD		SENSOR.....	130
<i>flurbiprofen sodium</i>	207	KETONE TEST.....	129		

FREESTYLE LIBRE 3 PLUS	Gemmily	106	<i>glimepiride</i>	100
SENSOR.....	GEMTESA.....	175	<i>glipizide</i>	101
FREESTYLE LIBRE 3	<i>generlac</i>	169	<i>glipizide er</i>	101
READER.....	Gengraf.....	194	<i>glipizide-metformin hcl</i>	94
FREESTYLE LIBRE 3	GENOTROPIN.....	156	<i>global ease inject pen needles</i> ..	132
SENSOR.....	GENOTROPIN MINQUICK..	156	<i>global easy glide insulin syr</i>	132
FREESTYLE LIBRE READER	<i>gentamicin sulfate</i>	206, 221	<i>global easy glide pen needles</i> ...	132
.....	GENTEEL BUTTERFLY		<i>global inject ease insulin syr</i>	132
FREESTYLE LITE.....	TOUCH LANCET	131	<i>global inject ease lancets 28g</i> ...	132
FREESTYLE LITE TEST.....	GENTEEL CONTACT TIPS		<i>global inject ease lancets 30g</i> ...	132
FREESTYLE PRECISION	(BLUE).....	131	<i>global insulin syringes</i>	132
NEO SYSTEM.....	GENTEEL CONTACT TIPS		<i>global lancing device</i>	132
FREESTYLE PRECISION	(CLEAR).....	131	GLOPERBA.....	21
NEO TEST.....	GENTEEL CONTACT TIPS		<i>glucagon emergency</i>	155
FREESTYLE TEST.....	(GREEN).....	131	GLUCO PERFECT 3 METER..	132
FREESTYLE UNISTICK II	GENTEEL CONTACT TIPS		GLUCO PERFECT 3 TEST.....	132
LANCETS.....	(ORANGE).....	131	GLUCOCARD 01 BLOOD	
<i>frovatriptan succinate</i>	GENTEEL CONTACT TIPS		GLUCOSE.....	132
FRUZAQLA.....	(RAINBOW).....	131	GLUCOCARD 01 SENSOR	
<i>ft aspirin</i>	GENTEEL CONTACT TIPS		PLUS.....	132
<i>ft aspirin low dose</i>	(VIOLET).....	131	GLUCOCARD 01-MINI	
<i>ft folic acid</i>	GENTEEL CONTACT TIPS		GLUCOSE.....	132
<i>ft nicotine</i>	(YELLOW).....	131	GLUCOCARD EXPRESSION	
<i>ft nicotine mini</i>	GENTEEL LANCING KIT		MONITOR.....	132
FULPHILA.....	(BLUE).....	131	GLUCOCARD EXPRESSION	
<i>fungimez</i>	GENTEEL NOZZLES.....	131	TEST.....	132
FUROSCIX.....	GENTEEL PLUS LANCING		GLUCOCARD SHINE	
<i>furosemide</i>	(BLACK).....	131	CONNEX.....	132
FUSION PLUS.....	GENTEEL PLUS LANCING		GLUCOCARD SHINE	
Fyavolv.....	(PURPLE).....	131	EXPRESS.....	132
FYCOMPA.....	GENTEEL PLUS LANCING		GLUCOCARD SHINE TEST..	132
FYLNETRA.....	(WHITE).....	131	GLUCOCARD SHINE XL.....	132
Fyremadel.....	GENTEEL PLUS LANCING		GLUCOCARD VITAL	
<i>gabapentin</i>	DEV(BLUE).....	131	MONITOR.....	132
GALAFOLD.....	GENTEEL PLUS LANCING		GLUCOCARD VITAL TEST..	133
<i>galantamine hydrobromide</i>	DEV(PINK).....	131	GLUCOCARD X-METER.....	133
<i>galantamine hydrobromide er</i>	GENULTIMATE TEST.....	131	GLUCOCARD X-SENSOR.....	133
GAMMAGARD.....	GENVISC 850.....	29	GLUCOCOM BLOOD	
GAMMAGARD S/D LESS	GENVOYA.....	33	GLUCOSE MONITOR.....	133
IGA.....	GEODON.....	72	GLUCOCOM LANCETS 28G..	133
GAMMAKED.....	<i>ght blood glucose monitor</i>	131	GLUCOCOM LANCETS 30G..	133
GAMMAPLEX.....	<i>ght test</i>	132	GLUCOCOM LANCETS 33G..	133
GAMUNEX-C.....	GIAPREZA.....	62	GLUCOCOM MONITOR.....	133
<i>ganirelix acetate</i>	GILENYA.....	86	GLUCOCOM TEST.....	133
<i>gatifloxacin</i>	GILOTRIF.....	45	GLUCONAVII BLOOD	
GATTEX.....	GIMOTI.....	170	GLUCOSE SYS.....	133
GAVRETO.....	GLASSIA.....	210	GLUCONAVII BLOOD	
<i>ge100 blood glucose system</i>	<i>glatiramer acetate</i>	86	GLUCOSE TEST.....	133
<i>ge100 blood glucose test</i>	Glatopa.....	86	GLUCOPRO INSULIN	
GEL-ONE.....	GLEEVEC.....	45	SYRINGE.....	133
GELSYN-3.....	GLEOLAN.....	195	GLUCOPRO SYR RES 3ML	
<i>gemfibrozil</i>	GLEOSTINE.....	41	22GX3/8".....	133

<i>glucose meter test</i>	133	<i>goodsense nicotine</i>	91	<i>haloperidol decanoate</i>	72
<i>glyburide</i>	101	GRALISE.....	90	<i>haloperidol lactate</i>	72
<i>glyburide micronized</i>	101	<i>granisetron hcl</i>	166	HARVONI.....	37
<i>glyburide-metformin</i>	94	GRANIX.....	179	<i>healthwise insulin syr/needle</i>	134
GLYCATE.....	165	GRASTEK.....	183	<i>healthwise micron pen needles</i> .	134
<i>glycolic acid</i>	223	<i>griseofulvin microsize</i>	30	<i>healthwise short pen needles</i>	135
<i>glycopyrrolate</i>	165	<i>griseofulvin ultramicrosize</i>	30	Heather.....	107
Glydo.....	227	<i>guanfacine hcl</i>	62	<i>h-e-b aspirin</i>	28
GLYXAMBI.....	100	<i>guanfacine hcl er</i>	80	<i>h-e-b incontrol adv lancing</i>	135
<i>gnp adult aspirin low strength</i>	28	GUARDIAN 4 GLUCOSE		<i>h-e-b incontrol lancets 28g</i>	135
<i>gnp aspirin</i>	28	SENSOR.....	134	<i>h-e-b incontrol lancets 30g</i>	135
GNP EASY TOUCH CONT		GUARDIAN 4		<i>h-e-b incontrol lancets 33g</i>	135
HIGH/LOW.....	133	TRANSMITTER.....	134	<i>h-e-b incontrol pen needles</i>	135
GNP EASY TOUCH		GUARDIAN LINK 3		H-E-B INCONTROL UNIFINE	
GLUCOSE METER.....	133	TRANSMITTER.....	134	PENTIP.....	135
<i>gnp easy touch glucose test</i>	133	GUARDIAN REAL-TIME		HEMADY.....	154
<i>gnp folic acid</i>	201	CHARGER.....	134	HEMANGEOL.....	57
<i>gnp insulin syringe</i>	133	GUARDIAN REAL-TIME		HEMLIBRA.....	180
<i>gnp insulin syringes</i>	133	TEST PLUG.....	134	HEMOCYTE PLUS.....	201
<i>gnp insulin syringes 28gx1/2"</i> ...	133	GUARDIAN SENSOR (3).....	134	HEMOFIL M.....	180
<i>gnp insulin syringes 29gx1/2"</i> ...	133	<i>guardian sensor 3</i>	134	<i>heparin sod (porcine) in d5w</i>	177
<i>gnp insulin syringes 30gx5/16"</i> .	133	<i>gutstor</i>	165	<i>heparin sodium (porcine)</i>	177
<i>gnp insulin syringes 31gx5/16"</i> .	133	GVOKE HYOPEN 1-PACK..	155	<i>heparin sodium (porcine) pf</i>	177
<i>gnp nicotine</i>	91	GVOKE HYOPEN 2-PACK..	155	<i>hepmed</i>	177
<i>gnp nicotine mini</i>	91	GVOKE PFS.....	155	HER STYLE.....	107
<i>gnp nicotine polacrilex</i>	91	GYNAZOLE-1.....	176	HETLIOZ.....	82
<i>gnp sterile lancets 28g</i>	133	HABITROL.....	91	HETLIOZ LQ.....	82
<i>gnp sterile lancets 30g</i>	133	HADLIMA.....	187	Hidex 6-Day.....	154
<i>gnp sterile lancets 33g</i>	133	HADLIMA PUSH TOUCH.....	187	HIZENTRA.....	193
GNP TRUE METRIX AIR		HAEGARDA.....	192	HM EMBRACE TALK	
METER.....	134	HAEMOLANCE.....	134	SYSTEM.....	135
GNP TRUE METRIX		HAEMOLANCE LOW FLOW		HM ULTICARE INSULIN	
GLUCOSE METER.....	134	LANCETS.....	134	SYRINGE.....	135
GNP TRUE METRIX		HAEMOLANCE PLUS.....	134	HM ULTICARE MINI PEN	
GLUCOSE STRIPS.....	134	HAEMOLANCE PLUS HIGH		NEEDLES.....	135
GNP TRUE TRACK SMART		FLOW.....	134	HM ULTICARE SHORT PEN	
SYSTEM.....	134	HAEMOLANCE PLUS LOW		NEEDLES.....	135
GNP TRUE TRACK TEST		FLOW.....	134	HORIZANT.....	90
STRIPS.....	134	HAEMOLANCE PLUS MAX		HULIO (2 PEN).....	187
<i>gnp ulticare pen needles</i>	134	FLOW.....	134	HULIO (2 SYRINGE).....	187
GNP ULTIGUARD		HAEMOLANCE PLUS		HUMALOG.....	96
SAFE PACK NEEDLE.....	134	PEDIATRIC FLOW.....	134	HUMALOG KWIKPEN.....	96
<i>gnp ultra com insulin syringe</i> ...	134	Hailey 1.5/30.....	107	HUMALOG MIX 50/50	
GOCOVRI.....	70	Hailey 24 Fe.....	107	KWIKPEN.....	96
GOJJI LANCING		Hailey Fe 1.5/30.....	107	HUMALOG MIX 75/25.....	96
DEVICE/CLEAR CAP.....	134	Hailey Fe 1/20.....	107	HUMALOG MIX 75/25	
GOJJI STERILE LANCETS....	134	<i>halcinonide</i>	226	KWIKPEN.....	96
GOLYTELY.....	169	HALCION.....	82	HUMATE-P.....	178
GOMEKLI.....	45	<i>halobetasol propionate</i>	226	HUMATIN.....	30
GONAL-F.....	153	Haloette.....	107	HUMATROPE.....	156
GONAL-F RFF REDIRECT.....	153	HALOG.....	226	HUMIRA (1 PEN).....	187
<i>goodsense aspirin low dose</i>	28	<i>haloperidol</i>	70, 72	HUMIRA (2 PEN).....	187

HUMIRA (2 SYRINGE).....	187	HYRIMOZ-PLAQUE		Incassia.....	107
HUMIRA-PSORIASIS/UEIT		PSORIASIS START.....	187	INCONTROL ULTICARE	
STARTER.....	187	HYSINGLA ER.....	25	PEN NEEDLES.....	136
HUMULIN 70/30.....	97	HY-VEE LANCETS.....	135	INCRELEX.....	160
HUMULIN 70/30 KWIKPEN....	97	<i>hy-vee thin lancets</i>	135	INCRUSE ELLIPTA.....	211
HUMULIN N.....	97	HYZAAR.....	52	<i>indapamide</i>	60
HUMULIN N KWIKPEN.....	97	<i>ibandronate sodium</i>	102	INDERAL LA.....	57
HUMULIN R.....	97	IBRANCE.....	45	INDERAL XL.....	57
HUMULIN R U-500		IBSRELA.....	168	INDOCIN.....	23
KWIKPEN.....	97	IBTROZI.....	45	Indocin.....	23
HW EMBRACE PRO		Ibu.....	23	<i>indomethacin</i>	23
GLUCOSE METER.....	135	<i>ibuprofen</i>	23	<i>indomethacin er</i>	23
HW EMBRACE PRO		<i>ibuprofen-famotidine</i>	24	INFINITY BLOOD GLUCOSE	
GLUCOSE TEST.....	135	ICAR-C PLUS.....	201	SYSTEM.....	136
HW EMBRACE TALK		<i>icatibant acetate</i>	192	INFINITY BLOOD GLUCOSE	
BLOOD GLUCOSE.....	135	Iclevia.....	107	TEST.....	136
HW EMBRACE TALK		ICLUSIG.....	45	INFINITY VOICE.....	136
GLUCOSE TEST.....	135	<i>icosapent ethyl</i>	56	INFLECTRA.....	184
HYALGAN.....	29	IDELVION.....	181	<i>infliximab</i>	184
HYCAMTIN.....	49	IDHIFA.....	48	INGREZZA.....	85
HYCODAN.....	214	IFE-BIMIX 30/1.....	174	INLYTA.....	45
<i>hydralazine hcl</i>	62	IGLUCOSE MONITORING		INNOPRAN XL.....	57
HYDREA.....	48	SYSTEM.....	135	INPEFA.....	61
<i>hydrochlorothiazide</i>	60	IGLUCOSE TEST STRIPS.....	135	INQOVI.....	41
<i>hydrocod poli-chlorphe poli er</i>	214	IHEALTH BLOOD GLUCOSE		INREBIC.....	45
<i>hydrocodone bit-homatrop mbr</i>	214	TEST STR.....	135	INSpra.....	51
<i>hydrocodone-acetaminophen</i>	25	ILARIS.....	195	<i>insulin degludec</i>	97
<i>hydrocodone-ibuprofen</i>	25	ILEVRO.....	207	<i>insulin degludec flextouch</i>	97
<i>hydrocortisone</i>	154, 168, 226	ILUMYA.....	184	<i>insulin glargine max solostar</i>	97
<i>hydrocortisone (perianal)</i>	172	<i>imatinib mesylate</i>	45	<i>insulin glargine solostar</i>	97
<i>hydrocortisone ace-pramoxine</i>	172	IMBRUVICA.....	45	<i>insulin glargine-yfgn</i>	97
<i>hydrocortisone butyrate</i>	226	IMCIVREE.....	160	<i>insulin syringe</i>	136
<i>hydrocortisone valerate</i>	226	<i>imipramine hcl</i>	67	<i>insulin syringe-needle u-100</i>	136
<i>hydrocortisone-acetic acid</i>	230	<i>imipramine pamoate</i>	67	<i>insupen pen needles</i>	136
<i>hydromet</i>	214	<i>imiquimod</i>	221	INTELENCE.....	31
<i>hydromorphone hcl</i>	25	<i>imiquimod pump</i>	221	INTRAROSA.....	160
<i>hydromorphone hcl er</i>	25	<i>imkeldi</i>	45	Introvale.....	107
<i>hydroxychloroquine sulfate</i>	31, 191	IMPOYZ.....	226	INTUNIV.....	80
<i>hydroxyurea</i>	48	IMULDOSA.....	188	INVEGA HAFYERA.....	72
<i>hydroxyzine hcl</i>	212	IMURAN.....	194	INVEGA SUSTENNA.....	72
<i>hydroxyzine pamoate</i>	212, 213	IMVEXXY MAINTENANCE		INVEGA TRINZA.....	72
HYFTOR.....	228	PACK.....	158	INVELTYS.....	207
<i>hylavite</i>	201	IMVEXXY STARTER PACK.....	159	INVOKAMET.....	100
<i>hylazinc</i>	201	IN TOUCH.....	135	INVOKAMET XR.....	100
HYMOVIS.....	29	IN TOUCH BLOOD		INVOKANA.....	100
<i>hyoscyamine sulfate</i>	165	GLUCOSE TEST.....	135	<i>iodine tincture</i>	228
<i>hyoscyamine sulfate er</i>	165	IN TOUCH LANCING		IOPIDINE.....	210
HYPERRHO MINI-DOSE.....	193	DEVICE.....	135	<i>ipratropium bromide</i>	212
HYPERSAL.....	216	IN TOUCH STERILE		<i>ipratropium-albuterol</i>	211
HYQVIA.....	193	LANCETS 30G.....	135	IQIRVO.....	170
HYRIMOZ.....	187	INATAL GT.....	197	<i>irbesartan</i>	52
		INBRIJA.....	70	<i>irbesartan-hydrochlorothiazide</i>	52

IRESSA.....	45	JYNARQUE.....	160	KOATE-DVI.....	180
ISENTRESS.....	31, 32	Kaitlib Fe.....	107	KONVOMEPI.....	171
ISENTRESS HD.....	31	KALETRA.....	33	KORLYM.....	160
Isibloom.....	107	Kalliga.....	108	KOSELUGO.....	46
<i>isoniazid</i>	34	KALYDECO.....	214	<i>kosher prenatal plus iron</i>	197
ISORDIL TITRADOSE.....	62	KAPSPARGO SPRINKLE.....	57	KOVALTRY.....	181
<i>isosorbide dinitrate</i>	62	KARBINAL ER.....	213	<i>kp aspirin</i>	28
<i>isosorbide mononitrate</i>	62	Kariva.....	108	K-PHOS.....	195
<i>isosorbide mononitrate er</i>	62	KATERZIA.....	59	KRAZATI.....	48
<i>isotretinoin</i>	220	Kelnor 1/35.....	108	KRINTAFEL.....	31
<i>isradipine</i>	59	KEPPRA.....	76	Kristalose.....	169
ISTURISA.....	114	KEPPRA XR.....	76	KROGER AUTOLET	
ITOVEBI.....	45	KERASTAT.....	229	LANCING DEVICE.....	136
<i>itraconazole</i>	30	KERENDIA.....	51	KROGER HEALTHPRO	
<i>ivermectin</i>	30, 228	KESIMPTA.....	86	LANCET 26G.....	136
IWILFIN.....	48	<i>ketoconazole</i>	30, 222, 223	<i>kroger lancets</i>	136
IXINITY.....	181	Ketodan.....	222	<i>kroger lancets super thin</i>	136
IYUZEH.....	209	KETO-DIASTIX.....	136	<i>kroger lancets thin</i>	136
JADENU.....	103	<i>ketone test</i>	136	<i>kroger pen needles</i>	136
JADENU SPRINKLE.....	103	<i>ketoprofen</i>	23	KRYSTEXXA.....	21
Jaimiess.....	107	<i>ketoprofen er</i>	23	K-TAN PLUS.....	201
JAKAFI.....	45	<i>ketorolac tromethamine</i>	23, 207	Kurvelo.....	108
JALYN.....	173	KETOSTIX.....	136	KUVAN.....	160
Jantoven.....	177	KEVEYIS.....	60	KYLEENA.....	108
JANUMET.....	94	KEVZARA.....	188	KYZATREX.....	93
JANUMET XR.....	94	<i>keyfolc</i>	201	<i>l.e.t.</i>	227
JANUVIA.....	95	KINERET.....	188	<i>l.e.t. (racepinephrine)</i>	227
JARDIANCE.....	100	<i>kinney lancets</i>	136	<i>labetalol hcl</i>	57
Jasmiel.....	107	<i>kinney thin lancets</i>	136	<i>lactated ringers</i>	210
JATENZO.....	93	<i>kinray insulin syringe</i>	136	LACTEROL.....	165
JAYPIRCA.....	45	Kionex.....	161	<i>lactovive</i>	165
Jencycla.....	107	KISQALI (200 MG DOSE).....	45	<i>lactulose</i>	169
<i>jenliva prenatal/postnatal</i>	197	KISQALI (400 MG DOSE).....	45	LAMICTAL.....	76
JENTADUETO.....	94	KISQALI (600 MG DOSE).....	45	LAMICTAL ODT.....	76
JENTADUETO XR.....	94	KITABIS PAK (W/ NEBULIZER).....	215	LAMICTAL STARTER.....	76
Jinteli.....	159	KLARITY-A.....	206	LAMICTAL XR.....	76
JIVI.....	180	KLARITY-L.....	207	<i>lamivudine</i>	32, 37
JOENJA.....	194	KLISYRI (250 MG).....	221	<i>lamivudine-zidovudine</i>	33
Jolessa.....	107	KLISYRI (350 MG).....	221	<i>lamotrigine</i>	76
JORNAY PM.....	80	KLONOPIN.....	76	<i>lamotrigine er</i>	76
JOURNAVX.....	22	Klor-Con.....	195	<i>lamotrigine starter kit-blue</i>	76
Joyeaux.....	107	Klor-Con 10.....	195	<i>lamotrigine starter kit-green</i>	76
JUBLIA.....	222	Klor-Con M10.....	195	<i>lamotrigine starter kit-orange</i>	76
Juleber.....	107	Klor-Con M15.....	195	LAMPIT.....	38
JULUCA.....	33	Klor-Con M20.....	195	<i>lancet device</i>	136
Junel 1.5/30.....	107	KLOXXADO.....	90	<i>lancet device with ejector</i>	136
Junel 1/20.....	107	<i>kls aspirin low dose</i>	28	<i>lancets</i>	136
Junel Fe 1.5/30.....	107	KLS QUIT2.....	91	<i>lancets 30g</i>	136
Junel Fe 1/20.....	107	KLS QUIT4.....	91	<i>lancets 33g</i>	136
Junel Fe 24.....	107	KOATE.....	180	<i>lancets micro thin 33g</i>	136
JUXTAPID.....	56			<i>lancets super thin 28g</i>	136
JYLAMVO.....	41			<i>lancets thin</i>	137

LANCETS ULTRA THIN.....	137	levetiracetam.....	77	LITHOBID.....	85
<i>lancing device</i>	137	levetiracetam er.....	76	LITHOSTAT.....	174
LANOXIN.....	60	levobunolol hcl.....	204	LIVALO.....	55
<i>lanreotide acetate</i>	92	levocarnitine.....	103	LIVDELZI.....	170
<i>lansoprazole</i>	171	levocetirizine dihydrochloride..	213	<i>live better lancet super thin</i>	137
<i>lanthanum carbonate</i>	161	levofloxacin.....	37	LIVMARLI.....	170
LANTUS.....	97	Levonest.....	108	LIVTENCITY.....	34
LANTUS SOLOSTAR.....	97	levonorgest-eth estrad 91-day..	108	L-MESITRAN SOFT WOUND	
LANZO.....	137	levonorgest-eth estradiol-iron..	108	.....	229
Larin 1.5/30.....	108	levonorgestrel.....	108	LMR PLUS.....	227
Larin 1/20.....	108	levonorgestrel-ethinyl estrad....	108	LO LOESTRIN FE.....	108
Larin 24 Fe.....	108	levonorg-eth estrad triphasic....	108	LODINE.....	23
Larin Fe 1.5/30.....	108	Levora 0.15/30 (28).....	108	LODOCO.....	62
Larin Fe 1/20.....	108	levorphanol tartrate.....	25	Loestrin 1.5/30 (21).....	108
<i>latanoprost</i>	209	Levo-T.....	162	Loestrin 1/20 (21).....	109
LATUDA.....	73	levothyroxine sodium.....	162	Loestrin Fe 1.5/30.....	109
LAZCLUZE.....	46	Levoxyl.....	162	Loestrin Fe 1/20.....	109
LDL CARE.....	202	LEVSIN.....	165	Lofena.....	23
LDO PLUS.....	227	LEVSIN/SL.....	165	Lojaimiess.....	109
LEADER UNIFINE PENTIPS.....	137	LEXAPRO.....	67	LOKELMA.....	161
LEADER UNIFINE PENTIPS		Lexette.....	226	Lomaira.....	101
PLUS.....	137	LIALDA.....	168	LOMOTIL.....	165
<i>ledipasvir-sofosbuvir</i>	37	LIBERTY MEDICAL		LONSURF.....	41
<i>leflunomide</i>	191	LANCETS.....	137	<i>loperamide hcl</i>	165
LENVIMA (10 MG DAILY		LIBRAX.....	167	LOPRESSOR.....	57
DOSE).....	46	LICART.....	23	<i>lorazepam</i>	65
LENVIMA (12 MG DAILY		<i>lidocaine</i>	227	LORBRENA.....	46
DOSE).....	46	<i>lidocaine hcl</i>	227, 229	LOREEV XR.....	65
LENVIMA (14 MG DAILY		<i>lidocaine hcl urethral/mucosal</i>	227	Loryna.....	109
DOSE).....	46	<i>lidocaine viscous hcl</i>	229	<i>losartan potassium</i>	52
LENVIMA (18 MG DAILY		<i>lidocaine-prilocaine</i>	227	<i>losartan potassium-hctz</i>	52
DOSE).....	46	LIDODERM.....	227	LOTEMAX.....	207
LENVIMA (20 MG DAILY		LIKMEZ.....	38	LOTEMAX SM.....	207
DOSE).....	46	LILETTA (52 MG).....	108	<i>loteprednol etabonate</i>	207
LENVIMA (24 MG DAILY		<i>linezolid</i>	38	LOTREL.....	50
DOSE).....	46	LINZESS.....	168	LOTRONEX.....	169
LENVIMA (4 MG DAILY		<i>liothyronine sodium</i>	162	<i>lovastatin</i>	55
DOSE).....	46	LIPITOR.....	55	LOVAZA.....	56
LENVIMA (8 MG DAILY		LIPOFEN.....	55	LOVENOX.....	177
DOSE).....	46	<i>liraglutide</i>	95	Low-Ogestrel.....	109
LEQSELVI.....	188	<i>lisdexamphetamine dimesylate</i>	80	<i>loxapine succinate</i>	73
LESCOL XL.....	55	<i>lisinopril</i>	50	Lo-Zumandimine.....	109
Lessina.....	108	<i>lisinopril-hydrochlorothiazide</i>	50	<i>lubiprostone</i>	168
LETAIRIS.....	63	<i>lite touch lancets</i>	137	LUCEMYRA.....	90
<i>letrozole</i>	43	LITE TOUCH LANCING PEN.....	137	LUCENTIS.....	209
<i>leucovorin calcium</i>	49	LITETOUCH INSULIN		Luizza 1.5/30.....	109
LEUKERAN.....	41	SYRINGE.....	137	Luizza 1/20.....	109
LEUKINE.....	179	LITETOUCH LANCETS.....	137	<i>luliconazole</i>	222
<i>leuprolide acetate</i>	43	LITETOUCH PEN NEEDLES.....	137	LUMAKRAS.....	48
<i>levalbuterol hcl</i>	213	LITFULO.....	188	LUMIGAN.....	209
<i>levalbuterol tartrate</i>	213	<i>lithium carbonate</i>	85	LUMRYZ.....	89
LEVBID.....	165	<i>lithium carbonate er</i>	85	LUMRYZ STARTER PACK.....	89

LUNESTA.....	82	MAXI-COMFORT INSULIN		MEKINIST.....	46
LUPKYNIS.....	194	SYRINGE.....	137	MEKTOVI.....	46
LUPRON DEPOT (1-MONTH).....	43	MAXI-COMFORT SAFETY		Meleya.....	109
LUPRON DEPOT (3-MONTH).....	43	PEN NEEDLE.....	137	<i>meloxicam</i>	23
LUPRON DEPOT (4-MONTH).....	43	MAXICOMFORT SYR 27G X		<i>memantine hcl</i>	66
LUPRON DEPOT (6-MONTH).....	43	1/2".....	137	<i>memantine hcl er</i>	66
LUPRON DEPOT-PED (1-		MAXIDEX.....	207	MENOPUR.....	153
MONTH).....	103	MAXITROL.....	205	MENOSTAR.....	159
LUPRON DEPOT-PED (3-		MAYZENT.....	86	<i>meperidine hcl</i>	25
MONTH).....	103	MAYZENT STARTER PACK..	86	<i>meprobamate</i>	65
Lutera.....	109	<i>mb caps</i>	38	<i>mercaptopurine</i>	41
LYBALVI.....	73	<i>meclizine hcl</i>	166	MERIOLOG.....	97
Lyleq.....	109	<i>meclofenamate sodium</i>	23	MERIOLOG SOLOSTAR.....	97
LYNPARZA.....	48	<i>medi tab</i>	202	<i>mesalamine</i>	168
LYRICA.....	77	<i>medic insulin syringe</i>	137	<i>mesalamine er</i>	168
LYRICA CR.....	90	<i>medichoice safety lancet</i>	137	<i>mesalamine-cleanser</i>	168
LYSIPLEX PLUS.....	202	<i>medichoice safety lancet extra</i> ..	137	MESNEX.....	49
LYSODREN.....	43	<i>medichoice safety lancet norm</i> ..	137	MESTINON.....	89
LYTGOBI (12 MG DAILY		<i>medicine shoppe pen needles</i>	137	<i>metaxalone</i>	88
DOSE).....	46	MEDLANCE PLUS EXTRA		<i>metformin hcl</i>	94
LYTGOBI (16 MG DAILY		21G.....	137	<i>metformin hcl er</i>	94
DOSE).....	46	MEDLANCE PLUS LITE 25G	138	<i>metformin hcl er (mod)</i>	94
LYTGOBI (20 MG DAILY		MEDLANCE PLUS SPECIAL		<i>metformin hcl er (osm)</i>	94
DOSE).....	46	0.8MM.....	138	<i>methadone hcl</i>	25
LYUMJEV.....	97	MEDLANCE PLUS		Methadone Hcl Intensol.....	25
LYUMJEV KWIKPEN.....	97	SUPERLITE 30G.....	138	<i>methadone hcl-sodium chloride</i> ..	25
Lyza.....	109	MEDLANCE PLUS		METHADOSE.....	25
MACROBID.....	38	UNIVERSAL 21G.....	138	Methadose.....	25
MACRODANTIN.....	38	MEDPURA		METHADOSE SUGAR-FREE..	26
MAGELLAN INSULIN		HYDROCORTISONE.....	226	<i>methamphetamine hcl</i>	80
SAFETY SYR.....	137	MEDROL.....	154	<i>methazolamide</i>	60
MALARONE.....	31	<i>medroxyprogesterone acetate</i>		<i>methenamine hippurate</i>	38
<i>malathion</i>	229	.....	109, 162	<i>methenamine mandelate</i>	39
MARATHON MEDICAL		<i>mefenamic acid</i>	23	Methergine.....	160
PENTIPS.....	137	<i>mefloquine hcl</i>	31	<i>methimazole</i>	162
<i>marlissa</i>	109	<i>megestrol acetate</i>	43, 162	<i>methitest</i>	93
MARPLAN.....	67	MEIJER LANCETS.....	138	<i>methocarbamol</i>	88
MATERNACEL.....	197	MEIJER LANCETS		<i>methotrexate sodium</i>	42, 191
MATULANE.....	41	UNIVERSAL 21G.....	138	<i>methotrexate sodium (pf)</i>	42
Matzim La.....	59	MEIJER LANCETS		<i>methoxsalen rapid</i>	223
MAVENCLAD (10 TABS).....	86	UNIVERSAL 30G.....	138	<i>methscopolamine bromide</i>	165
MAVENCLAD (4 TABS).....	86	MEIJER LANCETS		<i>methyldopa</i>	62
MAVENCLAD (5 TABS).....	86	UNIVERSAL 33G.....	138	<i>methylergonovine maleate</i>	160
MAVENCLAD (6 TABS).....	86	<i>meijer pen needles</i>	138	<i>methylphenidate hcl</i>	81
MAVENCLAD (7 TABS).....	86	MEIJER TRUE2GO BLOOD		<i>methylphenidate hcl er</i>	81
MAVENCLAD (8 TABS).....	86	GLUCOSE.....	138	<i>methylphenidate hcl er (cd)</i>	81
MAVENCLAD (9 TABS).....	86	MEIJER TRUERESULT		<i>methylphenidate hcl er (la)</i>	81
MAVYRET.....	37	GLUCOSE SYS.....	138	<i>methylphenidate hcl er (osm)</i>	81
MAXALT.....	84	MEIJER TRUETEST TEST....	138	<i>methylprednisolone</i>	154
MAXALT-MLT.....	84	MEIJER TRUETRACK		<i>methyltestosterone</i>	93
MAXICOMFORT II PEN		GLUCOSE SYS.....	138	<i>metoclopramide hcl</i>	166
NEEDLE.....	137	MEIJER TRUETRACK TEST..	138	<i>metolazone</i>	60

<i>metoprolol succinate er</i>	57	MITOSOL.....	206	<i>multivitamin w/fluoride</i>	202
<i>metoprolol tartrate</i>	57	<i>mm aspirin</i>	28	<i>multi-vitamin/fluoride</i>	202
<i>metoprolol-hydrochlorothiazide</i>	56	MM BLOOD GLUCOSE		<i>multi-vitamin/fluoride/iron</i>	202
<i>metronidazole</i>	39, 176, 228	SYSTEM.....	138	<i>mupirocin</i>	221
<i>mexiletine hcl</i>	53	MM BLOOD GLUCOSE		<i>mupirocin calcium</i>	221
MIACALCIN.....	102	SYSTEM REFILL.....	138	MY CHOICE.....	110
Mibelas 24 Fe.....	109	MM BLULINK GLUCOSE		MY WAY.....	110
MICARDIS.....	52	MONIT SYS.....	138	MYALEPT.....	160
MICARDIS HCT.....	52	MM BLULINK GLUCOSE		MYCAPSSA.....	92
<i>miconazole 3</i>	176	TEST.....	138	<i>mycophenolate mofetil</i>	194
<i>miconazole-zinc oxide-petrolat</i>	222	MM EASY TOUCH		<i>mycophenolate sodium</i>	194
MICRODOT BLOOD		GLUCOSE.....	139	MYDAYIS.....	81
GLUCOSE SYSTEM.....	138	MM EASY TOUCH		MYDCOMBI.....	208
MICRODOT TEST.....	138	GLUCOSE METER.....	139	MYFEMBREE.....	164
Microgestin 1.5/30.....	109	<i>mm insulin syringe/needle</i>	139	MYFORTIC.....	194
Microgestin 1/20.....	109	MM PEN NEEDLES.....	139	MYGLUCOHEALTH BLOOD	
Microgestin Fe 1.5/30.....	109	MM TWIST LANCETS.....	139	GLUCOSE.....	139
Microgestin Fe 1/20.....	109	<i>m-natal plus</i>	197	MYGLUCOHEALTH	
MICROLET LANCETS.....	138	<i>modafinil</i>	89	LANCETS 30G.....	139
MICROLET NEXT LANCING		<i>moexipril hcl</i>	50	MYGLUCOHEALTH TEST ...	139
DEVICE.....	138	<i>mometasone furoate</i>	216, 226	MYHIBBIN.....	195
<i>midazolam hcl</i>	82	Mondoxylene NI.....	41	MYLERAN.....	41
MIDAZOLAM+SYRSPEND		MONOJECT INSULIN		MYRBETRIQ.....	175
SF.....	82	SYRINGE.....	139	MYTESI.....	165
<i>midodrine hcl</i>	62	MONOJECT ULTRA		MYXREDLIN.....	97
MIEBO.....	208	COMFORT SYRINGE.....	139	<i>na sulfate-k sulfate-mg sulf</i>	169
MIGERGOT.....	83	MONOLET LANCETS.....	139	<i>nabumetone</i>	23
<i>miglitol</i>	94	MONOLET OPD LANCETS ..	139	<i>nadolol</i>	58
<i>miglustat</i>	157	MONOLETTOR SAFETY		<i>nafcillin sodium</i>	40
Mili.....	109	LANCETS.....	139	<i>naftifine hcl</i>	222
Mimvey.....	159	Mono-Linyah.....	110	NAFTIN.....	222
<i>mincora</i>	202	MONOVISC.....	29	<i>nalmefene hcl</i>	90
<i>mini lancing device</i>	138	<i>montelukast sodium</i>	215	<i>nalocet</i>	26
MINIMED INSTINCT GLUC		<i>morphine sulfate</i>	26	<i>naloxone hcl</i>	90
SENSOR.....	138	<i>morphine sulfate (concentrate)</i> ..	26	<i>naltrexone hcl</i>	90
MINIMED PUMP		<i>morphine sulfate er</i>	26	NAMZARIC.....	66
RESERVOIR 3ML.....	138	<i>morphine sulfate er beads</i>	26	NAPRELAN.....	23
MINIMED RESERVOIR		MOTTEGRITY.....	170	<i>naproxen</i>	23
1.8ML.....	138	MOTOFEN.....	165	<i>naproxen sodium</i>	24
MINIMED RESERVOIR 3ML	138	MOTPOLY XR.....	77	<i>naproxen sodium er</i>	23
MINIVELLE.....	159	MOUNJARO.....	95	<i>naproxen-esomeprazole mg</i>	24
<i>minocycline hcl</i>	41	MOVANTIK.....	170	<i>naratriptan hcl</i>	84
<i>minocycline hcl er</i>	41	MOVIPREP.....	169	NARCAN.....	90
<i>minoxidil</i>	62	<i>moxifloxacin hcl</i>	37, 206	NARDIL.....	67
Minzoya.....	109	MS CONTIN.....	26	NASCOBAL.....	202
MIPLYFFA.....	157	MULPLETA.....	183	NATACYN.....	206
MIRCERA.....	179	MULTAQ.....	53	<i>natal pnv</i>	197
MIRENA (52 MG).....	110	MULTIGEN.....	202	NATAZIA.....	110
<i>mirtazapine</i>	67	MULTIGEN FOLIC.....	202	<i>nateglinide</i>	99
MIRVASO.....	228	MULTIGEN PLUS.....	202	NATESTO.....	93
<i>misoprostol</i>	170	MULTI-LANCET DEVICE 2..	139	NAYZILAM.....	77
MITIGARE.....	21	<i>multipro</i>	202	<i>nebivolol hcl</i>	58

NEBUPENT.....	39	NICORELIEF.....	91	NORTHERA.....	62
Necon 0.5/35 (28).....	110	<i>nicotinamide</i>	202	Nortrel 0.5/35 (28).....	110
Necon 1/35 (28).....	110	<i>nicotine</i>	92	Nortrel 1/35 (21).....	110
NEEVO DHA.....	197	<i>nicotine mini</i>	92	Nortrel 1/35 (28).....	111
<i>nefazodone hcl</i>	68	<i>nicotine polacrilex</i>	92	Nortrel 7/7/7.....	111
NEMLUVIO.....	228	<i>nicotine polacrilex mini</i>	92	<i>nortriptyline hcl</i>	68
<i>neoke bhb</i>	202	<i>nicotine step 1</i>	92	NORVASC.....	59
<i>neomycin sulfate</i>	30	<i>nicotine step 2</i>	92	NORVIR.....	32
<i>neomycin-bacitracin zn-</i>		<i>nicotine step 3</i>	92	NOURIANZ.....	70
<i>polymyx</i>	206	NICOTROL NS.....	92	NOVA MAX BLOOD	
<i>neomycin-polymyxin-dexameth</i>	205	<i>nifedipine</i>	59	GLUCOSE SYSTEM.....	139
<i>neomycin-polymyxin-gramicidin</i>		<i>nifedipine er</i>	59	NOVA MAX GLUCOSE TEST	
.....	206	<i>nifedipine er osmotic release</i>	59	.....	139
<i>neomycin-polymyxin-hc</i>	205, 230	Nikki.....	110	NOVA MAX PLUS KETONE	
<i>neonatal complete</i>	197	<i>nilutamide</i>	43	TEST.....	139
NEONATAL PLUS.....	197	<i>nimodipine</i>	59	NOVA SAFETY LANCETS	
NEO-SYNALAR.....	221	NINLARO.....	49	23G.....	139
<i>neo-vital rx</i>	197	NIPRIDE RTU.....	62	NOVA SAFETY LANCETS	
<i>neovite</i>	202	<i>nisoldipine er</i>	59	28G.....	140
NERLYNX.....	46	NITRO-BID.....	62	NOVA SUREFLEX LANCETS	
NESTABS.....	197	NITRO-DUR.....	62	.....	140
NESTABS DHA.....	197	<i>nitrofurantoin</i>	39	NOVA SUREFLEX LANCING	
NESTABS ONE.....	197	<i>nitrofurantoin macrocrystal</i>	39	DEVICE.....	140
Neuac.....	220	<i>nitrofurantoin monohyd macro</i> ...	39	NOVAREL.....	153
NEULASTA.....	179	<i>nitroglycerin</i>	62, 63	NOVOEIGHT.....	181
NEULASTA ONPRO.....	179	NITROLINGUAL.....	63	NOVOFINE PEN NEEDLE....	140
NEUPOGEN.....	179	NITYR.....	156	NOVOFINE PLUS PEN	
NEUPRO.....	70	<i>niva thyroid</i>	162	NEEDLE.....	140
NEURONTIN.....	77	NIVA-PLUS.....	197	NOVOLIN 70/30.....	98
NEUTEK 2TEK TEST.....	139	NIVESTYM.....	179	NOVOLIN 70/30 FLEXPEN.....	98
NEVANAC.....	207	<i>nizatidine</i>	167	NOVOLIN 70/30 FLEXPEN	
<i>nevirapine</i>	32	Nora-Be.....	110	RELION.....	98
<i>nevirapine er</i>	32	NORDIPEN 5 INJECTION		NOVOLIN 70/30 RELION.....	98
NEW DAY.....	110	DEVICE.....	156	NOVOLIN N.....	98
NEXAVAR.....	46	NORDITROPIN FLEXPEN....	156	NOVOLIN N FLEXPEN.....	98
NEXICLON XR.....	62	<i>norelgestromin-eth estradiol</i>	110	NOVOLIN N FLEXPEN	
NEXIUM.....	171	<i>norethin ace-eth estrad-fe</i>	110	RELION.....	98
NEXLETOL.....	54	<i>norethindrone</i>	110	NOVOLIN N RELION.....	98
NEXLIZET.....	54	<i>norethindrone acetate</i>	162	NOVOLIN R.....	98
NEXPLANON.....	110	<i>norethindrone acet-ethinyl est.</i> ..	110	NOVOLIN R FLEXPEN.....	98
NEXTERONE.....	53	<i>norethindrone-eth estradiol</i>	159	NOVOLIN R FLEXPEN	
NEXTSTELLIS.....	110	<i>norethin-eth estradiol-fe</i>	110	RELION.....	98
NGENLA.....	156	<i>norgesic forte</i>	88	NOVOLIN R RELION.....	98
<i>niacin (antihyperlipidemic)</i>	56	<i>norgestimate-eth estradiol</i>	110	NOVOLOG.....	98
<i>niacin er (antihyperlipidemic)</i>	56	<i>norgestim-eth estrad triphasic</i> ..	110	NOVOLOG 70/30 FLEXPEN	
NIACOR.....	56	NORITATE.....	228	RELION.....	98
NICADAN.....	202	NORLIQVA.....	59	NOVOLOG FLEXPEN.....	98
NICAPRIN.....	202	Norlyda.....	110	NOVOLOG FLEXPEN	
<i>nicardipine hcl</i>	59	Norlyroc.....	110	RELION.....	98
NICAZEL.....	202	NORPACE.....	53	NOVOLOG MIX 70/30.....	99
NICAZEL FORTE.....	202	NORPACE CR.....	53	NOVOLOG MIX 70/30	
NICOMIDE.....	202	NORPRAMIN.....	68	FLEXPEN.....	98

NOVOLOG MIX 70/30	OJEMDA.....	46	ONETOUCH DELICA	
RELION.....	OJJAARA.....	46	SAFETY LANCING.....	140
NOVOLOG PENFILL.....	olanzapine.....	73	ONETOUCH ULTRA.....	140
NOVOLOG RELION.....	olanzapine-fluoxetine hcl.....	90	ONETOUCH ULTRA 2.....	140
NOVOSEVEN RT.....	olmesartan medoxomil.....	53	ONETOUCH ULTRA BLUE	
NOXAFIL.....	olmesartan medoxomil-hctz.....	52	TEST.....	140
NP THYROID.....	olmesartan-amlodipine-hctz.....	52	ONETOUCH ULTRA TEST....	140
NPLATE.....	olopatadine hcl.....	204, 213	ONETOUCH ULTRASOFT 2	
NUBEQA.....	OLPRUVA (2 GM DOSE).....	163	LANCETS.....	140
NUCALA.....	OLPRUVA (3 GM DOSE).....	163	ONETOUCH VERIO.....	140
NUCYNTA.....	OLPRUVA (4 GM DOSE).....	163	ONETOUCH VERIO FLEX	
NUCYNTA ER.....	OLPRUVA (5 GM DOSE).....	163	SYSTEM.....	140
NUEDEXTA.....	OLPRUVA (6 GM DOSE).....	163	ONETOUCH VERIO	
NUFOL.....	OLPRUVA (6.67 GM DOSE)..	163	REFLECT.....	140
NULEV.....	OLUMIANT.....	188	onevite.....	202
NUPLAZID.....	omega-3-acid ethyl esters.....	56	ONEXTON.....	220
NURTEC.....	omeprazole.....	172	ONFI.....	77
NUSURGEPAK SURGICAL	omeprazole-sodium bicarbonate		ONGENTYS.....	70
PREP/CARE.....	.....	172	ONGLYZA.....	95
NUTRIFAC ZX.....	OMNARIS.....	216	ONIVYDE.....	50
NUTROPIN AQ NUSPIN 10...	OMNIFLEX DIAPHRAGM.....	111	ONUREG.....	42
NUTROPIN AQ NUSPIN 20...	OMNIPOD 5 DEXG7G6		ONYDA XR.....	81
NUTROPIN AQ NUSPIN 5....	INTRO GEN 5.....	140	ONZETRA XSAIL.....	84
NUVARING.....	OMNIPOD 5 DEXG7G6 PODS		OPCICON ONE-STEP.....	111
NUVESSA.....	GEN 5.....	140	OPFOLDA.....	157
NUVIGIL.....	OMNIPOD DASH INTRO		OPILL.....	111
NUWIQ.....	(GEN 4).....	140	OPIZA.....	73
NUZYRA.....	OMNIPOD DASH PDM (GEN		OPSUMIT.....	63
Nyamyc.....	4).....	140	OPSYNVI.....	63
Nylia 1/35.....	OMNIPOD DASH PODS		OPTION 2.....	111
Nylia 7/7/7.....	(GEN 4).....	140	OPTIONS GYNOL II	
NYMALIZE.....	OMNIPOD POD PALS.....	140	CONTRACEPTIVE.....	173
nystatin.....	OMNITROPE.....	156	OPTIUMEZ TEST.....	140
nystatin-triamcinolone.....	OMVOH.....	188	OPVEE.....	90
Nystop.....	OMVOH (300 MG DOSE).....	188	OPZELURA.....	224
NYVEPRIA.....	ON CALL EXPRESS BLOOD		ORACEA.....	229
OB COMPLETE.....	GLUCOSE.....	140	ORACIT.....	174
OB COMPLETE ONE.....	ON CALL EXPRESS		ORALAIR.....	183
OB COMPLETE PETITE.....	MONITORING SYS.....	140	Oralone.....	230
OB COMPLETE PREMIER....	ondansetron.....	166	ORAPRED ODT.....	154
OB COMPLETE/DHA.....	ondansetron hcl.....	166	ORAVIG.....	230
obizur.....	one drop blood glucose monitor		ORENCIA.....	184, 188
OICALIVA.....	.....	140	ORENCIA CLICKJECT.....	188
OCTAGAM.....	one drop test.....	140	ORENITRAM.....	63
octreotide acetate.....	one vite womens plus.....	197	ORENITRAM MONTH 1.....	63
ODACTRA.....	ONETOUCH DELICA PLUS		ORENITRAM MONTH 2.....	63
ODEFSEY.....	LANCET30G.....	140	ORENITRAM MONTH 3.....	63
ODOMZO.....	ONETOUCH DELICA PLUS		ORFADIN.....	156
OFEV.....	LANCET33G.....	140	ORGOVYX.....	43
ofloxacin.....	ONETOUCH DELICA PLUS		ORIAHNN.....	164
OGSIVEO.....	LANCING.....	140	ORILISSA.....	153
OHTUVAYRE.....			ORKAMBI.....	215

ORLADEYO.....	192	PALFORZIA (20 MG DAILY DOSE).....	183	<i>penicillin v potassium</i>	40
ORLYNVAH.....	39	PALFORZIA (200 MG DAILY DOSE).....	184	PENTASA.....	168
<i>orphenadrine citrate er</i>	88	PALFORZIA (240 MG DAILY DOSE).....	184	<i>pentazocine-naloxone hcl</i>	27
<i>orphenadrine-aspirin-caffeine</i>	88	PALFORZIA (3 MG DAILY DOSE).....	184	PENTIPS.....	141
ORPHENGESIC FORTE.....	88	PALFORZIA (300 MG MAINTENANCE).....	184	PENTIPS GENERIC PEN	
Orquidea.....	111	PALFORZIA (300 MG TITRATION).....	184	NEEDLES.....	141
ORSERDU.....	43	PALFORZIA (40 MG DAILY DOSE).....	184	<i>pentoxifylline er</i>	182
Orsythia.....	111	PALFORZIA (6 MG DAILY DOSE).....	184	PERCOCET.....	26
<i>ortho df</i>	202	PALFORZIA (80 MG DAILY DOSE).....	184	PERFECT LANCETS 28G.....	141
ORTHOVISC.....	29	PALFORZIA INITIAL DOSE 4-17YRS.....	184	PERFECT LANCETS 30G.....	141
<i>oscimin</i>	165	PALFORZIA INITIAL ESCALATION.....	184	PERFOROMIST.....	213
<i>oseltamivir phosphate</i>	34	<i>paliperidone er</i>	73	<i>perindopril erbumine</i>	50
OSENVELT.....	102	PALYNZIQ.....	160	Periogard.....	230
OSPHENA.....	160	PAMELOR.....	68	<i>permethrin</i>	229
OTEZLA.....	188	PANCREAZE.....	171	<i>perphenazine</i>	73
OTEZLA XR.....	188	<i>pantoprazole sodium</i>	172	<i>perphenazine-amitriptyline</i>	90
OTEZLA/OTEZLA XR INITIATION PK.....	188	PANZYGA.....	193	PERSERIS.....	73
OTOVEL.....	230	PARADIGM SILHOUETTE COMBO 23".....	141	PERTZYE.....	171
OTULFI.....	189	PARAGARD INTRAUTERINE COPPER.....	111	Pfizerpen.....	40
OVIDE.....	229	<i>paricalcitol</i>	164	<i>ph strips</i>	141
OVIDREL.....	153	PARNATE.....	68	PHARMACIST CHOICE AUTOCODE.....	141
<i>oxaprozin</i>	24	<i>paroxetine hcl</i>	68	PHARMACIST CHOICE AUTOCODE SYS.....	141
<i>oxazepam</i>	65	<i>paroxetine hcl er</i>	68	PHARMACIST CHOICE LANCETS.....	141
<i>oxcarbazepine</i>	77	<i>paroxetine mesylate</i>	90	PHARMACIST CHOICE MINI SYSTEM.....	141
OXERVATE.....	208	PAXIL.....	68	<i>pharmacist choice no coding</i>	141
<i>oxiconazole nitrate</i>	222	PAXIL CR.....	68	PHEBURANE.....	163
OXISTAT.....	222	PAXLOVID (150/100).....	34	<i>phendimetrazine tartrate er</i>	101
OXTELLAR XR.....	77	PAXLOVID (300/100 & 150/100).....	34	<i>phenelzine sulfate</i>	68
<i>oxybutynin chloride</i>	175	PAXLOVID (300/100).....	34	<i>phenobarbital</i>	77
<i>oxybutynin chloride er</i>	175	<i>pc unifine pentips</i>	141	<i>phenoxybenzamine hcl</i>	62
<i>oxycodone hcl</i>	26	<i>peg-3350/electrolytes/ascorbat</i>	169	<i>phenylephrine hcl</i>	208
<i>oxycodone-acetaminophen</i>	26	PEGASYS.....	37	<i>phenytoin</i>	77
OXYCONTIN.....	26	<i>peg-kcl-nacl-nasulf-na asc-c</i>	169	<i>phenytoin sodium extended</i>	77
<i>oxymorphone hcl</i>	26	PEG-PREP.....	169	PHEXX.....	173
<i>oxymorphone hcl er</i>	26	PEMAZYRE.....	47	Philith.....	111
OXYTROL.....	175	<i>pen needle/5-bevel tip</i>	141	PHOSPHA 250 NEUTRAL....	196
OZEMPIC (0.25 OR 0.5 MG/DOSE).....	95	<i>pen needles</i>	141	<i>phosphorous</i>	196
OZEMPIC (1 MG/DOSE).....	95	<i>penicillamine</i>	103	PHOSPHO-TRIN 250 NEUTRAL.....	196
OZEMPIC (2 MG/DOSE).....	95			PHYRAGO.....	47
OZOBAX DS.....	88			Physiolyte.....	210
OZURDEX.....	207			Physiosol Irrigation.....	210
Pacerone.....	53			<i>phytonadione</i>	202
<i>paingo kft</i>	227			PIFELTRO.....	32
PALFORZIA (12 MG DAILY DOSE).....	183			<i>pilocarpine hcl</i>	208, 230
PALFORZIA (120 MG DAILY DOSE).....	183			<i>pimecrolimus</i>	224
PALFORZIA (160 MG DAILY DOSE).....	183			<i>pimozide</i>	90
				Pimtrea.....	111

<i>pindolol</i>	58	<i>potassium chloride crys er</i>	196	PRENATRYL.....	199
<i>pioglitazone hcl</i>	99	<i>potassium chloride er</i>	196	<i>prepiv supply</i>	227
<i>pioglitazone hcl-glimepiride</i>	99	<i>potassium citrate er</i>	174	PRESTALIA.....	50
<i>pioglitazone hcl-metformin hcl</i> ...	99	<i>potassium citrate-citric acid</i>	174	<i>pretomanid</i>	34
PIP BLOOD GLUCOSE		PR BENZOYL PEROXIDE.....	220	PREVACID.....	172
MONITORING.....	141	PRADAXA.....	177	PREVACID SOLUTAB.....	172
PIP BLOOD GLUCOSE TEST		PRALUENT.....	56	Prevalite.....	54
STRIP.....	141	<i>pramipexole dihydrochloride</i>	70	PREVENT DROPSAFE PEN	
<i>pip lancets 28g</i>	141	<i>pramipexole dihydrochloride er</i> ..	70	NEEDLES.....	142
<i>pip lancets 30g</i>	141	<i>prasugrel hcl</i>	182	PREVENT SAFETY PEN	
PIQRAY (200 MG DAILY		<i>pravastatin sodium</i>	55	NEEDLES.....	142
DOSE).....	47	<i>praziquantel</i>	30	PREVIDOLRX ANALGESIC... 24	
PIQRAY (250 MG DAILY		<i>prazosin hcl</i>	51	PREVYMIS.....	34
DOSE).....	47	PRECISION SURE-DOSE		PREZCOBIX.....	33
PIQRAY (300 MG DAILY		SYRINGE.....	141	PREZISTA.....	32
DOSE).....	47	PRED FORTE.....	207	PRIALT.....	22
<i>pirfenidone</i>	216	PRED MILD.....	207	PRIFTIN.....	34
Pirmella 7/7/7.....	111	<i>prednisolone</i>	154	PRILOSEC.....	172
<i>piroxicam</i>	24	<i>prednisolone acetate</i>	207	<i>primaquine phosphate</i>	31
PLAQUENIL.....	191	<i>prednisolone acetate p-f</i>	207	<i>primidone</i>	77
PLAVIX.....	182	<i>prednisolone sodium phosphate</i>		PRISTIQ.....	68
PLEGRIDY.....	86, 87	.....	154, 155, 207	PRIVIGEN.....	193
PLEGRIDY STARTER PACK..	87	<i>prednisolone-gatifloxacin</i>	205	PRO COMFORT INSULIN	
PLENITY.....	101	<i>prednisone</i>	155	SYRINGE.....	142
PLENITY WELCOME KIT.....	101	PREDNISON INTENSOL.....	155	<i>pro comfort lancets 30g</i>	142
PLENVU.....	169	<i>preferred plus unifine pentips</i> ... 141		<i>pro comfort lancets 31g</i>	142
<i>pnv prenatal plus multivit+dha</i>	197	<i>pregabalin</i>	77	<i>pro comfort pen needles</i>	142
<i>pnv tabs 20-1</i>	197	<i>pregen dha</i>	198	<i>pro comfort safety lancets 30g</i> ..	142
<i>pnv-dha</i>	197	<i>pregenna</i>	198	<i>pro voice v8/v9 glucose</i>	142
<i>pnv-dha+docusate</i>	198	PREGNYL.....	154	<i>pro voice v9 glucose system</i>	142
<i>pnv-omega</i>	198	PREMARIN.....	159	PROAIR RESPICLICK.....	213
<i>pnv-select</i>	198	PREMESISR.....	198	<i>probenecid</i>	21
POCKETCHEM EZ SYSTEM.....	141	PREMPHASE.....	159	<i>prochlorperazine</i>	167
POCKETCHEM EZ TEST.....	141	PREMPRO.....	159	<i>prochlorperazine edisylate</i>	166
<i>podofilox</i>	228	<i>prena 1 true</i>	198	<i>prochlorperazine maleate</i>	166
POGO AUTOMATIC BLOOD		<i>prenal</i>	198	PROCORT.....	172
GLUCOSE.....	141	<i>prenal pearl</i>	198	PROCRT.....	179
POGO AUTOMATIC TEST		<i>prenatal</i>	198	<i>pro-critic</i>	203
CARTRIDGES.....	141	<i>prenatal 19</i>	198	PROCTOFOAM HC.....	172
POKONZA.....	196	<i>prenatal plus</i>	198	Procto-Med Hc.....	172
<i>poly-iron 150 forte</i>	202	PRENATAL-U.....	198	Proctozone-Hc.....	172
<i>polymyxin b-trimethoprim</i>	206	PRENATE.....	198	PROCYSBI.....	174
<i>polysaccharide iron forte</i>	202	PRENATE AM.....	198	PRODIGY AUTOCODE	
POLY-VI-FLOR.....	202, 203	PRENATE DHA.....	198	BLOOD GLUCOSE.....	142
POLY-VI-FLOR/IRON.....	203	PRENATE ELITE.....	198	PRODIGY INSULIN	
POMALYST.....	42	PRENATE ENHANCE.....	198	SYRINGE.....	142
PONVORY.....	87	PRENATE ESSENTIAL.....	198	PRODIGY LANCETS 28G.....	142
PONVORY STARTER PACK...87		PRENATE MINI.....	198	PRODIGY LANCING	
Portia-28.....	111	PRENATE PIXIE.....	198	DEVICE.....	142
<i>posaconazole</i>	30	PRENATE RESTORE.....	198	PRODIGY NO CODING	
<i>pot & sod cit-cit ac</i>	174	PRENATOL-M.....	198	BLOOD GLUC.....	142
<i>potassium chloride</i>	196	PRENATRIX.....	199		

RELION LANCETS MICRO-THIN 33G.....	144	REXTOVY	90	<i>rizatriptan benzoate</i>	84
RELION LANCETS THIN 26G	144	REXULTI.....	73	ROCALTROL	164
RELION LANCETS ULTRA-THIN 30G	144	REYATAZ.....	32	ROCKLATAN.....	205
RELION LANCING DEVICE.....	144	REYVOW	83	ROLVEDON.....	179
RELION MICRO.....	144	REZDIFFRA	160	<i>ropinirole hcl</i>	70
RELION PEN NEEDLES.....	144	REZLIDHIA	48	<i>ropinirole hcl er</i>	70
RELION PREMIER BLU MONITOR.....	144	REZUROCK.....	195	<i>rosuvastatin calcium</i>	55
RELION PREMIER COMPACT SYSTEM.....	144	REZVOGLAR KWIKPEN.....	99	Roweepra.....	77
RELION PREMIER VOICE MONITOR.....	144	RHEUMATE	203	ROXICODONE	27
RELION PRIME MONITOR... ..	144	RHOFADE	229	ROXYBOND.....	27
RELION PRIME TEST.....	144	RHOPHYLAC	193	ROZEREM.....	82
RELION TRUE MET AIR GLUC METER.....	144	RHOPRESSA.....	209	ROZLYTREK.....	47
RELION TRUE METRIX TEST STRIPS	144	<i>ribavirin</i>	37	RUBRACA.....	48
RELION ULTIMA GLUCOSE SYSTEM.....	144	<i>rifabutin</i>	34	RUCONEST	192
RELION ULTIMA TEST.....	144	<i>rifampin</i>	34	<i>rufinamide</i>	77
RELION ULTRA THIN LANCETS 30G.....	144	RIFAMPIN+SYRSPEND SF	34	RUKOBIA	32
RELISTOR.....	170	RIGHTEST ALTERNATE SITE ADAPT	144	RYALTRIS.....	212
<i>relnate dha</i>	199	RIGHTEST GD500 LANCING DEVICE	144	RYBELSUS.....	95
RELTONE.....	170	RIGHTEST GL300 LANCETS	144	RYCLORA.....	213
REMEDIENT	203	RIGHTEST GM100 BLOOD GLUCOSE	144	RYDAPT.....	47
REMERON.....	68	RIGHTEST GM300 BLOOD GLUCOSE	145	RYKINDO	73
REMERON SOLTAB.....	68	RIGHTEST GM550 BLOOD GLUCOSE	145	RYTARY	70
REMICADE.....	184	RIGHTEST GS100 BLOOD GLUCOSE	145	Ryvent.....	213
REMODULIN.....	63	RIGHTEST GS300 BLOOD GLUCOSE	145	SABRIL	77
RENACIDIN.....	175	RIGHTEST GS550 BLOOD GLUCOSE	145	<i>safety lancet 30g/pressure act</i>	145
RENATABS WITH IRON.....	203	RIGHTEST GT333 BLOOD GLUCOSE	145	SAFETY LANCETS	145
RENFLEXIS.....	184	RIGHTEST GT333 GLUCOSE TEST	145	SAFETY LANCETS 21G.....	145
<i>reno caps</i>	203	<i>riluzole</i>	65	SAFETY LANCETS 23G.....	145
RENTHYROID.....	163	<i>rimantadine hcl</i>	35	<i>safety lancets 28g</i>	145
REVELA.....	161	<i>ringers irrigation</i>	210	<i>safety pen needles</i>	145
<i>repaglinide</i>	99	RINVOQ.....	189	SAFYRAL	111
REPATHA.....	56	RINVOQ LQ.....	189	SALAGEN.....	230
REPATHA SURECLICK.....	56	RIOMET	94	<i>salimez</i>	228
<i>resorcinol-sulfur</i>	220	<i>risedronate sodium</i>	102	<i>salimez forte</i>	228
RESTASIS.....	208	RISPERDAL CONSTA.....	73	SAMSCA.....	160
RESTASIS MULTIDOSE.....	208	<i>risperidone</i>	73	SANCUSO.....	167
RETACRIT.....	179	<i>ritonavir</i>	32	SANDOSTATIN.....	92
RETEVMO.....	47	<i>rivastigmine</i>	66	SANDOSTATIN LAR DEPOT ..	92
RETIN-A MICRO.....	220	<i>rivastigmine tartrate</i>	66	SANTYL.....	228
RETIN-A MICRO PUMP.....	220	Rivelsa.....	111	SAPHRIS.....	73
REVATIO.....	63	RIVFLOZA.....	175	<i>saps health plus lancets</i>	145
REVLIMID	42	<i>rixubis</i>	182	<i>saps health twist top lancets</i>	145
				<i>saps twist top lancets</i>	145
				<i>saps scare twist top lancets</i>	145
				SAVAYSA.....	177
				SAVELLA.....	82
				SAVELLA TITRATION PACK ..	82
				SAXENDA.....	101
				<i>sb childrens aspirin</i>	28
				<i>sb insulin syringe</i>	145
				<i>sb lancets thin</i>	145
				<i>sb lancets ultra thin</i>	145

SCSEMBLIX.....	47	SIMPONI.....	189	SOLUS V2 BLOOD	
<i>scopolamine</i>	167	SIMPONI ARIA.....	184	GLUCOSE SYSTEM.....	146
SECUADO.....	73	<i>simvastatin</i>	55	SOLUS V2 LANCETS 28G.....	146
SECURESAFE INSULIN		SINEMET.....	70	SOLUS V2 LANCING	
SYRINGE.....	145	SINGLE-LET.....	146	DEVICE.....	146
SECURESAFE SAFETY PEN		SINGULAIR.....	215	SOLUS V2 TEST.....	146
NEEDLES.....	145	SINUVA.....	216	SOLUS V2 TWIST LANCETS	
SEGLUROMET.....	100	<i>sirolimus</i>	195	30G.....	146
SELARSDI.....	189	SIRTURO.....	34	SOMATULINE DEPOT.....	92
<i>select-lite lancing device</i>	145	<i>sitagliptin</i>	95	SOMAVERT.....	93
SELECT-OB.....	199	<i>sitagliptin base-metformin hcl</i>	94	SOOLANTRA.....	229
SELECT-OB+DHA.....	199	SIVEXTRO.....	39	SORILUX.....	223
<i>selegiline hcl</i>	70	SKYCLARYS.....	85	<i>sotalol hcl</i>	53
<i>selenious acid</i>	196	SKYLA.....	112	<i>sotalol hcl (af)</i>	53
<i>selenium sulfide</i>	223	SKYRIZI.....	189	SOTYKTU.....	189
SELZENTRY.....	32	SKYRIZI PEN.....	189	SOTYLIZE.....	53
SEMGLEE (YFGN).....	99	SKYTROFA.....	157	SOVALDI.....	38
<i>se-natal 19</i>	199	SLYND.....	112	SOVUNA.....	31, 192
SENSIPAR.....	101	<i>sm nicotine</i>	92	SPEVIGO.....	223
SEREVENT DISKUS.....	213	<i>sm nicotine polacrilex</i>	92	<i>spinosad</i>	229
SERNIVO.....	226	SMART DIABETES		SPIRIVA HANDIHALER.....	212
SEROQUEL XR.....	74	VANTAGE LANCING.....	146	SPIRIVA RESPIMAT.....	212
SEROSTIM.....	156	SMARTEST BLOOD		<i>spironolactone</i>	51
<i>sertraline hcl</i>	68	GLUCOSE TEST.....	146	<i>spironolactone-hctz</i>	61
Setlakin.....	111	SMARTEST EJECT.....	146	SPRAVATO (56 MG DOSE).....	68
<i>sevelamer carbonate</i>	161	SMARTEST EJECT		SPRAVATO (84 MG DOSE).....	68
<i>sevelamer hcl</i>	161	STARTER.....	146	Sprintec 28.....	112
SEVENFACT.....	178	SMARTEST LANCETS 28G..	146	SPRITAM.....	78
SEYSARA.....	41	SMARTEST PERSONA		SPRIX.....	24
SFROWASA.....	168	STARTER.....	146	SPRYCEL.....	47
Sharobel.....	111	SMARTEST PRONTO		Sps (Sodium Polystyrene Sulf).	161
SHEWISE.....	111	STARTER.....	146	SPS (SODIUM	
SIGNIFOR.....	160	SMARTEST PROTEGE.....	146	POLYSTYRENE SULF).....	161
SIGNIFOR LAR.....	160	SMARTEST PROTEGE		Sronyx.....	112
SIKLOS.....	183	STARTER.....	146	Ssd.....	221
<i>sildenafil citrate</i>	63	SOANZ.....	61	ST JOSEPH LOW DOSE.....	28
SILENOR.....	82	<i>sod citrate-citric acid</i>	175	STEGLATRO.....	100
SILIQ.....	189	<i>sodium chloride</i>	216	STEGLUJAN.....	100
<i>silodosin</i>	173	<i>sodium fluoride</i>	196	STELARA.....	189, 190
SILVADENE.....	221	<i>sodium oxybate</i>	89	STENDRA.....	174
<i>silver sulfadiazine</i>	221	<i>sodium phenylbutyrate</i>	164	STEQEYMA.....	190
SIMBRINZA.....	205	<i>sodium polystyrene sulfonate</i>	161	STERILANCE TL.....	146
SIMLANDI (1 PEN).....	189	SOFDRA.....	228	<i>sterile water for irrigation</i>	210
SIMLANDI (2 PEN).....	189	<i>sofosbuvir-velpatasvir</i>	38	STIMUFEND.....	179
SIMLANDI (2 SYRINGE).....	189	SOGROYA.....	157	STIOLTO RESPIMAT.....	211
Simliya.....	112	SOHONOS.....	88	STIVARGA.....	47
Simpesse.....	112	Solia.....	112	STRENSIQ.....	160
SIMPLE DIAGNOSTICS		<i>solifenacin succinate</i>	175	STRIBILD.....	33
LANCING DEV.....	145	SOLQUA.....	96	STRIVERDI RESPIMAT.....	213
SIMPLERA SENSOR.....	145	SOLOSEC.....	39	STROVITE FORTE.....	203
SIMPLERA SYNC SENSOR...	145	SOLTAMOX.....	43	SUBLOCADE.....	27
SIMPLERA SYSTEM.....	146			SUBOXONE.....	89

Subvenite.....	78	SYMTUZA.....	33	TAVNEOS.....	182
Subvenite Starter Kit-Blue.....	78	SYNAREL.....	153	Taysofy.....	112
Subvenite Starter Kit-Green.....	78	SYNDROS.....	167	TAYTULLA.....	112
Subvenite Starter Kit-Orange.....	78	SYNJARDY.....	100	<i>tazarotene</i>	220, 223
SUCRAID.....	170	SYNJARDY XR.....	100	TAZORAC.....	223
<i>sucralfate</i>	170	SYNOJOYNT.....	29	TAZVERIK.....	49
SUFLAVE.....	169	SYNTHROID.....	162	TECFIDERA.....	87
<i>sulconazole nitrate</i>	222	SYNVISC.....	29	TECHLITE AST LANCETS....	147
<i>sulfacetamide sodium</i>	206	SYNVISC ONE.....	29	<i>techlite insulin syringe</i>	147
<i>sulfacetamide sodium (acne)</i>	220	SYPRINE.....	103	TECHLITE LANCETS.....	147
<i>sulfacetamide-prednisolone</i>	205	T/FLEX T/LOCK		TECHLITE PEN NEEDLES....	147
<i>sulfadiazine</i>	30	CARTRIDGE 4.8ML.....	147	TEGLUTIK.....	65
<i>sulfamethoxazole-trimethoprim</i> ..	39	T/SLIM X2 3ML CARTRIDGE		TEGRETOL.....	78
<i>sulfamez wash</i>	220	.....	147	TEGRETOL-XR.....	78
SULFAMYLON.....	221	TABLOID.....	42	TEKTRUNA.....	60
<i>sulfasalazine</i>	168	TABRECTA.....	47	<i>telmisartan</i>	53
Sulfatrim Pediatric.....	39	TACLONEX.....	223	<i>telmisartan-amlodipine</i>	52
<i>sulfurated lime</i>	229	<i>tacrolimus</i>	195, 224	<i>telmisartan-hctz</i>	52
<i>sulindac</i>	24	<i>tadalafil</i>	174	<i>temazepam</i>	82
<i>sumatriptan</i>	84	<i>tadalafil (pah)</i>	63	TEMBEXA.....	35
<i>sumatriptan succinate</i>	84	TADLIQ.....	64	TEMODAR.....	41
<i>sumatriptan-naproxen sodium</i>	84	TAFINLAR.....	47	<i>temozolomide</i>	41
SUNLENCA.....	32	TAGRISSO.....	47	TENCON.....	22
SUNOSI.....	89	TAKE ACTION.....	112	<i>tenofovir disoproxil fumarate</i>	32
SUPARTZ FX.....	29	TAKHZYRO.....	192	TENORMIN.....	58
<i>super bi-mix</i>	174	TALICIA.....	173	TEPMETKO.....	47
<i>super quad-mix</i>	174	TALIVA.....	203	<i>terazosin hcl</i>	173
<i>super thin lancets</i>	146	TALTZ.....	190	<i>terbinafine hcl</i>	30
<i>super tri-mix</i>	174	TALZENNA.....	48	<i>terbutaline sulfate</i>	213
<i>support</i>	203	<i>tamoxifen citrate</i>	43	<i>terconazole</i>	176
SUPPRELIN LA.....	103	<i>tamsulosin hcl</i>	173	<i>teriparatide</i>	102
SUPREME TEST.....	146	TANDEM MOBI AUTOSOFT		TESTIM.....	93
SUPREP BOWEL PREP KIT..	169	30 KIT.....	147	TESTOPEL.....	93
<i>sure comfort insulin syringe</i>	146	TANDEM MOBI AUTOSOFT		<i>testosterone</i>	93
<i>sure comfort lancets 18g</i>	146	XC KIT.....	147	<i>testosterone cypionate</i>	93
<i>sure comfort lancets 21g</i>	146	TANDEM MOBI SYSTEM		<i>testosterone enanthate</i>	93
<i>sure comfort lancets 23g</i>	146	STARTER.....	147	<i>tetrabenazine</i>	85
<i>sure comfort lancets 28g</i>	146	TANDEM MOBI TRUSTEEL		<i>tetracycline hcl</i>	41
<i>sure comfort lancets 30g</i>	147	SUPP KIT.....	147	TEXACORT.....	226
<i>sure comfort lancing pen</i>	147	TAPERDEX 12-DAY.....	155	TEZSPIRE.....	216
<i>sure comfort pen needles</i>	147	Taperdex 6-Day.....	155	THALITONE.....	61
<i>surebiotic probiotic support</i>	165	TAPERDEX 7-DAY.....	155	THALOMID.....	42
SURELITE LANCETS.....	147	Targadox.....	41	THEO-24.....	218
SUTAB.....	169	TARGRETIN.....	49, 228	<i>theophylline</i>	218
SUTENT.....	47	Tarina 24 Fe.....	112	<i>theophylline er</i>	218
Syeda.....	112	Tarina Fe 1/20 Eq.....	112	THIOLA.....	175
SYMBICORT.....	218	TARON-C DHA.....	199	THIOLA EC.....	175
SYMBRAVO.....	84	TARPEYO.....	175	<i>thioridazine hcl</i>	74
SYMDEKO.....	215	TASCENSO ODT.....	87	<i>thiothixene</i>	74
SYMFI.....	33	TASIGNA.....	47	THRIVE.....	92
SYMPAZAN.....	78	<i>tavaborole</i>	222	<i>thrivite rx</i>	199
SYMPROIC.....	170	TAVALISSE.....	183	THYQUIDITY.....	163

<i>thyroid</i>	163	<i>tramadol hcl (er biphasic)</i>	27	Tri-Lo-Sprintec.....	112
<i>tiagabine hcl</i>	78	<i>tramadol hcl er</i>	27	TRILURON.....	29
TIBSOVO.....	49	<i>tramadol-acetaminophen</i>	27	<i>trimethobenzamide hcl</i>	167
TIKOSYN.....	53	<i>trandolapril</i>	51	<i>trimethoprim</i>	39
Tilia Fe.....	112	<i>trandolapril-verapamil hcl er</i>	50	Tri-Mili.....	113
<i>timolol hemihydrate</i>	204	<i>tranexamic acid</i>	182	<i>trimipramine maleate</i>	68
<i>timolol maleate</i>	58, 204	TRANSDERM SCOP.....	167	<i>tri-mix</i>	174
<i>timolol maleate (once-daily)</i>	204	<i>tranylcypromine sulfate</i>	68	<i>trinatal rx 1</i>	199
TIMOPTIC OCUDOSE.....	204	TRAVATAN Z.....	209	TRINATE.....	199
<i>tinidazole</i>	30	TRAVEL LANCETS		Trinessa (28).....	113
<i>tiotropium bromide</i>	212	ADVANCED 28G.....	147	TRINTELLIX.....	69
TIROSINT.....	163	<i>travoprost (bak free)</i>	209	<i>triple pmb</i>	205
TIROSINT-SOL.....	163	<i>trazodone hcl</i>	68	<i>triple pmk</i>	205
TIVICAY.....	32	TRELEGY ELLIPTA.....	211	TRIPTODUR.....	103
TIVICAY PD.....	32	TRELSTAR MIXJECT.....	43	Tri-Sprintec.....	113
<i>tizanidine hcl</i>	88	TREMFYA.....	190	<i>tristart dha</i>	199
TLANDO.....	93	TREMFYA ONE-PRESS.....	190	TRIUMEQ.....	33
TOBAKIENT.....	203	TREMFYA PEN.....	190	<i>triumeq pd</i>	34
TOBI.....	215	TREMFYA-CD/UC		TRI-VI-FLOR.....	203
TOBI PODHALER.....	215	INDUCTION.....	190	<i>tri-vi-floro</i>	203
TOBRADEX.....	205	<i>treprostinil</i>	64	TRIVISC.....	29
TOBRADEX ST.....	205	TRESIBA.....	99	<i>tri-vite/fluoride</i>	203
<i>tobramycin</i>	206, 215	TRESIBA FLEXTOUCH.....	99	Trivora (28).....	113
<i>tobramycin-dexamethasone</i>	205	<i>tretinoin</i>	49, 220	Tri-Vylibra.....	113
TOBREX.....	206	<i>tretinoin microsphere</i>	220	Tri-Vylibra Lo.....	113
TODAY SPONGE.....	173	<i>tretinoin microsphere pump</i>	220	TROKENDI XR.....	78
<i>todays health pen needles</i>	147	TREXALL.....	42	<i>tronvite</i>	203
<i>todays health short pen needle</i> ..	147	TREXIMET.....	84	<i>tropicamide</i>	208
<i>todays health thin lancets 28g.</i> ..	147	TREZIX.....	27	<i>trospium chloride</i>	176
<i>todays health thin lancets 30g.</i> ..	147	Tri Femynor.....	112	<i>trospium chloride er</i>	176
TOLAK.....	221	<i>triamcinolone acetonide</i>		TRUDHESA.....	83
<i>tolcapone</i>	70	.....	226, 227, 230	<i>true comfort insulin syringe</i>	147
<i>tolsura</i>	30	<i>triamcinolone in absorbase</i>	227	<i>true comfort pen needles</i>	147
<i>tolterodine tartrate</i>	176	<i>triamterene</i>	61	<i>true comfort pro insulin syr</i>	147
<i>tolterodine tartrate er</i>	176	<i>triamterene-hctz</i>	61	<i>true comfort pro pen needles</i>	147
TOPICORT.....	226	<i>triazolam</i>	82	<i>true comfort safety lancets</i>	148
<i>topiramate</i>	78	<i>tricitrates</i>	175	<i>true comfort twist top lancets</i> ...	148
<i>topiramate er</i>	78	TRICOR.....	55	TRUE FOCUS BLOOD	
TOPROL XL.....	58	Triderm.....	227	GLUCOSE METER.....	148
<i>toremifene citrate</i>	43	<i>trientine hcl</i>	103	<i>true focus blood glucose strip</i> ...	148
<i>torseamide</i>	61	Tri-Estarylla.....	112	TRUE METRIX AIR	
TOSYMRA.....	84	<i>trifluoperazine hcl</i>	74	GLUCOSE METER.....	148
TOUJEO MAX SOLOSTAR.....	99	<i>trifluridine</i>	206	TRUE METRIX BLOOD	
TOUJEO SOLOSTAR.....	99	<i>trihexyphenidyl hcl</i>	70	GLUCOSE TEST.....	148
Tovet.....	226	TRIJARDY XR.....	95	TRUE METRIX GO	
TOVIAZ.....	176	TRIKAFTA.....	215	GLUCOSE METER.....	148
TOXICOLOGY MED		Tri-Legest Fe.....	112	TRUE METRIX METER.....	148
COLLECTION SYS.....	147	TRILEPTAL.....	78	TRUEPLUS 5-BEVEL PEN	
TPOXX.....	35	Tri-Linyah.....	112	NEEDLES.....	148
TRACLEER.....	64	Tri-Lo-Estarylla.....	112	TRUEPLUS INSULIN	
TRADJENTA.....	95	Tri-Lo-Marzia.....	112	SYRINGE.....	148
<i>tramadol hcl</i>	27	Tri-Lo-Mili.....	112	TRUEPLUS LANCETS 26G...	148

TRUEPLUS LANCETS 28G... 148	UDENYCA..... 179, 180	<i>umeclidinium-vilanterol</i> 211
TRUEPLUS LANCETS 30G... 148	ULORIC..... 21	UNIFINE PENTIPS.....150
TRUEPLUS LANCETS 33G... 148	ULTICARE INSULIN	UNIFINE PENTIPS PLUS..... 150
TRUEPLUS SAFETY	SAFETY SYR..... 149	UNIFINE PROTECT PEN
LANCETS 28G..... 148	ULTICARE INSULIN	NEEDLE..... 150
TRUERESULT BLOOD	SYRINGE..... 149	UNIFINE SAFECONTROL
GLUCOSE..... 148	ULTICARE MICRO PEN	PEN NEEDLE..... 150
TRUETEST TEST..... 148	NEEDLES..... 149	UNIFINE ULTRA PEN
TRUETRACK BLOOD	ULTICARE MINI PEN	NEEDLE..... 151
GLUCOSE..... 148	NEEDLES..... 149	UNILET COMFORTOUCH
TRUETRACK SMART	ULTICARE PEN NEEDLES... 149	LANCET.....151
SYSTEM.....148	ULTICARE SHORT PEN	UNILET EXCELITE..... 151
TRUETRACK TEST..... 148	NEEDLES..... 149	UNILET EXCELITE II..... 151
TRULANCE..... 168	ULTIGUARD SAFEPACK	UNILET G.P. LANCET..... 151
TRULICITY..... 95	PEN NEEDLE..... 149	UNILET G.P. SUPERLITE
TRUQAP..... 47	ULTIGUARD SAFEPACK	LANCET.....151
TRUSTEEL INFUSION SET...148	SYR/NEEDLE..... 149	UNILET GP 28 ULTRA THIN 151
TRUVADA.....34	ULTI-LANCE AUTOMATIC..149	UNILET LANCET..... 151
TRYPTYR..... 208	ULTILET CLASSIC	UNILET MICRO-THIN 33G... 151
TRYVIO..... 62	LANCETS..... 149	UNILET SUPERLITE
TUDORZA PRESSAIR.....212	ULTILET LANCETS..... 149	LANCET.....151
TUKYSA..... 47	ULTILET PEN NEEDLE..... 149	UNILET SUPER-THIN 30G....151
TURALIO..... 47	ULTILET SAFETY LANCETS	UNILET ULTRA-THIN 28G... 151
Turqoz..... 113	 149	UNISTIK 1..... 151
TUXARIN ER..... 214	ULTILET SAFETY LANCETS	UNISTIK 2..... 151
TWIIIST REFILL KIT..... 149	23G..... 149	UNISTIK 2 COMFORT..... 151
TWIIIST REFILL	<i>ultra comfort insulin syringe</i> 149	UNISTIK 2 EXTRA..... 151
KIT/INFUSION SET..... 149	ULTRA FLO INSULIN PEN	UNISTIK 2 NEONATAL.....151
TWIIIST STARTER KIT..... 149	NEEDLES.....149	UNISTIK 2 NORMAL..... 151
TWIRLA..... 113	ULTRA FLO INSULIN SYR	UNISTIK 2 SUPER..... 151
<i>twist top lancets 30g</i> 149	1/2 UNIT..... 150	UNISTIK 3..... 151
TWYNEO..... 220	ULTRA FLO INSULIN	UNISTIK 3 COMFORT..... 151
TYBLUME..... 113	SYRINGE..... 150	UNISTIK 3 EXTRA..... 151
TYBOST..... 32	<i>ultra thin lancets 31g</i> 150	UNISTIK 3 GENTLE..... 151
Tydemy..... 113	ULTRA THIN PEN NEEDLES150	UNISTIK 3 NEONATAL.....151
TYENNE..... 190	<i>ultracare insulin syringe</i> 150	UNISTIK 3 NORMAL..... 151
TYKERB..... 48	<i>ultra-care lancets 30g</i> 150	UNISTIK CZT COMFORT.... 151
TYMLOS..... 102	<i>ultracare pen needles</i> 150	UNISTIK CZT NORMAL.....151
TYRVAYA..... 209	ULTRA-THIN II AUTO	UNISTIK NORMAL..... 151
TYSABRI..... 87	LANCET.....150	UNISTIK PRO SAFETY
TYVASO..... 64	ULTRA-THIN II INS SYR	LANCET.....151
TYVASO DPI	SHORT..... 150	UNISTIK SAFETY LANCETS
INSTITUTIONAL KIT..... 64	ULTRA-THIN II INSULIN	28G..... 151
TYVASO DPI	SYRINGE..... 150	UNISTIK SAFETY LANCETS
MAINTENANCE KIT..... 64	ULTRA-THIN II LANCETS....150	30G..... 151
TYVASO DPI TITRATION	ULTRA-THIN II MINI PEN	UNISTIK TOUCH SAFETY
KIT..... 64	NEEDLE..... 150	LANC 21G.....151
TYVASO REFILL KIT..... 64	ULTRA-THIN II PEN	UNISTIK TOUCH SAFETY
TYVASO STARTER KIT..... 64	NEEDLE SHORT..... 150	LANC 23G.....151
UBRELVY..... 83	ULTRA-THIN II PEN	UNISTIK TOUCH SAFETY
UCERIS..... 168	NEEDLES.....150	LANC 28G.....151
UDAMIN SP..... 203	ULTRAVATE..... 227	

UNISTIK TOUCH SAFETY	<i>v-c forte</i>	203	VEVYE.....	208
LANC 30G.....	VCF VAGINAL		VFEND.....	31
UNISTRIP1 GENERIC.....	CONTRACEPTIVE.....	173	V-GO 20.....	152
Unithroid.....	VECAMYL.....	62	V-GO 30.....	152
UPNEEQ.....	VECTICAL.....	223	V-GO 40.....	152
UPTRAVI.....	VELETRI.....	64	VIAGRA.....	174
UPTRAVI TITRATION.....	VELIVET.....	113	VIBERZI.....	169
URIMAR-T.....	VELPHORO.....	161	VIC-FORTE.....	203
UROCIT-K 10.....	VELSIPITY.....	190	VICTOZA.....	95
UROCIT-K 15.....	VELTASSA.....	161	Vienva.....	113
UROXATRAL.....	VEMLIDY.....	37	<i>vigabatrin</i>	78
URSO FORTE.....	VENCLEXTA.....	42	Vigadrone.....	79
<i>ursodiol</i>	VENCLEXTA STARTING		VIGAFYDE.....	79
URSODIOL+SYRSPEND SF..	PACK.....	42	VIGAMOX.....	206
<i>ustekinumab</i>	VENIPUNCTURE PX1		VIIBRYD.....	69
<i>ustekinumab-aauz</i>	PHLEBOTOMY.....	227	VIJOICE.....	160
<i>ustekinumab-aekn</i>	<i>venlafaxine besylate er</i>	69	VIMPAT.....	79
<i>ustekinumab-ttwe</i>	<i>venlafaxine hcl</i>	69	VINATE DHA RF.....	199
UZEDY.....	<i>venlafaxine hcl er</i>	69	VIOKACE.....	171
VAGIFEM.....	VENTOLIN HFA.....	213	<i>viorele</i>	113
<i>valacyclovir hcl</i>	VEOZAH.....	160	VIRACEPT.....	32
VALCHLOR.....	<i>verapamil hcl</i>	59	VIREAD.....	32
VALCYTE.....	<i>verapamil hcl er</i>	59	VISCO-3.....	29
<i>valganciclovir hcl</i>	<i>verasens blood glucose meter</i> ...	152	VISTOGARD.....	49
VALIUM.....	<i>verasens blood glucose system</i> ..	152	VITA S FORTE.....	203
<i>valproic acid</i>	<i>verasens blood glucose test</i>	152	VITACEL.....	203
<i>valsartan</i>	VEREGEN.....	228	VITAFOL FE+.....	199
<i>valsartan-hydrochlorothiazide</i> ...	VERIFINE INSULIN PEN		VITAFOL GUMMIES.....	199
VALTOCO 10 MG DOSE.....	NEEDLE.....	152	VITAFOL ULTRA.....	199
VALTOCO 15 MG DOSE.....	VERIFINE INSULIN		VITAFOL-OB.....	199
VALTOCO 20 MG DOSE.....	SYRINGE.....	152	VITAFOL-OB+DHA.....	199
VALTOCO 5 MG DOSE.....	VERIFINE PLUS PEN		VITAFOL-ONE.....	199
VALTREX.....	NEEDLE.....	152	<i>vitalara</i>	199
Valtya 1/35.....	VERIFINE SAFE LANCET		VITAMEZ.....	203
Valtya 1/50.....	MINI 21G.....	152	<i>vitamin d (ergocalciferol)</i>	203
VANCOCIN.....	VERIFINE SAFE LANCET		<i>vitamin k1</i>	203
<i>vancomycin hcl</i>	MINI 23G.....	152	VITAROCA PLUS.....	203
VANCOMYCIN+SYRSPEND	VERIFINE SAFE LANCET		<i>vitasure</i>	203
SF.....	MINI 28G.....	152	VITATHELY WITH GINGER	199
VANDAZOLE.....	VERIFINE SAFE LANCET		VITRAKVI.....	48
VANFLYTA.....	MINI 30G.....	152	VIVAGUARD INO CONTROL	
VANISHPOINT INSULIN	VERIFINE UNIVERSAL		SOLUTION.....	152
SYRINGE.....	LANCETS 28G.....	152	VIVAGUARD INO GLUCOSE	
VANRAFIA.....	VERIFINE UNIVERSAL		METER.....	152
<i>varenicline tartrate</i>	LANCETS 30G.....	152	VIVAGUARD INO SMART	
<i>varenicline tartrate (starter)</i>	VERIFINE UNIVERSAL		GLUC METER.....	152
VARISOFT INFUSION SET... 152	LANCETS 33G.....	152	VIVAGUARD INO TEST	
VARUBI (180 MG DOSE).....	VERKAZIA.....	209	STRIPS.....	152
VASCEPA.....	VERQUVO.....	61	VIVAGUARD LANCETS.....	153
VASCULERA.....	VERSACLOZ.....	74	VIVAGUARD LANCING	
VASOTEC.....	VERZENIO.....	48	DEVICE.....	153
<i>vb6 p5p</i>	Vestura.....	113	VIVELLE-DOT.....	159

VIVITROL.....	90	WIDE-SEAL DIAPHRAGM 60	.....	113	XHANCE.....	216
VIVJOA.....	31	.....	.....	113	XIFAXAN.....	39
VIZIMPRO.....	48	WIDE-SEAL DIAPHRAGM 65	.....	113	XIGDUO XR.....	100
VIZZ.....	209	.....	.....	113	XIIDRA.....	208
VOGELXO.....	93	WIDE-SEAL DIAPHRAGM 70	.....	114	XOFIGO.....	49
VOGELXO PUMP.....	93	.....	.....	114	XOFLUZA (40 MG DOSE).....	35
Volnea.....	113	WIDE-SEAL DIAPHRAGM 75	.....	114	XOFLUZA (80 MG DOSE).....	35
VOLTAREN.....	24	.....	.....	114	XOLAIR.....	191
VONJO.....	48	WIDE-SEAL DIAPHRAGM 80	.....	114	XOLREMDI.....	180
VONVENDI.....	178	.....	.....	114	XOPENEX HFA.....	214
VOQUEZNA.....	171	WIDE-SEAL DIAPHRAGM 85	.....	114	XOSPATA.....	48
VORANIGO.....	49	.....	.....	114	XPHOZAH.....	161
<i>voriconazole</i>	31	WIDE-SEAL DIAPHRAGM 90	.....	114	XPOVIO (100 MG ONCE	
VOSEVI.....	38	.....	.....	114	WEEKLY).....	49
VOTRIENT.....	48	WIDE-SEAL DIAPHRAGM 95	.....	114	XPOVIO (40 MG ONCE	
VOWST.....	171	.....	.....	114	WEEKLY).....	49
VOXZOGO.....	156	WILATE.....	178		XPOVIO (40 MG TWICE	
VOYDEYA.....	182	WINLEVI.....	220		WEEKLY).....	49
VPRIV.....	157	WINREVAIR.....	64		XPOVIO (60 MG ONCE	
VRAYLAR.....	74	WINRHO SDF.....	193		WEEKLY).....	49
VTAMA.....	223	Wixela Inhub.....	218		XPOVIO (60 MG TWICE	
VUITY.....	209	<i>wpr plus wound healing system</i>	227		WEEKLY).....	49
VUMERITY.....	87	Wymzya Fe.....	114		XPOVIO (80 MG ONCE	
VUSION.....	222	WYNZORA.....	223		WEEKLY).....	49
VYALEV.....	71	XACIATO.....	176		XPOVIO (80 MG TWICE	
Vyfemla.....	113	XADAGO.....	71		WEEKLY).....	49
VYJUVEK.....	229	XALATAN.....	209		XTAMPZA ER.....	27
VYLEESI.....	90	XALKORI.....	48		XTANDI.....	43, 44
Vylibra.....	113	XANAX.....	65		Xulane.....	114
VYNDAMAX.....	62	XANAX XR.....	65		XULTOPHY.....	96
VYTORIN.....	56	Xarah Fe.....	114		XURIDEN.....	161
VYVANSE.....	81	XARELTO.....	177		XYNTHA.....	181
VYVGART HYTRULO.....	89	XARELTO STARTER PACK.	178		XYNTHA SOLOFUSE.....	181
VYZULTA.....	209	XCOPRI.....	79		XYOSTED.....	93
WAINUA.....	161	XCOPRI (250 MG DAILY			XYREM.....	89
WAKIX.....	89	DOSE).....	79		XYWAV.....	89
<i>warfarin sodium</i>	177	XCOPRI (350 MG DAILY			<i>xyzbac</i>	204
<i>wegmans unifine pentips plus</i> ...	153	DOSE).....	79		YASMIN 28.....	114
WEGOVY.....	101	XDEMVI.....	206		YAZ.....	114
WELIREG.....	49	XELJANZ.....	190		YCANTH.....	228
WELLBUTRIN XL.....	69	XELJANZ XR.....	190		YESINTEK.....	191
<i>wellfola</i>	204	XELPROS.....	209		YEZTUGO.....	32
<i>wellpro 31</i>	166	Xelria Fe.....	114		<i>yl folic acid</i>	204
Wera.....	113	XELSTRYM.....	81		YONSA.....	44
<i>wescap-pn dha</i>	199	XEMBIFY.....	194		YORVIPATH.....	102
<i>wesnata dha complete</i>	199	XENAZINE.....	85		YOSPRALA.....	182
<i>wesnate dha</i>	200	XENICAL.....	101		YUFLYMA (1 PEN).....	191
<i>westab plus</i>	200	XEOMIN.....	82		YUFLYMA (2 PEN).....	191
<i>westgel dha</i>	200	XERAC AC.....	228		YUFLYMA (2 SYRINGE).....	191
WEZLANA.....	190	XERESE.....	35		YUFLYMA-CD/UC/HS	
		XERMELO.....	171		STARTER.....	191
		XGEVA.....	102		YUPELRI.....	212

YUSIMRY	191	ZOCOR.....	55
YUTREPIA.....	64	ZOKINVY	161
Yuvaferm.....	159	ZOLADEx.....	44
Zafemy.....	114	<i>zoledronic acid</i>	102
<i>zafirlukast</i>	215	ZOLINZA.....	49
<i>zaleplon</i>	82	<i>zolmitriptan</i>	84
<i>zalvit</i>	200	ZOLOFT	69
ZANAFLEX.....	88	<i>zolpidem tartrate</i>	82, 83
ZARONTIN.....	79	<i>zolpidem tartrate er</i>	82
ZARXIO.....	180	ZOMACTON.....	157
ZAVESCA.....	157	ZOMIG	84
ZAVZPRET.....	83	Zomig.....	84
ZEGALOGUE.....	155	ZONEGRAN.....	79
ZEJULA.....	49	ZONISADE.....	79
<i>zelac</i>	166	<i>zonisamide</i>	79
ZELAPAR.....	71	ZONTIVITY	183
ZELBORAF.....	48	ZORTRESS.....	195
ZEMAIRA.....	210	ZORYVE.....	223, 224
ZEMBRACE SYMTOUCH.....	84	Zovia 1/35 (28).....	114
ZEMPLAR.....	164	ZTALMY	79
Zenatane.....	220	ZUBSOLV.....	89
ZENPEP	171	Zumandimine.....	114
Zenzedi.....	81	ZURZUVAE.....	69
ZEPATIER.....	38	ZYCLARA.....	221
ZEPBOUND.....	101	ZYCLARA PUMP	221
ZEPOSIA.....	87	ZYDELIG	48
ZEPOSIA 7-DAY STARTER PACK.....	87	ZYKADIA.....	48
ZEPOSIA STARTER KIT	87	ZYLET	205
ZERVIA TE.....	204	ZYMFENTRA (1 PEN).....	191
ZESTORETIC.....	50	ZYMFENTRA (2 PEN).....	191
ZETIA.....	54	ZYMFENTRA (2 SYRINGE)..	191
<i>zevrx insulin syringe</i>	153	ZYPITAMAG.....	55
<i>zevrx pen needles</i>	153	ZYTIGA.....	44
<i>zevrx twist top lancets 30g</i>	153		
ZIANA.....	220		
<i>zidovudine</i>	33		
ZIEXTENZO.....	180		
ZILBRYSQ.....	85		
<i>zileuton er</i>	215		
ZILXI.....	229		
ZIOPTAN.....	209		
<i>ziphex</i>	200		
<i>ziprasidone hcl</i>	74		
ZIPSOR.....	24		
ZIRGAN.....	206		
ZITHROMAX.....	36		
ZITHROMAX TRI-PAK.....	36		
ZITHROMAX Z-PAK.....	36		
ZITUVIMET.....	95		
ZITUVIMET XR.....	95		
ZITUVIO.....	95		